

7812 DENBUR DR

11111106

1/9/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

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 #: 6092B Permit #: _____ Tax Parcel #: 111-111-06

Property Owner: JAMES HUGH DENSON

Job Location Address: 7812 DENBURY DRIVE

City: CHARLOTTE State: NC Zip Code: 28215

Operation Permit Issuance Date: 11/29/06 Contractor Name: LARRY TUCKER

Permitted Design Flow: 360 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Effluent Pump Model: MEYER 1/2 HP

Drainfield Installation ☐ N/A INNOVATIVE 25% REDUCTION CHAMBER

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 450 feet 90', 72', 62', 112', 112'

# of Lines: 5 @ VAR feet

Depth of Media: N/A inches (Type) III D,g

Depth of Cover: 12 inches

Distribution Device: VALVE/WASHERBOX/DROPTEE

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: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 750 feet

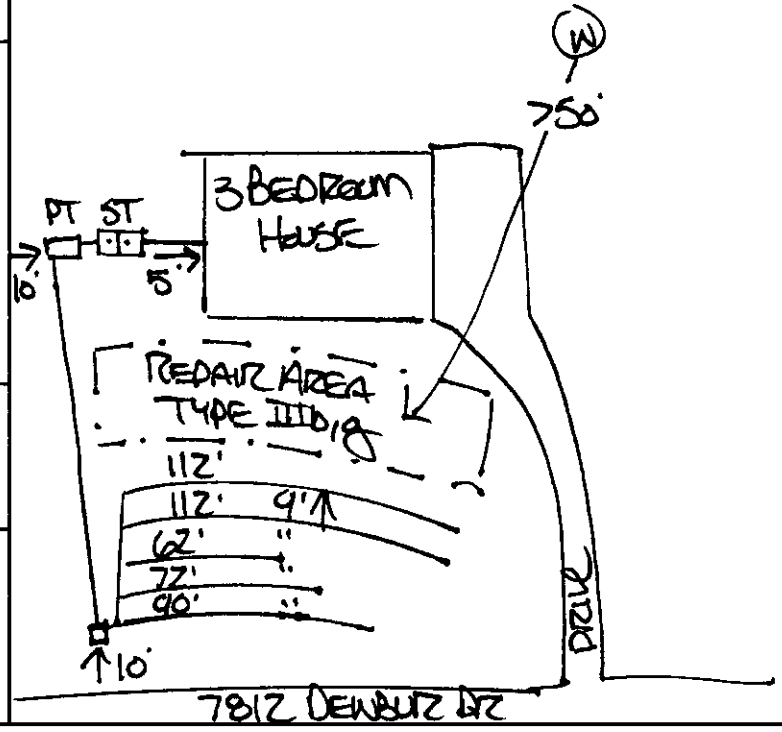
Inspection Dates

Tank(s) Inspected: 11/29/06

Excavation Inspected: 11/29/06

Pump & Controls Inspected: 11/29/06

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: III D,g. INNOVATIVE 25% REDUCTION CHAMBER. INSTALLED 5 LINES @ (90', 72', 62', 112', 112') PUMP TO WASHERBOX, DROPTEE

DENR Authorized Agent: DAVID CORNELIUS, RS Signature: David Cornelius, RS

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 #: 6092B Permit #: _____ Tax Parcel #: 111-11-106

Property Owner: _____

Job Location Address: 7812 DENBURY DRIVE.

City: CHARLOTTE State: NC Zip Code: 28215

Installation Approval Issuance Date: 11/27/06

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 12/1/06, 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: 360 GPD

Site LTAR: 0.2 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Drainfield Design ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 450 feet INNOVATIVE 25% REDUCTION

# of Lines: 5 @ VAR feet

Depth of Media: N/A inches (Type) IIIb,g

Distribution Device: D-BOX W/ GATE VALVE, DROP TEE

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 _____

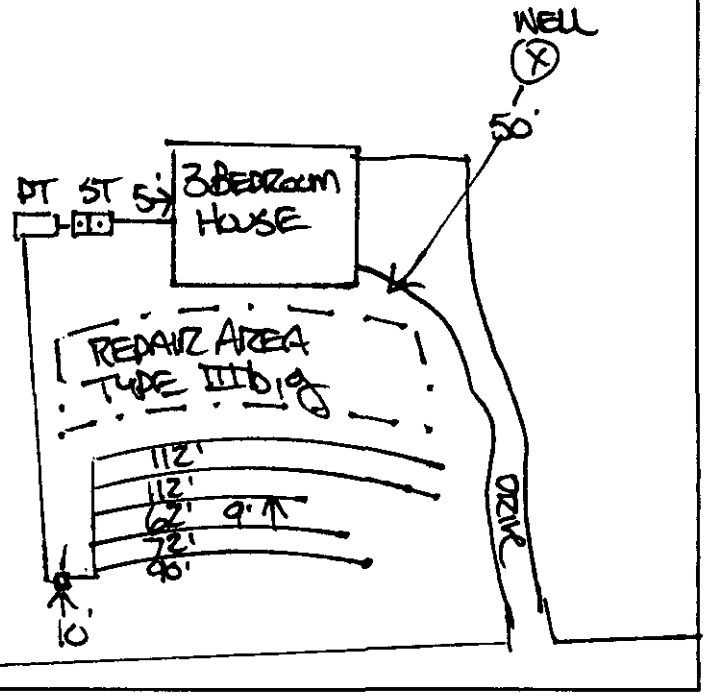
Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 750 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: IIIb,g INNOVATIVE, 25% REDUCTION. INSTALL 5 LINES @ ~~60, 80, 90, 110 & 120~~ (90', 72', 62', 112', 12') DROP BOX DISTRIBUTION. 1500 GAL ST 1000 GAL PT. STAY >50' FROM WELL, 75' FROM HOUSE, >10' FROM PROPERTY LINE

DENR Authorized Agent: DAVID CORNELIUS, RS Signature: _____, RS

DATE: 10/10/2006 PERMIT NUMBER: _____

TO: CHARLOTTE-MECKLENBURG CODE ENFORCEMENT

FROM: MECKLENBURG COUNTY GIS JURISDICTION: CHAR

111-111-06

PARCEL NUMBER

7812 DENBUR DR

ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

N/A

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A

PROJECT NAME (IF APPLICABLE)

Remarks: ADDRESS VERIFIED.

Signed: _____

Addressing Verification Form Disclaimer Statement

The party indicated on this application shall be responsible for maintaining this address throughout the life of the project from plan submittal through final C/O. The contents of this form reflect information provided by the party listed on this form.

Incorrect information may result in delays in getting final approval of permits and the final C/O.

Special Circumstances: If a temporary address is being verified for the purposes of Plan Review, the responsible party will be required to obtain and submit a new form verifying the permanent address prior to issuance of the permit.

Name (please print) _____

Company _____

Company Address _____

_____

Telephone # _____

Signature _____

Date _____

Revised Oct-2005

FEE: 300.00
DATE: 10/16/2006
CK# 1241

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

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 6092B

PERMIT NUMBER: 30001547

PARCEL NUMBER: 11111106

JOB LOCATION INFORMATION

ADDRESS: 7812 DENBUR DR

CITY: CHARLOTTE **STATE: NC** **ZIP:** 28215

ISSUED TO: JAMES HUGH DENSON

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 11/4/2005

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30001547, 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: 9/27/2010

Check # 1241

FEE: 300.00
DATE: 11/4/05 JKA

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

ACS

PERMIT NUMBER: 6092B
PARCEL NUMBER: ~~41111103040500~~ 111-111-06

JOB LOCATION ADDRESS: ~~9604 Elvis Drive~~ 7812 DENBUR DRIVE
PROPERTY OWNER: Ray ~~McDiwitt~~ McDevitt
BUILDING CONTRACTOR: ____
SUBDIVISION NAME: ____
AUTHORIZATION ISSUED BY: J. Andrew Walker DATE: 09/13/05

DENR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 6092B, 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, CONSTRUCTION, ALTERATION AND/OR REPAIR 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 AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: Agreement forms required
   ____
   ____
   ____
   ____

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITSAND AUTHORIZATION TO CONSTRUCT.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE

DATE

CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Permit Number: **6092B**

Tax Number: ~~4444410304050~~ 111-111-06

- The 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.

Basement: ☐ Yes ☒ No ☐ Partial Basement

Primary Wastewater System

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

☐ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☒ Innovative or Experimental:

.2 Long-term acceptance rate (GPD/ft^2)	360 Max gallons/day wastewater flow	1800 Absorption Area (ft^2)	9 Trench spacing (min. on centers) (ft)
Serviced by private well: ☐ Yes ☒ No	1500 Gallon septic tank	450 Total trench length (ft)	30 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
3 Bedrooms in residence	1000 Gallon pump tank	na Depth of stone (in)	

Any surface water present: Type: Minimum separation distance (ft):

Additional conditions: **(1) Utilize drop boxes for serial distribution, with a D-box and a gate valve.**
(2) Agreement forms required.

Repair Area System

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

☐ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☒ Innovative or Experimental:

1800 Absorption Area (ft^2) 450 Total trench length (ft)	na Depth of stone (in)	9 Trench spacing (min. on centers) (ft)	30 Maximum trench depth (in)

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. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems in effect at the time of issuance of the permit and is subject to the following provisions:

*** No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department.

*** This Improvement permit is transferable.

OK per Drew Walker 11/4/05
DENR Authorized Agent Date

Owner/Agent Signature 11/7/05
Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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

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

Sheet: 1 OF 2
Property ID: 111-111-03,04,05,06
Lot #: 1,2,3,4
File #: 6092 B
Code: 2

ACS

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: JAMES HUGH DENSON
Applicant: CAROL PEARSALL
Address: P.O. 2505 MATTHEWS, NC 28106
Date Evaluated: 8/23/05
Proposed Facility: 4 BR
Design Flow (.1949): 480 GPD
Property Size: 3
Location of Site: 9604 ELVIS DR. CHARLOTTE, NC 28215
Property Recorded: YES
Water Supply: [ ] Public [ ] 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	OTHER PROFILE FACTORS 1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
	LS 8%	0-19	SBK CL	FR SS SP SEXP	> 43" TO SOIL WETNESS	43+	N/A	NONE	PS, IV .2 GPD/FT^2
		12-43	SBK C	FI S P SEXP					
		BORING	TERMINATED	@43", FLOATER ROCK					
	LS 8%	0-4	SBK CL	FR SS SP SEXP	>48" TO SOIL WETNESS	>48"	N/A	NONE	PS, IV .25 GPD/FT^2
		4-43	SBK C	FI S P SEXP					
		43-48	SBK SCL	FI S P SEXP					
	LS 8%	0-2	GR SL	VFR SS SP	26" TO SOIL WETNESS	28+	N/A	NONE	PS, IV .1 GPD/FT^2
		2-18	SBK SCL	FI S P SEXP					
		18-28	SBK C	FI S P SEXP					
	LS 10%	0-2	SBK SCL	FR SS SP SEXP	>26" TO SOIL WETNESS	26+	N/A	NONE	PS, IV .1 GPD/FT^2
		2-26	SBK C	FI S P SEXP					
	LS 10%	0-2	SBK CL	FR SS SP SEXP	>44" TO SOIL WETNESS	44+	N/A	NONE	PS, IV .3 GPD/FT^2
		2-36	SBK C	FI S P SEXP					
		36-44	SBK CL	FI S P SEXP					

Description	Initial System	Repair System
Available Space (.1945)	PS	US
System Type(s)		
Site LTAR	.1 GPD/FT^2	

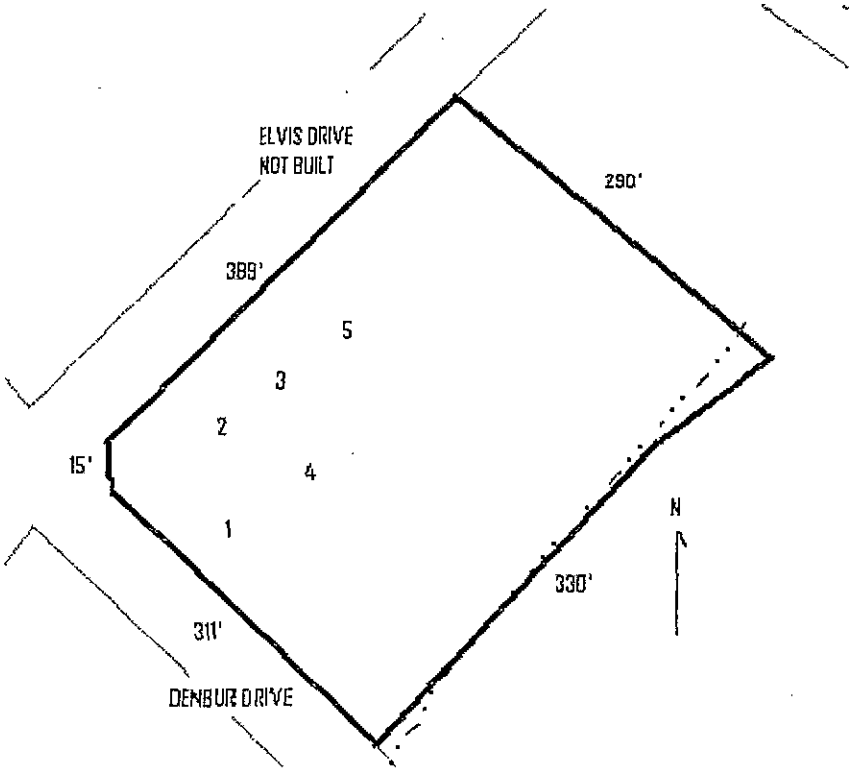
Other Factors (.1946):
Site Classification (.1948):
Evaluated By: CHRIS SHERRILL, RS, LSS
Others Present: WILLIAM MARLIN, LSS

COMMENTS:
100% REPAIR REQUIRED

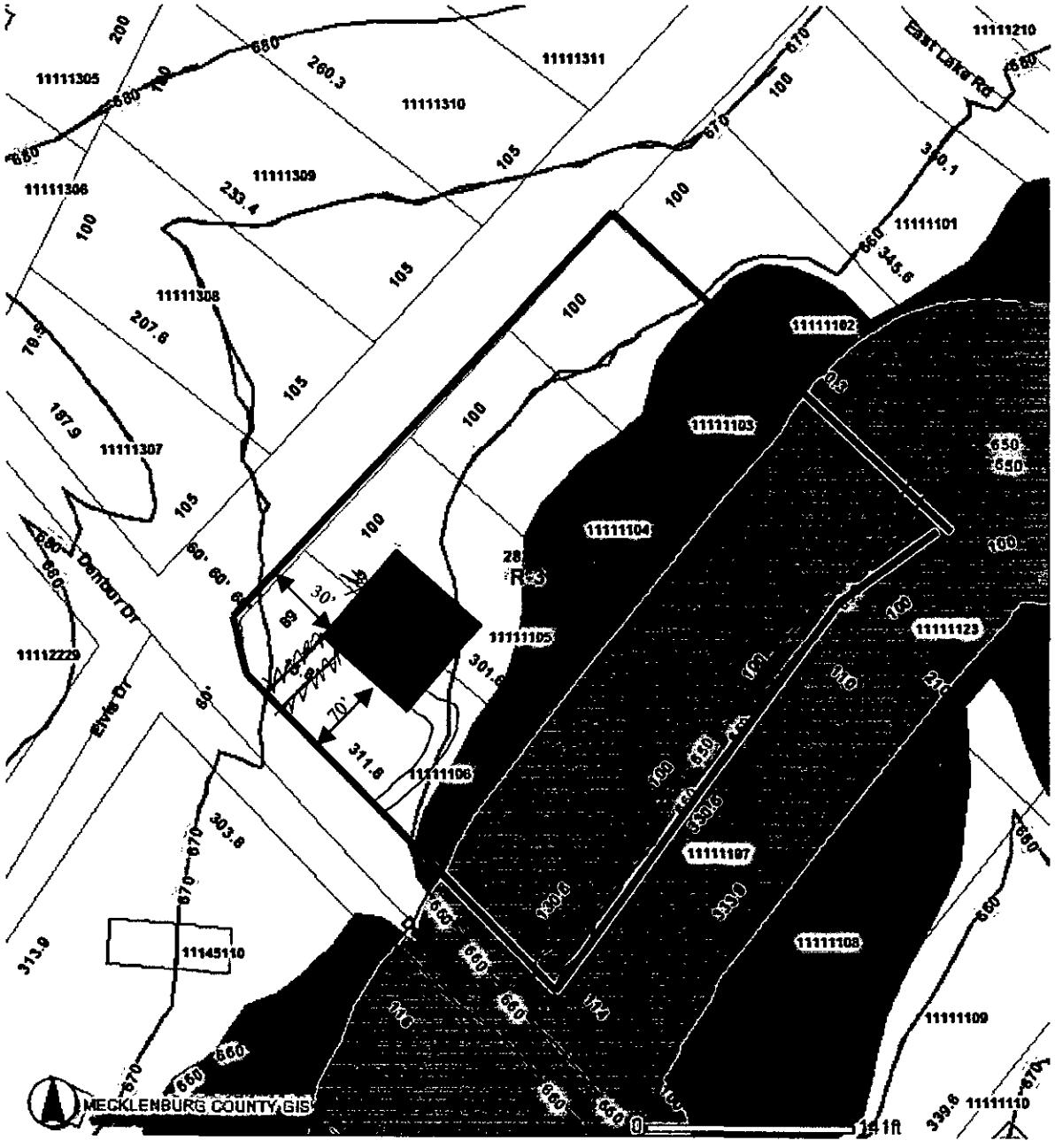
Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Food Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky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

Sketch of Soil Evaluation Locations



File #
6092B


11111305
11111306
11111307
11111308
11111309
11111310
11111311
11111210
East Lake Rd
11111101
11111102
11111103
11111104
11111105
11111106
11111107
11111108
11111109
11111110
11111123
11112229
Denbourt Dr
Elvis Dr
11145110
R-5
30'
70'
MECKLENBURG COUNTY GIS
0
1 in ft

PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 6092B

TC: ~~111-111-03, 04, 05, 06~~
111-111-06

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~~.

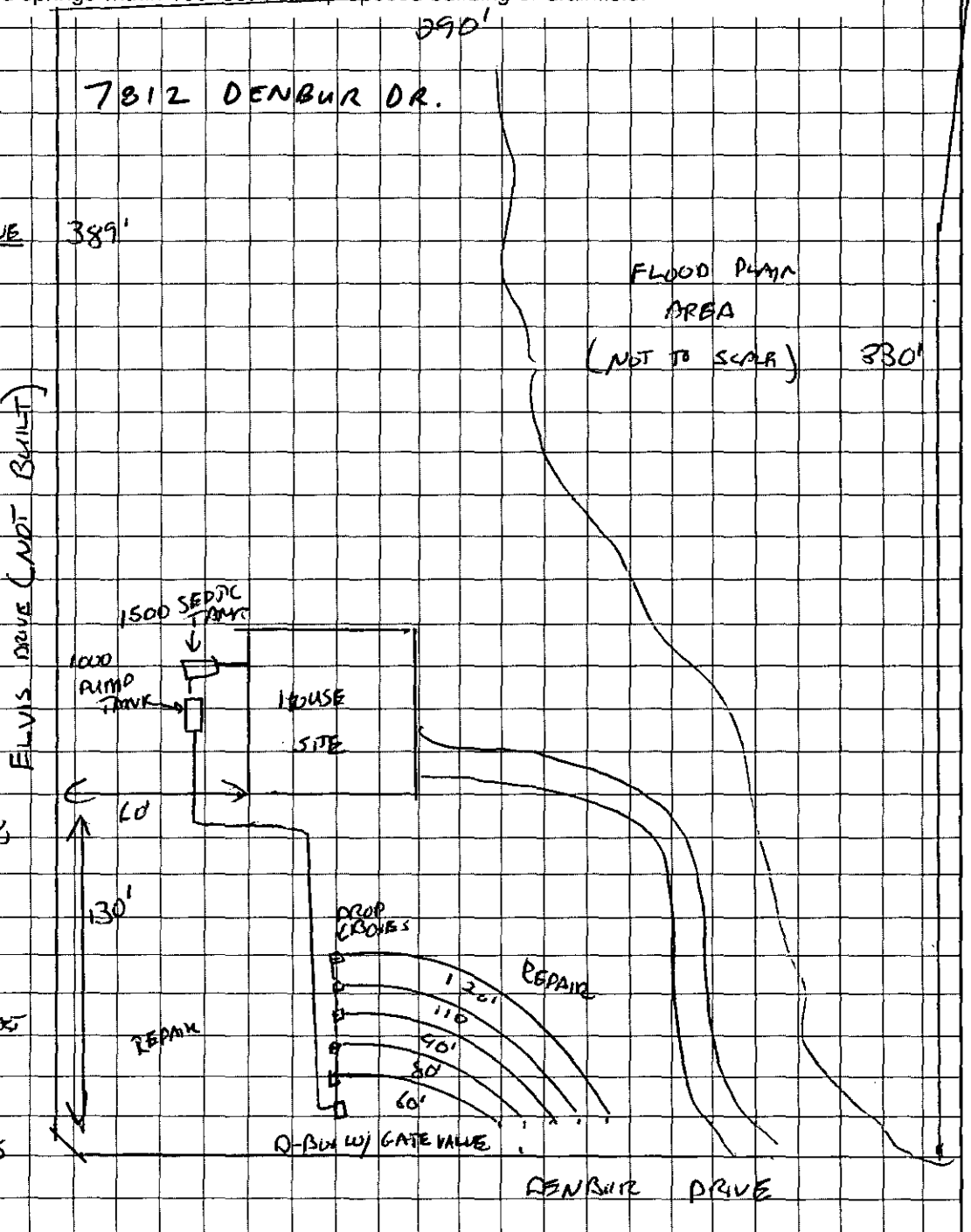
PERMIT FOR
~~9604 ELVIS DRIVE~~ 7812 DENBUR DR.

(1) THIS PERMIT IS A TYPE III - B, G INNOVATIVE THAT IS REQUIRED BY STATE LAW TO BE INSPECTED AT LEAST ONCE EVERY 5 YEARS BY THE LOCAL HEALTH DEPT WITH THE OWNER RESPONSIBLE FOR ANY FEES, AS SET BY THE BOARD OF COMMISSIONERS.

(2) USE DROP BOXES FOR SERIAL DISTRIBUTION, W/ D-BOX AND GATE VALVE @ D-BOX.

(3) INSTALL LINES ON CONTOUR W/ AT LEAST 12' OF COVER.

(4) AGREEMENT FORMS REQUIRED.



OWNER/AGENT SIGNATURE Raymond R McDowell

DATE 9/27/05

APPROVAL DATE 9-8-05

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

CLK 798

1547

GW'S – RES. APP 07/05

SEPTIC FEE: 200.00 3
DATE: 8/3/05 gc
CRT [ ]

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

WELL FEE:
DATE:
CRT [ ]

FILE # 6092B

SEPTIC / TYPE APPLICATION: ☐ NONE ☑ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

WELL / TYPE APPLICATION: ☐ NONE ☑ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION:

TAX/PARCEL #: [redacted] 11111103, 11111104, 11111105, 11111106
STREET ADDRESS: 9604 Elvis/9520 Elvis/9512 Elvis/9504 Elvis
CITY: Charlotte
STATE: NC ZIP: 28215
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
TOWNSHIP:

☑ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☑ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE: 1800 s.f.
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☑ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☑ NO TYPE:

WATER SUPPLY:

☐ MUNICIPAL (M) ☐ PUBLIC (C) ☑ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☑ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☒ NO	WELLS, SPRINGS, OR WATER LINES	☐ YES	☒ NO
EXISTING WASTEWATER SYSTEMS	☐ YES	☒ NO	DESIGNATED WETLANDS	☐ YES	☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☒ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☒ NO

PROPERTY OWNER:

NAME: James Hugh Denson
ADDRESS: PO Box 2505
CITY: Matthews
STATE: NC ZIP: 28106
HOME PHONE: N/A WORK PHONE: N/A
MOBILE PHONE: N/A FAX: N/A

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Carol Pearsall
ADDRESS: 1552 Stanford Pl
CITY: Charlotte
STATE: NC ZIP: 28207
HOME PHONE: 704-372-5228 WORK PHONE: 704-562-3100
MOBILE PHONE: 704-562-3100 FAX: 704-335-1824

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 6/7/1979
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 9/30/05

*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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Carol Pearsall 8/4/05
Owner's/Agent's Signature Date

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

*A Well 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Carol Pearsall 8/4/05
Owner's/Agent's Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202 704-336-5103 / FAX: 704-336-5594

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2005 NOV 04 11:40 AM
BK:19590 PG:206-209 FEE:$20.00

INSTRUMENT # 2005222065

2005222065

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

FILE # 6092B
PARCEL # 111-111-03

The undersigned, Raymond McDevitt, owner of property located at 9604 Elvis Drive, (the "site") and described in an instrument recorded in Book _____ at Page _____, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following conditions will apply to the site:

This instrument was prepared by: Raymond McDevitt
Mail after recording to: 5404 Lebanon Road
Charlotte, N.C. 28227

-- Any changes on the property may make the Improvement Permit null and void and may make the Improvement Permit subject to revocation.

-- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

-- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

-- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

-- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless theDepartment, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 4 day of Nov., 20 05.

_____ (Corporate Name)

By: _____

_____ President

Raymond McDewitt (SEAL)

Raymond McDewitt (SEAL)

_____ (SEAL)

_____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Mary Ann Wheeler, a Notary Public for said County and State, do hereby certify that Raymond Mc Devitt personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 4 day of Nov, 2005.

Mary Ann Wheeler
Notary Public

My Commission Expires:

10-13-10

MARY ANN WHEELER NOTARY PUBLIC MECKLENBURG COUNTY, N.C.

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day and acknowledged that he is _____ *Secretary of* _____, a North Carolina corporation, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal, and attested by _____ as its _____ Secretary.

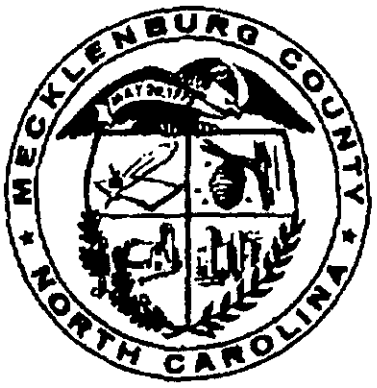
WITNESS my hand and notarial seal, this _____ day of _____, 20___.

_____
Notary Public

My Commission Expires:

_____

REVISED 8-13-02



JUDITH A. GIBSON
REGISTER OF DEEDS, MECKLENBURG
COUNTY & COURTS OFFICE BUILDING
720 EAST FOURTH STREET
CHARLOTTE, NC 28202

PLEASE RETAIN YELLOW TRAILER PAGE

It is part of the recorded document, and must be submitted with original for re-recording and/or cancellation.

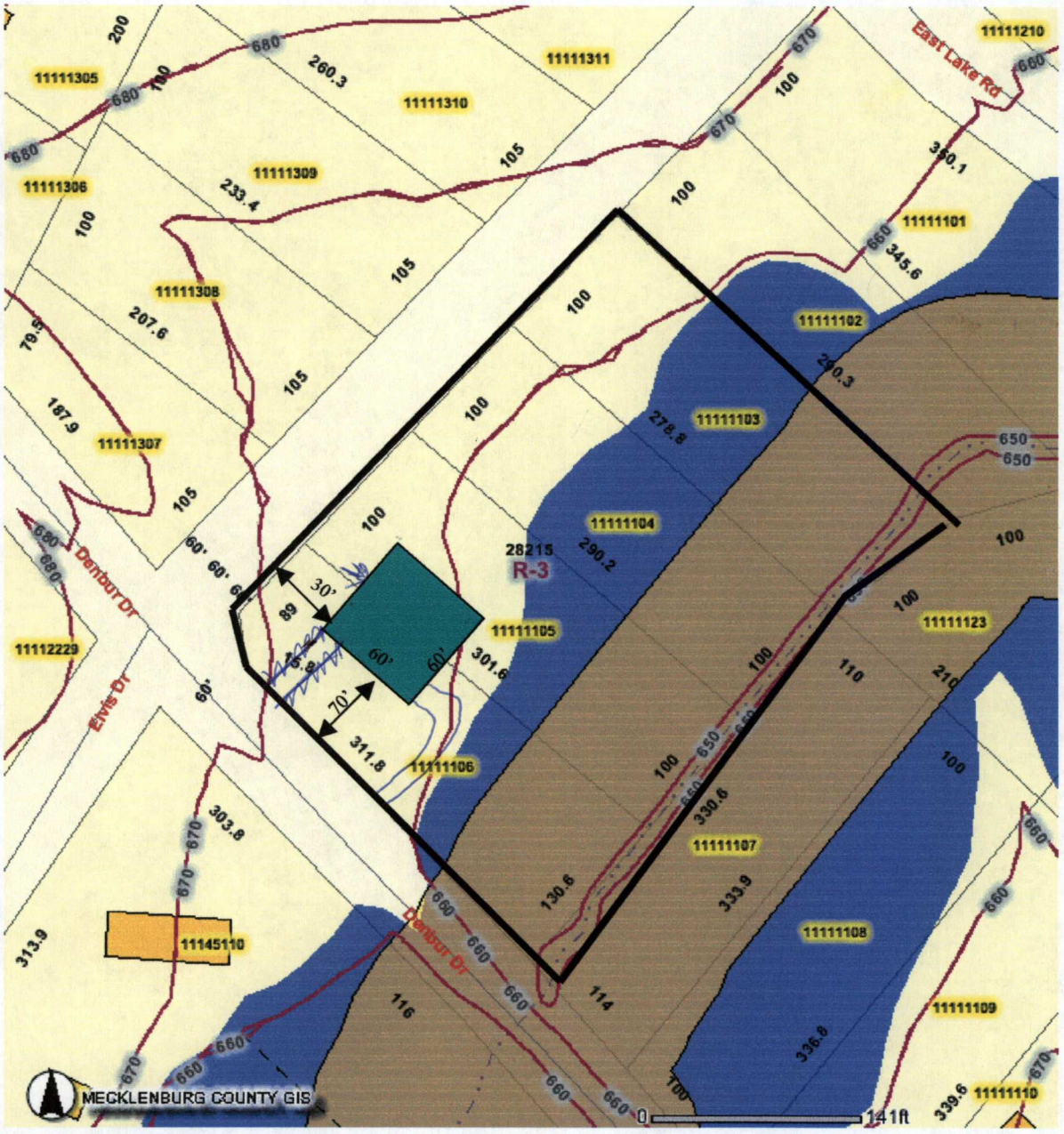
****

Filed For Registration:	**11/04/2005 11:40 AM**
Book:	**RE 19590 Page: 206-209**
Document No.:	**2005222065**
	PRMIT 4 PGS $20.00
Recorder:	**SERENA ROSS**



2005222065

File # 6092B


East Lake Rd
Danbury Dr
Elvis Dr
28215
R-3
30'
60'
60'
70'
89
11111305
11111306
11111307
11111308
11111309
11111310
11111311
11111210
11111101
11111102
11111103
11111104
11111105
11111106
11111107
11111108
11111109
11111110
11111123
11112229
11145110
MECKLENBURG COUNTY GIS
0
141ft