

14608 THOMAS RD

21703123

6/1/2007

duponbj

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

Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

NOTICE

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TO: Brandi TELECOPIER # 843-1750

FROM: Toni Higgins DATE 3/3/98

NUMBER OF PAGES TRANSMITTED: 2 (including cover sheet)

COMMENTS: Installation Permit for Franklin Dove
14608 Thoms Rd
5458A

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

[X] 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

FEE: 100.00 cash
DATE: 5/8/97 ewd

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 #: 5458A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR *JOB* LOCATION:

TAX/PARCEL NUMBER: 217-031-23

STREET ADDRESS: Tomas Rd

TYPE OF BUILDING (CHECK ONE):

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2300

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE: Brick

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

CLOSING DATE ASAP

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: DOVE (LAST) FRANKLIN (FIRST) E. (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 5616 Coulee PL	DAYTIME PHONE: ( ) –
CITY Charlotte STATE: NC ZIP: 28217	
DAYTIME PHONE: (704) 523-2413	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1989

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: Franklin E. Dove DATE: 5/8/97

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

JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 06/16/97 11:12
BK: 09105 PG: 0642/0644 #:0137 13.05

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 # 54587
PARCEL # 217 03123

The undersigned, FRANKLIN Dove, owner of property located at 14608 THOMAS ROAD, (the "site") and described in an instrument recorded in Book 6149 at Page 826, 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: FRANKLIN Dove
Mail after recording to: 5616 Coulee Place
CHARLOTTE, N.C. 28217

- 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 16th day of JUNE, 1997.

_____ _____ (SEAL)
(Corporate Name)

_____ (SEAL)

By: _____ _____ (SEAL)

_____ President Franklin Edward Dove (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF Meck

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

WITNESS my hand and notarial seal, this 16th day of June, 1997.

Cheryl Blethen
Notary Public

My Commission Expires:
12-5-98

State of North Carolina, County of Mecklenburg
The foregoing certificate(s) of Cheryl Blethen

Notary(ies) Public is/are certified to be correct. This 18th day of June 1997

JUDITH A. GIBSON, REGISTER OF DEEDS By Wanda B Allen Deputy Register of Deeds

RBCWM:24751_1/8-30-95

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19342

File: 5458 19 Action 1

Parcel: 217-031-23 ~~PC~~

Location: 14608 Thomas Road

Subdivision:

Lot: Block: Acres: 1.9

Owner: Franklin E. Dove
Address: 5616 Coulee Pl.
Charlotte, N.C. 28217

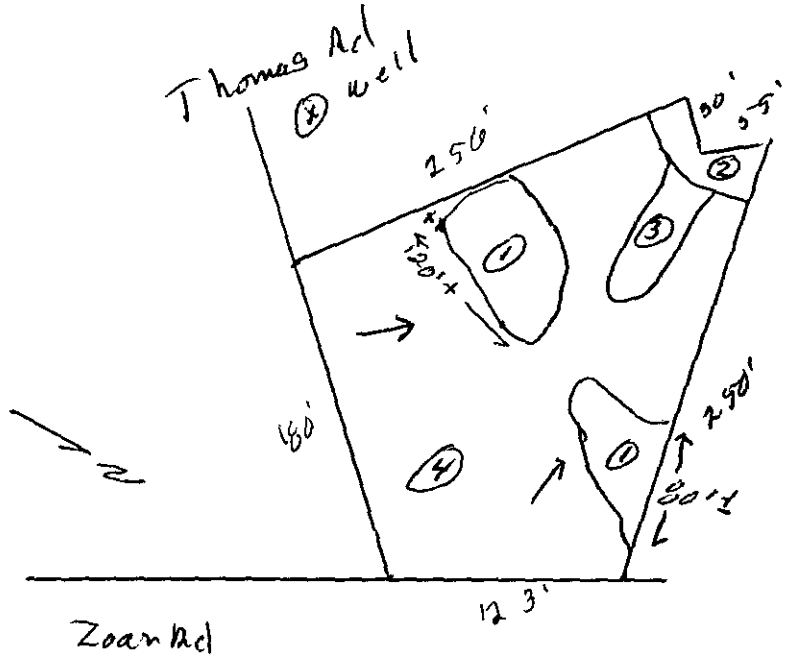
Comments: 100% Repair, 3 gal/day/ft 24 deg, recommended surface + subsurface interceptor, split system likely, well possibly close to road

Described by: William R. Marlin

Date: 5-21-93

Recommend 6-9" cover on drain lines

x pine Trees



*** 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) complex slopes	S PS (U) slight depression	(S) PS U 2-8%	S PS U	S PS U
Texture	S (PS) U slightly Expansive clay	S PS U —	S PS U —	S (PS) U slightly Exp. clay	S PS U	S PS U
Structure	S (PS) U subl Blocky	S PS U	S PS U	S (PS) U subl Blocky	S PS U	S PS U
Drainage	S (PS) U 36" To water	S PS U	S PS U	S PS (U) perched water 24-36'	S PS U	S PS U
Depth	S (PS) U 36-38"	S PS U	S PS U	S PS (U) 28-36"	S PS U	S PS U
Restrictive Horizons	S (PS) U 38"	S PS U —	S PS U	S (PS) U 36"	S PS U	S PS U
Available Space	S (PS) U very 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 Cecil Appling	Complex slopes	Slight Depression	III Appling Helena		
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

Mecklenburg County

Health Department

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

May 24, 1993

Franklin E. Dove
5616 Coulee Place
Charlotte, NC 28217

RE: Property located on 14608 Thomas Road
FILE: 5458A
PARCEL: 217-031-23

Dear Mr. Dove:

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 19342) 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. Specific plan approval will be provided upon submission of an Application for an Improvement Permit with an **ACCURATELY** dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems and determination that the area is adequate to accommodate the proposed construction.

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

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

Sincerely,

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

KR:lw

DATE 5/8/97

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

217-031-23
PARCEL NUMBER

14608 Thomas Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

NA
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

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

REMARKS: D.Idne

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

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: Pone

REVISED 1/91

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number 5458A

Tax Number: 21703123

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 SHALLOW PLACED ___ 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	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	400 Total trench length (ft)	24" 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	12" Depth of stone		

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

Site modifications required: Subsurface & surface drainage will be required

Additional Conditions:
1. AGREEMENT FORMS TO BE SIGNED.
2. ALL SURFACE WATERS TO BE DRAINED AWAY FROM DRAINFIELD.
3. NO DRIVING OR PAVING OVER DRAINFIELD OR REPAIR AREA.

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	
~~1200~~ 3000 Absorption Area (Sq ft) 600 Total Trench Length (Ft)	12" Depth of Stone Trench	5 Trench spacing (min. on centers)	12-18" 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.

Joni Huggins Bunny 6/10/97
DEHNR Authorized Agent Date

Franklin Edward Dove 7/22/97
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

100.00 CASH Pd in full 9/16/97 GC Cash Sale

IN FOR CRT

FEE: 100 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 7-22-97 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 6/10/97 PERMIT NO: 5458A
PARCEL NO: 217 031 23

JOB LOCATION ADDRESS: 14608 Thomas Rd.
PROPERTY OWNER: Franklin E. Dove
BUILDING CONTRACTOR: New Wave Construction
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: Dora Higgins Burney DATE: 6-10-97
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 5458A, 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: * Installation Approval Required
* Agreement Forms to be signed and required.

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.

Franklin Edward Dove 7/22/97
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

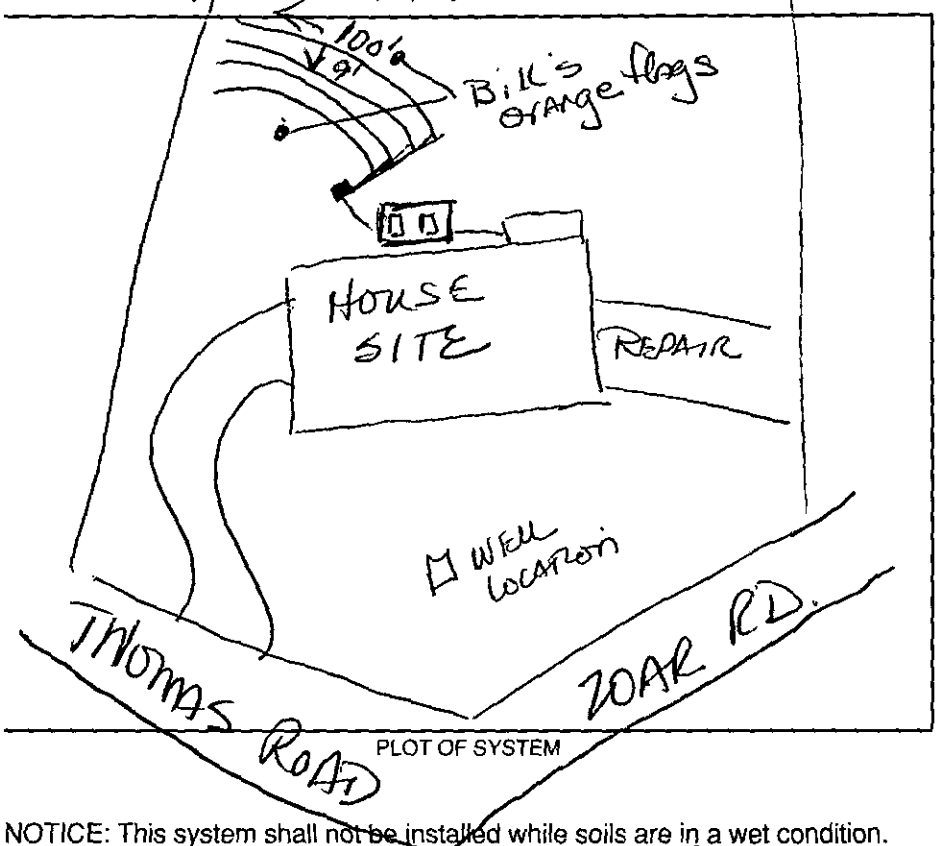
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 6458A DATE: 3/3/98

TC: 217-031-23 LL

SERIAL Nº 17599

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 3/3/98. 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 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 ____ 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 400 feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well _____ feet
minimum 50'

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

NAME OF OWNER FRANKLIN E. DOWE

LOCATION OF PROPERTY 14608 Thomas Rd.

Comments: * System has to be located in between Bill's flags onsite with 24" trench depth. If gravity flow can not accomplish this, A pump will be required.
1500 ST – 3X100X12"

Toni E Higgins, RS
Environmental Health Specialist

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5458A DATE: 3-11-98

TC: 217-031-23 ☐ L ☒ CRT

SERIAL Nº 17484

Name of Owner FRANKLIN E. DOWE Juris.: _____

Address of Property 14608 THOMAS RD

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 4 @ 100'

Cover Depth 12" SOIL

Water Supply Source WELL

Distance to Water Source 20'

Excavation Inspected 3-11-98

Tank(s) Inspected 3-11-98

Wash Line Inspected NA

High Water Alarm Inspected NA

* SEE INSTALLATION PERMIT

PLOT

Design _____ CTR# _____

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

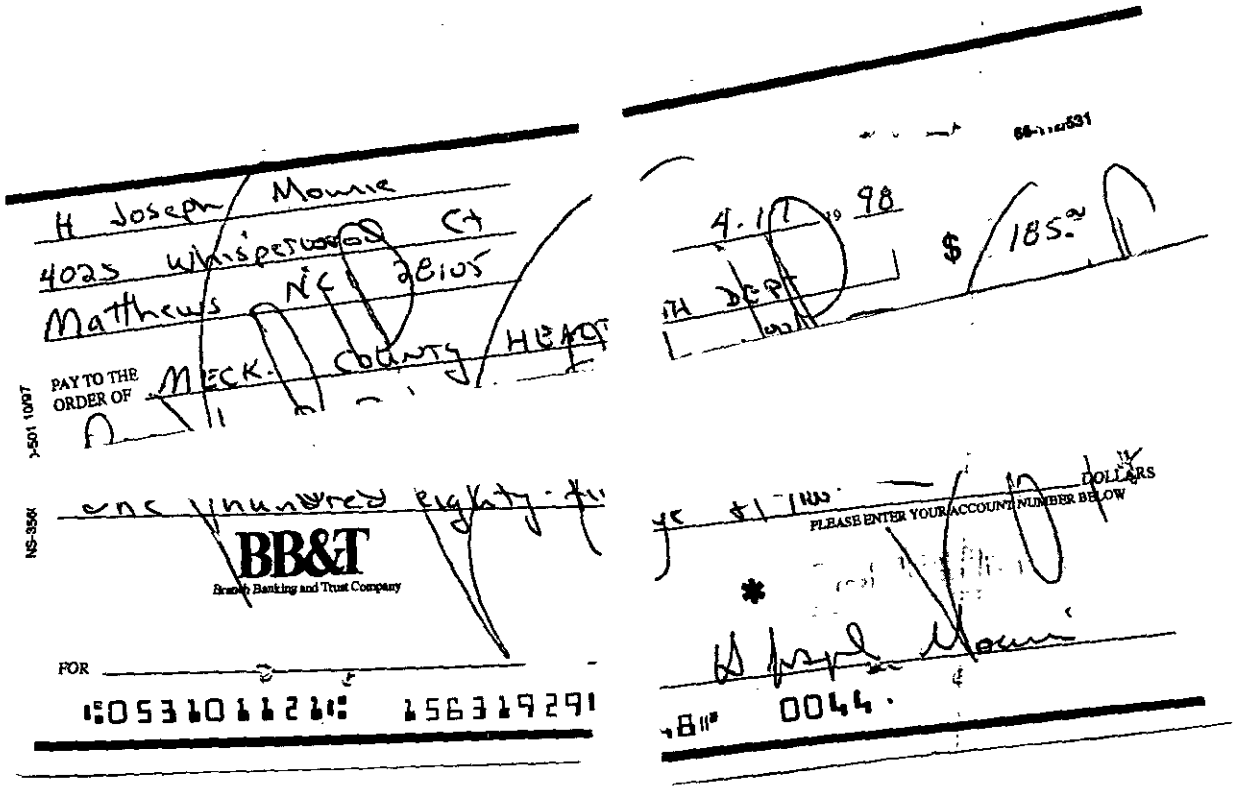
does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown 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 II-C

J. Andrew Walker RS
Environmental Health Specialist

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



H Joseph Monnie
4025 Whispering Oak Ct
Matthews NC 28105

PAY TO THE ORDER OF Meck. County Health

One hundred eighty-five

BB&T
Branch Banking and Trust Company

FOR

:053101121: 1563192911

4-17 19 98

$ 185.00

DOLLARS

PLEASE ENTER YOUR ACCOUNT NUMBER BELOW

*

"B" 0044

PROPOSED PLOT PLAN

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

FILE: 5458A

TC: 217-031-23

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.

" SEE Attached "

Franklin E. Dove
OWNER/AGENT SIGNATURE

DATE 5/8/97

APPROVAL DATE _____

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

4/26/93

9458A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

#1093 #100.00

[] 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

COPY

PERSON FILING APPLICATION:

NAME: Forsyth (last) Wayne (first) C (mi)

ADDRESS: 13005 York Ridge Dr #111 PHONE: (704) 588-8868

CITY: Charlotte STATE: NC ZIPCODE: 28273

Date: 4-26-93

PROPERTY OWNER:

NAME: Dove (last) Franklin (first) E (mi)

ADDRESS: 5616 Coulee PHONE: (__) 523-2413

CITY: Charlotte STATE: NC ZIPCODE: 28217

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 217-031-23

STREET ADDRESS: ~~5616 Coulee Pl~~ 14608 Thomas Road

ZONING:

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

LOT NUMBER: ~~Parcel~~ 23 LOT SIZE (in acres): 1.97

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)
[X] 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: 4 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)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):

[] Swimming Pool [] Jacuzzi [X] Stable/Barn [] Workshop [] None
[X] Garage [X] Storage Building [] Deck/Patio [X] 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: Franklin E Dove Date: 4-26-93

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

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WWATER : 122791

* Applicant to keep copy

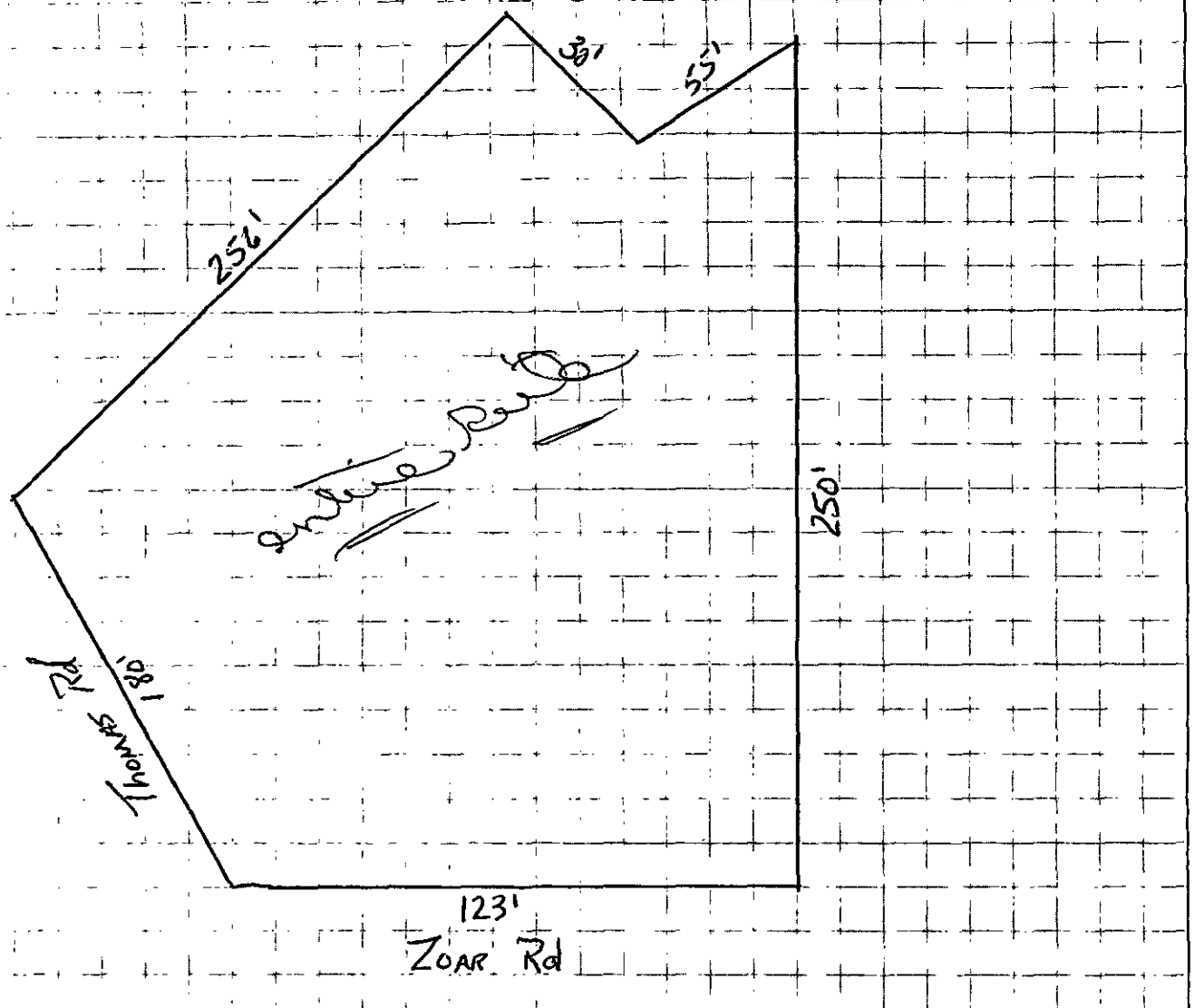
PROPOSED PLOT PLAN

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

FILE: 5458A

TC: ~~3~~ 217-031-23

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.



APPROVAL DATE 4-26-93

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

Mecklenburg County
Health Department

Basil G. Deltn, M.D., M.P.H.
Health Director

April 7th, 1989

John E. Jones Jr.
PO Box 3198
Charlotte, NC 28210

RE: Property located at 14608 Thomas Rd
FILE: 5458A
PARCEL: 21703105

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. 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 12030) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12030

File: 3458A Action 1

Parcel: 217-031-05 ☐ PC

Location: 14608 Thomas Road

Subdivision:

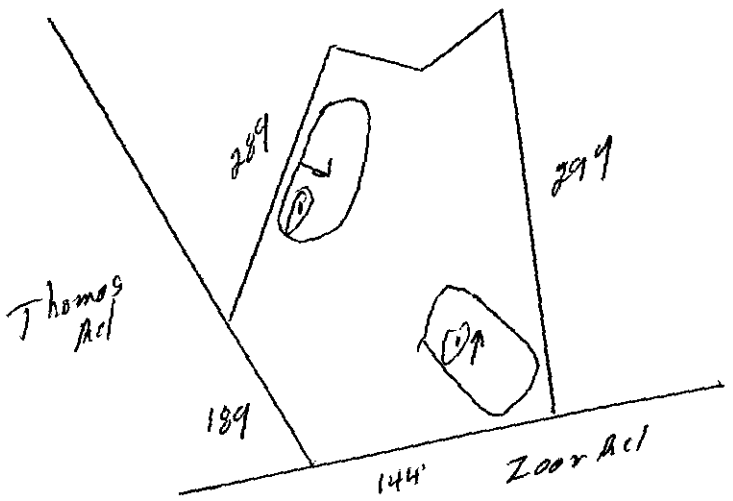
Lot: Block: Acres:

Owner: Realty Consultants
Address: Box 3198
Charlotte, N. C. 28210

Comments: Specific sites checked for drainfield & repair locations 3-27-89

Described by: William A. Marks

Date: 3-31-89



***** 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 2-6%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U 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 water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36-38"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	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	14A Appling-Cecil					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

Mecklenburg County
Health Department

Basil G. Dalla, M.D., M.P.H.
Health Director

March 13th, 1989

John E. Jones Jr.
PO Box 3198
Charlotte, NC 28210

RE: Property located at 14608 Thomas Rd
FILE: 5458A
PARCEL: 21703105

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 15990) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems 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.

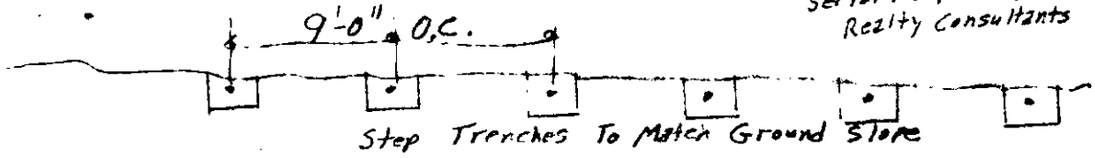
If I may be of any assistance, please feel free to call.

Very truly yours,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

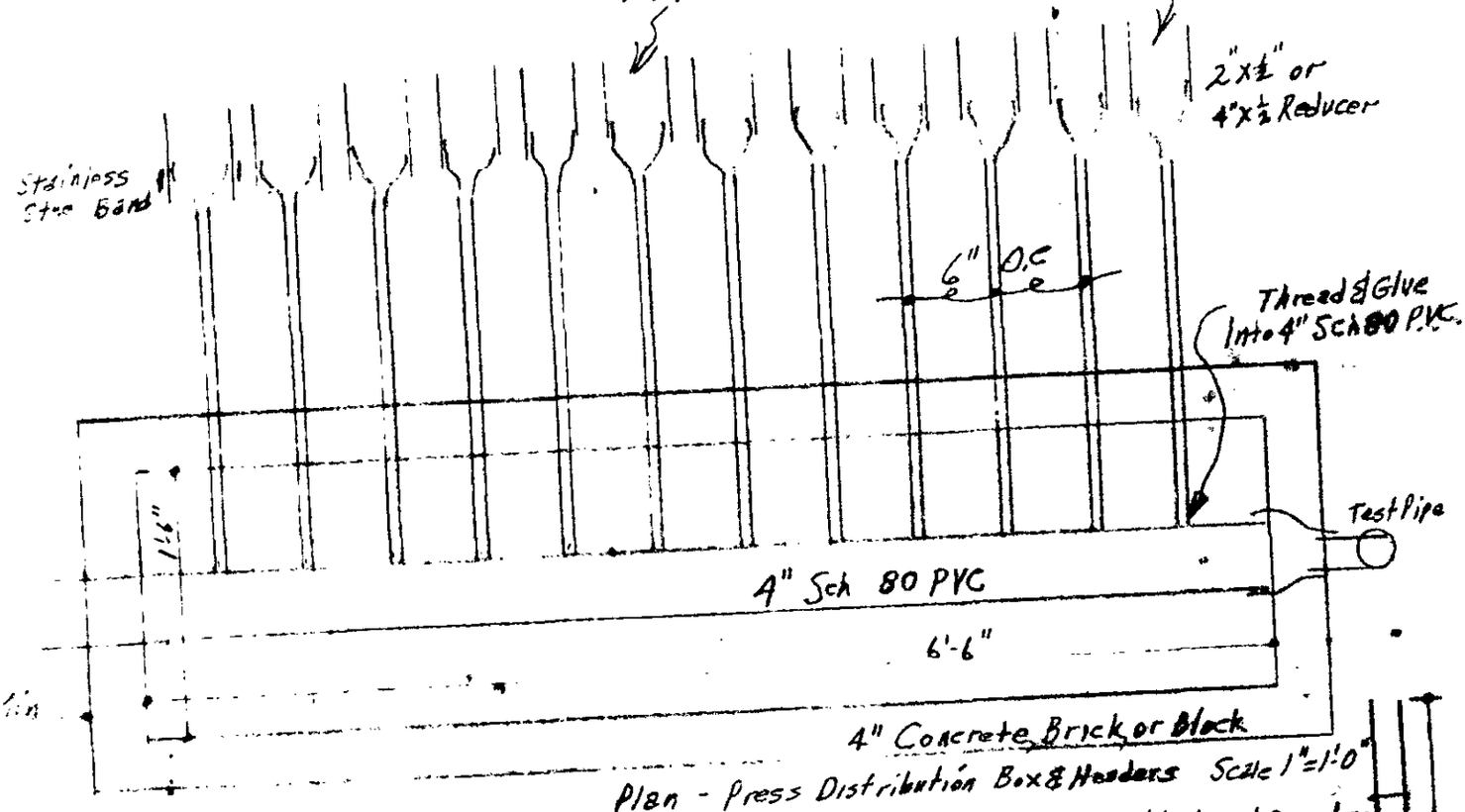
Enclosure (2)

File 5458A
T.C. 217-031-05 P.O.
Serial No. 17089
Realty Consultants

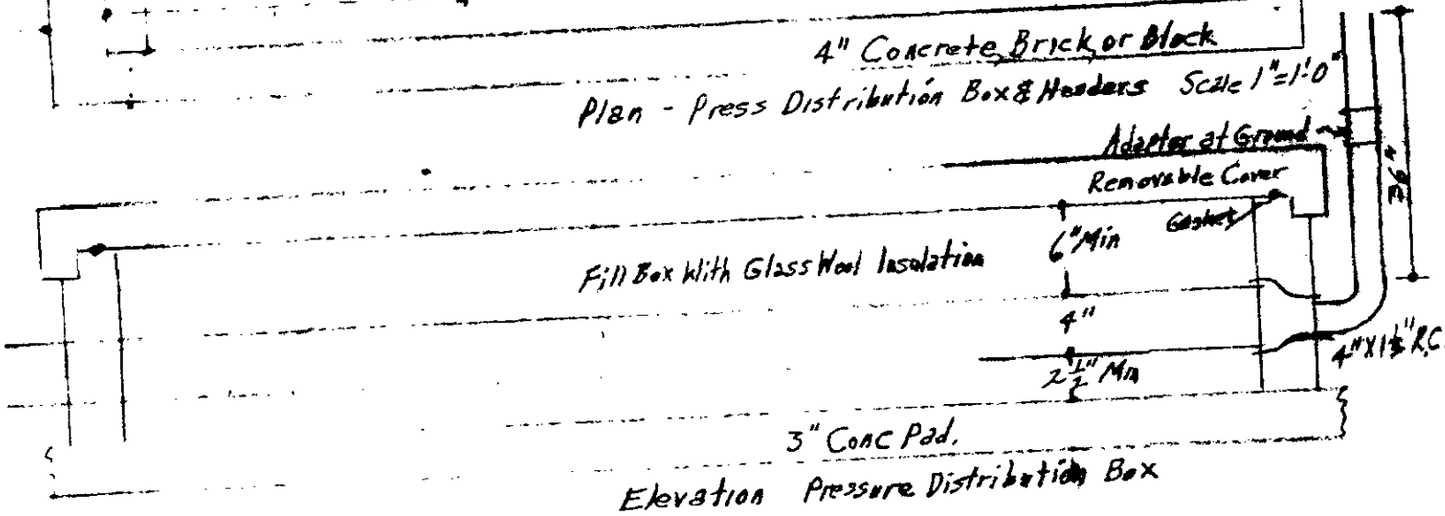


Step Trenches To Match Ground Slope

Drain Lines To Drain Tile May Be 2" Sch 40 P.V.C. or 4" Solid Drain Lines Run on even Grade ¼" to 1' Minimum. Set Box For Proper Drain To Highest Line.



Plan - Press Distribution Box & Headers Scale 1"=1'-0"



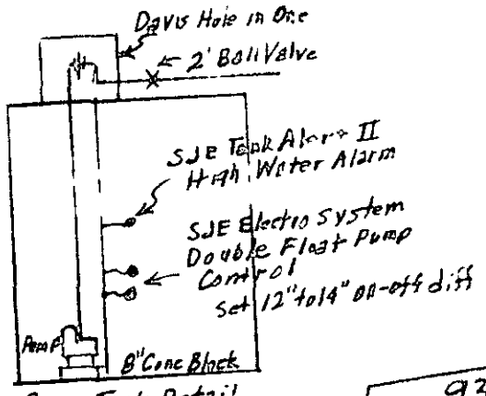
Elevation Pressure Distribution Box

4 Bed Rm @ 120 GPD/BR = 480 GPD ÷ .3 = 1600 ft ÷ 3' = 533' Trench
533' ÷ 6 = 89' long lines 6 lines - 1 = 5 x 9 = 45 + 3 = 48' Wide Field
Use 6 Lines 9'-0" O.C. in 3' Wide Trenches 18" Deep. Install Dist. Box & Header Lines in center using 12 Dist Lines 45' Long each.
Flow 3' Head - ½ Pipe orfice $11.79 \times (\frac{1}{2})^2 \times \sqrt{3} = 5.105$ GPM
12 Lines @ 5.105 = 61.26 GPM
Pump 62 GPM @ 27' Head Use Hydr-O-Matic FPD 100 MH2
2HP 230V-1Ph-3450 RPM

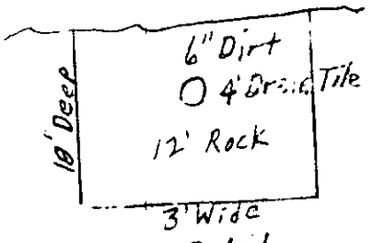
File 5458A
T.C. 217-031-05 P.O.

Elevation Head 14'
Friction Head
200' @ 5'/100' = 10'
Pressure Head = 3'
Total Head = 27'

Note: Remove Testing Test Pipe After Adjusting Flow to 3' Head.



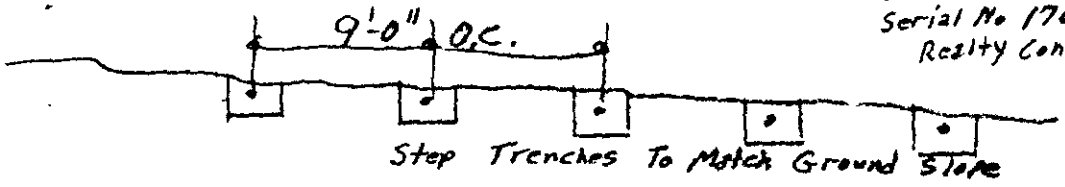
Pump Tank Detail
No Scale



Trench Detail
No Scale

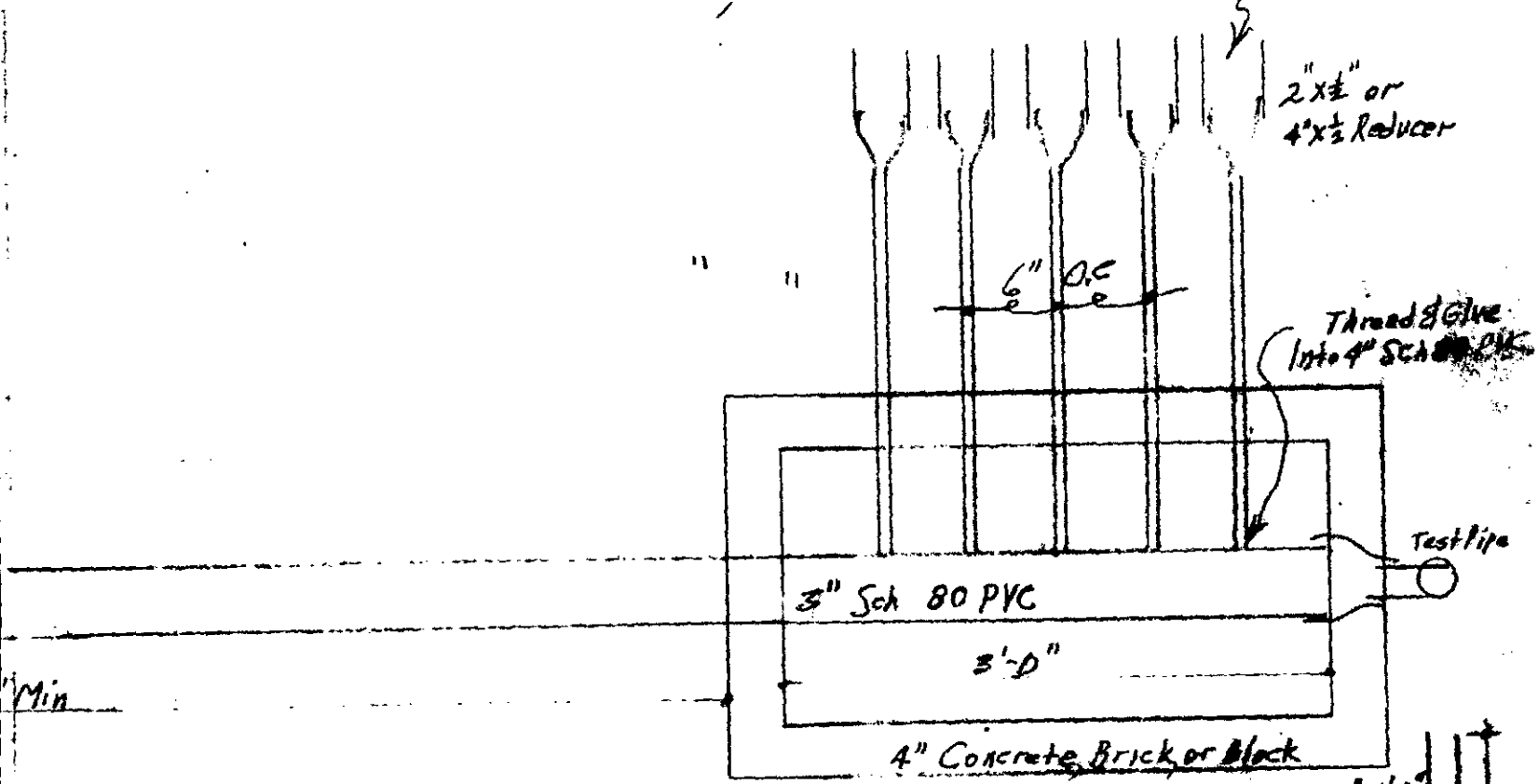
Plot Plan - Scale 1" = 60'

File 5458A
T.C. 217-031-05 P.O.
Serial No 17089
Realty Consultants

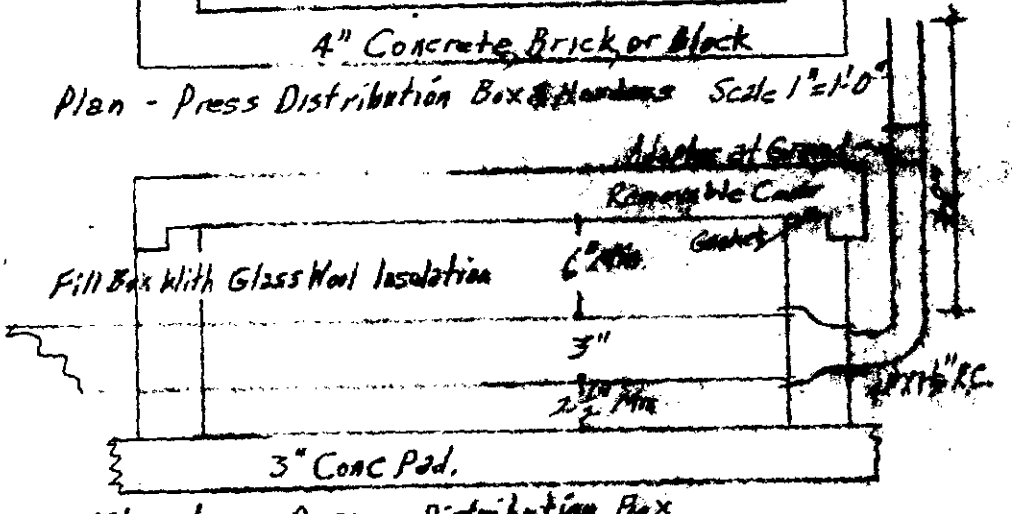


Step Trenches To Match Ground Slope

Drain Lines To Drain Tile May Be 2" Sch 40 P.V.C. or 4" Solid Drain Lines Run on even Grade ¼" to 1' Minimum. Set Box For Proper Drain To Highest Line.



Plan - Press Distribution Box & Manifold Scale 1"=1'-0"



Elevation Pressure Distribution Box

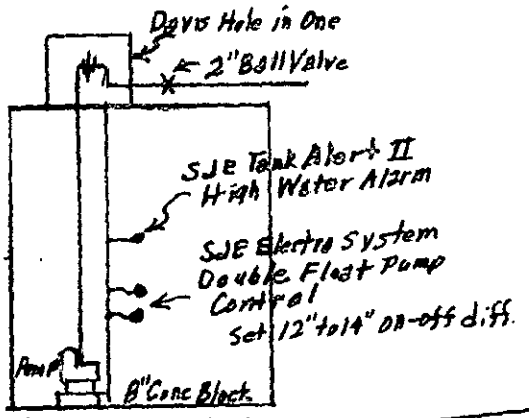
4 Bed Rm @ 120 GPD/BR = 480 GPD ÷ .3 = 1600 ft ÷ 3' = 533' Trench
533' ÷ 5 = 107 long lines 5 lines -1 = 4 x 9 = 36 ft = 39' Wide Field
Use 5 Lines 9'-0" C. in 3' Wide Trenches 18" Deep. Install Dist. Box & Header Lines at one end Using 5 Dist Lines 107' Long each.
Flow & Head - ½ Plug orifice $11.79 \times (\tfrac{1}{2})^2 \times \sqrt{7} = 5.895$ GPM
5 Lines @ 5.895 = 29.475 GPM
Pump 35 GPM @ 22' Head Use Hydr-O-Matic FPD 50 MH2 ½ HP 230V-1Ph-3450 RPM

3-27-89

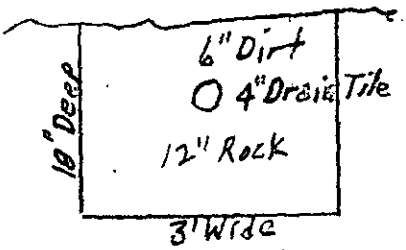
File 5458A
T.C. 217-031-05 P.O.

Elevation Head 14'
Friction Head 3.2'
200'@1½"/100' =
Pressure Head = 4'
Total Head = 21.2

Note: Remove & Plug Test Pipe After Adjusting Flow to 4' Head.



Pump Tank Detail
No Scale



Trench Detail
No Scale

Plot Plan - Scale 1" = 60'

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15990

File: 5458A

Action 2

Parcel: 21703105

☐ PC

Location: 14608 Thomas Rd

Subdivision:

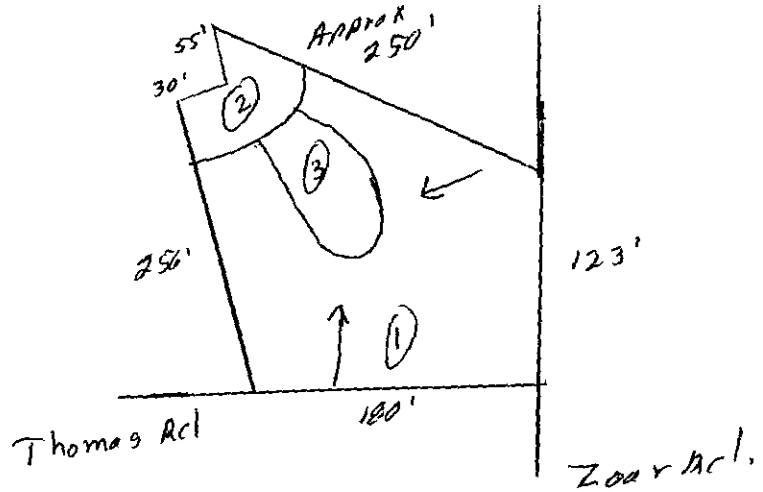
Lot: Block: Acres: Approx 1.0

Owner: John E. Jones Jr.
Address: PO Box 3198
Charlotte, NC 28210

Comments: _____

Described by: William B. Mulli

Date: 3-10-89



***** 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 2-10%	S PS (U) complex slopes	S PS (U) Depression	S PS U	S PS U	S PS U
Texture	S (PS) U 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) 24-36"	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 28-36"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-36"	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	10A Appling-Helena	complex slopes	Depression			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY) 5458A

FILE: ~~514A + 744A~~

TC: P.O. 217-031-05

☒ PC ☐ REPT

JOB LOCATION

① ADDRESS: 14608 Thomas Rd.

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

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

OWNER

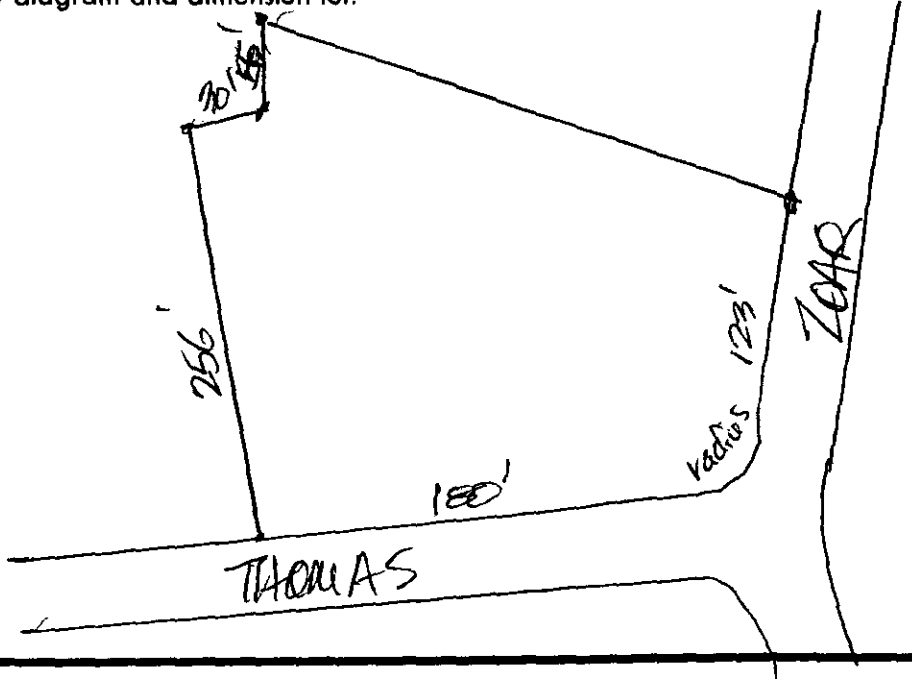
⑦ NAME: John (FIRST) E. (MIDDLE) Jones Jr. (LAST)

⑧ MAILING ADDRESS: P.O. Box 31198

⑨ CITY: Charlotte ⑩ STATE: N. Car ⑪ ZIP: 28210

⑫ PHONE: (WORK) 568-3017 (HOME) 568-3403

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: John E. Jones Jr.

Date: 2/6/04

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

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

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 5458A
TC: 217-031-05 P.O.
SERIAL: № 17089
☒ L ☒ CRT

JOB LOCATION

① ADDRESS: X 14600 Thaxton Road (STREET NO. / STREET) ② FILE: 5458A
③ JURISDICTION: Mecklenburg ④ TAX PARCEL NO.: 217-031-05 P.O.
⑤ SUBDIVISION: None ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Realty Consultants (FIRST) (MIDDLE) (LAST)
⑨ MAILING ADDRESS: Box 3198
⑩ CITY: Charlotte ⑪ STATE: ⑫ ZIP: 28210
⑬ PHONE: (WORK) 588-3817 ⑭ (HOME) 588-3403

REQUEST

This request is for a(n):

⑮ ☒ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 4
㉓ Maximum occupancy? 6
㉔ Basement? ☐ yes ☒ no
㉕ Type?
㉖ Maximum number of employees?
㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Realty Consultants Inc. by [illegible]
Date: 2/14/89

IMPROVEMENT PERMIT

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 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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

[illegible] R.S. 4/6/89
Environmentalist Date

[illegible] 4/7/89
Director or Authorized Section Head Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 3/28/89

Name/Company Calvin Cypress

Sanitation

Vector Control

C.I.S.P. ✓

Service: Certificate of Fitness
Class A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
MAR 28 1989

Check #1322
$1.50

Fee: $ 1.50

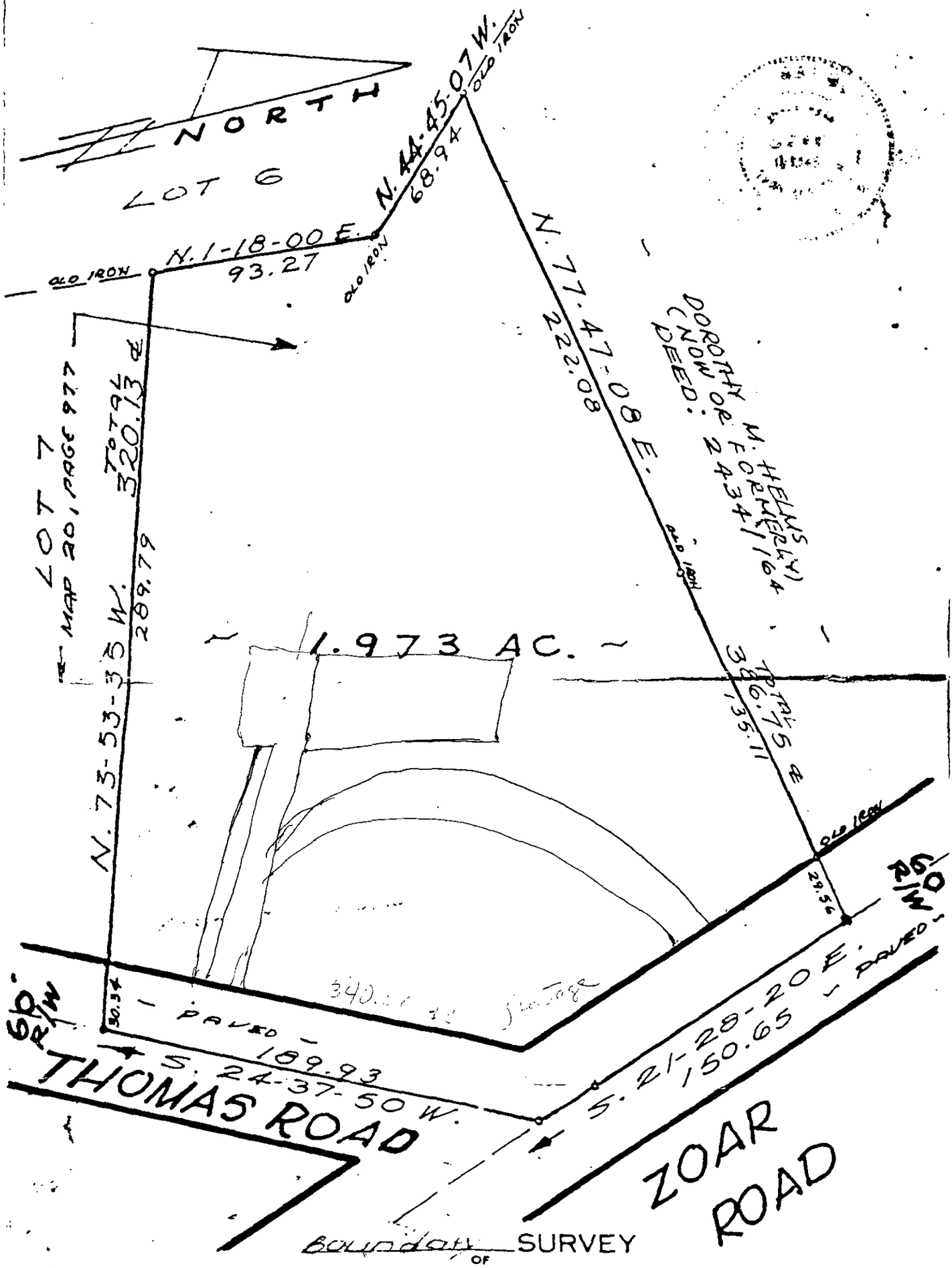
Completed by

Collected

5458 H

THIS IS TO CERTIFY THAT ON THE 12TH DAY OF SEPT. 1989 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY, ARE AS SHOWN HEREON

SIGNED _____ REGISTERED SURVEYOR



BOUNDARY SURVEY OF

AS SHOWN

SCALE 1" = 50'

STEELE CREEK TOWNSHIP
MECKLENBURG CO., N.C.

CAROLINA SURVEYORS INC
P.O. BOX 267
PINEVILLE N.C. 28134

THE PROPERTY OF REALTY CONSULTANTS INC. 5007 0897

MAP RECORDED IN BOOK 20 AT PAGE 977 DEED RECORDED IN BOOK 5136 PAGE 923

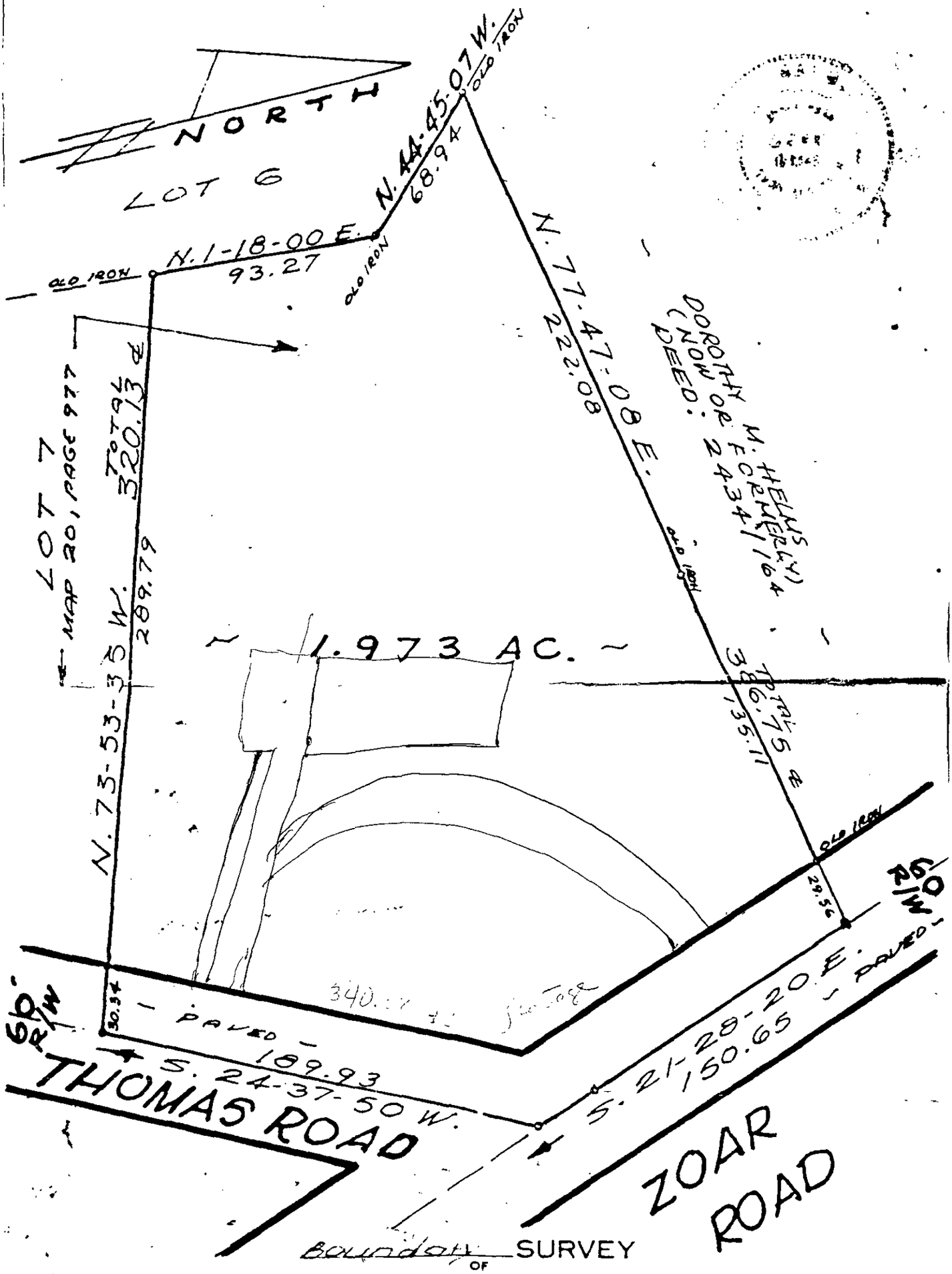
DRAWN BY RR FIELD WORK VG FIELD BOOK #

14608 Thomas Rd.

5458H

THIS IS TO CERTIFY THAT ON THE 12TH DAY OF SEPT. 1989 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY, ARE AS SHOWN HEREON

SIGNED Jas C. White I
REGISTERED SURVEYOR



BOUNDARY SURVEY OF

AS SHOWN

STEELE CREEK TOWNSHIP
MECKLENBURG CO., N.C.

CAROLINA SURVEYORS INC
P O BOX 267
PINEVILLE N C 28134

SCALE 1" = 50'

THE PROPERTY OF REALTY CONSULTANTS INC. 5007 0897

MAP RECORDED IN BOOK 20 AT PAGE 977 DEED RECORDED IN BOOK 5136 PAGE 923

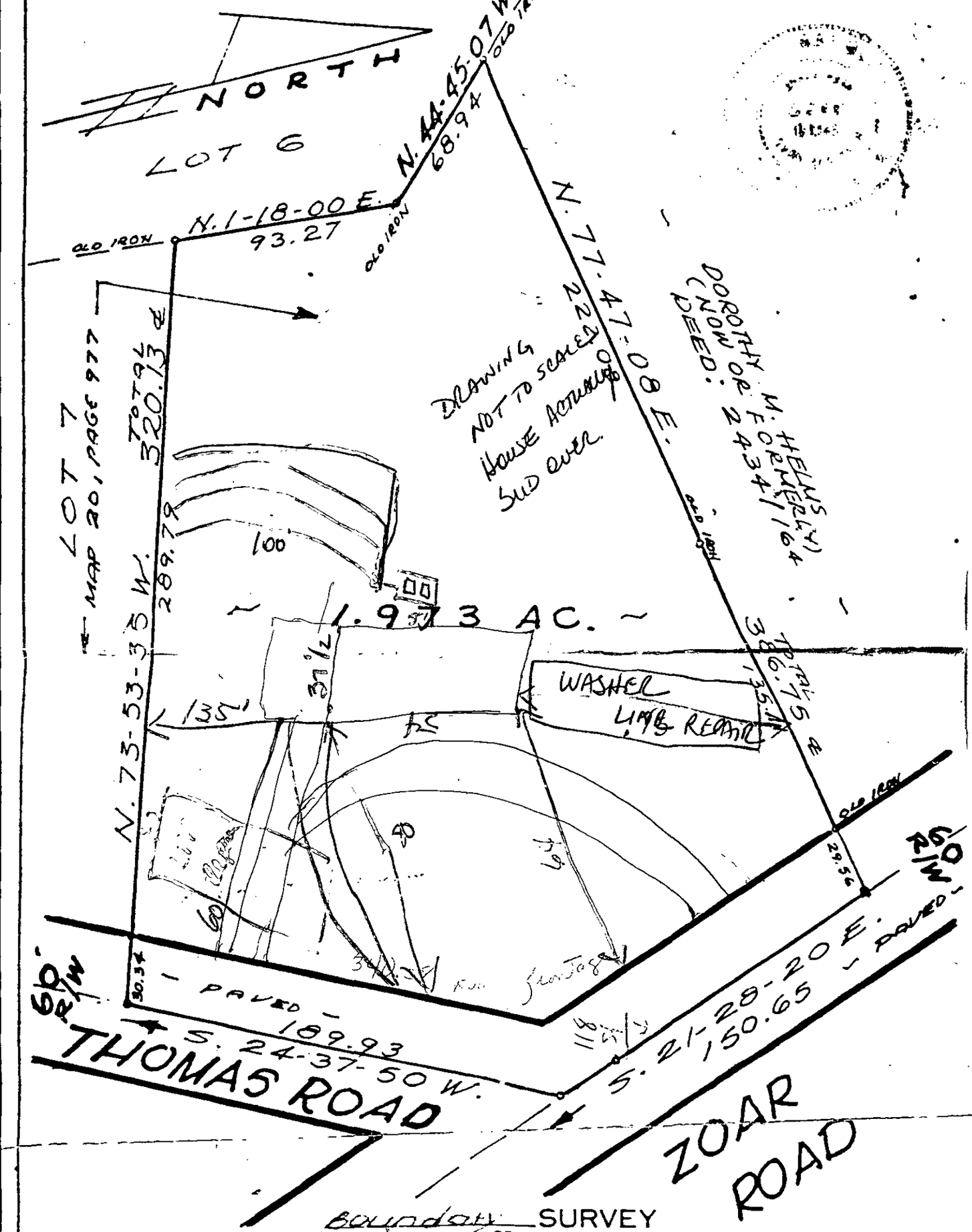
DRAWN BY RR FIELD WORK VG FIELD BOOK #

14608 Thomas Rd.

458A

THIS IS TO CERTIFY THAT ON THE 12TH DAY OF SEPT. 1989 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY, ARE AS SHOWN HEREON

SIGNED _____ REGISTERED SURVEYOR



BOUNDARY SURVEY OF

AS SHOWN

STEELE CREEK TOWNSHIP
MECKLENBURG CO., N.C.

CAROLINA SURVEYORS INC
P O BOX 267
PINEVILLE N C 28134

SCALE 1" = 50'

THE PROPERTY OF REALTY CONSULTANTS INC. 5007 0897

MAP RECORDED IN BOOK 20 AT PAGE 977 DEED RECORDED IN BOOK 5136 PAGE 923

DRAWN BY RR FIELD WORK 16 FIELD BOOK #

14608 Thomas Rd.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP File #5-458 A

Date 2-6-89

Name/Company John E Jones Jr

Sanitation _____
Vector Control _____
O.P.W.D. ✓

Service: SFR -
14608 Thomas Rd

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

FEB 6 1989

Fee: $ 60 00

Completed by

Collected by