

6006 LEBANON RD

13526322

6/8/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5971A DATE: 1/5/90

TC: 135 263 060 ☒ L ☐ CRT

SERIAL № 13017

Name of Owner Lyndell Thompson Juris.: Char.?

Address of Property 6006 Lebanon Rd.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 12"

Water Supply Source C/well

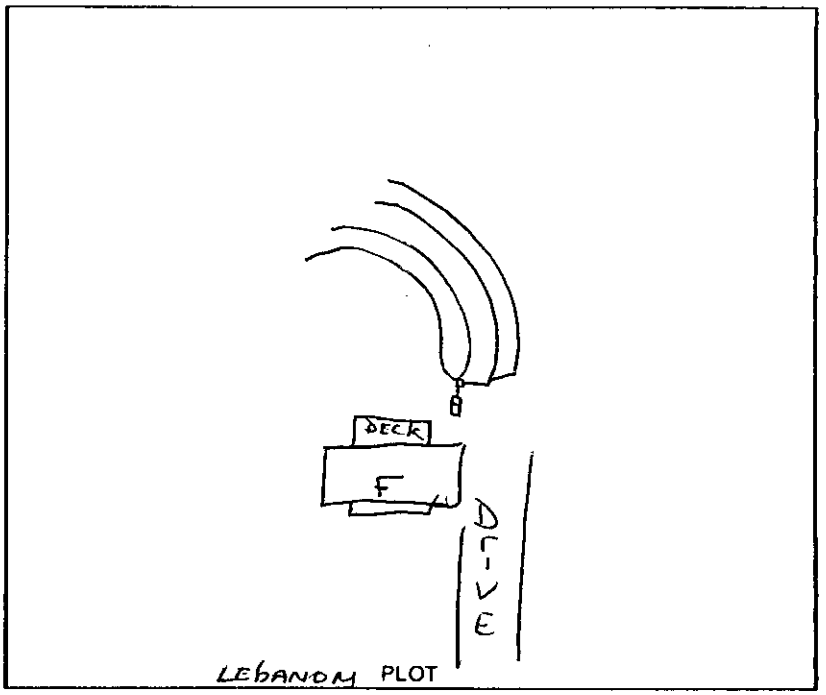
Distance to Water Source 150

Excavation Inspected Y

Tank(s) Inspected Y

Wash Line Inspected —

High Water Alarm Inspected —



Design: 1500 ST, 1200 SFT, CON, 12" G, CECIL like CTR# 113

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: (4) 3'x 100' x 12"G, for 3 bedrm., lines put in across backyard on contour.

Tim Whittaker, R.S. EH5
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

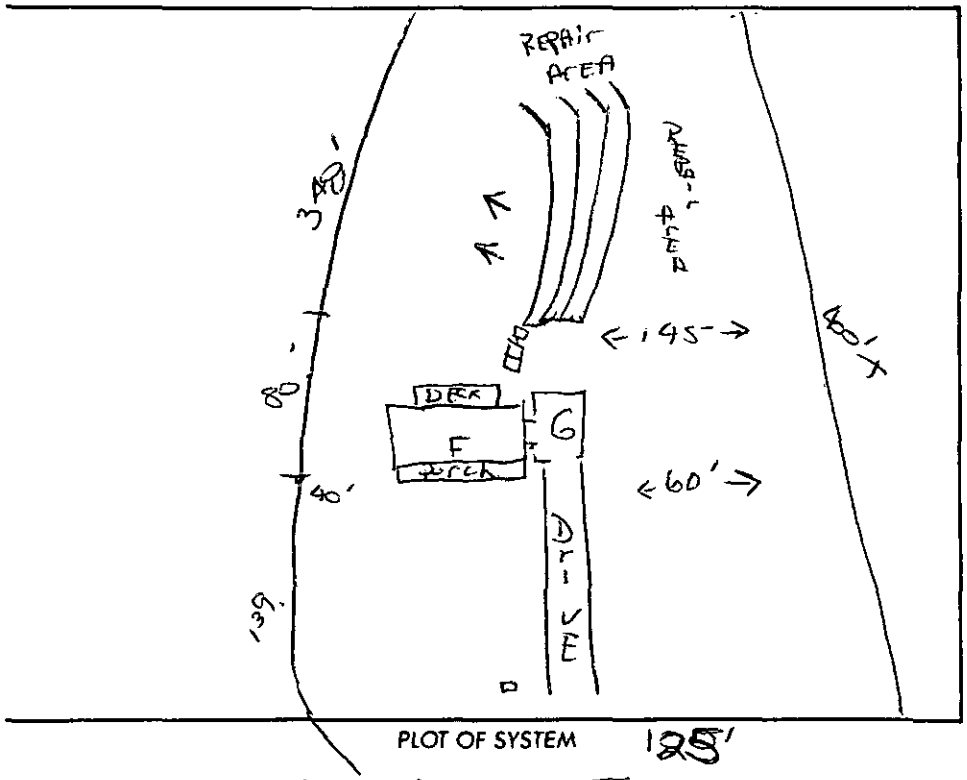
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5971A DATE: 1/2/90

TC: 135 263 060 L

SERIAL Nº 13145

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 10/27/89. All work shall be completed on or before 2/2/90, 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.



Liquid Capacity of Septic Tank 1,500 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 (4) 3'x100'

Depth of Stone 12" inches

Distance from House 10 feet

Distance from Property Line 10 feet

Distance from Well 150 feet C/WELL

NAME OF OWNER Lynedell Thompson

LOCATION OF PROPERTY 6006 Lebanon Rd.

Comments: (4) 3'x100'x12" G, for 3 bedrm., One contour

_____ RS
Division or Section Head

Tim Whittaker, 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.

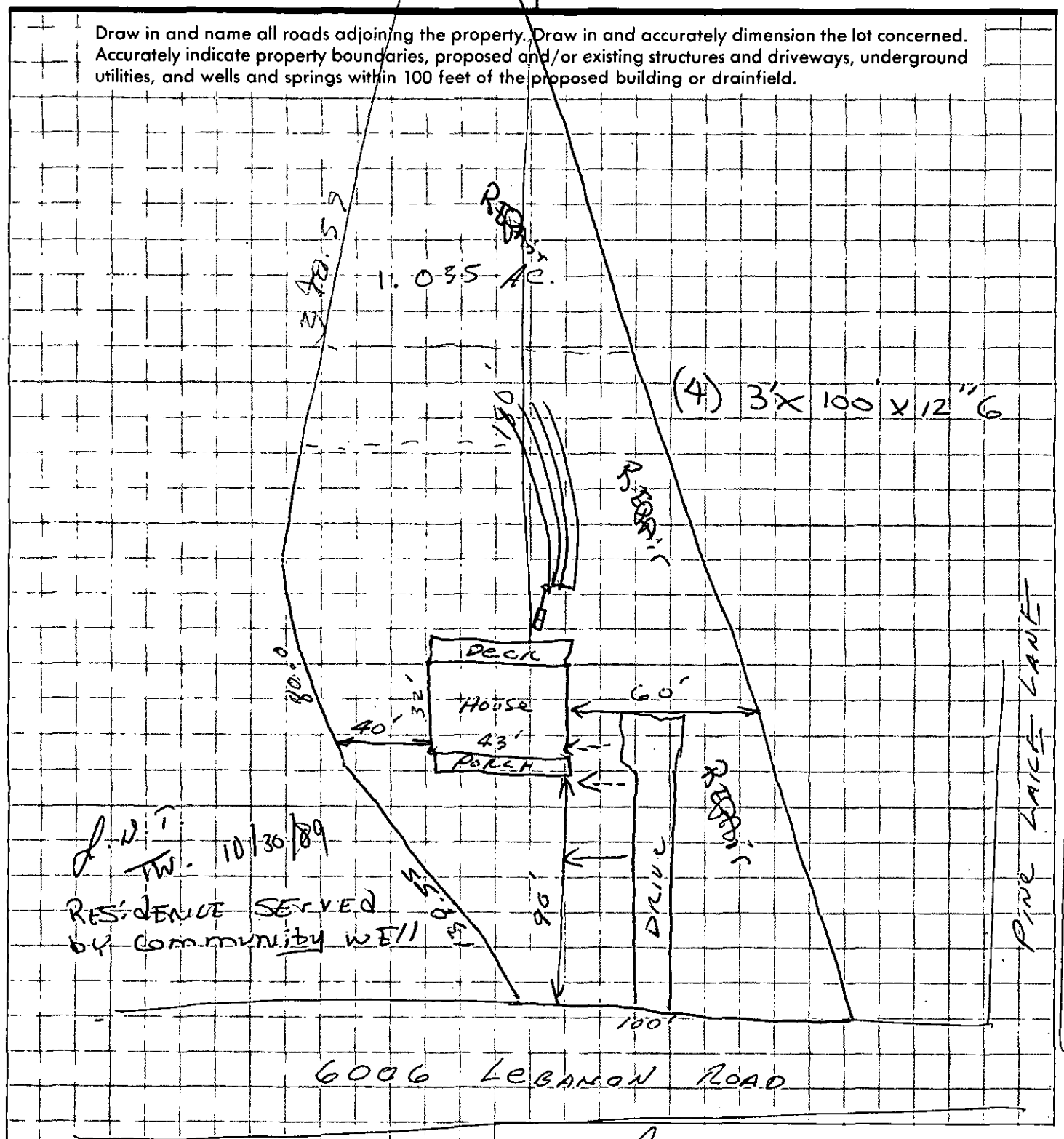
PROPOSED PLOT PLAN

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

FILE: 5971A

TC: 135-263-060

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.



I.W.T.
TW. 10/30/89

RESIDENCE SERVED BY COMMUNITY WELL

Signed: [signature]

Date: 10/30/89

2000

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: 5978A

TC: _____

SERIAL: № 19427

☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 6006 (STREET NO.) LEBANON (STREET) ROAD ② FILE: _____

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 135-263-060

⑤ SUBDIVISION: N/A ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: LYNDELL (FIRST) D. (MIDDLE) THOMPSON (LAST)

⑨ MAILING ADDRESS: 5944 AMITY PLACE

⑩ CITY: CHARLOTTE ⑪ STATE: N.C ⑫ ZIP: 28212

⑬ PHONE: (WORK) 537-3161 ⑭ (HOME) 537-3161

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? 6

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

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 — 10/30/89 (Date)

Director or Authorized Section Head — 10/31/89 (Date)

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

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: Lyndell D Thompson

Date: 10/27/89

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 10/27/89

Name/Company: Lyndell Thompson

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: 4006 Lebanon Rd

5971A

Mfg - new

MECKLENB.
HEALTH DEP. . .NT
ENVIRONMENTAL HEALTH DIVISION
PAID

OCT 27 1989

CK # 12004
$200.00

Fee: $ 200.00

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

BILLING -- WHITE CUSTOMER COPY -- YELLOW

DATE: 10/27/89

TO: HEALTH DEPARTMENT - ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE _____ JURISDICTION CODE Mint

PARCEL NUMBER 135-263-010

ASSIGNED ADDRESS 6006 Lebanon Rd

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	NOT APPROVED
1. SUBDIVISION REGULATIONS	☐	☐ *
2. FLOODWAY REGULATIONS	☐	☐ *
3. EROSION CONTROL REGULATIONS	☐	☐ *
4. COMMERCIAL DRAINAGE PLAN	☐	☐ *

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	☐ *	☐

	YES	NO
6. PROPERTY FRONTS ON THOROUGHFARE	☐ *	☐
7. DRIVEWAY PERMIT REQUIRED	☐ *	☐

*** If checked, further investigation will be required to determine whether a building permit may be issued by Building Standards for the site.**

REMARKS: Septic Tank

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

SIGNED: [signature]

OPWEAR 02/86

*** MASTER PARCEL TAX INFORMATION ***

PARCEL # 13526301 001 PROP A 006300 LEBANON RD
OWNER SMITH DANNY P LEGAL DESC 24.65AC LEBANON RD
CHARLOTTE, N.C. 28212 MORT. CO. CODE 0 LOAN #
MAIL ADD 6200 LEBANON RD DEED REF 5208873 TYPE OWN PRIVATE
MAIL ADD CHARLOTTE, N.C. ACCOUNT TYPE INDIVIDUAL

PAR.LAND VAL	160,290	ACRES 24.65	DEED ST/ACRE 6.3673
PAR.IMPR.VAL	13,670	SP.TAX DIST	DIST.TREND IMPROVING
		FRM/HIS VAL 0	FIRE DIST 10
PAR.TOT.VAL	173,960	CENSUS TR. 2,180	ROAD #
			ROAD TYPE PAVED
SALES DATE 8412		WATER INDIVIDUAL	TOPOGRAPH ROLLING
DEED STAMP	157.00	SEWER INDIVIDUAL	TOWNSHIP CLEAR CREEK
S.DEED REF		ELECT PUBLIC	TOWN
		GAS 1	GAS 2
ZONING R20		LAND USE OTH RETAIL TRD	

DATA CONTAINED IN THIS RECORD MAY BE SUBJECT TO ERRORS
AND SHOULD BE VERIFIED BY THE USER.
PRESS RETURN TO SEE MORE INFORMATION.

ALT-F10 HELP | TVI 950 | FDX | 2400 E71 | LOG CLOSED | PRT OFF | CR | CR

CARD TAX INFORMATION

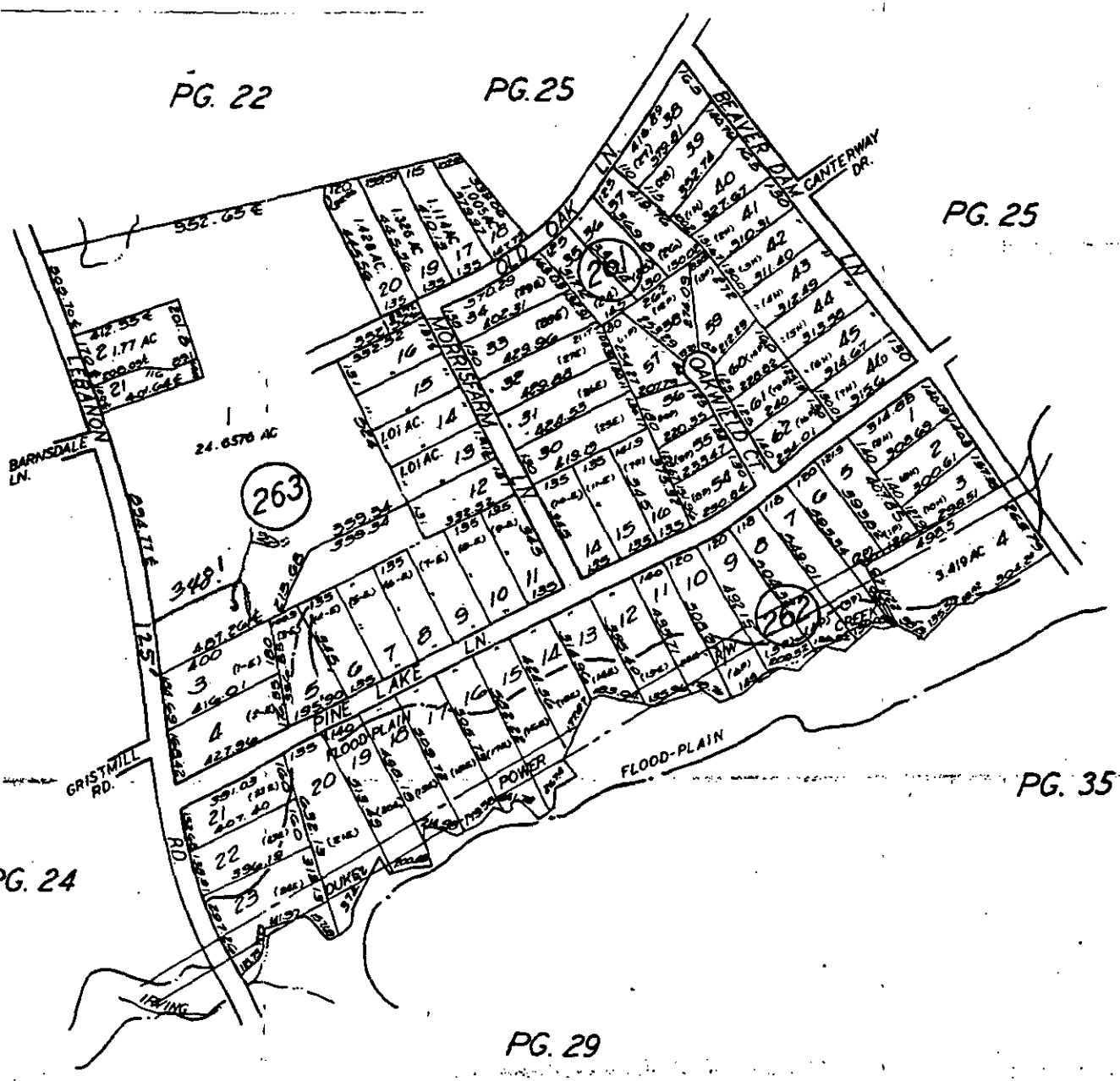
PARCEL 13526301 001 PROPERTY ADD 006300 LEBANON RD
IMPROVEMENT TYPE UNITS STORIES 0 YR. BLT. 0 OCCUP. 0

CARD LAND VAL	160,290	C.BASE SQ.FT 0	BA.SHAPE SQUARE DESIGN
CARD BLDG VAL	13,670	C.TAUX SQ.FT 0	BLD.COND
CARD XFET VAL	13,670	C.TOTL.SQ.FT 0	BATH/BH/EXT.FX 0/0 / 0
TOTL CARD VAL	173,960	FIRE PL NONE	1ST FL HT. TOT.PLB.FIXT 0

AUX AREA DESC.	SQ FEET	AUX.AREA DESC.	SQ.FEET	EXTRA FEATURES	
	0		0	F BARN	CB BARN
	0		0	CBGU	M BARN
	0		0		
	0		0		
	0		0		
	0		0		

FOUND EARTH	FLOOR EARTH	EXWALL NONE
QFACT FAIR	PTYWAL NONE	SFRAME NONE
RFRAM FLAT	RCOVER MTL SHG/COR MTL	

6200 Lebanon Rd.



The section highlighted in yellow is the acre to the Northeast in corner of Pasture fence. Someone at the stables will be glad to answer your questions if you have any or call Irene Harris at 545-9800.

TAX LINE MAP	BOOK 135
MECKLENBURG COUNTY, NORTH C	
REVISED	SCALE

FOR TAX PURPOSES ONLY

Mecklenburg County
Health Department

Basil G. Velta, M.D., M.P.H.
Health Director

Danny P. Smith
7521 Matthews-Mint Hill Road
Charlotte, NC 28227

RE: Property located at Lebanon Road
FILE: 5971A
PARCEL: 13526301

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 16310) 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.

Very truly yours,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

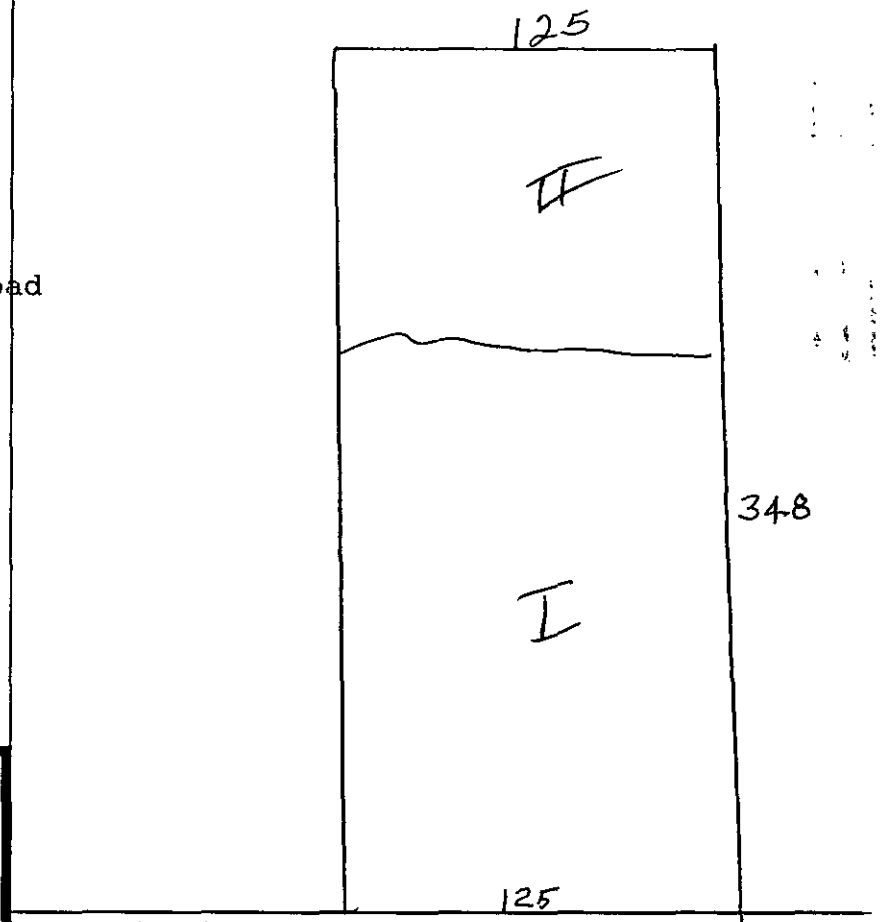
MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 16310

File: 5971A Action 1
Parcel: 13526301 ☐ PC

Location: Lebanon Road
Subdivision:
Lot: Block: Acres: 1
Owner: Danny P. Smith
Address: 7521 Matthews-Mint Hill Road
Charlotte, NC 28227

Comments:

Described by: W. B. Ramsey
Date: 9-16-89



***** 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 2-4	S (PS) U 2-4	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 36-45	S PS (U) 30-32	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	~~IIe~~ Cecil	~~IIe~~ Cecil				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

(OFFICE USE ONLY)

FILE: 5971A

TC: _____

☐ PC ☐ REPT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
AUG
ENVIRONMENTAL HEALTH
DIVISION

JOB LOCATION

① ADDRESS: 6200 LEBANON ROAD

② SUBDIVISION: FARMWOOD AREA ③ LOT: 01 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 135 PAGE NO.: 263 PARCEL NO.: 01

⑥ DEED REFERENCE: BOOK NO.: 5208873 PAGE NO.: _____

OWNER

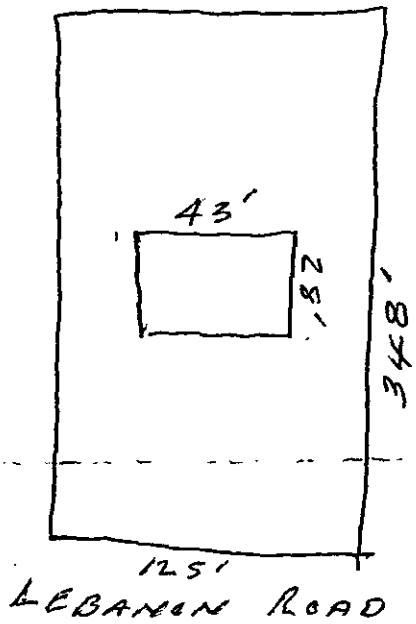
⑦ NAME: DANNY P. SMITH (FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 7521 MATTHEWS-MINT HILL ROAD

⑨ CITY: CHARLOTTE, NC ⑩ STATE: NC ⑪ ZIP: 28227

⑫ PHONE: (WORK) 545-9600 (HOME) _____

⑬ Accurately diagram and dimension lot.



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.

X Signed: Danny P. Smith

Mecklenburg County services are available *without regard* to ethnic origin, sex, or disability. X Date: 8/4/89

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

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

DATE: 7/9/89

NAME/COMPANY: [illegible]

Sanitation _____

Vector Control _____

OPWD _____

SERVICE: Soil test

Lake

#597A

MECK
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

AUG 0 1989

FEE: [illegible] ck# 11759 $40.00

[illegible]
Completed By

[illegible]
Collected By