

5601 LABORDE AV

03722410

1/3/2008

duponbj

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

Mecklenburg County
Health Department

March 6, 1995

Ms. Dorothea Troutman
4415 Oak Drive, lot #11
Charlotte, NC 28269

Re: 5601 Laborde Avenue
File: 3466B
Parcel: 037-224-10

Dear Ms. Troutman:

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):

1- The available area on this site is classified as **UNSUITABLE** according to the following rules:
   (a) .1941 Soil Characteristics
   (b) .1943 Soil Depth

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 or 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.

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

You also have the right to an informal review with this Department, you have the right to appeal under G.S. 130-A 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 336-5569.

Sincerely,

Susan Bateman

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

cc: Mr. William Marlin, Soil Scientist

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

2-22-95

3466B

Cash $150.00

☐ 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: Trout Jr (last) Dorothea (first) M (mi)

ADDRESS: 4415 OAK Orchard Ln PHONE: (__) 597-8700

CITY: Charlotte STATE: NC ZIPCODE: 28269

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 037-224-10

STREET ADDRESS: Inborde Ave. #5601

ZONING:

PROPERTY OWNER: SAME

NAME: (last) (first) (mi)

ADDRESS: PHONE: (__)

CITY: STATE: ZIPCODE:

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: 13, 14/B23 LOT SIZE (in acres):

TYPE APPLICATION (check one):

☐ 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) move MH on Lot
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 6 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one): NUMBER BEDROOMS: 3 NUMBER OCCUPANTS:
☒ SINGLE MOBILE HOME (S) ☐ HOUSE (H)
☐ DOUBLE WIDE (D) ☐ MODULAR HO

1941
Expansive clay
mineralogy
1943 soil lesser
18-30"

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Em
Industrial Wastes (Y/N) __
Underground Storage Tanks On Property (Y/

FUTURE ADDITIONS - ALL PLANNED ADDITIONS
☐ Swimming Pool ☐ Jacuzzi
☐ Garage ☐ Storage Bui

The undersigned, owner, or legal agent
foregoing application, acknowledges that t
DEPARTMENT to enter onto the property for

Signed: Dorothea Trout

NOTICE:

The undersigned, an authorized agent of th
the Request for the Job Location contained
And Rules For Sanitary Sewage Collection,
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.

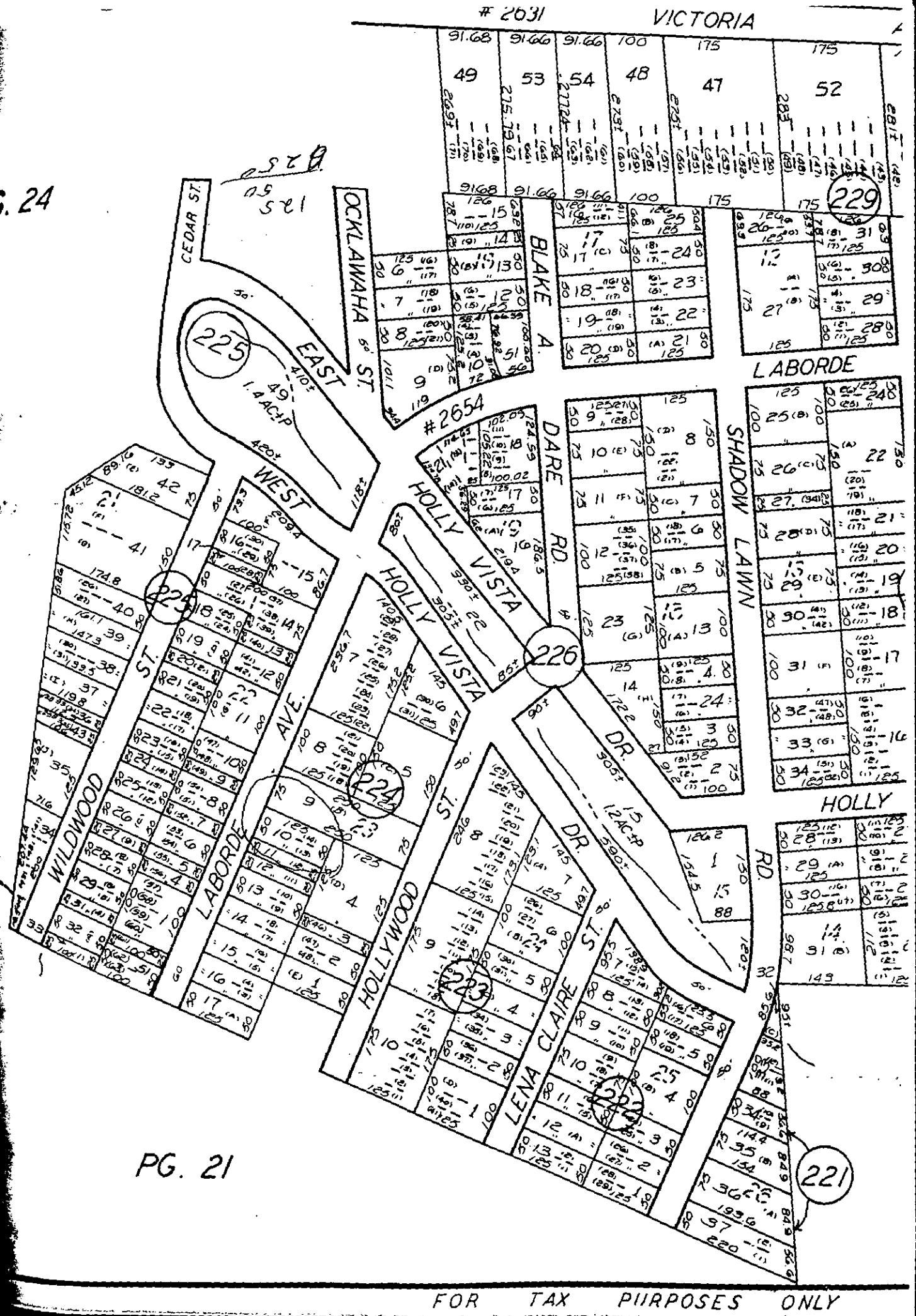
...

☐ 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


#2631
VICTORIA
PG. 24
CEDAR ST.
OCKLAWAHA ST.
BLAKE A
EAST
WEST
#2654
DARE RD.
HOLLY VISTA
SHADOW LAWN
LABORDE
HOLLY
WILDWOOD
ST.
AVE.
HOLLYWOOD
LENA CLAIRE
DR.
225
226
227
228
229
221
1.4 AC±P
1.2 AC±P
PG. 21
FOR TAX PURPOSES ONLY

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028472

File: 3466B Action 3

Parcel: 037-224-10 ☐ PC

Location: Laborde Ave

Subdivision:

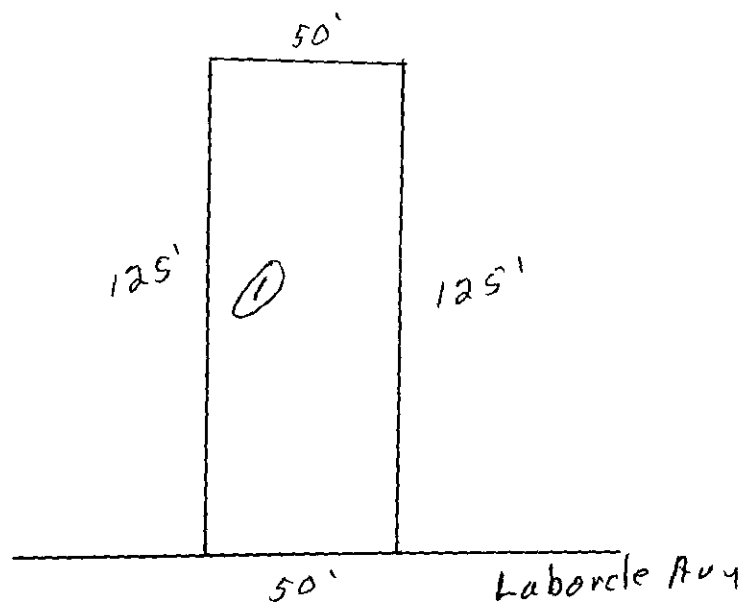
Lot: 13,14 Block: 23 Acres: .14

Owner: Dorothea M. Turtman
Address: 4415 Oak Dr. Apt 11
Charlotte, N.C. 28269

Comments: _____

Described by: William R. Marlin

Date: 3-2-95



NV

***** 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 2-6 %	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS (U) Expansive 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 >30" to soil wetness	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 18-30"	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	S PS U	S PS U	S PS U
Soil Group/Series	Enon-Like					
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 028472

File: 3466B (4600) Action 3

Parcel: 037-224-10 ☐ PC

Location: Jaborde Ave

Subdivision:

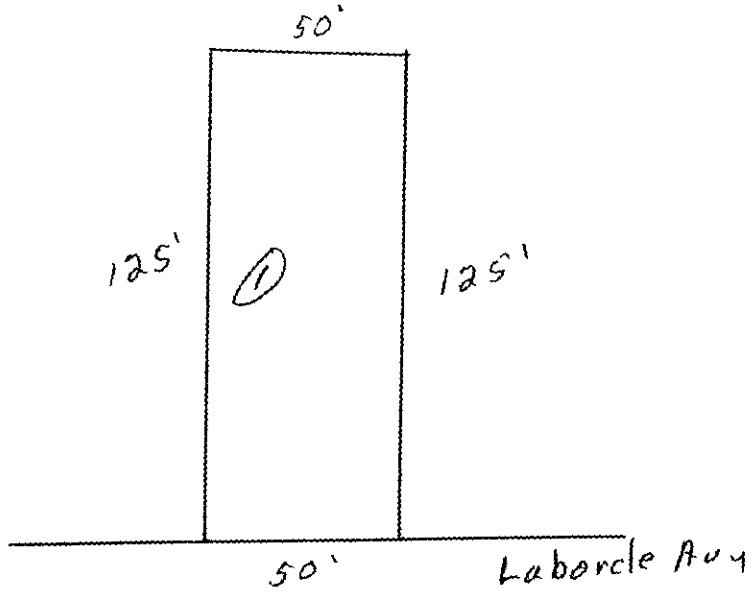
Lot: 13,14 Block: 23 Acres: .14

Owner: Dorothea M. Turtman
Address: 4415 Oak Dr. Apt 11
Charlotte, N.C. 28269

Comments: _____

Described by: William R. Marlin

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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 2-6%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS (U) Expansive 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" Saturated	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 18-30"	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) 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	S PS U	S PS U	S PS U
Soil Group/Series	Enon-Like					
Area Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U

R-MH/51

DATE 2/20/95

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

037-224-10
PARCEL NUMBER

5601 Lalonde Ave
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	APPROVED	NOT APPROVED
2. FLOODWAY REGULATIONS	APPROVED	NOT APPROVED
3. WATERSHED PROTECTION	APPROVED	NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	APPROVED	NOT APPROVED
5. PUBLIC UTILITY EASEMENT	PRESENT	NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	YES	NO
7. DRIVEWAY PERMIT REQUIRED	YES	NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	YES	NO

REMARKS: Move on Mobile Home

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☒ NEW ADDRESS

SIGNED: [signature]

REVISED 1/91

Mecklenburg County
Health Department

March, 1995
~~September 20, 1994~~

Ms. Dorothea Troutman
~~Mr. James Dickinson~~
~~6921 Loretta Place~~ 4415 Oak Drive lot #11
Charlotte, NC 28215 69

Re: ~~Norman Colony Road~~ 5601 N Laborde Ave.
File: ~~16008~~ 3466 B
Parcel: ~~001-134-16~~ 037-224-10

Dear Ms. ~~Dickinson:~~ Troutman:

Receipt of the plans and specifications for a conventional system of sewage treatment and disposal for the above prop ...cknowledged. Upon receipt of the information, a review was made of the mat ...ted. The plan was then reviewed in conjunction wit ...s and Rules for Sewage Treatment and Disposal Sy ...e enclosed soil report):

1- The available a ...BLE according to the following rules:

(a) ~~.1940 Ti~~
(b) ~~.1945 A~~

Soil Characteristics

Bill -
Please review. If any corrections please let me know. Otherwise can go in "signed letter"
Thanks
Sue

For these reasons, the pla ...tment is not aware of any site modifications or alter ...ance of an Improvement Permit for a wastewater t ...ty.

However, please be awa ...ssified as UNSUITABLE may be used for a ground ...stem specifically identified in Rules .1955,.1956,or ...nder Rule .1969 if written documentation, includin ...il studies, indicates to the local health department t... ...nction satisfactorily. Such sites shall be reclassified as PROVISIONALLY ...e 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 336-5569.

Sincerely,

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

cc: Mr. William Marlin, Soil Scientist
~~Mr. Randy Lee, property owner~~

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

2-22-95

3466

Cash $150.00

☐ 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: Troutman (last) Dorothea (first) M (mi)

ADDRESS: 4445 Oak Dr Lot #11 PHONE: (__) 597-8700

CITY: Charlotte STATE: NC ZIPCODE: 28269

Date:

PROPERTY OWNER:

NAME: SAME (last) (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 037-224-10

STREET ADDRESS: Tuxbordeau. #5601

ZONING:

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: 3,14/823 LOT SIZE (in acres):

TYPE APPLICATION (check one):

☐ 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) move MH on LOT
☐ 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: 2 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: Dorothea Troutman Date: 2/22/95

NOTICE:

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.

...

☐ 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

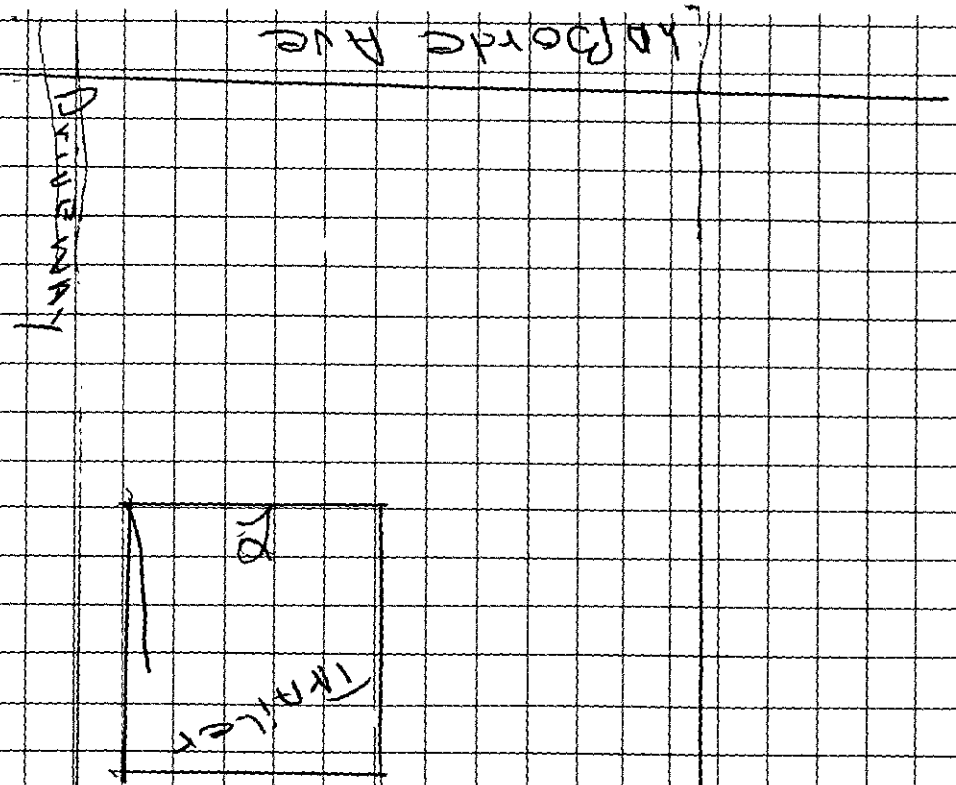
PROPOSED PLOT PLAN

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

FILE: 3466B

TC: 037-224-10

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

APPROVAL DATE

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

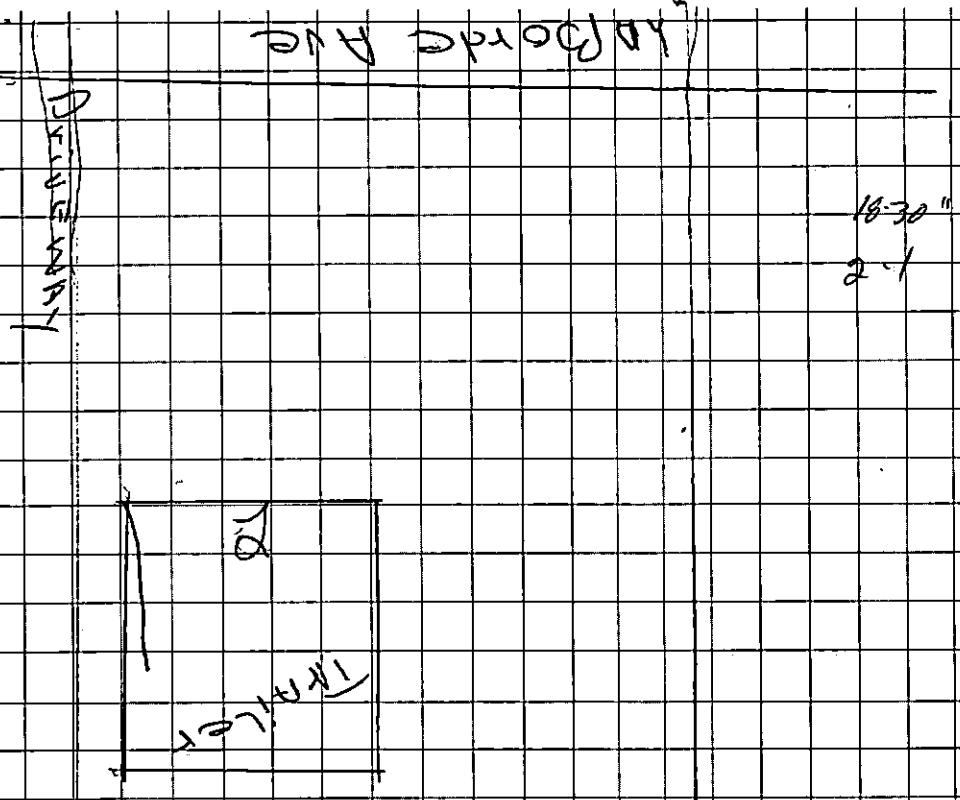
PROPOSED PLOT PLAN

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

FILE: 3466B

TC: 037-224-10

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 _____

OWNER/AGENT SIGNATURE

DATE

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