

18636 STATESVILLE RD

00514107

12/27/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 2135B/9306A DATE: 4/22/94

TC: 005-14/07 ☒L ☐CRT

SERIAL Nº 15384

Name of Owner Clyde Cashion Juris.:

Address of Property 1836 Statesville Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 3 @ 133'

Cover Depth 8"

Water Supply Source Well

Distance to Water Source 100+

Excavation Inspected 4/22/94

Tank(s) Inspected 4/22/94

Wash Line Inspected –

High Water Alarm Inspected –

PLOT

Design: 1994, 1500ST, CON, 1200SFT, 12" Stone ceil CTR# 74

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

☒ installed or constructed ☐ altered or repaired

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

and meets the provisions of ~~10 NCAC 10A~~ 15A 18A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☒ Certificate of Completion ☐ Operation Permit

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

COMMENTS: Septic System designed for 3 bedroom residence

Tuffee II

Philip S. Walker R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR ~~PERMIT~~ Approval

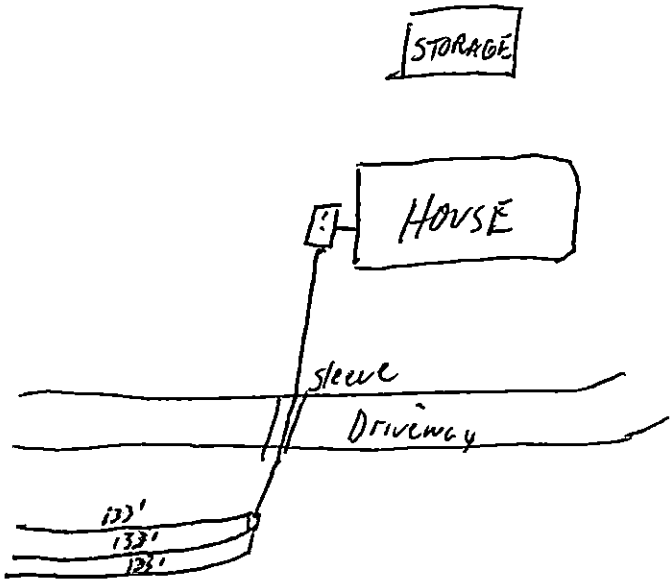
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 2135B/9306A DATE: 4/19/94

TC: 005 14/ 07 ☐ L

SERIAL Nº 15875

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 2/22/94. All work shall be completed on or before 5/19/94, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank – gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines 3 (133')

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >50' feet

NAME OF OWNER Clyde Cashion

LOCATION OF PROPERTY 18636 Statesville Rd

Comments: 1500ST, 3 lines x 133'long x 3ed x 12"stone Sleeve to be installed on supply line under driveway | Keep septic lines on contour of land

_____ Division or Section Head

Phillip S. Walker R.S. Environmentalist

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

2135B | 9306A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PD 200° CLK 194° 2/22/94 BJ 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: CASHION (last) CLYDE (first) M (mi)
ADDRESS: 18630 STATESVILLE RD PHONE: (704) 892-8510
CITY: DAVIDSON STATE: NC ZIPCODE: 28036

Date: 2-22-94

PROPERTY OWNER:
NAME: SAME (last) (first) (mi)
ADDRESS: PHONE: (___) ___
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 005-141-07
STREET ADDRESS: 18636 STATESVILLE RD DAVIDSON, N.C.
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[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) [X] 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)
[x] Municipal (M) [ ] Other 'spring' (O)
[ ] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [x] 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: Clyde M. Cashion Date: FEB, 22 1994

NOTICE:

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

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

...This permit is not transferable.

... Easement agreement form of file

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

Phillip S. Walker 3/30/94
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

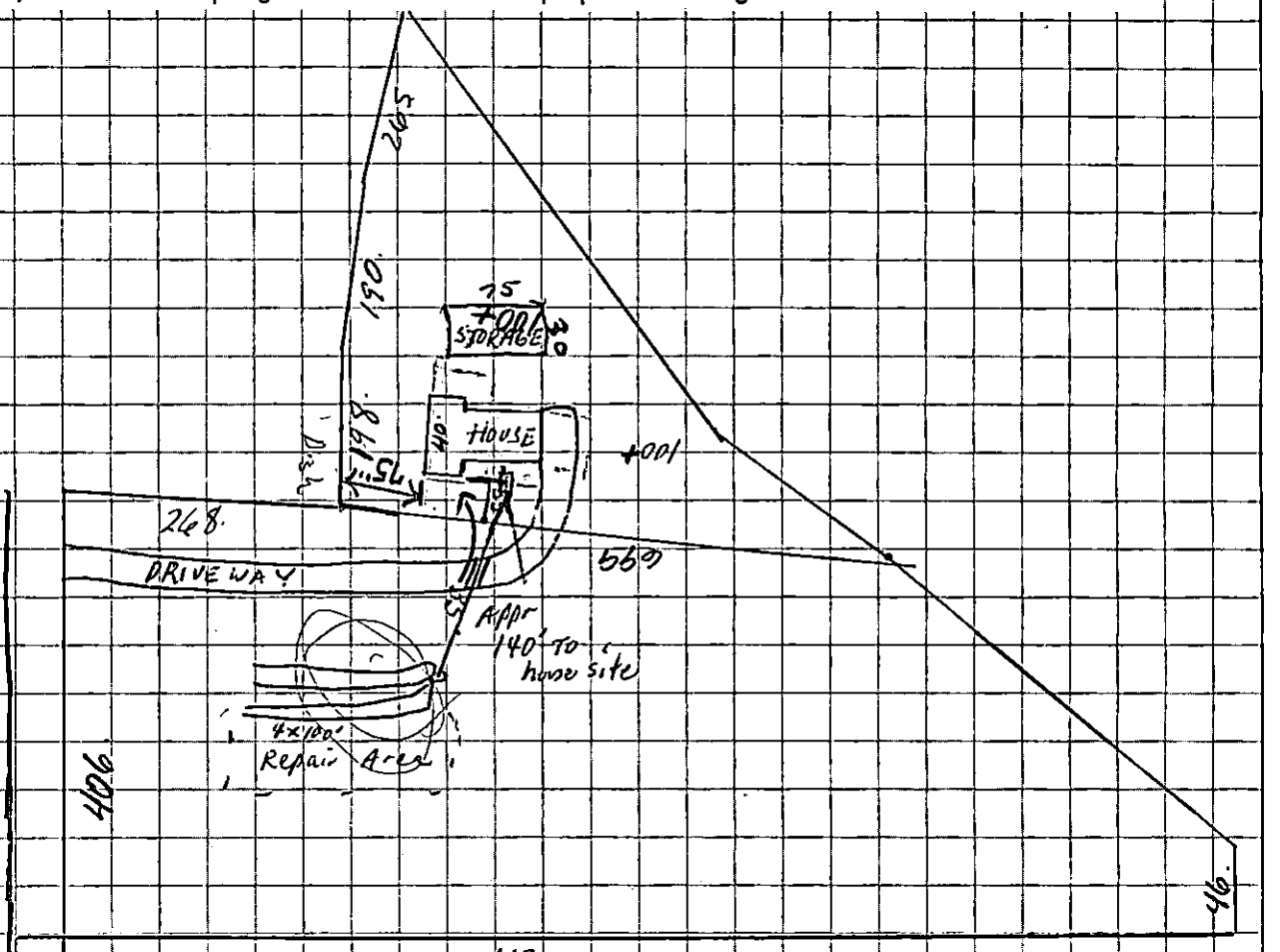
PROPOSED PLOT PLAN

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

FILE: 2135B19306A

TC: _____

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



Existing well to be used or CMUD water Sleeve under driveway

1500 SF
4 lines X 100' long X 3' wd x 12" stone
400 LF
Repair Area
4 lines x 100' long
Easement to be recorded before permit release.

Clyde M. Caudin Jr

Hwy 21 Statesville Rd

APPROVAL DATE _____

Final approval to be granted after easement recorded and on file. PSW 3/7/19

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

AUSTIN, DeARMON, MERRYMAN & HANZEL

Attorneys and Counselors at Law

WILLIAM O. AUSTIN
EDD W. DeARMON, JR.
CHARLES B. MERRYMAN, JR.
JOHN F. HANZEL • ADMITTED IN NC AND VA

MAILING ADDRESS:
P.O. BOX 580
CORNELIUS, NC 28031

LAKESIDE PROFESSIONAL BUILDING • 19453-E N.C. HWY. 73
DAVIDSON, NORTH CAROLINA 28036
TELEPHONE (704) 892-4098
FAX (704) 892-6910

MOORESVILLE OFFICE
HWY 150 & I-77
TELEPHONE (704) 664-1007

File 21356

February 21, 1994

Mecklenburg County Health Department
Environmental Health Division
700 North Tryon Street, Suite 211
Charlotte, NC 28202

Re: Clyde M. Cashion, Jr.
Tax Parcel 005-141-07

Gentlemen:

This is to certify that the above referenced firm is examining the possibility of combining currently owned property or executing a septic tank drain field easement in regard to the above referenced tract. A septic drain field easement or a combination of currently owned properties will be effected as soon as it is determined which is more feasible and advantageous to Mr. Cashion.

Sincerely,

Charles B. Merryman, Jr.

CBM/cww

Mecklenburg County

Health Department

Betty S. Snow, R.N., M.A.
Health Director

February 18, 1994

Clyde M. Cashion
18630 Statesville Road
Davidson, NC 28036

RE: Property located at off Statesville Road
FILE: 2135B/9306A
PARCEL: 005-141-07PO

Dear Mr. Cashion:

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 20202) 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 15A NCAC 18A .1948 (d) 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 there are any questions, please contact Bill Marlin at 336-5574.

Sincerely,

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

KR:lw
Enclosure (2)

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20202

File: 2135 & 9306A Action 2

Parcel: 00 005-141-07 ☐ PC

Location: off Statesville Road

Subdivision:

Lot: Block: Acres: Approx. .7 ac+-

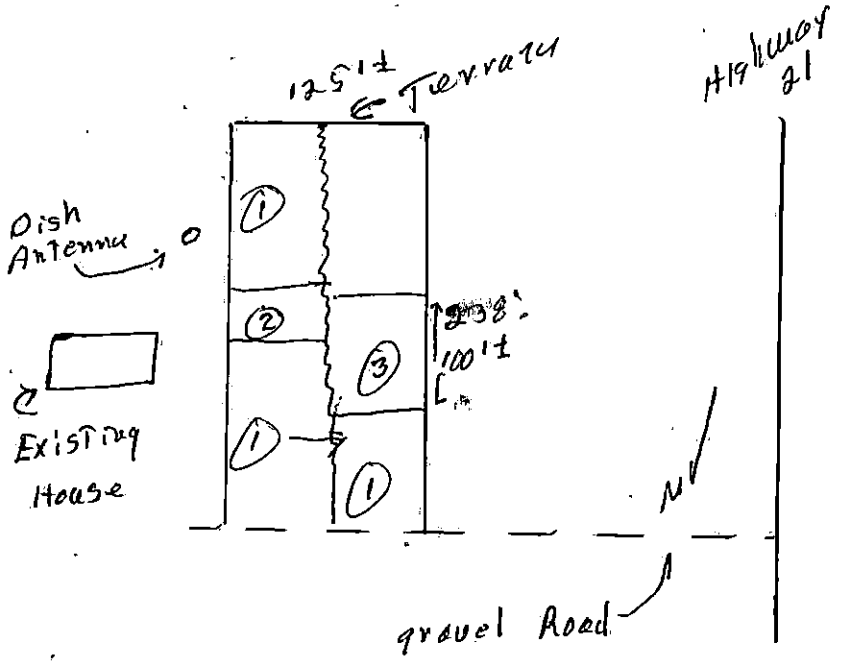
Owner: Clyde M. Cashion
Address: 18630 Statesville Road
Davidson, N.C. 28036

Comments: 100% Repair, would need easement

Described by: William R. Mauk

Date: 2-16-94

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



FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-8%	S PS (U) slight Depression	(S) PS U 2-8%	S PS U	S PS U	S PS U
Texture	S (PS) U slightly Expansive clay	S PS U —	S (PS) U slightly Expansive clay	S PS U	S PS U	S PS U
Structure	S (PS) U subangular Blocky	S PS U —	S (PS) U subangular Blocky	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" TO water	S PS U —	S (PS) U >36" TO water	S PS U	S PS U	S PS U
Depth	S PS (U) 24-30"	S PS U —	S PS (U) 36-40"	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S PS U —	S (PS) U >36"	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U —	S PS (U) Restricted	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Pacolet Ville	Slight Depression	IV Cecil-Ville			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

2135B/1930bA 2/10/94 Ck# 1978 $150.00 [] 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

COPY

Date: 2-10-94

PERSON FILING APPLICATION:

NAME: CASHION (last) CLYDE (first) M (mi)

ADDRESS: 18630 STATESVILLE RD PHONE: (704) 892-8510

CITY: DAVIDSON STATE: N.C ZIPCODE: 28036

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 005-141-07 PO

STREET ADDRESS: ~~18630~~ STATESVILLE RD

ZONING:

PROPERTY OWNER:

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

ADDRESS: PHONE: (__) __

CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres): 4.6

TYPE APPLICATION (check one):

[X] SOIL TEST - INDIVIDUAL LOT (D)
[] 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) [X] 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 [X] 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: Clyde M. Cashion Jr. Date: 2-10-94

NOTICE:

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

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

...This permit is not transferable.

...

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

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

PROPOSED PLOT PLAN

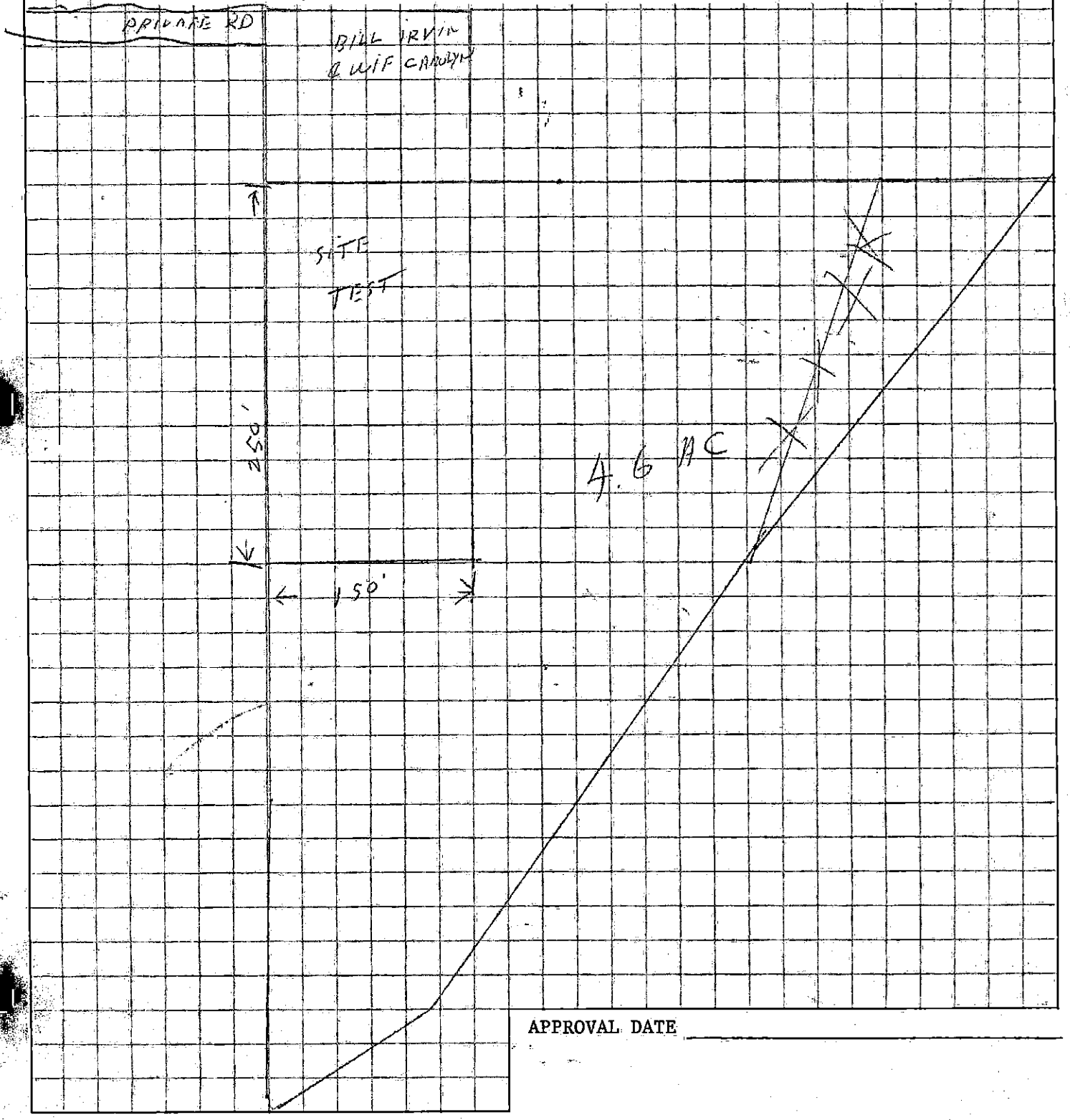
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

3/16/94
SEPTIC PERMIT #9430-02

FILE: 213BB9906A

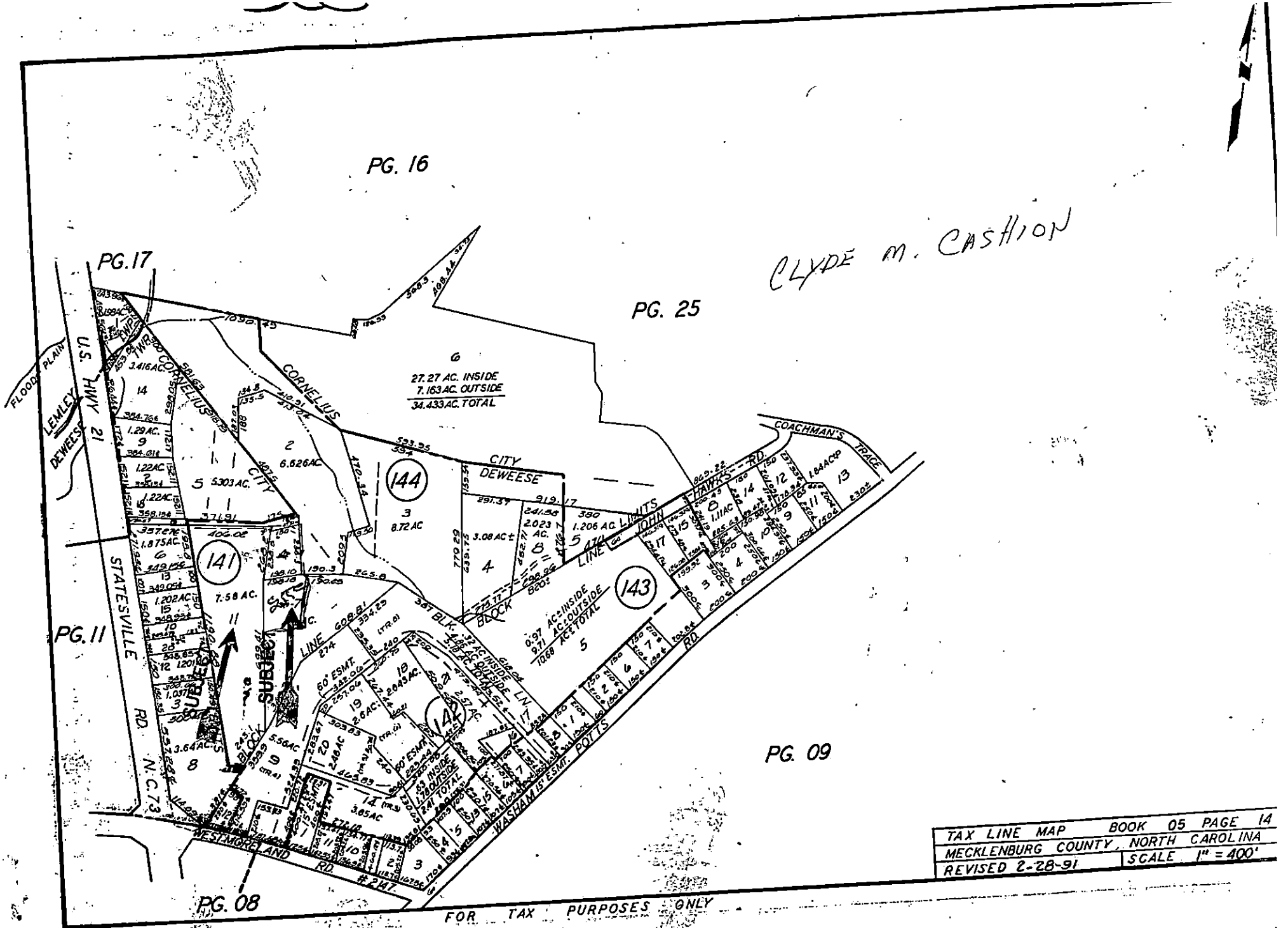
TC: _____

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



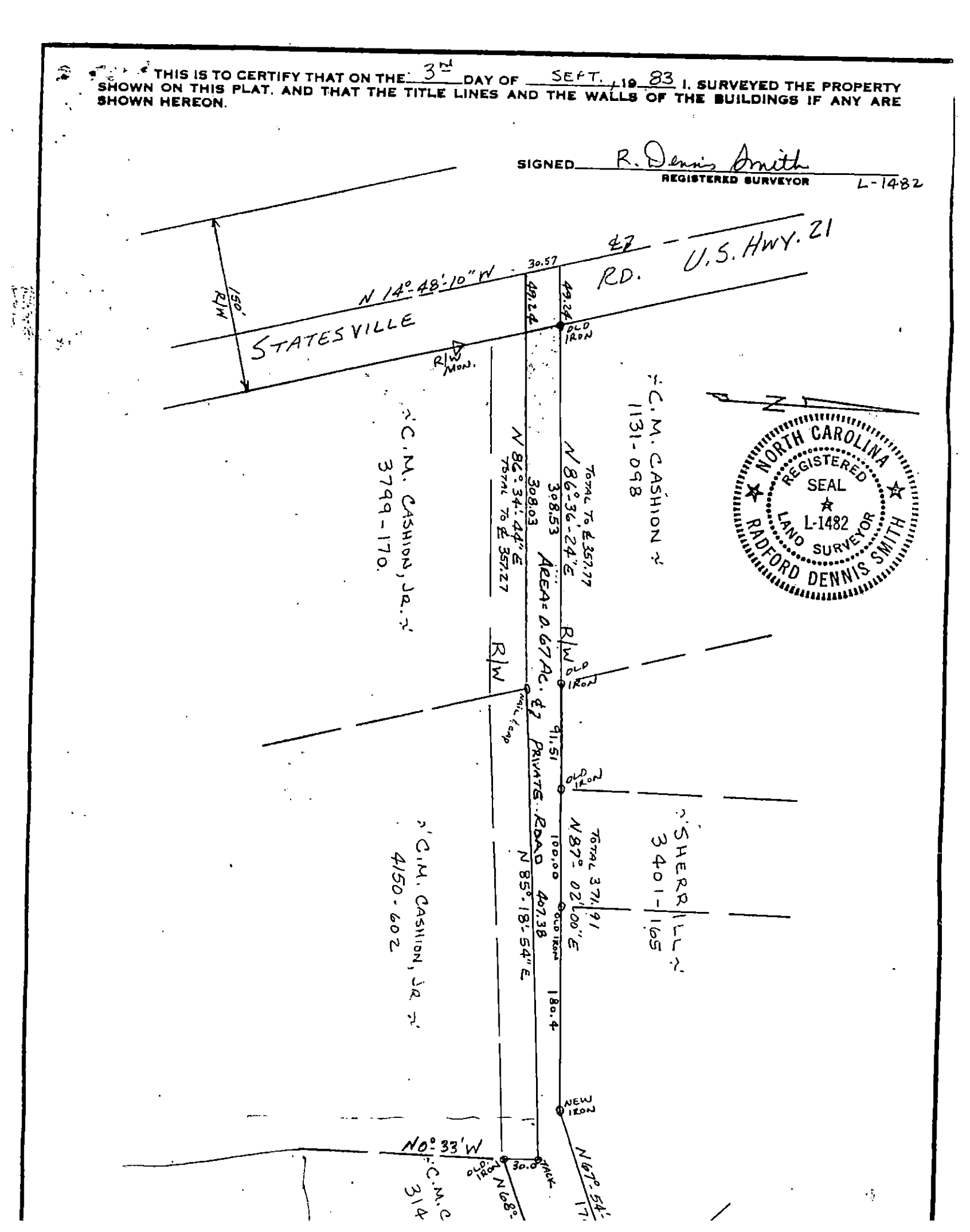
APPROVAL DATE _____

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

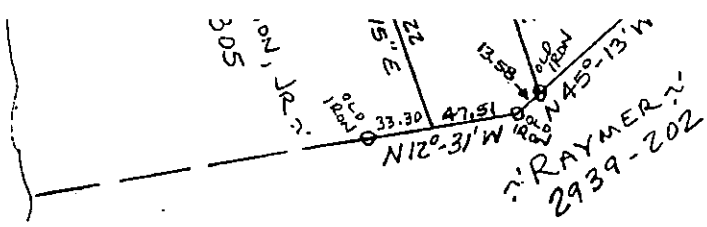

PG. 16
PG. 17
PG. 25
PG. 11
PG. 09
PG. 08
CLYDE M. CASHION
FLOOD PLAIN
LEMLEY
DEWEESE
U.S. HWY 21
STATESVILLE RD.
N.C. 73
CORNELIUS
CITY
DEWEESE
COACHMAN'S TRACE
HAWKS RD.
JOHN
LINE
SUBJECT
BLOCK
WESTMORELAND RD. #2417
WASHAM
POTTS
RD.
27.27 AC. INSIDE
7.163 AC. OUTSIDE
34.433 AC. TOTAL
1.206 AC. LIMITS
0.97 AC=INSIDE
9.71 AC=OUTSIDE
10.68 AC=TOTAL
141
142
143
144
TAX LINE MAP BOOK 05 PAGE 14
MECKLENBURG COUNTY, NORTH CAROLINA
REVISED 2-28-91
SCALE 1" = 400'
FOR TAX PURPOSES ONLY

THIS IS TO CERTIFY THAT ON THE 3rd DAY OF SEPT., 19 83 I. SURVEYED THE PROPERTY SHOWN ON THIS PLAT. AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE SHOWN HEREON.

SIGNED R. Dennis Smith
REGISTERED SURVEYOR L-1482



NORTH CAROLINA REGISTERED SEAL L-1482 LAND SURVEYOR RADFORD DENNIS SMITH



BOUNDARY SURVEY
OF

A PORTION OF CLYDE CASHION PROPERTY

SCALE 1" = 100'

DEWEESE TOWNSHIP, MECK. COUNTY, N.C.

THE PROPERTY OF CLYDE M. CASHION

MAP RECORDED IN BOOK _____ AT PAGE _____ DEED RECORDED IN BOOK _____ PAGE _____

AUSTIN, DeARMON, MERRYMAN & HANZEL

Attorneys and Counselors at Law

WILLIAM O. AUSTIN
EDD W. DeARMON, JR.
CHARLES B. MERRYMAN, JR.
JOHN F. HANZEL • ADMITTED IN NC AND VA

MAILING ADDRESS:
P.O. BOX 580
CORNELIUS, NC 28031

LAKESIDE PROFESSIONAL BUILDING • 19453-E N.C. HWY. 73
DAVIDSON, NORTH CAROLINA 28036
TELEPHONE (704) 892-4098
FAX (704) 892-6910

MOORESVILLE OFFICE
HWY 150 & I-77
TELEPHONE (704) 664-1007

February 21, 1994

Mecklenburg County Health Department
Environmental Health Division
700 North Tryon Street, Suite 211
Charlotte, NC 28202

Re: Clyde M. Cashion, Jr.
Tax Parcel 005-141-07

Gentlemen:

This is to certify that the above referenced firm is examining the possibility of combining currently owned property or executing a septic tank drain field easement in regard to the above referenced tract. A septic drain field easement or a combination of currently owned properties will be effected as soon as it is determined which is more feasible and advantageous to Mr. Cashion.

Sincerely,

Charles B. Merryman, Jr.

CBM/cww

DATE 2/18/94

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Corn

005-141-07
PARCEL NUMBER

18636 Statesville Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

NA
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	**APPROVED**	**NOT APPROVED**
2. FLOODWAY REGULATIONS	**APPROVED**	**NOT APPROVED**
3. WATERSHED PROTECTION	**APPROVED**	**NOT APPROVED**
4. COMMERCIAL DRAINAGE PLAN	**APPROVED**	**NOT APPROVED**
5. PUBLIC UTILITY EASEMENT	**PRESENT**	**NOT PRESENT**
6. PROPERTY FRONTS ON THOROUGHFARE	**YES**	**NO**
7. DRIVEWAY PERMIT REQUIRED	**YES**	**NO**
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	**YES**	**NO**

REMARKS: Driveway Permit

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: [signature]

REVISED 1/91

2135B/1930bA

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

2/10/94 CK# 1978 $150.00

[] 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: CASHION (last) CLYDE (first) M (mi)

ADDRESS: 18630 STATESVILLE RD PHONE: (704) 892-8510

CITY: DAVIDSON STATE: N.C ZIPCODE: 28036

Date: 2-10-94

PROPERTY OWNER:

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

ADDRESS: _____ PHONE: (___) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 005-141-07 PO

STREET ADDRESS: ~~18630~~ STATESVILLE RD

ZONING: _____

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres): 4.6

TYPE APPLICATION (check one):

[] SOIL TEST - INDIVIDUAL LOT (D)
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[] 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)
[] 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: Clyde M. Cashion Date: 2-10-94

NOTICE:

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

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

...This permit is not transferable.

...

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

_____
Environmentalist Date

_____
Director or Authorized Section Head Date

WWATER : 122791

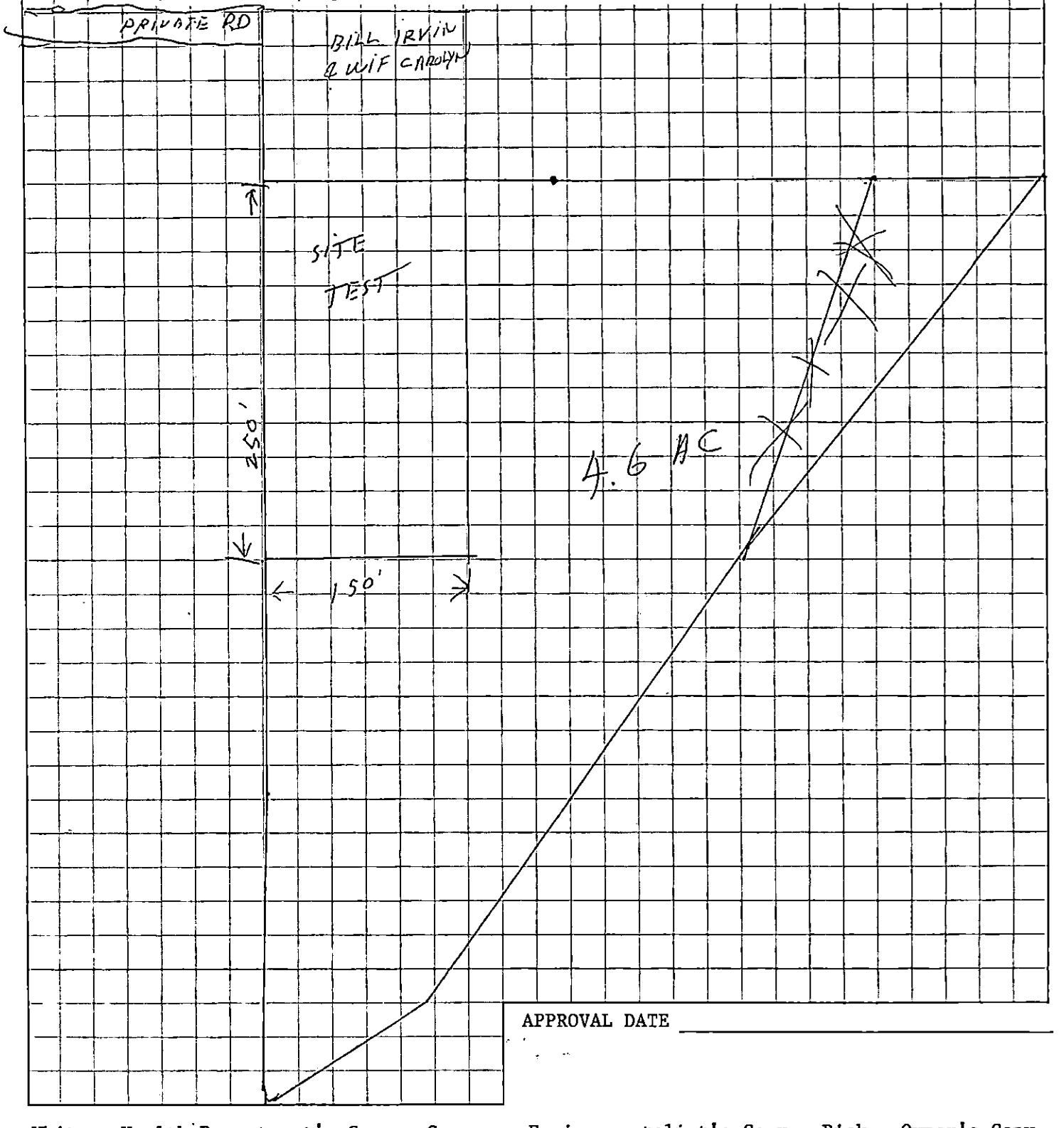
PROPOSED PLOT PLAN

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

FILE: 2135B1986A

TC: _____

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



APPROVAL DATE _____

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

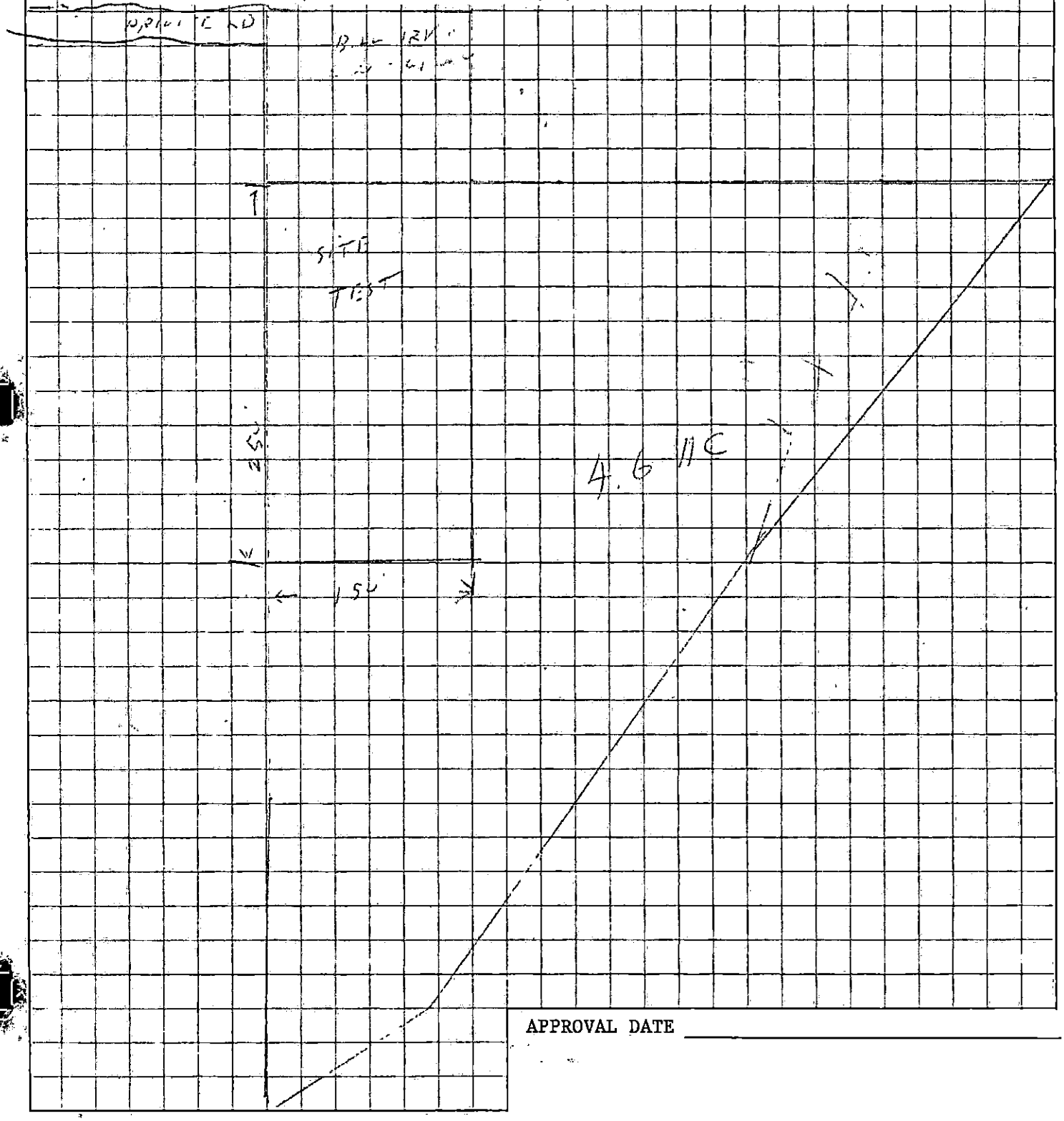
PROPOSED PLOT PLAN

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

FILE: 2135B1936A

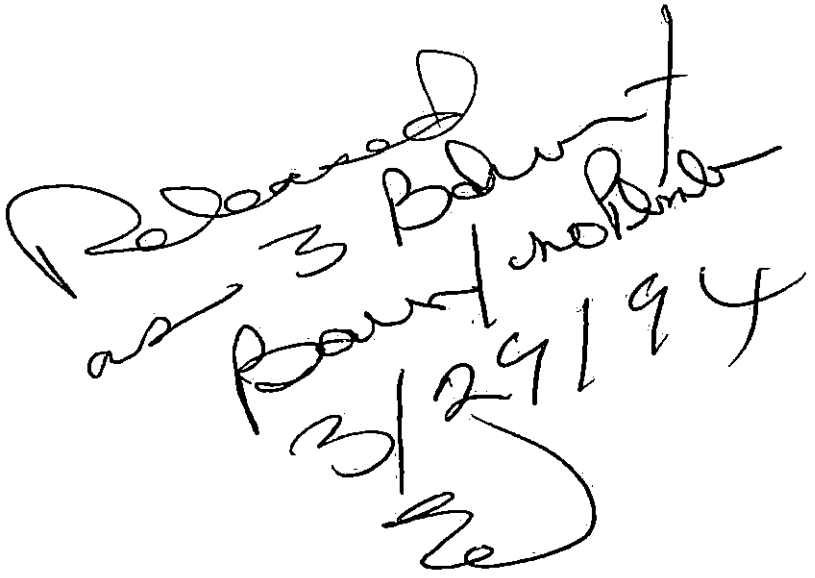
TC: _____

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APPROVAL DATE _____

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



For _____

Date _____ Time _____

WHILE YOU WERE OUT

M _____

From _____

Phone No. _____

Area Code Number Extension

TELEPHONED		**URGENT**	
PLEASE CALL		WANTS TO SEE YOU	
WILL CALL AGAIN		CAME TO SEE YOU	
RETURNED YOUR CALL			

Message _____

_____

_____

_____

_____

_____

Operator

DataCom 9161

For _____

Date _____ Time _____

WHILE YOU WERE OUT

M _____

From _____

Phone No. _____

Area Code Number Extension

TELEPHONED		**URGENT**	
PLEASE CALL		WANTS TO SEE YOU	
WILL CALL AGAIN		CAME TO SEE YOU	
RETURNED YOUR CALL			

Message _____

_____

_____

_____

_____

_____

Operator

DataCom 9161

21350

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

SEPTIC TANK DRAIN FIELD EASEMENT AGREEMENT

This EASEMENT made this 16th day of March, 1994, by and between

GRANTOR	GRANTEE
CLYDE M. CASHION AND WIFE, DIXIE B. CASHION	CLYDE M. CASHION AND WIFE, DIXIE B. CASHION

Enter in appropriate block for each party: name, address, and if appropriate, character of entity, e.g. corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee an easement as hereinafter described, to run with the land, upon that certain lot or parcel of land owned by Grantor and located in the City of Cornelius, Deweese Township, Mecklenburg County, North Carolina, and more particularly described as follows:

Mecklenburg Tax Parcel No. 005-141-11, as shown on a page of the County Tax Map attached hereto as Exhibit A

Lot _____ Block _____ of _____ recorded in Map Book _____ Page _____ (if applicable)

7.58 acre tract described in deed recorded in Book 4150, Page 602 of th Mecklenburg Public Regist

See the plat attached hereto as Exhibit B and the parcel shown thereon identified with Grantor's name for the legal description of Grantor's parcel and of the Septic Tank Drain Field Easement Area located thereon, said parcel labeled thereon and hereinafter referred to as the "Easement Parcel."

Grantor hereby imposes said easement for the benefit of Grantee as the present owner and for the benefit of future owners of the following lot or parcel of land, situated in the City of Cornelius, Deweese Township, Mecklenburg County, North Carolina, and more particularly described as follows:

Mecklenburg Tax Parcel No. 005-141-04, as shown on a page of the County Tax Map attached hereto as Exhibit A

Lot _____ Block _____ of _____ recorded in Map Book _____ Page _____ (if applicable)

See the plat attached hereto as Exhibit B and the parcel identified with Grantee's name for the legal description of Grantee's parcel, said parcel labeled thereon and hereinafter referred to as the "Benefitted Parcel."

Said easement shall enable the Grantee to place, if, as and when needed, such need to be determined by the Grantee in his sole discretion, a septic tank and drain field or portions thereof, upon the Septic Tank Drain Field Easement Area on the Easement Parcel and to inspect, maintain, repair and replace the components of said septic tank and drain field at any time and from time to time. If the Easement Area also includes a connector strip for ingress and egress, Grantee shall have the right to use said connector strip for access as needed. This Easement shall automatically expire should Grantee ever hook up the structure

BK= 07/13 PG= 0303/0304 ***0328-10-00
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 03/25/94 16:12

Grantor acknowledges that the Septic Tank Drain Field Easement Area cannot be used and will not be used for any of the following activities or in any of the following ways:

- Grading or filling
- Parking or driving heavy equipment in the area or in any other way compacting the soil in the Area
- Excavating soil from the Area
- Placing footings or foundations or engaging in any other construction activity in the Area
- Placing in-ground or above-ground swimming pools in the Area
- Placing irrigation systems in the Area
- Placing underground utility lines or cables in the Area
- Planting trees or gardens in the Area
- Removing any large trees in the Area unless dead or diseased
- Using the area for the burial of stumps, trash, or any other type of construction material
- Using the Area for gravesites
- Diverting the natural flow of water onto the Area by way of drainage ditches or diversion ditches or using the Area to receive water from any gutter or downspout discharges

IN WITNESS WHEREOF, the Grantor and Grantee have hereunto set their hands and seals, or if corporate, have caused this instrument to be signed in their corporate names by their duly authorized officers and their seals to be hereunto affixed by authority of their Boards of Directors, the day and year first above written.

GRANTOR

_____ (SEAL)
CLYDE M. CASHION

_____ (Corporate Name)

BY: _____

_____ President

_____ (SEAL)
DIXIE B. CASHION

ATTEST: _____

_____ (SEAL)

_____ (SEAL)

_____ Secretary (Corporate Seal)

SEAL-STAMP

North Carolina, MECKLENBURG County

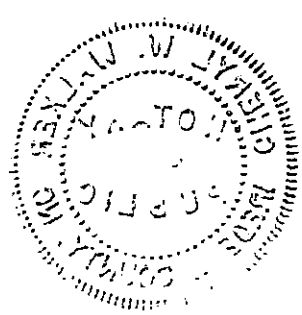
I, a Notary Public of the County and State aforesaid, certify that CLYDE M. CASHION AND WIFE, DIXIE B. CASHION, Grantor, personally appeared before me this day and acknowleged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 16th day of March, 1994.

My Commission Expires: 2/10/97 Cheryl W. Walker
(Notary Public)

SEAL-STAMP

North Carolina, _____ County

I, a Notary Public of the County and State aforesaid, certify that _____ personally came before me this day and acknowleged that he is _____



2135B

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

SEPTIC TANK DRAIN FIELD EASEMENT AGREEMENT

This EASEMENT made this 16th day of March, 1994, by and between

GRANTOR	GRANTEE
CLYDE M. CASHION AND WIFE, DIXIE B. CASHION	CLYDE M. CASHION AND WIFE, DIXIE B. CASHION

Enter in appropriate block for each party: name, address, and if appropriate, character of entity, e.g. corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee an easement as hereinafter described, to run with the land, upon that certain lot or parcel of land owned by Grantor and located in the City of Cornelius, Deweese Township, Mecklenburg County, North Carolina, and more particularly described as follows:

Mecklenburg Tax Parcel No. 005-141-11, as shown on a page of the County Tax Map attached hereto as Exhibit A
Lot _____ Block _____ of _____ recorded in Map Book _____ Page _____ (if applicable)

7.58 acre tract described in deed recorded in Book 4150, Page 602 of the Mecklenburg Public Registr

See the plat attached hereto as Exhibit B and the parcel shown thereon identified with Grantor's name for the legal description of Grantor's parcel and of the Septic Tank Drain Field Easement Area located thereon, said parcel labeled thereon and hereinafter referred to as the "Easement Parcel."

Grantor hereby imposes said easement for the benefit of Grantee as the present owner and for the benefit of future owners of the following lot or parcel of land, situated in the City of Cornelius, Deweese Township, Mecklenburg County, North Carolina, and more particularly described as follows:

Mecklenburg Tax Parcel No. 005-141-04, as shown on a page of the County Tax Map attached hereto as Exhibit A
Lot _____ Block _____ of _____ recorded in Map Book _____ Page _____ (if applicable)

See the plat attached hereto as Exhibit B and the parcel identified with Grantee's name for the legal description of Grantee's parcel, said parcel labeled thereon and hereinafter referred to as the "Benefitted Parcel."

Said easement shall enable the Grantee to place, if, as and when needed, such need to be determined by the Grantee in his sole discretion, a septic tank and drain field or portions thereof, upon the Septic Tank Drain Field Easement Area on the Easement Parcel and to inspect, maintain, repair and replace the components of said septic tank and drain field at any time and from time to time. If the Easement Area also includes a connector strip for ingress and egress, Grantee shall have the right to use said connector strip for access as needed. This Easement shall automatically expire should Grantee ever hook up the structure located or to be located on the Benefitted Parcel to a public or community

BK: 07715 PG: 0303/0304 #:0326 10.00
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 03/25/94 16:12

Grantor acknowledges that the Septic Tank Drain Field Easement Area cannot be used and will not be used for any of the following activities or in any of the following ways:

- Grading or filling
- Parking or driving heavy equipment in the area or in any other way compacting the soil in the Area
- Excavating soil from the Area
- Placing footings or foundations or engaging in any other construction activity in the Area
- Placing in-ground or above-ground swimming pools in the Area
- Placing irrigation systems in the Area
- Placing underground utility lines or cables in the Area
- Planting trees or gardens in the Area
- Removing any large trees in the Area unless dead or diseased
- Using the area for the burial of stumps, trash, or any other type of construction material
- Using the Area for gravesites
- Diverting the natural flow of water onto the Area by way of drainage ditches or diversion ditches or using the Area to receive water from any gutter or downspout discharges

IN WITNESS WHEREOF, the Grantor and Grantee have hereunto set their hands and seals, or if corporate, have caused this instrument to be signed in their corporate names by their duly authorized officers and their seals to be hereunto affixed by authority of their Boards of Directors, the day and year first above written.

GRANTOR

_____ (SEAL)
CLYDE M. CASHION

_____ (Corporate Name)

BY: _____

_____ President

_____ (SEAL)
DIXIE B. CASHION

ATTEST:

_____ (SEAL)

_____ (SEAL)

_____ Secretary (Corporate Seal)

SEAL-STAMP North Carolina, MECKLENBURG County

I, a Notary Public of the County and State aforesaid, certify that CLYDE M. CASHION AND WIFE, DIXIE B. CASHION, Grantor, personally appeared before me this day and acknowleged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 16th day of March, 1994.

My Commission Expires: 2/10/97 _____ (Notary Public)

SEAL-STAMP North Carolina, _____ County

I, a Notary Public of the County and State aforesaid, certify that _____ personally came before me this day and acknowleged that he is _____

AUSTIN, DeARMON, MERRYMAN & HANZEL

Attorneys and Counselors at Law

WILLIAM O. AUSTIN
EDD W. DeARMON, JR.
CHARLES B. MERRYMAN, JR.
JOHN F. HANZEL • ADMITTED IN NC AND VA

MAILING ADDRESS:
P.O. BOX 580
CORNELIUS, NC 28031

LAKESIDE PROFESSIONAL BUILDING • 19453-E N.C. HWY. 73
DAVIDSON, NORTH CAROLINA 28036
TELEPHONE (704) 892-4098
FAX (704) 892-6910

MOORESVILLE OFFICE
HWY 150 & I-77
TELEPHONE (704) 664-1007

Mecklenburg County Health Department
Environmental Health Division
700 North Tryon Street, Suite 211
Charlotte, NC 28202

Attn: On Premises Waste Disposal and Water Supply

RE: Septic Tank Drain Field Easement on Mecklenburg Tax Parcel 005-141-11

The undersigned licensed North Carolina attorney hereby certifies that the enclosed Septic Tank Drain Field Easement ("the Easement") is recorded in the Book 7715 at Page 303 in the Mecklenburg County Public Registry, that all parties who would be required to execute or consent to the Easement in order for it to be a valid and effective grant of easement rights have executed or consented to the execution and recordation of the Easement, and that there are no mortgages, deeds of trust, or other instruments of record affecting the status of title of the above-referenced parcel on which the Easement has been created, which if foreclosed or otherwise, would result in the extinguishment of said Septic Tank Drain Field Easement.

BY: Charles B. Merryman, Jr.

(Signature)

DATE: March 29, 1994

- Using the area for the burial of stumps, trash, or any other type of construction material
- Using the Area for gravesites
- Diverting the natural flow of water onto the Area by way of drainage ditches or diversion ditches or using the Area to receive water from any gutter or downspout discharges

IN WITNESS WHEREOF, the Grantor and Grantee have hereunto set their hands and seals, or if corporate, have caused this instrument to be signed in their corporate names by their duly authorized officers and their seals to be hereunto affixed by authority of their Boards of Directors, the day and year first above written.

GRANTOR

_____ (Corporate Name)

BY: _____

_____ President

ATTEST:

_____

_____ Secretary (Corporate Seal)

Clyde M. Cashion (SEAL)
CLYDE M. CASHION

Dixie B. Cashion (SEAL)
DIXIE B. CASHION

_____ (SEAL)

_____ (SEAL)

SEAL-STAMP North Carolina, MECKLENBURG County

I, a Notary Public of the County and State aforesaid, certify that CLYDE M. CASHION AND WIFE, DIXIE B. CASHION, Grantor, personally appeared before me this day and acknowleged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 16th day of March, 1994.

My Commission Expires: 2/10/97 Cheryl W. Walker (Notary Public)

SEAL-STAMP North Carolina, _____ County

I, a Notary Public of the County and State aforesaid, certify that _____ personally came before me this day and acknowleged that he is _____ Secretary of _____, a _____ corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal and attested by _____ as its _____ Secretary. Witness my hand and official stamp or seal, this _____ day of _____, 19____.

My Commission Expires: _____ _____ Notary Public

]
]
]

Enter in appropriate block for each party: name, address, and if appropriate, character of entity, e.g. corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee an easement as hereinafter described, to run with the land, upon that certain lot or parcel of land owned by Grantor and located in the City of Cornelius, Deweese Township, Mecklenburg County, North Carolina, and more particularly described as follows:

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Lot _____ Block _____ of _____ recorded in Map Book _____ Page _____ (if applicable)

7.58 acre tract described in deed recorded in Book 4150, Page 602 of the Mecklenburg Public Registr
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Grantor hereby imposes said easement for the benefit of Grantee as the present owner and for the benefit of future owners of the following lot or parcel of land, situated in the City of Cornelius, Deweese Township, Mecklenburg County, North Carolina, and more particularly described as follows:

Mecklenburg Tax Parcel No. 005-141-04, as shown on a page of the County Tax Map attached hereto as Exhibit A
Lot _____ Block _____ of _____ recorded in Map Book _____ Page _____ (if applicable)

See the plat attached hereto as Exhibit B and the parcel identified with Grantee's name for the legal description of Grantee's parcel, said parcel labeled thereon and hereinafter referred to as the "Benefitted Parcel."

Said easement shall enable the Grantee to place, if, as and when needed, such need to be determined by the Grantee in his sole discretion, a septic tank and drain field or portions thereof, upon the Septic Tank Drain Field Easement Area on the Easement Parcel and to inspect, maintain, repair and replace the components of said septic tank and drain field at any time and from time to time. If the Easement Area also includes a connector strip for ingress and egress, Grantee shall have the right to use said connector strip for access as needed. This Easement shall automatically expire should Grantee ever hook up the structure located or to be located on the Benefitted Parcel to a public or community sanitary sewage system but shall otherwise be perpetual.

This instrument was prepared by: Charles B. Merryman, Jr., Attorney at Law

Mail after recording to: Clyde M. Cashion, Jr., 18630 Statesville Road
Davidson, NC 28036

0304 #:0326 10:00
OF DEEDS MECK NC
ION 03/25/94 16:12

- Using the area for the burial of stumps, trash, or any other type of construction material
- Using the Area for gravesites
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IN WITNESS WHEREOF, the Grantor and Grantee have hereunto set their hands and seals, or if corporate, have caused this instrument to be signed in their corporate names by their duly authorized officers and their seals to be hereunto affixed by authority of their Boards of Directors, the day and year first above written.

GRANTOR

_____ (Corporate Name)

BY: _____

_____ President

ATTEST: _____

_____ Secretary (Corporate Seal)

Clyde M. Cashion (SEAL)
CLYDE M. CASHION

Dixie B. Cashion (SEAL)
DIXIE B. CASHION

_____ (SEAL)

_____ (SEAL)

SEAL-STAMP North Carolina, MECKLENBURG County

I, a Notary Public of the County and State aforesaid, certify that CLYDE M. CASHION AND WIFE, DIXIE B. CASHION, Grantor, personally appeared before me this day and acknowleged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 16th day of March, 1994.

My Commission Expires: 2/10/97 Cheryl W. Walker
(Notary Public)

SEAL-STAMP North Carolina, _____ County

I, a Notary Public of the County and State aforesaid, certify that _____ personally came before me this day and acknowleged that he is _____ Secretary of _____, a _____ corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal and attested by _____ as its _____ Secretary. Witness my hand and official stamp or seal, this _____ day of _____, 19____.

My Commission Expires: _____ _____
Notary Public

]
]
]

Enter in appropriate block for each party: name, address, and if appropriate, character of entity, e.g. corporation or partnership.

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Mail after recording to: Clyde M. Cashion, Jr., 18630 Statesville Road
Davidson, NC 28036

0304 #:0326 10:00
OF DEEDS MECK NC
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