

6001 LINDA VISTA LN

12/31/2007

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: 2681-B DATE: 10/25/99

TC: 037-311-03 ☒ L ☐ CRT

SERIAL Nº 18208

Name of Owner Sandra Stikes Juris.: Meck.

Address of Property 5919 Linda Vista Lane

Inspection Data:

Tank Material P.C.C.

Total Length of Drainfield Existing

Number of Lines _____ @ _____

Cover Depth _____

Water Supply Source Well

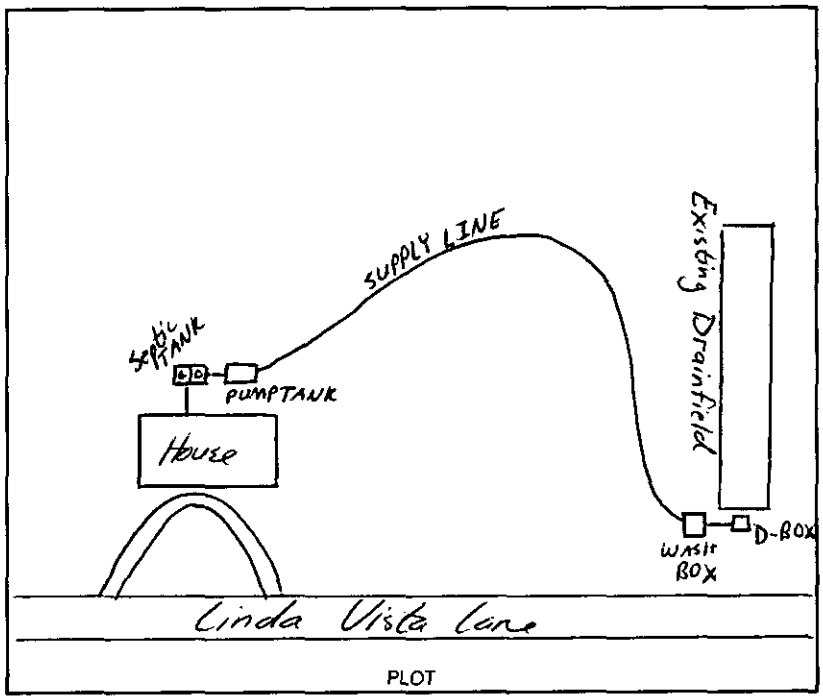
Distance to Water Source >100'

Excavation Inspected Existing

Tank(s) Inspected 10/5/99

Wash Line Inspected NA

High Water Alarm Inspected 10/6/99



Design Supply Line inspected 10/5/99 Alteration CTR# Rodney

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 to existing system

Jeremy P. Mickelson
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

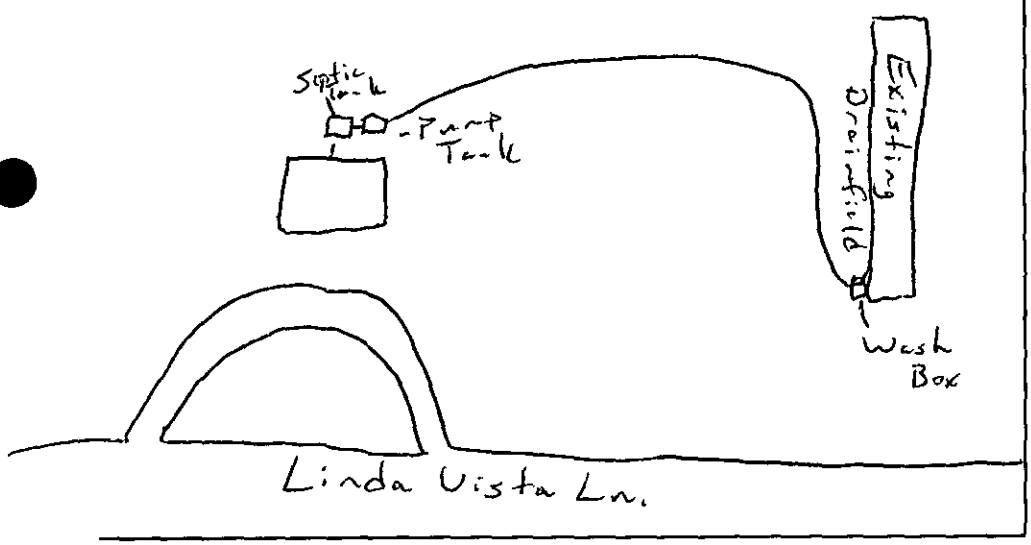
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2681-B DATE: 9/30/99

TC: 037-311-03?.0 ☐ L

SERIAL Nº 18218

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 3/10/99. All work shall be completed on or before 10/30/99, 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 1000 gallons

Tank Construction P.C.C.

Trench Depth N/A

Absorption and/or Nitrification Lines:

Trench Width N/A feet

Trench Walls Scored and Porous _____

Total Line Length _____ feet

Number of Lines _____

Depth of Stone _____ 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 Sandra Stiles

LOCATION OF PROPERTY 5919 Linda Vista Ln.

Comments: _____

Jeff Knight
Environmental Health Specialist

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

Line	Bearing	Distance
L1	N 38° 28' 1" E	31.37'
L2	S 77° 20' 00" W	30.05'
L3	S 9° 29' 49" E	66.42'
L4	S 12° 10' 57" E	3.69'
L5	S 12° 10' 57" E	34.74'
L6	S 15° 2' 35" E	49.69'
L7	S 24° 25' 31" E	49.58'
L8	S 30° 51' 44" E	57.27'
L9	S 34° 6' 22" E	60.94'
L10	S 12° 10' 57" E	34.24'
L11	S 15° 2' 35" E	46.47'
L12	S 24° 10' 40" E	43.76'
L13	S 30° 48' 46" E	55.57'
L14	S 34° 6' 22" E	60.83'
L15	N 38° 28' 1" E	50.62'
L16	S 9° 29' 49" E	65.46'

I, Martin L. Baucom, Registered Land Surveyor Number L-2733, Certify to To One Or More Of The Following As Indicated Thus, ☒ Or ☑ :

☒ A. That this plat is of a survey that creates a subdivision of land within the area of a county or municipality that has an ordinance that regulates parcels of land.

☐ B. That this plat is of a survey that is located in such portion of a county or municipality that is unregulated as to an ordinance that regulates parcels of land.

☐ C. That this plat is of a survey of an existing parcel or parcels of land.

☐ D. That this plat is of a survey of another category, such as the recombination of existing parcels, a court-ordered survey or other exception to the definition of subdivision.

☐ E. That the information available to this surveyor is such that I am unable to make a determination to the best of my professional ability as to provisions contained in A. through D. above.

I, Martin L. Baucom, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book _____, Page _____; that the ratio of precision as calculated is 1: 10000 ; that this plat was prepared in accordance with G.S. 47-30 as amended. Witness my original signature, registration number and seal this 1ST day of OCTOBER, A.D., 1998.

Martin L Baucom
Martin L. Baucom

L-2733
Registration Number

NORTH CAROLINA REGISTERED SEAL L-2733 LAND SURVEYOR MARTIN L. BAUCOM

County of Mecklenburg

I, Richard B. Hobbs, Review Officer of Mecklenburg County, certify that the map or plat to which this certification is affixed meets all statutory requirements for recorded.

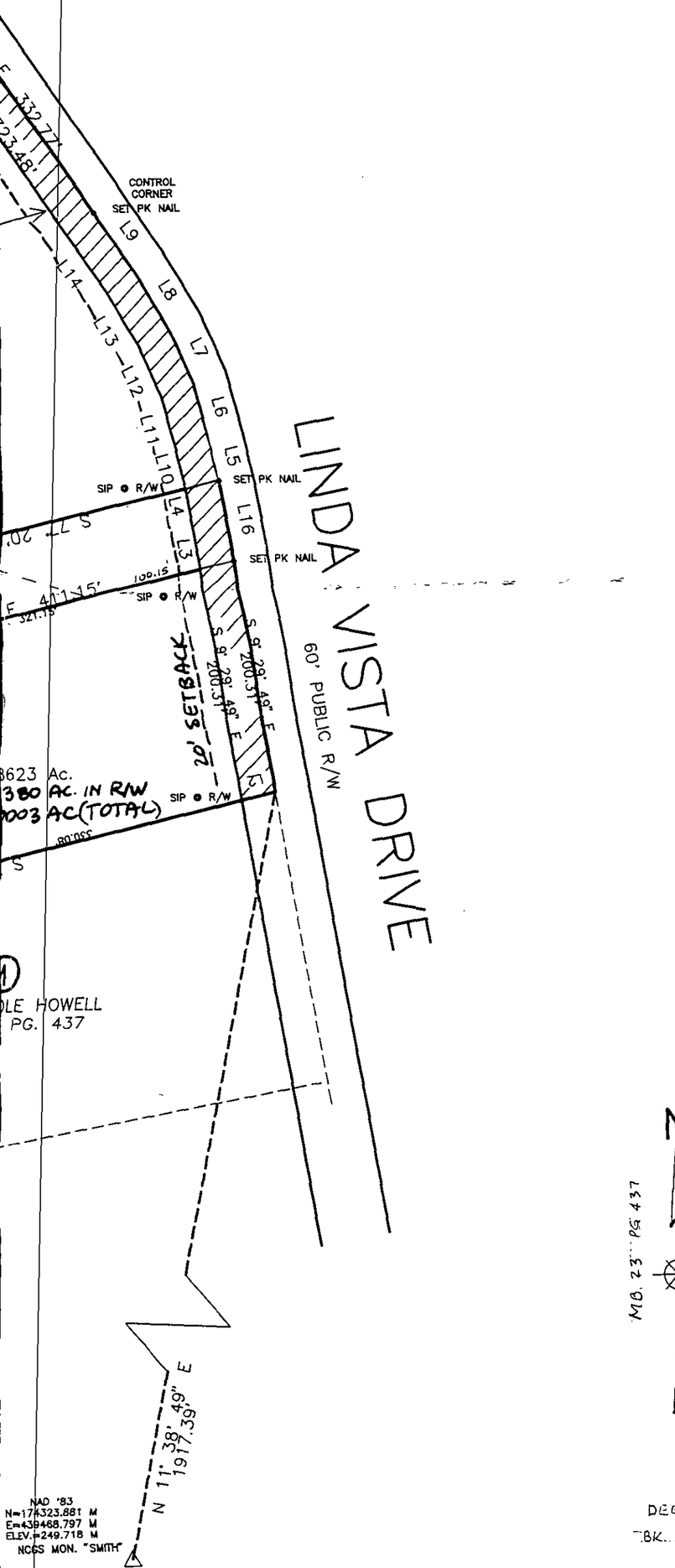
Richard B. Hobbs
Review Officer

12/8/98
Date

APPROVED IN ACCORDANCE WITH THE PROVISIONS OF THE SUBDIVISION ORDINANCE OF MECKLENBURG COUNTY, NORTH CAROLINA.

CHARLOTTE-MECKLENBURG PLANNING COMMISSION

Richard B. Hobbs 12/8/98
PLANNING STAFF DATE



NOTES:

1. ALL CORNERS MARKED AS SHOWN.
2. TAX NO. 037-311-03
3. ZONING: RMH

Approved in accordance with the Engineering requirements of the Subdivision Ordinance of Mecklenburg County, North Carolina.

Beverly Lanning 11/23/98
Engineering Staff Date

DEED REFERENCE
BK. 3211 PG. 106

HOWELL PROPERTY MAP 2
OWNER:
MONA POOLE HOWELL
TAX NO. 037-311-03
LONG CREEK TWP., MECKLENBURG COUNTY, N. C.

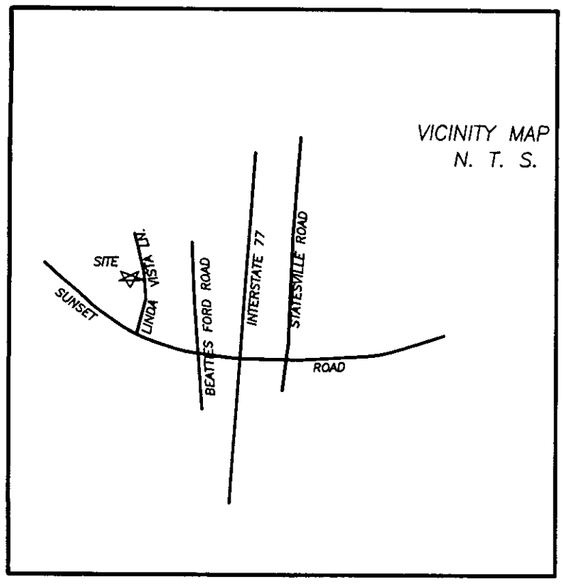
Date: 01 October 1998 | Scale: 1"=100'

BAUCOM-DAVIS & ASSOCIATES
REGISTERED SURVEYORS
SUITE 12, UNIVERSITY SOUTH CENTER
5100 NORTH I-85 SERVICE ROAD, CHARLOTTE, N. C.
PHONE: (704) 596-6088 ZIP: 28206

100 75 50 25 0 50 100 150 200 250 300

25832

MAP BOOK 31 PAGE 649



FILED FOR REGISTRATION
AUG 12 1999
AT 2:17
JUDITH A. GIBSON
MECKLENBURG COUNTY, N. C.
REGISTER OF DEEDS

ROY ALEXANDER
(NOW OR FORMERLY)
DEED 4086/303

SIP ● R/W

CONTROL CORNER
SET PK NAIL

L15

L1

S 34° 31' 22" E 97.79'

207.98'

EIP

S 34° 51' 56" W 97.79'

N 42° 01' 48" E 151.44'

30' FROM ℄ OF ROAD DEDICATED TO NCDOT FOR PUBLIC R/W

DRAIN FIELD

N 46° 51' 08" W 83.62'

S 38° 51' 21" E 165.51'

HARRY OVERCASH
(NOW OR FORMERLY)
DEED 4154/621

N 38° 28' 1" E 412.50'

856.34'

3

4.6044 Ac.
0.3968 AC IN R/W
5.0012 AC. (TOTAL)

N 06° 43' 48" E 134.83'

EIP

℄ OF 10' SEWER EASEMENT

N 72° 19' 42" E 333.90'

SIP ● 75° O/S

N 74° 38' 32" W 279.38'

413.87'

236.07'

N 77° 20' 00"

90.00

SIP ● 90° O/S

EIP

2

POND

3.3991 Ac.
0.0484 AC. IN R/W
3.3991 AC (TOTAL)

N 12° 40' 0" W 200.00'

4

N 47° 52' 34" W 325.39'

N 77° 20' 00" W 624.70'

90.00

SIP ● 70° O/S

EIP

MONA PO
M.B. 2

J. P. TODD
(NOW OR FORMERLY)
DEED 1047/554

WILLIAM F. BROWN
(NOW OR FORMERLY)
DEED 5597/067

CERTIFIED TO BE A TRUE AND CORRECT
COPY OF THE ORIGINAL MAP RECORDED
IN BOOK 31 PAGE 649
DATE: August 12, 1999
JUDITH A. GIBSON, REGISTER OF DEEDS
BY: Jessie Young DEPUTY

CK # 7385 ACS

FEE: 150.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 8-20-99 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: _____ **PERMIT NO:** 2681 B

PARCEL NO: 037-311-03 P.O.

JOB LOCATION ADDRESS: 5919 Linda Vista

PROPERTY OWNER: Mona P. Howell

BUILDING CONTRACTOR: _____

SUBDIVISION NAME: _____

AUTHORIZATION ISSUED BY: Jeff A. Knight **DATE:** 8/18/99

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2681 B, 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: 1) A riser should be placed over the outlet end of the septic tank to facilitate filter maintenance.

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.

Mona P. Howell 8-20-99

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 2681 B

Tax Number: 037-311-03 P.O.

- 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 X No ___ Partial Basement

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

Existing
___ 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

___ Long-term acceptance rate	___ Max gallons/day wastewater flow	___ Absorption Area (sq ft)	___ Trench spacing (min. on centers)
___ Serviced by private well	1500 Gallon septic tank	___ Total trench length (ft)	___ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
___ Bedrooms in residence	1000 Gallon pump tank	___ Depth of stone	

Any surface waters present: Type: Minimum separation distance:

Site modifications required:

Additional Conditions: 1) A riser should be placed over the outlet end of the septic tank to facilitate filter maintenance

Repair Area System Type
Type (circle one): I (II) III IV V VI

X 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)	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.

Jeff A. Knight 8/18/99
DEHNR Authorized Agent Date

Owner/Agent Signature 8.20.99
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

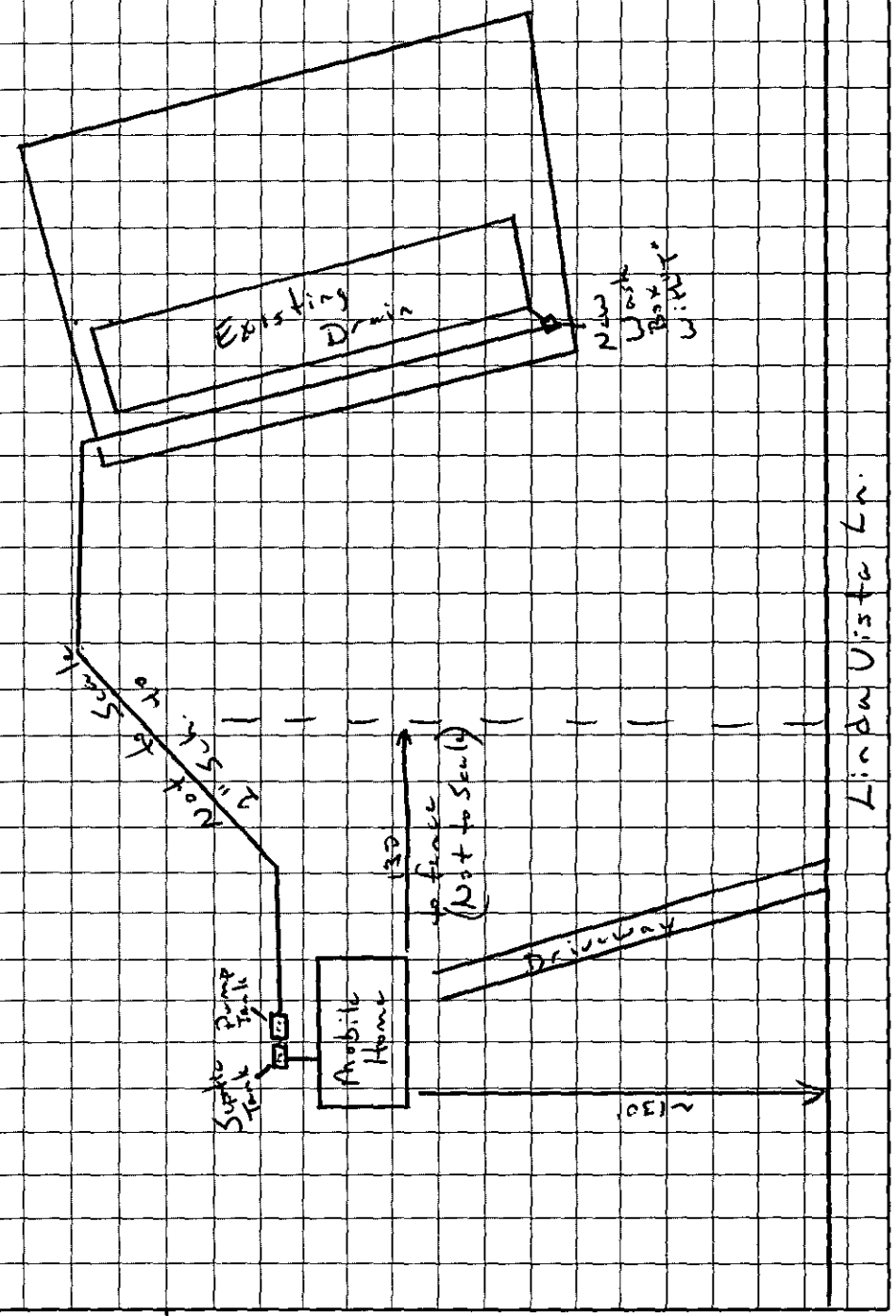
PROPOSED PLOT PLAN

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.



OWNER/AGENT SIGNATURE

DATE 8-20-99

APPROVAL DATE _____

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

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

#3 (400)

Sheet: _____
Property ID: P0037-31102
Lot #: _____
File #: 2618

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Thomas P. Howell
APPLICANT: _____
ADDRESS: Jewels Vista Lane, Thomasville
DATE EVALUATED: 1-14-99
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 360 gpd PROPERTY SIZE: 15
LOCATION OF SITE: Jewels Vista Lane PROPERTY RECORDED: _____
WATER SUPPLY: ☑Private ☐Public ☐Well ☐Spring ☐Other _____
EVALUATION METHOD: ☐Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☐Sewage ☐Industrial Process ☐Mixed

PROFILE #	Slopes 4-10% .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 l sl	Fr/SEXP/SS/SP	74" to soil wetness	13"	US	None	US
		3-13"	ABK/ C	VFi/Mixed/US/VP					
		13-19"	M / scl	Fi/Mixed/US/VP					
		19-48"	M/ scl	VFi/SEXP/SS/SP					
2	LS	0-2"	gr l cl	Fr/SEXP/SS/SP	752" To soil wetness	20"	US	None	US
		2-20"	ABK/C	VFi/Mixed/US/VP					
		20-46"	M/ scl	VFi/SEXP/SS/SP					
		46-52"	M/ scl	Fr-Fi/SEXP/SS/SP					
3	LS	0-12"	gr/ scl	Fr/SEXP/SS/SP	2.5Y 7/1 @ 15"	26"	US	None	US
		12-26"	ABK/C	VFi/Mixed/US/VP					
		26-39"	M/ scl	Ex. Fi/SEXP/SS/SP					
4	LS	0-5"	gr/sl	Fr/SEXP/NS/NP	2.5Y 6/2 @ 15"	22"	US	None	US
		5-22"	ABK/ C	VFi/Mixed/US/VP					
		22-43"	M/ scl	EFi/Mixed/S/P					
		43-63"	M/ scl	Fr-Fi/Mixed/S/P					
5	LS	0-4"	gr/scl	Fr/SEXP/SS/SP	2.5Y 6/2 @ 19"	15"	US	None	US
		4-15"	ABK/C	VFi/Mixed/US/VP					
		15-26"	M/ scl	Fi/SEXP/SS/SP					
		26-40"	M/scl	VFi/SEXP/SS/SP					
		40-56"	M/ sl	Fr/SEXP/NS/NP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	US	US
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W.R. Mauldin 1-15-99
OTHER(S) PRESENT: LSS

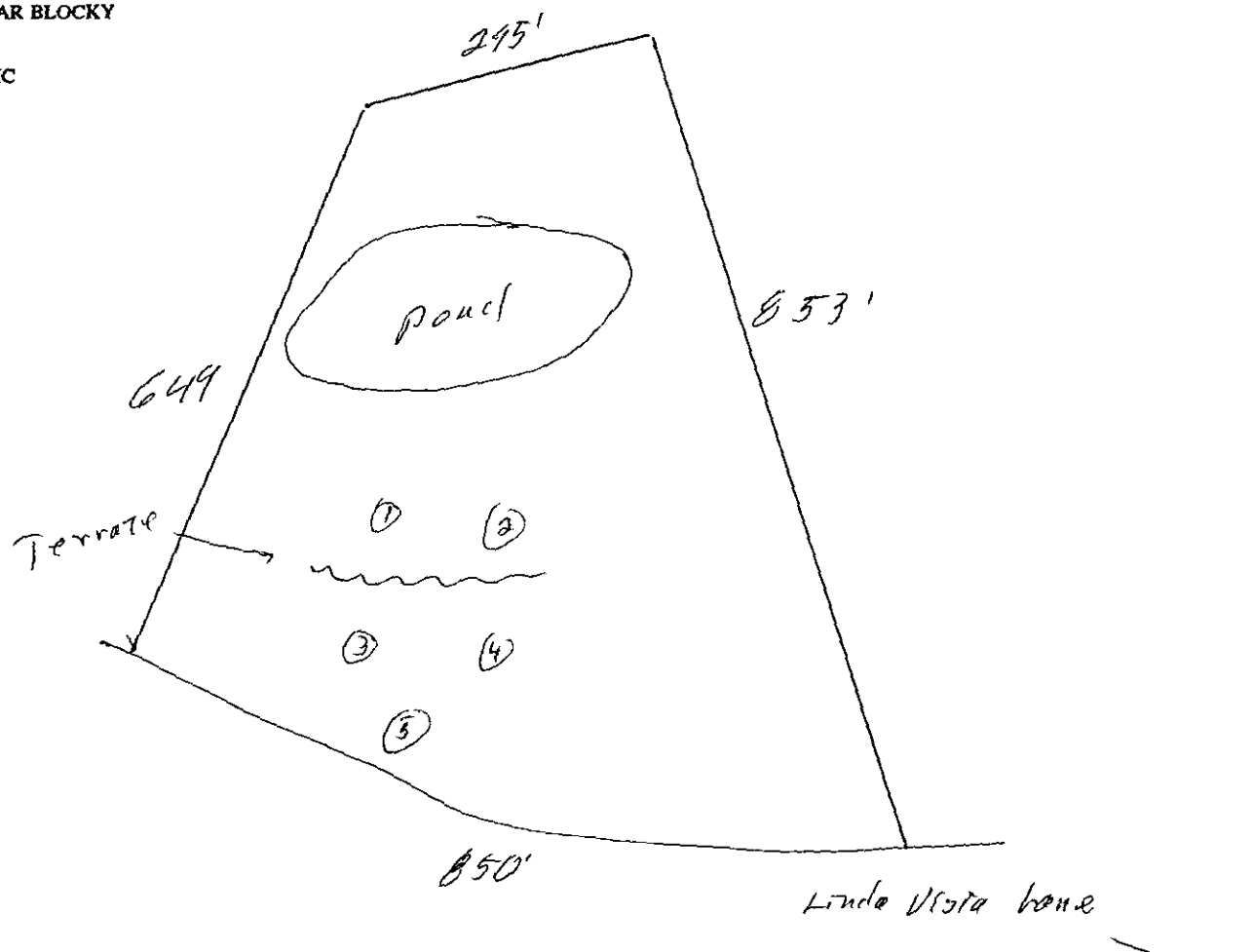
FILE # 266/17

COMMENTS 100' Repair

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



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

#3 (400)

Sheet ___
PROPERTY ID #: 037-31-02
Lot # : ___
File # : 2681B

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Mary C. Howell
APPLICANT: ___
DATE EVALUATED: 10-14-98
ADDRESS: Linda Vista Lane, Asheboro
PROPERTY SIZE: ___
PROPOSED FACILITY: residence
PROPOSED DESIGN FLOW (.1949): 360 gpd
PROPERTY RECORDED: ___
LOCATION OF SITE: Linda Vista Lane
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	Slopes 4-12% .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 & LTAR
1	LS	0-3"	gr/scl	Fr/SEXP/SS/SP	7 9" TO soil wetness	9"	N/A	None	US
		3-9"	ABK/C	VFi/EXP/VS/VP					
2	LS	0-3"	scl	Fr/SEXP/SS/SP	7 8" TO soil wetness	8"	N/A	None	US
		3-8"	ABK/C	VFi/EXP/VS/VP					
3	LS	0-2"	gr/scl	Fr/SEXP/SS/SP	7 8" TO soil wetness	8"	N/A	None	US
		2-17"	ABK/C	VFi/EXP/VS/VP					
4	LS	0-2"	gr/scl	Fr/SEXP/SS/SP	7 8" TO soil wetness	8"	N/A	None	US
		2-8"	ABK/C	VFi/EXP/VS/VP					
5	Ap	0-3"	gr/cl	Fr/SEXP/SS/SP	7 26" TO soil wetness	26"	N/A	None	US
		3-23"	ABK/C	VFi/EXP/VS/VP					
		23-26"	SBK/scl	Fi/Mica/VS/VP					
6	A	0-5"	gr/scl	Fr/SEXP/SS/SP	7 14" TO soil wetness	14"	N/A	None	US
		5-14"	ABK/C	VFi/EXP/VS/VP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	US	US
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): Acceptable
EVALUATED BY: W.B. Marlin 10-15-98
OTHER(S) PRESENT: LSS

FILE # 2661B

COMMENTS 1107c Repair

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	CONSISTENCE 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

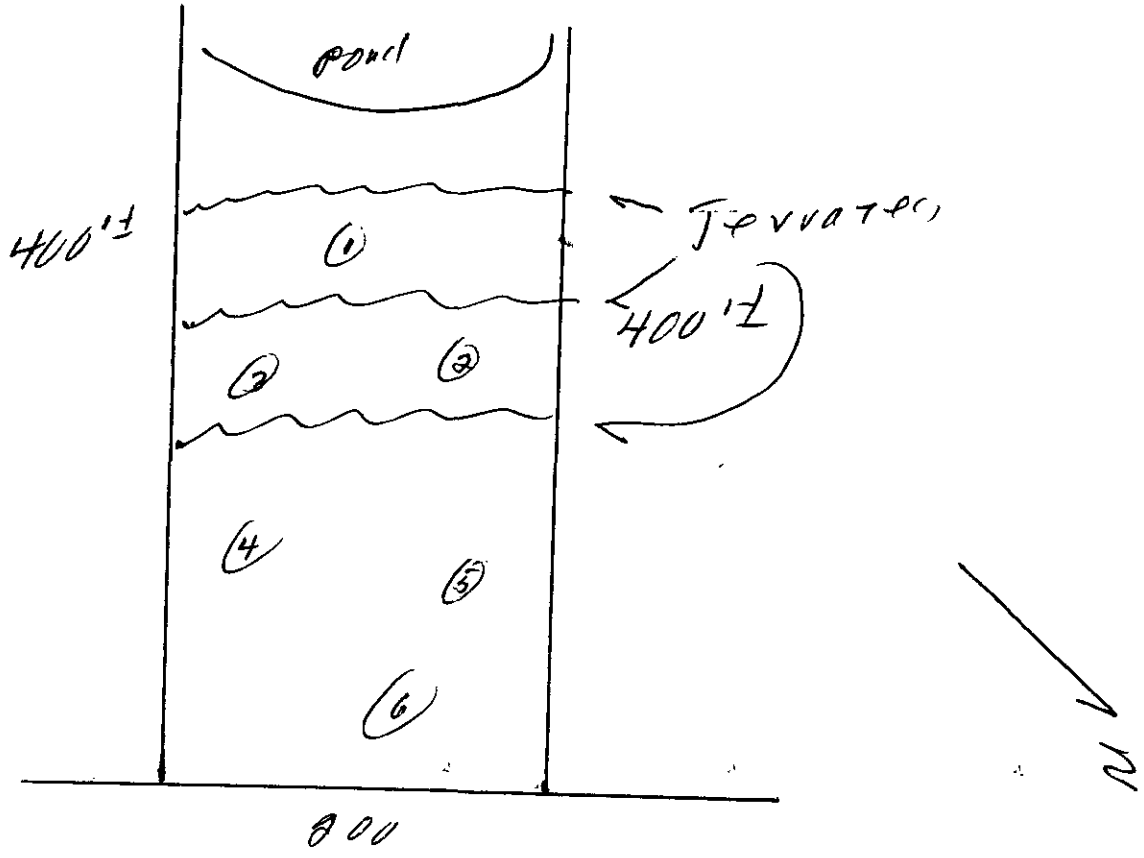
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



FEE: 100.00 CK#7057
DATE: 9-30-98 VIW

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

Rec'd 25 CK# 7113 11/19/98 GV 1 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 #: 20818 JM 01 JM

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 03[illegible]-311-03

STREET ADDRESS: LINDA VISTA LANE

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 2

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

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

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

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

WATER SUPPLY (CHECK ONE):

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

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

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

PROPERTY OWNER:

NAME: Howell (LAST) Mona (FIRST) P. (MI)

ADDRESS: LINDA VISTA LN

CITY: CHARLOTTE STATE: NC ZIP: 28001

DAYTIME PHONE: ( ) 532-1314

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Howe Poole (LAST) Mona (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: [signature] DATE: 9-30-98

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

Mecklenburg County
Health Department

Ferguson 3, 1999

Ms. Mona Howell
5919 Linda Vista Lane
Charlotte, NC 28216

Re: Linda Vista Lane
File: 2681B
Parcel: 037-311-03

Dear Ms. Howell:

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

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

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

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

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

Sincerely,

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

Mecklenburg County
Health Department

October 29, 1998

Mona Howell
5925 Linda Vista Lane
Charlotte, NC 28207

Re: Linda Vista Lane
File: 2681B
Parcel: 037-311-02

Dear Ms. Howell:

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

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

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

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

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

Sincerely,

Kelly Randall

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

~~YES~~ 105.00 CK#705
DATE: 9-30-98 VIL

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

Fund 20 Ck# 113 11/11/98 1 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 #: 2081B JN ON WA

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 033-311-02

STREET ADDRESS: LINDA VISTA LANE

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

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

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

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

WATER SUPPLY (CHECK ONE):

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

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

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

PROPERTY OWNER:

NAME: Howell MONA P.
(LAST) (FIRST) (MI)

ADDRESS: 5919 LINDA VISTA LN

CITY CHARLOTTE STATE: NC ZIP: 28[illegible]

DAYTIME PHONE: ( ) 532-1314

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Howell Poole Mona
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: [signature] DATE: 9-30-98

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

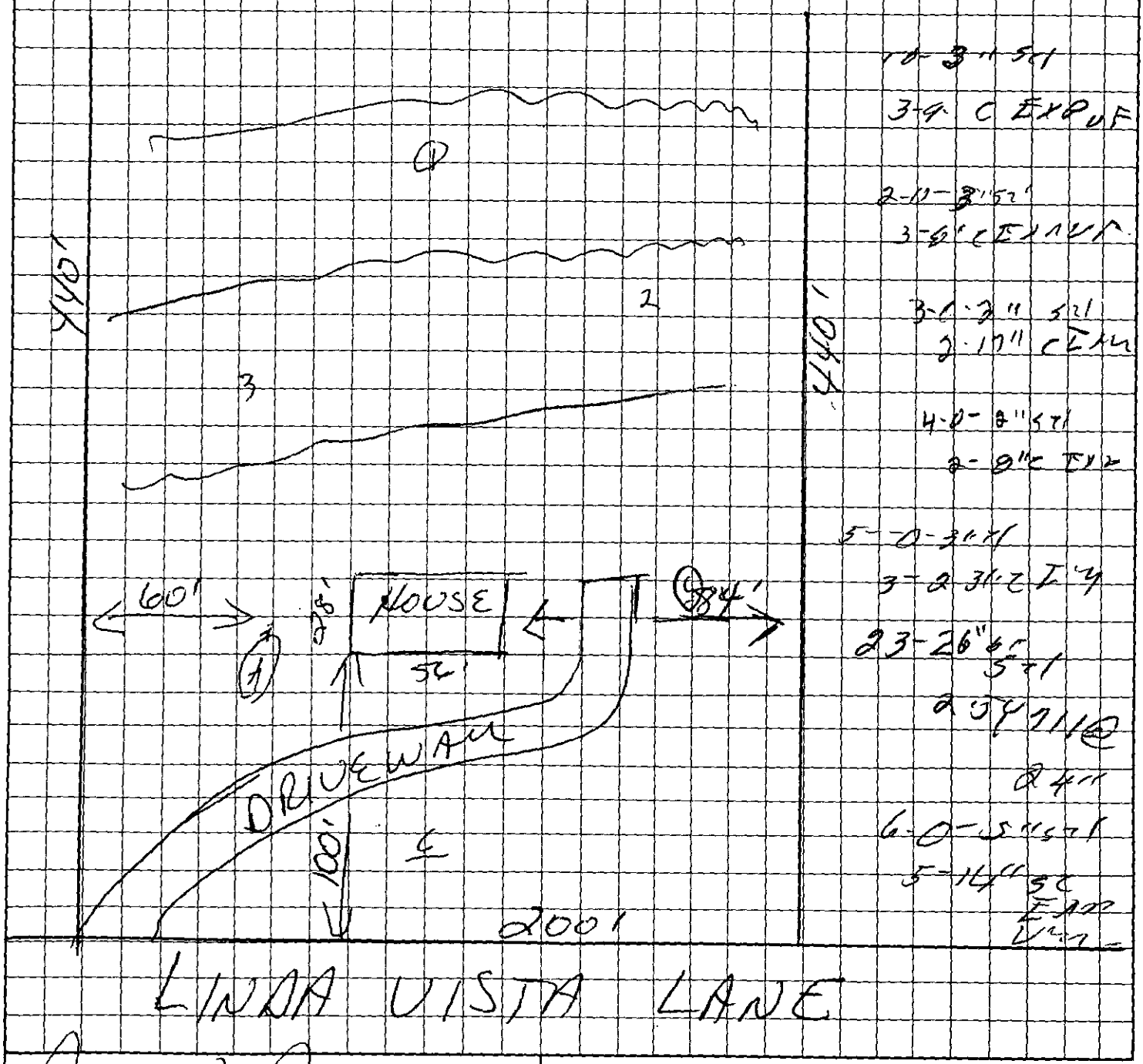
PROPOSED PLOT PLAN

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

FILE: 2681B

TC: 037-311-02

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: Linda L [illegible]

Date: 9-30-96

APPROVAL DATE _____

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

A290-10
R290-04

OFFER TO PURCHASE REAL ESTATE

2681B

BE IT KNOWN, the undersigned,

SANDRA L. STILES (Buyer), offers to purchase from

MONA P. HOWELL (Owner), real estate known as
LINDA VISTA LANE , City/Town of CHARLOTTE ,
County of MECKLENBURG , State of NORTH CAROLINA , *said property*
more particularly described as: TWO (2) ACRES

and containing square feet of land, more or less.

The purchase price offered is	$	10,000.00
Deposit herewith paid	$	
Further deposit upon *signing sales agreement*	$	
Balance at closing	$	10,000.00
Total purchase price	$	10,000.00

This offer is conditional upon the following terms: N/A

1. This offer is subject to Buyer *obtaining a real estate mortgage* for no less than $ payable over years with *interest* not to exceed % at customary terms with a firm commitment thereto days from date hereof.

2. This offer is further subject to Buyer obtaining a satisfactory home inspection report and *termite/pest* report within days from date hereof.

3. Owner shall pay broker , a commission of $ upon closing.

4. Said property is to be sold free and clear of all encumbrances, by good and marketable title, with full possession to said property available to Buyer at date of closing.

5. The parties agree to execute a standard purchase and sales agreement according to the terms of this agreement within days of acceptance of this offer.

6. The closing shall occur on or before , (year), at the public recording office, unless such other time and place shall be agreed upon.

7. Other terms:

8. This offer shall remain open until o'clock, , (year) and if not accepted by said time this offer shall be deemed rescinded and all deposits shall be refunded.

Signed this 29th day of SEPTEMBER , (year). 1998

Broker

Buyer 9-29-98
Buyer Date

Buyer Date

Mona Poole Howell 9/29/98
Owner Date

Owner Date

0 53926 20039 9

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(Revised 6/98)

Mecklenburg County
Health Department

APPLICATION FOR
INSPECTION OF PUBLIC RECORDS

NAME OF PERSON MAKING REQUEST: SANDRA STILES

ADDRESS: 5035 FREEDOM DR #32 CLT 28208

DESCRIPTION OF PUBLIC RECORD REQUESTED: PERK TEST RESULTS

STREET NAME (OR COUNTY ROAD: LUNA VISTA LANE

PARCEL NUMBER/FILE NUMBER: 2681B

OWNER'S NAME: MONA HOWELL

REASON FOR REQUEST:

SIGNATURE OF PERSON MAKING REQUEST: [signature]

SUPERVISORY PERSON: _____

ENVIRONMENTAL HEALTH DIVISION

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] 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 268B

PERSON FILING APPLICATION:
NAME: STILES (last) SAWARA (first) L. (mi)
ADDRESS: 5035 FREEDOM DR #32 PHONE: 704 394-4907
CITY: CHARLOTTE NC STATE: ZIPCODE: 28205

Date:

PROPERTY OWNER:
NAME: HOWELL (last) MONA (first) P (mi)
5919
ADDRESS: LINDA VISTA LN PHONE: 704 392-9982
CITY: CHARLOTTE STATE: NC ZIPCODE: 28212

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 037 311 03 PP
STREET ADDRESS: LINDA VISTA LN
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (In acres):

TYPE APPLICATION (check one):

[redacted] 1X5 for Double wide

[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[redacted]

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

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: [signature] Date: 3-10-99

NOTICE:

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 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

WWATER : 122791

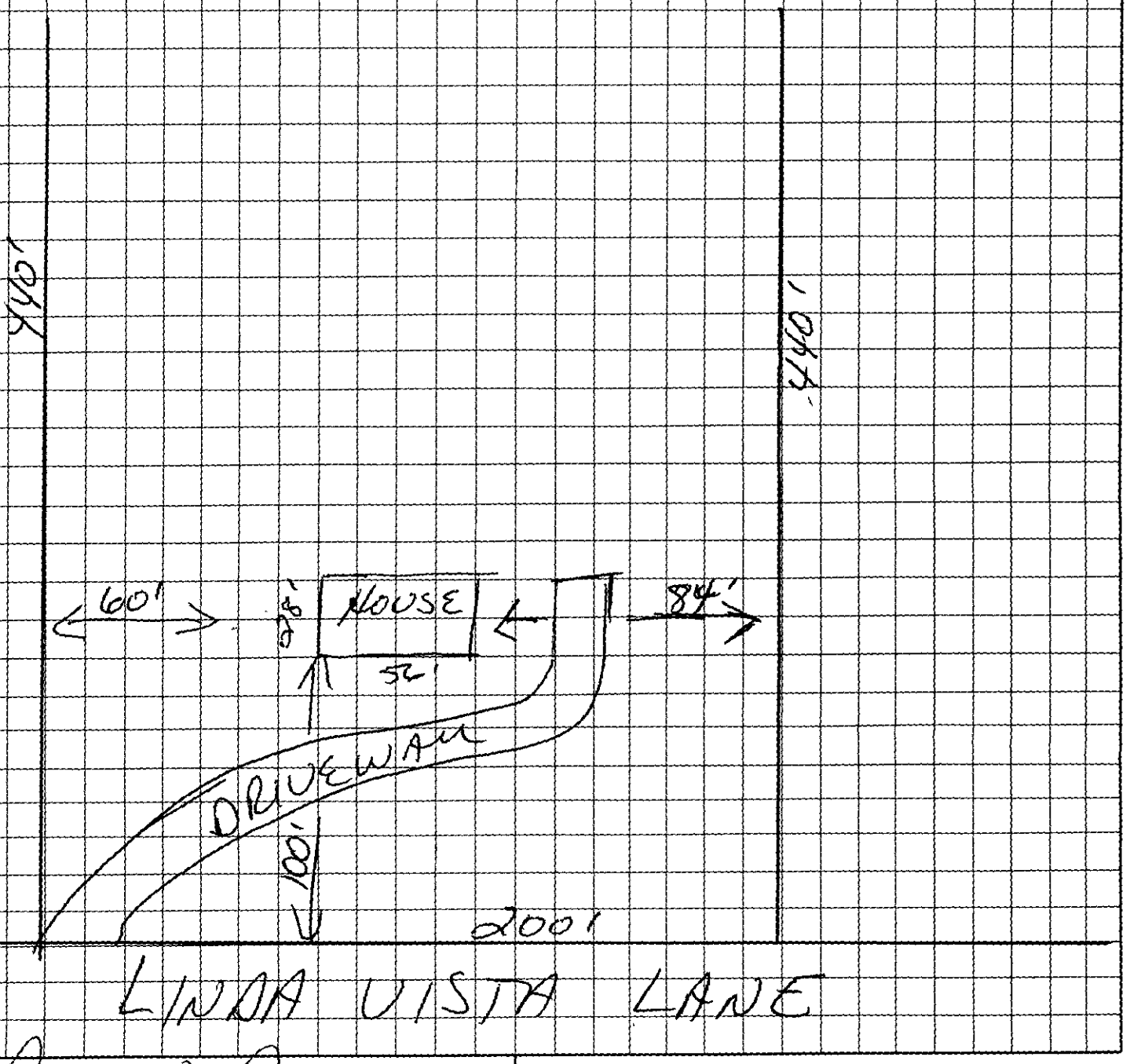
PROPOSED PLOT PLAN

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

FILE: 2681B

TC: D37-311-8203 PO

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 9-30-96 3-10-99

APPROVAL DATE _____

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