


13209 WHITE BIRCH TR

00731108

5/15/2007

duponbj

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

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

400 ☑

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

FILE: 4038A DATE: 12-1-94

TC: 007-311-08 ☐ L ☐ CRT

SERIAL № 16053

Name of Owner PSI Homes Juris.:

Address of Property 13209 White Birch Terrace

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100' each

Cover Depth 6"-10"

Water Supply Source well

Distance to Water Source 100'+

Excavation Inspected 12-1-94

Tank(s) Inspected 12-1-94

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design 1994, conv, 1500gal, 1200 sqft drainfield, 12" stone, cecil-like CTR# 82

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 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: 3 bdrm design

Recommend diverting all surface water past septic tank system area!

Typed

J Newell for S Daniel

Environmental Health Specialist

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

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

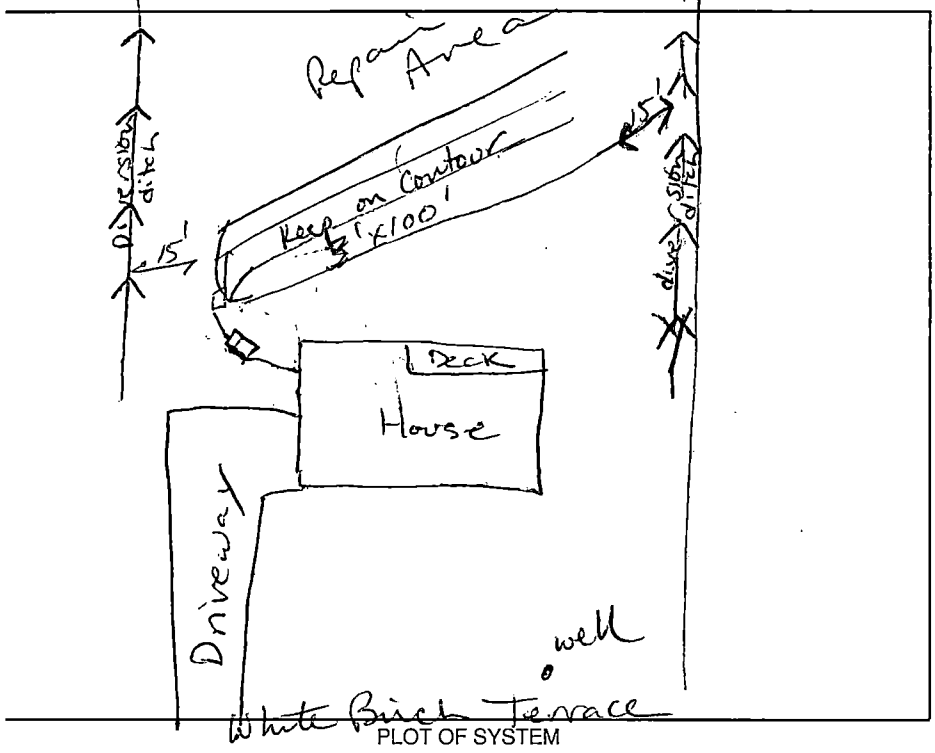
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4038A DATE: 11-7-94

TC: 007-311-08 ☐ L

SERIAL Nº 16098

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 4-13-94. All work shall be completed on or before 12-7-94, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.




PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank ____ gallons

Tank Construction PCC

Trench Depth 18"-28" to trench bottom

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 400' feet

Number of Lines 4 at 100' each (or 5 at 80' each)

Depth of Stone 12 inches

Distance from House 5' min feet

Distance from Property Line 15' off surface water diversion ditches feet

Distance from Well 100'+ feet

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

NAME OF OWNER PSI Homes

LOCATION OF PROPERTY 13209 White Birch Terrace

Comments: 3 bdrm design. Keep lines on contour. Surface water diversion ditches to be at side property lines.

Newell Jones Daniel

Susan Eaton
Environmental Health Specialist

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

4038A

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
## APPLICATION FOR SERVICES

$200 4/13/94 CK #1085 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

PERSON FILING APPLICATION:
NAME: SAME (last) (first) (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: STATE: ZIPCODE:

Date:

PROPERTY OWNER:
NAME: PSI Homes - (Pro-Service, Inc-) (last) (first) (mi)
ADDRESS: 4801 E. Independence Blvd Suite 700 PHONE: (704) 535-8830
CITY: Charlotte STATE: NC ZIPCODE: 28212

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 007-311-08
STREET ADDRESS: 13209 White Birch
ZONING: Terrace

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: 20 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

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: 5

SYSTEM CLASSIFICATION:

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

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

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] 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] (PSI Homes) Date: April 13, 1994

NOTICE:

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

...

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

Philip S. Walker R.S. 4/19/94
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

DATE 4/13/94

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

007-311-08
PARCEL NUMBER

13209 White Birch Ln
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

lot 20
EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

Paseo Pond
PROJECT NAME (IF APPLICABLE)

**THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:**

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

**REMARKS:** S.F. Mast

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

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: [signature]

REVISED 1/91

# MECKLENBURG COUNTY

Department of Environmental Health
October 29th, 1987

Robert B. Bowman
P. O. Box 1378
Davidson, NC 28036

RE: Property located at White Birch Terrace 20
FILE: 4038A
PARCEL: 00716213 PO

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. Results of the investigation revealed that the lot contains soils which have been classified as PROVISIONALLY SUITABLE in accordance with the provisions of 10 NCAC 10A .1900. A copy of the Site Evaluation Report (Serial Number 14729) deliniating the soil types and their respective classifications is enclosed.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Specific plan approval will be provided upon submission of an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems and determination that the area is adequate to accomodate the proposed construction.

Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this Department renders any area previously designated suitable for system installation, unsuitable. Futhermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

If there are any questions concerning this matter, do not hesitate to contact me.

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

enclosure

1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

**MECKLENBURG COUNTY ENVIRONMENTAL HEALTH**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 14729

File: 4038A  Action 4

Parcel: 00716213 PO  ☐ PC

Location: White Birch Terrace

Subdivision:

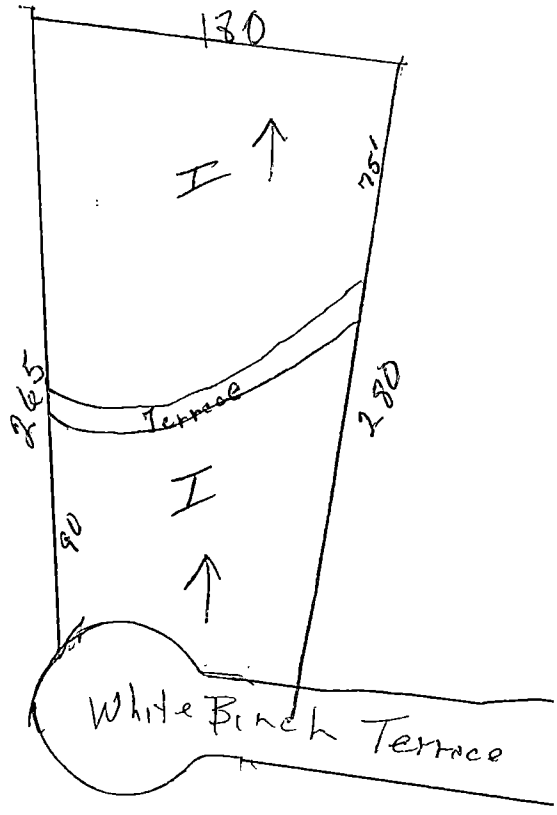
Lot: 20  Block:  Acres: .81

Owner: Robert B. Bowman
Address: P. O. Box 1378
Davidson, NC 28036

Comments: _____

Described by: W. B. Ramsey

Date: 10-26-87




***** EVALUATION KEY *****

S = Suitable  U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

| FACTORS | AREA 1 | AREA 2 | AREA 3 | AREA 4 | AREA 5 | AREA 6 |
|---|---|---|---|---|---|---|
| Topography | S (PS) U 2-12 | S PS U | S PS U | S PS U | S PS U | S PS U |
| Texture | S (PS) U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Structure | S (PS) U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Drainage | S (PS) U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Depth | S (PS) U 37-40 | S PS U | S PS U | S PS U | S PS U | S PS U |
| Restrictive Horizons | S (PS) U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Available Space | S (PS) U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Other (specify) | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Soil Group/Series | IIc Cecil | | | | | |
| Area Classification | S (PS) U | S PS U | S PS U | S PS U | S PS U | S PS U |

# APPLICATION FOR SOIL INVESTIGATION

10/19/87 PD
JLC #113

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 4038A

TC: _____

☐ PC ☐ REPT

**JOB LOCATION**

① ADDRESS: ~~OFF SAM FURR RD~~: WHITE BIRCH TERRACE

② SUBDIVISION: PAGES POND ③ LOT: ~~#~~ 20 ④ BLOCK: 162

⑤ PARCEL REFERENCE: OUT OF: BOOK NO.: 07 PAGE NO.: 16 PARCEL NO.: 13

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

**OWNER**

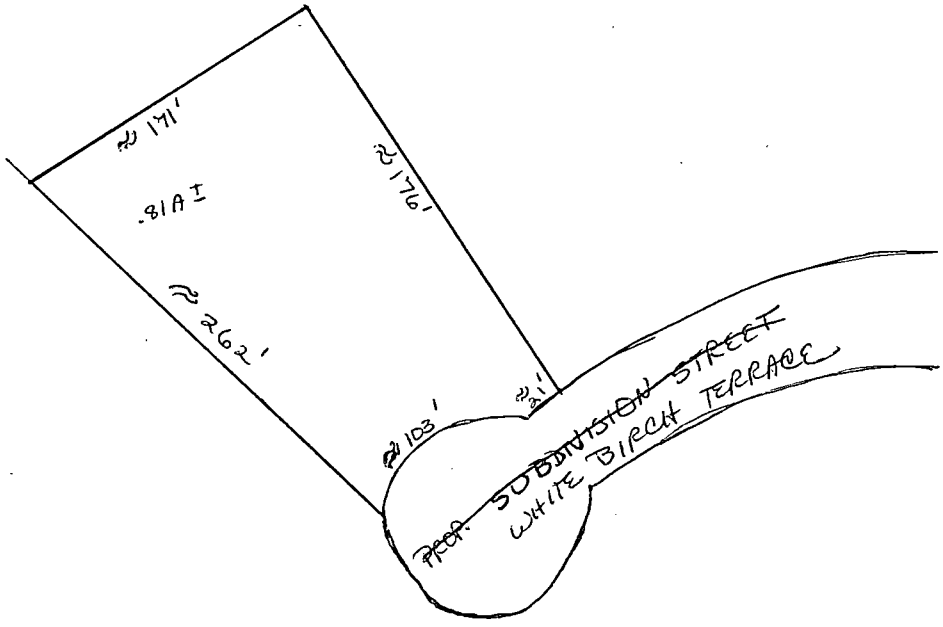
⑦ NAME: ROBERT B. BOWMAN
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: PO BOX 1378

⑨ CITY: DAVIDSON, ⑩ STATE: NC ⑪ ZIP: 28036

⑫ PHONE: (WORK) 704-892-1886 (HOME) 704-875-2194

⑬ Accurately diagram and dimension lot.




⑭ 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: _____

Date: 8/5/87

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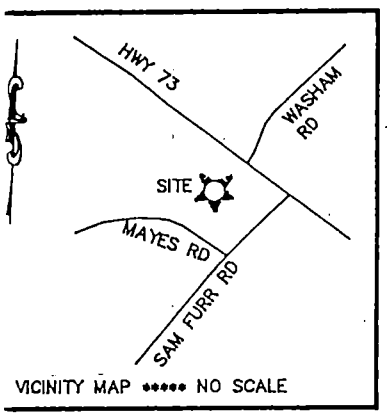
WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

DAS DON ALLEN & ASSOCIATES, P.A.
ENGINEERING * SURVEYING * PLANNING
Rt 7 BOX 293 * MOORESVILLE, N.C. 28115 * (704) 664-7029

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book_____, page_____, and/or plat book 22, page 187, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 9, day of MARCH, A.D. 19 94.

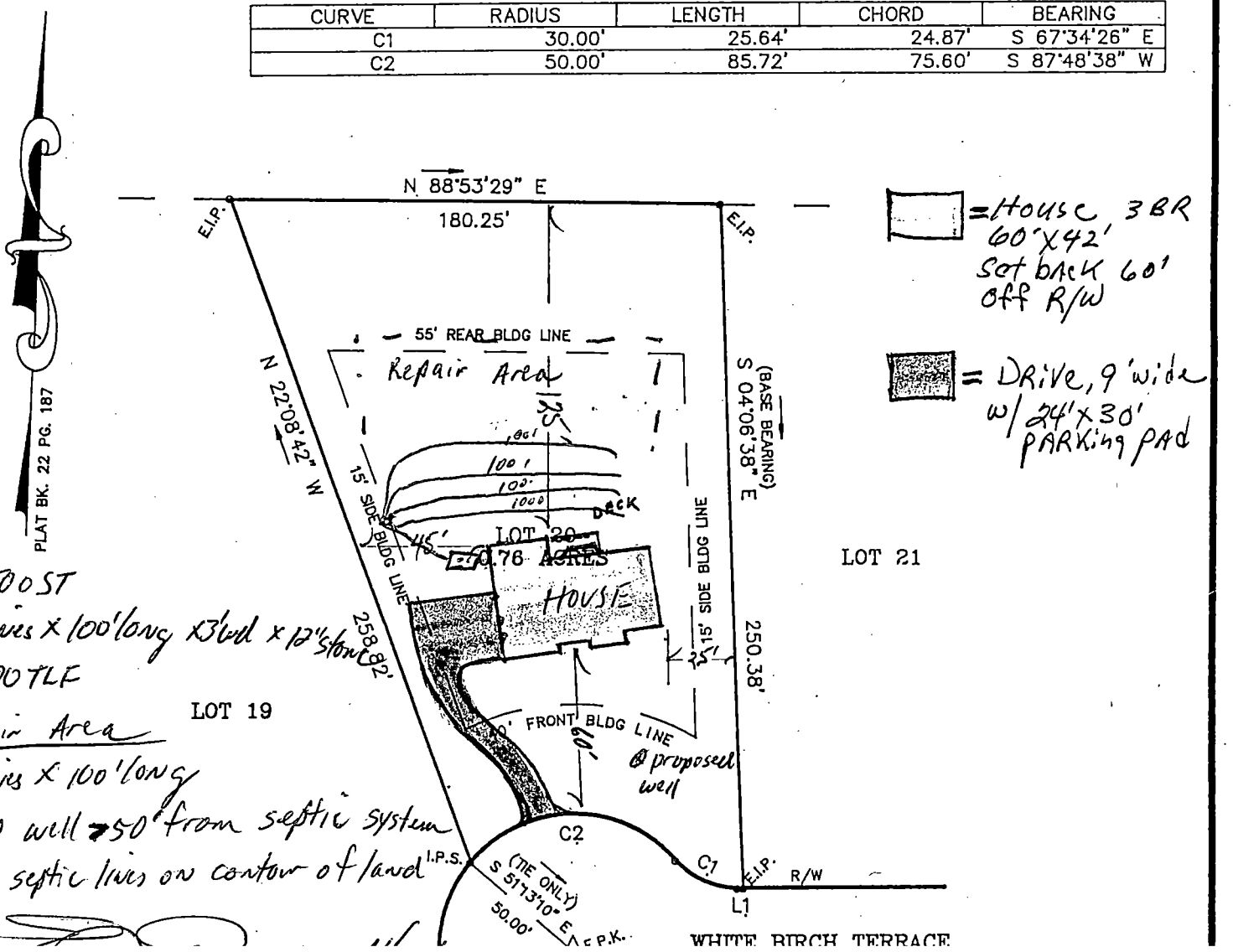
WILLIAM M. ALLEN RLS

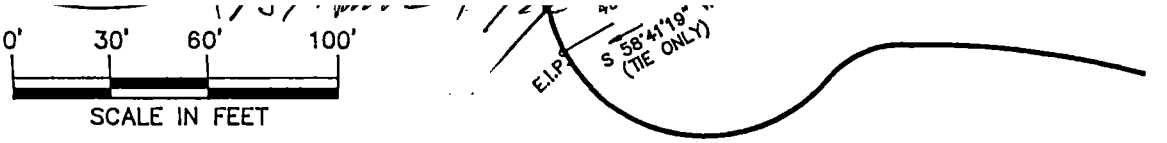
NORTH CAROLINA REGISTERED SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN




| LINE | DIRECTION | DISTANCE |
|---|---|---|
| L1 | S 87°56'00" W | 2.07' |

| CURVE | RADIUS | LENGTH | CHORD | BEARING |
|---|---|---|---|---|
| C1 | 30.00' | 25.64' | 24.87' | S 67°34'26" E |
| C2 | 50.00' | 85.72' | 75.60' | S 87°48'38" W |






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

NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER

# BOUNDARY SURVEY

OF

# LOT 20 PAGE'S POND

SCALE 1"=60'

DEWEESE TWSP. MECKLENBURG CO., N.C.

ACQUIRED BY: PSI HOMES

FIELD BOOK: 4
FILE: PHY1\256-402

TAX MAP NO:

| Post-it® Fax Note 7671 | Date 12-16-94 | # of pages ▶ 1 |
|---|---|---|
| To Erin | From Meck County Health Dept |
| Co./Dept. | Co. |
| Phone # | Phone # 336 5569 |
| Fax # 536 6848 | Fax # 336 6894 |

ION REPORT

PHONE TEL NO. 98'66848
DATE AND TIME 12-.8 .8:'1PM
DURATION .'11
MODE
PAGE .1
RESULT 'EOK'