

8400 SAM DEE RD

11106306

1/4/2008

duponbj

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

8/18/60

Bal of fees
Due $300
Also Agreement forms
recorded & copy to
this file before final
release

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

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

FILE # 4183B
PARCEL # 111-063-06

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

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

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

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

This instrument was prepared by: _____
Mail after recording to: _____
_____

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

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

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

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

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

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

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

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this _____ day of _____, 199__.

_____ _____ (SEAL)
(Corporate Name)

_____ (SEAL)

By: _____ _____ (SEAL)

_____ President _____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF _____

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

WITNESS my hand and notarial seal, this _____ day of _____, 199__.

_____
Notary Public

My Commission Expires:

_____

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day 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 _____, 199__.

_____
Notary Public

My Commission Expires:

_____

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4183B DATE: 8-16-00

TC: 111-063-06 ☒ LI ☐ CRT

SERIAL Nº 18302

Name of Owner LILLIAN SIMMONS Juris.: _____

Address of Property 8400 SAM DEE ROAD

Inspection Data:

Tank Material 1500 gal

Total Length of Drainfield 300

Number of Lines 4 @ 75'

Cover Depth 12"

Water Supply Source WELL

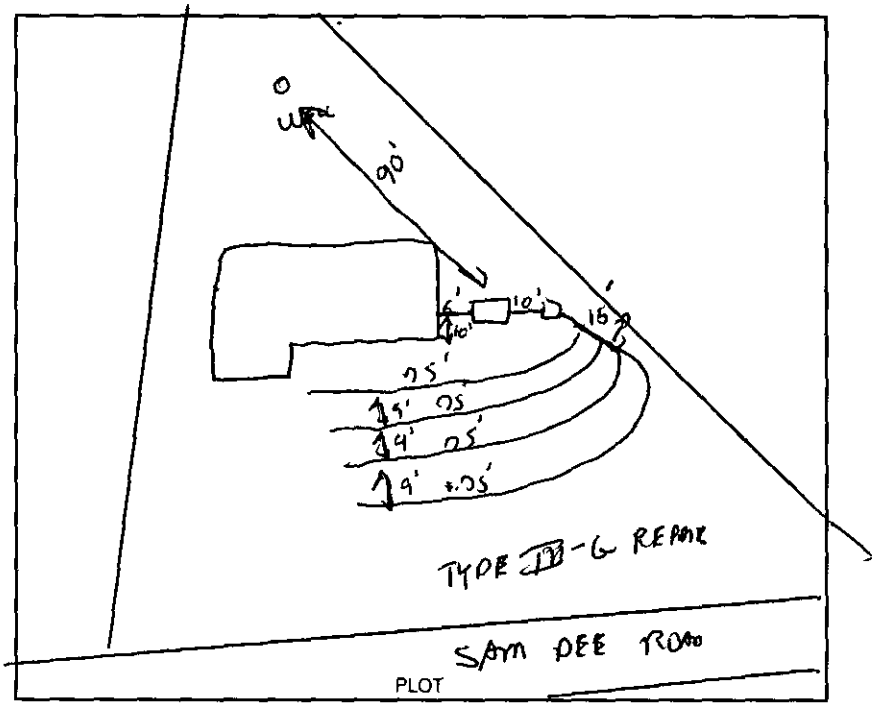
Distance to Water Source _____

Excavation Inspected 8-16-00

Tank(s) Inspected 8-16-00

Wash Line Inspected —

High Water Alarm Inspected —



Design 1500 SJ 1200 SFT INNOVATIVE "BEE LAY" CTR# NORMAN ROAD

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 INNOVATIVE "BEE LAYE"

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: 4183-B DATE: 8-11-00

TC: 111-063-06 XL

SERIAL Nº 17592

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 _____. 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 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.



SAM DEE RD PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 300 feet

Number of Lines 3

Depth of Stone N/A inches

Distance from House 5'+ feet

Distance from Property Line 10'+ feet

Distance from Well 100'+ feet

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

NAME OF OWNER LILLIE SIMMONS

LOCATION OF PROPERTY 8400 SAM DEE RD

Comments: install innovative system

Kelly Randall
Environmental Health Specialist

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

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** $ CS
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 2/18/2000 PERMIT NO: 4183B

PARCEL NO: ~~8400~~ 111-063-06

JOB LOCATION ADDRESS: 8400 SAM DEE ROAD

PROPERTY OWNER: LILLIE SIMMONS

BUILDING CONTRACTOR: _____

SUBDIVISION NAME: _____

AUTHORIZATION ISSUED BY: [signature] DATE: 2-18-2000

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4183B, 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 FORM TO BE FILED W/ REGISTER OF DEEDS OFFICE AND A COPY SUBMITTED TO THIS OFFICE PRIOR TO OBTAINING OPERATION PERMIT

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

[signature] 7/31/00

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 4183B

Tax Number: 111-063-06

The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.

CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.

Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	X No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	___ 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

3 Long-term acceptance rate	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
YES Serviced by private well	1500 Gallon septic tank	300 Total trench length (ft)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	___ Gallon pump tank	NA Depth of stone	

Any surface waters present: Type: Minimum separation distance:

Site modifications required:

Additional Conditions: (1) AGREEMENT FORM TO BE SUBMITTED TO THIS OFFICE PRIOR TO CO BEING RELEASED.

Repair Area System Type Type (circle one): I II (III) IV V VI	___ Conventional X Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

1200 Absorption Area (Sq ft) 800 Total Trench Length (Ft)	NA Depth of Stone Trench	6' Trench spacing (min. on centers)	30" Maximum Trench Depth

For existing system, enter the year originally installed:

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

- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department.
- This Improvement permit is transferable.

DEHNR Authorized Agent — Date 8/18/2000

Owner/Agent Signature — Date 7/31/00

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-100135

PROPOSED PLOT PLAN

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

FILE: 4183 B

TC: 111-063-06

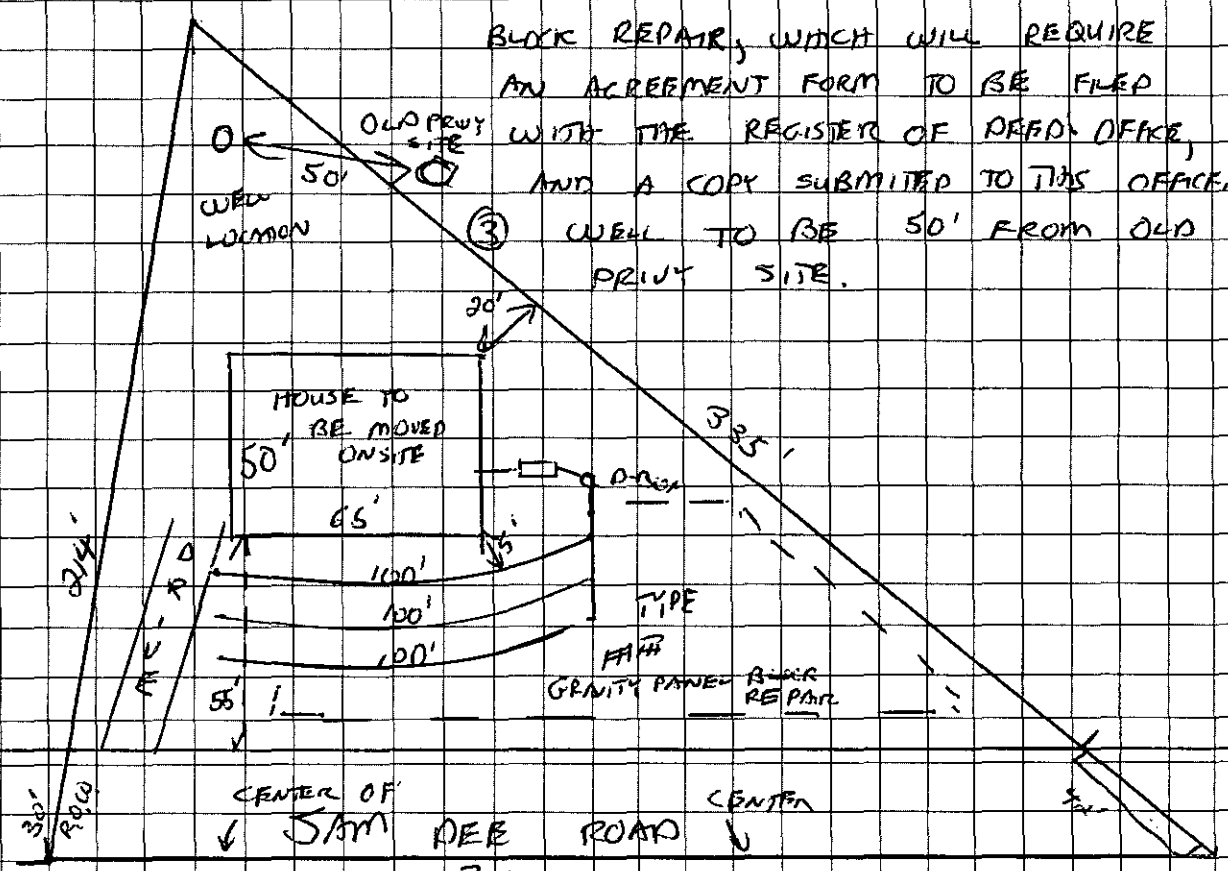
Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.

PERMIT FOR
8400 SAM DEE ROAD
SCALE 1" = 50'

① LOCATE ALL PARTS OF SEPTIC TANK SYSTEM 50' FROM ALL WELLS

② DESIGN IS FOR A 3 BEDROOM TYPE III-G INNOVATIVE WITH GRAVITY FEED PANEL-BLOCK REPAIR, WHICH WILL REQUIRE AN AGREEMENT FORM TO BE FILED WITH THE REGISTER OF DEED'S OFFICE, AND A COPY SUBMITTED TO THIS OFFICE.

③ WELL TO BE 50' FROM OLD PRIVY SITE.



OWNER/AGENT SIGNATURE

DATE 7/31/07

APPROVAL DATE 7/31/07

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

Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

NOTICE

THE INFORMATION CONTAINED IN THIS TELECOPY MAY BE PRIVILEGED AND/OR CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT (OR SUCH RECIPIENT'S EMPLOYEE OR AGENT), YOU ARE HEREBY NOTIFIED NOT TO READ, DISTRIBUTE OR COPY THE MATERIALS ATTACHED HERETO WITHOUT THE PRIOR WRITTEN CONSENT OF THE SENDER. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY THE SENDER BY TELEPHONE CALL AND RETURN THE ORIGINAL TELECOPY TO US BY MAIL AND WE WILL REIMBURSE YOU FOR THE REQUIRED POSTAGE. THANK YOU.

TO: Carolyn Davis TELECOPIER # 336-3846

FROM: Gwen Craig DATE 3/27/00
Env Health

NUMBER OF PAGES TRANSMITTED: 5 (including cover sheet)

COMMENTS: per request

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5102.

[ ] Original will not follow [ ] Original will follow via:

[ ] U.S. Mail [ ] Hand Delivery [ ] ____

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

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

#2 ACS

Sheet: _____
Property ID: 111-063-06
Lot #: _____
File #: 41038

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Billie Simmons
APPLICANT: Mike Thornwell
ADDRESS: 8400 Sam Dee Road
DATE EVALUATED: 2-08-06
PROPOSED FACILITY: residence
PROPOSED DESIGN FLOW (.1949) 360gpd
PROPERTY SIZE: .54
LOCATION OF SITE: 8400 Sam Dee Road
PROPERTY RECORDED: _____

WATER SUPPLY: ☒Private ☐Public ☐Well ☐Spring ☐Other _____

EVALUATION METHOD: ☒Augur Boring ☐Pit ☐Cut

TYPE OF WASTEWATER: ☒Sewage ☐Industrial Process ☐Mixed

PROFILE #	Slopes 6-18% .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	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-3"	gr/scl	Fr/SEXP/ss/sp	7.5YR 40" TO soil wetness	48+	N/A	None	PS .391 fz IV
		3-48"	sbk/sc	Fi/SEXP/s/p					
2	LS	0-4"	gr/scl	Fr/SEXP/ss/sp	7.5YR 48" TO soil wetness	48"	N/A	None	PS .391 fz IV
		4-48"	sbk/sc	Fi/SEXP/s/p					
3	LS	0-7"	gr/scl	Fr/SEXP/ss/sp	7.5YR 40" TO soil wetness	48"	N/A	None	PS .391 fz IV
		7-48"	sbk/sc	Fi/SEXP/s/p					
4	LS	0-2"	gr/scl	Fr/SEXP/ss/sp	7.5YR 41" TO soil texture	41"	N/A	None	PS .391 fz IV
		2-31"	sbk/sc	Fi/SEXP/s/p					
		31-41"	sbk/scl	Fr/SEXP/ss/sp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	LPS *
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W. A. Marlin LSS 2-10-06
OTHER(S) PRESENT: _____

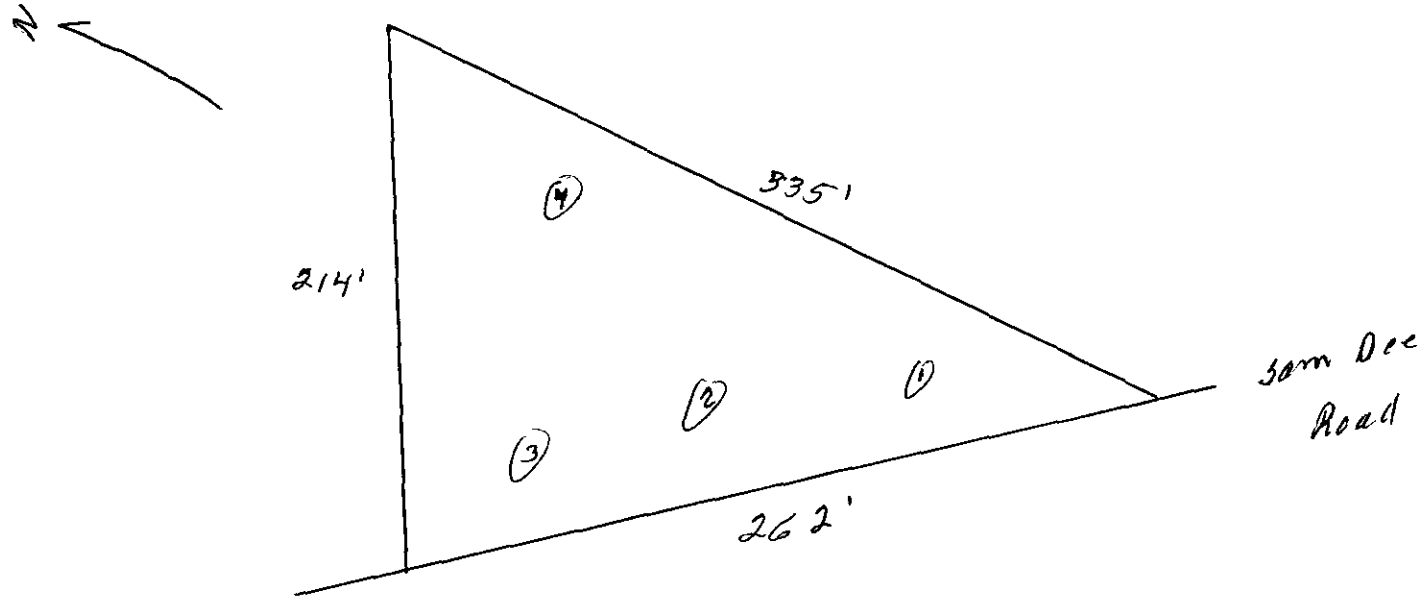
* See Comments

FILE # 41938

COMMENTS Not sure if lot is 100% repair - discrepancy between recent survey and plat from tax map

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

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



File #
4/1830

MECKLENBURG COUNTY

JOURNAL VOUCHER # FIN00003475

PREPARED BY: Robin Wilson **DATE** **2/2/00**
Engineering & Building Standards Dept.

APPROVED BY: RW

KEYED BY: Robin Wilson

BATCH TOTAL:	400.00

DESCRIPTION	FUND	AGCY	ORG	ACT	REV./ OBJ.	SUB/ BJ/RE	BS ACCT	AMOUNT	DR CR
SOIL TEST FEE	MY01	ENG	3230	3010	9114			200.00	DR
8400 SAM DEE ROAD									
	0001	ENH	3620	3030	3720			200.00	CR
	MY01						1000	200.00	CR
	0001						1000	200.00	DR

JV FIN0000 3475

MECKLENBURG COUNTY

Engineering & Building Standards Department

MEMO

To: Bobbie Shields, Director
Engineering & Building Standards

From: Katrina L. Brown, Director KLB/H
Mecklenburg County Community Development Program

Subject: Journal Voucher Transfer

Date: January 26, 2000

Attached is an internal request form to transfer two hundred dollars ($200.00) from our Mecklenburg County Scattered Site account to the Environmental Health account. The transfer of these monies is necessary in order to cover the set fee charge to provide a soil test on the property of Lillie Simmons, 8400 Sam Dee Road, Charlotte, NC. This soil test must be completed before a septic system can be installed on the property.

Please indicate your approval by signing below and I will forward to the finance department for a check...Thanks.

Bobbie Shields, Director
Engineering & Building Standards

1/27/00
Date

H:\CORE\C&D\Michael\Disc00(1-I) Doc3082 Journal Transfer Soil Test (Simmons).doc

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 #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 111-063-06

STREET ADDRESS: 8400 SAM DEE RD

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

CLOSING DATE _____

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1400

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS:

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
EXISTING WASTEWATER SYSTEMS __ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES __ NO
WELL, SPRINGS OR WATERLINES ✓ YES __ NO
DESIGNATED WETLANDS __ YES __ NO

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Simmons Lillie (LAST) (FIRST) (MI)	NAME: THORNWELL, MIKE (LAST) (FIRST) (MI)
ADDRESS: 8400 Sam Dee Rd	DAYTIME PHONE: ( ) 336 - 4319
CITY: Charlotte STATE: NC ZIP: 28273	MECKLENBURG CO COMM DEV
DAYTIME PHONE: ( ) 593 - 0377	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1/1/75

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: Lillie Simmons by [signature] MIKE THORNWELL DATE: 1/26/00

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

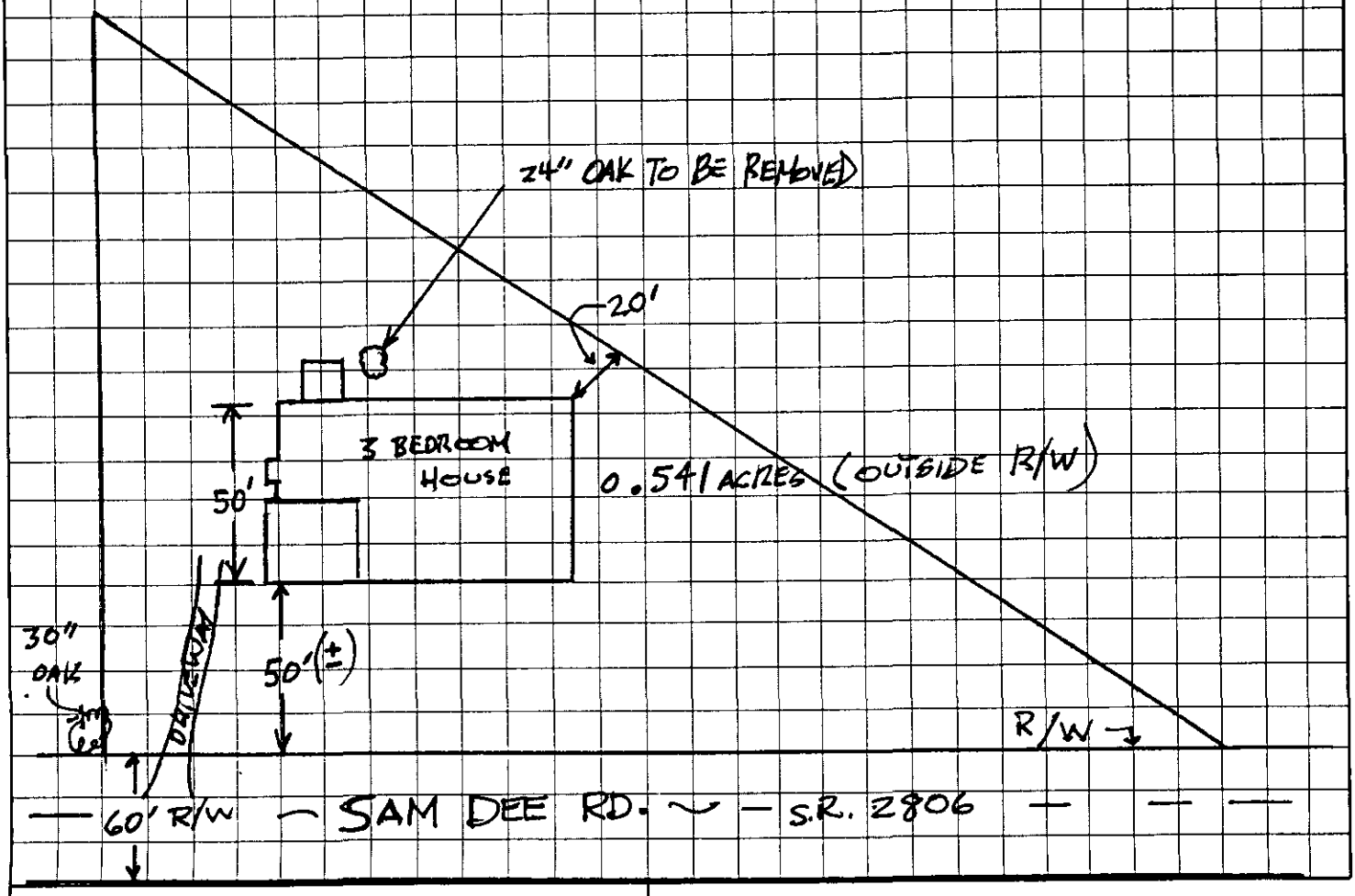
PROPOSED PLOT PLAN

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

FILE: _____

TC: _____

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



Lillie Simmons by Linda Thompson
OWNER/AGENT SIGNATURE

DATE 1-26-00

APPROVAL DATE _____

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

01/26/2000 CHAR-MECK TAX DEPARTMENT PUBLIC ACCESS SYSTEM TDPA030 C
10:56 AM CURRENT REAL ESTATE DETAIL SUMMARY TP03
111-063-06 FIRE: 12 TWP: 7 SITUS: MECK SD:
OWNER/MAILING ADDRESS MORT: ANNEXED:
SIMMONS LILLIE E

TYPE : INDIVIDUAL
129 HAMPTON CHURCH RD DEED : 01550 433
DATE : 01/01/1975

CHARLOTTE NC 28262
TOT ACRE: .000 AC LEGAL: SAM DEE RD #2806
SITUS: 8400 SAM DEE RD MECK

CARD 1 OF 1 1999 APPRAISAL DATA

		TOTAL VALUE
	LAND	19,880
BUILT 0000 NET COND % : 1.00	BLDG	
SQFT: AUX SQ. FT :	OBXF	2,020
ZONE: R3 NEIGHBORHOOD: 11101	TAXABLE	21,900

ACRE: 1.210
USE/MODEL: SINGLE FAM/VACANT

<-TYPE CHOICE, F5:MORE INFO F7:UP CLEAR:RESET
PRESS ENTER. F1:HELP F2:OPTIONS F3:RETURN F6:PREV INFO F8:DOWN F12:EXIT

Mecklenburg County
Health Department

Basic Steps for a New Septic Tank System

1. Make application for an **Improvement Permit** at the Mecklenburg County Health Department (MCHD). The application is to include a plat of the property (see other side for more information). If a legal agent represents the property owner, written documentation of representation must accompany the application. Total fee is $500 for residential & $700 for commercial (an initial $200.00 for residential or $400 for commercial fee is to be paid when the application is submitted for this first step).

2. If the site is acceptable for on-site sewage disposal, the MCHD will issue an Improvement Permit.
   The permit:
   - Approves the site for installation of a wastewater disposal system;
   - Is transferable to a new owner;
   - Does not expire;
   - MAY BE REVOKED IF SITE PLANS OR THE INTENDED USE CHANGE; and
   - Does not allow for the receiving of a Building Permit, see step #3.

3. Prior to receiving a Building Permit, the current property owner makes application for **Authorization for Wastewater System Construction** from the MCHD. This may be issued at the same time the Improvement Permit is issued or at a later date. A site visit may be necessary prior to releasing the Authorization.
   (A $150.00 fee is to be paid when the application is submitted.)
   The authorization:
   - Is required to receive a building permit;
   - Is not transferable; and
   - Is valid for a period of five (5) years.

4. Once you are ready for the septic tank system to be installed, have your septic system contractor contact the Environmental Health Specialist at the MCHD for an **Installation, Alteration and/or Repair Approval.** The Contractor must have this approval before starting installation of a system.
   ($150.00 fee. This fee can be paid in person or by mail. A check should be made payable to the Mecklenburg County Health Department. Please include the file number, job location, address and tax parcel number for proper processing.)

5. The septic system contractor will call the Environmental Health Specialist at the MCHD for inspection of the completed system. When the system has been inspected and approved, the Health Department issues an **Operation Permit** and the system may be placed into use.

Please call the Environmental Health Division at (704) 336-5102 if you have any questions concerning this permitting procedure.

PEOPLE • PRIDE • PROGRESS

Environmental Health Division

PLAT REQUIREMENTS

SUBMIT PLAT WITH APPLICATION FOR IMPROVEMENT PERMIT

A plat of the property is required before an Improvement Permit can be issued for a building site. The plat becomes part of the permit. It is the responsibility of the applicant to provide the plat to the Health Department.

The plat must be drawn to scale and include:

- A statement of the scale used.
- The specific proposed location of the building or structure. Include building dimensions, porches, decks, garages, driveways, etc.
- Property lines and dimensions.
- Wells or other water supplies.
- Streams, ponds or other surface waters.
- Location of any of the following:
  ---buried cables, landfills, stumpholes
  ---existing wastewater systems
  ---easements or right-of-ways
  ---wells, springs or waterlines
  ---designated wetlands
  ---drainage ditches/culverts on or adjacent to property
- The date the plat was prepared.
- The tax parcel number of the property.
- All roads which adjoin the property lines.

FEE: JV $200

DATE: 1/27/00

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 #: 4183B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 111-063-06

STREET ADDRESS: 8400 Sam Dee Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1400

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS:

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
EXISTING WASTEWATER SYSTEMS __ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES __ NO
WELL, SPRINGS OR WATERLINES ✓ YES __ NO
DESIGNATED WETLANDS __ YES __ NO

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Simmons Lillie (LAST) (FIRST) (MI)	NAME: Thornwell, Mike (LAST) (FIRST) (MI)
ADDRESS: 8400 Sam Dee Rd	DAYTIME PHONE: ( ) 336 – 4319
CITY: Charlotte STATE: NC ZIP: 28730	Mecklenburg Co Comm Dev
DAYTIME PHONE: ( ) 593 – 0377	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1/1/75

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: Lillie Simmons by Mike Thornwell DATE: 1/26/00

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

4/1836

MECKLENBURG COUNTY

Engineering & Building Standards Department

MEMO

To: Bobbie Shields, Director
Engineering & Building Standards

From: Katrina L. Brown, Director
Mecklenburg County Community Development Program

Subject: Journal Voucher Transfer

Date: January 26, 2000

Attached is an internal request form to transfer two hundred dollars ($200.00) from our Mecklenburg County Scattered Site account to the Environmental Health account. The transfer of these monies is necessary in order to cover the set fee charge to provide a soil test on the property of Lillie Simmons, 8400 Sam Dee Road, Charlotte, NC. This soil test must be completed before a septic system can be installed on the property.

Please indicate your approval by signing below and I will forward to the finance department for a check...Thanks.

Bobbie Shields, Director
Engineering & Building Standards

1/27/00
Date

H:\CORE\C&D\Michael\Disc00(1-1) Doc3082 Journal Transfer Soil Test (Simmons) doc

4/838

ENGINEERING & BUILDING STANDARDS DEPARTMENT
REQUEST FORM

Requested by: Mike Thornwell **Fund #** MY01 **Dept. / Agency:** ENG **ORG:** 3230

Activity Code: 3010 **Object / Account:** 9114 **Project #:**

Item #	Qty	Comm. Code	Description	Unit Cost	Amount	Justification
			Lillie Simmons: 8400 Sam Dee Road	500.00	200.00	To obtain a soil test for
			Charlotte, NC			a septic system to be con-
						structed. This is the
						inital fee for residen-
						tial. Since this is an
						internal fee, I am
						requesting a JV to Org
						3620--IWWS from the
						above account. Environ-
			TOTAL		$200.00	mental Health has the
						paperwork.

Suggested Bidders

Company	Vendor Number	Address	Quote	MB	WB

RXQ ENG		PDQ ENG	
PGQ ENG		RC ENG	
SCS ENG		PVQ ENG	
JV FIN		TB ENG	

APPROVALS **DATE**

Core Process Mgr: Fabrina L Brown Jr 1-27-00

Accounting:

Preventing Waste in the Workplace is a Priority

City-wide MWBE Goals: 10% MBE & 5% WBE

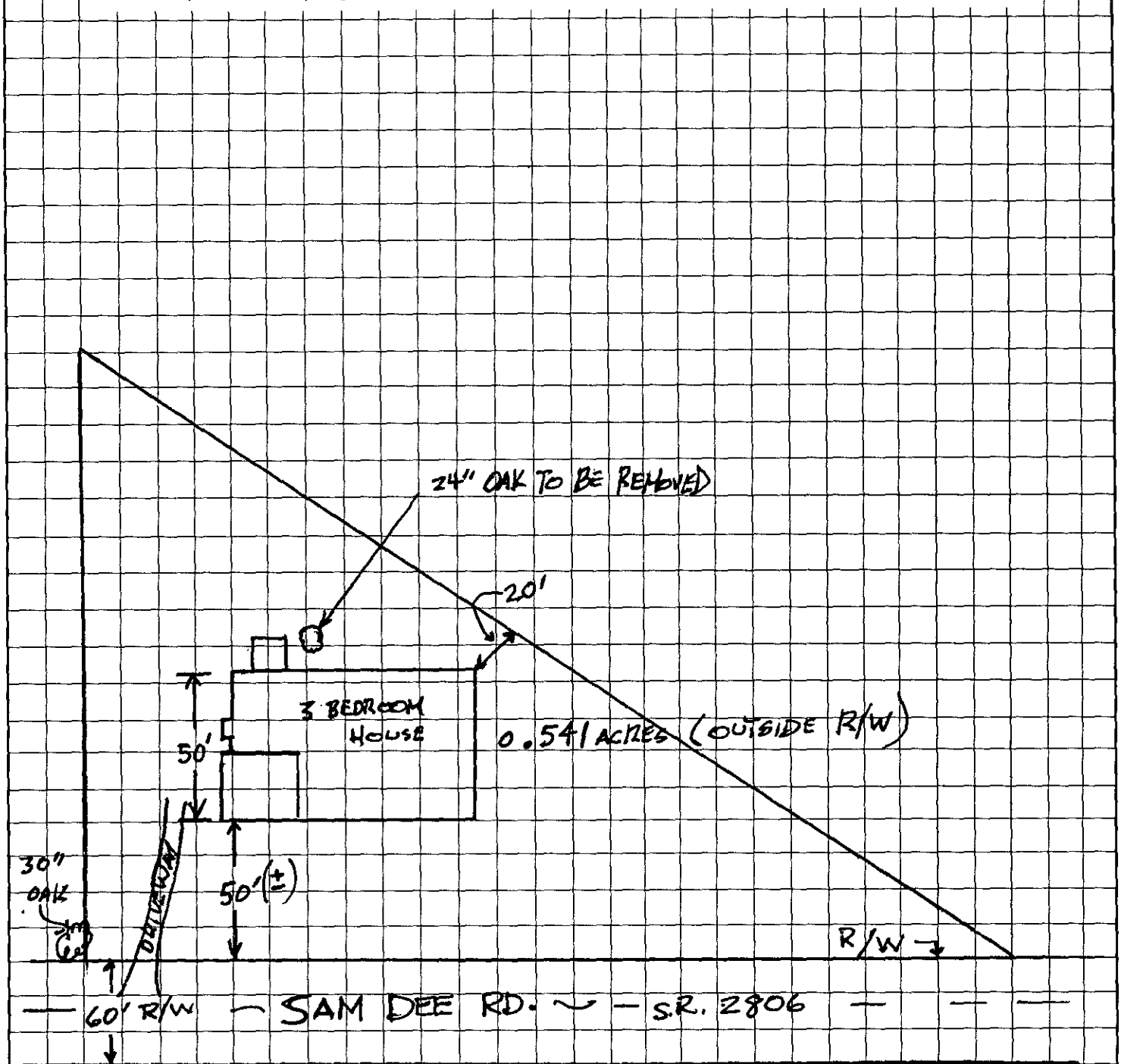
PROPOSED PLOT PLAN

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

FILE: 4183B

TC: 111-063-06

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.



Lillie Simmons by Linda Thomason
OWNER/AGENT SIGNATURE

DATE 1-26-00

APPROVAL DATE _____

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