

8913 GOSNELL DR

13922320

7/12/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7754A DATE: 02/13/92

TC: 139-223-20 ☒ L ☒ CRT

SERIAL № 14024

Name of Owner Robert Miller Juris.:

Address of Property 8913 Goswell Dr.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 5 @ 80

Cover Depth 12"

Water Supply Source P Well

Distance to Water Source 600'+

Excavation Inspected 02/13

Tank(s) Inspected 02/13

Wash Line Inspected N/A

High Water Alarm Inspected N/A

PLOT

Design: 1982, 1500g ST, Conv., 1200SqFt, 12"g, Cecil CTR# 113

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: ST II

Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

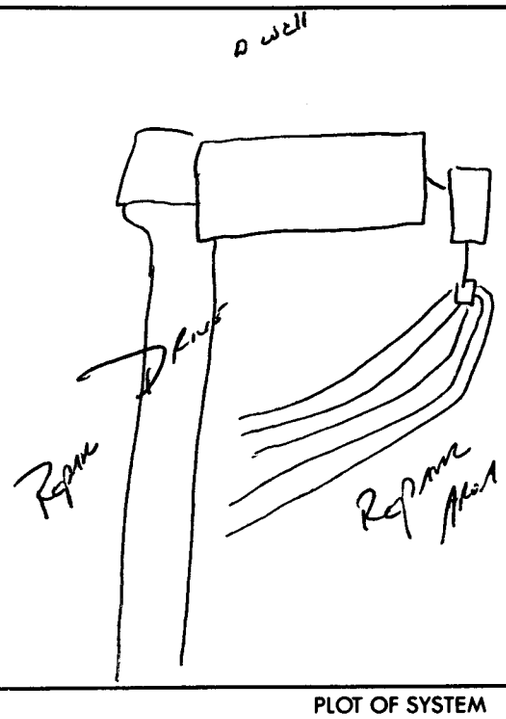
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7754A DATE: 02/13/92

TC: 139-223-20 ☑ L

SERIAL Nº 14107

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 2/13/92. All work shall be completed on or before 3/13/92, 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 PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines 5

Depth of Stone 18 inches

Distance from House >5 feet

Distance from Property Line >10 feet

Distance from Well >50 feet

NAME OF OWNER Robert Miller

LOCATION OF PROPERTY 8913 Gosnell Dr.

Comments: Install 5 lines 3x 80, Keep sys over 50' from well

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

15

APPLICATION FOR AN IMPROVEMENT PERMIT

Pd 200.00
11-21-91
HB/JK

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr 2nd Floor
700 N. Tryon Street
Charlotte, NC 28202

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

(OFFICE USE ONLY)
FILE: 7754A
TC: 139-223.20
SERIAL: № 0020001
☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 8913 (STREET NO.) Gosnell Dr. (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Robert (FIRST) Wilson (MIDDLE) Miller (LAST)
⑨ MAILING ADDRESS: [redacted]3206 Meadowood Dr
⑩ CITY: Monroe ⑪ STATE: NC. ⑫ ZIP: 28110
⑬ PHONE: (WORK) 537-3371 ⑭ (HOME) 283-8369

REQUEST

This request is for a(n):

⑮ ☑ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home
㉒ Number of bedrooms? [redacted]3
㉓ Maximum occupancy? 4
㉔ Basement? ☐ yes ☑ no

NEEDS TO GO TO LOTUS FIRST

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☑ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, 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: Robert W. Miller
Date: 11/18/91

IT

The undersigned, MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that it 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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 60 months from the date of issuance.

Environmentalist — 11-26-91 Date

Director or Authorized Section Head — 11-26-91 Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

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

DATE 11-21-91

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 139-223-20

ASSIGNED ADDRESS 8913 Gosnell Dr

EXISTING ADDRESS lot 22

PROJECT NAME NA

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

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

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

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

REMARKS: Septic Tank

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

SIGNED: _____

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100

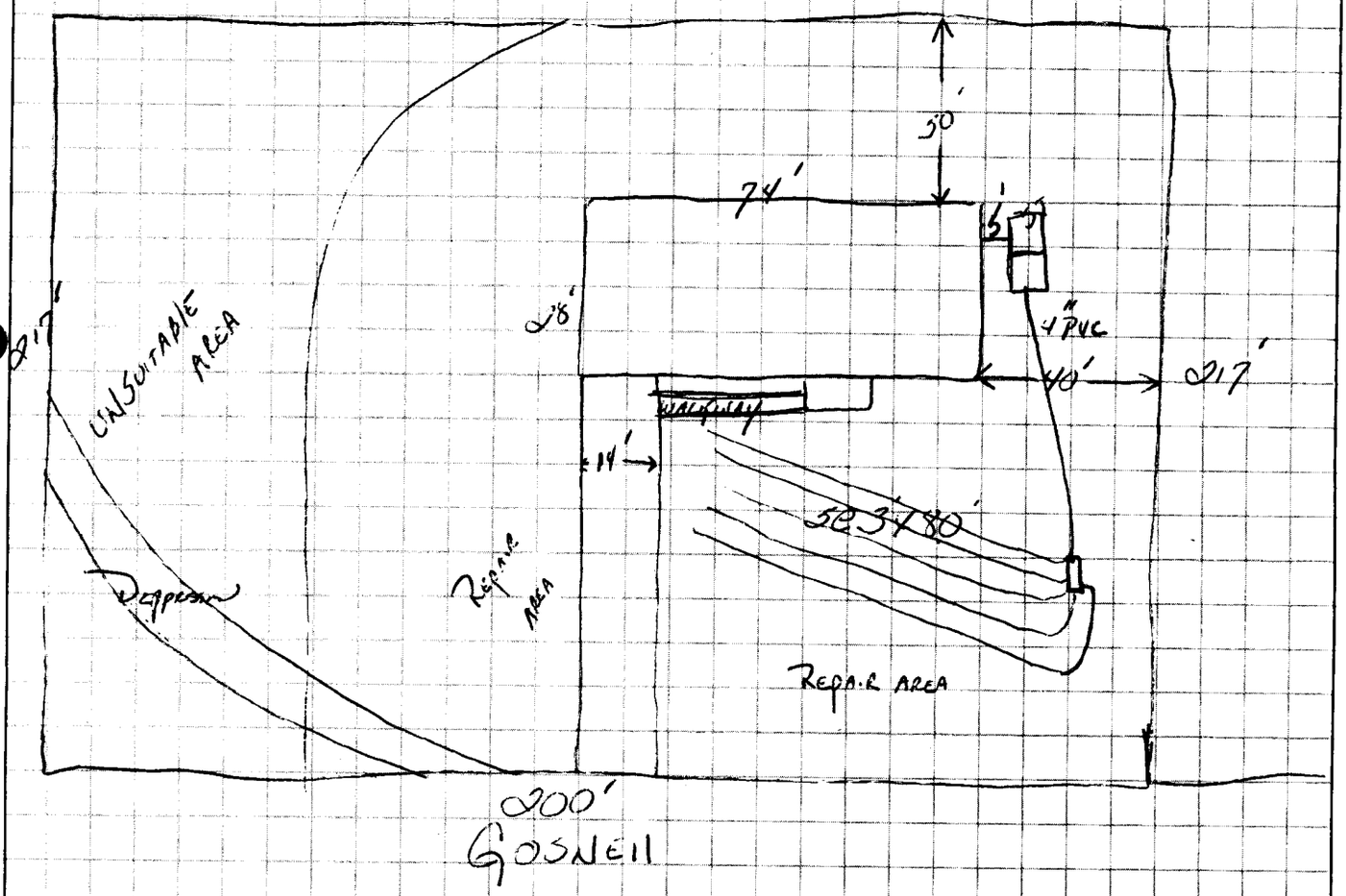
PROPOSED PLOT PLAN

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

FILE: 7754A

TC: 139-223-20

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.



INSTALL 1500' ST, CONC. GRAVITY FED
5 TRENCHES ON 9' CENTERS 3'x80'. KEEP
SYS 5' FROM FOUNDATIONS, 10' FROM ALL PROP.
LINES & 30' FROM WELL SITE.

RM 11/26/91

APPROVAL DATE WPD-C 11-26-91

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19769

File: 7754A

Action 1

Parcel: 137-223-20

☑ PC

Location: Gosnell Dr.

Subdivision: Mini Estates

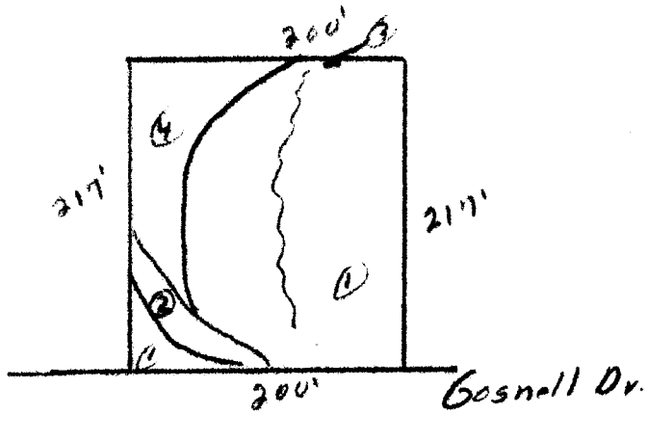
Lot: 21, 22 Block: A Acres: .9

Owner: Charles Vance Johnson
Address: 3018 Eastpoint Cir HC
Memphis, Tenn. 38115

Comments: _____

Described by: William R. Marlin

Date: 9-16-91



***** 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 2-8%	S PS (U) Depression	S PS (U) Old Terrace	(S) PS U 2-8%	S PS U	S PS U
Texture	S (PS) U clay	S PS U —	S PS U —	S (PS) U clay	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U —	S (PS) U Blocky	S PS U	S PS U
Drainage	S (PS) U >40" Water	S PS U	S PS U —	S (PS) U 30" To Water	S PS U	S PS U
Depth	S (PS) U >40"	S PS U —	S PS U —	S PS (U) 22-26"	S PS U	S PS U
Restrictive Horizons	S (PS) U >40"	S PS U —	S PS U —	S (PS) U >30"	S PS U	S PS U
Available Space	S (PS) U	S PS U —	S PS U	S PS (U) Restrict-ive	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	Granville-L. Ho	Depression	Old Terrace	Tatum-L. Ho		
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

$50.00 Receipt # 39275 CK # 0182

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

(OFFICE USE ONLY)

FILE: 7754A

TC: 139-223-20

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: Gosnell Dr.

② SUBDIVISION: Mint Estates ③ LOT: ~~Blaydon~~ 21 & 22 ④ BLOCK: A

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

⑦ NAME: Charles (FIRST) VANCE (MIDDLE) JOHNSON (LAST)

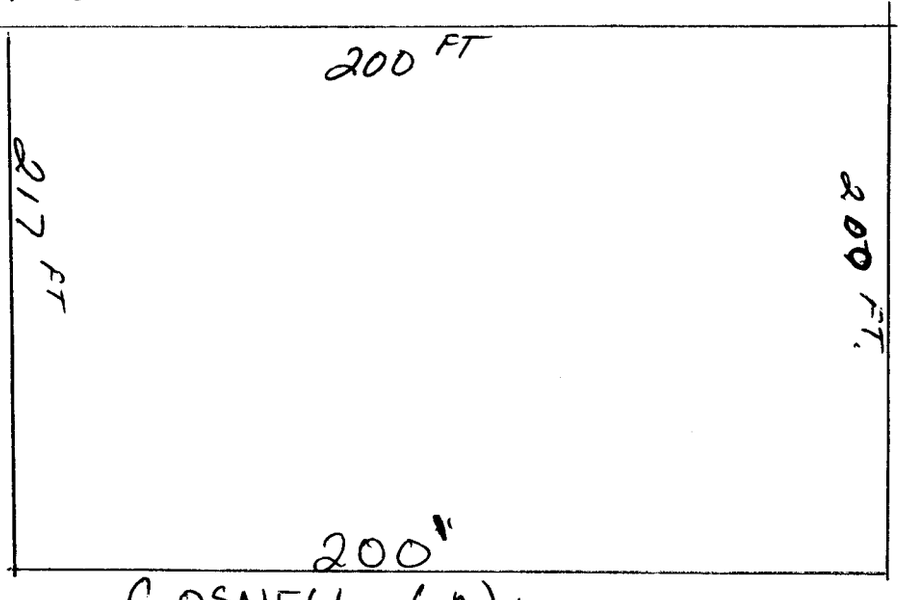
⑧ MAILING ADDRESS: 3018 East Point Cir. #6

⑨ CITY: Memphis ⑩ STATE: Tennessee ⑪ ZIP: 38115

⑫ PHONE: (WORK) 901-365-1221 (HOME) 901-365-1221

⑬ Accurately diagram and dimension lot.

Enter on Blaydon from Gosnell right on from Harris Realty Sign



⑭ The undersigned, 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: Charles W. Johnson

Date: 9-12-91

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

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

REALTOR MLS

FRAN HARRIS REALTORS

Date Aug. 21, 1991

MEMBER MULTIPLE LISTING SERVICE OF THE CHARLOTTE ASSOCIATION OF REALTORS, INCORPORATED

In consideration of your agreement to list the following property for sale and to use your efforts to find a purchaser, the undersigned seller (for indentification, hereinafter referred to as the seller, whether one or more) agrees with you, as our Listing Agent, as follows:

1. **Exclusive Right to Sell.** You shall have the exclusive right to sell the property as our Listing Agent at the price and on the terms set forth below or such other price that we may agree upon, until midnight, September 30, 19 91.

2. **Property to be Sold.** 8913 Gosnell Dr

3. **Sale Price $** 6,200

4. **Terms of Sale:** 1—Cash (X), 2—L.A. ( ), 3—Conv. ( ), 4—FHA ( ), 5—VA ( ), 6—Personal ( ), 7—Lease Purchase ( )

5. **Multiple Listing.** This listing shall be ( ), shall not be ( ) entered in the Multiple Listing Service.

6. **Cooperation with Agent.** Seller agrees to cooperate with you (or any other agent acting as your subagent) to facilitate the sale of the property. Property may be shown only by appointment made by or through you as Listing Agent. You may place a keysafe on the property - yes _____ no _____.

7. **Commission.** Seller agrees to pay you a commission if a purchaser is procured by you, the Seller, or anyone else during the exclusive listing period. Commission to be 10 % and shall be computed on the gross sales price of the property or $ NA.

8. **Later Sale to Prospect.** If, within 120 days after the expiration of the exclusive listing period the seller shall directly or indirectly sell or agree to sell the property to a party whom you (or any other agent acting as your subagent) have shown the property during this exclusive listing period, seller shall pay you the same commission to which you would have been entitled had the sale been made during the exclusive listing period, provided names of prospects are delivered or postmarked to the seller within fifteen days after expiration.

This provision shall not be applicable in the event subject property is listed for sale with any Broker for the duration of said 120 days.

9. **Title to be Conveyed.** Seller acknowledges right of ownership of the property and agrees that a deed will be executed and delivered to a purchaser conveying an indefeasible fee simple title to the property with full warranties subject only to such easements and restrictions as appear of record.

10. **Possession.** Seller agrees to give a purchaser possession of the property At Closing

11. **For Sale Signs.** You may place a "For Sale" sign on the property: Yes: _____ No: _____ Seller agrees to remove all other signs.

12. **The property which is the subject matter of this contract, and as herein before described, is offered without respect to race, color, religion, sex, handicap, familial status or national origin.**

13. **Sellers name withheld: Yes:** _____ **No:** _____

14. **Other Special Provisions** _____

Agreed to and accepted this 21 day of August, 19 91

X SELLER Charles Vance Johnson Jr. (SEAL)

SELLER _____ (SEAL)

X ADDRESS 3018 East Point Cv. #6

X Memphis, TN ZIP CODE 38115

SELLER HOME PHONE 901-365-1221 OFFICE 901-726-7461

LISTING AGENT FIRM Fran Harris Realtors

FIRM REPRESENTATIVE _____ (SEAL)

COMPANY COMPUTER NUMBER ///

MLS NUMBER

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L.A.'S COPY

Mecklenburg County
Health Department

September 18th, 1991

Charles Vance Johnson
3018 East Point Circle #6
Memphis, Tn 38115

RE: Property located at Mint Estates
FILE: 7754A
PARCEL: 139-223-20

Dear Sir:

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 19769) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, 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. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If there are any questions concerning this matter, do not hesitate to contact me.

Sincerely,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19769

File: 7754A Action 1

Parcel: 139-223-20 ☐PC

Location: Gosnell Dr.

Subdivision: Mint Estates

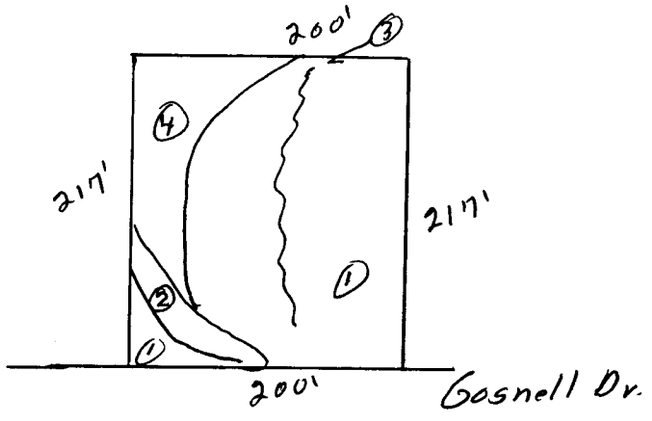
Lot: 21, 22 Block: A Acres: .9

Owner: Charles Vance Johnson
Address: 3018 Eastpoint Cir HC
Memphis, Tenn. 38115

Comments: _____

Described by: William R. Marlin

Date: 9-16-91



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Texture	S (PS) U Clay	S PS U —	S PS U —	S (PS) U clay	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U —	S (PS) U Blocky	S PS U	S PS U
Drainage	S (PS) U 7 40" To Water	S PS U —	S PS U —	S (PS) U 736" To Water	S PS U	S PS U
Depth	S (PS) U 7 40"	S PS U —	S PS U —	S PS (U) 22-26"	S PS U	S PS U
Restrictive Horizons	S (PS) U 7 40"	S PS U —	S PS U —	S (PS) U 736"	S PS U	S PS U
Available Space	S (PS) U	S PS U —	S PS U	S PS (U) Restricted	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	Georgeville-L.-Ho	Depression	Old Terrace	Tatum-L.-Ho		
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U