

1111 LUNDY LN

05713116

5/31/2007

duponbj

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

Conference 10/6/89 - tied into CMHO

5422A

Mecklenburg County
Health Department

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

January 30, 1989

MEMORANDUM

TO: Judy Kiser, Sanitarian

FROM: W. R. Marlin, Soil Scientist W. R. Marlin

RE: Repair area investigation 1111 Lundy Lane

A soils investigation of potential repair area for the malfunctioning septic tank system located at 1111 Lundy Lane was made on January 25, 1989. The soils on the lot have expanding clay minerals present, show evidence of seasonal perched water at depths of less than thirty-six inches, and have areas where depth to saprolite is twenty-four inches or less. The lot itself is located in a slightly concave area that appears to receive surface water runoff from the property to the immediate right (as viewed from Lundy Lane). These soils are classified as unsuitable for septic tank system installation.

WRM/ir

APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
JAN 19

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: 5422A
TC: _____
SERIAL: No 17590

ENVIRONMENTAL HEALTH DIVISION ☐ CRT

JOB LOCATION

① ADDRESS: 1111 LUNDY LANE (STREET NO. / STREET) ② FILE: _____

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 057-131-16

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: TRUE (FIRST) C. (MIDDLE) MENDENHALL (LAST)

⑨ MAILING ADDRESS: 1111 LUNDY LN

⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28214

⑬ PHONE: (WORK) 399-2221 ⑭ (HOME) 394-7485

REQUEST

This request is for a(n):

⑮ ☐ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☑ Repair or alteration permit 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? 3 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

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: Trille C Mendenhall

Date: 1-19-89

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.

_____ / _____
Environmentalist Date

_____ / _____
Director or Authorized Section Head Date

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

1/26 Site Visit —
Septic & washer failing
No area to repair —
Very poor soils —
Letter to tie into
Emus

Emus has live stock
away