

16510 CABARRUS RD

13924120

1/2/2008

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: 2990B DATE: 4-10-00

TC: 139-241-09 ☒ L ☐ CRT

SERIAL Nº 18305

Name of Owner EDWARD R. ESTRIDGE Juris.:

Address of Property 16510 CABARRUS ROAD

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines @

Cover Depth 12"

Water Supply Source WELL

Distance to Water Source 150'

Excavation Inspected 4-10-00

Tank(s) Inspected 4-10-00

Wash Line Inspected —

High Water Alarm Inspected —

SEE INSTALLATION

PLOT

Design 1500 ST 1200 SFT CON 12G CTR# RCS

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 15A 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 15A 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-C

Environmental Health Specialist

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

4/12/2000

ENCLOSED IS $150.00 FEE FOR OPERATION PERMIT FOR INSTALLED/APPROVED SYSTEM AT 16510 CABARRUS ROAD (CHARLOTTE); FILE 2990B; TAX PARCEL 139-241-09 PO. PLEASE MAIL ME A "SEPTIC SYSTEM CLEARANCE" LETTER AS SOON AS POSSIBLE. THE LENDER REQUIRES SAME 7 DAYS PRIOR TO CLOSING ON 4/26/00. PLEASE MAIL TO:

ED ESTRIDGE
501 NEIGHBORS DR.
MIDLAND, NC 28107

PLEASE CALL ME AT (704) 788-2000 IF THERE ARE ANY QUESTIONS OR PROBLEMS RELATED TO THIS REQUEST.

THANK YOU
Ed Estridge

PROPOSED PLOT PLAN

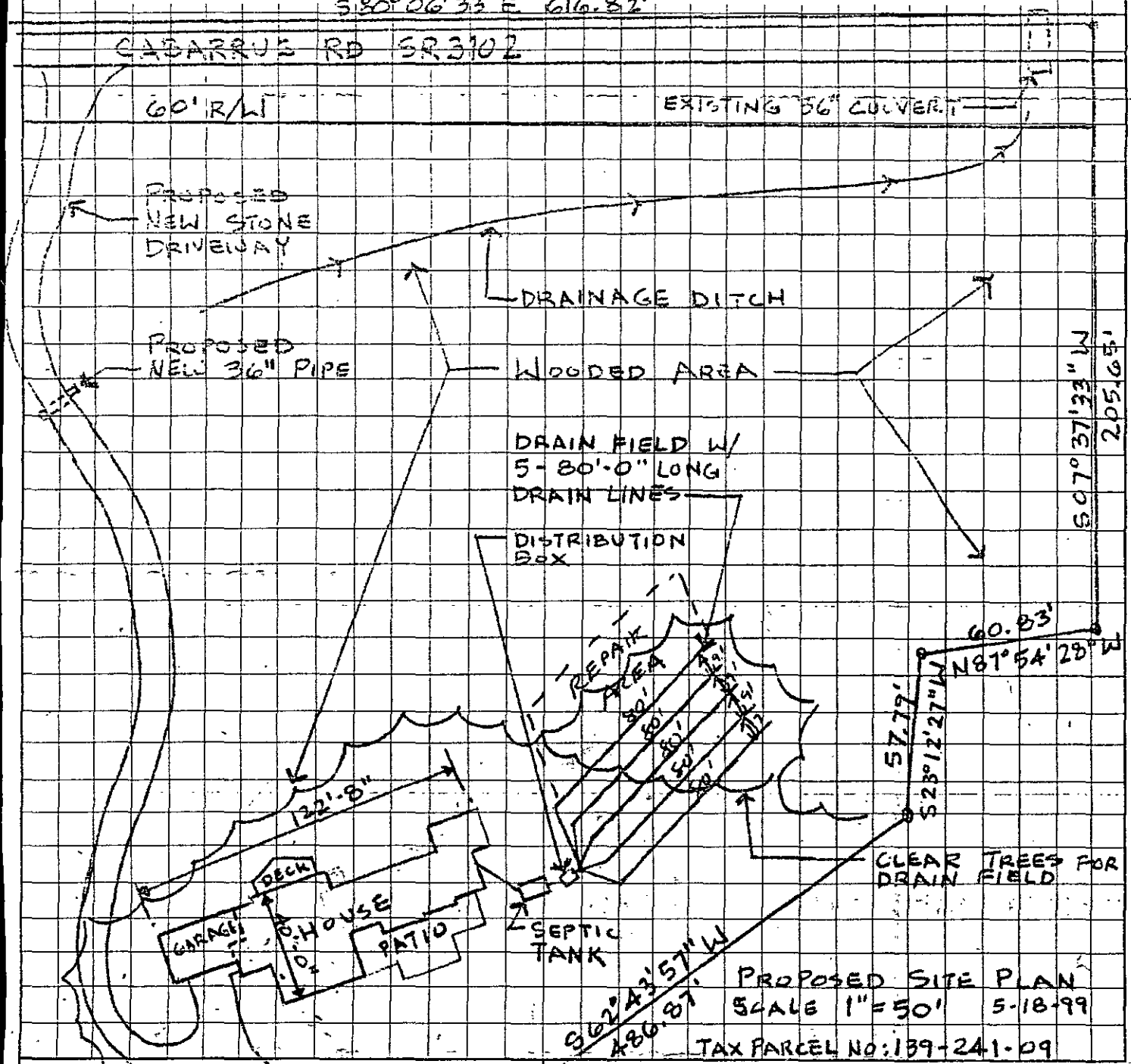
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

ADDRESS: 16510 CABARRUS RD
CHARLOTTE

FILE: 2990B

TC: 139-241-09B

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.



Karen C Estridge EE
OWNER/AGENT SIGNATURE

DATE 5/19/99

WELL

APPROVAL DATE

COMMENTS:

1. INSTALL DRAINLINES SHALLOW (24") AND ON CONTOUR
2. LOCATE ALL WELLS 100' FROM ALL SEPTIC TANK SYSTEMS

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

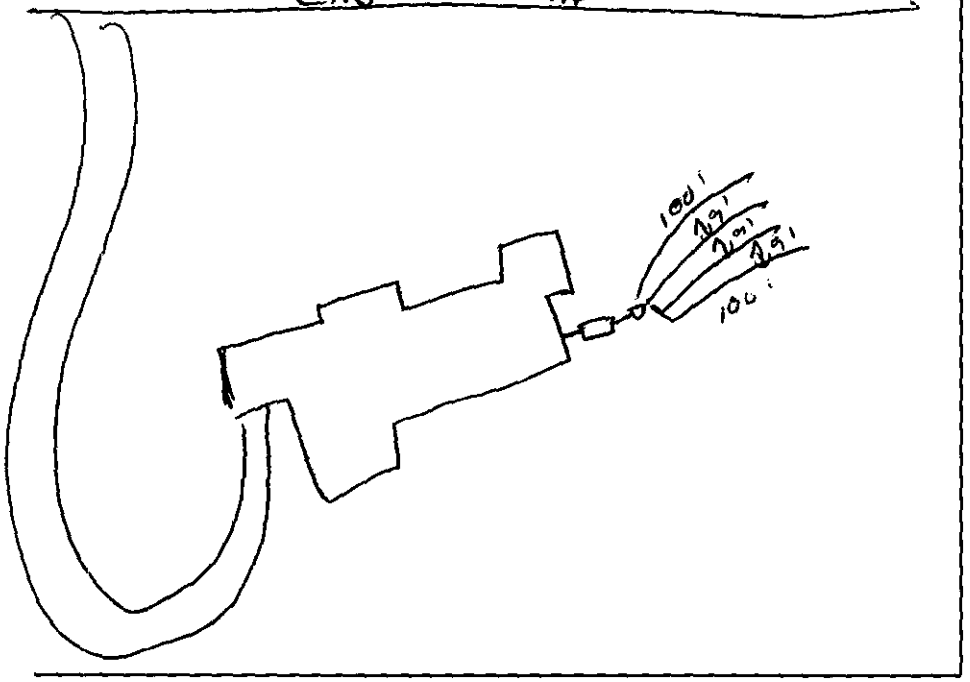
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2990B DATE: 4-10-00

TC: 139-241-09 ☒ L

SERIAL Nº 18254

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 5-18-99. All work shall be completed on or before 6-10-00, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A 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 — gallons

Tank Construction PCC

Trench Depth 36" @ FRONT TO 30" @ BACK

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous YES

Total Line Length 400 feet

Number of Lines 4

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 110' feet

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

NAME OF OWNER EDWARD R. ESTRIDGE

LOCATION OF PROPERTY 16510 CABARRUS ROAD

Comments: (1) LINES TO BE 36" DEEP @ FRONT DIMINISHING TO 30" @ END.

Environmental Health Specialist

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

CK #47847 PCS

FEE: 100.00 AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: 6-16-99 VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 6-16-99 PERMIT NO: 2990B
PARCEL NO: 139-241-09 pp

JOB LOCATION ADDRESS: 11510 CABARRUS ROAD
PROPERTY OWNER: EDWARD ESTRIDGE
BUILDING CONTRACTOR:
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: [signature] DATE: 6-16-99
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2990B, 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: _____

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.

Edward R. Estridge 7/13/99
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

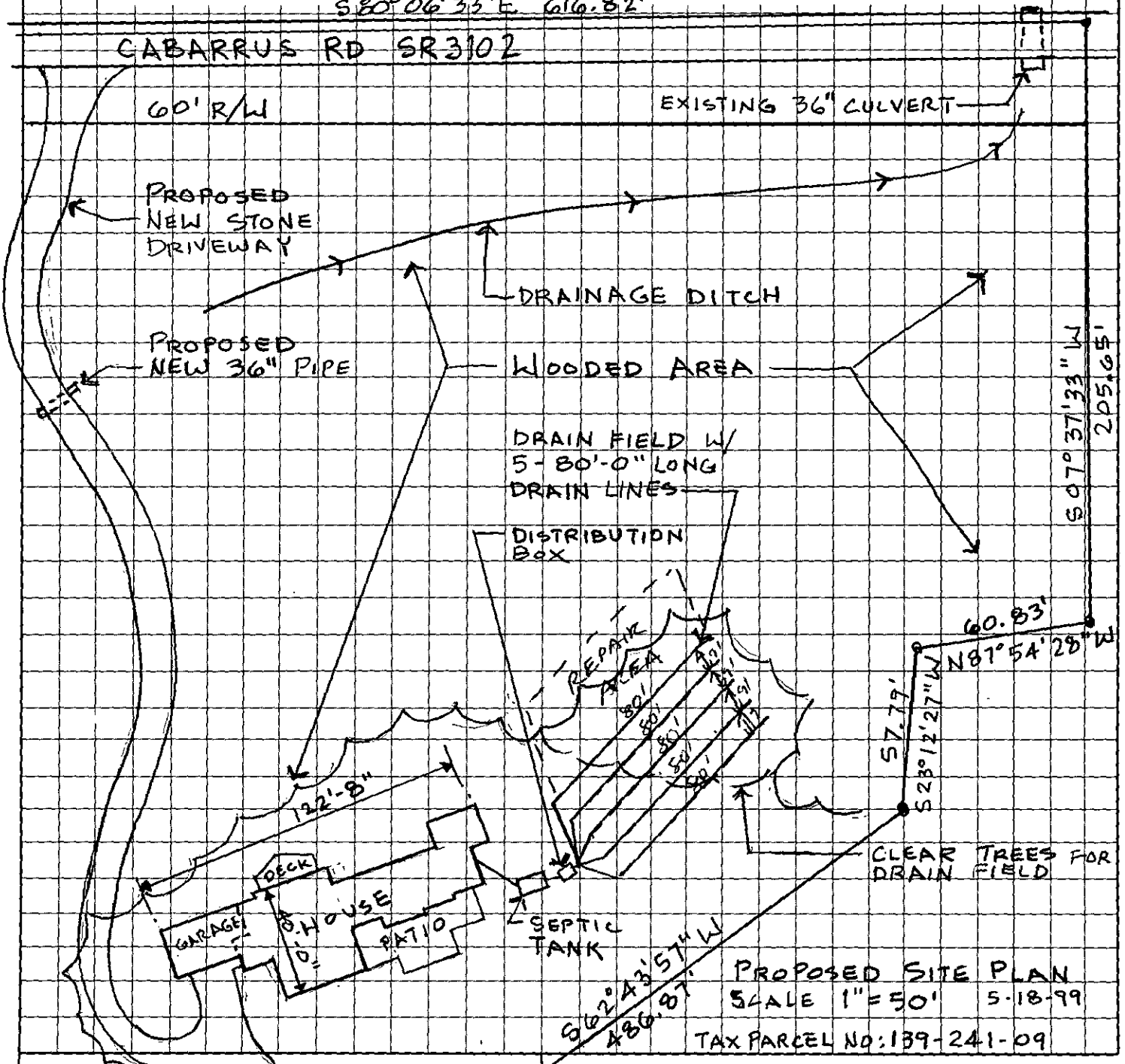
PROPOSED PLOT PLAN

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

FILE: 2990B

TC: 139-241-09P0

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.



Karen O. Estridge EE
OWNER/AGENT SIGNATURE

DATE 5/19/99

◇ WELL

APPROVAL DATE

COMMENTS!

① INSTALL DRAINLINES SHALLOW (24") AND ON CONTOUR

② LOCATE ALL WELLS 100' FROM ALL SEPTIC TANK SYSTEMS

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

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 2990R

Tax Number: 139-241-09

- 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	X Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

3 Long-term acceptance rate	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
GPS Serviced by private well	1500 Gallon septic tank	400 Total trench length (ft)	24 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	12" Depth of stone	

Any surface waters present: Type: Minimum separation distance:

Site modifications required:

Additional Conditions: SEE PLOT PLAN

Repair Area System Type Type (circle one): I (II) III IV V VI	X 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

1200 Absorption Area (Sq ft) 400 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	24" 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 6-16-99

Edward R. Eskridge — Owner/Agent Signature — Date 7/13/99

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

*FEE: 100.00 CK#4742

DATE: 5-19-99 MW

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 #: 8990B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139-241-09.00

STREET ADDRESS: CABARRUS RD CHARLOTTE, NC 28227

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2,388

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
✓ 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 ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

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

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

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

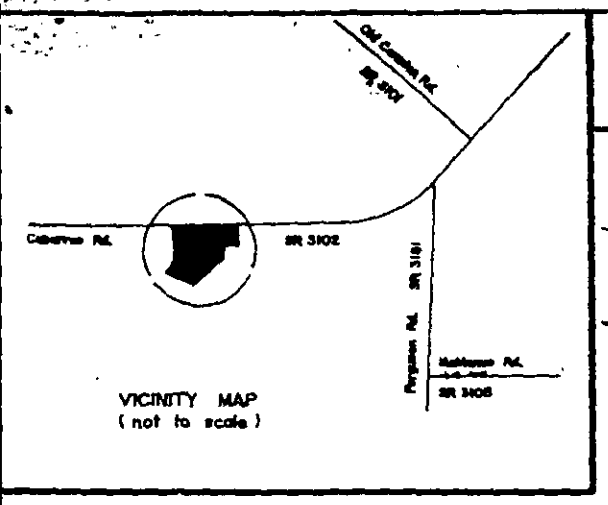
PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: ESTRIDGE EDWARD R. (LAST) (FIRST) (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 501 NEIGHBORS DR.	DAYTIME PHONE: ( ) -
CITY: MIDLAND STATE: NC ZIP: 28107	
DAYTIME PHONE: (704) 788-2000	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? JULY 30, 1996

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: Edward R. Estridge DATE: 5/18/99

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



VICINITY MAP
(not to scale)

existing iron pipe in stone pile

43.54

Cabarrus Road

S 80° 06' 33" E

616. 82'

SR 3102

pk nail set & rt

TIE LINE
N 87° 39' 25" E 952. 44'
to existing pk nail at intersection of Ferguson Rd. SR 3181 & Cabarrus Rd. SR 3102.

30'

60' R/W

16' paved

36. 61'

iron pin set

380. 20' (total)

306. 66'

336. 66' (total this side)

SIDE

205. 65' (total)

S 07° 37' 33" W

169. 04'

new line

60. 83'

N 87° 54' 28" W

S 23° 12' 27" W

57. 79'

6. 29 acres
subject to R/W of
SR 3102

N 10° 00' 00" E

I, Harold R. Boles certify that this map was drawn under my supervision, from an actual field survey, that the error of closure as computed by latitudes and departures is 1 / 10,000'.

Note; no NCGS monuments found within 2000'.

Map not for recording.

That the survey creates a subdivision of land within the area of a county or municipality that has an ordinance that regulates parcels of land.

3743 - 0458

Melvin E. Mullis,

existing iron pipe in stone pile

1062. 65' (total)

184. 00' SIDE

N 40° 08' 30" E

1278. 65'

existing iron pipe

iron pin set

new line

N 65° 10' 44" W

265. 66'

REAR

128. 40'

iron pin set

new line

358. 47'

S 62° 43' 57" W

486. 87' (total)

iron pin set

Charles E. Estridge,

7953 - 0524

NORTH

DEED

60' 0 60' 120' 180'

SCALE 1" = 60'

Note ; land is not located in a flood zone according to the National Flood Insurance Program mapping. See Community Panel Number 370158 0300 A (maps).

BOUNDARY SURVEY FOR

Edward R. Estridge and wife Karen C. Estridge

SCALE: 1" = 60'	APPROVED BY	DRAWN BY
DATE: July 13, 1996	Harold R. Boles, NCRLS, L-2543 13200 Old Camden Rd, Midland, NC 28107	

Deed reference, see deed book 7953 page 0524.

Clear Creek Township Mecklenburg County, NC

NORTH CAROLINA REGISTERED SEAL L-2543 LAND SURVEYOR HAROLD R. BOLES

DRAWING NUMBER

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

#1

(40)

Sheet: _____
Property ID: PO 139-24109
Lot #: _____
File #: 29908

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Edward A. Estridge APPLICANT: _____
ADDRESS: 501 Neighbor Dr., Midland DATE EVALUATED: 6-3-99
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 360gpd PROPERTY SIZE: .25
LOCATION OF SITE: off Calvaries Road PROPERTY RECORDED: _____
WATER SUPPLY: ~~Private~~ ☐Public ☐~~Well~~ ☐Spring ☐Other _____
EVALUATION METHOD: ☐~~Augur Boring~~ ☐Pit ☐Cut
TYPE OF WASTEWATER: ☐~~Sewage~~ ☐Industrial Process ☐Mixed

PROFILE #	Slopes 3-15% .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	LS	0-4"	gr/c/	Fr/SE XP/ SS/SP	>41" TO soil wetness	41"	N/A	None	PS .391 Fr IV
		4-28"	SBK/C	F:/SE XP/ S/P					
		28-41"	SBK/ C/	Fr/ SE XP/SS/SP					
2	LS	0-8"	gr/c/	Fr/SE XP/SS/SP	>48" TO soil wetness	48"	N/A	None	PS .391 Fr IV
		8-48"	SBK/C	F:/ SE XP/ S/P					
3	LS	0-3"	gr/c/	Fr/ SE XP/ SS/SP	> 38" TO soil wetness	38"	N/A	None	PS .391 Fr IV
		3-25"	SBK/C	F:/SE XP/ S/P					
		25-38"	SBK/C/	Fr/SE XP/ SS/SP					
4	LS	0-3"	gr/c/	Fr/SE XP/ SS/SP	>35" TO soil wetness	35"	N/A	None	~~PS~~ LS .391 Fr IV
		3-35"	SBK/ C	F:/ SE XP/ S/P					
5	LS	0-5"	gr/c/	Fr/SE XP/SS/SP	>46" TO soil wetness	46"	N/A	None	PS .391 Fr IV
		5-46"	SBK/C	F:/SE XP/S/P					

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: W.R. Marlin LSS 6-4-99
OTHER(S) PRESENT: E.F. Estridge

FILE # 2990 B

COMMENTS Rudolph 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	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

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE

