

11525 ROCKY RIVER CHURCH RD

11122105

5/1/08

marliwr

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

Drew

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

(704)336-5102 2691A

PERSON FILING APPLICATION:

NAME: BURROWS (last) STEPHEN (first) M (mi)

ADDRESS: 11525 Rocky River Church PHONE: (704) [redacted] 502-1479

CITY: CHARLOTTE STATE: NC ZIPCODE: 28215

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 111-221-05

STREET ADDRESS: 11525 Rocky River Church Rd.

ZONING:

PROPERTY OWNER:

NAME: BURROWS (last) STEPHEN (first) M. (mi)

ADDRESS: 11525 Rocky River Church Rd. PHONE: (704) [redacted] 502-1479

CITY: CHARLOTTE STATE: NC ZIPCODE: 28215

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[redacted] Replacing Building [redacted]

[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

[redacted]

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[X] COMMERCIAL OR INDUSTRIAL (N)

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business WAREHOUSE # Employees 3 Per Shift 3
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) 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 [X] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: [signature] Date: 4/30/03

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

...5/2/03 OK TO USE EXISTING SYSTEM

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

[signature] 5/2/03
Environmentalist Date

WWATER : 122791

PROPOSED PLOT PLAN

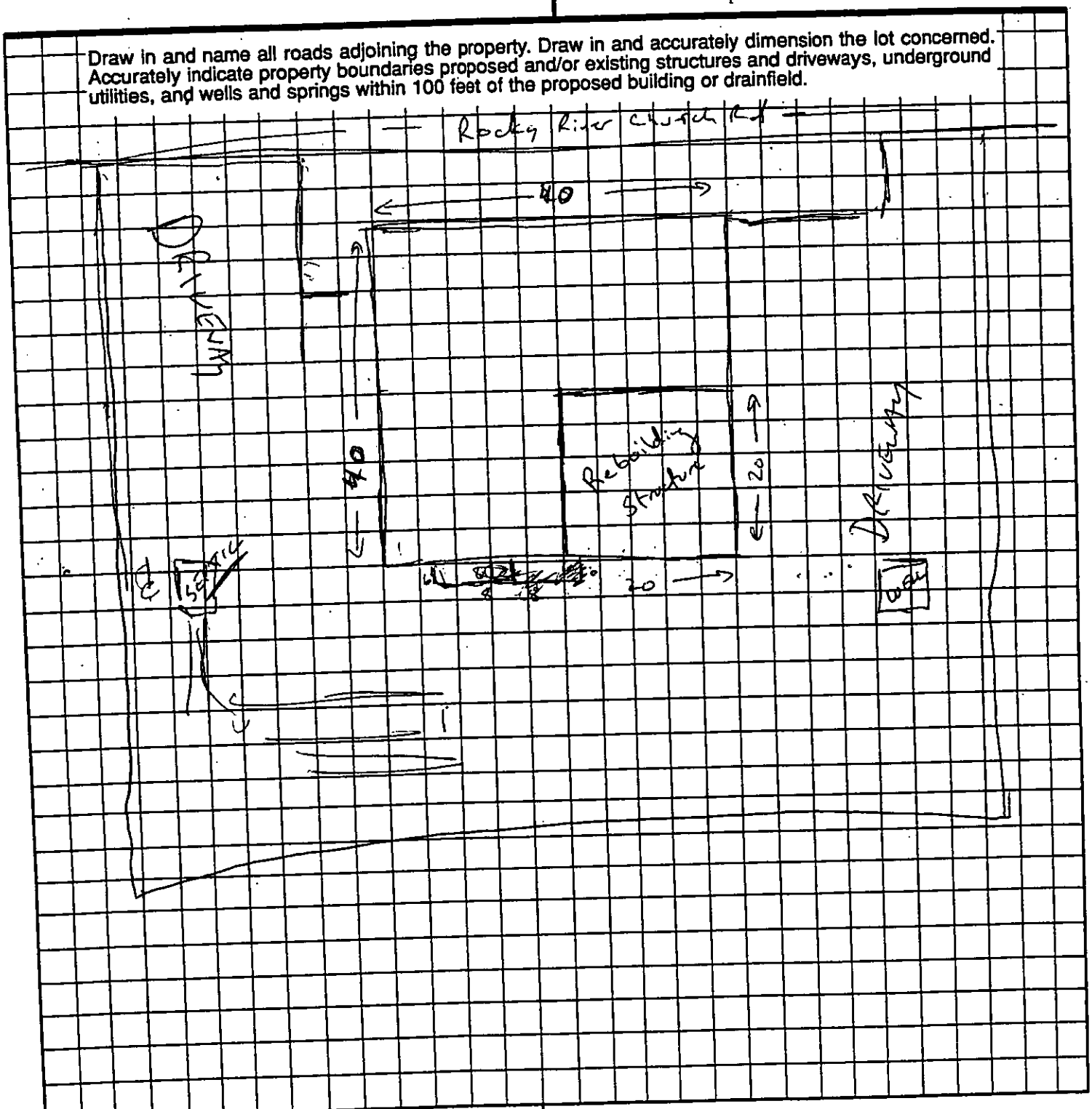
COPY

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

FILE: 2691A

TC: 111-221-05

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 4/30/03

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

CITY OF CHARLOTTE

ZONING BOARD OF ADJUSTMENT

APRIL 29, 2003

CASE NO. 03-38

STATE OF NORTH CAROLINA

CITY OF CHARLOTTE

BEFORE THE ZONING BOARD OF ADJUSTMENT

RE: Case No. 03-38
Stephen Burrows

STIPULATIONS

1. 11525 Rocky River Church Road is presently zoned R-3 and further identified as tax parcel number 111-221-05.

2. Code §7.102(3) states that a non-conforming use shall not be expanded or enlarged by additions to the structure.

CITY OF CHARLOTTE
STATE OF NORTH CAROLINA

CASE NO. 03-38

MEETING DATE 4-29-03

APPEAL FROM A DECISION OR AN INTERPRETATION OF THE ZONING ENFORCEMENT OFFICER OR ZONING ADMINISTRATOR

Date Filed: 3/12/03 **This application must be filed within thirty (30) days of the Notice of Violation; or, the written Interpretation of the Zoning Administrator. Application must be filed in person, can not be accepted by mail.**

4 X 5 1

TO THE CHARLOTTE ZONING BOARD OF ADJUSTMENT:

I Stephen Burrows, hereby appeal to the Zoning Board of Adjustment, requesting
(name)
to reverse the decision of the Zoning Officer or Zoning Administrator as stated in the Notice of Violation or the Zoning Code Interpretation dated: 2/10/03, for the property located at:
11525 Rocky River Church Rd. on Tax Parcel Number 11122105.
~~(Address)~~

Violation Number NA Zoning District R3

SECTIONS OF CODE IN QUESTION: 7.102 (7)

(Attach copy of Notice of Violation or Interpretation).

STATE WHAT FACTS OR EVIDENCE YOU ARE PREPARED TO PROVE TO THE ZONING BOARD OF ADJUSTMENT THAT SHOULD LEAD THE BOARD TO CONCLUDE THAT THE DECISION OF THE ZONING OFFICER OR ADMINISTRATOR IS ERRONEOUS:

Originally believed issue was with non conforming structure but after review Mr. Brandon found it had to do with non Conforming use. Submitted ~~good~~ clearer explanation that replacement of structure has to do with 7.102 (7) which allows restoring of structure after damage by wind. Have been trying to get building permit since January 29, 2003.

I certify that all of the information presented by me in this application is accurate to the best of my knowledge,

Signature of Appellant

Stephen Burrows
Typed or Printed Name of Appellant

11525 Rocky River Church Rd.
Mailing Address

Charlotte NC 28215
City, State, Zip Code

(704) 502-1479
Telephone Number

Represented By: (signature)

Typed or Printed Name of Above

Mailing Address

City, State. Zip Code

Telephone Number

CASE NO. _____

MEETING DATE _____

IF THE APPELLANT IS NOT THE OWNER OF THE PROPERTY FOR WHICH THE APPEAL IS BEING REQUESTED, indicate the owner's name and address:

Property Owner NA ~~Stephen Barrows~~ _____
(If different from Appellant)

Address ~~11525 Rocky River Church~~ _____

City, State & Zip _____

TYPE OR PRINT below the **COMPLETE** names, tax parcel numbers, mailing addresses and zip codes for the owners of the adjacent properties, including the properties directly across the street from the property, for which an appeal is being requested.

ADJACENT PROPERTY OWNERS:

1. HENRY OLIVER SR. RHODES
12809 ALBEMARLE RD.
CHARLOTTE NC 28227
Tax Parcel # 11122104

2. WOODLAND BEAVER FARMS LLC
501 E MOREHEAD ST.
CHARLOTTE NC 28202-2642
Tax Parcel # 11123301

3. _____ Tax Parcel # _____

4. _____ Tax Parcel # _____

5. _____ Tax Parcel # _____

6. _____ Tax Parcel # _____

7. _____ Tax Parcel # _____

8. _____ Tax Parcel # _____

9. _____ Tax Parcel # _____

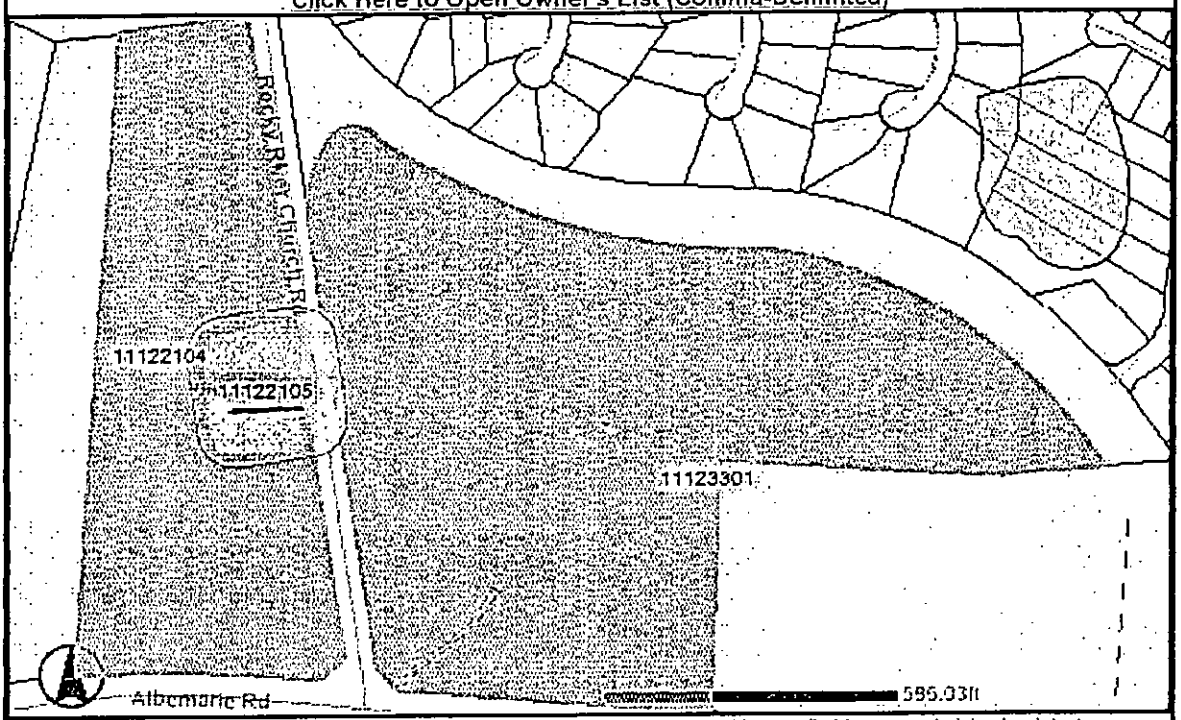
Mecklenburg County, NC POLARIS
Property Ownership Land Records Information System

Adjoining Owner's Report

Buffer Distance: 80 Feet

3/11/2003 5:43:42 PM

Click Here to Open Owner's List (Comma-Delimited)



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

Parcel ID	Owner Name	Mailing Address	City	State	ZIP	Legal Description	Deed Book	Deed Page	Land Area
11122104	HENRY OLIVER SR RHODES AND MARY LYNN WALKER RHODES	12809 ALBEMARLE RD	CHARLOTTE	NC	28227	M198-2	09189	603	4.44 AC
11122105	STEPHEN MARTIN BURROWS AND KATHRYN H BURROWS	11525 ROCKY RIVER CHURCH RD	CHARLOTTE	NC	28215	NA	13581	653	0.619 AC
11123301	WOODLAND BEAVER FARMS LLC AND % ERWIN CAPITAL INC	501 E MOREHEAD ST	CHARLOTTE	NC	28202-2642	NA	10450	536	13.85 AC

111-221-05
2691A

MECKLENBURG COUNTY

Land Use and Environmental Services Agency

Water & Land Resources

Zoning Division

January 10, 2003

Mr. Stephen M. Burrows
11525 Rocky River Church Road
Charlotte, NC 28215

Re: 11525 Rocky River Church Road
Nonconforming Use Expansion – Zoned: R-3 Single-Family

Dear Mr. Burrows:

I have reviewed your February 5th request to enclose the foundation/pad of an existing nonconforming warehouse/industrial use at the referenced address. I understand that the existing 20' X 20' concrete foundation is part of the principal use. It is also my understanding that you desire to enclose only the area contained within the 20' X 20' concrete foundation subject to Code Section 7.103(4)(a) (Nonconforming Structure).

This Code Section permits a nonconforming structure to undergo a change of use or renovation provided the change of use or renovation does not increase the floor area of the structure. This Code Section applies if the zoning classification permits a warehouse/industrial use. The property at 11525 Rocky River Church Road, further identified as tax parcel #111-221-05, is zoned R-3 Single-Family. Code Section 7.102(2) (Nonconforming Uses) states that a nonconforming use shall neither be expanded nor enlarged by additions to the structure.

Your request was based on the structure being construed as a nonconforming structure. However, the use of this property is nonconforming and the Ordinance prohibits the expansion or enlargement of the nonconforming use on the existing property. Based on the Ordinance provisions, I can not approve your request.

The Zoning Board of Adjustment has the authority to hear an appeal of this notice. Appeal applications are available at the Zoning Administrator's office. If the thirty-day deadline has passed and an appeal application has not been properly filed, then the Board shall have no jurisdiction to hear an appeal of this notice. Your rights of appeal shall have been forfeited.

If I can be of further assistance, please contact me at 704/336-3567.

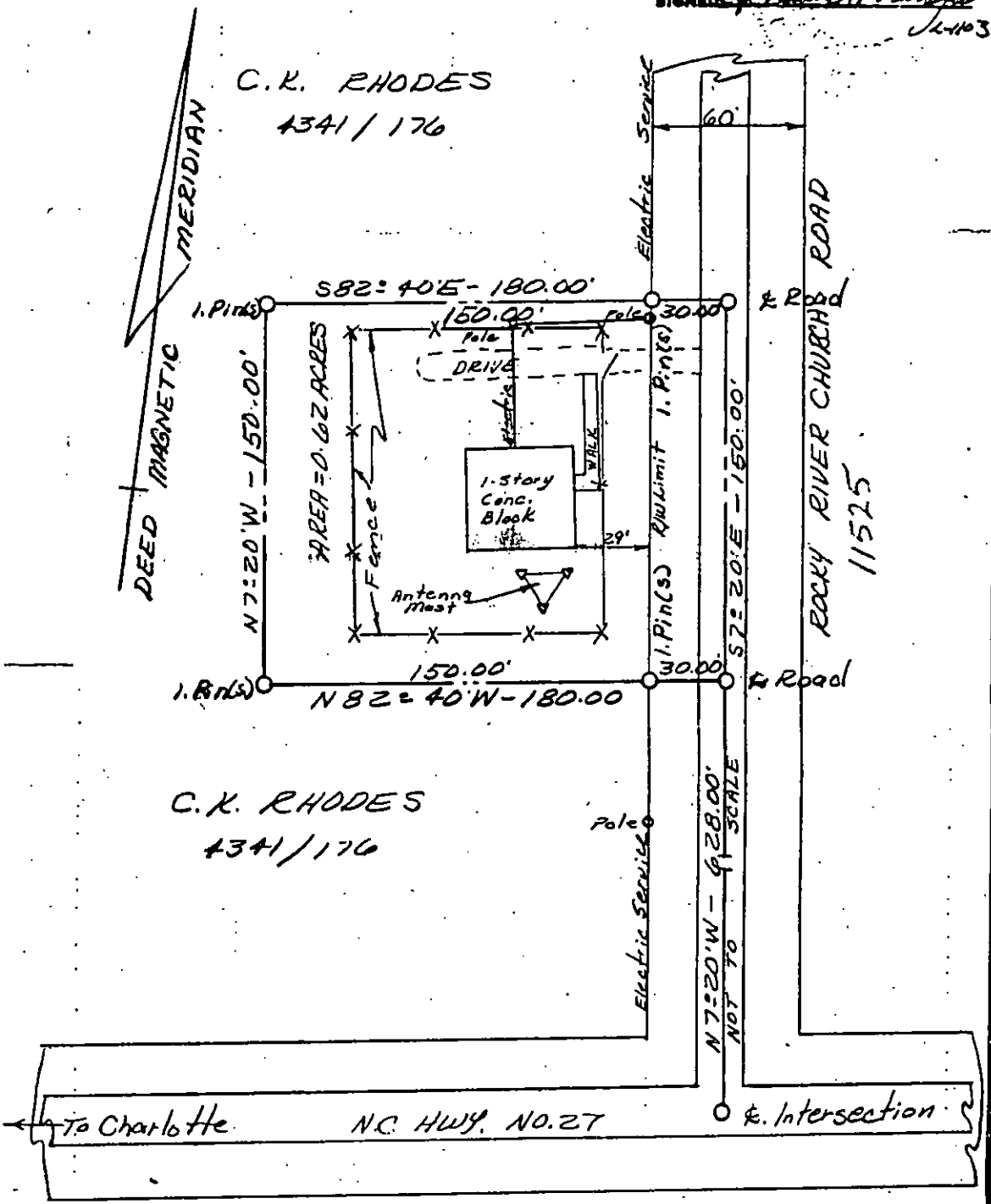
Sincerely,

Robert L. Brandon
Zoning Administrator

corres\1160-70\skh

THIS IS TO CERTIFY THAT ON THE 16th DAY OF December 1986, I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE PROPERTY LINES, WALLS AND BUILDINGS ARE AS SHOWN HEREON; THAT THE BUILDINGS LOCATED ON SAID LOT DO NOT ENCROACH OR PROJECT ON ADJACENT STREETS OR PROPERTY; AND THAT NO ADJACENT BUILDINGS OR WALLS ENCROACH OR PROJECT ON SAID PREMISES.

SIGNED: Clinton Kennedy
Jr 1103



PHYSICAL SURVEY

OF

0.62 ACRES

CLEAR CREEK TWP; MECKLENBURG COUNTY, N.C.

PROPERTY OF

WALTER R. BURRIS

SCALE: 1" = 50' DEED RECORDED 3199/369 MAP RECORDED NONE

Print Close

Parcel ID	Account	Parent	Previous
11122105	INDIVIDUAL		11122105

Owner Name	Mailing Address	City/State
BURROWS STEPHEN MARTIN HUSBAND	11525 ROCKY RIVER CHURCH RD	CHARLOTTE NC 28215
BURROWS KATHRYN H WIFE	11525 ROCKY RIVER CHURCH RD	CHARLOTTE NC 28215

Legal	Municipality	Date Annexed	Special District	Fire District	Acreage
NA	MECKLENBURG COUNTY-UNINCORPORATED		FIRE SERVICE A	ROBINSON	0.511

Building	Land	Features	Total

Exemptions

Exemption	Year Approved	Review Date	Amount

Sale	Price	Stamps	Qualify	V/I	DeedBook	Type	Legal Ref.	Grantor
May 13 2002	110000	220	UNDER REVIEW	IMP	13581 - 653	WRNTY DEED	13581-653	BLACKMON,CHRISTOPHER
Nov 10 1997	27000			IMP	09345 - 463	DEED STAMPS	09345-463	BURRIS WALTER R JR

Use	Units	Type	Neighborhood	Assessment
I600	27007	SF	IN02	

Bldg	Description	Type	Year Built	Property Location
1	Warehouse	WAREHOUSE	1958	11525 ROCKY RIVER CHURCH RD UNINC

Bldg	Story	Units	Total SqFt	Heated SqFt	Foundation	Ext. Wall	Grade	Value
1	1 STORY	1	1600	1200	SLAB-COM	CONC BLOCK -	AVERAGE 03	

Bldg	Heat	Fuel	FirePlace	AC	Fixtures	Bedrooms	Full Baths	3/4 Baths	1/2 Baths
1	AIR-NO-DUCT	GAS		AC-NONE		0	0		0

Bldg	Physical	Functional	Economic	Special	Override
1	AV - 51%				

Bldg	Built	Type	Quantity	Units	Value
1	1958	CH LNK FENCE	1	460	

Notice Date	Tax Year	Reason	Changed To	Deferred
Apr 17 1998	1998	Countywide Revaluation	26580	
Jan 2 1991	1991	Countywide Revaluation	26160	

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

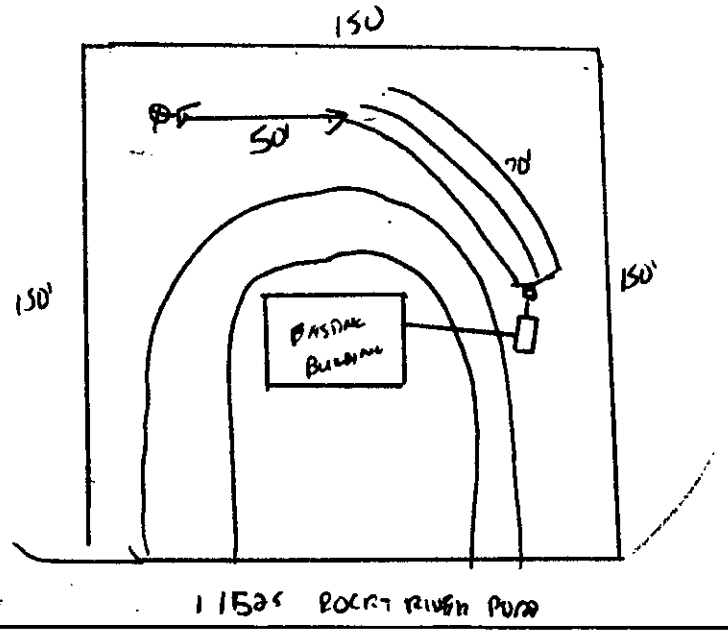
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2691 A DATE: 5-3-02

TC: 111-221-05 ☐ L

SERIAL 19037

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 2-6-02. All work shall be completed on or before _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank _____ 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 200 feet

Number of Lines 3

Depth of Stone NA inches

Distance from House 210 feet

Distance from Property Line 10' feet

Distance from Well 250 feet

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

NAME OF OWNER CHRISTODIER SHAWN BLACKMON

LOCATION OF PROPERTY 11525 ROCKY RIVER RD

Comments: (1) TYPE II-G INNOVATIVE

Environmental Health Specialist

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

FEE: 105.00 (Cash)
DATE: 3-23-99
VLD

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

COPY

TYPE APPLICATION: X 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 #: 6691A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 111-221-05

STREET ADDRESS: 11525 Rocky River CH. Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1950 Sq Ft ±

NUMBER OF BEDROOMS: 2 NUMBER OF OCCUPANTS:

CLOSING DATE

Septic to serve both structures.

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
X ON SLAB EXISTING
X CRAWL SPACE FOR NEW ADDITION
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

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

SIZE OF ADDITION 20' x 12' CONSIST of 2 full BATHS & SMALL KITCHEN

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ___ NO TYPE: MAYBE IN FUTURE

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 X NO
EXISTING WASTEWATER SYSTEMS ___ YES X NO
EASTMENTS OR RIGHT-OF-WAYS X YES ___ NO By ROADSIDE
WELL, SPRINGS OR WATERLINES ___ YES X NO
DESIGNATED WETLANDS ___ YES X NO

PROPERTY OWNER:

NAME: BLACKMON CHRISTOPHER SHAWN
(LAST) (FIRST) (MI)

ADDRESS: 11525 Rocky River CH Rd.

CITY: Charlotte STATE: NC ZIP: 28215

DAYTIME PHONE: (704) 333-6718 OR 543-5544

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

(ALSO) P.O. BOX 691441
Charlotte NC 28227

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1961

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: Christopher Shawn Blackmon DATE: 3-23-99

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

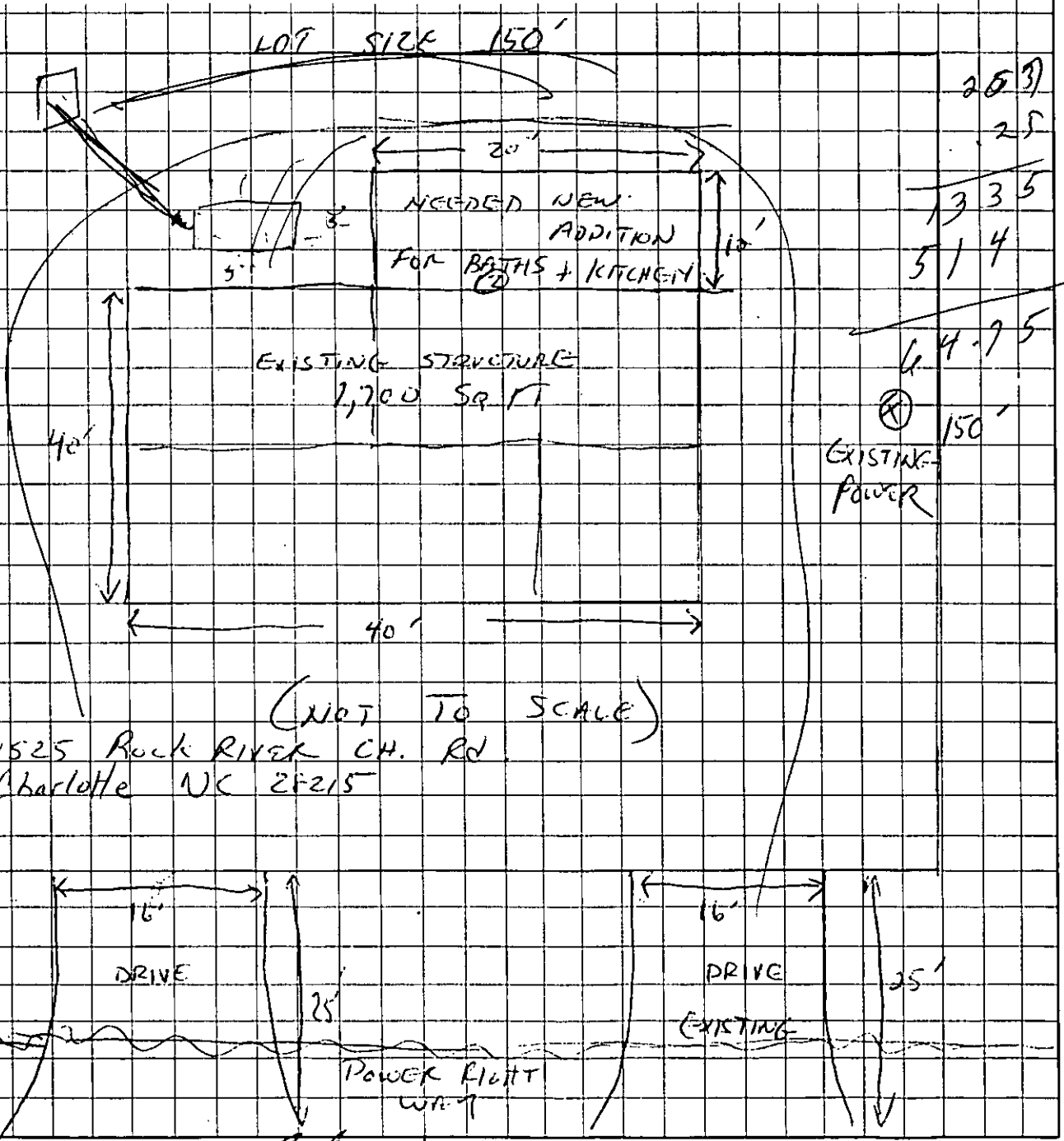
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 26 91A 267

TC: 111-221-05 134

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 3-23-99 (NOT TO SCALE)

APPROVAL DATE _____

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

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

#1

Sheet: _____
Property ID: 111-221-05
Lot #: _____
File #: 2691A

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Christopher Shawn Blackmon APPLICANT: _____
ADDRESS: 11525 Rocky Reach Ch. Road, Charlotte DATE EVALUATED: 4-13-99
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 240gpd PROPERTY SIZE: .62
LOCATION OF SITE: 11525 Rocky Reach Ch. Rd PROPERTY RECORDED: _____
WATER SUPPLY: ☐Private ☐Public ☒Well ☐Spring ☐Other _____
EVALUATION METHOD: ☒Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☐Sewage ☐Industrial Process ☐Mixed

PROFILE #	1940 Landscape Position/ Slope % (6-17-99 SLM)	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-3"	gr/cl	Fr/SEXP/SS/SP	7.5YR TO Soil wetness	49"	N/A	None	PS .39/Fz IV
		3-45"	SBK/C	F:/SEXP/SS/P					
		45-49"	SBK/C	Fr/SEXP/SS/SP					
2	LS	0-4"	gr/cl	Fr/SEXP/SS/SP	7.5YR TO Soil wetness	49"	N/A	None	PS .39/Fz IV
		4-49"	SBK/C	F:/SEXP/SS/P					

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: William R. Mauldin 4-14-99
OTHER(S) PRESENT: LSS

FILE # 2691A

COMMENTS Lot originally looked at in 1986. Rear Fence moved since then - additions Lowings made

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

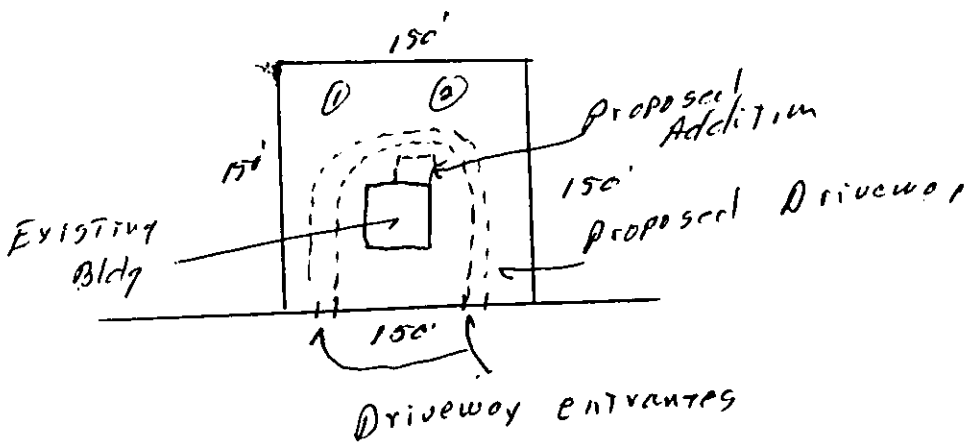
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



PROPOSED PLOT PLAN

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

66 3/4 6 1/2

FILE: 2691A

TC: 111-221-05

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.

SCALE 1" = 40'

PERMIT FOR
SHAWN BLACKMON
11525 ROCKY RIVER Rd

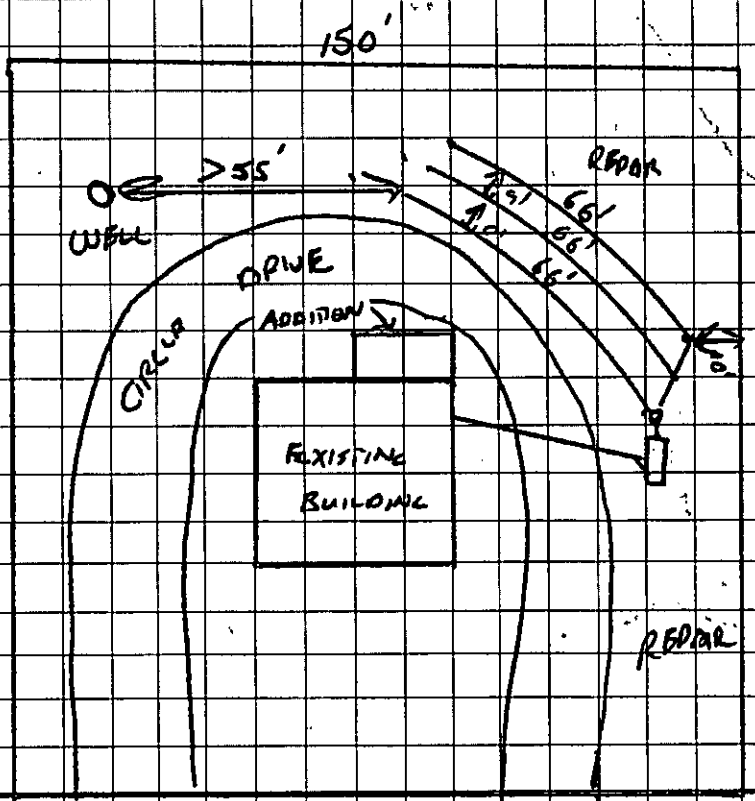
(1) PERMIT DESIGN IS FOR A 2 BEDROOM RESIDENCE UTILIZING TYPE III-G INNOVATIVE INSTALLATION WHICH ALLOWS FOR A 25% REDUCTION IN TOTAL LINEAR FEET.

(2) TYPE III-G INSTALLATION REQUIRES AGREEMENT FORMS TO BE COMPLETED AND FILED W/ REGISTER OF DEEDS OFFICE AND A COPY SUBMITTED TO THIS OFFICE.

(3) SEPTIC TANK AND DRAINFIELD SHOULD NOT BE SUBJECT TO VEHICULAR TRAFFIC.

(4) INSTALL DRAINLINES SHALLOW (30") AND ON CONTOUR.

(5) LOCATE ALL PARTS OF SEPTIC TANK SYSTEM 50' FROM ALL WELLS.



11525 ROCKY RIVER ROAD

APPROVAL DATE 10/20/00

OWNER/AGENT SIGNATURE

DATE

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

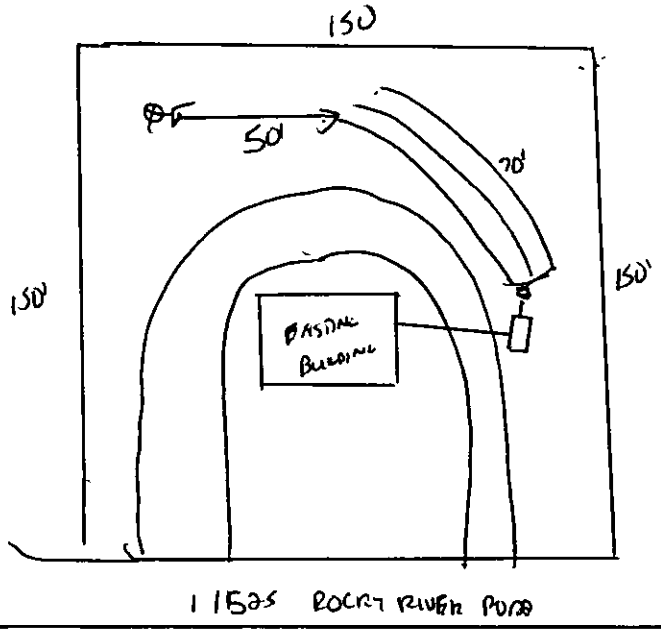
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2691A DATE: 5-3-02

TC: 111-021-05 ☒ L

SERIAL 19037

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 2-6-02. All work shall be completed on or before _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank _____ 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 200 feet

Number of Lines 3

Depth of Stone NA inches

Distance from House 210 feet

Distance from Property Line 10' feet

Distance from Well 250 feet

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

NAME OF OWNER CHRISTOPHER SHAWN BLACKMON

LOCATION OF PROPERTY 11525 ROCKY RIVER Church RD

Comments: (1) TYPE II-G INNOVATIVE

Environmental Health Specialist

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

00 CK# 1054 5/7/02 Paid #150 RF DCS CO

FEE: 150 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 11/7/00 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 10/20/00 **PERMIT NO:** 2691A
PARCEL NO: 111-221-05

JOB LOCATION ADDRESS: 11525 ROCKY RIVER ROAD
PROPERTY OWNER: SHAWN BLACKMON
BUILDING CONTRACTOR:
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: _____ **DATE:** 10/20/00
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2691A, 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.

X _____ 11-7-00
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number 2691A

Tax Number: 111-221-05

The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.

CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.

Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	X No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	X Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
.3 Long-term acceptance rate	240 Max gallons/day wastewater flow	800 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
GFS Serviced by private well	1500 Gallon septic tank	200 Total trench length (ft)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
2 Bedrooms in residence	___ Gallon pump tank	NA Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: (1) TYPE III-G INNOVATIVE INSTALLATION, (2) AGREEMENT FORMS MUST BE SIGNED.				
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	X Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
800 Absorption Area (Sq ft) 200 Total Trench Length (Ft)	NA Depth of Stone Trench	9' Trench spacing (min. on centers)	30" 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 10/20/00

Owner/Agent Signature — Date 11-7-00

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

FOR REGISTRATION JUDITH H. [illegible]
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2002 MAY 07 02:42 PM
BOOK:13568 PAGE:453-456 FEE:$20.00
INSTRUMENT # 2002090174

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; .1957(a); .1957(b); or .1957(c); OR .1969

FILE # 269A
PARCEL # 111-221-05

The undersigned, CHRISTOPHER SHAWN BLACKMON, owner of property located at 11525 Rocky River Church Rd, (the "site") and described in an instrument recorded in Book 9345 at Page 463, 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 Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth 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 proper 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 a malfunction of such system.

The undersigned further acknowledges that the following conditions will apply to the site:

- Any changes on the property may make the Improvement Permit Null and void and may make the Improvement Permit subject to revocation.

This instrument was prepared by: CHRISTOPHER SHAWN BLACKMON
Mail after recording to: P.O. BOX 691441
Charlotte NC 28227

PROPOSED PLOT PLAN

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

FILE: 2691A

TC: 111-221-05

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.

SCALE 1" = 40'

PERMIT FOR
SHAWN BLACKMON
11525 ROCKY RIVER Rd

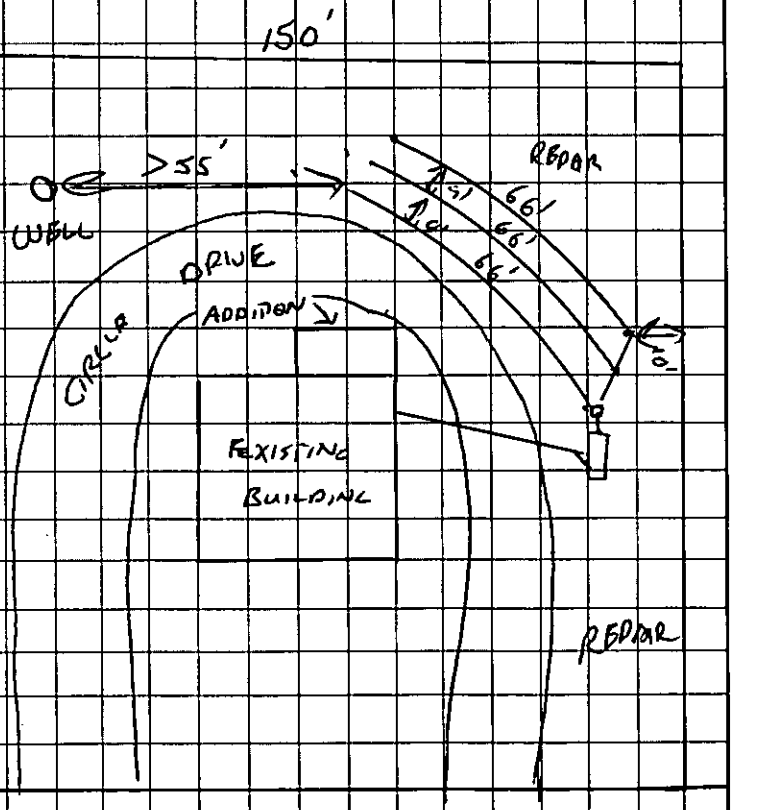
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(2) TYPE III-G INSTALLATION REQUIRES AGREEMENT FORMS TO BE COMPLETED AND FILED W/ REGISTER OF DEEDS OFFICE AND A COPY SUBMITED TO THIS OFFICE.

(3) SEPTIC TANK AND DRAINFIELD SHOULD NOT BE SUBJECT TO VEHICULAR TRAFFIC.

(4) INSTALL DRAINLINES SHALLOW (30") AND ON CONTOUR.

(5) LOCATE ALL PARTS OF SEPTIC TANK SYSTEM 50' FROM ALL WELLS.



X Shawn Blackmon
OWNER/AGENT SIGNATURE

DATE 11-7-00

APPROVAL DATE 10/20/00

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

FEE: 100.00 Cash
DATE: 3-23-99
VLD

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

[ ] CRT

TYPE APPLICATION: X 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 #: 2694A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 111-281-05

STREET ADDRESS: 11525 Rocky River CH. Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

CLOSING DATE _____

Septic to serve both structures.

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1850 sq FT. ±

NUMBER OF BEDROOMS: 2 NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
X ON SLAB EXISTING
X CRAWL SPACE FOR NEW ADDITION
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

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

SIZE of ADDITION 20' x 12' CONSIST of 2 full BATHS & SMALL KITCHEN

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES __ NO TYPE: MAYBE IN FUTURE

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

PROPERTY OWNER:

NAME: BLACKMON CHRISTOPHER SHAWN
(LAST) (FIRST) (MI)

ADDRESS: 11525 Rocky RIVER CH Rd.

CITY: Charlotte STATE: NC ZIP: 28215

DAYTIME PHONE: (704) ~~228~~ - 672-4848 OR 543-5349

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

(ALSO) P.O. BOX 691441
Charlotte NC 28227

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1961

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: Christopher Shawn Blackmon DATE: 3-23-99

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

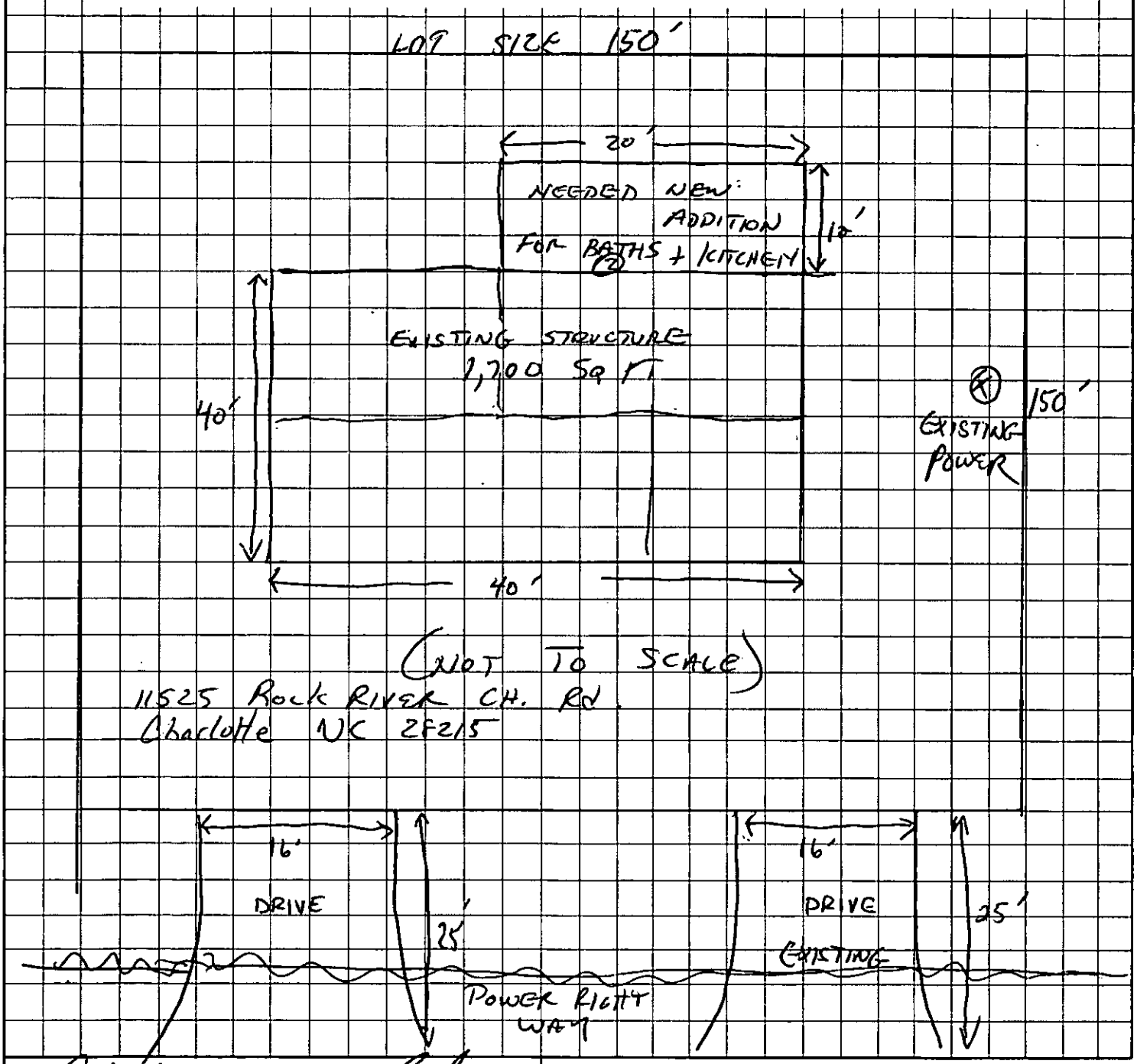
PROPOSED PLOT PLAN

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

FILE: 2691A

TC: 111-221-05

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 3-23-99 (NOT TO SCALE)

APPROVAL DATE _____

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

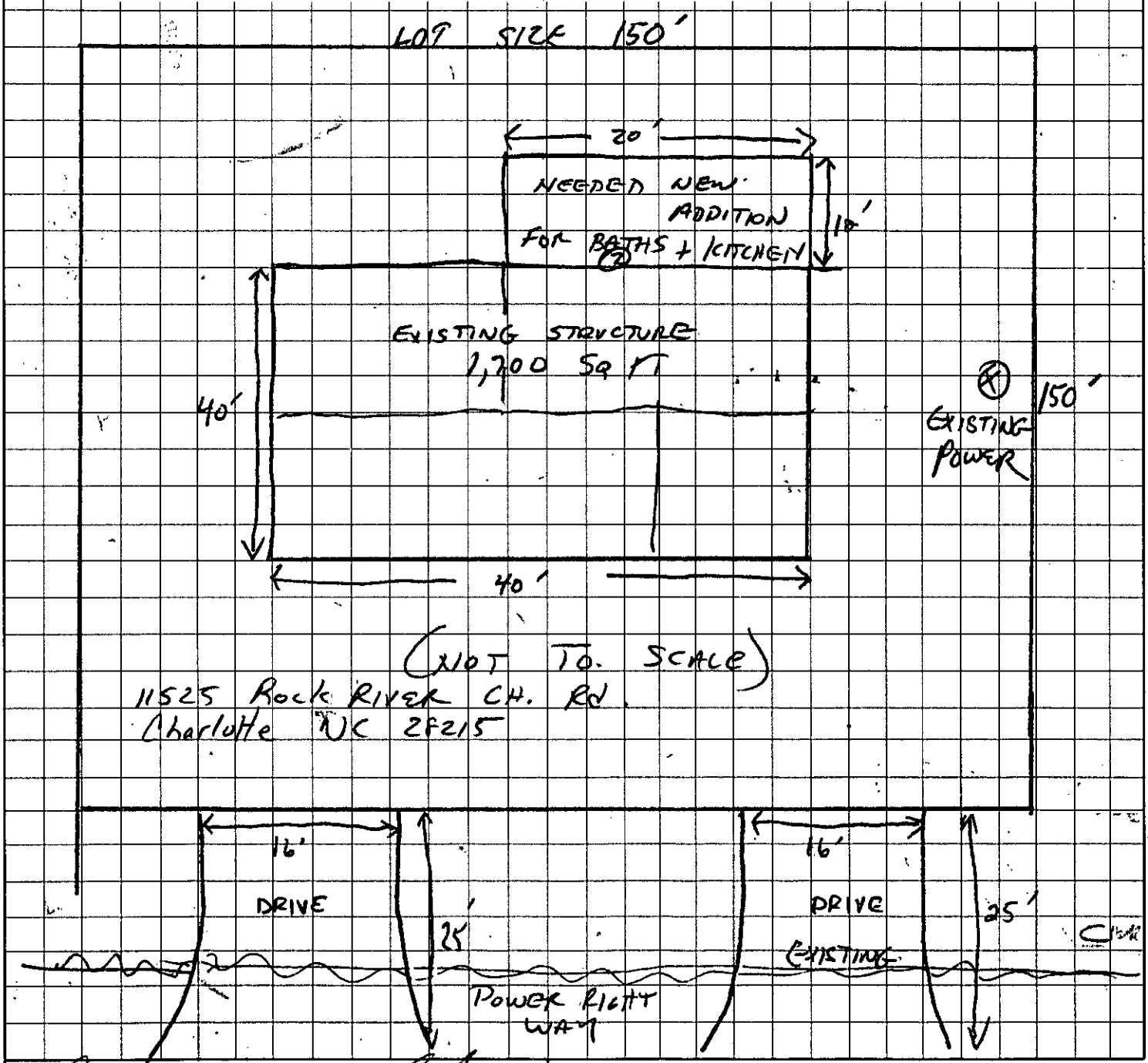
PROPOSED PLOT PLAN

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

FILE: 2691A

TC: 111-281-05

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 3-23-99

(NOT TO SCALE)

APPROVAL DATE _____

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

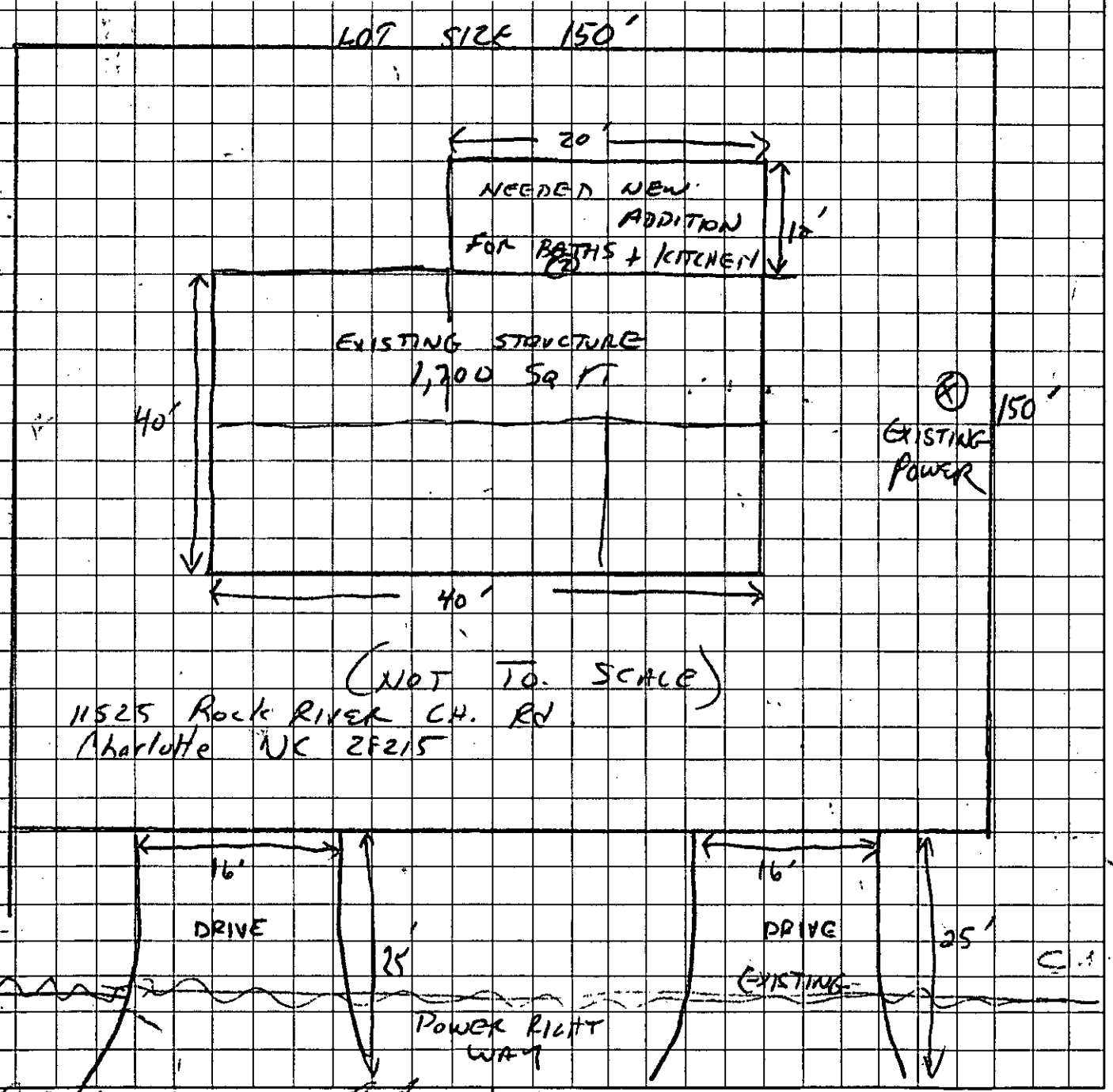
PROPOSED PLOT PLAN

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

FILE: 2691A

TC: 111-221-05

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 3-23-99 (NOT TO SCALE)

APPROVAL DATE _____

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 2691A DATE: 5-7-02

TC: 111-221-05 ☒ L ☐ CRT

SERIAL Nº 18917

Name of Owner CHRISTOPHER SHAWN BLACKMON Juris.: _____

Address of Property 11525 ROCKY RIVER Church ROAD

Inspection Data:

Tank Material PCC 1500 gal

Total Length of Drainfield 200

Number of Lines 3 @ 20,20,60

Cover Depth 12"

Water Supply Source WELL

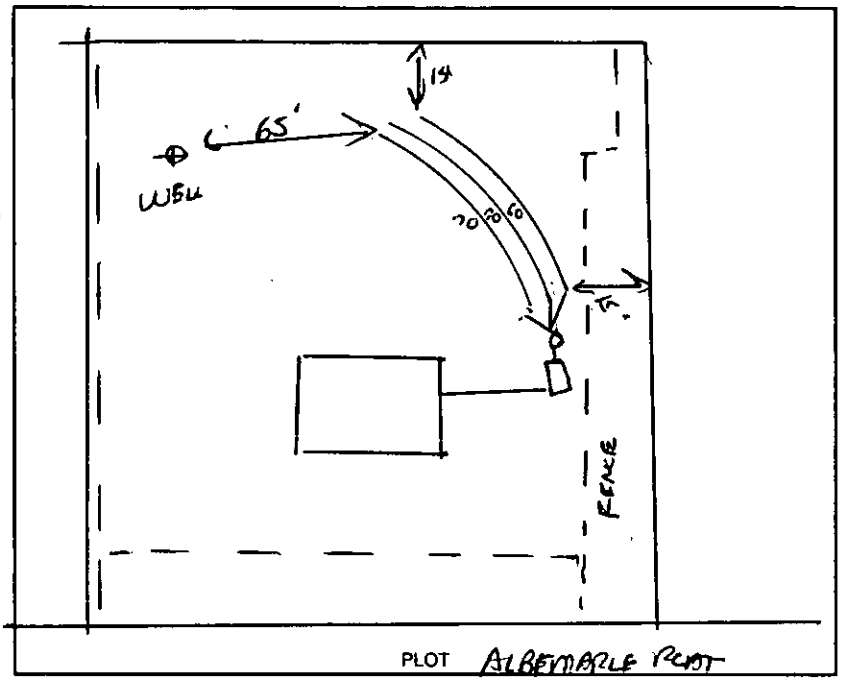
Distance to Water Source 65'

Excavation Inspected 5-7-02

Tank(s) Inspected 5-7-02

Wash Line Inspected —

High Water Alarm Inspected —



Design 1500 ST 600 SFT INNOVATIVE, EES222 FLOW CTR# WILLIS CHRISTOPHER

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☐ altered or repaired

☒ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☒ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of I5A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: TYPE II - 6

Environmental Health Specialist

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 2691A DATE: 5-7-02

TC: 111-221-05 ☒ L ☐ CRT

SERIAL Nº 18917

Name of Owner CHRISTOPHER SHAWN BLACKMON Juris.: _____

Address of Property 11525 ROCKY RIVER (Church) ROAD

Inspection Data:

Tank Material PCC 1500 gal.

Total Length of Drainfield 200

Number of Lines 3 @ 20, 20, 60

Cover Depth 12"

Water Supply Source WELL

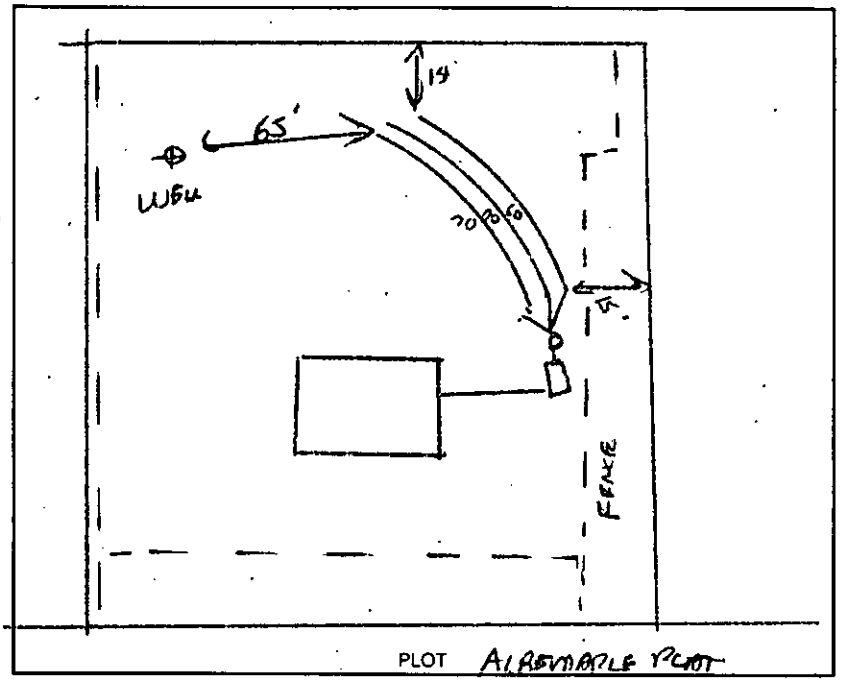
Distance to Water Source 65'

Excavation Inspected 5-7-02

Tank(s) Inspected 5-7-02

Wash Line Inspected —

High Water Alarm Inspected —



Design 1500 ST 600 SF INNOVATIVE, EFF 222 FLOW CTR# WILLIE CHRISTBERRY

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☐ altered or repaired

☒ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

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Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: TYPE III - 6

Environmental Health Specialist

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