

15644 OXYDENDRUM HILL LN

00335106

5/31/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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D460

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

50.00 ck# 1468 CRT

5261A

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: 5/19/97

NAME: GENTRY (last) JAMES (first) R (mi)

ADDRESS: 15644 OXYDENDRUM HILL LN PHONE: (704) 8923972

CITY: DAVIDSON STATE: NC ZIPCODE: 28036

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 003-081-25

STREET ADDRESS: 15644 Oxydendrum Hill LN

ZONING:

PROPERTY OWNER:

NAME: GENTRY (last) JAMES (first) R (mi)

ADDRESS: 15644 OXYDENDRUM HILL LN PHONE: (704) 8923972

CITY: DAVIDSON STATE: NC ZIPCODE: 28036

SUBDIVISION OR MOBILE HOME PARK NAME: NA

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

LOT NUMBER: 8 LOT SIZE (in acres): 3.3

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

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 [X] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: James R Gentry Date: 5/19/97

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.

...5-21-97 Use existing system for deck addition

[] 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

Larry B. Mongold Jr., RS 5-21-97
Environmentalist Date

WATER : 122791

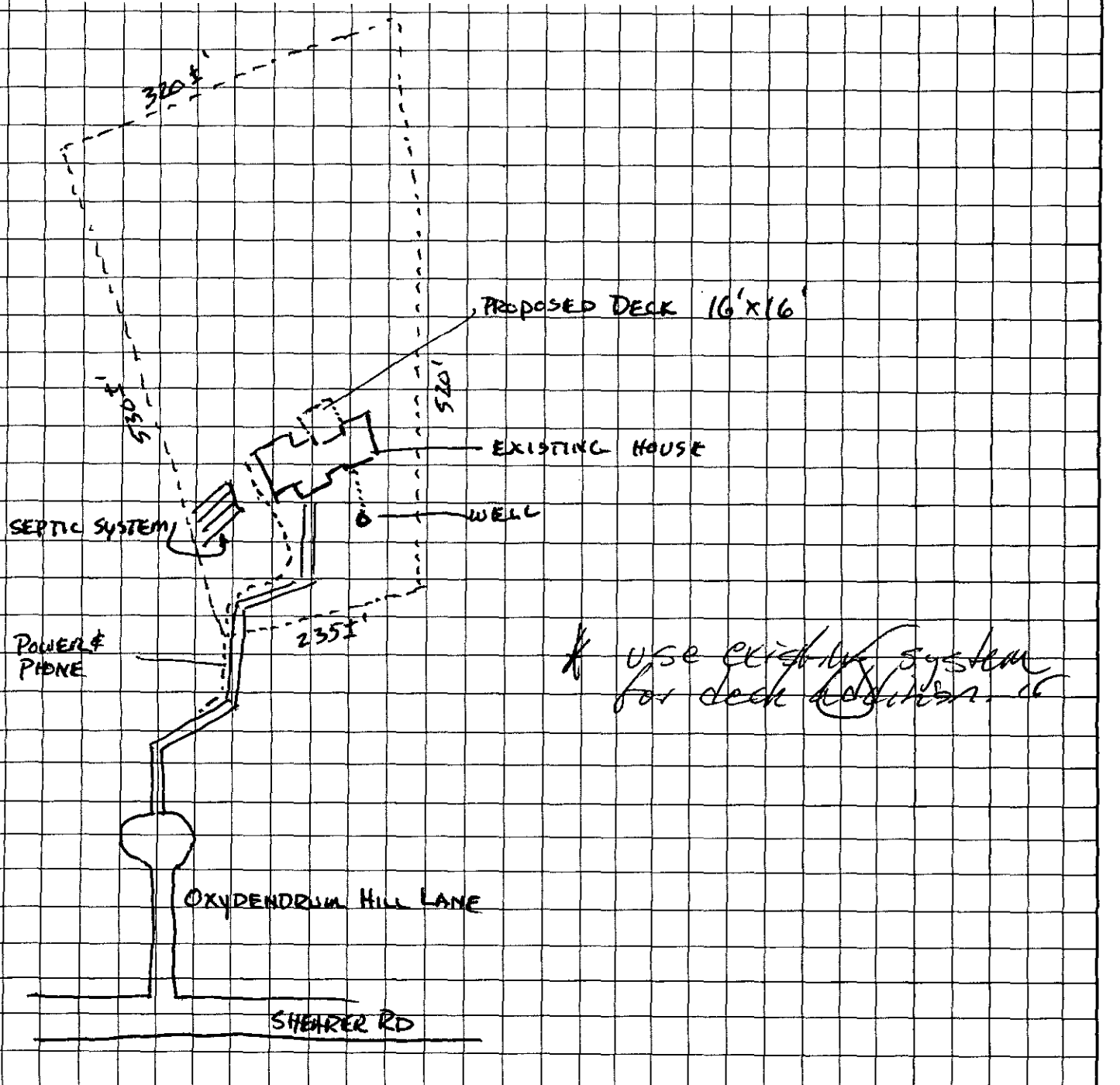
PROPOSED PLOT PLAN

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

FILE: 5261A

TC: 003-081-15

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.



* use existing system for deck addition. JC

James R Gentry
OWNER/AGENT SIGNATURE

DATE 5/19/97

APPROVAL DATE 5-20-97 J. Thomas

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

CRFT 8948

CERTIFICATE OF COMPLETION/OPERATION PERMIT

DRAFT

$100 - 6/27/96 ck

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

FILE: 5261A DATE: 6/6/96

TC: 003-081-15 ☐ L ☐ CRT

SERIAL № 16686

Name of Owner Michael S. Moore Juris.:

Address of Property 15644 Oxyderdrum Hill Lane

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100' each

Cover Depth 16-26"

Water Supply Source Well

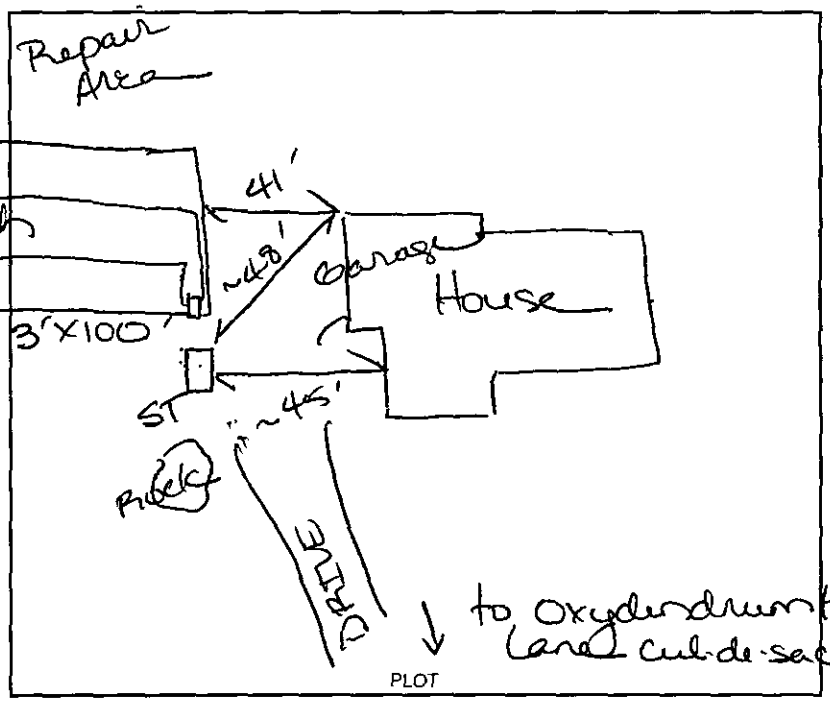
Distance to Water Source >100'

Excavation Inspected 6/6/96

Tank(s) Inspected 6/6/96

Wash Line Inspected NA

High Water Alarm Inspected NA



Design 1996 CON*, 1000g ST, D-Box, 1200ft², 12"G, Cecil - TIFF CTR#

Denver Plumbing Richard Armstrong

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: *1000g ST installed. Michael S. Moore's agent, Bob Jones present - advised of Meck. Co. policy of 1500g ST. Mr. Jones stated he would accept 1000g ST which meets State regulations.

3 bedroom house.

Lisa B. Malik
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

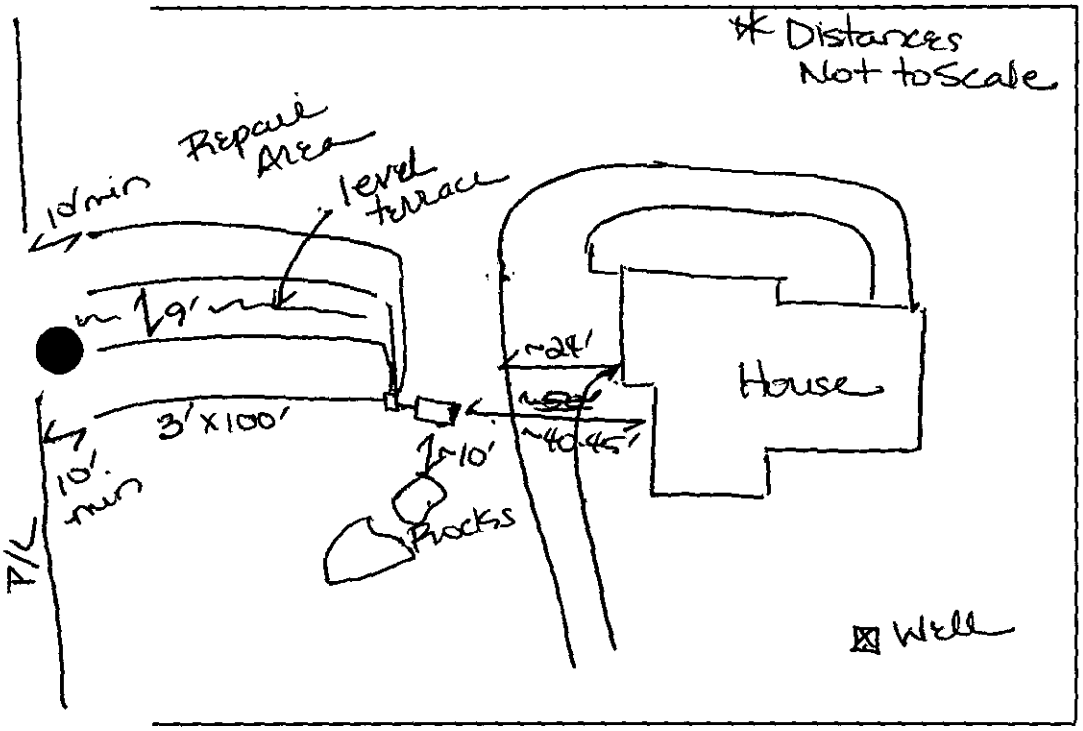
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5261 A DATE: 4/26/96

TC: 003-081-15 ☐ L

SERIAL Nº 16773

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 11/9/95. All work shall be completed on or before 5/26/96, 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 ~~1000~~ gallons

Tank Construction PCC

Trench Depth 36" max. Install @ ~24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous ✓

Total Line Length 400 feet

Number of Lines 4 @ 100' each

Depth of Stone 12" inches

Distance from House ≈40' 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 Michael S. Moore

LOCATION OF PROPERTY 15644 Oxydendrum Hill Lane

Comments:

Keep nitrification lines on contour.

Bob Jones, agent for Michael S. Moore, present @ installation approval.

Installation approval layout changed ~~from~~ I.P. from I.P. for better installation.

Lisa B. Mialik, RS
Environmental Health Specialist

Substitution for Hamil, Program Chief

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

02-20-96 12:20PM

File 5261A

Michael S. Moore

General Contractor

February 15, 1996

Mecklenberg County Environmental Health Department
700 N. Tryon St.
Suit 211
Charlotte, NC 29202

Reference: Authorization to obtain Permit #5261A for dwelling at 15644 Oxydendurm Hill Lane

Dear Lisa Mialik:

We hereby authorize Robert W. Jones (SS# 231-76-7653) to obtain all permits relating to the project at 15644 Oxydendrum Hill Lane.

Please let us known if you have any questions concerning this project. Thank you for your assistance.

Sincerely,

Michael S. Moore

Michael S. Moore

Michael S. Moore
General Contractor

FAX COVER SHEET

TO: LISA MIALIK

FAX NO: 336-6894

NUMBER OF PAGES: 2 (including cover sheet)

FROM: Michael S Moore (Fax # : 704-845-5138)

DATE: 2-20-96

PROJECT: Auth. to obtain Permit #5261A.

NOTE:

Design and Construction

119 Lakenheath Lane • Matthews, North Carolina 28105 • (704) 845-2011

DATE 11-29-95

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Mect

003-081-~~15~~ 15 gmk
PARCEL NUMBER

~~15626~~ 15644 QxYdendrum Hill LN gmk
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

Ll 8
EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

OxYdendrum Hill
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	APPROVED	NOT APPROVED
2. FLOODWAY REGULATIONS	APPROVED	NOT APPROVED
3. WATERSHED PROTECTION	APPROVED	NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	APPROVED	NOT APPROVED
5. PUBLIC UTILITY EASEMENT	PRESENT	NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	YES	NO
7. DRIVEWAY PERMIT REQUIRED	YES	NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	YES	NO

REMARKS: SF

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

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: gmk

REVISED 1/91

9w CK# 8947

FEE: 100.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 6/27/96 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 11/29/95 **PERMIT NO:** 5261A
PARCEL NO: 003-081-15

JOB LOCATION ADDRESS: 15644 Oxyden Drum Hill Lane
PROPERTY OWNER: Michael Moore
BUILDING CONTRACTOR: Michael Moore
SUBDIVISION NAME: Oxydendrum Hill
AUTHORIZATION ISSUED BY: Joe B. Mialik, RS **DATE:** 11/29/95
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 5261A, 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: See conditions of improvement permit + plot plan.

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.

Robert W. Jones Const. Manager Michael D. Moore 11-29-95
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

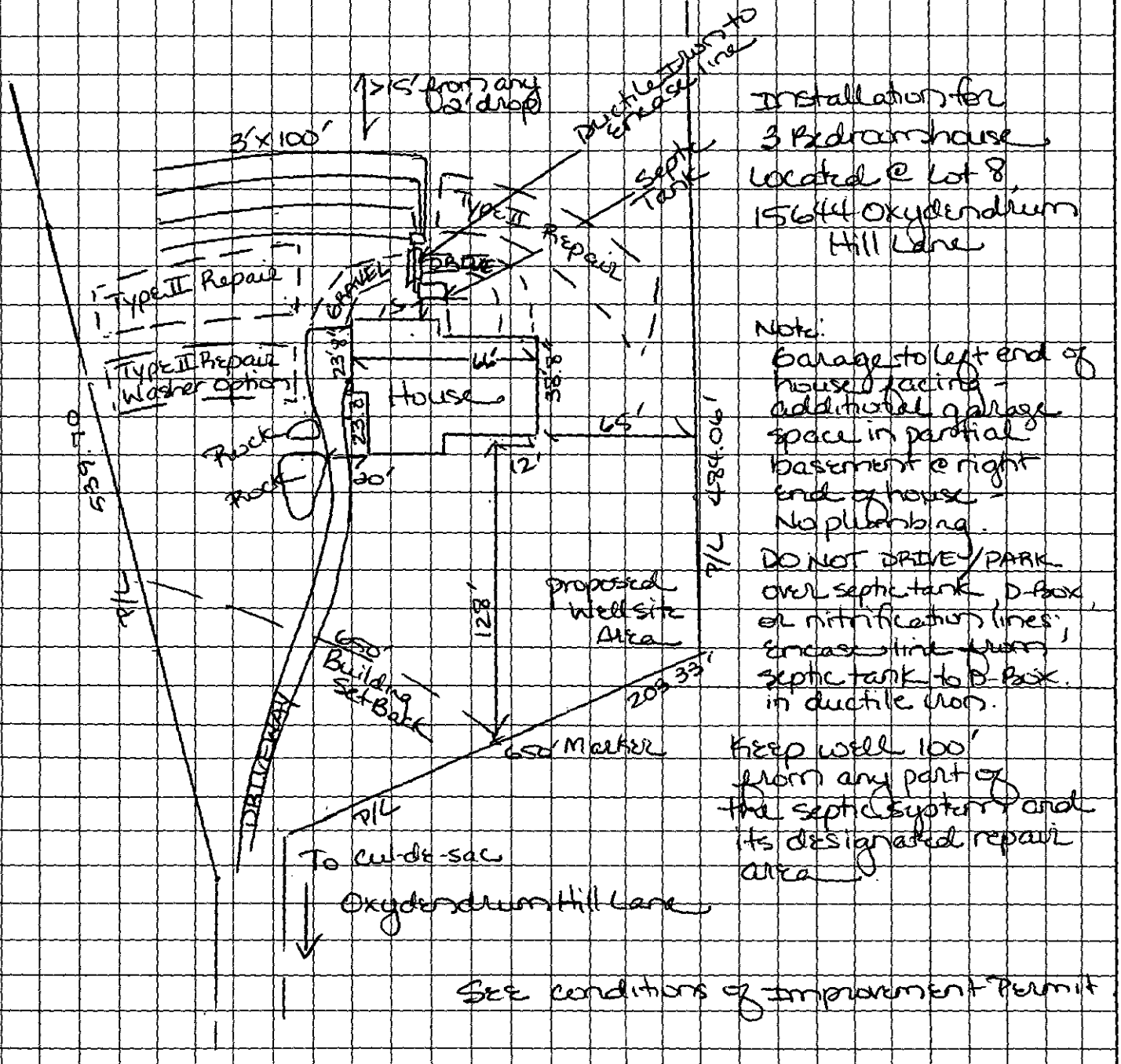
PROPOSED PLOT PLAN

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

FILE: 5261 A

TC: 003-081-15

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.



Installation for 3 Bedroom house located @ Lot 8, 15644 Oxydendrum Hill Lane

Note:
Garage to left end of house facing - additional garage space in partial basement @ right end of house - No plumbing.

DO NOT DRIVE/PARK over septic tank, D-box, or nitrification lines; encase line from septic tank to D-Box in ductile iron.

Keep well 100' from any part of the septic system and its designated repair area.

See conditions of Improvement Permit.

Robert W Jones, Const Manager
OWNER/AGENT SIGNATURE

DATE 11-29-95

APPROVAL DATE 11/29/95 jbm
Michael S. Moore - Sr. Const.

pg 2 of 2

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

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 5261 A

003-081-15
Tax Number: _____

- 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 Right End - No plumbing
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)	36" 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	12" Depth of stone	

Any surface waters present: NA Type: Minimum separation distance:

Site modifications required:

Additional Conditions: Keep well 100' from any part of the (proposed) sewage disposal system & its designated repair areas.
- Encase supply line from septic tank & D-Box with Ductile Iron.
Do not drive or park over septic tank, D-Box, or nitrification lines.

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)	36" 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 the 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 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 Improvement permit is transferable.

Robert W. Jones Const. Manager. — DEHNR Authorized Agent — Date 11-29-95

Michael S. Moore Gen. Contractor.

Joe B. Mialik, RS 11/29/95 — 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

FEE: 100.00
DATE: 11/9/95
CK. #3468

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

RA #140 400 ✓ CRT

TYPE APPLICATION: ✓ NEW SYSTEM ___ EXPANSION 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 #: 5261A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 003-081-15

STREET ADDRESS: 15644 Oxyden Drum Hill Ln

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 8

TYPE OF BUILDING, (CHECK ONE)

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1963

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

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

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED 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
EXISTING WASTE WATER SYSTEMS ___ YES ✓ NO
EASEMENTS OR RIGHT-OF-WAYS ___ YES ✓ NO
WELL SPRINGS OR WATERLINES ___ YES ✓ NO
DESIGNATED WETLANDS ___ YES ✓ NO

PROPERTY OWNER:

NAME: MOORE (LAST) MICHAEL (FIRST) S. (MI)

ADDRESS: 119 LAKEHEATH LANE

CITY: MATTHEW STATE: N.C. ZIP: 28105

DAYTIME PHONE: (704) 845-2911

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? NOV. 7, 1995 closed, recording unsure

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: Michael S. Moore DATE: 11/9/95

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

**An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change.

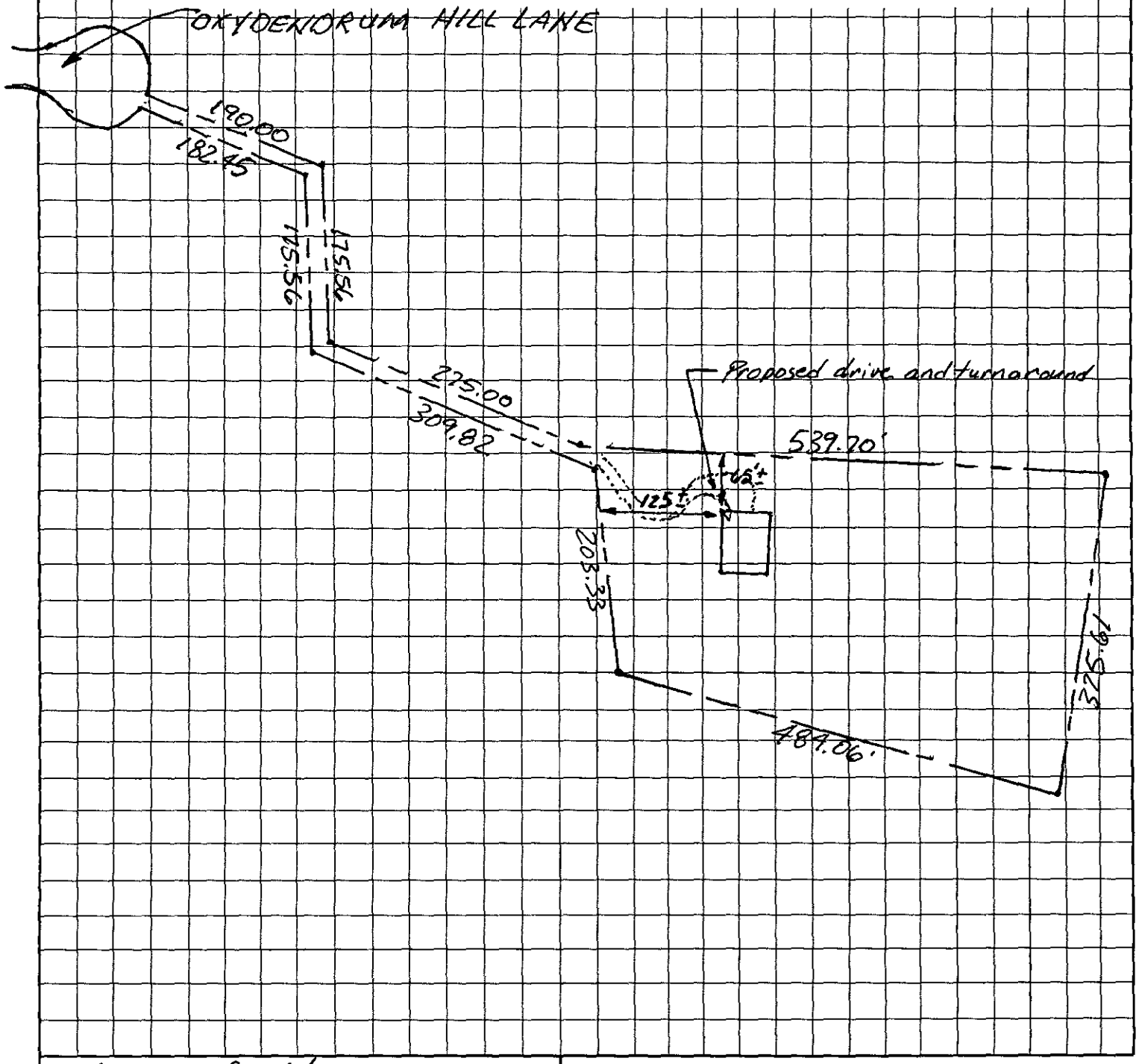
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Michael S. Moore
OWNER/AGENT SIGNATURE

DATE 11/9/95

APPROVAL DATE _____

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

File 5261A 11/9/85

J J Book 22 Page 631

NO.	DELTA	RADIUS	ARC	TAN	CHD. BRG.	CHORD
1	06°03'47"	1,371.21	145.10	72.62'	S00°07'41"W	145.04
2	38°57'24"	127.50	86.69	45.10'	N74°37'18"E	85.03
3	17°40'18"	347.99	107.33	54.09'	N63°58'45"E	106.91
4	50°42'11"	25.00	22.12	11.84'	N47°27'48"E	21.41
5	50°17'35"	50.00	43.89	23.47'	N47°15'27"E	42.49
6	42°19'00"	50.00	36.93	19.35'	S86°26'13"E	36.09
7	27°17'17"	50.00	23.81	12.14'	S51°38'04"E	23.59
8	19°24'44"	50.00	16.94	8.55'	S28°17'03"E	16.86
9	17°27'27"	50.00	15.23	7.68'	S09°50'58"E	15.18
10	17°27'27"	50.00	15.23	7.68'	S07°36'30"W	15.18
11	19°24'44"	50.00	16.94	8.55'	S26°02'36"W	16.86
12	27°17'17"	50.00	23.81	12.14'	S49°23'36"W	23.59
13	60°28'50"	50.00	52.78	29.15'	N86°43'17"W	50.38
14	50°42'11"	25.00	22.12	11.84'	N81°50'00"W	21.41
15	17°40'18"	302.99	93.45	47.10'	S63°58'45"W	93.08
16	38°57'24"	172.50	117.29	61.01'	S74°37'18"W	115.04
17	02°15'42"	1,371.21	54.13	27.07'	S06°10'16"W	54.13
18	03°25'50"	846.42	50.68	25.35'	S05°36'02"W	50.67

PRESENTED FOR REGISTRATION
L.B. DEATON SEP 9 1 18 PM '58
1060-336
CHARLIE BREWER
REGISTER OF DEEDS
MECKLENBURG CO., N.C.

L.B. DEATON
5597-804

N74°25'42"E
324.86'

N82°34'14"E
296.55'

N87°15'56"E, 400.71'
280.97'

N36°39'13"E
80.78'

N59°32'37"E
97.96'

N65°09'54"E
255.07'

N64°49'03"E
178.53'

S08°58'14"W
269.84'

N86°02'58"E
365.05'

C.M.

119.74'

90.00'

N86°02'58"E
526.88'

128.00'

S14°19'50"E, 513.61' TOTAL
325.61'

S70°09'29"W
539.70'

S82°39'00"W, 484.06' TOTAL

S33°03'25"E
157.76'

C.M.

S64°03'58"W
157.76'

BASED ON DB. 5398-138

SHEARER'S ROAD S.R. 2118 (60' R/W) PUBLIC

S07°18'57"W
108.14'

4600' ± TO EAST ROCKY RIVER Rd.

PUBLIC OXYDENDRUM LANE

R/W HILL

45'

40'

BLDG. SET BACK

S10°43'11"W
153.28'

S88°52'46"W
221.64'
219.71'
202.16'
190.00'
182.45'
180.29'
188.64'

N24°30'49"W
175.56'

S21°04'08"W
137.29'

S01°24'49"W
112.56'
111.94'

S16°27'20"W
68.99'
111.96'

S88°52'46"W
145.61'
166.45'
275.00'
309.82'
309.82'

184.81'
S88°52'46"W
49.03'
53.95'

126.53'

N24°30'49"W
184.72'

S66°02'10"W
126.97'

N29°34'44"W
407.29'

N23°07'02"W
166.33'

292.33'

650'

400'

500'

396.79'
N42°20'58"W

1 15607 0.923 Ac.

2 0.838 Ac. 15608

3 15629 0.717 Ac.

4 1.027 Ac. 15626

5 1.846 Ac. 15633

6 2.983 Ac. 15639

7 15645 2.933 Ac.

8 15644 3.307 Ac.

9 15638 3.426 Ac.

10 3.566 Ac. 15632

J.W. HERRING
5593-401

W.A. CHESTER HEIRS
096-515
CABARRUS CO.

DEPARTMENT OF TRANSPORTATION
DIVISION OF HIGHWAYS
PROPOSED SUBDIVISION ROAD
CONSTRUCTION STANDARDS CERTIFICATION
APPROVED
DISTRICT ENGINEER
9-5-58

of Mecklenburg
Stogner
vice chairman
19 85
Deeds

Mecklenburg County
Health Department

Basil G. Delta, M.D., M.P.H.
Health Director

December 14th, 1988

James Herring
Route 2, Box 43
Davidson, NC 28036

RE: Property located at Shearers Road #8
FILE: 5261A
PARCEL: 00308106 PO

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. Results of the investigation revealed that the lot contains soils which have been classified as PROVISIONALLY SUITABLE in accordance with the provisions of 10 NCAC 10A .1900. A copy of the Site Evaluation Report (Serial Number 15824) deliniating the soil types and their respective classifications is enclosed.

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 accomodate 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. Futhermore, 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, do not hesitate to contact me.

Very truly yours,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15824

File: 5261A

Parcel: 00308106 PO

Action 4

☐ PC

Location: Shearers Road

Subdivision:

Lot: 18 Block: Acres: Approx. 2.0

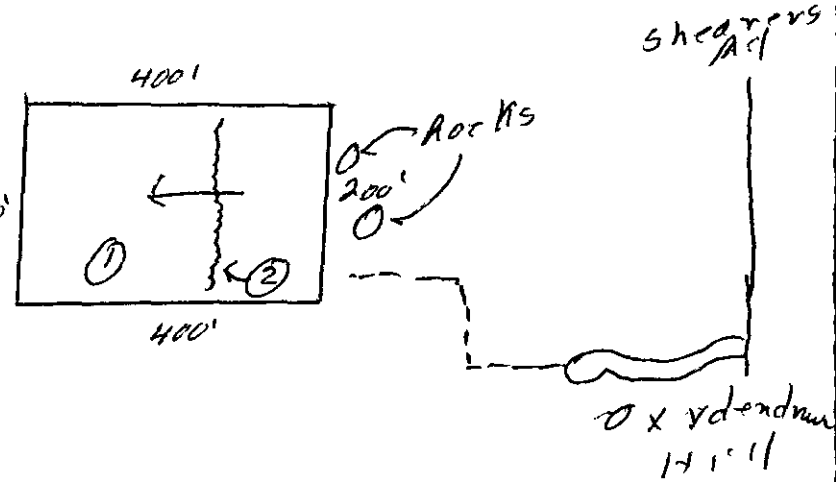
Owner: James Herring
Address: Route 2, Box 43
Davidson, NC 28036

Comments: Lot rechecked 11-17-95 use original report - 7" @ 11-20-95

Described by: William A. Marlin

Date: 12-14-95

Dimensions Approximate



*** 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 15-30%	S PS (U) Terrace	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U >48" To water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U >48"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U >48"	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	10A Cecil-Urban	Terrace				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 12/7/88

Name/Company Debra Monroe

Sanitation _____

Vector Control ✓

O.P.W.D. _____

Service: Soil Test Lab
#5201A

MECK. CO. COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

DEC 7 1988

Fee: $ 60

Completed by

Collected by

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 52601A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 15644 Shearers Rd, Davidson, NC

② SUBDIVISION: Oxlyderdrum ③ LOT: 8 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 003 PAGE NO.: 081 PARCEL NO.: 8

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

OWNER

⑦ NAME: James (FIRST) Herring (MIDDLE) (LAST)

⑧ MAILING ADDRESS: Rt 2, Box 43

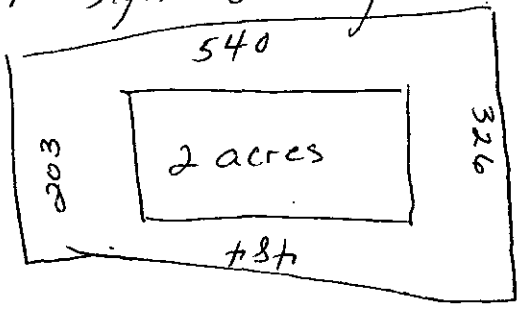
⑨ CITY: Davidson ⑩ STATE: NC ⑪ ZIP: 28036

⑫ PHONE: (WORK) _____ (HOME) _____

⑬ Accurately diagram and dimension lot.

See attached. Request for 2 acre perk test.

I-77 to exit 30. To Main Street, turn right, Left on Concord Rd. Left on E. Rocky River. Left on Shearers Rd. Sign on right.



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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: James Herring

Date: Oct 13 1988

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

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY