

6523 RIVERVIEW DR

02308509

5/10/07

duponbj

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

COPY

MECKLENBURG COUNTY LAND USE AND ENVIRONMENTAL SERVICES AGENCY
CREDIT/REFUND APPLICATION & ADJUSTMENT/CANCELLATION FORM

See instruction sheet for completion instructions. GAX-LUE - _____

CREDIT ☐
REFUND ☐
CANCEL ☐

1. Property Owner's Name: Mike Worrell 2. Permit #: _____
3. Permit Address: 6523 Riverview Dr 4. Posting Date: 9/18/06 5. Fire Fee #: _____
6. Account Name: _____ 7. Account # _____
8. *If Refund*, Check payable to: _____ 9. Phone # _____
10. Mailing Address: 6778-1-B Cobble Creek Rd. Whitsett NC 28377
(Please Print) Street City State Zip
11. Signature: Gwen for Mike Worrell 12. Printed Name Mike Worrell 13. Date: 12/11/06

REASON FOR REQUEST

☐ Plan Change ☒ Not Doing Work ☐ Duplicate Permit (Dup. Permit # _____ Date _____)
☐ Wrong Contractor → SHOULD HAVE BEEN _____ CHARGES REAPPLIED _____
Correct contractor Staff Initials
→ ☐ Other (Specify) _____

For Departmental use only. Do not write below this line

IF ADJUSTMENT
(to be completed by Emp & Supervisor)

Incorrect Entry - _____
Correct Entry -
Reason - _____

_____
_____
_____
_____

Initials _____ Date / /
Superv Initials _____ Date / /

INSP. COUNT & CANCELLATION OF PERMIT
(Completed by Applicable Core Process)

Number of Inspections

B	E	M	P	F	L

Cancellation of Permit
(completed by Applicable Core Process)

B	E	M	P	F	L
☐	☐	☐	☐	☐	☐

Initials _____ Date _____
Expired Permit
Rev Coll. Date Stamp

CALCULATIONS
(Completed by Applicable Core Process)

Plan Review — 80% = Plan Review, 90% = No Plan Review: _____ %
Insp. Info — Each Insp (10%): _____ %
Total Crdt/Rfnd % — PR% - Insp: 100 %
Pmt or Fee Amt — $ Total Amt: $ 100
Zoning Fee — $ Amt: $
$ _____ X _____ % =
Total Pmt/ Fee Credit/Refund: $ 100
Permit Fee- Zoning X C/R% or Min/- Whichever is greater
Initials GyC Date 12/11/06

VERIFICATION *(To Be Completed By Revenue Collection)*

If Refund	If Refund with Credit Balance	If Credit,(Trans #)	Serv Chg Cr	Initials & Date	Posting Date
	8 _ 03=0 9004=$		$		
Org/Account [8 _ 03 = 0]	Refund Charge to account	88 - - -	88116		

APPROVALS *(To Be Completed By Department And Finance Representatives)*

Department Approval: _____ Date _____
Finance Approval: _____ Date _____

Assigned to: R S
Rev Coll. Date Stamp

Rev. Coll. Tracking # ____-____-____

Spoke to 11/26/07 10:50
A. J Morgan
inspector on record
w/ CMUD
cell # 955-7517
Connection will be
made by end of
week

Daily Counter Transactions - Environmental Health

Printed On: December 11, 2006 1:30:27PM
Printed By: craiggy

Transaction Date 09/18/06

Receipt#	Account#	Name	Transaction Type	Comments	Pymt Method	Check/Auth No.	User	Amount
46018	X31983	BLUE HAVEN POOLS OF NC INC	0718 Residential Pool Permit		CHARGE		BEACHMS	75.00
46019	200000	BRONTZ SCOTT	0705 MH Exc/Add/Repl w/o System Mod	9928 HAGERS ROAD	MC	025219	AIDOOJK	100.00
46020	200000	BRONTZ SCOTT	0702 Optional Site Evaluations	9928 HAGERS ROAD	MC	025219	AIDOOJK	100.00
46021	X32342	MCCAR HOMES CHARLOTTE LLC	0734 Auth for Waste Wtr Sys Constr	5611 TURKEY OAK DRIVE	CHARGE		AIDOOJK	150.00
46022	X32342	MCCAR HOMES CHARLOTTE LLC	0703 Installation/Final Approval	5611 TURKEY OAK DRIVE	CHARGE		AIDOOJK	150.00
46023	X32342	MCCAR HOMES CHARLOTTE LLC	0734 Auth for Waste Wtr Sys Constr	5531 TURKEY OAK DRIVE	CHARGE		AIDOOJK	150.00
46024	X32342	MCCAR HOMES CHARLOTTE LLC	0703 Installation/Final Approval	5531 TURKEY OAK DRIVE	CHARGE		AIDOOJK	150.00
46025	X36417	CAROLINA AQUA SUN INC	0718 Residential Pool Permit	255 hempstead place	CHARGE		BEACHMS	75.00
46027	200000	WORRELL MICHAEL P	0704 Change in Plot Plan	6523 RIVERVIEW DRIVE	CHECK	1042	AIDOOJK	100.00
46034	X38586	DOLPHIN POOLS INC	0718 Residential Pool Permit	8916 fultram lane	CHARGE		BEACHMS	75.00
46035	X36417	CAROLINA AQUA SUN INC	0718 Residential Pool Permit	2800 providence view lane	CHARGE		BEACHMS	75.00
46036	200000	DOMEIER PAUL	0725 Document Copies	FOOD & FACILITIES COPIES	CHECK	3495	AIDOOJK	9.50
46037	X34505	POOL BY DESIGN	0718 Residential Pool Permit	14631 henry harrison stillwell drive	CHARGE		BEACHMS	75.00
46038		HARDISTER, BILL	Deleted Document		CHECK	605	SADERLW	0.00
GW06001	200000	Brenntag Southeast	0763 Contam Site/Monitor 7-10 Wells	PARCEL - 07108117 ADDR - 818 TUCK	CHECK	506056	CRAIGGY	290.00
GW06001	200000	A&B Floral	0763 Contam Site/Monitor 7-10 Wells	PARCEL - 04723105 ADDR - 7101 MAC	CHECK	43075	AIDOOJK	290.00
GW06001	200000	MRS. CHARLES YOUREE	0764 Contam Site/Monitor 11-25 Well	PARCEL - 08502206 ADDR - 200 ATAN	CHECK	3837	CRAIGGY	450.00

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/18/06	**Amount:**	100.00
Receipt #:	46027	**Tendered:**	100.00
Check / Auth #:	CHECK 1042	**Returned:**	0.00
Received By:	AIDOOJK		

Account Information

Account #: 200000
Contractor: WORRELL MICHAEL P
Attn:
Address: 6778 I-B COBBLE CREEK ROAD
Address:
City/State/Zip: WHITSETT, NC 27377

Item	Description	Permit#	Quantity	Unit Price	Total Price
0704	Change in Plot Plan 6523 RIVERVIEW DRIVE		1	100.00	100.00

Apply towards final septic fee
will owe $50 for CO
left msg for Mr Worrell on VM 3/20/06
no response to VM message

12/11/06
Will connect to CMUD and not use septic system per PC w/ Mr Worrell
PC to CMUD confirmed intent to connect to municipal

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
25.00					

FILE # 3922A PARCEL # 023-085-09 PERMIT # 1120

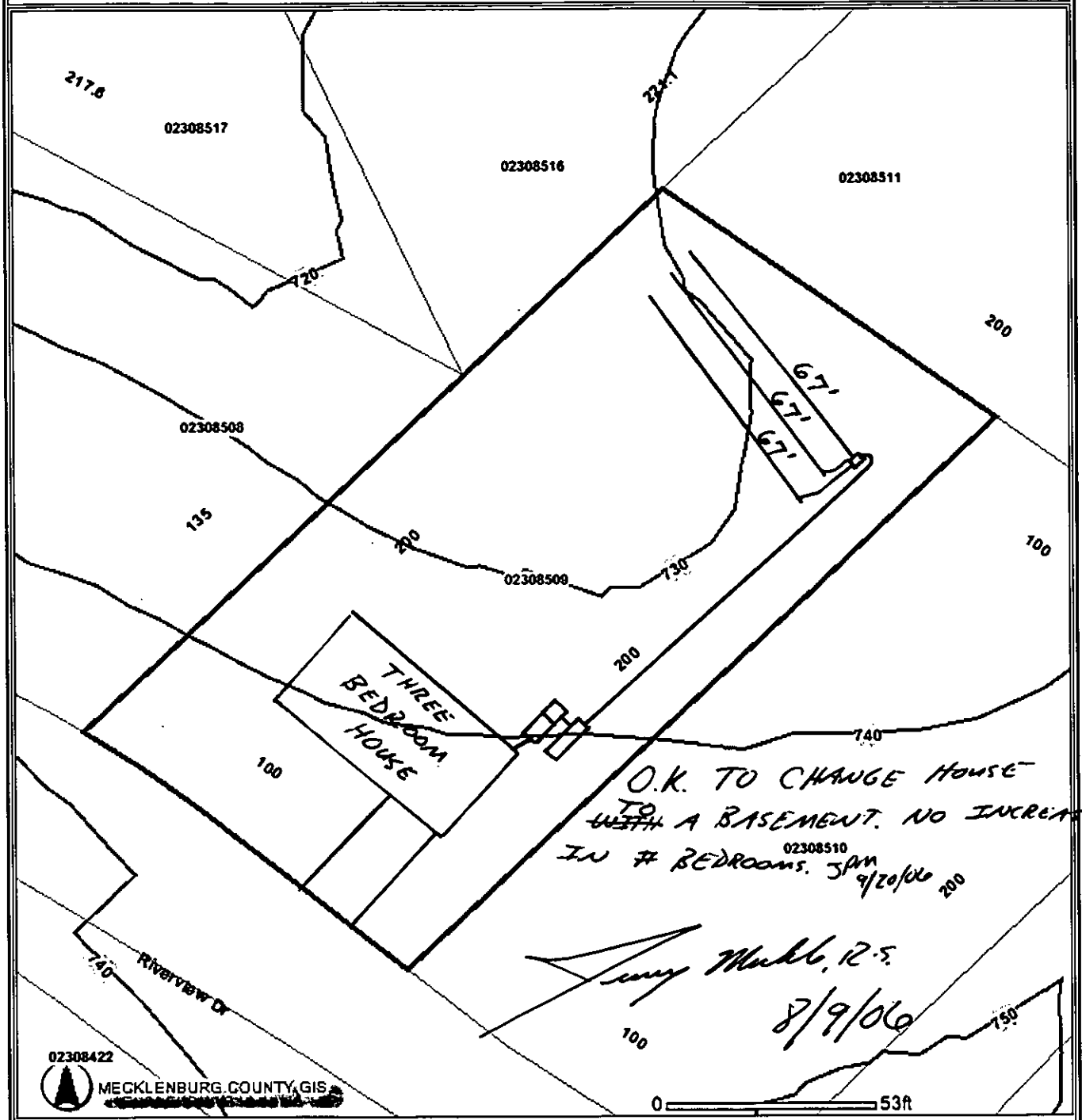
Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Wed Aug 9 10:24:09 EDT 2006

6523 Riverview Drive



This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

→ THREE BEDROOM HOUSE → 1500 GALLON SEPTIC TANK
→ 1000 GALLON PUMP TANK → 0.45 LTAR → 22" TRENCH DEPTH
→ TYPE #6 PUMP TO INNOVATIVE SYSTEM.

#1465

LD

GWS – RES. APP 07/05

SEPTIC FEE: 100.00
DATE: 9/18/06
CRT [ ] CK # 1042 JKA

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

FILE # 3922A

WELL FEE:
DATE:
CRT [ ]

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☒ MODIFY PLOT PLAN

WELL / TYPE APPLICATION: ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION:

TAX/PARCEL #: 02308509
STREET ADDRESS: 6523 RIVER VIEW DR.
CITY: CHARLOTTE
STATE: NC ZIP:
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 6
TOWNSHIP:

☒ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☒ HOUSE (H) ☐ OTHER
HEATED SQUARE FOOTAGE: 1400 sq ft + ½ basement
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWLSPACE ☒ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:
NUMBER OF BEDROOMS TO BE ADDED: 0 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☒ NO TYPE:

WATER SUPPLY:

☐ MUNICIPAL (M) ☒ PUBLIC (C) ☐ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☐ POTABLE ☒ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☒ NO	WELLS, SPRINGS, OR WATER LINES	☐ YES	☒ NO
EXISTING WASTEWATER SYSTEMS	☐ YES	☒ NO	DESIGNATED WETLANDS	☐ YES	☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☒ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☒ NO

PROPERTY OWNER:

NAME: MIKE WORRELL
ADDRESS: 6708 1-B Cobble Creek Rd
CITY: Whitsett
STATE: NC ZIP: 27377
HOME PHONE: — WORK PHONE: —
MOBILE PHONE: 336-207-1404 FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

*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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Mike Worrell 9/18/06
Owner's/Agent's Signature Date

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE
WASTEWATER SECTION.

*A Well 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

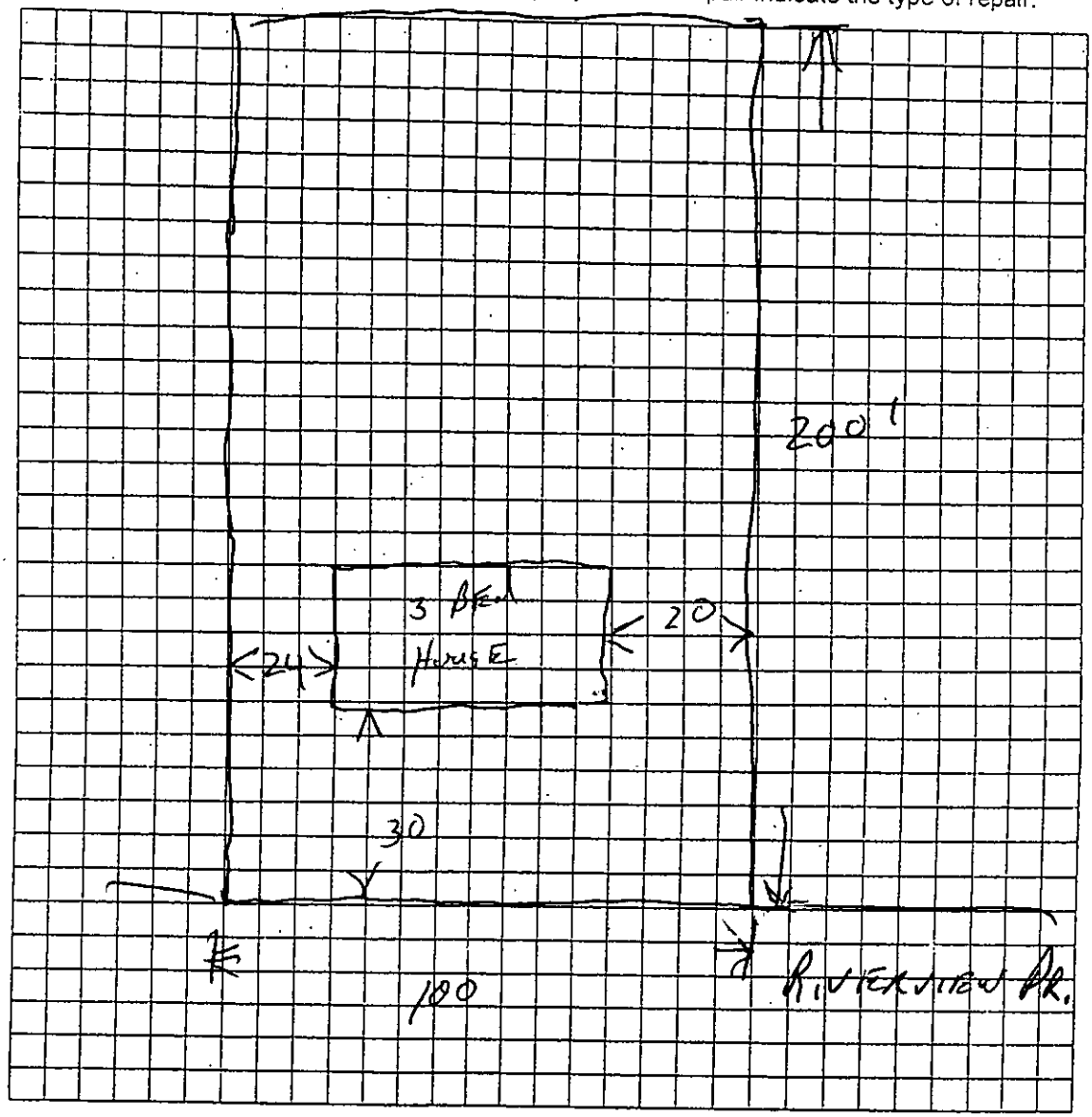
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202 704-336-5103 / FAX: 704-336-6894

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

File # 3922A
Date_____

PROPOSED PLOT PLAN

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



Owner/Agent Signature [signature]
Date 9/18/06

LBC 12/15/04

LD 8/10/06

FEE: 150.00
DATE: 8/10/2006

CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 3922A

PERMIT NUMBER: 30001120

PARCEL NUMBER: 02308509

JOB LOCATION INFORMATION

ADDRESS: 6523 RIVERVIEW DR

CITY: CHARLOTTE **STATE: NC** **ZIP:** 28216

ISSUED TO: MIKE WORRELL

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 8/10/2006

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30001120, 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 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 THE 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 CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.
   *CONSTRUCTION AUTHORIZATION EXPIRATION DATE: 8/9/2011

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30001120** GWS File #: **3922A** Tax Parcel #: **023-085-09**

- This 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.

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 8/9/2011

Type of Installation: Residential - New System Lot Number: 0

Structure Type: HOUSE Size (ft^2): 2000 # Bedrooms: 3 # Occupants: 2

Building Foundation: Crawl Space Water Supply: Municipal

II. Initial System Type: Pump to Innovative or Experimental **System Classification:** IIIb

Initial System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.45	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	600	Total Trench Length (ft):	200
Maximum Trench Depth (in):	22	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

III. Repair System Type: N/A **System Classification:** VIb

Repair System Specifications:

Design Flow (gpd):	0	LTAR (gpd/ft^2):	0.0	Septic Tank Size (gal):	0	Pump Tank Size (gal):	0
Trench Width (ft):	0	Trench Spacing (ft):	0	Absorption Area (ft^2):	0	Total Trench Length (ft):	0
Maximum Trench Depth (in):	0	Depth of Media (in):	0	Distribution Device:	N/A		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michelone Owner/Legal Agent: M. KEWORRELL
Print Name

Signature: Jeremy Michelone, R.S. Signature: Mike Worrell

Date Issued: 8/9/2006

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30001120** GWS File #: **3922A**

IV. Permit Conditions/Comments:

- Owner agreement forms for site reclassification shall be on file prior to issuance of Construction Authorization.
- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- 100% repair area is not required for this property. However, the maximum feasible area shall be allocated for a repair area.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

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DENR Authorized Agent: Jeremy Michelone

Signature: Jeremy Michelone, R.S.

Date Issued: 8/9/2006

Owner/Legal Agent: MIKE WORRELL
Print Name

Signature: Mike Worrell

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

NC DENR
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IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30001120** GWS File #: **3922A** Tax Parcel #: **023-085-09**

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Structure Type: HOUSE Size (ft^2): 2000 # Bedrooms: 3 # Occupants: 2

Building Foundation: Basement Without Plumbing Water Supply: Municipal

II. Initial System Type: Pump to Innovative or Experimental **System Classification:** IIIb

Initial System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.45	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	600	Total Trench Length (ft):	200
Maximum Trench Depth (in):	22	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

III. Repair System Type: N/A **System Classification:** VIb

Repair System Specifications:

Design Flow (gpd):	0	LTAR (gpd/ft^2):	0.0	Septic Tank Size (gal):	0	Pump Tank Size (gal):	0
Trench Width (ft):	0	Trench Spacing (ft):	0	Absorption Area (ft^2):	0	Total Trench Length (ft):	0
Maximum Trench Depth (in):	0	Depth of Media (in):	0	Distribution Device:	N/A		

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DENR Authorized Agent: Gwen Craig Owner/Legal Agent:_____
Print Name

Signature:_____ Signature:_____

Date Issued: 8/9/2006

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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DENR Authorized Agent: Gwen Craig

Signature:_____

Date Issued: 8/9/2006

Owner/Legal Agent:_____
Print Name

Signature:_____

FILE # 3922A PARCEL # 023-085-09 PERMIT # 1120

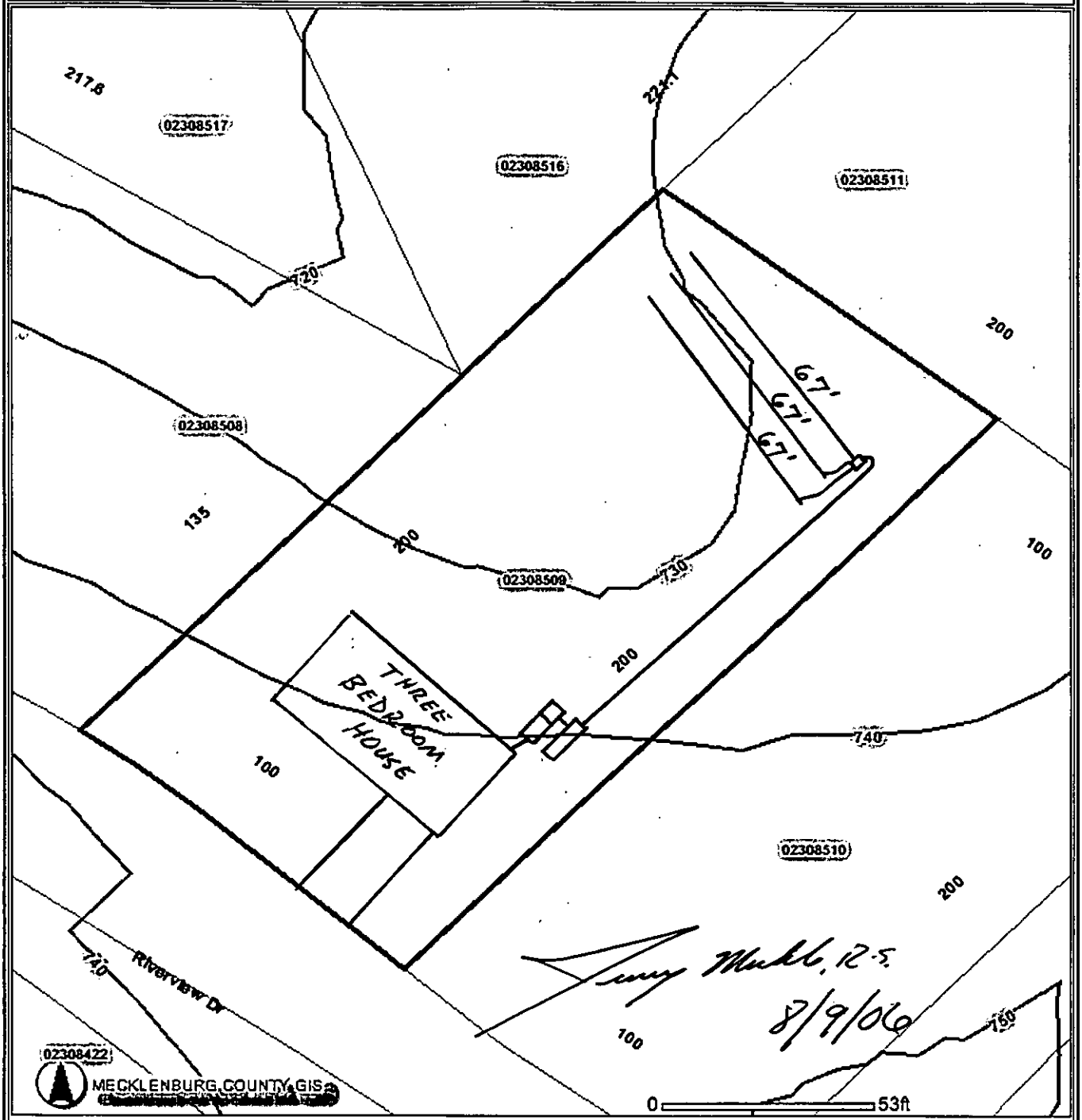
Mecklenburg County, North Carolina

POLARIS

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Date Printed: Wed Aug 9 10:24:09 EDT 2006

6523 Riverview Drive



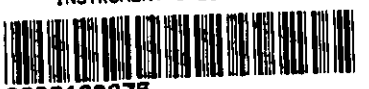
Jerry Mabb, 12-5.
8/9/06

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→ THREE BEDROOM HOUSE → 1500 GALLON SEPTIC TANK
→ 1000 GALLON PUMP TANK → 0.45 LTAR → 22" TRENCH DEPTH
→ TYPE #6 PUMP TO INNOVATIVE SYSTEM.

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2006 AUG 10 09:31 AM
BK:20883 PG:650-653 FEE:$20.00

INSTRUMENT # 2006163875



2006163875

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

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

FILE #: 3922A

PARCEL #: 023-085-09

The undersigned Michael P. Worrell, owner of property located at 6523 Riverview Drive, (the "site") and described in an instrument recorded in Book 20676 at Page 575, 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 will apply to the site:

This instrument was prepared by: Jeremy Michalove

Mail after recording to: Mike Worrell 6778-1B Cobble Creek Rd Whitsett, N.C. 27377

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

- -- 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 regulation in effect at the 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 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 _____ day of _____, 20____.

_____ Michael P Worrell (SEAL)
(Corporate Name)

_____ (SEAL)

By: _____ _____ (SEAL)

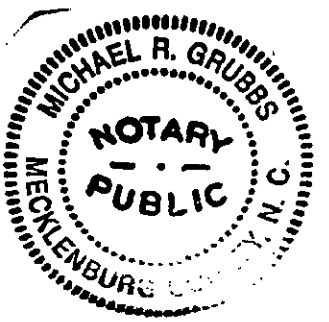
_____ President _____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)



STATE OF NORTH CAROLINA

COUNTY OF Mecklenburg

I, Michael R. Grubbs, a Notary Public for said County and State, do hereby certify that Michael P. Worrell personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal this 10 day of 8, 20 06.

_____
Notary Public

My Commission Expires:

6-8-08

STATE OF NORTH CAROLINA

COUNTY OF _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this date and acknowledged that he is _____ Secretary of _____, 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 _____ as its _____ Secretary.

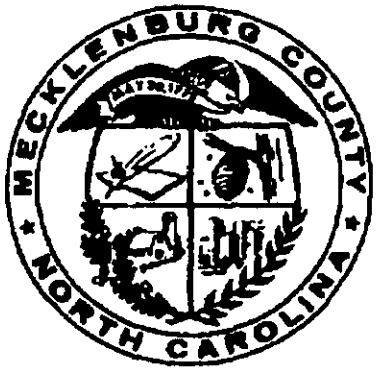
WITNESS my hand and notarial seal this _____ day of _____, 20 _____.

_____
Notary Public

My Commission Expires:

_____

REVISED 8-13-02



JUDITH A. GIBSON
REGISTER OF DEEDS, MECKLENBURG
COUNTY & COURTS OFFICE BUILDING
720 EAST FOURTH STREET
CHARLOTTE, NC 28202

PLEASE RETAIN YELLOW TRAILER PAGE

It is part of the recorded document, and must be submitted with original for re-recording and/or cancellation.

****

Filed For Registration:	**08/10/2006 09:31 AM**
Book:	**RE 20883 Page: 650-653**
Document No.:	**2006163875**
	PRMIT 4 PGS $20.00
Recorder:	**SERENA ROSS**



2006163875

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 of 2
Property ID: 023-085-09
Lot #: L6, BD
File #: 3922A
Code: 2

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Mike Worrell
Applicant:
Address: 6778-1-B Cobble Creek Road, Whitsett, N. C. 27277
Date Evaluated: 7/27/06
Proposed Facility: Residence
Design Flow (.1949): 360gpd
Property Size: .46a
Location of Site: 6523 Riverview Drive
Property Recorded:
Water Supply: [x] Public [ ] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 10	0-9	GR/SL	VFR/SEXP/NS/NP	>26" TO SOIL WETNESS	19	US	NONE	US, II .3GPD/FT^2
		9-19	WKSBK/SL	"					
		19-26	M/SL	VFI/SEXP/NS/NP					
2	"	0-7	GR/SL	VFR/SEXP/NS/NP	>24" TO SOIL WETNESS	16	"	"	US, II
		7-16	WKSBK/SL	"					
		16-24	M/SL	VFI/SEXP/NS/NP					
3	LS, 10	0-8	GR/SL	VFR/SEXP/NS/NP	>37" TO SOIL WETNESS	31	"	"	US, II .45GPD/FT^2
		8-31	WKSBK/SL	"					
		31-37	M/SL	VFI/SEXP/NS/NP					
4	"	0-6	GR/SL	VFR/SEXP/NS/NP	>34" TO SOIL WETNESS	30	"	"	"
		6-30	WKSBK/SL	"					
		30-34	M/SL	VFI/SEXP/NS/NP					

Description	Initial System	Repair System
Available Space (.1945)	US	
System Type(s)		
Site LTAR	.45GPD/FT^2	

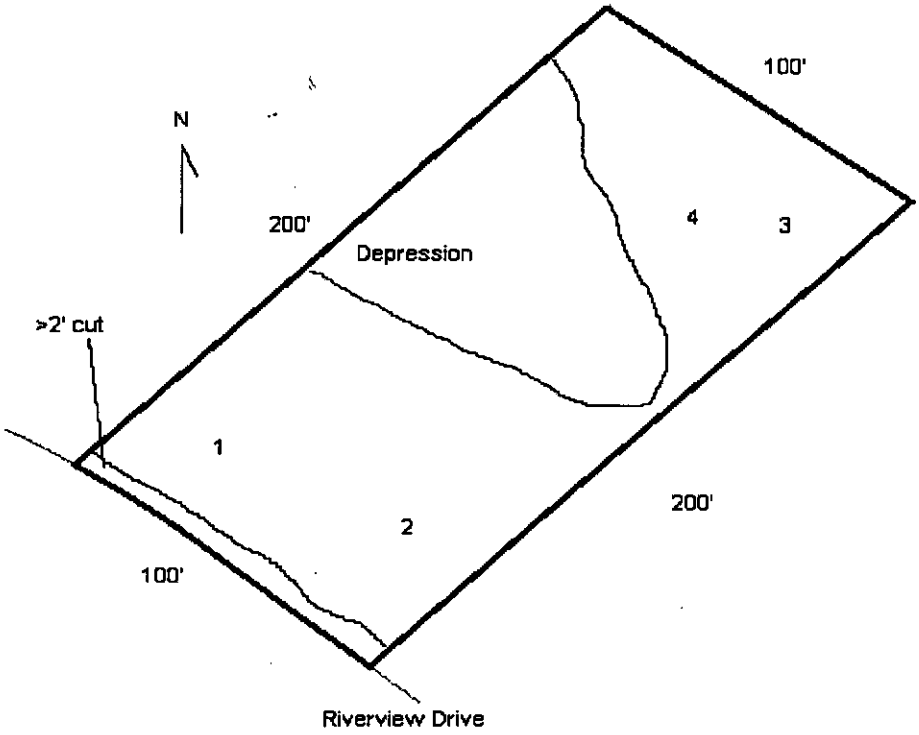
Other Factors (.1946):
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 7/28/2006. W. R. Marlin
Others Present: M. Worrell

COMMENTS:
Does not appear to be 100% repair

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace				
FP-Flood Plain		CL-Clay Loam		
		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

Sketch of Soil Evaluation Locations



1120

GWS – RES. APP 07/05

SEPTIC FEE: 200.00
DATE: 7/10/06
CRT [ ] Check 1002 JKA

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

FILE # 3922A

WELL FEE: _____
DATE: _____
CRT [ ]

SEPTIC / TYPE APPLICATION: ☐ NONE ☑ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

WELL / TYPE APPLICATION: ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT city WATER

JOB LOCATION INFORMATION:

TAX/PARCEL #: 023-085-09
STREET ADDRESS: 6523 RIVERVIEW DR
CITY: CHARLOTTE
STATE: NC ZIP:
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: RIVERVIEW ACRES
TOWNSHIP:

☑ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION:

TYPE OF BUILDING:

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

HEATED SQUARE FOOTAGE: 2000
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☑ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☒ NO TYPE:

WATER SUPPLY:

☑ MUNICIPAL (M) ☐ PUBLIC (C) ☐ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☑ NO	WELLS, SPRINGS, OR WATER LINES	☐ YES	☑ NO
EXISTING WASTEWATER SYSTEMS	☐ YES	☑ NO	DESIGNATED WETLANDS	☐ YES	☑ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☑ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☑ NO

PROPERTY OWNER:

NAME: MIKE WORRELL
ADDRESS: 6778-1-B Cobble Creek Rd
CITY: Whitsett
STATE: NC ZIP: 27377
HOME PHONE: WORK PHONE:
MOBILE PHONE: 336-215-9583 FAX:
336-207-1404

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? ALREADY CLOSED

*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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Michael F Worrell 7/10/06
Owner's/Agent's Signature Date

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE
WASTEWATER SECTION

*A Well 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Michael F Worrell 7/10/06
Owner's/Agent's Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202 704-336-5103 / FAX: 704-336-6894

• COMPLETE THIS APPLICATION ACCURATELY, LEGIBLY AND CORRECT ERRORS ON ALL PAGES NEATLY. THIS IS A LEGAL DOCUMENT.

• SHADED AREAS FOR DEPARTMENT USE ONLY. LIBERTY PRESS 828-287-4936

file # 3922A

PLOT PLAN FOR PERMIT APPLICATION
ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

LOCATION

STREET # (N,S,E,W) 6523 N. STREET NAME RIVERVIEW DR. (AV,RD,ST, etc) DR.

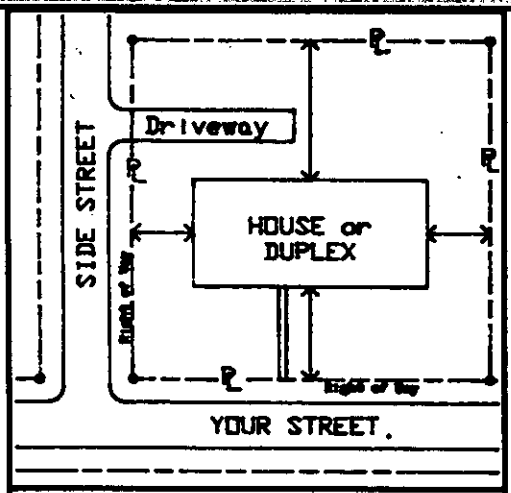
SUITE/UNIT(S):

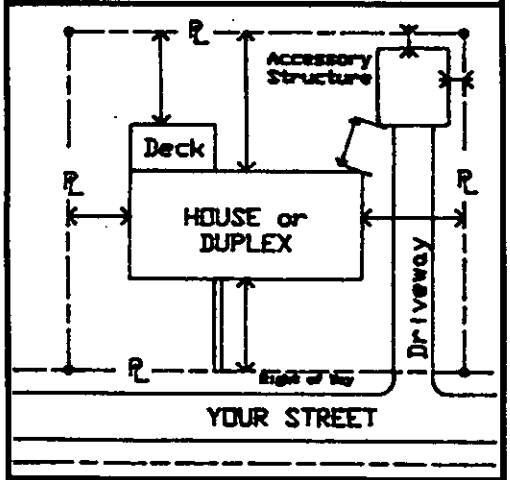
PERMIT #

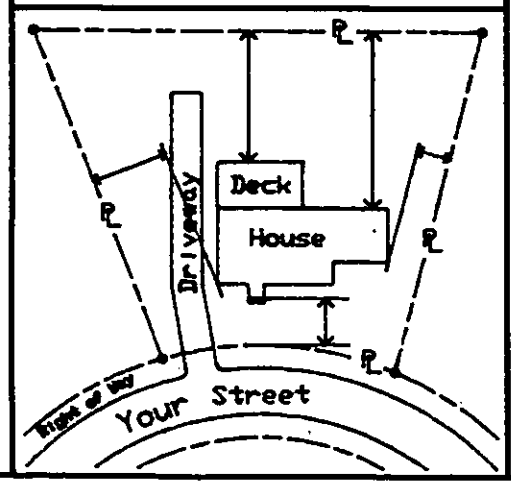
TAX JURISDICTION: (Check One)
☑ 0-Mecklenburg ☐ 1-Charlotte ☐ 2-Davidson ☐ 3-Cornelius
☐ 4-Pineville ☐ 5-Matthews ☐ 6-Huntersville ☐ 7-Mint Hill

TAX PARCEL # JOB #

EXAMPLES/PLOT PLAN





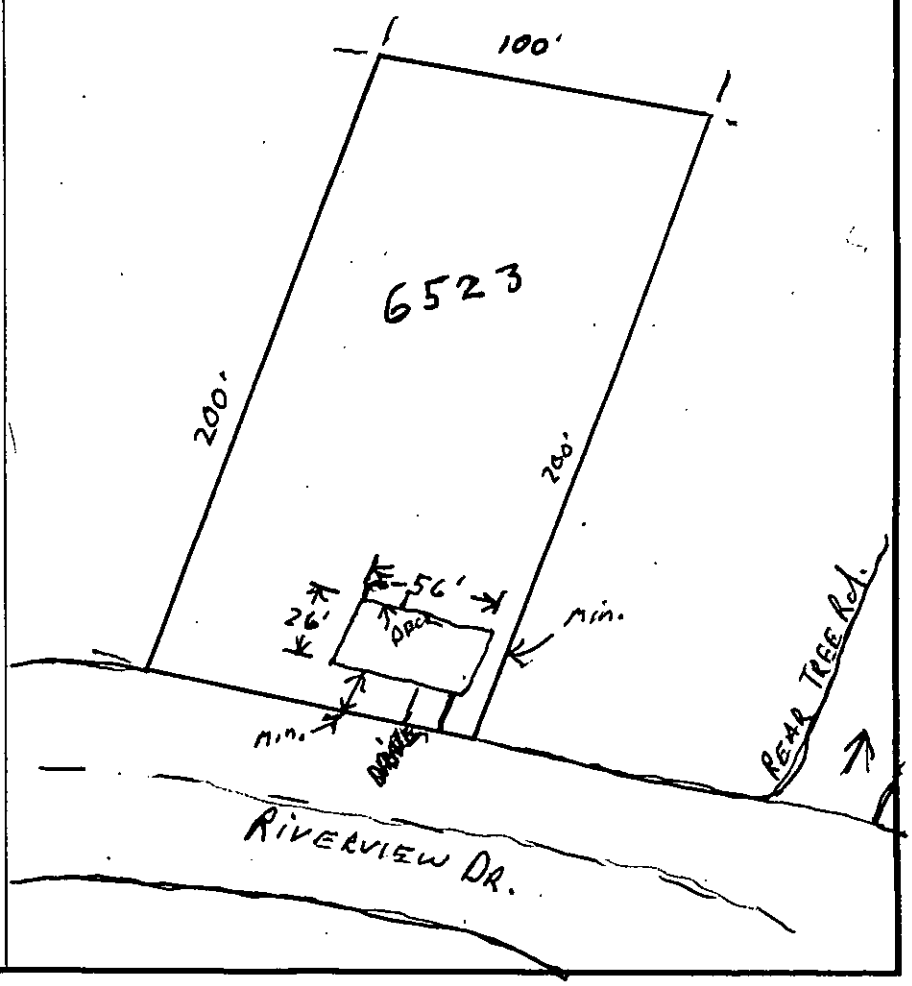


- INSTRUCTIONS -

In the space provided below, draw plot plan as neatly and accurately as possible, from survey if available.

1. Draw street(s) and right-of-way(s).
2. Draw property lines with dimensions.
3. Draw proposed and existing buildings showing any attached porch(es), deck(s), chimney(s), carport(s), or garage(s), etc...
4. Show distances of buildings from property lines or other structures.
5. Separate application and plot plan required for each building.

- PLOT PLAN -



ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED



6523 RIVERVIEW DR

02308509

5/10/2007

duponbj

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

* Please include copy of soil reports = 2

Mecklenburg County
Health Department

Aprella Bridges Ballard
2020 Holly St
Charlotte, NC 28216

Re: 6523 Riverview Dr.
File: 3922A
Parcel: 023-085-09

Receipt of your Application for Improvement Permit for the above referenced property is acknowledged. A soil evaluation and a site visit have been conducted. The results of the evaluation indicated that the site is UNSUITABLE under Rules .1945 Available Space .1943 Soil Depth. For these reasons your Application for Improvement Permit is denied. A possible way to develop the site exists under Rule .1948(d) which reads as follows:

> A site classified as UNSUITABLE may be used for a ground absorption sewage treatment and disposal system specifically identified in Rules .1955, .1956, or .1957 of this Section or a system approved under Rule .1969 if written documentation, including engineering, hydrogeologic, geologic or soil studies, indicates to the local health department that the proposed system can be expected to function satisfactorily. Such sites shall be reclassified as PROVISIONALLY SUITABLE if the local health department determines that the substantiating data indicate that:
> (1) a ground absorption system can be installed so that the effluent will be non-pathogenic, non-infectious, non-toxic, and non-hazardous;
> (2) the effluent will not contaminate ground or surface water; and
> (3) the effluent will not be exposed on the ground surface or be discharged to surface waters where it could come in contact with people, animals, or vectors.
>
> The State shall review the substantiating data if requested by the local health department.

Please be advised that you have the right to an informal review by this department. You als have the right to appeal under G.S. 130A-24, and to have the appeal held in Mecklenbu County.

If you have any questions regarding this matter, please call me at 336-~~5575~~ 68

Sincerely,

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

#42 LS

8/18/03 2:15

→ call back in 48 hrs, or ASAP

D) Howard Britton —
(704) 509-8178 (h) 704. 921-2490
2 lots
6523 + 6513
↳ Riverview Rd
Parcel# 023-08-509 023-08-510
Owner#
Aprelle Bridges Ballard

Interested in purchasing —
septic tank
no city water

6523
3922A
US

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

Saprolite Lot #3 460 grade ate

Sheet 1
PROPERTY ID #: 023-09509
Lot # : 6
File # : 3922 A

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Opelle Bridger Bullard APPLICANT: Jeffrey Bridger
ADDRESS: 2020 Holly Ln. Thurlow DATE EVALUATED: 8-6-96
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 240gpd PROPERTY SIZE: 1.46
LOCATION OF SITE: 6523 Riverview Dr PROPERTY RECORDED:
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LAND-SCAPE POSITION/ SLOPE %	HORI-ZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS	0-9"	gr/sl	Fr/SEXP/	2.5Y 6/2 @ 33"	36"	US	None	US
		9-16"	sbk/scl	Fi/SEXP/					
		16-36"	M/C	VF./Mixed/					
		36-45"	M/SL	V-F./SEXP/					
2	LS	0-16'	gr/sl	Fr/SEXP/	7.5Y TO 5.0/1 Wetness	27'	US	None	US
		16-27"	sbk/scl	Fi/SEXP/					
		27-32"	M/SL	VFi/SEXP/					

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

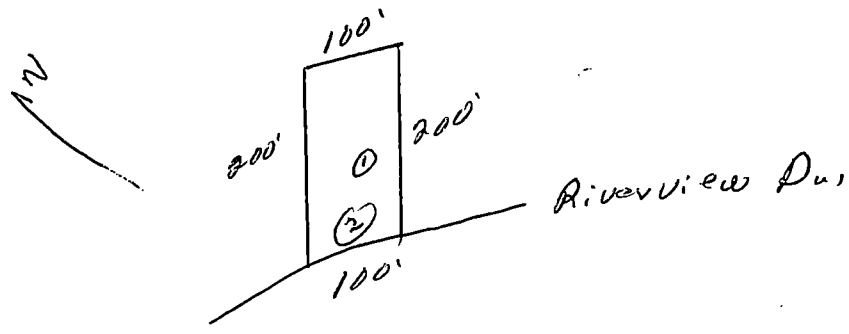
OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W. B. Mundy 8-11-96
OTHER(S) PRESENT: LGS

FILE # 39221

COMMENTS

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR	CONSISTENCE MOIST	CONSISTENCE WET
R-RIDGE	I	S-SAND	1.2-0.8		
S-SHOULDER SLOPE		LS-LOAMY SAND		VFR-VERY FRIABLE	NS-NON-STICKY
L-LINEAR SLOPE				FR-FRIABLE	SS-SLIGHTLYSTICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6	FI-FIRM	S-STICKY
N-NOSE SLOPE		L-LOAM		VFI-VERY FIRM	VS-VERY STICKY
H-HEAD SLOPE				EFI-EXTREMELY FIRM	NP-NON-PLASTIC
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3		SP-SLIGHTLYSTICKY
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM			
	IV	SC-SANDY CLAY	0.4-0.1		
		SIC-SILTY CLAY			
		O-ORGANIC			

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: 100.00

DATE: 7-7-98

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

TYPE APPLICATION: ✓ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

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

FILE #: 398217

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 023-085-09

STREET ADDRESS: 6523 Riverview Dr.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 6

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: 1200

NUMBER OF BEDROOMS: 2 NUMBER OF OCCUPANTS:

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	WELL, SPRINGS OR WATERLINES	___ YES ✓ NO
EXISTING WASTEWATER SYSTEMS	___ YES ✓ NO	DESIGNATED WETLANDS	___ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS	___ YES ✓ NO		

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Bullard (LAST) Aprella (FIRST) Bridges (MI)	NAME: Bost (LAST) Jeffrey (FIRST) L. (MI)
ADDRESS: 2020 Holly St.	DAYTIME PHONE: 704 892-5333
CITY: Charlotte STATE: NC ZIP:	
DAYTIME PHONE: ( ) —	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 5-88

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: Jeffrey J. Bost DATE: 7-8-98

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

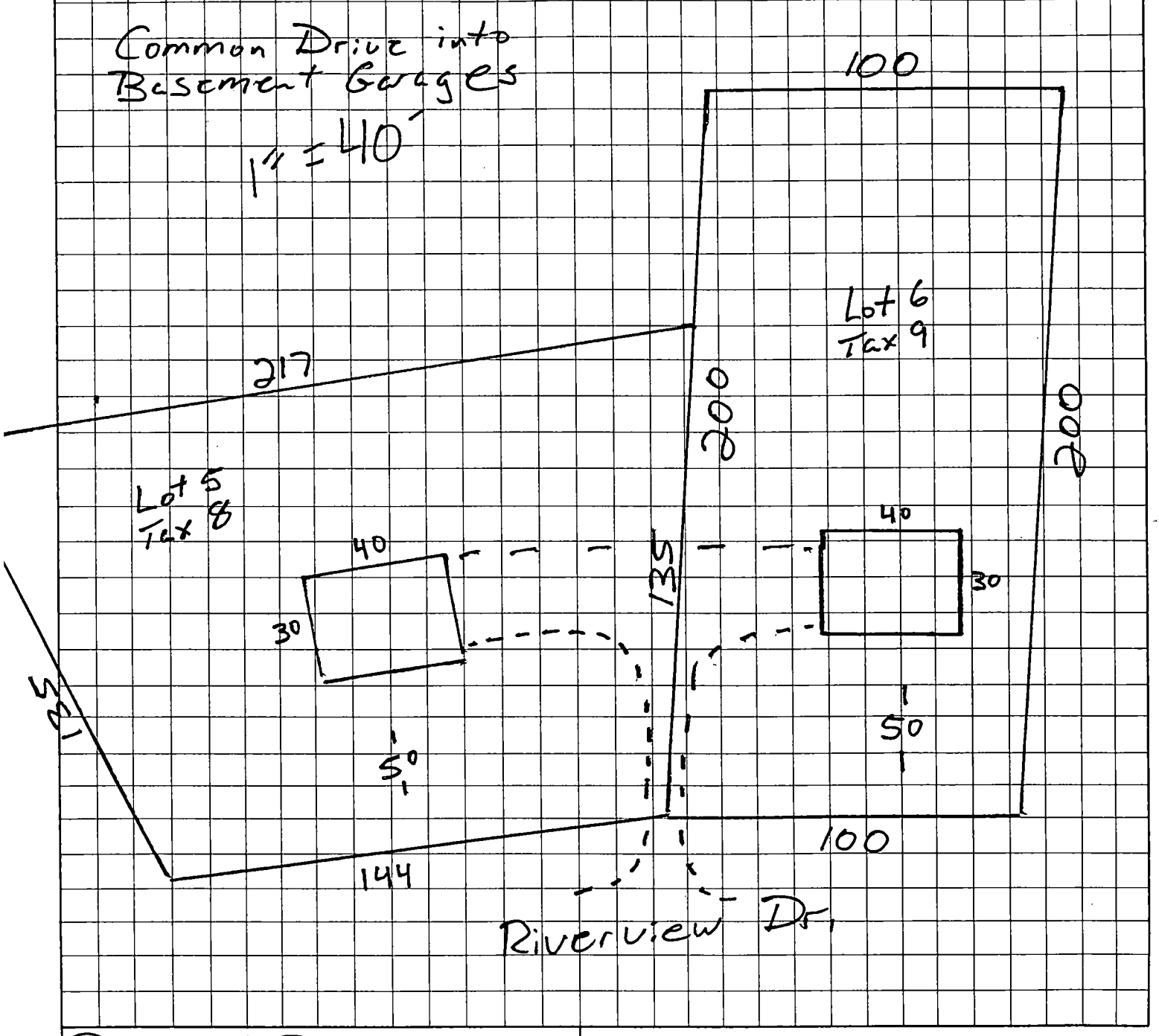
PROPOSED PLOT PLAN

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

FILE: 39224

TC: 023-085-09

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.



Jeffrey J. Burt

OWNER/AGENT SIGNATURE

DATE 6-8-98

APPROVAL DATE _____

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

Re/Max
Re/Max University
University Executive Park, Suite 108
Charlotte, North Carolina 28262
(704) 547-0610 / (800) 521-9206

7-8-98

Fax Sent

By [redacted] Reviewer
S/B Reviewer

Please give your authorization to have soil
[illegible] at no cost to the seller.

Sandra Irwin
Listing Agent

RE: [illegible] Fax - Cupella Bridges

File #
3921A
3922A

Each Office is Independently Owned And Operated

Mecklenburg County
Health Department

Application for
Inspection of Public Records

By completing the following form, the undersigned does hereby make application to inspect the specified public records under the supervision of authorized personnel. This inspection is in accordance with North Carolina General Statute 132-6.

Name of person making request: Mike Lockett

Address: 9107-9 Olmsted Dr.

Description of public record requested: Perk Test

Street Name (or County Road): 6513 Riverview Dr

Lot: _____ Block: _____

Parcel Number: _____

Owner's Name: _____

Reason for Request:
To Purchase

Signature of Person Making Request: Michael A Lockett 10-28-93

Supervisory Person: _____

Date: 10/28/93 Time: 11:10 AM

Environmental Health Division

MECKLENBURG COUNTY

Department of Environmental Health

October 8th, 1987

Nancy Lee Kistler
2715 Westfield Road
Charlotte, NC 28209

RE: Property located at 6523 Riverview Road
FILE: 3922A
PARCEL: 02308509

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 14617) 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.

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

Enclosure (2)

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 14617

File: 3922A Action 2

Parcel: 02308509 ☐ PC

Location: 6523 Riverview Road

Subdivision:

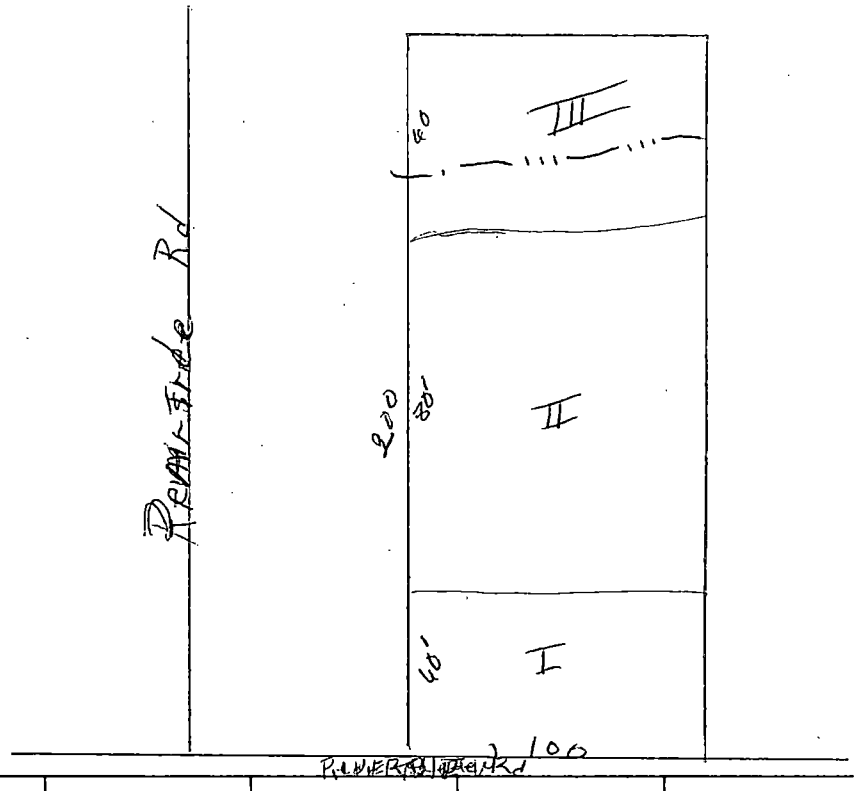
Lot: Block: Acres: .47

Owner: Nancy Lee Kistler
Address: 2715 Westfield Road
Charlotte, NC 28209

Comments: _____

Described by: W. B. Ramsey

Date: 10-5-87



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

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S (PS) U 2–15	S (PS) U 15–35	S (PS) U 4–10	S PS U	S PS U	S PS U
Texture	S (PS) U	S (PS) U	S (PS) U	S PS U	S PS U	S PS U
Structure	S (PS) U	S (PS) U	S (PS) U	S PS U	S PS U	S PS U
Drainage	S (PS) U	S (PS) U	S PS (U) Drainage Way	S PS U	S PS U	S PS U
Depth	S PS (U) 32–33	S PS (U) 30–32	S (PS) U 20–30	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U	S (PS) U	S (PS) U	S PS U	S PS U	S PS U
Available Space	S PS (U) *	S PS (U) #	S PS (U) *	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IIa Appling Like	IIa Appling Like	IIa Appling Like			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
SEP 14 1987
ENVIRONMENTAL HEALTH
DIVISION

FILE: 3922A

TC: 023-085-09

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 6523 Riverview Rd

② SUBDIVISION: Long Creek ③ LOT: 09 ④ BLOCK: 085

⑤ PARCEL REFERENCE: BOOK NO.: 023 PAGE NO.: _____ PARCEL NO.: _____

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

OWNER

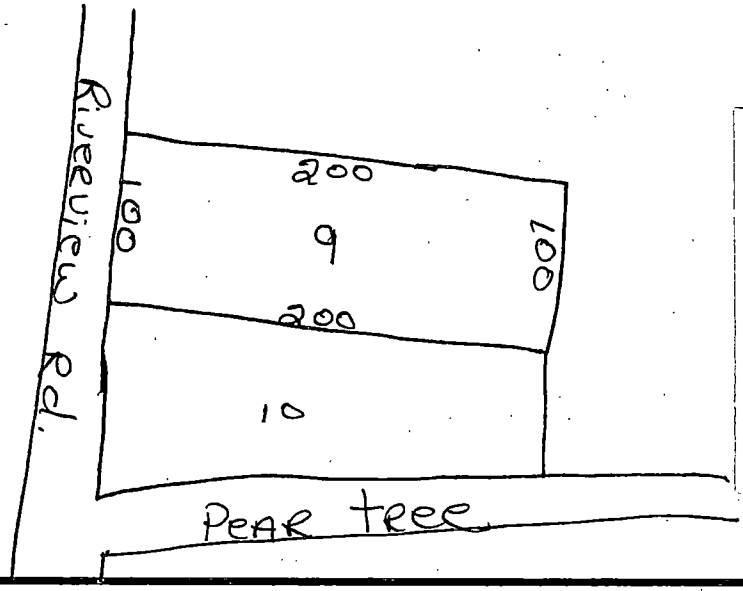
⑦ NAME: Nancy (FIRST) Lee (MIDDLE) Kistler (LAST)

⑧ MAILING ADDRESS: 2715 Westfield. Rd.

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28209

⑫ PHONE: (WORK) _____ (HOME) _____

⑬ Accurately diagram and dimension lot.



Please
Return to



SCOTT BARNETTE
REALTOR®

RICHARD EPPLEY & ASSOCIATES
3900 Freedom Drive
Charlotte, North Carolina 28208
Office: 704-392-9224
Home: 704-399-3289

ERA® REAL ESTATE
Each office independently owned and operated.

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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Scott Barnette Cas. Agent

Date: 9-11-87

klenburg County services are available with-
regard to ethnic origin, sex, or disability.

IRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

[redacted]