

7506 RIVER CR

02308520

12/27/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

2091B

SOIL AND SITE REPORT FOR A GROUND ABSORPTION WASTEWATER SYSTEM

by

JOE LYNN, REGIONAL SOIL SPECIALIST
ON-SITE WASTEWATER SECTION
DIVISION OF ENVIRONMENTAL HEALTH

Submitted to:

BILL MARLIN, SOIL SCIENTIST
MECKLENBURG COUNTY HEALTH DEPARTMENT

April 5, 1994

Joe Lynn
Regional Soil Specialist

SUMMARY

This site is **UNSUITABLE** for a ground absorption wastewater treatment and disposal system under current laws and rules 15A NCAC 18A .1900. **No ground absorption wastewater (septic tank) system can be permitted on this site.**

Conventional systems	NO
Shallow conventional systems	NO
Large Diameter Pipe systems	NO
Prefabricated Porous Block Panel systems	NO
Low Pressure Pipe Systems	NO
Fill Systems	NO
Aerobic Treatment Systems	NO

This report gives a brief summary of the findings, conclusions, and recommendations.

If you have any questions or I can be of assistance contact me at the Mooresville Regional Office (704) 663-1699.

INTRODUCTION

COUNTY: Mecklenburg

OWNER/APPLICANT: Dwayne Deese

LOCATION: Lot # 10 River Circle

TYPE OF FACILITY: Residence

DESIGN UNIT: 240 gpd

PROPOSED WATER SUPPLY: On-site well

EVALUATED BY: Joe Lynn assisted by Bill Marlin using hand augers

DATE OF EVALUATION: March 7, 1994

OTHER(S) PRESENT: Mr. Deese

SITE INFORMATION

AREA/PRESENT USE: Approximately 29,000 sq. ft. / wooded

TOPOGRAPHY: 20 to 25 percent

LANDSCAPE POSITION: Linear slopes

SITE LIMITATIONS: Stream / flood plain / lake

SOIL INFORMATION

SOIL TEXTURE: (surface) Sandy loam and loam
(subsoil) Sandy clay and sandy clay loam

SOIL STRUCTURE: (subsoil) Blocky

CLAY MINERALOGY: Slightly expansive

SOIL DEPTH: 20 to 35 inches to saprolite, rock, or parent material

SAPROLITE: 20 to 35 inches to unsuitable saprolite

SOIL WETNESS: N/A

RESTRICTIVE HORIZONS: None

AREA of S or PS SOIL: None found

CONCLUSIONS

This site is unsuitable for the installation of a conventional ground absorption wastewater system due to:

1. Insufficient Soil Depth — Section .1943
   Soil depths of less than 36 inches
2. Insufficient Available Space — Section .1945
   Not enough area for an initial sewage system and a repair if needed.

The site is Unsuitable under Rule .1956 Modifications to Septic Tank Systems. Neither shallow trenches, large diameter pipe, nor porous block panel systems are options for this site. The saprolite is unsuitable by this rule (greater than 20 per cent clay and slightly sticky and slightly plastic). Drainage will not be helpful in reclassify the site to Provisionally Suitable.

The site is Unsuitable under Rule .1957 Alternative Sewage Systems. Neither a low pressure pipe, a fill system, nor an aerobic treatment unit are options for this site.

RECOMMENDATIONS

The owner has the following options that might allow the use of this property as desired:

1. The applicant may purchase other Suitable or Provisionally Suitable property to place the ground absorption sewage system on, the repair system.

2. The applicant may obtain an easement on a Suitable or Provisionally Suitable property to place the ground absorption sewage system on.
3. The Division of Environmental Management in Mooresville, N. C. at (704) 663-1699 may be contacted to pursue options available through that office.
4. A sewage system can be pursued under Rule 1948 (d). Written documentation must be submitted to your office showing that the proposed sewage system can be expected to function properly. The data must contain the following:
   A. The effluent must be non-pathogenic, non-infectious, non-toxic, and non-hazardous.
   B. The ground water and the surface water must not be contaminated by the effluent.
   C. The effluent must not be exposed to the ground surface or discharged to surface waters where it could come into contact with people, animals, or vectors.
5. It might be possible to install a innovative system under Rule .1969 Experimental and Innovative Systems, Components, and Devices. Backhoe pits will be necessary to evaluate the site. The property lines must be clearly marked with string or some similar method. The date the lot was originally created must be documented.
6. The applicant has the option to have the saprolite on the site evaluated by backhoe pits. I don't think the saprolite will meet the rules, as stated earlier.

Mecklenburg County
Health Department

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

February 2, 1994

Mr. J. M. Beatty
4117 Brickyard
Charlotte, NC 28214

RE: Property located at 7502 River Circle (Lot #10)
FILE: 2087B/9258A
PARCEL: 023-085-20

Dear Mr. Beatty:

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 20183) 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 Bill Marlin at 336-5574.

Sincerely,

Kelly Randall

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

Enclosure

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20183

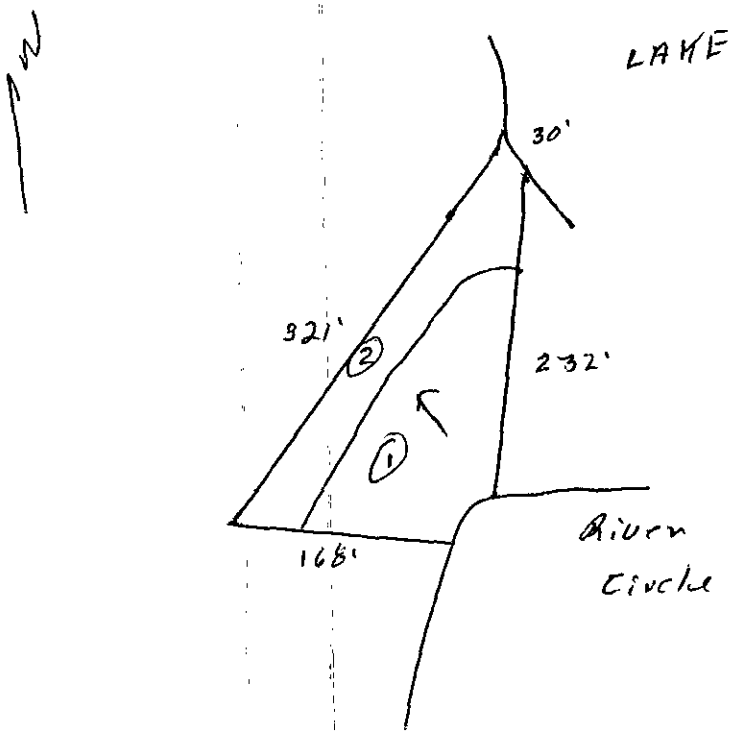
File: 2087B/425A Action 3
Parcel: 023-085-20 2403 ☐ PC

Location: 7502 River Circle
Subdivision:
Lot: 10 Block: Acres: .43

Owner: J. M. Beatty
Address: 4117 Brickyard
Charlotte, N.C. 28214

Comments:

Described by: William R. Marlin
Date: 1-31-94



***** 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 10-20%	S PS (U) Drainageway-Depression	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 +2 Sub+Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 7 36" to water	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 12-20"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7 36"	S PS U —	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	Series Not Determined	Drainageway-Depression				
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 20183

File: 20878/1153A Action 3

Parcel: 023-085-20 Q4W ☐ PC

Location: 7512 Ivan Circle

Subdivision:

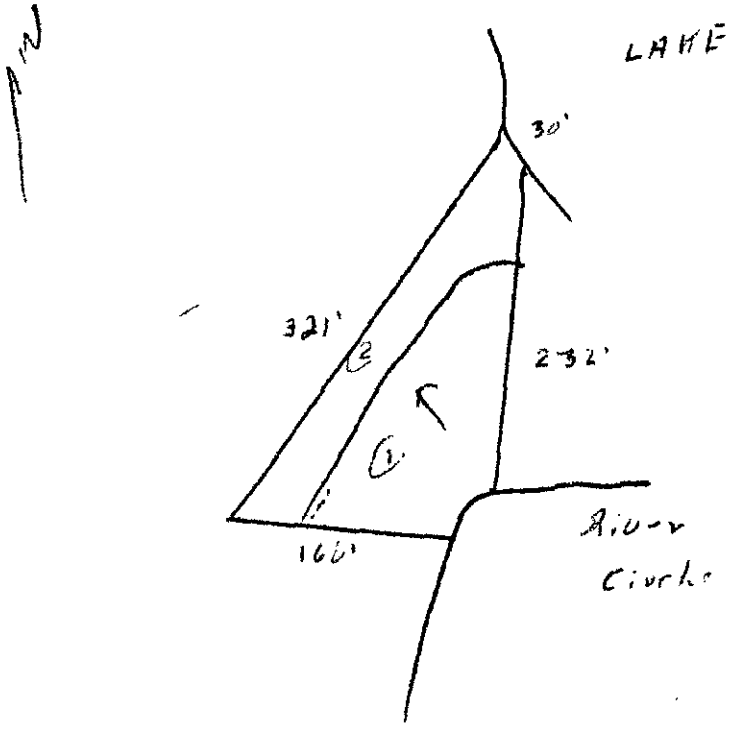
Lot: 16 Block: Acres: .43

Owner: J. M. Bailey
Address: 4111 Buckyard
Charlotte, N.C. 28214

Comments:

Described by: William R. Marks

Date: 1-31-74



*** 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 10-20%	S PS (U) Drainageway-Depression	S PS U	S PS U	S PS U	S PS U
Texture Expansive	S PS (U) clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U 1 Subst Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 24" to wet	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 12-20"	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 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 Not Determined	Drainageway-Depression				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

$50.00 12/08/93

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

208/B/9258A — CBH-2323 — [ ] 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

COPY

PERSON FILING APPLICATION:
NAME: DEESE (last) DWAYNE (first) E (mi) 562-241.
ADDRESS: 2919 Devonwood PHONE: (704) 531-2345
CITY: CLT STATE: N.C ZIPCODE: 28227

Date: 12-7-93

PROPERTY OWNER:
NAME: Beaty (last) J (first) (mi) 892-5940
ADDRESS: 4117 Brickyard PHONE: (704) 399-1939
CITY: CLT STATE: N.C ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 023 085 20
STREET ADDRESS: 2502 RIVER CR
LT 10 BLK KM9
ZONING:

Township (check one):
[x] 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): .43

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 [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: 12-6-93 Dwayne E Deese Date: 12-6-93 James M Beaty

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.

...

[ ] 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

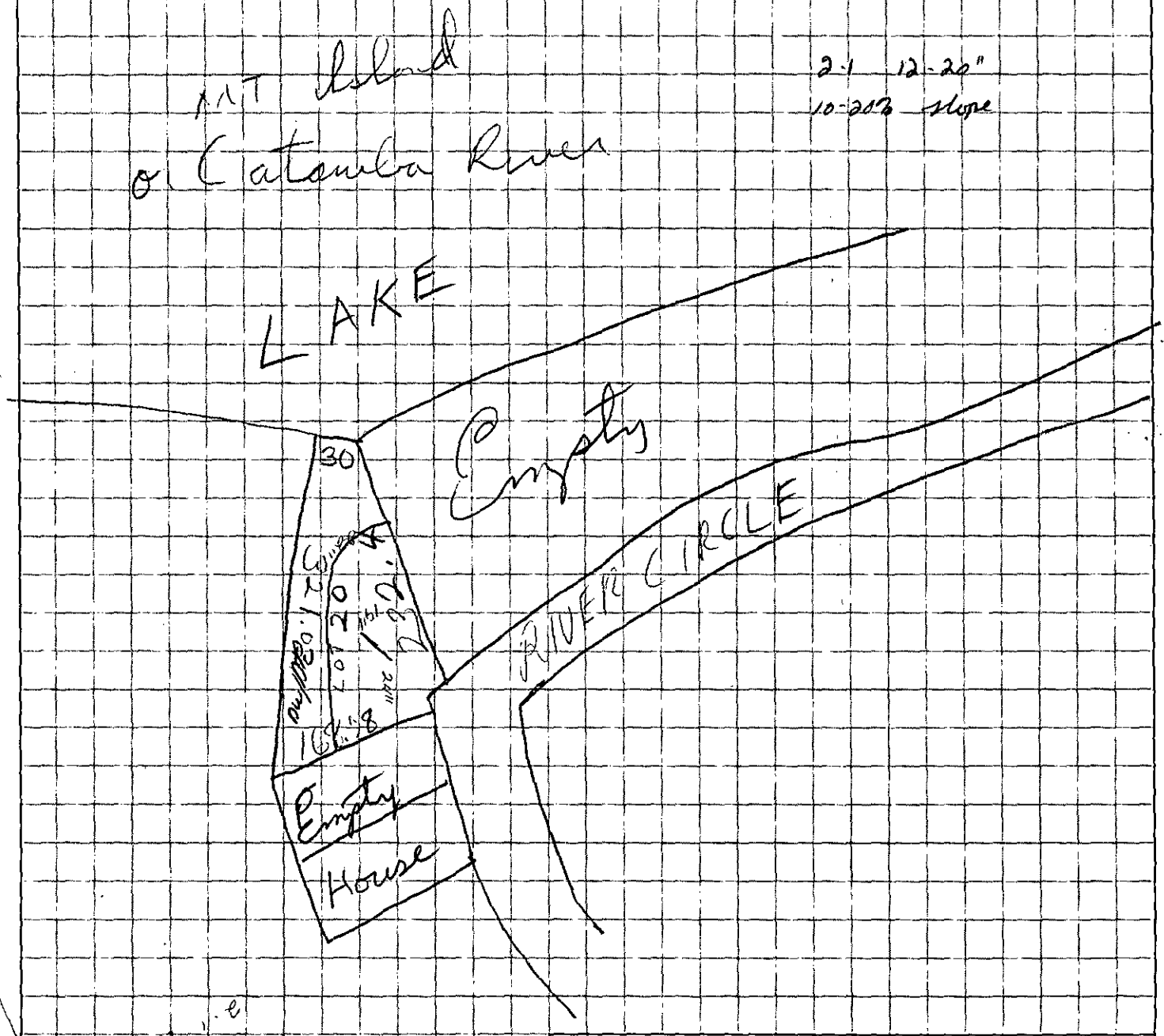
PROPOSED PLOT PLAN

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

FILE: 2039B1925A

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.



APPROVAL DATE _____

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

Ref: Jerry Ivey - State Engineer

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

2081B/925BA

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: DEESE (last) DWAYNE (first) E (mi)
ADDRESS: 7419 Glencannondr PHONE: (704) 531-2345
CITY: CLT STATE: N.C. ZIPCODE: 28227

Date: 2-17-94

PROPERTY OWNER:
NAME: DEESE (last) DWAYNE (first) E (mi)
ADDRESS: 7419 Glencannondr PHONE: (704) 531-2345
CITY: CLT STATE: N.C. ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 023 085 20
STREET ADDRESS: 7502 River Cir
LT 10 BLK KM 9
ZONING:

Township (check one):
[X] 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)
[X] 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: 2 NUMBER OCCUPANTS: 2

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: 2-17-94 Dwayne E. Deese Date: 12-17-94 Dwayne E. Deese

NOTICE:

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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

WATER : 122791

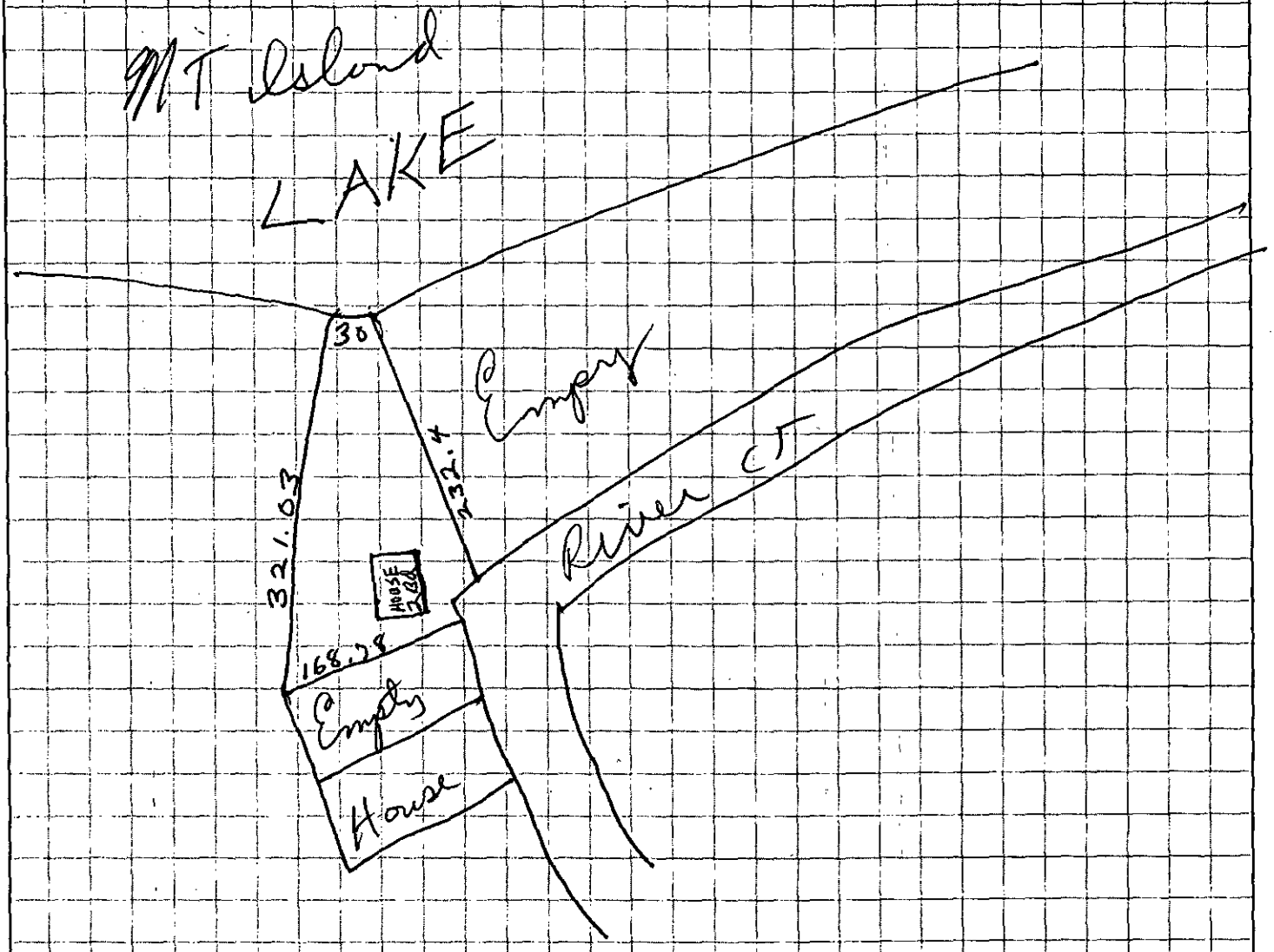
PROPOSED PLOT PLAN

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

FILE: 208/B/1258A

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.



APPROVAL DATE _____

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

Mecklenburg County
Health Department

Application for
Inspection of Public Records

By completing the following form, the undersigned does hereby make application to inspect the specified public records under the supervision of authorized personnel. This inspection is in accordance with North Carolina General Statute 132-6.

Name of person making request: Robert G. Meeks

Address: 3105 Stone Orchard Pl. Charlotte, NC. 28208

Description of public record requested: _____

Street Name (or County Road): River Cts

Lot: _____ Block: _____

Parcel Number: _____

Owner's Name: Dwayne Deese

Reason for Request:

to Check in out / Contract purchase Lot

Signature of Person Making Request: Robert G. Meeks

Supervisory Person: Judy Kiser

Date: 7/26/95 Time: _____

Environmental Health Division

file 2087B

Mecklenburg County
Health Department

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

April 8, 1994

Dwayne E. Deese
7919 Glencannon Drive
Charlotte, NC 28227

Dear Dwayne:

Enclosed you will find a copy of the report prepared by Joe Lynn, Regional Soil Specialist. This concerns the property located at 7502 River Circle, parcel 023-85-20.

Sincerely,

William R. Marlin

William R. Marlin
Soil Scientist

WM:gf

Dwayne E. Deese
7919 ~~Ellenc~~ Glencannon Dr.
Charlotte, N.C. 28227

Dear Dwayne:

Enclosed you will find a copy of the report prepared by Joe Lynn, Regional Soil Specialist. This concerns the property located at 7502 River Creek ~~road~~ parcel 023-085-20

Sincerely,

William P. Meeks
Soil Scientist

Copy - file 20873

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$50.00 12/08/93

208/B/9258A CRH2323 [ ] 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: DEESE (last) DWAYNE (first) E. (mi) 567-2419
ADDRESS: 2919 Glenwood PHONE: 704 (__) 531-2345
CITY: CLT STATE: N.C. ZIPCODE: 28227

Date: 12-7-93

PROPERTY OWNER:
NAME: Beaty (last) J (first) M. (mi)
ADDRESS: 411 Brickyard PHONE: 704 (__) 399-1939
CITY: CLT STATE: N.C. ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 083 085 20
STREET ADDRESS: 2502 River Cr
LOT/BLK/SEC: 0 BLK KM9
ZONING:

Township (check one):
[X] 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):
[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)
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[ ] REPAIR TO SYSTEM (R)

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[ ] 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 _____

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Signed: 12-8-93 Dwayne Deese Date: 12-8-93 James M Beaty

NOTICE:

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...

[ ] 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

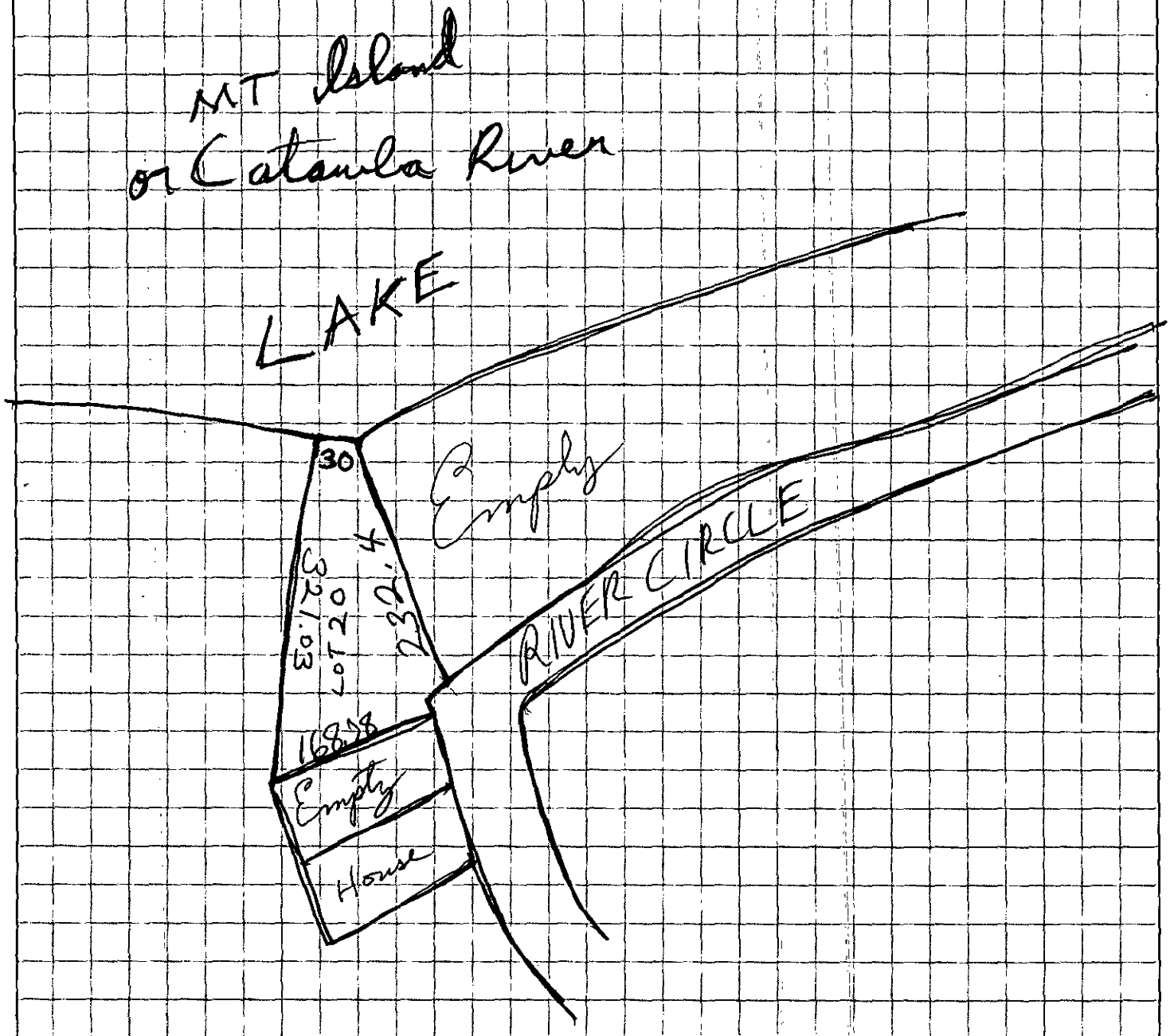
PROPOSED PLOT PLAN

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

FILE 2087B19258A

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.



APPROVAL DATE _____

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

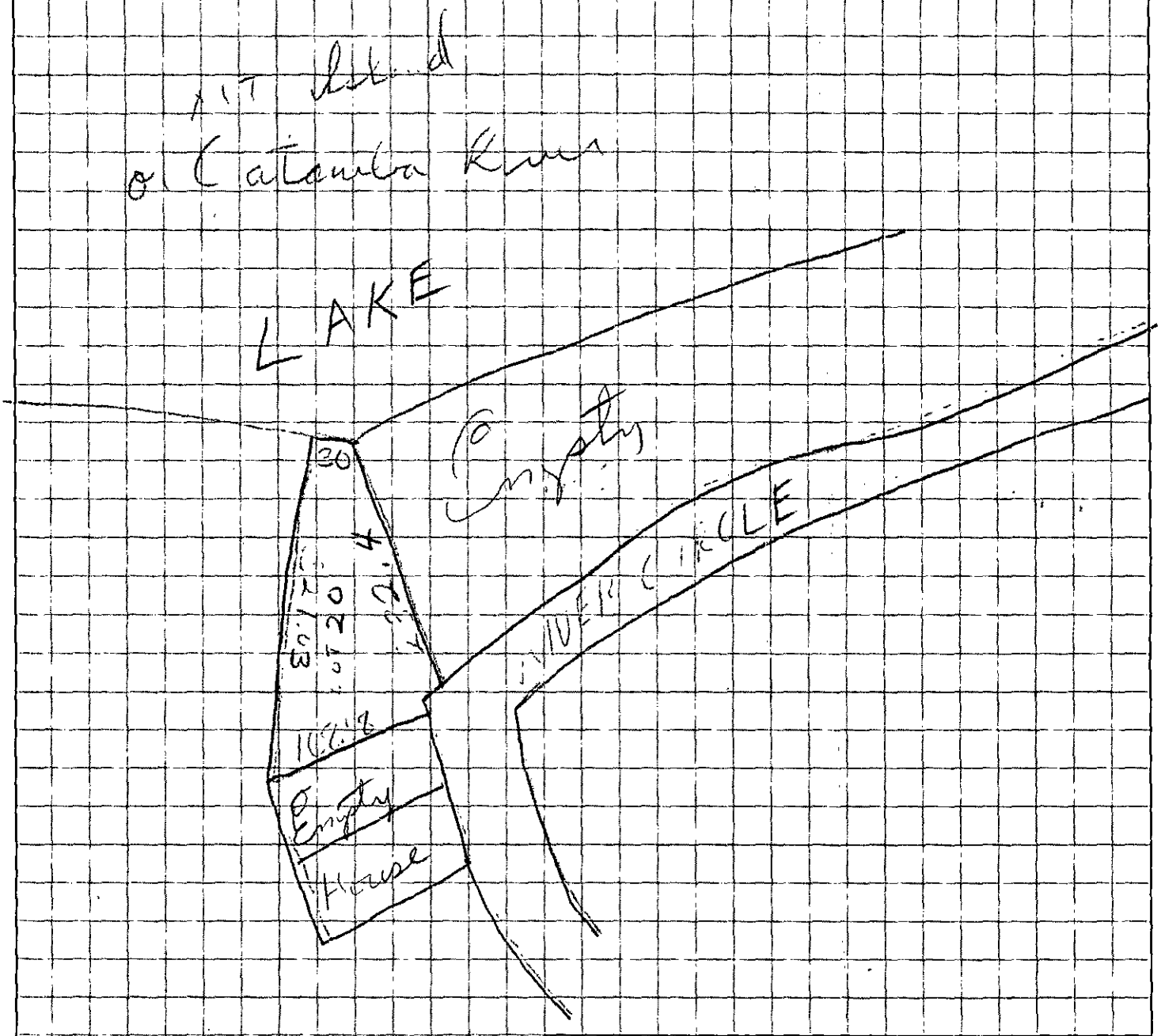
PROPOSED PLOT PLAN

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

FILE: 2021-0318

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.



APPROVAL DATE _____

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