

2637 SAM NEWELL RD

19312106

6/18/08

marliwr

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

2637 Sam Newell Rd

11/5/14

2637 Sam Newell Rd.

Need letter stating can't use system

7:00

Monte Womble

336-357-4

I need copy of every document you used & referenced tonight for our permanent record.

Kathi Inguish
phone 847-4411
fax 845-1964
mail PO Box 398
Matthews NC 28106

CERTIFICATE OF COMPLETION/OPERATION PERMIT

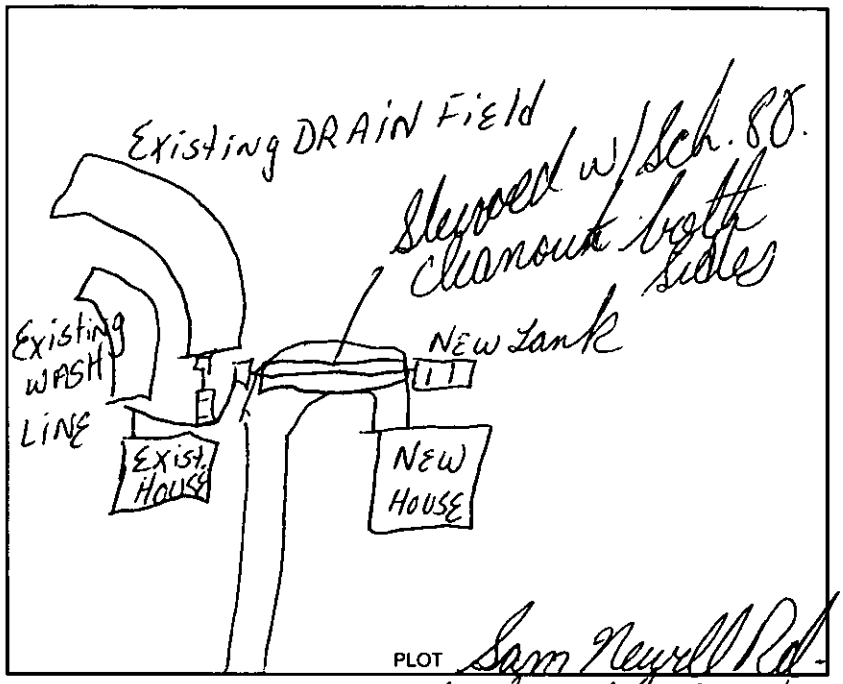
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 111156 DATE: 02-25-00
TC: 193-121-06 ☒ L ☒ CRT
SERIAL Nº 18191

Name of Owner Brent K. Vanderwort Juris.: _____
Address of Property 2637 Sam Newell Rd.

Inspection Data:

Tank Material PCC
Total Length of Drainfield Existing
Number of Lines Existing @ _____
Cover Depth 12-24"
Water Supply Source P. Well
Distance to Water Source >50'
Excavation Inspected 02-25-00
Tank(s) Inspected 02-25-00
Wash Line Inspected 02-25-00
High Water Alarm Inspected _____



Design 1999 Alteration of Existing System New Tank added PERMIT# B Newell.

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: 1999 New Tank addition for New house connected to old system

Joshua R. Sellers R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

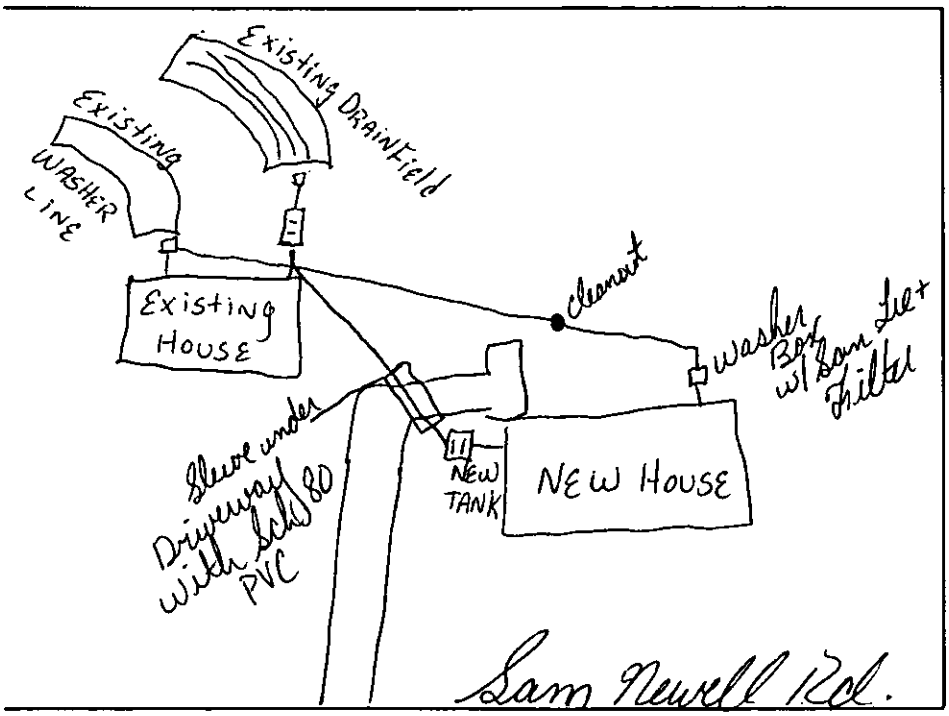
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 111156 DATE: 02-08-00

TC: 193-121-06 ☒ L

SERIAL Nº 18361

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 03-04-99. All work shall be completed on or before 03-08-00, 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 N/A gallons

Tank Construction PCC

Trench Depth Existing

Absorption and/or Nitrification Lines:

Trench Width Existing feet

Trench Walls Scored and Porous Existing

Total Line Length 400' feet

Number of Lines Existing

Depth of Stone 17" inches

Distance from House >5' feet

Distance from Property Line >10' feet

Distance from Well 100' feet

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

NAME OF OWNER Brent K. Vanderwort.

LOCATION OF PROPERTY 2637 Sam Newell Rd.

Comments: Install new tank for new house. Connect new tank to old tank connect new house to old washing machine line as per plot plan on file.

Joshua R. Sellers R.S.
Environmental Health Specialist

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

FEE: $0.00 AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: 3/2/99 VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 3/2/99 PERMIT NO: 11156
PARCEL NO: 193-121-06

JOB LOCATION ADDRESS: 2637 Sam Newell Rd
PROPERTY OWNER: Brent Vandervort
BUILDING CONTRACTOR: J.R. Poore Builders, Inc.
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: Jeff A. Knight DATE: 3/2/99
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 11156, 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: * See comments on plot plan and Improvement 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.

John R Poore 3-4-99
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 11156

Tax Number: 193-121-06

- 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	___ 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	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
___ Long-term acceptance rate	___ Max gallons/day wastewater flow	___ Absorption Area (sq ft)	___ Trench spacing (min. on centers)
___ Serviced by private well	1500 Gallon septic tank	___ Total trench length (ft)	___ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
___ Bedrooms in residence	___ Gallon pump tank	___ Depth of stone	
Any surface waters present:	Type:	Minimum separation distance:	
Site modifications required:			
Additional Conditions: (1) Septic tank and washer box to be equipped with risers and effluent filters. (2) Existing house to be torn down before new house is connected to system.			
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.

Jeff A. Knight 3/2/99

DEHNR Authorized Agent Date

Owner/Agent Signature 3-4-99 Date

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

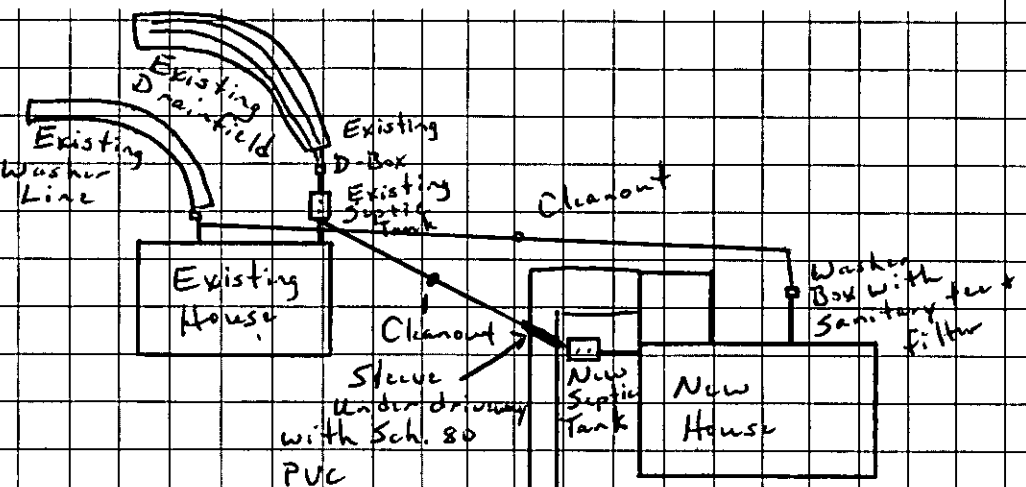
PROPOSED PLOT PLAN

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

FILE: 11156

TC: 193-121-06

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.



Comments

1) Scale 1" = 50'
2) Install new septic tank with risers and effluent filter.
3) Existing house to be torn down before new house is connected to septic system.
4) Keep septic tank and washer box at least 5 ft from any building foundation.
5) Keep all parts of septic system at least 10 ft from any property line.
6) Keep all parts of septic system at least 50 ft from any well.

Sam Newell Rd

X Owen L Poore
OWNER/AGENT SIGNATURE

DATE X 3-4-99

APPROVAL DATE _____

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[ ] 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

file # 11156

PERSON FILING APPLICATION:
NAME: Vandervort (last) Brent (first) K (mi)
ADDRESS: 2637 Sam Newell Rd PHONE: (__) _____
CITY: Matthews STATE: NC ZIPCODE: 28105

Date: 2/3/99

PROPERTY OWNER:
NAME: _____ (last) / SAME (first) w/ wife Deborah S. (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 193-121-06
STREET ADDRESS: 2637 Sam Newell Rd.
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: Pt. tract 1 TM Brant's estate LOT SIZE (in acres): 2.97

TYPE APPLICATION (check one):
[x] Change of house
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 6
SYSTEM CLASSIFICATION: Conv.

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

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[x] 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: [signature] Date: 2/3/99

NOTICE:

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

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

...This permit is not transferable.

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

... O.K. to use existing system - Had tank and D-Box uncovered and pumped.
O.K. under rule .1962 Applicability. Homeowner must agree to terms on plat.

Jeff A. Knight 3/2/99
Environmentalist Date

WATER : 122791

PROPOSED PLOT PLAN

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

FILE: 11156

TC: 193-121-06

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.

see Attached

Terry E. Parker, LPSS

OWNER/AGENT SIGNATURE

DATE 7/2/99

APPROVAL DATE _____

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

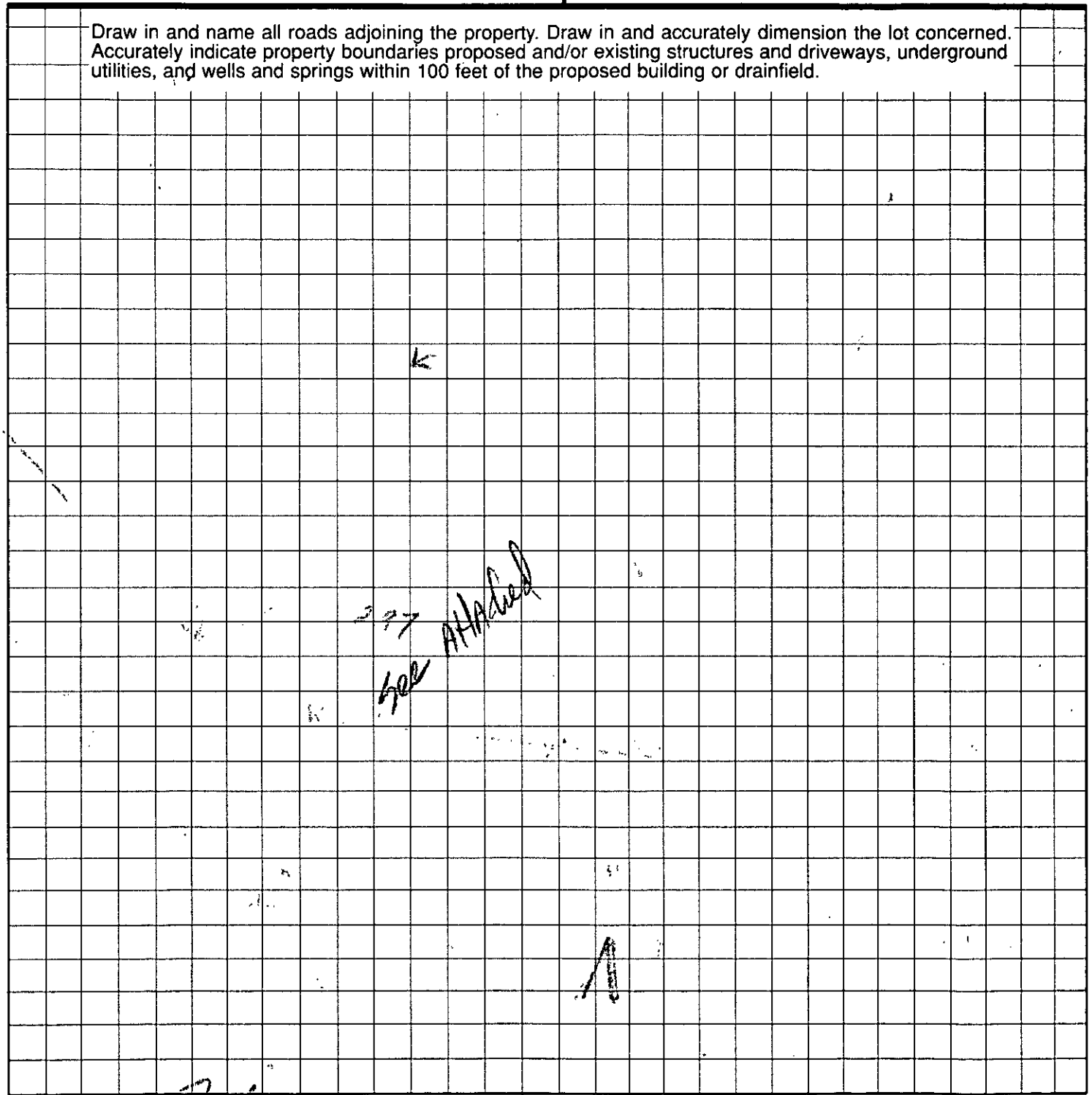
PROPOSED PLOT PLAN

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

FILE: 111156

TC: 193-121-06

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.



Tim Clarke, WPSS

OWNER/AGENT SIGNATURE

DATE 6/2/99

APPROVAL DATE _____

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

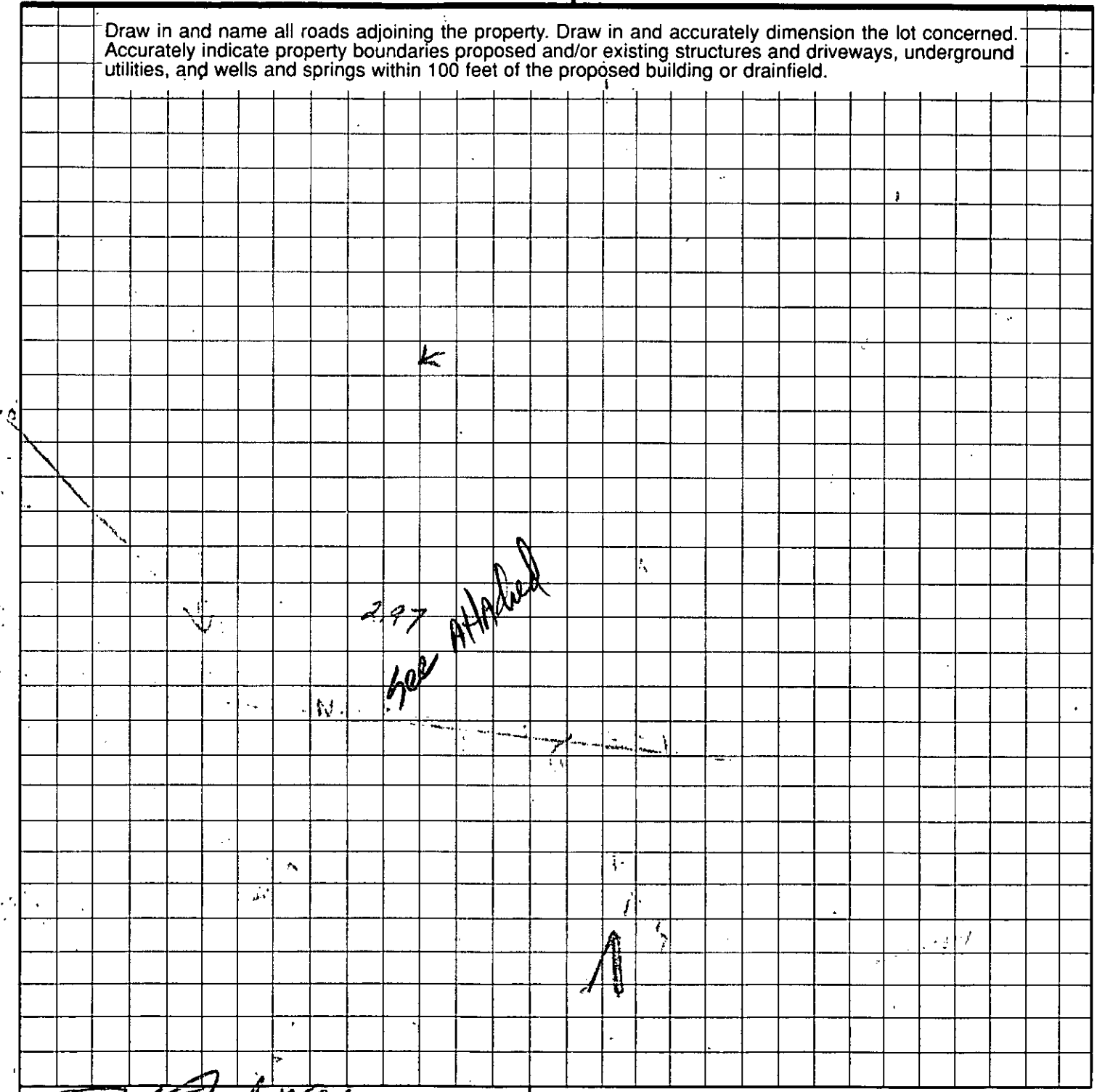
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ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
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PHONE (704) 336-5102

FILE: 11156

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Travis Clarke, WPSS

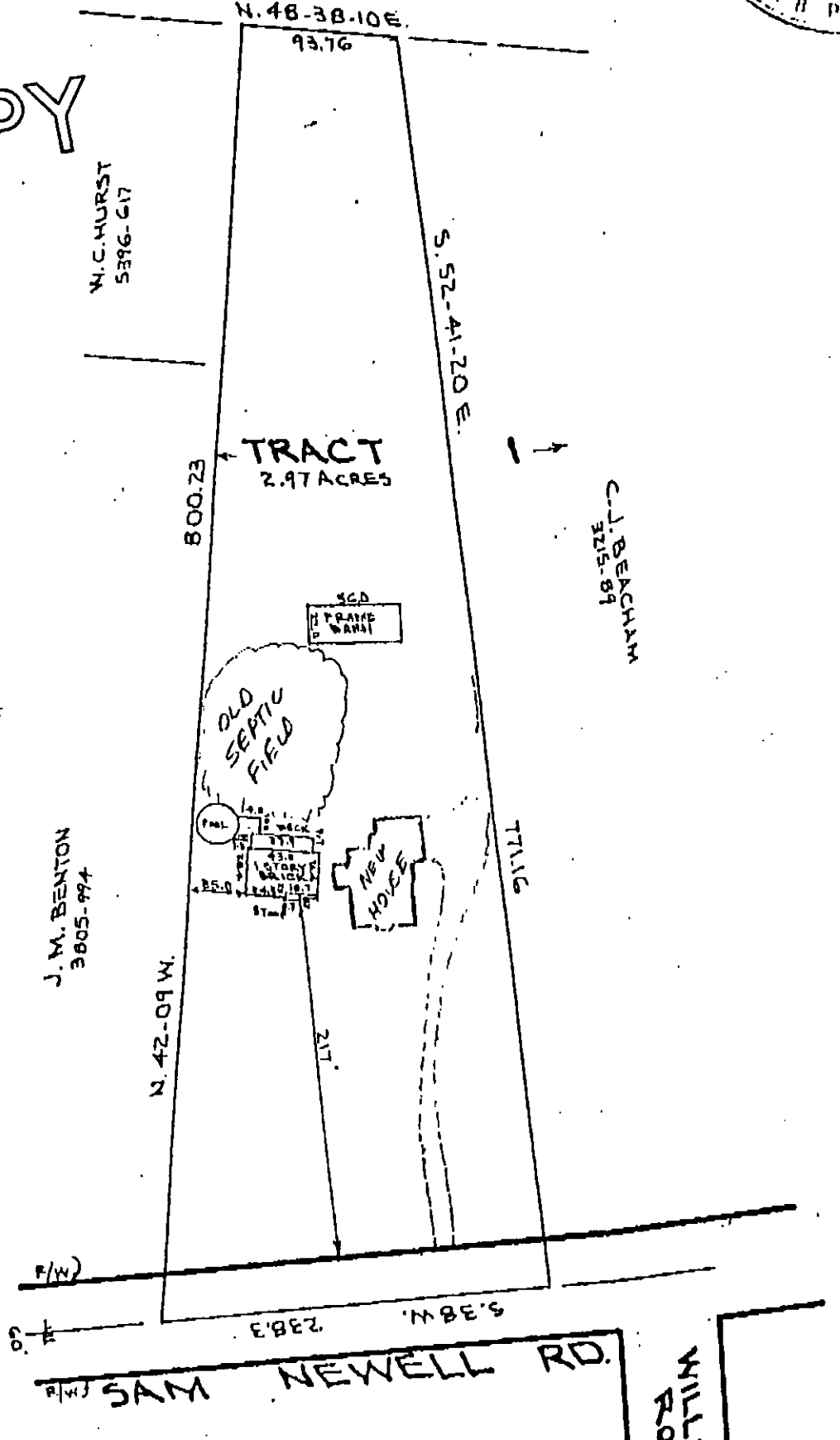
OWNER/AGENT SIGNATURE

DATE 2/2/99

APPROVAL DATE _____

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

COPY



2/2/99

PHYSICAL SURVEY

OF

PART OF TRACT 1, J.M. BROWN ESTATE
MORNING STAR TOWNSHIP, MECKLENBURG COUNTY, N.C.
CHARLOTTE, N.C.

SCALE 1 IN. = 100 FT

TONEY C. JACOBS & ASSOCIATES, INC.

Consulting Soil Scientists

Licensed by the North Carolina Board for Licensing of Soil Scientists
Certified by the American Registry of Certified Professionals in Agronomy, Crops and Soils

168 Broadbill Drive
Mooresville, NC 28117
Phone (704) 663-6905
Fax (704) 662-9845 E-mail jacobs@i-america.net

November 3, 1998

To: Mr. Kelly Randall, R.S.
Mecklenburg County Health Dept.
Charlotte, NC

Mr. Randy Poore
J.R. Poore Builders, Inc.
P.O. 1437
Matthews, NC 28106

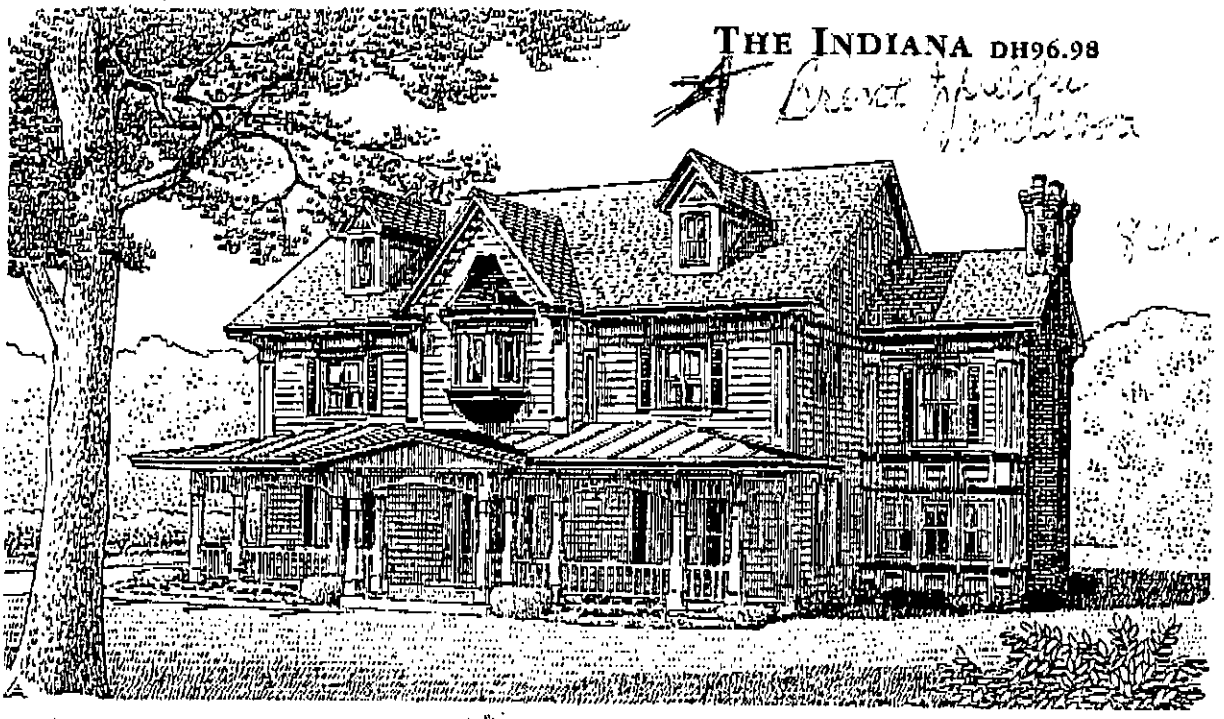
Mr. Brent Vandervort
2637 Sam Newell Road
Matthews, NC 28105

From: Toney C. Jacobs, CPSS

Ref: Brent Vandervort property (address above)
File: 11156 Parcel: 193-121-06

Two separate MCHD soil evaluations in March and April, 1998 found the site to be unsuitable. On October 13, 1998 I did extensive backhoe pits and still found the site to be unsuitable. I would propose a new permit under .1962 with the 30 year old house removed and the existing system used for a new structure with the same number of bedrooms and same number of occupants. We would like to use the old house through construction of the new and do all applicable protection of the system. If needed, there can be a legal agreement to demolish the old house with concurrent permitting of the new structure.

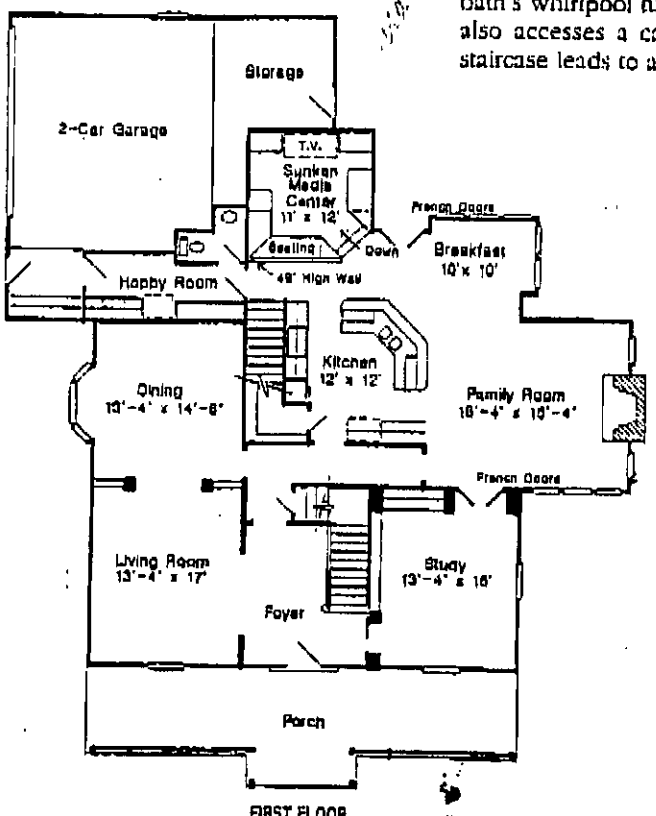
THE INDIANA DH96.98



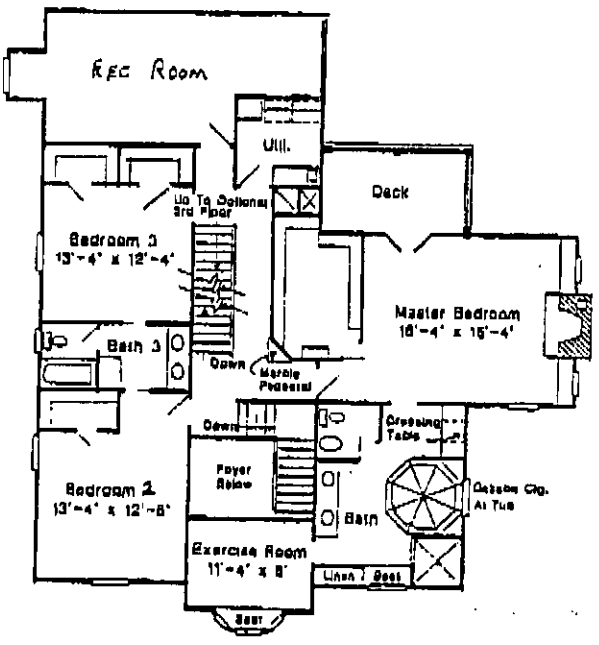
Price Code: F
Total Sq. Ft.: 3,839
First Floor: 1,948
Second Floor: 1,891
Width: 59'-4"
Depth: 72'-8"

Inspired by 19th-century Victorian houses that once dotted America's rural landscape, this imaginative home has a seemingly limitless floor plan.

An island cooktop, half-walls, and steps divide the expansive rear living area of this grand Victorian into a kitchen, sunken media center, breakfast nook, and family room. A gazebo-like ceiling above the master bath's whirlpool tub gives the master suite an airy atmosphere; the bath also accesses a cathedral-ceilinged exercise room. An additional rear staircase leads to an optional third floor.

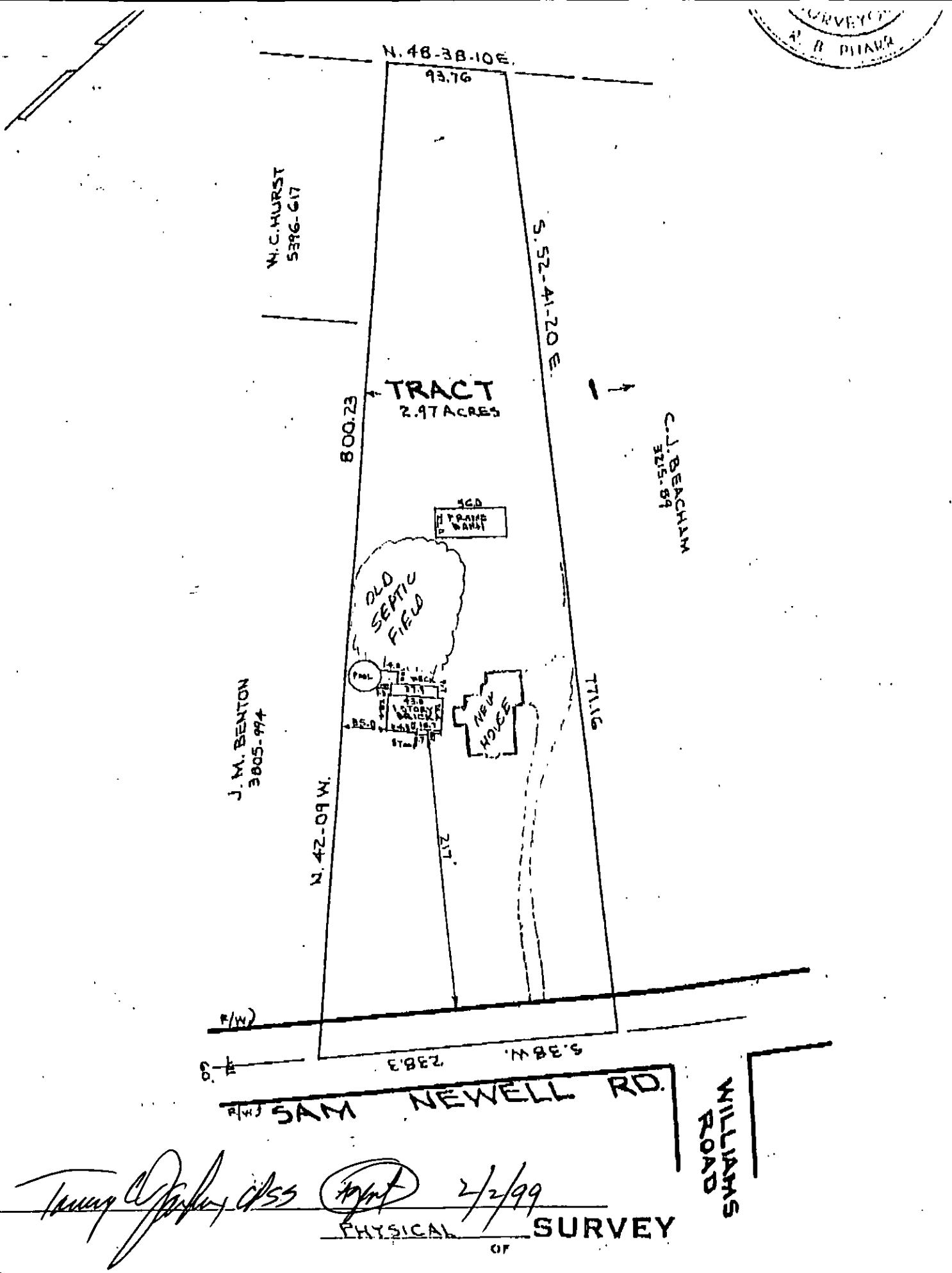


FIRST FLOOR



SECOND FLOOR

HOME PLAN COPYRIGHTED BY LARRY W. GARNETT & ASSOC., INC.



Tommy C. Parker, PLS 2/2/99

PHYSICAL SURVEY

OF

PART OF TRACT 1, J. M. BROWN ESTATE

MORNING STAR TOWNSHIP, MECKLENBURG COUNTY, N.C.

CHARLOTTE, N.C.

SCALE 1 IN. = 100 FT.

Mecklenburg County
Health Department

April 15, 1998

Brent Vandervort
2637 Sam Newell Road
Matthews, NC 28105

Re: 2637 Sam Newell Road
File: 11156
Parcel: 193-121-06

Dear Mr. Vandervort:

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 .1943 **SOIL DEPTH** and .1945 **AVAILABLE SPACE**. 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 also have the right to appeal under G.S. 130A-24, and to have the appeal held in Mecklenburg County.

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

Sincerely,

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

Mecklenburg County
Health Department

Brent Vandervort
2637 Sam Newell Rd.
Matthews NC 28105

Re: 2637 Sam Newell Rd
File: 11156
Parcel: 193-121-06

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> 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;
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>
> The State shall review the substantiating data if requested by the local health department.

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

Sincerely,

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

FEE: 100.00 CHK
DATE: 2/5/98

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

2nd PW Pd 2/5/98 13:41 Clk 10:18 2
1 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

COPY

FILE #: 11156

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 193-121-06

STREET ADDRESS: 2637 SAM NEWELL RD MATTHEWS

SUBDIVISION OR MOBILE HOME PARK NAME: N/A

LOT NUMBER: N/A

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 3839 ±

NUMBER OF BEDROOMS: 5

NUMBER OF OCCUPANTS: 3

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
X 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 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 X NO	WELL, SPRINGS OR WATERLINES	__ YES X NO
EXISTING WASTEWATER SYSTEMS	__ YES X NO	DESIGNATED WETLANDS	__ YES X NO
EASTMENTS OR RIGHT-OF-WAYS	__ YES X NO		

PROPERTY OWNER:

NAME: (LAST) VAN DEURORT (FIRST) BRENT (MI) K

ADDRESS: 2637 SAM NEWELL RD.

CITY: MATTHEWS STATE: NC ZIP: 28105

DAYTIME PHONE: (704 545 - 0724

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: Brent Van Deurort DATE: 2/2/98

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

Jack pick up $100.00 check # 1015 3/20/98 AC

PROPOSED PLOT PLAN

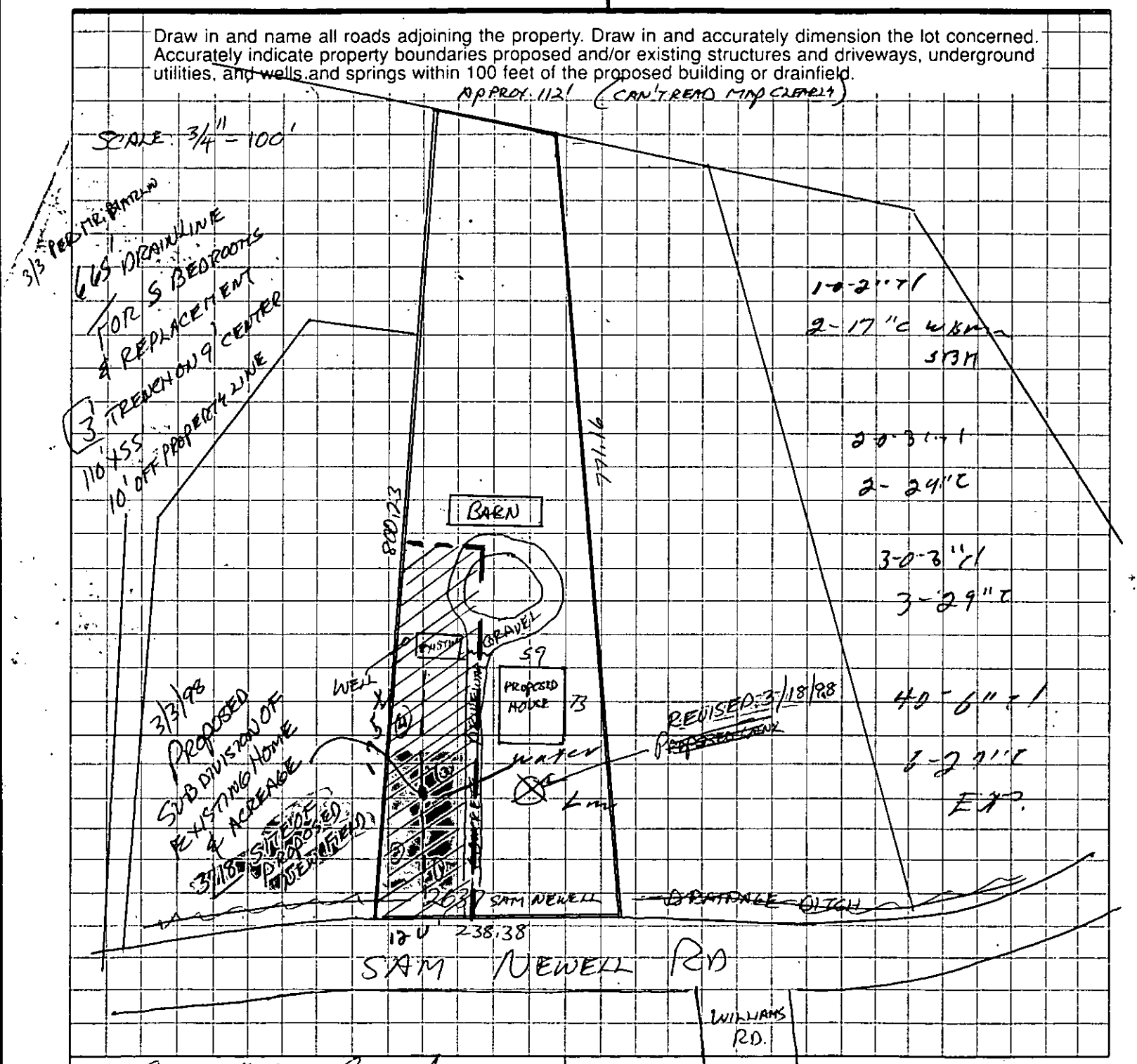
Bill Marlin
336-5574
FAX 336-6894

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

FILE: 11156

TC: 193-12-06

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.



Brent Van Meroat
OWNER/AGENT SIGNATURE

DATE 2/3/98

APPROVAL DATE _____

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

Rec'd 100.00 Check # 1018 3/20/98 JC

C/M ENVIRONMENTAL HEALTH DEPT.

3/18/98

SIRS:

I RECENTLY HAD AN IMPROVEMENT PERMIT APPLIED FOR, AND TURNED DOWN DUE TO INABILITY TO DRAIN PROPERLY.

I WISH TO REAPPLY, NOTING THE REVISIONS ON THE ATTACHED PLOT PLAN. SINCE I WILL BE SUBDIVIDING THE 2.97 ACRE TOTAL PROPERTY, I NOW PROPOSE TO WRITE AN EASEMENT INTO THE SUBDIVIDE AGREEMENT, SO THAT THE DRAIN FIELD COULD BE PUT INTO THE HIGHER & DRIER FRONT YARD AT THE LEFT SIDE, OR SOUTHERN SIDE OF THE DRIVE, IN FRONT OF THE EXISTING HOUSE. THE EXISTING HOUSE HAS A TANK IN THE REAR OF IT, SO THE TWO DRAIN FIELDS SHOULD NOT INTERFERE.

I ENCLOSE THE PLOT PLAN, AND $100.00 FEE

THANK YOU,

BRENT VAN DERVORT
2637 SAM NEWELL RD
MATTHEWS, NC 28105
WORK 545-0724

11156

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

Sheet 1 of 2E
PROPERTY ID #:
COUNTY:

2nd site eval #3 (400) 11156 PO 193-121-OC

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

OWNER: Brent VanDorsort APPLICANT:
ADDRESS: 2637 Sam Newell Road West APPLICATION DATE: DATE EVALUATED:
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 600 gpd PROPERTY SIZE: .48
LOCATION OF SITE: 2637 Sam Newell Rd PROPERTY RECORDED:
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE % (Slopes 5-12%)	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS	0-2"	gr/cl	Fr/SE&P/SS/SP	17" TO soil wetness	17"	N/A	None	US IV
		2-17"	SBK/c	Fi/SE&P/SP					
2	LS	0-2"	gr/cl	Fr/SE&P/SS/SP	29" TO soil wetness	29"	N/A	None	US .11g/ft² (LLP) IV
		2-29"	SBK/c	Fi/SE&P/SP					
3	LS	0-3"	gr/cl	Fr/SE&P/SS/SP	29" TO soil wetness	29"	N/A	None	US .11g/ft² (LLP) IV
		3-29"	SBK/c	Fi/SE&P/SP					
4	LS	0-6"	gr/cl	Fr/SE&P/SS/SP	27" TO soil wetness	27"	N/A	None	US .11g/ft² (LLP) IV
		6-27"	SBK/c	Fr/SE&P/SP					

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. R. Mallin 4-15-96
OTHER(S) PRESENT: LSS

COMMENTS: 1007 Repair

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
(Drainage Way)					EXP (Expansive)	CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
S (Foot Slope)						ABK (Angular Blocky)
(Head Slope)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SICL (Silty Clay Loam)				PR (Prismatic)
(Nose Slope)		CL (Clay Loam)			MOIST	WET
(Ridge)		SCL (Sandy Clay Loam)				
(Shoulder Slope)		SLC (Silt Loam Clay)			VFR (Very Friable)	NS (Non-sticky)
(Terrace)	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SIC (Silty Clay)			FI (Firm)	S (Sticky)
					VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None		EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

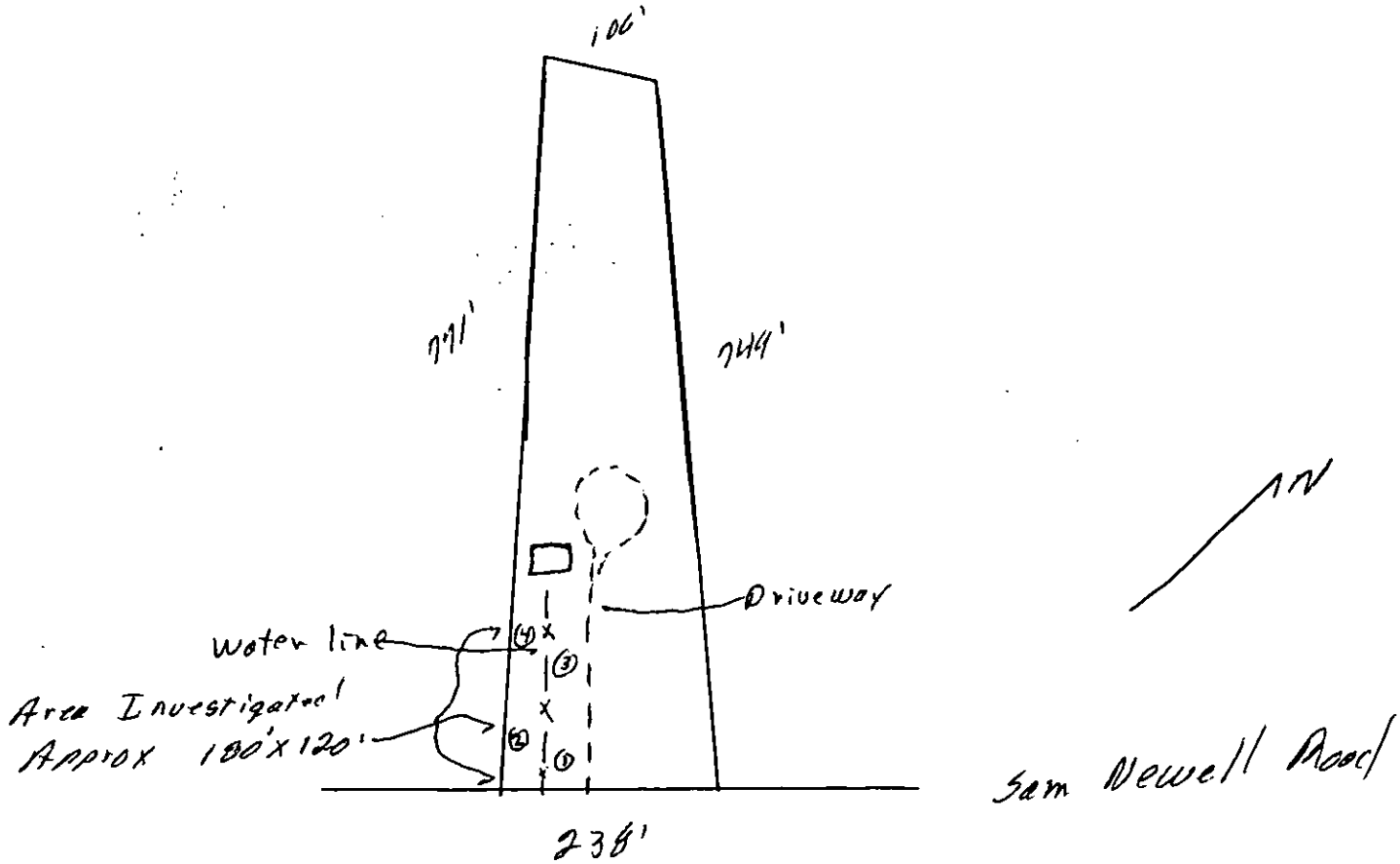
OTES

ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designatic
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.
ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).

11156



PROPOSED PLOT PLAN

$100.00 chk #

101 F
3/20/98 SC

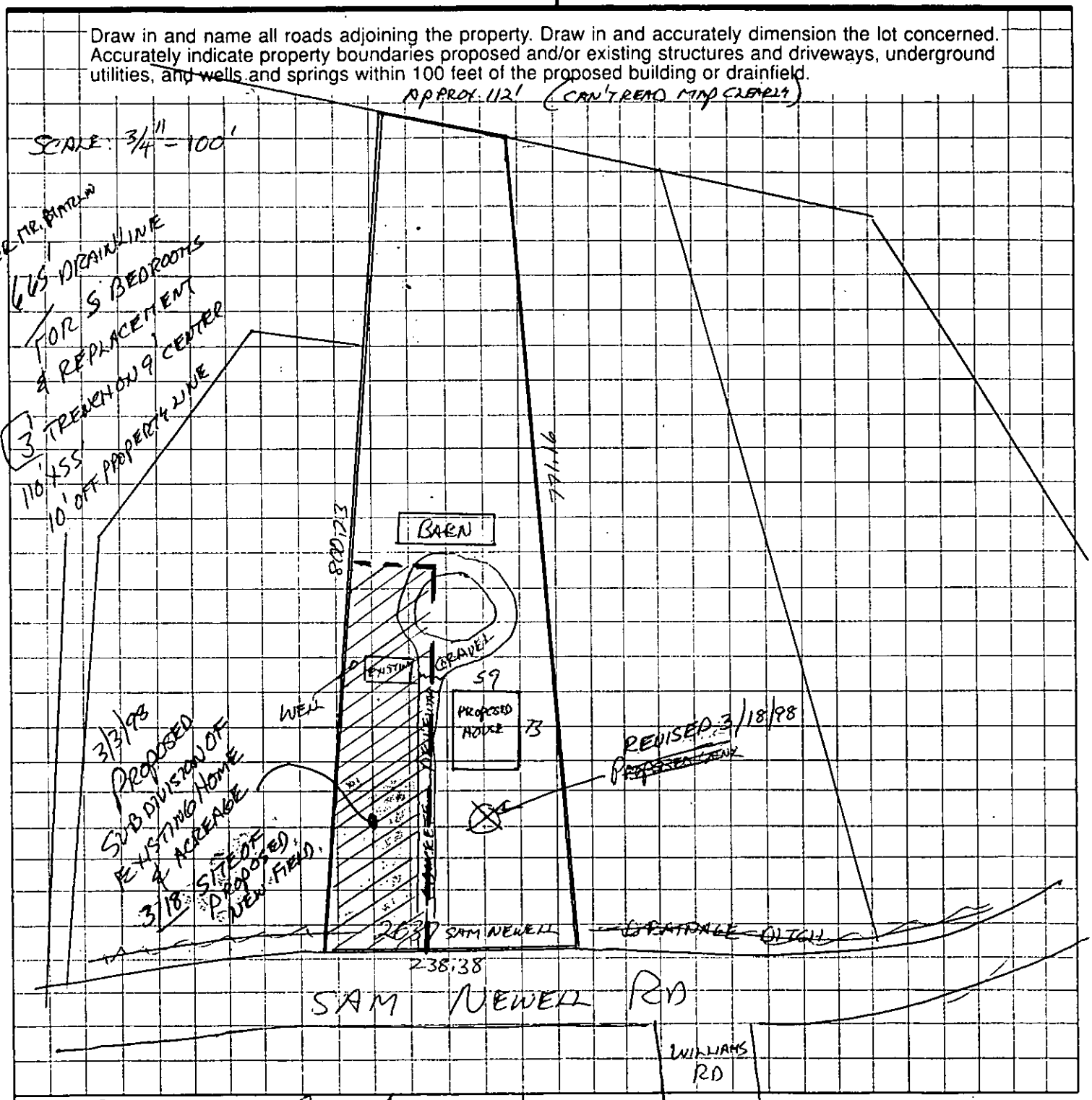
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

BILL MARLIN
336-5574
FAX 336-6894

FILE: 11156

TC: 193-12-06

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.



Brent Van Nevrad
OWNER/AGENT SIGNATURE

DATE 2/3/98

APPROVAL DATE _____

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

Rec'd 100.00 check # 1018 3/20/98 pc

C/M ENVIRONMENTAL HEALTH DEPT. 3/18/98

SIRS!

I RECENTLY HAD AN IMPROVEMENT PERMIT APPLIED FOR, AND TURNED DOWN DUE TO INABILITY TO DRAIN PROPERLY.

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I ENCLOSE THE PLOT PLAN, AND 100^{00} FEE

THANK YOU,

BRENT VAN DERVORT
2637 SAM NEWELL RD
MATTHEWS, NC 28105
WORK 545-0724

11156

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

400

3 11156

193-121-06

OWNER: Brent H. Van Dewort APPLICANT: _____
ADDRESS: 2637 Sam Newell Rd, Mail APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 480 gpd PROPERTY SIZE: 2.25
LOCATION OF SITE: 2637 Sam Newell Rd PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	Slope 6-20% .1940 LANDSCAPE POSITION/ SLOPE %	HORIZON 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 Concave Landscape pos.	0-24"	M/ mixed Fi/l	F:/SEXP/	7 48" TO soil wetness	48"	N/A	None	IV US
		24-36"	SBK/ SBK	Fr/SEXP/SS/SP					
2	A	0-3"	gr/sl	F:/SEXP/SS/SP	7 48" TO soil wetness	48"	N/A	None	IV PS .39/F2
		3-48"	SBK/c	F:/SEXP/SS/P					
3	LS	0-4"	Gr/sl	Fr/SEXP/SS/SP	720" TO soil wetness	20"	N/A	None	US
		4-20"	SBK/c	VFr/EXP/SS/VP					
4	LS	0-3"	gr/sl	Fr/SEXP/SS/SP	724" TO soil wetness	24"	N/A	None	US
		3-24"	SBK/c	VFr/SEXP/SS/VP					

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: 3-6-98
OTHER(S) PRESENT: _____

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

COUNTY: _____

11156

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ 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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	R	0-2"	gr l sc l	F r l S E X P l S S l S P	>16"	16"	N/A	None	US
		2-16"	SBK l C	V F r l E X P l V S l V P	TO soil wetness				
6	R	0-3"	gr l sc l	F r l S E X P l S S l S P	5GY4/1 @ 15"	16"	N/A	None	US
		3-16"	SBK l C	V F r l E X P l V S l V P					
3									
4									

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: 100% Repair - application rate 500 gpd

owner says 4 BR

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope) V (Convex Slope) I (Drainage Way) S (Debris Slump) P (Flood Plain) S (Foot Slope) I (Head Slope) (Linear Slope) (Nose Slope) (Ridge) (Shoulder Slope) (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	SI (Silt) SICL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SUC (Silt Loam Clay)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SIC (Silty Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None			

	MOIST	WET
	VFR (Very Friable)	NS (Non-sticky)
	FR (Friable)	SS (Slightly Sticky)
	FI (Firm)	S (Sticky)
	VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
	EFI (Extremely Firm)	NP (Non-plastic)
		SP (Slightly Plastic)
		P (Plastic)
		VP (Very Plastic)

NOTES

HORIZON DEPTH — In inches below natural soil surface

DEPTH OF FILL — In inches from land surface

RESTRICTIVE HORIZON — Thickness and depth from land surface

SAPROLITE — S(suitable) or U(unsuitable)

SOIL WETNESS — Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

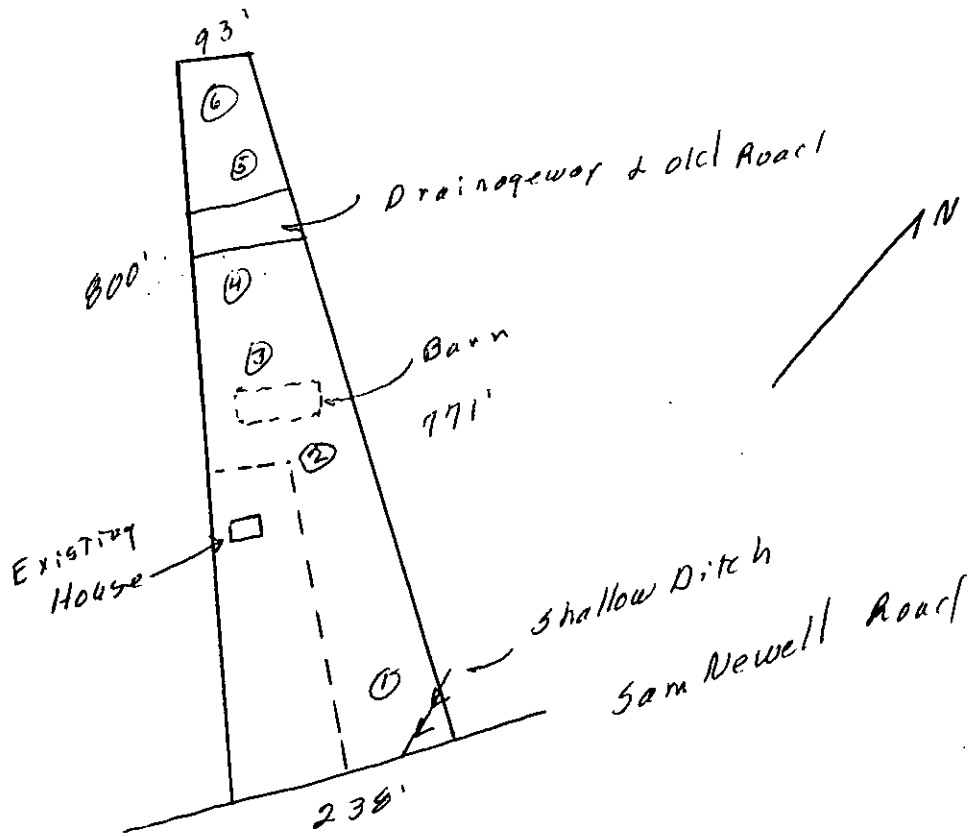
CLASSIFICATION — S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).

1115G



Mecklenburg County
Health Department

March 19, 1998

Brent K. Van Deroort
2637 Sam Newell Road
Matthews, NC 28105

Re: 2637 Sam Newell Road
File: 11156
Parcel: 193-121-06

Dear Mr. Keaton:

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 .1941 **SOIL CHARACTERISTICS (MORPHOLOGY)**, .1943 **SOIL DEPTH** and .1945 **AVAILABLE SPACE**. 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 also have the right to appeal under G.S. 130A-24, and to have the appeal held in Mecklenburg County.

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

Sincerely,

Kelly Randall

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

Mecklenburg County
Health Department

Brent K Van Deroort
2637 Sam Newell Rd.
Matthews NC 28105

Re: 2637 Sam Newell Rd.
File: 11156
Parcel: 193-121-06

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 .

. 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:

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>
> (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 also have the right to appeal under G.S. 130A-24, and to have the appeal held in Mecklenburg County.

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

Sincerely,

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

FEE: 100.00 CHK 04

DATE: 2/5/98 JC

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

COPY

FILE #: 11156

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 193-121-06

STREET ADDRESS: 2637 SAM NEWELL RD MATTHEWS

SUBDIVISION OR MOBILE HOME PARK NAME: N/A

LOT NUMBER: N/A

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 3839 ft

NUMBER OF BEDROOMS: 5

NUMBER OF OCCUPANTS: 3

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

[ ] WITHOUT BASEMENT
[X] 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 [X] NO TYPE: _____

WATER SUPPLY (CHECK ONE):

[ ] COMMUNITY (C)
[X] 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 [X] NO	WELL, SPRINGS OR WATERLINES	[ ] YES [X] NO
EXISTING WASTEWATER SYSTEMS	[ ] YES [X] NO	DESIGNATED WETLANDS	[ ] YES [X] NO
EASTMENTS OR RIGHT-OF-WAYS	[ ] YES [X] NO		

PROPERTY OWNER:

NAME: VAN DERWORT (LAST) BRENT (FIRST) K (MI)

ADDRESS: 2637 SAM NEWELL RD.

CITY: MATTHEWS STATE: NC ZIP: 28105

DAYTIME PHONE: (704 545 - 0724

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: Brent Van Derwort DATE: 2/2/98

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

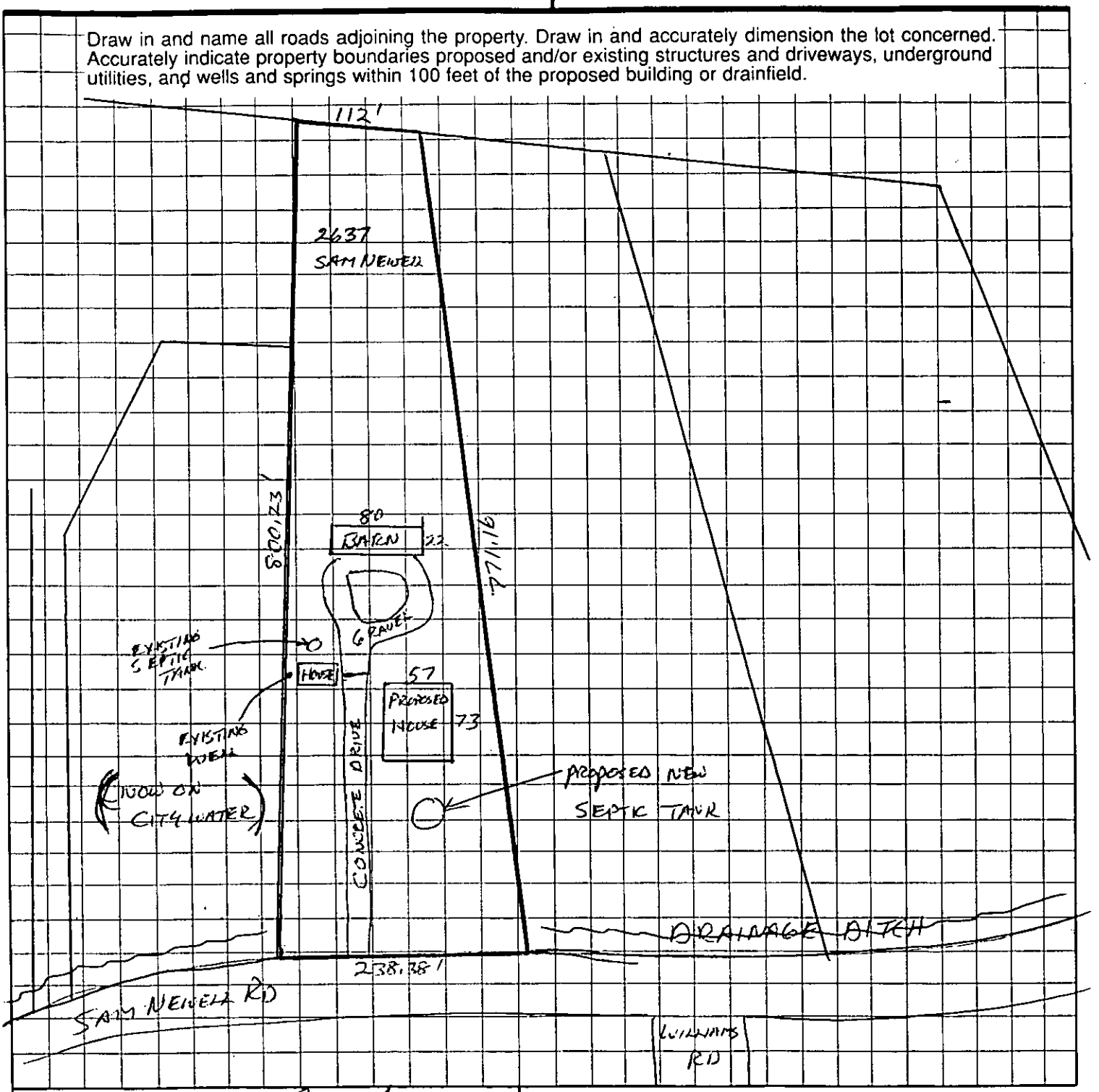
COPY

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

FILE: 11156

TC: 193-12/06

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.



Brent Van Dermark
OWNER/AGENT SIGNATURE

DATE 2/3/98

APPROVAL DATE _____

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

PROPOSED PLOT PLAN

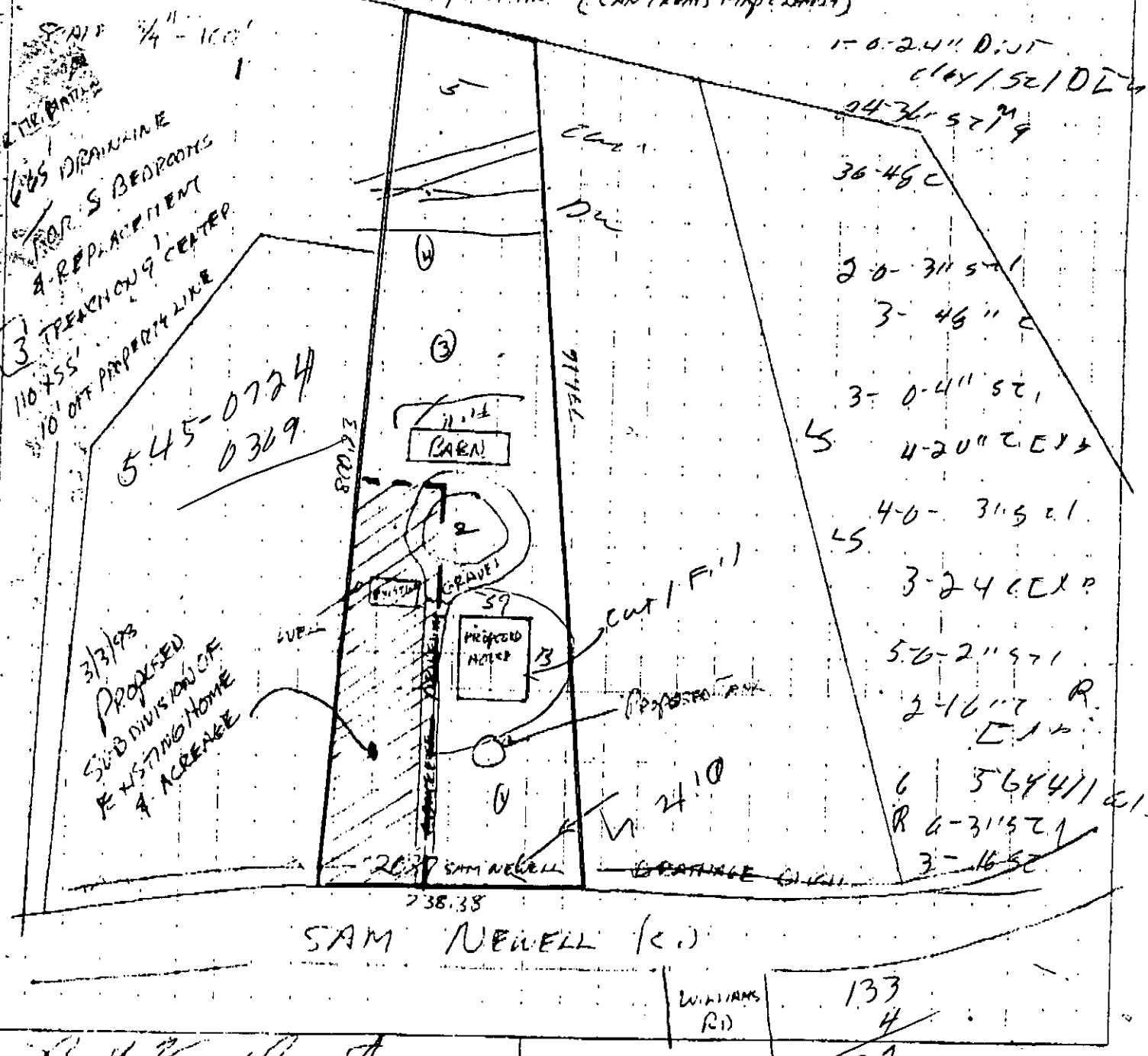
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

BILL MARTIN
336-5574
FAX 336-6894

FILE:

TC: 193-121-06

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.



OWNER/AGENT SIGNATURE

DATE 3/3/98

APPROVAL DATE

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

FEE: 100.00 CHK 1003

DATE: 2/5/98 LC

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

2nd [illegible] 1 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 #: 11156

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 193-121-06

STREET ADDRESS: 2637 SAM NEWELL RD MATTHEWS

SUBDIVISION OR MOBILE HOME PARK NAME: N/A

LOT NUMBER: N/A

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 3839 ft

NUMBER OF BEDROOMS: 5 NUMBER OF OCCUPANTS: 3

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
X 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 X NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C) X 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 X NO
EXISTING WASTEWATER SYSTEMS __ YES X NO
EASTMENTS OR RIGHT-OF-WAYS __ YES X NO
WELL, SPRINGS OR WATERLINES __ YES X NO
DESIGNATED WETLANDS __ YES X NO

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: VAN DERVORT (LAST) BRENT (FIRST) K (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 2637 SAM NEWELL RD.	DAYTIME PHONE: ( ) -
CITY: MATTHEWS STATE: NC ZIP: 28105	
DAYTIME PHONE: (704 545 - 0724	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: Brent Van Dervort DATE: 2/2/98

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

BILL MARLIN
336-5574
FAX 336-6894

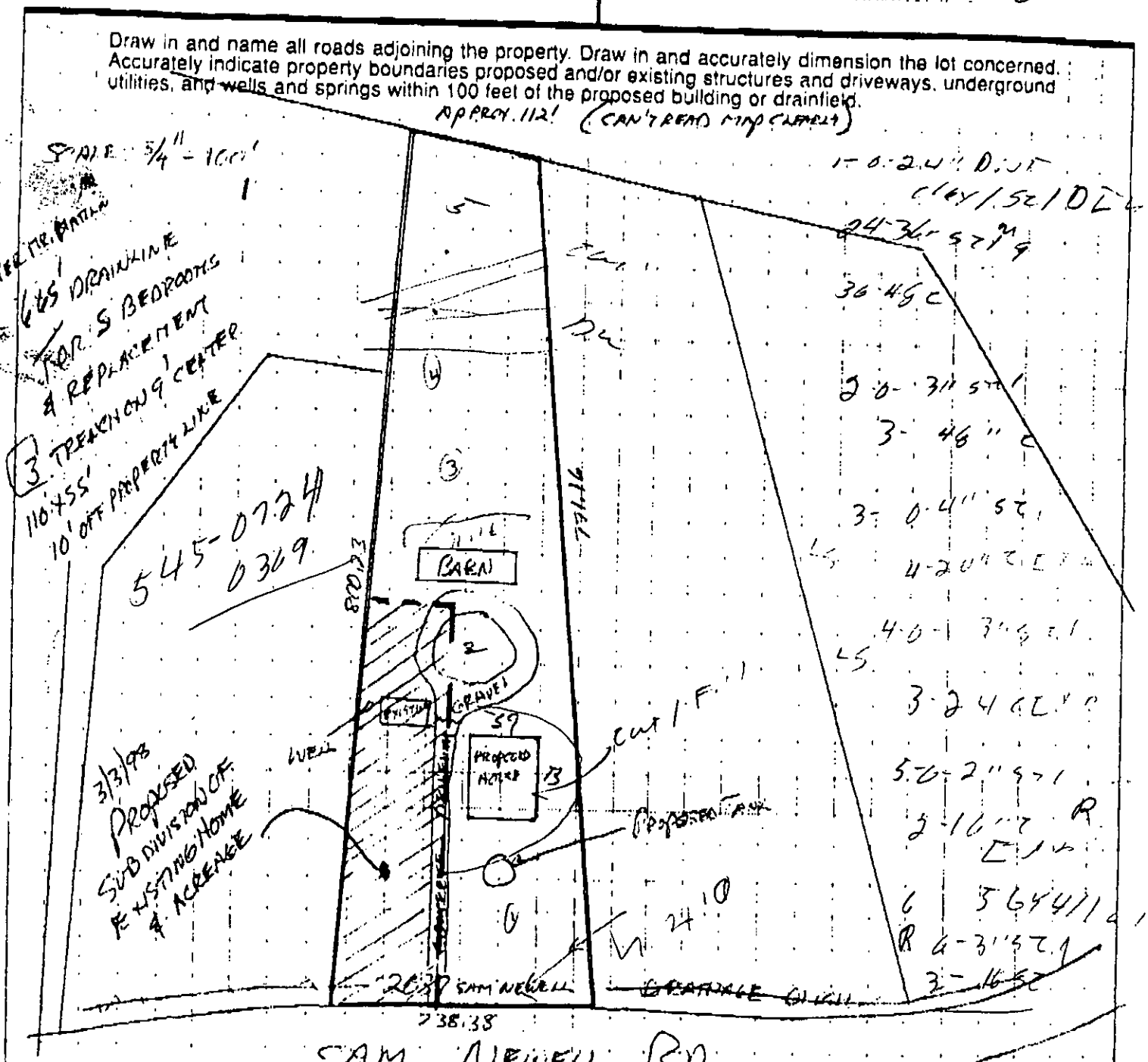
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE:

TC: 193-121-06

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.

APPROX. 112' (CAN'T READ MAP CLEARLY)



copy of proposed subdivision of lot taken from Van Dervoort

OWNER/AGENT SIGNATURE		
DATE 3/3/98	APPROVAL DATE 3-4-98	133 4

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

C of A (s) No. 11156

Serial No. 0085

T C. No 193-121-CC

Date Issued 7-30-76

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF COMPLETION CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner McLaughlin (LAST) Robert (FIRST) L (MIDDLE)

Location of Property 2637 San Newell Rd

Application Number 11156 Permit Number

Inspection Data:

Liquid Capacity of Tank

Total Length of Drain Tile 150

Depth of Filter Material 12"

Water Supply Source well

Excavation Inspected (DATE)

Nitrification Field Inspected 7-30-76 (DATE)

Washing Machine Line Inspected If Applicable (DATE)

Tank Material

Number of Lines 3

Cover Depth 15"

Distance from Water Source 100'

Tank Inspected (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface soil absorption effluent discharge as described above and it was built / repaired in accordance with the permit issued and the regulations of Mecklenburg County Health Code in effect on the date of issuance of the permit. This Certificate of Approval does not in any way guarantee that the system will operate properly in the future and does not relieve the owner of responsibility for controlling the discharge of such system. This Certificate of Approval is subject to the terms and conditions of the permit issued for the system and to all applicable laws and regulations. It is the responsibility of the owner to read and understand the permit and to be familiar with all information contained therein. Any change in the use of the property which would increase the requirements for the system must be approved by the Health Department before such change is made.

Comments: Repaired as permitted

Environmentalist

ICARIS Application No

T C No

Map Date

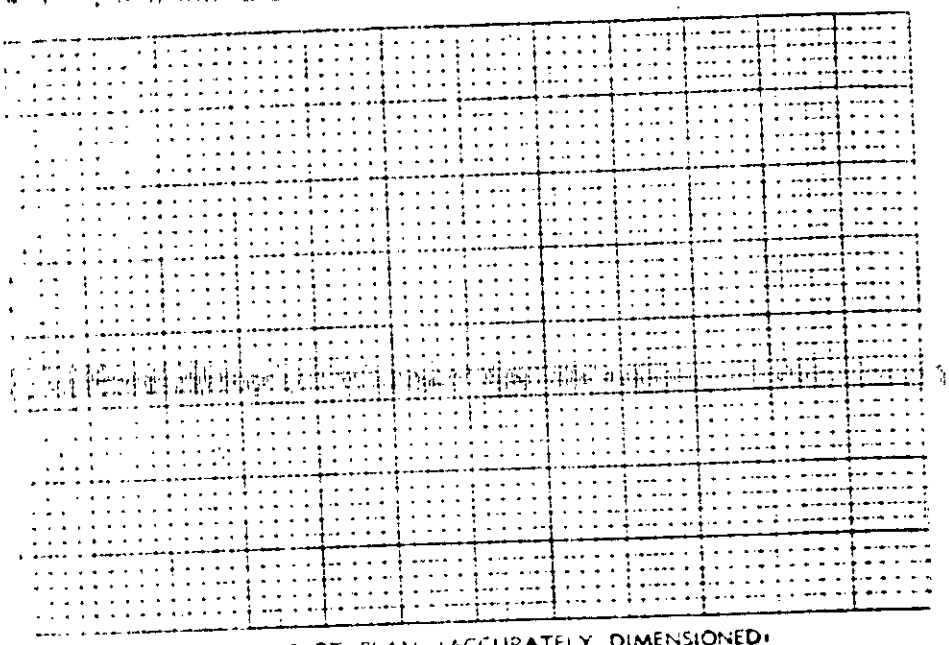
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge

The undersigned property owner hereinafter hereby applies to the Mecklenburg County Health D... and agrees to comply to

Construct 21 ... Alter or Repair an individual septic tank wastewater ... with a subsurface, soil absorption, effluent discharge



31 PLOT PLAN (ACCURATELY DIMENSIONED)

a) No. of Bedrooms 3

b) Business Use? Yes No
Employees

c) Washing Machine ... Yes

d) Garbage Disposal ... Yes

e) Dishwasher ... Yes

f) Water Supply
A) Individual Well
B) Governmental System
C) Community System

1) NAME OF OWNER Mr Larry Wm A. Dent (LAST) Lamar

1a) ADDRESS OF OWNER 2637 Sam Newell Rd Matthews N.C.

PHONE NO Home 847-6119 Office 541-7161

2) LOCATION OF SYSTEM 2637 Sam Newell Rd Matthews
(STREET OR COUNTY ROAD)

3) SUBDIVISION ... Lot No ...

Map Book No ... Page No. ...

4) DEED REFERENCE — DEED BOOK ... AT PAGE

5) HAS A PERCOLATION TEST BEEN RUN? ... YES ... NO DATE RUN

6) PTR NUMBER (See Instructions) ...

The undersigned person hereby agrees that he has read the foregoing application and that all ... statements are true. It is understood that any permit applied for herein shall be void and of no effect ... if the above facts are not true.

DATE OF APPLICATION 7/1/76

OWNER

HEALTH DEPARTMENT'S COPY

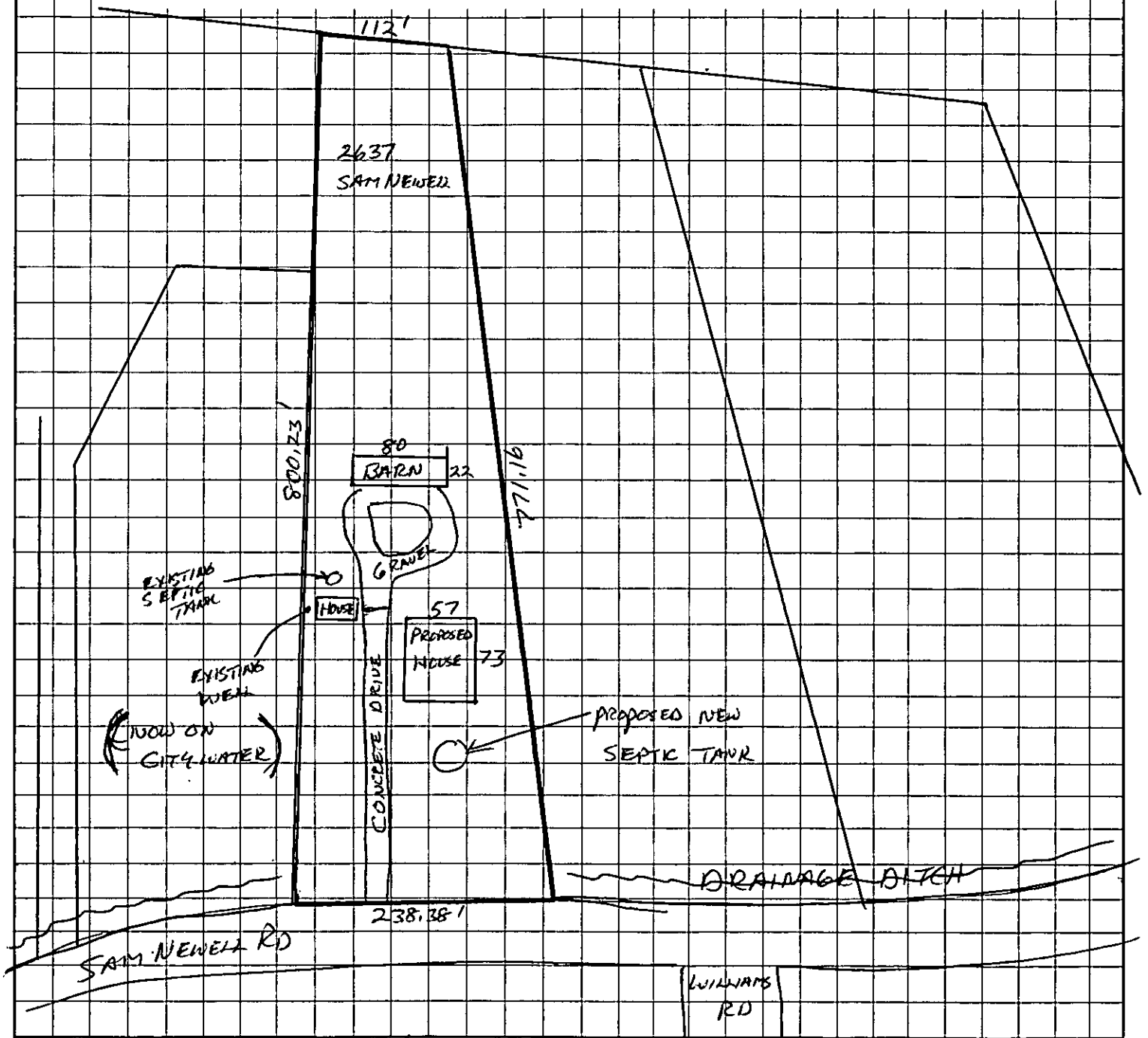
PROPOSED PLOT PLAN

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

FILE: 11156

TC: 193-12/-06

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.



Brent Van Metre
OWNER/AGENT SIGNATURE

DATE 2/3/98

APPROVAL DATE _____

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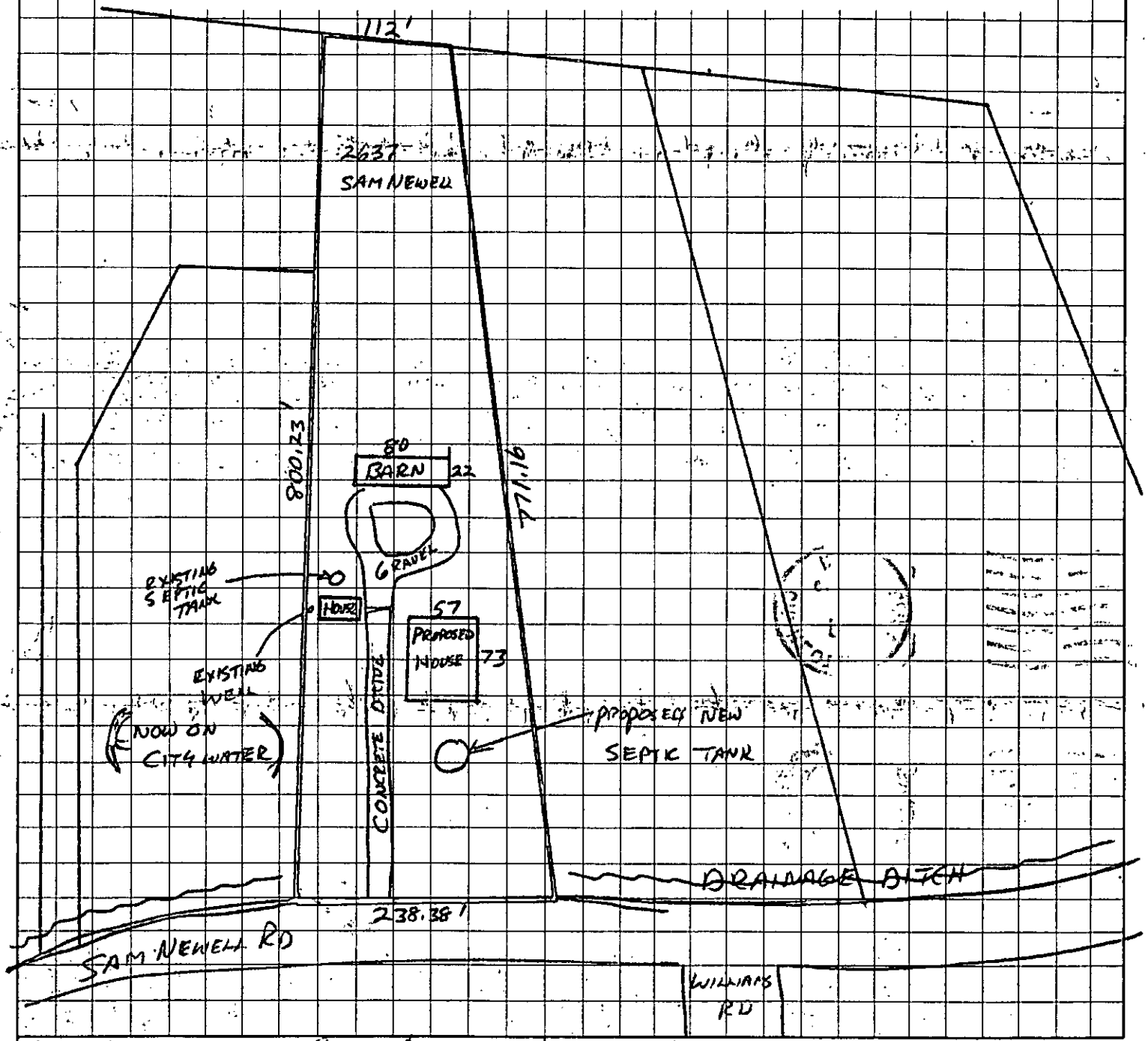
PROPOSED PLOT PLAN

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

FILE: 11156

TC: 153-121-06

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.



Brent Van Hoorn

OWNER/AGENT SIGNATURE

DATE 2/3/98

APPROVAL DATE _____

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PROPOSED PLOT PLAN

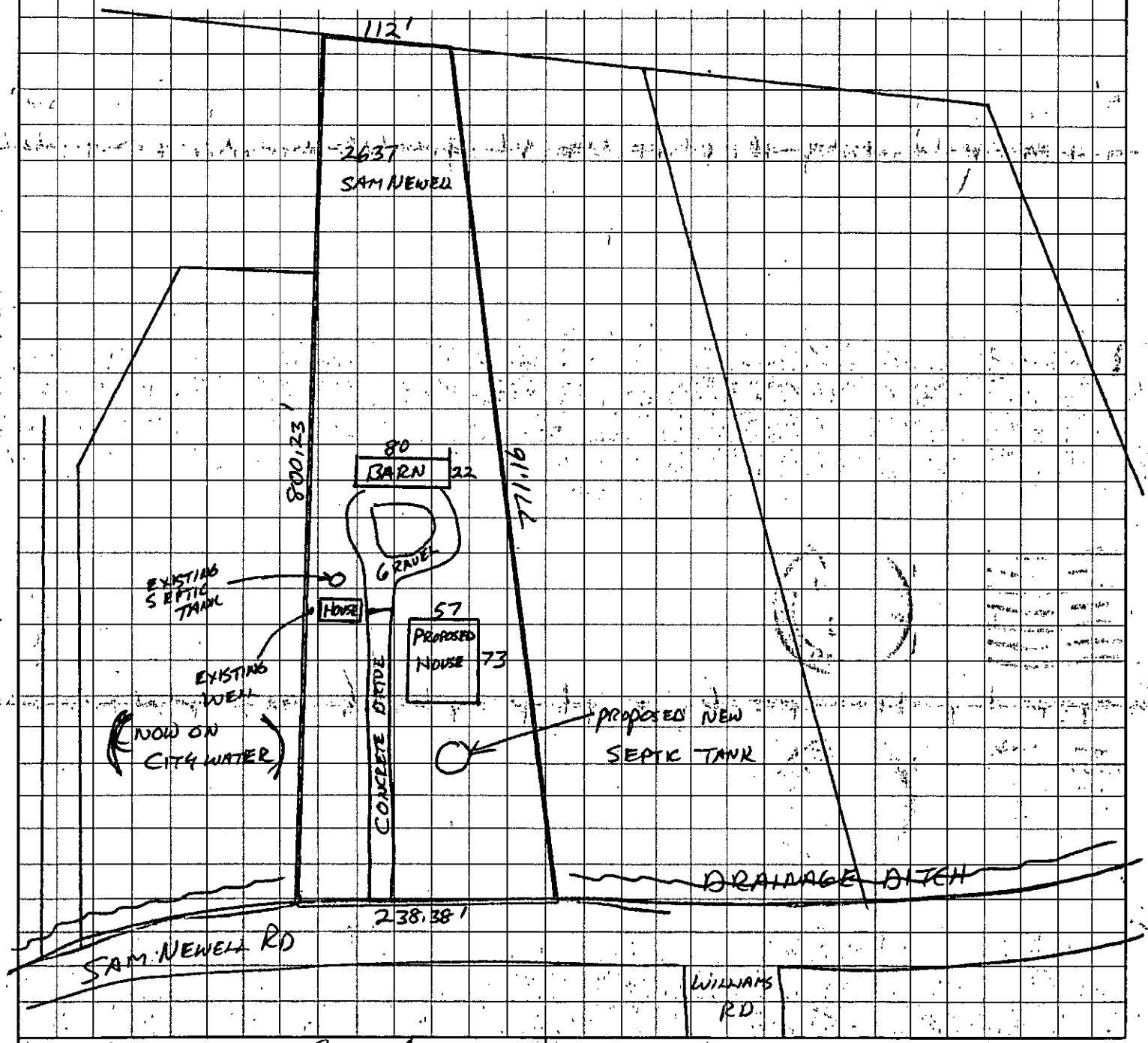
2nd new well 1/8/98 1/30/98 Clk Pd 10.00 BL

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

FILE: 11156

TC: 193-121-06

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Brent Van Clevaat
OWNER/AGENT SIGNATURE

DATE 2/3/98

APPROVAL DATE _____

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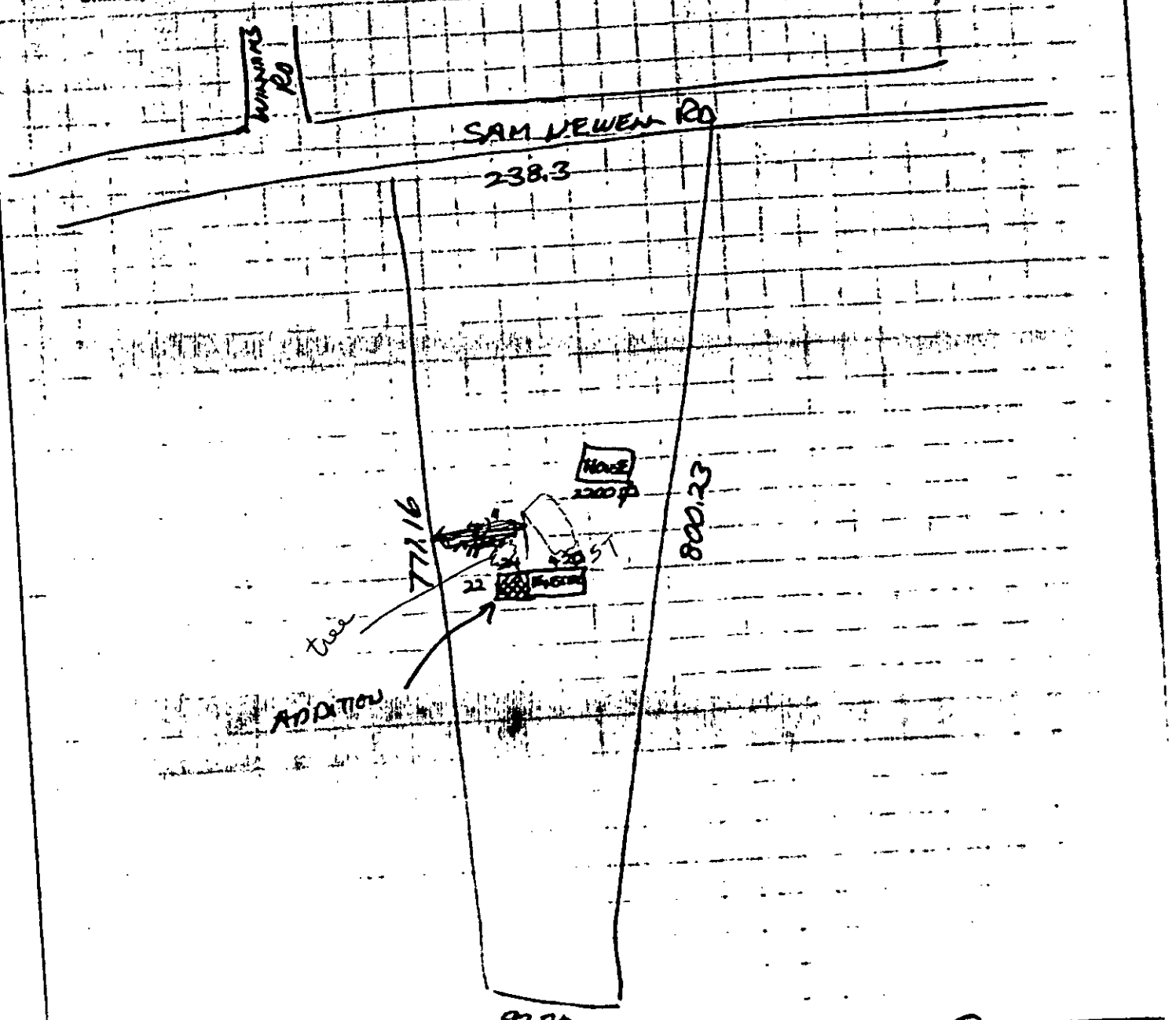
PROPOSED PLOT PLAN

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

FILE: 11156

TC: _____

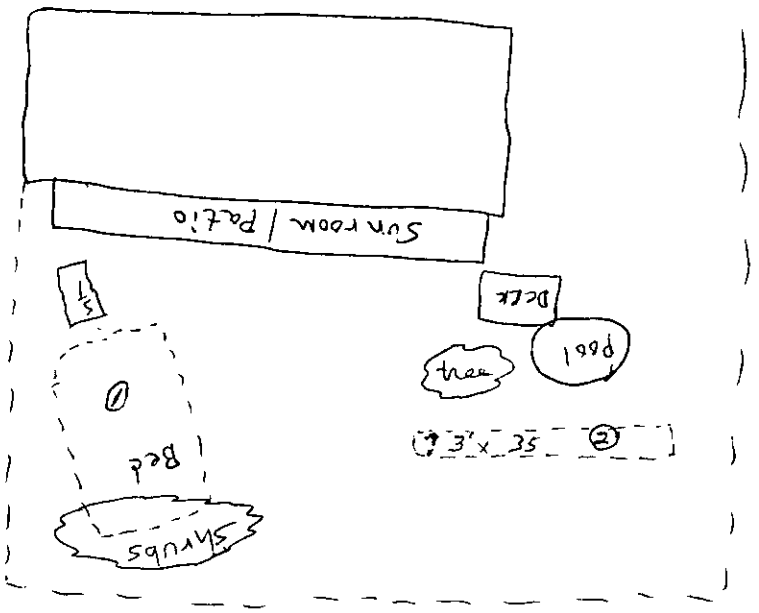
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Signed: _____

Date: 4/11/89

1. Uncover tank, two areas we found gravel
   Area #1 is dry
2. Well location
3. look into house being a 4 bedroom house - rec room may be counted as bedroom, possible study as bedroom



PG. 06

PG. 13

PG. 17

PG. 18

PG. 20

PG. 11

375.37

CREEK

474.37

1167.37

IRVINS

FLOOD - PLAIN

290

396

429

796.12

MATTHEWS

1622

CHARLOTTE

121

1352.22

CITY LIMITS

(HWY. 74)

E.

INDEPENDENCE

BLVD.

320'

200'

410.85

821.7

1600±

410.85

560'

SARDIS ROAD NORTH

78.28 AC.

2

869.55

MORNING STAR

1989.4

TWP.

1189.42

304.63

334.41

219.99

3.14AC

1429.99

CITY 6.327AC

6.46.48 LIMITS

14

15

MULLIS LN.

634.614

235.65

6.36AC

8

526.50±

RD.

225.45

1.84AC

213.20

4

212.83

237.83

3

142.9

100

98.85

771.64±

2.97AC

9

238.29±

800.23±

2.97AC

6

238.34±

454.37±

1.287AC

399.89±

5

12

11

WILLIAMS RD.

#3165

SAM NEWELL

197

199

195

TAX LINE MAP BOOK 193 PAGE 12

MECKLENBURG COUNTY, NORTH CAROLINA

REVISED 1-10-97 PCW | SCALE 1" = 400'

FOR TAX PURPOSES ONLY