

11000 WILLIAMS RD

13939110

1/3/2008

duponbj

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Paid 100 — 1/18/02 CK 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 3867B

PERSON FILING APPLICATION:
NAME: BASKIN RICHARD R. (last) (first) (mi)
ADDRESS: 11000 WILLIAMS Rd. PHONE: (704) 573-9773
CITY: CHARLOTTE Mint Hill STATE: N.C. ZIPCODE: 28227

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 139.39.10
STREET ADDRESS:
ZONING:

PROPERTY OWNER:
NAME: BASKIN RICHARD R. (last) (first) (mi)
ADDRESS: 11000 Williams Rd PHONE: (704) 5739773
CITY: CHARLOTTE N.C. STATE: ZIPCODE: 28227

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 1 LOT SIZE (in acres):

TYPE APPLICATION (check one):
[redacted] 1996
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[redacted]
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) GARAGE
[redacted]

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: 6
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: Richard Baskin Date: 1-18-02

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.

... 1-23-02 OK TO USE EXISTING SYSTEM

[] 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 1-23-02 Date

WATER : 122791

PROPOSED PLOT PLAN

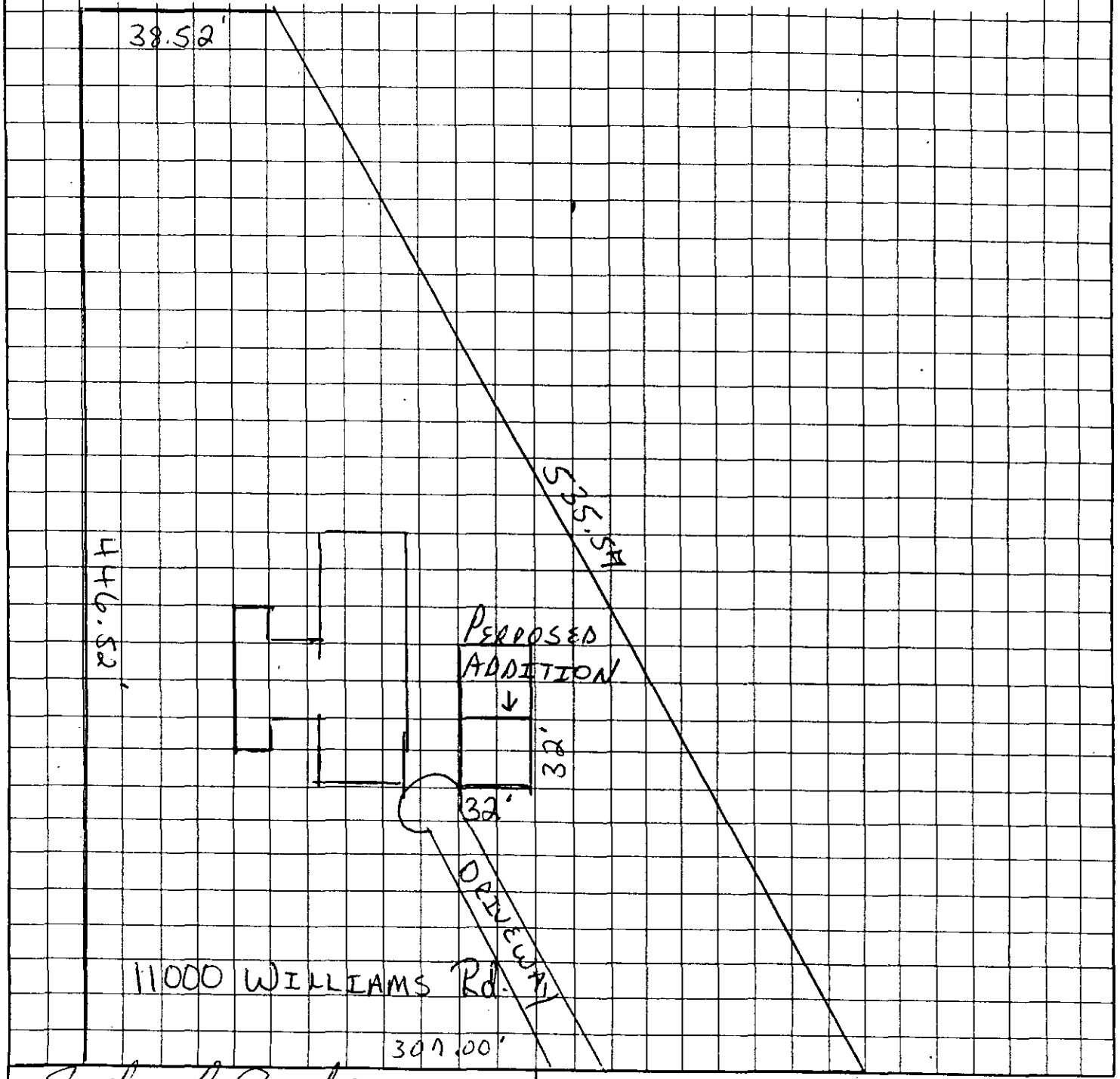
COPY

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

FILE: 3867B

TC: 139.39.10

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.



Richard Baskin
OWNER/AGENT SIGNATURE

DATE 1-18-02

APPROVAL DATE _____

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3867B DATE: 11/7/96

TC: 139 391 00 ☐ CRT

old 139 101 03

SERIAL Nº 16731

Name of Owner Douglas Adams Juris.: _____

Address of Property 11000 Williams Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 12"

Water Supply Source well

Distance to Water Source 100'+

Excavation Inspected 11/7/96

Tank(s) Inspected 11/7/96

Wash Line Inspected plumb to tank

High Water Alarm Inspected NA

PLOT

Design 1996, 1500 ST, CON, 1200 SFT, 12" stone Cecil CTR# Robert Laney

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: Septic system designed for 3 bedroom residence Type II

Philo S. Walker R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

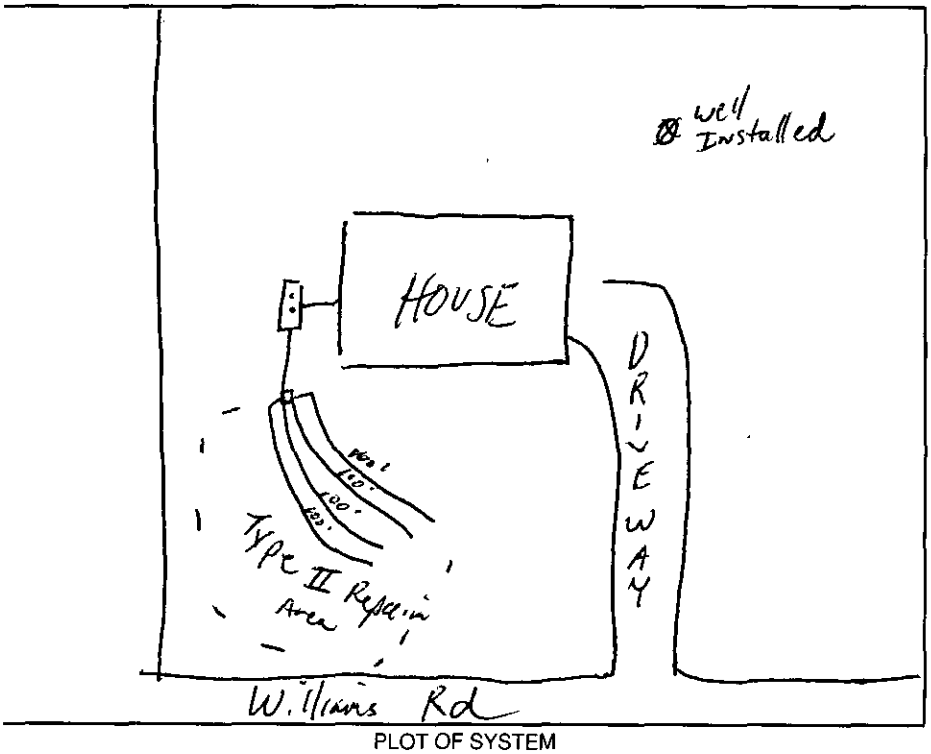
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3867B DATE: 10/31/96

TC: ~~139 10103~~ 139.391.10 ☐ L

SERIAL Nº 17001

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 2/11/96. All work shall be completed on or before 11/31/96, 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 NA gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 36" feet

Trench Walls Scored and Porous yes

Total Line Length 400' feet

Number of Lines 4 (100')

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well > 100' feet

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

NAME OF OWNER Douglas Adams

LOCATION OF PROPERTY 11000 Williams Rd

Comments: 1500ST, 4 lines x 100' long x 3' wd x 12" stone / Keep septic system > 100' from well

Pamela S. Walker R.S.
Environmental Health Specialist

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

gc 2552 c/k 2/2/96 PD 100.00 c/k #3215 11/5/96 40.00 final fee

FEE: 100.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 2/2/96 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 2/1/96 PERMIT NO: ~~139-101-03~~ 3867B

PARCEL NO: ~~139-101-03~~ 139.391.10

JOB LOCATION ADDRESS: 11000 Williams Rd

PROPERTY OWNER: Henry Lee

BUILDING CONTRACTOR: ~~Wallace Lattie~~ Douglas Adams

SUBDIVISION NAME: -

AUTHORIZATION ISSUED BY: Phyllis S. Walker DATE: 2/1/96

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3867B, 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: _____

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 Douglas A. Adams 2-1-96

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 38678

CONDITIONS OF IMPROVEMENT PERMIT

~~139-181-03~~

Tax Number: 139-391-10

- 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	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9 Trench spacing (min. on centers)
Yes Serviced by private well	1500 Gallon septic tank	400' 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	NA Gallon pump tank	12" Depth of stone	

Any surface waters present: NO Type: Minimum separation distance:

Site modifications required:

Additional Conditions:

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)	24" 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 th 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 Departmen
- This Improvement permit is transferable.

Philo S. Walker 2/1/96
DEHNR Authorized Agent Date

Douglas M. Adam 2-1-96
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

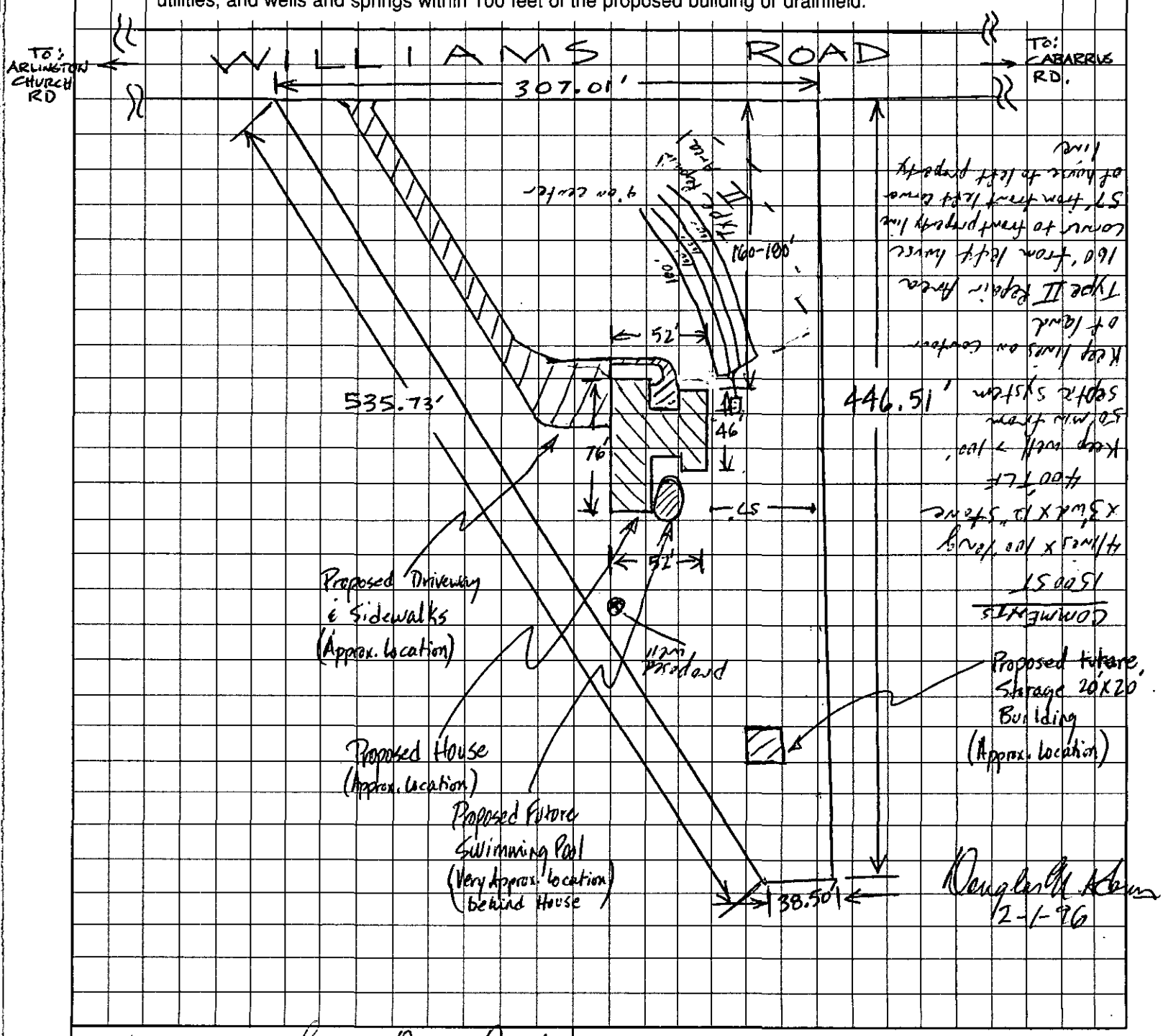
PROPOSED PLOT PLAN

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

FILE: 38678

TC: ~~139-101-03~~ 139-391.10

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.



Keep lines on center of road
Type II Repair Area
160' from right curve
57' from left curve
corner to front property line
of house to left property line
Keep roof > 100' from septic system
50' min from corner
4"/Inch x 100 'long
x 3'wide x 12" deep
COMMENTS
15000 SF

OWNER/AGENT SIGNATURE Douglas M. Adams

DATE 1-5-96 1-5-96

APPROVAL DATE _____

NOTE: PROPERTY TO BE SOLD TO: DOUGLAS M. & CHRISTINE R. ADAMS
& HOUSE CONSTRUCTED BY: 15232 CABARRUS RD.
CHARLOTTE, NC 28227
(704) 545-9799

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

Adams check initially / Hand owner / 1.23.96

FEE: ~~waived~~ 200 2/2/96 DATE: 1/23/96 100 CK 2582

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

X J 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 #: 38673

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: ~~139-101-03~~ 139.391.10

STREET ADDRESS: 11000 WILLIAMS RD.

SUBDIVISION OR MOBILE HOME PARK NAME: MILDRED CAROLINE HARTSELL AND HENRY JACKSON LEE PROPERTY

LOT NUMBER: TRACT No 1 (MAP BOOK 21 PAGE 976 MECK CO. PUBLIC REGISTRY)

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: 2000 APPROX.

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 4

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	WELL, SPRINGS OR WATERLINES	___ YES ✓ NO
EXISTING WASTEWATER SYSTEMS	___ YES ✓ NO	DESIGNATED WETLANDS	___ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS	___ YES ✓ NO		

PROPERTY OWNER:

NAME: ADAMS (LAST) DOUGLAS M. & CHRISTINE R. (FIRST) (MI)

ADDRESS: 9100 HARRISBURG RD.

CITY: CHARLOTTE STATE: NC ZIP: 28215

DAYTIME PHONE: (704) 376 - 0450 / 704-597-9943

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 8/9/87

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: Douglas M. Adams DATE: 1/23/96

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

DAYTIME FAX : 375-6618 (D. MACK ADAMS)

TAX LINE MAP BOOK 139 PAGE 10
MECKLENBURG COUNTY, NORTH CAROLINA
REVISED 7/7/95 NM SCALE 1" = 400'

PG. 29
PG. 07
PG. 28
PG. 11
PG. 12

#3112
#3110
#3111
#3102
HILL MINT
CLEARWATER DR
CLEAR MINT
MILLSTONE LANES
CABARRUS RD
ARLINGTON
CHURCH TWP
CREEK
BRANCH
MILL
CHURCH
LIMITS
TOWN LIMITS
TOWN 21
101
CHURCH
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3.6 AC.±
8.36AC
7.58AC
8.35 AC.
11 AC.± P.
6 AC.
3.45 AC.
9.19 AC
5 AC.
3.567 AC.
39.6 AC.± P
17.69AC.
2.76 AC±
4.82AC
1.782 AC.±
1.276 AC.±
1.456 AC.±
2.273AC(±)
2.12 AC
1.751AC±
1.02AC.±
2.14AC.
1.63AC.
1.38 AC.±
1.22 AC.
1.24 AC.
1.24 AC.
1.24

DATE 1/31/96

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

139-101-03
PARCEL NUMBER

11000 W. Williams Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

NA
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	APPROVED	NOT APPROVED
2. FLOODWAY REGULATIONS	APPROVED	NOT APPROVED
3. WATERSHED PROTECTION	APPROVED	NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	APPROVED	NOT APPROVED
5. PUBLIC UTILITY EASEMENT	PRESENT	NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	YES	NO
7. DRIVEWAY PERMIT REQUIRED	YES	NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	YES	NO

REMARKS: S. Tryon & Neck

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: Pme

REVISED 1/91

TRANSFER OF OWNERSHIP

Permit #: 3867B
Job Location Information:
Tax Parcel #: 139-101-03
Street Address: 11000 Williams Rd

An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change or if information submitted in this application is falsified or changed.

Property Owner Improvement Permit Originally Issued to:

Name: LEE (last) HENRY (first) J. (mi) Date Issued: 1/8/96

Address: 14330 CABARRUS RD.
City: CHARLOTTE State: NC Zip: 28227
Daytime Phone: (704) 545-5241

IMPROVEMENT PERMIT TRANSFERRED TO:

Name: ADAMS (last) DOUGLAS (first) M. (mi)

Address: 9100 HARRISBURG RD.
City: CHARLOTTE State: NC Zip: 28215
Daytime Phone: (704) 566-4602

The undersigned, owner or legal agent for the owner, of the property described as the "job location" in the original application dated 1/6/96 has read the foregoing application and Improvement Permit, 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: Douglas M. Adams Date: 2-2-96

IMPROVEMENT PERMIT TRANSFERRED TO:

Name: _____ (last) _____ (first) _____ (mi)

Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: ( ) ____-_____

The undersigned, owner or legal agent for the owner, of the property described as the "job location" in the original application dated _____ has read the foregoing application and Improvement Permit, 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: _____ Date: _____

PROPOSED PLOT PLAN

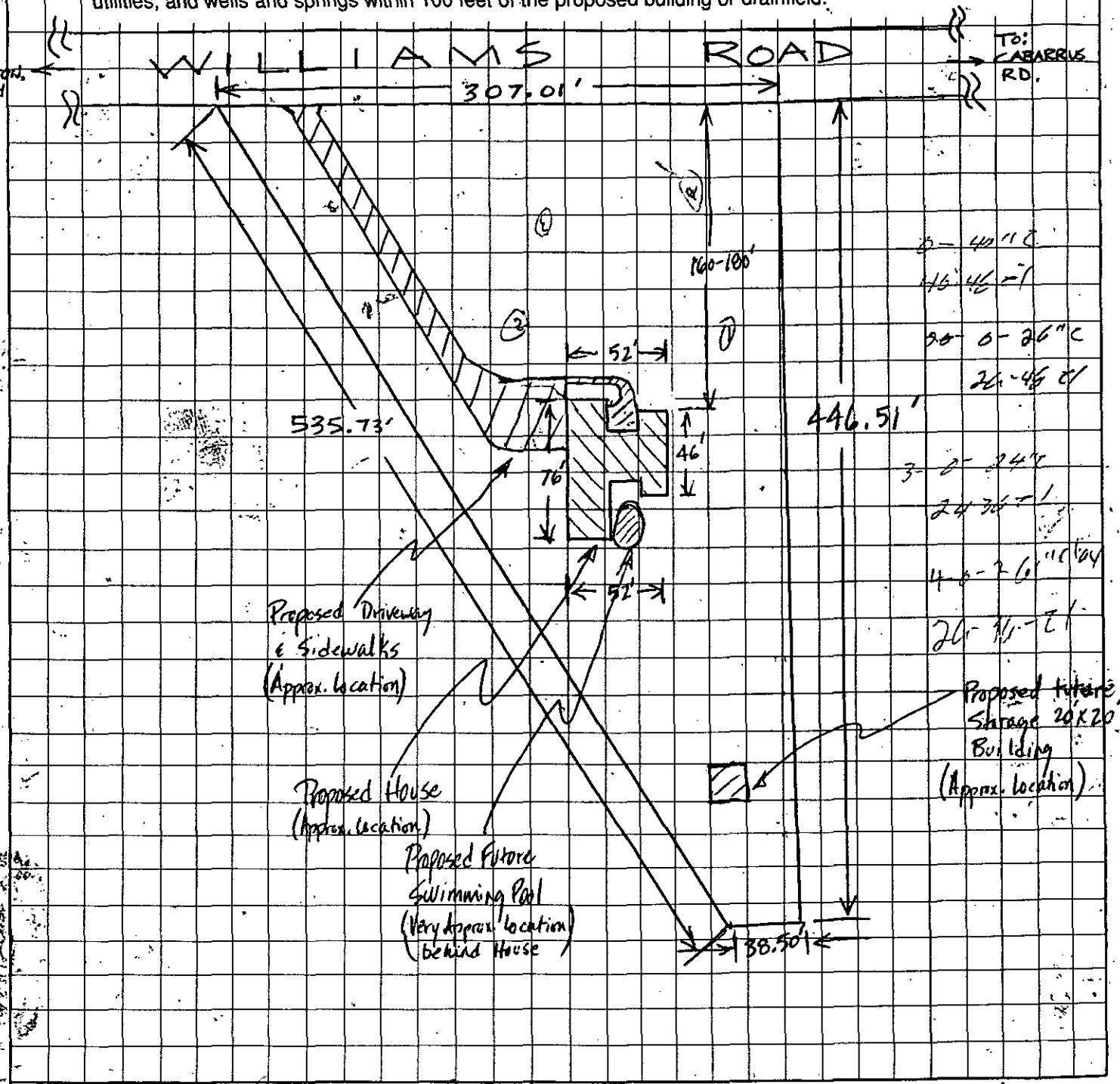
CCEH

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

FILE: 3867B

TC: 139-101-03

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.



OWNER/AGENT SIGNATURE Douglas M. Adams

DATE 1-5-96 1-5-96

APPROVAL DATE _____

NOTE: PROPERTY TO BE SOLD. & HOUSE CONSTRUCTED BY:

DOUGLAS M. & CHRISTINE R. ADAMS
15232 CABARRUS RD.
CHARLOTTE, NC 28227
(704) 545-9759

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

FEE: 100.00 CK# 2525
DATE: 1/8/96

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 #: 38678

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: ✓ 139-101-03

STREET ADDRESS: ✓ 11000 WILLIAMS ROAD

SUBDIVISION OR MOBILE HOME PARK NAME:
MILDRED CAROLINE HARTSELL AND HENRY JACKSON LEE PROPERTY

LOT NUMBER: TRACT No. 1 (MAP BOOK 21, PAGE 976, MECK. CO. PUBLIC REGISTRY)

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: 1946

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 4

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
EASEMENTS 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: LEE (LAST) HENRY (FIRST) J. (MI)	NAME: ADAMS (LAST) DOUGLAS M. & CHRISTINE R. (FIRST) (MI)
ADDRESS: 14330 CABARRUS ROAD	DAYTIME PHONE: (704 376-0450 6R) (704) 545-9788
CITY: CHARLOTTE STATE: NC ZIP: 28227	15232 CABARRUS ROAD
DAYTIME PHONE: (704) 545-5241	CHARLOTTE, N.C. 28227

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 8/9/87

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: Henry J. Lee ✓DATE: 1-5-96

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

Advance 1/30/96

NOTE: PROPERTY TO BE SOLD TO & HOUSE CONSTRUCTED BY:
DOUGLAS M. & CHRISTINE R. ADAMS
15232 CABARRUS RD.
CHARLOTTE, NC 28227 (704) 545-9788

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

#1

Sheet ___ of
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

3867B
139-101-03

OWNER: Henry J. Lee
APPLICANT: ___
ADDRESS: 14330 Calamyer Rd, Charlotte
APPLICATION DATE: ___
DATE EVALUATED: ___
PROPOSED FACILITY: residence
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: ___
LOCATION OF SITE: 11000 Williams Road
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 & LTR
1	LS 3%	0-40"	SBK/C	Fr/SEXP/SP	> 48" To Chroma 2	48"	N/A	None	PS IV .39/F2
		40-48"	SBK/CL	Fr/SEXP/SS/SP					
2	LS 4%	0-26"	SBK/C	Fr/SEXP/SP	> 48" To Chroma 2	48"	N/A	None	PS IV .39/F2
		26-48"	SBK/CL	Fr/SEXP/SS/SP					
3	LS 3%	0-24"	SBK/C	Fr/SEXP/SP	> 36" To Chroma 2	36"	N/A	None	.39/F2 IV PS
		24-36"	SBK/CL	Fr/SEXP/SS/SP					
4	LS 3%	0-26"	SBK/C	Fr/SEXP/SP	> 36" To Chroma 2	36"	N/A	None	.39/F2 IV PS
		26-36"	SBK/CL	Fr/SEXP/SS/SP					

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

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): Provisionally suitable
EVALUATED BY: William R. Mauldin 1-19-95
OTHER(S) PRESENT: ___

OMMENTS: Not Surveyed 100% Repair in Place

LEGEND

use the following standard abbreviations

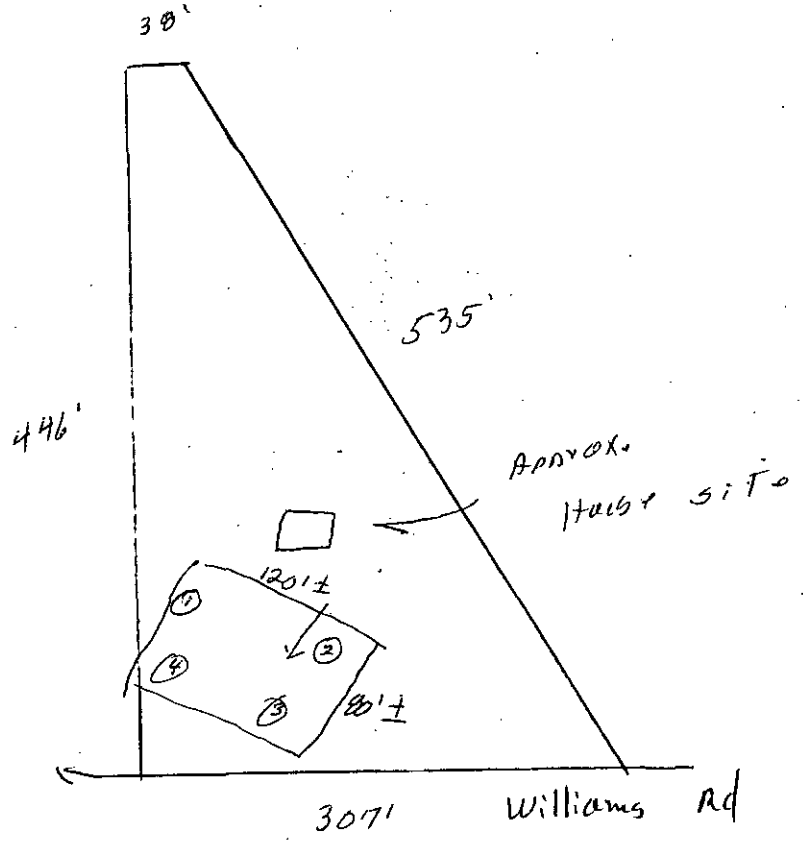
LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR	LPP .1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
(Drainage Way)					EXP (Expansive)	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

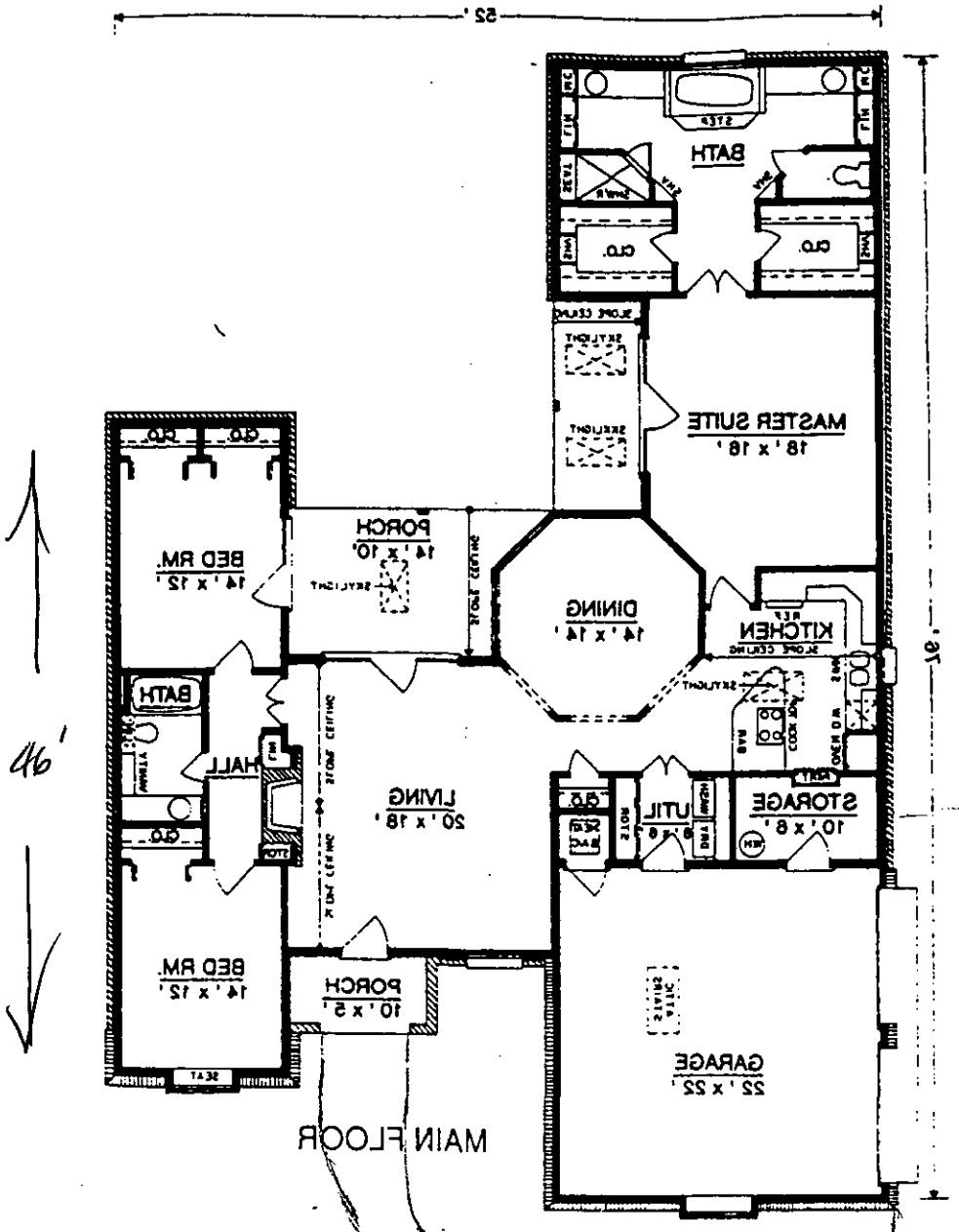
Show profile locations and other site features (dimensions, reference or benchmark, and North).



PERMIT APPLICANTS : DOUGLAS M. & CHRISTINE R. ADAMS
15232 CABARRUS RD.
CHARLOTTE, N.C. 28227
(704)545-9788 (H)
(704)376-0450 (W1) - DOUGLAS
(704)549-0490 (W2) - CHRISTINE

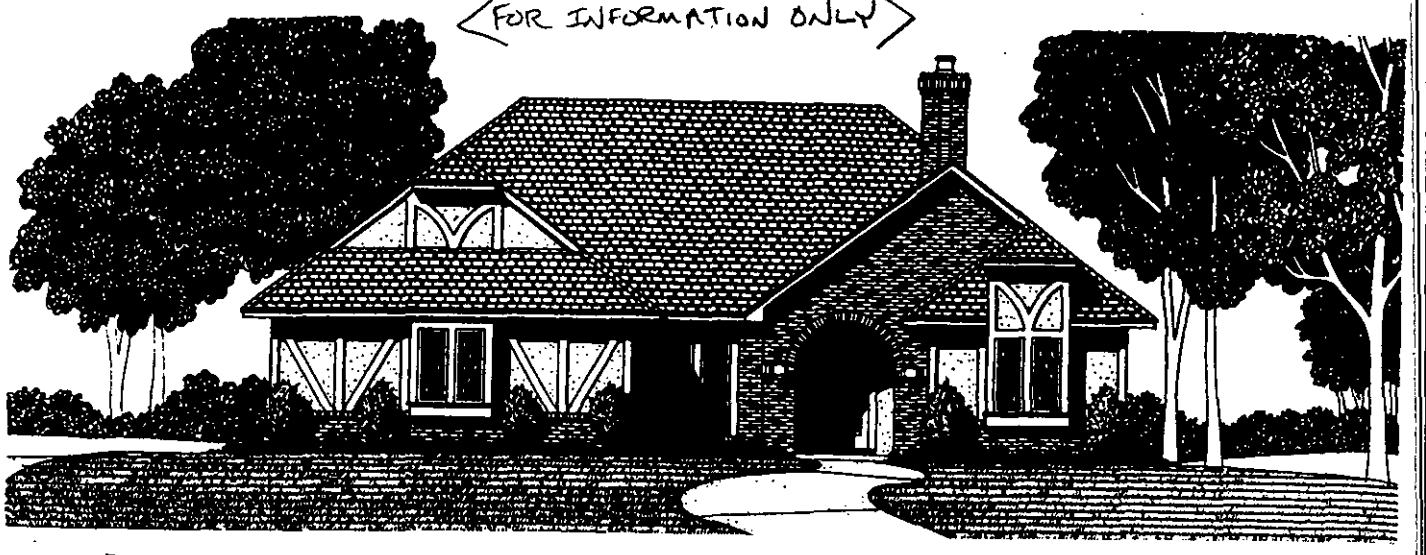
File 3867B

HOUSE TO BE CONSTRUCTED "MIRROR-IMAGED" AS SHOWN



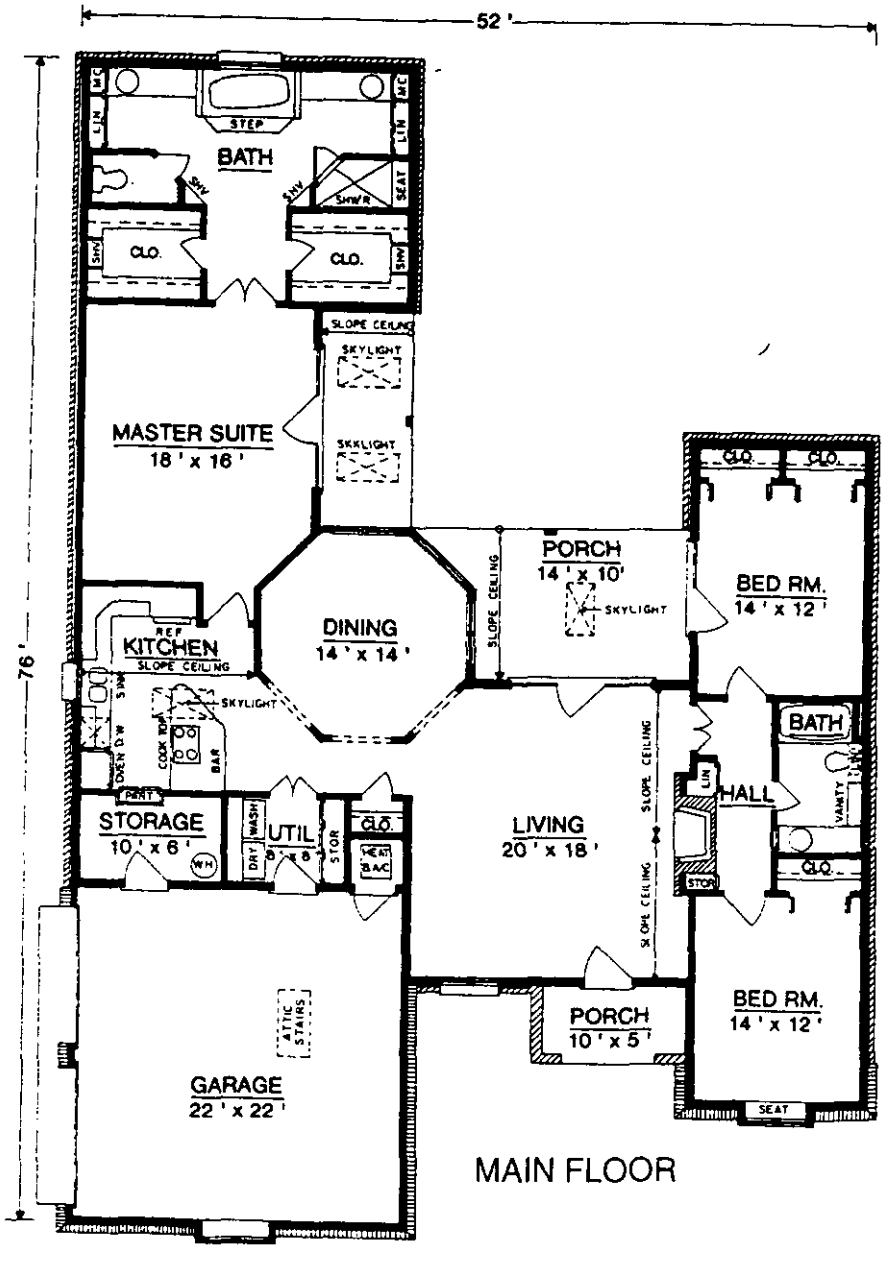
D. Adams
1-5-96

STANDARD HOUSEPLAN SALES SHEET
<FOR INFORMATION ONLY>



Updated Tudor

- Updated Tudor styling gives this home an extra-appealing exterior. Inside, the bright and open living spaces are embellished with a host of wonderfully contemporary details.
- An inviting brick arch frames the front door, which opens directly into the living room. Here, a sloped ceiling, a fireplace and a view to the covered rear porch provide an impressive welcome.
- The octagonal dining area is absolutely stunning – the perfect complement for the skylighted kitchen with an angled cooktop/snack bar and a sloped ceiling. Double doors in the kitchen lead to a roomy utility area and the cleverly disguised side-entry garage.
- No details were left out in the sumptuous master suite, which features access to a private porch with a sloped ceiling and skylights. The luxurious bath offers a platform tub, a sit-down shower, his-and-hers vanities and lots of storage and closet space.
- Two more bedrooms are situated at the opposite side of the home and share a hall bath. One bedroom features a window seat, while the other has direct access to the central covered porch.



MAIN FLOOR

Plan E-1912

Bedrooms: 3	**Baths:** 2
Living Area:	
Main floor	1,946 sq. ft.
Total Living Area:	**1,946 sq. ft.**
Garage and storage	562 sq. ft.
Exterior Wall Framing:	2x6
Foundation Options:	
Crawlspace	
Slab	
BLUEPRINT PRICE CODE:	**B**

File 3867B

Mack Adams

PROPERTY PURCHASE CONTRACT

SELLERS: Mildred Caroline Hartsell, 1101 Dooley Drive, Charlotte, N.C. 28227
Henry Jackson Lee, 14330 Cabarrus Rd., Charlotte, N.C. 28227

BUYERS: Douglas Mack Adams and Christine Rene Adams
15232 Cabarrus Road, Charlotte, N.C. 28227

PROPERTY: Tract 1 (Acreage: 1.782 Acres) as shown in Map Book 21, Page 976, Mecklenburg Public Registry

We, Mildred Caroline Hartsell and Henry Jackson Lee (SELLERS) do jointly agree to enter into contract with Douglas Mack and Christine Rene Adams (BUYERS) on the above-described property as follows:

1. Selling price of Tract 1 is $24,000. All interest in the property will be transferred to the Buyers upon payment of $24,000, which sum shall be due on May 6, 1996. The initial binder payment of $1000, unless forfeited under item #4 below, will apply toward this selling price. DAM HJL MCA

2. The property is free of any liens or encumbrances and will remain in that state for the duration of this contract.

3. The property has been previously tested and found suitable for the installation of a single family septic tank. At a future date, if the land is tested and found unsuitable for a single family septic tank, then all previous monies paid will be refunded immediately. All testing will be done prior to May 1, 1996 and will be an expense of the Buyers. MCA CRA DAM HJL

4. The initial payment of $1000 will make this a legal and binding agreement and contract. The Sellers agree that the $1000 binder will hold the property off the market until May 6, 1996. The Buyers may close on the property at any time prior to that date; however, if they do not close by May 6, 1996, the $1000 will be forfeited to the Sellers. DAM MCA HJL

5. No County, State or Federal restrictions exist which would make the property unsuitable for constructing a single family dwelling.

6. The Buyers understand that the Restrictive Covenants filed in Book 5581, Page 0077, Mecklenburg Public Registry, (copy attached) apply to this property.

Mildred Caroline Hartsell
Mildred Caroline Hartsell, SELLER
DATE: Nov. 6, 1995

Henry Jackson Lee
Henry Jackson Lee, SELLER
DATE: Nov 6 1995

Douglas Mack Adams
Douglas Mack Adams, BUYER
DATE: Nov. 6, 1995

Christine Rene Adams
Christine Rene Adams, BUYER
DATE: Nov 6, 1995

AMENDMENT TO PROPERTY PURCHASE CONTRACT BETWEEN MILDRED CAROLINE HARTSELL AND HENRY JACKSON LEE and DOUGLAS MACK ADAMS AND CHRISTINE RENE ADAMS

4A. Sellers hereby agree to one six-month extension of the Property Purchase Contract, if necessary, as follows:

If Buyers are not able to close on the Property by May 1, 1996 and forfeit their initial $1000 payment, Sellers will extend this contract for an additional six-month term (until November 1, 1996) for an additional $1000 which shall be due on May 1, 1996.

If Buyers do not close by November 1, 1996, the second $1000 payment will be forfeited to the Sellers.

If Buyers do close by November 1, 1996, the second $1000 payment will apply toward the purchase price.

Mildred Caroline Hartsell

Mildred Caroline Hartsell, SELLER

DATE: Nov. 6, 1995

Henry Jackson Lee

Henry Jackson Lee, SELLER

DATE: Nov 6 1995

Douglas Mack Adams

Douglas Mack Adams, BUYER

DATE: Nov. 6 1995

Christine Rene Adams

Christine Rene Adams, BUYER

DATE: Nov 6 1995