

10124 EDWARD`S PL

13724110

7/2/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

Q40

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

FILE: 7457-A DATE: 5-10-94

TC: ~~B7-1203~~ ☐ L ☒ CRT

137-241-10

SERIAL Nº 15945

Name of Owner CHERRY HOMES Juris.:

Address of Property 10124 EDWARDS PLACE

Inspection Data:

Tank Material PCC

Total Length of Drainfield 535

Number of Lines 5 @ 107

Cover Depth 8-10"

Water Supply Source comm well

Distance to Water Source 100'+

Excavation Inspected 5-10-94

Tank(s) Inspected 5-10-94

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1994 1500ST MOD 12G CTR# NORWOOD

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~~ 15A NCAC 18A .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:

Environmentalist

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

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)

FILE: _____

TC: _____

SERIAL: 17799 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 10194 (STREET NO.) EDWARDS (STREET) PLACE ② FILE: 1457A

③ JURISDICTION: MINT HILL ④ TAX PARCEL NO.: 197 - [illegible] - 3

⑤ SUBDIVISION: [illegible] INTRIDGE III ⑥ LOT: 21 ⑦ BLOCK: 1

OWNER

⑧ NAME: LIAN (FIRST) (MIDDLE) MAYER (LAST)

⑨ MAILING ADDRESS: [illegible] SARDIS ROAD NORTH [illegible]

⑩ CITY: [illegible] ⑪ STATE: NC ⑫ ZIP: [illegible]

⑬ PHONE: (WORK) 941 247 7127 ⑭ (HOME) _____

REQUEST

This request is for a(n):

⑮ ☐ New permit Unsuitable letter soil ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify) _____

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? _____ 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] Lian Mayer

Date: 4-21-11

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 36 months from the date of issuance.

_____ / _____
Environmentalist Date

_____ / _____
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.**

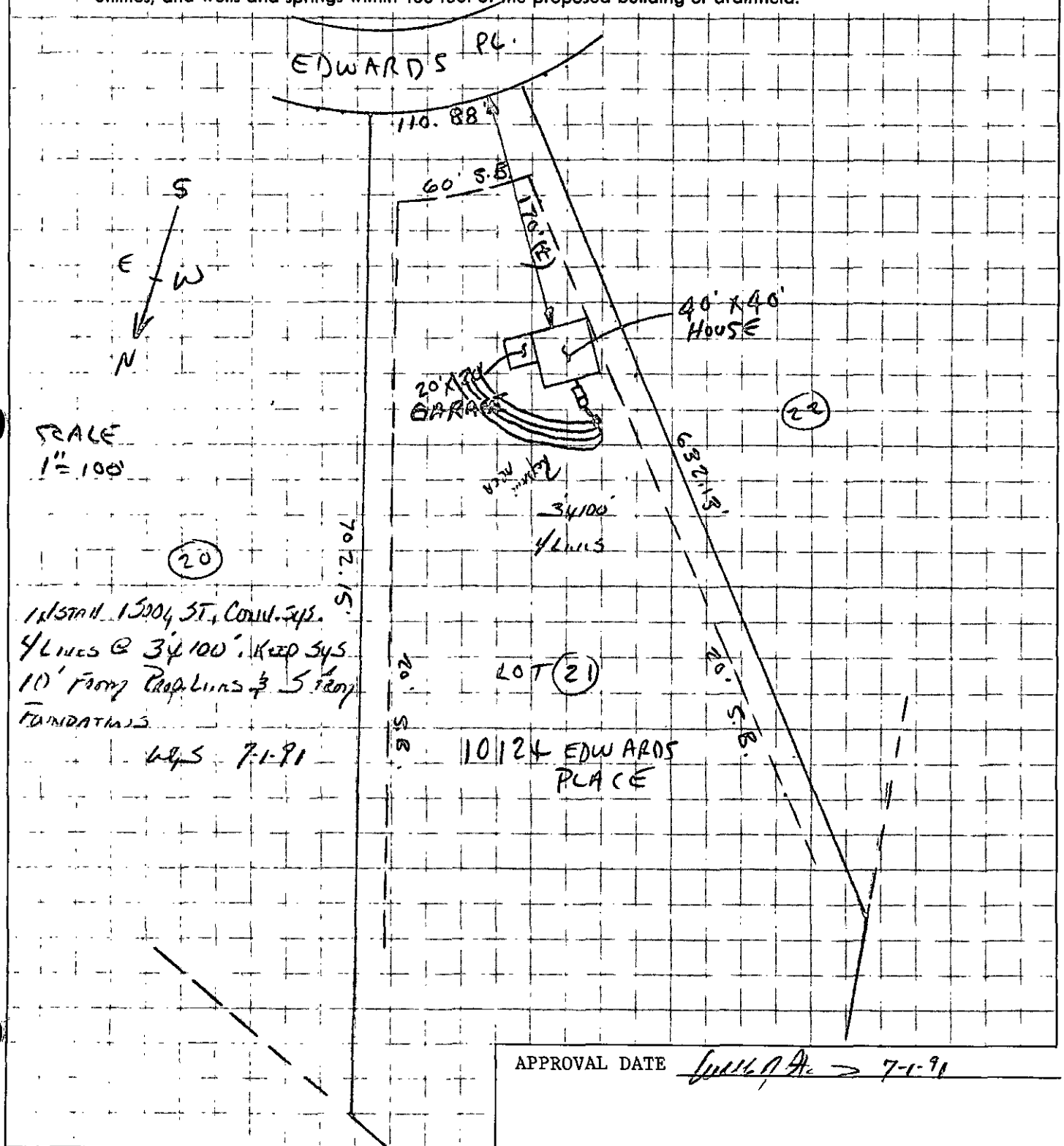
PROPOSED PLOT PLAN

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

FILE: 7457 A

TC: _____

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 [signature] 7-1-91

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

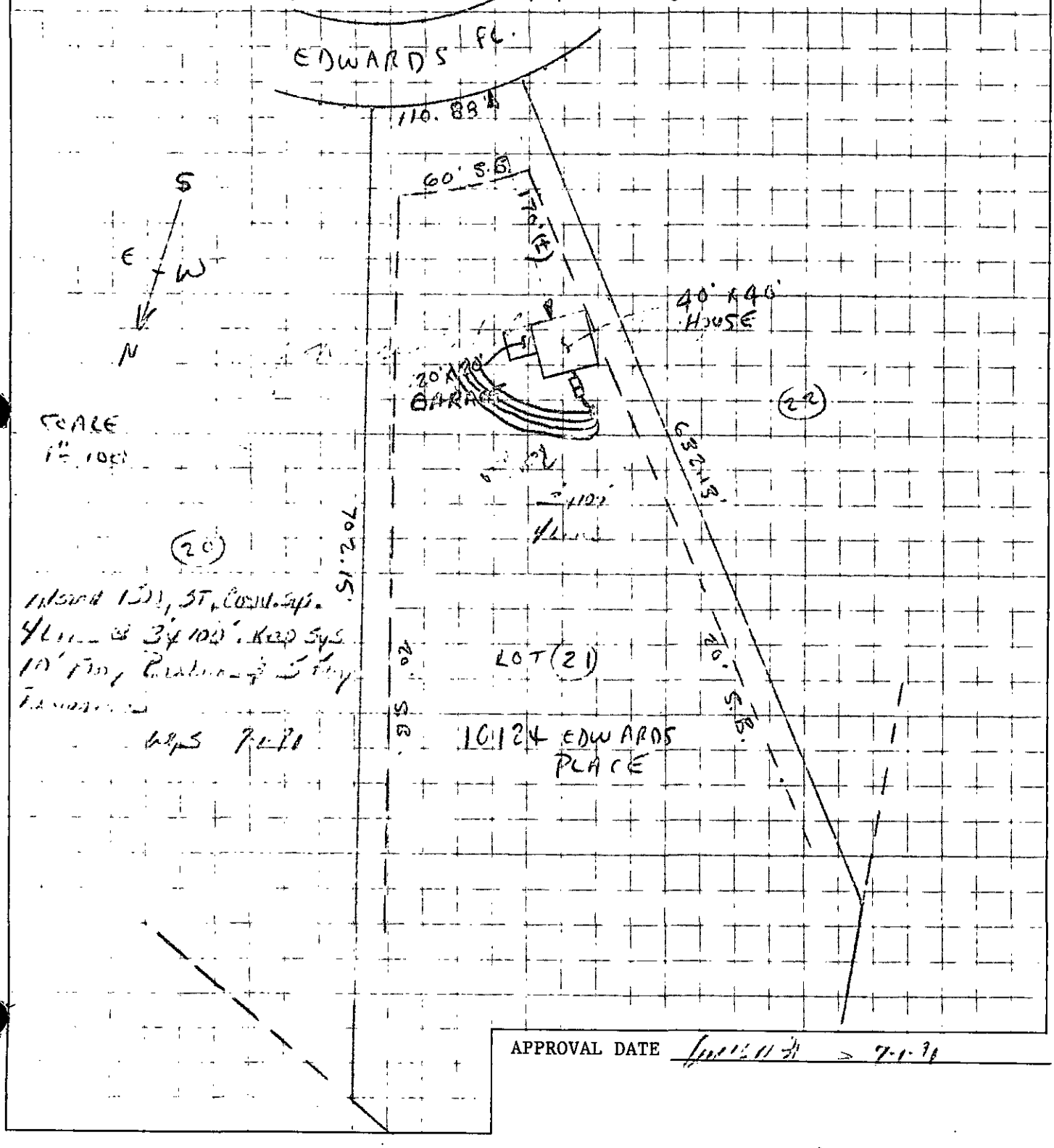
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TC: _____

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 7-1-94

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

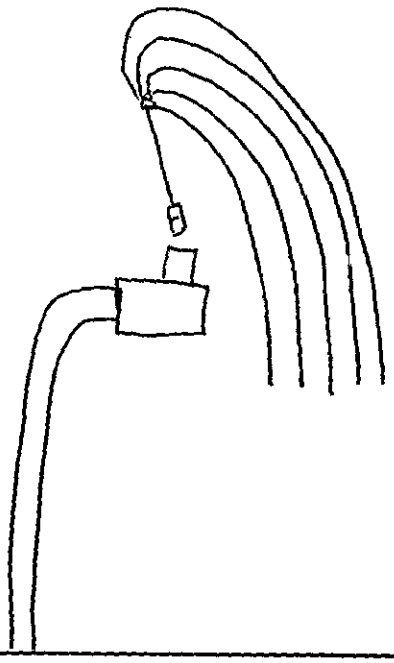
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7457-A DATE: 4-28-94

TC: 137-132-03 ☐ L

SERIAL Nº 15726

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 6-15-94. All work shall be completed on or before 5-28-94, 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 535 feet

Number of Lines 5

Depth of Stone 12 inches

Distance from House 5' feet

Distance from Property Line 10'+ feet

Distance from Well 100'+ feet

NAME OF OWNER CHERRY HOMES

LOCATION OF PROPERTY 10124 EDWARDS PLACE

Comments: INSTALL IN ACCORDANCE W/ PLANS ON FILE
SHALLOW PLACED CONVENTIONAL

Division or Section Head

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.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

7457A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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:
NAME: Cherry Homes (last) (first) (mi)
ADDRESS: 11607 E Independence Blvd PHONE: (__) 847-8300
CITY: Matthews STATE: NC ZIPCODE: 28105

Date: 3-23-93

PROPERTY OWNER:
NAME: Same (last) (first) (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 137-132-03
STREET ADDRESS: 10124 Bowden's Pl
ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME: Bainbridge III

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

LOT NUMBER: 21 BL 1 LOT SIZE (in acres): 5.01

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: 4 NUMBER OCCUPANTS: 4
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: Thomas Powers Date: 3-23-93

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.

... ~~REBES TYPE II REPAIR~~

AGREEMENT FORM ON FILE

SHARLOW PLACE CONV. TYPE III

ORIGINAL

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

Environmentalist Date

Kelly Rawls 11-9-93
Director or Authorized Section Head Date

WWATER : 122791

PROPOSED PLOT PLAN

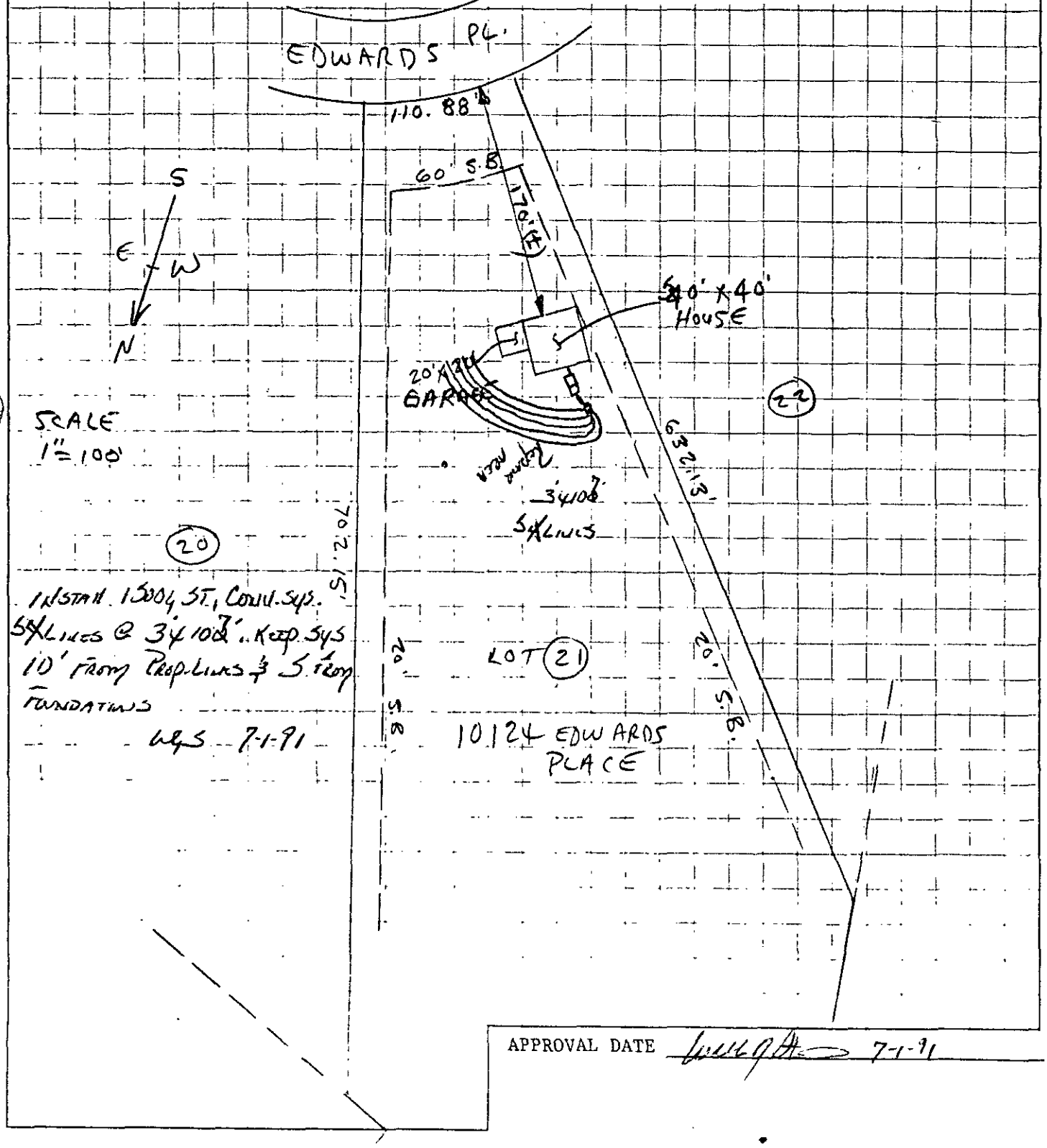
COP

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

FILE: 7457 A

TC: _____

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.



INSTALL 150 LF ST. CONN. SYS. S/A LINES @ 3' x 10'. KEEP SYS 10' FROM PROP. LINES & 5' FROM FOUNDATIONS

WLS 7-1-91

APPROVAL DATE 7-1-91

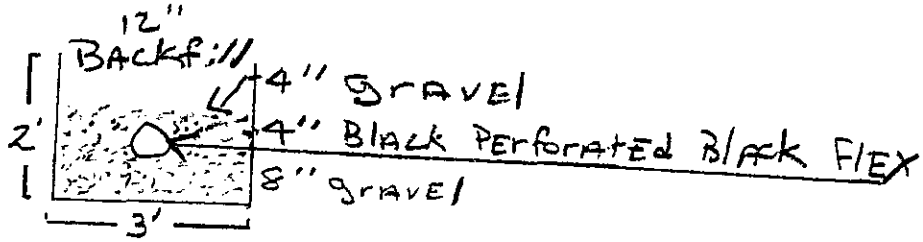
MCHD
File: 7457-A

Lot 21, Bainbridge

(4) Bedroom/Shallow Placed Conventional

Trench Profile

(5) 3' x 107' x 12" gravel, installed at 24'



Trench width	3'
Trench depth	2'
Gravel depth	12" - 8" lay pipe, add 4"
Backfill	12"

* House placement to determine Gravity or Pressure Distribution.

JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 11/05/93 09:25
BK: 07531 PG: 0789/0790 #:0052 10.00

File 7457A

COPY

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 .1956, .1957, OR .1969 OF THIS SECTION.

The undersigned, CHERRY HOMES INC owner of property located at 10124 EDWARDS PLACE, ("the site") and described in an instrument recorded in Book 5294 at Page 708, Mecklenburg Public Registry, hereby acknowledges that he 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 pursuant to 15A NCAC 18A .1948(d) 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 can reasonably be expected to function satisfactorily and thus that the findings specified in 15A NCAC 18A .1958(d)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally suitable" and issued on 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 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.

This 4 day of November, 1993.

Thomas Lewis Vice President (SEAL)

Lorie C Pressley Secretary (SEAL)

Cherry Homes, Inc. Corporate Seal North Carolina

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that

_____ personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this _____ day of _____, 199_____.

_____
Notary Public

My Commission Expires _____

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Debra Honeycutt, a Notary Public for said County and State, do hereby certify that Thomas Lewis personally came before me this day and acknowledged that he is Vice President of Cherry Homes, Inc 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 Vice President, sealed with its corporate seal and attested by Lorie C. Pressley, secretary.

WITNESS my hand and notarial seal, this 4th day of November, 1993.

Debra Honeycutt
Notary Public

My Commission Expires January 31, 1996

NOTARY PUBLIC MECKLENBURG COUNTY NORTH CAROLINA

Amended 07/93

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

October 22, 1993

Mr. Tom Lewis
Cherry Homes
11407 East Independence Boulevard
Matthews, NC 28105

Re: 10124 Edwards Place
File: 7457A
Parcel: 137-132-03

Dear Mr. Lewis:

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.

-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.

-This is a modified sewage waste disposal system. Please contact Lorraine Whitaker at 336-5102 to discuss additional fees required for this Improvement Permit.

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

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

Sincerely,

Kelly Randall

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

10-22-93
Tom Lewis
Cherry Homes
11407 E Independence Blvd
Matthews NC 28105
Re: 10124 Edwards Place
File: 7457-A
Parcel: 137-132-03

Dear Mr Lewis

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 line 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.

-This is a Type 4 sewage disposal system. ~~A contract must be executed for periodic maintenance between the property owner and a certified operator prior to the issuance of an operation permit (final).~~

This is a modified sewage waste disposal system. Please contact Lorraine Whittaker at 336 5102 to discuss additional fees required for this improvement permit.

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

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

Sincerely,

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems

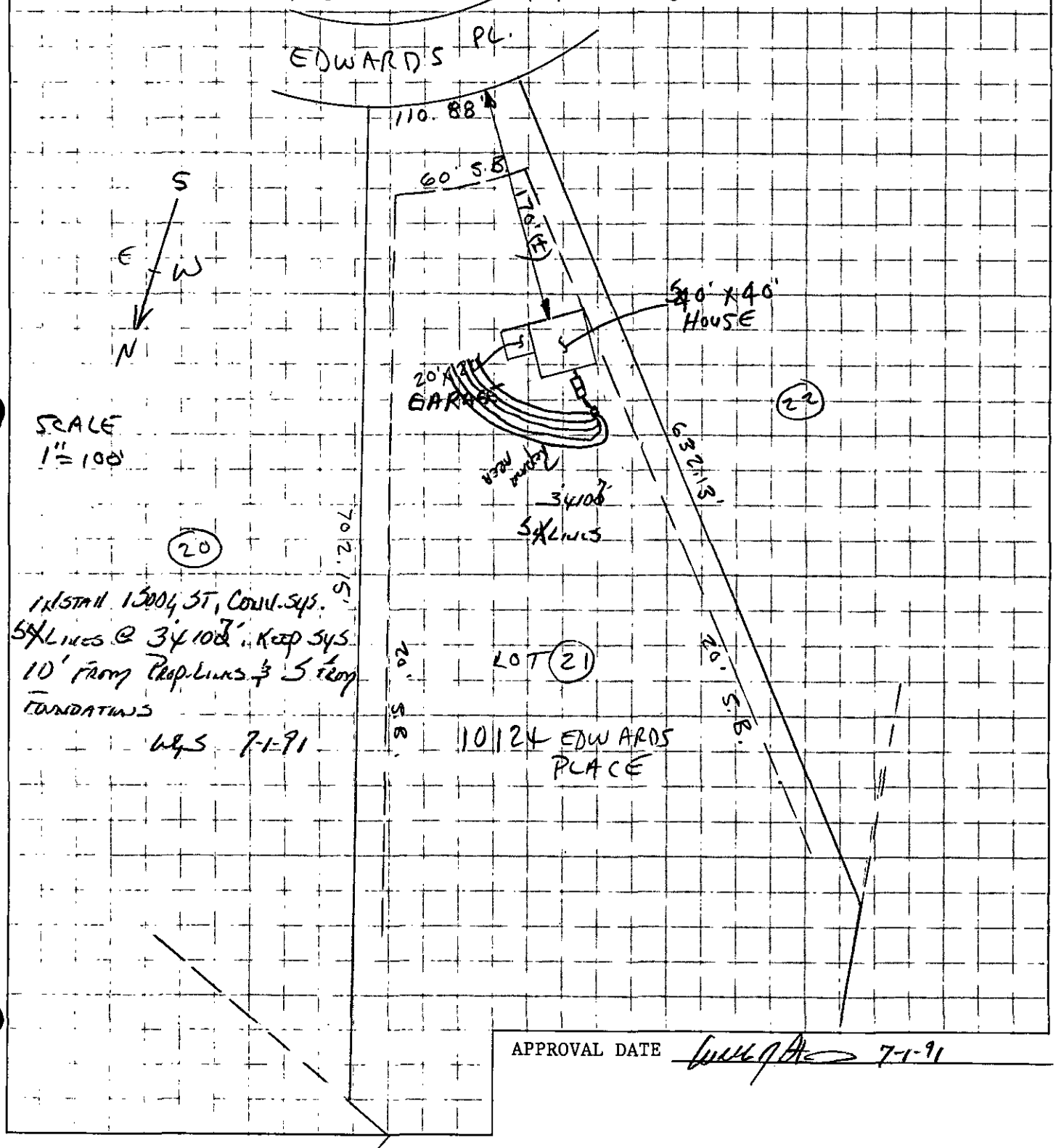
PROPOSED PLOT PLAN

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

FILE: 7457 A

TC: _____

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 [signature] 7-1-91

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

DX00

7457A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Phil 50 clerk 3/26/96

CBI

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:
NAME: SIPE (last) GLENN (first) E (mi)
ADDRESS: 10124 EDWARDS PL PHONE: (__) 545-0554
CITY: Charlotte STATE: N.C ZIPCODE: 28227

Date:

PROPERTY OWNER:
NAME: SIPE (last) Glenn (first) E (mi)
ADDRESS: 10124 EDWARDS PL PHONE: (__) 545-0554
CITY: Charlotte STATE: N.C ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 137-241-10
STREET ADDRESS: 10124 Edwards PL
ZONING:

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):

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M) DECK
[] COMMERCIAL OR INDUSTRIAL (N)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Extending existing Deck

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: 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) [X] 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 [X] 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: S.E. Sipe Date: 3/26/96

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.

... Deck extension approval

USE existing system

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

Phillip A. Walker RS 4/3/96
Environmentalist Date

S Barbara Lee Sanitarian Supervisor 4-3-96
Director or Authorized Section Head Date

WWATER : 122791

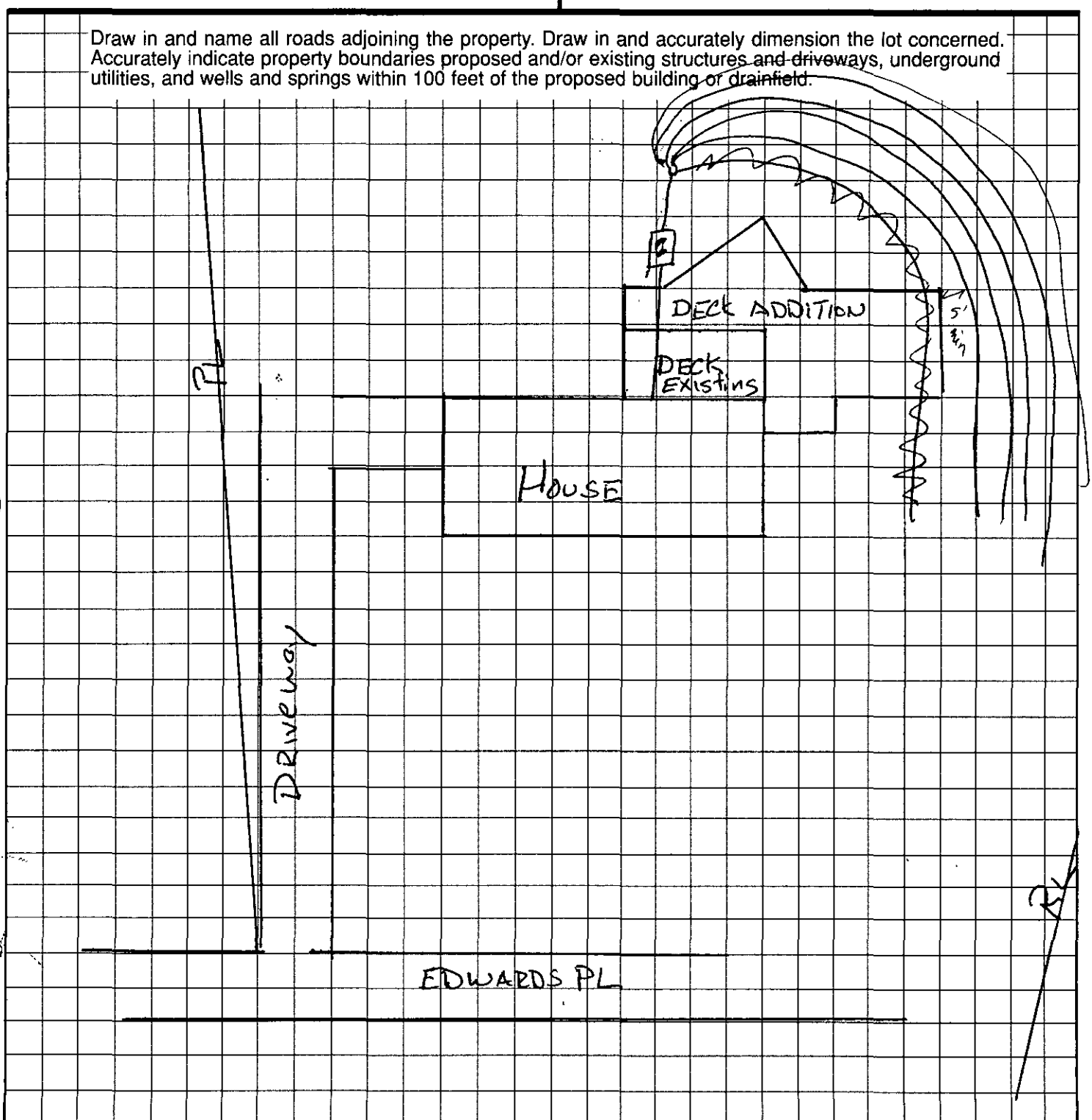
PROPOSED PLOT PLAN

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

FILE: 7457A

TC: 137-241-10

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~~.



S. E. Snipes
OWNER/AGENT SIGNATURE

DATE 3/26/96

APPROVAL DATE PSW UES 4/2/96

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

WARREN CARTER HUNTER Fax:7043773693 Oct 6 '93 9:00 P.02/03

REGISTERED JUN/02/1992 11:06AM ANNE A. POWERS REGISTER OF DEEDS MECKL CO. Book or 137-132-09
$$$$ NC EXCISE TAX: 1.00 $$$
Tax Stamps 1.00

Catherine C. Hunter
1515 Elizabeth Avenue
Charlotte, NC 28204

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

DEED AND EASEMENT

This Deed and Easement made this 1 day of June, 1992 by

DAN L. MOSER CONSTRUCTION & REALTY CO., INC., Grantor

of the County of Mecklenburg, State of North Carolina, party of the first part; and

CAROLINA WATER SERVICE, INC. OF NORTH CAROLINA, Grantee
2335 Sanders Road, North Brook, IL 60062

party of the second part:

BK: 06901 PG: 0233/0234 #:0279
REGISTERED JUN/04/1992 03:33PM ANNE A. POWERS REGISTER OF DEEDS MECK. CO. N.C.

WITNESSETH, that the Grantor herein, inconsideration of Ten Dollars ($10.00) and other valuable consideration to them, paid by the Grantee herein, the receipt of which is hereby acknowledged have bargained and sold and by these presents do hereby grant, bargain, sell and convey unto the said Grantee herein, its successors and assigns, in fee simple all that certain lot situate, lying and being in the City of Mint Hill, County of Mecklenburg, North Carolina and being more particularly described as follows:

BEING all of that WELL LOT in BAINBRIDGE III Subdivision as shown on Map thereof recorded in Map Book 24 at Page 722 of the Mecklenburg County Public Registry.

And for the consideration above set out, Grantor herein grants and conveys to Grantee herein, its successor and assigns, the right and easement over and upon the hereinafter described strip of land to use for access and for operating, using, constructing, repairing and maintaning water lines and related facilities to and from the above-described WELL LOT, together with the right to keep said strip of land free and clear of all trees or other obstructions. The Grantees herein agree to maintain this access road.

BEING all of the ACCESS ROAD to the well lot in BAINBRIDGE III Subdivision as shown on Map thereof recorded in Map Book 24 at page 722 of the Mecklenburg County Public Registry.

IN WITNESS WHEREOF, the Grantor has hereunto caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by athority by its board of directors, on the day and year first written above.

DAN L. MOSER CONSTRUCTION & REALTY CO., INC.
Name of Corporation

BY: Dan L Moser
Dan L. Moser, President

ATTEST: Sharon Ball
Sharon Ball, Secretary

DAN L. MOSER CONSTRUCTION & REALTY CO., INC. CORPORATE SEAL

MOSER & WORTMAN CONSTRUCTION CO., INC. CORPORATE SEAL NORTH CAROLINA

STATE OF NORTH CAROLINA, COUNTY OF
I, a Notary PUblic of the County and State aforesaid, certify that Sharon Ball personally came before me this day and acknowledged that she is Secretary of Dan L. Moser Construction & realty Co., Inc., a North Carolina corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its President, sealed with its corporate seal and attested by her as its Secretary. Witness my hand and official stamp or seal this 1 day of June, 1992.

My Commission Expires:

My Commission Expires February 21, 1993

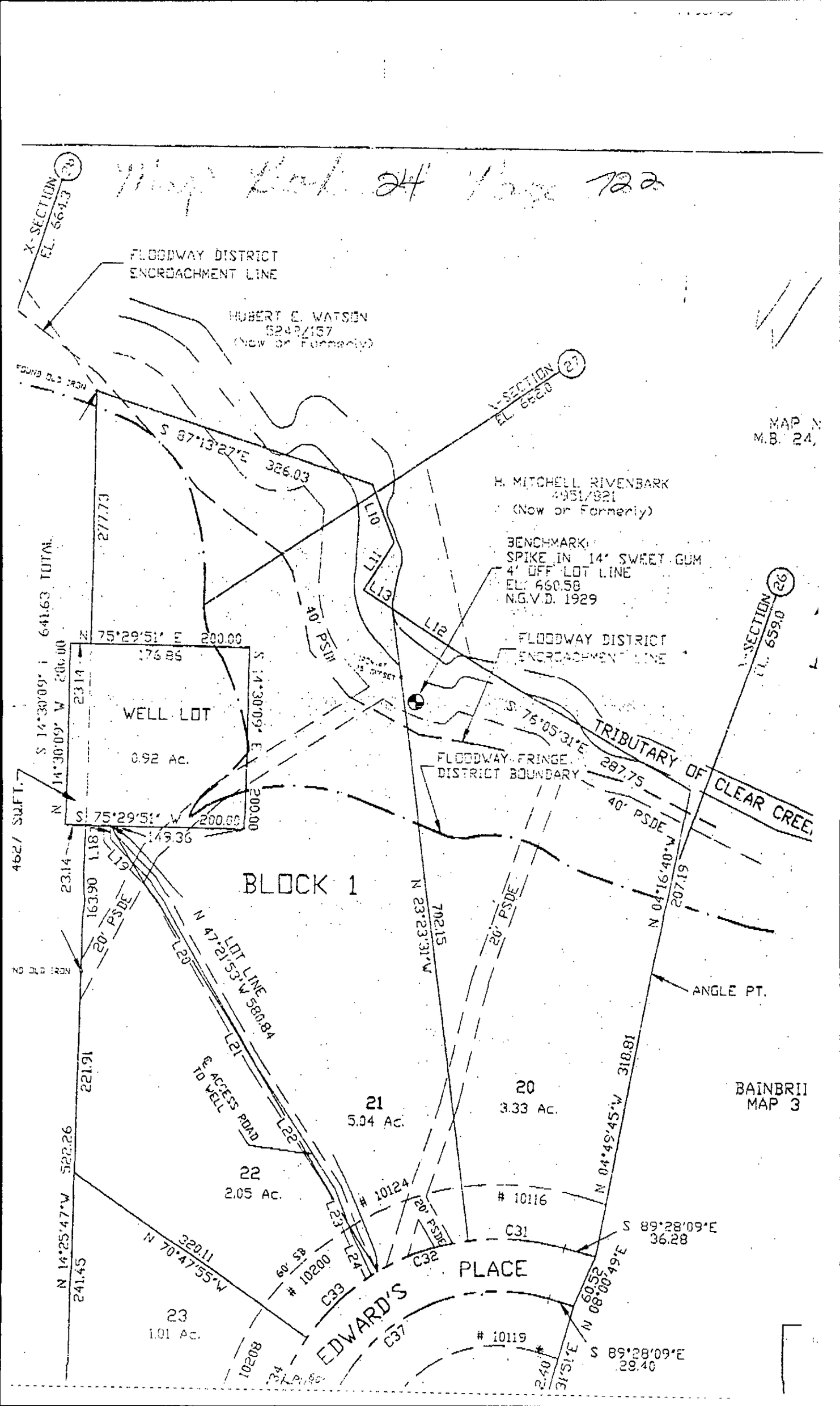
Notary Public

MECKLENBURG COUNTY

[redacted] 1.00 TRAN

STATE OF NORTH CAROLINA

Real Estate Excise Tax


Map Book 24 Page 122
X-SECTION 25 EL. 664.3
FLOODWAY DISTRICT ENCROACHMENT LINE
HUBERT E. WATSON 5242/157 (Now or Formerly)
FOUND OLD IRON
S 87°13'27"E 326.03
277.73
641.63 TOTAL
N 75°29'51" E 200.00
176.86
WELL LOT
0.92 Ac.
S 14°30'09" E 200.00
S 75°29'51" W 200.00
149.36
462/ SQ.FT.
23.14
163.90
L18
L19
20' PSDE
NO OLD IRON
N 47°21'53"W 580.84
LOT LINE
L20
L21
ACCESS ROAD TO WELL
221.91
522.26
N 14°25'47"W
241.45
320.11
N 70°47'55"W
22
2.05 Ac.
23
1.01 Ac.
21
5.04 Ac.
BLOCK 1
X-SECTION 27 EL. 662.0
H. MITCHELL RIVENBARK 4951/821 (Now or Formerly)
BENCHMARK: SPIKE IN 14" SWEET GUM 4' OFF LOT LINE EL. 660.58 N.G.V.D. 1929
L10
L11
L13
L12
40' PSDE
FLOODWAY DISTRICT ENCROACHMENT LINE
X-SECTION 26 EL. 659.0
S 75°05'31"E 287.75
FLOODWAY-FRINGE DISTRICT BOUNDARY
TRIBUTARY OF CLEAR CREEK
N 23°23'31"W 702.15
20' PSDE
N 04°16'40"W 207.19
ANGLE PT.
20
3.33 Ac.
N 04°49'45"W 318.81
BAINBRIDGE MAP 3
10124
10116
20' PSDE
C31
S 89°28'09"E 36.28
C32
60' SB
10200
C33
L23
L24
PLACE
EDWARD'S
C37
10119
N 08°00'49"E 60.52
S 89°28'09"E 28.40
10208
34 SLP/BC
240
31'51"E

Mecklenburg County
Health Department

May 31st, 1991

Dan L. Moser
2101 Sardis Road N. #110
Charlotte, NC 28227

RE: Property located at 10124 Edward's Place Lot 21
FILE: 7457A
PARCEL: PO 137-132-03

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 17229) 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)

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17229

File:

Action 2

Parcel: 7457A

~~PC~~

~~PO 137 182 00~~

Location:

Subdivision: 10124 Edward's Place

Lot: Block: Acres: .35 ina

Lot 21

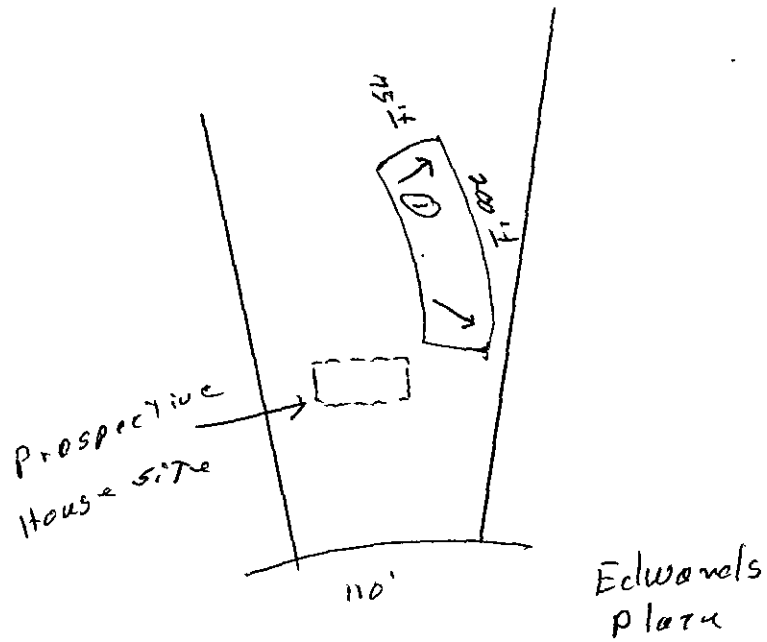
Owner:
Address:

Dan L. Moser
2101 Sardis Road N. #110
Charlotte, NC 28227

Comments: 100% Repair, area plugged w/ pink flagging

Described by: William A. Marlin

Date: 5-30-91



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 6-15%	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) 30-~~36~~" 35"	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	Potolot-Like					
Area Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U

YA5TA

PO 1ST 1C% 65

10124 Edward D. Fl-ce

Lot 21

Dan L. Moore
1101 Sardis Road N. #110
Charlotte, NC 28270

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)

FILE: 91-1907

TC: _____

SERIAL: NI 17711 ☐ L ☐ CRT

CT 1 27552 @ 11.200

JOB LOCATION

① ADDRESS: 10124 (STREET NO.) EDWARDS PLACE (STREET) ② FILE: 7457A

③ JURISDICTION: MINT HILL ④ TAX PARCEL NO.: 137-132-03

⑤ SUBDIVISION: BAINBRIDGE III ⑥ LOT: 21 ⑦ BLOCK: 1

OWNER

⑧ NAME: DAN (FIRST) (MIDDLE) MOSER (LAST)

⑨ MAILING ADDRESS: 2101 SARDIS ROAD NORTH, SUITE 110

⑩ CITY: CHARLOTTE ⑪ STATE: N.C. ⑫ ZIP: 28227

⑬ PHONE: (WORK) (704) 847-7027 ⑭ (HOME) _____

REQUEST

This request is for a(n):

⑮ ☑ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify) CAN NOT FIND WHITE COPY OF IP

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of WGS

㉒ Number of bedrooms? 3 ㉕ Type? _____

㉓ Maximum occupancy? _____ 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: _____

Date: 7-1-91

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 36 months from the date of issuance.

Environmentalist _____ Date 7-1-91

Director or Authorized Section Head _____ Date 7-3-91

*This permit must be signed by the Director of Mecklenburg County Health

APPLICATION FOR AN IMPROVEMENT PERMIT

Paid
CK# 027552
$200.00

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

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

(OFFICE USE ONLY)
FILE: 7457A
TC:
SERIAL: No: 17711
☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 10124 (STREET NO.) EDWARDS PLACE (STREET) ② FILE: 7457A
③ JURISDICTION: MINT HILL ④ TAX PARCEL NO.: 137-132-03
⑤ SUBDIVISION: BAINBRIDGE III ⑥ LOT: 21 ⑦ BLOCK: 1

OWNER

⑧ NAME: DAN (FIRST) (MIDDLE) MOSER (LAST)
⑨ MAILING ADDRESS: 2101 SARDIS ROAD NORTH, SUITE 110
⑩ CITY: CHARLOTTE ⑪ STATE: N.C. ⑫ ZIP: 28227
⑬ PHONE: (WORK) (704) 847-9027 ⑭ (HOME)

REQUEST

This request is for a(n):

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

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? 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: Dan L Moser
Date: 6-10-91

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 36 months from the date of issuance.

Environmentalist — Date

Director or Authorized Section Head — Date 7-3-91

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

APPLICATION FOR SOIL INVESTIGATION

Paid
Ck# 021378
$150.00
05/17/91

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

(OFFICE USE ONLY)

FILE: 7457A

TC: PO 137-132-03

~~PC~~ ☐ REPT

JOB LOCATION

① ADDRESS: 10124 Edward's Place Mint Hill

② SUBDIVISION: Bainbridge ③ LOT: 21 ④ BLOCK: 1

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

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

OWNER

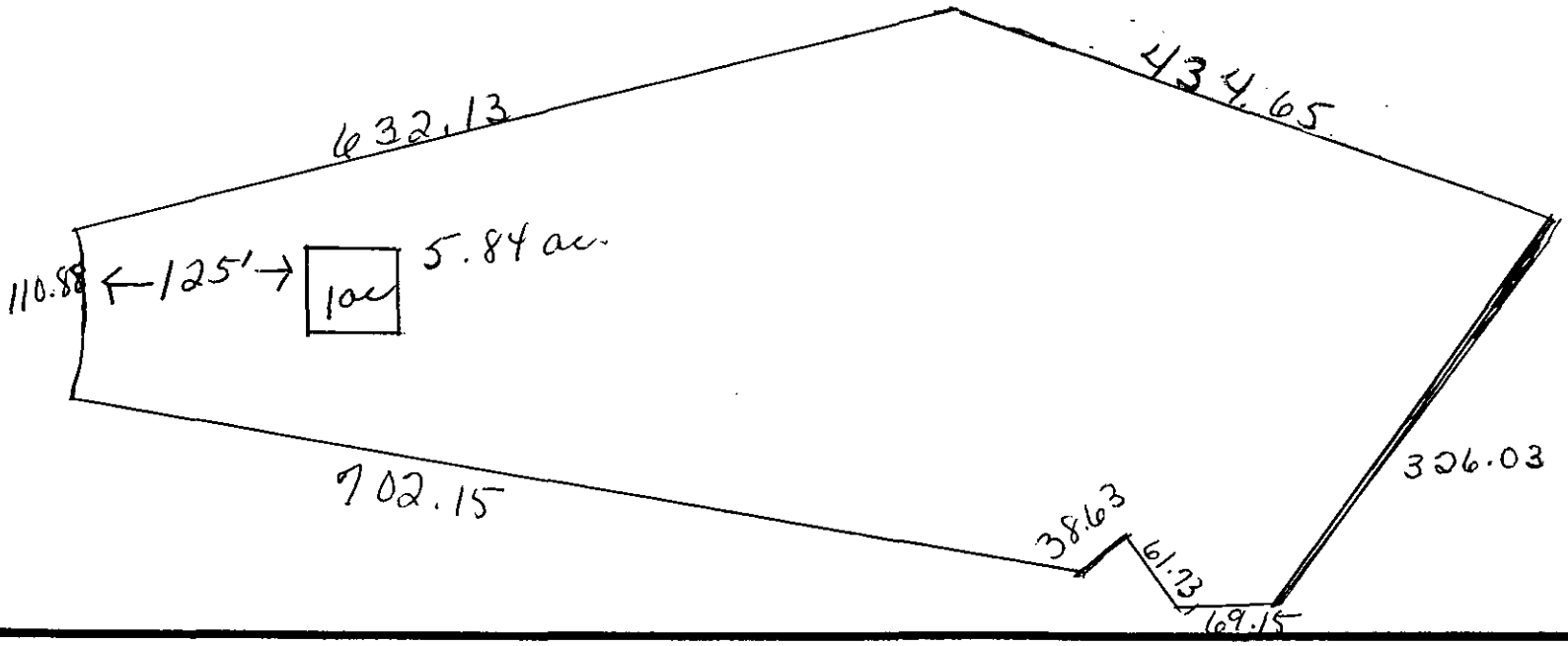
⑦ NAME: Dan (FIRST) & (MIDDLE) Moss (LAST)

⑧ MAILING ADDRESS: 2101 Sardis Rd N #110

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28227

⑫ PHONE: (WORK) 845-1378 (HOME) 845-1293

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: Dan Y Moss

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

Date: 5 - 14 - 91

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY