

10438 ANNIE OAKLEY TL

19719125

1/7/2008

duponbj

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

5017B

Service Request/ Work Order

Log No: 1 Section: _____ Hazard? ( )Yes ( ) No

Date: 4/25/06 Parcel: 197-191-25

Requesting Person: Melinda Phone: 65545

Address: _____

Property Concerned: Facility Name: Greg Keach

Address: 10438 Annie Oakley Ln City: Charlotte Zip: 28227

Service Requested: please check the location of well & septic system to the proposed location of pool.

Assigned To: David **Taken By:** _____

Date	Activity Report
5/1/06	SITE VISIT. POOL AREA WAS NOT MARKED OFF. AGREEMENT FORMS NOT ON FILE. PC TO H.O. & TIM @ ALOHA POOLS W/ UPDATE ON THESE REQUIREMENTS.
5/3/06	AGREEMENT FORMS COMPLETED, BUT NOT ON RECORD @ REGISTER OF DEEDS. POOL LOCATION MARKED BY TIM @ ALOHA POOLS, DRAWLINES EXTEND INTO AREA MARKED FOR POOL. POOL AREA MUST BE MOVED ARE AT LEAST 15'.
5/4/06	AGREEMENT FORMS ON FILE @ REGISTER OF DEEDS. PC TO TIM OF ALOHA POOLS; WILL APPROVE OF POOL LOCATION IF MOVED 15'+ TOWARDS DRIVEWAY SIDE OF HOUSE

NOTIFICATION OF FINAL DISPOSTION TO REQUESTING PERSON: _____ / 5/8/06 WRITTEN ✓ VERBAL ✓

Environmentalists Signature Date

Reviewed By: _____ / _____ Recall date _____

Section Head's Signature Date

5017B

Service Request/ Work Order

Log No:_____ Section:_____ Hazard? ( )Yes ( ) No

Date: 4/25/06 Parcel: 197-191-25

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Assigned To: David **Taken By:**_____

Date	Activity Report

NOTIFICATION OF FINAL DISPOSTION TO REQUESTING PERSON:

_____/_____WRITTEN___VERBAL___

Environmentalists Signature Date

Reviewed By:_____/_____Recall date_____

Section Head's Signature Date

fax 704-596-3306

Mecklenburg County Health Department

APPLICATION FOR RESIDENTIAL POOL CONSTRUCTION APPROVAL

Street Address of Pool Installation: 10438 Annie Oakley Tr

City: Mint Hill State: NC. Zip: 28227

Subdivision: Pleasant Valley Lot Number: # 22

Owner: Greg Keach Home Phone: (704) 573-3446 4/21/06 NA LM

Mailing Address: 10438 Annie Oakley Tr Work Phone: (704) 643-0506

City: Mint Hill State: N.C. Zip: 28227

Contractor: Aloha Pools Phone: (704) 597-7140

Contractor's Mailing Address: 6401 B. Orr Road

City: Charlotte, State: N.C. Zip: 28213

4/21/06 V

Type water supply: [ ] Municipal water [ ] Community water supply [✓] Private well

Type sewage disposal: [ ] Municipal sewer [ ] Community sewer [✓] Septic tank system

Are any wells or septic tank systems located within 200 feet of the proposed pool location? [✓] Yes [ ] No

Attach a scale drawing showing the proposed location of the pool and any buildings, wells, or septic tank systems within 100 feet of the proposed pool. Show the location of the fence that will protect the pool; indicate size off openings through the fence. Show the flow of backwash/discharge water from the pool. (Plot may be drawn on back of this page.)

I Dean Boulin Aloha Pools, Inc (owner of the property) (agent for the owner of the property) on which the pool is to be installed, acknowledge completion of this application and the scale drawing detailing the pool installation and certify the application is complete and accurate. I hereby authorize agents of the Mecklenburg County Health Department to enter onto the property listed above as the "Street Address of Pool Installation" for the processing of this request and to conduct a final inspection of the pool when construction is completed, as evidenced by its ability to hold water. I understand that the pool must be protected by a fence or similar barrier and that all openings through the barrier must be equipped with self-closing, positive latching gates. If signing as the agent for the owner, I have informed the owner of these requirements.

Signed: Dean Boulin Aloha Pools, Inc

Date/Title: 4-20-06 Owner Aloha Pool

By signing in this block, the contractor authorizes the processing fee for this request to be charged to the Building Standards Contractor Account. $

This area for MCHD use only:

Amount Paid: $ 75.00 [ ] Cash [ ] Check No. Date: 4/25/06 By: MSB

[✓] Contractor Charge: X36329

Request No.: 2277 Parcel: Territory: EHS:

Approved by: DAVID CARWELL Date 5/8/06 CRT:

Disapproved by: Date Notify Date:

Final/Fencing Inspection By: Date:

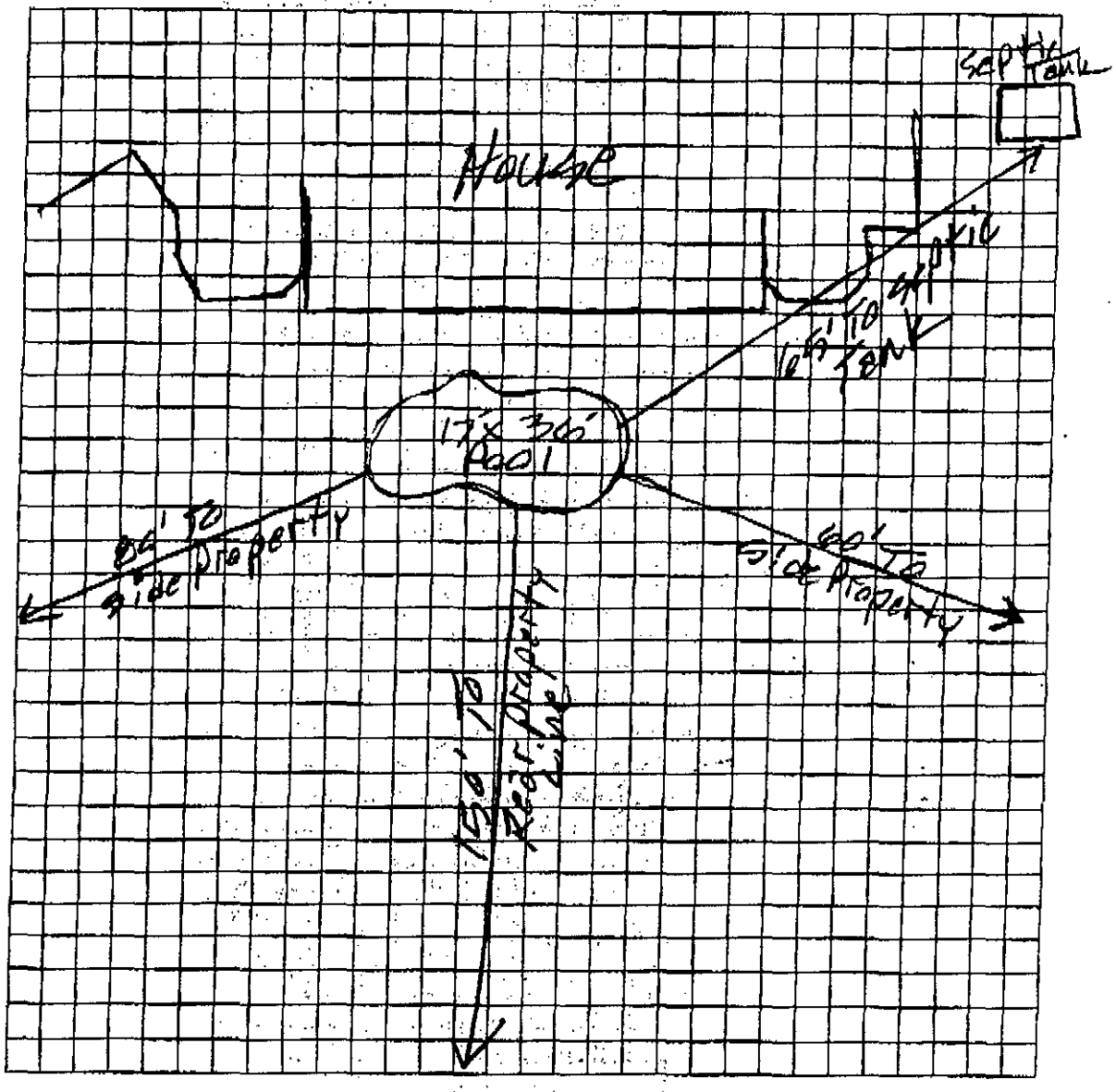
Signature on the "Approved by" line above by an employee of the Mecklenburg County Health Department indicates Health Department approval of this application and the accompanying plot plan. All approvals are contingent upon the pool being operated in a manner that does not create a public health nuisance or hazard, and completion of the required pool barrier at the time the pool is allowed to contain water.

X36729
10428 Annie Oakley Tr. Mint Hill
File #
Date 4/20/06

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature	Dean Bunting
Date	4/20/06

LBC 12/15/04

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	04/25/06	**Amount:**	75.00
Receipt #:	43453	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	BEACHMS		

Account Information

Account #: X36329
Contractor: ALOHA POOLS INC
Attn:
Address: 6401-B ORR RD
Address:
City/State/Zip: CHARLOTTE, NC 28213

Item	Description	Permit#	Quantity	Unit Price	Total Price
0718	Residential Pool Permit 10438 ANNIE OAKLEY TRL		1	75.00	75.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
75.00					

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5017B DATE: 5-27-05

TC: 192-191- 24,25 ☒ L ☐ CRT

SERIAL 19822

Name of Owner WILLIAM J. PLEASANTS Juris.:

Address of Property 10438, 10439 ANNIE OAKLY TRAIL

Inspection Data:

Tank Material 1500 PCC

Total Length of Drainfield 480

Number of Lines 6 @ 80'

Cover Depth 12"

Water Supply Source WELL

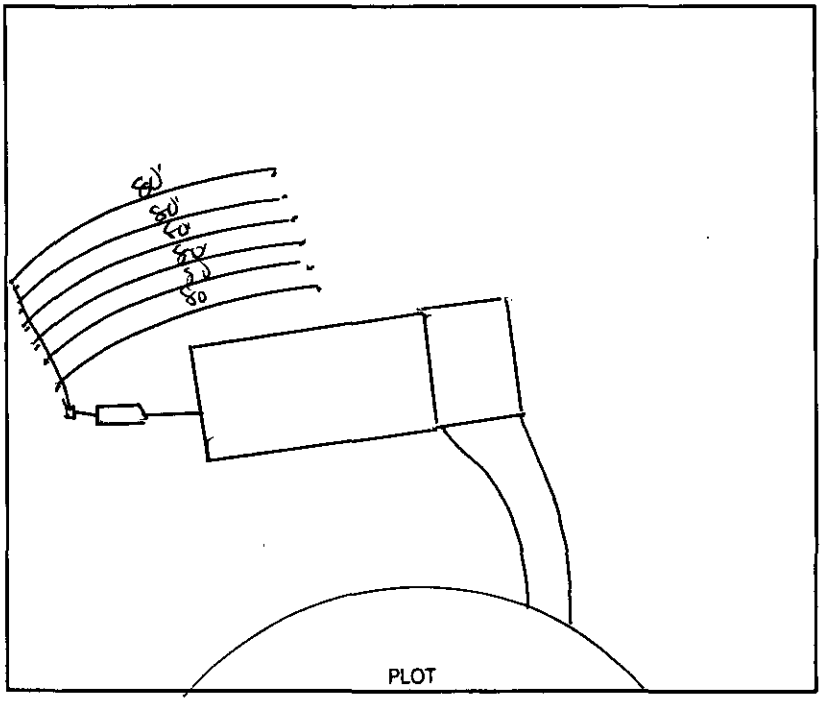
Distance to Water Source 180'

Excavation Inspected 5-27-05

Tank(s) Inspected 5-27-05

Wash Line Inspected NA

High Water Alarm Inspected —



Design 1500 ST 1800 SFT INNOVATIVE E2 FLOW CTR# W.T. NORWOOD

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: TYPE III - G

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

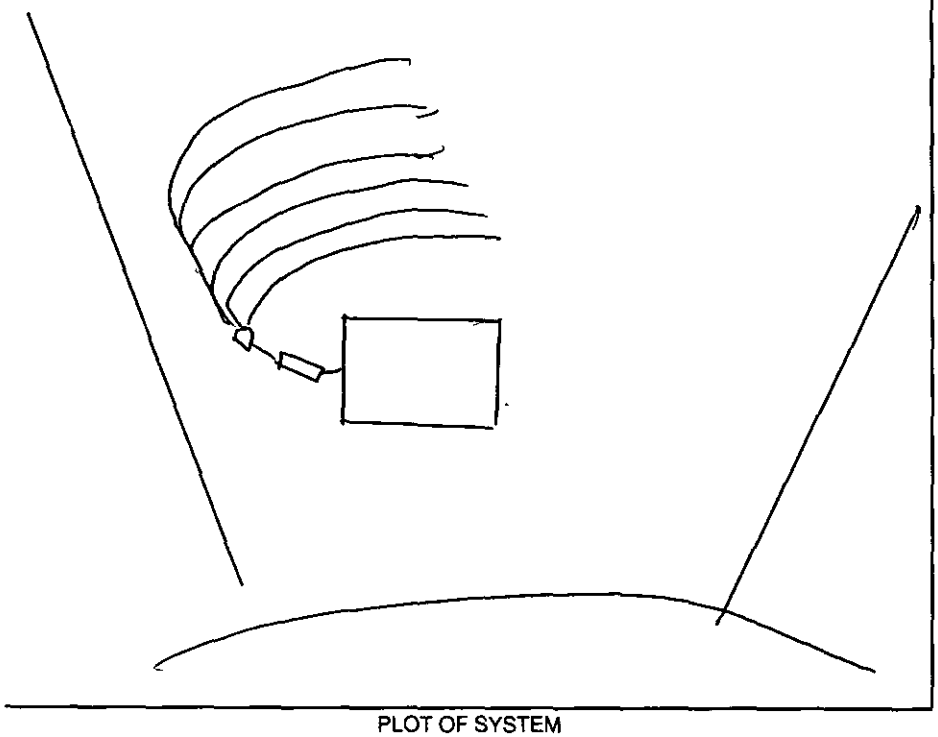
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5017B DATE: 7-26-05

TC: 197-191-24,25 ☒ L

SERIAL 19253

Permission is hereby given to _____ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 5-28-02. All work shall be completed on or before _____, 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 rc

Trench Depth 12"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 480 feet

Number of Lines 8

Depth of Stone NA 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 WILLIAM J. PLEASANTS

LOCATION OF PROPERTY 10435, 10439 ANNIE OAKLY TRAIL

Comments: USE TYPE II-G INNOVATIVE

Environmental Health Specialist

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

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2006 MAY 05 08:32 AM
BK:20387 PG:892-895 FEE:$20.00

INSTRUMENT # 2006086785

2006086785

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

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

FILE #: 5017B

PARCEL #: 19719125

The undersigned, Greg & Sybil Keach, owner of property located at 10438 Annie Oakley Trail, Mint Hill NC 28227, (the "site") and described in an instrument recorded in Book 44 at Page 183, 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 will apply to the site:

This instrument was prepared by: W.T. Norwood, Waxhaw NC

Mail after recording to: 10438 Annie Oakley Trail Mint Hill NC. 28227

RETURNED TO CUSTOMER

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

-- 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 regulation in effect at the 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 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 2nd day of May, 2006.

Hostetter & Keach Inc
(Corporate Name)

By: [signature]
Gregory S Keach President

(SEAL)
(SEAL)
(SEAL)
(SEAL)

HOSTETTER & KEACH, INC. CORPORATE SEAL MECKLENBURG COUNTY NORTH CAROLINA

ATTEST:

_____

_____ Secretary

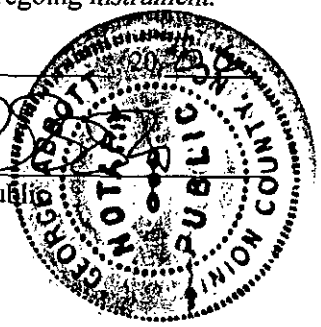
(Corporate Seal)

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

I, GEORGE ABBOTT, a Notary Public for said County and State, do hereby certify that GREGORY S. KEACH personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal this 2 day of MAY, 20 08.



_____
Notary Public

My Commission Expires:

SEPTEMBER 19, 2009

STATE OF NORTH CAROLINA

COUNTY OF _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this date and acknowledged that he is _____ Secretary of _____, a North Carolina corporation, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal, and attested by _____ as its _____ Secretary.

WITNESS my hand and notarial seal this _____ day of _____, 20 _____.

_____
Notary Public

My Commission Expires:

_____

REVISED 8-13-02

JUDITH A. GIBSON
REGISTER OF DEEDS, MECKLENBURG
COUNTY & COURTS OFFICE BUILDING
720 EAST FOURTH STREET
CHARLOTTE, NC 28202

PLEASE RETAIN YELLOW TRAILER PAGE

It is part of the recorded document, and must be submitted with original for re-recording and/or cancellation.

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Filed For Registration:	**05/05/2006 08:32 AM**
Book:	**RE 20387 Page: 892-895**
Document No.:	**2006086785**
	PRMIT 4 PGS $20.00
Recorder:	**KAMIL COOPER**

2006086785

Receipt # 33065

FEE: $230.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 12/17/02 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 11/21/02

PERMIT NO: 5012B
PARCEL NO: 191-191,-24,25

JOB LOCATION ADDRESS: 10438 Annie Oakley Trail
PROPERTY OWNER: William J. Pleasants
BUILDING CONTRACTOR: Edward Sidley
SUBDIVISION NAME: Pleasant Union Lot 20,21
AUTHORIZATION ISSUED BY: [signature] DEHNR AUTHORIZED AGENT DATE: 11/21/02

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 5012B, 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) Agreement Forms must be completed. (2) Clean soil (clay cap) of 12" must be supplied as final cover of landfill.

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 J. Edward Stanley — SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE
X 12/17/02 — DATE

P 19166

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 197-191-2425

Permit Number: 5012B

- 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	X Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
.25 Long-term acceptance rate	480 Max gallons/day wastewater flow	1920 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
YES Serviced by private well	1500 Gallon septic tank	480 Total trench length (ft)	14' Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
4 Bedrooms in residence	___ Gallon pump tank	NA Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: (1) INSTALL DRAINLINES 14" DEEP, (2) SOIL COVER MUST BE SUFFICIENT TO PROVIDE 12" OF CAP COVER. (3) AGREEMENT FORMS MUST BE COMPLETED PRIOR TO ISSUANCE OF CONSTRUCTION AUTHORIZATION OPERATION PERMIT				
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	X Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
1920 Absorption Area (Sq ft) 480 Total Trench Length (Ft)	NA Depth of Stone Trench	9' Trench spacing (min. on centers)	14' 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 I 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 eff 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 Departme
- This Improvement permit is transferable.

DEHNR Authorized Agent — Date 11/21/02

X J. Edward Staley — Owner/Agent Signature — Date 12/17/02

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-100195

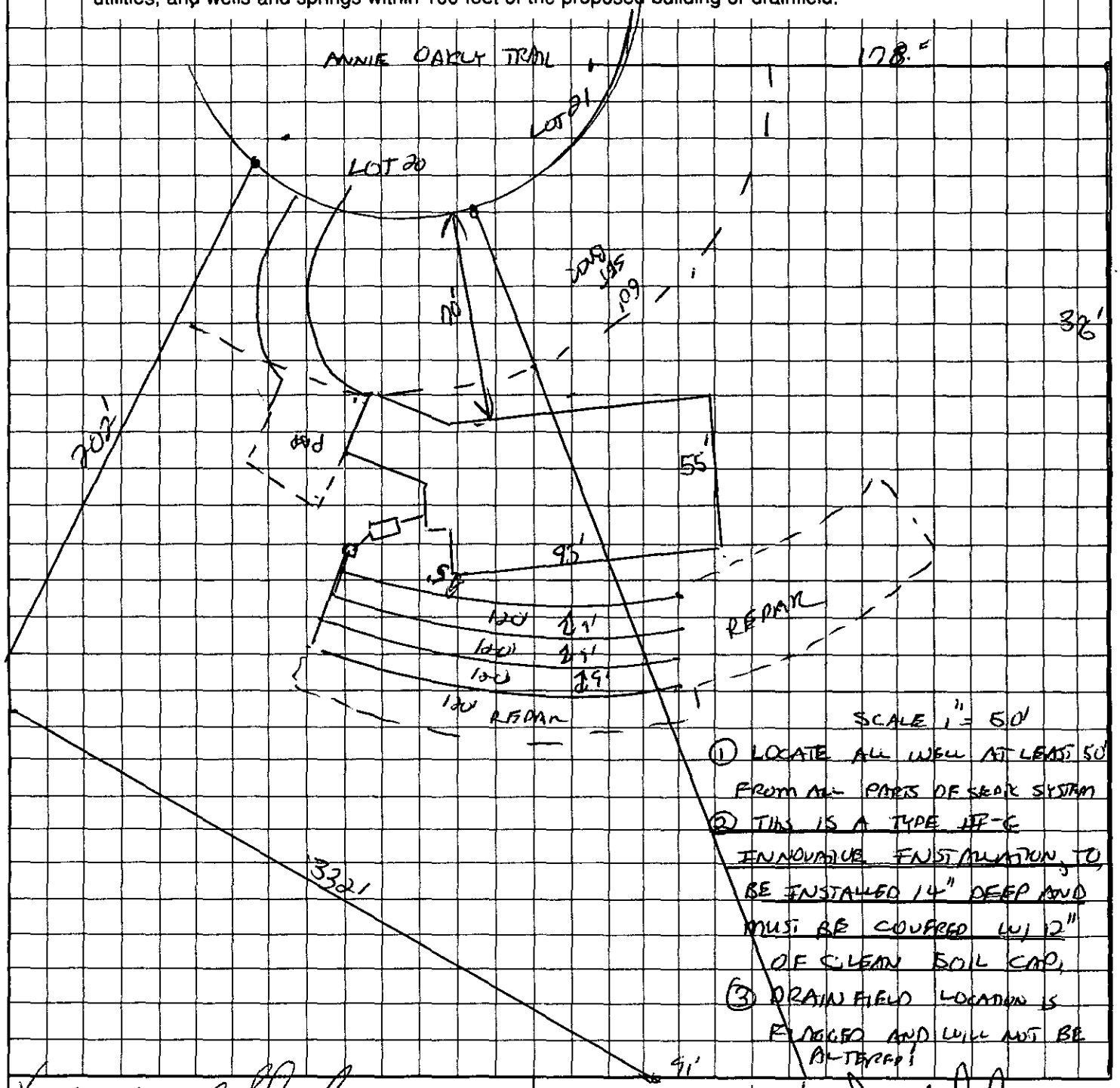
PROPOSED PLOT PLAN

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

FILE: 5017B

TC: 147-191-24,25

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



OWNER/AGENT SIGNATURE

DATE 12/17/02

APPROVAL DATE 11/24/02

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	12/17/02	**Amount:**	300.00
Receipt #:	12359	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: X33065
Contractor: SHIRLEY J EDWARD CONSTR INC
Attn:
Address: 6701 TREE HILL RD
Address:
City/State/Zip: MATTHEWS, NC 28105

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Auth for Waste Wtr Sys Constr 10438 Annie Oakley Trail/File 5017B		1	150.00	150.00
0703	Installation/Final Approval 10438 Annie Oakley Trail/File 5017B		1	150.00	150.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
300.00					

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1
Property ID: 197-191-24, 27
Lot #: 20, 21
File #: 5017B
Code: 2

ACS
2nd site INV.
pd 8/18/02

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Wiiliam J. Pleasants
Applicant: Edward J. Shirley
Address: 10107 Annie Oakley Trail, Charlotte, N. C. 28227
Date Evaluated: 07/26/2002
Proposed Facility: Residence
Design Flow (.1949): 480gpd
Property Size: 2.18a
Location of Site: 10438, 10439 Annie Oakley Trail
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [x] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 1941 Structure/ Texture	SOIL MORPHOLOGY .1941 1941 Consistence Mineralogy	OTHER PROFILE FACTORS 1942 Soil Wetness/ Color	1943 Soil Depth (IN.)	1956 Sapro Class	1944 Restr Horiz	Profile Class & LTAR
A	LS, 10	0-10	GR/SICL	FR/SEXP/SS/SP	>40" TO SOIL WETNESS	40	N/A	NONE	PS, IV .3GPD/FT
		10-31	SBK/SIC	FI/SEXP/S/P					
		31-40	SBK/SICL	FR/SEXP/SS/SP					
B	"	0-8	GR/CL	FR/SEXP/SS/SP	>23" TO SOIL WETNESS	23	"	"	US, IV .14GPD/FT2
		8-23	SBK/C	FI/SEXP/S/P					
C	LS, 8	0-8	GR/CL	FR/SEXP/SS/SP	>28" TO SOIL WEYNESS	28	"	"	"
		8-28	SBK/C	FI/SEXP/S/P					
D	"	0-8	GR/SCL	FR/SEXP/SS/SP	>26" TO SOIL WETNESS	26	"	"	US, IV .12GPD/FT
		8-26	SBK/SC	FI/SEXP/S/P					
E	"	0-13	GR/SICL	FR/SEXP/SS/SP	"	"	"	"	"
		13-26	SBK/SIC	FI/SEXP/S/P					
F	"	0-9	GR/SICL	FR/SEXP/SS/SP	"	"	"	"	"
		9-26	SBK/SIC	FI/SEXP/S/P					

Description	Initial System	Repair System
Available Space (.1945)	US	US
System Type(s)		
Site LTAR	.15GPD/FT^2	.12GPD/FT^2

Other Factors (.1946): _____
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 7/29/02. W. R. Marlin
Others Present: B. Summey, E. Shirley

FILE # 5012B

COMMENTS 100% Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	CONSISTENCE WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

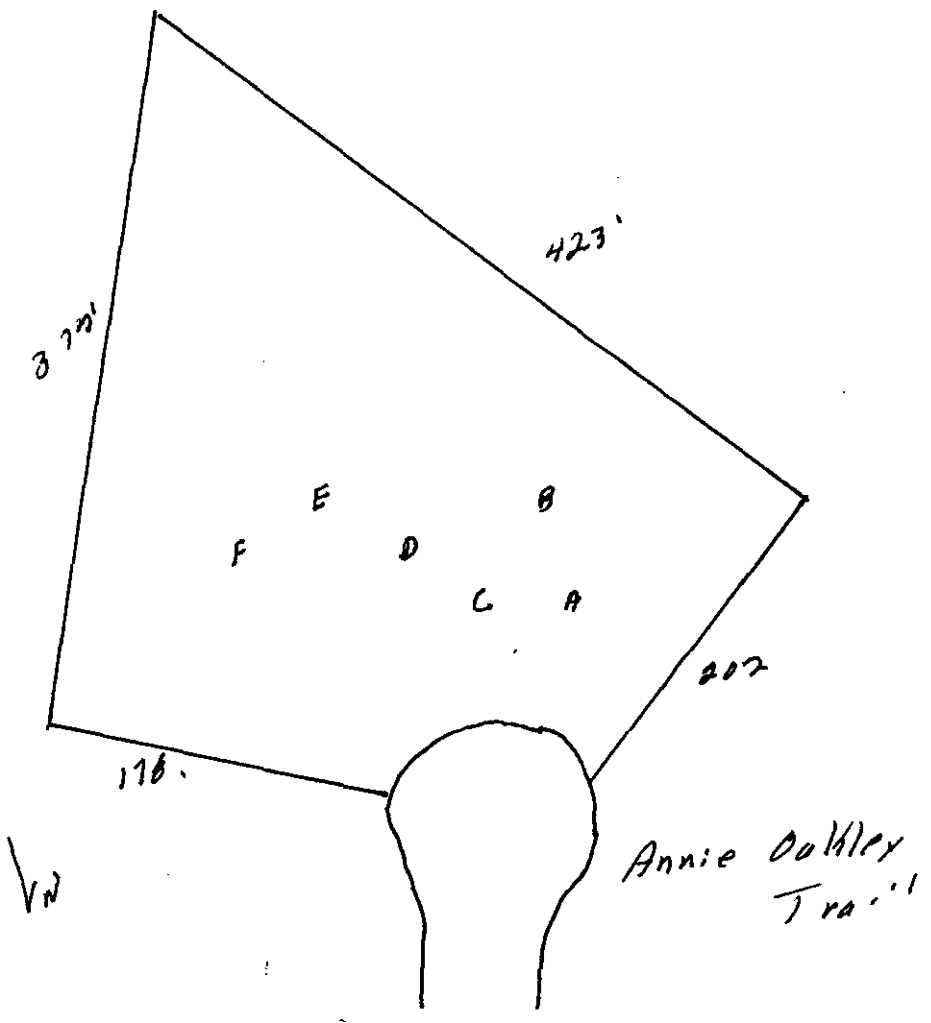
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1
Property ID: 197-191-24, 25
Lot #: 20, 21
File #: 5017B
Code: 2

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: William J. Pleasants
Applicant: Edward J. Shirley
Address: 10107 Annie Oakley Trail, Charlotte, N. C. 28227
Date Evaluated: 07/17/2002
Proposed Facility: Residence
Design Flow (.1949): 480gpd
Property Size: 2.18a
Location of Site: 10438, 10439 Annie Oakley Trail
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] 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 (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 6	0-12	GR/SICL	FR/SEXP/SS/SP	>25" TO SOIL WETNESS	25+	N/A	NONE	US
		12-25+	ABK/SIC	VFI/EXP/VS/VP					
2	LS, 8	0-14	GR/SICL	FR/SEXP/SS/SP	>30" TO SOIL WETNESS	30	"	"	US, IV .275GPD/FT^2
		14-30	SBK/SIC	FI/SEXP/S/P					
3	LS, 10	0-4	GR/SICL	FR/SEXP/SS/SP	>19" TO SOIL WETNESS	19	"	"	US, III
		4-19	SBK/SICL	FR/SEXP/SS/SP					
		19+	M/Saprolite						
4	LS, 10	0-8	GR/SICL	FR/SEXP/SS/SP	>28" TO SOIL WETNESS	28	"	"	US, IV .12GPD/FT^2 LPP
		8-23	SBK/SIC	FI/SEXP/S/P					
5	LS, 8	0-5	GR/SIL	FR/SEXP/NS/NP	>17" TO SOIL WETNESS	17	"	"	US, III
		5-17	SBK/SICL	FR/SEXP/SS/SP					
6	FS, 6	0-8	GR/SL	FR/SEXP/NS/NP	>8" TO SOIL WETNESS	8	"	"	US, II
		8+	Saprolite						

Description	Initial System	Repair System
Available Space (.1945)	US	US
System Type(s)		
Site LTAR		

Other Factors (.1946): _____
Site Classification (.1948): UNSUITABLE
Evaluated By: W.R. Marlin, LSS, 7/17/02. W.R. Marlin
Others Present:

FILE # 50178

COMMENTS 100% Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

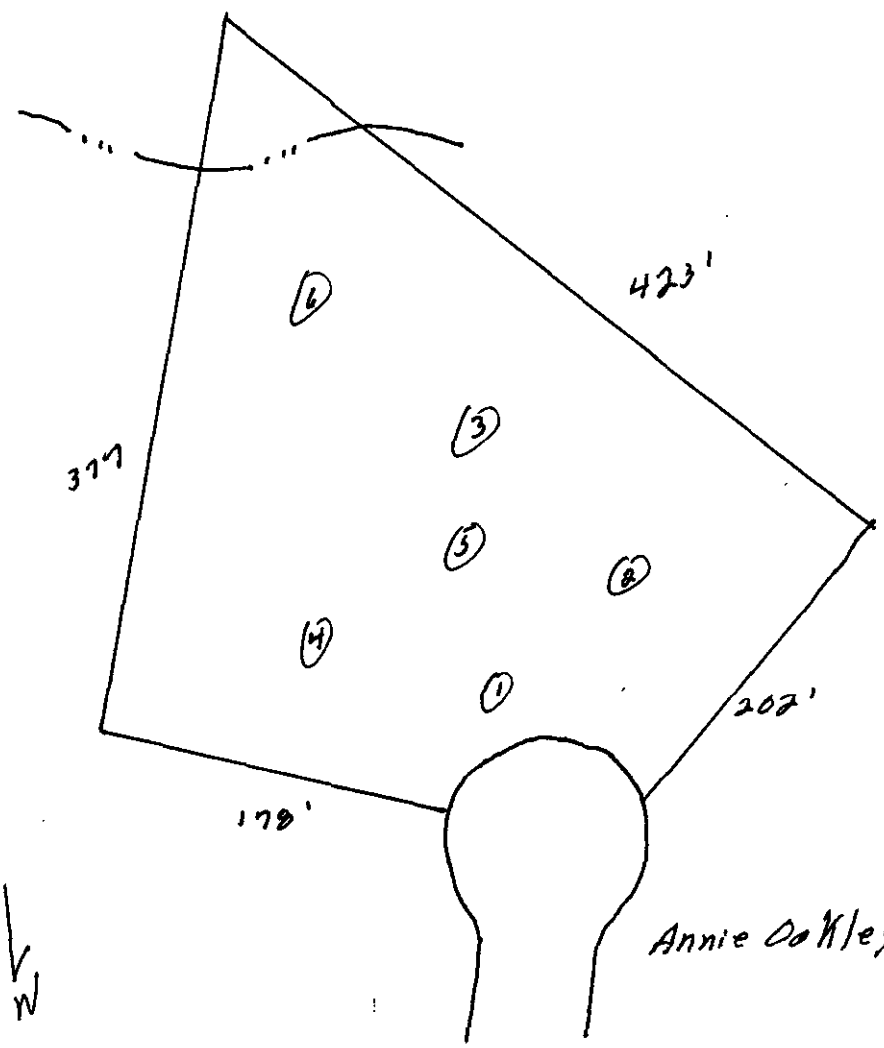
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



FEE: 200.00 + 50 RP
DATE: 5/31 recd RP

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

DRY

NEW ORIGINAL RP 7/16

1 CRT

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

Optional Soil evaluation

#100 7/18/02

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

FILE #: 5017B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: 197, 191, 24, 25

TAX/PARCEL NUMBER: MAP Bk, 34, PAGE 593

STREET ADDRESS: 10438, 10439 ANNIE OAKLEY TRAIL

SUBDIVISION OR MOBILE HOME PARK NAME: PLEASANT VALLEY

LOT NUMBER: 20, 21

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: 5500

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

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

CLOSING DATE

8174 → 6-4-02

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:

NAME: PLEASANTS (LAST) WILLIAM (FIRST) J. (MI)
ADDRESS: 10107 ANNIE OAKLEY TRAIL
CITY: CHARLOTTE STATE: NC ZIP: 28227
DAYTIME PHONE: ( ) 704-821-6172

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: SHIRLEY (LAST) J. (FIRST) EDWARD (MI)
DAYTIME PHONE: ( ) 704-821-6172

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1/22/01

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: J. Edward Shirley DATE: 5/28/02

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

Plans to Bill for RP

7/16/02 1:05P

PROPOSED PLOT PLAN

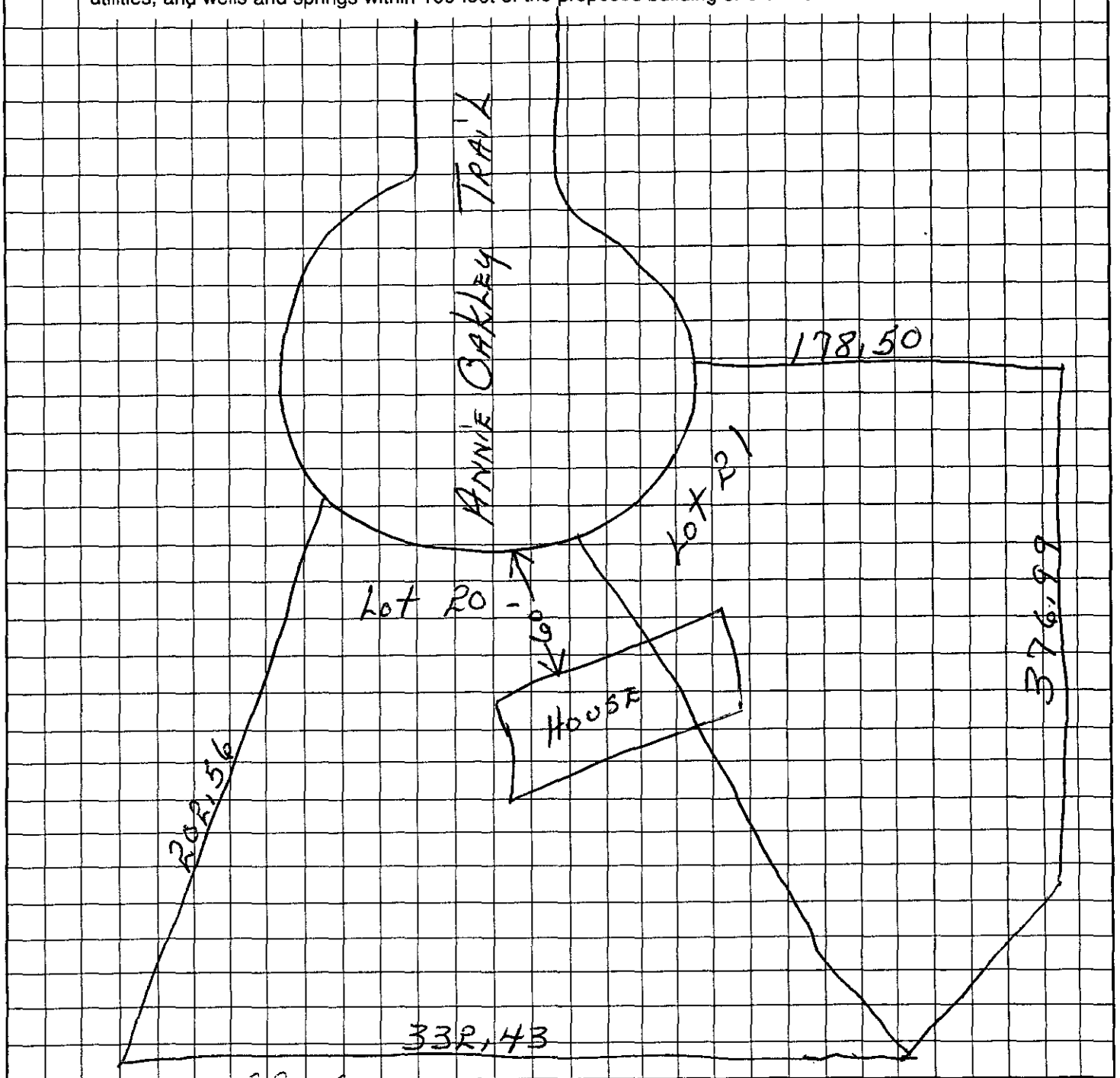
COPY

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

FILE: 5017B

TC: 197.19.24, 25

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.



J. Edward Shirley
OWNER/AGENT SIGNATURE

DATE 5/28/02

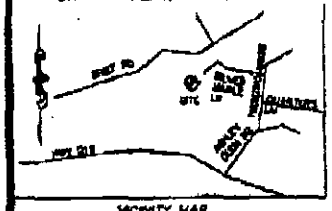
APPROVAL DATE _____

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

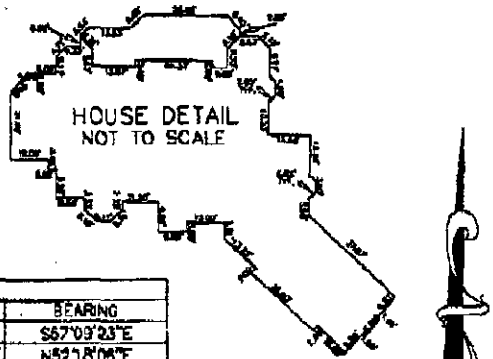
THIS IS TO CERTIFY THAT ON THE 5th DAY OF NOVEMBER 2002, I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS, IF ANY, ARE SHOWN HEREON.

SIGNED: _____

PROFESSIONAL LAND SURVEYOR
EDWARD L. KILLOUGH, N.C.P.L.S. L-1519
P.O. BOX 389
INDIAN TRAIL, N.C. 28079



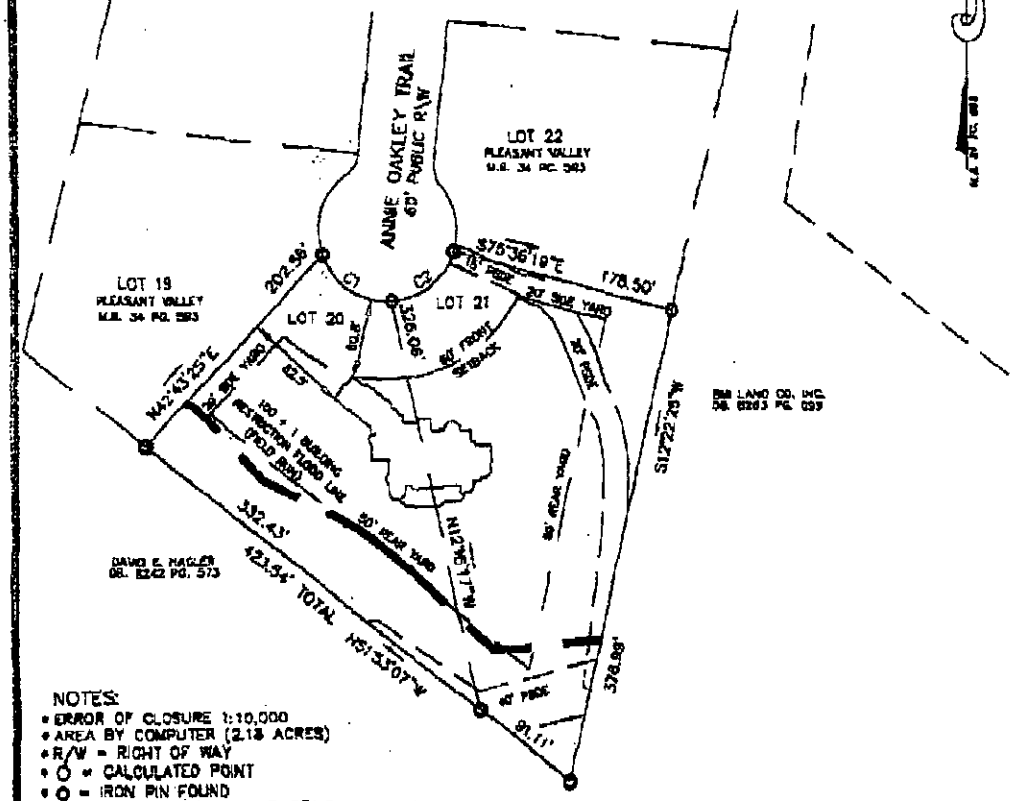
VICINITY MAP
NOT TO SCALE



HOUSE DETAIL
NOT TO SCALE

PRELIMINARY NOTE:
THIS PLAT IS FOR PRELIMINARY PURPOSES ONLY AND IS NOT TO BE USED FOR RECORDATION, SALES, OR CONVEYANCES

CURVE TABLE				
CURVE	LENGTH	RADIUS	CHORD	BEARING
C1	69.85'	55.00'	65.25	S67°09'23"E
C2	65.58'	55.00'	61.76	N52°18'08"E



NOTES:
- ERROR OF CLOSURE 1:10,000
- AREA BY COMPUTER (2.18 ACRES)
- R/W = RIGHT OF WAY
- ○ = CALCULATED POINT
- ● = IRON PIN FOUND
- THIS IS A SURVEY OF AN EXISTING PARCEL OF LAND
- PSDE = PUBLIC STORM DRAINAGE EASEMENT TO BE MAINTAINED BY INDIVIDUAL
- MINIMUM LOT WIDTH = 140

PLOT PLAN SURVEY OF

10438 AND 10439 ANNIE OAKLEY TRAIL
LOTS 20 AND 21 PLEASANT VALLEY SUBDIVISION

TOWN OF MINT HILL, MECKLENBURG COUNTY, NORTH CAROLINA

SCALE: 1" = 100'

THE PROPERTY OF: J. ED SHIRLEY CONSTRUCTION

MAP RECORDED IN BOOK 34 AT PAGE 593 DEED RECORDED IN BOOK _____ PAGE _____

\PLEASANT VALLEY\PV-20-21.DWG



J EDWARD SHIRLEY CONSTRUCTION, INC
PH. 704-821-6172
6701 TREE HILL RD
MATTHEWS, NC 28104-6079

8174

DATE 5/31/02

66-112/531
55622

PAY TO THE ORDER OF Mecklenburg County Health Dept $ 200.00

Two hundred dollars and no/100 DOLLARS

BB&T
BRANCH BANKING AND TRUST COMPANY
MATTHEWS, NORTH CAROLINA

FOR _____ J. Edward Shirley

⑈008174⑈ ⑆053101121⑆156111699 3⑈

Received from Revenue Collections on 7/16/02
Obtained Copied from imaging on the internet.

LF290-04
R290-04

OFFER TO PURCHASE REAL ESTATE

BE IT KNOWN, the undersigned, J. Edward Shirley Constr. Inc (Buyer), offers to purchase from William J. Pleasants (Owner), real estate known as Lots 20 + 21 Pleasant Valley City/Town of Charlotte, County of Mecklenburg, State of North Carolina, said property more particularly described as: 197-191-25 Lot 20 Pleasant Valley 10438 Annie Oakley Trail Lot 21 Pleasant Valley 10439 Annie Oakley Trail and containing 95,110 square feet of land, more or less. 197-191-24

The purchase price offered is $120,000.00

Deposit herewith paid		$ 1000.00
Further deposit upon signing sales agreement		$
Balance at closing		$ 119,000.00
	Total:	$ 120,000.00

This offer is conditional upon the following terms:

1. This offer is subject to Buyer obtaining a real estate mortgage for no less than $ 120,000.00 payable over / years with interest not to exceed 8% % at customary terms with a firm commitment thereto 365 days from date hereof.

2. This offer is further subject to Buyer obtaining a satisfactory home inspection report and termite/pest report within N/A days from date hereof.

3. Owner shall pay broker N/A, a commission of $ (%) upon closing.

4. Said property is to be sold free and clear of all encumbrances, by good and marketable title, with full possession to said property available to Buyer at date of closing.

5. The parties agree to execute a standard purchase and sales agreement according to the terms of this agreement within 30 days of acceptance of this offer.

6. The closing shall occur on or before 9/1, 2002, at the public recording office, unless such other time and place shall be agreed upon.

7. Other terms:

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