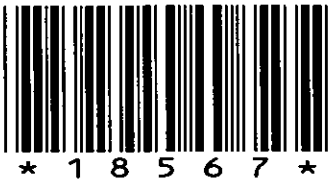
LD
5/19/09



18650 SHEARER RD

00750107

8/19/08

marliwr

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

Mecklenburg County

Agency: LUESA Residential
700 N Tryon St
Charlotte, NC 28202

7/22/2009

To:
A Residential
Homebuyer
10815 David Taylor Dr
Charlotte, NC 28262

Customer Project: MAY/RES BARN
ADDTN-LARGE PLAN REV
Project Number: 295390
18650 Shearer Rd
Mecklenburg, NC

Re: Project Cancellation

This letter serves to acknowledge that your project has been cancelled either per your request or due to extended inactivity. You may request a reactivation of this project by contacting the Coordinator during normal business hours. Requests for project reactivation must be completed before December 31st of this year.

Thank you,

Eileen Sweeney

Project Coordinator
704-336-8983
sweene@MecklenburgCountyNC.gov

1857

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

2009 Alteration OK

GWS File #: 10967 WASPS App #: 4059

Primary ES assigned to project: PW

Secondary ES assigned to project:

Project Type: New System ☐ Alteration ☑ Repair ☐ Modified Plot Plan ☐

I. File Review:

Rule or Law				
	Permit Application			
.1937(d)	Is the Application complete	Yes ☑	No ☐	N/A ☐
.1937(d)	Is there a Site plan/Plat with application	Yes ☑	No ☐	N/A ☐
.1937(d)	Is the Facility shown?	Yes ☑	No ☐	N/A ☐
.1937(d)	Are appurtenances shown	Yes ☑	No ☐	N/A ☐
	Site Evaluation Information			
.1939 (a)(1)	Topography and Landscape Position Recorded?	Yes ☐	No ☐	N/A ☐
.1940 (a-g)	Slope % Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Texture Class Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Structure type Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Consistence Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Mineralogy Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(3)	Soil Wetness Condition Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered	Yes ☐	No ☐	N/A ☐
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Yes ☐	No ☐	N/A ☐
.1939 (a)(6)	Sufficient Available Space Recorded?	Yes ☐	No ☐	N/A ☐
.1937(m)	Are the Profile Locations Shown?			
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes ☐	No ☐	N/A ☐
& .1945(b)	Number of auger borings made: _____ Were sufficient auger borings made?	Yes ☐	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR	Yes ☐	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☐	No ☐	N/A ☐
.1945(b)	Proposed System Type stated-Repair	Yes ☐	No ☐	N/A ☐
130A-336 (a)(3)	System location identifiable by setbacks - Initial	Yes ☐	No ☐	N/A ☐
.1937(g) .1945(b)	System components shown – Initial	Yes ☐	No ☐	N/A ☐
.1945(b)	Repair area shown	Yes ☐	No ☐	N/A ☐
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☐	No ☐	N/A ☐
.1937 (f)(g)	Is System design consistent with soil/site conditions?	Yes ☐	No ☐	N/A ☐
.1937 (f)(g)	Is the System located in the approved area?	Yes ☐	No ☐	N/A ☐
130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☐	No ☐	N/A ☐

130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	Yes ☐	No ☐	N/A ☐
.1937(g)	Trench depth indicated?	Yes ☐	No ☐	N/A ☐
.1937(g)	Trench width indicated?	Yes ☐	No ☐	N/A ☐
.1937(g)	Trench length indicated?	Yes ☐	No ☐	N/A ☐
130A-336(a)(1)	Proposed/existing well shown?	Yes ☐	No ☐	N/A ☐
130A-336(a)(1)	Property line lengths shown?	Yes ☐	No ☐	N/A ☐
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☐	No ☐	N/A ☐
	Operation Permit			
.1937(i)	System type as described in table V(a) of rule .1961	Yes ☐	No ☐	N/A ☐
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☐	No ☐	N/A ☐

II. WASPS Review:

Construction authorization issued	Yes ☐	No ☐	N/A ☐
Installation approval issued	Yes ☐	No ☐	N/A ☐
Operation permit issued	Yes ☐	No ☐	N/A ☐
Other related documentation	Yes ☐	No ☐	N/A ☐

Items requiring correction/modification: _____

Comments:

_____

_____

_____

_____

_____

IA issued date: _____

OP issued date: _____

Review performed by: _____ Date performed: 4-21-09

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	02/03/09	**Amount:**	300.00
Receipt #:	60701	**Tendered:**	300.00
Check / Auth #:	VISA 05543C	**Returned:**	0.00
Received By:	WILSOLL		

Account Information

Account #: 100000
Contractor: May Dianne
Attn:
Address:
Address:
City/State/Zip: , NC 28269

Item	Description	Permit#	Quantity	Unit Price	Total Price
0706	MH Exc/Add/Repl w/System Mod		1	300.00	300.00

Virtual Merchant

LUESA NORTH
18335 OLD STATESVILLE RD
UNIT 101
CORNELIUS, NC 28031
704-336-7783

LUESA NORTH
00319400008013468544OO

Date: 02/03/2009 04:55:02 PM

CREDIT CARD SALE

CARD NUMBER: **********7820 S
TRAN AMOUNT: $300.00
APPROVAL CD: 05543C
RECORD #: 001
CLERK ID: wilsonla
SALES TAX: $0.00

X _____
DIANNE C MAY

I AGREE TO PAY THE ABOVE TOTAL AMOUNT
ACCORDING TO THE CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

Thank You

Merchant Copy

Feb-03-2009 06:35 PM LUESA North 1

JAN-21-2009 14:23 MECKLENBURG CO GWS

PW

18567

4059

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. SEPTIC / TYPE APPLICATION: ☐ N/A ☐ NEW SYSTEM ☒ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ☐ N/A ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 00750107
STREET ADDRESS: 18650 Shearer Rd
CITY: Davidson
STATE: NC ZIP: 28036
SUBDIVISION NAME:
LOT #: LOT SIZE (acres): 6
TOWNSHIP:
☐ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION:
BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: 2500
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 3
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☐ N/A
NUMBER OF BEDROOMS TO BE ADDED: 1 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 1

6. WATER SUPPLY: ☐ MUNICIPAL ☒ PRIVATE WELL ☐ PUBLIC WELL ☐ SHARED WELL ☐ OTHER _____

7. PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☒ POTABLE (DRINKING WATER) ☐ OTHER _____

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE (1-MOST DESIRED 5-LEAST DESIRED):
☐ N/A ☐ ANY TYPE ☒ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____
8A. RANK: 1 2 4 3 —

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES ☒ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES ☒ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	☒ YES ☐ NO	JURISDICTIONAL WETLANDS	☐ YES ☒ NO
WELLS, SPRINGS, OR WATER LINES	☒ YES ☐ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES ☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☒ YES ☐ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES ☒ NO
CHEMICAL/PETROLEUM STORAGE TANKS	☐ YES ☒ NO	KNOWN UNDERGROUND CONTAMINATION	☐ YES ☒ NO
WASTE STORAGE	☐ YES ☒ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	☐ YES ☒ NO

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____ ☒ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 4/17/09 ☐ N/A

12. PROPERTY OWNER:
NAME: Mark Thrower
ADDRESS: 18650 Shearer Rd
CITY: Davidson
STATE: NC ZIP: 28036
HOME PHONE: 704-892-0101
WORK PHONE:
MOBILE PHONE: 704-650-3644
FAX:

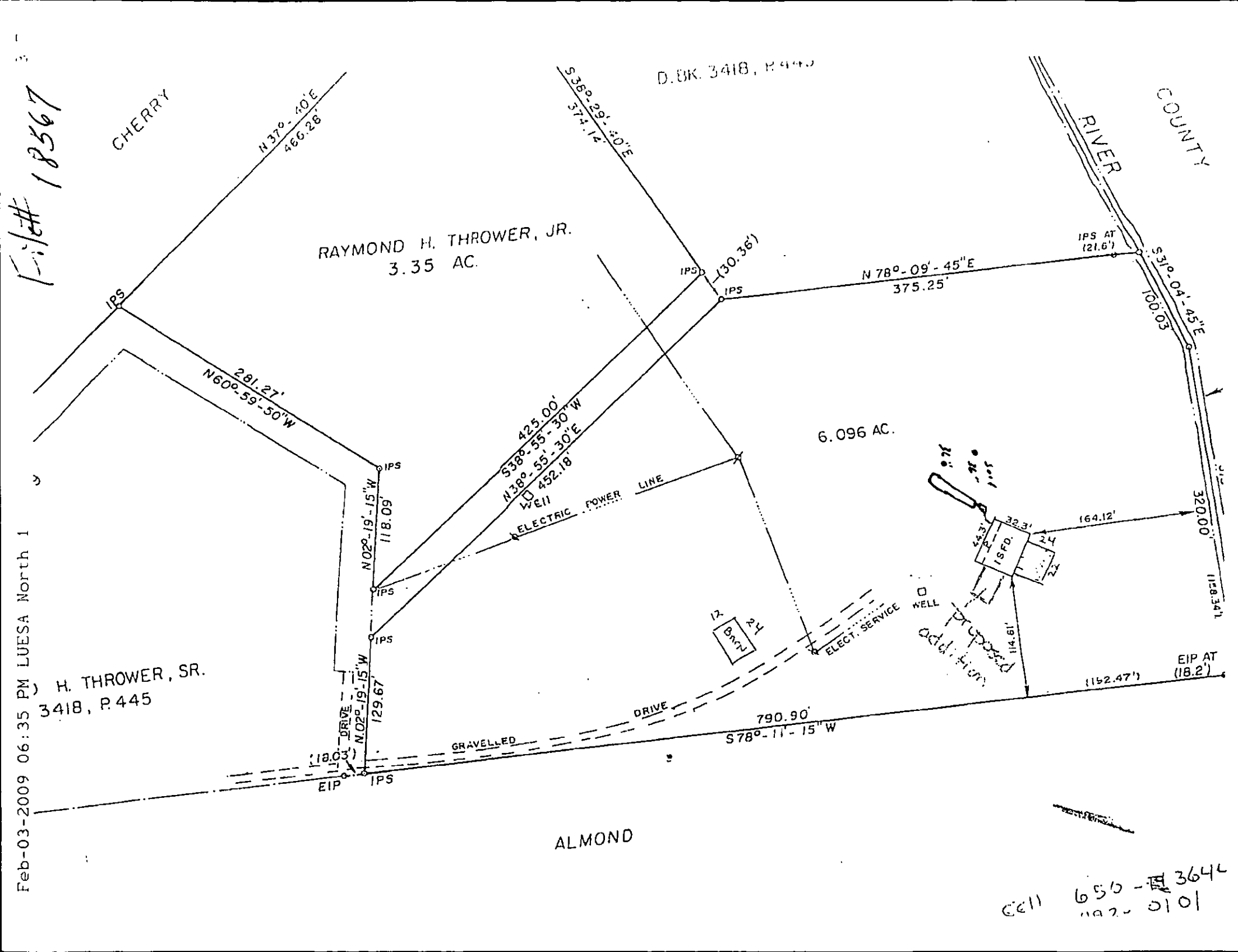
13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: Dianne May
ADDRESS: 18650 Shearer Rd
CITY: Davidson, NC 28036
STATE: ZIP:
HOME PHONE: 704-453-6028
WORK PHONE:
MOBILE PHONE:
FAX:

5/11/09

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6594

Revised on: 7/1/08

PO 300 # LUESA North


F-1/#18567
CHERRY
N 37°-40'E
466.26'
D.BK. 3418, P.445
S 36°-29'-40"E
374.14'
RIVER
COUNTY
RAYMOND H. THROWER, JR.
3.35 AC.
IPS
(30.36')
IPS AT (21.6')
N 78°-09'-45"E
375.25'
S 31°-04'-45"E
100.03'
281.27'
N60°-59'-50"W
425.00'
S38°-55'-30"W
N38°-55'-30"E
452.18'
WELL
ELECTRIC POWER LINE
6.096 AC.
N02°-19'-15"W
118.09'
320.00'
1158.34'
32.3'
164.12'
44.3'
1SFD.
2.4
2.2
12
BARN
24
ELECT. SERVICE
WELL
Proposed addition
114.61'
(152.47')
EIP AT (18.2')
H. THROWER, SR.
3418, P.445
N02°-19'-15"W
129.67'
DRIVE
790.90'
S78°-11'-15"W
GRAVELLED
DRIVE
(18.03')
EIP
IPS
ALMOND
Feb-03-2009 06:35 PM LUESA North 1
Cell 650-[illegible]364[illegible]
[illegible]-0101

CONDITIONS OF IMPROVEMENT PERMIT for an ALTERATION TO AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit Number: **18567** Tax Number: **00750107**

- 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

Primary Wastewater System

Type: ☐ 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:

.3 Long-term acceptance rate (GPD/ft^2)	480 Max gallons/day wastewater flow	na Absorption Area (ft^2)	na Trench spacing (min. on centers) (ft)
Serviced by private well: ☒ Yes ☐ No	exis Gallon septic tank	210 Total trench length (ft)	36 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
4 Bedrooms in residence	na Gallon pump tank	18 Depth of media (in)	

Any surface water present: **no** Type: Minimum separation distance (ft):

Additional conditions: **ALTERATION FOR BEDROOM ADDITION**
INSTALL BED SYSTEM 9"WD@70"LONG@18" STONE REPAIR AREA MAXIMUM AVAILABLE SPACE

Repair Area System

Type: ☐ 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:

____ Absorption Area (ft^2) ____ Total trench length (ft)	__ Depth of media (in)	__ Trench spacing (min. on centers) (ft)	__ Maximum trench depth (in)

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. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems 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 Approval is granted by this Department.

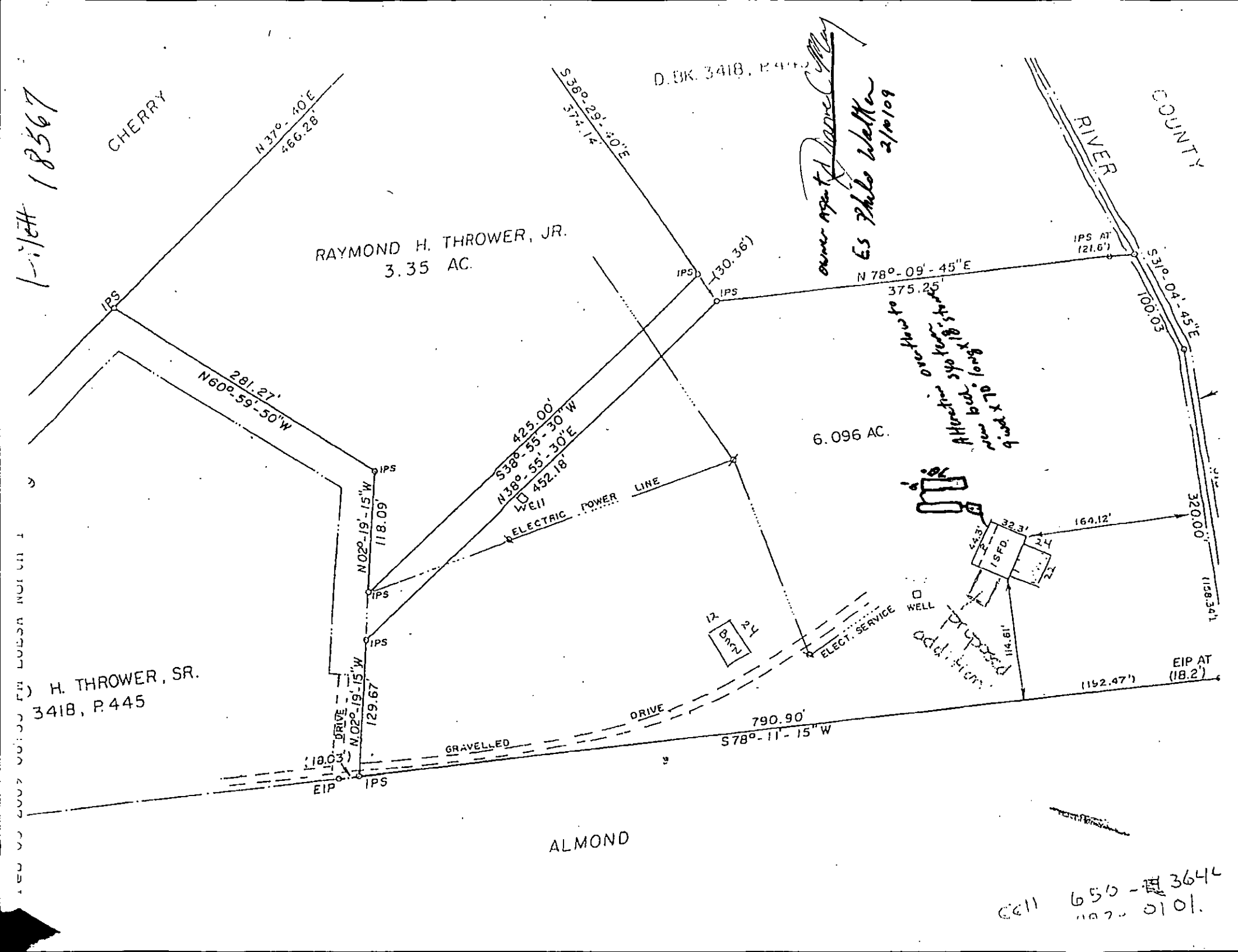
*** This Improvement permit is transferable.

Philo Weller 2/11/09
DENR Authorized Agent Date

Diane C. May 5/11/09
Owner/Agent Signature Date

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE: (704) 336-5103
FAX: (704) 336-6894

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

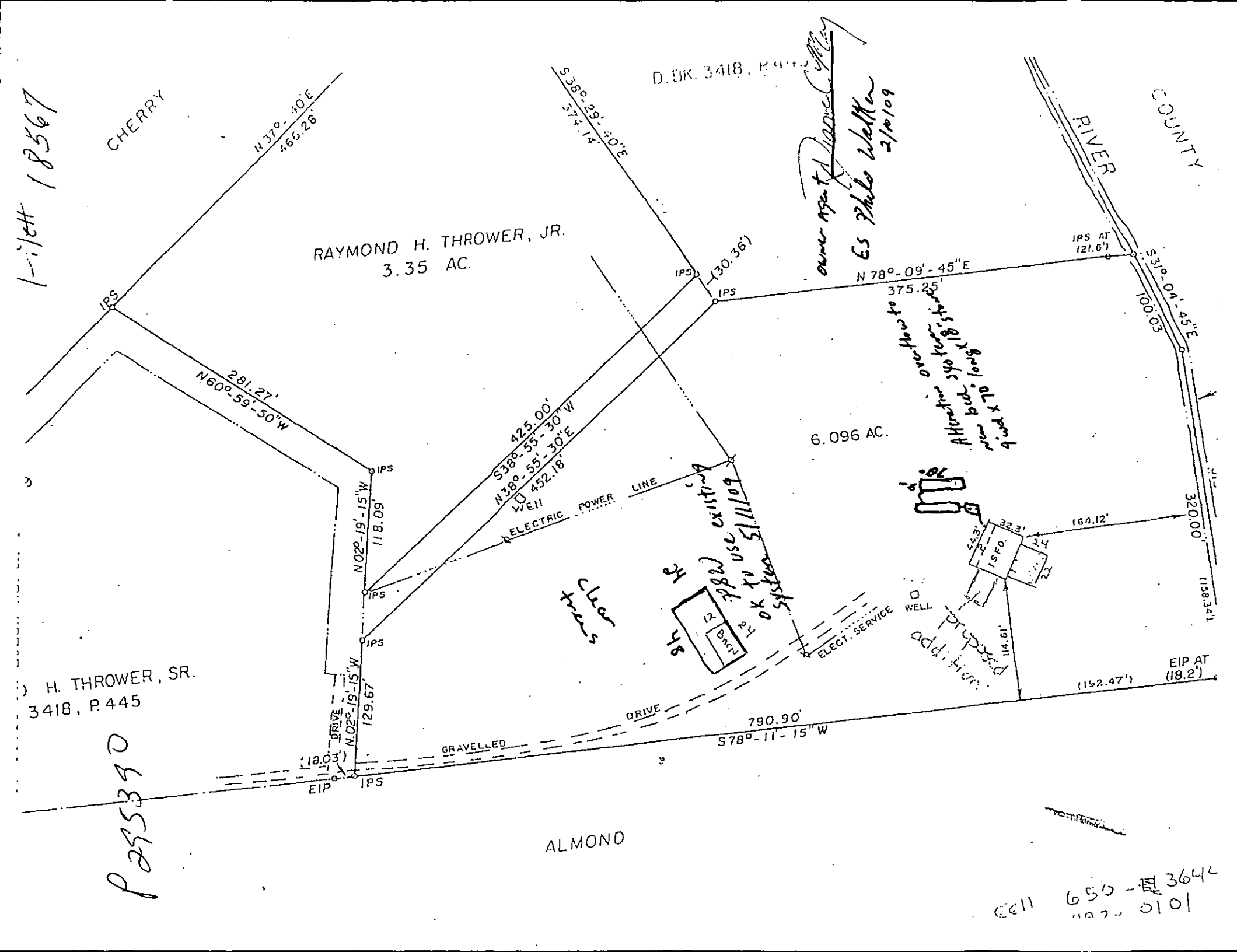


Owner agrees to Phase I
2/10/09

Attention operators
new back step 18" x 48"
new porch 10' x 9' 6"

L/LH 18567

Cell 650 - 虹 3642
1972 - 5101.


CHERRY
N37°-40'E
466.26'
RAYMOND H. THROWER, JR.
3.35 AC.
IPS
281.27'
N60°-59'-50"W
N02°-19'-15"W
118.09'
129.67'
S38°-29'-40"E
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(30.36')
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S38°-55'-30"W
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N 78°-09'-45"E
375.25'
IPS AT
(21.6')
S31°-04'-45"E
100.03'
320.00'
1158.34'
RIVER
COUNTY
owner agent Thrower
ES Thrower 2/10/09
Attached overhang
over back porch
9'x10' and 18'x4'
164.12'
32.3'
54.3'
1SFD
24
22
WELL
ELECT. SERVICE
114.61'
(152.47')
EIP AT
(18.2')
790.90'
S78°-11'-15"W
DRIVE
GRAVELLED
(18.03')
EIP
IPS
H. THROWER, SR.
3418, P.445
ALMOND
clear trees
48
12
Bench
24
proposed addition
1-1/4" 18567
P25340

12400

18567

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Rd. #50 12/13/95 Ck. # 4116 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

Date:

PERSON FILING APPLICATION:

NAME: Thrower (last) Mark (first) D. (mi)

ADDRESS: 18650 Shearer Rd PHONE: 704, 892-1451

CITY: Davidson STATE: NC ZIPCODE: 28036

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 007-231-13

STREET ADDRESS: 18650 Shearer Rd

ZONING:

PROPERTY OWNER:

NAME: Thrower (last) Mark (first) D (mi)

ADDRESS: Same as above PHONE: (__) _____

CITY: STATE: ZIPCODE:

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: LOT SIZE (in acres): 6.09 Acres

TYPE APPLICATION (check one):

[ ] ~~SOIL TEST - INDIVIDUAL LOT (S)~~
[ ] NEW CONSTRUCTION ON VACANT LOT w/ ~~BEDROOMS OR LESS (N)~~
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)

~~[ ] SOIL TEST DEVELOPMENT (P)~~
[X] ADDITION GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Den
~~[ ] MODIFIED/ALTERNATIVE OR REDUCED ~~ BEDROOMS (O)~~
~~[ ] REPAIR TO SYSTEM (R)~~

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3

SYSTEM CLASSIFICATION:

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

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

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

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

Signed: Mark Thrower Date: 12-13-'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.

... No change in total number of bedrooms. Keep proposed addition min 5' from any part of wastewater treatment and disposal system.

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

Susan Patterson 12-19-95
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

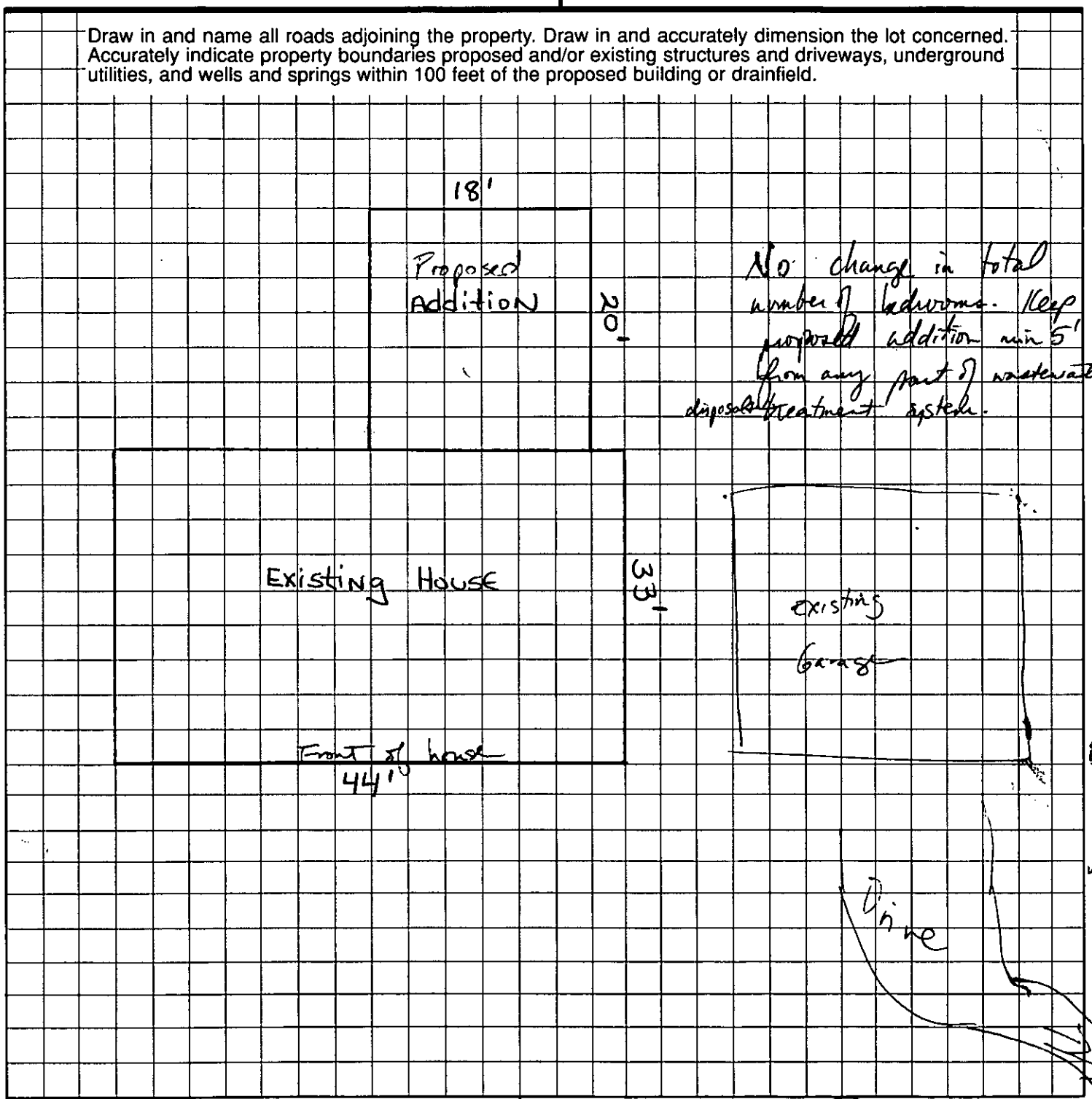
PROPOSED PLOT PLAN

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

FILE: 18567

TC: 007-231-13

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.



Mark Thaxton
OWNER/AGENT SIGNATURE

DATE 12-13-'95

APPROVAL DATE 12-19-95 (BB)

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