

9616 HOOD RD

10515308

1/7/2008

duponbj

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	12/06/04	**Amount:**	150.00
Receipt #:	29591	**Tendered:**	0.00
Check / Auth #:	MC	**Returned:**	0.00
Received By:	AIDOOJK		

Account Information

Account #:	200000
Contractor:	CARR PAUL
Attn:	
Address:	9616 HOOD ROAD
Address:	
City/State/Zip:	CHARLOTTE,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval 9616 HOOD ROAD		1	150.00	150.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 50938 DATE: 11-13-03

TC: 105 153-08 ☐ K ☑ CRT

SERIAL 19328

Name of Owner PAUL CARR Juris.: _____

Address of Property 9616 HOOD ROAD

Inspection Data:

Tank Material PCC 1500

Total Length of Drainfield 533'

Number of Lines 5 @ 107'

Cover Depth 12"

Water Supply Source WELL

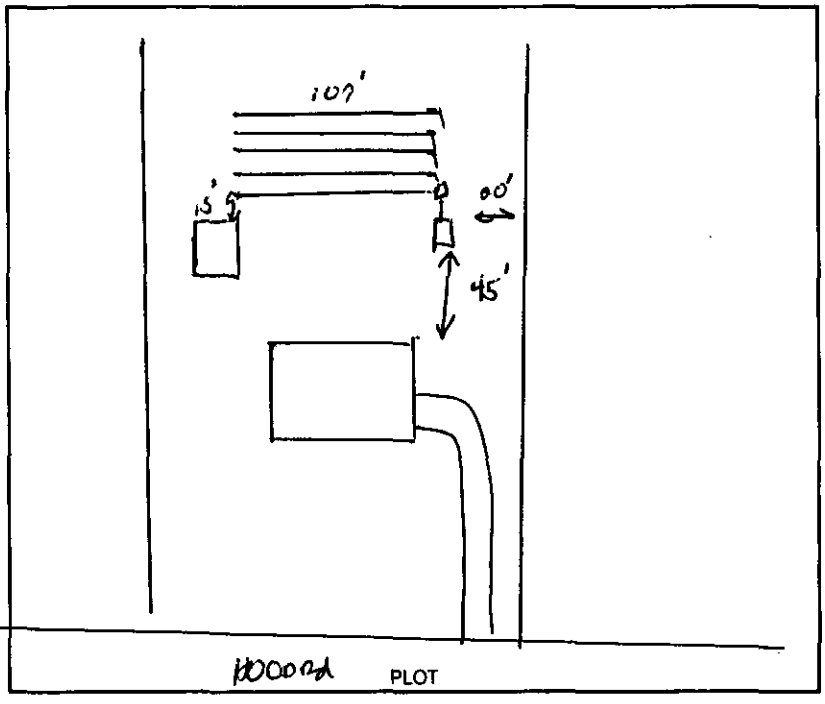
Distance to Water Source NOT YET INSTALLED

Excavation Inspected 11-13-03

Tank(s) Inspected 11-13-03

Wash Line Inspected —

High Water Alarm Inspected _____



Design 1500 ST 1600 SFT CONV 12" TIRE CHIP AGGREGATE CTR# BOB McCARVER

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

☑ installed or constructed ☐ altered or repaired

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

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

☐ Certificate of Completion ☐ Operation Permit

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

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

COMMENTS: TYPE II TIRE CHIP AGGREGATE

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

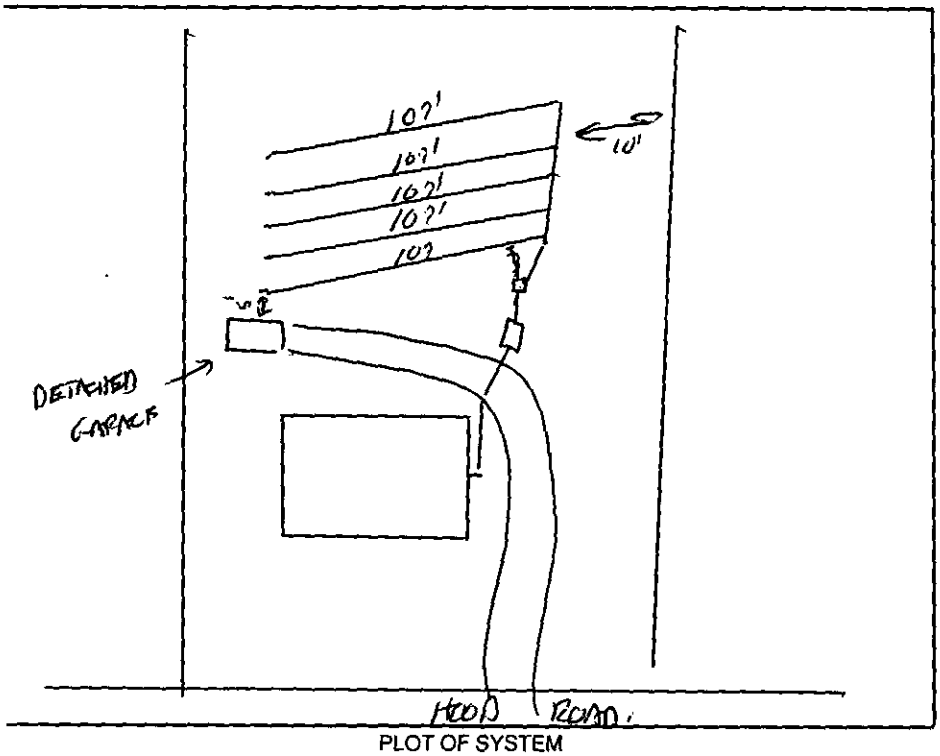
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5093B DATE: 9-24-03

TC: 105-153-08 ☐L

SERIAL 19529

Permission is hereby given to _____ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 10-10-03. All work shall be completed on or before _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gal pcc gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction pcc

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes FS

Total Line Length 533' feet

Number of Lines 5

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well >50' feet

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

NAME OF OWNER PAUL CARR

LOCATION OF PROPERTY 3616 HOOD ROAD

Comments: ① SYSTEM CRIMPED TO BACK OF LOT DUE TO GRADING IN THE FRONT.

Environmental Health Specialist

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

ck #390

FEE: 150 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** HCS Ltr
DATE: 2/6/03 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 11/12/02 **PERMIT NO:** 5093B
PARCEL NO: 105-153-05

JOB LOCATION ADDRESS: 9616 Hood Road
PROPERTY OWNER: Paul Carr
BUILDING CONTRACTOR:
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: [signature] **DATE:** 11/12/02
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 5093B, 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:

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.

✓ Paul Carr 01-06-03
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

p# 26847

p 3104 for sewer cda 3/10/03

Permit Number: 5093B

Tax Number: 105-153-05

- 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	X No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I (II) III IV V VI	X 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	480 Max gallons/day wastewater flow	1600 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
yes Serviced by private well	1500 Gallon septic tank	533 Total trench length (ft)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
4 Bedrooms in residence	___ Gallon pump tank	12" Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: * NO GRADING IS TO TAKE PLACE IN THE AREA AROUND OF SEPTIC TANK SYSTEM OR REPAIR AREA				
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	
1600 Absorption Area (Sq ft) 533 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	30" 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 I 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 eff 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 Departme
- This Improvement permit is transferable.

DEHNR Authorized Agent — Date 12/31/02

X Owner/Agent Signature — Date 01-06-03

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

PROPOSED PLOT PLAN

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

FILE: 5093B

TC: 105-153-08

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.

IMPROVEMENT PERMIT
FOR
PAUL CARR

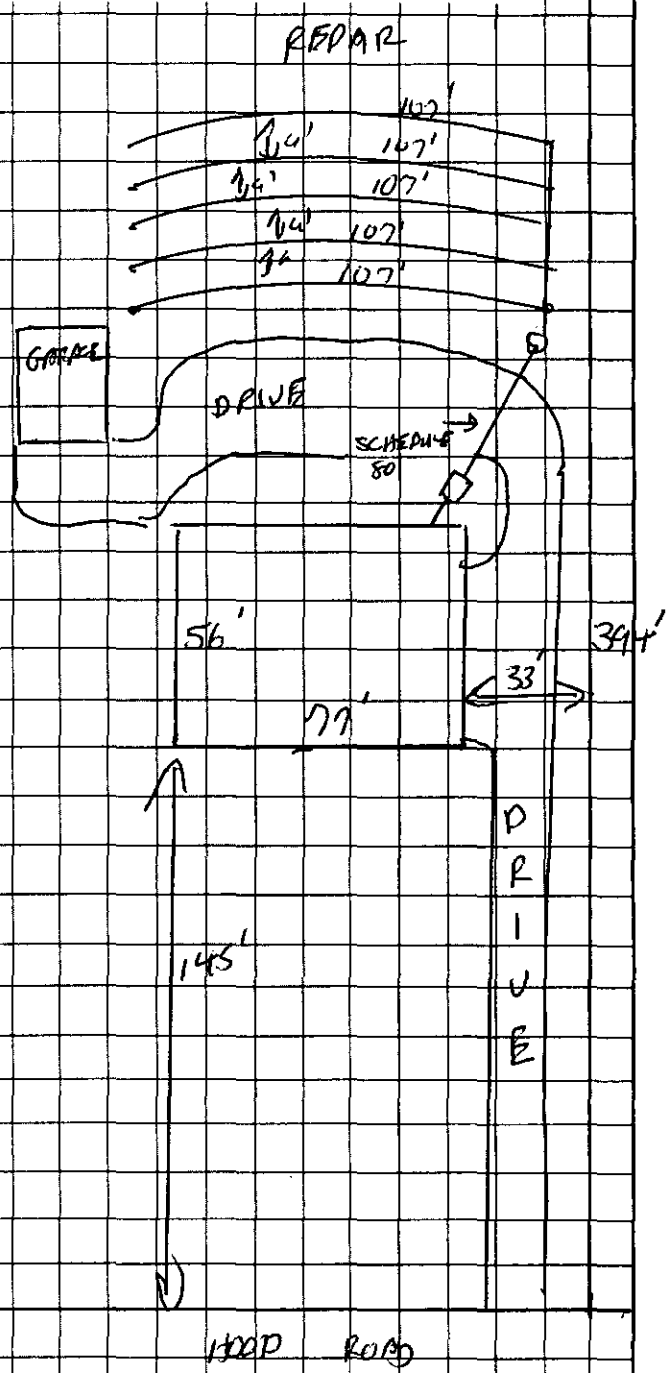
SCALE, 1" = 50'

(1) LOCATE ALL WELLS AT LEAST 50' FROM ALL PARTS OF SEPTIC TANK SYSTEM.

(2) INSTALL DRAWINGS SHOULD BE 30" AND ON CONTOUR.

(3) ABSOLUTELY NO GRADING IS TO TAKE PLACE OVER DRAINFIELD AREA.

(4) MUST USE SCHEDULE 80' PIPE IF TRAVERSING DRIVEWAY.



Paul Carr
OWNER/AGENT SIGNATURE

DATE 01/06/03

APPROVAL DATE 12/31/02

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

SERVICE REQUEST/WORK ORDER

LOG NO: _____ Page ____ of ____

DATE	ACTIVITY REPORT
12-4-02	OSU @ ADDRESS. A LARGE AMOUNT OF GRADING WAS TAKING PLACE IN THE AREA OF THE SEPTIC TANK DRAINFIELD AFTER I HAD SPECIFICALLY ORDERED HOMEOWNER AGAINST SUCH ACTION.
12/4/02 2:00	P.C. TO PAUL CARR @ 536-7110. LEFT MESSAGE ADVISING I WAS GOING TO SUSPEND PERMIT UNTIL THIS SITUATION WAS RESOLVED.
12/5/02	P.C. TO 536-7110 LEFT MESSAGE ABOUT ABOVE.
12/12/02	MR. CARR CAME INTO OFFICE. I ADVISED PERMIT WAS NO LONGER VALID AND I WOULD HAVE TO RE-DRAW BECAUSE OF GRADING AND I WOULD HAVE TO MAKE A SITE VISIT.
12/18/02	OSU, MR KARR PRESENT; DETERMINED WE COULD INSTALL DRAINFIELD BEHIND HOUSE.

c:/original/serreqp2.frm

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1
Property ID: PO 105-153-08
Lot #: 2
File #: 5093B
Code: 1

A C S

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Paul Carr, Bien Lee
Applicant:
Address: 9616 Hood Road, Charlotte, N. C. 28205
Date Evaluated: 10/23/2002
Proposed Facility: Residence
Design Flow (.1949): 480gpd
Property Size: 1.47a
Location of Site: Hood Road, no water source given
Property Recorded:
Water Supply: [ ] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 8	0-4	GR/SCL	FR/SEXP/SS/SP	>42" TO SOIL WETNESS	42	N/A	NONE	PS, IV .3GPD/FT^2
		4-24	SBK/C	FI/SEXP/S/P					
		24-42	SBK/SCL	FR/SEXP/SS/SP					
2	"	0-7	GR/SCL	"	>39" TO SOIL WETNESS	39	"	"	"
		7-22	SBK/C	FI/SEXP/S/P					
		22-39	SBK/SCL	FR/SEXP/SS/SP					
3	"	0-3	GR/SCL	"	>48" TO SOIL WETNESS	48	"	"	"
		3-24	SBK/C	FI/SEXP/S/P					
		24-48	SBK/SCL	FR/SEXP/SS/SP					
4	"	0-4	GR/SCL	"	>48" TO SOIL WETNESS	48	"	"	"
		4-28	SBK/C	FI/SEXP/S/P					
		28-48	SBK/SCL	FR/SEXP/SS/SP					
5	LS, 10	0-3	GR/SCL	"	>47" TO SOIL WETNESS	47	"	"	"
		3-37	SBK/C	FI/SEXP/S/P					
		37-47	SBK/SCL	FR/SEXP/SS/SP					
6	"	0-4	GR/SCL	"	>39" TO SOIL WETNESS	39	"	"	"
		4-23	SBK/C	FI/SEXP/S/P					
		23-39	SBK/SCL	FR/SEXP/SS/SP					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.3GPD/FT^2	.3GPD/FT^2

Other Factors (.1946): _____
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 10/24/02. W. R. Marlin
Others Present:

FILE # 50933

COMMENTS 100% Repair, plot plan needs revision, patio area to be added behind house - stated on but not on plot plan.

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

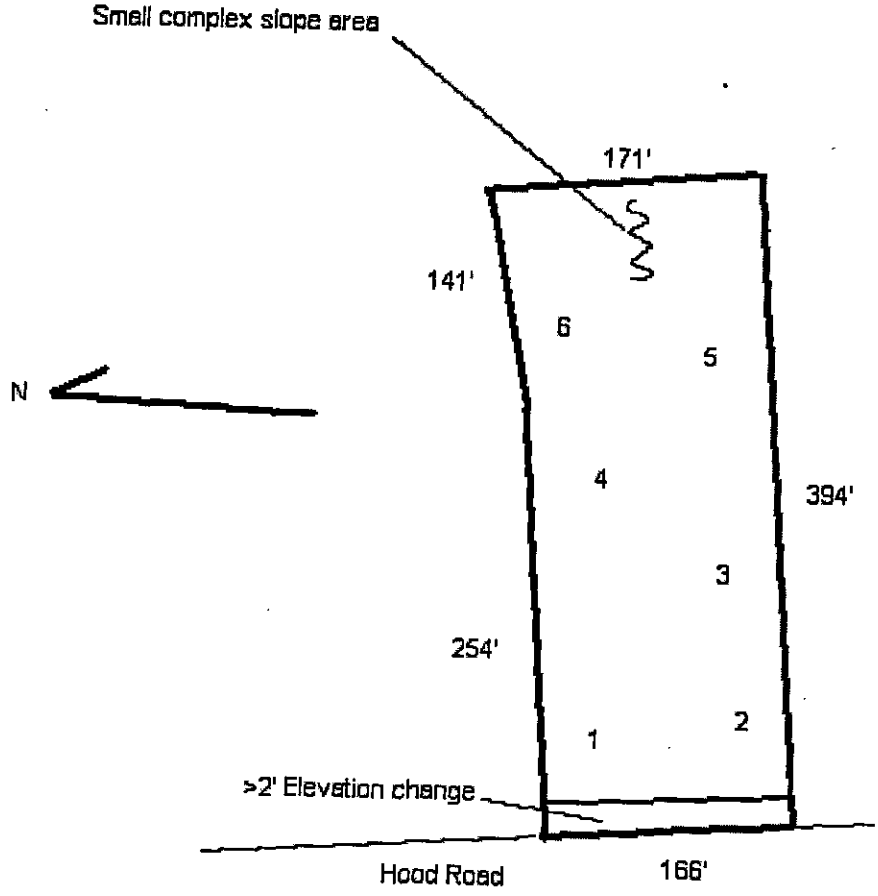
STRUCTURE

SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



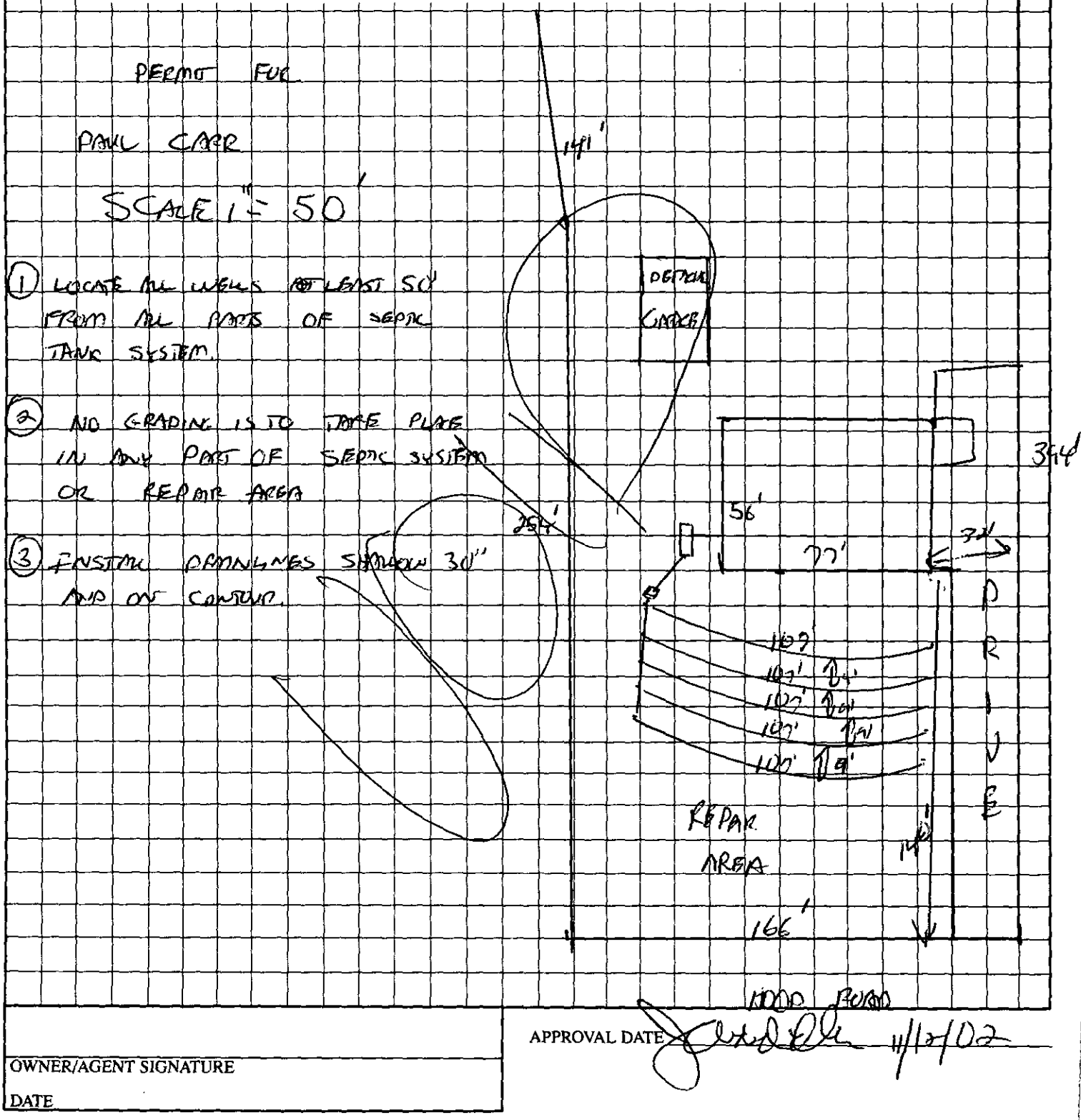
PROPOSED PLOT PLAN

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

FILE: 5093B

TC: 105-153-08

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 11/12/02

OWNER/AGENT SIGNATURE

DATE

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

200.00 check 954
10/11/02 gc

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 #: 4986 5098 B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 105-153-08 PO

STREET ADDRESS: [redacted] Hood Rd.

SUBDIVISION OR MOBILE HOME PARK NAME: N/A.

LOT NUMBER: #2

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 04 NUMBER OF OCCUPANTS: 3

CLOSING DATE_____

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:

N/A

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:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: CARR - PAUL & LEE BIEN (LAST) (FIRST) (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 9616 Hood Rd.	DAYTIME PHONE: ( ) —
CITY: Charlotte STATE: NC ZIP: 28215	
DAYTIME PHONE: (704 536-7110 596-7393	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: Paul Carr DATE: 10-10-02

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

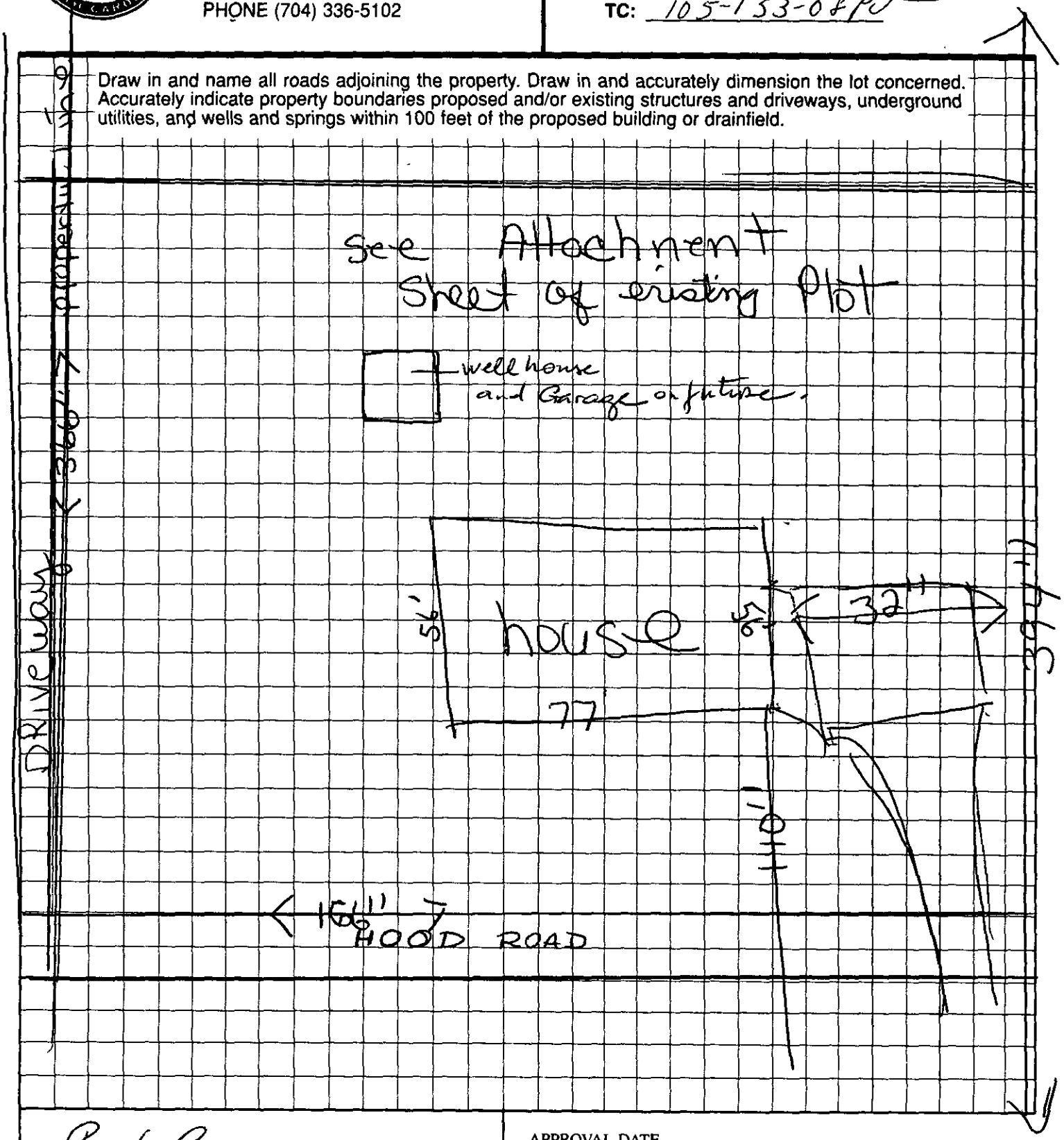
PROPOSED PLOT PLAN

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

FILE: 4986

TC: 105-153-08 & 09

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.



Paul Carr.
OWNER/AGENT SIGNATURE

DATE 10-08-02

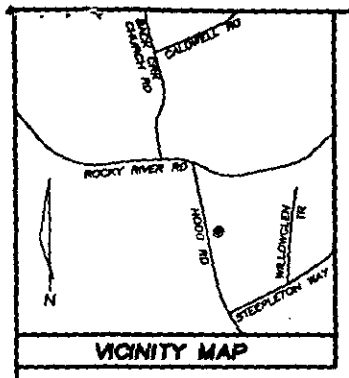
APPROVAL DATE _____

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

MAP BOOK ____ PAGE ____

I, _____, REVIEW OFFICER OF MECKLENBURG COUNTY CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.

REVIEW OFFICER DATE



VICINITY MAP

DB 9701-117

PAUL B. STEWART
& wife JEAN B. STEWART
DEED 6375-525

FRANK O. RATCLIFFE JR.
DEED 5115 - 818

VELMA C. RATCLIFFE
DEED 4954-594

S02°30'39"E 179.23'

S02°30'39"E 171.00'

IRON PIN SET

S81°52'28"W 141.46'

WOOD SHED

BLOCK STOR. CONC

1 STORY BRICK #9616

PORCH

CONC WALK

CONC DRIVE

94.20'

N87°31'33"E 396.12'

LOT 1
74,235 sq. ft.
1.70 acres

LOT 2
64,129 sq. ft.
1.47 acres

further Garage & well house

PROPOSED HOUSE

254.42'

S89°33'16"W

233.8'

140'

S87°32'11"W 394.67'

30' BUILDING SETBACK LIBE

EIP CONTROL CORNER

N03°13'58"W
CHD=89.84'

R=4272.76' L=89.95' — N02°38'15"W 94.26' — N02°38'15"W 166.00'

1217' TO CL INTERS. OF ROCKY RIVER RD. E.

N03°04'13"W

N02°38'15"W 260.22'

10,505 SQ.FT. OR 0.24 ACRES
DEDICATED TO N.C.D.O.T.

HOOD ROAD 60' PUBLIC R/W

NOTES:

1. TAX PARCEL - #105-153-08
2. ZONING - R-3
3. IRON PINS SET AT ALL PROPERTY CORNERS, UNLESS OTHERWISE NOTED.
4. THIS SURVEY CREATES A SUBDIVISION OF LAND WITHIN THE AREA OF MECKLENBURG COUNTY WHICH HAS AN ORDINANCE THAT REGULATES PARCELS OF LAND.
5. NO NCGS MONUMENT WITHIN 2000'

SYMBOL LEGEND	
PP	POWER POLE (P.P.)
—E—E—	ELECTRIC LINE
LP	LIGHT POLE (L.P.)
RCP	REINFORCED CONC. PIPE
U.G.PIPE	
N.I.P.	NEW IRON PIN
E.I.P.	EXISTING IRON PIN

NOTE:
OTHER R/W'S OR EASEMENTS MAY EXIST WHICH MAY NOT BE SHOWN.

CERTIFICATION:

I, JACK R. CHRISTIAN, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN DEED BOOK 9701 PAGE 117 OF THE PUBLIC REGISTRY FOR MECKLENBURG COUNTY); THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND IN BOOK _____ PAGE _____; THAT THE RATIO OF PRECISION IS 1:10,000+; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH G.S. 47-30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS 09TH DAY OF SEPTEMBER, A.D., 2000.

JACK R. CHRISTIAN, PLS #L-2624

GRAPHIC SCALE

40 0 20 40 80 160

(IN FEET)
1 inch = 40 ft.

REVISED 9-22-2002

DWN: MWJ	CHECKED BY: JRC	DATE: SEPTEMBER 9, 2002	
JOB: 300	FILE NAME: H0009616	SCALE: 1"=40'	FILE: 02-08-12

RECORD PLAT
FOR

CARR PROPERTY - MAP 1

OWNER: PAUL CARR
DEED 9701-117

CRAB ORCHARD TOWNSHIP
MECKLENBURG COUNTY NORTH CAROLINA

NORTH CAROLINA PROFESSIONAL SEAL L-2624 LAND SURVEYOR JACK R. CHRISTIAN

JACK R. CHRISTIAN + ASSOCIATES
-SURVEYING-
PHONE (704) 596-2214 FAX (704) 596-2338
7811 OLD CONCORD RD. CHARLOTTE, NORTH CAROLINA 28213