

12701 SUSANNA DR

03122214

5/1/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 2701-A DATE: 10-14-99

TC: 031-222-14 ☐ L ☒ CRT

SERIAL Nº 18203

Name of Owner James E Harper Jr. Juris.: _____

Address of Property 12401 Suzanna Dr

Inspection Data:

Tank Material PVC

Total Length of Drainfield 270

Number of Lines 3 @ 90

Cover Depth 12"

Water Supply Source Well

Distance to Water Source 55'+

Excavation Inspected 10-14-99

Tank(s) Inspected 10-14-99

Wash Line Inspected /

High Water Alarm Inspected /

PLOT

Design 1999 1500ST 210SFT 12G Mod Cecil Line CTR# Willie Climmons

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: Type III

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

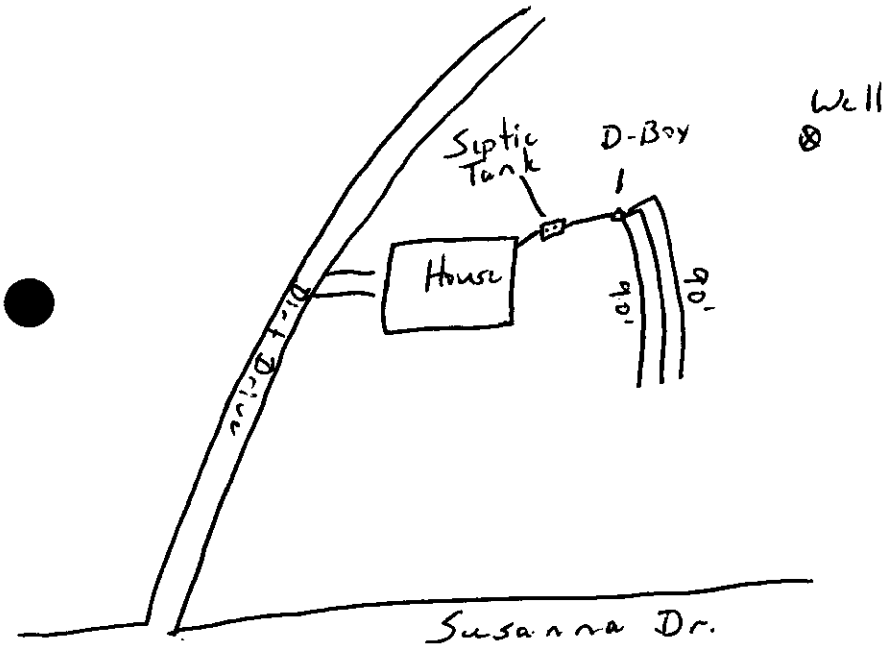
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2701-A DATE: 10/12/99

TC: 031-222-14 ☑ L

SERIAL Nº 18215

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 5/5/95. All work shall be completed on or before 11/12/99, 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 N/A gallons

Tank Construction P.C.C.

Trench Depth 18" maximum

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Yes

Total Line Length 270 feet

Number of Lines 3

Depth of Stone 12 inches

Distance from House 10' feet

Distance from Property Line 10 feet

Distance from Well 50 feet

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

NAME OF OWNER James E Harper Jr.

LOCATION OF PROPERTY 12701 Susanna Dr.

Comments: 1) Keep lines level and on contour 2) Keep trenches shallow- 18" max. 3 lines x 3 ft wide x 90 ft long. 9 ft on center

Jeff A. Knight
Environmental Health Specialist

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

4062

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

DATE: 6-2-97 PERMIT NO: 2701-A
PARCEL NO: 031-222-14

JOB LOCATION ADDRESS: 12701 Susanna Dr.
PROPERTY OWNER: James Harper
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: Kelly Randall DATE: _____
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2701-A, 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:
- well must be properly abandoned in accordance w/ Dem regulations
- trench Bottoms @ 18"
- agreement form must be signed and executed prior to installation approval

OWNER CERTIFICATION

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

X James E Harper Jr. X 6-6-97
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 2701-A

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 031-222-14

- 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: No	___ Yes	___ No	___ Partial Basement

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

.3 Long-term acceptance rate	270 Max gallons/day wastewater flow	810' Absorption Area (sq ft)	9 Trench spacing (min. on centers)
Yes Serviced by private well	1500 Gallon septic tank	270 Total trench length (ft)	18" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
2 Bedrooms in residence	1 Gallon pump tank	___ Depth of stone	

Any surface waters present: No Type: Minimum separation distance:

Site modifications required: 1

Additional Conditions:
- well must be properly abandoned in accordance w/ DEM regs.
- trench bottoms must be @ 10"
- agreement forms must be signed and recorded prior to installation approval

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

810 Absorption Area (Sq ft) 270 Total Trench Length (Ft)	12" Depth of Stone Trench	.9 Trench spacing (min. on centers)	18' 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

Owner/Agent Signature 6-6-97 Date

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

2701A

Pd. #150.00 5/5/95 CK # 1755

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

☐ CBY

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: Wellman (last) Vickie (first) H. (mi)

ADDRESS: 4344 Eagle Chase PHONE: 704 394 5803

CITY: Charlotte STATE: NC ZIPCODE: 28216

Date: 5-5-95

PROPERTY OWNER:

NAME: Harper, Jr. (last) James (first) E (mi)

ADDRESS: 12629 Susanna PHONE: 704 3929840

CITY: Charlotte STATE: NC ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 031-222-14

STREET ADDRESS: 12701 Susanna Drive

ZONING: R-12MF(CD)

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 4 & 4A LOT SIZE (in acres): 1.8776 AC

TYPE APPLICATION (check one):

☐ SOIL TEST - INDIVIDUAL LOT (D)
☒ NEW CONSTRUCTION ON VACANT LOT - 6 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (M)
☐ 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: 3

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: Vickie H Wellman Date: 5-5-95

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

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WATER : 12/91

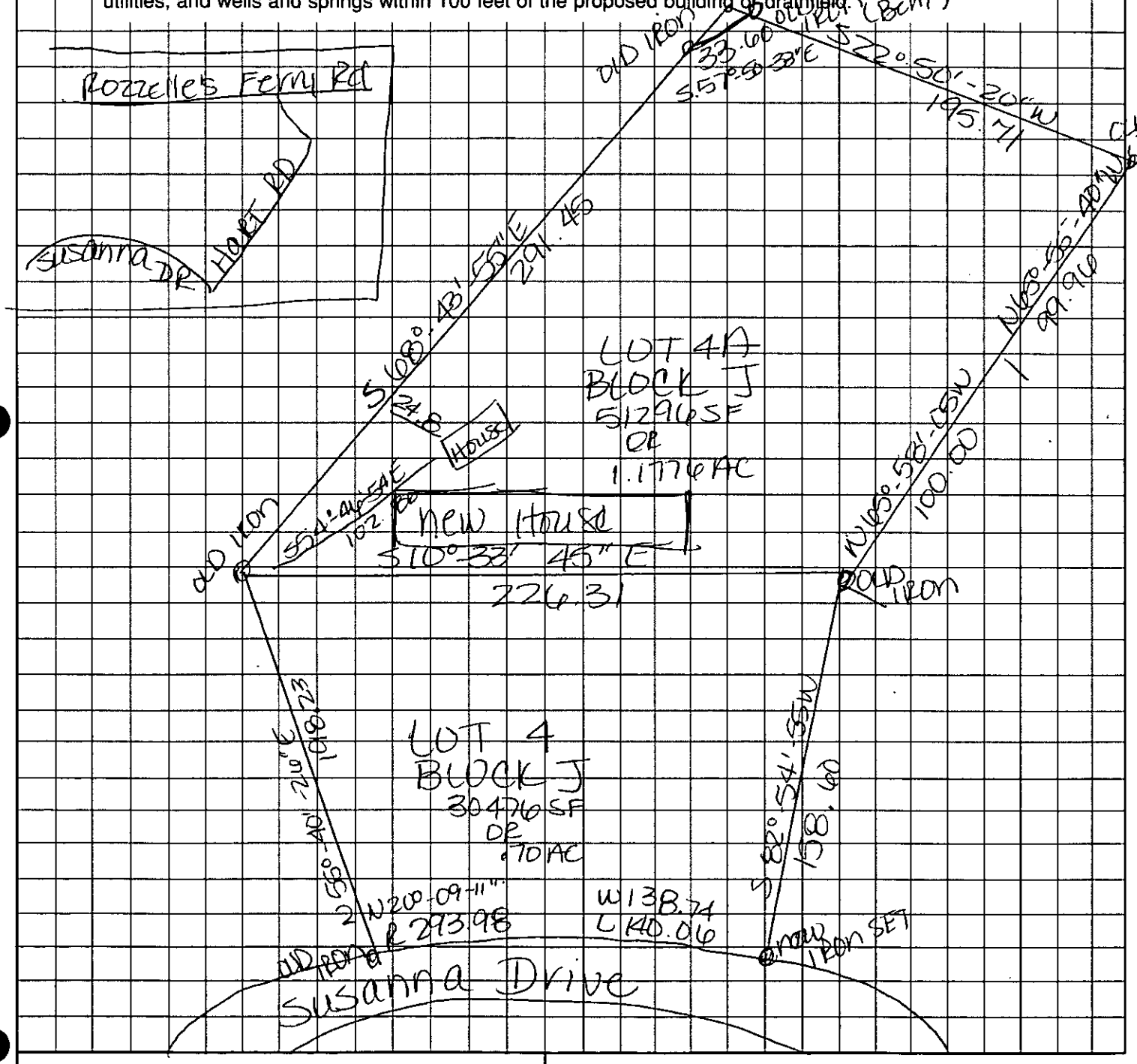
PROPOSED PLOT PLAN

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

FILE: 2701A

TC: 031-222-14

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



OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

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

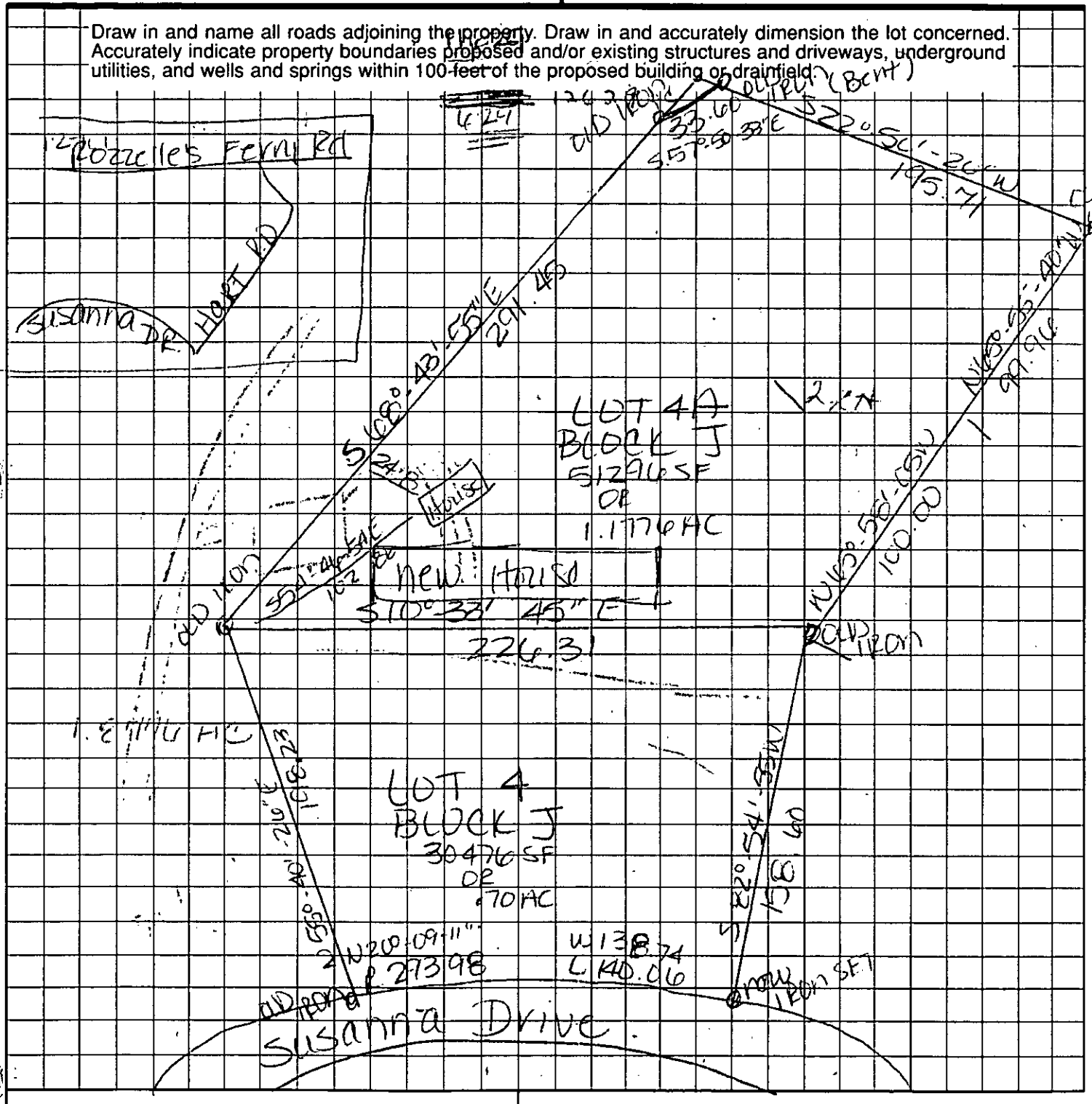
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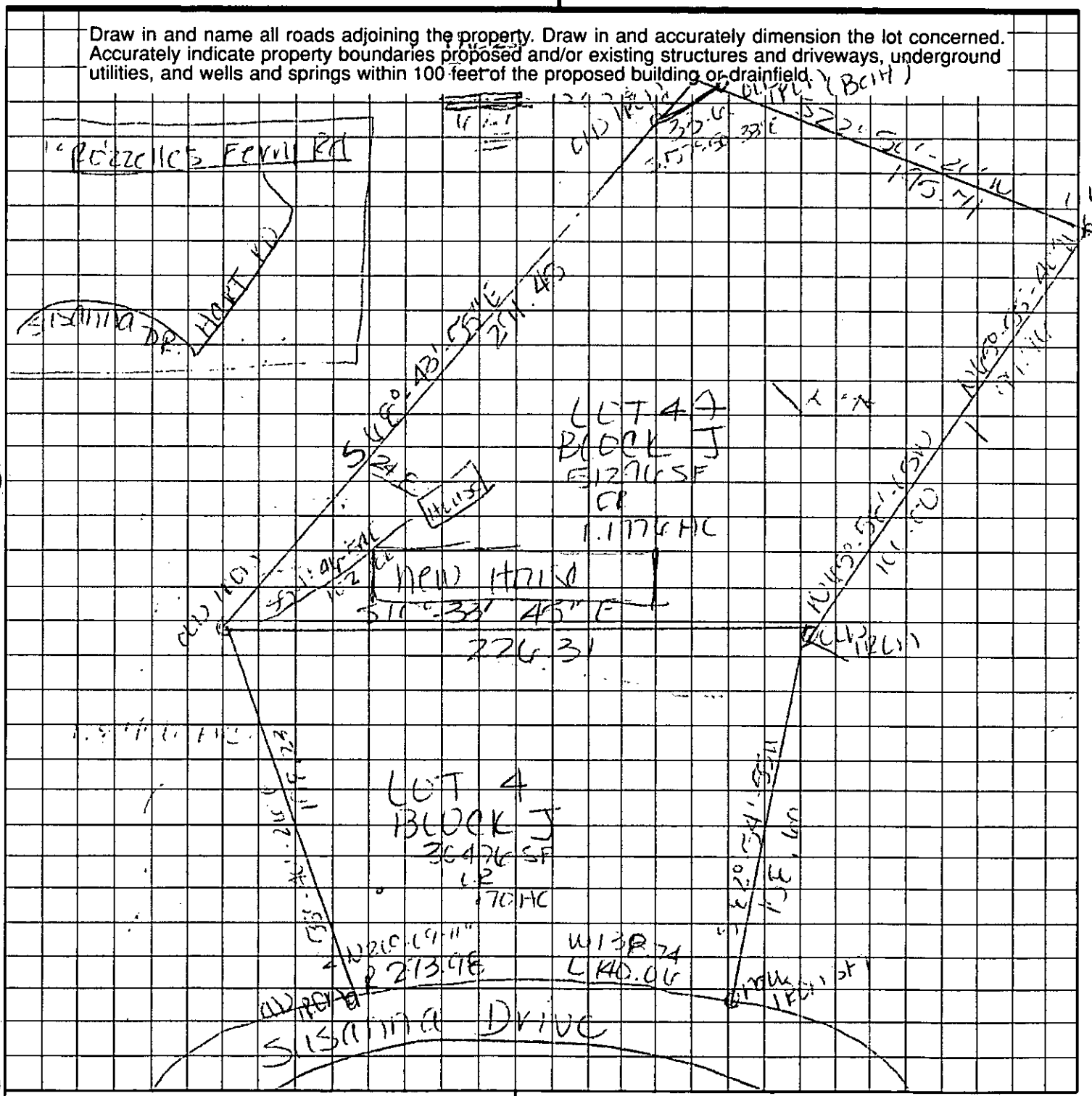
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ENVIRONMENTAL HEALTH DIVISION
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CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 37101A

TC: 031-222-14

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OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE

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

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

DATE: 5/5/95

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 031-222-14

ASSIGNED ADDRESS 12701 Susanna Dr

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: 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: [signature]

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
1999 SEP 29 10:34 AM
BOOK: 10793 PAGE: 153-157 FEE: $14.00
INSTRUMENT # 19991755 13

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 # 2707-A
PARCEL # 03122214.

The undersigned, JAMES E. HARPER JR, owner of property located at 12701 SUSANNA DR, (the "site") and described in an instrument recorded in Book 5348 at Page 890, 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:

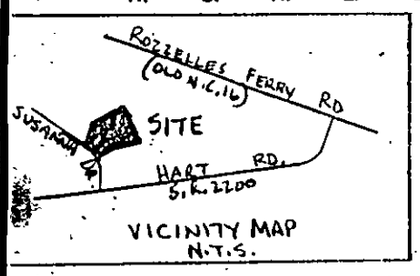
- Any changes on the property may make the Improvement Permit Null and void and may make the Improvement Permit subject to revocation.

This instrument was prepared by: JAMES E. HARPER JR
Mail after recording to: 12629 SUSANNA DR
CHARLOTTE N.C. 28214

SURVEYOR: R. DENNIS SMITH, L-1482
115 McCORD ST. CHARLOTTE N.C. 28216
(704) 399-3178

SIGNED R. Dennis Smith 7/8/93
N. C. R. L. S. L-1482

NORTH CAROLINA REGISTERED SEAL L-1482 LAND SURVEYOR RADFORD DENNIS SMITH



well must be abandoned
- 3 lines @ 90' each
shallow place conventional lines
- Trench bottom @ 18" depp -

profile
1-3'-1
6" soil
12" rock

S 57°-50'-33" E 33.60
OLD IRON FOUND
BARBWIRE (CORNER ADJUSTED) FENCE LINE
S 22°-50'-20" W 195.71
R. RHODES 6779-066
OLD IRON FOUND
N 68°-55'-57" E 70.66
LOT L
WIRE FENCE (CORNER)
OLD IRON FOUND
FUNDERBURK 2584-577
N 65°-50'-18"-E 60.00'
LOT 2
FUNDERBURK 3911-284
OLD IRON FOUND
S 10°-33'-45" E 226.31
OLD IRON FOUND
S 68°-43'-55" E 291.45
4' WIRE FENCE
HARPER 6532-010
PER DEED 6532-010
S 68°-41'-54" E 102.84
24.8
24.2
1-STORY FRAME HOUSE COMP. ROOF
OLD IRON FOUND
P.P.
N 55°-28'-27" E 191.98
OVERHANG UTILITIES
LOT 5
HARPER 6477-187
LOT 4A
BLOCK (J)
51,296 SQ.FT. OR 1.1776 Ac.
LOT 4
BLOCK (J)
30,476 SQ.FT. OR 0.70 Ac
LOT 3
FUNDERBURK 2584-577
S 82°-54'-55" W 158.60
NEW IRON SET
226.72' TO R/W HART RD.
P.P.
R=293.98 L=140.06
CH= N 20°-09'-11" W 138.74
OVERHANG UTILITIES
OLD IRON FOUND
P.P.
SUSANNA DRIVE
PAVED
R/W 60'-±

LOT 4 = 0.70 Ac.
LOT 4A = 1.1776 Ac.
TOTAL 1.8776 Ac.

E.O.C.
1:31,944'

BOUNDARY & PHYSICAL SURVEY

OF

LOT 4 & 4A BLOCK J SECTION 3 of RIVERHAVEN

PAW CREEK TOWNSHIP, MECKLENBURG COUNTY, N.C.

PROPERTY OF JAMES E. HARPER, JR. & wife PAULEEN G.

DATE: JUNE 24, 1993 SCALE: 1" = 50'

MAP RECORDED IN BOOK 8 PAGE 407 DEED RECORDED IN BOOK ____ PAGE ____

REF. DEED BOOK 5343 PAGE 810

X owner signature James E Harper Jr. 6-6-97 date

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028575

File: 2101A Action 2

Parcel: 031-222-01 ☐ PC

Location: 12101 Lasonna Dr.

Subdivision:

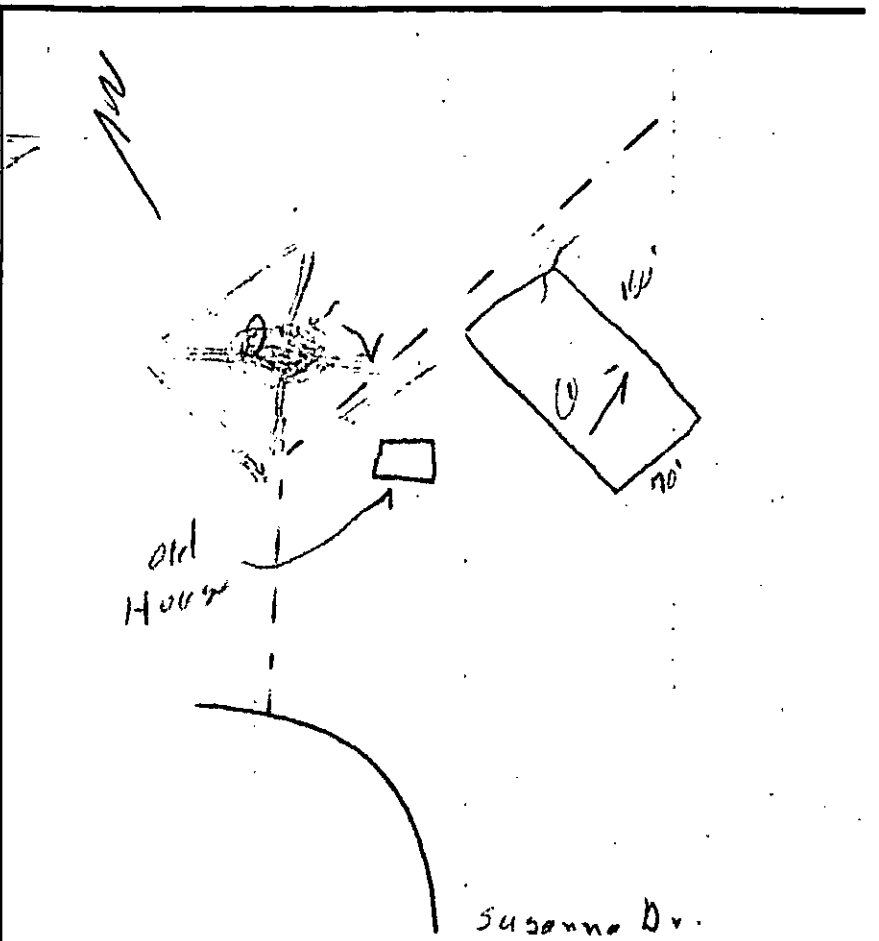
Lot: Block: Acres: .2

Owner: James E. Harper, Jr.
Address: 11639 Lasonna Dr.
Charlotte, NC. 28214

Comments: 3 bdrm/2 bath, 1 story

Described by: William A. Marks

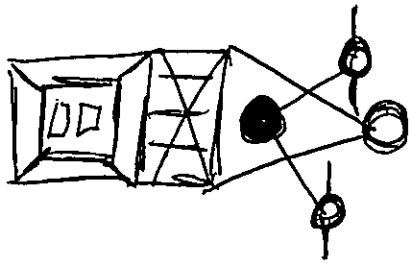
Date: 5-16-95

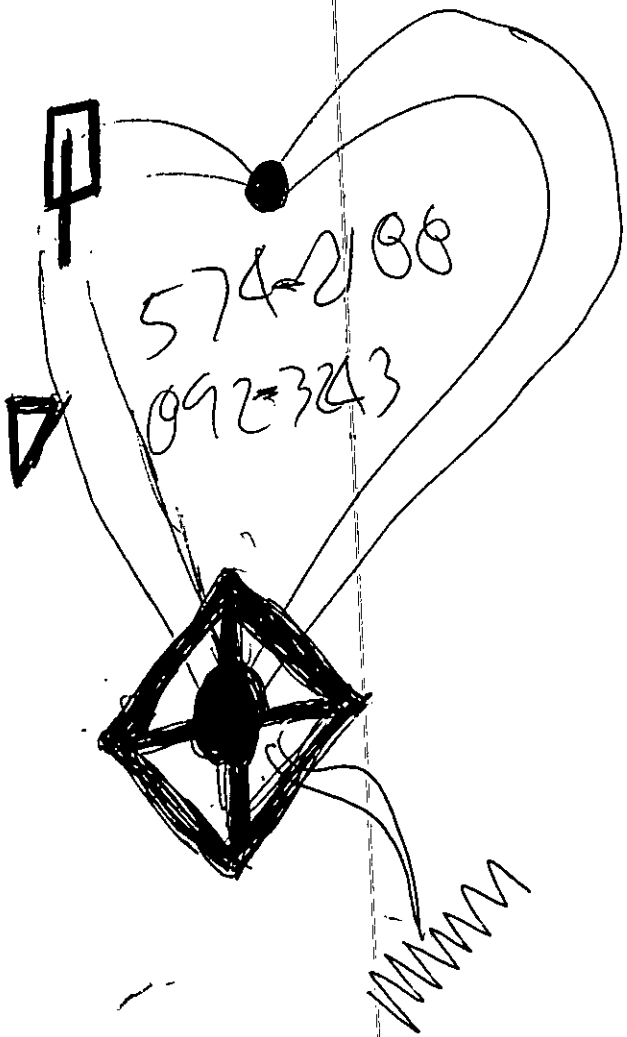


***** EVALUATION KEY *****

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 6-15%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U slightly Ex. sandy clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U > 36" To Soil Wetness	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 20-32"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 730"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	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 Series Not Determined					
Area Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U




574-2188
092-3243



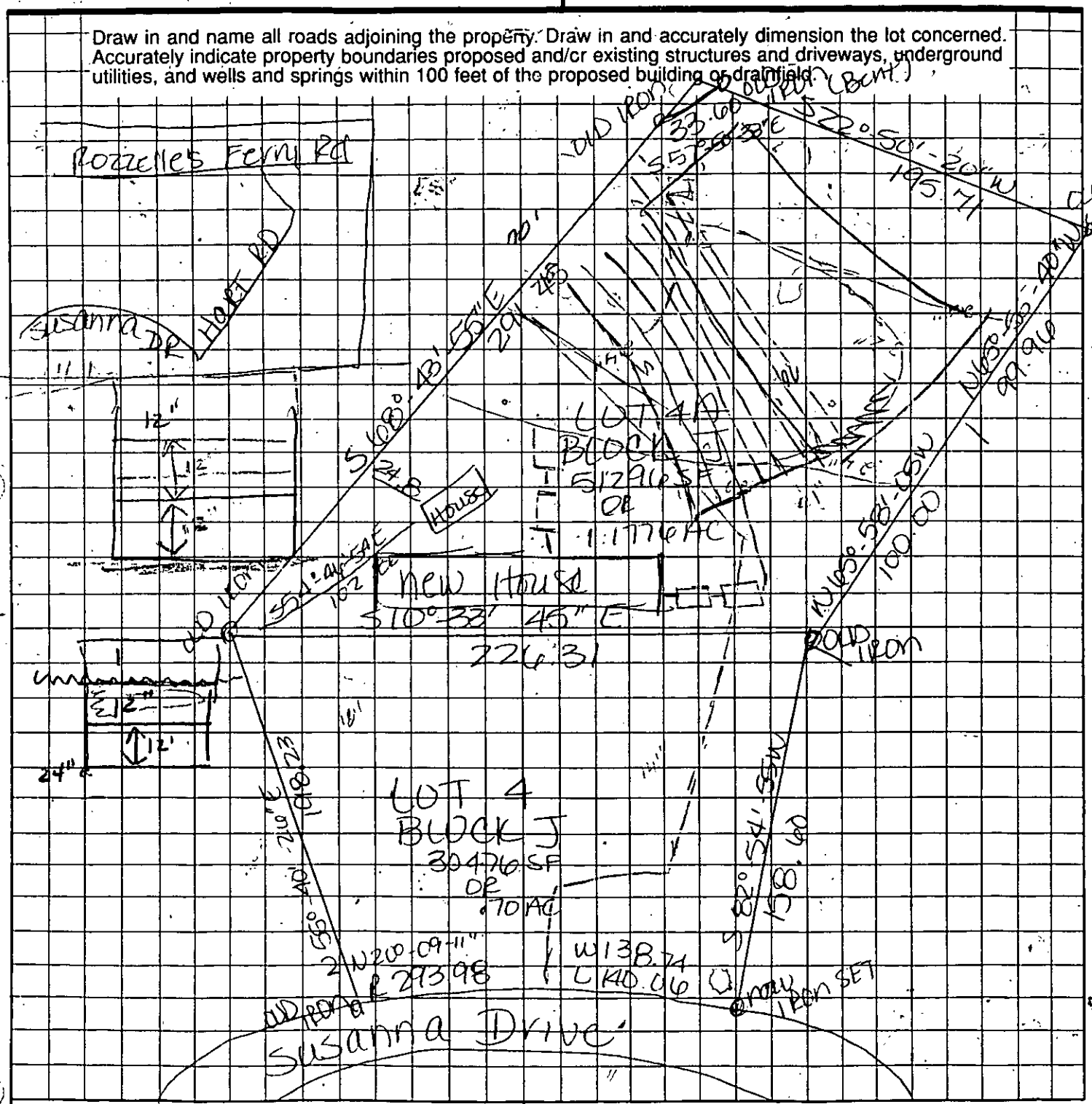
PROPOSED PLOT PLAN

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

FILE: 27014

TC: 031-222-14

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

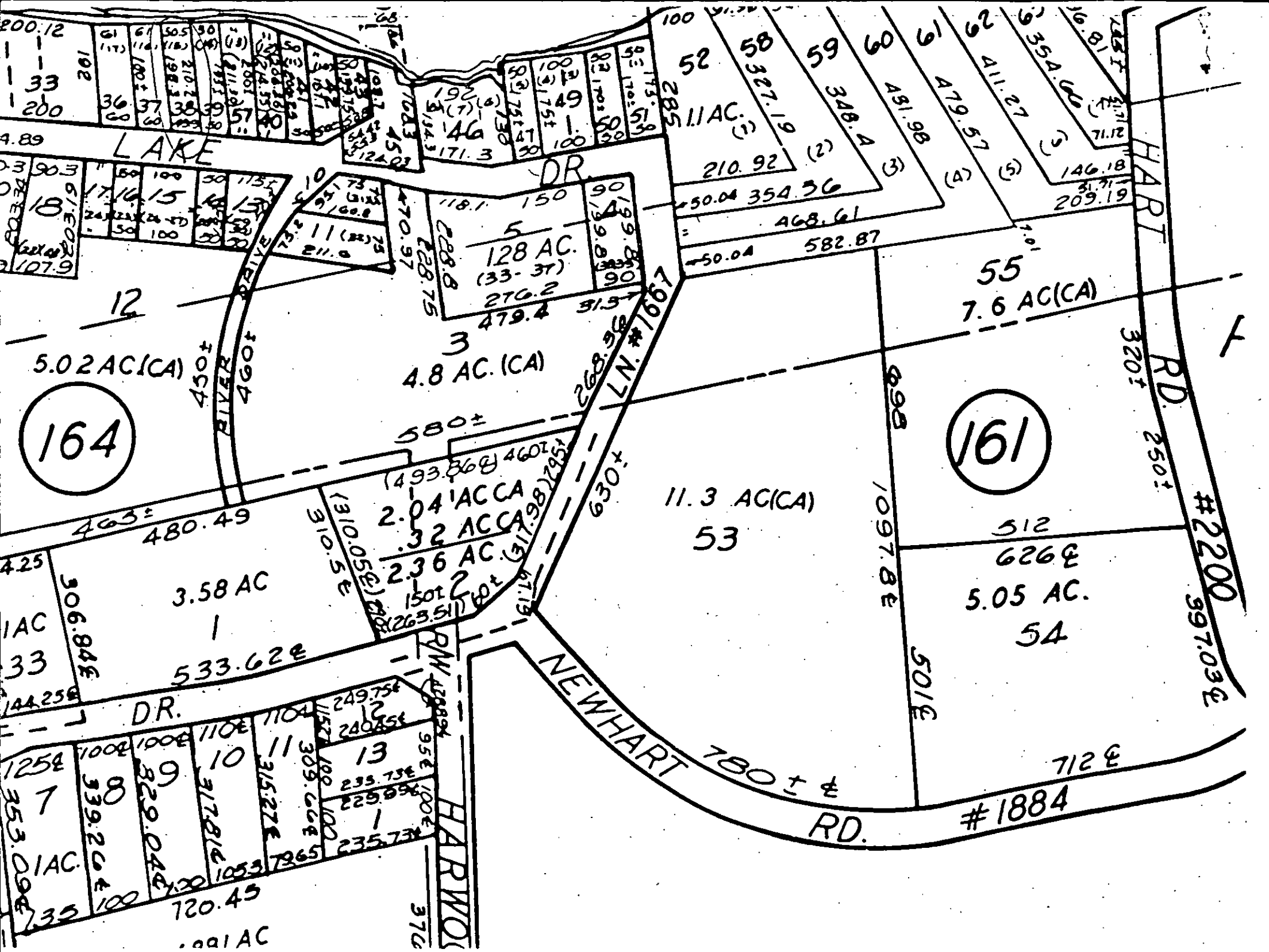


OWNER/AGENT SIGNATURE

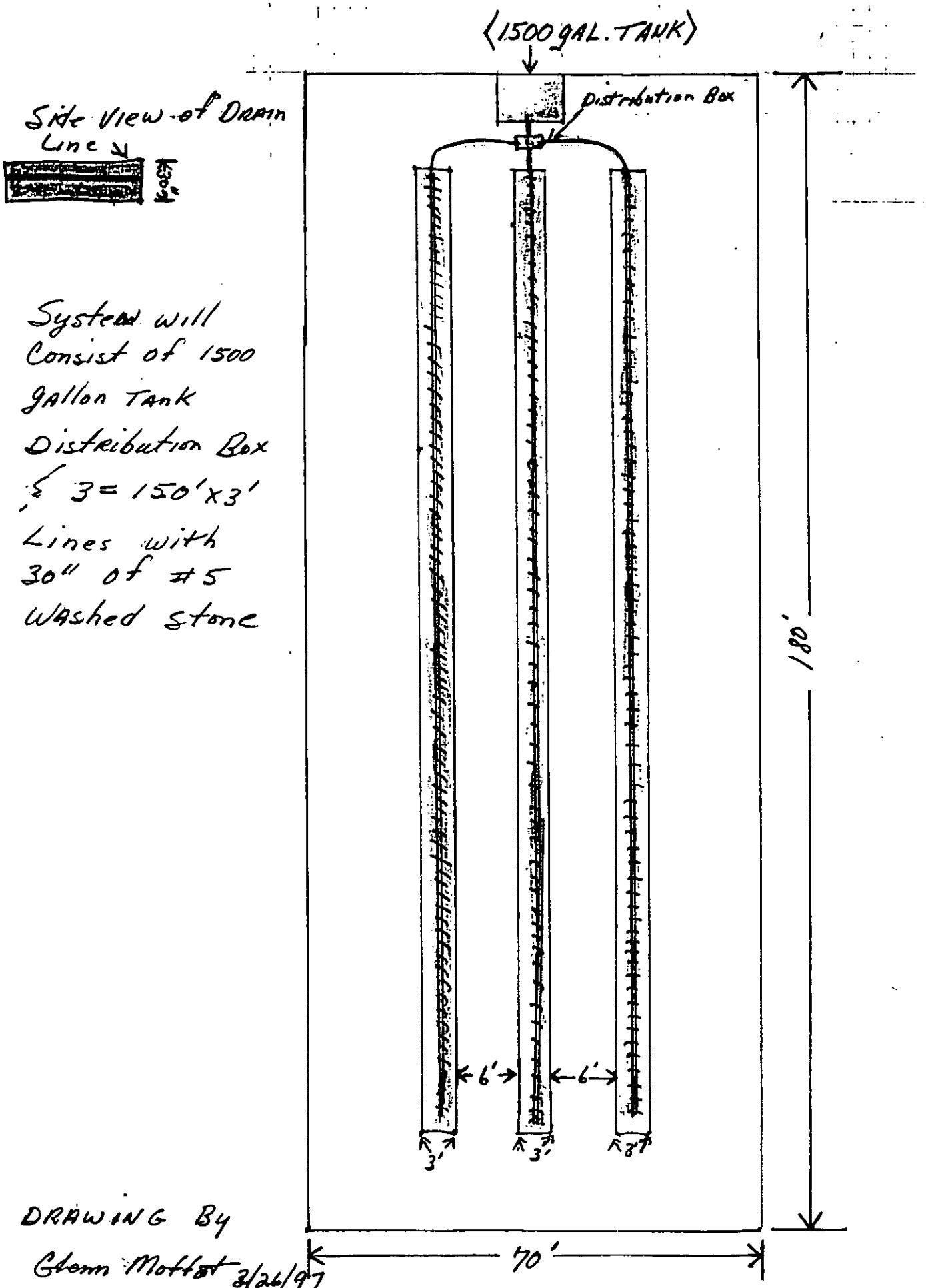
DATE

APPROVAL DATE

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


LAKE DR.
HART RD. #2200
NEWHART RD. #1884
HARWOOD
LN. #1667
RIVER
164
161
12
3
4.8 AC. (CA)
5.02 AC (CA)
5
128 AC.
(33-37)
55
7.6 AC(CA)
53
11.3 AC(CA)
54
5.05 AC.
2.04 AC CA
.32 AC CA
2.36 AC.
3.58 AC
1
2
33
7
8
9
10
11
12
13
18
15
1.1 AC.
49
46
52
58
59
60
61
62
480.49
533.62±
348.96±
580±
630±
1097.78±
997.03±
720.45
712±
180±

System DRAWN FOR James Harbor, 11629 Suzanna Dr.
CHARLOTTE, N.C 28214



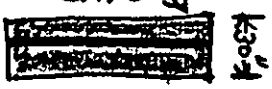
Side View of Drain Line

System will Consist of 1500 gallon Tank Distribution Box & 3 = 150' x 3' Lines with 30" of #5 Washed Stone

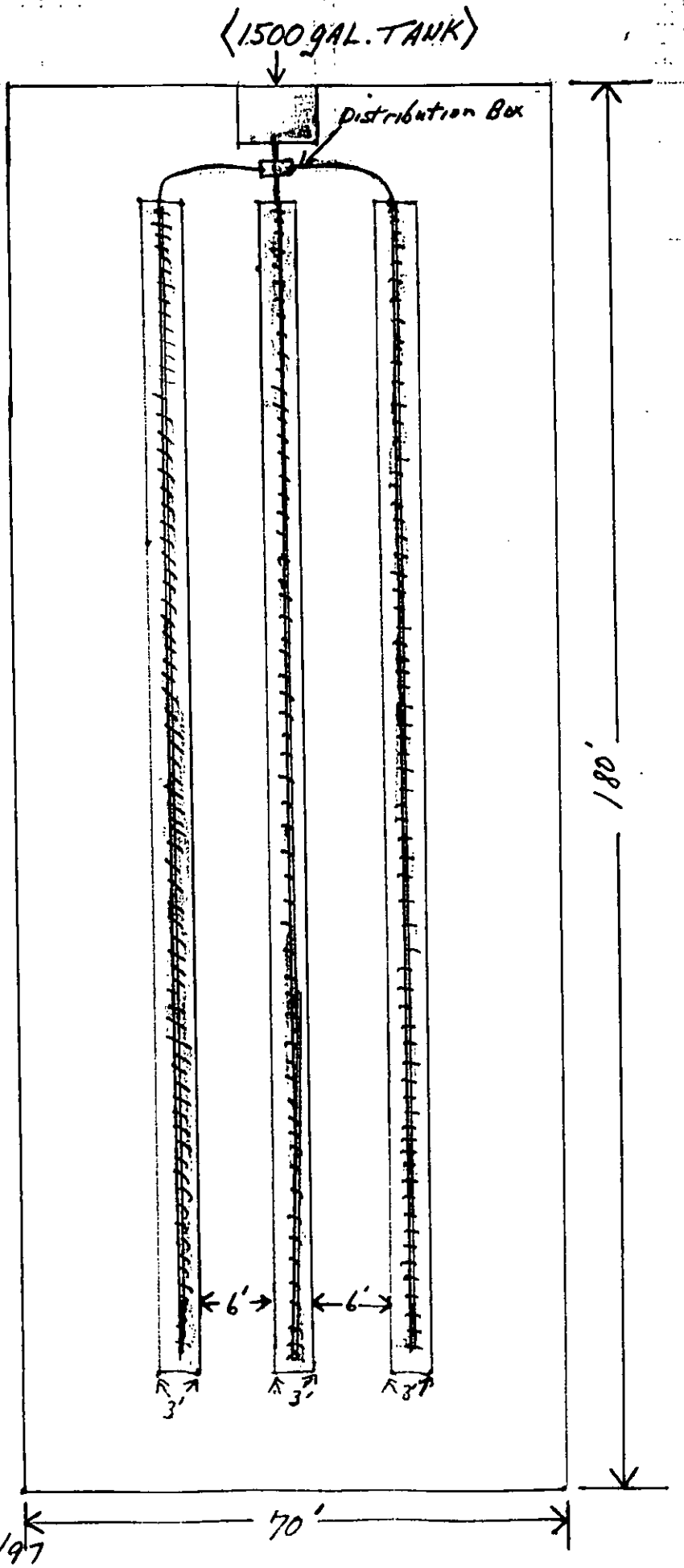
DRAWING By Glenn Moffat 3/26/97

File 2701A

System Drawn For James Harbor, 11629 Suzanna Dr.
Charlotte, N.C 28214



System will Consist of 1500 gallon Tank Distribution Box & 3 = 150'x3' Lines with 30" of #5 Washed Stone



DRAWING By Glenn Moffatt 3/26/97

File 27

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028575 D450

File: 2701A Action 2

Parcel: 0031-222-14 ☐ PC

Location: 12701 Susanna Dr.

Subdivision:

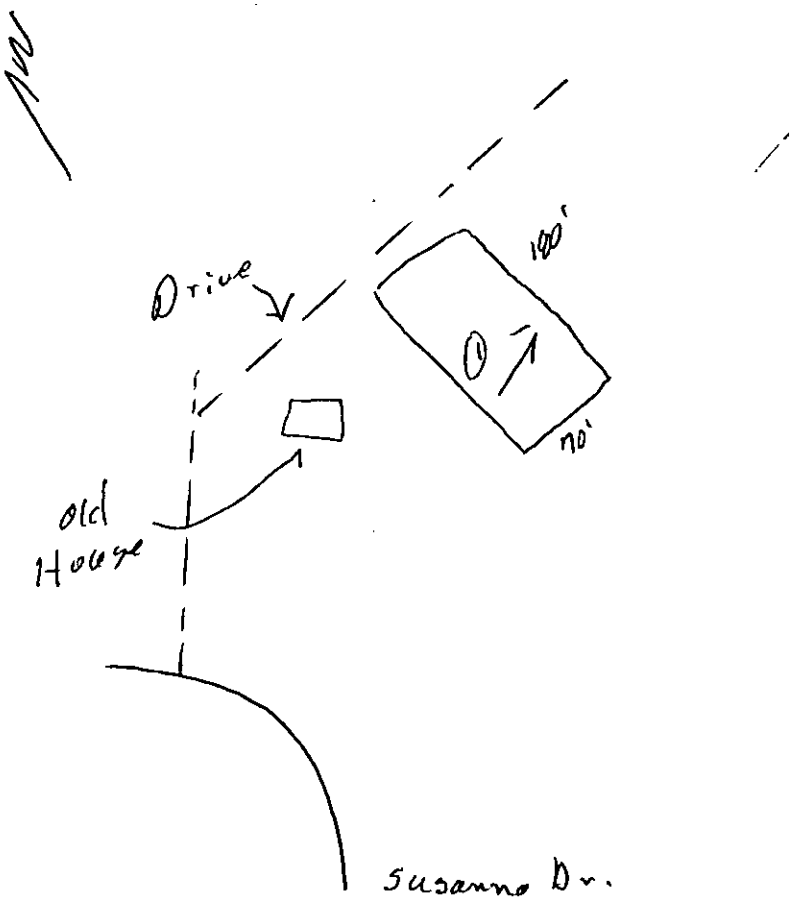
Lot: Block: Acres: .2

Owner: James E. Harper, Jr.
Address: 18629 Susanna Dr.
Charlotte, N.C. 28214

Comments: 3 gal/ft 3/day LTAR

Described by: William B. Marks

Date: 5-16-95



*** 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 8-15%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U slightly Ex. sandy clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U > 30" To Soil Wetness	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 20-32"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 730"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	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	III Series Not Determined					
Area Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U

Mecklenburg County
Health Department

May 25, 1995

Mr. James Harper
11629 Suzanna Drive
Charlotte, NC 28214

Dear Mr. Harper:

Re: Suzanna Drive
File: 2701A
Parcel: 031-222-14

Receipt of the plans and specifications for a conventional system of sewage disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15 NCAC .18A .2900 "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal." Our comments are listed below:

.1944 Restrictive Horizons
(b) Where the site is UNSUITABLE with respect to restrictive horizons, it may be reclassified PROVISIONALLY SUITABLE after an investigation indicates that a modified or alternative system can be installed in accordance with Rules .1956 or .1957 of this Section.

Should you desire to file for permission to install an alternate or modified septic treatment system on the property, please submit an application for an Improvement Permit with an Accurately dimensioned plot plan detailing the current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

There is an existing well on your site which was adjacent to the proposed site location of the septic system drainfield area. Since the site could not meet a 50' separation between the existing well and proposed septic site, this well would have to be properly abandoned by meeting Section .0113 Abandonment of Wells. Otherwise, this site would be denied for the use of a septic drainfield. I have enclosed the rule and report to be submitted to the Division of Environmental Management. I would like to also have a finished copy of this report for your file.

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

If I can be of any further assistance, please feel free to contact me at 336-5572.

Sincerely,

Tom Higgins-Bunney, R.S.

Tom Higgins-Bunney, R.S.
Individual Water and Wastewater Systems

Enclosure

Mr. James Harper, Jr.
11629 Suzanna Drive
Charlotte, NC 28214

RE: PO 031-222-14
FILE NO. 2701A
Suzanna Drive

Dear Mr. Harper —

Receipt of the plans and specifications for a conventional system of sewage disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15 NCAC 18A .2900 "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal." Our comments are listed below:

[redacted] .1945 Restrictive Horizons
(b) Where the site is UNSUITABLE with respect to restrictive horizons, it may be reclassified PROVISIONALLY SUITABLE after an investigation indicates that a modified or alternative system can be installed in accordance with Rules .1956 or .1957 of this Section.

Should you desire to file for permission to install an alternate or modified septic treatment system on the property, please submit an application for an Improvement Permit with an ACCURATELY dimensioned plot plan detailing the current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

~~The existing well would have to be properly abandoned and must be [redacted] standards) as spoken to~~ is An on your site which was adjacent to the proposed site location of the septic system drainfield area. This will need have to be properly abandoned ~~during~~ by meeting Section .0113 ABANDONMENT [redacted] OF WELLS. ~~This [redacted] site could not be utilized~~

Since the site could not meet a 50' separation between the existing well and ~~site~~ proposed septic site.

Otherwise this site would be denied for the use of a septic drainfield. I have enclosed the plat and report to be submitted ~~to~~ to the Division of Environmental Management & would like to have a finished copy of this report also for your file.

If I can be of any further assistance, please feel free to contact me at 336-5372.

Sincerely,
Jan Higgins-Bunny

Enclosure

Probably location
@ LP-
note in for
town replies

2701A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd #150.00 5/5/95 Ck # 1755

☐ 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: Wellman (last) Vickie (first) H (mi)
ADDRESS: 4344 Eagle Chase PHONE: 704 3945803
CITY: Charlotte STATE: NC ZIPCODE: 28216

Date: 5-5-95

PROPERTY OWNER:
NAME: Harper, Jr. (last) James (first) E (mi)
ADDRESS: ~~12701~~ 11629 Susanna PHONE: 704 3929840
CITY: Charlotte STATE: NC ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 031-222-14
STREET ADDRESS: 12701 Susanna Drive
ZONING: R-21

Township (check one):
☒ 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: 4 & 4A LOT SIZE (in acres): 1.8776 AC

TYPE APPLICATION (check one):

☐ 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 N)
☐ 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: 3

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: Vickie H Wellman Date: 5-5-95

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

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WATER : 12701

#12701 Susanna Drive