

21838 SHEARER RD

00306114

12/19/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6843/8555A DATE: 11/19/93

TC: 003 061 05 po ☐ L ☒ CRT

SERIAL № 15366

Name of Owner Dave Howard Juris.:

Address of Property 21838 Shearer Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 3 @ 133'

Cover Depth 8" - 20"

Water Supply Source well

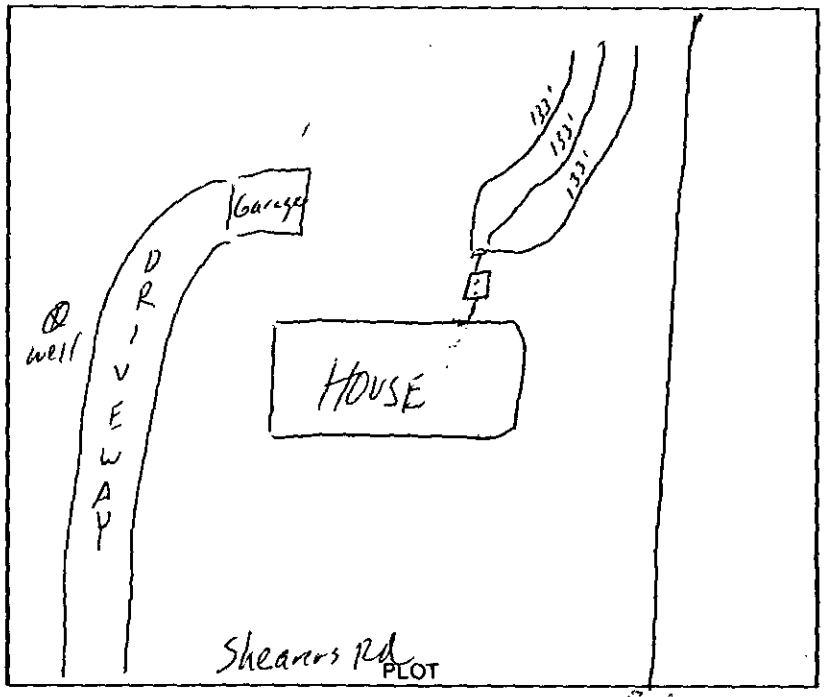
Distance to Water Source > 50'

Excavation Inspected 11/19/93

Tank(s) Inspected 11/19/93

Wash Line Inspected —

High Water Alarm Inspected —



Design: 1993, 1500ST, CON, 1200SFT, 12" Stone ceil CTR# Richard

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 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The 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 10 NCAC 10A .1900 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.

COMMENTS: Septic system designed for 3 bedroom residence

Type II

Philip S. Walker R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

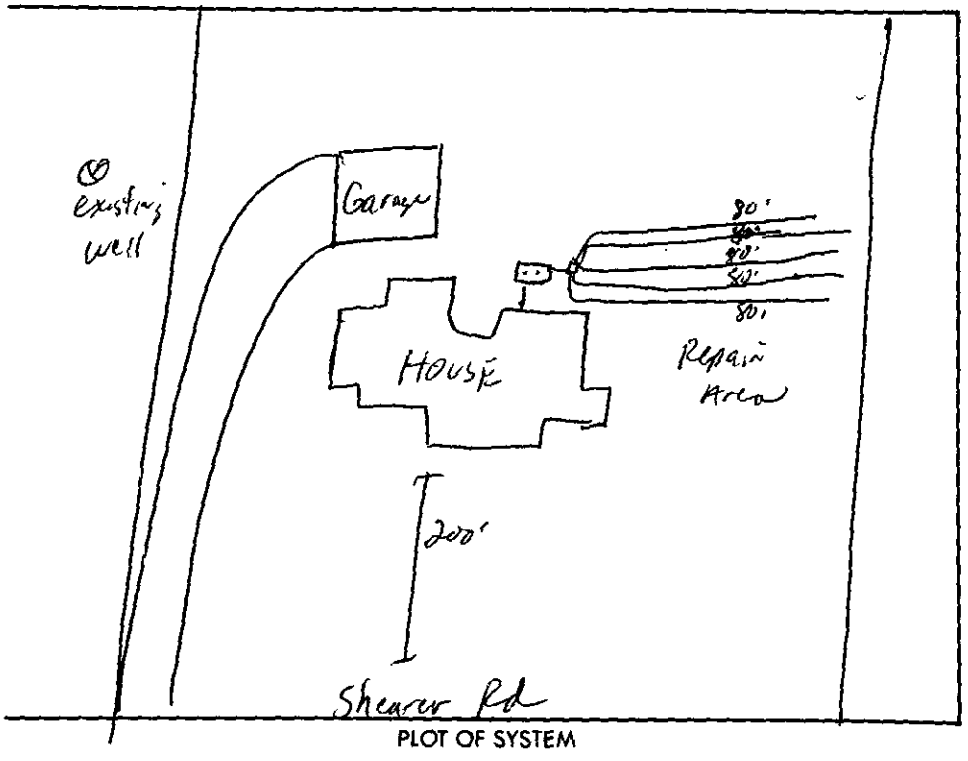
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6843/19555A DATE: 11/16/93

TC: 003 061 05 po

SERIAL Nº 15646

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 11/3/93. All work shall be completed on or before 12/16/93, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400' feet

Number of Lines 5 (80')

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line >10 feet

Distance from Well >50 feet

NAME OF OWNER Dave Howard

LOCATION OF PROPERTY 21838 Shearer Rd

Comments: 5 lines x 80' long x 3' wd x 12" stone / Keep septic system >50' from any wells. Keep lines on contour of land.

Division or Section Head

Environmentalist Philo A. Walker R.S.

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

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

File 6848/8555A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

P&V 1/12/93 Dg 7
400N 200' cl Rt 5 CRT

DRAFT

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

(704)336-5102

Date:

PERSON FILING APPLICATION:

NAME: Howard (last) Dane (first) B (mi)

ADDRESS: 6128 Rhone Dr PHONE: (704) 364-4757

CITY: Charlotte STATE: NC ZIPCODE: 28226

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 003-061-05A

STREET ADDRESS: 21838 Shearer Rd.

Davidson NC

ZONING:

PROPERTY OWNER:

NAME: Howard (last) Dane (first) B (mi)

ADDRESS: 6128 Rhone Dr PHONE: (704) 364-4757

CITY: Charlotte STATE: NC ZIPCODE: 28226

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

TYPE APPLICATION (check one):

LOT NUMBER:

LOT SIZE (in acres): 3 Acres

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[✓] 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) [✓] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

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 into the property for the purpose of processing this request.

Signed: Dane Barkley Howard Date: 1/12/93

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.

...

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

P.S. Walker 1/13/93
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

PD 50.00 10/5/92 CK

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

684B/8555A

[] 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: Howard (last) Dane (first) B (mi)

ADDRESS: 6128 Rhone Drive PHONE: (704) 364-4757

CITY: Charlotte STATE: NC ZIPCODE: 28226

Date: Sept. 25, 1992

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: ~~PO 3687 044~~ 00306105PO

STREET ADDRESS: Shearer Road Davidson NC

ZONING: R 3

PROPERTY OWNER:

NAME: Bruch (last) Duane (first) H (mi)

ADDRESS: 822 Longbow Road PHONE: (704) 366-2717

CITY: Charlotte STATE: NC ZIPCODE: 28211

SUBDIVISION OR MOBILE HOME PARK NAME: N/A

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

LOT NUMBER: N/A LOT SIZE (in acres):

TYPE APPLICATION (check one):

[x] SOIL TEST - INDIVIDUAL LOT (D)
[] 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: 2

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) [x] 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 [x] Workshop [] None
[x] Garage [] Storage Building [] Deck/Patio [x] Bedrooms [x] Other (No use)

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: Duane H Bruch Date: 9/30/92

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:

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Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

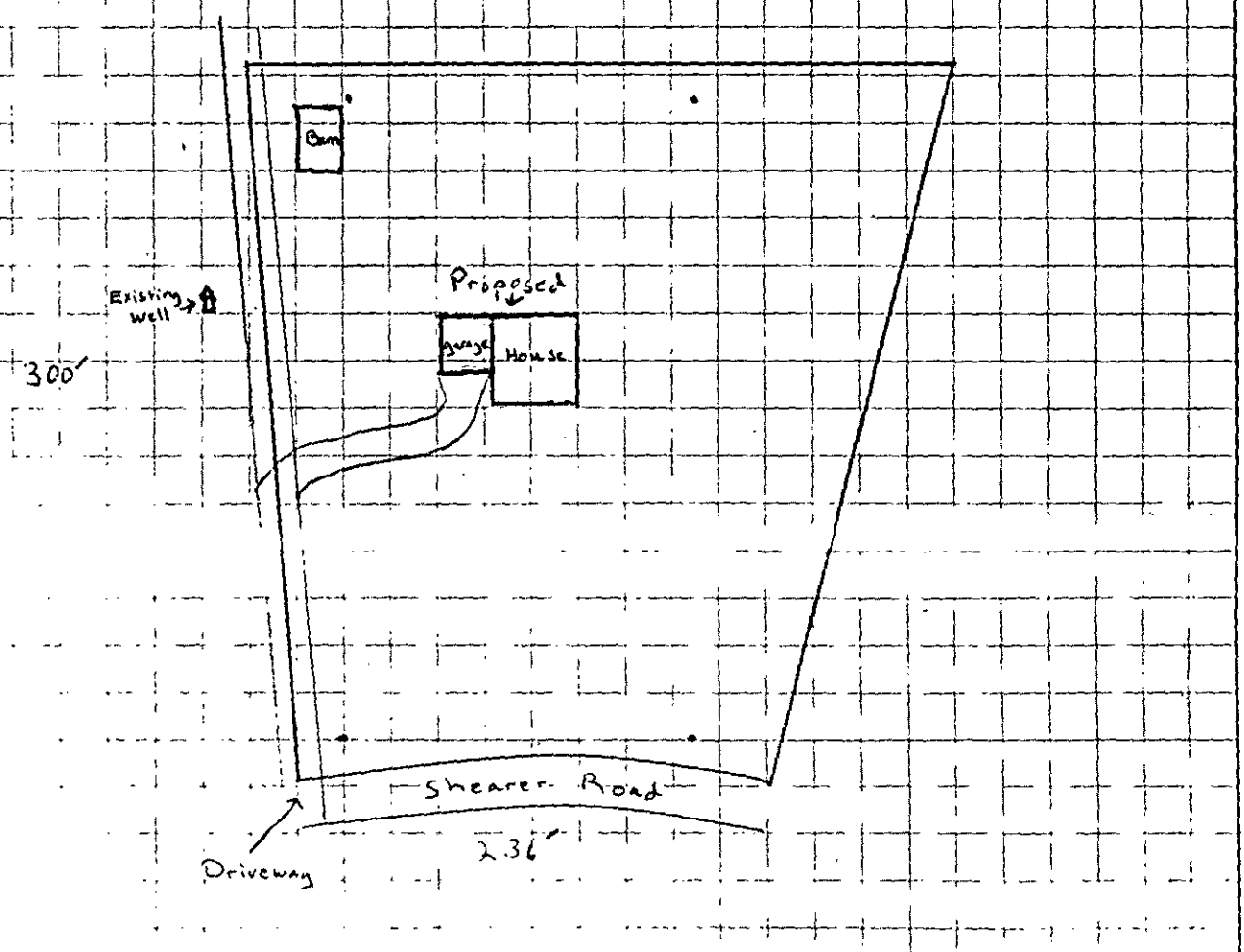
PROPOSED PLOT PLAN

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

FILE: 684B/85555A

TC: 003-061-05 PO

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



1" = 10'

- denotes acre area identified w/ red strokes

APPROVAL DATE _____

2nd

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 1-12-93

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE MECK

PARCEL NUMBER #003-061-05P0

ASSIGNED ADDRESS 21838 SHEARER RD

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

		APPROVED	DISAPPROVED
1.	SUBDIVISION REGULATIONS	/	*
2.	FLOODWAY REGULATIONS	/	*
3.	EROSION CONTROL REGULATIONS	/	*
4.	PUBLIC UTILITY EASEMENT	/	*
		PRESENT	NOT PRESENT
5.	PUBLIC UTILITY EASEMENT	*	/
6.	PROPERTY FRONTS ON THOROUGHFARE	*	/
7.	DRIVEWAY PERMIT REQUIRED	*	/

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: S.F. HOME / SEPTIC TANK.

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: B. McCowies

OPWEAR 06-88

NEW ADDRESS X1 *

FORM 100

Mecklenburg County

Health Department

Betty S. Snow, R.N., M.A.
Health Director

October 13, 1992

Mr. Duane H. Bruch
822 Longbow Road
Charlotte, NC 28211

RE: Property located at Shearer Road
FILE: 684B/8555A
PARCEL: 003-061-05po

Dear Mr. Bruch:

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. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 19143) is enclosed for your information.

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. Our review process begins upon receipt of an Application for an Improvement Permit accompanied by a plot plan **drawn to scale with accurate dimensions indicated** detailing the location of existing well or type sewage disposal systems (if applicable), setbacks, and utility easements. Proposed buildings, etc. must be drawn on the plot plan to allow sufficient remaining space for the sewage disposal system and well. The well should be located 100 feet from any part of any sewage disposal system (including those located on adjacent properties).

Please note that this classification may be changed if any filling, grading or construction (including the drilling of a well) is performed on the lot which without **prior** approval from this Department. Current regulations in effect are "Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal: 15A NCAC 18A .1900, August, 1991". Changes in regulations may impact future approvals on this lot.

If there are any questions concerning this matter, please contact Bill Marlin at 336-5574.

Sincerely,

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems
KR/wpg

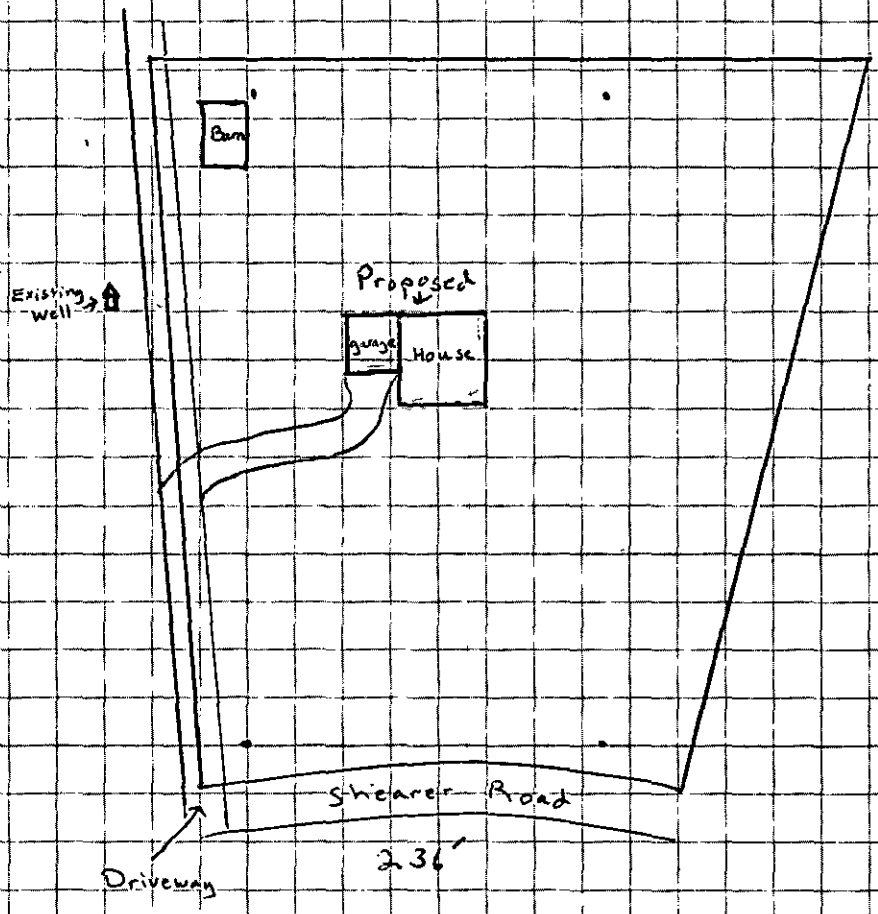
PROPOSED PLOT PLAN

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

FILE: 684B18555A

TC: 003-061-05 PO

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



1/8" = 10'

• denotes acre area identified w/ red stakes

APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

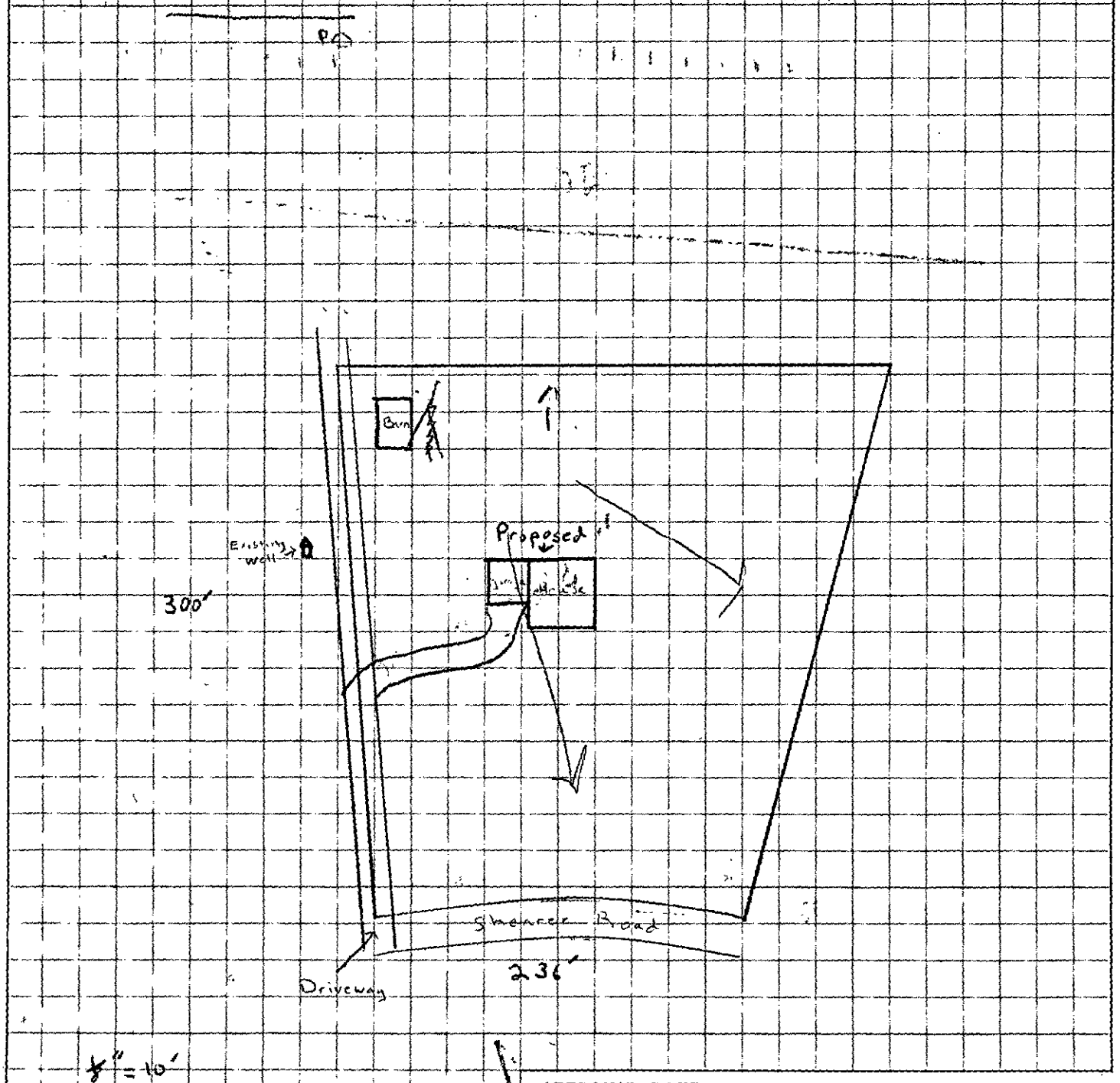
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FILE: 684B18555A

TC: 003-061-05PO

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1/4" = 10'
denotes acre area identified w/ red stakes

APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19143 LX400

File: 6840/ 8555A

Action 1

Parcel: 003-061-05PO

☐ PC

Location: SHEARER ROAD

Subdivision:

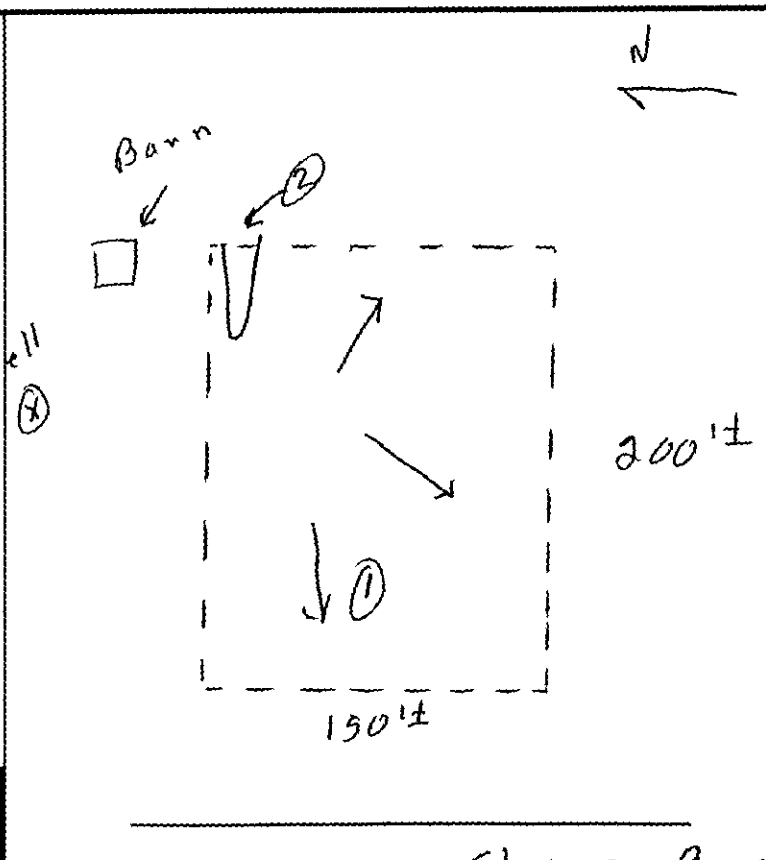
Lot: Block: Acres: Approx .74

Owner: DUANE H. BRUCH
Address: 822 LONGBOW ROAD
CHARLOTTE, NC 28211

Comments: 100% Repair
.3 gal/ft 2/ day LTAR

Described by: William B. Marlin

Date: 10-12-92



***** 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 2-8%	S PS (U) Slight Depression	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Slightly Expansive clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Sub L Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >40" To Water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U >40" To Water	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >40"	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	IV Davidson-Urban Land	Slight Depression				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

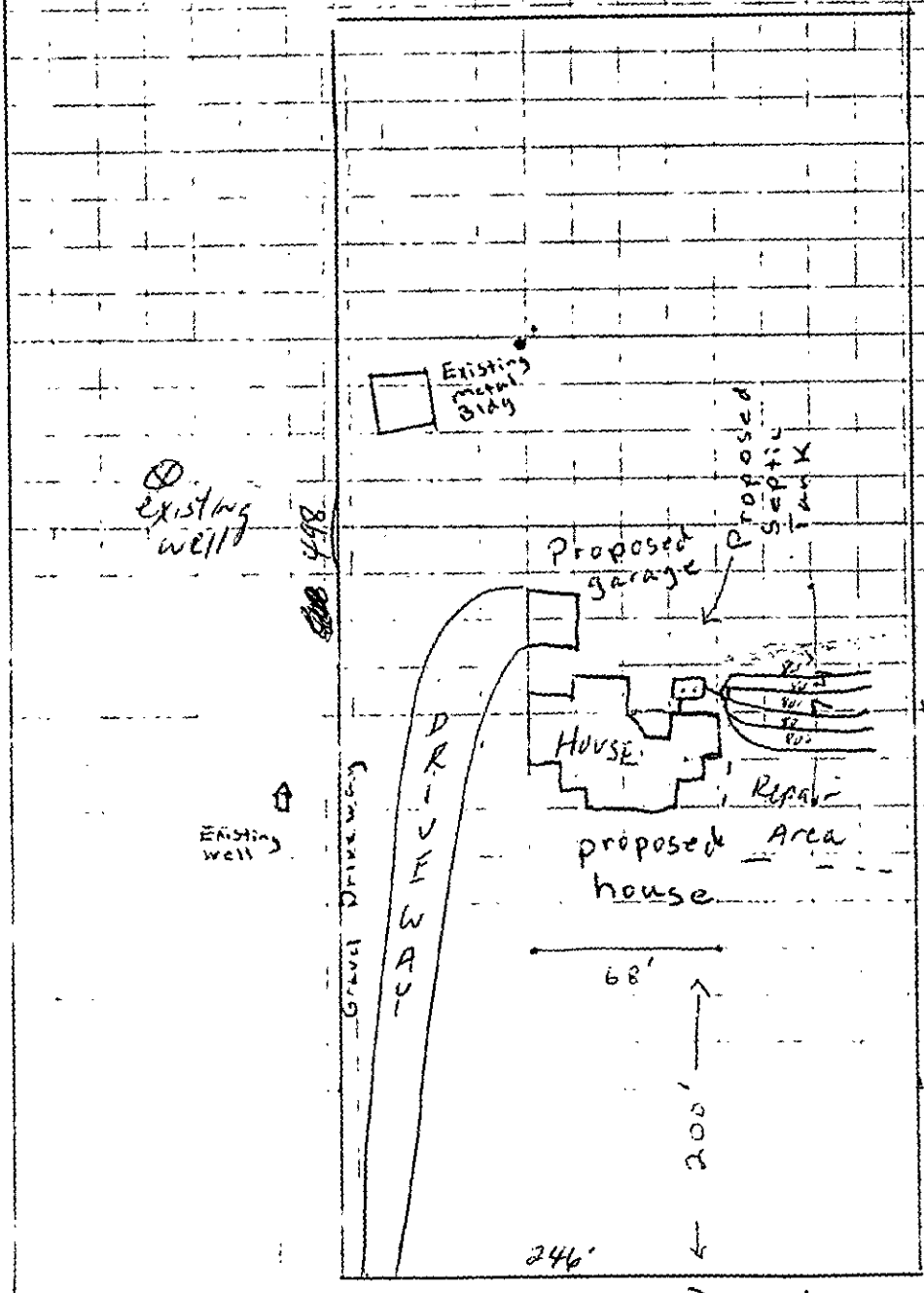
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150' ST
5 lines x 80' long x 3' wd x 12" stone
400' TLF
Keep septic system >50 from any wells
Keep lines on contour of land
Keep septic system > 10' from property line.

existing well

506

Dave Howard
1/14/93

Scale
1/8" = 10 feet

APPROVAL DATE 4pp 1/14/93