

2325 PRIMM RD

03312404

12/31/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 2666B DATE: 3/16/2000

TC: 033 124 04 Po ☒ L ☒ CRT

SERIAL Nº 18260

Name of Owner Larry W Goff Juris.: _____

Address of Property 2325 Prim Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 440'

Number of Lines 5 @ 88'

Cover Depth 12"

Water Supply Source well

Distance to Water Source 110'

Excavation Inspected 3/16/2000

Tank(s) Inspected 3/16/2000

Wash Line Inspected plumb to tank

High Water Alarm Inspected 3/16/00

PLOT

Design 2000, 1500 ST, 1000 DT, PI, CON, 1310 SFT, 12" Stone 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 15A 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 15A 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: Septic System designed for a 3 bedroom residence

Type IIIb

Phillip J. Walker RS.

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

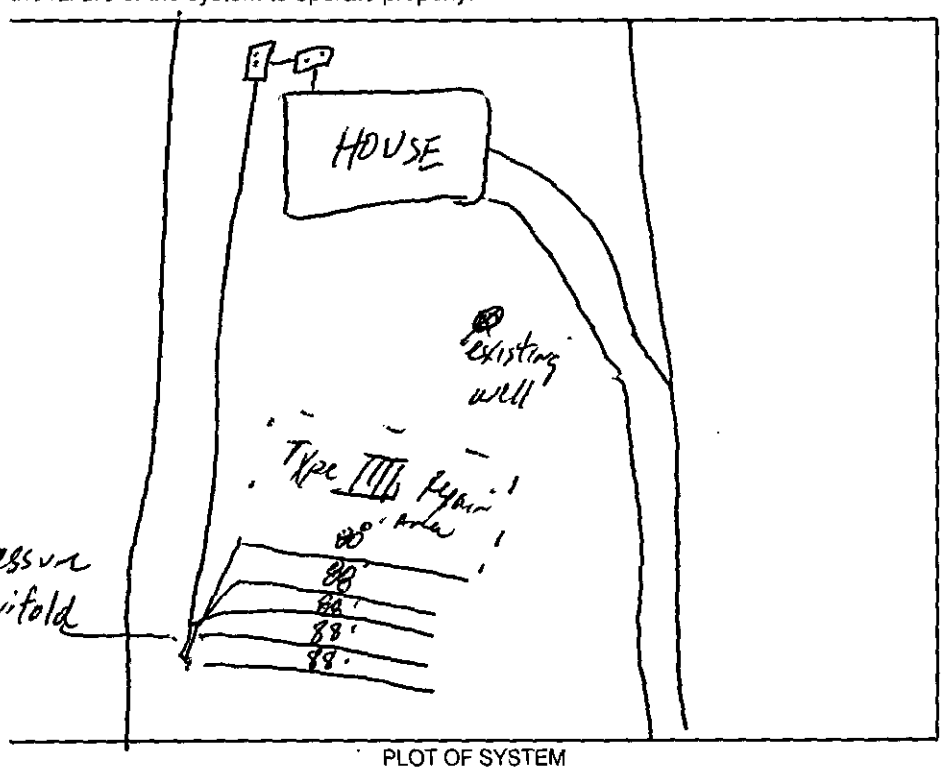
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2666B DATE: 3/10/2000

TC: 033 124 04Po ☒ L

SERIAL Nº 18363

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 9/16/98. All work shall be completed on or before 4/10/2000, 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 1000 gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous Yes

Total Line Length 440 feet

Number of Lines 5 (88')

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well >50' feet

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

NAME OF OWNER Larry W. Goff

LOCATION OF PROPERTY 2325 Primm Rd

Comments: 1500ST, 1000DT, PI, 5 lines x 88' long x 3' wd x 12" stone
Keep the septic system > 50' from the well

Philip S. Walker R.S.
Environmental Health Specialist

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

FEE: 150.00 JJK

DATE: 9/29/99 g

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

ACS

DATE: _____

PERMIT NO: 2666-B

PARCEL NO: 033-124-04 P.O.

JOB LOCATION ADDRESS: 2325 Pressmar Road

PROPERTY OWNER: Larry W. Goff

BUILDING CONTRACTOR: _____

SUBDIVISION NAME: _____

AUTHORIZATION ISSUED BY: Jeff a. Knight DATE: 9/27/99

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2666-B, 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: 1) See plot plan and 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.

X Larry W. Goff 9-29-99

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

#2 Supplement

Sheet ___
PROPERTY ID #: 0033724-04
Lot # : ___
File # : 26663

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM (400)

OWNER: Jerry Duff APPLICANT: ___
ADDRESS: 2315 Primm Rd Marshall DATE EVALUATED: 10-13-98
PROPOSED FACILITY: Residence PROPOSED DESIGN FLOW (.1949): 360gpd/ PROPERTY SIZE: 5
LOCATION OF SITE: Primm Road PROPERTY RECORDED: ___
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	5-10% S/mod .1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS	0-9"	gr/scl	Fv/SEXP/SS/SP	>45" TO soil wetness	27"	~~N/A~~ US	None	US .275 ~~.2~~ 9/F2 IV
		9-27"	SBK/ABK/C	F:/SEXP/SIP					
		27-45"	M/cl	Fr-F:/SEXP SS/SP					
2	LS	0-6"	gr/scl	Fv/SEXP/SS/SP	>51" TO soil wetness	51"	~~N/A~~ US	None	US
		6-15"	SBK/sc	F:/SEXP/SIP					
		15-31"	M/scl	F:/M/SIP					
3	LS	0-11"	gr/scl	Fr/SEXP/SS/SP	>44" TO soil wetness	44"	~~N/A~~ US	None	US .275 ~~.2~~ 9/F2 IV
		11-26"	ABK SBK/C	F:/SEXP/SIP					
		26-44"	M/cl	Fr-F:/SEXP SS/SP					
4	LS	0-7"	gr/scl	Fv/SEXP/SS/SP	>44" TO soil wetness	44"	~~N/A~~ US	None	US .275 ~~.2~~ 9/F2 IV
		7-34"	ABK SBK/SC	F:/SEXP/SIP					
		34-44"	M/scl	Fr-F:/SEXP SS/SP					

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

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): unsuitable
EVALUATED BY: W.R. Marks 10-14-98
OTHER(S) PRESENT: LSS K. Randall, J. Sellers

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ____
PROPERTY ID #: ____
Lot # : ____
File # : 26663

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: ____ APPLICANT: ____
ADDRESS: ____ DATE EVALUATED: ____
PROPOSED FACILITY: ____ PROPOSED DESIGN FLOW (.1949): ____ PROPERTY SIZE: ____
LOCATION OF SITE: ____ PROPERTY RECORDED: ____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other ____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	LS	0-7"	MY Sl	Fi / I	7-46" TO soil wetness	26"	US	none	US .25 g/ft² IV
		7-26"	A B/C	Fi / S EXP / SP					
		26-46"	M/C	Fr-Fi / SE A P 5%/10%					
6	LS	0-13"	Sl/SC	Fr / SE A P 5%/10%	7-42" TO soil wetness	42"	US	none	.275 g/ft² IV US
		13-29"	A B/C SOIL	Fi / S EXP / SLD					
		29-42"	M/C	Fr / SE A P 5%/10%					

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

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): ____
EVALUATED BY: ____
OTHER(S) PRESENT: ____

FILE # 2666B

COMMENTS Well Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR	CONSISTENCE MOIST	CONSISTENCE WET
R-RIDGE	I	S-SAND	1.2-0.8		
S-SHOULDER SLOPE		LS-LOAMY SAND		VFR-VERY FRIABLE	NS-NON-STICKY
L-LINEAR SLOPE				FR-FRIABLE	SS-SLIGHTLYSTICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6	FI-FIRM	S-STICKY
N-NOSE SLOPE		L-LOAM		VFI-VERY FIRM	VS-VERY STICKY
H-HEAD SLOPE				EFI-EXTREMELY FIRM	NP-NON-PLASTIC
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3		SP-SLIGHTLYSTICKY
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM			
	IV	SC-SANDY CLAY	0.4-0.1		
		SIC-SILTY CLAY			
		O-ORGANIC			

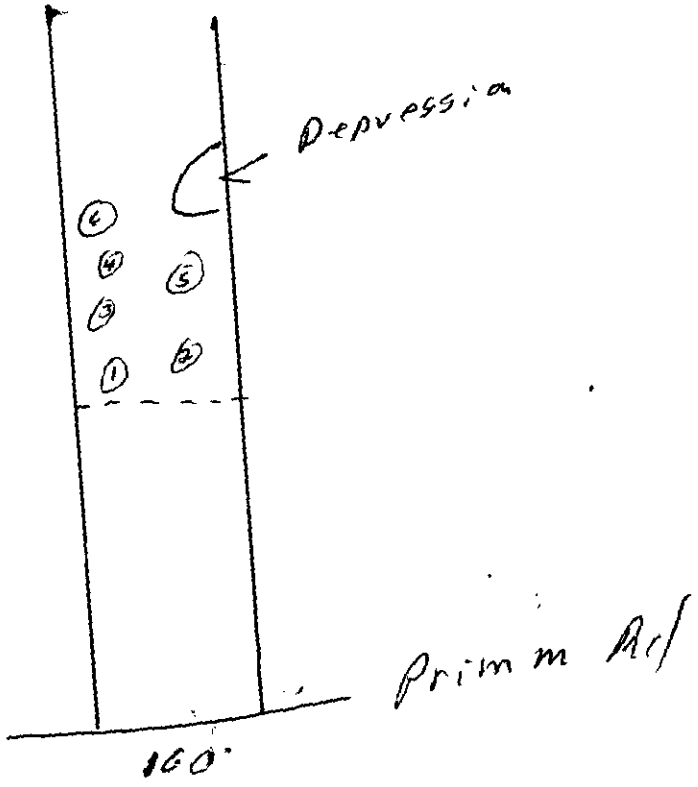
STRUCTURE

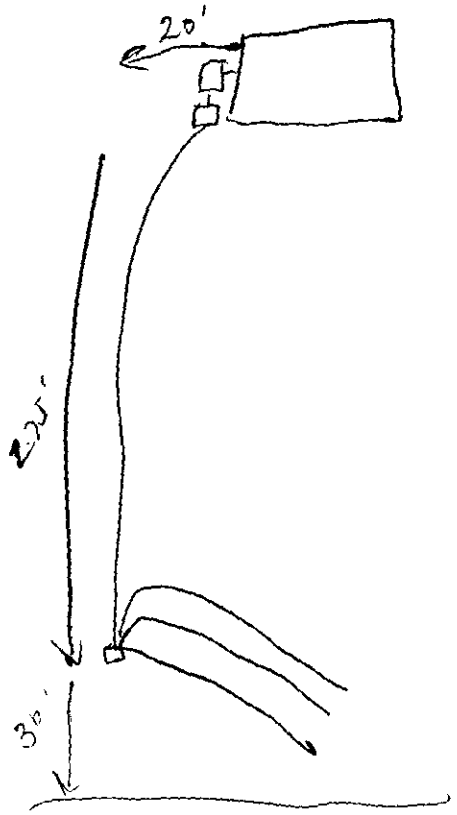
SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE




20'
25'
30'

FEE: 100.00 cash
DATE: 9-16-98 VLW

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

Rd 75.00 Cash Rd Std
VLW 10-8-98
[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Right Copy

FILE #: 2000103

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 033-124-04PO

STREET ADDRESS: [redacted] Primm Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

- ✓ 0 MECKLENBURG
- ___ 1 CHARLOTTE
- ___ 2 DAVIDSON
- ___ 3 CORNELIUS
- ___ 4 PINEVILLE
- ___ 5 MATTHEWS
- ___ 6 HUNTERSVILLE
- ___ 7 MINT HILL

CLOSING DATE _____

TYPE OF BUILDING (CHECK ONE):

- ___ SINGLE MOBILE HOME(S)
- ___ DOUBLE WIDE (D)
- ✓ HOUSE (H)
- ___ MODULAR HOME (M)
- ___ MULTIPLE FAMILY (U)
- ___ OTHER (O)

HEATED SQUARE FOOTAGE: Appox. 1800

NUMBER OF BEDROOMS: 3 | NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

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

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

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ___ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

- ___ COMMUNITY (C)
- ___ MUNICIPAL (M)
- ✓ PRIVATE WELL (P)
- ___ SHARED WELL (S)
- ___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	___ YES ___ NO	WELL, SPRINGS OR WATERLINES	___ YES ___ NO
EXISTING WASTEWATER SYSTEMS	___ YES ___ NO	DESIGNATED WETLANDS	___ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS	___ YES ___ NO		

PROPERTY OWNER:

NAME: Goff (LAST) Larry (FIRST) William (MI)

ADDRESS: 2315 Primm Rd.

CITY: Charlotte STATE: N.C. ZIP: 28216

DAYTIME PHONE: ( ) 392-2927

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

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: Larry W. Goff DATE: 9-16-98

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

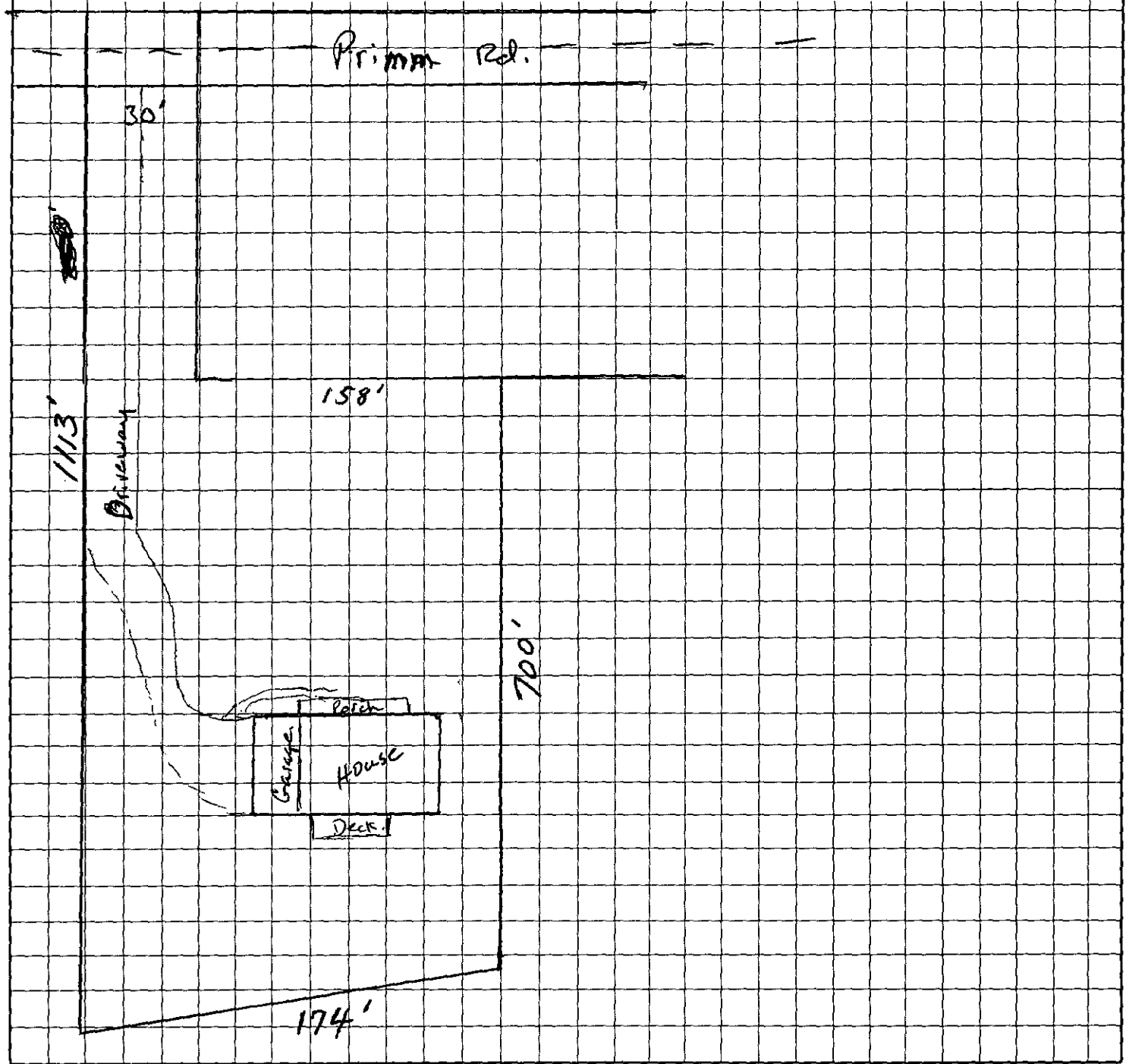
PROPOSED PLOT PLAN

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

FILE: 2666B

TC: 033124-04PO

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.



Larry W. Boffo
OWNER/AGENT SIGNATURE

DATE 9-16-98

APPROVAL DATE _____

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

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 2666-B

Tax Number: 033-124-04 P.O.

- 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	X No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I (II) III IV V VI	X 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	
.275 Long-term acceptance rate	360 Max gallons/day wastewater flow	1310 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
Yes Serviced by private well	1500 Gallon septic tank	440 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3 Bedrooms in residence	1000 Gallon pump tank	12" Depth of stone		
Any surface waters present: No Type:		Minimum separation distance:		
Site modifications required: No				
Additional Conditions: 1) See plot plan 2) A riser should be placed over the outlet end of the septic tank to facilitate filter maintenance.				
Repair Area System Type Type (circle one): I (II) III IV V VI	X 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	
1310 Absorption Area (Sq ft) 440 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	24" Maximum Trench Depth	
For existing system, enter the year originally installed:				

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for 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.

Joe a. Knight 9/27/99
DENR/Authorized Agent Date

X Larry W. Goff 9-29-99
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

IWWS-100105

DATE: 9/21/99

2666B

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

033-174-04p0
PARCEL NUMBER

2325 Primm Ld
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

Lot 2
EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	APPROVED	NOT APPROVED
2. FLOODWAY REGULATIONS	APPROVED	NOT APPROVED
3. WATERSHED PROTECTION	APPROVED	NOT APPROVED
4. COMERCIAL DRAINAGE PLAN	APPROVED	NOT APPROVED
5. PUBLIC UTILITY EASEMENT	PRESENT	NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	YES	NO
7. DRIVEWAY PERMIT REQUIRED	YES	NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	YES	NO

REMARKS: SF House - Minor Sub Goff prop.

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

ALL OTHER FORMS OBSOLETE

SIGNED: Rob

=NEW ADDRESS
REVISED 1/91

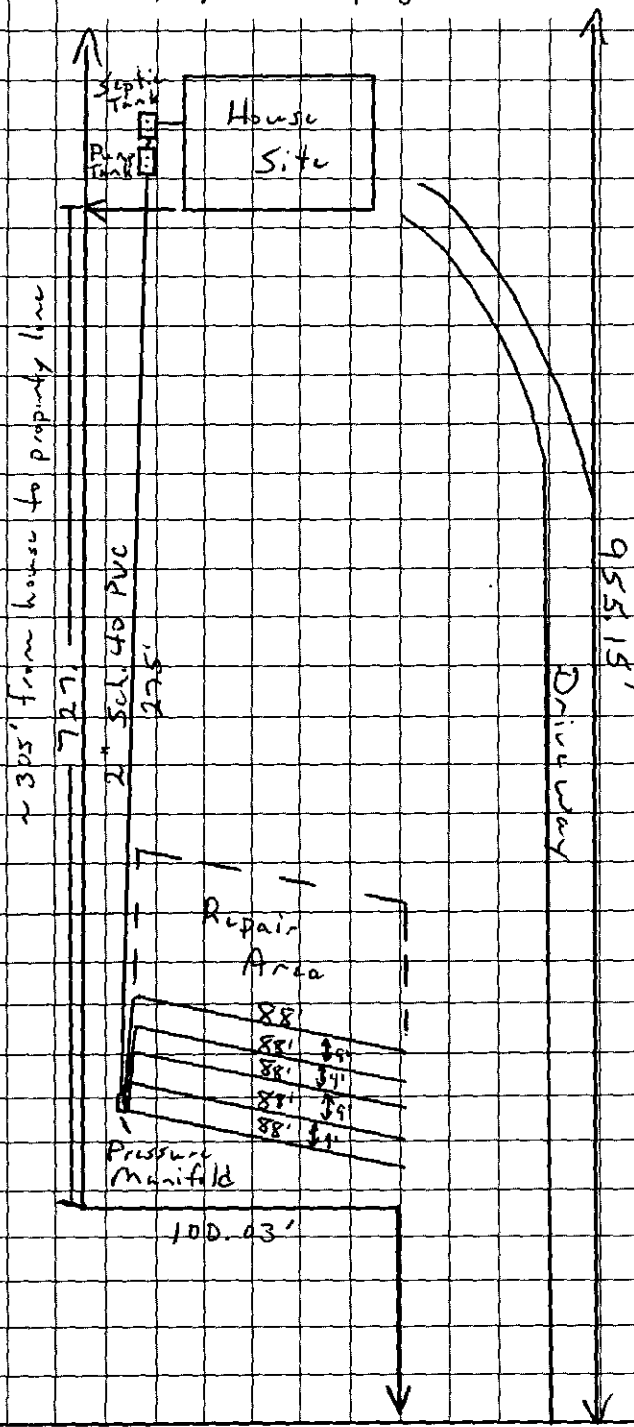
PROPOSED PLOT PLAN

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

FILE: 2666-B

TC: 033-124-04 P.O

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.



Comments

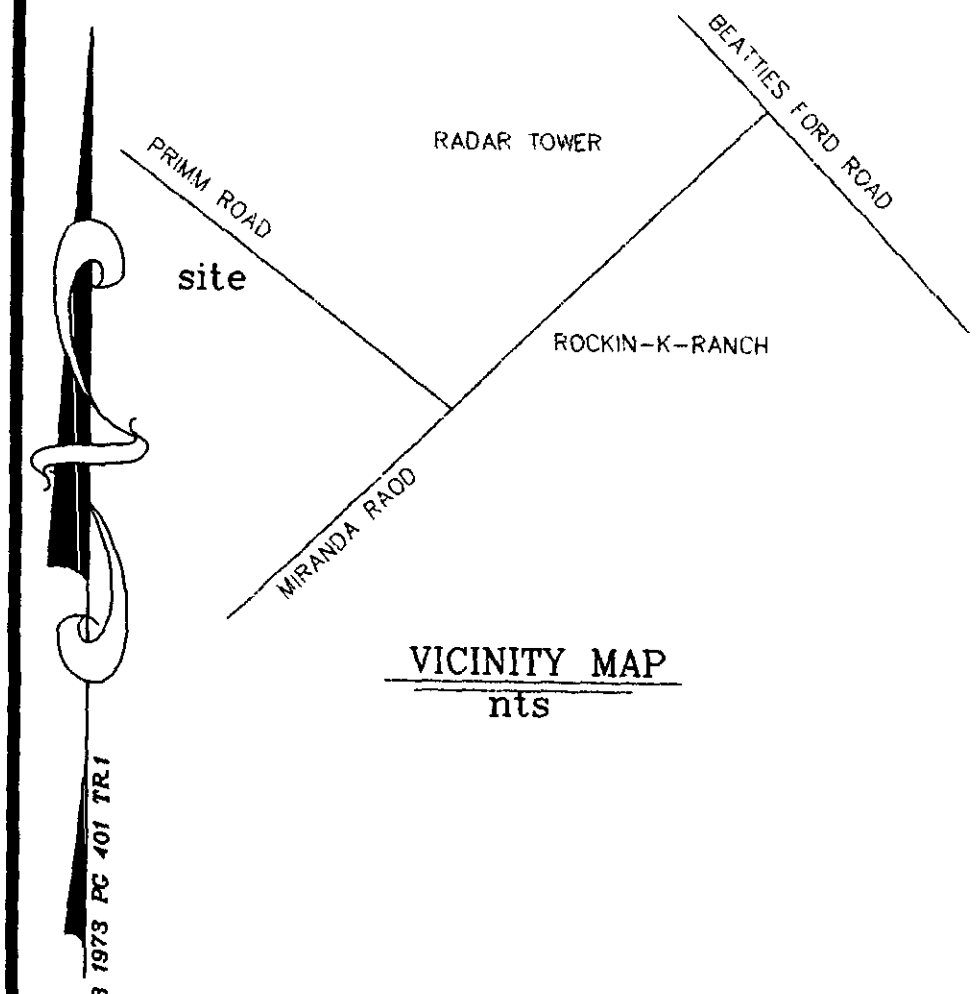
1) Scale 1" = 60' (Outer boundries not to scale)
2) Keep lines level and on contour of land.
3) Keep trenches shallow - 24" maximum.
4) Keep all parts of septic system the minimum distance from the following:
   A) Any well - 100 ft
   B) Property line - 10 ft.
   C) Building foundation - 5 ft.

X Larry W. Goff
OWNER/AGENT SIGNATURE

DATE 9-29-99

APPROVAL DATE _____

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



VICINITY MAP
nts

LEGEND

IRON PIN FOUND	○
IRON PIN SET	◉
OLD STONE FOUND	□
SANITARY SEWER MANHOLE	Ⓢ

PROPERTY LINE IS CENTERLINE OF McINTYRE BRANCH

LINE	DIRECTION	DISTANCE
L1	S82°16'59"W	27.69'
L2	S06°56'29"W	21.29'
L3	N09°27'57"W	29.26'
L4	N80°05'04"E	79.33'
L5	S34°48'24"E	21.86'
L6	S83°27'09"E	35.87'
L7	N17°26'13"E	58.67'
L8	N57°49'04"E	69.21'
L9	N63°08'16"E	61.57'
L10	N56°50'23"E	43.11'

NOTES:

1-THE PURPOSE OF THIS PLAT IS TO CREATE LOT 1
2-REF. SURVEY BY CRAIG L. LONG DATED 1/30/1998.
3-REF. SURVEY BY DENNIS SMITH DATED 3/21/87
4-NO FLOODWAY BOUNDARIES SHOWN.
5-30' INGRESS-EGRESS EASEMENT TO SERVE LOT 2. AND TO BE MAINTAINED BY OWNER OF LOT 2.
6-TAX PARCEL # 033-124-04
7-CURRENT ZONING R3 (LAKE WYLIE WATERSHED PA)

PREPARED BY:
DAVID H. SNIDER
SURVEYOR,PLANNER,BROKER
108 OAK HILL DRIVE
HUNTERSVILLE,NC 28078
704-875-0626

PRIMM ROAD

N84°59'33"E 57.52'
S87°41'54"E 72.91'
30' 30'
S84°59'33"W 55.60'
S87°41'54"E 71.00'
30.01'
30' Setback
30' EASEMENT-LOT 2
127.76'
N03°37'26"W 128.97'
LOT 1
AREA=0.949 ac.
284.00'
30'
60.01'
S87°19'06"W
159.02'
N03°37'26"W
100.03'
S87°19'06"W

N/F
FORTE
DB 43

KENNTH E. PLUMMER
DB 4544 PG 236

N03°37'26"W 1112.91' total
955.15'
LOT 2
AREA=5.021 ac.
S03°37'26"E 1041.78' total
727.78'

172.99'
S64°02'54"W
See Detail
S02°55'29"W 198.60'
231.50' total
32.98'
McINTYRE BRAN
L1
L2
L3
L4
L5
L6
L7
L8
L9
L10
S9

N64°38'13"E 405.28'
N64°32'42"E 24.40'
CONTROL CORNER
DB 10719 PG 698
243.64' total
203.64'
S13°43'28"E
N79°07'10"E Tie Line
241.27'

TRACT 3
SEWELL C. LAWING
DB 1973 PG 401
per DB 1973 PG 401 TR1

MAP BOOK 31 PAGE 807

DICATED AS
OT

RY
377

FILED FOR REGISTRATION
SEP 13 1999
AT 3:22PM
JUDITH A. GIBSON
MECKLENBURG COUNTY, N. C.
REGISTER OF DEEDS

CERTIFIED TO BE A TRUE AND CORRECT
COPY OF THE ORIGINAL MAP RECORDED
IN BOOK 31 PAGE 807
DATE: September 13 1999
JUDITH A. GIBSON, REGISTER OF DEEDS
BY: Ellen L Conaly DEPUTY

JUDITH A. GIBSON REGISTER OF DEEDS MECKLENBURG COUNTY, N.C.

GRAPHIC SCALE

100 0 50 100 200 400

(IN FEET)
1 inch = 100 ft.

I DAVID H. SNIDER,CERTIFY THAT THIS PLAT WAS DRAWN BY ME. FROM AN ACTUAL FIELD SURVEY UNDER MY SUPERVISION.THAT THE DEEDS AND PLATS NOTED WERE USED AS REFERENCES.THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION AS NOTED.THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH G.S. 47-30 AS AMENDED.

THIS PLAT IS SUBJECT TO THE MECKLENBURG COUNTY SUBDIVISION ORDINANCE.

WITNESS MY ORIGINAL SIGNATURE,REGISTRATION NUMBER AND SEAL THIS 9TH DAY OF SEPT. ,A.D.,1999.

David H. Snider
DAVID H. SNIDER
N.C.P.L.S. L-2942

NORTH CAROLINA PROFESSIONAL SEAL L-2942 LAND SURVEYOR DAVID H. SNIDER

APPROVED IN ACCORDANCE WITH THE PROVISIONS OF THE SUBDIVISION ORDINANCE OF MECKLENBURG COUNTY,NORTH CAROLINA.

CHARLOTTE-MECKLENBURG PLANNING COMMISSION

Richard B. Hobbs 9/13/99
PLANNING COMMISSION STAFF DATE

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

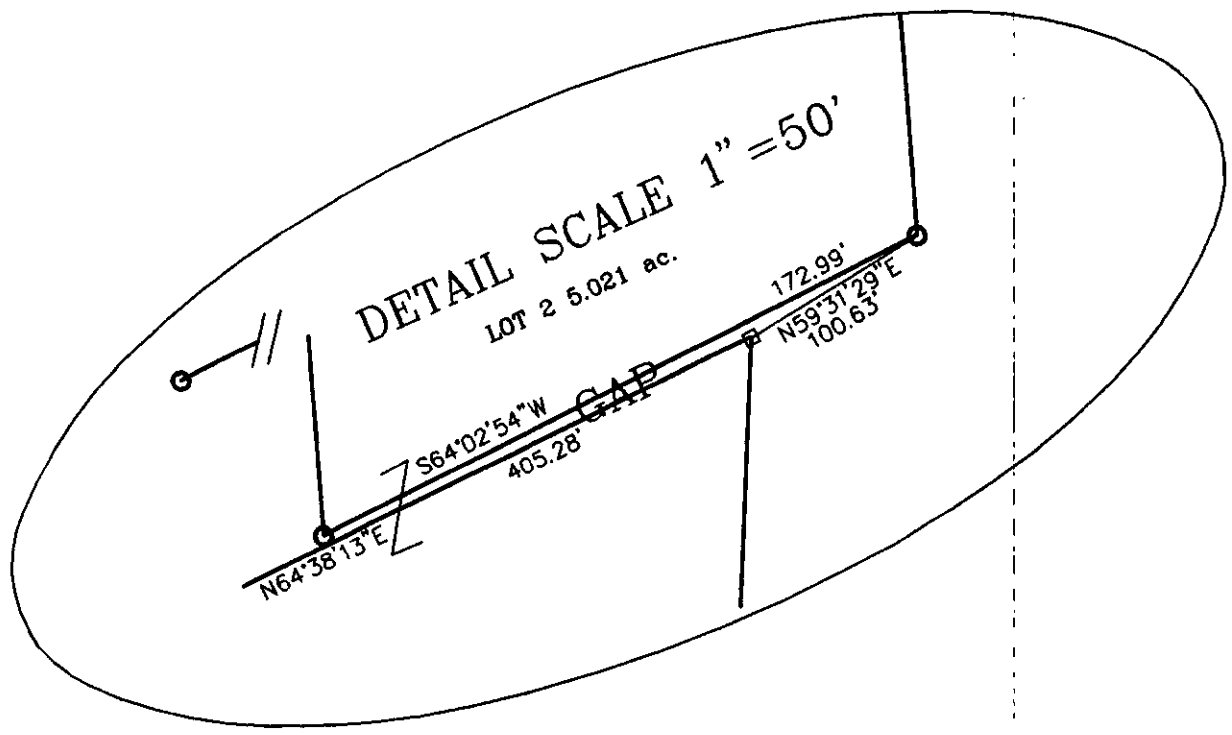
I, RICHARD B. HOBBS, REVIEW OFFICER OF MECKLENBURG COUNTY, CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.

Richard B. Hobbs 9/13/99
REVIEW OFFICER DATE

APPROVED IN ACCORDANCE WITH THE ENGINEERING REQUIREMENTS OF THE SUBDIVISION ORDINANCE OF MECKLENBURG COUNTY,NORTH CAROLINA.

MECKLENBURG COUNTY ENGINEERING DEPARTMENT

Beverly Lanning 9/10/99
(COUNTY ENGINEER) DATE



SUBDIVISION
for
LARRY W. GOFF & wf. SUSAN G. (OWNER)
GOFF PROPERTY MAP #1

REF. DB 10719 PG 698,DB 5466 PG 29,DB 1973 PG 401
LONG CREEK TWSP.,MECKLENBURG CO.,NC
DATE OF SURVEY: MARCH 27,1999 SCALE 1"=100'

2666B

MECKLENBURG COUNTY
HEALTH DEPARTMENT

App #6448

APPLICATION FOR APPROVAL TO USE AN EXISTING
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: ○ SEPTIC ONLY ○ WELL ONLY ⊘ SEPTIC & WELL
○ ADDITION OR RENOVATION WITH OCCUPANCY INCREASE
☒ ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE
○ EXCHANGE MOBILE HOME (SAME # BEDROOMS)
○ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Larry Goff
ADDRESS: 2325 Primm Rd
CITY: Charlotte
STATE: NC ZIP: 28216
PHONE: 704 634-1037
ALTERNATE PHONE: 704 408-0077
E-MAIL: lgoff@ci.charlotte.nc.us

PROPERTY OWNER: ☑ SAME AS PERSON FILING APPLICATION
NAME:
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 033-124-04
STREET ADDRESS: 2325 Primm Rd.
CITY: Charlotte
STATE: NC **ZIP:** 28216

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

WATER SUPPLY:
○ MUNICIPAL ☒ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER

RESIDENTIAL PROPERTY TYPE: ○ N/A
☒ HOUSE ○ MODULAR HOME ○ MULTIPLE FAMILY
○ SINGLE MOBILE HOME ○ DOUBLE WIDE
○ OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 3

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: ☐ N/A
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? ○ YES ○ NO
UNDERGROUND STORAGE TANKS? ○ YES ○ NO

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☐ OTHER

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☒ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Larry Goff
Owner's/Agent's Signature

10-2-13
Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 01/03/11

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 10/02/13
Receipt #: 85466
Check / Auth #: VISA 160183
Received By: SADERLW

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: GOFF LARRY
Attn:
Address: 2325 PRIMM RD
Address:
City/State/Zip: CHARLOTTE, NC 28216

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod		1	100.00	100.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
	205.00	305.00	100.00	1,192.15	

2666B

Supervisor/Administrative Professional Checklist

New Septic ☐ **New Well** ☐ **Use Existing** ☑ **Alteration** ☐ **Modified Plot Plan** ☐

New Septic Fees Paid:

IP ($250.00) _____ Initials/Date

CA ($200.00) _____ Initials/Date

OP ($200.00) _____ Initials/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 lwo 10/2/13 Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid)_____ Initials/Date

Modified Plot Plan Fee Paid: $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☐ Reviewed ☐ ____

This site is served by septic and well. Verify each is complete before final hold is released. ☐

Septic file completed. ☐ _____ Well file completed. ☐ _____

Send permit for signature. ☐ Signature received. ☐ _____

This septic system requires a certified operator contract before final hold is released. ☐

Certified operator contract is on file. ☐ _____

App. #: 6448

Fee: 100.0000

Date: 10/2/2013

CRT[ ]

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

MECKLENBURG COUNTY HEALTH DEPARTMENT

Groundwater & Wastewater Services

FILE #: 2666b

TYPE APPLICATION:

- ○ SEPTIC ONLY
- ○ WELL ONLY
- ◉ SEPTIC AND WELL
- ○ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE
- ○ EXCHANGE MOBILE HOME - SAME # OF BEDROOMS
- ◉ ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES
- ○ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION

NAME: Larry Goff
ADDRESS: 2325 Primm Rd
CITY: Charlotte
STATE: NORTH CAROLINA ZIP: 28216
PRIMARY PHONE: 704-634-1037 ALTERNATE PHONE: 704-408-0077
EMAIL: lgoff@ci.charlotte.nc.us

JOB LOCATION INFORMATION:

TAX / PARCEL #: 03312404
STREET ADDRESS: 2325 PRIMM RD
CITY: CHARLOTTE NC ZIP: 28216
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 0

PROPERTY OWNER: ☐ Same as Filer

NAME: Larry Goff
ADDRESS: 2325 Primm Rd
CITY: Charlotte
STATE: NORTH CAROLINA
ZIP: 28216
PRIMARY PHONE: 704-634-1037
ALTERNATE PHONE: 704-408-0077
EMAIL: lgoff@ci.charlotte.nc.us
General Comments:

WATER SUPPLY:

- ☐ MUNICIPAL (M)
- ☐ PUBLIC (C)
- ☑ PRIVATE WELL (P)
- ☐ SHARED WELL (S)
- ☐ OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:

- ◉ HOUSE
- ○ MODULAR HOME
- ○ MULTIPLE FAMILY
- ○ SINGLE MOBILE HOME
- ○ DOUBLE WIDE
- ○ OTHER

NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 3

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:

NUMBER OF EMPLOYEES PER SHIFT: 0
NUMBER OF SHIFTS: 0
INDUSTRIAL WASTES?: ○ YES ○ NO
UNDERGROUND STORAGE TANKS?: ○ YES ○ NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:

- ☐ BEDROOM
- ☐ BATHROOM
- ☐ KITCHEN
- ☐ DINING ROOM
- ☐ DEN
- ☐ GARAGE
- ☐ SUNROOM
- ☐ PORCH
- ☐ DECK
- ☐ OTHER

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:

- ☐ DETACHED GARAGE
- ☐ DETACHED GARAGE WITH PLUMBING
- ☐ POOL HOUSE
- ☐ SHOP
- ☐ BARN
- ☑ STORAGE SHED
- ☐ DETACHED PORCH/DECK
- ☐ OTHER

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INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

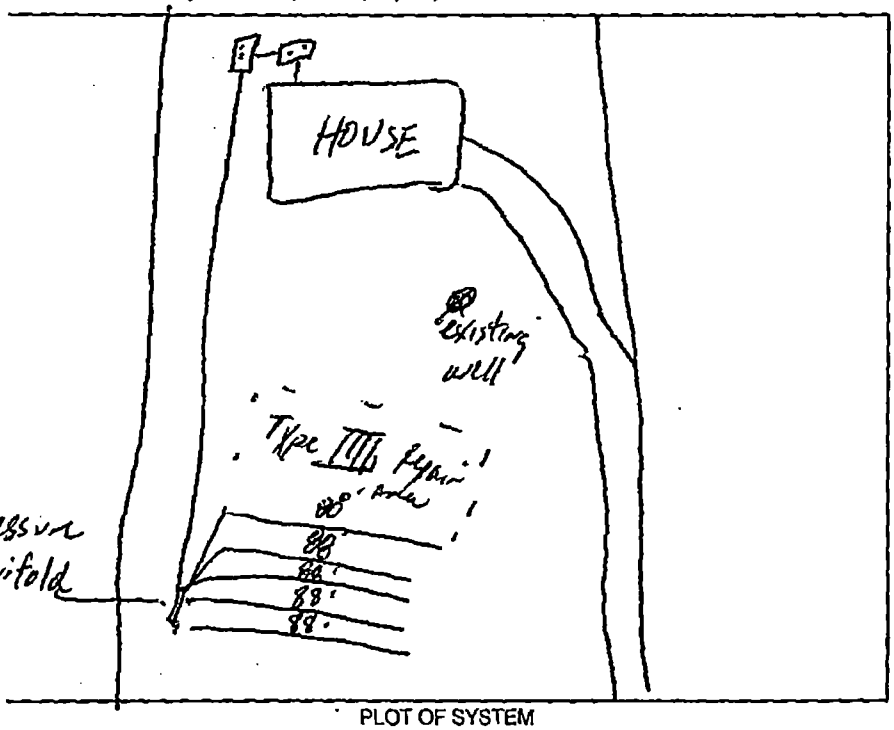
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2666B DATE: 3/10/2000

TC: 033 124 04P0 ☒ L

SERIAL Nº 18363

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 9/16/98. All work shall be completed on or before 4/10/2000, 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 1000 gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous Yes

Total Line Length 440 feet

Number of Lines 5 (88')

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well >50' feet

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

NAME OF OWNER Larry W. Goff

LOCATION OF PROPERTY 2325 Primm Rd

Comments: 1500ST, 1000DT, PI, 5 lines x 88' long x 3' wd x 12" stone
Keep the septic system > 50' from the well

Philip A. Walker R.S.
Environmental Health Specialist

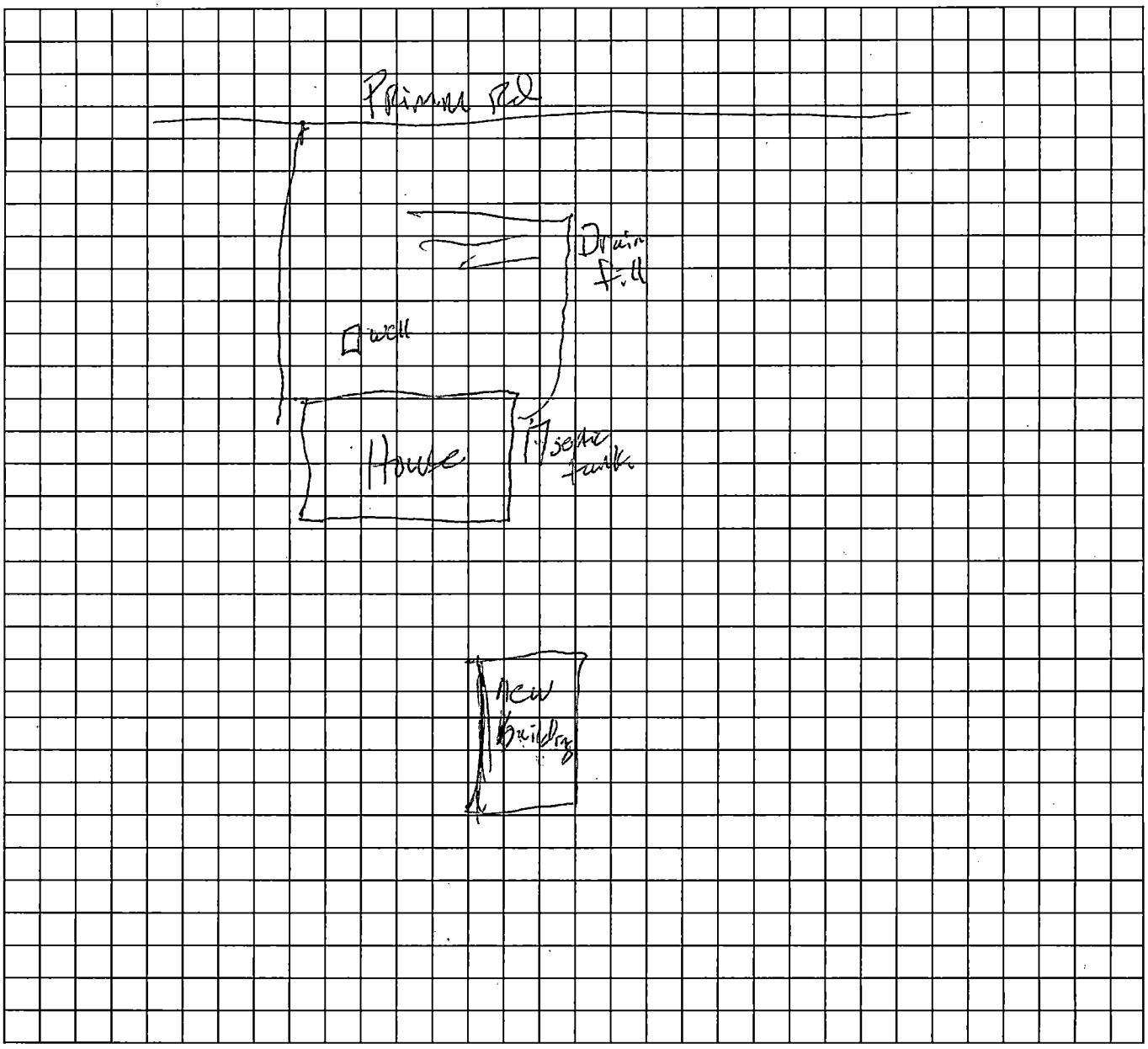
WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 2325 Primm Rd Tax Parcel #: 033-124-04



*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 and Water Supply Wells 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.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

O.K. TO USE FOR A STORAGE SHED ADDITION

REHS Signature 10/2/13 Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 01/03/11