


9004 LAURISTON PL

13905431

5/2/08

marliwr

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

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3013 A DATE: 6-28-00

TC: 139-054-31 ☐ L ☒ CRT

SERIAL Nº 18449

Name of Owner CLINT DOUGLAS Juris.:

Address of Property 9004 LAURISTON PLACE

**Inspection Data:**

Tank Material 1500

Total Length of Drainfield 300

Number of Lines 6 @ 50

Cover Depth @ 12"

Water Supply Source WELL

Distance to Water Source >100'

Excavation Inspected 6-28-00

Tank(s) Inspected 6-28-00

Wash Line Inspected —

High Water Alarm Inspected —

- SEE INSTALLATION

PLOT

Design 1500 SJ 1200 SFT (INNOVATIVE) "E2-LAY" CTR# STANLEY SEPTIC

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: (1) TYPE III-G

(2) DROP BOXES INSTALLED.

Environmental Health Specialist

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

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

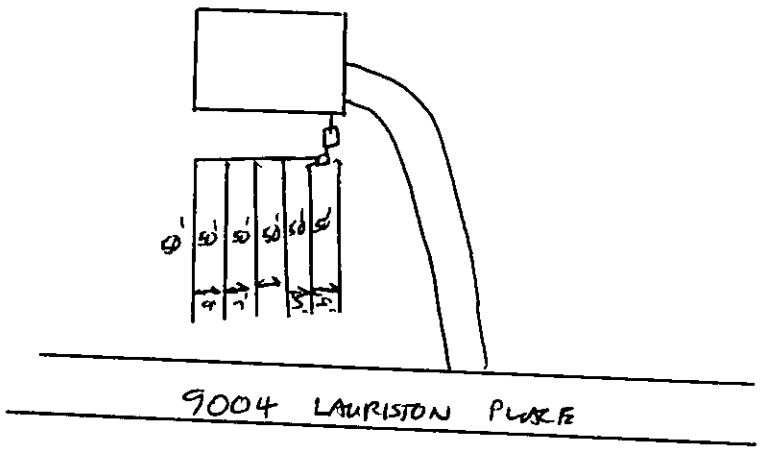
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3013A DATE: 6-28-00

TC: 134-054-31 ☒ L

SERIAL Nº 18457

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 9-25-96. All work shall be completed on or before 9-25-, 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 300 feet

Number of Lines 6

Depth of Stone NA inches

Distance from House 5' feet

Distance from Property Line 10 feet

Distance from Well 60' feet

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

NAME OF OWNER CLINT DOUGLAS

LOCATION OF PROPERTY 9004 LAURISTON PLACE

Comments: (1) CONTRACTOR WILL INSTALL DROP BOXES.

(2) CONTRACTOR TO INSTALL "EZEE LAY" BRAND SYSTEM

Environmental Health Specialist

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

ck# 125

**FEE:** 300 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** ACS
**DATE:** 1/6/00 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: _____ PERMIT NO: 3013A

PARCEL NO: 139-054-31

JOB LOCATION ADDRESS: 9004 Lennington Place

PROPERTY OWNER: John Moore

BUILDING CONTRACTOR: John Moore

SUBDIVISION NAME: GILBNCROFT LOT 31

AUTHORIZATION ISSUED BY: _____ DATE: 1-7-00

DENR AUTHORIZED AGENT

## AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. _____, 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 John Allen Moore X 1/6/00

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

PLOT PLAN FOR PERMIT APPLICATION

# ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

**LOCATION**

STREET # (N,S,E,W): 9004 STREET NAME: Lauriston (AV,RD,ST, etc.): PL

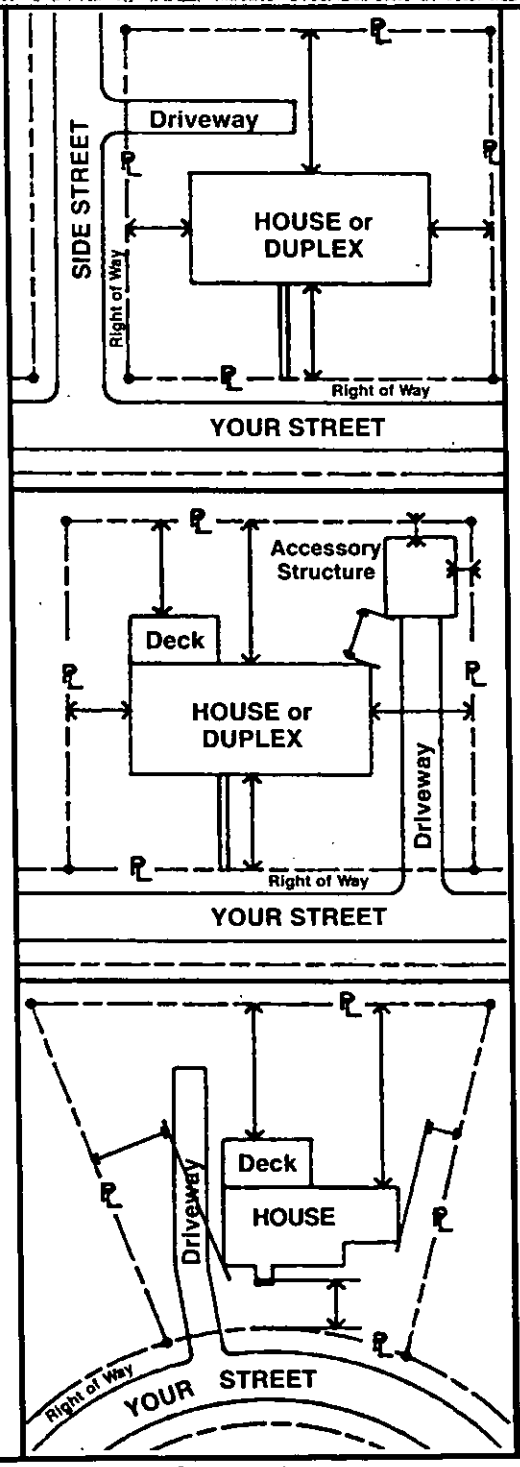
SUITE/UNIT(S): 1

PERMIT #

TAX JURISDICTION: (Check One)
☐ 0 - Mecklenburg ☐ 1 - Charlotte ☐ 2 - Davidson ☐ 3 - Cornelius
☐ 4 - Pineville ☐ 5 - Matthews ☐ 6 - Huntersville ☒ 7 - Mint Hill

TAX PARCEL #: 139-054-31 JOB #:

**EXAMPLES/PLOT PLAN**

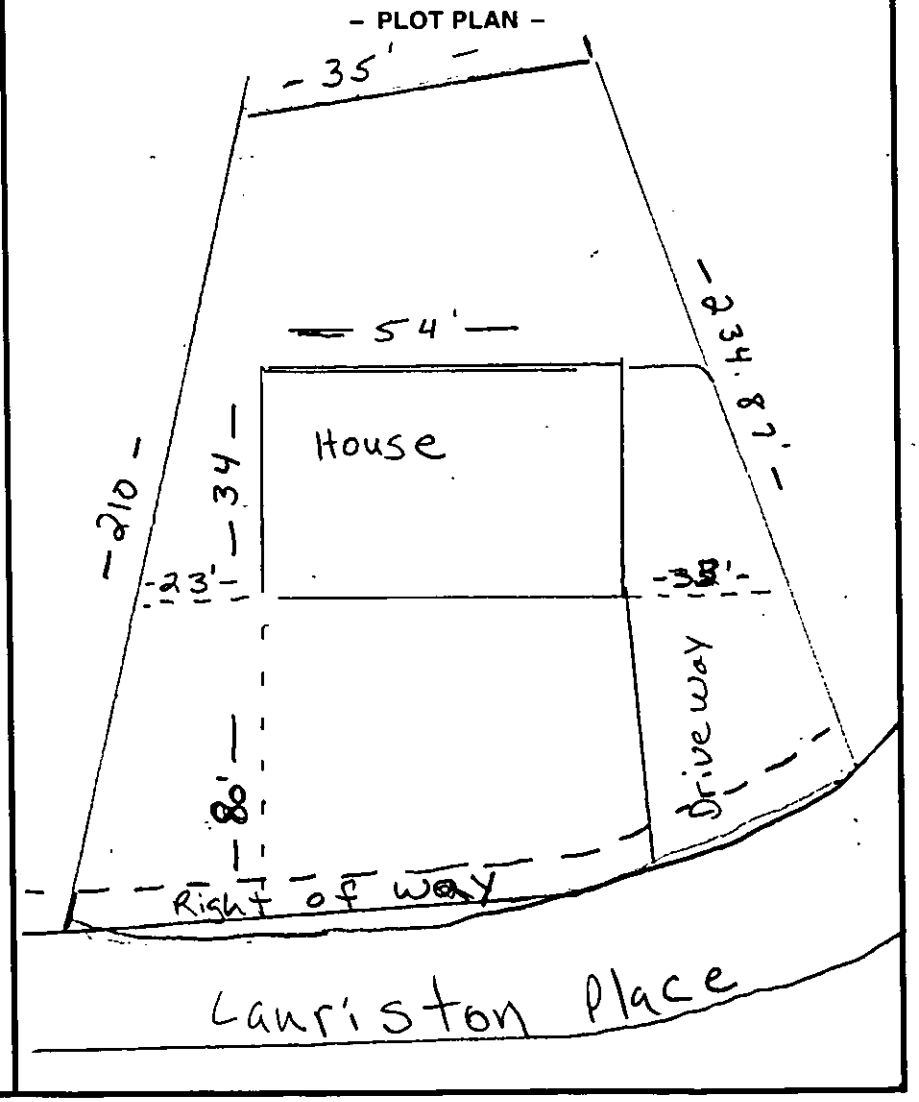



## – INSTRUCTIONS –

In the space provided below, draw plot plan as neatly and accurately as possible, from survey if available.

1. Draw street(s) and right-of-way(s).
2. Draw property lines with dimensions.
3. Draw proposed and existing buildings showing any attached porch(es), deck(s), chimney(s), carport(s), or garage(s), etc.
4. Show distances of buildings from property lines or other structures.
5. Separate application and plot plan required for each building.

## – PLOT PLAN –




ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED.

John Allen Moore 11/18/99 John Allen Moore

APPLICANT'S SIGNATURE DATE PRINT APPLICANT'S NAME

APPROVED BY

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

B-83

ORIGINAL

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

DATE: 11/7/96 PERMIT NO: 3013 A
PARCEL NO: 139 054 31

PROPERTY OWNER: Clinton Douglas
BUILDING CONTRACTOR: -
JOB LOCATION ADDRESS: 9004 Lauriston Place
SUBDIVISION NAME: Glencroft
AUTHORIZATION ISSUED BY: Phila A. Walker R.S. DATE: 11/
DEHNR AUTHORIZED AGENT

## AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3013A, 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: Agreement forms to be filed before Cons Auth. Release

## 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.

Clinton Douglas 11/6/96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 3013A

# CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 139054 31

- 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<br>Type (circle one):<br>I II (III) IV V VI | ✓ Conventional<br>___ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | ✓ Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 |

| | | | |
|---|---|---|---|
| .3 Long-term acceptance rate | 360 Max gallons/day wastewater flow | ~~1200~~ 900' Absorption Area (sq ft) | 9' Trench spacing (min. on centers) |
| YES Serviced by private well | 1500 Gallon septic tank | 300' 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 | NA Gallon pump tank | NA Depth of stone | |

Any surface waters present: NO Type: Minimum separation distance:

Site modifications required: V-Ditch on front of property

Additional Conditions: Septic system supply line shall be plumbed under garage. Type III Innovative system approval, Agreement forms to be filed, Driveway to hug ~~left~~ right property line

| | | | |
|---|---|---|---|
| Repair Area System Type<br>Type (circle one):<br>I II (III) IV V VI | ___ Conventional<br>___ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | ✓ Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 |

| | | | |
|---|---|---|---|
| 900' Absorption Area (Sq ft)<br>300' Total Trench Length (Ft) | NA 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. 11/6/96
DEHNR Authorized Agent Date

[signature] 11/6/96
Owner/Agent Signature Date

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

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

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
1999 DEC 01 12:05 PM
BOOK:10938 PAGE:470-473 FEE:$12.00
INSTRUMENT # 1999212697

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 # 3013A
PARCEL # 134-054-31

The undersigned, John A. Moore, owner of property located at 9604 Lochaven Place, (the "site") and described in an instrument recorded in Book 10635 at Page 988-990, 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:* John A. Moore
*Mail after recording to:* P.O. Box 668053, Charlotte NC 28277



3

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

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

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

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

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

Use of the singular masculine 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.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this _____ day of _____, 199__.

~~[illegible]~~ _____ (SEAL)
~~(Corporate Name)~~

_____ (SEAL)

~~By:~~ John Allen Moore (Seal) _____ (SEAL)

_____ ~~President~~ _____ (SEAL)

~~ATTEST:~~

_____
_____ ~~Secretary~~

~~(Corporate Seal)~~

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Ashley R Reynolds, a Notary Public for said County and State, do hereby certify that John Allen Moore personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 1st day of December, 1999.

Ashley R Reynolds
Notary Public

My Commission Expires: March 31st 2003




JUDITH A. GIBSON
REGISTER OF DEEDS , MECKLENBURG COUNTY
COUNTY & COURTS OFFICE BUILDING
720 EAST FOURTH STREET
CHARLOTTE NC 28202

**********

**Filed For Registration:** 12/01/1999 12:05 PM

**Book:** RE 10938 Page: 470-473

**Document No.:** 1999212697

PRMIT 4 PGS $12.00

**Recorder:** REBECCA MCGOWAN

**********

State of North Carolina, County of Mecklenburg

The foregoing certificate of ASHLEY R. REYNOLDS Notary is certified to be correct. This 1 ST of December 1999

JUDITH A. GIBSON, REGISTER OF DEEDS By: Rebecca McG D
Deputy/Assistant Register of Deeds

**********

1 1

*1999212697*

## TRANSFER OF OWNERSHIP

Permit #: 3013A
Job Location Information:
Tax Parcel #: 139-054-31
Street Address: 9004 Lawriston Place

***An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change or if information submitted in this application is falsified or changed.***

Property Owner Improvement Permit Originally Issued to:

Name: Douglas (last) Clinton (first) (mi) Date Issued: 11/6/96

Address: 7808-308 Causeway Drive
City: Charlotte State: NC Zip: 28227
Daytime Phone: ( )____-____

---

IMPROVEMENT PERMIT TRANSFERRED TO:

Name: Moore (last) John (first) A (mi)

Address: 5425 Albemarle Rd Apt. U
City: Charlotte State: NC Zip: 28212
Daytime Phone: (704) 569-8611

The undersigned, owner or legal agent for the owner, of the property described as the "job location" in the original application dated 11/7/96 has read the foregoing application and Improvement Permit, 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: John A Moore Date: 6-28-99

---

IMPROVEMENT PERMIT TRANSFERRED TO:

Name: _____ (last) (first) (mi)

Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: ( )____-____

The undersigned, owner or legal agent for the owner, of the property described as the "job location" in the original application dated _____ has read the foregoing application and Improvement Permit, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Signed: _____ Date: _____

New Pool Plan
10-31-96

# PROPOSED PLOT PLAN

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

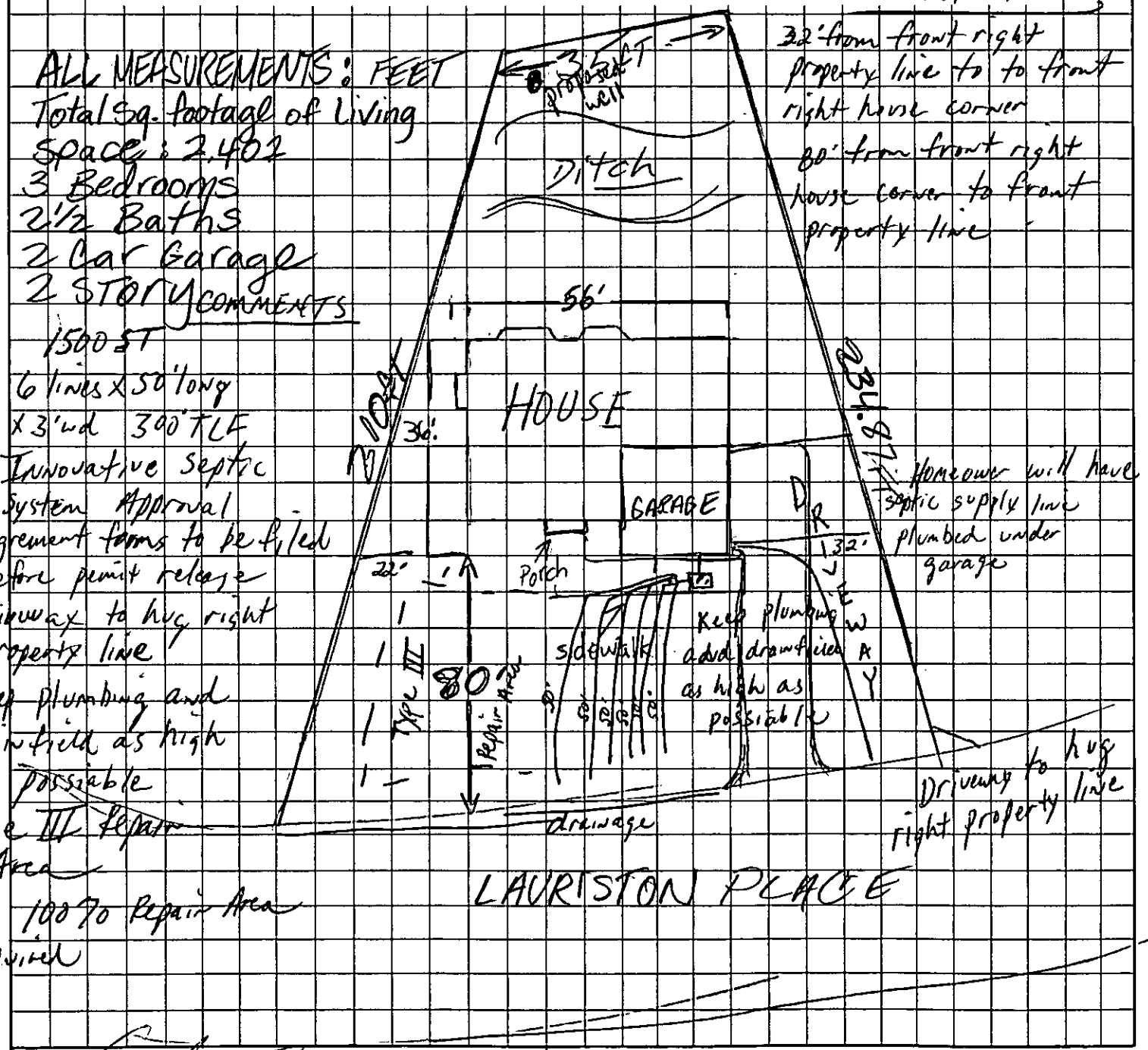
FILE: 3013A

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.

ALL MEASUREMENTS: FEET
Total Sq. footage of Living Space: 2,402
3 Bedrooms
2½ Baths
2 Car Garage
2 STORY

COMMENTS
1500 ST
6 lines x 50' long
x 3' wd 300' TLA
Innovative Septic System Approval
Agrement forms to be filed before permit release
Driveway to hug right property line
keep plumbing and drainfield as high as possible
Type III Repair Area
No 100% Repair Area Required




Additional Comments
32' from front right property line to to front right house corner
80' from front right house corner to front property line
Homeowner will have septic supply line plumbed under garage

Newton Douglas
OWNER/AGENT SIGNATURE

DATE 11/6/96

APPROVAL DATE PJW 11/6/96

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

FEE: 100.00
DATE: 9/25/96
C.C. # 0941

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

✓ 1 CRT

TYPE APPLICATION: ✓ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

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

FILE #: 3013A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 13905431 ~~0011~~

STREET ADDRESS: 9004 Lavriston Place

SUBDIVISION OR MOBILE HOME PARK NAME: Glencroft

LOT NUMBER: #31

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2733

NUMBER OF BEDROOMS: 3 + M NUMBER OF OCCUPANTS: 3

CLOSING DATE 10/31/96

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
✓ ON SLAB
__ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

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

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

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
✓ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES ✓ NO
EXISTING WASTEWATER SYSTEMS __ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES ✓ NO
WELL, SPRINGS OR WATERLINES __ YES ✓ NO
DESIGNATED WETLANDS ✓ YES __ NO

PROPERTY OWNER:

NAME: Douglas Clinton
(LAST) (FIRST) (MI)

ADDRESS: 7808-308 Causeway Dr.

CITY: Charlotte STATE: NC ZIP: 28227

DAYTIME PHONE: (704) 875-9280 / 536-6929

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Hiney Don
(LAST) (FIRST) (MI)

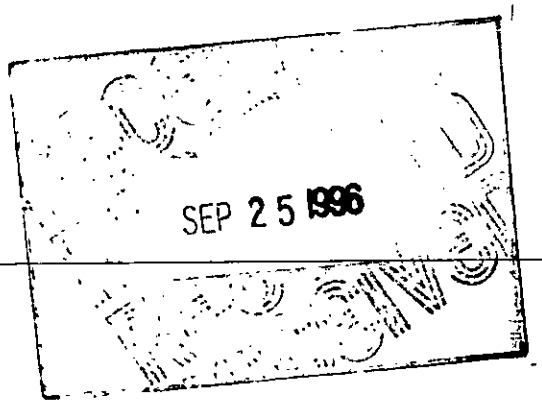
DAYTIME PHONE: (704) 545-9700

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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

SIGNED: Clinton Douglas DATE: 9/25/96

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


SEP 25 1996

# MECKLENBURG COUNTY
Department of Environmental Health

November 4th, 1987

K & W Associates
9001 Dartmoor Place
Charlotte, NC 28212

RE: Property located at 9004 Lauriston Place L31
FILE: 3013A
PARCEL: 13905203 PO

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 13711) 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 I may be of assistance, please do not hesitate to contact me.

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

Enclosure

COPY

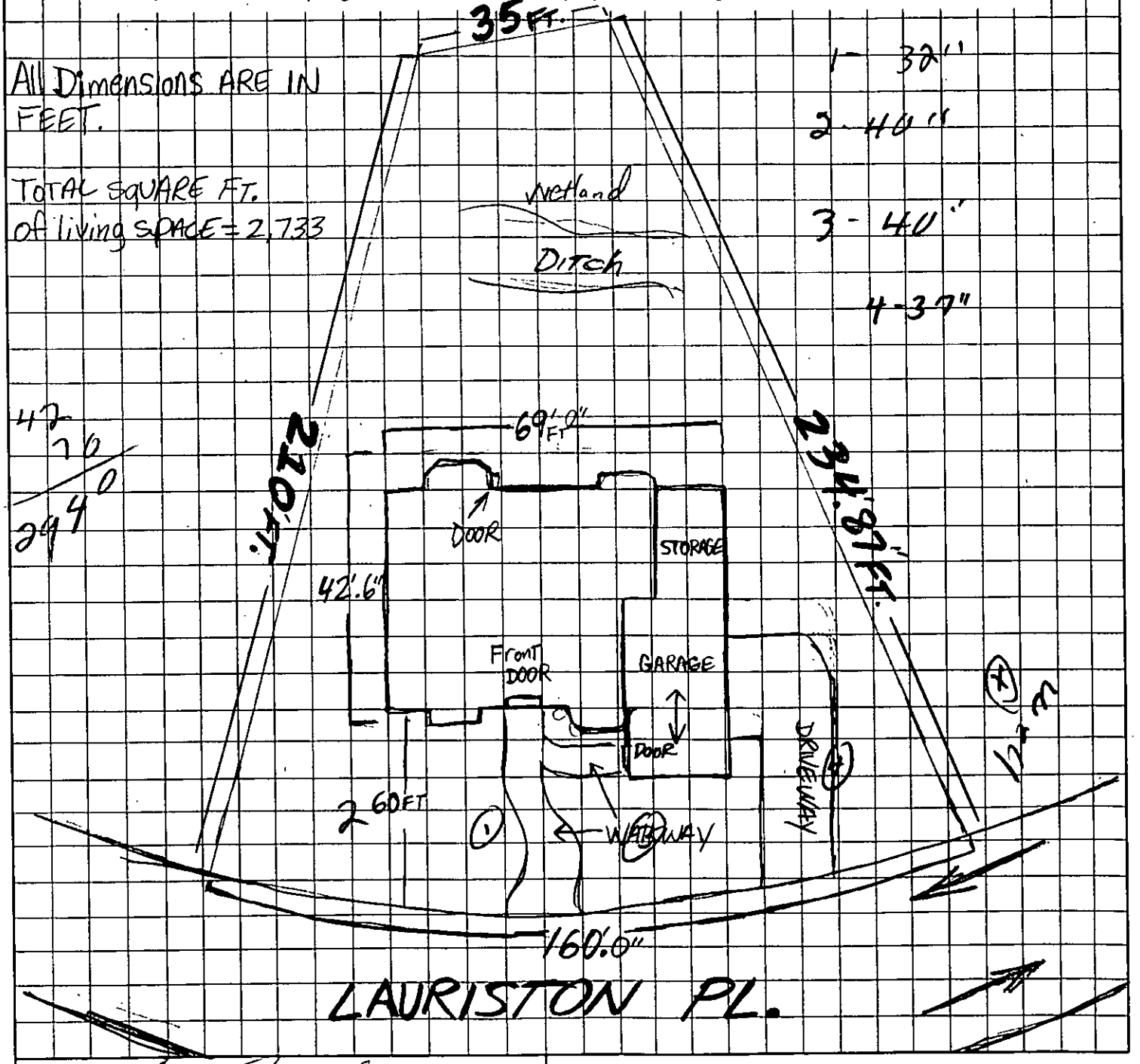
# PROPOSED PLOT PLAN

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

FILE: 3013A

TC: 139-054-31

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.




Clinton Douglas
OWNER/AGENT SIGNATURE

DATE 9/25/96

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

#2

Sheet
PROPERTY ID #: 3013A
COUNTY: 139-054-31 L31

# SOIL/SITE EVALUATION
## for ON-SITE WASTEWATER SYSTEM

OWNER: Clinton Douglas
ADDRESS: 1806-306 Cambury Dr. Jham.
PROPOSED FACILITY: residence
LOCATION OF SITE: 9004 Jamestown Place

APPLICANT:
APPLICATION DATE:
PROPOSED DESIGN FLOW (.1949): 480gpd
DATE EVALUATED:
PROPERTY SIZE: 1.50
PROPERTY RECORDED:

WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

| PROFILE # | Slopes 5-10% .1940 LANDSCAPE POSITION/ SLOPE % | HORIZON 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 | 0-4" | ~~sbk~~ gr/cl | Fr/SEXP/SS/SP | >32" To Chroma 2 Colors | 32" | N/A | None | US IV |
| | | 4-31" | sBK/c | Fr-Fi/SEXP/SS/P | | | | | |
| 2 | LS | 0-5" | gr/cl | Fr/SEXP/SS/SP | >40" To Chroma 2 Colors | 40" | N/A | None | PS IV .39/F2 |
| | | 5-40" | sBK/c | Fr-Fi/SEXP/SS/P | | | | | |
| 3 | LS | 0-3" | gr/cl | Fr/SEXP/SS/SP | >40" To Chroma 2 Colors | 40" | N/A | None | PS .39/F2 IV |
| | | 3-40" | sBK/c | Fr-Fi/SEXP/SS/P | | | | | |
| 4 | LS | 0-4" | gr/cl | Fr/SEXP/SS/SP | >37" To Chroma 2 Colors | 37" | N/A | None | PS .39/F2 IV |
| | | 4-37" | sBK/c | Fr-Fi/SEXP/SS/P | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | US | |
| System Type(s) | | |

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: William A. Marlin 10-4-96
OTHER(S) PRESENT: LHS

OMMENTS: Does not require 100% Reserve

# LEGEND

*use the following standard abbreviations*

| ANDSCAPE POSITION | GROUP | SOIL TEXTURE | CONVENTIONAL 1955 LTAR | LPP 1957 LTAR | MINERALOGY/ CONSISTENCE | STRUCTURE |
|---|---|---|---|---|---|---|
| C (Concave Slope) | I | S (Sand) | 1.2 - 0.8 | 0.6 - 0.4 | NEXP (Non-expansive) | G (Single Grain) |
| V (Convex Slope) | | LS (Loamy Sand) | | | SEXP (Slightly Expansive) | M (Massive) |
| (Drainage Way) | | | | | EXP (Expansive) | CR (Crumb) |
| S (Debris Slump) | II | SL (Sandy Loam) | 0.8 - 0.6 | 0.4 - 0.3 | | GR (Granular) |
| P (Flood Plain) | | L (Loam) | | | | SBK (Subangular Blocky) |
| S (Foot Slope) | | | | | | ABK (Angular Blocky) |
| (Head Slope) | III | SI (Silt) | 0.6 - 0.3 | 0.3 - 0.15 | | PL (Platy) |
| (Linear Slope) | | SICL (Silty Clay Loam) | | | | PR (Prismatic) |
| (Nose Slope) | | CL (Clay Loam) | | | | |
| (Ridge) | | SCL (Sandy Clay Loam) | | | MOIST | WET |
| (Shoulder Slope) | | SUC (Silt Loam Clay) | | | | |
| (Terrace) | | | | | VFR (Very Friable) | NS (Non-sticky) |
| | IV | SC (Sandy Clay) | 0.4 - 0.1 | 0.2 - 0.05 | FR (Friable) | SS (Slightly Sticky) |
| | | SIC (Silty Clay) | | | FI (Firm) | S (Sticky) |
| | | | | | VFI (Very Firm v. Very Sticky) | VS (Very Sticky) |
| | | O (Organic) | None | | EFI (Extremely Firm) | NP (Non-plastic) |
| | | | | | | SP (Slightly Plastic) |
| | | | | | | P (Plastic) |
| | | | | | | VP (Very Plastic) |

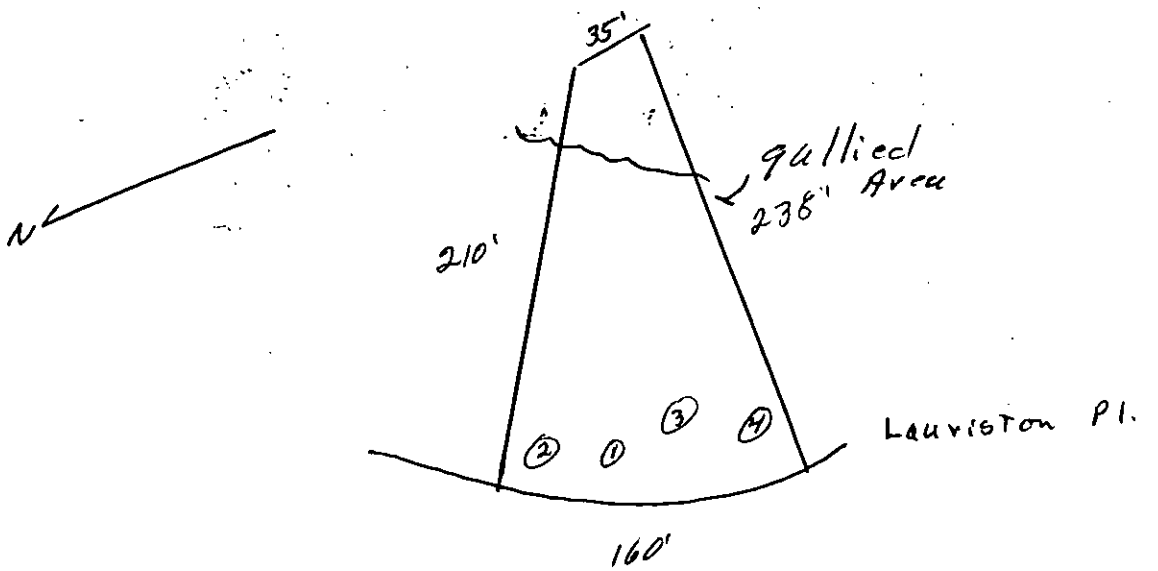
*OTES*

| | |
|---|---|
| *ORIZON DEPTH* | In inches below natural soil surface |
| *EPTH OF FILL* | In inches from land surface |
| *ESTRICTIVE HORIZON* | Thickness and depth from land surface |
| *APROLITE* | S(suitable) or U(unsuitable) |
| *OIL WETNESS* | Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation |
| *LASSIFICATION* | S (Suitable), PS (Provisionally Suitable), or U (Unsuitable) |

valuation of saprolite shall be by pits.

ong-term Acceptance Rate (LTAR): gal/day/ft²

**Show profile locations and other site features (dimensions, reference or benchmark, and North).**



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

Sheet #2

PROPERTY ID #: 3013A
COUNTY: 139-054-31 L31

# SOIL/SITE EVALUATION
## for ON-SITE WASTEWATER SYSTEM

OWNER: Clinton Douglas APPLICANT:
ADDRESS: 7805-306 Causeway Dr. Ocean APPLICATION DATE: DATE EVALUATED:
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 480gpd PROPERTY SIZE: 1.50
LOCATION OF SITE: 9004 Fairview Rd PROPERTY RECORDED:
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

| PROFILE # | Slopes 5-10% .1940 LANDSCAPE POSITION/ SLOPE % | HORIZON DEPTH (IN.) | SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE | SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROFILE CLASS & LTA |
|---|---|---|---|---|---|---|---|---|---|
| 1 | LS | 0-4" | ~~sl~~ gr/c/ | Fr/SEXP/SS/SP | >32" To Chroma 2 colors | 32" | N/A | None | US IV |
| | | 4-31" | SBK/C | Fr-Fi/SEXP/SS/P | | | | | |
| 2 | LS | 0-5" | gr/c/ | Fr/SEXP/SS/SP | >40" To Chroma 2 colors | 40" | N/A | None | PS IV .39/1 |
| | | 5-40" | SBK/C | Fr-Fi/SEXP/SS/P | | | | | |
| 3 | LS | 0-3" | gr/c/ | Fr/SEXP/SS/SP | >40" To Chroma 2 colors | 40" | N/A | None | PS .39/1 IV |
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| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | US | |
| System Type(s) | | |

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: William R. Marlin 10-4-9

OMMENTS: Does not require leach field

# LEGEND

*use the following standard abbreviations*

| LANDSCAPE POSITION | GROUP | SOIL TEXTURE | CONVENTIONAL 1955 LTAR | LPP 1957 LTAR | MINERALOGY/ CONSISTENCE | STRUCTURE |
|---|---|---|---|---|---|---|
| C (Concave Slope) | I | S (Sand) | 1.2 - 0.8 | 0.6 - 0.4 | NEXP (Non-expansive) | G (Single Grain) |
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| (Drainage Way) | | | | | EXP (Expansive) | CR (Crumb) |
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| (Nose Slope) | | CL (Clay Loam) | | | | |
| (Ridge) | | SCL (Sandy Clay Loam) | | | MOIST | WET |
| (Shoulder Slope) | | SUC (Silt Loam Clay) | | | | |
| (Terrace) | | | | | VPR (Very Friable) | NS (Non-sticky) |
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| | | SIC (Silty Clay) | | | FI (Firm) | S (Sticky) |
| | | | | | VFI (Very Firm v. Very Sticky) | VS (Very Sticky) |
| | | O (Organic) | None | | EFI (Extremely Firm) | NP (Non-plastic) |
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| | | | | | | P (Plastic) |
| | | | | | | VP (Very Plastic) |

*OTES*

*ORIZON DEPTH* In inches below natural soil surface

*EPTH OF FILL* In inches from land surface

*STRUCTIVE HORIZON* Thickness and depth from land surface

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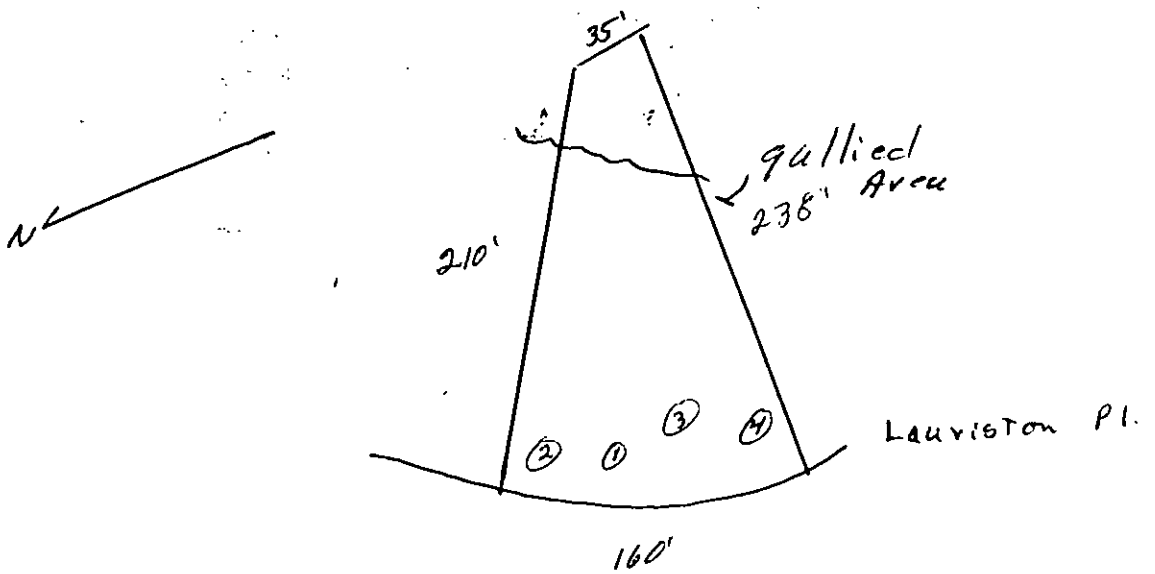
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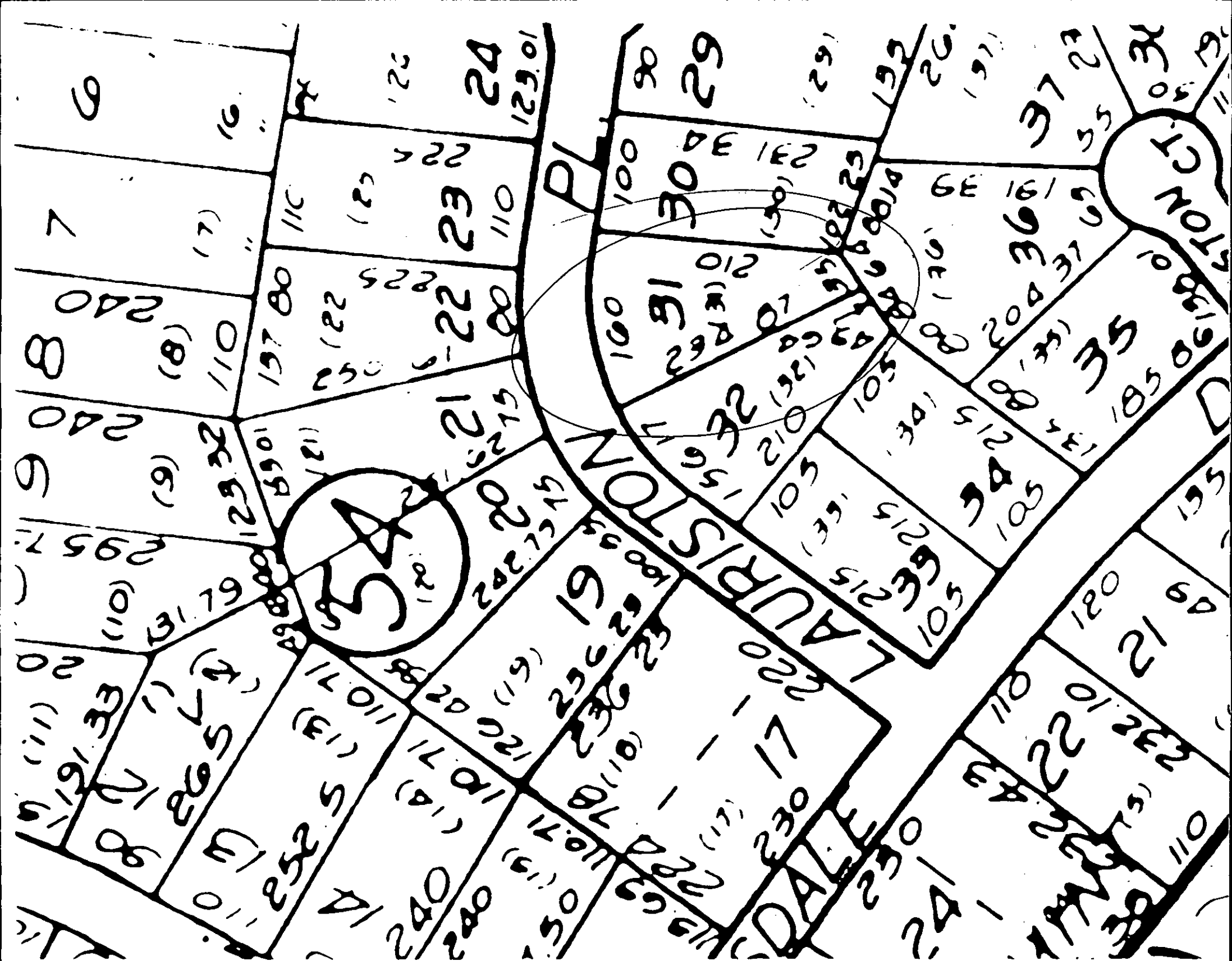
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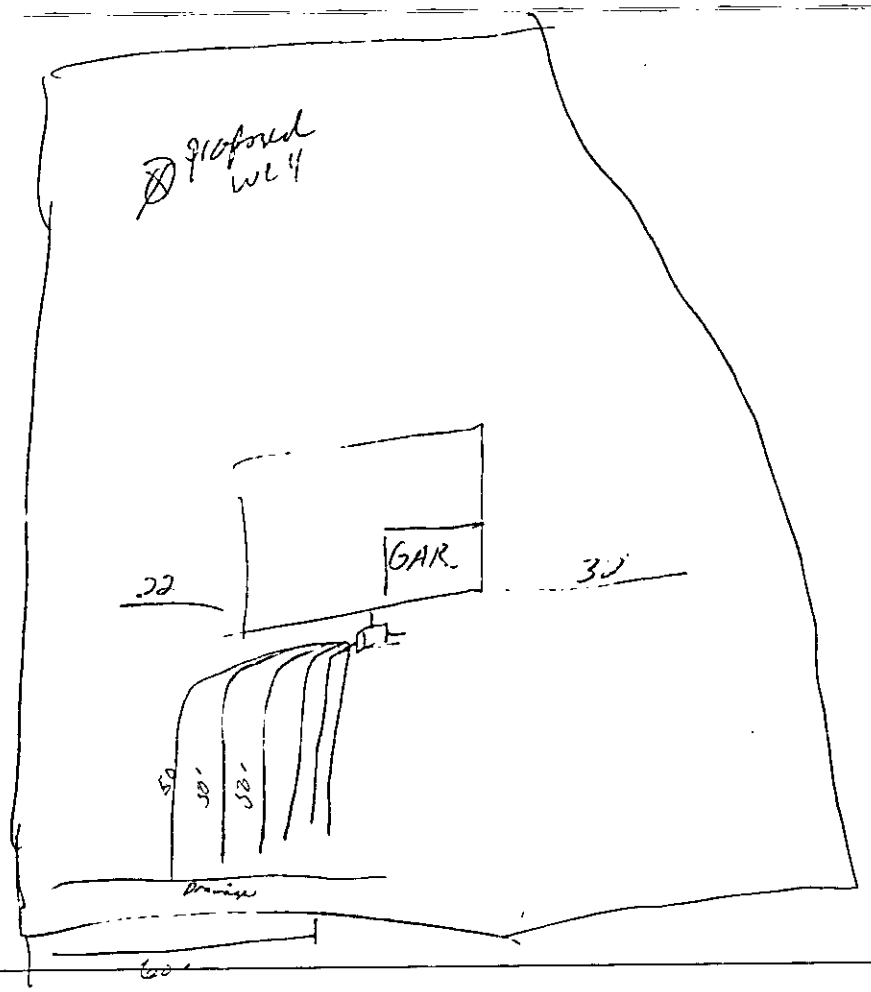
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**Show profile locations and other site features (dimensions, reference or benchmark, and North).**




LAURISTON PL
LAURISTON CT
54
29
30
31
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Proposed
WL 4
GAR.
22
30
50
30'
30'

# MECKLENBURG COUNTY
Department of Environmental Health

November 4th, 1987

K & W Associates
9001 Dartmoor Place
Charlotte, NC 28212

RE: Property located at 9004 Lauriston Place L31
FILE: 3013A
PARCEL: 13905203 PO

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 13711) is enclosed for your information.

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If I may be of assistance, please do not hesitate to contact me.

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

Enclosure

| DATE | DESCRIPTION | FEE | PAYMENT | ADJUST-MENT | BALANCE | PREVIOUS BALANCE | NAME |
|---|---|---|---|---|---|---|---|
| 9/25-96 | Imp. Permit Rev | 100 00 | 100 00 | -0- | -0- | -0- | Clinton Marglan |

This is your RECEIPT for this amount
This is a STATEMENT of your account to date

5698

MECKLENBURG COUNTY HEALTH DEPARTMENT
**ENVIRONMENTAL HEALTH OFFICE**
700 NORTH TRYON STREET
CHARLOTTE, NORTH CAROLINA 28202
TELEPHONE: (704) 336-5102

3013A

*Thank you*

9004 Lawyers Rd.
Ck. # 0941
139-054-31

New Post Plan

submitted – 10-31-96

Lee

Mecklenburg County
Health Department

## IMPORTANT INSTRUCTIONS:

### *How to Prepare Your Property for an Improvement Permit*

The following things ***must*** be done ***before*** a Mecklenburg County Health Department representative can visit your site:

- Identify and mark all property corners using the pink tape provided.

  ***Note: For tracts larger than two (2) acres, contact this department for specific instructions relating to identifying property lines.***

- All property lines should be marked every fifty (50) feet with the tape provided.

- Mark structures to be built on site. You are responsible for additional flags necessary to mark all accessory structures.

- Clearing excessive underbrush (i.e., thick briars, pine thickets, broom sage bushes, kudzu, honeysuckle, weeds, etc.) is required to allow thorough inspection for soil and wastewater system layout.

  ***Note: Absolutely no grading, filling or cutting shall occur on site prior to evaluation for permit issuance.***

- Identify lot or tract of land at road frontage with soil test sign found inside the kit. Nail soil test sign to stake and place the stake at the front of the property for easy viewing from highway if possible. Flags, soil test sign and unused tape are the property of Mecklenburg County and will be retrieved during the site visit.

- Call office at 336-5574 when lot is clearly marked as above instructions require.

  ***Note: Failure to follow these instructions properly will result in delays in processing your application.***

Environmental Health Division

700 North Tryon Street • Suite 214 • Charlotte, North Carolina 28202-2236

Chris, this guy is going to
redesign his application,
possibly reducing to 3BA
and changing house footprint.
He will contact you when
that is done -

Bert

# PROPOSED PLOT PLAN

Bob Pool Rom

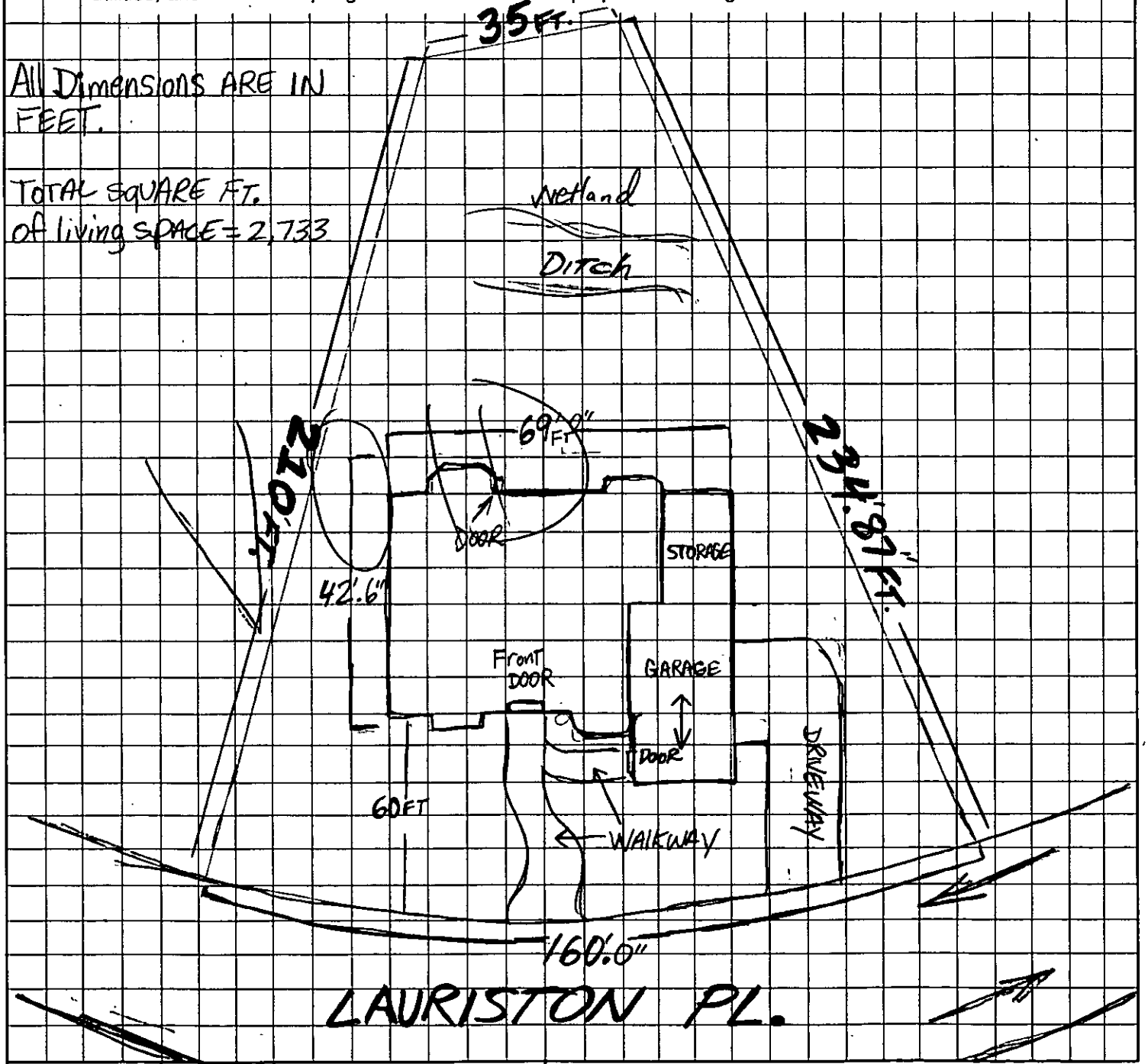
Doc Mod 10-31-96
Bob Pom

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

FILE: 3013A

TC: 139-054-31

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.




Clinton Douglas
OWNER/AGENT SIGNATURE

DATE 9/25/96

APPROVAL DATE _____

wd 102' 1+1

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

# PROPOSED PLOT PLAN

Bob Poe Pam

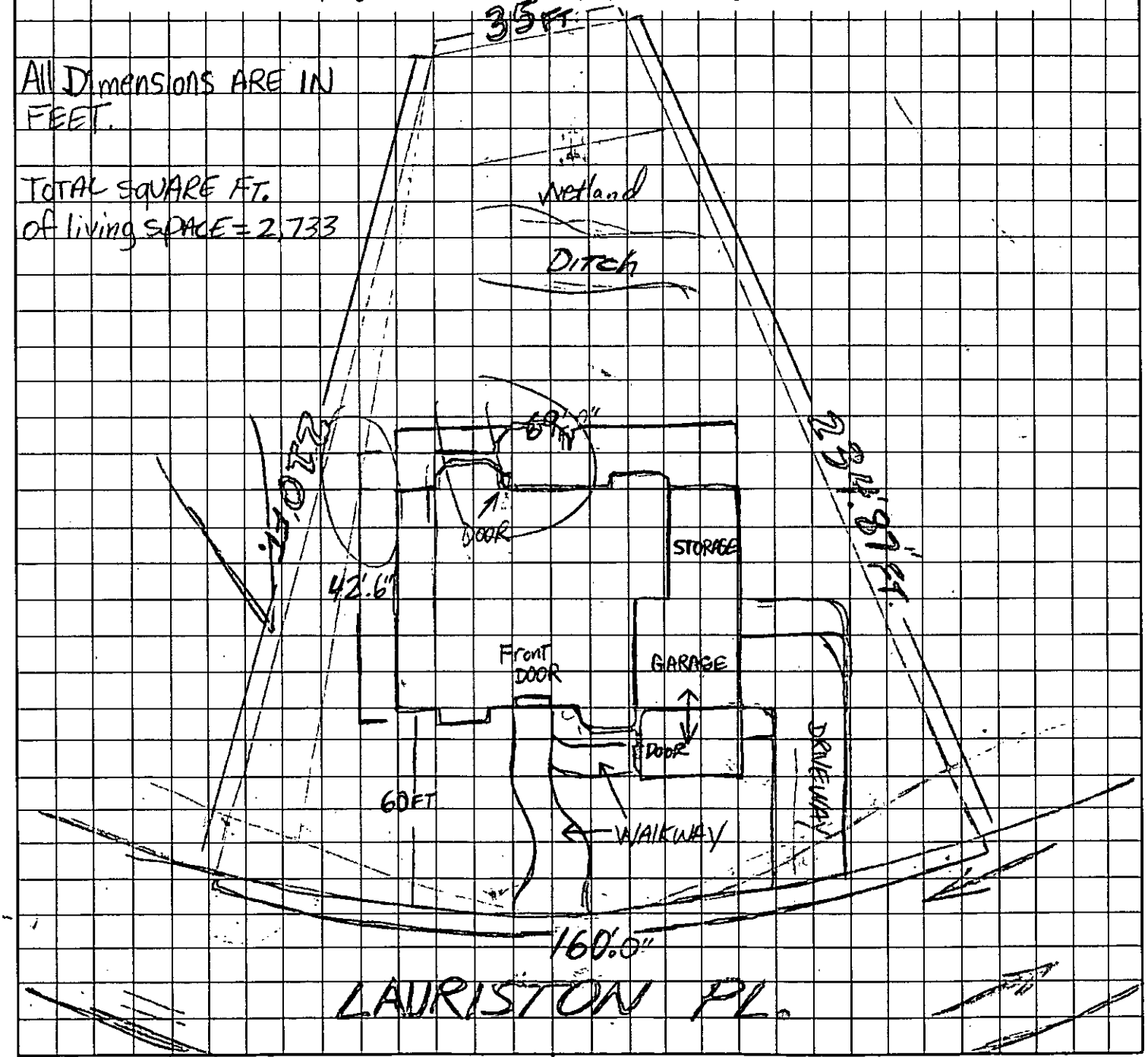
Bob Poe Pam 10-31-96

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

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Clinton Douglas

OWNER/AGENT SIGNATURE

DATE 9/25/96

APPROVAL DATE _____

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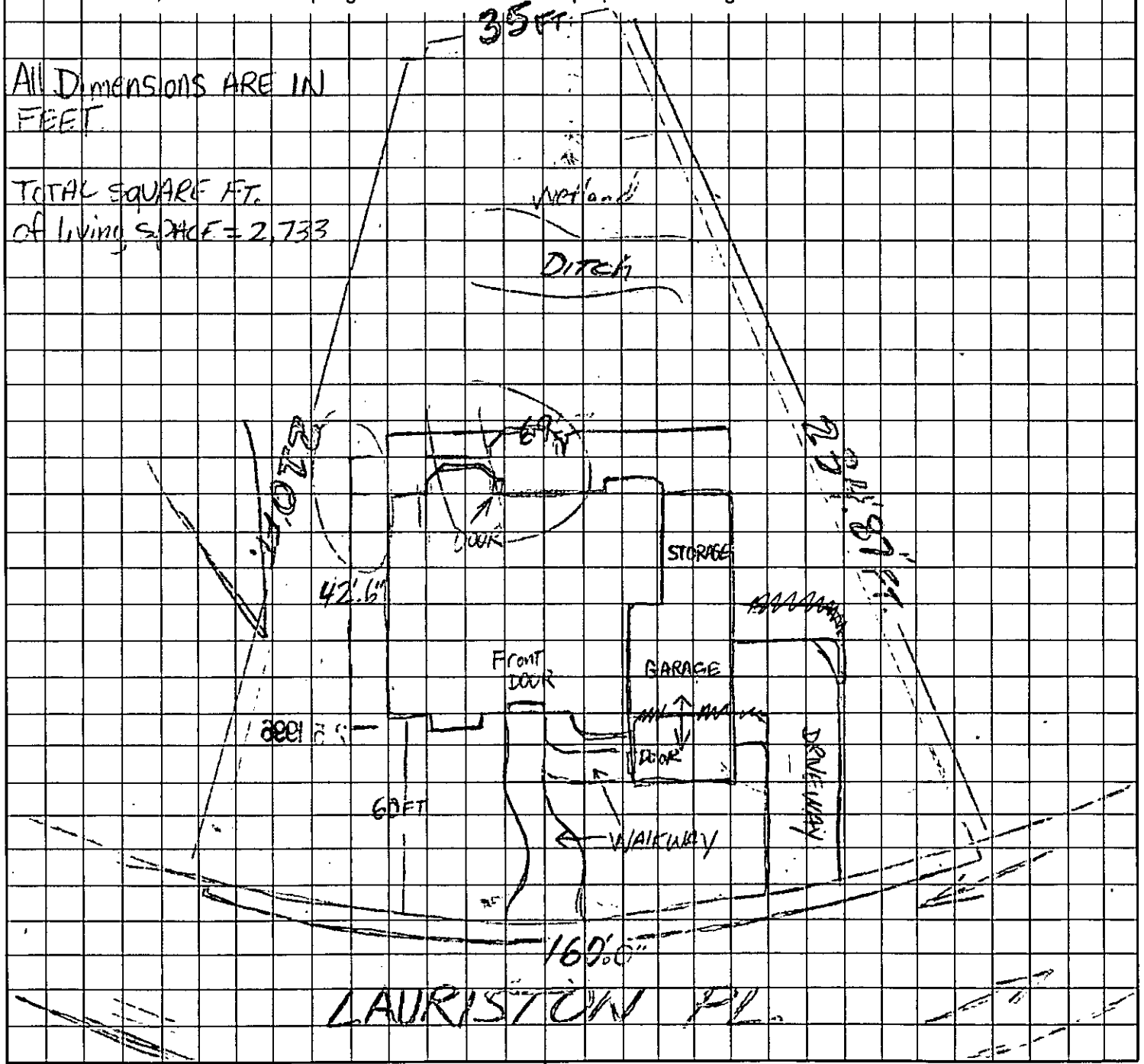
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ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
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