

10018 SAW MILL RD

19940166

12/31/2007

duponbj

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

Pd: 100.00 Phone pd in full
PCC/pvc 4-99
ID-4-99
Vlw

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 2707-3 DATE: 6-7-99

TC: 199-401-68 ☒ L ☒ CRT

SERIAL Nº 18054

Name of Owner Joseph T Queen Juris.:

Address of Property 10018 Saw Mill Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 6 @ 67

Cover Depth 12-18"

Water Supply Source well

Distance to Water Source 52'

Excavation Inspected 6-7-99

Tank(s) Inspected 6-7-99

Wash Line Inspected —

High Water Alarm Inspected ✓

PLOT

Design 1999 1500 ST 1200 SFT CON 126 DAVIDSON CTR# WICLIF CHRISTENBURY

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: TYPE II

Environmental Health Specialist

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

ALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

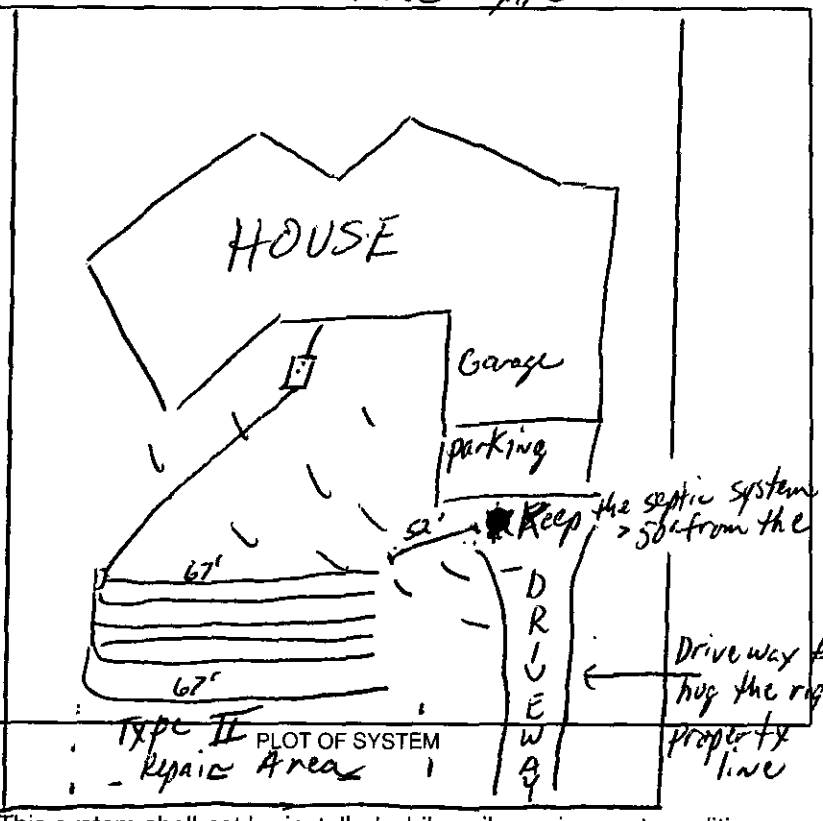
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2707B DATE: 5/20/99

TC: 19940166

SERIAL No 17936 (17)

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 9/24/99. All work shall be completed on or before 6/20/99, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly. Lake Wylie



Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Yes

Total Line Length 400' feet

Number of Lines 6 (67')

Depth of Stone 12" inches

Distance from House 5' 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 Joseph T Queen

LOCATION OF PROPERTY 1001B Saw Mill Rd

Comments: Establish grade w/septic contractor (No pump tank needed) 1500ST, 6 lines x 67'long x 3'wd x 12"Stone | Keep septic system >50' from installed well | Driveway to hug the right property line

Philo L. Walker RS.
Environmental Health Specialist

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

chk # 4625

FEE: 100 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 12/21/98 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 12/18/98 **PERMIT NO:** 2707B

PARCEL NO: 199 401 66

JOB LOCATION ADDRESS: 10018 Saw Mill Rd
PROPERTY OWNER: Joseph T Queen
BUILDING CONTRACTOR: —
SUBDIVISION NAME: Saw Mill Point
AUTHORIZATION ISSUED BY: Thilo S. Walker RS **DATE:** 12/18/98
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2707B, 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: Lift pump required

OWNER CERTIFICATION

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

X _____ 12/21/98
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 2707B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 199401 66

- 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	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
yes 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)	
3 Bedrooms in residence	1000 Gallon pump tank	12" Depth of stone		

Any surface waters present: yes Type: Lake Wylie Minimum separation distance: >50'

Site modifications required:

Additional Conditions: Tanks need special reinforcement (will be installed appr 4' deep) - Lift pump required, pressure manifold distribution. Driveway to hug the right property line.

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)	12" 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 th 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 effe 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 Departmen
- This Improvement permit is transferable.

Phila S. Walker R.S. 12/18/98
DEHNR Authorized Agent Date

× Owner/Agent Signature 12/21/98 Date

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

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

FEE: 120.00
DATE: 9-24-98

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 #: ~~ABSA 2702~~ B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 199 401 12[redacted]

STREET ADDRESS: LOT 2 SAW MILL POINTE (ROAD) 1008

SUBDIVISION OR MOBILE HOME PARK NAME: SAW MILL POINT

LOT NUMBER: LOT 2

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 3200 APPROX.

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 4

CLOSING DATE 11/11/98

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
__ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
X WITH BASEMENT /NO PLUMBING
½ BASEMENT

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

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

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C) __ MUNICIPAL (M) X 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 X NO
EXISTING WASTEWATER SYSTEMS __ YES X NO
EASTMENTS OR RIGHT-OF-WAYS __ YES X NO
WELL, SPRINGS OR WATERLINES __ YES X NO
DESIGNATED WETLANDS __ YES X NO
50' REAR WATER SHED SET BACK

PROPERTY OWNER: PURCHASER

NAME: (LAST) QUEEN (FIRST) JOSEPH (MI) T

ADDRESS: 9619 MARKSWOOD ROAD

CITY: CHARLOTTE STATE: NC ZIP: 28208

DAYTIME PHONE: (704 553-3152

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) Howe (FIRST) Virginia (MI) Roy

DAYTIME PHONE: ( ) –

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 5/1/69

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

SIGNED: [signature] DATE: 9/24/98

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

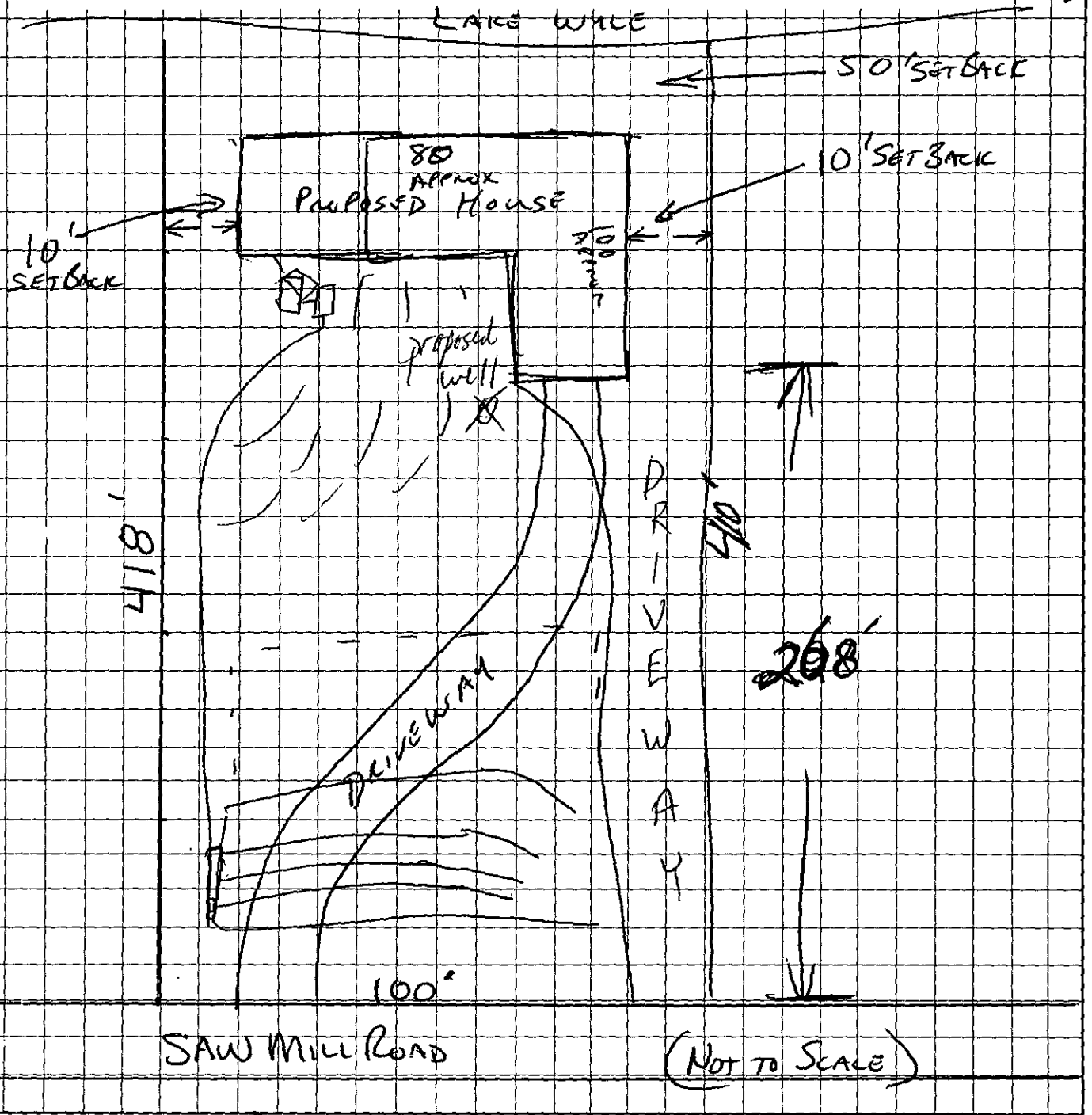
see plot in file

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

FILE: ~~AB15#~~ 27078

TC: 199-401-1280

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



OWNER/AGENT SIGNATURE

DATE 9/24/98

APPROVAL DATE _____

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

STATE OF NORTH CAROLINA)
)
COUNTY OF MECKLENBURG)

CONTRACT OF SALE

This Agreement is made and entered into this 12 day of September 1998, by and between Virginia Penegar Rowe and Roy Leonard Rowe, Jr. (hereinafter collectively referred to as "Sellers") and Katherine D. Queen and Joseph T. Queen, Jr. (hereinafter collectively referred to as "Purchasers").

Purchasers agree to buy and Sellers agree to sell all that certain lot or parcel of land, situated in Mecklenburg County, State of North Carolina, and being known as and more particularly described as Lot 2, Saw Mill Pointe Subdivision ("the Subdivision").

Conveyance shall be made subject to all rights-of-way, easements and restrictive covenants of record (provided they do make the title unmarketable), to all governmental statutes, ordinances, rules and regulations and to all other liens or encumbrances, if any, expressly set forth herein and assumed by Purchasers or subject to which Purchasers shall take title to the property.

The Purchase price is One Hundred Nine Thousand, Five Hundred Dollars ($109,500.00) to be paid as follows:

1. One Thousand Dollars ($1,000.00) herewith which shall be held by Sellers as a deposit of earnest money and, upon delivery of the Deed as hereinafter provided, the balance shall be paid as follows:

2. One Hundred Eight Thousand, Five Hundred Dollars ($108,500.00) by certified funds or cashier's check at the time of closing.

Closing costs, prepaid items, recording fees, and attorneys' fees shall be paid by the Purchasers.

All parties agree to execute any and all documents and papers necessary in connection with closing and transfer of title on or before November 11, 1998 and the parties hereto agree that time is of the essence with respect to such closing date.

The property is being sold in "as is" condition, with the following stipulation: Purchasers may, at their sole cost and expense, within 20 days from the date of acceptance of this contract, seek a septic tank approval from the appropriate governmental authority having jurisdiction over the property. If such approval is expressly denied, Purchasers shall have the right to terminate this contract and receive a full refund of the earnest money as Purchaser's sole remedy.

Property taxes, interest, and other assessments shall be prorated as of the date of the delivery of the Deed. For purpose of adjustments, a Three Hundred Sixty-Five (365) day period will be used in making calculations. Tax prorations pursuant to this contract are based on the taxes of record for the current year if known, or if unknown, then based upon the prior year's taxes, and no adjustment shall be made when the actual amount of taxes becomes known.

If the Purchasers shall default under this agreement, said deposit of earnest money shall be paid to the Sellers as liquidated damages. Upon default by the Sellers, Sellers will refund the earnest money paid by the Purchasers hereunder.

In the event the Sellers shall be unable to convey marketable title, in accordance with the terms of this Agreement, the Sellers will not be required to bring any action or proceeding or otherwise to incur any expense to render the title marketable. The sole obligation of the Sellers shall be to reimburse the Purchasers for their cost incurred for costs of title examination and to cancel this Agreement in which event the earnest money shall be returned to Purchasers.

Purchasers acknowledge that they have made a personal, on-the-lot inspection of the property prior to the execution hereof.

The parties hereto further agree that this written contract expresses the entire agreement between the parties, and that there is no other agreement, oral or otherwise, modifying the terms hereunder.

This contract shall be binding on both parties, their principals, heirs, personal representatives and assigns. In the event of the death of the Purchasers before the consummation of this sale, the heirs or representatives shall have the option to terminate this Agreement or consummate the same under the terms and conditions herein. In the event of the death of the Sellers before the consummation of this sale, this Agreement shall bind and inure to the benefit of the respective parties hereto, their heirs, successors, executors, and administrators.

The parties have caused this agreement to be executed this 12 day of September 1998.

SELLERS:

Virginia Penegar Rowe

Roy Leonard Rowe, Jr.

PURCHASERS:

Katherine D. Queen

Joseph T. Queen, Jr.

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

400 #

PROPERTY ID #: 149 40FLG
Lot # : 2
File # : 27019

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Virginia and Roy Rowe
APPLICANT: Joseph T. Queen
DATE EVALUATED: 12-10-96
ADDRESS:
PROPOSED FACILITY: residence
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: .95
LOCATION OF SITE: Saw Mill Road
PROPERTY RECORDED:
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LAND-SCAPE POSITION/ SLOPE %	HORI-ZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 6-15%	0-3"	gr/cl	Fr/SEXPl 33/50	7.5YR 5/8 soil wetness	48"	N/A	None	PS .391 F2 IV
		3-40"	SBK/c	F:/SEXPl SP					
		40-48"	SBK/cl	Fr-F:/SEXPl 33/50					
2	LS	0-3"	gr/cl	Fr/SEXPl 33/50	7.5YR 5/8 soil wetness	48"	N/A	None	PS .391 F2 IV
		3-48"	SBK/c	F:/SEXPl SP					
3	LS	0-8"	gr/fl	Fr/SEXPl 33/50	7.5YR 5/8 soil wetness	48"	~~N/A~~ N/A	None	PS .391 F2 IV
		8-48"	SBK/c	F:/SEXPl SLD					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	P3	P2
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: W. A. Medlin 12-11-96
OTHER(S) PRESENT: LSS

2107B

COMMENTS 100% Repair ; may need perm

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

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

STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE

