


11525 UNIVERSITY CITY BV

05111102

1/2/2008

duponbj

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

Mecklenburg County
Health Department

MEMORANDUM

To: File 3006B

From: Susan M. Bateman, R.S.

Re: 11525 University City Blvd.

File: 3006B (and 3137B combined)

Parcel: 051-111-02 and 051-361-96 (see septic system easement)

An improvement permit was issued to set a new septic tank between the new modular home and the existing septic tank system on the above mentioned property. However, the plumbing official approved a gravity fed plumbing pipe from the home to the existing septic tank system, an additional septic tank was not set at this time. The permit will remain valid for five years from the date of issuance for the property if the owner chooses to utilize it.

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

Mecklenburg County
Health Department

# TELECOPIER TRANSMITTAL COVER SHEET

## NOTICE

THE INFORMATION CONTAINED IN THIS TELECOPY MAY BE PRIVILEGED AND/OR CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT (OR SUCH RECIPIENT'S EMPLOYEE OR AGENT), YOU ARE HEREBY NOTIFIED NOT TO READ, DISTRIBUTE OR COPY THE MATERIALS ATTACHED HERETO WITHOUT THE PRIOR WRITTEN CONSENT OF THE SENDER. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY THE SENDER BY TELEPHONE CALL AND RETURN THE ORIGINAL TELECOPY TO US BY MAIL AND WE WILL REIMBURSE YOU FOR THE REQUIRED POSTAGE. THANK YOU.

TO: Anita Lee TELECOPIER # 531-1694

NC Dept of Transportation

FROM: Susan Bateman, R.S. DATE 8-10-94

IWWS

NUMBER OF PAGES TRANSMITTED: 6 (including cover sheet)

COMMENTS:

Enclosed is a sample septic tank System easement to be used when two parcels of land are involved and it is the same property owner for both parcels. Also find enclosed a copy of parcel number & assigned address for Mr. Johnson's original lot (where his home is located)

our FAX number is 704-336-6894

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5102.

[X] Original will not follow [ ] Original will follow via:

[ ] U.S. Mail [ ] Hand Delivery [ ] ____

Environmental Health Division

700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

31378

**STATE OF NORTH CAROLINA**

**COUNTY OF MECKLENBURG**

**SEPTIC TANK DRAIN FIELD EASEMENT DECLARATION AND AGREEMENT**

This DECLARATION AND EASEMENT made this _____ day of _____, 19___, by and between _____, ("Declarant"), and any and all persons, firms or corporations hereafter acquiring any of the lots referred to herein.

**WITNESSETH:**

WHEREAS, Declarant is the owner of the Easement Parcel and the Benefitted Parcel, as described herein; and

WHEREAS, Declarant wishes to create a Septic Tank Drain Field Easement to control the development and the use of the Easement Parcel and the Benefitted Parcel for the protection of the owner of the Benefitted Parcel and the future owners thereof.

NOW, THEREFORE, Declarant hereby declares that the Easement Parcel and the Benefitted Parcel, as hereinafter defined, shall be held, sold and conveyed subject to the following Easement, which shall run with such parcels and be binding on all parties having any right, title or interest in such parcels, their heirs, successors and assigns, and shall be binding upon each owner thereof.

Declarant hereby creates an Easement as hereinafter described, to run with the land, upon that certain lot or parcel of land owned by Declarant, referred to herein as the "Easement Parcel", and located in the City of _____, _____ Township, Mecklenburg County, North Carolina, and more particularly described as follows:

Mecklenburg Tax Parcel No. _____, as shown on a page of the County Tax Map attached hereto as Exhibit A

Lot _____ Block _____ of _____ recorded in Map Book _____ Page _____ (if applicable)

See the plat attached hereto as Exhibit B for the legal description of the parcel labeled thereon as the "Easement Parcel" and of the Septic Tank Drain Field Easement Area located thereon.

*This instrument was prepared by:* _____

*Mail after recording to:* _____

_____

Declarant hereby imposes said Easement for the benefit of itself as the present owner and for the benefit of future owners of the following lot or parcel of land, referred to herein as the "Benefitted Parcel", situated in the City of _____, _____ Township, Mecklenburg County, North Carolina, and more particularly described as follows:

Mecklenburg Tax Parcel No. _____, as shown on a page of the County Tax Map attached hereto as Exhibit A
Lot _____ Block _____ of _____ recorded in Map Book _____ Page _____ (if applicable)

See the plat attached hereto as Exhibit B for the legal description of the parcel labelled thereon as the "Benefitted Parcel".

Said Easement shall enable the owner of the Benefitted Parcel to place, if, as and when needed, such need to be determined by the owner of the Benefitted Parcel in his sole discretion, a septic tank and drain field or portions thereof, upon the Septic Tank Drain Field Easement Area on the Easement Parcel and to inspect, maintain, repair and replace the components of said septic tank and drain field at any time and from time to time. If the Easement Area also includes a connector strip for ingress and egress, the owner of the Benefitted Parcel shall have the right to use said connector strip for access as needed. ***This Easement may not be altered, amended or cancelled without the express written permission of the Mecklenburg County Health Department, which written permission must be part of any document recorded to alter, amend or cancel this Easement.*** This Easement shall automatically expire, however, should the owner of the Benefitted Parcel ever hook up the structure located or to be located on the Benefitted Parcel to a public or community sanitary sewage system but shall otherwise be perpetual.

Declarant as the owner of the Easement Parcel acknowledges that the Septic Tank Drain Field Easement Area cannot be used and will not be used for any of the following activities or in any of the following ways:

- Grading or filling
- Parking or driving heavy equipment in the area or in any other way compacting the soil in the Area
- Excavating soil from the Area
- Placing footings or foundations or engaging in any other construction activity in the Area
- Placing in-ground or above-ground swimming pools in the Area
- Placing irrigation systems in the Area
- Placing underground utility lines or cables in the Area
- Planting trees or gardens in the Area
- Removing any large trees in the Area unless dead or diseased
- Using the area for the burial of stumps, trash, or any other type of construction material
- Using the Area for gravesites

-- Diverting the natural flow of water onto the Area by way of drainage ditches or diversion ditches or using the Area to receive water from any gutter or downspout discharges

**IN WITNESS WHEREOF,** the Declarant has hereunto set his/her/their hand(s) and seal(s), 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 the authority of its Board of Directors, the day and year first above written.

DECLARANT

_____ _____ (SEAL)
(Corporate Name)

BY: _____ _____ (SEAL)
_____ President

_____ (SEAL)
ATTEST:

_____ _____ (SEAL)
_____ Secretary (Corporate Seal)

---

SEAL-STAMP North Carolina, _____ County

I, a Notary Public of the County and State aforesaid, certify that _____, Declarant, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this _____ day of _____, 19___.

My Commission Expires: _____ _____
(Notary Public)

SEAL-STAMP North Carolina, _____ County

I, a Notary Public of the County and State aforesaid, certify that _____ personally came before me this day and acknowledged that _he is _____ Secretary of _____, a _____ corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal and attested by _____ as its _____ Secretary. Witness my hand and official stamp or seal, this _____ day of _____, 19___.

My Commission Expires: _____ _____
(Notary Public)

**This document is not to be recorded until approved by the Mecklenburg County Health Department.**

APPROVED AS TO THE SEPTIC REPAIR AREA REQUIREMENTS:

MECKLENBURG COUNTY HEALTH DEPARTMENT

BY: _____ DATE: _____

_____
(print name)

Approval by the Mecklenburg County Health Department does not certify or extend to matters of title. The purchaser of property subject to or affected by this easement is responsible for ascertaining all matters affecting the validity and enforceability of this instrument.

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

DATE: 8/8/94

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE MECK

PARCEL NUMBER #057-111-02

ASSIGNED ADDRESS 11525 University City Blvd

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

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

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

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

REMARKS: S.F. HOME.

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

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

SIGNED: B. McConico

OPWEAR 06-88

NEW ADDRESS _____*

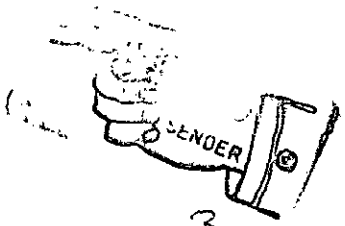
FORM 100

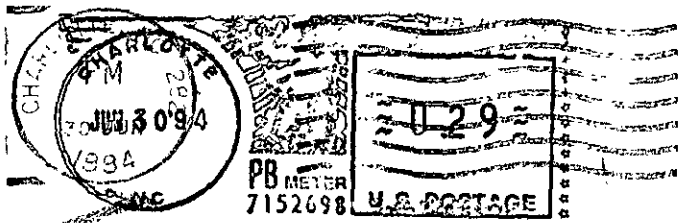
Mecklenburg County
Health Department
700 North Tryon Street
Suite 211
Charlotte, North Carolina 28202-2236

704 922-3041

7/13/94

Left message on A.M.




MS. ANDRE JENNINGS
11439 UNIVERSITY CITY BOULEVARD
CHARLOTTE, NC 28213

NO MAIL RECEPTACLE

3137B

Mr. Jennings does not want this letter, stated that he no longer owned the property per telephone conversation

7/14/94 11:20

DF.

051-111-02

Mecklenburg County
Health Department

June 28, 1994

Ms. Andre Jennings
11439 University City Boulevard
Charlotte, North Carolina 28278

Re: 11439 University City Boulevard
File: 3137B
Tax Parcel: 051-361-96

Dear Ms. Jennings:

A site investigation was made at the above mentioned property for the purpose of determining if the existing septic system on the property may be utilized for a proposed two-bedroom residence.

The plans submitted to this office show the proposed house to be located on a separate lot from the septic tank system. According to Laws and Rules for Sewage Treatment and Disposal Systems 15A NCAC 18A .1900, .1938 (g) ***"The entire sanitary sewage system shall be on property owned or controlled by the person owning or controlling the system. Necessary easements shall be obtained permitting the use and unlimited access for inspection and maintenance of all portions of the system to which the owner and operator do not hold undisputed title. Easements shall remain valid as long as the system is required and shall be recorded with the County Register of Deeds."***

Due to the separation distance between the proposed house site and the existing septic tank system, an additional septic tank, and possibly lift station, needs to be added to the existing system. An application for an Improvement Permit, accompanied by the appropriate fee, must be submitted to this Department to initiate the approval process for these activities.

For these reasons the plans cannot be approved at this time. If you choose to obtain a septic tank easement or resurvey the property to obtain proper ownership, you may consult with this Department before the documents are recorded at the County Register of Deeds. Copies of appropriate recorded documents may then be submitted to this office.

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

If you have any questions concerning this matter, please contact me at 336-5569.

Sincerely,

Susan Bateman, R.S.
Individual Water and Wastewater Systems

SB:lw

cc: Anita Lee, Relocation Agent, NCDOT
(Ms. Anita Lee
NCDOT
5701 Executive Center Drive
Rutherford Building, Suite 301
Charlotte, NC 28212)

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
## APPLICATION FOR SERVICES

3137B

Pd 45.00 6/6/94 ck # 3127

[] CRT

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

(704)336-5102

PERSON FILING APPLICATION:

NAME: Jennings (last) Andre (first) (mi)

ADDRESS: 11439 University City Blvd PHONE: 704/422-3041

CITY: Charlotte STATE: ZIPCODE: 28213

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 051 361 96

STREET ADDRESS: 11439 University City Blvd
Char. NC 28278

ZONING:

PROPERTY OWNER:

NAME: Jennings (last) Andre (first) (mi)

ADDRESS: 11439 University City Blvd PHONE: (__) _____

CITY: Charlotte STATE: NC ZIPCODE: 28278

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] SOIL TEST - INDIVIDUAL LOT (O)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y) move home on lot
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N) septic
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

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

Signed: Andre Jennings Jr/AWL Date: 6-6-94

NOTICE:

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

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

...This permit is not transferable.

...

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

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WATER : 122791

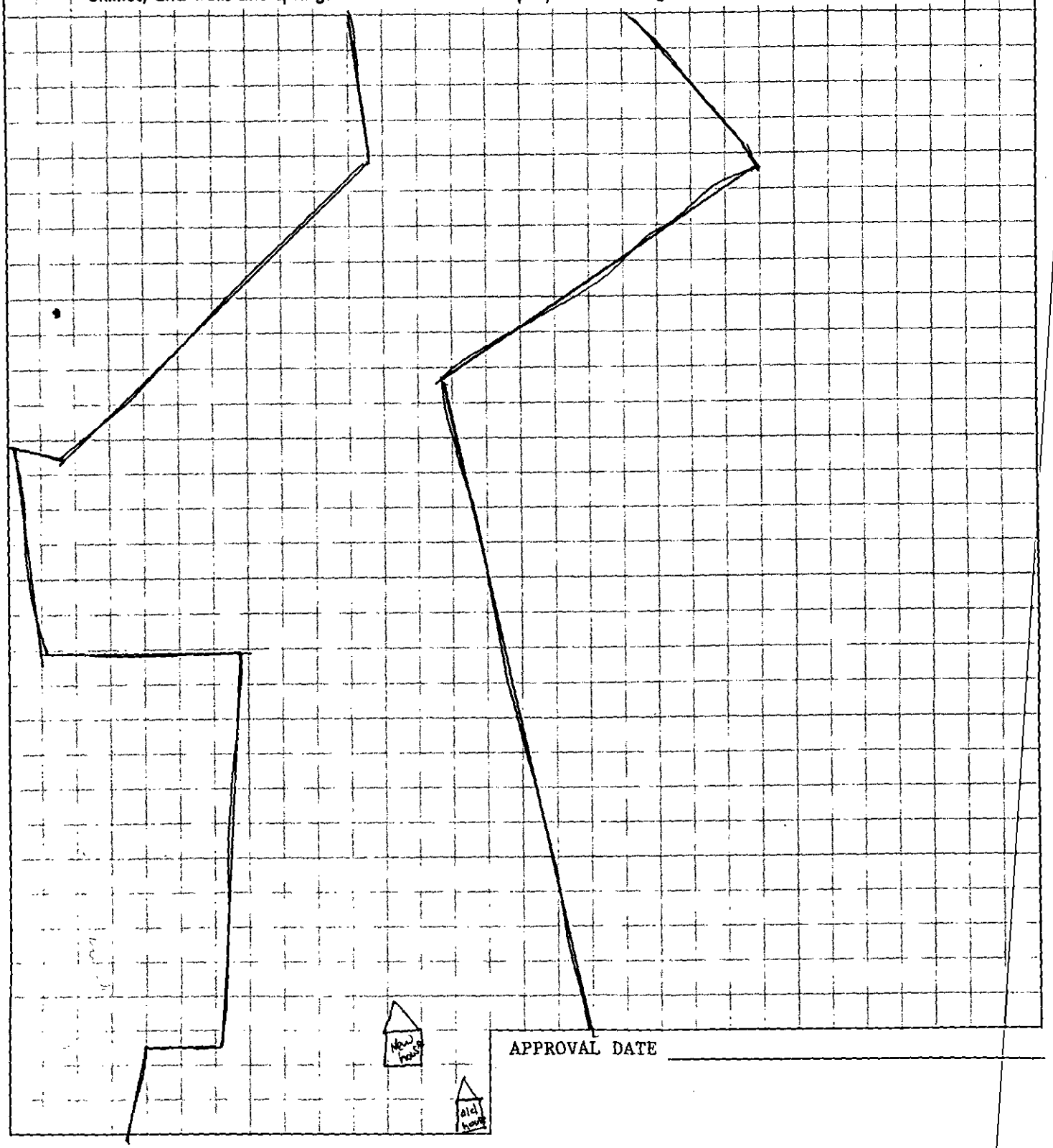
# PROPOSED PLOT PLAN

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

FILE: 3137B

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.




APPROVAL 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


May 18, 1994

N. C. Department of Transportation
5701 Executive Drive
Charlotte, NC 28210

RE: Property located at University City Boulevard
FILE: 3137B
PARCEL: 051-361-96PO (Correcting Tax Parcel Number)Typographical error

Dear Ms. Parker:

At your request a soils investigation was conducted on the property designated above. Results of this investigation showed the site to be classified as **UNSUITABLE** under criteria as set forth in 15A NCA 18A .1900 of Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal, August 1, 1991. Evaluation Report (Serial Number 20335) is enclosed.

The soil on this property is not suitable for use with any conventional, modified or alternative system of which I am aware. If you wish to exercise your right of appeal concerning the interpretation and enforcement of these rules you may do so in accordance with G.S. 150B-23.

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

Sincerely,

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

Enclosure

Mecklenburg County
Health Department

May 16, 1994

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

N.C. Department of Transportation
5701 Executive Drive
Charlote, NC 28210

RE: Property located at University City Boulevard
FILE: 3137B
PARCEL: 051-367-96PO

Dear Sir:

At your request a soils investigation was conducted on the property designated above. Results of this investigation showed the site to be classified as **UNSUITABLE** under criteria as set forth in 15A NCA 18A .1900 of Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal, August 1, 1991. Evaluation Report (Serial Number 20335) is enclosed.

The soil on this property is not suitable for use with any conventional, modified or alternative system of which I am aware. If you wish to exercise your right of appeal concerning the interpretation and enforcement of these rules you may do so in accordance with G.S. 150B-23.

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

Sincerely,

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

Enclosure

**MECKLENBURG COUNTY HEALTH DEPARTMENT**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 20335

File: 31370 B400 Action 3

Parcel: po 051-361-96 ☐ PC

Location: University City Blvd

Subdivision:

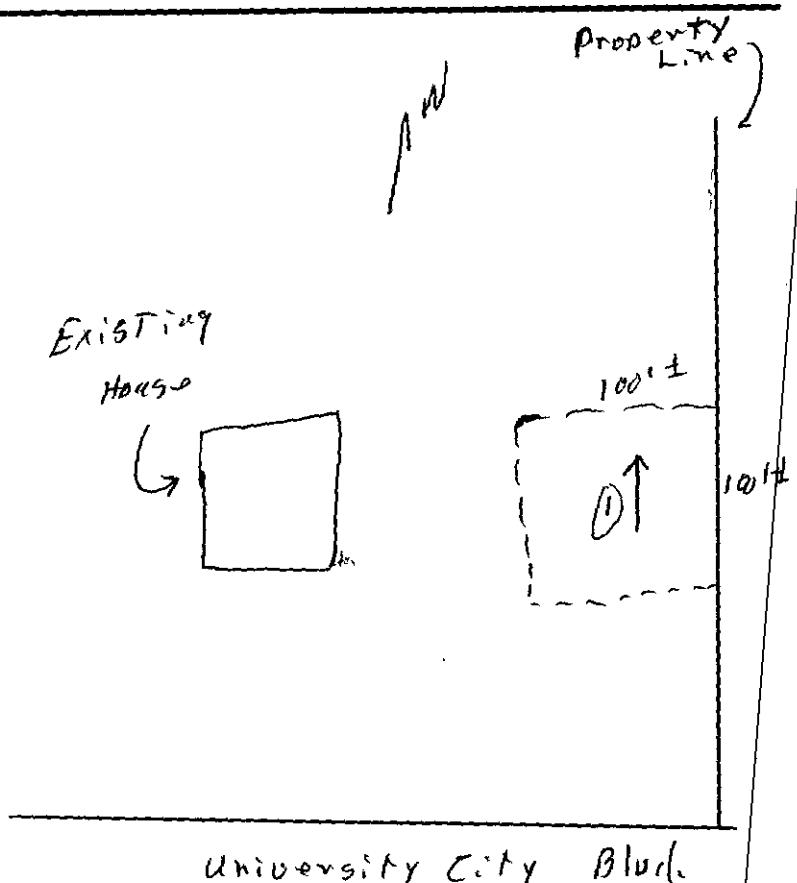
Lot: Block: Acres: Approx .25 ac

Owner: N.C. Dept of Transportation
Address: 5701 Executive Drive
Charlotte, N.C. 28210

Comments: Site for potential system from 051-111-02- DOT relocation

Described by: William A. Marlin

Date: 5-10-94




***** 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 8-15% | S PS U | S PS U | S PS U | S PS U | S PS U |
| Texture | S PS (U) Expansive clay | S PS U | S PS U | S PS U | S PS U | S PS U |
| Structure | S (PS) U Blocky | S PS U | S PS U | S PS U | S PS U | S PS U |
| Drainage | S (PS) U 36" to water | S PS U | S PS U | S PS U | S PS U | S PS U |
| Depth | S PS (U) 12-17" | S PS U | S PS U | S PS U | S PS U | S PS U |
| Restrictive Horizons | S (PS) U 36" | S PS U | S PS U | S PS U | S PS U | S PS U |
| Available Space | S (PS) U | 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 | Wilkes-Lie | | | | | |
| Area Classification | S PS (U) | S PS U | S PS U | S PS U | S PS U | S PS U |

**MECKLENBURG COUNTY HEALTH DEPARTMENT**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 20335

File: 31378 0400 Action 3

Parcel: 051-361-94 ☐ PC

Location: Huntersville, Old 73 [illegible]

Subdivision:

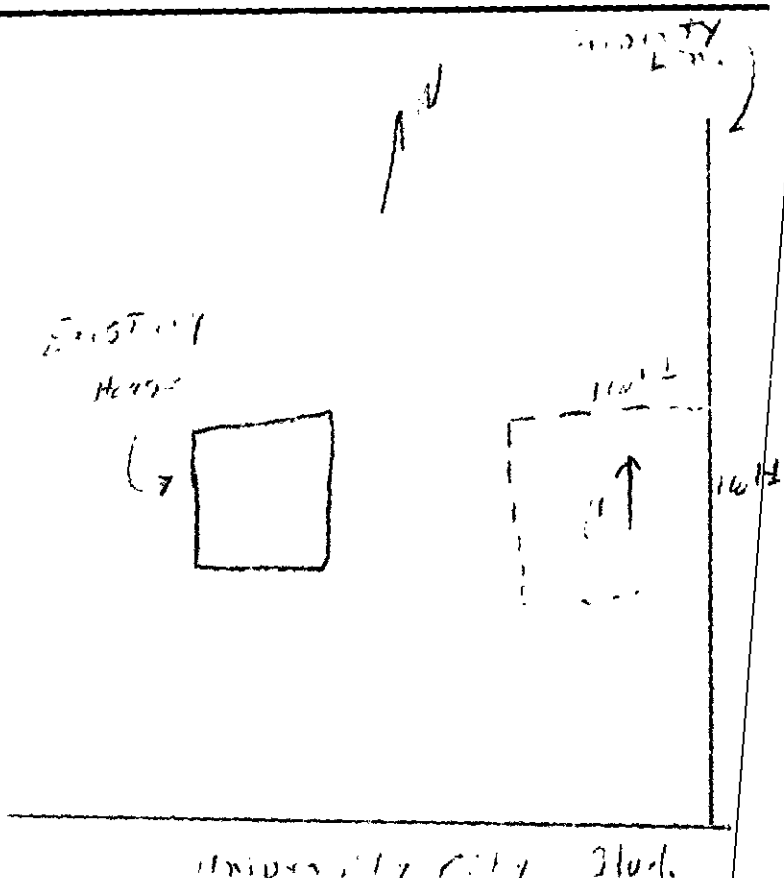
Lot: Block: Acres: Approx .27 ac

Owner: N.C. Dept of Transportation
Address: 5471 Beatties Ford Rd
Charlotte, NC 28216

Comments: Info for potential system from 051-111-07-207 subdivision

Described by: William R. Medlin

Date: 5-12-94




*** 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 6-15% | S PS U | S PS U | S PS U | S PS U | S PS U |
| Texture | S PS U Expansive clay | S PS U | S PS U | S PS U | S PS U | S PS U |
| Structure | S PS U 31" WT | S PS U | S PS U | S PS U | S PS U | S PS U |
| Drainage | S PS U 31" water | S PS U | S PS U | S PS U | S PS U | S PS U |
| Depth | S PS U 17-19" | S PS U | S PS U | S PS U | S PS U | S PS U |
| Restrictive Horizons | S PS U 36" | S PS U | S PS U | S PS U | S PS U | S PS U |
| Available Space | S PS U | 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 | [illegible] | | | | | |
| Area Classification | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |

5/9/94

3137B

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
# APPLICATION FOR SERVICES

Transferred $50 from file 2522A ck 44462 [ ] CRT

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

(704)336-5102

COPY

PERSON FILING APPLICATION:

NAME: McCallum (last) DON (first) A (mi)

ADDRESS: 4801 Aspen Ct PHONE: (704) 537-2160

CITY: Charlotte STATE: NC ZIPCODE: 28210

Date: 5-9-94

PROPERTY OWNER:

NAME: N.C. Dept. of Transportation (last) (first) (mi)

ADDRESS: 5701 Executive Ctr Dr. PHONE: (704) 537-2160

CITY: Charlotte STATE: NC ZIPCODE: 28210

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 051-361-96

STREET ADDRESS: (N.C. 49 Nor12) University City Blvd.

ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres): 1.11 Ac

TYPE APPLICATION (check one):

[ ] SOIL TEST - INDIVIDUAL LOT (O)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEN CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

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

Signed: D.A. McCallum Date: 5-9-94

NOTICE:

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

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

...This permit is not transferable.

...

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

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

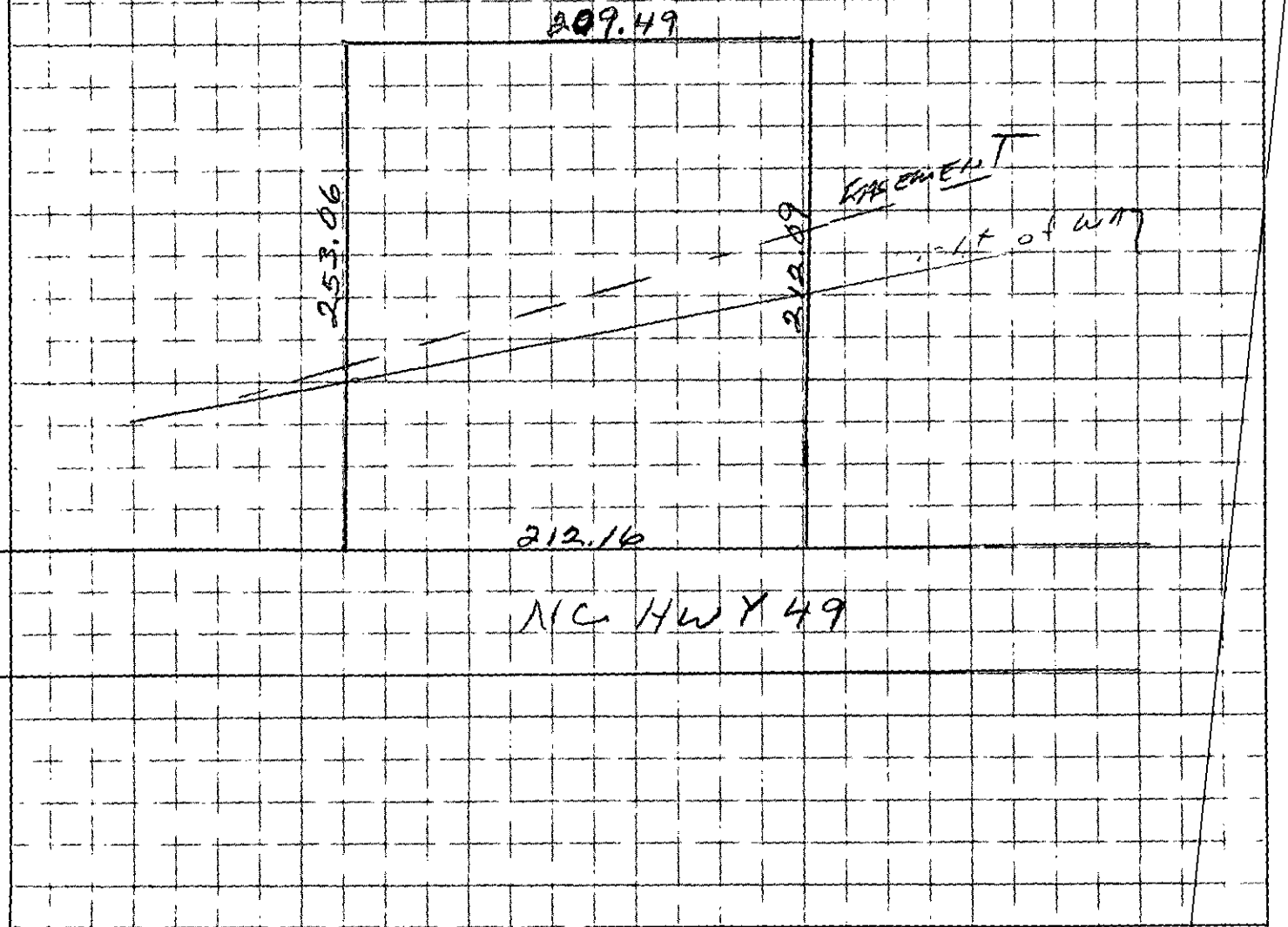
# PROPOSED PLOT PLAN

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

FILE: 3137B

TC: 051-361-96

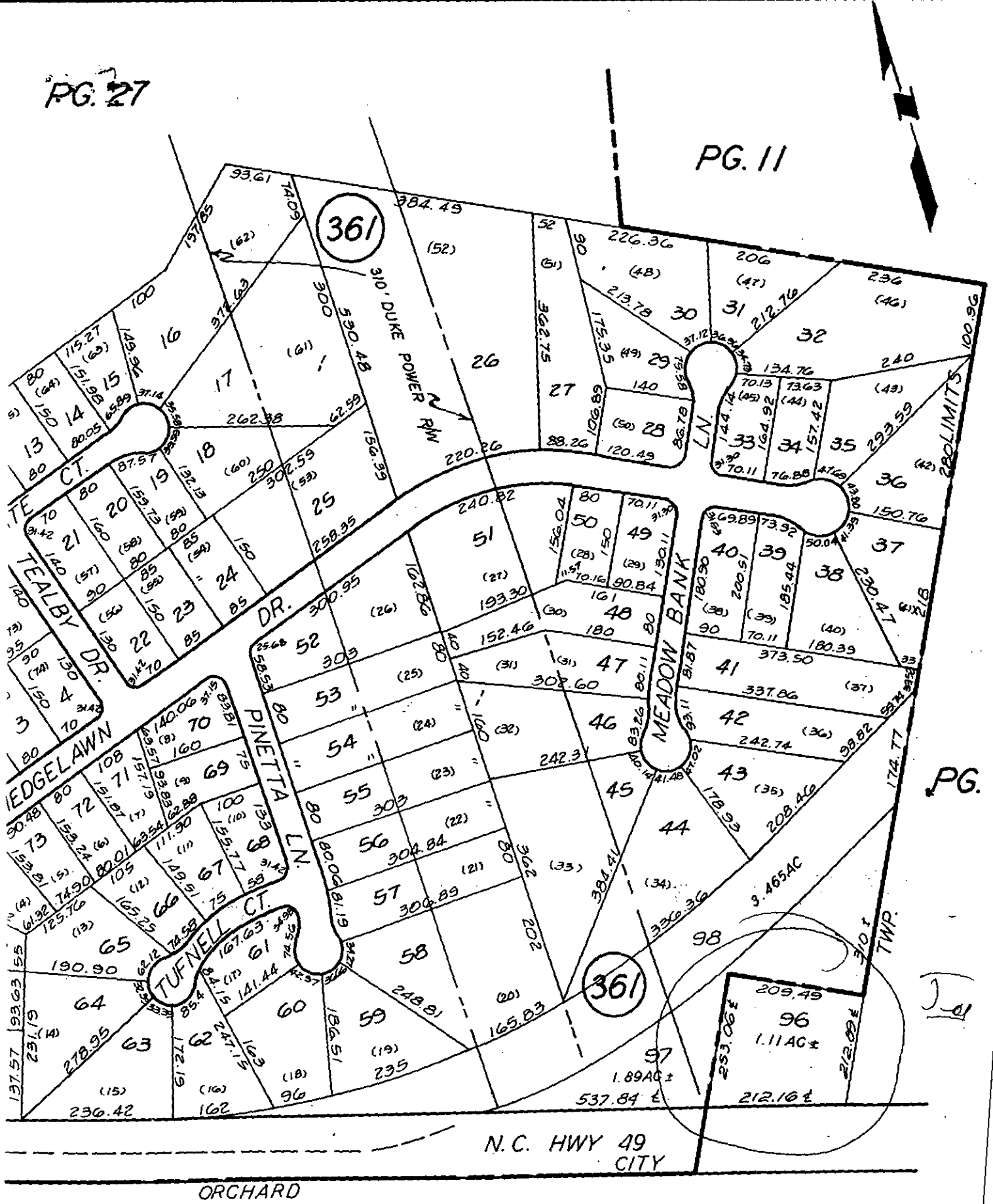
Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.




APPROVAL DATE _____

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

PG. 27




| | |
|---|---|
| TAX LINE MAP | BOOK 51 PAGE 36 |
| MECKLENBURG COUNTY, NORTH CAROLINA | |
| REVISED 8-17-93 | SCALE 1" = 200' |

.14

SES ONLY

5/9/94

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
# APPLICATION FOR SERVICES

Transferred $50 for file 2522A CK 44462 [] CRT

3137B

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

(704)336-5102

PERSON FILING APPLICATION:

NAME: McCallum (last) DON (first) A (mi)

ADDRESS: 4801 Aspen Ct PHONE: (704) 537-2160

CITY: Charlotte STATE: NC ZIPCODE: 28210

Date: 5-9-94

PROPERTY OWNER:

NAME: N.C. Dept. of Transportation (last) (first) (mi)

ADDRESS: 5701 Executive Ctr Dr. PHONE: (704) 537-2160

CITY: Charlotte STATE: NC ZIPCODE: 28210

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 051-361-96

STREET ADDRESS: (N.C. 49 North)

ZONING: University City Blvd.

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres): 1.11 AC

TYPE APPLICATION (check one):

[x] SOIL TEST - INDIVIDUAL LOT (O)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[x] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

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

Signed: N.D. McCallum Date: 5-9-94

NOTICE:

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

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

...This permit is not transferable.

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[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
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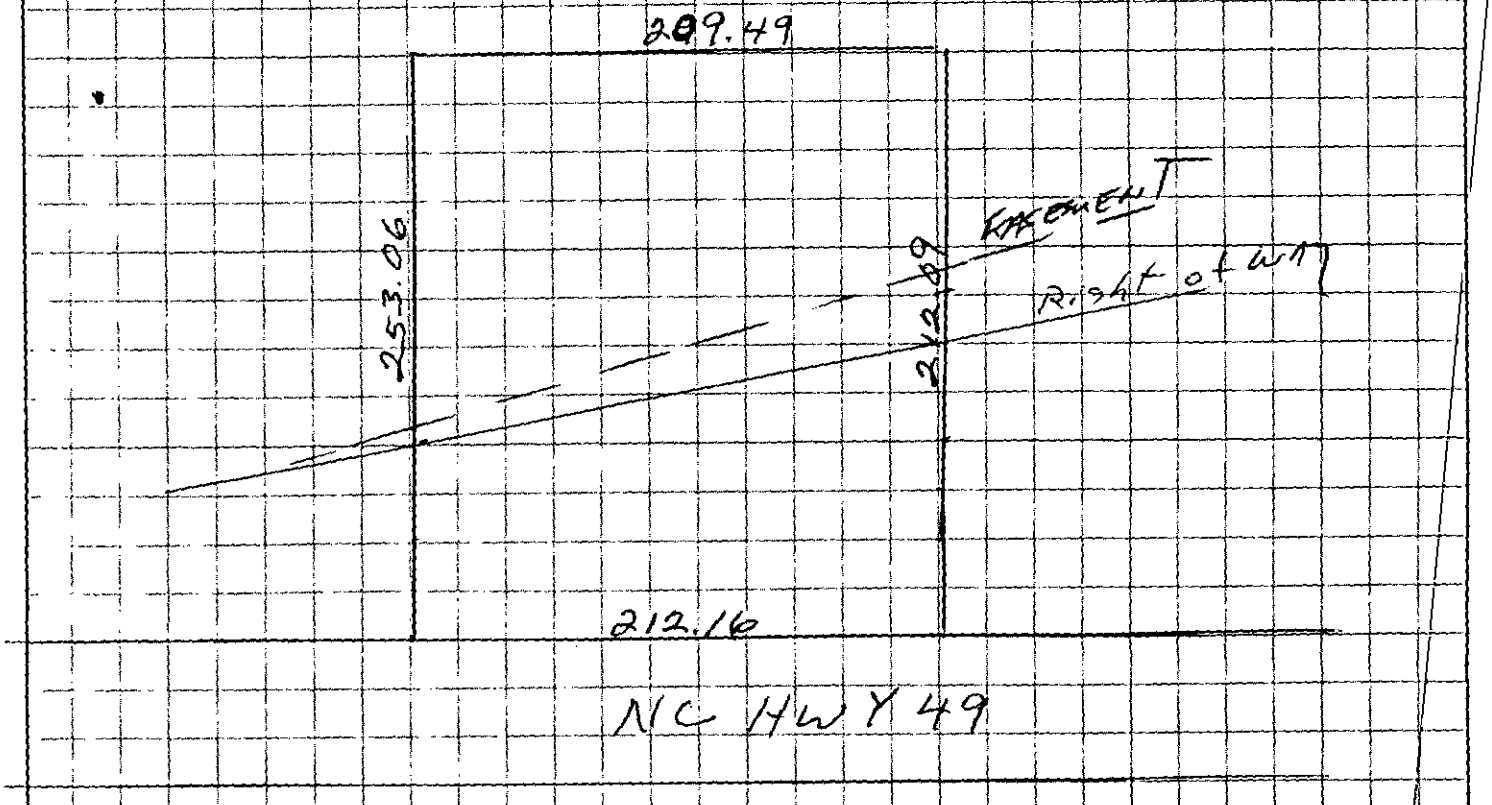
# PROPOSED PLOT PLAN

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

FILE: 3137B

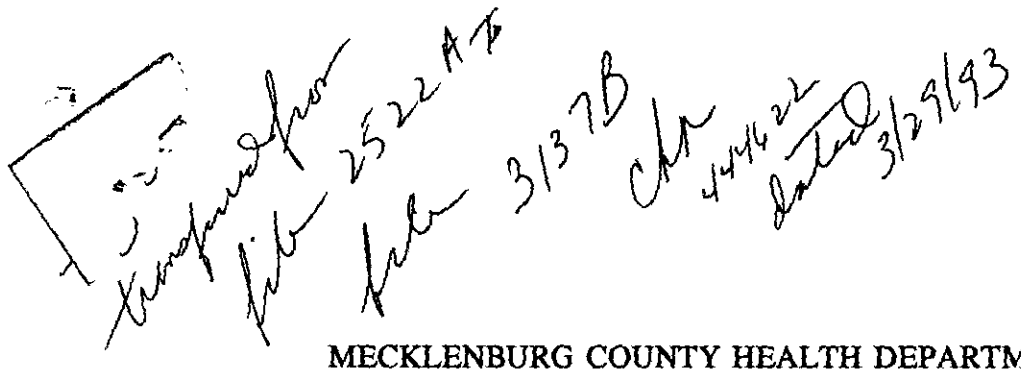
TC: 05T-36/96

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.




APPROVAL DATE _____

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



MECKLENBURG COUNTY HEALTH DEPARTMENT
700 NORTH TRYON STREET
CHARLOTTE, NORTH CAROLINA 28202
(704) 336-5102

REQUEST FOR TRANSFER OF SERVICE PAYMENT/INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

SERVICE: Soil Test
IMPROVEMENT PERMIT, SOIL TEST, E.G.

FILE NUMBER 2522A TAX NUMBER 029 101 04

PROPERTY ADDRESS 13900 Mallard Creek Rd.

NAME OF ORIGINAL APPLICANT NC D.O.T.

NAME OF PERSON PURCHASING PROPERTY/TRANSFEROR _____

I UNDERSTAND THAT THE PERMIT TO CONSTRUCT AND UNUSED MONIES FOR INSPECTIONS ARE FULLY RELINQUISHED BY THIS DOCUMENT.

SIGNATURE OF ORIGINAL APPLICANT

D. F. McCallum DATE 5-9-94

AS BUYER OF THIS PROPERTY, I UNDERSTAND TAHT THE PERMIT IS ONLY VALID WHEN USED EXACTLY AS ISSUED. SHOULD CHANGES BE DESIRED, THEY MUST BE REQUESTED AND APPROVED BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT ACCORDING TO CURRENT REGULATIONS AND FEES.

AN ORIGINAL COPY OF THIS REQUEST MUST BE PRESENTED AND ACKNOWLEDGED BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT TO BE VALIDATED.

SIGNATURE OF TRANSFEREE

_____ DATE _____





# FAX COVER SHEET

## N.C. DEPARTMENT OF TRANSPORTATION

DATE: 8-5-94

Charles Johnson
fund [illegible]
[illegible]

TO: Susan Batten

FROM: Cinta M. Lee

Number of Pages to Follow: 5

MESSAGE: Susan, I don't have the application, Ray Watts of Apex Homes has it but he is enroute to Greensboro. I spoke to him briefly by his car phone. I can stop by and pick up another application and have it completed and signed today. Plz advise. Thanks for all your efforts

*APPRAISAL SECTION: (704)537-1541* *RELOCATION SECTION: (704)537-2160*
*FAX: (704)531-1694*

JUL 7 1994

# Mecklenburg County
## Health Department

June 28, 1994

Ms. Andre Jennings
11439 University City Boulevard
Charlotte, North Carolina 28278

Re: 11439 University City Boulevard
File: 3137B
Tax Parcel: 051-361-96

Dear Ms. Jennings:

A site investigation was made at the above mentioned property for the purpose of determining if the existing septic system on the property may be utilized for a proposed two-bedroom residence.

The plans submitted to this office show the proposed house to be located on a separate lot from the septic tank system. According to Laws and Rules for Sewage Treatment and Disposal Systems 15A NCAC 18A .1900, .1938 (g) ***"The entire sanitary sewage system shall be on property owned or controlled by the person owning or controlling the system. Necessary easements shall be obtained permitting the use and unlimited access for inspection and maintenance of all portions of the system to which the owner and operator do not hold undisputed title. Easements shall remain valid as long as the system is required and shall be recorded with the County Register of Deeds."***

Due to the separation distance between the proposed house site and the existing septic tank system, an additional septic tank, and possibly lift station, needs to be added to the existing system. An application for an Improvement Permit, accompanied by the appropriate fee, must be submitted to this Department to initiate the approval process for these activities.

For these reasons the plans cannot be approved at this time. If you choose to obtain a septic tank easement or resurvey the property to obtain proper ownership, you may consult with this Department before the documents are recorded at the County Register of Deeds. Copies of appropriate recorded documents may then be submitted to this office.

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

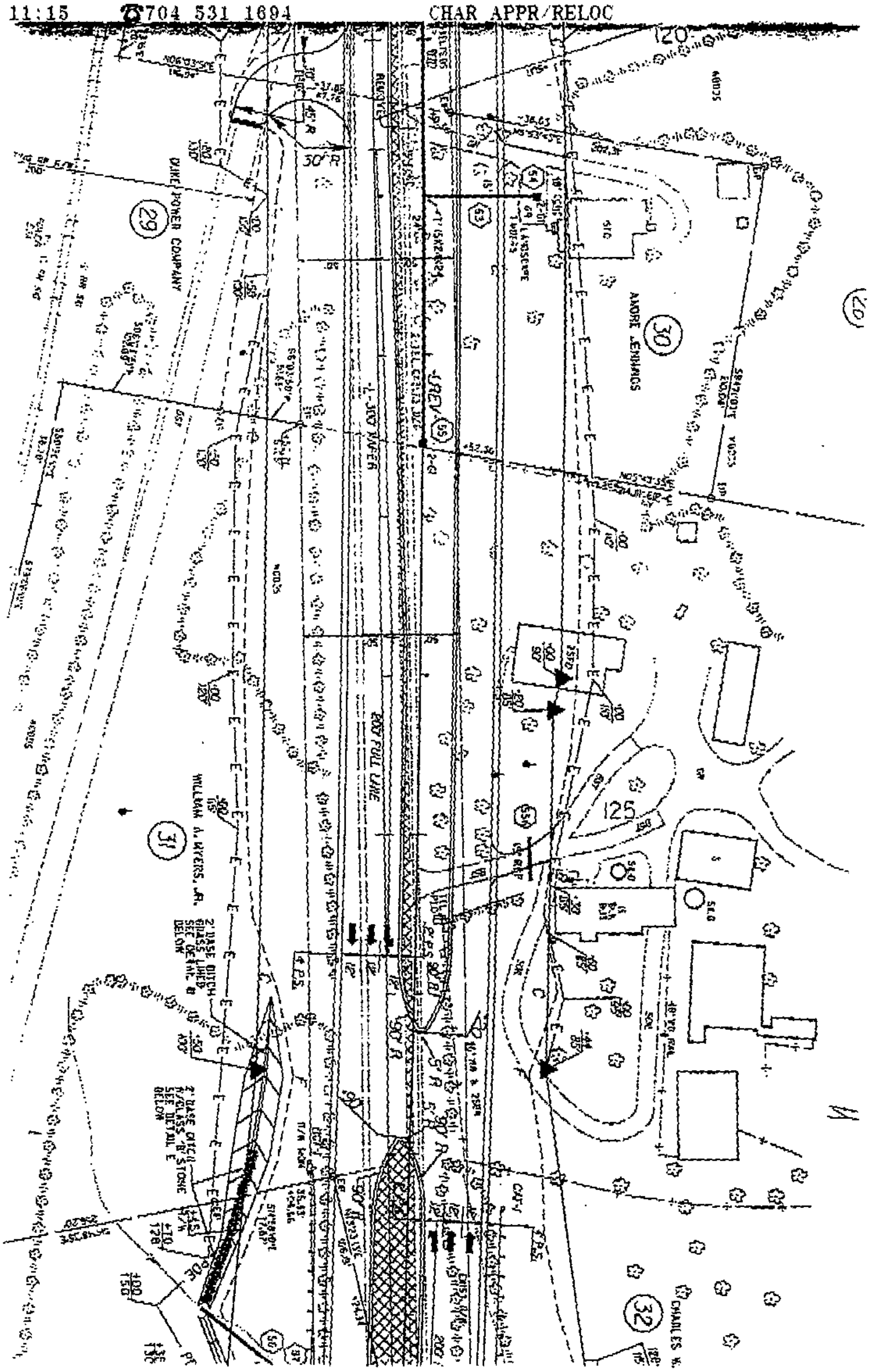
If you have any questions concerning this matter, please contact me at 336-5569.

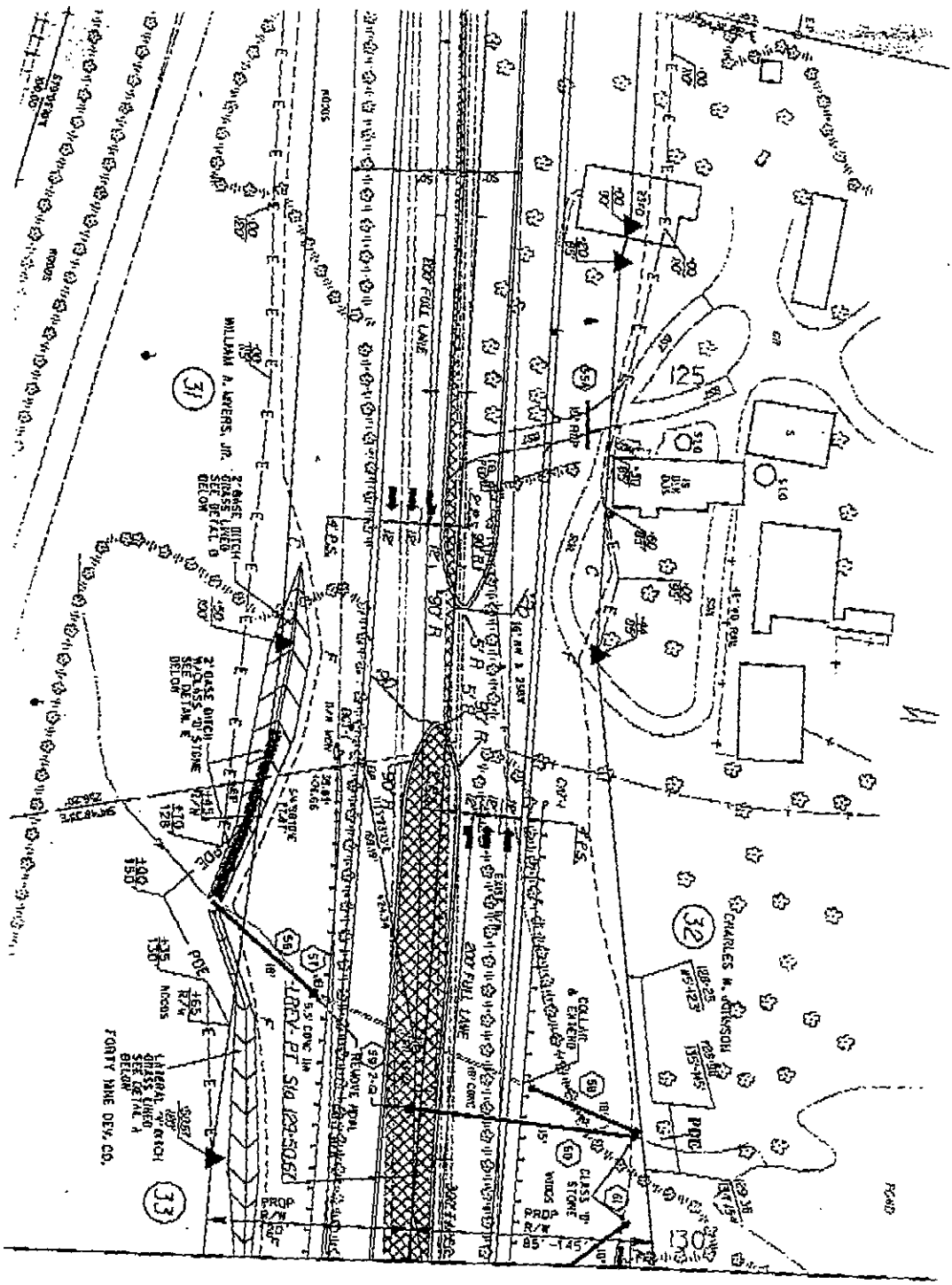
Sincerely,

Susan Bateman, R.S.
Individual Water and Wastewater Systems

SB:lw

cc: Anita Lee, Relocation Agent, NCDOT
(Ms. Anita Lee
NCDOT
5701 Executive Center Drive
Rutherford Building, Suite 301
Charlotte, NC 28212)


DUKE POWER COMPANY
ANDRE JENKINS
WILLIAM A. MYERS, JR.
2' BASE DITCH GRASS LINED SEE DETAIL B BELOW
2' BASE DITCH W/CLASS 'B' STONE SEE DETAIL E BELOW
CHARLES W.


125
130
CHARLES W. JOHNSON
WILLIAM A. MYERS, JR.
FORTY NINE DEV. CO.
200' FULL LANE
PROP R/W
CLASS "B" STONE
2' CLASS "B" STONE
CLASS LINED
SEE DETAIL B
BELOW
LIBERAL
SEE DETAIL A
BELOW
ROAD

FILED FOR REGISTRATION 07/15/94 11:30
BK: 07845 PG: 0805/0806 #:0103 10.00
**** NC EXCISE TAX: 10.00 ***

STATE PROJECT: 8.1672602
F. A. PROJECT: STPNHF 28-1 (6)
I. D. NUMBER: R-2215

Excise Tax Recording Time, Book and Page

Tax Lot No. 051-361-97 Parcel Identifier No. _____

Verified by _____ County on the _____ Day of _____, 19____

BY _____

Mail after recording to _____

This instrument was prepared by NORTH CAROLINA DEPARTMENT OF TRANSPORTATION

# N O R T H C A R O L I N A
# G E N E R A L W A R R A N T Y D E E D

THIS DEED made this 14 day of July, 19 94, by and between

GRANTORS

GRANTEE

ANDRE JENNINGS
P.O. BOX 1634
BADIN, N.C. 28009

CHARLES W. JOHNSON
ROUTE 10, BOX 432 (NC 49)
UNIVERSITY CITY BOULEVARD
CHARLOTTE, N.C. 28213

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration of $5,000.00 paid by the grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in Mallard Creek, Township Mecklenburg County, North Carolina and more particularly described as follows: Reference is made to Deed Book 6346, page 343.

BEGINNING at the point of intersection of the western property line of the undersigned common with William W. Waters, now or formerly, and the northern right of way boundary of N.C. 49, University City Boulevard, said point being 90 Ft. north of and normal to Survey Line L-Rev.; thence in a northeasterly direction along the western property line of the undersigned, common with William W. Waters, now or formerly, to an existing iron pin, said point being the northwesternmost property corner of the undersigned; thence in a southeasterly direction along the northern property line of the undersigned, common with William W. Waters, now or formerly, to an existing iron pin, said point being the northeasternmost property corner of the undersigned, common with Charles W. Johnson, now or formerly; thence in a southwesterly direction along the eastern property line of the undersigned, common with Charles W. Johnson, now or formerly, to the intersection with the northern right of way boundary of NC 49 - University City Boulevard, said point being 90 Ft. north of and normal to Survey Line L Rev.; thence in a southwesterly direction along the northern 90 Ft. right of way boundary of NC 49 - University City Boulevard to the point of BEGINNING.

N.C. Bar Assoc. Form No. 3 1976