


19734 CALLAWAY HILLS LN

00308208

12/19/2007

duponbj

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

U
Complaint Number 00014219 1 Date Entered 07/18/95 Date Updated 07/18/95
Type Complaint SIB Permit Type SEW

| | Street Name | Number | Dir. | Zipcode |
|---|---|---|---|---|
| Location/Description | CALLAWAY HILLS LANE | 19734 | | 28217 |

Request By LATHAN 700 N LYNN ST County Office
Phone Number 335-5507
Address 700 N TRYON ST
City CHARLOTTE State NC Zipcode 28202
Directions:

Complaint:
POOL ADDITION (FILE #855B)

EHS Number 17031 Tax/Map Number 00308208 Census
Property Name CALLAWAY HILLS LANE
Owner Name
Owner Address 19734 CALLAWAY HILLS LANE
Owner City CHARLOTTE State NC Zipcode 28217
Owner Phone 000 000-0000
Date/Time 07/18/95 (HH MM) Create Work Order (Y/N) Y Log Only (Y/N) N
7/18/95 10:57:44
01-03 SA MW KS IM II S1 S1037498 KB

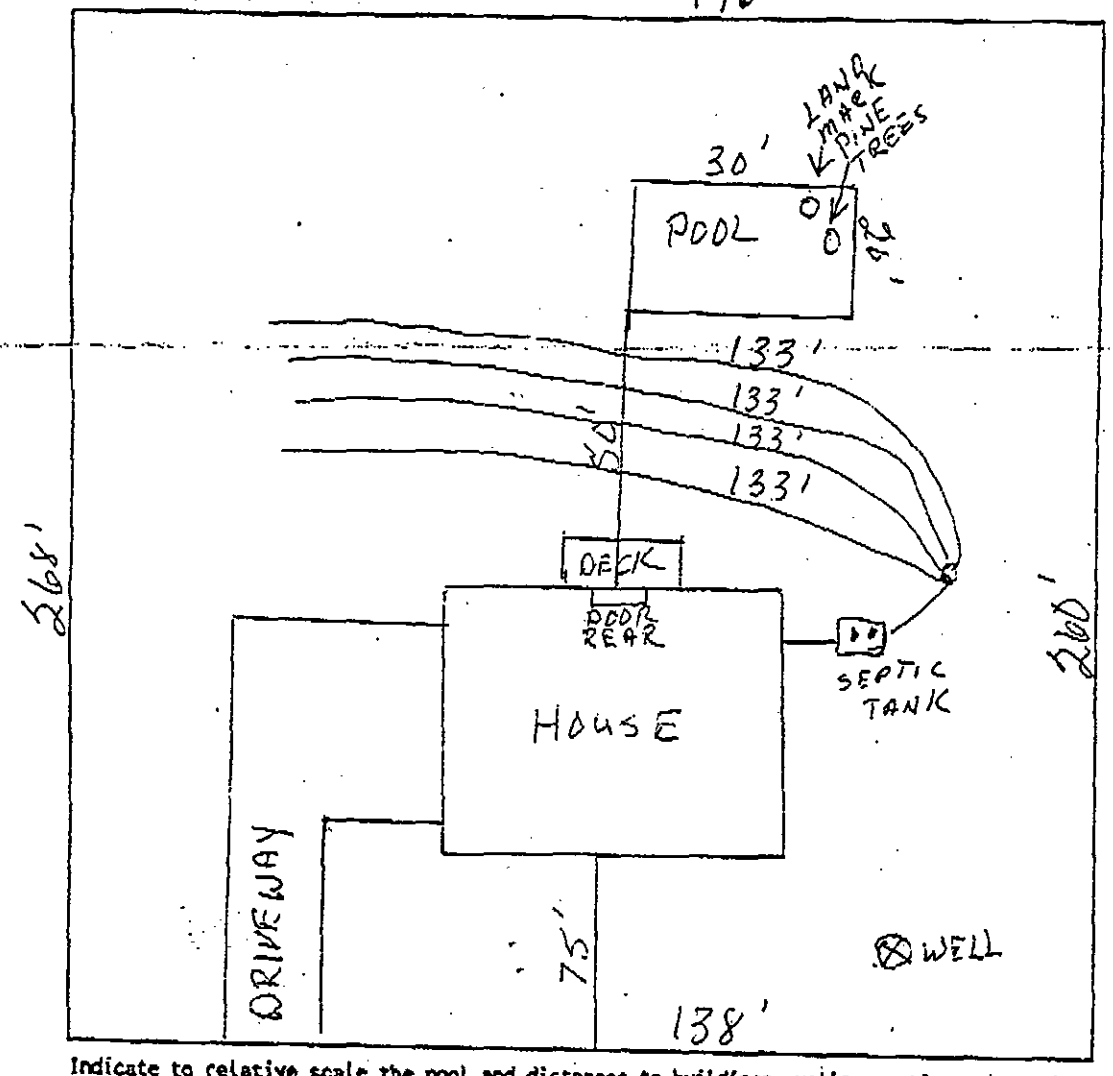
Cap#0569 Log# 6038

# MECKLENBURG COUNTY HEALTH DEPARTMENT
## ENVIRONMENTAL HEALTH DIVISION

## APPLICATION TO CONSTRUCT, INSTALL, OR MODIFY A RESIDENTIAL SWIMMING POOL

OFFICE USE: Service Request # _____
Parcel: 003-071-07
Amount paid: $30.00
Paid by: [X] check [ ] cash
Received by: BS Date: 7/12/95
CRT [ ] CLOSED [ ]

PLOT PLAN 176'




Indicate to relative scale the pool and distances to buildings, wells, septic tanks and waste disposal systems, electrical wires, etc. Show the exact position of the barrier.

COMPLETE ALL BLOCKS:

POOL SURFACE
20 ft X 30 ft

TYPE OF FILTER
[redacted]

BARRIER (FENCE)
Type of Barrier: Wood
Height of Barrier: 6-7 ft.

To indicate that self-closing, self-latching gates will be provided at all openings through the barrier, the OWNER must initial here _____

Water Source:
__Municipal
X Private Well
__Community well
__Spring

Waste Water:
__Municipal
__Community
X Septic System

Back-Wash Disposal:
__Municipal Sanitary Sewer
__Settling Tank
__Gravel Pit
X Cartridge (no connection required with cartridge)

Owner MLK International, Inc.

Address of Owner 801 Pressley Rd, Suite 102 Charlotte NC 282

Phone: Home _____ Work 525-5704 544-2992

Facility (Street Address) 19734 Calloway Hills Ln.

Subdivision Runneymede

Directions from central Charlotte: I-77 North to Exit 30. Right onto Griffith St. toward Davidson. Right on Main St. Left onto Concord Rd. Bear ~~right~~ left onto E Rocky River Rd. Lef on Shearer Rd. Runneymede is 0.3 miles on right.

Contractor: _____ Phone: _____

The owner agrees that the contents of this application are true. An approval to install, construct, or modify shall be void if any of the above facts are not true.

Date of Application 7/12/95 Owner's Signature [signature]

Mecklenburg County
Health Department

August 14,1995

Larry King
19734 Callaway Hills Lane
Davidson, NC 28036

Dear Mr. King:

At the request of MLK International, Inc., an on-site visit was made to the property located at 19734 Callaway Hills Lane, Davidson, North Carolina, on July 20, 1995. The purpose of the visit was to determine whether the installation of a pool would adversely affect the existing sewage disposal system serving the residence and the designated sewage disposal system repair area.

You were present at the time of this visit and were advised that the proposed pool site located immediately adjacent to the lower nitrification line of the sewage disposal system could not be approved. North Carolina Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A, .1950, Location of Sanitary Sewage Systems (a) states "Every sanitary sewage treatment and disposal system shall be located at least the minimum horizontal distance from the following: (10) Any building foundation, 5 feet, (16) Any swimming pool, 15 feet." Please contact me once the new pool site has been staked per our discussion on July 20, 1995.

**.1945 AVAILABLE SPACE**

(a) "Sites shall have sufficient available space to permit the installation and proper functioning of ground absorption sewage treatment and disposal systems, based upon the square footage of nitrification field required for the long-term acceptance rate determined in accordance with these Rules.

(b) Sites shall have sufficient available space for a repair area separate from the area determined in Paragraph (a) of this Rule. The repair area shall be based upon the area of the nitrification field required to accommodate the installation of a replacement system as specified in Rule .1955, .1956, or .1957 of this Section. Prior to issuance of the initial Improvement Permit for a site, the local health department shall designate on the permit the original system layout, the repair area, and the type of replacement system".

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

It appears that the selected site for the pool location is in the area currently designated a the "repair area". The "repair area" is required under .1945 Available Space (b) and this areas was designated when the original Improvement Permit was issued for the property.

If it is your desire to use this repair area for the pool installation, it is then necessary to relocate and redesignate the "repair area". The remaining available area appears to be at the front yard of the property. This area is very limited and it appears that the only system I am currently aware of that might fit in this limited area is the Prefabricated, Permeable, Block Panel System (PPBS) with a lift pump design. This information was discussed with you on site on July 20, 1995.

Also, if the repair area is relocated, then due to the PPBS system which could be approved for repair, an "Owner's Acknowledgement Of Modified/Alternative Replacement System Requirement" form must be filed with this office. This form will be made available to you at the time the site for pool relocation has been inspected and approved by this Department.

If relocating the pool is a desirable option to you, then you should re-stake the pool and contact me at 336-5573 to request a new inspection.

Sincerely,

Lisa B. Mialik

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

cc: Lynn Lathan, Food & Facilities Sanitation

Enclosures

855B

$200.00 11/23/93

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
## APPLICATION FOR SERVICES

check # 8816

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: Rick Howell Enterprises, Inc. (last) (first) (mi)

ADDRESS: 16201 Jetton Rd. PHONE: (704) 892-1020

CITY: Huntersville N.C. STATE: ZIPCODE: 28078

Date: 11/21/93

**PROPERTY OWNER:**

NAME: Monica Investment (last) (first) (mi)

ADDRESS: Charlotte N.C. PHONE: (704) 525-2214

CITY: STATE: ZIPCODE:

**PROPERTY INFORMATION (FROM ENGINEERING FORM):**

TAX/PARCEL NUMBER: 003-082-08

STREET ADDRESS: 19734 Callaway Hills

ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 4 Bk2 LOT SIZE (in acres): .95

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: 4 NUMBER OCCUPANTS: 4

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: [signature] Date: 11/21/93

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.

...

[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

Philo S. Walker 12/1/93
Environmentalist Date

T. Walker P.A. for S. Daniel 12/2/93
Director or Authorized Section Head Date

WWATER : 122791

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 855B DATE: 8/26/94

TC: 003 082 12 ☐ L ☐ CRT

SERIAL Nº 14298

Name of Owner Rick Howell Enc. Juris.:

Address of Property 19734 Calloway Hills Ln

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield 535

Number of Lines 4 @ 133'

Cover Depth 12

Water Supply Source well

Distance to Water Source 80'

Excavation Inspected 8/26/94

Tank(s) Inspected 8/26/94

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1994, 1500ST, 1610 SFT, CON, 12" stone ceil CTR# Lavon Benton

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: Septic System designed for 4 bedroom residence Type II

JNewell for SDaniel Phila S. Walker R.S.

Environmentalist

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

5/4/94

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR ~~PERMIT~~ Approval

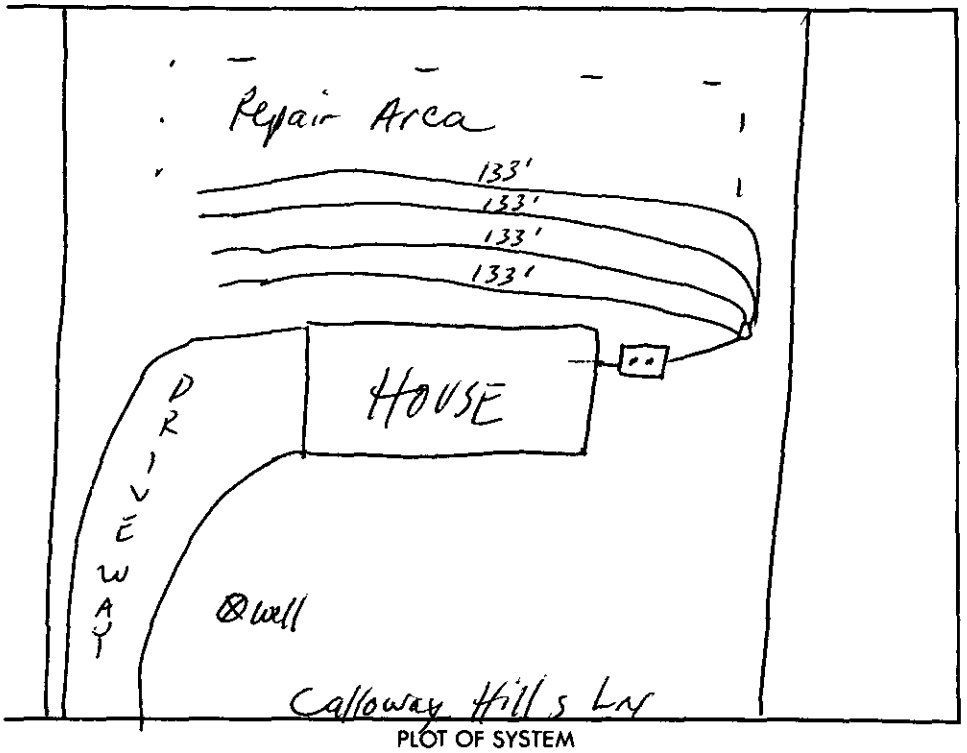
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 85~~8~~B DATE: 5/5/94

TC: 003 082 ~~0~~08 ☐ L

SERIAL Nº 15705

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 12/1/93. All work shall be completed on or before 6/5/94, after which date this permit shall be null and void. The system shall meet all of the construction requirements of ~~10~~ 15A NCAC ~~10A~~ 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.




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 535' feet

Number of Lines 4 (133') or 5 (107') 

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >50' feet

NAME OF OWNER Rick Howell Ent.

LOCATION OF PROPERTY ~~Pc~~ 19734 Calloway Hills Dr

Comments: 1500ST, 4 lines x 133' long x 3' wd x 12" stone / Keep lines ON contour of land / Keep septic system >50' from any wells

Division or Section Head

Philo A Walker R.S.
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.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

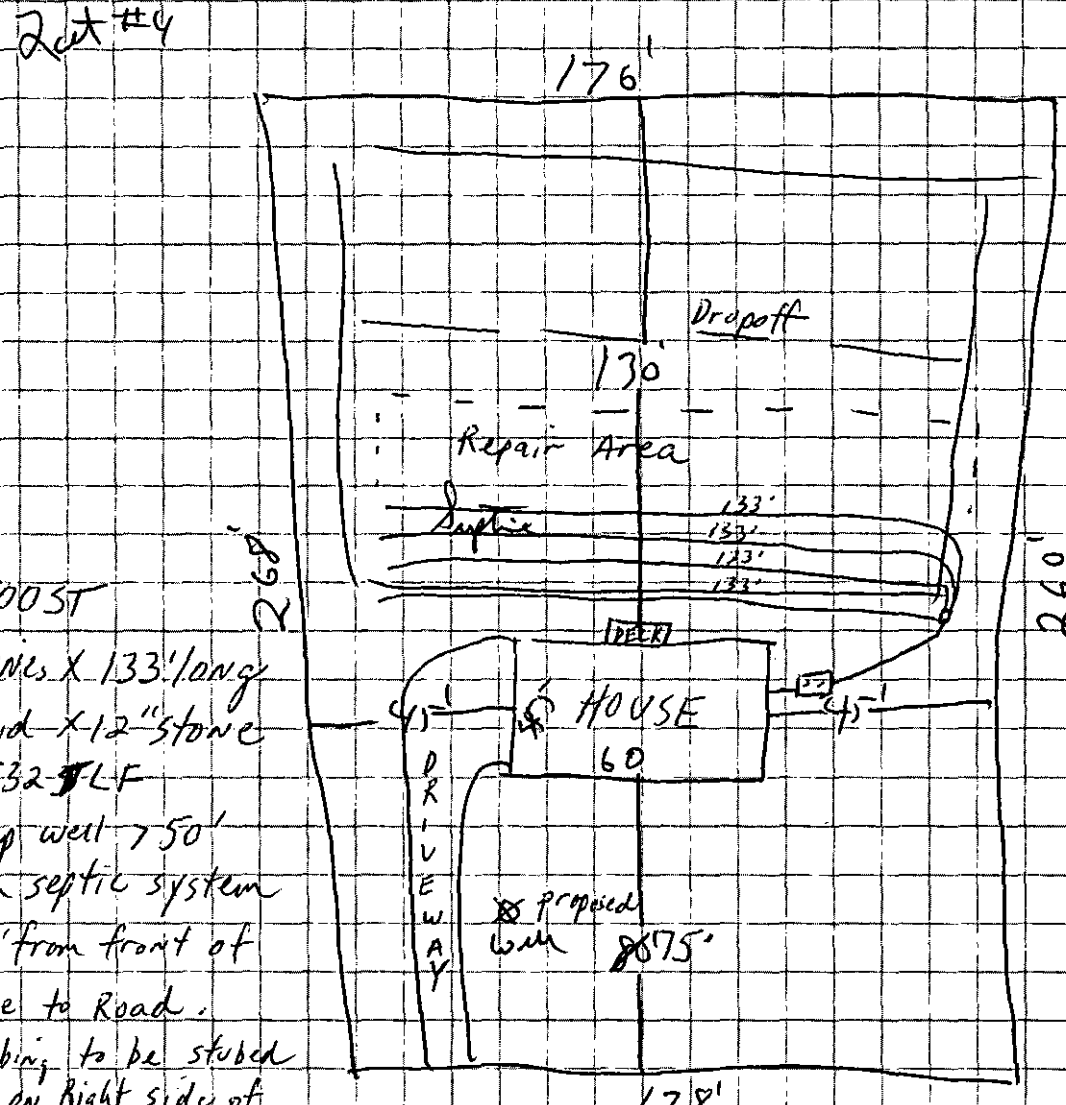
# PROPOSED PLOT PLAN

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

FILE: 835B

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.




1500 ST
4 lines x 133' long
x 3' wd x 12" stone
532 LF
Keep well 150' from septic system
75' from front of house to Road.
Plumbing to be stubed out on Right side of house (facing)

12-1-93

APPROVAL DATE PLW 12/1/93

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

**MECKLENBURG COUNTY HEALTH DEPARTMENT**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 19290

File: B55 B/8726A Action 1

Parcel: 003-082-05 ☒ PC

Location: 1934 Callaway Hills

Subdivision: Runnymeade

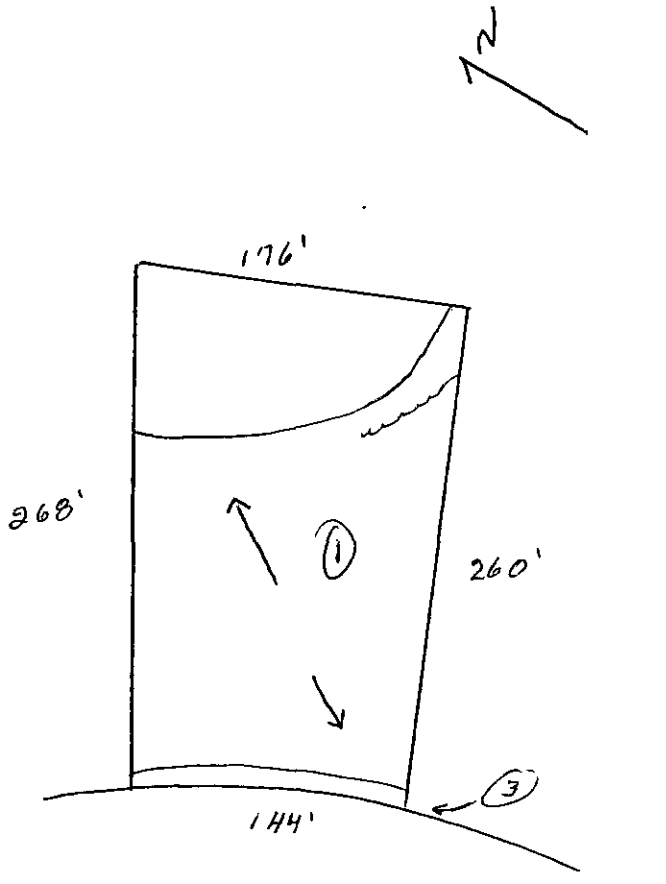
Lot: 4 Block: 2 Acres: .95

Owner: Monica Investment
Address: 801 Pressley Rd #102
Charlotte, N.C. 28217

Comments: 100% Repair, .3gal pr 2/day LTAR

Described by: William A. Marlin

Date: 4-5-93




*** 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 2-10% | S PS (U) complex slopes | S PS (U) 72' cut | S PS U | S PS U | S PS U |
| Texture | S (PS) U slight Expansive clay | S PS U — | S PS U — | S PS U | S PS U | S PS U |
| Structure | S (PS) U subs Blocky | S PS U — | S PS U — | S PS U | S PS U | S PS U |
| Drainage | S (PS) U 7-40" | S PS U — | S PS U — | S PS U | S PS U | S PS U |
| Depth | S (PS) U 40-48" | S PS U — | S PS U — | S PS U | S PS U | S PS U |
| Restrictive Horizons | S (PS) U 7-40" | 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 | IV Cecil-Lilo | Complex Slopes | 72' Cut | | | |
| Area Classification | S (PS) U | S PS (U) | S PS (U) | S PS U | S PS U | S PS U |

# Mecklenburg County

## Health Department

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

April 8, 1993

Monico Investment
801 Pressley Road #102
Charlotte, NC 28217

RE: Property located on 19734 Callaway Hills Lane
FILE: 855B/8726A
PARCEL: 003-082-08

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 19290) 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

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

KR:lw

855B

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
## APPLICATION FOR SERVICES

$200.00 11/23/93 CK#8816

[] 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: Rick Howell Enterprises, Inc. (last) (first) (mi)

ADDRESS: 16201 Jetton Rd. PHONE: (704) 892-1020

CITY: Huntersville N.C. STATE: ZIPCODE: 28078

Date: 11/21/93

**PROPERTY INFORMATION (FROM ENGINEERING FORM):**

TAX/PARCEL NUMBER: 003-082-08

STREET ADDRESS: 19734 Callaway Hills

ZONING:

**PROPERTY OWNER:**

NAME: Monica Investment (last) (first) (mi)

ADDRESS: Charlotte N.C. PHONE: (704) 525-2214

CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 4 Bk2 LOT SIZE (in acres): .95

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: 4 NUMBER OCCUPANTS: 4

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: [signature] Date: 11/21/93

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.

...

[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

DRW appr 12/11/93
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

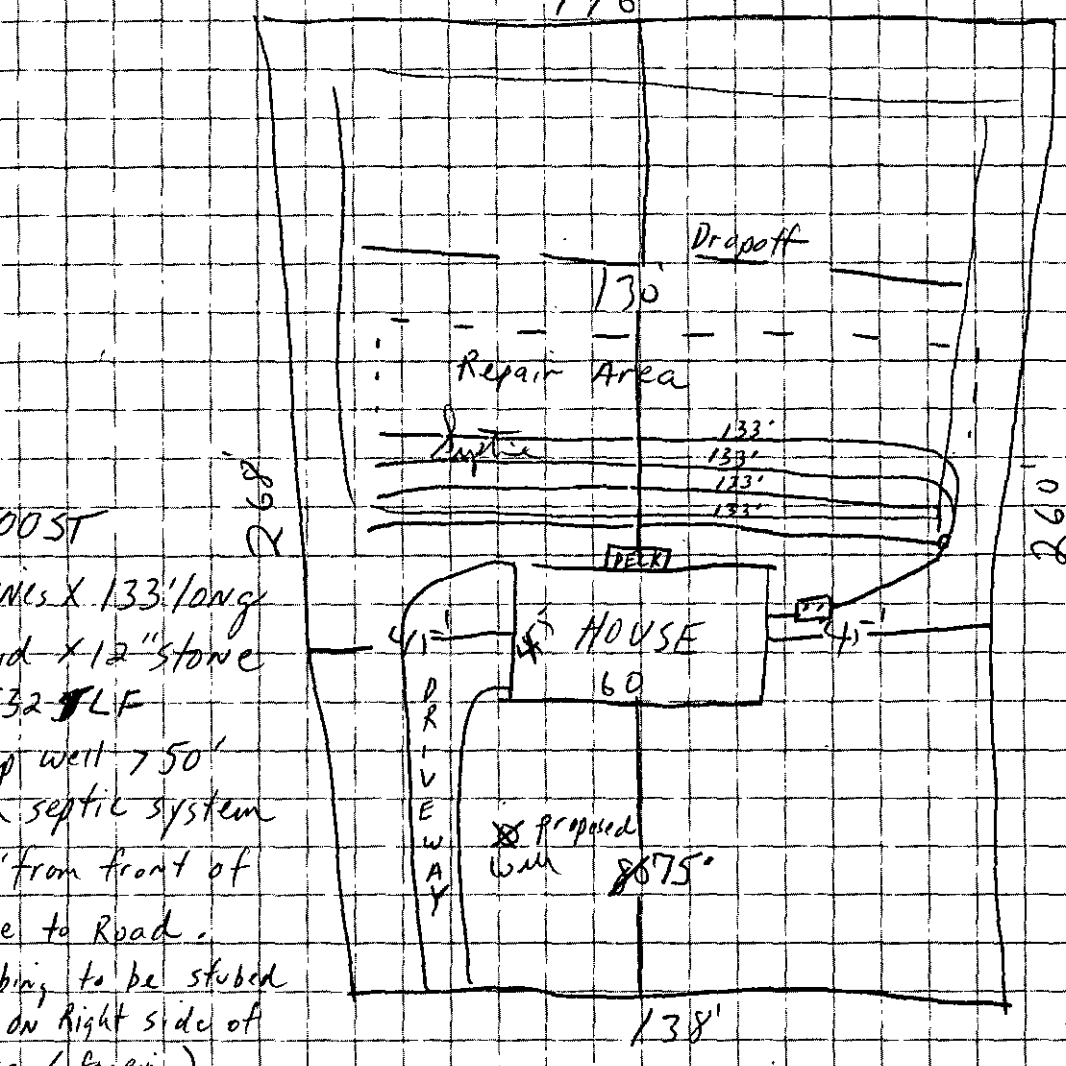
# PROPOSED PLOT PLAN

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

FILE: 93558

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 12/1/93

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

**MECKLENBURG COUNTY HEALTH DEPARTMENT**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 19290

File: Action

Parcel: ☐ PC

Location:

Subdivision:

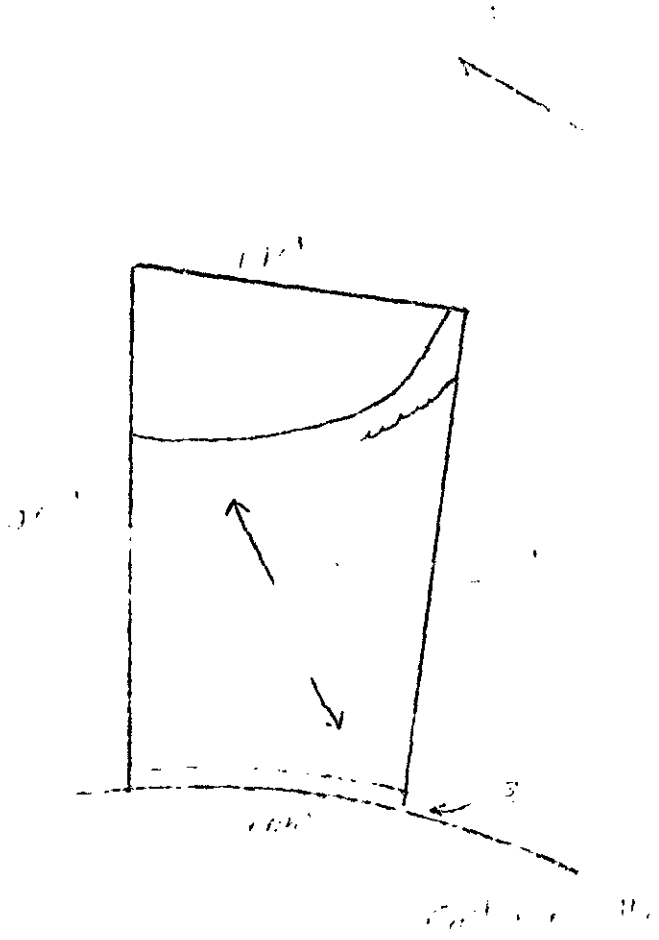
Lot: Block: Acres:

Owner:
Address:

Comments:

Described by:

Date: 4-5-93



***** 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 | 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 | 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 | | | | | | |
| Area Classification | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |

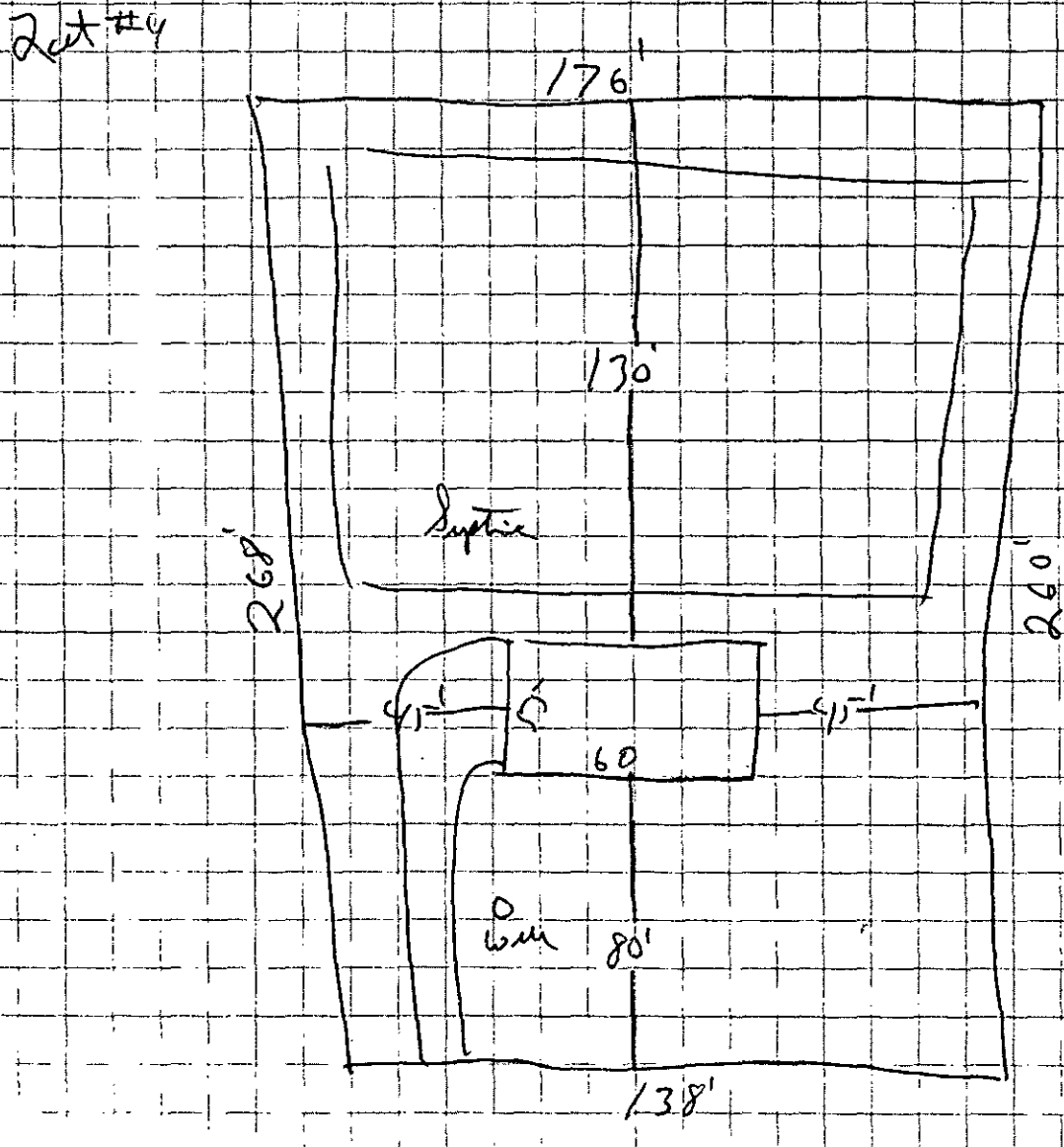
# PROPOSED PLOT PLAN

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

FILE: 855B

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 _____

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$50.00 2-12-93
CR#04474

8556 | 8726A

[] 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: 2-12-93 COPY

PERSON FILING APPLICATION:

NAME: RANKENBERG (last) DAVID (first) B (mi)

ADDRESS: 801 PRESSLEY #102 PHONE: (__) 525-2214

CITY: CHARLOTTE STATE: NC ZIPCODE: 28217

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: _____

STREET ADDRESS: 19734 CALLAWAY HILLS DAVIDSON NC 28236

ZONING: D03-082-05

PROPERTY OWNER:

NAME: MONICA INVESTMENT (last) (first) (mi)

ADDRESS: 801 PRESSLEY #102 PHONE: (__) 525-2214

CITY: CHARLOTTE STATE: NC ZIPCODE: 28217

SUBDIVISION OR MOBILE HOME PARK NAME: RUNNEMEDE

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: B2L 4 LOT SIZE (in acres): .95

[] 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: 3 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: [signature] Date: 2-12-93

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 : 12

# PROPOSED PLOT PLAN

S55B/S126A

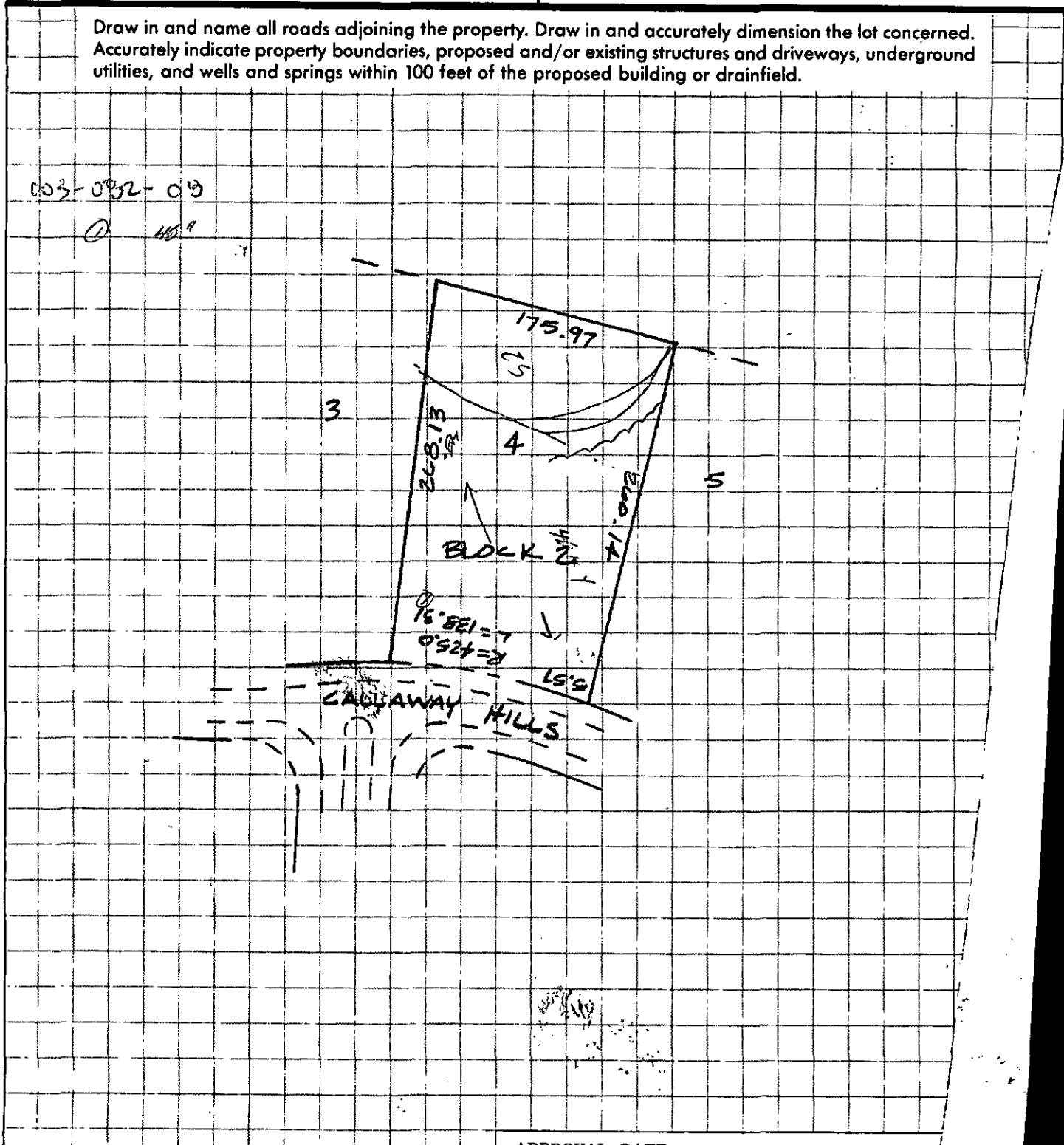
1/2 sc 2-12-92
CL-11, 4-11

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

FILE: S55B/S126A

TC: _____

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APPROVAL DATE _____

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

855B/8726A

$50.00 CK#04774 2-12-93

[] CRT

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Environmental Health Division
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(last) (first) (mi)

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(last) (first) (mi)

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_____ Director or Authorized Section Head Date

WWATER : 122791

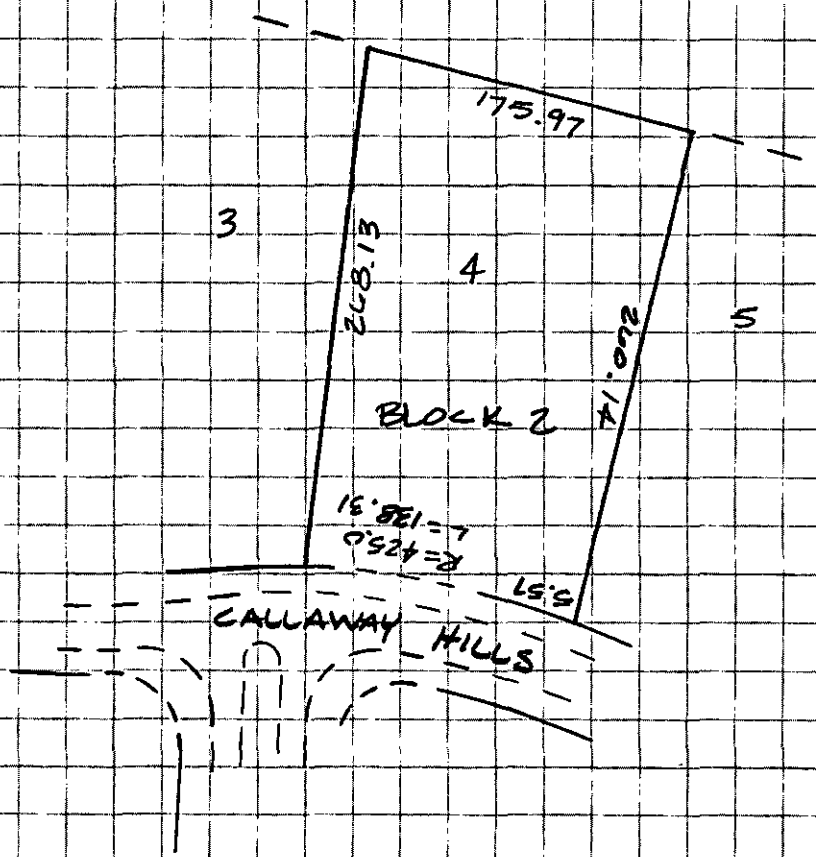
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 855B/8726A

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