

19800 CALLAWAY HILLS LN

00308207

7/9/2007

duponbj

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

FEE: $400.00 Check 1981
DATE: 10/6/05
CRT [ ]

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 01/05

FILE: 76248

TYPE APPLCATION:

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

PERSON FILING APPLICATION:

NAME: HENRY C FURCHES
ADDRESS: 19800 CALLAWAY HILLS LN
CITY: DAVIDSON
STATE: NC ZIP: 28036
PHONE: 704-895-0858
ALTERNATE PHONE: 704.699.6092 CELL

PROPERTY OWNER:

NAME: HENRY C FURCHES
ADDRESS: 19800 CALLAWAY HILLS LN
CITY: DAVIDSON
STATE: NC ZIP: 28036
PHONE: 704.895-0858
ALTERNATE PHONE: 704-699.6092 CELL

JOB LOCATION INFORMATION

TAX/PARCEL #: 003-082-07
STREET ADDRESS:
CITY: AS ABOVE
STATE: NC ZIP:
SUBDIVISION OR MOBILE HOME PARK NAME: RUNNEYMEDE
LOT #: BLOCK 2 LOT 3

TOWNSHIP:

- [ ] 0-MECKLENBURG
- [ ] 1-CHARLOTTE
- [x] 2-DAVIDSON
- [ ] 3-CORNELIUS
- [ ] 4-PINEVILLE
- [ ] 5-MATTHEWS
- [ ] 6-HUNTERSVILLE
- [ ] 7-MINT HILL

WATER SUPPLY:

- [ ] MUNICIPAL (M)
- [ ] COMMUNITY (C)
- [x] PRIVATE WELL (P)
- [ ] SHARED WELL (S)
- [ ] OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:

- [x] HOUSE (H)
- [ ] MODULAR HOME (M)
- [ ] MULTIPLE FAMILY (U)
- [ ] SINGLE MOBILE HOME (S)
- [ ] DOUBLE WIDE (D)
- [ ] OTHER (O)

NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 2

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:

TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:

INDUSTRIAL WASTES? [ ] YES [ ] NO
UNDERGROUND STORAGE TANKS? [ ] YES [ ] NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:

- [ ] BEDROOM
- [ ] BATHROOM
- [ ] KITCHEN
- [ ] DINING ROOM
- [ ] LIVING ROOM
- [ ] DEN
- [ ] GARAGE
- [ ] SUNROOM
- [ ] PORCH
- [x] DECK
- [ ] OTHER

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:

- [ ] DETACHED GARAGE
- [ ] DETACHED GARAGE WITH PLUMBING
- [ ] POOL HOUSE
- [ ] SHOP
- [ ] BARN
- [ ] STORAGE SHED
- [ ] DETACHED PORCH / DECK
- [ ] 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature — Date: 10/3/05

*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 y this Department.
- This permit is not transferable.

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

EHS Signature — Date

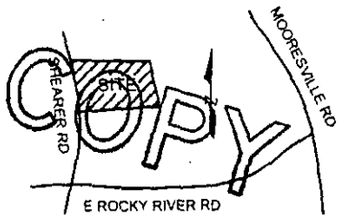
PHYSICAL SURVEY

RUNNEYMEDE (PHASE 1) MAP 1
MAP BOOK 24, PAGE 963
BLOCK 2, LOT 3

COPY

LEGEND

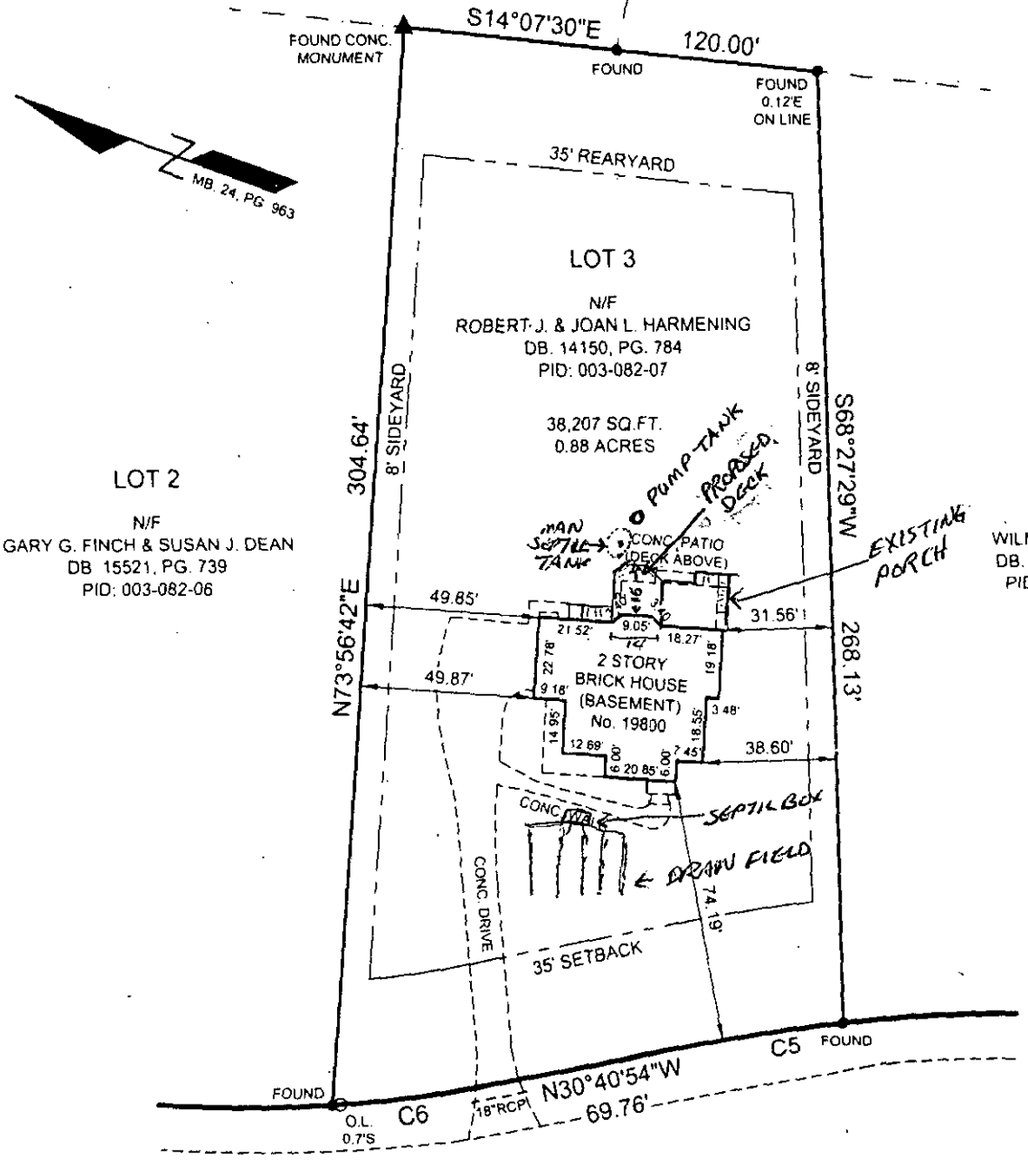
- FOUND OR SET REBAR
- LINES NOT SURVEYED
- TELEPHONE PEDESTAL
- EDGE OF PAVEMENT/CONCRETE
- ELECTRIC TRANSFORMER
- CATV PEDESTAL
- LANDMARK TIE (AS NOTED)



VICINITY MAP
(NOT TO SCALE)

LOT 16
N/F
KENT B. & SARAH E. FRERICHS
DB. 15053, PG. 157
PID: 003-082-20

LOT 15
N/F
DAVID J. & JENNIFER H. HOLDEN
DB. 18311, PG. 410
PID: 003-082-19



C6
R = 375.00' L = 45.84'
CH BRG = N27°10'47"W
CH = 45.81'

CALLAWAY HILLS LANE
50' PUBLIC R/W

C5
R = 425.00' L = 33.91'
CH BRG = N28°23'46"W
CH = 33.90'

GENERAL NOTES:

1. APPARENT SOURCE OF TITLE: DEED BOOK 14150, PAGE 784.
2. PROPERTY SHOWN IS AN EXISTING PARCEL OF LAND.
3. LINEAR ERROR OF CLOSURE EXCEEDS 1:20,000.
4. AREA CALCULATED BY COORDINATE GEOMETRY METHOD.
5. GRID TIE TO U.S.G.S. MONUMENT "HOPEWELL" PER MB. 24, PG. 963.
6. THIS SURVEY WAS PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT AND IS SUBJECT TO FACTS THAT SUCH MAY REVEAL.
7. UNLESS SIGNED AND SEALED THIS MAP IS PRELIMINARY.



I, JOHN W. BALZER, CERTIFY THAT THIS PLAT WAS DRAWN FROM AN ACTUAL FIELD SURVEY PERFORMED UNDER MY DIRECT SUPERVISION. IS CORRECT TO THE BEST OF MY KNOWLEDGE.

JOHN W. BALZER
NCPLS L-3888

SUMMIT
LAND SURVEYING COMPANY
18716 W. CATAWBA AVENUE
CORNELIUS, NC 28031
(704) 895-0955

PREPARED FOR
HENRY C. FURCHES & wife
KATHERINE REPINSKI
19800 CALLAWAY HILLS LANE
DEWEESE TOWNSHIP MECKLENBURG COUNTY
NORTH CAROLINA
JULY 11, 2005

GRAPHIC SCALE
0' 25' 50'
1" = 50'

JOB NO. 05-0774
DWG NO. 24-963-2-3

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	10/06/05	**Amount:**	100.00
Receipt #:	37391	**Tendered:**	100.00
Check / Auth #:	CHECK 7981	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: 200000
Contractor: REPINSKI KATHERINE/FURCHES H C
Attn:
Address: 19800 CALLAWAY HILLS LANE
Address:
City/State/Zip: DAVIDSON, NC 28036

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 19800 CALLAWAY HILLS LN		1	100.00	100.00

----------Outstanding Balances----------

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7624-A DATE: 7/24/02

TC: 003-082-07 ☐ L ☒ CRT

SERIAL Nº 18628

Name of Owner Warren D. Smith Juris.: _____

Address of Property 19800 Calloway Hills Lane

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 8 @ 50'

Cover Depth 12-14"

Water Supply Source Well

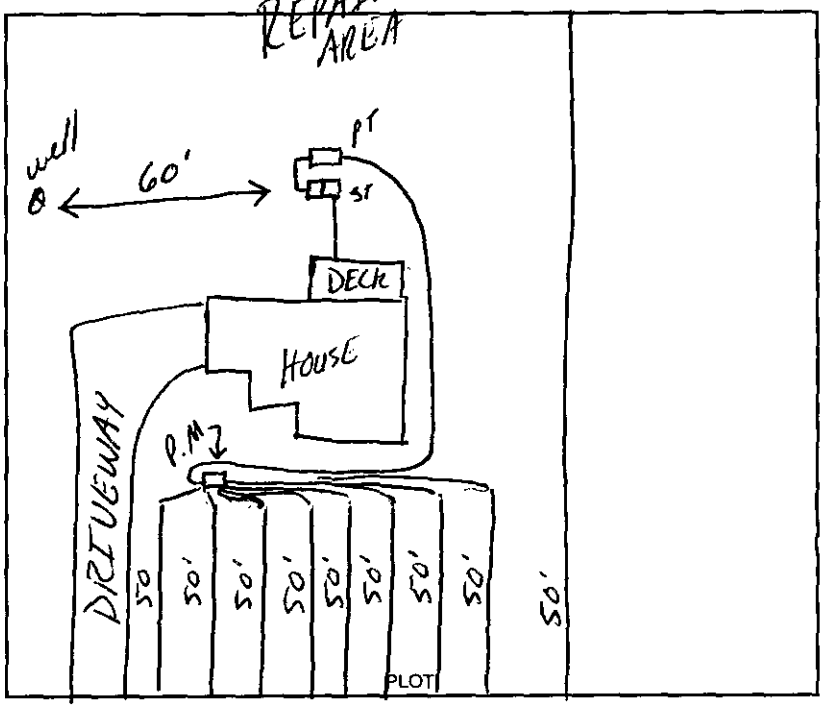
Distance to Water Source 60'

Excavation Inspected 7/24/02

Tank(s) Inspected 7/23/02

Wash Line Inspected N/A

High Water Alarm Inspected 7/24/02



Design 1500 ST, 1000 DT, PI, 1200 SFT, INV, E-Z FLOW, PM CTR# Larry Tucker

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: Four Bedroom House

8 lines x 50' x 3' Type III b pump to Innovative Pressure Manifold

Tommy Mickle R.S.
Environmental Health Specialist

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/12/02	**Amount:**	150.00
Receipt #:	10413	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: X31607
Contractor: COURTLAND PROPERTIES
Attn:
Address: P O BOX 4418
Address:
City/State/Zip: DAVIDSON, NC 28036

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval 19800 Callaway Hills Ln/7624A		1	150.00	150.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
150.00					

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2002 SEP 13 03:37 PM
BOOK: 14066 PAGE: 46-49 FEE: $20.00
INSTRUMENT # 2002177871

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A.1948 AND ANY OF THE FOLLOWING RULES: .1956 (b); or .1957(e); OR .1969

FILE # 7624A
PARCEL # 003-082-07

The undersigned COURTLAND PROPERTIES INC, owner of property located at 19800 CALLAWAY HILLS LN, DAVIDSON, NC, (the "site") and described in an instrument recorded in Book 13337 at Page 690, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Service as 15A NCAC 18A.1900 et seq; that the Department originally classified the site as "unsuitable" pursuant to the standards set for in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the property design, construction, operation and maintenance of such septic tank system is the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by malfunction of such system.

This instrument was prepared by: Gwendolyn Craig - Meck. County Health Dept.
Mail after recording to: Post Office Box 4419
Davidson, NC 28036

- Any changes on the property may make the Improvement Permit null and Void any may make the Improvement Permit subject to revocation.

- Do not grade, cut, fill, pave, construct a building or deck, dig a well install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems", for further information.)

- Additional foes will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation or failure of said septic tank system.

Use of the singular masculine pronouns forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 13th day of September, 2002.

Courtland Properties, Inc
Corporate Name

By: Kelly Smith (SEAL)
Its Vice-President

NORTH CAROLINA,

IREDELL COUNTY

I, a Notary Public of said County and State aforesaid, certify that **KELLY W. SMITH**, personally came before me this day and acknowledged that she is Vice-President of **COURTLAND PROPERTIES, INC.**, a North Carolina corporation, and that she, as Vice-President, being authorized to do so, executed the foregoing on behalf of the corporation.

WITNESS my hand and official stamp or seal, this 13 day of Sept, 2002.

My commission expires: 3/17/03

LaVon D Collins Notary Public

LAVON D. COLLINS NOTARY PUBLIC IREDELL COUNTY, N.C.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

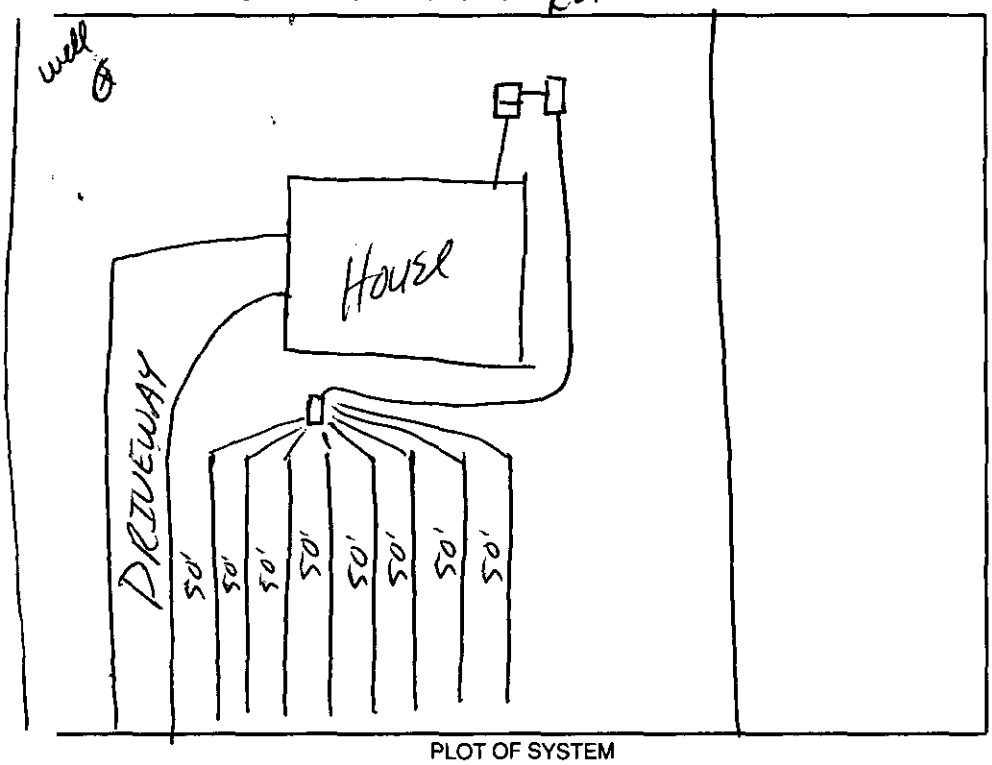
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7624A DATE: 7/22/02

TC: 003-082-07 ☒ L

SERIAL 19011

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 5/5/02. All work shall be completed on or before 8/22/02, 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. REPAIR



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 400' feet

Number of Lines 8 X 50'

Depth of Stone N/A inches

Distance from House >15' feet

Distance from Property Line >10' feet

Distance from Well > 50' feet

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

NAME OF OWNER Warren D. Smith

LOCATION OF PROPERTY 19800 Calloway Hills Lane

Comments: Four Bedroom Residence

8 lines x 50' x 3

Type III b Pump to Innovative System

Pressure Manifold

Tammy P. Mullin
Environmental Health Specialist

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

ACS

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: _____ PERMIT NO: 7624A

PARCEL NO: 003-082-07

JOB LOCATION ADDRESS: 19700 Calloway Hills Lane
PROPERTY OWNER: CourtLand Properties
BUILDING CONTRACTOR: CourtLand Properties
SUBDIVISION NAME: Cunningsdale
AUTHORIZATION ISSUED BY: Lacey P. Mucklow R.S. DATE: 3/5/02
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 7624A, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

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

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

4. OTHER CONDITIONS: _____

OWNER CERTIFICATION

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

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

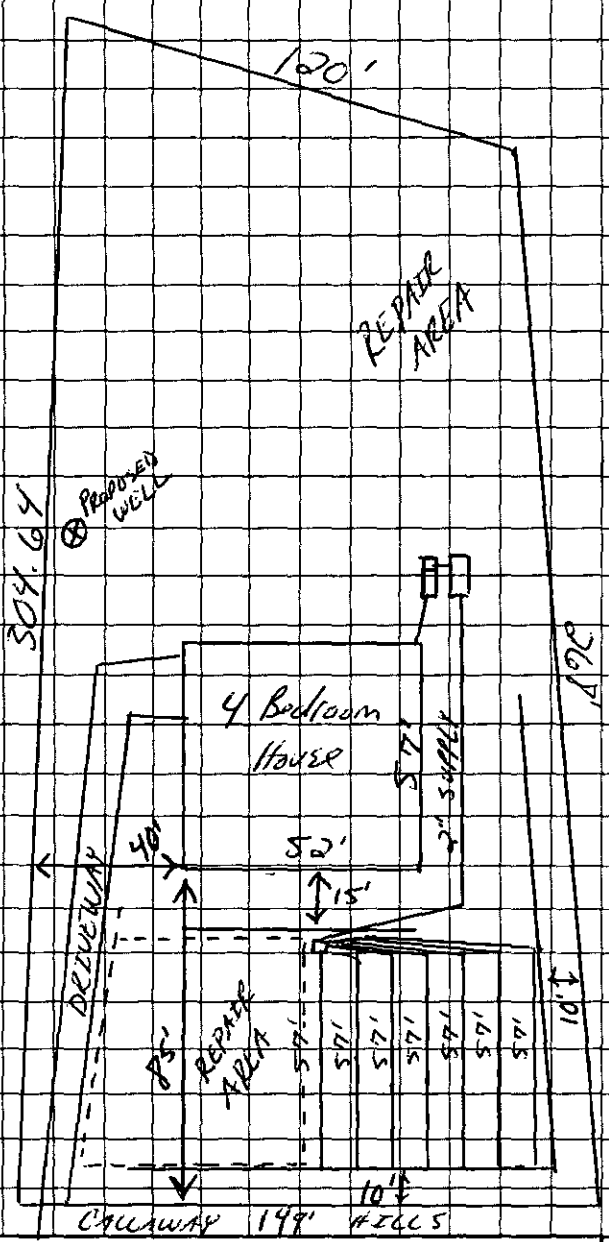
PROPOSED PLOT PLAN

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

FILE: 7624-A

TC: 003-082-07

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.



Comments

→ SCALE = 1" = 50'
→ Four Bedroom House w/ Basement
→ House located 85' off front and 40' off side property
→ Install 7 lines x 5'7' x 3'
→ Type IV-b Pump to innovative system
→ Innovative Repair
→ 25% Reduction System
→ Pressure Manifold distribution

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE Tammy P. Medlin R.S. 3/5/02

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

2

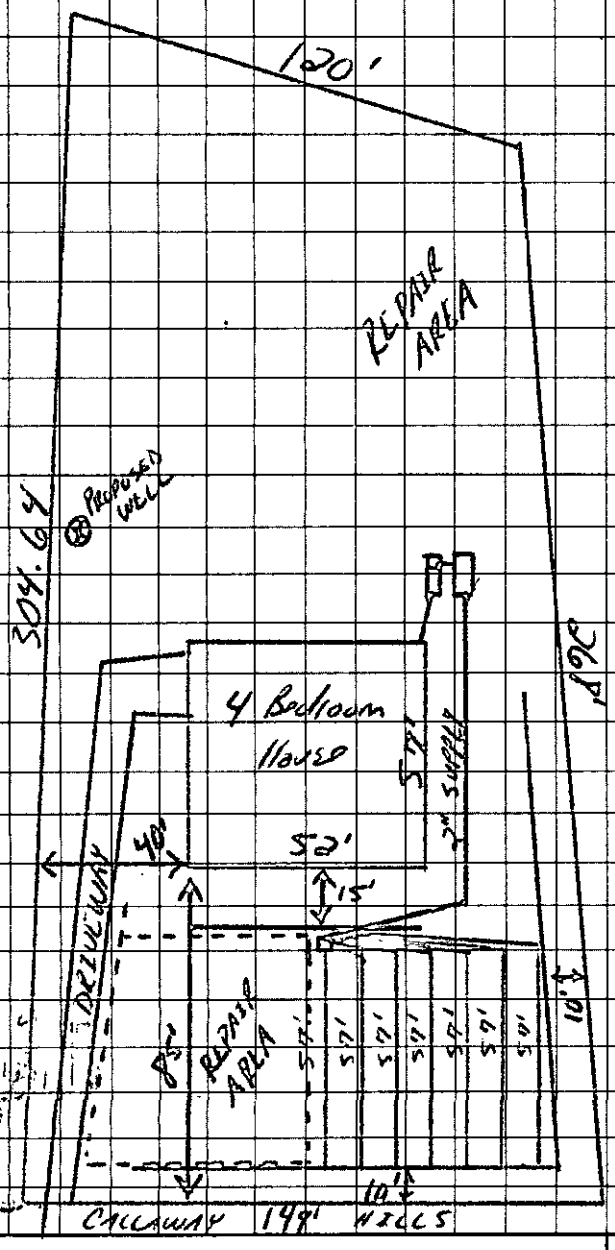
PROPOSED PLOT PLAN

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

FILE: 7624-A

TC: 003-02-07

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.



Comments

→ SCALE = 1" = 50'
→ Four Bedroom House w/ Basement
→ House located 85' off front and 40' off side property
→ Install 7 lines x 57' x 3'
→ Type 1 & 2 pump to innovative system
→ Innovative Repair
→ 25% Reduction System
→ Pressure Manifold distribution

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE Thomas P. Mecklenburg P.S. 3/5/02

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

Auth $150 2/28/02 chk # 1707
Change in Plot plan $100 pd 3/25/02 ACS chk # 1707

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE** ACS X

DATE: 11-11-98 **PERMIT NO:** 7624-A
PARCEL NO: 003-082-07

JOB LOCATION ADDRESS: 19800 Calloway Hills Lane
PROPERTY OWNER:
BUILDING CONTRACTOR: Courtland Properties
SUBDIVISION NAME: Rivereyrende
AUTHORIZATION ISSUED BY: Kelly Ruff **DATE:** 11-1-96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 7624-A, 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: use innovative System
use audible and visible alarm at tank (simplex control panel)

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.

Sue Ann Blanton 11-13-98
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	02/28/02	**Amount:**	150.00
Receipt #:	6506	**Tendered:**	0.00
Check / Auth #:	CHECK 1707	**Returned:**	0.00
Received By:	FOSTERV		

Account Information

Account #:	200000
Contractor:	COURTLAND PROPERTIES, INC
Attn:	
Address:	P O BOX 4418
Address:	
City/State/Zip:	DAVIDSON, NC 28036

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval 19800 CALLAWAY HILLS LN		1	150.00	150.00

SB for Auth to Contract Code - 0703

Outstanding Balances

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

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 7624-A

Tax Number: 003-082-07

- 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	400 Max gallons/day wastewater flow	200' Absorption Area (sq ft)	9 Trench spacing (min. on centers)	
ye) Serviced by private well	1500 Gallon septic tank	400 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
4 Bedrooms in residence	1000 Gallon pump tank	✓ Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: use innovative system use audible and visible alarm at tank (simplex control panel)				
Repair Area System Type Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
1200 Absorption Area (Sq ft) 400 Total Trench Length (Ft)	N/A Depth of Stone Trench	9 Trench spacing (min. on centers)	24" Maximum Trench Depth	
For existing system, enter the year originally installed:				

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for 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.

DEHNR Authorized Agent — Date: 11-11-98

Owner/Agent Signature — Date: 11-13-98

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

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

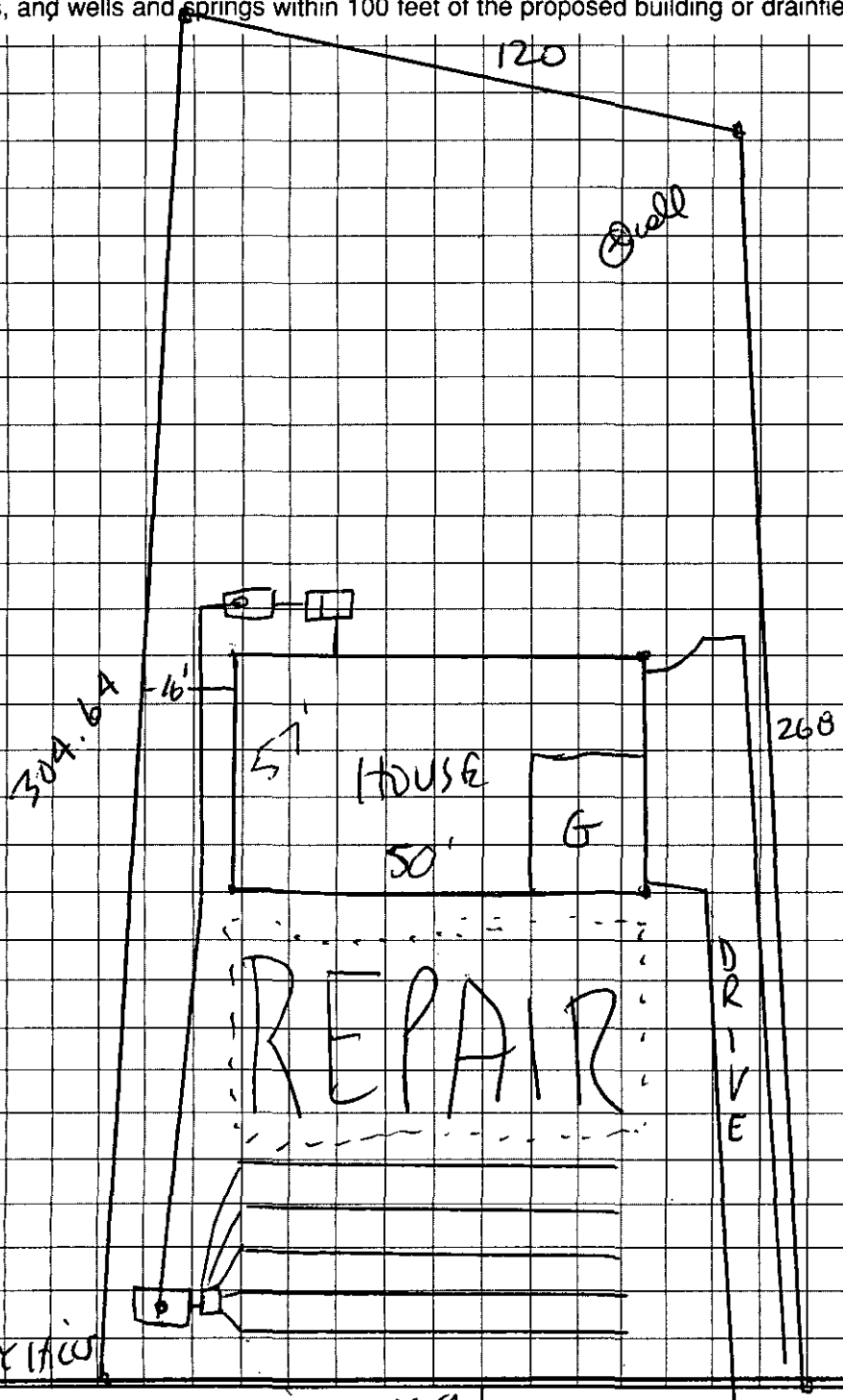
PROPOSED PLOT PLAN

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

FILE: 7624-A

TC: 003-082-07

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.



Lou Ann Blanton
OWNER/AGENT SIGNATURE

DATE 11-13-98

APPROVAL DATE _____

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

FEE: $200.00 CK# 8295
DATE: 10-25-98 V/C

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 #: 7684A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 003-082-07

STREET ADDRESS: 19800 Callaway Hills Dr.

SUBDIVISION OR MOBILE HOME PARK NAME: Runneymede

LOT NUMBER: Lot 3B

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: 3000 (3-3½ bath)

NUMBER OF BEDROOMS: 4 | NUMBER OF OCCUPANTS: 3

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: Monica Investments
(LAST) (FIRST) (MI)

ADDRESS: 7523 Little Ave. Suite 210

CITY: Charlotte STATE: NC ZIP: 28226

DAYTIME PHONE: ( ) 544-5520

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Harmening, Robert & Joan
(LAST) (FIRST) (MI)

DAYTIME PHONE: 444-376-4608

(Nationstar Realtors agent for Bruce & Keller) 892-3321

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: Sue Ann Blankenship - Agent DATE: 10-26-98

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

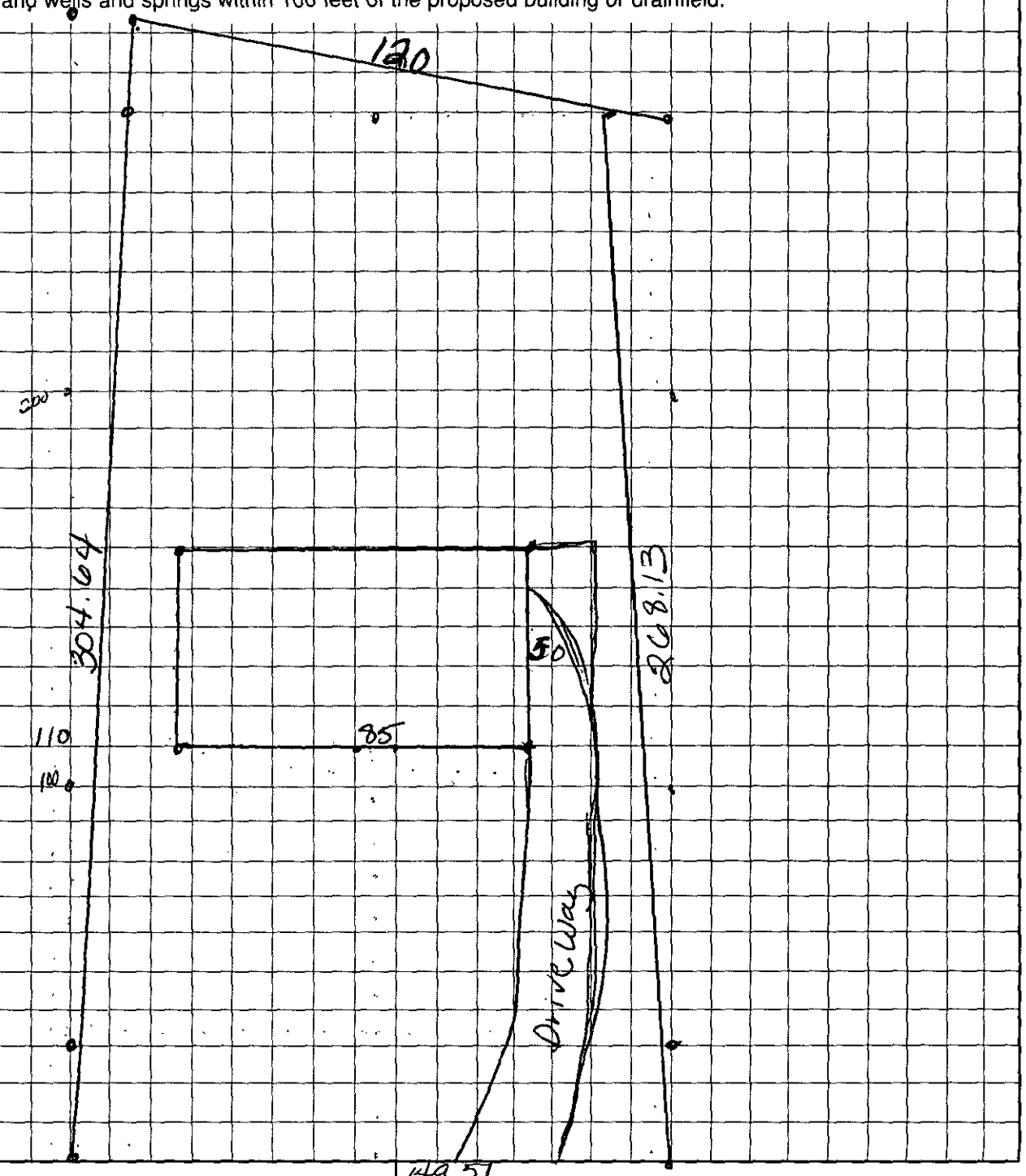
PROPOSED PLOT PLAN

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

FILE: 7624A

TC: 003-082-07

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.



Lu Ann Blankenship - Agent
OWNER/AGENT SIGNATURE

DATE 10-26-98

APPROVAL DATE _____

003-082-07 tax parcel #

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

FEE: 200 ck
DATE: 1/22/97 ck# 0517

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

1 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 #: 7624A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 003-~~08~~02-082-07

STREET ADDRESS: 19800 Calhaven Hills LN.

SUBDIVISION OR MOBILE HOME PARK NAME: RUNNEYMEDE

LOT NUMBER: LOT #3 BLK #2

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: 2800 ±

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS:

CLOSING DATE

Lot checked 2-13-97
use initial report my need
pump w/ alt. 2-14-97

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: MONICA INVESTMENTS
(LAST) (FIRST) (MI)

ADDRESS: 801 PRESSLEY RD. SUITE 102

CITY: CHARLOTTE STATE: N.C. ZIP 28217

DAYTIME PHONE: ( ) 704-525-0076

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: BODZIONY RICK L.
(LAST) (FIRST) (MI)

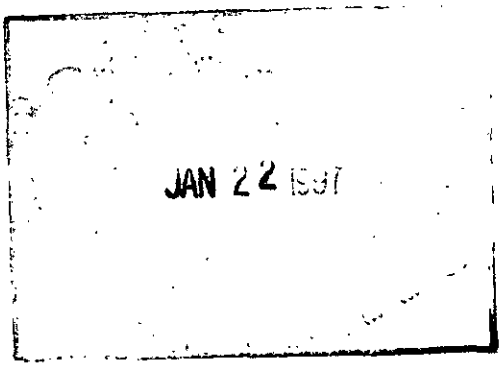
DAYTIME PHONE: (DYS PAGER 513-0412

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:

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


JAN 22 1997

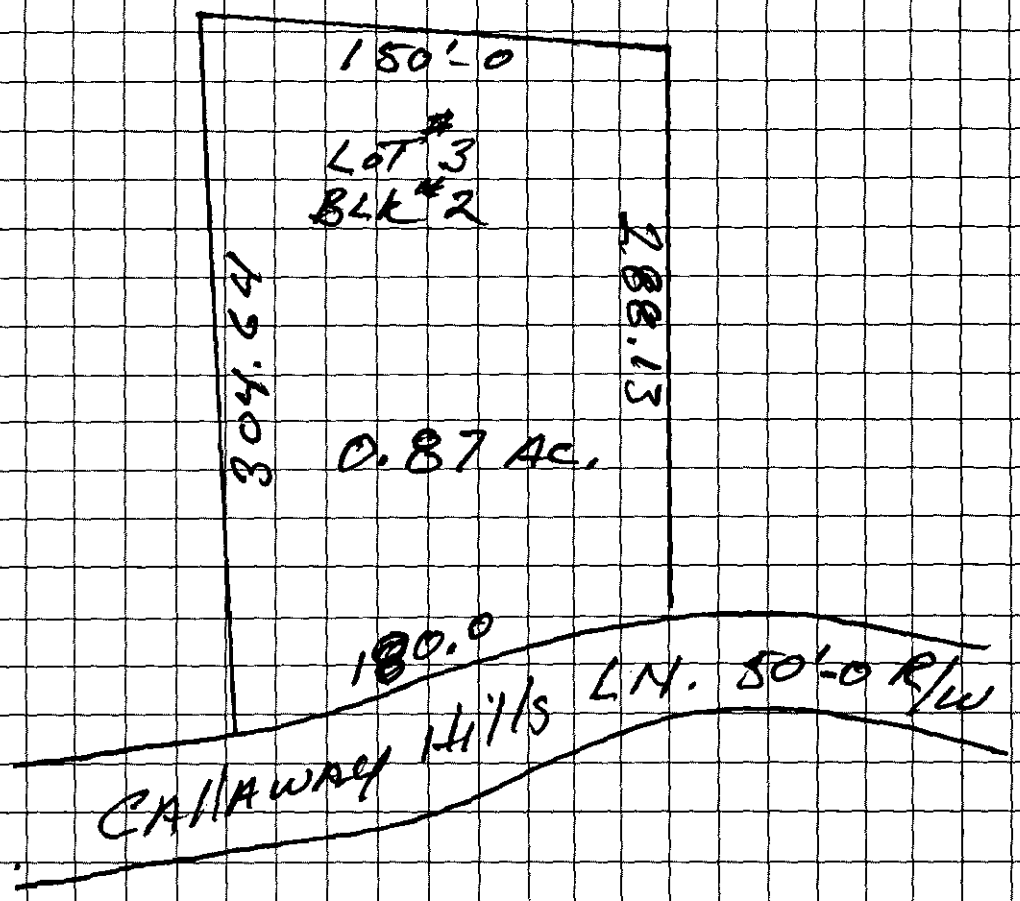
PROPOSED PLOT PLAN

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

FILE: 7624A

TC: 003-082-07

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

APPROVAL DATE

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

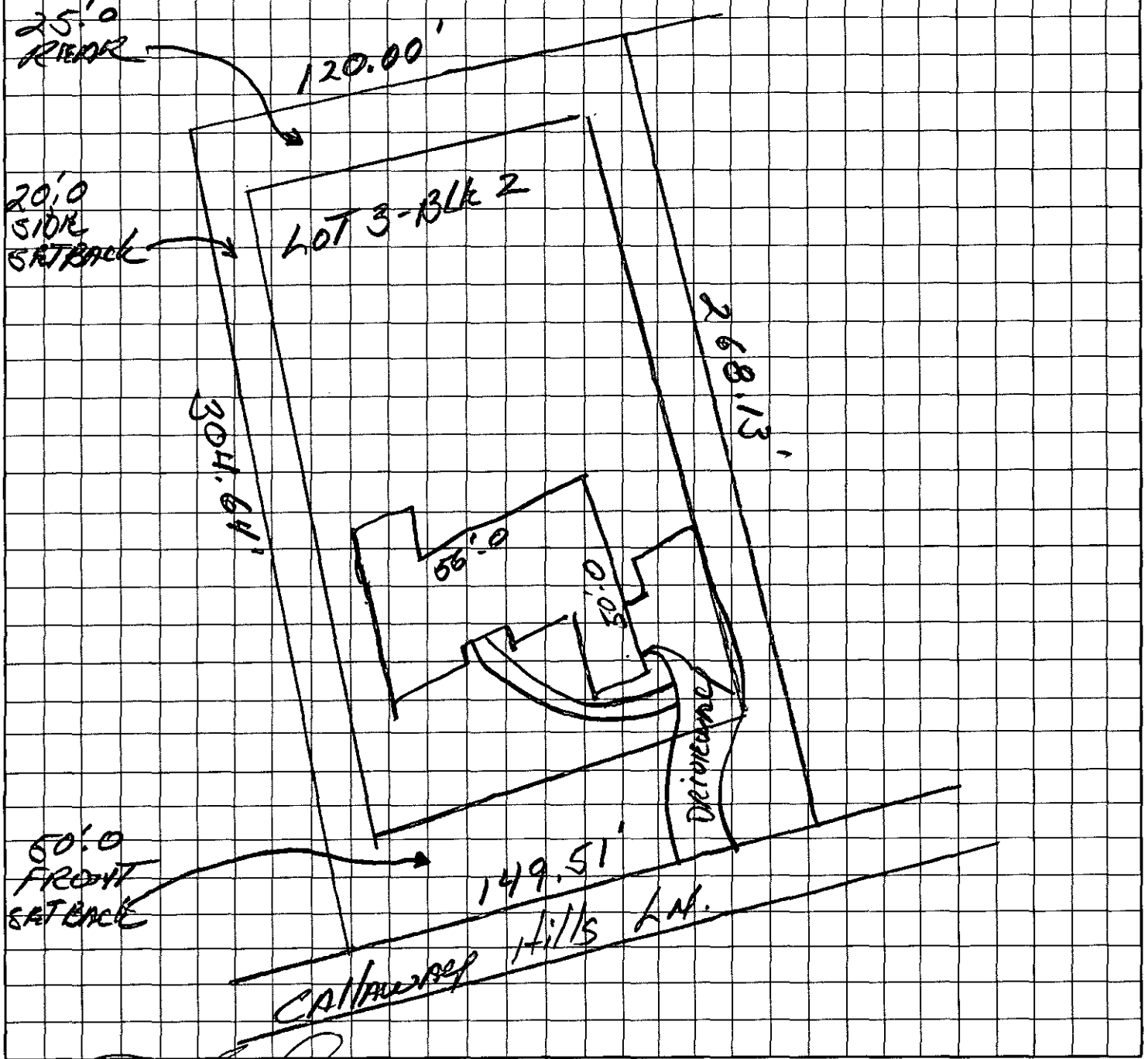
PROPOSED PLOT PLAN

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

FILE: 7624A

TC: 003-082-07

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

APPROVAL DATE _____

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

APPLICATION FOR SOIL INVESTIGATION

P-D
07/26/91
C#0092
$50.00

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 7624A

TC: 003-081-02 PO

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: SHEARER ROAD

② SUBDIVISION: DAVIDSON HUNT CLUB ③ LOT: 43 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: 5975-957 PAGE NO.: _____

OWNER

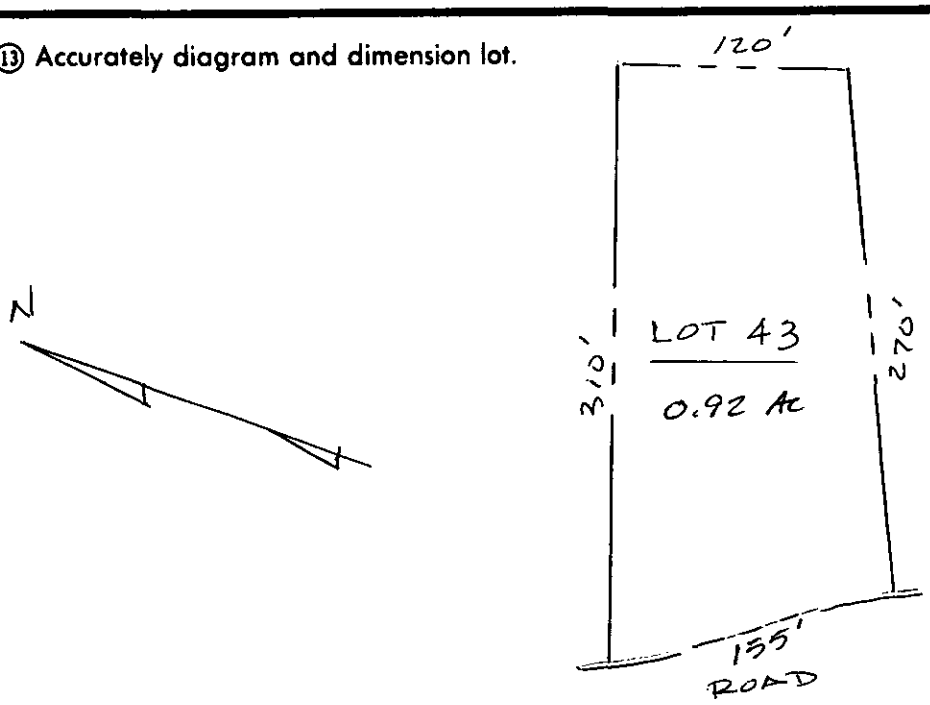
⑦ NAME: MICHELLE TEXTILE CORP.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 301 S. McDOWELL ST.

⑨ CITY: CHARLOTTE ⑩ STATE: N.C. ⑪ ZIP: 28202

⑫ PHONE: (WORK) 892-6683 (HOME) _____

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, 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: Lillie D. Burgess

Date: 7/24/91

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

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

APPLICATION FOR SOIL INVESTIGATION

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 11624A

TC: [illegible]

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: SHEARER ROAD

② SUBDIVISION: DAVIDSON HUNT CLUB ③ LOT: 43 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: 5975-957 PAGE NO.: _____

OWNER

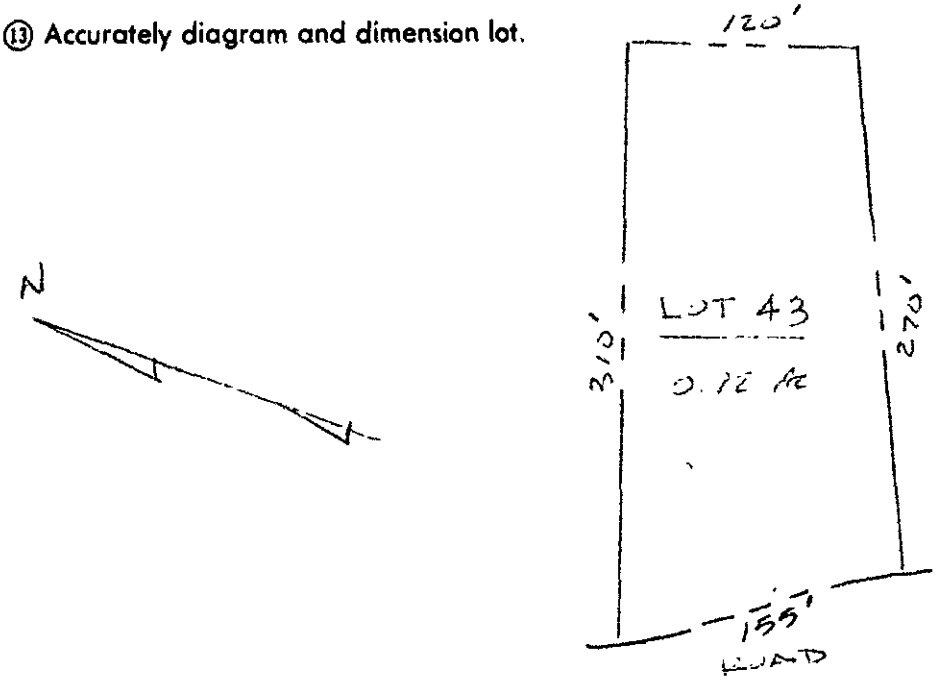
⑦ NAME: MICHELLE TEXTILE CORP.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 301 S. McDOWELL ST.

⑨ CITY: CHARLOTTE ⑩ STATE: N.C. ⑪ ZIP: 2[illegible]

⑫ PHONE: (WORK) 392-6633 (HOME) _____

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, 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: [illegible]

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

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19675

File: 7624-A Action 1

Parcel: 003-081-02 PO ☐ PC

Location: SITFARER ROAD

Subdivision: DAVIDSON HUNT CLUB

Lot: 43 Block: Acres: 2.92

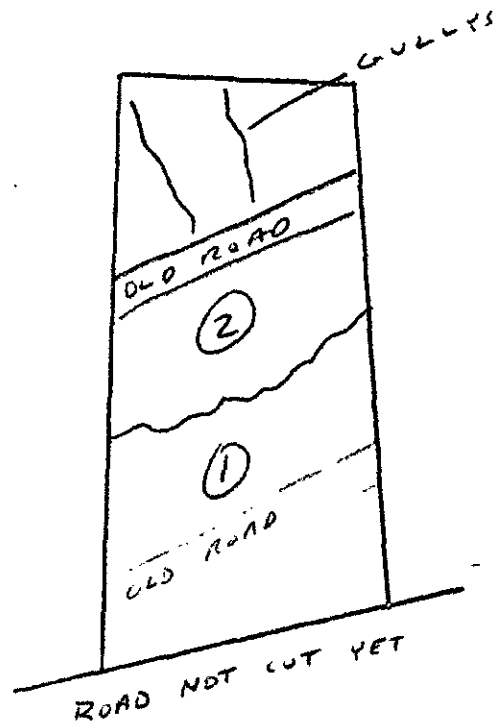
Owner: MICHELLE TEXTILE CORP
Address: 301 S. McDOWELL ST
CHARLOTTE NC 28202

7624-A

Comments: 100% REPAIR

Described by: Kelly Randall

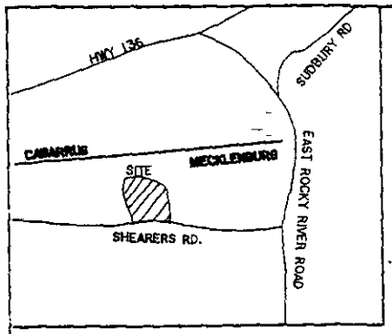
Date: 8-27-91



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-4%	S PS (U) COMPLEX SLOPES/GULLYS	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U CLAY	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U CLAY	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U >49"	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U >49"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U None	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U —	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U —	S PS U —	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	CECIL	COMPLEX SLOPES/GULLYS				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U



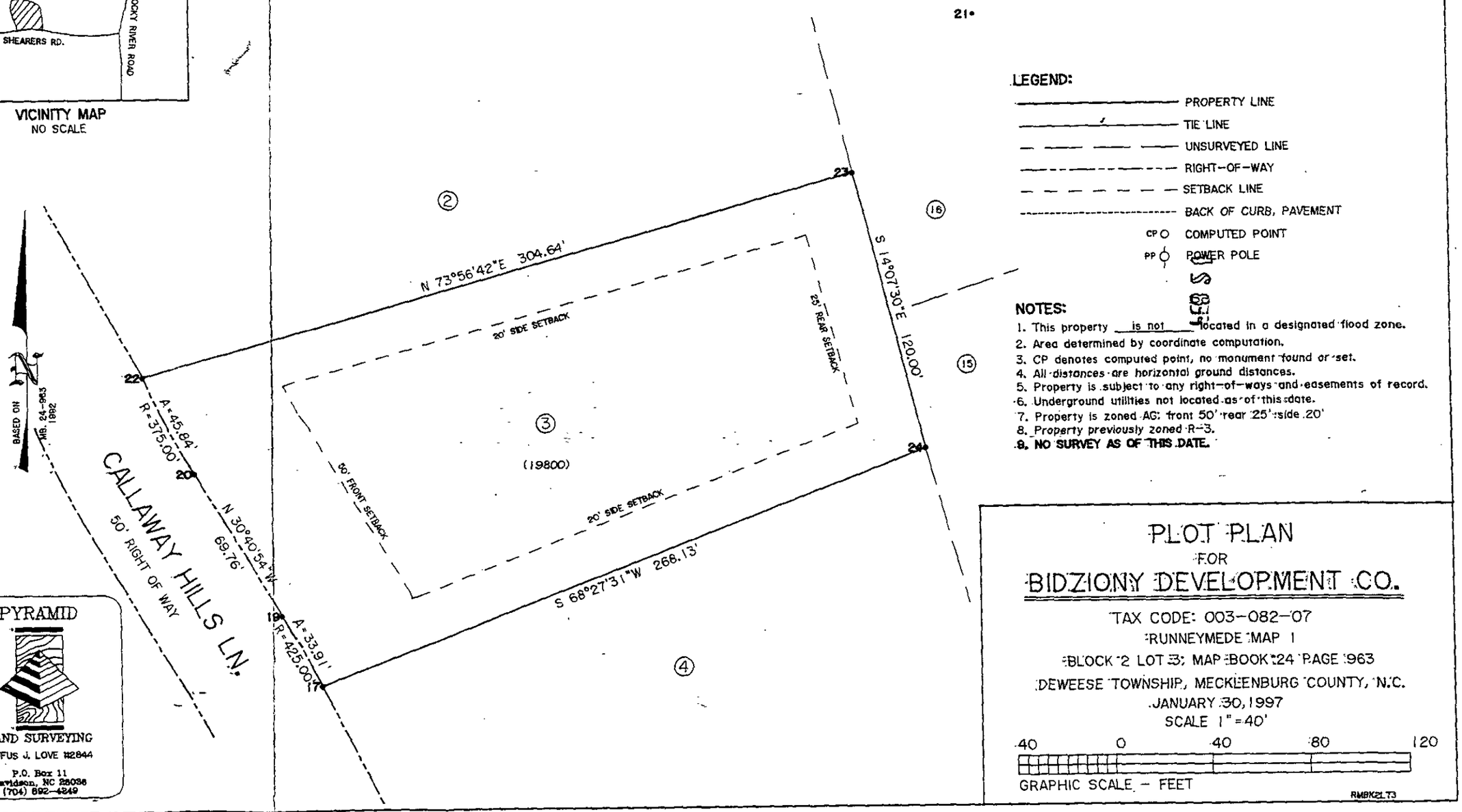
VICINITY MAP
NO SCALE

I, RUFUS JACKSON LOVE CERTIFY THAT THIS MAP WAS DRAWN FROM AN ACTUAL SURVEY UNDER MY DIRECT SUPERVISION, THAT THE ERROR OF CLOSURE IS 1:10,000+ BEFORE ADJUSTMENTS; AND THAT THE ANGULAR ERROR WAS < 7.5 SECONDS PER TURN.

WITNESS MY HAND AND OFFICIAL SEAL THIS ____ DAY OF _____

N.C.R.L.S. L-2844
LICENSE NO.

REGISTERED LAND SURVEYOR



LEGEND:

- PROPERTY LINE
- TIE LINE
- UNSURVEYED LINE
- RIGHT-OF-WAY
- SETBACK LINE
- BACK OF CURB, PAVEMENT
- CP ○ COMPUTED POINT
- PP ⌀ POWER POLE

NOTES:

1. This property __is not__ located in a designated flood zone.
2. Area determined by coordinate computation.
3. CP denotes computed point, no monument found or set.
4. All distances are horizontal ground distances.
5. Property is subject to any right-of-ways and easements of record.
6. Underground utilities not located as of this date.
7. Property is zoned AG: front 50' rear 25' side 20'
8. Property previously zoned R-3.
9. **NO SURVEY AS OF THIS DATE.**

PLOT PLAN
FOR
BIDZIONY DEVELOPMENT CO.

TAX CODE: 003-082-07
RUNNEYMEDE MAP 1
BLOCK 2 LOT 3; MAP BOOK 24 PAGE 963
DEWEESE TOWNSHIP, MECKLENBURG COUNTY, N.C.
JANUARY 30, 1997
SCALE 1" = 40'

40 0 40 80 120
GRAPHIC SCALE - FEET

RMBK2L73

PYRAMID
LAND SURVEYING
RUFUS J. LOVE #2844
P.O. Box 11
Davidson, NC 28036
(704) 892-4249

Mecklenburg County
Health Department

August 23rd, 1991

Michelle Texitle Corp
301 S. McDowell Street
Charlotte, NC 28202

RE: Property located at Shearer Road #43
FILE: 7624A
PARCEL: 003-081-02PO

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 19675) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If there are any questions concerning this matter, do not hesitate to contact me.

Sincerely,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19675

File: 7624-A Action 1

Parcel: 003-081-02 PO ☐PC

Location: SHEARER ROAD

Subdivision: DAVIDSON HUNT CLUB

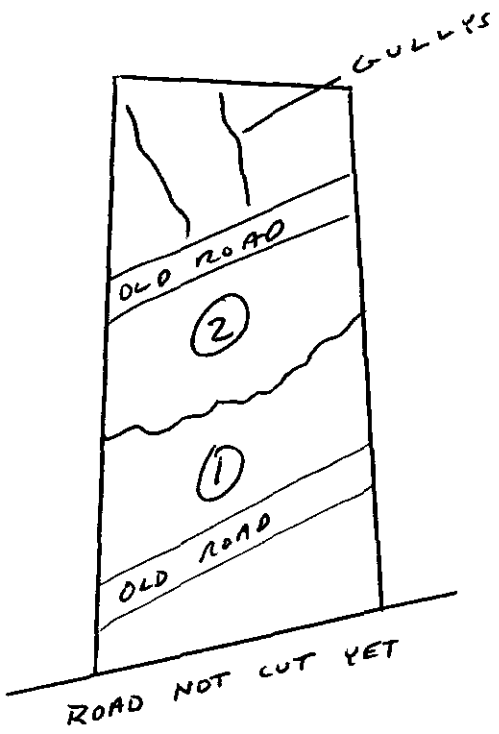
Lot: 43 Block: Acres: 0.92

Owner: MICHELLE TEXTILE CORP
Address: 301 S. McDOWELL ST
CHARLOTTE NC 28202

Comments: 100% REPAIR

Described by: Kelly Randall

Date: 8-22-91



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-4%	S PS (U) COMPLEX SLOPES/GULLYS	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U CLAY	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U CLAY	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U >48"	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U >48"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U None	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U —	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U —	S PS U —	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	CECIL	COMPLEX SLOPES/GULLYS				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

FEE: 100 CC
DATE: 1/22/97 CC#0317

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

1 1CRT

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 #: 7624

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 003-~~08~~02-082-07

STREET ADDRESS: 19800 Calloway Hills Ln.

SUBDIVISION OR MOBILE HOME PARK NAME: RUNNYMEDE

LOT NUMBER: LOT #3 BLK #2

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: 2800 ±

NUMBER OF BEDROOMS: 3 | NUMBER OF OCCUPANTS:

CLOSING DATE _____

Lot rechecked 2-13-97, no initial conc - may need pump

W. R. M 2-14-97

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: MONICA INVESTMENTS
(LAST) (FIRST) (MI)

ADDRESS: 801 PRESSLEY RD. SUITE 102

CITY: CHARLOTTE STATE: N.C. ZIP: 28217

DAYTIME PHONE: ( )704-525-0076

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: BODZIONY RICK L.
(LAST) (FIRST) (MI)

DAYTIME PHONE: (DAVIS PARK 513-0412

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: _____

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

FEE: 100 Ck
DATE: 1/22/97
Ck# 0517

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

B M
L T

[ ] 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

1340R

FILE #: 76247

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 003-~~08~~02-082-07

STREET ADDRESS: 19800 Calhaurey Hills LN.

SUBDIVISION OR MOBILE HOME PARK NAME: RUNNEYMEDE

LOT NUMBER: LOT #3 BLK #2

TOWNSHIP (CHECK ONE):

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

CLOSING DATE _____

Lot reckerbed 2-13-97, will initial exam - may need perm.
W.R.M 2-14-97

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: 2800 ±

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS:

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)

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