

12324 HAYMARKET RD

02315110

9/5/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 21987 DATE: 1/14/03

TC: 023-151-10 ☐ L ☐ CRT

SERIAL 19188

Name of Owner Ray T. Drury Juris.: _____

Address of Property 12324 Haymarket Road

Inspection Data:

Tank Material Existing

Total Length of Drainfield 180' + existing

Number of Lines 3 @ 60'

Cover Depth 12"

Water Supply Source > 50'

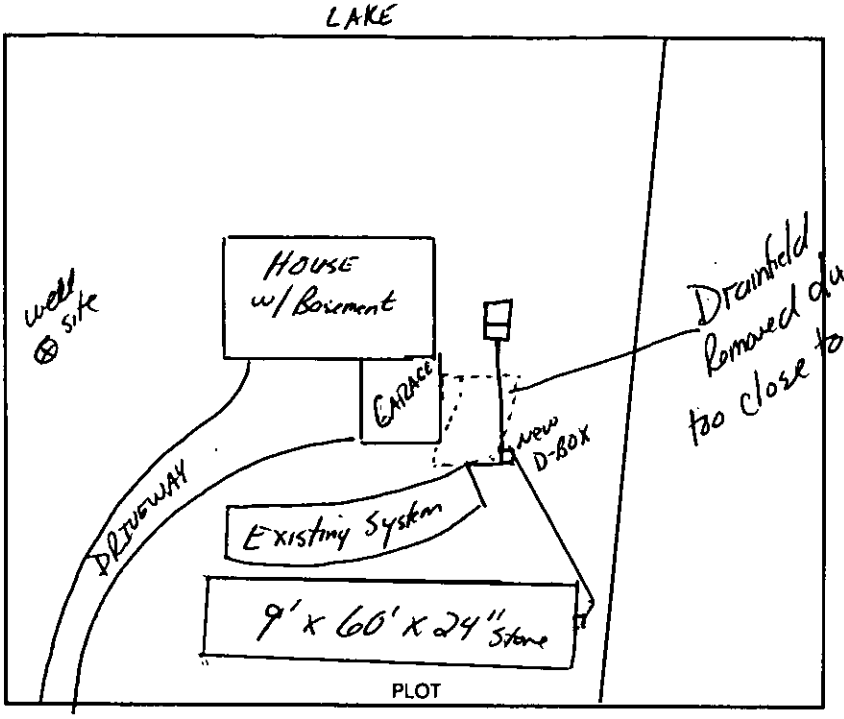
Distance to Water Source Private well

Excavation Inspected 1/14/03

Tank(s) Inspected existing

Wash Line Inspected NA

High Water Alarm Inspected NA



Design 2003 Alteration, 540 SFD, CON, 24" Stone CTR# A-1 Backhoe

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: Alteration of existing system for Three Bedroom house
9' x 60' x 24" Stone Bed
Type II Conventional System

Tommy Medlin 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

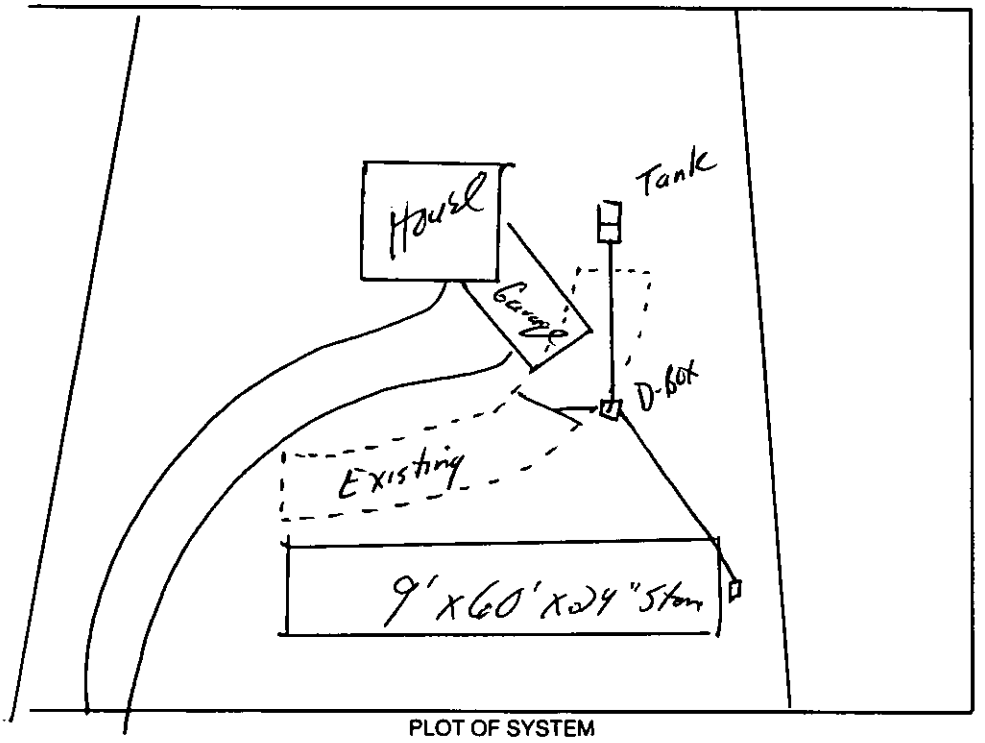
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 21987 DATE: 1/13/03

TC: 023-151-10 ☐ L

SERIAL 19371

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 4-17-02. All work shall be completed on or before 2/13/03, 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 existing gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction PCC

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 9'x60' Bed feet

Trench Walls Scored and Porous Yes

Total Line Length 180' feet

Number of Lines 3x60'

Depth of Stone 24" inches

Distance from House >15' 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 Ray T. Drury

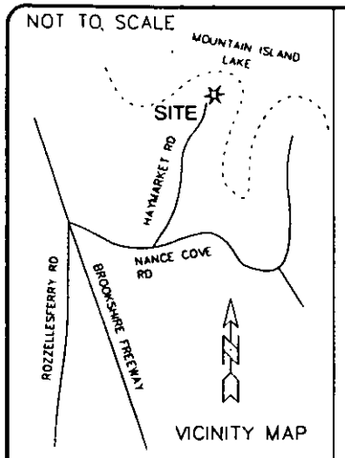
LOCATION OF PROPERTY 12324 Haymarket Road

Comments: System alteration - drainfield was cut into when digging garage foundation.
→ Remove section of drainfield at garage location and install 9'x60'x24" stone Bed
Type II Conventional System

Jerry Mullis R.S.
Environmental Health Specialist

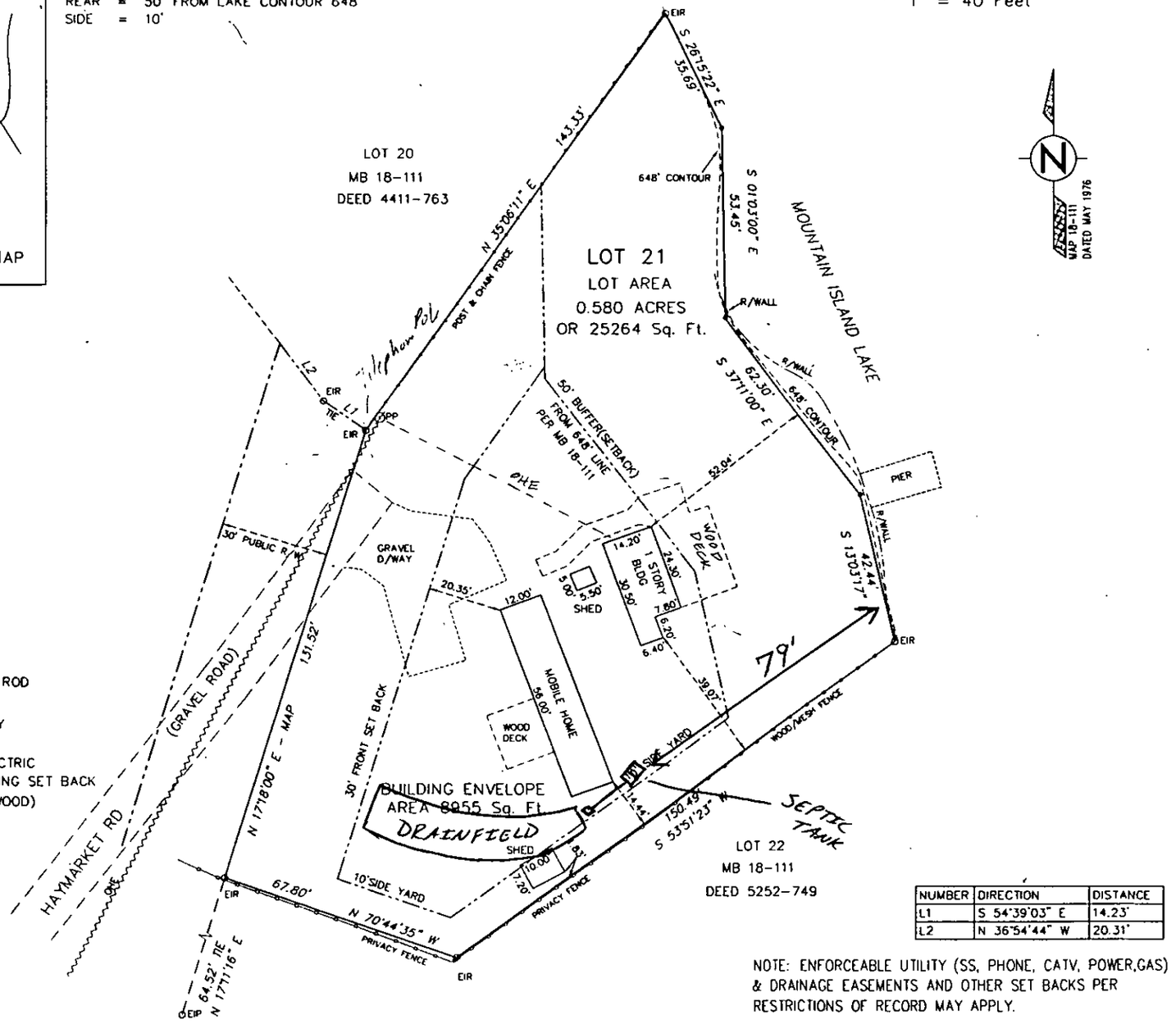
WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

NOT TO SCALE



MINIMUM BUILDING SET BACK LINES AS PER RECORDED PLAT
(CURRENT ZONING: R-5)
FRONT = 30'
REAR = 50' FROM LAKE CONTOUR 648'
SIDE = 10'

50' 40' 30' 20' 10' 0' 20' 50'
GRAPHIC SCALE IN FEET
1" = 40 Feet



MAP 18-111 DATED MAY 1976

NUMBER	DIRECTION	DISTANCE
L1	S 54°39'03" E	14.23'
L2	N 36°54'44" W	20.31'

LEGEND:

EIR	=	EXISTING IRON ROD
NIR	=	IRON ROD SET
R/W	=	RIGHT-OF-WAY
PP	=	POWER POLE
OHE	=	OVERHEAD ELECTRIC
MBS	=	MINIMUM BUILDING SET BACK
R/WALL	=	RETAIN WALL(WOOD)

NOTE: ENFORCEABLE UTILITY (SS, PHONE, CATV, POWER,GAS) & DRAINAGE EASEMENTS AND OTHER SET BACKS PER RESTRICTIONS OF RECORD MAY APPLY.

THIS IS TO CERTIFY THAT ON THE 24th DAY OF APRIL 2002, I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES AND THE IMPROVEMENTS, IF ANY, ARE AS SHOWN HEREON. THIS PLAT MEETS THE MINIMUM STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA, BOARD RULE .1600 AND THE ERROR OF CLOSURE FOR THIS SURVEY DOES NOT EXCEED ONE (1) FOOT PER 10,000 FEET OF PERIMETER SURVEYED NOR 20 SECONDS TIMES THE SQUARE ROOT OF THE NUMBER OF ANGLES TURNED.

PROPERTY LIES IN A MOUNTAIN ISLAND LAKE WATERSHED AREA AS SHOWN ON RECORDED MAP 18-111 AND THE PROPERTY LINES FOLLOW THE LAKE FULL POND ELEVATION 648' AS SHOWN ON SAID MAP.

BERTRAM B. DE SILVA
NC - L 3465
PROFESSIONAL LAND SURVEYOR
915 NORTHEAST DRIVE
UNIT # 24
DAVIDSON, NC 28036
PHONE (704) 895-4708
FAX (704) 895-2608
Bertram De Silva Surveying

NORTH CAROLINA PROFESSIONAL SEAL L-3465 LAND SURVEYOR BERTRAM B. DE SILVA

PHYSICAL SURVEY OF
LOT 21
CRESCENT LAND & TIMBER CORP.
MOUNTAIN ISLAND LAKE
RECREATION LOTS
SECTION 2
SUBDIVISION
PAW CREEK TOWNSHIP
MECKLENBURG COUNTY, N.C.

THE PROPERTY OF
KENNETH W. ALLEN

MAP RECORDED IN BOOK 18 AT PAGE 111
DEED RECORDED IN BOOK 9044 PAGE 662

TAX PARCEL 023-151-10
PROPERTY ADDRESS:
12324 HAYMARKET RD
CHARLOTTE, NC 28216

Paid $100 4/18/02 RS

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

4/29/02 paid additional $200 for alteration. RS

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202
(704)336-5102

21987

Date: 4-17-02

PERSON FILING APPLICATION:
NAME: Drury (last) Ray (first) T (mi)
ADDRESS: 17811-B Half Moon Ln. PHONE: (704) 896-7611
CITY: Cornelius STATE: NC ZIPCODE: 28031

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 02315110-001
STREET ADDRESS: 12324 Haymarket Rd
Charlotte, NC 28216
ZONING:

PROPERTY OWNER:
NAME: ~~[illegible]~~ Allen (last) Kenneth (first) ~~[illegible]~~ W. (mi)
ADDRESS: 75 Francis Ave PHONE: (__) ____
CITY: Larkspur STATE: CA ZIPCODE: 94939-1009

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: L-21-SEC 2-MB 607 SIZE (in acres): 0.58 acres

TYPE APPLICATION (check one): X Remove Mobile home, build house
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

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

NUMBER BEDROOMS: 3 2 NUMBER OCCUPANTS: 2
SYSTEM CLASSIFICATION: 5

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: Ray T. Drury Date: 4-17-02

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.

... O.K. to use existing system for two bedroom House.

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Jeremy L. Medlin R.S. 5/13/02
Environmentalist Date

WATER : 122791

1/14/03 system upgraded to Three Bedroom house by alteration (9'x60'x24" Stone)
JPM

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	04/29/02	**Amount:**	200.00
Receipt #:	7831	**Tendered:**	200.00
Check / Auth #:	CHECK 928	**Returned:**	0.00
Received By:	FOSTERV		

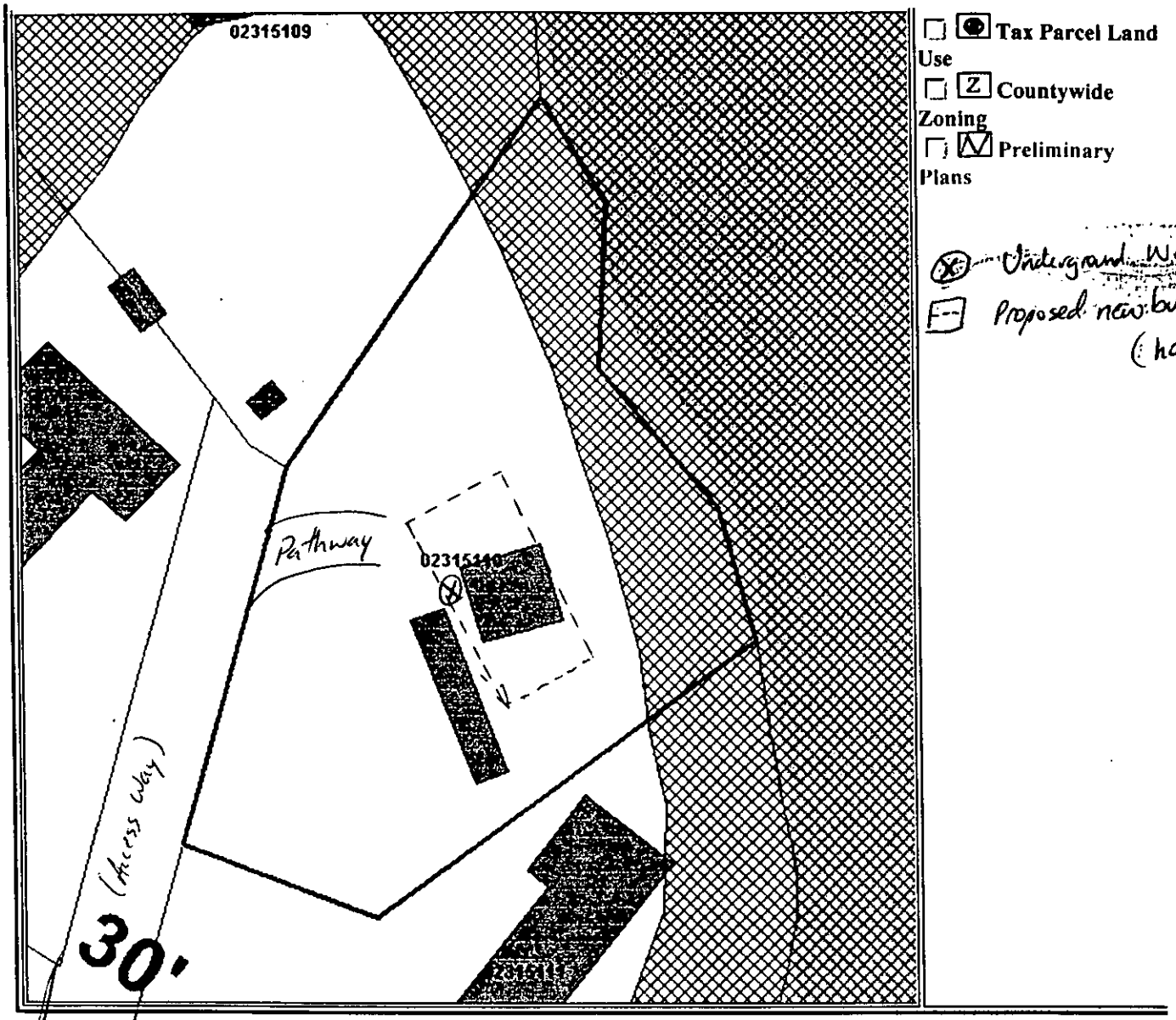
Account Information

Account #: 200000
Contractor: DR RAY T DRURY
Attn:
Address: 17811 HALF MOON LN #B
Address:
City/State/Zip: CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
0706	MH Exc/Add/Repl w/System Mod 12324 HAYMARKET RD		1	200.00	200.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance



Click here to submit questions or comments about the information shown on this page.
Additional Tax Information (Tax Bills, Real and Personal Property, etc.) is available through the:

Tax Information System

Map Scale: 1 Inch = 54 Feet Date and Time Stamp 4/17/2002 12:46:00 PM EST	This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

Tax Real Estate Information

****BUILDING PHOTOS ARE NOW AVAILABLE! SEE MAJOR IMPROVEMENT SECTION BELOW FOR LINK.****

***** Images of real estate documents from the Register of Deeds are available from 11/9/1998 to the present. *****

Parcel-Id#: 02315110 GIS Map#: 02315110 Account Type: INDIVIDUAL	Legal Desc.: L21 SEC2 M18-111 Deed Book/Page: 09044/662 Date: 5/5/1997

12324 Haymarket Rd.

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1
Property ID: 023-151-10
Lot #: 21
File #: 21987
Code:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Ray T. Drury
Applicant: Ray T. Drury
Address: 17811-B Holtsmoon Lane Cornelius, NC 28031
Date Evaluated:
Proposed Facility: Residence
Design Flow (.1949): 360 GPD
Property Size: 0.580 Acres
Location of Site: 12324 Haymarket Road
Property Recorded:
Water Supply: [ ] Public [X] Individual
Evaluation Method: [ ] Auger Boring
Type of Wastewater: [X] Sewage
[X] Well [X] Pit [ ] Industrial Process
[ ] Spring [ ] Other [ ] Cut [ ] Mixed

PROFILE #	.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 (IN.)	.1956 Sapro Class	.1944 Restr Horiz.	Profile Class & LTAR
#1	CS 1%	0-8	GR/SL	FR/NS/NP	>37" TO SOIL WETNESS	37"	N/A	NONE	PS, ~~III~~ .3 Gal/Day/Ft²
		8-16	GR/SL	FR/NS/NP					
		16-37	SBK/CL	FI/SEXP/SS/SP					
		37-55	GR/SCL	FR/SEXP/SS/SP					

Description	Initial System	Repair System
Available Space (.1945)	US	US
System Type(s)		
Site LTAR	0.3	

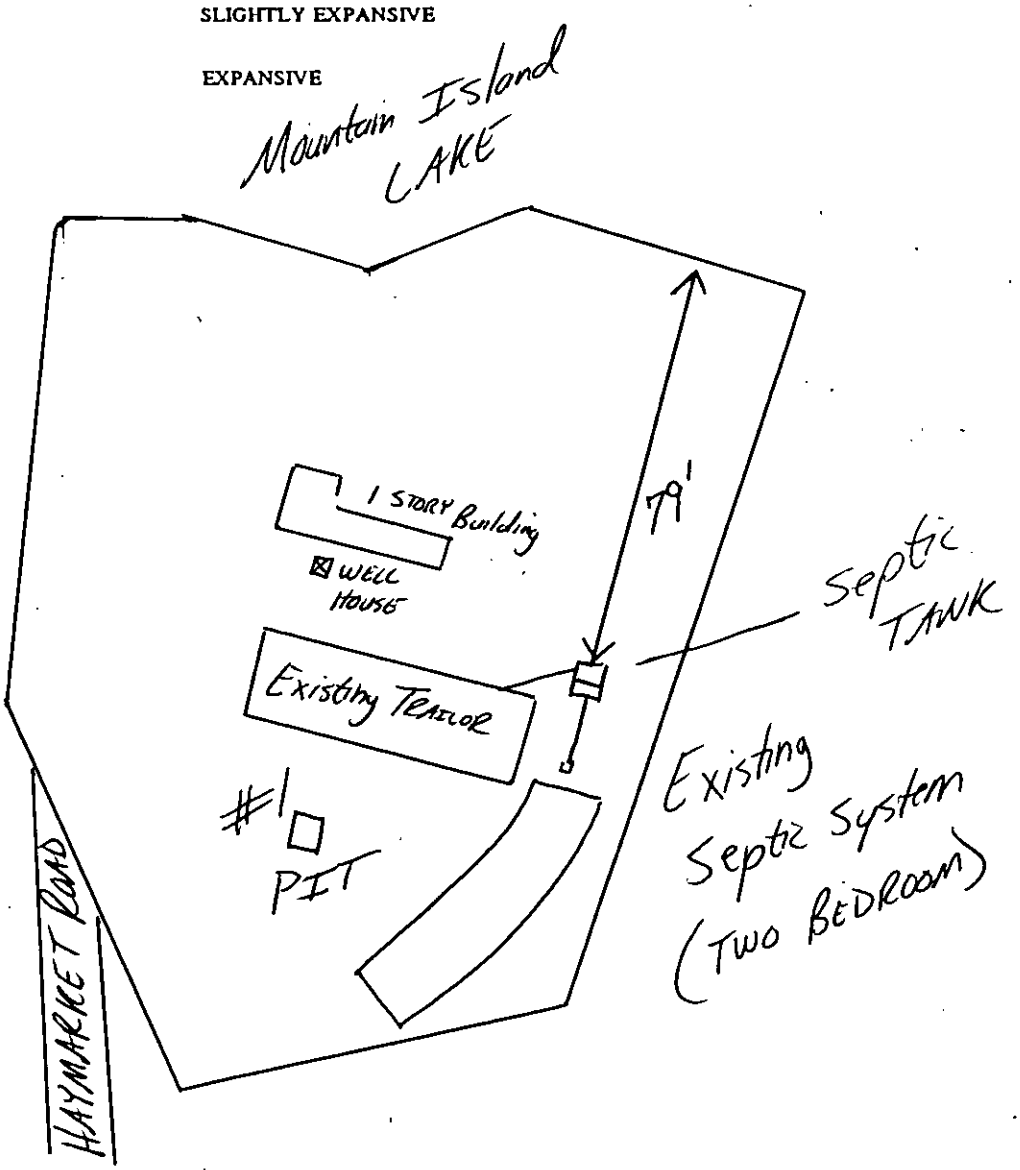
Other Factors (.1946):
Site Classification (.1948):
Evaluated By: Jeremy P. Michelone R.S.
Others Present: Todd Oehler

FILE # 21987

COMMENTS Does not require 100% Repair
→ Two Bedroom system already in the ground
→ Three Bedroom house (expansion / alteration) will work depending on the house site location and variance approval.

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR	CONSISTENCE MOIST	CONSISTENCE WET
R-RIDGE	I	S-SAND	1.2-0.8		
S-SHOULDER SLOPE		LS-LOAMY SAND		VFR-VERY FRIABLE	NS-NON-STICKY
L-LINEAR SLOPE				FR-FRIABLE	SS-SLIGHTLYSTICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6	FI-FIRM	S-STICKY
N-NOSE SLOPE		L-LOAM		VFI-VERY FIRM	VS-VERY STICKY
H-HEAD SLOPE				EFI-EXTREMELY FIRM	NP-NON-PLASTIC
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3		SP-SLIGHTLYSTICKY
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM			
	IV	SC-SANDY CLAY	0.4-0.1		
		SIC-SILTY CLAY			
		O-ORGANIC			

STRUCTURE	MINERALOGY
SG-SINGLE GRAIN	SLIGHTLY EXPANSIVE
M-MASSIVE	
CR-CRUMB	EXPANSIVE
GR-GRANULAR	
SBK-SUBANGULAR BLOCKY	
ABK-ANGULAR BLOCKY	
PL-PLATY	
PR-PRISMATIC	



MECKLENBURG COUNTY ENGINEERING & BUILDING STANDARDS
CREDIT/REFUND APPLICATION

☞ See back for completion instructions and the Credit/Refund Schedule

SECTION I - TO BE COMPLETED BY APPLICANT (Complete 1 - 11 - PRESS FIRMLY)

1. Property Owner's Name: _____

2. Property Address: _____

3. Parcel Number: _____ 4. Permit Number: _____ 5. Date Issued: _____

6. Type of Permit: ☐ Building ☐ Electrical ☐ Mechanical ☐ Plumbing ☐ Sign ☐ Mobile Home ☐ Fire
☒ Other Addition with system modification

7. Purpose of Permit: (Uplift, New Residence, Etc.) determine ability to & issue permit to alter system

8. Reason for Request: ☐ Not Doing Work ☐ Plan Change
☐ Duplicate Permit (Remaining Permit # and Date of Permit) _____
☒ Other (Specify) decision by new owner to use existing system as is

9. ☐ CREDIT
☒ REFUND

10. Requestor: Dr. Ray Drury Account # _____
Address: 17811-B Half Moon Lane Phone # 7048961611
Cornelius, NC 28031

11. *Signature of Requestor:* request at site visit w/J. Michelone Date: _____

FOR DEPARTMENTAL USE ONLY - DO NOT WRITE BELOW THIS LINE

SECTION II - TO BE COMPLETED BY APPLICABLE CORE PROCESS

# of Inspections	Plan Review?	Credit/Refund %	Permit Fee	$30 Min.?	CREDIT/REFUND AMOUNT
_____	☐Y ☐N	1/3	$ 300.00	☐Y ☐N	$ 100.00

Core Process Approval: Gwendolyn Craig Date: 11/7/02

SECTION III - TO BE COMPLETED BY APPLICABLE CORE PROCESS

Purging Needed: ☐B ☐E ☐M ☐P ☐S ☐F ☐L Initials: _____ Date: _____

Purging Completed: ☐B ☐E ☐M ☐P ☐S ☐F ☐L Initials: _____ Date: _____

SECTION IV - TO BE COMPLETED BY REVENUE COLLECTION

☐ REFUND ORG & ACCOUNT #	☐ CREDIT TRANS # - ORG & ACCOUNT #	CALCULATIONS AND ENTRY INITIALS	DATE
_____ - _____	_____ - _____	_____	_____

SECTION V - TO BE COMPLETED BY DEPARTMENT AND FINANCE REPRESENTATIVES

Department Approval: _____ (Signature) _____ (Date) _____ - _____ (Refund from Account #)

Finance Approval: _____ (Signature) _____ (Date) _____ (Check #)

ORIGINAL