Date Received 4-13-84
Please Send Report to
LAKE NORMAN HOMES
R#8 Box 843, MOOKESVILLE NC. 28115

RECEIVED
APR 13 1984
ENVIRONMENTAL HEALTH

SIR No. 20911
T. C. No. 001-118-04
Map Date

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

## APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER SELLARS (LAST) Howard (FIRST) S. (MIDDLE)

2) ADDRESS OF OWNER 615 N. MAIN ST. Belmont NC ZIP
~~OFF BETHEL CHURCH ROAD~~

3) PHONE NO Home _____ Office _____

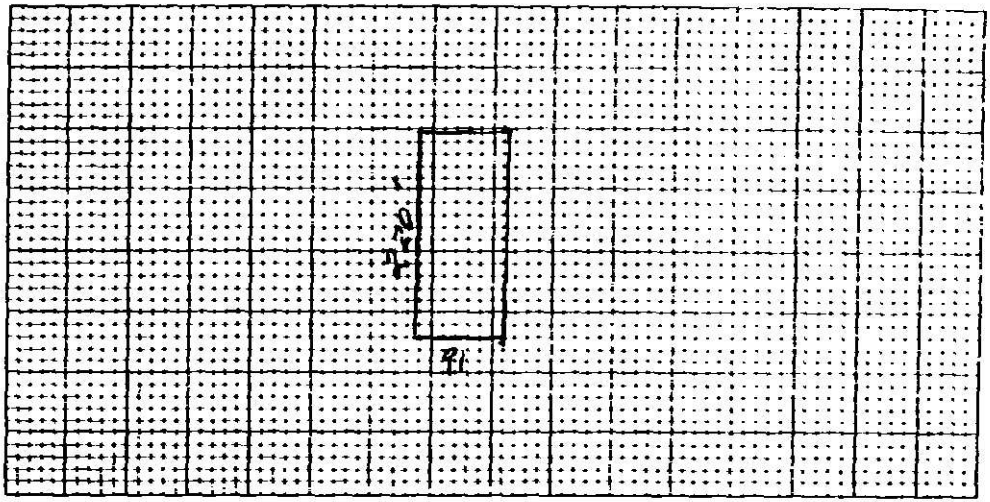
4) LOCATION OF PROPERTY Lot #66 Lagoona Drive Biscayne Park (STREET OR COUNTY ROAD)

5) SUBDIVISION Biscayne Park LOT NO 66 BLOCK NO.
OFF BETHEL CHURCH ROAD OFF Hwy. #73

MAP BOOK NO _____ PAGE NO _____

6) DEED REFERENCE DEED BOOK _____ PAGE NO. _____

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge



7) ACCURATELY DIAGRAM & DIMENSION LOT

Howard Sellars
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY
**DEPARTMENT OF ENVIRONMENTAL HEALTH**
1200 BLYTHE BOULEVARD
CHARLOTTE, NORTH CAROLINA 28203

SIR. NO. 20911
T.C. NO. 001-118-04
DATE: 5-14-84

Howard S. Sellars
615 N. Main Street
Belmont, NC 28012

RE: Property located at Lagoona Drive, Lot 66

Dear Mr. Sellars:

At your request, a field investigation was conducted on the property designated above. The soils on the property were found to contain a limited area of provisionally suitable soil for the installation of a ground absorption sewage disposal system. A copy of the site evaluation report is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit plot plans for the proposed construction, well, and ground absorption sewage disposal system to this office. They will be reviewed and if it is found that there is an adequate area of provisionally suitable soil to accommodate the proposed installation, an Improvements Permit will be issued by this office.

If I may be of assistance, please feel free to call.

Sincerely,

Bill D. Hardister, Jr.
Environmental Health Supervisor

BDH/kbg

Enclosure

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 20911

T.C. NO. CCI-118-04

(Ground Absorption Sewage Disposal)

OWNER: Howard L. Sellers
ADDRESS: 615 N. Main St.
Belmont, N.C.
LOCATION OF SITE: Tagoma Dr.

PLAT NO: Lot 66
LOT SIZE: 20,000

| FACTORS | AREA 1 | AREA 2 | AREA 3 | AREA 4 |
|---|---|---|---|---|
| 1. SLOPE (%) | S<br>PS 6-12%<br>U | S 2-8%<br>PS<br>U | S<br>PS<br>U | S<br>PS<br>U |
| 2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay) | S<br>PS Clay<br>U | S<br>PS Clay<br>U | S<br>PS<br>U | S<br>PS<br>U |
| 3. SOIL STRUCTURE (12-36 inches) | S<br>PS Blocky<br>U | S<br>PS Blocky<br>U | S<br>PS<br>U | S<br>PS<br>U |
| 4. SOIL DEPTH (inches) | S<br>PS 36-48'<br>U | S<br>PS 36-48'<br>U | S<br>PS<br>U | S<br>PS<br>U |
| 5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock) | S<br>PS >36"<br>U | S<br>PS >36"<br>U | S<br>PS<br>U | S<br>PS<br>U |
| 6. SOIL DRAINAGE/GROUNDWATER (external and internal) | S >48"<br>PS<br>U | S Depression<br>PS Drainage way<br>U | S<br>PS<br>U | S<br>PS<br>U |
| 7. OTHER (Specify) | S Limited<br>PS Area<br>U | S<br>PS<br>U | S<br>PS<br>U | S<br>PS<br>U |
| 8. SOIL GROUP | IVA | IVA | | |
| 9. SITE CLASSIFICATION | provisionally suitable | unsuitable | | |
| 10. SOIL SERIES | Cecil Like | Drainageway | | |

S - Suitable PS - Provisionally Suitable U - Unsuitable

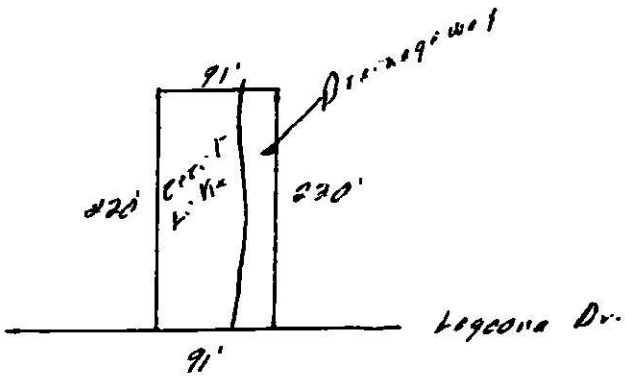
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: Limited Area system might require pump

Described by: William R. Martin
Title: Soil Specialist

Date: 5-11-84

1H


91'
Drainage well
420'
230'
Lagoona Dr.
91'

Date Received 5-24-85

MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
RECEIVED
MAY 1985
ENVIRONMENTAL HEALTH

Application No. 20911

T. C. No. 001-118-04

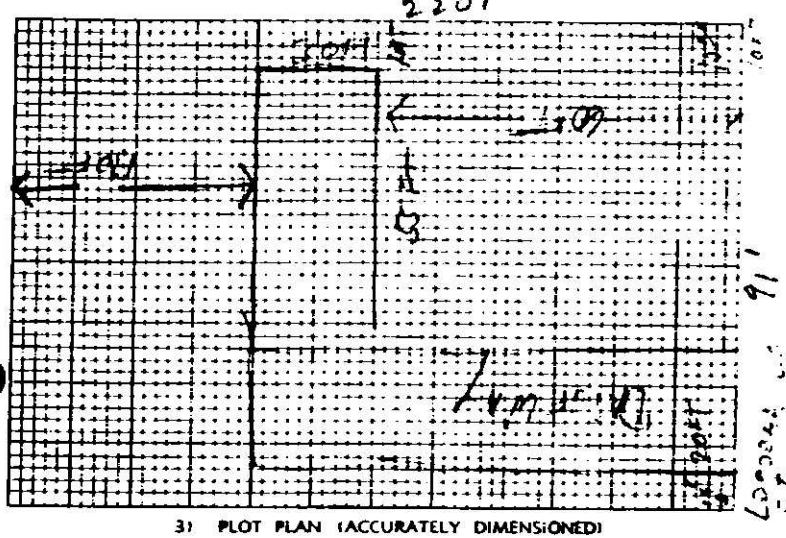
Map Date L

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

**Application for an**
**Installation, Construction, Alteration, and/or Repair Permit**
**(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)**

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to

1) ✓ Install or Construct 2 Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption effluent discharge




3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ___ Yes ___ No
Residence ✓ Yes ___ No
4) No. of Bedrooms 3
5) Business Use – Max No Employees ___
6) Washing Machine ✓ Yes ___ No
7) Garbage Disposal ___ Yes ✓ No
8) Dishwasher ✓ Yes ___ No
9) Water Supply
A. Individual Well ✓
B. Governmental System ___
C. Community System
1. Well source ___
2. Governmental source ___
10) Sewage System
House located within 200 feet of public sewer ___ Yes ✓ No
House located within 250 feet of community sewer ___ Yes ✓ No
11) FHA Case No ___
12) VA Case No ___

13) NAME OF OWNER Sellars (LAST) Howard (FIRST) S (MIDDLE)

14) ADDRESS OF OWNER 615 N. Main Street Belmont, NC 28012

15) PHONE NO Home ___ Office ___

✓16) LOCATION OF SYSTEM 20928 Lagoona Dr (STREET OR COUNTY ROAD)

17) SUBDIVISION Biscayne Park Lot No. 66 Block No. ___

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A SOIL INVESTIGATION BEEN RUN? ___ YES ___ NO DATE RUN ___

20) PTR NUMBER (See Instructions) ___

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

DATE OF APPLICATION

Howard S Sellars
OWNER

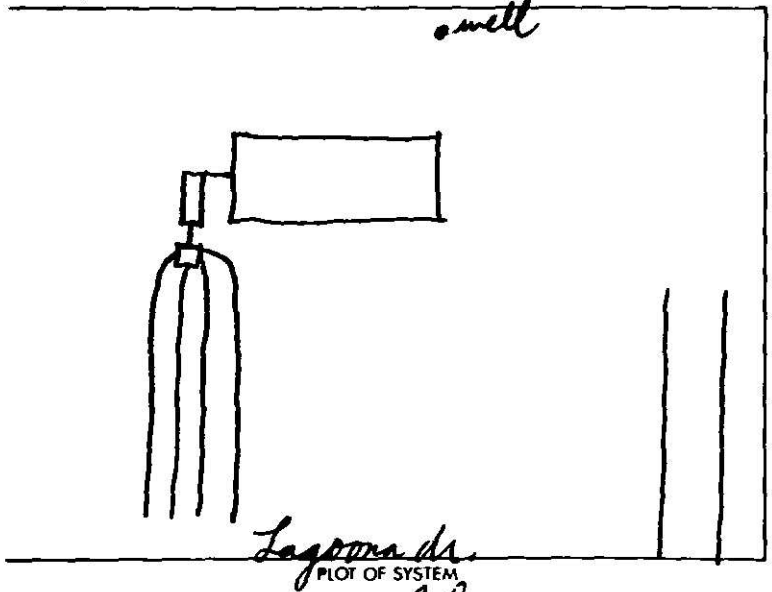
EHD-5-76

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 20911 DATE: 7-29-86
TC: 001-118-04 pl
SERIAL № 10229

Permission is hereby given to ✓ Install or Construct, ____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 7-28-86. All work shall be completed on or before 8-27-86, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Department of Environmental Health before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons
Liquid Capacity of Dosing Tank ____ gallons
Tank Construction PVC

Absorption and or Nitrification Lines:
Trench Width 3 feet
Total Line Length 400' feet
Number of Lines 4
Depth of Stone 12 inches
Distance from House 5 feet
Distance from Property Line 10 feet
Distance from Well not in feet

NAME OF OWNER Dary Rhyne
LOCATION OF PROPERTY 20928 Lagoona Dr.
Comments: 4 line 3'X100'X12" stone

Division or Section Head

B.A. Ferguson
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

# APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

Mecklenburg County services are available without regard to ethnic origin, sex, or disability

(OFFICE USE ONLY)

FILE: ~~1956A~~ 20911

TC: _____

SERIAL: № 11238 L CRT

**JOB LOCATION**

① ADDRESS: 20928 (STREET NO) Laguna (STREET) Dr. ② FILE: _____

③ JURISDICTION: County (Bill Ferguson) ④ TAX PARCEL NO.: 001-115-04

⑤ SUBDIVISION: Biscayne Bay ⑥ LOT: _____ ⑦ BLOCK: _____

**OWNER**

⑧ NAME: Gerry (FIRST) _____ (MIDDLE) Rhyne (LAST)

⑨ MAILING ADDRESS: 13437 Cliffhaven Dr

⑩ CITY: Huntersville ⑪ STATE: N.C. ⑫ ZIP: 28078

⑬ PHONE: (WORK) 875-9877 ⑭ (HOME) same

**REQUEST**

This request is for a(n):

⑮ ☒ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify) _____

**DESIGN CRITERIA**

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 3 ㉕ Type? _____

㉓ Maximum occupancy? 3 ㉖ Maximum number of employees? _____

㉔ Basement? ☐ yes ☒ no ㉗ Maximum number of seats? _____

**WATER SUPPLY**

㉘ Water supply from (present or proposed):

A ☒ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: _____

Date: _____

## IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and or Repair permit is issued by this Department.

This permit is not transferable, and shall become null and void 36 months from the date of issuance

B R Ferguson 7-29-86
Environmentalist Date

J A Adkison 7/29/86
Director or Authorized Section Head Date

*This permit must be signed by the Director of Environmental Health or an authorized section head in order to be valid.

C of A (s) No. 20911

Date Issued 8-4-86 **Serial** 8816 T. C. No 001-118-04

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

## CERTIFICATE OF APPROVAL

**(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)**

Name of Owner Rhyne (LAST) Daryl (FIRST) (MIDDLE)

Location of Property 20928 Lagoona Dr.

Application Number — Permit Number —

**Inspection Data:**

Liquid Capacity of Tank 1500 Tank Material PCC

Total Length of Drain Tile 400' Number of Lines 4

Depth of Filter Material 12" Cover Depth 18"-21"

Water Supply Source well Distance from Water Source not in

Excavation Inspected 8-4-86 (DATE) Tank Inspected 8-4-86 (DATE)

Nitrification Field Inspected 8-4-86 (DATE)

Washing Machine Line Inspected, If Applicable — (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system

Comments 1986, 1500ST, CON, 1200SFT, 12G, Cecil

B. R. Ferguson
Environmentalist

EHD-5-76

Environmental Health Department's Copy