Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 6330A Permit #: 30005279 Tax Parcel #: 003-061-05

Property Owner: GKR Acres, LLC

Job Location Address: 1900 Shearer Rd

City: Davidson State: NC Zip Code: 28036

Operation Permit Issuance Date: 7/31/2014 Contractor Name: Brad Russell, R&H Septic

Permitted Design Flow: 720 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: n/a gallons

Effluent Pump Model: n/a

Drainfield Installation ☐ N/A

Trench Depth: 24 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 600 feet

# of Lines: 6 @ 100 feet

Depth of Media: 12 inches (Type) Chamber

Depth of Cover: 24 inches

Distribution Device: endcap

Bed Installation *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: >10 feet

Distance from Property Line: >10 feet

Distance from Water Supply Source: >50 feet

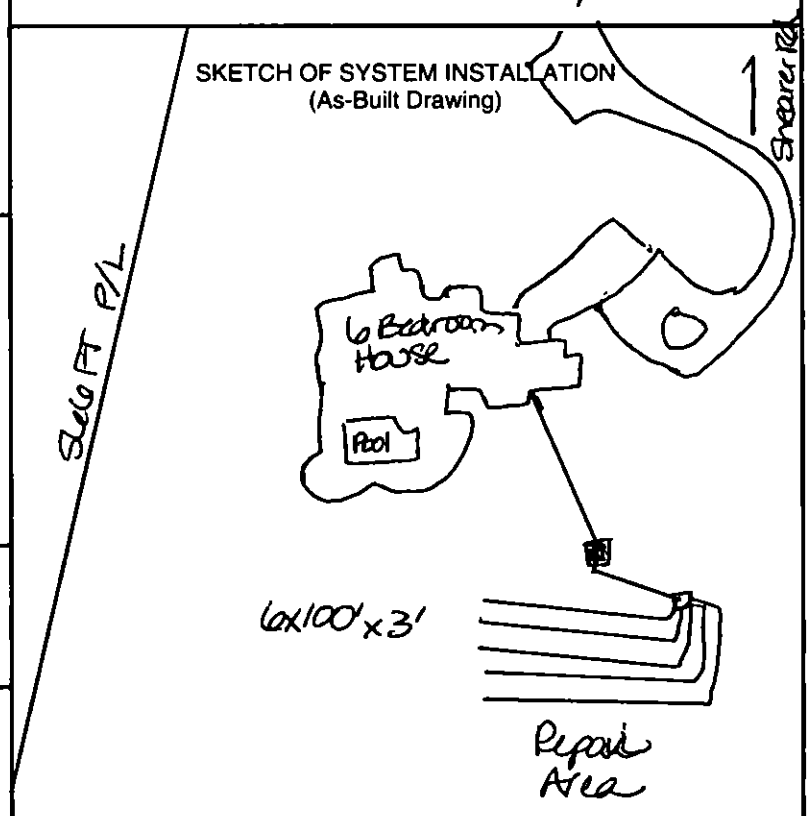
Inspection Dates

Tank(s) Inspected: 7/31/2014

Excavation Inspected: 7/31/2014

Pump & Controls Inspected: n/a

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



The undersigned has inspected the Septic Tank System described above, and certifies it has been ☒ installed ☐ altered ☐ repaired ☐ as detailed in the plot above ☒ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this 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 15A NCAC 18A. 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.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: IIIg, 25% reduction, gravity, 3BR, n/a, n/a

DENR Authorized Agent: Kim Garrett REHS Signature: Kim Garrett, REHS

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 6330A Permit #: 30005579 Tax Parcel #: 003-061-05

Property Owner: GKR Acres, LLC

Job Location Address: ~~4900~~ 4900 Shearer Rd

City: Davidson State: NC Zip Code: 28036

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: IIIg

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☒

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☒ System does not require inspection by GWS on a routine frequency.

☐ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other:

DENR Authorized Agent: Kim Garrett, REHS Date: 7/31/14

Signature: Kim Garrett, REHS

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 · Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

INSTALLATION APPROVAL for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 6330A Permit #: 30005979 Tax Parcel #: 003-061-05

Property Owner: GKR Acres

Job Location Address: 19005 Shearer Rd

City: Davidson State: NC Zip Code: 28031

Installation Approval Issuance Date: 7/31/2014

Permission is hereby given to ☒ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before _____, after which date this approval shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. 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 of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

***NOTICE: This system shall not be installed while soils are in a wet condition.**

Permitted Design Flow: 720 GPD
Site LTAR: 3 GPD/ft² (For new installations only.)
Liquid Capacity of Septic Tank: 1500 gallons
Liquid Capacity of Dosing Tank: n/a gallons

Drainfield Design ☐ N/A
Trench Depth: 30 inches
Trench Width: 3 feet
Line Spacing: 9 feet (O.C.)
Total line length: 600 feet
# of Lines: 6 @ 100 feet
Depth of Media: 12 inches (Type) Chambers
Distribution Device: Drop box and caps

Bed Design *(For Repair Installations ONLY.)* ☒ N/A
Bed Depth: _____ inches
Bed Width: _____ feet
Total line length: _____ feet
# of Lines: _____ @ _____ feet
Depth of Media: _____ inches (Type) _____
Distribution Device: _____

Water Supply Source
☐ Municipal ☒ Private Well ☐ Community Well
☐ Other _____

Minimum System Setbacks
Distance from Building Foundation: >10 feet
Distance from Property Line: >10 feet
Distance from Water Supply Source: 750 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

Install as shown on plot plan

Comments: System Classification & Type: IIIg, gravity to accepted 25% reduction

DENR Authorized Agent: Kim Garrett, REHS Signature: Kim Garrett, REHS

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30005279** GWS File #: **6330A** Tax Parcel #: **003-061-05**

- This IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be **NO** grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is **NOT** transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 12/6/2017

Type of Installation: Residential - New System Lot Number: 0

Structure Type: HOUSE Size (ft^2): 9445 # Bedrooms: 6 # Occupants: 4

Building Foundation: Crawl Space Water Supply: Private Well

II. Initial System Type: Approved **System Classification:** IIIg

Initial System Specifications:

Design Flow (gpd):	720	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A		
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1800	Total Trench Length (ft):	600		
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Distribution Box				

III. Repair System Type: Approved **System Classification:** IIIg

Repair System Specifications:

Design Flow (gpd):	720	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A		
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1800	Total Trench Length (ft):	600		
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Distribution Box				

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michelone Owner/Legal Agent: _____
Print Name

Signature: Jeremy Mich, 12/6/12 Signature: _____

Date Issued: 12/6/2012

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St. Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30005279** GWS File #: **6330A**

IV. Permit Conditions/Comments:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michelone Owner/Legal Agent:_____
Print Name

Signature: Jeremy Michelone Signature:_____

Date Issued: 12/6/2012

FEE: 200.00

DATE: 12/17/2012

CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

MECKLENBURG COUNTY

GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 6330A

PERMIT NUMBER: 30005279

PARCEL NUMBER: 00306105

JOB LOCATION INFORMATION

ADDRESS: 21900 SHEARER RD

CITY: DAVIDSON **STATE: NC** **ZIP:** 28036

ISSUED TO: GKR Acres LLC

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 12/6/2012

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30005279, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH THE MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.
   *CONSTRUCTION AUTHORIZATION EXPIRATION DATE: 12/6/2017

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: 30005279 GWS File #: 6330A Tax Parcel #: 003-061-05

- This IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 12/6/2017

Type of Installation: Residential - New System Lot Number: 0

Structure Type: HOUSE Size (ft^2): 9445 # Bedrooms: 6 # Occupants: 4

Building Foundation: Crawl Space Water Supply: Private Well

II. Initial System Type: Approved **System Classification:** IIIg

Initial System Specifications:

Design Flow (gpd):	720	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1800	Total Trench Length (ft):	600
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Distribution Box		

III. Repair System Type: Approved **System Classification:** IIIg

Repair System Specifications:

Design Flow (gpd):	720	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1800	Total Trench Length (ft):	600
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Distribution Box		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michelone Owner/Legal Agent: TODD SERDULA

Signature: Jeremy Mich. 12/6/2012 Signature: Todd M. Serdula

Print Name

Date Issued: 12/6/2012

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-8894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: 30005279 GWS File #: 6330A

IV. Permit Conditions/Comments:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michelone

Signature: Jeremy Mc Reels

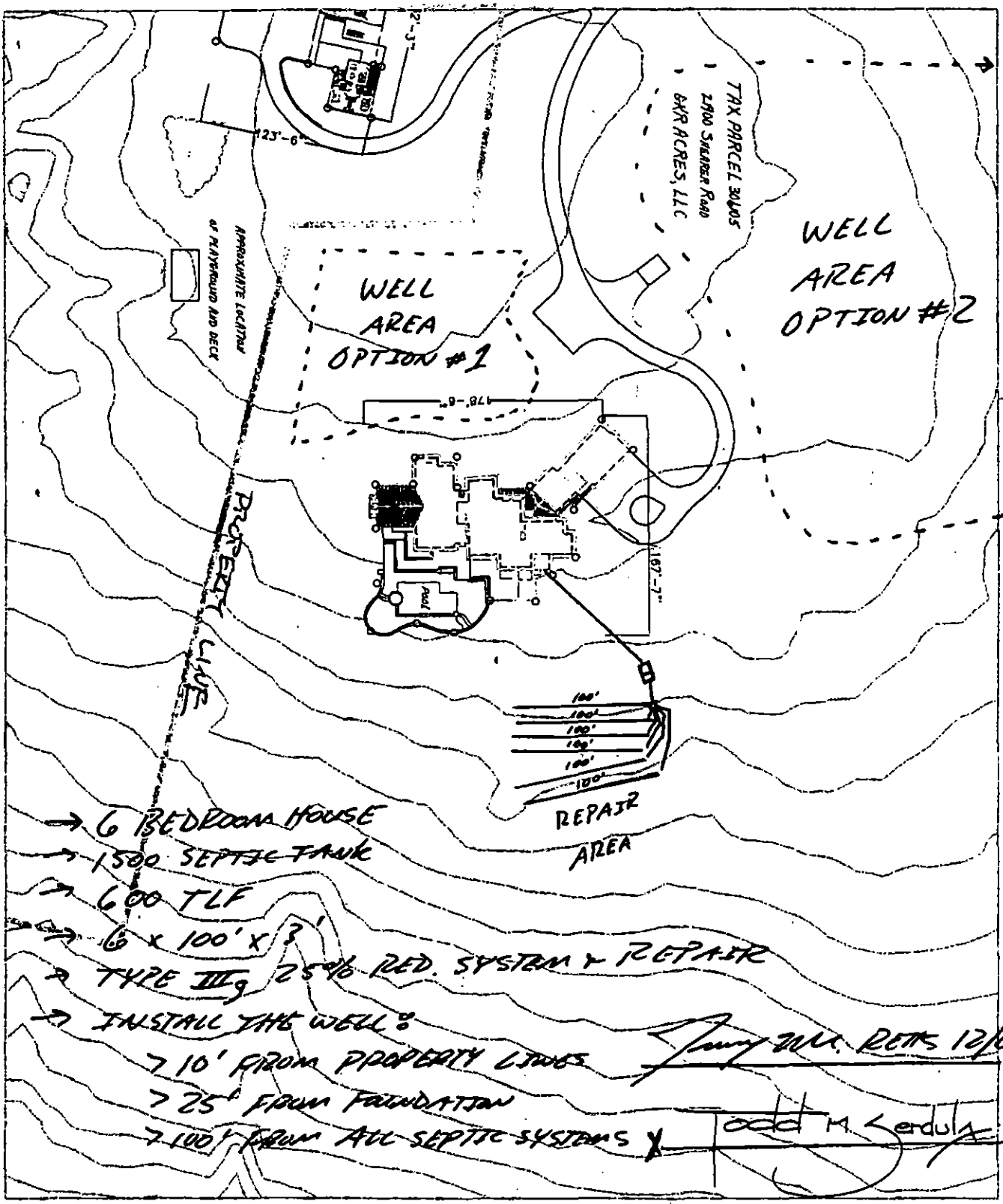
Date Issued: 12/6/2012

Owner/Legal Agent: TODD SERDULA
Print Name

Signature: Todd M. Serdula

Page 2 of 2

6330A, 5279, 003-061-05 21900 SHEARER ROAD



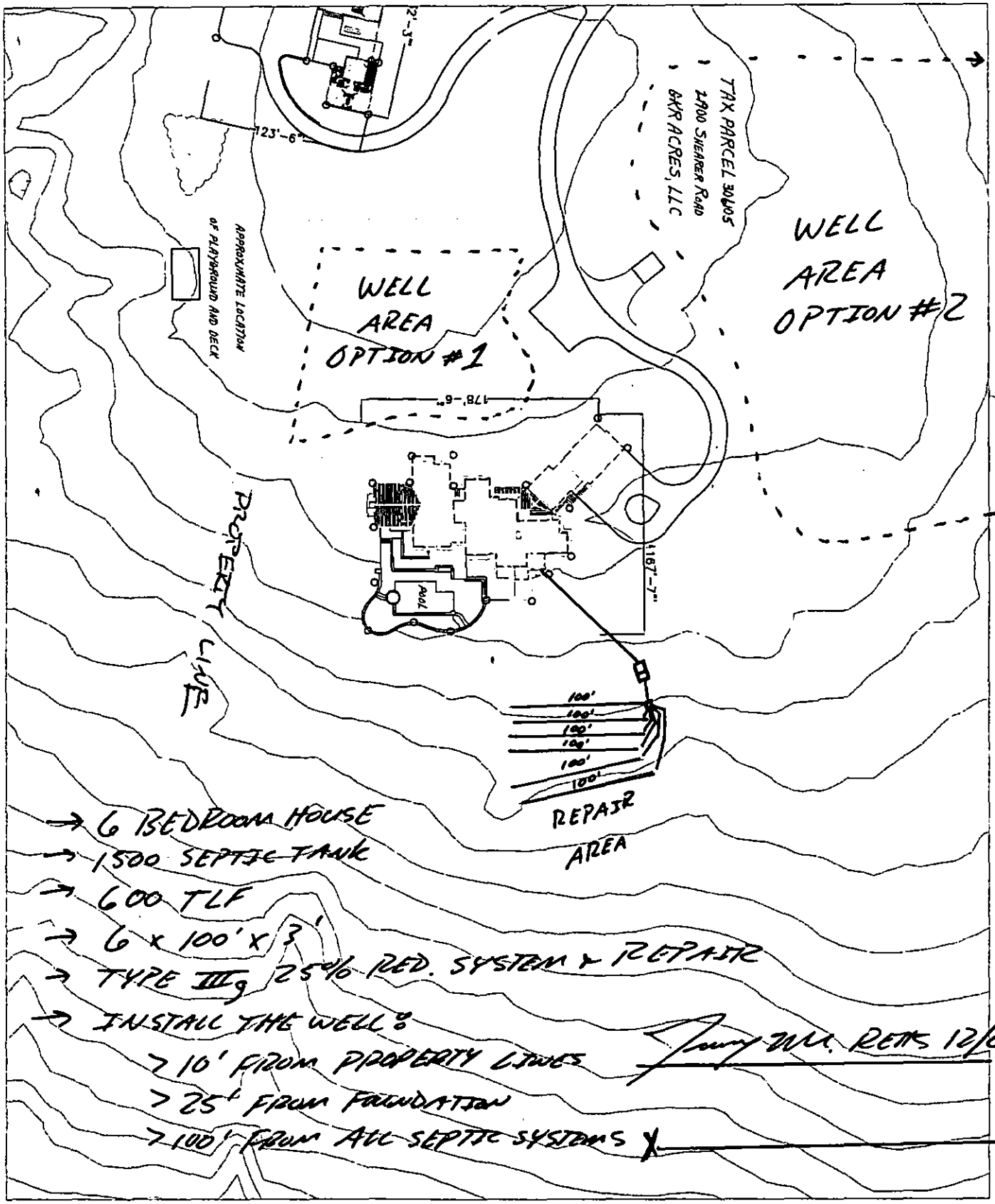
SHEET 3

House Plan

GKR ACRES
Davidson, North Carolina

Stopia GROUP

6330A, 5279, 003-061-65 21900 SHEARER ROAD



→ 6 BEDROOM HOUSE
→ 1500 SEPTIC TANK
→ 600 TLF
→ 6 x 100' x 3'
→ TYPE III, 25% RED. SYSTEM + REPAIR
→ INSTALL THE WELL @
  > 10' FROM PROPERTY LINES
  > 25' FROM FOUNDATION
  > 100' FROM ALL SEPTIC SYSTEMS

Jerry Mc. Revs. 12/6/12

X

SHEET 1

House Plan

GKR ACRES
Davidson, North Carolina

topia GROUP

House

Proj. # 330870

6330A

MECKLENBURG COUNTY
HEALTH DEPARTMENT

App. # 5279

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: 00 306105

STREET ADDRESS: 21900 Shearer Road

CITY: Davidson

STATE: NC ZIP: 28036

SUBDIVISION NAME: na

LOT #: na LOT SIZE (acres): 57.00

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: 9,445

NUMBER OF BEDROOMS: 6

NUMBER OF OCCUPANTS: 4

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:** 1 2 3 4 5

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: GKR ACRES,LLC

ADDRESS: 166 LUGNUT LANE SUITE A

CITY: MOORESVILLE

STATE: NC ZIP: ~~28203~~ 28117

WORK PHONE: _____

MOBILE PHONE: _____

FAX: _____

E-MAIL: _____

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

NAME: TODD SERDULA

ADDRESS: 425 MAGNOLIA AVE

CITY: CHARLOTTE

STATE: NC ZIP: 28203

WORK PHONE: (704) 904-1216

MOBILE PHONE: (704) 904-1216

FAX: _____

E-MAIL: TODD@TOPIAGROUP.COM

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

Revised on: 12/15/10

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. TAS (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. TAS (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.

Property Owner's or Owner's Legal Representative Signature

11/28/12
Date

OFFICE USE ONLY

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

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

WELL APPLICATION FEE RECEIVED: $ 550 DATE FEE RECEIVED: 11/29/12

APPLICATION PROCESSED BY: dws

GWS FILE NUMBER ASSIGNED: 6330A

APPLICATION ID NUMBER ASSIGNED: 5279

COMMENTS:

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

stopia GROUP

GKR ACRES

Davidson, North Carolina

House Plan

NORTH

1" = 100'

11-15-17

SHEET 3

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

Property ID: 306105
Lot #:
File #: 6330A
AppID: 5279

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: GKR ACRES, LLC
Applicant: Todd Serdula
Address: 166 (A) Lugnut Lane Mooresville, NC 28117
Date Evaluated: 10/18/2011
Proposed Facility: Residence
Design Flow (.1949) 720 GPD
Property Size: 57 Acres
Location of Site: 21900 Shearers Road Davidson, NC 28036
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

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	Profile Class & LTAR
1	LS	0-2	GR/SCL	FR/SS/SP/SEXP	>48" TO SOIL WETNESS	48"	NA	NA	PS, IV
	5%	2-48	SBK/C	FI/S/P/SEXP					0.3 G/D/FT2
2	LS	0-2	GR/SCL	FR/SS/SP/SEXP	>48" TO SOIL WETNESS	48"	NA	NA	PS, IV
	5%	2-48	SBK/C	FI/S/P/SEXP					0.3 G/D/FT2
3	LS	0-4	GR/SCL	FR/SS/SP/SEXP	>48" TO SOIL WETNESS	48"	NA	NA	PS, IV
	15%	4-48	SBK/C	FI/S/P/SEXP					0.3 G/D/FT2
4	LS	0-2	GR/SCL	FR/SS/SP/SEXP	>48" TO SOIL WETNESS	48"	NA	NA	PS, IV
	15%	2-24	SBK/C	FI/S/P/SEXP					0.3 G/D/FT2
		24-48	SBK/CL	FI/S/P/SEXP					
5	LS	0-48	SBK/C	FI/S/P/SEXP	>48" TO SOIL WETNESS	48"	NA	NA	PS, IV
	15%								0.3 G/D/FT2

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	III g	III g
Site LTAR	0.3	0.3

Other Factors (.1946):
Soil Evaluation By: Jeremy Michelone, REHS
Others Present: Todd Serdula
Site Classification (.1948): Povisionally Suitable
Site Evaluation By: Jeremy Michelone, REHS
Others Present: Todd Serdula

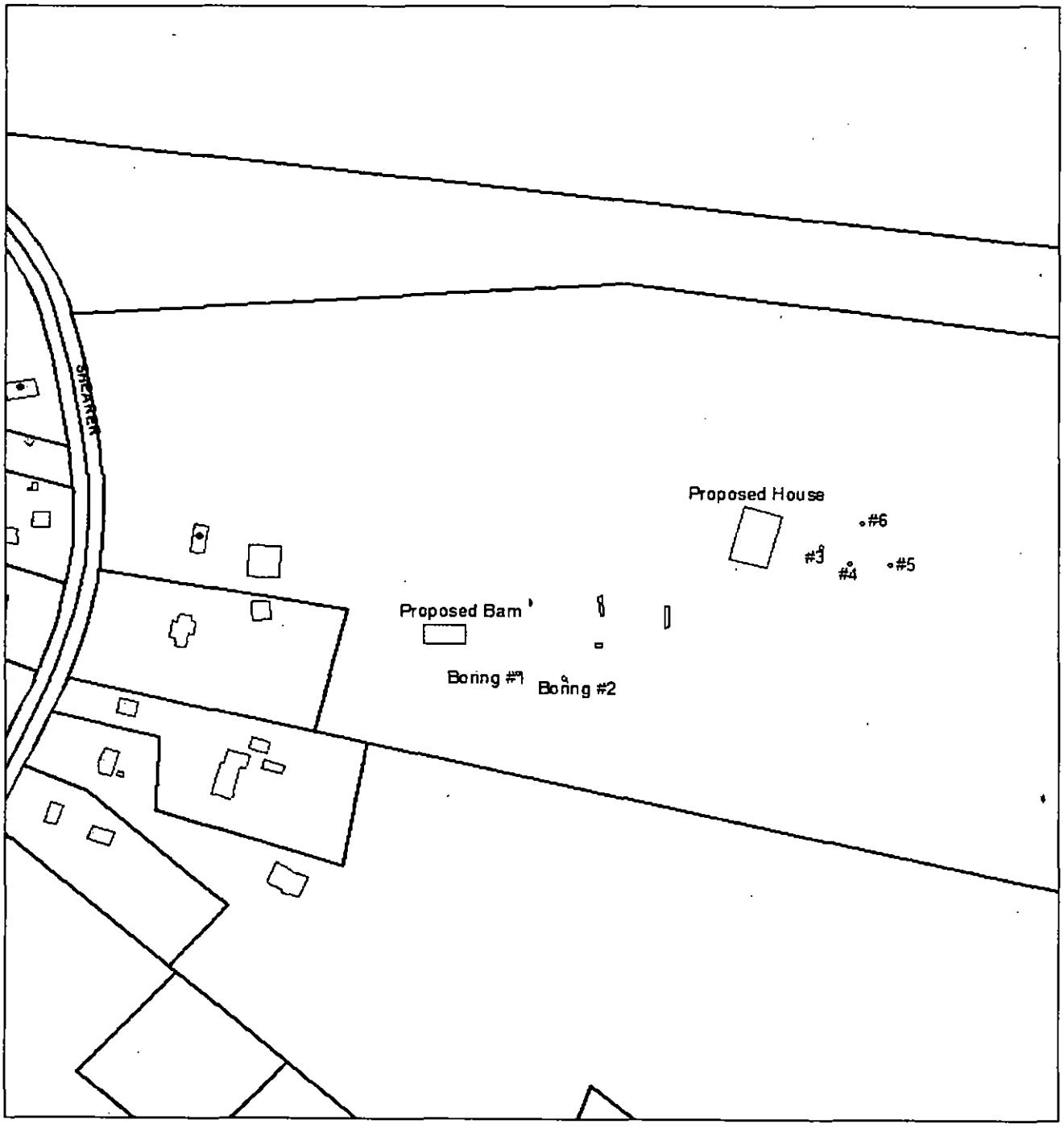
Jeremy Mc REHS
12/8/12

COMMENTS: Exact house site will need to be located before an IP can be written.

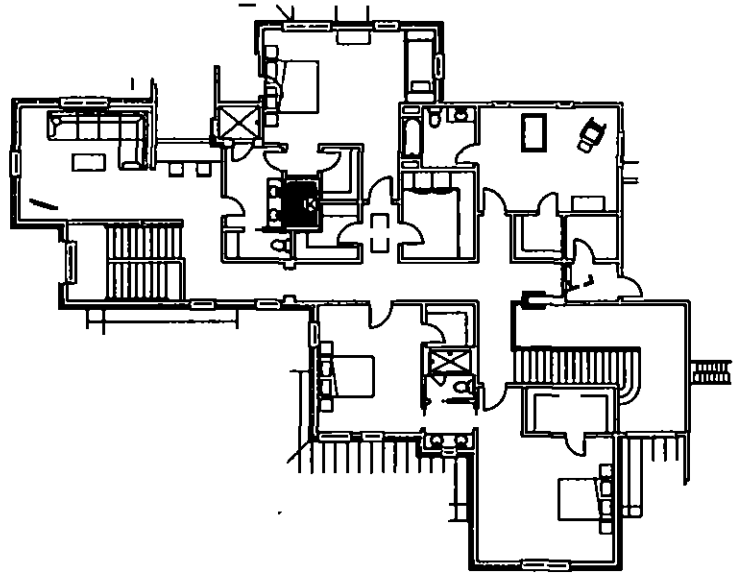
Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace				
FP-Flood Plain		CL-Clay Loam		
		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

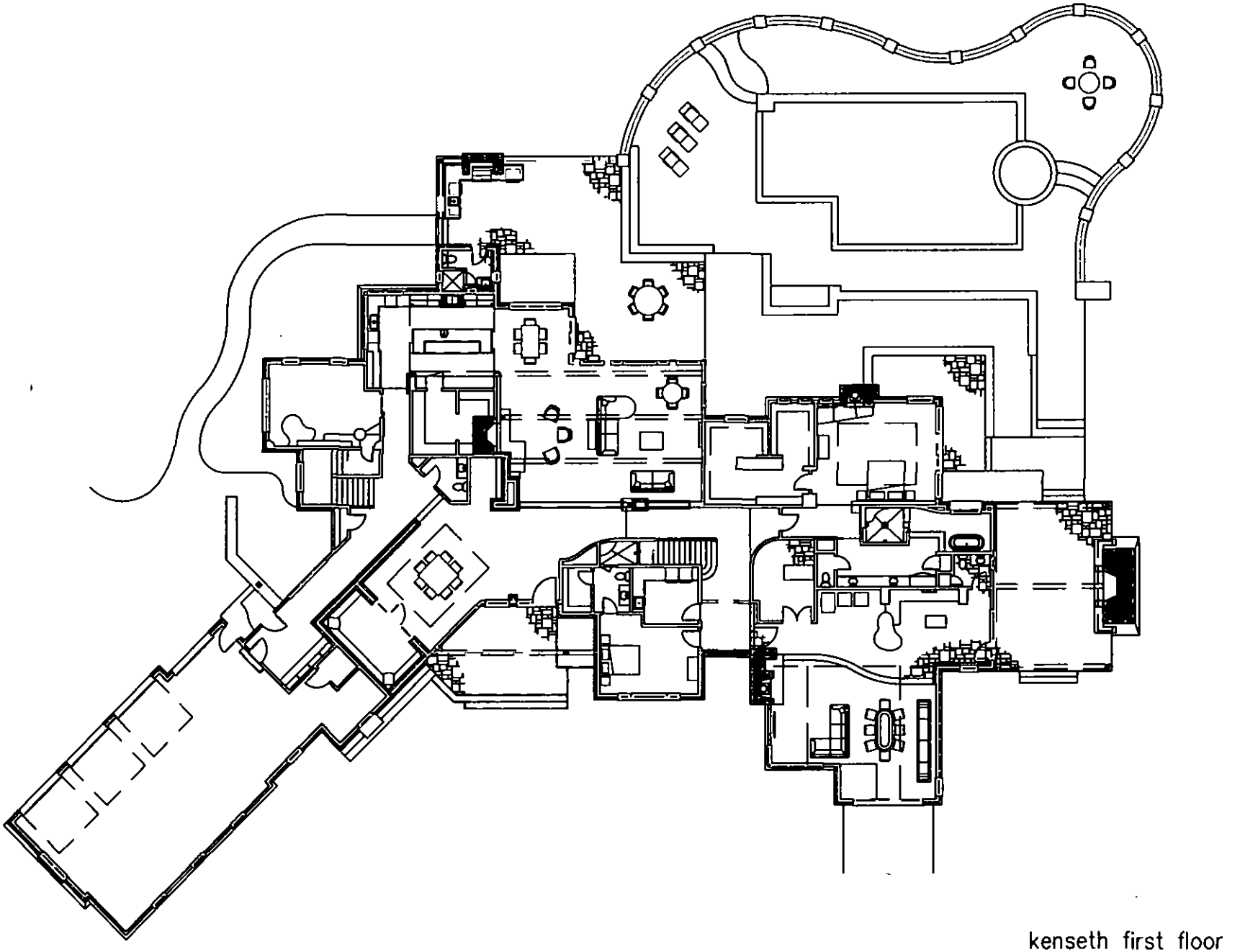
SOIL EVALUATION FOR:
21900 Shearer Road
FILE # 6330A



Jeremy Michelone. R.S.
October 19, 2011



kenseth second floor
nts
4 bedrooms



kenseth first floor
nts
2 bedrooms

SHEET 2

Master Plan

GKR ACRES

Davidson, North Carolina

topia GROUP

FOR REGISTRATION
J. David Granberry
REGISTER OF DEEDS
Mecklenburg County, NC
2012 NOV 15 11:31:49 AM
BK:27823 PG:770-774
FEE:$26.00
INSTRUMENT # 2012162183
MILLSES

RETURNED TO CUSTOMER



NORTH CAROLINA
GENERAL WARRANTY DEED

Excise Stamps: $0
Parcel ID/Tax Lot Number: p/o 003-061-05

Mail after recording to: Grantee's Mailing Address

Prepared By: The Coley Law Firm, PLLC, 8320 Univ. Exec. Park Dr., Suite 109, Charlotte, NC 28262

NO TITLE SEARCH OR CLOSING PERFORMED IN CONNECTION WITH THIS DEED PREPARATION.

Brief Description for the Index:
10.235 Acres off Shearer Road S.R. 2418

THIS DEED made this 8th day of November, 2012 by and between:

GRANTOR	GRANTEE
GKR Acres, LLC, **a North Carolina Limited Liability Company** **Forwarding Address:** **166 Lugnut Lane #A** **Mooresville, NC 28117**	**GKR Shop, LLC,** **a North Carolina Limited Liability Company** **Property Location:** **Shearer Road,** **Davidson, NC 28036** **Mail to:** **166 Lugnut Lane #A** **Mooresville, NC 28117**

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 Davidson, Mecklenburg County, North Carolina and more particularly described as follows:

SEE EXHIBIT "A" ATTACHED HERETO:

If initialed, the property includes the primary residence of at least one of the Grantors. _____
(NC GS § 105-317.2)

The property hereinabove described was acquired by Grantor by instrument recorded in Book 26891, Page 835.

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:

Enforceable easements, restrictions and rights of way of record.
Current Year Ad Valorem Taxes

IN WITNESS WHEREOF, the Grantor has hereunto set his hand and seal, the day and year first above written.

GKR Acres, LLC (SEAL)
By: _____
Katherine Kenseth, Manager

SEAL - STAMP

STATE OF NORTH CAROLINA COUNTY OF MECKLENBURG

I certify that the following person(s) personally appeared before me this day, and (having personal knowledge of her identity) (having seen satisfactory evidence of her identity, by a current state or federal identification with her photograph in the form of a Pr. Lic) (a credible witness has sworn to her identity); acknowledging to me that she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated:
Katherine Kenseth, Manager of GKR Acres, LLC, Grantor

Date: November 8th, 2012

_____
Notary Public

Print Name: Lee Geller

My Commission Expires: Jan 14th 2016

LEE GELLER NOTARY PUBLIC IREDELL COUNTY, NC

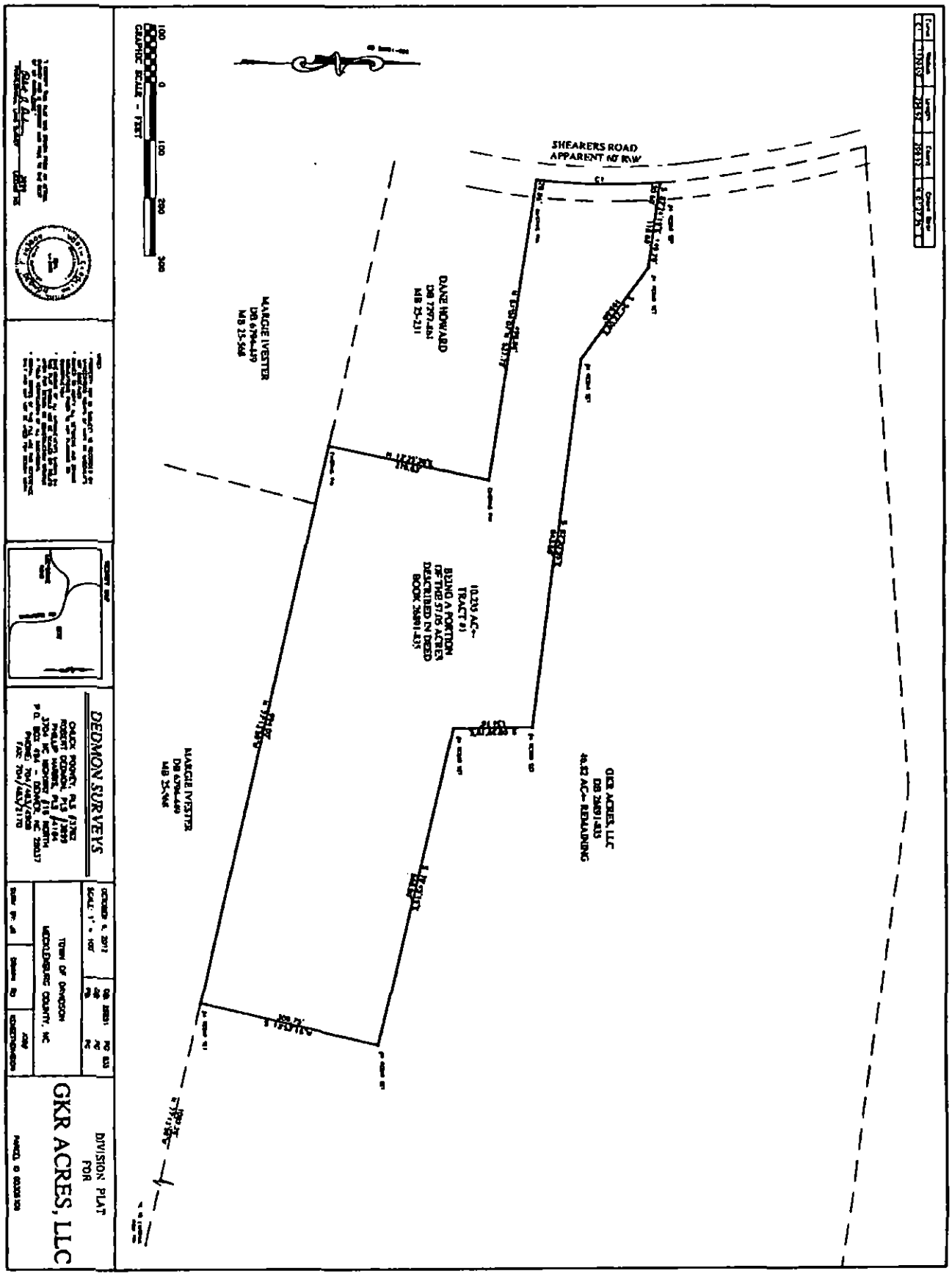
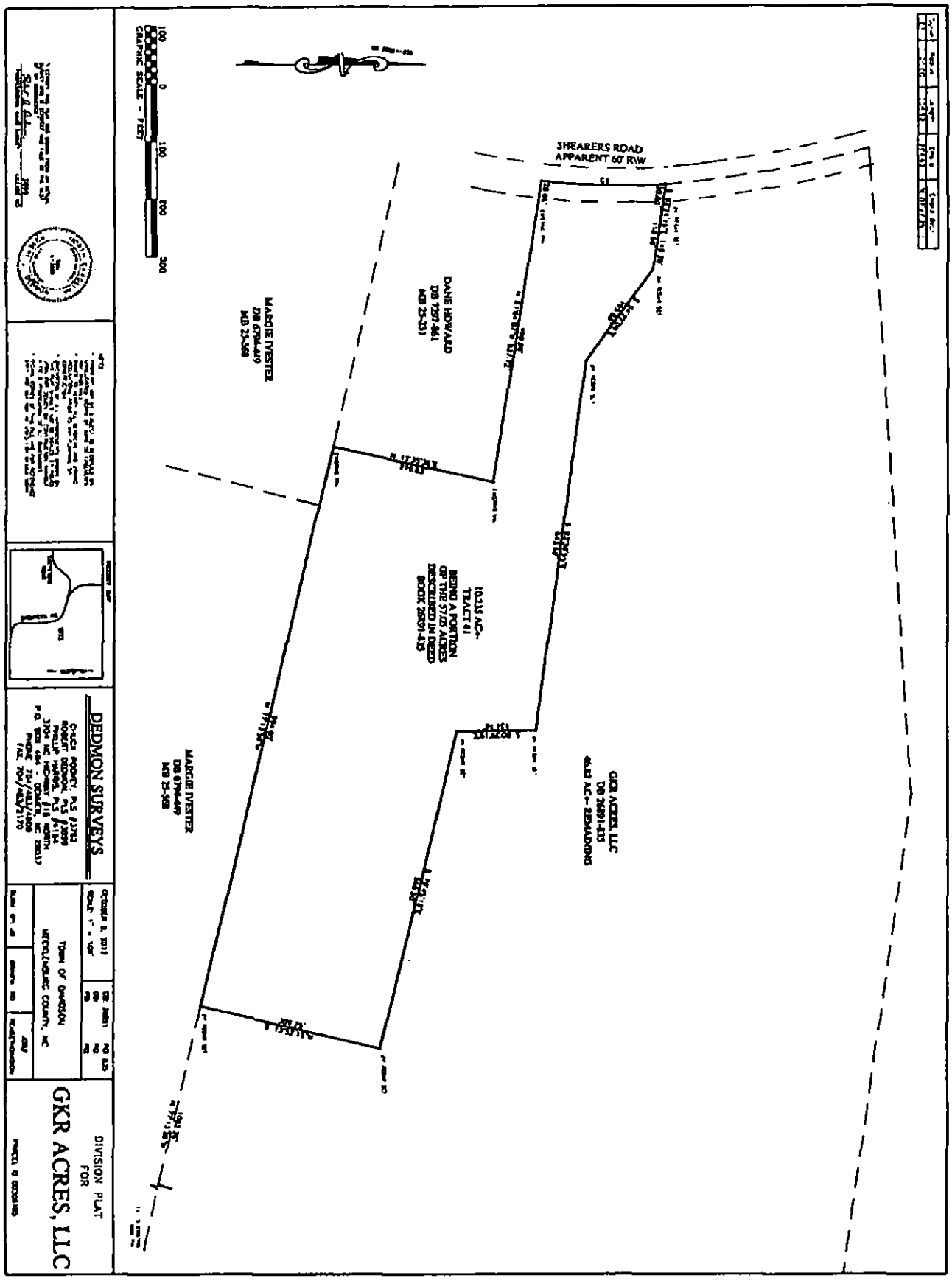

SHEARERS ROAD
APPARENT 60' R/W
DANE HOWARD
DB 1707-484
MB 35-131
MARGIE IVESTER
DB 6794-449
MB 35-168
11.220 AC±
TRACT #1
BEING A PORTION
OF THE 57.05 ACRES
DESCRIBED IN DEED
BOOK 2691-433
GKR ACRES, LLC
DB 2691-433
45.83 AC± REMAINING
MARGIE IVESTER
DB 6794-449
MB 35-168
DEDMON SURVEYS
DIVISION PLAT
FOR
GKR ACRES, LLC

EXHIBIT "A"

BEGINNING at a calculated point in the centerline of a public right-of-way (no recorded right of way found) for Shearer Road, S.R. #2418 in a curve in a northwesterly direction along an arc having a radius of 1120.00 feet, an arc length of 208.92 feet (chord bearing N. 01-27-36 E., chord length 208.62 feet) to a calculated point in the centerline of the apparent 60' right of way for Shearer Road, and running thence S. 82-24-16 E. 30.6 feet to a #4 rebar set at the eastern edge of the apparent Shearer Road R/W, and running thence S. 82-24-16 E. 118.69 feet along a new line in the GKR Acres, LLC property, now or formerly, as recorded in Deed Book 26891, Page 835, Mecklenburg County Public Registry, to a #4 rebar set in a new line of the GKR Acres, LLC property, and running thence with a new line in the GKR Acres, LLC property S. 54-22-09 E. 195.86 feet to a #4 rebar set in a new line in the GKR Acres, LLC property, and running thence along a new line in the GKR Acres, LLC property S. 82-30-55 E. 643.68 feet to a #4 rebar set in a new line in the GKR Acres, LLC property, and running thence along a new line in the GKR Acres, LLC property S. 00-39-19 E. 134.76 feet to a #4 rebar set in a new line in the GKR Acres, LLC property, and running thence with a new line in the GKR Acres, LLC property S. 76-45-18 E. 566.9 feet to a #4 rebar set in new line of the GKR Acres property, and running thence with a new line in the GKR Acres, LLC property S. 13-52-15 W. 309.75 feet to a #4 rebar set at the southern border of the GKR Acres, LLC property, and the northern border of the Margie Ivester property, now or formerly, as recorded in Deed Book 6794, Page 449, Mecklenburg County Public Registry, and running thence along the northern edge of the Margie Ivester property N. 77-13-59 W. 994 feet to an existing pin in the northern edge of another tract of Margie Ivester as conveyed by her deed aforesaid and at the southernmost corner of the Dane Howard property, now or formerly, as recorded in Deed Book 7297, Page 861, Mecklenburg County Public Registry, and running thence N. 12-35-38 E. 279.63 feet to an existing pin at the easternmost corner of the Dane Howard property, and running thence N. 81-04-07 W. 498.86 feet along the northern edge of the Dane Howard property to an existing pin in the northern edge of the Dane Howard property and at the eastern edge of the apparent Shearer Road R/W, and running thence N. 81-04-07 W. 28.86 feet to the point and place of BEGINNING, and containing approximately 10.235 acres, more or less, as shown on survey by Robert J. Dedmon, PLS, dated 10/9/12, and attached hereto and incorporated herein by reference as Exhibit "B", and being a portion of the 57.05 acres described in Deed Book 26891, Page 835, Mecklenburg County Public Registry.

EXHIBIT "B"


SHEARERS ROAD
APPARENT 60' R/W
MARGIE IVESTER
DB 6794-449
MB 23-568
DANE HOWARD
DB 7557-961
MB 23-431
10.335 AC+-
TRACT 01
BEING A PORTION
OF THE 57.05 ACRES
DESCRIBED IN DEED
BOOK 26591-433
GKR ACRES, LLC
DB 26591-433
49.63 AC+- REMAINING
MARGIE IVESTER
DB 6794-449
MB 23-568
GRAPHIC SCALE - FEET
100
0
100
200
300
DEDMON SURVEYS
TOWN OF DAVIDSON
MECKLENBURG COUNTY, NC
DIVISION PLAT
FOR
GKR ACRES, LLC

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

Page 1
Property ID: 306105
Lot #:
File #: 6330A
AppID: 5279

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: GKR ACRES, LLC
Applicant: Todd Serdula
Address: 166 (A) Lugnut Lane Mooresville, NC 28117
Date Evaluated: 10/18/11
Proposed Facility: Residence
Design Flow (.1949) 720 GPD
Property Size: 57 Acres
Location of Site: 21900 Shearers Road Davidson, NC 28036
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

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	Profile Class & LTAR
1	LS	0-2	GR/SCL	FR/SS/SP/SEXP	>48" TO SOIL WETNESS	48"	NA	NA	PS, IV
	5%	2-48	SBK/C	FI/S/P/SEXP					0.3 G/D/FT2
2	LS	0-2	GR/SCL	FR/SS/SP/SEXP	>48" TO SOIL WETNESS	48"	NA	NA	PS, IV
	5%	2-48	SBK/C	FI/S/P/SEXP					0.3 G/D/FT2
3	LS	0-4	GR/SCL	FR/SS/SP/SEXP	>48" TO SOIL WETNESS	48"	NA	NA	PS, IV
	15%	4-48	SBK/C	FI/S/P/SEXP					0.3 G/D/FT2
4	LS	0-2	GR/SCL	FR/SS/SP/SEXP	>48" TO SOIL WETNESS	48"	NA	NA	PS, IV
	15%	2-24	SBK/C	FI/S/P/SEXP					0.3 G/D/FT2
		24-48	SBK/CL	FI/S/P/SEXP					
5	LS	0-48	SBK/C	FI/S/P/SEXP	>48" TO SOIL WETNESS	48"	NA	NA	PS, IV
	15%								0.3 G/D/FT2

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	0.3	0.3

Other Factors (.1946):
Soil Evaluation By: Jeremy Michelone, REHS
Others Present: Todd Serdula
Site Classification (.1948): Povisionally Suitable
Site Evaluation By:
Others Present:

COMMENTS: Exact house site will need to be located before an IP can be written.

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace				
FP-Flood Plain		CL-Clay Loam		
		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

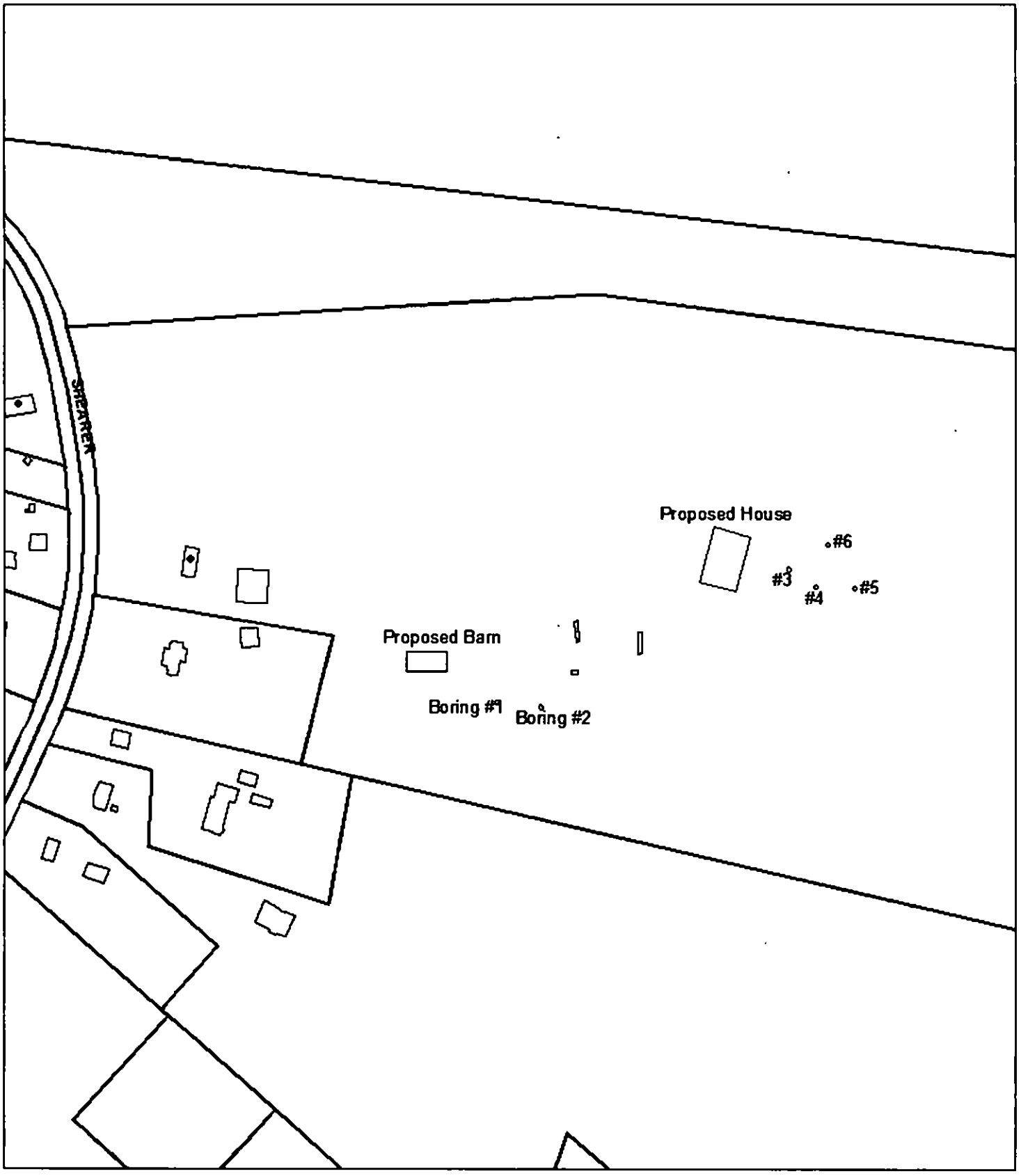
Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 4
File #: 6330A

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
CONTINUED

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	SOIL MORPHOLOGY .1941 .1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
6	LS	0-2	GR/SCL	FR/SS/SP/SEXP	>48" TO SOIL WETNESS	48"	NA	NA	PS, IV
	15%	2-48	SBK/C	FI/S/P/SEXP					0.3 G/D/FT2

SOIL EVALUATION FOR:
21900 Shearer Road
FILE # 6330A



Jeremy Michelone, R.S.
October 19, 2011

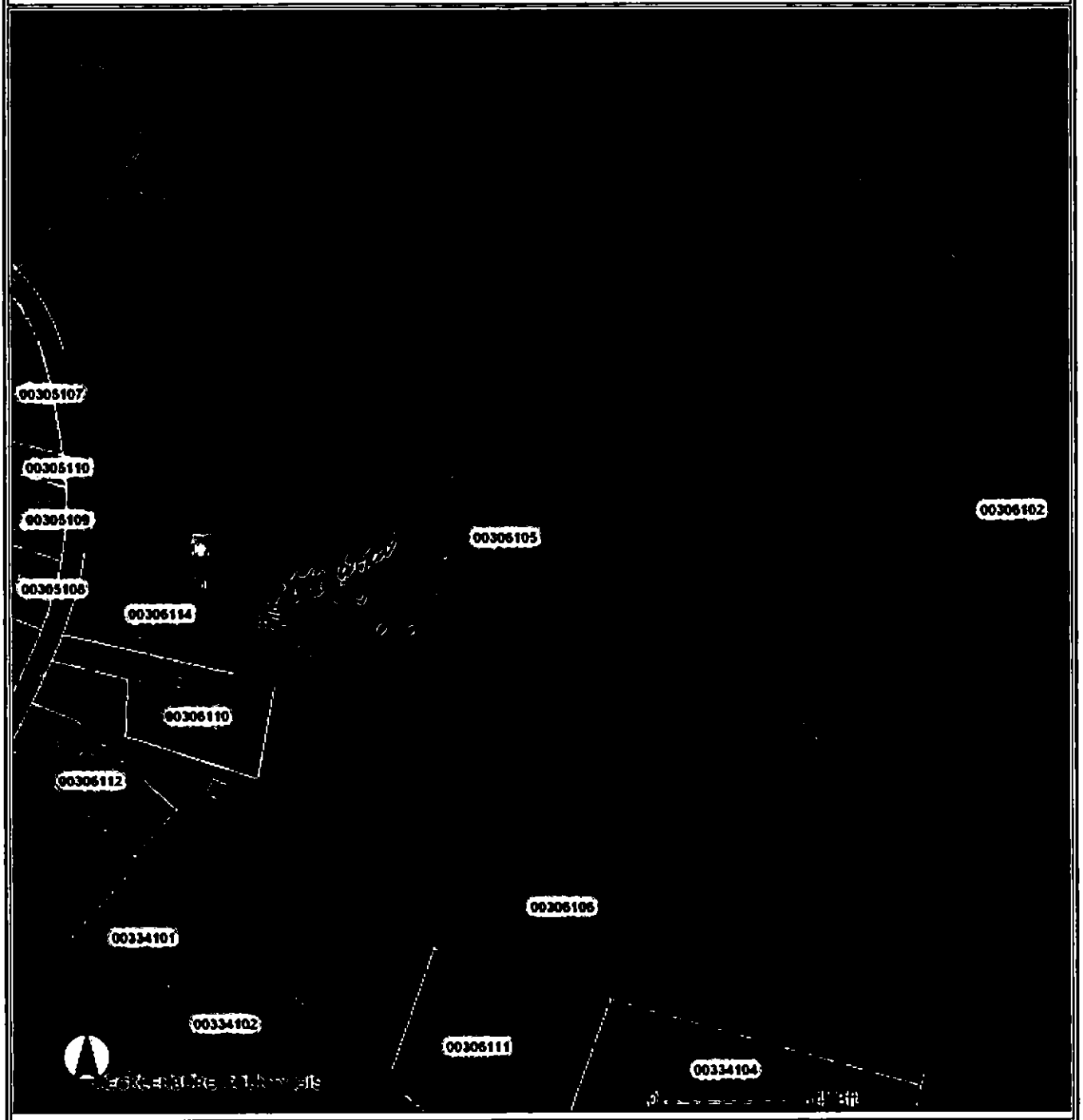
0 160 320 640 Feet

Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Mon Oct 17 09:35:14 EDT 2011



This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

(#1) 0-2 GR/SCC 2-48 SBR/C 0.3

(#2) 0-2 GR/SCC 2-48 SBR/C 0.3

(#3) 0-4 GR/CL 4-48 SBR/C

(#4) 0-2 GR/SCC 2-24 SBR/C 24-48 SBR/CL

(#5) 0-48 - SBR/C

6330 A 5279

MECKLENBURG COUNTY
HEALTH DEPARTMENT

COPY

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: 003-061-05
STREET ADDRESS: 21900 Shearer Rd
CITY: Davidson
STATE: NC ZIP: 28036
SUBDIVISION NAME: na
LOT #: na LOT SIZE (acres): 57.00
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: 7,500
NUMBER OF BEDROOMS: 6
NUMBER OF OCCUPANTS: 4
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: 1 2 3 4 5

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? 11/15/11 ☐ N/A

12. PROPERTY OWNER:

NAME: GKR ACRES,LLC
ADDRESS: 166 (A) Lugnut Lane,
CITY: Mooresville
STATE: NC ZIP: 28117
WORK PHONE:
MOBILE PHONE:
FAX:
E-MAIL:

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: Todd Serdula
ADDRESS: 425 Magnolia Ave
CITY: Charlotte
STATE: NC ZIP: 28203
WORK PHONE: (704) 904-1216
MOBILE PHONE: (704) 904-1216
FAX:
E-MAIL: TODD@TOPIAGROUP.COM

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

Revised on: 12/15/10

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.

TMS _____ (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.

_____ (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.

_____ 11/13/11

Property Owner's or Owner's Legal Representative Signature — Date

---

OFFICE USE ONLY

O SURVEY PLAT TO SCALE SUBMITTED O SCALED SITE PLAN SUBMITTED O 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:

_____

_____

_____

_____

_____

_____

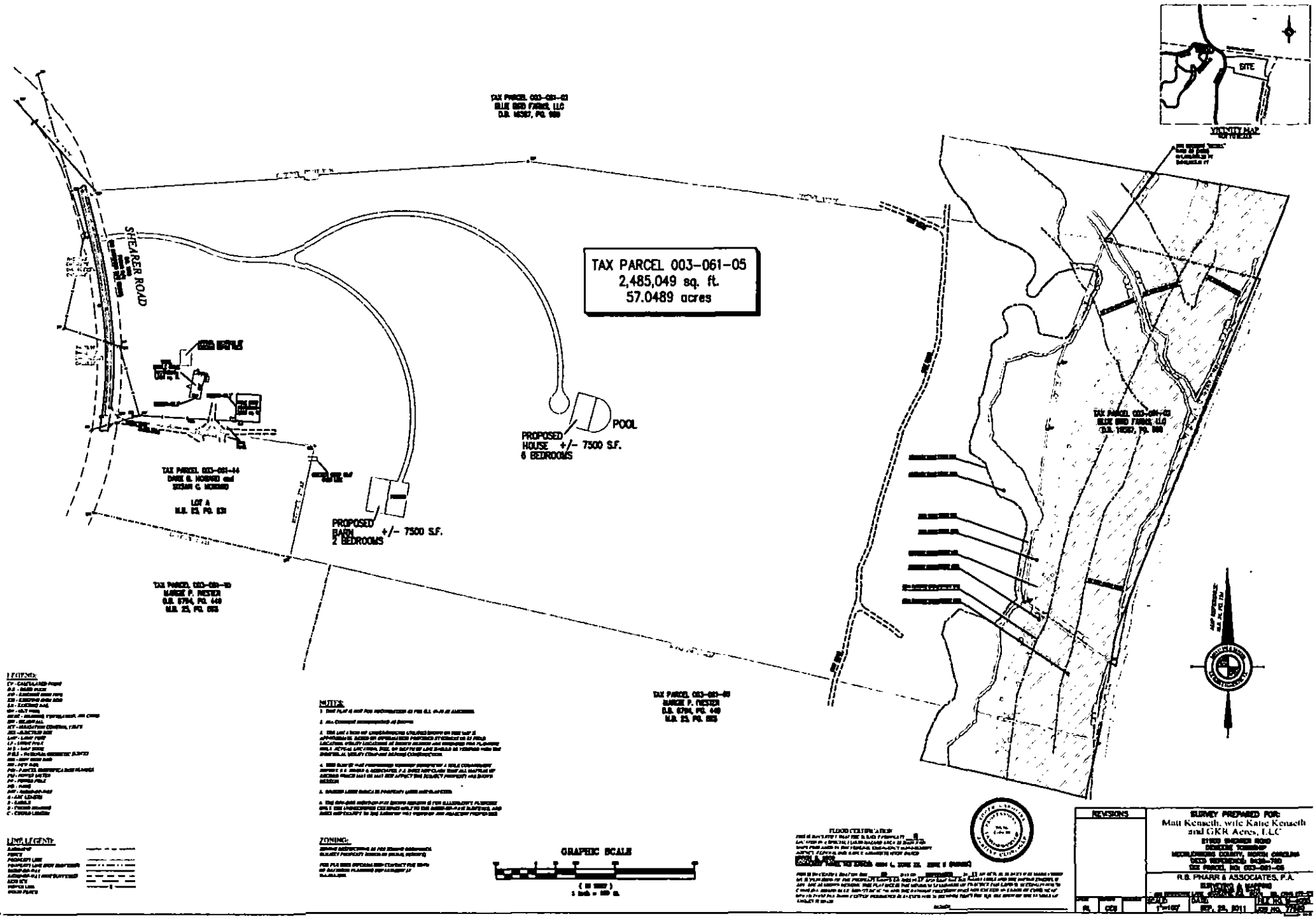
_____

_____

_____

_____

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


SITE
VICINITY MAP
TAX PARCEL 003-061-03
BLUE BIRD FARMS, LLC
D.B. 14367, PG. 999
SHEARER ROAD
TAX PARCEL 003-061-05
2,485,049 sq. ft.
57.0489 acres
POOL
PROPOSED
HOUSE +/- 7500 S.F.
6 BEDROOMS
PROPOSED
BARN +/- 7500 S.F.
2 BEDROOMS
TAX PARCEL 003-061-14
DARE B. HOWARD and
SUSAN C. HOWARD
LOT A
M.B. 23, PG. 139
TAX PARCEL 003-061-10
MARGIE P. HESTER
D.B. 5794, PG. 449
M.B. 23, PG. 085
TAX PARCEL 003-061-09
MARGIE P. HESTER
D.B. 5794, PG. 449
M.B. 23, PG. 085
TAX PARCEL 003-061-03
BLUE BIRD FARMS, LLC
D.B. 14367, PG. 999
NOTES:
ZONING:
GRAPHIC SCALE
FLOOD CERTIFICATION:
REVISIONS
SURVEY PREPARED FOR:
Matt Kenseth, wife Katie Kenseth
and GKR Acres, LLC
R.B. PHARR & ASSOCIATES, P.A.
SURVEYING & MAPPING
SCALE
1"=100'
DATE
SEPT. 25, 2011

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 6330A DATE: 1/18/90

TC: 003-061-05 ☒ L ☒ CRT

SERIAL № 13067

Name of Owner Duane H. Burch Juris.:

Address of Property 21900 Shears Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 5 @ 80

Cover Depth 10"

Water Supply Source well

Distance to Water Source >50

Excavation Inspected 1/18/90

Tank(s) Inspected 1/18/90

Wash Line Inspected NA

High Water Alarm Inspected NA

PLOT

Design: 1990 1500ST, CON, 1200SFT, 12"G ccwl CTR# 103

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 house

Philo S. Walker R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

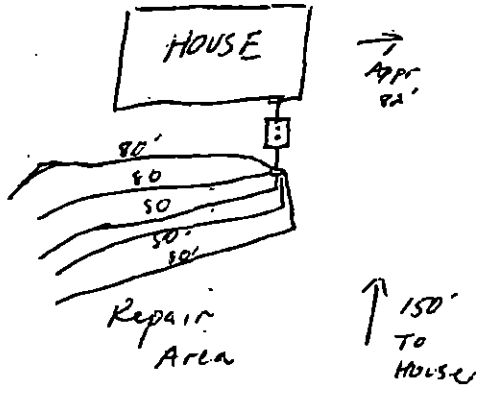
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6330A DATE: 1/4/90

TC: 003-061-05 pt L

SERIAL Nº 14524

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 12/6/89. All work shall be completed on or before 2/4/90, 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 5 feet

Distance from Property Line 10' feet

Distance from Well >50 feet

NAME OF OWNER Duane H. Burch

LOCATION OF PROPERTY 21900 Shearer Rd

Comments: 5 Trenches x 80' long x 3' x 12" Gravel.
Keep lines on contour of land.

Division or Section Head

Philo A. Walker
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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17419

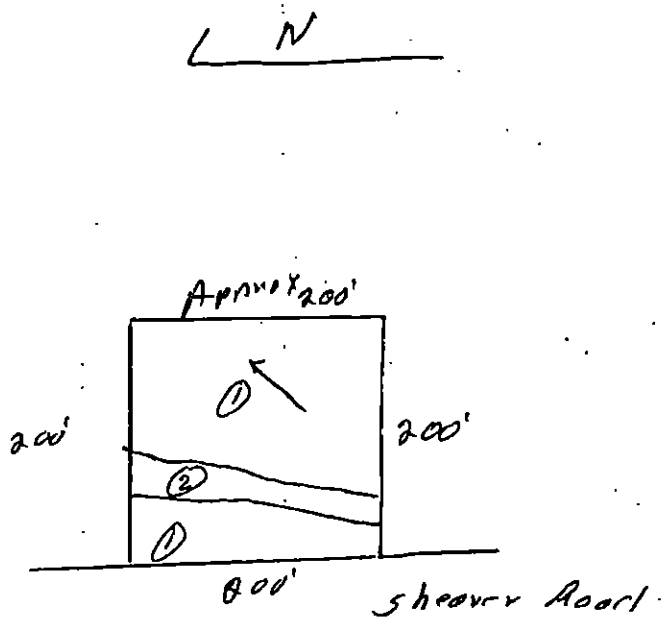
File: 6330A
Parcel: 00306105
Action: 1
☐ PC

Location: Shearer Rd.
Subdivision:
Lot: Block: Acres: Apprx 1.0

Owner:
Address: Duane Bruch
822 Longbow Rd.
Charlotte, NC 28211

Comments:

Described by: William R. Marlin
Date: 12-5-94



***** 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) Depression & complex slopes	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U 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" To water	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36"+	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	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	IVA Cecil Ue	Depression complex slopes				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)
FILE: 6330A
TC:
☐ PC ☐ REPT

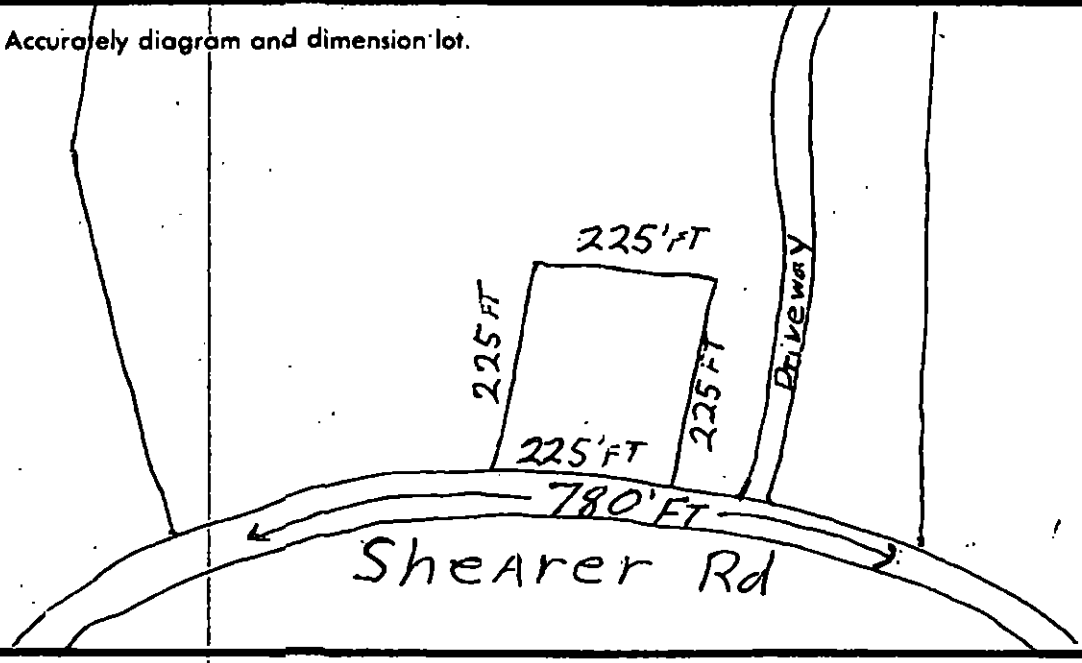
JOB LOCATION

① ADDRESS: Shearer Road
② SUBDIVISION: ③ LOT: ④ BLOCK:
⑤ PARCEL REFERENCE: BOOK NO.: 003 PAGE NO.: 061 PARCEL NO.: 05
⑥ DEED REFERENCE: BOOK NO.: PAGE NO.:

OWNER

⑦ NAME: Duane (FIRST) Harps (MIDDLE) Bruch (LAST)
⑧ MAILING ADDRESS: 822 Longbow Rd
⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28211
⑫ PHONE: (WORK) 527-4653 (HOME) 366-2717

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

Signed: Duane H Bruch

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

Date: 11/14/89

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

6330 A

MECKLENBURG COUNTY
HEALTH DEPARTMENT App#5279

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: 003-061-05
STREET ADDRESS: 21900 Shearer Rd
CITY: Davidson
STATE: NC ZIP: 28036
SUBDIVISION NAME: na
LOT #: na LOT SIZE (acres): 57.00
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: 7,500
NUMBER OF BEDROOMS: 6
NUMBER OF OCCUPANTS: 4
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:** 1 2 3 4 5

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?** 11/15/11 ☐ N/A

12. **PROPERTY OWNER:**

NAME: GKR ACRES,LLC
ADDRESS: 166 (A) Lugnut Lane,
CITY: Mooresville
STATE: NC ZIP: 28117
WORK PHONE:
MOBILE PHONE:
FAX:
E-MAIL:

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

NAME: Todd Serdula
ADDRESS: 425 Magnolia Ave
CITY: Charlotte
STATE: NC ZIP: 28203
WORK PHONE: (704) 904-1216
MOBILE PHONE: (704) 904-1216
FAX:
E-MAIL: TODD@TOPIAGROUP.COM

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

Revised on: 12/15/10

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.

TMS (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.

_____ (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.

Property Owner's or Owner's Legal Representative Signature

11/13/11
Date

OFFICE USE ONLY

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

SEPTIC APPLICATION FEE RECEIVED: $ 250 DATE FEE RECEIVED: 10/13/11

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

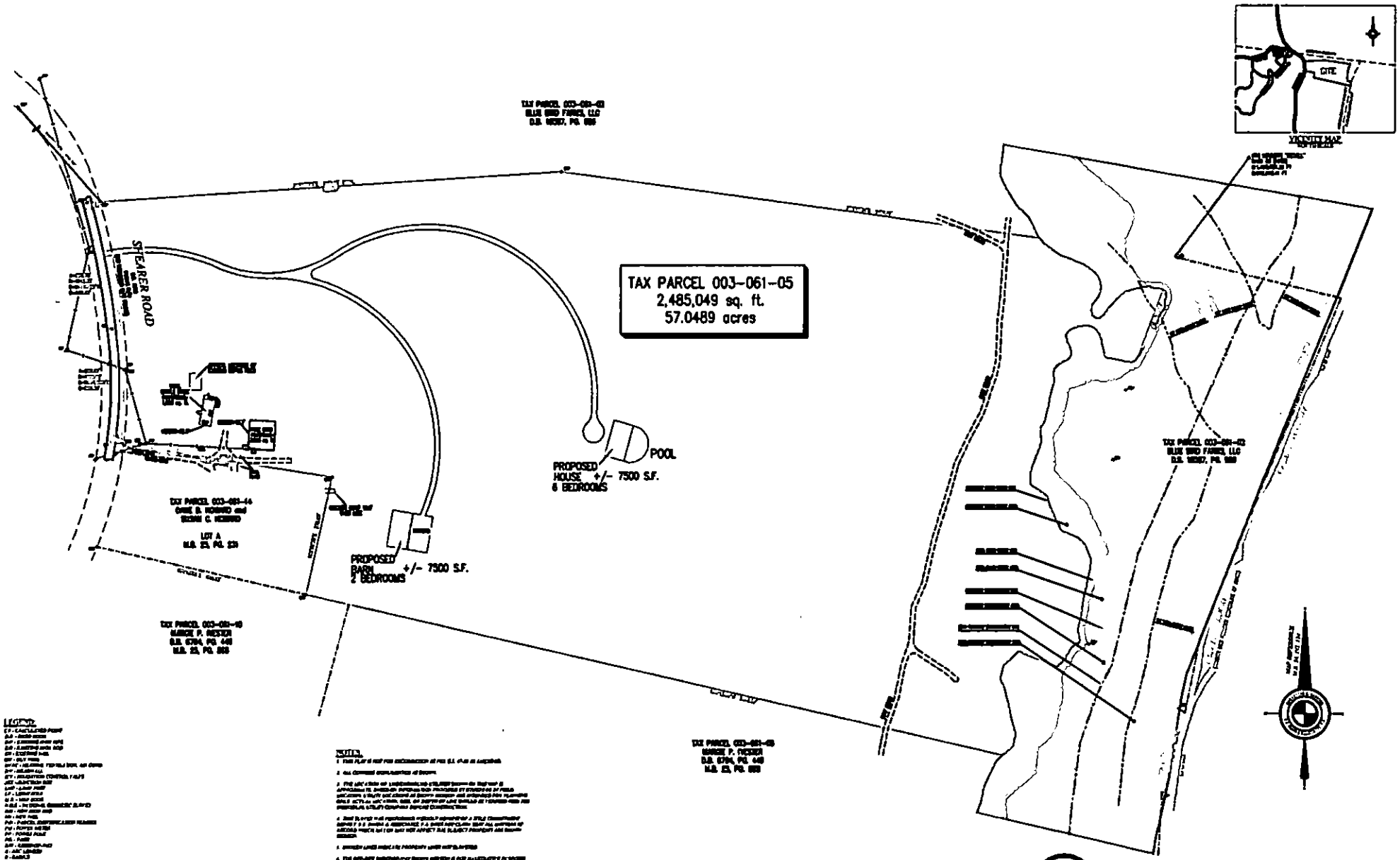
APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: 6330A

APPLICATION ID NUMBER ASSIGNED: 5279

COMMENTS:

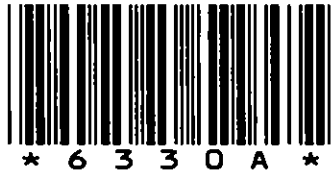
MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894



REVISIONS

SURVEY PREPARED FOR:
Matt Kenseth, wife Katie Kenseth
and GKR Acres, LLC

R.B. PHARR & ASSOCIATES, P.A.



21900 SHEARER RD

00306105

6/13/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 6330A DATE: 1/18/90

TC: 003-061-05 ☒ L ☒ CRT

SERIAL Nº 13067

Name of Owner Duane H. Burch Juris.:

Address of Property 21900 Shears Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 5 @ 80

Cover Depth 10"

Water Supply Source well

Distance to Water Source 750

Excavation Inspected 1/18/90

Tank(s) Inspected 1/18/90

Wash Line Inspected NA

High Water Alarm Inspected NA

PLOT

Design: 1990 1500ST, CON, 1200SFT, 12"G ceil CTR# 103

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 house

Philo S. Walker R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

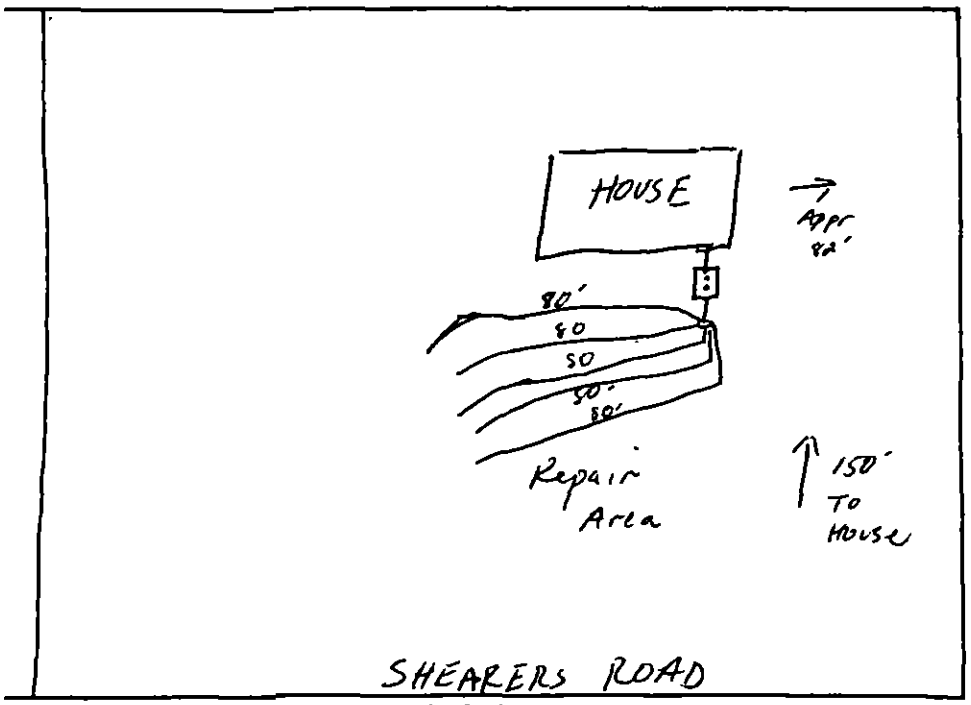
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6330A DATE: 1/4/90

TC: 003-061-05 PL

SERIAL Nº 14524

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 12/6/89. All work shall be completed on or before 2/4/90, 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 5 feet

Distance from Property Line 10' feet

Distance from Well >50 feet

NAME OF OWNER Dwane H. Burch

LOCATION OF PROPERTY 21900 Shearer Rd

Comments: 5 Trenches x 80'long x 3' x 12" Gravel.
Keep lines on contour of land.

Division or Section Head

Environmentalist Philo A. Walker

* 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

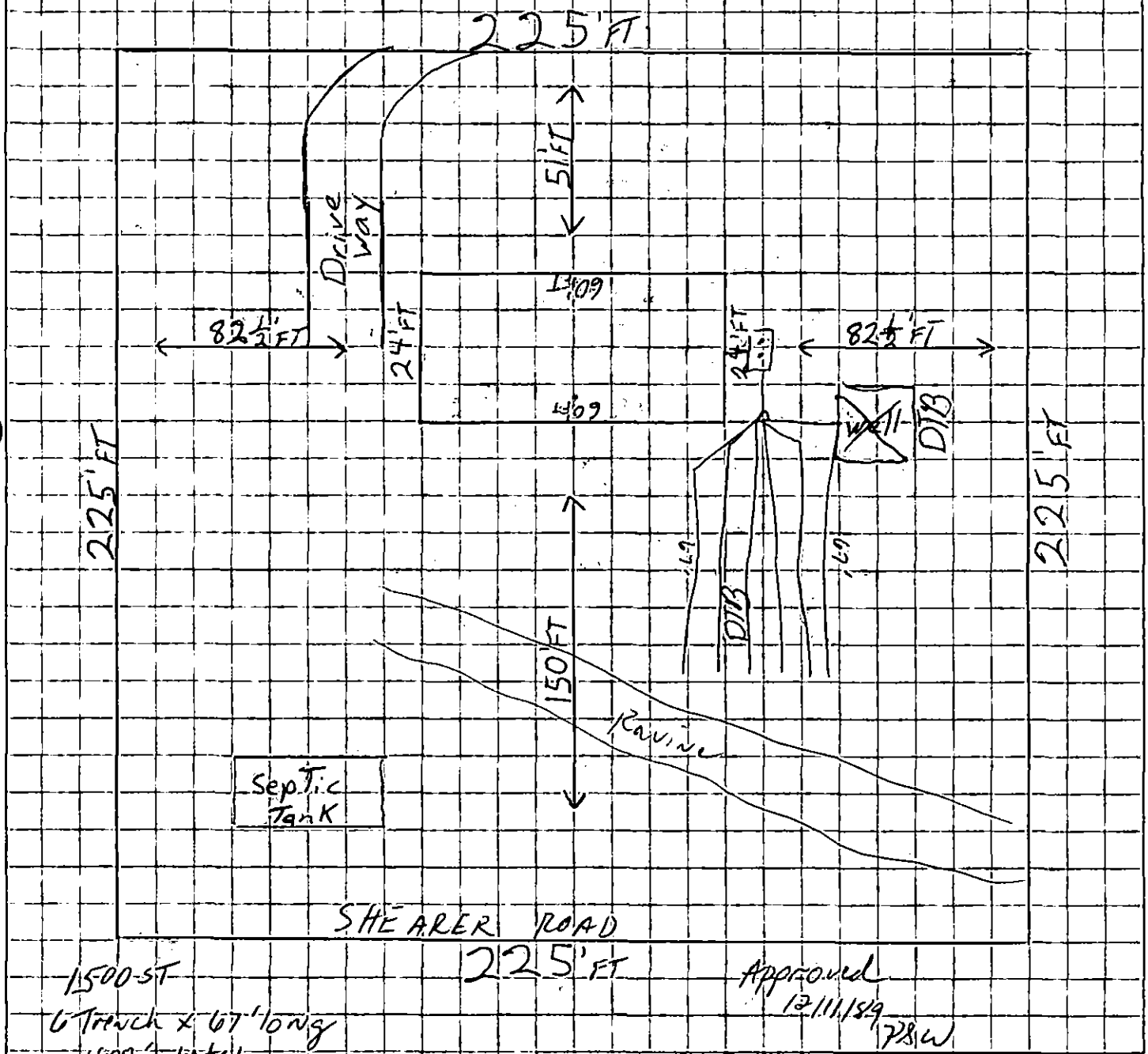
PROPOSED PLOT PLAN

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

FILE: 63304

TC: 003-061-05

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.



1500-ST
6 Trench x 67' long
400' total
Lift station may be required
D Todd Bruch
12-11-89

Approved
12.11.1989
PSW

Signed: Duane H Bruch

Date: 12-6-89

Mecklenburg County
Health Department

December 6th, 1989

Duane Bruch
822 Longbow Rd.
Charlotte, NC 28211

RE: Property located at Shearer Rd.
FILE: 6330A
PARCEL: 00306105

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 17419) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

200 60 MAT

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: 6330A
TC: 003-061-05
SERIAL: № 19515
☒ L ☐ CRT

JOB LOCATION

① ADDRESS: 21900 (STREET NO.) Shearer (STREET) Rd ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 003-061-05
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Duane (FIRST) Harps (MIDDLE) Bruch (LAST)
⑨ MAILING ADDRESS: 622 Longbow Rd
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28211
⑬ PHONE: (WORK) 527-4653 ⑭ (HOME) 366-2717

REQUEST

This request is for a(n):

⑮ ☒ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☒ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3
㉕ Type?
㉓ Maximum occupancy? 2
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 onto the property for the purpose of processing this request.

Signed: Duane H Bruch
Date: 12-6-89

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.

Lift station may be required

Environmentalist 12/11/89 Date

Director or Authorized Section Head 12-12-89 Date

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

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

DATE 12-5-89

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE 6330A JURISDICTION CODE Meek

PARCEL NUMBER 003-061-05 pp

ASSIGNED ADDRESS 21900 Shearer Rd

EXISTING ADDRESS _____

PROJECT NAME N/A

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: Water & septic

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 DRIVEWAY(S).

SIGNED: [signature]

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17419

File: 6330A
Parcel: 00306105
Action 1
☐ PC

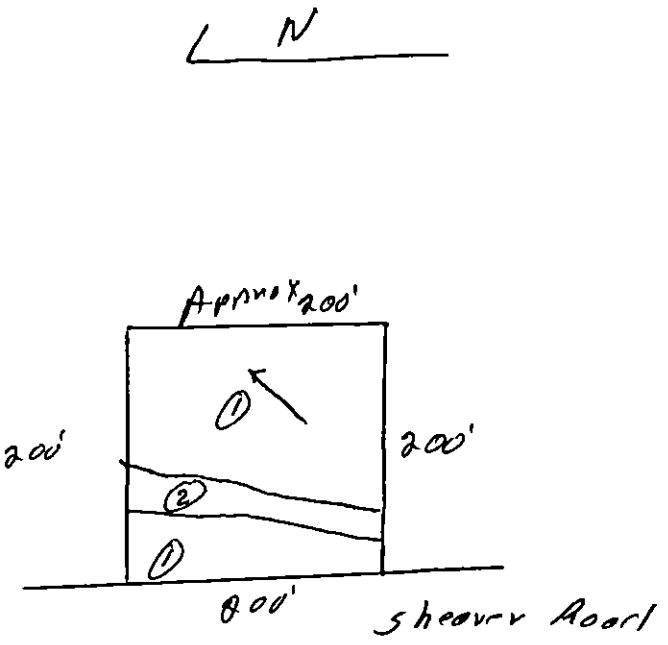
Location: Shearer Rd.
Subdivision:

Lot: Block: Acres: Apprx 1.0

Owner:
Address: Duane Bruch
822 Longbow Rd.
Charlotte, NC 28211

Comments: _____

Described by: William R. Marlin
Date: 12-5-89



***** 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) Depression & complex slopes	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U 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 736" To water	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36"+	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	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	IVA Cecil Ult	Depression complex slopes				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 6330A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Shearer Road

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 003 PAGE NO.: 061 PARCEL NO.: 05

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

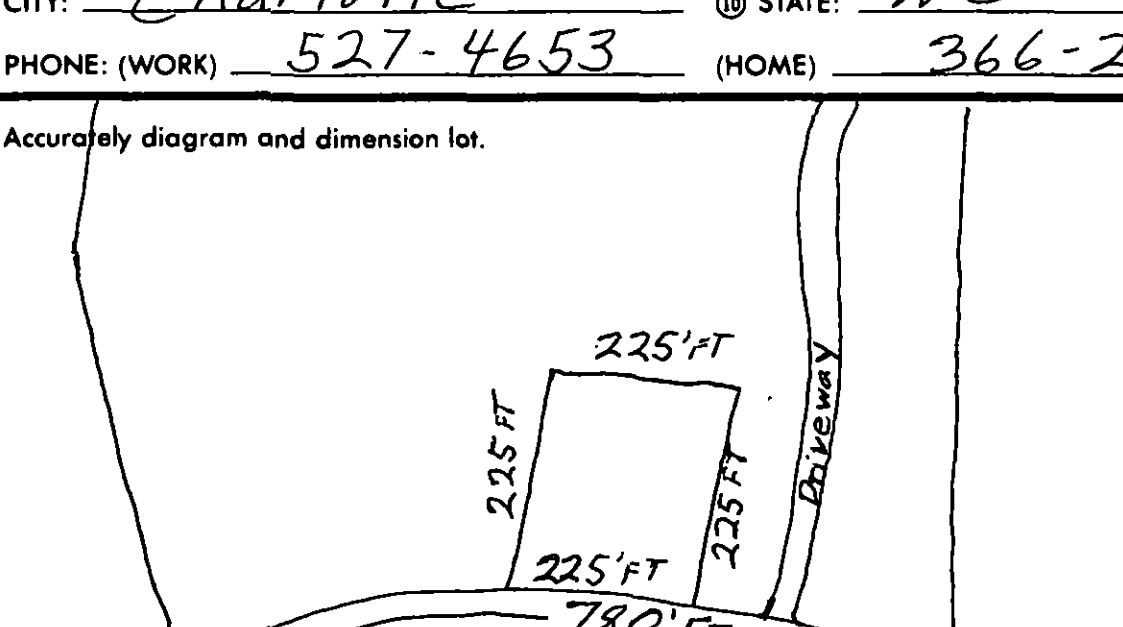
⑦ NAME: Duane (FIRST) Harps (MIDDLE) Bruch (LAST)

⑧ MAILING ADDRESS: 822 Longbow Rd

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28211

⑫ PHONE: (WORK) 527-4653 (HOME) 366-2717

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

Signed: Duane H Bruch

Date: 11/14/89

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

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