

7416 CAPRI DR

01518413

6/27/2007

duponbj

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

N. C. DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

INSPECTION OF ENGINEERED SUBSURFACE SEWAGE SYSTEM

Mecklenburg — Health Department

7301A — Permit/Project No.

7330 Capri Drive — Location

Residence — Name of Establishment / Type of Establishment

360 — Design Flow

J.E. Barnette, 7330 Capri Dr. Huntersville, NC 28078 — Owner/Agent / Address

N/A — Phone

Operator — Address — Phone

Remarks: III b

	Yes	No	REMARKS
1. ESTABLISHMENT:			
Type, size, and sewage flow in accordance with permit?	☑	☐	
2. COLLECTION SYSTEM:			
No evidence of leaks into or out from sewer lines/manholes?	☐	☐	
Free of blockages/solids buildup in lines or manholes?	☐	☐	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):			
Tank risers accessible and surface water diverted?	☑	☐	
Tanks and access manholes structurally sound, watertight?	☑	☐	
Sanitary tee(s) in good working condition?	☐	☐	
Tanks pumped, cleaned out as needed?	☐	☐	Recommended pumping septic tank
4. RAW SEWAGE LIFT STATION (If Present):			
Required pumps present, operating, and cycling properly?	☐	☐	
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☐	☐	
PUMP SYSTEMS:			
Required pumps present, operating, and cycling properly?	☑	☑	
High-water alarm present and operating properly?	☑	☑	
Floats/pipe/valves/disconnects in good working condition?	☑	☑	
Control panel enclosure/components in good condition?	☑	☐	
Elapsed time readings: ____ ____ ____ ____			
SIPHON SYSTEMS:			
No evidence of overflow or siphon leakage?	☐	☐	
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	
6. GROUND ABSORPTION FIELDS:			
No evidence of effluent surfacing/reaching surface waters?	☑	☐	
Minimal ponding in subsurface trenches?	☑	☐	
Surface water being effectively diverted away?	☑	☐	
Diversions/ditches/swales/tile drains properly maintained?	☑	☐	
Line cover/vegetation adequate/maintained as needed?	☑	☐	
Protected from traffic, destructive uses?	☑	☐	
Distribution devices in good condition, working properly?	☑	☐	
Repair area properly reserved, maintained?	☑	☐	
LOW-PRESSURE PIPE DRAIN FIELDS:			
Turnups/cleanouts/valves intact and accessible?	☐	☐	
No effluent standing in lower laterals?	☐	☐	
Laterals free of excess solids, cleaned out as needed?	☐	☐	
Pressure head is properly adjusted?	☐	☐	

OVERALL CONDITION AND OPERATION OF SYSTEM: Looks good

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)

DATE: 5-3-99 SIGNED: Larry L. Thompson Jr. L.S. AGENT
Division of Environmental Health

DEHNR 3702 (Revised 9/91)
Environmental Health Services Section (Review 9/95)

SUMMARY OF IMPROVEMENTS NEEDED (*Continued*)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

This is to notify you of intent to suspend/revoke (*circle one*) your operation permit/certificate of completion (*circle one*) 60 days from this date for the following violations:

_____
[Law or Rule(s)]

If suspended, the operation permit or certificate of completion remains suspended until violations are corrected. A hearing will be held prior to suspension or revocation if you file a petition for a hearing with the Office of Administrative Hearings, P. O. Drawer 27447, Raleigh, NC 27611-7447, in writing within the number of days specified above of your intent to attend the hearing. If you do not petition the Office of Administrative Hearings, the operation permit or certificate of completion will be suspended or revoked.

IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

This is to notify you of immediate suspension/revocation (*circle one*) of your operation permit/certificate of completion (*circle one*) for the following violations: _____
[Law or Rule(s)]

If suspended, the permit or certificate remains suspended until the violations are corrected. You will be notified of the day and location of a hearing on this suspension or revocation by a hearing officer from the Office of Administrative Hearings.

This the _____ day of _____, 19 ____

_____ Agent
DIVISION OF ENVIRONMENTAL HEALTH

INSTRUCTIONS

Purpose: Article 11 of Chapter 130A requires the Commission for Health Services to adopt rules governing the design, construction, and operation of sanitary sewage systems. 15A NCAC 18A .1937 specifies that the local health department shall determine whether systems with an Operation Permit are operating properly at a frequency specified in Rule .1961, Table V(a), and that systems which exceed 3,000 gallons per day and other systems which are required to be designed by a professional engineer shall be reinspected annually. This form is developed to be used in making inspections of engineered subsurface sewage systems.

Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for:

1. Original to be left with the responsible person.
2. Copy for the local health department.
3. Copy for the Environmental Health Services Section, Division of Environmental Health.

In the event the permit is suspended or revoked, complete the portion above.

Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the *Records Disposition Schedule* published by the N. C. Division of Archives and History.

Additional forms may be ordered from: Environmental Health Services Section
Division of Environmental Health
P. O. Box 27687
Raleigh, NC 27611-7687
(Courier 52-01-00)

D15-184-13

Mecklenburg County Public Health Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

IIIb

Microbiological Analyses

Owner, System or Establishment: J.E. Barnette

Address: 7416 Capri Dr.

Huntersville Zip: 28078

Collected By: L. Thompson

Date Collected: 5-3-99 Time: 1:15 AM (PM)

Sample Source: outside tap

Date Delvd. to Lab: 5-3-99 Time: 4:00 AM (PM)

Delivered By: LBT ☒ Received on Ice Initials LBT

Type of Sample

Potable Water

☒ Individual Well ☐ Non-Community

☐ Community ☐ City

☐ Other (specify)

Treatment ☐ chlorinated ☒ nonchlorinated

☒ Initial Sample ☐ Recheck (chlorinated)

☐ Recheck (nonchlorinated)

☐ Other (specify) _____

Nonpotable Water

☐ Surface

☐ Storm ☐ Other (specify) _____

Analysis Requested: ☒ Total Coliform ☒ Fecal Coliform ☐ Fecal Strep ☐ Enterococcus

☐ Sulfate Reducing Bacteria ☐ Pseudomonas aeruginosa

☐ Other (specify) _____

11/98

☐ Food Analysis (specify) _____

Comments: _____

Laboratory Analysis Report

Method: _____ Membrane Filter ✓ Colilert _____ Multiple Tube Fermentation

Total Coliform Absent /100 ml.

Fecal Coliform Absent /100 ml.

Fecal Strep _____ /100 ml.

Enterococcus _____ /100 ml.

Non-Coliform _____ /100 ml.

Plate Count _____ /gm. or ml.

Coliform Count _____ /gm. or ml.

Pseudomonas aeruginosa _____ /100 ml.

Laboratory Comments:

Date Received: 5-3-99 Date Reported: 5-4-99

Received By: hw Analyst: hw Lab #: 246

Laboratory Identification #: 37518 DEHNR Division of Laboratory Services
#: 449 DEM

L 1.14 1/92
Rev. 10/96
4319

White - Lab Report Copy Yellow - Lab File copy

MAINTENANCE INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

J.E, & Carrie L. Barnette
7330 Capri Drive
Huntersville, NC 28078

Please Make Check Payable To:

Mecklenburg County Health Department
700 N. Tryon Street, Ste 211
Charlotte, NC 28202

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File #	# Bedroom	System Type
J.E. & Carrie L. Barnette	7416 Capri Drive	015-184-13	7301A	3	IIIB

Total Amount Due: $85.00

Please use the space below, to make any corrections to property information.

Name J E Barnette

Site Address 7330 ~~7416~~ Capri Dr
Huntersville NC 28078

Bedrooms 2

RECEIVED
$85.00
CK# 1695
4/27/99

BILL INFORMATION

Billing Date	Payment Due Date
4/19/99	5/19/99

5-3-99
OSV
Took H_2O
Septic looks good

Direct Questions Concerning This Bill To ..... (704) 336-5102

☐ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
Your Canceled Check Is Your Receipt

DO NOT SEND CASH

Mecklenburg County
Health Department

April 19, 1999

J. E. and Carrie L. Barnette
7330 Capri Drive
Huntersville, NC 28078

RE: 7416 Capri Drive

Dear Mr. and Mrs. Barnette:

This letter is being sent to all home/business owners in Mecklenburg County with septic tank systems that utilize pumps. In 1990 the North Carolina Administrative Code governing septic tank systems was amended to require routine maintenance and inspection of certain septic tank systems. Research conducted on septic tank systems has shown that properly maintained systems perform better and protect the home/business owner's investment. These State rule changes required local health departments to perform additional inspections without additional resources. During the 1998-99 budget hearings, the Mecklenburg County Board of County Commissioners (BOCC) approved user fees to offset costs and to allow the local health department to comply with mandatory enforcement requirements in the State regulations.

Since you have a pump system, these new rules and fee requirements affect you. The fee is $85.00 and is due upon receipt of this notice. We will visit your property and make assessments and recommendations for the continued efficient operation of your septic tank system. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The process, including fee assessment, will be repeated every five (5) years. The fee amount may change in the future.

We are excited about the interest and support demonstrated by the BOCC. Past performance in this area was more enforcement oriented rather than supportive. One of our goals is to establish our department as a resource to you to aid and assist you with this and related public health concerns. The inspection program and the water analysis are important to the health of you and your family. This is a very important initiative intended to protect the public's health while improving and preserving our groundwater resources.

Your prompt fee payment will activate our inspection process. Your comments and questions regarding this matter are encouraged and welcomed.

Sincerely,

Larry B. Thompson, Jr., R.S.

Larry B. Thompson, Jr., R.S., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure

cc: Fiscal Services Manager, HMHCS

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7301-A DATE: 11/7/91

TC: 015-184-13 ☑ L ☑ CRT

SERIAL Nº 13929

Name of Owner Johnny Barnette Juris.:

Address of Property 7416 Capri Dr.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 5 @ 80

Cover Depth 12"

Water Supply Source P/well

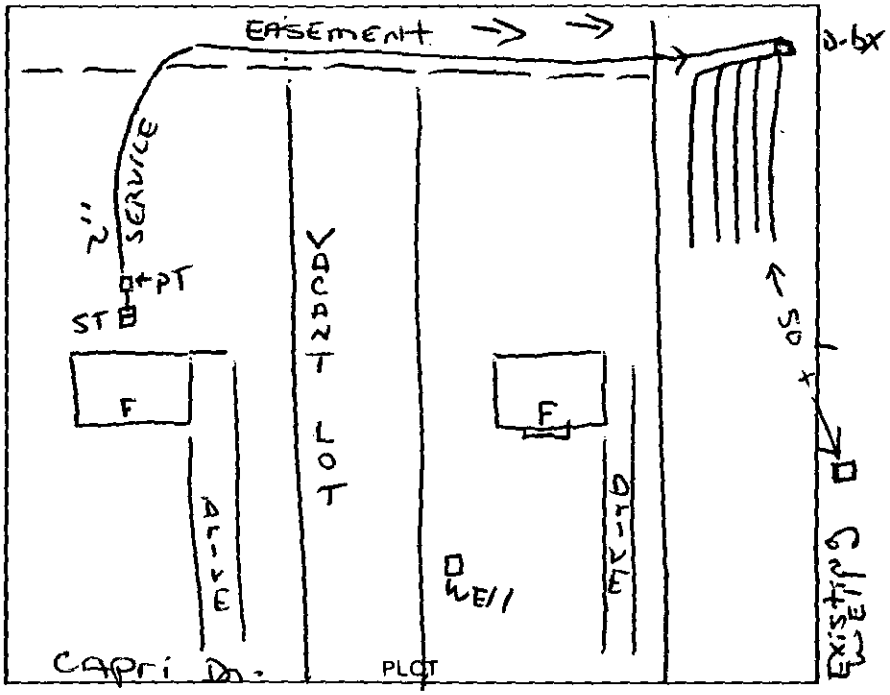
Distance to Water Source >50'

Excavation Inspected Y

Tank(s) Inspected Y, Y

Wash Line Inspected —

High Water Alarm Inspected installed



Design: 1500 ST, 1000 PT, P1, CON. 1200 SFT, 12"g, CECIL like ECTR# 80

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: (5) 3'x80'x12"g. Liberty 1/4 hrs. pump-
3 bedrm. System.

Tim Whittaker, R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

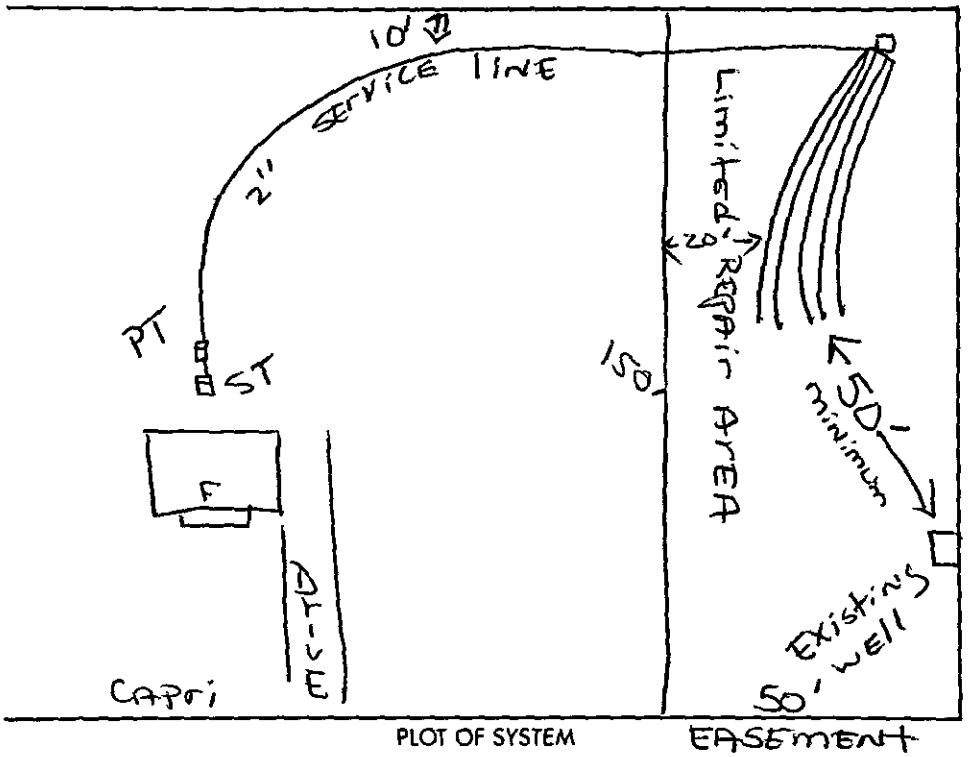
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7301-A DATE: 10/31/91

TC: 015-184-13 ☑ L

SERIAL Nº 13712

Permission is hereby given to ✓ (Install) or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 9/3/91. All work shall be completed on or before 12/1/91, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



Liquid Capacity of Septic Tank 1,500 gallons

Liquid Capacity of Dosing Tank 1,000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 400' feet

Number of Lines 5

Depth of Stone 12" inches

Distance from House 10' feet

Distance from Property Line 10' feet

Distance from Well >50' feet

#80

NAME OF OWNER Johnny Barnette

LOCATION OF PROPERTY 7416 Capri Dr.

Comments: 3 bedrm. (5) 3'x 80' x 12" g. s.

Division or Section Head

Tim Whittaker, R.S.
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

Johnny Elmore Barnette
JOHNNY ELMORE BARNETTE, Grantor

Carrie Louise Barnette
CARRIE LOUISE BARNETTE, Grantor

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Cledies Bethea, a Notary Public of the County and State aforesaid, certify that JOHNNY ELMORE BARNETTE and CARRIE LOUISE BARNETTE, Grantors, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official seal this 30 day of AUGUST, 1991.

(SEAL)

Cledies Bethea
Notary Public

My Commission Expires March 27, 1995
My Commission Expires: _____

This instrument was prepared by: Ronald H. Davis, Attorney at Law

Mail after recording to: Elmore Barnette
7330 Capri Drive
Huntersville, North Carolina 28078

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

SEPTIC TANK DRAIN FIELD EASEMENT AGREEMENT

This Easement made this 30th day of August, 1991, by and between

GRANTOR	GRANTEE
JOHNNY ELMORE BARNETTE and wife, CARRIE LOUISE BARNETTE	JOHNNY ELMORE BARNETTE and wife, CARRIE LOUISE BARNETTE 7330 Capri Drive Huntersville, N. C. 28078

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that Grantors, for a valuable consideration paid by Grantees, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto Grantees an easement as hereinafter described to be appurtenant with and to run with the land, upon those certain lots or parcels of land owned by Grantors located in the Town of Huntersville, Huntersville Township, Mecklenburg County, North Carolina, and being more particularly described as follows:

Mecklenburg Tax Parcels Nos.:

015-184-14; 015-184-12; part of 015-184-09 as shown on a page of the County Tax Map attached hereto as EXHIBIT A, being also described as Lots 10, 11, 12 and 13 in Block D of NORMAN WOODS as shown on a map thereof recorded in Map Book 9 at Page 571 in the Mecklenburg County Public Registry.

See plat attached hereto as EXHIBIT B and the parcel shown thereon identified with Grantors' name for the legal description of Grantors' parcel and of the Septic Tank Drain Field Easement Area located thereon, said parcel labeled thereon and hereinafter referred to as the "Easement Parcel."

Grantors hereby impose said easement for the benefit of Grantees as the present owner and for the benefit of future owners of the following lot or parcel of land, situated in the Town of Huntersville, Huntersville Township, Mecklenburg County, North Carolina and more particularly described as follows:

Mecklenburg Tax Parcel No.: 015-184-14, as shown on a page of the County Tax Map attached hereto as EXHIBIT A
Lot 14 & 15, Block D of NORMAN WOODS recorded in Map Book 9 at Page 571 in the Mecklenburg County Public Registry.

See plat attached hereto as EXHIBIT B and the parcel identified with Grantees' name for the legal description of Grantees' parcel, said parcel labeled thereon and hereinafter referred to as the "Benefitted Parcel."

Said easement shall enable Grantees to place, if, as and when needed, such need to be determined by Grantees in their sold discretion, a septic tank and drain field or portions thereof, upon the Septic Tank Drain Field EAsement Area on the Easement Parcel and to inspect, maintain, repair and replace the components of said septic tank and drain field at anytime and from time to time. If the Easement Area also includes a connector strip for ingress and egress, Grantees shall have the right to use said connector strip for access as needed. This Easement shall automatically expire should Grantees ever hook up the structure located or to be located on the Benefitted Parcel to a public or community sanitary sewage system, but shall otherwise be perpetual.

Grantors acknowledge that the Septic Tank Drain Field Easement Area cannot be used and will not be used for any of the following activities or in any of the following ways:

___ Grading or filling
___ Parking or driving heavy equipment in the area or in any other way compacting the soil from the Area
___ Excavating soil from the Area
___ Placing footings or foundations or engaging in any other construction activity in the area
___ Placing in-ground or above-ground swimming pools in the Area
___ Placing irrigation systems in the Area
___ Placing underground utility lines or cables in the Area
___ Planting trees or gardens in the Area
___ Removing any large trees in the Area unless dead or diseased
___ Using the area for the burial of stumps, trash, or any other type of construction material
___ Using the Area for gravesites
___ Diverting the natural flow of water onto the Area by way of drainage ditches or diversion ditches or using the Area to receive water from any gutter or downspout discharges

IN WITNESS WHEREOF, Grantors and Grantees have hereunto set their hands and seals, or if corporate, have caused this instrument to be signed in their corporate names by their duly authorized officers and their seals to be hereunto affixed by authority of their Boards of Directors, the day and year first above written.

#200

APPLICATION FOR AN IMPROVEMENT PERMIT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr 2nd Floor
700 N. Tryon Street
Charlotte, NC 28202

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

(OFFICE USE ONLY)
FILE: 7301A/1597A
TC: _____
SERIAL: № 0019722
☑ L ☑ CRT

JOB LOCATION

① ADDRESS: [redacted] 7416 CAPRI DR (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: MECK ④ TAX PARCEL NO.: 015-184-13
⑤ SUBDIVISION: NORMANWOODS ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Johnny (FIRST) ELMORE (MIDDLE) Barnette (LAST)
⑨ MAILING ADDRESS: 7330 CAPRI Dr
⑩ CITY: Huntersville ⑪ STATE: NC ⑫ ZIP: 28078
⑬ PHONE: (WORK) 332-5027 ⑭ (HOME) 875-2519

REQUEST

This request is for a(n):

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

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 ㉕ Type? _____
㉓ Maximum occupancy? 3 ㉖ Maximum number of employees? _____
㉔ Basement? ☐ yes ☒ no ㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

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

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

Signed: J G Barnette
Date: 9-3-91

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

... No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by this Department.

... This permit is not transferable, and shall become null and void 60 months from the date of issuance.

Kelly Rawl, 9-6-91
Environmentalist Date

[signature], 9-6-91
Director or Authorized Section Head Date

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 9-3-91

Name/Company: Johnny E. Barnette

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Imp. Permit File 7301A/1597A
7614 Capri Dr

OK 9/3/91 BY

Fee: $200.00

NOTICE:

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

Harriet Boot — Completed by

E. Johnstone — Collected by

#200

APPLICATION FOR AN IMPROVEMENT PERMIT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr 2nd Floor
700 N. Tryon Street
Charlotte, NC 28202

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

(OFFICE USE ONLY)
FILE: 730A/1597A
TC: _____
SERIAL: № 0019722
☑ L ☐ CRT

JOB LOCATION

① ADDRESS: ~~7416~~ 7416 CAPRI DR (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: MECK ④ TAX PARCEL NO.: 015-184-13
⑤ SUBDIVISION: NORMANWOODS ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Johnny (FIRST) ELMORE (MIDDLE) BARNETTE (LAST)
⑨ MAILING ADDRESS: 7330 CAPRI DR
⑩ CITY: HUNTERSVILLE ⑪ STATE: NC ⑫ ZIP: 28078
⑬ PHONE: (WORK) 332-5027 ⑭ (HOME) 875-2519

REQUEST

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㉒ Number of bedrooms? 3 ㉕ Type? _____
㉓ Maximum occupancy? 3 ㉖ Maximum number of employees? _____
㉔ Basement? ☐ yes ☒ no ㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

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

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

Signed: [signature]
Date: 9-3-91

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

... No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by this Department.

... This permit is not transferable, and shall become null and void 60 months from the date of issuance.

[signature], 9-6-91
Environmentalist — Date

[signature], 9-6-91
Director or Authorized Section Head — Date

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

INSTRUCTIONS

PLEASE PRINT OR TYPE ALL REQUESTED INFORMATION

ITEM(S) ....INSTRUCTIONS

① .....Indicate location of property for which the request is being made. Give **street number** and street or road name. If you do not know the street number, you must contact the Mecklenburg County Engineering Department to have one assigned.

② .....If a soil investigation has been run, copy the file number from the report. This may appear as SIR, ICAR(S) or APT numbers on older reports.

③ .....Indicate the jurisdiction in which the property is located. The jurisdiction is assigned by County Engineering.

④ .....Indicate the tax account or parcel number for the property (example 000-000-00). If the property is comprised of a portion of a large tract, precede the parcel number with the letters "PO."

⑤-⑦ .....Indicate the subdivision name and the lot and block numbers in the subdivision if applicable.

⑧-⑭ .....Indicate, in the requested format, the information as it pertains to the person to whom the permit should be issued.

⑮-⑱ .....Indicate the purpose of the request by placing an "X" in the appropriate box.

⑲-㉑ .....Indicate the type structure the system will serve by placing an "X" in the appropriate box.

- Residence means a single or multi-family dwelling (duplex, apartment, hotel, motel) or any other place where people reside.
- Mobile home means a trailer used as a residence that is designed without a permanent foundation and is capable of being moved to another location.
- Business or place of public assembly means non-residential use of buildings such as manufacturing, office space, warehousing operations, place of amusement or recreation, church, fairground, stadium, campground or any other place where people work or assemble.

㉒-㉔ .....If the system will serve a residence or a mobile home, indicate the number of bedrooms, the maximum occupancy of the residence and whether or not the structure will have a basement. When calculating the number of bedrooms include all rooms which are intended to be used as bedrooms or might later be furnished or converted to bedroom use and any additional bedrooms to be constructed in the future.

㉕-㉗ .....If the system will serve a business, indicate the type business, the maximum number of employees and the maximum number of seats to be provided. Include in these figures projections for future expansions.

㉘ .....Indicate the type water supply by placing an "X" in the appropriate box.

- Individual well means a well located on the lot, serving a building occupied by only one family or one business establishment and will not be a public place, a place of public gathering, or business which processes or manufactures any product which is used as, or is used in a food product.
- Municipal system means a water supply furnished by a city, county, town or other governmental authority.
- Community well means a privately owned water system originating from a well source.
- Community system means a privately owned water system originating from a source other than a well.

㉙ .....Once you have completed the application, read the certification statement in the lower, left hand corner. The statement must be signed, dated, and returned to the Department along with a Proposed Plot Plan and a copy of the Engineering Address Record prior to the issuance of any permits. **IN ORDER FOR YOU TO RECEIVE A COPY OF THE COMPLETED PERMIT FOR CONSTRUCTION, ALL COPIES OF THIS FORM MUST BE RETURNED TO THE ADDRESS LISTED ON THE FRONT OF THE APPLICATION.**

DATE 8/14/91

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION MECK

015-184-13
PARCEL NUMBER

7416 CAPRI DR.
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

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

REMARKS: MOVE ON PERMIT

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

ALL OTHER FORMS OBSOLETE

[X] NEW ADDRESS

SIGNED: B. McCorico

REVISED 1/91

Mecklenburg County
Health Department

February 28th, 1991

Johnny E. Barnette
7330 Capri Drive
Huntersville, NC 28078

RE: Property located at Capri Drive 14/15/16
FILE: 7301A
PARCEL: 01518413&08

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 17017) is enclosed.

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

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

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

Very truly yours,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure (2)

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17017

File: 7301A Action 2

Parcel: 015-184-13, 04 ☒ PC

Location: Capri Dr.

Subdivision: Norman Woods

Lot: Block: 14, 15, 16 Acres: .51

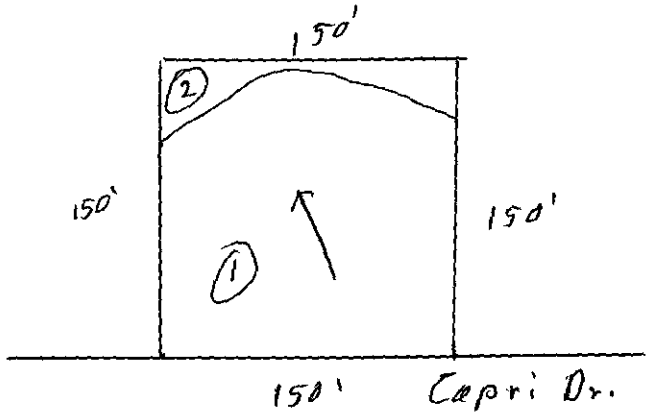
Owner: Johnny Barnette
Address: 7330 Capri Dr.
Huntersville, NC. 28078

Comments: _____

Described by: William R. Marlin

Date: 2-27-91

2
V



***** 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 2-6%	S PS U	S PS U	S PS U	S PS U
Texture	S PS (U) 2:1 clay	S (PS) U clay	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 7-36" To water	S (PS) U 7-36" To water	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 16-30"	S (PS) U 36"+	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-36"	S (PS) U 7-36"	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	S PS (U) Restricted	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	Mecklenburg Like	IV Cecil-Like				
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 17017

File: [illegible] Action [illegible]

Parcel: [illegible] ☐ PC

Location: [illegible]

Subdivision: [illegible]

Lot: Block: [illegible] Acres: .51

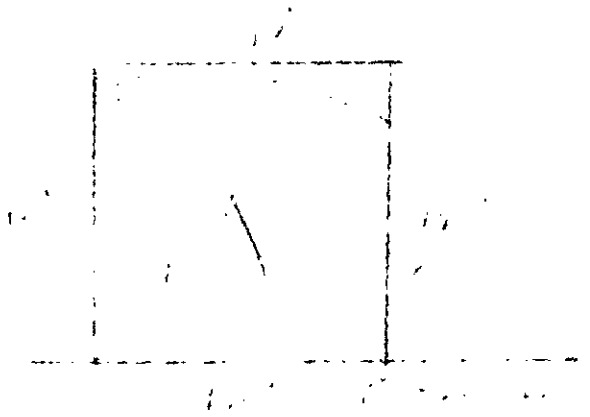
Owner: [illegible]

Address: [illegible]

Comments: _____

Described by: [illegible]

Date: [illegible]



***** 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	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	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						
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

3/50

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 7301A

TC 015-184-13, 8

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: ~~Johnny Barnette~~ Normanwoods - Capri Drive

② SUBDIVISION: Normanwoods ③ LOT: 14-15-16 ④ BLOCK: _____

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

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

OWNER

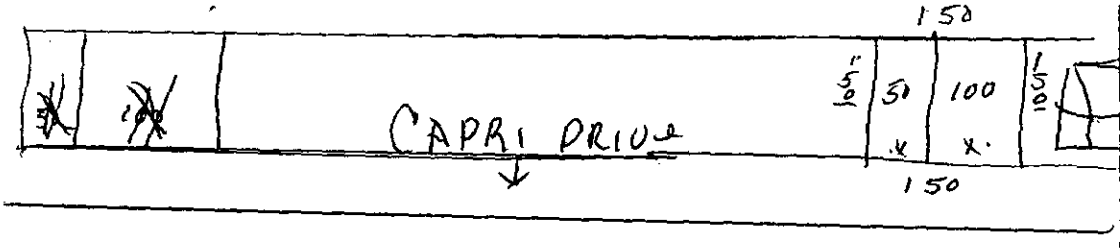
⑦ NAME: Johnny E. Barnette (FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 7330 CAPRI DR

⑨ CITY: Huntersville ⑩ STATE: NC ⑪ ZIP: 28078

⑫ PHONE: (WORK) 332-5027 (HOME) 875-2519

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: _____

Date: 2-22-91

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

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
FEB 22 1991

Date: 2-22-91

Name/Company: Johnny Barnette

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Sand Lane - 1 acre
Normanwood - Capri Drive
Tax # 015-184-13 & 18
Tide # 7301A

Fee: $ 50.00

NOTICE:

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

Paid
$50.00
02-22-91
Ck # 842

W H Compton — Completed by

Amelia Ellison — Collected by

File 7301A

State of North Carolina
Department of Environment, Health, and Natural Resources
Mooresville Regional Office

James G. Martin, Governor
William W. Cobey, Jr., Secretary

Albert F. Hilton, Regional Manager

MEMORANDUM

TO: William R. Marlin, Soil Scientist
Mecklenburg County Health Department

FROM: Joe Lynn, Regional Soil Specialist JDL
Division of Environmental Health

SUBJECT: Soil/Site Evaluation of Johnny E. Barnette Lots on Capri Drive Huntersville, N. C. 28078

DATE: August 2, 1991

On July 3, 1991 you and I conducted a soil/site evaluation of the above named property to determine its suitability for the installation of a ground absorption sewage treatment and disposal system to serve a two or three bedroom house. The site is three small lots combined into one .51 acre tract. Two of the lots are wooded. The third lot has been landscaped and sown in grass. The lots are gently sloping toward one rear corner, see plat. Water must be obtained from an on-site well. There is a well on the next lot also. Mr. Barnette was present during the evaluation. Back hoe pits were used to evaluated the lot.

The soil depth ranges from eighteen (18) inches to forty two (42) inches. Mixed mineralogy clay was found in each pit at some depth. Evidence of filling was seen on the landscaped lot.

This site is unsuitable for the installation of a ground absorption sewage treatment and disposable system due to:

Unsuitable soil characteristics	Section .1941
Insufficient soil depth	Section .1943
Insufficient available space	Section .1945

These options are available to the Applicant:

1. The applicant may purchase other suitable or provisionally suitable property to install the sewage systems on.
2. The applicant may acquire an easement from another property owner to install the systems on, if a suitable or provisionally suitable site is located.

919 North Main Street, Mooresville, N.C. 28115 • Telephone 704-663-1699 • FAX 704-663-6040

An Equal Opportunity Affirmative Action Employer

3. The applicant may contact the Division of Environmental Management in Mooresville, N. C. at (704) 663-1699 to discuss any options available through this division.
4. The owner may pursue a system through Section .1957 (c) of the Rules.
5. The owner has the right to appeal this denial under G.S. 150-24 if requested within sixty (60) days.

If there are any questions concerning this evaluation, I can be reached through the Mooresville Regional Office.