

6634 HEATH GLEN DR

19507253

1/8/2008

duponbj

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: 5249B DATE: 1/27/06

TC: 195 072 53 ☐ L ☐ CRT

SERIAL 19941

Name of Owner Ryan Homes Juris.: _____

Address of Property 6634 Heath Glen Dr Lot 53

Inspection Data:

Tank Material _____

Total Length of Drainfield _____

Number of Lines _____ @ _____

Cover Depth _____

Water Supply Source _____

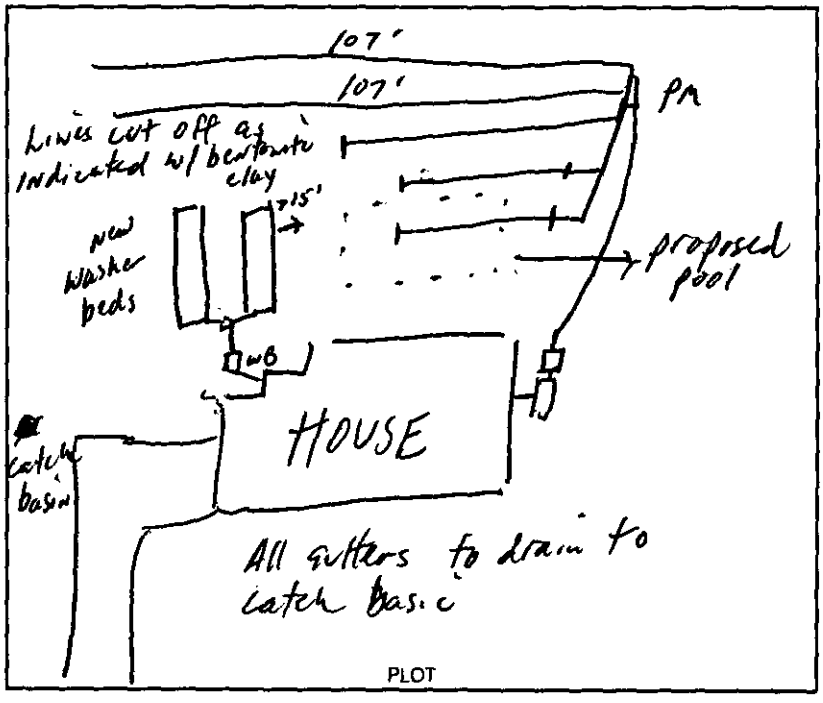
Distance to Water Source _____

Excavation Inspected _____

Tank(s) Inspected _____

Wash Line Inspected _____

High Water Alarm Inspected _____



Design _____ CTR# _____

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

☐ installed or constructed ☐ altered or repaired

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

and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

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

COMMENTS: Maintenance, Cut off lower 2 lines w/ bentonite clay as indicated above (2) Divert all gutter drains to drainage catch basin on side of lot

_____
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) 336-5103

FILE: 5249B DATE: 12/14/05

TC: 1950753 ☑ L ☐ CRT

SERIAL Nº 20007

Name of Owner Ryan Homes Juris.: _____

Address of Property 6634 Heath Glen Dr

Inspection Data:

Tank Material Existing

Total Length of Drainfield (2) Beds 200'

Number of Lines 2 Bed @ 50'

Cover Depth 24"

Water Supply Source Municipal

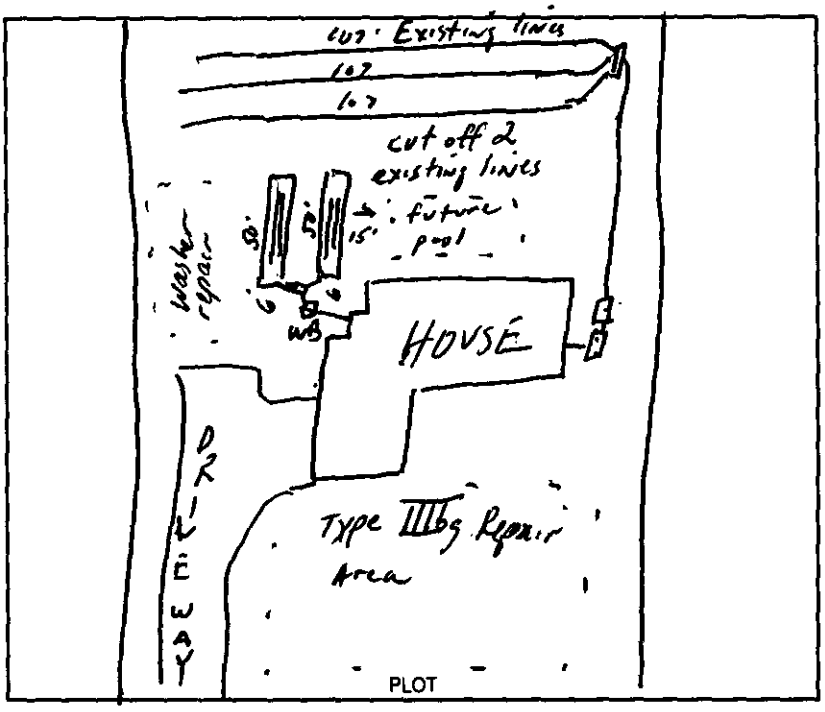
Distance to Water Source >10'

Excavation Inspected 12/14/05

Tank(s) Inspected Existing

Wash Line Inspected 12/14/05

High Water Alarm Inspected NA



Design 2005, Alteration, 2 Beds 200'LF, Washer box CCCil CTR# RLS

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 15A NCAC 18A. 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.

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

COMMENTS: Alteration to existing system for future pool addition

Type IIIb5

Phila S. Walker RS

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

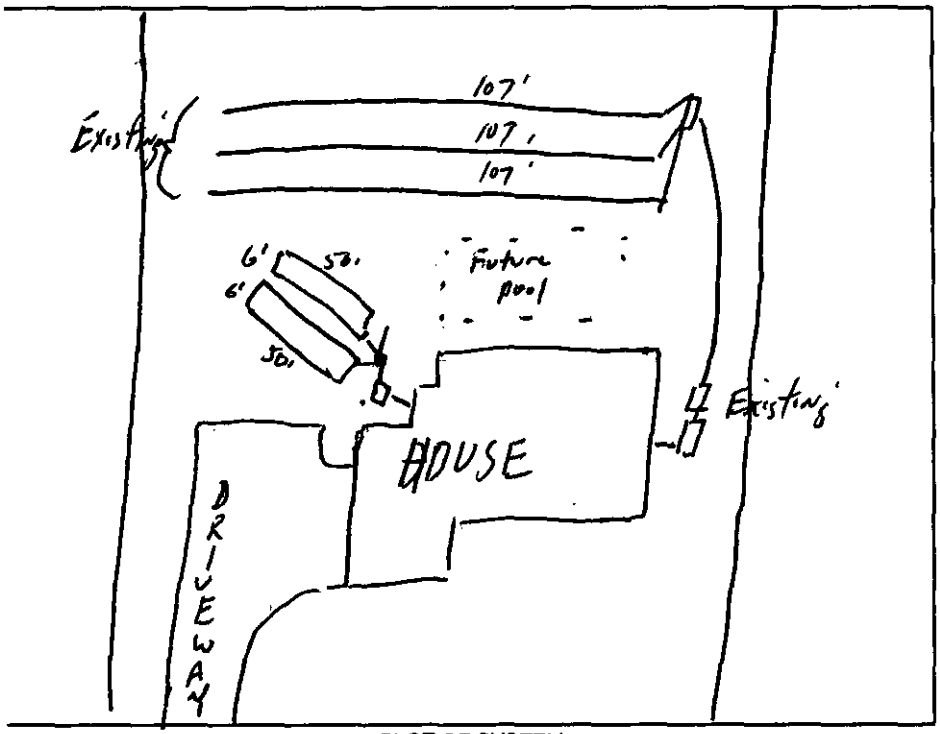
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 5249B DATE: 11/23/05

TC: 195 07253 ☑L

SERIAL Nº 20205

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 5/6/03. All work shall be completed on or before 12/23/05, 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

HEATH GLEN DRIVE

Liquid Capacity of Septic Tank Existing gallons

Liquid Capacity of Dosing Tank Existing gallons

Tank Construction Existing

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width Bed 2@6'wd feet

Trench Walls Scored and Porous yes

Total Line Length Bed 200' feet

Number of Lines Bed 2(50')+2(50')

Depth of Stone 18" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well ? 100' feet

710' municipal water

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

NAME OF OWNER Ryan Homes

LOCATION OF PROPERTY 6634 Health Glen Dr

Comments: Washer bed alteration for the addition of a swimming pool / Install 2 beds 6'wd x 30'long x 18" stone / cut off 2 drainfield lines at the pressure manifold

Phil S. Walker RS

Environmental Health Specialist

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

FEE: _____
DATE: _____

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

ACS

PERMIT NUMBER: 5249B
PARCEL NUMBER: 195-072-53

JOB LOCATION ADDRESS: 6634 HEATH GLEN DRIVE
PROPERTY OWNER: NVR, INC.
BUILDING CONTRACTOR: RYAN HOMES
SUBDIVISION NAME: HEATHFIELD
AUTHORIZATION ISSUED BY: PHILO WALKER DATE: 10/13/05

Philo L. Walker RS 10/13/05
DENR/DEH AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 5249B, 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 THE 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 CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.

5. OTHER CONDITIONS:

CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Permit Number: **5249B** *Tax Number:* **195-072-53**

- 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

Primary Wastewater System

Type: ☐ I ☒ II ☐ III ☐ IV ☐ V ☐ VI

☒ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☐ Innovative or Experimental:

.3 Long-term acceptance rate (GPD/ft^2)	480 Max gallons/day wastewater flow	1610 Absorption Area (ft^2)	9 Trench spacing (min. on centers) (ft)
Serviced by private well: ☐ Yes ☒ No	1500 Gallon septic tank	535 Total trench length (ft)	36 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
4 Bedrooms in residence	1000 Gallon pump tank	12 Depth of stone (in)	

Any surface water present: **NO** Type: Minimum separation distance (ft):

Additional conditions: ***ALTERATION TO THE EXISTING SYSTEM, INSTALL 2 BEDS 6' WIDE @50' LONG@18" STONE W/ WASHER BOX FLOW DIVIDER AND TWO D-BOXES, CUT OFF LOWER 2 LINES ON EXISTING SYSTEM***

Repair Area System

Type: ☐ I ☐ II ☐ III ☒ IV ☐ V ☐ VI

☐ Conventional
☒ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☐ Innovative or Experimental:

810 Absorption Area (ft^2) 270 Total trench length (ft)	NA Depth of stone (in)	9 Trench spacing (min. on centers) (ft)	36 Maximum trench depth (in)

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. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems 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.

Phila A. Walker RS 10/13/05

DENR Authorized Agent Date

Owner/Agent Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE: (704) 336-5103
FAX: (704) 336-6894

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

GWS – RES. APP 07/05

SEPTIC FEE: 300 ⓒ
DATE: 9/26/05
CK# 1776 Check 25

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

6945
JBA

FILE # 52498

WELL FEE:
DATE:
CK# :

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☑ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

WELL / TYPE APPLICATION: ☑ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION:

TAX/PARCEL #: 19724102 195-072-53

STREET ADDRESS: ~~6634~~ 6634 HEATH GLEN DR.

CITY: CHARLOTTE

STATE: NC NC ZIP:

SUBDIVISION OR MOBILE HOME PARK NAME: HEATH FIELD SUB.

LOT #: 53

TOWNSHIP:

☐ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☑ 7-MINT HILL

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☑ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE: 3540

NUMBER OF BEDROOMS: 4

NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☑ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☑ NO TYPE:

WATER SUPPLY:

☑ MUNICIPAL (M) ☐ PUBLIC (C) ☐ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☑ NO	WELLS, SPRINGS, OR WATER LINES	☐ YES	☑ NO
EXISTING WASTEWATER SYSTEMS	☐ YES	☑ NO	DESIGNATED WETLANDS	☐ YES	☑ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☑ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☑ NO

PROPERTY OWNER:

NAME: RYAN HOMES

ADDRESS: 10815 DAVID TAYLOR DR, SUITE 100

CITY: CHARLOTTE

STATE: NC ZIP: 28217

HOME PHONE: — WORK PHONE: 704-548-3584

MOBILE PHONE: — FAX: 704-503-4516

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Kenny Owens

ADDRESS: 6206 BIRKDALE VALLEY DR, APT 575

CITY: CHARLOTTE

STATE: NC ZIP: 28277

HOME PHONE: — WORK PHONE: 704-540-0711

MOBILE PHONE: 704-502-5588 FAX: 704-541-8094

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

*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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

9-21-05

Owner's/Agent's Signature Date

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

*A Well 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202 704-336-5103 / FAX: 704-336-6894

6 October AD, 2005

Mr. Philo Walker
Mecklenburg Environmental Health Division
Groundwater & Wastewater Services
700 N. Tryon Street, Suite 211
Charlotte, North Carolina 28202

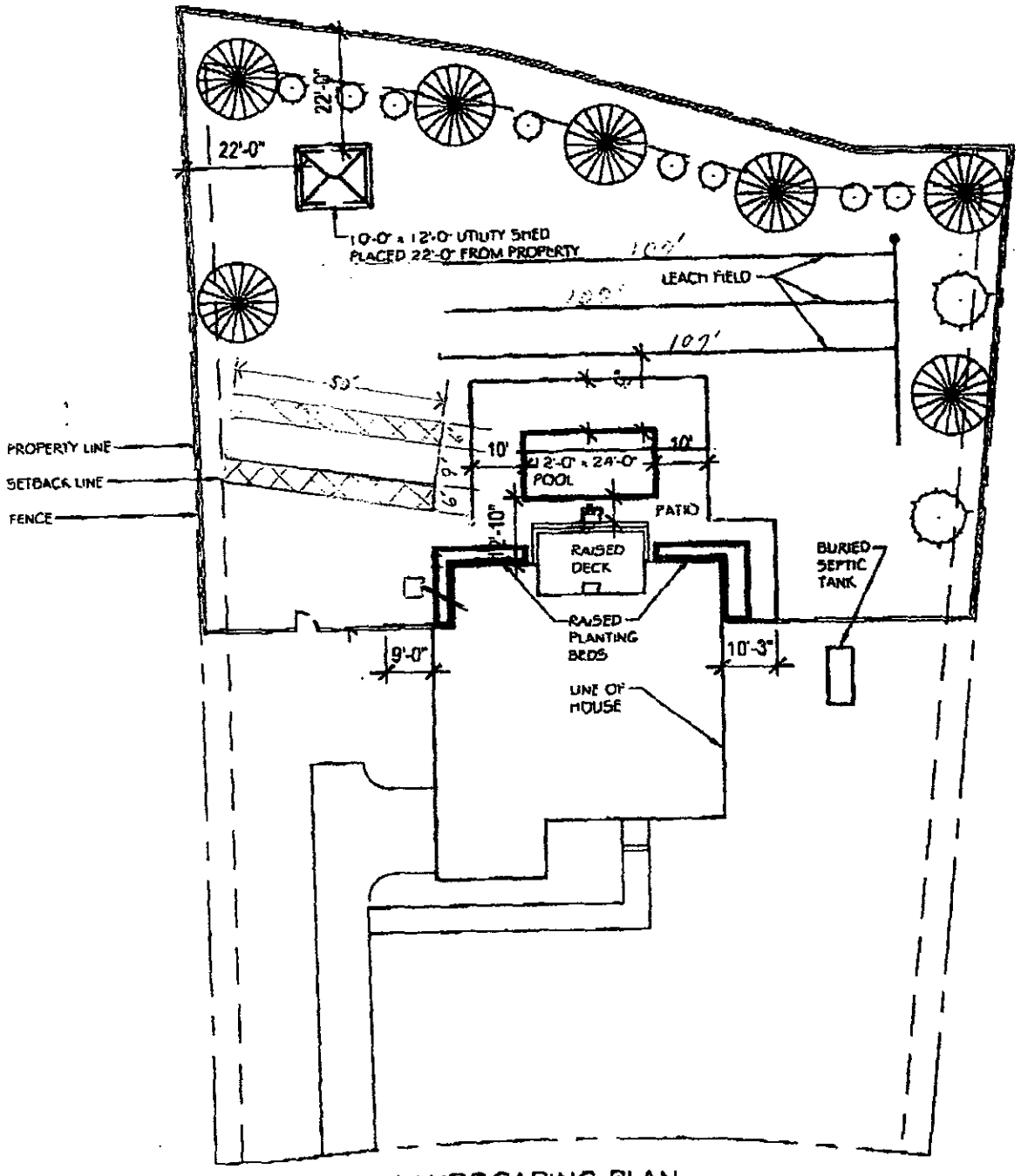
Re: **Alteration on an Existing Septic System**
HeathField Subdivision
Mecklenburg County, North Carolina

Dear Mr. Walker:

Thanks for your review and time in reference to the HeathField Subdivision. Please find a copy of the proposed Alternative Septic System (two 6' X 50' Bed Septic Systems) See site plans. Thank you for your patience and cooperation in regards to this matter. If you should have any questions concerning this report, or need further assistance, please call (704) 502-5588

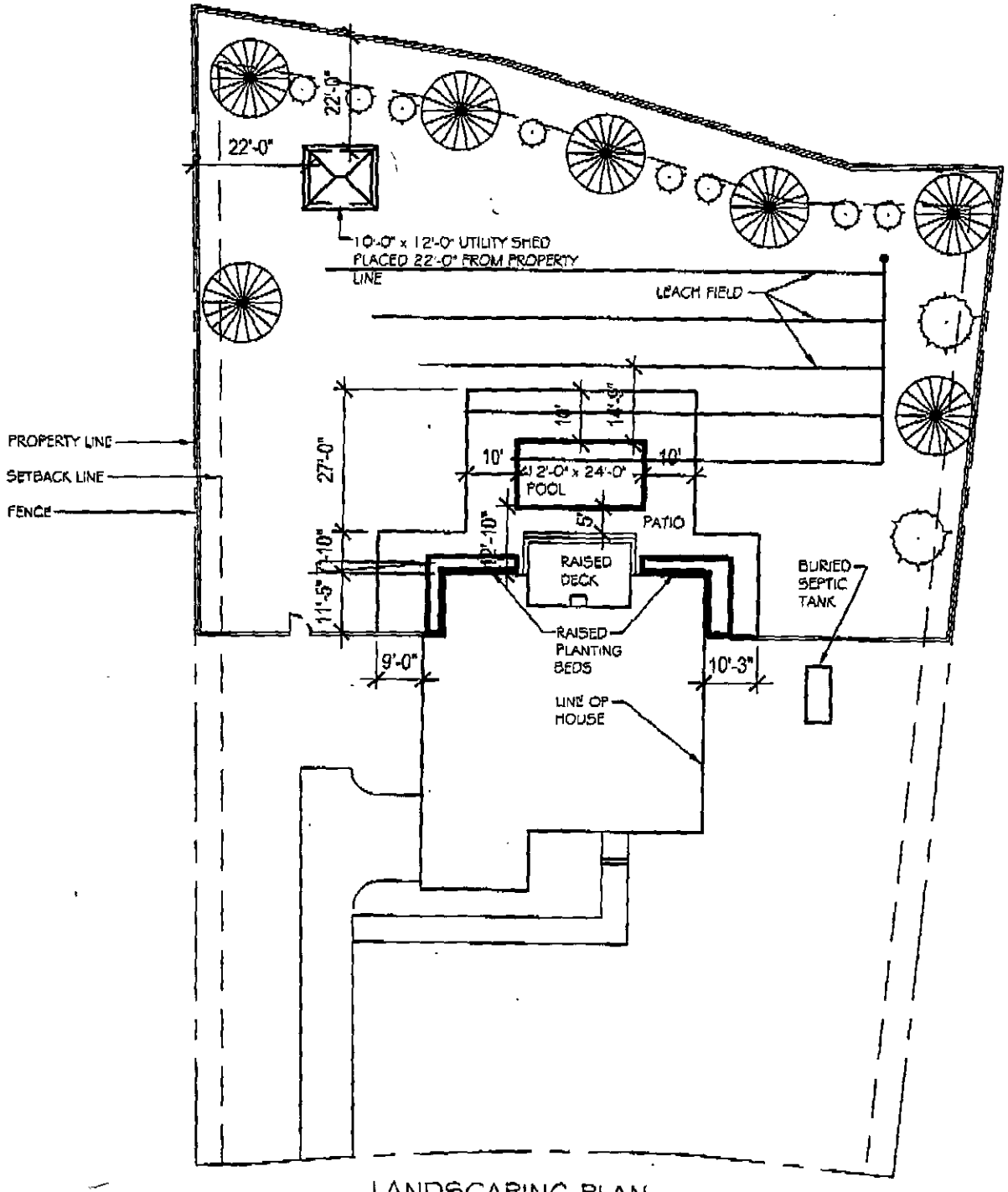
Sincerely,

Kenneth L. Owens, L.S.S. #1134
North Carolina Soil Scientist



LANDSCAPING PLAN
6634 HEATH GLEN DRIVE

SCALE: 1" = 40'-0"



LANDSCAPING PLAN
6634 HEATH GLEN DRIVE

SCALE: 1" = 30'-0"

336-6894

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5249B DATE: 6/30/04

TC: 195-072-53 ☑ L ☑ CRT

SERIAL 19588

Name of Owner RYAN HOMES Juris.: _____

Address of Property 6634 HEATH GLEN DRIVE (LOT #53)

Inspection Data:

Tank Material PCC 1/30/04

Total Length of Drainfield 535'

Number of Lines 5 @ 107'

Cover Depth 12"

Water Supply Source ~~[illegible]~~ COMMUNITY WELL

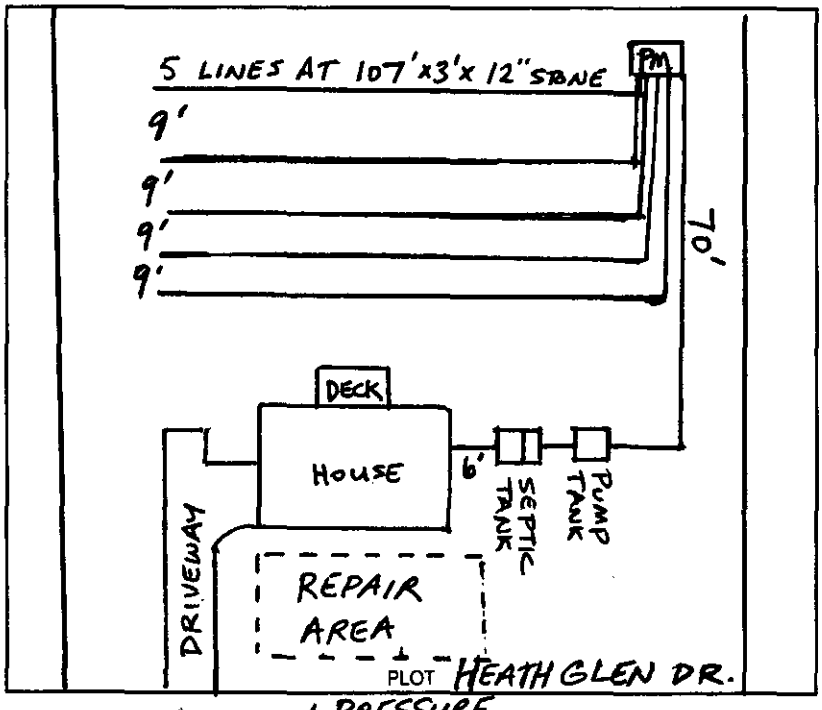
Distance to Water Source NA/>100'

Excavation Inspected 6/30/04

Tank(s) Inspected 6/30/04

Wash Line Inspected NA

High Water Alarm Inspected 6/30/04



Design 1500ST/1000PT/P1/1605 S.F.T./CONV./PRESSURE MANIFOLD 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 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: SYSTEM DESIGNED FOR 4 BEDROOM HOUSE

5 LINES AT 107' X 3' x 12" STONE

TYPE III b (PUMP TO CONVENTIONAL)

PUMP: GOULDS
MODEL: WE0311

Phillip A. Walker RS
Environmental Health Specialist

Inc. Com 6/30/04

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

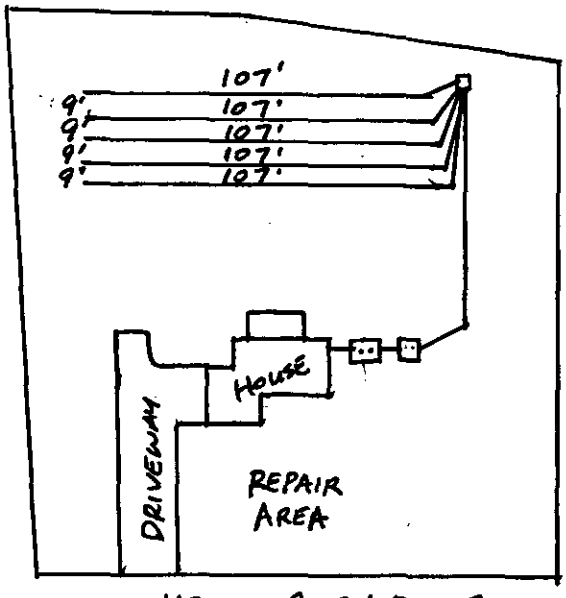
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5249B DATE: 6/23/04

TC: 195-072-53 DL

SERIAL 19723

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 MAY 5, 2003. All work shall be completed on or before July 23, 2004, 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 1000 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 535 feet

Number of Lines 5 AT 107'

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well NA feet

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

NAME OF OWNER RYAN HOMES

LOCATION OF PROPERTY 6634 HEATH GLEN DRIVE (LOT #53)

Comments: INSTALL 1500 GAL ST, 1000 GAL PT, PRESSURE MANIFOLD DISTRIBUTION. *5 LINES AT 107' x 3' x 12" GRAVEL.

Phil Walker RS

Environmental Health Specialist

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

cr. ck # X33575

FEE: 300.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** AS LD
DATE: 4/29/04 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 4/28/04 PERMIT NO: 5249 B
PARCEL NO: 195 072 53

JOB LOCATION ADDRESS: 6634 Heath Glen Dr
PROPERTY OWNER: Ryan Homes
BUILDING CONTRACTOR: Ryan Homes Lot 53
SUBDIVISION NAME: Heathfield
AUTHORIZATION ISSUED BY: Phillip A. Walker R.S. DATE: 4/28/04
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 5249B, 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 recorded and on file

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.

× Patrice Garner 4/29/04
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

P# 78053

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 5249B

Tax Number: 195 072 53

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

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

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

Basement	___ Yes	✓ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
.3 Long-term acceptance rate	480 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
NO Serviced by private well (Community well)	1500 Gallon septic tank	400' Total trench length (ft)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
4 Bedrooms in residence	1000 Gallon pump tank	NA Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: Agreement forms shall be recorded and on file prior to const. authorization release. Innovative septic system; lift pump required				
Repair Area System Type Type (circle one): I II III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
1200 Absorption Area (Sq ft) 400 Total Trench Length (Ft)	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.

Philo S. Walker RS 4/28/04
DEHNR Authorized Agent Date

Patrice Garner 4/29/04
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

COMMENTS: 4 Bedroom Residence, Innovative Septic System, Lift pump required pressure manifold distribution, 4 lines x 100' long x 3' wide, 1500 SF, 1000 BT, community well

HF1053
4-7-04

SITE DEVELOPMENT PLAN

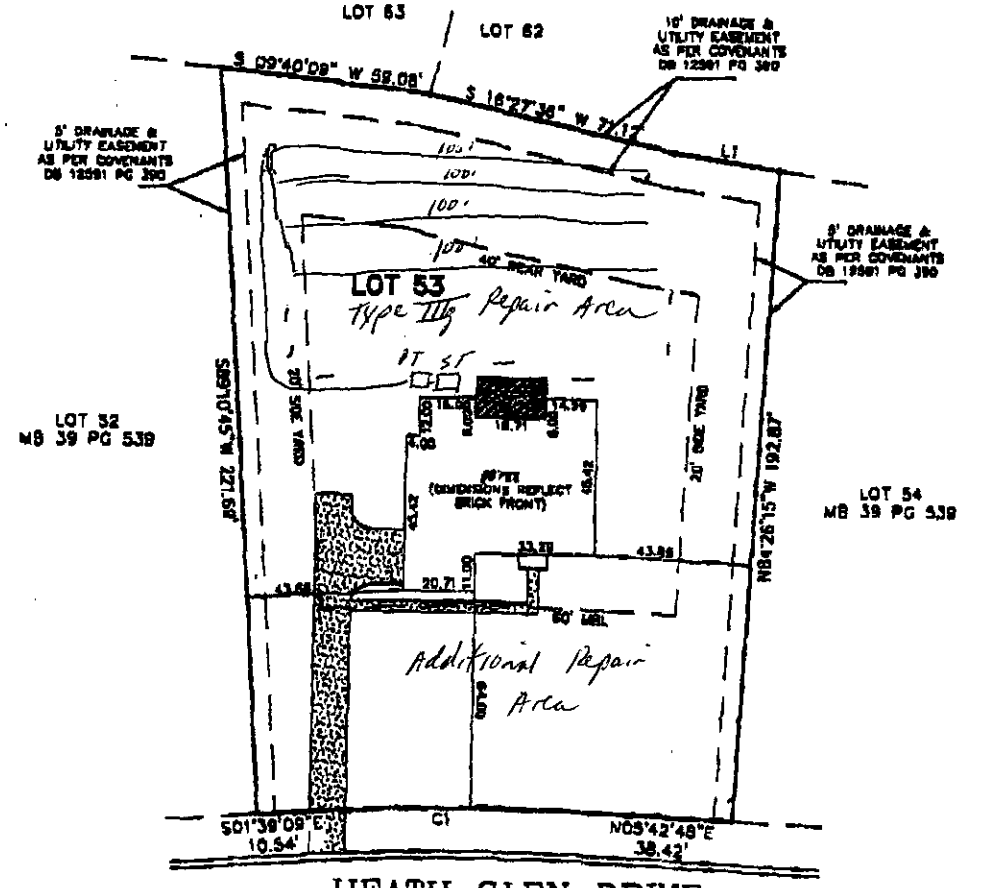
PREPARED BY:

DELTA LAND SERVICES, INC.
6033 FLORENCE AVENUE, SUITE 100
CHARLOTTE, NORTH CAROLINA 28212
(704) 536-6190

THIS SITE PLAN IS TO SHOW THE PROPOSED LOCATION OF THE HOUSE ON THE LOT AND IS NOT TO BE RELIED UPON FOR CONSTRUCTION.

SCALE: 1"=40'

HEATHFIELD SUBDIVISION
PHASE 1 MAP 1
MB 38 PG 628



Curve Table					
CURVE	RADIUS	LENGTH	CHORD	BEARING	DELTA
C1	660.00'	84.85'	84.79'	N02°01'30"E	07°21'56"

STAKEOUT

NOT FOR RECORDATION, CONVEYANCES OR SALES

Subdivision HEATHFIELD SUBDIVISION, PHASE 1, MAP 3 County MECKLENBURG
Address 6634 HEATH GLEN DRIVE Owner RYAN HOMES
Lot 53 Block ___ Plan AVALON Elevation A Drive (Left) X (Right) ___ (Courtyard) ___ Deck X
Patio ___ Fireplace X Garage (1 Car) ___ (2 Car) ___ (3 Car) X Brick FRONT Basement ___ Curtain Wall ___
Crawl ___ Slab ___ Other MORNING ROOM, SUNROOM, 4' EXTENSION @ FAMILY ROOM

REVISED: MODEL CHANGE

DWN: GHL CKD: [illegible] DATE: 04/07/04

G:\HEATHFIELD\HF-0053.DWG - Orig

Project - No. 78053

FILE COPY	
FILED FOR REGISTRATION	DOC. #
DATE 4/29/04	TIME 9:37 am
BOOK 17114	PAGE 279
STAMPS	REC FEE 20.00
JUDITH A. GIBSON REGISTER OF DEEDS MECKLENBURG COUNTY, NC	

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 # 5249B
PARCEL # 195-072-53

The undersigned, NUR, INC DBA Ryan Homes, owner of property located at 16634 Heath Glen Dr, (the "site") and described in an instrument recorded in Book 39 at Page 539-540, 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:

This instrument was prepared by: NUR, INC DBA Ryan Homes
Mail after recording to: 10815 David Taylor Dr
Charlotte, NC 28262

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1
Property ID: 195-072-53
Lot #: 53
File #: 5249B
Code: 1

AC9

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: NVR, Inc., dba Ryan Homes
Applicant:
Address: 10815 David Taylor Drive, Charlotte, N. c. 28262
Date Evaluated: 10/21/2003
Proposed Facility: Residence
Design Flow (.1949): 480gpd
Property Size: .69a
Location of Site: 6634 Heath Glen Drive
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [x] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.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 (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 6	0-9	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	N/A	NONE	PS, IV .3GPD/FT^2
		9-48	SBK/C	FI/SEXP/S/P					
2	"	0-17	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	"	"	"	PS, IV .275GPD/FT^2
		17-48	SBK/ABK/C	FI/SEXP/S/P					
3	"	0-6	GR/CL	FR/SEXP/SS/SP	>45" TO SOIL WEETNESS	45	"	"	PS, IV .3GPD/FT^2
		6-45	SBK/ABK/C	FI/SEXP/S/P					
4	"	0-6	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	"	"	"
		6-48	SBK/C	FI/SEXP/S/P					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.3GPD/FT^2	.3GPD/FT^2

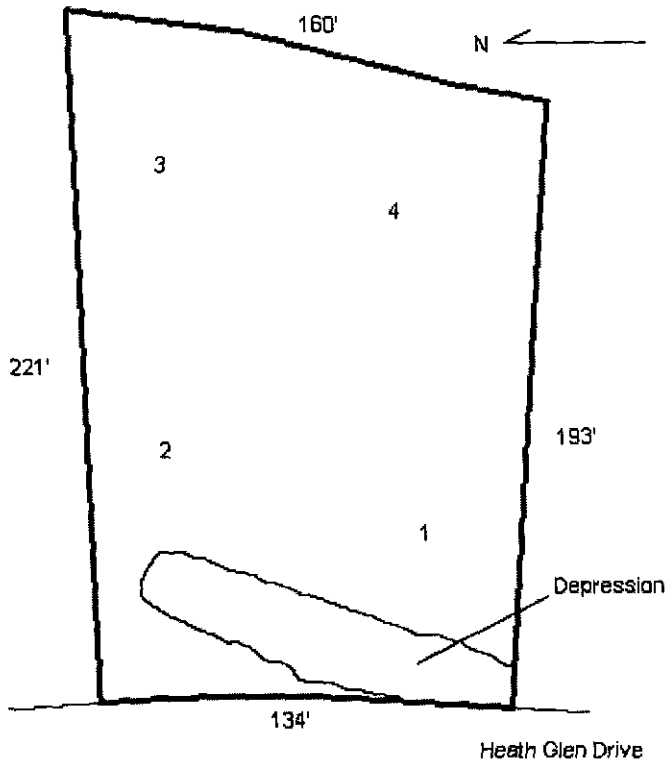
Other Factors (.1946):
Site Classification (.1948): W. R. Marlin, LSS, 10/23/2003,
Evaluated By:
Others Present:

FILE # 5249B

COMMENTS: 100% repair

LANDSCAPE POSITIONS	GROUP	TEXTURES	.1955 LTAR	CONSISTENCE MOIST	WET
R-RIDGE	I	S-SAND	1.2 - 0.8		
S-SHOULDER SLOPE		LS-LOAMY SAND		VFR-VERY FRIABLE	NS-NON-STICKY
L-LINEAR SLOPE				FR-FRIABLE	SS-SLIGHTLY STICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8 – 0.6	FI-FIRM	S-STICKY
N-NOSE SLOPE		L-LOAM		VFI-VERY FIRM	VS-VERY STICKY
H-HEAD SLOPE				EFI-EXTREMELY FIRM	NP-NON-PLASTIC
CC-CONCLAVE SLOPE	III	SI-SILT-	0.6 – 0.3		SP-SLIGHTLY STICKY
CV-CONVEX SLOPE		SIL-SILT LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAN		SCL-SANDY CLAY LOAM			
		SICL-SILTY CLAY LOAM			
	IV	SIC-SILTY CLAY	0.4 – 0.1		
		C-CLAY			
		SC-SANDY CLAY			

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



FEE: 200 CK

DATE: 5/9/13

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

[ ] CRT

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

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

FILE #: 5249B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 19507102

STREET ADDRESS: Heath Glen Dr

SUBDIVISION OR MOBILE HOME PARK NAME: HEATHFIELD

LOT NUMBER: 53

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
X 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
X 7 MINT HILL

HEATED SQUARE FOOTAGE: 3500

NUMBER OF BEDROOMS: 4 | NUMBER OF OCCUPANTS:

CLOSING DATE: _____

FOUNDATION FOR RESIDENCE:

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

Pool Yes (No)

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

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

WATER SUPPLY (CHECK ONE):

X 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
WELL, SPRINGS OR WATERLINES X YES __ NO
DESIGNATED WETLANDS X YES __ NO

PROPERTY OWNER: NVR, INC dba Ryan Homes

NAME: (LAST) (FIRST) (MI)

ADDRESS: 10815 David Taylor Dr

CITY Charlotte STATE: NC ZIP: 28262

DAYTIME PHONE: 704 - 548-3534

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

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: Kathleen Ware

DATE: 5/6/13

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

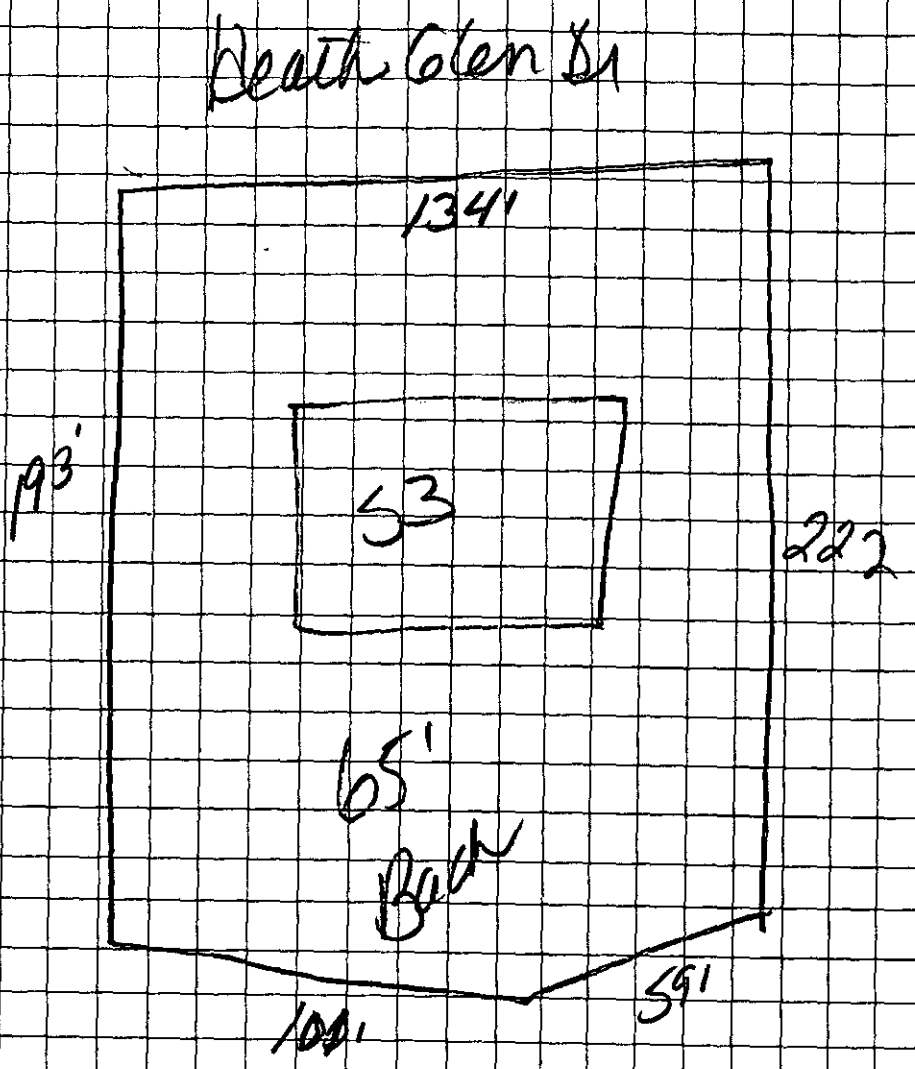
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

Parcel 195071-02

FILE: 5249B

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.



NVR, INC DBA Ryan Homes
OWNER/AGENT SIGNATURE

DATE 5/6/03

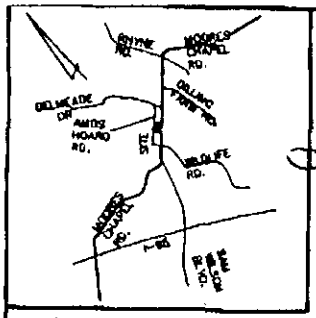
APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

EXHIBIT "A"



VICINITY MAP NO SCALE

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Linda B. Barnes, REVIEW OFFICER OF MECKLENBURG COUNTY, CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.

REVIEW OFFICER 10.19.2001 DATE

NCGS MONUMENT "KIM"
GRID COORDS, (NAD 83)
N = 560,086.380
E = 1,411,465.827

LEGEND

R/W = RIGHT OF WAY
DB, PG = DEED BOOK, PAGE
FND = FOUND
NCGS = NORTH CAROLINA GEODETIC SURVEY
CM = CONCRETE MONUMENT
RCP = REINFORCED CONCRETE PIPE
GV = GAS VALVE
EP = EDGE OF PAVEMENT
PP = POWER POLE
SF = SQUARE FEET
VCP = VITREOUS CLAY PIPE
CONC = CONCRETE
W = WATER LINE
WV = WATER VALVE
WM = WATER METER
WMH = WATER MANHOLE
FH = FIRE HYDRANT
WWF = WELDED WIRE FABRIC
G = GAS LINE
FO = FIBER OPTIC LINE
P = POWER LINE
UT = UNDERGROUND TELEPHONE LINE
SS = SANITARY SEWER LINE

THE PURPOSE OF THIS PLAT IS TO RECORD A RIGHT-OF-WAY EASEMENT FOR RIGHT-OF-WAY ACQUISITION TO THE CITY OF CHARLOTTE.

COMBINED TIE LINE (BROKEN SCALE) S 36°28'10" W 553.31' (GROUND) COMBINED FACTOR 0.9996434

NORTH ORIENTED TO NC GRID (NAD 83)

FND #5 REBAR 0.92 OFFLINE
CRAIG A. BARRETT & WIFE SHARON C. BARRETT DB 7393 PG 9
FND 1 1/2" PIPE 2.78 OFFLINE
FND 3/4" PIPE 0.58 OFFLINE
12" RCP
CONC. DRIVE
LILA R. HARRISON DB 2530 PG 189
FND 1" IRON ROD 1.88 OFFLINE
FND #4 REBAR N = 559,561.005 E = 1,411,080.303
FND 1" PIPE 5.33' OFFLINE
ROBERT T. COX DB 12213 PG 839
PLAT OF W. A. TEVEPAUGH PROPERTY MB 7 PG 89
FND 1/2" PIPE 0.32 OFFLINE
FND 1 1/4" PIPE
KENNETH WARREN BRIDGES & WIFE MARY ELIZABETH BRIDGES DB 9127 PG 60-62 LOTS 9, 10, 75 AND 76 MB 7 PG 89
4' RAIL/WWF FENCE
RIGHT-OF-WAY EASEMENT 586 SF
FND 1/2" PIPE
GRAVEL DRIVE
FND 1 1/4" PIPE
15" RCP
18" MAPLE
SHRUB
COLLEEN K. FREEMAN DB 7883 PG 160-162
SECRETARY OF VETERANS AFFAIRS DB 12239 PG 537
FND 1" PIPE
FND AXLE
15" RCP
CONC. DRIVE
FND #4 REBAR
CONC. DRIVE
FND #5 REBAR
JERRY C. BAREFOOT DB 3238 PG 254
WILLIAM HOWE CRANE DB 6765 PG 112
FND 1/2" PIPE
FND 1" PIPE
AMOS HOARD RD 40' PUBLIC R/W
MOORES CHAPEL ROAD S.R. # 1601 (FORMERLY KNOWN AS TUCKASEEGE ROAD) STATE CLAIMED/MAINTAINED PUBLIC R/W

LINE TABLE		
LINE	BEARING	DISTANCE
L1	S47°12'00"E	407.91
L2	S47°12'00"E	6.12
L3	N42°57'56"E	99.86
L4	S47°14'03"E	7.04
L5	S47°14'03"E	403.37
L6	N40°53'44"E	100.16
L7	N44°14'58"E	12.43
L8	N44°08'38"E	51.55
L9	N41°38'06"E	36.93
L10	N40°53'44"E	100.05 TIE LINE
L11	N40°53'44"E	124.64 TIE LINE
L12	N40°53'44"E	125.04 TIE LINE
L13	N47°30'58"W	426.68 TIE LINE
L14	N42°57'56"E	126.92 TIE LINE
L15	N42°57'56"E	125.09 TIE LINE
L16	N42°57'56"E	99.89 TIE LINE
L17	S47°11'04"E	417.64 TIE LINE
L18	S47°15'20"E	422.15 TIE LINE
L19	N42°57'56"E	135.18 TIE LINE
L20	N42°57'56"E	134.62 TIE LINE
L21	N46°30'40"W	205.62 TIE LINE
L22	S47°34'04"E	201.79 TIE LINE
L23	N41°21'50"E	15.67 TIE LINE
L24	N41°21'50"E	121.58 TIE LINE
L25	N47°27'18"W	199.81 TIE LINE
L26	N40°53'44"E	150.29 TIE LINE

NORTH CAROLINA PROFESSIONAL SEAL L-3607 LAND SURVEYOR SCOTT L. HUNTER

8-20-01

10/18/01 VGC REVISED EASEMENT WIDTH PER PLAN REVISION

NOTE: PROPERTY CORNERS SHOWN "FOUND OR SET" WERE LOCATED OR ESTABLISHED BY ACTUAL FIELD SURVEY. THIS MAP WAS PREPARED FOR THE PURPOSE OF RIGHT-OF-WAY OR EASEMENT ACQUISITION ONLY, AND IS NOT INTENDED TO BE A BOUNDARY SURVEY OF THE PROPERTY SHOWN. THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS OF RECORD. BOUNDARY INFORMATION TAKEN FROM SURVEY PERFORMED JUNE, 2001. UNADJUSTED ERROR OF CLOSURE = 1:20,883. THIS PLAT WAS PREPARED UNDER MY SUPERVISION.

SCOT L. HUNTER L-3607

BAR SCALE 1"=100'
0 25 50 100 200

THIS DRAWING AND/OR THE DESIGN SHOWN ARE THE PROPERTY OF ESP ASSOCIATES, P.A. THE REPRODUCTION, ALTERATION, COPYING OR OTHER USE OF THIS DRAWING WITHOUT THEIR WRITTEN CONSENT IS PROHIBITED AND ANY INFRINGEMENT WILL BE SUBJECT TO LEGAL ACTION.

ESP ASSOCIATES, P.A.

ESP ASSOCIATES, P.A.
engineering · surveying · planning
10815 SOUTHERN LOOP BLVD. PINEVILLE, NC
P. O. BOX 7050, CHARLOTTE, NC 28241
(704) 583-4949

REVISED RIGHT-OF-WAY EASEMENT CROSSING THE PROPERTY OF KENNETH WARREN BRIDGES & WIFE MARY ELIZABETH BRIDGES

CITY OF CHARLOTTE
MECKLENBURG CO.
NORTH CAROLINA

Scale: 1" = 100'
Date: 7/18/01
Drawing No.: NJ30E-5.DWG
Job No.: NJ30
Project No. | Designed By | Drawn By: VGC | Project Engr. | Checked By: SLH
Sheet ___ of ___



Print

Close

Parcel Information

Parcel ID	Account	Parent	Previous
19507253	INDIVIDUAL		

Owner(s)

Owner Name	Mailing Address	City/State
REVELEY ELIZABETH F	6634 HEATH GLEN DR	MINT HILL NC 28227

Legal Information

Legal	Municipality	Annexed	Special District	Fire District	Acreage
L53 M39-539	MINT HILL		FIRE SERVICE F	MINT HILL	0.688

Total Parcel Assessment & Exemptions

Building	Land	Features	Total	Exemption	Year Approved	Review Date	Amount
282500	45000	3300	330800				

Sales Information

Sale	Price	Stamps	Qualify	V/I	DeedBook	Type	Legal Ref.	Grantor
Aug 25 2004	341500	683.0000		IMP	17662 - 655	WARRANTY D	17662-655	NVR INC,
May 13 2004	47500	95.0000		VAC	17193 - 361	WARRANTY D	17193-361	RP PROVIDENCE LLC

Land Use

Use	Units	Type	Neighborhood	Assessment
R100	1	LT	T520	45000

Building Information

Bldg	Description	Type	Year Built	Property Location
1	Single-Fam	RES	2004	6634 HEATH GLEN DR MINT HILL

Bldg	Story	Units	Total SqFt	Heated	Foundation	Ext. Wall	Grade	Value
1	2.0 STORY	1	4548	4086	CRAWL SPACE	ALUM,VINYL - FACE BRICK	GOOD 03	282500

Bldg	Heat	Fuel	FirePlace	AC	Fixtures	Bedrooms	Full Baths	3/4 Baths	1/2 Baths
1	AIR-DUCTED	GAS	1 - FP2	AC-CENTRAL		4	2		1

Sub Areas

Bldg	Description	Size
1	UPPER STORY - FINISHED	1941
1	BASE (FIRST FLOOR)	2145
1	GARAGE - FINISHED	462

Depreciation

Bldg	Physical	Functional	Economic	Special	Override
1	AV - 1%				

Special Features & Yard Items

Bldg	Built	Type	Quantity	Units	Value
1	2004	TERRACE	1	4x9	300
1	2004	DECK	1	12x19	3000

Value Changes

Notice Date	Tax Year	Reason	Changed To	Deferred
Apr 12 2005	2005	New Improvement	330800	0
Jul 30 2004	2004	Division of Real Estate and/or New Parce	45000	0