

8831 FULTRAM LN

13905614

1/4/2008

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4226B DATE: 1-16-02

TC: 139-056 14 ☒ L ☒ CRT

SERIAL Nº 18851

Name of Owner DAVID REED Juris.: _____

Address of Property 8831 FULTRUM LANE

Inspection Data:

Tank Material PCC 1500

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth 12"

Water Supply Source MUNICIPAL

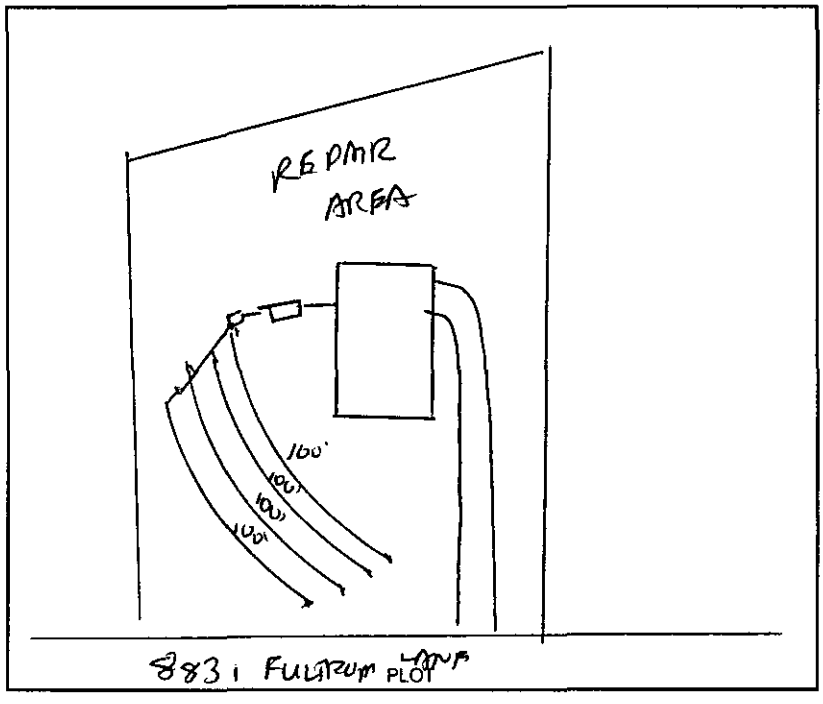
Distance to Water Source >10'

Excavation Inspected 1-16-02

Tank(s) Inspected 1-16-02

Wash Line Inspected —

High Water Alarm Inspected —



Design 1500 ST 1200 SFT COND 12G CTR# NORWOOD

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 I5A 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 I5A 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

Environmental Health Specialist

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

ACS

FEE: 300 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 5/13/02 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 8/8/01 PERMIT NO: 4226B
PARCEL NO: 139-056-14

JOB LOCATION ADDRESS: 8831 FULTRUM LANE
PROPERTY OWNER: DAVID REED
BUILDING CONTRACTOR:
SUBDIVISION NAME: GLENCROFT LOT # 73
AUTHORIZATION ISSUED BY: _____ DATE: 8/8/01
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4226B, 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.

_____ 8-8-01
SIGNATURE OF ~~OWNER~~/OWNER'S REPRESENTATIVE DATE

Permit Number 42268 Tax Number: 139-056-74

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	X 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)	9' Trench spacing (min. on centers)	
NO Serviced by private well	1500 Gallon septic tank	300 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	___ Gallon pump tank	NA Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: (1) REQUIRES AGREEMENT FORMS				
Repair Area System Type REQUIRES PUMP !! 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	X Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
200 Absorption Area (Sq ft) 300 Total Trench Length (Ft)	NA 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 the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department.
- This Improvement permit is transferable.

DEHNR Authorized Agent — Date 8/8/01

Owner/Agent Signature — Date 8-8-01

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

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

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

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2002 MAY 13 12:51 PM
BOOK:13583 PAGE:99-103 FEE:$23.00
INSTRUMENT # 2002093389

FILE # 42260
PARCEL # 139-050-14

The undersigned, DARLYN HOMES, INC. / David Reed Pres., owner of property located at 8931 FLITEARM LANE Charlotte, NC 28227 (the "site") and described in an instrument recorded in Book 12504 at Page 677, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

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

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

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

This instrument was prepared by: David Reed
Mail after recording to: 11024 Despa Dr.
Charlotte, NC 28227

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

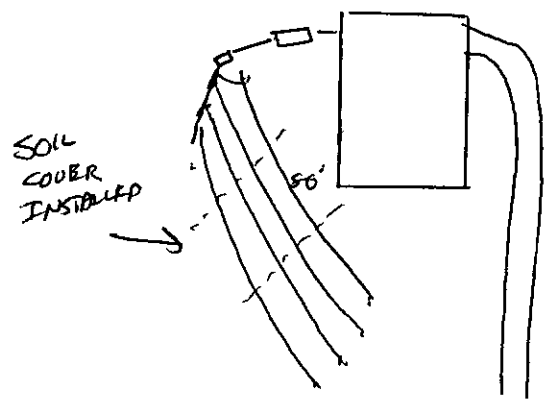
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4226 B DATE: 12-31-01

TC: 139-056-14 ☐ L

SERIAL Nº 18939

Permission is hereby given to _____ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 12-5-01. 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 I5A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction Tcc

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous YES

Total Line Length 420 feet

Number of Lines 4

Depth of Stone NA inches

Distance from House 10' feet

Distance from Property Line 10' feet

Distance from Well >100' feet

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

NAME OF OWNER DAVID REED

LOCATION OF PROPERTY 8831 FULTRUM LANE

Comments: (1) 8" SOIL COVER TO BE INSTALL AS SHOWN

(2) TYPE III-C INSTALATION

Environmental Health Specialist

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

PROPOSED PLOT PLAN

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

FILE: 4226B

TC: 139-056-14

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.

PERMIT FOR
8831 FULTRUM LANE
GLENCROFT, LOT # 13

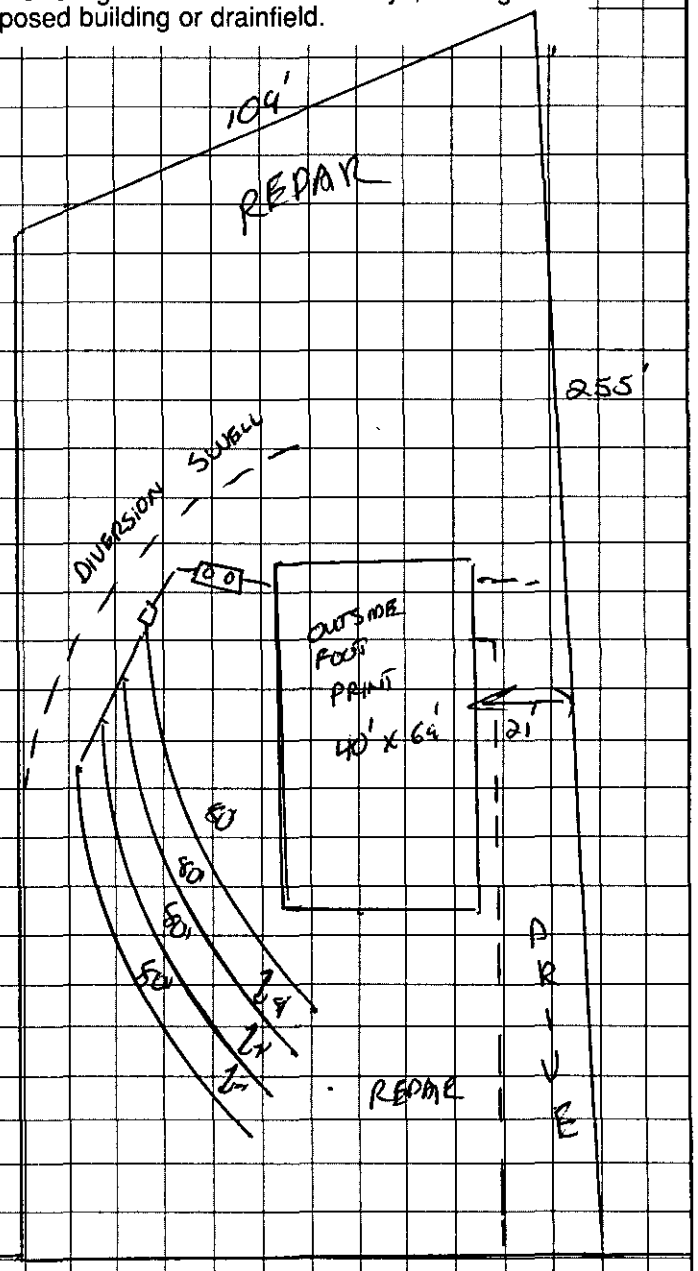
SCALE 1" = 40'

(1) DESIGN REQUIRES A TYPE III-C INNOVATIVE INSTALLATION, WHICH ALLOWS FOR A 25% REDUCTION IN DRAINLINE LENGTH

(2) REQUIRES AGREEMENT FORMS BEFORE INSTALLATION.

(3) INSTALL DRAINLINES SHALLOW 30" AND ON CONTOUR.

(4) REPAIR AREA WILL REQUIRE A PUMP TO ACCESS REPAIR AREA, @ BACK OF LOT.



8831 FULTRUM LANE

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE 8/8/01

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

FEE: _____

DATE: _____

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

Charge to acct # V33441 6/8/01 RS. 200 [ ] 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 #: 5126D

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139-056-04

STREET ADDRESS: 8831 Fultram Lane

SUBDIVISION OR MOBILE HOME PARK NAME: GLENCROFT Plus II

LOT NUMBER: # 73

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: 2000

NUMBER OF BEDROOMS: 3 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:

NEW

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: DARLYN Homes, Inc.

NAME: REED (LAST) DAVID (FIRST) N (MI)

ADDRESS: 11024 Despa Dr.

CITY: Charlotte STATE: NC ZIP: 28227

DAYTIME PHONE: (704 573 – 2450

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: SAME (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) –

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: David N Reed DATE: 6-8-01

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

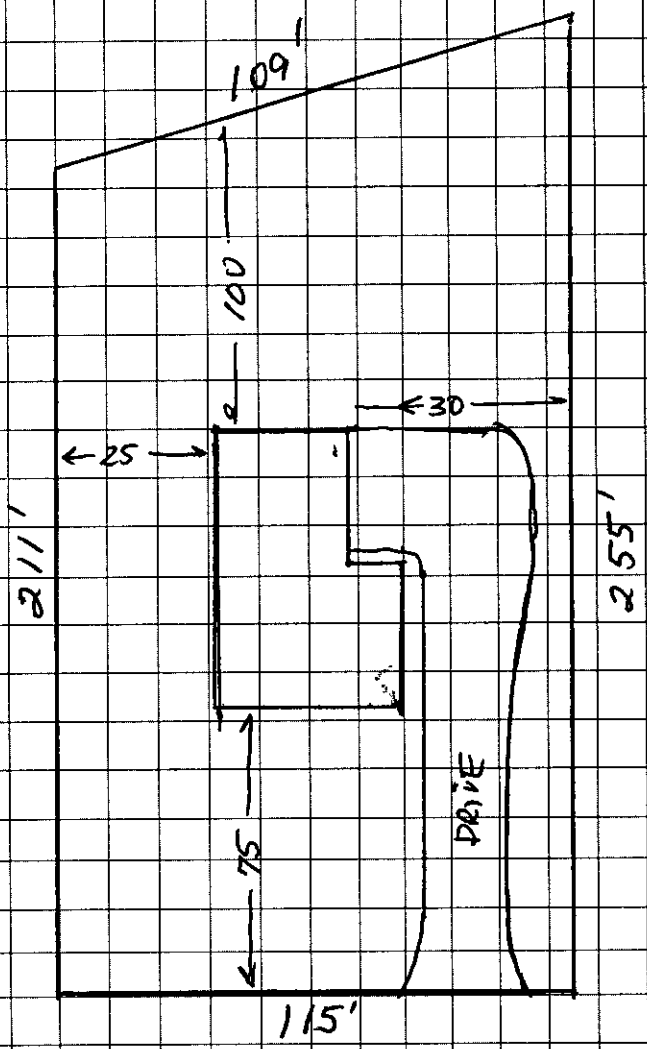
PROPOSED PLOT PLAN

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

FILE: _____

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.



David A. Reed
OWNER/AGENT SIGNATURE

DATE 6-8-01

APPROVAL DATE _____

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH FEES

David Reed
Requestor (please print): Phone #: Date Requested: 6/8/01 Date Filled:

Account Name: TOTAL CONSTRUCTION SERV. INC. Cash Charge Account No.: 33441

I certify that I am authorized to charge this account for this service:

Signature: David Reed Printed Name: DAVID A REED Date: 6-8-01

T C	Qty	Description	Unit Cost	Total Cost
0710		Additional Trips	$ 65.00	
0715		Admin. Fee - Field Activity Letter	$ 25.00	
0734		Authorization for Wastewater System Construction	$ 150.00	
0704		Change in Plot Plan	$ 100.00	
0741		Contractor's Annual Fee	$ 50.00	
0735		Improvement Permit Application - Commercial	$ 400.00	
0701	1	Improvement Permit Application - Residential	$ 200.00	200
0703		Installation and Final Approval	$ 150.00	
0743		Maintenance Inspections to Homeowners w/ Type IIIB Systems (every 5 yrs)	$ 85.00	
0706		MH Exc/Add/Repl with System Modification	$ 300.00	
0705		MH Exc/Add/Repl without System Modification	$ 100.00	
0742		Operator's Annual Fee	$ 30.00	
0702		Optional Site Evaluations	$ 100.00	
0708		Realty Closing - Conventional	$ 85.00	
0709		Realty Closing - FHA with water	$ 135.00	
0718		Residential Pool Permit	$ 50.00	
0707		Site Consultation Visit	$ 100.00	
0711		Well Water Analysis-Bacteriological with regular parameters	$ 50.00	
0712		Well Water Analysis -Nitrates and Nitrites	$ 15.00	
0714		Well Water Analysis - Organic Analysis	$ 200.00	
0738		Tatoo Parlor Permits - Mecklenburg Co. resident	$ 125.00	
0739		Tatoo Parlor Permits - non resident	$ 87.50	
0723		Eval and Report Non-Permit Facility	$ 50.00	
0722		Home Day Care Evaluation and Annual Fee	$ 40.00	
0721		Home Day Care Evaluation and Permit	$ 70.00	
0733		Pool - Permit to Construct a Public Pool	$ 200.00	
0724		Pool - Private Testing	$ 15.00	
0740		Pool - Public Permit Prorated mos. X $30.00		
0719		Pool - Public Operating Permit	$ 240.00	
0720		Pool - Seasonal Operating Permit	$ 120.00	
0736		Pool - Late Fee	$ 120.00	
0725		Document Copies	$ 0.05	
Payment received by: [illegible] Date: 6/8/01			Total:	200

Glencroft phase II Lot 73

Mecklenburg County
Health Department

April 14, 2000

Roger A. McWhirter
8324 Vagabond Road
Charlotte, NC 28227

RE: 8831 Fultram Drive
File: 42226B
Parcel: 139-052-03

Dear Property Owner:

Receipt of your Application for Improvement Permit for the above referenced property is acknowledged. A soil evaluation and a site visit have been concluded. The results of the evaluation indicated that the site is **UNSUITABLE** under Rules .1940 **TOPOGRAPHY AND LANDSCAPE POSITION** and .1945 **AVAILABLE SPACE**. For these reasons, your application for Improvement Permit is denied. A possible way to develop the site exists under Rules .1948(d), which reads as follows:

> A site classified as **UNSUITABLE** may be used for a ground absorption sewage treatment and disposal system specifically identified in Rules .1955, .1956, or .1957 of this Section or a system approved under Rule .1969 if written documentation including engineering, hydrogeologic, geologic or soil studies, indicates to the local health department that the proposed system can be expected to function satisfactorily. Such sites shall be reclassified as **PROVISIONALLY SUITABLE** if the local health department determines that the substantiating data indicate that:
>
> (1) a ground absorption system can be installed so that the effluent will be non-pathogenic, non-infectious, non-toxic, and non-hazardous;
> (2) the effluent will not contaminate ground or surface water; and
> (3) the effluent will 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.

Please be advised that you have the right to an informal review by this department. You also have the right to appeal under G.S. 130A-24, and to have the appeal held in Mecklenburg County.

If you have any questions regarding this matter, please call me at 336-5573.

Sincerely,

J. Andrew Walker, R.S.
Individual Water and Wastewater Systems

/kdt

$200 CC pmt 3/8/00 gc

FEE: 200.00
DATE: 3/7/00

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

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 #: 4226B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139-052-03 80

STREET ADDRESS: 8831 Fultram Dr.

SUBDIVISION OR MOBILE HOME PARK NAME: Gleneroft

LOT NUMBER: 73

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
✓ HOUSE (H)
___ MODULAR HOME (M)
___ MULTIPLE FAMILY (M)
___ 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: 1800 sq ft.

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 5

FOUNDATION FOR RESIDENCE:

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

CLOSING DATE: 3/11/00

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
EASEMENTS OR RIGHT-OF-WAYS	✓ YES ___ NO		

PROPERTY OWNER:

NAME: McElhinie Roger D
(LAST) (FIRST) (MI)

ADDRESS: 8324 Highland Rd

CITY: Charlotte STATE: N.C. ZIP: 28227

DAYTIME PHONE: (704) 545-5188 - 201-9441

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Phillips Danny
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -
361-1181

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? Aug 31, 1999

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: Roger McElhinie DATE: 3/7/00

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

COPY

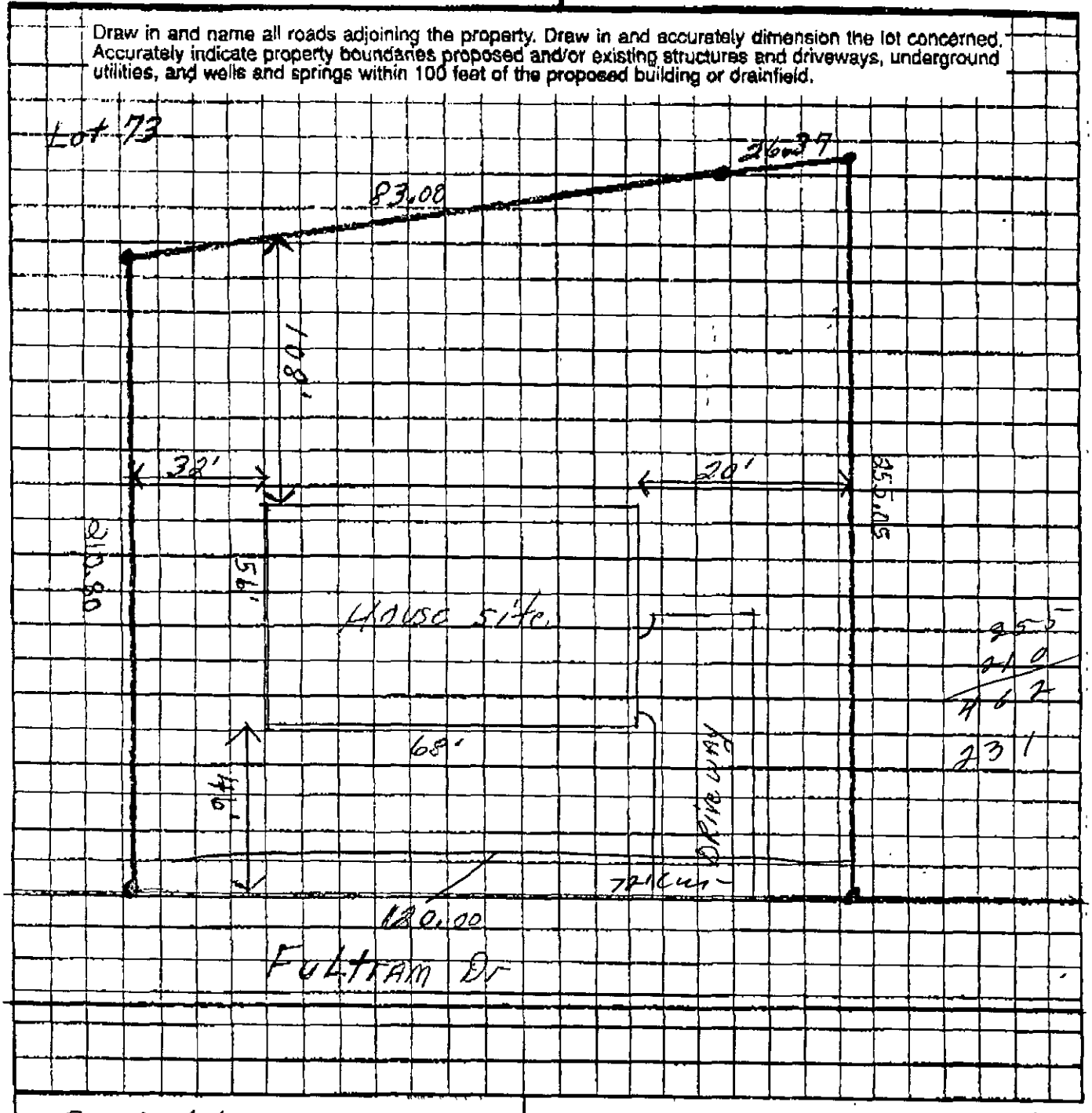
PROPOSED PLOT PLAN

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

FILE: 4226B

TC: 139-052-03PC

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



OWNER/AGENT SIGNATURE

DATE 3/7/00

APPROVAL DATE

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

03-08-00 01:53PM P02

1-0" 2" c/

2-31" c

31-48" c/

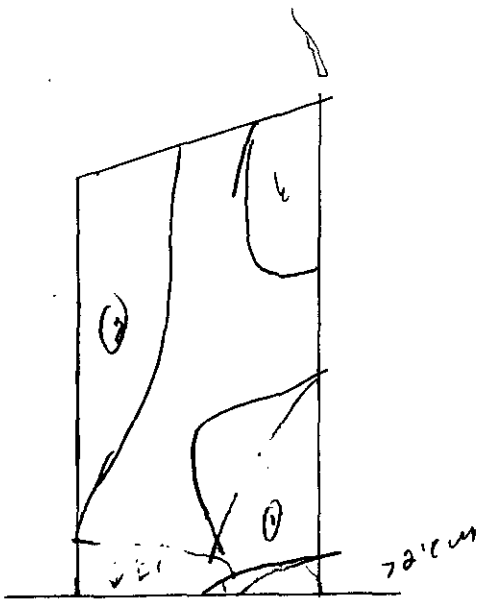
2-0-3" c/

3-48"

3-0" 2" c/

2-#6 c

24-40" c/



DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

#2

Property ID: PO 139-052-03

Lot #: 23

File #: 42263

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Roger McWhirter APPLICANT: Danny Shelley

ADDRESS: 8324 Vagabond Rd, Asheville DATE EVALUATED: 3-23-00

PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 480gpd PROPERTY SIZE: .62

LOCATION OF SITE: 8631 Fullam Dr PROPERTY RECORDED:

WATER SUPPLY: ☐Private ☑Public ☐Well ☐Spring ☐Other

EVALUATION METHOD: ☑Augur Boring ☐Pit ☐Cut

TYPE OF WASTEWATER: ☑Sewage ☐Industrial Process ☐Mixed

PROFILE #	5/10 es 5-12 76 .1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-2"	gr/cl	Fr/SE/Pl/ss/sp	7.46" TO soil wetness	46"	N/A	None	PS .39/F2 III
		2-31"	SBM/c	Fi/SE/Pl/sp					
		31-46"	SB K/c/	Fr/SE/Pl/ss/sp					
2	LS	0-3"	gr/cl	Fr/SE/Pl/ss/sp	7.46" TO soil wetness	46"	N/A	None	PS .39/F2 III
		3-46"	SBM/c	Fi/SE/Pl/sp					
3	LS	0-2"	gr/cl	Fr/SE/Pl/ss/sp	7.40" TO soil wetness	40"	N/A	None	PS .39/F2 III
		2-26"	SBM/c	Fi/SE/Pl/sp					
		26-40"	SBK/c/	Fr/SE/Pl/ss/sp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	US	US
System Type(s)		
Site LTAR	.39/F2	.39/F2

OTHER FACTORS (.1946):

SITE CLASSIFICATION (.1948): Unsuitable

EVALUATED BY: A.A. Mallis LSS 3-24-00

OTHER(S) PRESENT:

FILE # 4226B

COMMENTS 100% Repair

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

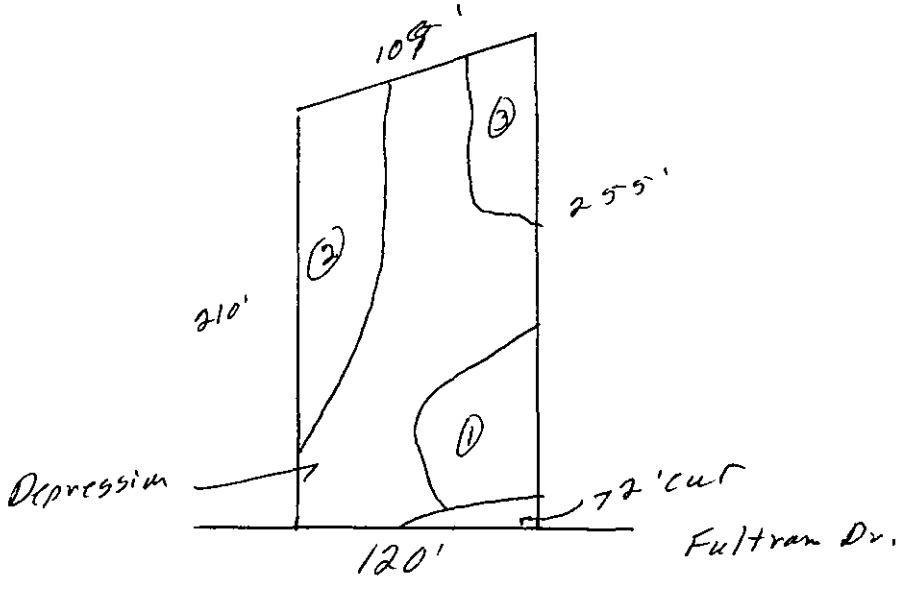
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



2

$200 CC pmt 3/8/00 gc

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

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 #: 4268

PROPERTY LOCATION (FROM ENGINEERING FORM OR JOB):

TAX/PARCEL NUMBER: 139-052-03 PO

STREET ADDRESS: 2891 Fulham Dr

SUBDIVISION OR MOBILE PARK NAME: Stancill

LOT NUMBER: 23

TOWNSHIP (CHECK ONE):

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

CLOSING DATE: 3/14/00

___ SINGLE/MOBILE HOME(S) ___ MODULAR HOME (M)
___ DOUBLE WIDE (D) ___ MULTIPLE FAMILY (U)
___ OTHER (O)

PROPOSED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 5

LOCATION FOR RESIDENCE:

___ WITH BASEMENT ___ WITH BASEMENT PLUMBING
___ SLAB ___ WITH BASEMENT NO PLUMBING

IF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

DOES ANY PART OF THE RESIDENCE: ___ YES ✓ NO TYPE:

WATER SUPPLY (CHECK ONE): ✓ COMMUNITY (C) ___ MUNICIPAL (M) ___ PRIVATE WELL (P)
___ SHARED WELL (S) ___ OTHER SPRING (O)

IF WELL LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

PROPOSED SWIMMING POOL	___ YES ___ NO	WELL, SPRINGS OR WATERLINES	___ YES ___ NO
EASEMENTS	___ YES ___ NO	DESIGNATED WETLANDS	___ YES ___ NO
RIGHT OF WAYS	___ YES ___ NO		

OWNER(S):

LAST (PRINT) FIRST (PRINT) MI

STREET ADDRESS: ZIP:

DAYTIME PHONE: 704-527-2441

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Phillips Danny
LAST (PRINT) FIRST (PRINT) MI

DAYTIME PHONE: 361-1181

IS THIS LOT ORIGINALLY PLATTED AND RECORDED? Apr 21 1981

I understand that I am subject to inspection or revocation if site plans or the intended use change or if information submitted is falsified in any way. I, the undersigned, owner, or legal agent for the owner, of the property described above, hereby make the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department for the purpose of processing this request.

SIGNED: DATE: 3/10/00

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 N. TRYON ST., CHARLOTTE, N.C. 28202 (704) 336-5162

[illegible] HEALTH
703 N [illegible]ON ST #211
CHARLOTTE, NC 28203

BATCH: 048
S-A-L-E-S D-R-A-F-T
73822355
000500158410

REF: 0001
CD TYPE: VISA
TR TYPE: MAIL/PHONE
INV: 0502
DATE: MAR 08, 00 10:30:56

AUS: EXACT MATCH
TOTAL $400.00*

ACCT: 412[illegible]4691/4 EXP: 01/10
AP: 402491

I [illegible] PROMISE TO PAY THE AMOUNT SHOWN ON THIS SALES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREE TO PERFORM THE OBLIGATIONS SET FORTH BY THE AGREEMENT BETWEEN THE CARDHOLDER AND THE ISSUER

[illegible] FOR USING VISA

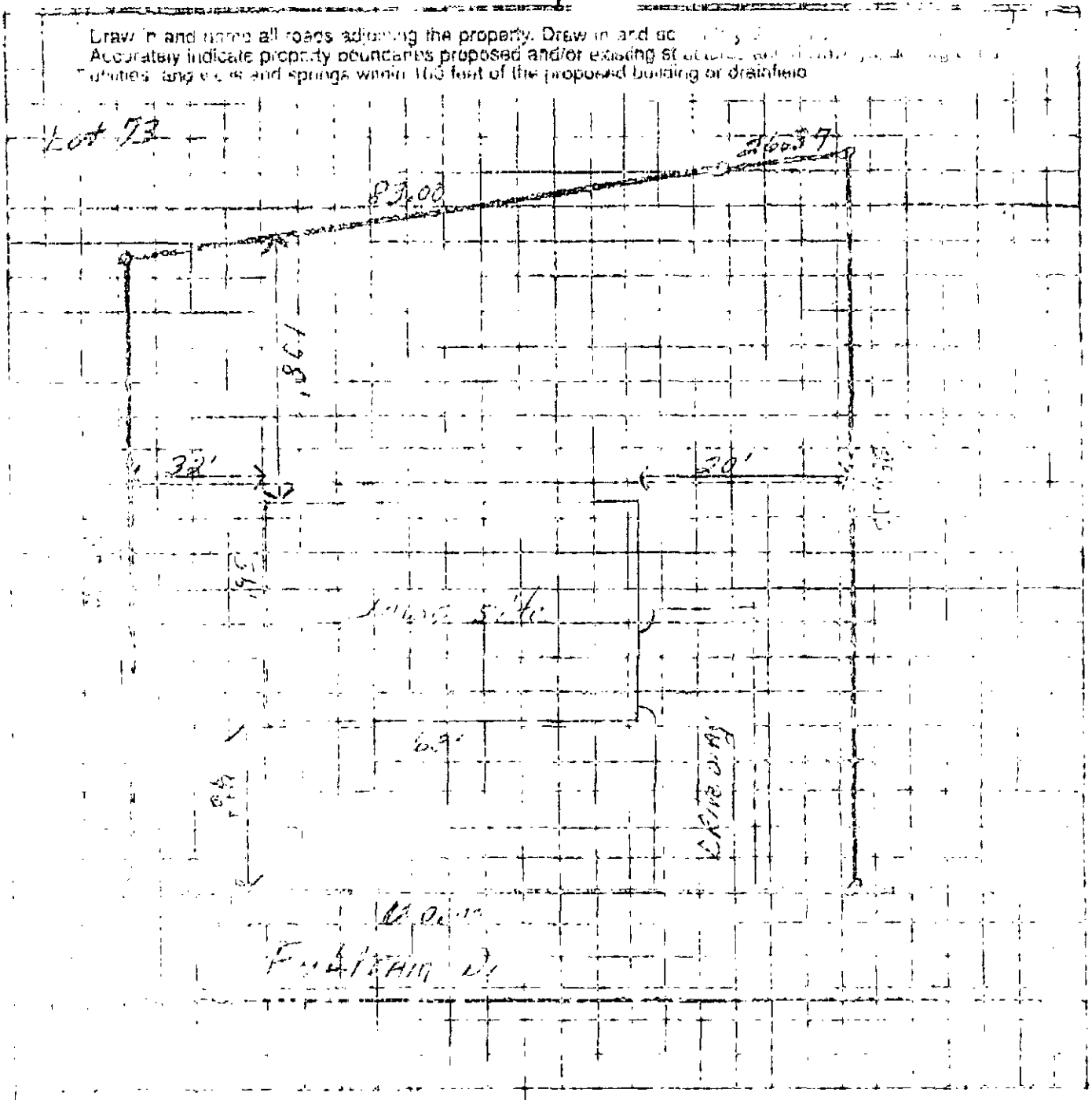
PROPOSED PLOT PLAN

...A DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5162

FILE: 4226B

TO: 139-052-03PW

Draw in and name all roads adjoining the property. Draw in and accurately indicate property boundaries proposed and/or existing structures and easements. Indicate any wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE

...

DATE

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

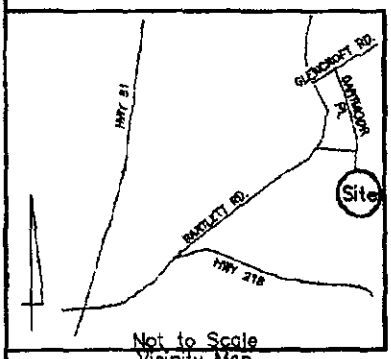
THIS IS TO CERTIFY THAT ON THE 19 DAY OF July 20 01 AN ACTUAL SURVEY WAS DONE UNDER MY SUPERVISION OF THE PROPERTY SHOW HEREON. THIS MAP IS NOT INTENDED TO MEET GS 47-30 RECORDING REQUIREMENTS.

SIGNED _____

BRUCOM-DAVIS & ASSOCIATES, REGISTERED SURVEYORS
3100-12 NORTH I-85 SERVICE ROAD
CHARLOTTE N.C. 28206
PHONE (704) 394-4088

ROUGH STAKE	/ /	
FOOTER STAKE	/ /	
PIN-FOOTER	/ /	
FOUNDATION	/ /	

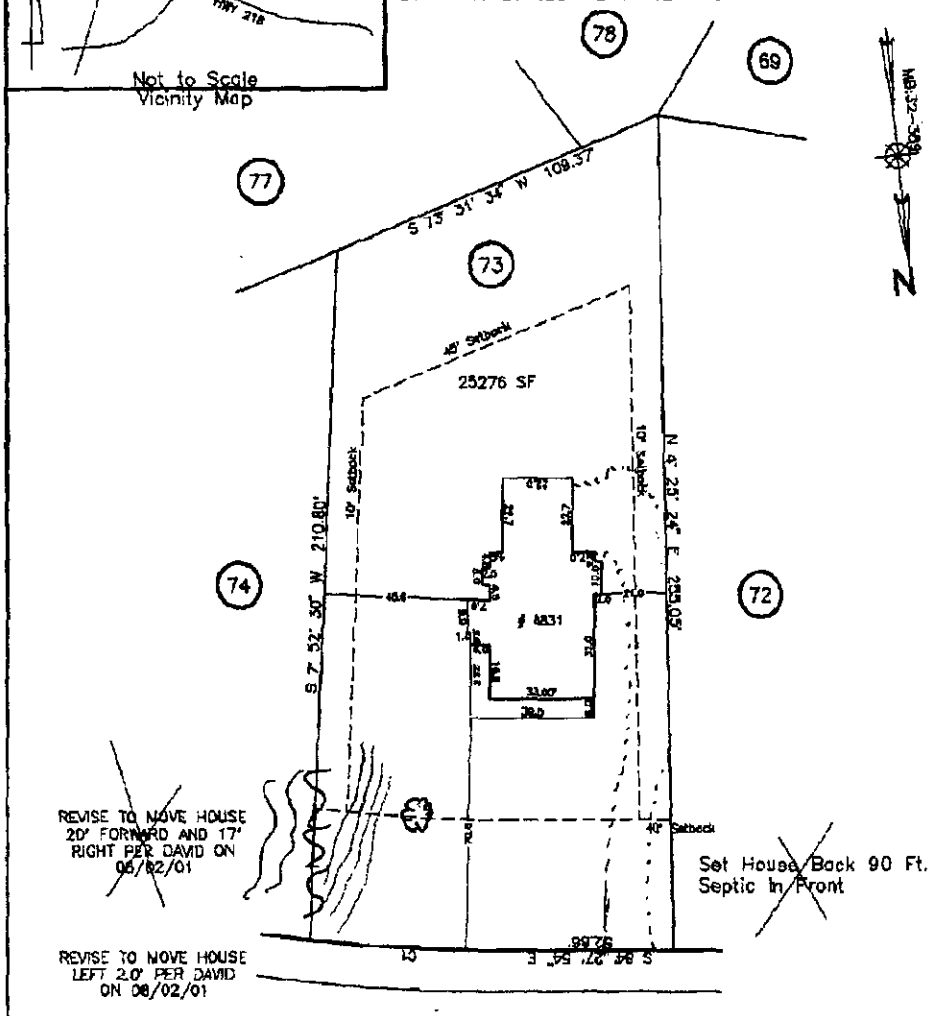
LEGEND
PROPERTY LINE
S.I.P. RE-SET IRON PIN
E.I.P. EXISTING IRON PIN
CURVE DENOTES 11'n 16,000'
P.D.E. PUBLIC DRAINAGE EASEMENT
E.C.M. EXISTING CONCRETE MONUMENT
ADJOINER PROPERTY LINE BY DEED OR PLAT



Not to Scale
Vicinity Map

Curve	Radius	Arclength	Chord Bearing	Chord
C1	R=570.00	L=62.22	S 81° 20' 20" E	62.19'

To Drew Walker



REVISE TO MOVE HOUSE 20' FORWARD AND 17' RIGHT PER DAVID ON 08/02/01

REVISE TO MOVE HOUSE LEFT 2.0' PER DAVID ON 08/02/01

Set House Back 90 Ft. Septic In Front

Fultram Lane
60 Public R/W

Plat Plan SURVEY
OF
Lot 73, Glencroft, Phase 2, Section 1 & 2
Clear Creek Township, Mecklenburg County, NC

SCALE 1"=40'

THE PROPERTY OF Total Construction Service, Inc.

MAP RECORDED IN BOOK 32 AT PAGE 389 DEED RECORDED IN BOOK _____ PAGE _____

Drawn By: PAT Job Number: 42485