

15815 S J LAWRENCE RD

21908205

6/18/2007

duponbj

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

FEE: 100.00
DATE: 2/25/08
CRT [ ]

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 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 06/07

CKSL ID 3285 FILE #: 6523A

PF 272102 CS

TYPE APPLCATION:

- [x] 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: Wayne Simpson
ADDRESS: 15815 S.S. Lawrence Rd.
CITY: Cha
STATE: NC ZIP: 28273
PHONE: 704-588-2282
ALTERNATE PHONE: 704-599-2525

PROPERTY OWNER:
NAME: Wayne Simpson
ADDRESS: Same
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:

JOB LOCATION INFORMATION
TAX/PARCEL #: 219-082-05
STREET ADDRESS:
CITY:
STATE: NC ZIP:
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 1965

TOWNSHIP:

- [x] 0-MECKLENBURG
- [ ] 1-CHARLOTTE
- [ ] 2-DAVIDSON
- [ ] 3-CORNELIUS
- [ ] 4-PINEVILLE
- [ ] 5-MATTHEWS
- [ ] 6-HUNTERSVILLE
- [ ] 7-MINT HILL

WATER SUPPLY:

- [ ] MUNICIPAL (M)
- [ ] COMMUNITY (C)
- [x] PRIVATE WELL (P)
- [ ] SHARED WELL (S)
- [ ] OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:

- [x] HOUSE (H)
- [ ] MODULAR HOME (M)
- [ ] MULTIPLE FAMILY (U)
- [ ] SINGLE MOBILE HOME (S)
- [ ] DOUBLE WIDE (D)
- [ ] OTHER (O)

OCCUPANCY (both fields are required): DS 2-03-08
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 5

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
- [x] DEN
- [ ] GARAGE
- [ ] SUNROOM
- [ ] PORCH
- [ ] DECK
- [ ] OTHER

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:

- [ ] DETACHED GARAGE
- [ ] DETACHED GARAGE WITH PLUMBING
- [ ] POOL HOUSE
- [ ] SHOP
- [ ] BARN
- [x] 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.

Wayne Simpson — 2-25-08
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

USE EXISTING DENIED

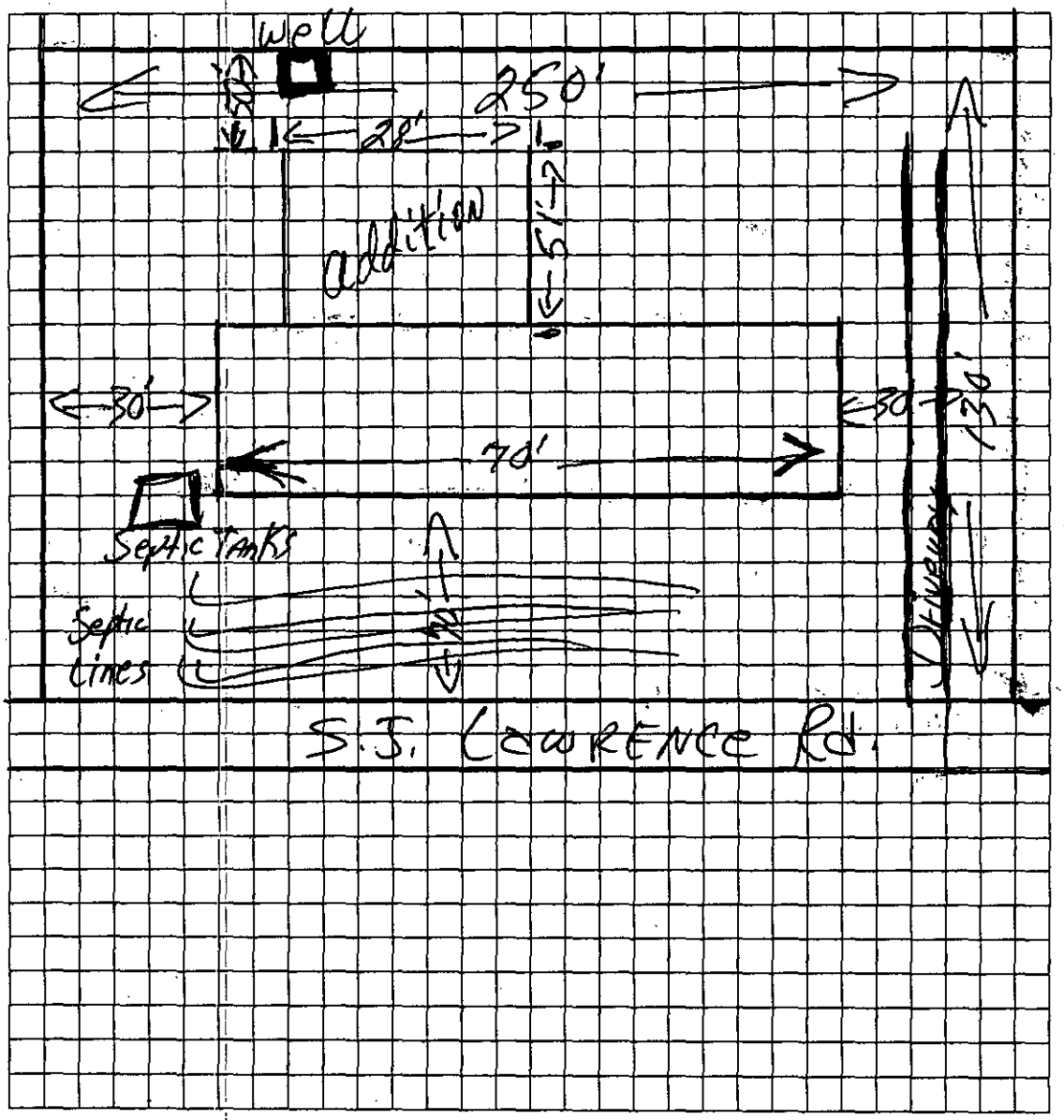
EHS Signature — Date 3/4/08

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File # 65234
Date_____

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature	Wayne Simpson
Date	2-25-08

LBC 12/15/04

MECKLENBURG COUNTY
Land Use & Environmental Services Agency
Groundwater & Wastewater Services

March 4, 2008

Mr. Wayne Simpson
15815 S.J. Lawrence Road
Charlotte, NC 28273

Re: Application for approval to use an existing on-site wastewater treatment & disposal system.
Property Location: 15815 S.J. Lawrence Road
Health Department file number: **6523A**

Dear Property Owner or Owner's Agent:

On March 3, 2008 the Mecklenburg County Health Department, Groundwater & Wastewater Services Section, evaluated the above-referenced property to determine if approval to use an existing on-site wastewater treatment & disposal system could be granted for your proposed project. This evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 and related statutes, Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .1900 and related rules, and the Mecklenburg County Groundwater Well Regulations.

Based on the information provided in the application, dated Febuary 25, 2008, and findings from the site evaluation conducted by our office, your request for approval to use an existing on-site wastewater treatment & disposal system is **not** being granted. This decision is based on the following conditions that were identified during the site visit:

- ☐ The existing on-site wastewater treatment & disposal system was not functioning properly at the time the site evaluation was conducted.
- ☐ The proposed plans do not meet the required setbacks for the on-site wastewater treatment & disposal system serving the property.
- ☒ The proposed plans do not meet the required setbacks for the reserved repair area for an on-site wastewater treatment & disposal system.
- ☐ The proposed plans do not meet the required setbacks for water supply wells.
- ☐ The proposed project will exceed the permitted daily design flow for the existing on-site wastewater treatment & disposal system. System alteration will be required in order to accommodate your proposed project.

If you need any additional information or assistance please contact our office at (704) 336-5103.

Sincerely,

Chris Sherrill, R.S., L.S.S.
Environmental Specialist

Encl: (1) Application

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 6523A WASPS App #: 3285

Primary ES assigned to project: CS

Secondary ES assigned to project: _____

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

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: 2			
	Were sufficient auger borings made?	Yes ☑	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR .3	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:
USE EXISTING FOR 70'x27' ADDITION. REMOVING WALLS IN EXISTING HOUSE. ~~[illegible]~~ ADDITION ENCROACHES ON REPAIR AREA DESIGNATED. USE EXISTING DENIED.

IA issued date: ___

OP issued date: ___

Review performed by: Christopher M Clem Date performed: 3/4/08

Mecklenburg County
Health Department

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

June 30, 2000

Mrs. Danette Simpson
15815 S.J. Lawrence Road
Charlotte, NC 28217

Dear Mrs. Simpson:

Please find the copies from your file #6523A. The Health Department Operation Permit is released.

Again, on behalf of the county, please accept my apology for the misunderstanding regarding your permit application. I appreciate your help in identifying problems with our process and detailing your experience and observations with the customer counters. Your input is valuable towards improving customer service.

I hope it is not necessary, however I encourage you to contact me directly should you have any problem in the future with our quality of service. My office number is 336.5565 or you can email me at Daniesd@co.mecklenburg.nc.us.

Sincerely,

Sylvia D. Daniel, R.S., MPA
Program Manager

Cc: Bobby Cobb

Enclosures

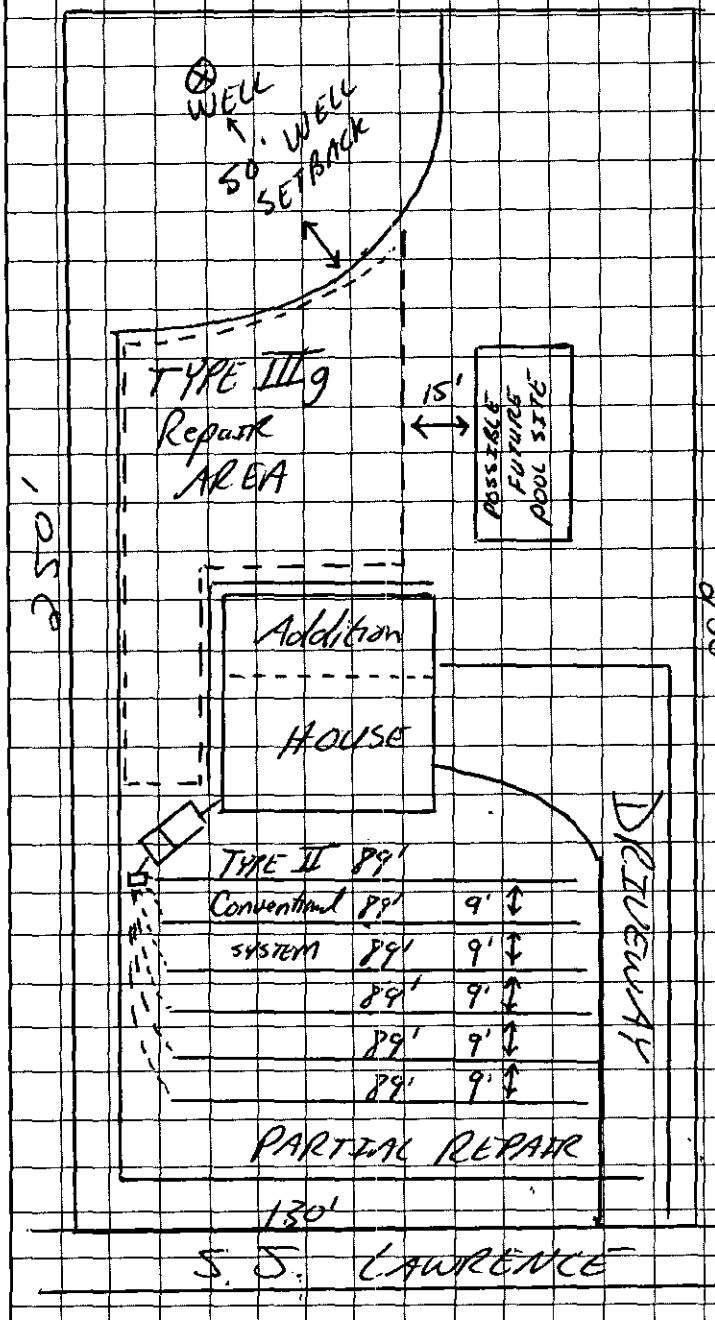
PROPOSED PLOT PLAN

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

FILE: 6523-A

TC: 219-082-05

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.



Construction Authorization update
5/18/00
- Approved for four Bedroom house
- Repair Area Type III b
innovative system
- Changed repair area to allow for possible future pool
- will need to apply for a pool permit

VOID

Wayne & Danette Simpson
OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE 2/10/97 → Update 5/18/00 sam

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

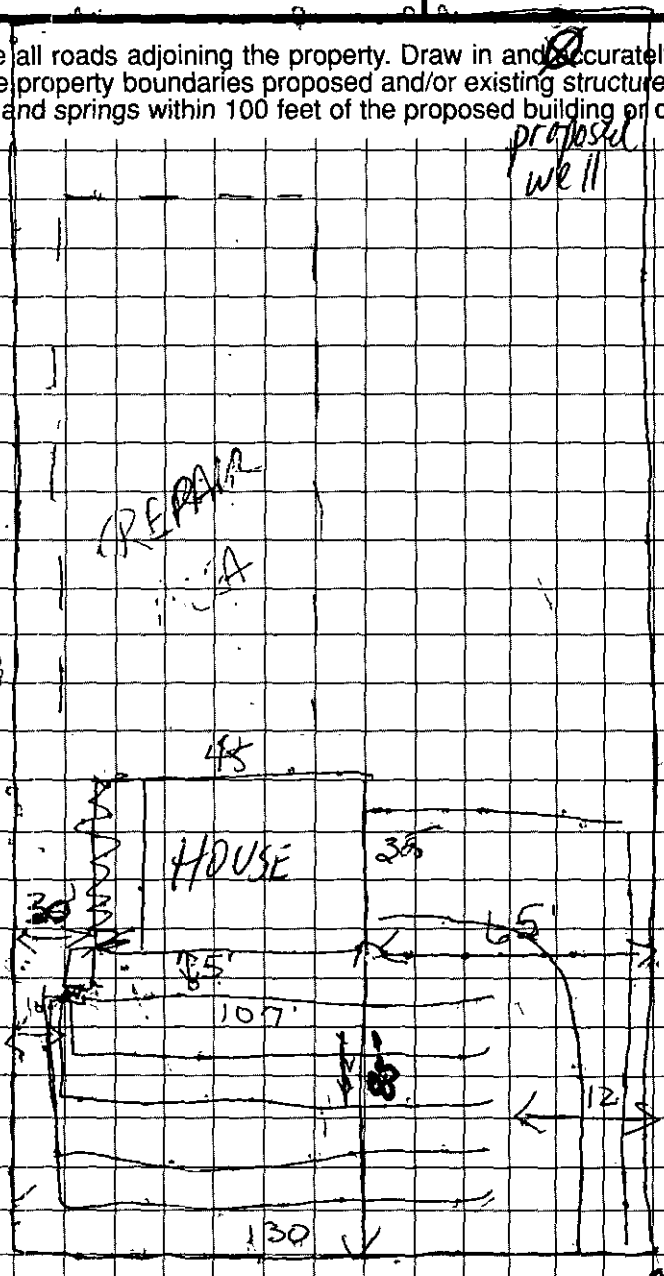
PROPOSED PLOT PLAN

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

FILE: 6523 A

TC: 24-082-05

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.



Comments:

1. 1500 SEPTIC TANK
2. 5 LINES @ 3' X 107' X 12"
3. 24" TO BOTTOM OF TRENCH
4. WELL SHALL BE INSTALLED A MINIMUM OF 50' TO ANY PART OF SEPTIC SYSTEM.

CONSTRUCTION Authorization Update 3/30/99
alterations to Existing IP
House 70' from front right house corner to front property line
Driveway to hug the right property line

9/8/99
Property owner request 85' setback from the front right house corner to the front property line.
Approved PSW 9/8/99

Wayne R Simpson
OWNER/AGENT SIGNATURE

DATE 2/10/97

APPROVAL DATE 2/10/97

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

CK# 36119

FEE: $100.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 9/21/99 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 3/30/99 PERMIT NO: 6523A

PARCEL NO: 219 082 05

JOB LOCATION ADDRESS: 15815 S.S. Lawrence Road

PROPERTY OWNER: Barry Westbrook (Pros owner Wayne & Dianne Simpson)

BUILDING CONTRACTOR: —

SUBDIVISION NAME: —

AUTHORIZATION ISSUED BY: Philip S. Walker DATE: 3/30/99

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 6523A, 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: See plot plan update

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.

× E. D. Stephens (Crouch Bros. Inc.) 9-21-99

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 6523A

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 219-08205

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	✓ No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I (II) III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ✓ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

3 Long-term acceptance rate	480 Max gallons/day wastewater flow	1600 Absorption Area (sq ft)	9 Trench spacing (min. on centers)
WA Serviced by private well	1500 Gallon septic tank	533 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
4 Bedrooms in residence	___ Gallon pump tank	12' Depth of stone	

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

Site modifications required:

Additional Conditions: PERMIT VALID FOR 5 years.

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

___ Absorption Area (Sq ft) ___ Total Trench Length (Ft)	___ Depth of Stone Trench	___ Trench spacing (min. on centers)	___ 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.

DEHNR Authorized Agent — Date: 2-10-97

Owner/Agent Signature — Date: 2-10-97

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 214
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

FEE: 180.00 Cash

DATE: 1/29/97 gc

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

#1

[ ] 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 #: 6523A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 219-082-05

STREET ADDRESS: 15815 S.J. Lawrence Road.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 5

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1600 S.F.

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 5

FOUNDATION FOR RESIDENCE: SLAB

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

CLOSING DATE 1-30-97

Lot rechecked 2-3-97
Use existing report.
W.A. Hall

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

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

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
✓ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

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

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

PROPERTY OWNER:

NAME: WESTBROOK (LAST) BARRY (FIRST) EDMOND (MI)

ADDRESS: 11156 NATIONS DR.

CITY: CHARLOTTE STATE: N.C. ZIP: 28217

DAYTIME PHONE: ( ) 704 -527-7321

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: SIMPSON WAYNE + DIANNE (LAST) (FIRST) (MI)

DAYTIME PHONE: 704 525-1235

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: Barry E. Westbrook DATE: 1-22-97

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

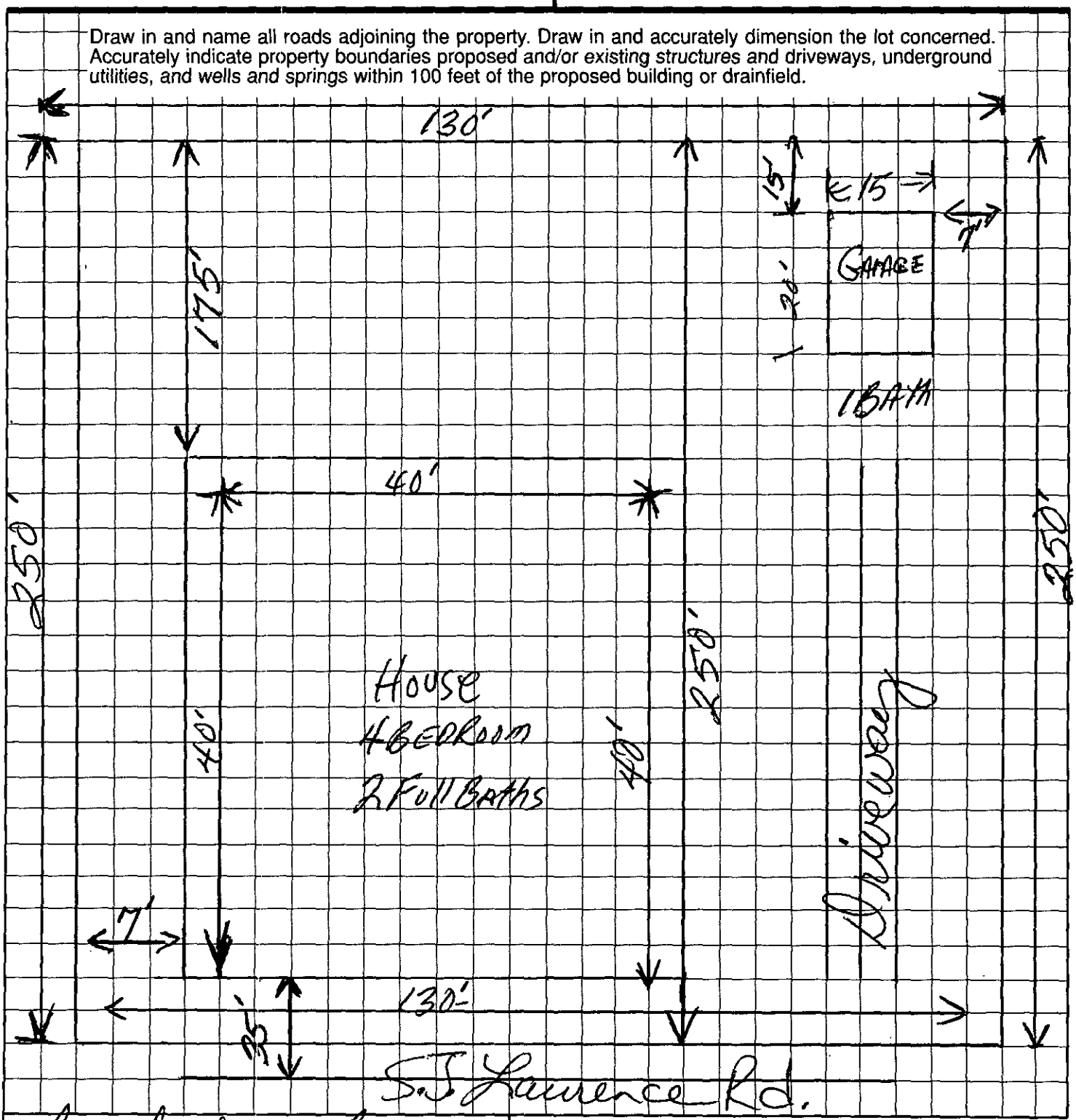
PROPOSED PLOT PLAN

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

FILE: 6523 A

TC: 219-082-05

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.



Barry D. Washburn
OWNER/AGENT SIGNATURE

DATE 9-29-97

APPROVAL DATE _____

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

DATE		FEE	PAYMENT	ADJUSTMENT	BALANCE	✓	PREVIOUS BALANCE	NAME	SOURCE CODE	LEDGER NUMBER		1	2	4	SER	6 CASH	DEPOSIT LISTINGS REFERENCE	7 CHECK AMOUNT
								◆ IF USING MORE THAN ONE PAGE TODAY ◆ PLACE PRECEDING PAGE TOTALS ON THIS LINE											
9/15/99	AXS Solstice	100 00	100 00	0	0		0	Linda Phenix	3723	13171	1	835 Little Creek Rd			gc		751	100 00
9/21	WAS - Addition	100 00	100 00	0	0		0	Pamela Arthur		13172	2	9710 Happy Valley Dr			gc			100 00
9/16/99	AXS- addition	100 00	100 00	0	0		0	Michael Welch	3723	13173	3	2435 Juniper Dr			gc		Counter	100 00
9/16/99	Foot to Foot	100 00	100 00	0	0		0	Frank Bradshaw	3721	13174	4	15815 53 Terrace Rd			gc		3611 9	100 00
9/16/99	New Equipment	200 00	200 00	0	0		0	Jacqueline Hunt	3720	13175	5	7216 Buckland Rd			gc		1178	200 00
											6							
											7							
											8							
											9							
											10							
											11							
											12							
											13							
											14							
											15							
											16							
											17							
											18							
											19							
											20							
											21							
											22							
											23							
											24							
											25							
											26							
											27							

PAGE TOTALS

TODAY'S GRAND TOTALS

PREVIOUS DAY M-T-D TOTALS

MONTH-TO-DATE TOTALS

Carry totals to top of next page if more than one page is used per day

SAFEGUARD AMBASSADOR LINE®

IF THE TOTAL ADJUSTMENT AMOUNT IS BRACKETED ( ), ADD THIS AMOUNT RATHER THAN SUBTRACT.

TODAY'S PROOF OF POSTING		RECEIPTS PROOF	
Column E Total	$	Column 5 (Cr. Card)	$
+ Column A Total	$	+ Column 6 (Cash)	$
− Column B Total	$	+ Column 7 (Checks)	$
− Column C Total	$	= Column B (Paym't)	$
= Column D Total	$		

SYSTEM QUESTIONS?
CALL YOUR SAFEGUARD DISTRIBUTOR

DAY SHEET
RECORD OF CHARGES AND PAYMENTS

Safeguard

Form No. AJHC-2-2

	DEPOSIT LISTINGS REFERENCE	7 CHECK AMOUNT
PAGE TOTALS		
TODAY'S GRAND TOTALS		
PREVIOUS DAY M-T-D TOTALS		
MONTH-TO-DATE TOTALS		

(USE DS-M2 DEPOSIT SLIP)

DAILY ACCOUNTS RECEIVABLE CONTROL

Total A/R Balance (Previous Day)	
+ Today's Total Fees (Col. A)	
Today's Total Payments (Col. B)	
− Today's Total Adjust (Col. C)	
= Today's Total A/R Balance	

THIS TOTAL A/R BALANCE SHOULD EQUAL THE TOTAL LEDGER CARD BALANCES OF TODAY'S ACTIVITY.

MONTH-TO-DATE PR ACCOUNTS RECEI

* Total A/R Balance From Beginning of Month	
Month-To-Date + Fees (Col. F)	
Month-To-Date − Payments (Col. G)	
Month-To-Date − Adjustments (Col. H)	
= Today's Total A/R Balance	

THIS TOTAL A/R BALANCE SHOULD EQUAL THE TOTAL LEDGER CARD BALANCES OF TODAY'S ACTIVITY.

* THIS FIGURE REMAINS CONSTANT SAME FIGURE THROUGHOUT

CHANGE FUND CO

Beginning Cash on Hand	
+ Payments Rec'd From Patients	
+ Other Income	
− Cash Paid Out	
− Deposits	
= Ending Cash on Hand	

CASH PAID O

DESCRIPTION

OTHER INCOM

DESCRIPTION

BANK DEPOSI

Total Check	
+ Total Cash	
+ Total Credit Card	
− Cash Paid Out	
= Total Deposit	

TOTAL DEPOSIT A
SHOULD BE RECONCILED
BANK STATEMENT AND M.
TOTAL PAYMENTS COLUM
PAID OUT, PLUS OTHER IN

Safeguard Business Systems, Inc. 1989

REORDER FROM YOUR LOCAL SAFEGUARD DISTRIBUTOR. IF THE NUMBER HAS BEEN MISPLACED CALL 1-800-523-2422

DAY Jan | DATE 9/21 19 99 | PAGE NO.

6523A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

CR H-2832

5/19/95 #150

☐ 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: Christine H. Owens (last) (first) (mi)

ADDRESS: 12901 Meadow Ca. Ln. #207 PHONE: (704) 542-7331

CITY: Pineville STATE: NC ZIPCODE: 28134

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 219-082-05

STREET ADDRESS: 15815 St Lawrence Pl

ZONING:

PROPERTY OWNER:

NAME: Christine H. Owens (last) (first) (mi)

ADDRESS: same PHONE: (___) ___

CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

☐ 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)
☐ 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: 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)
☒ 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: Christine H. Owens Date: 5/9/95

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.

...

☐ 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

WATER : 12279

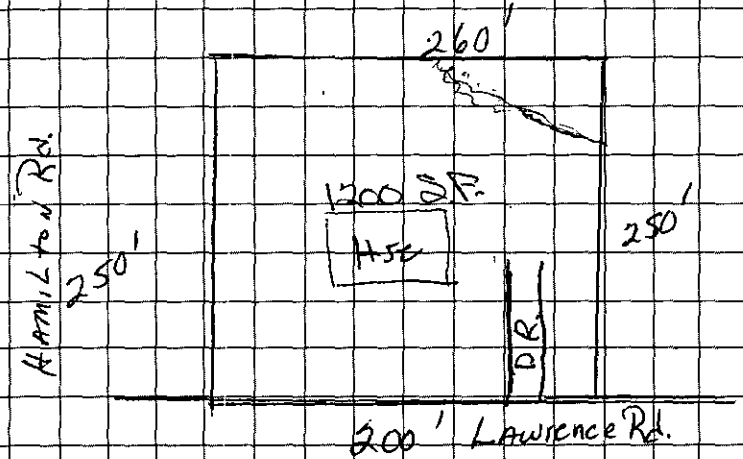
PROPOSED PLOT PLAN

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

FILE: 65 23A

TC: 219-082-05

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 5/9/95

OWNER/AGENT SIGNATURE

DATE 5/9/95

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

Subject to Approval - Property closing on 1/31/97

TRANSFER OF OWNERSHIP

Permit #: 6523A
Job Location Information:
Tax Parcel #: 219-082-05
Street Address: 15815 S. J. Lawrence Rd

An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change or if information submitted in this application is falsified or changed.

Property Owner Improvement Permit Originally Issued to:

Name: WESTBROOK (last) Barry (first) E. (mi) Date Issued: _____

Address: 1156 NATIONS DR.
City: CHARLOTTE State: N.C. Zip: 28217
Daytime Phone: (704) 527-7321

IMPROVEMENT PERMIT TRANSFERRED TO:

Name: SIMPSON (last) WAYNE (first) D. & WIFE DANETTE A. SIMPSON (mi)

Address: 754 Winston Place
City: Charlotte State: NC Zip: 28209
Daytime Phone: ( ) ___-____ 525-1235

The undersigned, owner or legal agent for the owner, of the property described as the "job location" in the original application dated _____ has read the foregoing application and Improvement Permit, 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: _____ Date: _____

IMPROVEMENT PERMIT TRANSFERRED TO:

Name: _____ (last) (first) (mi)

Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: ( ) ___-____

The undersigned, owner or legal agent for the owner, of the property described as the "job location" in the original application dated _____ has read the foregoing application and Improvement Permit, 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: _____ Date: _____

Mecklenburg County
Health Department

March 2nd, 1990

Francis M. Adams, Jr.
660 NW 6 Ct.
Boca Raton, FL 33432

RE: Property located at Lawerence Rd.
FILE: 6523A
PARCEL: 21908205

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 17631) 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

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028587

File: 6523 A 2540 Action 1

Parcel: 219-082-05 ☐ PC

Location: 15815 S. J. Lawrence Rd

Subdivision:

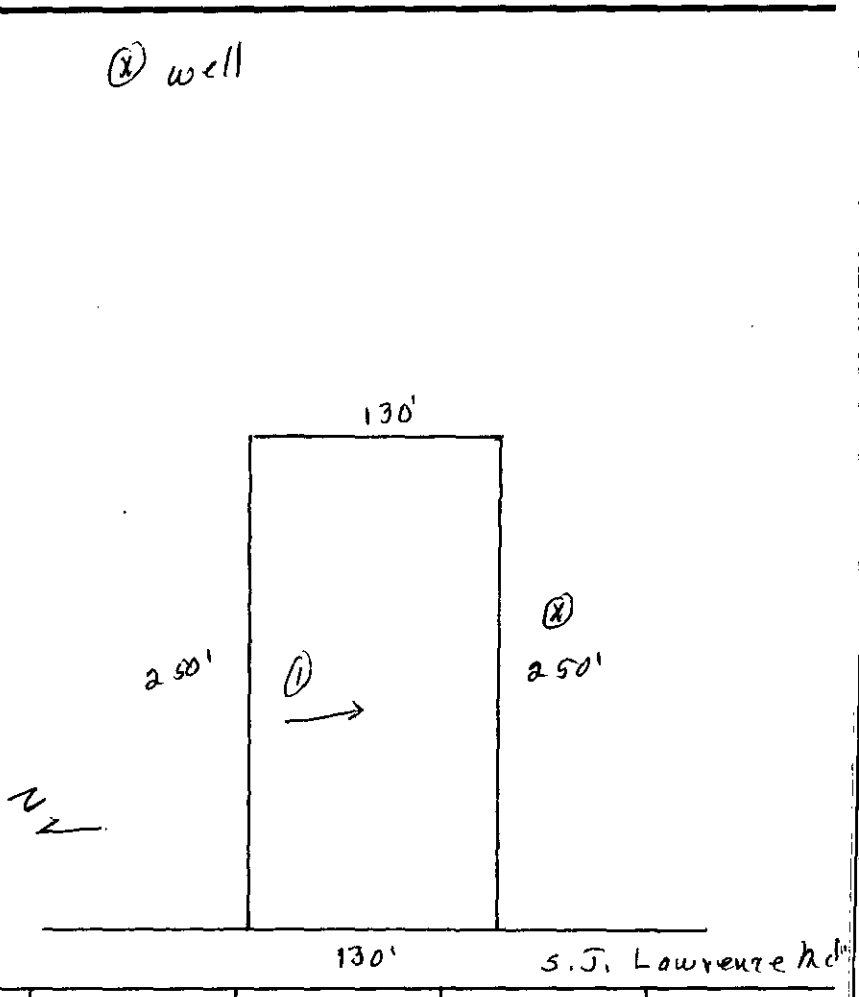
Lot: Block: Acres: .75

Owner: Christine H. Owens #207
Address: 12901 Meadow Cr. Lane
Pineville, N.C. 28134

Comments: .3gal/ft/day LTAR not sure if well repair is required.

Described by: William A. Marks

Date: 5-19-95



***** 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 2-96	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Slightly Expansive 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 45" To soil/water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 45" ll	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 45" ll	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	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	Cecil-like IV					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17631

File: 65231A Action 1

Parcel: 219-082-05 ☐ PC

Location: Lawrence Road

Subdivision:

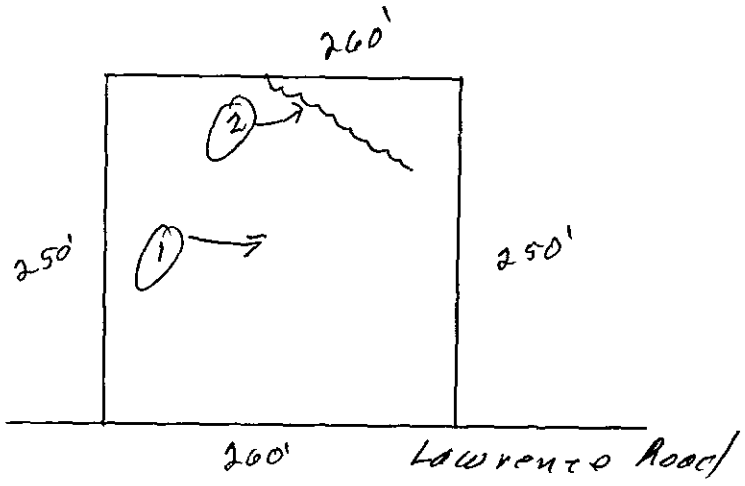
Lot: Block: Acres: 1.5

Owner: Francis Adams
Address: 660 NW 6 Ct.
Boca Raton, Florida 33432

Comments: _____

Described by: William R. Marsh

Date: 3-1-90



***** 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 2-6%	S PS (U) Terrace	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	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	Terrace				
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)

FILE: 6523A

TC: 219-082-05

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: Lawrence Rd

② SUBDIVISION: _____ ③ LOT: 48 & 49 ④ BLOCK: _____

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

⑥ DEED REFERENCE: BOOK NO.: 3743 PAGE NO.: 268

OWNER

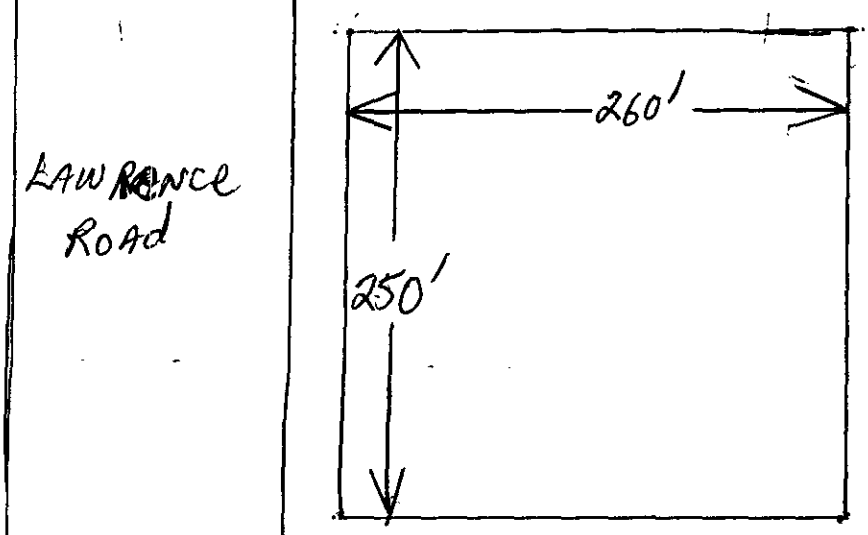
⑦ NAME: FRANCIS (FIRST) M (MIDDLE) Adams (JR) (LAST)

⑧ MAILING ADDRESS: 660 NW 6 CT

⑨ CITY: Boca Raton ⑩ STATE: Fla ⑪ ZIP: 33432

⑫ PHONE: (WORK) (305) 480-4318 (HOME) (407) 391-1253

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: Francis M Adams Jr

Date: Feb 23, 1990

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