

10200 EDWARD`S PL

13724109

7/2/2007

duponbj

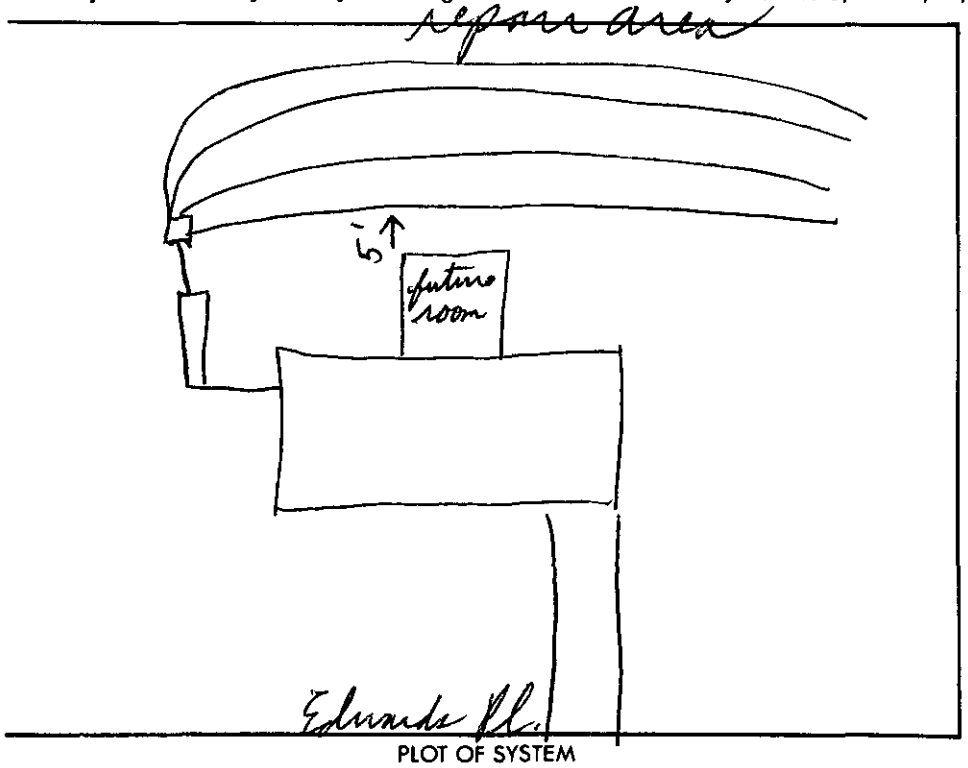
Groundwater and Wastewater Services File Imaging Project
May 2007
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INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

FILE: 7458-A DATE: 5-21-92
TC: ~~137-132-03~~ 137-24109
SERIAL Nº 14093

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 6-10-91. All work shall be completed on or before 6-21-92, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons
Liquid Capacity of Dosing Tank _____ gallons
Tank Construction Rcc

Absorption and/or Nitrification Lines:
Trench Width 3 feet
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 Comm feet

NAME OF OWNER Dan Moser Const. Co.
LOCATION OF PROPERTY 10700 Edwards Place
Comments: 4 lines 3'X100'X12" stone.
Install 1st line 5 f0. beyond future room addition.

Division or Section Head

B.R. Ferguson
Environmentalist

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

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7458-A DATE: 6-17-92

PO TC: ~~137-132-03~~ 137-241-09 ☒ L ☒ CRT

SERIAL № 12876

Name of Owner Dan Moser Const. Co. Juris.:

Address of Property 10200 Edwards Place

Inspection Data:

Tank Material PVC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 15"-21"

Water Supply Source Comm.

Distance to Water Source —

Excavation Inspected 6-17-92

Tank(s) Inspected 6-17-92

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design: 1992, 1500 ST, CON, 1200 SFT, 12", cecil CTR# 82

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☐ altered or repaired

☑ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☑ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: Installed for 3 bedrooms Type II

B. R. Ferguson
Environmentalist

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

file 7458A

1400

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd 20.00 Ck 29644 3-27-92 WPG

[] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date:

PERSON FILING APPLICATION:

NAME: MOSER (last) DAN (first) L. (mi)

ADDRESS: 2101 SARDIS RD. N. # 110 PHONE: (704) 845-1378

CITY: CHARLOTTE STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: PO 137-132-03

STREET ADDRESS: 10200 Edward's Place

BAINBRIDGE III

ZONING: R 30

PROPERTY OWNER:

NAME: MOSER (last) DAN (first) L. (mi)

ADDRESS: 2101 SARDIS RD.N. #110 PHONE: (704) 845-1378

CITY: CHARLOTTE STATE: NC ZIPCODE: 28227

SUBDIVISION OR MOBILE HOME PARK NAME:
BAINBRIDGE III

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

TYPE APPLICATION (check one):

LOT NUMBER: 22 block 1 LOT SIZE (in acres): 2.05

XX [] SOIL TEST - INDIVIDUAL LOT (D)
XX [] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) XX HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
XX [] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

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

Signed: 3/ /92 Date: Dan L Moser

NOTICE:

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

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

...This permit is not transferable.

...

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

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 7458A
TC:
SERIAL: № 17712

P ee
ck# 027552 $200.00
☐L ☑CRT

JOB LOCATION

① ADDRESS: 10200 (STREET NO.) EDWARDS PLACE (STREET) ② FILE: 7458 A
③ JURISDICTION: MINT HILL ④ TAX PARCEL NO.: 137-132-03
⑤ SUBDIVISION: BAINBRIDGE III ⑥ LOT: 22 ⑦ BLOCK: 1

OWNER

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

REQUEST

This request is for a(n):

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

DESIGN CRITERIA

System will serve:

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

WATER SUPPLY

㉘ Water supply from (present or proposed):

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

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

Signed: Dan L Moser
Date: 6-12-91

IMPROVEMENT PERMIT

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

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

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist — Date: 7-1-91

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

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

Mecklenburg County
Health Department

May 31st, 1991

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

RE: Property located at 10200 Edward's Place Lot 22
FILE: 7458A
PARCEL: PO 137-132-03

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 17230) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, 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. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If there are any questions concerning this matter, do not hesitate to contact me.

Sincerely,

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

Enclosure

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17230

File:

Action 1

Parcel: 7458A

PO 137-132-03

PC

Location:

Subdivision: 10200 Edward's Place

Lot: Block: Acres: .43

Lot 22

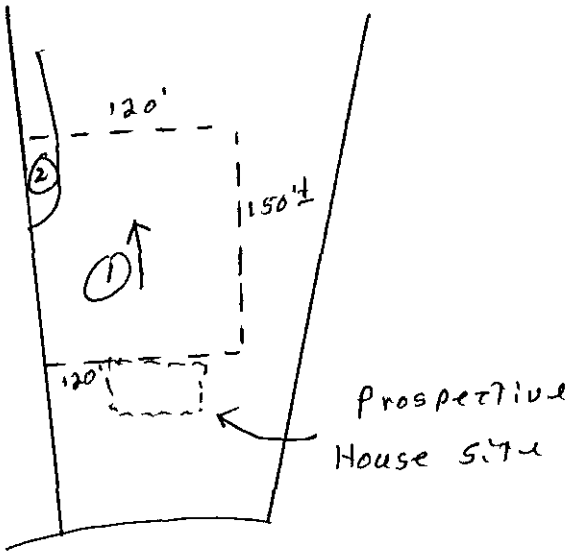
Owner:

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

Comments: 100% Agsoils

Described by: William A. Marbis

Date: 5-30-91



*** EVALUATION KEY ***

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-12%	S PS (U) complex slope/ Depression	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 7.5"	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7.5"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U somewhat limited	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	IV Cecil-Lloyd	complex slope/ Depression				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

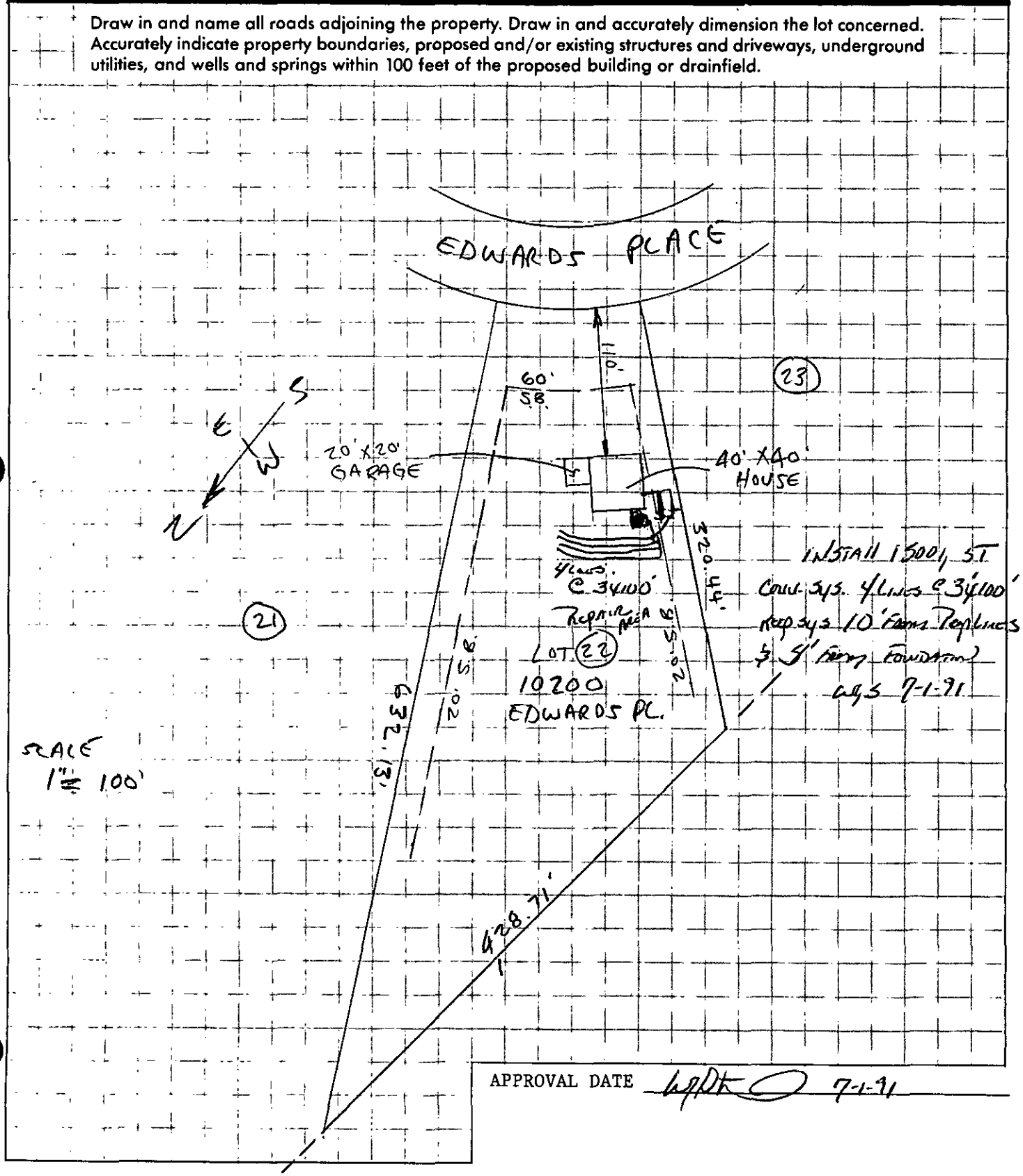
PROPOSED PLOT PLAN

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

FILE: 7458 A

TC: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE [signature] 7-1-91

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

APPLICATION FOR SOIL INVESTIGATION

Paid
CR# 27376
$50.00
5/17/91

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

(OFFICE USE ONLY)

FILE: B 0458A
137-241-09
TC: ~~PO 137-3203~~

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: 10200 Edward's Place, Mint Hill

② SUBDIVISION: Bainbridge ③ LOT: 22 ④ BLOCK: 1

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

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

OWNER

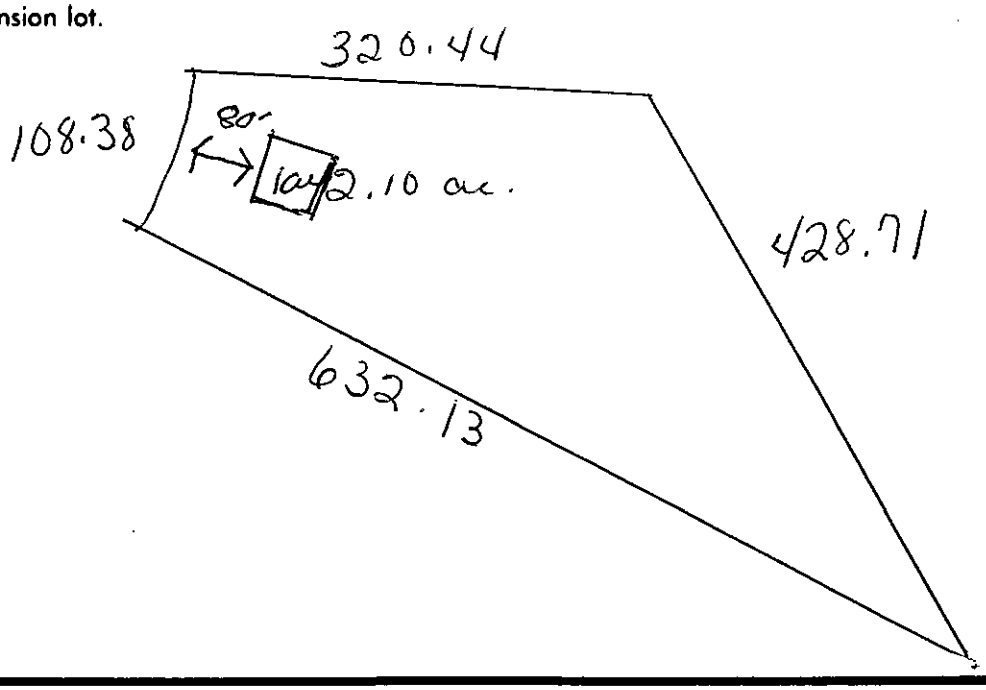
⑦ NAME: Dan (FIRST) & (MIDDLE) Moon (LAST)

⑧ MAILING ADDRESS: 2101 Sardis Rd. N. # 110

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

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

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Dan / Moon

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

Date: 5 - 14 -91

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