

2000 MARGLYN DR

21509104

12/19/2007

duponbj

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

Date Issued 24 Aug 79

Serial 3146

ICAR(S) Permit No. 13604

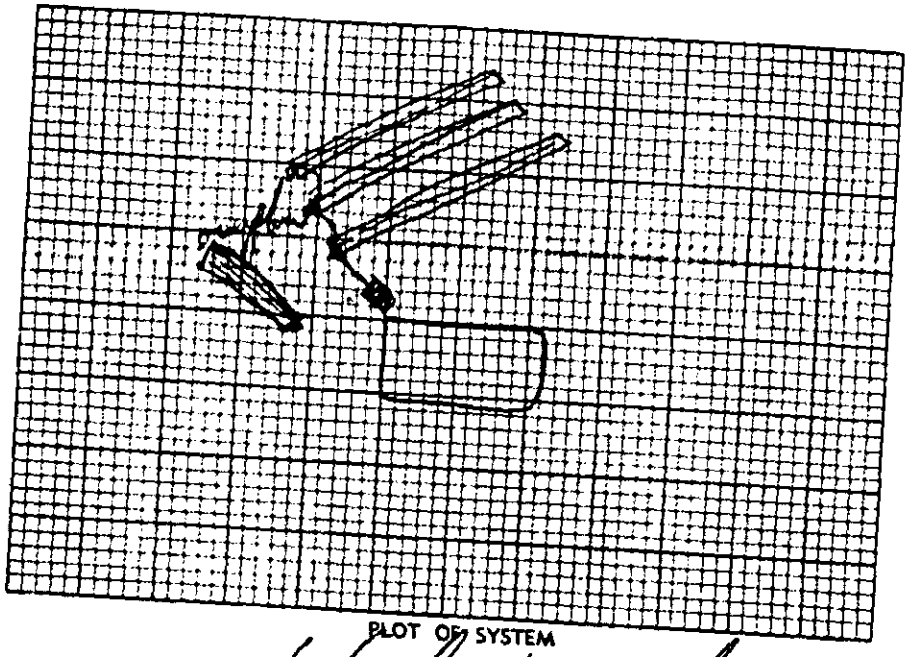
T.C No 245-07

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

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 application 13604 dated 5/11/79 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 24 Sept, after which date this permit shall be null and void.

mod. for 2



PLOT OF SYSTEM

Permeability Rate UNSUITABLE

Liquid Capacity of Tank 1500 gal

Tank Construction P.C. Conc.

Absorption and/or Nitrification Lines:

Total Line Length 60' ; 167'

Number of Lines 2 ; 2 ; 3

Distance from House 10'

Distance from Property Line 10'

Distance from Well to 100'

NAME OF OWNER Ward H. Cagle

LOCATION OF PROPERTY Marilyn Dr

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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.

3 (6'x110'x17" stone over 4" sand)

9'x56'x17" stone

Division or Section Head

Steve Wood
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

Environmental Health Department's Copy

C of A Is: No 13604

Serial 3019

T C No 25-79

Date Issued 17 Sept 79

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF COMPLETION
CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Cagle (LAST) Wendell (FIRST) H. (MIDDLE)

Location of Property Marglyn Dr.

Application Number _____ Permit Number 13604

Inspection Date:

Liquid Capacity of Tank 1500gal Tank Material P.C.Conc

Total Length of Drain Tile 660'+167' Number of Lines (2+2+2)+(3)

Depth of Filter Material 17" stone over 4" sand Cover Depth 15"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected — Tank Inspected 17 Sept (DATE)

Nitrification Field Inspected 17 Sept (DATE)

Washing Machine Line Inspected, If Applicable 17 Sept (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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.

Comments: Trench - Modified system - unable to install as originally planned due to location of house and topography

Steve Wood
Environmentalist

EHD-S-76

Environmental Health Department's Copy

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

P&L 80.00 chk 31477 9/14/93 DD [ ] 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: North Carolina Department of Trasportation (last) (first) (mi)
ADDRESS: 5701 Executive Center Dr PHONE: (704) 537-1541
CITY: Charlotte STATE: NC ZIPCODE: 28227

Date: 9/22/93

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: _____
STREET ADDRESS: Off Marglyn Drive
ZONING: _____

PROPERTY OWNER:
NAME: DOT (last) (first) (mi)
ADDRESS: See Above PHONE: (___) _____
CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):
LOT NUMBER: LOT SIZE (in acres):

[X] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:
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: Dawn S. Brown Date: 9/22/93

NOTICE:

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

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

...This permit is not transferable.

...

[ ] 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 : 122791

PROPOSED PLOT PLAN

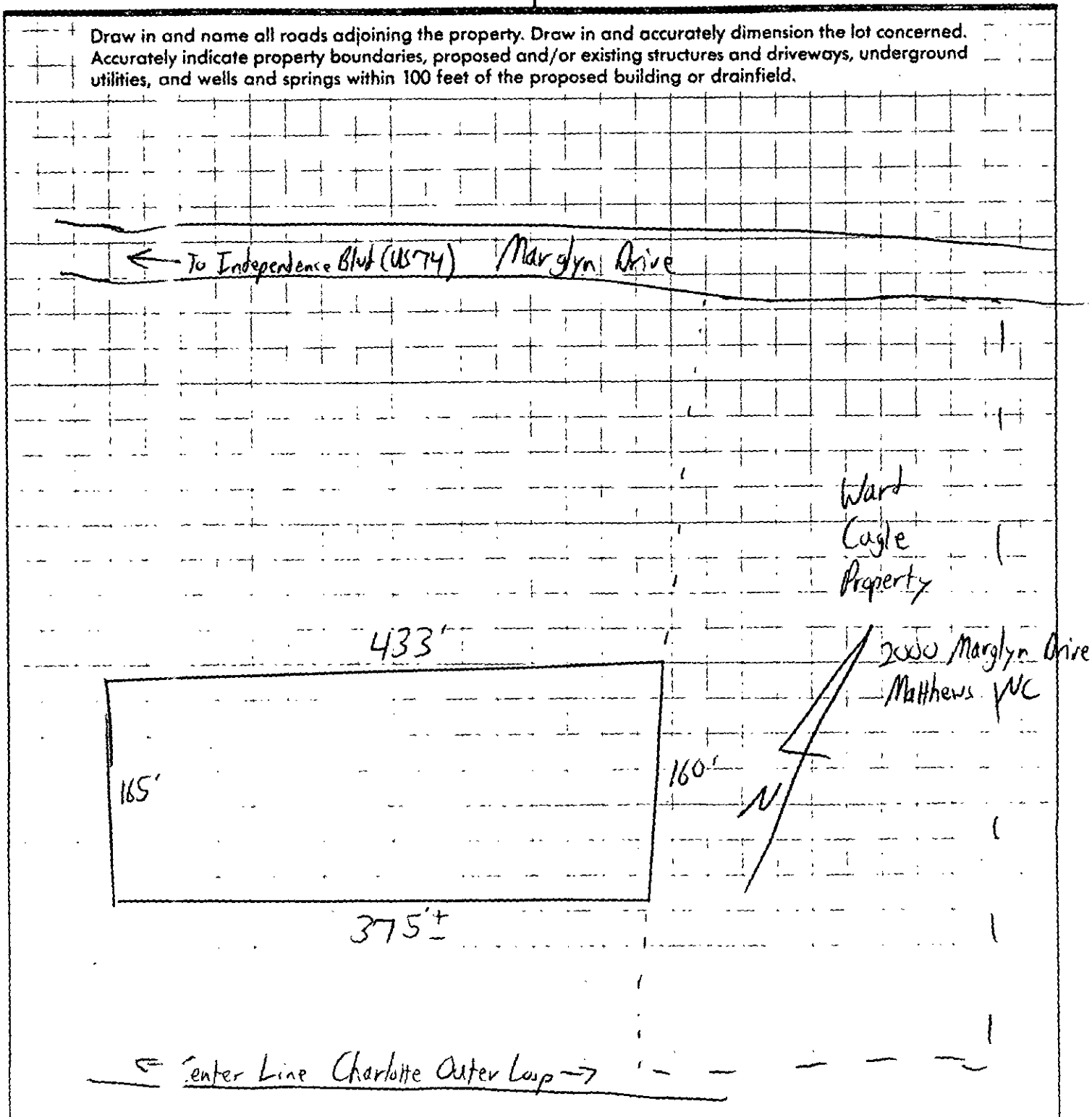
COPY

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

FILE: _____

TC: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE _____

Mecklenburg County

Health Department

Betty S. Snow, R.N., M.A.
Health Director

400

June 18, 1993

Mr. Ward Cagle
2000 Marglyn Drive
Matthews, NC 28105

Dear Mr. Cagle:

A soil investigation was performed at 2000 Marglyn Drive for the purpose of a possible relocation of the septic tank system. This relocation is due to the proposed encroachment of the DOT right-of-way. The soils were found to have expansive clay and seasonal perched water at depths of 12-24 inches. Depth to saprolite ranged from 24-36 inches. These conditions render the soils UNSUITABLE for septic tank system installation according to our curent sewage rules.

The present septic tank system was installed in the late 1970's. At that time there was a provision in the rules that would allow modified septic tank systems to be installed in sites with the soil conditions described above. However, this provision is no longer present in the rules. The site would be classified as UNSUITABLE according to present rules.

There is an appeals procedure available in the event there is a problem with the soil classification or some other area of this situation. Please contact our office if there are any questions or if you wish to exercise your right of appeal.

Sincerely yours,

William R. Marlin

William R. Marlin
Soil Scientist

cc: Mr. Darren Brown, DOT

13604
~~13596~~ 13597

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

96B/883&A

pd 50.00 4/14 43 CHK 449 SLP [ ] 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

COPY

PERSON FILING APPLICATION: North Carolina Dept. of Transportation

NAME: Brown (last) Darrin (first) S. (mi)

ADDRESS: 5701 Executive Center Dr. Suite 300, Rutherford Bldg. PHONE: (704) 537-1541

CITY: Charlotte STATE: NC ZIPCODE: 28212

Date: 3/31/93

PROPERTY OWNER:

NAME: Cagle (last) Ward (first) H. (mi)

ADDRESS: 2000 Marglyn Drive PHONE: (704) 847-7777

CITY: Matthews STATE: NC ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 215-091-04

STREET ADDRESS: 2000 Marglyn Drive Matthews NC

ZONING: R 15

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

SUBDIVISION OR MOBILE HOME PARK NAME: N/A

LOT NUMBER: LOT SIZE (in acres): 2.3 Acres

TYPE APPLICATION (check one):

[X] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 5 NUMBER OCCUPANTS: 2

SYSTEM CLASSIFICATION: Conventional

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

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

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

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

Signed: Ward H. Cagle Date: 4-1-93

NOTICE:

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

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

...This permit is not transferable.

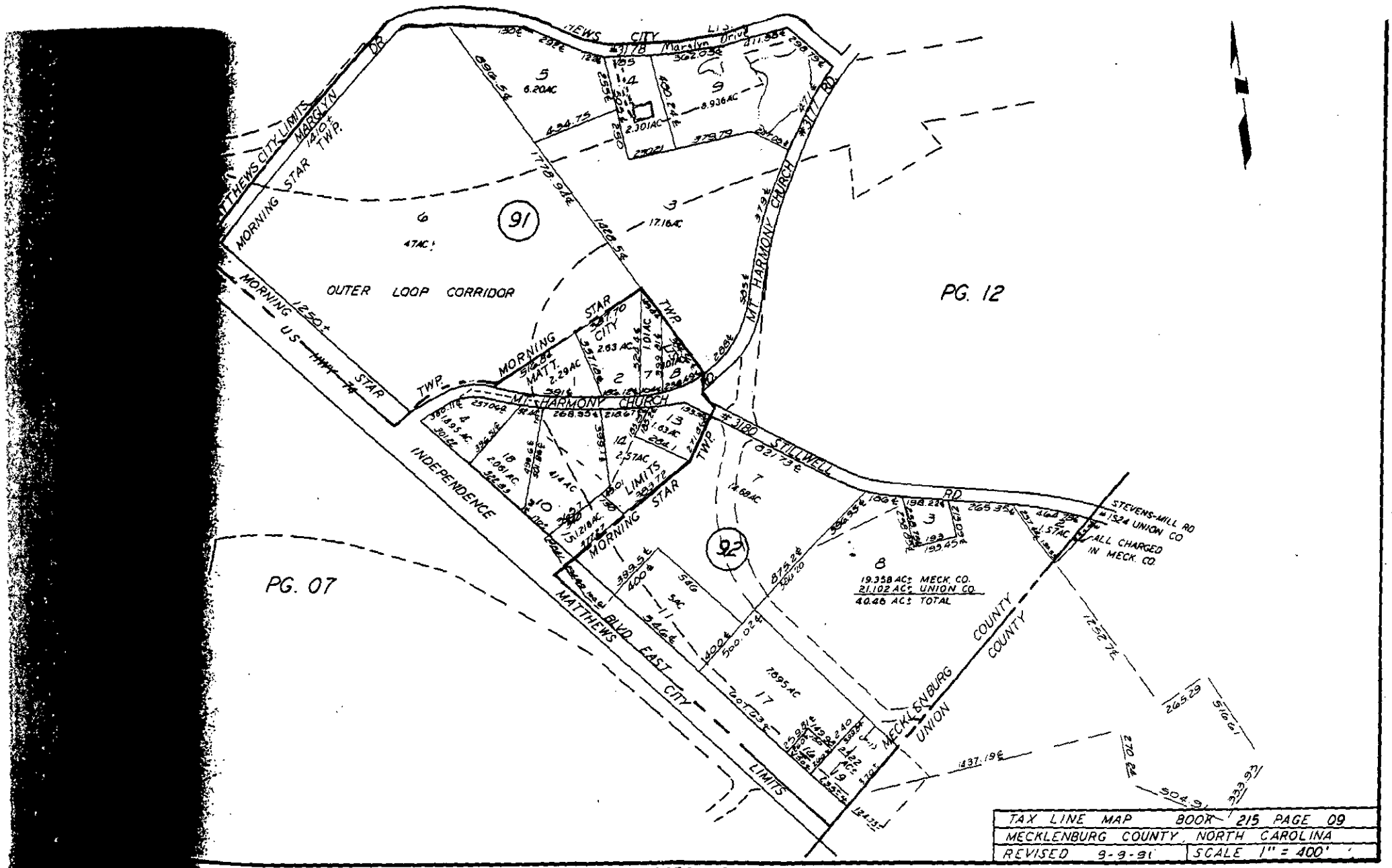
...

[ ] 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

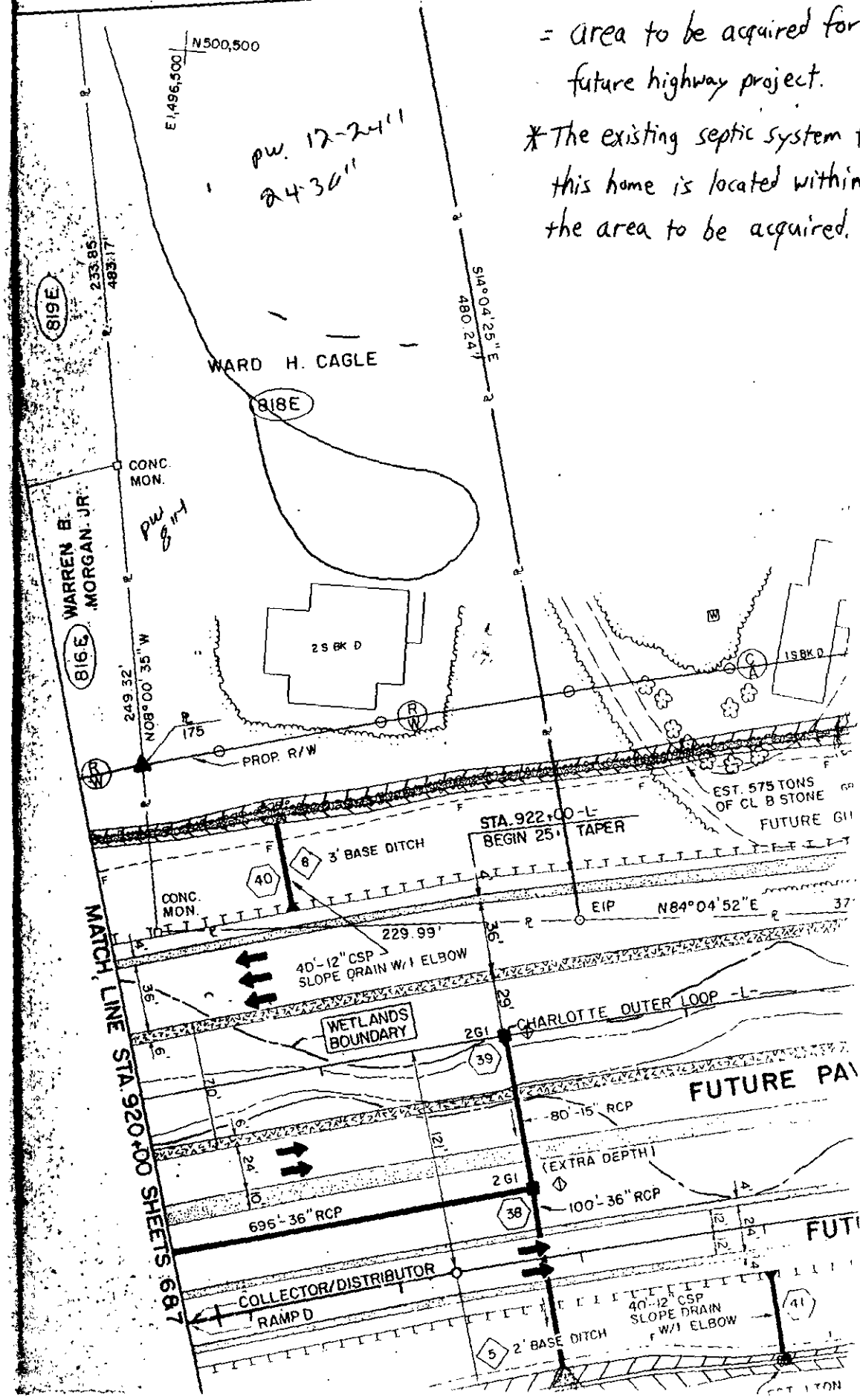
_____ Director or Authorized Section Head Date

WWATER : 122791

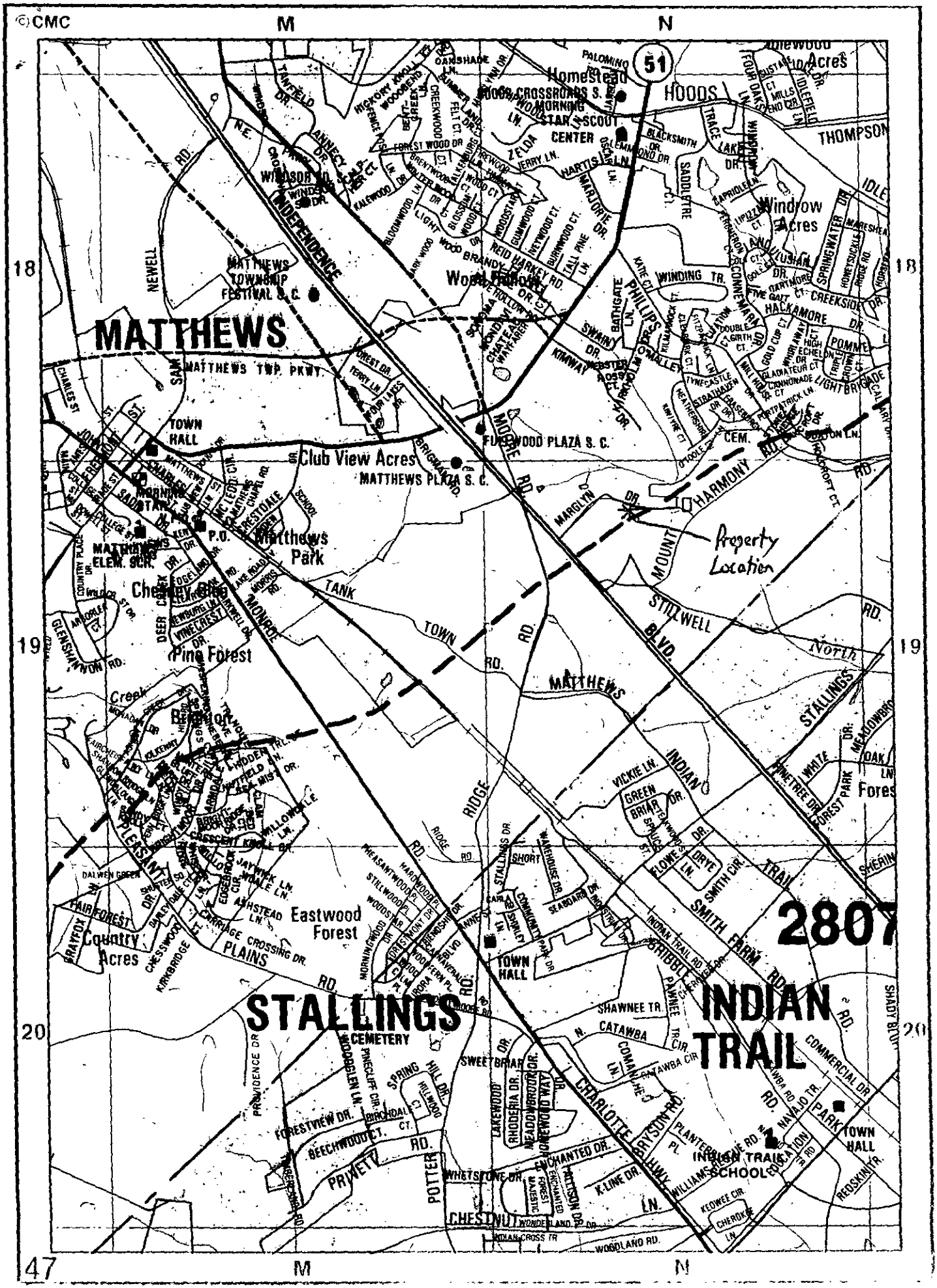

MATTHEWS CITY LIMITS
MARGLYN DR
MORNING STAR TWP.
MORNING STAR
OUTER LOOP CORRIDOR
US HWY 74
INDEPENDENCE BLVD
MATTHEWS CITY LIMITS
MT. HARMONY CHURCH RD
#3178
#3180
#3177
STILLWELL RD
STEVENS-MILL RD
#1524 UNION CO
ALL CHARGED IN MECK. CO.
19.358 AC± MECK. CO.
21.102 AC± UNION CO.
40.46 AC± TOTAL
MECKLENBURG COUNTY
UNION COUNTY
91
92
PG. 12
PG. 07
TAX LINE MAP BOOK 215 PAGE 09
MECKLENBURG COUNTY, NORTH CAROLINA
REVISED 9-9-91
SCALE 1" = 400'
FOR TAX PURPOSES ONLY

= area to be acquired for future highway project.

*The existing septic system for this home is located within the area to be acquired.



CONTINUED ON: MAP 39



STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

JAMES B. HUNT, JR.
GOVERNOR

DIVISION OF HIGHWAYS
5701 Executive Center Drive
Suite 300
Charlotte, N. C. 28212
Telephone: (704) 537-1541

SAM HUNT
SECRETARY

April 13, 1993

Mecklenburg County Environmental Health Department
C/O. Howell Marshall Center
Suite 211
700 North Tryon Street
Charlotte, North Carolina 28202

Re: Application and Request for Soil Evaluation to be done at 2000 Marglyn Drive, Matthews, North Carolina

Dear Sirs:

Enclosed is a completed application and check for a soil evaluation to be performed at 2000 Marglyn Drive in Matthews, North Carolina.

The septic system for the existing home on this property is located within the area which will be acquired as right-of-way for the Charlotte Outer Belt. A soil evaluation is needed to determine if the septic system can be relocated elsewhere on the property. This is vital information to the Department of Transportation in determining whether or not these property owners will be considered re-locatees as a result of the proposed highway project.

Please have your environmentalist that works this area contact me at Area Code 704/537-1541 with as much notice as possible before scheduling the soil evaluation. The Department of Transportation would like to coordinate with the Mecklenburg County Health Department to have several local contractors on site at the time of the evaluation for the purpose of estimating the cost of relocating the septic system.

If I can be of further assistance, please contact me at the above-referenced number.

Sincerely,

Darrin S. Brown

DSB:lg

Enclosure

see what needs to be added
when

A soil investigation was performed at 2000 Marglyn Drive for the purpose of ~~a~~ possible relocation of the septic tank ~~drainfield~~ system. ~~The~~ This ~~re~~relocation is due to the proposed encroachment of the DOT right-of-way. The soils were ~~found~~ found to have expansive clay and seasonal perched water at depths of 12-24 ~~inches~~ inches. Depth to saprolite ranged from 24-36 inches. These ~~conditions~~ conditions render the soils UNSUITABLE for septic tank system installation according to our current (new) rules.

The present septic tank system was installed in the late 1970's. At that time there was a provision in the rules that would allow modified septic tank systems to be installed in sites with the soil condition described above. However, this provision is no longer present in the rules. The site would be classified as UNSUITABLE according to present rules.

There is an appeals procedure available in the event there is a problem with the soils classification or some other area of this situation. Please contact our office if there are any questions or if you wish to exercise your right of appeal.

letter to Mr. Ed
Ward Cagle
2000 Margin Ln.
Matthews, N.C.
28105

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19318

13604
File: ~~[illegible]~~ Action _____

Parcel: 215-091-04 ☐ PC

Location: 2000 Marglyn Dr.

Subdivision:

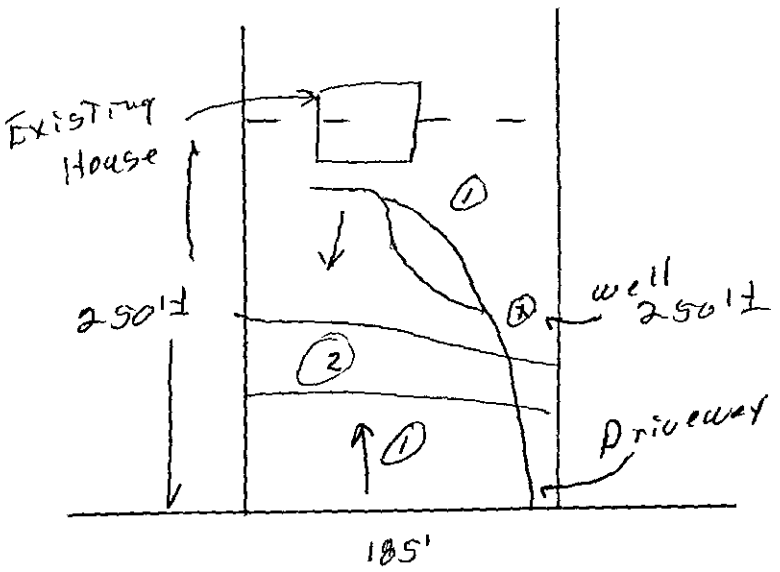
Lot: Block: Acres: Approx 1.0

Owner: Ward H. Cagle
Address: 2000 Marglyn Dr.
Matthews, N.C. 28105

Comments: System relocation from DOT R/W

Described by: William R. Marks

Date: 4-29-93



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

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-8%	S PS (U) Depression	S PS U	S PS U	S PS U	S PS U
Texture	S PS (U) Expansive clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Subangular Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S PS (U) perched water 12-24"	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 24-36"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 24-36"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U —	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	Helena-Lilly	Depression				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19318

File: Action _____

Parcel: ☐ PC

Location:

Subdivision:

Lot: Block: Acres:

Owner:
Address:

Comments: _____

_____

_____

_____

Described by: _____

Date: _____

***** 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	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series						
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

400 ✓ 2nd site

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PD 80.00 chk 31477 9/14/93 [] 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

Date: 9/22/93

PERSON FILING APPLICATION:
NAME: North Carolina Department of Trasportation (last) (first) (mi)
ADDRESS: 5701 Executive Center Dr PHONE: (704) 537-1541
CITY: Charlotte STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: _____
STREET ADDRESS: Off Marglyn Drive
ZONING: _____

PROPERTY OWNER:
NAME: DOT (last) (first) (mi)
ADDRESS: See Above PHONE: (__) _____
CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[✓] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
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[] 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: NUMBER OCCUPANTS:
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: Dawn S. Brown Date: 9/22/93

NOTICE:

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...

[] 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

WWATER : 122791

DX Pd 50.00 K A/ 14193

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

51477 Pd 50.00 4/14/93 CHK 4495 [] CRT

966B/8838A

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: North Carolina Dept. of Transportation

NAME: Brown (last) Darrin (first) S. (mi)

ADDRESS: 5701 Executive Center Dr. Suite 300, Rutherford Bldg. PHONE: (704) 537-1541

CITY: Charlotte STATE: NC ZIPCODE: 28212

Date: 3/31/93

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 215-091-04

STREET ADDRESS: 2000 Marglyn Drive Matthews NC

ZONING: R 15

PROPERTY OWNER:

NAME: Cagle (last) Ward (first) H. (mi)

ADDRESS: 2000 Marglyn Drive PHONE: (704) 847-7777

CITY: Matthews STATE: NC ZIPCODE: 28105

SUBDIVISION OR MOBILE HOME PARK NAME: N/A

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

LOT NUMBER: LOT SIZE (in acres): 2.3 Acres

TYPE APPLICATION (check one):

[X] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 5 NUMBER OCCUPANTS: 2

SYSTEM CLASSIFICATION: Conventional

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

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

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

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

Signed: Ward H. Cagle Date: 4-1-93

NOTICE:

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

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

...This permit is not transferable.

...

[] 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

WWATER : 122791

PROPOSED PLOT PLAN

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

FILE: _____

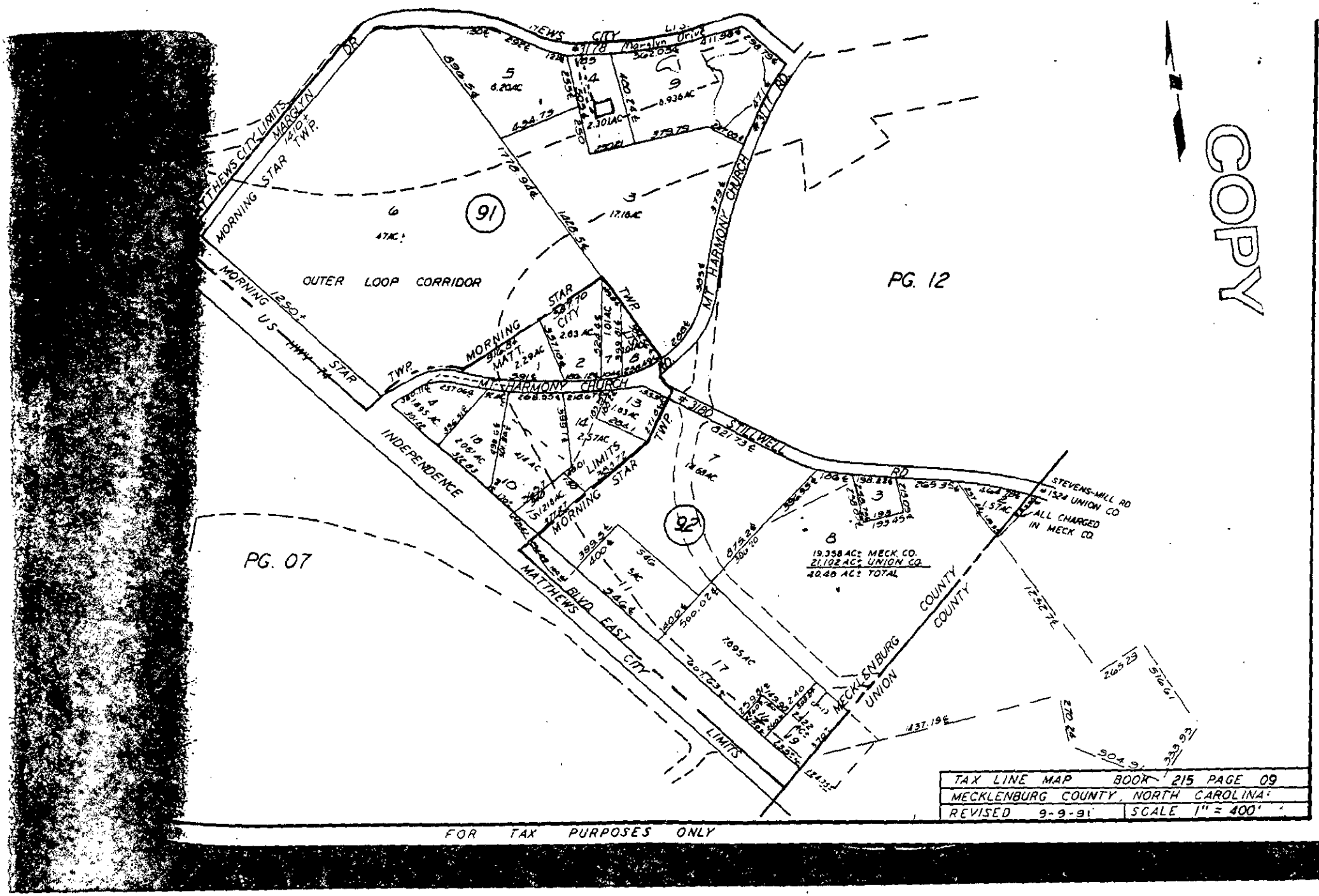
TC: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.

See Attached

APPROVAL DATE _____

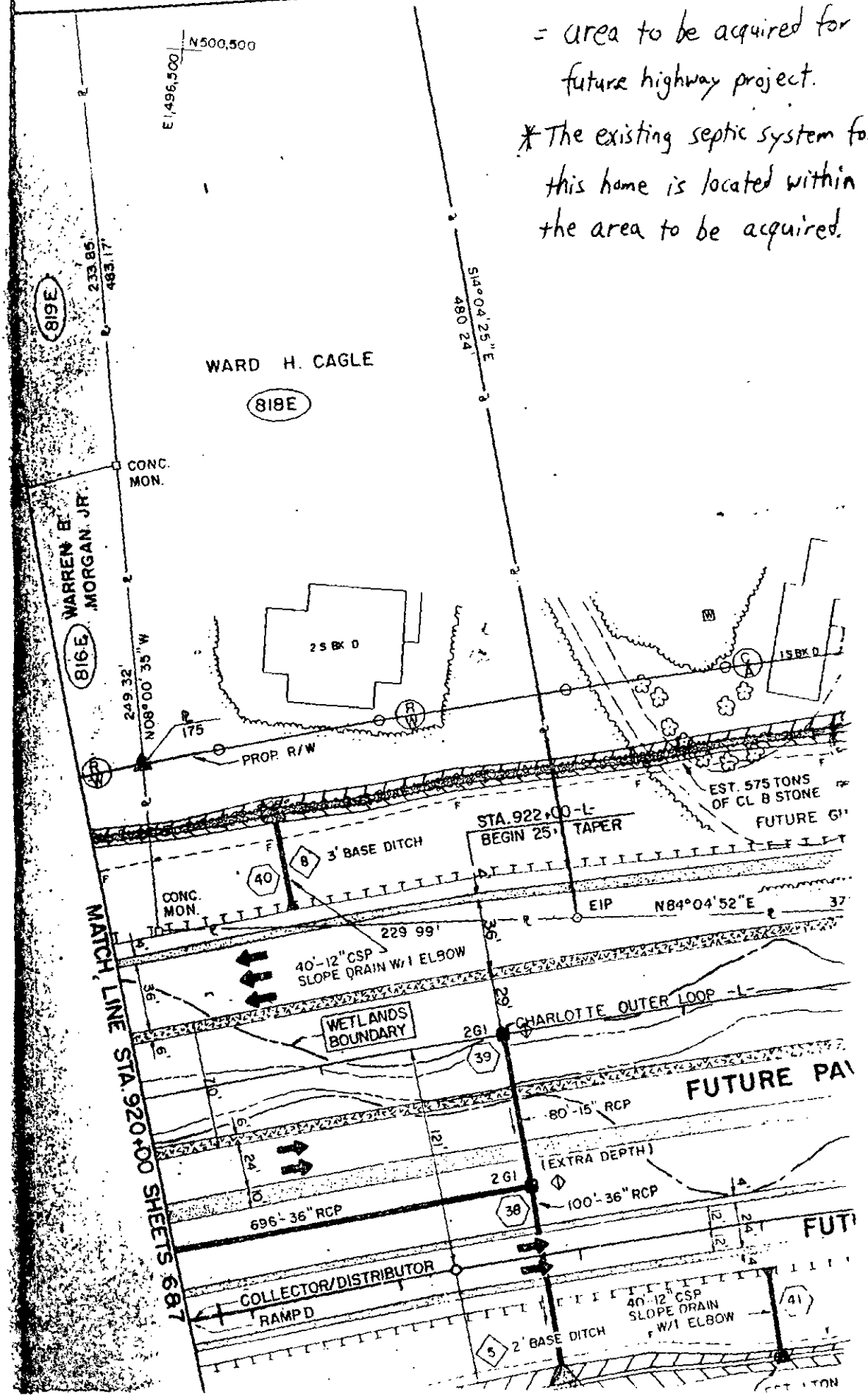
White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

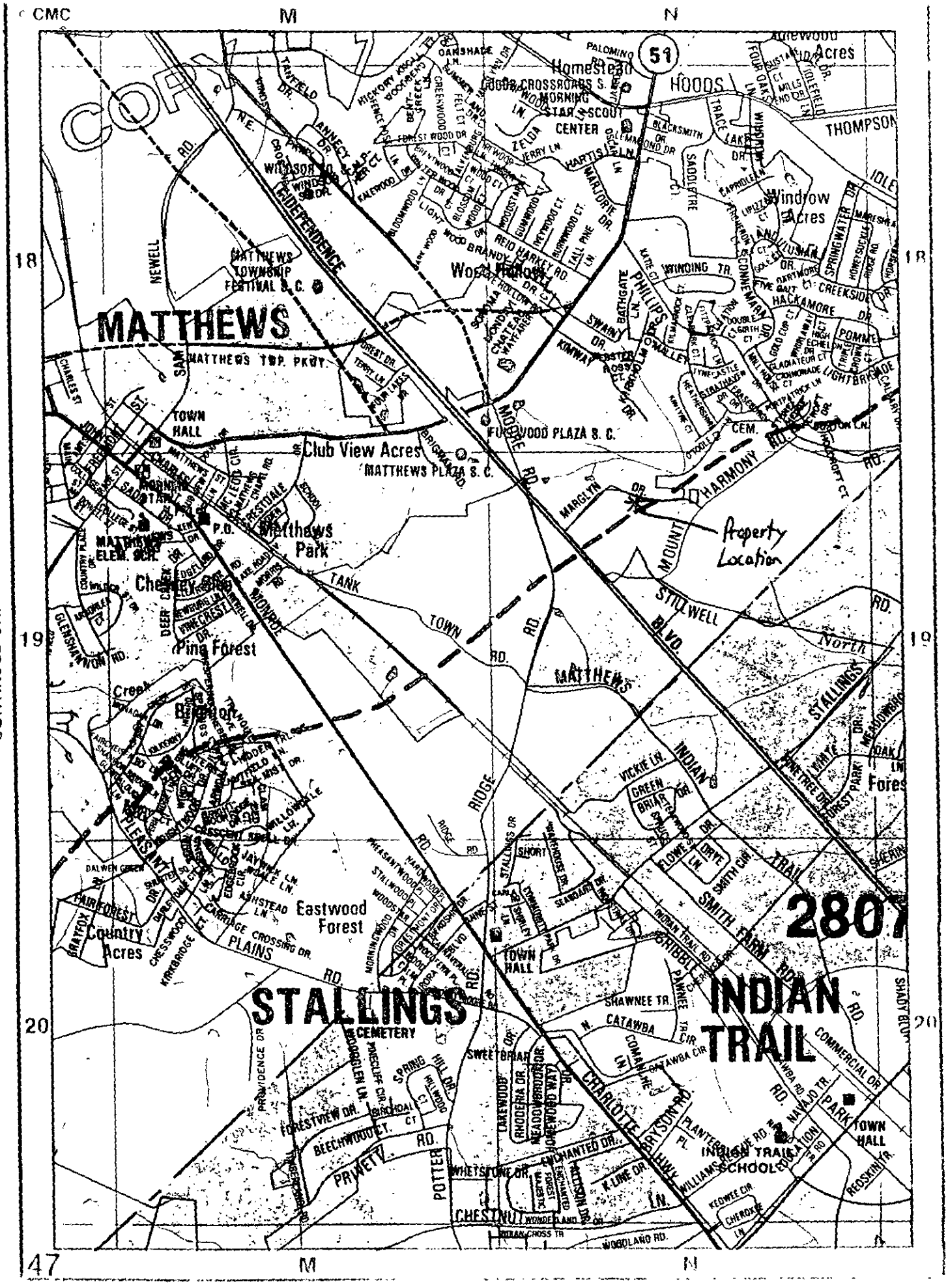

COPY
PG. 12
PG. 07
OUTER LOOP CORRIDOR
MORNING STAR TWP.
MATTHEWS CITY LIMITS
MARGLYN DR
MT HARMONY CHURCH
STILLWELL RD
INDEPENDENCE BLVD
US HWY 74
MATTHEWS CITY LIMITS
MORNING STAR CITY LIMITS
MECKLENBURG COUNTY
UNION COUNTY
STEVENS-MILL RD
19.358 AC± MECK. CO.
21.102 AC± UNION CO.
40.46 AC± TOTAL
TAX LINE MAP BOOK 215 PAGE 09
MECKLENBURG COUNTY, NORTH CAROLINA
REVISED 9-9-91
SCALE 1" = 400'
FOR TAX PURPOSES ONLY

COPY

= area to be acquired for future highway project.

* The existing septic system for this home is located within the area to be acquired.




CMC
M
N
18
19
20
47
MATTHEWS
STALLINGS
INDIAN TRAIL
Property Location
Matthews Park
Pine Forest
Eastwood Forest
Country Acres
Club View Acres
Windrow Acres
Homestead
HOODS
THOMPSON
Woodhaven
MATTHEWS TOWNSHIP FESTIVAL S. C.
MATTHEWS PLAZA S. C.
FUQUAY WOOD PLAZA S. C.
MATTHEWS ELEM. SCH.
TOWN HALL
CEMETERY
INDIAN TRAIL SCHOOL
INDEPENDENCE BLVD.
MATTHEWS TWP. PKWY.
MOORE RD.
HARMONY RD.
STILWELL BLVD.
TOWN RD.
TANK RD.
RIDGE RD.
PLAINS RD.
PRIVETT RD.
POTTER RD.
CHARLOTTE HWY.
INDIAN TRAIL RD.
SMITH FARM RD.
CONTINUED ON: MAP 46

COPY

STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

JAMES B. HUNT, JR.
GOVERNOR

DIVISION OF HIGHWAYS

SAM HUNT
SECRETARY

5701 Executive Center Drive
Suite 300
Charlotte, N. C. 28212
Telephone: (704) 537-1541
April 13, 1993

Mecklenburg County Environmental Health Department
C/O. Howell Marshall Center
Suite 211
700 North Tryon Street
Charlotte, North Carolina 28202

Re: Application and Request for Soil Evaluation to be done at 2000 Marglyn Drive, Matthews, North Carolina

Dear Sirs:

Enclosed is a completed application and check for a soil evaluation to be performed at 2000 Marglyn Drive in Matthews, North Carolina.

The septic system for the existing home on this property is located within the area which will be acquired as right-of-way for the Charlotte Outer Belt. A soil evaluation is needed to determine if the septic system can be relocated elsewhere on the property. This is vital information to the Department of Transportation in determining whether or not these property owners will be considered re-locatees as a result of the proposed highway project.

Please have your environmentalist that works this area contact me at Area Code 704/537-1541 with as much notice as possible before scheduling the soil evaluation. The Department of Transportation would like to coordinate with the Mecklenburg County Health Department to have several local contractors on site at the time of the evaluation for the purpose of estimating the cost of relocating the septic system.

If I can be of further assistance, please contact me at the above-referenced number.

Sincerely,

Darrin S. Brown

Darrin S. Brown

DSB:lg

Enclosure