

20840 SIERRA VISTA DR

00129121

6/18/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 6613 A DATE: 12/7/94

TC: 001 291 21 ☐ L ☒ CRT

SERIAL Nº 14364

Name of Owner Steven Watts Juris.:

Address of Property 20840 Sierra Vista Dr

Inspection Data:

Tank Material PCC

Total Length of Drainfield 200' PPBPS

Number of Lines 4 @ 50

Cover Depth 4"-6"

Water Supply Source Com well

Distance to Water Source > 10'

Excavation Inspected 12/7/94

Tank(s) Inspected 12/7/94

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1994, 1500 ST, MOD, 200 PPBPS Cecil CTR# R. Abernathy

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 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The 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 10 NCAC 10A .1900 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.

COMMENTS: Septic system designed for 3 bedroom residence
Septic system installed in accordance with approved plot plan
Agreement forms on file. Type III b

Phila A. Walker R.S.
Environmentalist

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

JUDITH A GIBSON REG OF DEEDS MECK NC
BK: 07990 PG: 0200/0203 #:0282 14.00
FILED FOR REGISTRATION 12/02/94 13:10

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM *"UNSUITABLE" TO "PROVISIONALLY SUITABLE"* UNDER 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c)

FILE # 6613A
PARCEL # 001-291-21

The undersigned, AEW, Inc, owner of property located at 20840 Sierra Vista Dr. Davidson, NC (the "site") and described in an instrument recorded in Book _____ at Page _____, 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 his responsibility 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: Steve Watts
Mail after recording to: Char. Meck. Bldg. Standards Dept P.O. Box 31097 Char. NC 28231-1097

- 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.

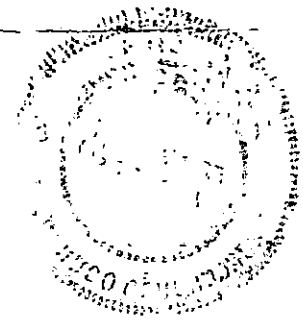
The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

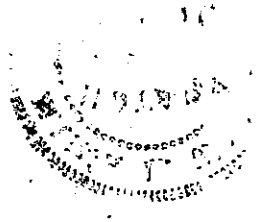
The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

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 2nd day of December, 1994.





AEW, Inc
(Corporate Name)

By: Steven F Watts

President

ATTEST:

P W Woodle

Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

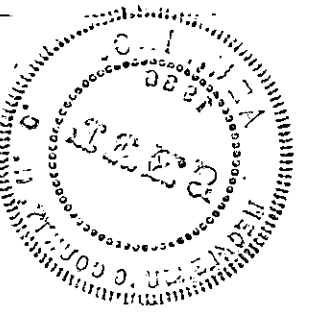
I, MARIE L. WATTS, a Notary Public for said County and State, do hereby certify that STEVEN F. WATTS personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 2nd day of December, 1994.

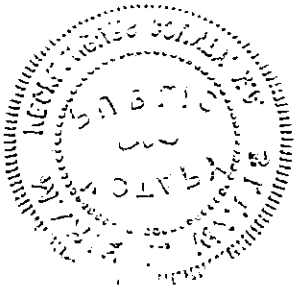
Marie L. Watts
Notary Public

My Commission Expires:
April 12, 1997

RBCWM:2662_1/3-14-94







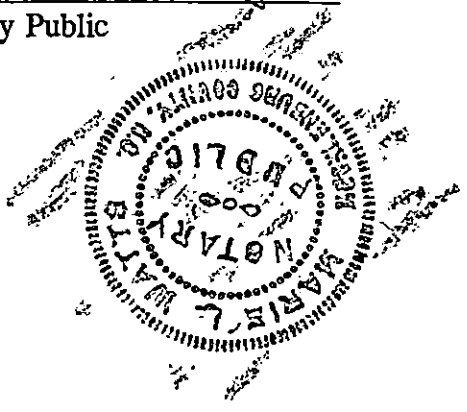
STATE OF NORTH CAROLINA
COUNTY OF Mecklenberg

I, MARIE L WATTS, a Notary Public for said County and State, do hereby certify that Peggy W. Woodie personally came before me this day and acknowledged that he is _____ Secretary of AEA, Inc _____, a North Carolina corporation, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal and attested by _____ as its _____ Secretary.

WITNESS my hand and notarial seal, this 2nd day of December, 1994.

Marie L. Watts
Notary Public

My Commission Expires:
April 12, 1997



State of North Carolina, County of Mecklenburg

The foregoing certificate(s) of Marie L. Watts

Notary(ies) Public is/are certified to be correct.
This 2nd day of December, 19 94
JUDITH A. GIBSON, REGISTER OF DEEDS
By: Joe Marie McRae Deputy Register of Deeds

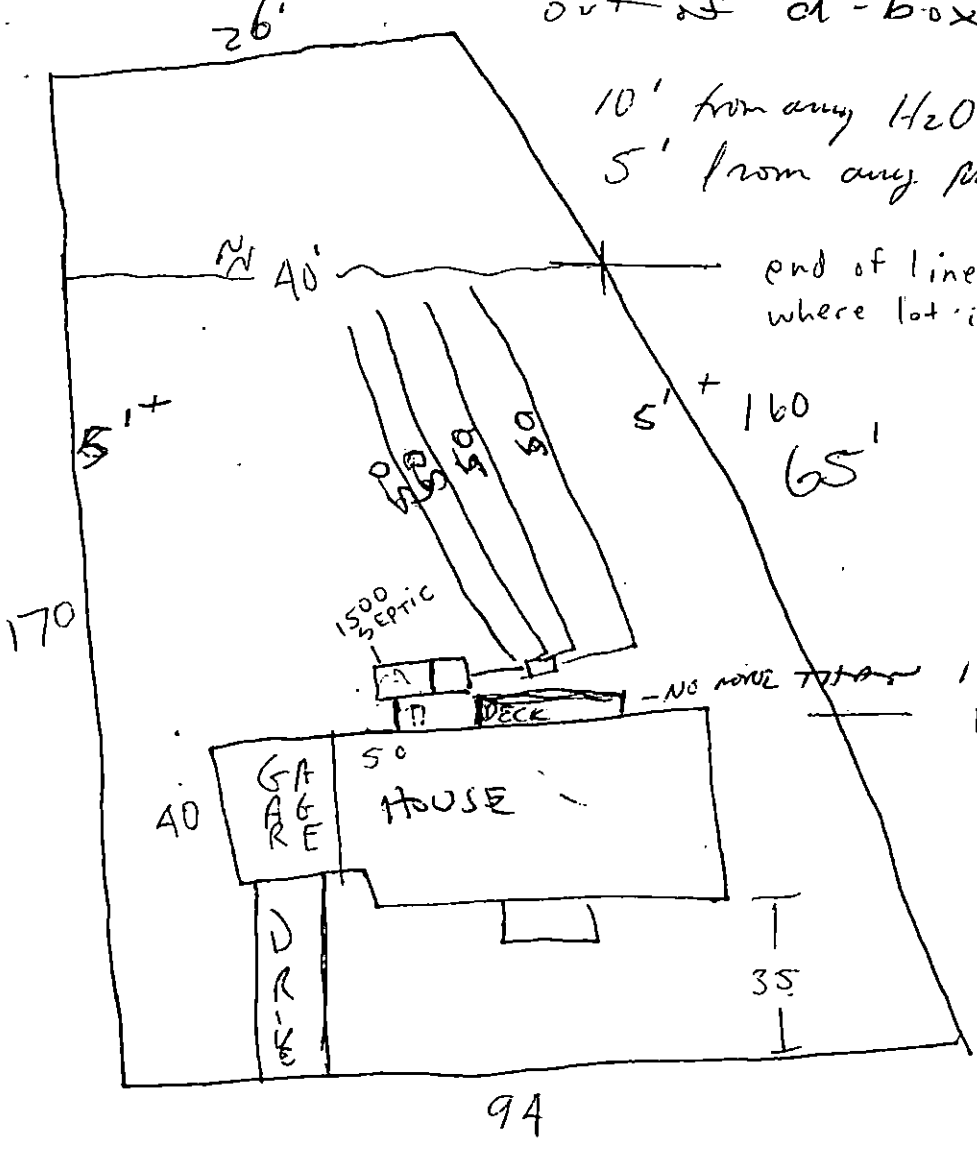
RBCWM:2662_1/3-14-94



RECEIVED
DEC 2 1 1994
CHARLOTTE-MECKLENBURG
BUILDING STANDARDS DEPT.

system will be installed according to manufacturers specs.

1 1500 gc Septic Tank
4 x 50' Trench panel 11 panels each line
Distribution w/ speed levels and schedule 40'
outlet d-box



Steve Watts
20840 Sierra Vista
Cornelius, NC

Richard Abernathy
1397 Brawley School Rd
Mooresville, NC 28115

mail A.F.

PROPOSED PLOT PLAN

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

FILE: 6613A

TC: 001291-2

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.

NO 100% Repair required

1500 SF

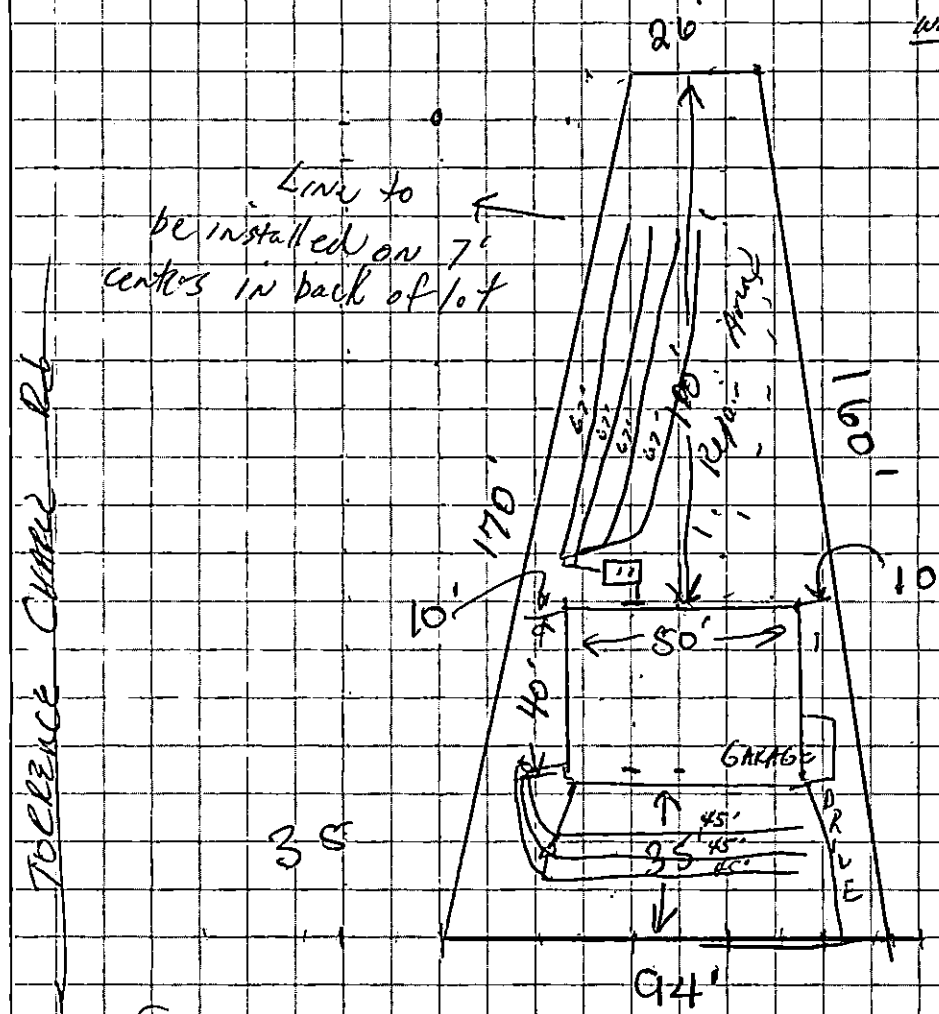
Septic 4 lines x 67' long x 3' wd x 12" stone
270 TLF

Washer 3 lines x 45' long x 3' wd x 12" stone
135 TLF

270SL + 135WL = 405 TLF

Community well
Keep water line 10' from septic system.
100' from back of house to property line
35' from front of house to property line

Line to be installed on 7' centers in back of lot



Stamped Water
5-2-94

APPROVAL DATE PSW 5/2/94

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

JUDITH A GIBSON REG OF DEEDS MECK NC
BK: 07990 PG: 0200/0203 #:0282 14.00
FILED FOR REGISTRATION 12/02/94 13:10

STATE OF NORTH CAROLINA

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The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is his responsibility 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.

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This instrument was prepared by: Steve Watts
Mail after recording to: Char. Meck. Bldg. Standards Dept P.O. Box 31097 Char. NC 28231-1097

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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 2nd day of December, 1994.

AEW, Inc
(Corporate Name)

By: Steven F Watts

President

ATTEST:

P W Woodle

Secretary

(Corporate Seal)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, MARIEL WATTS, a Notary Public for said County and State, do hereby certify that STEVEN F. WATTS personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 2nd day of December, 1994.

Marie L. Watts
Notary Public

My Commission Expires:
APRIL 12, 1997

RBCWM:2662_1/3-14-94

STATE OF NORTH CAROLINA
COUNTY OF Mecklenberg

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WITNESS my hand and notarial seal, this 2nd day of December, 1994.

Marie L. Watts
Notary Public

My Commission Expires:
April 12, 1997



6613A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$200.00 4/26/94 Ck. #4006

☐ 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: PEW, Inc.

NAME: WATTS STEVEN F.
(last) (first) (mi)

ADDRESS: 21548 LAKE POINTE PHONE: DOR 892-8253

CITY: STATE: ZIPCODE:

Date:

PROPERTY OWNER:

NAME: SAME
(last) (first) (mi)

ADDRESS: _____ PHONE: (___) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 00129121

STREET ADDRESS: 20816 SIERRA VISTA PL

DAVIDSON, NC 28040

ZONING: R3

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

☐ SOIL TEST - INDIVIDUAL LOT (D)
☒ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (M)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

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

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

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

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

Signed: Steven Watts Date: 4-28-94

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 100% repair required

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

PSW 5/2/94
Environmentalist Date

Director or Authorized Section Head Date

WATER : 12279

RPBPS plan needed

9-20 Spoke w/ S. Watts explained that change in dense/drive changed what could be done w/ washer line

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

6613A

$120.00 4/26/94 Ck. #4046

COPY

☐ CRT

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

(704)336-5102

PERSON FILING APPLICATION: NEW, ERC

NAME: WATTS STEVEN F
(last) (first) (mi)

ADDRESS: 21548 LAKE POINTE PHONE: DOV 892-8253

CITY: STATE: ZIPCODE:

Date:

PROPERTY OWNER:

NAME: Same
(last) (first) (mi)

ADDRESS: PHONE: ( )

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 00129121

STREET ADDRESS: 20816 SIERRA VISTA DR

DAVIDSON, NC 28036

ZONING: R3

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

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LOT NUMBER: LOT SIZE (in acres):

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☐ 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)

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS:

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):
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☐ Municipal (M) ☐ Other 'spring' (O)
☐ Private Well (P)

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... no ICO to repair required

House on site already

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

PSW 5/2/94
Environmentalist Date

Director or Authorized Section Head Date

9-26 ICE evaluated for panel system-depth ok for planed
DHS got Watts answering machine - left message for him to call back re: would need to know if he would want shallow panel system - also to speak directly to him but wanted to get info on location for the inspection

12279

COUNTY HEALTH DEPARTMENT

...TION REPORT

...UMBER 17689

File: 1113A Action: 1

Parcel: 001-911-21 ☐ PC

Location: Sierra Vista Drive

Subdivision: Bahia Bay

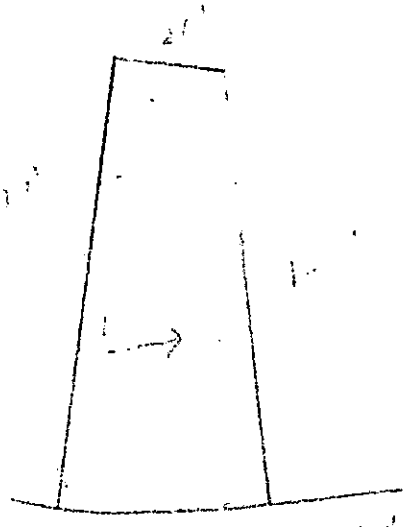
Lot: Block: Acres: .26

Owner: William Davis
Address: Rt. 1
Mt. Ulla, NC 28215

Comments: _____

Described by: [illegible]

Date: 4-3-90



*** 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 2-5%	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 Fair Wet	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U 36"+	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U 72"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS U [illegible]	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	12 Cec. 11.9					
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

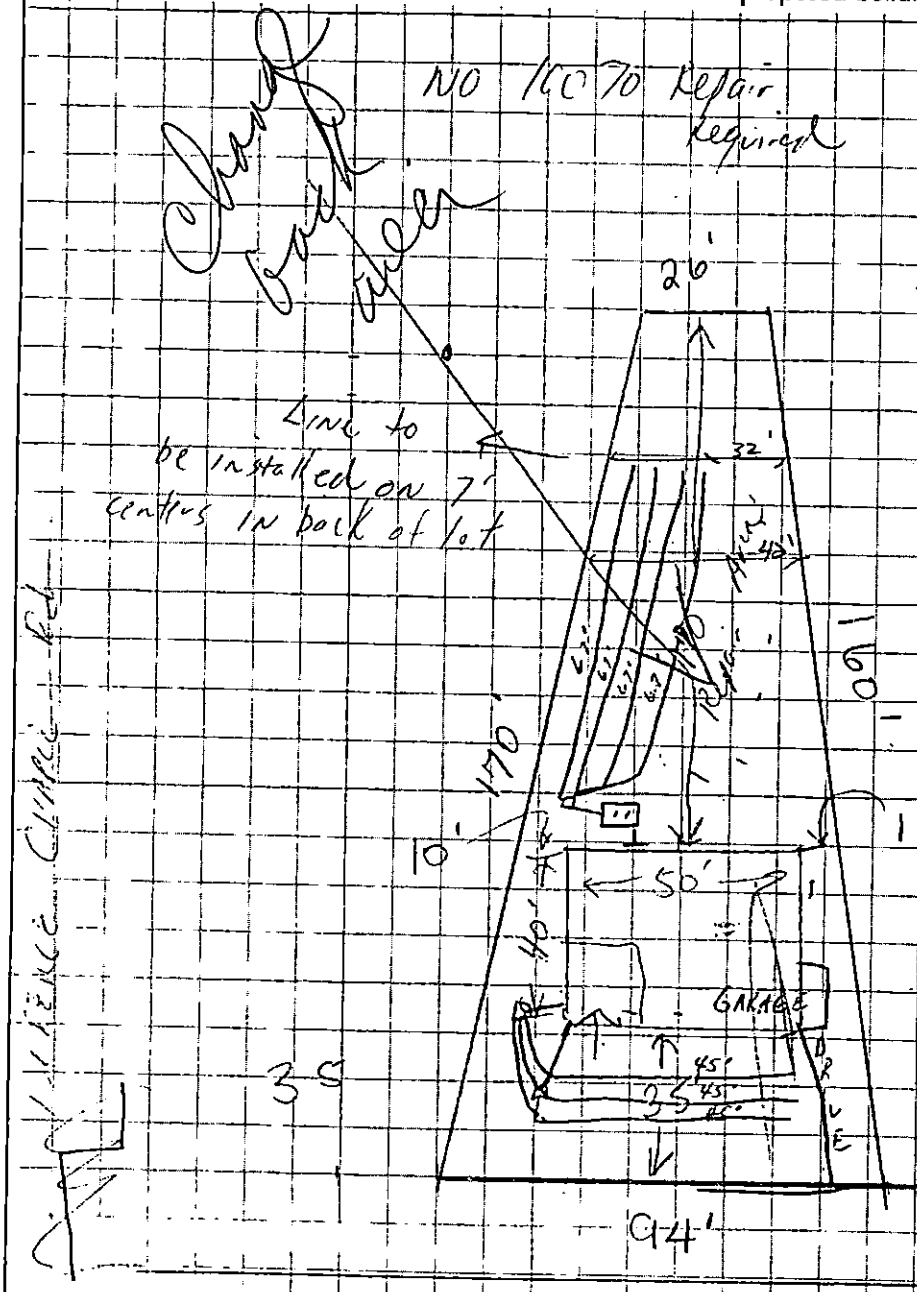
PROPOSED PLOT PLAN

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

FILE: 6613A

TC: 001291-2

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.

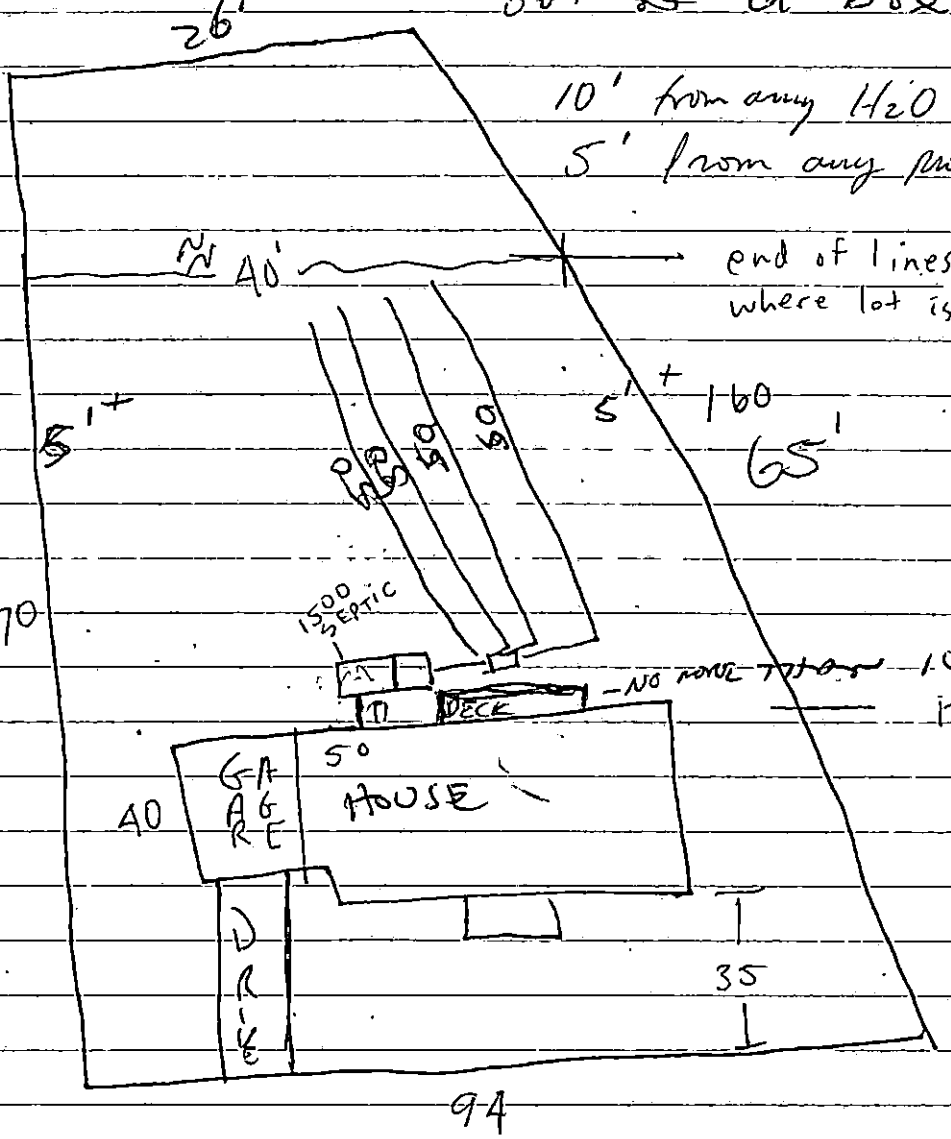


APPROVAL DATE PLW 5/2/94

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

system will be installed according to manufacturers specs.

1 1500 pc Septic Tank
4 x 50' Tnl panel 11 panels each line
Distribution w/ speed levels and schedule 40'
out of d-box



Steve Watts
20840 Sierra Vista
Cornelius, NC

Richard Abernathy
1397 Brawley School Rd
Mooresville NC 28115

mail A.F.

Mecklenburg County
Health Department

December 1, 1994

Steven F. Watts
21548 Lake Point Lane
Davidson, NC 28036

Re: 20840 Sierra Vista Drive
File: 6613A

Dear Mr. Watts:

Receipt of your plans for a modified waste disposal system for the above referenced property is acknowledged.

The plans as submitted are approved with the following comments:

- Water saving plumbing devices and low flush toilets should be installed when constructing the residence.
- Effectively rake and lime all trench sidewalls.
- Landscaping of original system area and the repair area is prohibited. No grading, shaping, or altering in any way.
- The well should be located 100 feet, but in no case less than 50 feet from the sewage system and repair area.

Upon execution and recording of the enclosed "Septic Tank Agreement Form" an improvement permit can be issued by this Department.

If you have any questions concerning this matter please contact me at 336-5575.

Sincerely,

Kelly Randall

Kelly Randall, R.S.

Enclosures

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

Mecklenburg County
Health Department

November 30, 1994

Michael Ward
4500 Perkins Road
Charlotte, NC 28269

Steven F Watts
21548 Lake Point Lane
Davidson NC 28036

Re: ~~4542 Perkins Road~~ 20840 Sierra Vista
File: ~~2295B~~ 6613-A

Dear Mr. ~~Ward~~ WATTS

Receipt of your plans for a modified waste disposal system for the above referenced property is acknowledged.

The plans as submitted are approved with the following comments:

- Water saving plumbing devices and low flush toilets should be installed when constructing the residence.
- Effectively rake and lime all trench sidewalls.
- Landscaping of original system area and the repair area is prohibited. No grading, shaping, or altering in any way.
- The well should be located 100 feet, but in no case less than 50 feet from the sewage system and repair area.

A provision of the improvement permit is for the adjoining well to be properly abandoned. Prior to the issuance of the Operation Permit the well must be abandoned. Please submit proof of abandonment on the Well Abandonment Record (form GW-3C) from the North Carolina Department of Natural Resources and Community Development, Division of Environmental Management.

Upon execution and recording of the enclosed "Septic Tank Agreement Form" an improvement permit can be issued by this Department.

If you have any questions concerning this matter please contact me at 336-5575.

Sincerely,
Kelly Randall

Kelly Randall, R.S.

Enclosures

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

Q 400

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$200.00 4/26/94 #406

CRT

6613A

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

(704)336-5102

PERSON FILING APPLICATION: NEW, Inc.

NAME: WATTS (last) STEVEN (first) F. (mi)

ADDRESS: 21548 LAKE POINTE PHONE: DAY 892-8253

CITY: STATE: ZIPCODE:

Date:

PROPERTY OWNER:

NAME: Same (last) (first) (mi)

ADDRESS: PHONE: (__) __

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 00129121

STREET ADDRESS: ~~2408~~ 16 SIERRA VISTA DR.

DAVIDSON, NC 28040

ZONING: R3

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

SUBDIVISION OR MOBILE HOME PARK NAME:

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)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] 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) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS:

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

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

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

Signed: Steve Watts Date: 4-28-94

NOTICE:

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 by this Department.

...This permit is not transferable.

...

No 100% Repair Required

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

Philip A. Walker 5/2/94
Environmentalist Date

Director or Authorized Section Head Date

WATER : 12279

Mecklenburg County
Health Department

October 10, 1994

Mr. Steven Watts
21548 Lake Point Lane
Davidson, North Carolina 28036

Dear Mr. Watts:

Re: 20840 Sierra Vista Drive
File: 6613A
Tax Parcel: 001-291-21

On May 2, 1994, an improvement permit for a sewage treatment and disposal system was issued for a three bedroom house on the above mentioned property. Mr. Hawkins of Little's Landscaping Company requested a site meeting at this property for the purpose of issuing an installation approval for this system. Unfortunately, at that time it was found that plans for the house and driveway were changed and the system can no longer be installed as permitted.

Due to these changes, this site is now classified as **unsuitable** according to ***Laws and Rules for Sewage Treatment and Disposal Systems 15A NCAC 18A .1900, .1945. available space.***

The unapproved changes made on this property are in violation of ***Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A .1900, General Statutes 130A-335 (f) 130A-336 (b) and 130A-337*** and therefore the improvement permit is no longer valid. A possible way to develop this site includes submittal of a plan for a ***Prefabricated, Permeable Block Panel System (PPBPS).*** Enclosed is a copy of ***Rule .1956 Modifications to Septic Tank Systems pertaining to PPBPS systems.*** Plans would then be reviewed for approval for reinstatement of an Improvement Permit.

You also have the right to an informal review with this Department, you have the right to appeal under ***G.S 130A-24*** through the State Office of Administrative Hearings (OAH), and to have the appeal held in Mecklenburg County.

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

If you have any questions concerning this matter, please contact me at 336-5569.

Sincerely,

Susan M. Bateman, R.S.
Individual Water and Wastewater Systems

cc: William Marlin, Soil Scientist

Enclosure

SB:lw

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

DATE: 4/26/94

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE 6613A JURISDICTION CODE Corn

PARCEL NUMBER 001-291-21

ASSIGNED ADDRESS 20840 Sierra Vista Dr

EXISTING ADDRESS

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

		APPROVED	DISAPPROVED
1.	SUBDIVISION REGULATIONS		*
2.	FLOODWAY REGULATIONS		*
3.	EROSION CONTROL REGULATIONS		*
4.	PUBLIC UTILITY EASEMENT		*

		PRESENT	NOT PRESENT
5.	PUBLIC UTILITY EASEMENT	*	
6.	PROPERTY FRONTS ON THOROUGHFARE	*	
7.	DRIVEWAY PERMIT REQUIRED	*	

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: St home

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: JCN

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

COPY

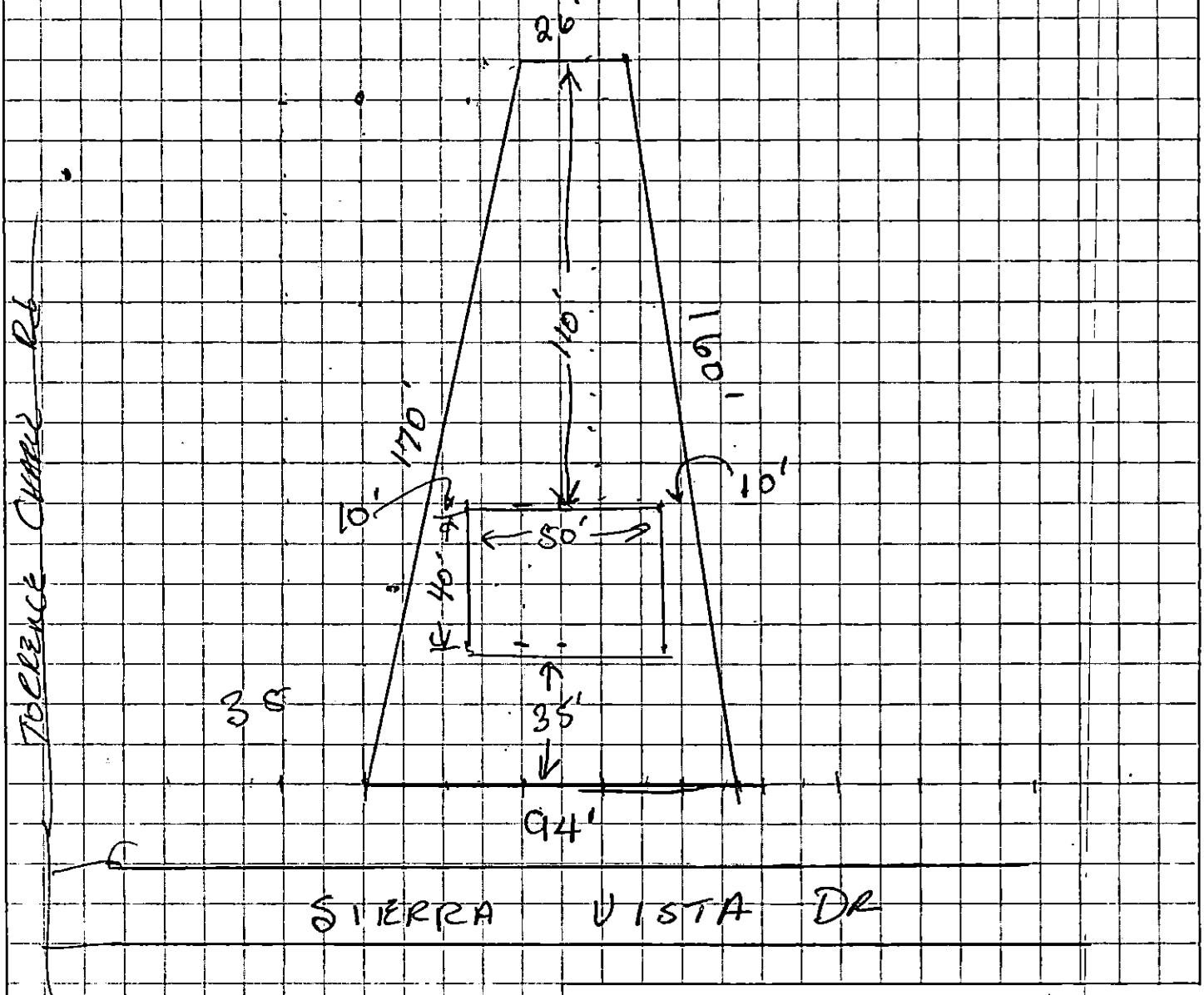
PROPOSED PLOT PLAN

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

FILE: 6613A

TC: 001291-24

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 _____

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17689

File: 6613A Action 1

Parcel: 001-291-21 ☐ PC

Location: Sierra Vista Drive

Subdivision: Bahia Bay

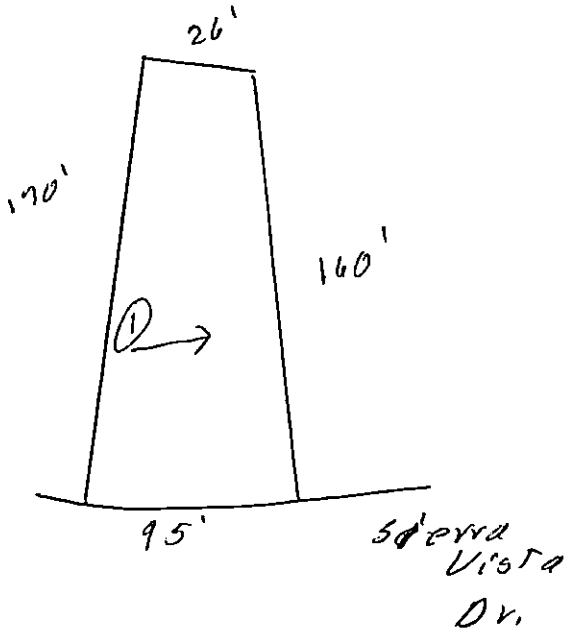
Lot: Block: Acres: .26

Owner: William Davis
Address: Rt. 1
Mt. Ulla, NC 28215

Comments: _____

Described by: William R. Merlin

Date: 4-2-90



***** 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	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"+	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 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	IV Cecil-Lloyd					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

Mecklenburg County
Health Department

April 3rd, 1990

William Davis
Rt. 1
Mt. Ulla, NC 28215

RE: Property located at Sierra Vista Drive
FILE: 6613A
PARCEL: 00129121

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 17689) 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,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

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

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 6613A

TC: 001-291-21

☐ PC ☐ REPT

SELLER

JOB LOCATION

① ADDRESS: Sierra Vista Drive, Davidson, NC Lemley Township

② SUBDIVISION: Bahia Bay ③ LOT: Lot 66 ④ BLOCK: Section 1

⑤ PARCEL REFERENCE: BOOK NO.: 001 PAGE NO.: 29 PARCEL NO.: 21

⑥ DEED REFERENCE: BOOK NO.: 4503 PAGE NO.: 703

OWNER

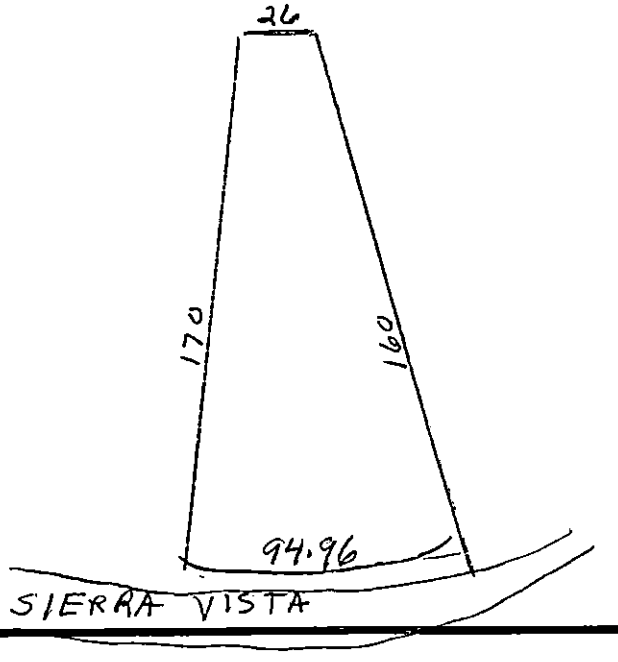
⑦ NAME: William (FIRST) R. (MIDDLE) Davis (LAST)

⑧ MAILING ADDRESS: Rt 1

⑨ CITY: Mt Ulla ⑩ STATE: NC ⑪ ZIP: 28215

⑫ PHONE: (WORK) 933-3638 (HOME) 663-2496

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: Billy R. Davis

Date: 3-22-90

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 3-27-90

Name/Company: Janet NJUS

Sanitation _____

Vector Control _____

O.P.W.D. /

Service: Applt for Soil Investigat

EG 6603A

MECKLENBURG COUNTY
ENVIRONMENTAL HEALTH DIVISION
PAID
MAR 27 1990

Fee: $ 40.00

CK# 129
40.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

LAKE NORMAN REALTY, INC.

HWY. 150 WEST & I-77
ROUTE 8, BOX 409
MOORESVILLE, NC 28115

(704) 663-3655
(704) 892-9673



SARA FOX
REALTOR
RES. (704) 892-7662

Please note that I have enclosed a release statement from the seller of the property that I have listed -

What I want is any correspondence, letter, and information about the results of a soil test that was done after a closing that took place in March 1990. The soil test could have been done in 1990 or 1991. Billy Davis ~~of~~ was my seller; the property sold to Janet Njus, but Ms Njus did not fulfill her obligation and Mr. Davis owns the lot again. There is a builder who is interested in the results of the soil analysis, as well as I.

I am enclosing a self addressed envelope and 5 stamps - which monetarily will cover the cost of copies.

Lot 66, Section 1, Bahia Bay subdivision
Davidson, NC 28036

Billy R. Davis ~~&~~ Owner

Thank you -

Sincerely,

Joyce D. Piper

Joyce D. Piper
Realtor

June 24, 1992

copies
paid on
7/07/92

Just A Note...

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Litho in USA
Smith Lithographic Arts
Form No. 1-2060

June 23/199

To who it may Concern;
I authorize you to release any information about my lot. Bella Bay Lot 66. Section 1. Code Number is 001-29121

Thank you.
Billy R. Davis

Bill Davis Supply Co.
BUILDERS HARDWARE
1905 North Main Street
KANNAPOLIS, N. C. 28081



DATE	DESCRIPTION	FEE	PAYMENT	ADJUST-MENT	BALANCE	PREVIOUS BALANCE	NAME
7/26/94	Insp. Permit (New)	200 00	200 00	-0-	-0-	-0-	K&W. Inc.

This is your RECEIPT for this amount
This is a STATEMENT of your account to date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH OFFICE
700 NORTH TRYON STREET
CHARLOTTE, NORTH CAROLINA 28202
TELEPHONE: (704) 336-5102

0837

20840 Sierra Vista Dr
Ch. # 0606

Thank you