

5540 ROCKY RIVER RD

10529107

1/2/2008

duponbj

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

Pd $150.00 ck #975 10/27/93 W 10400

3007B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd #150 8/15/94 ck #2601 X CRT

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

(704)336-5102

PERSON FILING APPLICATION:
NAME: Cochran (last) Samuel (first) G (mi) 3339244
ADDRESS: 5900 Rocky River Rd PHONE: 704 5987941 5742548
CITY: Chrlt STATE: NC ZIPCODE: 28215

Date: 8-15-94

PROPERTY OWNER:
NAME: Cochran (last) Junius (first) G (mi)
ADDRESS: 5940 Rocky River Rd PHONE: 704 5962896
CITY: Chrlt STATE: NC ZIPCODE: 28215

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 105-291-04 P0
STREET ADDRESS: Rocky River Road 5340 #5340 Charlotte NC 28215
ZONING: R-15

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

SUBDIVISION OR MOBILE HOME PARK NAME: NA

LOT NUMBER: LOT SIZE (in acres): 4 acres

TYPE APPLICATION (check one):

[ ] 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)
[ ] 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: Samuel G Cochran Date: 8-15-94

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.

... Three bedroom design. No plumbing in basement.

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

Susan Yokum 11-28-94
Environmentalist Date

J Newell for S David 12-1-94
Director or Authorized Section Head Date

WWATER : 122791

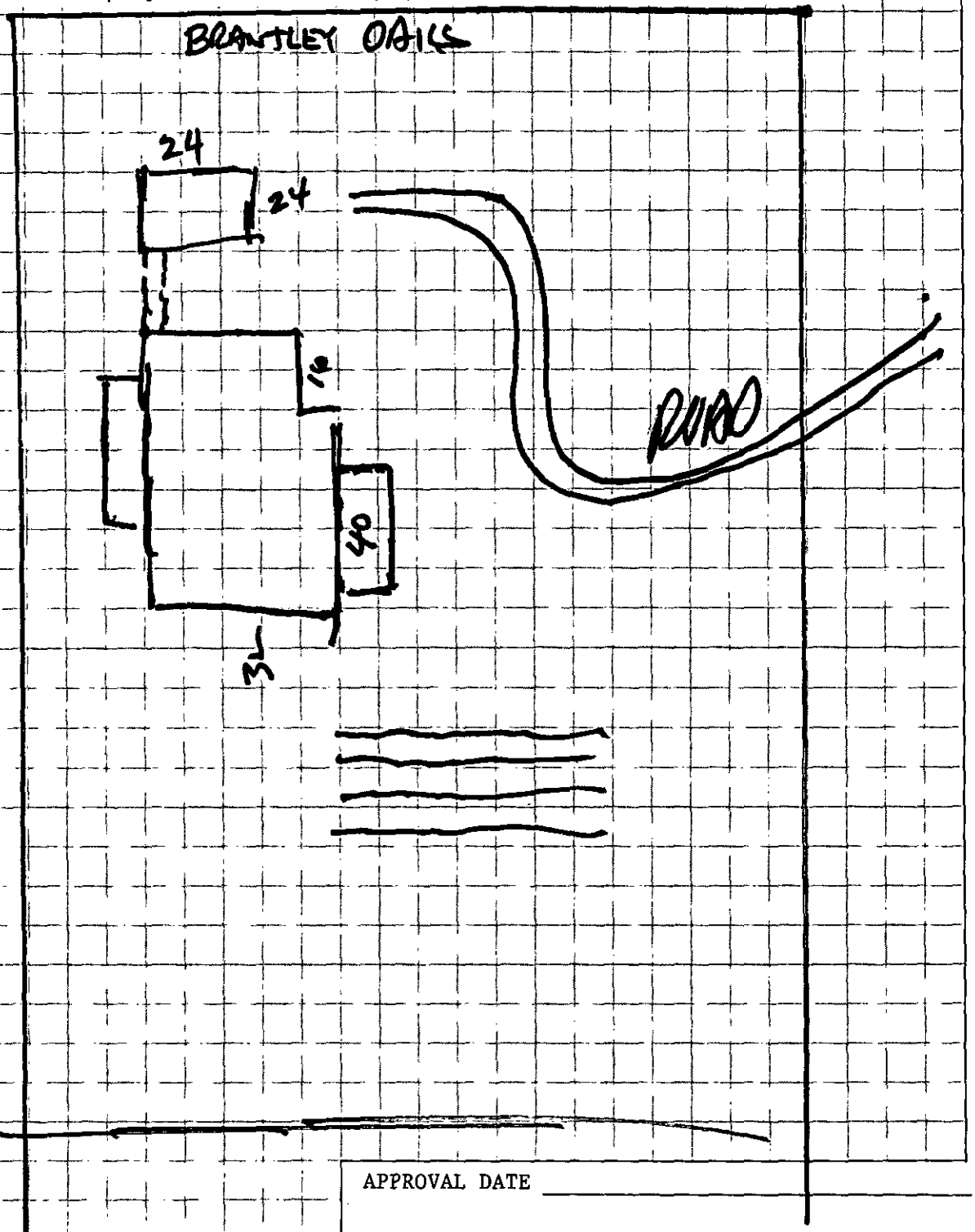
PROPOSED PLOT PLAN

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

FILE: 3007B

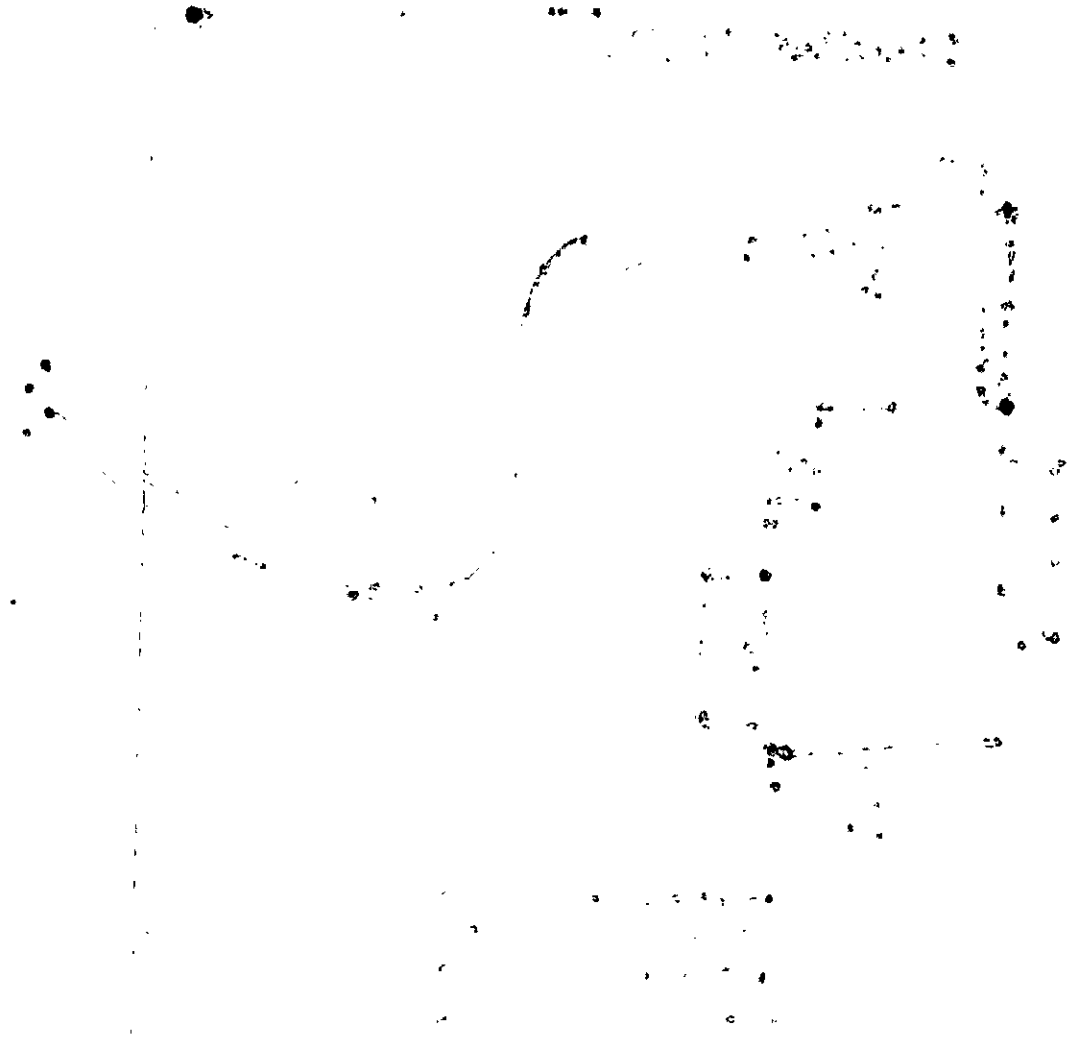
TC: 105-291-04AA

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



CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3007D DATE: 7/13/95

TC: 105 29/04 PO ☐ L ☒ CRT

SERIAL № 16301

Name of Owner Samuel Cochran Juris.: _____

Address of Property 5540 Rocky River Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 12" - 16"

Water Supply Source well

Distance to Water Source 100'+

Excavation Inspected 7/13/95

Tank(s) Inspected 7/13/95

Wash Line Inspected -

High Water Alarm Inspected -

PLOT

Design 1995, 1500 ST, CON, 1200 SFT, 12" stone ceil CTR# Howell Grading

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 I5A 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 I5A 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 Repair

Phil 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

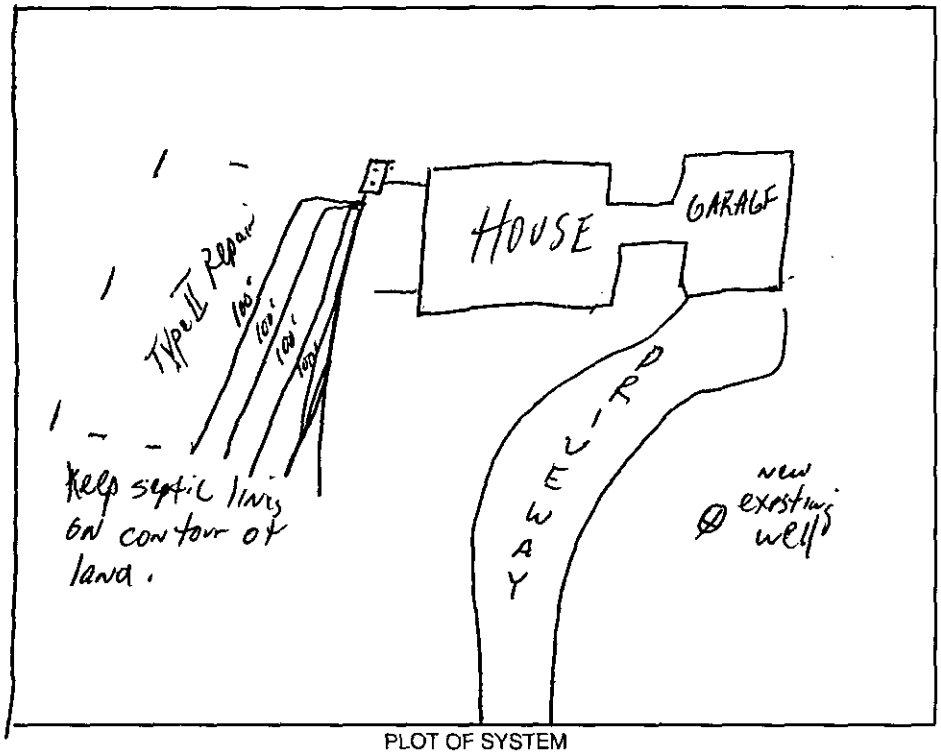
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3007 B DATE: 6/12/95

TC: 105 291 04 90 ☐ L

SERIAL Nº 16435

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 11/28/94. All work shall be completed on or before 7/12/95, 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 – gallons

Tank Construction PCC

Trench Depth 2'

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous –

Total Line Length 400' feet

Number of Lines 4/3 (100')

Depth of Stone 12 inches

Distance from House 15 feet

Distance from Property Line 10' feet

Distance from Well 100' feet
50' min.

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

NAME OF OWNER Samuel Cochran

LOCATION OF PROPERTY 5540 Rocky River Rd

Comments: Keep septic system >15' from foundation | 1500 ST | 4 lines x 100' long x 3' wd x 12" stone | Keep lines on Contour of land | Keep septic system >100', 50' min from new well. Plumbing altered from original layout.

J Bateman for S Daniel Program Chief 6/13/95 Phillip L. Walker R.S.

Environmental Health Specialist

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

PROPOSED PLOT PLAN

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

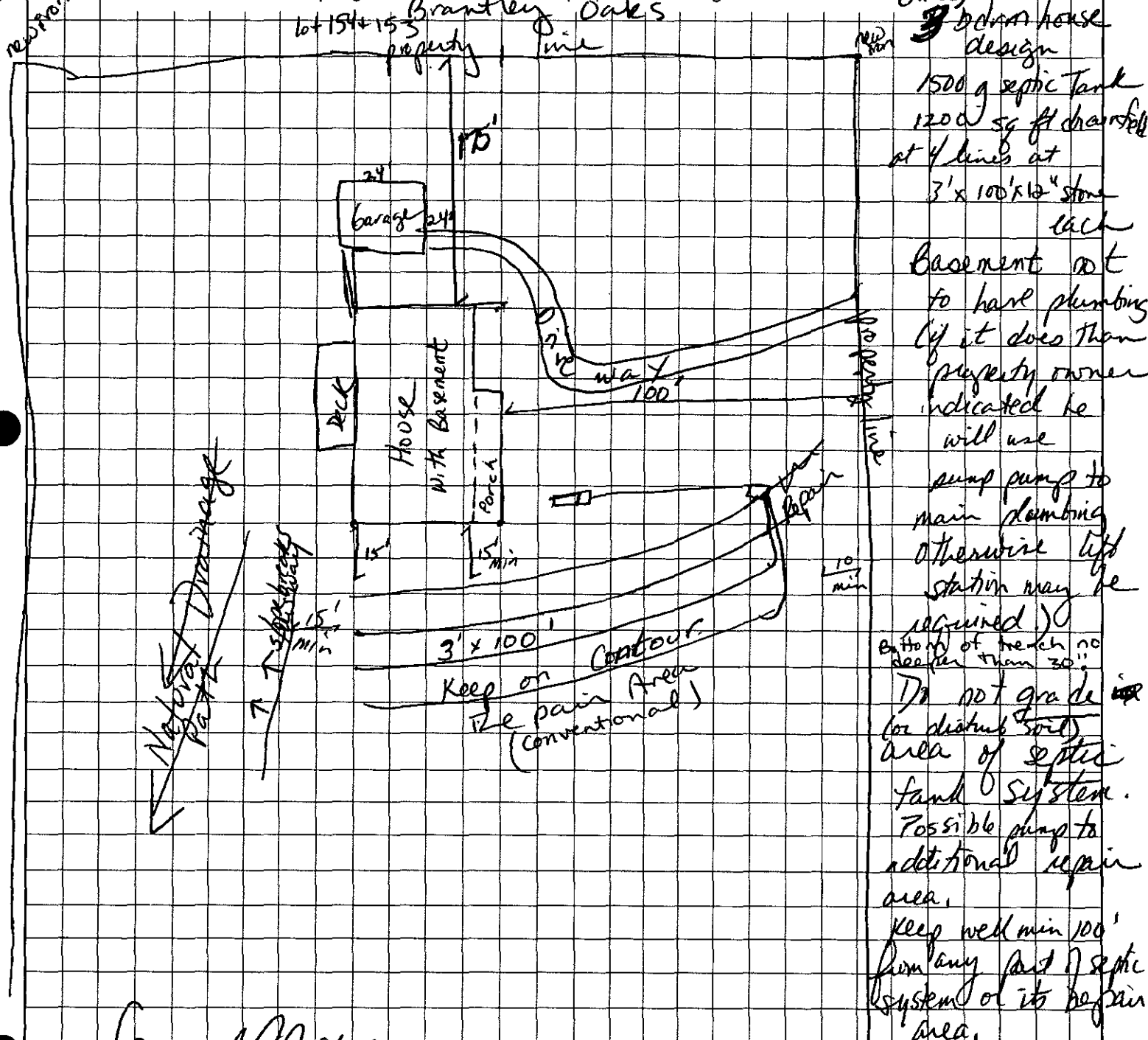
FILE: 3007 B

TC: 105-291-04 PO

Community well lot

lot 152

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.



(three) 3 bdrm house design
1500 g septic Tank
1200 sq ft drainfield
at 4 lines at
3' x 100' x 12" stone
each
Basement not to have plumbing if it does then property owner indicated he will use sump pump to main plumbing otherwise lift station may be required)
Bottom of trench no deeper than 30".
Do not grade (or disturb soil) area of septic tank system.
Possible pump to additional repair area.
Keep well min 100' from any part of septic system or its repair area.

OWNER/AGENT SIGNATURE

DATE 11-30-94

APPROVAL DATE S Bateman 11-28-94

Keep min 100' from community well on adjacent lot.

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

File 3007 B

BK: 07975 PG: 0187/0188 #:0061 10.00
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 11/18/94 11:02

Copy

Recording Time, Book and Page

Excise Tax $ 0.00

Tax Lot No. Out of 105-291-06 Parcel Identifier No.
Verified by _____ County on the _____ day of _____, 19___
by _____

Mail after recording to PHILIP L. WHITSON, ONE UNIVERSITY PL., SUITE 220, CHARLOTTE, CN 28262
This instrument was prepared by Philip L. Whitson

Brief Description for the index 4.0 ACRES ROCKY RIVER RD.

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this 11/15/94, by and between

GRANTOR	GRANTEE
JUNIUS G. COCHRAN & WIFE, MARY K. COCHRAN	SAMUEL G. COCHRAN & WIFE, KATHY N. COCHRAN 5740 ROCKY RIVER RD. CHARLOTTE, NC

Enter in appropriate block for each party: name, address, and, if appropriate, character of entity, e.g., corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in the City of , Township, MECKLENBURG County, North Carolina and more particularly described as follows:

BEGINNING at an iron pin lying 738.70 feet S 29-00-00 W from a PK nail in the centerline of Rocky River Road (said PK nail being the "Beginning Point" of that property conveyed to Arthur K. Cochran & wife, Phyllis S. Cochran and Samuel G. cochran & wife, Kathy N. Cochran by deed dated August 18, 1994 and recorded in the Mecklenburg County Register of Deeds in Book 7883, page 837); thence N 61-00-00 E for 624.07 feet to an iron pin (said pin lying in the middle of a 68' wide Duke Power right of way); thence (along said Duke Power right of way) S 20-53-20 E for 291.64 feet to an iron pin; thence S 61-00-00 W for 582.92 feet; thence N 29-00-00 W for 288.72 feet to the point and place of Beginning. Thus, enclosing 4.00 acres, more or less as shown on survey dated August 5, 1994.

This parcel is a portion of the property received by Grantor as heir of S.E. Cochran (who received the property by Deed dated March 29, 1911 and recorded in Book 561, page 310 of the Mecklenburg County, North Carolina Public Registry).

N.C. Bar Assoc. Form No. 3 © 1977
Printed by Agreement with the N.C. Bar Assoc. #003

The property hereinabove described was acquired by Grantor by instrument recorded in Book , Page .

A map showing the above described property is recorded in Plat Book , Page .

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever except for the exceptions hereinafter stated.

Title to the property hereinabove described is subject to the following exceptions:

NO TITLE OPINION RENDERED

IN WITNESS WHEREOF, the Grantor has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, the day and year first above written.

_____ (Corporate Name)

By: _____

_____ President

ATTEST:

_____

_____ Secretary (Corporate Seal)

Junius G. Cochran (SEAL)
Junius G. Cochran

Mary K. Cochran (SEAL)
Mary K. Cochran

_____ (SEAL)

_____ (SEAL)

SEAL-STAMP NORTH CAROLINA, MECKLENBURG County.
I, a Notary Public of the County and State aforesaid, certify that **JUNIUS G. COCHRAN & WIFE, MARY K. COCHRAN** Grantor, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 15 day of November, 1998.

My commission expires: 12/19/1998

Shirley L. Despeaux Notary Public

SEAL-STAMP NORTH CAROLINA, MECKLENBURG County.
I, a Notary Public of the County and State aforesaid, certify that , personally came before me this day and acknowledged that he/she is _____ Secretary of , a North Carolina corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal and attested by him/her as its _____ Secretary. Witness my hand and official stamp or seal, this _____ day of _____, 19____.

My commission expires: 12/19/1998

_____ Notary Public

The foregoing Certificate(s) of _____

_____

is/are certified to be correct. This instrument and this certificate are duly registered at the date and in the Book and Page shown on the first page hereof.

_____ REGISTER OF DEEDS FOR _____ COUNTY

By _____ Deputy/Assistant-Register of Deeds.

N.C. Bar Assoc. Form No. 3 © 1977
Printed by Agreement with the N.C. Bar Assoc. #003

THIS IS TO CERTIFY THAT ON THE 5TH DAY OF AUGUST, 1994, I SURVEYED THE PROPERTY SHOWN ON THIS PLAT AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE SHOWN HEREON. I FURTHER CERTIFY THAT THIS PROPERTY IS NOT LOCATED WITHIN THE LIMITS OF ANY SPECIAL HAZARD AREA.

SIGNED David J Dills 8/5/94

DAVID J. DILLS N.C.R.L.S. L-2503

NORTH CAROLINA REGISTERED SEAL L-2503 LAND SURVEYOR DAVID J. DILLS

REF: DB 5338 PG 612

JUNIUS G. COCHRAN
DB 561 PG 310

68' DUKE POWER R\W

IRON SET

S 20°53'20"E
291.64'

IRON SET

JUNIUS G. COCHRAN
DB 561 PG 310

N 61°00'00"E 624.07'

4.000 ACRES

S 61°00'00"W 582.92'

JUNIUS G. COCHRAN
DB 561 PG 310

ROCKY RIVER RD

PLAZA ROAD EXT.

BELLINGHAM LANE

SITE

VICINITY MAP

NO SCALE

N 29°00'00"W 738.70'
TO A PK NAIL IN CL
OF ROCKY RIVER RD.

IRON SET

N 29°00'00"W
288.72'

IRON SET

IRON FOUND

N 29°00'00" W
169.23'

LOT 155

LOT 154

LOT 153

LOT 152

BRANTLEY OAKS SUBDIVISION
MB 24 PG 349

THIS PLAT IS NOT SUBJECT TO THE PROVISIONS OF THE CITY OF CHARLOTTE OR MECKLENBURG COUNTY SUBDIVISION ORDINANCES AND DOES NOT REQUIRE THE APPROVAL OF THE CHARLOTTE-MECKLENBURG PLANNING COMMISSION. HOWEVER, ANY FURTHER SUBDIVISION OF THIS PROPERTY MAY BE SUBJECT TO THESE PROVISIONS.

CHARLOTTE-MECKLENBURG PLANNING COMMISSION

PLANNING COMMISSION STAFF — DATE 08/10/94

15'0 easement Required

DISK #17 COCHRAN2

As per exception #1 Bona fide gift

NOTE: U.G. UTILITIES IN AREA SERVING OTHER PROPERTIES
NOTE: IPF - IRON PIN FOUND
IPS - IRON PIN SET
BC - BACK OF CURB
CM - CONCRETE MONUMENT

SCALE - 1" - 100'

0 50 100 150 200

BOUNDARY SURVEY

4.000 ACRE TRACT LOCATED OFF ROCKY RIVER RD.
(A PORTION OF THE JUNIUS G. COCHRAN PROPERTY)
CRAB ORCHARD TWSP. MECKLENBURG COUNTY, NC
PROPERTY OF SAMUEL G. AND KATHY N. COCHRAN

FIELD ERROR OF CLOSURE
EXCEEDS 1:10,000

BDS SURVEYING AND MAPPING
4400-M MORRIS PARK DRIVE
CHARLOTTE, N.C. 28227
PHONE: (704) 573-0440

Mecklenburg County
Health Department

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

March 30, 1994

Junius G. Cochran
5940 Rocky River Road
Charlotte, NC 28215

RE: Property located on Rocky River Road
FILE: 3007B/9278A
PARCEL: 105-291-04PO

Dear Mr. Cochran:

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 20250) 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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20250

File: 3007 B/9378A Action 1

Parcel: PO 105-291-04 ☐ PC

Location: Rocky River Road

Subdivision:

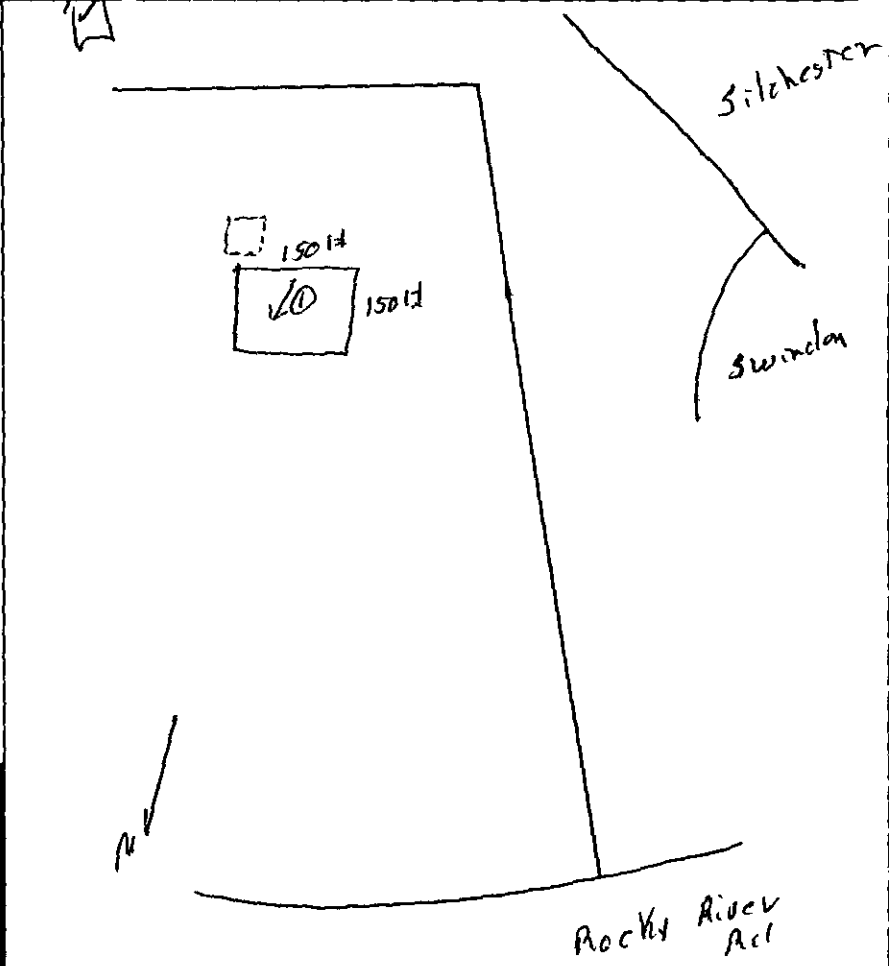
Lot: Block: Acres: .5

Owner: Jennie D. Cochran
Address: 5940 Rocky River Road
Charlotte, N.C. 28215

Comments: 100% Repair
area investigation marked by
pink flags

Described by: William A. Medlin

Date: 3-28-94



***** 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 6-15%	S PS U	S PS U	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 >40" 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 40"	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	IV Cecil/Hille					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

514-2548

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$50.00 3/3/94 CK# 1304 [ ] CRT

300781931 08A

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: Cochran (last) Sam (first) G (mi) WORK 333924
ADDRESS: 5900 Rocky River Rd PHONE: 704 5987941
CITY: Charlotte STATE: NC ZIPCODE: 28215

Date: MARCH 3 1994

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 105-291-04-P0
STREET ADDRESS: Rocky River Road Charlotte NC 28215
ZONING: R-15000

PROPERTY OWNER:
NAME: Cochran (last) Junius (first) G (mi)
ADDRESS: 5940 Rocky River Rd PHONE: 704 5962896
CITY: Charlotte STATE: NC ZIPCODE: 28215

SUBDIVISION OR MOBILE HOME PARK NAME: None

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

LOT NUMBER: LOT SIZE (in acres): 1+ acre

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)
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[ ] 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)
[ ] 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: Junius G Cochran Date: 3-3-94

NOTICE:

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...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

WWATER : 122791

PROPOSED PLOT PLAN

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

FILE: 3001819378A

TC: _____

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.

105-29-04

DUKE POWER ROW

BRANTLEY OAKS

HOUSE

APPROVAL DATE _____

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

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

DATE: 8/15/94

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Unk

PARCEL NUMBER 105-291-04 pd

ASSIGNED ADDRESS 5540 Rocky River Rd

EXISTING ADDRESS _____

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 DRIVEWAYS.

SIGNED: _____

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$50.00 3/3/94 CK# 1504 [ ] CRT

3007B93118A

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

(704)336-5102

PERSON FILING APPLICATION:

NAME: Cochran (last) Sam (first) G (mi) WORK 3339244

ADDRESS: 5900 Rocky River Rd PHONE: 704 5987941

CITY: Charlotte STATE: NC ZIPCODE: 28215

Date: MARCH 3 1994

PROPERTY OWNER:

NAME: Cochran (last) Junius (first) G (mi)

ADDRESS: 5940 Rocky River Rd PHONE: 704 5962896

CITY: Charlotte STATE: NC ZIPCODE: 28215

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 105-291-04-P0

STREET ADDRESS: Rocky River Road Charlotte NC 28215

ZONING: R-15000

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

SUBDIVISION OR MOBILE HOME PARK NAME: NONE

LOT NUMBER: LOT SIZE (in acres): 1+ acre

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)
[ ] 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: Junius G Cochran Date: 3-3-94

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

...

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

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

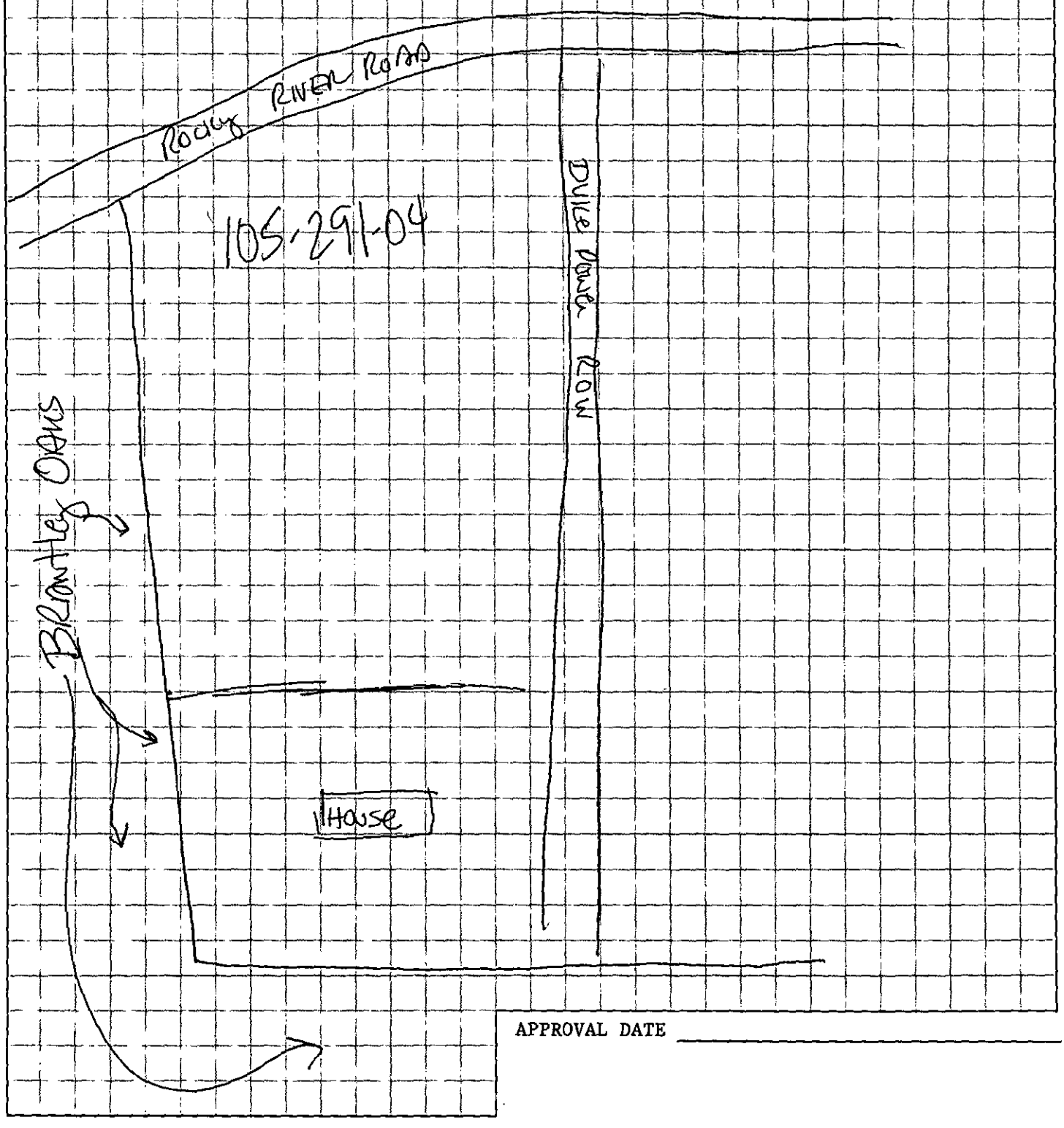
PROPOSED PLOT PLAN

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

FILE: 3001B | 9378A

TC: _____

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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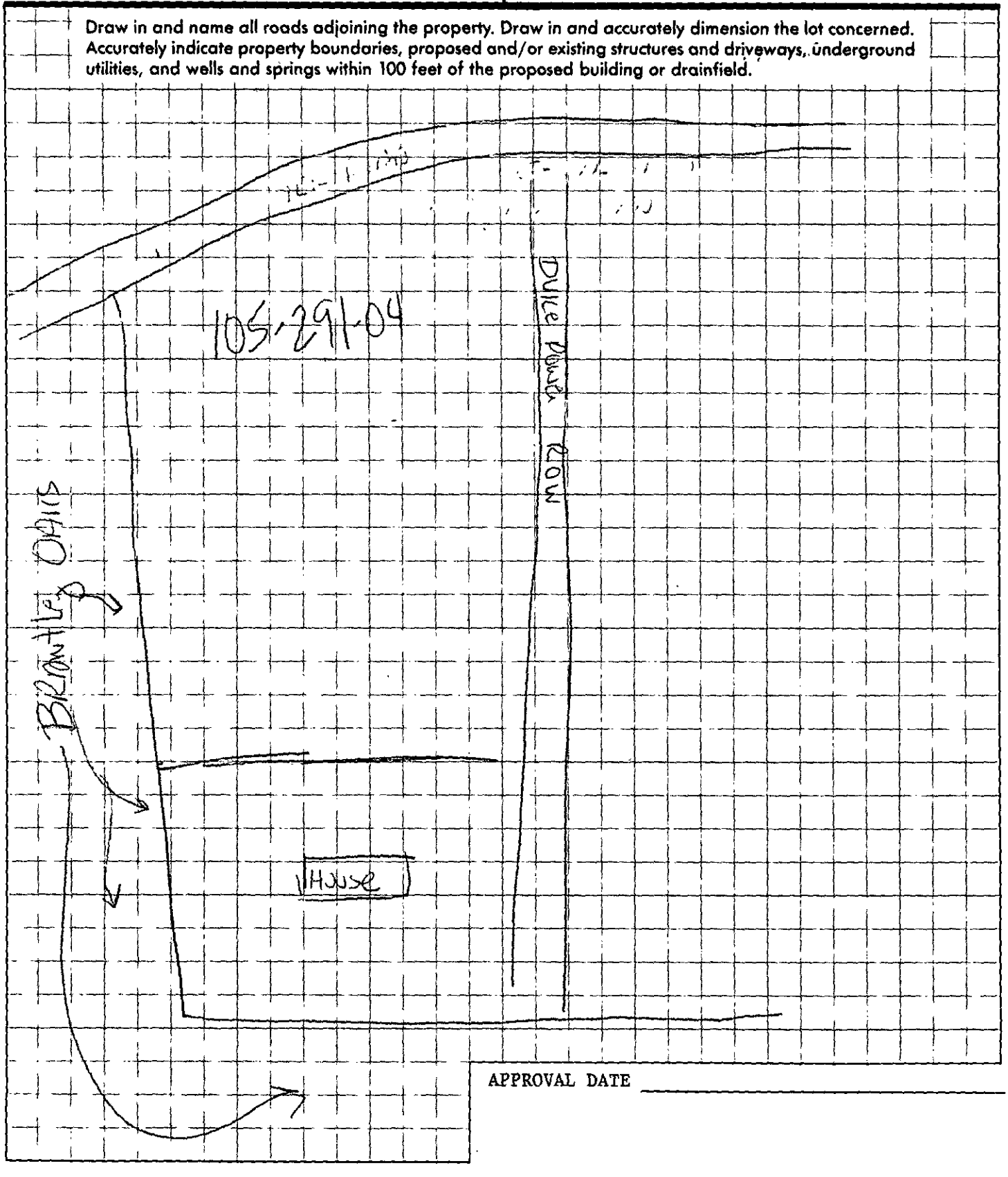
PROPOSED PLOT PLAN

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

FILE: Soil Eval

TC: _____

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.



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