

19210 LAHAINA LN

21714312

5/17/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4183A DATE: 11/5/97

TC 217-143-12 ☐ L ☒ CRT

SERIAL Nº 17404

Name of Owner PATRICK Phifer, JR. Juris.: _____

Address of Property 19210 LAHAINA DRIVE

Inspection Data:

Tank Material 1500

Total Length of Drainfield _____

Number of Lines 2 @ 80'

Cover Depth 24"-36"

Water Supply Source WATER

Distance to Water Source 50'

Excavation Inspected 11/5/97

Tank(s) Inspected 11/5/97

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design 1500ST, 25% REDUCTION SYSTEM PLUS OLD DRAINFIELD CTR# 5

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 I5A 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 I5A 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: TYPE II

Jami E. Higgins Bunny, R.S.
Environmental Health Specialist

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] 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: _____ (last) (first) (mi)

ADDRESS: _____ PHONE: (___) _____

CITY: STATE: ZIPCODE:

Date:

PROPERTY OWNER:

NAME: _____ (last) (first) (mi)

ADDRESS: _____ PHONE: (___) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: _____

STREET ADDRESS: _____

ZONING: _____

Township (check one):
[] 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):

[redacted]

[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)

[redacted]

NUMBER BEDROOMS: NUMBER OCCUPANTS:

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [] 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)
[] 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: Date:

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

WATER : 12279

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

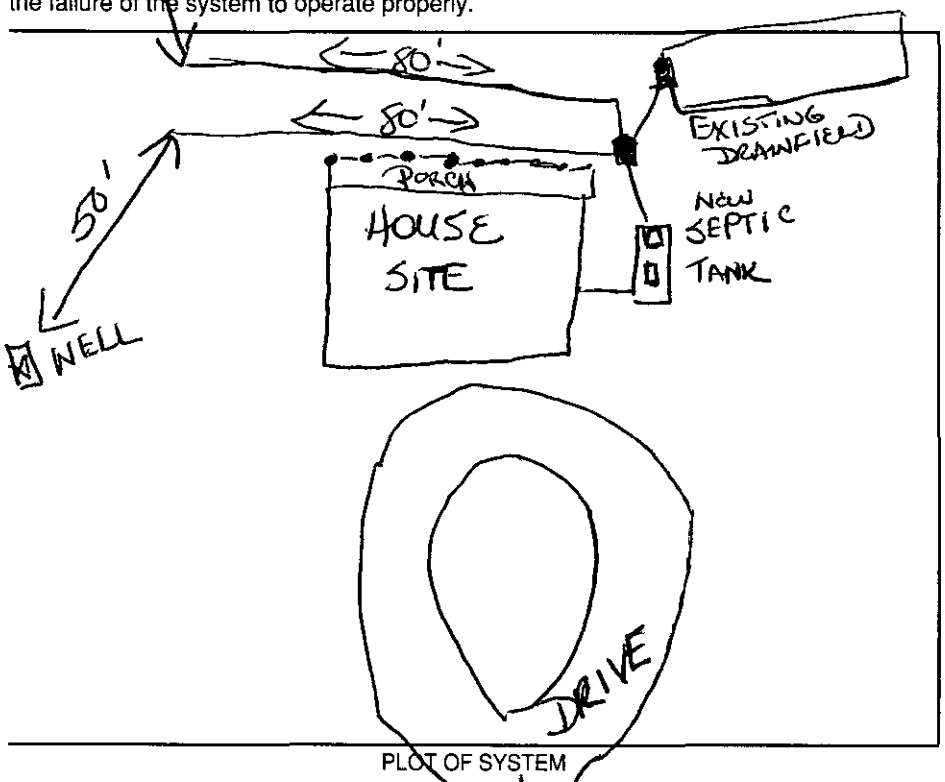
LAKE

FILE: 4183A DATE: 10/3/97

TC: 217-143-12 ☒L

SERIAL Nº 17408

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 11/3/97. All work shall be completed on or before 11/5/97, 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 0 gallons

Tank Construction PVC

Trench Depth 36

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 160 feet

Number of Lines 25% Reduction (2 new OK 1 old drained)

Depth of Stone NA inches

Distance from House 6' feet

Distance from Property Line 10 feet

Distance from Well 50 feet

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

NAME OF OWNER PATRICK Phifer (7) JR.

LOCATION OF PROPERTY 19210 CALAIVA LANE

Comments: ADDING 1500 SEPTIC TANK, ABANDON OLD TANK, ADDING TWO CHAMBERING LINES AND CONNECT D-BOX

Dawn E Heggins, R.S.
Environmental Health Specialist

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

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 5/23/97 LAHAINA PERMIT NO: 4183A
PARCEL NO: 217-143-12A

JOB LOCATION ADDRESS: 19210 ~~Lahaina~~ Drive
PROPERTY OWNER: Patrick J. Phifer, JR.
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: _____ DATE: 5/23/97
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4183A, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: 1) System To be installed After placement of manufactured home to prevent driving over System After installation 2) This Innovative System is Selected by property owner as Choice of innovative Systems Approved for use on limited Lots 3) There shall be no driveways or parking Areas Constructed over any part of System. Existing Tank to be crushed in place & filled. New D-Box will tie and pipe to Existing drainfield. (See Plot Plan)

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

X _____ X 5-28-97
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 4183A

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 217-143-12A

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	___ No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	X Innovative or Experimental: ___ IWWS-93-1 X IWWS-93-2 ___ IWWS-94-1
.3 Long-term acceptance rate	240 Max gallons/day wastewater flow	800 Absorption Area (sq ft)	9 Trench spacing (min. on centers)
___ Serviced by private well	1500 Gallon septic tank	200 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
2 Bedrooms in residence	___ Gallon pump tank	N/A Depth of stone	

Any surface waters present: YES Type: LAKE WYLIE Minimum separation distance: 50' from High Water

Site modifications required: N/A

Additional Conditions: EXISTING Septic Tank to be Crushed in Place and Filled - This INNOVATIVE System is a Chambered System - INSTALL New TANK & New DBOX with Schedule 40 PVC Pipe to each Trench - INSTALL Speed-Levelers - INSTALL 2 Chambered Lines 80' - Tie 3" PVC line to existing D-BOX And Adjust Levelers.

Repair Area System Type N/A Type (circle one): I II III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
___ Absorption Area (Sq ft) ___ Total Trench Length (Ft)	___ Depth of Stone Trench	___ Trench spacing (min. on centers)	___ Maximum Trench Depth

For existing system, enter the year originally installed: 1980 AREA existing on Lot for repair - Pump would be required - SMALL AREA for 1 Line below - New Chamber System

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 Sewage, 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 Improvement permit is transferable.

DEHNR Authorized Agent — Date 5/23/97

Owner/Agent Signature — Date 5-28-97

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

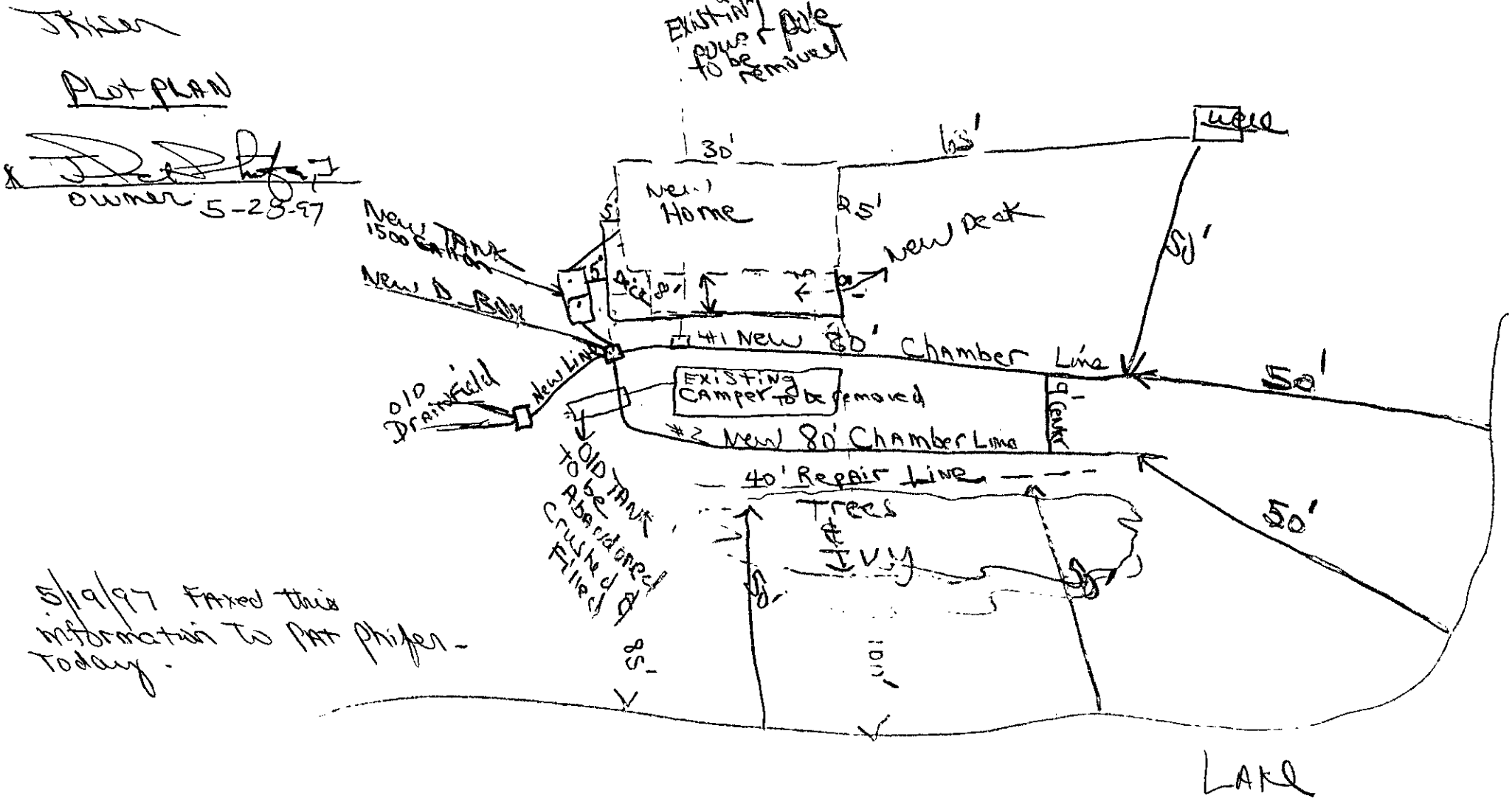
NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

4183A

5/13/97 Lot visit w/Tari — We can get 2 Chambered Lines 80' each on 9' Centers but a new (1500 GAL) Tank will have to be installed upslope from new lines — The old Tank is Presently Abandoned. Install New D Box & 2 Lines, Tie ~~Inlet~~ A 3rd line to old existing D-Box & Utilize this Small System for water.

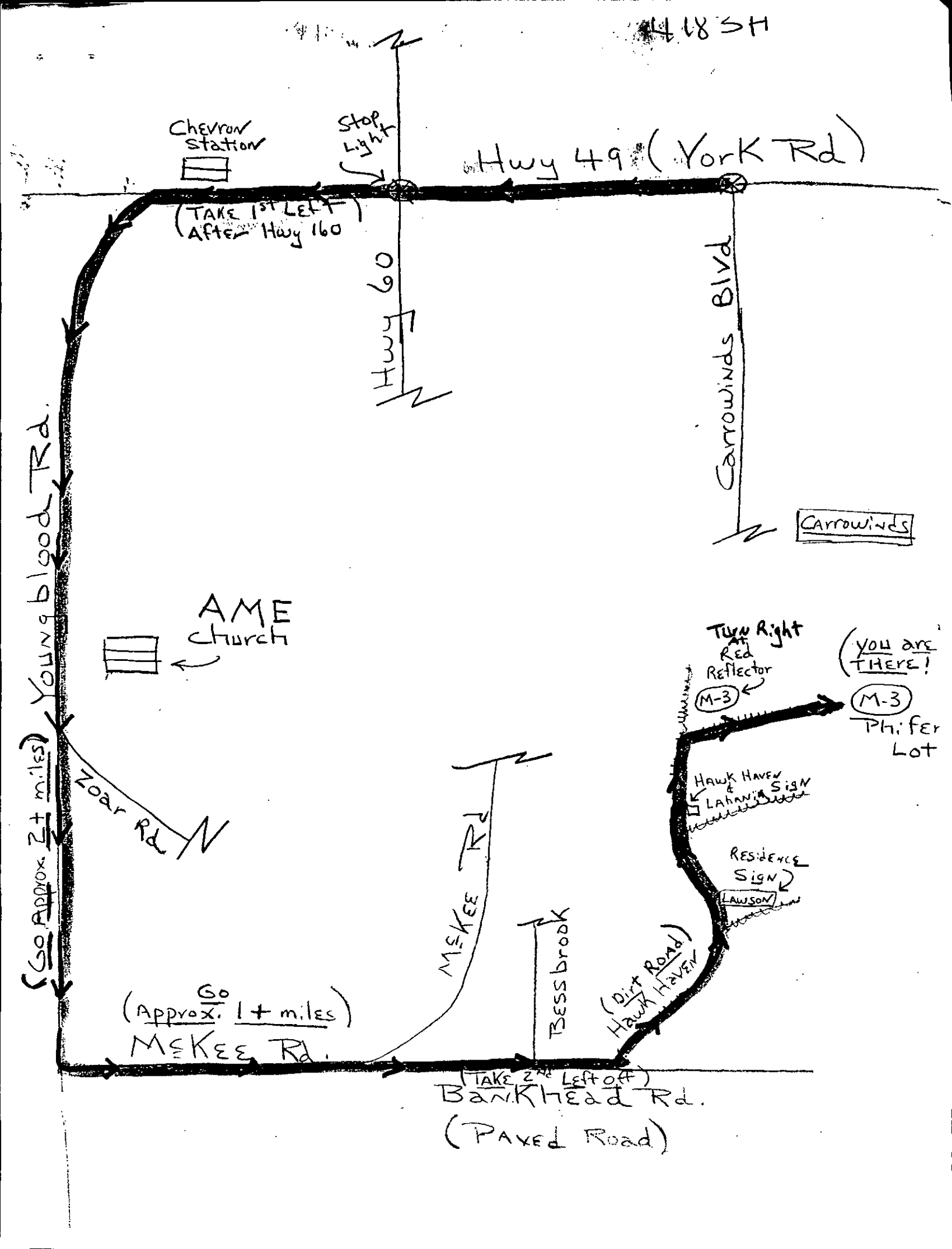
Then

PLOT PLAN



X _____
Owner 5-28-97

5/19/97 Faxed this information to Pat Phifer - Today.


418 SH
Chevron Station
Stop Light
Hwy 49 (York Rd)
(Take 1st Left After Hwy 160)
Hwy 60
Carrowinds Blvd
Carrowinds
Youngblood Rd.
AME Church
Turn Right At Red Reflector
(You are THERE!
M-3
M-3 Phifer Lot
Hawk Haven & Lahania Sign
Residence Sign
Lawson
(Dirt Road) Hawk Haven
(Go Approx. 2+ miles)
Zoar Rd N
McKee Rd
Bessbrook
(Approx. Go 1+ miles)
McKee Rd.
(Take 2nd Left off)
Bankhead Rd.
(Paved Road)

FEE: 50.00 ck#7903 | DATE: 4-30-97

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

150.00 ck 7903 | File 4182-ST | [ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM X EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Use System

FILE #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 217-143-12 A

STREET ADDRESS: 19210 Lake Wylie Drive

SUBDIVISION OR MOBILE HOME PARK NAME: Lake Wylie, Section 44, Lot 59

LOT NUMBER:

TOWNSHIP (CHECK ONE):

- X 0 MECKLENBURG
- ___ 1 CHARLOTTE
- ___ 2 DAVIDSON
- ___ 3 CORNELIUS
- ___ 4 PINEVILLE
- ___ 5 MATTHEWS
- ___ 6 HUNTERSVILLE
- ___ 7 MINT HILL

TYPE OF BUILDING (CHECK ONE): System

- ___ SINGLE MOBILE HOME(S)
- ___ DOUBLE WIDE (D)
- X HOUSE (H)
- X MODULAR HOME (M)
- ___ MULTIPLE FAMILY (U)
- ___ OTHER (O)

HEATED SQUARE FOOTAGE: 1100 SQF

NUMBER OF BEDROOMS: 2 | NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

- ___ WITHOUT BASEMENT ON SLAB
- X CRAWL SPACE
- ___ WITH BASEMENT /PLUMBING
- ___ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES X NO TYPE: _____

WATER SUPPLY (CHECK ONE):

- ___ COMMUNITY (C)
- ___ MUNICIPAL (M)
- X PRIVATE WELL (P)
- ___ SHARED WELL (S)
- ___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	___ YES ✓ NO	WELL, SPRINGS OR WATERLINES	✓ YES ___ NO
EXISTING WASTEWATER SYSTEMS	___ YES ✓ NO	DESIGNATED WETLANDS	___ YES ✓ NO
EASEMENTS OR RIGHT-OF-WAYS	___ YES ✓ NO		

PROPERTY OWNER: Crescent Resources, Inc.	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: (LAST) (FIRST) (MI)	NAME: Phifer, J. Patrick, Jr. (LAST) (FIRST) (MI)
ADDRESS: P. O. Box 1003	DAYTIME PHONE: ( ) —
CITY: Charlotte STATE: NC ZIP: 28201-1003	
DAYTIME PHONE: (704 382- 1708	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? Leased Lot from Crescent

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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.

CRESCENT RESOURCES, INC.

SIGNED: E Helen Williams DATE: 10-2-96

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

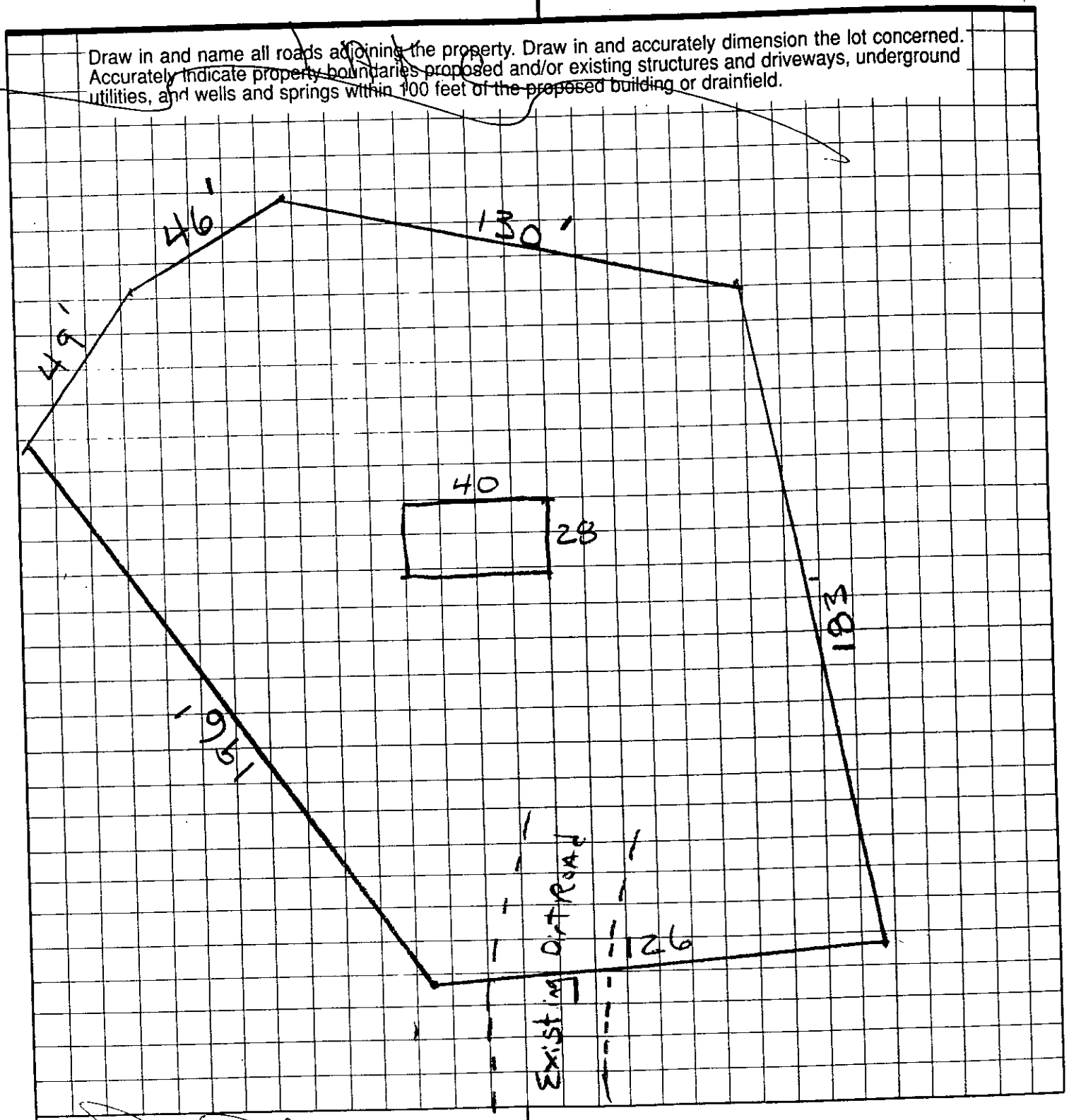
PROPOSED PLOT PLAN

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

FILE: 4183A

TC: 217-143-12

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.



OWNER/AGENT SIGNATURE

DATE 4/30/97

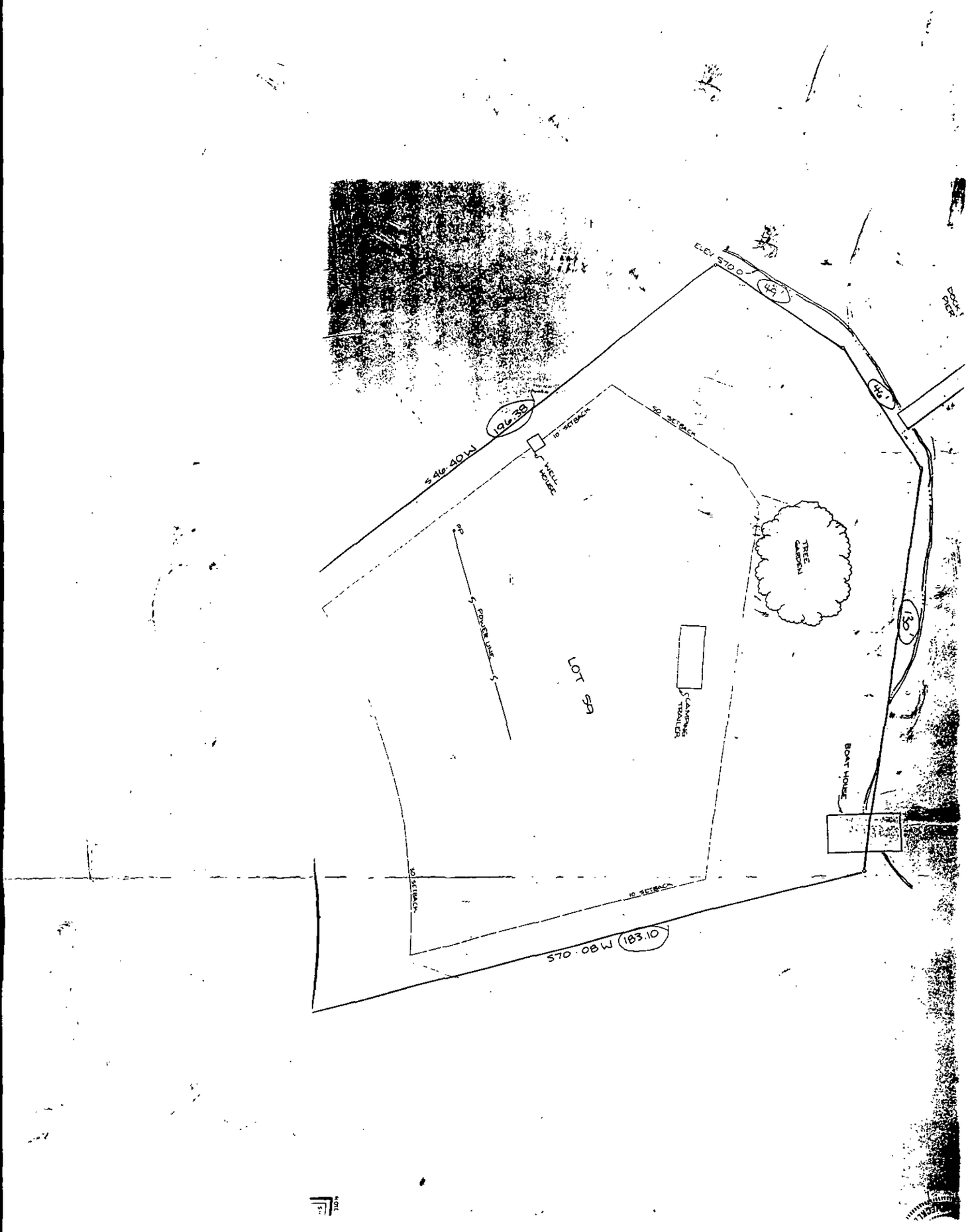
APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

4183A


ELEV 570.0
DOCK/PIER
46
46.1
196.38
S 46° 40' W
10' SETBACK
50' SETBACK
WELL HOUSE
PP
POWER LINE
TREE GARDEN
LOT 59
CAMPING TRAILER
BOAT HOUSE
30' SETBACK
10' SETBACK
S 70° 08' W
183.10

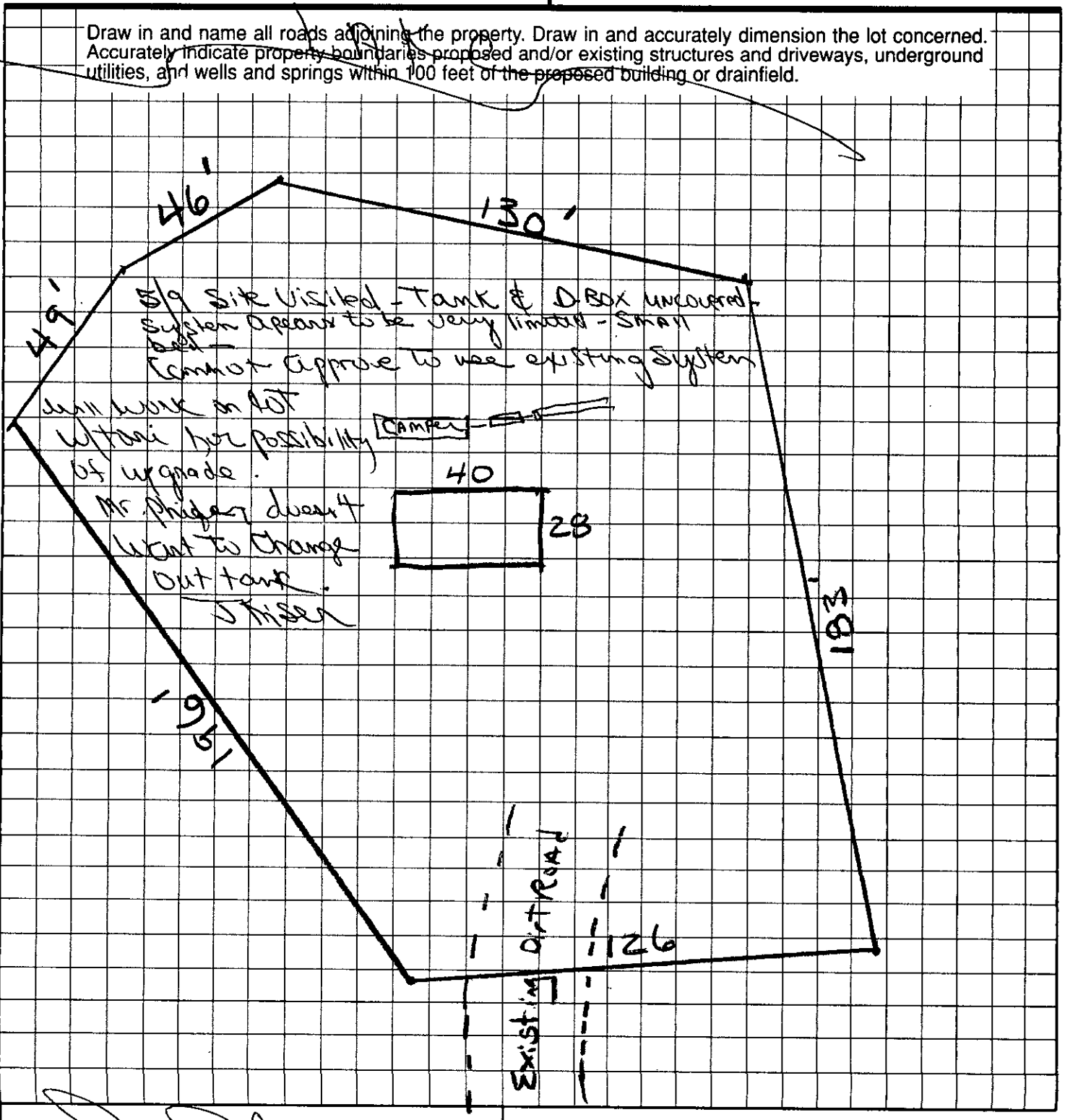
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PHONE (704) 336-5102

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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.



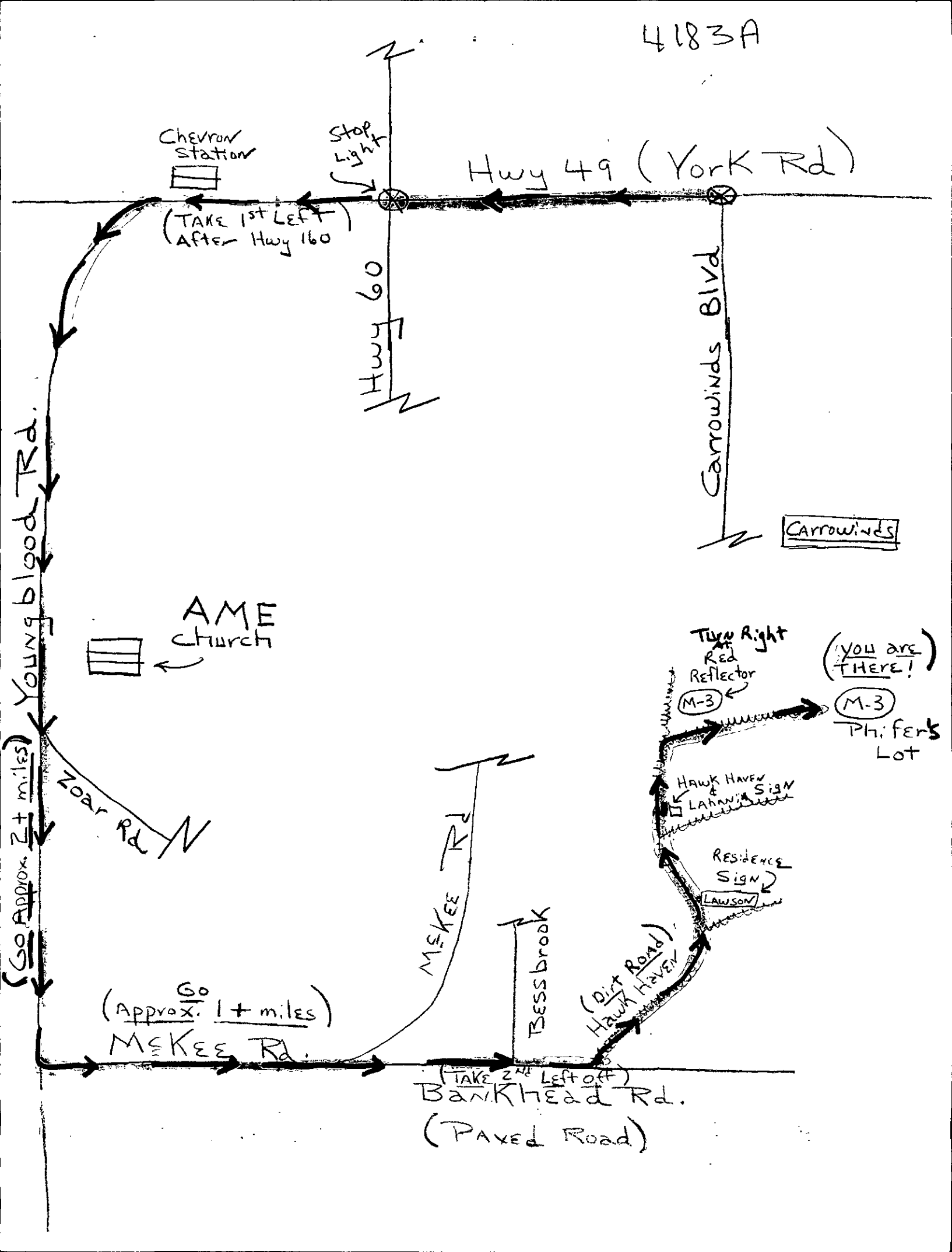
J. Ray Phifer Jr.
OWNER/AGENT SIGNATURE

DATE 4/30/97

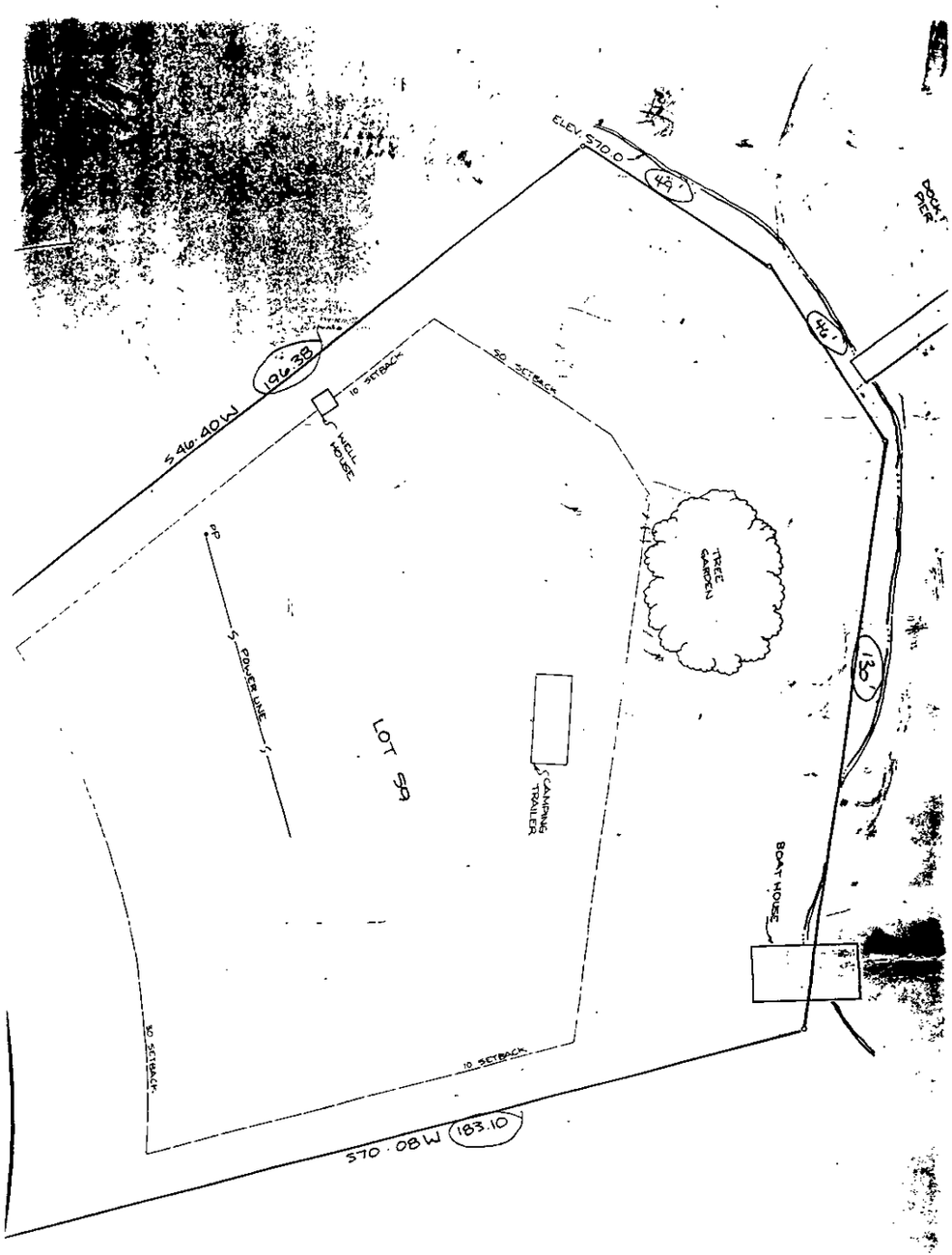
APPROVAL DATE _____

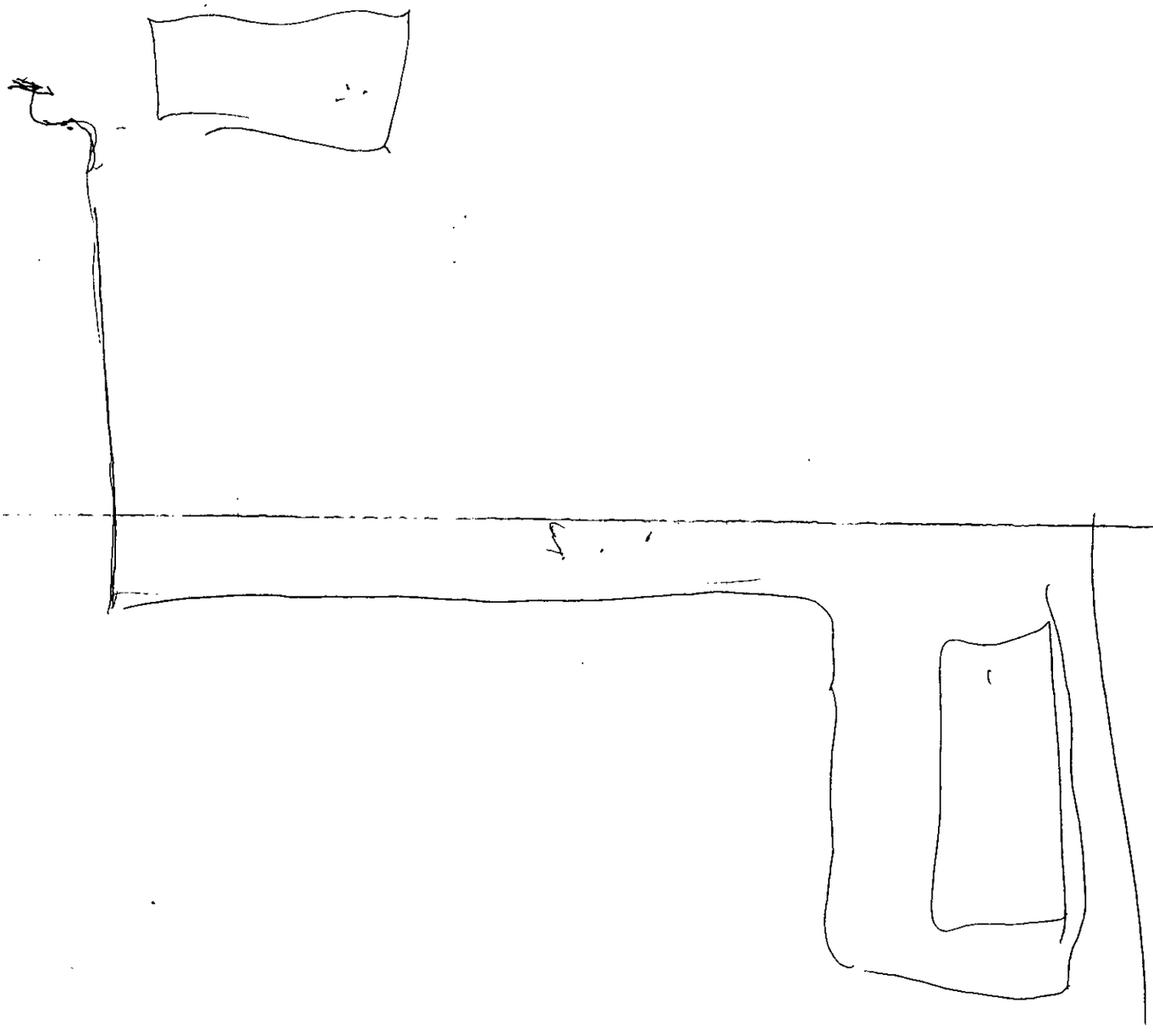
White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

4183A


Chevron Station
Stop Light
Hwy 49 (York Rd)
(TAKE 1st LEFT After Hwy 160
Hwy 60
Carrowinds Blvd
Carrowinds
Youngblood Rd.
AME Church
Turn Right At Red Reflector
(You are THERE!
M-3
M-3
Phifer's Lot
Zoar Rd N
HAWK HAVEN & LAHANNA SIGN
RESIDENCE SIGN
LAWSON
(Go Approx. 2+ miles)
McKee Rd N
Bessbrook
(Dirt Road) HAWK HAVEN
(Approx. 1+ miles)
McKee Rd.
(TAKE 2ND LEFT off)
Bankhead Rd.
(PAVED Road)

4183A


ELEV. 710.0
49'
DOCK PIER
46'
S 46° 40 W
196.38
10' SETBACK
50' SETBACK
WELL HOUSE
TREE GARDEN
PP
POWER LINE
LOT 9A
CAMPING TRAILER
130'
BOAT HOUSE
10' SETBACK
10' SETBACK
S 70° 08 W
183.10



$\frac{25}{25}$

$\frac{25}{25} / \frac{40}{11} / \frac{20}{}$

MECKLENBURG COUNTY

Department of Environmental Health

December 28th, 1987

Robert A. Claridge
7419 Red Oak Lane
Charlotte, NC 28226

RE: Property located at Lahania Lane
FILE: 4183A
PARCEL: 21714312

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 14849) 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.

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 14849

File: 4183A Action 1

Parcel: 21714312 ☐ PC

Location: Lahania Lane

Subdivision:

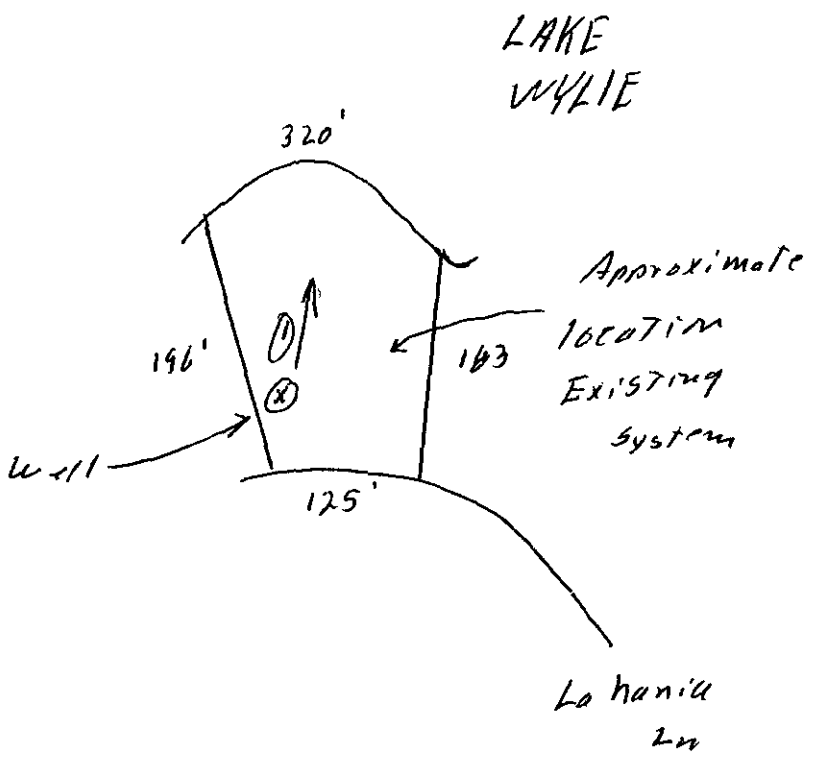
Lot: Block: Acres: .77

Owner: Robert A. Claridge
Address: 7419 Red Oak Lane
Charlotte, NC 28226

Comments: _____

Described by: William A. Marks

Date: 12-20-97



***** 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 6-12%	S PS U	S PS U	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" 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 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	IVA Cecil-Lilly					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

Pd 30.00 ck #614
12/2/87

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

(OFFICE USE ONLY)

FILE: 4183A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Lahania Ln.

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 217 PAGE NO.: 143 PARCEL NO.: 12

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

OWNER

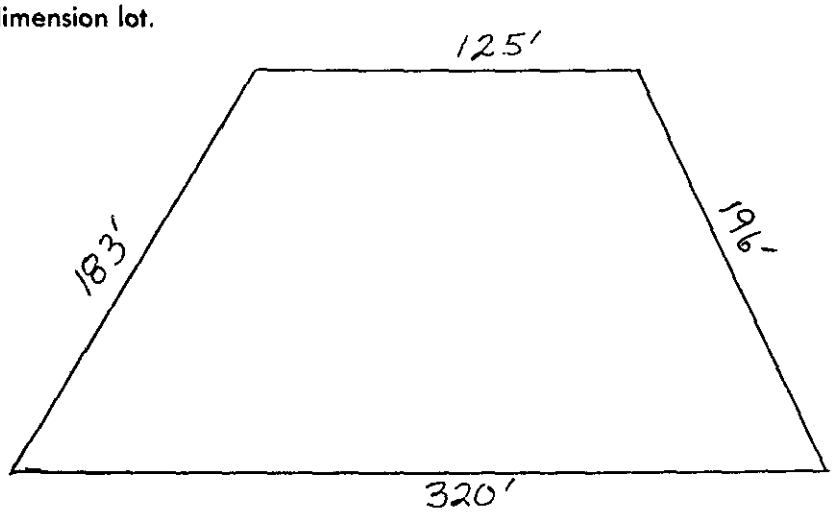
⑦ NAME: Robt. (FIRST) A. (MIDDLE) Claridge (LAST)

⑧ MAILING ADDRESS: 7419 Red Oak Ln.

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28226

⑫ PHONE: (WORK) _____ (HOME) 542-7915

⑬ Accurately diagram and dimension lot.



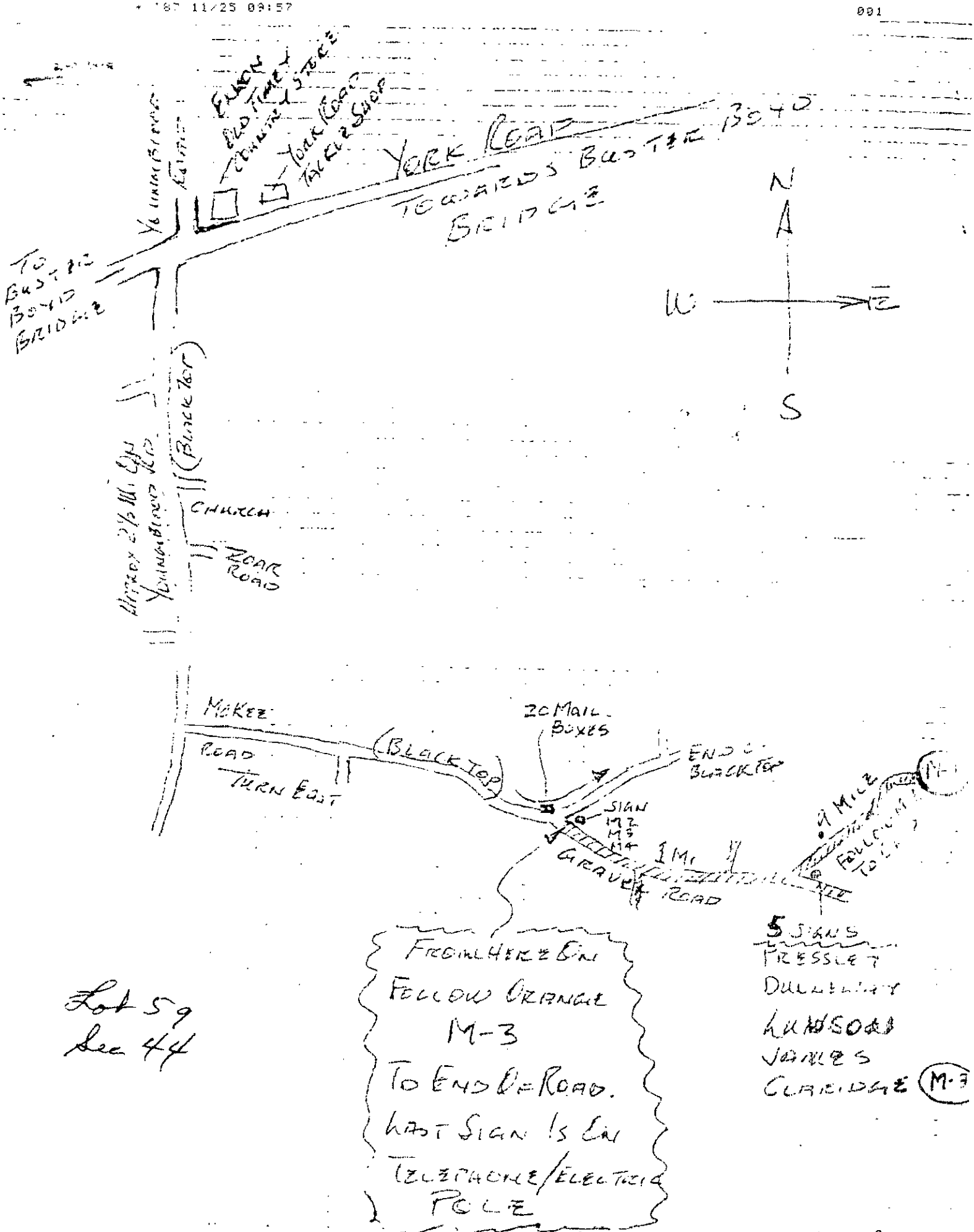
⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Robert A Claridge

Date: Dec. 2, 1987

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

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



FROM HERE ON FOLLOW ORANGE M-3 TO END OF ROAD. LAST SIGN IS ON TELEPHONE/ELECTRIC POLE

Lot 59
Sec 44

$30.00