

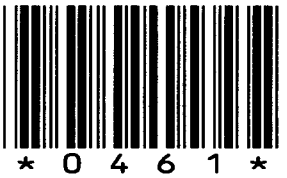
14200 FOUNTAIN LN

19911110

12/18/2007

duponbj

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



14200 FOUNTAIN LN

12/18/2007

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

July 21, 1992

Ms. Donna T. Whalen
1197 Molokai Drive
Fort Mill, SC 29715

RE: Property located off Fountain Lane
FILE: 461B/8333A
PARCEL: 199-111-10

Dear Ms. Whalen:

At your request a soils investigation was conducted on the property designated above. Results of this investigation showed the site to be classified as **UNSUITABLE** under criteria as set forth in 15A NCA 18A .1900 of Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal, August 1, 1991. Evaluation Report (Serial Number 12736) is enclosed.

The soil on this property is not suitable for use with any conventional, modified or alternative system of which I am aware. 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. 150B-23.

If there are any questions, please contact me at 336-5573.

Sincerely,

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

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12736

File: 461B/8333A Action 3

Parcel: 199-111-10 ☐ PC

Location: Fountain Lane

Subdivision:

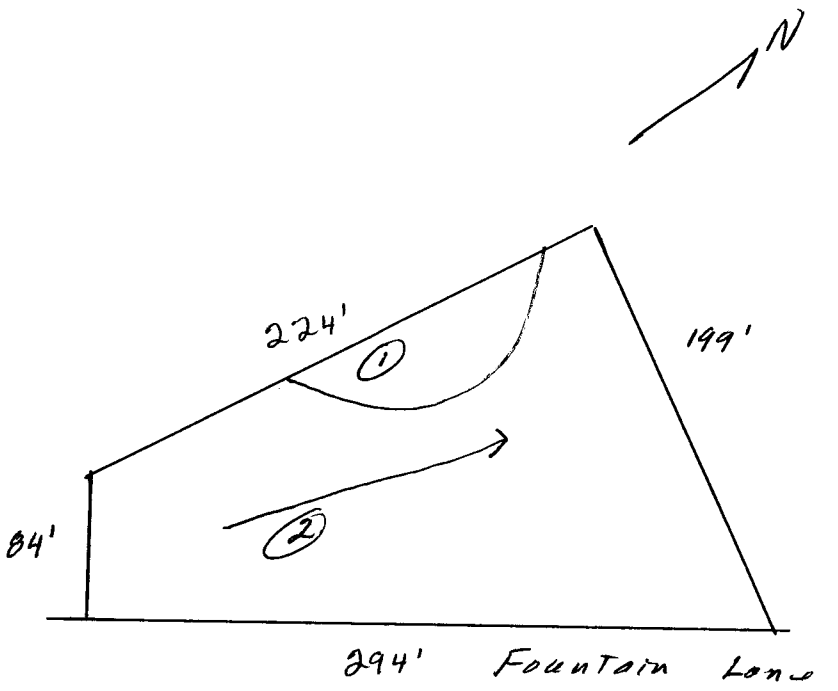
Lot: A Block: Acres: [redacted].7

Owner: Donna T. Whalen
Address: 11917 Malahai Dr.
Fort Mill, S.C. 29715

Comments: _____

Described by: William R. Marlin

Date: 7-21-92



***** 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) Expansive clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Sub & Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S PS (U) some perched water 23-30"	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 28-30"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	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	Mecklenburg Helena	Complex Slopes				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

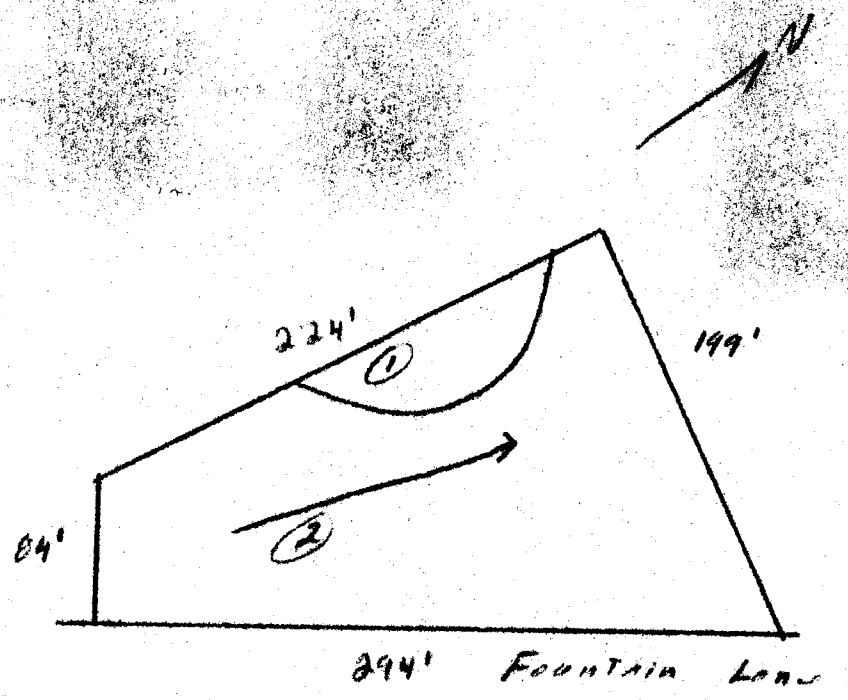
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH File: 4618 / 8333A Action 3
SITE EVALUATION REPORT
SERIAL NUMBER № 12736 Parcel: 199-111-16 ☐ PC

Location: Fountain Lane
Subdivision:
Lot: A Block: Acres: .7

Owner: Lorna T. Whalen
Address: 1197 Malahai Dr.
Fort Mill, S.C. 29715

Comments: _____

Described by: William R. Marlin
Date: 7-21-92



***** 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
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Texture	S PS (U) Expansive clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Sub & Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
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Available Space	S PS (U) Agricultural	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	Mecklenburg Helena	complex slopes				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

461B (.0333A)

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

pd #50
ESC-6-92 CBM
#2205

DRAFT

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:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 199-111-10
STREET ADDRESS: Fountain Ln.

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

PERSON FILING APPLICATION:

NAME: Whalen (last) Donna (first) Taylor (mi)
ADDRESS: 1197 Molokai Dr PHONE: (803) 548-2079
CITY: Ft Mill STATE: SC ZIPCODE: 29715

PROPERTY OWNER:

NAME: Whalen (last) Donna (first) T (mi)
ADDRESS: 1197 Molokai Dr PHONE: (803) 548-2079
CITY: Ft Mill STATE: SC ZIPCODE: 29715

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:

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)
[X] 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: Donna T Whalen Date: 6/19/92

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

DRAFT

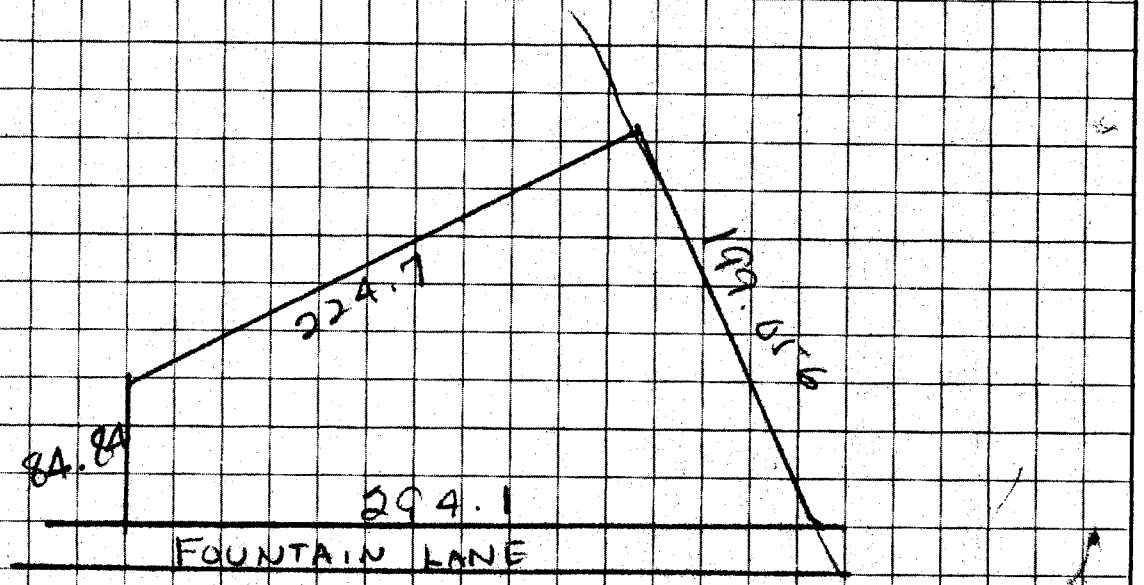
PROPOSED PLOT PLAN

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

FILE: 461B (8333A)

TC: 199-111-10

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

461B (.8333A)

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd #50
KSC-6-92 CBA
#2205

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Environmental Health Division
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(704)336-5102

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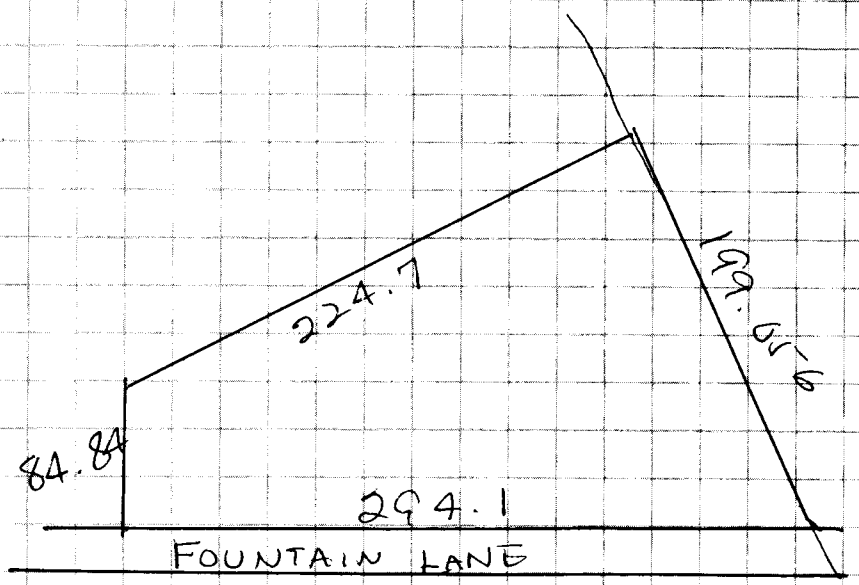
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FILE: 4613 (8333A)

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APPROVAL DATE _____

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