

8757 DARTMOOR PL

13905231

1/8/2008

duponbj

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

~~CERTIFICATE OF COMPLETION~~/OPERATION PERMIT

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

FILE: 5202B DATE: 1-7-05

TC: 139-052-31 ☐ L ☐ CRT

SERIAL 19678

Name of Owner DAVID STOWE & MONICA ADAMIAN Juris.: _____

Address of Property 8752 DARTMOOR PLACE

Inspection Data:

Tank Material PCC

Total Length of Drainfield 450'

Number of Lines 6 @ 80'/50'

Cover Depth 12" SOIL COVER HAULED IN.

Water Supply Source MUNICIPAL

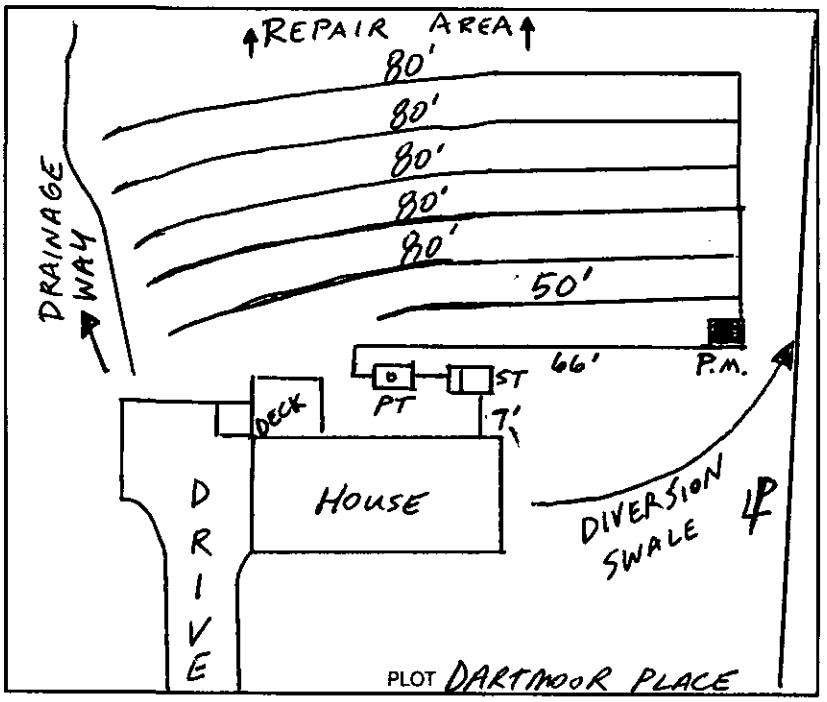
Distance to Water Source –

Excavation Inspected 11-2-04/11-3-04

Tank(s) Inspected 11-2-04

Wash Line Inspected N/A

High Water Alarm Inspected 11-2-04



Design 1500ST/1000PT/1350 S.F.T/NOV./PRESSURE MANIFOLD CTR# R.C.S.

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 15A 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 15A 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: SYSTEM DESIGNED FOR A THREE BEDROOM HOUSE.
INSTALLED 6 LINES FOR 450 T.L.F (EZ-FLOW). SHALLOW
PLACED SYSTEM W/ 12" SOIL COVER BROUGHT IN.
TYPE IIIb, g SEPTIC SYSTEM

PUMP: GOULDS
WE0311

1-7-05
Environmental Health Specialist

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

~~CERTIFICATE OF COMPLETION~~/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5100

FILE: 5202B DATE:

TC: 139-052-31 ☐ L ☐ CRT

SERIAL 10670

11-4-04
TCT

Name of Owner DA

Address of Property

Inspection Data:

Tank Material P

Total Length of Drainfie

Number of Lines 6

Cover Depth 12" S H

Water Supply Source INVINCIBLE

Distance to Water Source –

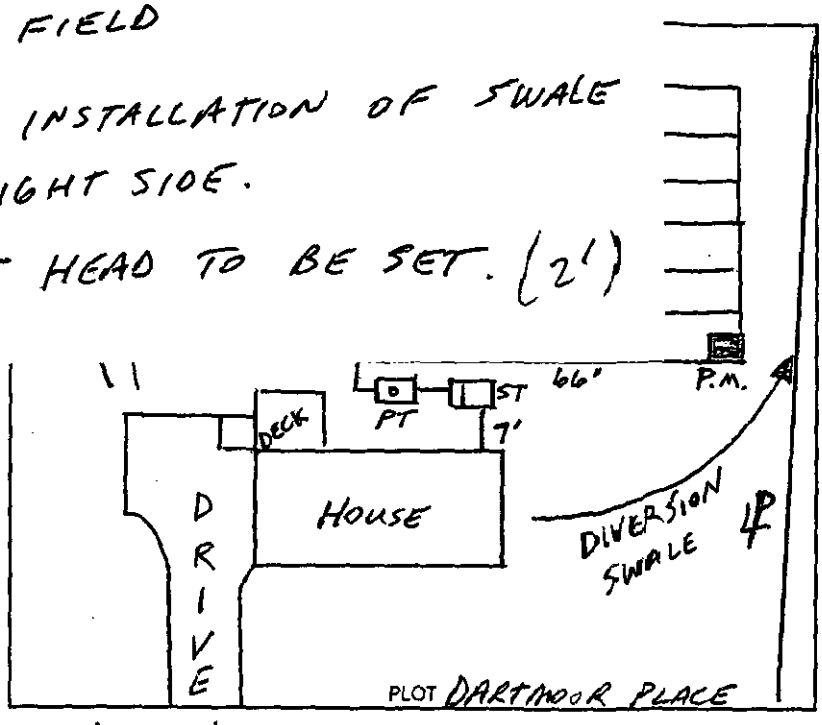
Excavation Inspected 11-2-04/11-3-04

Tank(s) Inspected 11-2-04

Wash Line Inspected N/A

High Water Alarm Inspected 11-2-04

- VERIFY 12" SOIL COVER OVER DRAIN FIELD
- VERIFY INSTALLATION OF SWALE AT RIGHT SIDE.
- PRESSURE HEAD TO BE SET. (2')



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COMMENTS: SYSTEM DESIGNED FOR A ~~3~~ THREE BEDROOM HOUSE. INSTALLED 6 LINES FOR 450 T.L.F (EZ-FLOW). SHALLOW PLACED SYSTEM W/ 12" SOIL COVER BROUGHT IN. TYPE IIIb,g SEPTIC SYSTEM

PUMP: GOULDS WE0311

Environmental Health Specialist

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~~CERTIFICATE OF COMPLETION~~/OPERATION PERMIT

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

FILE: 5202B DATE:

TC: 139-052-31 ☐ L ☐ CRT

SERIAL 19678

Name of Owner DAVID STOWE & MONICA ADAMIAN Juris.:

Address of Property 8752 DARTMOOR PLACE

Inspection Data:

Tank Material PCC

Total Length of Drainfield 450'

Number of Lines 6 @ 80'/50'

Cover Depth 12" SOIL COVER HAULED IN.

Water Supply Source MUNICIPAL

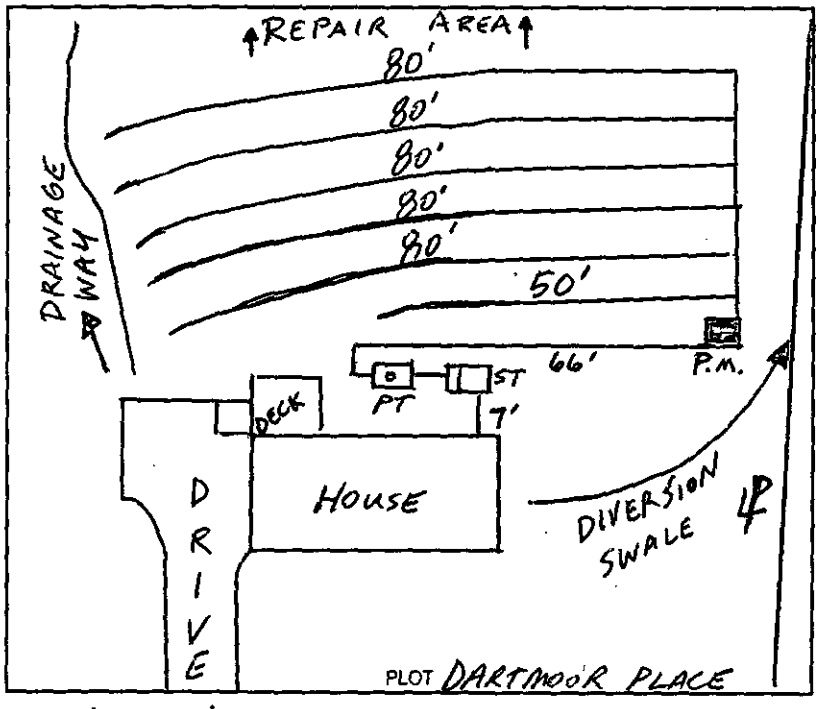
Distance to Water Source –

Excavation Inspected 11-2-04/11-3-04

Tank(s) Inspected 11-2-04

Wash Line Inspected N/A

High Water Alarm Inspected 11-2-04



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☑ installed or constructed ☐ altered or repaired

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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. 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 15A 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.

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COMMENTS: SYSTEM DESIGNED FOR A THREE BEDROOM HOUSE.
INSTALLED 6 LINES FOR 450 T.L.F (EZ-FLOW). SHALLOW
PLACED SYSTEM W/ 12" SOIL COVER BROUGHT IN.
TYPE IIIb, g SEPTIC SYSTEM

PUMP: GOULDS
WE0311

Environmental Health Specialist

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 01/11/05
Receipt #: 30570
Check / Auth #: CHARGE
Received By: CRAIGGY

Amount: 100.00
Tendered: 0.00
Returned: *0.00*

Account Information

Account #: X35153
Contractor: LOT TWELVE BUILDERS INC
Attn:
Address: 7230 COBBLECREEK DRIVE
Address:
City/State/Zip: WEDDINGTON, NC 28104

Item	Description	Permit#	Quantity	Unit Price	Total Price
0702	Optional Site Evaluations extra trip fee file 5202B/8757 Dartmoor		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
				-1,136.87	

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

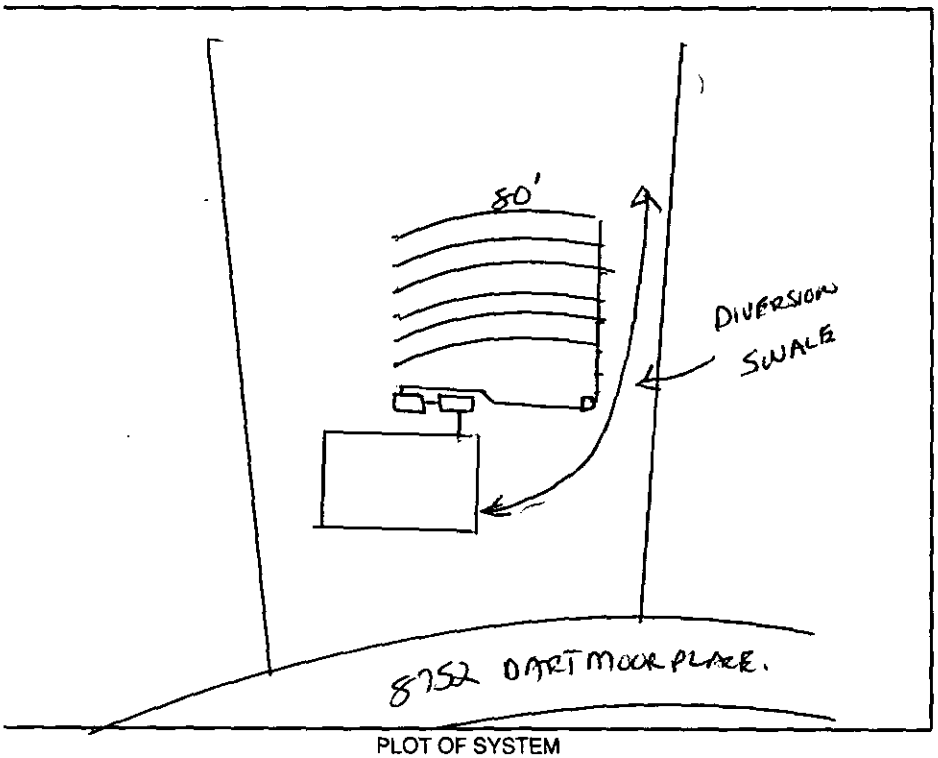
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5202 B DATE: 10-13-04

TC: 139-052-31 ☑ L

SERIAL 19793

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 3-25-03. All work shall be completed on or before _____, 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 1000 gallons

Tank Construction PCC

Trench Depth 18"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous YES

Total Line Length 480 feet

Number of Lines 6

Depth of Stone NA inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 250 feet

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

NAME OF OWNER DAVID STOWE / MONICA ADAMIAN

LOCATION OF PROPERTY 8752 DARTMOOR PLACE

10-13-04

Comments: ① PERMIT REQUIRES A PUMP DUE TO BASEMENT PLUMBING 18" TO 24" BELOW FINISH GRADE ② INSTALL 12" OF CLEAN FILL OVER DRAINFIELD AFTER INSTALLATION.

③ USE PRESSURE MANIFOLD.

④ TYPE II-G,B IN NOVATIVE, 25% REDUCTION

Environmental Health Specialist

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

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** ACS
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 1-23-04 PERMIT NO: 5202B
PARCEL NO: 134-052-31

JOB LOCATION ADDRESS: 8757 DARTMOOR PLACE
PROPERTY OWNER: _____
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: GLENCROFT, LOT # 4, $5
AUTHORIZATION ISSUED BY: _____ DATE: 1-23-04
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 5202 B, 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.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

ermit Number: 52028 PP 300.00 CK# 1183 1/04 SC

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 134-052-31

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	X 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	X Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
2 Long-term acceptance rate	360 Max gallons/day wastewater flow	1800 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
NO Serviced by private well	1500 Gallon septic tank	1480' Total trench length (ft)	~~24~~ 12" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3 Bedrooms in residence	___ Gallon pump tank	NA Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: (1) REQUIRES AGREEMENT FORMS, (2) REQUIRES 14" OF SOIL COVER OVER DRAINFIELD AFTER INSTALLATION (3) REQUIRES SURVEY SHOWING A COMBINED LOTS 4 & 5				
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	X Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
1800 Absorption Area (Sq ft) 480 Total Trench Length (Ft)	NA Depth of Stone Trench	9' Trench spacing (min. on centers)	~~24~~ 18" 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 effec 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 Departmen
- This Improvement permit is transferable.

DEHNR Authorized Agent — Date 4-28-03

X Owner/Agent Signature — Date JAN 02 2004

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

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2004 JAN 09 01:04 PM
BK:16655 PG:779-782 FEE:$20.00
INSTRUMENT # 2004006415
2004006415

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 # 5202B
PARCEL # 139-052-31

The undersigned, Monica Adamian, owner of property located at 8252 Dartmoor Place, (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: _____
Mail after recording to: Creekside Custom Homes
7230 Cobblecreek Dr. Matthews, NC 28104

-- 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 _____ day of _____, 20___.

_____ _____(SEAL)

~~(Corporate Name)~~

_____(SEAL)

~~By:~~ _____ _____(SEAL)

~~President~~

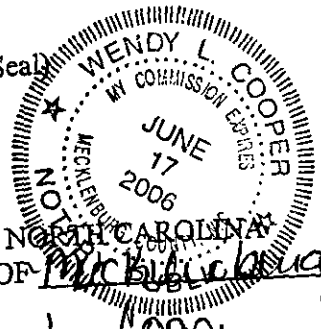
_____(SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)



STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Wendy Cooper, a Notary Public for said County and State, do hereby certify that Monica Ahmian personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 7 day of Jan, 20 04.

Wendy L Cooper
Notary Public

My Commission Expires:

June 17, 2006

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

****

Filed For Registration: 01/09/2004 01:04 PM

Book: RE 16655 Page: 779-782

Document No.: 2004006415

PRMIT 4 PGS $20.00

Recorder: EMEM DREHER

****

State of North Carolina, County of Mecklenburg

The foregoing certificate of WENDY L COOPER Notary is certified to be correct. This 9TH of January 2004

JUDITH A. GIBSON, REGISTER OF DEEDS By: _____
Deputy/Assistant Register of Deeds

****

2004006415

PROPOSED PLOT PLAN

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

FILE: 52028

TC: 139-052-31

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
LOT 4 AND ½ OF 5 GLENCROFT
8757 DARTMOOR PLACE

SCALE 1" = 50'

LOT 4 AND ½ OF 5

254'

DEPRESSION

TYPE III-G INNOVATIVE REPAIR

50'
50'
50'
50'
50'
50'

214'

50'
40'
40'
50'

105'

DARTMOOR PLACE

(1) THIS IS A TYPE III-G INNOVATIVE INSTALLATION THAT ALLOWS FOR A 25% REDUCTION IN TOTAL LINEAR FEET. 240'

(2) THIS REQUIRE AGREEMENT FORMS THAT MUST BE COMPLETED BEFORE OBTAINING A BUILDING PERMIT

(3) INSTALL DRAINLINES SHALLOW (~~24"~~ 12") AND ON CONTOUR. CLEANFILL

(4) 18" OF SOIL COVER MUST BE PLACED OVER DRAINFIELD AS FINAL COVER.

(5) A SURVEY SHOWING COMBINED LOTS MUST BE SUBMITTED PRIOR TO OBTAINING BUILDING PERMIT

OWNER/AGENT SIGNATURE

DATE JAN 02 2004

APPROVAL DATE 4/25/03

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

FEE: 200.00 CK# 1753 DATE: 3/26/03 G

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

COPY

TYPE APPLICATION: X 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 #: 5202B

PROPERTY INFORMATION FROM ENGINEERING FORM TO FOR JOB LOCATION: 139-052-31

TAX/PARCEL NUMBER: 14M32-389 ADJOINING HALF OF LS M32-389

STREET ADDRESS: 8757 DARTMOOR PLACE

SUBDIVISION OR MOBILE HOME PARK NAME: GLENCROFT

LOT NUMBER: 4 & HALF OF 5

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

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

CLOSING DATE APRIL 30

28
25
103

1311 Providencia Ln
Charlotte, N.C. 28209

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

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

WATER SUPPLY (CHECK ONE):

✓ 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 X NO
EXISTING WASTEWATER SYSTEMS __ YES X NO
EASTMENTS OR RIGHT-OF-WAYS __ YES X NO
WELL, SPRINGS OR WATERLINES __ YES X NO
DESIGNATED WETLANDS __ YES X NO

PROPERTY OWNER:

NAME: Glencroft Associates
(LAST) Krug (FIRST) David (MI)
ADDRESS: 8757 Dartmoor Place
CITY: Mint Hill STATE: NC ZIP: 28227
DAYTIME PHONE: ( ) --

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)
DAYTIME PHONE: ( ) --
David Stowe & Monica Adamian - land order contract
(336)362-8748

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: Mary L. Adamian DATE: 3/25/03

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

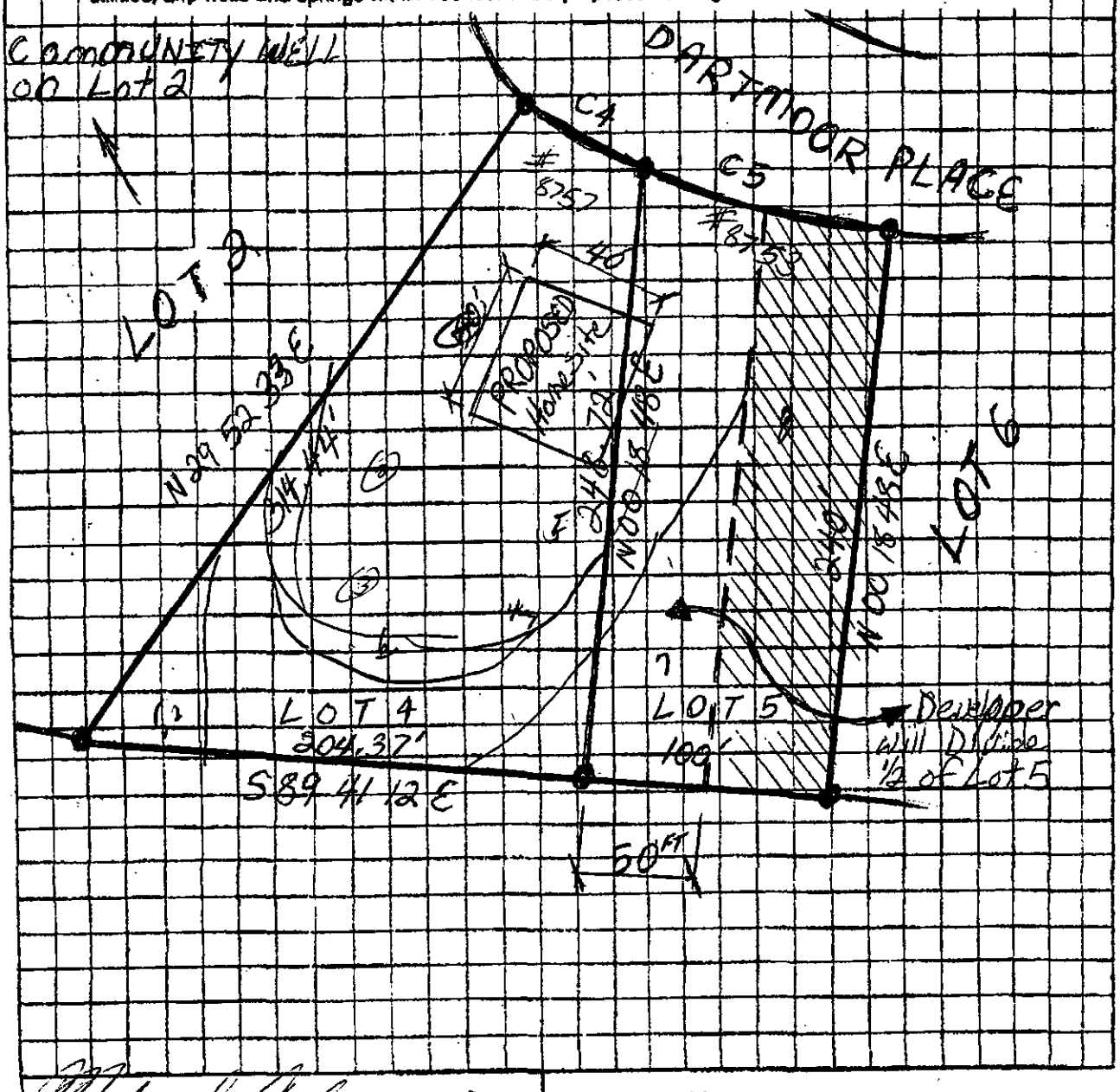
PROPOSED PLOT PLAN

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

FILE: 5202B

TC: 131-052-31

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 3/25/03

APPROVAL DATE

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

Mar 24 03 10:21a 704 947 8216 p.2

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

Sheet: 1
Property ID: 139-052-31, PO 139-052-30
Lot #: 4 & PO 5
File #: 5202B
Code: 2

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Glencroft Associates
Applicant: D. Shue & M. Adamian
Address: 131 Providence Road, Charlotte, N. C. 28207
Date Evaluated: 4/.14/2003
Proposed Facility: Residence
Design Flow (.1949): 360gpd
Property Size: 1.03a
Location of Site: 8757 Dartmoor Place
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] 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
1	LS, 8	0-4	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	N/A	NONE	PS, IV
		4-48	SBK/ABK/C	FI/SEXP/S/P					.25GPD/FT^2
2	LS, 10	0-5	GR/SCL	FR/SEXP/SS/SP	>24" TO SOIL WETNESS	24	"	"	US, IV
		5-24	SBK/ABK/C	FI/SEXP/S/P					.1GPDE/FT^2
									LPP
3	"	0-4	GR/SCL	FR/SEXP/SS/SP	>30" SOIL WETNESS	30	"	"	"
		4-30	SBK/ABK/C	FI/SEXP/S/P					
4	"	0-3	GR/SCL	FR/SEXP/SS/SP	"	"	"	"	"
		3-30	SBK/ABK/C	FI/SEXP/S/P					
5	"	0-6	GR/SCL	FR/SEXP/SS/SP	"	"	"	"	"
		6-30	SBK/ABK/C	FI/SEXP/S/P					
6	"	0-7	GR/SCL	FR/SEXP/SS/SP	2.5Y5/2@30"	30+	"	"	"
		7-30+	SBK/ABK/C	FI/SEXP/S/P					
7	"	0-3	GR/SCL	FR/SEXP/SS/SP	>12" TO SOIL WETNESS	12	"	"	US
		3-12	SBK/C	VFI/EXP/VS/VP					
8	"	0-4	GR/SCL	FR/SEXP/SS/SP	>20" TO SOIL WETNESS	20	"	"	US, IV
		4-20	SBK/C	FI/SEXP/S/P					.1GPD/FT^2

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

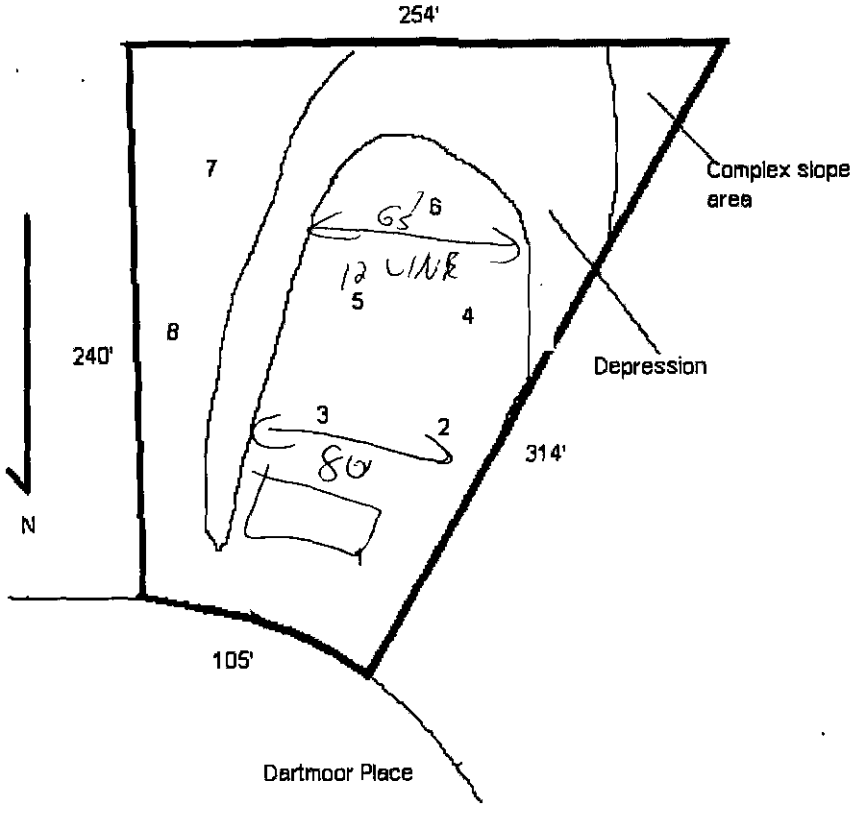
Other Factors (.1946): _____
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 4/15/2003, W. R. Marlin
Others Present:

FILE # 5202B

COMMENTS: 100% repair

LANDSCAPE POSITIONS	GROUP	TEXTURES	.1955 LTAR	CONSISTENCE MOIST	WET
R-RIDGE	I	S-SAND	1.2 - 0.8		
S-SHOULDER SLOPE		LS-LOAMY SAND		VFR-VERY FRIABLE	NS-NON-STICKY
L-LINEAR SLOPE				FR-FRIABLE	SS-SLIGHTLY STICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8 – 0.6	FI-FIRM	S-STICKY
N-NOSE SLOPE		L-LOAM		VFI-VERY FIRM	VS-VERY STICKY
H-HEAD SLOPE				EFI-EXTREMELY FIRM	NP-NON-PLASTIC
CC-CONCLAVE SLOPE	III	SI-SILT-	0.6 – 0.3		SP-SLIGHTLY STICKY
CV-CONVEX SLOPE		SIL-SILT LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAN		SCL-SANDY CLAY LOAM			
		SICL-SILTY CLAY LOAM			
	IV	SIC-SILTY CLAY	0.4 – 0.1		
		C-CLAY			
		SC-SANDY CLAY			

STRUCTURE	MINERALOGY
SG-SINGLE GRAIN	SLIGHTLY EXPANSIVE
M-MASSIVE	
CR-CRUMB	EXPANSIVE
GR-GRANULAR	
SBK-SUBANGULAR BLOCKY	
ABK-ANGULAR BLOCKY	
PL-PLATY	
PR-PRISMATIC	



PROPOSED PLOT PLAN

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

FILE: 5202B

TC: 139-052-31

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PERMIT FOR
LOT 4 AND ½ OF 5 GLENCROFT
8757 DARTMOOR PLACE

SCALE 1" = 50'

LOT 4 AND ½ OF 5

254'

DEPRESSION

TYPE III-G INNOVATIVE REPAIR

50'
50'
50'
50'
50'
50'

314'

50'
40'
40'
50'

105'

DARTMOOR PLACE

(1) THIS IS A TYPE III-G INNOVATIVE INSTALLATION THAT ALLOWS FOR A 25% REDUCTION IN TOTAL LINEAR FEET. 240'

(2) THIS REQUIRES AGREEMENT FORMS THAT MUST BE COMPLETED BEFORE OBTAINING A BUILDING PERMIT

(3) INSTALL DRAINLINES SHALLOW (8" - 12") AND ON CONTOUR. CLEAN FILL

(4) 18" OF SOIL COVER MUST BE PLACED OVER DRAINFIELD AS FINAL COVER.

(5) A SURVEY SHOWING COMBINED LOTS MUST BE SUBMITTED PRIOR TO OBTAINING BUILDING PERMIT

6 6

46

APPROVAL DATE 4/25/03

OWNER/AGENT SIGNATURE

DATE

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

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

Sheet: 1
Property ID: 139-052-31, PO 139-052-30
Lot #: 4 & PO 5
File #: 5202B
Code: 2

ACS

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		5-24	SBK/ABK/C	FI/SEXP/S/P					
3	"	0-4	GR/SCL	FR/SEXP/SS/SP	>30" SOIL WETNESS	30	"	"	"
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4	"	0-3	GR/SCL	FR/SEXP/SS/SP	"	"	"	"	"
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		6-30	SBK/ABK/C	FI/SEXP/S/P					
6	"	0-7	GR/SCL	FR/SEXP/SS/SP	2.5Y5/2@30"	30+	"	"	"
		7-30+	SBK/ABK/C	FI/SEXP/S/P					
7	"	0-3	GR/SCL	FR/SEXP/SS/SP	>12" TO SOIL WETNESS	12	"	"	US
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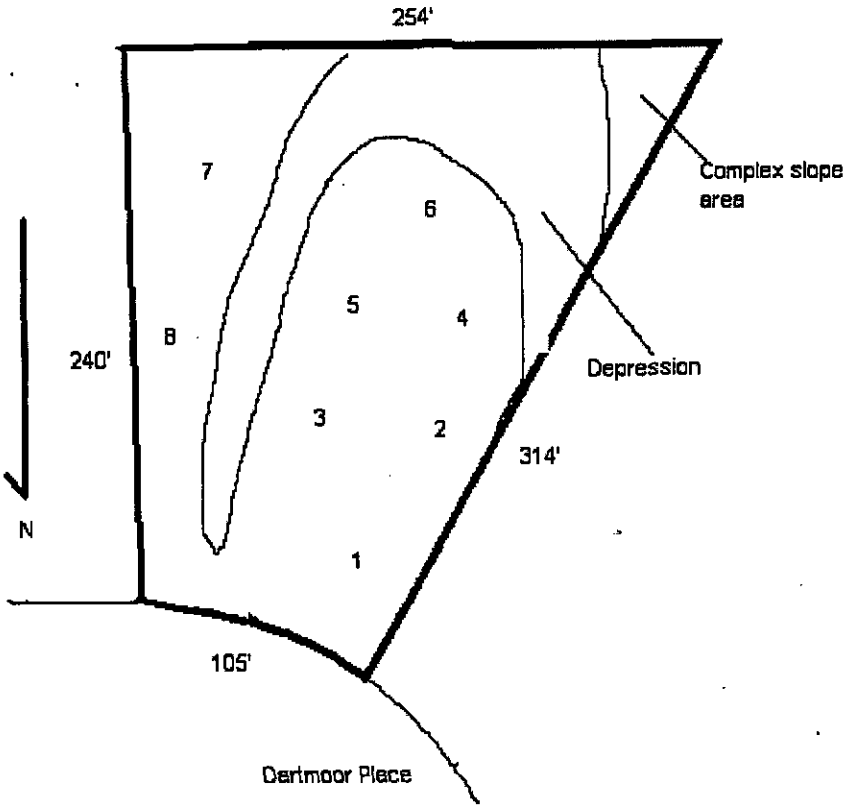
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GR-GRANULAR	
SBK-SUBANGULAR BLOCKY	
ABK-ANGULAR BLOCKY	
PL-PLATY	
PR-PRISMATIC	



FEE: $200.00 ck# 1753 DATE: 3/26/03

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

[ ] CRT

TYPE APPLICATION: [X] 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 #: 5202B

PROPERTY INFORMATION FROM ENGINEERING FORM FOR JOB LOCATION: 139-052-31

TAX/PARCEL NUMBER: L4M32-389 ADJOINING HALF OF L5M32-389

STREET ADDRESS: 8757 DARTMOOR PLACE

SUBDIVISION OR MOBILE HOME PARK NAME: GLENCROFT

LOT NUMBER: 4 + HALF OF 5

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

CLOSING DATE APRIL 30

FOUNDATION FOR RESIDENCE:

- [ ] WITHOUT BASEMENT ON SLAB
- [X] 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 [X] NO TYPE:

WATER SUPPLY (CHECK ONE):

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

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

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

PROPERTY OWNER:

NAME: (LAST) Krug (FIRST) David (MI) Glencroft Associates

ADDRESS: 8757 Dartmoor Place

CITY: Mint Hill STATE: NC ZIP: 28227

DAYTIME PHONE: ( ) --

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) --

David Stowe & Monica Adamian - land under contract

(336) 362-8748

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

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SIGNED: Mary L. Adamian DATE: 3/25/03

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

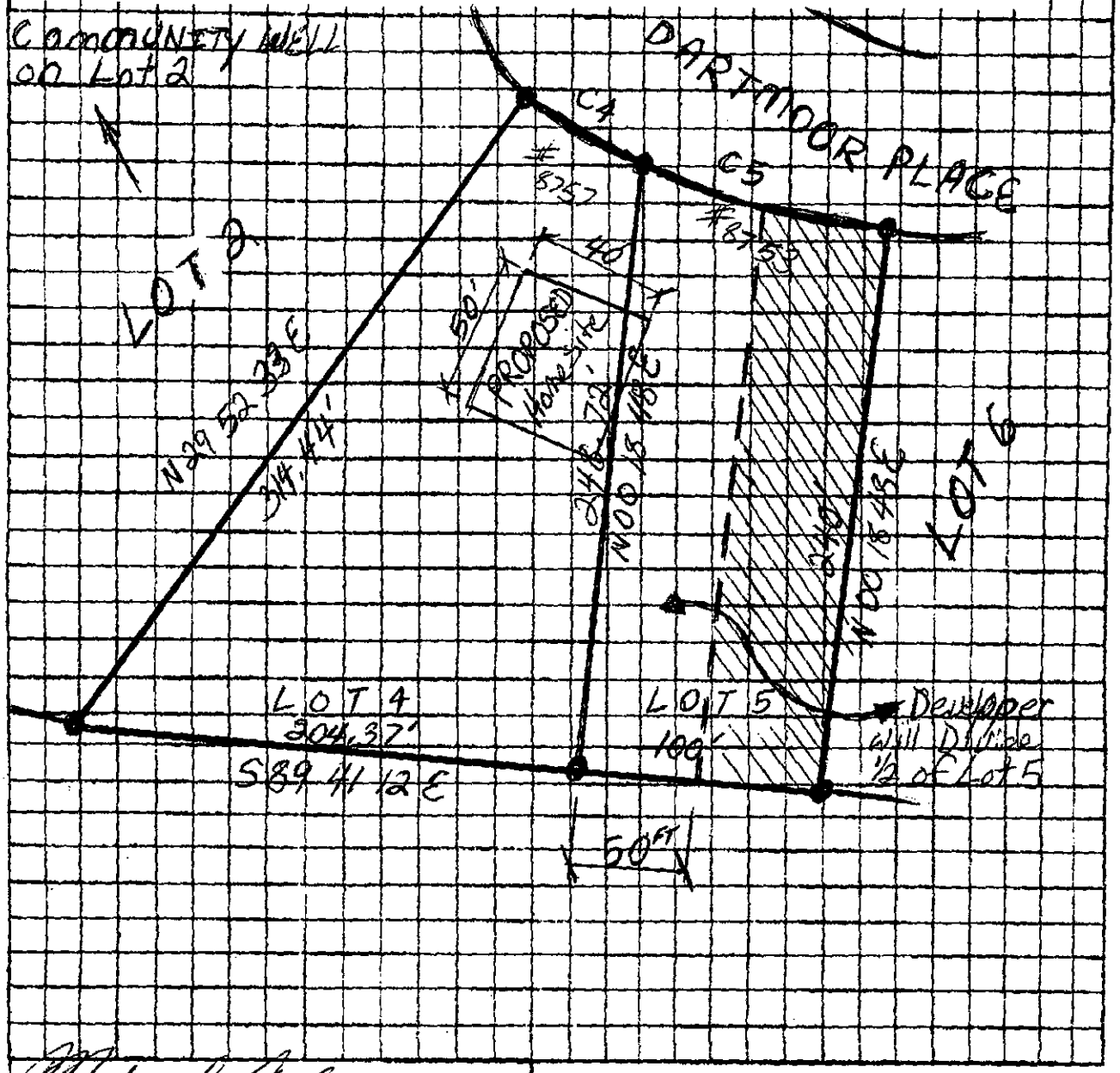
PROPOSED PLOT PLAN

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ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
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OWNER/AGENT SIGNATURE

DATE 3/25/03

APPROVAL DATE

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

File # 5202B

THIS IS TO CERTIFY THAT ON THE 31st DAY OF DEC. 20 03 I, SURVEYED THE PROPERTY SHOWN ON THIS PLAT AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE SHOWN HEREON.

SIGNED Carroll L. Rushing

REGISTERED SURVEYOR

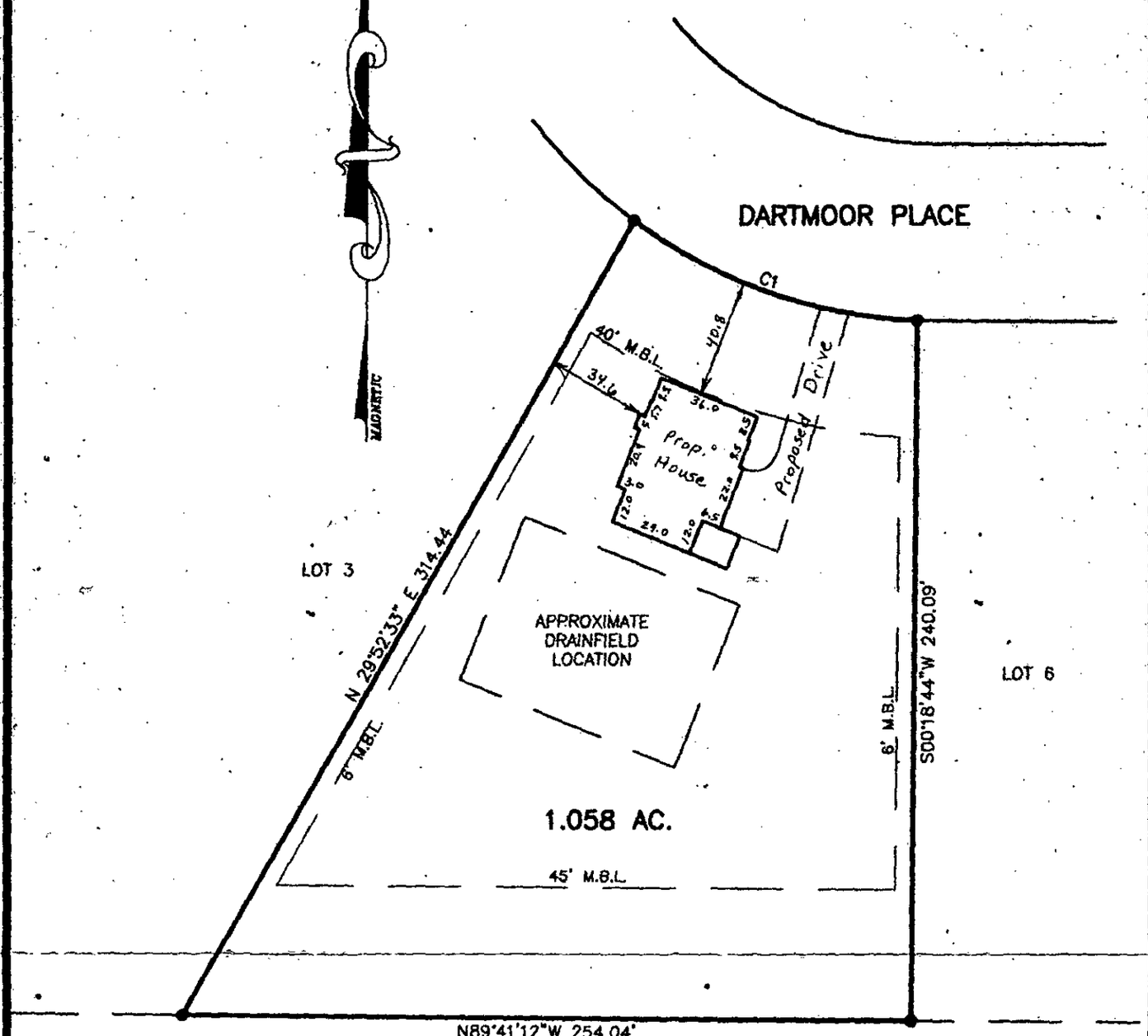
NORTH CAROLINA PROFESSIONAL SEAL L-1513 LAND SURVEYOR CARROLL L. RUSHING

FLOOD STATEMENT

This is to certify that the subject property is not located in a special flood hazard area as determined by the Federal Emergency Management Agency.

Carroll L. Rushing

CURVE TABLE				
CURVE	LENGTH	RADIUS	CHORD BRG.	CHORD
C1	105.91	180.00	S71°01'00"E	104.39



PLOT PLAN SURVEY

OF

LOT 4 GLENCROFT, PHASE 2, SECTION 2, REVISED

SCALE 1" = 50' CLEAR CREEK TOWNSHIP MECK. COUNTY, N.C.

THE PROPERTY OF _____

MAP RECORDED IN BOOK 39 AT PAGE 643 DEED RECORDED IN BOOK ____ PAGE ____

DI-7064