Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 5871-A WASPS App #: 7312

Primary ES assigned to project: Jeremy Mikebore

Secondary ES assigned to project:

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

I. File Review:

Rule or Law	Permit Application			
.1937(d)	Is the Application complete	Yes ☑	No ☐	N/A ☐
.1937(d)	Is there a Site plan/Plat with application	Yes ☑	No ☐	N/A ☐
.1937(d)	Is the Facility shown?	Yes ☑	No ☐	N/A ☐
.1937(d)	Are appurtenances shown	Yes ☑	No ☐	N/A ☐
	Site Evaluation Information			
.1939 (a)(1)	Topography and Landscape Position Recorded?	Yes ☑	No ☐	N/A ☐
.1940 (a-g)	Slope % Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Texture Class Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Structure type Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Consistence Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Mineralogy Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(3)	Soil Wetness Condition Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered	Yes ☑	No ☐	N/A ☐
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Yes ☑	No ☐	N/A ☐
.1939 (a)(6)	Sufficient Available Space Recorded?	Yes ☑	No ☐	N/A ☐
.1937(m)	Are the Profile Locations Shown?			
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes ☑	No ☐	N/A ☐
& .1945(b)	Number of auger borings made: 1			
	Were sufficient auger borings made?	Yes ☑	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR 0.3	Yes ☑	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☐	No ☐	N/A ☑
.1945(b)	Proposed System Type stated-Repair	Yes ☑	No ☐	N/A ☐
130A-336 (a)(3)	System location identifiable by setbacks - Initial	Yes ☐	No ☑	N/A ☐
.1937(g) .1945(b)	System components shown – Initial	Yes ☐	No ☐	N/A ☑
.1945(b)	Repair area shown	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is System design consistent with soil/site conditions?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is the System located in the approved area?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☑	No ☐	N/A ☐

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

II. WASPS Review:

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

Items requiring correction/modification: _____

Comments:

_____

_____

_____

_____

_____

IA issued date: _____

OP issued date: 3/26-15

Review performed by: JAM Date performed: 4/22/15

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

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

File #: 5871-A Permit #: 30007312 Tax Parcel #: 011-311-05

Property Owner: Metrolina Greenhouses

Job Location Address: 14016 Hiwassee Rd

City: Huntersville State: NC Zip Code: 28078

Operation Permit Issuance Date: 3/26/2015 Contractor Name: Shawn / Stanley Septic

Permitted Design Flow: 480 GPD Liquid Capacity of Dosing Tank: 1,000 gallons

Liquid Capacity of Septic Tank: existing gallons Manufacture P tank Dellinger PT283 Effluent Pump Model: 4EG3 Barnes Gould

Drainfield Installation ☐ N/A

Trench Depth: 24-26 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 5 @ 80 feet

Depth of Media: 12 inches (Type) chambers

Depth of Cover: 12-14 inches

Distribution Device: pressure manifold

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: 75 feet

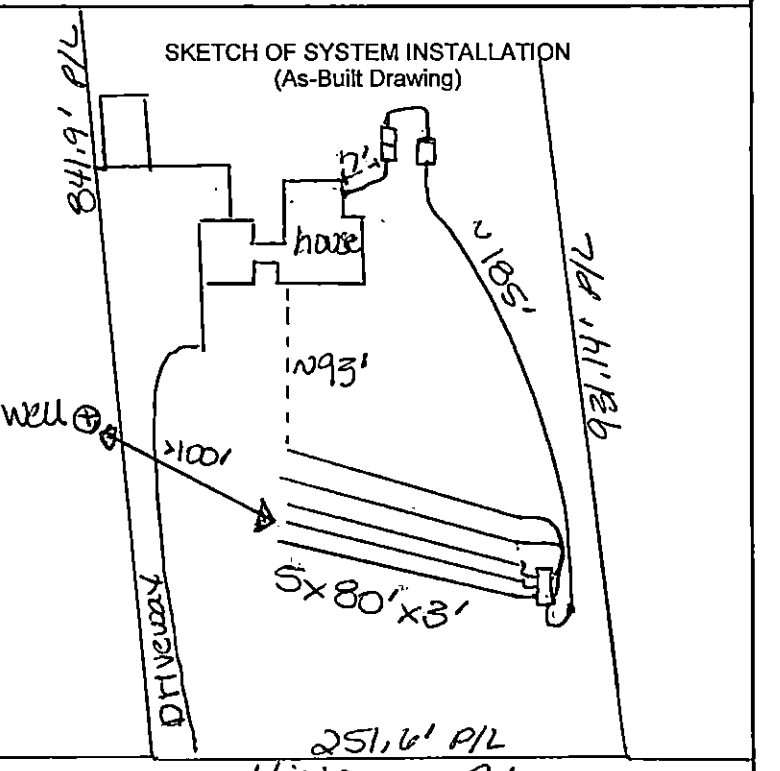
Distance from Property Line: >10 feet

Distance from Water Supply Source: >100 feet

Inspection Dates

Tank(s) Inspected: (pump)	3/26/15
Excavation Inspected:	3/26/15
Pump & Controls Inspected:	3/26/15

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-b, BIOA36, pressure, 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 #: 5871 A Permit #: 30007312 Tax Parcel #: 011-311-05

Property Owner: Meridian Greenhouses

Job Location Address: 1406 Hiwassee Rd

City: Huntersville State: NC Zip Code: 28078

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: III b

*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: 3/26/2015

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 DHHS
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 5871A Permit #: 7312 Tax Parcel #: 011-311-05

Property Owner: 14016 HIWASSEE Road

Job Location Address: METROLINA GREENHOUSES

City: HUNTERSVILLE State: NC Zip Code: 28078

Improvement Permit Issuance Date: 2/23/15 **Construction Authorization Issuance Date** 2/23/15

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 permit is granted based upon the application information submitted to our office. This permit expires 5 years from the date it was issued. 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: 480 GPD

Site LTAR: 0.3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: existing gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Drainfield Design ☐ N/A

Trench Depth: 24-30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 4 @ 100' feet

Depth of Media: 12 inches (Type) 25% RED

Distribution Device: P. MANIFOLD

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

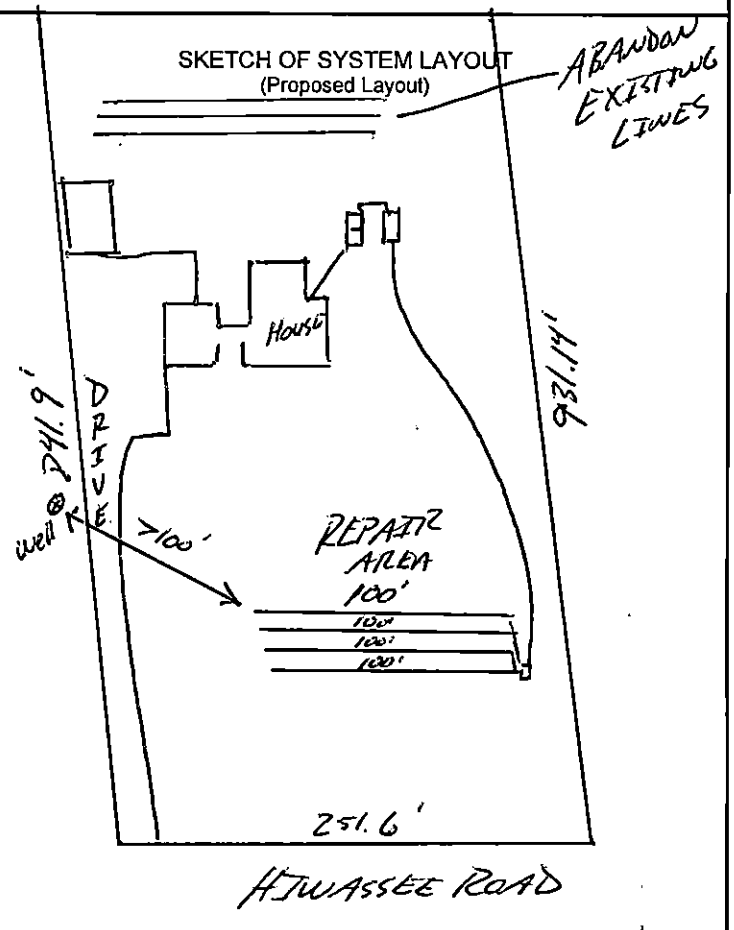
☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: 75' feet

Distance from Property Line: >10' feet

Distance from Water Supply Source: >100' feet



Comments: System Classification & Type: III b Pump to 25% Red. System

* GAS LINE MUST BE RE-ROUTED AWAY FROM REPAIR SYSTEM

DENR Authorized Agent: Jeremy Michelle REEVES Signature: Jeremy Michelle REEVES

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 2
PROPERTY ID #:
COUNTY: Meck

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Metrolina Greenhouses
ADDRESS: 14016 Hiwassee Rd
APPLICATION DATE 2/23/15
DATE EVALUATED: ↓
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): 480gpd PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
WATER SUPPLY: • Private • Public • X Well • Spring • Other _____
EVALUATION METHOD: X Auger Boring • Pit • Cut TYPE OF WASTEWATER: • 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	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 1%	0-48	SBK/cl	fr/sckp	>48"	48"	n/a	[illegible]	PS III .3
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		PS
System Type(s)		III b
Site LTAR		.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: J. Michelone, K Garrett
OTHER(S) PRESENT: _____

COMMENTS: _____

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
D (Drainage Way)					EXP (Expansive)	CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

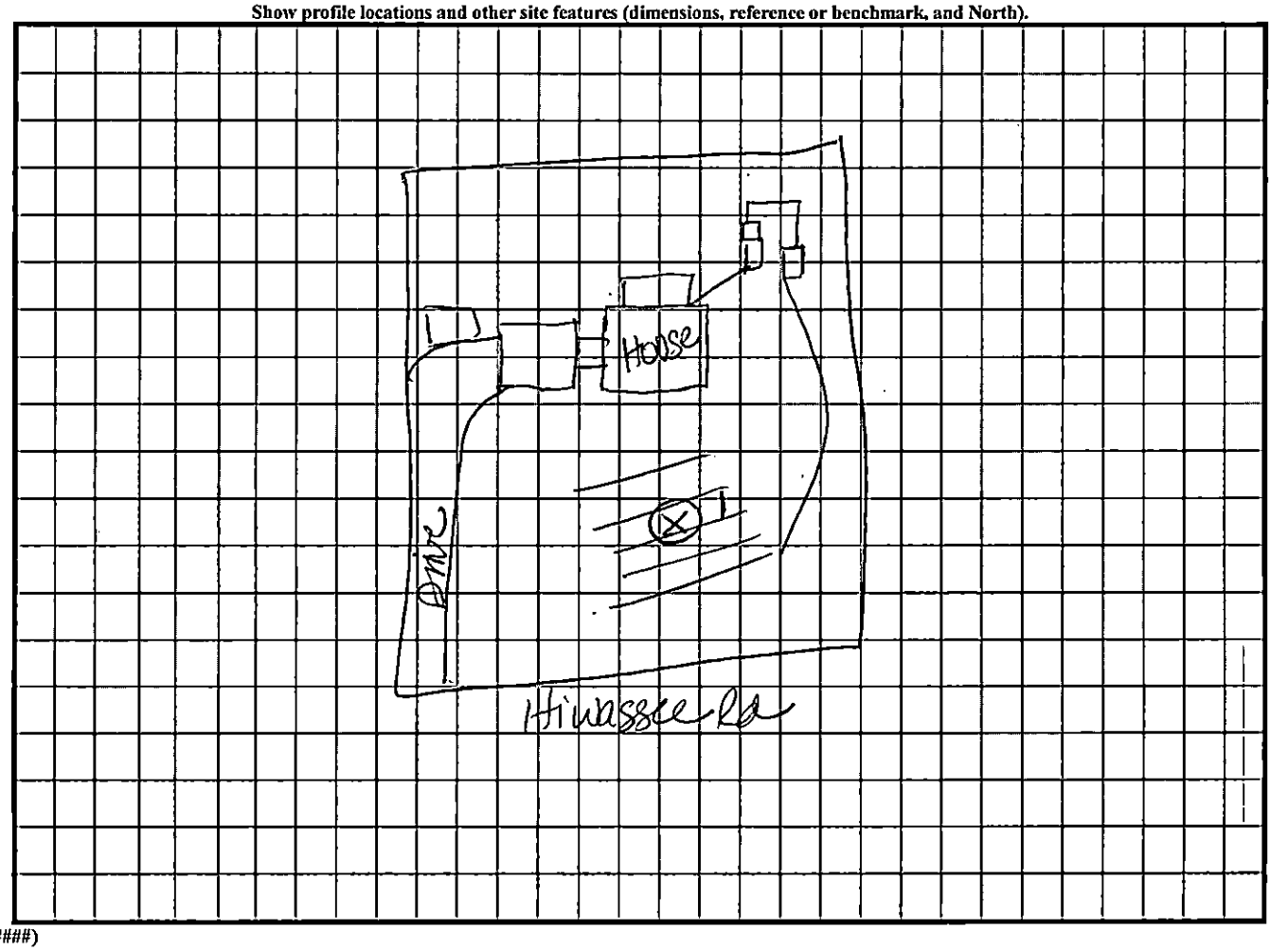
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



DENR (######)

Review (#####)

COPY

9121B

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APP# 7312

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: 01131105

STREET ADDRESS: 14016 Hiawassee Road

CITY: Huntersville

STATE: NC ZIP: 28078

SUBDIVISION NAME: _____

LOT #: _____ LOT SIZE (acres): 4.86

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: 3114

NUMBER OF BEDROOMS: 4

NUMBER OF OCCUPANTS: 7

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? 3/09/2001 ☐ UNKNOWN

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

12. PROPERTY OWNER:

NAME: Metrolina Greenhouses

ADDRESS: 14600 Huntersville-Concord Road

CITY: Huntersville

STATE: NC ZIP: 28078

WORK PHONE: 704-875-1371

MOBILE PHONE: 704-806-1433

FAX: 704-875-6941

E-MAIL: mlykins@metrolinagreenhouses.com

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

WORK PHONE: _____

MOBILE PHONE: _____

FAX: _____

E-MAIL: _____

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.

_____ (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.

_____ II
Property Owner's or Owner's Legal Representative Signature

2/23/2015
Date

OFFICE USE ONLY

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

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

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

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

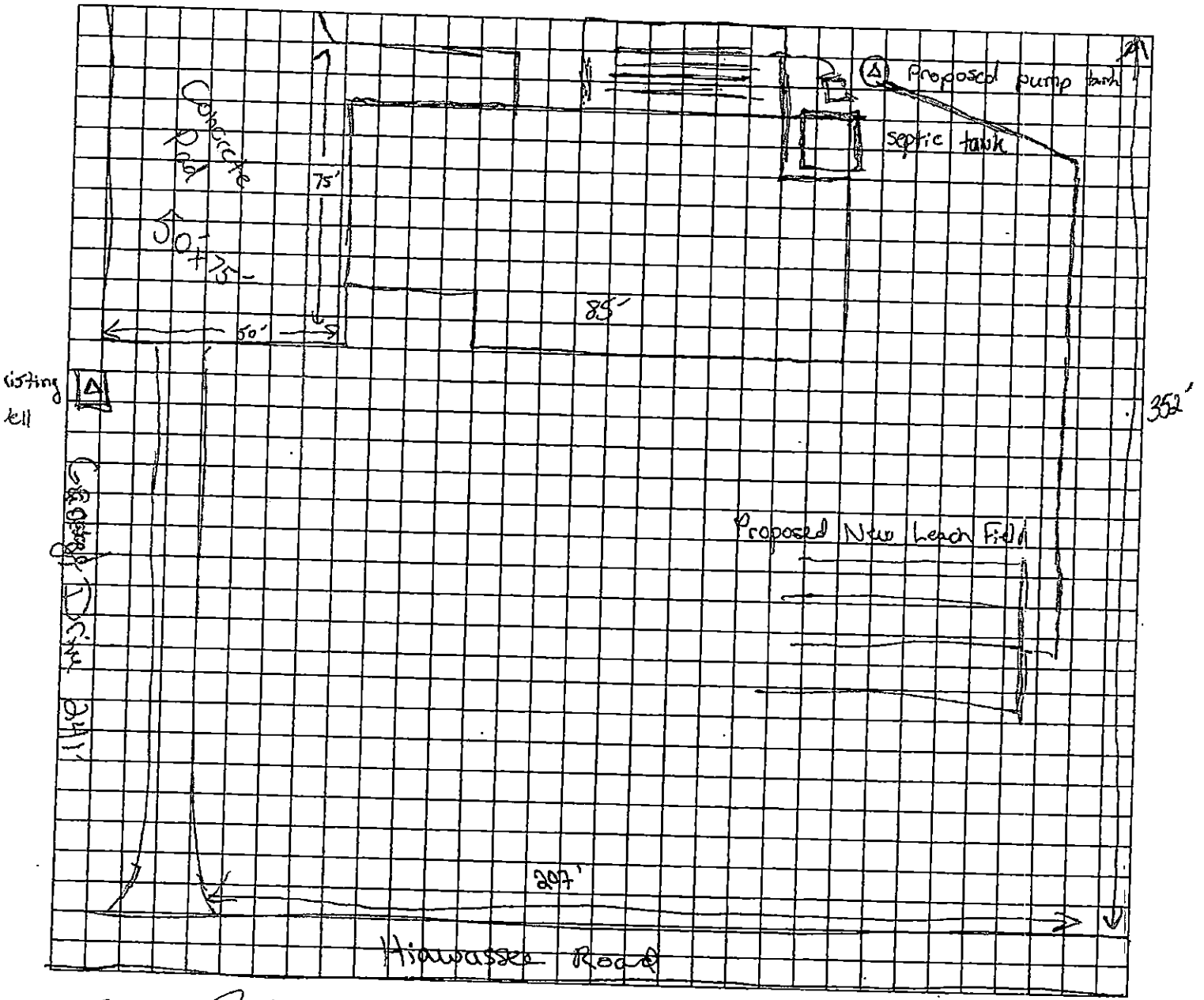
File #: _____

PROPOSED PLOT PLAN

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

Street Address: 14016 Hiawassee Road Tax Parcel #: 0113105

Subdivision Name: _____ Lot #: _____



Property Owner's or Owner's Legal Representative Signature

2/23/15
Date

10/10 130 Viner
Wallflower
796.

Ryan

Polaris 3G Map – Mecklenburg County, North Carolina

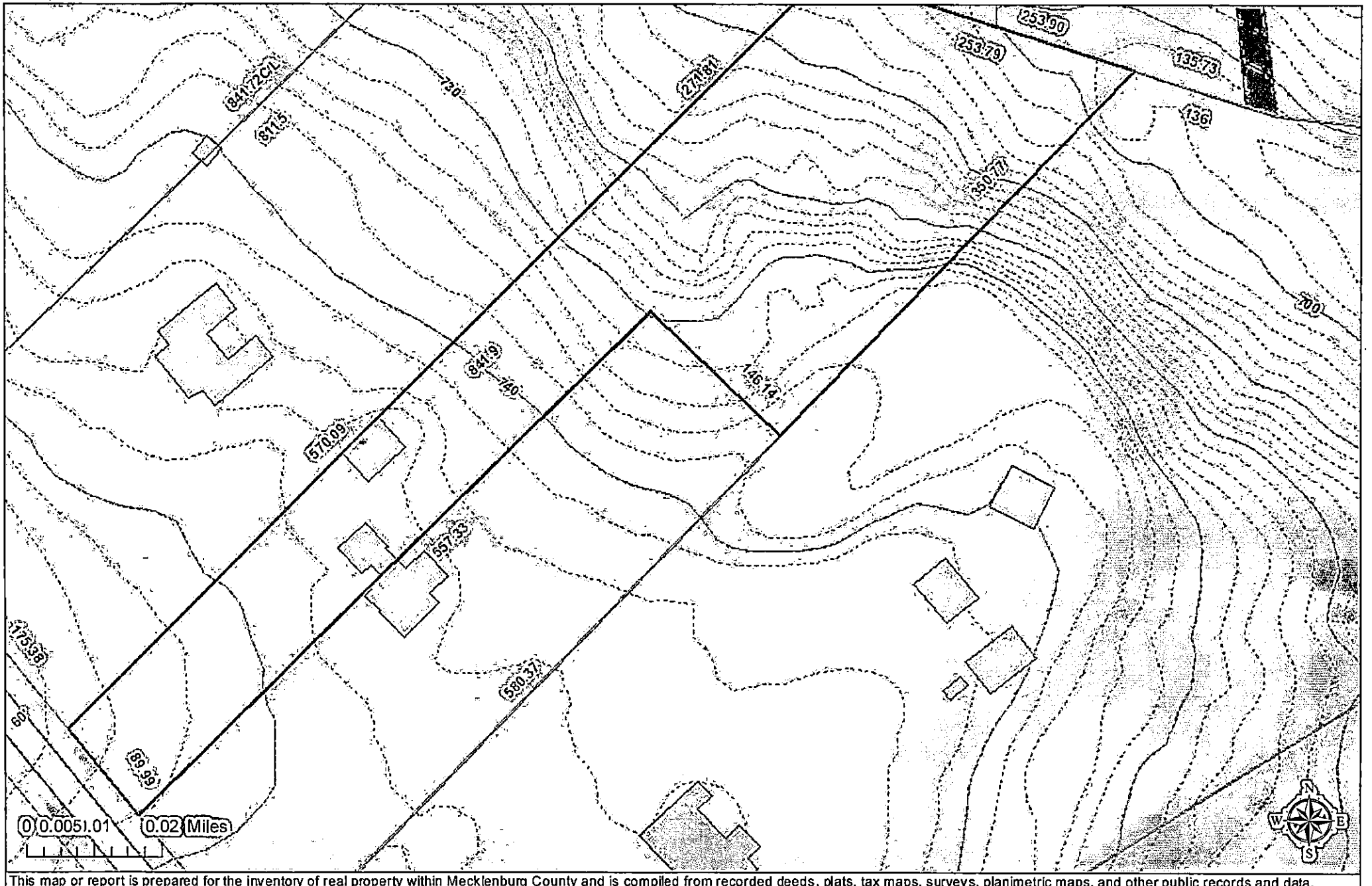
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This map or report is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map or report are hereby notified 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.

Polaris 3G Map – Mecklenburg County, North Carolina

Date Printed: 2/16/2015 9:22:06 AM



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MECKLENBURG COUNTY, North Carolina
POLARIS 3G PARCEL OWNERSHIP AND GIS SUMMARY
Date Printed: 02/16/2015

Identity	
Parcel ID	GIS ID
01131105	01131105

Property Characteristics	
Legal desc	M29-108
Land Area	2.86 AC
Fire District	HUNTERSVILLE RURAL
Special District	FIRE SERVICE D
Account Type	NC CORP
Municipality	MECKLENBURG COUNTY-UNINCORPORATED
Property Use	SINGLE FAMILY RESIDENTIAL - RURAL ACREAGE

Zoning
Contact appropriate Planning Department or see Map.

Water Quality Buffer	
Parcel Inside Water Quality Buffer	Yes

FEMA and Community Floodplain	
FEMA Panel#	3710466100J
FEMA Panel Date	03/02/2009
FEMA Flood Zone	OUT:VIEW FEMA FLOODPLAIN TO VERIFY
Community Flood Zone	OUT:VIEW COMMUNITY FLOODPLAIN TO VERIFY

Situs Addresses Tied to Parcel
14016 HIWASSEE RD UNINC



01/07/2003 from Mecklenburg County

Ownership	
Owner Name	Mailing Address
METROLINA GREENHOUSES INC	16400 HUNTERSVILLE-CONCORD RD HUNTERSVILLE NC 28078

Deed Reference(s) and Sale Price		
Deed	Sale Date	Sale Price
12005-638	03/09/2001	$290,000.00

Site Location	
ETJ Area	Huntersville
Charlotte Historic District	No
Charlotte 6/30/2011 Annexation Area	No
Census Tract #	63.01

Post Construction District	
Jurisdiction	Huntersville
District	Huntersville

Stream Watershed Districts	
Watershed Name	CLARKE

Regulated Drinking Watershed Districts	
Watershed Name	NA
Watershed Class	NA

This map or report 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 or report 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.



Print

Close

Parcel Information

Parcel ID	Account	Parent	Previous
01131105	NC CORP		01114219

Owner(s)

Owner Name	Mailing Address	City/State
METROLINA GREENHOUSES INC	16400 HUNTERSVILLE-CONCORD RD	HUNTERSVILLE NC 28078

Legal Information

Legal	Municipality	Date Annexed	Special District	Fire District	Acreage
M29-108	MECKLENBURG COUNTY-UNINCORPORATED		FIRE SERVICE D	HUNTERSVILLE RURAL	2.86

Total Parcel Assessment

Building	Land	Features	Total
252400	91600	22500	366500

Exemptions

Exemption	Year Approved	Review Date	Amount

Sales Information

Sale	Price	Stamps	Qualify	VI	Type	Legal Ref.	Grantor
Mar 9 2001	290000		UNIDENTIFIED	IMP	DEED STAMPS	12005-638	GANDY JOHN M &WF EIL

Land Use

Use	Units	Type	Neighborhood	Assessment
R120	2.86	SMAC	B101	91600

Building Information

Bldg	Description	Type	Year	Property Location
1	Single-Fam	RES	2001	14016 HIWASSEE RD UNINC

Bldg	Story	Units	Total SqFt	Heated SqFt	Foundation	Ext. Wall	Grade	Value
1	2.0 STORY	1	4554	3114	SLAB-COM	ALUM,VINYL -	GOOD 03	252400

Bldg	Heat	Fuel	Fire Place	AC	Fixtures	Bedrooms	Full Baths	3/4 Baths	1/2 Baths
1	AIR-DUCTED	GAS	1 - FP2	AC-CENTRAL		4	3		1

Sub Area

Bldg	Description	Size
1	BASE (FIRST FLOOR)	1442
1	GARAGE - FINISHED	624
1	PORCH - OPEN - FINISHED	336
1	PORCH - SCREENED - FINISHED	480
1	UPPER STORY - FINISHED	1232
1	ATTIC - FINISHED	440

Depreciation

Bldg	Physical	Functional	Economic	Special	Override
1	AV - 10.00%				

Special Features & Yard Items

Bldg	Built	Type	Quantity	Units	Value
1	2001	GARAGE	1	28X38	21300
1	2001	PATIO	1	18X23	1200

Notes

Tax Year	Notes	Note Date

Value Changes

Notice Date	Tax Year	Reason	Changed To	Deferred
Feb 8 2011	2011	Countywide Revaluation	366500	0
Jul 18 2003	2003	Revised Notice	331600	0
Jan 17 2003	2003	Countywide Revaluation	334000	0
Apr 19 2002	2002	New Improvement	307480	

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

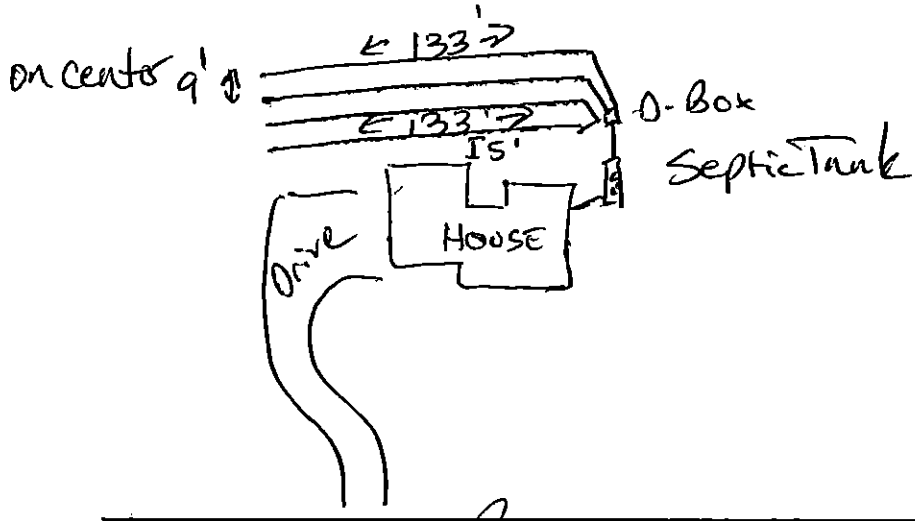
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5871 A DATE: 4-16-98

TC: 011-142-19 PO ☐ L

SERIAL Nº 17692

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 Nov 6, 1997. All work shall be completed on or before 5-16-98, after which date this permit 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 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 RCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Yes

Total Line Length 532 feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 750' feet

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

NAME OF OWNER John Gandy

LOCATION OF PROPERTY 10016 Hiwassee Road

Comments: Type II a 4 bedrooms
(4) 3'wx 133'L x 12" stone

Larry B. Thompson, Jr., RS
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5871-A DATE: 4-22-98

TC: 011-142-19 - ROV ☒ CRT

SERIAL Nº 17565

Name of Owner JOHN GANDY Juris.: _____

Address of Property 14016 HIMV/ASSEE ROAD

Inspection Data:

Tank Material PCC

Total Length of Drainfield 532

Number of Lines 4 @ 133

Cover Depth 12"-24"

Water Supply Source well

Distance to Water Source 100'+

Excavation Inspected 4-22-98

Tank(s) Inspected 4-22-98

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design 1998 1500 ST 1605 SFT 126 CCIC CTR# ARLINGTON CORNELIUS

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 I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 I5A NCAC 18A. 1990 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/revocation of this permit.

COMMENTS: Type IIa

Kelly Randall
Environmental Health Specialist

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



14016 HIWASSEE RD

6/6/2007

duponbj

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

AGS pd 100.00 CC 11/21/01 CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

5871A
~~4/1998~~

PERSON FILING APPLICATION:

NAME: Howie Johnny Lee
(last) (first) (mi)

ADDRESS: 16400 Huntersville-Concord PHONE: 704 875 1371

CITY: Huntersville STATE: N.C. ZIPCODE: 28078

Date: Nov 21, 2001

PROPERTY OWNER:

NAME: [redacted]anwinggerdet Tom
(last) (first) (mi)

ADDRESS: 14106 Hiwassee Rd PHONE: 704 875 1371

CITY: Huntersville STATE: N.C. ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 011-311-05

STREET ADDRESS: 14106 Hiwassee Road
14016 Hiwassee Rd

ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[redacted]

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)

[redacted]ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

[redacted]

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [X] OTHER GARAGE (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[X] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: [signature] Date: Nov 21, 2001

NOTICE:

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 approval is granted by this Department.

...This permit is not transferable.

... O.K. to use existing system for detached garage addition

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Jimmy L. Mickelson R.S. 11/29/01
Environmentalist Date

WATER : 122791

PRODUCERS OF
PRIDE 'N JOY
PRODUCTS

704-875-1371
Fax: 704-875-6741

METROLINA GREENHOUSES, INC.

Johnny Lee Howie

16400 Huntersville-Concord Rd.
Huntersville, North Carolina 28078
Toll Free: 1-800-222-2905
1-800-323-8178

PROPOSED PLOT PLAN

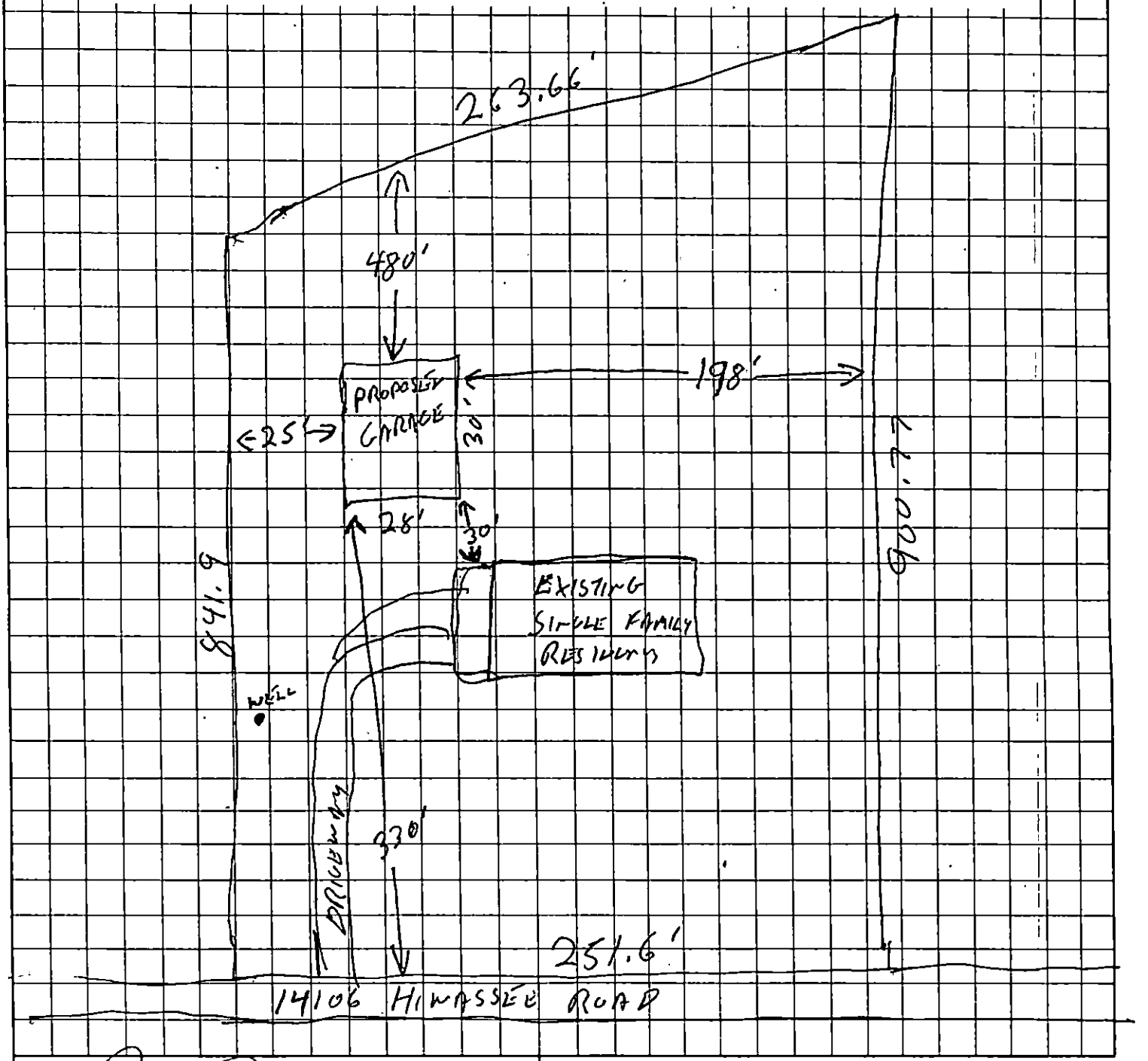
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

5871A

FILE: ~~4798~~

TC: _____

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.



Johnny Lee Howie
OWNER/AGENT SIGNATURE

DATE Nov 21, 2001

APPROVAL DATE _____

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

FEE: 100.00 CK#2616

DATE: 11/6/97 JC

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

[ ] CRT

TYPE APPLICATION: [✓] NEW SYSTEM [ ] EXPANSION/ ALTERATION OF EXISTING SYSTEM [ ] REPAIR OF EXISTING SYSTEM

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

FILE #: 5871A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 011-142-19 PO

STREET ADDRESS: Hiwassee Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

[ ] 0 MECKLENBURG [ ] 4 PINEVILLE
[ ] 1 CHARLOTTE [✓] 5 MATTHEWS
[ ] 2 DAVIDSON [✓] 6 HUNTERSVILLE
[ ] 3 CORNELIUS [ ] 7 MINT HILL

CLOSING DATE Nov 26 1997

TYPE OF BUILDING (CHECK ONE):

[ ] SINGLE MOBILE HOME(S) [✓] MODULAR HOME (M)
[ ] DOUBLE WIDE (D) [ ] MULTIPLE FAMILY (U)
[ ] HOUSE (H) [ ] OTHER (O)

HEATED SQUARE FOOTAGE: 2475

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

[ ] WITHOUT BASEMENT
[ ] ON SLAB
[✓] CRAWL SPACE
[ ] WITH BASEMENT /PLUMBING
[ ] WITH BASEMENT /NO PLUMBING

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

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: [ ] YES [✓] NO TYPE: _____

WATER SUPPLY (CHECK ONE):

[ ] COMMUNITY (C) [ ] MUNICIPAL (M) [✓] PRIVATE WELL (P)
[ ] SHARED WELL (S) [ ] OTHER 'SPRINGS' (O)

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

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

PROPERTY OWNER:

NAME: (LAST) Mayes (FIRST) Betty (MI)

ADDRESS: 1229 Mayes Rd.

CITY: Huntersville STATE: NC ZIP: 28078

DAYTIME PHONE: (704) 892-1617

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) GANDY (FIRST) JOHN (MI) M

DAYTIME PHONE: (704) 644-9161

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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

SIGNED: John M. Gandy DATE: Nov. 6

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

FEE: 100.00 CK# 2616

DATE: 11/6/97 C

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

1

[ ] CRT

TYPE APPLICATION: [✓] NEW SYSTEM [ ] EXPANSION/ ALTERATION OF EXISTING SYSTEM [ ] REPAIR OF EXISTING SYSTEM

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

FILE #: 5871A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 011-142-19 PO

STREET ADDRESS: Hiwassee Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

[ ] 0 MECKLENBURG [ ] 4 PINEVILLE
[ ] 1 CHARLOTTE [ ] 5 MATTHEWS
[ ] 2 DAVIDSON [✓] 6 HUNTERSVILLE
[ ] 3 CORNELIUS [ ] 7 MINT HILL

TYPE OF BUILDING (CHECK ONE):

[ ] SINGLE MOBILE HOME(S) [✓] MODULAR HOME (M)
[ ] DOUBLE WIDE (D) [ ] MULTIPLE FAMILY (U)
[ ] HOUSE (H) [ ] OTHER (O)

HEATED SQUARE FOOTAGE: 2495

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

[ ] WITHOUT BASEMENT
[ ] ON SLAB
[✓] CRAWL SPACE
[ ] WITH BASEMENT /PLUMBING
[ ] WITH BASEMENT /NO PLUMBING

CLOSING DATE Nov 26 1997

Draw Plan for 4 bedrooms w/ receipt of survey.

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

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: [ ] YES [✓] NO TYPE: _____

WATER SUPPLY (CHECK ONE):

[ ] COMMUNITY (C) [ ] MUNICIPAL (M) [✓] PRIVATE WELL (P)
[ ] SHARED WELL (S) [ ] OTHER 'SPRINGS' (O)

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

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

PROPERTY OWNER:

NAME: (LAST) Mayes (FIRST) Betty (MI)

ADDRESS: 1229 Mayes Rd.

CITY: Huntersville STATE: NC ZIP: 28078

DAYTIME PHONE: (704) 892-1417

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) GANDY (FIRST) JOHN (MI) M

DAYTIME PHONE: (704) 414-9161

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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

SIGNED: John M. Gandy DATE: Nov. 6

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
(704) 336-5102

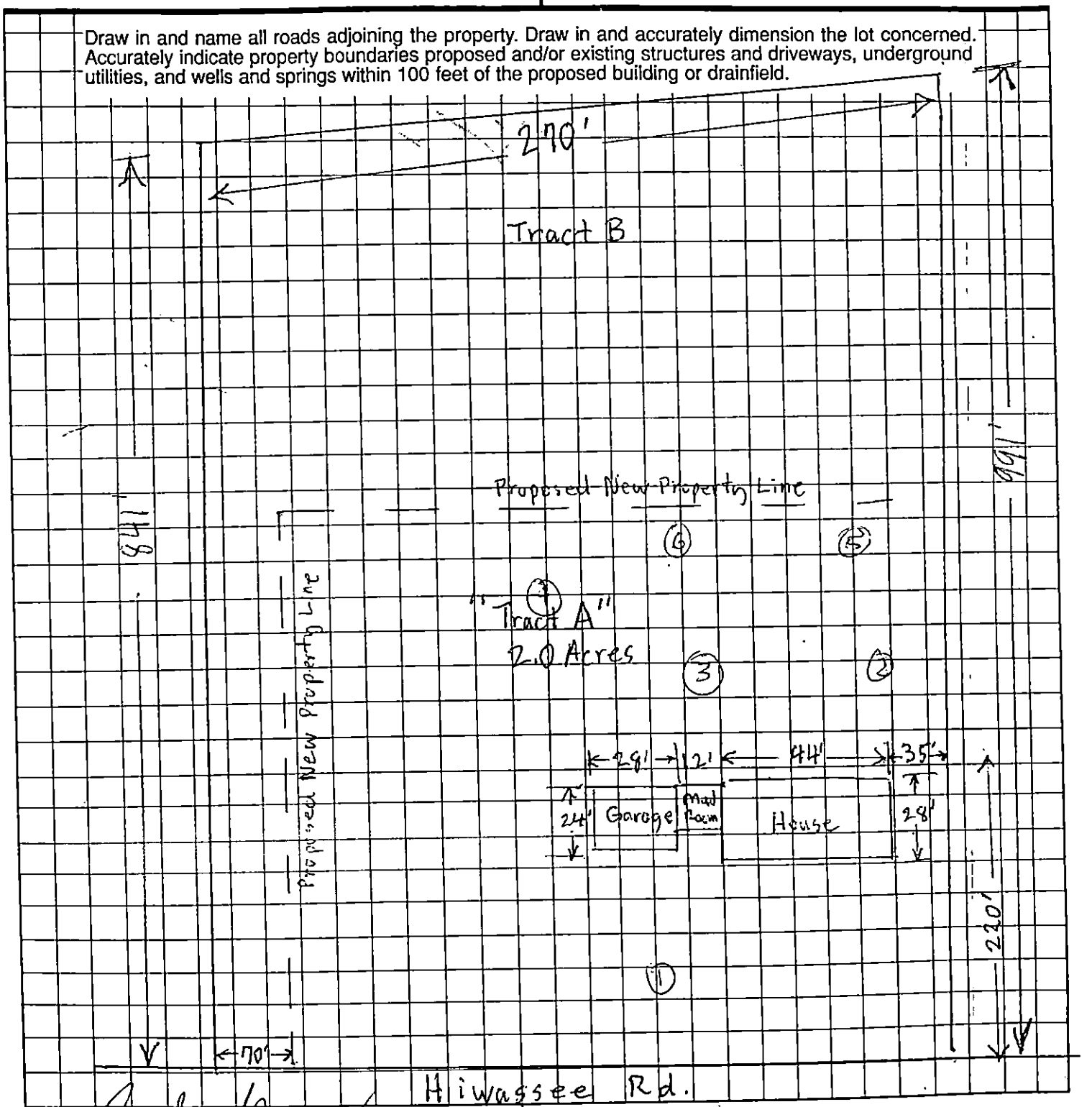
PROPOSED PLOT PLAN

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

FILE: 58718

TC: 011-142-1980

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.

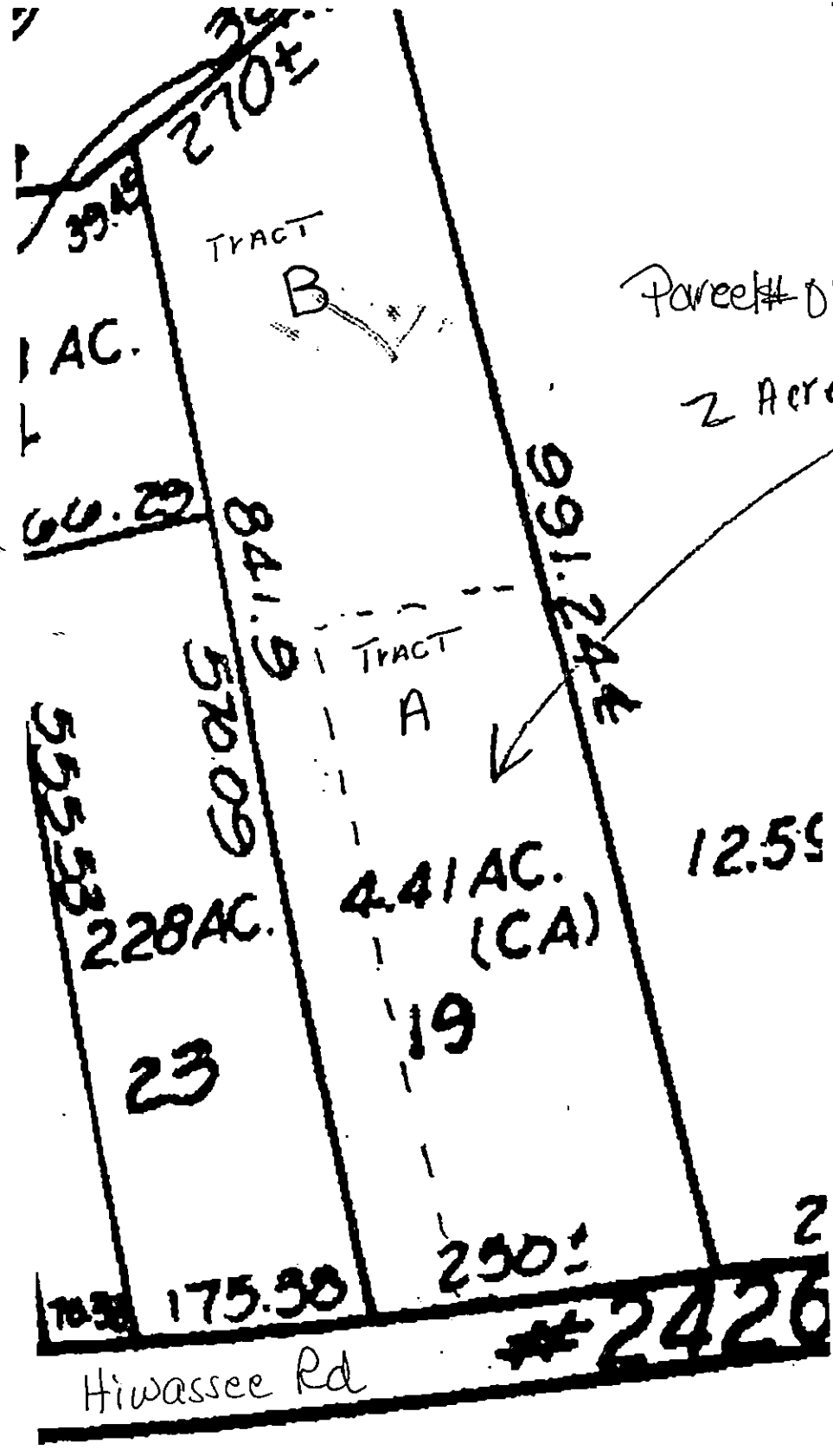


OWNER/AGENT SIGNATURE

DATE 11/6/97

APPROVAL DATE _____

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



Parcel # 011-142-19

2 Acres

ON-SITE WASTEWATER SECTION

5091-A

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

011-142-19

OWNER: Betty Mayes APPLICANT: John Gandy

ADDRESS: 1229 Mayes Rd APPLICATION DATE: 11-6-97 DATE EVALUATED: 11-25-97

PROPOSED FACILITY: 3 BDRM PROPOSED DESIGN FLOW (.1949): 360 PROPERTY SIZE:

LOCATION OF SITE: Hiawasee Rd PROPERTY RECORDED:

WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other

EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut

TYPE OF WASTEWATER: ☐ 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	1956 SAPRO CLASS	1944 RESTR. HORIZ.	PROFILE CLASS & LTAR
1	1-2% R	0-3	Gr / CL	SEXP / Gr / NS / NP	No Chroma 2	39"	—	None	.3 LTAR PS
		3-39"	SBK / C	SEXP / Fi / SS / SP					
2	1-2% R	0-40	SBK / C	SEXP / Fi / SS / SP	No Chroma 2	90"	—	None	.3 LTAR PS
3	1-2% R	0-4"	Gr / SCL	SEXP / Fr / NS / NP	No Chroma 2	36"	—	None	.3 LTAR PS.
		4-36"	SBK / C	SEXP / Fi / SS / SP					
4	2-4%	0-8	Gr / SCL	SEXP / Fr / NS / NP	No Chroma 2	38"	—	None	.3 LTAR
		8-38	SBK / C	SEXP / Fi / SS / SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946):

SITE CLASSIFICATION (.1948):

EVALUATED BY:

OTHER(S) PRESENT:

DIVISION OF ENVIRONMENTAL ... COUNTY: ...

ON-SITE WASTEWATER SECTION

page 2 of 3 sheet 2 of 3

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

5071-A 01-142-19

OWNER: _____ APPLICANT: _____

ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____

PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____

LOCATION OF SITE: _____ PROPERTY RECORDED: _____

WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____

EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut

TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	2-4%	0-3"	Gr / SCL	SEXP/Fr/NS/NP	some chroma 2 @ 24"	24"	—	none	US
		3-13"	SBK / C	SEXP/Fi/SS/P					
		13-24	ABK / C	EXP/Fi/S/P					
6	2-4%	0-2	Gr/SCL	SEXP/Fr/NS/NP	—	18"	—	none	US
		2-18"	SBK/C	EOP/Fi/S/P					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PR
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): _____

EVALUATED BY: Kelly Ramsey

OTHER(S) PRESENT: _____

COMMENTS:

Sheet 3 of 3

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
(Drainage Way)					EXP (Expansive)	CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Block
S (Foot Slope)						ABK (Angular Blocky)
(Head Slope)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SICL (Silty Clay Loam)				PR (Prismatic)
(Nose Slope)		CL (Clay Loam)				
(Ridge)		SCL (Sandy Clay Loam)				
(Shoulder Slope)		SUC (Silt Loam Clay)				
(Terrace)					MOIST	WET
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable)	NS (Non-sticky)
		SIC (Silty Clay)			FR (Friable)	SS (Slightly Sticky)
					FI (Firm)	S (Sticky)
		O (Organic)	None		VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
					EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

OTES

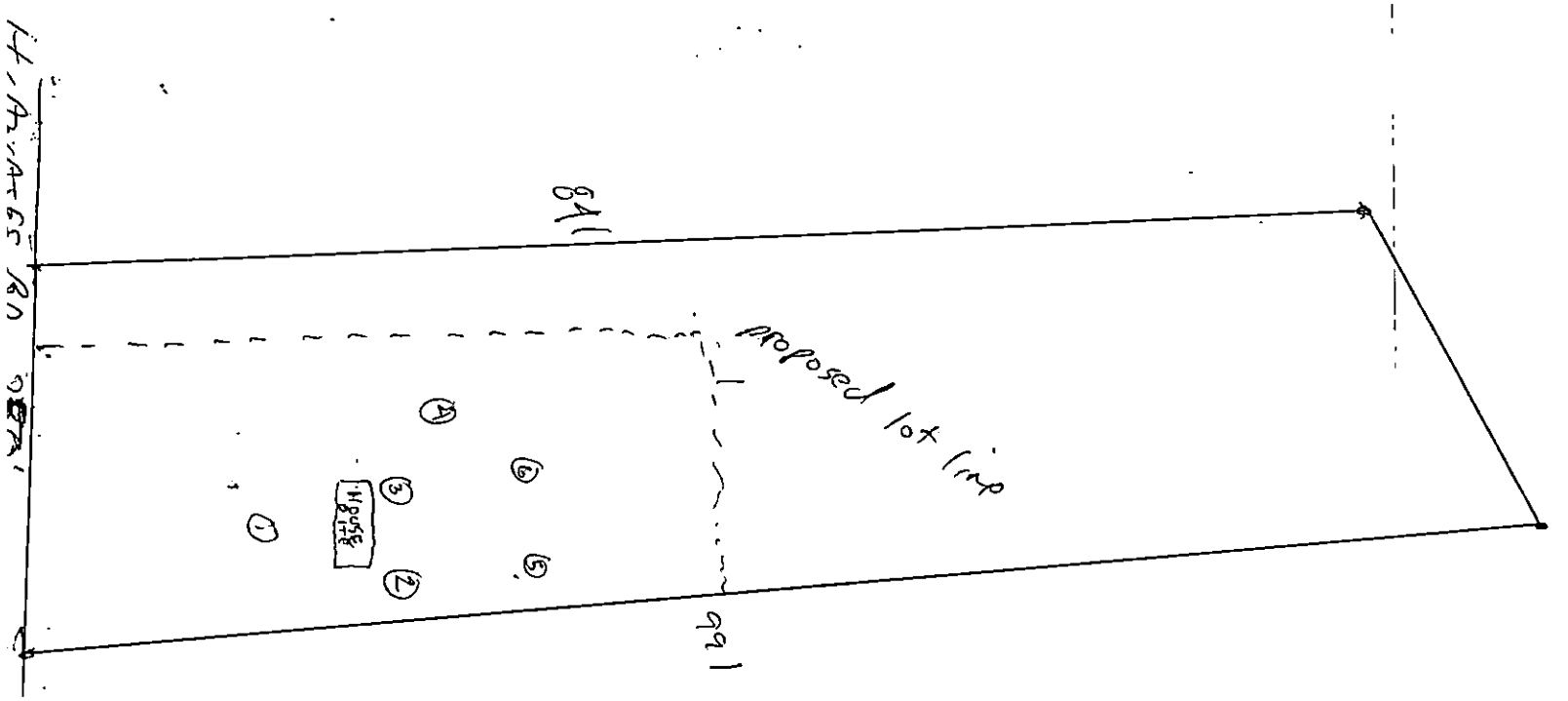
ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
PROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designat
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.

ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).

recommend survey be done before IP Approval



JOHN & EILEEN GANDY
Fax (704) 875-0272 Phone 948-9161
Mobile 560-0551 Home 948-7414

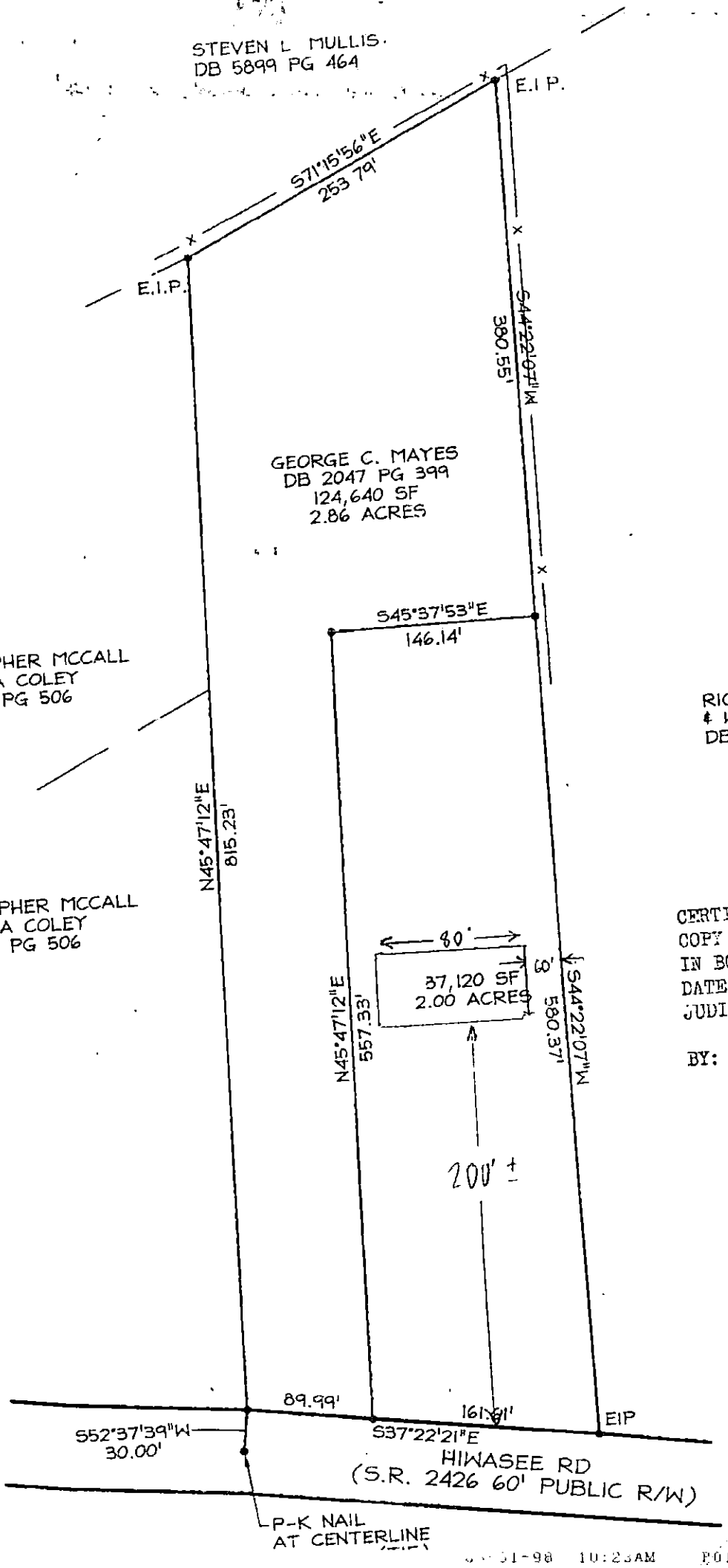
TO: Larry Thompson DATE: 3-31-98
336-6894

FROM: John Gandy

RE: Plat of Hiwassee property

PAGES: 5
including cover

COMMENTS:



CERTIFIED TO BE
COPY OF THE ORI
IN BOOK 29
DATE: March
JUDITH A. GIBSO
BY:

JUDITH A. MECKLEN

GRAPHIC SCALE

APPROVED IN ACCORDANCE WITH THE MINOR SUBDIVISION PROVISIONS AS SET FORTH IN THE SUBDIVISION ORDINANCE OF THE TOWN OF HUNTERSVILLE. NORTH CAROLINA.

J. Stuart Mullen — 3-19-98
TOWN PLANNER — DATE

I, Frederick Ira Gore, certify that this plat was drawn under my supervision from an actual field survey; that the ratio of precision is greater than 1:10000; that this plat was prepared in accordance with G.S. 47-30 as amended. Witness my original signature, registration number L-3043, and seal this 19th day of March, 1998.

NORTH CAROLINA REGISTERED SEAL L-3043 LAND SURVEYOR FREDERICK IRA GORE

Surveyor

I J. STUART MULLEN Review Officer of Mecklenburg County, certify that the map or plat to which this certification is affixed meets all statutory requirements for recording.

J. Stuart Mullen — 3-19-98
Review Officer — Date

MINOR SUBDIVISION
of a 4.86 Acre Tract
Huntersville Township

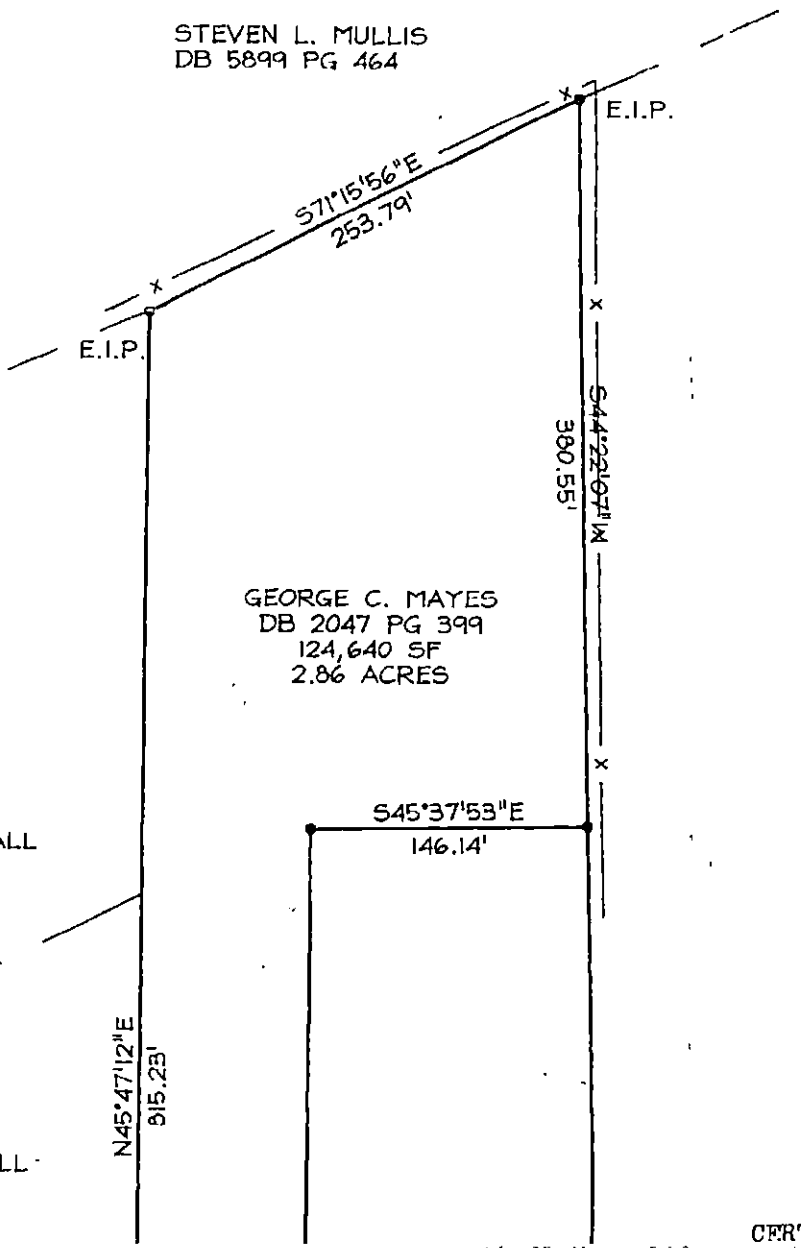
Drawn by: DBG
Approved by: FIG
Date: 1/7/98
Scale: 1"=100'
Dwg. name GANDYPL

TO BE CONVEYED TO:
JOHN & EILEEN GANDY
604 CANADICE RD
HUNTERSVILLE, NC 28078
(704)948-9161

OTHERWISE NOTED.
N OF LAND WITHIN
LITY THAT HAS AN
S OF LAND.

THIS SURVEY

MAP BOOK 29 PAGE 108



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CERTI

Mar 31 98 08:07a John & Eileen Bandy (704)875-0272 P.4

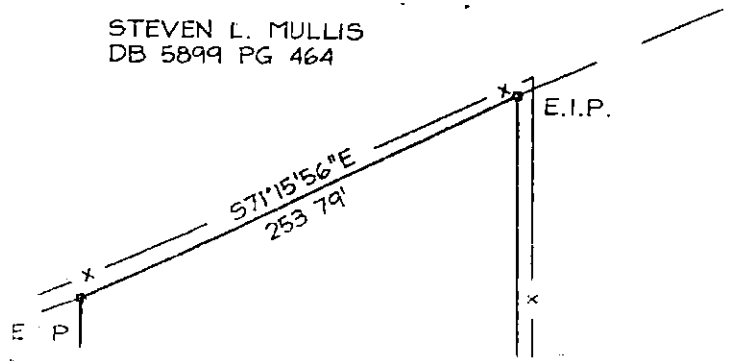
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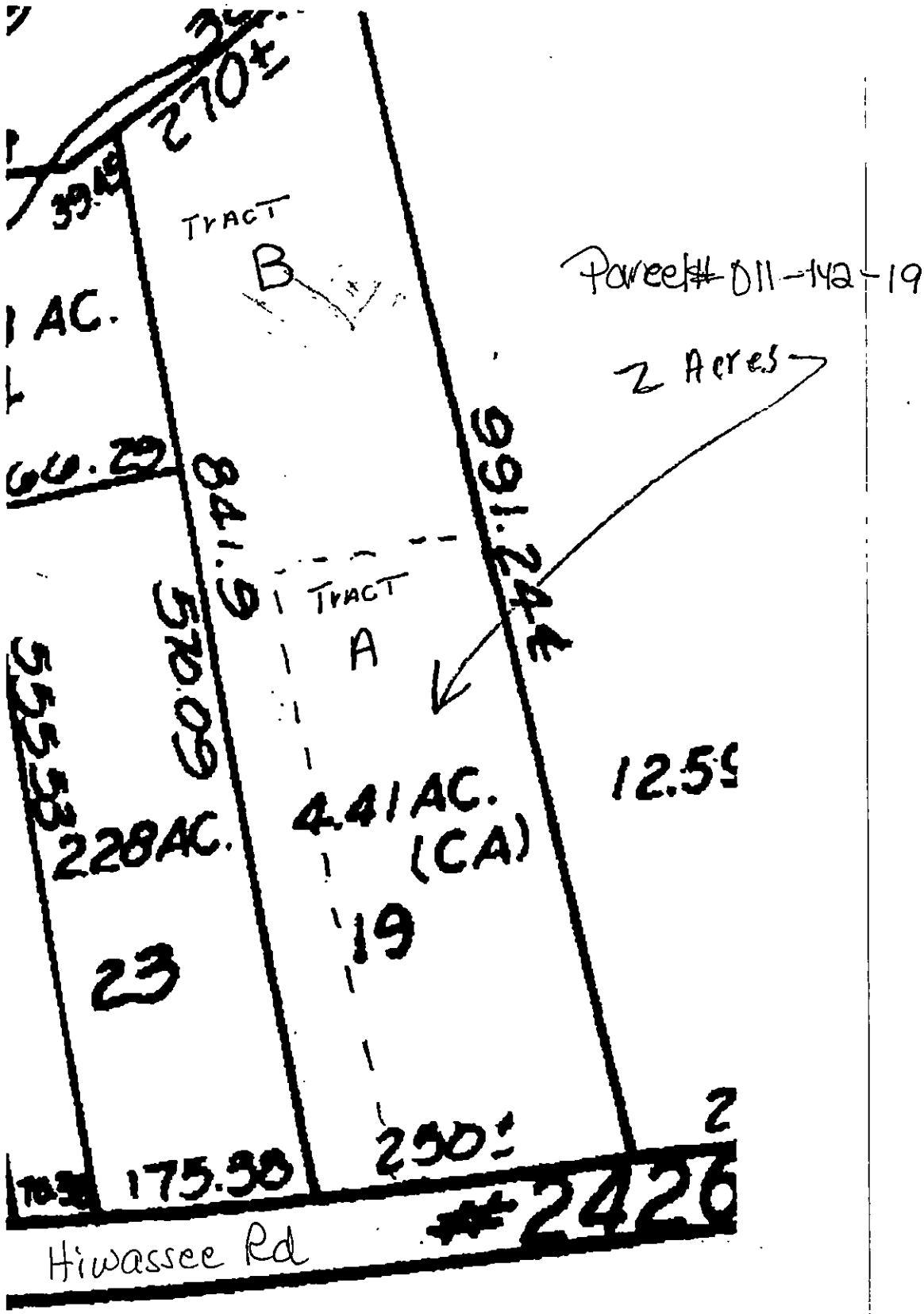
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MAP BOOK 29 PAGE 108

FILED FOR REGISTRATION
MAR 20 1998
AT 10:22
JUDITH A. GIBSON
MECKLENBURG COUNTY, N. C.
REGISTER OF DEEDS

STEVEN L. MULLIS
DB 5899 PG 464




270±
TRACT
B
Parcel# 011-142-19
2 Acres
1 AC.
60.29
841.9
591.24±
TRACT
A
555.53
608.09
4.41 AC.
(CA)
12.59
2.28AC.
19
23
290±
175.30
2426
Hiwassee Rd

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
200 NW 4TH AVE., 1ST FLOOR
OTTO, NC 28326
828-342-1904

Date: _____

To: _____

_____

_____

Re: _____

_____

_____

Please see the following comments and the enclosed plans for your proposed project.

Any questions please call me at 828-342-1904 ext. 2252.

Thank you,

Jason Hunt, REHS
Environmental Health Specialist

Cc: _____

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 5871 H

Tax Number: 011-142-19

- 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	
Type Primary Wastewater System Type (circle one): 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: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
.3 Long-term acceptance rate	480 Max gallons/day wastewater flow	1596 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
Yes Serviced by private well	1500 Gallon septic tank	532 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
4 Bedrooms in residence	___ Gallon pump tank	12" Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions:				
Repair Area System Type Type (circle one): 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: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
1596 Absorption Area (Sq ft) 532 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	24" Maximum Trench Depth	
For existing system, enter the year originally installed:				

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 Sewage, Treatment and Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

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

Larry B. Thompson, Jr. 3-31-98
DEHNR Authorized Agent Date

John M. Gandy 4-2-98
Owner/Agent Signature Date

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

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

FEE: 200 pd ck # 3099

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

DATE: 4-2-98 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 3-31-98 PERMIT NO: 5871 A

PARCEL NO: 011-142-19B

JOB LOCATION ADDRESS: 14016 Hinasse Rd

PROPERTY OWNER: John M. Gandy

BUILDING CONTRACTOR:

SUBDIVISION NAME:

AUTHORIZATION ISSUED BY: Larry B. Thompson Jr, R.S. DATE: 3-31-98

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 5871 A, 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 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:

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 PERMITS AND AUTHORIZATION TO CONSTRUCT.

X John M Gandy 4-2-98

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

5871A

John and Eileen Gandy
(704) 948-9161
875-0272 fax
604 Canadice Road, Huntersville, NC 28078

Quinton Gandy
560-2604
892-9695 fax

FAX COVER SHEET

TO: William Marlin DATE: 11-12-97

LOCATION: Meck Cty FAX: 336-6894

FROM: John Gandy

RE: Soil test

# of PAGES: 5
including cover
Please call if you did not receive legible copies of all pages

COMMENTS: The following is the contract on the property we want tested. You already have the application and were just waiting on this contract. Please let me know approximately when the test will be performed.

OFFER TO PURCHASE & CONTRACT

John M. Gandy and wife Eileen M. Gandy, as Buyer, hereby offers to purchase from Betty W. Mayes, as Seller, the following property upon the following terms and conditions:

1. **Real property.** Located at Hiwassee Road (S.R. 2426), County of Mecklenburg, State of North Carolina, being identified as tax parcel no. 011-142-19 and containing approximately 4.41 acres.

2. **Purchase Price:** Buyer will purchase all of property for $74,970 as follows: cash of $34,000 and a promissory note in the amount of $40,970, with interest at seven percent (7.0%) per annum, with monthly payments amortized over thirty (30) years but due in full if called by Seller at the end of five years, and secured by a deed of trust on Tract B of the property as more fully described below. A loan amortization is attached. Two deeds will be prepared showing the separate acreage. The division will be approximately as shown on the attached plot drawing. Upon acceptance of this offer, $2,000 will be paid by Buyer to Seller as earnest money, with closing to be done within 30 days if conditions below have been met. The promissory note and deed of trust will be on standard forms as published by the North Carolina Bar Association and the deed of trust will contain a due-on-sale clause. The property will be divided into two parcels, Tracts A and B, approximately as shown on the attached map. The exact lines of the two tracts will be determined by survey as directed by Buyer, but in any event Tract A shall be no larger than two (2.0) acres, Tract A will have not more than 175 feet of frontage on S.R. 2426, the "pipestem" of Tract B will have a width of not less than 75 feet, and Tract B will be of such overall size and shape as to be eligible for the issuance of a building permit for a single-family residential structure under current state, county and municipal laws and ordinances.

3. **Conditions:**
(a) There must be no restriction, easement, zoning or other governmental regulation that would prevent the reasonable use of the property for residential real estate purposes.
(b) All deeds of trust, liens and other charges against the property, not assumed by Buyer, must be paid and satisfied by Seller prior to or at closing, such that cancellation may be promptly obtained following closing. Seller shall remain obligated to obtain any such cancellations following closing.
(c) Titles must be delivered at closing by GENERAL WARRANTY DEEDS and must be fee simple marketable title, free of all encumbrances except taxes for current year (prorated through the date of closing), utility easements and unviolated restrictive covenants that do not materially affect the value of the property. The property must have legal access to a public right of way.
(d) Perk Test: This offer is contingent upon a satisfactory test being completed by the Mecklenburg County Health Department to determine septic approval for a 4 bedroom home.

(e) Well Water: This offer is contingent upon satisfactory well water being produced within 400 feet of surface for the purpose of a 4 bedroom home. Buyer shall bear this expense.

4. **Special Assessments:** Seller warrants that there are no governmental special assessments for this property.

5. **Closing Expenses:** Seller shall pay for preparation of deeds and all other documents necessary to perform Seller's obligations under this agreement, and for excise tax required by law. Buyer shall pay for recording the deeds and for preparation and recording of all instruments required to secure the balance of the purchase price unpaid at closing. Buyer shall pay for a survey.

6. **Evidence of Title:** Seller agrees to use his best efforts to deliver to Buyer as soon as reasonably possible after the acceptance of this offer, copies of all title information in possession of or available to Seller, including but not limited to: title insurance policies, attorney's opinions on title, surveys, covenants, deeds, notes and deeds of trust and easements relating to the property.

7. **Possession:** Possession shall be delivered at closing. Seller will provide reasonable access to Buyer for the purposes of perk test, well determination, and survey prior to closing.

8. **Entire Agreement:** This contract contains the entire agreement of the parties and there are no representations, inducements or other provisions other than those expressed herein. All changes, additions, or deletions hereto must be in writing and signed by all parties.

9. **Closing:** Closing shall be defined as the date and time of recording of the deed. All parties agree to execute any and all documents and papers necessary in connection with closing and transfer of title on or before Nov 15, at a place designated by Buyer. The deed is to be made to John M. Gandy and wife Eileen M. Gandy.

10. This offer is good until midnight, ~~October~~ November 25 JG EG, 1997.

Buyer: John M. Gandy
SS/Tax ID# 236-58-6417

Buyer: Eileen M. Gandy
SS/Tax ID# 226-88-9385

Date: 11-11-97

Seller: Betty Wilson Mayes
SS/Tax ID# 245-46-2902

Seller: _____
SS/Tax ID# _____

Date: _____

I hereby acknowledge receipt of earnest money herein set forth and agree to hold same in accordance with the terms hereof.

Date_____ By_____

ON-SITE WASTEWATER SECTION

~~5971-A~~ 5/7/18

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

~~#~~ 011-142-19

OWNER: Betty Mayes APPLICANT: John Gandy

ADDRESS: 1229 Mayes Rd APPLICATION DATE: 11-6-97 DATE EVALUATED: 11-25-97

PROPOSED FACILITY: 3 BDRM PROPOSED DESIGN FLOW (.1949): 360 PROPERTY SIZE: 400

LOCATION OF SITE: H. Atwater Rd PROPERTY RECORDED:

WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other

EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut

TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	1-2% R	0-3	Gr / CL	SEXP / Fr / NS / NP	No Chroma 2	39"	—	None	.3 LTAR PS
		3-39"	SBK / C	SEXP / Fi / SS / SP					
2	1-2% R	0-40	SBK / C	SEXP / Fi / SS / SP	No Chroma 2	40"	—	None	3 LTAR PS
3	1-2% R	0-4"	Gr / SCL	SEXP / Fr / NS / NP	No Chroma 2	36"	—	None	.3 LTAR PS
		4-36"	SBK / C	SEXP / Fi / SS / SP					
4	2-4%	0-8	Gr / SCL	SEXP / Fr / NS / NP	No Chroma 2	39"	—	None	.3 LTAR
		8-38	SBK / C	SEXP / Fi / SS / SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946):

SITE CLASSIFICATION (.1948):

EVALUATED BY:

OTHER(S) PRESENT:

ASTEWATER SECTION

sheet 2 of 3

age 2 of 3

011-142-19

5071-A

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

APPLICANT: _____

OWNER: _____ APPLICATION DATE: _____ DATE EVALUATED: _____

ADDRESS: _____ PROPERTY SIZE: _____

PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY RECORDED: _____

LOCATION OF SITE: _____

WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____

EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut

TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR. HORIZ	PROFILE CLASS & LTAR
5	2-4%	0-3"	Gr / SCL	SEXP/Fr/NS/NP	some chroma 2 @ 24"	24"	—	none	US
		3-13"	SBK/C	SEXP/Fi/SS/P					
		13-24	ABK/C	EXP/Fi/S/P					
6	2-4%	0-2	Gr/SCL	SEXP/Fr/NS/NP	—	18"	—	none	US
		2-18"	SBK/C	EXP/Fi/S/P					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): _____

EVALUATED BY: Kelly Ramsey

OTHER(S) PRESENT: _____

NTS:

Sheet 3 of 3

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
I (Drainage Way)					EXP (Expansive)	CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Block
S (Foot Slope)						ABK (Angular Blocky)
I (Head Slope)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SICL (Silty Clay Loam)				PR (Prismatic)
(Nose Slope)		CL (Clay Loam)			MOIST	WET
(Ridge)		SCL (Sandy Clay Loam)				
(Shoulder Slope)		SLC (Silt Loam Clay)			VFR (Very Friable)	NS (Non-sticky)
(Terrace)					FR (Friable)	SS (Slightly Sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FI (Firm)	S (Sticky)
		SIC (Silty Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
					EFI (Extremely Firm)	NP (Non-plastic)
		O (Organic)	None			SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

NOTES

HORIZON DEPTH — In inches below natural soil surface

DEPTH OF FILL — In inches from land surface

RESTRICTIVE HORIZON — Thickness and depth from land surface

SAPROLITE — S(suitable) or U(unsuitable)

SOIL WETNESS — Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designa

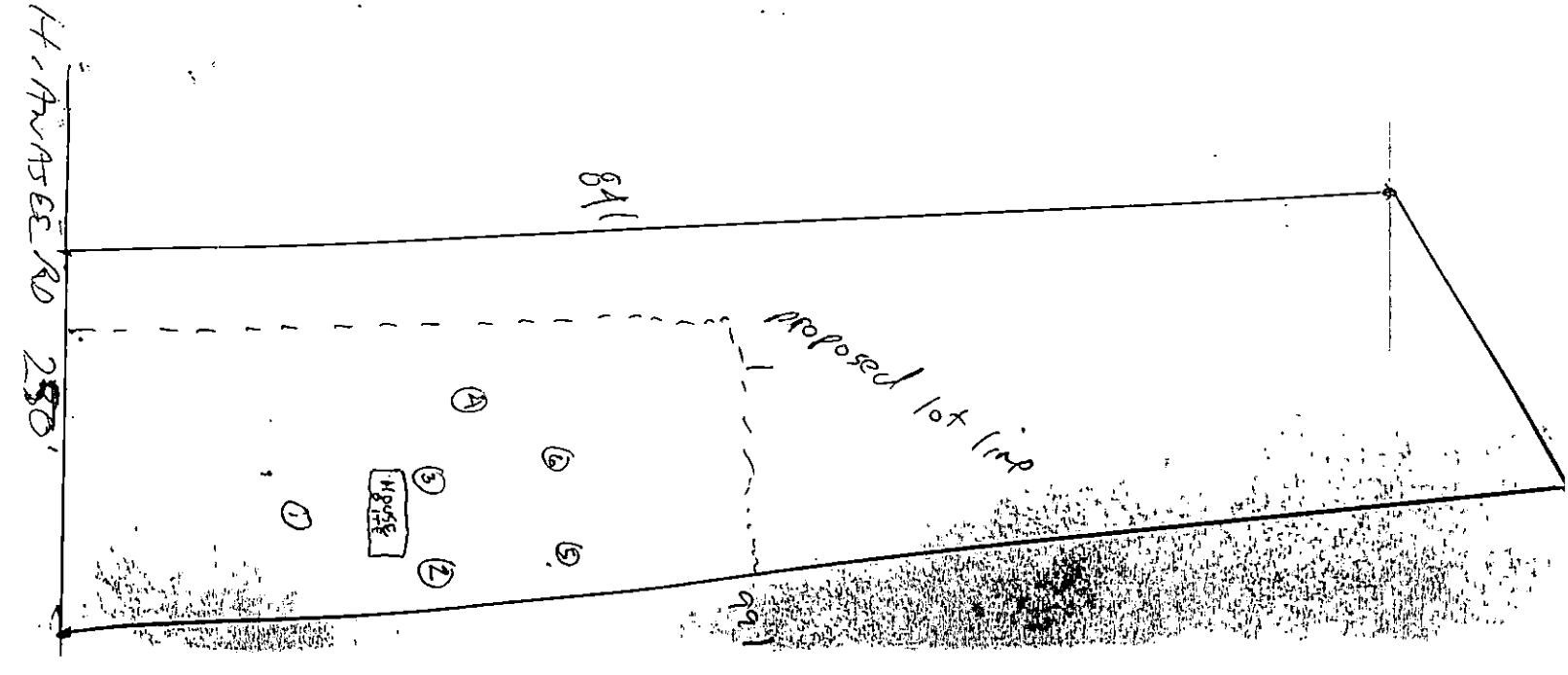
CLASSIFICATION — S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).

recommend survey be done before I P approval



FEE: 100.00 CK#2616

DATE: 11/6/97 CC

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

1

[ ] CRT

TYPE APPLICATION: [✓] NEW SYSTEM [ ] EXPANSION/ ALTERATION OF EXISTING SYSTEM [ ] REPAIR OF EXISTING SYSTEM

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

FILE #: 5871A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 011-142-19 PO

STREET ADDRESS: Hiwassee Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

[ ] 0 MECKLENBURG [ ] 4 PINEVILLE
[ ] 1 CHARLOTTE [✓] 5 MATTHEWS
[ ] 2 DAVIDSON [✓] 6 HUNTERSVILLE
[ ] 3 CORNELIUS [ ] 7 MINT HILL

CLOSING DATE Nov 26 1997

TYPE OF BUILDING (CHECK ONE):

[ ] SINGLE MOBILE HOME(S) [✓] MODULAR HOME (M)
[ ] DOUBLE WIDE (D) [ ] MULTIPLE FAMILY (U)
[ ] HOUSE (H) [ ] OTHER (O)

HEATED SQUARE FOOTAGE: 2475

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

[ ] WITHOUT BASEMENT
[ ] ON SLAB
[✓] CRAWL SPACE
[ ] WITH BASEMENT /PLUMBING
[ ] WITH BASEMENT /NO PLUMBING

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

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: [ ] YES [✓] NO TYPE: _____

WATER SUPPLY (CHECK ONE):

[ ] COMMUNITY (C) [ ] MUNICIPAL (M) [✓] PRIVATE WELL (P)
[ ] SHARED WELL (S) [ ] OTHER 'SPRINGS' (O)

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

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

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: (LAST) Mayes (FIRST) Betty (MI)	NAME: (LAST) GANDY (FIRST) JOHN (MI) M
ADDRESS: 1229 Mayes Rd.	DAYTIME PHONE: (704) 444-9161
CITY: Huntersville STATE: NC ZIP: 28078	
DAYTIME PHONE: 704 892-1817	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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

SIGNED: John M. Gandy DATE: Nov. 6

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

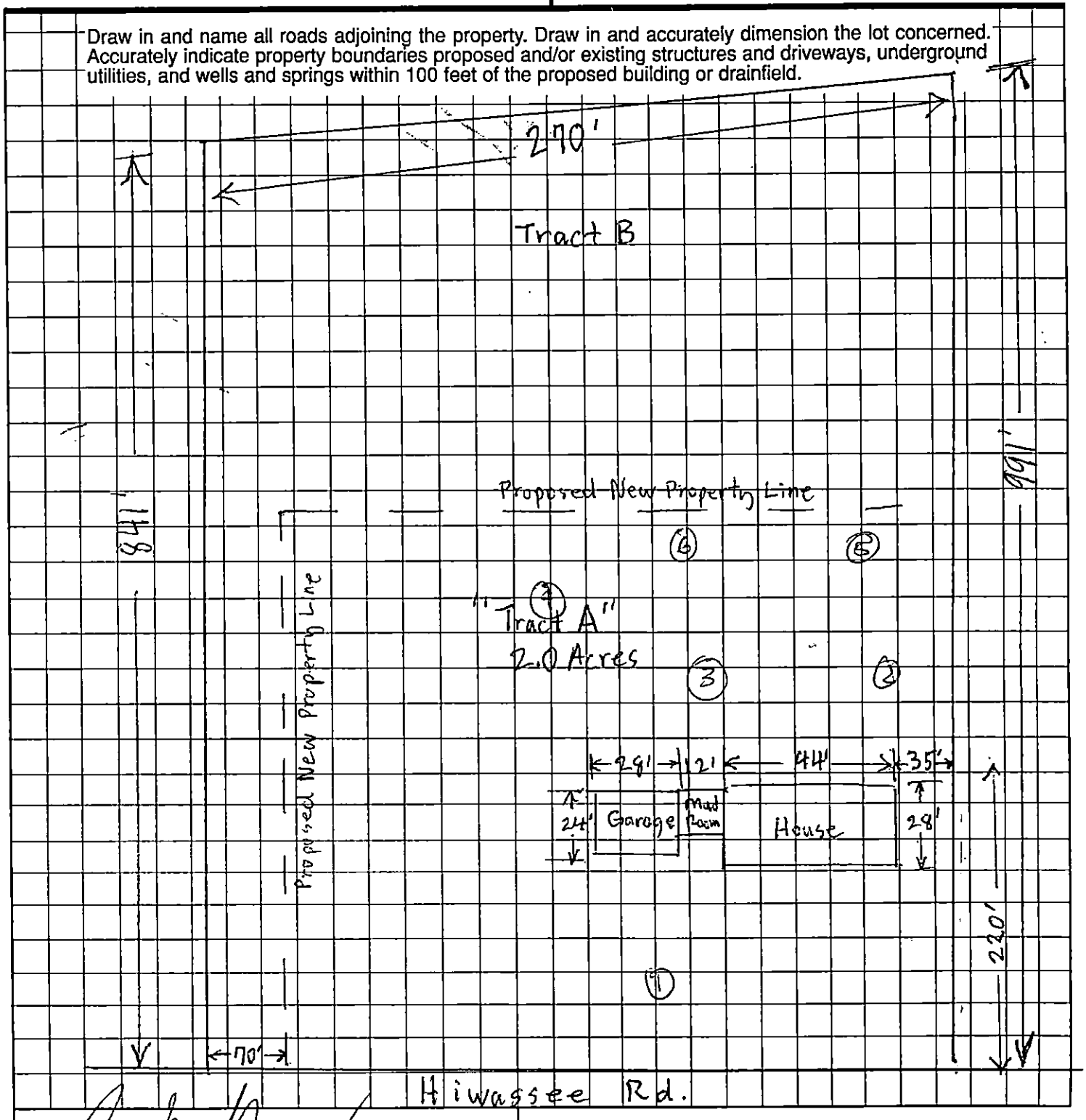
PROPOSED PLOT PLAN

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

FILE: 5871A

TC: 011-142-1980

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.

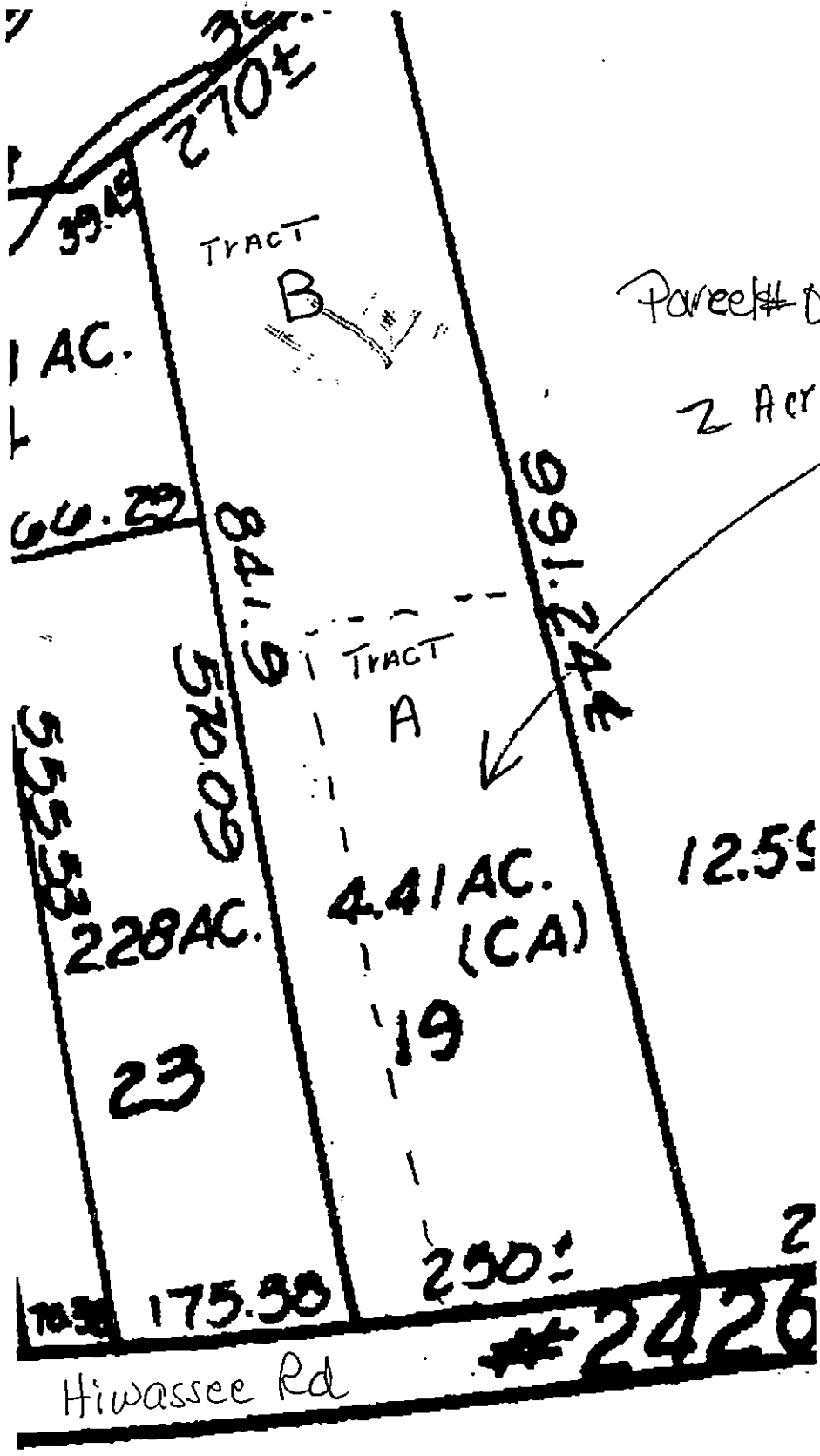


OWNER/AGENT SIGNATURE

DATE 11/6/97

APPROVAL DATE _____

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


270±
39.49
TRACT
B
1 AC.
Parcel# 011-142-19
2 Acres
60.29
841.69
591.24±
TRACT
A
555.53
580.03
12.5
2.28AC.
4.41AC.
(CA)
19
23
250±
175.38
#2426
Hiwassee Rd

95-60

APPLICATION FOR SOIL INVESTIGATION (PRE-PRELIMINARY)

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

(OFFICE USE ONLY)

FILE: S871A

TC: 011-142-19

☐ PC ☐ REPT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
JUN 2[illegible]
ENVIRONMENTAL HEALTH
DIVISION

JOB LOCATION

① ADDRESS: S.R. 2426 Hiwassee Road

② SUBDIVISION: N/A ③ LOT: ④ BLOCK:

⑤ PARCEL REFERENCE: BOOK NO.: 11 BLOCK NO: 141 PAGE NO.: 14 PARCEL NO.: 19

⑥ DEED REFERENCE: BOOK NO.: 2047 PAGE NO.: 399 Lots conveyed out on bot Part of tract 4 Sides of subject tract.

OWNER

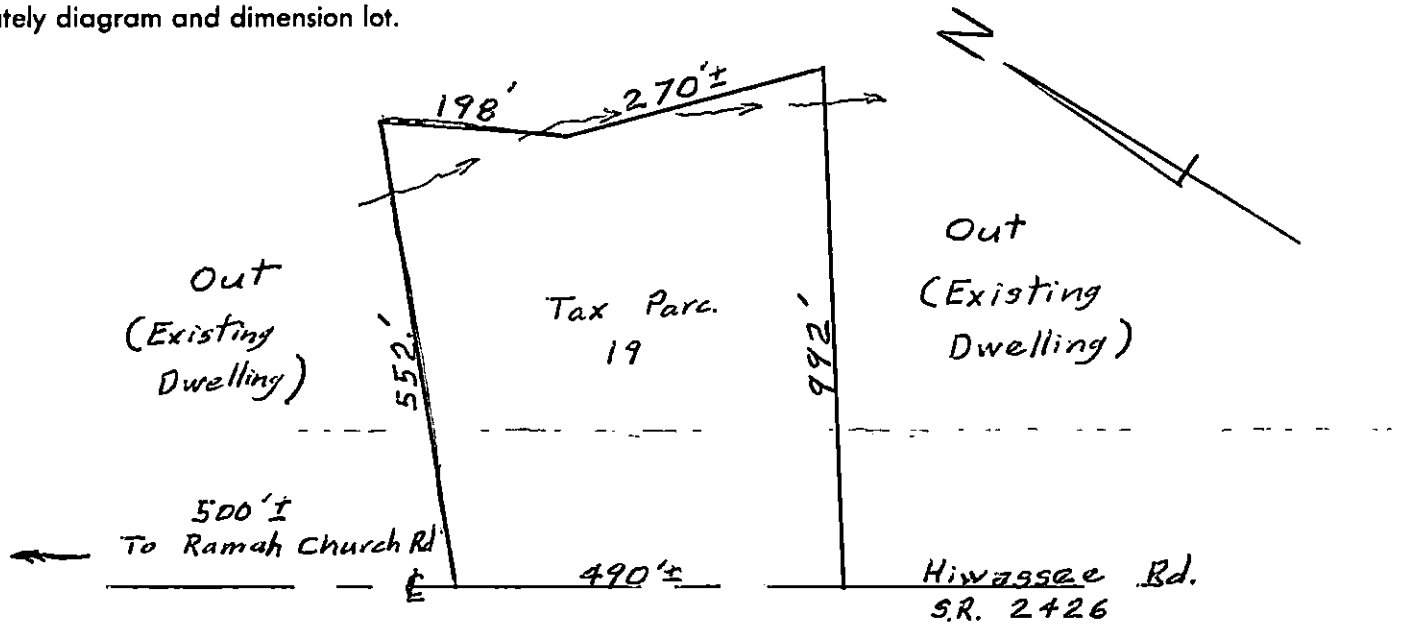
⑦ NAME: Betty (FIRST) Wilson (MIDDLE) Mayes (LAST)

⑧ MAILING ADDRESS: 12229 Mayes Road

⑨ CITY: Huntersville ⑩ STATE: N.C. ⑪ ZIP: 28078

⑫ PHONE: (WORK) 875-6513 (HOME) 892-1817

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: Betty Wilson Mayes

Date: June 23, 1989

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

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

DATE: 6/30/99

NAME/COMPANY: Beth Mayer

Sanitation _____

Vector Control _____

OPWD ✓

SERVICE: Soil
5871A
9 acres
pre preliminary

FEE: 95.00

Completed By

Susan Labonia
Collected By

Pd check 1

STATE OF NORTH CAROLINA
Mecklenburg COUNTY

INDIVIDUAL DEED
Printed and For Sale by Kate-Lawyer Co., Charlotte, N. C.

This Deed

Made this 6th day of February, A. D. 19 59 by and between

W. S. MAYES and Wife,
KATE A. MAYES

of the County of Mecklenburg and State of North Carolina part ies of the first part, and

GEORGE C. MAYES

of the County of Mecklenburg and State of North Carolina part y of the second part:

WITNESSETH, that the said parties of the first part, in consideration of ONE HUNDRED AND NO/100 DOLLARS ($100.00) love and affection----------Dollars to them paid by the part y of the second part, the receipt of which is hereby acknowledged ha ve bargained and sold, and by these presents do grant, bargain, sell and convey unto the said GEORGE C. MAYES and his heirs, all those certain lots or parcels of land, situate, lying and being in Huntersville Township, Mecklenburg County, State of North Carolina, and more particularly described as follows:

Tract # 1: BEGINNING at a white oak, corner of Lot No. 2 and running N. 88½ E. 25½ poles to a mulberry tree; thence S. 60 E. 8 poles to a stone; thence S. 3 3/4 W. 24 poles to a black gum; thence S. 64 W. 77 poles to a B. O. stump; thence N. 11 W. 25½ poles to a stone; thence N. 50 E. 58½ poles to the BEGINNING corner, containing 16 acres.

Tract # 2: BEGINNING at a stake in the middle of the road and runs thence with the road S. 43 E. 44 poles to a stake; thence S. 67 E. 44½ poles to a stake; thence N. 10 W. 82 poles to a mulberry on the branch; thence N. 65½ W. 19 poles to a stake in the branch; thence S. 2 W. 20 poles to a black gum; thence S. 62 W. 47 poles to the BEGINNING, containing 18 3/4 acres, more or less.

Tract # 3: BEGINNING at the corner of Lot No. 1 of the Sloan lands and runs S. 49 W. 37½ poles to a stone; thence N. 25 W. 30 poles to a stone; thence S. 73 E. 36 poles to the BEGINNING, containing 3 and 3/8 acres.

Tract # 4: BEGINNING at a mulberry, J. W. Brown's old corner and runs with one of his lines S. 10 E. 82 poles to a stone; thence S. 67 E. 13 poles to a stone on old Deweese line; thence with said line N. 35 E. 70 poles crossing a branch to a stone; thence N. 75 E. 8 poles to a stone; thence N. 11 E. 139½ poles to a stone on J. Sam Barnette's line; thence North his line N. 70 W. poles to a stone; thence S. 5 W. 16 poles to a stone; thence N. 83 W. 63 poles to the BEGINNING, containing 27 ¼ acres, more or less.

(A Portion of)

(See Reverse Side)

Mecklenburg County
Health Department

July 7, 1989

Betty W. Mayes
12229 Mayes Road
Huntersville, NC 28078

Dear Ms. Mayes:

A pre-preliminary investigation was made of the tract (parcel 011-142-19) located on Hiawassee Road. A soils map was prepared and a copy is enclosed.

The areas shaded yellow on the enclosed map appear to be dominantly unacceptable for the installation of septic tank systems. These areas include the drainageway at the rear of the tract and a depression. These areas collect and channel surface water runoff and are not adaptable for the installation of septic tank systems.

The unshaded areas appear to be dominantly acceptable for the installation of septic tank systems. These soils have clay subsoil horizons that are blocky with respect to structure. Depth to saprolite and ground water is greater than thirty-six inches. Slopes range to approximately fifteen percent. it should be noted that there appear to be some slight depressions present in this area. These appear to be small, but additional investigation with established reference points would be necessary to accurately locate them.

Based on this investigation, the majority of the tract appears to be dominantly acceptable for the installation of septic tank systems. Please note that this report does not express or imply individual lot approval for septic tank system installation. Individual lot approval is dependent in part on the satisfactory completion of an investigation of each lot. Currently no lots are established on the tract. Note also that soil conditions other than those delineated may occur on the tract pending additional investigation with established reference points. Please contact me if there are any questions.

Sincerely,

William R. Marlin

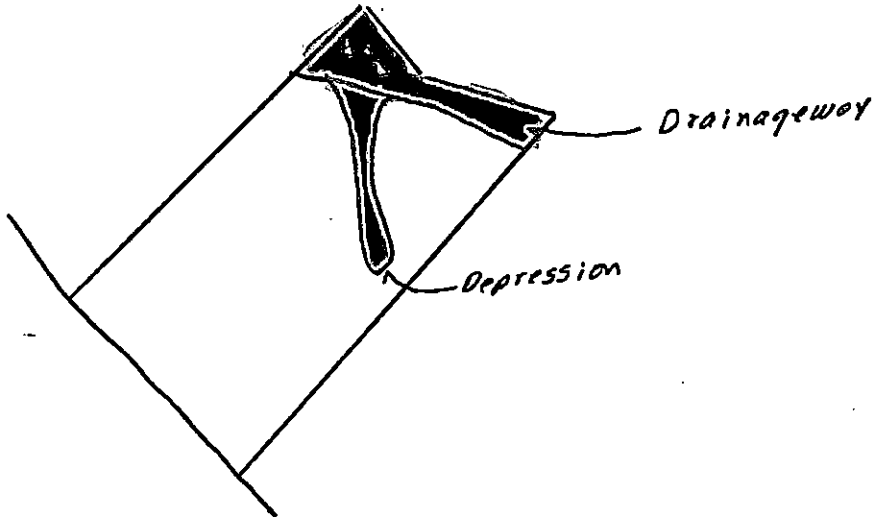
William R. Marlin
Soil Scientist

WRM/ir
Enclosure

5811A

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

Pre- Preliminary 011-142-19



Hiwassee Road

☐ Areas Appearing To Be Dominantly Acceptable For The Installation of Septic Tank Systems

▨ Areas Appearing To Be Dominantly Unacceptable For The Installation of Septic Tank Systems

W.R. Marlin - Soil Scientist

9/19/90

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 11/21/01
Receipt #: 3155
Check / Auth #: VISA 038793
Received By: JOHNSK

Amount: 100.00
Tendered: 0.00
Returned: 0.00

Account Information

Account #: 100000
Contractor: Johnnie Lee Howie
Attn:
Address: 16400 Huntersville-Concord Rd.
Address:
City/State/Zip: Huntersville, NC 28078

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 16400 Hiwassee Rd		1	100.00	100.00

Outstanding Balances

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