

11320 FIELD ST

00751119

5/31/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT D400

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

FILE: 5429A DATE: 4-12-95

TC: 007-072-17 ☐ L ☐ CRT

SERIAL Nº 16219

Name of Owner Danny Skidmore - wife, Sharyn Juris.:

Address of Property 11320 Field Street, Cornelius, NC 28031

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 5 @ 80'

Cover Depth N16"

Water Supply Source municipal

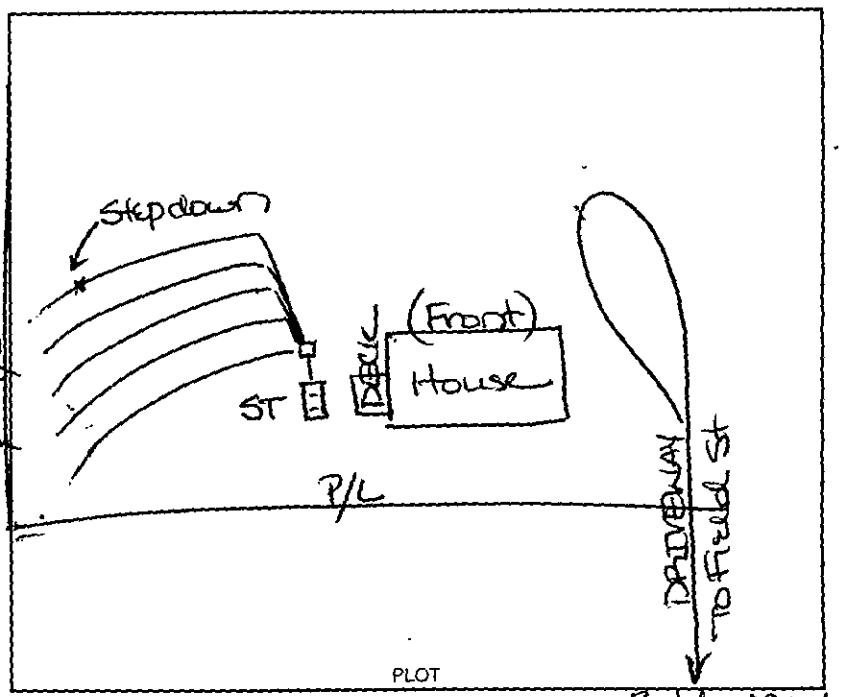
Distance to Water Source ≥10' Keep waterline from any part of system

Excavation Inspected 4/12/95

Tank(s) Inspected 4/12/95

Wash Line Inspected NA

High Water Alarm Inspected NA



Design 1995 CON, 1500gST, 1200-ft², 12"G, cecil-like CTR# 940

Bobby Mayhew

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: Designed for 3 bedroom house. Type IIa

Susan Patterson
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

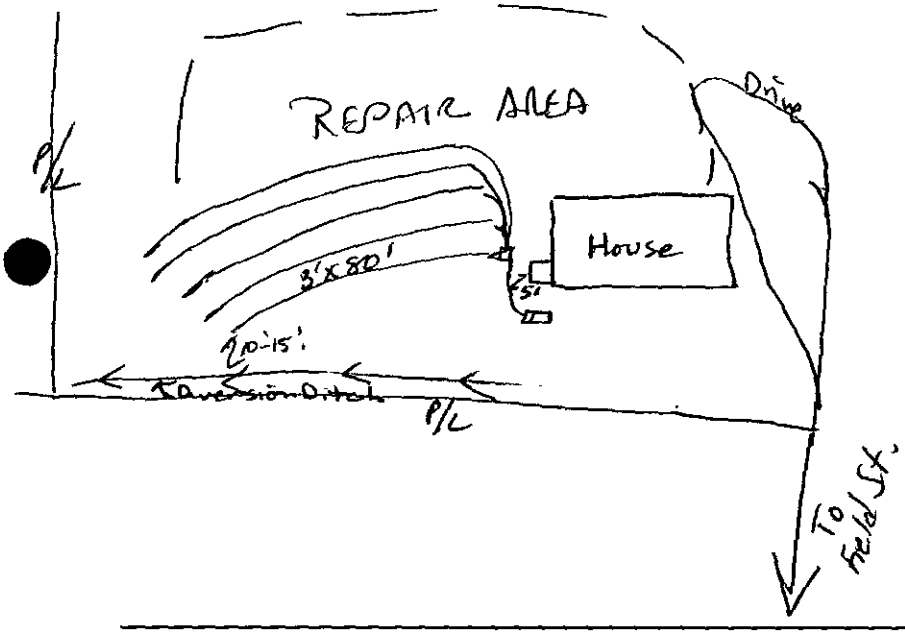
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5429 A DATE: 4-10-95

TC: 007-072-17 = L

SERIAL Nº 16493

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 8-17-94. All work shall be completed on or before 5-10-95, 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 PVC

Trench Depth 24"-28"

Absorption and/or Nitrification Lines: ~~Type~~

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 400' feet

Number of Lines 5 at 80' each

Depth of Stone 12" inches

Distance from House 5' min feet
also min 5'

Distance from Property Line 10' min feet

Distance from Well RO well to be on property. Keep water line min 10' off septic system. feet

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

NAME OF OWNER ~~Sara Torrence~~ Danny Stidmore

LOCATION OF PROPERTY 11320 Field St.

Comments: Install diversion ditch above system.
Do not drive or pave over septic system or repair area.

Joni Higgins Bunny, RS
for Sylvia Daniel

Susan Eschelman
Environmental Health Specialist

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

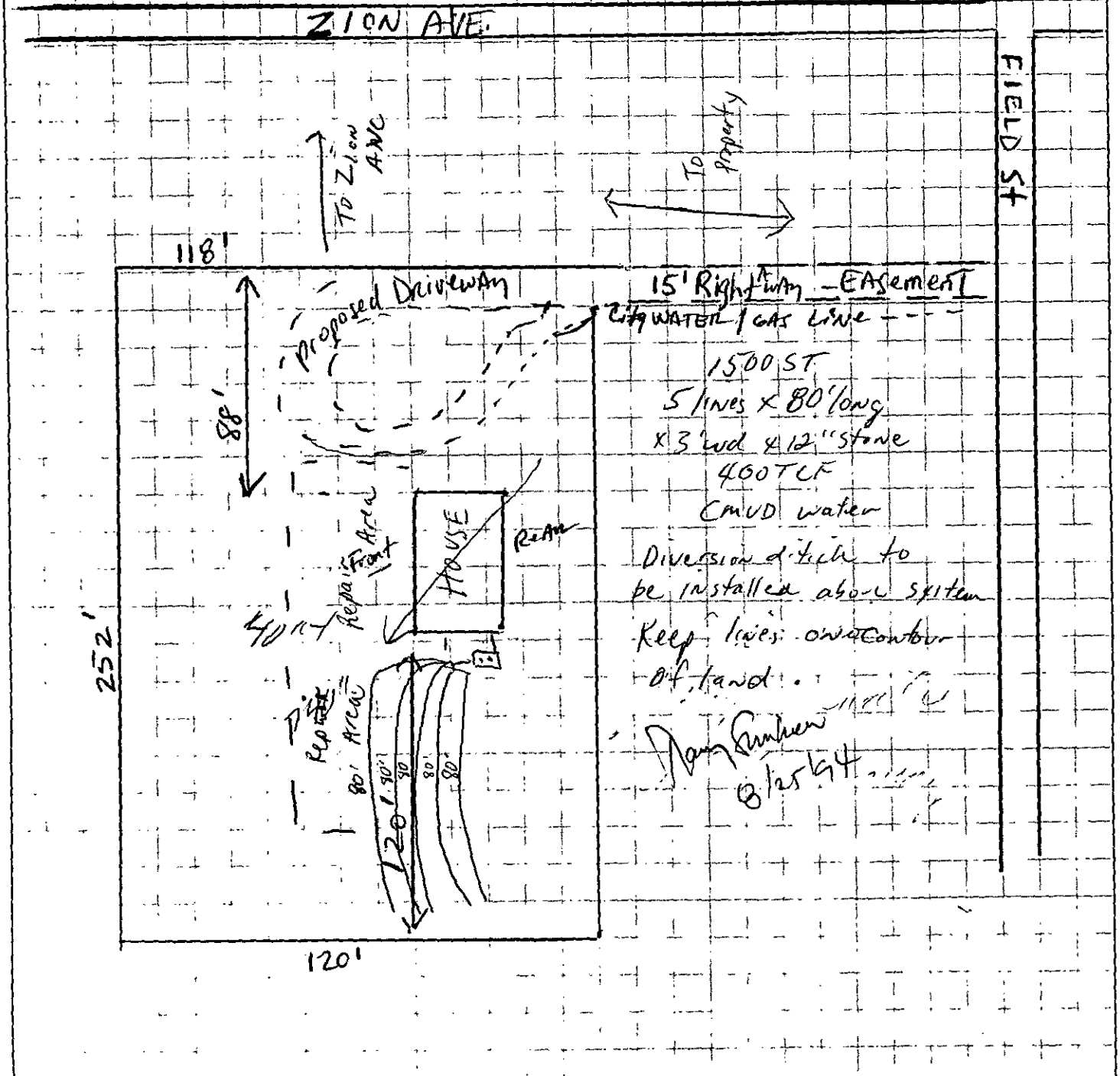
PROPOSED PLOT PLAN

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

FILE: 5429A

TC: 107-072-17

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 PHW 8/25/94

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

5429A

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

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: SKIDMORE (last) DANNY (first) N (mi)
ADDRESS: PO Box 1046 PHONE: 704 892 3318
CITY: Cornelius STATE: NC ZIPCODE: 28031

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 007 072 17
STREET ADDRESS: ~~19148 Zion Ave~~ 11320 Field St
ZONING:

PROPERTY OWNER:
NAME: TORRENCE (last) SARA (first) (mi)
ADDRESS: Zion Ave PHONE: 704 892 5211
CITY: Cornelius STATE: NC ZIPCODE: 28031

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres): .90 of An Acre

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4

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)
[X] 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: Danny Skidmore Date: 8-17-94

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.

...

[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

Philo S. Walker 8/25/94
Environmentalist Date

Wendell for S Daniel 8/31/94
Director or Authorized Section Head Date

WATER : 122791

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20452

File: 5429A Action 1

Parcel: 007-072-17 ☐ PC

Location: off Field Street

Subdivision:

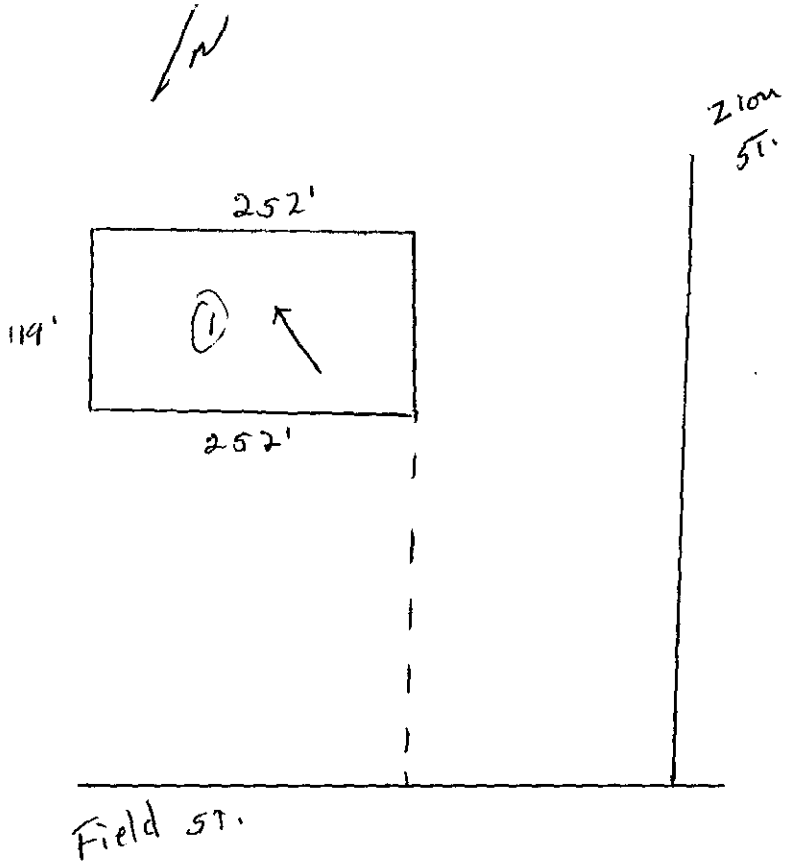
Lot: Block: Acres: Approx. .68

Owner: Sarah Torrence
Address: Zion Ave.
Cornelius, N.C. 28031

Comments: 3 gal/ft2/day LTAR
Would require surface water diversion

Described by: William R. Marks

Date: 8-23-94



***** 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 2-9%	S PS U	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 Weak Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 40" To Soil wetness	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 40"+	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 40"	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	IV Cecil Lilac					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

DATE 8/15/94

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Corn

007-072-17
PARCEL NUMBER

~~19748 Zion Ave~~ / or 11320 Field St
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

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: Address Verified

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

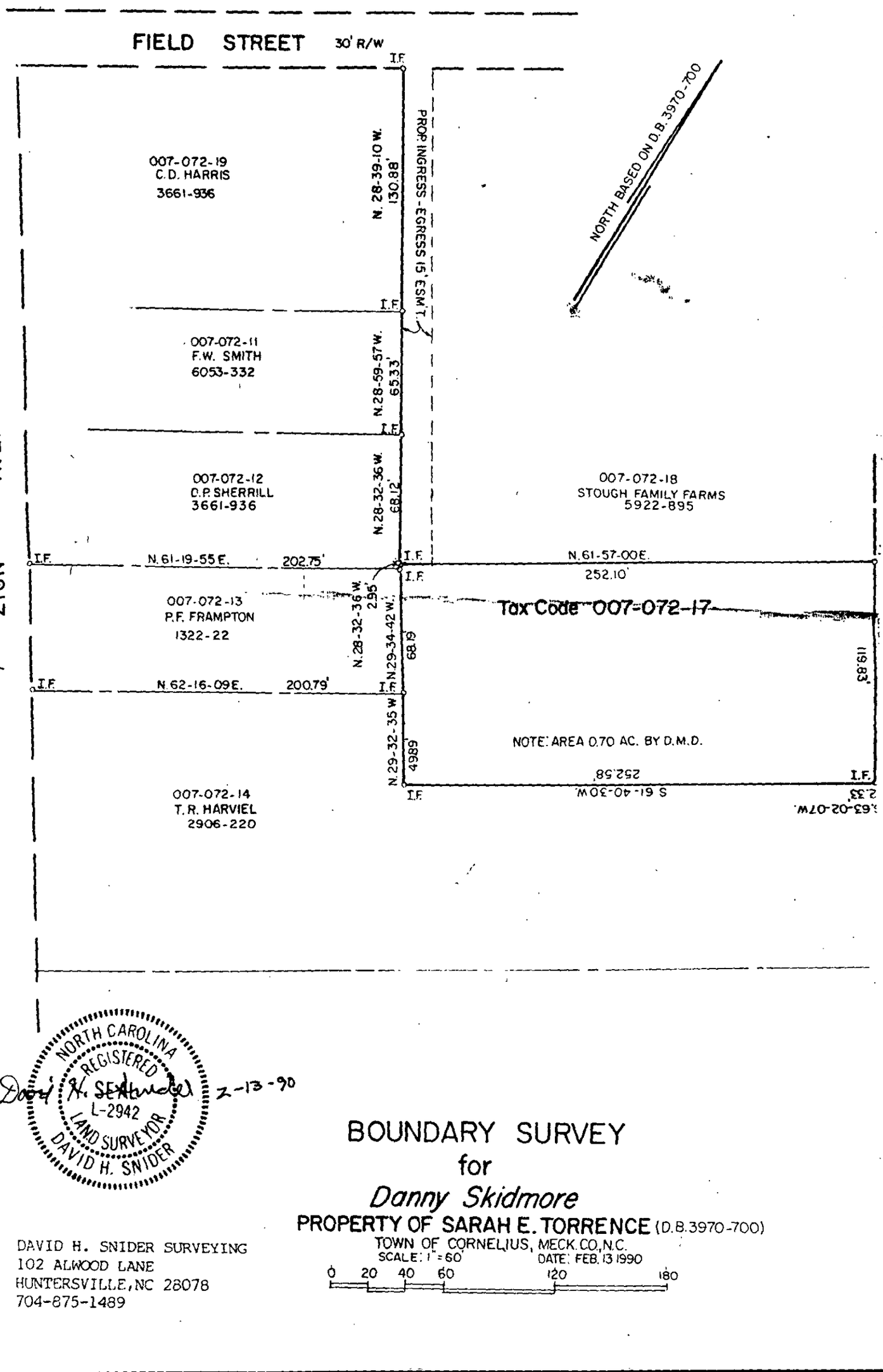
☐ NEW ADDRESS

SIGNED: [signature]

REVISED 1/91

5439A

I.F. = IRON FOUND



NORTH CAROLINA REGISTERED L-2942 LAND SURVEYOR DAVID H. SNIDER

Danny H. Snider 2-13-90

BOUNDARY SURVEY

for

Danny Skidmore

PROPERTY OF SARAH E. TORRENCE (D.B. 3970-700)

TOWN OF CORNELIUS, MECK. CO., N.C.

SCALE: 1" = 60' DATE: FEB. 13 1990

0 20 40 60 120 180

DAVID H. SNIDER SURVEYING
102 ALWOOD LANE
HUNTERSVILLE, NC 28078
704-875-1489

Mecklenburg County
Health Department

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

February 8th, 1989

Sarah E. Torrence
P. O. Box 84
Cornelius, NC 28031

RE: Property located at Zion Street
FILE: 5429A
PARCEL: 00707217

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. Results of the investigation revealed that the lot contains soils which have been classified as PROVISIONALLY SUITABLE in accordance with the provisions of 10 NCAC 10A .1900. A copy of the Site Evaluation Report (Serial Number 15971) deliniating the soil types and their respective classifications is enclosed.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Specific plan approval will be provided upon submission of 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 and determination that the area is adequate to accomodate the proposed construction.

Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this Department renders any area previously designated suitable for system installation, unsuitable. Futhermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

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

Very truly yours,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15971

File: 5429A Action 4

Parcel: 00707217 ☐ PC

Location: Zion Street

Subdivision:

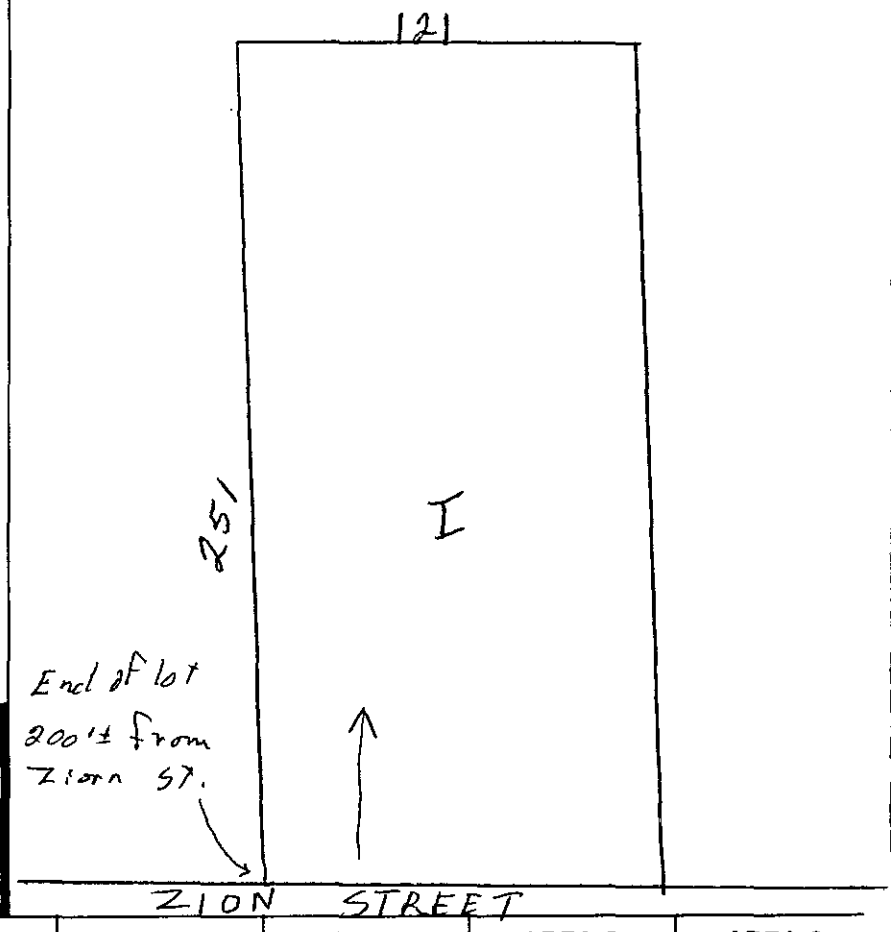
Lot: Block: Acres: .7

Owner: Sarah E. Torrence
Address: P. O. Box 84
Cornelius, NC 28031

Comments: Lot does not have frontage on Zion St. - is appx 200' from Zion St. - see copy of survey in file - WBR 10-9-91

Described by: W. B. Ramsey

Date: 2-1-89



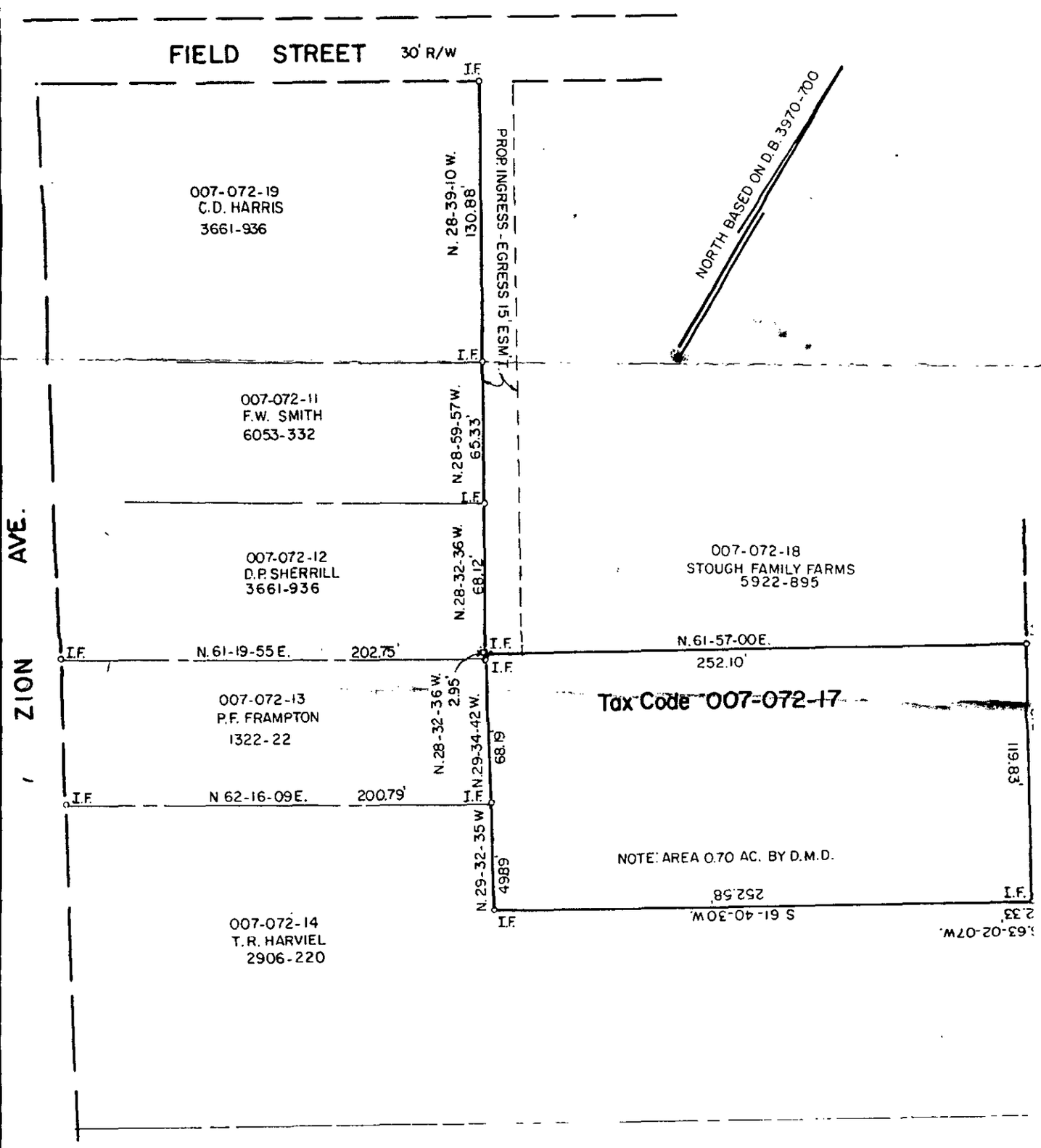
***** EVALUATION KEY *****

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 4-7	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 48+	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	IVa Cecil					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

5429A

I.F.= IRON FOUND



NORTH CAROLINA REGISTERED L-2942 LAND SURVEYOR DAVID H. SNIDER

David H. Snider 2-13-90

BOUNDARY SURVEY

for

Danny Skidmore

PROPERTY OF SARAH E. TORRENCE (D.B.3970-700)

TOWN OF CORNELIUS, MECK.CO.,N.C.

SCALE: 1" = 60' DATE: FEB. 13 1990

0 20 40 60 120 180

DAVID H. SNIDER SURVEYING
102 ALWOOD LANE
HUNTERSVILLE, NC 28078
704-875-1489

DATE 8/15/94

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Corn

007-072-17
PARCEL NUMBER

19748 Zion Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

NA
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: Address Verified

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: [signature]

REVISED 1/91

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 5429A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: AT Rear of Lot 13 (19746 Zion St., Cornelius NC)

② SUBDIVISION: (See Attached map) ③ LOT: 17 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: ~~3970~~ 7 PAGE NO.: ~~700~~ 7 PARCEL NO.: 00707217

⑥ DEED REFERENCE: BOOK NO.: 3970 PAGE NO.: 700

OWNER

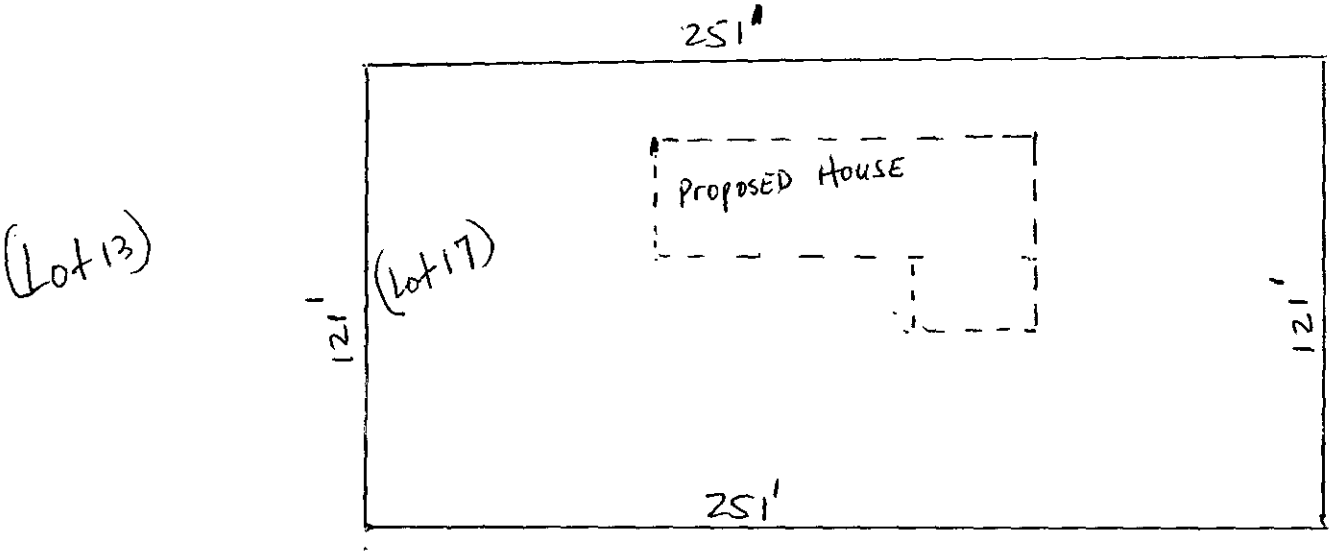
⑦ NAME: SARAH (FIRST) E (MIDDLE) TORRENCE (LAST)

⑧ MAILING ADDRESS: POBOX 84

⑨ CITY: Cornelius ⑩ STATE: NC ⑪ ZIP: 28031

⑫ PHONE: (WORK) 892 1970 (HOME) 892 1970

⑬ Accurately diagram and dimension lot.



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

Signed: Sarah E. Torrence

Date: Jan. 24th 1989

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

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 1/27/89

Name/Company Sarah Torrence

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil Test
#5429

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

JAN 27 1989

Fee: $30.00

Completed by

Collected by

DEED BOOK PAGE

3970 0700

1 158

WITH LIFE ESTATE RESERVED
INDIVIDUAL DEED

Printed and For Sale by
SALE OFFICE OUTFITTERS, LTD.
Charlotte, N. C.

PRESENTED FOR REGISTRATION
AUG 1 3 14 PM '77
CHARLES E. CROWDER
REGISTER OF DEEDS
MECKLENBURG CO. N.C.

STATE OF NORTH CAROLINA
Mecklenburg COUNTY

This Deed

Made this 28th day of July, A. D. 19 77 by and between

SARAH E. TORRENCE, Single

of the County of Mecklenburg and State of North Carolina
Party of the first part, and

POLLY T. FRAMPTON, widow, and MARTHA P. RIDENOUR
as tenants in common

of the County of Mecklenburg and State of North Carolina
parties of the second part:

WITNESSETH, that the said party of the first part, in consideration of One Hundred and 00/100 ($100.00) Dollars to her paid by the parties of the second part, the receipt of which is hereby acknowledged has bargained and sold, and by these presents do es grant, bargain, sell and convey unto the said parties of the second part and their heirs, all her right, title and interest, subject to a life estate reserved unto herself, in that parcel of land, situate, lying and being in Davidson Township, Mecklenburg County, State of North Carolina, and more particularly described as follows:

BEING situated in the Town of Cornelius, North Carolina, adjoining the lands of B. Harviel, Walter Robbins and others (now or formerly) and being more particularly described as follows:

BEGINNING at an iron in the southeasterly corner of the lot belonging to B. Harviel (now or formerly) and in the line of Walter Robbins (now or formerly), and runs thence with said Robbins line (now or formerly) N. 61-57-00 E. 250.35 feet to a point in the westerly margin of an unnamed street; thence with the westerly margin of said street N. 29-28-00 W. 121.0 feet to a point; thence S. 61-57-00 W. 251.7 feet to an iron in the northeasterly corner of the lot belonging to Polly T. Frampton and Sarah E. Torrence (now or formerly); thence with said Frampton-Torrence line (now or formerly) S. 28-28-00 E. 71.2 feet to an iron in the northeasterly corner of the lot of B. Harviel (now or formerly); thence with said Harviel line (now or formerly) S. 30-01-00 E. 50 feet to the POINT AND PLACE OF BEGINNING.

Being the same property conveyed to party of the first part by deed recorded in Book 3435 at page 423, Mecklenburg Public Registry.

CANNON / CLINE / BRAUN
3550 NCNB PLAZA