

5401 ROCKY RIVER RD

10518175

4/30/08

marliwr

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

Log No: _____

Page _____ of _____

SERVICE REQUEST / WORK ORDER

Date	Activity Report Log
4-27-05	PC. FROM MS. [redacted]. 578-5540, 599-4934
3:31	
	P.C. TO MS [redacted]. SHE ADVISED THERE WAS WATER SURFACING @ DRAIN @ BACK OF PROPERTY, FROM FRENCH DRAIN WHERE SOME SUDS HAD PREVIOUSLY BEEN SEEN. SITE MGR ADVISED NEW REPAIR HAD BEEN SURFACING ANY TIME IT RAINS.
5-5-05	GSV, MS [redacted]'s SON PRESENT. HE SHOWED LOCATION
2:00	WHERE WATER WAS SURFACING @ BACK. I DID NOT
	OBSERVE ANY SEWAGE @ NEW REPAIR. I DID OBSERVE A
	WASHED OUT HOLE ABOVE D-BOX WHERE SURFACE RAIN
	WATER HAD EASY ACCESS TO EXISTING DRAINFIELD.
	P.C. TO MS. [redacted], ~~F AP L M~~, THAT I WOULD CONTACT
	MECK CO. STORMWATER TO LOOK @ DRAIN @ BACK, AS
	THIS IS NOT IN OUR JURISDICTION. I ADVISED HER ~~THE~~
	THAT LANDSCAPING TO FILL IN/ DIVERT WATER AWAY FROM
	D-BOX WOULD PROBABLY CORRECT/IMPROVE SEPTIC PROBLEM,
	AS WELL AS CHECKING LEVEL ON D-BOX.

Log No: _____

Page _____ of _____

SERVICE REQUEST / WORK ORDER

Date	Activity Report Log
	I FORWARDED A SERVICE REQUEST TO COUNTY STORMWATER,
	TO LOOK @ PROBLEM.
5-5-05	RE. FROM MS. WATER, SHE ADVISED SHE HAD JUST
	HAD YARD LANDSCAPED AND DID NOT WANT TO EXCAVATE
	D-BOX, I ADVISED HER THAT IMPROPER LANDSCAPING/
	SURFACE DIVERSION MAY CORRECT HER PROBLEM. I ALSO
	ADVISED HER THAT I HAD CONTACT STORMWATER REGARDING
	DRAIN AT BACK. SHE STATED SHE WOULD WAIT AND
	SEE IF LANDSCAPING CORRECTS PROBLEM.
5-6-05	OSU NOP. AREA OVER D-BOX HAS BEEN
	FILLED AND YARD SEEDED.

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 2266A DATE: 4-28-04

TC: 105-181-75 ☒ L ☐ CRT

SERIAL 19483

Name of Owner MARIE HAAKE Juris.: _____

Address of Property 5401 ROCKY RIVER ROAD.

Inspection Data:

Tank Material EXISTING

Total Length of Drainfield 180'

Number of Lines 9'x60' @ _____

Cover Depth 18"

Water Supply Source MUNICIPAL

Distance to Water Source >10

Excavation Inspected 4-28-04

Tank(s) Inspected NA

Wash Line Inspected _____

High Water Alarm Inspected _____

SEE REPAIR

PLOT

Design REPAIR 9'x60' 18"± STONE CTR# STEVE AVERY.

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

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

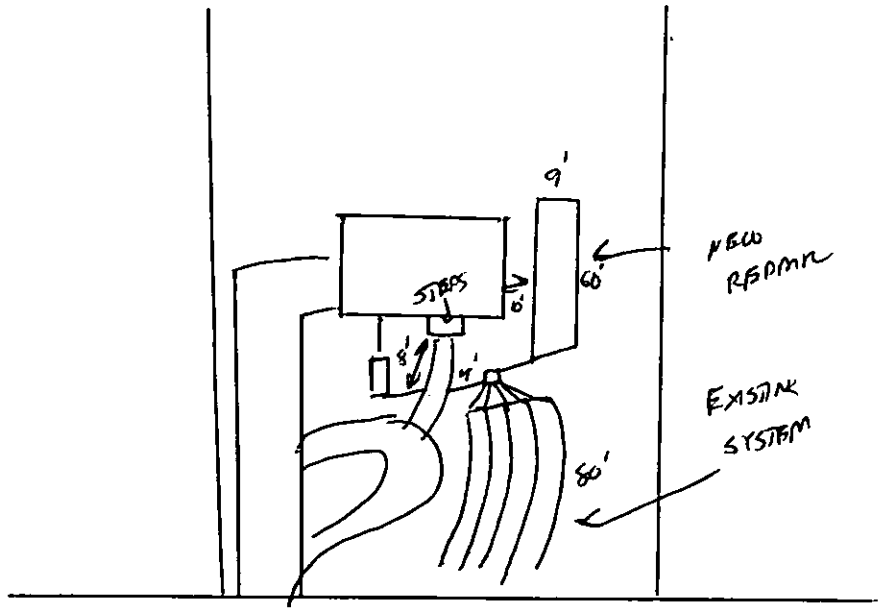
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 02-66A DATE: 4-27-04

TC: 105-181-75 ☐ L

SERIAL 19543

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 _____. All work shall be completed on or before _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 15 EXISTING gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction 1

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 9' X 60 feet

Trench Walls Scored and Porous YES

Total Line Length 180 feet

Number of Lines 3' X 60'

Depth of Stone 18" inches

Distance from House 51 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

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

NAME OF OWNER MARIE HAAKE

LOCATION OF PROPERTY 5401 ROCKY RIVER ROAD.

Comments: (1) MET JACK W/ AUTRY ONSITE. ALL LINES FILLED, E- WAS REPAIR AUTHORIZED. 9'X60' W/ 18"+ ROCK.

(2) SET NEW D-BOX - DISCONNECT BOX UNDER WASH-WAY

Environmental Health Specialist

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

FEE: _____

DATE: _____

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

[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: [redacted] 2266A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 105-181-75

STREET ADDRESS: 5401 ROCKY RIVER RD

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 1998

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

CLOSING DATE_____

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: | NUMBER OF OCCUPANTS:

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:

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:

NAME: HARKE MARIE
(LAST) (FIRST) (MI)

ADDRESS: 5401 ROCKY RIVER RD

CITY: CHAR. STATE: NC ZIP:

DAYTIME PHONE: ( ) -

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(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: [signature] CONTRACTOR DATE: 4-28-04

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

N. C. Department of Environment and Natural Resources/Division of Environmental Health

NOTICE OF VIOLATION
ON-SITE WASTEWATER SYSTEM

"FINAL NOTICE"
3/11/04 _____
mailing date initials

☐ Certified Mail (Return Receipt)

☒ First Class Mail

☐ Hand Deliver

Owner: William Henry&Susan Hicks

Mailing Address: 5335 Rocky River Road
Charlotte, NC 28215

Occupant:

Location: Same

☒ Residence ☐ Business ☐ Other: ____

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 13A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly, which is not provided with an approved wastewater system. Your wastewater system is not in compliance.

On February 18, 2004, an inspection of the wastewater system by the Mecklenburg County Health Department indicated the following violations:

Violation	Law or Rule Cite
Sewage discharging to ground surface	G.S. 130A-335(a)
	15NCAC 18A .1938(b)
	15NCAC 18A .1961(a)

You are hereby ordered to bring your wastewater system into compliance by completing the following:

☒ Install/Repair Wastewater System. You must obtain a Repair Permit from the local health department prior to repair of your system.

Other Repairs (*Specify*): ____

☐ Eliminate wastewater discharge and connect to an approved wastewater system.

Perform Maintenance (*Specify*): ____

If the wastewater violation is not brought into compliance by March 25, 2004, appropriate legal action will be taken.

Failure to comply with laws, rules and this notice will subject you to the following legal remedies; Injunction Relief [G.S. 130A-18], Administrative Penalties [G.S. 130-22 (c)], Suspension or Revocation of Permits [G.S. 130-23], and Criminal Penalties [G.S. 130-25].

You may contact our office at 700 North Tryon Street, Suite 211, Charlotte, NC 28202, (704) 336-5573, phone; (704) 336-6894, fax.

Notice Issued: 02/25/04
Date

Signed J. Andrew Walker, R.S.
DENR/DEH

Compliance: 4/28/04
Date

Signed _____ Agent
DENR/DEH

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: ~~16628~~ 2266A DATE: 1-22-99

TC: 105-181-25 ☐ C ☐ CRT

SERIAL Nº 17907 (160)

Name of Owner DONALD ~~VOLAT~~ Singleton Juris.:

Address of Property 5401 ROCKY RIVER ROAD

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 6 @ 67'

Cover Depth 12" - 18"

Water Supply Source CH. MUNICIPAL

Distance to Water Source 10'

Excavation Inspected 1-22-99

Tank(s) Inspected 1-22-99

Wash Line Inspected NA

High Water Alarm Inspected NA

PLOT

* SEE PLOT PLAN

Design 1500 ST 1200 SFT CON 12 G CTR# A.H. STEWART

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-

Andrew Oakley RS
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

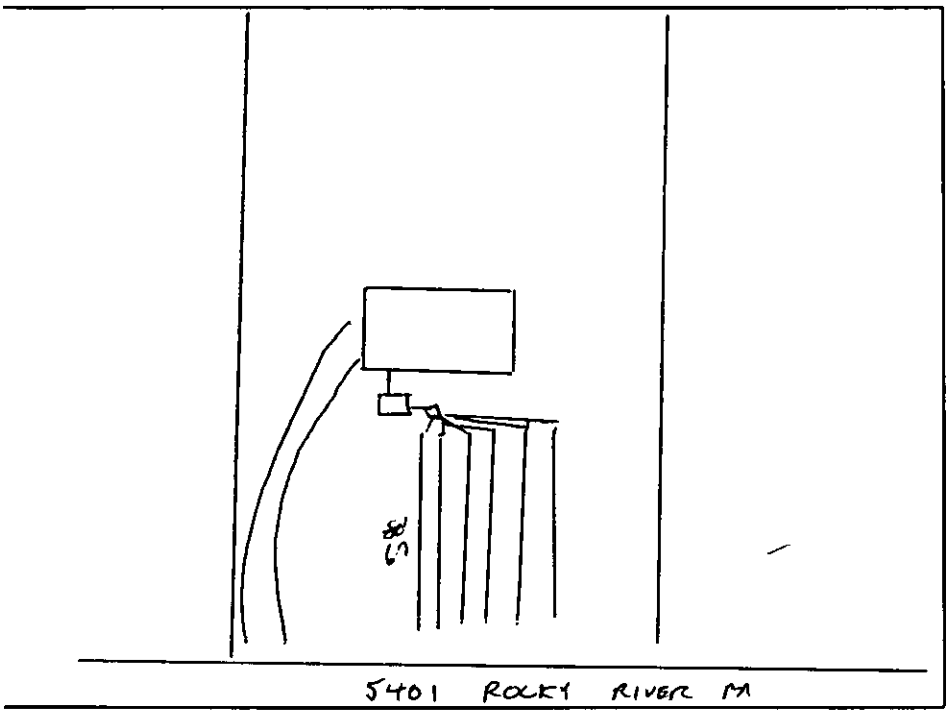
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2266 A DATE: 1-20-99

TC: 105-181-25 ☐ L

SERIAL Nº 18029

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 11-27-96. All work shall be completed on or before 3-20-99, 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 NA gallons

Tank Construction PCC

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous YES

Total Line Length 400 feet

Number of Lines 5

Depth of Stone 12" inches

Distance from House 5' 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 ~~KENN DONALD YOUNT~~ Singleton

LOCATION OF PROPERTY 5401 ROCKY RIVER ROAD

Comments: (1) SYSTEM TO BE INSTALLED IN 6 X 67' FOOT LINE

Environmental Health Specialist

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

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 10/22/97 PERMIT NO: 2266A
PARCEL NO: 105 181 75

JOB LOCATION ADDRESS: 5401 Rocky River Rd
PROPERTY OWNER: Donald C ~~Voyles~~ Singleton
BUILDING CONTRACTOR: -
SUBDIVISION NAME: NA
AUTHORIZATION ISSUED BY: Thilo S. Walker R.S. DATE: 10/22/97
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2266A, 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: Plot plan alteration approved

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.

X Donald C Singleton 10-22-97
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: ~~#662B~~ 226LA

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 105 181 75

- 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	___ 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)	
Yes Serviced by private well	1500 Gallon septic tank	400' Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3 Bedrooms in residence	NA Gallon pump tank	12" Depth of stone		
Any surface waters present: NO Type:		Minimum separation distance:		
Site modifications required:				
Additional Conditions: Keep lines on contour of land.				
Repair Area System Type Type (circle one): I (IV) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
1200' Absorption Area (Sq ft) 400' Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	24" 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.

Philo S. Walker R.S. 1/14/97
DEHNR Authorized Agent — Date

x Kenneth Graham 1-14-97
Owner/Agent Signature — Date

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

PROPOSED PLOT PLAN

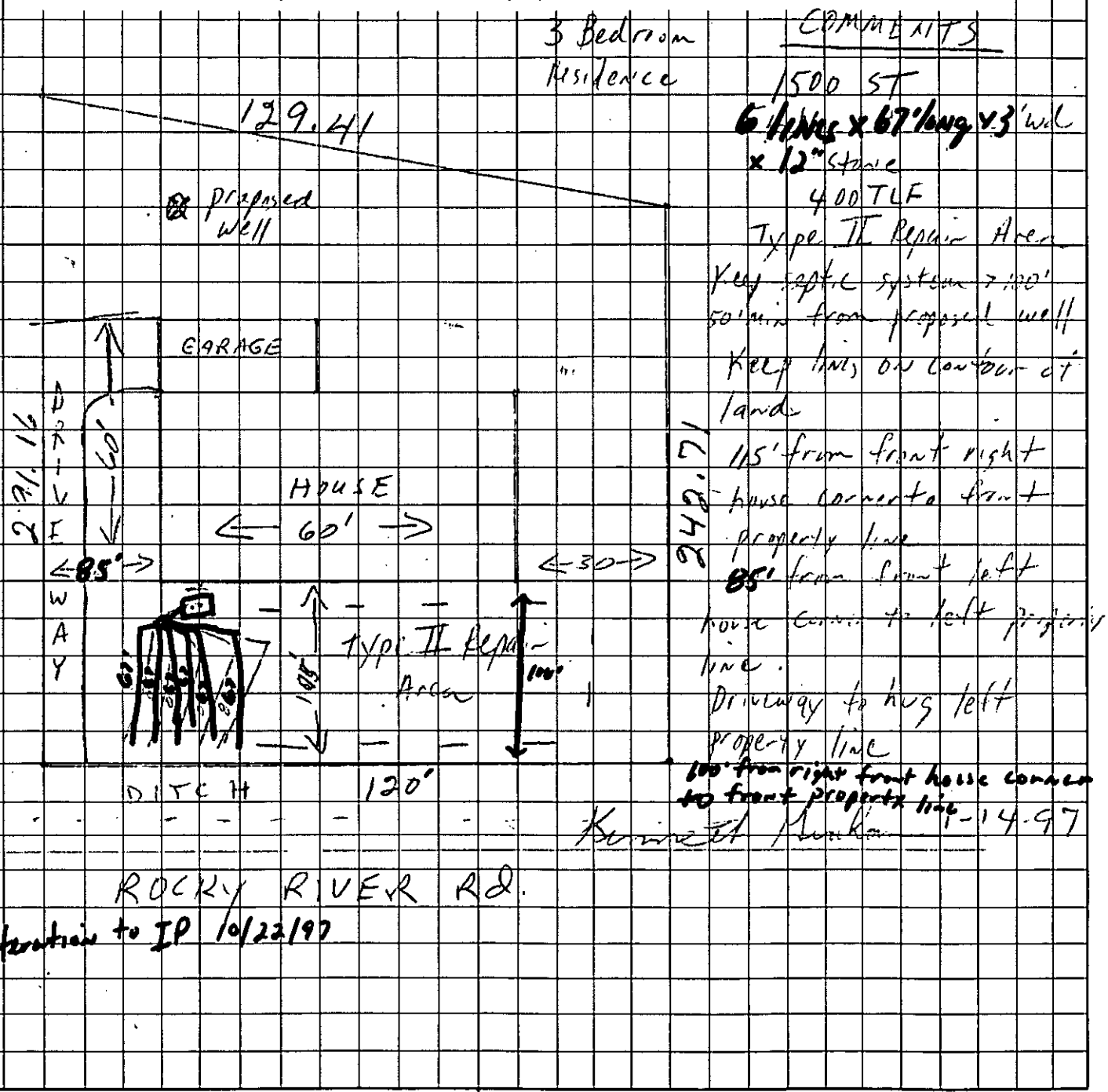
New Plot Plan

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

FILE: 1662B

TC: 105-181-75

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.



Donald C Voyles
OWNER/AGENT SIGNATURE

DATE 10-22-97

APPROVAL DATE P/W 11/14/97 gjm

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

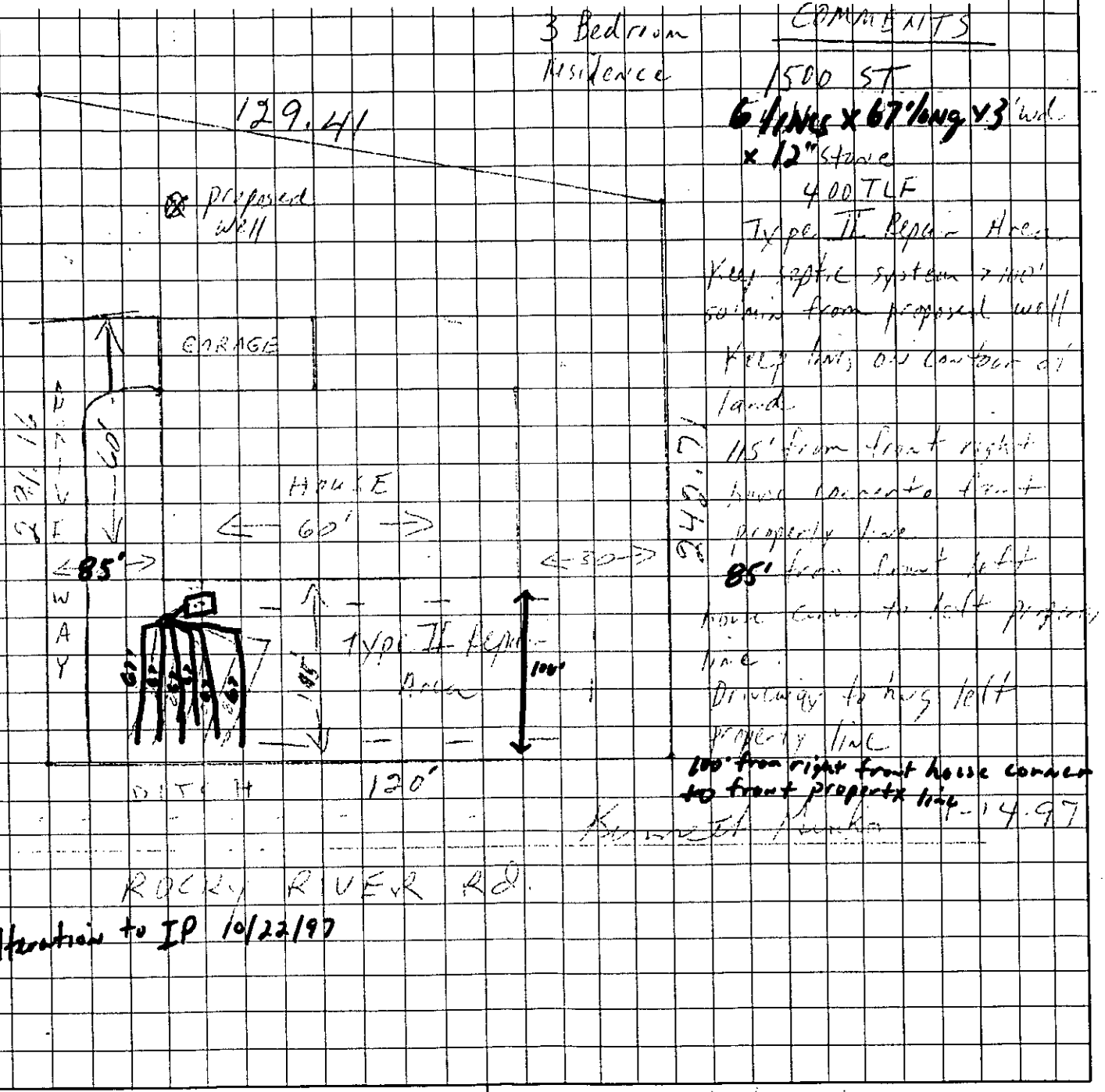
PROPOSED PLOT PLAN

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

FILE: 1662B

TC: 105-181-75

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 Donald C Wyatt

DATE 10-22-97

APPROVAL DATE Plot 11/4/97 gjm

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

FEE: 100.00 Rec'd Cash $100.00

DATE: 11-27-96

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

[ ] CRT

TYPE APPLICATION: [✓] NEW SYSTEM [ ] EXPANSION/ ALTERATION OF EXISTING SYSTEM [ ] REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: HRB-2266A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 105-181-75

STREET ADDRESS: 5401 ROCKY RIVER RD

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 75

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2,360

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

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:

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

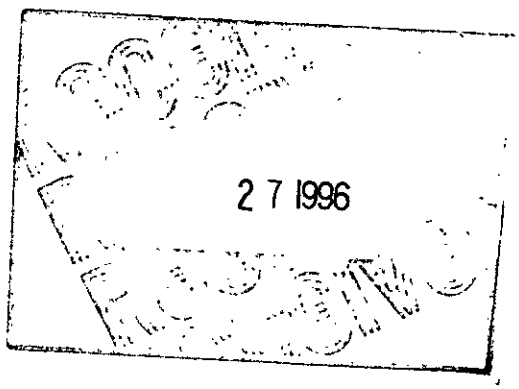
PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: HILDRETH JERRY (LAST) (FIRST) (MI)	NAME: GRAHAM KENNETH R (LAST) (FIRST) (MI)
ADDRESS: 5327 ROCKY RIVER RD	DAYTIME PHONE: (704) -596-7063
CITY: CHARLOTTE STATE: NC ZIP: 28215	
DAYTIME PHONE: (704) -597-7115	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 12-11-1986

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: Kenneth R Graham DATE: 11-27-96

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


2 7 1996

OFFER TO PURCHASE AND CONTRACT

Kenneth Graham, as Buyer, hereby offers to purchase and Jerry Hildreth, as Seller, upon acceptance of said offer, agrees to sell and convey, all of that plot, piece or parcel of land described below, together with all improvements located thereon and such personal property as is listed below (the real and personal property are collectively referred to as "the Property"), in accordance with the Standard Provisions on the REVERSE SIDE HEREOF and upon the following terms and conditions:

1. REAL PROPERTY: Located in the City of _____, Mecklenburg County of _____, State of North Carolina, being known as and more particularly described as:
Street Address 5401 Rocky River Rd. Zip 28215
Legal Description .735 acre tract on Rocky River Rd.
tax parcel number 105-181-75

2. PERSONAL PROPERTY: NONE

3. PURCHASE PRICE: The purchase price is $ 25,000.00 and shall be paid as follows:
(a) $ 1,000.00, in earnest money paid by official check (cash; bank, certified, or personal check) with the delivery of this contract, to be held in escrow by Seller, as agent, until the sale is closed, at which time it will be credited to Buyer, or until this contract is otherwise terminated and it is disbursed in accordance with the Standard Provisions on the REVERSE SIDE HEREOF;
(b) $ _____, by assumption of the unpaid principal balance and all obligations of Seller on the existing loan secured by a deed of trust on the Property;
(c) $ _____, by a promissory note secured by a purchase money deed of trust on the Property with interest prior to default at the rate of _____ % per annum payable as follows: _____

Prepayment restrictions and/or penalties, if any, shall be: _____

Assumption or transfer rights, if any, shall be: _____

(d) $ 24,000.00, the balance of the purchase price in cash at closing.

4. CONDITIONS: (State N/A in each blank of paragraph 4(a) and 4(b) that is not a condition to this contract.)
(a) The Buyer must be able to obtain a firm commitment on or before N/A, effective through the date of closing, for a N/A loan in the principal amount of $ N/A for a term of N/A year(s), at an interest rate not to exceed N/A % per annum, with mortgage loan discount points not to exceed N/A % of the loan amount. Buyer agrees to use his best efforts to secure such commitment and to advise Seller immediately upon receipt of the lender's decision. If Seller is to pay any loan closing costs, those costs are as follows: N/A
(b) The Buyer must be able to assume the unpaid principal balance of the existing loan described in paragraph 3(b) above for the remainder of the loan term, at an interest rate not to exceed N/A % per annum fixed (or describe type of loan) N/A, with mortgage loan assumption and/or discount points not to exceed N/A % of the loan balance. (See Standard Provision No. 2). If such assumption requires the lender's approval, approval must be granted on or before N/A. Buyer agrees to use his best efforts to secure such approval and to advise Seller immediately upon his receipt of the lender's decision. If Seller is to pay any loan assumption costs, those costs are as follows: N/A
(c) There must be no restriction, easement, zoning or other governmental regulation that would prevent the reasonable use of the real property for residential purposes.

5. ASSESSMENTS: Seller warrants that there are no special assessments, either pending or confirmed, for sidewalk, paving, water, sewer or other improvements on or adjoining the Property, except as follows: NONE (Insert "None" or the identification of any such assessments, if any. The agreement for payment or proration of any assessments indicated is to be set forth in paragraph 6 below.)

6. OTHER PROVISIONS AND CONDITIONS:
(a) All of the Standard Provisions on the REVERSE SIDE HEREOF are understood and shall apply to this instrument, except the following numbered Standard Provisions shall be deleted: (If none are to be deleted, state "None".) 2, 3, 11, 7, 8, 9

This offer contingent on the property passing a soil "perk" test.

IF THERE ARE ANY ADDENDA TO THIS CONTRACT, INDICATE ABOVE AND ATTACH HERETO.

7. CLOSING: All parties agree to execute any and all documents and papers necessary in connection with closing and transfer of title on or before January 15, 1997, at a place designated by Buyer. The deed is to be made to as directed.

8. POSSESSION: Possession shall be delivered at closing. In the event that Buyer has agreed that possession is not delivered at closing, then Seller agrees to pay to Buyer the sum of $ N/A per day from and including the date of closing to and including the date that possession is to be delivered as above set forth.

9. COUNTERPARTS: This offer shall become a binding contract when signed by both Buyer and Seller. It is to be signed in 2 counterparts with a signed counterpart being retained by each party hereto and the escrow agent, if any.

Date of Offer: 11-19-96 Date of Acceptance: 11-22-96

Buyer Kenneth Graham (SEAL) Seller Jerry Hildreth (SEAL)

Buyer _____ (SEAL) Seller _____ (SEAL)

I hereby acknowledge receipt of the earnest money herein set forth and agree to hold and disburse the same in accordance with the terms hereof.

Date _____ Firm _____

By: _____

Selling Agent/Firm N/A Acting as ☐ Buyer's Agent ☐ Seller's (Sub) Agent ☐ Dual Agent

Listing Agent/Firm N/A Acting as ☐ Seller's (Sub) Agent ☐ Dual Agent

NC Bar Association Form No. 2, ©1995.
Printed by Agreement with the NC Bar Association — 1981
James Williams & Co., Inc. • Box 127 • Yadkinville, NC 27055

This Standard Form has been approved jointly by the:
NORTH CAROLINA BAR ASSOCIATION — NC Bar Form No. 2
NORTH CAROLINA ASSOCIATION OF REALTORS®, INC. — Standard Form No. 301

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet
PROPERTY ID #:
COUNTY:

2
2266A
105-181-75

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Jerry Heldreth
APPLICANT:
ADDRESS: 5327 Rocky River Rd Char
APPLICATION DATE:
DATE EVALUATED:
PROPOSED FACILITY: residence
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: .76
LOCATION OF SITE: 5401 Rocky River Road
PROPERTY RECORDED:
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	5-10% slopes .1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS 1942 SOIL WETNESS/ COLOR	1943 SOIL DEPTH	1956 SAPRO CLASS	1944 RESTR HORIZ	PROFILE CLASS & LTA
1	LS	0-8"	gr/scl	Fr/SEXP/SS/SP	>48" to Chroma 2	48"	N/A	None	PS .39/Pz LV
		8-48"	SBK/c	Fr-Fi/SEXP/SS/P					
2	LS	0-2"	gr/scl	Fr/SEXP/SS/SP	>51" to Chroma 2	51"	N/A	None	PS .39/Pz LV
		2-51"	SBK/c	Fr-Fi/SEXP/SP					
3	LS	0-2"	gr/scl	Fr/SEXP/SS/SP	>48" to Chroma 2	48"	N/A	None	PS .39/Pz LV
		2-48"	SBK/c	Fr-Fi/SEXP/SP					
4	LS	0-5"	gr/scl	Fr/SEXP/SS/SP	>49" to Chroma 2	49"	N/A	None	PS .39/Pz LV
		5-49"	SBK/c	Fr-Fi/SEXP/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	LS
System Type(s)		

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: Mr. A. Marlin 12-12-96
LSS

OMMENTS: Not sure if lot in 100 year

LEGEND

use the following standard abbreviations

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

OTES

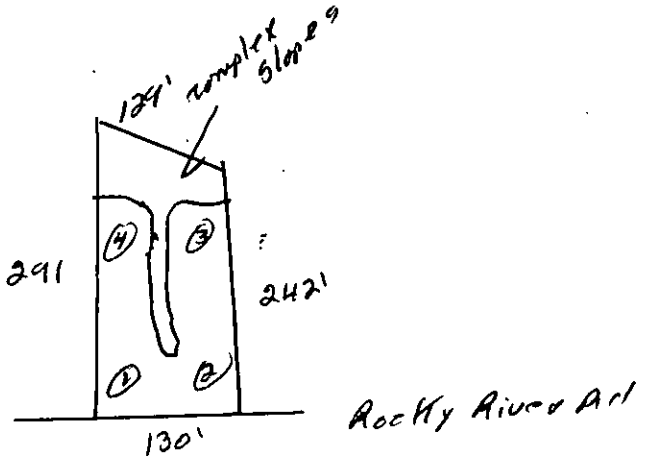
ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
STRUCTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
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).

16623



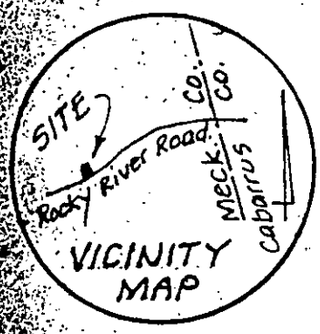
THIS IS TO CERTIFY THAT ON THE 23rd DAY OF Jan. 19 97 I. SURVEYED THE PROPERTY SHOWN ON THIS PLAT. AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE SHOWN HEREON.

SIGNED Bobby J. Raye REGISTERED SURVEYOR

Lot 8
Carol Ann Woods
Map: 18-227

BOBBY J. RAYE
N.C.R.L.S.
827 EASTWAY DRIVE
CHARLOTTE, NC 28205

NORTH CAROLINA REGISTERED SEAL L1108 LAND SURVEYOR BOBBY J. RAYE



31.15'
old iron
N.65-00-15E.
129.41
old iron
291.16
0.735 Acre
S.46-59E.
242.71
N.46-59 W.
B. W. Baity
J.T. Hildreth
120.0
S.43-01 W.
old iron
old iron

ROCKY RIVER ROAD 60'

Boundary SURVEY
OF

0.735 Acre Tract

SCALE 1"=40' Crab Orchard Township, Mecklenburg Co., N.C.

THE PROPERTY OF Kenneth Graham

MAP RECORDED IN BOOK AT PAGE DEED RECORDED IN BOOK PAGE

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 226dA
TC: _____
SERIAL: № 19776 ☐ L ☐ CRT

① ADDRESS: 5401 Rocky River Rd (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 10518109 PO
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

⑧ NAME: Gunter (FIRST) Alois (MIDDLE) Tauk (LAST)
⑨ MAILING ADDRESS: 4224 Brookwood Rd
⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28215
⑬ PHONE: (WORK) 704 379 1074 ⑭ (HOME) 596 0557

This request is for a(n):
⑮ ☑ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) _____

System will serve:
⑲ ☑ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 4
㉓ Type? _____
㉔ Maximum occupancy? _____
㉕ Maximum number of employees? _____
㉖ Basement? ☐ yes ☑ no
㉗ Maximum number of seats? _____

㉘ Water supply from (present or proposed):
A ☑ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

The undersigned, owner of the property described above as the "LOCATION" has read the foregoing application, acknowledges 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: Gunter Tauk
Date: 7-24-90

IMPROVEMENT PERMIT

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 permit is issued by this Department.
... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist: _____ Date: 7/25/90
Director or Authorized Section Head: _____ Date: 7-26-90

This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 7-24-90

Name/Company: Camilen Tabe

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Application for Improvement Permit

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JUL 24 1990

FG 2266A

SH 102

Fee: $ 200.00 200.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

34 Maps Copied

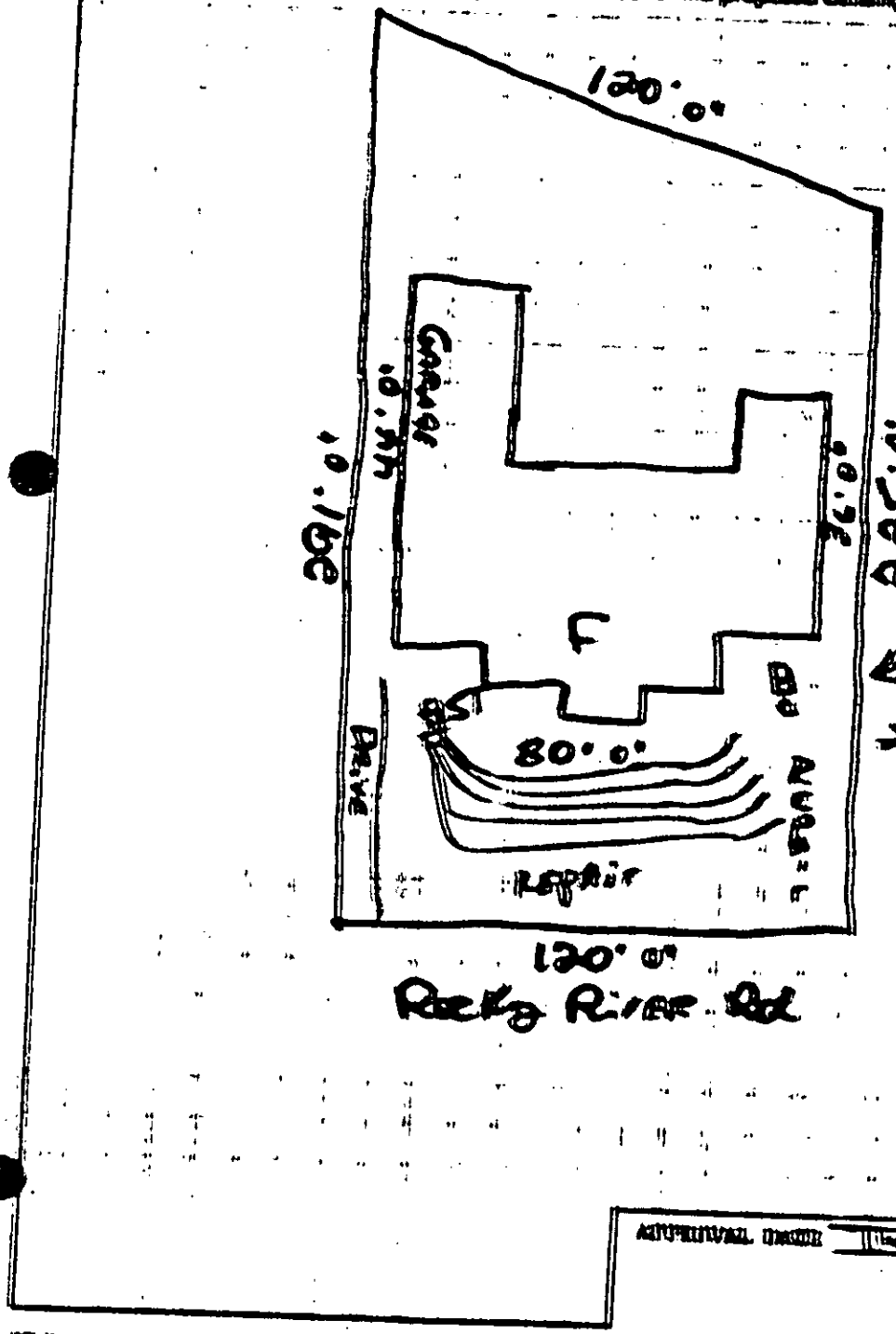
PROPOSED PLOT PLAN

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

FILE: 2266A

RE: 105-18:09 Pa

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerne
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: 7/25/90

White – Health Department's Copy Canary – Environmentalist's Copy Pink – Owner's Co

BK. 51 - 21

PG. 17

PG. 17

CALDWELL RD. #2801

CORRIDOR

POWER

R/W

LOOP

COUNTY

COUNTY

OUTER

DUKE

BROOKWOOD RD.

ACORN OAKS RD.

DIANNE DR.

BEGONIA DR.

CAROL ANN DR.

ROCKY RIVER RD.

SATTERWHITE LN.

ALDERMOOD LN.

BELLINGHAM LN.

MECKLENBURG CABARRUS

114.88 AC± P | MECK CO.
121.45 AC± | CAB CO
236.33 AC | TOTAL

29.28 AC± P. MECK. CO.
.80 AC± CAB. CO.
30.08 AC. ± TOTAL
(ALL CHARGED IN MECK. CO.)

55 3.947 AC.
31
4.04 AC.
34 8.572 AC.
33 1.428 AC.
47 12.302 AC.
56 2 AC.
(7) 11.341 AC.
50
46 11.009 AC.
57 3.91 AC. WELL SITE
73 1.14 AC.
62 14.58 AC.
5.65 AC.
59
58 5.85 AC.
3.02 AC.
63
181
3.9 AC.
64
6.88 AC.
61
3.25 AC. (CA)
65
3.2 AC. (CA)
60
12.56 AC.
74
75
2.8 AC± P
49
54
48
45
44
43
41
42
40
39
38
37
36
35
1 AC.
66
1.1 AC.
67
1.1 AC (CA)
71
1.74 AC
1.63 AC
70
1.05 AC
69
.9 AC.
68
2.54 AC.
32
6.7 AC ± P
15
141
13
12
11
10
9
8
7
6
5
4
3
2
1
182
183
24

PG. 29

PG. 19

PG. 20

* INSET NOT TO SCALE

FOR TAX PURPOSES ONLY

TAX LINE MAP — BOOK 105 PAGE 18
MECKLENBURG COUNTY, NORTH CAROLINA
REVISED 8-9-95 NM | SCALE 1" = 400'

108

107

T 0-6" SCl

2- 0-2"
0-5#"C

8-~~49~~ C F+
SBY

3-0-2 SCl

2- 46"

(4) T 0-5" - Sandy Clay Loam
6-49" - Clay

12Ft 5

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 1/14/97 PERMIT NO: ~~1662B~~ 2266A

PARCEL NO: 105 181 75

JOB LOCATION ADDRESS: 5401 Rocky River Rd

PROPERTY OWNER: Kenneth Graham

BUILDING CONTRACTOR: -

SUBDIVISION NAME: -

AUTHORIZATION ISSUED BY: Philo S. Walker R.S. DATE: 1/14/97

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1662B, 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.

× Kenneth Graham 1-14-97

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

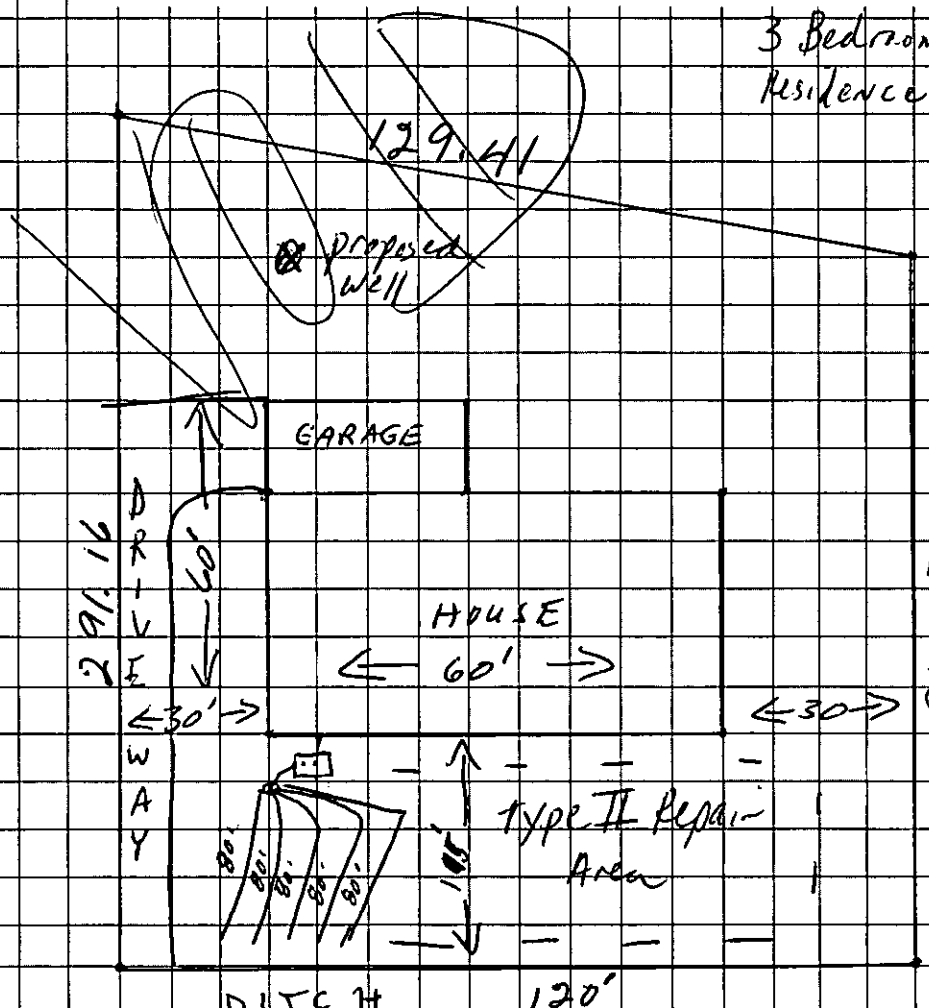
PROPOSED PLOT PLAN

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

FILE: 2266A 1662B

TC: 105-181-25

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.



3 Bedroom Residence

COMMENTS

1500. ST
5 lines x 80'long x 3'wd
x 12" stone
400 TLF
Type II Repair Area
Keep septic system >100'
50' min from proposed well
Keep lines on contour of land
115' from front right house corner to front property line
30' from front left house corner to left property line.
Driveway to hug left property line

Kenneth Mankin 1-14-97

ROCKY RIVER RD.

APPROVAL DATE PLW 1/14/98 ypc

OWNER/AGENT SIGNATURE

DATE

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

PROPOSED PLOT PLAN

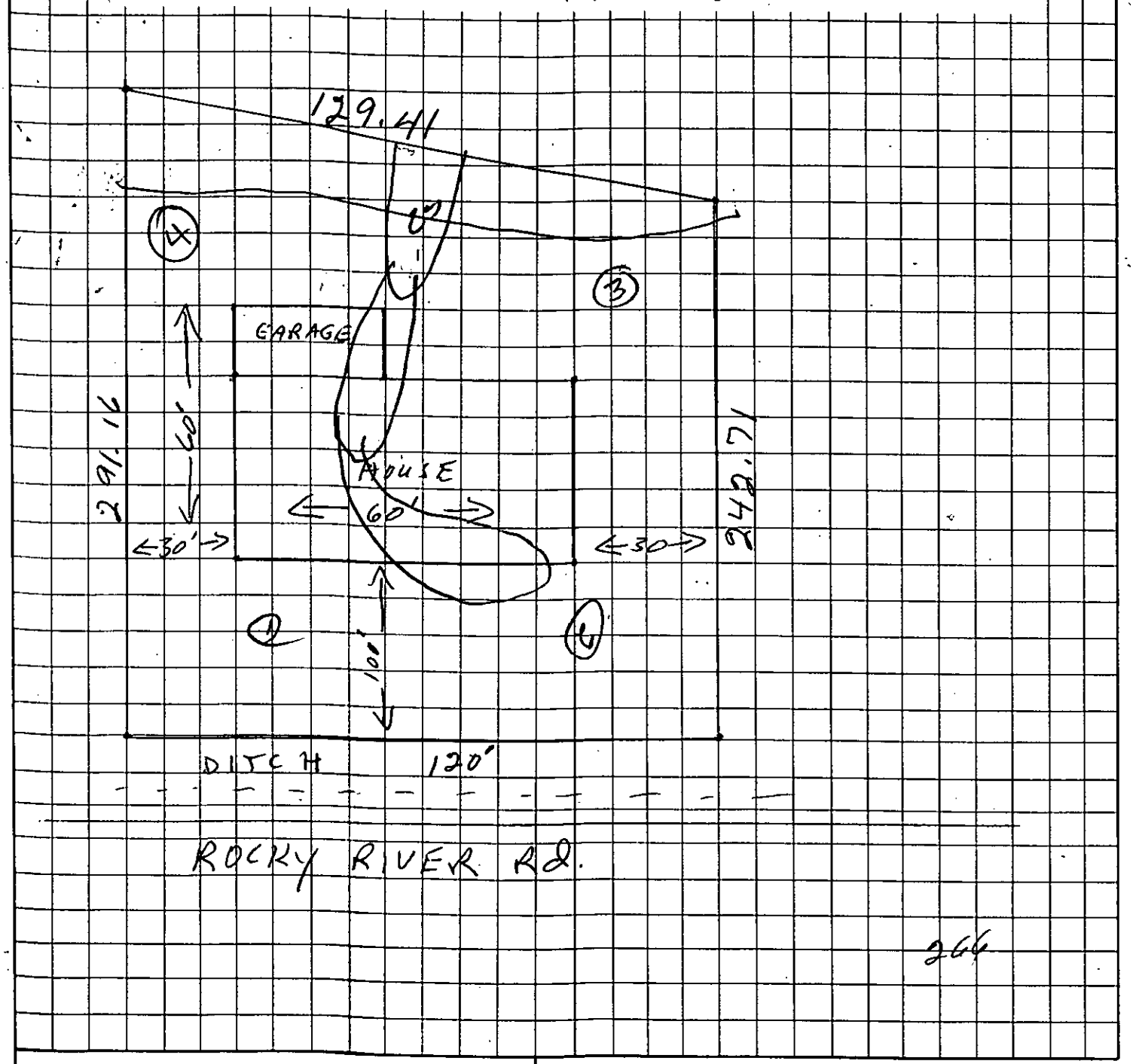
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

2 2CCA

FILE: ~~1662~~

TC: 105-181-25

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.



266

APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy