

10800 REAMES RD

02501109

1/2/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3160 B DATE: 10-31-94

TC: 025-011-06 PO ☐ L ☐ CRT

SERIAL Nº 16063

Name of Owner Cherokee Sandford Group Juris.: _____

Address of Property 10800 Reames Rd.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 300'

Number of Lines 3 @ 100' each

Cover Depth 12"-24"

Water Supply Source municipal

Distance to Water Source Waterline Appears to be min 10' from septic system.

Excavation Inspected 10-31-94

Tank(s) Inspected 10-31-94

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design 1994, 1500gal sgl conv, 12" stone, catch basin filled in & eliminated - septic system closer than 50' to filled in basin area.

Jack Stewart
CTR# 68

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

- ☒ installed or constructed
- ☒ in accordance with the permit issued
- ☐ altered or repaired
- ☐ 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: Domestic type wastewater only! No industrial process wastewater. Keep surface water/stormwater away from septic tank system. Do not pave or drive over or compact soil in septic system repair area.

11-21-94 Found that a stormwater diversion pipe had been placed subsurfacely directly over drainfield. This pipe was removed & area filled back in on 12-2-94.

J Newell for S. Daniel

Susan Bateman
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR ~~PERMIT~~ Approval

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

FILE: 3160 B DATE: 9-20-94

TC: 025-011-06 80 ☐ L

SERIAL Nº 13910

Permission is hereby given to A 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 7-6-94. All work shall be completed on or before 10-20-94, 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.

See plan on file.
Must also divert surface water as shown on plan (added 9-20-94)
curb + gutter w/v-ditch on paved area + swale as shown.

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 300' feet

Number of Lines 3 at 100' each

Depth of Stone 12" inches

Distance from House 5' min feet

Distance from Property Line 10' min feet

Distance from Well _____ feet

Keep water line min 10' from any part of septic tank system.

PLOT OF SYSTEM

NAME OF OWNER Cherokee Sandford Group

LOCATION OF PROPERTY 10800 Reames Rd.

Comments: Install according to improvement permit on file. Divert all surface water away from septic tank system. Keep 50' from basin with septic tank system. Keep 15' from septic system ~~out~~ V-ditch from curb & gutter.

John A Newell, R.S.
Division or Section Head

Susan S. Lemon
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

Proj # 989020 D4600 2/ 16

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3160B

PA # 150 7/6/94 CK # 52 [ ] CRY

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

(704)336-5102

PERSON FILING APPLICATION:
NAME: PRESSLY (last) GEORGE (first) A (mi)
ADDRESS: 1332 E. MOREHEAD ST PHONE: (704) 358-1116
CITY: CHAR STATE: NC ZIPCODE: 28204

Date:

PROPERTY OWNER: JOE MILES
NAME: CHEROKEE SANFORD GROUP (last) (first) (mi)
ADDRESS: 1812 SOUTH BLVD PHONE: (704) 375-3350
CITY: CHAR STATE: NC ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 025-011-0[illegible]
STREET ADDRESS: 10800 REAMES RD.
ZONING: I-2

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres): 3.6

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) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business OFFICE/WHSE # Employees 7 Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) N Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[X] 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: George A Pressly Date: 7/6/94

NOTICE:

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

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

...This permit is not transferable.

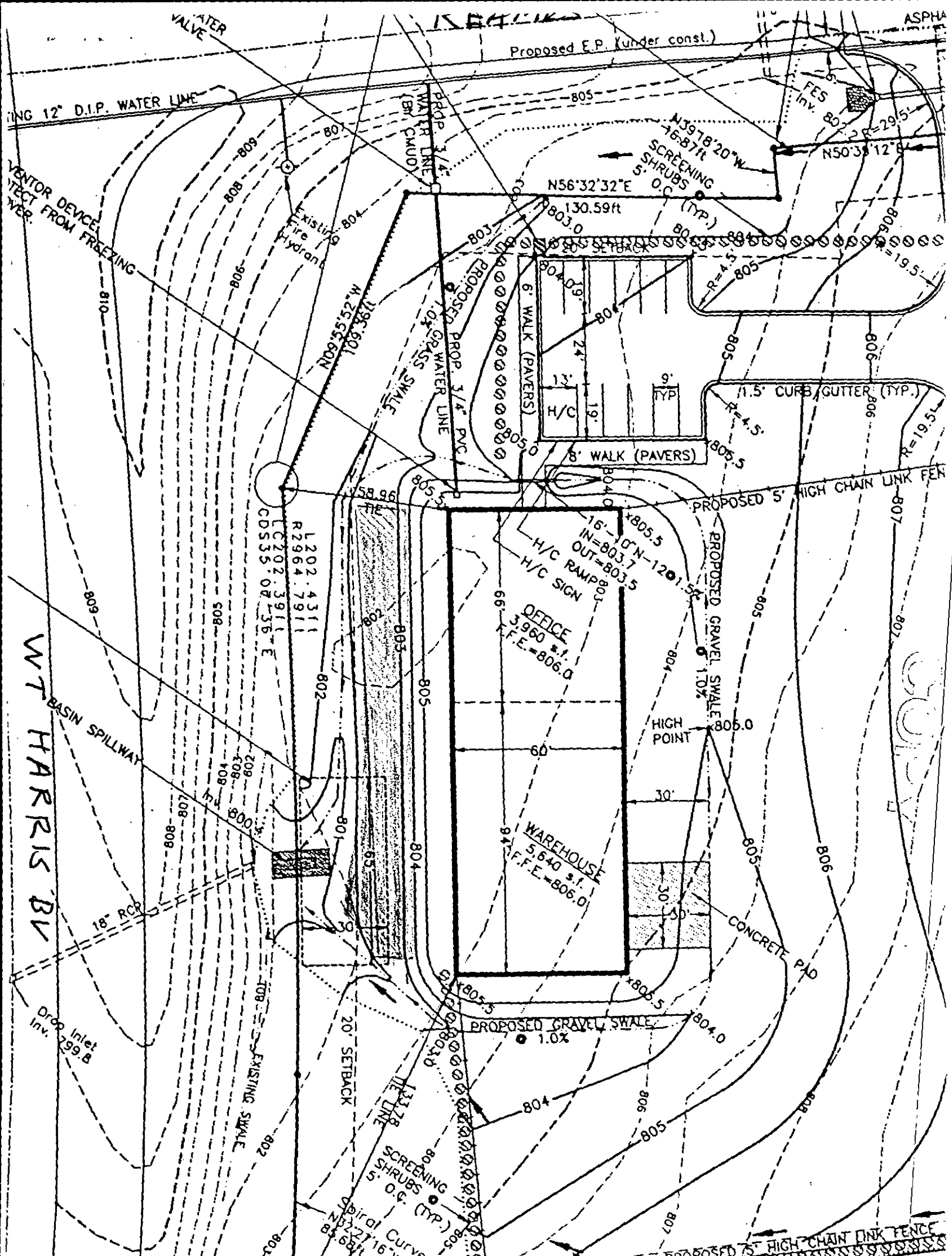
...

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

Philo S. Walker Jr. 8/10/94
Environmentalist Date

R. Newell for S. Daniel 8/25/94
Director or Authorized Section Head Date

WWATER : 122791


Proposed E.P. (under const.)
ASPHA
VALVE
ING 12" D.I.P. WATER LINE
PROP. WATER LINE (BY CMUD)
805
809
808
807
806
804
803
802
801
N39°18'20"W
16.87ft
SCREENING SHRUBS 5' O.C. (TYP.)
N56°32'32"E
130.59ft
803.0
N50°38'12"E
R=29.5'
FES Inv. 802.2
VENTOR DEVICE TECT FROM FREEZING VER.
Existing Fire Hydran
PROPOSED 3/4" PVC WATER LINE
PROPOSED GRASS SWALE
N09°55'52"W
109.36ft
20' SETBACK
R=4.5'
R=19.5'
6' WALK (PAVERS)
24'
12'
H/C
19'
9' TYP
1.5' CURB & GUTTER (TYP.)
8' WALK (PAVERS)
805.5
804.0
PROPOSED 5' HIGH CHAIN LINK FEN
58.96
FFE
L202.4311
R2964.7911
CDS35.02-36"-E
LC202.3911
16'-10"N-12
IN=803.7
OUT=803.5
H/C RAMP
H/C SIGN
PROPOSED GRAVEL SWALE
1.5%
OFFICE
3,960 s.f.
F.F.E.=806.0
HIGH POINT
806.0
60'
30'
WAREHOUSE
5,640 s.f.
F.F.E.=806.0
CONCRETE PAD
WT HARRIS BV
BASIN SPILLWAY
18" RCP
Drop Inlet Inv. 799.8
20' SETBACK
EXISTING SWALE
FFE
SCREENING SHRUBS 5' O.C. (TYP.)
Spiral Curve
N37°21'16"E
85.68ft
PROPOSED 5' HIGH CHAIN LINK FENCE

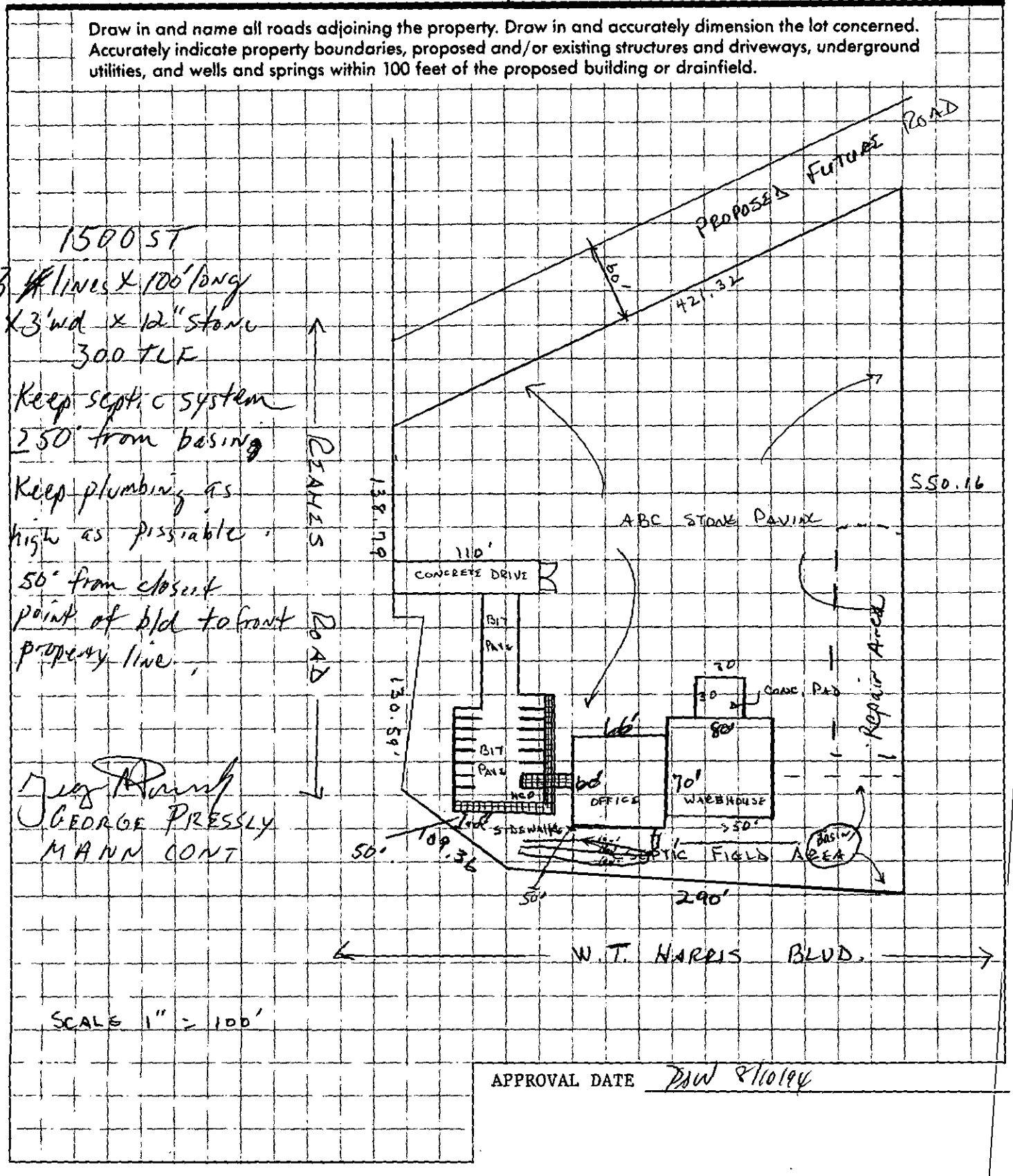
PROPOSED PLOT PLAN

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

FILE: 3160B

TC: PO 025-011 ~~06~~ 02

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 DSW 8/10/94

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

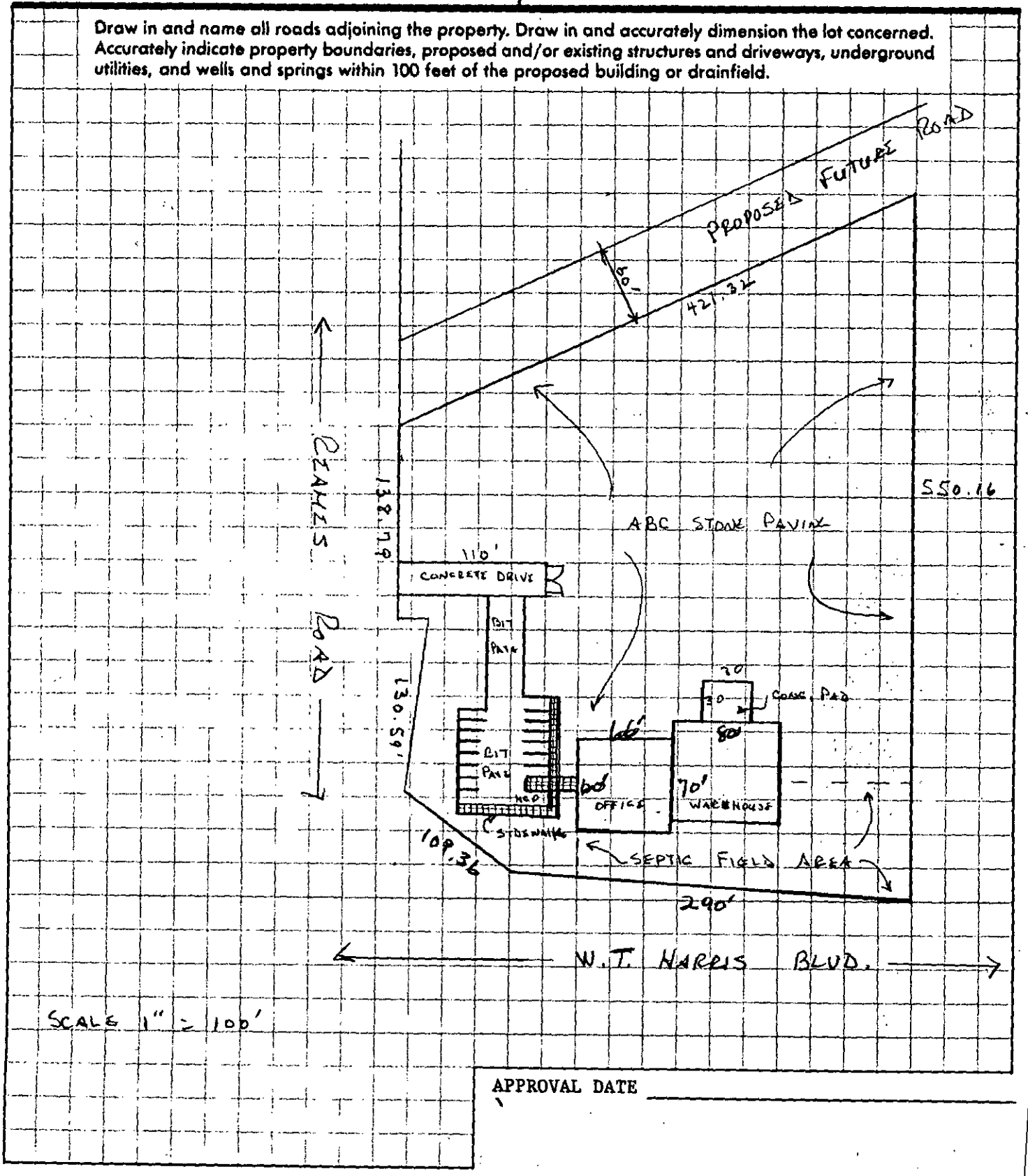
PROPOSED PLOT PLAN

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

FILE: 3160B

TC: PO 025-011-06

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



APPROVAL DATE _____

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

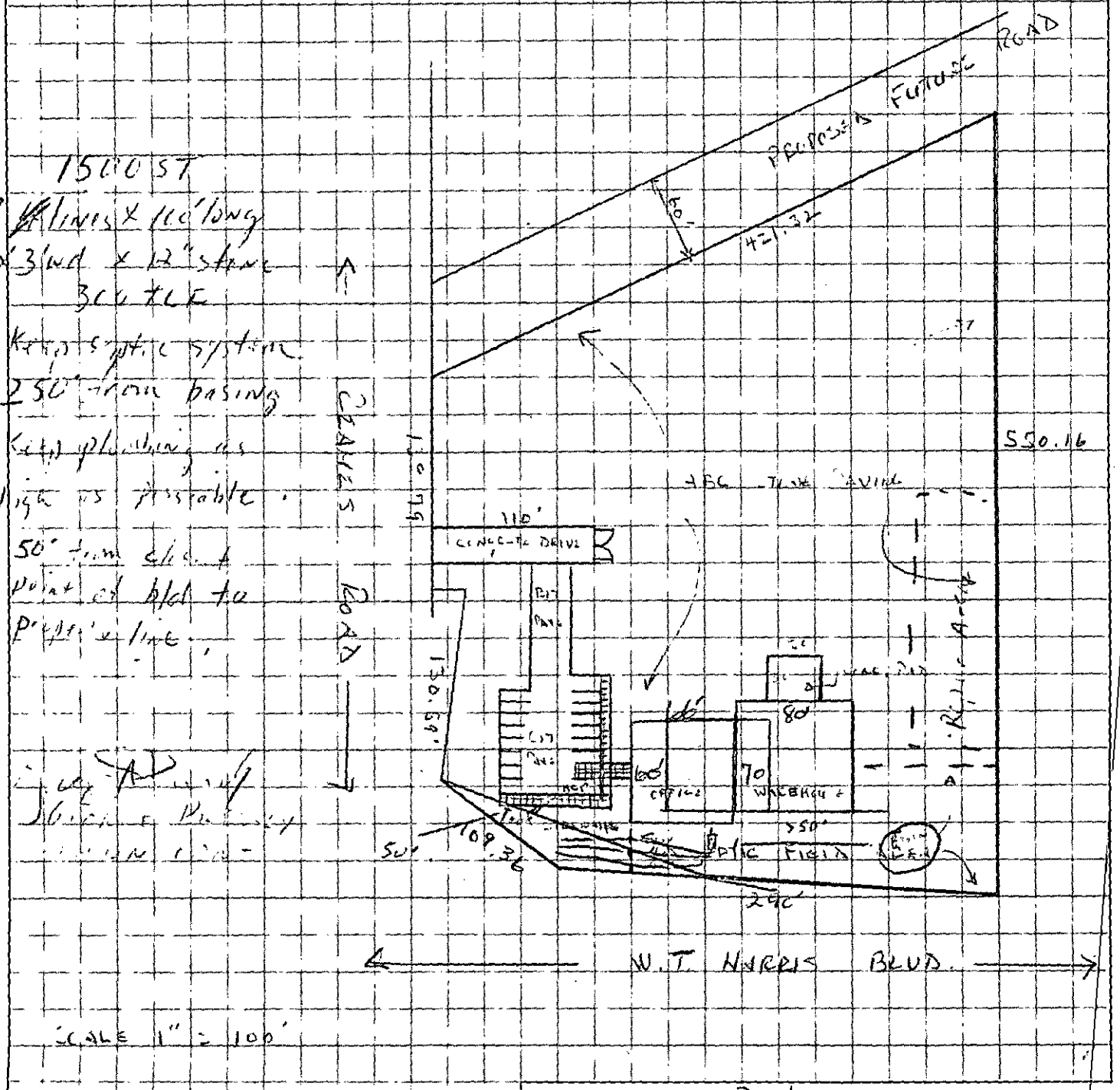
PROPOSED PLOT PLAN

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

FILE: 3160B

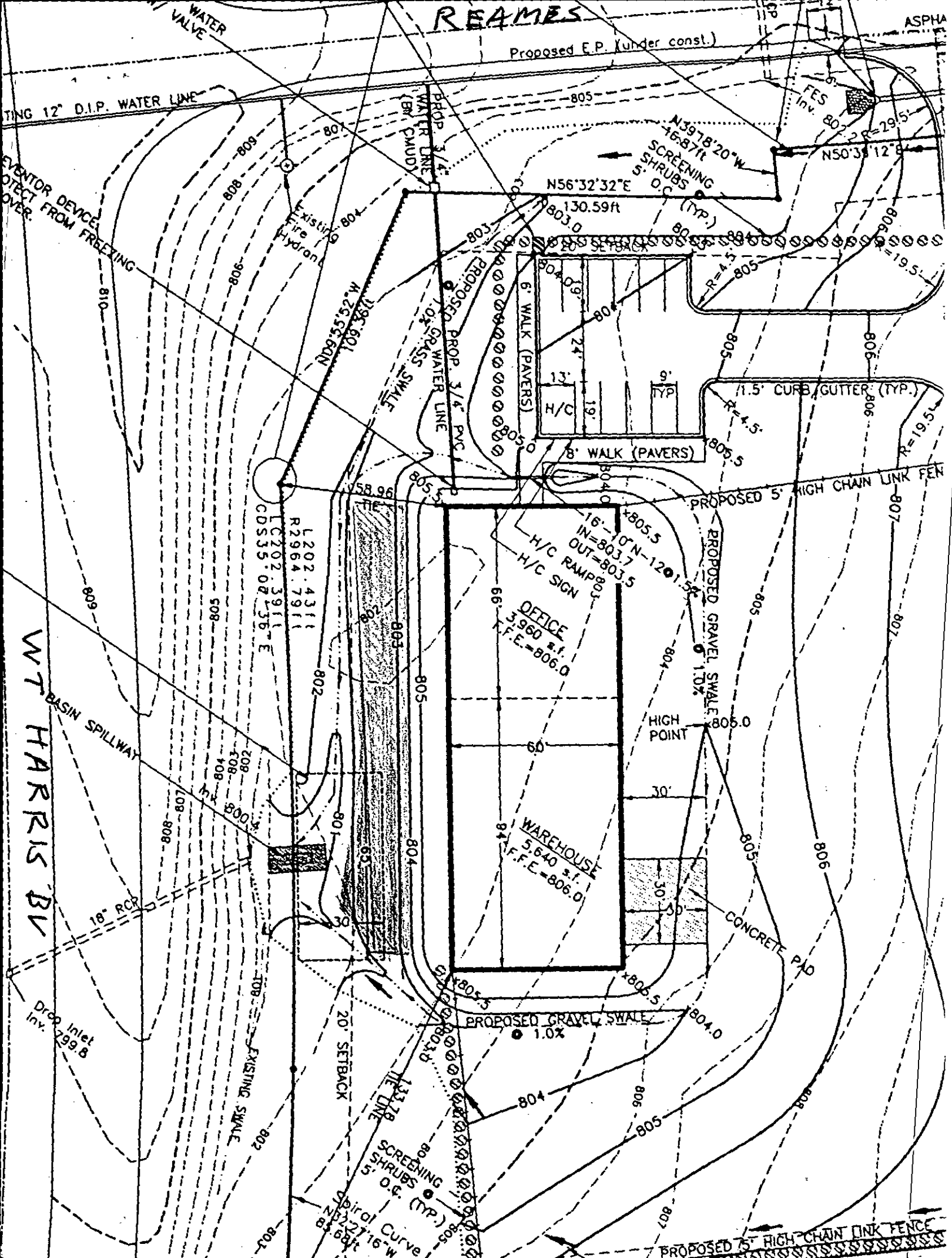
TC: PO 025-011-06

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 Dec 1 '01

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


REAMES
WATER VALVE
Proposed E.P. (under const.)
ASPHA
TING 12" D.I.P. WATER LINE
PROP. 3/4" WATER LINE (BY CMUD)
805
809
808
807
806
804
803
802
801
800
N39°18'20"W
46.87ft
SCREENING SHRUBS 5' O.C. (TYP.)
N56°32'32"E
130.59ft
N50°3
12"E
R=29.5'
FES
Inv
EVENTOR DEVICE TECT FROM FREEZING OVER.
Existing Fire Hydrant
20' SETBACK
R=4.5'
R=19.5'
6' WALK (PAVERS)
PROPOSED 3/4" PVC WATER LINE
SWALE
N09°35'52"W
109.36ft
24'
13'
H/C
19'
9' TYP.
1.5' CURB & GUTTER (TYP.)
8' WALK (PAVERS)
PROPOSED 5' HIGH CHAIN LINK FEN
N58.96ft
TIE
L202.43ft
R2964.79ft
LC202.39ft
CDS35°02'36"E
16'-10" N-12
IN=803.7
OUT=803.5
H/C RAMP
H/C SIGN
PROPOSED GRAVEL SWALE
1.5%
OFFICE
3,960 s.f.
F.F.E.=806.0
HIGH POINT
806.0
1.0%
60'
30'
WAREHOUSE
5,640 s.f.
F.F.E.=806.0
CONCRETE P/D
PROPOSED GRAVEL SWALE
1.0%
804.0
805.5
806.5
WT HARRIS BV
BASIN SPILLWAY
18" RCP
Drop Inlet Inv. 799.8
20' SETBACK
EXISTING SWALE
TIE
SCREENING SHRUBS 5' O.C. (TYP.)
Spiral Curve
N52°27'16"W
85.68ft
PROPOSED 5' HIGH CHAIN LINK FENCE

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20363

File: 3160B Action: 1

Parcel: PO 025-011-06 ☐ PC

Location: W.T. Harris Blvd & Reames Rd

Subdivision:

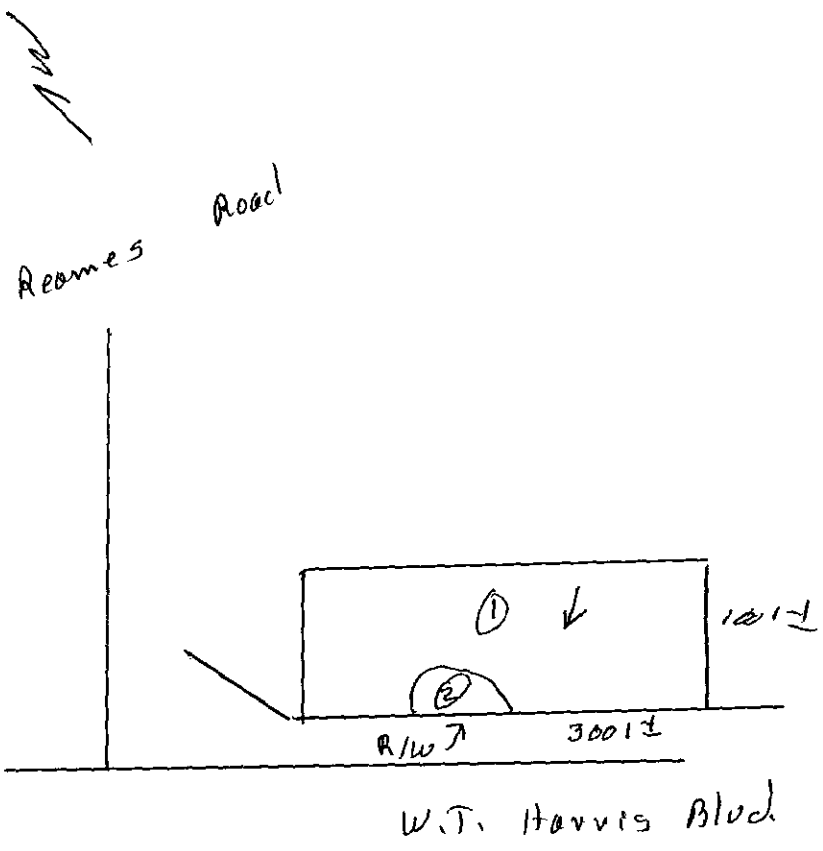
Lot: Block: Acres: Approx. .69 AC+/-

Owner: John B. Young
Address: 5250 Meson's Ferry Rd
Lake Wylie, S.C. 29710

Comments: Well Repair, Agolf/Sf

Described by: William R Marks

Date: 6-6-94



*** EVALUATION KEY ***

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-6%	S PS (U) Slight Depression	S PS U	S PS U	S PS U	S PS U
Texture Slightly Expansive clay	S (PS) U	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure Sub + Blocky	S (PS) U	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 7-36" To water	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36-40"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7 40"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	Series Not Determined IK	Slight Depression				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

Mecklenburg County

Health Department

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

June 8, 1994

John B. Young
5250 Mason's Ferry Road
Lake Wylie, SC 29710

RE: Property located on W. T. Harris & Reames Road
FILE: 3160B
PARCEL: 025-011-06P0

Dear Mr. Young:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 20363) is enclosed for your information.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Specific plan approval will be provided upon submission of an Application for an Improvement Permit with an **ACCURATELY** dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems and determination that the area is adequate to accommodate the proposed construction.

Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this department renders any area previously designated suitable for system installation, unsuitable. Furthermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

If there are any questions concerning this matter, please contact Bill Marlin, Soil Scientist at 336-5574.

Sincerely,

Kelly Randall

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

Enclosure

PROPOSED PLOT PLAN

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

FILE: 3160B

TC: 025-01-02

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.

SEE Attached

APPROVAL DATE _____

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Rd 50.00 CASH 5/23/94 DT [ ] CRT

3160B

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

(704)336-5102

PERSON FILING APPLICATION:

NAME: MILES (last) JOSEPH (first) L. (mi)
CHEROKEE SANFORD GROUP
ADDRESS: 1512 SOUTH BOULEVARD PHONE: 704 375-3350
CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28203

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: Pg 025-011-06
STREET ADDRESS: WT Harris Blvd
Reames Rd
ZONING:

PROPERTY OWNER:

NAME: YOUNG (last) JOHN (first) B. (mi)
ADDRESS: 5250 MASON'S FERRY ROAD PHONE: (___) 803-831-8595
CITY: LAKE WYLIE STATE: S.C ZIPCODE: 29710

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[x] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business OFFICE - DISTRIBUTION # Employees 10 Per Shift 10 0 0
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) N Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[x] 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 [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: _____ Date: 5/23/94

NOTICE:

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

No work shall be conducted on the septic tank system until repair

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

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

DC TURNER

Dan Turner
(704) 358-8849

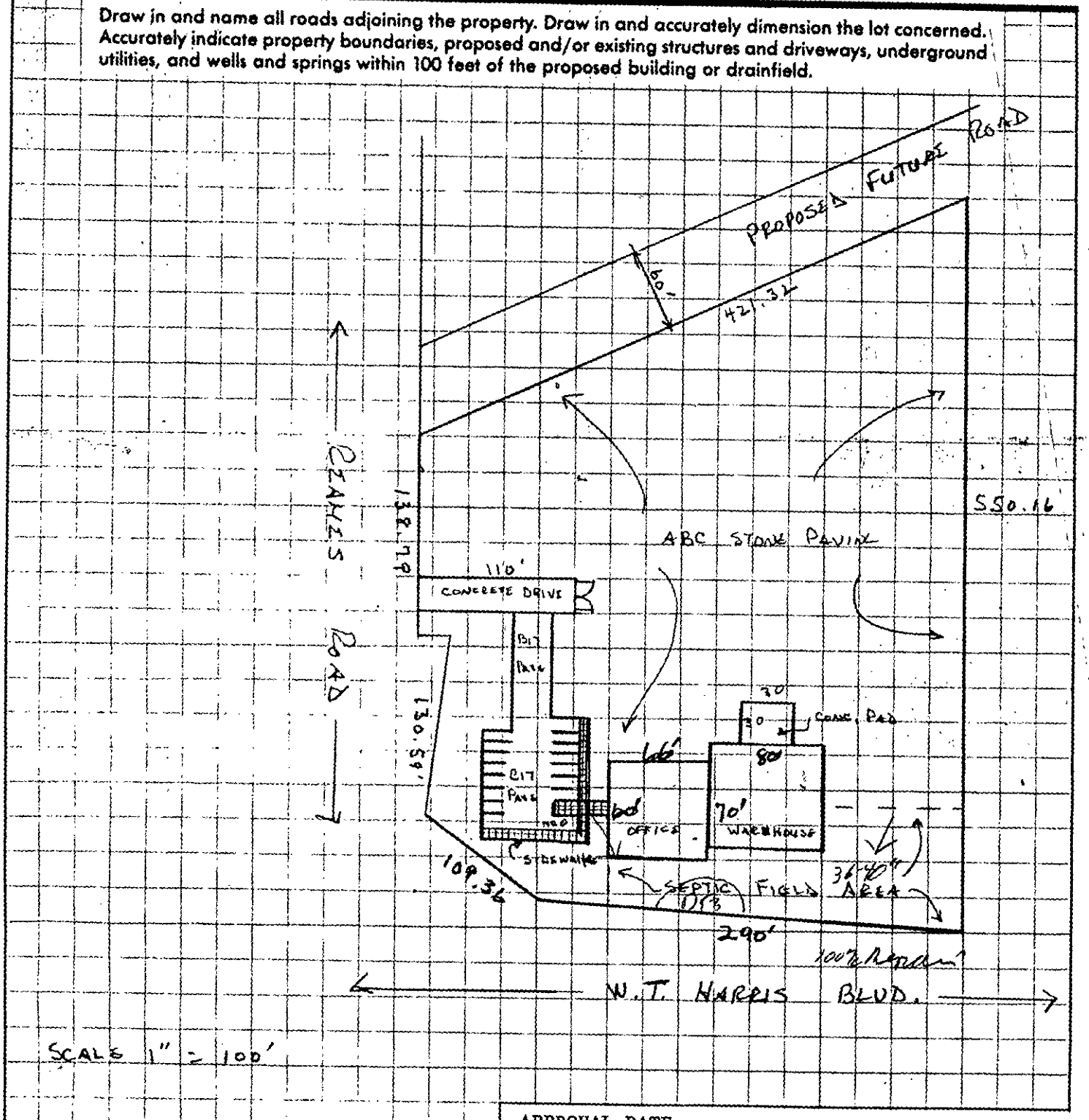
PROPOSED PLOT PLAN

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

FILE: 3160B

TC: PO 025-011-06

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



APPROVAL DATE _____

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

50 56

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

RC 50.00 / 5/25/94
50 CASH DT [] CRT

3160B

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

(704)336-5102

PERSON FILING APPLICATION:

NAME: MILES (last) JOSEPH (first) L. (mi)
CHEROKEE SANFORD GROUP
ADDRESS: 1512 SOUTH BOULEVARD PHONE: 704 375-3350
CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28203

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: PQ 025-011-06
STREET ADDRESS: WT Harris Blvd
Reames Rd
ZONING:

PROPERTY OWNER:

NAME: YOUNG (last) JOHN (first) B. (mi)
ADDRESS: 5250 MASON'S FERRY ROAD PHONE: (__) 803-831-8595
CITY: LAKE WYLIE STATE: S.C ZIPCODE: 29710

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[x] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [] HOUSE (N) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business OFFICE DISTRIBUTION # Employees 10 Per Shift 10 0 0
Industrial Wastes (Y/N) __
Underground Storage Tanks On Property (Y/N) N Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[x] 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 [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: _____ Date: 5/25/94

NOTICE:

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

No work shall be conducted on the septic tank system until
epair

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

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

DC TURNER

600 S. College St.
Suite 1000
Charlotte, NC 28202

Dan Turner
(704) 358-8849