$100.00 CHK # 258 1/28/11

PW 4/9/16

MECKLENBURG COUNTY HEALTH DEPARTMENT

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

3204B

APPLICATION TYPE: ○ SEPTIC ONLY ○ WELL ONLY ✓ SEPTIC & WELL

○ ADDITION OR RENOVATION WITH OCCUPANCY INCREASE
✓ ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE
○ EXCHANGE MOBILE HOME (SAME # BEDROOMS)
○ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Samuel C Berry
ADDRESS: 4412 Mt Olive Church Rd
CITY: Charlotte
STATE: NC ZIP: 28214
PHONE: 704-394-5658
ALTERNATE PHONE:
E-MAIL:

PROPERTY OWNER: ✓ SAME AS PERSON FILING APPLICATION
NAME:
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 113-401-13
STREET ADDRESS: 4412 Mt Olive Church Rd
CITY: Charlotte
STATE: NC **ZIP:** 28214

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

WATER SUPPLY:
○ MUNICIPAL ✓ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER

RESIDENTIAL PROPERTY TYPE: ○ N/A
✓ HOUSE ○ MODULAR HOME ○ MULTIPLE FAMILY
○ SINGLE MOBILE HOME ○ DOUBLE WIDE
○ OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 2
NUMBER OF OCCUPANTS: 3

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: ☐ N/A
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? ○ YES ○ NO
UNDERGROUND STORAGE TANKS? ○ YES ○ NO

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE: Fire Restoration
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☑ PORCH ☐ DECK ☐ OTHER

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Samuel C Berry — Owner's/Agent's Signature
1/28/11 — Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

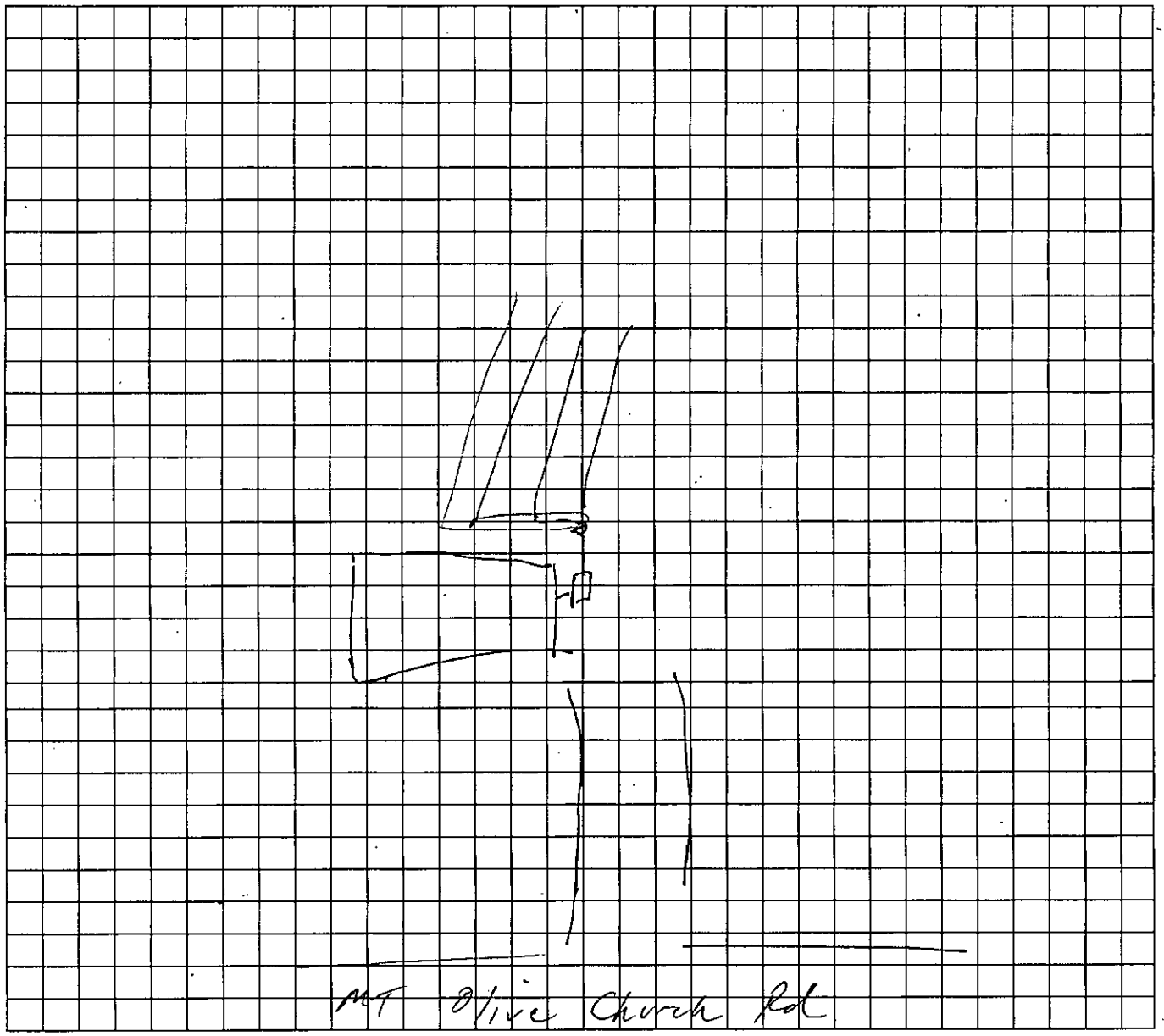
Revised on: 01/03/11

File #: 3204B

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck; pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 4412 Mt Olive Church Rd Tax Parcel #: 113-401-13



*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 and Water Supply Wells 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.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

Approval for house restoration
Use existing system
Philo Walker RS 2/1/11
REHS Signature Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 01/03/11

1004

3204B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

pd #150.00 7/21/94 CK #5661

X 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:

PERSON FILING APPLICATION:
NAME: FALKNER (last) KENNETH (first) E (mi)
ADDRESS: 3830 MARWICK RD PHONE: (704) 393-0757
CITY: CHARLOTTE STATE: NC ZIPCODE: 28208

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 113-181-10
STREET ADDRESS: 4412 Mt. Olive Church Rd
ZONING:

PROPERTY OWNER:
NAME: FALKNER (last) KENNETH (first) E (mi)
ADDRESS: 3830 MARWICK RD PHONE: (704) 393-0757
CITY: CHARLOTTE STATE: NC ZIPCODE: 28208

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres): 1.41

[] 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) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3

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)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [X] 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: K Falkner Date: 7-16-94

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.

...System designed for 3 bedroom home - Grit Pump may be required Basement house requires 15' setback from septic system

[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

Judy C. Ryan R.S. 8/3/94
Environmentalist Date

Director or Authorized Section Head Date

well setback requirement from septic system will be 50' minimum

WWATER : 122791

PROPOSED PLOT PLAN

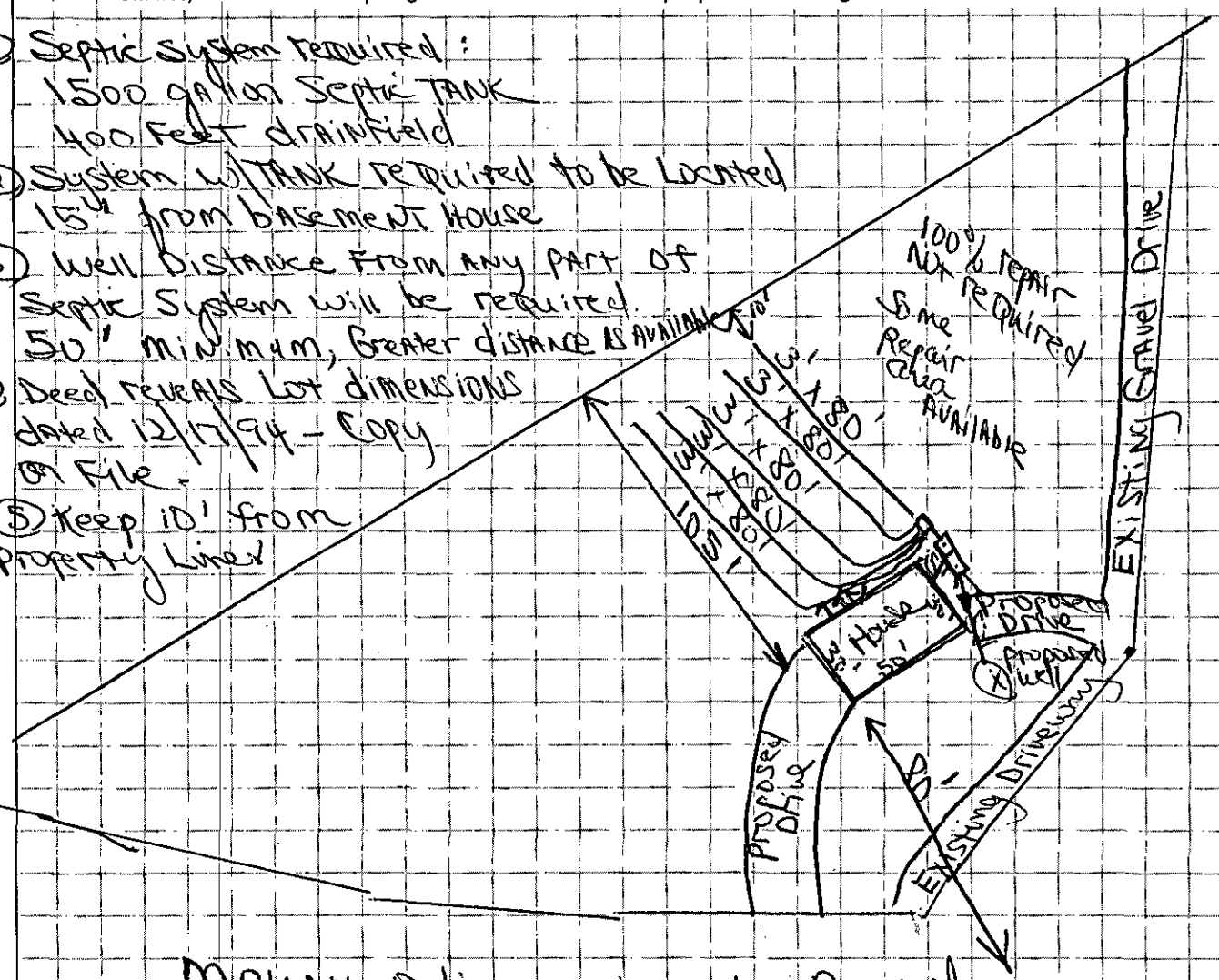
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3204 B

TC: 113-181-10

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.

1. Septic System required:
   1500 gallon Septic TANK
   400 Feet drainfield
2. System w/TANK required to be Located 15' from basement House
3. Well Distance From any part of Septic System will be required. 50' minimum, Greater distance as available
4. Deed reveals Lot dimensions dated 12/17/94 - Copy on File.
5. Keep 10' from Property Lines



APPROVAL DATE 8/9/94

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

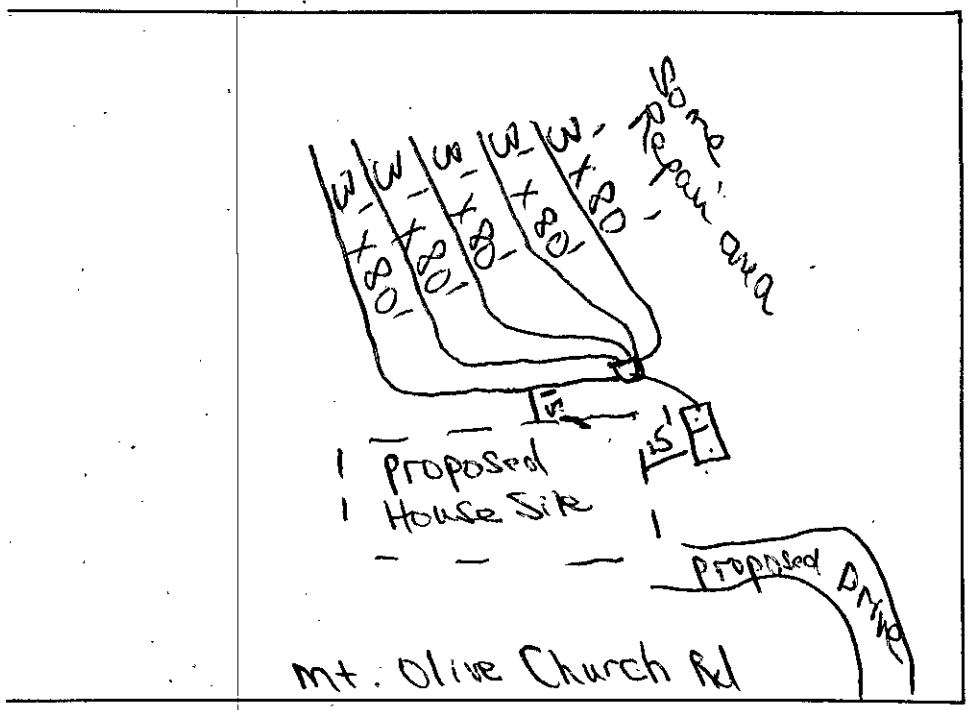
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3204B DATE: 8/11/94

TC: 113-181-10 ☐ L

SERIAL Nº 15846

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 8/5/94. All work shall be completed on or before 9/11/94, 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.



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 3' feet

Total Line Length 400' feet

Number of Lines 5

Depth of Stone 12" inches

Distance from House 15' feet

Distance from Property Line 10' feet

Distance from Well Not IN feet
50' Minimum

NAME OF OWNER Kenneth E. Faulkner

LOCATION OF PROPERTY 442 Mt Olive Church Rd

Comments: Install 5 Trenches 3' x 80' x 12" Stone. Keep 15' from proposed House Foundation as staked for base mnt House. Old Lot 100% repair not required.

Division or Section Head

Judy J. Kuei 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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3204 B DATE: 8/25/94

TC: 13-181-10 ☐ L ☒ CRT

SERIAL Nº 14315

Name of Owner Kenneth Faulkner Juris.:

Address of Property 4412 Mt. Olive Church Rd.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 5 @ 80'

Cover Depth 12" – 18"

Water Supply Source Well - Not Drilled

Distance to Water Source 50' Minimum

Excavation Inspected 8/25/94

Tank(s) Inspected 8/25/94

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design: 1994 1500 St, 1200 SFT Con. 12" B, Rock 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 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: System designed for 3 bedroom home. 100% repair not required - Old Lot. Some repair available Type II

Judy J. Kuri R.S.
Environmentalist

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

JK

3204B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PAID cash 6/22/94

[] 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: 6-22-94

PERSON FILING APPLICATION:

NAME: BROWN (last) Thurston (first) NOAH (mi)

ADDRESS: 3805 MARWICK RD PHONE: 704 399-3782

CITY: CHARLOTTE STATE: N.C ZIPCODE: 28208

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 113-181-10

STREET ADDRESS: Mount Olive Church Rd

ZONING:

PROPERTY OWNER:

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

ADDRESS: _____ PHONE: (___) _____

CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):

[X] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres): 1.44

[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: Noah Brown Date: 6-22-94

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.

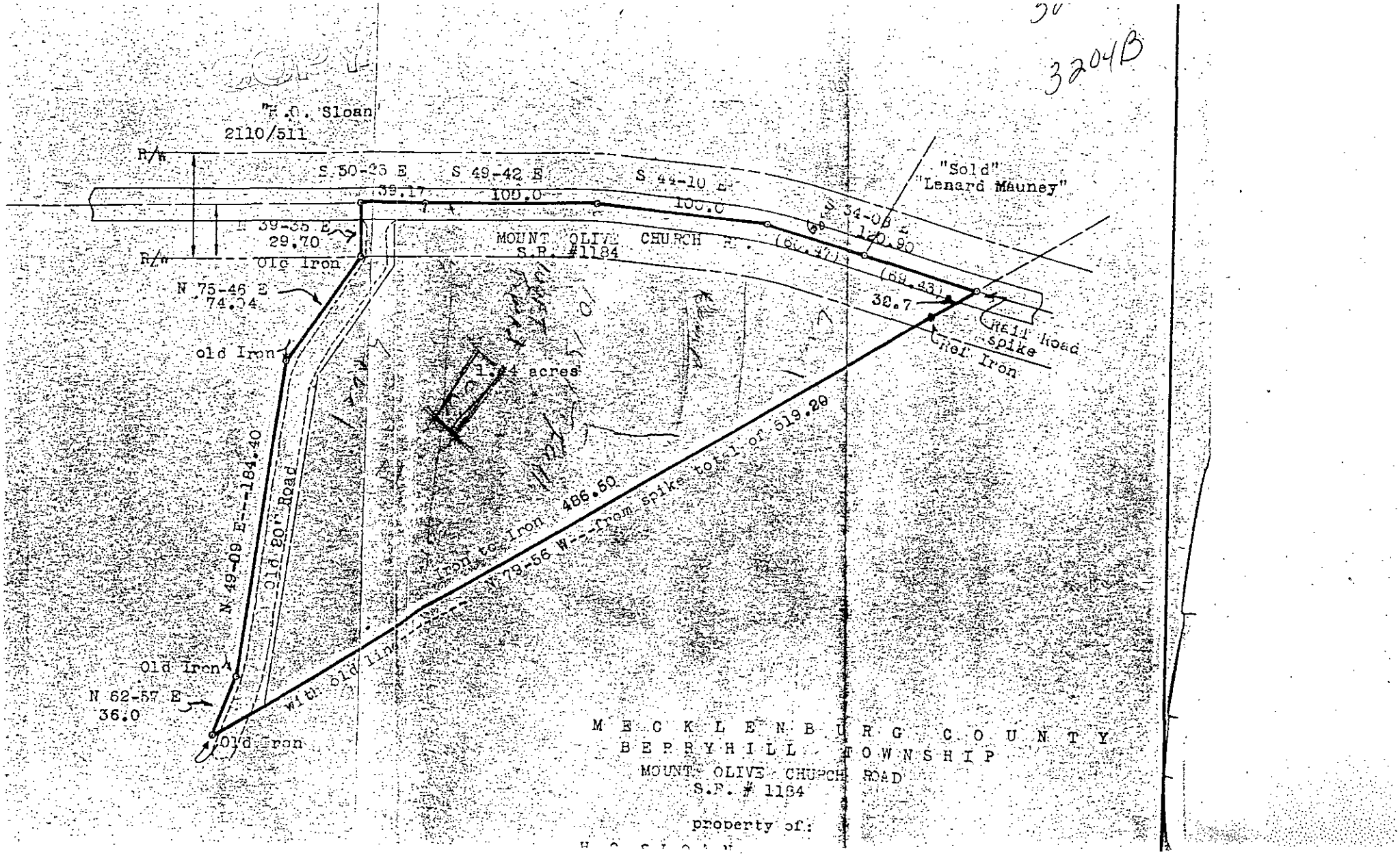
...

[] 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

WWATER : 122791


3204B
"E. O. Sloan
2110/511
R/W
S 50-26 E
39.17
S 49-42 E
100.0
S 44-10 E
100.0
S 34-08 E
140.90
"Sold"
"Lenard Mauney"
N 39-35 E
29.70
R/W
Old Iron
MOUNT OLIVE CHURCH R.
S.B. #1184
(60.47)
(60.43)
32.7
Rail road spike
Iron
N 75-46 E
74.04
old Iron
1.44 acres
N 49-09 E--184.40
Old 20' Road
N 79-56 W--From spike to Iron 486.60
Iron to Iron 519.20
Old Iron
N 62-57 E
36.0
Old Iron
with old line
M E C K L E N B U R G C O U N T Y
B E R R Y H I L L T O W N S H I P
MOUNT OLIVE CHURCH ROAD
S.B. # 1184
property of:

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 7/14/94

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER #113-181-10

ASSIGNED ADDRESS 4412 Mount Olive Church Rd

EXISTING ADDRESS _____

PROJECT NAME NA

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

		APPROVED	DISAPPROVED
1.	SUBDIVISION REGULATIONS	/	*
2.	FLOODWAY REGULATIONS	/	*
3.	EROSION CONTROL REGULATIONS	/	*
4.	PUBLIC UTILITY EASEMENT	/	*

		PRESENT	NOT PRESENT
5.	PUBLIC UTILITY EASEMENT	*	/
6.	PROPERTY FRONTS ON THOROUGHFARE	*	/
7.	DRIVEWAY PERMIT REQUIRED	*	/

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Septic tank

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: Pone

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20390

File: 3204B 2400 Action 1

Parcel: 00 113-181-10 ☐ PC

Location: Mount Olive Church Road

Subdivision:

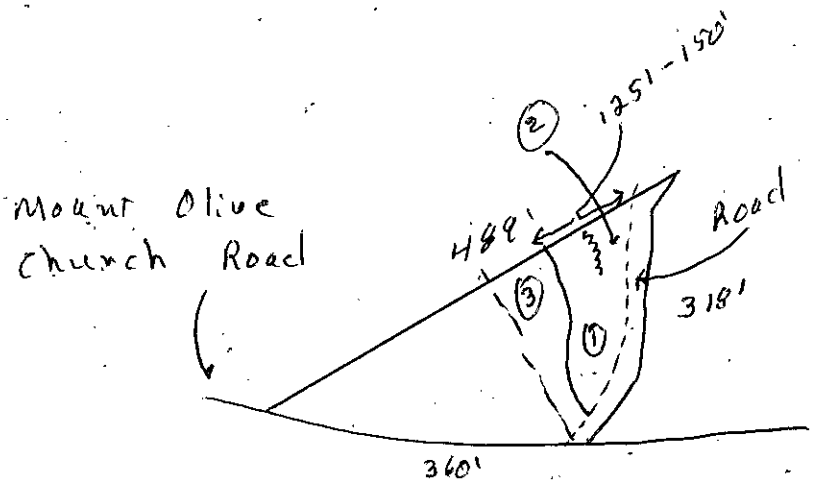
Lot: Block: Acres: Approx. .7 ac.

Owner: Thurston Noah Brown
Address: 3805 Merwick Road
Charlotte, N.C. 28208

Comments: 3 gal/ft²/day
LTAR, system would
probably need pump

Described by: William R. Marlin

Date: 7-5-94



*** 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) complex slope	S PS (U) Depression	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 subL Blocky	S PS U —	S PS U —	S PS U	S PS U	S PS U
Drainage	S (PS) U -49" to water	S PS U —	S PS U —	S PS U	S PS U	S PS U
Depth	S (PS) U 36-49"	S PS U —	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 736"	S PS U —	S PS U —	S PS U	S PS U	S PS U
Available Space	S (PS) U somewhat 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	IV cecil-like	Complex slopes	Depression			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

Mecklenburg County
Health Department

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

July 6, 1994

Thurston N. Brown
3805 Marwick Road
Charlotte, NC 28208

RE: Property located on Mount Olive Church Road
FILE: 3204B
PARCEL: 113-181-10PO

Dear Mr. Brown:

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 20390) is enclosed for your information.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Specific plan approval will be provided upon submission of 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 and determination that the area is adequate to accommodate the proposed construction.

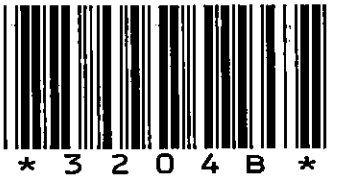
Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this department renders any area previously designated suitable for system installation, unsuitable. Furthermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

If there are any questions concerning this matter, please contact Bill Marlin, Soil Scientist at 336-5574.

Sincerely,

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

Enclosure



4412 MT OLIVE CHURCH RD

11340113

1/2/2008

duponbj

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

2011
UTJ DK
FIRE DAMAGE

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 3209B WASPS App #: 4916

Primary ES assigned to project: _____

Secondary ES assigned to project: _____

Project Type: New System ☐ Alteration ☐ Repair ☐ Modified Plot Plan ☐ UXS ☑

I. File Review:

Rule or Law	Permit Application			
.1937(d)	Is the Application complete	Yes ☑	No ☐	N/A ☐
.1937(d)	Is there a Site plan/Plat with application	Yes ☑	No ☐	N/A ☐
.1937(d)	Is the Facility shown?	Yes ☑	No ☐	N/A ☐
.1937(d)	Are appurtenances shown	Yes ☑	No ☐	N/A ☐
	Site Evaluation Information			
.1939 (a)(1)	Topography and Landscape Position Recorded?	Yes ☐	No ☐	N/A ☐
.1940 (a-g)	Slope % Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Texture Class Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Structure type Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Consistence Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Mineralogy Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(3)	Soil Wetness Condition Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered	Yes ☐	No ☐	N/A ☐
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Yes ☐	No ☐	N/A ☐
.1939 (a)(6)	Sufficient Available Space Recorded?	Yes ☐	No ☐	N/A ☐
.1937(m)	Are the Profile Locations Shown?			
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes ☐	No ☐	N/A ☐
& .1945(b)	Number of auger borings made: _____ Were sufficient auger borings made?	Yes ☐	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR	Yes ☐	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
.1937(g)	Proposed System Type stated-Initial	Yes ☐	No ☐	N/A ☐
130A-336(a) .1945(b)	Proposed System Type stated-Repair	Yes ☐	No ☐	N/A ☐
130A-336 (a)(3)	System location identifiable by setbacks - Initial	Yes ☐	No ☐	N/A ☐
.1937(g) .1945(b)	System components shown – Initial	Yes ☐	No ☐	N/A ☐
.1945(b)	Repair area shown	Yes ☐	No ☐	N/A ☐
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☐	No ☐	N/A ☐
.1937 (f)(g)	Is System design consistent with soil/site conditions?	Yes ☐	No ☐	N/A ☐
.1937 (f)(g)	Is the System located in the approved area?	Yes ☐	No ☐	N/A ☐
130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☐	No ☐	N/A ☐

130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	Yes ☐	No ☐	N/A ☐
.1937(g)	Trench depth indicated?	Yes ☐	No ☐	N/A ☐
.1937(g)	Trench width indicated?	Yes ☐	No ☐	N/A ☐
.1937(g)	Trench length indicated?	Yes ☐	No ☐	N/A ☐
130A-336(a)(1)	Proposed/existing well shown?	Yes ☐	No ☐	N/A ☐
130A-336(a)(1)	Property line lengths shown?	Yes ☐	No ☐	N/A ☐
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☐	No ☐	N/A ☐
	Operation Permit			
.1937(i)	System type as described in table V(a) of rule .1961	Yes ☐	No ☐	N/A ☐
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☐	No ☐	N/A ☐

II. WASPS Review:

Construction authorization issued	Yes ☐	No ☐	N/A ☐
Installation approval issued	Yes ☐	No ☐	N/A ☐
Operation permit issued	Yes ☐	No ☐	N/A ☐
Other related documentation	Yes ☐	No ☐	N/A ☐

Items requiring correction/modification: _____

Comments:

_____

_____

_____

_____

_____

IA issued date: _____

OP issued date: _____

Review performed by: _____ Date performed: 2.8.11

3204B

BK: 07849 PG: 0687/0688 #:0213 10.00
****.NC EXCISE TAX: 16.00 ***
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 07/19/94 12:32

MECKLENBURG COUNTY JUL 19.94

[redacted] 16.00 TRAN 37

STATE OF NORTH CAROLINA Real Estate Excise Tax

Excise Tax

Tax Lot No. 113-181-10 Parcel Identifier No. .....

Verified by ..... County on the ..... day of ....., 19.....

by .....

Mail after recording to ~~PATRICIA E. KING, Attorney, 4000 Beatties Ford Road, Charlotte, North Carolina 28216~~ Grantee

This instrument was prepared by PATRICIA E. KING, Attorney (DOCUMENT PREPARATION ONLY)

Brief description for the Index 1.44 acres-Mt. Olive Church Rd.

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this 18 day of JULY, 19 94, by and between

GRANTOR	GRANTEE
NOAH BROWN, and wife, PHYLLIS BROWN	KENNETH E. FALKNER and wife, NORAH J. FALKNER 3830 Marwick Road Charlotte, North Carolina 28208

Enter in appropriate block for each party: name, address, and, if appropriate, character of entity, e.g. corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in the City of ....., ... Township, MECKLENBURG County, North Carolina and more particularly described as follows:

BEGINNING at a point located in the centerline of Mount Olive Church Road, said point being located from the center of the intersection formed by the intersection of said Mount Olive Church Road and Wlaker's Ferry Road two calls as follow: (1) S. 48-21E. 100 feet to a point in the centerline of Mount Olive Church Road and (2) S. 50-23 E. 376.75 feet, said beginning point being also located N. 39-35 E. 29.70 feet from the southerly margin of the right-of-way of Mount Olive Church Road; thence from said beginning point four calls as follows: (1) S. 50-23 E. 39.17 feet; (2) S. 49-42 E. 100 feet; (3) S. 44-10 E. 100 feet; and (4) S. 34-08 E. 120.90 feet to a rail road spike in the centerline of Mount Olive Church Road; thence with an old line, N.79 56 W. 519.20 feet to an old iron on northwest side of an old 20 foot reod; thence N. 62-57 E. 36.00 feet to an old iron; thence N. 49-09 E. 184.40 feet to an old iron; thence N. 75-46 E. 74.04 feet to an old iron in the southerly margin of Mount Olive Church Road; thence N. 39-35 E. 29.70 feet to the centerline of Mount Olive Church Road, the point or place of BEGINNING containing 1.44 acres all as shown on Survey by Preston R. Taylor, Jr., R.S., dated December 17, 1974.

N.C. Bar Assoc. Form No. 3 © 1976, Revised 1977.
Printed by Agreement with the N.C. Bar Assoc.-1981.

11.00 Sun

The property hereinabove described was acquired by Grantor by instrument recorded in BOOK 6224, Page 596, in the Mecklenburg County Public Registry.

A map showing the above described property is recorded in Plat Book ..... page.....

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever except for the exceptions hereinafter stated. Title to the property hereinabove described is subject to the following exceptions:

MATTERS OF PUBLIC RECORD

IN WITNESS WHEREOF, the Grantor has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, the day and year first above written.

(Corporate Name)

By: .....

.....President

ATTEST:

.....Secretary (Corporate Seal)

USE BLACK INK ONLY

Noah Brown (SEAL)
NOAH BROWN

(SEAL)

Phyllis Brown (SEAL)
PHYLLIS BROWN

(SEAL)

SEAL-STAMP

NORTH CAROLINA, MECKLENBURG County.

I, a Notary Public of the County and State aforesaid, certify that NOAH BROWN and wife, PHYLLIS BROWN Grantor, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 18 day of July, 1994

My commission expires: My Commission Expires 4-26-99 Sandy Rivers Notary Public

Use Black Ink

Use Black Ink

I, a Notary Public of the County and State aforesaid, certify that _____,
personally came before me this day and acknowledged that ____ he is _____ Secretary of
_____ a North Carolina corporation, and that by authority duly
given and as the act of the corporation, the foregoing instrument was signed in its name by its _____
President, sealed with its corporate seal and attested by _____ as its _____ Secretary.
Witness my hand and official stamp or seal, this _____day of _____, 19____.

My commission expires: _____ Notary Public

The foregoing Certificate(s) of _____
_____
_____
is/are certified to be correct. This instrument first page hereof.

_____

By _____

State of North Carolina, County of Mecklenburg

The foregoing certificate(s) of Sandy Trivette
_____
_____
_____ own on the
_____ COUNTY

Notary(ies) Public is/are certified to be correct.

This 19th day of July, 19 94.

JUDITH A. GIBSON, REGISTER OF DEEDS

By: Marlene Wise Deputy Register of Deeds

N.C. Bar Assn. Form No. 3 © 1976, Revised 1977

N.C. 27658

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	01/28/11	**Amount:**	100.00
Receipt #:	70178	**Tendered:**	100.00
Check / Auth #:	CHECK 258	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: 200000
Contractor: BERRY SAMUEL C
Attn:
Address: 4412 MOUNT OLIVE CHURCH RD
Address:
City/State/Zip: CHARLOTTE, NC 28278

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 4412 MT OLIVE CHURCH RD		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
240.00					