

6228 PHYLISS LN

13527171

5/10/2007

duponbj

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

Service Request/ Work Order

Log No: 21706631 Section: _____ Hazard? ( )Yes ( ) No

Date: 3-21-3 Parcel: 135-271-71

Requesting Person: Howard O'Neal Phone: 545-7274

Address: 6228 ~~Phyllis~~ Phyliss Ln 28227

Property Concerned: Facility Name: _____

Address: Same City: _____ Zip: _____

Service Requested: Field line needs to be repaired - need EH to come out B/4 for inspection. Sewer rising out of field line

Assigned To: Josh **Taken By:** K

Date	Activity Report
	3844A→
04-01-03	OSV w/ Mr. Neal observed system to rear of property failing & in need of Repair. Mr. O'Neal wants to go on sewer but they are maintaining that sewer is unavailable. Observed manhole covers in street in front of property. Mr. O'Neal to recheck w/ CMU and call back w/ results of discussion.

NOTIFICATION OF FINAL DISPOSTION TO REQUESTING PERSON:

_____ / _____ WRITTEN ___ VERBAL ___

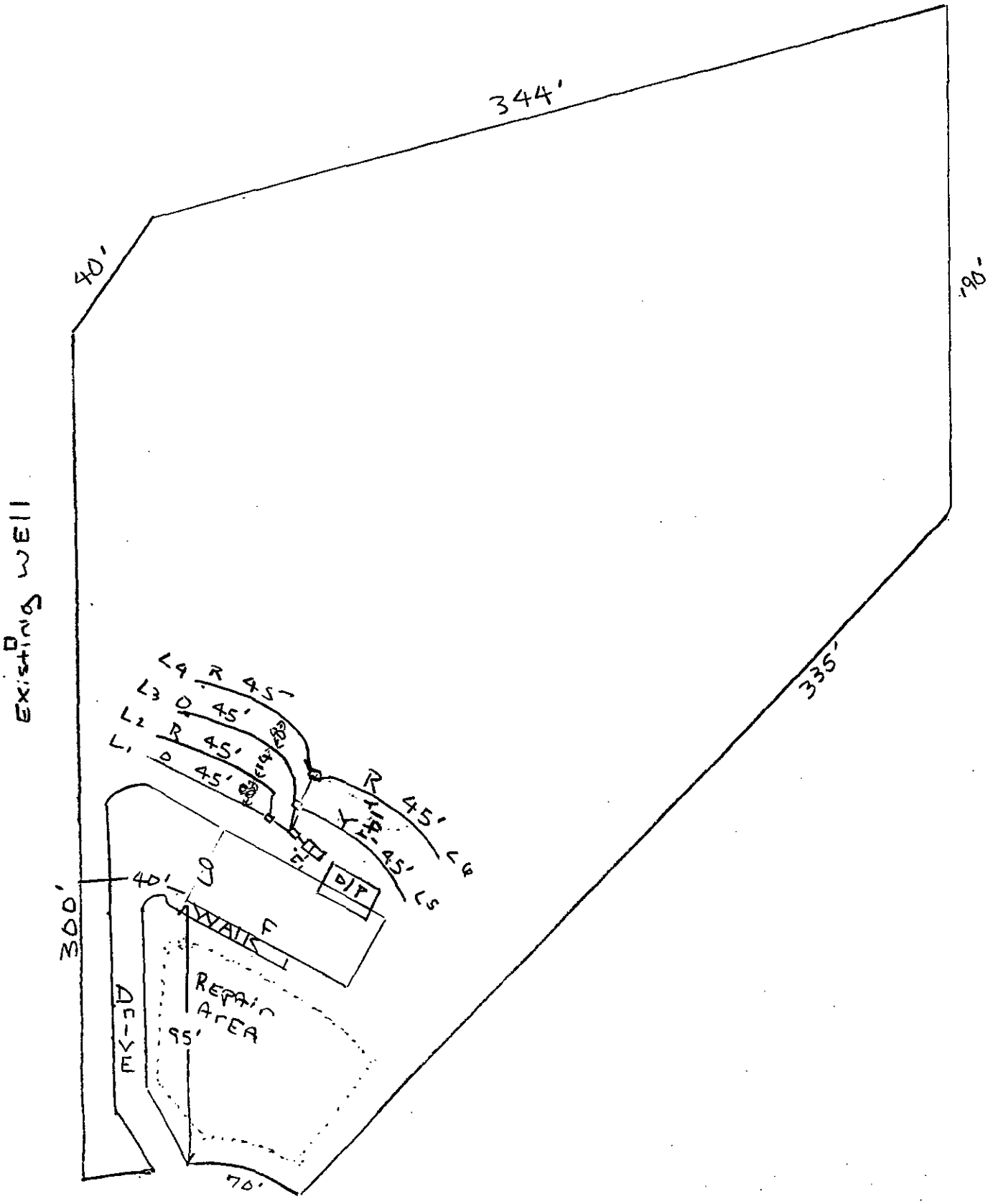
Environmentalists Signature Date

Reviewed By: _____ / _____ Recall date _____

Section Head's Signature Date

(4) BEDroom / PPBPS / Gravity

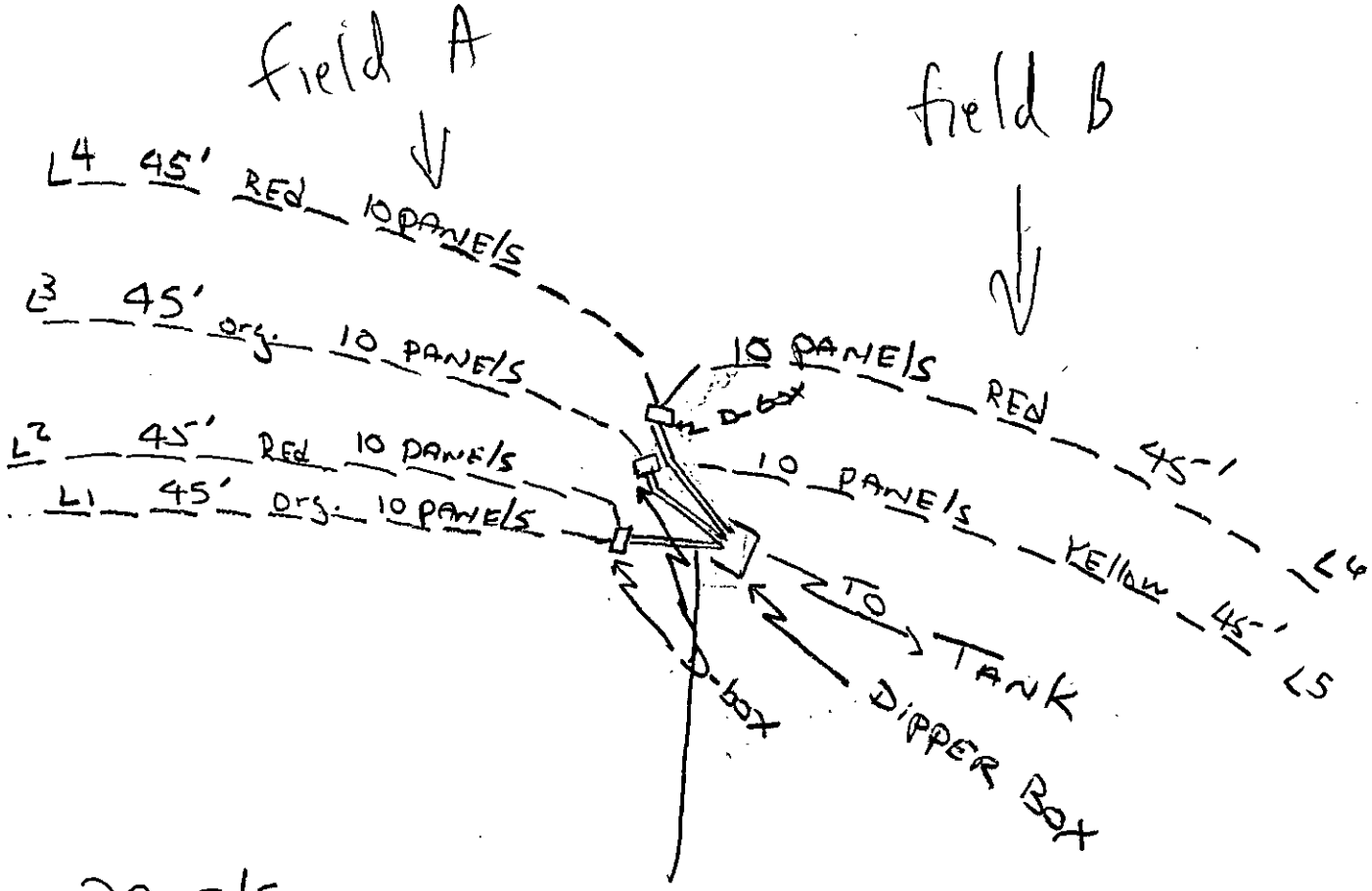
MCHD
File: 3844-A
TC: 135-271-12
Lot 21, EAGLEWOODS



SCALE 1"=50'

MCHD
FILE: 3844-A
TC: 135-271-12
Lot 21, EAGLE WOODS

(4 BEDROOM/PPBPS/GRAVITY



PANELS
10 PER LINE
60 TOTAL

4" sch 40 PVC
w/ speed levelers to adjust flow

> 10' on centers both fields

Tim Wheeler 10/20/93

NOT TO SCALE

CERTIFICATE OF COMPLETION/OPERATION PERMIT

2400

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

FILE: 3844A DATE: 8/9/94

TC: 135-271-12 ☐ L ☒ CRT

SERIAL № 12937

Name of Owner Portrait Homes Juris.:

Address of Property 6228 Phyllis Lane.

Inspection Data:

Tank Material 1500

Total Length of Drainfield 270

Number of Lines 6 @ 45

Cover Depth —

Water Supply Source well - neighbor's well (62')

Distance to Water Source 50'

Excavation Inspected 8/9/94

Tank(s) Inspected 8/9/94

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1500 ST, (4) DBOXES, 270' LFT, 60 PANELS, CECIL-LIKE CTR# Norwood

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: Type III(e)

Paul H Wessell, R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR ~~PERMIT~~ Approval

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

FILE: 3844A DATE: 7/14/94

TC: 135-271-12 ☐ L

SERIAL № 15989

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 6/15/93. All work shall be completed on or before 6/15/98, 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 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 2 feet

Total Line Length 267' feet

Number of Lines 6

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 50' feet

PLOT OF SYSTEM

NAME OF OWNER Portrait Homes

LOCATION OF PROPERTY 6228 Phyllis Lane

Comments: To be installed per Tim Whitaker Plan, Utilize D-Boxes instead of ~~Water~~ Dipper box with spaced breaks.

F. Walker for A. Daniel 7/20/94
Division or Section Head

Jane H. Newell, 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.

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

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 15A NCAC 18A .1956, .1957, OR .1969 OF THIS SECTION.

The undersigned, Portrait Homes Construction Co., owner of property located at 6228 Phyllis Lane, ("the site") and described in an instrument recorded in Book 7341 at Page 273, Mecklenburg Public Registry, hereby acknowledges that he applied to the Mecklenburg County Health Department (the Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested pursuant to 15A NCAC 18A .1948(d) that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned can reasonably be expected to function satisfactorily and thus that the findings specified in 15A NCAC 18A .1958(d)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is his responsibility and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

This 11th day of November, 1993.

PORTRAIT HOMES CONSTRUCTION Co.

BY: _____ (SEAL)

ATTEST: _____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that

_____ personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this _____ day of _____, 199_____.

_____
Notary Public

My Commission Expires _____

STATE OF ~~NORTH CAROLINA~~ Illinois
COUNTY OF ~~MECKLENBURG~~ DuPage

I, John J. Giampoli, a Notary Public for said County and State, do hereby certify that

Bruno A. Pasquinelli personally came before me this day and acknowledged that he is

President of Portrait Homes Const. Co., and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its President, sealed with its corporate seal and attested by Anthony R. Pasquinelli, Secretary.

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

October 14, 1993

Portrait Homes
8001 Raintree Lane Suite 100
Charlotte, NC 28277

Re: 6228 Phyllis Lane
File: 3844A
Parcel: 135-271-12

Dear Sir:

Receipt of the plans and specifications for a modified system of sewage 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 Sanitary Sewage Collection, Treatment and Disposal." Our comments are listed below:

1) The proposed layout is not a desirable design. Lines 1 through 4 are stacked on the hillslope which could cause a strain on the soils permeability and cause a failure from hydraulic overloading.

For these reasons the plans as submitted are disapproved. Possible ways to develop the site include moving the house forward so the system can be spread out over a larger areal space. A reduction in daily design flow could be utilized to enhance the development potential of this lot.

Please be advised that you have the right to an informal review by this Department and the right of appeal under G.S. 130A-24.

If you have any questions regarding these matters, please do not hesitate to contact me at 336-5575.

Sincerely,

Kelly Randall, R.S. Soil Scientist
Individual Water and Wastewater Systems

cc: Tim Whittaker
512 South Street, Gastonia, NC 28052

Mecklenburg County

Health Department

October 2, 1993

Betty S. Snow, R.N., M.A.
Health Director

Portrait Homes
8001 Raintree Lane, Suite 100
Charlotte, NC 28277

Ref: 6228 Phyllis Lane
File: 3844A
Parcel: 135-271-12

Dear Sir:

Receipt of your plans for a waste disposal system for the property referenced above is acknowledged.

The plans as submitted are approved with the following provisions:

- The well should be located 100 feet, but in no case less than 50 feet from the sewage system and repair area.
- Water saving plumbing devices and low flush toilets should be installed when constructing the residence.
- The Designated repair system is a modified type III panel block. The owners acknowledgement of modified/alternative replacement system requirement form must be signed prior to the issuance of the Operation Permit.

Upon execution and recording of the enclosed "Septic Tank Agreement Forms" an improvement permit can be issued by this office.

If you have any questions concerning this matter please contact me at 336-5575.

Sincerely,

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems

KR/lw

Enclosure (3)

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

12,500 — File 3844-A — 6/15/93 — 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

Date: 6/15/93

PERSON FILING APPLICATION:
NAME: Whittaker (last) Tim (first) (mi)
ADDRESS: 512 S. South St. 104 PHONE: (__) 866-9540
CITY: Gastonia, STATE: NC ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 135-271-12
STREET ADDRESS: 6228 Phyllis Ln.
ZONING:

PROPERTY OWNER:
NAME: Portrait Homes (last) (first) (mi)
ADDRESS: 8001 Raintree Ln. SUITE 100 PHONE: (704) 542-6869
CITY: Charlotte STATE: NC ZIPCODE: 28277

SUBDIVISION OR MOBILE HOME PARK NAME: Eagle Woods

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

LOT NUMBER: 21 LOT SIZE (in acres): 2.2 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)

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: 4 NUMBER OCCUPANTS: 8
SYSTEM CLASSIFICATION: Conventional

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 [X] Deck/Patio [] Bedrooms [] Other Int. Bld. Phase

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: Tim Whittaker Date: 6/15/93

NOTICE: for W.C.

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.

... Conventional system with AJPBS utilized for 4 bedroom system. AJ's were not utilized when this 3/4 bedroom residence was initially applied for.

[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

Jon A. Newell, RS. 7/1/93
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

PROPOSED PLOT PLAN

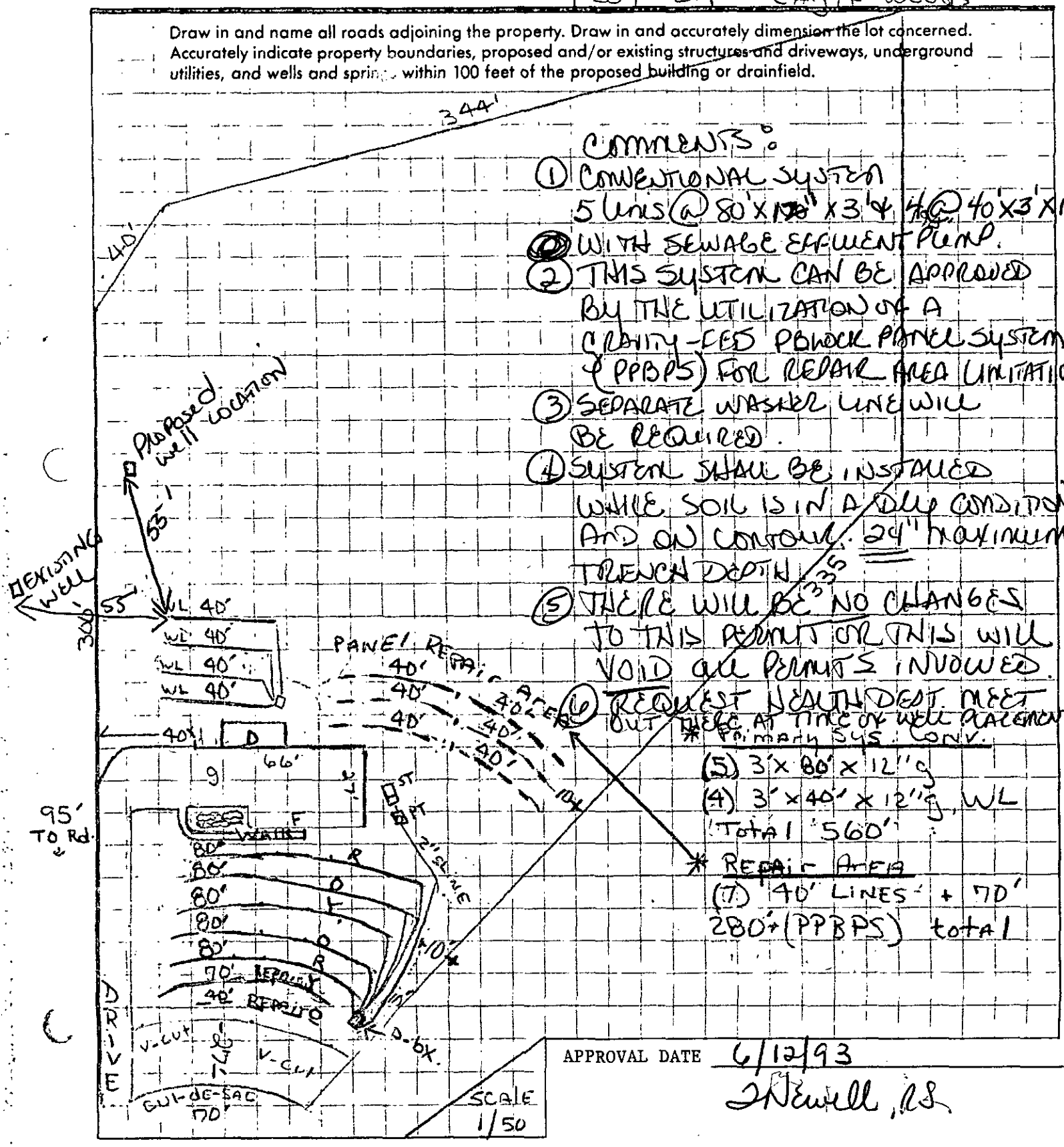
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3844-A

TC: 135-271-12

Lot 21, EAGLE WOODS

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.



COMMENTS:

(1) CONVENTIONAL SYSTEM
5 LINES @ 80' X 12" X 3'4" @ 40' X 3' X 12"
(2) WITH SEWAGE EFFLUENT PUMP.
(2) THIS SYSTEM CAN BE APPROVED BY THE UTILIZATION OF A GRAVITY-FED PUMP PANEL SYSTEM (PPBPS) FOR REPAIR AREA LIMITATIONS
(3) SEPARATE WASHER LINE WILL BE REQUIRED.
(4) SYSTEM SHALL BE INSTALLED WHILE SOIL IS IN A DRY CONDITION AND ON CONTOUR. 24" MAXIMUM TRENCH DEPTH 35
(5) THERE WILL BE NO CHANGES TO THIS PERMIT OR THIS WILL VOID ALL PERMITS INVOLVED.
(6) REQUEST HEALTH DEPT. MEET OUT HERE AT TIME OF WELL PLACEMENT.

* PRIMARY SYS. CONV.
(5) 3' X 80' X 12" @
(4) 3' X 40' X 12" @ WL
TOTAL 560'

* REPAIR AREA
(7) 40' LINES + 70'
280' (PPBPS) total

APPROVAL DATE 6/12/93
J Newell, RS

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.

MAY 27 1988

ENVIRONMENTAL HEALTH
DIVISION

May 25, 1988

Jim,

This is the septic plan drawn up by Larry Norwood in compliance with the measurements you made 5/10/88. As you have our application, please correct #22 under design criteria to 3 bedrooms.

Advise us if there is any further information needed. Otherwise, we assume you will send us the improvement permit.

Thank you,
Patty Elvey
847-3323

MCHD
FILE: 3844-A
TC: 135-271-12
Lot 21, Eagle Woods

L\WORKS\WORDS\DESIGN

DESIGN SPECIFICATIONS
FOR
ON-SITE WASTE DISPOSAL SYSTEM
CONTINUED

SYSTEM TYPE:
- CONVENTIONAL
- CONVENTIONAL (SHALLOW PLACEMENT)
- 8-INCH PPBPS-GRAVITY DISTRIBUTION
- 8-INCH PPBPS-PRESSURE DISTRIBUTION
- ✓16-INCH PPBPS-GRAVITY DISTRIBUTION (4) bedroom
- 16-INCH PPBPS-PRESSURE DISTRIBUTION
- LPPS
- OTHER

SPECIALIZED EQUIPMENT OR REQUIREMENTS:

- DROP BOX
- ✓DISTRIBUTION BOX (3)
- ✓DIPPER BOX (1)
- FLOW DIVIDER
- WASH BOX
- SPECIAL FITTINGS
- PRESSURE MANIFOLD
- SIPHON
- MULTIPLE PUMPS
- OTHER
- WELL ABANDONEMENT
- EASEMENT
- LOT COMBINATION/SURVEY
- EARTHEN SURFACE SWELL
- FRENCH/CURTAIN DRAINS
- GREASE INTERCEPTOR
- PUMP TANK
- SAPROLITE TEST
- ✓ 1500 gal. septic TANK

LINE	#PANELS PER LINE	#HOLES PER PANEL	HOLE SIZE	HOLE SPACING	LINE HEAD	LINE LENGTH	HOLE FLOW	PER MINUTE LINE FLOW
			Primary					
L 1	10	1				45'		
L 2	10	1				45'		
L 3	10	1				45'		
L 4	10	1				45'		
L 5	10	1				45'		
L 6	10	1				45'		
	60 PANELS					270' PPBPS		

Repair

400' PPBPS

APPLICATION FOR AN IMPROVEMENT PERMIT

4/14/88 $25.00 — CK#886 JR

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: 3844A
TC: _____
SERIAL: Nº 15930
☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 6228 (STREET NO.) PHYLLIS LN. (STREET) ② FILE: 3844A
③ JURISDICTION: MINT HILL ④ TAX PARCEL NO.: 135-221-12PO
⑤ SUBDIVISION: EAGLE WOODS ⑥ LOT: 21 ⑦ BLOCK: _____

OWNER

⑧ NAME: Albert (FIRST) MITCHELL (MIDDLE) IVEY (LAST)
⑨ MAILING ADDRESS: 1221 Blossomwood CT
⑩ CITY: MATTHEWS ⑪ STATE: N.C. ⑫ ZIP: 28105
⑬ PHONE: (WORK) 373-3453 ⑭ (HOME) 847-3323

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? 4 3 JAE 5-27-88 as per letter from mr. IVEY
㉓ Maximum occupancy? 4
㉔ Basement? ☑ yes ☐ no
㉕ Type? _____
㉖ Maximum number of employees? _____
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: Albert Mitchell Ivey
Date: 4-14-88

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.

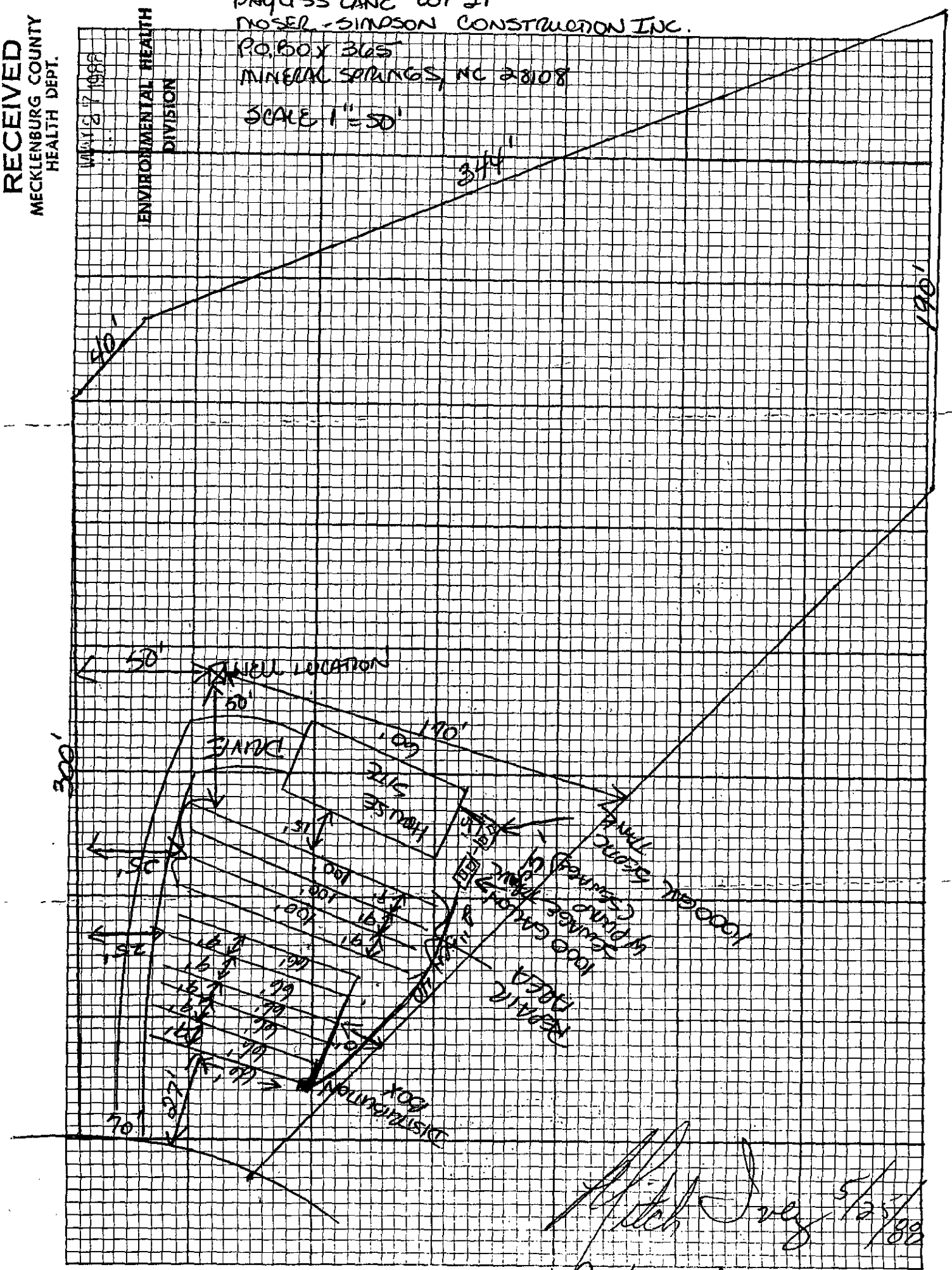
Environmentalist — Date 5-31-88

Director or Authorized Section Head RS — Date 5-31-88

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

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
MAY 27 1988
ENVIRONMENTAL HEALTH
DIVISION

EAGLE WOODS SUBDIVISION FILE # 3846A
PHYLISS LANE LOT 21
MOSER-SIMPSON CONSTRUCTION INC.
P.O. BOX 365
MINERAL SPRINGS, NC 28108
SCALE 1" = 50'



Patty Ivey 5/25/88

APPLICATION FOR AN IMPROVEMENT PERMIT

Pd 10-12-87
50.00

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: 3844A
TC: _____
SERIAL: Nº 14725 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 6228 (STREET NO.) Phyliss Ln (STREET) ② FILE: _____
③ JURISDICTION: Mint ④ TAX PARCEL NO.: 135 271 12 P.O.
⑤ SUBDIVISION: Eaglewood Subdivision ⑥ LOT: 21 ⑦ BLOCK: _____

OWNER

⑧ NAME: Arnold (FIRST) (MIDDLE) Smith (LAST)
⑨ MAILING ADDRESS: 6228 Phyliss Ln.
⑩ CITY: Mint Hill ⑪ STATE: N.C. ⑫ ZIP: 28212
⑬ PHONE: (WORK) _____ ⑭ (HOME) 536-3916

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

Signed: Mrs Geraldine E Smith

Date: Oct 12, 1987

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.

MECKLENBURG COUNTY

Department of Environmental Health

August 31st, 1987

Moser-Simpson Construction, Inc.
P. O. Box 365
Mineral Springs, NC 28108

RE: Property located at Phyliss Lane 21
FILE: 3844A
PARCEL: 13527112 PO

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 14548) 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 14548

File: 3844A Action 1

Parcel: 13527112 PO ☐ PC

Location: Phyliss Lane

Subdivision:

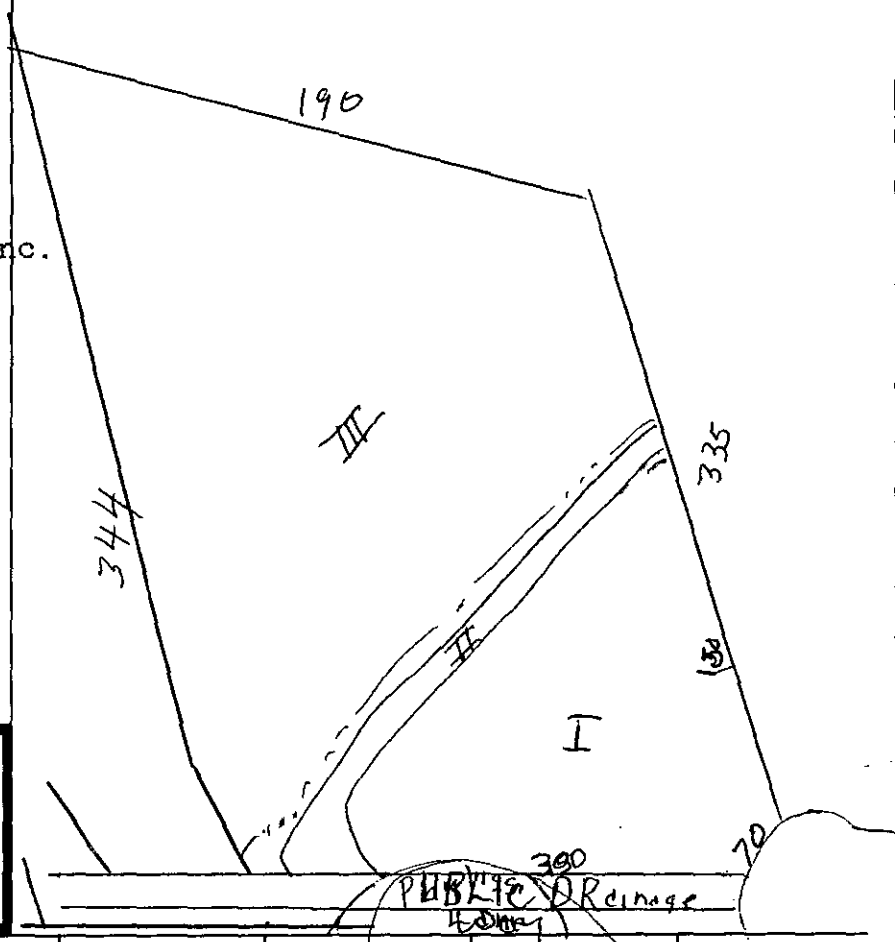
Lot: 21 Block: Acres: 2,2

Owner: Moser-Simpson Construction, Inc.
Address: P. O. Box 365
Mineral Springs, NC 28108

Comments: Usuable Space Limited

Described by: W. B. Ramsey

Date: 8 - 24 - 87



***** 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 - 15	S PS (U) Complex	S (PS) U 0 - 1	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) H2O Tabl, H-16"	S PS U	S PS U	S PS U
Depth	S (PS) U 37 - 44	S PS (U) Various	S PS (U) 30 - 35	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	IIa Cecil	IVa eroded Cecil	IIe Monacan			
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: 3844A

TC:

☐ PC ☐ REPT

MECK COUNTY DEPARTMENT OF
RECEIVED
JUL 23 1987
ENVIRONMENTAL HEALTH

JOB LOCATION

① ADDRESS: PHYLISS LN.

② SUBDIVISION: EAGLE WOODS ③ LOT: 21 ④ BLOCK:

⑤ PARCEL REFERENCE: BOOK NO.: PAGE NO.: PARCEL NO.:

⑥ DEED REFERENCE: BOOK NO.: PAGE NO.:

OWNER

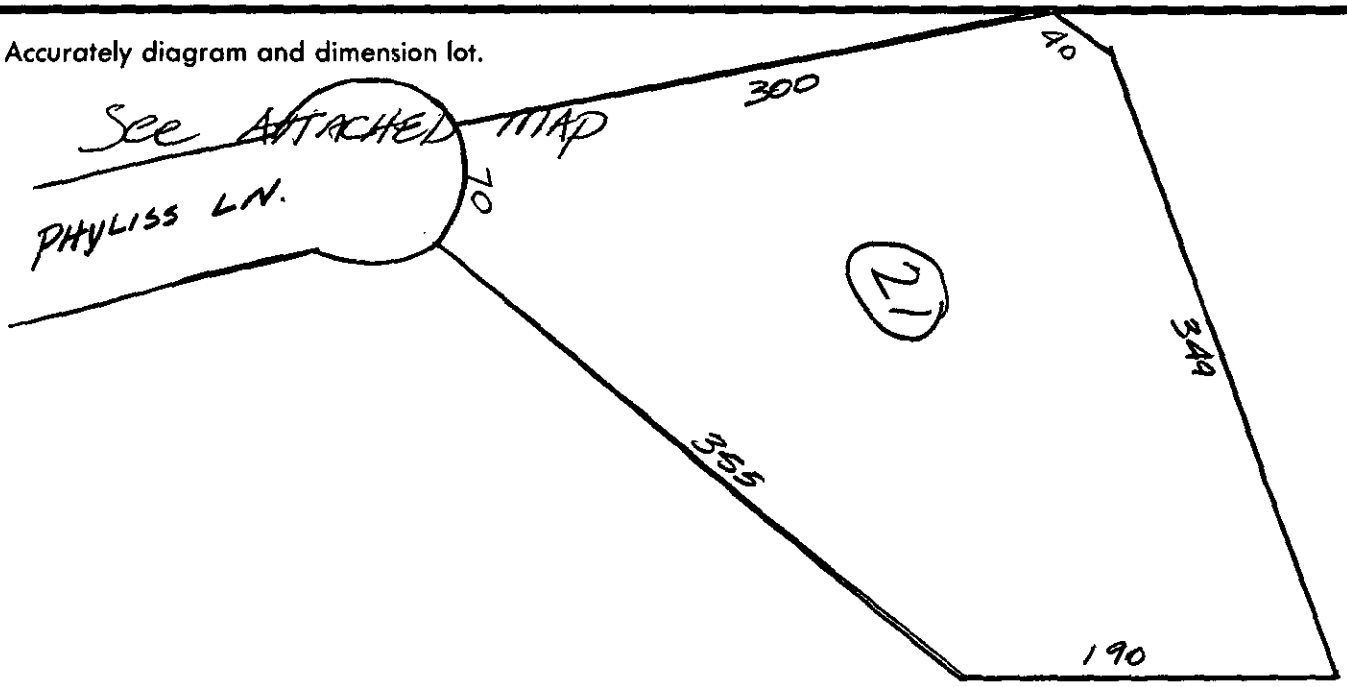
⑦ NAME: MOSER-SIMPSON CONST. INC.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: P.O. BOX 365

⑨ CITY: MINERAL SPRINGS ⑩ STATE: NC ⑪ ZIP: 28108

⑫ PHONE: (WORK) 366-2309 (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.

Signed: J. A. Simpson

Date: 7-21-87

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