

12/27/2007

duponbj

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

Next Part of
for Dec

Verify address

EHD20						

Permit Number 23516

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 033-083-01

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

.26 Long-term acceptance rate	360 Max gallons/day wastewater flow	1344 Absorption Area (sq ft)	9 Trench spacing (min. on centers)
N/A Municipal Serviced by private well	1500 Gallon septic tank	448 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	— Gallon pump tank	12" Depth of stone	

Any surface waters present: Type: Minimum separation distance:

Site modifications required:

Additional Conditions: - Keep trench bottoms shallow - 24".
- Pump will be required to repair system.

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)	12" Depth of Stone Trench	9 Trench spacing (min. on centers)	≤36" 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 t Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effe at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Departme
- This Improvement permit is transferable.

Larry B Thompson R.S. 2-9-98
DEHNR Authorized Agent Date

Owner/Agent Signature 2-9-98
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

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

DATE: 2-9-98 PERMIT NO: 2351 B
PARCEL NO: 033-083-01

JOB LOCATION ADDRESS: 3611 Kelly Road
PROPERTY OWNER: Gary Wallace
BUILDING CONTRACTOR: same
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: Larry B. Thompson, Jr., R.S. DATE: 2-9-98
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2351 B, 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: See Conditions Of Improvement Permit.

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

x Gary H. Wallace 2-9-98
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

1309

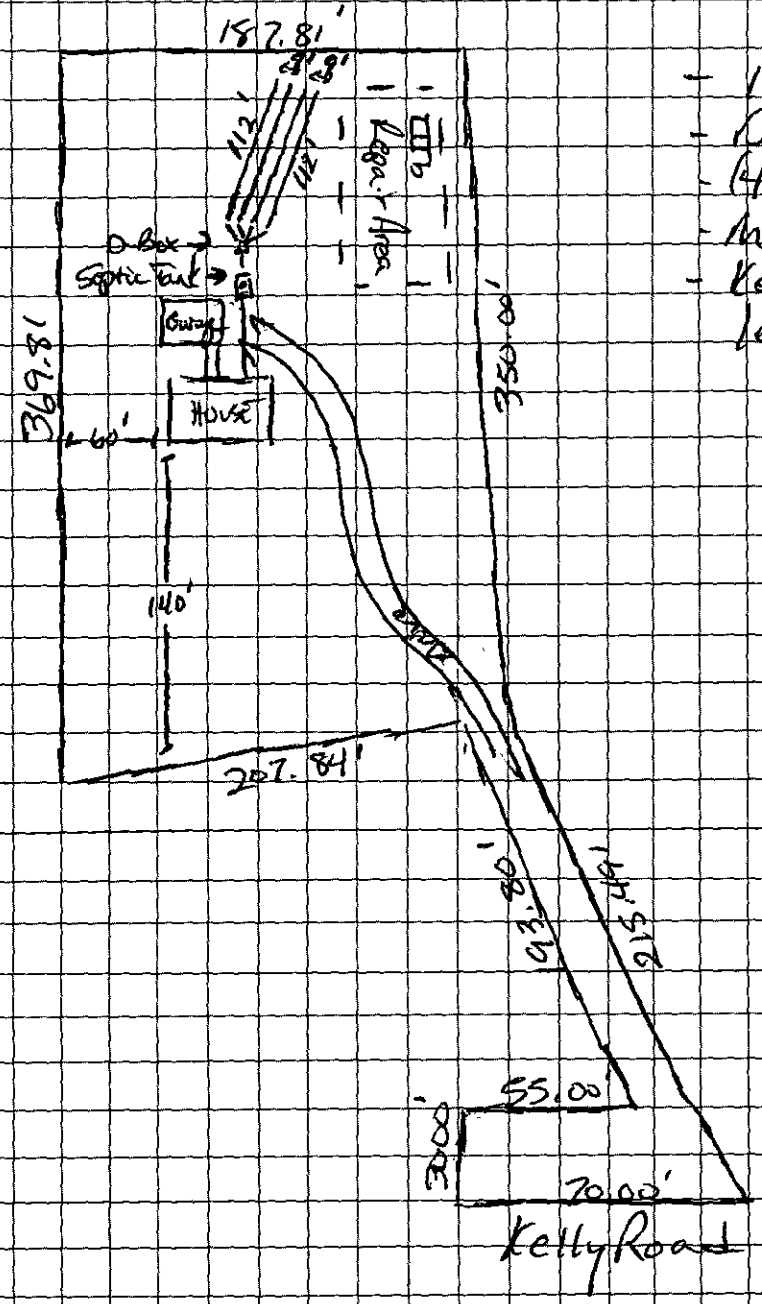
PROPOSED PLOT PLAN

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

FILE: 2351 B

TC: 033-083-01

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.



COMMENTS

- 1500 gallon septic tank
- D-Box
- (4) 3'w x 112'l x 12"d stone
- max. trench depth 24"
- keep trench bottoms level and on contour

OWNER/AGENT SIGNATURE John H. Wallace

DATE 2-9-98

APPROVAL DATE 2-9-98 J. Thompson R.S.

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

FEE: 120.00 Ck# 4846
DATE: 12/30/97C

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

1 1 CRT

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

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

FILE #: 2356

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 833-083-01[illegible]

STREET ADDRESS: Kelly Road

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2024

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 4

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

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

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

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

WATER SUPPLY (CHECK ONE): __ COMMUNITY (C) √ MUNICIPAL (M) __ PRIVATE WELL (P) __ SHARED WELL (S) __ OTHER 'SPRINGS' (O)

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

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

PROPERTY OWNER:

NAME: LAWING, KENNETH LEON (LAST) (FIRST) (MI)

ADDRESS: 3415 OAKDALE ROAD

CITY: CHARLOTTE STATE: N.C. ZIP 28216

DAYTIME PHONE: 704) 399-8876

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Wallace Cary, Tammy (LAST) (FIRST) (MI)

DAYTIME PHONE: (527-0700

7140 Pleasant Grove Ld

28216

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? SUBDIVISION PLAT BOOK 28 PAGE 629 9-10-97

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: K. L. Lawing DATE: 12-15-97

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

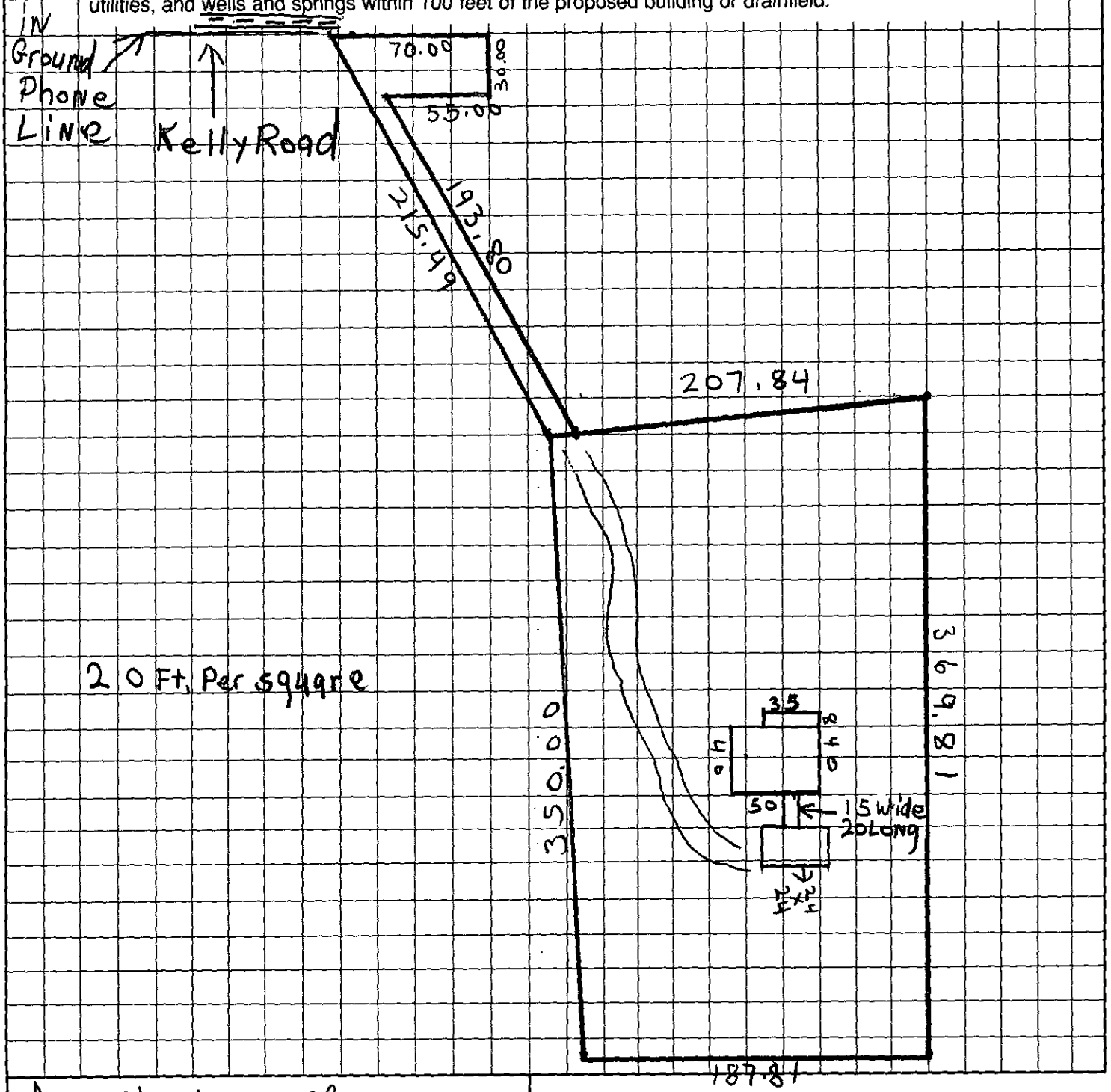
PROPOSED PLOT PLAN

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

FILE: 2351B

TC: 033-083-01

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.



Barry Harrison Wallace
OWNER/AGENT SIGNATURE

DATE 12-30-97

APPROVAL DATE _____

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

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

COUNTY:

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

900 - #1

2351B

PO 033-063-01

OWNER: Kenneth L. Lowery
APPLICANT:
DATE EVALUATED:
ADDRESS: 3415 Archdale Rd, Ahsa
APPLICATION DATE:
PROPERTY SIZE: 1.5 ino
PROPOSED FACILITY: residence
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY RECORDED:
LOCATION OF SITE: Kelly Road
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	5-10% slopes .1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS	0-4"	gr/scl	Fr/sExPl/ss/sP	742" TO soil wetness	42"	N/A	None	PS .23g/ft² IV
		4-38"	sBK/c possibly platy	F/sExPl/sP EXP noticing					
		38-42"	sBK/c	F/sExPl/sP					
2	LS	0-4"	gr/scl	Fr/sExPl/ss/sP	746" TO soil wetness	46"	N/A	None	PS .215g/ft² IV
		4-38"	sBK/c	F/sExPl/sP					
		38-46"	sBK/scl	Fr/sExPl/ss/sP					
3	LS	0-2"	gr/sl	Fr/sExPl/ss/sP	2.5Y8/1 @ 34"	36"	N/A	None	US
		2-36"	Poss. platy inc sBK/c	Poss ExP inc F/sExPl/sP					
4	LS	0-2"	gr/sl	Fr/sExPl/ss/sP	736" TO soil wetness	36"	N/A	None	US
		2-5"	gr/scl	Fr/sExPl/ss/sP					
		5-36"	Poss. platy sBK/c	Poss ExP inc. F/sExPl/sP					

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: 1/26/98
OTHER(S) PRESENT:

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

2351 B

OWNER: _____ APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ 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	PROFILE CLASS & LTAR
5	LS	0-3"	gr/sl	Fr/SEXP/NS/NP	>36" TO soil wetness	36"	N/A	None	US
		3-21"	SBK/c	F:/SEXP/SP					
		21-36"	SBK/c	F:/SEXP/SP					
6	A	0-5"	gr/scl	Fr/SEXP/SS/SP	>39" TO soil wetness	39"	N/A	None	PS .275gl/Fr IV
		5-39"	SBK/c	F:/SEXP/SP					
7	A	0-4"	gr/scl	Fr/SEXP/SS/SP	>46" To soil wetness	46"	N/A	None	PS .275gl/Fr IV
		4-40"	SBK/c	F:/SEXP/SP					
		40-46"	SBK/scl	Fr/SEXP/SS/SP					
8	LS	0-2"	gr/l	Fr/SEXP/NS/NP	>46" TO soil wetness	46"	N/A	None	PS .275gl/Fr IV
		2-40"	SBK/c	F:/SEXP/SP					
		40-46"	SBK/cl	Fr/SEXP/SS/SP					

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

COUNTY: _____

2351A

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER _____ APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ 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) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
9	LS	0-3"	gr/sl	Fr/SE/SS/NP	74" to soil wetness	48"	N/A	None	PS .39/F2 IV
		3-36"	SBK/c	Fi/SE/SS/P					
		36-46"	SBK/cl	Fr/SE/SS/SP					
10	LS	0-4"	gr/sc/L	Fr/SE/SS/SP	74" to soil wetness	46"	N/A	None	PS .39/F2 IV
		4-36"	SBK/c	Fi/SE/SS/P					
		36-46"	SBK/cl	Fr/SE/SS/SP					
11	LS	0-6"	gr/sc/	Fr/SE/SS/SP	74" to soil wetness	41"	N/A	None	PS .39/F2 IV
		6-41"	SBK/sc	Fi/SE/SS/SP					
4									

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: 1000 Repair

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope) V (Convex Slope) (Drainage Way) S (Debris Slump) P (Flood Plain) S (Foot Slope) (Head Slope) (Linear Slope) (Nose Slope) (Ridge) (Shoulder Slope) (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	SI (Silt) SICL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SUC (Silt Loam Clay)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SIC (Silty Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None			

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

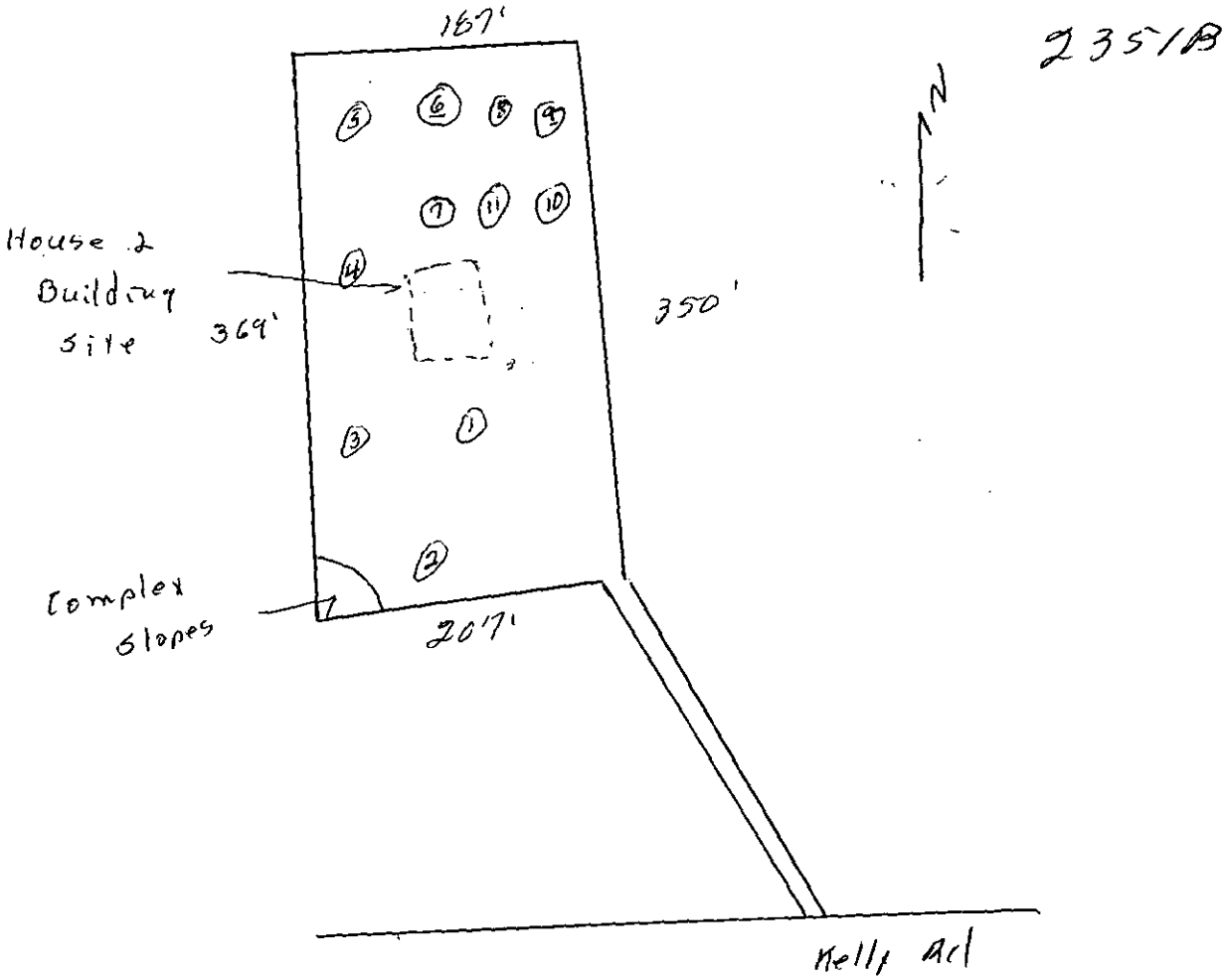
OTES

ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
PROLITE	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 designatic
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).



FEE: 200.00 Ck# 480
DATE: 12/30/97 SC

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

1 CRT

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

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

COPY

FILE #: 2358

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: 033-083-01

TAX/PARCEL NUMBER: 033-082-01.00

STREET ADDRESS: Kelly Road

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2024

NUMBER OF BEDROOMS: 3 | NUMBER OF OCCUPANTS: 4

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

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

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

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

WATER SUPPLY (CHECK ONE): __ COMMUNITY (C) ✓ MUNICIPAL (M) __ PRIVATE WELL (P) __ SHARED WELL (S) __ OTHER 'SPRINGS' (O)

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

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

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: LAWING, KENNETH LEON (LAST) (FIRST) (MI)	NAME: Wallace Cary, Tammy (LAST) (FIRST) (MI)
ADDRESS: 3415 OAKDALE ROAD	DAYTIME PHONE: (577-0700
CITY: CHARLOTTE STATE: N.C. ZIP: 28216	7140 Pleasant Grove Ld
DAYTIME PHONE: 704) 399-8876	28216

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? SUBDIVISION PLAT BOOK 28 PAGE 629 9-10-9

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: K. L. Lawing DATE: 12-15-97

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

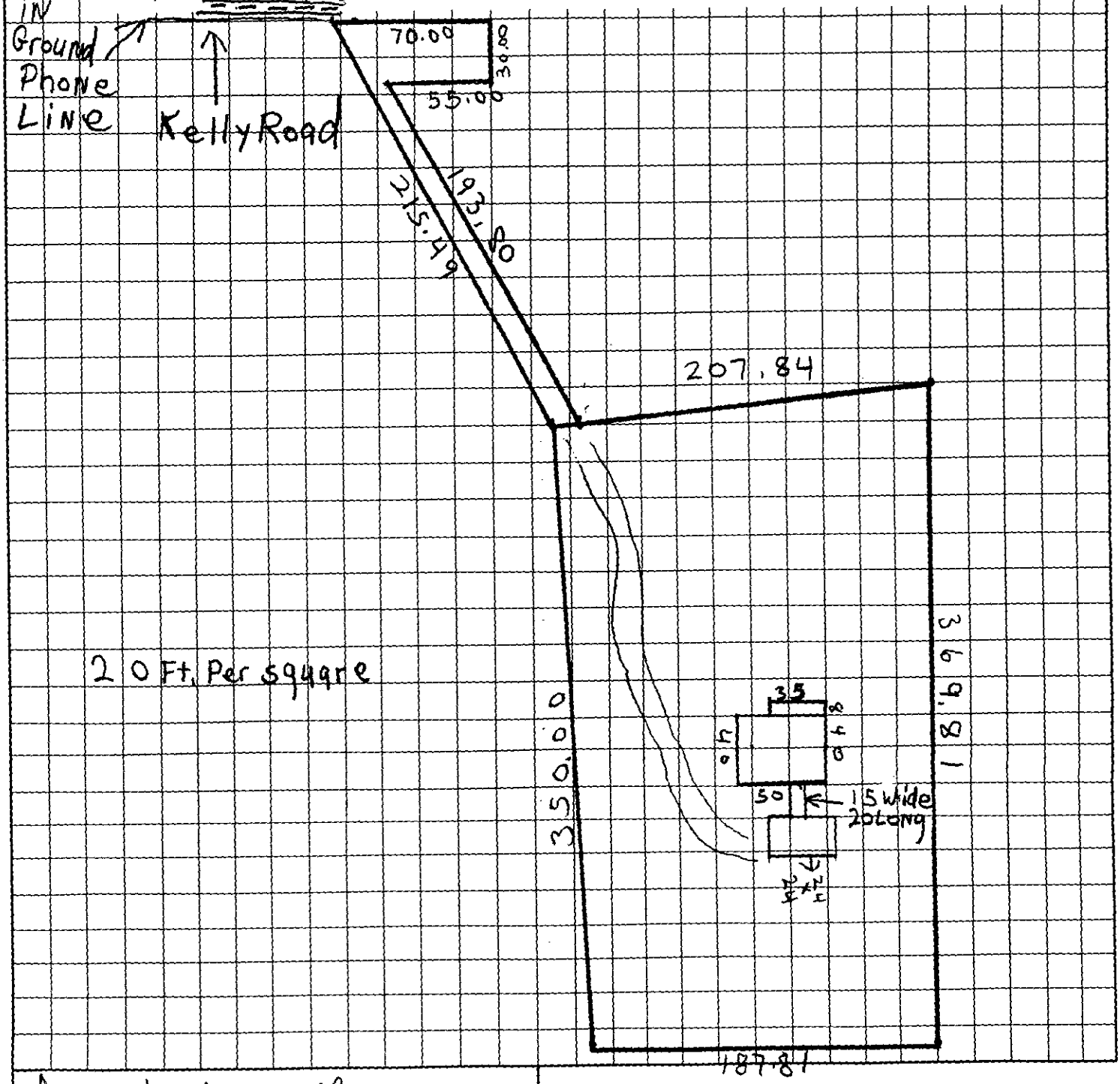
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5162

COPY

FILE: 2351B

TC: 033-082-01 old

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.



Barry Harrison Wallace
OWNER/AGENT SIGNATURE

DATE 12-30-97

APPROVAL DATE _____

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

PER DEED 5062-938 (5/94)

~ LAWING ~
DB 190 PG 574
15.6 Ac.±

N. 09°39'00" E
369.8

APPRO[illegible] IN ACCORDANCE WITH THE
ENGIN[illegible]RING REQUIREMENTS OF THE
SUBDIVI[illegible]ON ORDINANCE OF MECKLENBURG
COUNT[illegible] NORTH CAROLINA.
MECKLE[illegible]RG COUNTY ENGINEERING DEPARTMENT

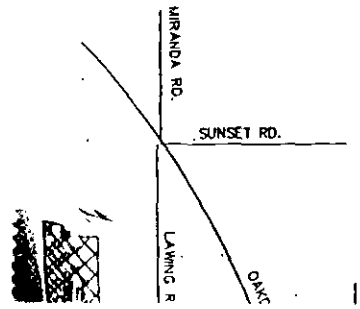
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DATE

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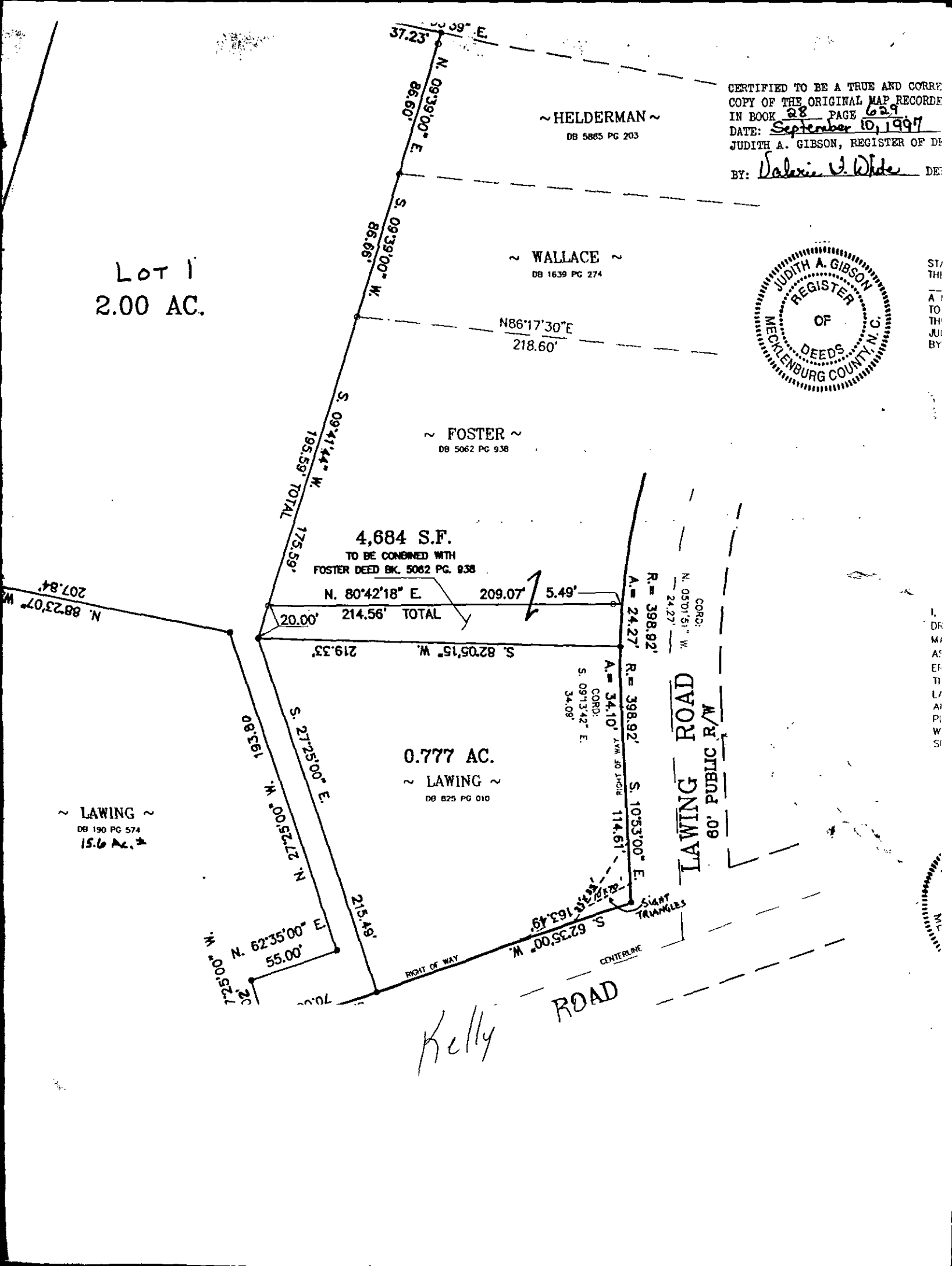
IRON PIN[illegible] IN ALL CORNERS
EXCEPT [illegible] NOTED.
DASHED [illegible]S NOT SURVEYED.
R-3 ZON[illegible]
NO NCGS [illegible]AVERSE STATION
WITHIN 2[illegible]
PART OF [illegible]
AX PAR[illegible] #: 033-083-01

[illegible]ND

[illegible] PIN SET
[illegible] PIN FOUND



File # 2351B


37.23'
N. 09°39'00" E.
86.60'
~ HELDERMAN ~
DB 5885 PG 203
CERTIFIED TO BE A TRUE AND CORRE
COPY OF THE ORIGINAL MAP RECORDE
IN BOOK 28 PAGE 629
DATE: September 10, 1997
JUDITH A. GIBSON, REGISTER OF DE
BY: Valerie V. Wilde DE
S. 09°39'00" W.
86.60'
~ WALLACE ~
DB 1639 PG 274
LOT 1
2.00 AC.
JUDITH A. GIBSON
REGISTER
OF
DEEDS
MECKLENBURG COUNTY, N.C.
N86°17'30"E
218.60'
S. 09°41'44" W.
195.59' TOTAL
175.59'
~ FOSTER ~
DB 5062 PG 938
4,684 S.F.
TO BE COMBINED WITH
FOSTER DEED BK. 5062 PG. 938
N. 80°42'18" E.
209.07'
5.49'
20.00'
214.56' TOTAL
S. 82°05'15" W.
219.33'
N. 88°23'07" W.
207.84'
A.= 24.27'
R.= 398.92'
CORD:
N. 05°01'51" W.
24.27'
A.= 34.10'
R.= 398.92'
CORD:
S. 09°13'42" E.
34.09'
RIGHT OF WAY
S. 10°53'00" E.
114.61'
LAWING ROAD
60' PUBLIC R/W
0.777 AC.
~ LAWING ~
DB 825 PG 010
S. 27°25'00" E.
193.80'
N. 27°25'00" W.
215.49'
~ LAWING ~
DB 190 PG 574
15.6 Ac.±
N. 62°35'00" E.
55.00'
S. 62°35'00" W.
163.49'
SIGHT TRIANGLES
RIGHT OF WAY
CENTERLINE
Kelly ROAD