

15210 CABARRUS RD

13931319

12/26/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

FEE: 100.00
DATE: 3/21/07
CRT # 1542

HD 2087

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 01/05

PT 22429

FILE #: 1640B

TYPE APPLCATION:

- ☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
- ☑ ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
- ☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- ☐ COMMERCIAL OR INDUSTRIAL (N)

PERSON FILING APPLICATION:

NAME: Kenneth R Dulin
ADDRESS: 15210 Cabarrus Rd
CITY: Charlotte
STATE: NC ZIP: 28227
PHONE: 704-650-8801
ALTERNATE PHONE: 704-545-2137

PROPERTY OWNER:

NAME: Kenneth R Dulin
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:

JOB LOCATION INFORMATION

TAX/PARCEL #: 13931319
STREET ADDRESS: 15210 Cabarrus Rd
CITY:
STATE: NC ZIP: 28227
SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 4 1997 prev 139-281-14 part 139-281-02

TOWNSHIP:

- ☒ 0-MECKLENBURG
- ☐ 1-CHARLOTTE
- ☐ 2-DAVIDSON
- ☐ 3-CORNELIUS
- ☐ 4-PINEVILLE
- ☐ 5-MATTHEWS
- ☐ 6-HUNTERSVILLE
- ☐ 7-MINT HILL

WATER SUPPLY:

☐ MUNICIPAL (M) ☐ COMMUNITY (C) ☒ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:

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

NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:

TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:

INDUSTRIAL WASTES? ☐ YES ☐ NO
UNDERGROUND STORAGE TANKS? ☐ YES ☐ NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:

☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☐ OTHER

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:

☒ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Kenneth R Dulin — Owner's/Agent's Signature
3-21-07 — Date

"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 y this Department.
- This permit is not transferable.

☐ ADDITION / RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE

O.K. TO USE EXISTING SYSTEM FOR GARAGE ADDITION. 725' FROM WELL.

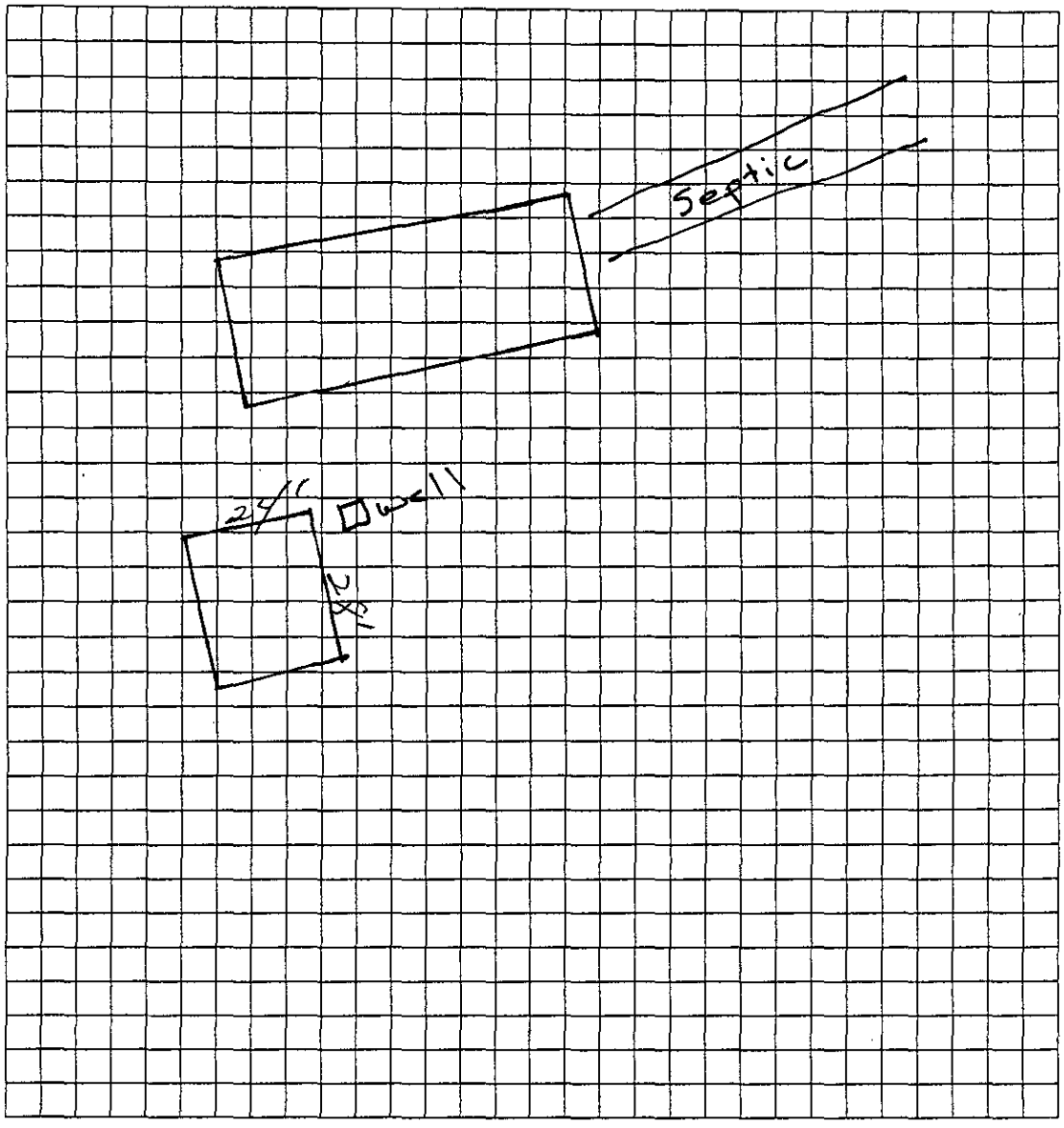
EHS Signature — 3/23/07 Date

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File #_____
Date_____

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature	[signature]
Date	3-21-07

LBC 12/15/04

Pd 100.00 Ck # 2160 3/19/98 SC

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 1640B DATE: 1/30/98

TC: 139 2814 ☐ L ☒ CRT

SERIAL Nº 17385

Name of Owner Kenneth Ray Dulin Juris.: _____

Address of Property 15210 Cabarrus 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 1/30/98

Tank(s) Inspected 1/30/98

Wash Line Inspected plumb to tank

High Water Alarm Inspected NA

PLOT

Design 1998, 1500ST, CON, 1200SFT, 12"stone cecil CTR# WT Norwood

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 A. 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

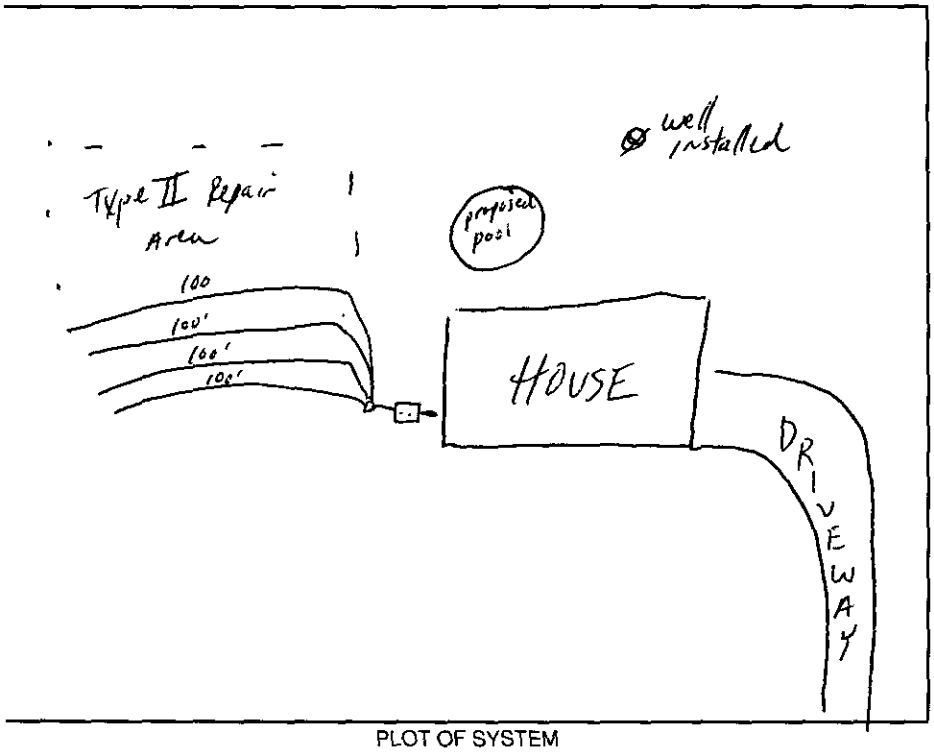
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1640B DATE: 12/4/97

TC: 139 281 14 ☐ L

SERIAL No 17326

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 12/12/96. All work shall be completed on or before 1/4/98, 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 3' 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 Kenneth Ray Dulin

LOCATION OF PROPERTY 15210 Cabarrus Rd

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

Philo A. Walker R.S.
Environmental Health Specialist

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

CR# 1329 Ed

W400 RCRT

FEE: 100. **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 8/1997 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 12/12/96

PERMIT NO: 1640B
PARCEL NO: 139 281 14

JOB LOCATION ADDRESS: 15210 Cabarrus Rd
PROPERTY OWNER: Mable Matthews & Rax Rollin (Prospective buyer) (LOT #4)
BUILDING CONTRACTOR: -
SUBDIVISION NAME: -
AUTHORIZATION ISSUED BY: Phillip L. Walker R.S. **DATE:** 12/12/96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1640B, 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.

Kenneth Ray Deese — 12/12/96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE — DATE

Permit Number: 1640B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 139 281 14

- 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	N/A 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.

Phillip S. Walker R.S. 12/12/96
DEHNR Authorized Agent Date

X Kenneth Rayfield 12/12/96
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

IWWS:100195

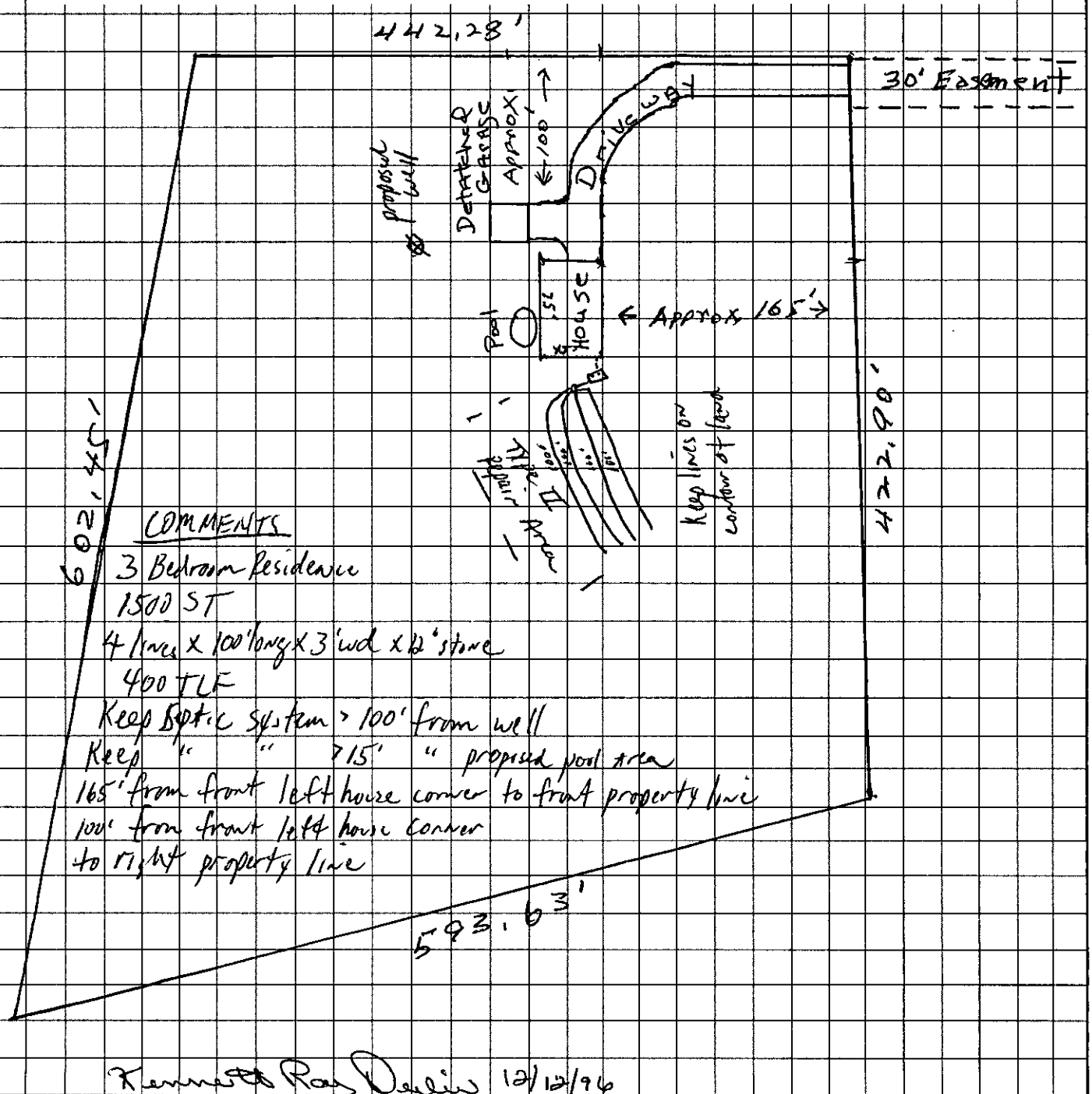
PROPOSED PLOT PLAN

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

FILE: 1640B

TC: 139-281-14

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



COMMENTS

3 Bedroom Residence
1500 ST
4 lines x 100' long x 3' wd x 12" stone
400 TLF
Keep Septic system > 100' from well
Keep " " 715' " proposed pool area
165' from front left house corner to front property line
100' from front left house corner to right property line

Kenneth Ray Davis 12/12/96

Charles B Stokes, agent
OWNER/AGENT SIGNATURE

DATE 11-5-96

APPROVAL DATE DSW 12/12/96

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

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

#1

Sheet
PROPERTY ID #: 1640B
COUNTY: 139-261-14

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

D. Miller

OWNER: Mabel Matthews, J. Harper
ADDRESS: PO Box 1404, Hurst, Texas
PROPOSED FACILITY: residence
LOCATION OF SITE: 15201 Calarrier Rd
APPLICANT:
APPLICATION DATE:
PROPOSED DESIGN FLOW (.1949): 360gpd
DATE EVALUATED:
PROPERTY SIZE: .41 acre
PROPERTY RECORDED:

WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	Slope-S B-157		SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				
	1940 LAND-SCAPE POSITION/ SLOPE %	HORI-ZON DEPTH (IN.)	.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ.	PROFILE CLASS & LTA
1	LS	0-4"	gr/scl	Fr/SEXP/SS/SP	>45" to chroma 2	45"	N/A	None	PS IV .3gpd/ft²
		4-30"	sBK/c	Fr-Fi/SEXP/SS/P					
		30-45"	sBK/scl	Fr/SEXP/SS/SP					
						N/A mw			
2	LS	0-5"	gr/scl	Fr/SEXP/SS/SP	>43" to chroma 2	43"	N/A	None	PS IV .3gpd/ft²
		5-36"	sBK/c	Fr-Fi/SEXP/SP					
		36-43"	sBK/scl	Fr/SEXP/SS/SP					
3	LS	0-4"	gr/scl	Fr/SEXP/SS/SP	>43" to chroma 2	43"	N/A	None	PS IV .3gpd/ft²
		4-24"	sBK/c	Fr-Fi/SEXP/SP					
		24-43"	sBK/scl	Fr/SEXP/SS/SP					
4	LS	0-5"	gr/scl	Fr/SEXP/SS/SP	>48" to chroma 2	48"	N/A	None	PS IV .3gpd/ft²
		5-48"	sBK/c	Fr-Fi/SEXP/SP					

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: W.R. Marlin 12-11-96

COMMENTS: 100% Repair

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)			MOIST	WET
(Ridge)		SCL (Sandy Clay Loam)				
(Shoulder Slope)		SUC (Silt Loam Clay)			VFR (Very Friable)	NS (Non-sticky)
(Terrace)					FR (Friable)	SS (Slightly Sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FI (Firm)	S (Sticky)
		SIC (Silty Clay)			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)

OILS

ORIZON DEPTH In inches below natural soil surface

PTH OF FILL In inches from land surface

UNSTRUCTIVE HORIZON Thickness and depth from land surface

PROLITE S(suitable) or U(unsuitable)

IL 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

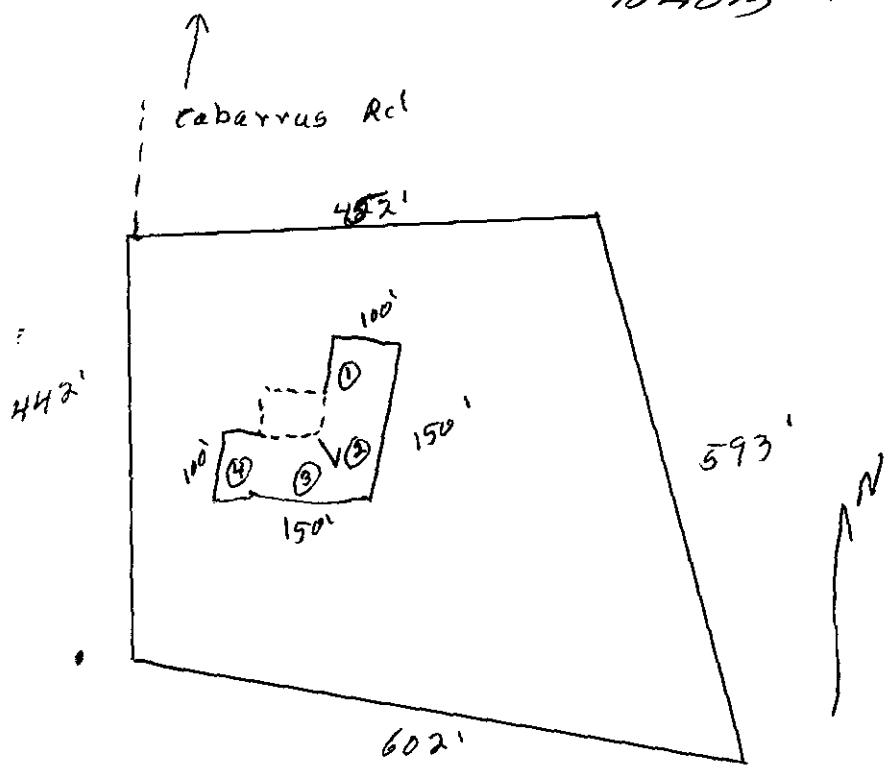
LASSIFICATION S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

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).

16403



FEE: 100.00 DATE: 11-5-96 CK # 814

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

1 1 CRT

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

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

FILE #: 1640B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 13928114 ~~001~~

STREET ADDRESS: 15210 Cabarrus Rd.

SUBDIVISION OR MOBILE HOME PARK NAME: Mabel S. Mullis Matthews and Lorene D. Mullis Hargett Subd.

LOT NUMBER: 4 (6.03 acres)

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2,000

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

CLOSING DATE Dec 16, 1996 on or before contingent upon soil eval. results

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT __ WITH BASEMENT /PLUMBING
__ ON SLAB
X CRAWL SPACE __ 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 X NO TYPE: _____

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

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

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

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: (LAST) Matthews, Mable S D. Mullis Hargett, (FIRST) Lorene (MI)	NAME: (LAST) Stokes, (FIRST) Charles (MI) B.
ADDRESS: P.O. Box 1404	DAYTIME PHONE: 704 536-8330
CITY: Hurst STATE: Texas ZIP: 76053	
DAYTIME PHONE: 817-268-5189	Recorded as Subdivision of 4 tracts

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? ~~Sept 1994~~ June 1994

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: 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

VISUAL REALTY
"You Can See The Difference"

16 H OB
4953 Albemarle Rd. Charlotte, NC 28205

Phone (704)536-8330 Fax (704)536-1647

Soil tests were made on this property late 1993 or early 1994.

Before the 14 acres was surveyed and recorded as 4 seperate tracts.

Refer to-

File # 2094B/9265A

Serial # 20153

and

File # 2095B/9266A

Serial # 20152

Thanks
Charles Stokes

TELEPHONE: 268-5189

Mabel S. Matthews

P. O. BOX 1404

HURST, TEXAS 76053

1640B

October 29, 1996

Mr. Charles Stokes
4953 Albemarle Rd.
Charlotte, N. C. 28205

Dear Charles,

Enclosed is a check for $100 to be used to have a perc test run on the 6-acre tract, Parcel 139218114.

Back when the County did the perc tests, there was only one Parcel - 14.2 acres known as Parcel 139 281 02PO. They made two reports on these tests, all of which took place in the 5 and 6 acre areas. The front tract already had a septic system and Lorene's tract was already approved in the other subdivision setup next door. I understand it must all be done again when a building is considered to be built. The surveyor platted the land with the knowledge of how the two tracts in the back would perc. The 6 acres can have two houses.

Lorene didn't sign her name properly on the contract. She left the name "Mullis" out of her signature, and she did not initial it right either. We must correct these on the original before going to closing (as soon as you can) to make make the contract legal. She did sign the Addencum right. Please give the purchaser a corrected copy as soon as possible. It is little things like this that COULD invalidate a contract if someone really wanted to get out of a contract.

I appreciate the fact that you have this going and hopefully we can finish it. I haven't received the Contract on the front lot yet. Maybe it will come in the mail today.

Sincerely,

Mabel S. Matthews

Mabel S. Matthews

Enc.

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