

7917 ORRVIEW DR

13704135

1/4/2008

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4203B DATE: 6-28-00

TC: 137-041-35 ☒ L ☒ CRT

SERIAL

Name of Owner DOUG CARRIKER Juris.: _____

Address of Property 7917 ORRUIEW DRIVE

Inspection Data:

Tank Material 1500

Total Length of Drainfield 300

Number of Lines 6 @ 50

Cover Depth 18" SOIL

Water Supply Source MUNICIPAL

Distance to Water Source ≈10'

Excavation Inspected 6-28-00

Tank(s) Inspected 6-28-00

Wash Line Inspected —

High Water Alarm Inspected —

SEE PLOT INSTALLATION

PLOT

Design 1500 ST 1200 SFT INNOVATIVE CTR# ROBERT LOWE

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 I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 I5A NCAC 18A. 1990 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: TYPE II -G " EZEE LAY "

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

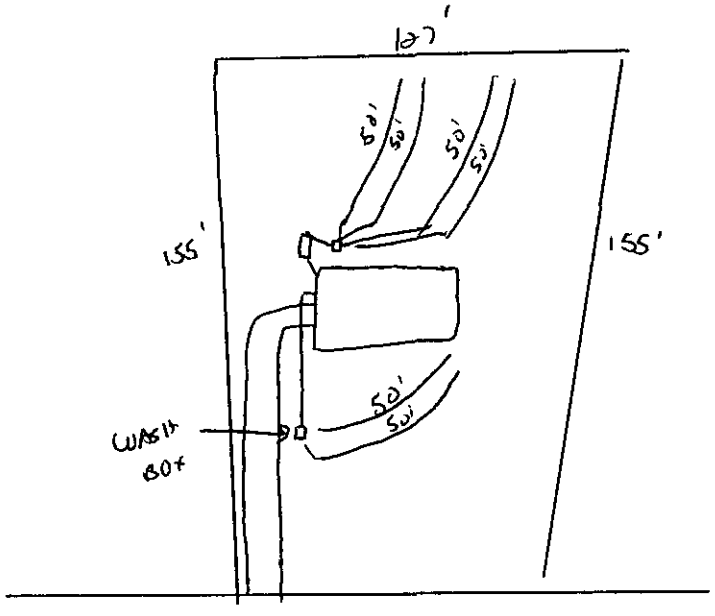
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4203 B DATE: 6-21-00

TC: 137-04 35 ☒ L

SERIAL N° 18455

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 2-20-00. All work shall be completed on or before 8-21-00, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A NCAC 18A. 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 NA gallons

Tank Construction PVC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous YES

Total Line Length 100' WASH LINE 200' feet

Number of Lines 2 LINES WASH 4 LINES SEPTIC

Depth of Stone NA inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 50' feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER DOUG CARRIKER

LOCATION OF PROPERTY 7917 ORRVIEW DRIVE

Comments: (1) REQUIRES TYPE III-G INNOVATIVE INSTALLATION

(2) REQUIRES A 40 GALLON WASH BOX W/ 104' OF LINE

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

4/7/2000; CK # 1450
#300 - ; myjones

FEE: $300.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 3/31/00 PERMIT NO: 4203B
PARCEL NO: 132-041-35
JOB LOCATION ADDRESS: 7917 ORRVIEW Rd
PROPERTY OWNER: DOUG CARRIKER
BUILDING CONTRACTOR: "
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: _____ DATE: 3-31-00
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4203B, 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: (1) REQUIRES AGREEMENT FORM PRIOR TO ISSUING FINAL CO. OR APP OPERATION PERMIT.

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.

_____ 4-8-2000
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 4203B

Tax Number: 137-041-35

- 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	X 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	X Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
3 Long-term acceptance rate	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
100 Municipal Serviced by private well	1500 Gallon septic tank	300 Total trench length (ft)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3 Bedrooms in residence	___ Gallon pump tank	NA Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: (1) REQUIRES SEPARATE WASH LINE W/ 40 GAL WASH-BOX (2) REQUIRES AGREEMENT FORM.				
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: 3-31-00

Owner/Agent Signature — Date: 4-8-2000

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

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

FILE # 4203B
PARCEL # 137-041-35

The undersigned, Joel Carriker Construction Company, Inc., owner of property located at 7917 Orrview Drive, Charlotte, NC 28227, (the "site") and described in an instrument recorded in Book 11199 at Page 1, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following conditions will apply to the site:

- Any changes on the property may make the Improvement Permit Null and void and may make the Improvement Permit subject to revocation.

This instrument was prepared by: Joel Carriker Construction Company, Inc.
Mail after recording to: 2400 Crown Point Executive Drive, Suite 600
Charlotte, North Carolina 28227

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

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

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 6th day of April, 2000, 1999.

Joel Carriker Construction Company, Inc.
(Corporate Name)

By: Joel W Carriker
Joel W. Carriker
President

ATTEST:

Carolyn M. Carriker
Carolyn M. Carriker Secretary

(Corporate Seal)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF _____

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, Janet B. Clater, a Notary Public for said County and State, do hereby certify that Carolyn M. Carriker personally came before me this day and acknowledged that s_he is _____ Secretary of Joel Carriker Construction Company, Inc., a North Carolina corporation, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal and attested by her as its _____ Secretary.

WITNESS my hand and notarial seal, this 6th day of April, 2000 /1999.

Janet B. Clater
Notary Public
Janet B. Clater

My Commission Expires:
10/13/02

JANET B. CLATER NOTARY PUBLIC MECKLENBURG COUNTY, NC

RBCWM:24751_1/8-30-95

PROPOSED PLOT PLAN

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

4203B
FILE: ~~5330A~~

TC: ~~105-035-10~~ 137-041-35

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.

SCALE, 1" = 40'

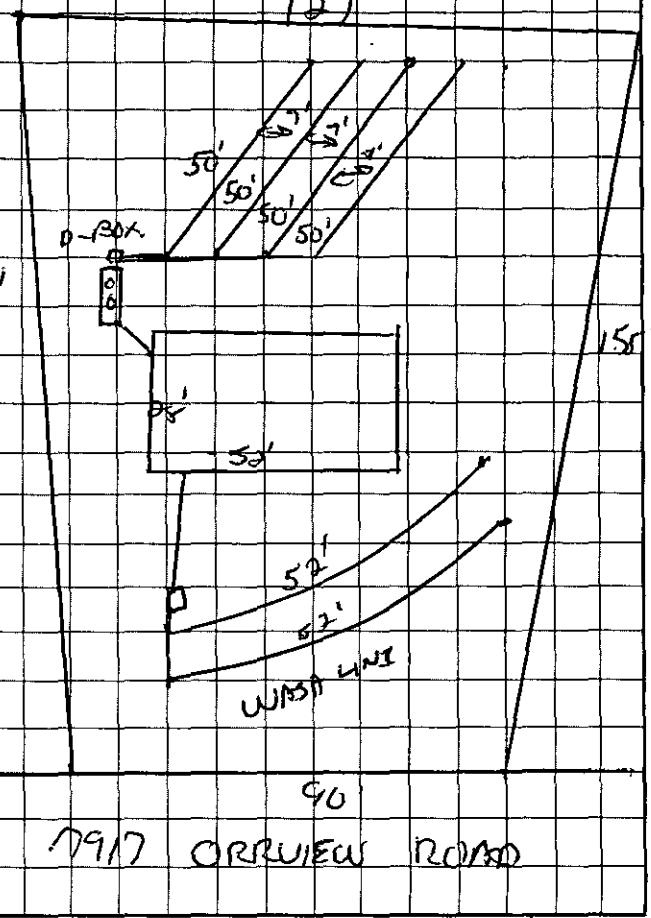
(1) SYSTEM DESIGN WILL REQUIRE TYPE III-G INNOVATIVE INSTALLATION - SUCH DESIGN REQUIRES AN AGREEMENT FORM TO BE FILED WITH THE REGISTER OF DEEDS OFFICE AND A COPY GIVEN TO THIS OFFICE.

(2) INSTALL ORANGELINES SHALLOW (24") AND ON CONTOUR

(3) INSTALL A WASHER BOX TO FEED WASHLINE IN FRONT YARD.

(4) LOT DOES NOT REQUIRE REPAIR AREA.

(5) ~~INSTALL~~ 40 GALLON WATER BOX



7917 ORRVIEW ROAD

OWNER/AGENT SIGNATURE

DATE 4-5-2000

APPROVAL DATE 3-29-00

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

COPY

FILED
REGISTRATION
DATE 4-5-00
BOOK 11199
STAMPS
REC. #
TIME 10:28
PAGE 1
REC FEE
A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC

Excise Tax $37.00

Recording Time, Book and Page

Tax Lot No. 137-041-35 Parcel Identifier No. .....

Verified by ..... County on the ..... day of ....., 19 .....

by .....

Mail after recording to GRANTEE

This instrument was prepared by Tony C. Johnson, Attorney, P.O. Box 23297, Charlotte, NC 28227

Brief description for the Index

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this 4th day of April, 19 2000, by and between

GRANTOR	GRANTEE
Bobby H. Belk and wife, Sue R. Belk	Joel Carriker Construction Company, Inc. Grantee Mailing Address: 2400 Crown Point Executive Drive Suite 600 Charlotte, North Carolina 28227

Enter in appropriate block for each party: name, address, and, if appropriate, character of entity, e.g. corporation or partnership.

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 the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in the City of Mint Hill, Clear Creek Township, Mecklenburg County, North Carolina and more particularly described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND INCORPORATED HEREIN BY REFERENCE

N.C. Bar Assoc. Form No. 3 © 1976, Revised 1977.
Printed by Agreement with the N.C. Bar Assoc.-1981.

The property hereinabove described was acquired by Grantor by instrument recorded in .....

Book 3200, at Page 340, Mecklenburg County Public Registry

A map showing the above described property is recorded in Plat Book ..... page .....

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever except for the exceptions hereinafter stated. Title to the property hereinabove described is subject to the following exceptions:

Any and all such valid and enforceable easements, conditions, reservations and restrictions as may appear of the public record; and the lien of ad valorem taxes for 2000 and subsequent years.

IN WITNESS WHEREOF, the Grantor has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, the day and year first above written.

USE BLACK INK ONLY

..... (Corporate Name)	Bobby H. Belk .....(SEAL)
By:	Bobby H. Belk
.....President	Sue R. Belk .....(SEAL)
ATTEST:	Sue R. Belk
.....	.....(SEAL)
.....Secretary (Corporate Seal)	.....(SEAL)

SEAL-STAMP

JANE C. JOHNSON NOTARY PUBLIC MECKLENBURG CO., NC

Use Black Ink

NORTH CAROLINA, Mecklenburg County.

I, a Notary Public of the County and State aforesaid, certify that .....

Bobby H. Belk and Sue R. Belk Grantor,

personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 4th day of April 19 2000

My commission expires: 10/10/04 Jane C. Johnson Notary Public

Jane C. Johnson

SEAL-STAMP

Use Black Ink

NORTH CAROLINA, ...County.

I, a Notary Public of the County and State aforesaid, certify that .....

personally came before me this day and acknowledged that ..... he is ..... Secretary of

..... 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 ..... as its ..... Secretary.

Witness my hand and official stamp or seal, this .....day of ....., 19.....

My commission expires: ..... Notary Public

The foregoing Certificate(s) of .....

.....

.....

is/are certified to be correct. This instrument and this certificate are duly registered at the date and time and in the Book and Page shown on the first page hereof.

.....REGISTER OF DEEDS FOR.....COUNTY

By .....Deputy/Assistant - Register of Deeds

N.C. Bar Assn. Form No. 3 © 1976, Revised 1977 Printed by Agreement with the N.C. Bar Assn. Poole Printing Co., Inc. P.O. Box 58497, Raleigh, N.C. 27658

EXHIBIT "A"

BEGINNING at an old iron found in the northwesterly right-of-way margin of Orrview Drive, said iron also being located in the northeasterly corner of Lot 1 in Block A of R. K. ORR PROPERTY as same is shown on a map thereof recorded in Map Book 2095, at Page 437, in the Mecklenburg County Public Registry, and running thence with the northerly line of Lot 1, N. 52-21-34 W. 154.33 feet to an old iron found in the southeasterly line of the Joe Edward Arant (now or formerly) property as described by Deed recorded in Book 1718, at Page 251, Mecklenburg County Public Registry; thence with the Arant (now or formerly) property line, N. 46-44-45 E. 127.82 feet to an old iron found in the southwesterly corner of the Donald R. Huntley (now or formerly) property as described by Deed recorded in Book 1767, at Page 59, Mecklenburg County Public Registry; thence with the Huntley (now or formerly) property and continuing with the Donald R. Huntley (now or formerly) property as described by Deed recorded in Book 4578, at Page 510, Mecklenburg County Public Registry, S. 38-19-18 E. 152.81 feet to an old iron found; thence with the northwesterly right-of-way margin of Orrview Drive, S. 46-39-11 W. 90.26 feet to the point and place of BEGINNING, the same containing 0.381 acre as shown on survey by Hugh E. White, Jr., NCRLS, dated April 3, 2000, reference to said survey being hereby made for a more particular description.

BEING in all respects the same property conveyed to Bobby H. Belk and wife, Sue R. Belk by Deed recorded in Book 3200, at Page 340, Mecklenburg County Public Registry.

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

AS #2

Sheet: _____

Property ID: 137-041-35

Lot #: _____

File #: 42036

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Bobby H. Belk APPLICANT: _____

ADDRESS: 7909 Arrowview Drive, Charlotte DATE EVALUATED: 3-3-00

PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 360gpd PROPERTY SIZE: .4

LOCATION OF SITE: 7917 Arrowview Dr. PROPERTY RECORDED: _____

WATER SUPPLY: ☐Private ☑Public ☐Well ☐Spring ☐Other _____

EVALUATION METHOD: ☑Augur Boring ☐Pit ☐Cut

TYPE OF WASTEWATER: ☑Sewage ☐Industrial Process ☐Mixed

PROFILE #	Slopes 6-15" .1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	R	0-7"	gr/sc	Fr/SEXPl SS/SP	740" TO soil wetness	46"	N/A	None	PS .39 P2 LL
		7-39"	SBK/c	Fi/SEXPl SP					
		39-46"	SBK/cl	Fr/SEXPSS/SP					
2	LS	0-6"	gr/sl	Fr/SEXPl SS/SP	742" TO soil wetness	42"	N/A	None	PS .39 P2 LL
		6-42"	SBK/c	Fi/SEXPl SP					
3	LS	0-5"	gr/sl	Fr/SEXPl SS/SP	737" To soil wetness	37"	N/A	None	PS .39 P2 LL
		5-31"	SBK/c	Fi/SEXPl SP					
		31-37"	SBK/cl	Fr/SEXPl SS/SP					
4	LS	0-3"	gr/sl	Fr/SEXPl SS/SP	741" TO soil wetness	41"	N/A	None	PS .39 P2 LL
		3-38"	SBK/c	Fi/SEXPl SP					
		38-41"	SBK/cl	Fr/SEXPl SS/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	LS	
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): Unsuitable

EVALUATED BY: W. R. Marlin LSS 3-6-00

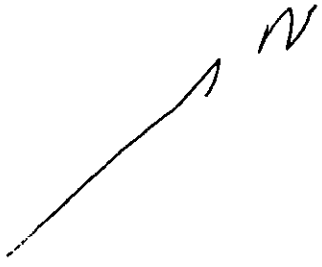
OTHER(S) PRESENT: _____

FILE # 4203B

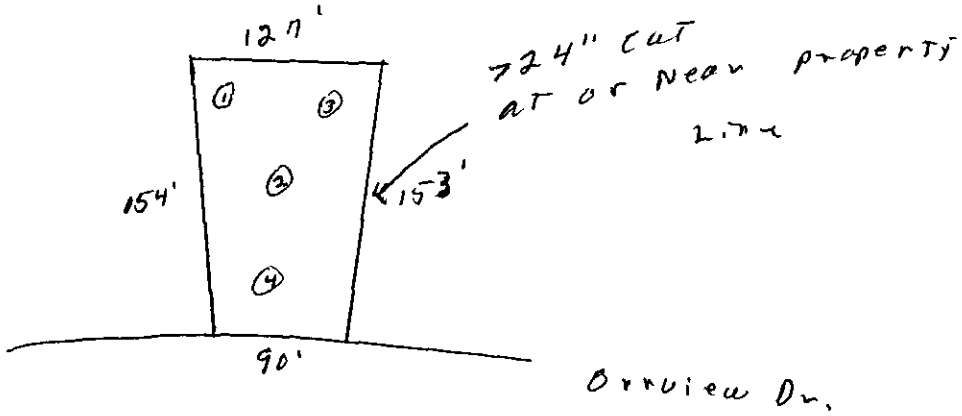
COMMENTS Lot is not 100% Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	CONSISTENCE WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC



STRUCTURE	MINERALOGY
SG-SINGLE GRAIN	SLIGHTLY EXPANSIVE
M-MASSIVE	
CR-CRUMB	EXPANSIVE
GR-GRANULAR	
SBK-SUBANGULAR BLOCKY	
ABK-ANGULAR BLOCKY	
PL-PLATY	
PR-PRISMATIC	



FEE: 200.00 CK# 1113
DATE: 2/23/00 gc

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

[✓] CRT

TYPE APPLICATION: X 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 #: 4203B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 137-041-35

STREET ADDRESS: 7909 Overview Drive

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

CLOSING DATE _____

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: ~~1300~~ 1240

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

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

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

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

WATER SUPPLY (CHECK ONE):

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

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

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

PROPERTY OWNER:

NAME: (LAST) Bell (FIRST) Bobby (MI) H.

ADDRESS: 7909 Overview Drive

CITY Charlotte STATE: NC ZIP: 28227

DAYTIME PHONE: ( ) 545 - 4166

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 6-18-70

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: Bobby H. Bell DATE: 2-20-00

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

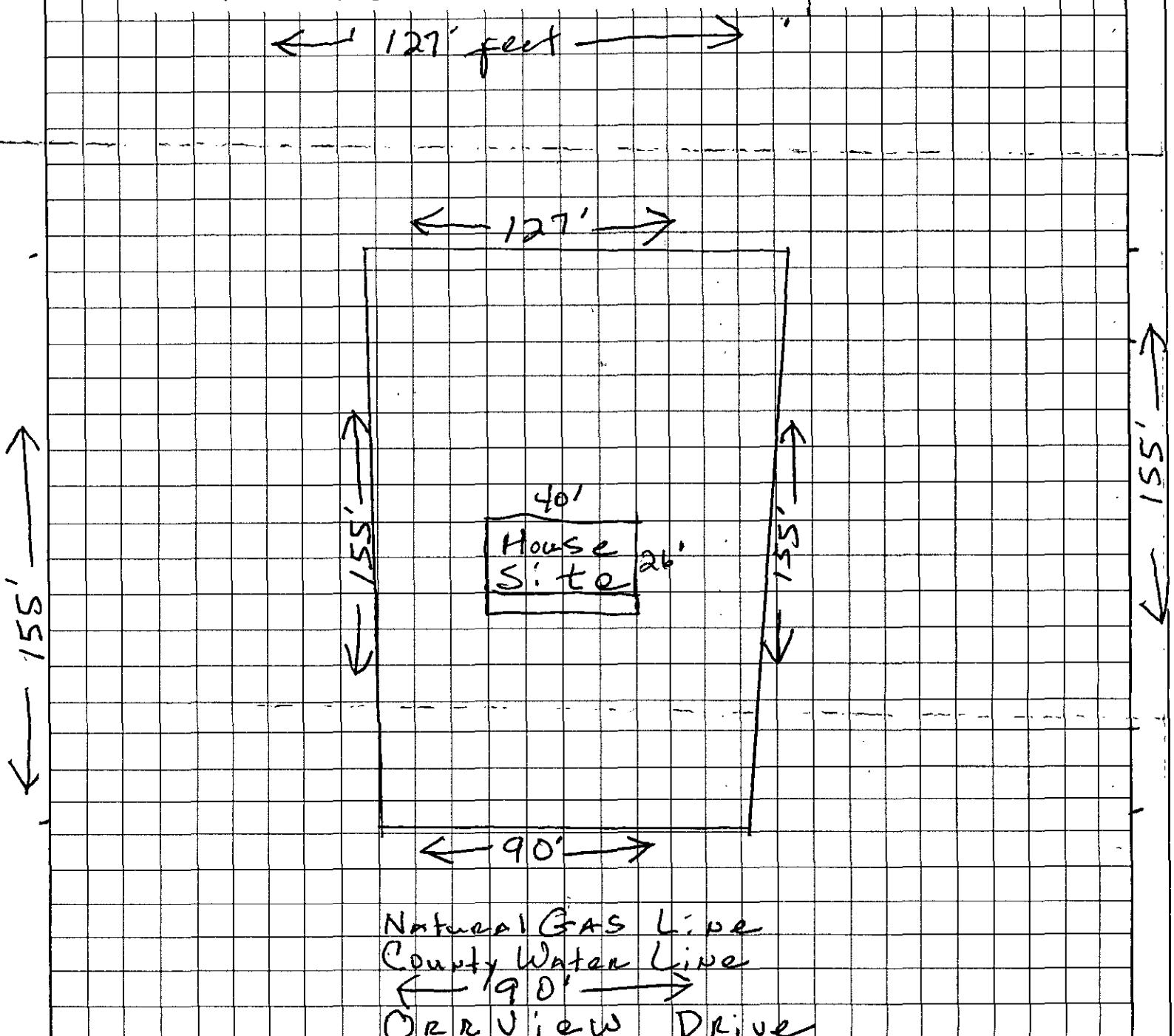
PROPOSED PLOT PLAN

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

FILE: 4203B

TC: 137-041-35

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.



Bobby V. Bell
OWNER/AGENT SIGNATURE

DATE 2-20-00

APPROVAL DATE _____

Scale each block APPX 10'

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