

7630 MCILWAINE RD

01513120

12/19/2007

duponbj

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

Permit Number: 9496

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 015-131-27

The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.

CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.

Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	✓ Yes	___ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
.3 Long-term acceptance rate	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	91 Trench spacing (min. on centers)	
Yes Serviced by private well	1500 Gallon septic tank	400 Total trench length (ft)	36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3 Bedrooms in residence	N/A Gallon pump tank	12" Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions:	* Hold plumbing from house as high as possible to eliminate the possibility of a required lift station. * Keep off existing well at least 50' – 100' if shared.			
Repair Area System Type Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
1200 Absorption Area (Sq ft) 400 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	36" 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 effec 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.

Larry B. Thompson, Jr. R.S. 10-6-97
DEHNR Authorized Agent Date

David M. Williams 10-6-97
Owner/Agent Signature Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

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

PROPOSED PLOT PLAN

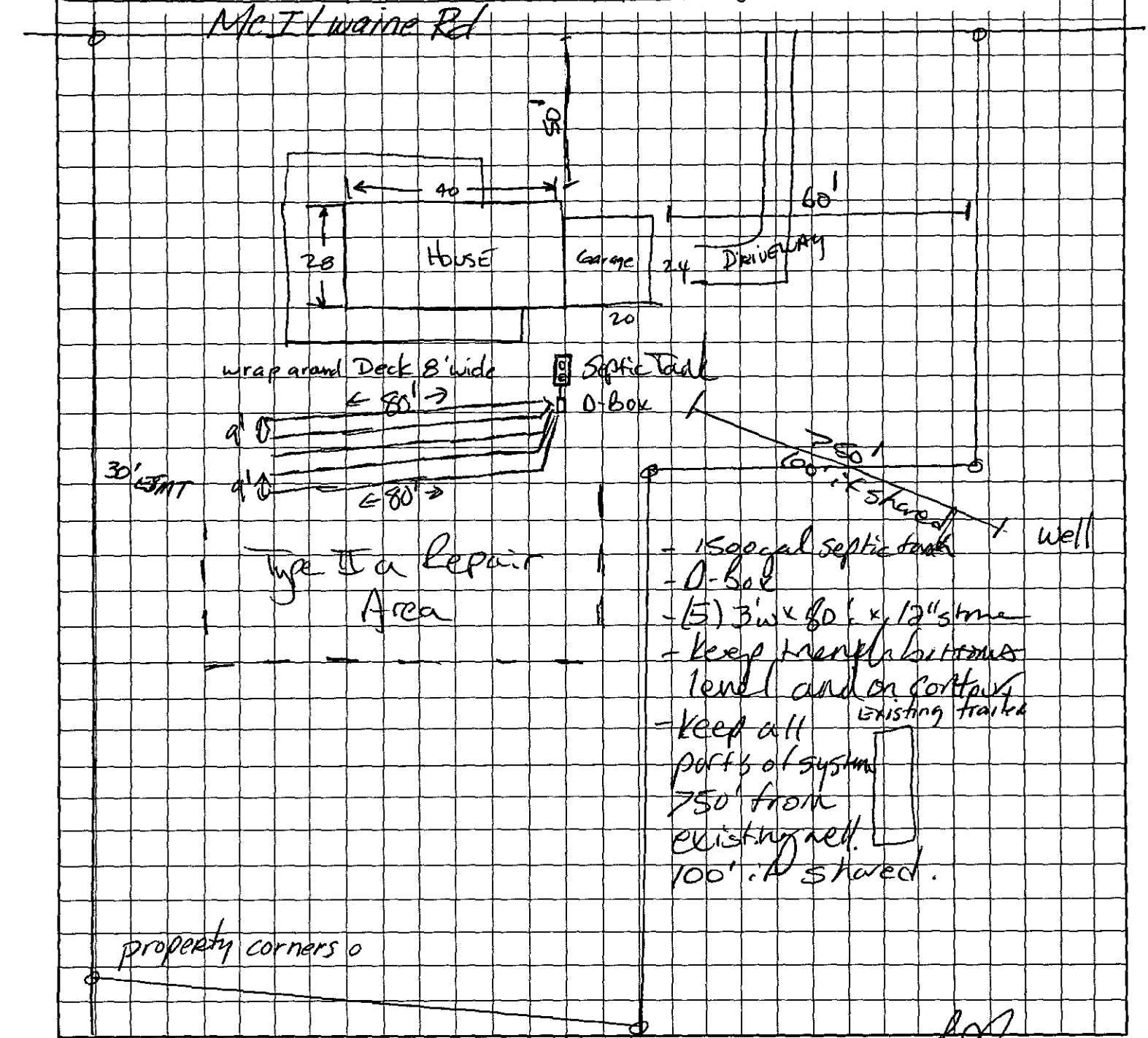
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 949B

TC: _____

Parcel # 015-131-27

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.



David Williams
OWNER/AGENT SIGNATURE

DATE 9-12-97

APPROVAL DATE 10-6-97

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

Mecklenburg County
Health Department

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

April 14, 1993

David B. Williams
7700 McIlwaine Road
Huntersville, NC 28078

Re: Property located at 7630 McIlwaine Road
File: 949B/8821A
Parcel: 015-131-20PO

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 No. 19306) is enclosed for your information.

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 .1957 (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 you need any assistance, please feel free to call Mr. Bill Marlin at 336-5574.

Sincerely,

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

KR:lw
Enclosure (2)

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19306

File: 949 B/8821A Action 2

Parcel: PO 015-131-20 ☐PC

Location: 7630 McIlwaine Road

Subdivision:

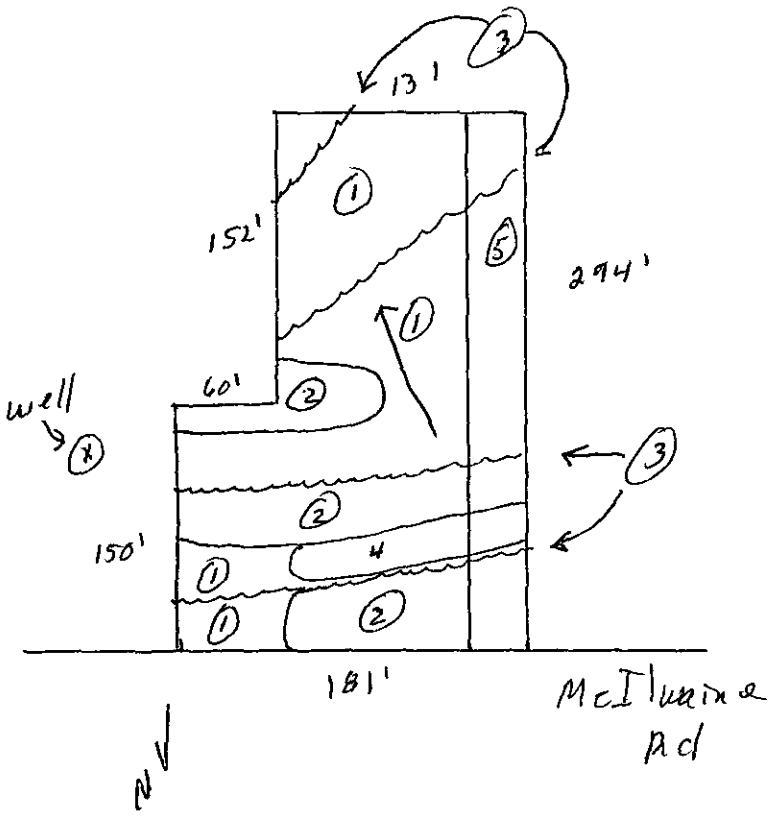
Lot: Block: Acres: 1.0

Owner: David B. Williams
Address: 7700 McIlwaine Road
Huntersville, N.C. 28078

Comments: 100% Repair - .3 gal/sq ft/day LTAR

Described by: William R. Marks

Date: 4-12-93



***** 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 2-10%	S PS (U) Depression	S PS (U) Terraces	(S) PS U 2-8%	S PS U	S PS U
Texture	S (PS) U slightly Expansive clay	S PS U	S PS U	S PS (U) some Expansive clay	S PS U	S PS U
Structure	S (PS) U sub + Blocky	S PS U	S PS U	S (PS) U sub + Blocky	S PS U	S PS U
Drainage	S (PS) U 7-40" To water	S PS U	S PS U	S PS (U) some Perched water 24-36"	S PS U	S PS U
Depth	S (PS) U 40"+	S PS U	S PS U	S (PS) U 7-36"	S PS U	S PS U
Restrictive Horizons	S (PS) U 40"+	S PS U	S PS U	S (PS) U 7-36"	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS U	S PS U	S PS (U) Restricted	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS (U)	S PS U
Soil Group/Series	IV Cecil-Lilly	Depression	Terraces	Helena-Appling	Easement	
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19306

File: Action _____

Parcel: ☐ PC

Location:

Subdivision:

Lot: Block: Acres:

Owner:
Address:

Comments: _____

_____

_____

_____

Described by: _____

Date: _____

***** EVALUATION KEY *****

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Topography	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS U	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						
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

9498/8821A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd 50.00 CHK 4/7/93 [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

COPY

PERSON FILING APPLICATION:

NAME: Williams (last) David (first) B (mi)

ADDRESS: 7700 McIlwaine Rd PHONE: (__) 336-3498 work

CITY: Huntersville STATE: N.C. ZIPCODE: 28078

Date: 4-7-93

PROPERTY OWNER:

NAME: Same (last) (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 015 131 20

STREET ADDRESS: 7630 McIlwaine Rd

ZONING: R3

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 20 LOT SIZE (in acres): 1.151 Ac.

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) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

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) [X] 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: David B. Williams Date: 4-7-93

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

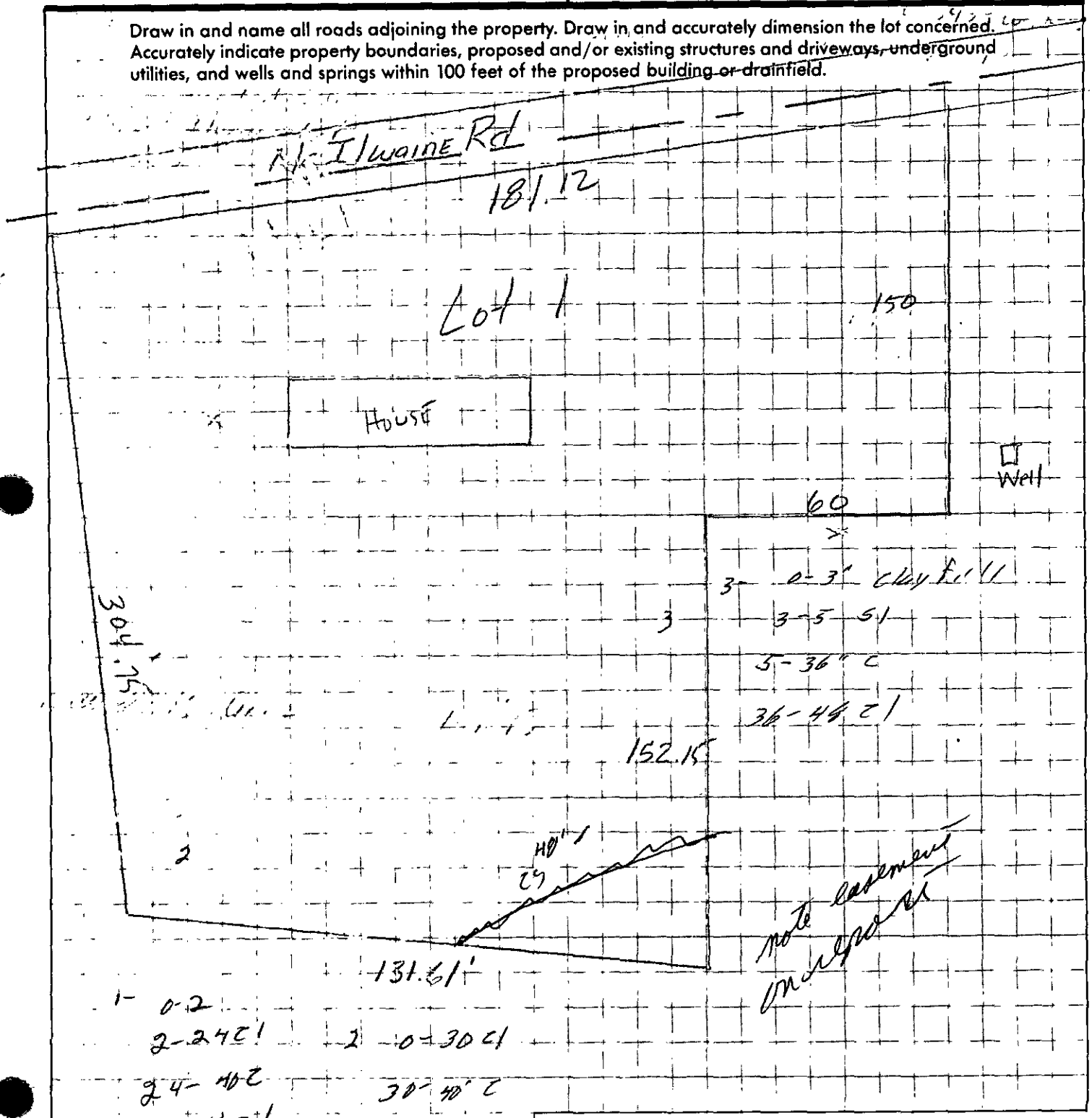
PROPOSED PLOT PLAN

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

FILE: _____

TC: 015-131-20

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

... Gibson, 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 25 Page 412.
Witness may hand and official seal, this the 7th day of April 1993.
Judith A. Gibson, Register of Deeds
By: Sirena W. Meadows Deputy

McCOY RD

MAP

.9 MILES
S FORD RD.

N 71°59'49" E
179.98

McILWAINE ROAD

N 71°59'49" E
70.00

S 12°46'36" E
30.13

N 72°00'00" E
70.00

1506

N FOUND S 30.26

S 30.25
10°32'12" E

REBAR FOUND

N 72°00'01" E
181.12

OVERHEAD ELEC.

S 12°46'37" E
150.00

LOT 1

LOT

House

NSON
PG 508

30' INGRESS-EGRESS EASEMENT

N 10°32'01" W
274.50

N 10°32'01" W
310.10

OVERHEAD ELEC.

S 77°13'22" W
60.00

EX. MOBILE HOME

EX. W

S 12°46'37" E
152.15

OVERHEAD ELEC.

4/2/93

949B/882A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PD 50.00 CK 4/7/93 [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: Williams (last) David (first) B (mi)
ADDRESS: 7700 McIlwaine Rd PHONE: (__) 336-3498 work
CITY: Huntersville STATE: N.C. ZIPCODE: 28078

Date: 4-7-93

PROPERTY OWNER:
NAME: Same (last) (first) (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: STATE: ZIPCODE:

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Underground Storage Tanks On Property (Y/N) ___ Type _____

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Signed: David B Williams Date: 4-7-93

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WWATER : 122791

PROPOSED PLOT PLAN

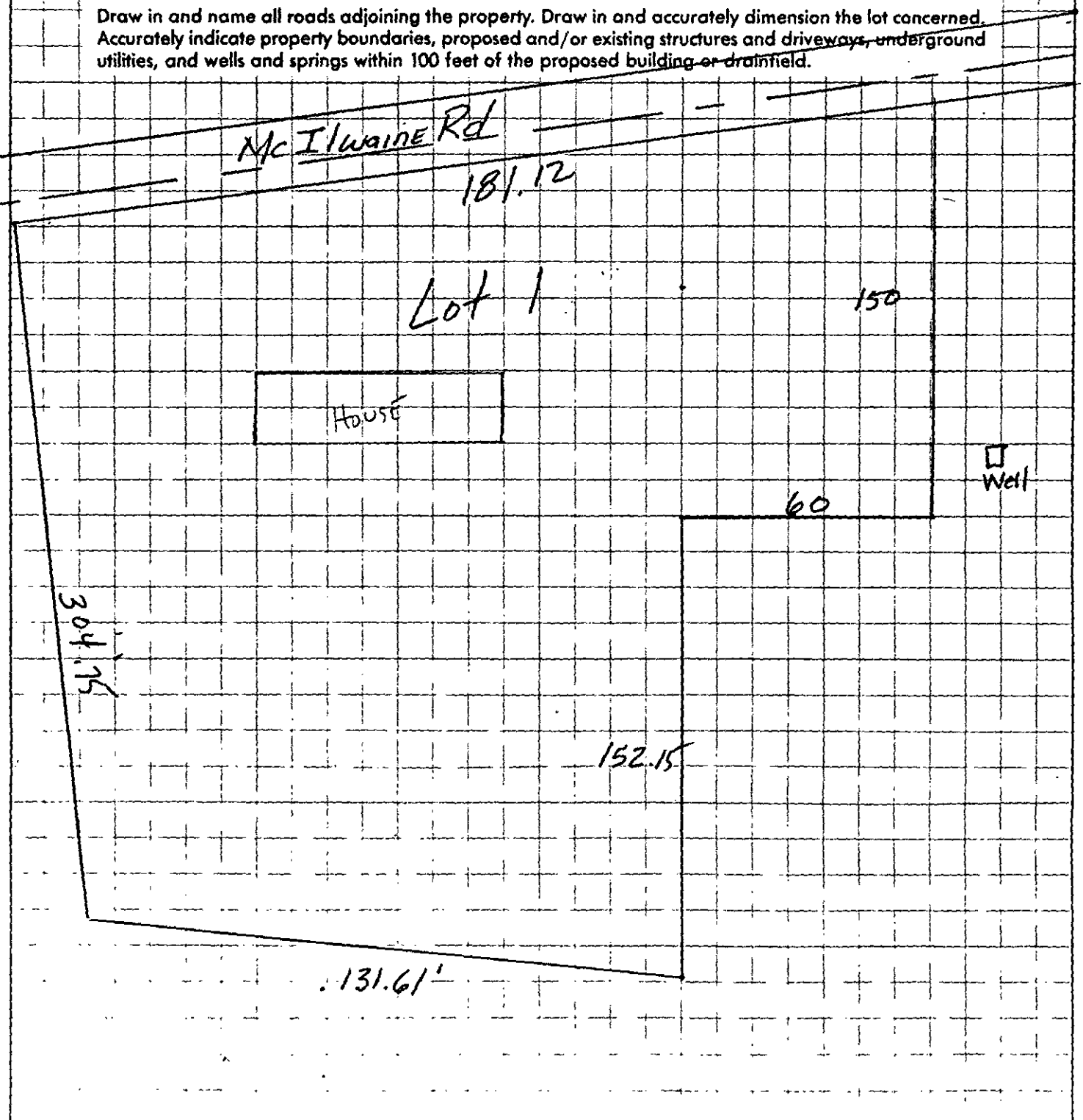
COPY

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

FILE: _____

TC: 015-131-20

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 _____

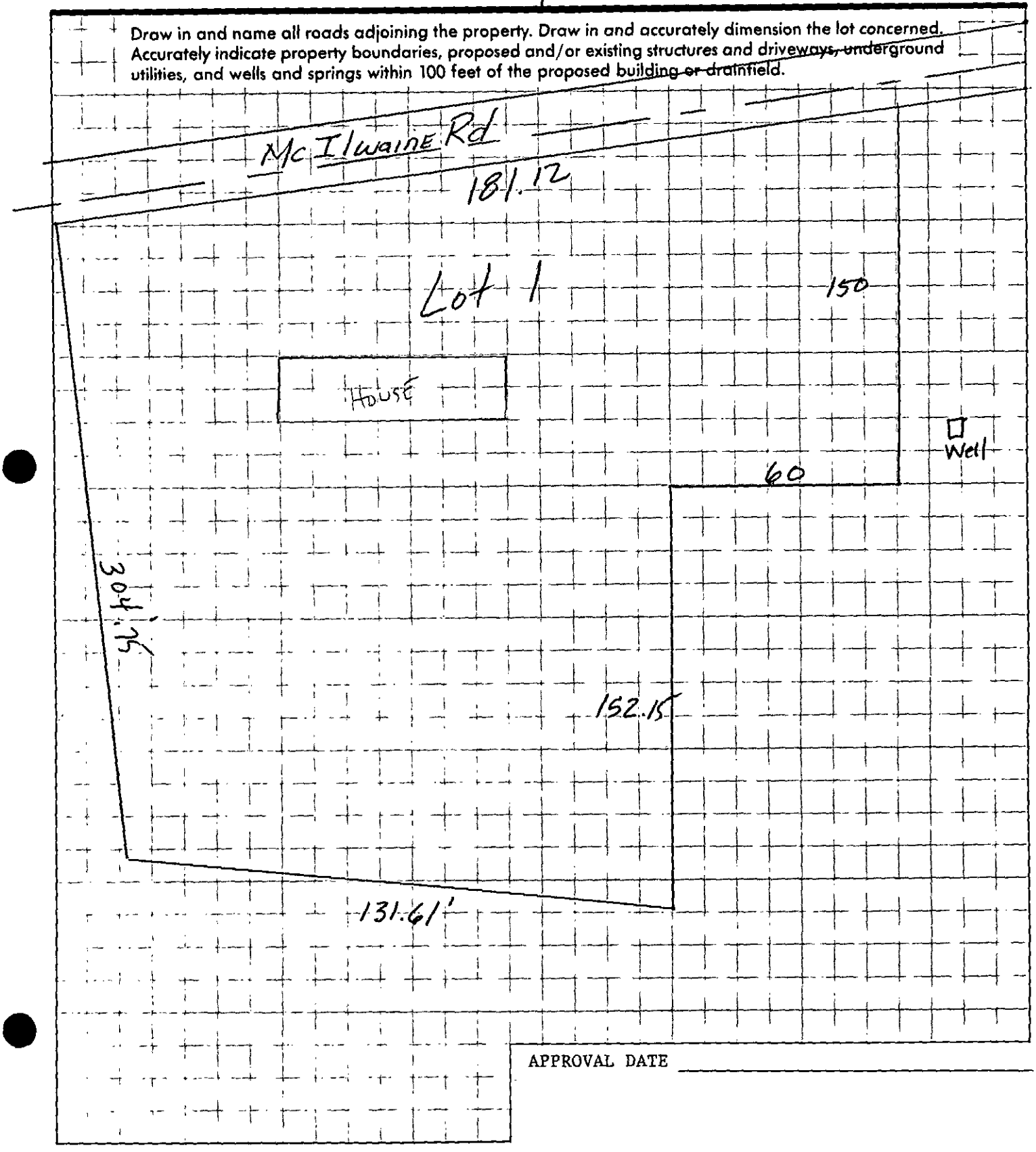
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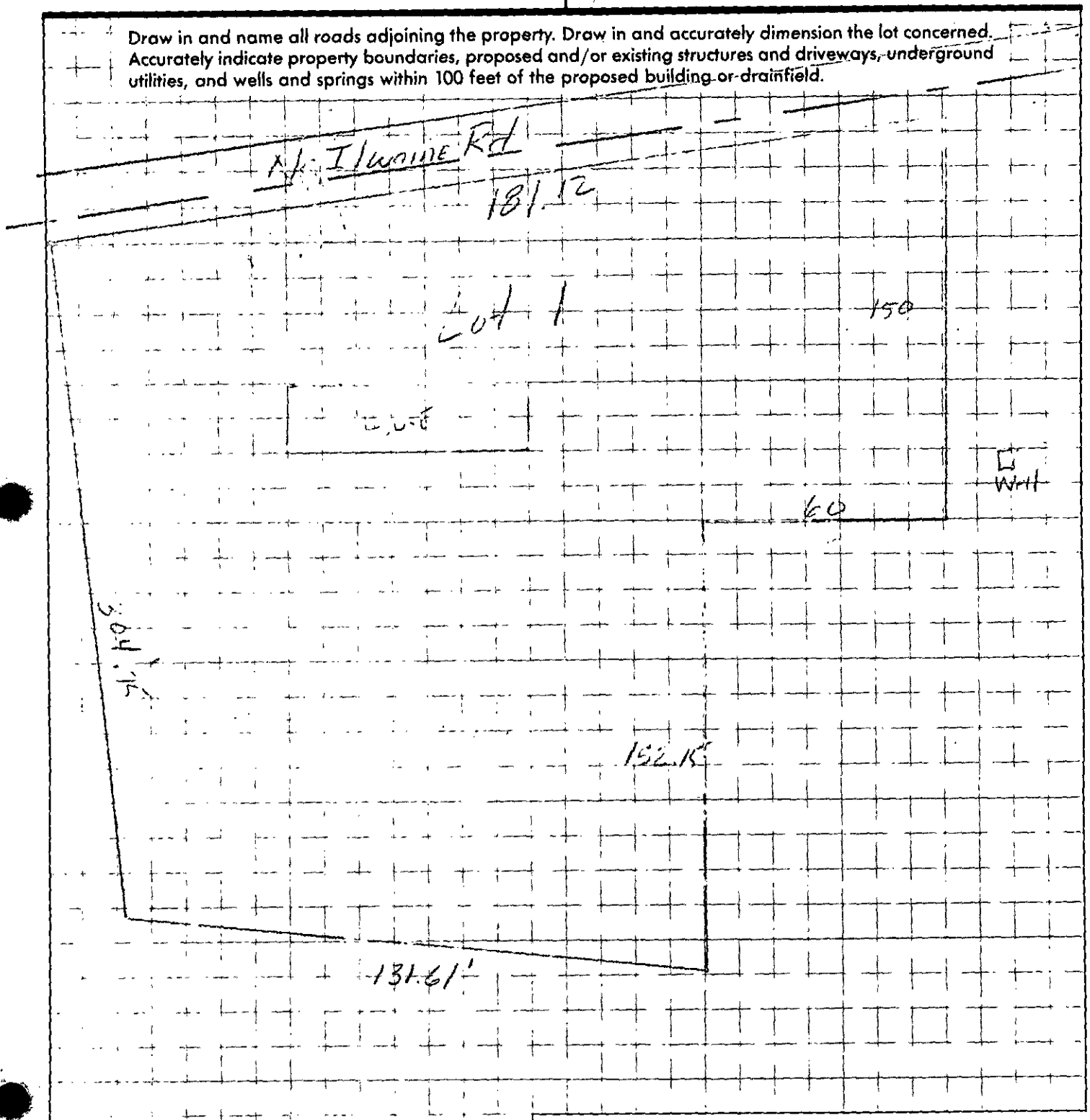
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...Gibson, Register of Deeds for aforesaid County and State, hereby certify that the foregoing is a true copy of Map as the same is found in the Office of the Register of Deeds for Mecklenburg County, North Carolina, in Book 25 Page 412.
Witness may hand and official seal, this the 7th day of April 1993.
Judith A. Gibson, Register of Deeds
By: Sherma W. Meadows Deputy

COPY

MAP

McCOY RD

.9 MILES
S FORD RD.

McILWAINE ROAD

N 71°59'49" E 179.98

N 71°59'49" E 70.00

S 12°46'36" E 30.13

N 72°00'00" E 70.00

N FOUND

S 10°32'12" E 30.25

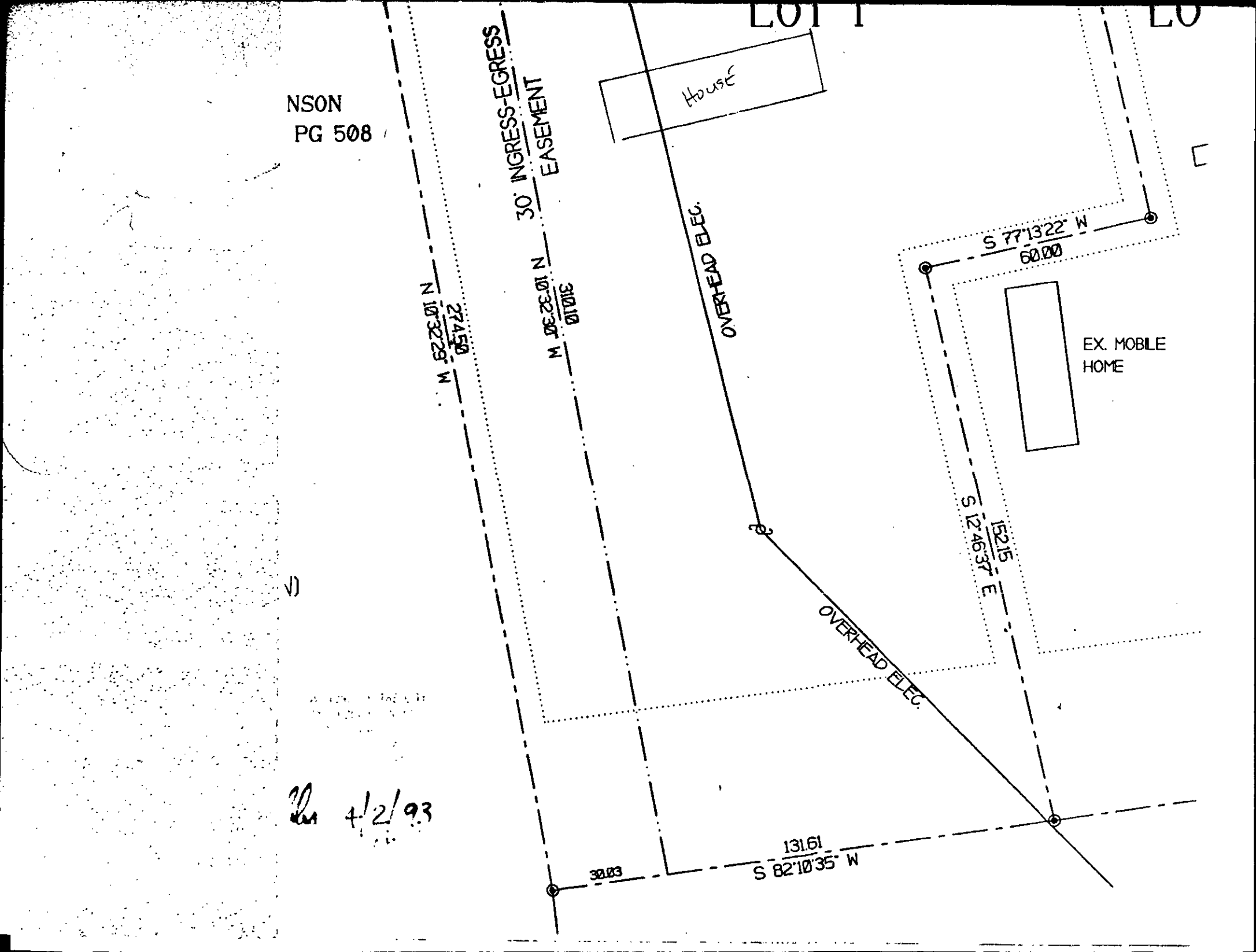
REBAR FOUND

N 72°00'01" E 181.12

OVERHEAD ELEC.

S 12°46'37" E 150.00

LOT 4


NSON
PG 508
LOT 1
LO
House
30' INGRESS-EGRESS EASEMENT
N 10°32'29" W
274.50
N 10°32'30" W
310.10
OVERHEAD ELEC.
S 77°13'22" W
60.00
EX. MOBILE HOME
S 12°46'37" E
152.15
OVERHEAD ELEC.
131.61
S 82°10'35" W
30.03
4/2/93

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 4/7/93

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 015-131-20

ASSIGNED ADDRESS 7630 ~~7708~~ McIlwaine Rd

EXISTING ADDRESS _____

PROJECT NAME UA

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

		APPROVED	DISAPPROVED
1.	SUBDIVISION REGULATIONS		*
2.	FLOODWAY REGULATIONS		*
3.	EROSION CONTROL REGULATIONS		*
4.	PUBLIC UTILITY EASEMENT		*

		PRESENT	NOT PRESENT
5.	PUBLIC UTILITY EASEMENT	*	
6.	PROPERTY FRONTS ON THOROUGHFARE	*	
7.	DRIVEWAY PERMIT REQUIRED	*	

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: ~~Well~~ Septic tank

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: _____

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

Pd 10/10/97 Receipt #1887 Chk # 1377

400

FEE: $100.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 10-6-97 PERMIT NO: 9498
PARCEL NO: 015-131-27

JOB LOCATION ADDRESS: 7630 McIlwaine Road
PROPERTY OWNER: David B. Williams
BUILDING CONTRACTOR:
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: Larry G. Thompson Jr, R.S. DATE: 10-6-97
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 9498, 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 Conditions Of Improvement Permit

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

David B Williams 10-6-97
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CHARGE

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Charge Slip

Date: 10/10/97

Name/Company: ~~DAVID~~ DAVID B. WILLIAMS

Sanitation _____

Vector Control _____

IWWS X

Service: Const. Authorization
949B
7630 Mt Holly Huntersville Rd

Fee: $ 100.00

NOTICE:

A processing fee of $20.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

1377
100.00

DATE	DESCRIPTION	FEE	PAYMENT	ADJUST-MENT	BALANCE	PREVIOUS BALANCE	NAME
10/13/97	#79 B 7630 McIlwaine Rd	100 00	100 00	-0+	-0+	-0+	David Williams

This is your RECEIPT for this amount
This is a STATEMENT of your account to date

08887

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH OFFICE
700 NORTH TRYON STREET
CHARLOTTE, NORTH CAROLINA 28202
TELEPHONE: (704) 336-5102

Thank you

FEE: 100.00 CK# 1386
DATE: 9/12/97

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

9498
#2
[ ] 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 #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 015-131-27

STREET ADDRESS: 7630 McIlwaine Rd.

SUBDIVISION OR MOBILE HOME PARK NAME: No

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2,000 ±

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

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

Use existing repair
W.R. Mullis 9-25-97

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
EXISTING WASTEWATER SYSTEMS __ YES __ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES __ NO
WELL, SPRINGS OR WATERLINES __ YES __ NO
DESIGNATED WETLANDS __ YES __ NO

PROPERTY OWNER:

NAME: Williams, David B
(LAST) (FIRST) (MI)

ADDRESS: P.O. Box 1882

CITY: Huntersville STATE: N.C. ZIP: 28078

DAYTIME PHONE: ( ) 336-3498

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1987

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: David L Williams DATE: 9-12-97

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

FEE: 100.00
DATE: 9/12/97

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

404 9498 #2

[ ] 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

COPY

FILE #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 015-131-27

STREET ADDRESS: 7630 McIlwaine Rd.

SUBDIVISION OR MOBILE HOME PARK NAME: No

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2,000 ±

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

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

CLOSING DATE .3 LTAA

use existing repair

W. R. Marli 9-25-97

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: Williams, David B
(LAST) (FIRST) (MI)

ADDRESS: P.O. Box 1882

CITY: Huntersville STATE: N.C. ZIP: 28078

DAYTIME PHONE: ( ) 336-3498

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1987

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: David B Williams DATE: 9-12-97

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

DATE Sept. 12, 1997

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

Owner

David Williams

JURISDICTION Meck

015-131-27
PARCEL NUMBER

7630 McIlwaine Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

Lot # 1
EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
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: Septic Inspection

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: Larry A. Hunn

REVISED 1/91

McCOY RC

... Gibson, 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 25 Page 42.
Witness may hand and official seal, this the 7th day of April 19 93.
Judith A. Gibson, Register of Deeds
By: Sierra W. Meacmer Deputy

COPY

MAP

.9 MILES
S FORD RD.

N 71°59'49" E
179.98

McILWAINE ROAD

N 72°00'00" E
70.00

S 12°46'37" E
30.13

N 72°00'01" E
181.12

OVERHEAD ELEC.

N FOUND

S 10°32'12" E
302.5

REBAR FOUND

S 12°46'37" E
150.00

LOT 1

LO

House

NSON
PG 508

30' INGRESS-EGRESS EASEMENT

N 10°32'29" W
274.50

N 06°32'01" W
310.10

OVERHEAD ELEC.

S 77°13'22" W
60.00

EX. MOBILE HOME

S 12°46'37" E
152.15

OVERHEAD ELEC.

30.03

S 82°10'35" W
131.61

VI

4/2/93



8840 BRACEBRIDGE CT

11321116

12/19/2007

duponbj

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

Mecklenburg County
Health Department

January 23, 1995

J. T. Pinkston
Charlotte Yacht Club
1122 Tom Sadler Road
Charlotte, North Carolina 28214

Re: Property located at Bracebridge Court
Tax Parcel Number: 113-322-16A

Dear Mr. Pinkston:

Receipt of the plans and specifications for a conventional system of sewage disposal for the above referenced property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15 NCAC 18A, .1900, "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal". Our comments are listed below:

.1945 AVAILABLE SPACE
(a) Sites shall have sufficient available space to permit the installation and proper functioning of ground absorption sewage treatment and disposal systems, based upon the square footage of nitrification field required for the application rate determined in accordance with these Rules.
(b) Sites shall have sufficient available space for a repair area equal to the area determined in Rule .1945 (a) of the Section.

For these reasons, the plans as submitted are disapproved. If you have any questions regarding these matters, please do not hesitate to contact me at 336-5571.

Sincerely,

Judy J. Kiser R.S.

Judy J. Kiser, R.S.
Individual Water and Wastewater Systems

Enclosure (1)

950B | AP 9515 | $200.00 06/14/94 | Ck # 2209 | [] CRT

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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

PERSON FILING APPLICATION: J.T. Pinkston For
NAME: Charlotte Yacht Club (last) (first) (mi)
ADDRESS: 1122 Tom Sadler Rd. PHONE: (704) 392-2657
CITY: Charlotte STATE: NC ZIPCODE: 28214

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 11321116A
STREET ADDRESS: 8840 Bracebridge Court
ZONING:

PROPERTY OWNER:
NAME: Crescent Resources, Inc. (last) (first) (mi)
ADDRESS: P.O. Box 1003 PHONE: (704) 373-8422
CITY: Charlotte STATE: NC ZIPCODE: 28201

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres): 2.16 acres

[] 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) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 8
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 (N) [] 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: Crescent Resources, Inc. Date: June 14, 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.

...

[] 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

Doc 950B

"Sewer Soil"

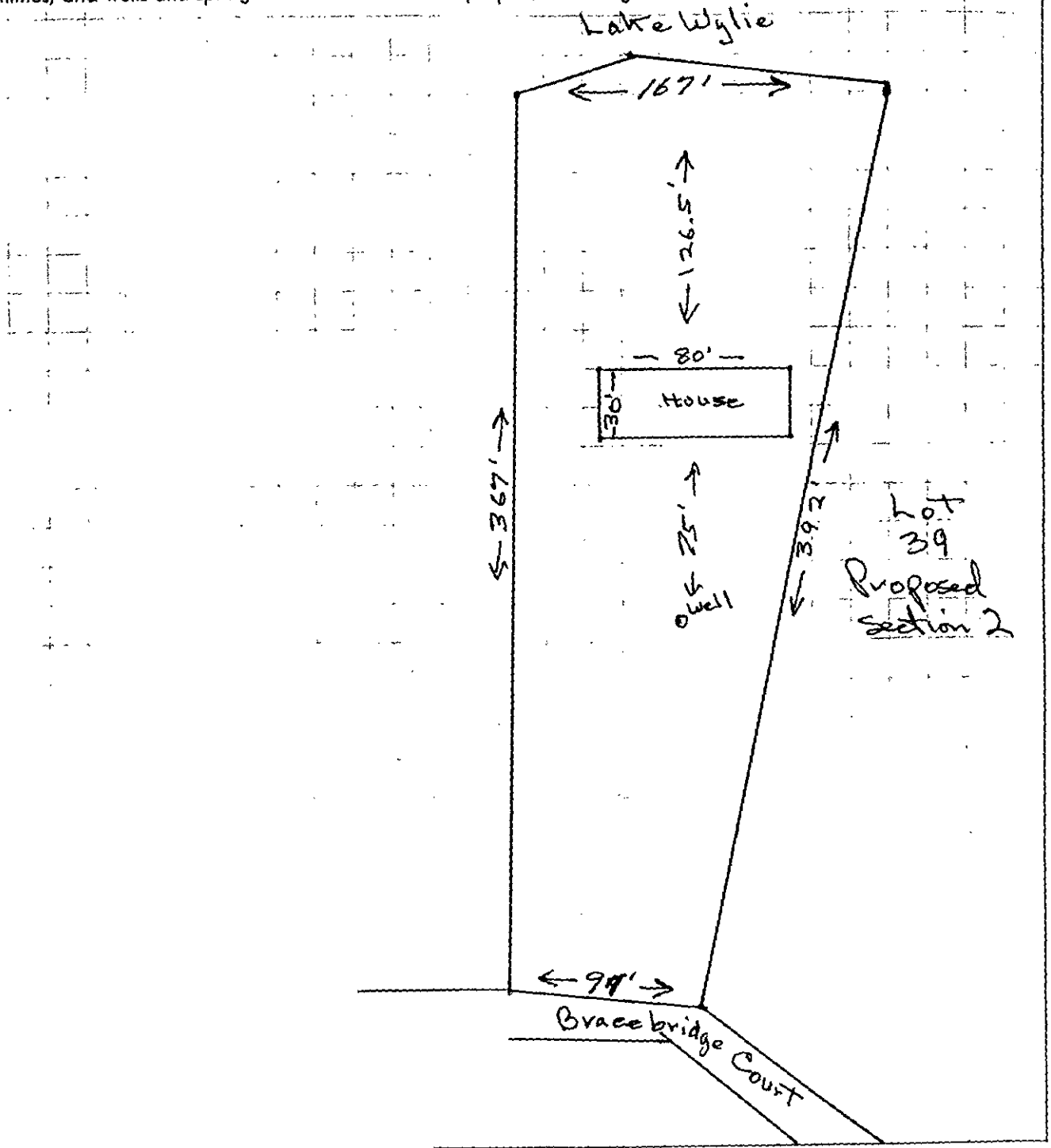
PROPOSED PLOT PLAN

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

FILE: 95B 95B (log)

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

LAKE WYLIE

N 64° 42' 8.09" W
N 19° 2' 10" W 47.04'
N 15° 9' 10" W 80.02'
N 13° 19' 52.72" E
N 28° 43' 9.52" W
N 18° 16' 05' 50" E 6.91'
N 23° 19' 42' 55' 50" E 9.14'
N 17° 8.94' 33' 50" E
N 6° 57.87' 49' 48" E
N 13° 45.84' 29' 43" W
N 41° 38.95' 13' 50" E
N 18° 42.97' 18' 56" E
E.I.P.
E.I.H.

NOTE: PROPERTY LINE FOLLOWS APPROX. 570' ELEVATION U.S.G.S. SEA LEVEL DATUM

AREA BY DMD
34,211 S.F.
OR
1.2445 ACRES

AREA BY DMD
39,740 S.F.
OR
0.9123 ACRES

S 68° 41' 1" W 296.66'

S 85° 49' 44" W 372.74'
PROPOSED NEW LINE

S 22° 10' 6" E 391.88'

ASPHALT PARKING

WELL

LOT 38

NOTE:
ALL PHYSICAL PROP.
NOT SHOWN.

Ditch/cut

top problems

top problems

LOT 39

61' (41' line)
includes 10' drainage easement

61' (41' line)
includes 10' drainage easement

75' (55' line)

including 10' drainage ditch 66' (41' line)

52' (32' line)

45' (25' line)

140'

E.I.P.

R=50.00
L=61.87

L=80.10

L=123.38

E.I.P.

BRACEBRIDGE CT. (60' R/W)

CRESCENT AMD & MORGAN & TWISTED OAK BROWN, INC. NOW OR FORMERLY

IS NOT
WN ON
GEMENT
)

THERE IS NO NCGS MON.
WITHIN 2000' AS PER
GEODETIC CONTROL INDEX MAP
SHEET 1 OF 2, DIV. 12, DIST. 1
GASTON COUNTY, NC 071.

M E M O R A N D U M

DATE: January 11, 1995

TO: File 950B, Bracebridge Court, Tax Parcel #113-211-16A
Also described as Lot 3

FROM: Judy J. Kiser, R.S.

I met on the lot on January 10, 1995 with Jim Pinkston for Charlotte Yacht Club along with Lisa Mialek of our office.

There is a very limited area of provisionally suitable soils on the upper front portion of the lot. These soils as reported in the soils report of Bill Marlin dated May 13, 1993 were also designed as restricted with respect to available space.

On a previous visit in June, 1994, I had advised Mr. Pinkston that I could not find sufficient space in which to locate a system for a four (4) bedroom home, which was requested on the Improvement Permit application and also have room for a 100% repair. This is a lot cut off from existing property with a yacht club. I advised at that time a letter of denial would be written but that they could apply for a smaller home (# of Bedrooms) which would require a reduction in requirements of square footage for the septic system. He indicated they would only accept approval for a 4 bedroom home.

Mr. Pinkston wrote a letter and requested I hold off on my letter until a new survey could be competed, as he wanted to be sure the lot lines he had shown me on my visit were correct.

This visit on 1/10/95 was a follow-up after the survey was complete. The land area to be considered for the system had been cleared and the entire area here consists of convoluted slopes. There appears to be sufficient space to install 270 feet of drainfield in conventional; however stepdowns would be required and due to the complex slope most all of the area would be utilized to get the 270' installed. There would be no land available to meet the 100% repair.

Again, due to the slopes and topography on the lot, I do not believe panel block design would fit. Again, the club has applied for a four (4) bedroom home; therefore an appropriate denial letter will be written.

M E M O R A N D U M

TO FILE: 950B, Bracebridge Court

I met on this lot with Mr. Jim Pinkston and another yacht club member for the Charlotte Yacht Club to see if a four (4) bedroom home could be built It is a 100% repair lot. According to the land area they identified at the boundaries and the soils information, there appeared to be insufficient space to build a four bedroom home. (I understood from Mr. Pinkston the club is in the process of purchasing the properties from Crescent Land and they are not actually interested in building a house but if they did it would be a four bedroom).

I explained to Mr. Pinkston I would write an appropriate letter responding to their request but would also stipulate in the letter whether other options might be available. I explained I was going to vacation after today and would write the letter when I returned (approximately 7/7/94). They were agreeable to this. Mr. Pinkston wrote me and requested I delay my report as they are unsure about one of the lot line we had been unable to locate on the day of our visit. They were going to have their surveyor mark it and he would contact me when it was complete.

Mr. Pinkston sent a copy of the new survey. Toni Newell and I went to the site to remeasure the lot but were still unable to find the lot marked down the right property line. I contacted Mr. Pinkston and he requested I call his surveyor for information on where the pins are. I telephoned the surveyor and he stated they had found the old pins, but had not done a cut line. I called Mr. Pinkston and gave him those details. He stated he would either call the surveyor to mark it or he would get some string and mark it himself so that we would be correct in any information we give him by letter. He will call me back when this is complete.

Judy Kiser
9/24/94

950B / RQ9513 $200.00 06/14/94 Ck # 2209 [] CRT

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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

PERSON FILING APPLICATION: J.T. Pinkston For
NAME: Charlotte Yacht Club (last) (first) (mi)
ADDRESS: 1122 Tom Sadler Rd. PHONE: (704) 392-2657
CITY: Charlotte STATE: NC ZIPCODE: 28214

Date:

PROPERTY OWNER:
NAME: Crescent Resources, Inc. (last) (first) (mi)
ADDRESS: P.O. Box 1003 PHONE: (704) 373-8422
CITY: Charlotte STATE: NC ZIPCODE: 28201

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 113211 16A
STREET ADDRESS: Bracebridge Court
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): 2.16 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) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 8
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: Crescent Resources, Inc. Date: June 14, 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.

...Net on Site - Area Appears To Limit.

[] 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

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

J.T. PINKSTON
1122 TOM SADLER RD.
CHARLOTTE, N.C. 28214
PHONE: 392-2657

Judy Kaiser
Mecklenburg County Health Dept.
700 N. Tryon St., Suite 211
Charlotte, N.C. 28202

Attached please find an application for new construction on a portion of Lot 39, tax parcel number 11321116. This application is being submitted at the request of Crescent Resources to ascertain if the property is suitable for an additional septic tank system. We, the Charlotte Yacht Club, are the lessees of the property and are attempting to purchase same. The attached soil evaluations on separate parcels of the same property indicate it's unsuitability but because your field investigation stated that it might be classified Provisionally Suitable we are submitting this request. Cresent will not allow us to negotiate on the basis of the entire tract being only one suitable lot until this is completed and your final position is obtained.
Our property is locked and one of our members will have to meet with your representative at the time of the evaluation. We can arrange this at your convenience if you will call me at 392-2657.

J.T. Pinkston

LAWS AND RULES FOR SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL

15A NCAC 18A .1957(c)

A site classified as UNSUITABLE which cannot be approved for a system in accordance with Rule .1956, and paragraphs (a) or (b) of this Rule may be used for a ground absorption sewage treatment and disposal system if written documentation, including engineering, hydrogeologic, geologic, or soil studies, indicates to the local health department that the proposed system can reasonably be expected to function satisfactorily. Such sites shall be classified as PROVISIONALLY SUITABLE if the local health department determines that the adequate substantiating data indicates that:

(1) a ground absorption system can be installed so that the effluent will receive adequate treatment;
(2) the effluent will not contaminate ground water or surface water; and
(3) the effluent will not be exposed on the ground surface or be discharged to surface waters where it could come in contact with people, animals or vectors.

The State shall review the substantiating date if requested by the local health department.

Mecklenburg County
Health Department

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

May 24, 1993

Crescent Resources, Inc.
P. O. Box 1003
Charlotte, NC 28201

Re: Property located at Bracebridge Court (Lot #1)
File: 952B/8824A
Parcel: 113-211-16PO

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 No. 19324) is enclosed for your information.

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 .1957 (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 you need any assistance, please feel free to call Mr. Bill Marlin at 336-5574.

Sincerely,

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

KR/wpg
Enclosure (2)

MECKLENBURG COUNTY HEALTH DEPARTMENT

File: 73201/88249 Action: —

SITE EVALUATION REPORT

SERIAL NUMBER 19324

Parcel: PO 113-2 11-16 ☐ PC

Location: Bracebridge Ct.

Subdivision:

Lot: #1 Block: Acres: .65

Owner: Crescent Resources, Inc.
Address: PO Box 1003
Charlotte, N.C. 28201

Comments: 100% Repair, 3 gal/ft/day

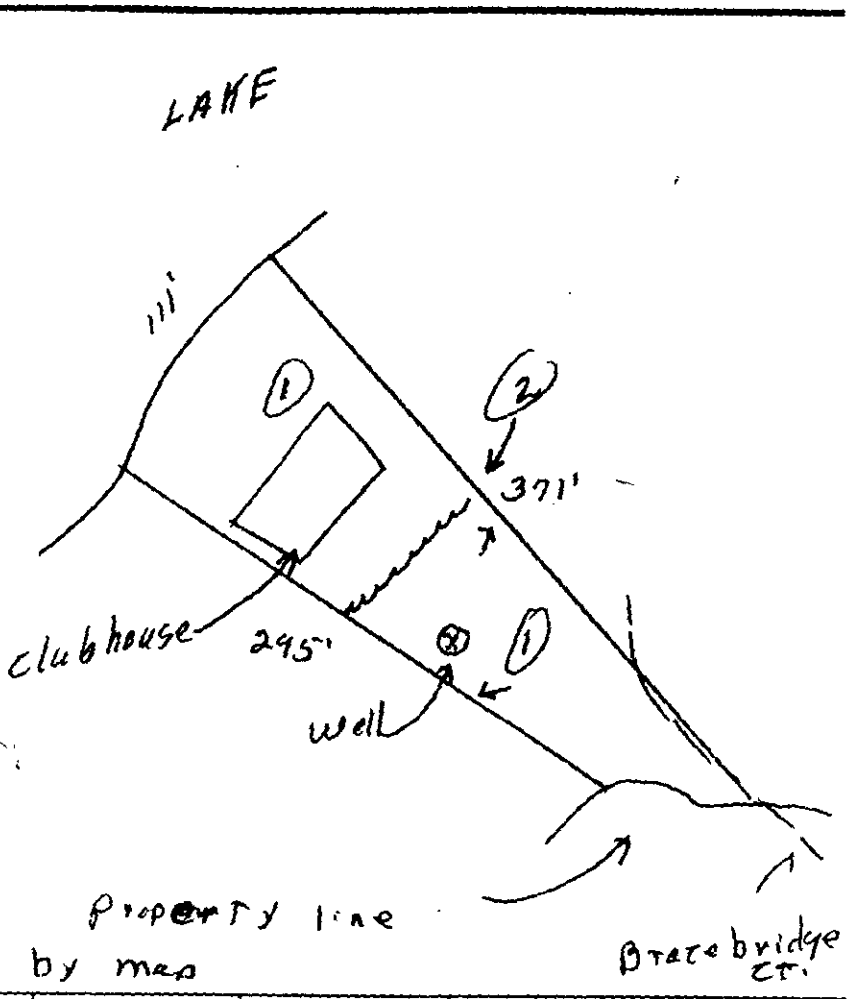
Described by: William R. Marlin

Date: 5-11-93

*** 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 6-15%	S PS (U) 72' cut	S PS U	S PS U	S PS U	S PS U
Texture	(S) PS U Slightly Expansive clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Sub Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 7'10" To water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 42"+	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 42"+	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV for 1-1.U.o	72' cut				

Mecklenburg County
Health Department

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

May 24, 1993

Crescent Resources, Inc.
P. O. Box 1003
Charlotte, NC 28201

Re: Property located at Bracebridge Court (Lot #2)
File: 951B/8823A
Parcel: 113-211-16P0

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 No. 19355) is enclosed for your information.

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 .1957 (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 or 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 you need any assistance, please feel free to call Mr. Bill Marlin at 336-5574.

Sincerely,

Kelly Randa, R.S., Soil Scientist
Individual Water & Wastewater Systems

KR/wpg
Enclosure

EVALUATION REPORT
NUMBER 19355 Parcel: PO 113-211-16 ☐ PC

Location: Bratebridge Ct.

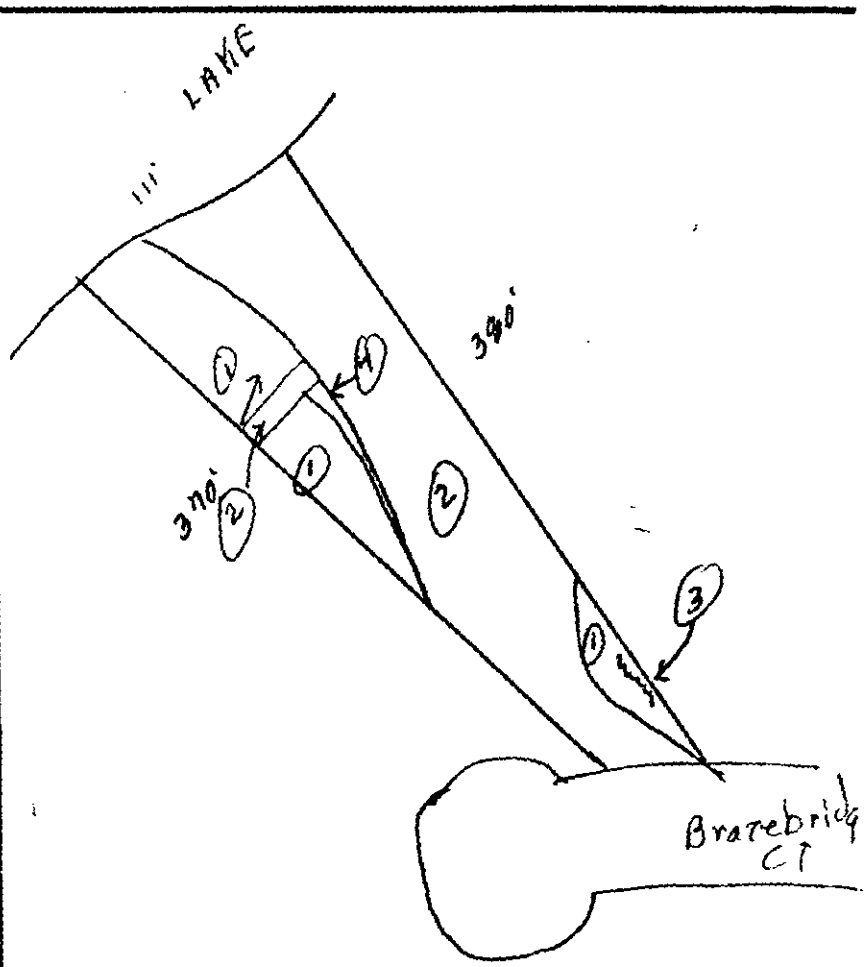
Subdivision:

Lot: 2 Block: Acres: .73

Owner: Crescent Resources, Lmt.
Address: PO Box 1003
Charlotte, N.C. 28201

Comments: 100% Repair, .3 gal/day LTAR

Described by: William R. Marlin
Date: 5-11-93



*** 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	S PS (U) Slight Depression	S PS (U) 72' cut	S PS U	S PS U
Texture	(S) PS U Slightly Expansive clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Sub. Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >47"	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 742"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 742"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS (U) Driveway Parking	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil-Lilo	Driveway Parking	Slight Depression	72' Cut		
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

Mecklenburg County
Health Department

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

May 24, 1993

Crescent Resources, Inc.
P. O. Box 1003
Charlotte, NC 28201

Re: Property located at Bracebridge Court (Lot #3)
File: 9508/8822A
Parcel: 113-211-16P0

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 No. 19340) is enclosed for your information.

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 .1957 (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 you need any assistance, please feel free to call Mr. Bill Marlin at 336-5574.

Sincerely,

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

KR/wpg
Enclosure (2)

TION REPORT
OMBER 19340

Parcel: PO 113-21-16

Location: Brambridge Ct.

Subdivision:

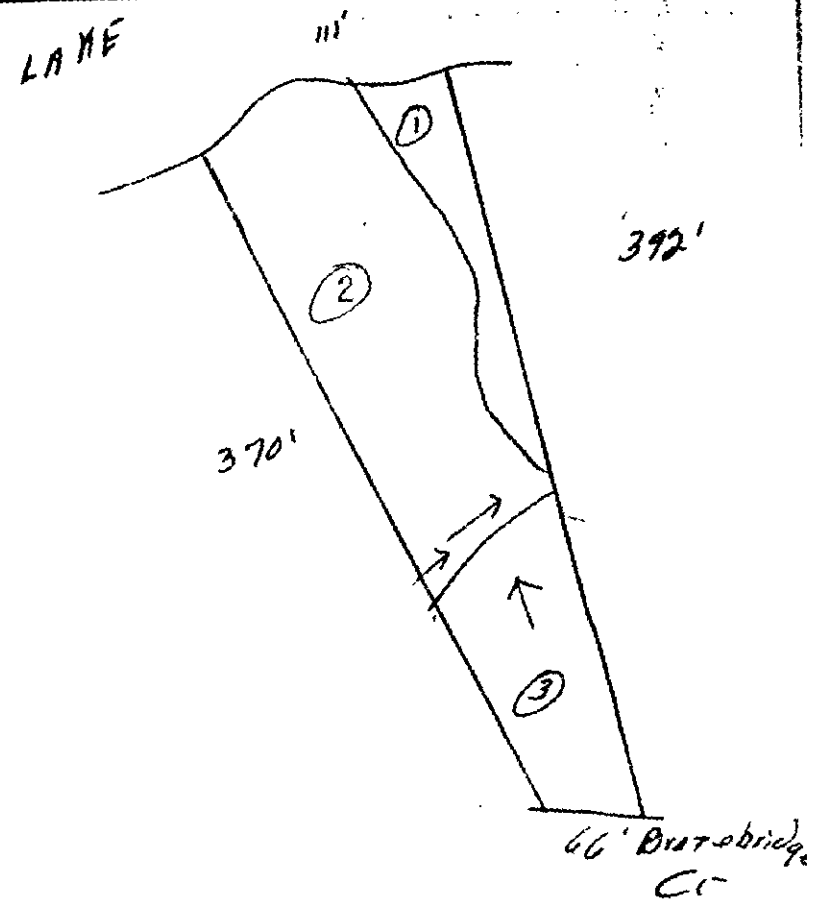
Lot: 3 Block: Acres: .75

Owner: Crescent Resources, Inc.
Address: PO Box 1003
Charlotte, N.C. 28201

Comments: 100% Repair

Described by: William A. Mauldin

Date: 5-13-93



*** 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) Depression	S PS U —	(S) PS U 6-12%	S PS U	S PS U	S PS U
Texture	S PS U —	S PS U —	S (PS) U slightly Expansive clay	S PS U	S PS U	S PS U
Structure	S PS U —	S PS U —	S (PS) U Sub-Blocky	S PS U	S PS U	S PS U
Drainage	S PS U —	S PS U —	S (PS) U 740" water	S PS U	S PS U	S PS U
Depth	S PS U —	S PS U —	S (PS) U 40"+	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U —	S PS U —	S (PS) U 740"	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) Parking Area	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	Depression	Parking Area	TU Cecil-Urban			
Area Classificat...	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

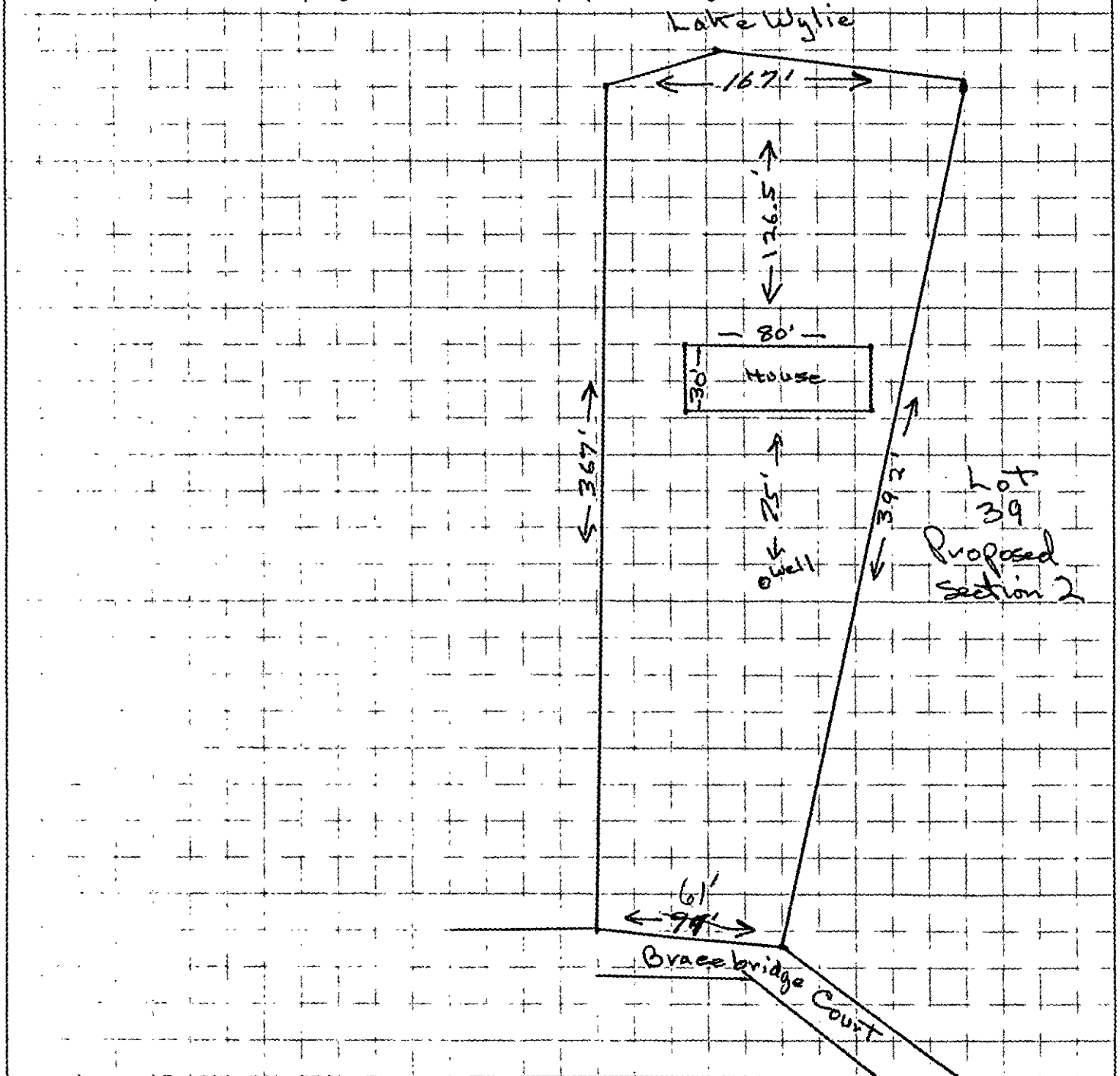
PROPOSED PLOT PLAN

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

FILE: 95B (log) 95B

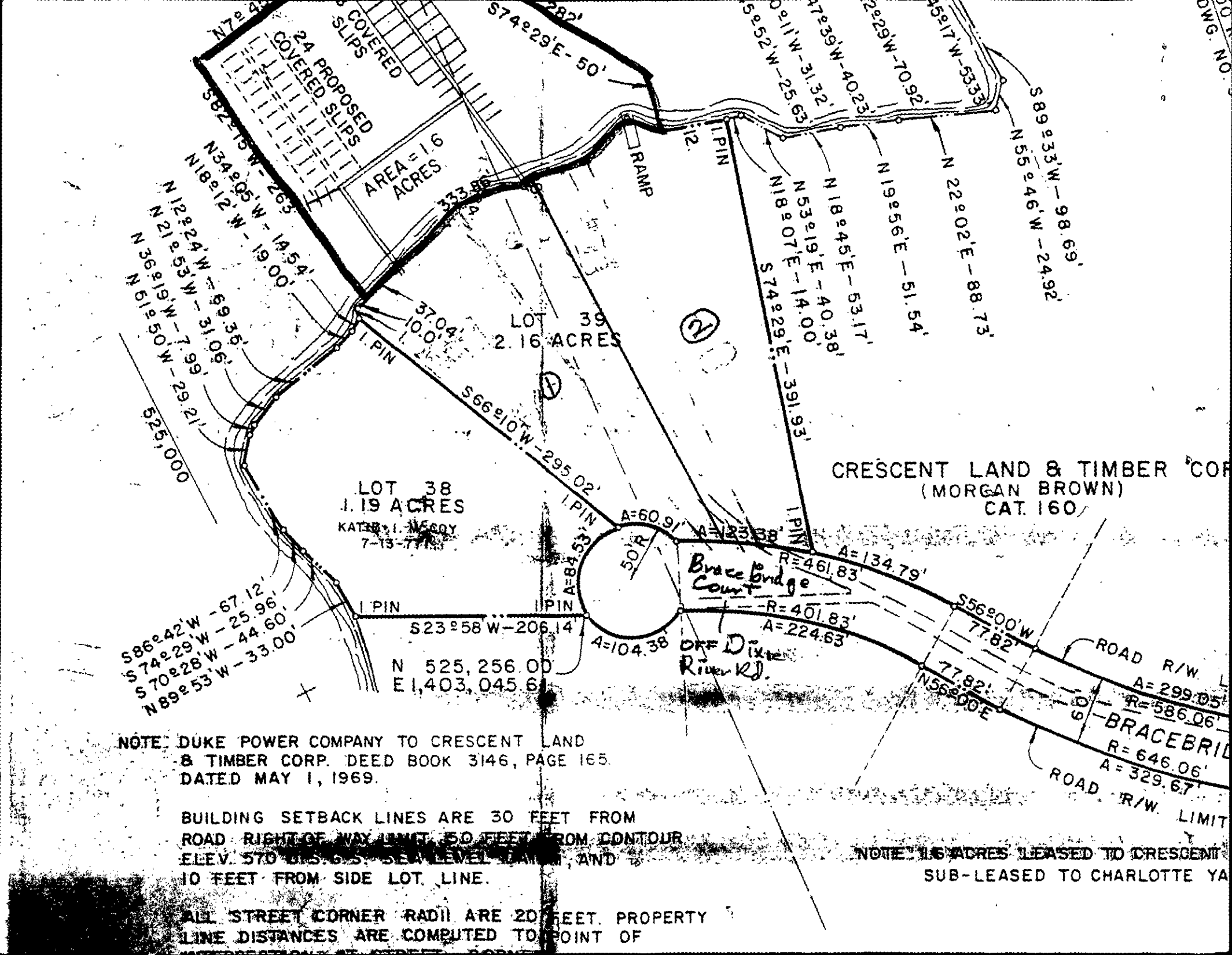
TC: _____

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


24 PROPOSED COVERED SLIPS
COVERED SLIPS
AREA = 1.6 ACRES
RAMP
I PIN
LOT 39
2.16 ACRES
LOT 38
1.19 ACRES
KATIE I. McCOY
7-13-77
CRESCENT LAND & TIMBER COR
(MORGAN BROWN)
CAT. 160
Bracebridge Court
OFF Dixie River Rd.
ROAD R/W LIMIT
BRACEBRID
N 525,256.00
E 1,403,045.61
S74°29'E - 50'
S 89°33'W - 98.69'
N55°46'W - 24.92'
S74°29'E - 391.93'
S66°10'W - 295.02'
S23°58'W - 206.14'
A=104.38
A=84.53'
A=60.91'
A=123.38'
A=134.79'
R=461.83'
R=401.83'
A=224.63'
S56°00'W
77.82'
N56°00'E
A=299.05'
R=586.06'
R=646.06'
A=329.67'
525,000
NOTE: DUKE POWER COMPANY TO CRESCENT LAND & TIMBER CORP. DEED BOOK 3146, PAGE 165. DATED MAY 1, 1969.
BUILDING SETBACK LINES ARE 30 FEET FROM ROAD RIGHT OF WAY LIMIT, 50 FEET FROM CONTOUR ELEV. 570 U.S.G.S. SEA LEVEL DATUM, AND 10 FEET FROM SIDE LOT LINE.
ALL STREET CORNER RADII ARE 20 FEET. PROPERTY LINE DISTANCES ARE COMPUTED TO POINT OF
NOTE: 1.6 ACRES LEASED TO CRESCENT
SUB-LEASED TO CHARLOTTE YA

JAMES T. PINKSTON SR.
1122 TOM SADLER RD.
CHARLOTTE, N.C. 28214

July 6, 1994

Judy Kaiser, R.S.
700 N. Tryon St.
Suite 211
Charlotte, N.C. 28202
FAX: 336-6894

In reference to our (Charlotte Yacht Club) application for services and your visit to our location on June 22nd, will you please delay your report. We are not sure that we properly identified the property lines and in order to preclude any later concerns we plan to have a registered surveyor draw an accurate plot plan particularly in reference to the "suitable" area which you looked at. This will allow you to insure that all possible available land is considered for your evaluation and eliminate any concerns that Crescent Resources might raise. Our desire is that there be no questions about the process, boundaries, etc. when we attempt to negotiate with them.

If you have any questions about this request, please call me after July 12th at 392-2657.

Thanks again for your help in this matter.

Jim Pinkston for
Charlotte Yacht Club

AUGUST 4, 1994

JUDY:

ENCLOSED IS THE SURVEY WE HAD DONE. THE PROPERTY ABOVE THE PARKING LOT IS ACCURATELY DIMENSIONED AND CAN BE COMPUTED USING THE SURVEYOR"S SCALE OF 1" EQUALS FORTY FEET AFTER ALLOWING FOR THE DITCH/CUT AND PROPERTY LINE EXCLUSIONS. WE APPRECIATE YOU PATIENCE AND ASSISTANCE. I WILL BE IN COLORADO UNTIL AUGUST 15th. IF YOU NEED TO DISCUSS THIS BEFORE FINALIZING YOUR REPORT CALL ME AFTER THE 15TH. THANKS AGAIN.



JAMES T. PINKSTON SR.
1122 TOM SADLER RD.
CHARLOTTE, N.C. 28214

July 6, 1994

Judy Kaiser, R.S.
700 N. Tryon St.
Suite 211
Charlotte, N.C. 28202
FAX: 336-6894

In reference to our (Charlotte Yacht Club) application for services and your visit to our location on June 22nd, will you please delay your report. We are not sure that we properly identified the property lines and in order to preclude any later concerns we plan to have a registered surveyor draw an accurate plot plan particularly in reference to the "suitable" area which you looked at. This will allow you to insure that all possible available land is considered for your evaluation and eliminate any concerns that Crescent Resources might raise. Our desire is that there be no questions about the process, boundaries, etc. when we attempt to negotiate with them.

If you have any questions about this request, please call me after July 12th at 392-2657.

Thanks again for your help in this matter.

Jim Pinkston for
Charlotte Yacht Club

950B | 951B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$200.00 06/14/94 Ck # 2209 [ ] 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: J.T. Pinkston For
NAME: Charlotte Yacht Club (last) (first) (mi)
ADDRESS: 1122 Tom Sadler Rd. PHONE: (704) 392-2657
CITY: Charlotte STATE: NC ZIPCODE: 28214

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 11321116A
STREET ADDRESS: 8840 Bracebridge Court
ZONING:

PROPERTY OWNER:
NAME: Cresecent Resources, Inc. (last) (first) (mi)
ADDRESS: P.O. Box 1003 PHONE: (704) 373-8422
CITY: Charlotte STATE: NC ZIPCODE: 28201

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres): 2.16 acres

[ ] 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) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 8
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: Crescent Resources, Inc. Date: June 14, 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.

...

[ ] 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

(Need 951B)

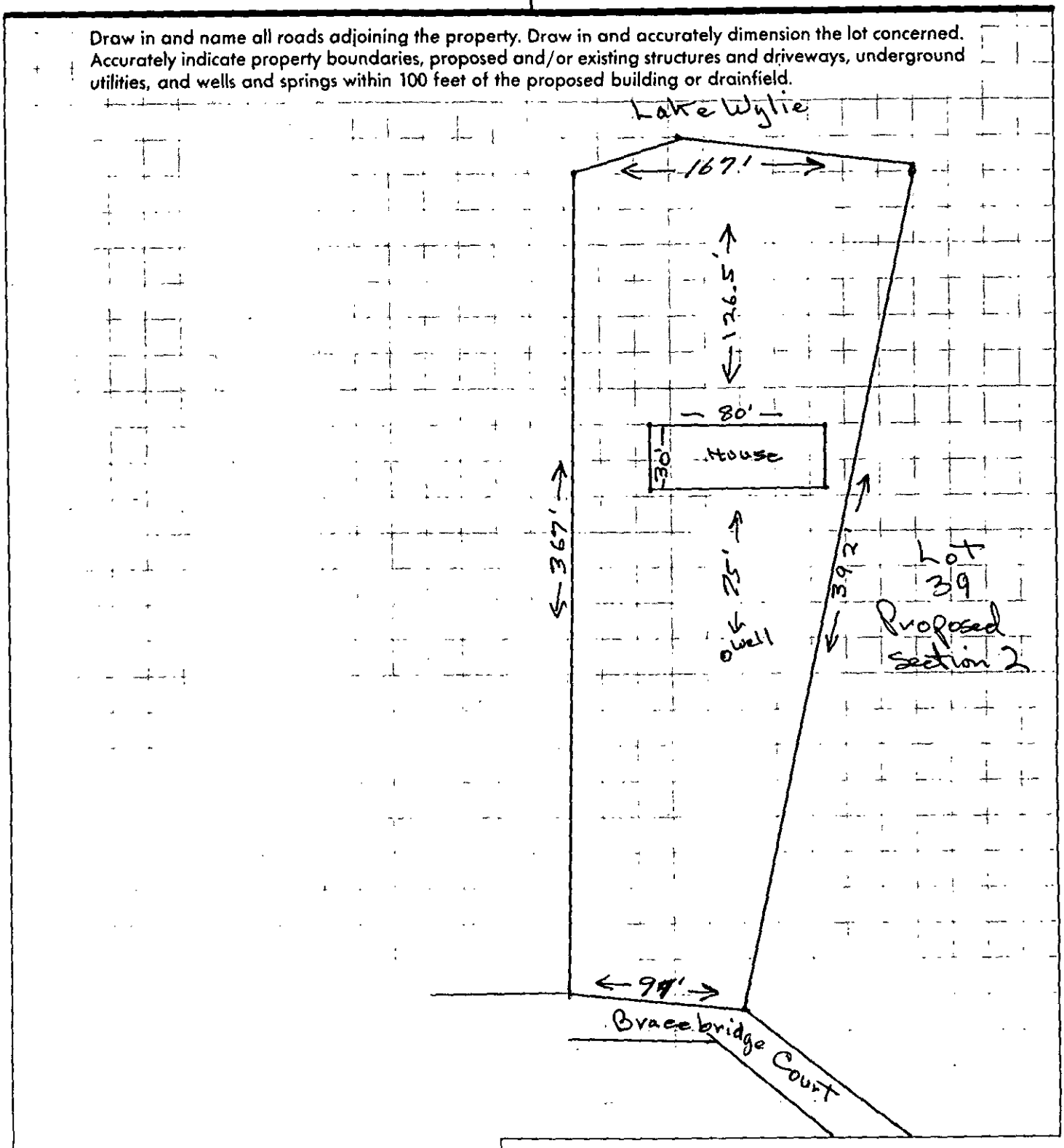
PROPOSED PLOT PLAN

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

FILE: 95A 95B (log)

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

9508/8822 A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PQ50 Ck 514 4/7/93

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: J.T. Pinkston for Charlotte Yacht Club
NAME: Mail (last) (first) (mi)
ADDRESS: 8418 Moores Chapel Rd PHONE: (__) 704-392-2657
CITY: Charlotte STATE: NC ZIPCODE: 28214

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 11321116 PO
STREET ADDRESS: Bracebridge Court
ZONING:

PROPERTY OWNER:
NAME: Crescent Resources Inc. (last) (first) (mi)
ADDRESS: P.O. Box 1003 PHONE: (__) 704-373-8422
CITY: Charlotte STATE: NC ZIPCODE: 28201

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

TYPE APPLICATION (check one):
LOT NUMBER: Parcel 16 LOT SIZE (in acres):

[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) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:
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: Crescent Resources Inc. Ethelene B. Williams Date: 3-4-93

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

COPY

PROPOSED PLOT PLAN

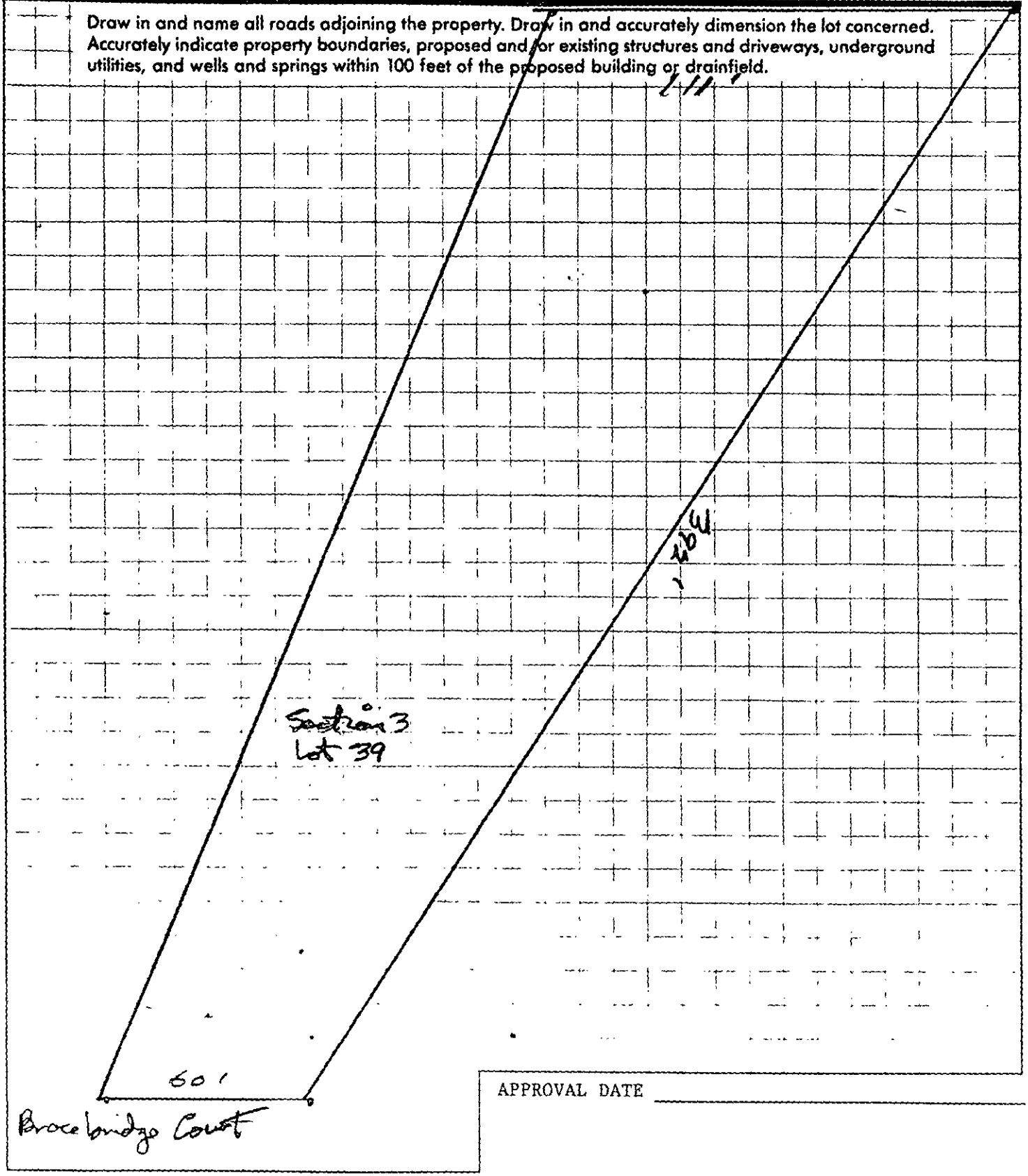
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 950B/8823A

TC: 113-21-16P0

Lake Wylie

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 _____

PROPOSED PLOT PLAN

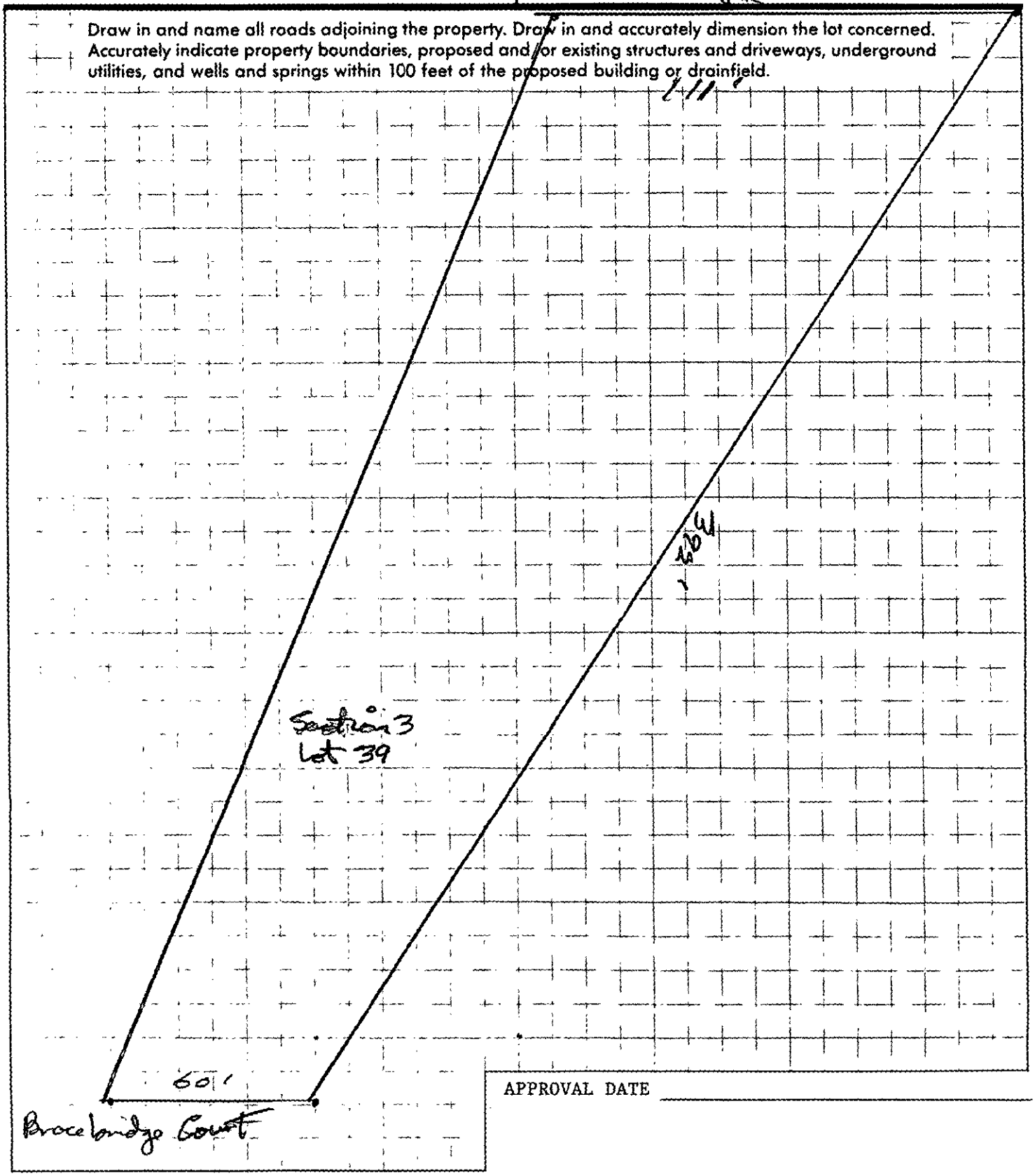
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 950B/88224

TC: 113-211-16P0

Lake Wylie

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

Mecklenburg County

Health Department

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

May 24, 1993

Crescent Resources, Inc.
P. O. Box 1003
Charlotte, NC 28201

Re: Property located at Bracebridge Court (Lot #3)
File: 950B/8822A
Parcel: 113-211-16P0

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 No. 19340) is enclosed for your information.

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 .1957 (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 you need any assistance, please feel free to call Mr. Bill Marlin at 336-5574.

Sincerely,

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

KR/wpg
Enclosure (2)

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19340 (2740)

File: 950 B/8827A Action 2

Parcel: PO 113-211-16 ☐ PC

Location: Brambridge Ct.

Subdivision:

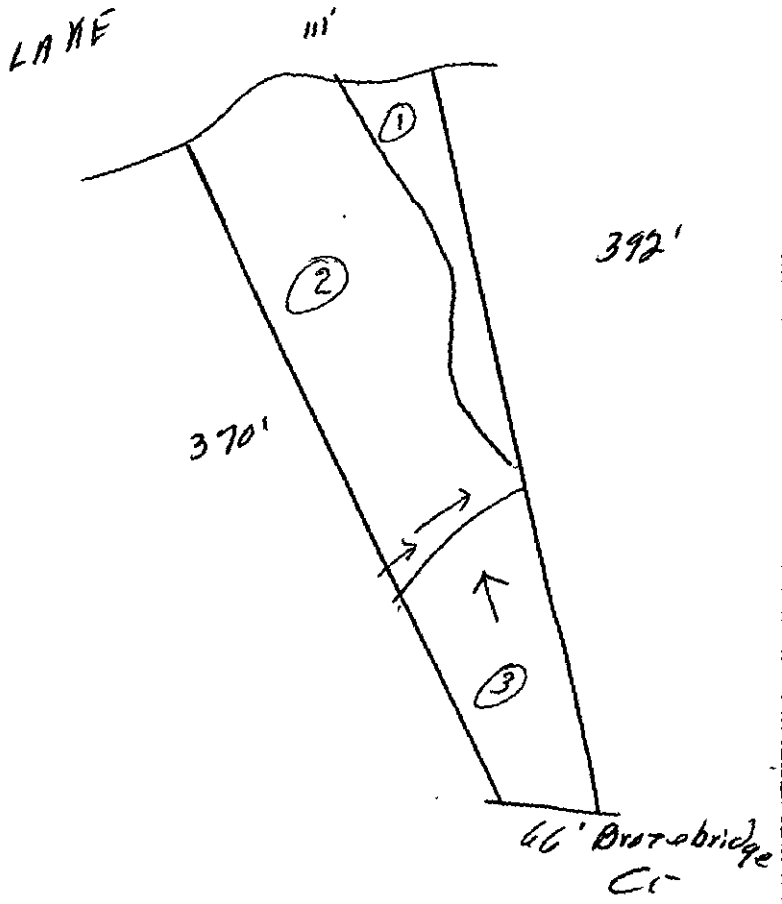
Lot: 3 Block: Acres: .75

Owner: Crescent Resources, Inc.
Address: PO Box 1003
Charlotte, N.C. 28201

Comments: 100% Repair

Described by: William A. Marks

Date: 5-13-93



*** 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) Depression	S PS U —	(S) PS U 6-12%	S PS U	S PS U	S PS U
Texture	S PS U —	S PS U —	S (PS) U slightly Expansive clay	S PS U	S PS U	S PS U
Structure	S PS U —	S PS U —	S (PS) U Sub-Blocky	S PS U	S PS U	S PS U
Drainage	S PS U —	S PS U —	S (PS) U To 740" water	S PS U	S PS U	S PS U
Depth	S PS U —	S PS U —	S (PS) U 40"+	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U —	S PS U —	S (PS) U 740"	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) Parking Area	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	Depression	Parking Area	IV Cecil-Urban			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19340

File: Action _____

Parcel: ☐ PC

Location:

Subdivision:

Lot: Block: Acres:

Owner:
Address:

Comments: _____

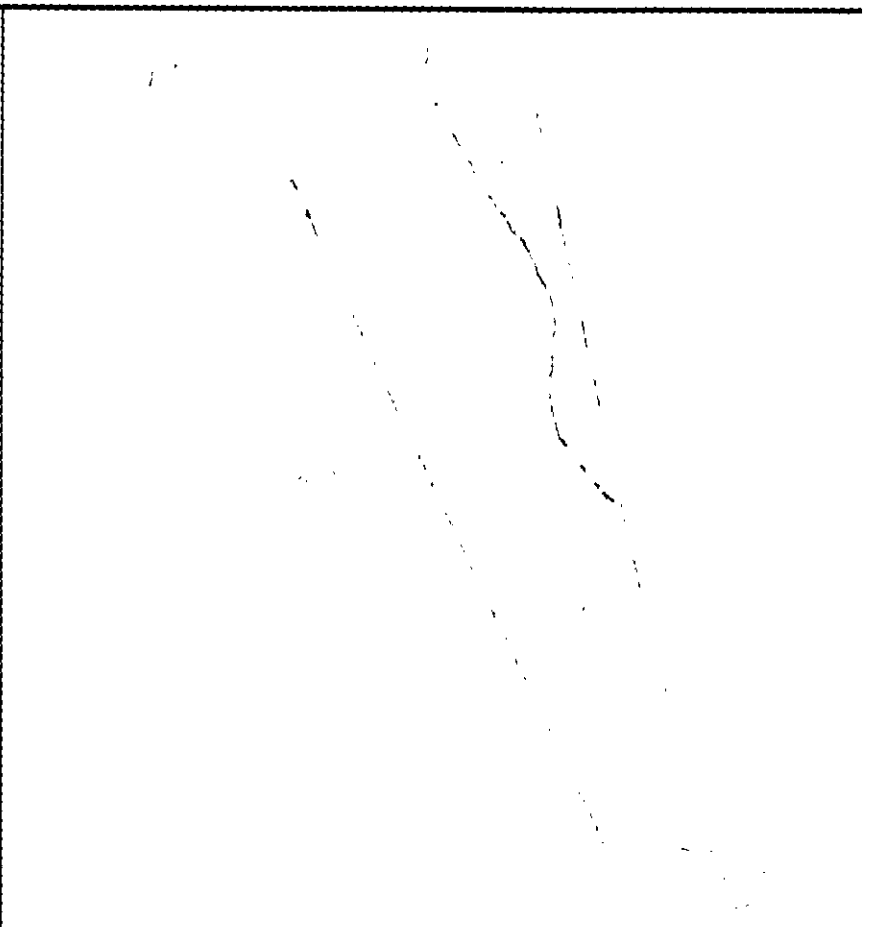
_____

_____

_____

Described by: _____

Date: _____



***** 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	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS U	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						
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

9508/ 8822 A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PQ50 Ch 514 4/7/93 MW

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

PERSON FILING APPLICATION: J.T. Pinkston for Charlotte Yacht Club
NAME: (last) Mail (first) (mi)
ADDRESS: 8418 Moores Chapel Road PHONE: (704) 392-2657
CITY: Charlotte STATE: NC ZIPCODE: 28214

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 11321116 PO
STREET ADDRESS: Bracebridge Court
ZONING:

PROPERTY OWNER:
NAME: Crescent Resources Inc. (last) (first) (mi)
ADDRESS: P.O. Box 1003 PHONE: (704) 373-8422
CITY: Charlotte STATE: NC ZIPCODE: 28201

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

TYPE APPLICATION (check one):

LOT NUMBER: Parcel 16 LOT SIZE (in acres):

[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 (M)
[ ] 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: NUMBER OCCUPANTS:
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: Crescent Resources Inc. Ethelene G. Williams Date: 3-4-93

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

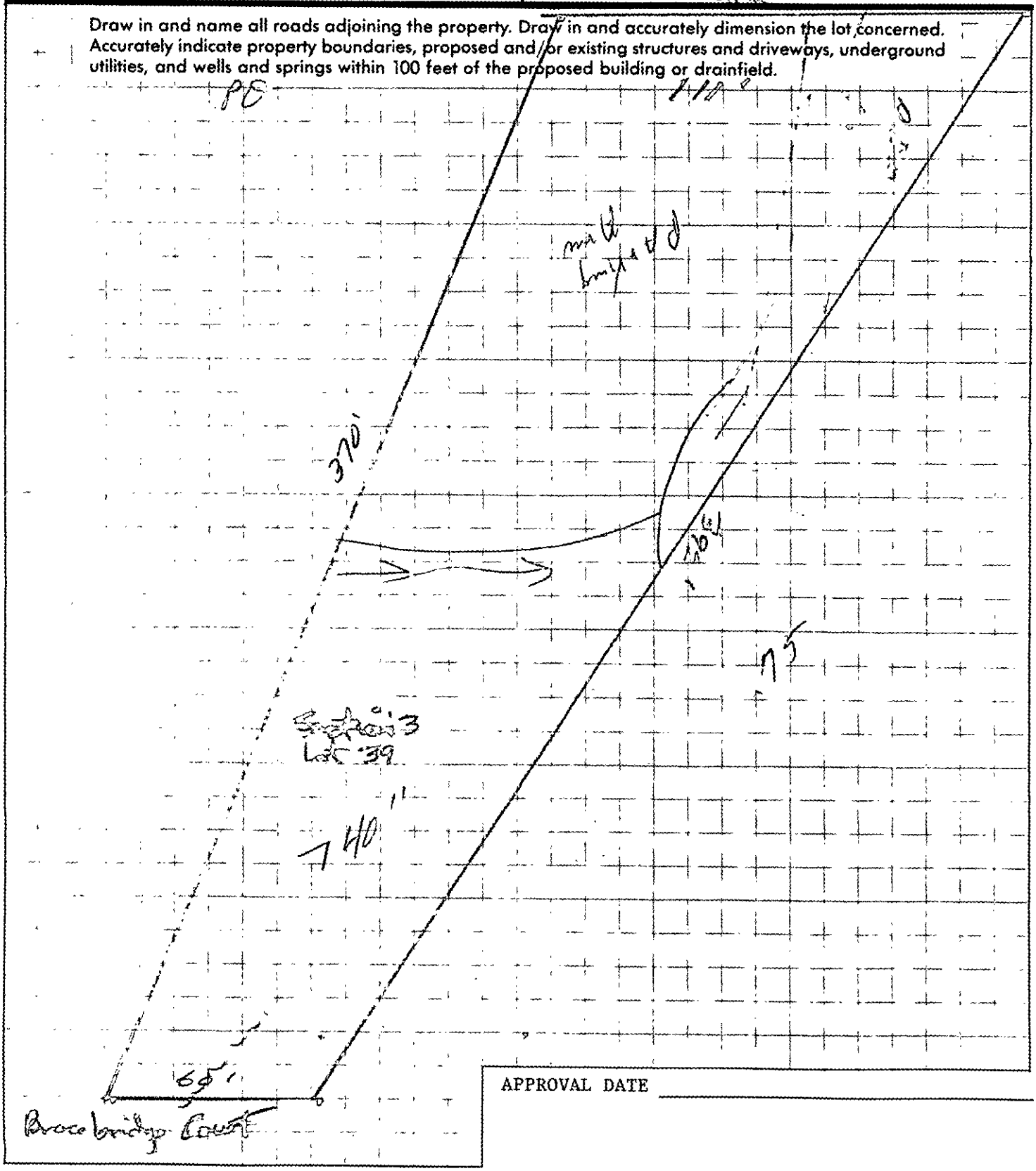
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 9508/88234

TC: 113-21-1680

Lake Wylie

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

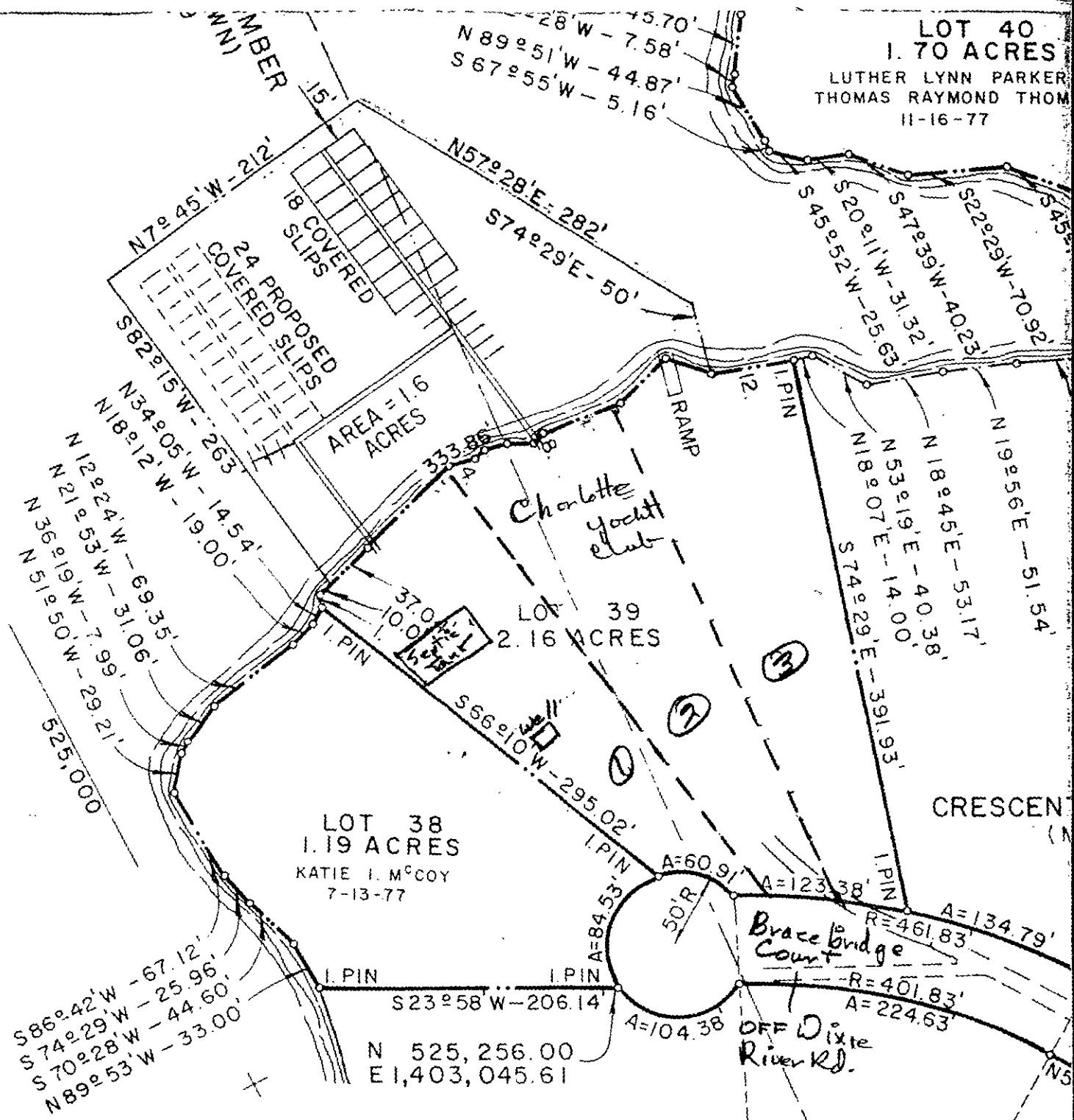
JIM PINKSTON
1122 TOM SADLER RD.
CHARLOTTE, N.C. 28214
PHONE: 392-2657

BILL MARLIN:

ATTACHED ARE THE APPLICATIONS AND CHECK FOR SOIL EVALUATION FOR THE CHARLOTTE YACHT CLUB. WE HAVE SUBDIVIDED THE PROPERTY INTO THREE POTENTIAL RESIDENTIAL LOTS AS BEST WE COULD AND THE PROPERTY HAS BEEN STAKED OFF TO REFLECT THIS. THE ATTACHED MAP SHOWS THE EXISTING ROADS, ETC., AND THE APPROXIMATE LOCATION OF OUR EXISTING WELL AND SEPTIC SYSTEM. OUR PROPERTY IS SECURED BY A LOCKED GATE BUT WE WILL MEET YOU THERE AT YOUR REQUEST. CONTACT EITHER JIM PINKSTON AT 392-2657, HOMER EARLY AT 393-0729, RODDY BEARD AT 527-2336 OR DAVID MORRISON AT 588-5204.

Jim Pinkston

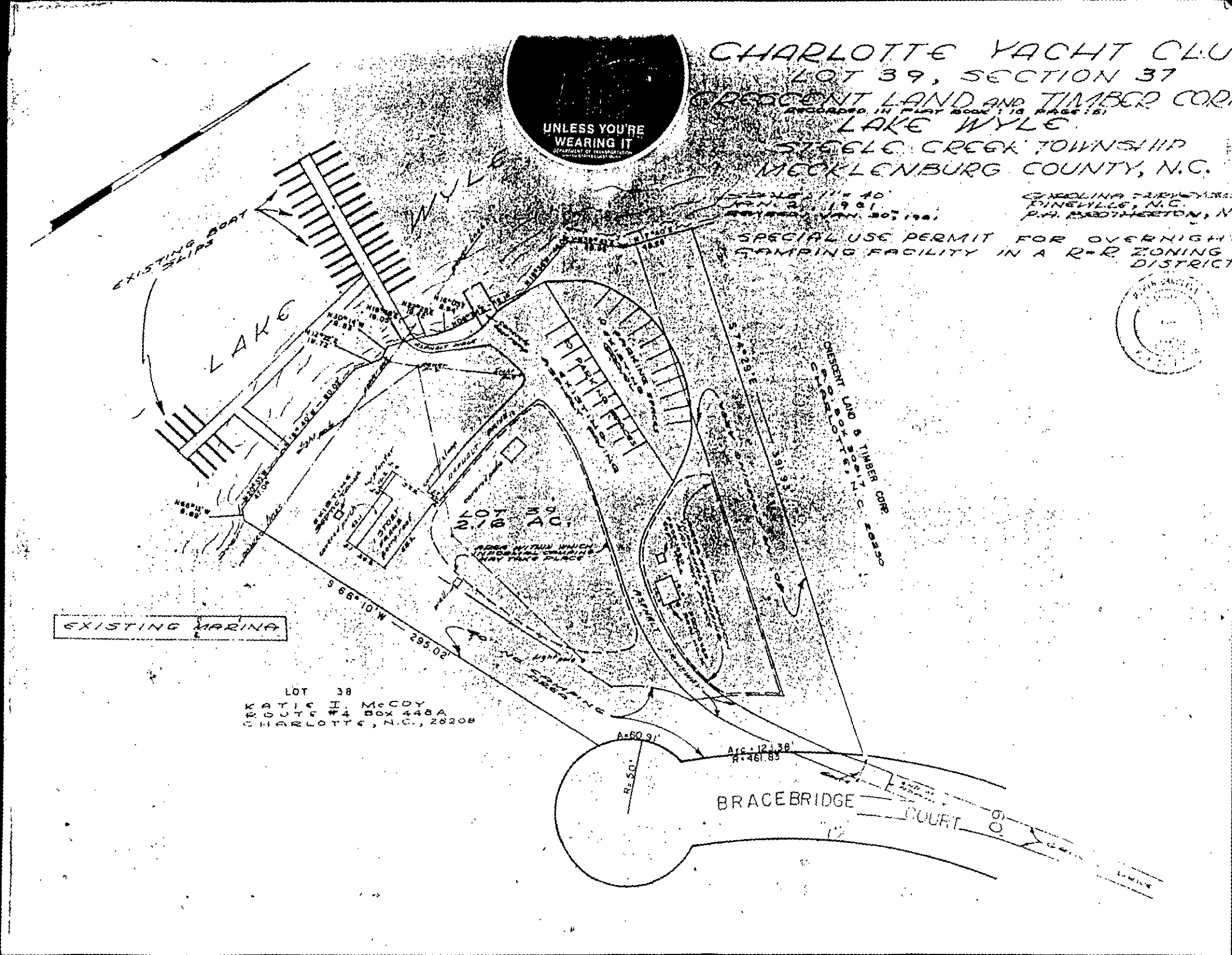
JIM PINKSTON for
THE CHARLOTTE YACHT CLUB

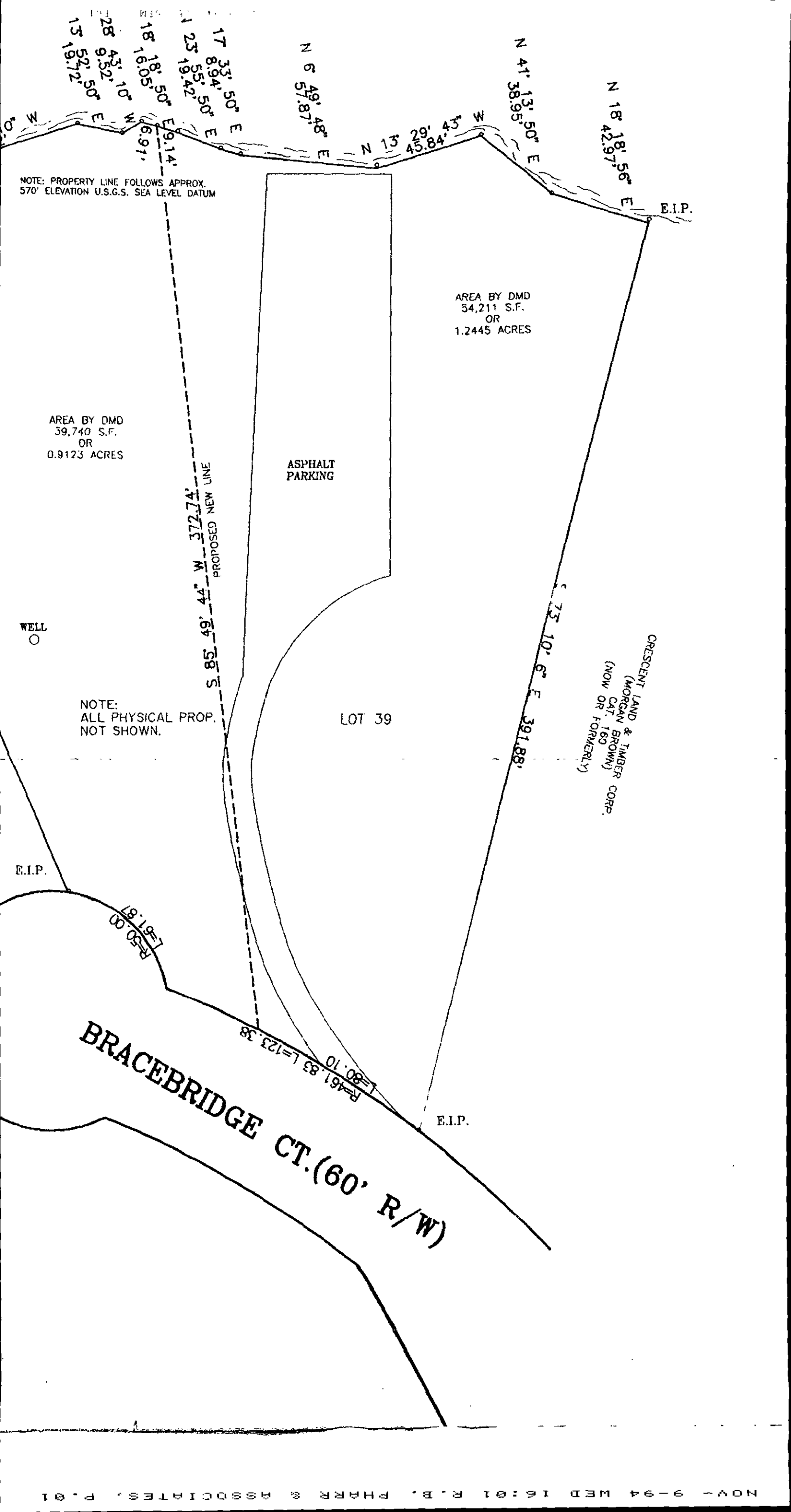


NOTE: DUKE POWER COMPANY TO CRESCENT LAND & TIMBER CORP. DEED BOOK 3146, PAGE 165. DATED MAY 1, 1969.

BUILDING SETBACK LINES ARE 30 FEET FROM ROAD RIGHT OF WAY LIMIT, 50 FEET FROM CONTOUR ELEV. 570 U.S.G.S. SEA LEVEL DATUM, AND 10 FEET FROM SIDE LOT LINE.

ALL STREET CORNER RADII ARE 20 FEET. PROPERTY LINE DISTANCES ARE COMPUTED TO POINT OF INTERSECTION AT STREET CORNERS.


CHARLOTTE YACHT CLU
LOT 39, SECTION 37
CRESCENT LAND AND TIMBER COR
ACCORDED IN PLAT BOOK 19 PAGE 181
LAKE WYLE
STEELE CREEK TOWNSHIP
MECKLENBURG COUNTY, N.C.
SCALE 1" = 40'
JAN. 2, 1991
REVISED JAN. 30, 1991
CAROLINA SURVEYORS
PINEVILLE, N.C.
P.H. BROTHERTON, N
SPECIAL USE PERMIT FOR OVERNIGHT
CAMPING FACILITY IN A R-R ZONING
DISTRICT
UNLESS YOU'RE WEARING IT
LAKE WYLE
EXISTING BOAT SLIPS
LAKE
PARKING AREA
EXISTING SEPTIC TANK
STORAGE BUILDING
LOT 39
2.16 AC.
AREA WITHIN WHICH COMMERCIAL BUILDING MAY HAVE PLACE
CRESCENT LAND & TIMBER CORP.
P.O. BOX 30217, N.C. 28230
S 66° 10' W — 295.02'
EXISTING MARINA
LOT 38
KATIE H. McCOY
ROUTE #4 BOX 448A
CHARLOTTE, N.C., 28208
A=60.91'
Arc = 121.38'
R=461.83'
R=50'
BRACEBRIDGE COURT



NOV- 9-94 WED 16:01 R.B. PHARR & ASSOCIATES, P.01

N 64° 42' 8.09" W

N 19° 2' 47.04" W

N 15° 9' 10" W 80.02'

E.I.P.

NOTE: PROPERTY LINE FOLLOWS APPROX. 570' ELEVATION U.S.G.S. SEA LEVEL DATUM

S 4° 9' 50" E 6.91'

S 2° 2' 50" E 549.87'

N 13° 29' 43" E 45.84'

AREA BY DMD
39,740 S.F.
OR
0.9123 ACRES

S 68° 41' 1" W 296.66'

S 85° 49' 44" W 372.74'

PROPOSED NEW LINE

ASPHALT PARKING

WELL

NOTE:
ALL PHYSICAL PROP.
NOT SHOWN.

LOT 38

LOT 39

E.I.P.

R=50.00
L=61.87

BRACEBRIDGE CT.(60' R/W)

R=461.83 L=123.38

L=80.10

E.I.P.

TY IS NOT
SHOWN ON
MANAGEMENT
ATED

THERE IS NO NCGS MON.
WITHIN 2000' AS PER
GEODETIC CONTROL INDEX MAP
SHEET 1 OF 2, DIV. 12, DIST. 1
GASTON COUNTY, NC