

9524 FAIRLANE DR

11316315

6/28/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

LDK-D

FILE: 7348-A DATE: 5-13-92

TC: 113-163-15 ☐ CT ☑ CRT

SERIAL Nº 14132

Name of Owner KEVIN G MORRELL Juris.:

Address of Property 9524 FAIRLANE DR.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 210

Number of Lines 6 @ 35'

Cover Depth 1 - 5'

Water Supply Source well

Distance to Water Source 50'+

Excavation Inspected 5-13-92

Tank(s) Inspected 5-13-92

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1992 1500 ST MOD PPBPS 24" SAND CECIL CTR#

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 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal", in effect on the date of issuance of the permit. The 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 10 NCAC 10A .1900 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.

COMMENTS: original copy lost - 2nd original for file

ST 3

Kelly Morrell
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

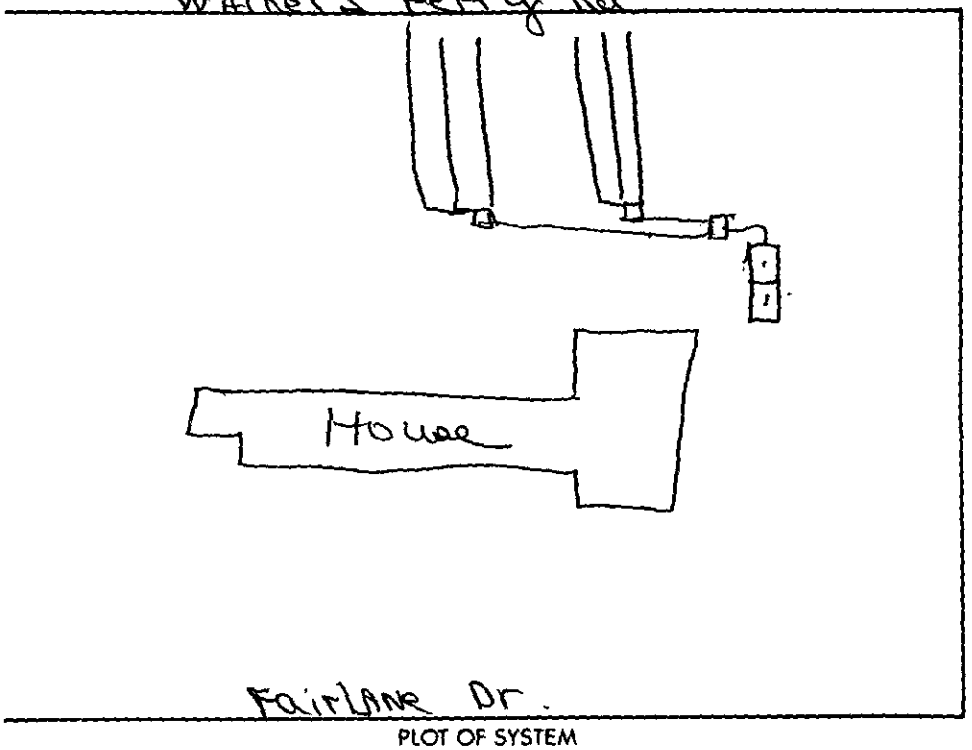
D4

FILE: 7348A DATE: 5/6/92

TC: 113-163-15

SERIAL Nº 15252

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 2/20/92. All work shall be completed on or before 6/6/92, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction _____

Absorption and/or Nitrification Lines:

Trench Width _____ feet

Total Line Length 210' feet

Number of Lines 6

Depth of Stone _____ inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 50' required feet

NAME OF OWNER Kevin G. Morrell

LOCATION OF PROPERTY 9524 Fairlane Drive

Comments: PANEL System to be INSTALLED per Approved PLAN (Copy Attached)

Division or Section Head

Cindy J. Kuss, R.S.
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

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

JK

Pd. 200.00
Cash
1-3-92 NB

400 ☑

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

#7348A

TPC

[] 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

PERSON FILING APPLICATION:
NAME: Morrell (last) Kevin (first) G. (mi)
ADDRESS: 9527 Walkers Ferry RD PHONE: (704) 391-9727 Home 3356735 POE
CITY: Charlotte STATE: NC ZIPCODE: 28214

Date: 1-3-92

PROPERTY OWNER:
NAME: Morrell (last) Kevin (first) G. (mi)
ADDRESS: 9527 Walkers Ferry RD PHONE: (704) 3919727 Home 3356735 POE
CITY: Charlotte STATE: NC ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 113-163-15
STREET ADDRESS: 9524 Fairlane Drive Charlotte NC 28214
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME: Berry Hill Park SUB

LOT NUMBER: 10 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS:

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)
[X] 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: Kevin Morrell Date: 1-3-92

NOTICE:

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

_____ Director or Authorized Section Head Date

WWATER : 122791

Mecklenburg County
Health Department

February 20, 1992

Kevin Morrell
9527 Walkers Ferry Road
Charlotte, NC 28214

Dear Mr. Morrell:

Subject: 9524 Fairlane Drive
File 7348A
Parcel # 113-163-15

Receipt of the revised plans and specifications for a modified system of sewage disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 10 NCAC 10A, 1900, "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal". Our comments are listed below:

1: The revised plans show a 1 inch equals 20 feet scale. The plot plan does not coincide with the submitted dimensions and setbacks of the residence and/or the sewage disposal system. please revise the plan to show conformity of scale. The revised drawing must include; the driveway, sidewalks, decks, outbuildings, sewage system, and the exact shape.

2: Some submitted elevation show 2 inches of fall in the nitrification trenches. Please redesign the layout of the system to insure the fall will not exceed one-fourth inch in 10 feet.

For these reasons, the plans as submitted are disapproved. If you have any questions regarding these matters, please do not hesitate to contact me.

Sincerely,

Kelly Randall, R.S.
Individual Water and Wastewater System

KR/wpg

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

Mecklenburg County
Health Department

February 20, 1992

Kevin G. Morrell
9527 Walkers Ferry Rd
Charlotte, NC 28214

Re: 9524 Fairlane Drive
File: 7348-A
Parcel: 113-163-15

Dear Mr. Morrell

Receipt of your plans for a modified waste disposal system for the property referenced above is acknowledged.

Your plans for the modified system for the above property as submitted are approved with the following comments:

- The Well should be located 100 feet or no less than 50 feet away from any part of the sewage disposal system and repair area.
- Water saving plumbing devices and low flush toilets should be installed when constructing the residence.
- Occupants to utilize maximum water conservation measures wherever possible.
- Effectively rake and lime all trench sidewalls
- Landscaping of repair area to be undisturbed. No grading, shaping, or altering in anyway.

Although the 100% repair area is not required, the maximum feasible remaining area, as determined by this department, shall be allocated for system repair.

Upon execution and recording with the Register of Deeds Division Office, Mecklenburg County, of the enclosed "Septic Tank Agreement Form", an Improvement Permit may be issued by this office.

Sincerely,

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

KR/wpg

Enclosures - 3 Septic Tank Agreement Forms

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

Mecklenburg County
Health Department

February 6, 1992

Kevin G. Morrell
9527 Walkers Ferry Road
Charlotte, NC 28214

Dear Mr. Morrell:

Subject: 9524 Fairlane Drive
File: 7348A

Receipt of the plans and specifications for a modified system of sewage disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 10NCAC 10A, 1900, "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal". Our comments are listed below:

1) The submitted plans show the system adhering to the minimum setback requirements. This would not leave enough room for the proper installation of the sewage disposal system. Please move the house closer toward Fairlane Drive to facilitate the proper installation of the sewage disposal system.

2) It is recommended that the system be pressurized. This would likely prevent over saturation of the drain field area by evenly distributing effluent throughout the entire panel block system. Pressurizing the system would provide a resting phase for the drainfield, thereby prolonging the life of the system. Future repair options would also be enhanced.

3) If pressurizing the system is not a viable option, other possible remedies are available to overcome the site limitations on this property. The house would have to move closer to Fairlane Drive than if it was pressurized. This would accommodate the extra number of pipes required to distribute the effluent. Please provide a detailed scale drawing showing your proposed method of distribution by gravity. Hydraulic overloading of the upper lines should be avoided thereby lessening the consequence of the "window effect".

4) Please provide a scale on any revisions of this plan.

For these reasons, the plans as submitted are disapproved. If you have any questions regarding these matters, please do not hesitate to contact me.

Sincerely,

Kelly Randall

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

KR/hb

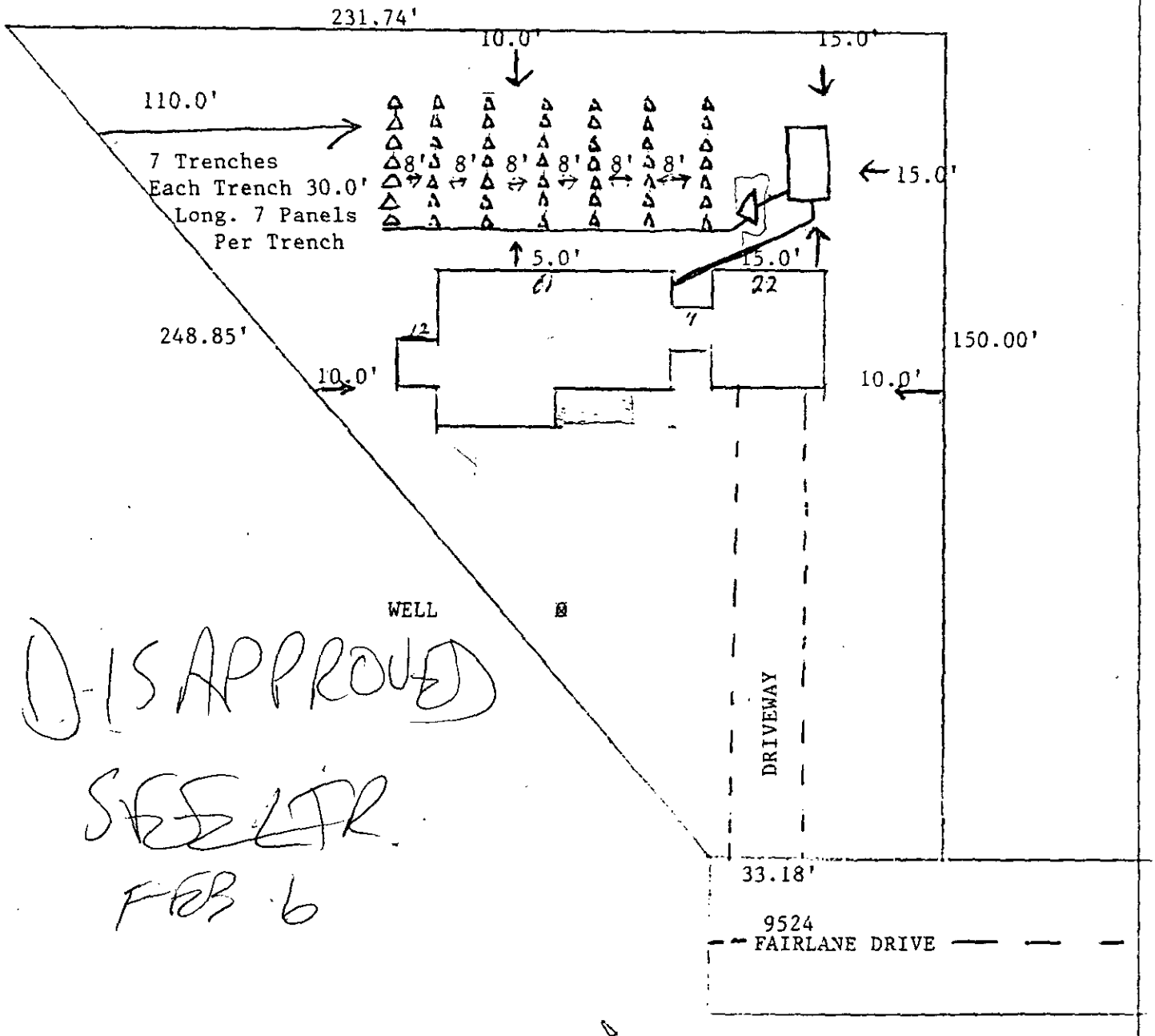
9524 Fairlane Dr

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

FILE: 7348-A

TC: 113-163-15

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.



DISAPPROVED

SEE LTR

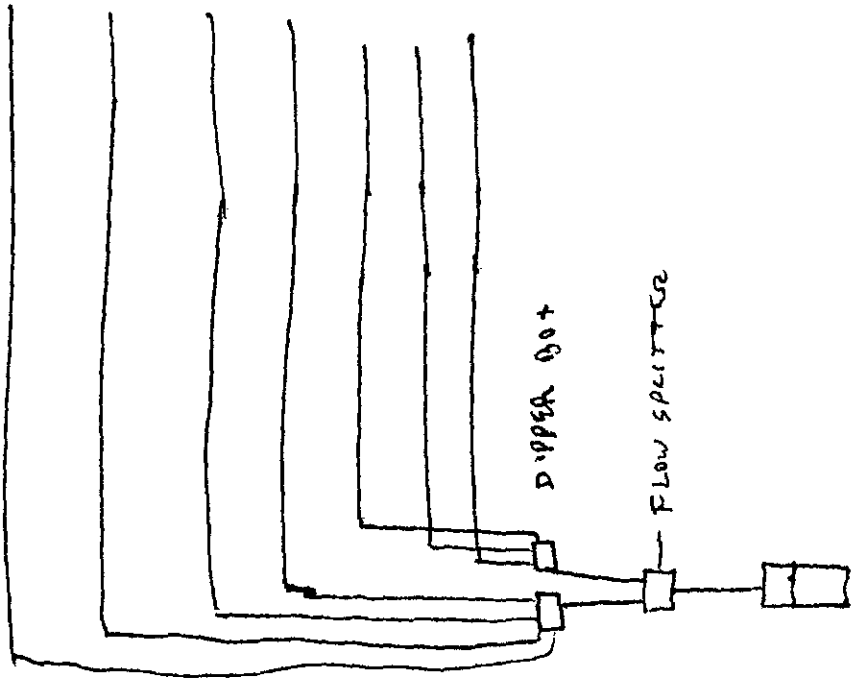
FEB 6

Signed: Ken A Mauldin

Date: 1-29-92

Splitter tee 2 dripper box

D 3 on upper 4 on lower



JK

CASH 1-3-92 NB

4DO ☐

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

☐PC ☐ CRT

#7348A

[redacted]cklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: Morrell (last) Kevin (first) G. (mi)
ADDRESS: 9527 Walkers Ferry Rd PHONE: 704 391-9727 1st one POE 3356735
CITY: Charlotte STATE: NC ZIPCODE: 28214

Date: 1-3-92

PROPERTY OWNER:
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[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
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[] DOUBLE WIDE (D) [] MODULAR HOME (M) [X] OTHER Modular (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION: 3

[redacted]RCIAL/INDUSTRIAL PROPERTY:
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[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

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Signed: Kevin Morrell Date: 1-3-92

NOTICE:

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...This permit is not transferable.

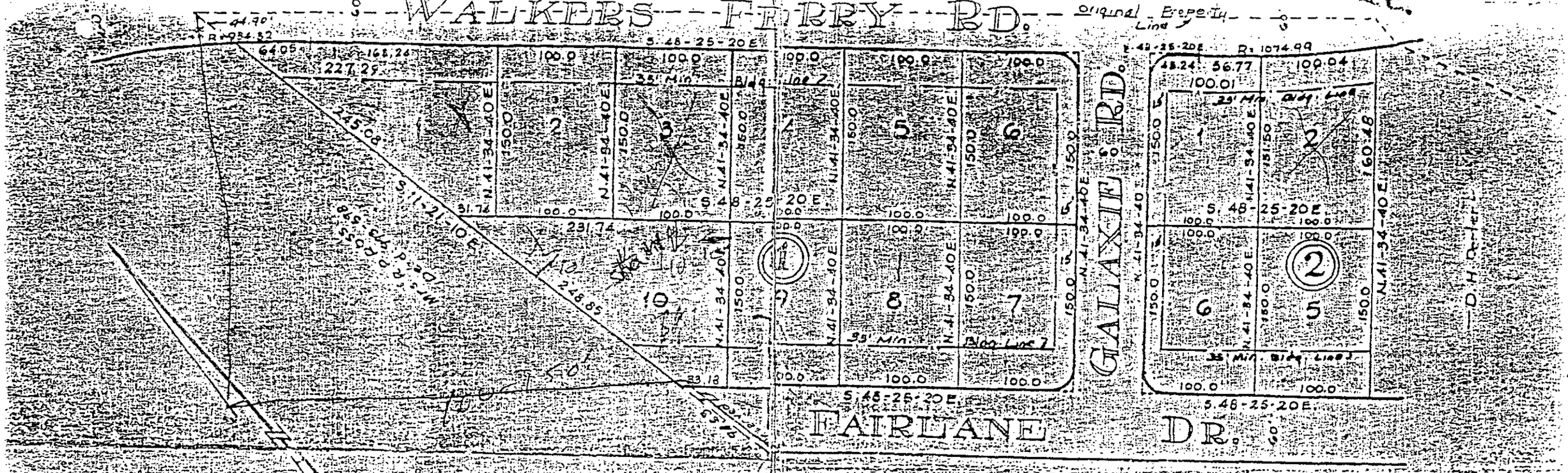
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[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head 2-20-92 Date

WWATER : 122791



A PORTION OF BERRYHILL PARK

BERRYHILL TWSP. — MECKLENBURG CO. N.C.

Scale: 1" = 100' — September 12, 1963

Reece F. McRorie, N.C. R.L.S. L-1759

NOTE: All street corners are subject to a 20' Radius Irons at all lot corners

This plat is not subject to the provisions of the Charlotte Subdivision Ordinance and does not require the approval of the Charlotte-Mecklenburg Planning Commission.

CHARLOTTE-MECKLENBURG PLANNING COMMISSION

State of North Carolina
County of Mecklenburg

I, The undersigned surveyor, being duly ... plat upon which this certificate appears is ... to the best of his knowledge and belief ... survey made by him or the ... error of closure ... maximum field error of angular ...

Reece F. McRorie
Registered Surveyor

The foregoing certificate of Neill D. Whit... Notary Public in and for Mecklenburg County and State ... is adjudged to be correct. Let the ... this 13 day of September 196...

J. EDWARD ETUKES, CLERK SUPERIOR COURT

I, further certify that ...

JK

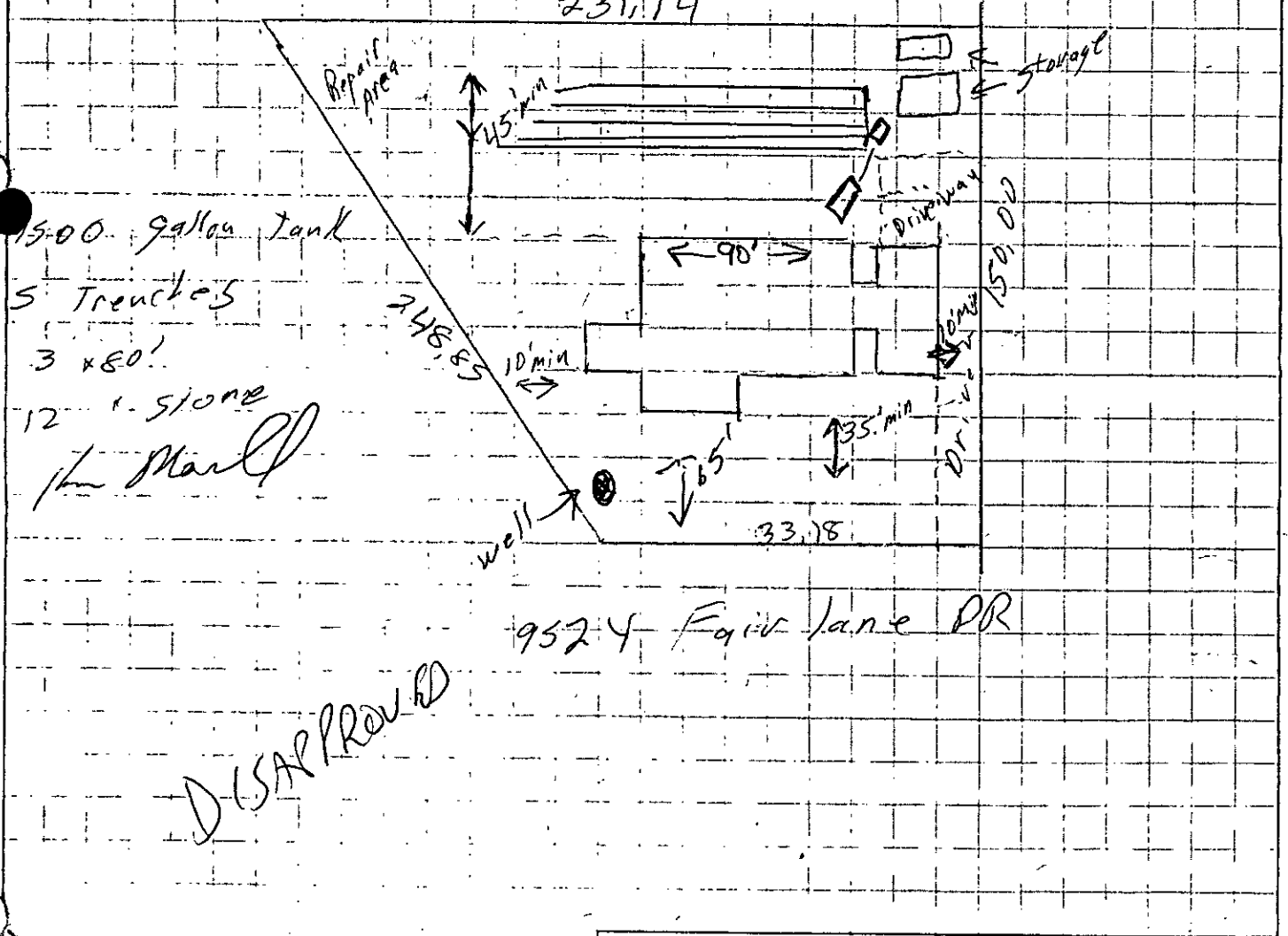
PROPOSED PLOT PLAN

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

FILE: 7348 A

TC: 113-163-15

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 _____

White - Health Department's Co... Co... Environ... Health's Co... Re... Co...

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17082

File: [illegible] Action [illegible]

Parcel: [illegible] ☐ PC

Location:

Subdivision:

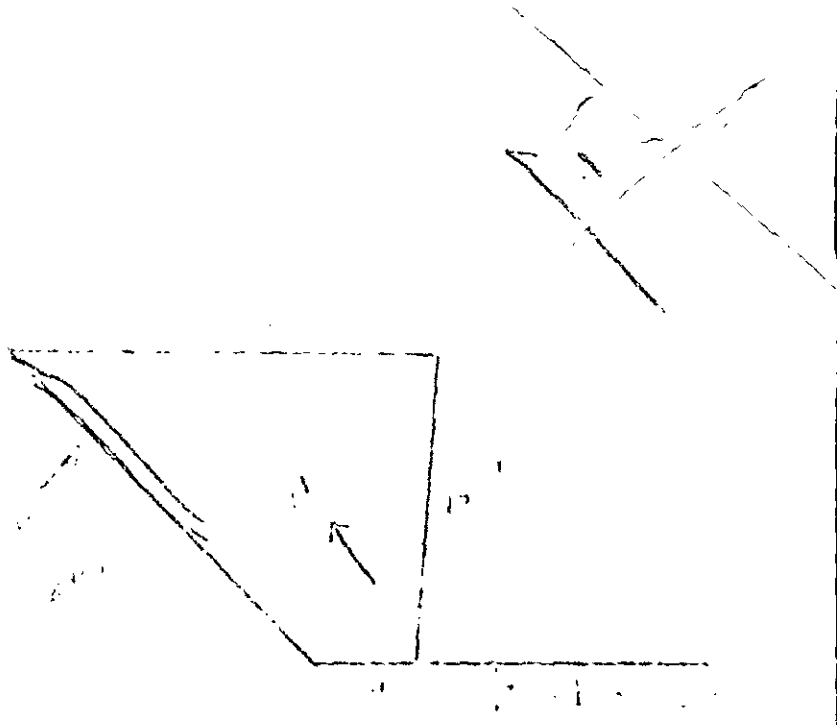
Lot: Block: Acres:

Owner:
Address:

Comments: _____

Described by: _____

Date: _____



***** 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	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	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						
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

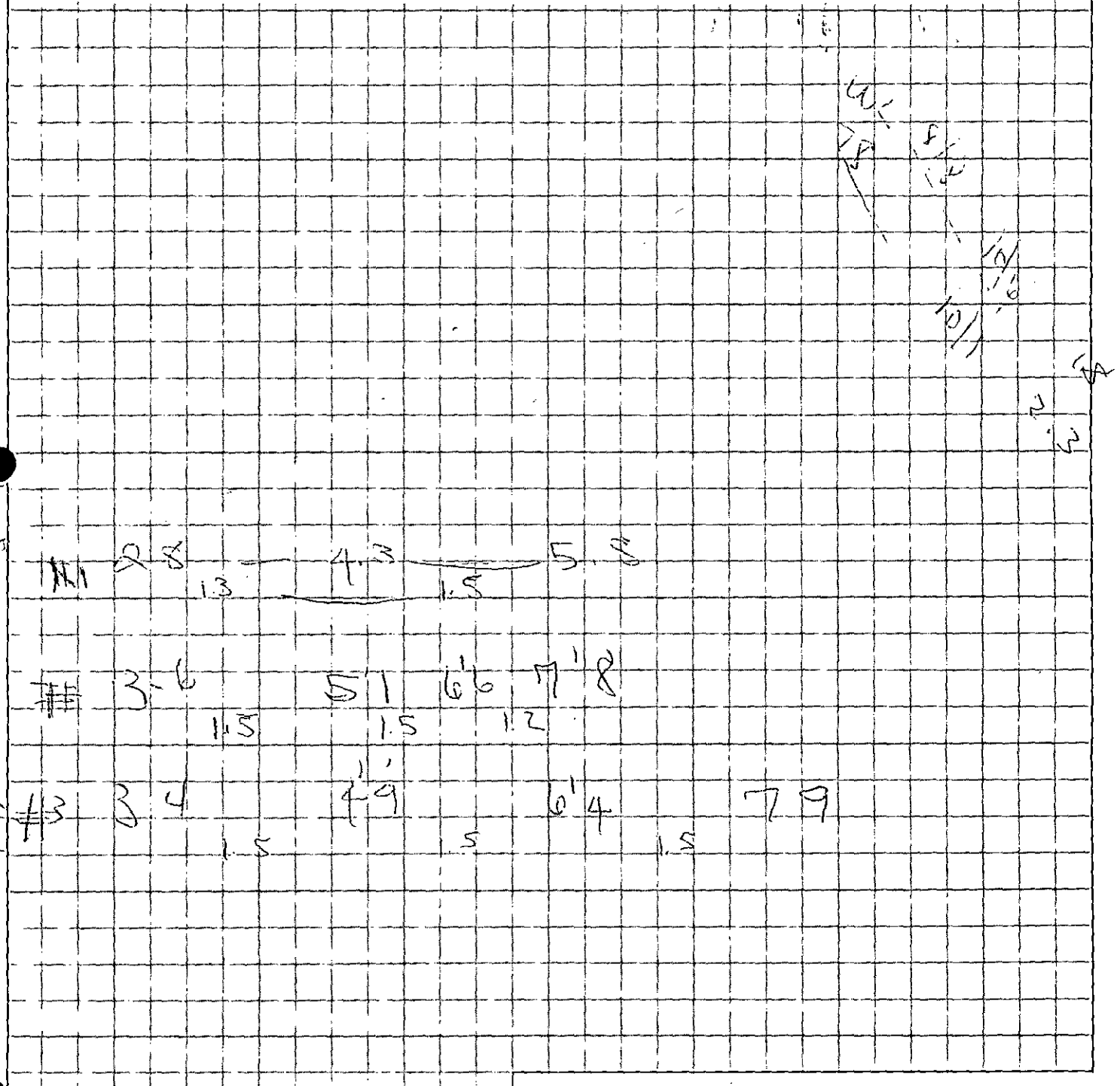
PROPOSED PLOT PLAN

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

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.



Signed: _____

Date: _____

JK

7348A

UPDATE COMPLETE

Applicant MORRELL KEVIN G Appl.Date 01/03/92 Updated 01/08/92
Mail Addr 9527 WALKERS FERRY ROAD Phone 704 391-9727
CHARLOTTE State NC Zipcode 28214
Prop Ownr MORRELL KEVIN G
Mail Addr 9527 WALKERS FERRY ROAD Phone 704 391-9727
City CHARLOTTE State NC Zipcode 28214 Township 0
Tax Map No. 11316315 Road 9524 FAIRLANE DRIVE Zoning
Sub/Mobil Sec Lot No. 10 Lot Size
Type App N Site Y or Tract Type Bldg H System Classif NOT REQUIRED
Resident. Specif: No. Bedrooms 03 No. Occupants Undgrnd. Stor. (Y/N)
Commercial/Industrial/Other Specifications:
Type No. Empl. No. Empl. per Shift
Industrial or Mfg. Wastes (Y/N) Underground Stor. Tank (Y/N)
Prop. Water Sup. P Proposed Sewage I Construct. Status P Sites
Planned Future Additions (Y/N) Fee 0000.00 EHS Assigned 17029
Directions:

Date Appl. Recd. 01/03/92 Date Insp. Insp. Status
Date Letr. Sent Type Letr. Date Eval. Eval. Status
Date Perm. Date Cert.Iss. Disp.Code Followup
Denial Codes:
Repaired (Y/N) Rep. Date Perm. No. 7348A Operat. Permit (Y/N)
1/08/92 11:38:47
01-03 SA MW KS IM II S1 S1037498 KB

Mecklenburg County
Health Department

January 15, 1992

Kevin G. Morrell
9527 Walkers Ferry Road
Charlotte, NC 28214

Subject: Property located at: 9524 Fairlane Drive

Receipt of the plot plan and application for the improvement permit for the aboved referenced property is hereby acknowledged. Upon receipt of the request, a review was made of the material on file and a sight evaluation was conducted with you on the lot to determine the placement of the dwelling, well, driveway and to locate an area within the suitable soils for the septic system. During this visit, due to the house site not being specifically staked and the apparent limitation of available space, I requested you have your septic contractor stake off the proposed nitrification field.

A second visit was made to the site today to view the nitrification field as staked out on the lot. Elevations as shown on the stakes indicate there is four and one-half feet of fall from the beginning to the end of each line. Systems are installed in accordance with 15 NCAC 18A .1900, "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal". Section .1955 Design Criteria For Conventional Sewage Systems specifically addresses the system installation. In accordance with these rules, a conventional system could not be installed on grade in the area you have allocated.

You may propose an alternative sewage system if you desire. A possible alternative would be the panel system. This system was discussed with you breifly on the initial visit. If you need further specific information please contact me at 336-5571.

Sincerely,

Judy J. Kiser, R.S.
Individual Water and Wastewater Systems

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

SERVICE REQUEST/WORK ORDER

Log No.: 1937 Section: IWWS Hazard? [ ] Yes [ ] No
Date: 03-22-94 Parcel: 113-163-15 <60 Days? [ ] Yes [ ] No

REQUESTING PERSON: Lynn Lathen Phone
Address City Zip

PROPERTY CONCERNED: Facility Name Kevin Morrell Residence
Address 9524 Fairlaide Drive City Charlotte Zip 28214

SERVICE REQUESTED: PLEASE ADVISE WHETHER OR NOT THE WASTE WATER DISPOSAL SYSTEM OR REPAIR SPACE WILL BE AFFECTED ADVERSELY BY ADDITION OF A SWIMMING POOL AS PROPOSED IN ATTACHED PLAN

ASSIGNED TO: Judy Kiser TAKEN BY: Bowers/Lathen

DATE	ACTIVITY REPORT
	Cartridge filter to be installed with no backwash /Lathen
3-30-94	Visited site observing staked out Pool area which appears acceptable because of not impacting existing septic system or adjacent wells. Repair area after Pool's construction was estimated for this lot. (see plot plan attached).

NOTIFICATION TO REQUESTING PERSON: ( ) Written ( ) Verbal ( ) Not Applicable

COMPLETED BY: Judy Kiser RS 3/30/94

REVIEWED BY:

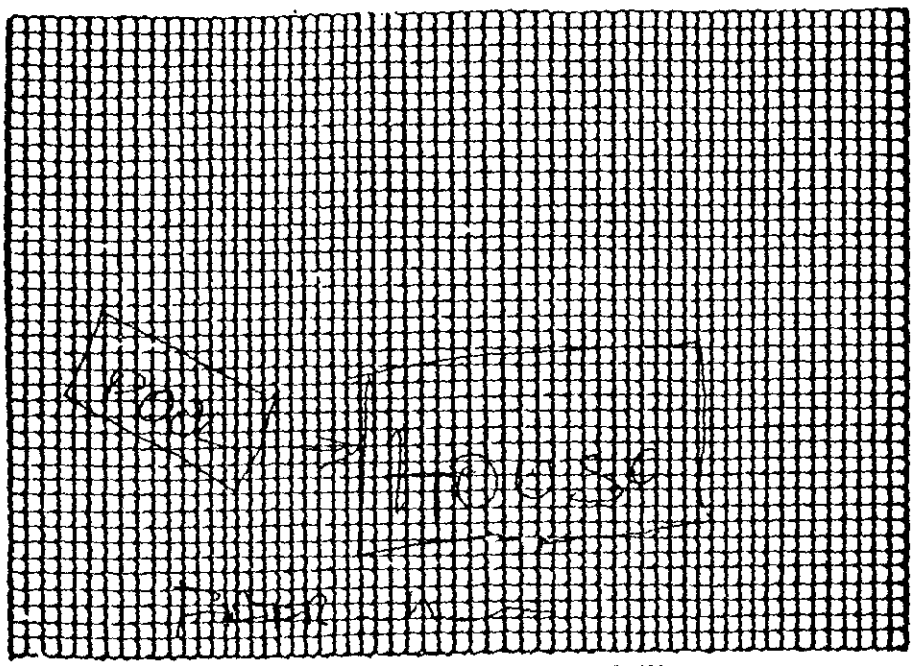
Date Received 3-21-94 (101081) QS

Application No. 5646
T.O. No. 113-163-15

MECKLENBURG COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH

Application to Construct, Install, Extend or Modify a Bathing Facility

The owner of that property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to:
1) ✓ Install or Construct 2) ___ Extend or Modify a Bathing Facility.



NOT PLAN (ACCURATELY DIMENSIONED)

3) Public ___ 4) Residential ___
5) Community Served:
___ Fitness/Athletic Club
✓ Single Family Homes
___ Institution
___ Swim Club
___ Apartments
___ Condominium
___ Motel/Motel
6) Type of Pool:
✓ Swimming Pool
___ Diving Pool
___ Spa (Whirlpool)
___ Wading (Baby) Pool
Other (Spec.) ___
7) Number of people served 6
8) Pool surface Vinyl Ft²
Deck surface Concrete Ft²
Average Depth 3'-3" Ft.
9) Volume 30,000 Gallons
10) Water: ___ Municipal ___ Well
Other (Spec.) ___
11) Sanitary Sewerage:
___ Municipal sewer
Other (Spec.) Septic
12) Backwash wastewater:
___ Sanitary sewer
___ Settling tanks
Other Exempt
13) Barrier: Type Fence
Height of barrier 4 Ft.
14) ✓ Self-closing Gates
15) Drawings provided:
✓ Site layout
✓ Surface view of pool
___ Cross-section of pool
___ Equipment room
___ Equipment schematic
___ Toilet/Restroom
___ Bathhouse

16) NAME OF OWNER Kevin Morrell
17) ADDRESS OF OWNER 9524 Fairlawn Dr Chas 28214
18) PHONE: HOME 391-9727 OFFICE ___

19) FACILITY LOCATION 9524 Fairlawn Dr.
street address

20) NAME OF CONTRACTOR Independent Pools
21) ADDRESS OF CONTRACTOR 8804 Unionville-Bates Rd.
22) PHONE: HOME 753 1420 OFFICE 845-7025

23) SUBDIVISION ___ LOT NO. ___
24) NAME OF COMPLEX (PUBLIC) ___

The undersigned person hereby agrees that the contents of this application are true. It is understood that a permit applied for herein shall be void and of no effect if any of the above facts are not true.

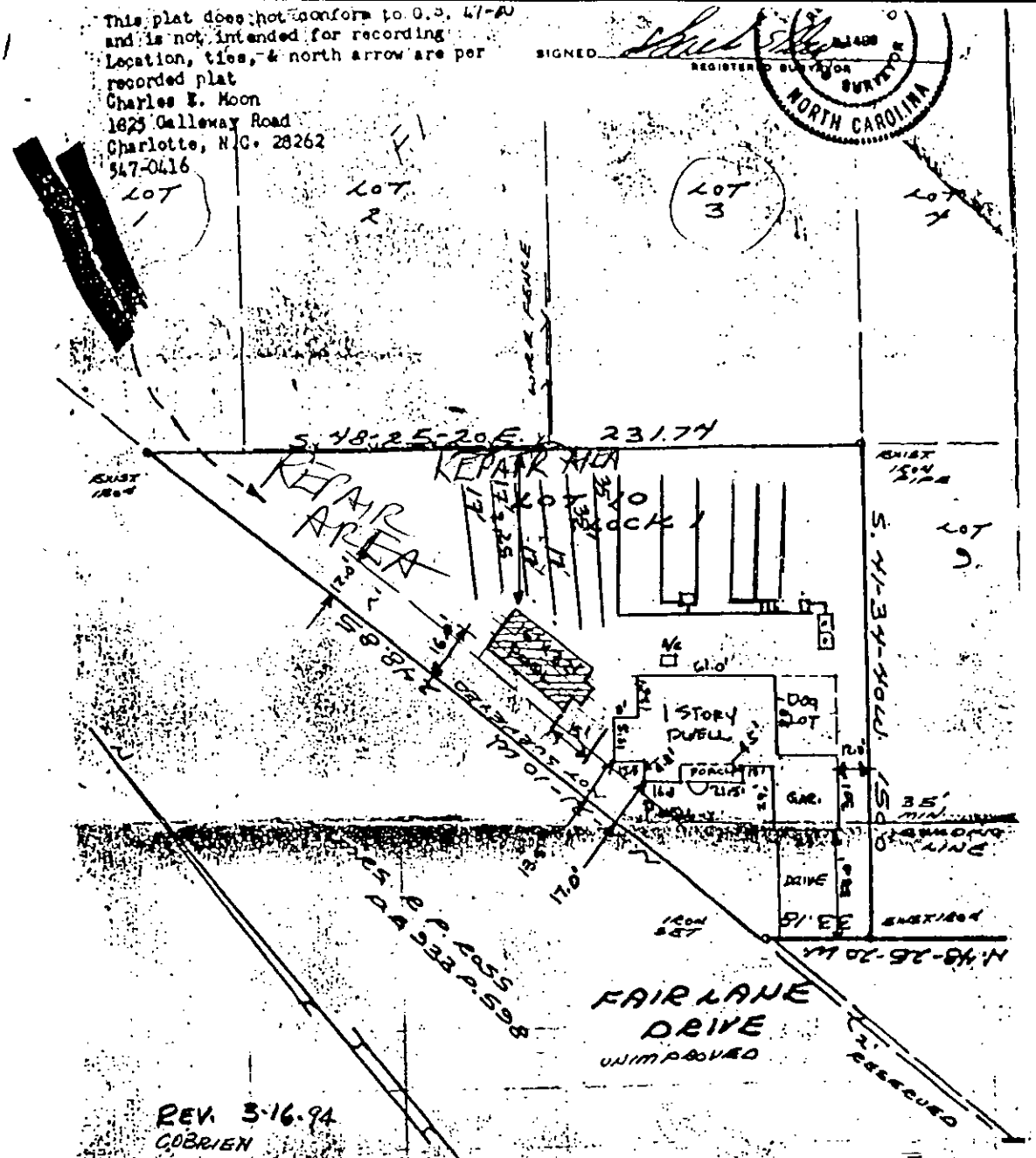
3-21-94
date of application

OWNER Kevin Morrell

Rev 7/89

This plat does not conform to G.S. 47-30 and is not intended for recording
Location, ties, & north arrow are per recorded plat
Charles E. Moon
1625 Calloway Road
Charlotte, N.C. 28262
547-0416

SIGNED _____
REGISTERED SURVEYOR
SEAL L-4100
NORTH CAROLINA SURVEYOR



PHYSICAL SURVEY
OF
LOT 10 BLOCK 10 OF BERRYHILL PARK
BERRYHILL TOWNSHIP MECKLENBURG CO., N.C.

SCALE 1" = 30'
THE PROPERTY OF KEVIN MORRELL
MAP RECORDED IN BOOK 236 AT PAGE 145 DEED RECORDED IN BOOK PAGE
= B 70 P. 11
TAX 113-162-15

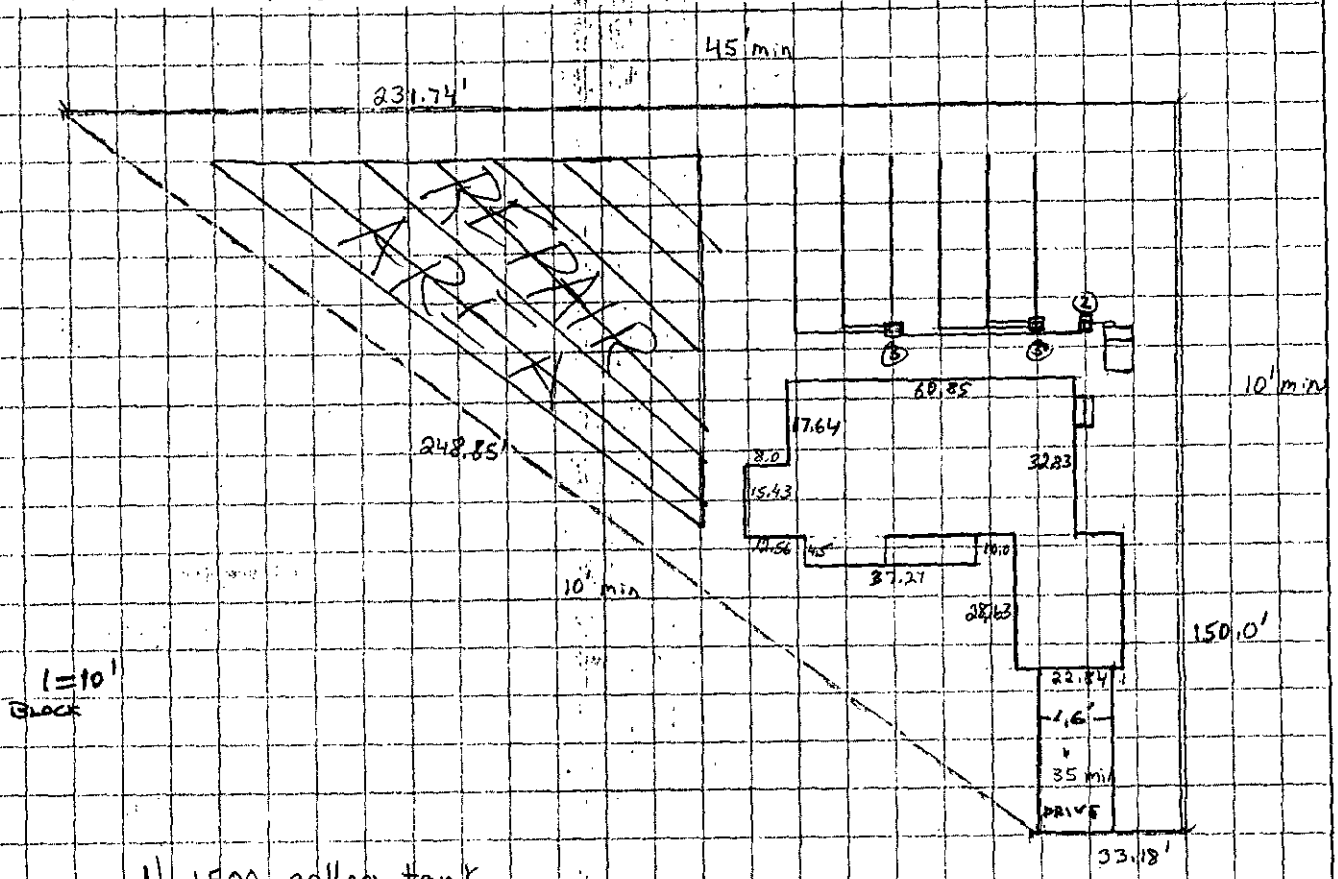
PROPOSED PLOT PLAN

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

FILE: 7348-A

TC: 113-163-15

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.



1) 1500 gallon tank
2) Flow divider
3) dipper boxes
6) 35ft Long lines
8 panels per ditch
48 total panels
216 linear ft. total
911 ditches 10' on center

* NO DECK ON BACK OF HOUSE

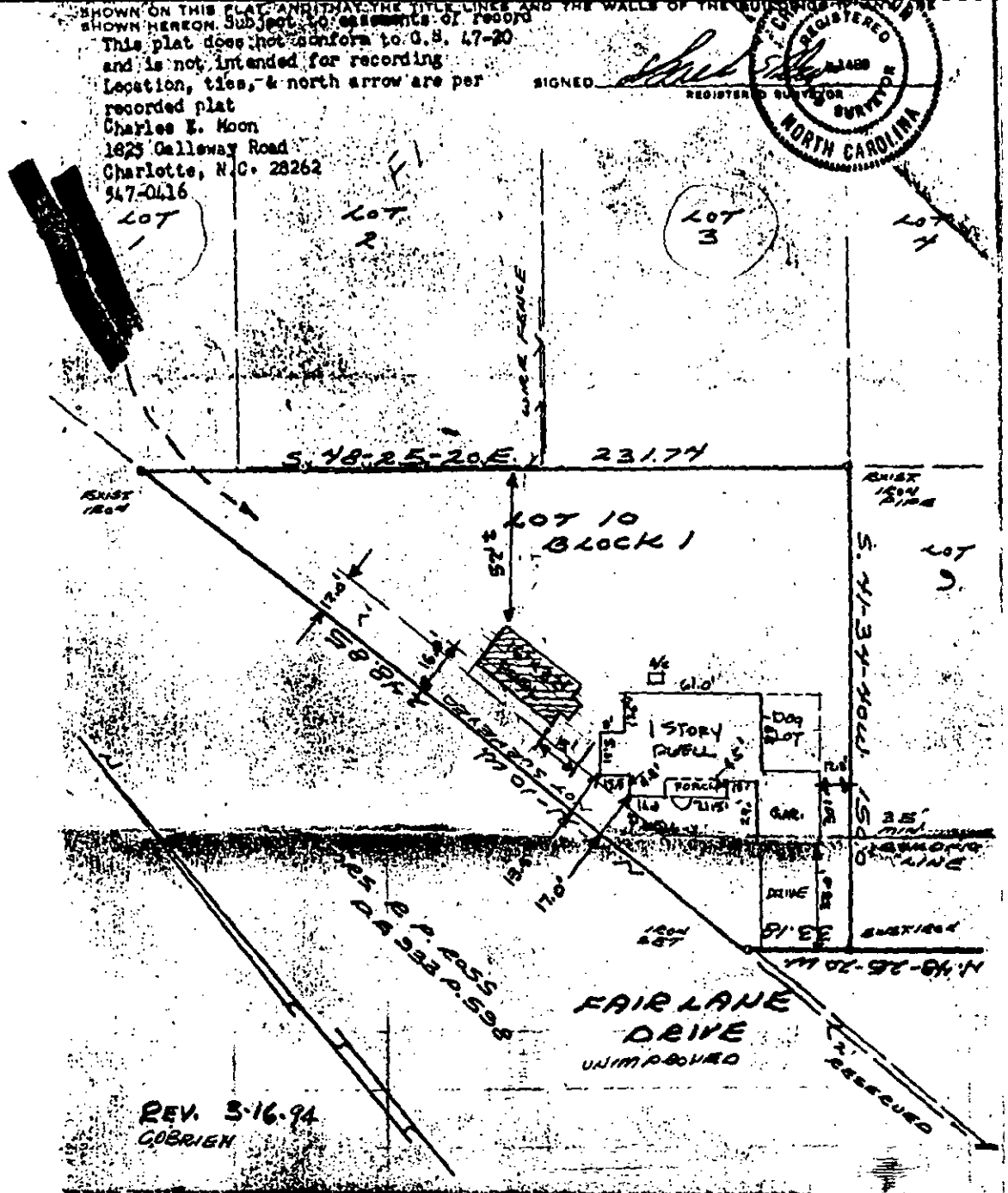
Signed: APPROVED Kelly Rall

Date: 2-20-92

SHOWN ON THIS PLAT AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS SHOWN HEREON. Subject to easements of record
This plat does not conform to G.S. 47-30 and is not intended for recording
Location, ties, & north arrow are per recorded plat
Charles E. Moon
1823 Calloway Road
Charlotte, N.C. 28262
547-0416

SIGNED _____ REGISTERED SURVEYOR

REGISTERED SURVEYOR SEAL NORTH CAROLINA



PHYSICAL SURVEY OF
LOT 10 BLOCK 1 OF BERRYHILL PARK
BERRYHILL TOWNSHIP MECKLENBURG CO., N.C.

SCALE 1" = 30'

THE PROPERTY OF KEVIN MORRELL

MAP RECORDED IN BOOK 2369 AT PAGE 145 DEED RECORDED IN BOOK PAGE
C.B. 70 P. 11 TAX 113-162-15

BK: 06772 PG: 0116/0116 #:0047 . 6.00

REGISTERED FEB/20/1992 09:50AM ANNE A. POWERS REGISTER OF DEEDS MECK. CO. N.C.

FILE NO. 7348-A

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 10 NCAC 10A .1948(c)

The undersigned, KEVIN G. Morrell

owner of property located at 9524 Fairlane Drive Charlotte, NC. 28214

("the site") and described in an instrument recorded in Book 06419 at Page 0151/0152, Mecklenburg Public Registry, hereby acknowledges that he applied to the Mecklenburg County Department of Environmental Health ("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 Services as 10 NCAC 10A .1934 et seq; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested pursuant to 10 NCAC 10A .1948(c) 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 can reasonably be expected to function satisfactorily and thus that the findings specified in 10 NCAC 10A .1948(c)(1), (2), and (3) can be made; 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 proper design, construction, operation and maintenance of such septic tank system is his responsibility 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 a malfunction of such 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.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

Use of the singular masculine pronoun 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.

This 20 day of February, 1992.

Kevin G. Morrell (SEAL)

(SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Brenda P. Cureton, a Notary Public for said County and State, do hereby certify that Kevin G. Morrell personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 20 day of February, 1992

Brenda P. Cureton
Notary Public

My Commission Expires February 5, 1995

My Commission Expires _____

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day and acknowledged that he is _____ of _____, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____, sealed with its corporate seal and attested by _____.

WITNESS my hand and notarial seal, this _____ day of _____, 19__.

_____
Notary Public

My Commission Expires _____

1/8 met w/owner — small area left after LARGE house placement — request he have installer help him stake off system. I offered ideas for placement but questionable need to see it staked

1/28 Advise Mr. Morrell to apply for modified system & that this must be approve before IP issue

RECORD OF LONG DISTANCE CALL

DATE _____ TIME _____ A.M. P.M.

CITY CALLED _____

PHONE _____
AREA CODE NUMBER

FIRM CALLED _____ Station ☐ Person ☐

TALKED WITH _____

CALLED BY _____

SUBJECT MATTER OF CALL _____

_____

_____

_____

RESULT _____

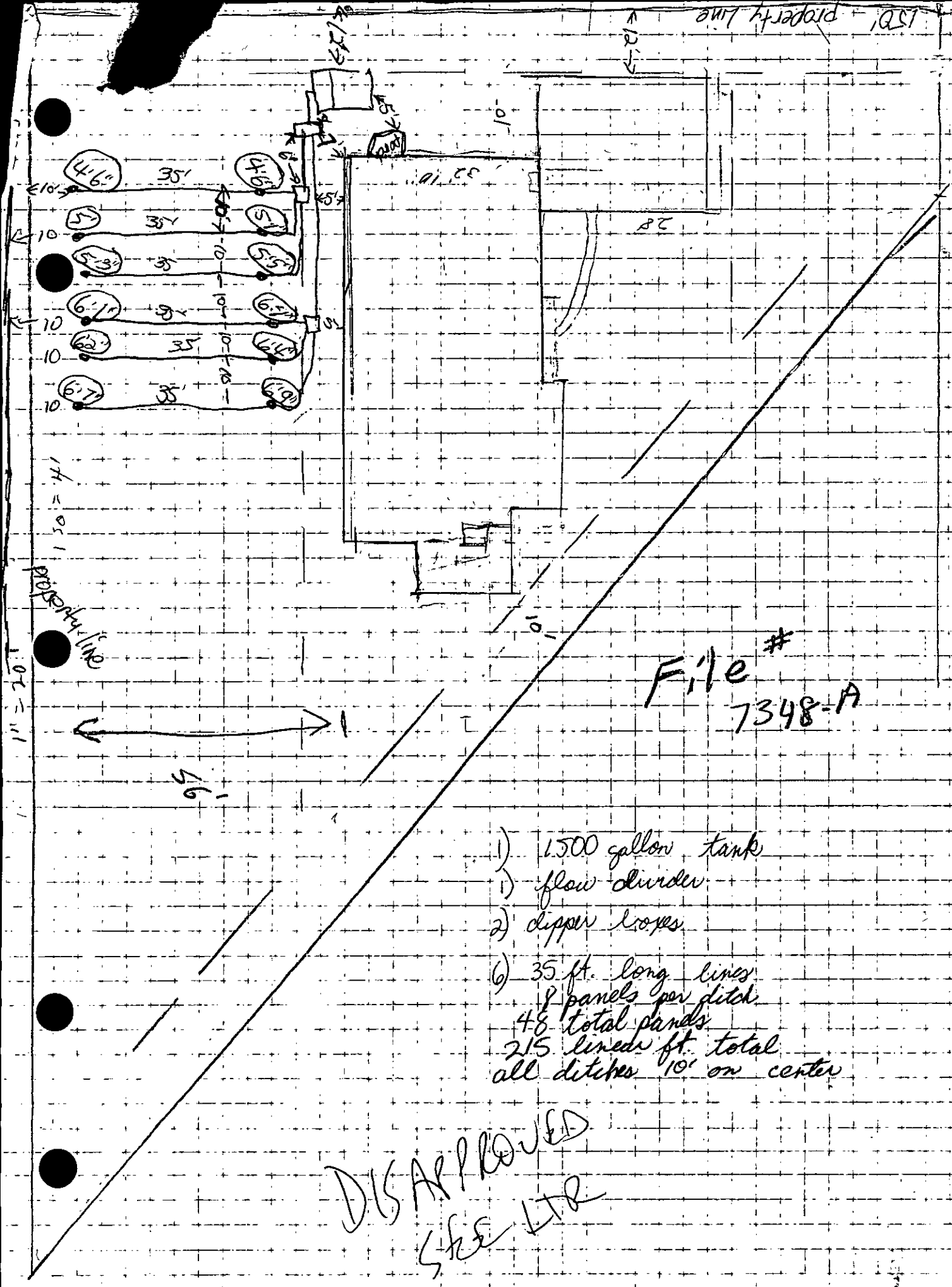
_____

_____

CHARGES _____

TAX _____

_____ MINUTES TOTAL COST $ _____


property line
1" = 20'
File # 7348-A
1) 1500 gallon tank
1) flow divider
2) dipper loops
(6) 35 ft. long lines
8 panels per ditch
48 total panels
215 lineal ft. total
all ditches 10' on center
DISAPPROVED
See Ltr

Mecklenburg County
Health Department

February 6, 1992

Kevin G. Morrell
9527 Walkers Ferry Road
Charlotte, NC 28214

Dear Mr. Morrell:

Subject: 9524 Fairlane Drive
File: 7348A

Receipt of the plans and specifications for a modified system of sewage disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 10NCAC 10A, 1900, "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal". Our comments are listed below:

1) The submitted plans show the system adhering to the minimum setback requirements. This would not leave enough room for the proper installation of the sewage disposal system. Please move the house closer toward Fairlane Drive to facilitate the proper installation of the sewage disposal system.

2) It is recommended that the system be pressurized. This would likely prevent over saturation of the drain field area by evenly distributing effluent throughout the entire panel block system. Pressurizing the system would provide a resting phase for the drainfield, thereby prolonging the life of the system. Future repair options would also be enhanced.

3) If pressurizing the system is not a viable option, other possible remedies are available to overcome the site limitations on this property. The house would have to move closer to Fairlane Drive than if it was pressurized. This would accommodate the extra number of pipes required to distribute the effluent. Please provide a detailed scale drawing showing your proposed method of distribution by gravity. Hydraulic overloading of the upper lines should be avoided thereby lessening the consequence of the "window effect".

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 7348A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 9524 Fair Lane Dr.

② SUBDIVISION: Berryhill Park ③ LOT: 10 ④ BLOCK: 1

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 113-163-15

⑥ DEED REFERENCE: BOOK NO.: 06419 PAGE NO.: 0151/0152

OWNER

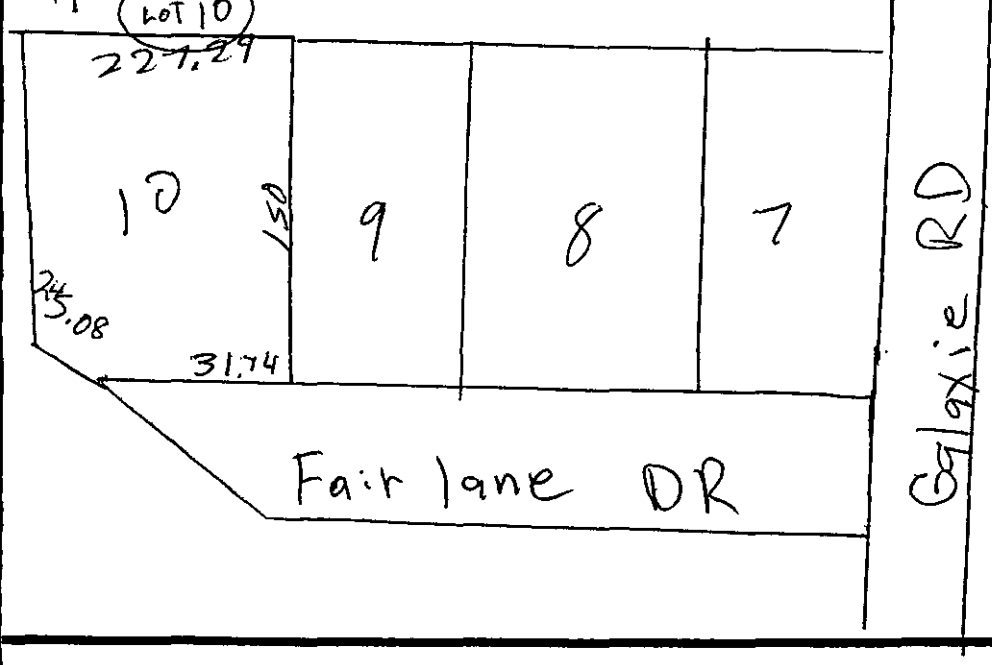
⑦ NAME: Kevin (FIRST) G. (MIDDLE) Morrell (LAST)

⑧ MAILING ADDRESS: 9527 Walkers Ferry Rd.

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28214

⑫ PHONE: (WORK) 335-6457 (HOME) 391-9727

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.

X Signed: Kevin G. Morrell

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

X Date: 3-27-91

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 3-27-91

Name/Company: Kevin G. Morrell

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: App. Soil Test
9524 Fairlane Drive
(Lot 10)
TP: 113-163-15
Site: 7348A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

Fee: MAR 27 1991 50.00

CR #9327
50.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

Mecklenburg County
Health Department

April 4th, 1991

Kevin G. Morrell
9527 Walkers Ferry Road
Charlotte, NC 28214

RE: Property located at 9524 Fairlane Drive
FILE: 7348A
PARCEL: 113-163-15

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 17082) 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

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17082

File: 7348-A Action 1

Parcel: 113-163-15 PC

Location: 9524 Fairlane Dr.

Subdivision:

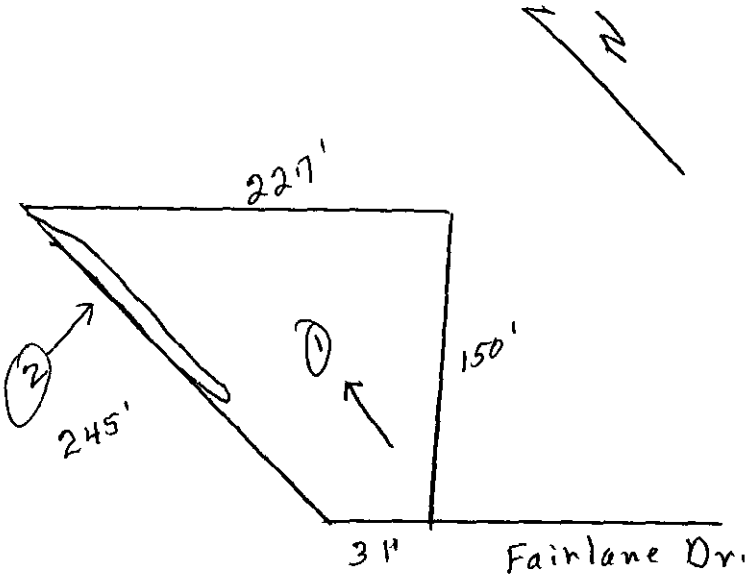
Lot: 10 Block: Acres: Approx .6

Owner: Kevin G. Morrell
Address: 9527 Walkers Ferry Rd.
Charlotte, N.C. 28214

Comments:

Described by: William R. Marlin

Date: 4-1-91



*** 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 2-8%	S PS (U) Depression	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 Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U 7+6" to water	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 7+3"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 7+6"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	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	IV Cecil-Lloyd	Depression				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

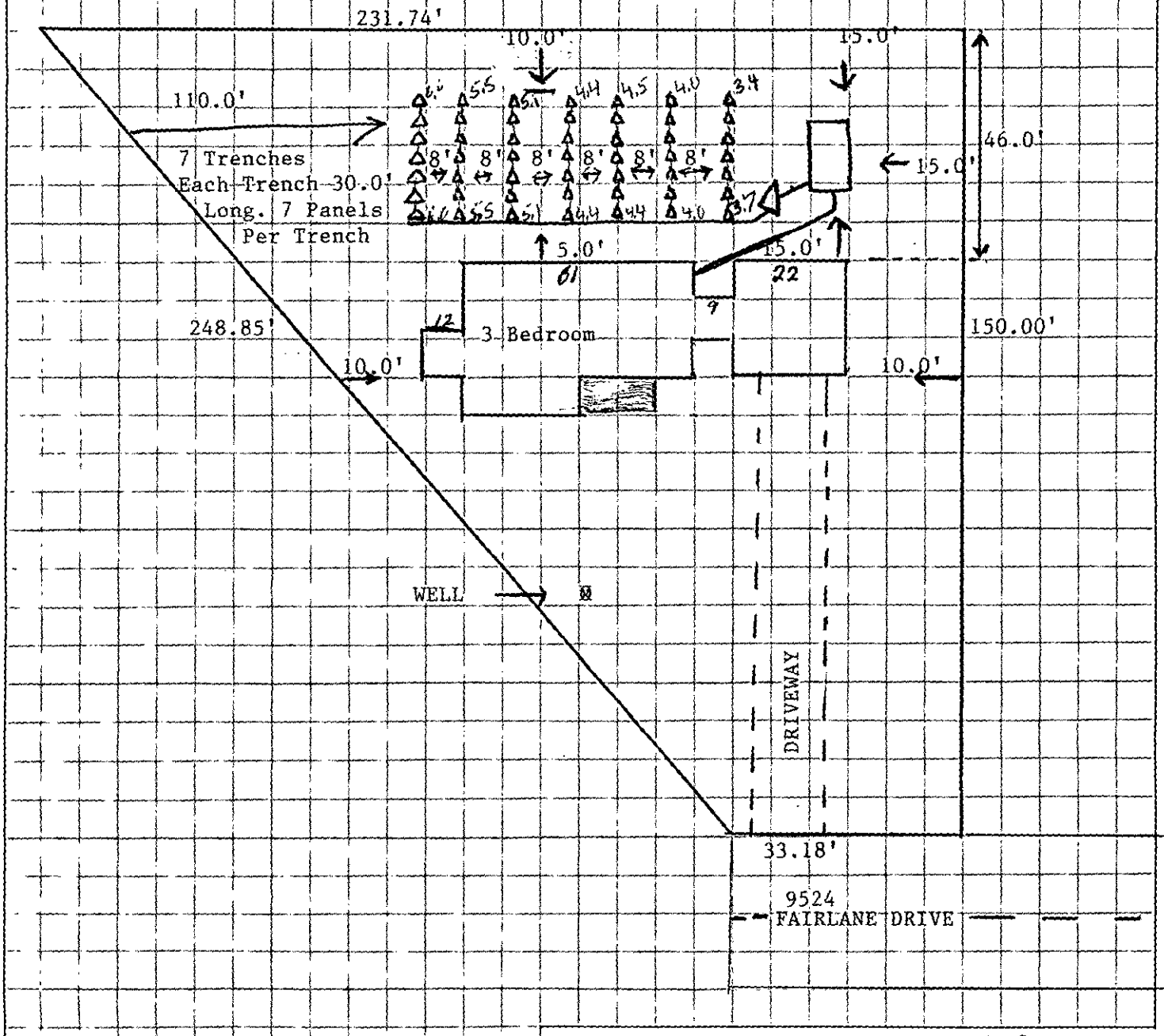
PROPOSED PLOT PLAN

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

FILE: 7348-A

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.



Signed: Ken L. Mauldin

Date: 1-29-92