


10638 MONROE RD

21301230

5/1/08

marliwr

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

Mecklenburg County
Health Department

October 24, 1996

Mr. John E. Lackey
1241 West John Street
Matthews, NC 28105

Re: 1241 West John Street
File: 2588A
Parcel: 213-012-30

Dear Mr. Lackey:

Receipt of the plans and specifications for an alteration to the conventional system of sewage treatment and disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15A NCAC 18A.1900, "Laws and Rules for Sewage Treatment and Disposal Systems." Our comments are listed below (see enclosed soil report):

1- The available area on this site is classified as **UNSUITABLE** according to the following rule:

(a) .1945 Available Space

For this reason, the plans as submitted are disapproved. This Department is not aware of any site modifications or alternative systems that would allow for the issuance of an Improvement Permit for a wastewater treatment and disposal system on this property.

However, please be aware that according to Rule .1948(d) "A site classified as UNSUITABLE may be used for a ground absorption sewage treatment and disposal system specifically identified in Rules .1955,.1956, or 1957 of the Section or a system approved under Rule .1969 if written documentation, including engineering, hydrogeologic, geologic or soil studies, indicates to the local health department that the proposed system can be expected to function satisfactorily. Such sites shall be reclassified as PROVISIONALLY SUITABLE if the local health department determines that the substantiating data indicate that:

(1) a ground absorption system can be installed so that the effluent will be non-pathogenic, non-infectious, non-toxic, and non-hazardous;
(2) the effluent will not contaminate groundwater or surface water; and
(3) the effluent will not be exposed on the ground surface or be discharged to surface waters where it could come in contact with people, animals, or vectors.

The State shall review the substantiating data if requested by the local health department.

You also have the right to an informal review with this Department, you have the right to appeal under G.S. 130A-24 through the State Office of Administrative Hearings (OAH), and to have the appeal held in Mecklenburg County.

You may wish to contact the Charlotte-Mecklenburg Utility Department at 399-2551 to inquire about the possibility of municipal sewer service.

If you have any questions concerning this matter, please contact me at 336-5568.

Sincerely,

Larry B. Thompson, Jr., R.S.
Individual Water and Wastewater Systems

cc: Mr. William Marlin, Soil Scientist
Ms. Phyllis Yandle, MAI, NCDOT

Mecklenburg County
Health Department

APPLICATION FOR INSPECTION OF PUBLIC RECORDS

By completing the following form, the undersigned does hereby make application to inspect the specified public records under the supervision of authorized personnel. This inspection is in accordance with North Carolina General Statute 132-6.

NAME OF PERSON MAKING REQUEST: Bill Morgan

ADDRESS: 6100 Fairview Rd, Ste 103, Charlotte

NAME OF PUBLIC RECORD REQUESTED: 2588-A

ADDRESS: 1241 W. John St

OWNER'S NAME: John Zackey

SIGNATURE OF PERSON MAKING REQUEST: [signature]

SUPERVISORY PERSON: _____

DATE: _____ TIME: _____

C:\WPDOC\PROCEDURE\PUBLIC RECORD FORM REVISED: 1/7/2000

**MECKLENBURG COUNTY ENVIRONMENTAL HEALTH**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 13299

File: 2588A  Action: /

Parcel: 21301230  ☐ PC

Location: 1241 W. John Street

Subdivision:

Lot: Block: Acres: .69

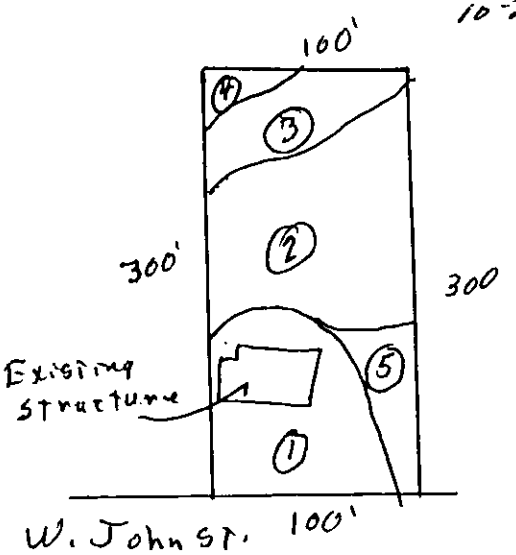
Owner: Jonn Eston Lackey, III
Address: 9762 Old Gate Drive
Matthews, NC 28105

Comments:

Described by: William A. Marlin

Date: 10-30-96

Lot rechecked 10-24-96 original report still valid site is unsuitable with respect to available space for relocation of drainfield.
W.A. Marlin 10-24-96




***** 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 — | S PS U — | (S) PS U 2-10% | S PS U — | S PS U |
| Texture | S (PS) U Clay | S PS (U) 2-1 clay | S PS U — | S (PS) U Clay | S PS U — | S PS U |
| Structure | S (PS) U Blocky | S PS (U) Massive | S PS U — | S (PS) U Blocky | S PS U — | S PS U |
| Drainage | S (PS) U >36" To Water | S PS U — | S PS (U) Drainage Ditch | S (PS) U >36" To water | S PS (U) Depression | S PS U |
| Depth | S (PS) U 36"+ | S PS U — | S PS U — | S PS (U) 24-36" | S PS U — | S PS U |
| Restrictive Horizons | S (PS) U 36"+ | S PS (U) compacted Fill | S PS U — | S PS (U) 24-36" | S PS U — | S PS U |
| Available Space | S PS (U) Restricted Area | S PS U — | S PS U — | S PS (U) Restricted Area | 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 | IUA Cecil-like | Fill | Drainage Ditch | IUA Pacolet Like | Depression | |
| Area Classification | S PS (U) | S PS (U) | S PS (U) | S PS (U) | S PS (U) | S PS U |

# INDUSTRIAL PROCESS SUBSURFACE WASTEWATER SYSTEM DESIGN CRITERIA FOR DOG KENNELS AND/OR VET CLINICS WITHOUT X-RAY FACILITIES*

1. Flow shall be determined as follows:

   **Dog Kennel Only**:

   10 gpd per dog or per run, whichever is greater, plus 25 gpd per employee.

   **Vet Clinic Only:**

   150 gpd/1000 sq. ft. of clinic area plus 25 gpd per employee.

   **Vet Clinic and Dog Kennel:**

   150 gpd/1000 sq. ft. of clinic area plus 25 gpd per employee plus 10 gpd per dog boarded.

2. Screens to catch hair and other solids shall be provided at the floor drains or, if a trench system is used, at the inlet to the collection pipe.

3. Rain water must be prevented from entering the wastewater subsurface system.

4. Two state-approved septic tanks, with access openings extended to finished grade shall be installed in series. The capacity of <u>each</u> tank shall be sufficient to handle the total flow and shall be determined in accordance with 15A NCAC 18A .1952(b).

5. The first septic tank shall receive only process wastewater generated at the dog kennels (no toilet wastewater). The second septic tank shall receive effluent from the first tank, in addition to sewage, if any.

6. The effluent end of the first septic tank shall be fitted with a filter capable of filtering animal hair. The second septic tank shall have an effluent filter or a standard effluent sanitary tee.

7. Graveless nitrification trench systems [.1956(3)(a)] shall not be used.

8. Approved chamber trench systems and polystyrene trench systems [15A NCAC 18A .1969 (3)], may be used. The design (equivalent) trench width and equivalency factor shall not exceed the excavated trench width (no reduction in area from comparable conventional trench system shall be permitted).

9. For low pressure pipe systems [.1957(a)] the long-term acceptance rate shall not exceed the mean rate for the applicable soil group.

10. Operation and Maintenance procedures shall be agreed upon by the owners and made conditions of the operation permit, including:

    a. The provisions of 15A NCAC 18A .1961 shall be met.

    b. Soaps, shampoos, and other cleaning agents shall be biodegradable. Synthetic pesticides and insecticides (e.g. those used in the treatment for ticks) shall not be discharged in the system.

## DESIGN CRITERIA FOR
## DOG KENNELS AND/OR VET CLINICS WITHOUT X-RAY FACILITIES*
## (CONTINUED)

c. A Material Safety Data Sheet of each chemical used at the facility shall be provided to the health department.

d. Disinfectants shall not be used during washdown. Cages and runs may be disinfected manually without rinsing.

e. Hoses shall be fitted with pressure spray devices to control flow and minimize water loss.

f. Solids deposited in the runs shall be raked or otherwise prevented from entering the subsurface system.

g. The hair filter in the first septic tank shall be cleaned weekly.

### *NOTE FOR DOG KENNELS AND/OR VET CLINICS WITH X-RAY FACILITIES:

I. Wastewater System Plans and specifications shall be prepared by a professional engineer and approved by the On-Site Wastewater Section.

II. All criteria for Dog Kennels and/or Vet Clinics without X-Ray facilities shall also be met.

III. Spent fixer and developer solutions shall be handled off-site by a specialized hazardous waste hauler. No virgin or spent fixer and developer solutions shall be discharged into the subsurface system.

IV. Rinse bath wastewater only may be discharged after treatment by a silver recovery unit. Silver recovery unit plans and specifications including treatment capacities, and predicted discharge silver concentration must be provided. Maintenance procedures shall include the replacement or replenishment of the silver recovery unit at 50 percent utilization, and the requirement to maintain a contract for unit service. Operational controls required may include periodic sampling of the effluent and of the groundwater for Total Silver concentration.

# Mecklenburg County
## Health Department

Oct 24, 1996
~~September 20, 1994~~

~~Mr. James Dickinson~~
~~6921 Loretta Place~~
~~Charlotte, NC 28215~~

Mr. John E. Lackey
1241 West John Street
Matthews, N.C. 28105

Re: ~~Norman Colony Road~~ 1241 West John Street
File: ~~16008~~ 2588 A
Parcel: ~~001-134-16~~ 213-012-30

Dear Mr. ~~Dickinson~~ Lackey:

Receipt of the plans and specifications for ~~a~~ conventional system of sewage treatment and disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15A NCAC 18A.1900, "Laws and Rules for Sewage Treatment and Disposal Systems." Our comments are listed below (see enclosed soil report):

alteration to the

1- The available area on this site is classified as **UNSUITABLE** according to the following rules:

~~(a) .1940 Topography and Landscape Position~~
(b) .1945 Available Space

For these reasons, the plans as submitted are disapproved. This Department is not aware of any site modifications or alternative systems that would allow for the issuance of an Improvement Permit for a wastewater treatment and disposal system on this property.

However, please be aware that according to Rule .1948(d) "A site classified as UNSUITABLE may be used for a ground absorption sewage treatment and disposal system specifically identified in Rules .1955,.1956,or.1957 of the Section or a system approved under Rule .1969 if written documentation, including engineering, hydrogeologic, geologic or soil studies, indicates to the local health department that the proposed system can be expected to function satisfactorily. Such sites shall be reclassified as PROVISIONALLY SUITABLE if the local health department determines that the substantiating data indicate that:

(1) a ground absorption system can be installed so that the effluent will be non-pathogenic, non-infectious, not-toxic, and non-hazardous;
(2) the effluent will not contaminate groundwater or surface water; and
(3) the effluent will not be exposed on the ground surface or be discharged to surface waters where it could come in contact with people, animals, or vectors.

The State shall review the substantiating data if requested by the local health department.

You also have the right to an informal review with this Department, you have the right to appeal under G.S. 130A-24 through the Sate Office of Administrative Hearings (OAH), and to have the appeal held in Mecklenburg County.

You may wish to contact the Charlotte-Mecklenburg Utility Department at 399-2551 to inquire about the possibility of municipal sewer service.

If you have any questions concerning this matter, please contact me at 336-55~~69~~ 68

Sincerely,

#42 Larry Thompson

~~Susan M. Bateman, R.S.~~
Individual Water and Wastewater Systems

cc: Mr. William Marlin, Soil Scientist
~~Mr. Randy Lee, property owner~~
Ms. Phyllis Yandle, MAI, NCDOT

FEE: _____

DATE: _____

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

[ ] CRT

TYPE APPLICATION: __ NEW SYSTEM ✓ 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

FILE #: 2588 - A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: 213-012-30

TAX/PARCEL NUMBER: ~~2588-A~~

STREET ADDRESS: 1241 W John St

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

__ 0 MECKLENBURG
__ 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
✓ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

HEATED SQUARE FOOTAGE: 1500

NUMBER OF BEDROOMS:

NUMBER OF OCCUPANTS:

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
__ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

Vet Clinic 2 employees
No boarding facilities
X-Ray Facilities

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

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

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
✓ MUNICIPAL (M)
__ 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
EXISTING WASTEWATER SYSTEMS ✓ YES __ NO
EASTMENTS OR RIGHT-OF-WAYS ✓ YES __ NO
WELL, SPRINGS OR WATERLINES ✓ YES __ NO
DESIGNATED WETLANDS __ YES ✓ NO

| PROPERTY OWNER: | LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE: |
|---|---|
| NAME: Lackey (LAST) John (FIRST) E. (MI) | NAME: (LAST) (FIRST) (MI) |
| ADDRESS: 1241 West John St. | DAYTIME PHONE: ( ) - |
| CITY: Matthews STATE: N.C. ZIP: 28105 | |
| DAYTIME PHONE: 704 847-0224 | |

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? July 1987

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.

SIGNED: John E Lackey DATE: 10/18/96

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

**DESIGN CRITERIA FOR**
**DOG KENNELS AND/OR VET CLINICS WITHOUT X-RAY FACILITIES***
**(CONTINUED)**

c. A Material Safety Data Sheet of each chemical used at the facility shall be provided to the health department.

d. Disinfectants shall not be used during washdown. Cages and runs may be disinfected manually without rinsing.

e. Hoses shall be fitted with pressure spray devices to control flow and minimize water loss.

f. Solids deposited in the runs shall be raked or otherwise prevented from entering the subsurface system.

g. The hair filter in the first septic tank shall be cleaned weekly.

***NOTE FOR DOG KENNELS AND/OR VET CLINICS WITH X-RAY FACILITIES:**

I. Wastewater System Plans and specifications shall be prepared by a professional engineer and approved by the On-Site Wastewater Section.

II. All criteria for Dog Kennels and/or Vet Clinics without X-Ray facilities shall also be met.

III. Spent fixer and developer solutions shall be handled off-site by a specialized hazardous waste hauler. No virgin or spent fixer and developer solutions shall be discharged into the subsurface system.

IV. Rinse bath wastewater only may be discharged after treatment by a silver recovery unit. Silver recovery unit plans and specifications including treatment capacities, and predicted discharge silver concentration must be provided. Maintenance procedures shall include the replacement or replenishment of the silver recovery unit at 50 percent utilization, and the requirement to maintain a contract for unit service. Operational controls required may include periodic sampling of the effluent and of the groundwater for Total Silver concentration.

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

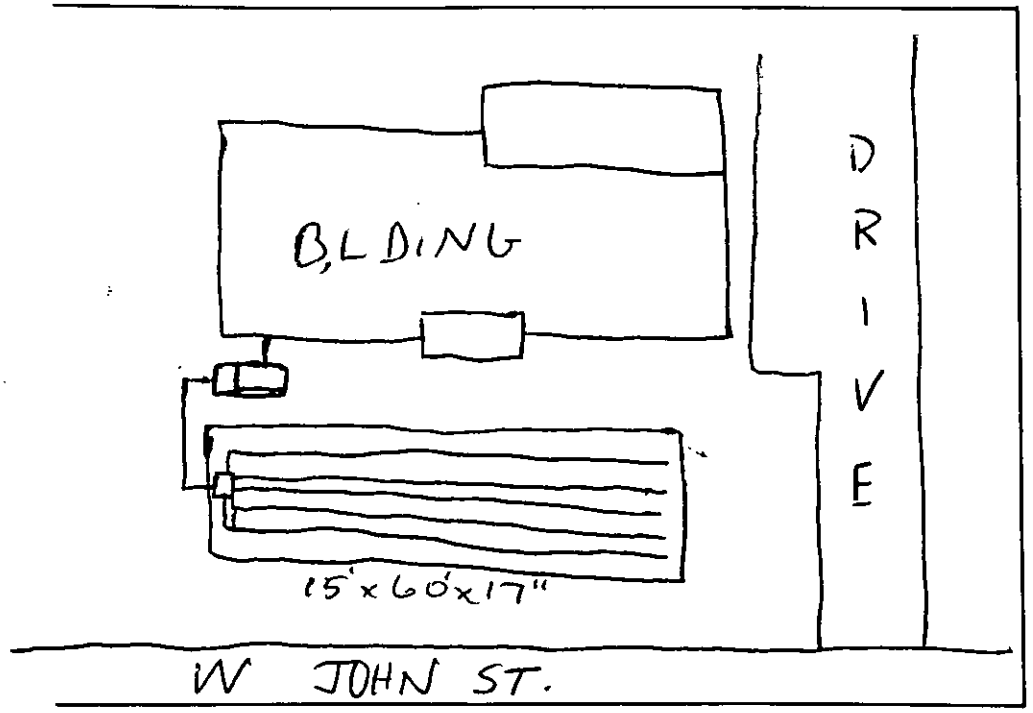
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 2588 -A DATE: 11-7-86

TC: 213-012-30 ☐ L

SERIAL Nº 10440

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 11-6-86. All work shall be completed on or before 12-7-86, 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 Department of Environmental Health 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 15x60 feet

Total Line Length 60' feet

Number of Lines 5

Depth of Stone 17" inches

Distance from House 5'+ feet

Distance from Property Line 10'+ feet

Distance from Well 50'+ feet

NAME OF OWNER LACKEY, JOHN

LOCATION OF PROPERTY 1241 W JOHN ST

Comments: 1 Bed 15x60x17" stone

Division or Section Head

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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

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

C of A (s) No. 2588-4

Date Issued 11-17-86 **Serial** 8996 T. C. No. 13-012-30

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

## CERTIFICATE OF APPROVAL

**(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)**

Name of Owner LACKEY (LAST) JOHN (FIRST) (MIDDLE)

Location of Property 1241 W. JOHN ST

Application Number 2559-A Permit Number 2558-A

**Inspection Data:**

Liquid Capacity of Tank 1500 Tank Material PCC

Total Length of Drain Tile 15'x60'x17" Number of Lines 5

Depth of Filter Material 17" Cover Depth 1'

Water Supply Source city Distance from Water Source city

Excavation Inspected 11-17-86 (DATE) Tank Inspected 11-17-86 (DATE)

Nitrification Field Inspected 11-17-86 (DATE)

Washing Machine Line Inspected, If Applicable _____ (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been _____ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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: 1986, 1500ST, 900SFB, 17G, CECIC

Environmentalist

EHD-5-76

Environmental Health Department's Copy

**MECKLENBURG COUNTY ENVIRONMENTAL HEALTH**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 13299

File: 2588A Action: /

Parcel: 21301230 ☐ PC

Location: 1241 W. John Street

Subdivision:

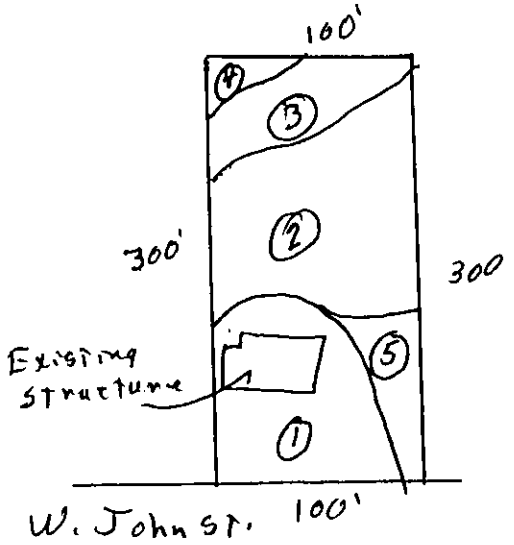
Lot: Block: Acres: .69

Owner: Jonn Eston Lackey, III
Address: 9762 Old Gate Drive
Matthews, NC 28105

Comments: _____

Described by: William A. Marlin

Date: 10-30-06




***** 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 — | S PS U — | (S) PS U 2-10% | S PS U — | S PS U |
| Texture | S (PS) U Clay | S PS (U) 2-1 Clay | S PS U — | S (PS) U Clay | S PS U — | S PS U |
| Structure | S (PS) U Blocky | S PS (U) Massive | S PS U — | S (PS) U Blocky | S PS U — | S PS U |
| Drainage | S (PS) U >36" To Water | S PS U — | S PS (U) Drainage Ditch | S (PS) U >36" To Water | S PS (U) Depression | S PS U |
| Depth | S (PS) U 36"+ | S PS U — | S PS U — | S PS (U) 24-36" | S PS U — | S PS U |
| Restrictive Horizons | S (PS) U 36"+ | S PS (U) compacted fill | S PS U — | S PS (U) 24-36" | S PS U — | S PS U |
| Available Space | S PS (U) Restricted Area | S PS U — | S PS U — | S PS (U) Restricted Area | 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 | 10A Cecil-like | Fill | Drainage Ditch | 10A Pacolet Like | Depression | |
| Area Classification | S PS (U) | S PS (U) | S PS (U) | S PS (U) | S PS (U) | S PS |

# MECKLENBURG COUNTY

Department of Environmental Health

October 30th, 1986

John Eston Lackey, III
9762 Old Gate Drive
Matthews, NC 28105

RE: Property located at 1241 W. John Street
FILE: 2588A
PARCEL: 21301230

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 13299) 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, and 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

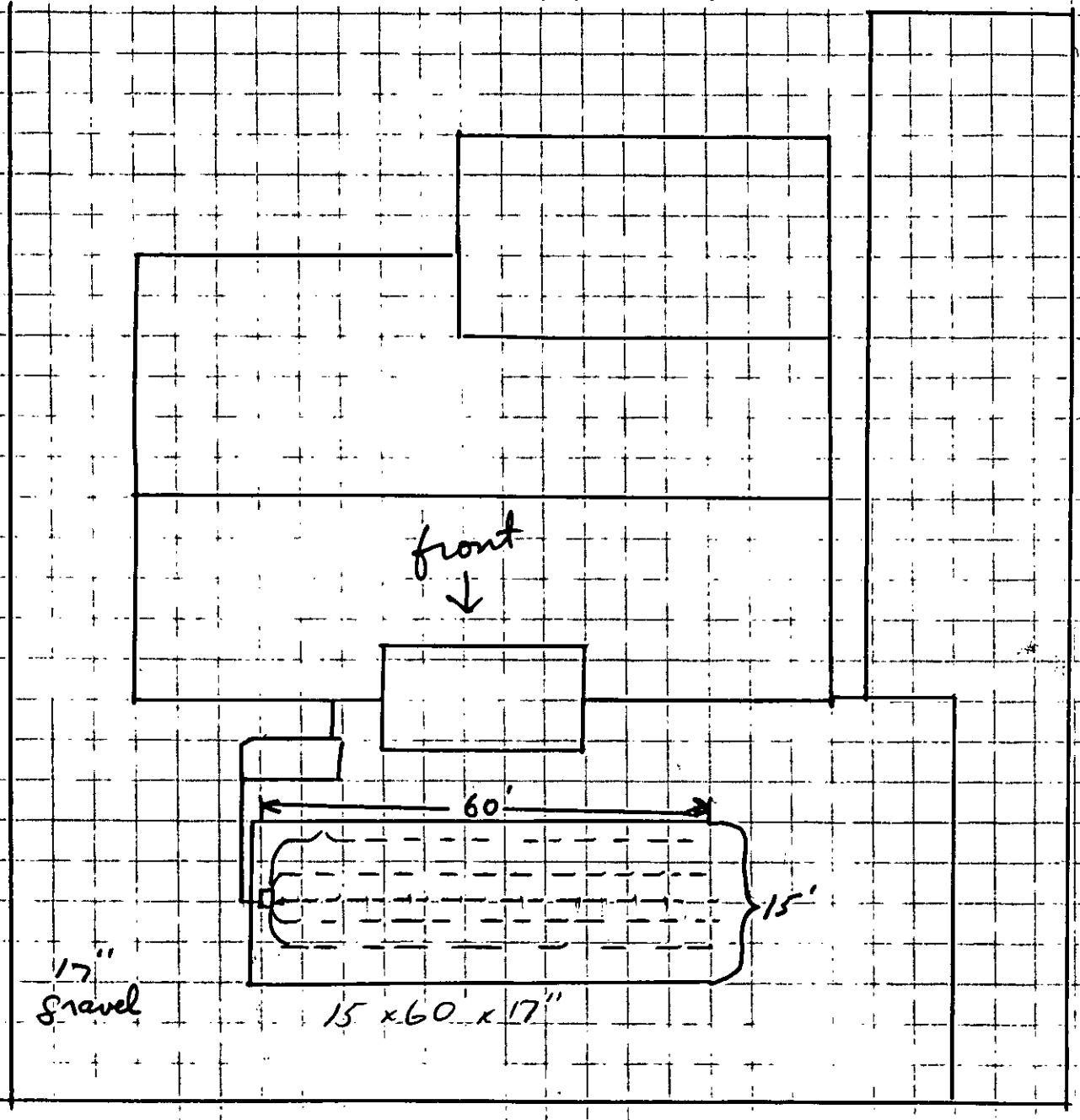
# PROPOSED PLOT PLAN

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

FILE: 2588A

TC: 213-01230

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.




Signed: John E Lackey

Date: 11/6/86

By JRB

# APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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: 2588A
TC: 21301230
SERIAL: № 11860
☐ L ☐ CRT

**JOB LOCATION**

① ADDRESS: 1241 (STREET NO.) W. John St. (STREET) Matthews ② FILE: 2588A

③ JURISDICTION: _____ ④ TAX PARCEL NO.: _____

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

**OWNER**

⑧ NAME: John (FIRST) E. (MIDDLE) Lackey (LAST)

⑨ MAILING ADDRESS: 9762 Old Gate Dr.

⑩ CITY: Matthews ⑪ STATE: NC ⑫ ZIP: 28105

⑬ PHONE: (WORK) 535-2896 ⑭ (HOME) 537-8405

**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? _____ ㉕ Type? Animal Hospital

㉓ Maximum occupancy? _____ ㉖ Maximum number of employees? 5

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

Signed: John E Lackey

Date: 11/6/86

## IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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 Environmental Health or an authorized section head in order to be valid.

# APPLICATION FOR SOIL INVESTIGATION

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: 25881

TC:

☐ PC ☐ REPT

MECK COUNTY DEPARTMENT OF
RECEIVED
OCT 20 1986
ENVIRONMENTAL HEALTH

**JOB LOCATION**

① ADDRESS: 1241 W. John St., Matthews

② SUBDIVISION: ③ LOT: ④ BLOCK:

⑤ PARCEL REFERENCE: BOOK NO.: PAGE NO.: PARCEL NO.: Tax # 213-012-3

⑥ DEED REFERENCE: BOOK NO.: 5266 PAGE NO.: 0365

**OWNER**

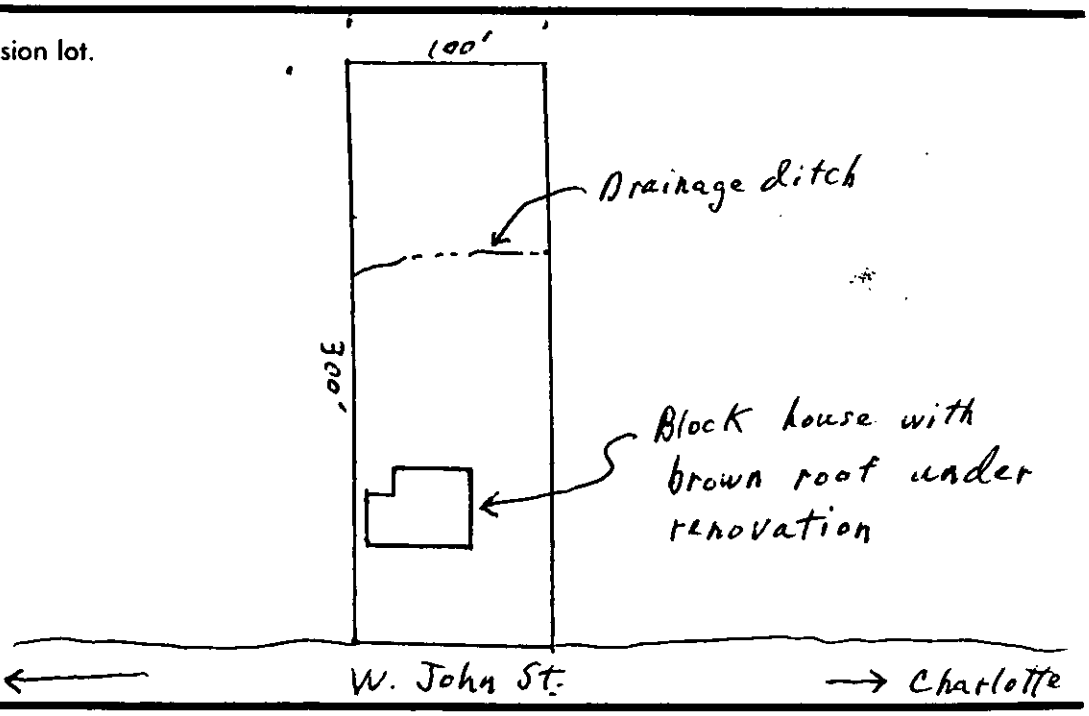
⑦ NAME: John (FIRST) Eston (MIDDLE) Lackey III (LAST)

⑧ MAILING ADDRESS: 9762 old Gate Dr.

⑨ CITY: Matthews ⑩ STATE: N.C ⑪ ZIP: 28105

⑫ PHONE: (WORK) 535-2896 or 537-8405 (HOME) 537-2104

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: John Eston Lackey III

Date: 10/17/86

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

Mecklenburg County
Health Department

# TELECOPIER TRANSMITTAL COVER SHEET

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TO: Phyllis Yandle TELECOPIER # 531-1694

FROM: Larry Thompson DATE 10-25-96

NUMBER OF PAGES TRANSMITTED: 6 (including cover sheet)

COMMENTS: I will mail you copies as well.
Thanks,
LT

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5102.

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