

15021 MAJESTIC OAK DR

21701301

5/21/2007

duponbj

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

Mecklenburg County
Health Department

December 10, 1999

Elliott and Lola McCrary Rice
14804 Old Maple Circle
Charlotte, NC 28278

Re: Water Sample Results

Dear Mr. and Mrs. Rice:

Enclosed you will find the laboratory analysis of the well water resample that was collected at your residence on December 6, 1999.

The laboratory analysis of the well water sample was reported to be positive for bacteria. The presence of bacteria indicates a source of contamination. It is possible that the well was not properly chlorinated initially. If you wish to chlorinate the well again, the procedure for this process is enclosed.

Another option is permanent treatment. The installation of a permanent water treatment system is sometimes necessary in the event of reoccurring bacteria. If you have any questions regarding this matter, please feel free to contact me at 336-5568.

Sincerely,

L B. Thompson, Jr., R.S.

Larry B. Thompson, Jr., R.S., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure

Mecklenburg County Public Health Laboratory
Environmental Health Section
249 Billingsley Road • Charlotte, North Carolina 28211

III b

Microbiological Analyses

Owner, System or Establishment: Elliott Rice

Address: 14804 Old Maple Circle

Charlotte, NC Zip:

Collected By: L. Thompson

Date Collected: 12-6-99 Time: 12:45 AM (PM)

Sample Source: Outside tap

Date Delvd. to Lab: 12-6-99 Time: 3:20 AM (PM)

Delivered By: LBT ☑ Received on Ice Initials LBT

Type of Sample

Potable Water

☑ Individual Well ☐ Non-Community

☐ Community ☐ City

☐ Other (specify)

Treatment ☐ chlorinated ☑ nonchlorinated

☐ Initial Sample ☑ Recheck (chlorinated)

☐ Recheck (nonchlorinated)

☐ Other (specify) _____

Nonpotable Water

☐ Surface

☐ Storm ☐ Other (specify) _____

Analysis Requested: ☑ Total Coliform ☐ Fecal Coliform ☐ Fecal Strep ☐ Enterococcus

☐ Sulfate Reducing Bacteria ☐ Pseudomonas aeruginosa

☐ Other (specify) _____

☐ Food Analysis (specify) _____

Comments: _____

Laboratory Analysis Report

Method: _____ Membrane Filter ✓ Colilert _____ Multiple Tube Fermentation

Total Coliform present /100 ml.

Fecal Coliform absent /100 ml.

Fecal Strep _____ /100 ml.

Enterococcus _____ /100 ml.

Non-Coliform _____ /100 ml.

Plate Count _____ /gm. or ml.

Coliform Count _____ /gm. or ml.

Pseudomonas aeruginosa _____ /100 ml.

Laboratory Comments:

Date Received: 12/6/99 Date Reported: 12-8-99

Received By: TKB Analyst: MB Lab #: 732

Laboratory Identification #: 37518 DEHNR Division of Laboratory Services
#: 449 DEM

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Rev. 10/96
4319

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Mecklenburg County
Health Department

October 22, 1999

Elliott and Lola McCrary Rice
14804 Old Maple Circle
Charlotte, NC 28278

Re: Water Sample Results

Dear Mr. and Mrs. Rice:

Enclosed you will find the laboratory analysis of the well water sample that was collected at your residence on October 18, 1999.

The laboratory analysis of the well water sample was reported to be positive for bacteria. The presence of bacteria indicates a source of contamination. It is recommended that the well be chlorinated. The procedure for chlorination of a well is enclosed.

The inorganic water sample results are not yet available. I will forward a copy of those results to you just as soon as I receive them from the State Laboratory. If you have any questions concerning this matter, please contact me at 336-5568.

Sincerely,

Larry B. Thompson, Jr., R.S., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - NITRATE ONLY

Name of System: Rice, Elliot
Address: 14804 Old Maple Circle
Charlotte, NC **Zip:** 28278
County: MECKLENB
Report To: Mecklenburg Co. Env. Health **ATTN:** L. Thompson
700 North Tryon Street (704) 336-5101
Charlotte, NC 28202
Courier: 05-16-21

Source of Water: ground
Source of Sample:
Type of Sample: raw
Type of Treatment: none
Type of Analysis: NITRATE
Category: other

Collected By: L. THOMPSON **Date:** 10/18/1999 **Time:** 1:45:00 PM
Location of sampling point: outside tap
Remarks: III b

Parameters	Results	Units	Date Analyzed:
Nitrite as N	<0.10	mg/l	10/19/199
Nitrate as N	<1.0	mg/l	10/19/199

EXPLANATION OF RESULTS:

Foster/Therapeutic Homes: Nitrate-N level acceptable if less than or equal to 10 mg/l
Private Well Guidelines: Nitrite-N level should be ≤ 1.0 mg/l and Nitrate-N ≤ 10.0 mg/l

Date Received: 10/19/199 **Report Date:** 10/21/199 **Reported By:**
Today's Date: 10/21/199 **Reference:** 16006 **Sample Number:** AA24893

Explanations

Coliform Analysis:
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. *coli* (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Inorganic Analysis:
Recommended limits for drinking water. Sample should not exceed levels listed below:

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.05 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - PRIVATE WATER SYSTEM

Name of System: Rice, Elliot
Address: 14804 Old Maple Circle
Charlotte, NC
Zip: 28278

Source of Water: ground
Source of Sample:
Type of Sample: raw
Type of Treatment: none
Type of Analysis PRIVATE

County: MECKLENB

Report To: Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202
Courier: 05-16-21

ATTN: Larry Thompson
(704) 336-5101

Collected By: L. THOMPSON **Date:** 10/18/1999 **Time:** 1:45:00 PM

Location of sampling point: outside tap

Remarks: III b

Parameters	Results	Units	Date Analyzed:
Alkalinity as CaCO3	57	mg/l	10/19/199
Arsenic	<0.01	mg/l	10/19/199
Calcium	10.8	mg/l	10/19/199
Chloride	9	mg/l	10/19/199
Copper	<0.05	mg/l	10/19/199
Fluoride	0.11	mg/l	10/19/199
Iron	<0.05	mg/l	10/19/199
Hardness as CaCO3 (Ca,Mg)	42	mg/l	10/19/199
Magnesium	3.7	mg/l	10/19/199
Manganese	<0.03	mg/l	10/19/199
Lead	<0.005	mg/l	10/19/199
pH	6.5	Std. unit	10/19/199
Zinc	<0.05	mg/l	10/19/199

Date Received: 10/19/199
Today's Date: 10/21/199

Report Date: 10/21/199
Ref: 15982

Reported By:
Sample Number: AA24869

Explanations

Coliform Analysis:
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. *coli* (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Inorganic Analysis:
Recommended limits for drinking water. Sample should not exceed levels listed below:

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.05 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l

Mecklenburg County Public Health Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

III b

Microbiological Analyses

Owner, System or Establishment: Elliot Rice

Address: 15021 Majestic Oak Drive

Charlotte, NC Zip: 28278

Collected By: L. Thompson

Date Collected: 10-18-99 Time: 1:30 AM (PM)

Sample Source: Outside tap

Date Delvd. to Lab: 10-18-99 Time: 3:05 AM (PM)

Delivered By: LBT ☑ Received on Ice Initials LBT

Type of Sample

Potable Water

- ☑ Individual Well
- ☐ Community
- ☐ Other (specify)
- ☐ Non-Community
- ☐ City

Treatment ☐ chlorinated ☑ nonchlorinated

- ☑ Initial Sample
- ☐ Recheck (chlorinated)
- ☐ Recheck (nonchlorinated)
- ☐ Other (specify) _____

Nonpotable Water

- ☐ Surface
- ☐ Storm
- ☐ Other (specify) _____

Analysis Requested: ☑ Total Coliform ☐ Fecal Coliform ☐ Fecal Strep ☐ Enterococcus

☐ Sulfate Reducing Bacteria ☐ Pseudomonas aeruginosa

☐ Other (specify) _____

☐ Food Analysis (specify) _____

Comments: _____

Laboratory Analysis Report

Method: _____ Membrane Filter ✓ Colilert _____ Multiple Tube Fermentation

Total Coliform Present /100 ml.

Fecal Coliform Absent /100 ml.

Fecal Strep _____ /100 ml.

Enterococcus _____ /100 ml.

Non-Coliform _____ /100 ml.

Plate Count _____ /gm. or ml.

Coliform Count _____ /gm. or ml.

Pseudomonas aeruginosa _____ /100 ml.

Laboratory Comments:

Date Received: 10/19/99 Date Reported: 10/20/99

Received By: NB Analyst: NB Lab #: 491

Laboratory Identification #: 37518 DEHNR Division of Laboratory Services
#: 449 DEM

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N. C. Department of Environment and Natural Resources
Division of Environmental Health

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

Mecklenburg — Health Department
Name of Establishment — 4640A — Permit/Project No.
15021 Majestic Oak Drive — Location
residence — Type of Establishment
360 gpd — Design Flow
Elliott Rice, 14804 Old Maple Circle, Charlotte, NC 28278 — Owner/Agent — Address — Phone
N/A — Operator — Address — Phone
Remarks: III b

	Yes	No	REMARKS
1. ESTABLISHMENT:			
Type, size, and sewage flow in accordance with permit?	☑	☐	
2. COLLECTION SYSTEM:			
No evidence of leaks into or out from sewer lines/manholes?	☐	☐	
Free of blockages/solids buildup in lines or manholes?	☐	☐	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):			
Tank risers accessible and surface water diverted?	☑	☐	
Tanks and access manholes structurally sound, watertight?	☑	☐	
Sanitary tee(s) in good working condition?	☐	☐	follow recommendations regarding pumping frequency
Tanks pumped, cleaned out as needed?	☐	☐	
4. RAW SEWAGE LIFT STATION (if present):			
Required pumps present, operating, and cycling properly?	☐	☐	
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☐	☐	
PUMP SYSTEMS:			
Required pumps present, operating, and cycling properly?	☑	☐	
High-water alarm present and operating properly?	☑	☐	
Floats/pipe/valves/disconnects in good working condition?	☑	☐	
Control panel enclosure/components in good condition?	☑	☐	
Elapsed time readings: _____ _____ _____ _____			
SIPHON SYSTEMS:			
No evidence of overflow or siphon leakage?	☐	☐	
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	
6. GROUND ABSORPTION FIELDS:			
No evidence of effluent surfacing/reaching surface waters?	☑	☐	
Minimal ponding in subsurface trenches?	☑	☐	
Surface water being effectively diverted away?	☑	☐	
Diversions/ditches/swales/tile drains properly maintained?	☑	☐	
Line cover/vegetation adequate/maintained as needed?	☑	☐	
Protected from traffic, destructive uses?	☑	☐	
Distribution devices in good condition, working properly?	☑	☐	
Repair area properly reserved, maintained?	☑	☐	
LOW-PRESSURE PIPE DRAIN FIELDS:			
Turnups/cleanouts/valves intact and accessible?	☐	☐	
No effluent standing in lower laterals?	☐	☐	
Laterals free of excess solids, cleaned out as needed?	☐	☐	
Pressure head is properly adjusted?	☐	☐	

OVERALL CONDITION AND OPERATION OF SYSTEM: System looks good.

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)

DATE: 10-18-99 SIGNED: Larry B. Thompson, Jr., R.S. AGENT
Division of Environmental Health

DENR 3702 (Revised 3/98)
On-Site Wastewater Section (Review 12/98)

– over –

SUMMARY OF IMPROVEMENTS NEEDED (cont.)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

This is to notify you of intent to suspend/revoke your operation permit/certificate of completion 60 days from this date for the following
(circle one) *(circle one)*

violations: _____
[Law or Rule(s)]

If suspended, the operation permit or certificate of completion remains suspended until violations are corrected. A hearing will be held prior to suspension or revocation if you file a petition for a hearing with the Office of Administrative Hearings, P. O. Drawer 27447, Raleigh, NC 27611-7447, in writing within the number of days specified above of your intent to attend the hearing. If you do not petition the Office of Administrative Hearings, the operation permit or certificate of completion will be suspended or revoked.

IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

This is to notify you of immediate suspension/revocation of your operation permit/certificate of completion for the following violations:
(circle one) *(circle one)*

_____
[Law or Rule(s)]

If suspended, the permit or certificate remains suspended until the violations are corrected. You will be notified of the day and location of a hearing on this suspension or revocation by a hearing officer from the Office of Administrative Hearings.

This the _____ day of _____, 19 _____.

_____ Agent
DIVISION OF ENVIRONMENTAL HEALTH

INSTRUCTIONS

Purpose: Article 11 of Chapter 130A requires the Commission for Health Services to adopt rules governing the design, construction, and operation of on-site wastewater systems. 15A NCAC 18A .1937 specifies that the local health department shall determine whether systems with an Operation Permit are operating properly at a frequency specified in Rule .1961, Table V(a), and that systems which exceed 3,000 gallons per day and other systems which are required to be designed by a professional engineer shall be reinspected annually. This form is developed to be used in making inspections of engineered subsurface wastewater systems.

Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for:

1. Original to be left with the responsible person.
2. Copy for the local health department.
3. Copy for the On-Site Wastewater Section, Division of Environmental Health.

In the event the permit is suspended or revoked, complete the portion above.

Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the *Records Disposition Schedule* published by the N.C. Division of Archives and History.

Additional forms may be ordered from: On-Site Wastewater Section
Division of Environmental Health
P. O. Box 29594
Raleigh, NC 27626-0594
(Courier 52-01-00)

MAINTENANCE INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

Elliot & Lola McCrary Rice
14804 Old Maple Circle
Charlotte, NC 28278

Please Make Check Payable To

Mecklenburg County Health Department
700 N. Tryon Street, Ste 211
Charlotte, NC 28202

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File #	# Bedrooms	System Type
Elliott & Lola McCrary Rice	15021 Majestic Oak Drive	217-013-01	4640A	3	IIIB

Total Amount Due: $85.00

Please use the space below, to make any corrections to property information.

Name _____

Site Address _____

_____

#Bedrooms _____

RECEIVED
$85.00
CK# 3640
10/14/99

BILL INFORMATION

Billing Date	Payment Due Date
10/05/99	11/08/99

10-18-99
OK
Memo/k

Direct Questions Concerning This Bill To ..... (704) 336-5102

☒ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
Your Canceled Check Is Your Receipt

DO NOT SEND CASH

MAINTENANCE INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

Elliot & Lola McCrary Rice
14804 Old Maple Circle
Charlotte, NC 28278

Please Make Check Payable To

Mecklenburg County Health Department
700 N. Tryon Street, Ste 211
Charlotte, NC 28202

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File #	# Bedrooms	System Type
Elliott & Lola McCrary Rice	15021 Majestic Oak Drive	217-013-01	4640A	3	IIIB

Total Amount Due: $85.00

Please use the space below, to make any corrections to property information.

Name _____

Site Address _____

_____

#Bedrooms _____

BILL INFORMATION

Billing Date	Payment Due Date
10/05/99	11/08/99

Direct Questions Concerning This Bill To ..... (704) 336-5102

☐ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
Your Canceled Check Is Your Receipt

DO NOT SEND CASH

FAXED 12-11-94

Post-it® Fax Note 7671

To Cathy Hudson	Date 12/12/94 # of pages ▶ 1
Co./Dept. RCS	From Newell
Phone # 376-9359	Co. Mech. Co.
Fax # 989-5560	Phone # 336-557-7
	Fax # 336-689-7

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4640 A DATE: 12/14/94

TC: 217-013-02 ☐ L ☒ CRT

SERIAL Nº 16098

Name of Owner David Thompson Juris.: _____

Address of Property 14804 Old Maple Circle

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 5 @ 80'

Cover Depth 20-24"

Water Supply Source Well

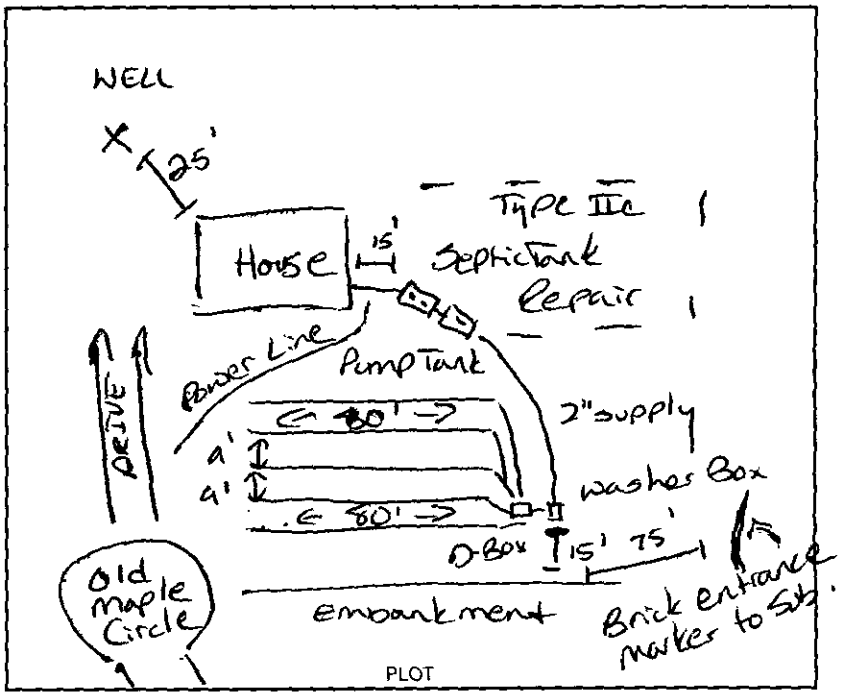
Distance to Water Source 91'

Excavation Inspected 12/14

Tank(s) Inspected 12/14

Wash Line Inspected N/A

High Water Alarm Inspected 12/14



Design 1994 1500ST, 1000DT, P1, CON, 1200SF, 12G, Cecil CTR# PCS INC 90

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

☒ installed or constructed ☐ altered or repaired

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

and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☒ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

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

COMMENTS: System design for 3 bedroom house Type III b

JNewell for SDaniel

Larry B. Thompson, Jr., 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

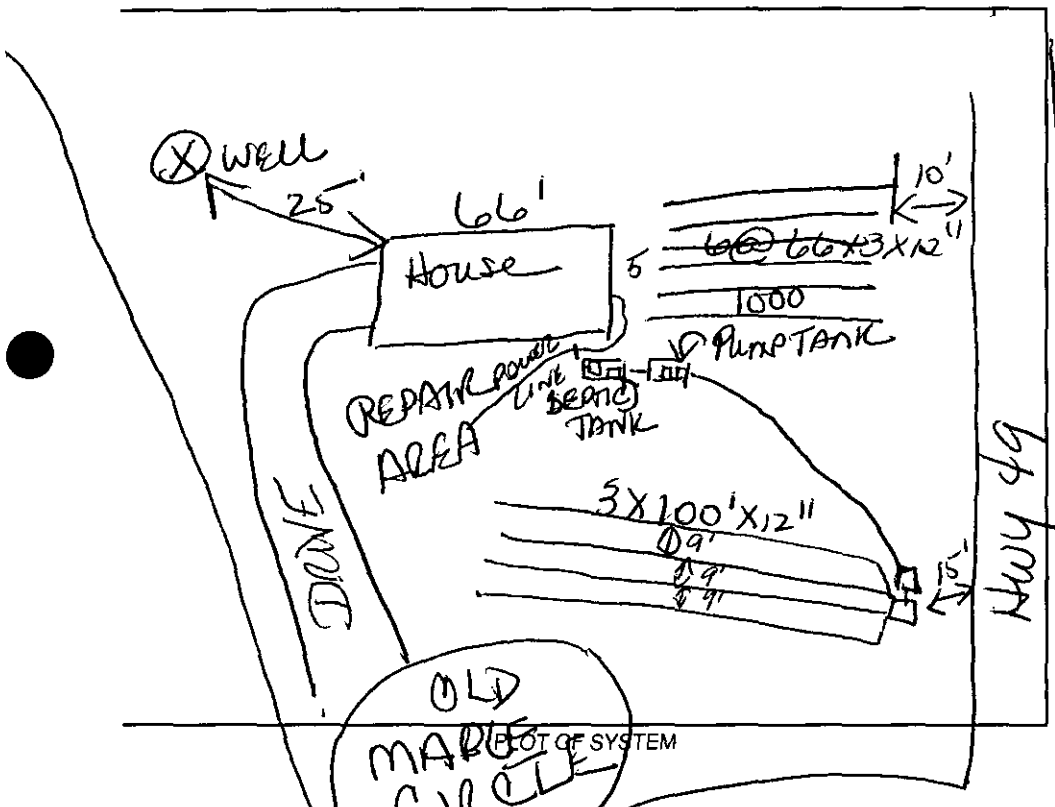
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4640A DATE: 12-7-94

TO 217-013-02 L

SERIAL Nº 16151

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 12/7/94. All work shall be completed on or before 1/7/95, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction Pcc

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous N/A

Total Line Length 400 feet

Number of Lines 4

Depth of Stone 12" inches

Distance from House 15 feet

Distance from Property Line 10 feet

Distance from Well 91 feet

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

NAME OF OWNER DAVID THOMPSON

LOCATION OF PROPERTY 14804 Old Maple Circle

Comments: 1500 TANK, 1000 PUMP TANK, 400' (4) TRENCHES 3x100'x12" OR (5) 3'x80'x12" - 15' FROM BASEMENT, 15' FROM EMBANKMENT, 100' FROM WELL, 1(2) 1 WASH BOX 1 D BOX

JNewell

Jonathan Newell, R.S.
Environmental Health Specialist

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

4/64/0A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PA 4/20 2/21/94 A #1886

X 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

PERSON FILING APPLICATION:

NAME: Thompson (last) DAVID (first) W. (mi)

ADDRESS: 15021 Majestic Oak Dr / 14804 Old Maple Circle PHONE: (704) 588-2415

CITY: CHARLOTTE STATE: N.C ZIPCODE: 28278

Date: 2/21/94

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 215-013-02

STREET ADDRESS: 14804 Old Maple Cr

ZONING:

PROPERTY OWNER:

NAME: SAME (last) (first) (mi)

ADDRESS: 9802 Withers Rd PHONE: 704 588-2415

CITY: Char. STATE: N C ZIPCODE: 28278

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: #1 & #2 Combined LOT SIZE (in acres): See Survey

TYPE APPLICATION (check one):

[] SOIL TEST - INDIVIDUAL LOT (O)
[X] 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) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

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):
[] 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: David Thompson Date: 2/21/94

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.

Lift pump required
Approval for 3 bedroom home and 100% repair is required.

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

Judy J. Rice R.S. 3/3/94
Environmentalist Date

F. Walker Clark, Jr. 3/7/94
Director or Authorized Section Head Date

WATER : 122791

PROPOSED PLOT PLAN

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

4640A

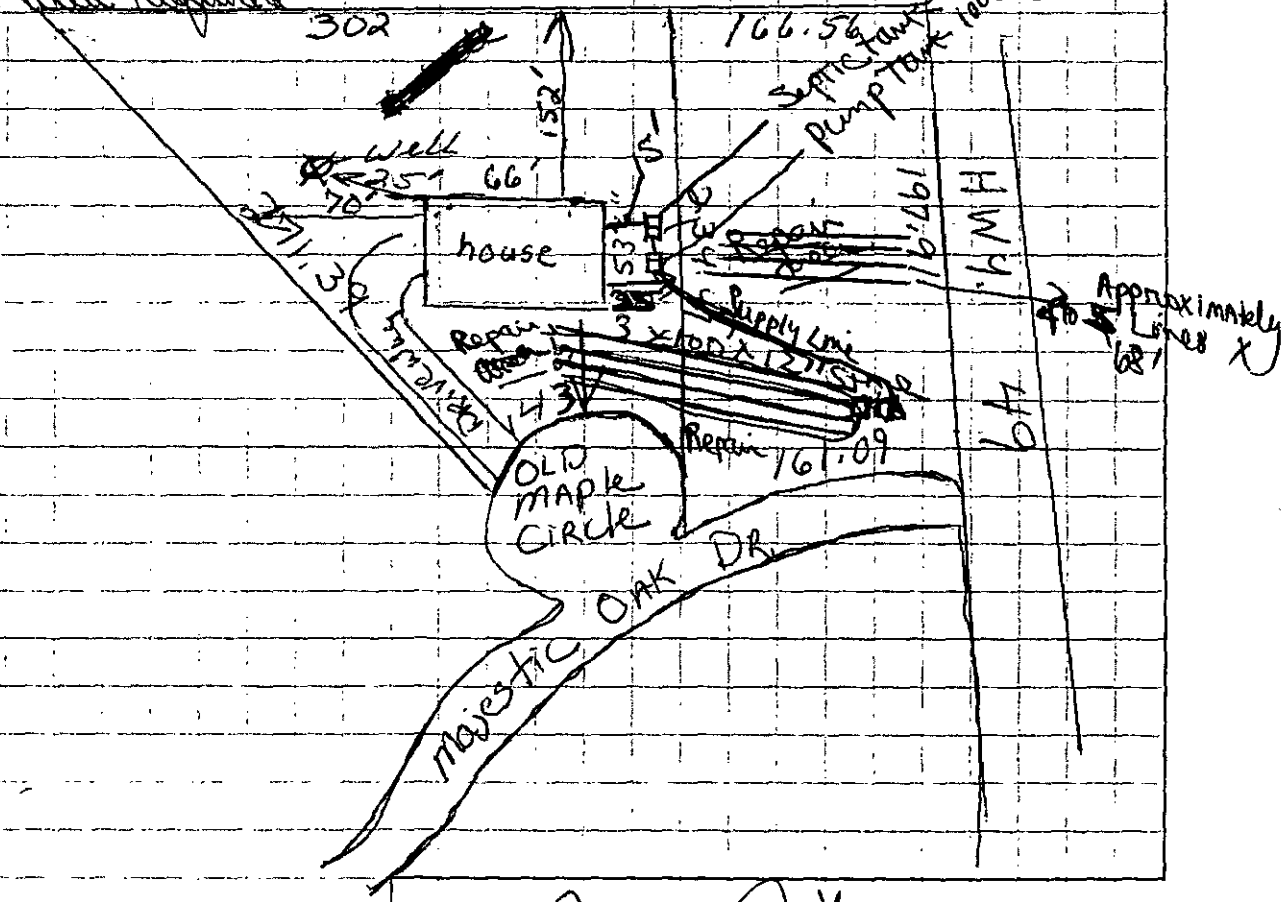
FILE: ~~4600A~~ | 464A

TC: 217-012-02 80

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.

1500 Gallon Tank
1000 Gallon Pump Tank
400' Drainfield
4) Trenches 3' x 100' x 12" Stone or 5) 3' x 80' x 12" Stone
Keep 15' from basement
Keep 15' from tank
Keep 100' from well
Well SHALL be 25' from house.
100% repair area required

David Thompson 2-24-94



Signed: Judy J Keen RS

Date: 2/24/94

May 2, 1994

Judy,

Attached is the survey on Lot one & two combined in Royal OAKS that Kip and I purchased. Let me know if you need anything else.

Dave Thompson

tion recorded in Deed Book 4986 at Page 955); that
s not surveyed are clearly indicated as drawn from
d Map Books and Deed Books as shown; that the
sion as calculated is 1:10,000; that this plat was
ccordance with G.S. 47-30 as amended. Witness
gnature, registration number, and seal this 14th day
.D., 1994.

d L. Killough — L-1519

stered Surveyor — Reg. No.

this survey creates a subdivision of land within the
unty or municipality that has an ordinance that regulates
d.



LOT 1
MAP BOOK 22 PAGE 406

S 05°22'29" W
1179.34' TO AN

S 83°08'45" W
172.84'

360.95'

N 06°25'12" W

361.58'

LOT 3
MAP BOOK 24 PAGE 778

LOT 4
1.72 acres

B.C. FINCHER, JR.
and wife, MARJORIE E. FINCHER
D.B. 4345 PG. 981

ETHEL BOYD FINCHER
D.B. 3670 PG. 494

S 05°22'29" W

NT "FINCHER"
7
337.26
,820.33

NAD 27
NORTH=489,333.29
EAST=1,484,488.86

35' BUILDING SETBACK LINE

S 89°18'46" W
331.54' (GROUND)
331.49' (GRID)
COMB. FACTOR=0.9998443

C2

C1

50' FROM ℄ PREVIOUSLY DEDICATED TO N.C.D.O.T. (M.B. 22 PG. 406)

30'

30'

EXISTING
80' PUBLIC R/W

50'

30'

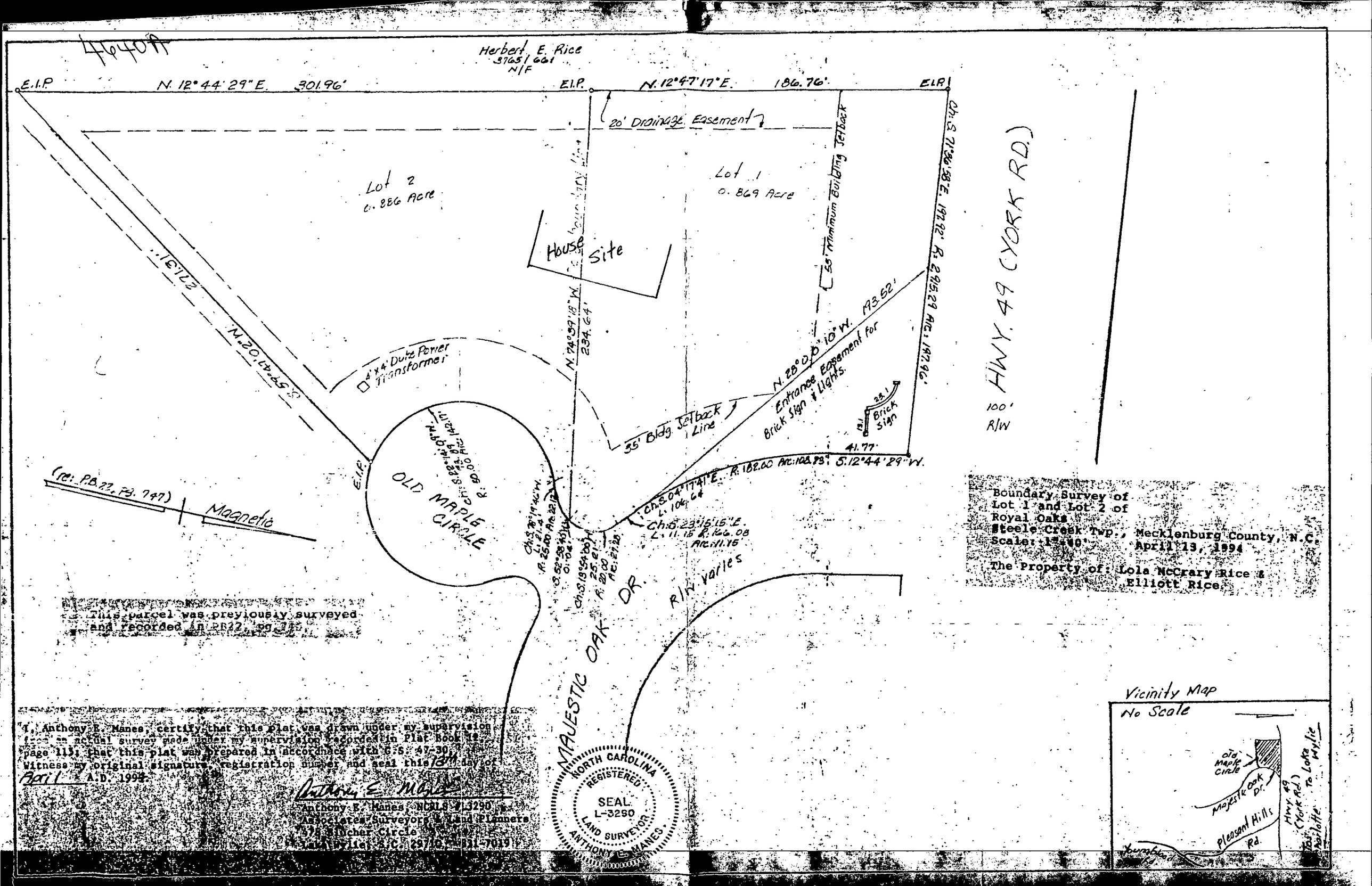
McKEE ROAD

EXISTING 80' PUBLIC R/W

S.R. 3440

EXISTING
60' PUBLIC R/W

CURVE	RADIUS	LENGTH
C1	4314.73'	190.25'
C2	905.00'	56.55'



Boundary Survey of
Lot 1 and Lot 2 of
Royal Oaks
Steele Creek Twp., Mecklenburg County, N.C.
Scale: 1" = 40' April 13, 1994

The Property of: Lola McCrary Rice &
Elliott Rice

This parcel was previously surveyed and recorded in PB 22, pg 747.

I, Anthony E. Manes, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed recorded in Plat Book 12, page 113); that this plat was prepared in accordance with G.S. 47-30. Witness my original signature, registration number and seal this 18th day of April A.D. 1994.

Anthony E. Manes

Anthony E. Manes, NCRLS # L-3290
Associates Surveyors & Land Planners
736 Fincher Circle
Fort Mill, S.C. 29715 (803) 831-7019

NORTH CAROLINA REGISTERED SEAL L-3290 LAND SURVEYOR ANTHONY E. MANES

Vicinity Map
No Scale

Mecklenburg County
Health Department

Basil G. Delta, M.D., M.P.H.
Health Director

July 12th, 1988

Providence Woods South
1740 E. Independence Boulevard
Charlotte, NC 28205

RE: Property located at Majestic Oak Drive 1
FILE: 4640A
PARCEL: 21701202 Po

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 15287) 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 I may be of assistance, please do not hesitate to contact me.

Sincerely,

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

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15287

File: 4640A Action 1

Parcel: 21701202 Po ☐ PC

Location: Majestic Oak Drive

Subdivision:

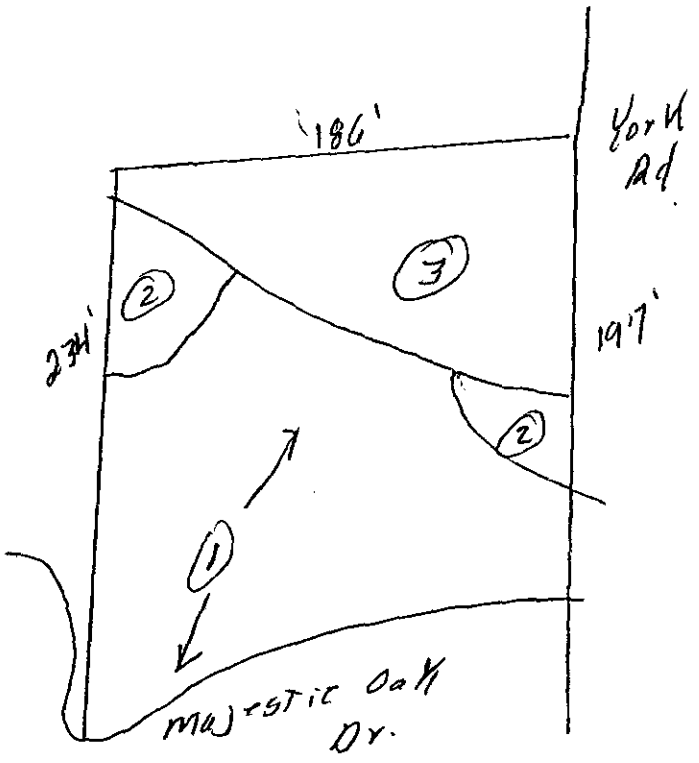
Lot: 1 Block: Acres: .87

Owner: Providence Woods South
Address: 1740 E. Independence Boulevard
Charlotte, NC 28205

Comments: Limited area, may need lift pump

Described by: William A. Marks

Date: 7-12-96



***** 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 8-15%	S PS (U) complex slopes	S PS (U) Drainageway	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 7-36" to water	S PS U —	S PS U —	S PS U	S PS U	S PS U
Depth	S (PS) U 7-36"	S PS U —	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-36"	S PS U —	S PS U —	S PS U	S PS U	S PS U
Available Space	S (PS) U 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	IUA cec. 1-1.4	Complex Slopes	Drainageway Depression			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

Mecklenburg County
Health Department

Condemned
DE 4140A

Basil G. Delta, M.D., M.P.H.
Health Director

July 12th, 1988

Providence Woods South
1740 E. Independence Boulevard
Charlotte, NC 28205

RE: Property located at Majestic Oak Drive 2
FILE: 4641A
PARCEL: 21701202 Po

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 15288) 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 15288

File: 4641A Action 2

Parcel: 21701202 Po combined with 46 LOA ☐ PC

Location: Majestic Oak Drive

Subdivision:

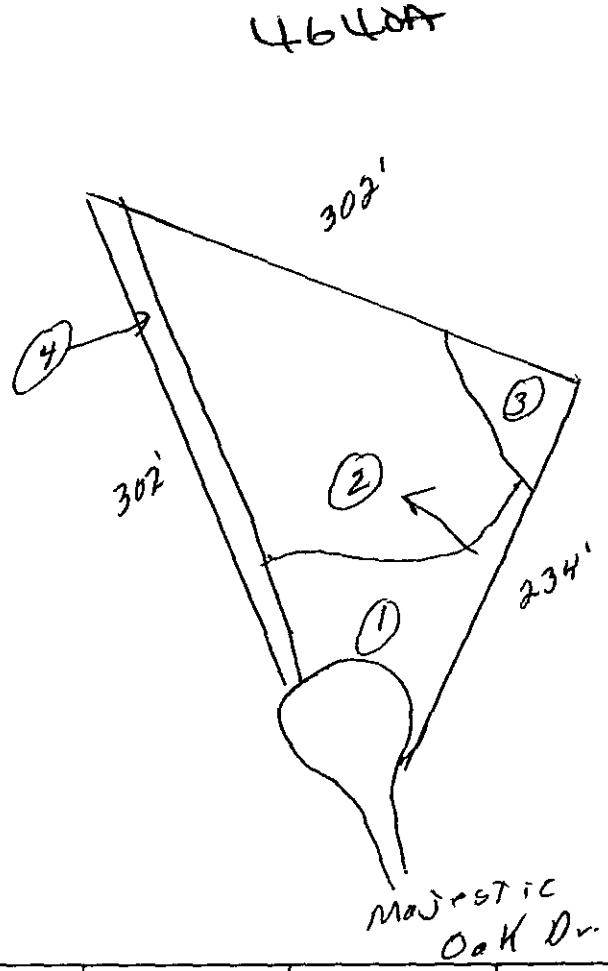
Lot: 2 Block: Acres: .9

Owner: Providence Woods South
Address: 1740 E. Independence Boulevard
Charlotte, NC 28205

Comments: _____

Described by: William A. Mudi

Date: 7-12-96



***** 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 8-15%	S (PS) U 15-25%	S PS (U) complex slopes	S PS U —	S PS U	S PS U
Texture	S (PS) U Clay	S (PS) U Clay	S PS U —	S PS U —	S PS U	S PS U
Structure	S (PS) U Blocky	S (PS) U Blocky	S PS U —	S PS U —	S PS U	S PS U
Drainage	S (PS) U >36" to water	S (PS) U >36" to water	S PS U —	S PS U —	S PS U	S PS U
Depth	S (PS) U 36"+	S PS (U) 24-26"	S PS U —	S PS U —	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S (PS) U >36"	S PS U —	S PS U —	S PS U	S PS U
Available Space	S PS (U) Restricted	S (PS) U limited	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) Drainageway	S PS U	S PS U
Soil Group/Series	10A Cecil-Hiwassee	10A Pacolet 2-4%	complex slopes	Drainageway		
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

6/17/88
$30.00
ck # 541
Rec

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

(OFFICE USE ONLY)

FILE: 4640A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: York Road at Pleasant Hill Road / Majestic Oak Drive & Old Maple Circle

② SUBDIVISION: Royal Oaks ③ LOT: 1 ④ BLOCK: I

⑤ PARCEL REFERENCE: BOOK NO.: 20 217 PAGE NO.: 012 PARCEL NO.: 02

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

OWNER

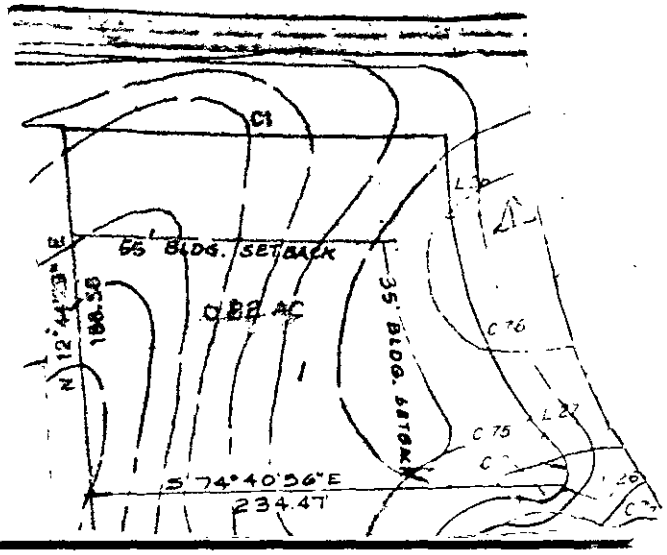
⑦ NAME: Performance Investments Inc.; Mr. Gary Allen, President
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 1740 E. Independence Blvd.

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28205

⑫ PHONE: (WORK) (704) 372-2565 (HOME) _____

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

Signed: _____

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

Date: 1/19/88

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

APPLICATION FOR SOIL INVESTIGATION

6/17/88
P0430
541
Combined
into 46 KDA

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

(OFFICE USE ONLY)

FILE: 4641A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Yosk Road at Pleasant Hill Road/Majestic Oak Drive + Old Maple Circle

② SUBDIVISION: Royal Oaks ③ LOT: 2 ④ BLOCK: 1

⑤ PARCEL REFERENCE: BOOK NO.: PO 217 PAGE NO.: 012 PARCEL NO.: 02

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

OWNER

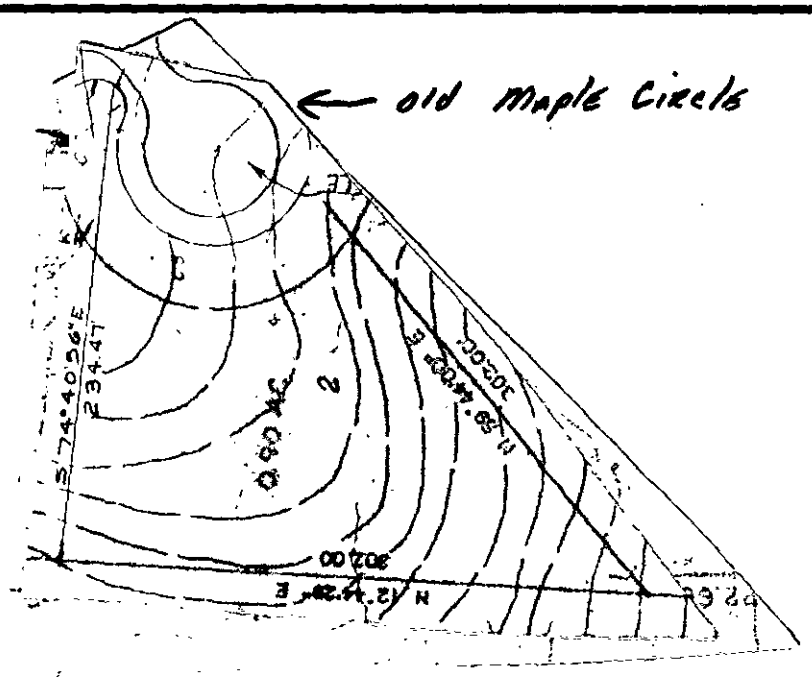
⑦ NAME: Performance Investments Inc.; Mr. Casey Allen, President
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 1240 E. Independence Blvd.

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28205

⑫ PHONE: (WORK) (704) 372-2565 (HOME) _____

⑬ Accurately diagram and dimension lot.



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Signed: _____

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

Date: 1/19/88

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

Both of
these lots
are combined
to make one (1)
lot.
You can use either
file # but give
me a copy so I
will have the correct

File # when
I issue the
installation approval
& certificate
of completion
Thanks
Judy