

12108 MCINTOSH RD

01528205

8/26/08

marliwr

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

FEE: $200.00 Check 2780
DATE: 2/12/96 JC

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

SYKO

✓ TCRT

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 #: 20794

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 015-282-05

STREET ADDRESS: 12108 MCINTOSH DR.

SUBDIVISION OR MOBILE HOME PARK NAME: APPLEWOOD, SECTION 2

LOT NUMBER: 13

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: 1886

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
✓ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

Property owner elected to place ~~model~~ 3 bedroom home on parcel 05 and utilize septic systems on parcel 015-282-05 AND 015-282-06 to meet required drainfield lineal footage and 100% repair. See plot plan dated 4/4/96 & Easement on File.

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

Note: Insufficient area to upgrade system on 05 meet 100% repair & keep house 25' from well.

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: ERWIN CHARLES L.
(LAST) (FIRST) (MI)

ADDRESS: 12108 MCINTOSH DR.

CITY: HUNTERSVILLE STATE: N.C. ZIP: 28078

DAYTIME PHONE: ( ) 875-9459

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: JIM WALTER HOMES, INC. JOHN JOHNSON
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) 399-8317

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: JIM WALTER HOMES, INC. BY: (JJohnson) DATE: 2-12-96

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

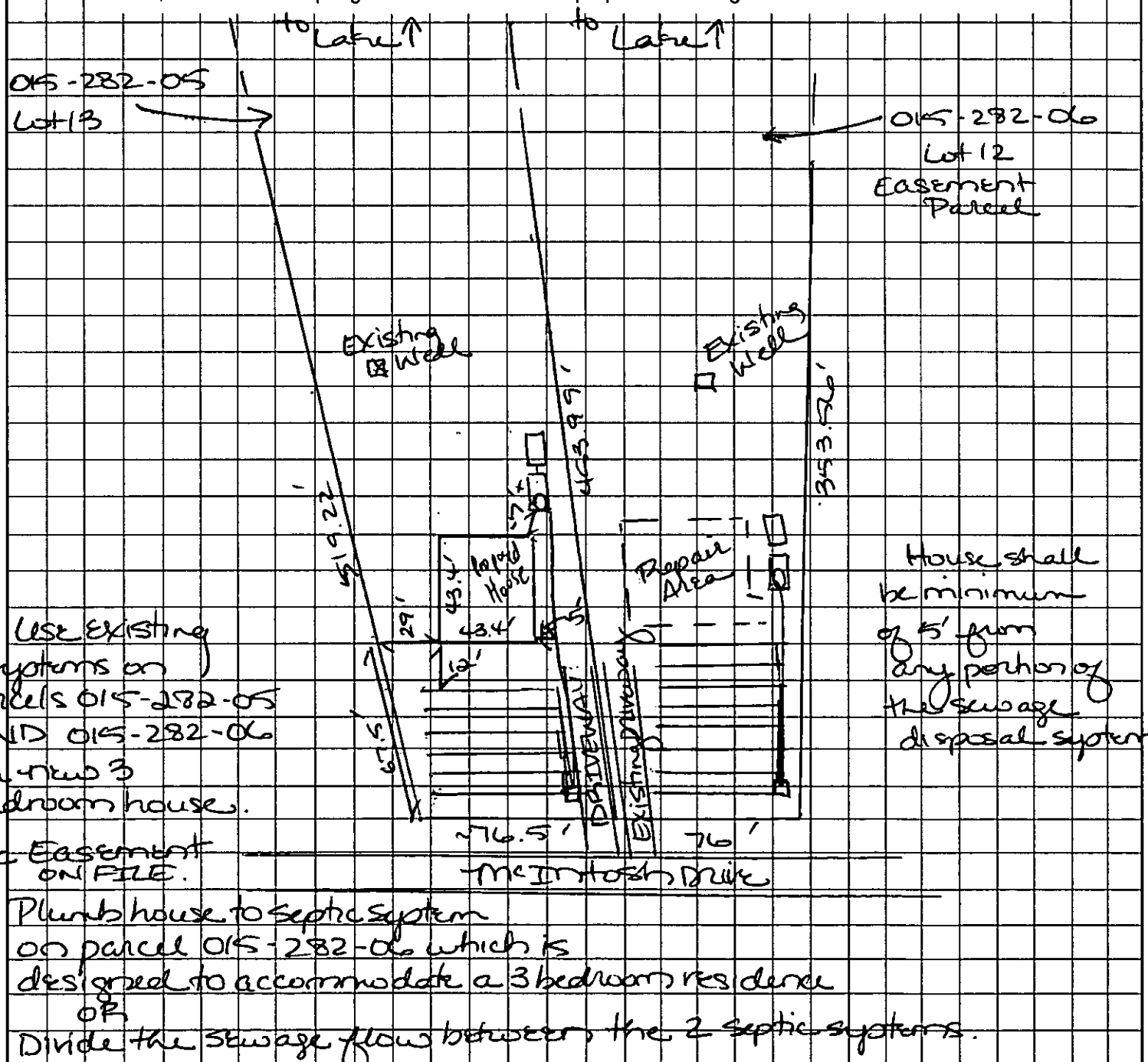
PROPOSED PLOT PLAN

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

FILE: 20794

TC: 015-282-05
(015-282-06 Easement)

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 Charles A. Ewing

DATE 4 April 96

APPROVAL DATE 4/4/96 Joan B. Mialik, RS

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

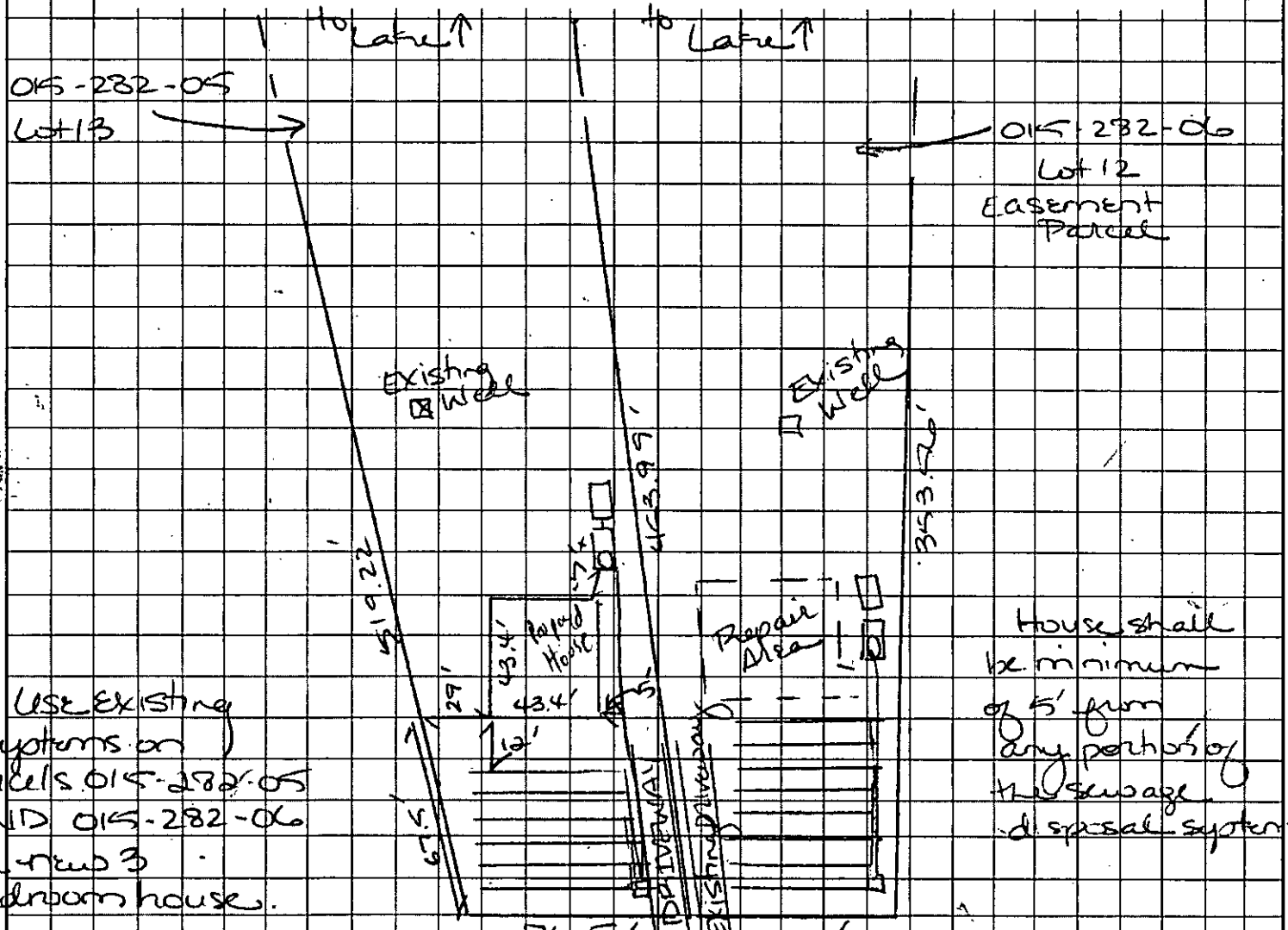
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House shall be minimum of 5' from any portion of the sewage disposal systems

Use Existing systems on parcels 015-282-05 AND 015-282-06 for new 3 bedroom house.

See Easement ON FILE.

Plumb house to septic system on parcel 015-282-06 which is designed to accommodate a 3 bedroom residence

OR

Divide the sewage flow between the 2 septic systems.

OWNER/AGENT SIGNATURE Charles A Ennis

DATE 4 April 96

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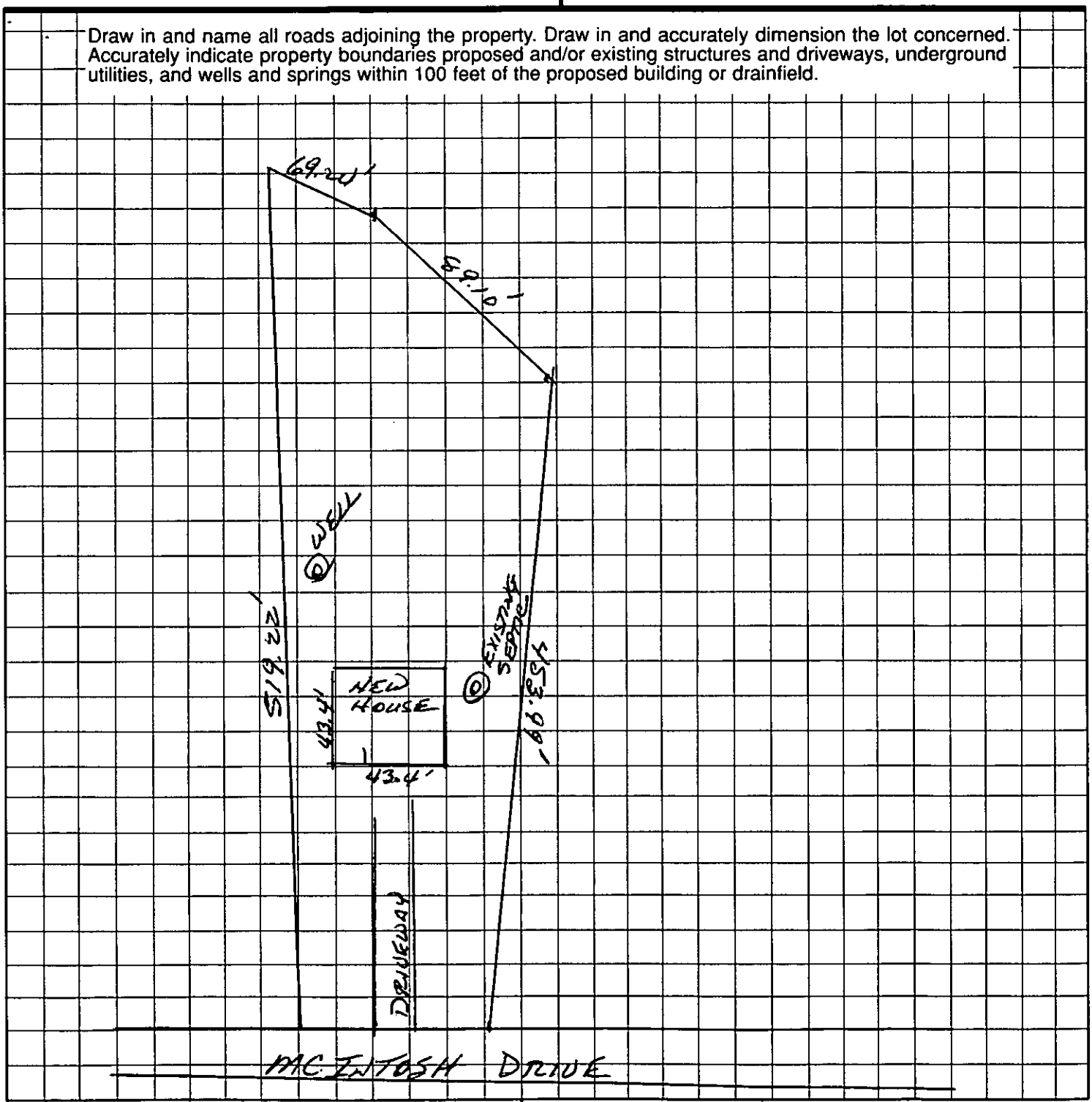
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JIM WALTER HOMES, INC.
BY: J E Johnson
OWNER/AGENT SIGNATURE

DATE 2-12-96

APPROVAL DATE _____

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

File 20794

JUDITH A GIBSON REG OF DEEDS MECK NC
BK: 08527 PG: 0232/0238 #:0403 22.45
FILED FOR REGISTRATION 04/04/96 16:03

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

SEPTIC TANK DRAIN FIELD EASEMENT DECLARATION AND AGREEMENT

This DECLARATION AND EASEMENT made this 20TH day of MARCH, 19 96 by and between CHARLES L. ERWIN AND WIFE JO. S. ERWIN, ("Declarant"), and any and all persons, firms or corporations hereafter acquiring any of the lots referred to herein.

WITNESSETH:

WHEREAS, Declarant is the owner of the Easement Parcel and the Benefitted Parcel, as described herein; and

WHEREAS, Declarant wishes to create a Septic Tank Drain Field Easement to control the development and the use of the Easement Parcel and the Benefitted Parcel for the protection of the owner of the Benefitted Parcel and the future owners thereof.

NOW, THEREFORE, Declarant hereby declares that the Easement Parcel and the Benefitted Parcel, as hereinafter defined, shall be held, sold and conveyed subject to the following Easement, which shall run with such parcels and be binding on all parties having any right, title or interest in such parcels, their heirs, successors and assigns, and shall be binding upon each owner thereof.

Declarant hereby creates an Easement as hereinafter described, to run with the land, upon that certain lot or parcel of land owned by Declarant, referred to herein as the "Easement Parcel", and located in the City of _____, LONG CREEK Township, Mecklenburg County, North Carolina, and more particularly described as follows:

Mecklenburg Tax Parcel No. 015-282-06, as shown on a page of the County Tax Map attached hereto as Exhibit A

Lot 12 Block 2 of APPLEWOOD recorded in Map Book 20 Page 801 (if applicable)

See the plat attached hereto as Exhibit B for the legal description of the parcel labeled thereon as the "Easement Parcel" and of the Septic Tank Drain Field Easement Area. It being the intent that the entire easement parcel serve as the easement area.

This instrument was prepared by: CONRAD TROSCH & KEMMY

Mail after recording to: CONRAD TROSCH & KEMMY ROD BOX 78

Declarant hereby imposes said Easement for the benefit of itself as the present owner and for the benefit of future owners of the following lot or parcel of land, referred to herein as the "Benefitted Parcel", situated in the City of _____, LONG CREEK Township, Mecklenburg County, North Carolina, and more particularly described as follows:

Mecklenburg Tax Parcel No. 015-282-05, as shown on a page of the County Tax Map attached hereto as Exhibit A
Lot 13 Block 2 of APPLEWOOD recorded in Map Book 20 Page 801 (if applicable)

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Said Easement shall enable the owner of the Benefitted Parcel to place, if, as and when needed, such need to be determined by the owner of the Benefitted Parcel in his sole discretion, a septic tank and drain field or portions thereof, upon the Septic Tank Drain Field Easement Area on the Easement Parcel and to inspect, maintain, repair and replace the components of said septic tank and drain field at any time and from time to time. If the Easement Area also includes a connector strip for ingress and egress, the owner of the Benefitted Parcel shall have the right to use said connector strip for access as needed. ***This Easement may not be altered, amended or cancelled without the express written permission of the Mecklenburg County Health Department, which written permission must be part of any document recorded to alter, amend or cancel this Easement.*** This Easement shall automatically expire, however, should the owner of the Benefitted Parcel ever hook up the structure located or to be located on the Benefitted Parcel to a public or community sanitary sewage system but shall otherwise be perpetual.

Declarant as the owner of the Easement Parcel acknowledges that the Septic Tank Drain Field Easement Area cannot be used and will not be used for any of the following activities or in any of the following ways:

- Grading or filling
- Parking or driving heavy equipment in the area or in any other way compacting the soil in the Area
- Excavating soil from the Area
- Placing footings or foundations or engaging in any other construction activity in the Area
- Placing in-ground or above-ground swimming pools in the Area
- Placing irrigation systems in the Area
- Placing underground utility lines or cables in the Area
- Planting trees or gardens in the Area
- Removing any large trees in the Area unless dead or diseased
- Using the area for the burial of stumps, trash, or any other type of construction material
- Using the Area for gravesites

-- Diverting the natural flow of water onto the Area by way of drainage ditches or diversion ditches or using the Area to receive water from any gutter or downspout discharges

IN WITNESS WHEREOF, the Declarant has hereunto set his/her/their hand(s) and seal(s), or, if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by the authority of its Board of Directors, the day and year first above written.

DECLARANT

_____ (SEAL)
(Corporate Name) CHARLES L. ERWIN

BY: _____ (SEAL)
_____ President JO. S. ERWIN

ATTEST: _____ (SEAL)

_____ (SEAL)
_____ Secretary (Corporate Seal)

SEAL-STAMP North Carolina, MECKLENBURG County

I, a Notary Public of the County and State aforesaid, certify that CHARLES L. ERWIN AND WIFE JO S. ERWIN, Declarant, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 4TH day of APRIL, 1996.

My Commission Expires: DEC. 6, 1997 _____ (Notary Public)

SEAL-STAMP North Carolina, _____ County

I, a Notary Public of the County and State aforesaid, certify that _____ personally came before me this day and acknowledged that _he is _____ Secretary of _____, a _____ corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal and attested by _____ as its _____ Secretary. Witness my hand and official stamp or seal, this _____ day of _____, 19___.

My Commission Expires: _____ _____
(Notary Public)

This document is not to be recorded until approved by the Mecklenburg County Health Department.

APPROVED AS TO THE SEPTIC REPAIR AREA REQUIREMENTS:

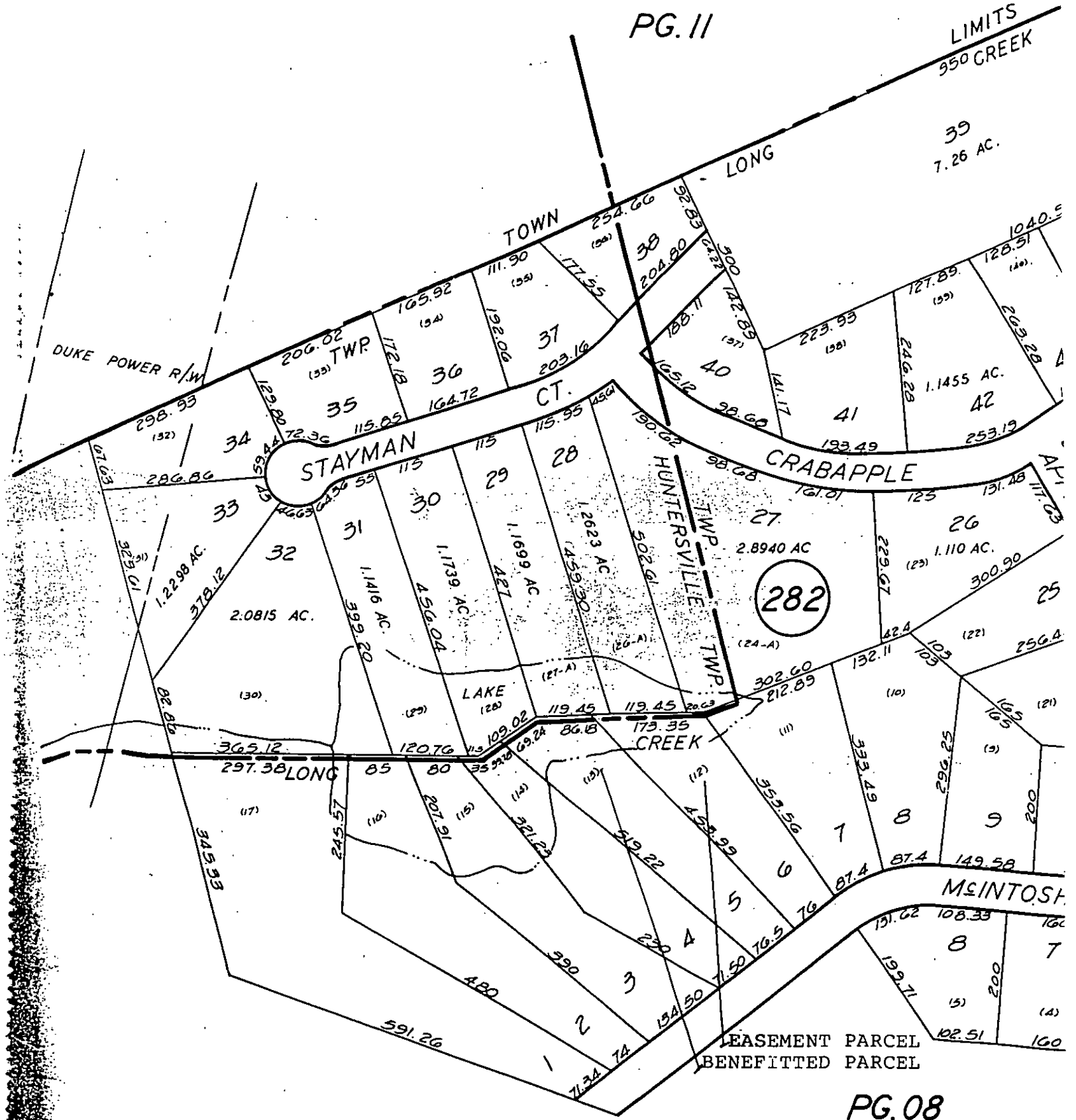
MECKLENBURG COUNTY HEALTH DEPARTMENT

BY: Lisa B. Mialik RS DATE: 4/4/96

Lisa B. Mialik
(print name)

Approval by the Mecklenburg County Health Department does not certify or extend to matters of title. The purchaser of property subject to or affected by this easement is responsible for ascertaining all matters affecting the validity and enforceability of this instrument.

Exhibit A



FOR TAX PURPOSES ONLY



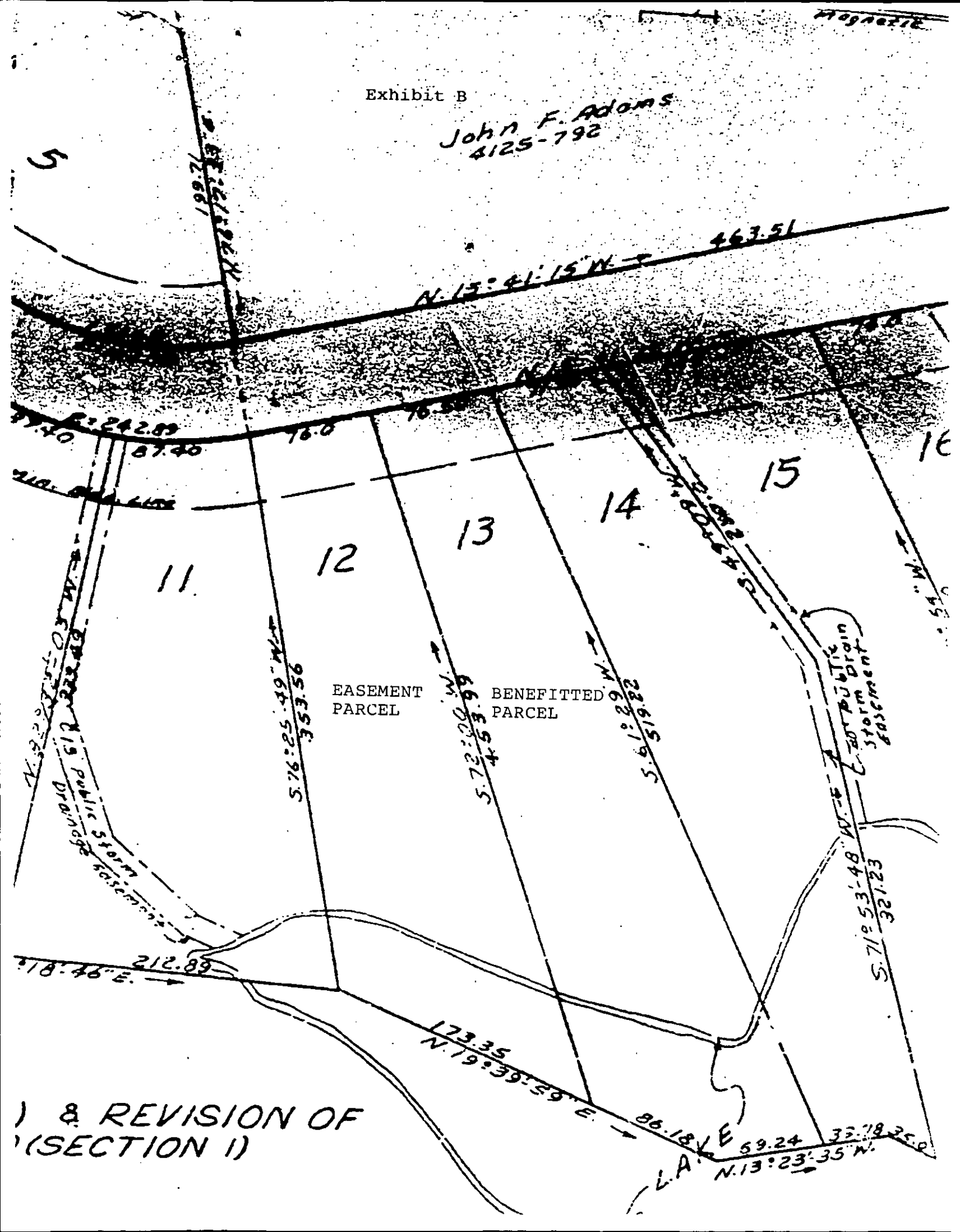
Imaging Solutions and Services, Inc

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Poor Original

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ISSI Operations Center Staff


Exhibit B
John F. Adams
4125-792
5
463.51
N.13°41'15"W.
242.89
87.40
76.0
15
16
11
12
13
14
EASEMENT PARCEL
BENEFITTED PARCEL
S.16°25'49"W.
353.56
S.72°30'00"W.
S.9°19'22"W.
229.69
Storm Drainage Easement
S.71°53'40"E.
322.23
Drainage Public Storm Easement
212.89
N.18°48'E.
173.35
N.19°39'59"E.
86.18
59.24
N.13°23'35"W.
L.A.
) & REVISION OF
(SECTION 1)

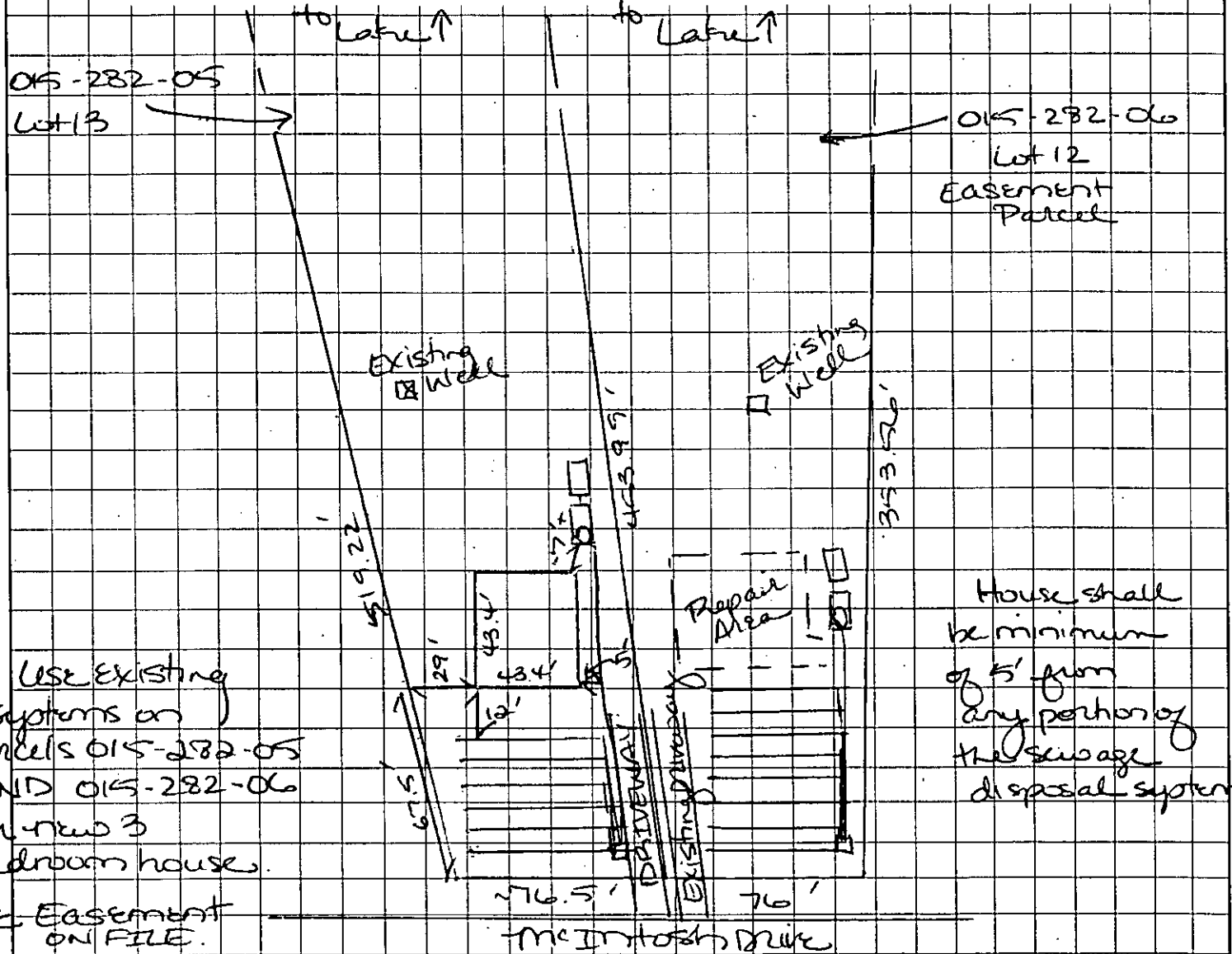
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PHONE (704) 336-5102

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OWNER/AGENT SIGNATURE

DATE 4 April 96

APPROVAL DATE 4/4/96 Joe B. Mialik, RS

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

File 20794

CONRAD TROSCH & KEMMY

ATTORNEYS AT LAW

T. C. CONRAD (RETIRED)
LOUIS A. TROSCH, SR.
MICHAEL J. KEMMY
GARY L. LOFLIN
WILLIAM CONRAD TROSCH
LOUIS A. TROSCH, JR.
MINETTE C. TROSCH

SUITE 405, PARK VIEW BUILDING
5821 FAIRVIEW ROAD
CHARLOTTE, NC 28209-0919
PHONE (704) 553-8221
FAX (704) 553-7689

LITIGATION/DOWNTOWN OFFICE
SUITE 809 CAMERON BROWN BLDG.
301 S. McDOWELL STREET
CHARLOTTE, NC 28204
PHONE (704) 553-8221
FAX (704) 331-0595

FAX COVER SHEET

To: Lisa Mialk

From: Gary Lyles

Date: 4-2-96 ~~3-26-96~~

Fax #: 336 - 6894

Message:

Revised

Re: Easement

Jo S. Erwin

# of pages (including cover sheet) ~~6~~ 7

If the number of pages indicated above is not received or if there are any other problems, please call (704) 553-8221.

****

CONFIDENTIALITY NOTICE

The information contained in this facsimile message is legally privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this telecopy is strictly prohibited. If you have received this telecopy in error, please immediately notify us by telephone and return the original message to us at the above address.

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

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This instrument was prepared by: CONRAD TROSCH & KEMMY

Mail after recording to: CONRAD TROSCH & KEMMY ROD BOX 78

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IN WITNESS WHEREOF, the Declarant has hereunto set his/her/their hand(s) and seal(s), or, if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by the authority of its Board of Directors, the day and year first above written.

DECLARANT

_____ (Corporate Name)

BY: _____ _____ President

ATTEST: _____ Secretary (Corporate Seal)

_____ (SEAL)
CHARLES L. ERWIN

_____ (SEAL)
JO. S. ERWIN

_____ (SEAL)

_____ (SEAL)

SEAL-STAMP

North Carolina, MECKLENBURG County

I, a Notary Public of the County and State aforesaid, certify that CHARLES L. ERWIN AND WIFE JO S. ERWIN, Declarant, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this _____ day of _____, 19__.

My Commission Expires: _____ _____ (Notary Public)

SEAL-STAMP North Carolina, _____ County

I, a Notary Public of the County and State aforesaid, certify that _____ personally came before me this day and acknowledged that _he is _____ Secretary of _____, a _____ corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal and attested by _____ as its _____ Secretary. Witness my hand and official stamp or seal, this _____ day of _____, 19___.

My Commission Expires: _____ _____
(Notary Public)

This document is not to be recorded until approved by the Mecklenburg County Health Department.

APPROVED AS TO THE SEPTIC REPAIR AREA REQUIREMENTS:

MECKLENBURG COUNTY HEALTH DEPARTMENT

BY: _____ DATE: _____

_____
(print name)

Approval by the Mecklenburg County Health Department does not certify or extend to matters of title. The purchaser of property subject to or affected by this easement is responsible for ascertaining all matters affecting the validity and enforceability of this instrument.

Exhibit A

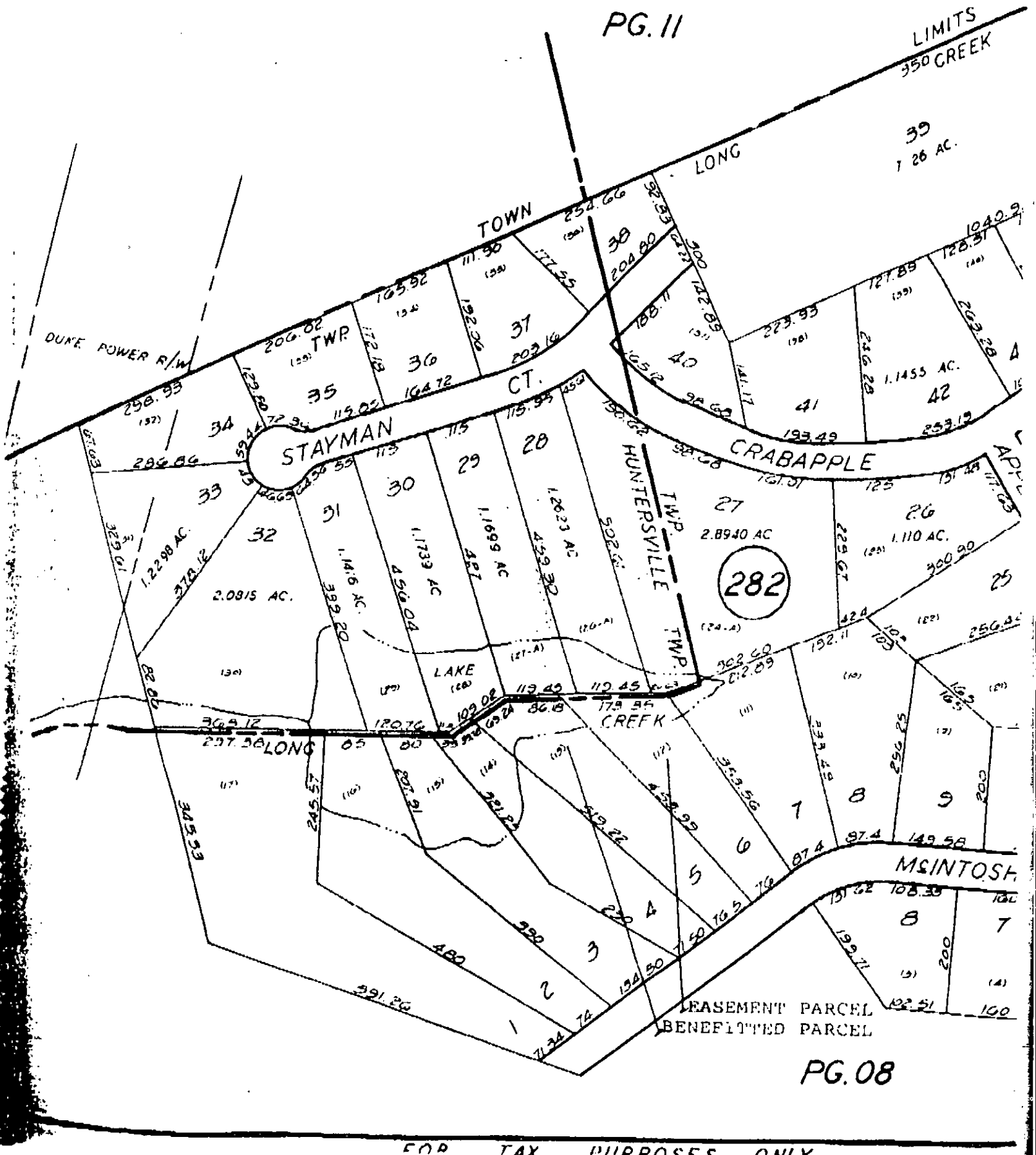
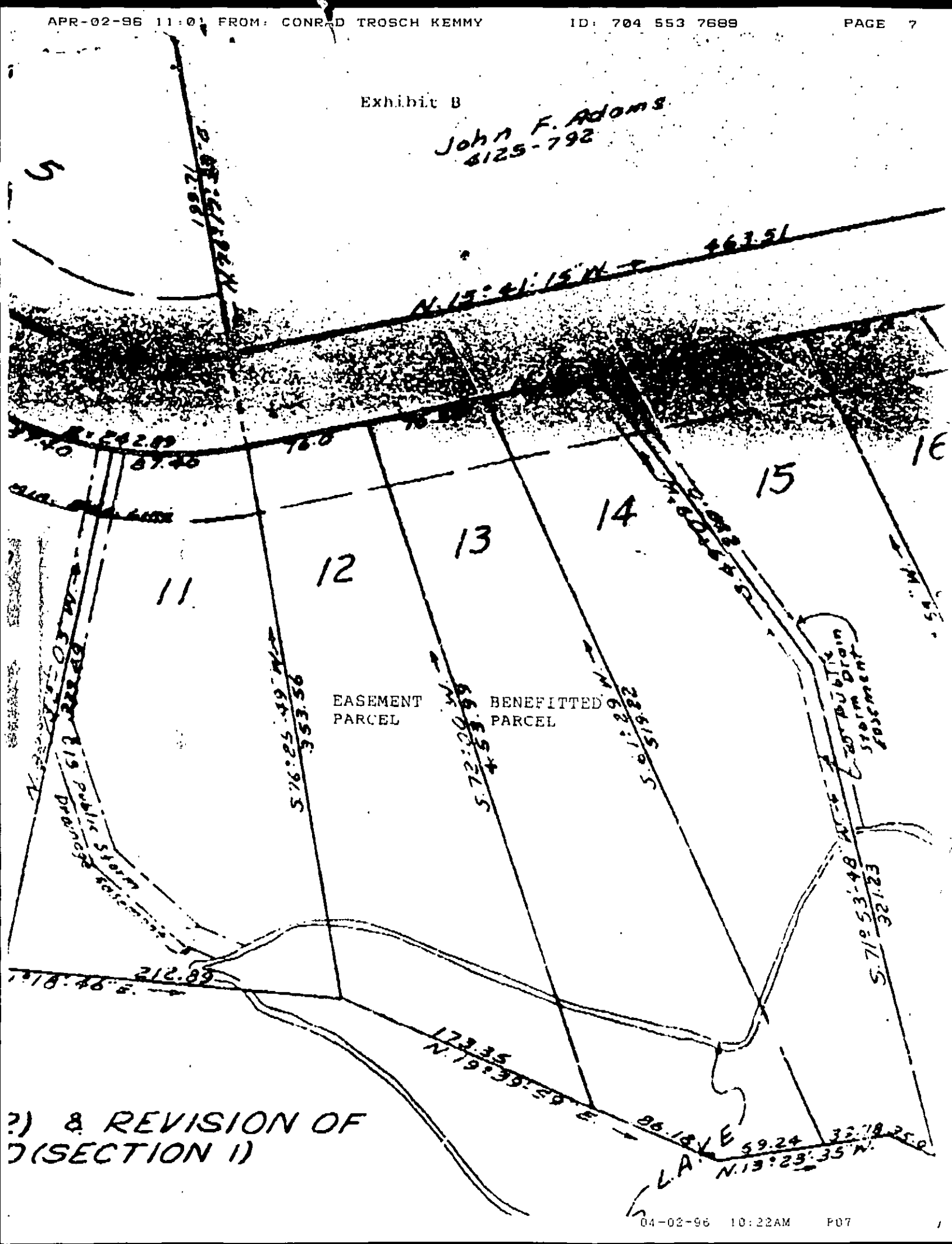

PG. 11
LIMITS
350 CREEK
LONG
39
7.26 AC.
TOWN
DUKE POWER R/W
TWP.
35
36
37
38
40
41
42
1.1455 AC.
STAYMAN
CT.
CRABAPPLE
34
33
32
31
30
29
28
27
2.8940 AC
282
26
1.110 AC.
25
2.0815 AC.
1.2298 AC
1.1416 AC.
1.1739 AC
1.1699 AC
1.2623 AC
HUNTERSVILLE
TWP.
LAKE
CREEK
LONG
MCINTOSH
8
9
7
6
5
4
3
2
1
EASEMENT PARCEL
BENEFITTED PARCEL
PG. 08
FOR TAX PURPOSES ONLY

Exhibit B



?) & REVISION OF
)(SECTION 1)

Easement Parcel to File 20794

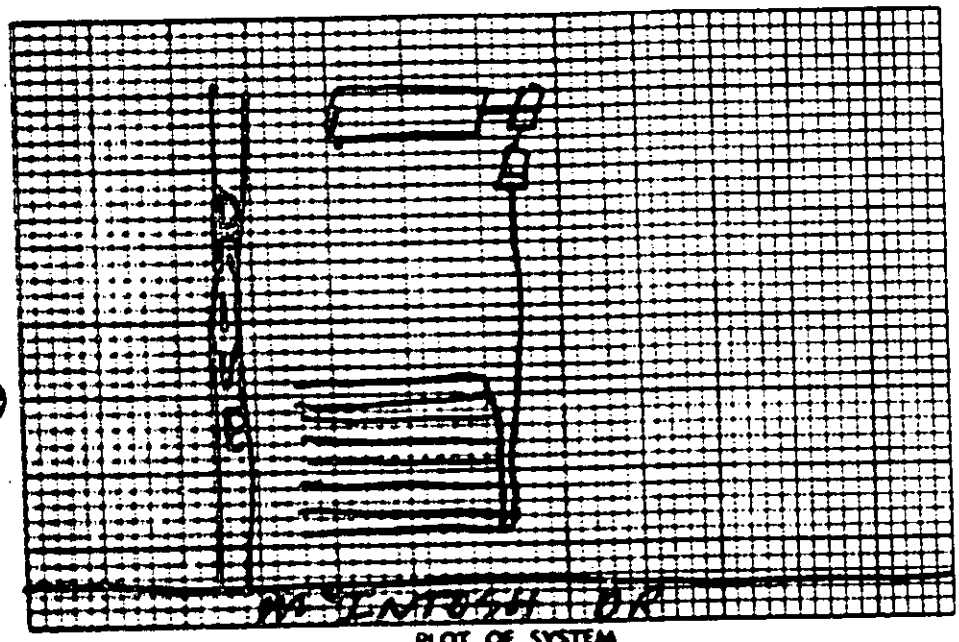
Date Issued 2-17-86 Serial No. 08980 ICAR(S) Permit No. 20793

T. C. No. PC 015-081-01

Map Date ✓

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

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 application 20793, dated 1-14-86 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 3-17-86, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS

Liquid Capacity of Tank 1500 + 1000

Tank Construction PCC

Absorption and/or Nitrification Lines:

Total Line Length 400'

Number of Lines 8 x 50'

Distance from House 5'+

Distance from Property Line 10'+

Distance from Well 50'+

NAME OF OWNER ROZELLE, PAUL L.

LOCATION OF PROPERTY 12100 McINTOSH DR

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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.

8 lines x 52' long x 3' wide x 12" rock w/stone cover of gal bands

Comments:

B Hamilton
Division or Section Head

Kelly Randall
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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

Environmental Health Department's Copy

Date Issued 3-29-85

Serial No. 07978

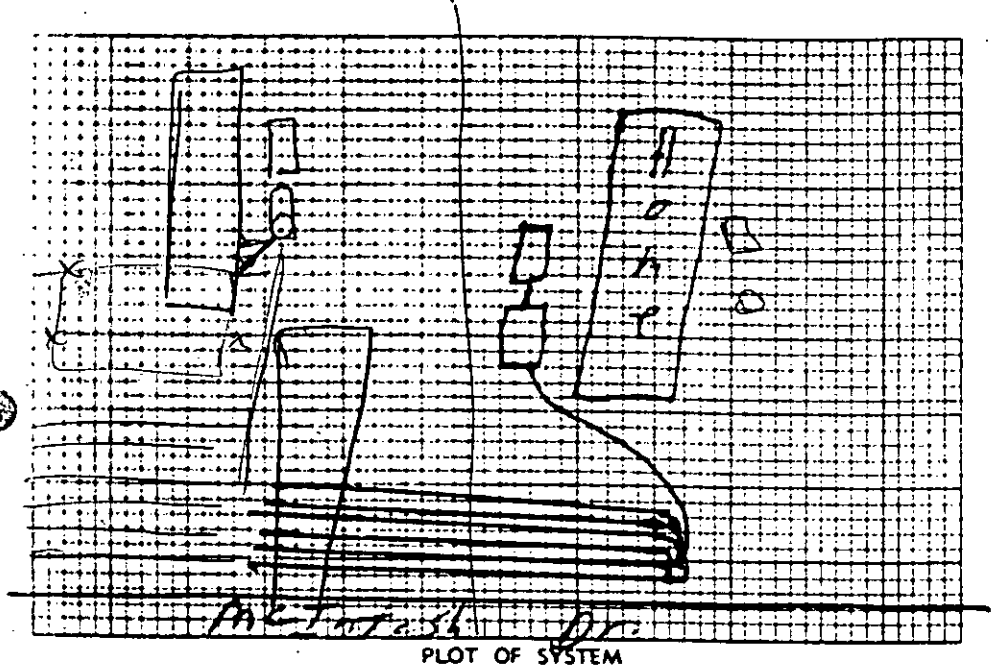
ICARUS Permit No 20794

T C No. 085-031-0

Map Date ___

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to C Install or Construct, ___ Alter or Repair the individual septic tank waste water 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 application 20794 dated 2-14-85 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 4-29-85, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate IVa

Liquid Capacity of Tank 1500 gal. 1000 gal.

Tank Construction Pvc

Absorption and/or Nitrification Lines

Total Line Length 270'

Number of Lines 5 X

Distance from House 5'

Distance from Property Line 10'

Distance from Well 250'

NAME OF OWNER Erwin, Charles

LOCATION OF PROPERTY 12108 McIntosh Dr.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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.

5 X Trenches 45' X 3' X 12" Stone, Lift Station required

Comments:

B. Hardister
Division or Section Head

Jim Evans
Environmentalist

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EHD-5-76

Environmental Health Department