

1827 LAKE DR

03147220

7/12/2007

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: 7797A DATE: 11/15/91
P.O.
TC: 031-161.40 ☒ L ☐ CRT

SERIAL № 13690

Name of Owner James F. Wachob Juris.:

Address of Property 1827 Lake Dr

Inspection Data:

Tank Material PCC

Total Length of Drainfield 105'

Number of Lines 2 @ 52+1'

Cover Depth 24"

Water Supply Source well

Distance to Water Source 50'

Excavation Inspected 11/15/91

Tank(s) Inspected 11/15/91

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design: 991 | 500 St, Conv. 305SFT, 12" G CTR# 168

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: Design based on .8 application rate

Judy J. Kuei RS
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

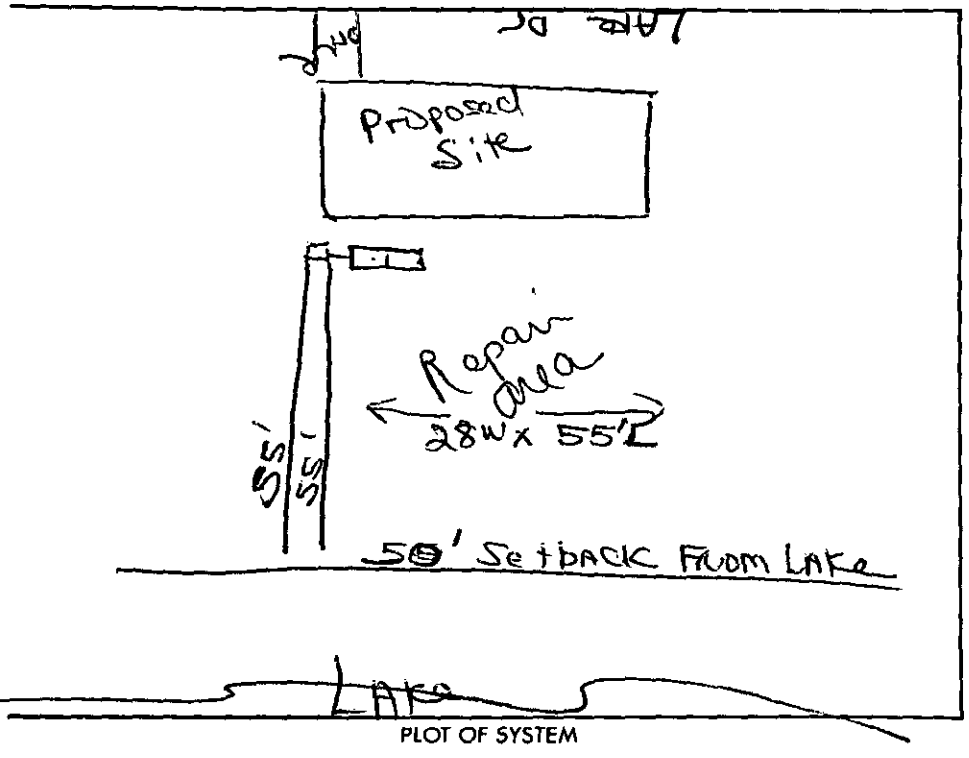
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7797A DATE: 11/12/91

TC: 031-161.40 P.O. ☑L

SERIAL Nº 13716

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 11/11/91. All work shall be completed on or before 12/12/91, 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 Health Department 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 110' feet

Number of Lines 2

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 5 feet

Distance from Well 50' feet

NAME OF OWNER James E. Wachob

LOCATION OF PROPERTY 1827 Lake Dr.

Comments: INSTALL 2 Trenches 3' x 55' 12" Stone .8 Application rate per Bill Marlin Soil Scientist 100% NOT required but Available & designated

Division or Section Head

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 Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

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

JK

APPLICATION FOR AN IMPROVEMENT PERMIT

Pd. 200.00
Ck # 1508
11-1-91
HB

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr 2nd Floor
700.N. Tryon Street
Charlotte, NC 28202

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

(OFFICE USE ONLY)
FILE: 7797 A
TC: 3 031-161-40 PO
SERIAL: № 0020681 ☒ L ☐ CRT

JOB LOCATION

① ADDRESS: 1827 (STREET NO.) LAKE DR (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 031-161-40 PO
⑤ SUBDIVISION: ⑥ LOT: 12 ⑦ BLOCK:

OWNER

⑧ NAME: JAMES (FIRST) E (MIDDLE) WACHOB (LAST)
⑨ MAILING ADDRESS: 20730 RIO ORO DR.
⑩ CITY: DAVIDSON ⑪ STATE: NC ⑫ ZIP: 28036
⑬ PHONE: (WORK) 704-892-4445 ⑭ (HOME) 704-892-4445

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? 2
㉓ Maximum occupancy? 4
㉔ Basement? ☐ yes ☒ no
㉕ Type?
㉖ Maximum number of employees?
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.

James E Wachob
11-1-91

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 60 months from the date of issuance.

Judy J. Kaiser RS, 11/5/91
Environmentalist Date

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.

JK

PROPOSED PLOT PLAN

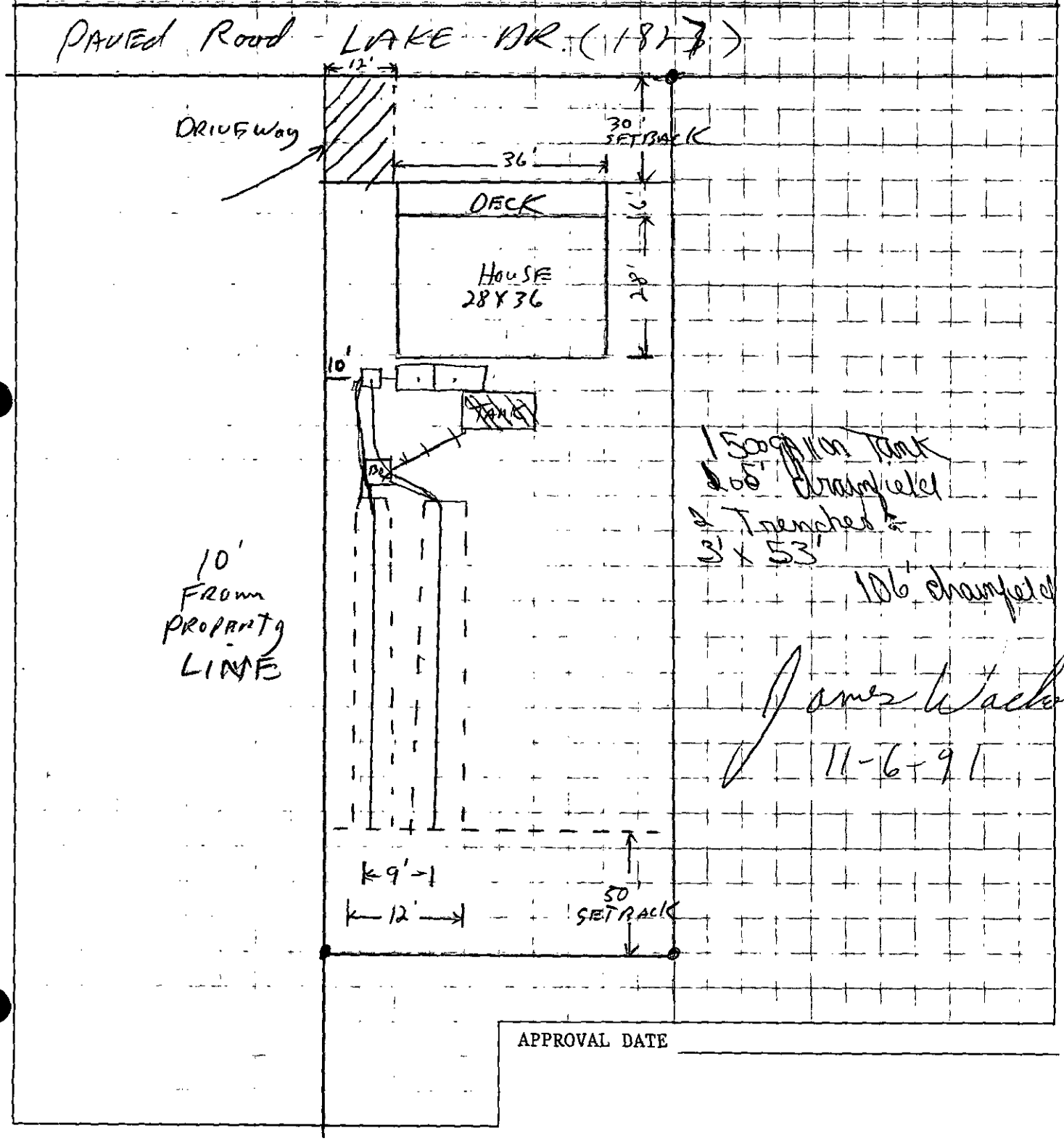
Pd. 200.00
Ck # 1508
11-1-91
#13

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

FILE: 7797 A

TC: 031-161-40 Po

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

Mecklenburg County
Health Department

October 21st, 1991

James E. Wachob
20930 Rio Oro Drive
Davidson, NC 28036

RE: Property located at 1827 Lake Drive 12
FILE: 7797A
PARCEL: 031-161-40PO

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 12303) 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 there are any questions concerning this matter, do not hesitate to contact me.

Sincerely,

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

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12303

File: 77977 Action 1

Parcel: PO 031-161-40 ☐ PC

Location: 1827 Lake Dr.

Subdivision:

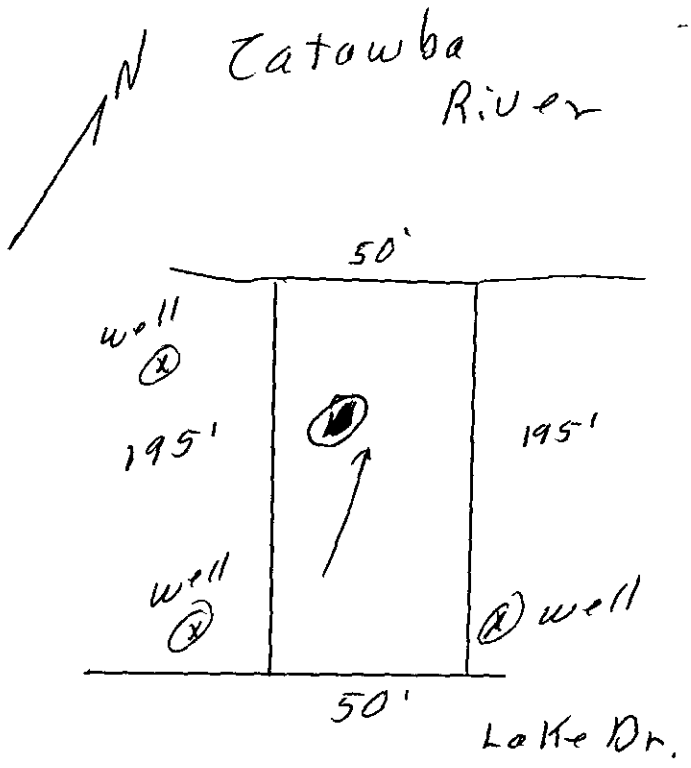
Lot: 12 Block: Acres: .22

Owner: James E. Wachob
Address: 20930 Rio Oso Dr.
Davidson, N.C. 28036

Comments: loading rate ~~.6~~ .8 gal/sq. ft/day WRm 10-21-91
clay

Described by: William R. Marlin

Date: 10-19-91



***** 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 2-4%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture WRm 10-21-91	(S) PS U ~~sandy loam~~	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U Weak granular	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U 7+6" to water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U 7+6"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 7+6"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U Very 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 Series undetermined	I					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

Pd. 50.00
Ck # 1042
10-14-91
HR

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603
336-5102

(OFFICE USE ONLY)

FILE: 7997 A

TC: 121-161-4000

☐ PC ☐ REPT

Retain in Permanent Record

JOB LOCATION

① ADDRESS: 1827 LAKE [illegible]

② SUBDIVISION: _____ ③ LOT: 12 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: [illegible]

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

OWNER

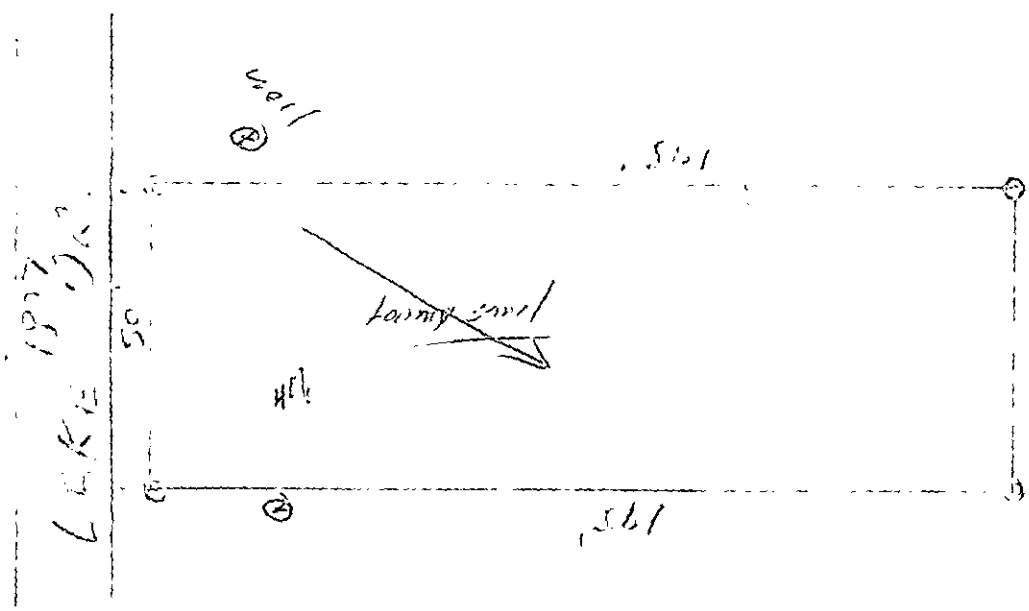
⑦ NAME: [illegible] (FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: [illegible]

⑨ CITY: [illegible] ⑩ STATE: [illegible] ⑪ ZIP: [illegible]

⑫ PHONE: (WORK) [illegible] (HOME) [illegible]

⑬ Accurately diagram and dimension lot.



1.0

240

1.0

240

8
3 | 240

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: _____

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

Date: _____

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

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE 10/14/91

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 031-161-40A

ASSIGNED ADDRESS 1827 Lake Dr

EXISTING ADDRESS Lot 12

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	DISAPPROVED
1. SUBDIVISION REGULATIONS	/ /	/ /*
2. FLOODWAY REGULATIONS	/ /	/ /*
3. EROSION CONTROL REGULATIONS	/ /	/ /*
4. PUBLIC UTILITY EASEMENT	/ /	/ /*

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	/ /*	/ /
6. PROPERTY FRONTS ON THOROUGHFARE	/ /*	/ /
7. DRIVEWAY PERMIT REQUIRED	/ /*	/ /

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

REMARKS: Septic tank

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S 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: Luke

OPWEAR 06-88

NEW ADDRESS / X /*

FORM 100

12E

APPLICATION FOR SOIL INVESTIGATION

Pd. 50.00
CK # 1248
10-14-91
HB

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) ~~376-4603~~ 336-5102

(OFFICE USE ONLY)

FILE: 7797 A

TC: 031-161-40 PO

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: 1827 LAKE DR

② SUBDIVISION: _____ ③ LOT: 12 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 031-161-40 PO

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

OWNER

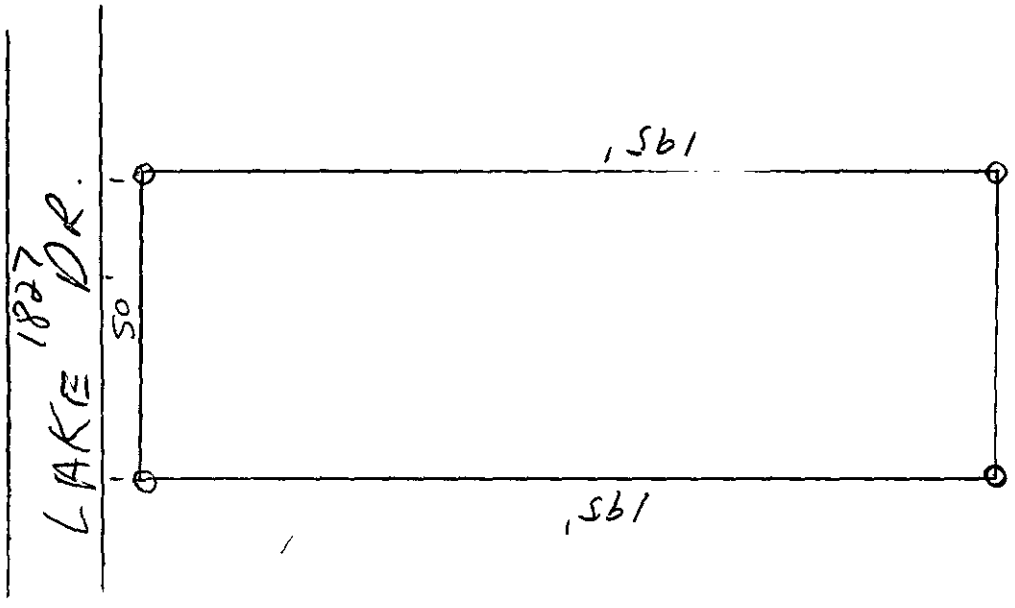
⑦ NAME: JAMES (FIRST) E (MIDDLE) WACHOB (LAST)

⑧ MAILING ADDRESS: 20930 RIO ORO DR

⑨ CITY: DAVIDSON ⑩ STATE: N.C. ⑪ ZIP: 28036

⑫ PHONE: (WORK) 892-4445 (HOME) 892-4445

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: James E Wachob

Date: 10-14-91

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