

6020 FOX CROSSING DR

03516226

6/14/2007

duponbj

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

APPLICATION FOR AN IMPROVEMENT PERMIT

Pd. 200.00
5-14-91
Ck. 14320

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: 6341 A
TC: 035 162 26
SERIAL: № 20565

☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 6020 (STREET NO.) Fox Crossing (STREET) ② FILE: 6341 A

③ JURISDICTION: ④ TAX PARCEL NO.: 035 162 26

⑤ SUBDIVISION: ⑥ LOT: 1 ⑦ BLOCK:

OWNER

⑧ NAME: Ernest (FIRST) W. (MIDDLE) Cates (LAST)

⑨ MAILING ADDRESS: 6020 Fox Crossing

⑩ CITY: Charlotte ⑪ STATE: N. C. ⑫ ZIP: 28216

⑬ PHONE: (WORK) ⑭ (HOME) 392-3002

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? 3

㉕ Type?

㉓ Maximum occupancy? 6

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: Ernest Cates By W. A. Cates

Date:

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 5-15-91

Director or Authorized Section Head — Date 5/16/91

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6391-A DATE: 5-16-91

TC: 035-162-Q6 ☒ PO ☐ CRT

SERIAL № 12389

Name of Owner EARNEST CATES Juris.:

Address of Property 6020 FOX CROSSING

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 5 @ 80

Cover Depth 1'

Water Supply Source CMUD

Distance to Water Source —

Excavation Inspected 5-16-91

Tank(s) Inspected 5-16-91

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1991 1500 g Con 1200SFT 12G CECIC CTR# 22

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: Duplicate CofC = original lost in office

Environmentalist

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INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

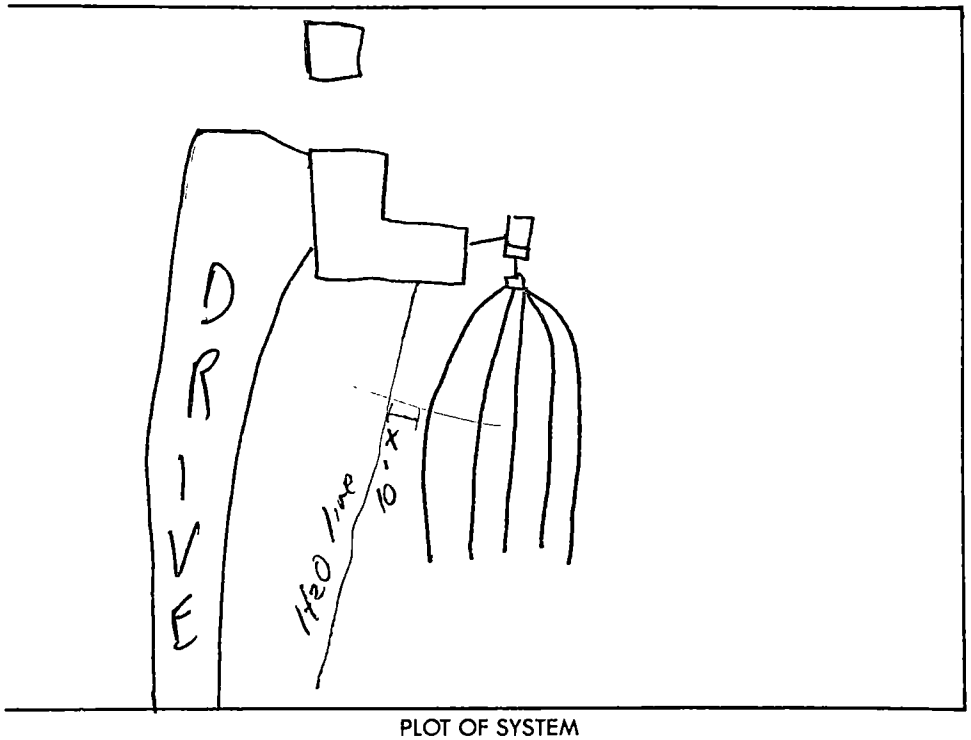
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6341-A DATE: 5-15-91

TC: 035-162-26 L

SERIAL Nº 15028

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 5-19-91. All work shall be completed on or before 6-14-91, 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 5x80

Depth of Stone 12" inches

Distance from House 5'+ feet

Distance from Property Line 10'+ feet

Distance from Well NA feet
CMUD. SUPPLY

NAME OF OWNER EARNEST W CATES

LOCATION OF PROPERTY 6020 FOX CROSSING

Comments: 5 lines @ 80' x 3' wide x 12" rock straw over + grade boards.

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

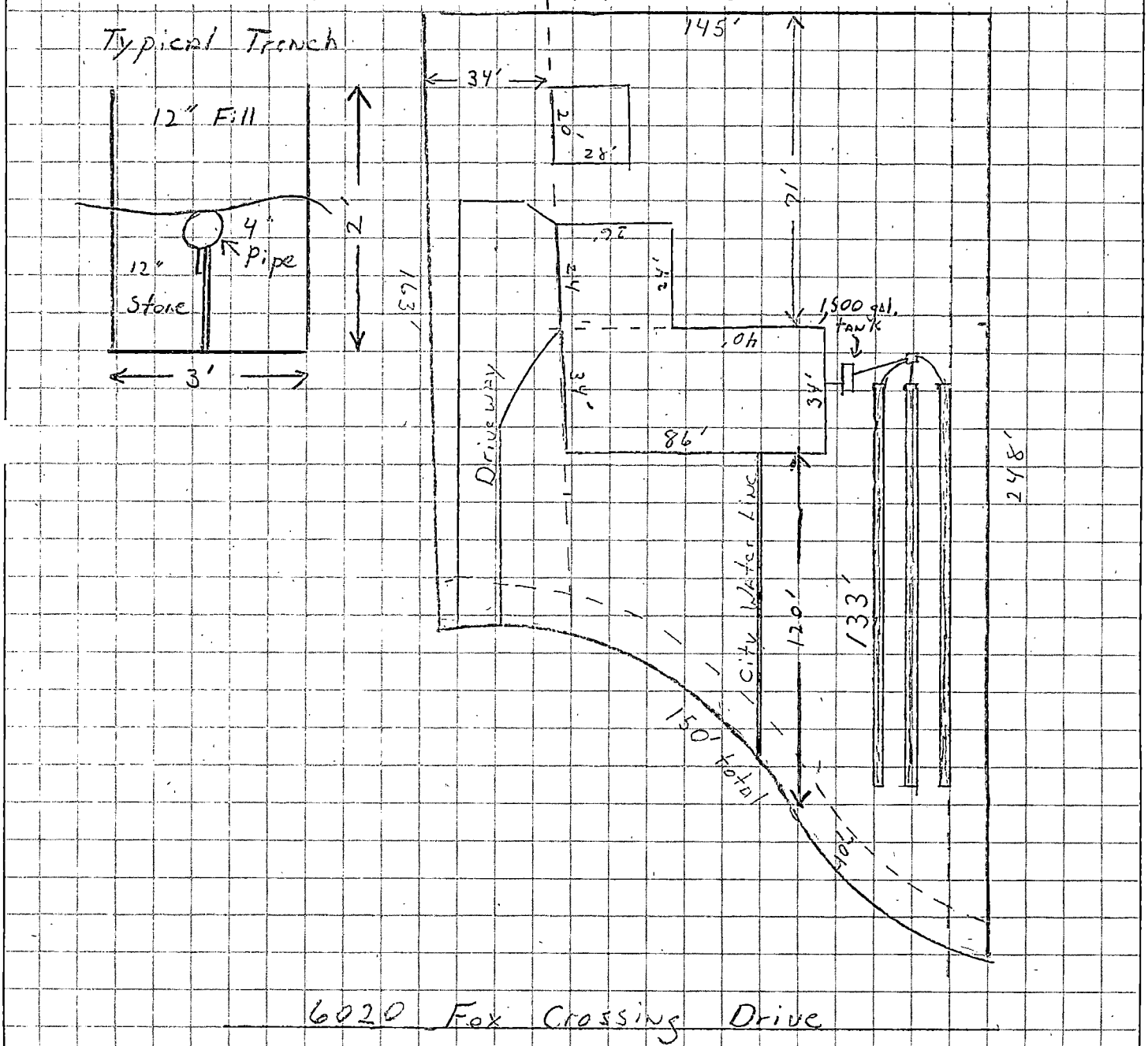
PROPOSED PLOT PLAN

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

FILE: 6341 A

TC: 035 162 26

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
Health Department

December 4th, 1989

Ronald Henry
6025 Pleasant Grove Rd.
Charlotte, NC 28216

RE: Property located at Fox Crossing Drive
FILE: 6341A
PARCEL: 03516209

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 17423) 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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17423

File: 6341A
Parcel: 03516209

Action 1
☑ PC

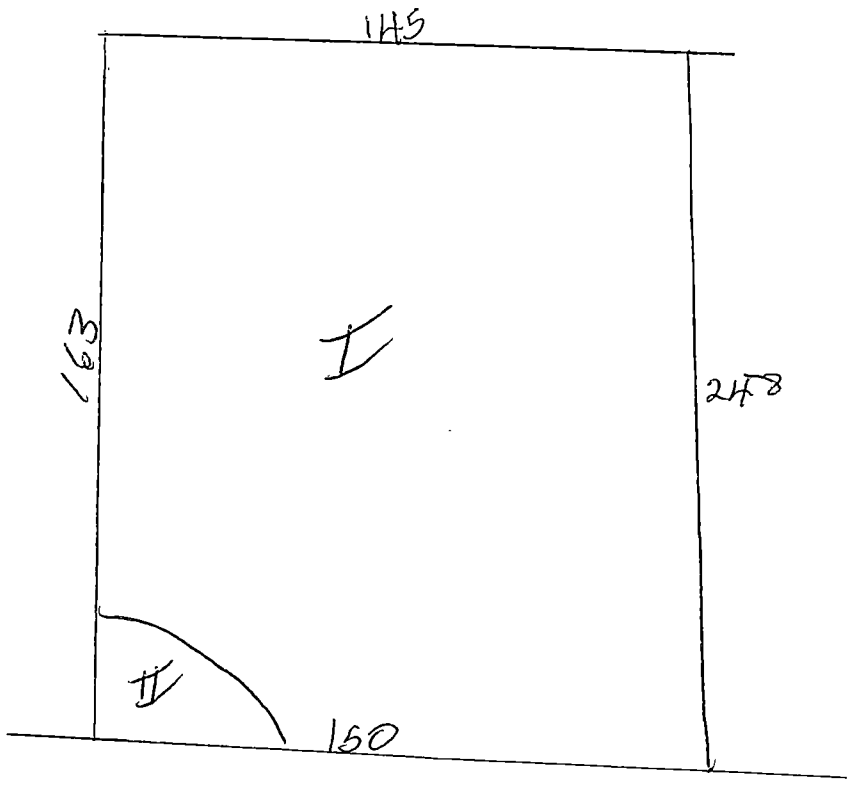
Location:
Subdivision: Fox Crossing Drive

Lot: 1 Block: Acres: .70

Owner:
Address: Ronald Henry
6025 Pleasant Grove Rd.
Charlotte, NC 28216

Comments: 100% Repair Area needed

Described by: W. B. Ramsey
Date: 12-1-89



***** 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 2-4	S (PS) U 2-4	S PS U	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	S PS U	S PS U	S PS U
Depth	S (PS) U 42+	S PS (U) 10-12'	S PS U	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) Rock Intrusion	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IVa Cecil	IVc Rock intrusion and Cecil Area				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

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: 8389 (micro)
TC: 031-048-25
SERIAL: Nº 21082

~~PPL~~ ~~CRT~~

① ADDRESS: 9000 MT HOLLY RD (STREET NO / STREET) PARK CREEK, NC 28130 ② FILE: _____

③ JURISDICTION: _____ ④ TAX PARCEL NO.: _____

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

⑧ NAME: OAK GROVE BAPTIST CHURCH (FIRST / MIDDLE / LAST)

⑨ MAILING ADDRESS: 9000 MT HOLLY ROAD P.O. Box 604

⑩ CITY: PARK CREEK ⑪ STATE: NC ⑫ ZIP: 28130

⑬ PHONE: (WORK) 394-5075 ⑭ (~~HOME~~ ARCH) 704-482-0483

This request is for a(n):

⑮ ☐ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☑ Other (specify) USE existing system - no increase in membersh

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? _____ ㉕ Type? _____

㉓ Maximum occupancy? _____ ㉖ Maximum number of employees? _____

㉔ Basement? ☐ yes ☐ no ㉗ Maximum number of seats? 294 EXIST ONLY

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 Lyle E Smith, Architect

Date 9-19-90

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. Use existing system

No additional expansion. Eliminating one classroom and approving to remain as is.

B. R. Ferguson 9-27-90
Environmentalist Date

[signature] 9-27-90
Director or Authorized Section Head Date

• 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

ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

DATE: 11/27/89

NAME/COMPANY: R. D. Henry

Sanitation ____

Vector Control ____

OPWD ✓

SERVICE: Soil tests
8 @ 40.00 each
6341A - 6348A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

NOV 27 1989

FEE: 320.00

ck # 8991
11-27-89 320.00

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: 6341A

TC: 035-162-09

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 6020 Fox Crossing Drive, Charlotte, N.C. 28216

② SUBDIVISION: Fox Crossing ③ LOT: 1 ④ BLOCK:

⑤ PARCEL REFERENCE: BOOK NO.: Map Book 22 PAGE NO.: 92 PARCEL NO.: 035-162-0

⑥ DEED REFERENCE: BOOK NO.: PAGE NO.:

OWNER

⑦ NAME: Ronald (FIRST) Dwight (MIDDLE) Henry (LAST)

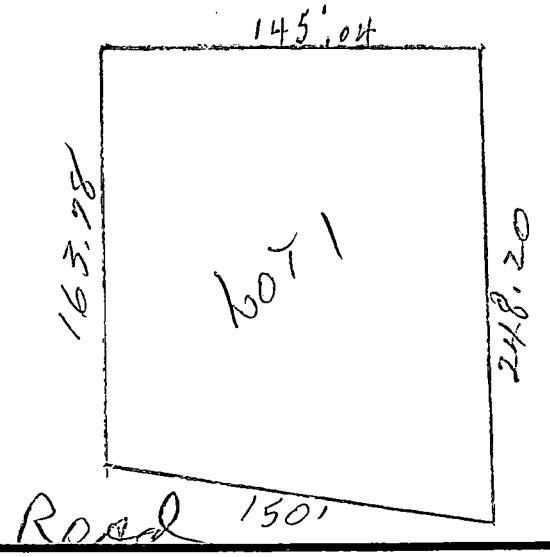
⑧ MAILING ADDRESS: 6025 Pleasant Grove Road

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28216

⑫ PHONE: (WORK) 394-0311 (HOME) 392-5590

⑬ Accurately diagram and dimension lot.

SEE MAP ATTACHED LOT 1



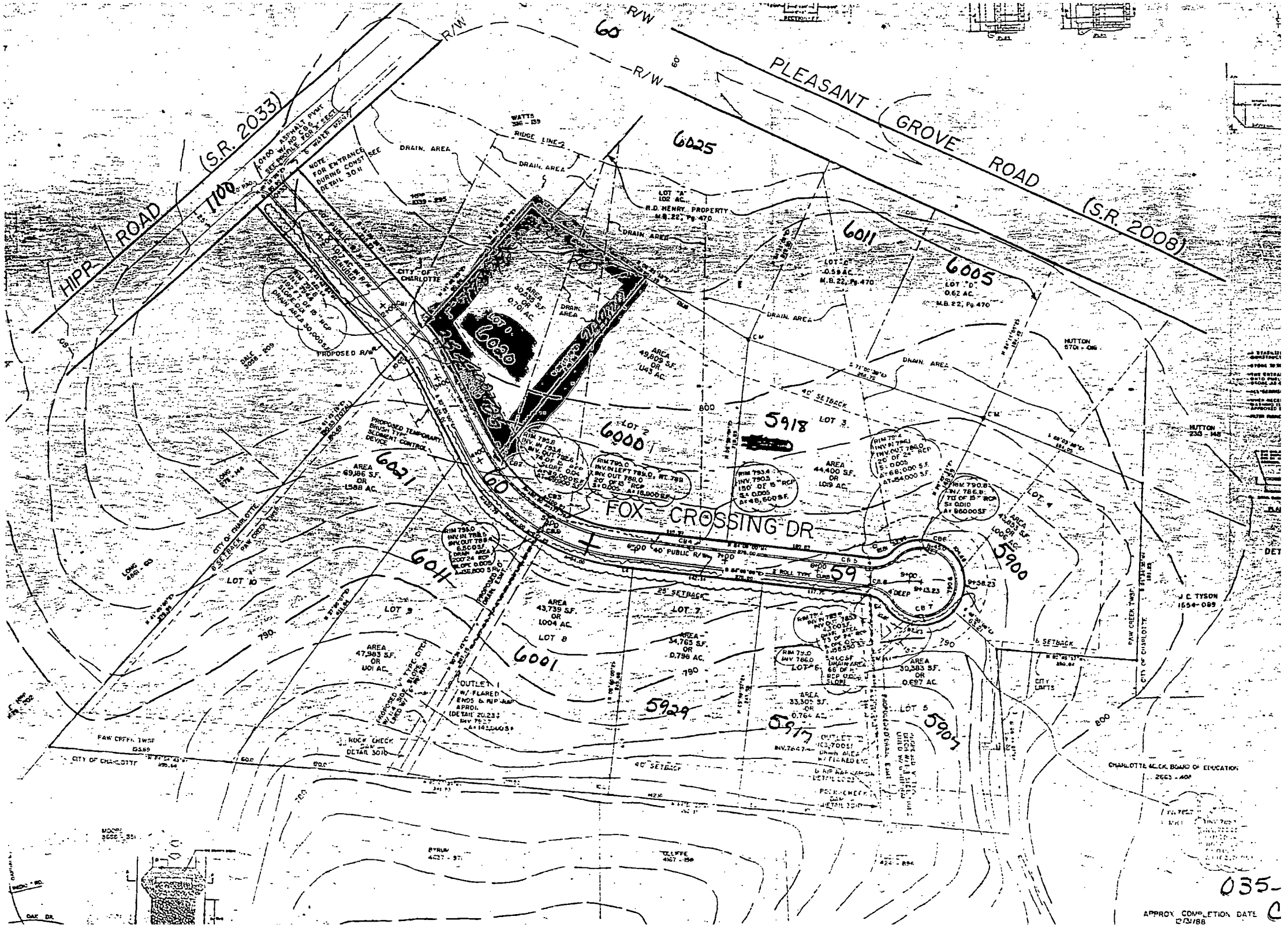
⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed:

Date: 11-9-89

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


HIPP ROAD (S.R. 2033)
PLEASANT GROVE ROAD (S.R. 2008)
FOX CROSSING DR
R/W
6025
6011
6005
6020
6021
6001
5918
5900
5917
5905
5929
LOT 1
LOT 2
LOT 3
LOT 4
LOT 5
LOT 6
LOT 7
LOT 8
LOT 9
LOT 10
LOT "A" 1.02 AC. R.D. HENRY PROPERTY M.B. 22, Pg. 470
LOT "C" 0.58 AC. M.B. 22, Pg. 470
LOT "D" 0.62 AC. M.B. 22, Pg. 470
AREA 69,186 S.F. OR 1.588 AC.
AREA 49,805 S.F. OR 1.143 AC.
AREA 44,400 S.F. OR 1.019 AC.
AREA 43,739 S.F. OR 1.004 AC.
AREA 47,983 S.F. OR 1.101 AC.
AREA 34,765 S.F. OR 0.798 AC.
AREA 33,302 S.F. OR 0.764 AC.
AREA 30,383 S.F. OR 0.697 AC.
AREA 30,033 S.F. OR 0.70 AC.
PROPOSED R/W
PROPOSED TEMPORARY BRUSH TYPE SEDIMENT CONTROL DEVICE
DRAIN. AREA
RIDGE LINE
40' SETBACK
25' SETBACK
8' SETBACK
40' PUBLIC R/W
CITY OF CHARLOTTE
PAW CREEK TWSP.
CHARLOTTE-MCK. BOARD OF EDUCATION
WATTS 336 - 139
HUTTON 5701 - 016
HUTTON 235 - 148
J.C. TYSON 1654 - 089
DALE 3058 - 809
LONG 678 - 148
LONG 4881 - 63
MOORE 3656 - 351
BYRUM 4037 - 97
CLIFFE 4167 - 158
OUTLET 1 W/ FLARED ENDS & RIP RAP APRON (DETAIL 20.23)
OUTLET 2 W/ FLARED ENDS & RIP RAP APRON DETAIL 20.23
ROCK CHECK DAM DETAIL 30.10
PROPOSED GRASS DITCH WITH 6' SIDE SLOPES LINED WITH 6" RIP RAP
PROPOSED GRASS DITCH WITH 6' SIDE SLOPES LINED WITH 6" RIP RAP
PROPOSED 6" WATER MAIN
SEE PROFILE FOR SIZE
NOTE: FOR ENTRANCE DURING CONST SEE DETAIL 30.11
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APPROX COMPLETION DATE 12/31/88

APPLICATION FOR AN IMPROVEMENT PERMIT

pd. 200.00
5-14-91
ck. 14320

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: 6341 A
TC: 035 162 26 1
SERIAL: 20565
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 6020 (STREET NO.) Fox Crossing (STREET) ② FILE: 6341 A
③ JURISDICTION: ④ TAX PARCEL NO.: 035 162 26
⑤ SUBDIVISION: ⑥ LOT: 1 ⑦ BLOCK:

OWNER

⑧ NAME: Ernest (FIRST) W. (MIDDLE) Cates (LAST)
⑨ MAILING ADDRESS: 6020 Fox Crossing
⑩ CITY: Charlotte ⑪ STATE: N. C. ⑫ ZIP: 28216
⑬ PHONE: (WORK) ⑭ (HOME) 392-3002

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? 3
㉕ Type?
㉓ Maximum occupancy? 6
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 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: Ernest Cates By [illegible]

Date:

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

Director or Authorized Section Head / Date

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