

6342 GOLDEN EAGLE LN

13527151

5/10/2007

duponbj

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

Mecklenburg County
Health Department

M E M O R A N D U M

TO: Susan Uzzell
Accountant II

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

Date: December 11, 1997

Ref: 6342 Golden Eagle Lane/File #3824A

SUBJECT: Refund

(Mr./Mrs./Co.) Mr. Mark Rondina originally paid $200.00

for an Alteration of existing system on February 24, 1997

.

A refund should be issued for $150.00 because

request for an alteration was denied, $50.00 of the fee applies for the

services rendered by this department .

Please make check payable to: Mark J. Rondina

6342 Golden Eagle Lane

Charlotte, NC 28227

Mecklenburg County
Health Department

March 5, 1997

Mark J. Rondina
6342 Golden Eagle Lane
Charlotte, North Carolina 28227

Re: 6342 Golden Eagle Lane
File #3824A
Parcel: 135-271-51

Dear Mr. Rondina:

Receipt of your application for Improvement Permit regarding the above mentioned property is hereby acknowledged: The application request is as follows:

•an addition of two bedrooms and a bathroom and
•expansion/alteration of the existing septic system

Upon receipt of the application, a review was made of the material on file and a site evaluation was conducted on February 26, 1997. The plan was then reviewed in conjunction with the provisions of 15A NCAC 18A .1900 "Laws and Rules For Sewage Treatment and Disposal Systems". Our comments are as follows:

The proposed addition to the home is located over the existing septic tank and a portion of the nitrification field lines. This would necessitate the relocation of the sewage disposal system.

The current sewage system is designed for a three bedroom home based on a flow of 360 gallons per day. The proposed addition of two bedrooms to the home will require a redesign of the sewage disposal system to serve a five bedroom home with a daily flow of 600 gallons. NCAC 15A, 18A, .1949 (a) addresses this requirement. A copy of this Rule is enclosed.

NCAC 15A, 18A, .1945 addresses the Rule of available space. A copy of this Rule is also enclosed. Rule .1945 (a), (b), and specifically (c)(3)(B) prohibits the alteration for your proposed addition. Upon your review of this information, please contact me if necessary for further interpretation and clarification.

There appears to be inadequate area on the lot in which to relocate a sewage disposal system to serve a five bedroom home and also meet requirements for the repair area/replacement system as noted in Rule .1945. Additionally, I am not aware of any innovative/ alternative systems that could be installed and meet the rules.

One possible option for development as proposed, is to consider an off-site location for the nitrification field, if land is available for consideration. If this is a viable option, please contact me for specific details regarding requirements for systems located off-site.

For the above mentioned reasons, the plan, as submitted, is disapproved.

If you wish to exercise your right of appeal concerning the interpretation and enforcement of these rules, you may do so in accordance with G.S. 130A -24. Please contact me concerning further information regarding the appeal process.

Sincerely,

Lisa B. Mialik, RS

Lisa B. Mialik, R.S.
Individual Water and Wastewater Systems

Enclosures (2)

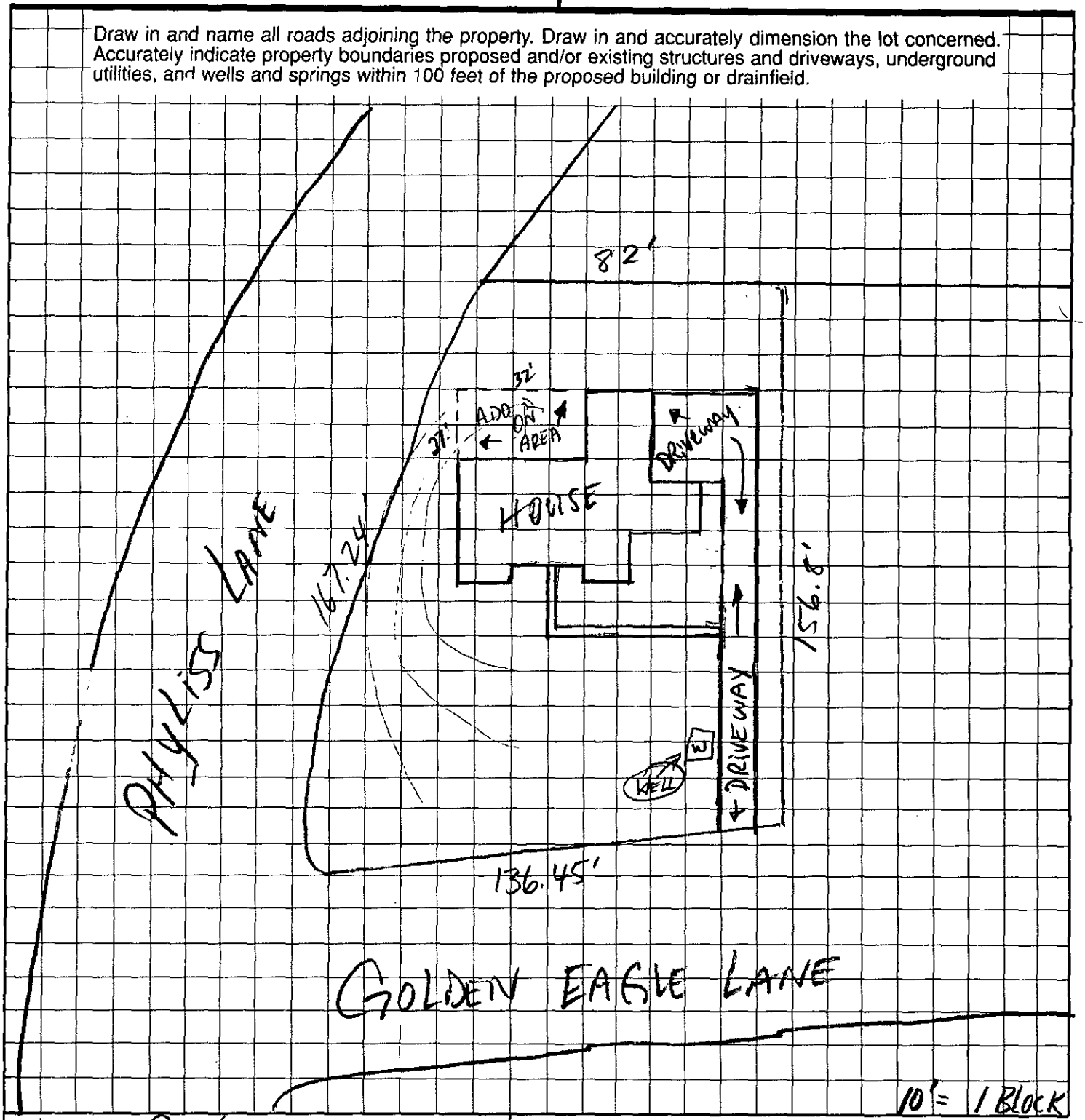
PROPOSED PLOT PLAN

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

FILE: 3824A

TC: 135-271-51

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.



Mark Rondeau
OWNER/AGENT SIGNATURE

DATE 2-22-97

APPROVAL DATE

Denial - see letter

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

FEE: 200.00 check 734
DATE: 2/4/97 JC

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

[ ] CRT

TYPE APPLICATION: __ NEW SYSTEM ✓ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 3824A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 135-271-51

STREET ADDRESS: 6342 Golden Eagle Ln

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
✓ HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

TOWNSHIP (CHECK ONE):

__ 0 MECKLENBURG
__ 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
✓ 7 MINT HILL

HEATED SQUARE FOOTAGE: 1900 ±

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS:

CLOSING DATE

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
✓ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

Request denied -
See Letter on file dated 3/5/97
JCM

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:
2 Bedroom / 1 Bath

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ✓ YES __ NO TYPE: Lawn Maintenance Office only.

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
✓ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES ✓ NO
EXISTING WASTEWATER SYSTEMS __ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES ✓ NO
WELL, SPRINGS OR WATERLINES ✓ YES __ NO
DESIGNATED WETLANDS __ YES ✓ NO

PROPERTY OWNER:

NAME: RONDINA (LAST) MARK (FIRST) J. (MI)
ADDRESS: 6342 GOLDEN EAGLE LANE
CITY: CHARLOTTE STATE: NC ZIP: 28227
DAYTIME PHONE: 704 545-8383

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)
DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? ?

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: Mark Rondina DATE: 2-22-97

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

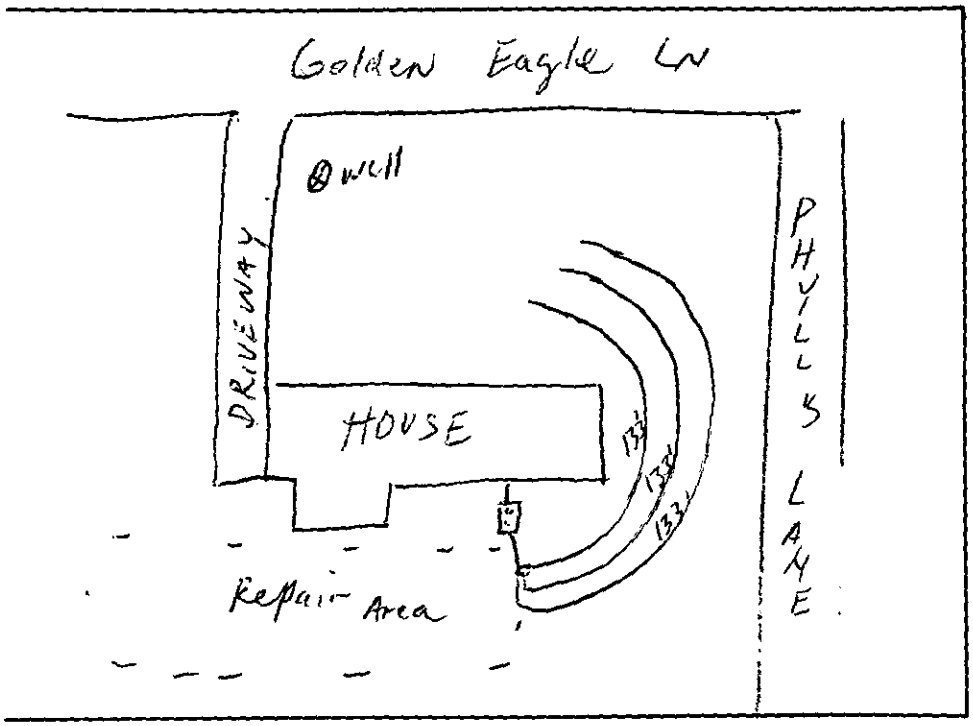
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3824A DATE: 4/9/90

TC: 135-~~281-12 PO~~ 271-51 ~~Ø~~ L

SERIAL Nº 13183

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 12/22/89. All work shall be completed on or before 5/9/90, 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 PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines 3

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

NAME OF OWNER Werley P. Stegall

LOCATION OF PROPERTY 6342 Golden Eagle LN

Comments: 3 Trenches x 133' long x 3' x 12" stone
stay >50 from well, stay away from right of way
Keep lines on contour of land

Division or Section Head

Phillip S. Walker
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.

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3824 A DATE: 4/25/90

TC: 135 ~~281-12~~ 271-51 ☐ L ☒ CRT

SERIAL № 13040

Name of Owner Werley P. Stegall Juris.:

Address of Property 6342 Golden Eagle Ln

Inspection Data:

Tank Material 1500

Total Length of Drainfield 400

Number of Lines 3 @ 133'+

Cover Depth 24" - 30"

Water Supply Source Well

Distance to Water Source ~~**~~ 57' 7"

Excavation Inspected 4/25/90

Tank(s) Inspected 4/25/90

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design: 1990 1500ST CM; 1200SFT, 12"6 Soil CTR# 82

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: System designed for 3 bedroom home.

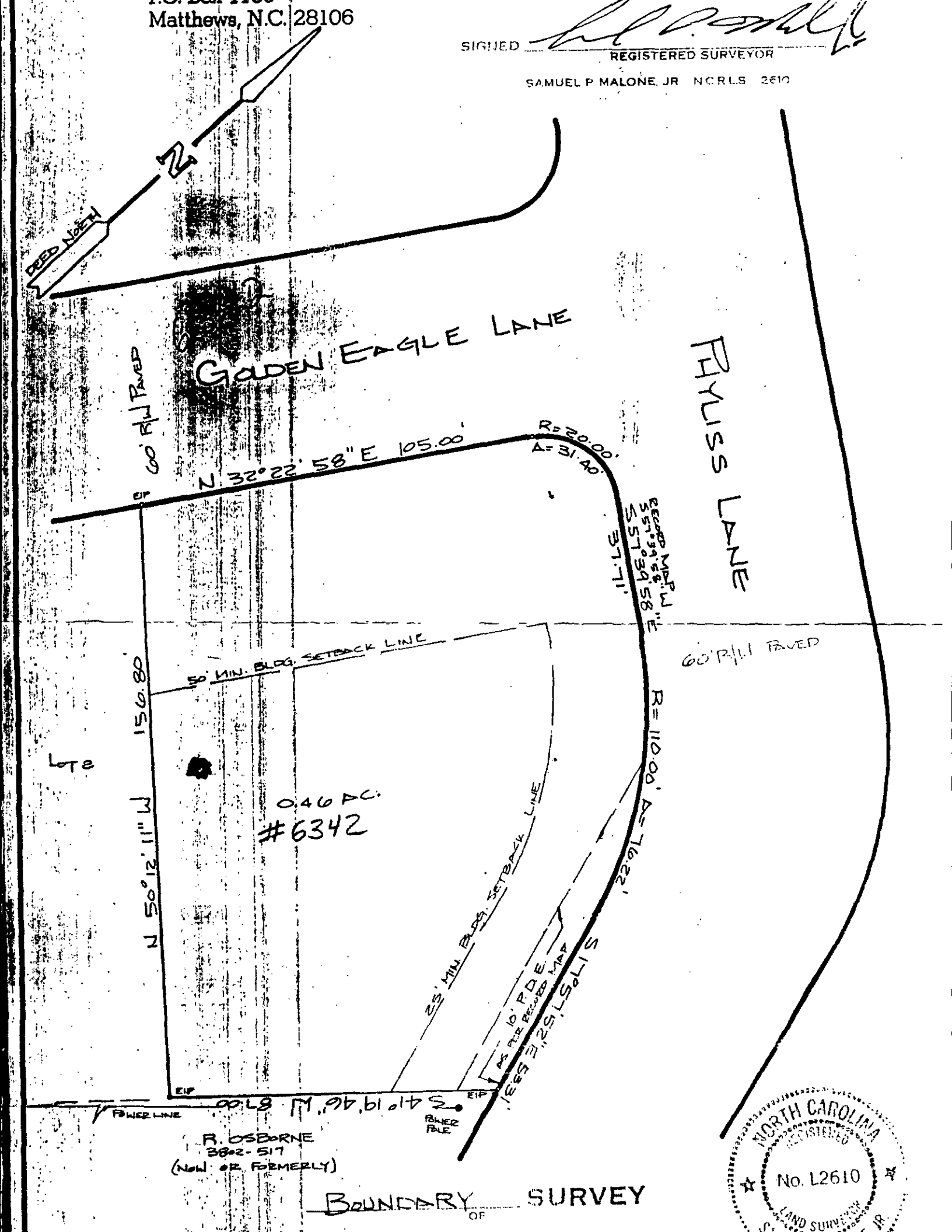
Judy A. Kain R.C.
Environmentalist

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

P.O. Box 1100
Matthews, N.C. 28106

SIGNED _____ REGISTERED SURVEYOR

SAMUEL P MALONE JR N.C.R.L.S. 2610



BOUNDARY SURVEY OF

NORTH CAROLINA REGISTERED No. L2610 LAND SURVEYOR

...G STANDARDS DEPT.
...OF ENVIRONMENTAL ...
...D ANT HAZARDOUS ...

...G DEPA...

DATE 12/27/89

MEMO FILE

JURISDICTION CODE 1/int

PARCEL NUMBER # 135-211-51

...D ADDRESS 6343 Golden Eagle Dr

...ADDRESS lot 1

...E Eagle Woods

...BE LOCATED WAS CHECKED CONCERNING:

	APPROVED	DISAPPROVED
...VATION REGULATIONS	/ /	/ /
... REGULATIONS	/ /	/ /
... CONTROL REGULATIONS	/ /	/ /
... QUALITY EASEMENT	/ /	/ /

	PRESENT	...
... QUALITY EASEMENT	/ /*	/ /
... FRONTS ON TRUCKEE RIVER	/ /*	/ /
... PERMIT REQUIRED	/ /*	/ /

... Checked, further investigation will be required to determine ... a building permit can be issued by Building Standards Div...

...KS: Waiver Signed

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

...NED: Pam

...-YEAR 06-28

... / /*

...M ...

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 12-20-89

Name/Company: Wesley Penny Stegall

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Applic to for Improvement Permit

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
DEC 20 1989

FC # 3824A

Fee: $ 200.00

Paid
200.00
1200

NOTICE:

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

Completed by

Collected by

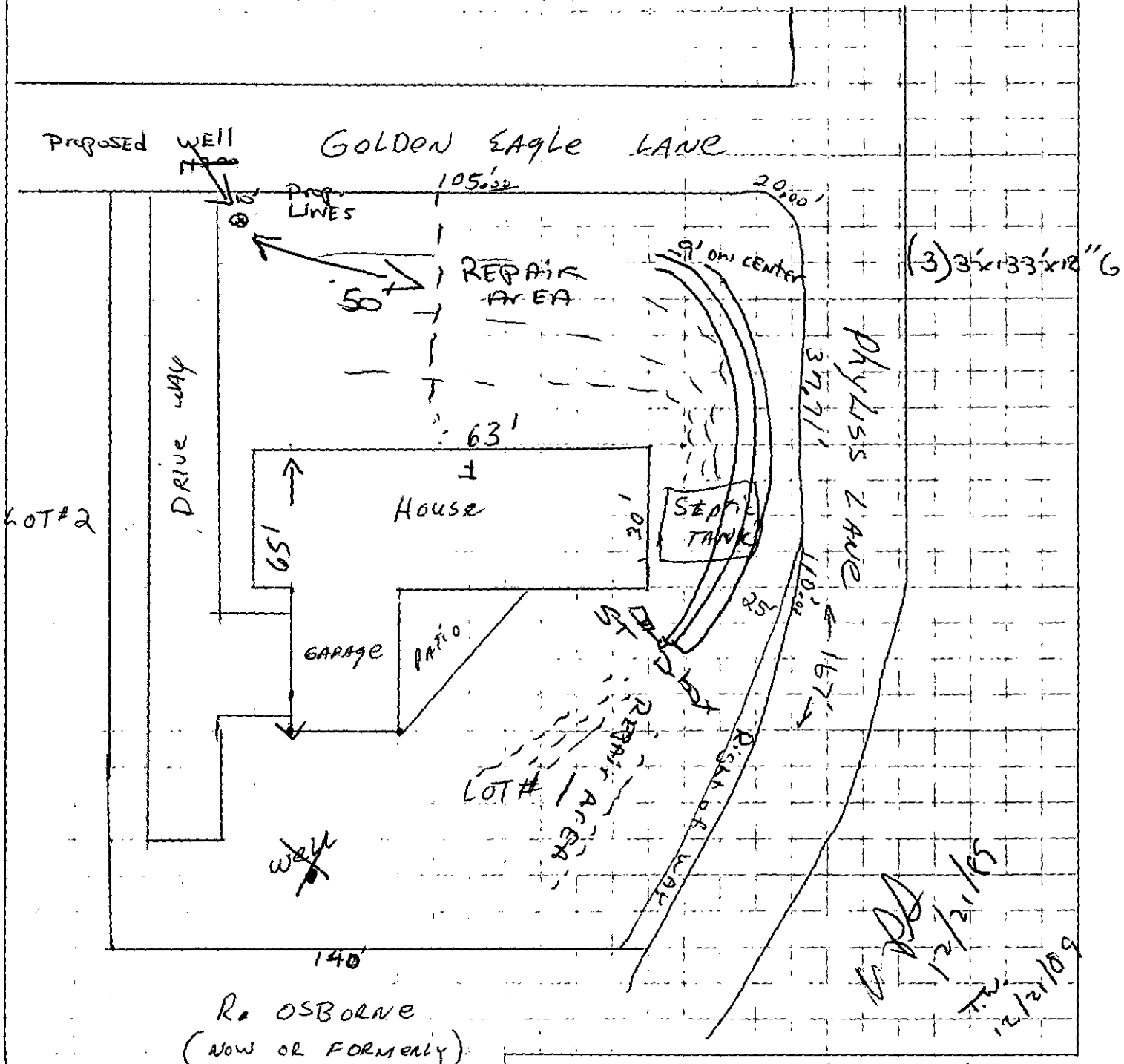
PROPOSED PLOT PLAN

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

FILE: 3824A

TC: 135-281-12 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.



Signed: Worley Feraay Stegall

Date: 12/20/89

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: 3824A
TC: 135-281-12P0
SERIAL: № 19613 ☑ L ☐ CRT

JOB LOCATION

① ADDRESS: Golden Eagle Lane (STREET NO. / STREET) ② FILE: 3824A
③ JURISDICTION: ④ TAX PARCEL NO.: 13528112 P0
⑤ SUBDIVISION: Eagle woods ⑥ LOT: 1 ⑦ BLOCK:

OWNER

⑧ NAME: Werley (FIRST) Pernay (MIDDLE) Stegall (LAST)
⑨ MAILING ADDRESS: 6125 Meadow Rose Lane
⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28215
⑬ PHONE: (WORK) (704) 426-7519 ⑭ (HOME) 535-8740

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: Werley Pernay Stegall
Date: 12/20/89

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.

Tim Whittaker, Environmentalist — 12/22/89 (Date)
S. D. Daniel, Director or Authorized Section Head — 12/22/89 (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
Department of Environmental Health

August 31st, 1987

Moser-Simpson Construction, Inc.
P. O. Box 365
Mineral Springs, NC 28108

RE: Property located at Golden Eagle Lane 1
FILE: 3824A
PARCEL: 13528112 PO

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 14528) 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 14528

File: 3824A Action 1

Parcel: 13528112 PO ☐ PC

Location: Golden Eagle Lane

Subdivision:

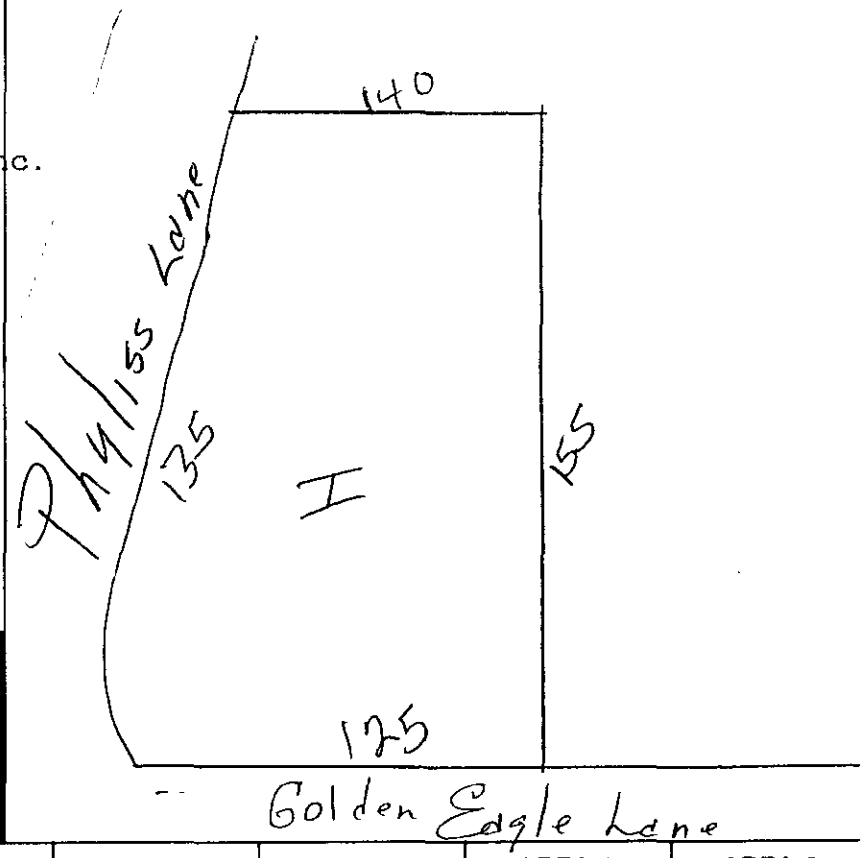
Lot: 1 Block: Acres: .46

Owner: Moser-Simpson Construction, Inc.
Address: P. O. Box 365
Mineral Springs, NC 28108

Comments: _____

Described by: W. B. Ramsey

Date: 8-25-87



***** 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	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 47+	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	~~IIa~~ Cecil					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

135-271-19

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH

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

(OFFICE USE ONLY)

FILE: 3824A

TC: _____

☐ PC ☐ REPT

MECK COUNTY DEPARTMENT OF
RECEIVED
JUL 23 1987
ENVIRONMENTAL HEALTH

JOB LOCATION

① ADDRESS: GOLDEN EAGLE LN.

② SUBDIVISION: EAGLE WOODS - MINT HILL ③ LOT: 1 ④ BLOCK: _____

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

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

OWNER

⑦ NAME: MOSER - SIMPSON CONST. INC.
(FIRST) (MIDDLE) (LAST)

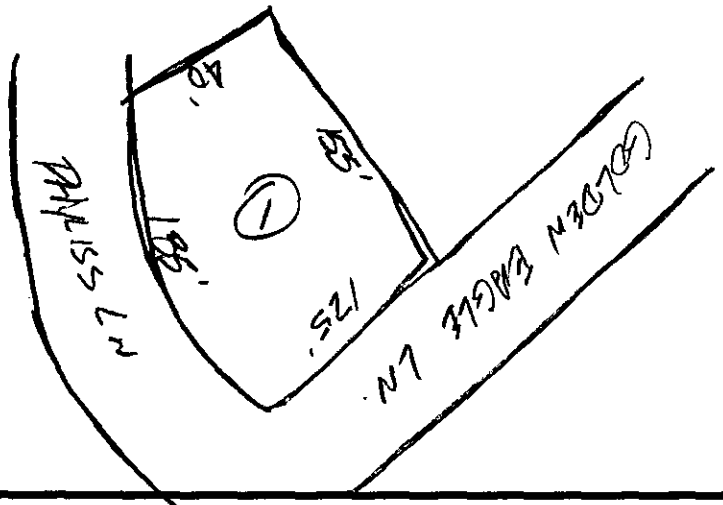
⑧ MAILING ADDRESS: P.O. BOX 365

⑨ CITY: MINERAL SPRINGS ⑩ STATE: N.C. ⑪ ZIP: 28108

⑫ PHONE: (WORK) 366-2309 (HOME) _____

⑬ Accurately diagram and dimension lot.

SEE ATTACHED MAP



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: T. Ch Simpson

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

Date: 7-21-87

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