

4940 MT HOLLY-HUNTERSVILLE RD

03304177

1/4/2008

duponbj

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

paid 3/9/01 ck. 0607767-#150 RP.

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4395B DATE: 2/7/01

TC: 033 04101 ☒ L ☐ CRT

SERIAL Nº 18414

Name of Owner James Sanders Juris.:

Address of Property ~~10040 McRorie St~~ 4940 Mt Holly Huntersville Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 535'

Number of Lines 4 @ 133'

Cover Depth 8" - 12"

Water Supply Source well

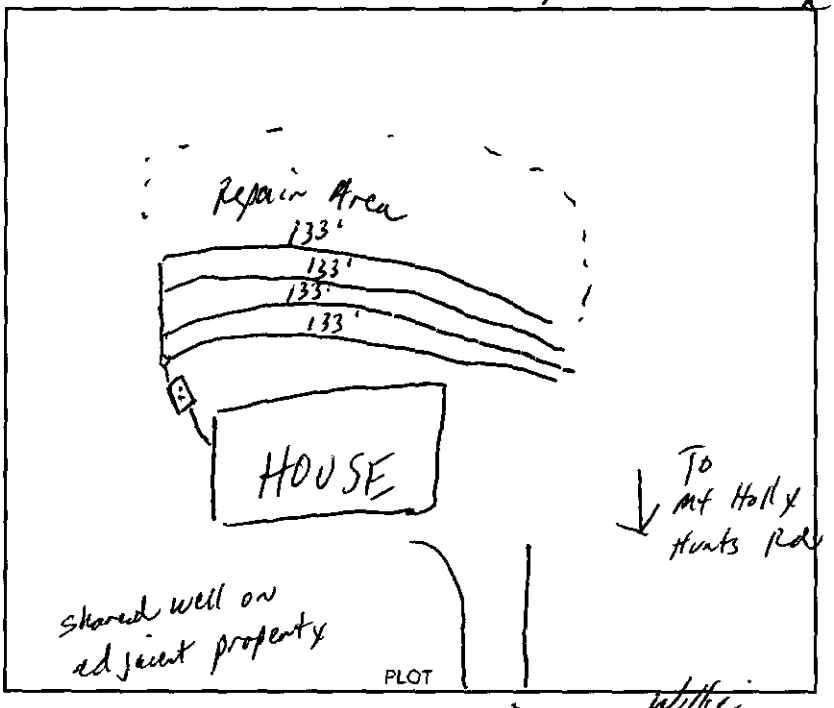
Distance to Water Source 100'+

Excavation Inspected 2/7/01

Tank(s) Inspected 2/7/01

Wash Line Inspected plumb to tank

High Water Alarm Inspected NA



Design 2001, 1500ST, CON, 1605SFT, 12"stone Cecil CTR# ~~Christiansburg~~ Wilkes

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: Septic system designed for a 4 bedroom residence Type IIa. Lines altered to 4 lines x 133' long

Philip S. Walker RS.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

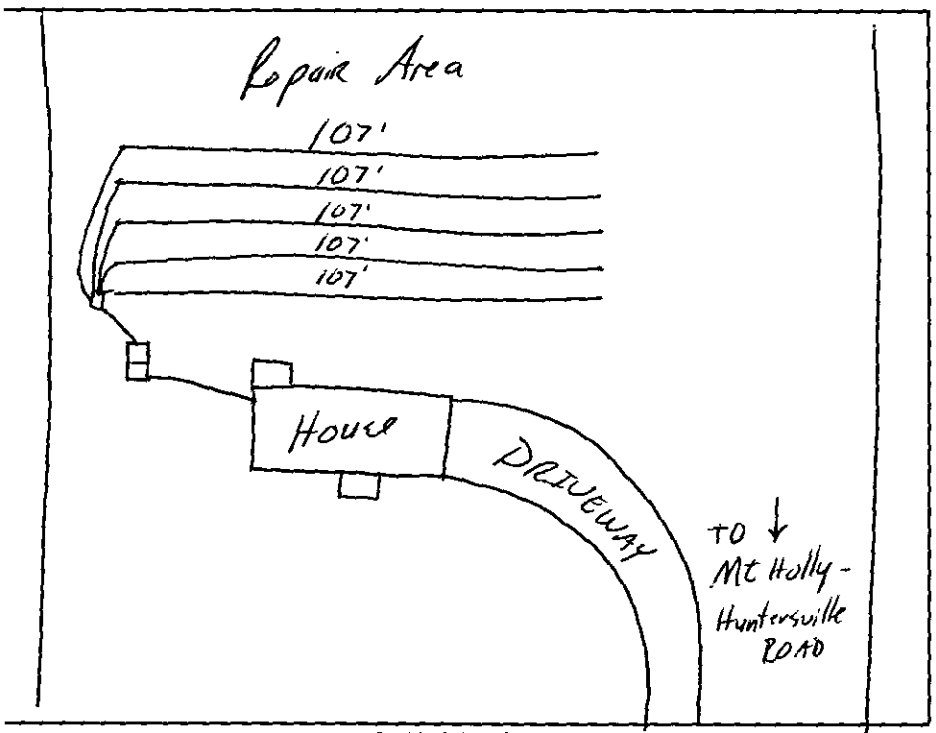
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4395B DATE: 01/08/01

TC: 033-04H-01 ☒ L

SERIAL Nº 18627

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 8-7-2000. All work shall be completed on or before 02/08/01, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A 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 NA gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 535' feet

Number of Lines 5 x 107'

Depth of Stone 12" 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 James Sanders

LOCATION OF PROPERTY ~~10040 McKee Street~~ 4940 MT Holly Huntersville Rd

Comments: 4 Bedroom Residence Type II Conventional System

Install 5 lines x 107' x 3' x 12" Stone

Plumbing will have to be moved to the high side

of the house

Jeremy P. Mickelson
Environmental Health Specialist

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

Rev. & Call.

FEE: 150.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 8-24-00 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 8-18-00 4940 MT Holly PERMIT NO: 4395B
PARCEL NO: 033 041 01
JOB LOCATION ADDRESS: ~~4940 McRorie St~~
PROPERTY OWNER: James Sanders
BUILDING CONTRACTOR: Jim Walter Homes
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: Philo S. Walter RS. 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. 4395B, 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: _____

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.

× James Sanders 8-18-00
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Fees

Requestor (please print): Phone #: Date Requested: Date Filled:

Account Name: Cash Charge Account No.:

I certify that I am authorized to charge this account for this service:

Signature: Printed Name: Date:

T.C.	Qty	Description	Unit Cost	Total Cost
0701		Improvement Permit Application - Residential	$ 200.00	
0735		Improvement Permit Application - Commercial	$ 400.00	
0702		Optional Site Evaluations	$ 100.00	
0703		Installation and Final Approval	$ 150.00	
0704		Change in Plot Plan	$ 100.00	
0705		MH Exc/Add/Repl without System Modification	$ 100.00	
0706		MH Exc/Add/Repl with System Modification	$ 300.00	
0707		Site Consultation Visit	$ 100.00	
0734	1	Authorization for Wastewater System Construction	$ 150.00	150
0708		Realty Closing - Conventional	$ 85.00	
0709		Realty Closing - FHA with water	$ 135.00	
0710		Additional Trips	$ 65.00	
0711		Well Water Analysis-Bacteriological with regular parameters	$ 50.00	
0712		Well Water Analysis -Nitrates and Nitrites	$ 15.00	
0714		Well Water Analysis - Organic Analysis	$ 200.00	
0715		Admin. Fee - Field Activity Letter	$ 25.00	
0718		Residential Pool Permit	$ 50.00	
0719		Public Pool Permit - operating	$ 240.00	
0720		Seasonal Pool Permit - operating	$ 120.00	
0736		Pool Late Fee	$ 120.00	
0733		Permit to Construct a Public Pool	$ 200.00	
0721		Home Day Care Evaluation and Permit	$ 70.00	
0722		Home Day Care Evaluation and Annual Fee	$ 40.00	
0723		Eval and Report Non-Permit Facility	$ 50.00	
0724		Private Pool Testing	$ 15.00	
0731		Garbage Hauler Permit - (1-9 vehicles)	$ 30.00	
0736		Garbage Hauler Permit - (each over 9)	$ 20.00	
0725		Document Copies	$ 0.05	

Payment received by: Date: Total: 150-

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION

CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PAYMENT RECEIPT

RECEIPT INFORMATION

DATE: 08/24/2000 **RECEIPT #:** 167082 **PERMIT #:**

CHECK #: 606563 **MAILED:** NO **RECEIVED BY:** RM

TENDERED: 0.00 **AMOUNT:** 150.00CR **RETURNED:** 0.00

COMMENTS: MCRORIE RD FILE

ACCOUNT INFORMATION

ACCOUNT #: 100000
CONTRACTOR: CASH CUSTOMER-SEE REMARKS
ADDRESS: SEE ABOVE

CITY: SEE ABO **STATE:** NC **ZIP:** 99999 0000

DELINQUENT			CURRENT			
30 DAYS	60 DAYS	90 DAYS	CHARGES	PAYMENTS	ADJUSTMENTS	BALANCE
0.00	0.00	0.00	0.00	0.00	0.00	0.00

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Fees

Requestor (please print): Jon Walker Homes Phone #: Date Requested: 8/24/00 Date Filled:

Account Name: Cash Charge Account No.:

I certify that I am authorized to charge this account for this service:

Signature: Printed Name: Date:

T.C.	Qty	Description	Unit Cost	Total Cost
0701		Improvement Permit Application - Residential	$ 200.00	
0735		Improvement Permit Application - Commercial	$ 400.00	
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0725		Document Copies	$ 0.05	

Payment received by: KM Date: 8-24-00 Total: 150-

McRae Rd File #4275 C

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 4395B

Tax Number: 033 041 01

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	✓ 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	480 Max gallons/day wastewater flow	1610 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
yes Shared Serviced by private well	1500 Gallon septic tank	535' Total trench length (ft)	24 Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
4 Bedrooms in residence	NA Gallon pump tank	12" Depth of stone		

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

Site modifications required:

Additional Conditions: Keep the septic system > 100' from the shared well

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	
1610 Absorption Area (Sq ft) 535' Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	24" 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.

Phillip S Walker RS 8/18/00
DEHNR Authorized Agent Date

James Sanders 8-18-00
Owner/Agent Signature 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

DEPART[illegible]NT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISI[illegible]F ENVIRONMENTAL HEALTH
ON-SIT[illegible]WASTEWATER SECTION

Sheet: _____
Property ID: PO 033-04101
Lot #: _____
File #: 4395 B

AD #1

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: James Sanders APPLICANT: _____
ADDRESS: 216 Ventner Court, Charlotte, VT DATE EVALUATED: 8-15-00
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 480gpd PROPERTY SIZE: 1.0
LOCATION OF SITE: off McAvoy & Mt. Holly-Ludlow Rds PROPERTY RECORDED: _____
WATER SUPPLY: ☐Private ☐Public ☐Well ☐Spring ☐Other _____
EVALUATION METHOD: ☐Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☐Sewage ☐Industrial Process ☐Mixed

PROFILE #	2-10% stones .1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-4"	gr/cl	Fr/SE/PS/SP	>48" to soil wetness	48"+	N/A	None	PS .39/F2 IV
		4-48"	SBK/C	F:/SE/PS/P					
2	LS	0-6"	gr/sl	Fr/SE/PS/SP	>48" to soil wetness	48"+	N/A	None	PS .39/F2 IV
		6-48"	SBK/C	F:/SE/PS/P					
3	LS	0-4"	gr/sl	Fr/SE/PS/SP	>48" to soil wetness	48"+	N/A	None	PS .39/F2 IV
		4-23"	SBK/C	F:/SE/PS/P					
		23-48"	SBK/SC	F:/SE/PS/P					
4	LS	0-5"	gr/cl	Fr/SE/PS/SP	>48" to soil wetness	48"+	N/A	None	PS .39/F2 IV
		5-48"	SBK/C	F:/SE/PS/P					
5	LS	0-6"	gr/sl	Fr/SE/PS/SP	>48" to soil wetness	48"+	N/A	None	PS .39/F2 IV
		6-48"	SBK/C	F:/SE/PS/P					
6	LS	0-9"	gr/sl	Fr/SE/PS/SP	>48" to soil wetness	48"+	N/A	None	PS .39/F2 IV
		9-30"	SBK/C	F:/SE/PS/P					
		30-48"	SBK/SC	F:/SE/PS/P					
7	LS	0-7"	gr/sl	Fr/SE/PS/SP	>48" to soil wetness	48"+	N/A	None	PS .39/F2 IV
		7-4							

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.39/F2	.39/F2

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: W.A. Mallin LSS 8-15-00
OTHER(S) PRESENT: _____

FILE # 4395B

COMMENTS Well Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE	
MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

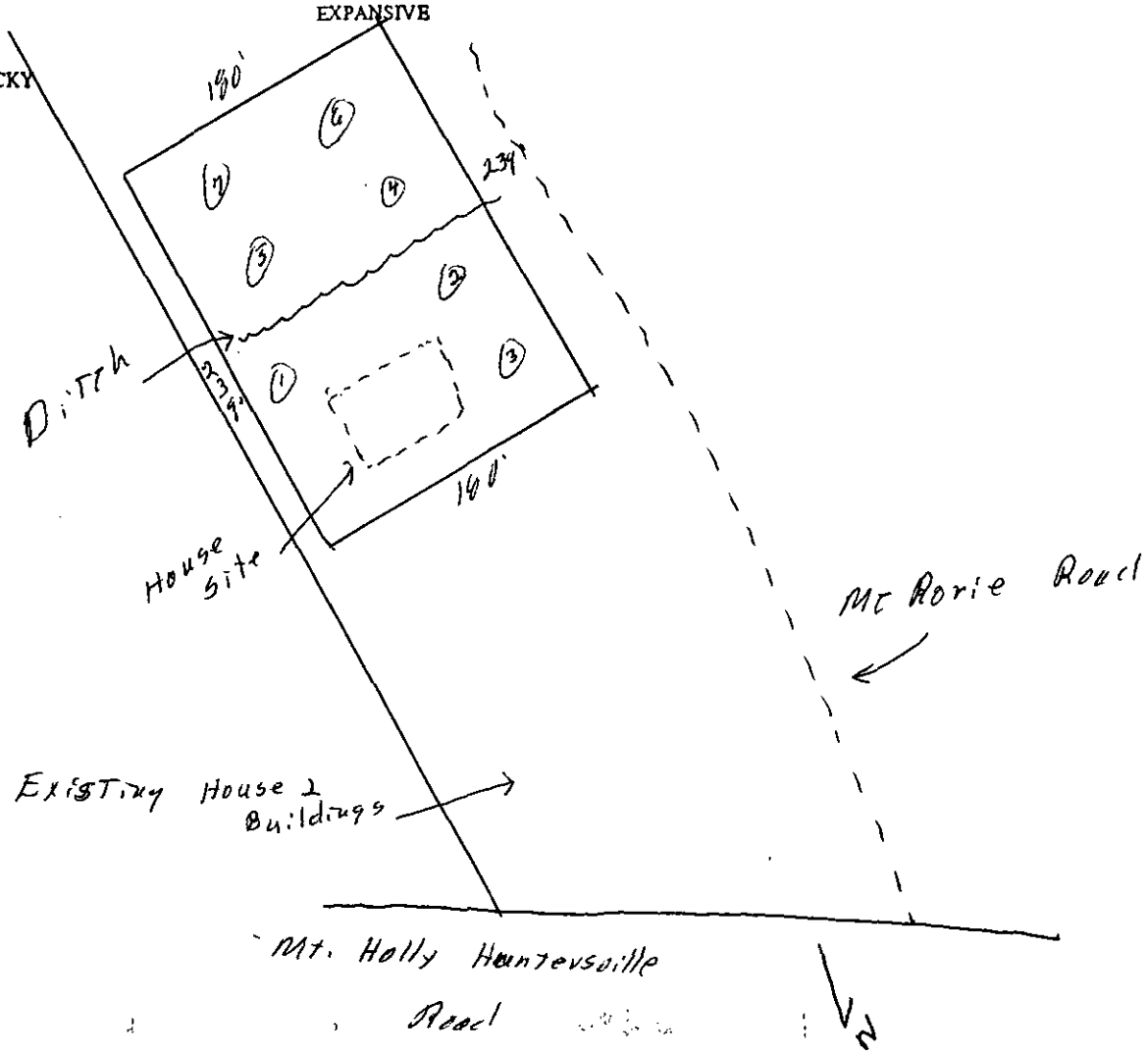
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



DATE: 8/24/00

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION: Meck

0330 41-01 pc

PARCEL NUMBER

10040 Mcrorie Rd

ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A

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. COMERCIAL 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: New Single family Residence

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
REVISED 1/91

SIGNED: _____
Keri S. Shearer, Addressing/GIS

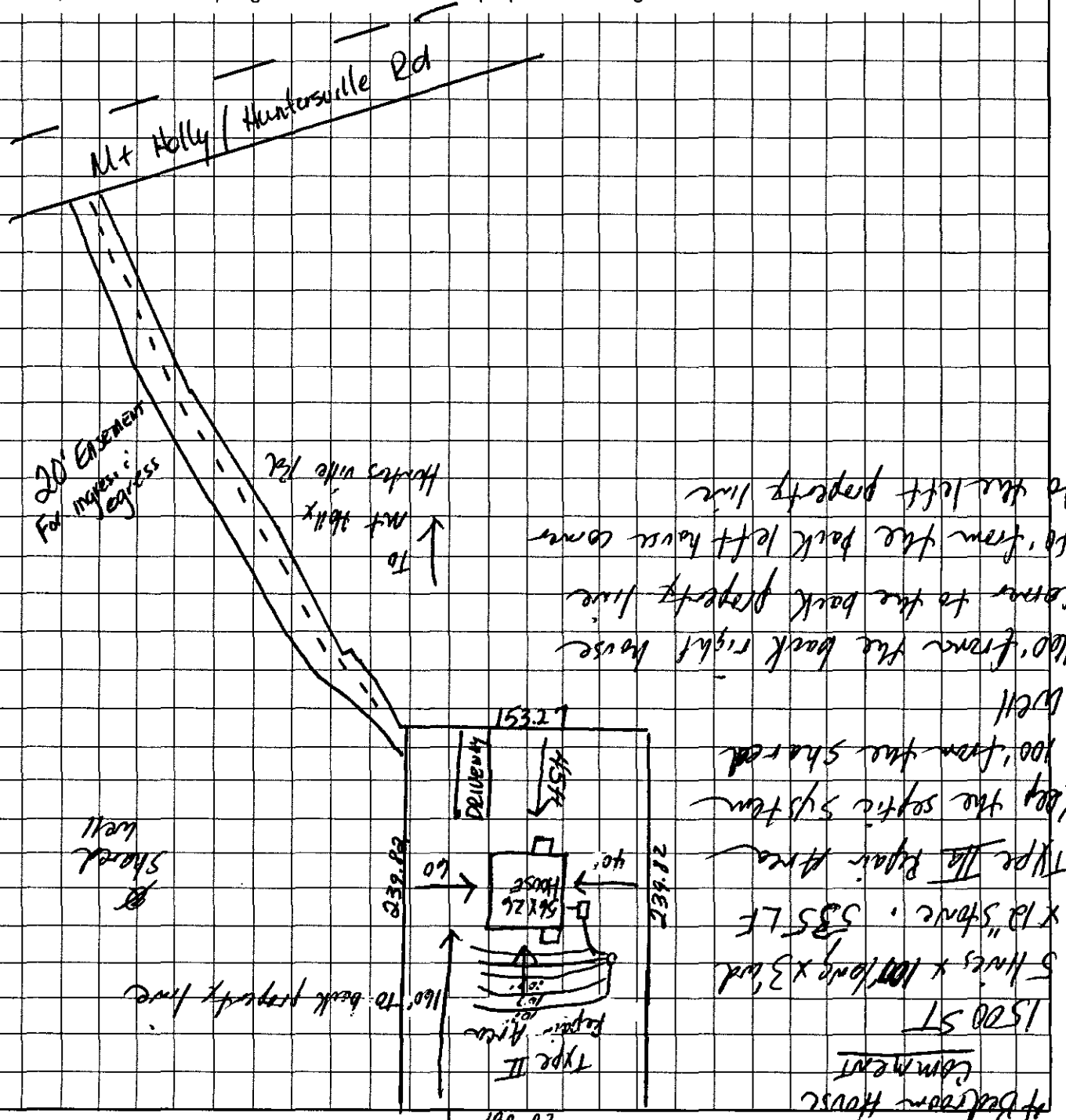
PROPOSED PLOT PLAN

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

FILE: I-395B

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.



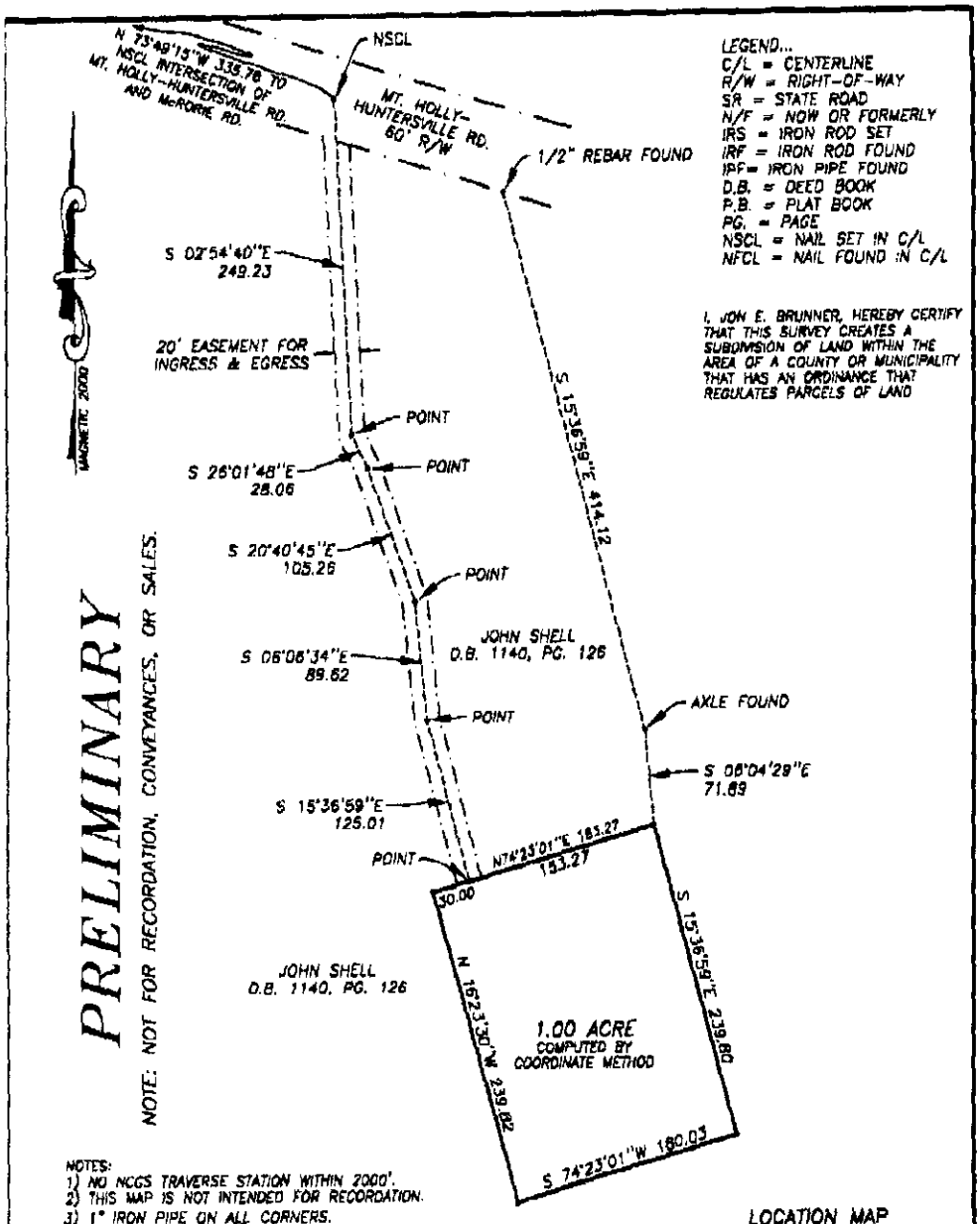
4 Bedroom House
Basement
1500 SF
5 Bdrms x 100/bdrm x 3/bdrm
x 1.2 Share = 335 LF
Type II Expan. Area
Keep the septic system
> 100' from the shared
well
100' from the back right house
to the back property line
down to the back left house corner
to the left property line

Jim Walter Homes / D Holland
OWNER/AGENT SIGNATURE

DATE 8-7-2000

APPROVAL DATE _____

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



LEGEND...
C/L = CENTERLINE
R/W = RIGHT-OF-WAY
SR = STATE ROAD
N/F = NOW OR FORMERLY
IRS = IRON ROD SET
IRF = IRON ROD FOUND
IPF= IRON PIPE FOUND
D.B. = DEED BOOK
P.B. = PLAT BOOK
PG. = PAGE
NSCL = NAIL SET IN C/L
NFCL = NAIL FOUND IN C/L

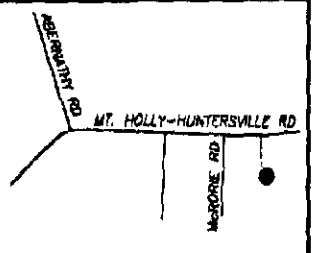
I, JON E. BRUNNER, HEREBY CERTIFY THAT THIS SURVEY CREATES A SUBDIVISION OF LAND WITHIN THE AREA OF A COUNTY OR MUNICIPALITY THAT HAS AN ORDINANCE THAT REGULATES PARCELS OF LAND

NOTES:
1) NO NCGS TRAVERSE STATION WITHIN 2000'.
2) THIS MAP IS NOT INTENDED FOR RECORDATION.
3) 1" IRON PIPE ON ALL CORNERS.

I, JON E. BRUNNER, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN BOOK 1140, PAGE 126); THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND IN BOOK _____, PAGE _____; THAT THE RATIO OF PRECISION AS CALCULATED IS 1 : 10,000+ ; THAT THIS PLAT WAS PREPARED IN ACCORDANCE G. S. 47-30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS 13th DAY OF JULY, 2000.

JON E. BRUNNER
L - 3357

LOCATION MAP
NOT TO SCALE



BOUNDARY SURVEY FOR
JAMES SANDERS
PAW CREEK TWP., MECKLENBURG CO., NC
BEING A PORTION OF D.B. 1140, PG. 126

100 0 100 200 300
Scale 1" = 100'

BRUNNER LAND SURVEYING
P.O. BOX 498
WADESBORO, NC 28170
704-694-6687

SCALE: 1" = 100'
DATE: JULY 13th, 2000
JOB # 087-00
DEED BOOK 1140 , PAGE 126
FIELD BOOK 41 , PAGE 11

FEE: $200.00
DATE: 8-7-00

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 #: 4395S

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: McRorie St.

TAX/PARCEL NUMBER: 033-041-01

STREET ADDRESS: McRorie St. 4940 Mt. Holly Huntersville Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

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: 1432

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

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

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

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

WATER SUPPLY (CHECK ONE):
__ COMMUNITY (C)
__ MUNICIPAL (M)
✓ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

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

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

PROPERTY OWNER:

NAME: Sanders, James (LAST) (FIRST) (MI)
ADDRESS: 216 Ventner Ct.
CITY: Charlotte STATE: NC ZIP: 28214
DAYTIME PHONE: (704) 392-1362

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Jim Walter Homes (D. Holland) (LAST) (FIRST) (MI)
DAYTIME PHONE: (704) 399-8317

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 15th of July 2000

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: D. Holland DATE: 8-7-00

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Fees

Requestor (please print): Jim Watts Homes Phone #: Date Requested: 8-7-00 Date Filled:

Account Name: Cash Charge Account No.:

I certify that I am authorized to charge this account for this service:

Signature: Printed Name: Date:

T.C.	Qty	Description	Unit Cost	Total Cost
0701	1	Improvement Permit Application - Residential	$ 200.00	200
0735		Improvement Permit Application - Commercial	$ 400.00	
0702		Optional Site Evaluations	$ 100.00	
0703		Installation and Final Approval	$ 150.00	
0704		Change in Plot Plan	$ 100.00	
0705		MH Exc/Add/Repl without System Modification	$ 100.00	
0706		MH Exc/Add/Repl with System Modification	$ 300.00	
0707		Site Consultation Visit	$ 100.00	
0734		Authorization for Wastewater System Construction	$ 150.00	
0708		Realty Closing - Conventional	$ 85.00	
0709		Realty Closing - FHA with water	$ 135.00	
0710		Additional Trips	$ 65.00	
0711		Well Water Analysis-Bacteriological with regular parameters	$ 50.00	
0712		Well Water Analysis -Nitrates and Nitrites	$ 15.00	
0714		Well Water Analysis - Organic Analysis	$ 200.00	
0715		Admin. Fee - Field Activity Letter	$ 25.00	
0718		Residential Pool Permit	$ 50.00	
0719		Public Pool Permit - operating	$ 240.00	
0720		Seasonal Pool Permit - operating	$ 120.00	
0736		Pool Late Fee	$ 120.00	
0733		Permit to Construct a Public Pool	$ 200.00	
0721		Home Day Care Evaluation and Permit	$ 70.00	
0722		Home Day Care Evaluation and Annual Fee	$ 40.00	
0723		Eval and Report Non-Permit Facility	$ 50.00	
0724		Private Pool Testing	$ 15.00	
0731		Garbage Hauler Permit - (1-9 vehicles)	$ 30.00	
0736		Garbage Hauler Permit - (each over 9)	$ 20.00	
0725		Document Copies	$ 0.05	

Payment received by: [illegible] Date: 8-7-00 Total: 200

McRorie St.

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION

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

#1

Sheet: _____
Property ID: PO 033-04101
Lot #: _____
File #: 4395 B

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: James Sanders APPLICANT: _____
ADDRESS: 216 Ventner Court, Charlotte, VT DATE EVALUATED: 8-15-00
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 480gpd PROPERTY SIZE: 1.0
LOCATION OF SITE: off McAuliffe & Mt. Holly-Hinesburg Rd PROPERTY RECORDED: _____
WATER SUPPLY: ☐Private ☐Public ☐Well ☐Spring ☐Other _____
EVALUATION METHOD: ☐Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☐Sewage ☐Industrial Process ☐Mixed

PROFILE #	.1940 Landscape Position/ Slope % (2-10% Slopes)	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS. &LTAR
1	LS	0-4"	gr/cl	Fr/SE XP/SS/SP	>48" to soil wetness	48"+	N/A	None	PS .39/F2 IV
		4-48"	SBK BC	F:/SE XP/SP					
2	LS	0-6"	gr/sl	Fr/SE XP/SS/SP	>48" to soil wetness	48"+	N/A	None	PS .39/F2 IV
		6-48"	SBK/C	F:/SE XP/SP					
3	LS	0-4"	gr/sl	Fr/SE XP/SS/SP	>48" to soil wetness	48"+	N/A	None	PS .39/F2 IV
		4-23"	SBK/C	F:/SE XP/SP					
		23-48"	SBK/SC	F:/SE XP/SP					
4	LS	0-5"	gr/cl	Fr/SE XP/SS/SP	>48" to soil wetness	48"+	N/A	None	PS .39/F2 IV
		5-48"	SBK/C	F:/SE XP/SP					
5	LS	0-6"	gr/sl	Fr/SE XP/SS/SP	>48" to soil wetness	48"+	N/A	None	PS .39/F2 IV
		6-48"	SBK/C	F:/SE XP/SP					
6	LS	0-9"	gr/sl	Fr/SE XP/SS/SP	>48" to soil wetness	48"+	N/A	None	PS .39/F2 IV
		9-30"	SBK/C	F:/SE XP/SP					
		30-48"	SBK/SC	F:/SE XP/SP					
7	LS	0-7"	gr/sl	Fr/SE XP/SS/SP	>48" to soil wetness	48"+	N/A	None	PS .39/F2 IV
		7-4							

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.39/F2	.39/F2

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: W. A. Malin LSS 8-15-00
OTHER(S) PRESENT: _____

FILE # 4395B

COMMENTS 1066 Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

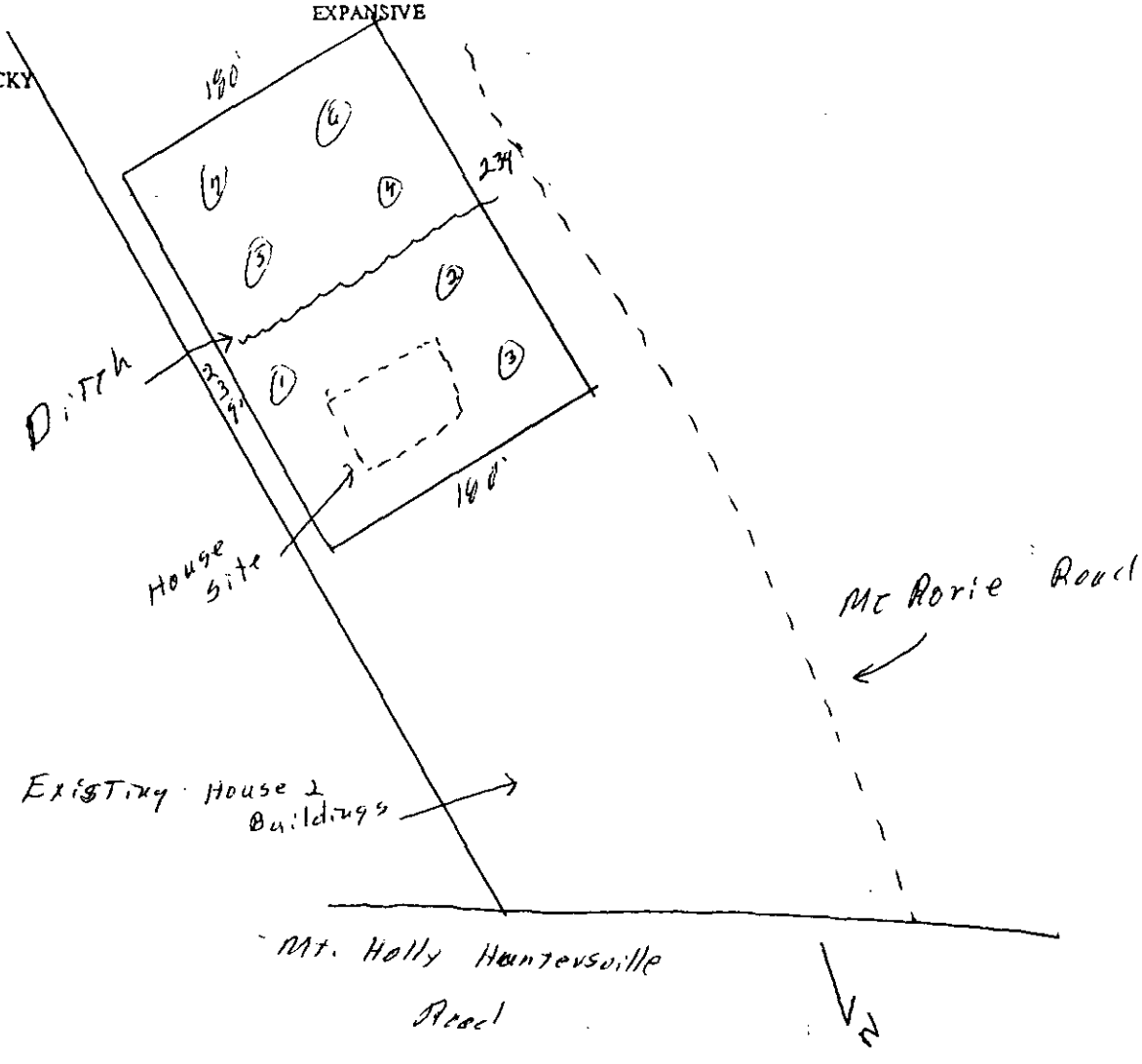
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



GIS Real Estate System

Mecklenburg County, NC Geographic Information Systems

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

Click on Map to Perform Operation

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

Mt. Holly Huntersville Rd



VICINITY MAP

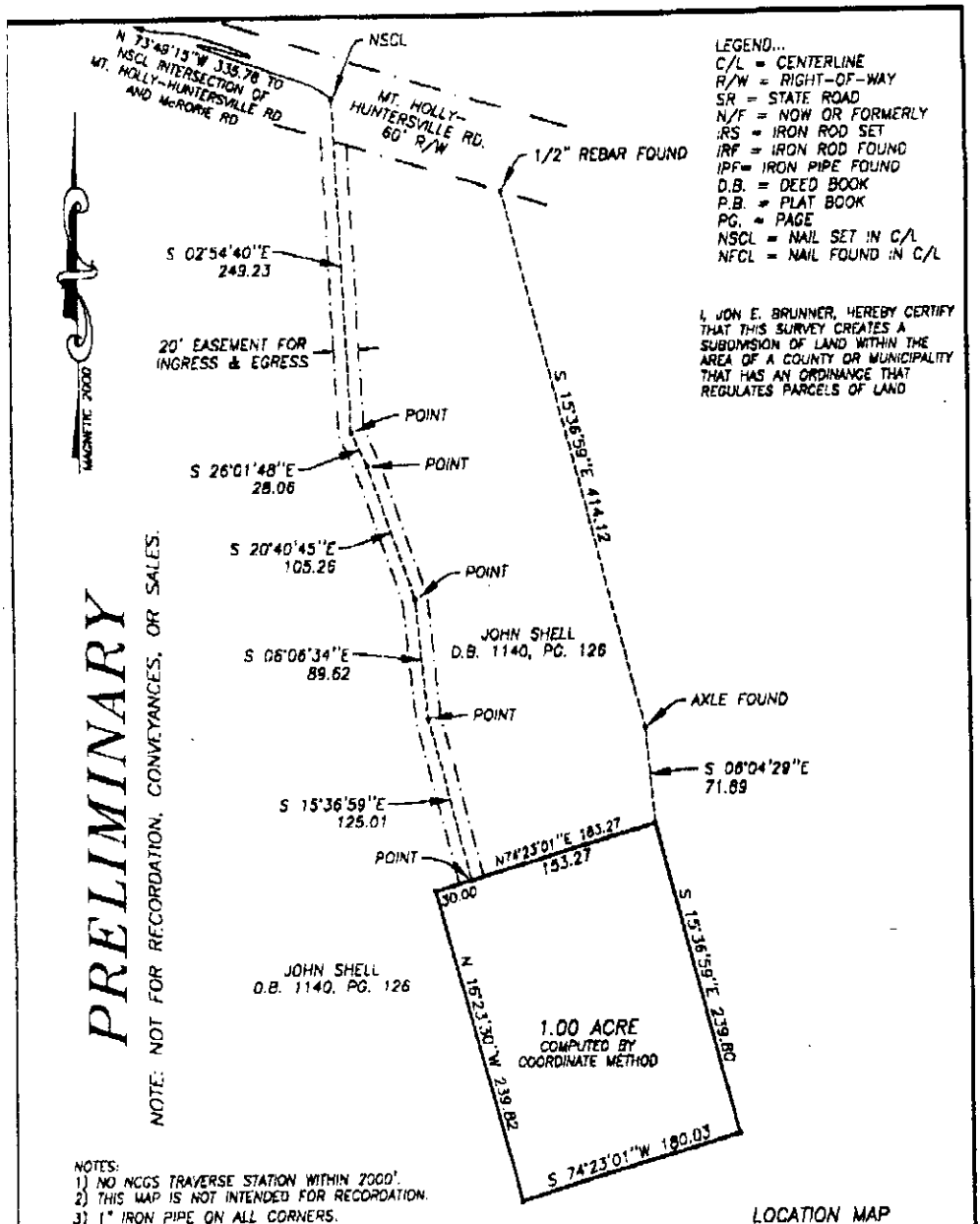


LEGEND

- ☑ County Boundary
- ☐ Jurisdictions
- ☑ Tax Parcels
- ☐ Parcel Dimensions
- ☐ Sales by Deed Year
- ☑ Railroad ROWs
- ☑ Utility ROWs
- ☐ Bodies of Water
- ☑ Streams
- ☐ Floodplain
- ☐ Watershed
- ☐ Surface Water Buff.
- ☑ Building Outlines
- ☐ Prop. I-485 Corridor
- ☐ Photo Controls
- ☐ All Roads
- ☑ 1999 Aerial Photo
- ☐ Tax Parcel Land Use

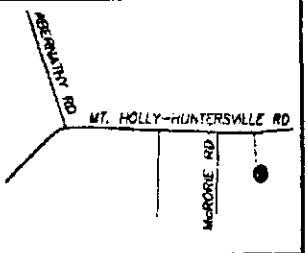
Click here to submit questions or comments about the information shown on this page.

Map Scale: 1 Inch = 166 Feet Date and Time Stamp 8/9/00 4:48:50 PM EST	This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.



NOTES:
1) NO NCGS TRAVERSE STATION WITHIN 2000'.
2) THIS MAP IS NOT INTENDED FOR RECORDATION.
3) 1" IRON PIPE ON ALL CORNERS.

LOCATION MAP
NOT TO SCALE



I, JON E. BRUNNER, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN BOOK 1140, PAGE 126); THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND IN BOOK _____, PAGE _____; THAT THE RATIO OF PRECISION AS CALCULATED IS 1 : 10,000±; THAT THIS PLAT WAS PREPARED IN ACCORDANCE G. S. 47-30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS 13th DAY OF JULY, 2000.

JON E. BRUNNER
L - 3357

BOUNDARY SURVEY FOR
JAMES SANDERS
PAW CREEK TWP., MECKLENBURG CO., NC
BEING A PORTION OF D.B. 1140, PG. 125

100 0 100 200 300
Scale 1" = 100'

BRUNNER LAND SURVEYING
P.O. BOX 499
WADESBORO, NC 28170
704-694-6687

SCALE: 1" = 100'
DATE: JULY 13th, 2000
JOB # 087-00
DEED BOOK 1140, PAGE 126
FIELD BOOK 41, PAGE 11