

12/27/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

FEE: 100.00 chk # 4266
DATE: 11/4/97 gc

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

-- - 40 [ ] J 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 #: 23060

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 001-342-30

STREET ADDRESS: 16044 YACHT ROAD

SUBDIVISION OR MOBILE HOME PARK NAME: WILLIAMS SUBDIVISION

LOT NUMBER: 24

TOWNSHIP (CHECK ONE):

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

TYPE OF BUILDING (CHECK ONE):

[ ] SINGLE MOBILE HOME(S) [ ] MODULAR HOME (M)
[ ] DOUBLE WIDE (D) [ ] MULTIPLE FAMILY (U)
[✓] HOUSE (H) [ ] OTHER (O)

HEATED SQUARE FOOTAGE: 2560

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

[ ] WITHOUT BASEMENT ON SLAB
[✓] CRAWL SPACE
[ ] WITH BASEMENT /PLUMBING
[ ] WITH BASEMENT /NO PLUMBING

CLOSING DATE N/A

11-14-97 made OSV - owner can use existing system (3 bedroom) if appropriate easement is obtained SEE PLOT PLAN

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

1-15-98 easement obtained, use existing system

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: (LAST) WILLIAMS (FIRST) ELAK (MI) D	NAME: (LAST) (FIRST) (MI)
ADDRESS: 379 YACHT RD	DAYTIME PHONE: ( ) -
CITY: MOORESVILLE STATE: NC ZIP: 28115	
DAYTIME PHONE: 704 - 664-3110	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 4-28-92

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: Elak D Williams DATE: 11-4-97

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

ON-SITE WASTEWATER SECTION

COUNTY: _____

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

460 #2 23061B 001-342-3a L24

OWNER: Clark D. Williams APPLICANT: _____

ADDRESS: 379 Yacht Rd, Moorestown APPLICATION DATE: _____ DATE EVALUATED: _____

PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 360gpd PROPERTY SIZE: .6

LOCATION OF SITE: 16644 Yacht Rd PROPERTY RECORDED: _____

WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☒ Other _____

EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut

TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE % (Slopes 2-8%)	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS	0-8"	gr/cl	Fr/SE/SS/SO	7.5YR 7/8 TO soil wetness	48"	N/A	None	PS .3g/ft² IV
		8-40"	SBK/C	Fi/SE/SS/SO					
2	LS	0-8"	gr/cl	Fr/SE/SS/SO	7.5YR 7/8 TO soil wetness	48"	N/A	None	PS .3g/ft² IV
		8-48"	SBK/C	Fi/SE/SS/SO					
3	LS	0-6"	gr/cl	Fr/SE/SS/SO	7.5YR 7/8 TO soil wetness	46"	N/A	None	PS .3g/ft² IV
		6-46"	SBK/C	Fi/SE/SS/SO					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	LPS
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): Unsuitable

EVALUATED BY: W. A. Mauldin 11-11-97

OTHER(S) PRESENT: LPS

COMMENTS: 100% Repair

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
(Drainage Way)					EXP (Expansive)	CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
S (Foot Slope)						ABK (Angular Blocky)
(Head Slope)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SICL (Silty Clay Loam)				PR (Prismatic)
(Nose Slope)		CL (Clay Loam)			MOIST	WET
(Ridge)		SCL (Sandy Clay Loam)				
(Shoulder Slope)		SUC (Silt Loam Clay)			VFR (Very Friable)	NS (Non-sticky)
(Terrace)					FR (Friable)	SS (Slightly Sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FI (Firm)	S (Sticky)
		SIC (Silty Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
					EFI (Extremely Firm)	NP (Non-plastic)
		O (Organic)	None			SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

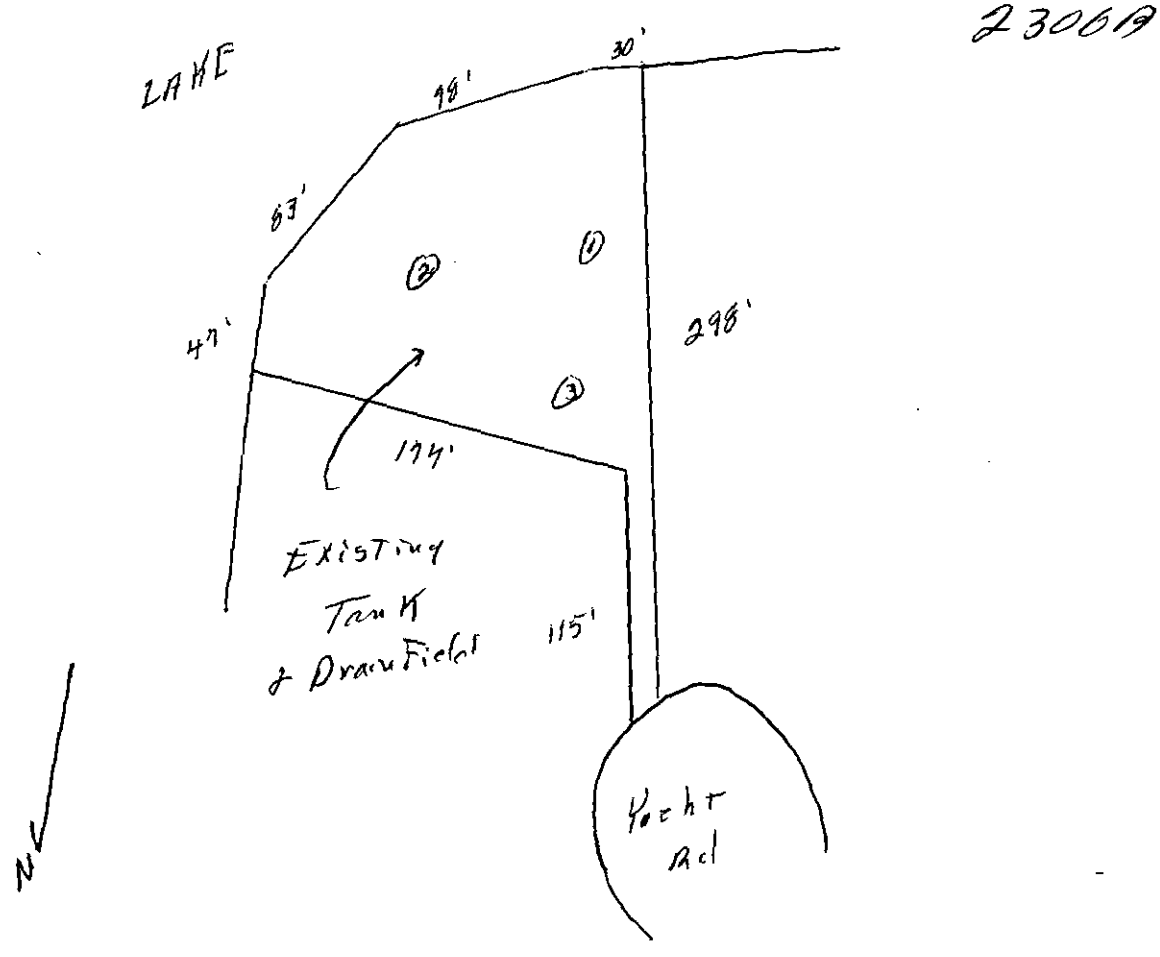
OTES

ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designatic
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.
ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).

23069



PROPOSED PLOT PLAN

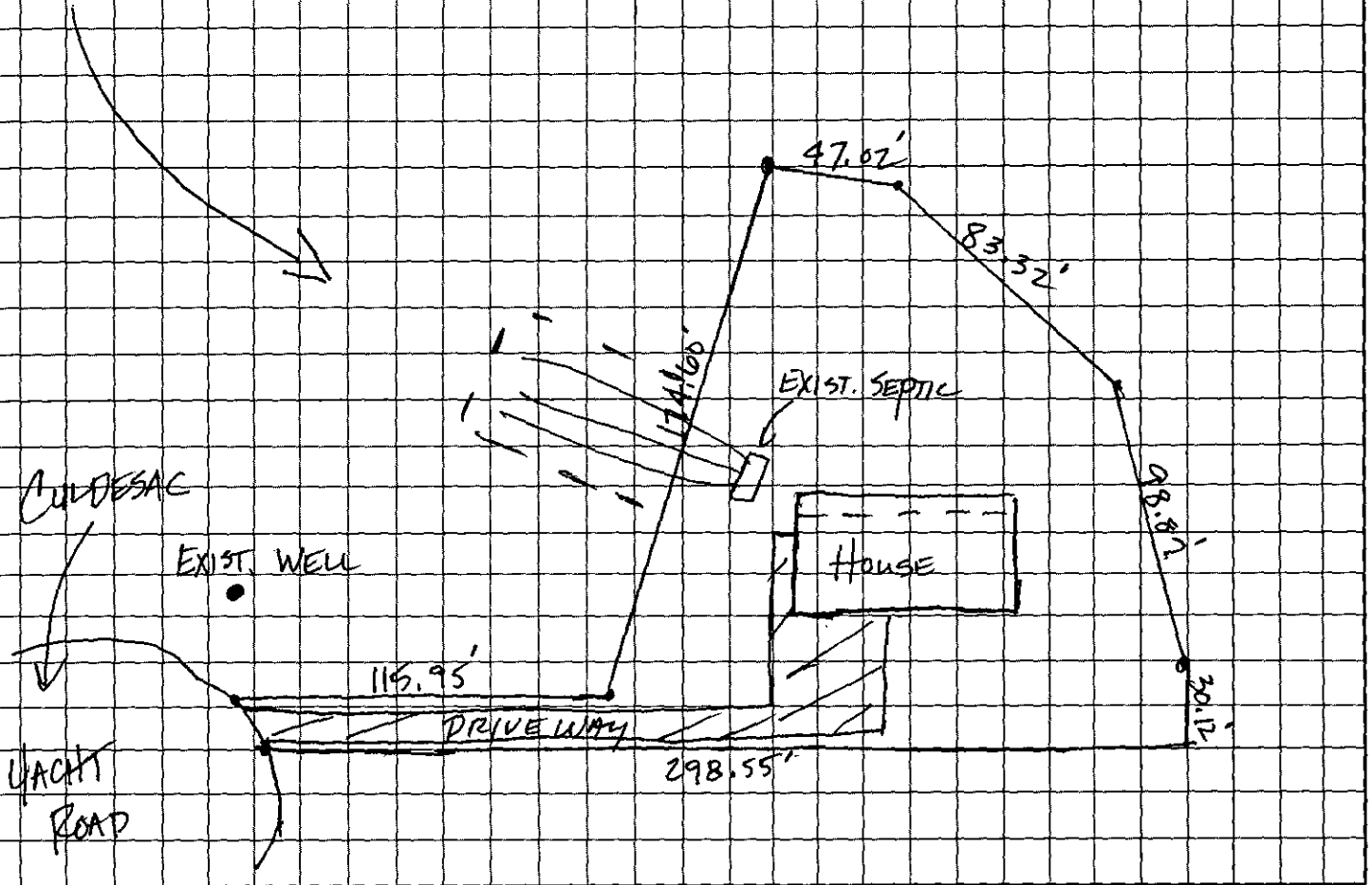
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2306B

TC: 001-342-30

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 can use the existing 3 bedroom system if proper easement is obtained.



Elak D Williams
OWNER/AGENT SIGNATURE

DATE 11-4-97

APPROVAL DATE _____

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

12-23-97

Larry

Call me if I need to pick up anything or you can mail to

Buster Williams
203 Queens Cove Rd
Mooresville, NC 28115

Work 663-1563

If Anything Does Not Seem To Be In Order - Call Me Also.

File
2306B

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

SEPTIC TANK DRAIN FIELD EASEMENT AGREEMENT

This EASEMENT made this 17th day of December, 19 97, by and between

GRANTOR	GRANTEE
ELAK B. WILLIAMS and wife, ELIZABETH WILLIAMS	ELAK D. WILLIAMS and wife, RUTH O. WILLIAMS 16644 Yacht Road Mooresville, NC 28115

Enter in appropriate block for each party: name, address, and, if appropriate, character of entity, e.g., corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee an easement as hereinafter described, to run with the land, upon that certain lot or parcel of land owned by Grantor and located in the City of _____, Lemley Township, Mecklenburg County, North Carolina, and more particularly described as follows:

Mecklenburg Tax Parcel No. 001-342-29 as shown on a page of the County Tax Map attached hereto as Exhibit A

Lot 23 Block _____ of Williams Subdivision, Map 2 recorded in Map Book 24 Page 876 (if applicable)

See the plat attached hereto as Exhibit B and the parcel shown thereon identified with Grantor's name for the legal description of Grantor's parcel and of the Septic Tank Drain Field Easement Area located thereon, said parcel labeled thereon and hereinafter referred to as the "Easement Parcel."

This instrument was prepared by: Clifton W. Homesley, Attorney at Law

Mail after recording to: 387 North Main Street
Mooresville, North Carolina 28115 (ATP)

BK: 05450 PG: 0381/0386 #:0083 20.10
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 01/15/98 10:42

Grantor hereby imposes said easement for the benefit of Grantee as the present owner and for the benefit of future owners of the following lot or parcel of land, situated in the City of _____, Lemley Township, Mecklenburg County, North Carolina, and more particularly described as follows:

Mecklenburg Tax Parcel No. 001-342-30 as shown on a page of the County Tax Map attached hereto as Exhibit A

Lot 24 Block _____ of Williams Subdivision, Map 2 recorded in Map Book 24 Page 876 (if applicable)

See the plat attached hereto as Exhibit B and the parcel shown thereon identified with Grantee's name for the legal description of Grantee's parcel, said parcel labeled thereon and hereinafter referred to as the "Benefitted Parcel."

Said Easement shall enable the Grantee to place, if, as and when needed, such need to be determined by the Grantee in his sole discretion, a septic tank and drain field or portions thereof, upon the Septic Tank Drain Field Easement Area on the Easement Parcel and to inspect, maintain, repair and replace the components of said septic tank and drain field at any time and from time to time. If the Easement Area also includes a connector strip for ingress and egress, Grantee shall have the right to use said connector strip for access as needed. ***This Easement may not be altered, amended or cancelled without the express written permission of the Mecklenburg County Health Department, which written permission must be part of any document recorded to alter, amend or cancel this Easement.*** This Easement shall automatically expire, however, should Grantee ever hook up the structure located or to be located on the Benefitted Parcel to a public or community sanitary sewage system but shall otherwise be perpetual.

Grantor acknowledges that the Septic Tank Drain Field Easement Area cannot be used and will not be used for any of the following activities or in any of the following ways:

- Grading or filling
- Parking or driving heavy equipment in the area or in any other way compacting the soil in the Area
- Excavating soil from the Area
- Placing footings or foundations or engaging in any other construction activity in the Area
- Placing in-ground or above-ground swimming pools in the Area
- Placing irrigation systems in the Area
- Placing underground utility lines or cables in the Area
- Planting trees or gardens in the Area
- Removing any large trees in the Area unless dead or diseased
- Using the area for the burial of stumps, trash, or any other type of construction material
- Using the Area for gravesites

Diverting the natural flow of water onto the Area by way of drainage ditches or diversion ditches or using the Area to receive water from any gutter or downspout discharges

IN WITNESS WHEREOF, the Grantor and Grantee have hereunto set their hands and seals, or if corporate, have caused this instrument to be signed in their corporate names by their duly authorized officers and their seals to be hereunto affixed by authority of their Boards of Directors, the day and year first above written.

GRANTOR

_____ (SEAL)
(Corporate Name) Elak B. Williams

BY: _____ _____ (SEAL)
_____ President Elizabeth Williams

ATTEST: _____ (SEAL)

_____ _____ (SEAL)
_____ Secretary (Corporate Seal)

SEAL-STAMP North Carolina, Iredell County

I, Terri B. Pruett, a Notary Public of the County and State aforesaid, certify that Elak B. Williams &/wife Elizabeth William Grantor, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 22nd day of December, 1997.

My Commission Expires: 3/13/99 Terri B. Pruett (Notary Public)

TERRI B. PRUETT NOTARY PUBLIC IREDELL COUNTY, NC

SEAL-STAMP North Carolina, _____ County

I, _____, a Notary Public of the County and State aforesaid, certify that _____ personally came before me this day and acknowledged that _he is _____ Secretary of _____, a corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal and attested by _____ as its _____ Secretary. Witness my hand and official stamp or seal, this _____ day of _____, 19__.

My Commission Expires: _____ _____
Notary Public

GRANTEE

_____
(Corporate Name)

BY: _____
_____ President

ATTEST:

_____
_____ Secretary (Corporate Seal)

Elak D. Williams (SEAL)
Elak D. Williams

Ruth O. Williams (SEAL)
Ruth O. Williams

_____ (SEAL)

_____ (SEAL)

SEAL-STAMP North Carolina, Iredell County

I, Terri B. Pruett, a Notary Public of the County and State aforesaid, certify that Elak D. Williams & wife, Ruth O. Willi Grantee, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 22nd day of December, 1997.

My Commission Expires: 3/13/99 Terri B. Pruett
(Notary Public)

NOTARY PUBLIC

SEAL-STAMP North Carolina, _____ County

I, _____, a Notary Public of the County and State aforesaid, certify that _____ personally came before me this day and acknowledged that _he is _____ Secretary of _____, a corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal and attested by _____ as its _____ Secretary. Witness my hand and official stamp or seal, this _____ day of _____, 19__.

My Commission Expires: _____ _____
Notary Public

This document is not to be recorded until approved by the Mecklenburg County Health Department.

APPROVED AS TO THE SEPTIC REPAIR AREA REQUIREMENTS:

MECKLENBURG COUNTY HEALTH DEPARTMENT

BY: _____ DATE: _____

_____
(print name)

Approval by the Mecklenburg County Health Department does not certify or extend to matters of title. The purchaser of property subject to or affected by this easement is responsible for ascertaining all matters affecting the validity and enforceability of this instrument.

EXHIBIT B

TO SEPTIC TANK DRAIN FIELD EASEMENT AGREEMENT

BEGINNING at a point located in the common boundary line of Lots 23 and 24 of the Williams Subdivision as such is depicted in Plat Book 24 at Page 876 of the Mecklenburg County Public Registry, said point being located North 82-09-43 West 57.00 feet from a one-half inch solid iron located at the easternmost common corner of Lots 23 and 24; thence from said point of beginning with the common boundary line of Lots 23 and 24, North 82-09-43 West 32.00 feet to a point; thence with three new lines of the Grantors as follows: 1) North 09-27-58 East 56.00 feet, 2) South 82-09-43 East 32.00 feet and 3) South 09-27-58 West 56.00 feet to the point and place of beginning.