

8231 GILEAD RD

00906109

1/7/2008

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: 45838 DATE: 4/12/05

TC: 009-061-09 ☒ L ☐ CRT

SERIAL 19631

Name of Owner BELLE BAKES Juris.:

Address of Property 8231 GILEAD ROAD

Inspection Data:

Tank Material PCC

Total Length of Drainfield 200'

Number of Lines 3 @ 67'

Cover Depth 12-18"

Water Supply Source Municipal

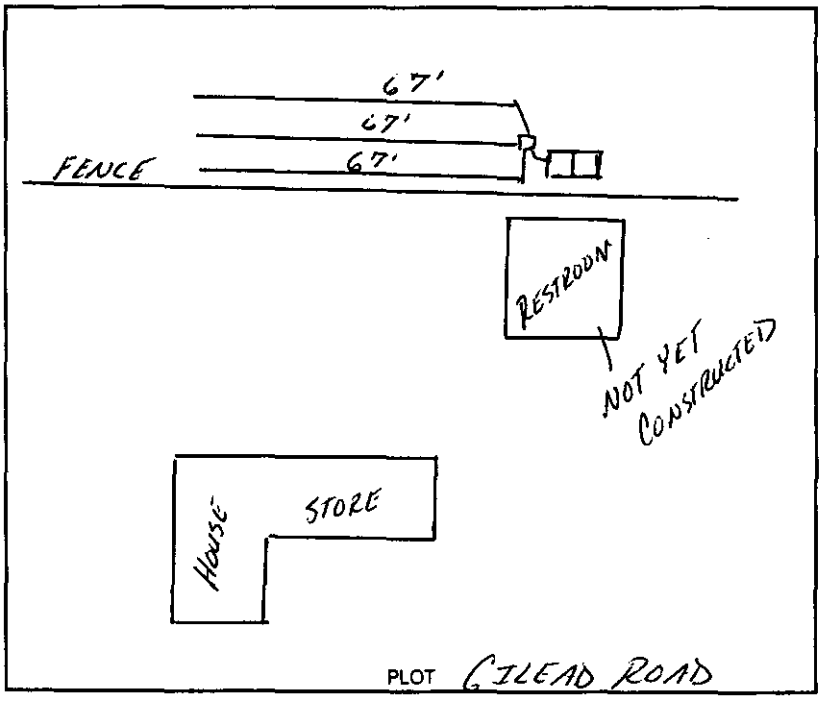
Distance to Water Source >100'

Excavation Inspected 4/12/05

Tank(s) Inspected 4/12/05

Wash Line Inspected —

High Water Alarm Inspected —



Design 1000 ST, 600SFT, CON, 12" STONE CTR# C MORRISON

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: System designed for a restroom for historic property

3 lines x 67' x 3' x 12" stone

Type II Conventional System

Tommy Mullis 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

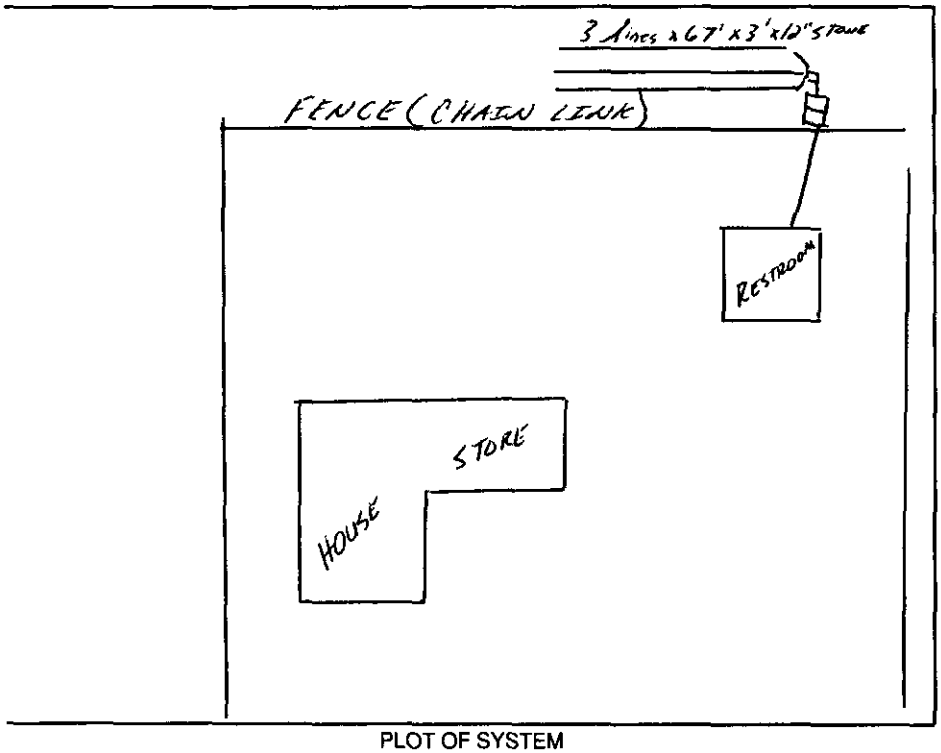
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4583B DATE: 4/6/05

TC: 009-061-09 ☒ L

SERIAL 19843

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 5/16/01. All work shall be completed on or before 5/6/05, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A 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 1000 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Trench Depth 24"-36"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 200' feet

Number of Lines 3 x 67'

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 Belle Banks

LOCATION OF PROPERTY 8231 Gilead Road

Comments: System designed restroom for a historic property site.
Install 3 lines x 67' x 3' x 12" stone (200 TLF)
Type II Conventional System

Tommy Mabe, R.S.
Environmental Health Specialist

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

PROPOSED PLOT PLAN

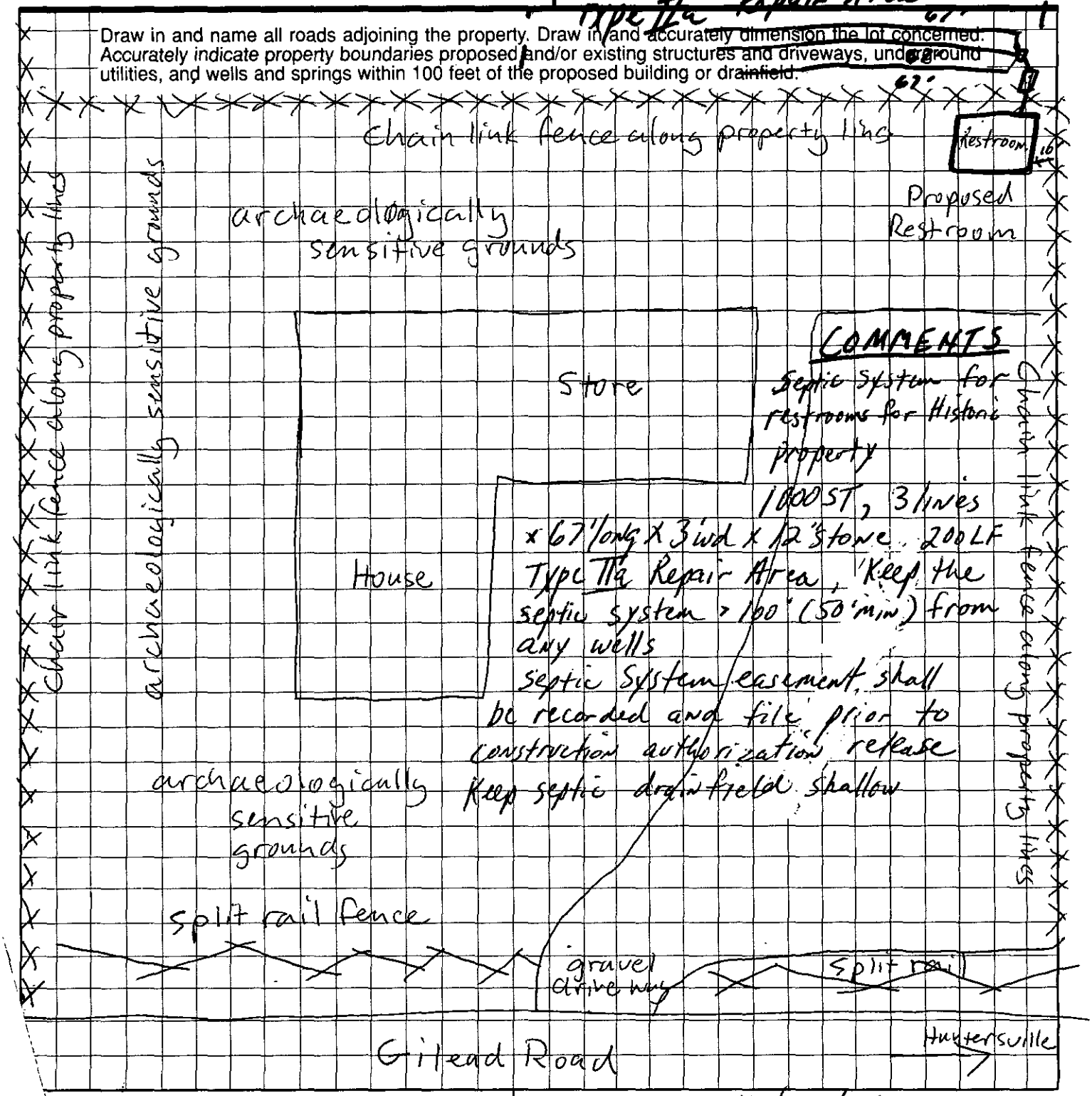
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 45838

TC: 009-061-09

Type IIa Repair Area

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 PSW 5/16/01

Mary Lorraine
OWNER/AGENT SIGNATURE
4-5-01

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

rec'd 5/31/01 ck. #1137

FEE: 300 AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION A CS X
DATE: 5/31 VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 5/16/01 PERMIT NO: 4583B
PARCEL NO: 009 061 09
JOB LOCATION ADDRESS: 8231 ~~8245~~ Gilead Rd
PROPERTY OWNER: Belle Banks
BUILDING CONTRACTOR: -
SUBDIVISION NAME: NA
AUTHORIZATION ISSUED BY: Phila S. Walker RS DATE: 5/16/01
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4583B, 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: Septic System easement shall be recorded and on file prior to cons. autho.

OWNER CERTIFICATION

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

x John Z Zimmer 5-25-01
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number 4583B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 009 061 09

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	480 Max gallons/day wastewater flow	600 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
Yes future Serviced by private well	1000 Gallon septic tank	200 Total trench length (ft)	18" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
NA 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: Septic System easement shall be recorded and on file prior to cons. autho. release. Keep the drain field as shallow as possible				
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	
600' Absorption Area (Sq ft) 200' Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	18" Maximum Trench Depth	
For existing system, enter the year originally installed:				

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

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

Phila I Walker RS. 5/16/01
DEHNR Authorized Agent — Date

* John J Zomara 5-25-01
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

DATE: 7/15/2002

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION: HUNT

009-061-09

PARCEL NUMBER

8231 GILEAD RD

ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

N/A

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A

PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	____ APPROVED	____NOT APPROVED
2. FLOODWAY REGULATIONS	____ APPROVED	____NOT APPROVED
3. WATERSHED PROTECTION	____ APPROVED	____NOT APPROVED
4. COMERCIAL DRAINAGE PLAN	____ APPROVED	____NOT APPROVED
5. PUBLIC UTILITY EASEMENT	____ PRESENT	____NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	____ YES	____NO
7. DRIVEWAY PERMIT REQUIRED	____ YES	____NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	____ YES	____NO

Remarks:

ADDRESS VERIFIED- SEPTIC TANK

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: _____

ALL OTHER FORMAS OBSOLETE
__ NEW ADDRESS
REVISED 1/91

File #
4583D

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2001 MAY 31 12:24 PM
BOOK: 12287 PAGE: 687-692 FEE: $16.00
INSTRUMENT # 2001088330

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

SEPTIC TANK DRAIN FIELD EASEMENT AGREEMENT

This EASEMENT made this 22 day of May, 2001, by and between

GRANTOR	GRANTEE
Belle Banks (Margaret P. Banks) Historic Cedar Grove 8229 Gilead Road Huntersville, NC 28078	Jeffrey L. Lowrance, President Hugh Torance House and Store, Inc. 8231 Gilead Road Huntersville, NC 28078

Enter in appropriate block for each party: name, address, and, if appropriate, character of entity, e.g., corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee an easement as hereinafter described, to run with the land, upon that certain lot or parcel of land owned by Grantor and located in the City of Huntersville _____ Township, Mecklenburg County, North Carolina, and more particularly described as follows:

Mecklenburg Tax Parcel No. 00906101 as shown on a page of the County Tax Map attached hereto as Exhibit A

Lot _____ Block _____ of _____ recorded in Map Book 0090610 Page _____ (if applicable)

See the plat attached hereto as Exhibit B and the parcel shown thereon identified with Grantor's name for the legal description of Grantor's parcel and of the Septic Tank Drain Field Easement Area located thereon, said parcel labeled thereon and hereinafter referred to as the "Easement Parcel."

This instrument was prepared by: Jeffrey L. Lowrance
Mail after recording to: Jeffrey L. Lowrance, Hopewell Presbyterian Church
10500 Beatties Ford Road, Huntersville, NC 28078

Grantor hereby imposes said easement for the benefit of Grantee as the present owner and for the benefit of future owners of the following lot or parcel of land, situated in the City of Huntersville, _____ Township, Mecklenburg County, North Carolina, and more particularly described as follows:

Mecklenburg Tax Parcel No. 00906101 as shown on a page of the County Tax Map attached hereto as Exhibit A
Lot _____ Block _____ of _____ recorded in Map Book 0906101 Page _____ (if applicable)

See the plat attached hereto as Exhibit B and the parcel shown thereon identified with Grantee's name for the legal description of Grantee's parcel, said parcel labeled thereon and hereinafter referred to as the "Benefitted Parcel."

Said Easement shall enable the Grantee to place, if, as and when needed, such need to be determined by the Grantee in his sole discretion, a septic tank and drain field or portions thereof, upon the Septic Tank Drain Field Easement Area on the Easement Parcel and to inspect, maintain, repair and replace the components of said septic tank and drain field at any time and from time to time. If the Easement Area also includes a connector strip for ingress and egress, Grantee shall have the right to use said connector strip for access as needed. ***This Easement may not be altered, amended or cancelled without the express written permission of the Mecklenburg County Health Department, which written permission must be part of any document recorded to alter, amend or cancel this Easement.*** This Easement shall automatically expire, however, should Grantee ever hook up the structure located or to be located on the Benefitted Parcel to a public or community sanitary sewage system but shall otherwise be perpetual.

Grantor acknowledges that the Septic Tank Drain Field Easement Area cannot be used and will not be used for any of the following activities or in any of the following ways:

- Grading or filling
- Parking or driving heavy equipment in the area or in any other way compacting the soil in the Area
- Excavating soil from the Area
- Placing footings or foundations or engaging in any other construction activity in the Area
- Placing in-ground or above-ground swimming pools in the Area
- Placing irrigation systems in the Area
- Placing underground utility lines or cables in the Area
- Planting trees or gardens in the Area
- Removing any large trees in the Area unless dead or diseased
- Using the area for the burial of stumps, trash, or any other type of construction material
- Using the Area for gravesites

- Diverting the natural flow of water onto the Area by way of drainage ditches or diversion ditches or using the Area to receive water from any gutter or downspout discharges

IN WITNESS WHEREOF, the Grantor and Grantee have hereunto set their hands and seals, or if corporate, have caused this instrument to be signed in their corporate names by their duly authorized officers and their seals to be hereunto affixed by authority of their Boards of Directors, the day and year first above written.

GRANTOR

_____ _____ (SEAL)
(Corporate Name)

BY: Margaret P. Banks _____ Margaret P. Banks (SEAL)
_____ President

ATTEST: _____ (SEAL)

_____ _____ (SEAL)
_____ Secretary (Corporate Seal)

SEAL-STAMP

North Carolina, Mecklenburg County

I, Jean Baker, a Notary Public of the County and State aforesaid, certify that Belle Banks (aka Margaret P. Banks) Grantor, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 22 day of May, 2001.

My Commission Expires: Nov. 17, 2001 Jean C. Baker
(Notary Public)

SEAL-STAMP



North Carolina, Mecklenburg County

I, Jean Baker, a Notary Public of the County and State aforesaid, certify that Tina Brown aka Tina H. Brown personally came before me this day and acknowledged that s he is Tina Brown aka Tina H. Brown Secretary of Hugh Torance House and Store, a corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its ____ President, Jeffrey L. Lowrance and attested by Tina Brown as its ____ Secretary. Witness my hand and official stamp or seal, this 22 day of May, 2001.

My Commission Expires: Nov. 17, 2011 Jean C. Baker
Notary Public

GRANTEE

Hugh Torance House and Store (SEAL)
(Corporate Name)

BY: Jeffrey L. Lowrance (SEAL)
President

ATTEST: (SEAL)

Tina H. Brown (SEAL)
Secretary (Corporate Seal)

SEAL-STAMP



North Carolina, Mecklenburg County

I, Jean Baker, a Notary Public of the County and State aforesaid, certify that Jeffrey L. Lowrance, Grantee, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 22 day of May, 2001.

My Commission Expires: Nov. 17, 2001 Jean C. Baker
(Notary Public)

SEAL-STAMP



North Carolina, Mecklenburg County

I, Jean Baker, a Notary Public of the County and State aforesaid, certify that __ personally came before me this day and acknowledged that s he is Tina Brown aka Tina H. Brown Secretary of Hugh Torance House and Store, a corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its _____ President, Jeffrey L. Lawrance and attested by Tina Brown aka Tina H. Brown as its _____ Secretary. Witness my hand and official stamp or seal, this 22 day of May, 2001

My Commission Expires: Nov. 17 2001 Jean C Baker
Notary Public

This document is not to be recorded until approved by the Mecklenburg County Health Department.

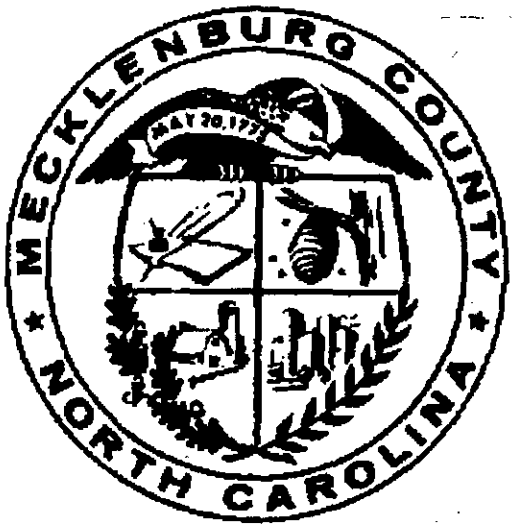
APPROVED AS TO THE SEPTIC REPAIR AREA REQUIREMENTS:

MECKLENBURG COUNTY HEALTH DEPARTMENT

BY: _____ DATE: _____

_____
(print name)

Approval by the Mecklenburg County Health Department does not certify or extend to matters of title. The purchaser of property subject to or affected by this easement is responsible for ascertaining all matters affecting the validity and enforceability of this instrument.



JUDITH A. GIBSON
REGISTER OF DEEDS , MECKLENBURG COUNTY
COUNTY & COURTS OFFICE BUILDING
720 EAST FOURTH STREET
CHARLOTTE NC 28202

****

Filed For Registration: 05/31/2001 12:24 PM

Book: RE 12287 Page: 687-692

Document No.: 2001088330

ESMT 6 PGS $16.00

Recorder: STEPHANIE LINDSEY

****

State of North Carolina, County of Mecklenburg

The foregoing certificate of JEAN C. BAKER Notary is certified to be correct. This 31 ST of May 2001

JUDITH A. GIBSON, REGISTER OF DEEDS By: Stephanie Lindsey
Deputy/Assistant Register of Deeds

****



2001088330

10500 Beatties Ford Road - Huntersville, NC 28078
Phone: 704-875-2291 Fax: 704-875-2020

Hopewell Presbyterian Church

Fax

To: Jeremy Michelone From: Jeff Lawrence

Fax: 704-336-6844 Pages: 1 (including cover sheet)

Phone: 336-5572 Date: 3-19-02

Re: file # 4583B CC:

☐ Urgent ☐ For Review ☐ Please Comment ☒ Please Reply ☐ Please Recycle

• Comments:

Mr. Michelone,

I am asking your permission to proceed with the installation of the septic field in the plot plan of 4583B. As you can see, there is a chain-link fence around this historic site. Philo thought the best ground for the ~~fence~~ field is outside our fence. I had to get an easement from the owner (also in the file) to do so.

Ruby and Gwen at your office advised me that usually you would not let us proceed because of possible damage to the septic line due to the construction. However that chain link fence will compel us to stay away from the septic field.

The reason the construction is delayed is because the permits office ruled that the we needed to supply more detailed drawings for the rest room. (At first, it was deemed residential but now has been classified commercial) Our contractor would like to go ahead with the septic field while we're waiting for more drawings from the architect.

I am usually in my office at the above number by 7:30 a.m. if you could telephone me with your response. Thank you.

Jeff Lawrence

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

AES #2

Sheet: _____

Property ID: 80 009-061-09

Lot #: _____

File #: 45839

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Belle Banks APPLICANT: Jeff Lawrence

ADDRESS: Rep 122 Huntersville, N.C. DATE EVALUATED: 5-7-01

PROPOSED FACILITY: Visitor Restrooms (22) PROPOSED DESIGN FLOW (.1949) _____ PROPERTY SIZE: .25

LOCATION OF SITE: 8245 Mileral Road PROPERTY RECORDED: _____

WATER SUPPLY: ☐Private ☐Public ☐Well ☐Spring ☐Other Municipal may be available

EVALUATION METHOD: ☑Augur Boring ☐Pit ☐Cut

TYPE OF WASTEWATER: ☑Sewage ☐Industrial Process ☐Mixed

PROFILE #:	Slopes 8-15% :1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-3"	gr/cl	Fr/SEXPl SS/SP	>32" To soil wetness	32"	N/A	None	US .39/F2 LE
		3-32"	SBK/C	Fi/SEXPl S/P					
2	LS	0-5"	gr/cl	Fr/SEXPl SS/SP	>48" To soil wetness	48"	N/A	None	PS .39/F2 LE
		5-48"	SBK/C	Fi/SEXPl S/P					
3	LS	0-4"	gr/cl	Fr/SEXPl SS/SP	>32" To soil wetness	32"	N/A	None	US .39/F2 LE
		4-28"	SBK/C	Fi/SEXPl S/P					
		28-32"	SBK/Cl	Fr/SEXPl SS/SP					
4	LS	0-3"	gr/cl	Fr/SEXPl SS/SP	>32" To soil wetness	32"	N/A	None	US .39/F2 LE
		3-29"	SBK/C	Fi/SEXPl S/P					
		29-32"	SBK/Cl	Fr/SEXPl SS/SP					
5	LS	0-3"	gr/cl	Fr/SEXPl SS/SP	>31" To soil wetness	31"	N/A	None	US .39/F2 LE
		3-24"	SBK/C	Fi/SEXPl S/P					
		24-31"	SBK/Cl	Fr/SEXPl SS/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	
System Type(s)		
Site LTAR	.39/F2	

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): Unsuitable

EVALUATED BY: W.R. Marlin LSS 5-9-01

OTHER(S) PRESENT: _____

FILE # 45639

COMMENTS Drainfield might need to be located on land 009-061-01

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE	
MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

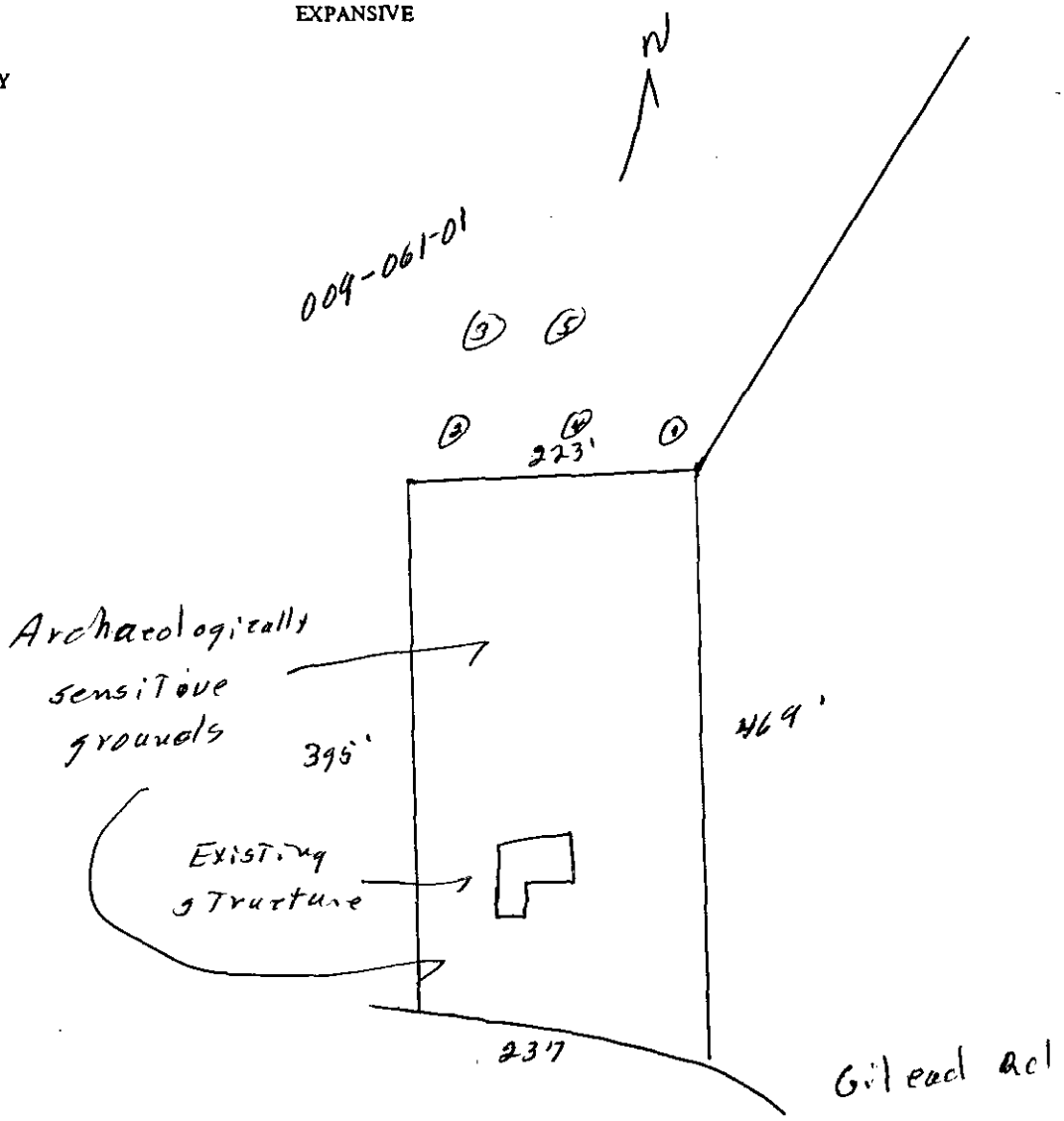
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



FEE: 200.00 CK# 1134
DATE: 4/12/01 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 #: 4583B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: GIS Map # 00906109

TAX/PARCEL NUMBER: 00906109

STREET ADDRESS: ~~4245~~ 4231 Gilead Road

SUBDIVISION OR MOBILE HOME PARK NAME: N/A

LOT NUMBER: N/A

TOWNSHIP (CHECK ONE):

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

CLOSING DATE N/A

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: 2010

NUMBER OF BEDROOMS: Not used | NUMBER OF OCCUPANTS: 0

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
__ CRAWL SPACE
✓ dug-out half basement with 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: Historic Property

WATER SUPPLY (CHECK ONE):
__ COMMUNITY (C)
__ MUNICIPAL (M)
__ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)
✓ none yet (Mevetually)

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

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

PROPERTY OWNER:

NAME: Banks Belle
(LAST) (FIRST) (MI)

ADDRESS: P O Box 122

CITY: Huntersville STATE: NC ~~28078~~ ZIP: 28070

DAYTIME PHONE: ( ) –

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Lowrance Jeff (L)
(LAST) (FIRST) (MI)

DAYTIME PHONE: 704 875-2020

This is an historic property leased to a board of directors of which I am president

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? the late 1700's (earliest deed note - 1796

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.

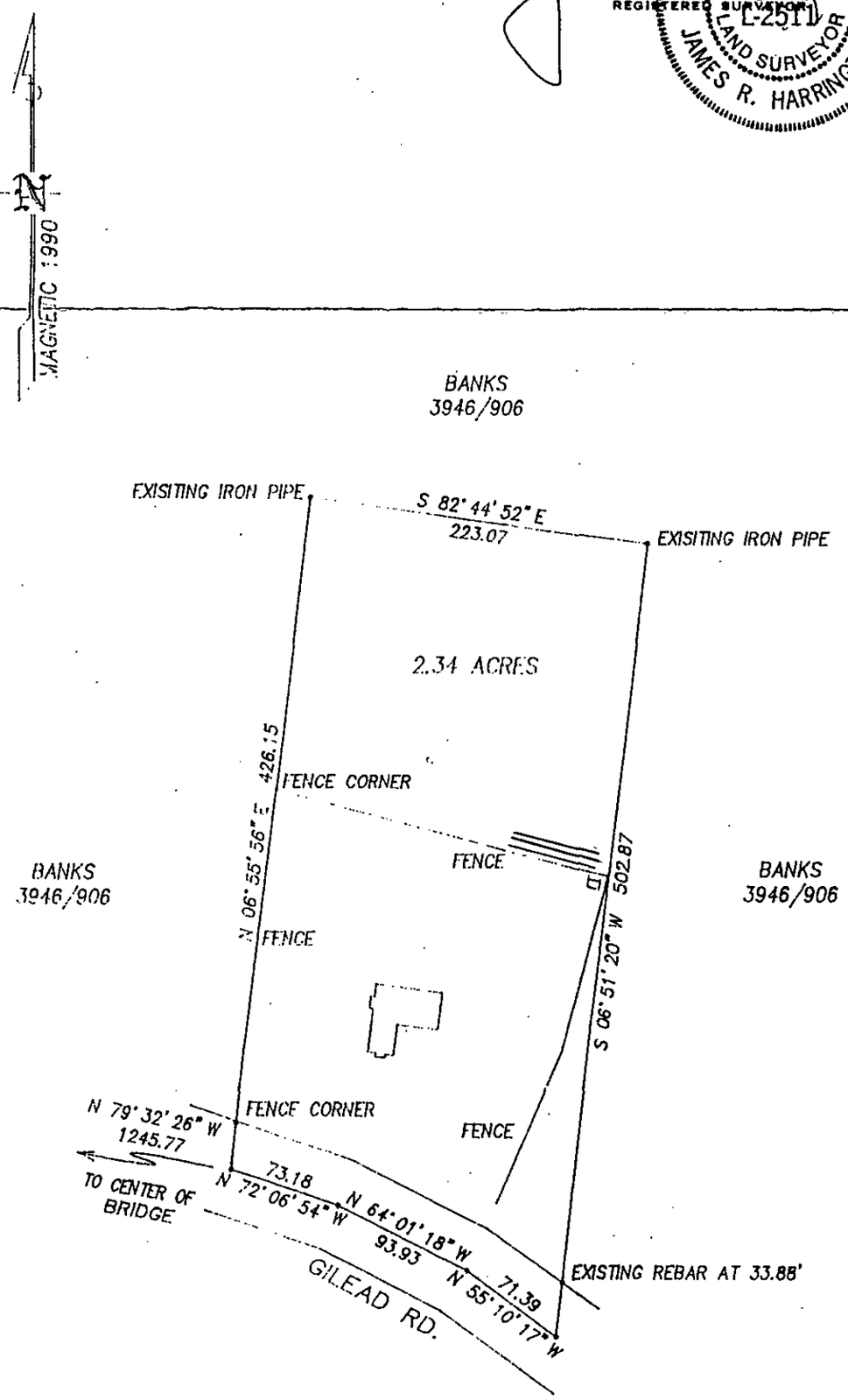
SIGNED: Jeff L Lowrance DATE:

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

THIS IS TO CERTIFY THAT ON THE 3rd DAY OF APRIL 19 90 I, SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE SHOWN HEREON

SIGNED James R. Harrington

NORTH CAROLINA REGISTERED SEAL L-2511 LAND SURVEYOR JAMES R. HARRINGTON



BOUNDARY SURVEY

for

Hugh Torance House & Store, Inc.

SCALE 1" = 100'

HUNTERSVILLE TWP. MECKLENBURG CO. N.C.

THE PROPERTY OF

MAP RECORDED IN BOOK AT PAGE DEED RECORDED IN BOOK 3946 PAGE 906