


1720 LISBON LN

04510402

6/25/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
*Barcode Font = IDAutomationHC39M*

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7173A DATE: 02/26/91

TC: 045-104-002 ☐ L ☑ CRT

SERIAL № 13706

Name of Owner GREG PETERSON Juris.:

Address of Property 1720 LISBON LN.

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 12"

Water Supply Source MUNICIPAL WATER

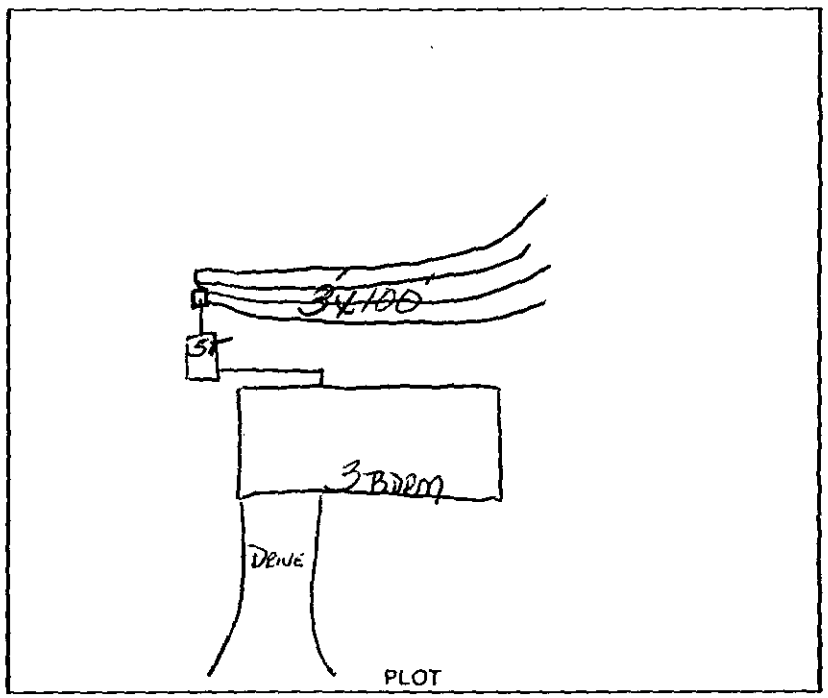
Distance to Water Source N/A

Excavation Inspected 02/26

Tank(s) Inspected 02/26

Wash Line Inspected N/A

High Water Alarm Inspected N/A




Design: 1991, 1500 g 3T CONV., 1200 S/F, 12" G, COOL LIKE CTR# 185

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☑ installed or constructed ☐ altered or repaired

☑ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☑ Certificate of Completion ☐ Operation Permit

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 document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document 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: 3 BEDROOM HOME 4 LINES 3 @ 100' TRENCHES

Environmentalist

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

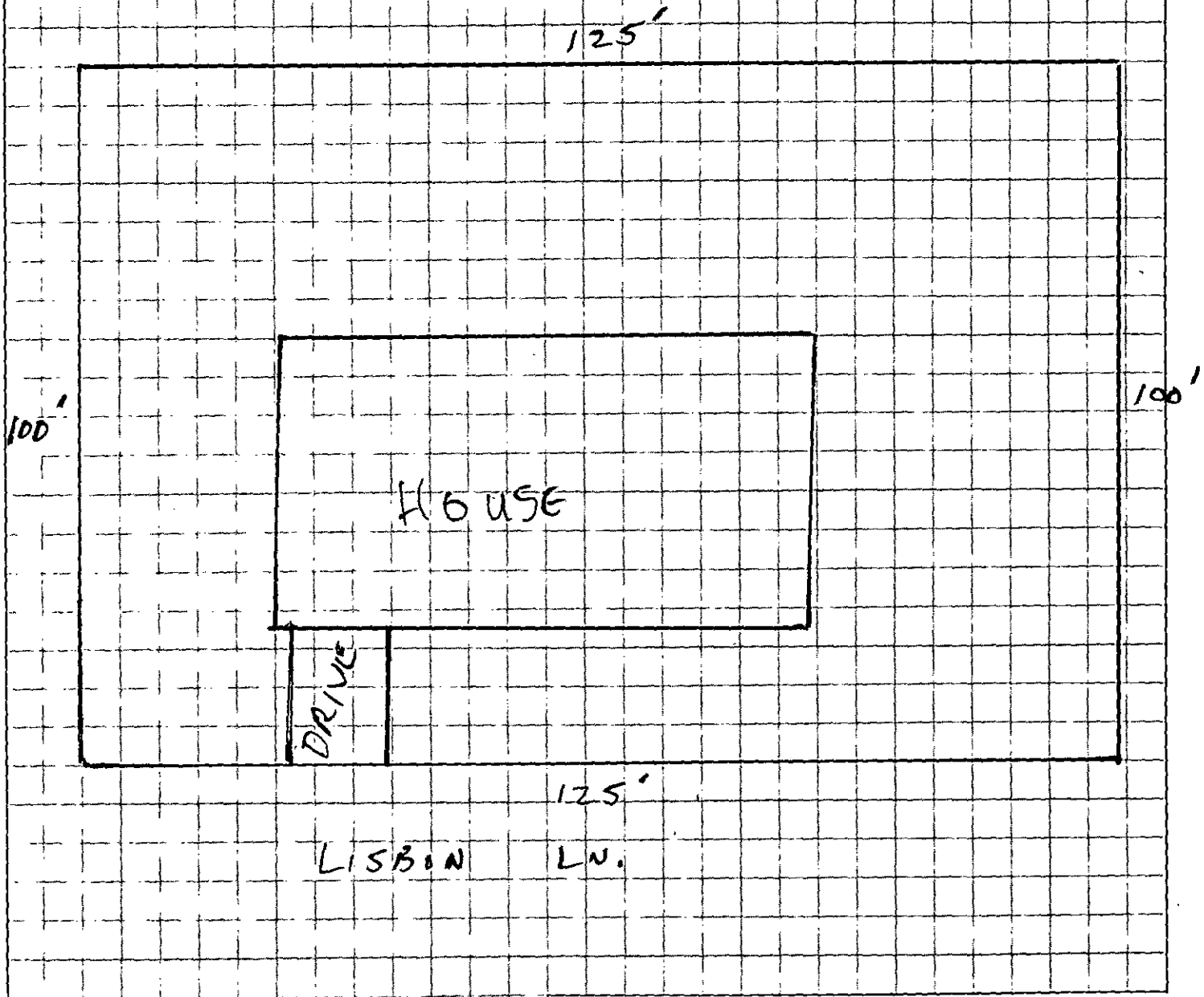
# PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7173A

TC: 045-104-02

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.




APPROVAL DATE _____

White - Health Department's Copy  Canary - Environmentalist's Copy  Pink - Owner's Copy

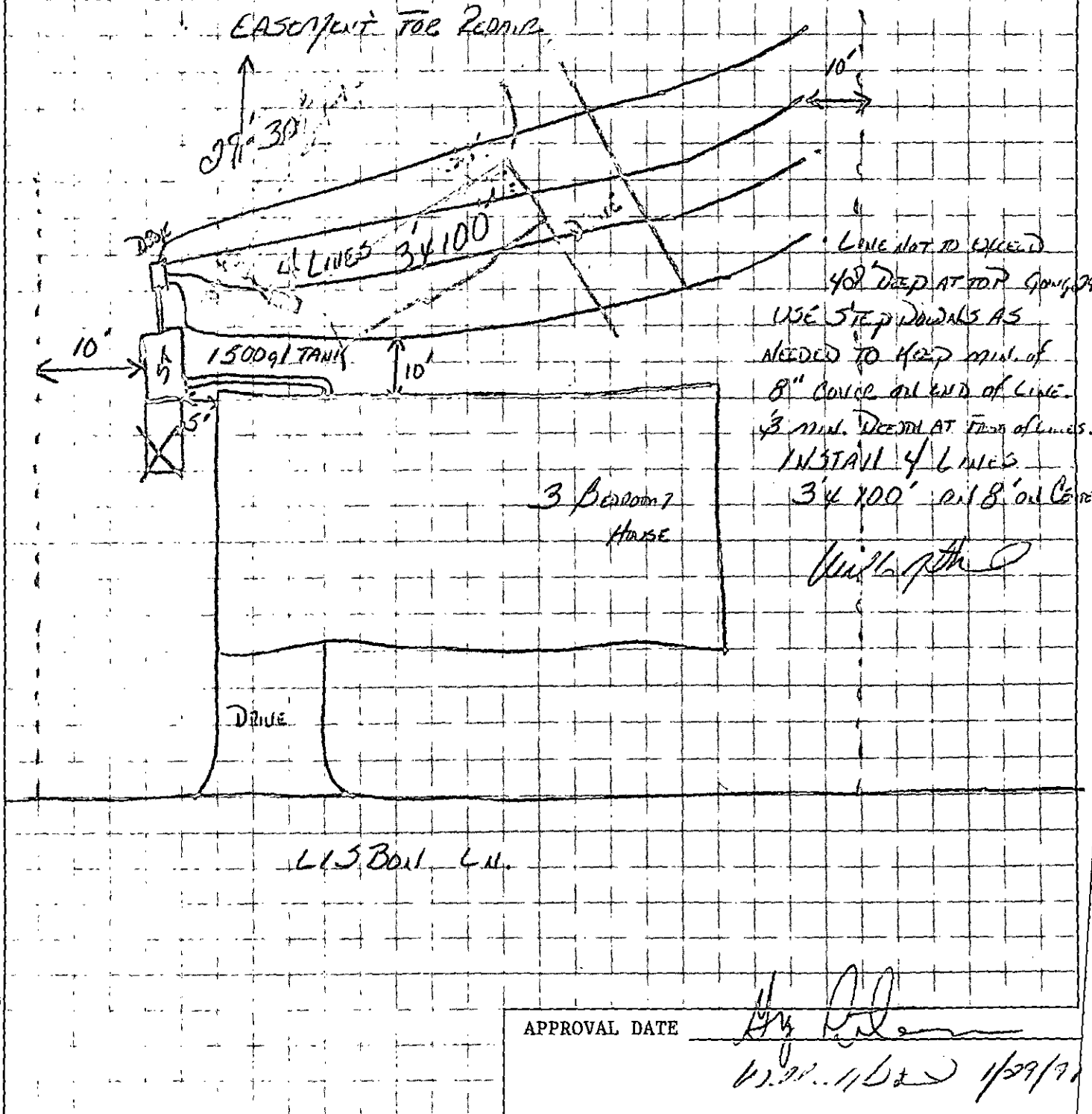
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
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FILE: 7173A

TC: 045-104-002

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.




APPROVAL DATE 1/29/71

White - Health Department's Copy  Canary - Environmentalist's Copy  Pink - Owner's Copy

# APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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: 7173A
TC: _____
SERIAL: № 21650
L CRT

## JOB LOCATION

① ADDRESS: 1720 (STREET NO.) LISBON LN. (STREET) ② FILE: 7173A
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 045-104-02
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

## OWNER

⑧ NAME: GREG (FIRST) EUGENE (MIDDLE) PETERSON (LAST)
⑨ MAILING ADDRESS: 1721 W. SUGAR CREEK Rd.
⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28213
⑬ PHONE: (WORK) 596-4448 ⑭ (HOME) SAME

## REQUEST

This request is for a(n):

⑮ ☑ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
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? 2 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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: _____
Date: 1-29-91

## IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, 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 ~~24~~ 60 months from the date of issuance.

_____ 1/30/91
Environmentalist Date

_____ 1-30-91
Director or Authorized Section Head Date

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

# MECKLENBURG COUNTY HEALTH DEPARTMENT
# ENVIRONMENTAL HEALTH DIVISION

## CHARGE SLIP

Date: 1-29-91

Name/Company: Greg Eugene Peterson

Sanitation _____

Vector Control _____

O.P.W.D. ✓

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
SERVICE PAID
JAN 28 1991

App. Imp. Permit (3 items)
1220 Lisbon Lane
TC: 045-104-02
File: 7173A

12/3/91 Credited on Ck#1048 $50.00

Ck#1053 $150.00

Fee: $ 200.00

NOTICE:

*A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.*

Fee #7173A
Rec'd 11/29/90

Completed by

Collected by

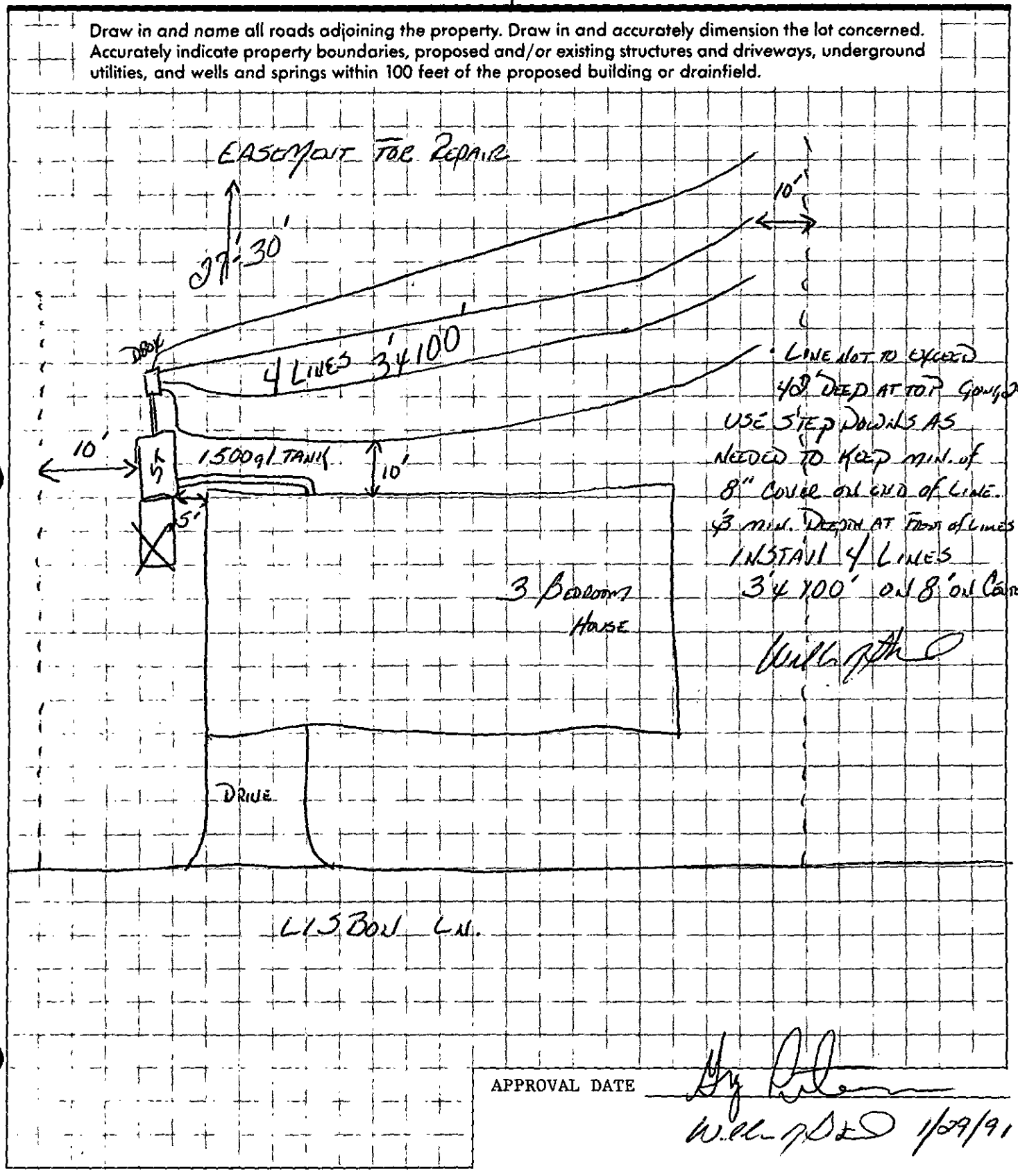
# PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7173A

TC: 045-104-002

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.




APPROVAL DATE 1/29/91

White - Health Department's Copy  Canary - Environmentalist's Copy  Pink - Owner's Copy

# Mecklenburg County
## Health Department

January 25, 1991

MEMORANDUM

TO: Lorraine Whittaker

FROM: Sylvia D. Daniel, R.S.
Program Chief

Please issue a refund in the amount $50.00 for a ~~well inspection~~ at 1720 Lisbon Lane, Charlotte. The property owner has requested cancellation, since a complete soil investigation had previously been done. Please make refund payable to the following address:

Mr. Greg E. Peterson
1721 W. Sugarcreek Road
Charlotte, NC 28213

Thank you for your prompt attention to this matter.

# APPLICATION FOR SOIL INVESTIGATION

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 7173A

TC# 045-104-02

☒ PC ☐ REPT

**JOB LOCATION**

(X) ADDRESS: 1720 LISBON LN. CHAR. N.C.

(2) SUBDIVISION: _____ (3) LOT: _____ (4) BLOCK: _____

(5) PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

(6) DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

**OWNER**

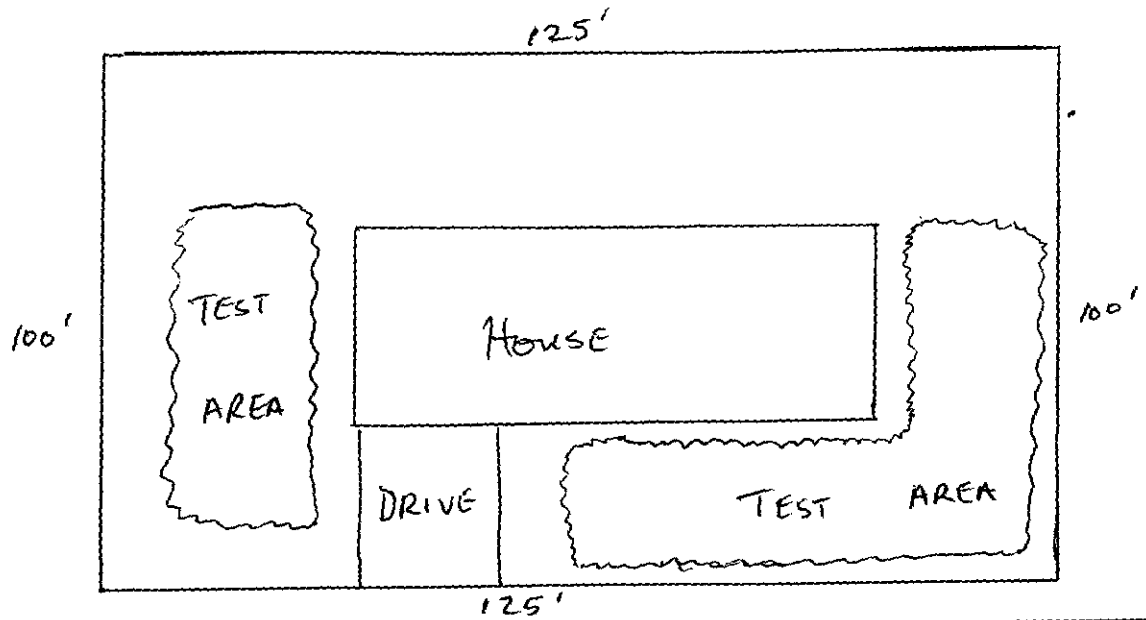
(7) NAME: GREG (FIRST) EUGENE (MIDDLE) PETERSON (LAST)

(8) MAILING ADDRESS: 1721 W. SUGAR CREEK RD.

(9) CITY: CHARLOTTE (10) STATE: NC (11) ZIP: 28213

(12) PHONE: (WORK) 704-596-4448 (HOME) SAME

(13) Accurately diagram and dimension lot.




(14) 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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

† Signed: _____

Date: 1-22-91

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

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

# MECKLENBURG COUNTY HEALTH DEPARTMENT
# ENVIRONMENTAL HEALTH DIVISION

## CHARGE SLIP

Date: 1-22-91

Name/Company: Cedar Tree Homes of Gaston, Inc.

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil Test. - Lot
1720 Yellow Pine
Tax # 045-104-02
File # 7173A

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

JAN 22 1991

Fee: $ 50.00

ck # 1048
$ 50.00

NOTICE:

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Completed by

Collected by

# APPLICATION FOR SOIL INVESTIGATION

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 7173A

TC X 045-104-02

☐ PC ☐ REPT

**JOB LOCATION**

(1) ADDRESS: 1720 LISBON LN. CHAR. N.C.

(2) SUBDIVISION: _____ (3) LOT: _____ (4) BLOCK: _____

(5) PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

(6) DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

**OWNER**

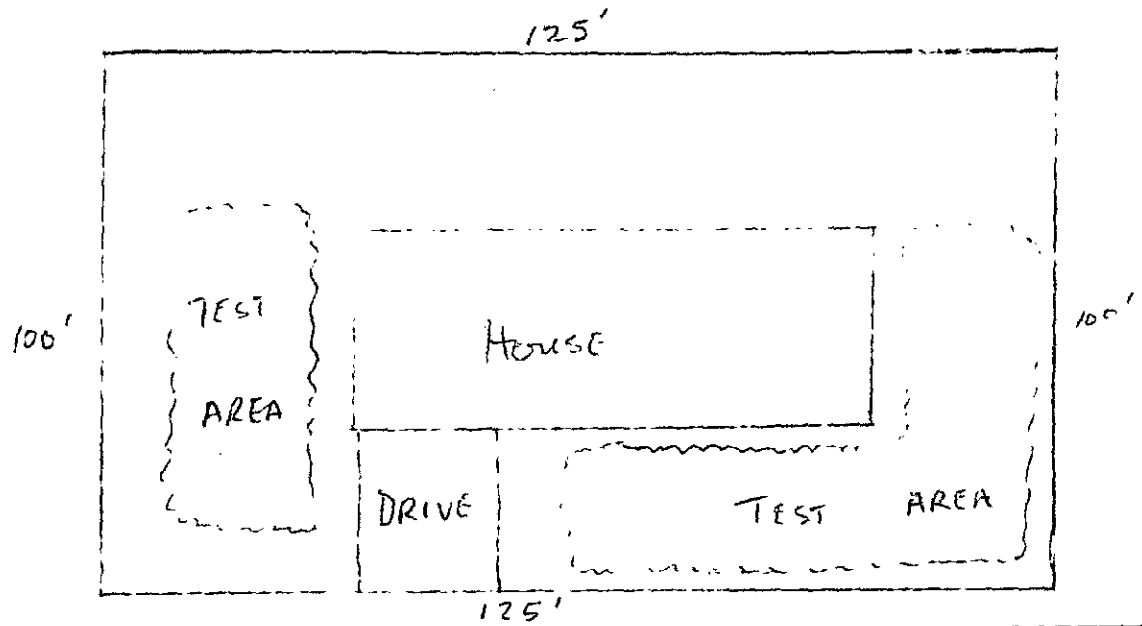
(7) NAME: GREG (FIRST) EUGENE (MIDDLE) PETERSON (LAST)

(8) MAILING ADDRESS: 1721 W. SUGAR CREEK RD.

(9) CITY: CHARLOTTE (10) STATE: NC (11) ZIP: 28213

(12) PHONE: (WORK) 704-596-4498 (HOME) SAME

(13) Accurately diagram and dimension lot.




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Signed: _____

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Date: 1-22-91

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

DATE 11/27/90

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Char

045-104-02
PARCEL NUMBER

1720 Lisbon Ln
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

| | | | |
|---|---|---|---|
| 1. | SUBDIVISION REGULATIONS | ____APPROVED | ____NOT APPROVED |
| 2. | FLOODWAY REGULATIONS | ____APPROVED | ____NOT APPROVED |
| 3. | EROSION CONTROL REGULATIONS | ____APPROVED | ____NOT APPROVED |
| 4. | COMMERCIAL DRAINAGE PLAN | ____APPROVED | ____NOT APPROVED |
| 5. | PUBLIC UTILITY EASEMENT | ____PRESENT | ____NOT PRESENT |
| 6. | PROPERTY FRONTS ON THOROUGHFARE | ____YES | ____NO |
| 7. | DRIVEWAY PERMIT REQUIRED | ____YES | ____NO |

REMARKS: S.F. Housing

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

7/7/88
ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: Rube

# Mecklenburg County
# Health Department

December 7th, 1990

Hilda McCullough Nolen
1721 W. Sugar Creek Road
Charlotte, NC 28213

RE: Property located at 1720 Lisbon Ln.
FILE: 7173A
PARCEL: 045-104-02

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 16864) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

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

Very truly yours,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure (2)

**MECKLENBURG COUNTY HEALTH DEPARTMENT**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 16864

File:

Action 2

Parcel: 7173A PO 045-104-02

PC

Location:

Subdivision: 1720 Lisbon Ln.

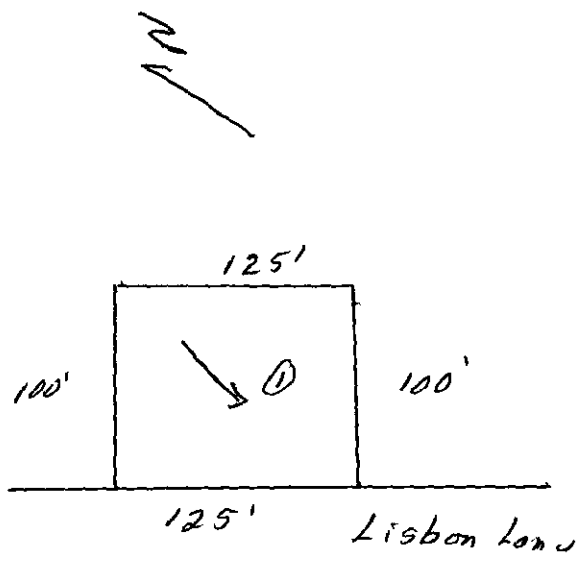
Lot: Block: Acres: Approx. .28

Owner:
Address:
Hilda McCullough Nolen
1721 W. Sugar Creek Road
Charlotte, NC 28213

Comments: 100% Repair

Described by: William A. Marlin

Date: 12-6-90




***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

| FACTORS | AREA 1 | AREA 2 | AREA 3 | AREA 4 | AREA 5 | AREA 6 |
|---|---|---|---|---|---|---|
| Topography | (S) PS U 2-6% | S PS U | S PS U | S PS U | S PS U | S PS U |
| Texture | S (PS) U Clay | S PS U | S PS U | S PS U | S PS U | S PS U |
| Structure | S (PS) U Blocky | S PS U | S PS U | S PS U | S PS U | S PS U |
| Drainage | S (PS) U >40" to water | S PS U | S PS U | S PS U | S PS U | S PS U |
| Depth | S (PS) U 40"+ | S PS U | S PS U | S PS U | S PS U | S PS U |
| Restrictive Horizons | S (PS) U 40" | S PS U | S PS U | S PS U | S PS U | S PS U |
| Available Space | S PS (U) Restricted | S PS U | S PS U | S PS U | S PS U | S PS U |
| Other (specify) | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Soil Group/Series | IV Cecil-Lick | | | | | |
| Area Classification | S PS (U) | S PS U | S PS U | S PS U | S PS U | S PS U |

[redacted]KLENBURG COUNTY HEALTH DEPARTMENT
SI[redacted]ALUATION REPORT
SERI[redacted]MBER 16864

File: Action _____

Parcel: ☐ PC

Location: 1720

Subdivision: _____

Lot: Block: Acres:

Owner:
Address:

Comments: _____

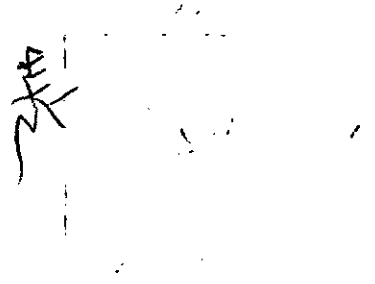
_____

_____

_____

Described by: _____

Date: _____



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = *Provisionally* Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

| FACTORS | AREA 1 | AREA 2 | AREA 3 | AREA 4 | AREA 5 | AREA 6 |
|---|---|---|---|---|---|---|
| **Topography** | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| **Texture** | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| **Structure** | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| **Drainage** | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| **Depth** | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| **Restrictive Horizons** | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| ***Available Space*** | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| **Other (specify)** | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| **Soil Group/Series** | | | | | | |
| **Area Classification** | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |

$50.00 per acre F.B.

# APPLICATION FOR SOIL INVESTIGATION

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 7173A

TC: 045-104-02

☐ PC ☐ REPT

**JOB LOCATION**

① ADDRESS: 1720 LISBON CHARLOTTE N.C.

② SUBDIVISION: ③ LOT: ④ BLOCK:

⑤ PARCEL REFERENCE: BOOK NO.: PAGE NO.: PARCEL NO.:

⑥ DEED REFERENCE: BOOK NO.: PAGE NO.:

**OWNER**

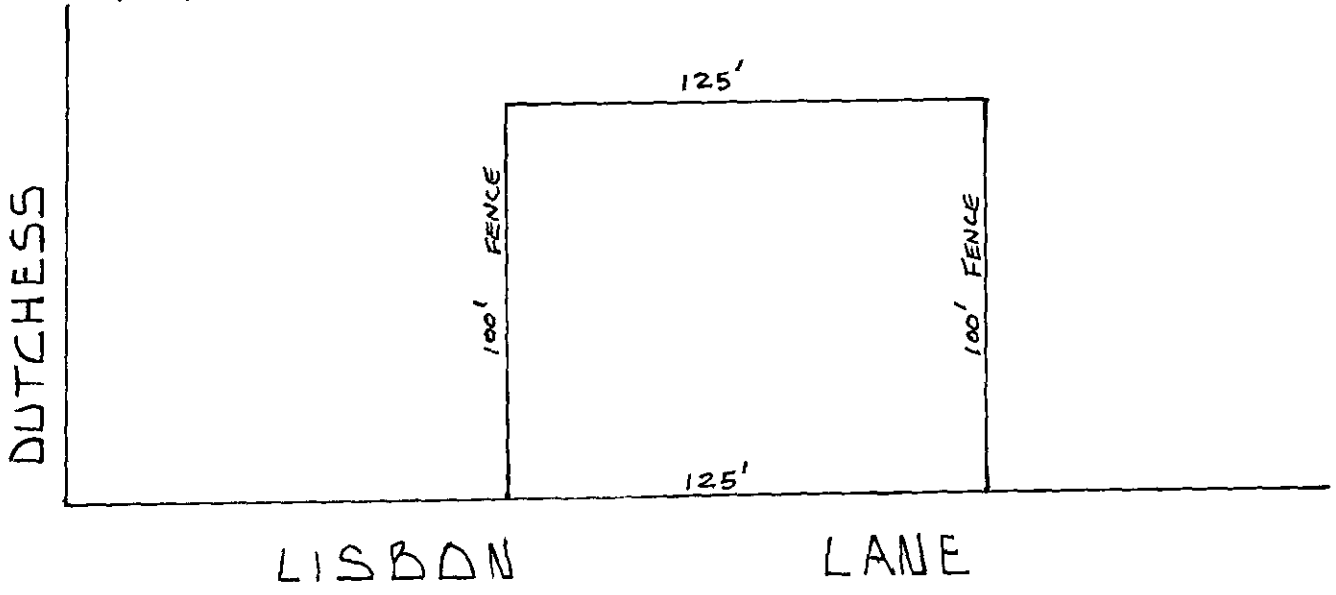
⑦ NAME: HILDA (FIRST) McCULLOUGH (MIDDLE) NOLEN (LAST)

⑧ MAILING ADDRESS: 1721 W. SUGAR CREEK RD.

⑨ CITY: CHARLOTTE ⑩ STATE: N.C. ⑪ ZIP: 28213

⑫ PHONE: (WORK) — (HOME) 596-4448

⑬ Accurately diagram and dimension lot.




⑭ 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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Hilda Nolen

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

Date: Nov. 29, 1990

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

# MECKLENBURG COUNTY HEALTH DEPARTMENT
# ENVIRONMENTAL HEALTH DIVISION

**CHARGE SLIP**

Date: 11-29-90

Name/Company: Greg Peterson

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil Test - ½ acre
1720 Lisbon Lane
File # 7173A
Tax # 045-104-02

MECK. HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
NOV 29 1990

Fee: $ 50.00 Ck# 541 $50.00

NOTICE:

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Completed by _____ Collected by _____