

20308 CHRISTOFLE DR

00160141

7/6/2007

duponbj

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

JW 001

APPLICATION FOR SOIL INVESTIGATION

Pd. 7/22/91 Ck. # 008369 Amt. 50.00

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

(OFFICE USE ONLY)

FILE: 7605-A

TC: 001-111-57

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 20308 Christofle Drive

② SUBDIVISION: Catarina Bay ③ LOT: 16 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 001 PAGE NO.: 111 PARCEL NO.: 57

⑥ DEED REFERENCE: BOOK NO.: 5992 PAGE NO.: 0432

OWNER

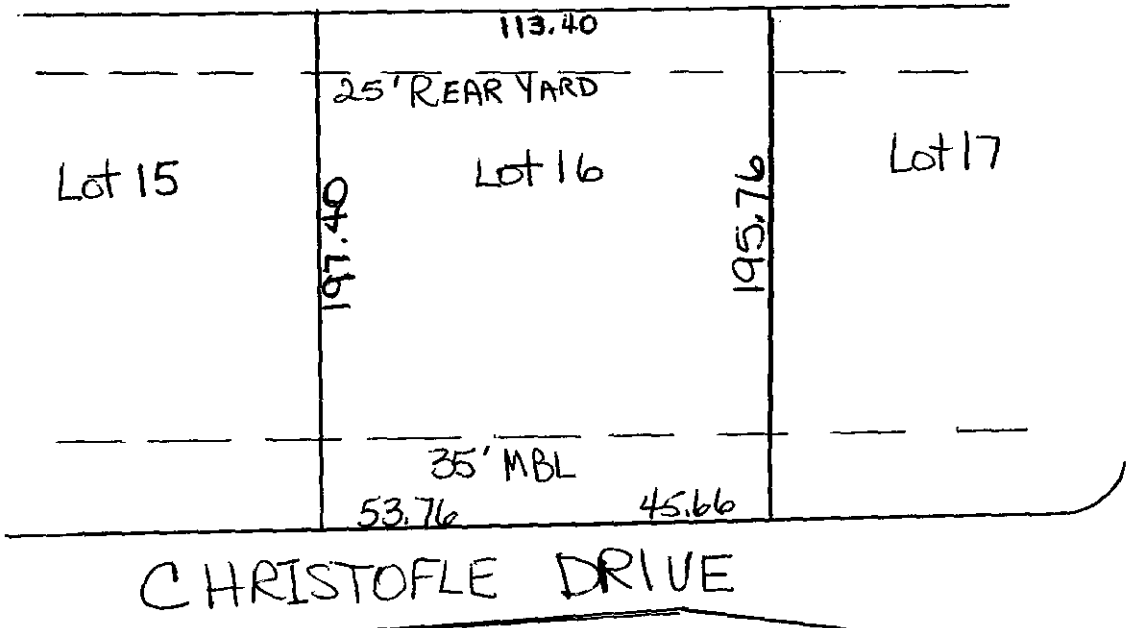
⑦ NAME: Futrelle/Dunne, Inc.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 1515 Elizabeth Avenue

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28204

⑫ PHONE: (WORK) 338-1515 (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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: _____

Date: _____

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

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

CHARLOTTE-MECKLENBURG UTILITIES
ENGINEERING DIVISION
5100 BROOKSHIRE BLVD.
CHARLOTTE, NC 28216

FAX TRANSMITTAL

From the desk of:
Ginger Sauer

Phone: 704-399-2221
Fax: 704-393-2219

To: Owen
EPA (or Bldg Standards)

Fax #: 336-6894

Date: 1-2-97

Number of pages including cover page: 2

Comments: proof of Sewer Connection
20308 Christofle Dr

CITY OF CHARLOTTE, NC
CHARLOTTE - MECKLENBURG UTILITY DEPARTMENT

APPLICATION FOR SANITARY SEWER CONNECTION PROJ NO: APPL NO:
(WTR APPL NO:

DATE: NOV/25/1996 WATER SERVICE NO.: 111391 LOT: BLOCK: MAP:

SIZE-CONNECTN: 4 TYPE WATER: RESIDENTIAL SERVICE: OUTSIDE STREET:

SEWER CONTRACT #: COST: $ 1,403.00 SPECIAL FEE: $ FEE OF TOTAL: $

CAP. FEE. PD.: Y INSTALLED BY: C DEPT-TRNSFR: N
LOCATION: 20303 CHRISTOPHER DR APT: CORNELIUS ON

BETWEEN BETHEL CHURCH RD AND CUL-DE-SAC

REMARKS: TAP AT STAKE
THIS COULD POSSIBLY BE A LOW PRESSURE SYSTEM
P.S.REP:VJ

I HEREBY MAKE APPLICATION FOR THE INSTALLATION OF SANITARY SEWER CONNECTION AT THE ABOVE NAMED LOCATION, AND AGREE TO ABIDE BY SUCH RULES AND REGULATIONS AS HAVE BEEN, OR THAT MAY BE ADOPTED BY THE CITY OF CHARLOTTE. ALL APPLICATIONS SUBJECT TO FINAL VERIFICATION IN THE FIELD BY THE CHARLOTTE-MECKLENBURG UTILITY DEPARTMENT.

SIGNED: _____ SIGNED: _____
PROPERTY OWNER APPLICANT

ALT. ADDRESS, BILLING TO: NAME:

ADDRESS:

TELEPHONE: (704)-64-6761 CITY:

APPLICANT: * MAIL BILLS C/O:
*
NAME: MID-ATLANTIC BUILDING * NAME: MID-ATLANTIC BUILDERS
*
ADDRESS 20303 CHRISTOPHER DR * ADDRESS: P.O. BOX 1124
*
METER NO. _____ READING _____ * CITY: HNTRSVLL, NC 28078

DATE LATERAL INSTALLED: 12/06/1996

LATERAL LOCATION * SB FLOW INDICATOR: US

JOB REPORT NO. 9832 CREW CHIEF: EDWARDS

CC#4646

FEE: 300.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 6/18/96 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 6/18/96 PERMIT NO: 7605A
PARCEL NO: 001-601-41

JOB LOCATION ADDRESS: 20308 Christofle Drive
PROPERTY OWNER: William B. Bowen III
BUILDING CONTRACTOR: V. Ray Short, Jr.
SUBDIVISION NAME: Catawba Bay 6/20 fbm
AUTHORIZATION ISSUED BY: Lyle B. Blalock RS DATE: 6/18/96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 7605A, 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 agreement form on file.
See conditions of Improvement Permit + associated plot plan.

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.

V. Ray Short Jr. 6/18/96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

PROPOSED PLOT PLAN

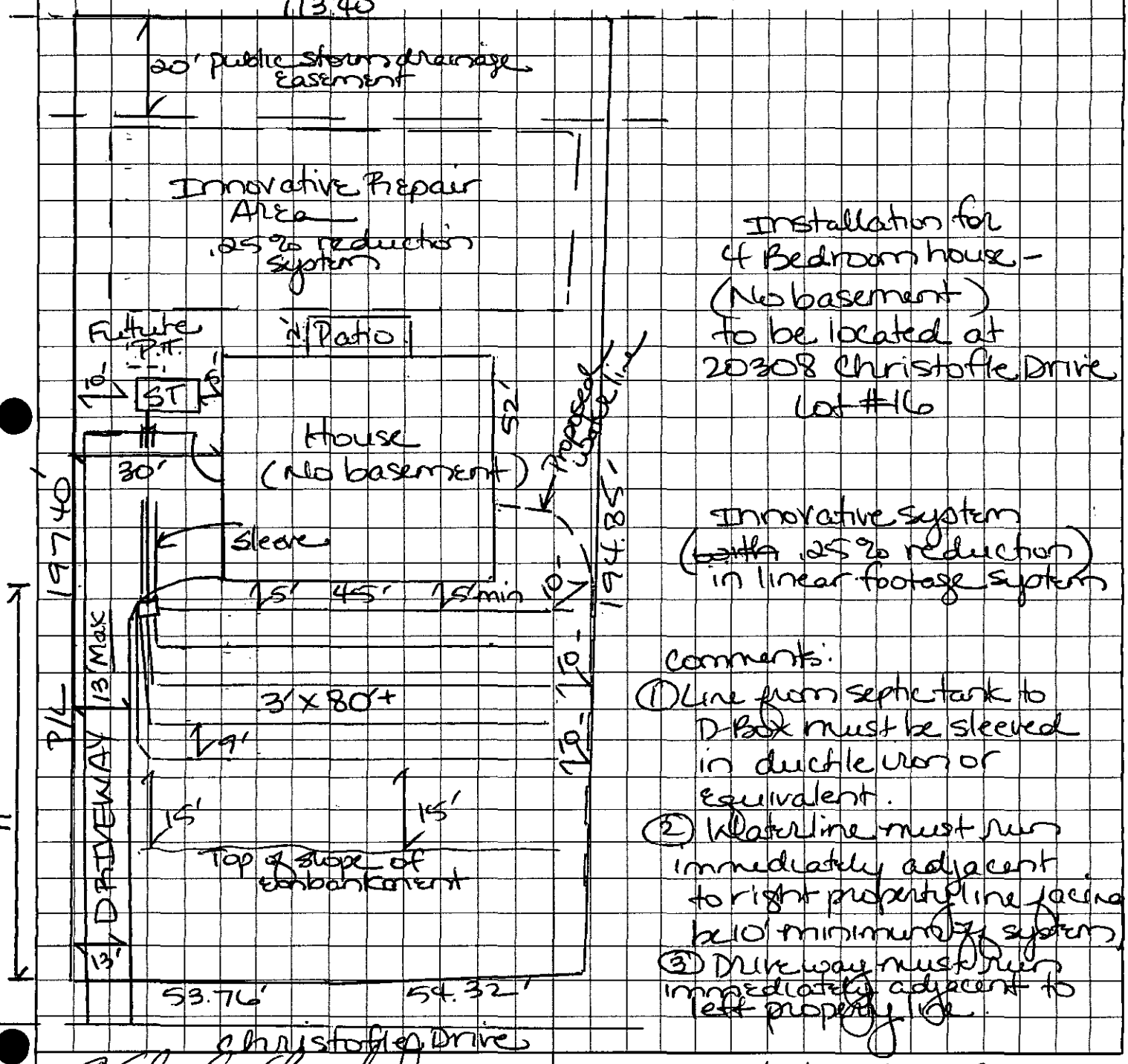
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

This improvement permit replaces the one issued by P. Walker on 12/19/91

FILE: 7605A

TC: 001-601-41

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.



Installation for 4 Bedroom house - (No basement) to be located at 20308 Christoffer Drive Lot #16

Innovative system (~~with~~ 25% reduction) in linear footage system

Comments:

(1) Line from septic tank to D-Box must be sleeved in ductile iron or equivalent.

(2) Waterline must run immediately adjacent to right property line facing ~~be~~ 10' minimum of system.

(3) Driveway must run immediately adjacent to ~~left~~ property line.

APPROVAL DATE 6/17/96 Joba B. Mialik RS

OWNER/AGENT SIGNATURE

DATE 6/18/96

PS 2082

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

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 7605A This IP replaces the one issued by P. Walker on 8/19/91.

Tax Number: 001-601-41

- 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: .25% reduction ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
.3 Long-term acceptance rate	480 Max gallons/day wastewater flow	1200+ Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
No municipal Serviced by private well	1500 Gallon septic tank	400+ Total trench length (ft)	28" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
4 Bedrooms in residence	1000 Gallon pump tank	NA Type I (sand) Depth of stone backfill		
Any surface waters present: No Type:		Minimum separation distance:		
Site modifications required:				
Additional Conditions: (1) Line between septic tank to D-Box shall be sleeved in ductile iron or equivalent. (2) Waterline must run immediately adjacent to the right property line (facing) + be 10' minimum from septic system. (3) Driveway must run immediately adjacent to left property line (right edge of driveway no greater than 13' from left property line)				
Repair Area System Type Type (circle one): I II (III) IV V VI 1000 gal. pump tank	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓ Innovative or Experimental: .25% reduction ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
1200+ Absorption Area (Sq ft) 400+ Total Trench Length (Ft)	NA Type I (sand) Depth of Stone Trench backfill	9' Trench spacing (min. on centers)	28" 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.

Lee B. Malik, RS 6/18/96
DEHNR Authorized Agent Date

Owner/Agent Signature 6/18/96
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

IWWS:100195

FEE: _____

DATE: _____

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

[ ] CRT

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

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

FILE #: 1605 A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 001 - ~~504~~ 601 - 41

STREET ADDRESS: 20308 CHRISTOFLE DR.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT # 16

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

for rescheduled 5-20-96
use ~~entitled~~ initial
report in file
WAM - 5-20-96

HEATED SQUARE FOOTAGE: 2900

NUMBER OF BEDROOMS: 4 **NUMBER OF OCCUPANTS:** 2

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
✓ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO **TYPE:** _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
✓ MUNICIPAL (M)
__ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	__ YES ✓ NO	WELL, SPRINGS OR WATERLINES	__ YES ✓ NO
EXISTING WASTEWATER SYSTEMS	__ YES ✓ NO	DESIGNATED WETLANDS	__ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS	__ YES ✓ NO		

PROPERTY OWNER:

NAME: (LAST) BOWEN (FIRST) WILLIAM (MI) B III

ADDRESS: 4604 Hunters Pointe Ct.

CITY: CHARLOTTE STATE: ZIP: 28269

DAYTIME PHONE: (704) 510 - ~~00~~ 0200

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) SHORT (FIRST) V. RAY (MI) JR

DAYTIME PHONE: (704) 529 - 3430 - D. P.

562 - 0612 mobile

664 - 6761 - Home

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? July 18, 1991

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: ~~Kyle~~ Ray Short Jr. DATE: 5/1/96

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

* Transfer of Fee Pending 5/1/96 CK# 1363 #200.00 10-16-91

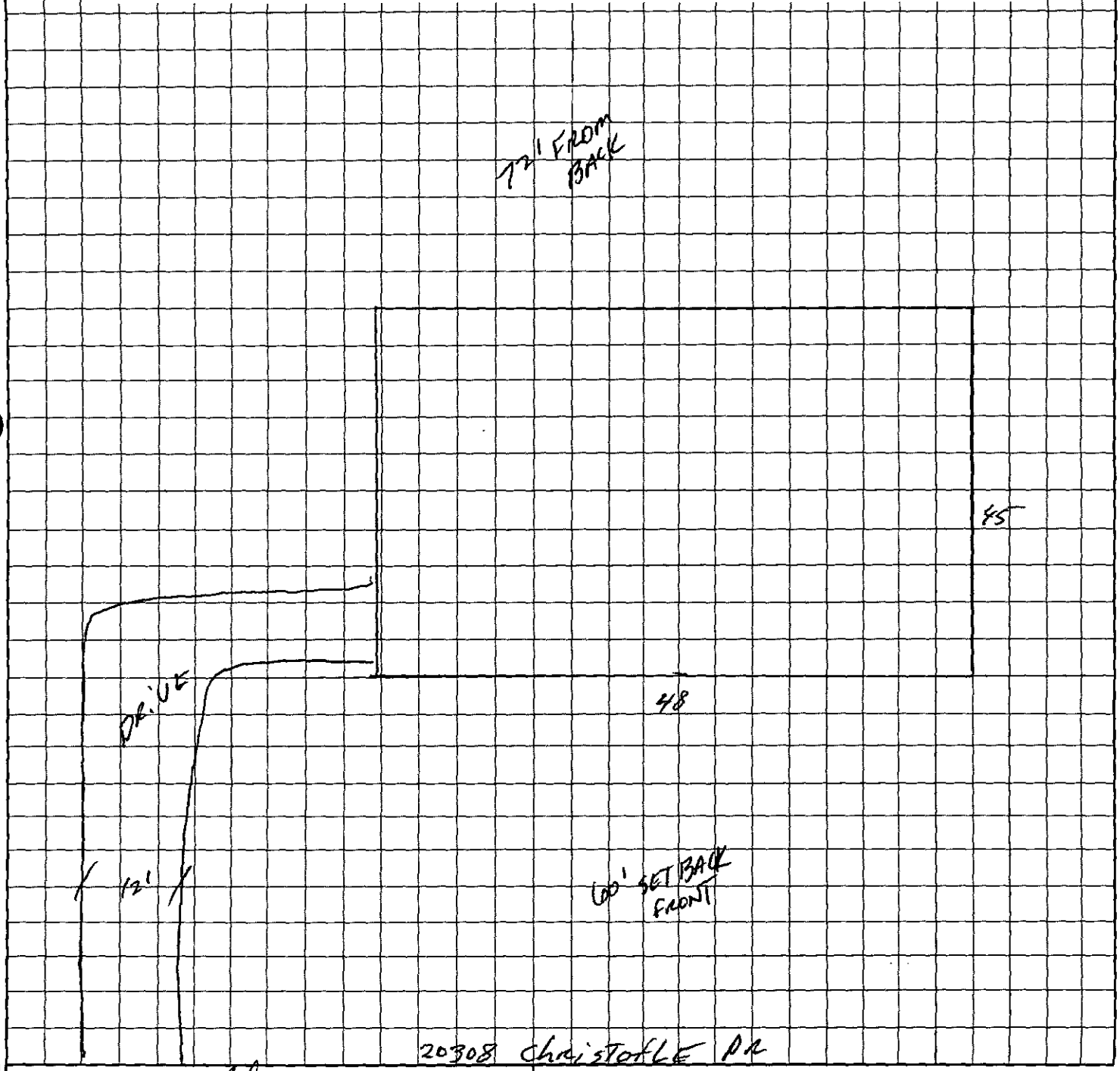
PROPOSED PLOT PLAN

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

FILE: 7605 A

TC: 001-601-41

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

APPROVAL DATE _____

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

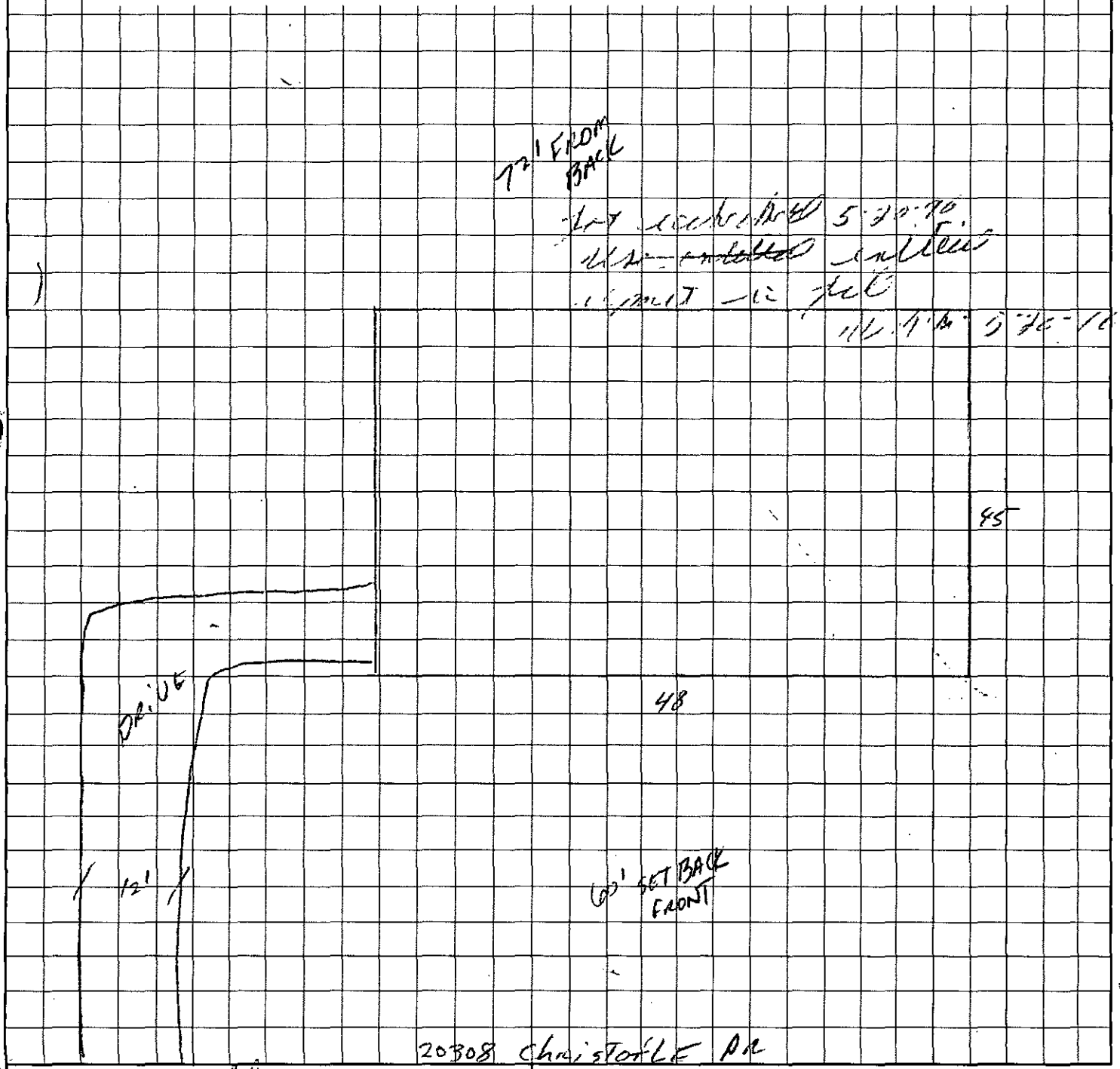
PROPOSED PLOT PLAN

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

FILE: 7605 A

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OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE

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

FILE COPY

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

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

FILE # 7605A
PARCEL # 001-601-41

The undersigned, William Benton Bowen III & Laura Lerner Bowen, owner of property located at 20308 Christoffe Dr, Cornelius, NC, (the "site") and described in an instrument recorded in Book 8551 at Page 710, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following conditions will apply to the site:

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

This instrument was prepared by: Ray Shaft
Mail after recording to: 4604 Hunters Pointe Ct.
Charlotte, NC 28269

JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 06/18/96 12:19
BK: 08620 PG: 0668/0670 #:0155 13.05

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 13th day of June, 1996.

N/A _____ _____ (SEAL)
(Corporate Name)

_____ (SEAL)

By: N/A _____ * William Benton Bowen III (SEAL)

N/A _____ President * Laura Lerner Bowen (SEAL)

ATTEST:

N/A _____
_____ Secretary

(Corporate Seal)

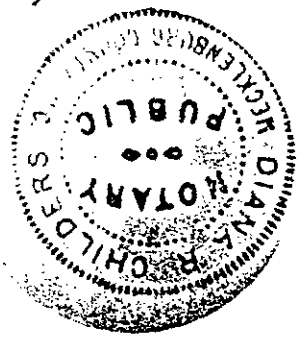
STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, DIANA R. CHILDERS, a Notary Public for said County and State, do hereby certify that WILLIAM BENTON BOWEN III & Laura Lerner Bowen personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 13th day of JUNE, 1996.

_____
Notary Public

My Commission Expires:
June 26, 2000



Mecklenburg County
Health Department

August 6th, 1991

Futrelle/Dunne, Inc
1515 Elizabeth Avenue
Charlotte, NC 28204

RE: Property located at 20308 Christofle Drive
FILE: 7605A
PARCEL: 001-601-41

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 12249) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

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

Sincerely,

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

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12249

File: 7605-A Action 1

Parcel: 001-601-41 PC

Location: 20308 Christofle Dr.

Subdivision: Catarina Bay

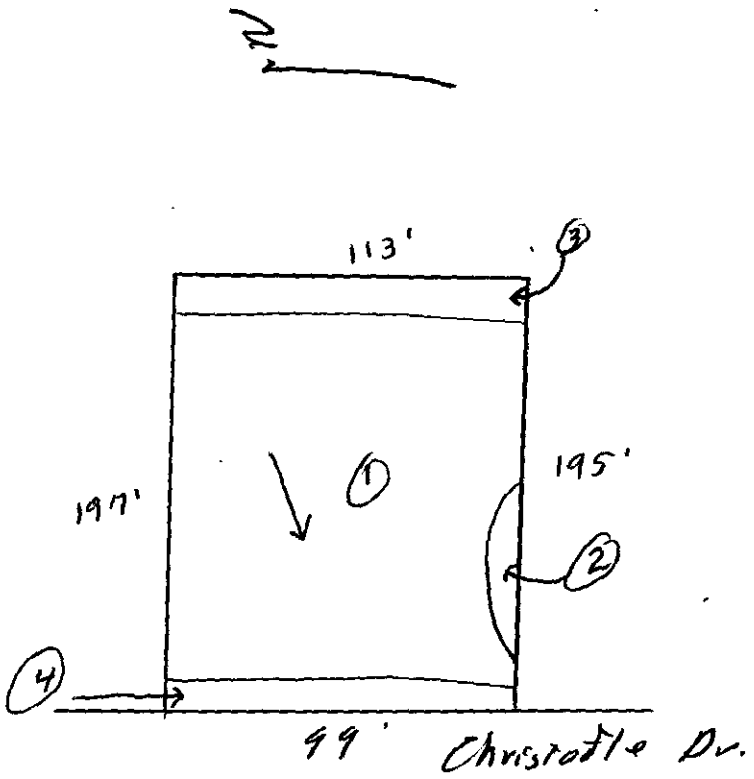
Lot: 16 Block: Acres: .47

Owner: Futrell / Dunne, Dev.
Address: 1515 Elizabeth Ave.
Charlotte, N.C. 28204

Comments: 100% Repair
Divert surface water from the berm and from lot on left of lot 16

Described by: W. William A. Marlin

Date: 6-6-91



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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 6-12%	S PS (U) Depression	S PS U —	S PS (U) 72' cut	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 740" to water	S PS U —	S PS U —	S PS U —	S PS U	S PS U
Depth	S (PS) U 740"	S PS U —	S PS U —	S PS U —	S PS U	S PS U
Restrictive Horizons	S (PS) U 740"	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) Berm	S PS U	S PS U	S PS U
Soil Group/Series	W Tetotum	Depression	Berm	72' cut		
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

TW ☐ 400

APPLICATION FOR AN IMPROVEMENT PERMIT

Pd. 200.00
CK # 1363
10-16-91
HB

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr 2nd Floor
700 N. Tryon Street
Charlotte, NC 28202

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

(OFFICE USE ONLY)
FILE: 7605A
TC: 001-601-41
SERIAL: № 0020620

☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 20308 (STREET NO.) Christofle Dr. (STREET) ② FILE: 7605A

③ JURISDICTION: Cornelius ④ TAX PARCEL NO.: 001-601-41

⑤ SUBDIVISION: Catarina Bay ⑥ LOT: 16 ⑦ BLOCK: _____

OWNER

⑧ NAME: Harold (FIRST) Lee (MIDDLE) McReynolds (LAST)

⑨ MAILING ADDRESS: 22501 John Gamble Rd

⑩ CITY: Davidson ⑪ STATE: NC ⑫ ZIP: 28036

⑬ PHONE: (WORK) NA ⑭ (HOME) 704-892-5760

REQUEST

This request is for a(n):

⑮ ☑ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 3 ㉕ Type? _____

㉓ Maximum occupancy? 2 ㉖ Maximum number of employees? _____

㉔ Basement? ☐ yes ☑ no ㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☐ Individual well

B ☑ Municipal system

C ☐ Community well

D ☐ Community system

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

Signed: Harold L McReynolds

Date: 10-16-91

SYSTEM TYPE 1.

IMPROVEMENT PERMIT

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

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

. . . This permit is not transferable, and shall become null and void 60 months from the date of issuance.

NO POOL OR FUTURE ADDITIONS PLANNED

Philo S. Walker, 12/19/91
Environmentalist Date

S. R. Davis 12/23/91
Director or Authorized Section Head Date

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

TW

Pd. 200.00
CK # 1363
10-16-91
NB

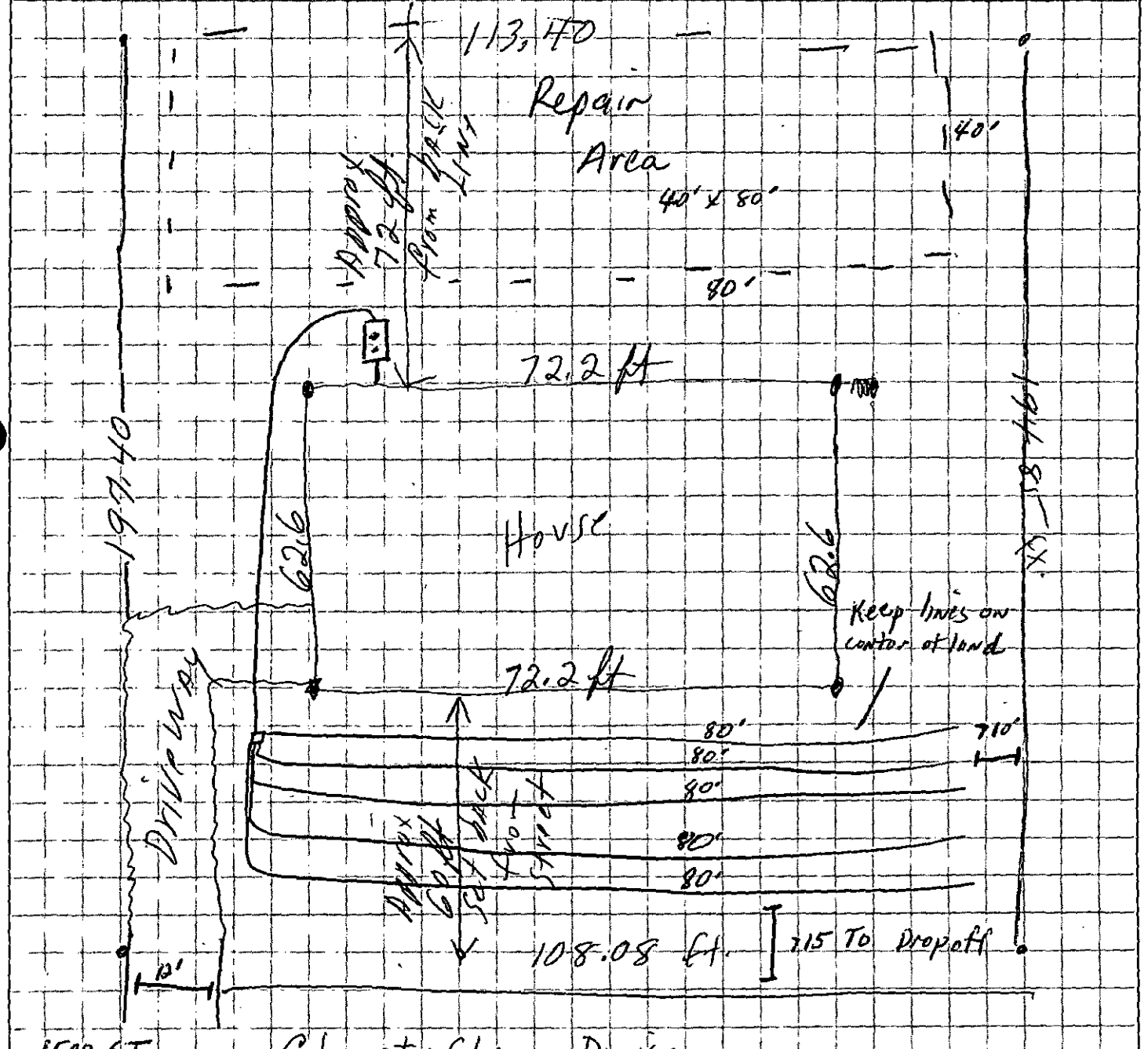
PROPOSED PLOT PLAN

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

FILE: 7605 A

TC: 001-601-41

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 ST Christofle Drive

5 lines x 80' long x 3' wd x 12" stone
400' Total CMUD water

No pool or future additions planned

Harold McReynolds 12/19/91

APPROVAL DATE _____

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

File 7605A

Map Book 24 Page 465

#1	R= 20.00	L= 29.29	
CHORD:	N 17-36-44 W	26.74	
#2	R= 175.00	L= 36.09	
CHORD:	N 18-25-51 E	36.02	
#3	N 12-31-24 E	8.62	

91 AUG 16 PM 3:13

A PLAT SHOWING A REVISION TO

LOTS 16 & 17 CATARINA BAY

Property of FUTRELLE/DUNNE, INC.

TOTAL AREA: 1.093 AC.

CORNELIUS, N.C.

SCALE: 1"=30'
JULY 18, 1991

CAROLINA SURVEYORS, INC.
PINEVILLE, N.C.
HUGH E. WHITE, Jr., NCALS

NORTH CAROLINA REGISTERED SEAL L-2646 LAND SURVEYOR HUGH E. WHITE, JR.

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

The undersigned Registered Land Surveyor, being duly sworn, deposes and says that the plat upon which this certificate appears was prepared in accordance with G. S. 47-30 as amended, is in all respects correct according to the best of his knowledge and belief and was prepared from an actual survey made by him on the 12TH day of JULY, 1991, with a maximum linear error of closure of 1:10,000, and a maximum field error of angular closure of 7½ sec. per angle.

Signed Hugh E. White
N. C. Registered Land Surveyor #L-2646

North Carolina
Mecklenburg County

I, a Notary Public of the County and State aforesaid, certify that HUGH E. WHITE, Jr. a registered land surveyor, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal this 19th day of July, 1991.

(Official seal or stamp)

Virginia B. Auman
Notary Public

My commission expires 3/3, 1996.

VIRGINIA B. AUMAN NOTARY PUBLIC MECKLENBURG COUNTY, N.C.

PER MAP BOOK 23, PAGE 573

NOTES:

1) THE RECORDING OF THIS PLAT REVISES THE COMMON SIDE PROPERTY LINE OF LOTS 16 & 17 AS SHOWN AND REPLACES AND SUPERCEDES THE PLAT PREVIOUSLY RECORDED IN MAP BOOK 23 PAGE 573.
2) IRON STAKES AT ALL LOT CORNERS OTHERWISE NOTED.

APPROVED IN ACCORDANCE WITH APPLICABLE ZONING AND SUBDIVISION REGULATIONS AND ORDINANCES OF THE TOWN OF CORNELIUS, N.C.

A.W. JOHNSON
(NOW OR FORMERLY)
DEED: 4196-404

S 12-24-38 W 275.10

113.40

20' PSDE

161.70

25' REARYARD

NEW LINE

LOT 15
MAP BOOK 23
PAGE 573

LOT 16
0.500 AC.
#20308

LOT 17
0.593 AC.
#20300

S 20-14 E 197.40

N 12-00 W 194.85

17.6' SIDEYARD

N 12-31-24 W 192.56

ARCH RD.
PUBLIC R/W

Town Administrator

State of North Carolina, County of Mecklenburg
I, Anne A. Powers, Register of Deeds for aforesaid County and State, hereby certify that the foregoing is a true copy of Map as the same is found in the Office of the Register of Deeds for Mecklenburg County, North Carolina, in Book 24 Page 765.
Witness my hand and official seal, this the 16th day of August 1991.
Anne A. Powers, Register of Deeds
By: Cathy D. VanAntwerp Deputy

State of North Carolina, County of Mecklenburg
The foregoing certificate(s) of
Virginia W. Auman
a Notary(ies) Public (is) (are) certified to be correct.
This 16th day of August 1991
Anne A. Powers, Register of Deeds
By: Cathy D. VanAntwerp Deputy

ANNE A. POWERS REGISTER OF DEEDS MECKLENBURG COUNTY, N.C.

