


9420 FAIRVIEW RD

12/19/2007

duponbj

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

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 712B/8583 A DATE: 8-20-93

TC: 197-086-09 PO ☐ L ☐ GBT

SERIAL Nº 15703

Name of Owner Brice Williams Juris.:

Address of Property 7638 Allen Black Rd.

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 16"-24"

Water Supply Source ind. well

Distance to Water Source 100'

Excavation Inspected 8-20-93

Tank(s) Inspected 8-20-93

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1993, 1500 g st, 1200 sqft at 4 lines at 3'x100'x12-16" stone CTR# 174
(cecil-like) (each line was level/ amount of stone) Bobby Howell

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☒ installed or constructed ☐ altered or repaired

☒ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☒ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: 3 bedroom house

Typed

Susan Bateman
Environmentalist

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

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

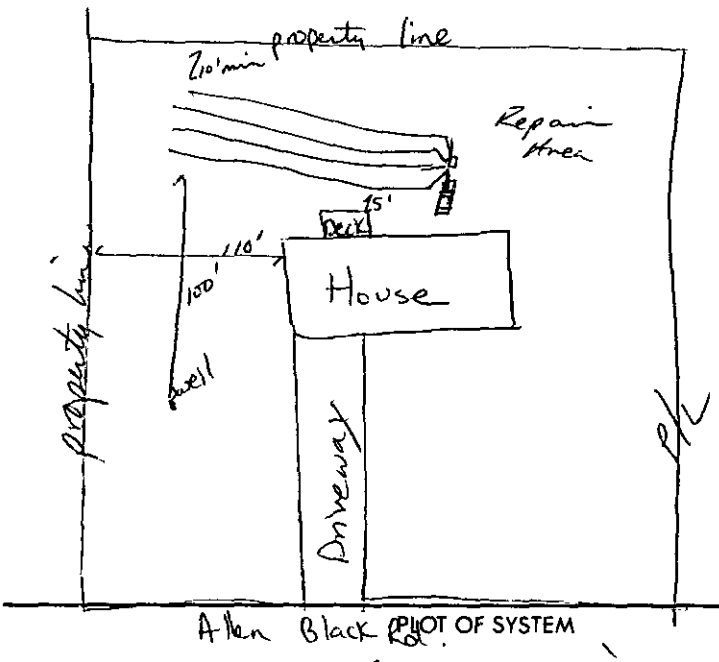
2400

FILE: 712 B / 8583 A DATE: 8-13-93

TC: 197-086-09 10 ☐ L

SERIAL Nº 15555

Permission is hereby given to X 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 8-13-93. All work shall be completed on or before 9-13-93, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.




PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank ____ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 400' feet

Number of Lines 4 at 100' each

Depth of Stone 12" inches

Distance from House 5' min from Bldg. Foundation feet

Distance from Property Line 10' min feet

Distance from Well 100' feet

NAME OF OWNER Brice Williams

LOCATION OF PROPERTY 7638 Allen Black Rd.

Comments: _____

Division or Section Head

Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

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

Environmental Health

Interdon

7/2B

6/03/93

*CHARLOTTE-MECKLENBURG BUILDING STANDARDS*
*PROJECT REVIEW DISCIPLINES*



## PROJECT INFORMATION

**PROJECT NUMBER:** 515-992415
**PROJECT NAME:** 7638 ALLEN BLACK RD **PHS:** **SEC:**
**SUBMITTED DATE:** 06/03/93
**TIME:** 11:22 AM

**CONTACT NAME:** BRICE WILLIAMS **PHONE #:** 545-4373
**TITLE:** **TYPE OF PERMIT:** FULL
SF CRAWL

**COMMENTS:** SF CRAWL FULL REV

## REVIEW DISCIPLINES

| AGENCY | DISCIPLINE | CONTACT | PHONE | INITIALS |
|---|---|---|---|---|
| BUILDING STANDARDS | SINGLE FAMILY 'FULL' | MICHAEL BURKHARD | 336-3836 | |
| ENVIRONMENTAL HEALTH | SEPTIC TANKS | SYLVIA DANIEL | 336-5565 | |

## NOTICE

OTHER APPROVALS/PERMITS MAY BE REQUIRED SUCH AS GRADING PERMITS, STORM WATER RETENTION, DETENTION AND COMMERCIAL DRAINAGE APPROVAL. PLEASE CHECK WITH THE ASSOCIATED ENGINEERING DEPARTMENT FOR ADDITIONAL INFORMATION.

YOU WILL BE NOTIFIED OF THE DISPOSITION OF YOUR PROJECT WITHIN 10 TO 15 WORKING DAYS. IF YOU MUST CALL CONCERNING THE STATUS OF A PROJECT, CALL 336-3836 AND ASK FOR APPROVAL STATUS OF THE PROJECT NUMBER ABOVE

ALL INDIVIDUALS SECURING BUILDING PERMITS MUST BE BONDED WITH MECKLENBURG COUNTY. PLEASE CONTACT THE ACCOUNTING DEPARTMENT AT 336-4317 FOR BOND REQUIREMENTS AND FURTHER INFORMATION.

| CONTACT | DATE | COMMENTS | INITIALS |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
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| | | | |

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

DATE: 5/7/93
TUESDAY

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Mint

PARCEL NUMBER # 197-086-09.00

ASSIGNED ADDRESS 7638 Allen Black Rd

EXISTING ADDRESS _____

PROJECT NAME NA

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

| | | APPROVED | DISAPPROVED |
|---|---|---|---|
| 1. | SUBDIVISION REGULATIONS | _____ | _____* |
| 2. | FLOODWAY REGULATIONS | _____ | _____* |
| 3. | EROSION CONTROL REGULATIONS | _____ | _____* |
| 4. | PUBLIC UTILITY EASEMENT | _____ | _____* |

| | | PRESENT | NOT PRESENT |
|---|---|---|---|
| 5. | PUBLIC UTILITY EASEMENT | _____* | _____ |
| 6. | PROPERTY FRONTS ON THOROUGHFARE | _____* | _____ |
| 7. | DRIVEWAY PERMIT REQUIRED | _____* | _____ |

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

REMARKS: Septic Tank & Well

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: Dave

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

A12B

DATA FORMS OF CHARLOTTE, INC.

# APPLICATION FOR BUILDING PERMIT

TYPE PERMIT ☒ Single Family ☐ Two Family ☐ Commercial ☐ Mobile Home ☐ Modular

PERMIT #

**ADDRESS**

STREET # 7638 (N,S,E,W) STREET NAME Allen Black (AV,RD,ST, etc) Rd

SUITE/UNIT(S): 7638 Allen Black Rd

TAX JURISDICTION (Check One): ☐ 0-Mecklenburg ☐ 1-Charlotte ☐ 2-Davidson ☐ 3-Cornelius ☐ 4-Pineville ☐ 5-Matthews ☐ 6-Huntersville ☒ 7-Mint Hill

**SITE DATA**

PROJECT/SUBDIVISION NAME _____ PHASE _____ SECTION _____ PROJECT # 992415

OWNER Brice R. Williams,Jr. ADDRESS 7700 Allen Black Rd.

CITY Charlotte STATE NC ZIP 28227 PHONE # 545-4373

TAX PARCEL # 197 086 09 CENSUS

LOT # _____ BLOCK # _____ LAND AREA (sq. ft.) 67,371.46

ZONING: R-20 JURIS 7 MAP # Plat R/W Cog

SPECIAL (Circle) C D N P S FLOOD PLAIN ☐ Yes FLOOD ELEV _____ FIRE DIST. ☐ Yes

LOT: ☒ CORNER ☐ THROUGH FRONT STREET (if different) _____

MINIMUM SETBACKS: FRONT 50 LEFT SIDE 25 RIGHT SIDE 15 REAR 40 REQ. PARK'G _____

APR'D

**PROJECT**

JOB # _____

USDC # _____

PURPOSE _____

OCC. TYPE _____

CONST _____

TYPE WORK: ☒ New ☐ Addition ☐ Accessory ☐ Upfit ☐ Shell ☐ Demolish ☐ Other

PROJECT DESCRIPTION (Residence, Office, etc.) Residence

Mobile Home: include Yr./Make & Serial #

AREA (sq. ft.): Heated 1420 Unheated 470 Deck(s) Porch 69.50 # STORIES 1 BASEMENT ☐ Yes

ONE/TWO FAMILY, MODULAR, OR MOBILE HOME: TOTAL # ROOMS 6 # BEDROOMS 3 # BATHS 2

Work includes: ☐ Attached Carport ☒ Attached Garage ☒ Masonry Fireplace(s)

SPRINKLERS ☐ Yes # UNITS MULTI-FAMILY: # HANDICAP UNITS

**SERVICES**

ELECTRICAL: Power Company Duke Power Co Service: ☒ New ☐ Existing Total Amps 200 # Circuits 4

# Connections 120 Volts 90 # Connections over 120 Volts 4

MECHANICAL: Gas Company _____ # Gas Conn _____ # Appliances _____ ☐ Heat Only ☐ Central A/C Only ☐ Heat and A/C

☒ 1-Heat Pump ☐ 2-Central A/C ☐ 3-Elect. Baseboard ☐ 4-Elect. Furnace ☐ 5-Elect. Ceiling ☐ 6-Gas/Oil Furnace

☐ 7-Gas/Oil Steam ☐ 8-Gas Pack ☐ 9-Pre-Fab Fireplace ☐ 10-Chimney ☐ 11-Stove

PLUMBING: # of Fixtures (Sink, Water Closet, etc...) 6 # of Appliances (Dishwasher, Water Heater, etc.) 3

UTILITIES: ☒ New ☐ Existing

Public 1-Individual Meter/Connection ☐ Water ☐ Sewer Private 3-Individual ☒ Well ☒ Septic

2-Master Meter/Connection ☐ Water ☐ Sewer 4-Community ☐ Well ☐ Septic

**CONTRACTORS**

| ACCT # | CONTRACTOR(S): (Name/Address as appears on license) | | | | CONTRACT COST Nearest $100 | APR'D FEES $ |
|---|---|---|---|---|---|---|
| | Bldg Brice R. Williams, Jr. | Phone 545-4373 | Lic # N/A owner | | Bldg. $ 65,125.00 | |
| | Add 7700 Allen Black Rd. | City/St Charlotte, N.C. | Zip 28227 | | | |
| | Elect Evans Electric & Spec. | Phone 455-1422 | Lic # 16381-L | | Elect. $ 1,900.00 | |
| | Add 1515 Morrison Rd | City/St Concord N.C. | Zip 28025 | | | |
| | Mech Dulin Mechanical | Phone 455-1218 | Lic # 14773 | | Mech. $ 2,600.00 | |
| | Add P O Box 23546 | City/St Charlotte N.C. | Zip 28227 | | | |
| | Plbg Gary R. Rash Plumbing | Phone 545-7258 | Lic # 10086 | | Plbg. $ 3,000.00 | |
| | Add 7124 Matthews-Mint Hill Rd | City/St Charlotte N.C. | Zip 28227 | | | |
| PLANS ☐ | Arch./Eng _____ | Phone _____ | Lic # _____ | | Total Const. Cost $ 72,625.00 | |
| | Add _____ | City/St _____ | Zip _____ | | | |

**OTHER**

FT ☐ TOTAL ESTIMATED PROJECT COST FOR FAST TRACK OR MODULAR $ — FT FEE $

REMARKS: Colonial — OTHER FEES $

TOTAL FEE $

THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE IS EITHER THE OWNER OR THE AUTHORIZED AGENT OF THE OWNER AND HEREBY MAKES APPLICATION FOR PERMIT AND INSPECTION OF WORK DESCRIBED AND AGREES TO COMPLY WITH ALL APPLICABLE LAWS REGULATING THE WORK.

Brice Richard Williams Jr. APPLICANT'S SIGNATURE — 11/24/99 DATE — BRICE RICHARD WILLIAMS JR PRINT APPLICANT'S NAME — METHOD OF PAYMENT ☐ CASH/CHECK ☐ ACCOUNT

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

| HOLDS | PROCESSED BY | APPROVED BY | VALIDATED BY |
|---|---|---|---|
| | | | |

# PLOT PLAN FOR PERMIT APPLICATION
## ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

**LOCATION**

STREET # (N,S,E,W) 7638 STREET NAME ALLEN BLACK (AV,RD,ST, etc) RD

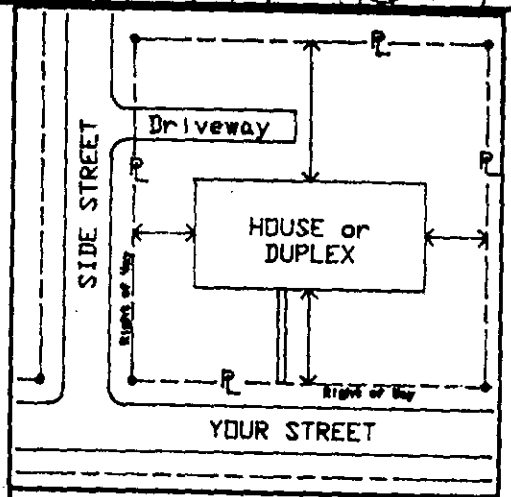
SUITE/UNIT(S):

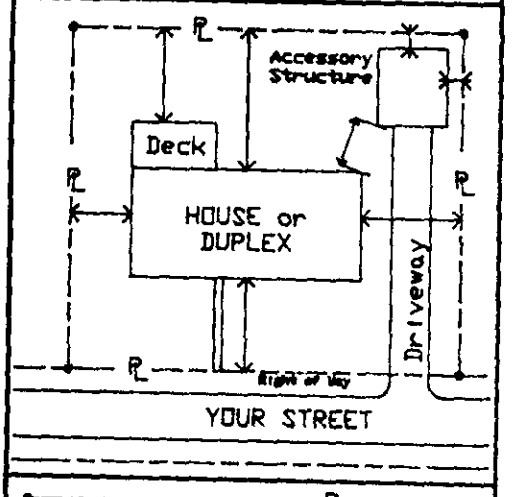
**PERMIT #**

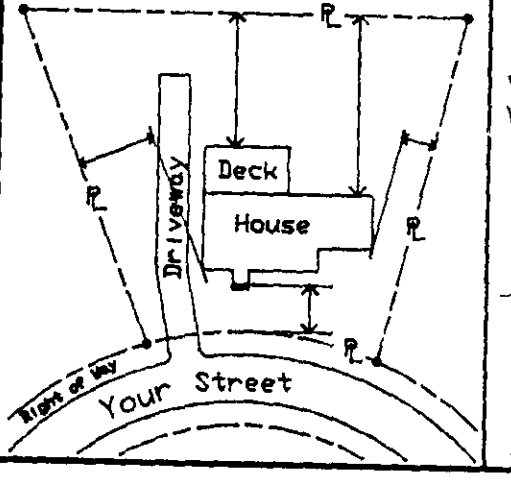
TAX JURISDICTION: (Check One)
☐ 0-Mecklenburg ☐ 1-Charlotte ☐ 2-Davidson ☐ 3-Cornelius
☐ 4-Pineville ☐ 5-Matthews ☐ 6-Huntersville ☑ 7-Mint Hill

TAX PARCEL # 19708609 JOB #

**EXAMPLES/PLOT PLAN**



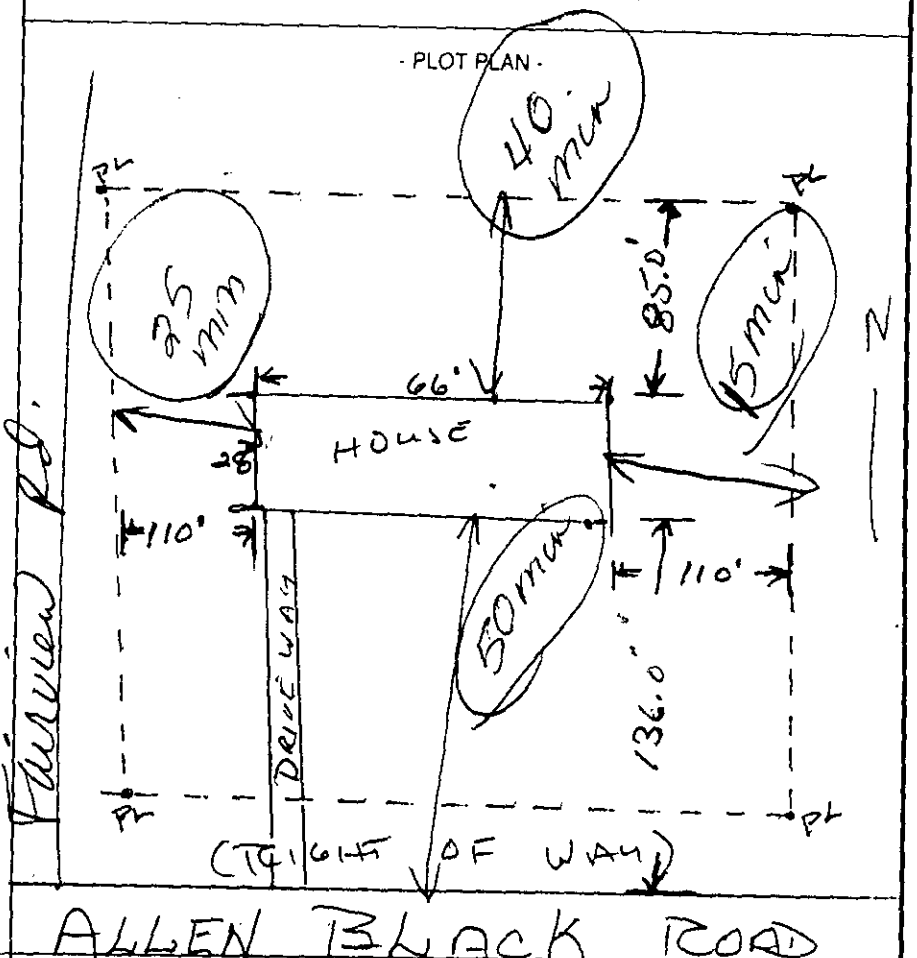




- INSTRUCTIONS -

In the space provided below, draw plot plan as neatly and accurately as possible, from survey if available.

1. Draw street(s) and right-of-way(s).
2. Draw property lines with dimensions.
3. Draw proposed and existing buildings showing any attached porch(es), deck(s), chimney(s), carport(s), or garage(s), etc...
4. Show distances of buildings from property lines or other structures.
5. Separate application and plot plan required for each building.

- PLOT PLAN -




ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED

Billie Richard Williams h. MAY 21 '97

1240

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
## APPLICATION FOR SERVICES

5/11/93

712B1 8583A

Cash $200.00 CK DBT

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

(704)336-5102

**PERSON FILING APPLICATION:**

NAME: WILLIAMS, BRICE R. JR.
(last) (first) (mi)

ADDRESS: 7638 ALLEN BLACK ROAD PHONE: (704 545-4373

CITY: CHARLOTTE STATE: N.C ZIPCODE: 28227

Date: MAY 10, 1993

**PROPERTY INFORMATION (FROM ENGINEERING FORM):**

TAX/PARCEL NUMBER: 197-086-09P0

STREET ADDRESS: 7638 ALLEN BLACK RD.

CHARLOTTE

ZONING:

**PROPERTY OWNER:**

NAME: WILLIAMS, BRICE R JR
(last) (first) (mi)

ADDRESS: 7638 ALLEN BLACK ROAD PHONE: (__) _____

CITY: CHARLOTTE STATE: N.C ZIPCODE: 28227

SUBDIVISION OR MOBILE HOME PARK NAME: N/A

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

LOT NUMBER: LOT SIZE (in acres): 1.547

TYPE APPLICATION (check one):

[] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4

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
[] 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: Brice R. Williams Date: 5-10-93

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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.

...

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

Environmentalist 5-20-93 Date

Director or Authorized Section Head Date

WWATER : 122791

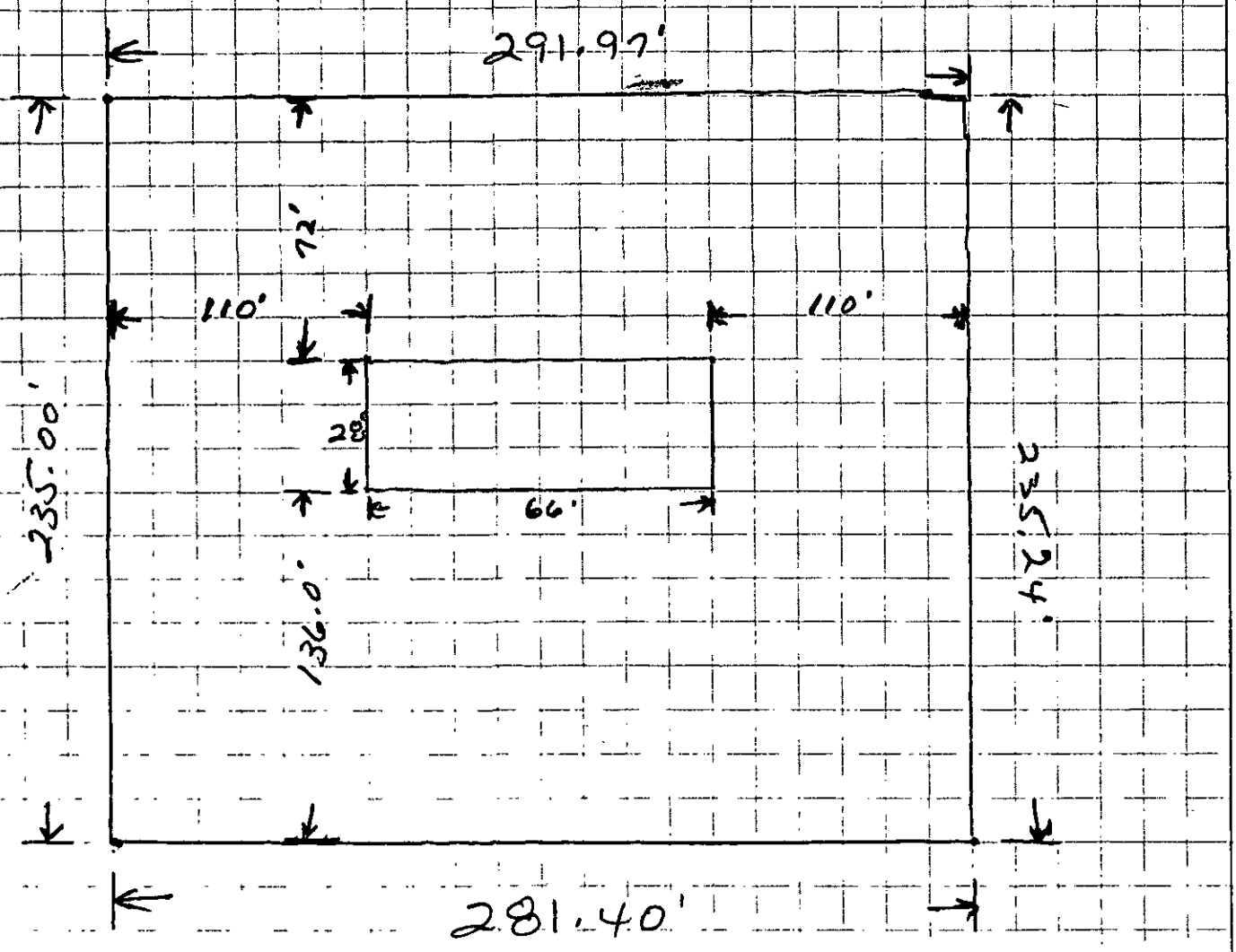
# PROPOSED PLOT PLAN

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

FILE: 12B/8583A

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.




ALLEN BLACK ROAD

APPROVAL DATE _____

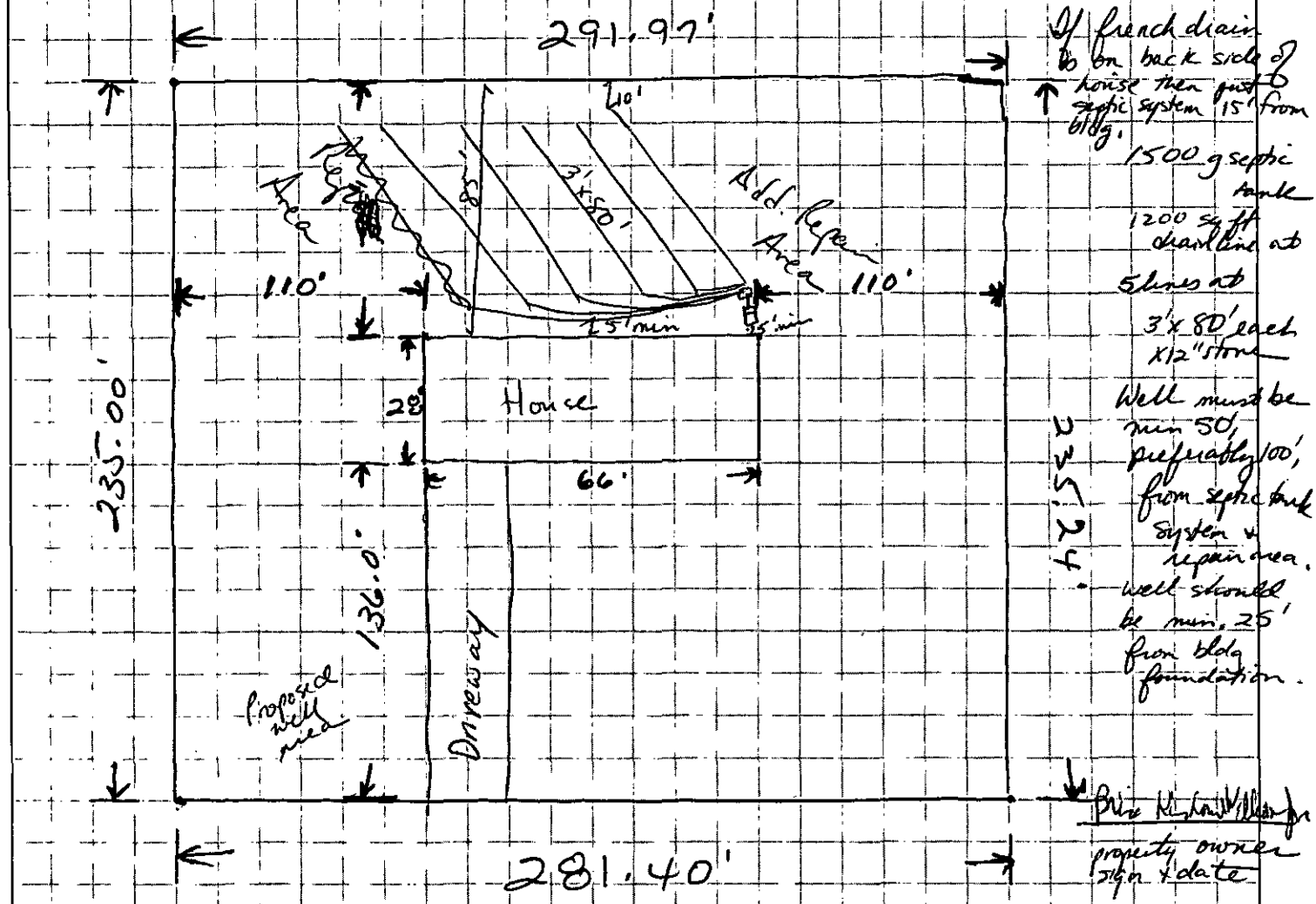
# PROPOSED PLOT PLAN

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

FILE: 12B/8583A

TC: 197-086-0910

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.




If french drain to on back side of house then put septic system 15' from bldg.

1500 g septic tank

1200 sq ft drainline at

5 lines at 3'x 80' each x 12" stone

Well must be min 50', preferably 100', from septic tank system & repair area. well should be min. 25' from bldg foundation.

property owner sign & date

ALLEN BLACK ROAD

APPROVAL DATE 5-20-93

White - Health Department's Copy  Canary - Environmentalist's Copy  Pink - Owner's Copy

# Mecklenburg County

## Health Department

**Betty S. Snow, R.N., M.A.**
Health Director

November 03, 1992

Ms. Mary C. Houston
9420 Fairview Road
Charlotte, NC 28227

RE: Property located at Allen Black Road
FILE: 712B/8583A
PARCEL: 197-086-09

Dear Mr. Houston:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 12889) is enclosed for your information.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Our review process begins upon receipt of an Application for an Improvement Permit accompanied by a plot plan **drawn to scale with accurate dimensions indicated** detailing the location of **existing** well or type sewage disposal systems (if applicable), setbacks, and utility easements. Proposed buildings, etc. must be drawn on the plot plan to allow sufficient remaining space for the sewage disposal system and well. The well should be located 100 feet from any part of **any** sewage disposal system (including those located on adjacent properties).

Please note that this classification may be changed if any filling, grading or construction (including the drilling of a well) is performed on the lot which without **prior** approval from this Department. Current regulations in effect are "Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal: 15A NCAC 18A .1900, August, 1991". Changes in regulations may impact future approvals on this lot.

If there are any questions concerning this matter, please contact Bill Marlin at 336-5574.

Sincerely,

Kelly Randall

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems
KR/wpg

**MECKLENBURG COUNTY ENVIRONMENTAL HEALTH**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 12889 2400

File: 712 B/8583 A Action 1

Parcel: PO 197-086-09 ☐ PC

Location: Allen Black Road

Subdivision:

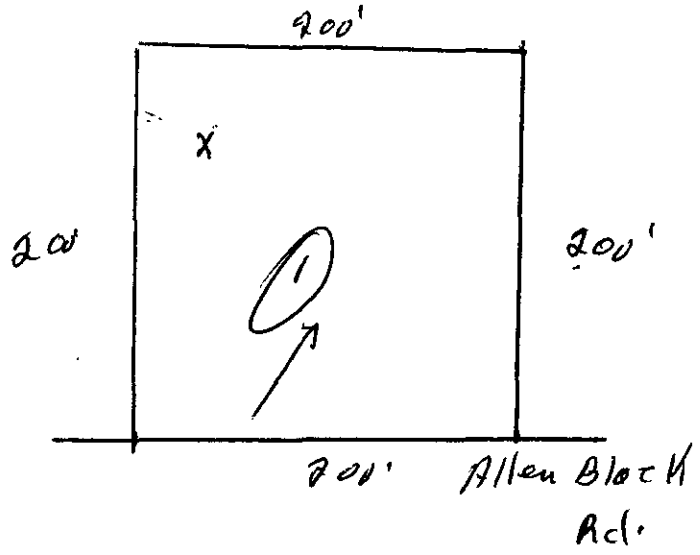
Lot: Block: Acres: 1.0

Owner: Mary C. Houston
Address: 9420 Fairview Road
Charlotte, N.C. 28227

Comments: 100% Repair . 3 gal/ff/day LTAR - appears to be a very slight depression in area marked by X

Described by: William R. Marlin

Date: 11-5-92




***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

| FACTORS | AREA 1 | AREA 2 | AREA 3 | AREA 4 | AREA 5 | AREA 6 |
|---|---|---|---|---|---|---|
| Topography | (S) PS U 2-8% | S PS U | S PS U | S PS U | S PS U | S PS U |
| Texture | S (PS) U slightly Expansive clay | S PS U | S PS U | S PS U | S PS U | S PS U |
| Structure | S (PS) U Sub'L Blocky | S PS U | S PS U | S PS U | S PS U | S PS U |
| Drainage | (S) PS U 48" To Water | S PS U | S PS U | S PS U | S PS U | S PS U |
| Depth | (S) PS U 48"+ | S PS U | S PS U | S PS U | S PS U | S PS U |
| Restrictive Horizons | (S) PS U 48" | S PS U | S PS U | S PS U | S PS U | S PS U |
| Available Space | S (PS) U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Other (specify) | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Soil Group/Series | IV Cecil Ute | | | | | |
| Area Classification | S (PS) U | S PS U | S PS U | S PS U | S PS U | S PS U |

Lot # 712B (8583A)

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] 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

COPY

PERSON FILING APPLICATION:
NAME: Williams (last) Brice (first) R. JR (mi)
ADDRESS: 7700 Allen Black Rd PHONE: (704) 545-4323
CITY: Charlotte STATE: NC ZIPCODE: 28227

Date: 10-19-92

PROPERTY OWNER:
NAME: Houston (last) Mary (first) C. (mi)
ADDRESS: 9428 Fairview Rd PHONE: (704) 545-4723
CITY: Charlotte STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: Part of 147-086-09
STREET ADDRESS: No # Between 7700 & 9616 Allen Black Rd
ZONING:

Township (check one):
[] 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): 1

TYPE APPLICATION (check one):
[✓] SOIL TEST - INDIVIDUAL LOT (D) Perk
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (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)
[] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] 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: Mary C Houston Date: Oct. 19, 1992

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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.

...

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

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WATER : 122791

# PROPOSED PLOT PLAN

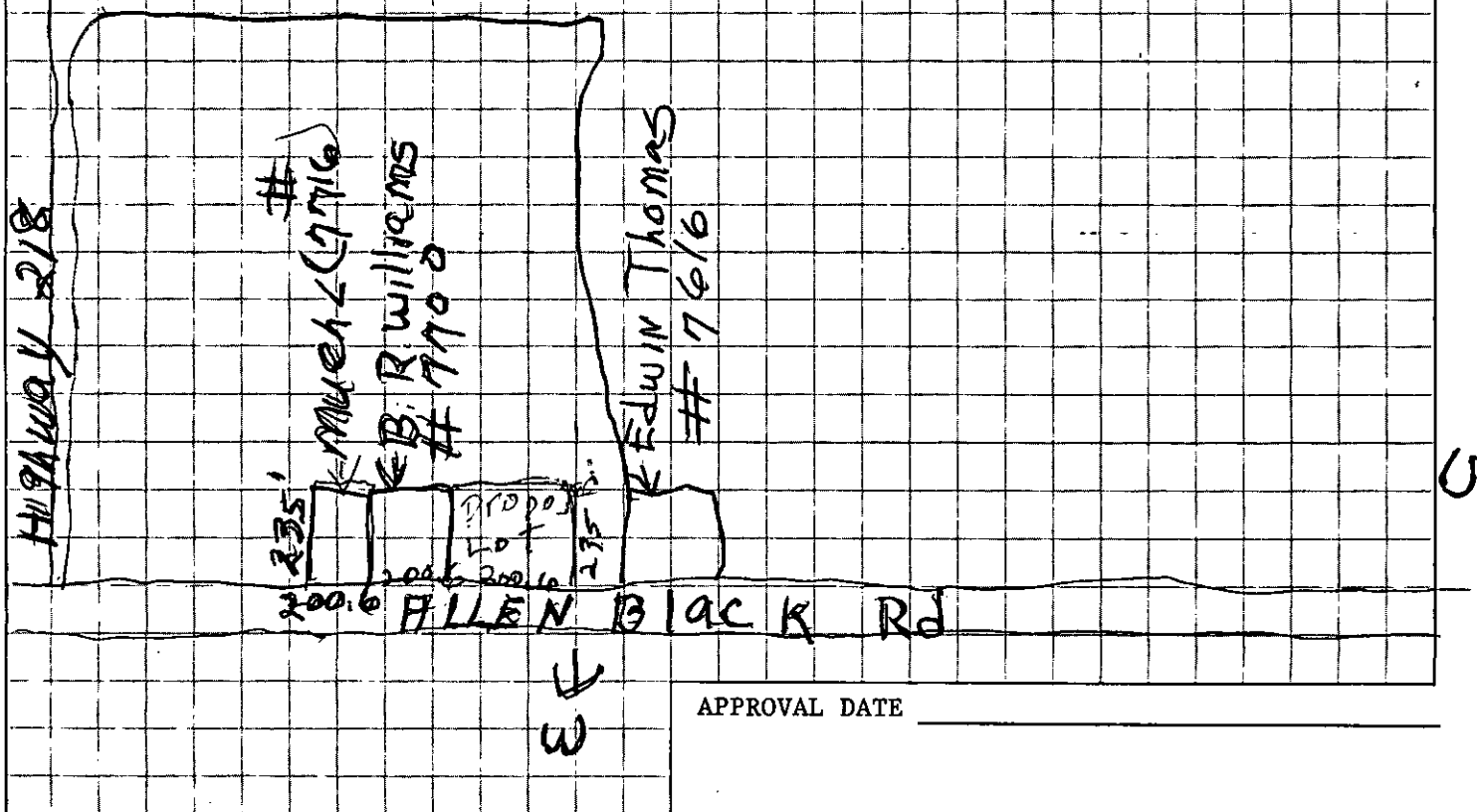
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: T12B (8583A)

TC: 197-086-09

Draw in and no[illegible] adjoining the property. Draw in and accurately dimension the lot concerned. Accurately in[illegible] boundaries, proposed and/or existing structures and driveways, underground utilities, and w[illegible] within 100 feet of the proposed building or drainfield.

MECKLE SITE SEH




APPROVAL DATE _____

White - Health Department's Copy  Canary - Environmentalist's Copy  Pink - Owner's Copy

PD 50.00 chk 10/23/92 DJ

Pub # 712B (8583A)

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
## APPLICATION FOR SERVICES

[] 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

PERSON FILING APPLICATION:
NAME: Williams (last) Price (first) R. JR (mi)
ADDRESS: 7700 Allen Black Rd PHONE: 704 545-4723
CITY: Charlotte STATE: NC ZIPCODE: 28227

Date: 10-19-92

PROPERTY OWNER:
NAME: Houston (last) Mary (first) C. (mi)
ADDRESS: 9428 Fairview Rd PHONE: 704 545-4723
CITY: Charlotte STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: Part of 197-086-09
STREET ADDRESS: North Between 7700 & 7616 Allen Black Rd.
ZONING:

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

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_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WWATER : 122791

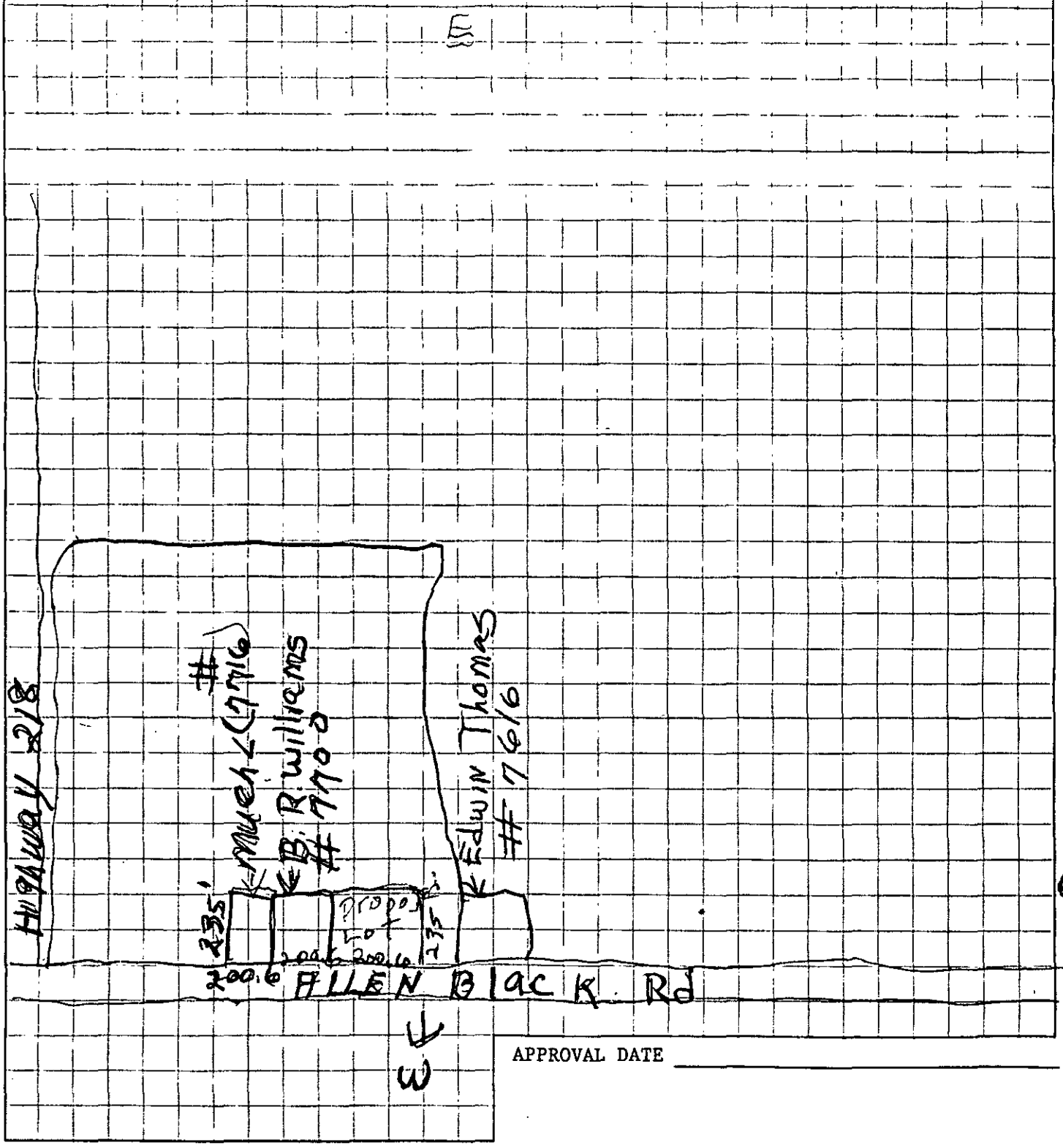
# PROPOSED PLOT PLAN

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

FILE: T12B (8583A)

TC: 197-086-09

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.




APPROVAL DATE _____

White - Health Department's Copy  Canary - Environmentalist's Copy  Pink - Owner's Copy

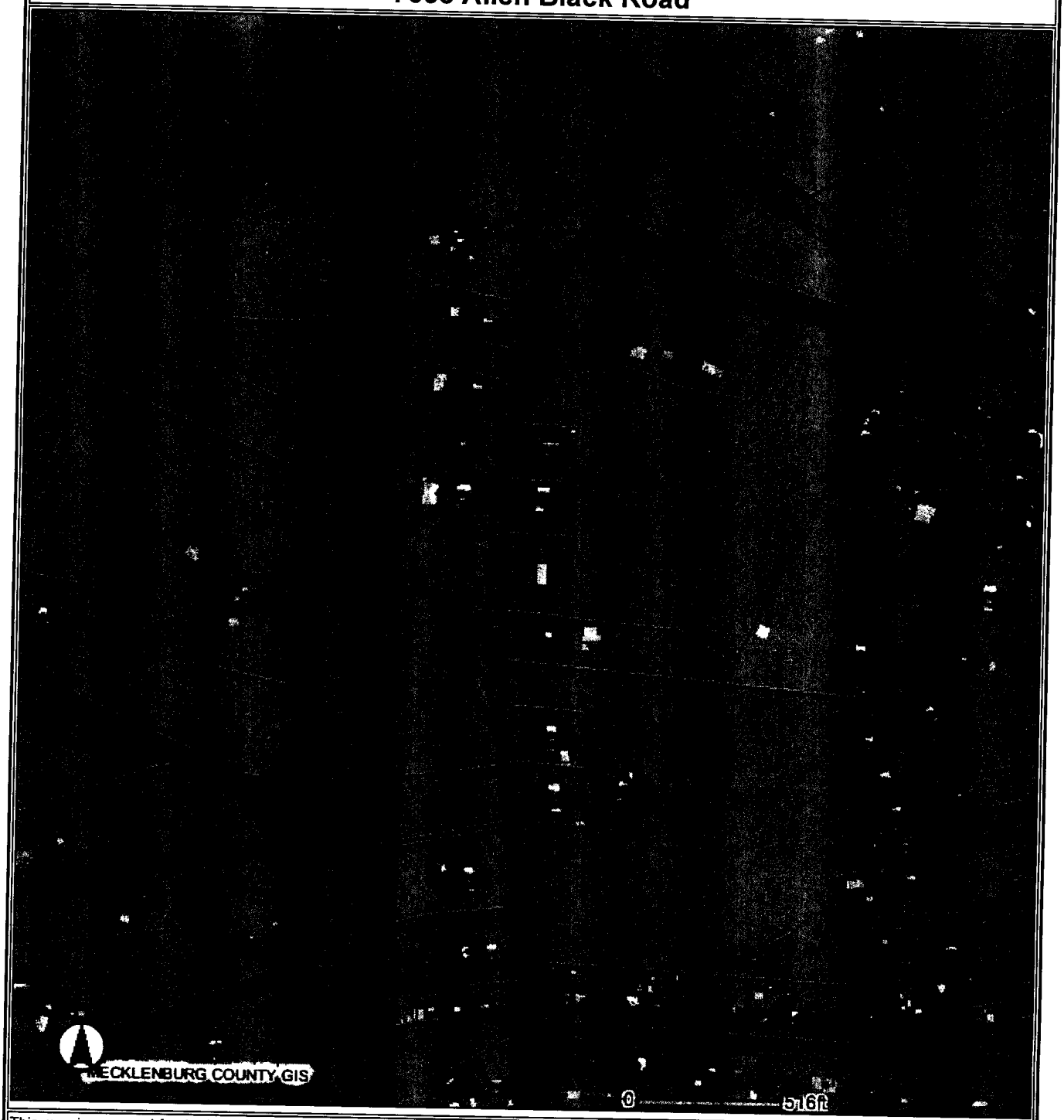
*Mecklenburg County, North Carolina*

# *POLARIS*

***Property Ownership Land Records Information System***

Date Printed: Thu Mar 12 16:30:36 EDT 2009

## 7638 Allen Black Road




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