

PART OF IREDELL COUNTY
21201 HOLLY POND LANE 001-391-17

6/19/08

thomatc

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

2400

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

FILE: 11314 DATE: 12/17/93

TC: 001 391 17 ☐ L ☒ CRT

SERIAL Nº 15373

Name of Owner Thomas Barringer Juris.:

Address of Property 21201 Holly Pond Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth 18"

Water Supply Source existing Well

Distance to Water Source 750'

Excavation Inspected 12/17/93

Tank(s) Inspected 12/17/93

Wash Line Inspected –

High Water Alarm Inspected –

PLOT

Design: 1993, 1500ST, CON, 1200SFT, 12'stone cecil CTR# Ro Abernathy

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: septic system designed for 3 bedroom residence

Type II

P. Walker for S. Daniel
12/20/93

Phillip S. Walker R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

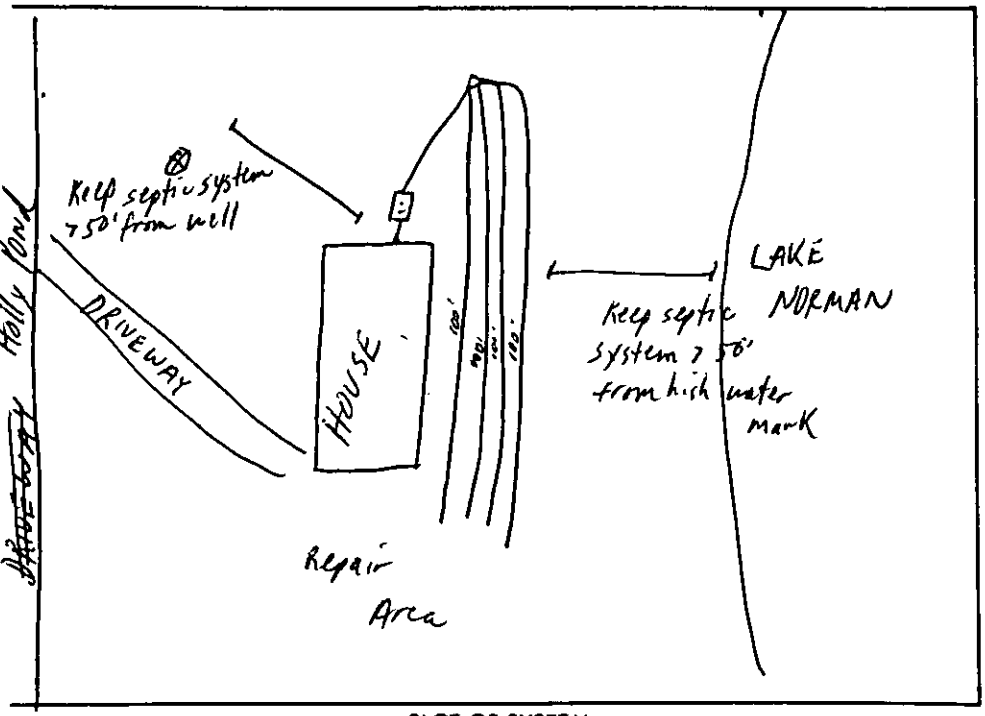
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 11314 DATE: 12/13/93

TC: 001 391 17 ☐ L

SERIAL Nº 15209

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 10/21/93. All work shall be completed on or before 1/13/93, 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 PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400' feet

Number of Lines 4 (100')

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10' feet

Distance from Well >50' feet
existing well

NAME OF OWNER Thomas Barringer

LOCATION OF PROPERTY 21201 Holly Pond Rd

Comments: 1500 S.T, 4 lines x 100' long x 3' wd x 12" Stone / Keep septic system >50 from existing well. Keep septic system >50' from high water mark

P. Walker R.S. for S. Daniel 12/15/93
Division or Section Head

Phil S. Walker 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

File 11314

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

@ 400 LQ 200' Cost 10/21/93 Dt. ☒ 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

Date: 10/21/93

PERSON FILING APPLICATION:
NAME: BARRINGER, THOMAS W (last) (first) (mi)
ADDRESS: Rt 1 Box 109D PHONE: (704) 892-6624
CITY: MOORESVILLE STATE: NC ZIPCODE: 28115

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-391-17
STREET ADDRESS: 21201 Holly Pond Ln
ZONING:

PROPERTY OWNER:
NAME: BARRINGER, THOMAS W (last) (first) (mi)
ADDRESS: Rt 1 Box 109D PHONE: (704) 892-6624
CITY: MOORESVILLE STATE: NC ZIPCODE: 28115

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: 280 LOT SIZE (in acres): 0.9±

[] SOIL TEST - INDIVIDUAL LOT (D)
☒ 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) ☒ HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

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)
☒ 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: Thomas W. Barringer Date: 10/21/93

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

Phillip S. Walker 10/27/93
Environmental Hlt Date

10-29-93
Director or Authorized Section Head Date

WWATER : 122791

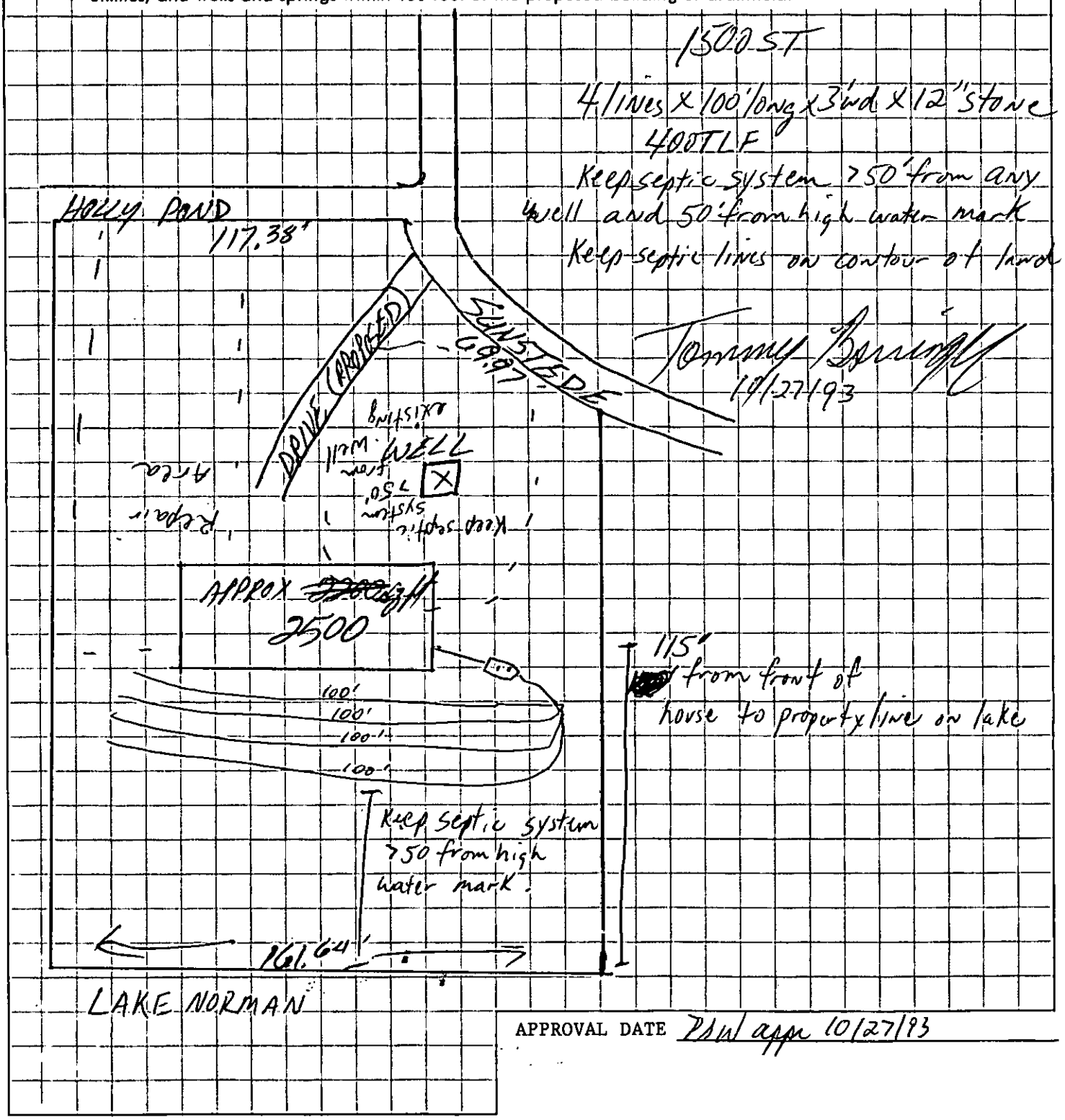
PROPOSED PLOT PLAN

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

FILE: 11314

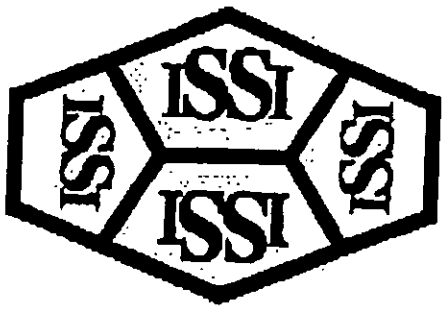
TC: 001-391-17

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 Rsul appr 10/27/93

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy



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ISSI Operations Center Staff

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. _____

T.C. NO. _____

(Ground Absorption Sewage Disposal)

OWNER: Walter L. Cortez
ADDRESS: 3035 Black Wire Rd
Matthews, N.C. 28105
LOCATION OF SITE: Corner of Sunset and Wally Lane

PLAT NO: _____
LOT SIZE: 31,996 .734a

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U — 2-6	S PS U	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) U — Clayey	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U — Blocky	S PS U	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) U — 40-48	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) U — None	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) U — Adequate	S PS U	S PS U	S PS U
7. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
8. SOIL GROUP	IIa			
9. SITE CLASSIFICATION	Suitable			
10. SOIL SERIES	Cecil			

S - Suitable PS - Provisionally Suitable U - Unsuitable

**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

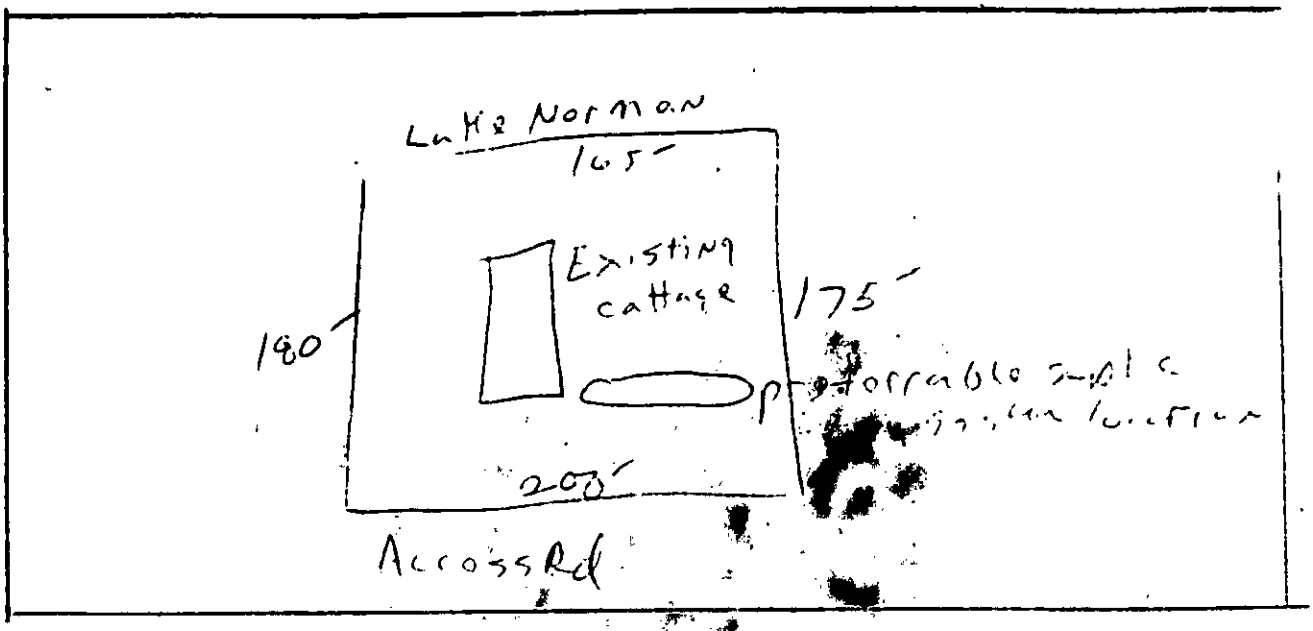
Recommendations/Comments: _____

Described by: W. B. Kinney
Title. Soil Scientist

Date: 7-21-

EHD 539 (Revised: 6/82)

DIAGRAM OF PROPERTY



3/18/75

FH 53

SOIL INVESTIGATION REPORT

Date of Investigation August 24, 1976 APT NO. 11-3/4

Owner Walter Lee Carter

Location of Property Mock Neck Section Lot 280 Tax Map No. 001-251-04

Soil Suitability Ratings

Soil Properties	Soil 1	Soil 2	Soil 3	Soil 4
1. Soil Series	Cecil			
2. Soil Slope	Suitable 2-6%			
3. Soil Depth	Suitable >48"			
4. Soil Texture	provisionally suitable Clay-Kaolinite			
5. Soil Structure	provisionally suitable Sub angular blocky			
6. Restrictive Horizons	——			
7. Soil Drainage	Suitable water table >6'			
8. Soil Permeability (Percolation Rate)	provisionally suitable moderate 60 min/in			
9. Other	——			
10. Overall Rating	provisionally suitable			

Recommendations Based on this investigation, this area is suitable for approval for installation of a septic tank system. System design shall be based on a percolation rate of 60 min/in

See diagram on back

[signature]
Soil Scientist

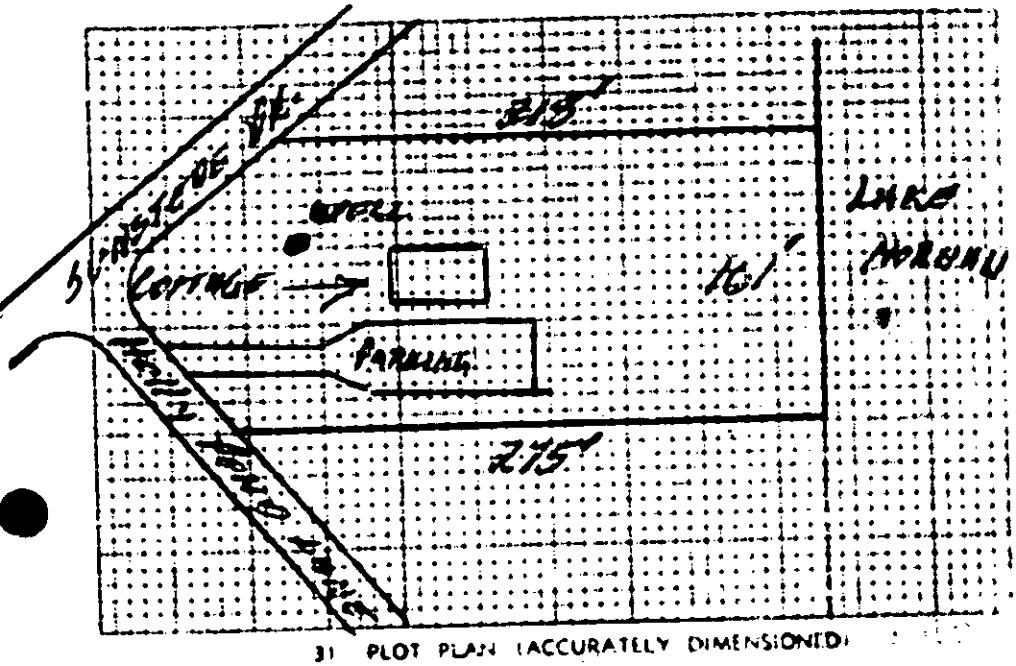
3/10/75
EHD 539

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge

The owner of that property described hereinafter hereby applies to the [illegible] County Environmental Health for a permit to

1) ✓ Install or Construct 2) [ ] Alter or Repair an individual septic tank [illegible] system with a subsurface, soil absorption, effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Crescent Land & Timber Corp.
LAST FIRST

14) ADDRESS OF OWNER 224 E. 2nd St., Charlotte, N.C. P.O. Box 3011
PLEASE REPLY TO LEASEHOLDER: Walter L. Cortee, 3235 Blackwing Dr., Matthews, N.C.

15) PHONE NO Home 536-6306 Office 377-4015

16) LOCATION OF SYSTEM Section 6, Lot #280 corner of Sunstede Dr. & Holly Point
"Mecklenburg Neck" area, Lake Norman
STREET OR COUNTY ROAD

17) SUBDIVISION Section 6, Lot No 280 Block No

Map Book No 17 Page No 627

18) DEED REFERENCE — DEED BOOK 3146 AT PAGE 153

19) HAS A SOIL INVESTIGATION BEEN RUN? X YES NO DATE

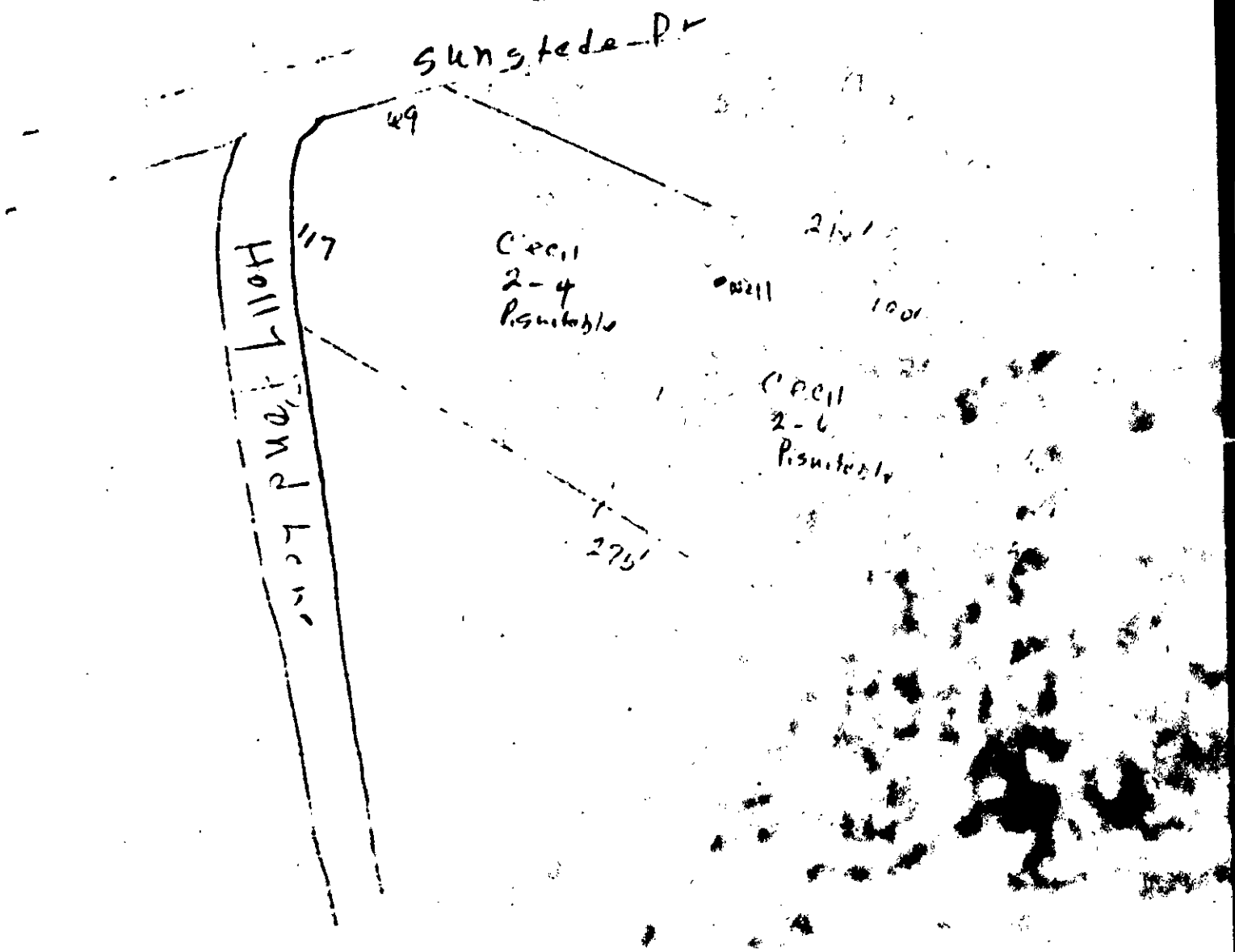
20) PTR NUMBER (See Instructions) 1.3.c

The undersigned person hereby agrees that he has read the foregoing [illegible] of same are true. It is understood that any permit applied for herein shall be [illegible] the above facts are not true

8/8/83
DATE OF APPLICATION

Walter L. Cortee
OWNER LEASEHOLDER

EHS 5-78


Sunstede Dr
49
117
Hollywell Hill
Circle
2-4
Residential
Well
100'
Circle
2-6
Residential
275'

Serial No.

SIR N [illegible]

T C M 001-39[illegible]-1[illegible]

Date Issued 8-5-83

Map Date

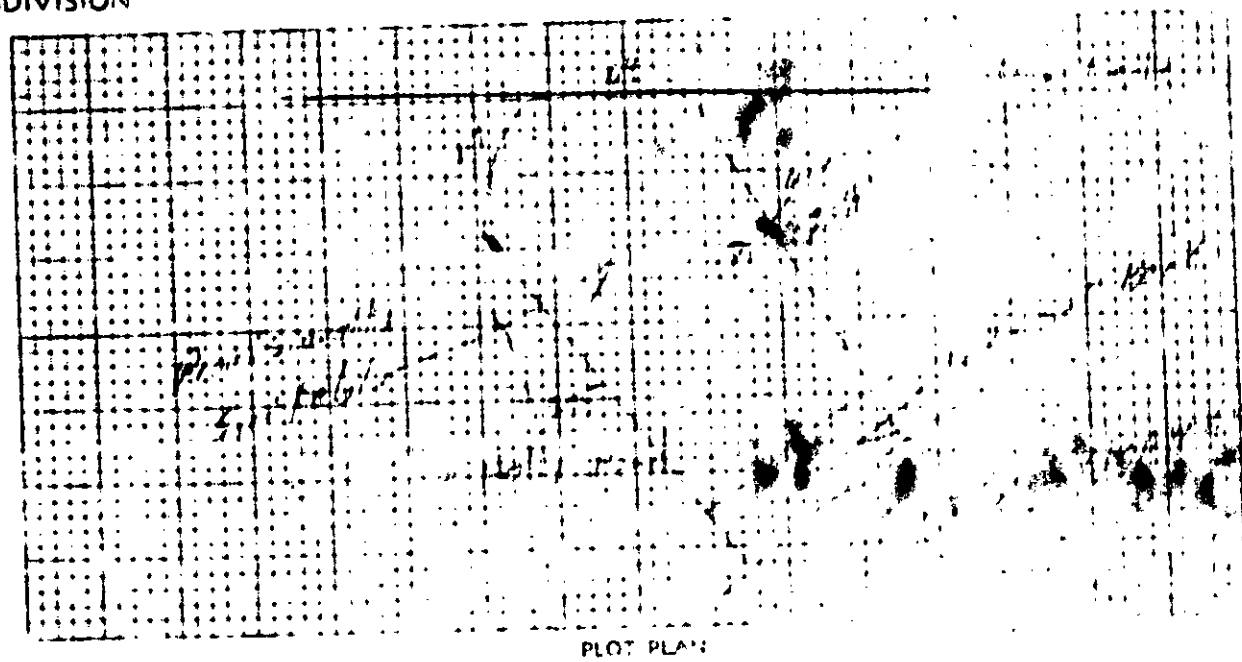
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER — LAST Crescent Land & Timber Corp. FIRST MIDDLE

ADDRESS OF OWNER 224 W. 2nd St., Charlotte, NC ZIP 28230

LOCATION OF PROPERTY Corner Sunstede Dr. & Hollypond Lane STREET OR ROAD

SUBDIVISION LOT NO 280 BLOCK NO



PLOT PLAN

This is to [illegible] Department [illegible] Provisionally Suitable

[illegible]

[illegible] comply [illegible] would not [illegible]

Soil Scientist

PROPOSED PLOT PLAN

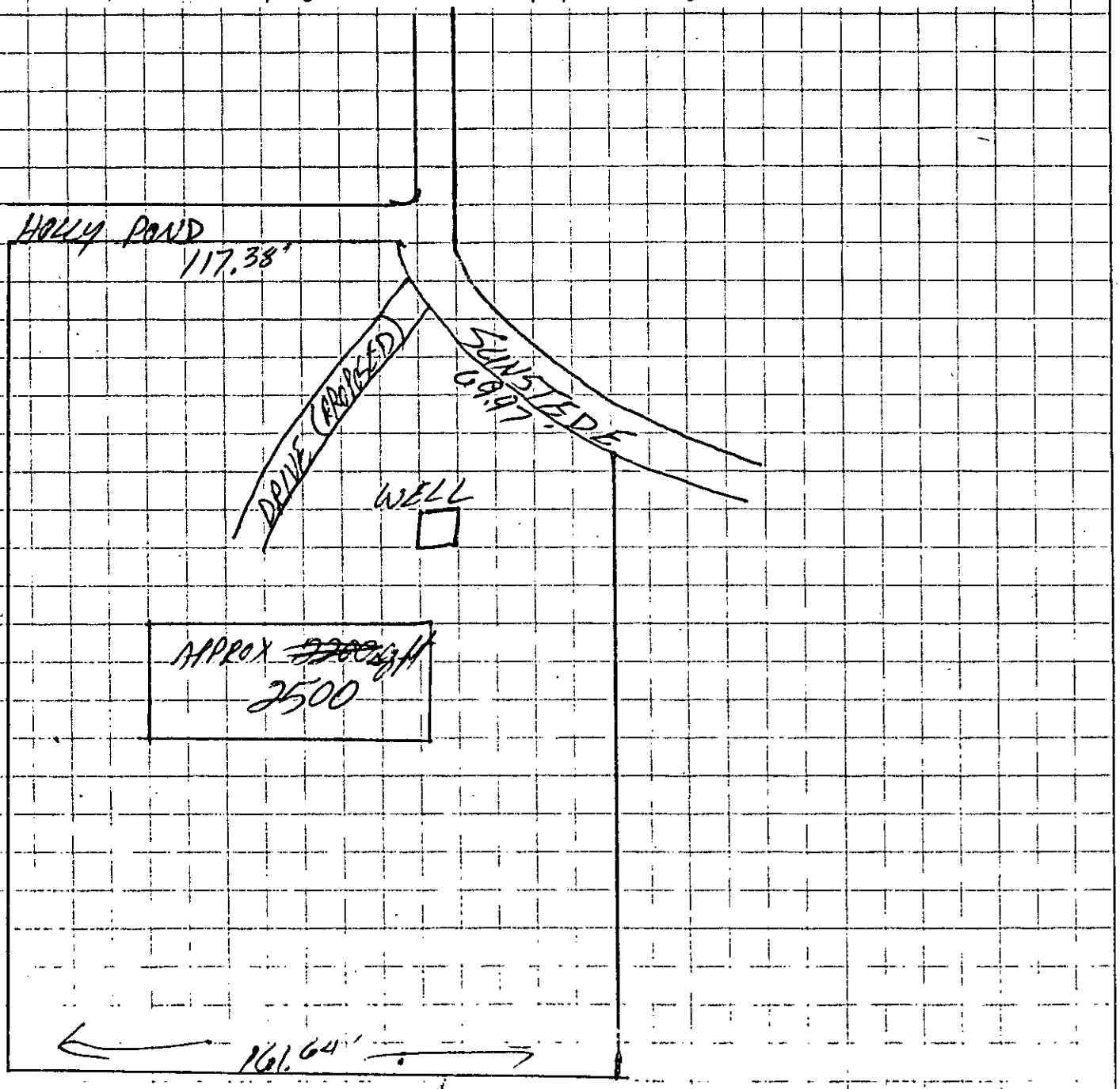
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 11314

TC: 001-391-17

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 _____

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 10-21-93

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Mech

PARCEL NUMBER 001-391-17

ASSIGNED ADDRESS 21201 Holly Pond LN

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

		APPROVED	DISAPPROVED
1.	SUBDIVISION REGULATIONS	_____	_____*
2.	FLOODWAY REGULATIONS	_____	_____*
3.	EROSION CONTROL REGULATIONS	_____	_____*
4.	PUBLIC UTILITY EASEMENT	_____	_____*

		PRESENT	NOT PRESENT
5.	PUBLIC UTILITY EASEMENT	_____*	_____
6.	PROPERTY FRONTS ON THOROUGHFARE	_____*	_____
7.	DRIVEWAY PERMIT REQUIRED	_____*	_____

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Well & Septic

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: GCM

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100