

15001 MAJESTIC OAK DR

21701305

5/21/2007

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: 4644A DATE: 10-11-95

TC 217-013-05 ☐ L ☒ CRT

SERIAL Nº 16030

Name of Owner Linda L. Cutler Juris.:

Address of Property 15001 MAJESTIC OAKS DRIVE

Inspection Data:

Tank Material 1500

Total Length of Drainfield 345'

Number of Lines 3 @ 115'

Cover Depth 12"

Water Supply Source WELL

Distance to Water Source <100' (110')

Excavation Inspected 10-11-95

Tank(s) Inspected 10-11-95

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design 1500ST, 1035 SQ FT, 12"G CECIL-LIKE CTR# W.T. 82 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 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 - upslope drainage is a required part of this permit.

Jon Higgins Bunny, R.S.
Environmental Health Specialist

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

3x00

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

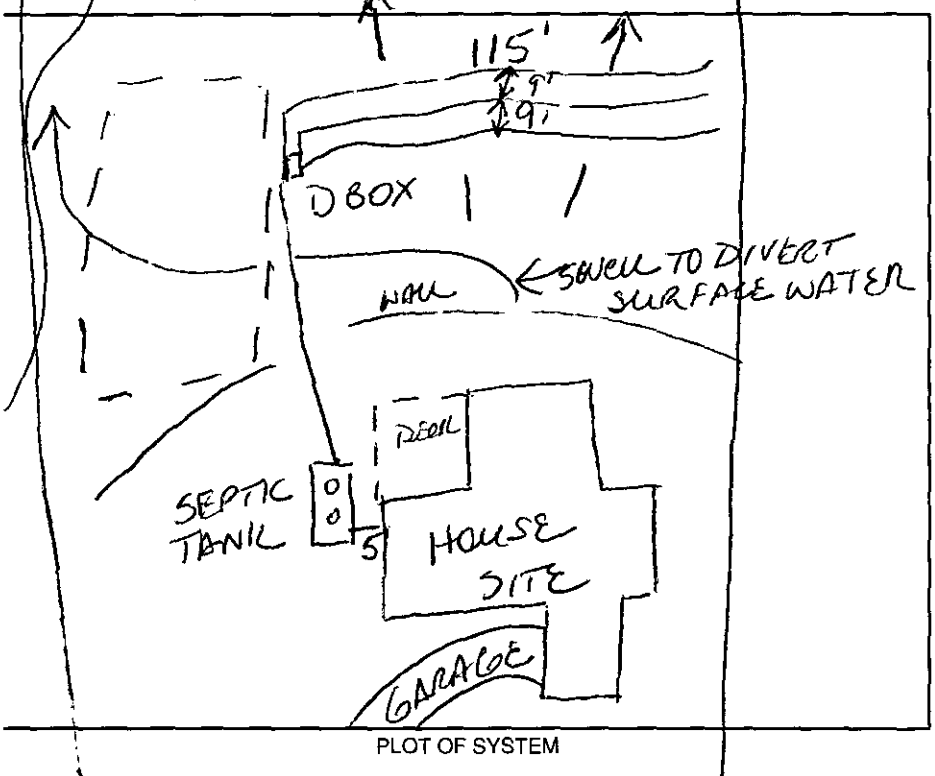
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4644A DATE: 9-19-95

TC: 217-013-05 ☐ L

SERIAL Nº 16391

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 12-12-94. All work shall be completed on or before 10-19-95, 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 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 No

Total Line Length 345' feet
* SEE SOIL REPORT

Number of Lines 3

Depth of Stone 12" inches

Distance from House 5 feet
* BASEMENT 15'

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 Linda L. Cutler

LOCATION OF PROPERTY 15001 MAJESTIC OAKS DRIVE

Comments: 1500 SEPTIC TANK, 3 TRENCHES @ 3 x 115 x 12"
SURFACE DIVERSION IS A REQUIRED PART OF THIS PERMIT (INCLUDING GUTTERS).

S Barkman for Sanitarian Program Chief 10-4-95

Teri Higgins Burney R.S.
Environmental Health Specialist

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

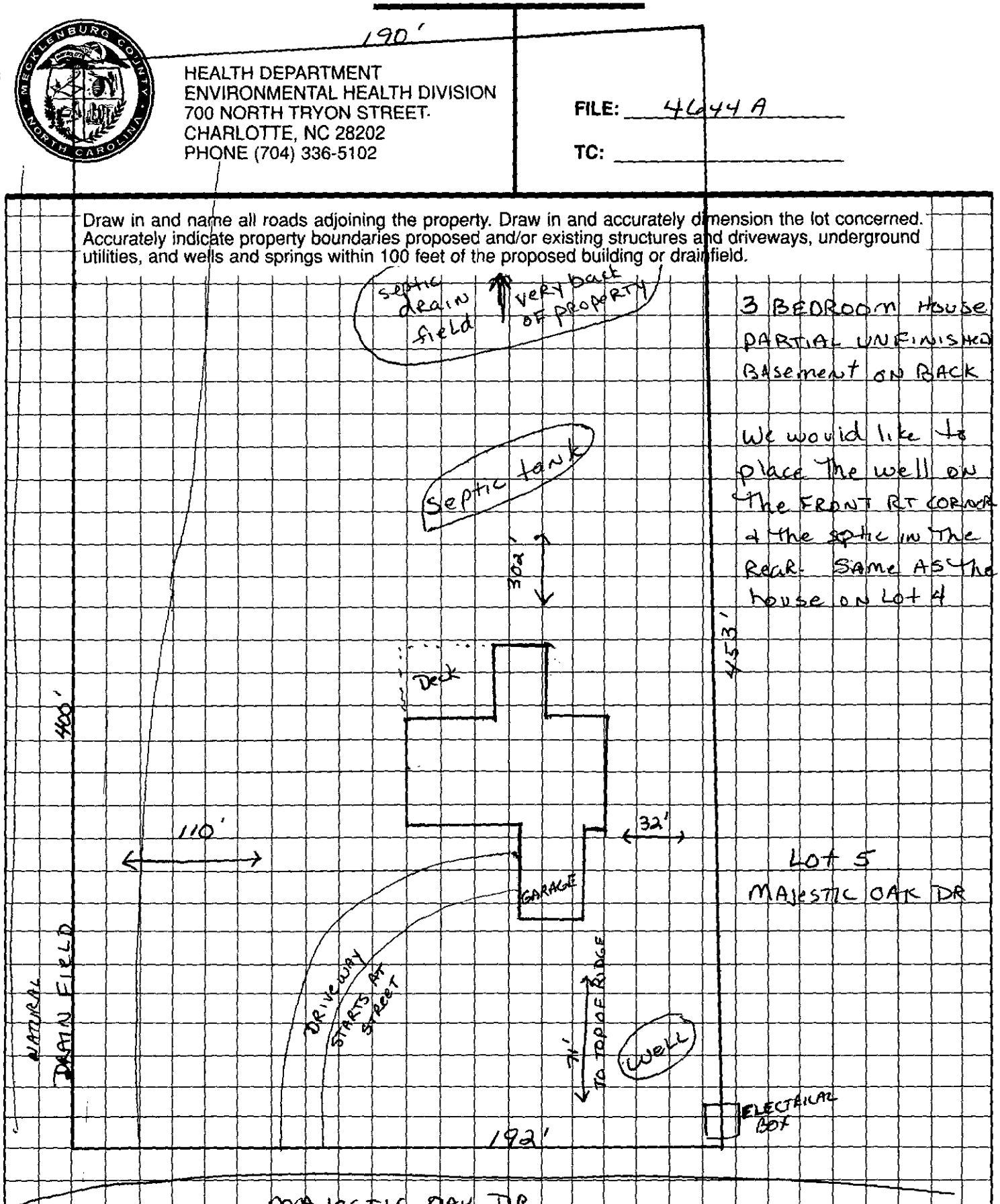
PROPOSED PLOT PLAN

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

FILE: 4644 A

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.



Linda L Cutler
OWNER/AGENT SIGNATURE

DATE 12-12-94

APPROVAL DATE 12/27/94

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

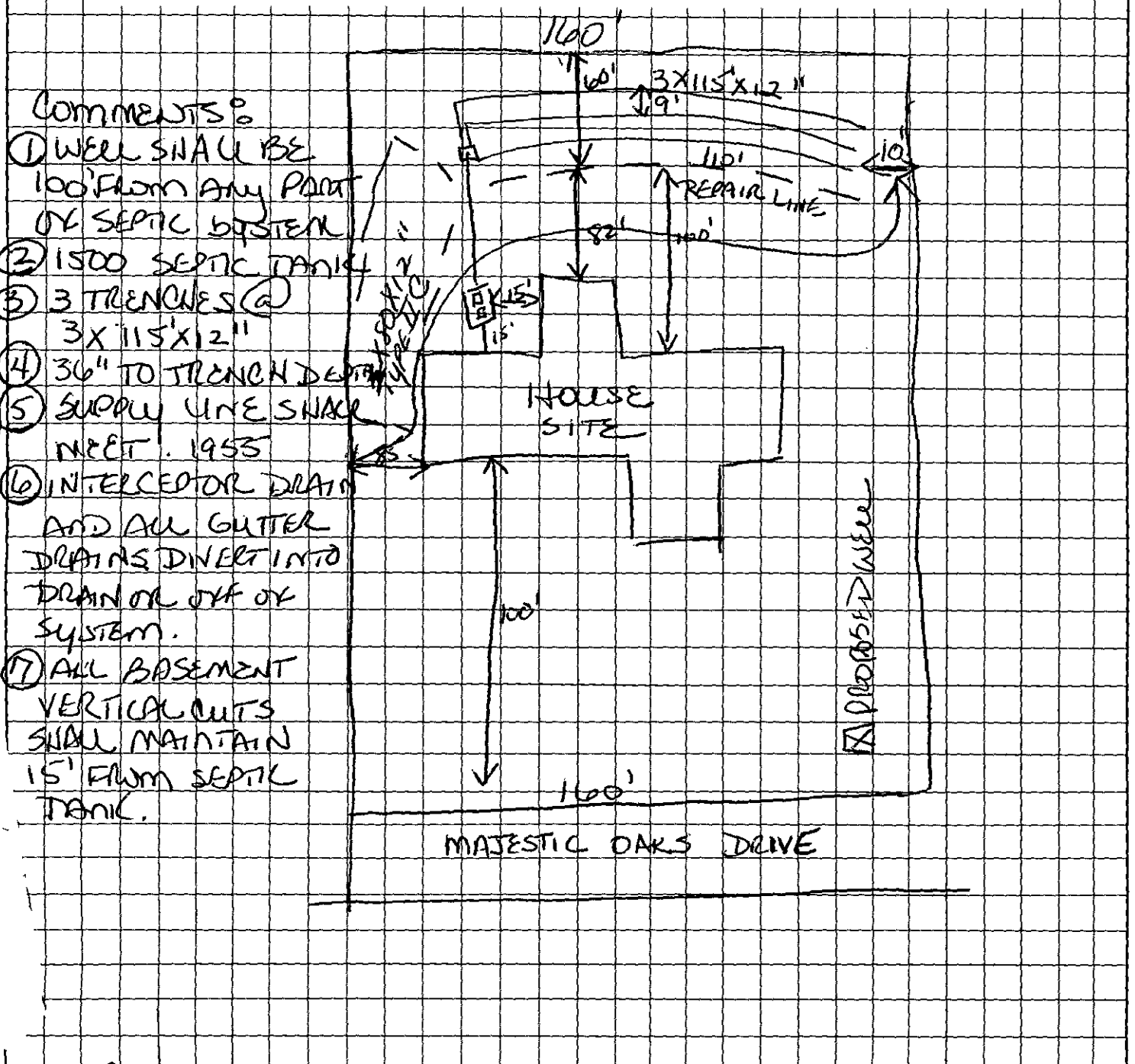
PROPOSED PLOT PLAN

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

FILE: 4644A

TC: 217-013-05

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.



COMMENTS:

1. WELL SHALL BE 100' FROM ANY PART OF SEPTIC SYSTEM
2. 1500 SEPTIC TANK
3. 3 TRENCHES @ 3X115'X12"
4. 36" TO TRENCH DEPTH
5. SUPPLY LINE SHALL MEET 1955
6. INTERCEPTOR DRAIN AND ALL GUTTER DRAINS DIVERT INTO DRAIN OR OFF OF SYSTEM.
7. ALL BASEMENT VERTICAL CUTS SHALL MAINTAIN 15' FROM SEPTIC TANK.

Chant Cuthr
OWNER/AGENT SIGNATURE

DATE 12-20-94

APPROVAL DATE 12/20/94

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

Tom -

12-16-94

This one may be a little tight but I think it might go - The soils are good - Hence the 35 LTAR - I would recommend French drain - Borings are flagged on depth - a couple of 36" holes on the lower side - Try to stay away from trees if possible as the other holes are deeper -

Bill

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20543

File: 4644A Q4600 Action 1

Parcel: 217-013-05 ☐ PC

Location: 15001 Majestic Oak Dr.

Subdivision:

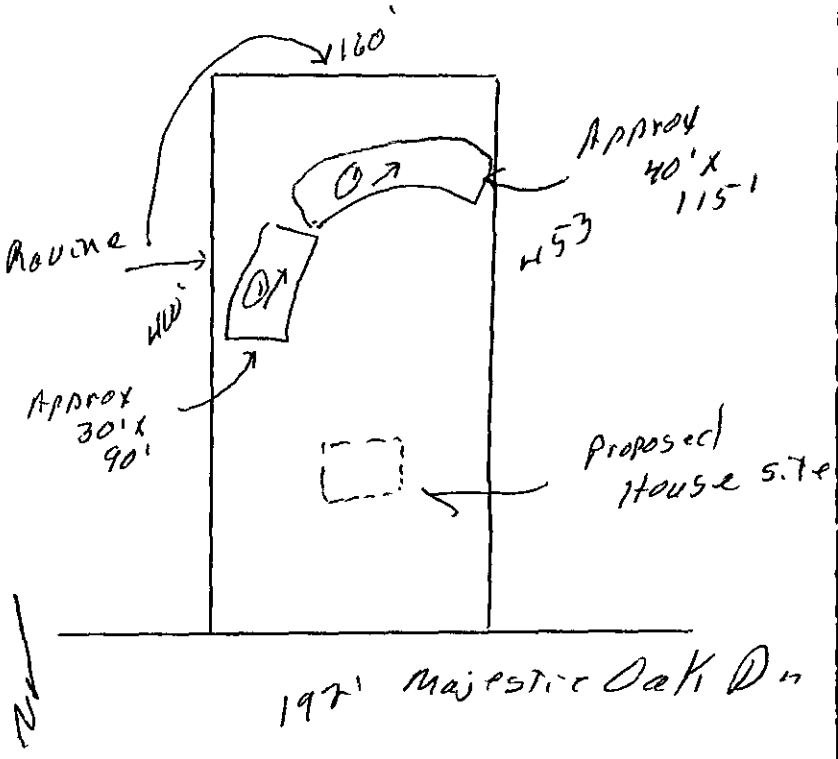
Lot: 5 Block: Acres: .5 ±

Owner: Mr. & Mrs. White
Address: 7516 Manford Ct.
Charlotte, N.C. 28217

Comments: .35 gpd/ft²/day LTAR recommend subsurface interceptor drain above drainfield

Described by: D Nowadzin

Date: 12-16-94



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

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-8%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Slightly Expansive clay/sandy 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 7-36"	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36-49"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >49"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	III series not determined					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

4/6/4A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

4/6 D 10/25/95 CK# 1115 $150.00 CK#3839 12/12/94 $150.00 CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:

NAME: Cutler (last) Linda (first) L (mi)

ADDRESS: 3952 Potomac Ct PHONE: (704) 362-3403 W# 332-8531

CITY: Charlotte STATE: NC ZIPCODE: 28211

Date: 12-12-94

PROPERTY OWNER:

NAME: White (last) Mr + Mrs (first) (mi)

ADDRESS: 7516 Manford Ct PHONE: (704) 527-6388

CITY: Charlotte STATE: NC ZIPCODE: 28217

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 217-013-05

STREET ADDRESS: 15001 Majestic Oak Dr Charlotte NC 28278

ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 5 LOT SIZE (in acres): 1.8

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: 3 NUMBER OCCUPANTS: 2

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] 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: Linda L Cutler Date: 12-12-94

NOTICE:

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

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

...This permit is not transferable.

...Conventional system with 3-bedroom ord repair. See soil repair. Interceptor drain required part of permit.

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

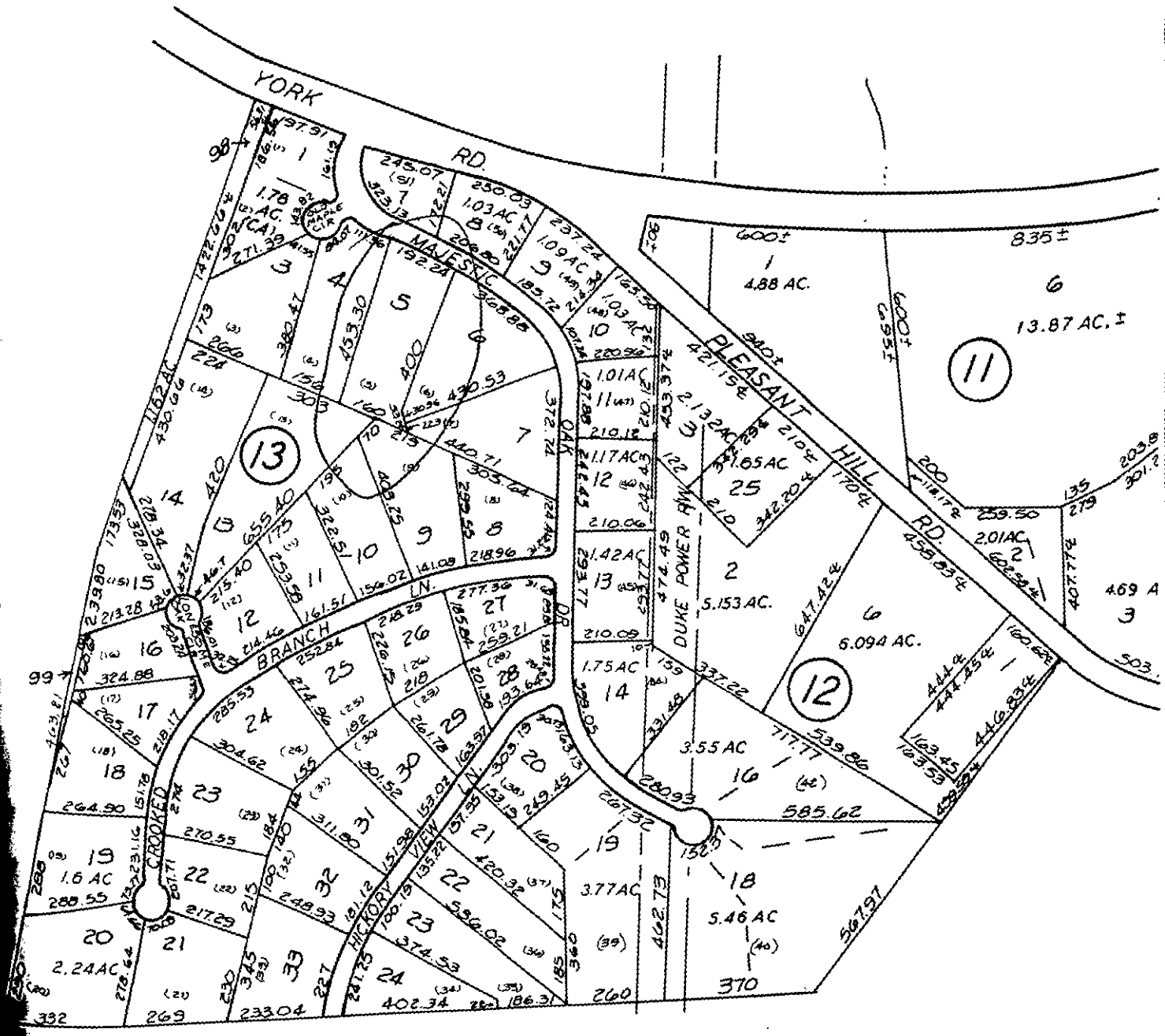
Environmentalist 12-27-94 Date

Director or Authorized Section Head Date

WATER : 12279

* addit fee of $150.00 ck# 1115 10/25/95 - Posted received on 10/11/95

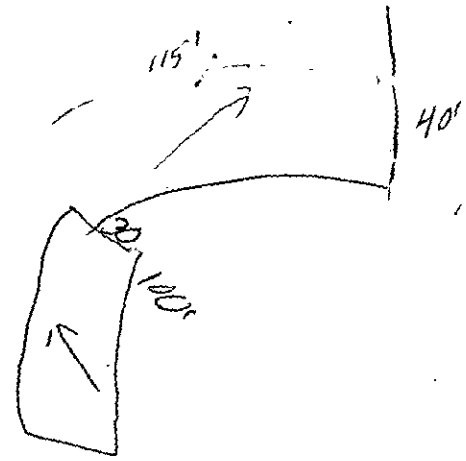
BK. 199


YORK
RD.
MAJESTIC
PLEASANT HILL RD.
DUKE POWER HWY
CROOKED BRANCH
HICKORY VIEW LN.
4.88 AC.
13.87 AC.±
1.78 AC.
1.03 AC
1.09 AC
1.01 AC
1.17 AC
1.32 AC
1.65 AC
1.42 AC
2.01 AC
5.153 AC.
6.094 AC.
1.75 AC
3.55 AC
3.77 AC
5.46 AC
1.6 AC
2.24 AC
600±
835±
940±
11
12
13

PG. 02

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9 35
6 10 0
70
300
280
20

343
3 | 1029
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115
40
4600

114
3 | 343
3
13

30
20 | 900
15
120
115
10

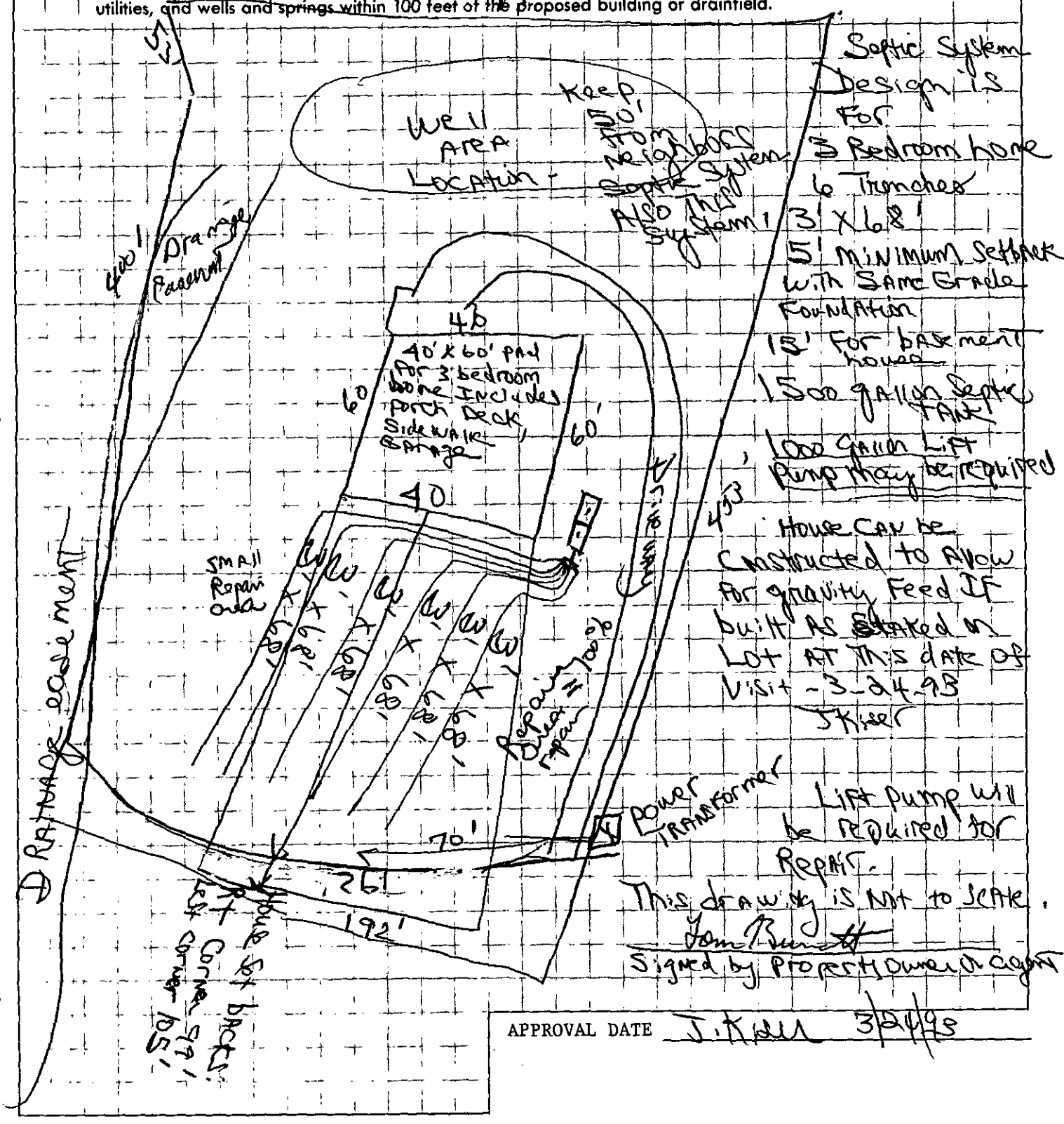
PROPOSED PLOT PLAN

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

FILE: 4644A

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 J. Kiser 3/24/93

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

03/12/93

4644-A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Chg# 2580055 $200.00 [ ] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:

NAME: White (last) Maxine K. (first) (mi)

ADDRESS: 7516 Manford Court PHONE: (704) 527-6388

CITY: Charlotte, STATE: NC ZIPCODE: 28217

Date: March 9, 1993

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 217-013-05

STREET ADDRESS: 15001 Majestic Oak Dr.
Charlotte, NC 28278

ZONING: R15

PROPERTY OWNER:

NAME: Branch Banking and Trust Co. (last) (first) (mi)

ADDRESS: 2520 Sardis Road North PHONE: ( ) 845-9671

CITY: Charlotte STATE: NC ZIPCODE: 28227

SUBDIVISION OR MOBILE HOME PARK NAME: Royal Oaks

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

LOT NUMBER: 5 LOT SIZE (in acres): 1.8 acres

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: 4 NUMBER OCCUPANTS: 3

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)
P [ ] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [X] 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: Maxine K. White Date: 3-9-93

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.

...Grit Pump may be required

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

Judy C. Rice RJ 3/24/93
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

Mecklenburg County
Health Department

Basil G. Deitz, M.D., M.P.H.
Health Director

July 12th, 1988

Providence Woods South
1740 E. Independence Boulevard
Charlotte, NC 28205

RE: Property located at Majestic Oak Drive 5
FILE: 4644A
PARCEL: 21701202 Po

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the Site Evaluation Report (Serial Number 15291) is enclosed for your information.

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

If I may be of assistance, please do not hesitate to contact me.

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15291

File: 4644A Action 1

Parcel: 21701202 Po ☐ PC

Location: Majestic Oak Drive

Subdivision:

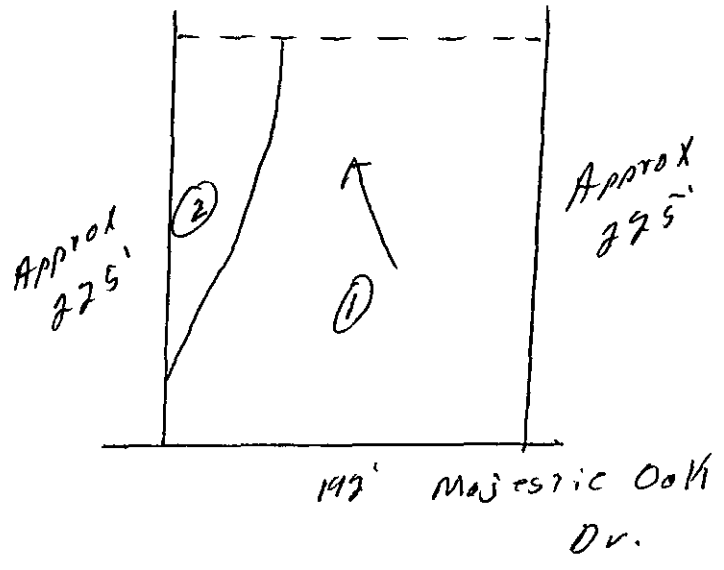
Lot: 5 Block: Acres: Approx 1.0 ac.

Owner: Providence Woods South
Address: 1740 E. Independence Boulevard
Charlotte, NC 28205

Comments: System may need lift pump - lot has additional area not investigated

Described by: William A. Marsh

Date: 7-12-96



***** 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 15-25%	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S (PS) U Clay	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" To Water	S (PS) U >36" To Water	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U >36"	S (PS) U 36"+	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S (PS) U limited	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	IuA Cecil-Lilla	WA Tetotum				
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

WRM 3-9-97 changed →

APPLICATION FOR SOIL INVESTIGATION

PD 6/17/88 ck# 5460 $30.00

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 4644A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: York Road at Pleasant Hill Road/Majestic Oak Drive

② SUBDIVISION: Royal Oaks ③ LOT: S ④ BLOCK: I

⑤ PARCEL REFERENCE: BOOK NO.: 0217 PAGE NO.: 012 PARCEL NO.: 02

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

⑦ NAME: Performance Investments Inc.; Mr. Gary Allen, President
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 1740 E. Independence Blvd.

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28205

⑫ PHONE: (WORK) (704) 372-2565 (HOME) _____

⑬ Accurately diagram and dimension lot.

⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: _____

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

Date: 4/19/88

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY