

10325 PLAZA RD EXT

10513203

6/14/2007

duponbj

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

ADS

[ ] 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

6401A

PERSON FILING APPLICATION:
NAME: DOVER (last) BROOKS (first) I (mi)
ADDRESS: 10325 PLAZA Rd ext PHONE: 704 568 9414
CITY: CHAR. STATE: NC ZIPCODE: 28215

Date:

PROPERTY OWNER:
NAME: SAME (last) (first) (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 105-132-03
STREET ADDRESS: _____
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): APPROX 1 ACRE

TYPE APPLICATION (check one):

[ ] [redacted]
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] [redacted]

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: 2
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: 8/9/01

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.

...8/13/01 OK TO USE EXISTING SYSTEM

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

[signature] 8-13-01
Environmentalist Date

WWATER : 122791

PROPOSED PLOT PLAN

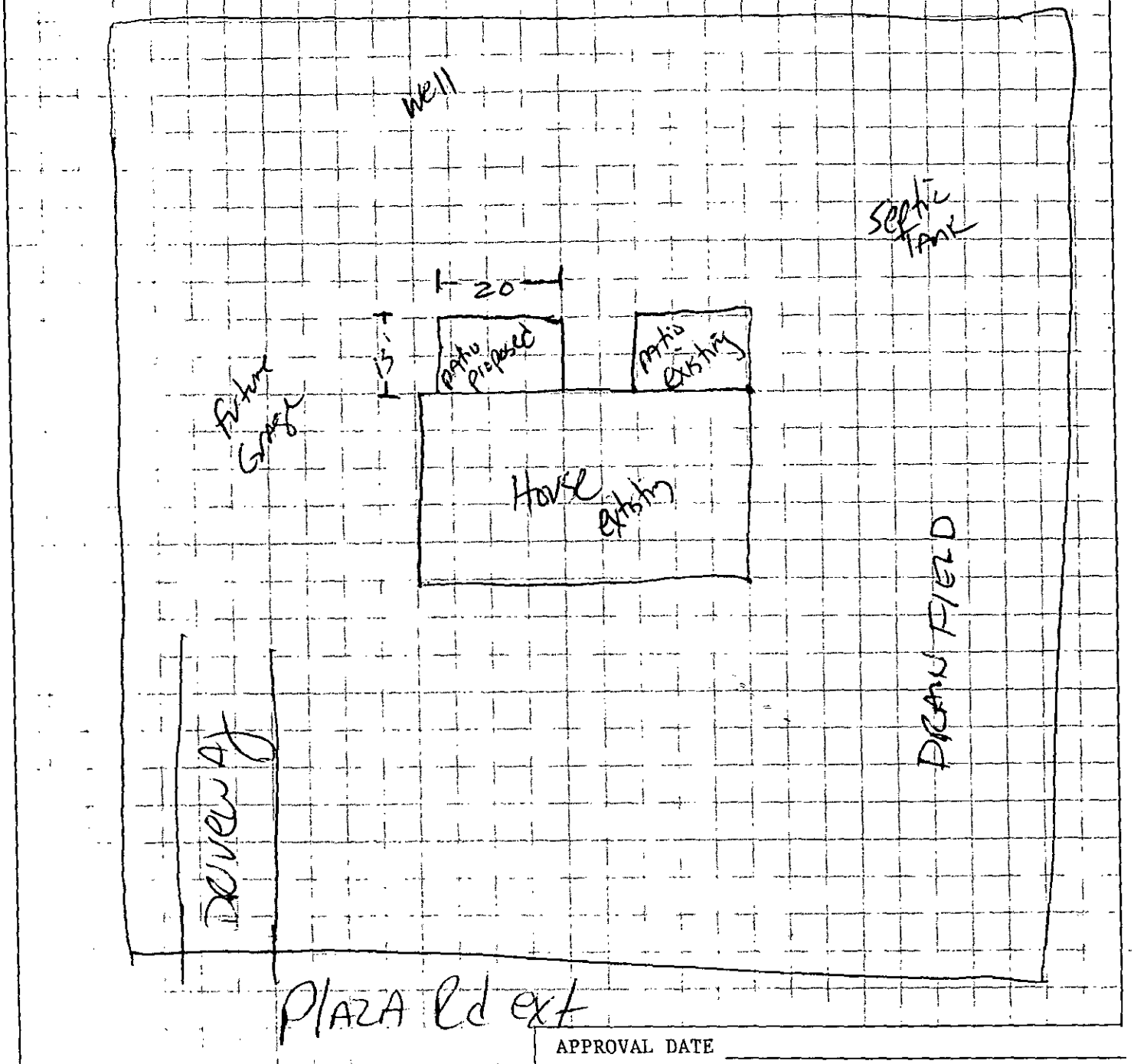
COPY

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

FILE: _____

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.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner'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: 6401A DATE: 12/12/99

TC: 105-132-03 ☑ L ☐ CRT

SERIAL Nº 18146

Name of Owner TOMMY PRESSLEY Juris.:

Address of Property 10325 PLAZA ROAD EXT.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth 12"

Water Supply Source WELL

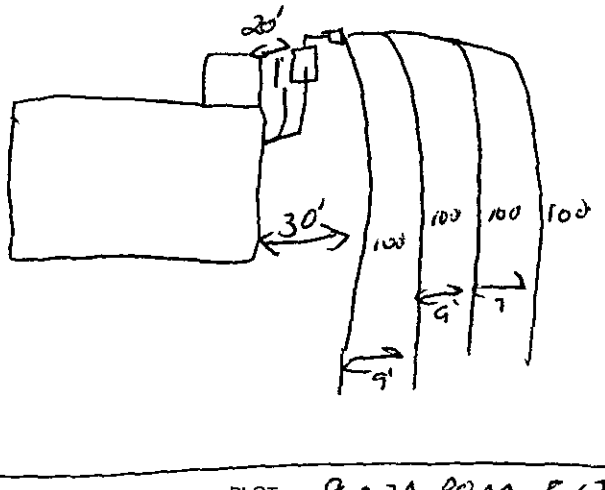
Distance to Water Source 95'

Excavation Inspected 12/17/99

Tank(s) Inspected 12/17/99

Wash Line Inspected —

High Water Alarm Inspected —



PLOT PLAZA ROAD EXT

Design 1500 ST 125 FT CONV 126 CTR# BOB MCCARTER

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 III

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

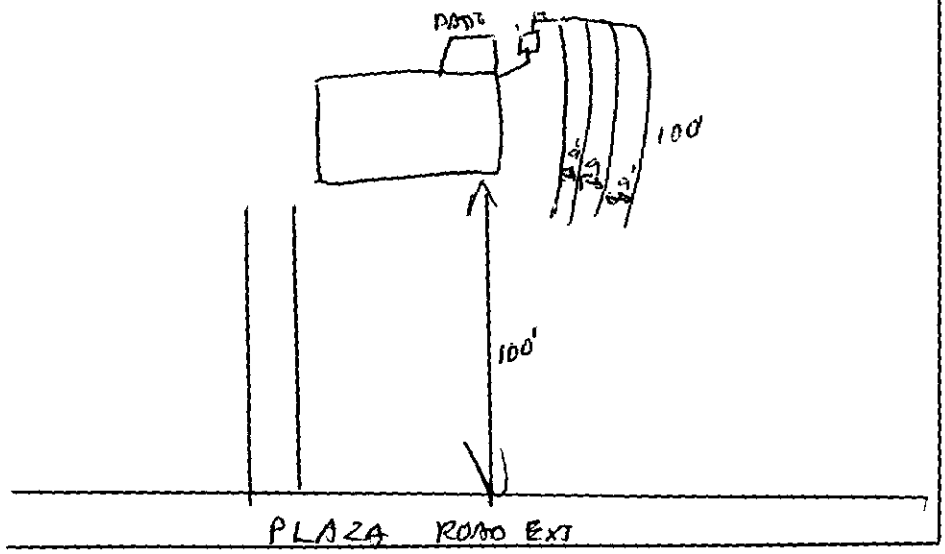
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 6401A DATE: 12-12-97

TC: 105-132-03 ☑L

SERIAL Nº 18288

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 9-30-97. 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 1,500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous YES

Total Line Length 400 feet

Number of Lines 4

Depth of Stone 12' inches

Distance from House 15' feet

Distance from Property Line 10' feet

Distance from Well >100' feet

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

NAME OF OWNER TOMMY PRESSLEY

LOCATION OF PROPERTY 10325 PLAZA ROAD EXTENSION

Comments: (1) ALL DOWN SPOUT GUTTERS AND SUB SURFACE DRAINS ARE TO BE DIVERTED AWAY FROM DRAINFIELD

Environmental Health Specialist

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

CRH 2408 VIC

ACS

FEE: 100.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 7-29-98 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 10/20/97 **PERMIT NO:** 6401A
PARCEL NO: 105 132 03

JOB LOCATION ADDRESS: 10325 Plaza Rd Ext.
PROPERTY OWNER: Tommy Pressley (Brook Dover)
BUILDING CONTRACTOR: —
SUBDIVISION NAME: —
AUTHORIZATION ISSUED BY: Phil A. Walker R.S. **DATE:** 10/20/97
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 6401A, 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 [signature] 10/20/97
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 6401A

Tax Number: 105 132 03

- 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	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
Yes Serviced by private well	1500 Gallon septic tank	400' Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	NA Gallon pump tank	12" Depth of stone	

Any surface waters present: NO 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

1200 Absorption Area (Sq ft) 400' 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 th 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 effe 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 Departmer
- This Improvement permit is transferable.

Philip L. Walker R.S. 10/20/97
DEHNR Authorized Agent Date

Owner/Agent Signature 10/20/97
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

IWWS-100195

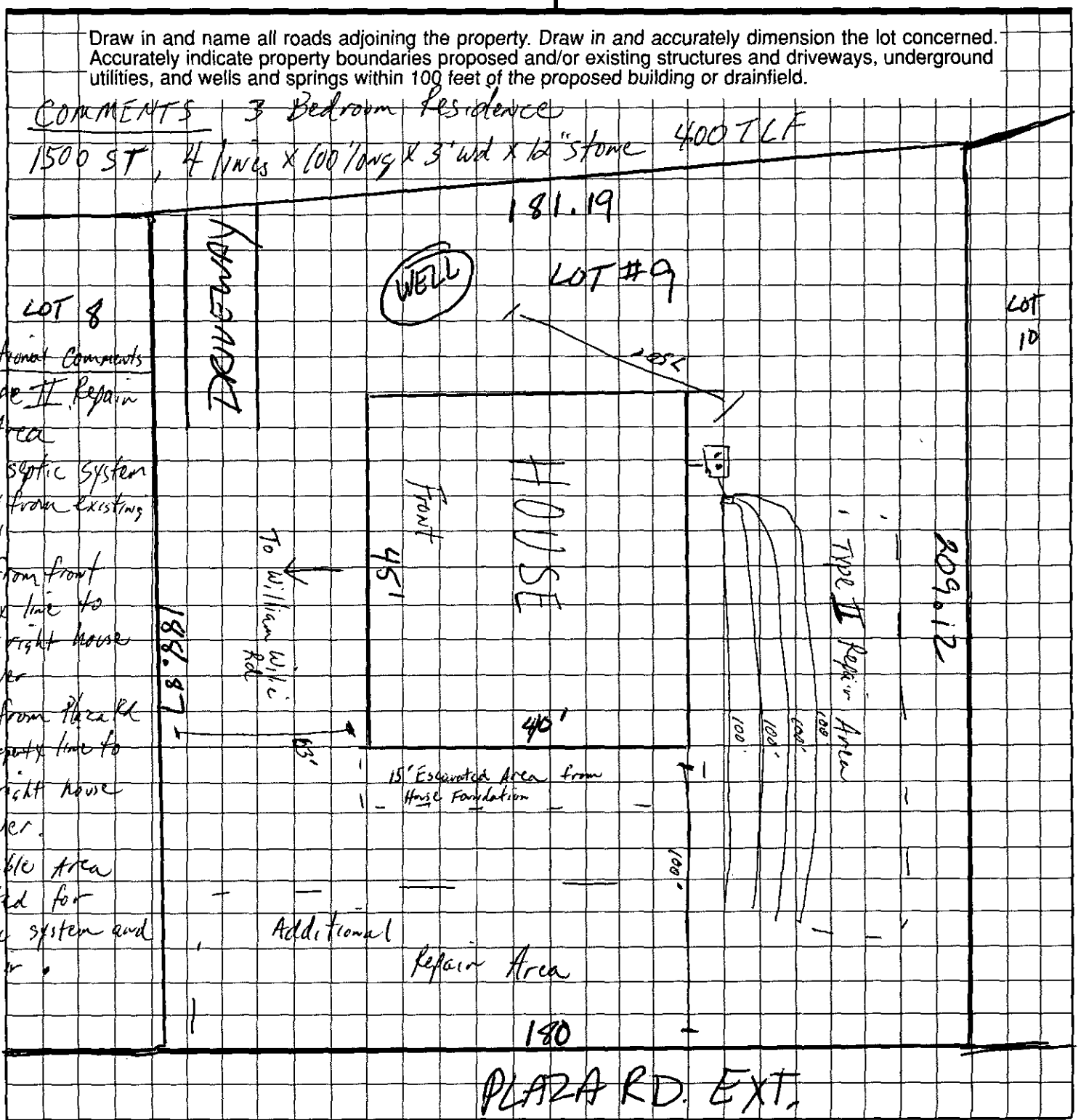
PROPOSED PLOT PLAN

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

FILE: 64/01A

TC: 105-132-03

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.

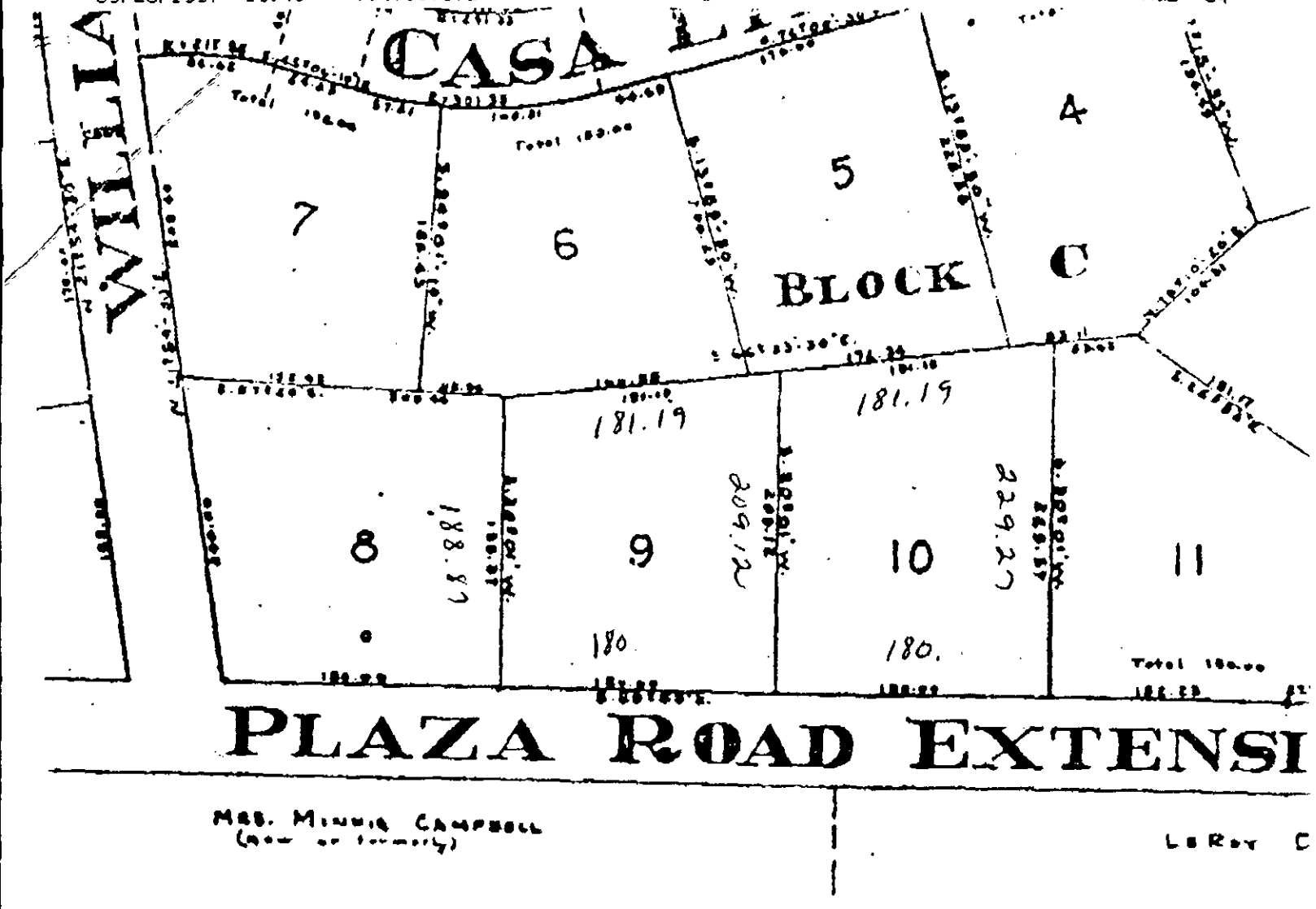


OWNER/AGENT SIGNATURE

DATE 9-30-97

APPROVAL DATE PSW 10/20/97

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


CASA
WILLA
7
6
5
4
BLOCK C
181.19
181.19
8
9
10
11
188.87
209.12
229.27
180
180.
PLAZA ROAD EXTENSI
MRS. MINNIE CAMPBELL
LeRoy C

COPY

ON-SITE WASTEWATER SECTION

COUNTY: _____

SOIL/SITE EVALUATION 400 #2
for ON-SITE WASTEWATER SYSTEM

6401A
PO 105-132-07
LG

OWNER: Tommy E Spearley APPLICANT: _____
ADDRESS: 17 Hawthorne St, Thurlabl APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: res. PROPOSED DESIGN FLOW (.1949): 360gpd PROPERTY SIZE: .82
LOCATION OF SITE: 10325 Plaza Rd Ext PROPERTY RECORDED: _____
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	Slopes 5-12% .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	0-6"	gr/scl	Fr/SEXP/SS/SP	2.5Y 6/1 @ 32"	39"	N/A	None	US
		6-39"	SBK/sc	Fi/SEXP/SP					
2	LS	0-7"	gr/scl	Fr/SEXP/SS/SP	>48" TO soil wetness	48"	N/A	None	PS .39/Fz LE
		7-48"	SBK/sc	Fi/SEXP/SP					
3	LS	0-9"	gr/scl	Fr/SEXP/SS/SP	>48" TO soil wetness	48"	N/A	None	PS .39/Fz LE
		9-48"	SBK/sc	Fi/SEXP/SP					
4	LS	0-12"	gravel	—	>48" TO soil wetness	48"	N/A	None	PS .39/Fz LE
		12-48"	SBK/sc	Fi/SEXP/SP					

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): unsuitable

EVALUATED BY: W A. Merlin 10-9-97
OTHER(S) PRESENT: LSS

COMMENTS:

LEGEND

use the following standard abbreviations

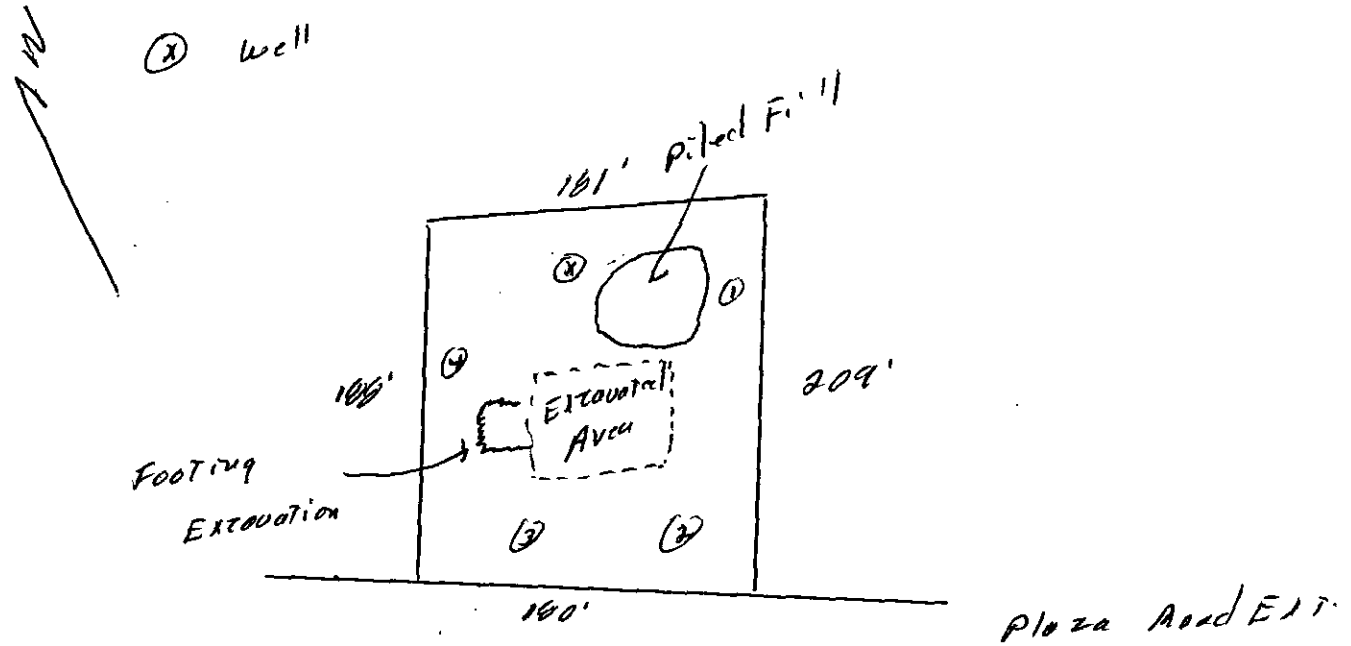
LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	EPA 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massivo)
I (Drainage Way)					EXP (Expansive)	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 Blocky)
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)

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
APROLITE	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 designati
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).



FEE: 100.00 check #925
DATE: 9/30/97

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 #: 6401A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 105-132-03

STREET ADDRESS: 10325 PLAZA RD. EXT

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: (9) + 10

TYPE OF BUILDING (CHECK ONE):

[ ] SINGLE MOBILE HOME(S)
[ ] DOUBLE WIDE (D)
[✓] 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
[ ] 7 MINT HILL

HEATED SQUARE FOOTAGE: 1500

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

CLOSING DATE ASAP

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

PROPERTY OWNER:

NAME: Pressley Tommy E
(LAST) (FIRST) (MI)

ADDRESS: 17 Hawthorne ST

CITY: Concord STATE: NC ZIP: 28025

DAYTIME PHONE: ( ) –

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: DOVER Brooks J
(LAST) (FIRST) (MI)

DAYTIME PHONE: 704 568-9414

page 5588701

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: Brooks Dover DATE: 9/30/97

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

TO: Mecklenburg County Health Department DATE: 9/25/97

FM: Tommy E. Pressley
(704) 795-1881

SUBJ: Perk Test

This is my written confirmation of approval for Brooks J. Dover to apply for a soil test on my property. This will be for tax lot #105-132-03 and/or Lot 9 & Lot 10 Block C of Casa Lynda Estates on Plaza Road Extention.

9-25-97

Tommy E. Pressley, Owner

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

DATE 7-31-96

6401A

FROM: COUNTY ENGINEERING DEPARTMENT

RED FILE _____ JURISDICTION CODE MECK

PARCEL NUMBER #105-132-03

ASSIGNED ADDRESS 10325 PLAZA RD EXT.

EXISTING ADDRESS _____

PROJECT NAME _____ N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

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

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	/ /*	/✓/
6. PROPERTY FRONTS ON THOROUGHFARE	/✓/*	/ /
7. DRIVEWAY PERMIT REQUIRED	/ /*	/✓/

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

REMARKS: ENV. HEALTH

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.
A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: B. McConico

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100

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

DATE 5/1/90 [illegible] SR

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 105-132-03

ASSIGNED ADDRESS 10325 Plaza Rd Ext

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

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

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

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

REMARKS: Septic tank

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.
A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: [signature]

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100

PROPOSED PLOT PLAN

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

FILE: C6401A

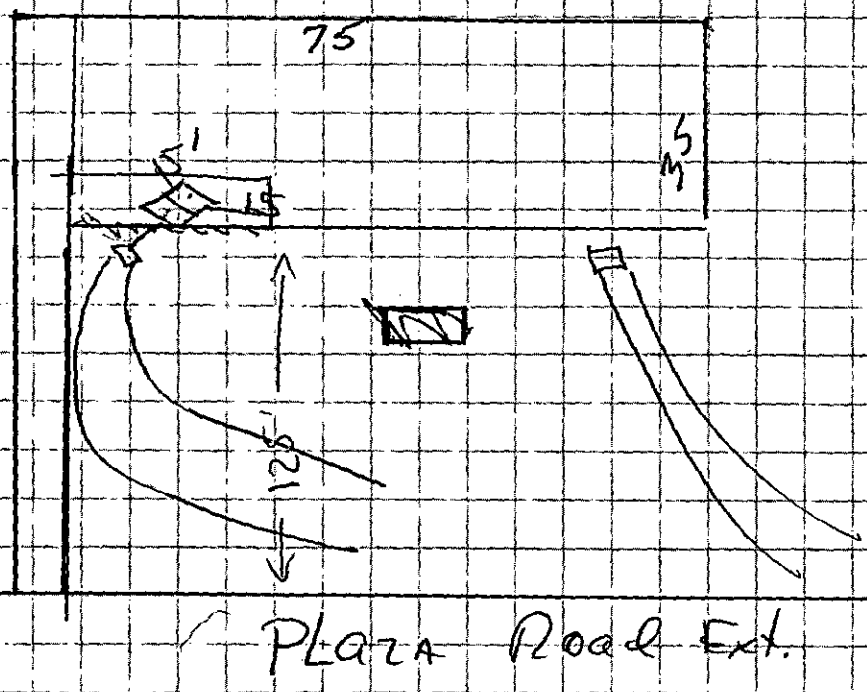
TC: 105-132-03

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

1500 gallon Septic Tank
2 trenches 100' Washer Line
3' x 50'
Septic System = 170'
2 trenches 3' x 85'

well

VOID



Plaza Road Ext.

APPROVAL DATE _____

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 5/1/90

Name/Company: Tom Pressley Sr.

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: MP-New
6401A

MECKLENBURG
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
MAY 1 1990

Cost 1650

Fee: $ 200.00 PD 200.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 6401A
TC: _____
SERIAL: № 20968 ☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 10325 Plaza Rd Ext. (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 105-132-03
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Tom E Pressley Sr. (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: 17 Hawthrone Ave
⑩ CITY: Concord ⑪ STATE: N.C. ⑫ ZIP: 28025
⑬ PHONE: (~~WORK~~ Home) 704-786-7074 ⑭ (~~HOME~~ Work) 547-8500

REQUEST

This request is for a(n):

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

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 2 ㉕ Type? _____
㉓ Maximum occupancy? 4 ㉖ Maximum number of employees? _____
㉔ Basement? ☑ yes ☐ no ㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☑ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Tom E Pressley Sr.
Date: 5-1-90

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

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

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist _____ Date 7/17/90

Director or Authorized Section Head _____ Date 7-17-90

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17495

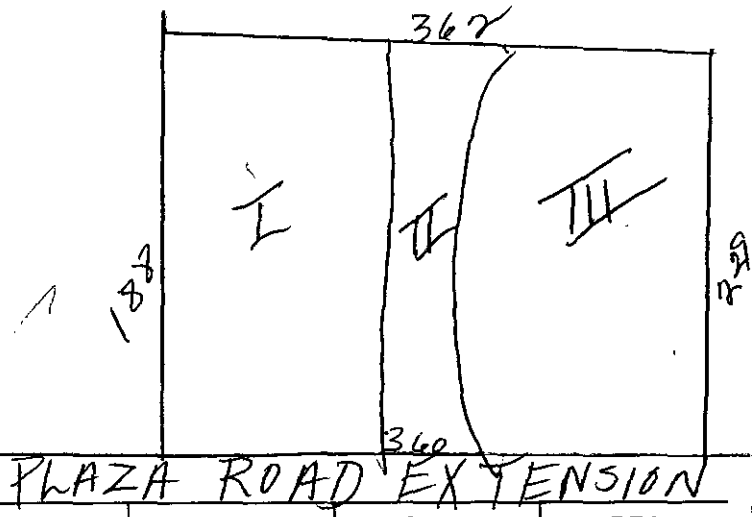
File: 6401A
Parcel: 10513203
Action 1
☐ PC

Location: Plaza Rd. Extension
Subdivision:
Lot: Block: Acres: 1.75A

Owner:
Address: Dooley Cloma
4141 Tyngway Rd.
Charlotte, nC

Comments: Unknown Age of Lot

Described by: W. B. Ramsey
Date: 1-3-98



***** 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 (PS) 2-4	S (PS) U 4-8	S (PS) U 0-2	S PS U	S PS U	S PS U
Texture	S (PS) U	S (PS) U	S PS (U)	S PS U	S PS U	S PS U
Structure	S (PS) U	S (PS) U	S PS (U)	S PS U	S PS U	S PS U
Drainage	S (PS) U	S (PS) U	S PS (U) H20 12"	S PS U	S PS U	S PS U
Depth	S (PS) U 36-42	S PS (U) 10-30	S PS (U) 15-35	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U	S (PS) U	S (PS) U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS (U)	S (PS) U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IVa Cec.1	IVa Enot-Cec.1	IVa Helena, Flood Plain			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

Mecklenburg County
Health Department

January 3rd, 1990

Dooley Cloma
4141 Tyngway Rd.
Charlotte, nC

RE: Property located at Plaza Rd. Extension
FILE: 6401A
PARCEL: 10513203

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 17495) is enclosed for your information.

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

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

Very truly yours,

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

Enclosure

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 12-20-89

Name/Company: Cloma S. Dorley

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil Investigation

(2) Acres

File 6401A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
DEC 20 1989

Fee: $ 80.00

ck # 620
$80.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 6401 A

TC: 105-132-03

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 409 PLAZA ROAD EXTENSION

② SUBDIVISION: NON ③ LOT: 3 ④ BLOCK: 132

⑤ PARCEL REFERENCE: BOOK NO.: 105 PAGE NO.: 132 PARCEL NO.: 03

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

OWNER

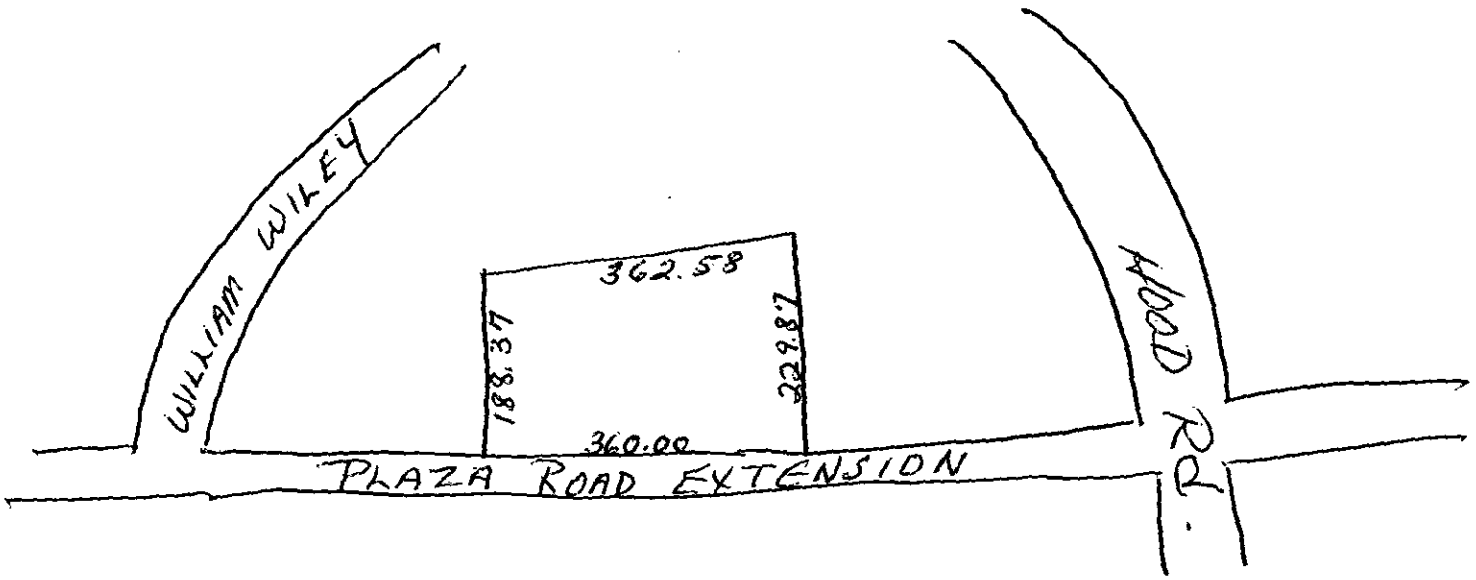
⑦ NAME: DOOLEY (FIRST) CLOMA ~~[illegible]~~ S. (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 4141 TYNGWAY ROAD

⑨ CITY: CHARLOTTE ⑩ STATE: NC ⑪ ZIP: _____

⑫ PHONE: (WORK) NONE (HOME) 366-2651

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: Cloma S. Dooley

Date: 12-2-89

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

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

THIS IS TO CERTIFY THAT ON THE DATE SHOWN BELOW, I SURVEYED THIS PROPERTY AND THAT IMPROVEMENTS, IF ANY, ARE SHOWN HEREON. THIS PLAT IS NOT INTENDED TO MEET GS 47-30.

LOT 5

LOT 4

LOT 6

I. PIPE

I. PIN

S 66d33'30" E – 362.38'

181.19'

181.19'

I. PIPE

old frame 3' bldg (on blocks)

BLOCK C

AREA = 1.73 AC.

LOT 8

LOT 9

LOT 10

LOT 11

N 30d1' E – 188.37'

N 30d1' E – 209.12'

S 30d1'0" W – 229.87'

power line

I. PIPE SET

180.0'

180.0'

N 59d59'0" W – 360.00'

I. PIPE SET

PLAZA ROAD EXTENSION 60'

MB9-409

WILLIAM IKLEY DRIVE

HOOD ROAD

PLAZA ROAD EXTENSION

Vicinity Map

PHYSICAL SURVEY
LOTS 9 & 10 BLOCK C, CASA LYNDA ESTATES
CRAB ORCHARD TWP., MECKLENBURG COUNTY, N. C.
TOM E. PRESSLEY, SR.
Description Taken From Map Book 9 Page 409
Scale 1" = 40' December 21, 1989
ZOUTEWELLE, LAND SURVEYING
2136 Malvern Road Charlotte, NC 28207

0' 50' 100' 150' 200'

2919 79

Printed and Sold by Forms & Blanks Co., Charlotte, N. C.
FORM S. D. 125

STATE OF NORTH CAROLINA
MECKLENBURG County.

This Deed

Made this 23rd day of November, A. D. 1966 by and between

JAMES E. NOLES and wife, CAROLINE C. NOLES and JAMES W. NOLES (single),

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

CLOMA S. DOOLEY,

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

WITNESSETH, that the said parties of the first part, in consideration of One Hundred Dollars ($100.00) and other valuable considerations ~~Dollars~~ to them paid by the party of the second part, the receipt of which is hereby acknowledged, have bargained and sold, and by these present do grant, bargain, sell and convey unto the said party of the second part and her heirs, all those certain lots of land, situate, lying and being in Crab Orchard Township, Mecklenburg County, State of North Carolina, and more particularly described and defined as follows:

BEING all of Lots 9 and 10 in Block C of Casa Lynda Estates as shown on a map thereof which is recorded in Map Book 9, page 409, in the Office of the Register of Deeds for Mecklenburg County, North Carolina.

These lots are conveyed subject to the following conditions and restrictions:

1. Said lots shall be used solely and exclusively for residential purposes, and no dwelling other than one (1) detached single-family private residence shall be erected on each of said lots.

2. Any residence erected on either of said lots shall contain a minimum of 1,400 square feet of heated living area, exclusive of porches and garage.

3. Neither of these lots may be subdivided by sale or otherwise except by and with the written consent of James E. Noles, one of the parties of the first part herein, his heirs or assigns.

4. Any residence constructed on either of said lots shall be at least 60 feet from the property line fronting on Plaza Road Extension. Said residences shall be at least 10 feet from all other side lines. There shall be no outbuildings

79 (over)

on these lots and any garage or carport must be attached to and made a part of the residence. Nothing herein contained shall prevent the party of the second part, her heirs or assigns, from using these lots as one single building lot and, in the event that said lots are so used, the dividing line between the two said lots shall not be considered as a side line.

In the event of the inadvertent violation of the aforesaid setback restrictions, James E. Noles hereby reserves unto himself, his heirs and assigns, the right, by and with the mutual written consent of the owner or owners for the time being of these lots, to change the building line restrictions aforesaid, provided that such change shall not exceed ten per cent of the marginal requirements thereof.

5. At least 75 per cent of the outside of any residences constructed on these lots must be of brick or brick veneer.

6. No trailer, basement, tent, shack, garage, barn, or other outbuilding erected on these lots shall be used as a residence at any time, temporarily or permanently, nor shall any structure of a temporary character be used as a residence.

7. No noxious or offensive trade or activity shall be conducted or permitted upon these lots nor shall anything be done or permitted on these lots which may be or become an annoyance or nuisance to the neighborhood.

8. No animals or poultry of any kind other than household pets shall be kept or maintained on these lots.

TO HAVE AND TO HOLD the aforesaid lots of land and all privileges and appurtenances thereto belonging, to the said party of the second part, her heirs and assigns, to her only use and behoof forever.

And the said parties of the first part for themselves their heirs, executors and administrators, covenants with the said party of the second part, her heirs and assigns, that they are seized of said premises in fee, and have right to convey the same in fee simple; that the same are free and clear from all incumbrances, and that they will warrant and defend the said title to the same against the lawful claims of all persons whomsoever.

[redacted]

IN TESTIMONY WHEREOF, the said parties of the first part to these presents have hereunto set their hands and seals the day and year above written.

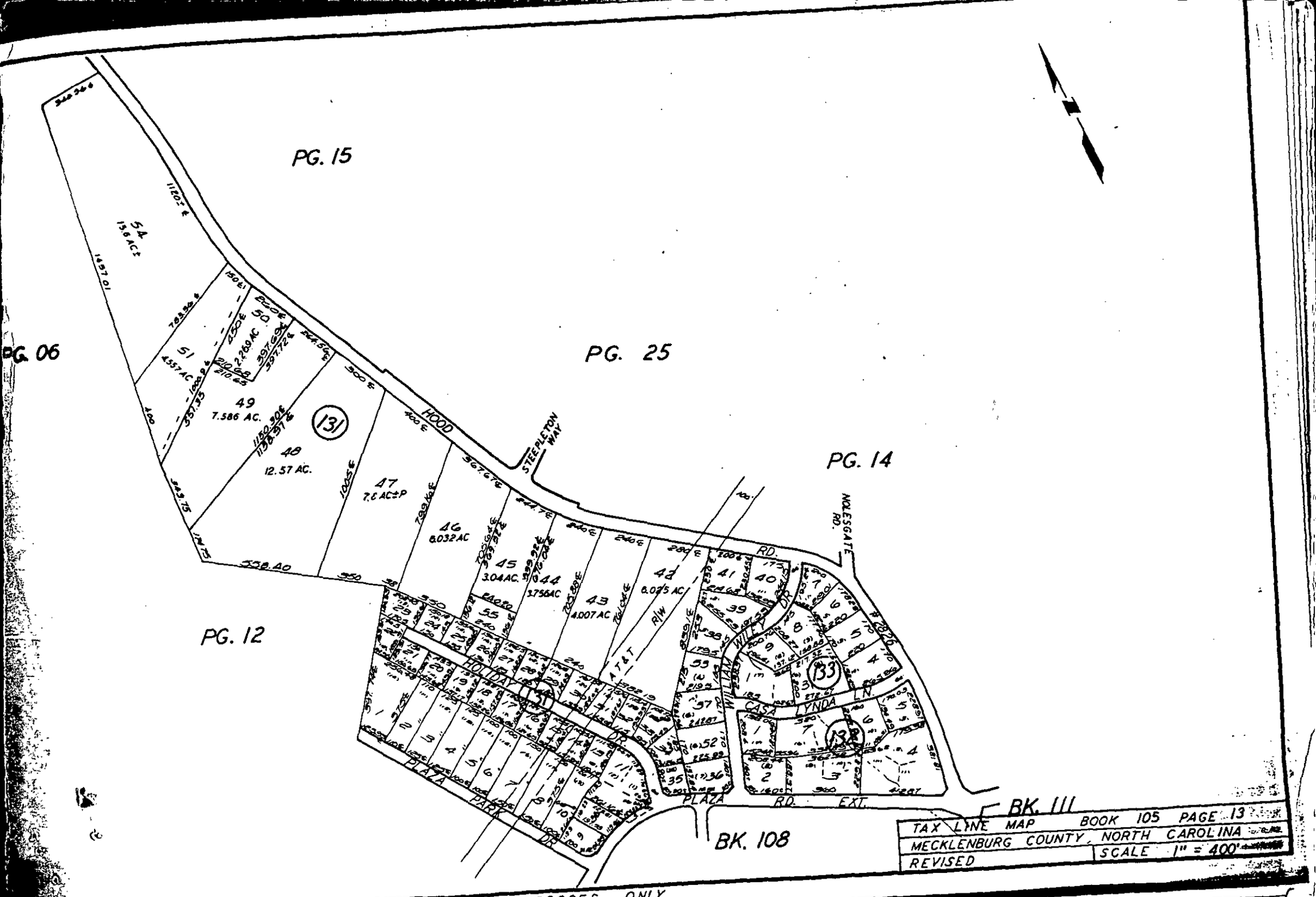
SIGNED, SEALED AND DELIVERED IN THE PRESENCE OF

James E. Noles (Seal)

Caroline C. Noles (Seal)

James W. Noles (Seal)

(Seal)



FOR TAX PURPOSES ONLY