

18007 NANTZ RD

00105321

6/14/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 6409A DATE: 4/23/93

TC: 001 05321 ☐ L ☐ CRT

SERIAL № 15192

Name of Owner Mary Williams Juris.:

Address of Property 18007 Nantz Rd

Inspection Data:

Tank Material 1500

Total Length of Drainfield 150 PPBPs

Number of Lines 3 @ 50

Cover Depth 8"

Water Supply Source well

Distance to Water Source 750

Excavation Inspected 4/23/93

Tank(s) Inspected 4/23/93

Wash Line Inspected NA

High Water Alarm Inspected NA

PLOT

Design: 1993, 1500 ST, MOD, 150PPBPS Cecil CTR# 74

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☒ installed or constructed ☐ altered or repaired

☒ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☒ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: System designed for 2 bedroom house

Type III

Philo S. Walker
Environmentalist

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

400
14

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

FILE: 6409A DATE: 4/21/93

TC: 001 053 21 ☐ L

SERIAL Nº 15460

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 11/30/92. All work shall be completed on or before 5/21/93, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

septic system to be installed in accord with approved plot plan
Keep septic system > 50 from all wells.

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank - gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 2 feet

Total Line Length 150 PPBPS feet

Number of Lines 3 (50')

Depth of Stone - inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

PLOT OF SYSTEM

NAME OF OWNER Mary Williams

LOCATION OF PROPERTY 18007 Nantz Rd

Comments: 150' PPBPS | Keep septic system > 50 from all wells
System to be installed in accord with approved plot plan.

Judy J. Kuis RS
Division or Section Head

Phillip S. Walker R.S.
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

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

Mecklenburg County

Health Department

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

October 12, 1992

Ms. Mary Williams
Rt 2 Box 206-C
Rockingham, NC 28379

Re: 18007 Nantz Road
File: 6409-A
Parcel: 001-053-21

Dear Ms. Williams:

Receipt of your plans for a modified waste disposal system for the property referenced above is acknowledged.

Your plans for the modified system for the above property as submitted are approved with the following comments:

-The well should be located 100 feet or no less than 50 feet away from any part of the sewage disposal system and repair area.

-Water saving plumbing devices and low flush toilets should be installed when constructing the residence.

-Occupants to utilize maximum water conservation measures wherever possible.

-Effectively rake and lime all trench sidewalls

-Landscaping of repair area to be undisturbed. No grading, shaping, or altering in anyway.

Upon execution and recording with the Register of Deeds Division Office, Mecklenburg County, of the enclosed "Septic Tank Agreement Form". an Improvement Permit may be issued by this office.

Sincerely,

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems

KR

Enclosure - 3 Septic Tank Agreement Forms

File 6409A

Copy Survey Attached - Chad Robinson is proposing to sell his side lot. NO Water Frontage on Lake Norman. See attached

$2,000.00 9/3/92 CK 1321 DJ

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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

(704)336-5102

PERSON FILING APPLICATION:

NAME: Williams (last), Mary (first) F. (mi)

ADDRESS: Rt. 2, Box 206C PHONE: (919) 997-8464 Work or 997-8480 ", 914-895-5147 Home

CITY: Rockingham STATE: N.C. ZIPCODE: 28379

Date: Sept. 3, 1992

PROPERTY OWNER:

NAME: Robinson (last), Chad (first) D. (mi)

ADDRESS: 18007 Nantz Rd. PHONE: (704) 372-5635 work, 704-892-3115 home

CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 001-053-21

STREET ADDRESS: 18007 Nantz Road Huntersville, NC 28078

ZONING: county, near Lake Norman

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

SUBDIVISION OR MOBILE HOME PARK NAME: N/A

LOT NUMBER: 4389/623 LOT SIZE (in acres): 0.364

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: 2 NUMBER OCCUPANTS: 2

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business N/A # 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: Mary F. Williams Date: Sept. 3, 1992

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.

...

[] 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

Kelly Rudd 11-30-92
Director of Authorized Section Head Date

WATER : 122791

PROPOSED PLOT PLAN

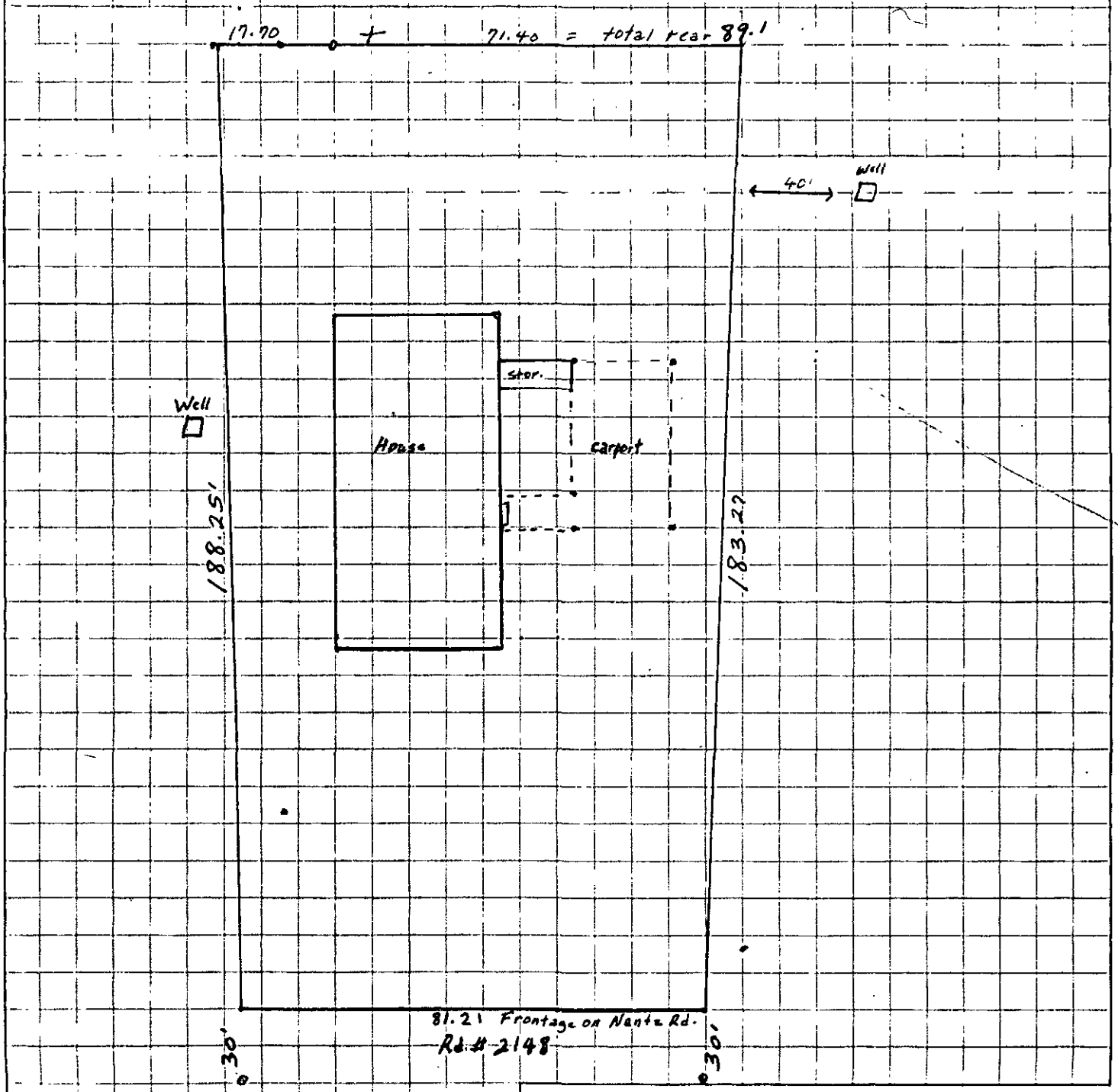
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

Mary F. Williams

FILE: 6409A

TC: 001-053-21

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 _____

House to set back 60' from road to front of house. Maybe more if necessary.

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

PROPOSED PLOT PLAN

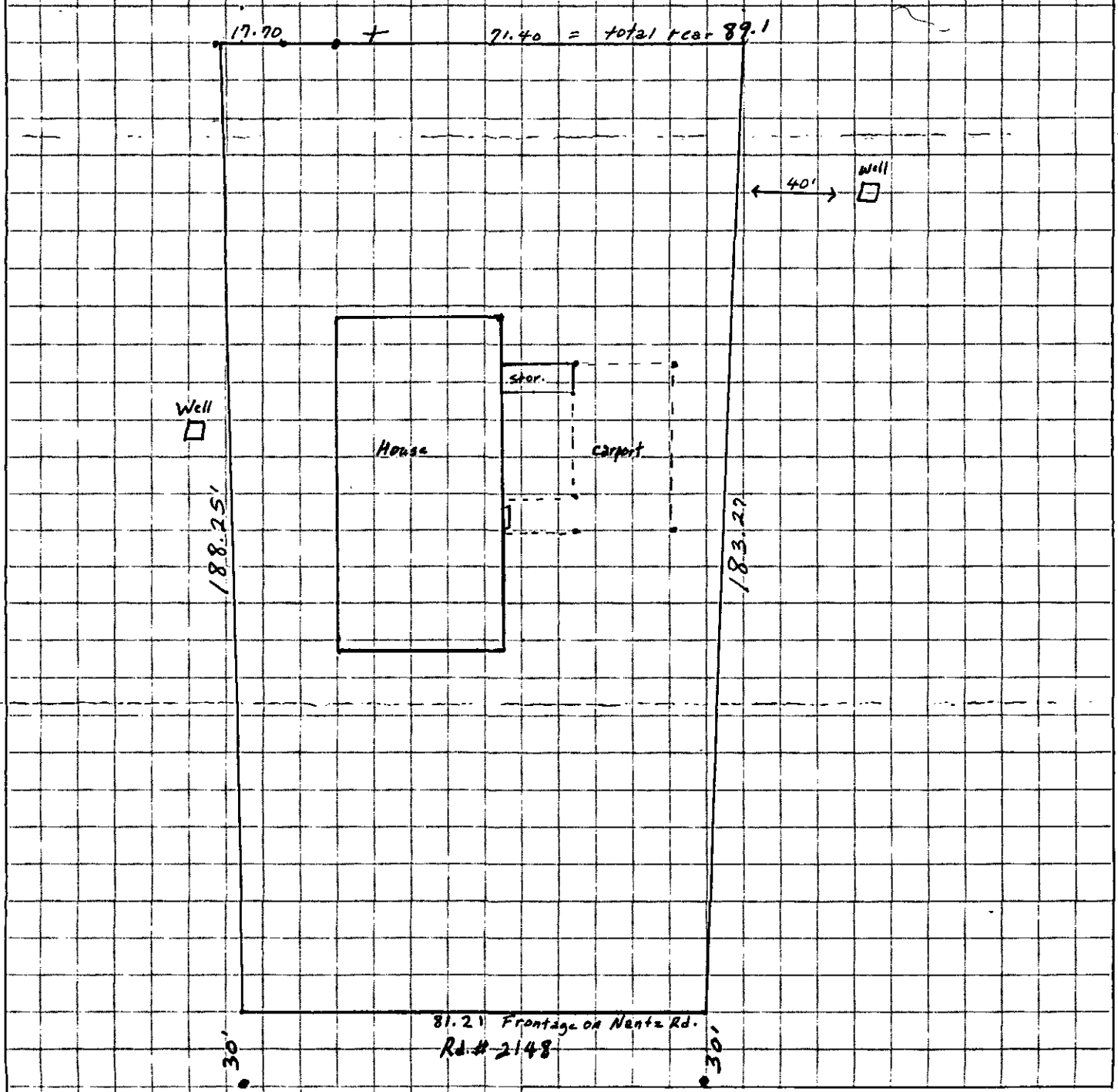
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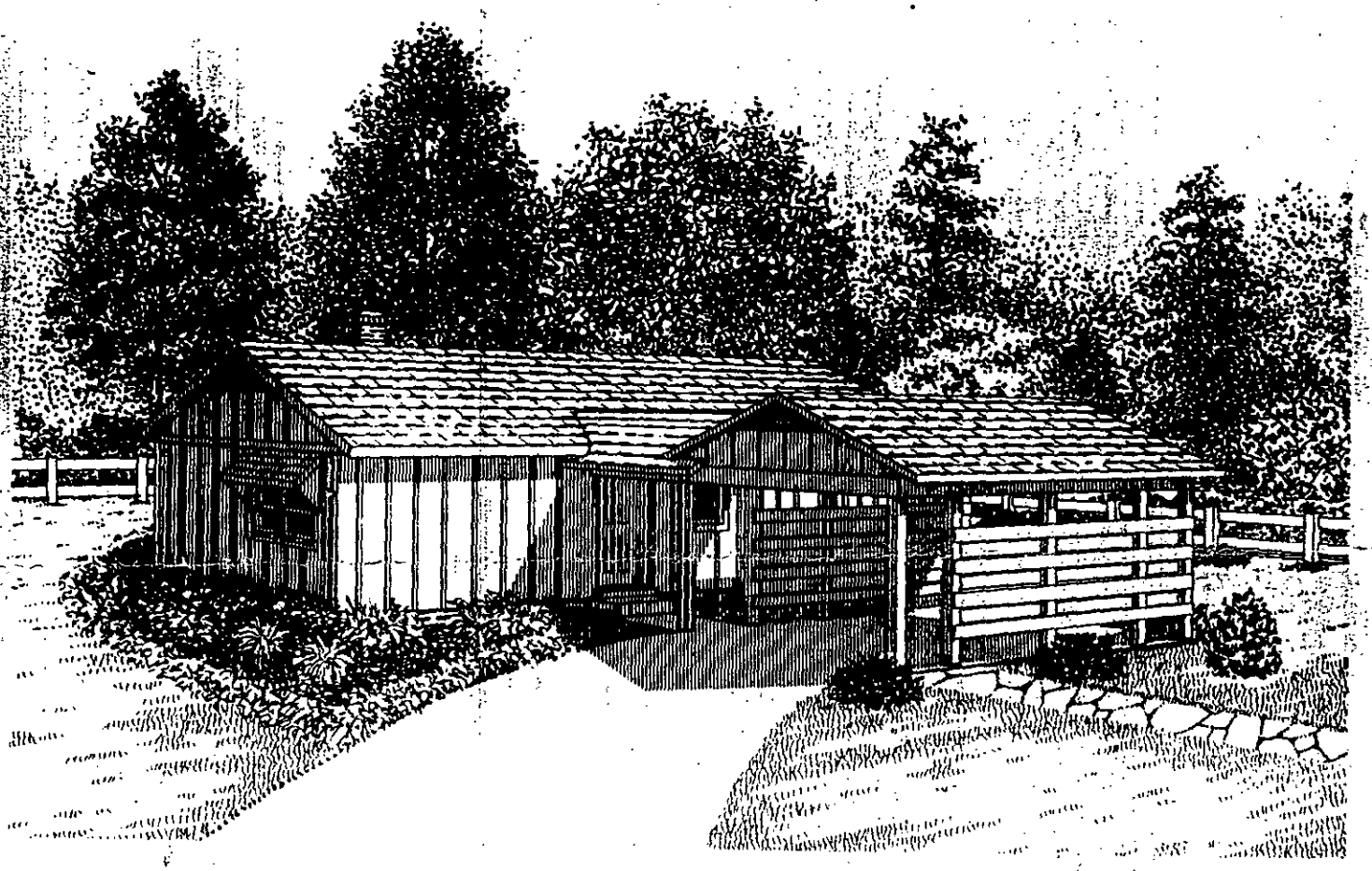
Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



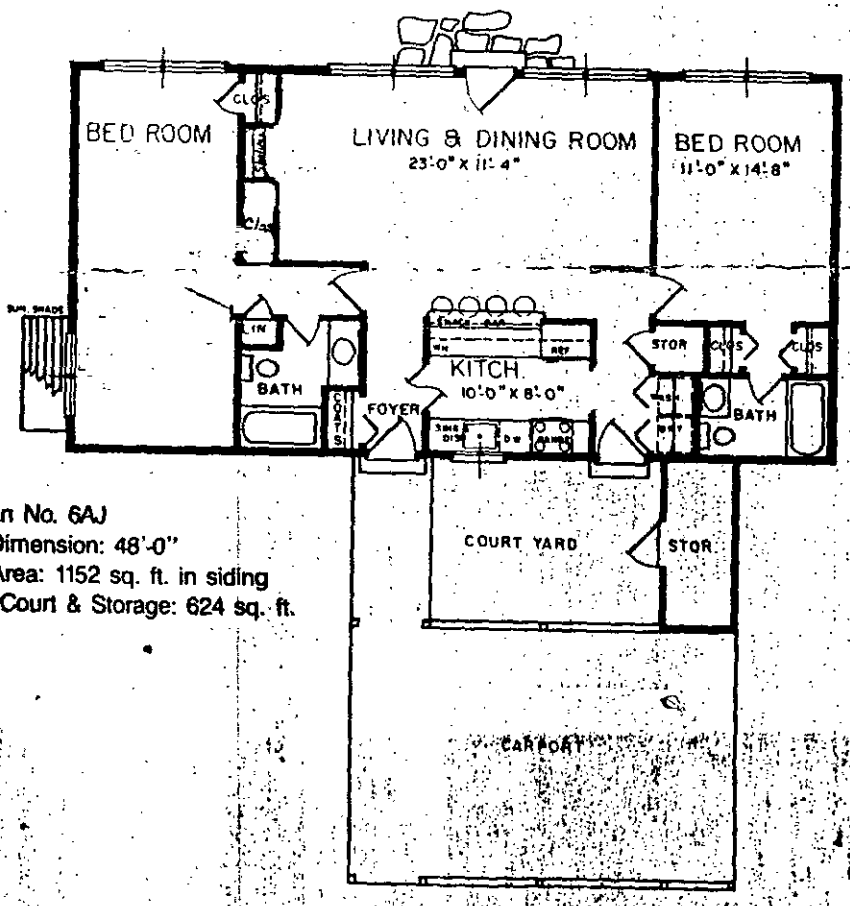
APPROVAL DATE _____

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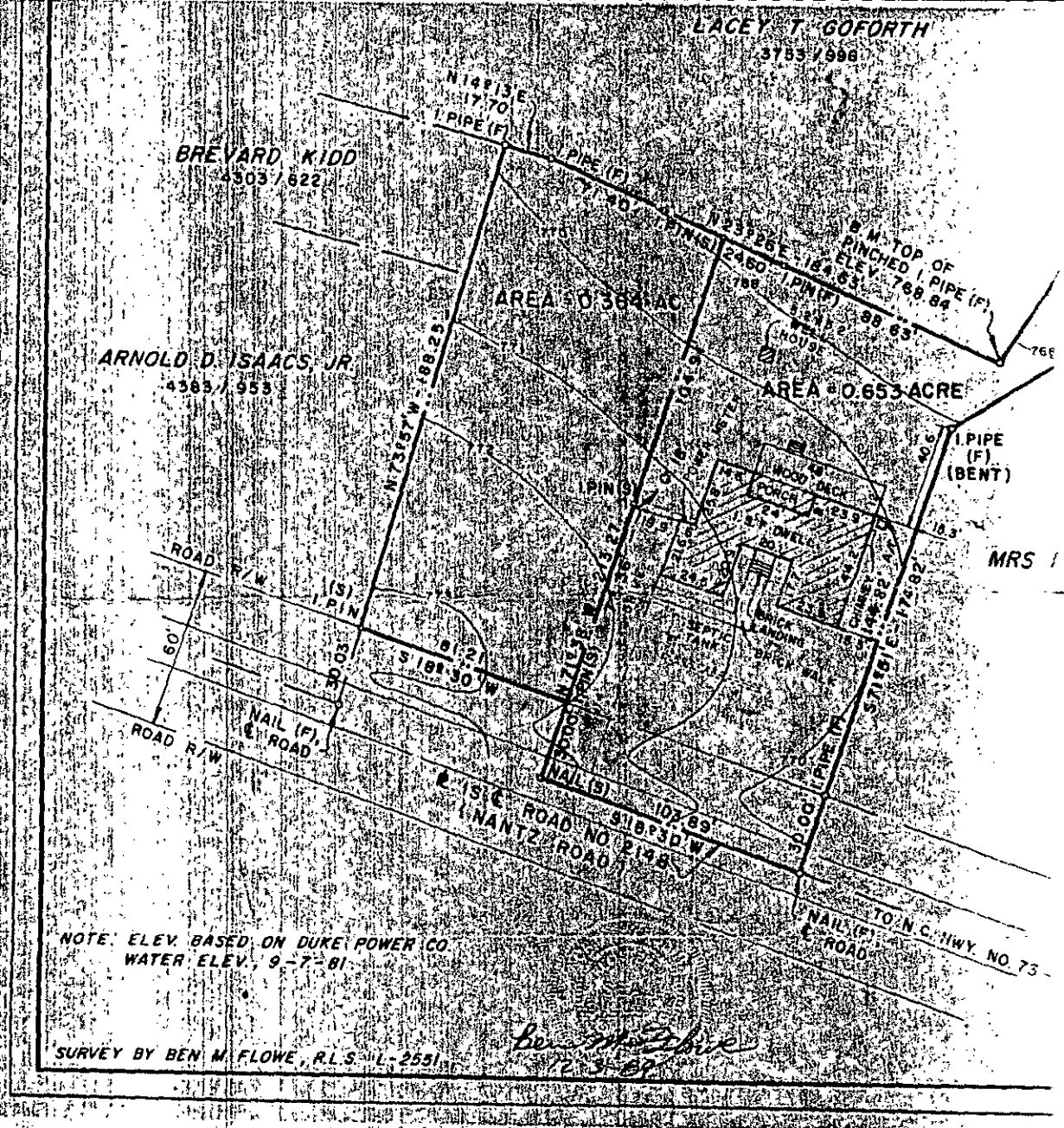
White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy



The Ivan



IVAN Plan No. 6AJ
Overall Dimension: 48'-0"
Heated Area: 1152 sq. ft. in siding
Carport, Court & Storage: 624 sq. ft.


LACEY T. GOFORTH
3753 / 996
BREVARD KIDD
4303 / 822
ARNOLD D. ISAACS, JR.
4383 / 953
N 14° 13' E
17.70'
1 PIPE (F)
1 PIPE (F)
7.40'
1 PIN (S)
N 23° 25' E
184.63'
24.50'
1 PIN (F)
5' M. TOP OF PINCHED 1 PIPE (F)
ELEV. 768.84
88.63'
AREA = 0.364 AC.
AREA = 0.653 ACRE
HOUSE
WOOD DECK
PORCH
1 PIPE (F) (BENT)
1 PIN (S)
N 73° 57' W
188.25'
ROAD R/W
60'
1 (S) 1 PIN
S 18° 30' W
81.21'
NAIL (F), ℄ ROAD
ROAD R/W
℄ ISLE ROAD NO. 2148
(NANTZ ROAD)
NAIL (S)
S 18° 30' W
102.89'
S 71° 56' E
172.82'
SEPTIC TANK
BRICK LANDING
BRICK WALK
NAIL (F), ℄ ROAD
TO N.C. HWY. NO. 73
MRS /
NOTE: ELEV. BASED ON DUKE POWER CO.
WATER ELEV., 9-7-81
SURVEY BY BEN M. FLOWE, R.L.S. L-2551
9-23-81

MECKLENBURG COUNTY REGISTER OF DEEDS
ANNE A. POWERS - REGISTER

CUSTOMER RECEIPT: 11/24/92

Date	Time	Inst #	Type	Book	Page	Trx	Amount
11/24/92	08:22	6	PERMIT	7112	244	FEE	6.00
11/24/92	08:22					TOT	6.00
11/24/92	08:22					CASH	11.00
11/24/92	08:22					CHNG	5.00

BK: 07112 PG: 0244/0244 #:0006 6.00 6409A

REGISTERED NOV/24/1992 08:22AM ANNE A. POWERS REGISTER OF DEEDS MECK. CO. N.C.

COPY

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 15A NCAC 18A .1957(c)

The undersigned, Mary Williams owner of property located at Nantz Road, Huntersville, N.C. ("the site") and described in an instrument recorded in Book 07092 at Page 0661, Mecklenburg Public Registry, hereby acknowledges that he 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 pursuant to 15A NCAC 18A .1957(c) 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 can reasonably be expected to function satisfactorily and thus that the findings specified in 15A NCAC 18A .1957(c)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally suitable" and issued on appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is his responsibility 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 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.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

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.

This 24 day of November, 1992.

Mary Williams (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, MARLENE WISE, a Notary Public for said County and State, do hereby certify that

MARY WILLIAMS personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 24TH day of NOVEMBER, 1992.

Marlene Wise
Notary Public

My Commission Expires 3-15-93

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that

_____ personally came before me this day and acknowledged that he is

_____ of _____, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____, sealed with its corporate seal and attested by _____.

WITNESS my hand and notarial seal, this _____ day of _____, 199_____.

_____
Notary Public

My Commission Expires _____

BK: 07112 PG: 0244/0244 #:0006 6.00 6409A

REGISTERED NOV/24/1992 08:22AM ANNE A. POWERS REGISTER OF DEEDS MECK. CO. N.C.

COPY

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COUNTY OF MECKLENBURG

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The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is his responsibility 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 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.

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This 24 day of November, 1992.

Mary Williams (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, MARLENE WISE, a Notary Public for said County and State, do hereby certify that MARY WILLIAMS personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 24TH day of NOVEMBER, 1992.

Marlene Wise
Notary Public

My Commission Expires 3-15-93

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that

_____ personally came before me this day and acknowledged that he is

_____ of _____, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____, sealed with its corporate seal and attested by _____.

WITNESS my hand and notarial seal, this _____ day of _____, 199_____.

_____
Notary Public

My Commission Expires _____

Mecklenburg County
Health Department

January 3rd, 1990

Chad D. Robinson
18007 Nantz Rd.
Huntersville, NC 28078

RE: Property located at Nantz Rd.
FILE: 6409A
PARCEL: 00105321

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 17505) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to call.

Very truly youre,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure (2)

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17505

File: 6409A Action 2

Parcel: 001-053-21 ☐ PC

Location: Nantz Rd ~~Plaza Rd. Intersection~~

Subdivision:

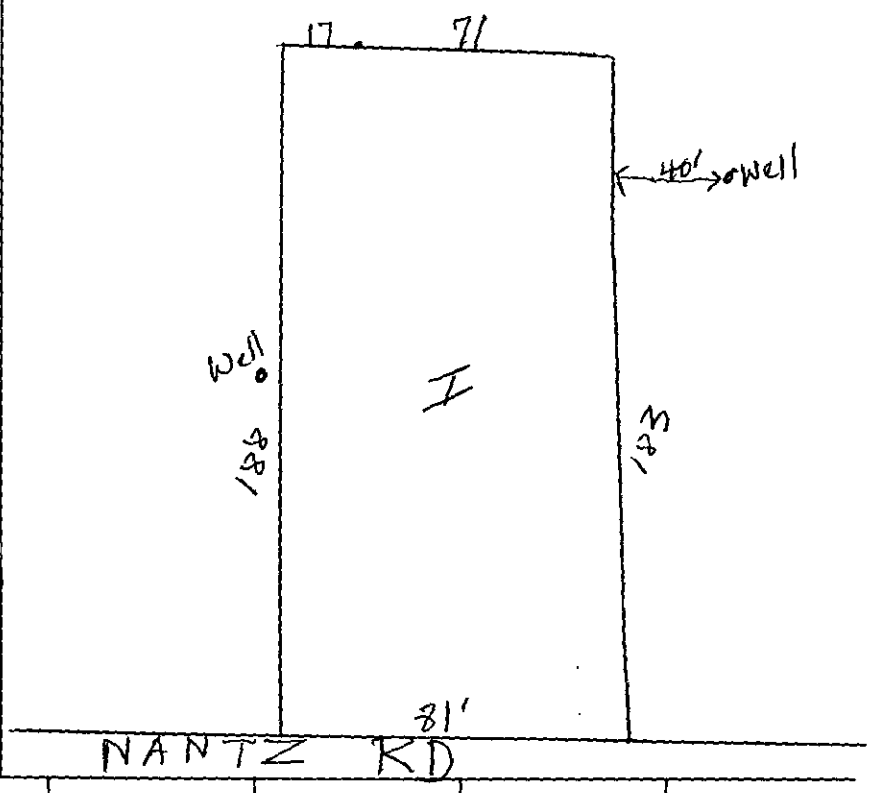
Lot: Block: Acres: .34

Owner: ~~Dooley Glenn~~
Address: ~~[illegible] Rd. Charlotte, NC~~

Comments: 100% Repair Area Needed Area Appear To Be Too Limited For Any Conventional System.

Described by: W. B. Ramsey

Date: 1-2-90



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S (PS) U 2-4	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36-48	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U	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	~~IVa~~ Cecil					
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: 12-27-89

Name/Company: Chad - Wanda Coleman

Sanitation _____

Vector Control _____

O.P.W.D. 40.00

Service: S/T · 18007 Nantz Rd
1 Ac

MECKLENBURG COUNTY
HEALTH DEPARTMENT # 6409 A
ENVIRONMENTAL HEALTH DIVISION
PAID
DEC 27 1989

CR#1479
$40.00

Fee: $ 40.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Jackie Abernathy
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: 6409 A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 18007 NANTZ Rd.

② SUBDIVISION: Point Largo ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: PART OF BOOK NO.: 004-053-21 PAGE NO.: _____ PARCEL NO.: _____

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

OWNER

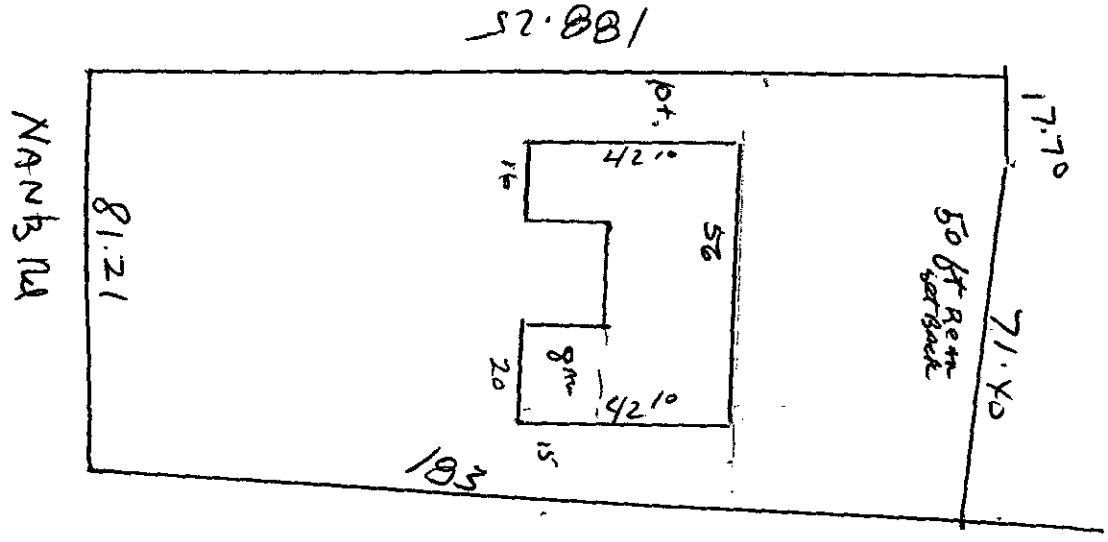
⑦ NAME: Chad (FIRST) D (MIDDLE) ROBINSON (LAST)

⑧ MAILING ADDRESS: 18007 NANTZ Rd.

⑨ CITY: Huntersville ⑩ STATE: NC ⑪ ZIP: 28078

⑫ PHONE: (WORK) _____ (HOME) 8923115

⑬ Accurately diagram and dimension lot.



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: _____

Date: 12-27-89

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