

LAKEVIEW ROAD

12/19/2007

duponbj

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

Mecklenburg County

Health Department

Betty S. Snow, R.N., M.A.
Health Director

October 7, 1993

Southern National Bank of N.C.
P. O. Box 15008
Winston-Salem, NC.27113-0008

RE: Property located off Lakeview Road (Lot #1)
FILE: 1162B/9133A
PARCEL: 031-191-13PD

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 19492) is enclosed for your information.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Specific plan approval will be provided upon submission of 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 and determination that the area is adequate to accommodate the proposed construction.

Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this department renders any area previously designated suitable for system installation, unsuitable. Furthermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

If there are any questions concerning this matter, please contact Bill Marlin, Soil Scientist at 336-5574.

Sincerely,

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems

Enclosure

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19492

File: 1162 B1/91 33A Action: /

Parcel: po 031-191-13 PC

Location: off Lakeview Road

Subdivision:

Lot: Block: Acres: 1.0

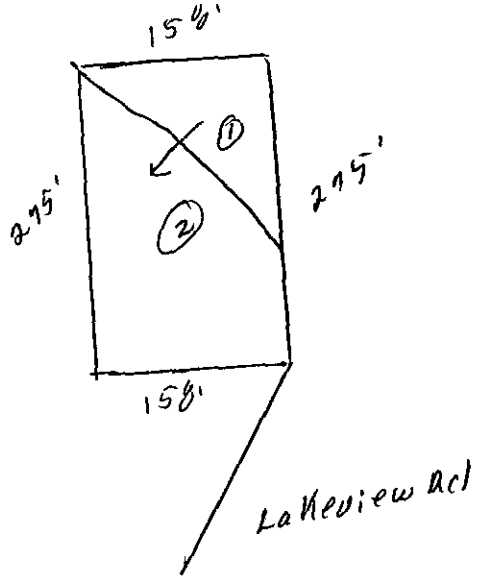
Owner: Southern National Bank of N.C.
Address: PO Box 15008
Winston-Salem, N.C.
27113-0008

Comments: 100% Repair, 3gal/ft/day LTAR

Described by: William R. Marlin

Date: 10-6-93

1W



*** 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 2-8%	S PS U	S PS U	S PS U	S PS U
Texture	(S) PS U Slightly Expansive clay	S PS (U) Expansive clay	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Sub-Blocky	S (PS) U 2 sub-blocky	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 736" to wet.	S PS (U) some perched water 30-36"	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 736"	S (PS) U 36"+	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 736"	S (PS) U 736"	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	Cecil-Lilac	Vance-Helena				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

1162 B/9133A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

FD 500 chk 4234 9/8/93 pk [] CRT

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

(704)336-5102

Date: 9/8/93

PERSON FILING APPLICATION:

NAME: HANBY (last) DAVID (first) A. (mi)

ADDRESS: P.O. Box 34753 PHONE: (704) 375-1137

CITY: CHARLOTTE STATE: NC ZIPCODE: 28234

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: PART OF 031-191-13

STREET ADDRESS: LAKEVIEW ROAD

ZONING: R-3

PROPERTY OWNER:

NAME: SOUTHERN NATIONAL BANK OF NC (last) (first) (mi)

ADDRESS: P.O. Box 15008 PHONE: (919) 773-7292

CITY: WINSTON-SALEM STATE: NC ZIPCODE: 27113-0008

SUBDIVISION OR MOBILE HOME PARK NAME: NA

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

TYPE APPLICATION (check one):

LOT NUMBER: / LOT SIZE (in acres): /

[x] 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):
[x] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: NA NUMBER OCCUPANTS: NA

SYSTEM CLASSIFICATION: NA

COMMERCIAL/INDUSTRIAL PROPERTY: NA
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)
[x] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [x] 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: E Z Dehart Jr Date: 9-8-93

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

WWATER : 122791

PROPOSED PLOT PLAN

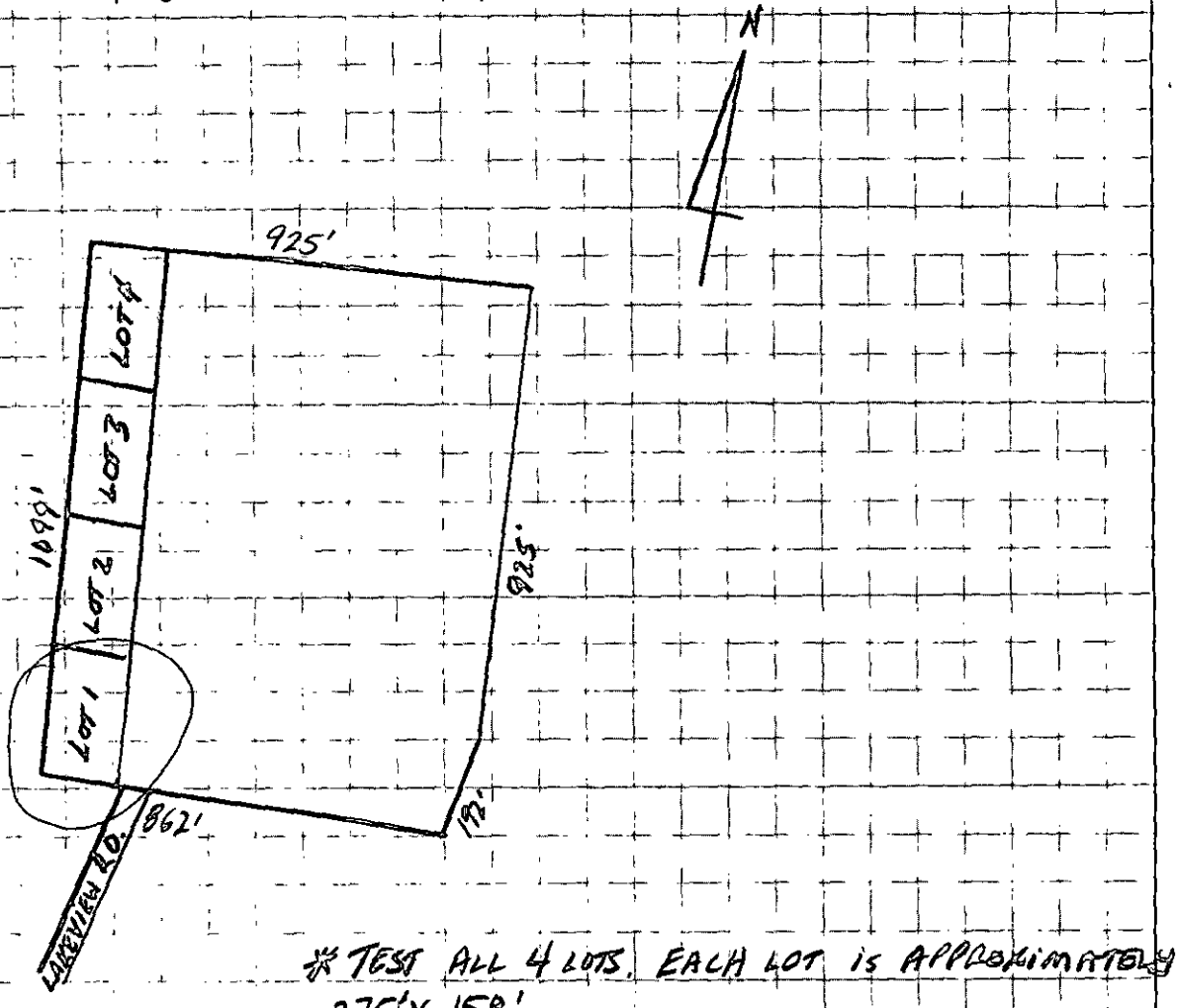
Sept #1

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

FILE: 116B|9|33A

TC: _____

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.



* TEST ALL 4 LOTS. EACH LOT is APPROXIMATELY 275' X 158'

APPROVAL DATE _____

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