# SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

NEW SEPTIC ☒ NEW WELL ☐ USE EXISTING ☐ MODIFIED PLOT PLAN ☐

New Septic Fees Paid

IP ($250.00) LP 6/19/2020 Initial/Date

CA ($200.00) _____ Initial/Date

OP ($200.00) _____ Initial/Date

* System Denied. Please Mail denial letter

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fees Paid: $550.00 _____ Initial/Date

Use Existing Fees Paid: $100.00 _____ Initial/Date

Alteration Fees Paid: $300 Total $200 _____ Initial/Date (If use existing was part of payment)

Modified Plot Plan Fees Paid: $100.00 _____ Initial/Date

Floor plans need to be submitted and reviewed before CA can be issued ☐ Review ☐ Approved date _____

This site is served by septic and well. Verify each is complete before final hold is released ☐

Septic file complete ☐ _____ Well complete ☐ _____

Send permit for signature ☐ Signature received ☐ _____

This septic system requires a certified operation contract before final hold is released ☐

Certified operator contract is on file ☐ _____

4608A
#11380

12 JUN '20 PM 3:59

**MECKLENBURG COUNTY**
**HEALTH DEPARTMENT**

## APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

**1. SEPTIC / TYPE APPLICATION:** ○ N/A ◉ NEW SYSTEM ○ ALTERATION ○ REPAIR ○ MODIFIED PLOT PLAN

**2. WELL / TYPE APPLICATION:** ○ N/A ◉ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

**3. JOB LOCATION INFORMATION:**

**TAX PARCEL NUMBER:** 13935211
**STREET ADDRESS:** 8810 Hollybrook Lane
**CITY:** Mint Hill
**STATE:** NC **ZIP:** 28227
**SUBDIVISION NAME:** _____
**LOT #:** _____ **LOT SIZE (acres):** _____

**TOWNSHIP:**

○ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ◉ MINT HILL

**4. BUILDING INFORMATION:**

**BUILDING TYPE:**

○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
◉ HOUSE ○ OTHER _____

**HEATED SQUARE FOOTAGE:** 2,500
**NUMBER OF BEDROOMS:** 2
**NUMBER OF OCCUPANTS:** 1

**FOUNDATION TYPE:**

○ CONCRETE SLAB ◉ BASEMENT WITH PLUMBING
○ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

**5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☑ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

**6. WATER SUPPLY:** ○ MUNICIPAL ◉ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

**7. PROPOSED USE OF WELL:** ○ N/A ○ IRRIGATION ◉ POTABLE (DRINKING WATER) ○ OTHER _____

**8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED):*

☒ N/A ☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

**8A. RANK:** ____ ____ ____ ____ ____

**9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

| | | | |
|---|---|---|---|
| BURIED CABLES, LANDFILLS, STUMPHOLES | ○ YES ◉ NO | GRADING/SOIL REMOVAL PERFORMED | ○ YES ◉ NO |
| EXISTING WASTEWATER (SEPTIC) SYSTEMS | ○ YES ◉ NO | JURISDICTIONAL WETLANDS | ○ YES ◉ NO |
| WELLS, SPRINGS, OR WATER LINES | ○ YES ◉ NO | APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY | ○ YES ○ NO |
| EASEMENTS OR RIGHT-OF-WAYS | ○ YES ◉ NO | WASTEWATER OTHER THAN DOMESTIC SEWAGE | ○ YES ◉ NO |
| CHEMICAL/PETROLEUM STORAGE TANKS | ○ YES ○ NO | KNOWN UNDERGROUND CONTAMINATION | ○ YES ◉ NO |
| WASTE STORAGE | ○ YES ◉ NO | GROUNDWATER USE RESTRICTIONS/VARIANCES | ○ YES ○ NO |

**10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** _____ ☑ UNKNOWN

**11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____ ☑ N/A

**12. PROPERTY OWNER:**

NAME: C Philip Sprinkle/Tronda Pendleton
ADDRESS: 910 Sunnyside Ave
CITY: Charlotte
STATE: nc ZIP: 28204
WORK PHONE: _____
MOBILE PHONE: 704-877-3034
FAX: _____
E-MAIL: jahisreal@carolina.rr.com

**13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____



MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19

**14. SEPTIC SYSTEM PERMIT APPLICATION:**

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

CPS (Initial here for septic system applications)

**15. WELL PERMIT APPLICATION:**

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

CPS (Initial here for well applications)

**16. APPLICATION SIGNATURE SECTION:**

**ONLY COMPLETE APPLICATIONS WILL BE PROCESSED**. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

Charles Philip Sprinkle
Property Owner's or Owner's Legal Representative Signature

6/6/20
Date

---

*OFFICE USE ONLY*

○ SURVEY PLAT TO SCALE SUBMITTED ○ SCALED SITE PLAN SUBMITTED ○ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:



MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19

File #: _____

## 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: _____ Tax Parcel #: _____

Subdivision Name: _____ Lot #: _____



# *MECKLENBURG COUNTY*
# *LAND USE AND ENVIRONMENTAL SERVICES*
## *Payment Receipt*

**Receipt Information**

**Date:** 06/19/20
**Receipt #:** 122889
**Check / Auth #:** VISA 010099
**Received By:** PLACILJ

**Amount:** 250.00
**Tendered:** 250.00
**Returned:** 0.00

**Account Information**

**Account #:** 200000
**Contractor:** PHILIP SPRINKLE
**Attn:**
**Address:** 910 SUNNYSIDE AVE
**Address:**
**City/State/Zip:** CHARLOTTE, NC 28204

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0701 | Improvment Permit App-Residen<br>8810 HOLLYBROOK LN | | 1 | 250.00 | 250.00 |

Mecklenburg
Environmental Health
3205 Freedom Drive
Charlotte, NC 28208
Phone: (980) 314-1651
06/19/20 15:59

Sale

Merchant ID: 153629
Sequence #: 004
Card Type : VISA
Auth Code: 010099
Acct. No: **********2857

Amount : 250.00

APPROVED

Payment taken over the phone

Signature

I agree to pay the above total amount according to the card issuer agreement (merchant agreement if credit voucher)

We appreciate your payment!
Thank You Very Much!

Merchant Copy

----------Outstanding Balances----------

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

# MECKLENBURG COUNTY
## Public Health

**Gibbie Harris, MSPH, BSN**
**Health Director**

**(704) 336-4700**

June 25, 2020
C Phillip Sprinkle/Tronda Pendelton
910 Sunnyside Ave, Charlotte, NC 28204
Mint Hill, NC 28277

Re: Application for improvement permit for: 2 Bedroom House
Property Location: 9810 Hollybrook Ln, Mint Hill, NC 28227 (PID 139-352-11)
Health Department File Number: **4608A (App ID 11380)**

Dear Property Owner or Owner's Agent:

The Mecklenburg County Health Department, Environmental Health Division on June 23, 2020 evaluated the above-referenced property at the site designated on the site plan that accompanied your applicants improvement permit application. According to the application the site is to serve a 2 Bedroom Residence, with a daily design flow of 240 gallons per day. The evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 and related statutes and Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .l900 and related rules.

Based on the criteria set out in Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rules .1940 through .1948, the evaluation indicated that the site is **UNSUITABLE** for a ground absorption sewage system. Therefore, your request for an improvement permit is **DENIED.** A copy of the site evaluation is enclosed. The site is unsuitable based on the following:

- ☒ Unsuitable soil topography and/or landscape position (Rule .1940)
- ☐ Unsuitable soil characteristics (structure or clay mineralogy) (Rule .1941)
- ☐ Unsuitable soil wetness condition (Rule .1942)
- ☐ Unsuitable soil depth (Rule .1943)
- ☐ Presence of restrictive horizon (Rule .1944)
- ☒ Insufficient space for septic system and repair area (Rule .1945)
- ☐ Unsuitable for meeting required setbacks (Rule .1950)
- ☐ Other (Rule .1946)

These severe soil or site limitations could cause premature system failure, leading to the discharge of untreated sewage on the ground surface, into surface waters, directly to ground water or inside your structure.

The site evaluation included consideration of possible site modifications, and modified, innovative or alternative systems. However, the Health Department has determined that none of the above options will overcome the severe conditions on this site. A possible option might be a system designed to dispose of sewage to another area of suitable soil or off-site to additional property.

**MECKLENBURG COUNTY**
**Public Health**
**Gibbie Harris, MSPH, BSN** **(704) 336-4700**
**Health Director**

For the reasons set out above, the property is currently classified **UNSUITABLE,** and an improvement permit shall not be issued for this site in accordance with Rule .1948 (c).

However, the site classified as **UNSUITABLE** may be classified as **PROVISIONALLY SUITABLE** if written documentation is provided that meets the requirements of Rule .1948(d). A copy of this rule is enclosed. You may hire a consultant to assist you if you wish to try to develop a plan under which your site could be reclassified as **PROVISIONALLY SUITABLE.**

You have a right to an informal review of this decision. You may request an informal review by the soil scientist or environmental health supervisor at the local health department. You may also request an informal review by the N. C. Department of Health and Human Services regional soil specialist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Center, Raleigh, NC 27699-6714. To get a copy of a petition form, you may write the Office of Administrative Hearings or call the office at (919) 431-3000 or from the OAH web site at http://www.oah.state.nc.us/hearings. The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. N. C. General Statue 130A-335(g) provides that your hearing would be held in the county where your property is located.

Please note: If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is June 25, 2020. Meeting the 30-day deadline is critical to your right to a formal appeal. Beginning a formal appeal within 30 days will not interfere with any informal review that you might request. Do not wait for the outcome of any informal review if you wish to file a formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (N.C. General Statute 150B-23) to send a copy of your petition to the North Carolina Department of Environment and Natural Resources. Send the copy to: Office of General Counsel, N. C. Department of Environment and Natural Resources, 1601 Mail Service Center, Raleigh, NC. 27699-1601. Do **NOT** send the copy of the petition to your local health department. Sending a copy of your petition to the local health department will **NOT** satisfy the legal requirement in N.C. General Statute 150B-23 that you send a copy to the Office of General Counsel, NCDENR.

You may call or write the local health department if you need any additional information or assistance.

Sincerely,

Jacob Presley, REHS, LSS 980-314-1646
Soil Scientist/Sr. Environmental Specialist
Encl: (2)

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 of 2
Property ID: 139-352-11
Lot #: Not on App
File #: 4608A
AppID: 11380

# SOIL/SITE EVALUATION
# for ON-SITE WASTEWATER SYSTEM

Property Owner: C Phillip Sprinkle/Tronda Pendelton
Address: 910 Sunnyside Ave, Charlotte, NC 28204
Proposed Facility: 2 Bedroom House
Design Flow (.1949): 240 GPD
Location: 9810 Hollybrook Ln, Mint Hill, NC 28227
Water Supply: [ ] Public [X] Individual [X] Well [ ] Spring [ ] Municipal
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

Applicant: owner
Date Evaluated: 6/23/2020
Property Size: 0.482 ac
Property Recorded: 1988

| PROFILE # | .1940 Landscape Position/ Slope% | Horizon Depth (IN.) | SOIL MORPHOLOGY .1941 .1941 Structure/ Texture | .1941 Consistence Mineralogy | b PROFILE FACTORS .1942 Soil Wetness/ Color | .1943 Soil Depth (IN.) | .1956 Sapro Class | .1944 Restr Horiz | General Comments | Profile Class & LTAR | Maximum Trench Bottom Depth for 3' Wide Conventional Trench |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Boring #1 | LS 16% | 0 - 24 | sbk C | S P FI SEXP | >40" | 33 | NA | NA | **Need Pit** Very Limited space | **US** | **NA** |
| | | 24 - 33 | sbk CL | SS SP FR SEXP | | | | | | | |
| | | 33 - 40 | Saprolite | | | | | | | | |
| Boring #2 | LS 9% | 0 - 12 | Fill | | >37" | 37 | NA | NA | **Need Pit** Very Limited space | **US** | **NA** |
| | | 12 - 37 | sbk C | S P FI SEXP | | | | | | | |
| | | 37 | Rock | | | | | | | | |
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| Description | Initial System | Repair System |
|---|---|---|
| Available Space (.1945) | US | US |
| System Type(s) | NA | NA |
| Site LTAR (gpd/sq ft) | **0** | **0** |

**See comments on page 2.**

Other Factors (.1946): NA
Soil Evaluation By: Jacob Presley, REHS, LSS
Others Present:
Site Classification (.1948): Unsuitable
Site Evaluation By: Jacob Presley, REHS, LSS
Others Present:

**COMMENTS: Very limited space around borings due to unsuitable topography.**
**Pits needed due to saprolite, fill, and rock obstruction.**
**Any proposal from a consultant should include detailed soil descriptions and surveyed locations of house, driveway, and sepic areas. Lot was denied a permit in 1988.**

**Landscape Position**
R-Ridge
SS-Shoulder Slope
LS-Linear Slope
FS-Foot Slope
NS-Nose Slope
HS-Head Slope
CC-Concave Slope
CV-Convex Slope
T-Terrace
FP-Flood Plain
D-Drainage Way

| Group | Texture | .1955 LTAR |
|---|---|---|
| I | S-Sand | 1.2 - 0.8 |
| | LS-Loamy Sand | |
| II | SL-Sandy Loam | 0.8 - 0.6 |
| | L-Loam | |
| III | Si-Silt | 0.6 - 0.3 |
| | SiCL-Silty Clay Loam | |
| | CL-Clay Loam | |
| | SCL-Sandy Clay Loam | |
| | SiL-Silt Loam | |
| IV | SC-Sandy Clay | 0.4 - 0.1 |
| | SiC-Silty Clay | |
| | C-Clay | |

**Structure**
sg-Single Grain
mass-Massive
cr-Crumb
gr-Granular
sbk-Subangular Blocky
abk-Angular Blocky
pl-Platy
pr-Prismatic
Sap-Saprolite

**Structure Prefixes**
w-weak
m-moderate
s-strong
f-fine
m-medium
c-coarse

**Consistence**
**Moist**
VFR-Very Friable
FR-Friable
FI-Firm
VFI-Very Firm
EFI-Extremely Firm

**Consistence**
**Wet**
SS-Slightly Sticky
S-Sticky
VS-Very Sticky
NP-Non-Plastic
SP-Slightly Plastic
P-Plastic
VP-Very Plastic

**Mineralogy**
SEXP-Slightly Expansive
EXP-Expansive

**Classification**
US-Unsuitable
PS-Provisionally Suitable
S-Suitable
NA-Not Applicable

**Soil Boring Location Sketch**



*History Note:* *Authority G.S. 130A-335(e);*
*Eff. July 1, 1982;*
*Amended Eff. January 1, 1990.*

**15A NCAC 18A .1947 DETERMINATION OF OVERALL SITE SUITABILITY**

All of the criteria in Rules .1940 through .1946 of this Section shall be determined to be SUITABLE, PROVISIONALLY SUITABLE, or UNSUITABLE, as indicated. If all criteria are classified the same, that classification will prevail. Where there is a variation in classification of the several criteria, the most limiting uncorrectable characteristics shall be used to determine the overall site classification.

*History Note:* *Authority G.S. 130A-335(e);*
*Eff. July 1, 1982;*
*Amended Eff. January 1, 1990.*

**15A NCAC 18A .1948 SITE CLASSIFICATION**

(a) Sites classified as SUITABLE may be utilized for a ground absorption sewage treatment and disposal system consistent with these Rules. A suitable classification generally indicates soil and site conditions favorable for the operation of a ground absorption sewage treatment and disposal system or have slight limitations that are readily overcome by proper design and installation.

(b) Sites classified as PROVISIONALLY SUITABLE may be utilized for a ground absorption sewage treatment and disposal system consistent with these Rules but have moderate limitations. Sites classified Provisionally Suitable require some modifications and careful planning, design, and installation in order for a ground absorption sewage treatment and disposal system to function satisfactorily.

(c) Sites classified UNSUITABLE have severe limitations for the installation and use of a properly functioning ground absorption sewage treatment and disposal system. An improvement permit shall not be issued for a site which is classified as UNSUITABLE. However, where a site is UNSUITABLE, it may be reclassified PROVISIONALLY SUITABLE if a special investigation indicates that a modified or alternative system can be installed in accordance with Rules .1956 or .1957 of this Section.

(d) A site classified as UNSUITABLE may be used for a ground absorption sewage treatment and disposal system specifically identified in Rules .1955, .1956, or .1957 of this 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.

*History Note:* *Authority G.S. 130A-335(e);*
*Eff. July 1, 1982;*
*Amended Eff. April 1, 1993; January 1, 1990.*

**15A NCAC 18A .1949 SEWAGE FLOW RATES FOR DESIGN UNITS**

(a) In determining the volume of sewage from dwelling units, the flow rate shall be 120 gallons per day per bedroom. The minimum volume of sewage from each dwelling unit shall be 240 gallons per day and each additional bedroom above two bedrooms shall increase the volume of sewage by 120 gallons per day. In determining the number of bedrooms in a dwelling unit, each bedroom and any other room or addition that can reasonably be expected to function as a bedroom shall be

9/97 TAX PARCEL 139-352-11

FEE: 100.00 cash
DATE: 7/16/97
CK# 3010

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

[ ] CRT

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 4608A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: 139352 11 001

TAX/PARCEL NUMBER: 139-021-12 PO

STREET ADDRESS: 8810 Hollybrook Lane

SUBDIVISION OR MOBILE HOME PARK NAME: Forest Brook

LOT NUMBER: 28

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2400

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 4

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

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

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

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

WATER SUPPLY (CHECK ONE):

X COMMUNITY (C)
__ MUNICIPAL (M)
__ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES ✓ NO
EXISTING WASTEWATER SYSTEMS __ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES ✓ NO
WELL, SPRINGS OR WATERLINES __ YES ✓ NO
DESIGNATED WETLANDS __ YES ✓ NO

PROPERTY OWNER:

NAME: Gates Kimberly M.
(LAST) (FIRST) (MI)

ADDRESS: 5632 Ebley Lane

CITY: Charlotte STATE: NC ZIP: 28227

DAYTIME PHONE: (704) 531-0977

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) --

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: Kimberly M Gates DATE: 7-16-97

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

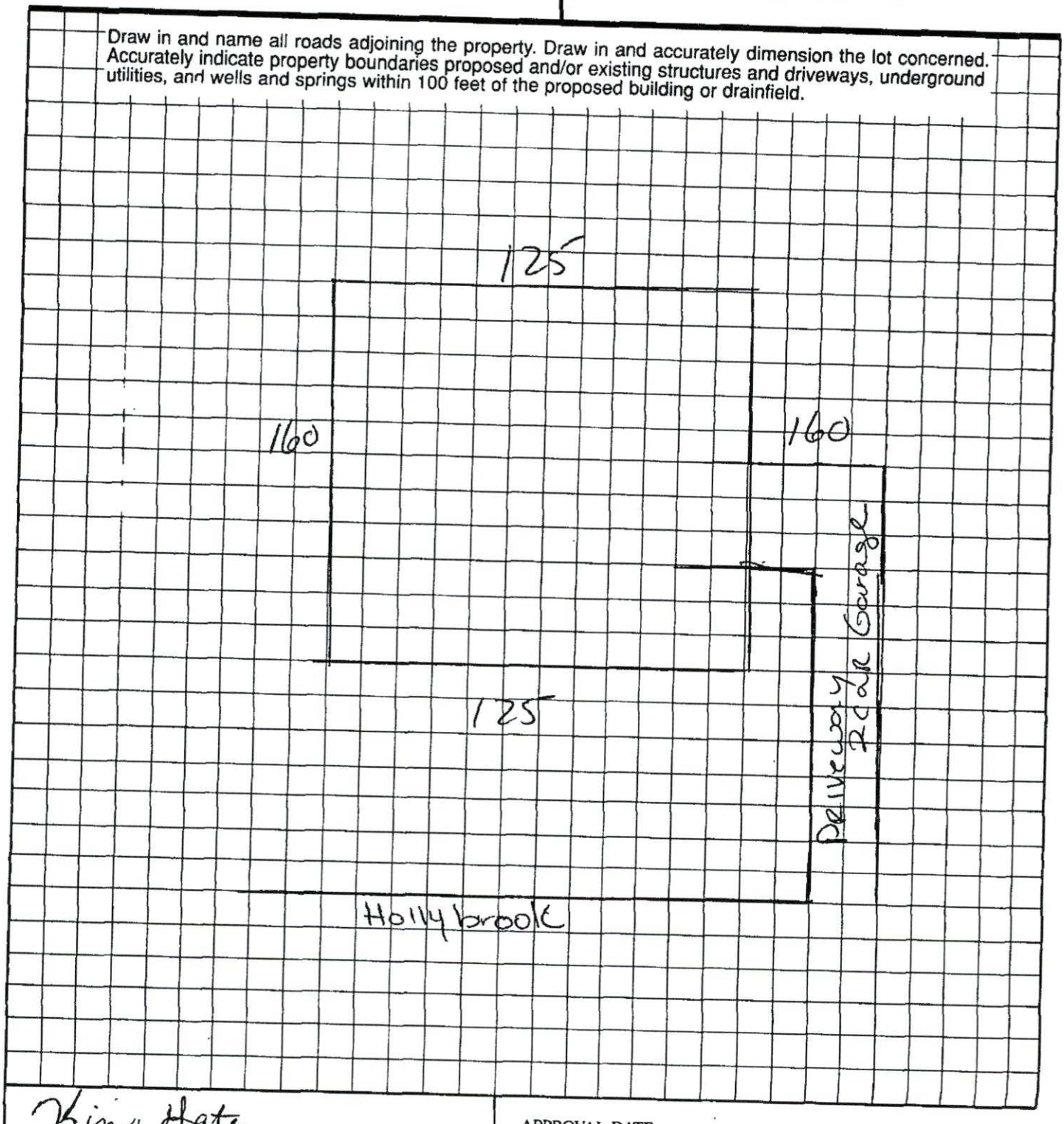
# PROPOSED PLOT PLAN

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

FILE: 4608A

TC: 139-021-12PO

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.




Kim Yates
OWNER/AGENT SIGNATURE

DATE 7-16-97

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

1502

# APPLICATION FOR AN IMPROVEMENT PERMIT



HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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: 4608A
TC:
SERIAL: № 18759

1 fee see file #4458A for change slip

☐ L ☐ CRT

**JOB LOCATION**

① ADDRESS: 8810 (STREET NO.) HOLLYBROOK (STREET) LN. ② FILE: 4608A
③ JURISDICTION: MINT ④ TAX PARCEL NO.: P.O. 139-021-12
⑤ SUBDIVISION: FORESTBROOK ⑥ LOT: 28 ⑦ BLOCK:

**OWNER**

⑧ NAME: Interstate (FIRST) Dev. (MIDDLE) Corp. (LAST)
⑨ MAILING ADDRESS: 5936 Monroe Rd.
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28212
⑬ PHONE: (WORK) 537-3847 ⑭ (HOME)

**REQUEST**

This request is for a(n):

⑮ ☑ New permit
☐ 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
㉕ Type?
㉓ Maximum occupancy? 8
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 HEALTH DEPARTMENT to enter on the property for the purpose of processing this request.

Signed: Mark Maddela
Date: 6-30-89

## IMPROVEMENT PERMIT

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 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 Mecklenburg County Health Department or an authorized section head in order to be valid.

# Mecklenburg County
# Health Department

Basil G. Deltas, M.D., M.P.H.
Health Director

June 13th, 1988

Interstate Development Corp.
5936 Monroe Road
Charlotte, NC 28212

RE: Property located at Hollybrook Lane 28
FILE: 4608A
PARCEL: 13902112 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 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 15260) 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 10 NCAC 10A .1948 (c) 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 I may be of any assistance, please feel free to call.

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

Enclosure (2)

**MECKLENBURG COUNTY ENVIRONMENTAL HEALTH**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 15260

File: 4608A  Action 2

Parcel: 13902112 PO  ☐ PC

Location: Hollybrook Lane

Subdivision:

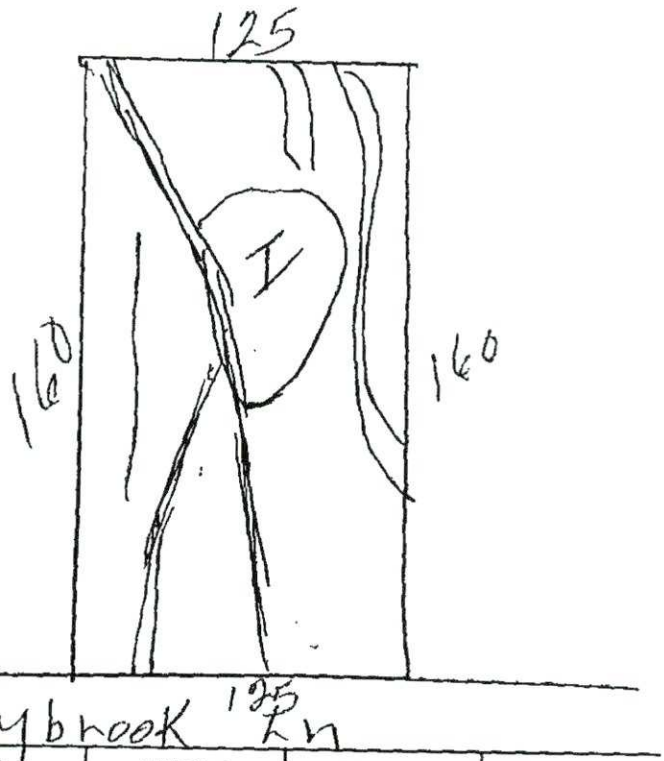
Lot: 28  Block:  Acres: .47

Owner:
Address: Interstate Development Corp.
5936 Monroe Road
Charlotte, NC 28212

Comments: _____

Described by: W. B. Ramsey

Date: 6-7-77




***** 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) Ditched | S PS U | 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 | S PS U | S PS U | S PS U |
| Depth | S PS (U) 20' | S PS U Various Ditches 3' Deep | S PS U | 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) 20'X30' | 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 | IIa Ditched Cecil | | | | |
| Area Classification | S PS (U) | S PS (U) | S PS U | S PS U | S PS U | S PS U |

DATE: 6-27-89

TO: HEALTH DEPARTMENT - ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE 4608A JURISDICTION CODE MINT

PARCEL NUMBER LOT 28 # 139-021-12p0

ASSIGNED ADDRESS

EXISTING ADDRESS 8810 ~~Claybro~~ Hollybrook Ln.

PROJECT NAME Forestbrook 2

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

| | APPROVED | NOT APPROVED |
|---|---|---|
| 1. SUBDIVISION REGULATIONS | ☐ | ☐ * |
| 2. FLOODWAY REGULATIONS | ☐ | ☐ * |
| 3. EROSION CONTROL REGULATIONS | ☐ | ☐ * |
| 4 COMMERCIAL DRAINAGE PLAN | ☐ | ☐ * |

| | PRESENT | NOT PRESENT |
|---|---|---|
| 5. PUBLIC UTILITY EASEMENT | ☐ * | ☐ |
| 6. PROPERTY FRONTS ON THOROUGHFARE | YES ☐ * | NO ☐ |
| 7. DRIVEWAY PERMIT REQUIRED | YES ☐ * | NO ☐ |

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

REMARKS: Septic tank

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

SIGNED:

DPW.EAN 7/86

6/2/88 Paid ck# 0284 $30.00 EW

# APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 4608A

TC: _____

☐ PC ☐ REPT

**JOB LOCATION**

① ADDRESS: LOT 28 HOLLYBROOK LN

② SUBDIVISION: FOREST BROOK ③ LOT: 28 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: PO 139 PAGE NO.: 021 PARCEL NO.: 12

⑥ DEED REFERENCE: BOOK NO.: 5597 PAGE NO.: 403

**OWNER**

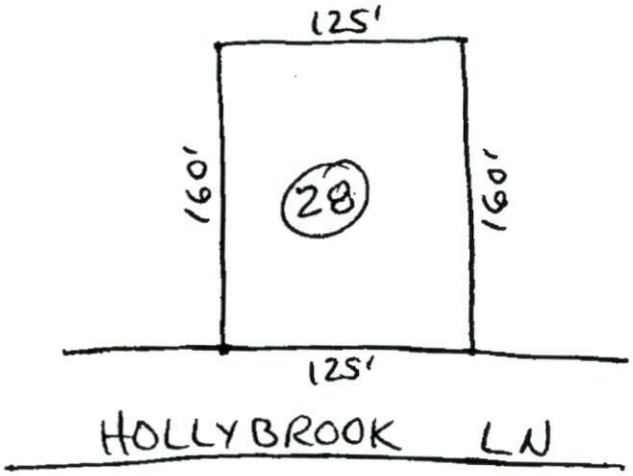
⑦ NAME: INTERSTATE DEV. CORP. - MARK MADDALON - PRES.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 5936 MONROE RD.

⑨ CITY: CHARLOTTE ⑩ STATE: NC ⑪ ZIP: 28212

⑫ PHONE: (WORK) 537-3847 (HOME) 364-7789

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: Mark Maddalon - Pres.

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

Date: 5-26-88

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