

15315 MILLVIEW TRACE LN

13915302

6/21/2007

duponbj

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

N.C. Department of Environment and Natural Resources
Division of Environmental Health

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County **Health Department**	Toma Residence **Name of Establishment**	6757A **Permit/Project No.**
15315 Millview Trace Ln., Charlotte NC **Location**	3-Bedroom House **Type of Establishment**	360 GPD **Design Flow**
Yuriy & Liliya Toma **Owner/Agent**	Same as location address **Address**	**Phone**
N/A **Operator**	**Address**	**Phone**
IIIb **System Type**	04/24/2006 **Date of Inspection**	April 2011 **Next Inspection Due**

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☒	☐	☐	
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☒	☐	☐	3.a. Sidewalk may be constructed over
b. Tanks and access manholes structurally sound, watertight?	☒	☐	☐	septic tank access point(s).
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	3.c. Sanitary tee not inspected.
d. Tanks pumped, cleaned out as needed?.....	☐	☒	☐	3.d. Recommend pumping tanks.
4. RAW SEWAGE LIFT STATION (if present):				
a. Required pumps present, operating, and cycling properly	☐	☐	☒	
b. High-water alarm present and operating properly?	☐	☐	☒	
c. Floats/pipe/valves/disconnects in good condition?	☐	☐	☒	
5. EFFLUENT DOSING SYSTEM:				
a. Effluent appears clear, free of excess solids?	☐	☒	☐	5.a. Measured > 6" of solids in the dosing tank.
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☒	☐	☐	
b. High-water alarm present and operating properly?	☒	☐	☐	
c. Floats/pipe/valves/disconnects in good working condition?	☒	☐	☐	5.A.c. High water alarm float not
d. Control panel enclosure/components in good condition?	☐	☒	☐	secured in the dosing tank.
e. Elapsed time readings: _____ _____ _____ _____				
B. SIPHON SYSTEMS:				
a. No evidence of overflow or siphon leakage?	☐	☐	☒	
b. Siphon(s) appear to be working/alternating properly?	☐	☐	☒	
c. Bells and vents free of debris and in good condition?	☐	☐	☒	

6. GROUND ABSORPTION FIELDS:

a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐	6. Drainfield in good condition.
b. Minimal ponding in subsurface trenches?	☒	☐	☐	
c. Surface water being effectively diverted away?	☒	☐	☐	
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐	
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐	
f. Protected from traffic, destructive uses?	☒	☐	☐	
g. Distribution devices in good condition, working properly?	☒	☐	☐	
h. Repair area properly reserved, maintained?	☒	☐	☐	

A. LOW PRESSURE PIPE DRAIN FIELDS:

a. Turnups/cleanouts/valves intact and accessible?	☐	☐	☒
b. No effluent standing in lower laterals?	☐	☐	☒
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒
d. Pressure head is properly adjusted?	☐	☐	☒

OVERALL CONDITION AND OPERATION OF SYSTEM:

No problems detected with system operation at the time of inspection.

No sewage observed on the ground surface at the time of inspection.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

1. Secure the high water alarm float at proper level in dosing tank. (Recommend installation of a float tree)
2. Pump both tanks (septic & dosing) to remove excess solids. Uncover & inspect the distribution devices in the drainfield. Failure to pump tanks on a routine interval may cause a premature system failure.

***REPAIR WITHIN 30 DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

*The MCHD recommends having the tanks (septic & dosing) pumped out every 3 to 5 years to remove excess solids.

*Please visit http://groundwater.charmeck.org for additional information.

FLA = 18A
RLA = 13A

DATE: 04/25/2006

SIGNED: _____ AGENT
Division of Environmental Health

Trevor Thomason, R.S.
(704) 336-5568

Mecklenburg County, North Carolina
POLARIS
Parcel Ownership and GIS Summary

6757A

Date and Time: 3/20/2006 10:40:56 AM

Parcel ID #: 13915302 GIS ID #: 13915302	
Owner Name:	YURIY TOMA AND LILIYA TOMA
Mailing Address:	15315 MILLVIEW TRACE LN CHARLOTTE, NC 28227
Property Characteristics	
Legal Desc.:	L2 B3 M24-147
Land Area:	1 LT
Fire District:	10-MINT HILL
Special District:	FIRE SERVICE F
Account Type:	INDIVIDUAL
Municipality:	7-MINT HILL
Property Use:	SINGLE-FAM
Deed Reference(s) and Sales Price	
07909-929 (9/12/1994) $22,000.00	
Situs Addresses Tied to This Parcel	
15315 MILLVIEW TRACE LN	
Site Location Information	
Zoning Boundaries:	Contact Appropriate Planning Department or See Map.
ETJ Area: MINT HILL	
Charlotte Historic Districts: NO	
Within Charlotte 6/30/2005 Annexation Area: NO	
Census Tract #: 57.07	
Parcel Falls Inside SWIM Buffer?: NO	
FEMA Flood Information	
FEMA Panel #:	3705390192E
FEMA Flood Zone:	OUT
FEMA Panel Date:	02/04/2004
Regulated Watershed Information	
Watershed Name:	CLEAR
Watershed Class:	

Building Photography

PHOTO #1
Location: 15315 MILLVIEW TRACE LN



Information contained within this photo may be used as a visual aid and to generally locate, identify, and inventory parcels in Mecklenburg County, North Carolina. There are inherent errors and limitations associated with this type of electronic medium. Mecklenburg County cannot warrant or guarantee the information contained herein including but not limited to its accuracy or completeness.

Powered by Mecklenburg County GIS Geographic Information Systems

PAYMENT NOTICE
FLOAT ALARM
PUMP TANKS

The information provided by this program is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, and other public records and data. Users of this map data are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

CERTIFICATE OF COMPLETION/OPERATION PERMIT HOLD

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

FILE: ~~6557A~~ 6757A DATE: 4/10/96

TC: 139 153 02 ☐ L ☒ CRT

SERIAL No 16545

Name of Owner Yuriy Toma Juris.:

Address of Property 15315 Milview Trace Ln

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 12"

Water Supply Source well

Distance to Water Source >80'

Excavation Inspected 12/12/95

Tank(s) Inspected 12/12/95

Wash Line Inspected plumbed to Tank

High Water Alarm Inspected 4/9/96

PLOT

Design 1996, 1500ST, 1600 DT, CON, PI, 1200SFT, 12" stone cover CTR# Potter Rd septic

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 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 15A NCAC 18A. 1990 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Septic system designed for 3 bedroom residence

Type III b

Philo A. Walker R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

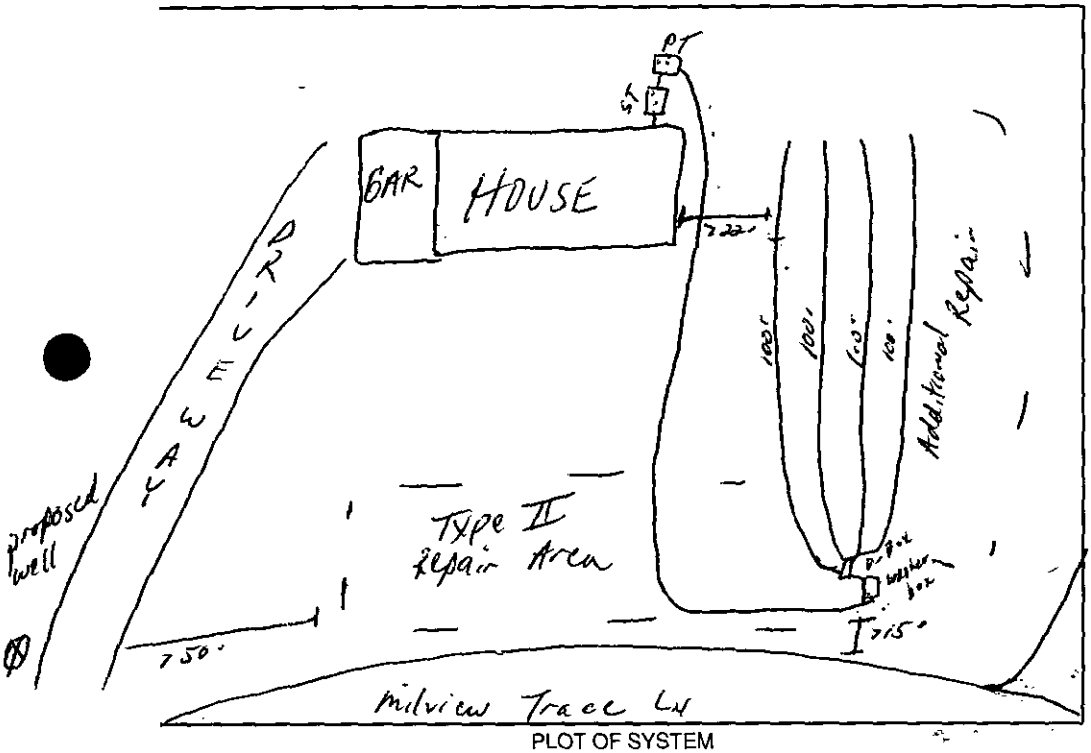
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 6757A DATE: 11/27/95

TC: 139 153 02 ☐ L

SERIAL Nº 16513

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 2/9/95. All work shall be completed on or before 12/27/95, 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous ✓

Total Line Length 400' feet

Number of Lines 4 (100')

Depth of Stone 12 inches

Distance from House 15' feet

Distance from Property Line 10' feet

Distance from Well >100' feet
50' min

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

NAME OF OWNER Yuriy Toma

LOCATION OF PROPERTY 15315 Milview Trace Ln

Comments: 1500ST, 1000DT, PT, 4 lines x 100'long x 3'wd x 12"Stone Keep septic system >100'(50'min) from any wells | Keep drainfield lines >22'from Right side of house | Keep drainfield >15'from front 15'cut | House plan altered Pump tank required

Stackman for S Daniel, Program Chief 12-5-95

Philo S Walker R.S.
Environmental Health Specialist

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

Mecklenburg County
Health Department

December 13, 1995

Yuriy Toma
1614 Pierson Drive
Charlotte, North Carolina 28205

Dear Mr. Toma:

Re: 15315 Millview Trace Lane
File: 6757A(Tax Parcel No. 139-153-02)

At your request an inspection was made at the above referenced property to facilitate the issuance of an Operation Permit for the Sewage Treatment and Disposal system. During the inspection it was found that the following items did not meet the regulations set forth in the "Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A .1900;.1952 Septic Tank, Dosing, Dosing Tank and Lift Station Design." Our comments follow:

1) (6) Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (NEMA 4X or equivalent) adjacent to the pump tank, securely mounted at least 12 inches above the finished grade. The pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure through water proof, gasproof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seal, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.

2) (9) The pump tank shall have a properly functioning high-water alarm. The alarm circuit shall be supplied ahead of any pump overload and short circuit protective devices. The alarm shall be audible and visible by system users and weatherproof if installed outdoors in an enclosure (NEMA 4X or equivalent).

The above mentioned items must be installed and inspected prior to the Operation Permit being issued. The Operation Permit is <u>required</u> for the Certificate of Occupancy and the permanent electric hook-ups. Please schedule the inspections at least five (5) working days in advance to ensure no delays in the Operation Permit issuance.

Please call me at 336-5570 to discuss any question you may have concerning this matter.

Sincerely,
Philo S. Walker R.S.
Philo S. Walker, R.S.
Individual Water and Wastewater Systems

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

AS Paid $100 Cash 11/2/01 RF.

[ ] 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

6751 A

PERSON FILING APPLICATION:

NAME: Toma (last) Yuriy (first) (mi)

ADDRESS: 15315 Millview Trace Ln PHONE: (704) 573 9754

CITY: Charlotte STATE: N.C. ZIPCODE: 28227

Date:

PROPERTY OWNER:

NAME: Toma (last) Yuriy (first) (mi)

ADDRESS: 15315 Millview Trace Ln PHONE: (704) 573 9754

CITY: Charlotte STATE: N.C. ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 139-153-02

STREET ADDRESS:

ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres): 1.1 ac.

TYPE APPLICATION (check one):

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) storage / playroom

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 [X] 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: Yuriy Toma Date: 10.30.01

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

... 11-7-01 OK TO USE EXISTING SYSTEM

Environmentalist 11-7-01 Date

WATER : 122791

PROPOSED PLOT PLAN

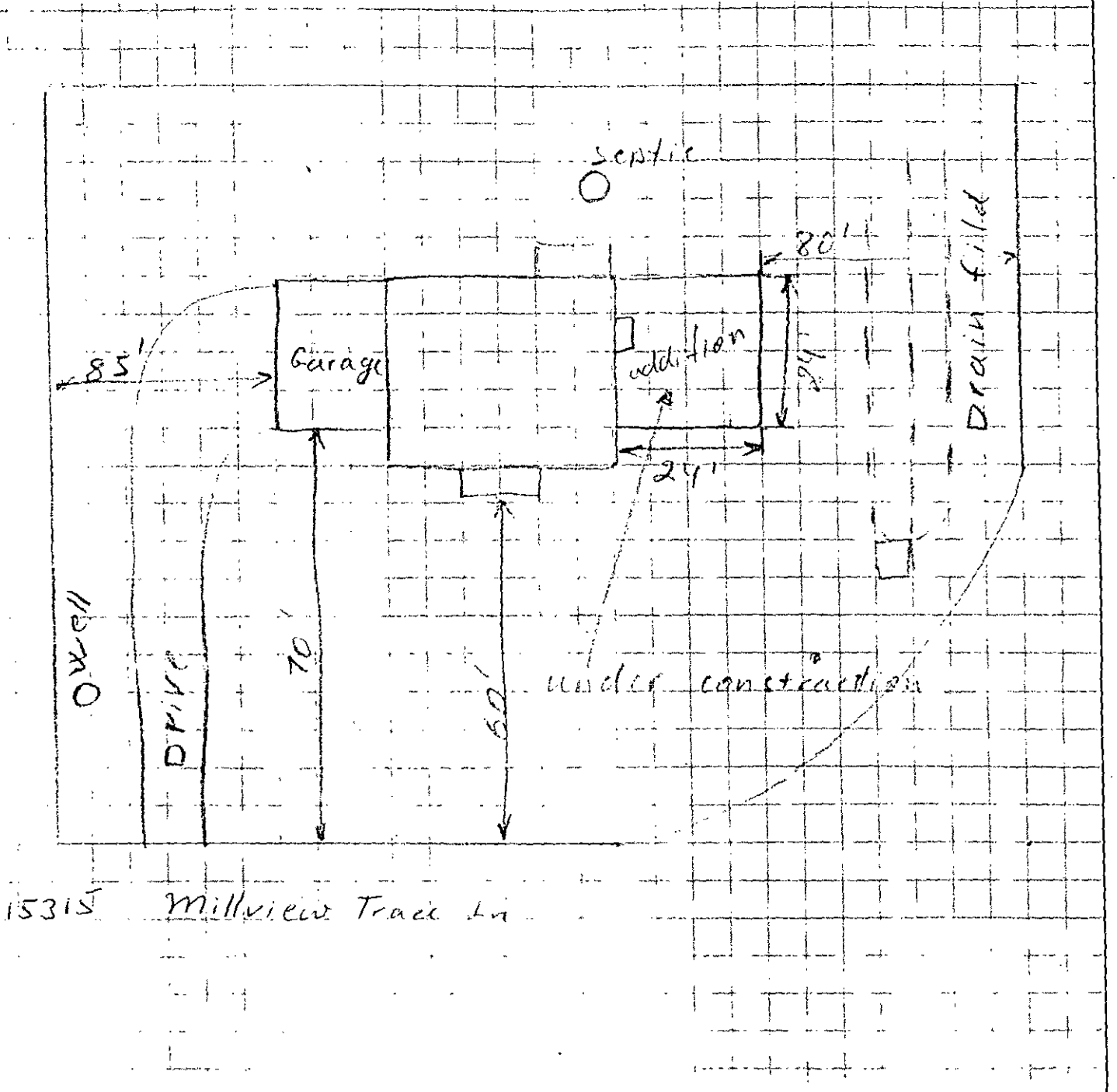
COPY

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

FILE: _____

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

6757A 9/13/95 32 D 150.00 D 400 150.00 Cash 1/11/95 MF CRT

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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: Toma Yuriy (last) (first) (mi)
ADDRESS: 1614 Peterson Dr. PHONE: (704) 566-1931
CITY: Charlotte STATE: NC ZIPCODE: 28205

Date: 1-

PROPERTY OWNER:
NAME: Toma Yuriy (last) (first) (mi)
ADDRESS: Same PHONE: (__) ____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 139-153-02
STREET ADDRESS: 15315 Mallowsea Tree Ln
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: 2 LOT SIZE (in acres): 1.094 ac.

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)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER ____ (O)

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: Yuriy Toma Date: 01.11.95

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.

...3 bedroom conventional repair and conventional system.

[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 2/9/95
Environmentalist Date

Doug Huggins - Bureau for 2/16/95
Director or Authorized Section Head Date

D. Dowd

WATER : 122791

PROPOSED PLOT PLAN

OR. ginal
old plot plan voided.

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

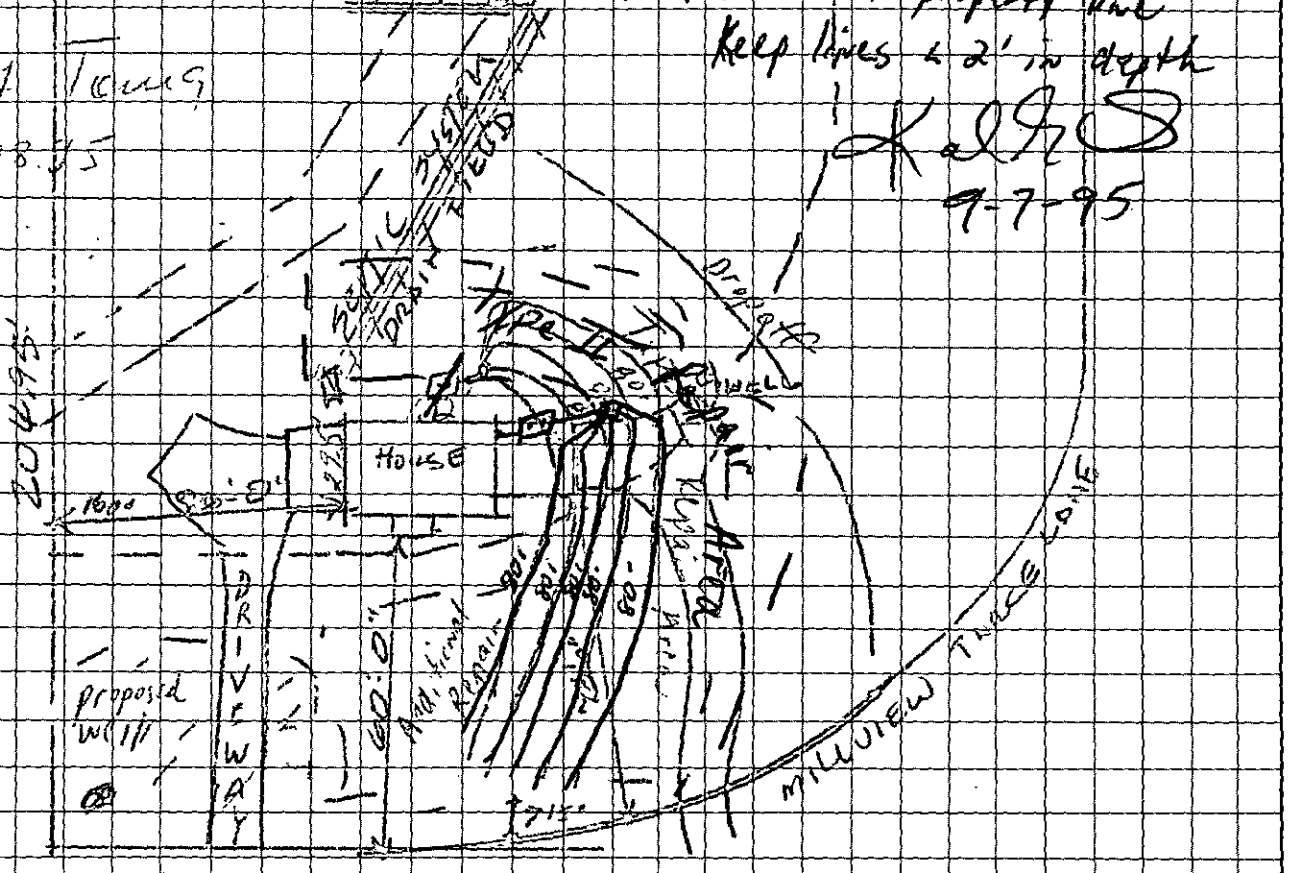
FILE: 6757A

TC: 139-153-02

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 SF Driveway will enter on left side of house 9/7/95
5 Times x 80 long x 3 wd x 12" stone
400 7 LF
Keep septic system >50' from proposed well
Keep lines on contour of land
Keep drainfield >15' from drop off on left
60' from front of house to line
Your friend
02 08 95

Plot plan alterations
May need left pump if plumbing set to low
26 ± 2.1'
70' from front right house corner to property line
107' from left side of house
LOT-2 - 1.09 AC
to left property line
Keep lines < 2' in depth
Kelso
9-7-95



Your Friend
OWNER/AGENT SIGNATURE

DATE 9 11 95

APPROVAL DATE ~~9-11-95~~ Revised 9/7/95
Plot plan altered

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

PROPOSED PLOT PLAN

VOID 9/7/95 JSW

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

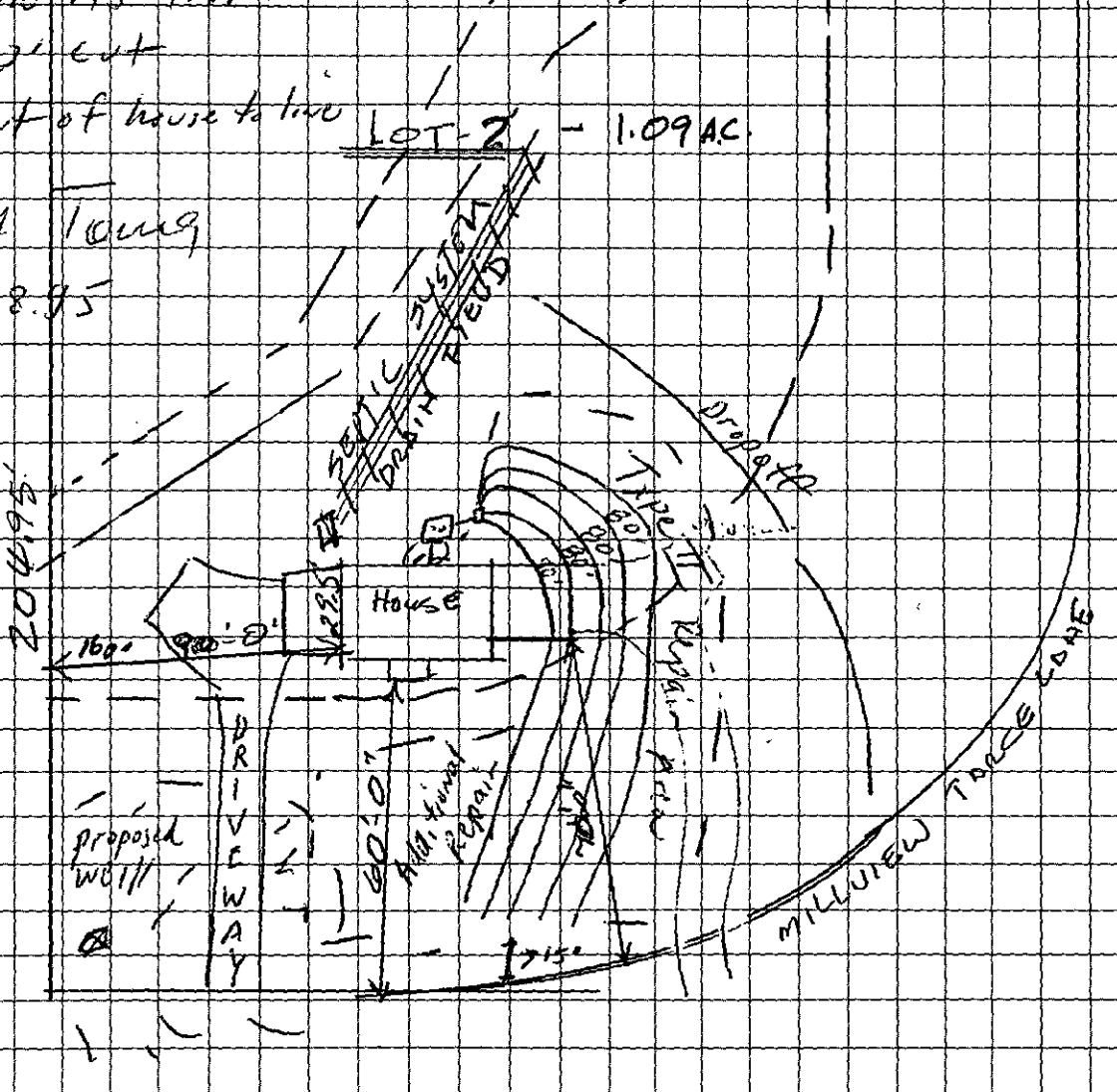
FILE: 6757A

TC: 139-153-02

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 SF Driveway will enter on left side of house
5 lines x 80' long x 3' wd x 12" stone
400 TLF
Keep septic system >50' from proposed well
Keep lines on contour of land
Keep drainfield >15' from
drop off or 2' cut
60' from front of house to line

Yuri J Toma
02.08.95



Yuri J Toma
OWNER/AGENT SIGNATURE

DATE 01 11 95

APPROVAL DATE JSW 2/8/95

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

PROPOSED PLOT PLAN

Original
old plot plan voided.

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

FILE: 6757A

TC: 139-153-02

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 Driveway will enter on left side of house 9/7/95

5 trnchs x 80'long x 3' wd x 12" stone

400 TLF

Keep septic system >50' from proposed well

Keep lines on contour of land

Keep drainfield >15' from dropoff or 2' cut

60' from front of house to line

Varij Tawng

02.08.95

LOT-2 - 1.09 A.C

Plot plan alterations

May need left pump if 2 bath, 61' plumbing set to low

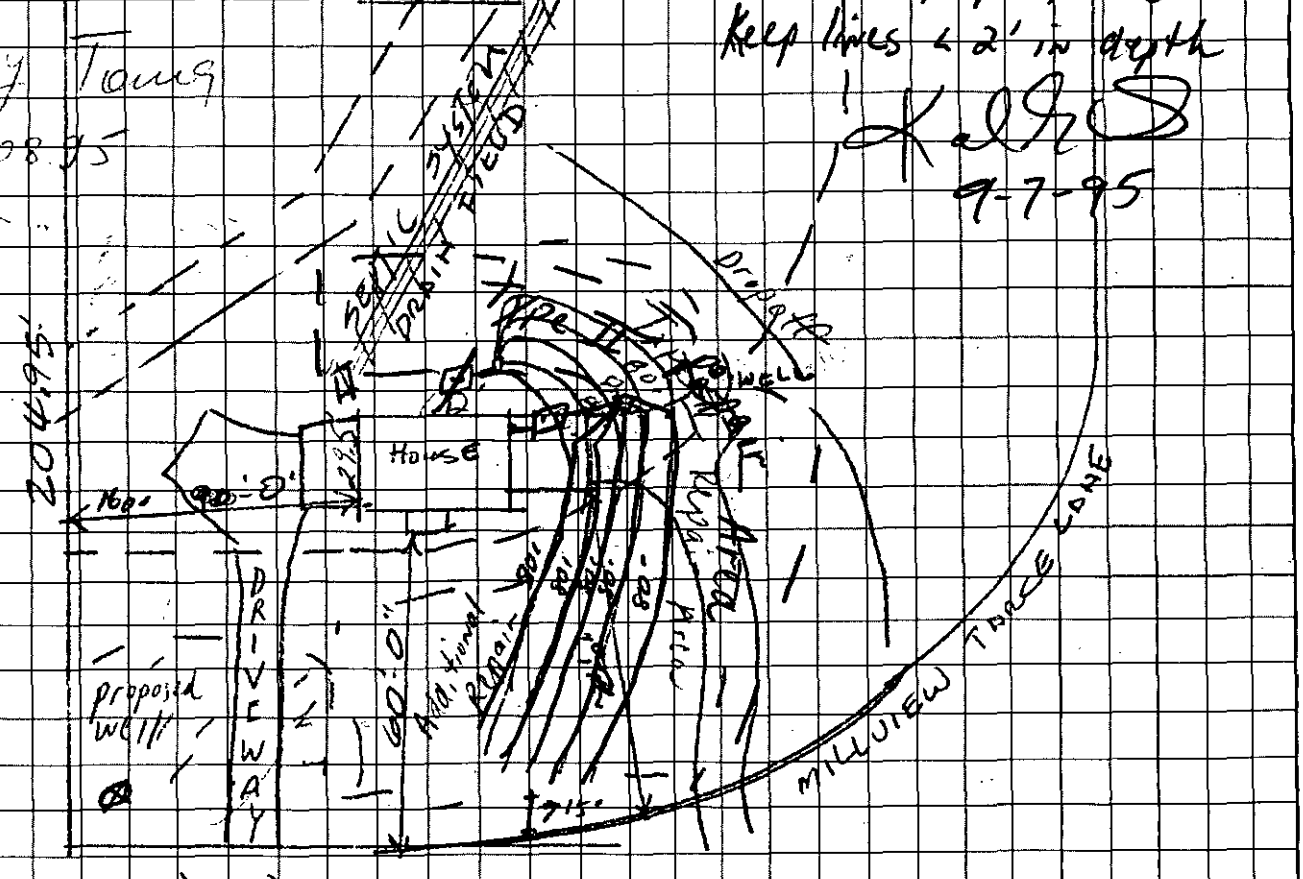
70' from front right house corner to property line

107' from left side of house to left property line

Keep lines < 2' in depth

Kellis

9-7-95



OWNER/AGENT SIGNATURE Varij Tawng

DATE 9/7/95

APPROVAL DATE ~~9/8/95~~ Rec'd 9/7/95

Plot plan altered

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17957

File:

Action 1

Parcel: 6757A

☐ PC

13915103

Location:

Subdivision:

Cabarrus road

Lot: 2 Block: 3 Acres: 1.1

Owner:
Address:

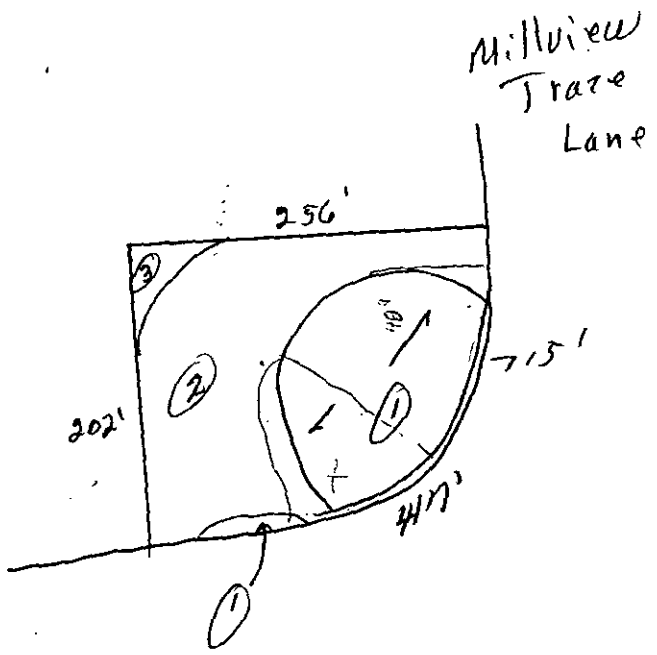
Connell Mill Partners
3933 Bon Rea Drive
Charlotte, NC 28226

Comments:
100% Repair

Described by: William A. Merlin

Date: 6-19-90

system may need pump



***** 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 2-12%	S PS (U) Drainageway or Depression	S PS (U) complex slopes	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S PS U —	S PS U —	S PS U	S PS U	S PS U
Structure	S (PS) U 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 7-36"	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	LL Cecil-Lilac	Drainageway Depression	complex slopes			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

PROPOSED PLOT PLAN

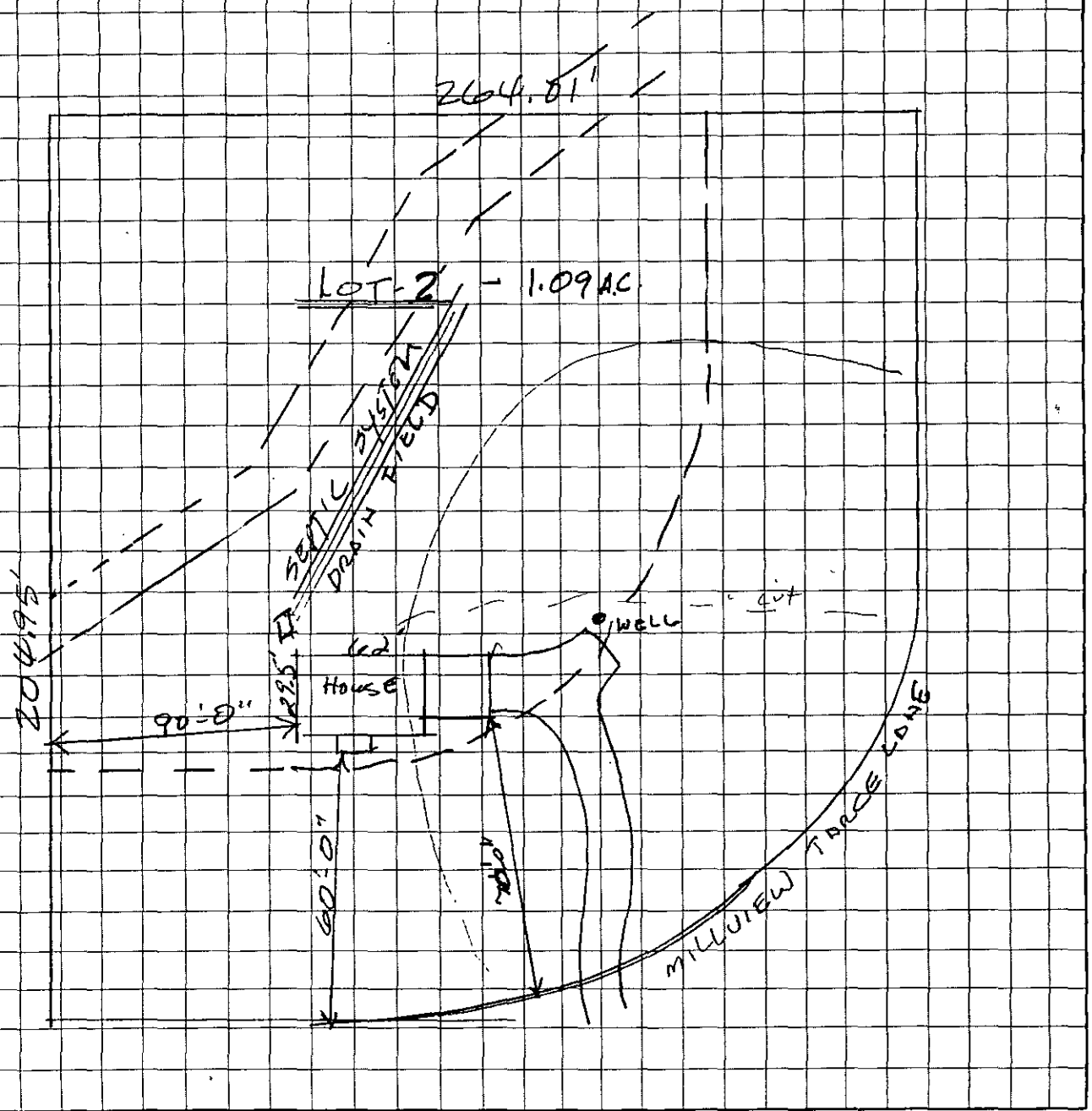
COPY

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

FILE: 6757A

TC: 139-153-02

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.



Yuriy Tovs
OWNER/AGENT SIGNATURE

DATE 01 11 95

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17957

File:

Action 1

Parcel: 6757A

☐ PC

13915103

Location:

Subdivision: Cabarrus road

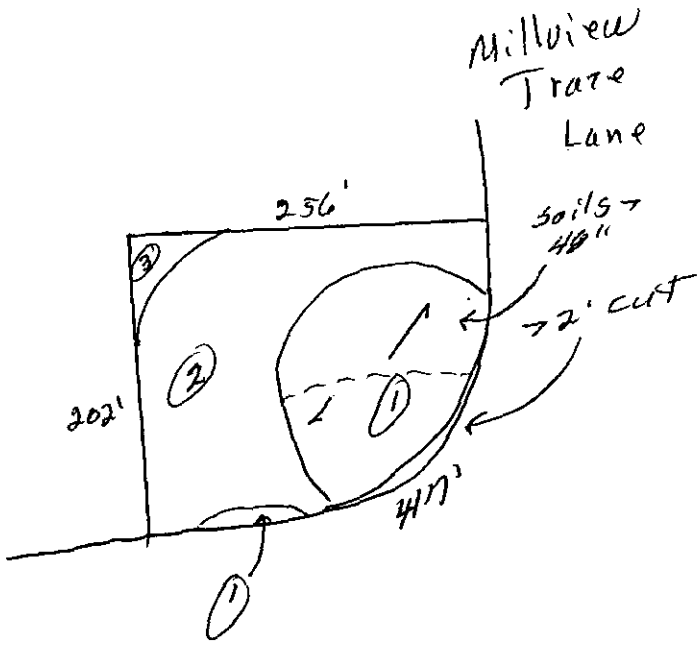
Lot: 2 Block: 3 Acres: 1.1

Owner:
Address:

Connell Mill Partners
3933 Bon Rea Drive
Charlotte, NC 28226

Comments: 100% Repair, .3 gal/ft²/day
LTAR

lot rechecked 1-26-95
add >2' cut on street
W.R. Marlin



Described by: William R. Marlin

Date: 6-19-90

***** 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 2-12%	S PS (U) Drainageway or Depression	S PS (U) complex slopes	S PS U	S PS U	S PS U
Texture	S (PS) U clay	S PS U —	S PS U —	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U —	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" to water	S PS U —	S PS U —	S PS U	S PS U	S PS U
Depth	S (PS) U >36"	S PS U —	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 36" lit	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	W Cecil-Lilo	Drainageway/ Depression	complex slopes			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

Mecklenburg County
Health Department

June 20th, 1990

Connell Mill Partners
3933 Bon Rea Drive
Charlotte, NC 28226

RE: Property located at Cabarrus road
FILE: 6757A
PARCEL: 13915103

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 17957) 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

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 6757A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Cabarrus Rd

② SUBDIVISION: Connell Mill ③ LOT: 2 ④ BLOCK: 3

⑤ PARCEL REFERENCE: BOOK NO.: 139 PAGE NO.: 151 PARCEL NO.: 03

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

OWNER

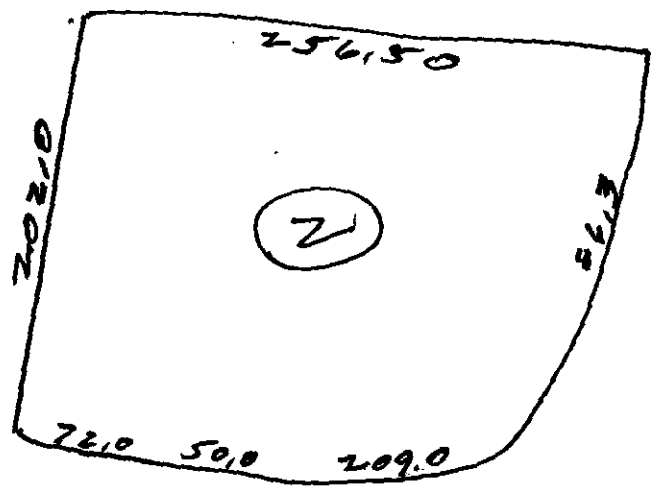
⑦ NAME: Connell Mill Partners
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 3933 Bon Rea Dr

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28226

⑫ PHONE: (WORK) 5412580 (HOME) 5420126

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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: George P Hamilton

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

Date: May 16, 1990

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 5-16-90

Name/Company: ~~George Patrick Atherton~~
Vance E. & Nina E. Sorrenberg

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: S/T - 1Ac each
Connell Mill Subdivision

MECK
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
MAY 16 1990

Lots # 6744A - 6760A
all off Cabarrus Road

Fee: $ 680.00 CK#0922 $680.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Jackie Abernethy
Completed by

Collected by