

17400 GRASSHOPPER LN

12/19/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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Mecklenburg County
Health Department

March 26, 1996

Janet P. Brown
2 Pine Point Road
Lake Wylie, SC 29710

Re: Grasshopper Lane
File: 738B/8609A
Parcel: 217-191-16

Dear Ms. Brown:

Receipt of the plans and specifications for a conventional system of sewage disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15 NCAC 18A, .2900. "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal". Our comments are listed below:

.1945 AVAILABLE SPACE
(a) Sites shall have sufficient available space to permit the installation and proper functioning of ground absorption sewage treatment and disposal systems, based upon the square footage of nitrification field required for the application rate determined in accordance with these Rules.
(b) Sites shall have sufficient available space for a repair area equal to the area determined in Rule .1945 (a) of this Section.

For these reasons, the plans as submitted are disapproved: However, state regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 15 NCAC 18A .1948 (c) are met.

Possible ways to develop this site includes submittal of a plan for a Prefabricated, Permeable Block Panel System (PPBPS). This plan would also need to include meeting all off-set requirements for the house, house site and meet separation distance requirements for a well from a septic system (minimum 50' separation). Enclosed is a copy of Rule .1956 Modifications to a Septic Tank System pertaining to PPBP Systems. At the present house location, a pump & pump tank would be a required part of the permit.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to contact me at 336-5572.

Sincerely,

Toni Higgins-Bunney, R.S.
Individual Water and Wastewater Systems

cc: William Marlin, Soil Scientist

Enclosure(s)

Mecklenburg County
Health Department

August 16, 1995

~~Larry McCarty~~ Janet P. Brown
~~7903 Parke West Drive~~ 2 Pine Point Rd
~~Glen Burnie, MD 21061~~ Lake Wylie, SC 29710

Dear Mr. McCarty:

Re: ~~New Subdivision/Moore's Chapel Road~~ Grasshopper Lane
File: ~~3295B~~ 4738B / 8609A
Parcel: ~~053-174-05 & 053-174-07~~ 219-191-16

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Sincerely,

Toni Higgins-Bunney, R.S.
Individual Water and Wastewater Systems

cc: William Marlin, Soil Scientist

Enclosure(s)

FEE: 100.00
DATE: 2-19-96
Oct 1992

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

[ ] CRT

TYPE APPLICATION: X 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 #: 1138B|8609A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 217-191-16

STREET ADDRESS: Grasshopper LN

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: ~~107C-2~~ 107 C-2

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):

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

HEATED SQUARE FOOTAGE: ~ 3500 sq Ft

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

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

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

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

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
X 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 __ YES X NO
WELL, SPRINGS OR WATERLINES __ YES X NO
DESIGNATED WETLANDS __ YES X NO

PROPERTY OWNER:

NAME: Brown (LAST) Janet (FIRST) P. (MI)

ADDRESS: 2 Pine Point Rd

CITY: Lake Wylie STATE: South Carolina ZIP: 29710

DAYTIME PHONE: (803) 831-9056

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: Janet P. Brown DATE: 2-18-96

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

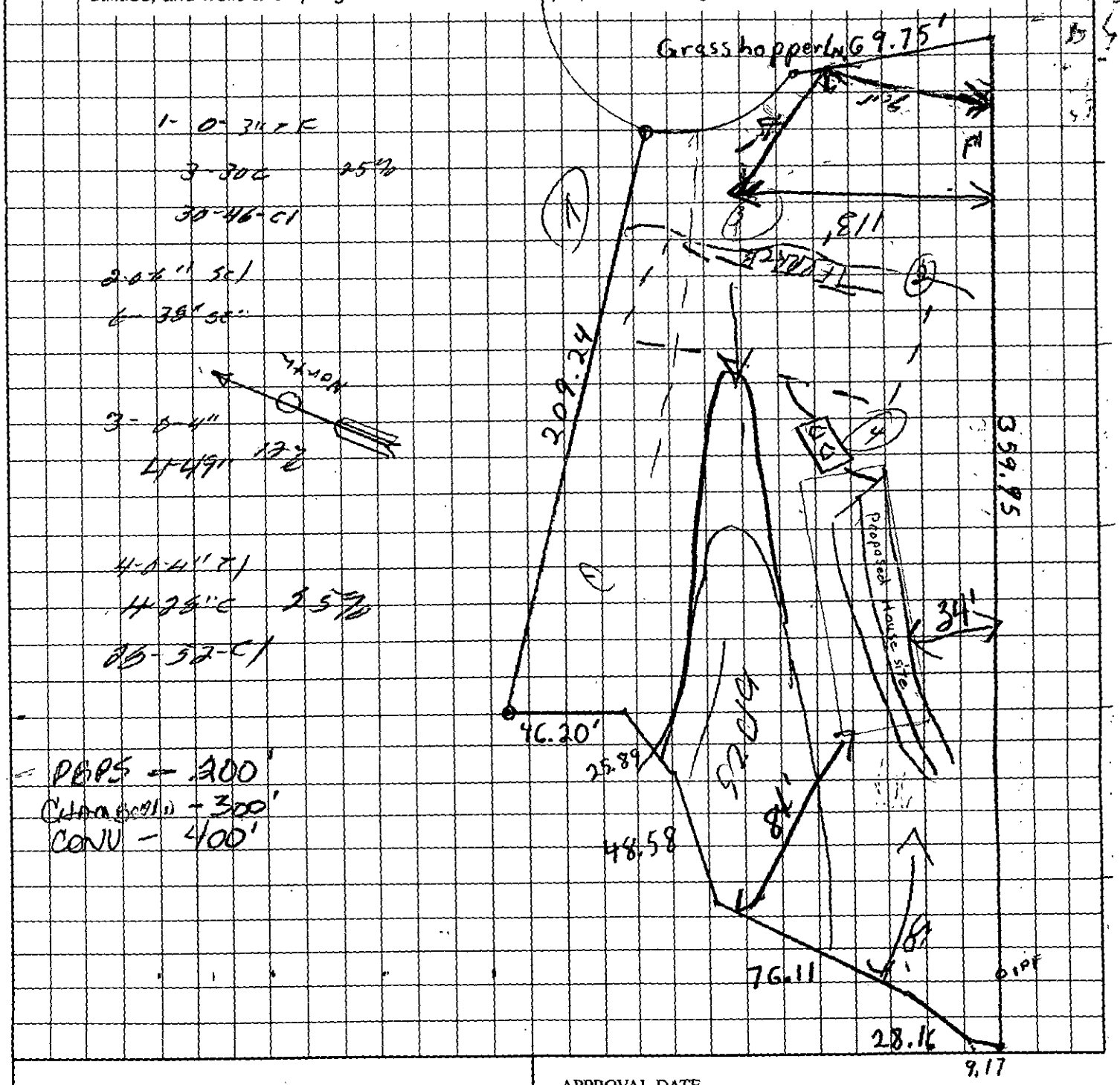
PROPOSED PLOT PLAN

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

FILE: 138B1860A

TC: 217-191-16

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 _____

OWNER/AGENT SIGNATURE

DATE

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

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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

739B
PO 217-191-16

OWNER: Janet P. Brown S.E. APPLICANT: ___
ADDRESS: 2 Pine Point Road, Lakeville APPLICATION DATE: ___ DATE EVALUATED: ___
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 360 gpd PROPERTY SIZE: 1.0
LOCATION OF SITE: Grasshopper Lane PROPERTY RECORDED: ___
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ 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	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFIL CLASS & LTAI
1	25%	0-3"	sBK/cl	Fr/sExP/ss/sP	>46" to Chroma 2 Mottles	46"	N/A	None	PS .39/F2 ☑
		3-30"	sBK/c	Fr-Fi/sExP/ssP					
		30-46"	sBK/cl	Fr/sExP/ss/sP					
2	25%	0-6"	sBK/scl	Fr/sExP/ss/sP	>36" to Chroma 2 Mottles	36"	N/A	None	PS .39/F2 ☑
		6-36"	sBK/sc	Fr-Fi/sExP/ssP					
3	12%	0-4"	sBK/cl	Fr/sExP/ssP	>44" to Chroma 2 Mottles	44"	N/A	None	PS .39/F ☑
		4-44	sBK/c	Fr-Fi/sExP/ssP					
4	25%	0-4"	sBK/cl	Fr/sExP/ssP	>52" to Chroma	52"	N/A	None	PS .39/ F2
		4-26"	sBK/c	Fr-Fi/sExP/ssP					
		26-52"	sBK/cl	Fr/sExP/ssP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	unsuitable	unsuitable
System Type(s)		

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): unsuitable
EVALUATED BY: William A. Mueller 3-7-96
OTHER(S) PRESENT: ___

COMMENTS: Well depth - system across the street

LEGEND

use the following standard abbreviations

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

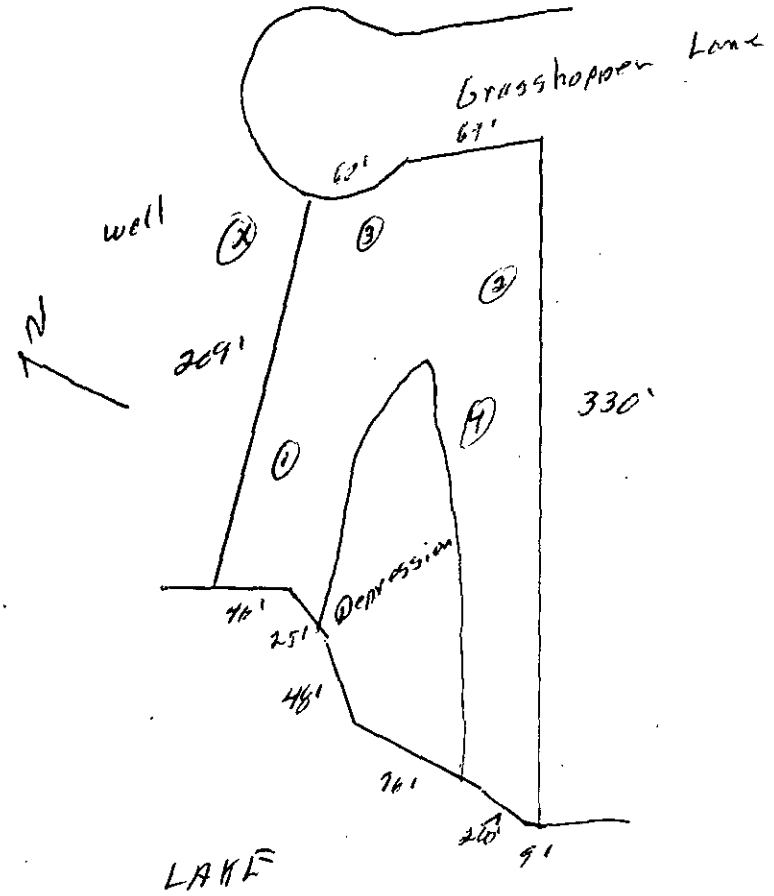
OTES

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

valuation of saprolite shall be by pits.

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

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



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

12402

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

739B
PO 217-191-16

OWNER: Janet P. Brown S.C APPLICANT: ___
ADDRESS: 2 Pine Point Road, Lakeside APPLICATION DATE: ___ DATE EVALUATED: ___
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 360 gpd PROPERTY SIZE: 1.0
LOCATION OF SITE: Grasshopper Lane PROPERTY RECORDED: ___
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
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DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	unsuitable	unsuitable
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): unsuitable
EVALUATED BY: William A. Meeks 3-7-96
OTHER(S) PRESENT: ___

OMMENTS: 1006 Repair - system would need pump

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR	LPP .1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
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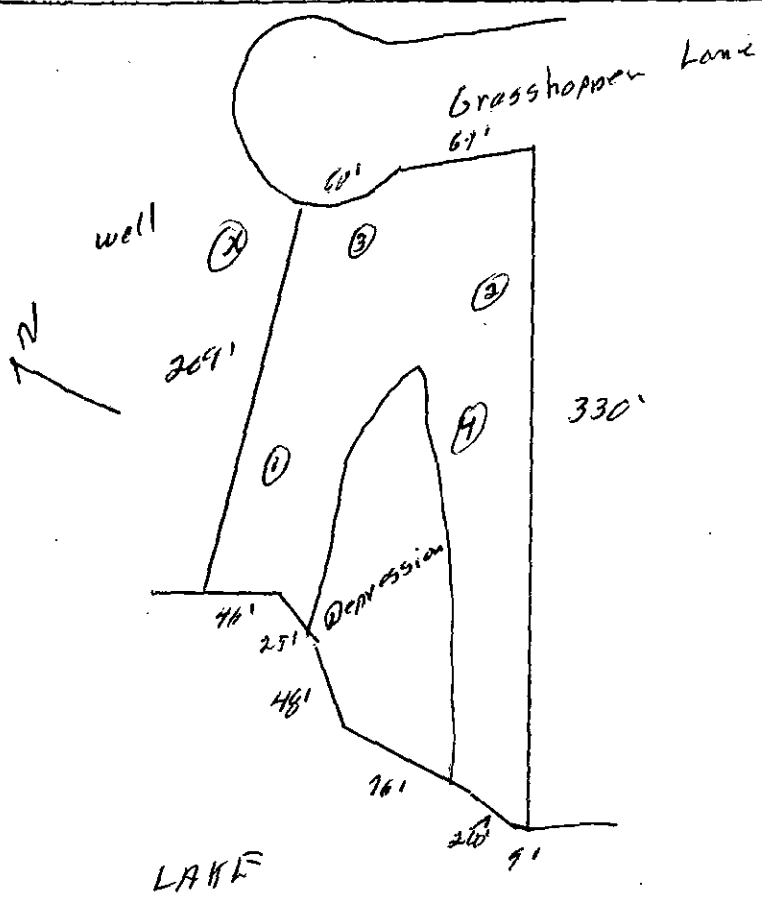
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valuation of saprolite shall be by pits.

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

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



November 18, 1993

Mecklenburg County
Health Department

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

Crescent Resources, Inc.
P.O. Box 1003
Charlotte, NC 28201-1003

RE: Property located at Grasshopper Lane
FILE: 738B/8609A
PARCEL: 217-191-16

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 12904) 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 12904 ~~WELL~~

File: 738B/8609A Action 1

Parcel: PO 217-191-16 ☐ PC

Location: Grasshopper Lane

Subdivision:

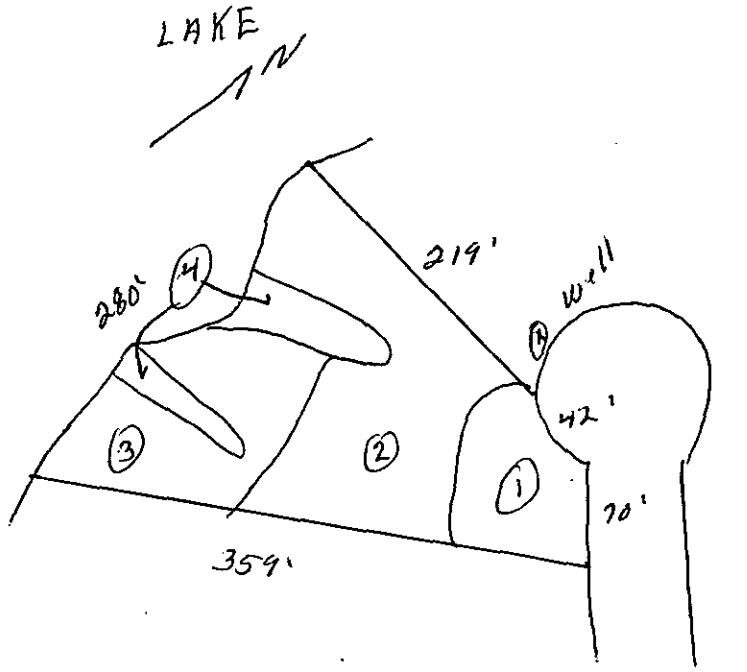
Lot: 2 Block: Acres: 1.0

Owner: Crescent Resources Dev.
Address: PO Box 1003
Charlotte, N.C. 28201-1003

Comments: 100% Repair, .3 gal/ft/day LTAR, system well probably need pump

Described by: William A. Marlin

Date: 11-18-97



Grasshopper Lane

***** 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 15-30%	S PS (U) >30%	S PS (U) Depression	S PS U	S PS U
Texture	S (PS) U Slightly Expansive clay	S (PS) U slightly clay Expansive	S (PS) U slightly clay Expansive	S PS U	S PS U	S PS U
Structure	S (PS) U Sub & Blocky	S (PS) U Sub Blocky	S (PS) U sub Blocky	S PS U	S PS U	S PS U
Drainage	S (PS) U 7 40" TO water	S (PS) U 7 40" TO water	S (PS) U 7 36" TO water	S PS U	S PS U	S PS U
Depth	S (PS) U 36-38"	S (PS) U 40"+	S PS (U) 30-36"	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 738"	S (PS) U 740"	S (PS) U 736"	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	S (PS) U limited	S PS (U) Restricted	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-like	IV Cecil-like	IV Parole-like	Depression		
Area Classification	S (PS) U	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U

Lot # 2 P&CLR 10/14/92

$50.00 PT.

7388/8609A

COPY

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] 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: NationsBank of N.C., Executor - Leonard Richardson, Jr, Trustee - J.W. McClung Estate
(last) (first) (mi)
ADDRESS: NationsBank Plaza T11-5 PHONE: (__) 704/386-8791
CITY: Charlotte STATE: NC ZIPCODE: 28255-0155

Date: 10-14-92

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 217-191-16
STREET ADDRESS: Grasshopper Lane
ZONING: Residential

PROPERTY OWNER:
NAME: Crescent Resources, Inc.
(last) (first) (mi)
ADDRESS: P. O. Box 1003 PHONE: (704) 373-8422
CITY: Charlotte STATE: NC ZIPCODE: 28201-1003

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: 107C, Sec.43 LOT SIZE (in acres): 2.04

TYPE APPLICATION (check one):

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

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business N/A # 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 [X] 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: Ethelene K Williams Date: 10-6-92

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.

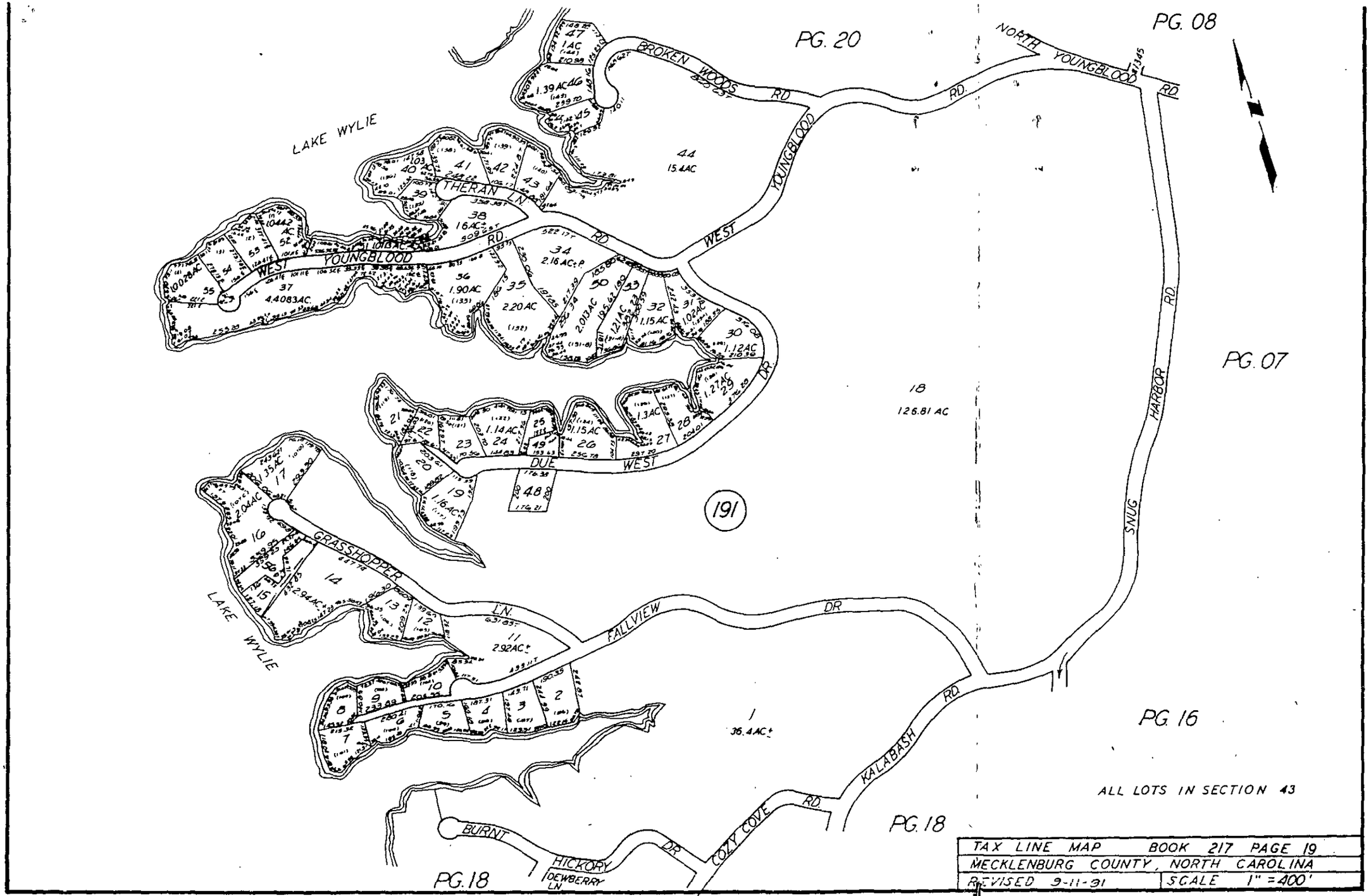
...

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

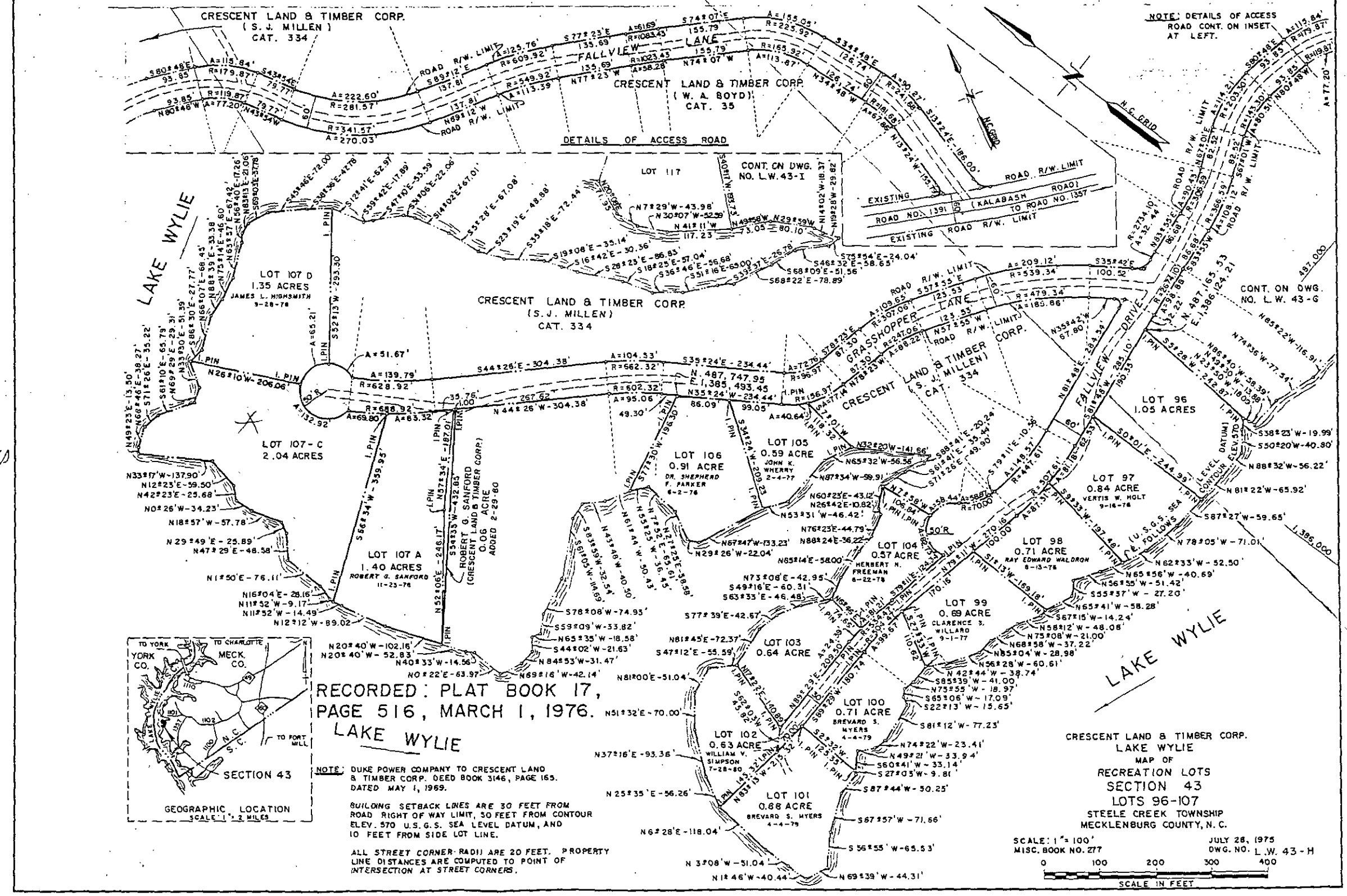
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791



FOR TAX PURPOSES ONLY



* unless it lot is large enough to subdivide into 2 lots

GRASSHOPPER LN.
Ch: S.34°36'.25"E.
L: 69.77
R: 688.92 Arc: 69.80'
Arc: 42.97'
R: 50.00'
Arc: 41.13'
Wall
Lot 107-A
S. 66°34'00"W.
359.95'
S.80°49'53"E. 219.32'
1.01 Acres
N.12°22'60"E.
59.50'
N.92°23'00"E.
25.68'
N.00°26'00"W.
34.23'
N.18°57'00"W.
57.78'
N.29°49'00"E.
25.89'
N.47°29'00"E.
48.58'
N.01°50'00"E.
91.17'
N.16°04'00"E.
28.16'
Mogan Ln.

Lot # 2 P&clk 10/14/92

$500.00 DT.

7388/8609A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM APPLICATION FOR SERVICES

[] 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: NationsBank of N.C., Executor - Leonard Richardson, Jr., Trustee - J.W. McClung Estate
(last) (first) (mi)
ADDRESS: NationsBank Plaza T11-5 PHONE: (__) 704/386-8791
CITY: Charlotte STATE: NC ZIPCODE: 28255-0155

Date: 10-14-92

PROPERTY OWNER:
NAME: Crescent Resources, Inc.
(last) (first) (mi)
ADDRESS: P. O. Box 1003 PHONE: (704) 373-8422
CITY: Charlotte STATE: NC ZIPCODE: 28201-1003

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 217-191-16
STREET ADDRESS: Grasshopper Lane
ZONING: Residential

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 107C, Sec.43 LOT SIZE (in acres): 2.04

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: 3 NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business N/A # 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 [X] 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: Ethelene H Williams Date: 10-6-92

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:

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...This permit is not transferable.

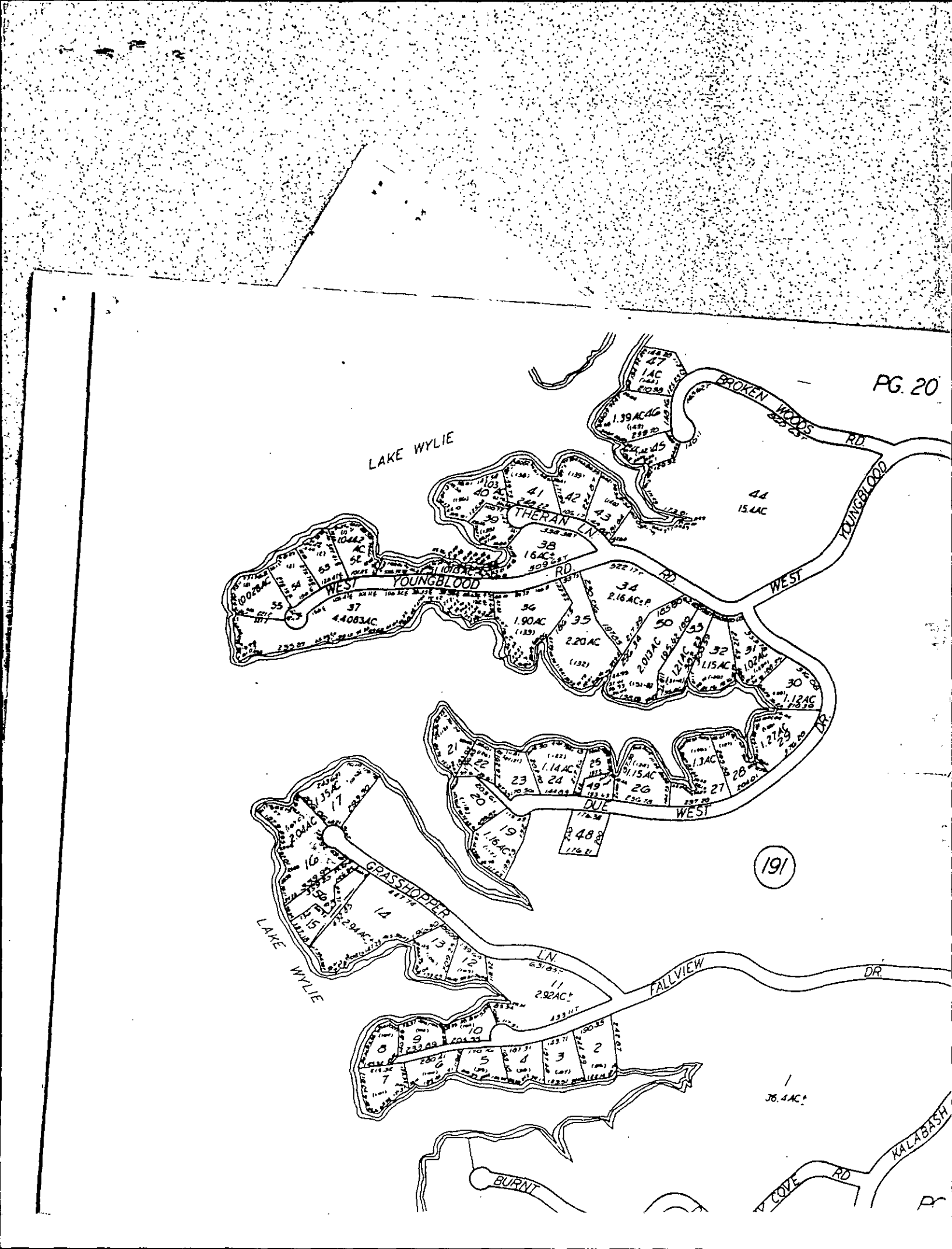
...

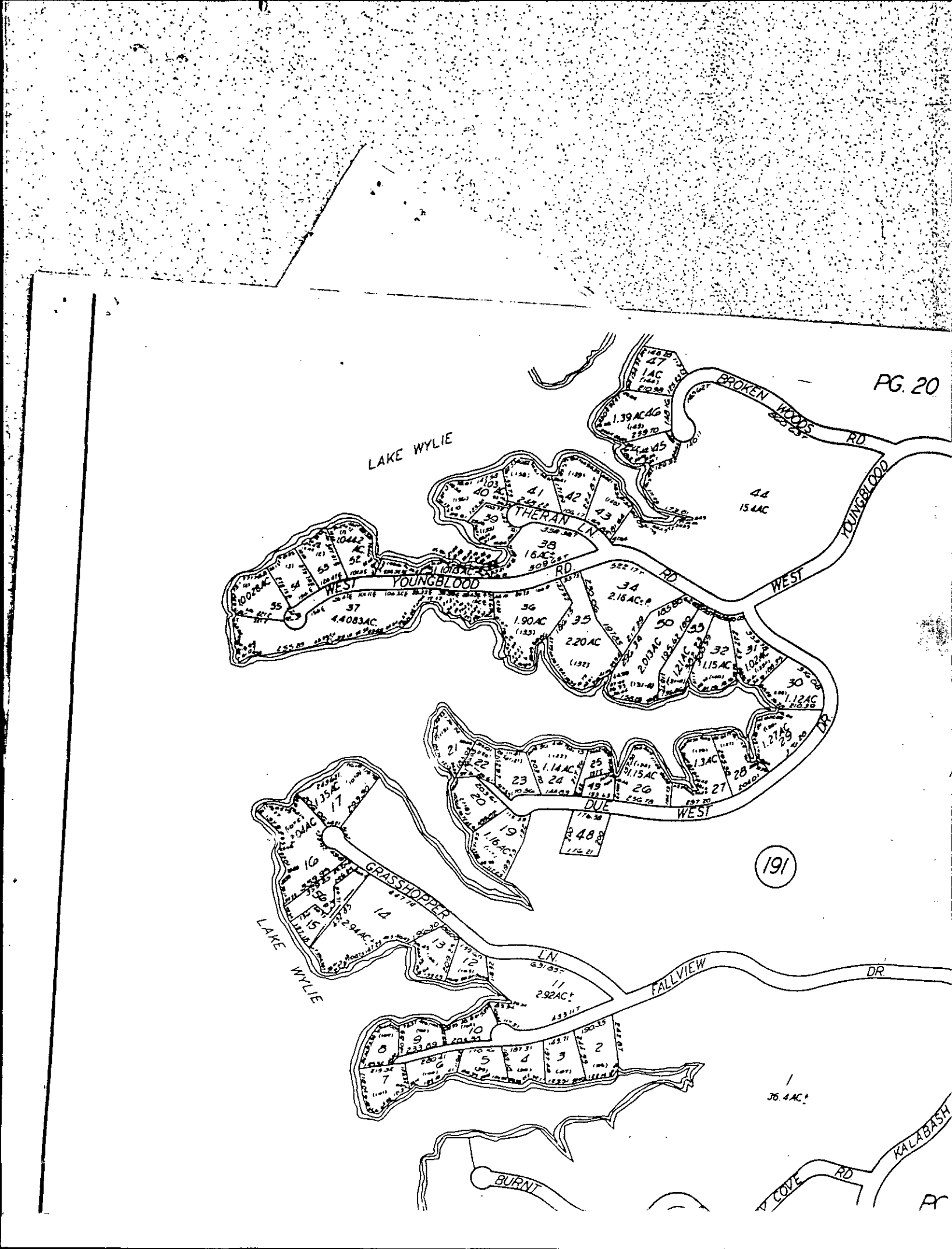
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[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791


PG. 20
LAKE WYLIE
BROKEN WOODS RD.
YOUNGBLOOD RD.
WEST
THERAN LN.
WEST YOUNGBLOOD RD.
DUE WEST
GRASSHOPPER LN.
FALLVIEW DR.
LAKE WYLIE
BURNT
KALABASH
191
1
36.4 AC.±


PG. 20
LAKE WYLIE
BROKEN WOODS RD
YOUNGBLOOD RD
WEST
THERAN LN
WEST YOUNGBLOOD RD.
DUE WEST DR
GRASSHOPPER LN.
FALLVIEW DR
LAKE WYLIE
BURNT
KALABASH
191
47 1AC
1.39AC 46
45
44 15.4AC
41
42
43
40 10.3AC
39
38 16AC±
10.44AC 52
53
54
100Z8AC 55
37 4.4083AC.
56 1.90AC
35 2.20AC
34 2.16AC±
50 2.013AC
33 1.21AC
32 1.15AC
31 1.02AC
30 1.12AC
29 1.27AC
21
22 1.14AC.
23
24
25
49 1.15AC
26
27
28 1.3AC
20
19 1.16AC±
48
17 1.35AC
3.044AC
16
15
14 2.94AC±
13
12
11 2.92AC±
10
9
8
7
6
5
4
3
2
1
36.4AC±

FEE: 100.00
DATE: 2-19-96
Ck # 2992

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

[ ] CRT

TYPE APPLICATION: [X] 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 #: 1138B/8609A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 217-191-16

STREET ADDRESS: Grasshopper LN

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: ~~107C-2~~ 107 C-2

TYPE OF BUILDING (CHECK ONE):

[ ] SINGLE MOBILE HOME(S) [ ] MODULAR HOME (M)
[ ] DOUBLE WIDE (D) [ ] MULTIPLE FAMILY (U)
[X] HOUSE (H) [ ] OTHER (O)

TOWNSHIP (CHECK ONE):

[X] 0 MECKLENBURG [ ] 4 PINEVILLE
[ ] 1 CHARLOTTE [ ] 5 MATTHEWS
[ ] 2 DAVIDSON [ ] 6 HUNTERSVILLE
[ ] 3 CORNELIUS [ ] 7 MINT HILL

HEATED SQUARE FOOTAGE: ~ 3500 sq ft

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

[ ] WITHOUT BASEMENT
[ ] ON SLAB
[ ] CRAWL SPACE
[X] WITH BASEMENT /PLUMBING
[ ] WITH BASEMENT /NO PLUMBING

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

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

WATER SUPPLY (CHECK ONE):

[ ] COMMUNITY (C) [ ] MUNICIPAL (M) [X] 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 [ ] YES [X] NO
WELL, SPRINGS OR WATERLINES [ ] YES [X] NO
DESIGNATED WETLANDS [ ] YES [X] NO

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Brown (LAST) Janet (FIRST) P. (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 2 Pine Point Rd	DAYTIME PHONE: ( ) -
CITY: Lake Wylie STATE: South Carolina ZIP: 29710	
DAYTIME PHONE: (803) 831-9056	

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: Janet P. Brown DATE: 2-18-96

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

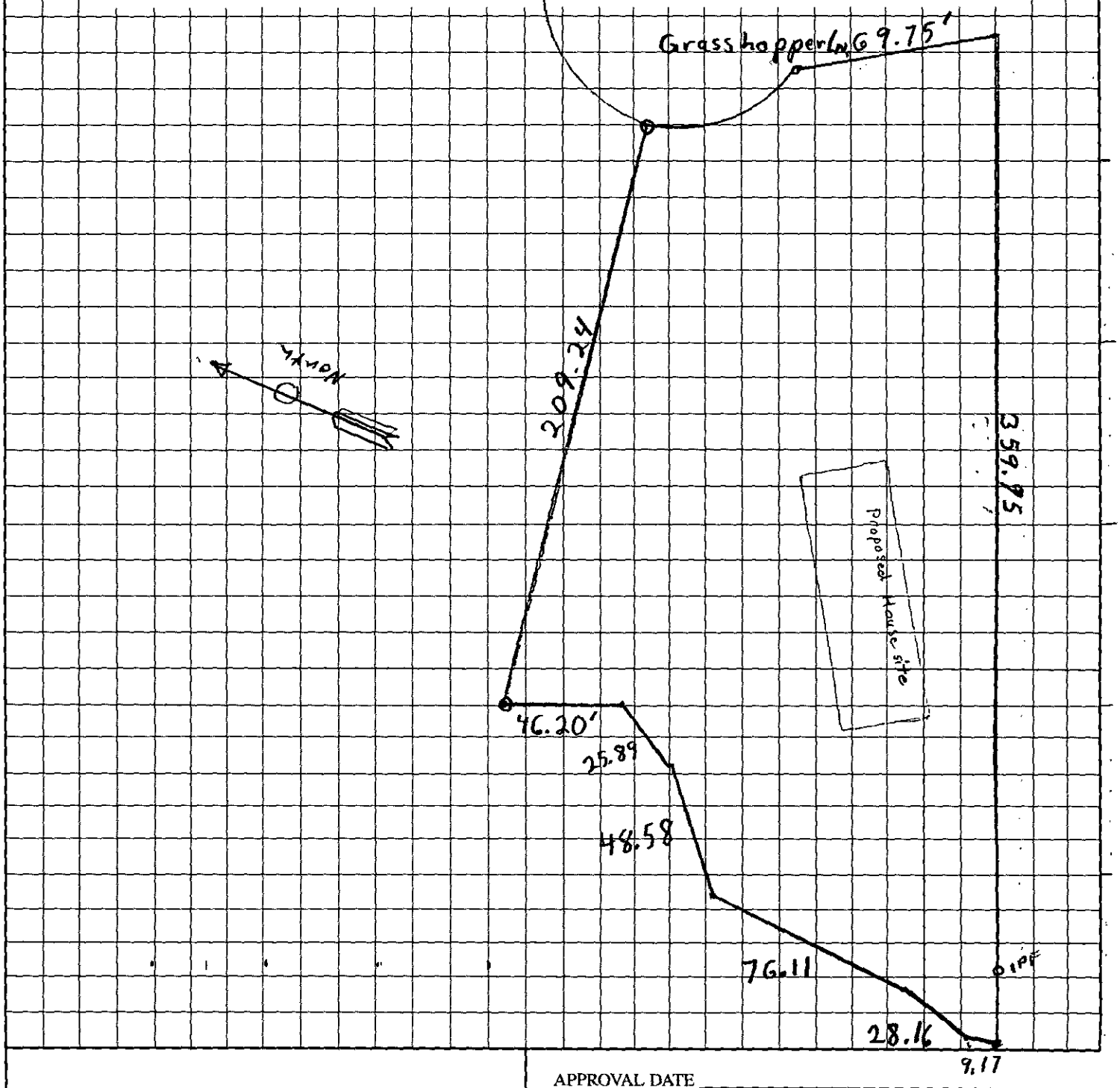
PROPOSED PLOT PLAN

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

FILE: 138B18609A

TC: 217-191-16

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 _____

OWNER/AGENT SIGNATURE

DATE

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

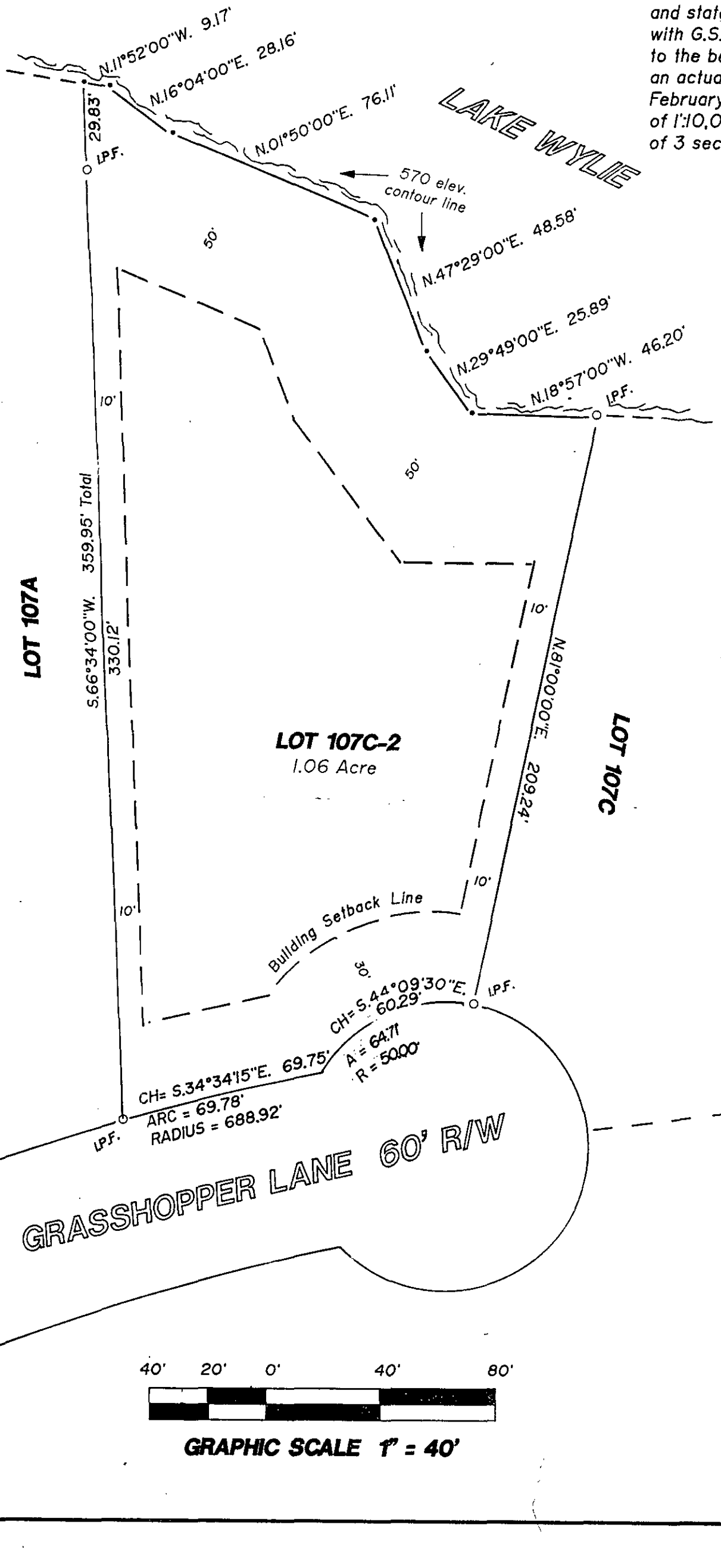
Fee #738B/860A

BOUNDARY & PHYSICAL SURVEY OF :

A Portion of Lot 107-C Section 43,
Crescent Land & Timber Corp.
Steele Creek Twp. Mecklenburg County, N.C.

SCALE : 1" = 40' February 13, 1996

The Property of : Kenneth R. Brown & Janet P.



40' 20' 0' 40' 80'

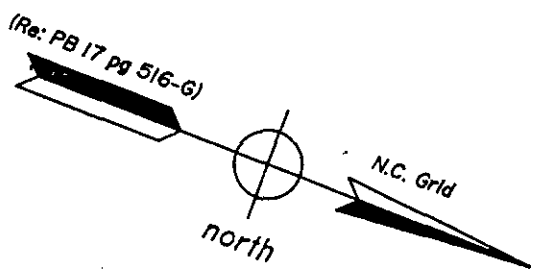
GRAPHIC SCALE 1" = 40'

The undersigned surveyor, being duly sworn, deposes and states that this plat was prepared in accordance with G.S. 47-30 as amended and is in all way correct to the best of my knowledge and was prepared from an actual survey performed this, the 13th day of February, 1996 with a maximum linear error closure of 1':10,000', and a maximum error of angular closure of 3 seconds.

Anthony E. Manes
NCRLS # L3290
4543 Charlotte Highway
II Plantation Square
Lake Wylie, S.C. 29710
(803)-831-7019
1-800-264-7019

NORTH CAROLINA REGISTERED SEAL L-3290 LAND SURVEYOR ANTHONY E. MANES

This Survey Is of an Existing Parcel.



Building Setback Requirements

- Lake front = 50'
- Sidelines = 10'
- Road front = 30'

LEGEND

I.P.F. = Iron Pin Found
I.P.S. = Iron Pin Set
R/W = Right of Way
Property Line ————
Bordering Prop. Line — — —

VICINITY MAP n.t.s.

