

10501 LORELEI PL

13927131

5/20/08

marliwr

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

Mecklenburg County

Health Department

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

November 30, 1993

Frank & Jean Carter
P. O. Box 484
Lovell, Wy. 82431

RE: Property located at Lorelei Place
FILE: 2330
PARCEL: 139-271-31

Dear Mr. & Mrs. Carter:

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 results of this investigation showed the property to be classified **UNSUITABLE** for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 20136) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 15A NCAC 18A .1948 (d) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, 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. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If there are any questions, please contact Bill Marlin at 336-5574.

Sincerely,

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

KR:lw
Enclosure (2)

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20136

File: 2330 (2340) Action 2

Parcel: 139-271-31 ☐ PC

Location: Lorelei Place

Subdivision:

Lot: .52 Block: Acres: .54

Owner: Frank & Jean Carter
Address: PO Box 484
Lowell, Wy. 82431

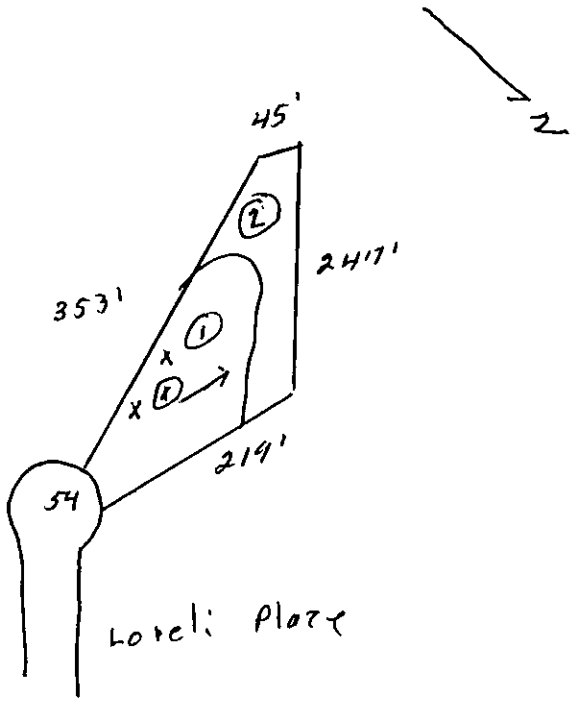
Comments: .3gal/ft 2/day LTAR

Described by: William A. Marks

Date: 11-30-93

(3) x Rock out crops

(x) Shallow Boring 28"



***** 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 6-15%	S PS (U) Drainageway-Depression	S PS U —	S PS U	S PS U	S PS U
Texture	S (PS) U Slightly Expansive clay	S PS U	S PS U —	S PS U	S PS U	S PS U
Structure	S (PS) U Sub Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 10 7+6" water	S PS U	S PS U —	S PS U	S PS U	S PS U
Depth	S (PS) U 40"+	S PS U	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 740"	S PS U	S PS U —	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	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) Rock Out Crops	S PS U	S PS U	S PS U
Soil Group/Series	III Cecil-like	Drainageway Depression	Rock			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20136

File: 2330 (2330) Action 2

Parcel: 137-211-31 ☐ PC

Location: Lorelei Place

Subdivision:

Lot: 152 Block: Acres: .54

Owner: Frank & Jean Carter
Address: PO Box 484
Lowell Wy. 82431

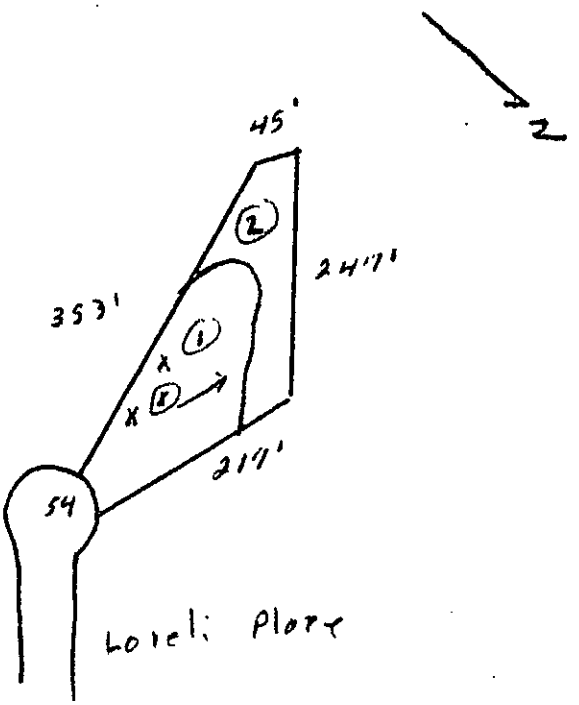
Comments: ~~3 gal/ft²/day LTAR~~

Described by: William A. Mock

Date: 4-20-93

(3) x Rock out crops

(1) Shallow Boring 28"



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Texture	S (PS) U Slightly Expansive clay	S PS U —	S PS U —	S PS U	S PS U	S PS U
Structure	S (PS) U Sub Blocky	S PS U —	S PS U —	S PS U	S PS U	S PS U
Drainage	S (PS) U 7½" to water	S PS U —	S PS U —	S PS U	S PS U	S PS U
Depth	S (PS) U 4½"	S PS U —	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7½"	S PS U —	S PS U —	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	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) Rock Out Crops	S PS U	S PS U	S PS U
Soil Group/Series	III Cecil-Lilly	Drainageway Depression	Rock			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

2330

PD chk 11/18/93 P.A. ✓
500 545 [] 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

COPY

PERSON FILING APPLICATION:
NAME: HARRISON (last) ANN (first) T. (mi)
FRAN HARRIS REALTORS ADDRESS: 7521 MATTHEWS-MINT HILL RD PHONE: (704) 545-9600
CITY: CHARLOTTE STATE: NC ZIPCODE: 28227

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 13927131
STREET ADDRESS: 4631 Lowell Rd Charlotte, NC 28227
ZONING: R3

PROPERTY OWNER:
NAME: CARTER (last) FRANK & JEAN (first) (mi)
ADDRESS: P.O. Box 484 PHONE: (__) _____
CITY: Lowell STATE: Wy ZIPCODE: 82431

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: ~~3752~~ LOT SIZE (in acres): .54

TYPE APPLICATION (check one):
[X] SOIL TEST - INDIVIDUAL LOT (D)
[] 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) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 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)
[] 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: Nov. 12, 1993 Date: Frances E. Carter

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPAR the Request for the Job Location contained in this document. This approval And Rules For Sanitary t And Disposal in effec

the bus ject

(704) 545-9600 Business
(704) 847-1690 Residence

ystem until Repair

[] IMPROV
[] MOBILE
[] ADDITI

ANCE E

FRAN HARRIS REALTORS

ANN HARRISON
Million Dollar Club
Homes • Land • Commercial

7521 Matthews-Mint Hill Rd.
Charlotte, NC 28227

Multiple Listing Service MLS

Environment

Director or

Please send copy to Ann Harrison 7521 Matt-Mint Hill Rd Charlotte 28227

22791

Fee $50 per acre in per acre

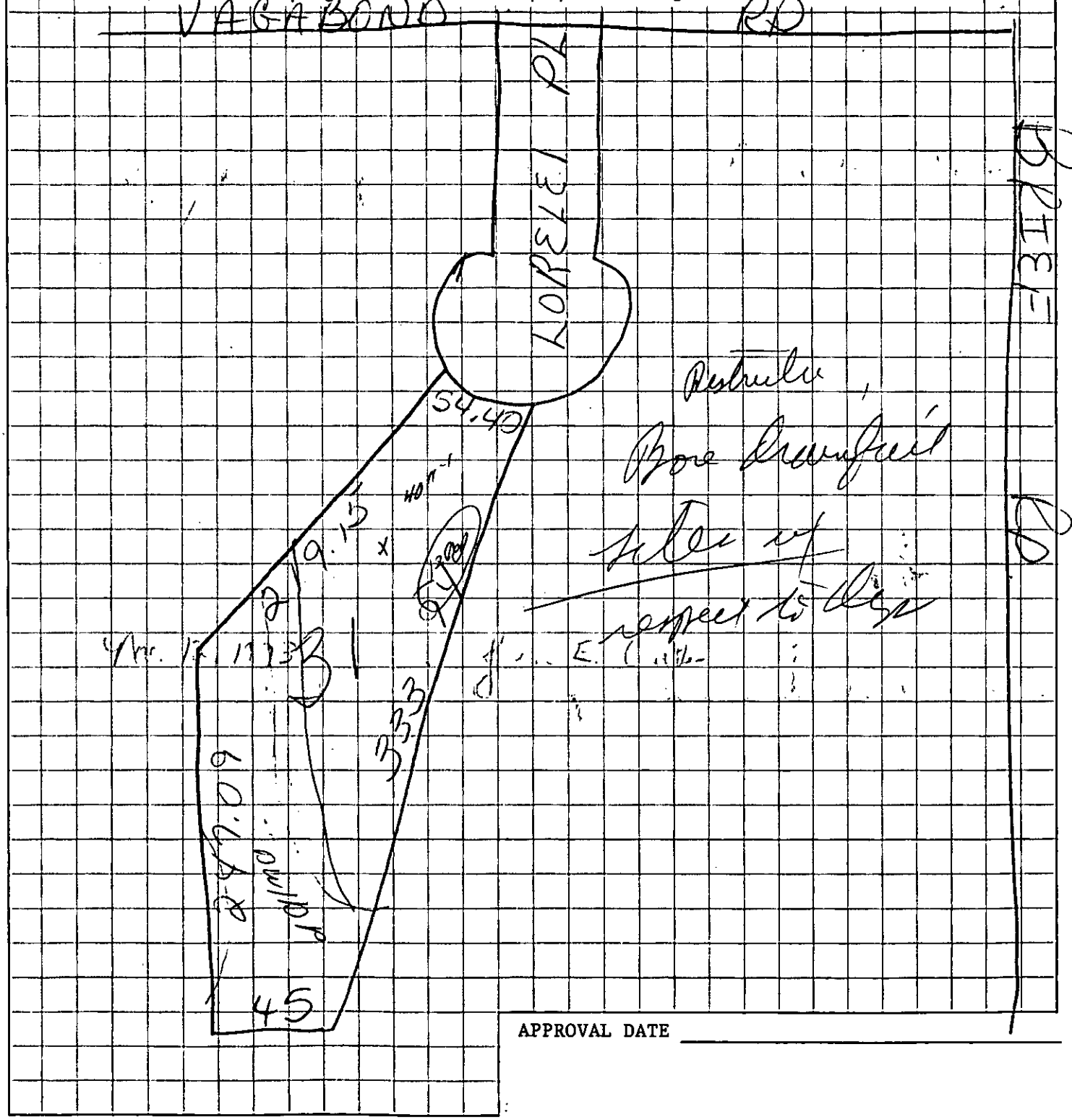
PROPOSED PLOT PLAN

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

FILE: 2330

TC: 139-27-31

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

Please send copy

To Ann Harrison

7521 Matt - Mint Hill Rd

Charlotte 28227

(704) 545-9600 Business
(704) 847-1690 Residence

FRAN HARRIS, REALTORS

ANN HARRISON
Million Dollar Club

Homes • Land • Commercial

REALTOR Multiple Listing Service MLS

7521 Matthews-Mint Hill Rd.
Charlotte, NC 28227

2330

PD chk 500.00 545 11/18/93 DA [ ] 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

Date:

PERSON FILING APPLICATION:
NAME: HARRISON (last) ANN (first) I. (mi)
ADDRESS: FRAN HARRIS REALTY 7521 MATTHEWS-MINT HILL RD PHONE: (704) 545-9600
CITY: CHARLOTTE STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 1392713 1
STREET ADDRESS: ~~4431~~ Lowell Rd Charlotte, NC 28227
ZONING: R3

PROPERTY OWNER:
NAME: CARTER (last) FRANK & JEAN (first) (mi)
ADDRESS: P.O. Box 484 PHONE: (__) ____
CITY: Lowell STATE: Wy ZIPCODE: 82431

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: ~~3752~~ LOT SIZE (in acres): .5

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[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
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[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
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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: Jean E. Carter Date: Nov. 12, 1993

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

Director or Authorized Section Head Date

WATER : 122791

Fee $150 per acre or per site

PROPOSED PLOT PLAN

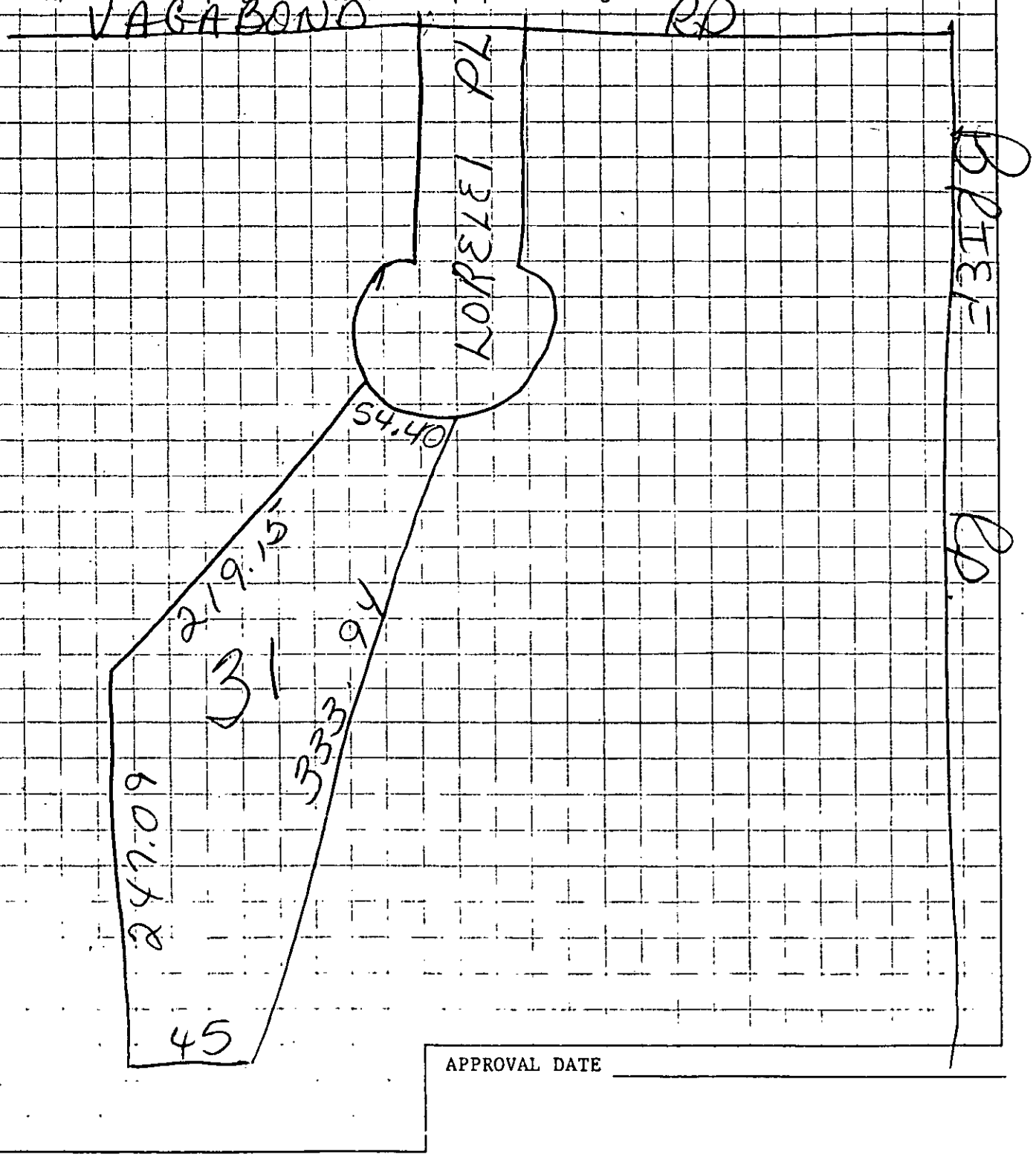
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ENVIRONMENTAL HEALTH DIVISION
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CHARLOTTE, NC 28202
PHONE (704) 336-5102

COPY

FILE: 2330

TC: 139-27-31

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 _____

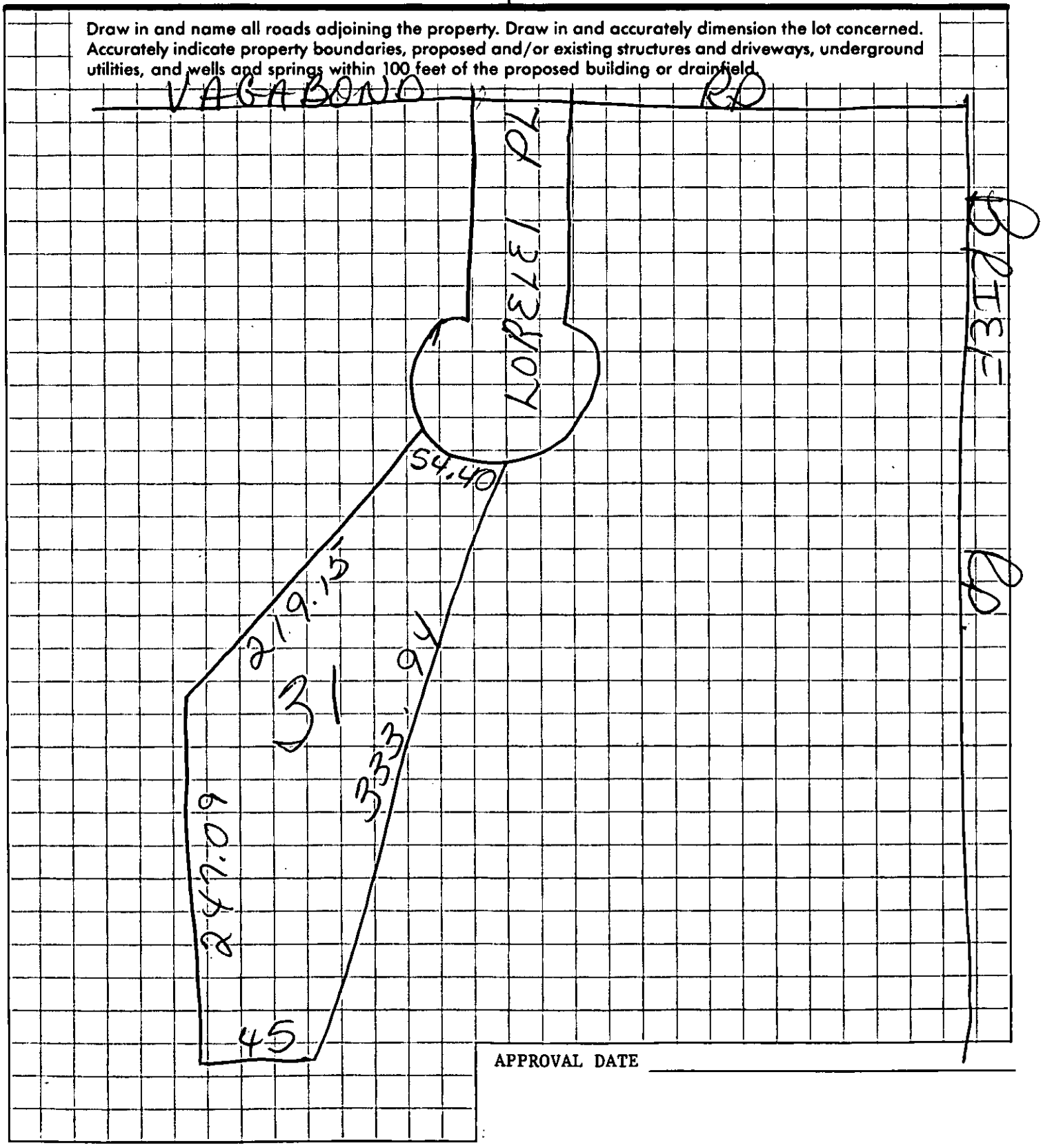
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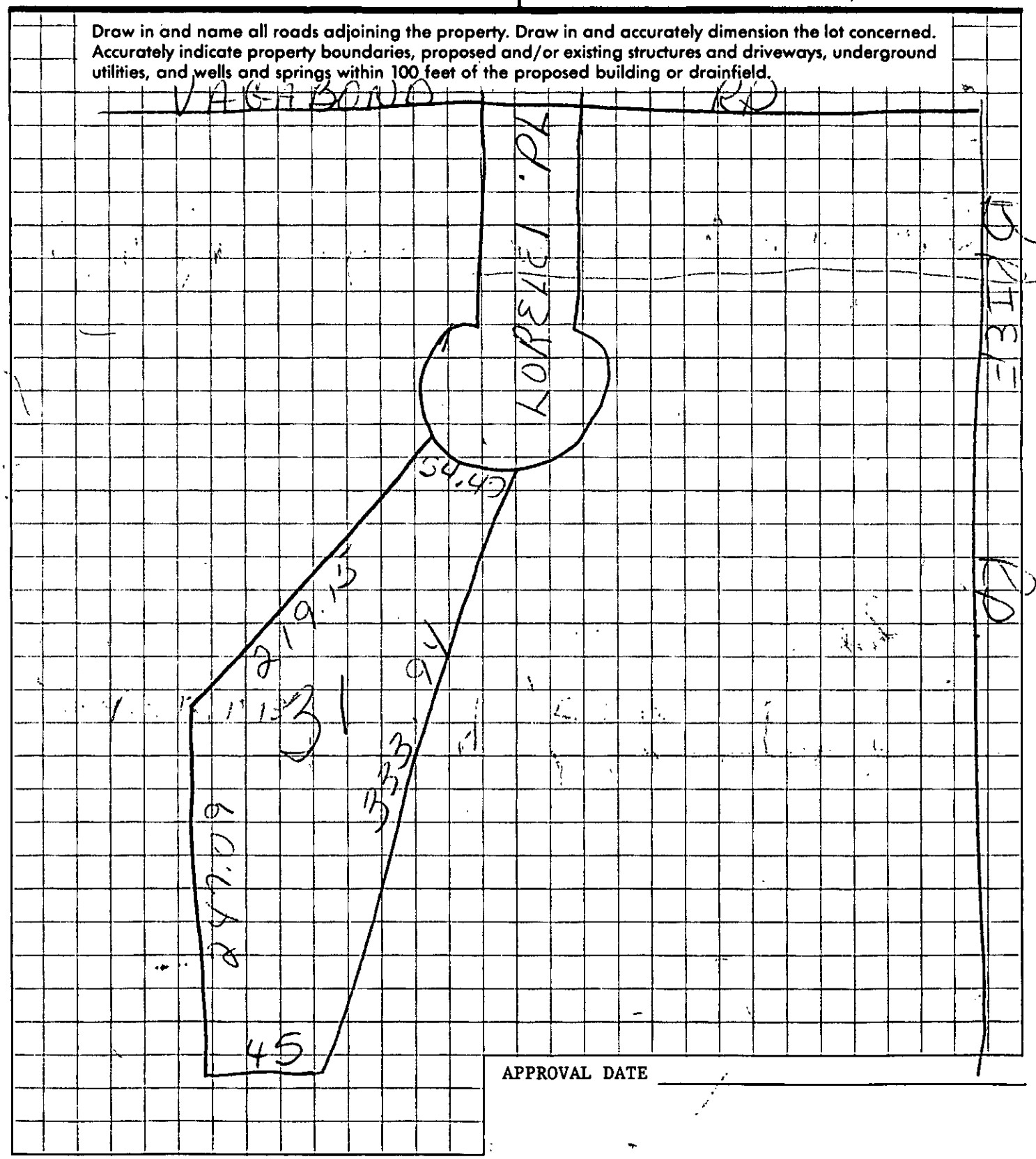
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