

10618 WILLIAMS RD

13910141

1/3/2008

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3886B DATE: 5/15/97

TC: 139 101 08 ~~T-L~~ ~~CRT~~

SERIAL Nº 16908

Name of Owner Jack Munday Juris.:

Address of Property 10618 Williams Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 12"

Water Supply Source well installed

Distance to Water Source >100'

Excavation Inspected 5/15/97

Tank(s) Inspected 5/15/97

Wash Line Inspected plumb to tank

High Water Alarm Inspected NA

PLOT

Design 1997, 1500ST, CON, 1200SFT, 12"stone Cecil CTR# 117 McLaurin Con

The undersigned has inspected the Septic Tank System described above, and certifies it has been

- [X] installed or constructed
- [X] in accordance with the permit issued
- [ ] altered or repaired
- [ ] as detailed in the plot above

and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

- [ ] Certificate of Completion
- [X] Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Septic System designed for 3 bedroom residence Type II

Phillip A. Walton 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

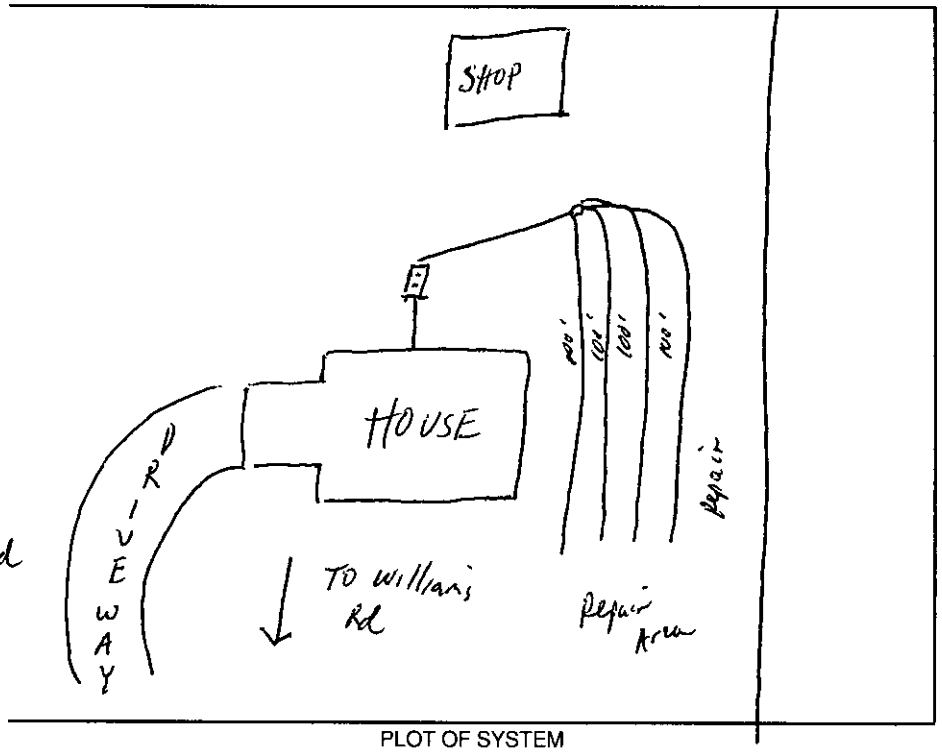
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3886B DATE: 5/14/97

TC: 139 101 08 ☐ L

SERIAL Nº 17164

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 11/16/96. All work shall be completed on or before 6/14/97, 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 – gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 36" feet

Trench Walls Scored and Porous yes

Total Line Length 400' feet

Number of Lines 4 (100')

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well >100' feet

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

NAME OF OWNER Jack Munday

LOCATION OF PROPERTY 10618 Williams Rd

Comments: 1500ST, 4 lines x 100'long x 3'wd x 12"Stone | Keep septic system >100' from well

Philip S. Walker R.S.
Environmental Health Specialist

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

owner receipt # ~~[illegible]~~ Paid by check CK#3162 $200.00 2-10-97

FEE: ~~$200.00~~ AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: ~~11-25-96~~ VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE 10-FY

DATE: 11/6/96 PERMIT NO: 3886B

PARCEL NO: 139 101 ~~08~~ 41

PROPERTY OWNER: Jack Munday

BUILDING CONTRACTOR: 10618 Williams Road

JOB LOCATION ADDRESS: _____

SUBDIVISION NAME: NA

AUTHORIZATION ISSUED BY: Philo A. Walker R.S. DATE: 11/6/96

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3886B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: _____

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

Jack W. Munday 11/6/96

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 3886B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 139 101 08

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement: ___ Yes ✓ No ___ Partial Basement

Type Primary Wastewater System
Type (circle one): I (II) III IV V VI

✓ Conventional
___ Prefabricated, permeable block panel system
___ Shallow Placed Conventional
___ Low Pressure Pipe
___ Large Diameter Pipe
___ Fill
___ Other
___ Innovative or Experimental:
___ IWWS-93-1
___ IWWS-93-2
___ IWWS-94-1

.3 Long-term acceptance rate	360 Max gallons/day wastewater flow	1200' Absorption Area (sq ft)	9' Trench spacing (min. on centers)
YES Serviced by private well	1500 Gallon septic tank	400' Total trench length (ft)	24 Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	NA Gallon pump tank	12" Depth of stone	

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

Site modifications required:

Additional Conditions:

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)	24" Maximum Trench Depth

For existing system, enter the year originally installed:

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

- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department.
- This Improvement permit is transferable.

Phila A. Walker RS 11/6/96
DEHNR Authorized Agent Date

X John W. Mundy 11/6/96
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

IWWS-100195

COPY

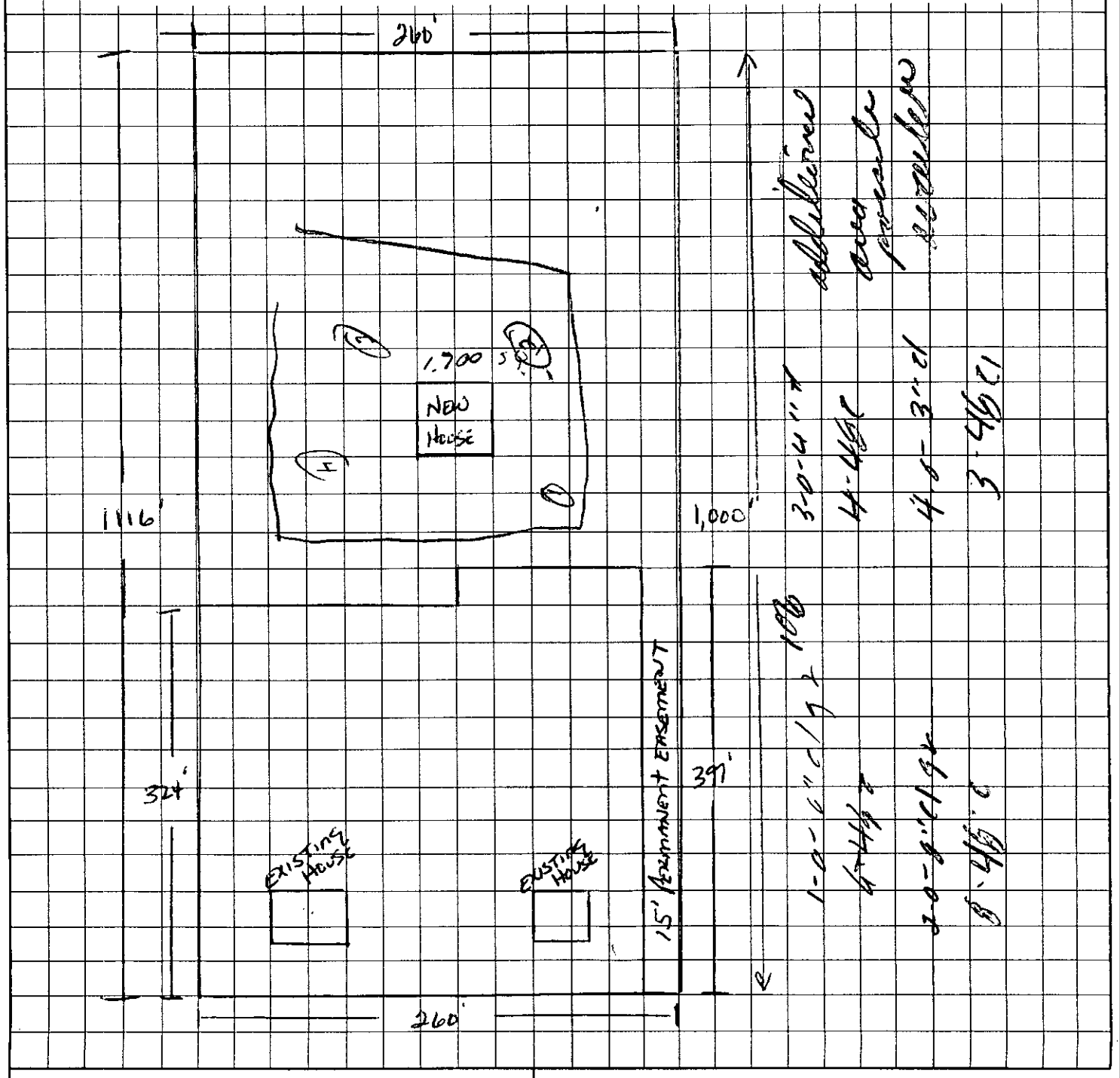
PROPOSED PLOT PLAN

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

FILE: 3886B

TC: 139-101-08

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



OWNER/AGENT SIGNATURE

DATE 10/24/96

APPROVAL DATE _____

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

...BRUARY 27th, 1999.

F.K. 388CB

JEFF...
DE...Y A. MANESS
...D 5172-270

DEED 1271-44

1127.21
767.03'

LOT 2
178,931 sq. ft.
4.107 Acres

595.06'
1000.00'(T)

S 00°26'00" W
140.00'

S 89°41'04" E
52.01'

N.I.P.

S 00°26'00" W
120.00'(T)
104.99'

15.01'

N.I.P.

324.35'

32.63'

E.I.P.

20.89'

02°10'30" W 519.87'
5/8" NAIL IN CL INTERS.
WILLIAMS RD & CEDARVALE RD.

1 STORY
FRAME
10626

LOT 1
Total Area - Incl. R/W
95,736 sq. ft.
2.198 Acres

62.80'

POWER LINE

1 STORY
FRAME
10823

WILLIAMS ROAD
60' PUBLIC R/W

N 00°26'00" E
244.96'

259.97'(T)

15.07'

16.80'

E.I.P.

57.91'

50.00'

S 87°35'00" E
380.64'

367.24'

N 87°35'00" W

15' PERMANENT ACCESS EASEMENT
AREA = 5958.57 sq. ft. = 0.137 Acres

ALVAH H. WILLIAMS
& wife MARY
DEED 1271-468

50 0 30
(IN FEET)

NOTES:

1. E.I.P. DENOTES EXISTING IRON PIN.
2. N.I.P. DENOTES NEW IRON PIN.
3. THIS SURVEY CREATES A SUBDIVISION OF LAND WITHIN A MUNICIPALITY THAT REGULATES SUCH PARCELS OF LAND.
4. TAX PARCEL - 139-101-08
5. NO NCGS MONUMENT FOUND WITHIN 2000'.
6. THE SUBJECT PROPERTY IS NOT LOCATED WITHIN A FLOOD ZONE AREA.

RECORD MA...
FOR

JACK W. MU...
BONNIE J. M...

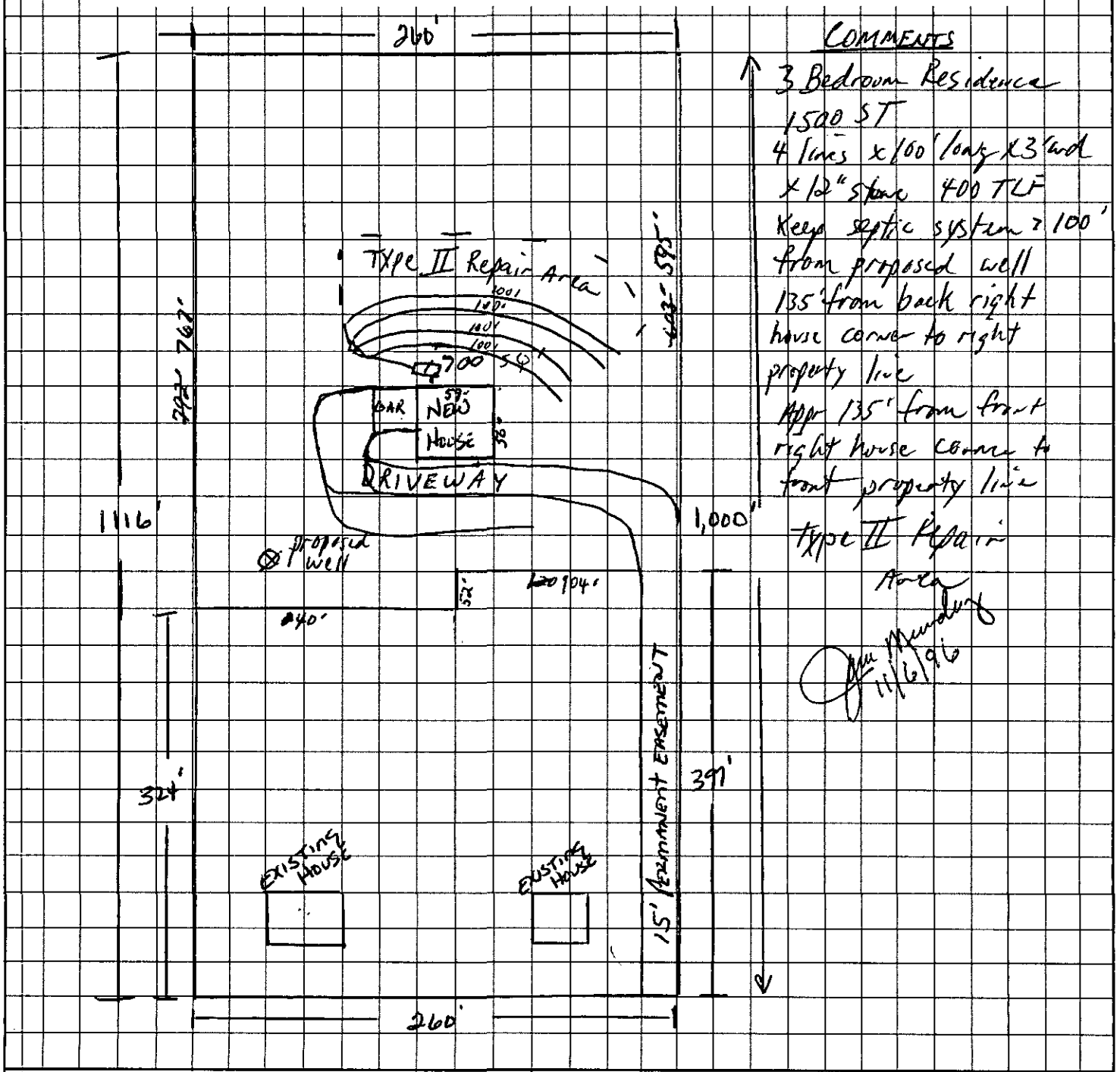
PROPOSED PLOT PLAN

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

FILE: 3886B

TC: 139-101-08

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.



Jan W. Mundy
OWNER/AGENT SIGNATURE

DATE 10/24/96

APPROVAL DATE PSW 11/6/96

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

PD 100 chk# 3031
10/25/96 SC

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

[ ] CRT

TYPE APPLICATION: ✓ NEW SYSTEM ___ EXPANSION 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 #: 3886 B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139-101-08

STREET ADDRESS: [redacted] Williams Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 2

TYPE OF BUILDING, (CHECK ONE)

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

Heated Sq. Footage 1700

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

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

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES X 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:

EXISTING WASTE WATER SYSTEMS ___ YES ✓ NO
EASEMENTS OR RIGHT-OF-WAYS ✓ YES ___ NO
WELL SPRINGS OR WATERLINES ___ YES ✓ NO
DESIGNATED WETLANDS ___ YES ___ NO

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (CHECK ALL THAT APPLY):

___ SWIMMING POOL
___ STABLE/BARN
___ NONE
✓ GARAGE
✓ DECK/PATIO
___ JACUZZI
✓ WORKSHOP
___ STORAGE BUILDING
___ OTHER: _____

PROPERTY OWNER:

NAME: MUNDAY JACK W
(LAST) (FIRST) (MI)

ADDRESS: 10626 Williams Rd

CITY: Charlotte STATE: NC ZIP: 28227

DAYTIME PHONE: (704) 535 - 0881

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: Jack W. Munday

DATE: 10/24/96

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

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

Sheet #1
PROPERTY ID #: 38868
COUNTY: Po139-101-06

SOIL/SITE EVALUATION *for* ON-SITE WASTEWATER SYSTEM

OWNER: Jack W. Mundy
APPLICANT:
ADDRESS: 1026 Williams Road, Shal
APPLICATION DATE:
DATE EVALUATED:
PROPOSED FACILITY: residence
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: 5 ±
LOCATION OF SITE: Williams Road
PROPERTY RECORDED:
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTA
1	LS	0-6"	gr lc/	Fr/SE SP/SS/SP	7 48"	48"	N/A	None	PS .39 F2 II
		6-48"	SBK/C	Fr-Fi/SE SP/SS/P	To Chroma 2				
2	LS	0-8"	gr/c/	Fr/SE SP/SS/SP	7 48" To Chroma 2	48"	N/A	None	PS .39 F2 II
		8-48"	SBK/C	Fr-Fi/SE SP/SS/P					
3	LS	0-4"	gr/c/	Fr/SE SP/SS/SP	7 48" To Chroma 2	48"	N/A	None	PS .39 F2 II
		4-48"	SBK/C	Fr-Fi/SE SP/SS/P					
4	LS	0-3"	gr/c/	Fr/SE SP/SS/SP	7 48" To Chroma 2	48"	N/A	None	PS .39 F2 II
		3-48"	SBK/C	Fr-Fi/SE SP/SS/P					

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: W. A. Marlin 11-1-96

OMMENTS: 1002 Repair

LEGEND

use the following standard abbreviations

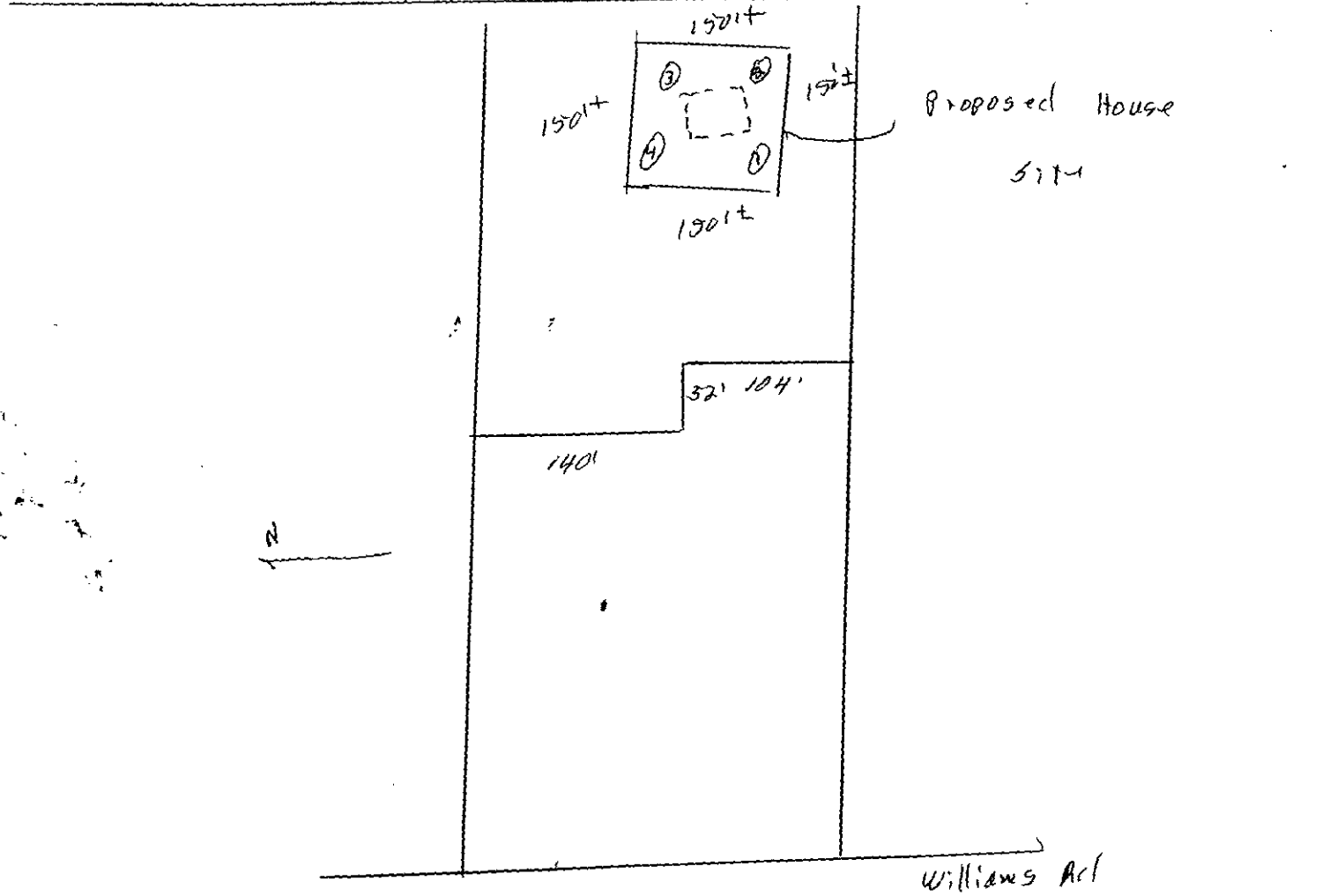
LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
(Drainage Way)					EXP (Expansive)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

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

valuation of saprolite shall be by pits.

ong-term Acceptance Rate (LTAR): gal/day/ft²

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



PD 100 chk 3031 10/25/96 gc

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

#1 [ ] CRT

TYPE APPLICATION: ✓ NEW SYSTEM ___ EXPANSION 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 #: 3886 B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139-101-08

STREET ADDRESS: ~~[illegible]~~ Williams Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 2

TOWNSHIP (CHECK ONE):

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

TYPE OF BUILDING: (CHECK ONE)

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

Heated Sq Footage 1700

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

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

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES X 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:

EXISTING WASTE WATER SYSTEMS ___ YES ✓ NO
EASEMENTS OR RIGHT-OF-WAYS ✓ YES ___ NO
WELL SPRINGS OR WATERLINES ___ YES ✓ NO
DESIGNATED WETLANDS ___ YES ___ NO

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (CHECK ALL THAT APPLY):

___ SWIMMING POOL
___ STABLE/BARN
___ NONE
✓ GARAGE
✓ DECK/PATIO
___ JACUZZI
✓ WORKSHOP
___ STORAGE BUILDING
___ OTHER: _____

PROPERTY OWNER:

NAME: MUNDAY JACK W
(LAST) (FIRST) (MI)

ADDRESS: 10626 Williams Rd

CITY: Charlotte STATE: NC ZIP: 28227

DAYTIME PHONE: (704) 535 - 0881

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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SIGNED: Jack W Munday

DATE: 10/24/96

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

Consultation

FEE: 85.00 CK # 835
DATE: 1/26/96 JC

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 #: 3886

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139-101-08-001 (002)

STREET ADDRESS: ~~1060~~ Williams Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: #8

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2,000 Sq.ft.

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

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

Consultation complete 1-30-96
WAM - 1-31-96

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

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES X NO TYPE: _____

WATER SUPPLY (CHECK ONE):
___ COMMUNITY (C)
___ MUNICIPAL (M)
X 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 X NO	WELL, SPRINGS OR WATERLINES	___ YES X NO
EXISTING WASTEWATER SYSTEMS	___ YES X NO	DESIGNATED WETLANDS	___ YES X NO
EASTMENTS OR RIGHT-OF-WAYS	___ YES X NO *		

* There are no current easements, although there would need to be one prior to building

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Munday (LAST) Jack (FIRST) W (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 5730 Pepper Road	DAYTIME PHONE: ( ) –
CITY: Oak Ridge STATE: NC ZIP: 27310	
DAYTIME PHONE: (910) 855-7110	

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: Jack W. Munday Edith McWhirter DATE: 1/25/95

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

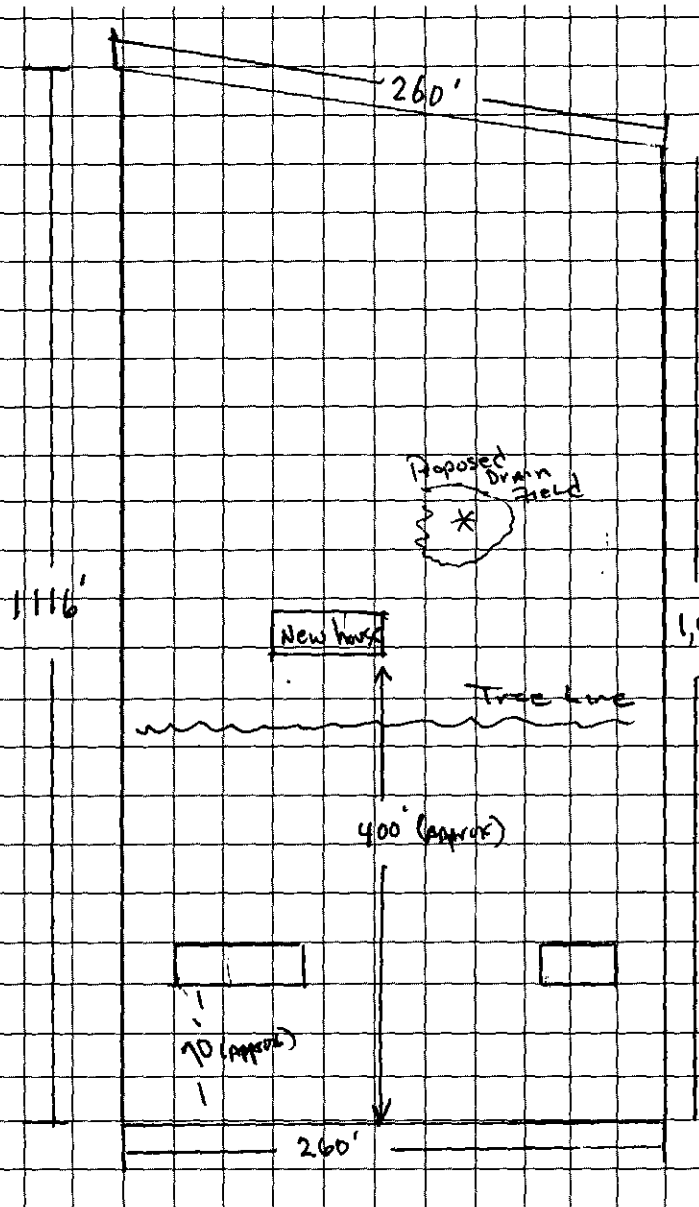
PROPOSED PLOT PLAN

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

FILE: 3886B

TC: 139-101-08

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.



Jan W. Mundy
OWNER/AGENT SIGNATURE

DATE 1/25/96

APPROVAL DATE _____

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

BRUARY 27th, 1999.

file
3886

JEFFREY A. MANESS
DEED 3172-270

DEED 1271-44

1127.21'(T)
767.03'

LOT 2
178,931 sq. ft.
4.107 Acres

595.06'
1000.00'(T)

324.35'

32.63'

1 STORY
FRAME
10626

LOT 1
Area - Incl. R/W
95,736 sq. ft.
2.198 Acres

S 00°26'00" W
140.00'

S 88°41'04" E
52.01'

S 00°26'00" W
104.99'
120.00'(T)

E.I.P.

20.89'

62.80'

N 00°26'00" E
244.96'

POWER LINE

1 STORY
FRAME
10622

N 87°35'00" W
387.24'

S 87°35'00" E
380.64'

15' PERMANENT ACCESS EASEMENT
AREA = 5958.57 sq. ft. = 0.137 Acres

57.91'

50.01'

15.01'

16.60'

259.97'(T)

WILLIAMS ROAD
COUNTY PUBLIC R/W

ALVAH H. WILLIAMS
& wife MARY
DEED 1271-468

60 0 30
(IN FEET)

NOTES:

1. E.I.P. DENOTES EXISTING IRON PIN.
2. N.I.P. DENOTES NEW IRON PIN.
3. THIS SURVEY CREATES A SUBDIVISION OF LAND WITHIN A MUNICIPALITY THAT REGULATES SUCH PARCELS OF LAND.
4. TAX PARCEL 1-69-101-08
5. NO NGS MONUMENT FOUND WITHIN 2000'.
6. THE SUBJECT PROPERTY IS NOT LOCATED WITHIN A

RECORD MA
FOR

JACK W. MU
BONNIE J. M