

22601 TORRENCE CHAPEL RD

00115137

6/6/08

marliwr

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

Paid $100 10/8/02

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

AC Land

[ ] 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 9848

PERSON FILING APPLICATION:

NAME: Beaty (last) James (first) Alan (mi)

ADDRESS: 22601 Torrence Chapel PHONE: (704) 895 8602

CITY: Charlotte STATE: NC ZIPCODE: 28216

Date:

PROPERTY OWNER:

NAME: Same (last) (first) (mi)

ADDRESS: _____ PHONE: (___) _____

CITY: _____ STATE: _____ ZIPCODE: _____

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 00115137

STREET ADDRESS: 22601 Torrence Chapel Cornelius NC 28031

ZONING: RS

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[redacted]

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)

[redacted]

[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Utility Building

[redacted]

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

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

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)
[X] Municipal (M) [ ] Other 'spring' (O)
[ ] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

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

Signed: Allen Beaty Date: 10/08/02

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.

... O.K. to use existing system for detached utility building.

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

Tommy Medlock R.S. 10/23/02
Environmentalist Date

WATER : 122791

9548 - Fish

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

LOCATION

STREET # (N,S,E,W) 22601 STREET NAME TORRENCE CHAPEL ROAD (AV,RD,ST, etc.)

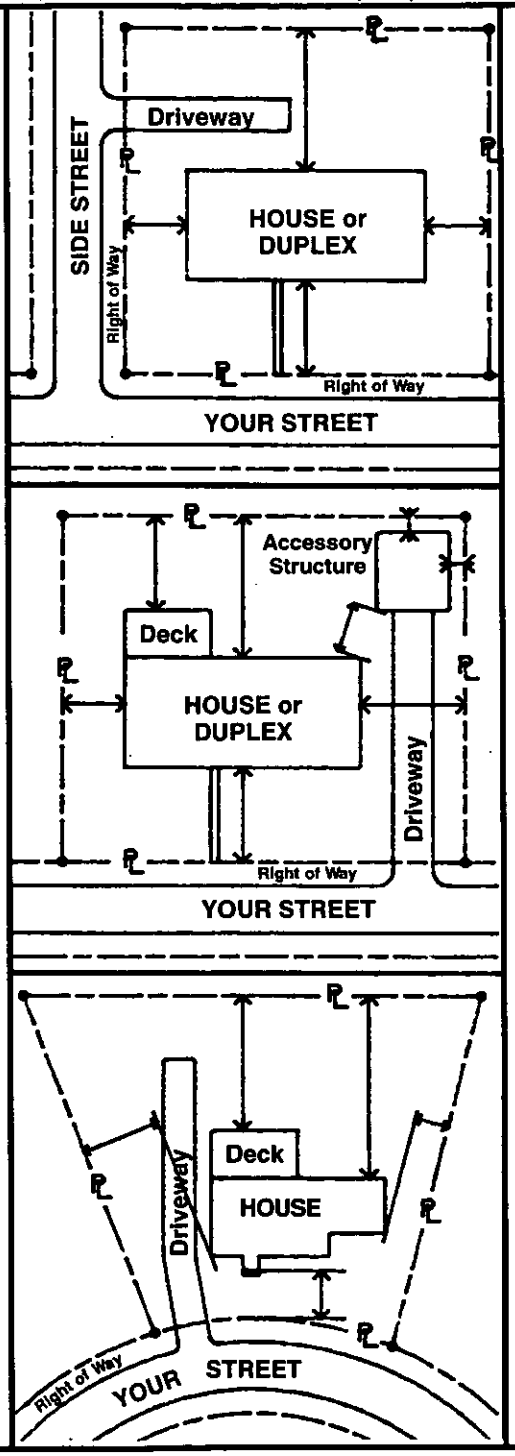
SUITE/UNIT(S):

PERMIT #

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

TAX PARCEL # 00115137 JOB #

EXAMPLES/PLOT PLAN

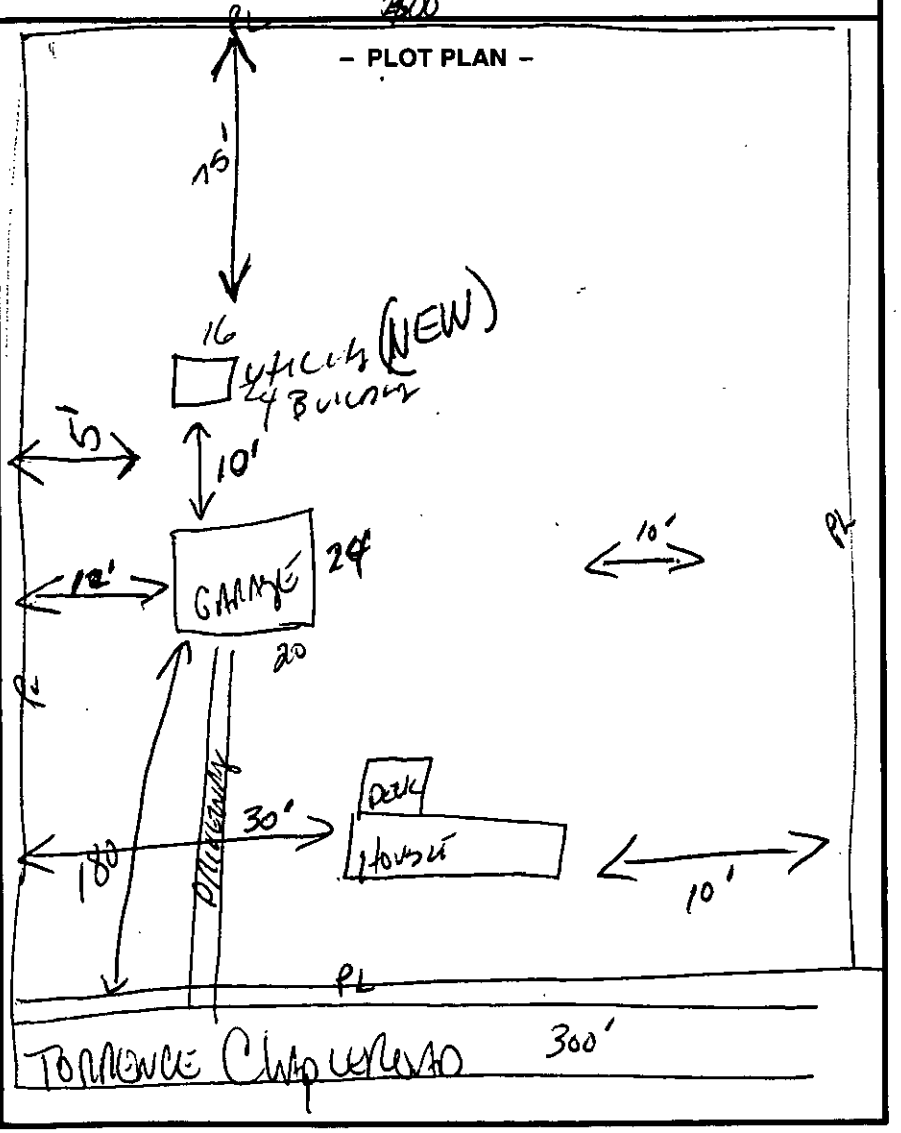


– INSTRUCTIONS –

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

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

– PLOT PLAN –



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

APPLICANT'S SIGNATURE DATE 8/8/03 PRINT APPLICANT'S NAME ALAN BENTLY

APPROVED BY

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

PLOT

ORIGINAL

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

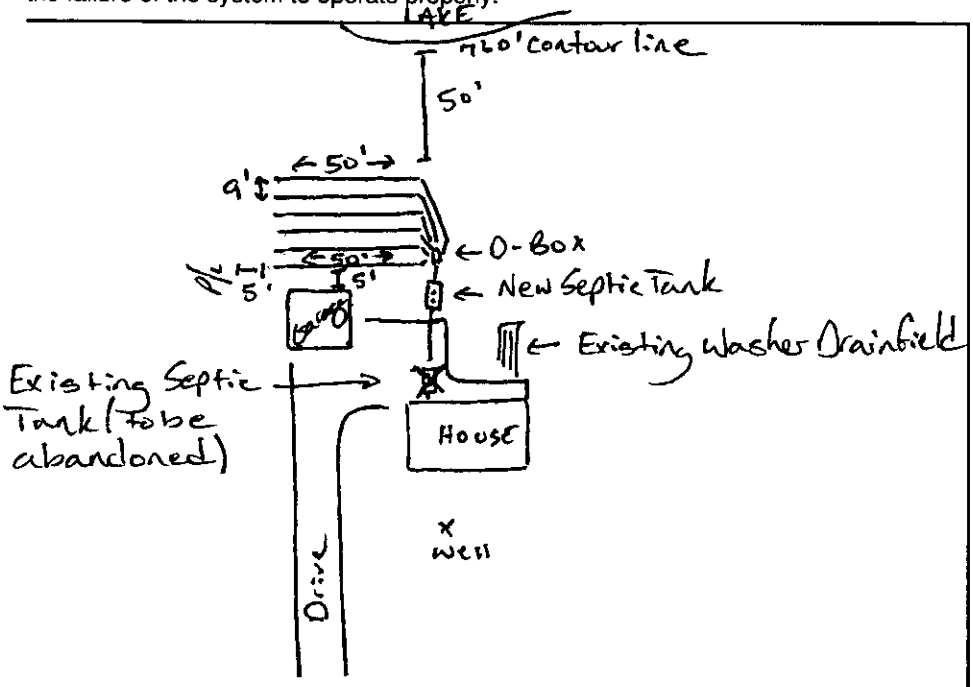
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 9548 DATE: 2-11-98

TC: 001-151-37 X L

SERIAL Nº 17589

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 1-27-98. All work shall be completed on or before 3-11-98, 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 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Trench Depth ≤ 36"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Yes

Total Line Length 300' feet

Number of Lines 6

Depth of Stone N/A use Group I, II, or III bedrock 11 inches

Distance from House 15 feet

Distance from Property Line 5 feet

Distance from Well > 50 feet

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

NAME OF OWNER James & Terry Beatty

LOCATION OF PROPERTY 22601 Torrance Chapel Road

Comments: Type III g alteration 3 bedrooms
(6) 3'W x 50'L x ≤ 36" d

Larry B. Thompson, Jr., R.S.
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT'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: 9548 DATE: 6-16-98

TC: 001-151-37 ☒ L ☒ CRT

SERIAL Nº 17643

Name of Owner JAMES BEATTY Juris.: _____

Address of Property 22601 TORRENCE CHAPEL RD

Inspection Data:

Tank Material PCC

Total Length of Drainfield 270

Number of Lines 6 @ VARIOUS

Cover Depth 20"

Water Supply Source WELL

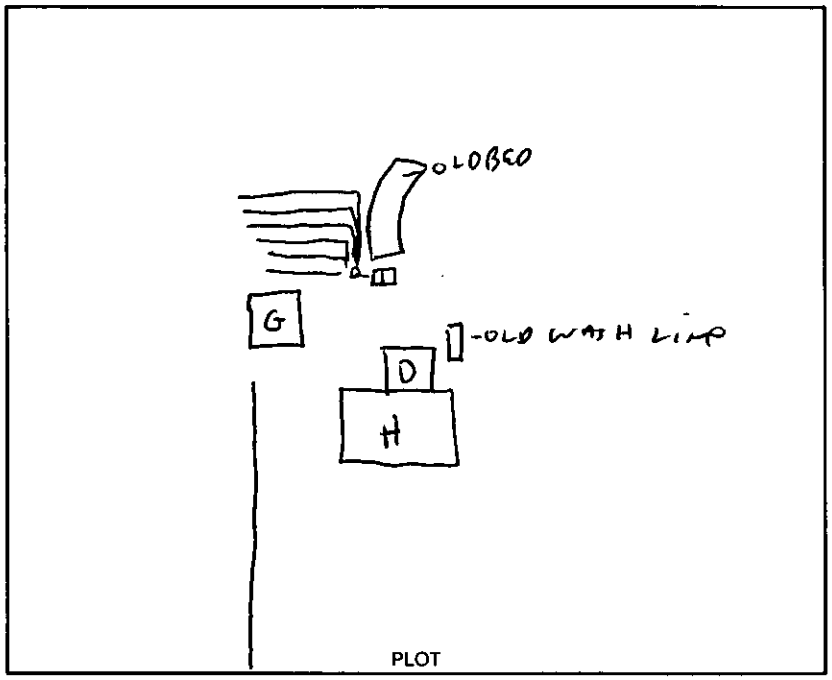
Distance to Water Source 50 FT

Excavation Inspected 6-16-98

Tank(s) Inspected 6-16-98

Wash Line Inspected ✓

High Water Alarm Inspected ✓



Design 1998 ALTERNATIVE 810 SFT INNOVATIVE CTR# WILLIE CHRISTENBURY

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: _____

Environmental Health Specialist

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

DATE	DESCRIPTION	FEE	PAYMENT	ADJUST-MENT	BALANCE
2/13/98	IWWS SEPTIC SYS	150	150	0	0

PREVIOUS BALANCE	NAME
0	TERRY M. BEATY

This is your RECEIPT for this amount

This is a STATEMENT of your account to date

10187

CK# 1608

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH OFFICE
700 NORTH TRYON STREET
CHARLOTTE, NORTH CAROLINA 28202
TELEPHONE: (704) 336-5102

Thank you

Permit Number: 9548

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 001-151-37

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

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

Any surface waters present: Type: Minimum separation distance:

Site modifications required:

Additional Conditions: - Use group I, II or III backfill if using chambered systems.
- IIg alteration / plumb washing machine into new septic tank

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

900 Absorption Area (Sq ft) 300 Total Trench Length (Ft)	N/A Depth of Stone Trench	9' Trench spacing (min. on centers)	≤36" Maximum Trench Depth

For existing system, enter the year originally installed: 8-11-79

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 Sewage, 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 Improvement permit is transferable.

Larry G. Thompson, Jr. L.S. 2-11-98
DEHNR Authorized Agent Date

Barry D. Simmon 2-11-98
Owner/Agent Signature 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

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 2-11-98 PERMIT NO: 9548

PARCEL NO: 2091-151-37

JOB LOCATION ADDRESS: 22601 Torrance Chapel Road

PROPERTY OWNER: James & Terry Beatty

BUILDING CONTRACTOR: _____

SUBDIVISION NAME: _____

AUTHORIZATION ISSUED BY: Larry B. Thompson Jr., R.S. DATE: 2-11-98

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 9548, 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: See Conditions of Improvement Permit

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.

Barry D Sigmon 2-11-98.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd 50 pd 1/27/98 [] 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 9548

PERSON FILING APPLICATION:
NAME: Beaty (last) Terry (first) m (mi)
ADDRESS: 22601 Torrence Chapel Rd PHONE: (704) _____
CITY Cornelius NC STATE: ZIPCODE: 28031

Date:

PROPERTY OWNER:
NAME: Beaty (last) James & Terry (first) (mi)
ADDRESS: same PHONE: (__) _____
CITY: same STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-151-37
STREET ADDRESS: 22601 Torrence Chapel Rd.
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres): Built 1978

TYPE APPLICATION (check one):

[redacted]
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)

[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
enlarging deck
[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: 3
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 [X] 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: Terry m Beaty Date: 1-27-98

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.

...

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

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WATER : 122791

L.I.

COPY

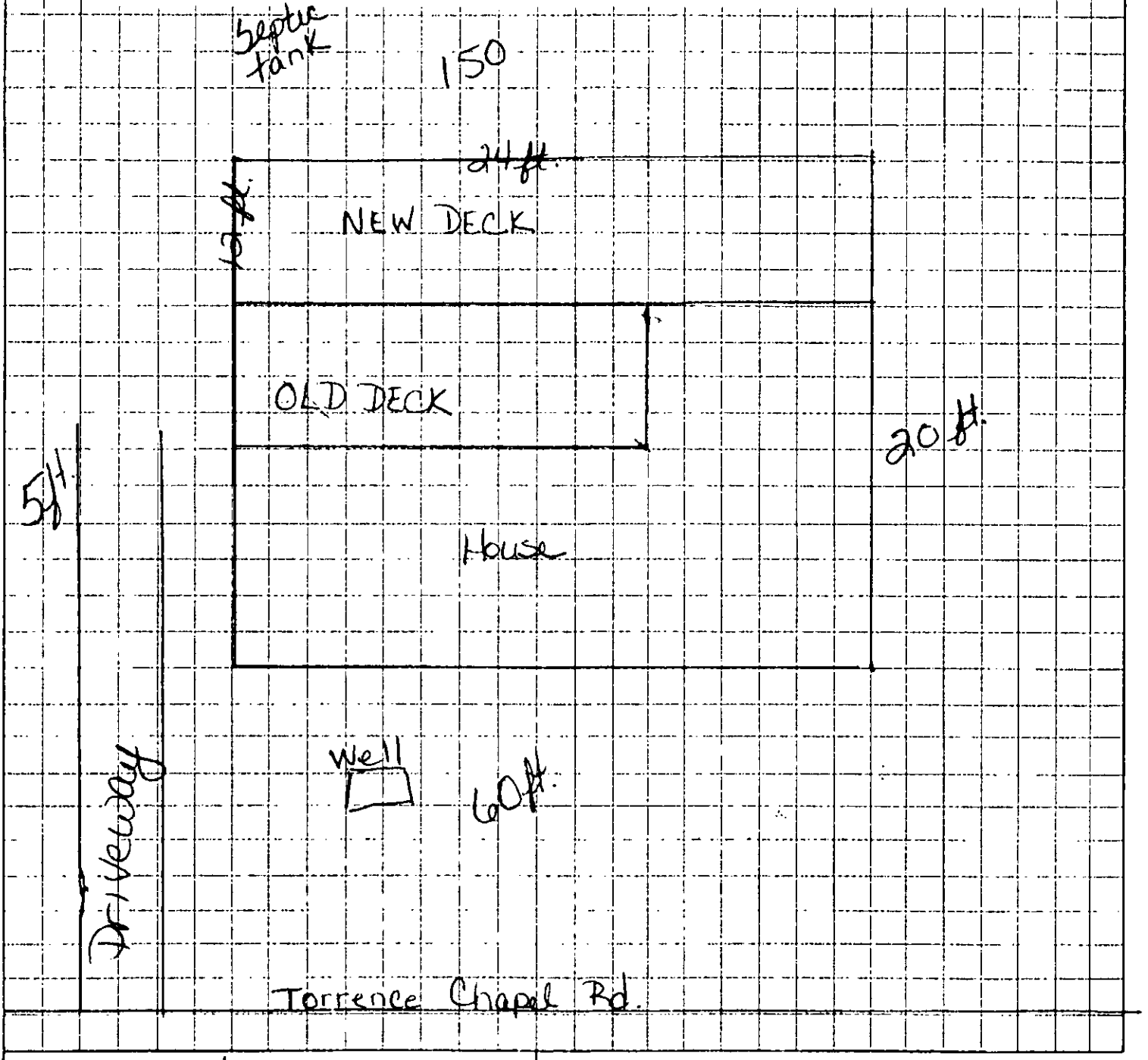
PROPOSED PLOT PLAN

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

FILE: 9548

TC: 001-151-37

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.



Terri Beaty
OWNER/AGENT SIGNATURE

DATE 9-22-98

APPROVAL DATE _____

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

Mecklenburg County
Health Department

M E M O R A N D U M

TO: Susan Uzzell
Accountant II

FROM: Sylvia D. Daniel, R.S.
Program Chief

Date: November 13, 1996

Ref: File #9548

SUBJECT: Refund

(Mr./Mrs./Co.) Timothy Rohan originally paid $200.00

for Alteration of Septic System on Sept. 24, 1996

check #519.

A refund should be issued for $165.00 because

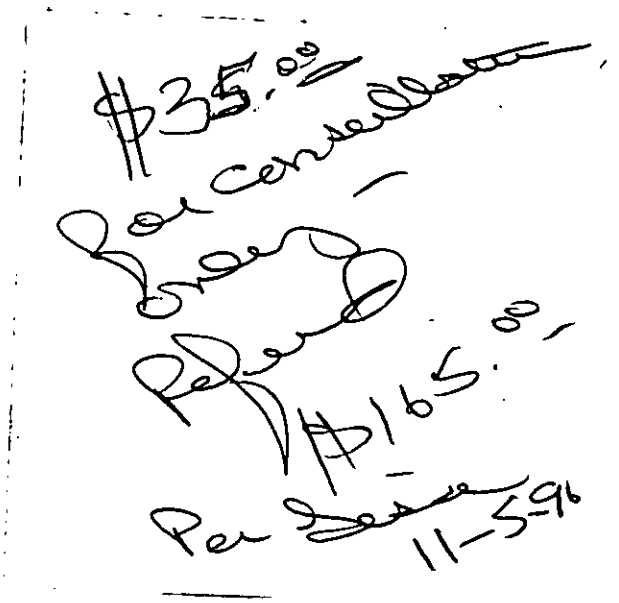
Ms. Mialik completed a consultation only on the property. Fee for

consultation is $35.00.

Please make check payable to: Timothy Rohan

8801 J.M. Keynes Drive Suite #260

Charlotte, North Carolina 28262


$35.00
for consultation
$165.00
Per Steve
11-5-96

See original - Retained as part of ... (340
SERVICE REQUEST/WORK ORDER
LD400 PG 1502

Log No.: per request Section: IWWS Hazard? [ ] Yes [ ] No

Date: 9/20/96 Parcel: 001-151-37 <60 Days? [ ] Yes [ ] No

REQUESTING PERSON: Buyer's Agent Tonya Sawyer - Lake Property Seller's Agent Tim Pothan - Kennedy Phone (of) 892-5518 pager 515-1766

Address ____ City ____ Zip ____ pager 859-3129 (of) 549-3000

PROPERTY CONCERNED: Facility Name File 9548

Address 22601 Torrence Chapel City ____ Zip ____

SERVICE REQUESTED: ....

ASSIGNED TO: ____ TAKEN BY: ____

DATE	ACTIVITY REPORT
9/24/96	PC w/Pothan - Sawyer - owner needs to submit alteration application.
9/27/96	OSV. No one present
9/30/96	OSV. Current owners, Mr + Mrs. Wayne Roberts present.
9/30/96	PC w/Tim Pothan + Tonya Sawyer. Relayed info. to J. Fiser for ~~further discussion/clarification w/Mrs. Sawyer~~ Spoke w/Ms Sawyer by telephone. Advised that Septic System & Washer System would require upgrade for 4 bd Lisa Malik could not fully determine that both Systems could be upgraded without further in-depth work on lot. (Note: Closing for Property was Today 9/30/96 at 4 pm) Inadequate Time Was Given by Applicants to Study lot, existing System and develop, if possible, A Plan for upgrade. Per Lisa At this point leave residence as is 3 bedroom, Allow Small remainder of Trees on Property for repair, if needed in the future. According to the Survey given to Lisa there Appears to have been more land added to the lot since the Original lot System were developed. This was Confirmed w/Ms. Sawyer today 9/30/96. This would thereby place the lot in the requirement of Rule .1945 C(1). This Rule Apparently Cannot be met on this lot due to insufficient Space. — Judy Kiser 9/30/96

NOTIFICATION TO REQUESTING PERSON: ( ) Written ( ) Verbal ( ) Not Applicable

COMPLETED BY: Joe B. Malik, RS, 11/5/96

REVIEWED BY: ____

SERVICE REQUEST/WORK ORDER

Date: 9/20/96 Log No.: 001-151-37

DATE	ACTIVITY REPORT
10/30/96	PC w/ Tim Puthan; Stated buyers backed out + House still on market - surveying for sewer now. No longer issue to expand system. Per Mr. Puthan, reimbursed by the Roberts for alteration fee. Will fax Letter to me requesting that refund be mailed to the Roberts for
11/5/96	OC w/ L. Whittaker. Will process refund to Mr. Puthan. (consultation charge per Mialik)

c:/original/serreqp2.frm

File 9548

8801 N. Mourne Rd Suite 260 28262

FAX #: 704-892-4040

LAKE PROPERTIES LIMITED

FACSIMILE TRANSMISSION

DATE 9/24/96 NUMBER CALLED 336-6894

Please deliver the following pages to:

NAME Lisa Malik

LOCATION

FROM Tanya Sauer

TOTAL NUMBER OF PAGES (Including cover sheet) 2

CLIENT/SUBJECT 22601 Torrence Chapel
File # 9548

If you have any questions regarding this transmittal, please contact the sender.

If you do not receive all the pages, please contact _____ at (704) 892-5518.

ADDITIONAL COMMENTS

Lisa, if you need me today please leave me a voice-mail at 892-5518 + I will call you back.

Thanks so much!

Tanya

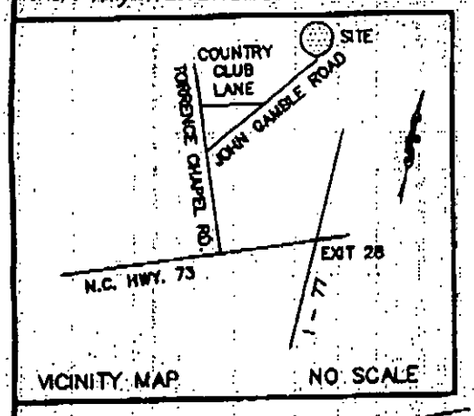
Norman Landing at Lake Norman
19700 Highway 73 West
Cornelius, North Carolina 28031
(704) 892-5518

DAS DON ALLEN & ASSOCIATES, P.A.
ENGINEERING - SURVEYING - PLANNING
933 Brawley School Rd. - Mooresville, N.C. 28115
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 4537, page 664, plat book 12, page 329, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 21, day of AUGUST, A.D. 19 96.

SEAL 3499 REGISTERED LAND SURVEYOR WILLIAM M. ALLEN

William M. Allen RLS



VICINITY MAP NO SCALE

LAKE NORMAN

N 50°28'31" W 52.44'

N 43°08'00" W 29.07'

N 07°22'00" E 10.45'

1/2" PIPE

#4 REBAR

760' CONTOUR LINE PER DUKE POWER COMPANY REF. MTN. ISLAND DWG. NO. 277 DB. 5880 PG. 300

761' CONTOUR LINE PER ACTUAL FIELD SURVEY.

0.10 AC.

58.11'

31.88'

1" PIPE

N 59°07'01" W 90.38'

1" PINCHED TOP IRON

MB. 12 PG. 329

310.22' TOTAL

275.69' TOTAL

60.4'

9.4'

FRAME GARAGE

28.3'

21.4'

252.12'

52.1'

11.4'

CONC. PATIO

11.6'

27.8'

52.1'

CONC. DRIVE

28.1'

2 STORY BRICK & FRAME W/BASEMENT COMP. ROOF

31.3'

243.81'

23.8'

10.7'

11.0'

14.5'

3.0'

17.3'

8.5'

16.8'

PORCH

LOT 24
GEORGE E. ELLER
3009/229

LOT 22
THOMAS L. PRIMM
6154/668

S 42°29'18" W

N 40°37'00" E (BASE BEARING)

LOT 23
0.53 AC.

0' 20' 40' 100'
SCALE IN FEET

#4 REBAR

R/W

1" PINCHED TOP IRON

S 62°34'27" E 100.12'

60.00'

(TIE ONLY) S 66°09'32" E 480.62'

POWER LINE

TORRENCE CHAPEL ROAD (PAVED)

R/W

PK NAIL SET IN THE INTERSECTION OF LAKE VIEW CIRCLE AND TORRENCE CHAPEL ROAD

NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENT AND/OR RIGHTS-OF WAYS OF RECORD.
2) AREA COMPUTED BY THE COORDINATE METHOD.
3) EXISTING 760 & 761 CONTOUR ELEVATION BASED ON LAKE NORMAN LAKE LEVEL AT COWAN'S FORD DAM (READING ON AUGUST 19, 1996) ELEVATION: 758.4'

LEGEND
P.P. = POWER POLE
= DUKE POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
W = WELL

PHYSICAL SURVEY

OF

22601 TORRENCE CHAPEL ROAD

LOT 23 COUNTRY CLUB SHORES NO. 4

LEMLEY TWSP., MECKLENBURG CO., N.C.

SCALE 1" = 40'

ACQUIRED BY: MARK B. DELEGGE

FIELD BOOK: 124
FILE: SM-3143608
TAX MAP NO: 001-151-37

File 9548



FAX #: 704-892-4048

LAKE PROPERTIES LIMITED

FACSIMILE TRANSMISSION

DATE 9/24/96 NUMBER CALLED 336-6894

Please deliver the following pages to:

NAME Lisa Malik

LOCATION

FROM Tanya Sauer

TOTAL NUMBER OF PAGES (Including cover sheet) 2

CLIENT/SUBJECT 2201 Torrence Chapel
File # 9548

If you have any questions regarding this transmittal, please contact the sender.

If you do not receive all the pages, please contact _____ at (704) 892-5518.

ADDITIONAL COMMENTS

Lisa, if you need me today please leave me a voice-mail at 892-5518 + I will call you back.

Thanks so much!

Tanya

Norman Landing at Lake Norman
19700 Highway 73 West
Cornelius, North Carolina 28031
Business: (704) 892-5518

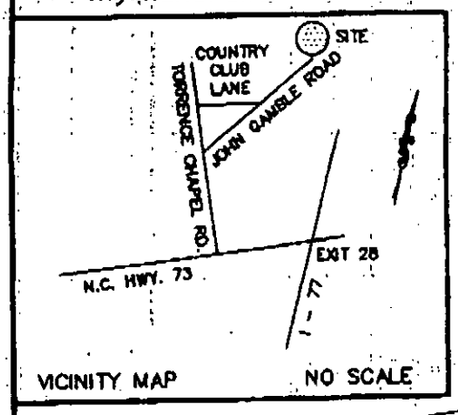
File 9548

DAS DON ALLEN & ASSOCIATES, P.A.
ENGINEERING - SURVEYING - PLANNING
933 Brawley School Rd. • Mooresville, N.C. 28115
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey mode under my supervision recorded in deed book 4537, page 664, plat book 12, page 329, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 21, day of AUGUST, A.D. 19 96

NORTH CAROLINA REGISTERED LAND SURVEYOR WILLIAM M. ALLEN SEAL L-3499

William M. Allen RLS



VICINITY MAP NO SCALE

LAKE NORMAN

N 50°28'31" W 52.44'

N 43°08'00" W 29.07'

N 07°23'00" E 10.45'

1/2" PIPE

#4 REBAR

760' CONTOUR LINE PER DUKE POWER COMPANY REF. MTN. ISLAND DWG. NO. 277 DB. 5650 PG. 300

781' CONTOUR LINE PER ACTUAL FIELD SURVEY.

0.10 AC.

58.11'

31.88'

N 59°07'01" W 90.38'

1" PINCHED TOP IRON

1" PIPE

MB. 12 PG. 329

310.22' TOTAL

139

275.69' TOTAL

60.4'

9.4'

FRAME GARAGE

26.3'

21.4'

252.12'

52.1'

11.4'

CONC. PATIO

11.6'

27.8'

52.1'

CONC. DRIVE

28.1'

2 STORY BRICK & FRAME W/BASEMENT COMP. ROOF

31.3'

243.81'

23.8'

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LOT 23
0.53 AC.

0' 20' 40' 100'
SCALE IN FEET

#4 REBAR

R/W

1" PINCHED TOP IRON

S 62°54'27" E 100.12'

60.00'

POWER LINE

(TIE ONLY) S 66°09'32" E 480.62'

TORRENCE CHAPEL ROAD (PAVED)

R/W

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PHYSICAL SURVEY

OF

22601 TORRENCE CHAPEL ROAD

LOT 23 COUNTRY CLUB SHORES NO. 4

LEMLEY TWSP., MECKLENBURG CO., N.C.

SCALE 1" = 40'

ACQUIRED BY: MARK B. DELEGGE

FIELD BOOK: 124
FILE: SM-3143608
TAX MAP NO: 001-151-37

FEE: 200.00 CK# 519
DATE: 9/24/96 JC

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

( ) 1 CRT

TYPE APPLICATION: ___ NEW SYSTEM X 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 #: 9548

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: 22601 TORRENCE CHAPEL RD

TAX/PARCEL NUMBER: 001 -151 -37

STREET ADDRESS: 22601 TORRENCE CHAPEL RD

SUBDIVISION OR MOBILE HOME PARK NAME: LAKE NORMAN

LOT NUMBER:

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: APPROX 4000

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS:

CLOSING DATE 9/30/96

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

PROPERTY OWNER: [redacted]	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: ROBERTS (LAST) WAYNE (FIRST) (MI)	NAME: ROHAN (LAST) TIM (FIRST) (MI)
ADDRESS: 22601 TORRENCE CHAPEL RD	DAYTIME PHONE: (704) 549 - 3000
CITY: CORNELIUS STATE: NC ZIP: 28031	
DAYTIME PHONE: (704) 432 -4130	

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: Tim Rohan DATE: 9/24/96

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

700 N. TRYON SUITE 211

Pittsylvania Roofing Contractors, Inc.

September 24, 1996

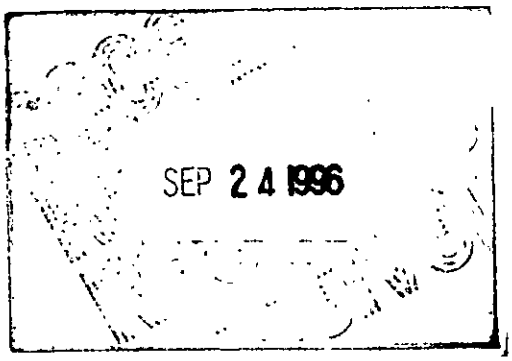
Department of Environmental Health
Mecklinburg County
1200 Blythe Boulevard
Charlotte, North Carolina 28203

This is our authorization for Mr. Tim Kohan of Remax Masters, Inc. to act on our behalf to file an application for improvements to the septic system on our property at 22601 Torrence Chapel Road.

Regards;

Wayne H. Roberts

3961 Spring Garden Road, Chatham, Virginia 24531 (804) 432-4130


SEP 24 1996