

15440 RED FEZ CLUB RD

21710204

6/18/08

marliwr

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

Mecklenburg County
Health Department

December 7, 2000

William Morgan
6100 Fairview Road, Suite 103
Charlotte, NC 28210

Re: DOT Right-of-way Acquisition, 15440 Red Fez Club Road
Health Department file no. 11032

Dear Property Owner or Owner's Agent:

The Mecklenburg County Health Department, Environmental Health Division on November 29, 2000 evaluated the above-referenced property at the site designated on the plat/site plan that accompanied your improvement permit application. The evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 and related statutes and Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .1900 and related rules.

Based on the criteria set out in Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rules .1940 through .1948, the evaluation indicated that the proposed expansion of Highway 49 would infringe into the septic tank system drainfield. Therefore, your request for an improvement permit is **DENIED.** The site is unsuitable based on the following:

_____Unsuitable soil topography and/or landscape position (Rule .1940)
_____Unsuitable soil characteristics (structure or clay mineralogy) (Rule .1941)
_____Unsuitable soil wetness condition (Rule .1942)
_____Unsuitable soil depth (Rule .1943)
_____Presence of restrictive horizon (Rule .1944)
__X__Insufficient space for septic system and repair area (Rule .1945)
__X__Unsuitable for meeting required setbacks (Rule .1950)
_____Other (Rule .1946)

For the reasons set out above, the property is currently classified **UNSUITABLE,** and an improvement permit shall not be issued for this site in accordance with Rule .1948 (c).

However, the site classified as **UNSUITABLE** may be classified as **PROVISIONALLY SUITABLE** if written documentation is provided that meets the requirements of Rule .1948(d). A copy of this rule is enclosed. You may hire a consultant to assist you if you wish to try to develop a plan under which your site could be reclassified as **PROVISIONALLY SUITABLE.**

You have a right to an informal review of this decision. You may request an informal review by the soil scientist or environmental health supervisor at the local health department. You may also request an informal review by the N. C. Department of Environment and Natural Resources regional soil specialist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Center, Raleigh, NC 27699-6714. To get a copy of a petition form, you may write the Office of Administrative Hearings or call the office at (919) 733-0926. The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. N. C. General Statue 130A-335(g) provides that your hearing would be held in the county where your property is located.

Please note: If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is December 7, 2000. Meeting the 30-day deadline is critical to your right to a formal appeal. Beginning a formal appeal within 30 days will not interfere with any informal review that you might request. Do no wait for the outcome of any informal review if you wish to file a formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (N.C. General Statute 150B-23) to send a copy of your petition to the North Carolina Department of Environment and Natural Resources. Send the copy to: Office of General Counsel, N. C. Department of Environment and Natural Resources, 1601 Mail Service Center, Raleigh, NC. 27699-1601. Do **NOT** send the copy of the petition to your local health department. Sending a copy of your petition to the local health department will **NOT** satisfy the legal requirement in N.C. General Statute 150B-23 that you send a copy to the Office of General Counsel, NCDENR.

You may call or write the local health department if you need any additional information or assistance.

Sincerely,

Jeremy P. Michelone, R.S.I.
Authorized Agent - DENR

Encl:

Gwen,

Could you please type these two letters for the 99 expansion.

Mailing Address is :

William Morgan
6100 Fairview Road
Suite 103
Charlotte, NC 28210

Mecklenburg County
Health Department

December 1, 2000

~~Neverwary 15, 2000~~

~~Mr. Joe Blow~~ Green Fields Investments LLC
~~1925 Eastmeadow Lane~~ 15440 Red Fez Club Road
~~Charlotte, NC 28270~~ Charlotte, NC 28278

~~Re: Application for improvement permit for Property site~~
~~Health Department file no.~~ #11032 RE: DOT Right-of-Way Acquisition

Dear Property Owner or Owner's Agent:

The Mecklenburg County Health Department, Environmental Health Division on 11/29/00 (date) evaluated the above-referenced property at the site designated on the plat/site plan that accompanied your improvement permit application. ~~According to your application the site is to serve a~~ ~~(describe facility example: 3 bedroom residence, 10 employee office) with a design wastewater flow of gallons per day.~~ The evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 and related statutes and Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .1900 and related rules.

Based on the criteria set out in Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rules .1940 through .1948, the evaluation indicated ~~that the site is UNSUITABLE for a ground adsorption sewage system.~~ Therefore, your request for an improvement permit is **DENIED.** ~~A copy of the site evaluation is enclosed.~~ The site is unsuitable based on the following:

that the proposed expansion of Highway 49 will infringe into the septic tank system drainfield.

_____ Unsuitable soil topography and/or landscape position (Rule .1940)
_____ Unsuitable soil characteristics (structure or clay mineralogy) (Rule .1941)
_____ Unsuitable soil wetness condition (Rule .1942)
_____ Unsuitable soil depth (Rule .1943)
_____ Presence of restrictive horizon (Rule .1944)
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You may call or write the local health department if you need any additional information or assistance.

Sincerely,

Jeremy Michelone

Signature of Authorized Agent-DENR

Encl: (Enclose copy of site evaluation)
Copy of Rule .1948

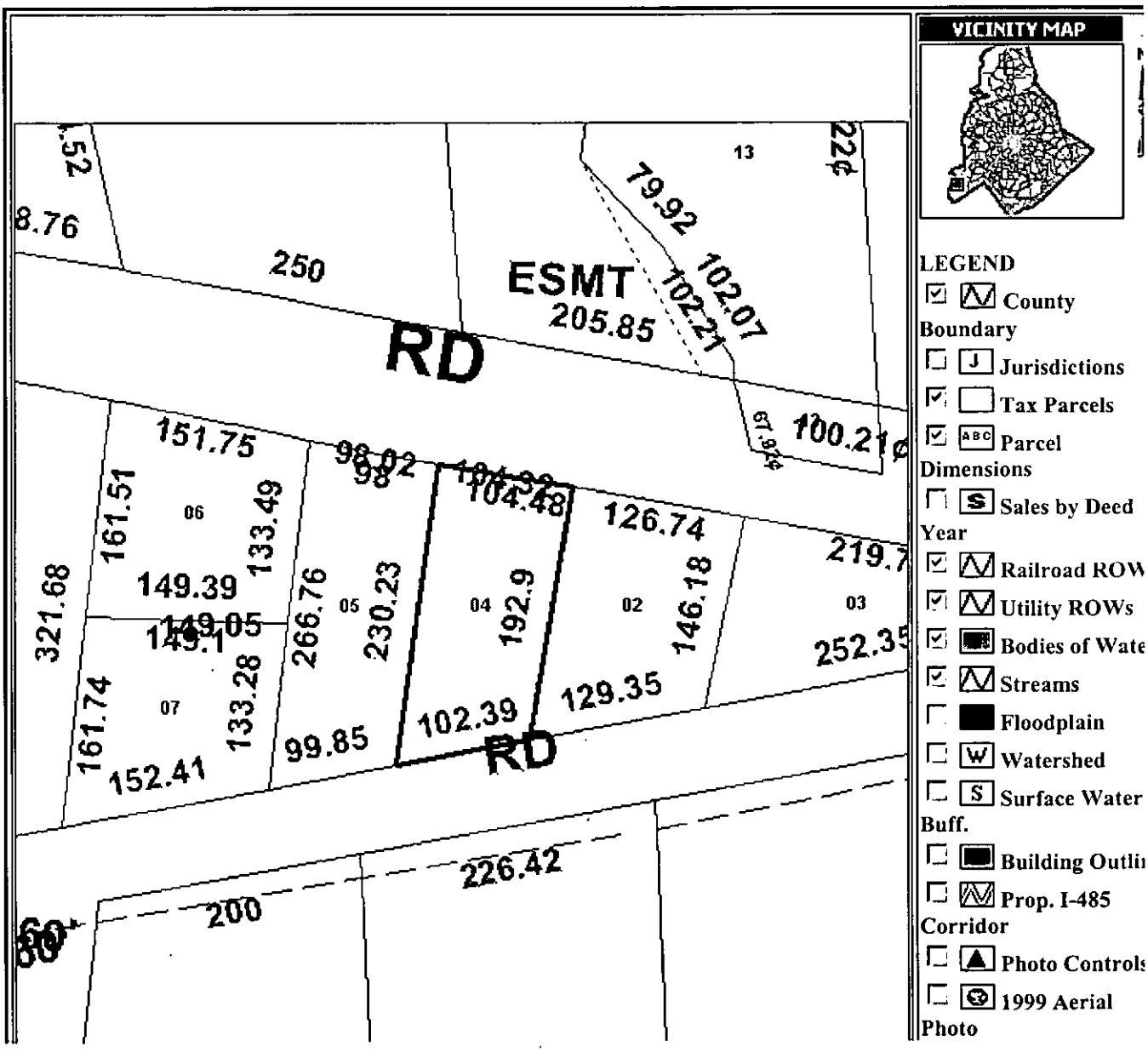
GIS Real Estate System

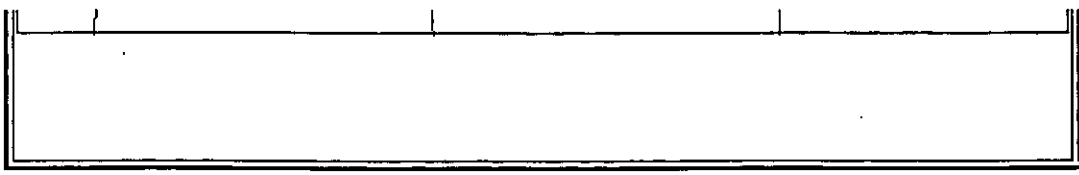
Mecklenburg County, NC Geographic Information Systems

Tax Parcel & Map Sheet Search | Road Name & Intersection Search | Market Analysis Search Menu
Return to Full Map Extent | How to Use the System | Return to GIS Homepage

Click on Map to Perform Operation

○ Refresh Map ○ Pan ○ Zoom In ◉ Zoom Out Zoom Factor [1X] ○ Identify [Parcels]
○ Surveyor's Report
○ Adjoining Owner's Report within [10 FEET] ○ Measure [Start Line] Label Parcels by: [ ]





☐ Tax Parcel Lar Use
☐ Preliminary Plans

Click here to submit questions or comments about the information shown on this page.

Map Scale: 1 Inch = 123 Feet Date and Time Stamp 12/1/00 10:48:33 AM EST	This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aformentioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

Tax Real Estate Information

*** Images of real estate documents from the Register of Deeds are available from 11/9/98 to the present. ***

Parcel-Id#: 21710204 **GIS Map#:** 21710204	**Legal Desc.:** L3 U/M
Account Type: DOMESTIC CORPORATION	**Deed Book/Page:** 10682/360 GET DEED! **Date:** 8/11/99
Owner: GREEN FIELDS INVESTMENTS LLC	**Sales Price:** $0
Add. Owner: % RESOURCES RESOURCES INC	**Sales Date:** 8/11/99 **Qualified Sale:** N
Mailing: PO BOX 1003	**Neighborhood Code:** 21701
Address:	**Historic Desig.:** **Farm Desig.:**
City: CHARLOTTE	**Deeded Acreage:** 0.48
State: NC **ZIP:** 282011003	**Assessed Acreage:** 0.48
Location: 15440 RED FEZ CLUB RD Get Directions	**Assessed Land Value:** $13070
Municipality: MECKLENBURG COUNTY	**Total Assessed Value:** $93000

Site Location Information

Zoning from Tax: R3 **Zoning from GIS:** R-3	**Parks Within 3 Miles:** Click to Find Out
Fire District: STEELE CREEK #2	**FEMA Flood Panel#:** 3701580170B
Voter District: Click to Find Out	**FEMA Flood Zone:** OUT
School District: Click to Find Out	**FEMA Flood Map Date:** 03/02/1993
Watershed Class: N/A	**Census Tract Number:** 59.02

Major Improvement Information

	Situs Location: 15440 RED FEZ CLUB RD Get Directions
Parcel-Id# & Card#: 21710204-001	**Ext. Type:** ALUMINUM/VINYL SIDING
Land Use Type: SINGLE FAMILY	**Heating Type:** FORCED AIR-DUCTED
Building Type: SINGLE FAMILY RESIDENTIAL	**AC Type:** CENTRAL
Approximate Square Footage: 1560	**Fireplace:** 1 STY SINGLE
Actual Year Built: 1980	**Garage:** Y
Number of Stories: 2.0 STORIES	**Basement:** N
Bedrooms: 3	**Assessed Net Bldg. Value:** $79930 $/Sq. Ft. = $51.24
Bathrooms: 2	**Total Assessed Bldg. Value:** $79930
Restrooms: 0	

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102 11032

PERSON FILING APPLICATION:
NAME: MORGAN, William (first) (mi) (last) (Agent for NCDOT)
ADDRESS: 6100 Fairview Rd PHONE: 704 553-2995
CITY: Charlotte STATE: NC ZIPCODE: 28210

Date: 11-17-00

PROPERTY OWNER:
NAME: Crescent Resources (first) (mi) (last) (Greenfield Investments)
ADDRESS: _____ PHONE: (__) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 217-102-04
STREET ADDRESS: 15540 Red Fox Club Rd
ZONING: R-3

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres): .48 Ac

TYPE APPLICATION (check one):
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Can They use existing System

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[] Private Well (P)

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

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

Signed: [signature] Date: 11-17-00

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

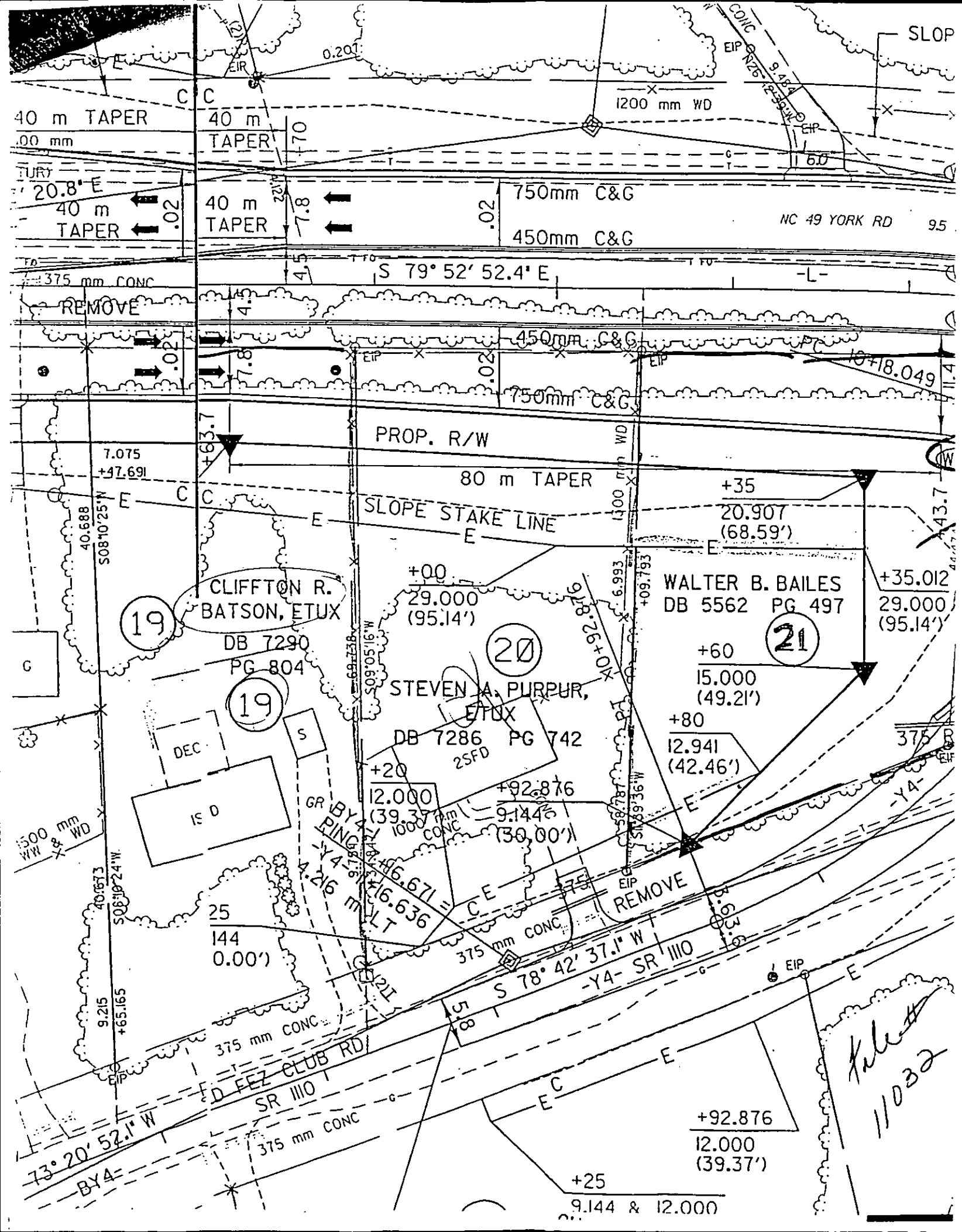
...This permit is not transferable.

...

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

11-
Environmentalist Date

WATER : 122791


40 m TAPER
40 m TAPER
750mm C&G
450mm C&G
NC 49 YORK RD
S 79° 52' 52.4" E
375 mm CONC
REMOVE
PROP. R/W
80 m TAPER
SLOPE STAKE LINE
CLIFFTON R. BATSON, ETUX
DB 7290 PG 804
STEVEN A. PURPUR, ETUX
DB 7286 PG 742
WALTER B. BAILES
DB 5562 PG 497
DEC
S
GR
BY4 RING
-Y4- SR 1110
S 78° 42' 37.1" W
73° 20' 52.1" W
D FEZ CLUB RD
SR 1110
BY4-
375 mm CONC
1200 mm WD
1500 mm WW & WD
1000 mm CONC
EIP
+00
29.000
(95.14')
+20
12.000
(39.37')
+25
9.144 & 12.000
+35
20.907
(68.59')
+35.012
29.000
(95.14')
+60
15.000
(49.21')
+80
12.941
(42.46')
+92.876
9.144
(30.00')
+92.876
12.000
(39.37')
+46.671
+46.636
+63.7
+65.165
+09.793
10+18.049
19
20
21
2SFD

Jeremy,

Mr Morgan (applicant) is an independent appraisor for DOT regarding the road widening project in the area of Hwy 49 that may or may not impact the septic systems on these two properties (forms attached). Mr. Morgan is going to check to see that the right of way is staked and then he will call you to visit on the site.

I've attached a copy of our protocol from the policy manual so he does know that if the systems have to be relocated there will be fees and application for alteration required.

He just needs to establish whether this must be done.

Judy

2/22/99
met on lot w/ B. Marlin
Andy Cheung (DOT) + Steven Purpur.
No DOT proposed right of way
stakes were set. Mr Marlin
checked soils in the area
and septic system located.
Mr Cheung stated that he would
contact health dept when DOT
stakes set.

FEE: _____

DATE: _____

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

[ ] CRT

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

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

COPY

FILE #: 11032

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 217-102-04

STREET ADDRESS: 15440 RED FEZ CLUB RD.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 3 Built 1980

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1560 sq.

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT ON SLAB
✓ CRAWL SPACE
___ 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 _____

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

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

WATER SUPPLY (CHECK ONE):

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

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

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

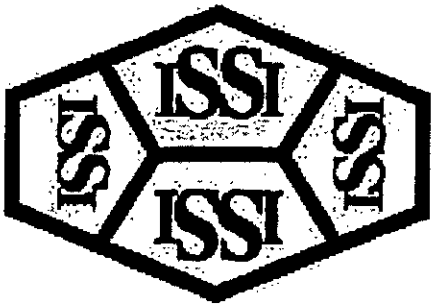
PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: PUR PUR STEVENS (LAST) (FIRST) (MI)	NAME: CHEUNG ANDY NC DOT (LAST) (FIRST) (MI)
ADDRESS: 15440 RED FEZ CLUB RD	DAYTIME PHONE: (704) 537-1541
CITY: CHARLOTTE STATE: NC ZIP: 28278	
DAYTIME PHONE: ( ) —	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: _____ DATE: 1-8-99

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



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ISSI Operations Center Staff

Cert of Appr No 11032

Serial 3983

Date Issued 9/16/80

T C No 80-217-11

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge

Name of Owner BAKER W. FRANK (LAST, FIRST, MIDDLE)

Location of Property LOT 3 RED FEZ CLUB ROAD

Application Number 11032 Permit Number 11032

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material P/CONC

Total Length of Drain Tile 495'+125' Number of Lines 5+4

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source >50' well Distance from Water Source 50'+

Excavation Inspected — Tank Inspected 9/16/80 (DATE)

Nitrification Field Inspected 9/16/80 (DATE)

Washing Machine Disposal Inspected If Applicable 9/16/80 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption and effluent discharge as described above and it has been ✓ installed or constructed, altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect at the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions or conditions shown on the permit and in addition to those listed below under comments. This Certificate of Approval shall be null and void if any information contained in the application is untrue or if any alterations are made to the property which would increase the requirements for said system.

Comments _____

Adam Winfield
Environmentalist

EHD-5-76

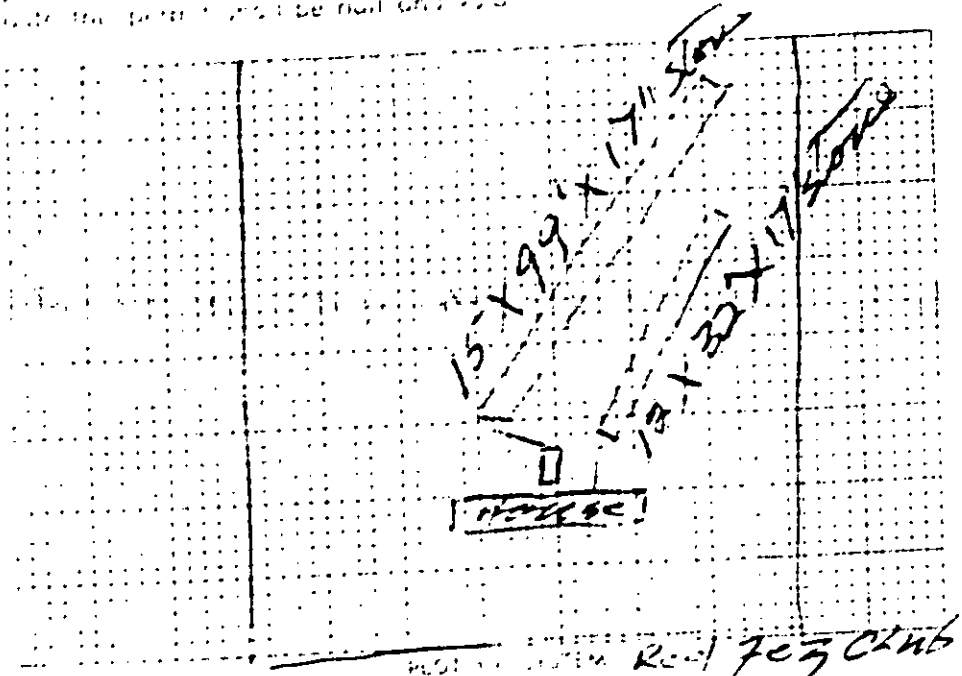
Environmental Health Department's Copy

Date Issued 5-13-80 Serial 3940

ICAR (S) Permit No. 11035
T C No. 217-195
Map Date

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

Permit is hereby granted to [illegible] to Construct / Alter or Repair the subject individual septic tank subsurface soil absorption effluent discharge or [illegible] located at the [illegible] in accordance with the information supplied in application 11035 dated 4-30-80 and the [illegible] attached hereto and made a part of this permit. This permit shall be of no effect if the information provided in the application is found to be false. The work shall be completed on or before 5-13-80 after which time this permit shall be null and void.



Permitted Facility: 4 BR

Liquid Capacity of Tank: 1500 gal

Tank Construction: P/C

Absorption Area Dimensions:
- Trench Bottom: 495 sq ft
- Number of Trenches: 5 - 4
- Linear Feet per Trench: 15' +
- Trench Bottom Depth: 10' +
- Location of Well: 50' +

PLOT PLAN: Red Fox Club Rd.

LAKE OR GATHER: W. J. LANK Baker

LOCATION OF PROPERTY: Red Fox Club Rd.

The system shall meet all of the requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, trafficking or using such system from any liability resulting from the failure of the system to operate properly.

Septic Tank & Field 15' x 99' x 17" Stone
Washing Machine Field 12' x 32' x 12" Stone
1 Lateral Each

Environmentalist

Section or Section Head

* If this permit is for the installation or construction of a new system, it must be signed by the district section head of the Department of Environmental Health in order to be valid. Only the signature of an environmentalist is required where an existing system is being altered or repaired.

EHS-3-76 Environmental Health Department's Copy

LOT INVESTIGATION REPORT

Date of Investigation [illegible] Lot No. 1132

Owner [illegible]

Location of Property [illegible] Lot No 3 Tax Map 217-02

Soil Suitability Ratings

Soil Properties	Soil 1	Soil 2	Soil 3	Soil 4
1. Soil Series	Cecil			
2. Soil Slope	acceptable 2-6%			
3. Soil Depth	acceptable >48"			
4. Soil Texture	acceptable clay			
5. Soil Structure	acceptable Subangular blocky			
6. Restrictive Horizons	—			
7. Soil Drainage	acceptable water table >6'			
8. Soil Permeability (Percolation Rate)	acceptable 60 min/in.			
9. Other	—			
10. Overall Rating	acceptable			

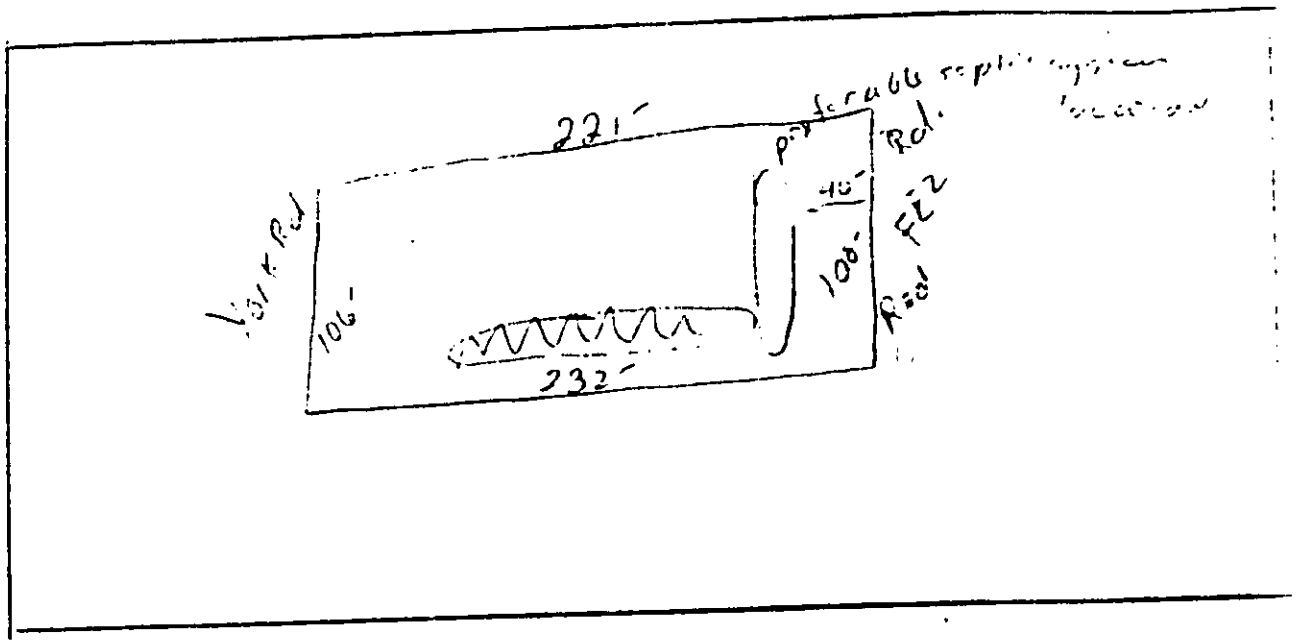
Recommendations Based on this investigation, the lot is recommended for approval for installation of a septic tank system. System design should be based on a percolation rate of 60 min/in.

See diagram on back

W. Edward Vaughan
Soil Scientist

3/13/75
EHD 538

DIAGRAM OF PROPERTY



3/10/75

EHB 530

FEE: _____

DATE: _____

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

[ ] CRT

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

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

FILE #: 11032

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 217-102-04

STREET ADDRESS: 15440 RED FEZ CLUB RD.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 3 Built 1980

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: 1560 sq.

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS:

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

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

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

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

WATER SUPPLY (CHECK ONE):

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

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

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

PROPERTY OWNER:

NAME: PUR PUR (LAST) STEVENS (FIRST) (MI)

ADDRESS: 15440 RED FEZ CLUB RD

CITY: CHARLOTTE STATE: NC ZIP: 28278

DAYTIME PHONE: ( ) –

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: CHEUNG (LAST) ANDY (FIRST) NC DOT (MI)

DAYTIME PHONE: (704) 537-1541

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: _____ DATE: 1-8-99

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

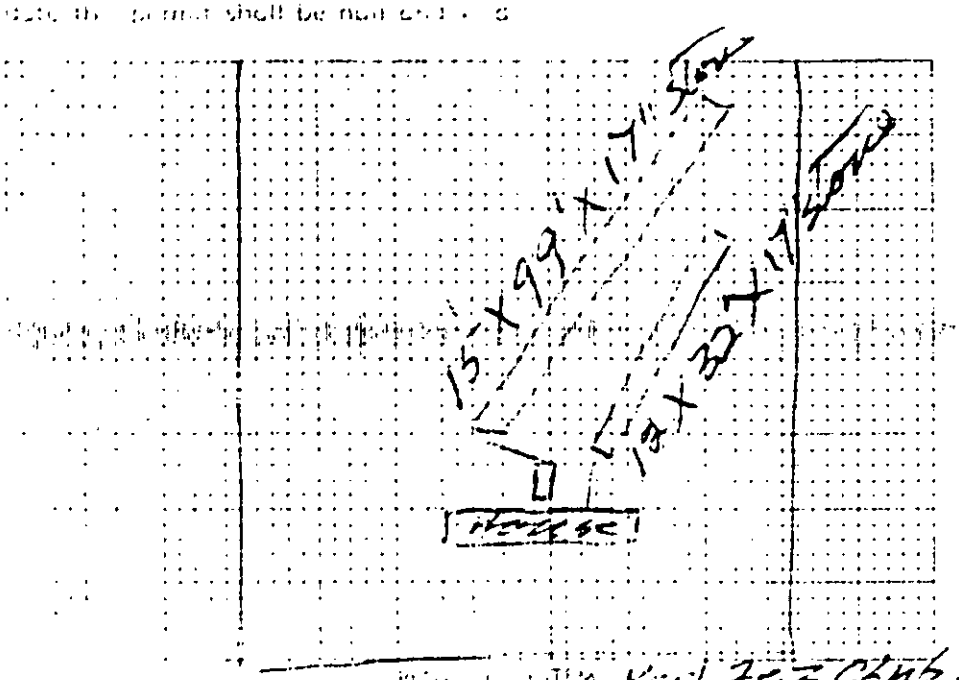
Date Issued 5-13-80 Serial 3940 ICAR(S) Permit No. 11032

T C R6.217-122-C

Map Date

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

...Construct ... Alter or Repair the ...dividual septic tank ... ...system with ... subsurface soil absorption effluent discharge ... operated ... basis at the ... ... The permit is granted based on the information supplied on application 11032 ... 4-30-80 ... permit may be revoked and of no effect if the information provided in the ... ... true or is otherwise ... Work shall be completed on or before 5-13-80, after ... date this permit shall be null and ...



Permeameter Rate 7/5

Liquid Capacity of Tank 1500

Tank Construction P/C

Absorption and or Nitrification Line

Total Line Length 475-125

Number of Lines 5-4

Distance from Nearest Well 10'+

Distance from Property Lines 10'+

Distance from Streams 50'+

Property Location Red Hog Club Rd.

Owner: W. F. Frank Baker

Address: Red Hog Club Rd.

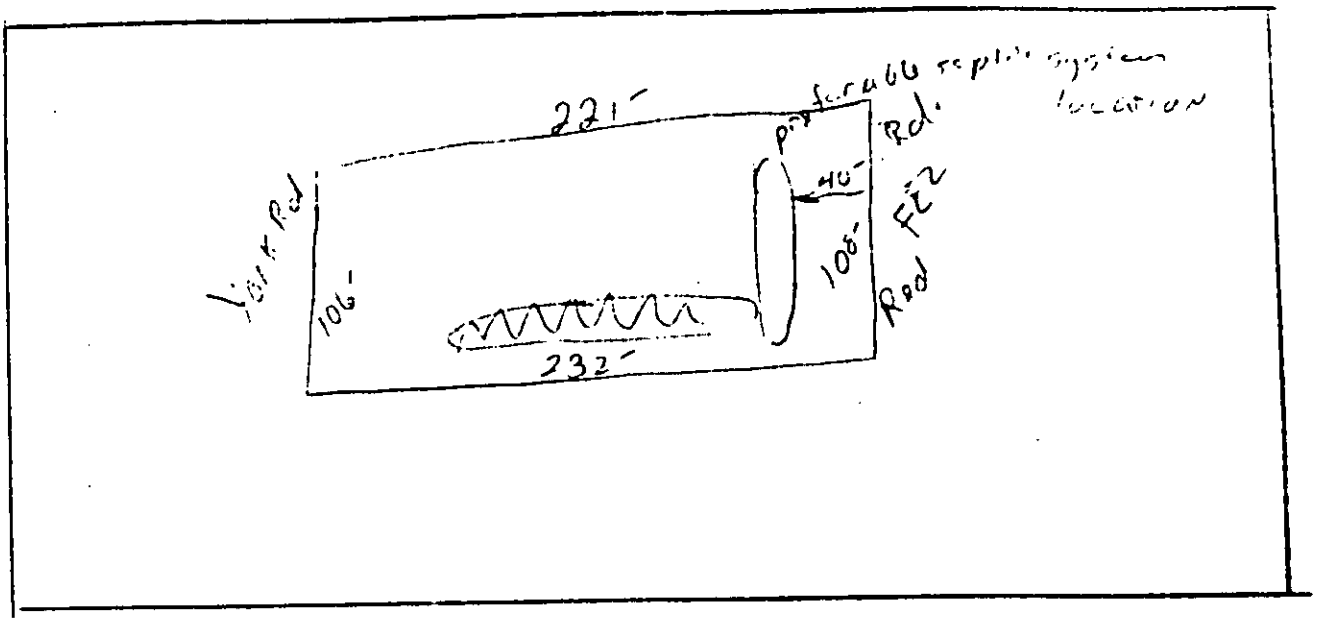
... shall meet all of the ... repair permits as set forth in the Regulations of the ... Health Commission ... effect on the date of the granting of the permit ... Permit ... the Environmental Health Director before any system can be covered ... inspectable ... can be made. The issuance of this permit does not ... any guarantee ... stated to be constructed will operate properly, or relieve any person ... of responsibility ... ing such system from any liability resulting from the failure of the system to operate ...

Septic Tank Size 15'x99'x17'5" Sec.
Absorption Field Size 12'x32'x12.5' Sec.
Low Pressure System

Environmental ...

... the installation ... construction of a new system, it must be ... by the Mecklenburg ... Department of Environmental Health in order to be valid. ... the signature ... and when ... existing system is being altered or repaired.

DIAGRAM OF PROPERTY



3/18/75

BM 535

Date Issued Sept 3, 1975 Map Date 11-26-75

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

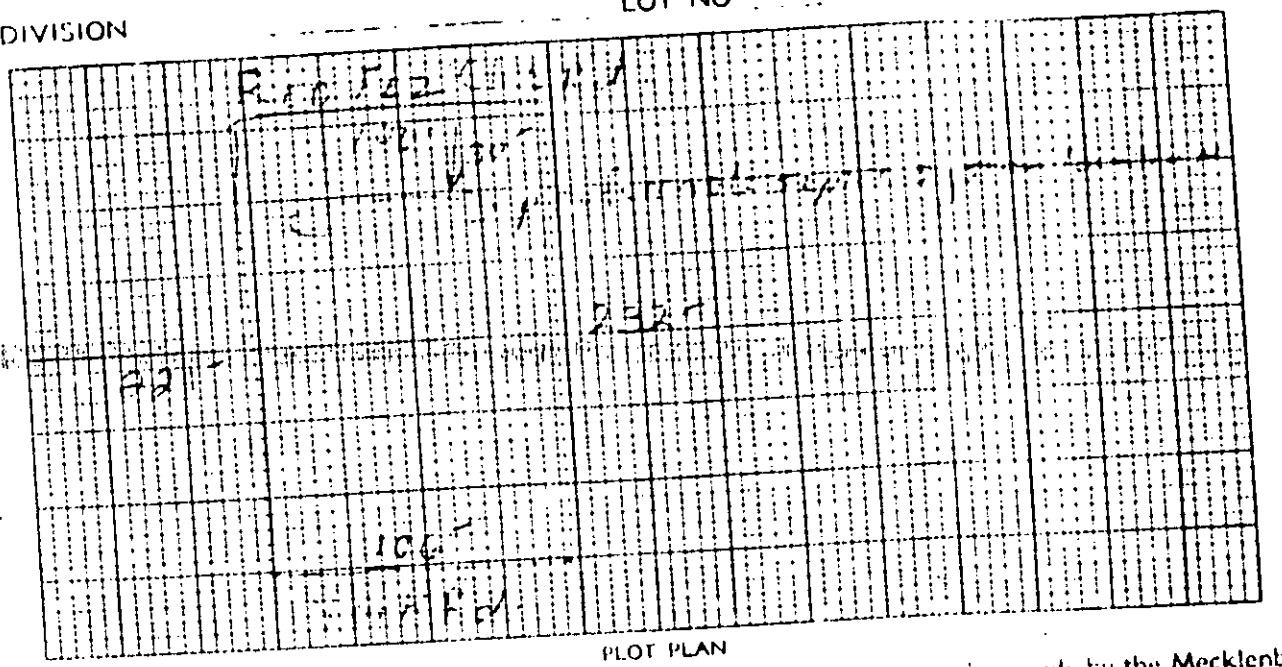
PERCOLATION TEST REPORT

NAME OF OWNER Hall (LAST) Walter (FIRST) (MIDDLE)

ADDRESS OF OWNER P. O. Box 188, Belmont, N. C. ZIP 28012

LOCATION OF PROPERTY Red Fox Club Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 3 BLOCK NO



PLOT PLAN

This is to certify that a percolation test has been run and an on-site inspection made by the Mecklenburg County Health Department on the lot described above. The said test was conducted on that portion of the lot as indicated on above plot. The percolation rate determined by the test was *60Min./In. The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface soil absorption effluent discharge subject to the following terms and conditions:

1. A permit to install, construct, alter, or repair the specific system shall be obtained from the Mecklenburg County Health Department prior to the beginning of any construction of buildings, or of the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater treatment system which must be installed will be determined by the Health Department prior to installation based on the percolation rate obtained above, and on the size and type of building constructed thereon.
3. This approval is valid only if the system is installed in the immediate area where the percolation test was run.
4. This approval is void if any grading, filling, or construction including the drilling of a well is performed on the lot which, in the opinion of the Health Department, renders the area where the percolation test was run unsuitable for the installation, construction, alteration, and/or repair of such a system.

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina State Board of Health and the Mecklenburg County Board of Health which were in effect on the date of issuance and is void if at any time in the future, prior to the completion of the system, these laws, rules, and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the date.

*Determined by soil analysis

Soil Scientist

John R. Robinson

Director, Environmental Health Division or Authorized Section Head

HEALTH DEPARTMENT'S COPY

Mecklenburg County
Health Department

March 25, 1997

Mr. Cliffton R. Batson
15524 Red Fez Club Road
Charlotte, NC 28278

RE: DOT Right-of-Way Acquisition

Dear Mr. Batson:

This is to acknowledge receipt of your application requesting this assistance of this program in evaluating any impact the expansion of Highway 49 may have on your septic tank system.

A review was made of the records on file concerning your system and an on-site evaluation was conducted on February 24, 1997. At the time of the evaluation the septic tank was located and the drainfield appears to extend to the back yard as reflected in our records. According to the information you provided to us, we regret to inform you that it appears that the proposed expansion of Highway 49 will infringe into the septic tank system drainfield to the extent of destruction.

An alternative/replacement system may not be relocated to the front yard due to set back requirements for existing private water supplies (see attached North Carolina Department of Environment, Health and Human Resources [DEHNR] regulations).

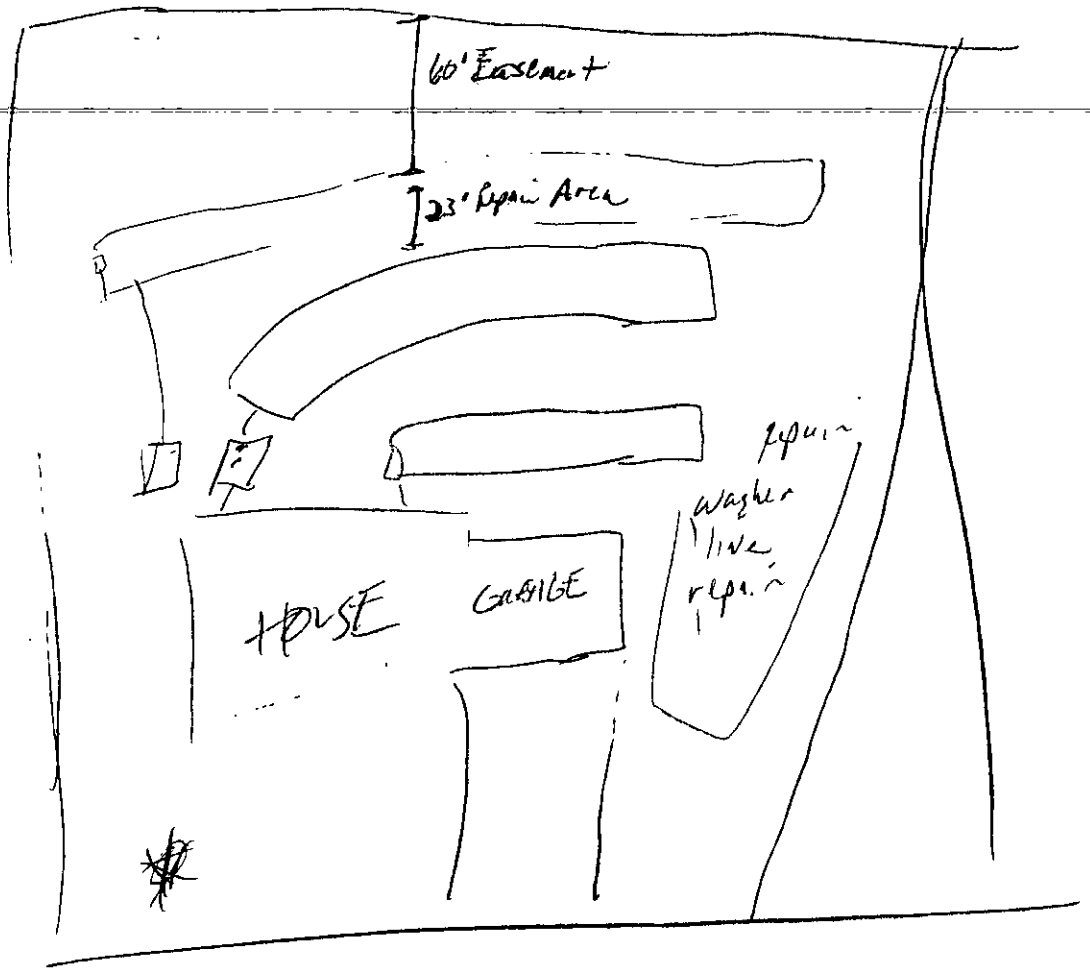
In summary, the DOT acquisition and expansion of Highway 49 as proposed into your property will render your current septic system inoperable with no available option for an on- site alternative system.

Please advise us of your plans regarding this matter. We will gladly assist and counsel you with respect to your wastewater system or private water supply concerns.

Best regards,

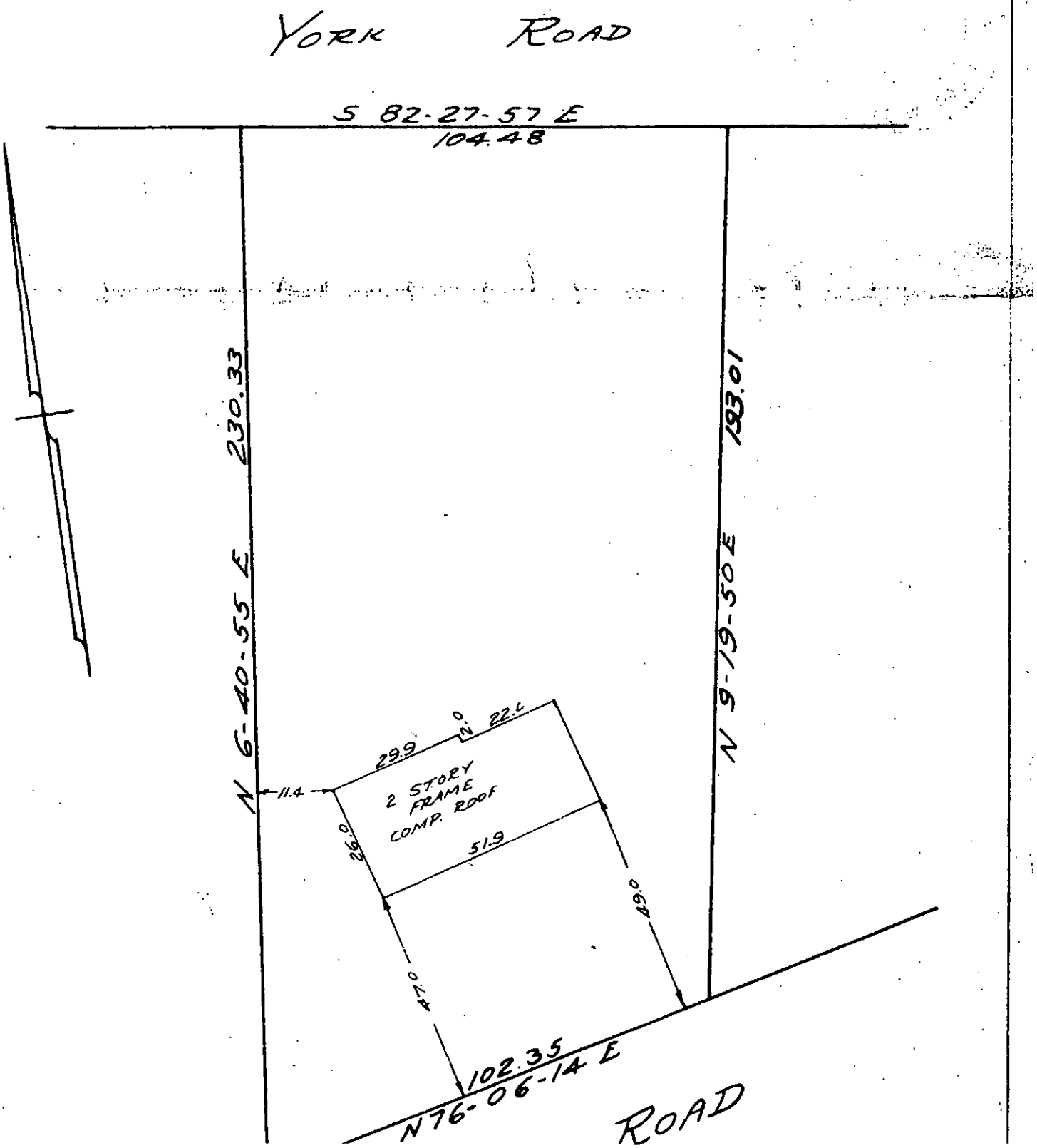
Toni Higgins Bunney, R.S.
Environmental Health Specialist

cc: John Shoemaker, NCDOT
attachment


60' Easement
23' Repair Area
HOUSE
GARAGE
Repair
washer
line
repair

I HEREBY CERTIFY THAT ON THE 19TH DAY OF DEC. 1980 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE AS SHOWN THEREON

SIGNED: [signature]
REGISTERED SURVEYOR



INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

COPY

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

11032

PERSON FILING APPLICATION:

NAME: Morgan, William (Agent for NCDOT)
(last) (first) (mi)

ADDRESS: 6100 Fairview Rd PHONE: 704 553-2995

CITY: Charlotte STATE: NC ZIPCODE: 28210

Date: 11-17-00

PROPERTY OWNER:

NAME: Crescent Resources (Greenfield Investments)
(last) (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 217-102-04

STREET ADDRESS: 15440 Red Fox Club Rd

ZONING: R-3

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres): .48 Ac

TYPE APPLICATION (check one):

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
CAN THEY USE EXISTING SYSTEM

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[] Private Well (P)

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

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

Signed: [signature] Date: 11-17-00

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

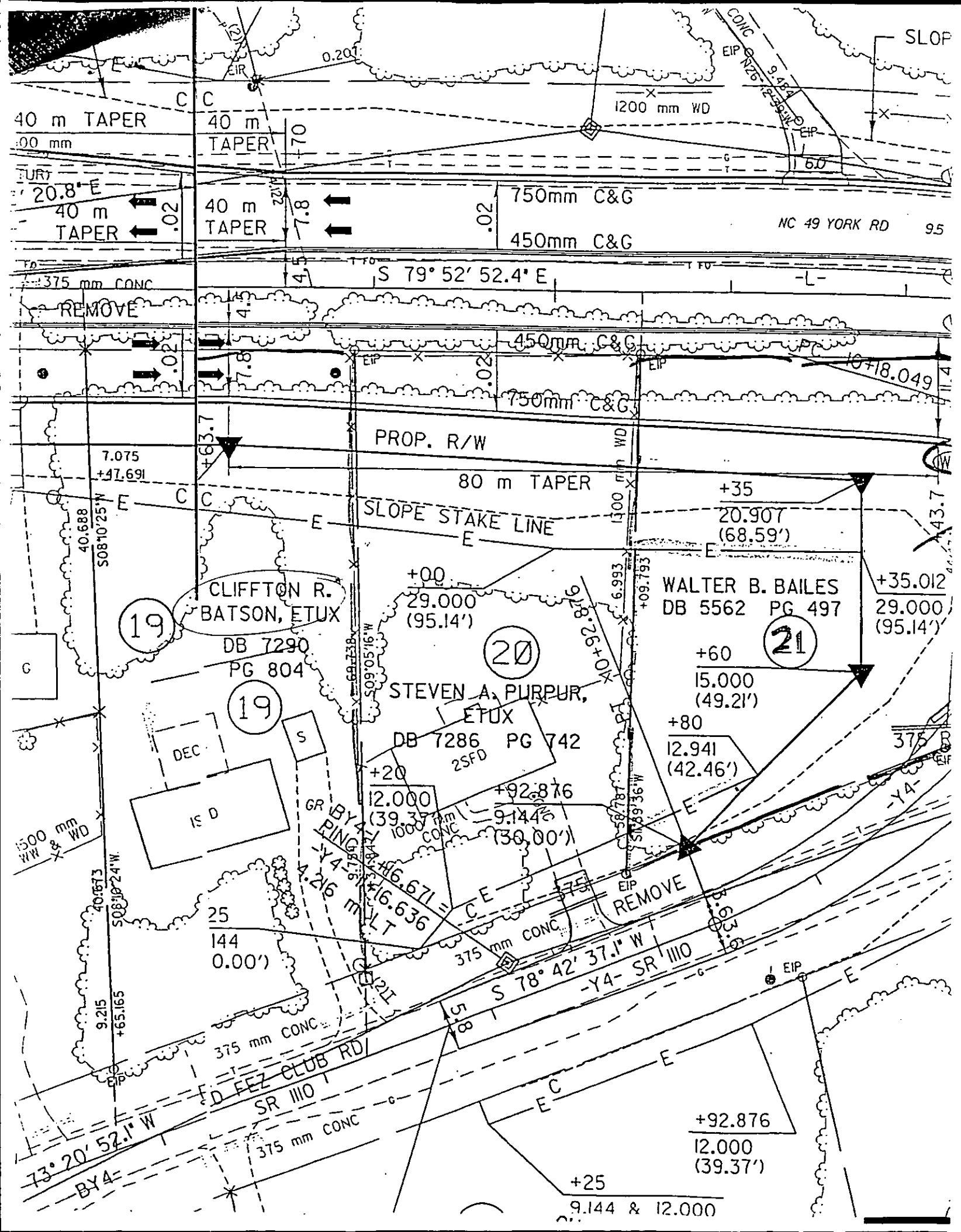
...This permit is not transferable.

...

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

11-
Environmentalist Date

WATER : 122791


40 m TAPER
40 m TAPER
40 m TAPER
750mm C&G
450mm C&G
NC 49 YORK RD
S 79° 52' 52.4" E
REMOVE
PROP. R/W
80 m TAPER
SLOPE STAKE LINE
CLIFFTON R. BATSON, ETUX
DB 7290 PG 804
STEVEN A. PURPUR, ETUX
DB 7286 PG 742
WALTER B. BAILES
DB 5562 PG 497
19
20
21
+00
29.000
(95.14')
+20
12.000
(39.37')
+25
9.144 & 12.000
+35
20.907
(68.59')
+35.012
29.000
(95.14')
+60
15.000
(49.21')
+80
12.941
(42.46')
+92.876
9.144
(30.00')
+92.876
12.000
(39.37')
S 78° 42' 37.1" W
S 73° 20' 52.1" W
SR 1110
FD FEZ CLUB RD
375 mm CONC
1200 mm WD
EIP
EIR
-Y4-
-L-

MECK CO HLTH HAL MAR

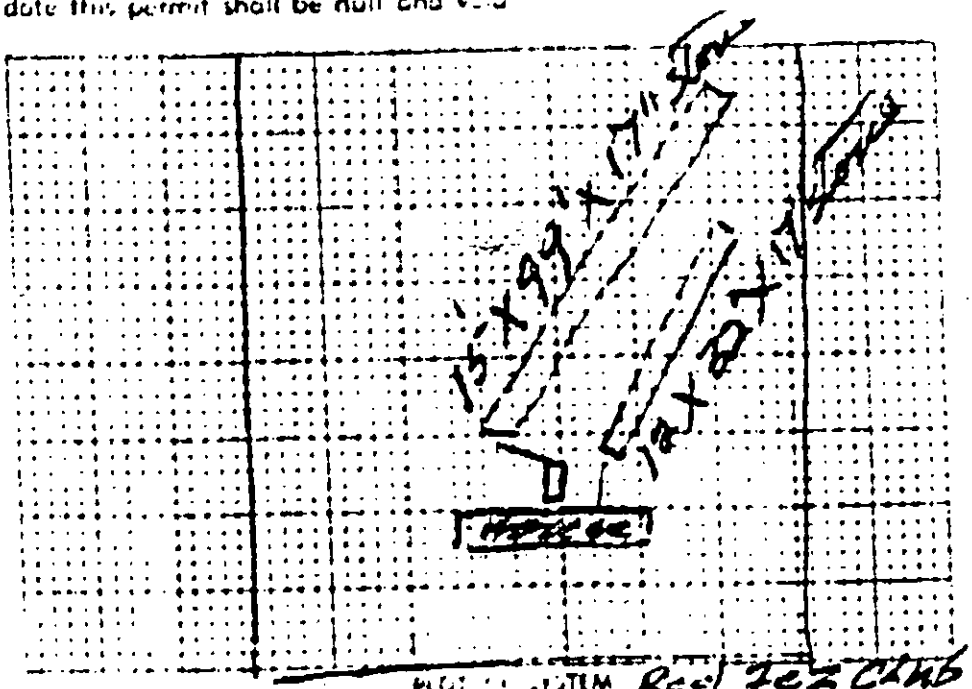
Date Issued 5-13-80 Serial 3940

ICAR (S Permit No 11035
T C FAS.217-1972
Mail Date

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

Permission is hereby given to Install or Construct Alter or Repair the [illegible] water treatment system with subsurface soil absorption effluent discharge [illegible] soil boring location. This permit is granted based upon the information supplied on [illegible] dated 4-30-80 and this permit shall be void and of no effect if the information supplied on the application is not true or is errone[illegible]. All work shall be completed on or before 5-13-80 after which date this permit shall be null and void

11035



Permitted Flow 375
Liquid Capacity of Tank 1500
Type Construction PC
Absorption Area or Irrigation Area
Trench Length 495-125
Number of Lines 5-4
Distance from House 10'+
Distance from Property Line 10'+
Distance from Well 50'+

PLOT OF SYSTEM Red Fez Club Rd.

NAME OF OWNER WILFRANK Baker

LOCATION OF PROPERTY Red Fez Club Rd.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from an, liability resulting from the failure of the system to operate properly.

Septic Tank Field 15'X99'X17" Stone
Washing Machine Field 12'X32'X12" Stone

Environmentalist

Director or Section Head

* If this permit is for the installation or construction of a new system, it must be signed by the division [illegible]. Only the signature of the E

SECTION VII: PROCEDURE FOR DEPARTMENTAL INTERACTION WITH THE DEPARTMENT OF TRANSPORTATION, ROAD WIDENING PROJECTS

A. IN GENERAL

The North Carolina Department of Transportation (NCDOT) will submit an application to "use existing system" regarding road widening projects. They will not be required to pay fees at the time of application.

B. REQUIREMENTS PRIOR TO SITE VISIT

1. NCDOT will be responsible for adequately marking/staking the proposed expansion project on the property.

2. NCDOT will confirm with land owner that all property boundaries are staked/marked properly and have available any pertinent information or documents such as right of ways, easements, buried trash piles, etc. which affect property. NCDOT will ensure property owner will be on site at the time of the visit.

3. NCDOT agent will call to schedule an appointment with the Environmental Health Specialist.

C. INFORMATION AND EQUIPMENT REQUIRED

1. EHS will obtain copies of any available records on file in the office regarding the existing wastewater disposal system, i.e. layout of system, design, repairs, repair requirements, documented easements, agreements, etc.

2. EHS will confirm with the Charlotte-Mecklenburg Utility Department whether municipal sewer service is available prior to site visit.

3. Standard equipment listed previously for EHS (probe, auger, level, etc.) shall be available.

4. Laws and Rules for Sewage Treatment and Disposal Systems (current rules shall be met regarding alterations to the systems).

D. FIELD VISIT, DOCUMENTATION AND RELATED FEES

1. A site visit will be conducted with the NCDOT representative and property owner. If it is determined that the system will not be negatively impacted by the proposed road widening project, this information will be documented on the Improvement Permit application as follows: "Existing sub-surface wastewater disposal system will not be impacted by proposed road widening project".

2. A $50.00 fee will be due and a copy of the Improvement Permit application with the proper documentation will be presented to the NCDO

3. If the system will be negatively impacted by the proposed road widening project, and an alteration can be installed, a $200.00 fee will be required for the alteration permits. This

3. If the system will be negatively impacted by the proposed road widening project, and an alteration can be installed, a $200.00 fee will be required for the alteration permits. This information should be documented on the Application For Improvement Permit as follows: "System alteration required as existing wastewater disposal system will be adversely impacted by the proposed road widening project".

4. Neither the Construction Authorization nor the Certificate of Operation shall be issued until the $200.00 alteration fee is received.

5. If the wastewater disposal system will be impacted due to the project, but there is not enough available space to alter the system either on site or off site through an easement, the following should be indicated on the Improvement Permit: "Road project will impair the system. There is no acceptable area found to install a replacement system".

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

COPY

[] SRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: MORGAN, William (Agent for DOT)
(last) (first) (mi)
ADDRESS: 6100 Fairview Rd Ste 103 PHONE: (704) 553-2995
CITY: Charlotte STATE: NC ZIPCODE: 28210

Date: 11/17/00

PROPERTY OWNER:
NAME: Crescent Resources (Formerly Batson)
(last) (first) (mi)
ADDRESS: _____ PHONE: (___) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 217-102-05
STREET ADDRESS: 15524 Red Fox Club
Charlotte
ZONING: R-3

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres): .55AC

TYPE APPLICATION (check one):
[] NEW CONSTRUCTION - SFD (N) R/W Project by Dot
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Can they use existing system?

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: ?

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[] Private Well (P)

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

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

Signed: _____ Date: 11-17-00

NOTICE:

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...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

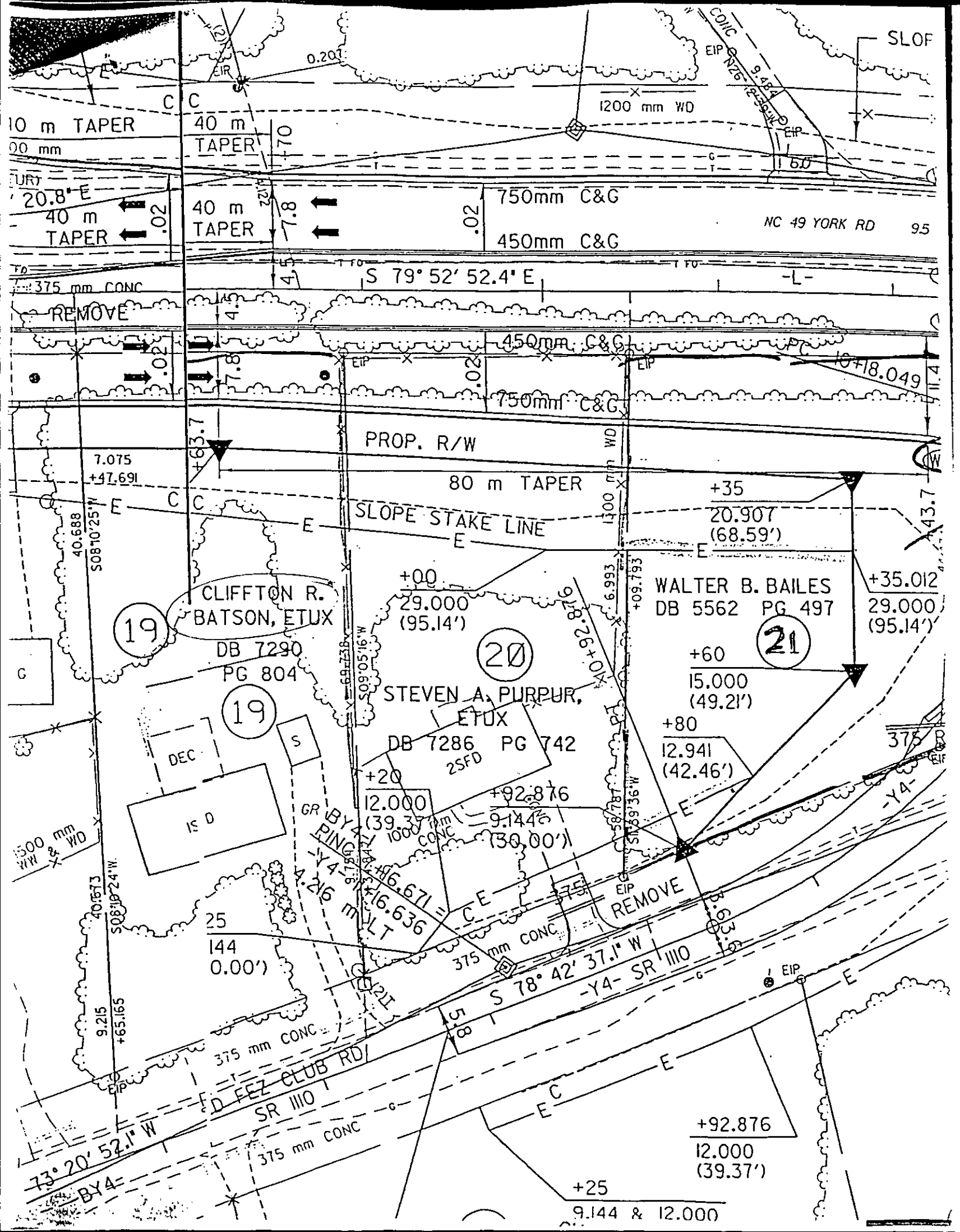
...This permit is not transferable.

...

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

Environmentalist Date

WATER : 122791


SLOF
1200 mm WD
10 m TAPER
40 m TAPER
40 m TAPER
40 m TAPER
750mm C&G
450mm C&G
NC 49 YORK RD
S 79° 52' 52.4" E
375 mm CONC
REMOVE
450mm C&G
750mm C&G
10+18.049
PROP. R/W
80 m TAPER
SLOPE STAKE LINE
+35
20.907
(68.59')
+00
29.000
(95.14')
+35.012
29.000
(95.14')
+60
15.000
(49.21')
+80
12.941
(42.46')
+92.876
9.144
(30.00')
+20
12.000
(39.37')
+92.876
12.000
(39.37')
+25
9.144 & 12.000
CLIFFTON R. BATSON, ETUX
DB 7290 PG 804
STEVEN A. PURPUR, ETUX
DB 7286 PG 742
WALTER B. BAILES
DB 5562 PG 497
19
20
21
DEC
S
GR
2SFD
BY4
RING
-Y4-
SR 1110
S 78° 42' 37.1" W
D FEZ CLUB RD
S 73° 20' 52.1" W
EIP
EIR
CONC

(LOT #4)

CSA Issued No 11031

Serial 4226

TC 207-102-C

Date Issued 12-12-80

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Wilmar Investments (LAST, FIRST, MIDDLE)

Location of Property Lot 4 - Red Fez Club Rd

Application Number 11031

Permit Number 11031

Inspection Data:

Liquid Capacity of Tank 1500

Total Length of Drain Tile 495'-125'

Depth of Filter Material 17"

Water Supply Source Well

Excavation Inspected 12-12-80 (DATE)

Nitrification Field Inspected 12-12-80 (DATE)

Washing Machine Line Inspected, If Applicable 12-12-80 (DATE)

Tank Material FC

Number of Lines 6-4

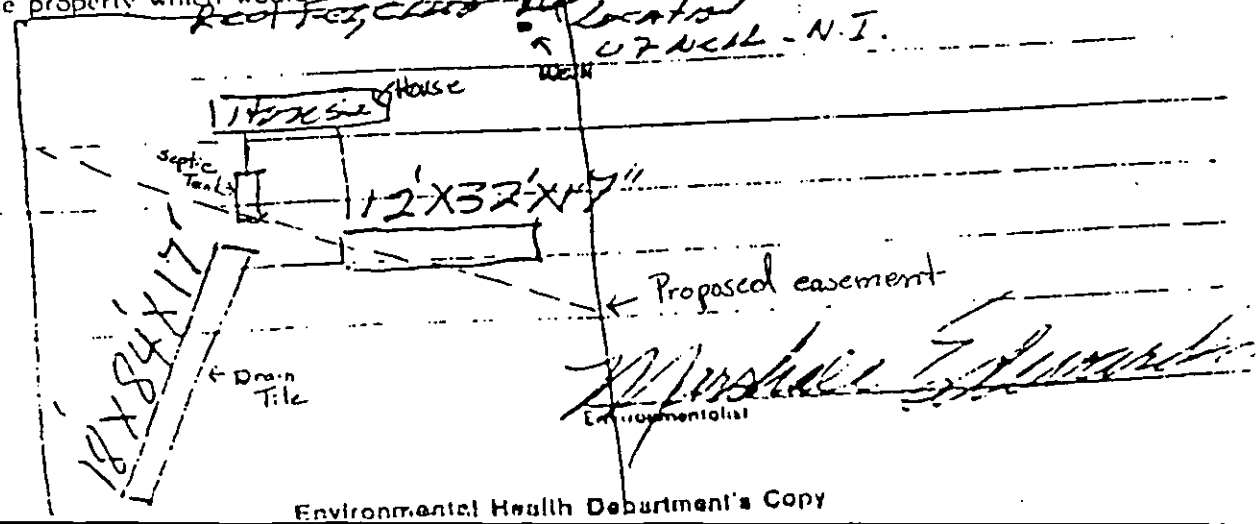
Cover Depth 42"-24"

Distance from Water Source 100'

Tank Inspected 12-12-80 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been — / — installed or constructed, ——— altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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.

Comments Red Fez Club Rd Location UTICIL - N.I.



Environmental Health Department's Copy

FEE: _____

DATE: _____

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

[ ] CRT

TYPE APPLICATION: __ NEW SYSTEM ✓ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

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

FILE #: 11032

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 217-102-04

STREET ADDRESS: 15440 RED FEZ CLUB RD.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 3 Built 1980

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1560 sf.

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

✓ WITHOUT BASEMENT ON SLAB
✓ CRAWL SPACE
__ 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_____

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: PUR PUR (LAST) STEVENS (FIRST) (MI)

ADDRESS: 15440 RED FEZ CLUB RD

CITY: CHARLOTTE STATE: NC ZIP: 28278

DAYTIME PHONE: ( ) –

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: CHEUNG ANDY (LAST) (FIRST) NC DOT (MI)

DAYTIME PHONE: (704) 537-1541

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: _____ DATE: 1-8-99

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

Jeremy,

Mr Morgan (applicant) is an independent appraisor for DOT regarding the road widening project in the area of Hwy 49 that may or may not impact the septic systems on these two properties (forms attached). Mr. Morgan is going to check to see that the right of way is staked and then he will call you to visit on the site.

I've attached a copy of our protocol from the policy manual so he does know that if the systems have to be relocated there will be fees and application for alteration required.

He just needs to establish whether this must be done.

Judy