

6728 OAK HILL RD

13709806

7/11/2007

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: 7707A DATE: 11-24-93

TC: 137-098-06 ~~EX~~ CRT

SERIAL Nº 15788

Name of Owner William Gladden Juris.:

Address of Property 6728 Oak Hill Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 270'

Number of Lines 5 @ 55'

Cover Depth 16" - ~~18~~"

Water Supply Source well

Distance to Water Source well not installed yet.
neighbor's well 465' away from system.

Excavation Inspected 11-24-93

Tank(s) Inspected 11-23-93

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1993, 1500 gst, 810 sq ft drainfield at 5 lines at 3'x55'x12" stone, ceiling CTR# McCane - 117

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: 2 bedroom house

Type II

Susan Patterson
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

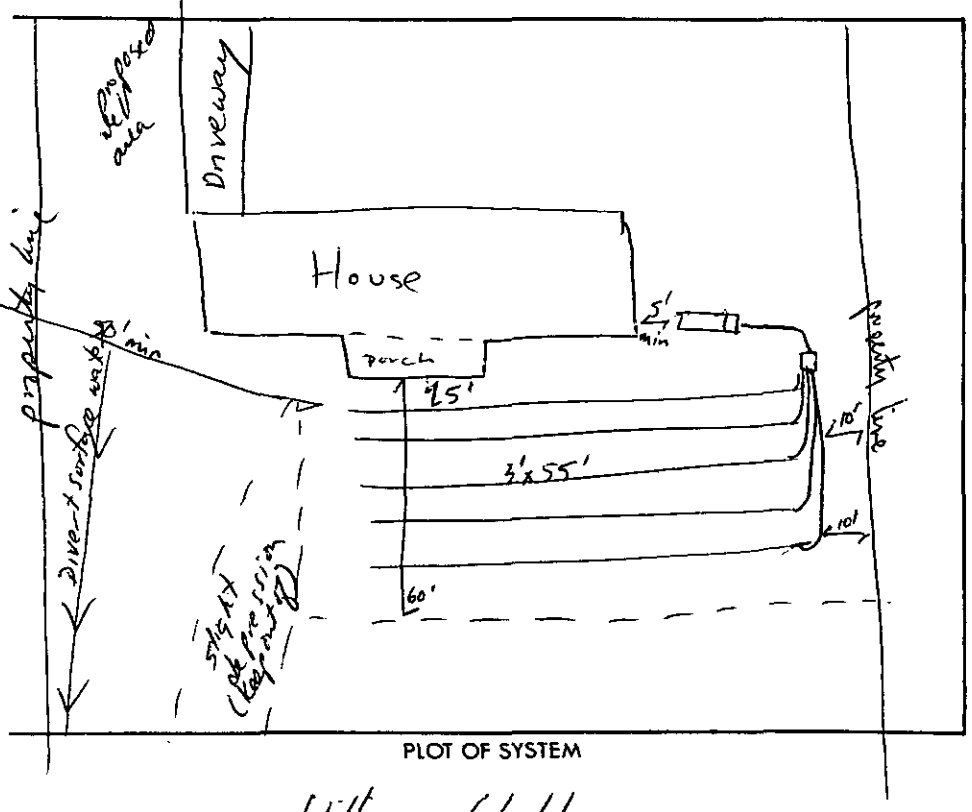
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7707A DATE: 11-23-93

TC: 137-098-06 ☒L

SERIAL Nº 15659

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 11-23-93. All work shall be completed on or before 12-23-93, 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 270' feet

Number of Lines 5 at 55' each

Depth of Stone 12" inches

Distance from House 5' min feet

Distance from Property Line 10' feet

Distance from Well 50'+ feet
(this well not installed yet)

12"-16" soil cover

NAME OF OWNER William Gladden

LOCATION OF PROPERTY 6728 Oak Hill Rd.

Comments: Keep well min 50' off any part of septic system or repair area. Keep out of depression area

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

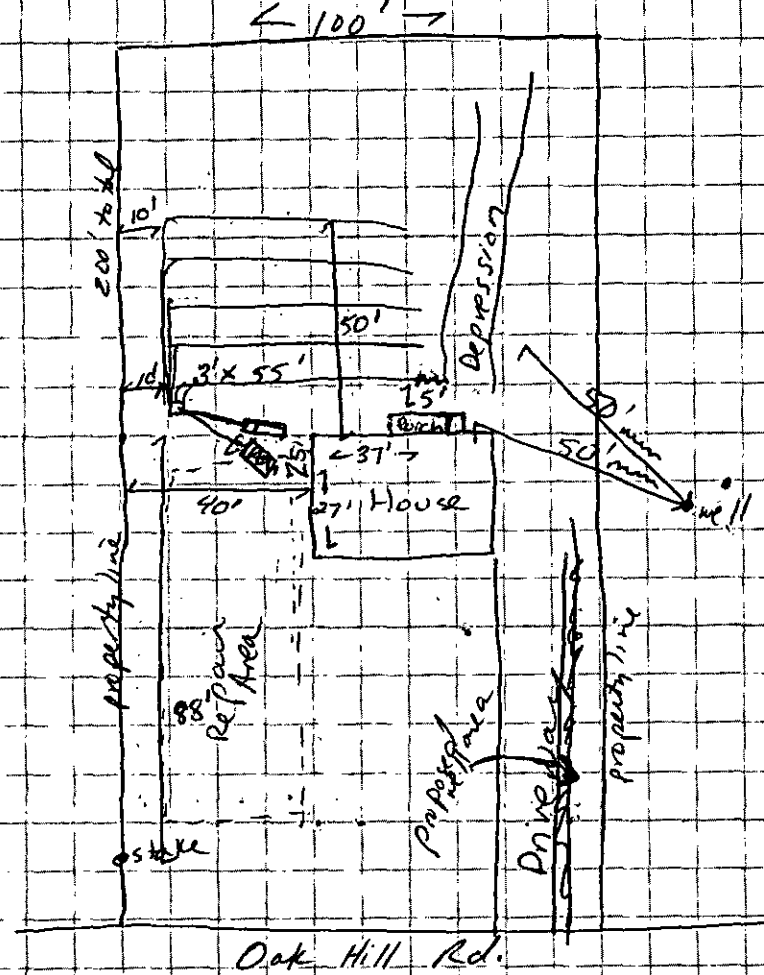
PROPOSED PLOT PLAN

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

FILE: 7707 A

TC: 137-098-06

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



1500 gallon septic tank
810 sq ft drainfield
at 5 lines at 3'x55'x12" stone each
Supply line to be
10' from side property line.
Keep away from
depression with
drainlines as indicated
Keep well min 50'
off septic tank system
and its repair area.
(proposed well area near
side property line as shown)
2 bedroom house,
May need pump (lift
station for repair area)

William Gladden 10-13-93
property owner sign + date

APPROVAL DATE [signature] 10-13-93

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

CERTIFICATION REGARDING TAX INFORMATION

DATE: September 3, 1993

PROPERTY ADDRESS: 6728 Oak Hill Road
Charlotte NC 28227

The undersigned hereby certify that a copy of this form, with the substitute Form 1099-B completed as shown below, has been furnished to the buyers and sellers, each of whom acknowledge receipt thereof, and each of whom certify under penalty of perjury the accuracy of their respective social security (federal identification) numbers. The undersigned further accept this substitute Form 1099-B and the HUD-1 Settlement Statement in lieu of Form 1099-B concerning the sale of this property and hereby relieve Purser & Fussell from any further obligation to provide a Form 1099-B for the same.

"Payer" on substitute Form 1099-B refers to the buyers, and "Recipient" refers to the sellers.

Buyer William L. Gladden Buyer Joyce M. Gladden

Seller Howard Criswell Seller Audrey Criswell

STATEMENT FOR RECIPIENTS OF PROCEEDS FROM REAL ESTATE, BROKER AND BARTER EXCHANGE TRANSACTIONS — OMB NO. 1545-0715 SUBSTITUTE 1099-B

PAYER'S name and address		1a. Date of sale/closing
William and Joyce Gladden 6811 Huntley Road Charlotte, NC 28227		September 3, 1993 1b. Real estate $ 4,500.00
PAYER Fed ID No. Will L. Gladden: SS # 243-62-6597 Joyce M. Gladden: SS# 242-56-2735	RECIPIENT Fed ID No. Howard Criswell SS# 242-88-6154 Audrey Criswell SS3 245-74-7281	3. Bartering 4. Fed tax w/h
RECIPIENT'S name and address Howard Criswell and Audrey Crisell 10430 Albemarle Road #71 Charlotte, NC 28227		5. Description Lots #22 & 23, Block "C" of WILGROVE FARMS, Map Book 6 Page 395, Mecklenburg County Public Registry. 6. Principal residence ( ) Other real estate (XX)
Account number MET		

FORM 1099-B INSTRUCTIONS

Proceeds from all real estate transactions must be reported to the Internal Revenue Service. This form is used to report these proceeds.

Box 1b indicates the gross proceeds from any real estate sale. Box 4 represents backup withholding. Persons not furnishing their taxpayer identification number to the payer is subject to backup withholding at a 20% rate.

"Payer" on substitute Form 1099-B refers to the buyers, and "Recipient" refers to the sellers.

Buyer William L. Gladden Buyer Joyce M. Gladden

Seller Howard Criswell Seller Audrey Criswell

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22 + 23 Block C

Map Book 6 Page 395

1950

Wilgore Farms

Aug, 1950

S Leon Hatley

Surveyor

Leon Purser + Fasel

Central Ave

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

DATE 8/26/97

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE UMck

PARCEL NUMBER #137-098-06

ASSIGNED ADDRESS 6728 Oak Hill Rd

EXISTING ADDRESS _____

PROJECT NAME VA:

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 DRIVEWAY(S).

SIGNED: Pam

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100

APPLICATION FOR SOIL INVESTIGATION

Pd. 50.00
Cash
Rec # 3870
8-26-91
HB

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

(OFFICE USE ONLY)

FILE: 7707 A

TC: # 132-098-06

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: 6728 Oakhill Rd.

② SUBDIVISION: Wilgrove Farms ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

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

OWNER

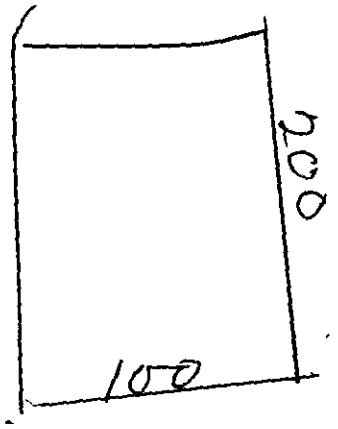
⑦ NAME: Howard (FIRST) D (MIDDLE) Criswell (LAST)

⑧ MAILING ADDRESS: 10430 Albemarle Rd. #71

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28227

⑫ PHONE: (WORK) 704-545-4407 (HOME) 704-545-2098

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: Howard Criswell

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

Date: 8-26-91

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

Mecklenburg County
Health Department

August 30th, 1991

Howard D. Criswell
10430 Albemarle Road, #71
Charlotte, NC 28227

RE: Property located at 6728 Oakhill Road 22,23/C
FILE: 7707A
PARCEL: 137-098-06

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 results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 19744) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, 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. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to call.

Very truly yours,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure (2)

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19744

File: 7707A Action 2

Parcel: 137-098-06 ☑ PC

Location: 6728 Oak Hill Road

Subdivision: Wilgrove Farms

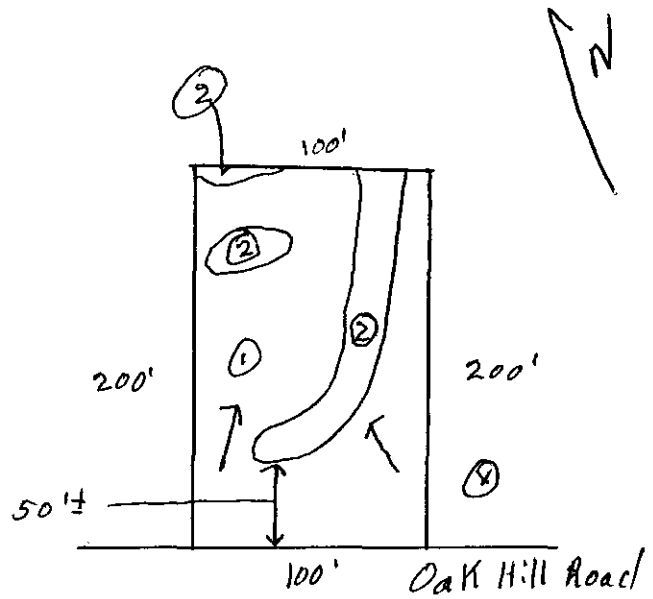
Lot: 22,23 Block: C Acres: .47

Owner: Howard D. Criswell
Address: 10430 Albemarle Road
Charlotte, N.C. 28227

Comments: _____

Described by: William A. Marlin

Date: 8-29-91



***** 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 2-9%	S PS (U) complex slopes	S PS (U) Depression	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S PS U —	S PS U —	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U —	S PS U	S PS U	S PS U
Drainage	S (PS) U >40" to water	S PS U —	S PS U —	S PS U	S PS U	S PS U
Depth	S (PS) U 40"+	S PS U —	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 40"+	S PS U —	S PS U —	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	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	WL Cecil/Lilo	Complex slopes	Depression			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

2400 WK

PD 200.00 CHK 918
10/4/93 DJT CRT

MONA

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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: GLADDEN (last) William (first) L (mi)
ADDRESS: 6811 Huntley Rd PHONE: (704) 545-5159
CITY: Charlotte STATE: NC ZIPCODE: 28227

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 137-098-06
STREET ADDRESS: 6728 Oak Hill Rd
ZONING:

PROPERTY OWNER:
NAME: Same (last) (first) (mi)
ADDRESS: PHONE: ( )
CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[X] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N) MOBILE
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M) ON
[ ] 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: 2 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: William Gladden Date: 10-4-93

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.

... 2 bdrm house only

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

Susan [illegible] 10-12-93
Environmentalist Date

Judy Rich RS 10/18/93
Director or Authorized Section Head Date

WWATER : 122791

PROPOSED PLOT PLAN

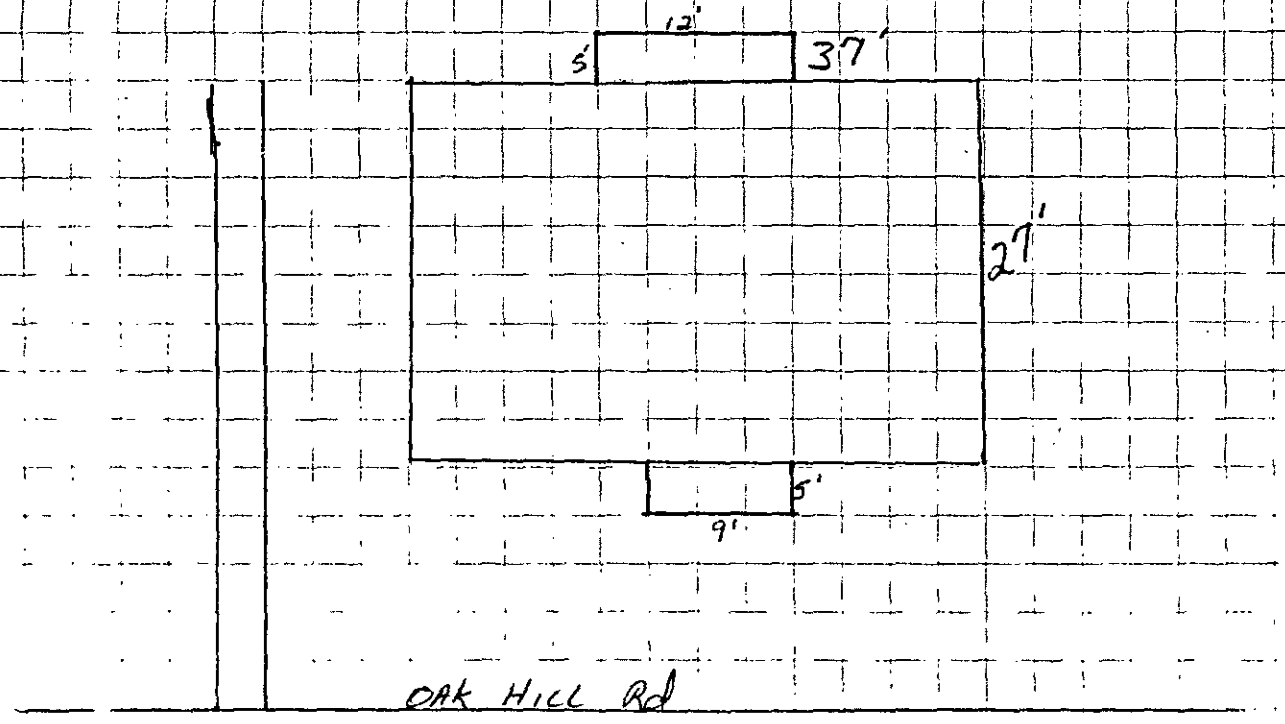
COPY

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

FILE: 7707A

TC: 137-098-06

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



APPROVAL DATE _____

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

DATE: 10-4-93

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 137-098-06

ASSIGNED ADDRESS 6728 Oak Hill Rd

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: Well & Septic

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: [signature]

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100