

1200 FOUR LAKES DR

19328226

12/27/2007

duponbj

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

2176B/93-17A

$200 3/9/94 ck #28727

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

PERSON FILING APPLICATION:
NAME: HIGGINS (last) ROBERT (first) S. (mi)
ADDRESS: P.O. BOX 220217 PHONE: 704 366-4887
CITY: CHARLOTTE STATE: NC ZIPCODE: 28222

Date: MARCH 9, 1994

PROPERTY OWNER:
NAME: ISAACK (last) RUSSELL AND RONENA (first) (mi)
ADDRESS: 1300 FOUR LAKES DR PHONE: 704 847-4953
CITY: MATTHEWS STATE: NC ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 193-282-26 and 193-282-04
STREET ADDRESS: NONE ASSIGNED BY FOUR LAKES DRIVE, MATTHEWS, NC
ZONING: R-20 Four Seasons Dr

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

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: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business OFFICE/WHSE. # Employees 5 Per Shift 1
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) 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: [signature] Date: 3/9/94.

NOTICE:

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 approval is granted by this Department.

...This permit is not transferable.

...200' conventional design for 8 employee office & bldg.

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

[signature] Joni H. Newell, RS. 3/15/94
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

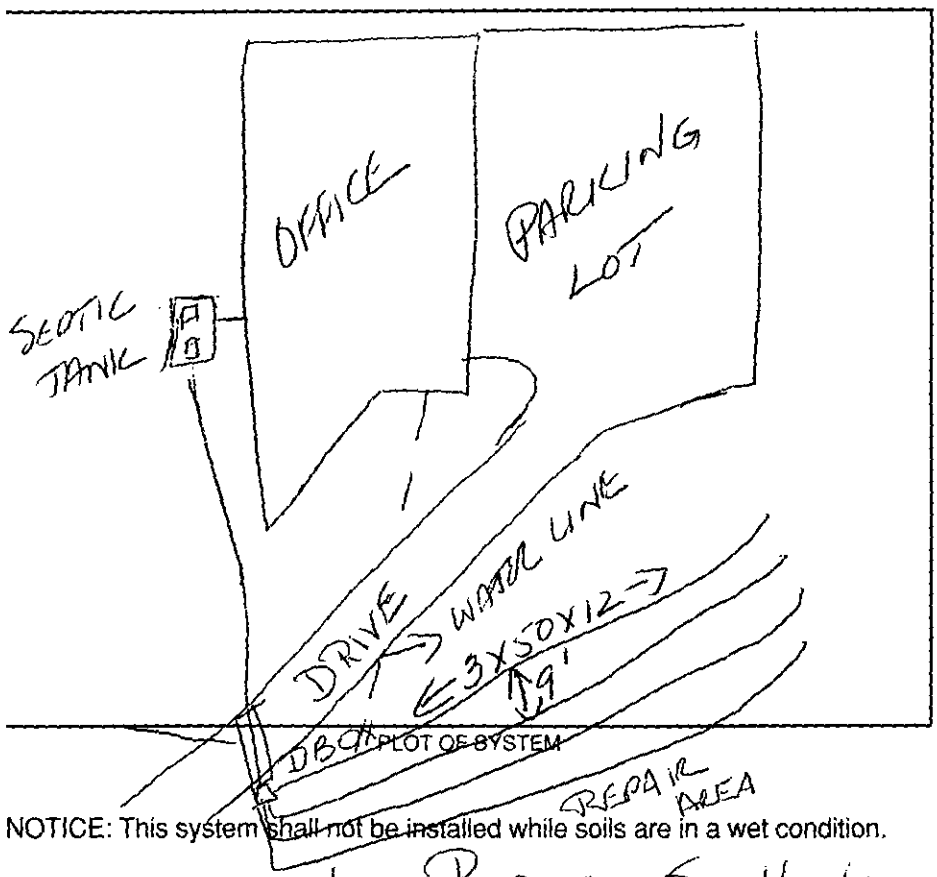
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2176B/9347A DATE: 10/27/94

TC: 193-282-04 And L
193-282-26

SERIAL Nº 16078

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 10/27/94. All work shall be completed on or before 10/27/99, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 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.



Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Trench Depth 28"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous —

Total Line Length 200 feet

Number of Lines 4

Depth of Stone 12" inches

Distance from House 10 feet

Distance from Property Line 6 feet

Distance from Well 100' feet
N/A

10' OFF WATER LINE

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Robert S. Huggins

LOCATION OF PROPERTY 1200 Four Lakes Drive

Comments: 1500 Septic Tank (W) 4"X50X12" on contour.
Water line shall be moved to
maintain 10' separation — sleeve under drive
Sch 80 PVC

Dana A. Newell, R.S.
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

PROPOSED PLOT PLAN

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

FILE: 9176B/9347A

TC: 193-282-04

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.

SEE ATTACHED

① 4@3'X50'X12" ON CONTOUR OF AREA ON PLAT
② LINES SHALL BE SHIFTED TO ACCOMODATE CONTOUR AND MEET DROPOFF AREAS.

APPROVAL DATE 3/15/94

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

DN

Prev # 60-989124

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

pd #200 3/9/94 cc #287

CRT

2176B/9347A

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

(704)336-5102

COPY

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Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) N Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[■] Municipal (M) [ ] Other 'spring' (O)
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...This permit is not transferable.

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[ ] 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

Mecklenburg County
Health Department

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

February 28, 1994

Russell & Rowean Isidor
1300 Four Lakes Drive
Matthews, NC 28105

RE: Property located off Four Lakes Drive
FILE: 2176B/9347A
PARCEL: 193-282-26,04

Dear Mr. & Mrs. Isidor:

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 20214) 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 15A NCAC 18A .1948 (d) 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 there are any questions, please contact Bill Marlin at 336-5574.

Sincerely,

Kelly Randall

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

KR:lw
Enclosure (2)

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20214

File: 21760/9347A Action 2

Parcel: 193-282-2604 ☐ PC

Location: Four Lakes Drive

Subdivision:

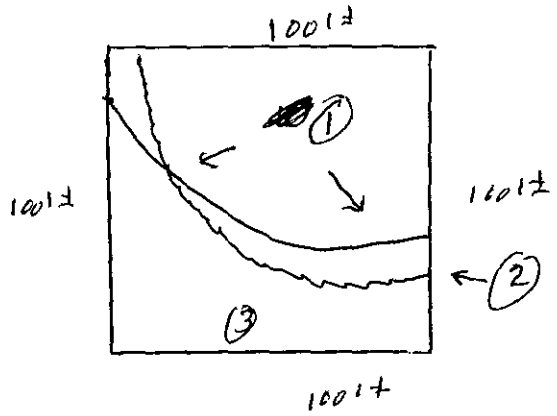
Lot: Block: Acres: Approx .25

Owner: Russell & Rowena Dreidor
Address: 1300 Four Lakes Drive
Matthews, N.C.

Comments: Not sure if 100% repair is required, .3 gal/ft²/day LTAR - additional area possibly available

Described by: William A. Marlin

Date: 2-25-94





***** 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 6-12%	S PS (U) old Terrace	(S) PS U 6-12%	S PS U	S PS U	S PS U
Texture	S (PS) U Slightly Expansive clay	S PS U	S (PS) U Slightly Expansive clay	S PS U	S PS U	S PS U
Structure	S (PS) U Sub∠ Blocky	S PS U —	S (PS) U Sub∠ Blocky	S PS U	S PS U	S PS U
Drainage	S (PS) U 740" To water	S PS U	S (PS) U 736" To water	S PS U	S PS U	S PS U
Depth	S (PS) U 740"	S PS U	S PS (U) 25-36"	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 740"	S PS U —	S (PS) U 736"	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS U —	S PS (U) Restricted	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-1.4+	old Terrace	IV Series Not Determined			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20214

File: 11 1/134.11 Action 2

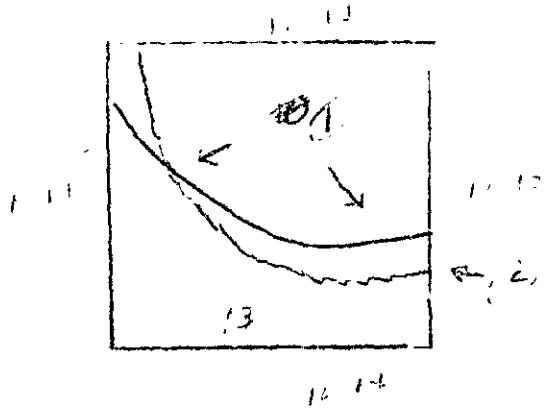
Parcel: 113-22 2-1, 4 ☐ PC

Location: Fm. Jo Ann Graves

Subdivision:

Lot: Block: Acres: 1.00 +, 2.5-

Owner: Lessie Brown Wheeler
Address: 131 Fm Jo Ann Graves
Huntersville N.C.



Comments: 2 acres
suggested; Topography
Light variations over
proposed repair

Described by: Jo Ann Graves & Wheeler

Date: 1-25-741



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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 6-12%	S PS (U) 14 Terrace	(S) PS U 6-12%	S PS U	S PS U	S PS U
Texture	S (PS) U Slightly Expansive clay	S PS U —	S (PS) U slightly clay Expansive	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S (PS) U sub Blocky	S PS U	S PS U	S PS U
Drainage	S (PS) U 24" To water	S PS U —	S (PS) U 24" To water	S PS U	S PS U	S PS U
Depth	S (PS) U 24"	S PS U —	S PS (U) 25-36"	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 24"	S PS U —	S (PS) U 24"	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS U —	S PS (U) Restricted	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	IIE Cecil 1.1+	IIIA Tetotum	IIE Series Not Given			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

2176B/934A

PD 3:0 CHF 28751 2/1/94 [] CRT

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

COP

(704)336-5102

PERSON FILING APPLICATION:

NAME: Hudgins (last) Robert (first) S. (mi)

ADDRESS: P.O.Box 220247 PHONE: (704) 366-4887

CITY: Charlotte STATE: NC ZIPCODE: 28222

Date: February 2, 1994

PROPERTY OWNER:

NAME: Isidor (last) Russell and Rowena (first) (mi)

ADDRESS: 1300 Four Lakes Drive PHONE: (704) 847-4953

CITY: Matthews STATE: NC ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 193-282-26 and 193-282-04

STREET ADDRESS: 4/6 Four Lakes Dr.

ZONING: ~~BD~~

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres): One Acre

TYPE APPLICATION (check one):

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RESIDENTIAL PROPERTY (Type Building, check one):

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NUMBER BEDROOMS: NUMBER OCCUPANTS:

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COMMERCIAL/INDUSTRIAL PROPERTY:

Type Business Office/Distr. # Employees 8 Per Shift 1

Industrial Wastes (Y/N) N

Underground Storage Tanks On Property (Y/N) N Type _____

WATER SUPPLY (check one):

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X Signed: Rowena R. Isidor X Date: 2-7-94

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[] IMPROVEMENT PERMIT - VARIANCE
[] MOBILE HOME EXCHANGE
[] ADDITION/RENOVATION

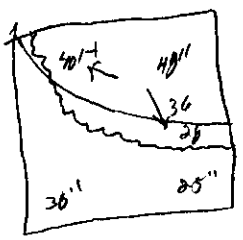
Copy of report to applicant

_____
Environmentalist

_____
Director or Authorized Sect.....

WATER : 122791

Not sure if IX 3
Repair needed



2176B/934A

PO Box 28751 2/1/94 ☐ CRT

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☐ MOBILE HOME EXCHANGE A
☐ ADDITION/RENOVATION AP

Copy of report to applicant

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