

9112 ROBINSON CHURCH RD

10809117

1/3/2008

duponbj

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

FEE: 100.00 PAID
DATE: 12/5/05
CRT #: 1

Not on LD

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 29202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 01/05

FILE #: 3624B

ACS David

TYPE APPLCATION:

- ☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
- ☒ ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
- ☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- ☐ COMMERCIAL OR INDUSTRIAL (N)

PERSON FILING APPLICATION:

NAME: Lisa K. Mathys
ADDRESS: 9112 Robinson Ch. Rd
CITY: Charlotte
STATE: NC ZIP: 28215
PHONE: 704 567-4847
ALTERNATE PHONE: 704 658-8396

PROPERTY OWNER: SAM COPY

NAME:
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:

JOB LOCATION INFORMATION

TAX/PARCEL #: 108-091-17
STREET ADDRESS: SAME
CITY:
STATE: NC ZIP:
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

TOWNSHIP:

- ☒ 0-MECKLENBURG
- ☐ 1-CHARLOTTE
- ☐ 2-DAVIDSON
- ☐ 3-CORNELIUS
- ☐ 4-PINEVILLE
- ☐ 5-MATTHEWS
- ☐ 6-HUNTERSVILLE
- ☐ 7-MINT HILL

WATER SUPPLY:

☐ MUNICIPAL (M) ☐ COMMUNITY (C) ☒ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:

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

NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:

TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:

INDUSTRIAL WASTES? ☐ YES ☐ NO
UNDERGROUND STORAGE TANKS? ☐ YES ☐ NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:

☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☐ OTHER

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:

☒ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Lisa K. Mathys — 12/05/05
Owner's/Agent's Signature — Date

*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:

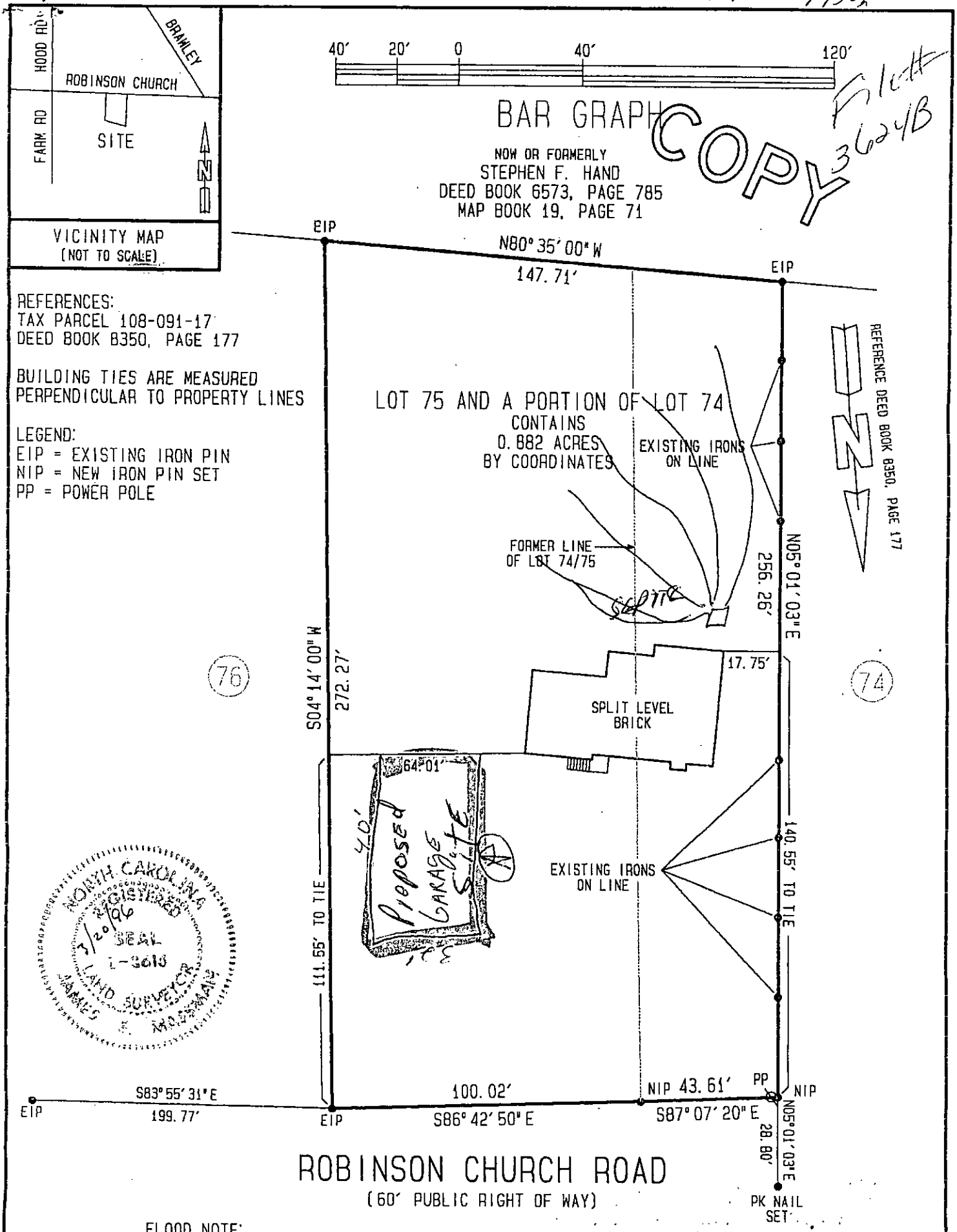
- No work shall be conducted on the septic tank system until an installation, construction, alteration and/or repair approval is granted y this Department.
- This permit is not transferable.

☐ ADDITION / RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE

ADDITION APPROVED, O.K. TO USE EXISTING SYSTEM FOR GARAGE ADDITION

EHS Signature: David Edwards, RS — Date: 12/8/05

[illegible]



FLOOD NOTE:
THIS PROPERTY DOES NOT LIE IN A SPECIAL FLOOD HAZARD AREA AS DETERMINED BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY.
(ZONE X OF PANEL # 370158 0120 B)
(NOT DETERMINED BY FIELD SURVEY)

DATE OF SURVEY: 03/20/96

CERTIFICATE OF COMPLETION/OPERATION PERMIT

$400

Cash #150.00 12/19/96

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

FILE: 36243 DATE: 10/3/95

TC: 108 09117 ☐ L ☐ ~~CRT~~

SERIAL № 16316

Name of Owner Steve Green Juris.: _____

Address of Property 9112 Robinson Church Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 5 @ 80'

Cover Depth 16" - 22"

Water Supply Source well

Distance to Water Source >100'

Excavation Inspected 10/3/95

Tank(s) Inspected 10/3/95

Wash Line Inspected –

High Water Alarm Inspected –

PLOT

Design 1995, 1500ST, CON, 1200SFT, 12" stone cecil CTR# 5

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

no longer CC's

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: septic system designed for 3 bedroom residence will not installed

Type II

Philip S. Walker R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

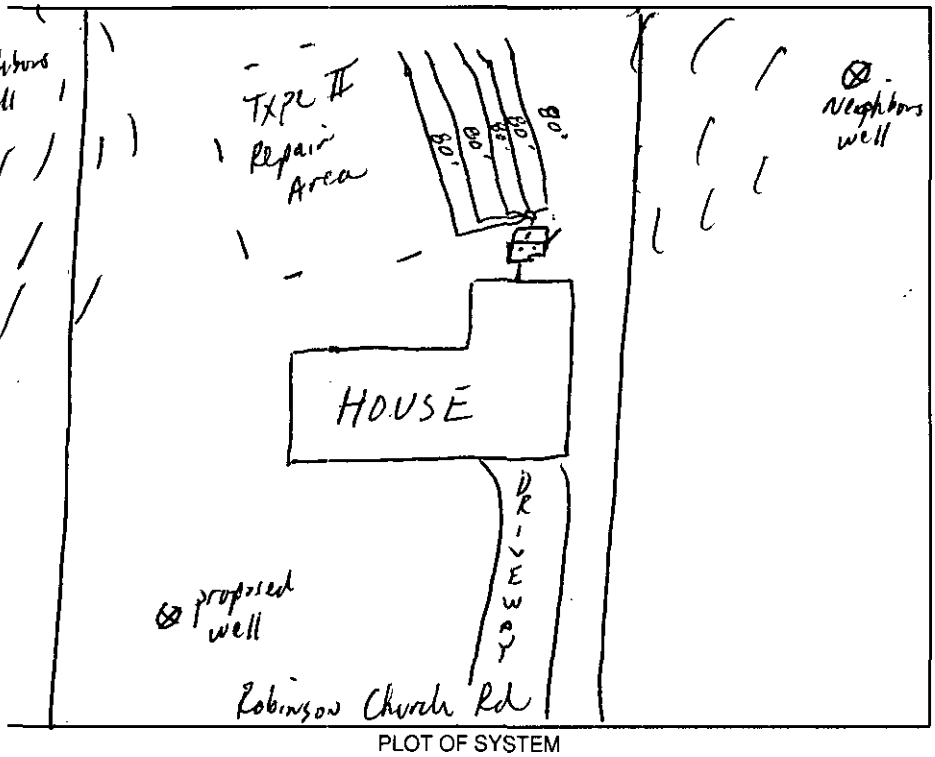
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3624B DATE: 9/20/95

TC: 108 09/17 ☐ L

SERIAL Nº 16319

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 7/17/95. All work shall be completed on or before 10/20/95, 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 3'

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous —

Total Line Length 400' feet

Number of Lines 5 (80')

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >100' feet
50' min

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

NAME OF OWNER Steve Green

LOCATION OF PROPERTY 9112 Robinson Church Rd

Comments: 1500 ST, 5 lines x 80' long x 3' wd x 12" stone / Keep lines on contour of land / Keep septic system > 100' (50' min) from proposed well

for Daniel Brogan Chief 10-4-95

Philip S. Walker R.S.
Environmental Health Specialist

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

ASAP Please

3624B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$150 6/27/95 Je. #3561

CK RET

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

(704)336-5102

Date:

PERSON FILING APPLICATION: ✓

NAME: HARMESON (last) GLEN (first) A (mi)

ADDRESS: 4201 NONIA DR PHONE: (704) 4556133

CITY: HARRISBURG STATE: NC ZIPCODE: 28075

PROPERTY OWNER: ✓

NAME: SEAWELL (last) SUE (first) (mi)

ADDRESS: 13220 W 84th St PHONE: 913 5992524

CITY: LENEXA STATE: KA ZIPCODE: 66215

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 08-091-17

STREET ADDRESS: 9112 Robinson Church Rd

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

- [ ] SOIL TEST - INDIVIDUAL LOT (D)
- [x] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N) move house on LOT
- [ ] 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)
- [ ] DOUBLE WIDE (D)
- [x] HOUSE (H)
- [ ] MODULAR HOME (M)
- [ ] MULTIPLE FAMILY (U)
- [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one): ✓
- [ ] Community (C)
- [ ] Municipal (M)
- [x] Private Well (P)
- [ ] Shared Well (S)
- [ ] Other 'spring' (O)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
- [ ] Swimming Pool
- [ ] Garage
- [ ] Jacuzzi
- [ ] Storage Building
- [ ] Stable/Barn
- [ ] Deck/Patio
- [ ] Workshop
- [ ] Bedrooms
- [ ] None
- [ ] 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: Glen A Harmeson Date: ✓ 6-27-95

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.

...

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

Philo A. Walker R.S. 7/17/95
Environmentalist Date

Robert A. Bowman for Daniel Pearman Chief 7-20-95
Director or Authorized Section Head Date

WATER : 22791

* Kit in advance 5/22/95

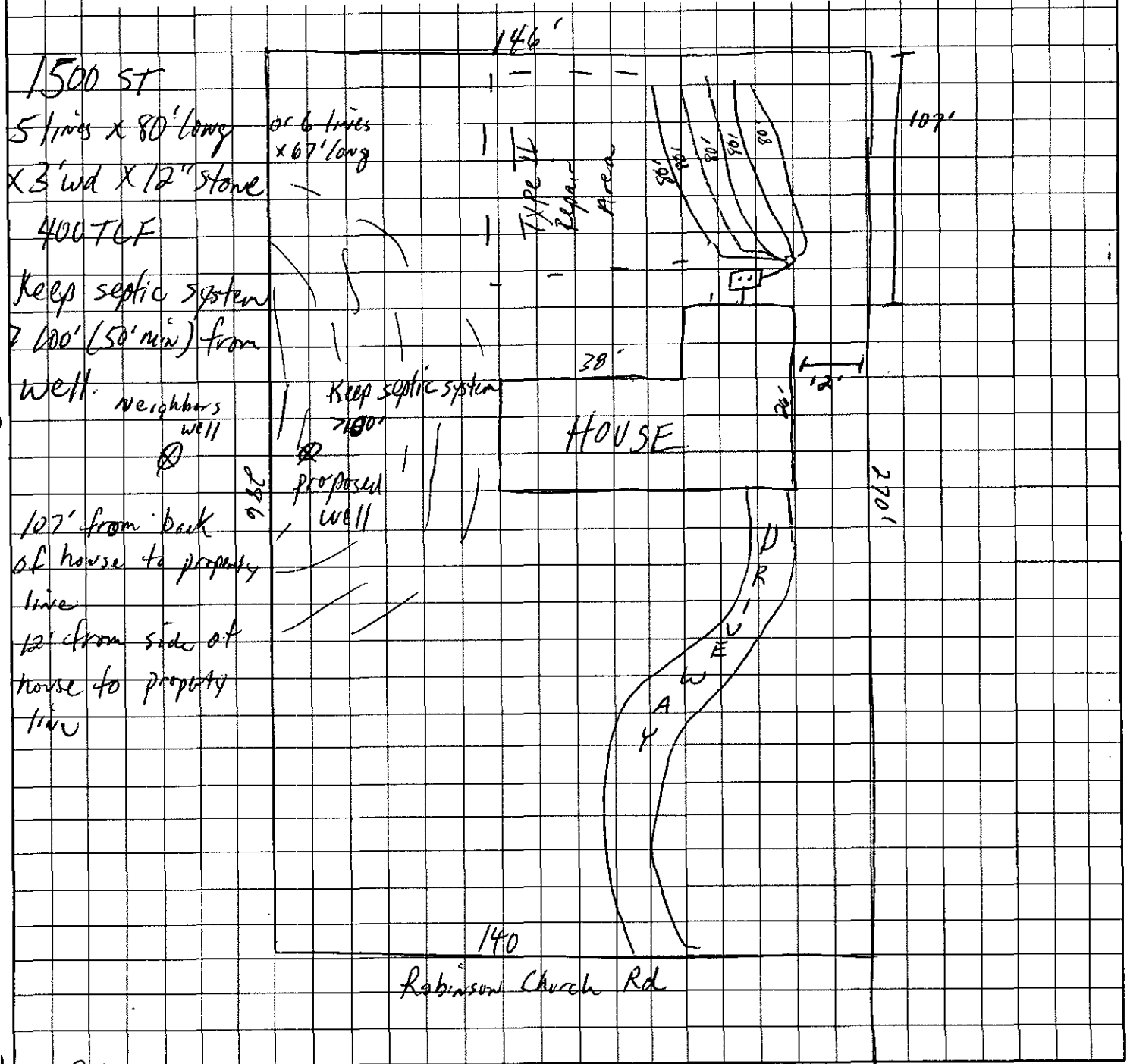
PROPOSED PLOT PLAN

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

FILE: 3624B

TC: 108 09/ 17

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 7/17/95

APPROVAL DATE PSW 7/17/95

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

Bill Martin
Thank You!

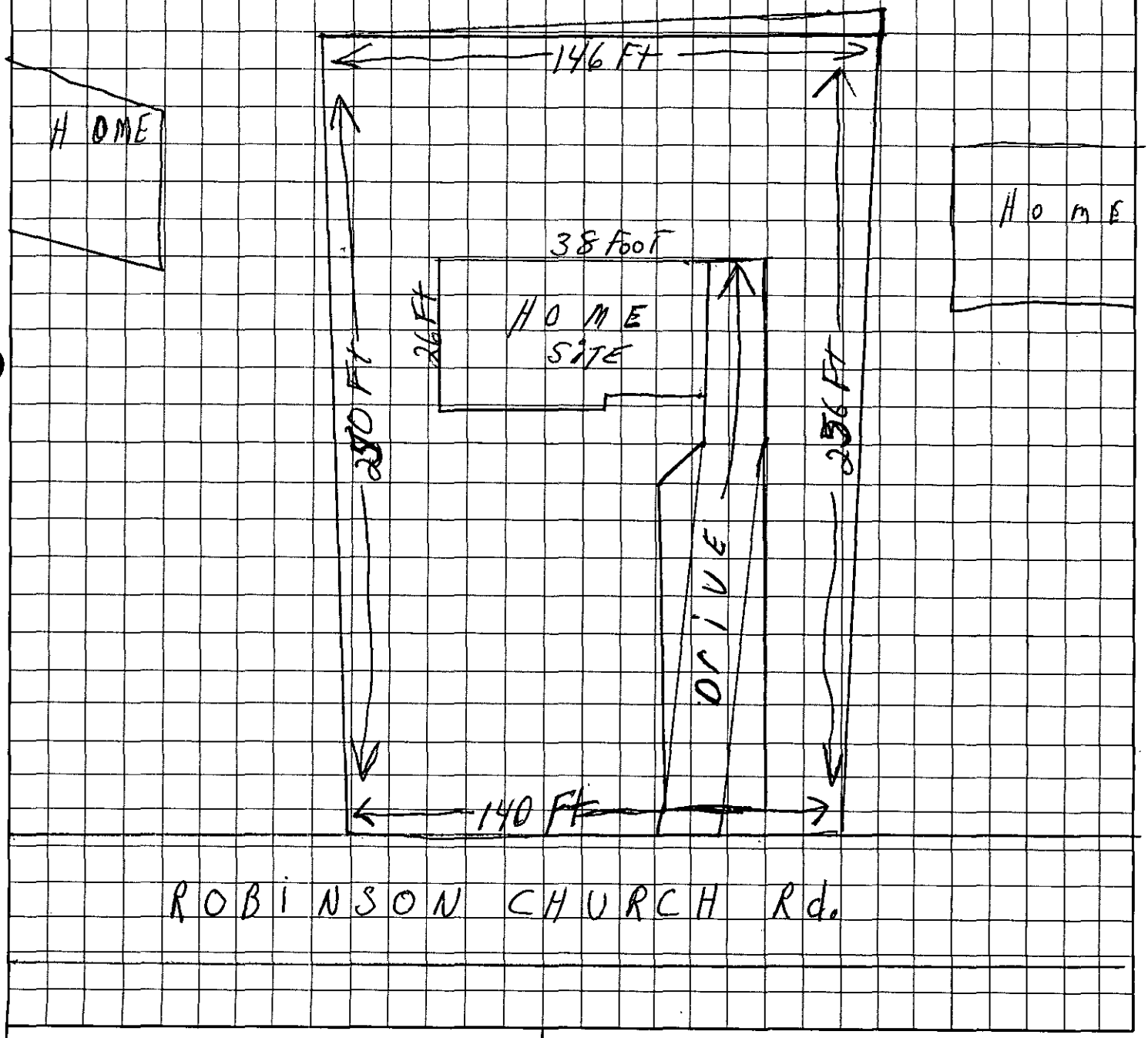
PROPOSED PLOT PLAN

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

FILE: 3624B

TC: 108-89-17

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

Bill Hinson
Thank You!

PROPOSED PLOT PLAN

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

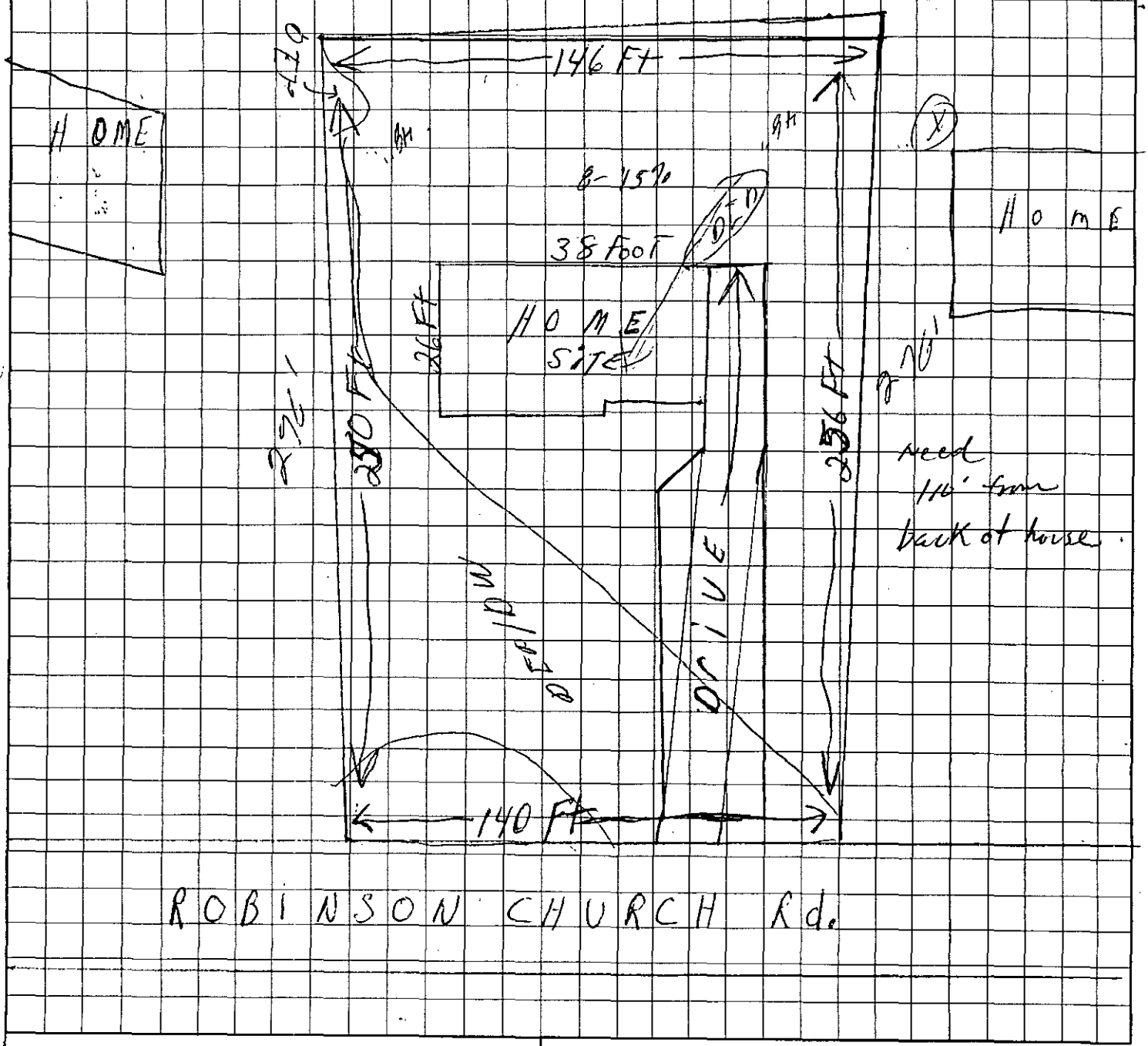
FILE: 36248 ⊗ well

TC: 108-091-17

not surveyed

COPY

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

William Martin
Reg 9112
Robinson Church Rd

TKS
Colen Harmeson

State of North Carolina

Mecklenburg COUNTY

PRESENTED FOR REGISTRATION
1972 JUL 28 PM 2 12
CHAS. E. CROWDER
REGISTER OF DEEDS
MECKLENBURG CO. N.C.

This Deed Made this 26th day of July A.D. 1972

by and between WHITE FOREST DEVELOPMENT CORPORATION

a corporation organized and existing under and by the virtue of the laws of the State of North Carolina with its principal office located at Charlotte of the County of Mecklenburg and State of North Carolina party of the first part, and

WILLIAM CARROLL TEAGUE, SR. and Wife, MARIE BIGGERS TEAGUE

of the County of Mecklenburg and State of North Carolina parties of the second part,

Witnesseth, That the said party of the first part, in consideration of One Hundred Dollars and other valuable considerations to it paid by the parties of the second part, the receipt of which is hereby acknowledged, has bargained and sold, and by these presents, doth grant, bargain, sell and convey unto the said parties of the Second Part and their heirs, all that certain tract of land, situate, lying and being in Crab Orchard Township, Mecklenburg County, State of North Carolina, and more particularly described as follows:

BEGINNING at a point in the Southerly margin of Robinson Church Road, said point being the Northwestern corner of Lot 78 as shown on a map of White Forest Subdivision recorded in Map Book 7, Page 695 of the Mecklenburg County North Carolina Public Registry and running thence with the Westerly line of said lot 78 S. 13-34-25 W. 283.22 feet to a point; thence N. 79-24-44 W. 308 feet to a point; thence N. 06-13-10 E. 256.23 feet to a point inthe Southerly edge of Robinson Church Road; thence with the said edge of Robinson Church Road with the arc of a circular curve to the right having a radius of 2311.90 feet in an Easterly direction 159.18 feet to a point; thence continuing in an Easterly direction with the arc of a circular curve to the right having a radius of 3346.75 feet, a distance of 184.43 feet to the point or place of beginning. Being a portion of the property conveyed to the party of the first part by deed duly filed for record in the Mecklenburg Public Registry.

133

#3453-133
July 26-1972

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028629

File: 3624B Action 1

Parcel: 108-091-17 ☐ PC

Location: 9112 Robinson Ch. Road

Subdivision:

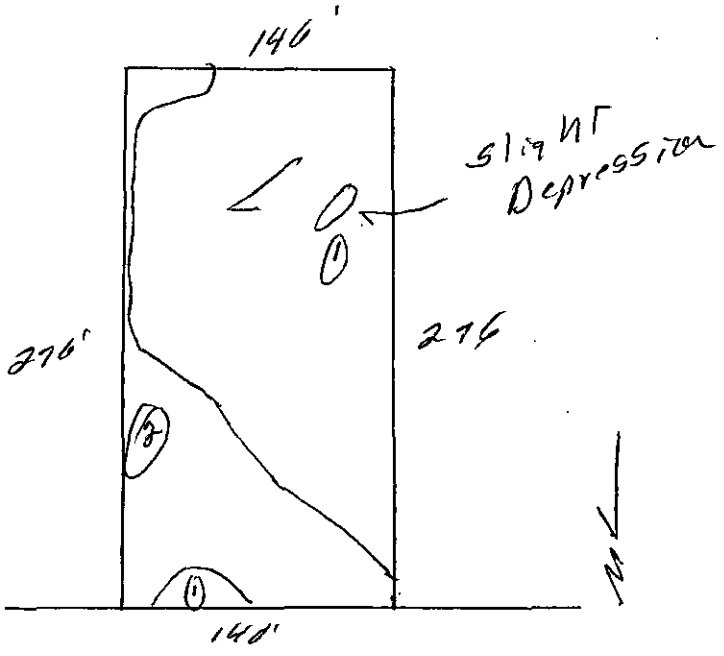
Lot: Block: Acres: Approx. 9

Owner: Sue Seawell
Address: 13220 W. 84th St.
Seneca, Ks. 66215

Comments: .3gal/ft²/day, system may need liner repair, also pump

Described by: William A. Marlin

Date: 6-30-95



***** 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 6-10%	S PS (U) Drainageway Depression	S PS U	S PS U	S PS U	S PS U
Texture slightly Exp. clay	S (PS) U	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 7-46" To	(S) PS U Soil wetness	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U 48"+	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 48"+	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	IIe Cecil-Like	Drainageway Depression				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U