

4152 DAVID DR

19501108

1/9/2008

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: 5952B DATE: 5/18/05

TC: 195 011 08 ☑ L ☐ CRT

SERIAL 19764

Name of Owner Joe Elizondo Juris.:

Address of Property 4152 David Drive

Inspection Data:

Tank Material Existing

Total Length of Drainfield 100'

Number of Lines 2 @ 50'

Cover Depth 12"

Water Supply Source Municipal

Distance to Water Source >10'

Excavation Inspected 5/18/05

Tank(s) Inspected Existing

Wash Line Inspected NA

High Water Alarm Inspected NA

PLOT

Design 2005, Repair, TNO, 100' Tire chips, 30" material CTR# Bobby McClarvie

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 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 ☒ 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: Repair to the Existing System

Philo S. Walker II
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

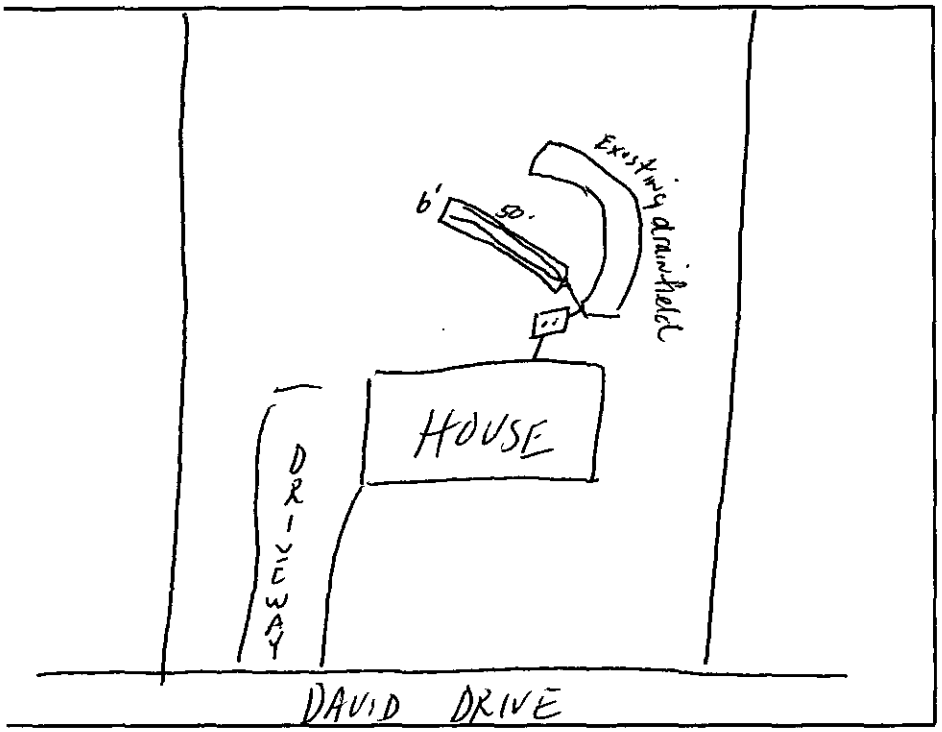
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 5952B DATE: 4/15/05

TC: 195 011 08 ☑ L

SERIAL Nº 20008

Permission is hereby given to _____ Install or Construct, ✓ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 4/15/05. All work shall be completed on or before 5/15/05, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank Existing gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction Existing

Trench Depth 48"

Absorption and/or Nitrification Lines:

Bed Trench Width 6' feet

Trench Walls Scored and Porous Yes

Bed Total Line Length 100' feet

Number of Lines 2 (50')

Material Depth of ~~Stone~~ 24" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well >50' feet

Municipal water

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

NAME OF OWNER Joe Elizondo

LOCATION OF PROPERTY 4152 David Drive

Comments: Repair, Install bed system 6'wd x 50'lng x 24" material (Tire chips)

Phila S. Walker RS

Environmental Health Specialist

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

FEE: _____

DATE: _____

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

REPAIR

[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM X REPAIR OF EXISTING SYSTEM

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

FILE #: 5952-B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 195-011-08

STREET ADDRESS: 4152 David dr

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 1960

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: 4

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
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: (LAST) Elizondo (FIRST) Joe (MI)

ADDRESS: 4152 david dr

CITY: Matthews STATE: N.C. ZIP: 28105

DAYTIME PHONE: (704) 573 - 7013

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (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: _____ DATE: 4/01/05

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



Print

Close

Parcel Information

Parcel ID	Account	Parent	Previous
19501108	INDIVIDUAL		

Owner(s)

Owner Name	Mailing Address	City/State
ELIZONDO JOSAPHAT	4152 DAVID DR	MATTHEWS NC 28105
STACEY ELIZONDO (H/W)	4152 DAVID DR	MATTHEWS NC 28105

Legal Information

Legal	Municipality	Annexed	Special District	Fire District	Acreage
NA	MINT HILL		FIRE SERVICE F	MINT HILL	1.01

Total Parcel Assessment & Exemptions

Building	Land	Features	Total	Exemption	Year Approved	Review Date	Amount
75600	25000	0	100600				

Sales Information

Sale	Price	Stamps	Qualify	V/I	DeedBook	Type	Legal Ref.	Grantor
Nov 27 2000	112000			IMP	11738 - 767	DEED STAMPS	11738-767	POOLE MARJORIE A

Land Use

Use	Units	Type	Neighborhood	Assessment
1000	1	LT	T510	25000

Building Information

Bldg	Description	Type	Year Built	Property Location
1	Single-Fam	RES	1960	4152 DAVID DR MINT HILL

Bldg	Story	Units	Total SqFt	Heated	Foundation	Ext. Wall	Grade	Value
1	1 STORY	1	2277	1215	CRAWL SPACE	FACE BRICK -	AVERAGE 03	75600

Bldg	Heat	Fuel	FirePlace	AC	Fixtures	Bedrooms	Full Baths	3/4 Baths	1/2 Baths
1	AIR-DUCTED	OIL/WD/COAL		AC-CENTRAL		3	2		0

Sub Areas

Bldg	Description	Size
1	BASE (FIRST FLOOR)	1215
1	UTILITY - UNFINISHED	84
1	PORCH - OPEN - FINISHED	60
1	UTILITY - UNFINISHED	160
1	CARPORT - UNFINISHED	440
1	PORCH - SCREENED - FINISHED	294
1	PORCH - OPEN - FINISHED	24

Depreciation

Bldg	Physical	Functional	Economic	Special	Override
1	AV - 31%				

Special Features & Yard Items

Bldg	Built	Type	Quantity	Units	Value

Value Changes

Notice Date	Tax Year	Reason	Changed To	Deferred
Feb 21 2003	2003	Land Value Correction	100600	0
Jan 17 2003	2003	Countywide Revaluation	75600	0
Apr 2 2001	2001	Combining of Real Estate Parcels	97580	
Jan 5 1998	1998	Countywide Revaluation	90280	
Jun 14 1991	1991	Countywide Revaluation	70590	



Print

Close

Parcel Information

Parcel ID	Account	Parent	Previous
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Owner Name	Mailing Address	City/State
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FEE: _____

DATE: _____

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

REPAIR

[ ] CRT

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM X REPAIR OF EXISTING SYSTEM

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

FILE #: 5952B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

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STREET ADDRESS: 4152 David dr

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 1960

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: 4

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
EXISTING WASTEWATER SYSTEMS __ YES __ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES __ NO
WELL, SPRINGS OR WATERLINES __ YES __ NO
DESIGNATED WETLANDS __ YES __ NO

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: (LAST) Elizondo (FIRST) Joe (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 4152 david dr	DAYTIME PHONE: ( ) -
CITY: Matthews STATE: N.C. ZIP: 28105	
DAYTIME PHONE: (704) 573 - 7013	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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SIGNED: _____ DATE: 4/01/05

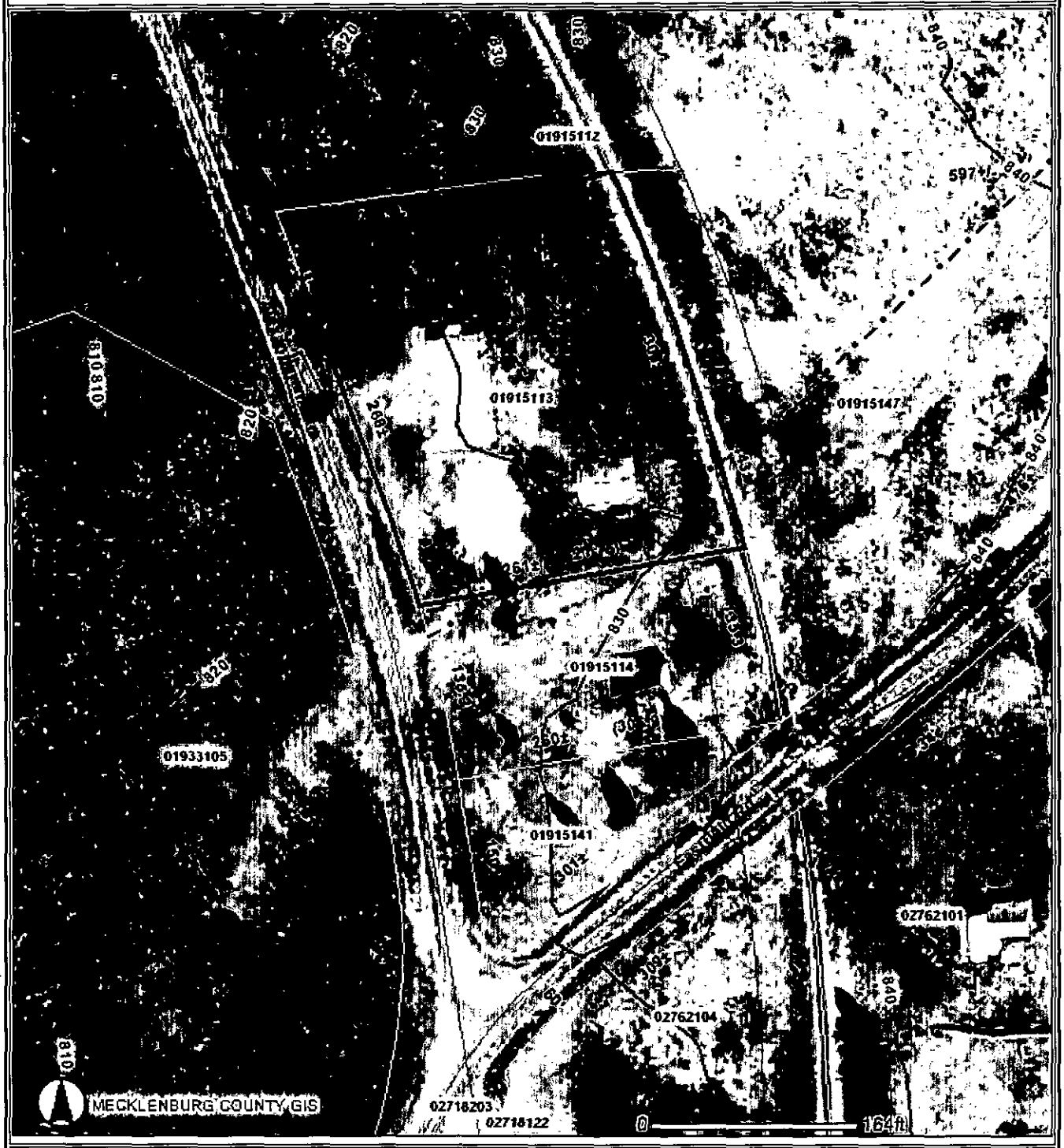
MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Thu Jan 18 14:43:01 EST 2007



This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aformentioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

GWS COM. APP 07/05

SEPTIC FEE: _____
DATE: _____
CRT [ ]

PERMIT APPLICATION FOR A COMMERCIAL SITE
IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION
FOR ON-SITE WASTEWATER SYSTEM
NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL
MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

FILE # _____

WELL FEE _____
DATE: _____
CRT [ ]

SEPTIC / TYPE APPLICATION: ☐ NONE ☒ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

WELL / TYPE APPLICATION: ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION

PROJECT TRACKING #:
TAX/PARCEL #:
STREET ADDRESS: 13123 Alexanderana RD
CITY: Huntersville
STATE: NC ZIP: 28078
LOT #:
TOWNSHIP:

☐ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☒ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION:

DESCRIBE TYPE OF BUSINESS:

☒ COMMERCIAL ☐ INDUSTRIAL
SQUARE FOOTAGE OF FACILITY:
NUMBER OF EMPLOYEES PER SHIFT:
NUMBER OF SHIFTS:
TYPE OF WASTEWATER:
☒ SEWAGE ☐ INDUSTRIAL PROCESS WASTEWATER
HOW WILL WATER BE USED IN THE FACILITY?:
☒ TOILETS/URINALS ☐ HANDSINKS ☐ SHOWERS
☐ FLOOR DRAINS ☐ OTHER

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM, INFORMATION DOCUMENTING THE INCREASED WASTEWATER FLOW AND/OR A JUSTIFICATION FOR SYSTEM ALTERATION WILL BE REQUIRED.

WATER SUPPLY:
☐ MUNICIPAL (M) ☐ PUBLIC (C) ☒ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☒ YES ☐ NO	WELLS, SPRINGS, OR WATER LINES	☒ YES ☐ NO
EXISTING WASTEWATER SYSTEMS	☒ YES ☐ NO	DESIGNATED WETLANDS	☐ YES ☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☒ YES ☐ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES ☒ NO

PROPERTY OWNER:

NAME: Tommy Long Jr
ADDRESS: 11721 Enfield RD
CITY: Huntersville
STATE: NC ZIP: 28078
HOME PHONE: (704) 992-6749 WORK PHONE:
MOBILE PHONE: (704) 891-7492 FAX: (704) 947-2772

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE
MOBILE PHONE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

"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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature — Date: 1/19/07

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE
WASTEWATER SECTION

"A Well 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature — Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
704-336-5103 / FAX:704 336 8894

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

Sheet: 1 of 2
Property ID # 019-151-13, 14
Lot #:
File #: 5953B
Code: 2

AC5

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Merle King
Applicant: Tommy Long , Jr.
Address: 2509 Mallard Creek Church Road, Charlotte, N. C. 28262
Date Evaluated: 8/29/05
Proposed Facility: Day care facility
Design Flow (.1949): 1125gpd
Property Size: 1.5a inv.
Location of Site: 13123 Alexanderana Road
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] 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 (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 8	0-2	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	N/A	NONE	PS, IV
		2-45	SBK/C	FI/SEXP/S/P					.3GPD/FT^2
		45-48	SBK/CL	FR/SEXP/SS/SP					
2	"	0-4	GR/CL	"	"	"	"	"	"
		4-36	SBK/C	FI/SEXP/S/P					
		36-48	SBK/CL	FR/SEXP/SS/SP					
3	LS, 6	0-5	GR/CL	"	2.5Y7/1 at 38"	39+	"	"	PS, IV
		5-39	SBK/C	FI/SEXP/S/P					.25GPD/FT^2
4	LS, 8	0-6	Gravel		>40" TO SOIL WETNESS	40+	"	"	"
		6-40	SBK/ABK/C	FI/SEXP/S/P					
		POSS.	PLATY @	38"					
5	"	0-6	GR/SL	FR/SEXP/SS/SP	>31" TO SOIL WETNESS	31	"	"	US, IV
		6-31	SBK/C	FI/SEXP/S/P					.25GPD/FT^2
6	"	0-18	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	"	"	PS, IV
		18-48	SBK/C	FI/SEXP/S/P					.3GPD/FT^2
7	"	0-6	GR/SCL	FR/SEXP/SS/SP	2.5Y 7/1 at 42"	43	"	"	PS, IV
		6-43	SBK/C	FI/SEXP/S/P					.25GPD/FT^2

Description	Initial System	Repair System
Available Space (.1945)	US	US
System Type(s)		
Site LTAR	.25GPD/FT^2	.25GPD/FT^2

Other Factors (.1946):
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 8/31/2005, W. R. Marlin
Others Present: C. Sherrill, T. Long

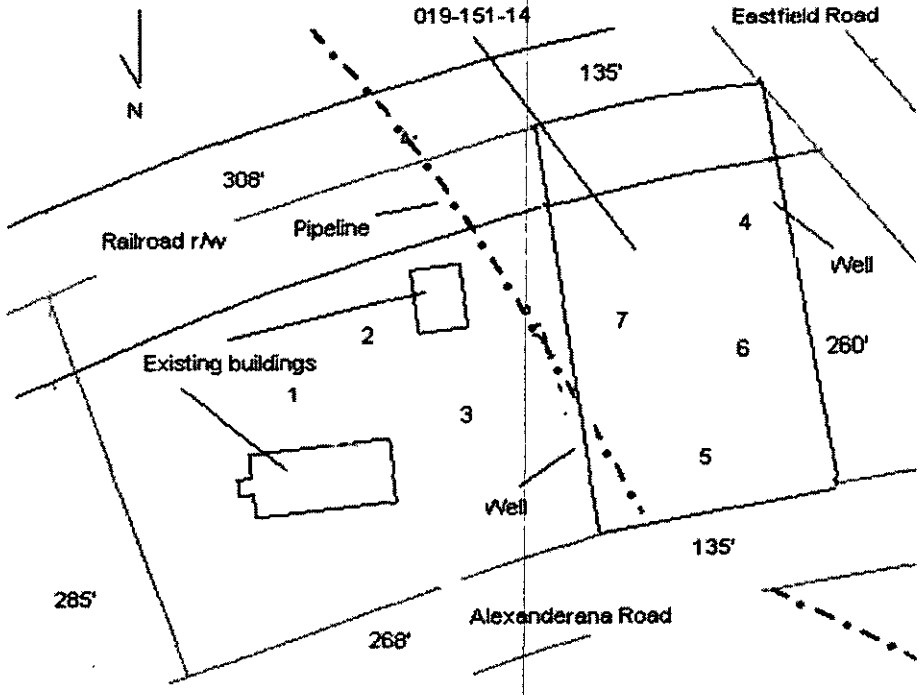
COMMENTS:

100% repair, pipeline r/w and perimeter of 019-151-14 need marking

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Food Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	*SI-Silt*	*0.6 - 0.3*	*PL-Platy*
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace		CL-Clay Loam		
FP-Flood Plain		SCL-Sandy Clay Loam		
	IV	*SC-Sandy Clay*	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

Sketch of Soil Evaluation Locations



Mecklenburg County, North Carolina

POLARIS

5953B

Property Ownership Land Records Information System

Date Printed: Tue Jun 12 10:55:29 EDT 2007



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CLARY ARCHITECTS, INC.
4710 Park Road - Suite C
Charlotte, NC 28209
704-527-5123
704-527-1426 Fax

Clary Architects, Inc.

Fax

To: Jeremy Michelone From: Moodye Clary

Fax: 704-636-6894 Pages: (including this page) 2

Phone: Date: 2-7-2007

Re: CC:

☐ Urgent ☐ For Review ☑ For your info. ☐ Please Comment ☐ Please Reply

Jeremy - Here's the appl.

I'm still looking for the pipeline ROW app.

Moodye

Clary Architects Inc.

If any page is missing or damaged, please let us know immediately.

CLARY ARCHITECTS, INC.
4730 Park Road - Suite C
Charlotte, NC 28209
704-527-5123
704-527-1426 Fax

Clary Architects, Inc.

Fax

To: Jeremy Michelone From: Moodye Clary

Fax: 704-0536-6894 Pages: (including this page) 2

Phone: Date: 2-7-2007

Re: CC:

☐ Urgent ☐ For Review ☑ For your info. ☐ Please Comment ☐ Please Reply

Jeremy - Here's the appl.
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Clary Architects Inc.

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

Sheet: 1 of 2
Property ID: 019-151-13
Lot #:
File #: 5953B
Code: 2

ACO

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: *Merle King*
Applicant:
Address: 2509 W. Mallard Creek Church Road, Charlotte, N. C. 28262
Date Evaluated: 4/20/2005
Proposed Facility: Residence
Design Flow (.1949): 1250
Property Size: .5a inv.
Location of Site: 13123 Alexanderanna Road
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger boring [ ] Pit [ ] Cut
Type of Wastewater: [x] 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 (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 8	0-4	GR/CL	FR/SEXP/SS/SP	>32" TO SOIL WETNESS	32	N/A	NONE	US, IV
		4-32	SBK/C	FI/SEXP/S/P					.25GPD/FT^2
		32+	M/C	"					
2	"	0-4	GR/CL	FR/SEXP/SS/SP	2.5Y7/1 at 38"	38	"	"	PS, IV
		4-38	SBK/ABK/C	FI/SEXP/S/P					.25GPD/FT^2
3	"	0-13	DISTURBED						
		13-48	SBK/ABK/C	FI/SEXP/S/P					

Description	Initial System	Repair System
Available Space (.1945)	US	US
System Type(s)		
Site LTAR	.25GPD/FT^2	.25GPD/FT^2

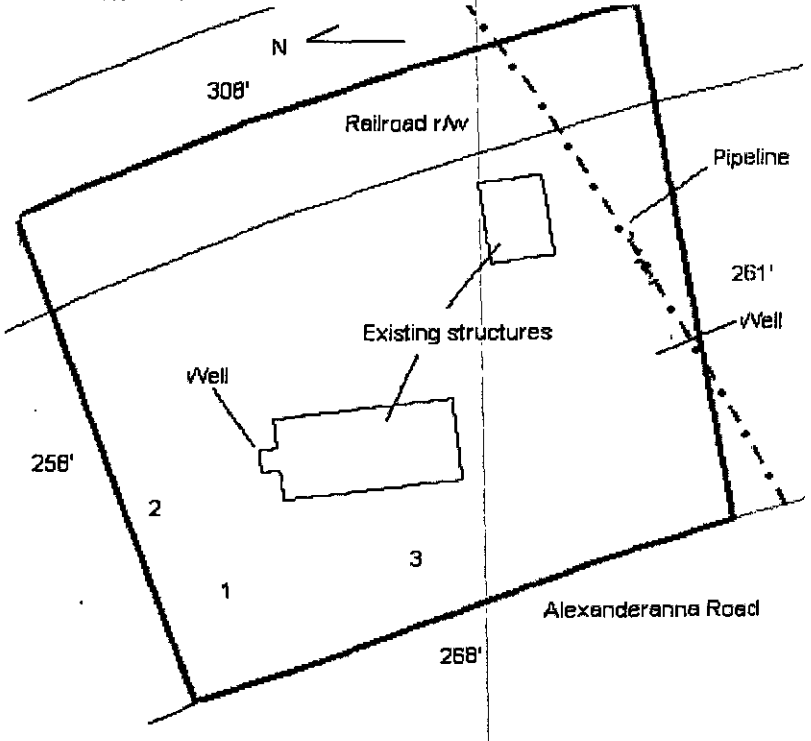
Other Factors (.1946):
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 4/25/2005. W. R. Marlin
Others Present:

COMMENTS:
100% repair

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace		CL-Clay Loam		
FP-Flood Plain		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

Sketch of Soil Evaluation Locations



Optional Site Evaluation Recd Check #1199

GWS- COM. APP 12/04

chk 1759 $100.00 8/17/05 V.A.W

SEPTIC FEE: 400.00
DATE: 4/11/05
CRT [ ]

PERMIT APPLICATION FOR A COMMERCIAL / INDUSTRIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

FILE # 5553B

WELL FEE:
DATE:
CRT [ ]

SEPTIC / TYPE APPLICATION: ☐ NONE ☒ NEW SYSTEM EXISTING SYSTEM ☒ EXPANSION/ALTERATION ☐ REPAIR

WELL / TYPE APPLICATION: ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION

PROJECT TRACKING #:
TAX/PARCEL #: 04915113
STREET ADDRESS: 13123 Alexanderana Rd
CITY: Huntersville
STATE: NC ZIP: 28078
LOT #:
TOWNSHIP:

☒ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION:

DESCRIBE TYPE OF BUSINESS: Day Care 75 children

☒ COMMERCIAL ☐ INDUSTRIAL
SQUARE FOOTAGE OF FACILITY: 9000
NUMBER OF EMPLOYEES PER SHIFT: 5
NUMBER OF SHIFTS: 1
TYPE OF WASTEWATER:
☒ SEWAGE ☐ INDUSTRIAL PROCESS WASTEWATER
HOW WILL WATER BE USED IN THE FACILITY?:
☒ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM, INFORMATION DOCUMENTING THE INCREASED WASTEWATER FLOW AND/OR A JUSTIFICATION FOR SYSTEM ALTERATION WILL BE REQUIRED.

WATER SUPPLY:
☒ MUNICIPAL (M) ☐ PUBLIC (C) ☐ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☒ NO	WELLS, SPRINGS, OR WATER LINES	☒ YES	☐ NO
EXISTING WASTEWATER SYSTEMS	☒ YES	☐ NO	DESIGNATED WETLANDS	☐ YES	☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☒ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☒ NO

PROPERTY OWNER:
NAME: Merle King
ADDRESS: 2509 W Mallard Creek Church Rd
CITY: Charlotte
STATE: NC ZIP: 28262
HOME PHONE: (704) 547-0118 WORK PHONE:
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Tommy Long JR
ADDRESS: 11721 Eastfield Rd
CITY: Huntersville
STATE: NC ZIP: 28078
HOME PHONE: (704) 992-6799 WORK PHONE:
MOBILE PHONE: (704) 890-7492 FAX: (704) 947-0442

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 6/1/2005

*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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

4/11/05
Owner's/Agent's Signature Date

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE
WASTEWATER SECTION

*A Well 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
704-336-5103 / FAX:704-336-6894

6735

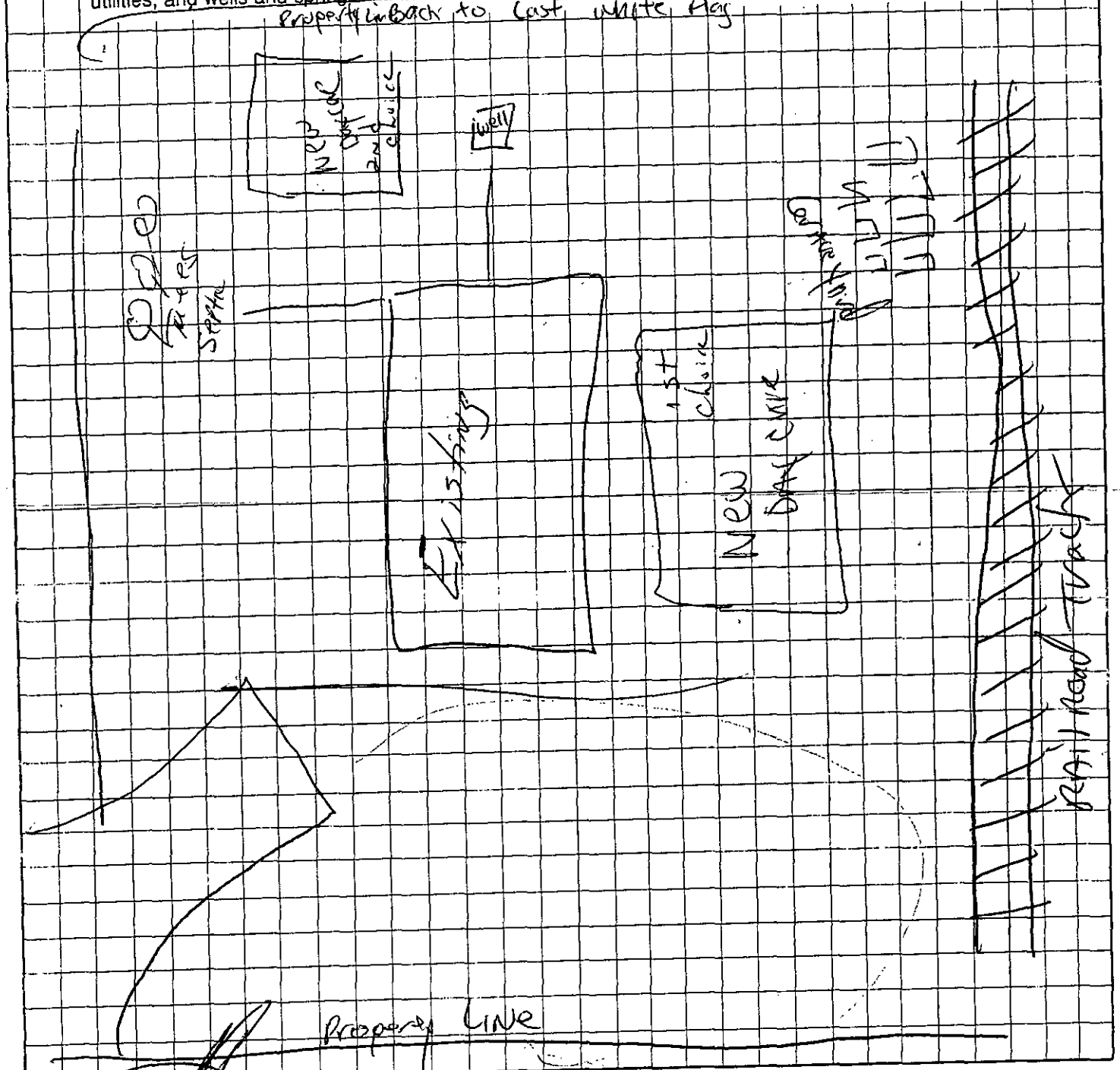
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 5953B

TC: 019-151-13

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 _____

OWNER/AGENT SIGNATURE

DATE 4/11/05

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

STATE OF NORTH CAROLINA

LEASE WITH OPTION TO PURCHASE

COUNTY OF MECKLENBURG

THIS LEASE WITH OPTION TO PURCHASE (hereinafter referred to as "Instrument") by and between **MERLE KING and wife ELIZABETH L. KING** (hereinafter referred to as "Seller"), and **THE GOOD NEWS HOUSE, INC**, a North Carolina Non-Profit Corporation (hereinafter referred to as "Buyer");

W I T N E S S E T H:

Seller agrees to sell and Buyer agrees to buy two parcels of real estate having the addresses of 13123 and 13129 Alexanderana Road, Huntersville Township, Mecklenburg County, North Carolina; and

The purchase price for said property is **TWO HUNDRED TWENTY-FIVE THOUSAND and NO/100 ($225,000.00)** for 13123 Alexanderana Road (Tax Code 019-151-12 & 13) and **ONE HUNDRED TWENTY-FIVE THOUSAND and NO/100 ($125,000.00)** for 13129 Alexanderana Road (Tax Code 019-151-14); and

Beginning July 1, 2004, through December 31, 2004, Buyer shall pay the sum of Four Hundred and No/100 ($400.00) per month as rent for both properties. Beginning January 1, 2005, the rent shall be One Thousand and No/100 ($1,000.00) per month. All payments shall be due and payable on the first day of each month.

Buyer shall have until December 31, 2005, to purchase said property and any amounts paid to Seller over and above the rental payments shall be applied to the purchase price.

In the event that Buyer, for any reason, fails to close on the purchase of said property on or before December 31, 2005, any and all monies paid to Seller shall not be refundable. Further, if Buyer fails to close as previously stated, Buyer shall have sixty (60) days to remove any mobile classrooms and personal property from the property.

A church building is located on the parcel having the address of 13123 Alexanderana Road. It is understood that Seller is selling said building "AS IS" and will not be responsible for any faults in the building, including but not limited to the electrical system, heating and cooling systems, plumbing, roof, or any structural defects which may be detected.

Seller has promised the family of Bland Young Jackson that she could be buried in the small cemetery located on the property. Buyer hereby agrees that Bland Young Jackson may be buried on the property.

Buyer agrees to hold Seller harmless for any incident which may occur on the property and shall provide liability and fire insurance on the property and, until the property is purchased, shall provide Seller with proof of insurance.

IN WITNESS WHEREOF, the parties hereto have caused this instrument ro be signed the day and year hereinafter set out.

SELLER:

Merle King
MERLE KING (SEAL)

Elizabeth L. King
ELIZABETH L. KING (SEAL)

BUYER:

THE GOOD NEWS HOUSE, INC.

By: _____
TOMMY LONG JR., President

(CORPORATE SEAL)
0631344

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

I, A. NEAL BRUMLEY a Notary Public of the County and State aforesaid, certify that **MERLE KING and wife, ELIZABETH L. KING** personally appeared before me this day and acknowledged the execution of the foregoing instrument.

Witness my hand and official stamp or seal, this 30th day of June, 2004.

A. Neal Brumley
NOTARY PUBLIC
My Commission Expires: 3/16/07