

19511 SUNNYPOINT CT

00109196

12/18/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

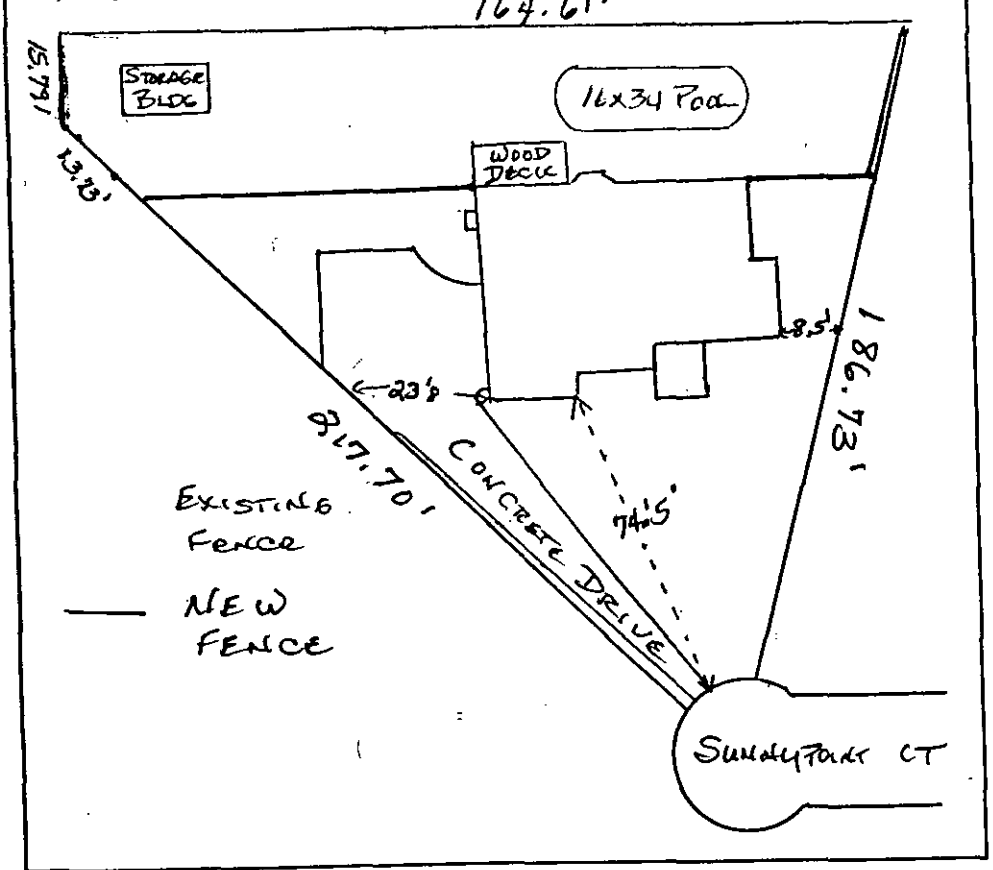
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Mecklenburg County Health Department
RESIDENTIAL SWIMMING POOL APPLICATION

598B

COP

PLOT PLAN: Indicate, to relative scale, the pool and distances to buildings, wells, septic tanks and waste disposal systems, electrical wires, etc. Show the exact position of the barrier



Pool Surface: 16 ft. x 34 ft.
Type filter: CARTRIDGE
Type fence: ALUMINUM
Height of fence: 4'

Property owner must initial here to indicate all gates through the fence/barrier will be self-closing and self-latching RS

Water Source:
- X Municipal
- __ Private Well
- __ Community Well

Waste Water Disposal Method:
- X Municipal (1999)
- __ Community
- __ Septic System

Back-Wash/Waste-Water Disposal:
- __ Municipal Sewer
- __ Settling Tank
- __ Gravel Pit
- X Cartridge (no connection)
- __ Other

Owner: RODGER & CHERYL SAFFIN
Mailing Address (current): 19511 SUNNYPOINT CT
City: CORNELIUS **State:** NC **Zip:** 28031
Phone (home): 987-9570 **Phone (work):** 348-3143 / 376-1077
Installation Address: (45 ABOVE)
City: _____ **State:** _____ **Zip:** _____
Subdivision: DIANE SHORES **Lot:** 22 **Block:** _____
Contractor: SELF **Phone:** _____

The undersigned, owner of the property described above, has reviewed the foregoing application, acknowledges that the information contained in it is true an complete, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request, includin any final inspections necessary to insure compliance with the provisions of the Mecklenburg County Swimming Pool Ordinance.

Signed: _____ **Date:** 11/8/99

Contractor Charge: I certify that I am authorized to charge the above listed contractor account and request the fee for this service be applied to the listed accoun

Signed: _____ **Date:** _____

Printed Name: _____

MCHD Request No.: 028
Parcel No.: 001-091-96
Disposition: _____
By: _____

Amount Paid: $50.00 Check # 1283
[X] Cash [ ] Contractor Account
Received By: V. L. Walker
Date: 11-12-99

✓ CRT ✓ Letter ___ Notification

Final complete 8/23/00 Phila S. Walker RS

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

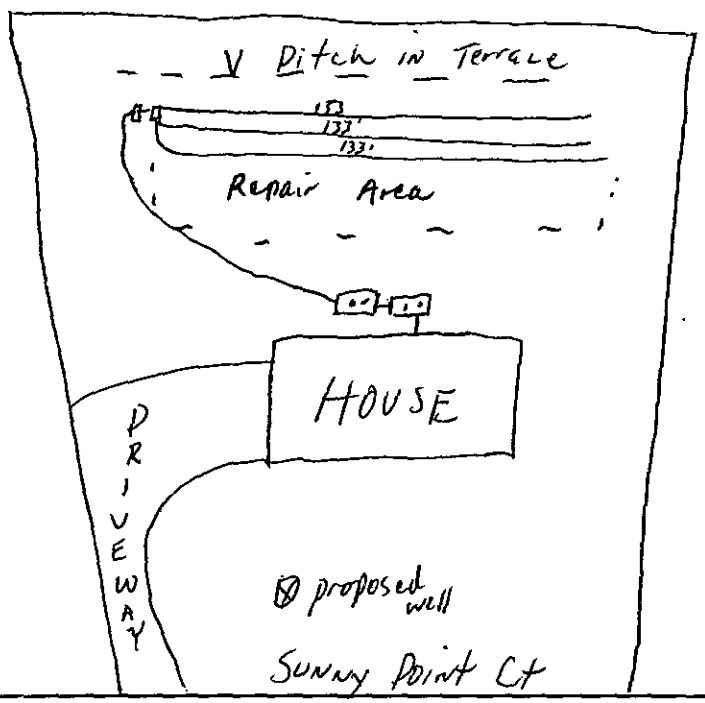
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 398B/8469A DATE: 5/28/93

TC: 001 091 96 ☐ L

SERIAL Nº 15504

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 12/1/92. All work shall be completed on or before 6/28/93, 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 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400' feet

Number of Lines 3 (133')

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 750 feet

NAME OF OWNER William Whitley

LOCATION OF PROPERTY 19511 Sunnypoint Ct

Comments: septic system 3 lines x 133' long x 3' wd x 12" stone
Keep lines on contour of land / keep well >50 from septic system
V ditch in terrace above septic lines

Division or Section Head

Philo 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

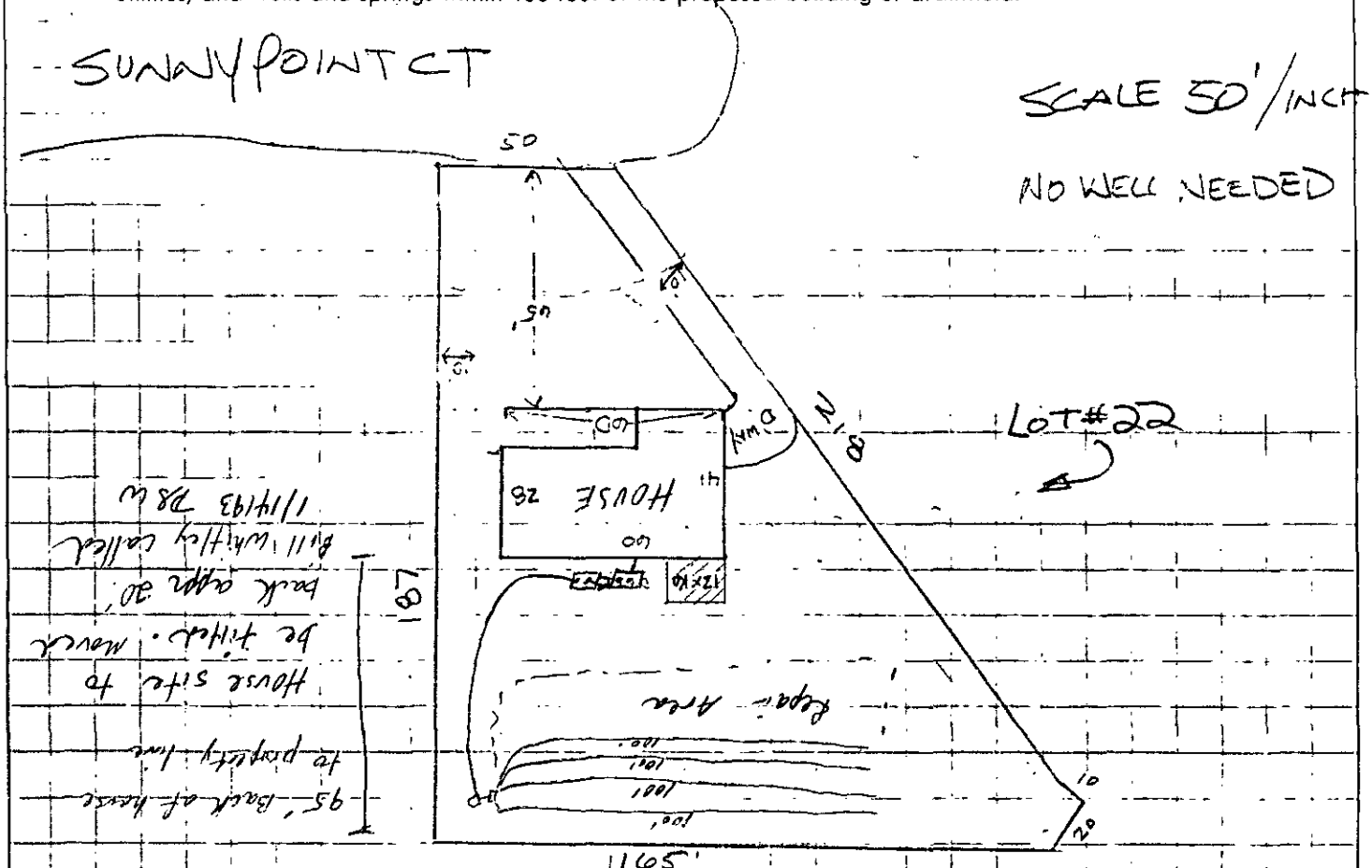
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 598B / 8469A

TC: 001-091-96

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.



12/2/92

1500 GT
1000 BT
4 lines x 100' long x 3 wide x 12" stone
400 TLF Regular septic system 750 from any wells
Lift pump required

Signed: [signature]

Date: 11/30/92

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 598B/8469A DATE: 6/16/93

TC: 001 091 96 ☐ L ☒ CRT

SERIAL Nº 15232

Name of Owner William Whitley Juris.:

Address of Property 19511 Sunny point Ct

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 3 @ 133'

Cover Depth 12"

Water Supply Source well

Distance to Water Source >50'

Excavation Inspected 6/16/93

Tank(s) Inspected 6/16/93

Wash Line Inspected -

High Water Alarm Inspected 6/16/93

PLOT

Design: 1993, 1500 ST, 1000 DT, PI, CON, 1200 SFT, 12" stone ceil CTR# RCS

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
Septic supply line feeds from Right side.

TYPE III

Philo S. Walker R.S.
Environmentalist

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

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

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

(OFFICE USE ONLY)
FILE: 598B/8469A
TC: 001-091-96
SERIAL: № 12618

209.00 CK#8913 12/1/92 ☒ CRT

JOB LOCATION

① ADDRESS: 19511 (STREET NO.) SUNNY POINT CT (STREET) ② FILE: 598B/8469A

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 001-091-96

⑤ SUBDIVISION: _____ ⑥ LOT: #22 ⑦ BLOCK: _____

OWNER

⑧ NAME: WILLIAM (FIRST) (MIDDLE) WHITLEY (LAST)

⑨ MAILING ADDRESS: 8224 E HARRIS BLVD

⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28227

⑬ PHONE: (WORK) 567-1700 ⑭ (HOME) 563-7474

REQUEST

This request is for a(n):

⑮ ☑ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 3 ㉕ Type? _____

㉓ Maximum occupancy? 5 ㉖ Maximum number of employees? _____

㉔ Basement? ☐ yes ☑ no ㉗ Maximum number of seats? _____

WATER SUPPLY

㉘. Water supply from (present or proposed):

A ☐ Individual well

B ☐ Municipal system

C ☑ Community well

D ☐ Community system

㉙ *The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.*

Signed: William Whitley

Date: 11/30/92

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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 permit is issued by this Department.

. . . This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Lift pump required

Rhilo S. Walker R.S., 12/1/92
Environmentalist Date

Judy J. Rain R.S., 12/7/92
Director or Authorized Section Head Date

*This permit must be signed by the Director of Environmental Health or an authorized section head in order to be valid.

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)
FILE: 598B/8469A
TC: 001-091-96
SERIAL: NO 12618

209.00 CK#8913 12/1/92 Eff.

☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 19511 (STREET NO.) SUNNY POINT CT (STREET) ② FILE: 598B/8469A

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 001-091-96

⑤ SUBDIVISION: _____ ⑥ LOT: #22 ⑦ BLOCK: _____

OWNER

⑧ NAME: WILLIAM (FIRST) (MIDDLE) WHITLEY (LAST)

⑨ MAILING ADDRESS: 8224 E HARRIS BLVD

⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28227

⑬ PHONE: (WORK) 567-1700 ⑭ (HOME) 563-7474

REQUEST

This request is for a(n):

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System will serve:

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㉒ Number of bedrooms? 3 ㉕ Type? _____

㉓ Maximum occupancy? 5 ㉖ Maximum number of employees? _____

㉔ Basement? ☐ yes ☑ no ㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☐ Individual well

B ☐ Municipal system

C ☑ Community well

D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: William Whitley

Date: 11/30/92

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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 permit is issued by this Department.

. . . This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Lift pump required

Phillip S. Walker R.S., 12/1/92
Environmentalist Date

[illegible] R.S., 12/1/92
Director or Authorized Section Head Date

*This permit must be signed by the Director of Environmental Health or an authorized section head in order to be valid.

APPLICATION FOR SOIL INVESTIGATION

CK # 1010
$50.00
8/26/92

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

(OFFICE USE ONLY)

FILE: 598B/8469A

TC: 001-091-96 (96)

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 19511 Sunnypoint Court

② SUBDIVISION: Diane Shores ③ LOT: 22 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 001 PAGE NO.: 091 PARCEL NO.: 96

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

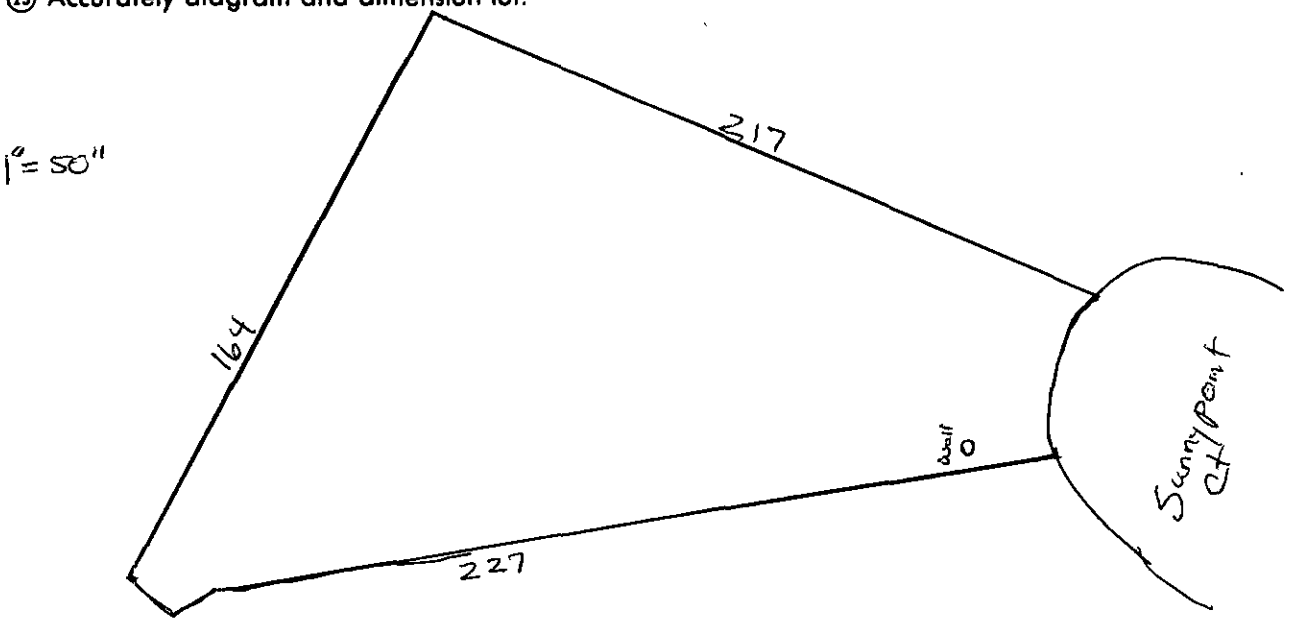
⑦ NAME: Coater Investments, Ltd
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: PO Box 2307

⑨ CITY: Cornelius, NC ⑩ STATE: NC ⑪ ZIP: 28031

⑫ PHONE: (WORK) 892-5518 (HOME) 892-9219

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: _____

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

Date: _____

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

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

September 17, 1992

Crater Investments, Ltd.
P.O. Box 2307
Cornelius, NC 28031

RE: Property located at 19511 Sunnypoint Court
FILE: 598B/8469A
PARCEL: 001-091-96

Dear Sirs:

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 12810) is enclosed for your information.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Our review process begins upon receipt of an Application for an Improvement Permit accompanied by a plot plan **drawn to scale with accurate dimensions indicated** detailing the location of **existing** well or type sewage disposal systems (if applicable), setbacks, and utility easements. Proposed buildings, etc. must be drawn on the plot plan to allow sufficient remaining space for the sewage disposal system and well. The well should be located 100 feet from any part of **any** sewage disposal system (including those located on adjacent properties).

Please note that this classification may be changed if any filling, grading or construction (including the drilling of a well) is performed on the lot which without **prior** approval from this Department. Current regulations in effect are "Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal: 15A NCAC 18A .1900, August, 1991". Changes in regulations may impact future approvals on this lot.

If there are any questions concerning this matter, please contact Bill Marlin at 336-5574.

Sincerely,

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12812

File: 98B18469A Action: 1

Parcel: 001-091-96 ☐ PC

Location: 19511 Sunnypoint Cr.

Subdivision: Deane Shores

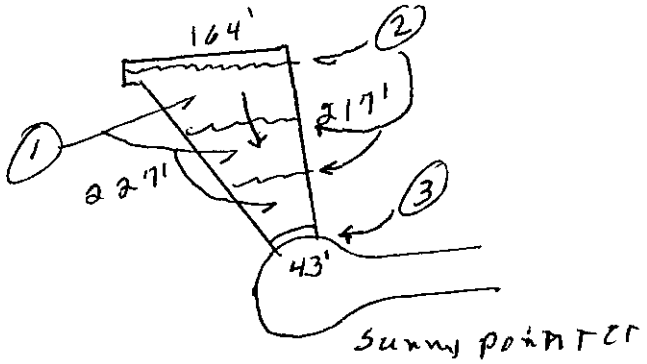
Lot: 22 Block: Acres: ~~.34~~ .47

Owner: Crater Investments, Ltd.
Address: PO Box 2307
Cornelius, N.C. 28031

Comments: 100% Repair, .3gal/ft²/day LTAR, Would probably need pump

Described by: William R. Marlin

Date: 9-17-92



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-6%	S PS (U) Terraces	S PS (U) >2' cut	S PS U	S PS U	S PS U
Texture	S (PS) U slightly Expansive clay	S PS U —	S PS U —	S PS U	S PS U	S PS U
Structure	S (PS) U Sub Blockly	S PS U —	S PS U —	S PS U	S PS U	S PS U
Drainage	(S) PS U >48" to water	S PS U —	S PS U —	S PS U	S PS U	S PS U
Depth	(S) PS U 48"+	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 48"+	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	S PS U —	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil/Lloyd	Terraces	>2' cut			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER № 12812

File: 5 YSB 1 4179A Action _____

Parcel: 221-171-96 ☐ PC

Location: 19311 Sunnybrook Ct.

Subdivision: Lake Shore

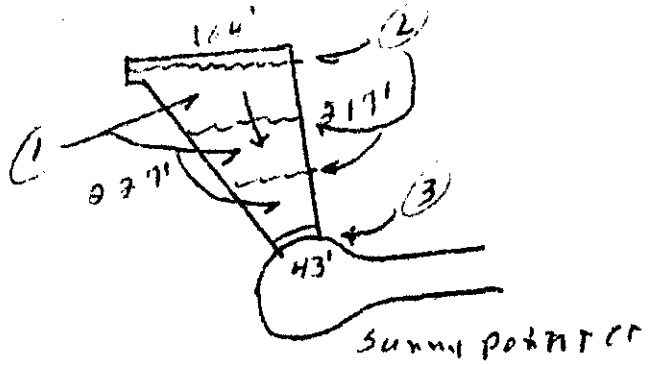
Lot: 22 Block: Acres: [redacted] 1.47

Owner: Crate Investments, Ltd.
Address: P.O. Box 7307
Cornelius, N.C. 28031

Comments: Lake Norman. 3 gal/min
clay LOAM slope
Drainage well defined

Described by: William R. Medlin

Date: 4-17-92



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S PS U 2-5%	S PS U Terraces	S PS U >8' cut	S PS U	S PS U	S PS U
Texture	S PS U slightly plastic clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U sub blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U >46" water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U 46"+	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U 46"+	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS U limited	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil, Lloyd	Terraces	>3' cut			
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: S98B/P449A

TC: 001-091-96 (96)

☐ PC ☐ REPT

11:30 AM 2/26/97

JOB LOCATION

① ADDRESS: 19511 Sunnypoint Court

② SUBDIVISION: Diane Shores ③ LOT: 22 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 001 PAGE NO.: 091 PARCEL NO.: 96

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

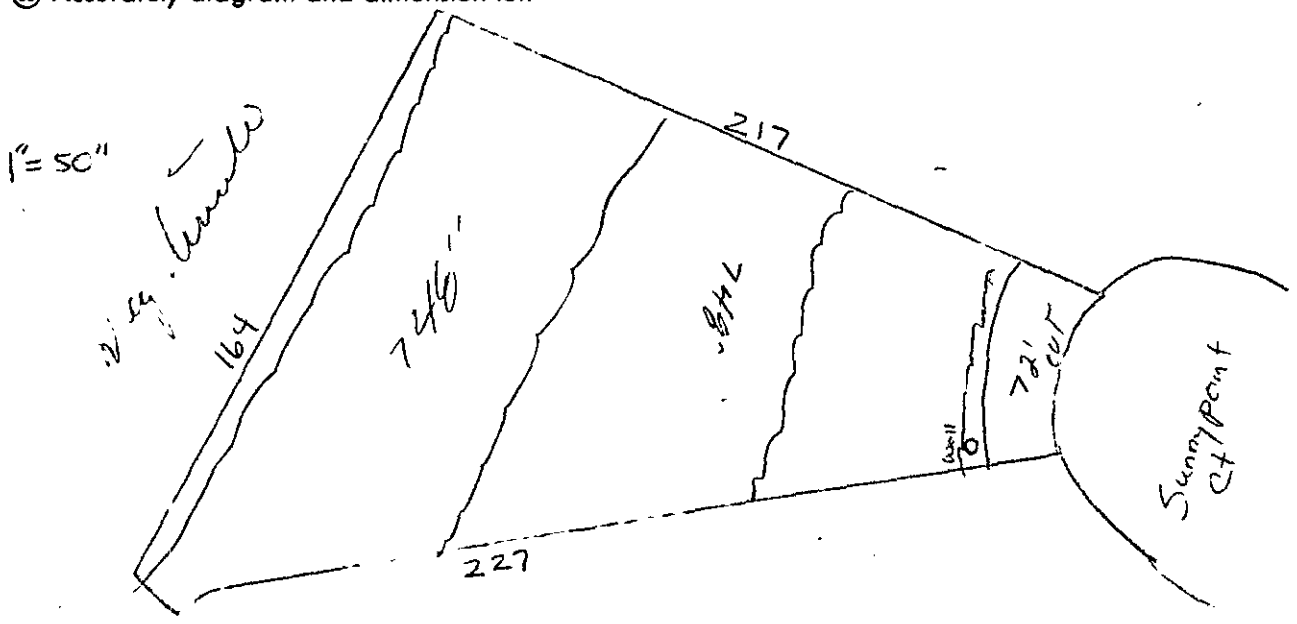
⑦ NAME: Crater Investments, Ltd
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: PO Box 2307

⑨ CITY: Cornelius, NC ⑩ STATE: NC ⑪ ZIP: 28031

⑫ PHONE: (WORK) 892-5518 (HOME) 892-9219

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: _____

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

Date: _____

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