

4521 EAGLE LAKE DR N

14108218

5/9/2007

duponbj

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

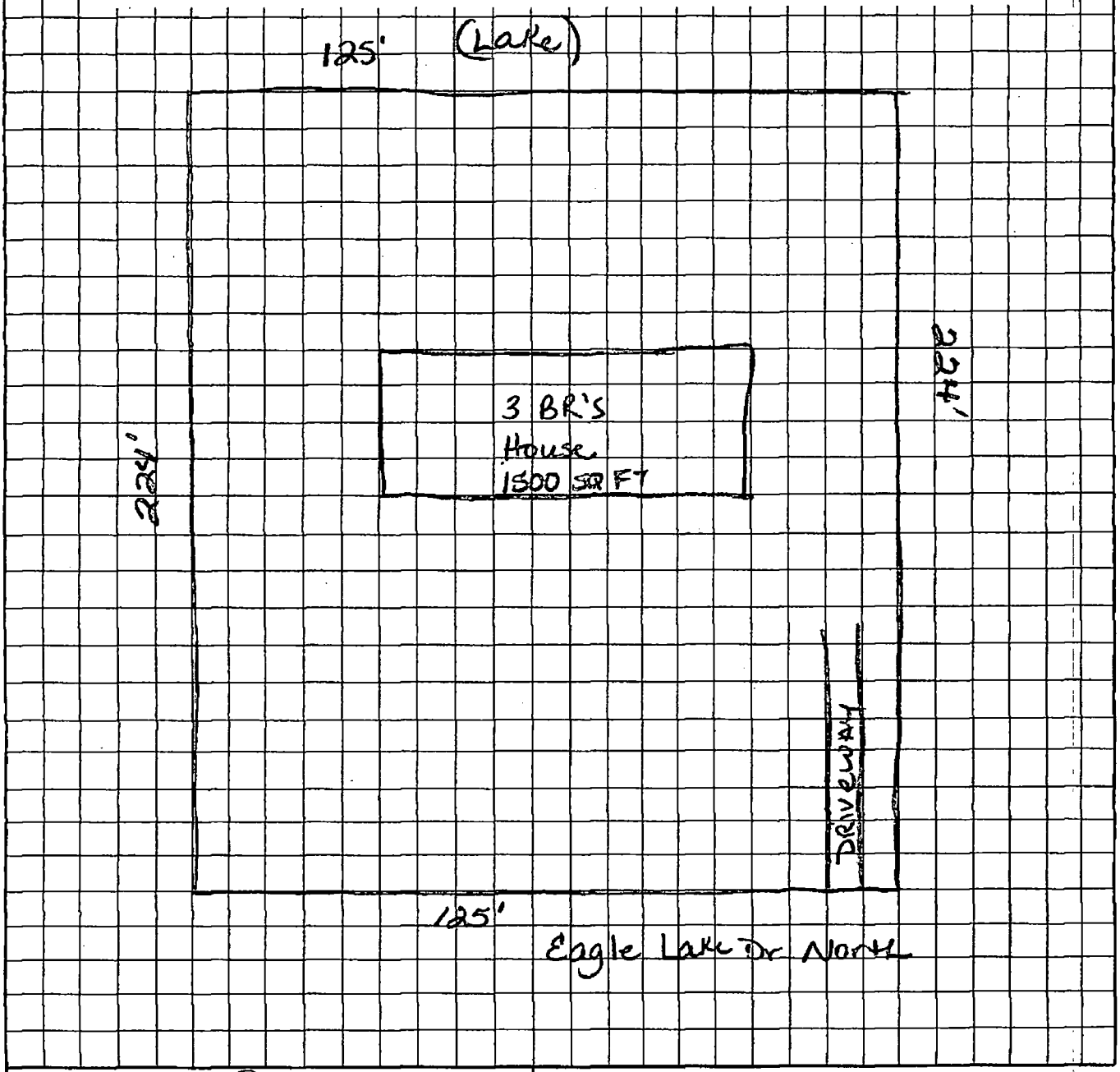
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3714A

TC: 141-082-18

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.



Eric B. Lam
OWNER/AGENT SIGNATURE

DATE 18 AUG 95

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

3 71/A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Rd - $150 check 8/18/95

☐ CAT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:

NAME: ERIC LARSEN (last) ERIC (first) B. (mi)

ADDRESS: 3530 Dan Hood Rd PHONE: (704) 841-2753

CITY: Matthews STATE: NC ZIPCODE: 28105

Date: 7/27/95

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 14108218

STREET ADDRESS: 4521 Eagle Lake Dr.

L 38

ZONING: Mecklenburg

PROPERTY OWNER:

NAME: Morrison (last) Leroy (first) M. (mi)

ADDRESS: 1959 Harris Blvd PHONE: (__) _____

CITY: Charlotte STATE: NC ZIPCODE: 28211

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
☑ 0 Mecklenburg County ☐ 2 Davidson ☐ 4 Pineville ☐ 6 Huntersville
☐ 1 Charlotte ☐ 3 Cornelius ☐ 5 Matthews ☐ 7 Mint Hill

LOT NUMBER: L38 LOT SIZE (in acres): 0.8

TYPE APPLICATION (check one):

☐ SOIL TEST - INDIVIDUAL LOT (D)
☑ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (N)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
☐ SINGLE MOBILE HOME (S) ☑ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
☑ Community (C) ☐ Shared Well (S)
☐ Municipal (M) ☐ Other 'spring' (O)
☐ Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
☐ Swimming Pool ☐ Jacuzzi ☐ Stable/Barn ☐ Workshop ☐ None
☐ Garage ☐ Storage Building ☐ Deck/Patio ☐ Bedrooms ☐ Other

The undersigned, owner, or legal agent for the 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: Eric B. Larsen Date: 8/15/95

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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 approval is granted by this Department.

...This permit is not transferable.

...

☐ IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
☐ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WATER - 12/94

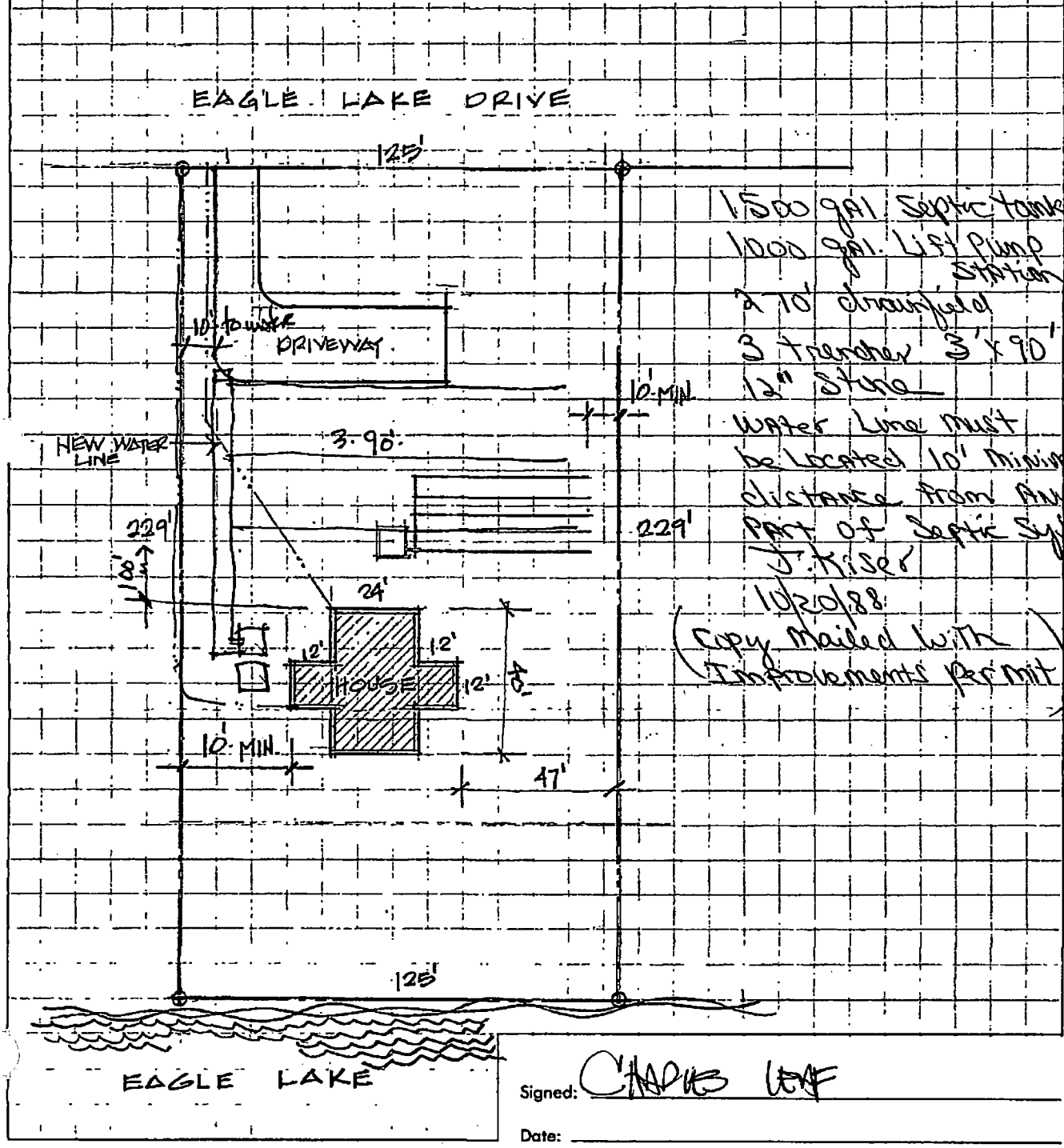
PROPOSED PLOT PLAN

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

FILE: 3714A

TC: 141-082-18

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.



1500 gal Septic tank
1000 gal. Lift Pump Station
2 10' drainfield
3 Trenches 3' x 90'
12" Stone
Water Line must be located 10' minimum distance from any part of Septic System.
J. Riser
10/20/88
(Copy Mailed with Improvements Permit)

Signed: CHARLES LEE

Date:

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

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: 3714A AUG 17 1988

TC: 141-082-18 $150.00

SERIAL: № 16248 ☒ 104 ☒ L ☐ CRT

JOB LOCATION

① ADDRESS: 4521 (STREET NO.) EAGLE LAKE (STREET) DRIVE ② FILE: 3714A

③ JURISDICTION: MECK ④ TAX PARCEL NO.: 141-082-18

⑤ SUBDIVISION: ⑥ LOT: L ⑦ BLOCK:

OWNER

⑧ NAME: CHARLES (FIRST) ERIC (MIDDLE) LEAF (LAST)

⑨ MAILING ADDRESS: 210 SARAH MARKS AVE

⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28203

⑬ PHONE: (WORK) 332 2947 ⑭ (HOME) 332-6057

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? 2 BR ㉕ Type?

㉓ Maximum occupancy? 4 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

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 36 months from the date of issuance. Lift Pump will be required.

Judy J. Kwiz RS. 10/26/88
Environmentalist Date

[signature] 10/4/88
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.

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: CHARLES LEAF

Date: 17 AUG 88

10/21/88
Please put on CRT. Thanks

DATE: 8/17/88

TO: HEALTH DEPARTMENT - ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 141-082-18

ASSIGNED ADDRESS 4521 Eagle Lake Dr

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	NOT APPROVED
1. SUBDIVISION REGULATIONS		*
2. FLOODWAY REGULATIONS		*
3. EROSION CONTROL REGULATIONS		*
4. COMMERCIAL DRAINAGE PLAN		*

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	* YES	NO
6. PROPERTY FRONTS ON THOROUGHFARE	* YES	NO
7. DRIVEWAY PERMIT REQUIRED	*	

* If checked, further investigation will be required to determine whether a building permit may be issued by Building Standards for the site.

REMARKS: Septic Tank - SF House

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

SIGNED: Dezi

OPWEAR 02/86

MECKLENBURG COUNTY

Department of Environmental Health

July 27th, 1987

Leroy McKee Morrison
1959 Harris Road
Charlotte, NC 28211

RE: Property located at 4521 Eagle Lake Drive L38
FILE: 3714A
PARCEL: 14108218

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 property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the Site Evaluation Report (Serial Number 14443) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, 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. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 14443

File: 3714A Action 1

Parcel: 14108218 ☐ PC

Location: 4521 Eagle Lake Drive

Subdivision:

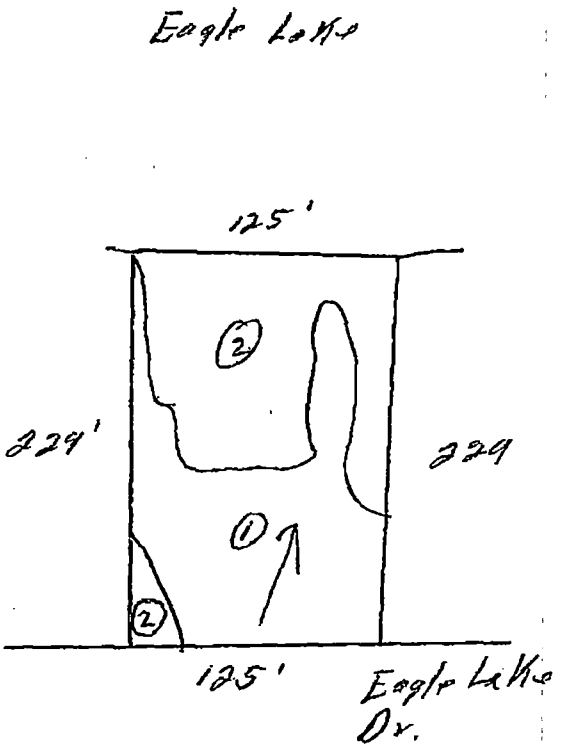
Lot: L38 Block: Acres: .6

Owner: Leroy McKee Morrison
Address: 1959 Harris Road
Charlotte, NC 28211

Comments: System may need lift pump
Soil depth 49"+, see chart
8-24-95 WBM

Described by: William B. Mauldin

Date: 7-24-97



***** 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 2-8%	S PS (U) complex slopes	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 736" water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 736"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >736"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	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 A Cecil/Iredell	complex slopes				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 3714A

TC: 141-082-18

☐ PC ☐ REPT

MEC JUL 14 1987 EN

JOB LOCATION

① ADDRESS: 4521 EAGLE LAKE DR.

② SUBDIVISION: EAGLE LAKE ③ LOT: L 38 ④ BLOCK:

⑤ PARCEL REFERENCE: BOOK NO.: 141 PAGE NO.: 08 PARCEL NO.: 082

⑥ DEED REFERENCE: BOOK NO.: 2779 PAGE NO.: 538

OWNER

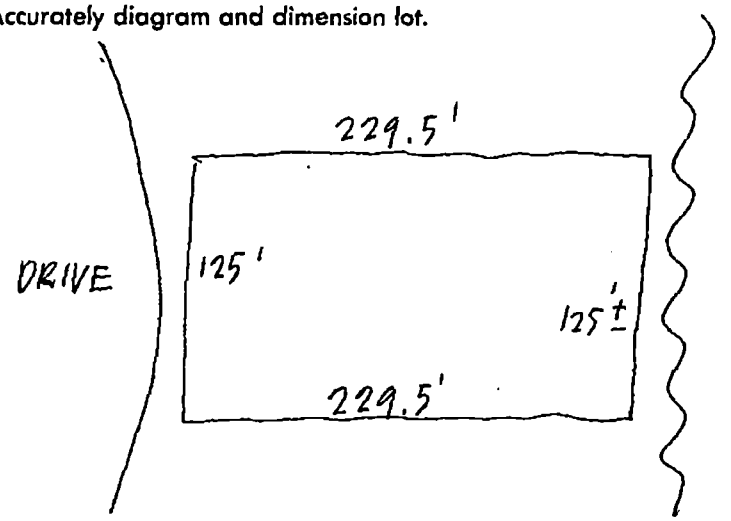
⑦ NAME: LEROY (FIRST) McKee (MIDDLE) MORRISON (LAST)

⑧ MAILING ADDRESS: 1959 Harris Rd

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28211

⑫ PHONE: (WORK) 366 4150 (HOME) 366 4150

⑬ Accurately diagram and dimension lot.



(SEE ATTACHED COPY.)

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

Signed: Leroy McKee Morrison

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

Date: July 10 1987

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