

6127 ELMWOOD CR

05921111

12/19/2007

duponbj

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

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

1-31-96
There are to bring in signed, recorded easement to this office

TIC TANK DRAIN FIELD EASEMENT AGREEMENT

THIS SEPTIC TANK DRAIN FIELD EASEMENT AGREEMENT is made on January _____, 1996 by and between Jonathon D. Horne and wife, Crystal J. Horne (hereinafter "Grantor") and Richard Balser and Rhonda Ellis (hereinafter "Grantee").

WITNESSETH:

The Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does hereby grant, bargain, sell and convey unto the Grantee an easement as hereinafter described, to run with the land, upon that certain lot or parcel of land owned by the Grantor and located in the City of Charlotte, Mecklenburg County, North Carolina and being more particularly described as follows:

> BEING all of Lot 4 in Block H of TownePark Subdivision, recorded in Map Book 7 at Page 679 in the Office of the Register of Deeds for Mecklenburg County, North Carolina.
>
> See the plat attached hereto as Exhibit A and the parcel shown thereon identified with Grantor's name for the legal description of Grantor's parcel and of the septic tank drain field easement area located thereon, said parcel labeled thereon, and hereinafter referred to as the "Easement Parcel."

The Grantor imposes said easement for the benefit of the Grantee as the present owner and for the benefit of any future owners, if necessary, of the following lot or parcel of land situated in the City of Charlotte, Charlotte Township, Mecklenburg

County, North Carolina, and being more particularly described as follows:

> BEING all of Lot 3 in Block H of TownePark Subdivision, recorded in Map Book 7 at Page 679 in the Office of the Register of Deeds for Mecklenburg County, North Carolina.
>
> See the plat attached hereto as Exhibit A and the parcel shown thereon identified with Grantee's name for the legal description of Grantee's parcel, said parcel labeled thereon, and hereinafter and hereinafter referred to as the "Benefitted Parcel."

There exists as of the date of this Easement Agreement a drain field on the Easement Parcel which is for the sole and exclusive use of an existing house and lot and septic tank system located on the the Benefitted Parcel. This easement shall enable the Grantee to utilize the exiswting drain field lines on said Lot 3 or to install additional drain field lines 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.

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 Grantee ever hook up or connect the structure located on the Benefitted Parcel to a public or community sanitary sewage system, but shall otherwise be perpetual.

The Grantor 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 grave sites; and
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 Grantor and Grantee have hereunto set their hands and seals the day and year first above written.

_____(SEAL)
Jonathon D. Horne, Grantor

_____(SEAL)
Crystal J. Horne, Grantor

_____(SEAL)
Richard Balser, Grantee

_____(SEAL)
Rhonda Ellis, Grantee

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

I, a Notary Public for said County and State, do hereby certify that Jonathon D. Horne and wife, Crystal J. Horne, personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal this _____ day of January, 1996.

_____
Notary Public

My Commission Expires:_____

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

I, a Notary Public for said County and State, do hereby certify that Richard Balser and Rhonda Ellis personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal this _____ day of January, 1996.

_____
Notary Public

My Commission Expires:_____

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: 1-31-96

Susan M. Bateman

Based on copy presented to Mecklenburg County Health Dept. 1-30-96
Easement parcel Lot # 4 & Benefitted Parcel Lot # 3, Bk 846 B

APPROVAL BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT DOES NOT CERTIFY OR EXTEND TO MATTERS OF TITLE. THE PURCHASER OF THE PROPERTY SUBJECT TO OR AFFECTED BY THIS EASEMENT IS RESPONSIBLE FOR ASCERTAINING ALL MATTERS EFFECTING THE VALIDITY AND ENFORCEABILITY OF THIS INSTRUMENT.

RES-HORNE.STA

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 84/877A DATE: 7/15/93

TC: 659-21-08 ☒ L ☐ CRT

SERIAL Nº 14160 400 ☒

Name of Owner Johnathan D. Horne Juris.:

Address of Property 6127 Elmwood Dr

Inspection Data:

Tank Material Pcc

Total Length of Drainfield 400'

Number of Lines 4 @100'

Cover Depth 24"

Water Supply Source City

Distance to Water Source N/A

Excavation Inspected 7/15/93

Tank(s) Inspected 7/15/93

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design 1993 500 St, Con 1200 SFT, 12" G, Cecil CTR# 140

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 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The 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 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: System designed for 3 bedrooms

Type II

Judy J. Kuei R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

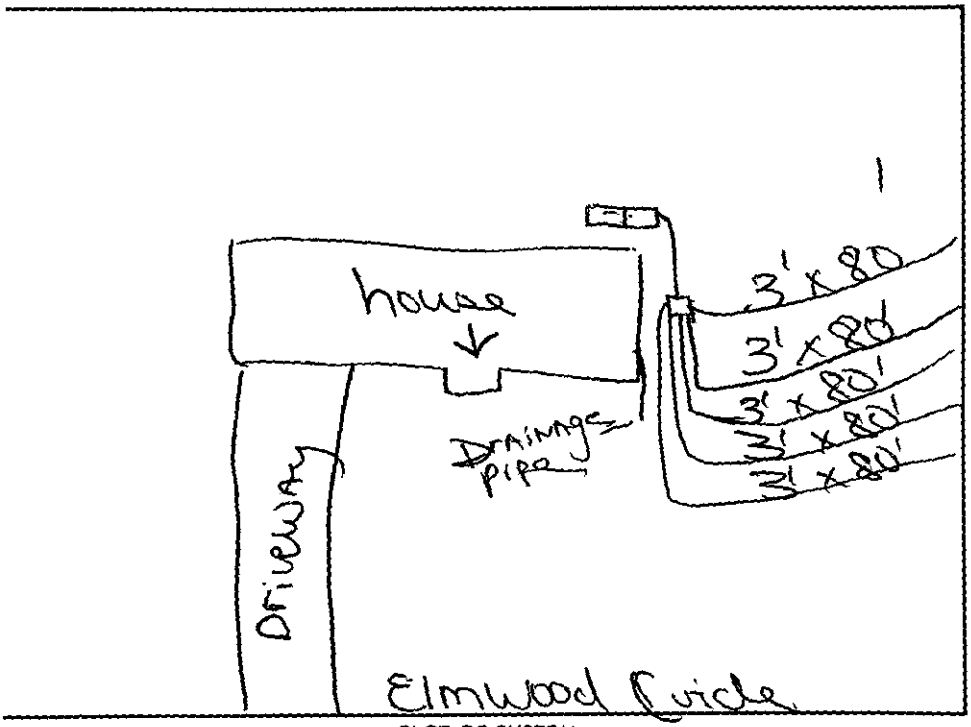
$400

FILE: 846B/8777A DATE: 6/28/93

TC: 059-211-08 ☒ L

SERIAL Nº 15467

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 3/22/93. All work shall be completed on or before 7/28/93, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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 \ gallons

Tank Construction pcs

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400' feet

Number of Lines 5

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well City feet

NAME OF OWNER Jonathan D. Horner

LOCATION OF PROPERTY 6127 Elmwood Circle

Comments: INSTALL 5 Trenches 3' x 80' x 12" Stone. Keep 15' from banks. NOTE: TO PROPERTY OWNER: All drainage diversion pipes from house must divert away from Nitrification Field

Division or Section Head

Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

EXHIBIT A

THIS IS TO CERTIFY THAT ON THE 6TH DAY OF AUGUST 19 88 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE SHOWN HEREON.

SIGNED Sidney M. Sandy
SIDNEY M. SANDY, REGISTERED SURVEYOR, L-3392

NORTH CAROLINA REGISTERED LAND SURVEYOR SIDNEY M. SANDY SEAL

ELMWOOD CIRCLE

200.00'
100'
EIR

N03°39'30"E
100'

EASEMENT PARCEL

BENIFITTED PARCEL

LOT #2

LOT #4
JONATHON D. HORNE AND CRYSTAL J. HORNE

LOT #3
RICHARD BALSER & RHONDA ELLIS

N26°20'30"W
84.75'

S26°20'30"E
225.00'

DRAIN FIELD EASEMENT AREA

NIAGARA CIRCLE

R= 840.18'
113.44'

A= 287.37'
127.27'

LOT #10

LOT #5

S16°34'30"E
21.11'

93.22'
S7°59'00"W

LOT #7

177.29'
S79°40'18"W

40'

LOT #9

LOT #7

PHYSICAL SURVEY
OF
LOTS #3, 4 & 10, BLOCK "H"
CHARLOTTE, N. C.

SCALE 1"=50'

TOWNSHIP | DEED RECORDED IN BOOK | PAGE
RAT " 7 " 679

EXHIBIT A

VALUATION REPORT
AL NUMBER 19238

Parcel: 054-211-08 ZPC

Location: 6121 Elmwood Cr.

Subdivision:

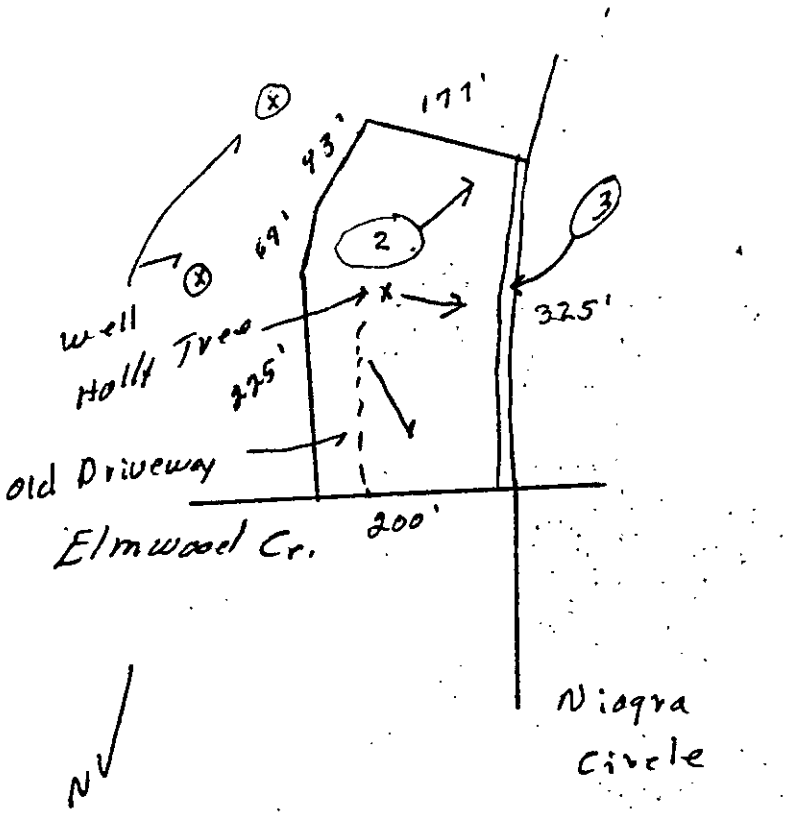
Lot: 3, 4, 10 Block: Acres: 1.5

Owner: Jonathon D. Horne
Address: 5424 Cold Harbor Dr.
Charlotte, N.C. 28214

Comments: Old well and drainfield on lot, could not locate
.3 gal/ft²/day LTAR

Described by: William R. Marks

Date: 3-3-93



*** 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 2-12%	S PS U —	S PS (U) 72' cut	S PS U	S PS U	S PS U
Texture	S (PS) U Slightly Expansive clay	S PS U —	S PS U —	S PS U	S PS U	S PS U
Structure	S (PS) U Sub Blocky	S PS U —	S PS U —	S PS U	S PS U	S PS U
Drainage	S (PS) U "740" To water	S PS U —	S PS U —	S PS U	S PS U	S PS U
Depth	S (PS) U 40"+	S PS U —	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 740"	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) Filled Area	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	TE Cec. I-I/A e	Filled Area	72' Cut			

Area Classification

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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

(704)336-5102 846B

Date:

PERSON FILING APPLICATION:

NAME: Horne (last) Jonathon (first) D (mi)

ADDRESS: 5424 Cold Harbor PHONE: (704) 393-8663

CITY: Charlotte STATE: NC ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 059-211-08

STREET ADDRESS: 6127 Elmwood Circle

ZONING:

PROPERTY OWNER:

NAME: Horne (last) Jonathon (first) D (mi)

ADDRESS: 5424 Cold Harbor PHONE: (__) 393-8663

CITY: Charlotte STATE: NC ZIPCODE: 28214

SUBDIVISION OR MOBILE HOME PARK NAME: Town Park

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

TYPE APPLICATION (check one):

LOT NUMBER: 3,4,10 LOT SIZE (in acres): 1.5

[] SOIL TEST - INDIVIDUAL LOT (D)
[X] 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: 2

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)
[X] Municipal (M) [] Other 'spring' (O)
[] 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: Date:

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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.

Lift Pump may be required

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

Joshua J. Kain R.S. 3/22/93
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

PROPOSED PLOT PLAN

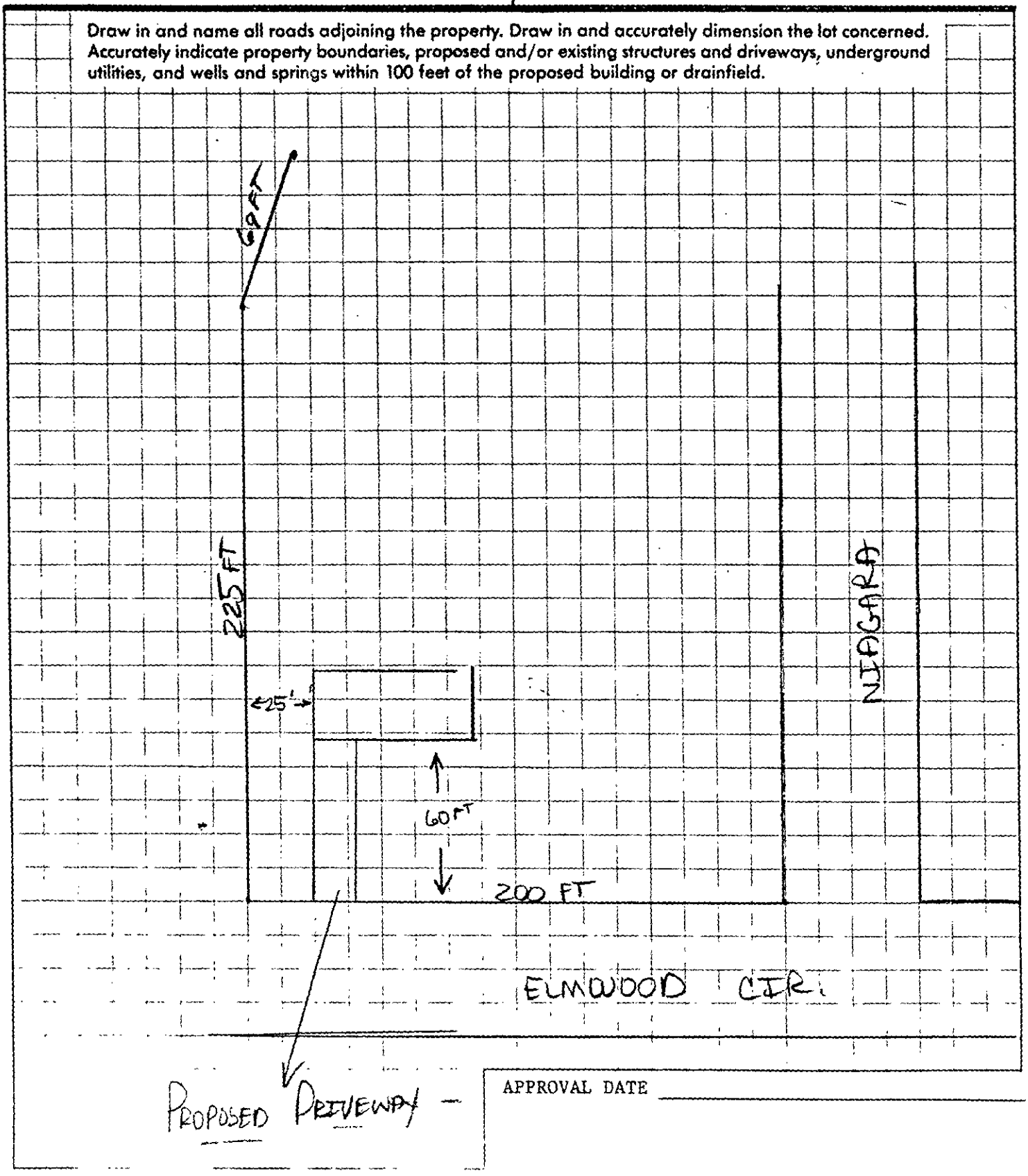
COPY

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

FILE: 846B/8717A

TC: 059-211-08

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 _____

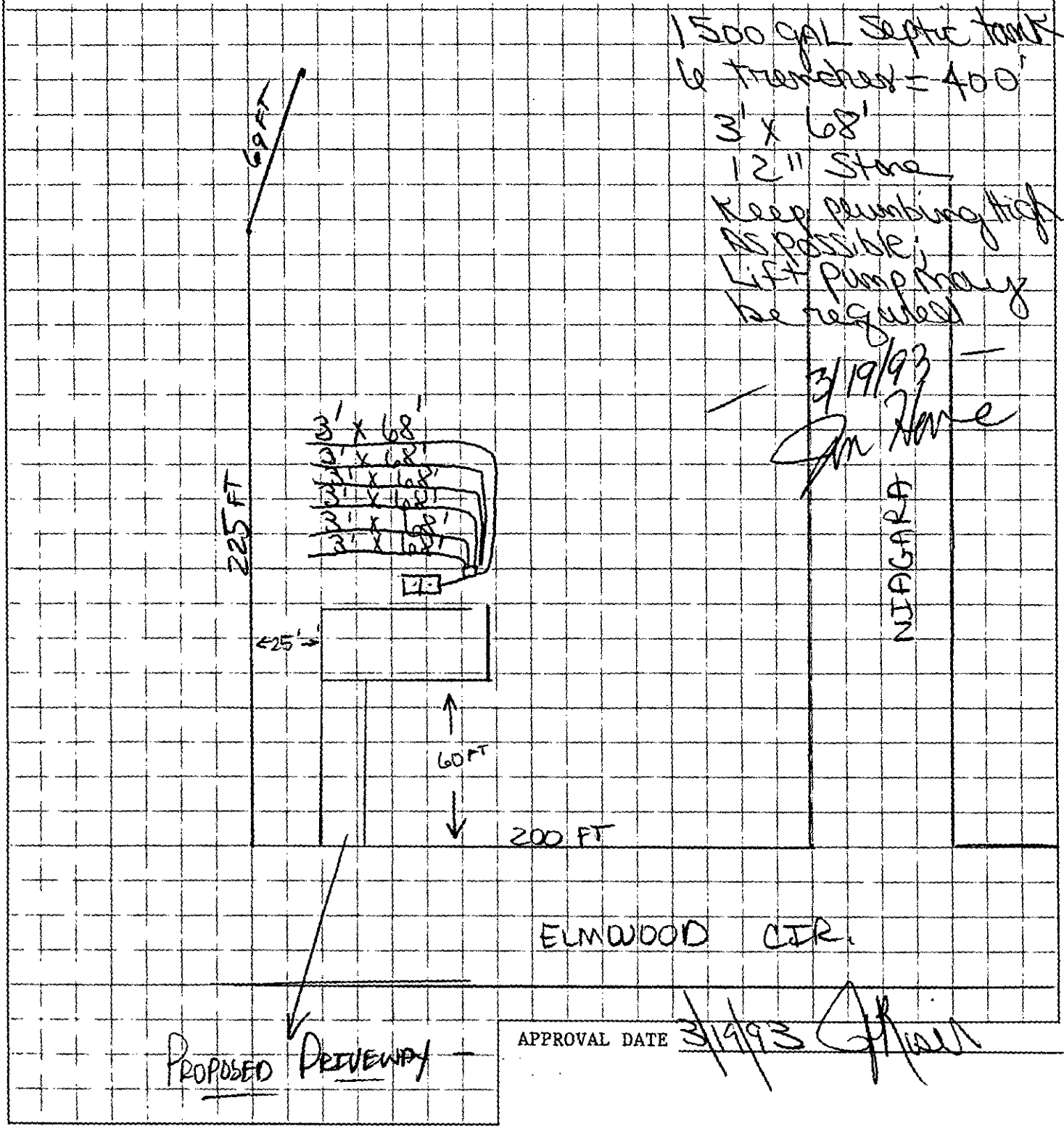
PROPOSED PLOT PLAN

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

FILE: 846B/8717A

TC: 059-21-08

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 3/19/93

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

March 9, 1993

Jonathan D. Horne
5424 Cold Harbor Drive
Charlotte, Northe Carolina 28214

RE: Property located on 6127 Elmwood Circle
FILE: 846B/8717A
PARCEL: 059-211-08

Dear Mr. Horne:

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 19238) 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. Specific plan approval will be provided upon submission of 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 and determination that the area is adequate to accommodate the proposed construction.

Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this department renders any area previously designated suitable for system installation, unsuitable. Furthermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

If there are any questions concerning this matter, please contact Bill Marlin, Soil Scientist at 336-5574.

Sincerely,

Kelly Randall

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

Enclosure

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19238

File: Action _____

Parcel: 09404 ☑ PC

Location:

Subdivision:

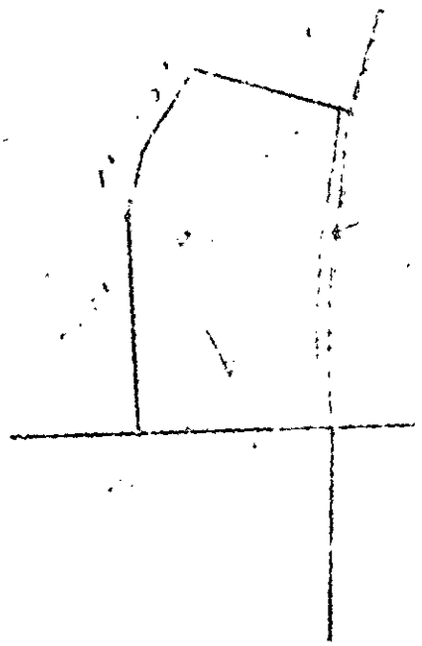
Lot: Block: Acres:

Owner:
Address:

Comments: _____

Described by: _____

Date: _____



***** 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	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	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						
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

846B/847A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd 75.00 chk 210 2/10/93 [ ] 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: Horne (last) Jonathon (first) D (mi)
ADDRESS: 5424 Cold Harbor Dr PHONE: (704) 393-8663
CITY: Charlotte STATE: NC ZIPCODE: 28214

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 059-211-08
STREET ADDRESS: 6127 ELMWOOD CIR
ZONING: _____

PROPERTY OWNER:
NAME: Horne (last) Jonathon (first) D (mi)
ADDRESS: 5424 Cold Harbor Dr PHONE: (704) 393-8663
CITY: Charlotte STATE: NC ZIPCODE: 28214

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: 3 & 4 LOT SIZE (in acres): 1.5 acres

[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: 2

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)
[X] Municipal (M) [ ] Other 'spring' (O)
[ ] 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: Jonathon D. Horne Date: 2/1/93

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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

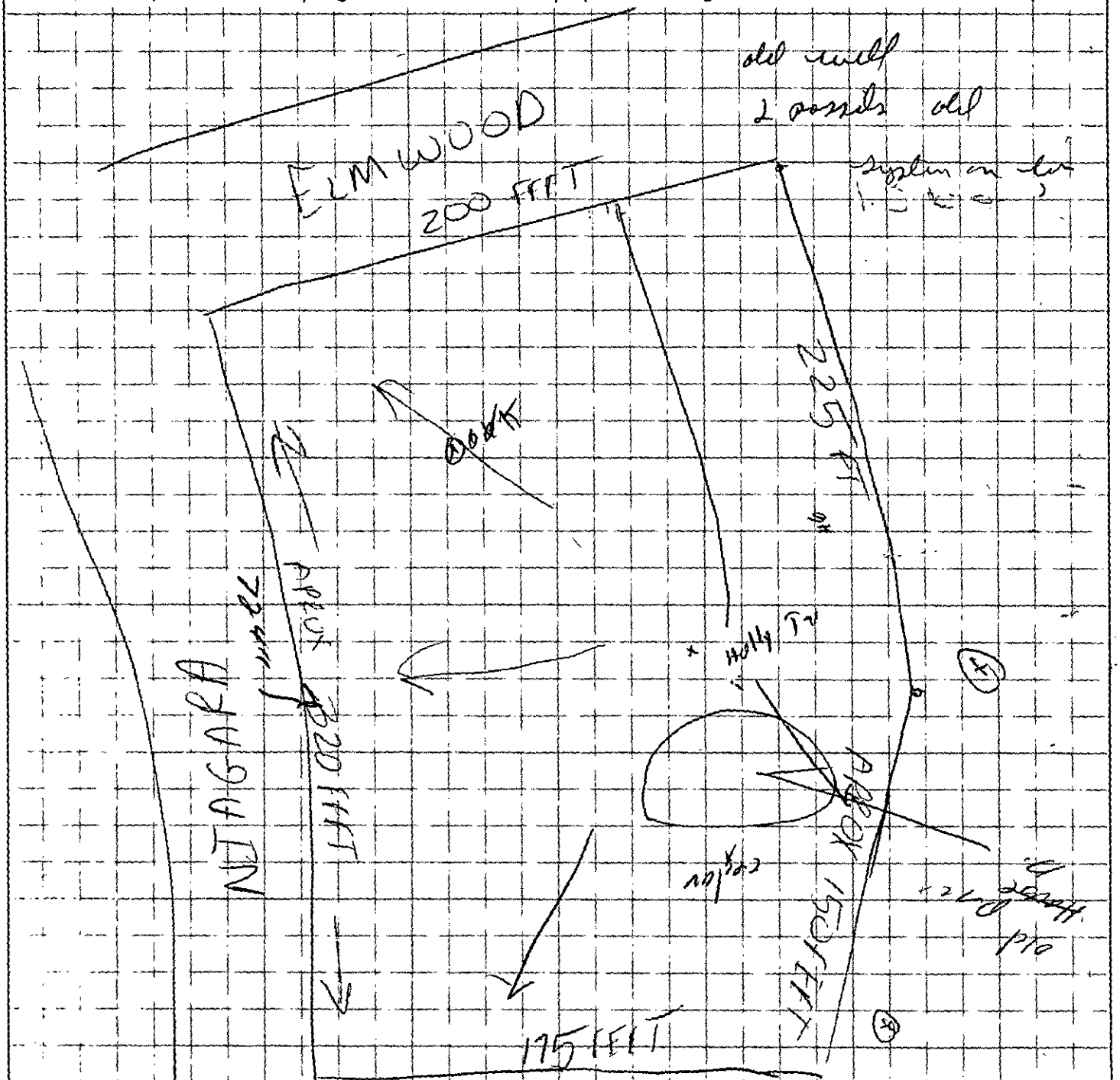
PROPOSED PLOT PLAN

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

FILE: 946B | 8717A

TC: 059-211-08

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APPROVAL DATE _____

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

846B/871A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd 75.00 ck 210 2/10/93 [ ] 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

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 059-211-08
STREET ADDRESS: 5127 ELMWOOD CIR.

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

PERSON FILING APPLICATION:

NAME: Horne (last) Jonathon (first) D (mi)
ADDRESS: 5424 Cold Harbor Dr PHONE: (704) 393-8663
CITY: Charlotte STATE: NC ZIPCODE: 28214

PROPERTY OWNER:

NAME: Horne (last) Jonathon (first) D (mi)
ADDRESS: 5424 Cold Harbor Dr PHONE: 704 393-8663
CITY: Charlotte STATE: NC ZIPCODE: 28214

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

LOT NUMBER: 3 & 4 LOT SIZE (in acres): 1.5 acres

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: 2

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)
[X] Municipal (M) [ ] Other 'spring' (O)
[ ] 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: Jonathon D. Horne Date: 2/2/93

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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

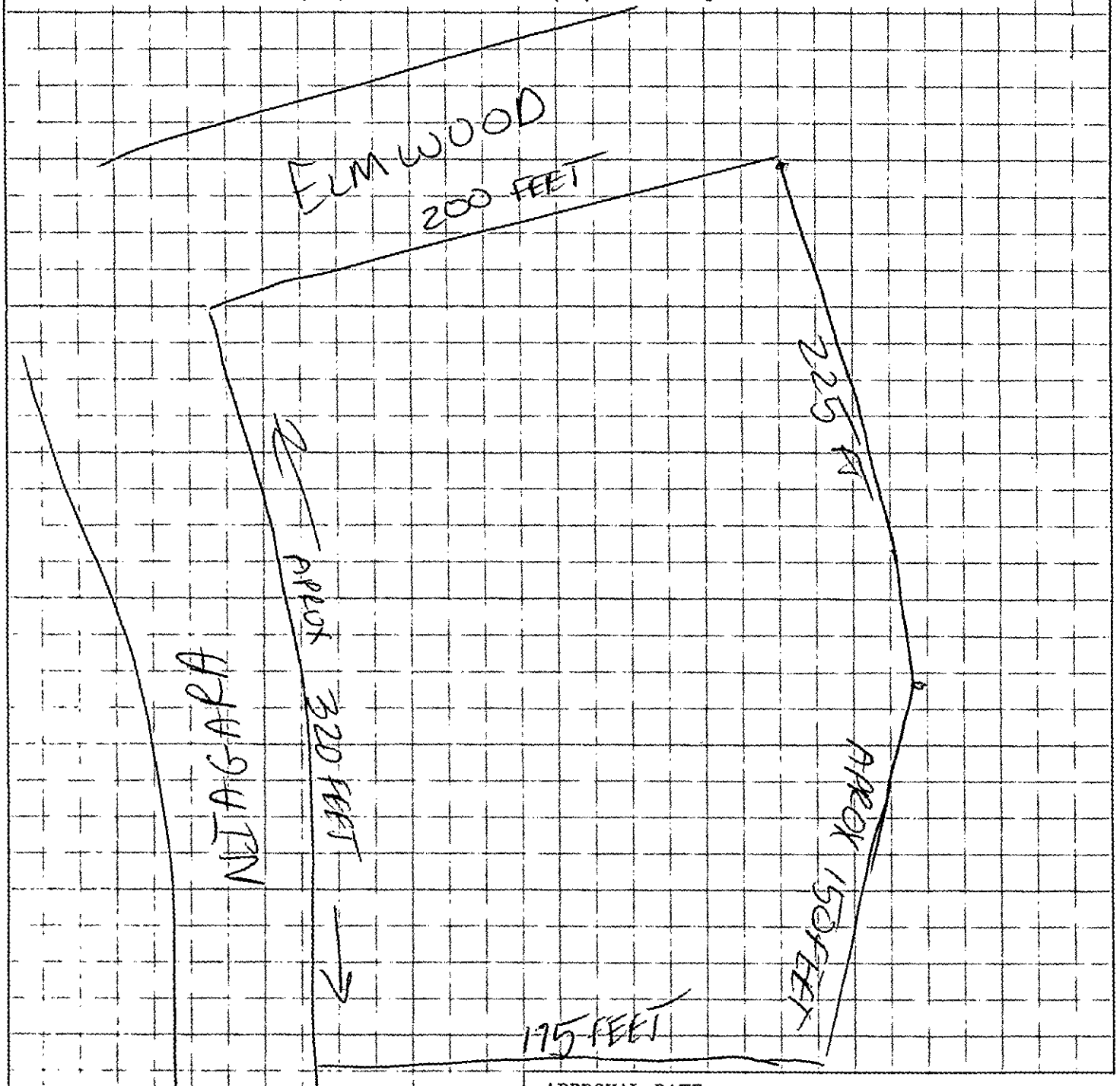
PROPOSED PLOT PLAN

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

FILE: 84B/8717A

TC: 059-211-08

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

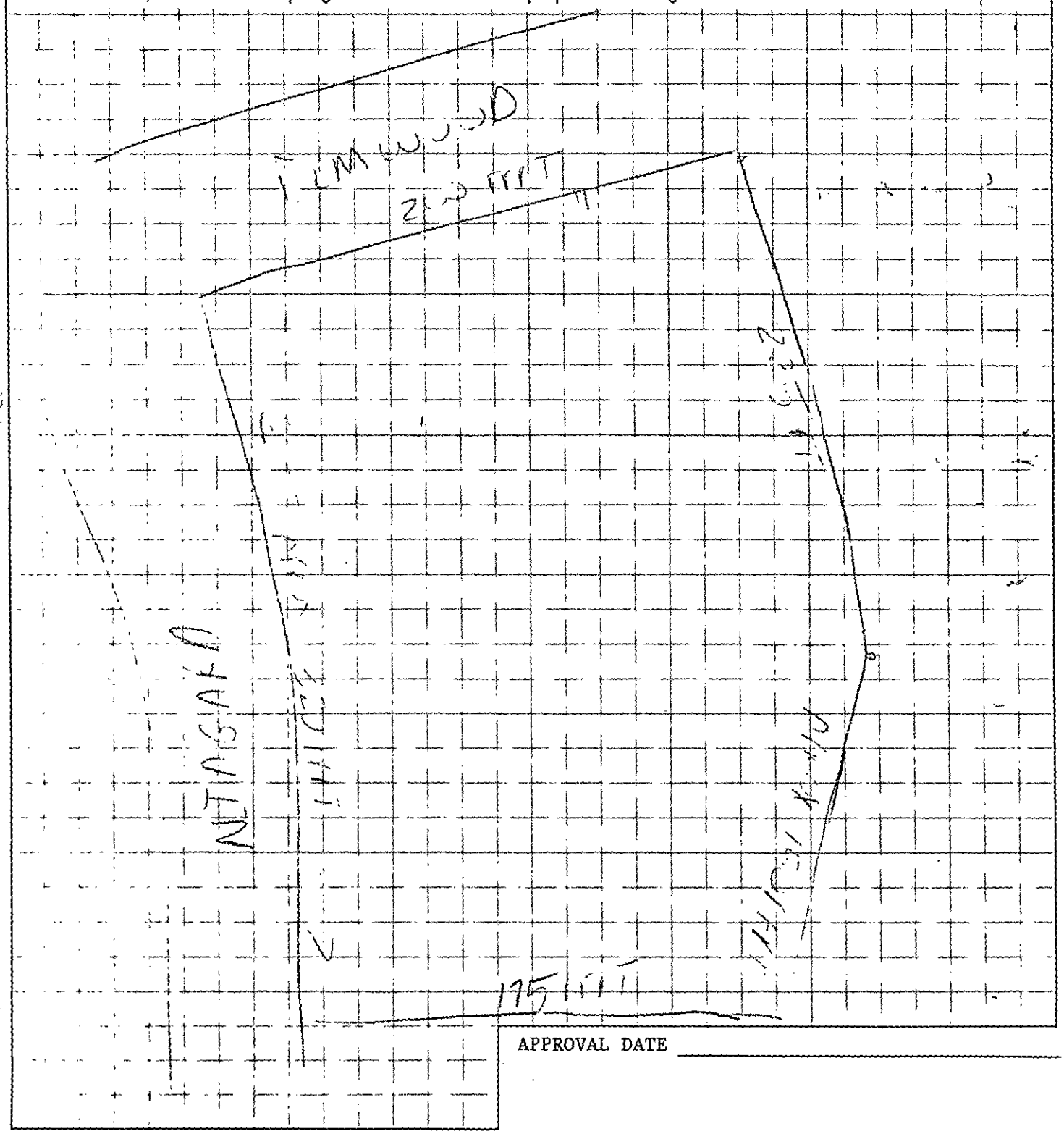
PROPOSED PLOT PLAN

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

FILE: [illegible]

TC: CS1-211-C

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 _____

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MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19238

File: B46D/8717A Action 1

Parcel: 059-211-08 ☑ PC

Location: 6121 Elmwood Cr.

Subdivision:

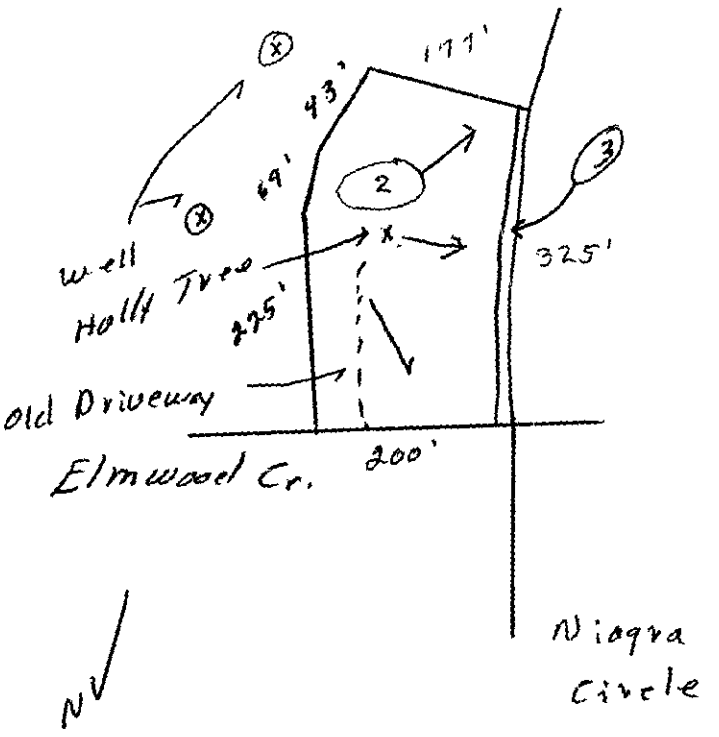
Lot: 3, 4, 10 Block: Acres: 1.5

Owner: Jonathon D. Horne
Address: 5424 Cold Harbor Dr.
Charlotte, N.C. 28214

Comments: old well and drainfield on lot, could not locate
.3 gal/ft²/day LTAR

Described by: William R. Marks

Date: 3-3-93



*** 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 2-12%	S PS U —	S PS (U) 72' cut	S PS U	S PS U	S PS U
Texture	S (PS) U slightly Expansive clay	S PS U —	S PS U —	S PS U	S PS U	S PS U
Structure	S (PS) U sub Blocky	S PS U —	S PS U —	S PS U	S PS U	S PS U
Drainage	S (PS) U 740" To water	S PS U —	S PS U —	S PS U	S PS U	S PS U
Depth	S (PS) U 40"+	S PS U —	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 740"	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) Filled Area	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cec. Litsea	Filled Area	72' cut			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U