

12900 MOORES CHAPEL RD

05324111

1/4/2008

duponbj

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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

4/17B

PERSON FILING APPLICATION:

NAME: Millenaar (last) John (first) (DELTA QUAD) (mi)

ADDRESS: 3125 Eastway Dr. Suite 103 PHONE: (704) 567-5555

CITY: Charlotte STATE: NC ZIPCODE: 28205

Date: 6/26/00

PROPERTY OWNER:

NAME: Potts (last) Tammy (first) (mi)

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 053-241-11

STREET ADDRESS: 12900 Moores Chapel Rd. ADDRESS: 107 Dana Mitchell Cr. PHONE: (704) 334-0322

Charlotte, NC 28277 CITY: ~~Charlotte~~ Belmont STATE: NC ZIPCODE: 28012

ZONING:

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:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)

[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) DECK 20x30

RESIDENTIAL PROPERTY (Type Building, check one):

[ ] SINGLE MOBILE HOME (S) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [X] OTHER Deck (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS:

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)
[ ] 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: [signature] Date: 6/26/00

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.

... Use existing system for deck addition. (20 x 30)

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

[signature] 6/29/00
Environmentalist Date

WWATER : 122791

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Fees

LM

Requestor (please print): Delta Quad Phone #: Date Requested: 6/26/00 Date Filled:

Account Name: Delta Quad Const Cash (Charge) Account No.: X 32728

I certify that I am authorized to charge this account for this service:

Signature: [signature] Printed Name: MILLIGAN, JOHN. Date: 6/26/00

T.C.	Qty	Description	Unit Cost	Total Cost
0701		Improvement Permit Application - Residential	$ 200.00	
0735		Improvement Permit Application - Commercial	$ 400.00	
0702		Optional Site Evaluations	$ 100.00	
0703		Installation and Final Approval	$ 150.00	
0704		Change in Plot Plan	$ 100.00	
0705	1	MH Exc/Add/Repl without System Modification	$ 100.00	100
0706		MH Exc/Add/Repl with System Modification	$ 300.00	
0707		Site Consultation Visit	$ 100.00	
0734		Authorization for Wastewater System Construction	$ 150.00	
0708		Realty Closing - Conventional	$ 85.00	
0709		Realty Closing - FHA with water	$ 135.00	
0710		Additional Trips	$ 65.00	
0711		Well Water Analysis-Bacteriological with regular parameters	$ 50.00	
0712		Well Water Analysis -Nitrates and Nitrites	$ 15.00	
0714		Well Water Analysis - Organic Analysis	$ 200.00	
0715		Admin. Fee - Field Activity Letter	$ 25.00	
0718		Residential Pool Permit	$ 50.00	
0719		Public Pool Permit - operating	$ 240.00	
0720		Seasonal Pool Permit - operating	$ 120.00	
0736		Pool Late Fee	$ 120.00	
0733		Permit to Construct a Public Pool	$ 200.00	
0721		Home Day Care Evaluation and Permit	$ 70.00	
0722		Home Day Care Evaluation and Annual Fee	$ 40.00	
0723		Eval and Report Non-Permit Facility	$ 50.00	
0724		Private Pool Testing	$ 15.00	
0731		Garbage Hauler Permit - (1-9 vehicles)	$ 30.00	
0736		Garbage Hauler Permit - (each over 9)	$ 20.00	
0725		Document Copies	$ 0.05	

Payment received by: Date: Total: 100

12900 Moores Chapel Rd.

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION

COPY

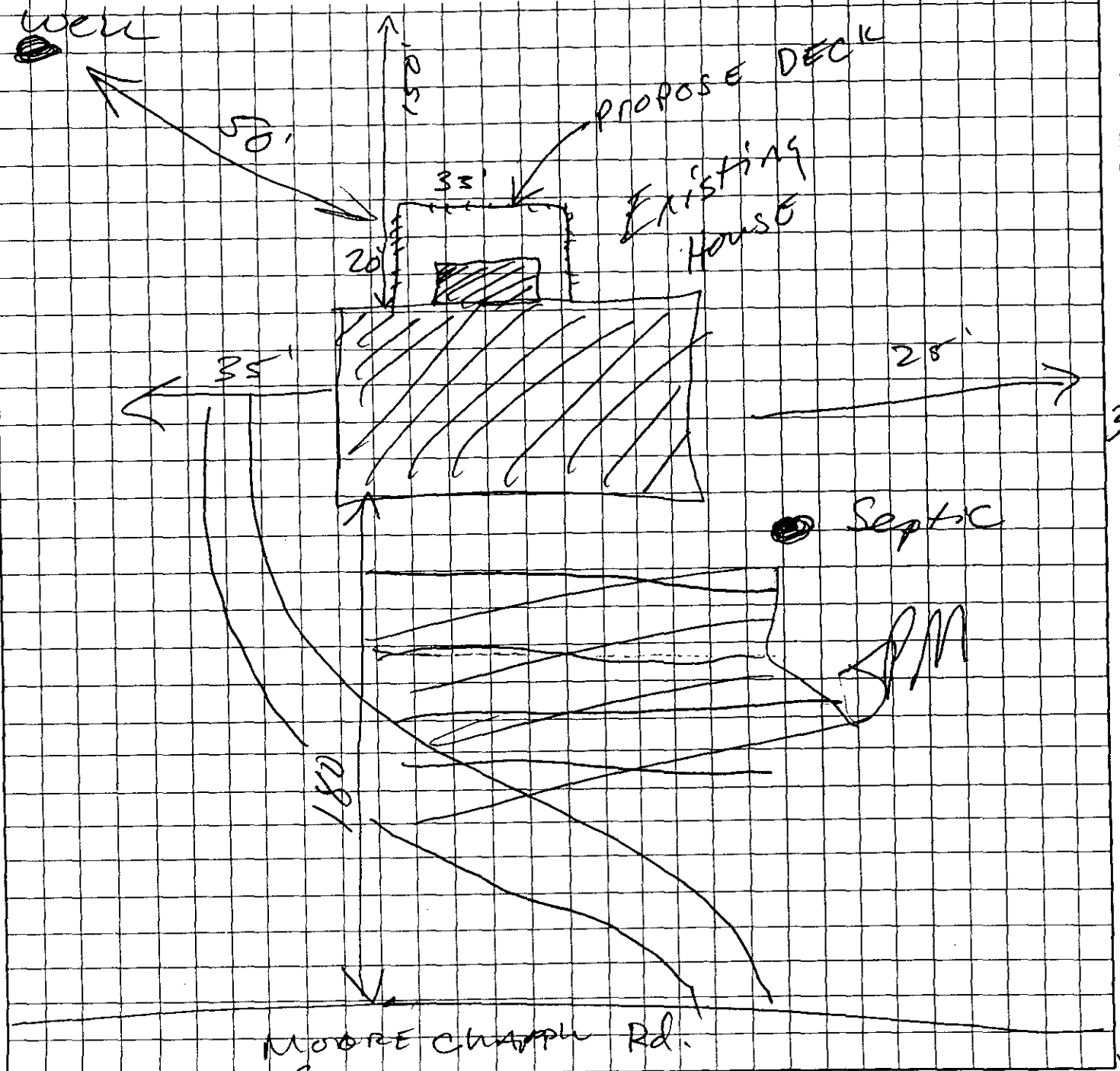
PROPOSED PLOT PLAN

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

FILE: 4177B

TC: 053-24-11

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.



M. John Mollerman
OWNER/AGENT SIGNATURE

DATE 6/26/06

APPROVAL DATE _____

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4177B DATE: 5/16/00

TC: 053-241-11 ☐ L ☐ CRT

SERIAL Nº 18328

10

Name of Owner Carry McGorris Juris.:

Address of Property Moores Chapel Road

Inspection Data:

Tank Material P.C.C.

Total Length of Drainfield 300'

Number of Lines 4 @ 75'

Cover Depth 12"

Water Supply Source well

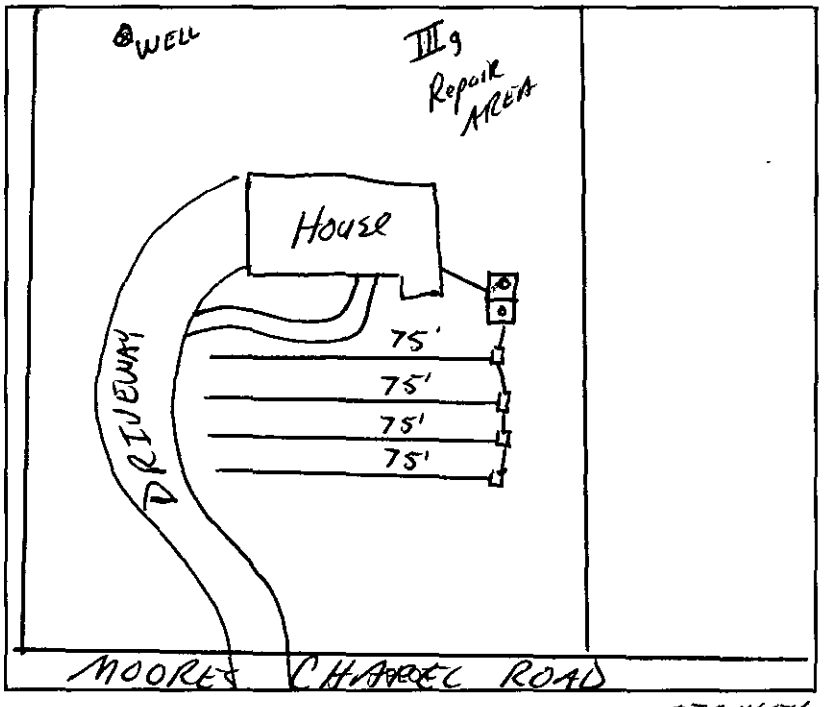
Distance to Water Source >100'

Excavation Inspected 5/16/00

Tank(s) Inspected 5/16/00

Wash Line Inspected NA

High Water Alarm Inspected NA



Design 2000, 1500 ST, INV, 900 SFT, EEE-222 LAY CTR# STANLEY SEPTIC

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: 4 lines x 75' EEE-222 Lay

Type III g Innovative System

System put in without Installation Approval

Jerry P. Mecklin
Environmental Health Specialist

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

ck # 605536

FEE: 300 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 2/24/00 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: _____ PERMIT NO: 4177B

PARCEL NO: 053-241-11

JOB LOCATION ADDRESS: 12360 Moores Chapel Road
PROPERTY OWNER: Tammy Potts
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: NA
AUTHORIZATION ISSUED BY: Jeremy P. Michelson DATE: 2/23/00
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4177B, 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: - Agreement forms to be on file befor CA Release

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

X Walter Howell Jr Walter Howell 2-24-00
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number 4177B

Tax Number 053-241-11

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.

(10)

Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	X 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

0.3 Long-term acceptance rate	360 Max gallons/day wastewater flow	900 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
YES Serviced by private well	1500 Gallon septic tank	300' Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	NA Gallon pump tank	NA Depth of stone	

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

Site modifications required:

Additional Conditions: ① Agreement forms to be on file before construction authorization Release.

② Repair Area will require lift station.

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

900 Absorption Area (Sq ft) 300 Total Trench Length (Ft)	NA 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 Departmer
- This Improvement permit is transferable.

Jeremy P. Nichols 2/23/00
DEHNR Authorized Agent Date

Jodi Holland agent for Jane Walter 2-24-00
Owner/Agent Signature Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

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

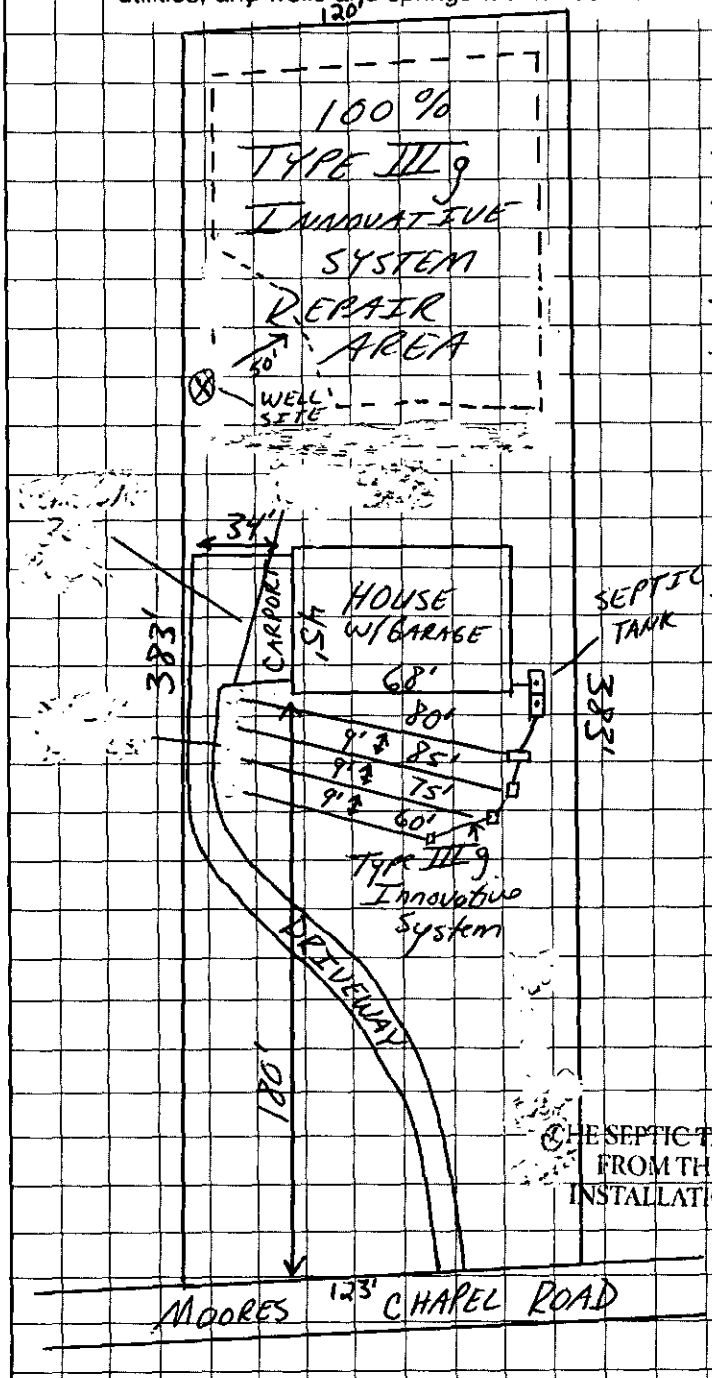
PROPOSED PLOT PLAN

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

FILE: 41778

TC: 053-241-11

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:

→ SCALE = 1" = 60'

→ Keep lines level and on contour of the land.

→ Keep trenches shallow (24" Max.)

→ Keep the minimum distances from the following:
- 5 feet from foundation
- 10 feet from property lines
- 100 feet from all wells

→ System is designed for three (3) bedroom residence
- Install 4 lines at varying lengths with Drop Boxes.
- Type IIIg Innovative System

→ Type IIIg Innovative System Repair Area.

→ Repair Area will require a lift station/pump.

THIS IS NOT A PERMIT TO INSTALL THE SEPTIC SYSTEM. THE SEPTIC TANK INSTALLER IS REQUIRED TO OBTAIN AN INSTALLATION LAYOUT FROM THE MECKLENBURG COUNTY HEALTH DEPARTMENT PRIOR TO THE INSTALLATION OF THE SEPTIC TANK SYSTEM. THE SEPTIC TANK CONTRACTOR MUST BE REGISTERED WITH MECKLENBURG COUNTY.

Ken Holland for Walter Horne
OWNER/AGENT SIGNATURE

DATE 2-24-00

APPROVAL DATE Jerry L. Rhodes 2/25/00

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

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

FILE # 41776
PARCEL # 053-241-11

The undersigned, Tammy Potts, owner of property located at 12900 Moores Chapel Rd, (the "site") and described in an instrument recorded in Book _____ at Page _____, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

COPY
FILED FOR REGISTRATION
DATE 3-1-00
BOOK 11118
DOC. #2000027243
TIME 9:01
PAGE 833
STAMPS
REC FEE 12.00
JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following conditions will apply to the site:

- Any changes on the property may make the Improvement Permit Null and void and may make the Improvement Permit subject to revocation.

This instrument was prepared by: _____
Mail after recording to: _____
_____

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

IN WITNESS WHEREOF, the undersigned 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, this _____ day of _____, 199__.

_____ Tammy M. Potts (SEAL)
(Corporate Name)

_____ (SEAL)

By: _____ _____ (SEAL)

_____ President _____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Marsha A. Cox, a Notary Public for said County and State, do hereby certify that Tammy M. Potts personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 28th day of February, ~~199~~2000

Marsha A. Cox
Notary Public

My Commission Expires:
1-12-2002

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

#2 ACS

Sheet: _____
Property ID: PO 053-241-11
Lot #: _____
File #: 41778

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: James K. Marrow APPLICANT: Tammy M. Potts
ADDRESS: 4336 Firwood Lane, Charlotte DATE EVALUATED: 2-1-00
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 360gpc/ PROPERTY SIZE: 1.06
LOCATION OF SITE: Moores Chapel Road PROPERTY RECORDED: _____
WATER SUPPLY: ☒Private ☐Public ☒Well ☐Spring ☐Other _____
EVALUATION METHOD: ☒Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☒Sewage ☐Industrial Process ☐Mixed

PROFILE #	Slopes 2-12% .1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-5"	gr/cl	Fr/SExPl/SS/SP	748" TO soil wetness	48"+	N/A	None	PS .391 P2 IV
		5-48"	sBK C	Fi/SExPl/SP					
2	LS	0-4"	gr/cl	Fr/SExPl/SS/SP	748" TO soil wetness	48"+	N/A	None	PS .391 P2 IV
		4-48"	sBK/C	Fi/SExPl/SP					
3	LS	0-3"	gr/cl	Fr/SExPl/SS/SP	748" TO soil wetness	48"+	N/A	None	PS .391 P2 IV
		3-48"	sBK/C	Fi/SExPl/SP					
4	LS	0-2"	gr/cl	Fr/SExPl/SS/SP	748" TO soil wetness	48"+	N/A	None	PS .391 P2 IV
		2-48"	sBK/C	Fi/SExPl/SP					
5	LS	0-3"	gr/cl	Fr/SExPl/SS/SP	739" TO soil wetness	39"	N/A	None	PS IV .391 P2
		2-29"	sBK/C	Fi/SExPl/SP					
		29-39"	sBK/Cl	Fr/SExPl/SS/SP					

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W.R. Marlin LSS 2-1-00
OTHER(S) PRESENT: _____

FILE # 41713

COMMENTS 100% Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR	CONSISTENCE MOIST	CONSISTENCE WET
R-RIDGE	I	S-SAND	1.2-0.8		
S-SHOULDER SLOPE		LS-LOAMY SAND		VFR-VERY FRIABLE	NS-NON-STICKY
L-LINEAR SLOPE				FR-FRIABLE	SS-SLIGHTLYSTICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6	FI-FIRM	S-STICKY
N-NOSE SLOPE		L-LOAM		VFI-VERY FIRM	VS-VERY STICKY
H-HEAD SLOPE				EFI-EXTREMELY FIRM	NP-NON-PLASTIC
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3		SP-SLIGHTLYSTICKY
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM			
	IV	SC-SANDY CLAY	0.4-0.1		
		SIC-SILTY CLAY			
		O-ORGANIC			

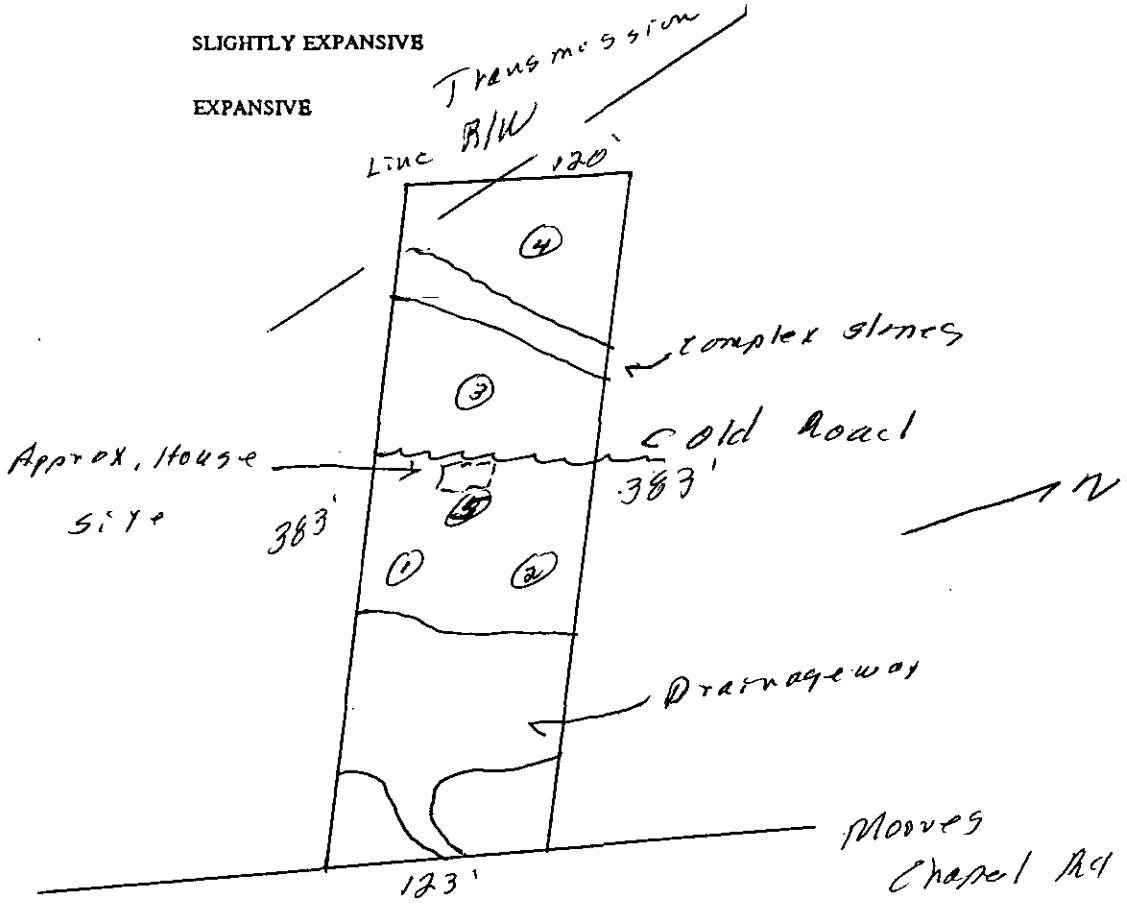
STRUCTURE

SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



FEE: $200 pd 1-14-2000 Rec'd $400

DATE: 1-14-2000

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

[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

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

FILE #: 4778

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 053-241-11

STREET ADDRESS: 12900 Mooresville Chapel Road

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

CLOSING DATE: _____

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1737 ft

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

- ✓ WITHOUT BASEMENT
  - ___ ON SLAB
  - ✓ CRAWL SPACE
- ___ WITH BASEMENT /PLUMBING
- ___ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

- ___ COMMUNITY (C)
- ___ MUNICIPAL (M)
- ✓ PRIVATE WELL (P)
- ___ SHARED WELL (S)
- ___ OTHER 'SPRINGS' (O)

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

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

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Marrow James K. (LAST) (FIRST) (MI)	NAME: Potts, Tammy M. (LAST) (FIRST) (MI)
ADDRESS: 4336 Firwood Lane	DAYTIME PHONE: (704) 334-0322
CITY: Charlotte STATE: NC ZIP: 28209	
DAYTIME PHONE: (704) 825-4196	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: Tammy Potts DATE: 1-14-2000

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

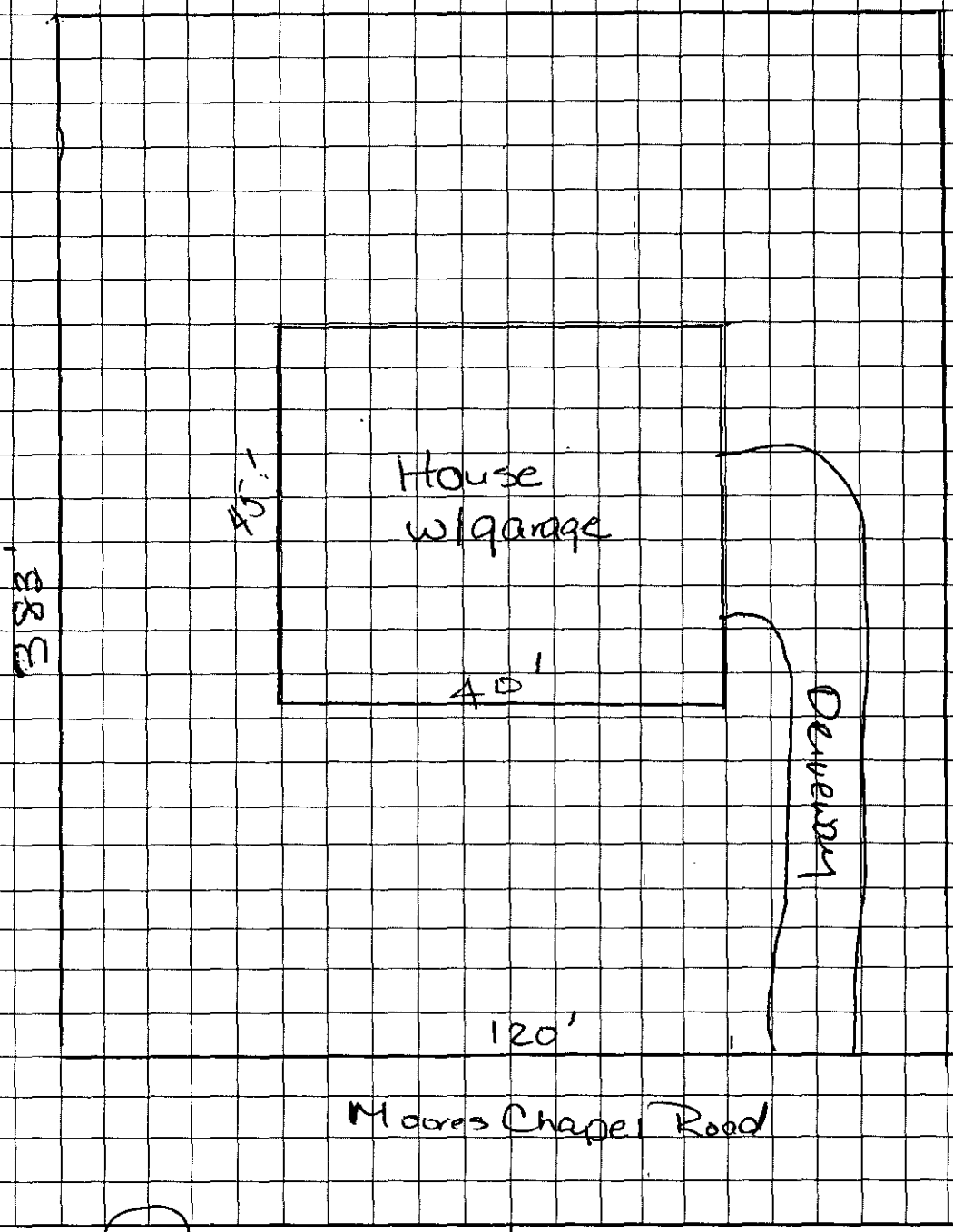
PROPOSED PLOT PLAN

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

FILE: 41778

TC: 053-241-11

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.

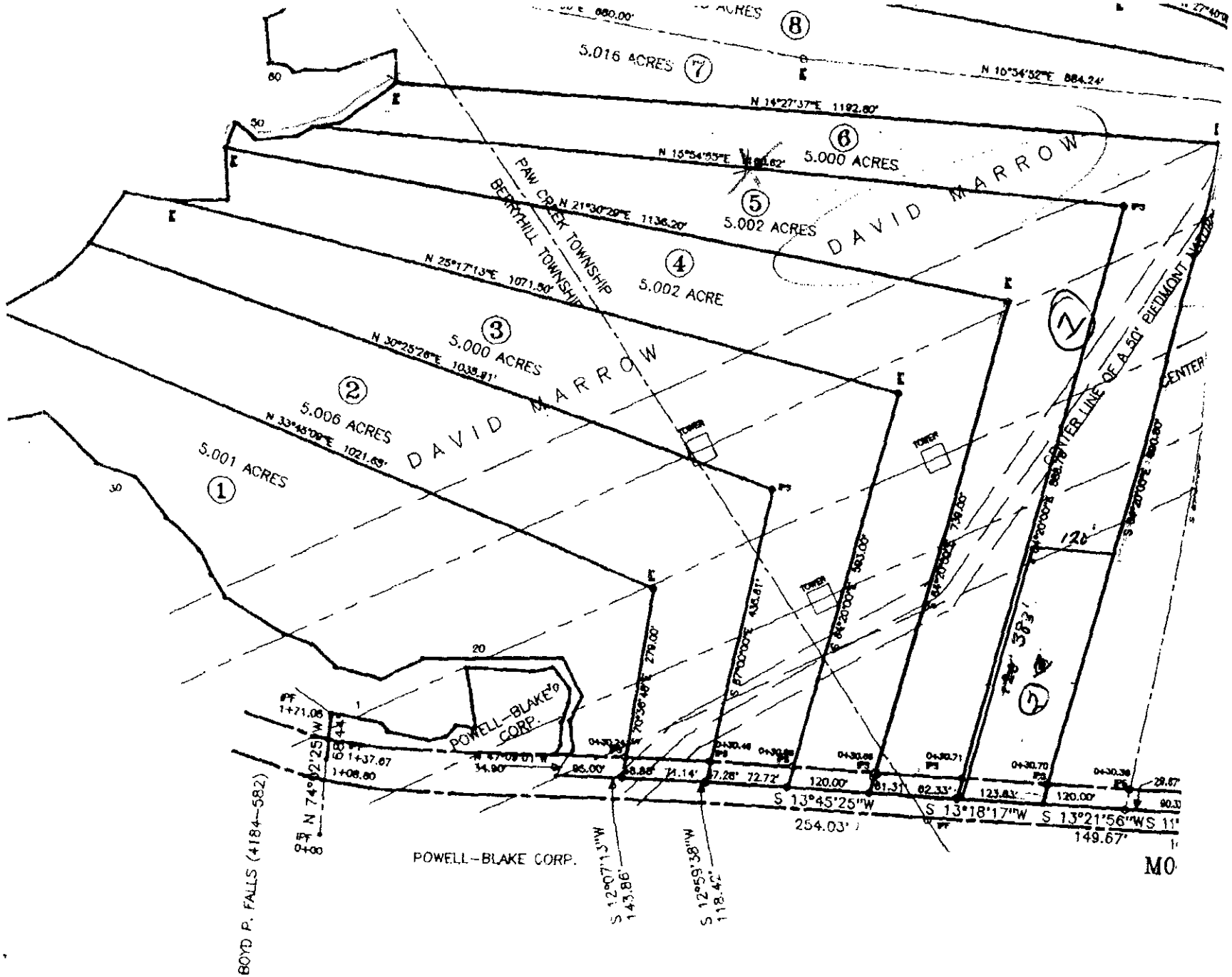


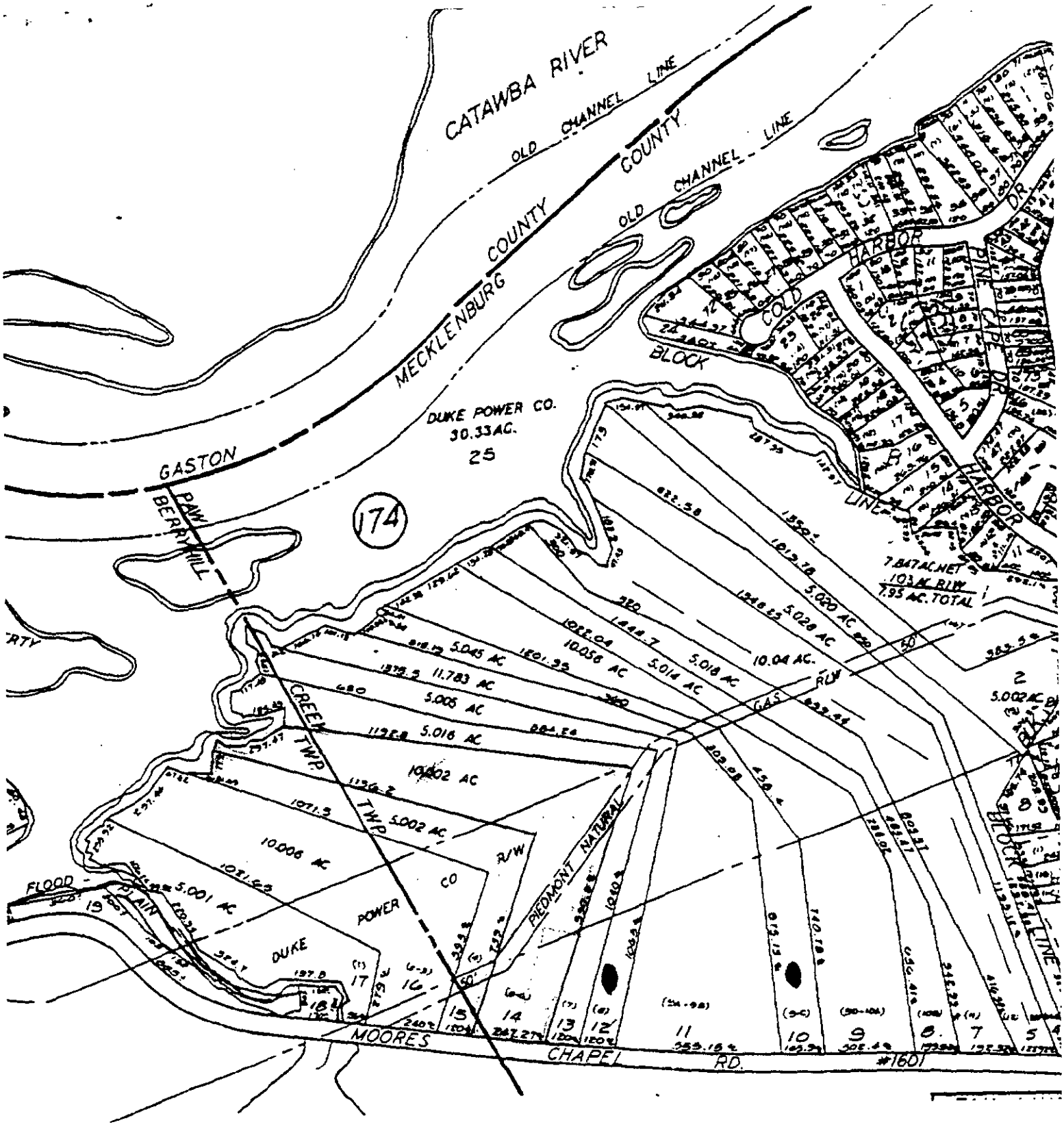
Tammy Potts
OWNER/AGENT SIGNATURE

DATE 1-14-2000

APPROVAL DATE _____

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


5.016 ACRES
8
7
N 10°34'52"E 884.24'
N 14°27'37"E 1192.80'
6
5.000 ACRES
N 15°54'55"E
5
5.002 ACRES
PAW CREEK TOWNSHIP
BERRYHILL TOWNSHIP
N 21°30'29"E 1136.20'
4
5.002 ACRE
N 25°17'13"E 1071.50'
3
5.000 ACRES
N 30°25'26"E 1035.91'
2
5.006 ACRES
N 33°45'09"E 1021.65'
DAVID MARROW
5.001 ACRES
1
POWELL-BLAKE CORP.
CENTER LINE OF A 50' PIEDMONT
S 84°20'00"E 880.79'
S 84°20'00"E 799.55'
S 84°20'00"E 563.00'
S 87°00'00"E 435.61'
S 70°36'14"E 279.00'
120'
38.3'
S 13°45'25"W
254.03'
S 13°18'17"W
S 13°21'56"W
149.67'
S 12°07'13"W
143.86'
S 12°59'38"W
118.42'
N 74°42'25"W
68.44'
BOYD P. FALLS (4184-582)
POWELL-BLAKE CORP.


CATAWBA RIVER
OLD CHANNEL LINE
COUNTY
MECKLENBURG
COUNTY
OLD CHANNEL LINE
GASTON
DUKE POWER CO.
30.33 AC.
25
174
PAW
BERRY HILL
HARBOR
PINE
COLD
BLOCK
CAPE
HARBOR
LINE
7.847 AC. NET
10.3 AC. R/W
7.95 AC. TOTAL
5.020 AC
10.04 AC.
5.018 AC
5.014 AC
10.058 AC
5.045 AC
11.783 AC
5.005 AC
5.016 AC
10.002 AC
5.002 AC
10.006 AC
5.001 AC
CREEK
TWP.
TWP.
R/W
CO
POWER
DUKE
PIEDMONT NATURAL
GAS
RUN
FLOOD
PLAIN
MOORES
CHAPEL
RD.
#1601
BLOCK

4177B

**** NC EXCISE TAX: 31.00 ***

JUDITH A GIBSON REG OF DEEDS MECK NC

BK: 07166 PG: 0200/0201 #:0287 8.00

FILED FOR REGISTRATION 01/11/93 15:19

MECKLENBURG COUNTY

[redacted]

STATE OF NORTH CAROLINA

Real Estate Excise Tax

Excise Tax $31.00

Recording Time, Book and Page

Tax Lot No. ..... Parcel Identifier No. OUT OF 053-172-09

Verified by ..... County on the ..... day of ....., 19 .....

by .....

Mail after recording to Carey A. Sellers

Box 99

This instrument was prepared by Ralph H. Falls, Jr.

Brief description for the Index Lots 5 & 6 of Blake Cove

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this 8th day of January, 1993, by and between

GRANTOR	GRANTEE
THE POWELL BLAKE CORP., a North Carolina Corporation	JAMES K. MARROW and wife, MARGARET E. MARROW 4336 Firwood Lane Charlotte, N.C. 28209

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 [redacted] Township, Mecklenburg County, North Carolina and more particularly described as follows:

BEING all of Lot 5 & 6 of Blake Cove Subdivision as more particularly described in Plat Book 25 at Page 243 of the Mecklenburg Public Registry. (Part of Parcel 053-172-09)

N. C. Bar Assoc. Form No. 3 © 1976, Revised © 1977 — James Williams & Co., Inc., Box 127, Yadkinville, N. C. 27055
Printed by Agreement with the N. C. Bar Assoc. — 1981

0000 PAGE 0200-1

1987 83

3100

The property hereinabove described was acquired by Grantor by instrument recorded in Book 7135, Page 691 of the Mecklenburg County Registry.

A map showing the above described property is recorded in Plat Book 25 page 43.

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:

Building zoning and subdivision regulations of Mecklenburg County and easements in favor of Duke Power Company and Peidmont Gas Co. as is shown on the referred to plat.

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.

THE POWELL BLAKE CORP. (Corporate Name)

By: _____ President

ATTEST: _____ Secretary (Corporate Seal)

USE BLACK INK ONLY

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

SEAL-STAMP

NORTH CAROLINA, _____ County.

I, a Notary Public of the County and State aforesaid, certify that _____ Grantor,

personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this _____ day of _____, 19_____.

My commission expires: _____ Notary Public

Use Black Ink

SEAL-STAMP

NORTH CAROLINA, Mecklenburg County.

I, a Notary Public of the County and State aforesaid, certify that Linda Dale Gault,

personally came before me this day and acknowledged that she is Asst Secretary of The Powell Blake Corp. 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 _____ as its Asst Secretary. Witness my hand and official stamp or seal, this 6th day of January, 1993.

My commission expires: 1-22-94 Gail Keightley Notary Public

Use Black Ink

The foregoing Certificate(s) of _____

_____

_____

is/are certified to be correct. This first page hereof.

By _____

State of North Carolina, County of Mecklenburg

The foregoing certificate(s) of Gail Keightley

Notary(ies) Public is/are certified to be correct.

This 11th day of January, 1993

JUDITH A. GIBSON, REGISTER OF DEEDS

By: Rosalie B. Deese Deputy Register of Deeds

_____ and Page shown on the _____ COUNTY

N. C. Bar Assoc. Form No. 3 © 1976, Revised
Printed by Agreement with the N. C. Bar Assoc. 1981

Offer to Purchase

~~#178~~ 4177B

Tammy M. Potts and Larry R. McElreath, hereafter referred to as buyer(s), do hereby offer to purchase 10.002 acres of land, identified as Parcel 05317414, Deed Book 716 page 6200 as recorded in the Mecklenburg County Register of Deeds located in Charlotte, North Carolina from James K. Marrow and Margaret E. Marrow, hereafter referred to as seller(s) for the total price of $180,000.00.

The total price of $180,000.00 to be applied as follows:

1) $162,000 for the purchase of 9.002 acres of the above listed property to be secured by Deed of Trust with seller(s) as lienholder.

2) $ 18,000 for the purchase of 1.0 acre of the above listed property (located along the Moores Chapel Road, approximately 120 feet road frontage, from the right corner to approximately 363 feet deep), to be secured by Deed of Trust with seller(s) as lienholder. Seller agrees to assume second position of the 1.0 acre, if requested by buyer(s) for the purchase and placement of home.

Soil ~~Perc~~ Test to be Completed by Jim Walter Homes

Closing and issuance of Deed of Trust of both parcels of land to take place upon satisfactory completion and approval of the soil test and approval from the Mecklenburg County Planning Department. Seller(s) to retain a $1,000.00 deposit to be held until closing and agrees to utilize deposit as the first months payment. Deposit will be considered non-refundable unless the parcel(s) fail to pass the soil test and the planning department's approval, in which case, the deposit will be refunded in full.

To be paid as follows:

Payment of $1,000 per month (5.304% interest, amortized over 30 years), $900/month for parcel (1) and $100/month for parcel (2), to be paid for a period of two years beginning on March 15, 2000 with a balloon payment due at the end of the two year period to pay the balance in full. Seller(s) agrees to extend the repayment of the loan for an additional two years (from March 15, 2002 until March 15, 2004) for a fixed interest rate of 8.5% APR (30 year amortization) to be computed on the balance of the loan if not repaid on or before March 15, 2002 with payments continuing on a monthly basis until the earlier of full payment or March 15, 2004.

Purchase of above contingent upon buyer(s) obtaining an Improvement Permit from the County Health Department, that the property is "Suitable" for a conventional ground absorption sewage system for a minimum of a three bedroom home, of both parcels of land at a location specified by buyer(s). All costs and expenses of soil tests shall be borne by buyer(s). If the property is not suitable for the proposed development, at the option of the Buyer(s), this contract may be terminated and all monies shall be refunded to Buyer(s). Soil test to be completed within 60 days of acceptance of offer.

Offer also contingent upon proper approval and zoning by the Mecklenburg County Planning Department for the subdivision of the above with two homes.

Buyer(s) to pay cost of soil tests and surveys of both parcels. Buyer(s) also agree to pay cost of the recordation of second deed of Parcel (2) above, if necessary. Buyer(s) agree to pay all closing cost associated with above.

Sellers agrees and warrants that the parcel(s) listed above is free and clear of all liens and encumbrances.

Accepted By:

Tammy M. Potts (Buyer) — Date 12-28-99

Larry R. McElreath (Buyer) — Date 12-28-99

James K. Marrow (Seller) — Date 12-28-99

Margaret E. Marrow (Seller) — Date 12-28-99