

6403 AMOS SMITH RD

11308221

9/5/08

marliwr

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

PHYSICAL SURVEY

LOTS, 14, 15, AND 16, PLAT NO. 2 OF THE A.T.L. SMITH PORPERTY
MECKLENBURG COUNTY, NORTH CAROLINA
MAP BOOK 3 PAGE 571

PREPARED FOR James S. and Bonnie R. BLAIR

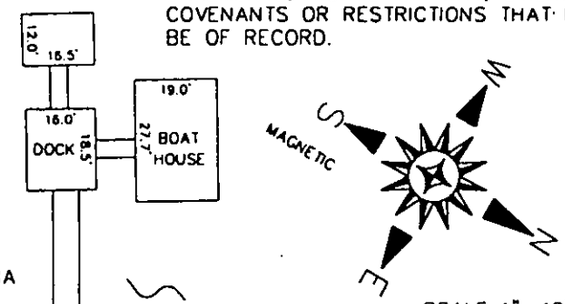
AREA DETERMINED BY COORDINATE COMPUTATION.

ERROR OF CLOSURE MEETS MINIMUM STANDARDS OF 1: 10,000.

LEGEND

EIR EXISTING IRON ROD
SIR SET IRON ROD
ECM EXISTING CONCRETE MONUMENT
MBL MINIMUM BUILDING LINE
R/W RIGHT-OF-WAY
PDE PUBLIC DRAINAGE EASEMENT
MB/P MAP BOOK / PAGE
BOC BACK OF CURB
MH MANHOLE

SURVEY MAY BE SUBJECT TO ADDITIONAL EASEMENTS, RIGHTS-OF-WAY, UTILITIES, COVENANTS OR RESTRICTIONS THAT MAY BE OF RECORD.



NORTH CAROLINA REGISTERED SEAL L-3139 LAND SURVEYOR HUGH A. DURHAM

LOT 13
JOHN C. HOLEMAN & WIFE ZONA M. HOLEMWN
DB 2631 P 308

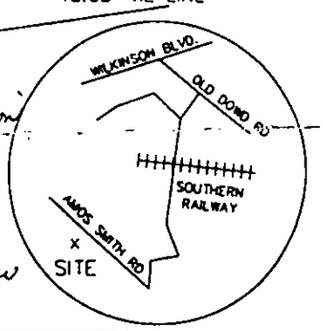
Comments
3 Bedroom Residence
Existing septic tank to be abandoned
Existing well to be abandoned (well abandonment forms to be on file before OP release).
Drainage ditch to be recreate to the left property line and old ditch filled in.

LOT 17
MARK A. SLAVEN & WIFE JANET M. SLAVEN
DB 6821 P 736

Additional Comments
65' from the back left house corner to the left property line
S 21' from the right house to the front property line

Line Table		
LINE	BEARING	LENGTH
L1	N 00°29'31" W	26.70'
L2	N 22°32'27" W	25.80'
L3	N 25°39'31" W	20.63'
L4	N 18°52'06" W	44.58'
L5	N 43°55'22" W	21.40'

Additional Comments
- 1500 ST., Bed System Installation
15'wd x 40'long x 24" stone
200 TLF, Flow divider
Keep septic system > 50' from the proposed well and > 15' from the new drainage ditch



PREPARED BY:

DELTA LAND SERVICES, INC.

6033 FLORENCE AVENUE, SUITE 100
CHARLOTTE, NORTH CAROLINA 28212
(704) 536-6190

THIS PROPERTY IS NOT LOCATED IN ANY SPECIAL FLOOD HAZARD AREA AS IDENTIFIED ON COMMUNITY PANEL NO. 370158-0040-B, DATED 2/3/93.

REVISED: Septic System Area To Septic Tank Only 9-17-98 DWN: JJM CKD: DATE: 9 / 11 / 98

C:\DWGS\MISC\AMOS.DWG - JJM

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

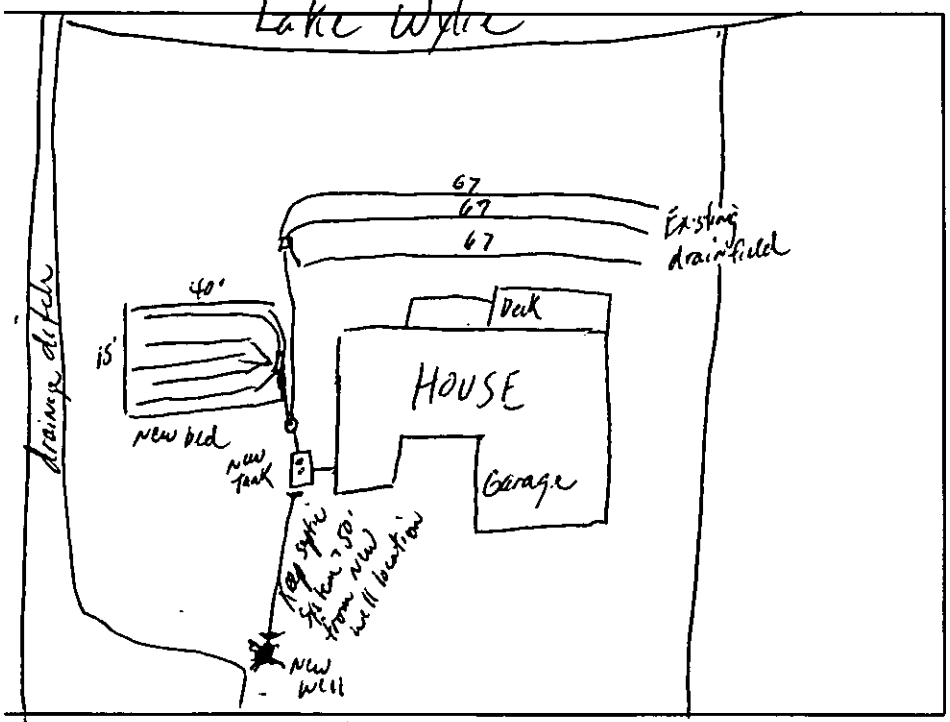
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 21456 DATE: 11/20/98

TC: 1130821 ☐ L

SERIAL Nº 17233

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 11/11/98. All work shall be completed on or before 12/20/98, 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

Amos Smith Rd

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction PCC

Trench Depth 36"

Absorption and/or Nitrification Lines:

Bed Trench Width 15' feet

Trench Walls Scored and Porous yes

Bed Total Line Length 200' feet

Bed Number of Lines 5 (40')

Depth of Stone 24" 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 James Blair Jr

LOCATION OF PROPERTY 6403 Amos Smith Rd

Comments: Septic system to be installed in accordance w/ approved plot plan 1500 ST, ~~Diversion Valve~~ Flow divider, Bed system 15' wd x 40' long x 24" stone, Existing tank to be properly abandoned / Well to be relocated as indicated

Philo A. Walker RS.
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: 21456 DATE: 12/10/98

TC: 113 082 21 ☐ L ☒ CRT

SERIAL Nº 17817

Name of Owner James Blair Jr. Juris.: _____

Address of Property 6403 Amos Smith Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 200'

Number of Lines 5 @ 40'

Cover Depth 12"

Water Supply Source Well

Distance to Water Source 51'

Excavation Inspected 12/8/98

Tank(s) Inspected 12/8/98

Wash Line Inspected plumb to tank

High Water Alarm Inspected NA

PLOT

Design 1998 Alteration, 1500ST w/filter, 200SFB, 24" Stone CTR# Affordable Septic

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: Alteration to Existing System for 3 bedroom residence Type II

Philo S. Walker R.S.
Environmental Health Specialist

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

MECKLENBURG COUNTY
ENGINEERING & BUILDING STANDARDS DEPARTMENT

Miscellaneous Fees

Requestor (Please print): ROBERT INGRAHAM HOMES, INC	Phone #: 391-3715	Date Requested: 12/10/98	Date Filled: 12/11/98
Account Name: Ingram Homes INC Robert ☐ Cash ☑ Charge			Account No.: B54570

I certify that I am authorized to charge this account for this service.

Signature: Daniel L Evans Printed Name: DANIEL L. EVANS Date: 12/10/98

Fee or Charge

T.C.	Qty.	Type	Unit Cost	Total Cost
021		Single Lot Grading Permit (Please list address below)		
112		Zoning Board of Adjustment ☐ Residential Variance Request ☐ Commercial Variance Request ☐ Residential Interpretation ☐ Commercial Interpretation		
113		Zoning Citation(s) # _____		
		☐ 117: Certificate of Compliance* ☐ 118: Certificate of Occupancy* (original is free)	$10.00 ea.	
119		Change of Contractor*	$10.00 ea.	
121		Letters of Certification/Verification	$10.00 ea.	
122		Monthly Statistical Reports	$10.00 ea.	
124		Research & Retrieval of Documents		
125		Temporary Utilities/Occupancy*	$30.00/insp.	
		Local License Card/Exam ☐ 128: Mechanical ☐ 129: Plumbing ☐ 132: Electrical		
		Development Activities Plan Review ☐ 002: Commercial Drainage ☐ 005: Erosion Control ☐ 016: Subdivision ☐ 006: Final Plat Review		
425		City of Charlotte Fire - Plan Review		
		Map Sales		
	0703	Other: Final Approval		100.00
		Other:		
Payment received by: Jessica Cruz		Date: 12/16/98 By: JC	Total:	100.00

* Please list all permit numbers/addresses that relate to your request. A request for temporary utilities (gas and electric) would require two permit numbers.

21456/6403 Amos Smith Rd		

B-216NS 8/95

DIVISION

North Carolina
Department of Natural Resources and Community Development
Division of Environmental Management

P. O. Box 27687 - Raleigh, N. C. 27611

File # 21456

DEC 09 1998

1. ABANDONMENT RECORD

REC. NO. 454

CONTRACTOR

WELL LOCATION: (Show a sketch of the location on back of form.)

Charlotte N.C. Mck

OWNER: [illegible]

ADDRESS: 6403 Amon Smith Rd.

TOPOGRAPHY: draw, slope, hilltop, valley, flat

USE OF WELL: Home DATE: 12-10/98

TOTAL DEPTH: 50 DIAMETER: 2

CASING REMOVED: no

feet	diameter

SEALING MATERIAL:

Neat cement	Sand cement
bags of cement 6	bags of cement
gals. of water 5gal.	yds. of sand
	gals. of water

Other
Type material no
Amount

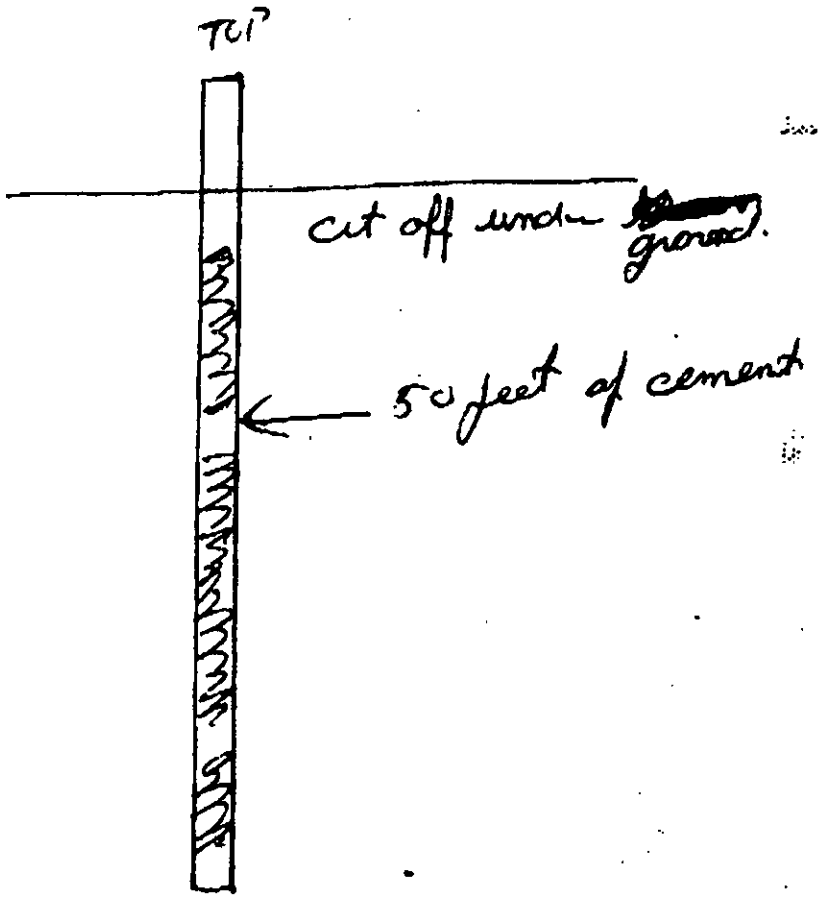
EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL

Mix By Hand.

I do hereby certify that this well abandonment record is true and exact.

Vernon Lassiter 12-7/98
Signature of Contractor or Agent / Date

WELL DIAGRAM: Draw a detailed sketch of the well showing total depth, depth and diameter of screens remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.



Mail original to the Division of Environmental Management.

113-082-21

FEE: 100.00
DATE: 12/30/96
C/C # 2372

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

PD 100 C/C 9614 1/14/97 MM CRT

TYPE APPLICATION: ~~X~~ 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 #: 2145

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: 6403 AMOS SMITH ROAD/CHARLOTTE, N.C.

TAX/PARCEL NUMBER: 113-083-21

STREET ADDRESS: 6403 AMOS SMITH ROAD/CHARLOTTE, N.C

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 14,15,&16 PLAT NO 2 A. T. L. Smith

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: APPROX 3,200 SQ. FT.

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

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

CLOSING DATE 6/11/1990

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

NEW SYSTEM-DESIRE TO BUILD NEW HOME ON THIS LOT. WILL DESTROY EXISTING BLD.

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

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
___ MUNICIPAL (M)
XX PRIVATE WELL (P)
___ SHARED WELL (S)
___ OTHER 'SPRINGS' (O)
NEW 6" WELL

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

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

PROPERTY OWNER:

NAME: BLAIR, JR. (LAST) JAMES (FIRST) SAMUEL & WIFE (MI) O

ADDRESS: 1290 DORCHESTER ROAD

CITY: GASTONIA STATE: NC. ZIP: 28056

DAYTIME PHONE: (704 865-9880

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

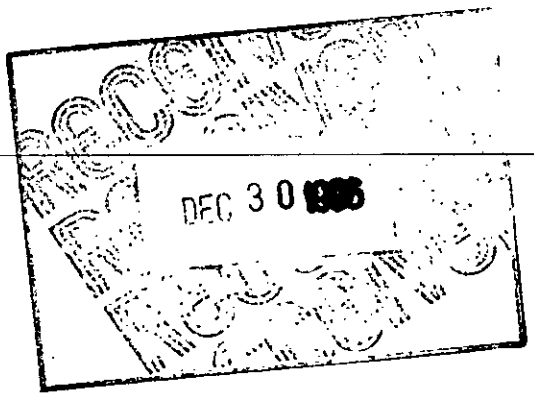
DAYTIME PHONE: ( ) —

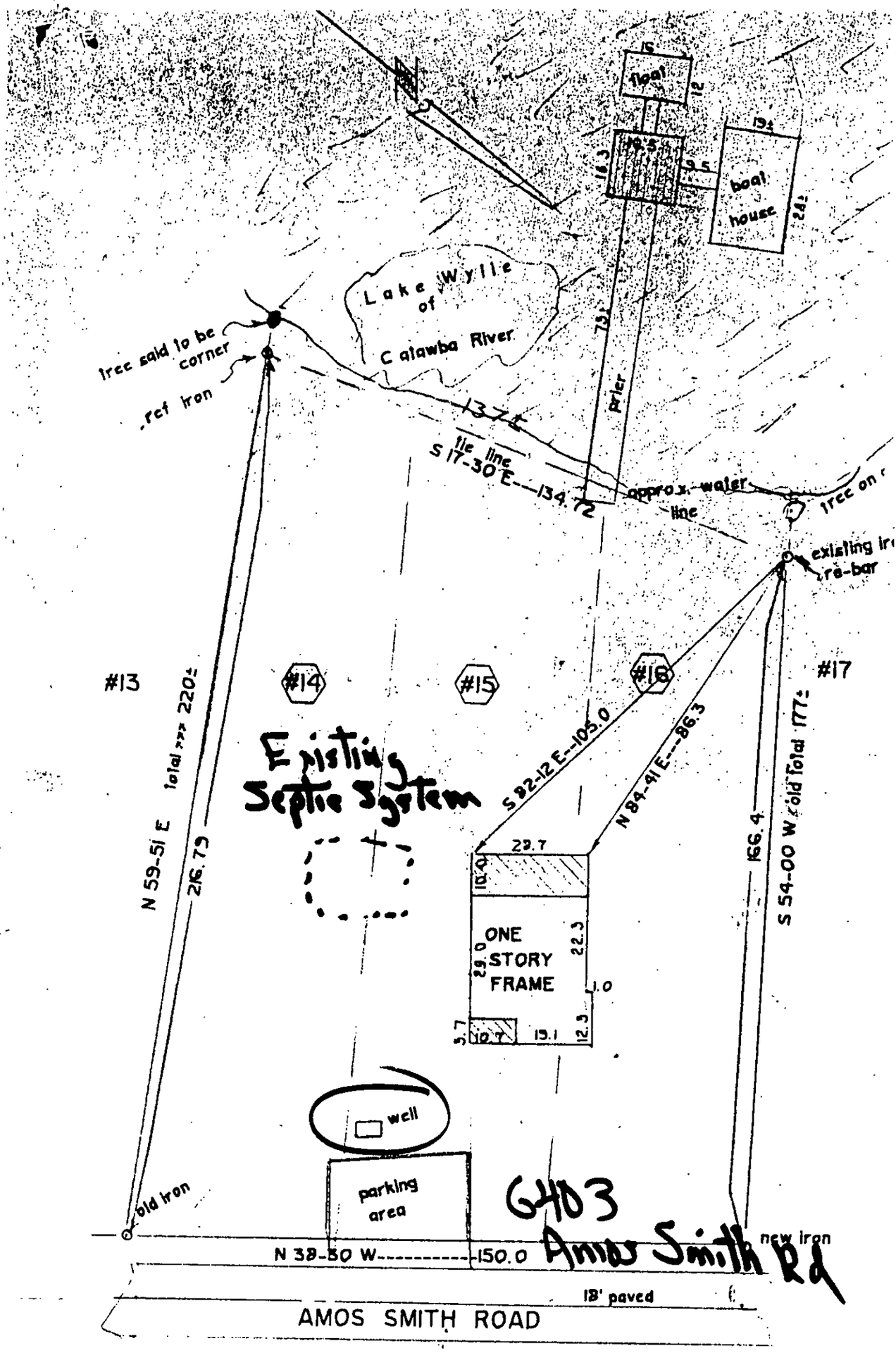
WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? June 11, 1990 (Purchase date)

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: [signature] DATE: 12/27/96

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


DEC 30



SURVEY BY:
PRESTON R. TAYLOR JR.
REG. SUR. L-1052
BELMONT, N.C.
SCALE: 1" = 30'
JUNE 26, 1990

NORTH CAROLINA
SEAL
L1052
LAND SURVEYOR
PRESTON R. TAYLOR JR.

MECKLENBURG COUN
AMOS SMITH ROAD
near: CHARLOTTE, N.C,
SURVEY OF:
LOTS #14, #15 and #16 of plat #2
A.T.L. SMITH PROPERTY
RECORDED IN [illegible] MAP BOOK#3 PG. [illegible]
MECKLENBURG R
Map Book #3
Page 591
FOR:
JAMES SAMUEL BLAIR
and wife:
BONNIE R. BLAIR

PROPOSED PLOT PLAN

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

FILE: 21456

TC: _____

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.

SEE Attached

APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

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

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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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CHARLOTTE, NC 28202
PHONE (704) 336-5102

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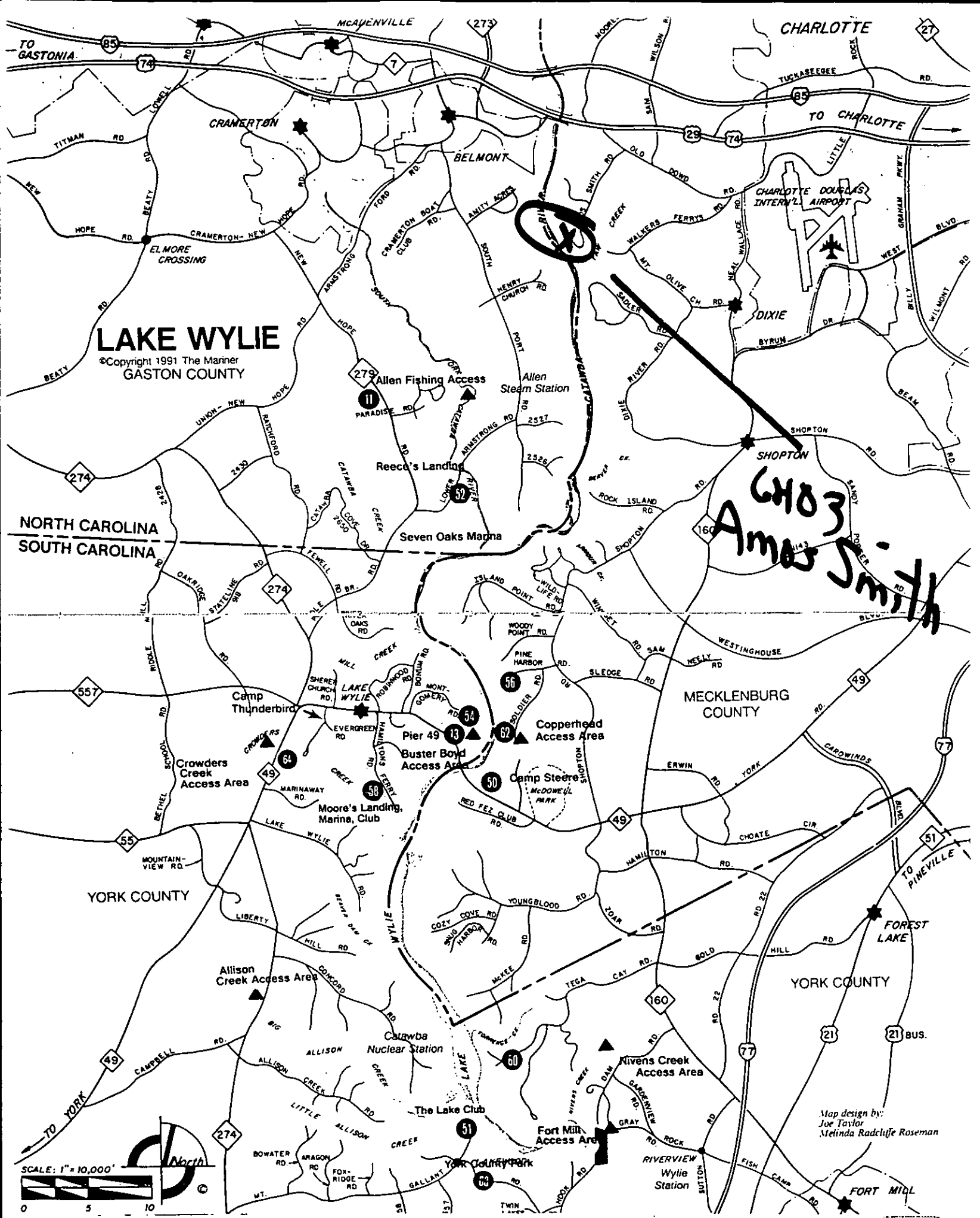
DATE

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy


LAKE WYLIE
©Copyright 1991 The Mariner
GASTON COUNTY
CHO3
Amos Smith
NORTH CAROLINA
SOUTH CAROLINA
YORK COUNTY
MECKLENBURG COUNTY
YORK COUNTY
CHARLOTTE
TO CHARLOTTE
TO GASTONIA
CRAMERTON
BELMONT
MCADENVILLE
DIXIE
SHOPTON
Allen Fishing Access
Allen Steam Station
Reece's Landing
Seven Oaks Marina
Camp Thunderbird
Crowders Creek Access Area
Pier 49
Buster Boyd Access Area
Copperhead Access Area
Camp Steere
McDOWELL PARK
Moore's Landing, Marina, Club
Allison Creek Access Area
Catawba Nuclear Station
The Lake Club
York County Park
Fort Mill Access Area
Rivens Creek Access Area
Wylie Station
FOREST LAKE
TO PINEVILLE
TO YORK
FORT MILL
CHARLOTTE DOUGLAS INTERN'L AIRPORT
SCALE: 1" = 10,000'
North
0 5 10
Map design by:
Joe Taylor
Melinda Radcliffe Roseman

12/27/96

Mecklenburg County Health Department
Environmental Health Division
700 North Tryon Street
Charlotte, N. C. 28202

Dear Sirs:

Enclosed is an application for an improvement permit as required prior to new construction.

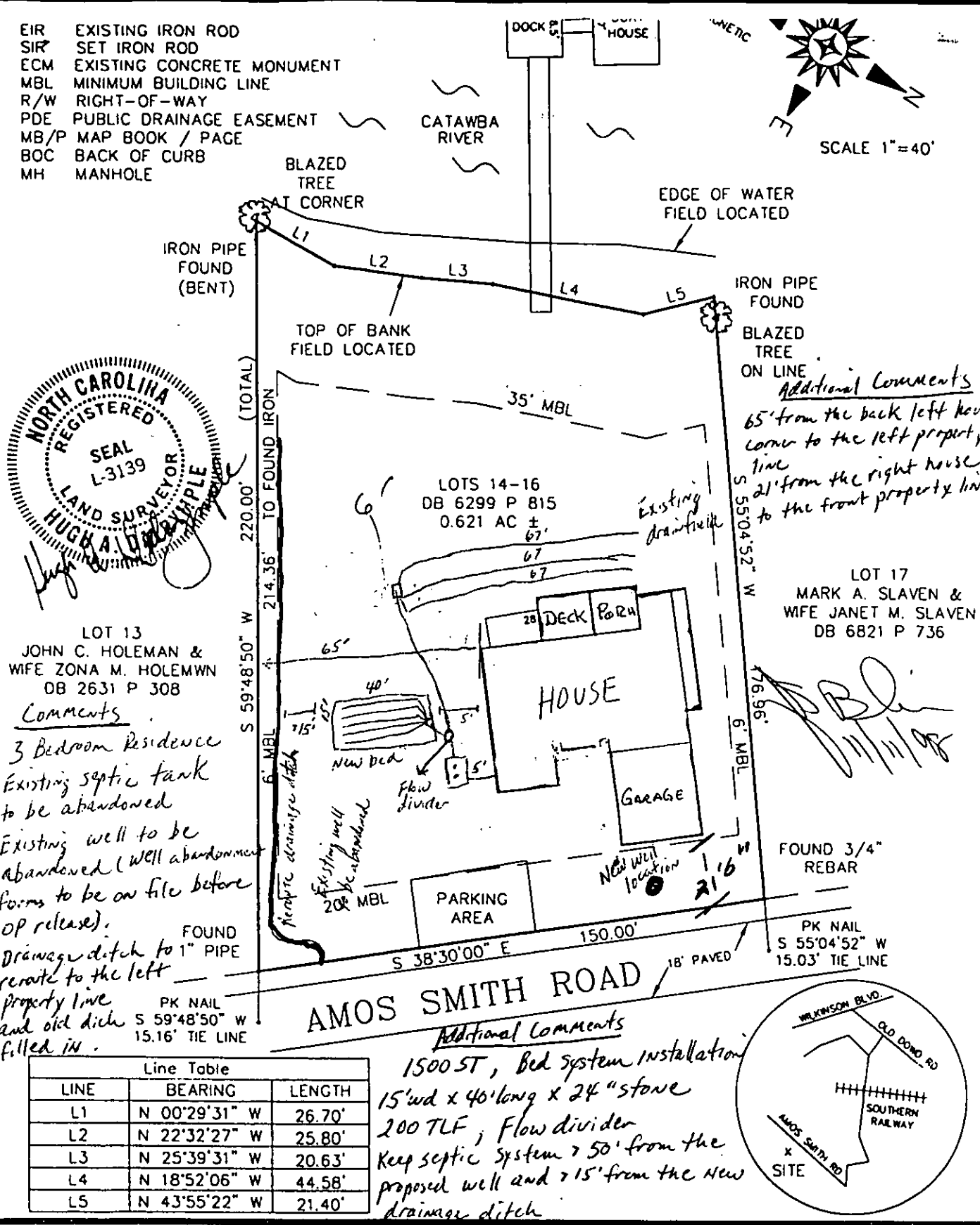
We intend to drill a new 6" well when and if we start construction and would appreciate your giving advise as to the best location for drilling of the new well during your inspection. The existing well will either be closed or used for lawn irrigation.

Please call if you have any questions or comments.

Sincerely,

James S. Blair, Jr.
JSB:bb
encl

EIR EXISTING IRON ROD
SIR SET IRON ROD
ECM EXISTING CONCRETE MONUMENT
MBL MINIMUM BUILDING LINE
R/W RIGHT-OF-WAY
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BOC BACK OF CURB
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PREPARED BY:

DELTA LAND SERVICES, INC.

6033 FLORENCE AVENUE, SUITE 100
CHARLOTTE, NORTH CAROLINA 28212
(704) 536-6190

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REVISED: Septic System Area To Septic Tank Only 9-17-98 DWN: JJM CKD: DATE: 9 / 11 / 98

C:\DWGS\MISC\AMOS.DWG - JJM

JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 10/20/98 10:20
BK: 09982 PG: 0496/0498 #:0106 13.05

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

FILE # 21456
PARCEL # 113-082-21

The undersigned, James S Blair Bonnie R. Blair, owner of property located at 6403 Amos Smith Road, (the "site") and described in an instrument recorded in Book _____ at Page _____, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following conditions will apply to the site:

- Any changes on the property may make the Improvement Permit Null and void and may make the Improvement Permit subject to revocation.

This instrument was prepared by: x Mecklenburg County Health Dept
Mail after recording to: x Philo S. Walker
700 N. Tryon Street Suite 211
Charlotte N.C. 28202

3

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, 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 authority of its Board of Directors, this _____ day of _____, 199__.

_____ (SEAL)

(Corporate Name)

_____ (SEAL)

By: _____ _____ (SEAL)

_____ President _____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF Gaston

I, Audrey Jean Thornton, a Notary Public for said County and State, do hereby certify that James S. Blair and Bonnie R. Blair personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 19th day of October, 1998.

AUDREY JEAN THORNTON NOTARY PUBLIC GASTON COUNTY, N.C.

Audrey Jean Thornton
Notary Public

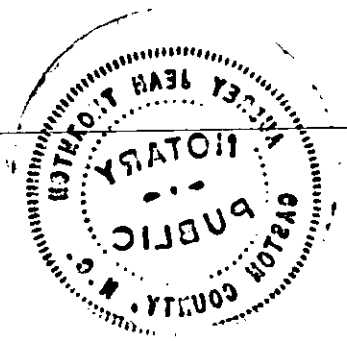
My Commission Expires: 5-2001

State of North Carolina, County of Mecklenburg
The foregoing certificate(s) of Audrey Jean Thornton

Notary(ies) Public is/are certified to be correct. DATE: OCT 20 1998

JUDITH A. GIBSON, REGISTER OF DEEDS By: Dorothy McClelland Deputy Register of Deeds

RD98-598


NOTARY
PUBLIC
GASTON COUNTY, N. C.

Permit Number: 21456 Tax Number: 113 082 21

- 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 (IV) 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
.3 Long-term acceptance rate	360 Total Max gallons/day wastewater flow	600 Absorption Area (sq ft)	___ Trench spacing (min. on centers)
Yes Serviced by private well	1500 Gallon septic tank	200 Total trench length (ft)	36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	NA Gallon pump tank	24" Depth of stone	
Any surface waters present: yes Type: Lake Wylie		Minimum separation distance: >50'	
Site modifications required: Reroute existing drainage ditch			
Additional Conditions: Existing septic tank to be abandoned, Existing well to be properly abandoned and relocated >50' from the septic system. No 100% Repair required. Plot plan altered due to possible system depth with previous plan.			
Repair Area System Type Type (circle one): I (IV) III IV V VI No 100% Repair Required	✓ 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
600' Absorption Area (Sq ft) 200' Total Trench Length (Ft)	24" Depth of Stone Trench	NA Trench spacing (min. on centers)	36" 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.

Philip S. Walker R.S. 11/6/98
DEHNR Authorized Agent Date

Owner/Agent Signature Date 11/11/98

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

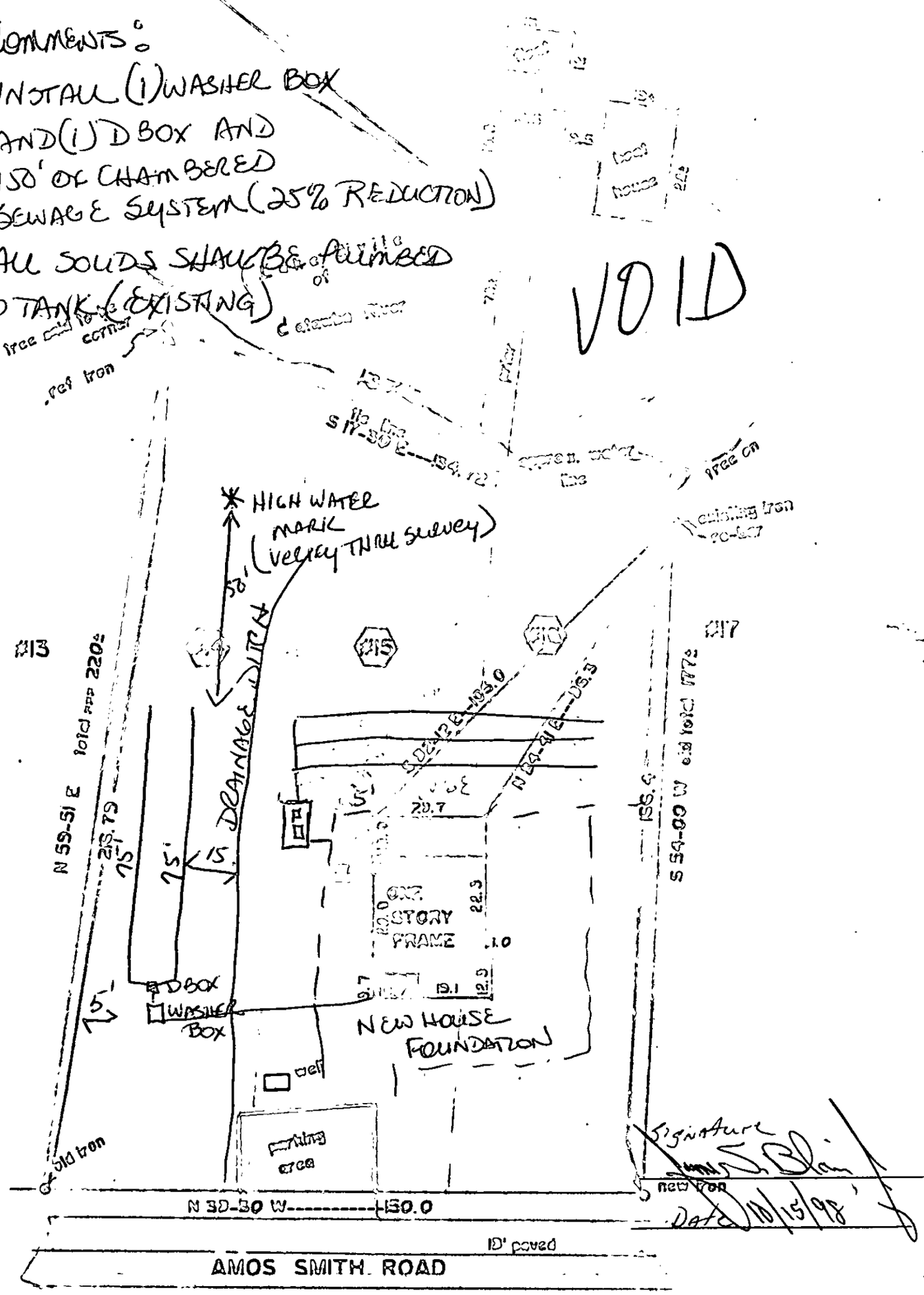
NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

COMMENTS:

① INSTALL (1) WASHER BOX AND (1) D BOX AND 150' OF CHAMBERED SEWAGE SYSTEM (25% REDUCTION)

② ALL SOILS SHALL BE PLUMBED TO TANK (EXISTING)

VOID



Signature J. Samuel Blair

Date 10/15/98

SURVEY BY:
PRESTON R. TAYLOR JR.
REG. SUR. L-1052
BELMONT, N.C.
SCALE: 1" = 30'
JUNE 26, 1990

MECKLENBURG COUNTY
AMOS SMITH ROAD
near: CHARLOTTE, N.C.
SURVEY OF:
LOTS: #14, #15 and #16 of plat #2
A.T.L. SMITH PROPERTY
RECORDED PLAT: MAP BOOK #3 PG. #571
MECKLENBURG REGISTRY

FOR:
JAMES SAMUEL BLAIR
and wife:
BONNIE R. BLAIR

PHYSICAL SURVEY

LOTS, 14, 15, AND 16, PLAT NO. 2 OF THE A.T.L. SMITH PORPERTY
MECKLENBURG COUNTY, NORTH CAROLINA
MAP BOOK 3 PAGE 571

PREPARED FOR James S. and Bonnie R. BLAIR

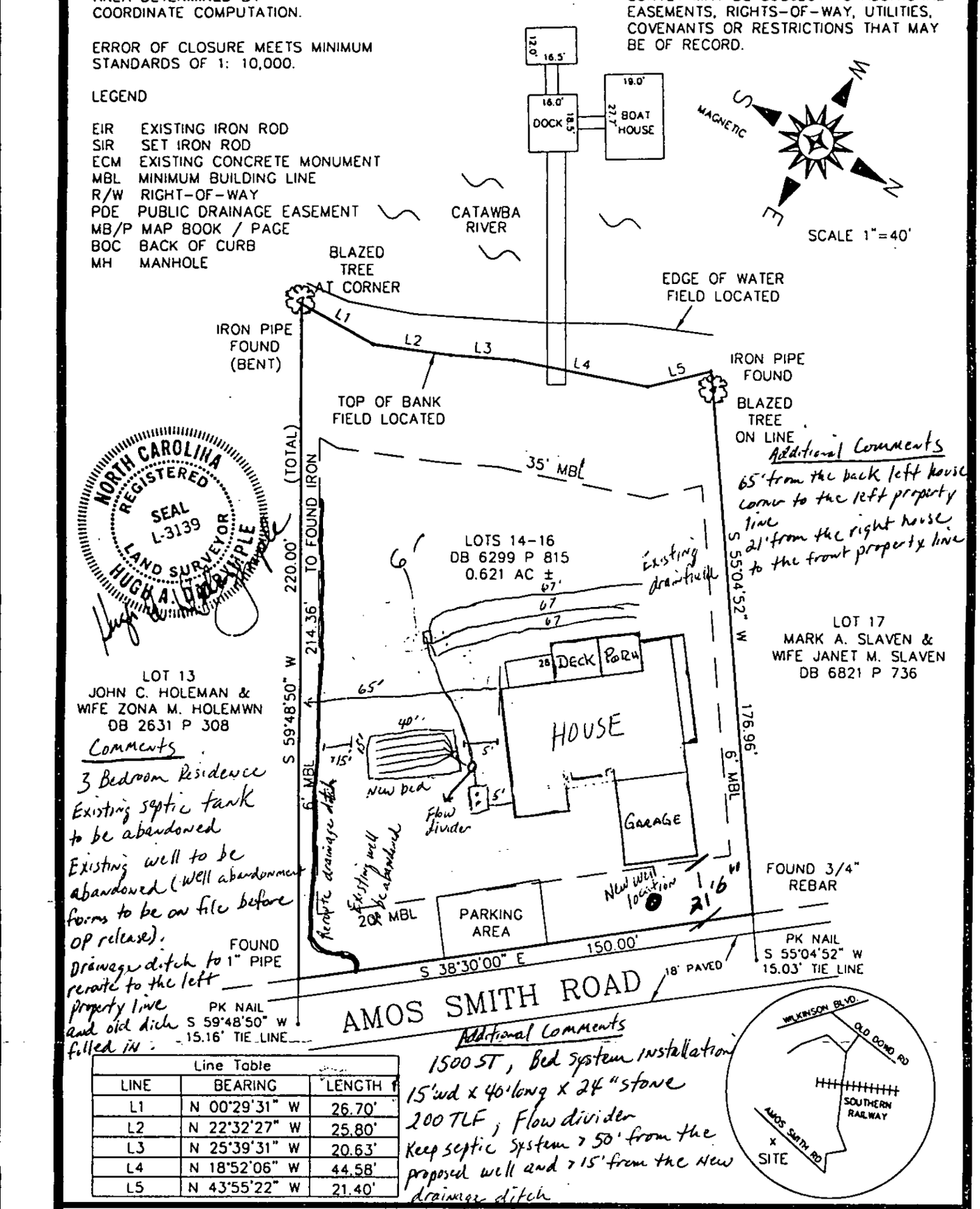
AREA DETERMINED BY COORDINATE COMPUTATION.

ERROR OF CLOSURE MEETS MINIMUM STANDARDS OF 1: 10,000.

LEGEND

EIR EXISTING IRON ROD
SIR SET IRON ROD
ECM EXISTING CONCRETE MONUMENT
MBL MINIMUM BUILDING LINE
R/W RIGHT-OF-WAY
PDE PUBLIC DRAINAGE EASEMENT
MB/P MAP BOOK / PAGE
BOC BACK OF CURB
MH MANHOLE

SURVEY MAY BE SUBJECT TO ADDITIONAL EASEMENTS, RIGHTS-OF-WAY, UTILITIES, COVENANTS OR RESTRICTIONS THAT MAY BE OF RECORD.



Additional Comments
65' from the back left house corner to the left property line
S 21' from the right house to the front property line

Comments
3 Bedroom Residence
Existing septic tank to be abandoned
Existing well to be abandoned (well abandonment forms to be on file before OP release).
Drainage ditch to remain to the left property line and old ditch filled in.

Line Table		
LINE	BEARING	LENGTH
L1	N 00°29'31" W	26.70'
L2	N 22°32'27" W	25.80'
L3	N 25°39'31" W	20.63'
L4	N 18°52'06" W	44.58'
L5	N 43°55'22" W	21.40'

Additional Comments
1500 ST, Bed system installation
15'wd x 40'long x 24" stone
200 TLF, Flow divider
Keep septic system > 50' from the proposed well and > 15' from the new drainage ditch

PREPARED BY:

DELTA LAND SERVICES, INC.
6033 FLORENCE AVENUE, SUITE 100
CHARLOTTE, NORTH CAROLINA 28212
(704) 536-6190

THIS PROPERTY IS NOT LOCATED IN ANY SPECIAL FLOOD HAZARD AREA AS IDENTIFIED ON COMMUNITY PANEL NO. 370158-0040-B, DATED 2/3/93.

REVISED: SEPTIC SYSTEM AREA TO SEPTIC TANK ONLY 9-17-98 DWN: JJM CKD: DATE: 9 / 11 / 98

C:\DWGS\MISC\AMOS.DWG - JJM

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: 21456
TC:
SERIAL: № 20621
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 6111 Hucks Country Rd (STREET NO / STREET) ② FILE: 21456
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Cecil + Carol Lucas Long (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: 13409 Cowlishaw Dr
⑩ CITY: Charlotte NC ⑪ STATE: NC ⑫ ZIP: 28227
⑬ PHONE: (WORK) 704-377-6506 ⑭ (HOME) 704 545-6411

REQUEST

This request is for a(n):
⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) Replace old Norweco No

DESIGN CRITERIA

System will serve:
⑲ ☑ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? three
㉓ Maximum occupancy? 4
㉕ Type?
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: Cecil L Long
Date: 4-10-91

The HE... Rec... gran... Sew... issu... ... N... stall... Dep... ... T... mor...

Mr. Long abandoned plans for this property; application not to be used.

JRG CO... approve... his appr... s For Sa... t the ti... sions: n until ... issued ... and vo...

Date

Envi...

Director or Authorized Section Head — Date

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

Mecklenburg County
Health Department

March 12, 1997

Mr. James S. Blair, Jr.
1290 Dorchester Road
Gastonia, NC 28056

Re: 6403 Amos Smith Road
File: 21456
Parcel: 113-082-21

Dear Mr. Blair:

This to acknowledge the receipt of your application to install a new septic system and submittal of plans to build a new three bedroom residence at 6403 Amos Smith Road. Our records indicate that there is a 1500 gallon septic tank and 200' of drainfield was installed for a one bedroom residence. A review of these plans and a soil evaluation was performed by Bill Marlin who is the Soil Scientist with this office.

At the time of the consultation on February 19, 1997, we discussed options that may be feasible to utilize your lot with the house size you wish to use. There were severe limitations with available space, pre-existing wells and existing septic systems. Thus, this would deny the use of a new septic system for a three bedroom residence on this site.

In order to comply with the 15 NCAC 18A. The NC "Laws and Rules For Sewage Treatment and Disposal Systems" .1949(a) which states "The minimum volume of sewage from each dwelling unit shall be 240 gallons per day and each additional bedroom above two bedrooms shall increase the volume of sewage by 120 gallons per day." This will require additional drainfield for the 2 bedrooms which you are adding to your current house.

Options that we discussed and are available to you are as follows:

- The existing well would have to be abandoned and a new well installed adjacent to the other property line.
- The existing septic tank may need to be relocated to accommodate your new house.
- The existing drainfield shall remain in use and a 5' setback from the foundation of your house to any part of the septic system shall be maintained.
- A permanent house site shall need to be established prior to issuance of an Improvement Permit for an on site sewage disposal system.
- The only feasible option in order to comply with Rule .1949 would be the use of an innovative system utilizing a 25% reduction of drainfield. This would require approximately 150' of drainfield with a washer box for your washing machine wastes. All surface water would need to be diverted off of the drainfield location. Types of 25% reduction systems are the Envirochamber, Infiltrator or a brand called EEZ-LAY.

This lot was also classified as Unsuitable as to space. This would require re-classification forms and Agreement forms to be signed, notarized, recorded with the Register of Deeds and a copy provided to this office for our records. These forms are a required part of the permitting process.

For further assistance, please feel free to contact me at 336-5572.

Sincerely,

Toni Higgins-Bunney, R.S.
Individual Water and Wastewater Systems

THB:gc

JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 10/20/98 10:20
BK: 09982 PG: 0496/0498 #:0106 13.05

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

FILE # 21456
PARCEL # 113-082-21

The undersigned, James S Blair Bonnie R. Blair, owner of property located at 6483 Amos Smith Road, (the "site") and described in an instrument recorded in Book _____ at Page _____, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following conditions will apply to the site:

- Any changes on the property may make the Improvement Permit Null and void and may make the Improvement Permit subject to revocation.

This instrument was prepared by: Mecklenburg County Health Dept
Mail after recording to: Philo S Walker
700 N. Tryon Street Suite 211
Charlotte N.C. 28202

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, 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 authority of its Board of Directors, this _____ day of _____, 199__.

_____ (SEAL)
(Corporate Name)

_____ (SEAL)

By: _____ _____ (SEAL)

_____ President _____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF Gaston

I, Audrey Jean Thornton, a Notary Public for said County and State, do hereby certify that James S. Blair and Bonnie R. Blair personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 19th day of October, 1998.

AUDREY JEAN THORNTON NOTARY PUBLIC GASTON COUNTY, N.C.

Audrey Jean Thornton
Notary Public

My Commission Expires:
9-2001

State of North Carolina, County of Mecklenburg
The foregoing certificate(s) of Audrey Jean Thornton

Notary(ies) Public is/are certified to be correct. DATE: OCT 20 1998

JUDITH A. GIBSON, REGISTER OF DEEDS By: Dorothy McClelland Deputy Register of Deeds

RD98-598

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 21456 Tax Number: 113-082-21

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)	
___ 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)	
___ Bedrooms in residence	___ Gallon pump tank	___ Depth of stone		

Any surface waters present: YES Type: LAKE Wylie Minimum separation distance: 50'

Site modifications required:

Additional Conditions:
1. EXISTING WELL TO BE PROPERLY ABANDONED.
2. EXISTING SEPTIC TANK TO BE 6' FROM BLDG FOUNDATION.
3. NO DISTURBANCE OF EXISTING SEPTIC SYSTEM.
4. RE-CLASSIFICATION FORMS SHALL BE REQUIRED TO BE SIGNED & RECORDED PRIOR TO ISSUANCE OF I.P.

~~Repair~~ ALTERATION 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	
450 Absorption Area (Sq ft) 150 Total Trench Length (Ft)	N/A Depth of Stone Trench	9 Trench spacing (min. on centers)	___ 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.

Dave E Heggie 7-1-98
DEHNR Authorized Agent Date

Owner/Agent Signature Date 7/15/98

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

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: 7-1-98 PERMIT NO: 21456

PARCEL NO: 113-082-21

JOB LOCATION ADDRESS: 6403 Amos Smith Rd.

PROPERTY OWNER: James S. Blair, Jr.

BUILDING CONTRACTOR: _____

SUBDIVISION NAME: _____

AUTHORIZATION ISSUED BY: John E. Higgins, RS. DATE: 7-1-98

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 21456, 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: INSTALLATION APPROVAL ALLOWED ONLY AFTER PROPER ABANDONMENT OF WELL AND ALL RE-CLASSIFICATION FORMS HAVE BEEN RE-SUBMITTED.

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 James S. Blair 10/15/98

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

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

0460

PROPERTY ID #: 4
COUNTY: 5

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

#2 21456
113-063-21

OWNER: James S. Blair
ADDRESS: 1290 Dorchester Road Hertford
PROPOSED FACILITY: residence
LOCATION OF SITE: 6403 Amos Smith Road

APPLICANT:
APPLICATION DATE:
PROPOSED DESIGN FLOW (.1949): 360gpd

DATE EVALUATED:
PROPERTY SIZE: .66
PROPERTY RECORDED:

WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	3/4-92 3-92 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 & LTA
1	LS	0-6"	gr/sl	Fr/SEXP/SS/SP	7.5YR 6/1	46"	N/A	None	PS .39 FZ
		6-46"	SBK/C	Fi/SEXP/SP	TO Chroma 2				LE
2	LS	0-4"	gr/sl	Fr/SEXP/SS/SP	7.5YR 6/1	46"	N/A	None	PS .39 FZ
		6-46"	SBK/C	Fi/SEXP/SP	TO Chroma 2				LE
3									
4									

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): unsuitable

EVALUATED BY: W. A. Medlin 2-14-91
OTHER(S) PRESENT: LSS

OMMENTS: _____

LEGEND

use the following standard abbreviations

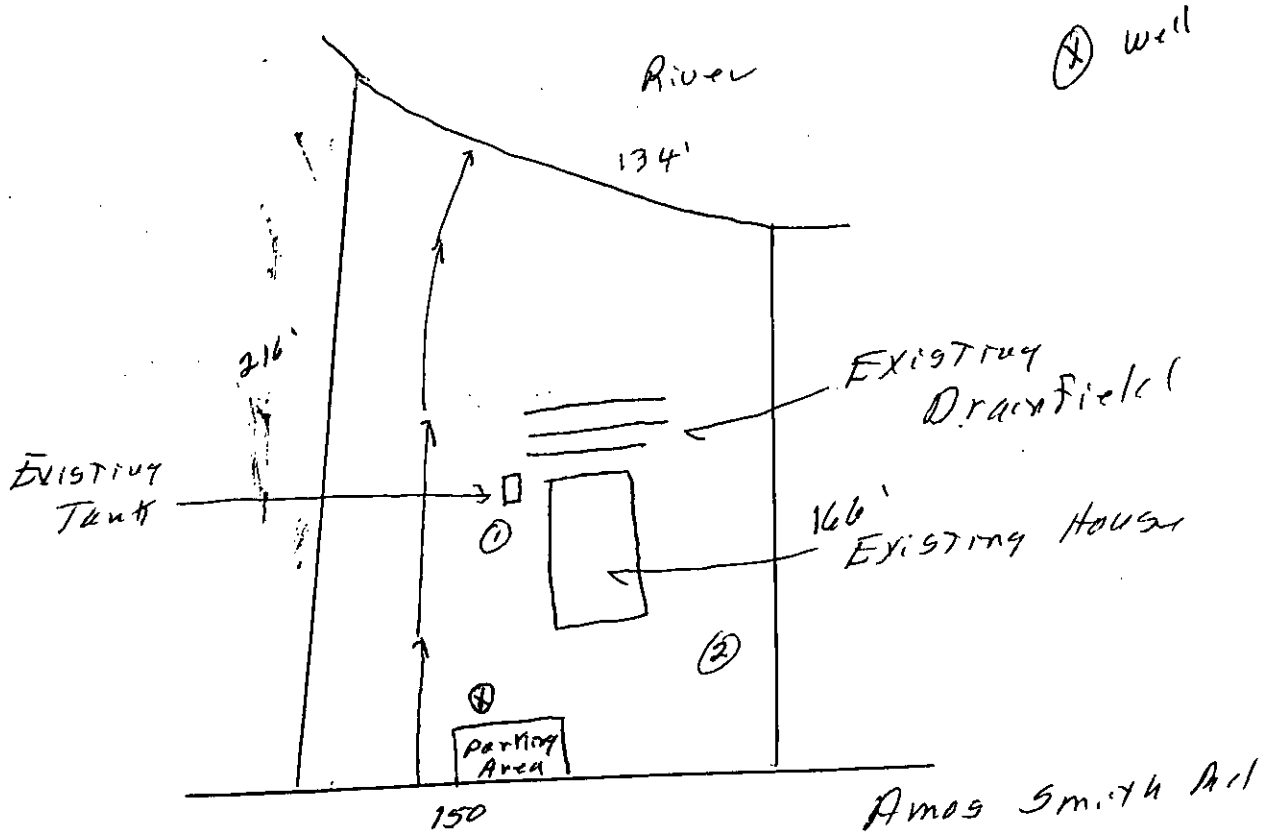
ANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
(Drainage Way)					EXP (Expansive)	CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
S (Foot Slope)						ABK (Angular Blocky)
(Head Slope)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SICL (Silty Clay Loam)				PR (Prismatic)
(Nose Slope)		CL (Clay Loam)			MOIST	WET
(Ridge)		SCL (Sandy Clay Loam)				
(Shoulder Slope)		SLC (Silt Loam Clay)			VFR (Very Friable)	NS (Non-sticky)
(Terrace)					FR (Friable)	SS (Slightly Sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FI (Firm)	S (Sticky)
		SIC (Silty Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
					EFI (Extremely Firm)	NP (Non-plastic)
		O (Organic)	None			SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

OTES

ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.
ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



FEE: 100.00
DATE: 12/30/96
C/C # 2372

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

RP 2/19/97 3:00 pm
1 1 CRT

TYPE APPLICATION: XX 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

2/18/97 - PO w/

FILE #: 21456

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: 6403 AMOS SMITH ROAD/CHARLOTTE, N.C.

TAX/PARCEL NUMBER: ~~113-083-21~~ 113-082-21

STREET ADDRESS: 6403 AMOS SMITH ROAD/CHARLOTTE, N.C

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
XX HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 14,15,&16 PLAT NO 2 A. T. L.Smith

TOWNSHIP (CHECK ONE):

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

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HEATED SQUARE FOOTAGE: APPROX 3,200 SQ. FT.

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 2

CLOSING DATE 6/11/1990

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
__ CRAWL SPACE
X WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

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

NEW SYSTEM-DESIRE TO BUILD NEW HOME ON THIS LOT. WILL DESTROY EXISTING BLD.

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

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ SHARED WELL (S)
__ MUNICIPAL (M)
__ OTHER 'SPRINGS' (O)
XX PRIVATE WELL (P) NEW 6" WELL

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

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

PROPERTY OWNER:

NAME: BLAIR, JR. (LAST) JAMES (FIRST) SAMUEL & WIFE (MI)

ADDRESS: 1290 DORCHESTER ROAD

CITY: GASTONIA STATE: NC. ZIP: 28056

DAYTIME PHONE: (704 865-9880

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

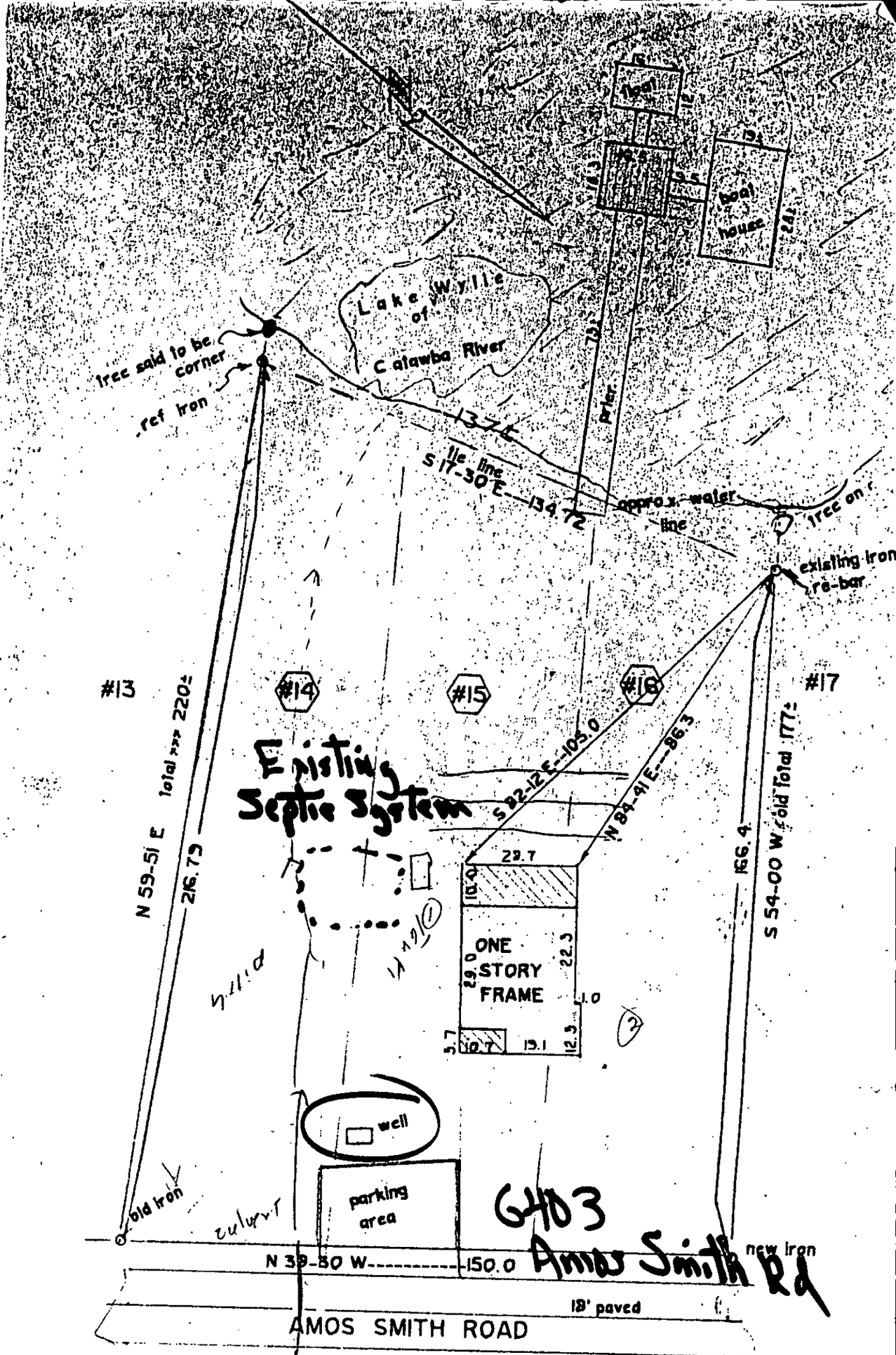
DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? June 11, 1990 (Purchase date)

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: [signature] DATE: 12/27/96

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



SURVEY BY:
PRESTON R. TAYLOR JR.
REG. SUR. L-1052
BELMONT. N.C.
SCALE: 1" = 30'
JUNE 26. 1990

SEAL
L1052
LAND SURVEYOR
PRESTON R. TAYLOR, JR.

MECKLENBURG COUNT
AMOS SMITH ROAD
near: CHARLOTTE. N.C.
SURVEY OF:
LOTS #14. #15 and #16 of plat #2
A.T.I. SMITH PROPERTY
RECORDED PLAT: MAP BOOK#3 PG.#5
MECKLENBURG REC
Map Book #3
Page 591
FOR:
JAMES SAMUEL BLAIR
and wife:
BONNIE R. BLAIR

PROPOSED PLOT PLAN

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

FILE: 21456

TC: _____

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.

1-0-6" cl
6-10 sl
10-48"

2-0-6" cl
6-48" c

See Attached

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

12/27/96

Mecklenburg County Health Department
Environmental Health Division
700 North Tryon Street
Charlotte, N. C. 28202

Dear Sirs:

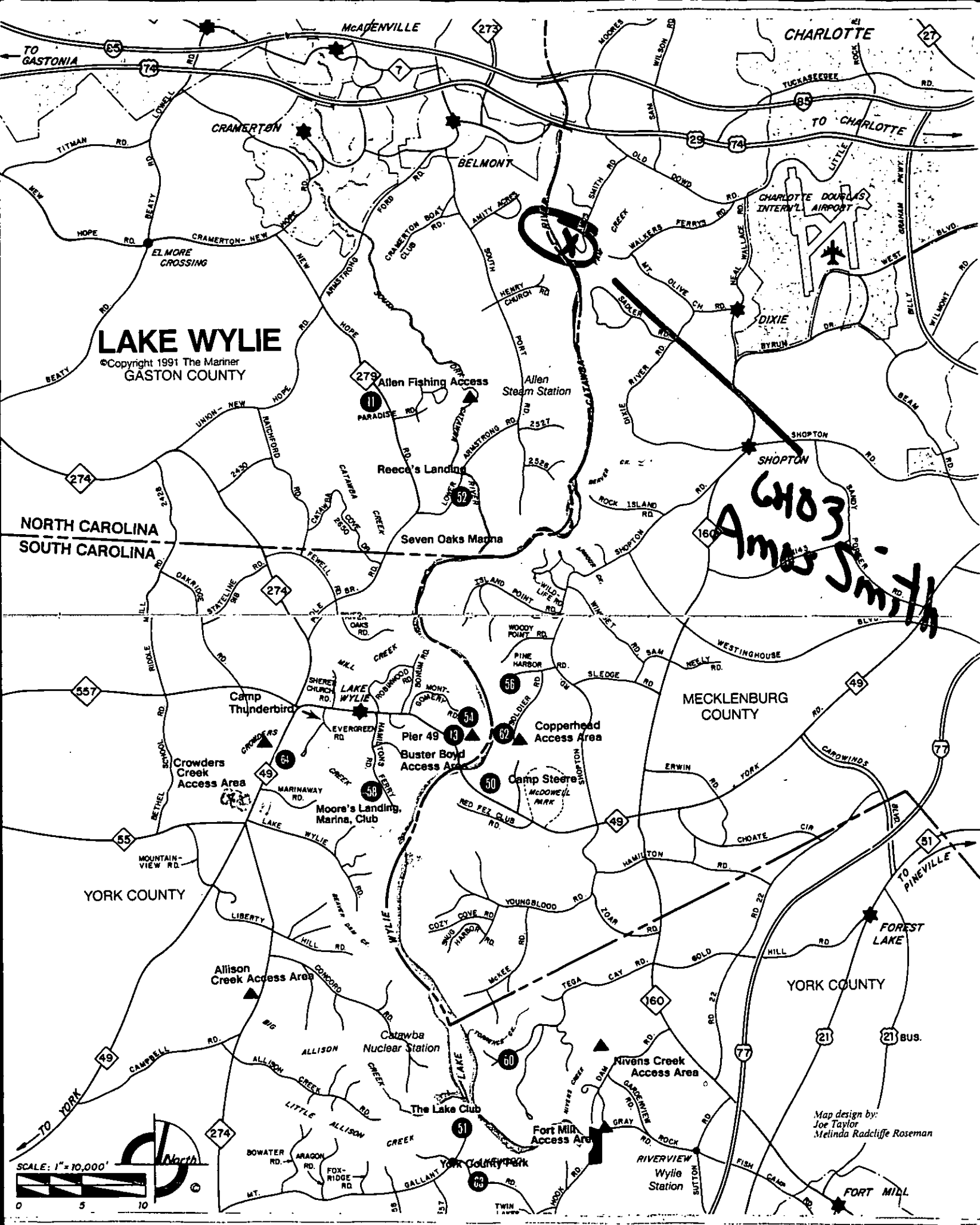
Enclosed is an application for an improvement permit as required prior to new construction.

We intend to drill a new 6" well when and if we start construction and would appreciate your giving advise as to the best location for drilling of the new well during your inspection. The existing well will either be closed or used for lawn irrigation.

Please call if you have any questions or comments.

Sincerely,

James S. Blair, Jr.
JSB:bb
encl


LAKE WYLIE
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GASTON COUNTY
NORTH CAROLINA
SOUTH CAROLINA
YORK COUNTY
MECKLENBURG COUNTY
CHARLOTTE
TO CHARLOTTE
TO GASTONIA
TO YORK
TO PINEVILLE
McADENVILLE
CRAMERTON
BELMONT
SHOPTON
DIXIE
FOREST LAKE
FORT MILL
CHARLOTTE DOUGLAS INTERN'L AIRPORT
Allen Fishing Access
Allen Steam Station
Reece's Landing
Seven Oaks Marina
Camp Thunderbird
Crowders Creek Access Area
Pier 49
Buster Boyd Access Area
Copperhead Access Area
Camp Steere
McDOWELL PARK
Moore's Landing, Marina, Club
Allison Creek Access Area
Catawba Nuclear Station
The Lake Club
York County Park
Fort Mill Access Area
Nivens Creek Access Area
Wylie Station
ELMORE CROSSING
Map design by:
Joe Taylor
Melinda Radcliffe Roseman
SCALE: 1" = 10,000'
North
0
5
10

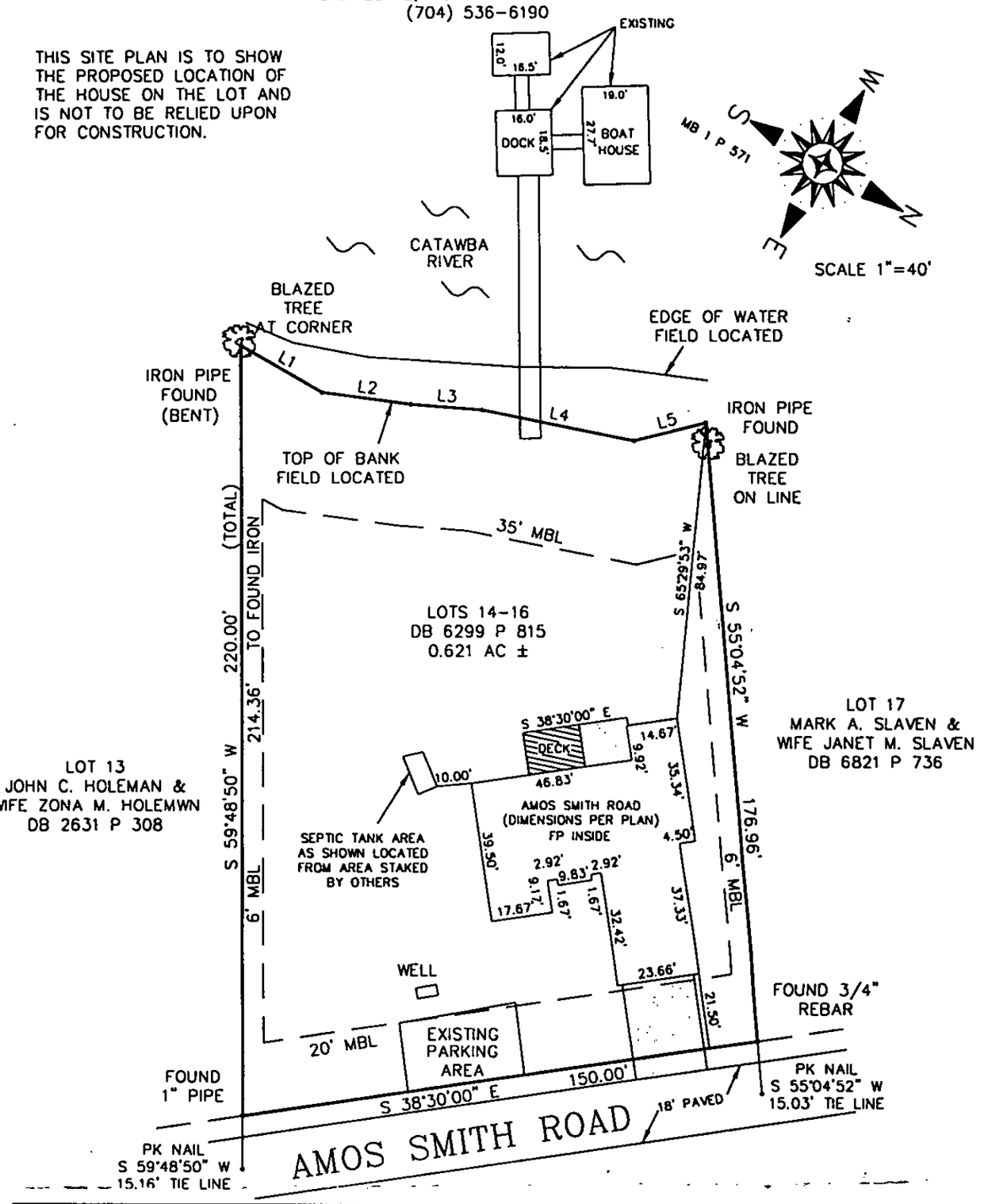
Kim Zuma
Esq.

SITE DEVELOPMENT PLAN

PREPARED BY:

DELTA LAND SERVICES, INC.
6033 FLORENCE AVENUE, SUITE 100
CHARLOTTE, NORTH CAROLINA 28212
(704) 536-6190

THIS SITE PLAN IS TO SHOW THE PROPOSED LOCATION OF THE HOUSE ON THE LOT AND IS NOT TO BE RELIED UPON FOR CONSTRUCTION.



Line Table		
LINE	BEARING	LENGTH
L1	N 00°29'31" W	26.70'
L2	N 22°32'27" W	25.80'
L3	N 25°39'31" W	20.63'
L4	N 18°52'06" W	44.58'
L5	N 43°55'22" W	21.40'

NOT FOR RECORDATION, CONVEYANCES OR SALES

Subdivision PLAT NO. 2 OF A.T.L. SMITH PROPERTY County Mecklenburg
Address Amos Smith Road Owner Ingraham Builders
Lot 14-16 Block ____ Plan Custom Elevation ____ Drive (Left) ____ (Right) X (Courtyard) ____
Patio X Deck X Fireplace X Garage (1 Car) ____ (2 Car) X (3 Car) ____ Brick ? Basement ____
Crawl ____ Slab ____ Fully Fenced Rear Yard ____ Other ____

REVISED: DWN: JJM CKD: GLV DATE: 10 / 13 / 98

C:\DWGS\MISC\AMOS.DWG - JJM