

9212 CASTLE GARDEN LN

10815215

1/3/2008

duponbj

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

Mecklenburg County
Health Department

January 11, 1999

Devie Goforth
1212 Union Road
Charlotte, NC 28105

Re: 1508 Union Road
File: 3609B
Parcel: 197-071-07

Dear Property Owners:

Receipt of your Application for Improvement Permit for the above referenced property is acknowledged. A soil evaluation and a site visit have been conducted. The results of the evaluation indicated that the site is **UNSUITABLE** under Rules .1941 **SOIL CHARACTERISTICS (MORPHOLOGY),** .1942 **SOIL WETNESS CONDITIONS,** .1943 **SOIL DEPTH,** and .1945 **AVAILABLE SPACE.** For these reasons your Application for Improvement Permit is denied. A possible way to develop the site exists under Rule .1948(d), which reads as follows:

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

The State shall review the substantiating date if requested by the local health department.

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

If you have any questions regarding this matter, please call me at 336-5575.

Sincerely,

Kelly Randall, R.S.
Individual Water and Wastewater Systems

Mecklenburg County
Health Department

Devin Goforth
1212 Union Rd
Matthews NC 28105

Re: 1509 Union Rd
File: 3609-3
Parcel: 197-071-07

Receipt of your Application for Improvement Permit for the above referenced property is acknowledged. A soil evaluation and a site visit have been conducted. The results of the evaluation indicated that the site is UNSUITABLE under Rules

For these reasons your Application for Improvement Permit is denied. A possible way to develop the site exists under Rule .1948(d) which reads as follows:

> A site classified as UNSUITABLE may be used for a ground absorption sewage treatment and disposal system specifically identified in Rules .1955, .1956, and or .1957 of this Section or a system approved under Rule .1969 if written documentation, including engineering, hydrogeologic, geologic or soil studies, indicates to the local health department that the proposed system can be expected to function satisfactorily. Such sites shall be reclassified a PROVISIONALLY SUITABLE if the local health department determines that the substantiating data indicate that:
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The State shall review the substantiating data if requested by the local health department.

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

If you have any questions regarding this matter, please call me at 336-5568.

Sincerely,

Larry B. Thompson, Jr., R.S.
Environmental Health Specialist
Individual Water and Wastewater Systems

FEE: 225.00 CK#2559

DATE: 1-3-98 VLW

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

4 pt lot plus 5 lots 2-6-12 1-15-98 RC

JCRT

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 #: 3689B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 197-071-07

STREET ADDRESS: ~~1508~~ Union Rd

SUBDIVISION OR MOBILE HOME PARK NAME: 3rd site 197.071.08

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1900

NUMBER OF BEDROOMS: 4 | 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)
✓ SHARED WELL (S)
__ MUNICIPAL (M)
__ OTHER 'SPRINGS' (O)
✓ PRIVATE WELL (P)

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: Devie J Goforth

NAME: Goforth Devie Jarrod
(LAST) (FIRST) (MI)

ADDRESS: 1212 Union Rd

CITY: Matthews STATE: NC ZIP: 28105

DAYTIME PHONE: (704) 573 - 3622

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: Jarrod Goforth DATE: 1-3-98

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

DAY SHEET - AJHC-2-2

DATE		FEE	PAYMENT	ADJUST-MENT	BALANCE	✓	PREVIOUS BALANCE	NAME	QUICK CLAIM # NUMBER	RECEIPT NUMBER		1	2	3	4	5 CREDIT CARD	6 CASH	DEPOSIT LISTINGS REFERENCE	DEPOSIT LISTINGS 7 CHECK AMOUNT
								◆ IF USING MORE THAN ONE PAGE TODAY ◆ PLACE PRECEDING PAGE TOTALS ON THIS LINE												
6/9/95	Demo	25 00	25 00	-0-	-0-		-0-	Dexter L. Bell Jr.	463	3011	1	9809 Shalom Dr.				VISA		0897	25 00
6/9/95	Ins Permit Renew	150 00	150 00	-0-	-0-		-0-	Walter G. McNeal	462	3012	2	9440 Bar Beatty Rd				VISA		932	150 00
6/9/95	Imp Permit Renew	150 00	150 00	-0-	-0-		-0-	Burnett Carpentry Roofing	462	3013	3	1092 Iceland				DT		1607	150 00
6/9/95	Demo/Haul	150 00	150 00	-0-	-0-		-0-	Charles H. Adams Estate	462	3014	4	9212 Castle Garden Cir				MC		9807	150 00
6/9/95	Demo Comm	100 00	100 00	-0-	-0-		-0-	Lester Ford	463	3015	5	7639 N. Tuxedo Rd				MC		0190 78	100 00
6/9/95	Ind / Renew	30 00	30 00	-0-	-0-		-0-	Carmen Gilbert	464	3016	6	427 N. Sharon Circle				VISA	30 00		
6/9/95	Ins Permit Add	50 00	50 00	-0-	-0-		-0-	John F. Land	462	3017	7	8933 Lafayette Rd.				VISA		2426	50 00
6/9/95	Ins. Permit Add	50 00	50 00	-0-	-0-		-0-	Christopher P. Marks	462	3018	8	21308 Sandy Cove Rd.				VISA		1717	50 00
6/9/95	Canteen Ins.	50 00	50 00	-0-	-0-		-0-	Bethlehem Center	464	3019	9	2705 Baltimore Ave.				VISA		00365	50 00
6/9/95	Well + Septic	85 00	85 00	-0-	-0-		-0-	G.C. Testing	462	M	10	10112 Connell Rd.				VISA		6741	85 00
6/9/95	Well + Septic	85 00	85 00	-0-	-0-		-0-	Sonia D. Schmaltz	462	M	11	9834 Providence Towers				VISA		1014	85 00
6/9/95	Well + Septic	85 00	85 00	-0-	-0-		-0-	William T. Latham	462	M	12	519 Stilwell Oaks Cir.				VISA		0916	85 00
6/9/95	Day Care / Renewal	200 00	200 00	-0-	-0-		-0-	Genie G. Hall	464	M	13	1928 Valley St.				VISA		MO # 5=1453 7928	200 00
6/9/95	Pet Shop Permit	100 00	100 00	-0-	-0-		-0-	Gilmour Pete	463	M	14	Gilmour Pete / 9100-B S. Tryon St.				VISA		0781	100 00
6/9/95	Copies	50	50	-0-	-0-		-0-	Copies	462	—	15	Copies					50		
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A# 545-1663

Carry totals to top of next page if more than one page is used per day

SYSTEM QUESTIONS? CALL YOUR SAFEGUARD DISTRIBUTOR

PAGE TOTALS			
TODAY'S GRAND TOTALS			
PREVIOUS DAY M-T-D TOTALS			
MONTH-TO-DATE TOTALS			

IF THE TOTAL ADJUSTMENT AMOUNT IS BRACKETED ( ), ADD THIS AMOUNT RATHER THAN SUBTRACT.

TODAY'S PROOF OF POSTING		RECEIPTS PROOF	
Column E Total	$	Column 5 (Cr. Card)	$
+ Column A Total	$	+ Column 6 (Cash)	$
- Column B Total	$	+ Column 7 (Checks)	$
- Column C Total	$	= Column B (Paym't)	$
= Column D Total	$		

DAY SHEET
RECORD OF CHARGES AND PAYMENTS

Safeguard Business Systems, Inc. 1989

REORDER FROM YOUR LOCAL SAFEGUARD DISTRIBUTOR. IF THE NUMBER HAS BEEN MISPLACED CALL 1-800-523-2422

SAFEGUARD AMBASSADOR LINE®
AJHC-2-2

Safeguard
UNIVERSAL BUSINESS SYSTEMS
LOS ANGELES-CHICAGO-ATLANTA
Form No. AJHC-2-2

		PAGE TOTALS	1,010 00
		TODAY'S GRAND TOTALS	
		PREVIOUS DAY M-T-D TOTALS	
		MONTH-TO-DATE TOTALS	

(USE DS-M2 DEPOSIT SLIP)

DAY Friday | DATE 6/9 1995 | PAGE NO.

DAILY RECEIPTS

Total A/R Balance (Previous Day)
+ Today's Total Fees (Col. A)
- Today's Total Payments (Col. B)
- Today's Total Adjustments (Col. C)
= Today's Total A/R Balance

THIS TOTAL SHOULD EQUAL LEDGER CARD OF TODAY'S

MONTH-TO-DATE ACCOUNTS

* Total A/R Balance From Beginning of Month
+ Month-To-Date Fees (Col. F)
- Month-To-Date Payments (Col. G)
- Month-To-Date Adjustments (Col. H)
= Today's Total A/R Balance

THIS TOTAL SHOULD EQUAL LEDGER CARD OF TODAY'S

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CHANGE

Beginning Cash on Hand
+ Payments Received From Patients
+ Other Income
- Cash Paid Out
- Deposit
= Ending Cash on Hand

CASH DESCRIPTION

OTHER DESCRIPTION

BANK ACCOUNT

Total Checks
+ Total Cash
+ Total Credit Cards
- Cash Paid Out
= Total Deposit

TOTAL SHOULD BE BANK STATEMENT TOTAL PAYMENTS PAID OUT, PLUS

Bobby Poppe

	DATE		FEE	PAYMENT	ADJUST-MENT	BALANCE	✓	PREVIOUS BALANCE	NAME	QUICK CLAIM NUMBER	RECEIPT NUMBER		1	2	3	4	5	6 CASH	DEPOSIT LISTINGS REFERENCE	7 CHECK AMOUNT
									← IF USING MORE THAN ONE PAGE TODAY → PLACE PRECEDING PAGE TOTALS ON THIS LINE											
1	7/17/96	Addition	50 00	50 00	0	0		0	BBQ Construction	462	5244	1	16619 Cattle Call Dr		GC				7867	50 00
2	7/17/96	Demo/Addit	50 00	50 00	-0-	-0-		-0-	Tommy Carpenter	462	52465	2	4200 Rocky River Rd		Lee		50 00			
3	7/17/96	Demo	150 00	150 00	0	0		0	Piedmont Building	463	5246	3	11405 E. Independence		GC				6726	150 00
4	7/17/96	Demo	50 00	50 00	-0-	-0-		-0-	Dealers Exhibitors	463	5247	4	1920 Matthews Mint	Hill Rd	Mklb				1953	50 00
5	7/17/96	Pool Permit	120 00	120 00	-0-	-0-		-0-	Paragon Pool Ser. Inc	464	M	5	#55-0017 Phoenix Apts.		Mklb				0000129	120 00
6	7/17/96	Tattoo Permit	100 00	100 00	-0-	-0-		-0-	Calen Lesesne	463	5248	6	Ace Tattoo / Charlotte, NC		Mklb		100 00			
7	7/17/96	Pool Permit	30 00	30 00	-0-	-0-		-0-	Independent Pool & Spa	464	5249	7	1923 Stoney Meadow Dr.		Mklb				5935	30 00
8	7/17/96	Demo/New	100 00	100 00	-0-	-0-		-0-	Dean R. Hardison	462	5250	8	13605 S. JOHNSTON		Cnv				1456	100 00
9	7/17/96	Day Care/New	35 00	35 00	-0-	-0-		-0-	Ellen G. Barbee, Jr.	464	5251	9	6412 Ivory Palm Dr.		Mklb				7324	35 00
10	7/17/96	Irr. Permit/New	100 00	100 00	-0-	-0-		-0-	Rebecca M. Aikens	462	5252	10	9212 Castle Garden Lane		Mklb				2553	100 00
11	7/17/96	Well + Septic	135 00	135 00	-0-	-0-		-0-	Gentry Enterprises	462	M	11	9710 Walkers Ferry Rd.		Mklb				1168	135 00
12	7/17/96	Well + Septic	85 00	85 00	-0-	-0-		-0-	Cracky Kriteger, Pltr.	462	M	12	8145 Indian Trail Rd.		Mklb				708	85 00
13	7/17/96	Septic Insp.	85 00	85 00	-0-	-0-		-0-	Bridget L. Brunch	462	M	13	6007 Statesville Rd.		Mklb				2551	85 00
14	7/17/96	Well Water Analysis	25 00	25 00	-0-	-0-		-0-	Mary A. Caldwell	462	M	14	6511 Beatties Ford Rd		Mklb				3761	25 00
15	7/17/96	Irr. Permit/New	100 00	100 00	-0-	-0-		-0-	Williams D. Matthews	462	M	15	Nutchenson Lane		Mklb				3538	100 00
16	7/17/96	Irr. Permit/New	100 00	100 00	-0-	-0-		-0-	Lisa J. Yakowenkel	462	M	16	Homer Rd.		Mklb				2287	100 00
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PAGE TOTALS					150 00
TODAY'S GRAND TOTALS					
PREVIOUS DAY M-T-D TOTALS					
MONTH-TO-DATE TOTALS					

Carry totals to top of next page if more than one page is used per day

IF THE TOTAL ADJUSTMENT AMOUNT IS BRACKETED ( ), ADD THIS AMOUNT RATHER THAN SUBTRACT.

TODAY'S PROOF OF POSTING		RECEIPTS PROOF	
Column E Total	$	Column 5 (Cr. Card)	$
+ Column A Total	$	+ Column 6 (Cash)	$
- Column B Total	$	+ Column 7 (Checks)	$
- Column C Total	$	= Column B (Paym't)	$
= Column D Total	$		

SYSTEM QUESTIONS?
CALL YOUR SAFEGUARD DISTRIBUTOR

DAY SHEET
RECORD OF CHARGES AND PAYMENTS

PAGE TOTALS	1,165 00
TODAY'S GRAND TOTALS	
PREVIOUS DAY M-T-D TOTALS	
MONTH-TO-DATE TOTALS	

(USE DS-M2 DEPOSIT SLIP)

DAY Wednesday | DATE 7/17 1996 | PAGE NO. 1

DAILY A/R RECEIVABL

Total A/R Balance (Previous Day)	
+ Today's Total Fees (Col. A)	
- Today's Total Payments (Col. B)	
- Today's Total Adjust (Col. C)	
= Today's Total A/R Balance	

THIS TOTAL A/R SHOULD EQUAL LEDGER CARD BA OF TODAY'S ACTI

MONTH-TO-D ACCOUNTS

* Total A/R Balance From Beginning of Month	
+ Month-To-Date Fees (Col. F)	
- Month-To-Date Payments (Col. G)	
- Month-To-Date Adjustments (Col. H)	
= Today's Total A/R Balance	

THIS TOTAL A/R SHOULD EQUAL LEDGER CARD BA OF TODAY'S ACTI

* THIS FIGURE REMA SAME FIGURE THR

CHANGE FU

Beginning Cash on Hand	
+ Payments Rec'd From Patients	
+ Other Income	
- Cash Paid Out	
- Deposits	
= Ending Cash on Hand	

CASH DESCRIPTION

OTHER DESCRIPTION

BANK

Total Check	
+ Total Cash	
+ Total Credit Card	
- Cash Paid Out	
= Total Deposit	

TOTAL DEI SHOULD BE RECO BANK STATEMENT

TOTAL PAYMENTS PAID OUT, PLUS O

SAFEGUARD AMBASSADOR LINE®
AJHC-2-2

Safeguard
Form No. AJHC-2-2

Safeguard Business Systems, Inc. 1989

REORDER FROM YOUR LOCAL SAFEGUARD DISTRIBUTOR. IF THE NUMBER HAS BEEN MISPLACED CALL 1-800-523-2422

BK: 09055 PG: 0376/0378 #:0334 13.05
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 05/13/97 14:12

FILE COPY

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

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

FILE # 3609B
PARCEL # 108-152-15

The undersigned, Shiloh Truelight Church of Christ *, owner of property located at 9212 CASTLE GARDEN LANE, (the "site") and described in an instrument recorded in Book 9046 at Page 995, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

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

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

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

This instrument was prepared by: * Richard A. Bush Sr. VOCATIONAL INSTRUCTOR
Mail after recording to: SHILOH TRUELIGHT CHURCH OF CHRIST
9920 MILL GROVE RD INDIAN TRAIL NC 28079

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 13th day of May, 1997.

SHILOH TRUELIGHT CHURCH OF CHRIST

_____ By Richard A. Bush Sr. (SEAL)
(Corporate Name) VOCATIONAL INSTRUCTOR

_____ (SEAL)

By: _____ _____ (SEAL)

_____ President _____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg.

I, Marcia Dixon, a Notary Public for said County and State, do hereby certify that Richard A. Bush, Sr personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 15 day of May, 1997.

_____
Notary Public

My Commission Expires:
12-10-97

MARCIA DIXON NOTARY PUBLIC MECKLENBURG COUNTY

State of North Carolina, County of Mecklenburg
The foregoing certificate(s) of _____

_____

Notary(ies) Public is/are certified to be correct. This ____ day of _____ 19 ____.

JUDITH A. GIBSON, REGISTER OF DEEDS By: _____ Deputy Register of Deeds

FEE: 50.00 ck 3005 All fees Pd.
DATE: 5/13/97 JC

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

I I CRT

TYPE APPLICATION: X 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 #: 3609B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 108-152-15

STREET ADDRESS: 9212 CASTLE GARDEN LANE

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: Lot # 11 Block C

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
X HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2316

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS 2

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
__ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
X WITH BASEMENT /NO PLUMBING

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

N/A

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: Shiloh Truelight Church

NAME: (LAST) (FIRST) (MI)

ADDRESS: 9920 Millgrove Rd

CITY: Indian Trail STATE: NC ZIP:

DAYTIME PHONE: ( ) 705-7534180

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Bush Richard A. SR.
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) 704-589 3451

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: Richard A. Bush Sr DATE: 5-13-97

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3609B DATE: 8/14/97

TC: 108 152 15 ☐ L ☒ CRT

SERIAL Nº 17166

Name of Owner Edna B. Helms Juris.: _____

Address of Property 9212 Castle Garden Ln

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 6 @ 67'

Cover Depth 12"

Water Supply Source well

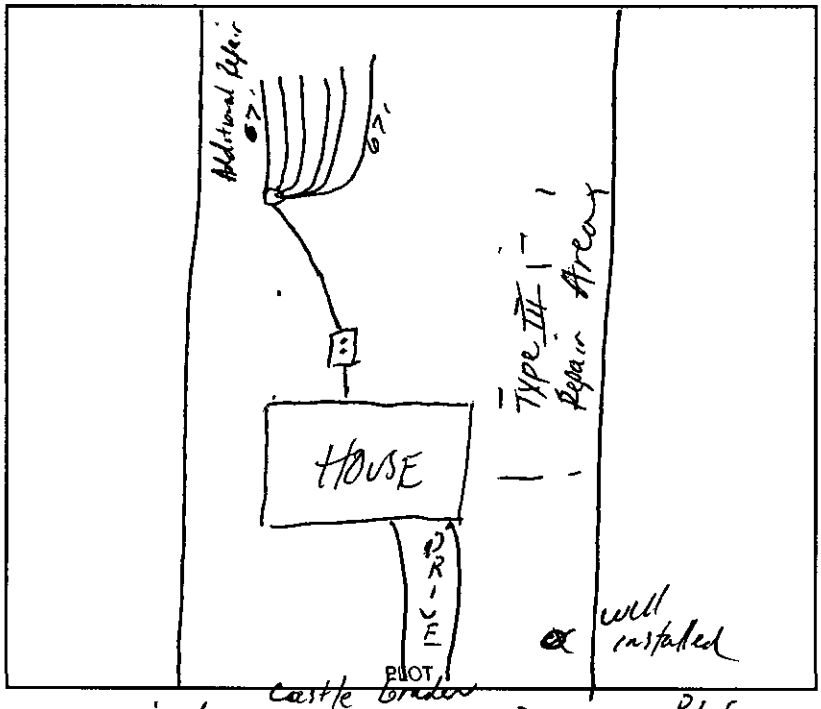
Distance to Water Source >100'

Excavation Inspected 8/14/97

Tank(s) Inspected 8/14/97

Wash Line Inspected plumb to tank

High Water Alarm Inspected NA



Design 1997, 1500ST, CON, 1200SFT, 12" stone Ceil CTR# RLS

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: Septic System designed for 3 bedroom residence

Type II Type III Shallow placed conv. repair

Phillip S. Miller R.S.

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

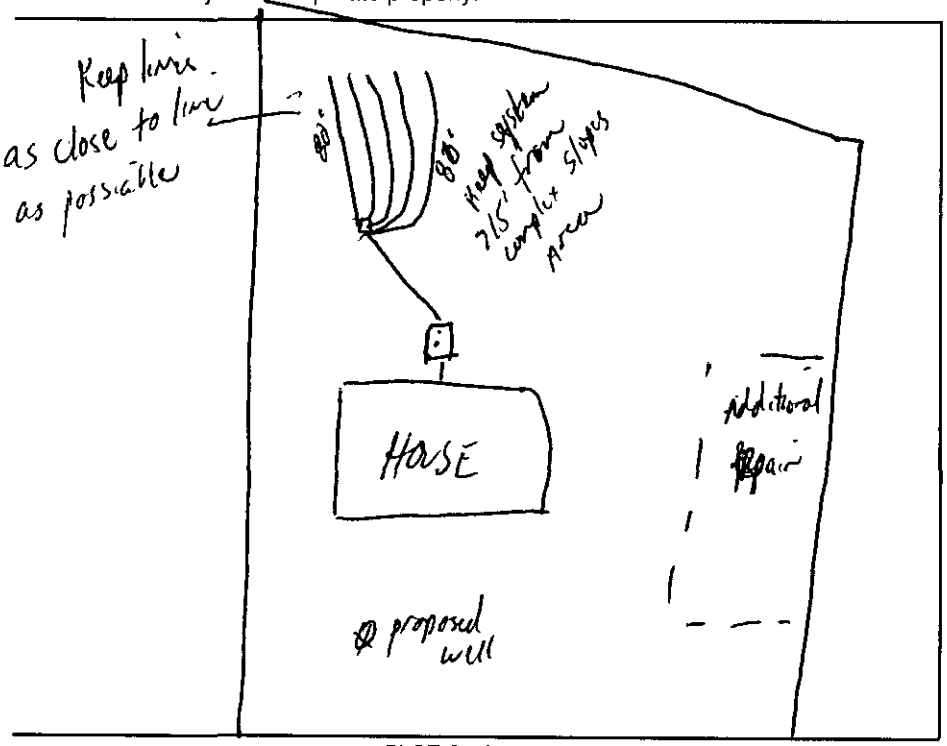
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3609B DATE: 7/29/97

TC: 108 152 15 ☐ L

SERIAL Nº 17305

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 7/26/96. All work shall be completed on or before 8/29/97, 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 If necessary gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 400' feet

Number of Lines 5 (80')

Depth of Stone 12" inches

Distance from House 15' feet

Distance from Property Line 10' feet

Distance from Well > 100' feet
50' min

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

NAME OF OWNER Edna B. Helms

LOCATION OF PROPERTY 9212 Castle Garden Ln

Comments: 1500ST, 1000DT if needed, 4 lines x 80'/ea x 3'wd x 12"stone
Keep septic system > 100' from proposed well

Phila S. Walker R.S.
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: 7/26/96 PERMIT NO: 3609B
PARCEL NO: 108 152 15

JOB LOCATION ADDRESS: 9212 Castle Garden Ln
PROPERTY OWNER: Edna Helms
BUILDING CONTRACTOR: –
SUBDIVISION NAME: Castle Garden
AUTHORIZATION ISSUED BY: Philo S. Walker DATE: 7/26/96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3609B, 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: Type III shallow placed conventional Repair. Agreement forms to be filed before IP release.

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.

× Richard L. Casker 7/26/96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 3609B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 108 152 15

- 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	~~for pedestal~~ 1000 Gallon pump tank	12" Depth of stone	

Any surface waters present: NO Type: Minimum separation distance:

Site modifications required:

Additional Conditions: ~~Septic system required~~ lift pump. No plumbing in basement
Type III Shallow placed conventional Repair, Agreement forms to be filed before IP release.

Repair Area System Type 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

1200 Absorption Area (Sq ft) 400' Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	12" 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 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 eff 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 Departm
- This Improvement permit is transferable.

Philo A. Walker R.S. 7/26/96
DEHNR Authorized Agent Date

× Richard L Carter 7/26/96
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

FEE: 100.00
DATE: 7/12/96
C.K. #2553

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 #: 3609B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 108-152-15

STREET ADDRESS: 9212 CASTLE GARDEN LANE

SUBDIVISION OR MOBILE HOME PARK NAME: CASTLE GARDENS

LOT NUMBER: 11 BLOCK C

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: 2000

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

CLOSING DATE AUGUST 1, '96

FOUNDATION FOR RESIDENCE: 2000

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

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

N/A

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: [ ] YES [✓] NO TYPE: _____

WATER SUPPLY (CHECK ONE):

[ ] COMMUNITY (C) [ ] MUNICIPAL (M) [✓] PRIVATE WELL (P)
[ ] SHARED WELL (S) [ ] OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	[ ] YES [✓] NO	WELL, SPRINGS OR WATERLINES	[ ] YES [✓] NO
EXISTING WASTEWATER SYSTEMS	[ ] YES [✓] NO	DESIGNATED WETLANDS	[ ] YES [✓] NO
EASTMENTS OR RIGHT-OF-WAYS	[ ] YES [✓] NO		

PROPERTY OWNER:

NAME: HELMS EDNA B.
(LAST) (FIRST) (MI)

ADDRESS: 9320 CASTLE GARDEN LN.

CITY: CHARLOTTE STATE: N.C. ZIP: 28215

DAYTIME PHONE: ( ) 531- 1874

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: PARKER DAVE A.
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) 537- 2752

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? OCT. 3, '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: Dave A. Parker DATE: 7/11/96

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

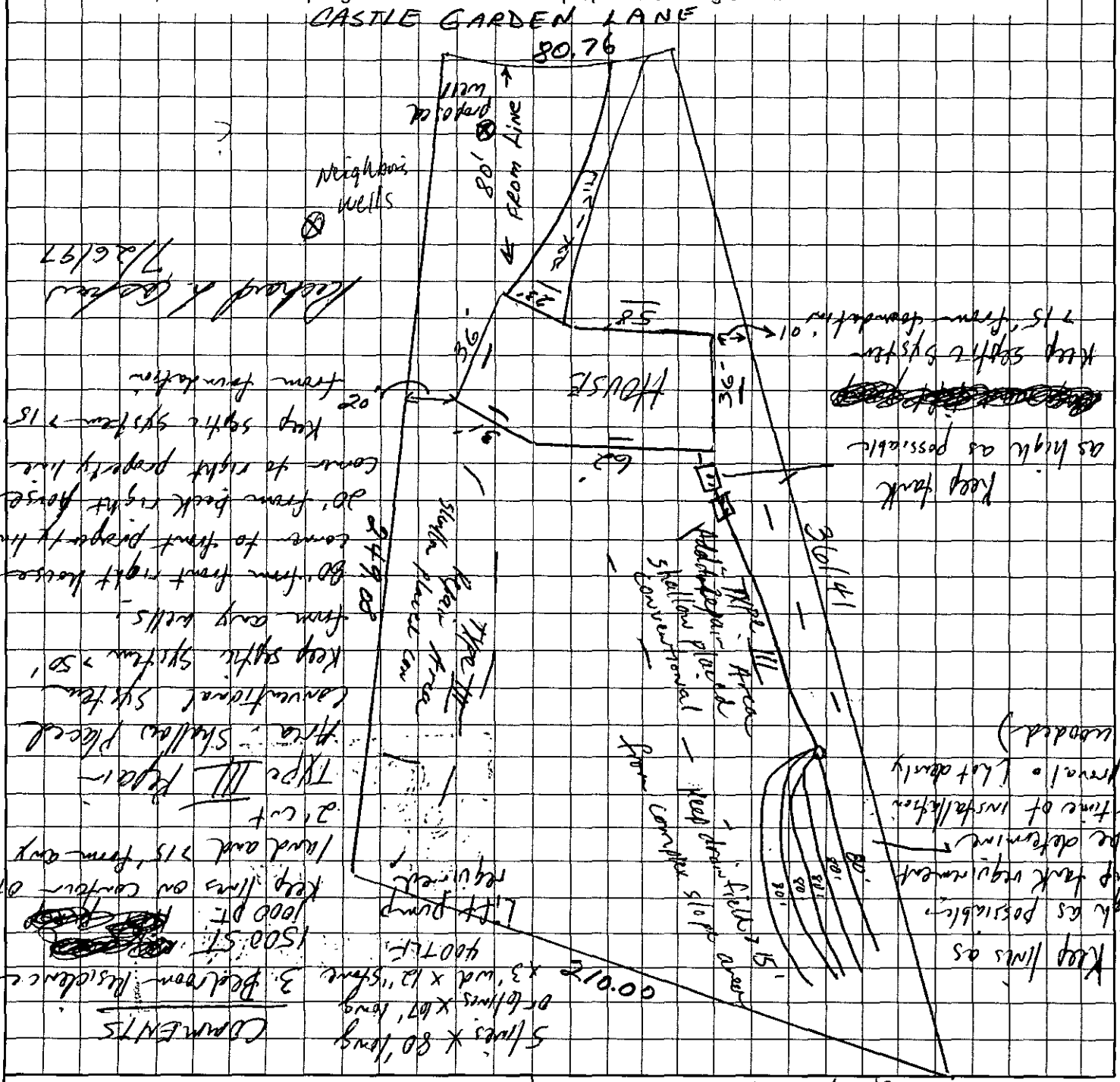
PROPOSED PLOT PLAN

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

FILE: 3609B

TC: 108-152-15

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 7/26/96

OWNER/AGENT SIGNATURE

DATE

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

OWNER'S ACKNOWLEDGMENT OF MODIFIED/ALTERNATIVE REPLACEMENT SYSTEM REQUIREMENT

Site Address: 9212 Castle Garden Ln

File Number: 3609B

Parcel Number: 108 152 15

Owner/Agent Name: Edna B. Helms
(Please print)

Date: 7/26/96 Number of Bedrooms: 3

Receipt of the plan and specifications for a conventional system of sewage disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15A NCAC 18A .1900 - "Sewage Treatment and Disposal Systems." The plan as submitted is disapproved because there is not sufficient available space for a repair area for a conventional replacement system.

This site may be developed if the repair area is found to be acceptable for either a modified system (Rule .1956) or an alternative system (Rule .1957) for the replacement system as allowed by the following Rule 15A NCAC 18A .1945(b).

(b) Sites shall have sufficient available space for a repair area separate from the area determined in Paragraph (a) of this Rule. The repair area shall be based upon the area of the nitrification field required to accommodate the installation of a replacement system as specified in Rule .1955, .1956, or .1957 of this Section. Prior to issuance of the initial Improvement Permit for a site, the local health department shall designate on the permit the original system layout, the repair area, and the type of replacement system.

Please be advised that you have the right of an informal review by this Department and the right of appeal under G.S. 130A-335(g) and 130A-24, which appeal can be held in Mecklenburg County.

By signing this form, and signing and recording in the Mecklenburg County Register of Deeds Office the attached reclassification form entitled, **WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c), or .1969,** you the property owner, understand and acknowledge your option to develop this site initially with a

conventional sewage system and when needed, subsequently to repair or replace said system with a modified or alternative system as described in Rules .1956 "Modification to Septic Tank Systems," or .1957(a), (b), or (c) "Design Criteria for Design of Alternative Sewage Systems." The completed reclassification form must be approved by this office before it can be recorded.

In addition, you the property owner, also understand that the following conditions will apply:

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

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

Philo A. Walker P.S. — 7/26/96

Environmental Health Specialist — Date

I have reviewed this document and understand its provisions and implications concerning the issuance of the Improvement Permit for the above-referenced site.

Richard R Parker — 7/26/96

Property Owner Signature — Date

700 North Tryon Street, Suite 211, Charlotte, North Carolina 28202,
(704) 336-5102

Transfer @ -
has now credits
of 250.00 - will
have $50.00 for
G.E.

2/4/92 Ed
read approved form

MECKLENBURG COUNTY HEALTH DEPARTMENT
700 NORTH TRYON STREET
CHARLOTTE, NORTH CAROLINA 28202
(704) 336-5102

REQUEST FOR TRANSFER OF SERVICE PAYMENT/INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

SERVICE: IMPROVEMENT PERMIT, SOIL TEST, E.G.

FILE NUMBER 3609B TAX NUMBER 108-152-15

PROPERTY ADDRESS 9212 CASTLE GARDEN LANE

NAME OF ORIGINAL APPLICANT CHARLIE HELMS BUILDERS

NAME OF PERSON PURCHASING PROPERTY/TRANSFEROR BECKY AND RICHARD ASKEW

I UNDERSTAND THAT THE PERMIT TO CONSTRUCT AND UNUSED MONIES FOR INSPECTIONS ARE FULLY RELINQUISHED BY THIS DOCUMENT.

SIGNATURE OF ORIGINAL APPLICANT

* ✓ Marlon C Helms DATE 2-1-97

AS BUYER OF THIS PROPERTY, I UNDERSTAND THAT THE PERMIT IS ONLY VALID WHEN USED EXACTLY AS ISSUED. SHOULD CHANGES BE DESIRED, THEY MUST BE REQUESTED AND APPROVED BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT ACCORDING TO CURRENT REGULATIONS AND FEES.

AN ORIGINAL COPY OF THIS REQUEST MUST BE PRESENTED AND ACKNOWLEDGED BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT TO BE VALIDATED.

** SIGNATURE OF TRANSFEREE

✓ Mrs. Becky Askew DATE 2-2-97

Richard L. Askew

* CHECK IN NAME OF CHARLIE HELMS BLDRS with Acct: MARLON HELMS (ck #4807 $150 2/19/97

TRANSFER OF OWNERSHIP

Permit #: 3609B
Job Location Information:
Tax Parcel #: 108-152-15
Street Address: 9212 CASTLE GARDEN LANE

An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change or if information submitted in this application is falsified or changed.

Property Owner Improvement Permit Originally Issued to:

Name: HELMS, EDNA B. (last) (first) (mi) Date Issued: 6/9/95

Address: 9320 CASTLE GARDEN LANE
City: CHAR State: NC Zip: 28215
Daytime Phone: (704) 531-1874

IMPROVEMENT PERMIT TRANSFERRED TO:

Name: ASKEN, BECKYAND Richard (last) (first) (mi)

✓Address: 10006 Drawbridge Dr
✓City: Charlotte State: NC Zip: 28215
✓Daytime Phone: (704) 567-6748

The undersigned, owner or legal agent for the owner, of the property described as the "job location" in the original application dated 6/9/95 has read the foregoing application and Improvement Permit, 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: Richard L Asken Date: 2-2-97 ✓

IMPROVEMENT PERMIT TRANSFERRED TO:

Name: _____ (last) (first) (mi)

Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: ( ) ___-_____

The undersigned, owner or legal agent for the owner, of the property described as the "job location" in the original application dated _____ has read the foregoing application and Improvement Permit, 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: _____ Date: _____

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3609B #150.00 - 6/9/95 #4807 ☐ 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: Helms (last) Marlon (first) C (mi)
ADDRESS: 9331 Albemarle Rd PHONE: (704) 537-3443
CITY: Charlotte STATE: NC ZIPCODE: 28227

Date: 6-9-95

PROPERTY OWNER:
NAME: Helms (last) E. (first) B. (mi)
ADDRESS: 9331 Albemarle Rd PHONE: (704) 537-3443
CITY: Charlotte STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 108-152-15
STREET ADDRESS: 9212 Castle Gardens Ln Charlotte
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME: Castle Gardens

LOT NUMBER: 11C LOT SIZE (in acres): 1 Acre ±

TYPE APPLICATION (check one):
☑ 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) ☑ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 1

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)
☑ 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: Marlon C Helms Date: 6-9-95

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.

...

☐ 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 Date

Director or Authorized Section Head Date

WATER : 12279

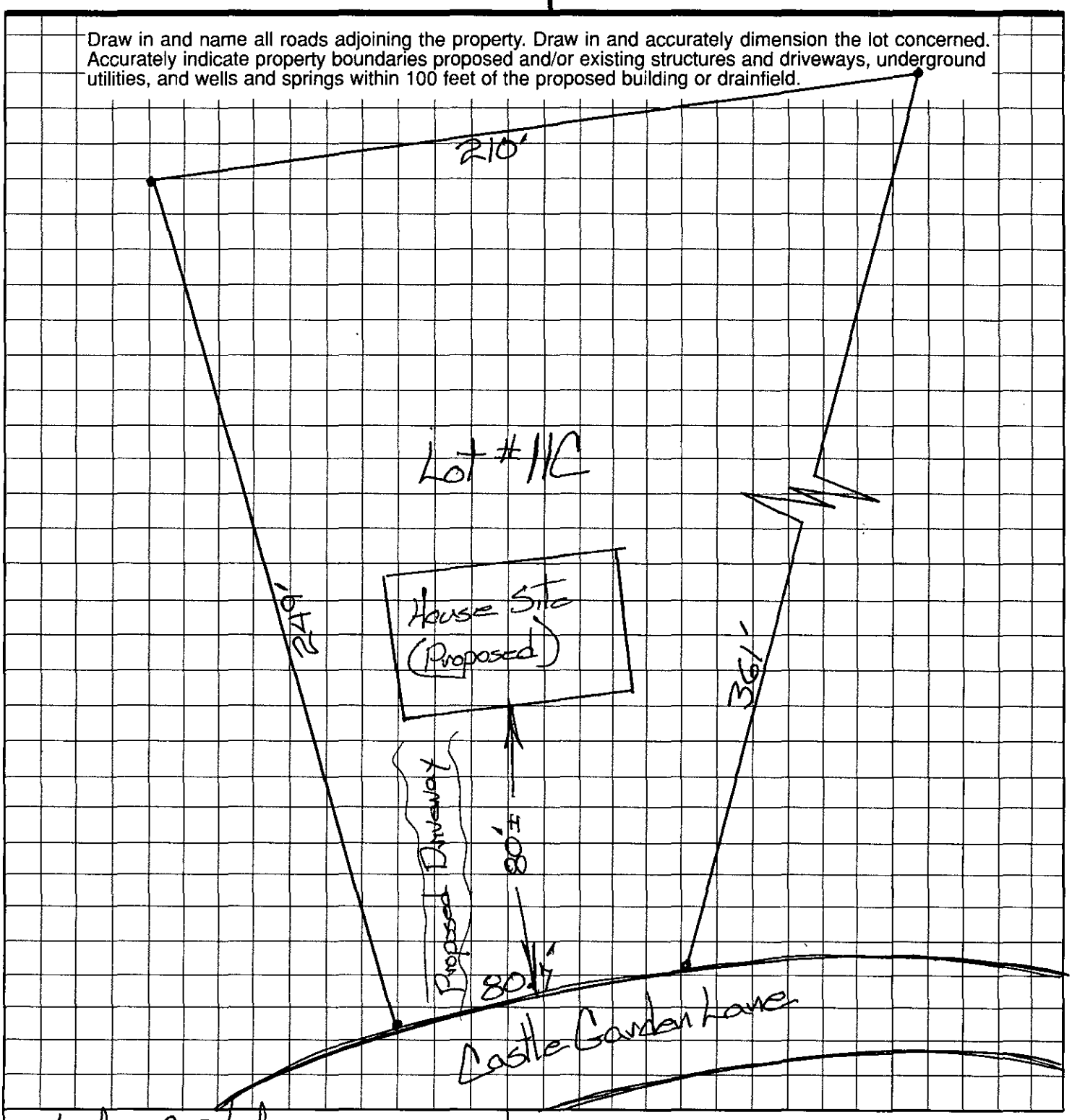
PROPOSED PLOT PLAN

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

FILE: 3609B

TC: 108-152-15

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.



Marlon C Helms
OWNER/AGENT SIGNATURE

DATE 6-9-95

APPROVAL DATE _____

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028623

File: 3609B Action 2

Parcel: 108-152-15 ☐ PC

Location: 9212 Castle Harden Lane

Subdivision: Castle Harden

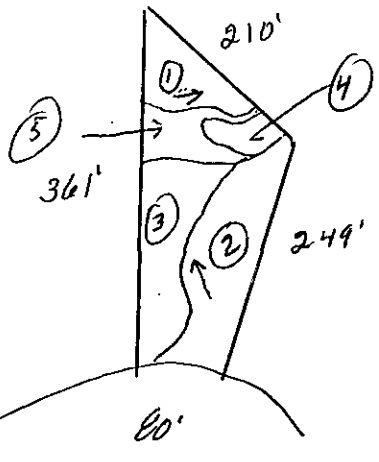
Lot: 11E Block: Acres: 1.0

Owner: E. B. Helms
Address: 9331 Albemarle Road
Charlotte, N.C. 28227

Comments: 100% Repair . 3 gal/ft/day

Described by: William A. Marlin

Date: 6-23-95



Castle Garden Lane

NV

***** 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 2-6%	(S) PS U 6-10%	(S) PS U 5-10%	S PS (U) complex slopes	S PS (U) Depression	S PS U
Texture	S (PS) U slightly Exp. clay	S (PS) U slightly Exp clay	S PS (U) Expansive clay	S PS U —	S PS U —	S PS U
Structure	S (PS) U Blocky	S (PS) U Blocky	S (PS) U Blocky	S PS U —	S PS U —	S PS U
Drainage	(S) PS U 7-46" to soil wetness	S (PS) U 7-36" to soil wetness	S PS (U) some perched water in 18-30"	S PS U —	S PS U —	S PS U
Depth	(S) PS U 46"+	S PS (U) 25-36"	S PS (U) 15-24"	S PS U —	S PS U —	S PS U
Restrictive Horizons	(S) PS U 7-46"	S (PS) U 7-36"	S (PS) U 7-36"	S PS U —	S PS U —	S PS U
Available Space	S PS (U) Restricted	S PS (U) Restricted	S PS (U) Restricted	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-Urb	IV Pacolet-Urb	Series Not Determined	Complex slopes	Depression	
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS U

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 6/9/95

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 108-152-15

ASSIGNED ADDRESS 9212 Castle Garden Dr

EXISTING ADDRESS Lot 11C

PROJECT NAME Castle Gardens

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	DISAPPROVED
1. SUBDIVISION REGULATIONS		*
2. FLOODWAY REGULATIONS		*
3. EROSION CONTROL REGULATIONS		*
4. PUBLIC UTILITY EASEMENT		*

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	*	
6. PROPERTY FRONTS ON THOROUGHFARE	*	
7. DRIVEWAY PERMIT REQUIRED	*	

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Septic tank

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: Rob

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100