

11832 MOUNTAIN ISLAND BROOK LN

02330103

12/26/2007

duponbj

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

MECKLENBURG COUNTY

Engineering & Building Standards Department

MECKLENBURG COUNTY
ZONING BOARD OF ADJUSTMENT
AGENDA

WEDNESDAY – APRIL 12, 2000 - 8:30 A.M.

E. L. WOODS, TRAINING CENTER
HAL MARSHALL BUILDING - 700 NORTH TRYON STREET

CASE #00-03 – 11832 Mountain Island Brook Lane – Tax Parcel Number 155-102-36 – requesting a 30 foot variance from the required 100 watershed buffer to allow the existing house, porch, deck, and steps to remain located in the buffer. Code Section 10.508 states that a 100 foot vegetative buffer is required along the shoreline fo Mountain Island Lake. No permanent structures, built upon areas, septic tank systems, or any other disturbance of the existing vegetation shall be allowed.

Business Meeting: Approval of March 8, 2000 Minutes.

THE BOARD RESERVES THE RIGHT TO DEVIATE FROM THE AGENDA

Mecklenburg County will comply with the American with Disabilities Act (ADA), which prohibits discrimination on the basis of disability. Anyone needing special accommodations when attending this meeting and/or if this information is needed in an alternative format because of a disability, please contact the Clerk to the Charlotte Zoning Board of Adjustment, 700 North Tryon Street, (704) 336-3818 at least 72 hours prior to the meeting.

700 North Tryon Street • Charlotte, North Carolina 28202 • (704)336-2831 • Fax (704)336-3846

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 1629-B DATE: 8/26/99

TC: 023-151-64 ☒ L ☒ CRT

SERIAL Nº 18089

Name of Owner Nathan Brooks Juris.: Mecklenburg

Address of Property 11832 Mountain Island Brook Ln.

Inspection Data:

Tank Material P.C.C.

Total Length of Drainfield 300 ft

Number of Lines 3 @ 100 ft

Cover Depth 12" +

Water Supply Source Well

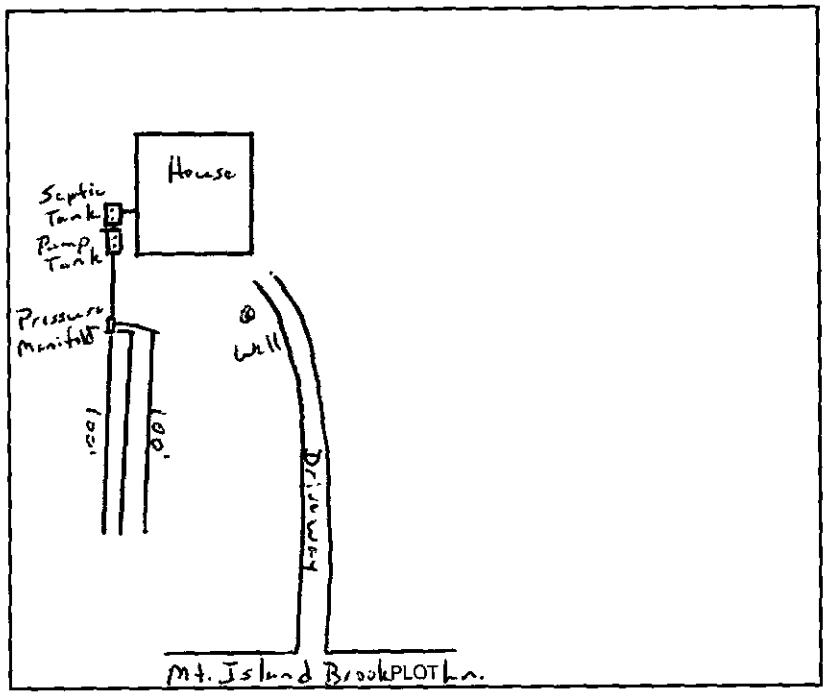
Distance to Water Source 64 ft

Excavation Inspected 8/26/99

Tank(s) Inspected 8/26/99

Wash Line Inspected N/A

High Water Alarm Inspected 8/26/99



Design 1500 S.T. 1000 D.T. Pl, Inv., 900 S.F. T. CTR# B.W. Christenbury

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: System designed for a 3 bedroom residence

Type III b

Jeffrey A. Knight
Environmental Health Specialist

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

ck # 1512

FEE: 100 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 10/13/98 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 4-25-97 **PERMIT NO:** 1629-B

PARCEL NO: 023-151-02

JOB LOCATION ADDRESS: 11032 Brookshire Blvd. Mountain Island

PROPERTY OWNER: ~~Robert Douglas~~ David Kohsmann

BUILDING CONTRACTOR: _____

SUBDIVISION NAME: _____

AUTHORIZATION ISSUED BY: _____ **DATE:** 4-25-97
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1629-B, 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 form must be executed + recorded prior to installation approval
- wells must be abandoned prior to installation approval

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.

_____ Oct 13, 98
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number 1629-B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number 023-151-02

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	✓ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
.3 Long-term acceptance rate	360 Max gallons/day wastewater flow	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	1000 Gallon pump tank	N/A Depth of stone		
Any surface waters present: yes Type: Mt n Isle		Minimum separation distance: 100'		
Site modifications required:				
Additional Conditions: - agreement form must be executed + recorded prior to installation approval - wells must be properly abandoned before installation approval				

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	
400 Absorption Area (Sq ft) 200 Total Trench Length (Ft)	30" Depth of ~~Stone~~ Trench SAND	8 Trench spacing (min. on centers)	40" 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.

9-25-97
DEHNR Authorized Agent Date

Oct 13, 98
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

FILE COPY
FILED FOR REGISTRATION
DATE 8-25-99
BOOK 10713
STAMPS
DOC. # 1999152672
TIME 13:13
PAGE 744
REC FEE 19.00
JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC

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 # 16298
PARCEL # 023-151-62

The undersigned, Nathan P. Brooks, owner of property located at 11832 Mtn. Island Brook Lane, (the "site") and described in an instrument recorded in Book 10289 at Page 44, Mecklenburg and Map Book 27, page 413 (Lot 3 Elbert Associates) 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.

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: Law Offices
Mail after recording to: 4419B Monroe Road, Suite B
Charlotte, NC 28205

_____ (SEAL)
(Corporate Name)

Nathan P. Brooks (SEAL)

By: _____ _____ (SEAL)

_____ President _____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, J.M. Brooks, a Notary Public for said County and State, do hereby certify that Nathan P. Brooks personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 20th day of August, 1999.

_____
Notary Public

My Commission Expires:

My Commission Expires March 18, 2001

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day and acknowledged that _he is _____ Secretary of _____ _____, a North Carolina corporation, 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 _____ President, sealed with its corporate seal and attested by _____ as its _____ Secretary.

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

_____
Notary Public

My Commission Expires:

_____

FEE: [illegible] CHECK

DATE: 10/13/98

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 #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 023-151-61

STREET ADDRESS: 11832 Mountain Island Ln.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1200

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS:

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
X 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)
X SHARED WELL (S)
__ MUNICIPAL (M)
__ OTHER 'SPRINGS' (O)
__ PRIVATE WELL (P)

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	X YES __ NO
EXISTING WASTEWATER SYSTEMS	__ YES __ NO	DESIGNATED WETLANDS	X YES __ NO
EASTMENTS OR RIGHT-OF-WAYS	__ YES __ NO		

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Kohsmann (LAST) David (FIRST) B (MI)	NAME: [redacted] (LAST) (FIRST) (MI)
ADDRESS: 11824 mt Island Brook Ln	DAYTIME PHONE: ( ) - 393-3737
CITY: Charlotte STATE: N.C ZIP: 28214	
DAYTIME PHONE: (704) 398 - 9057	

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: David Koh DATE: Oct 13, 98

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

TRANSFER OF OWNERSHIP

Permit #: 1629B
Job Location Information:
Tax Parcel #: 023-151-61
Street Address: 11832
Mountain Island Brook Ln

An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change or if information submitted in this application is falsified or changed.

Property Owner Improvement Permit Originally Issued to:

Name: Douglas Robert (last) (first) (mi) Date Issued: 4/25/97

Address: P.O. Box 6159
City: Charlotte State: NC Zip: 28207
Daytime Phone: (704) 376-1010

IMPROVEMENT PERMIT TRANSFERRED TO:

Name: Kohsmann David B (last) (first) (mi)

Address: 11824 Mountain Island Brook Ln.
City: Charlotte State: NC Zip: 28214
Daytime Phone: ( ) 398-9052

The undersigned, owner or legal agent for the owner, of the property described as the "job location" in the original application dated 10/13/98 has read the foregoing application and Improvement Permit, 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: X David B. Kohsmann Date: Oct 13, 98

IMPROVEMENT PERMIT TRANSFERRED TO:

Name: _____ (last) (first) (mi)

Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: ( ) ___-_____

The undersigned, owner or legal agent for the owner, of the property described as the "job location" in the original application dated _____ has read the foregoing application and Improvement Permit, 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: _____

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

023-151-01 (ACS)

Sheet ___
PROPERTY ID #: ___
COUNTY: 16 29B

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Robert Douglas
ADDRESS: PO Box 6159, Charlotte
APPLICANT: ___
APPLICATION DATE: ___ DATE EVALUATED: ___
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 480gpd/ PROPERTY SIZE: .28
LOCATION OF SITE: 11832 Brookshire Blvd PROPERTY RECORDED: ___
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	SLOPES 2-8% .1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROD CL & L
1	LS	0-12"	F: 11		>46" TO SOIL WETNESS	46"	N/A	None	.35 gal/Fr IV PS
		12-41"	SBK/scl	Fr/SEXP/SS/SP					
		41-46"	SBK/sc	F:/SEXP/SS/P					
2	M	0-6"	gr/scl	Fr/SEXP/SS/SP	>46" TO SOIL WETNESS	46"	NA	None	US
		6-46"	SBK/c	F:-VF:/EXP/VP/US					
			possible platy structure						
3	R	0-6"	gr/scl	Fr/SEXP/SS/SP	>43" TO SOIL WETNESS	43"	N/A	None	US
		6-43"	SBK/sc	F:-VF:/EXP/VP/US					
			possible platy structure						
4									

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

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): unsuitable
EVALUATED BY: W. A. Marlin 3-10-97
LSS

COMMENTS: 100% Repair

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUT	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
I (Drainage Way)					EXP (Expansive)	CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
S (Foot Slope)						ABK (Angular Blocky)
I (Head Slope)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SICL (Silty Clay Loam)				PR (Prismatic)
(Nose Slope)		CL (Clay Loam)			MOIST	WET
(Ridge)		SCL (Sandy Clay Loam)				
(Shoulder Slope)		SLC (Silt Loam Clay)			VFR (Very Friable)	NS (Non-sticky)
(Terrace)					FR (Friable)	SS (Slightly Sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FI (Firm)	S (Sticky)
		SIC (Silty Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
					EFI (Extremely Firm)	NP (Non-plastic)
		O (Organic)	None			SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

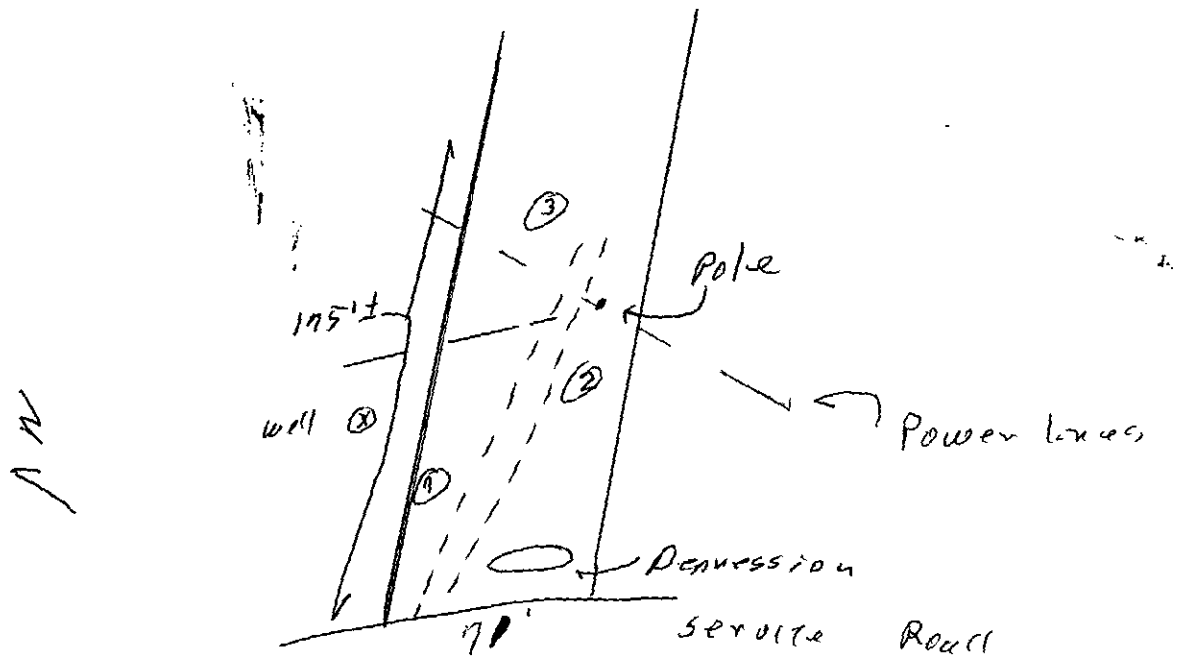
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



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

D400

Sheet
PROPERTY ID #: #2 - 16293
COUNTY: PO 023-151-02

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Robert Daugler
ADDRESS: Box 6159 Charlotte
PROPOSED FACILITY: residence
LOCATION OF SITE: 11632 Brookshire Blvd.
APPLICANT:
APPLICATION DATE:
PROPOSED DESIGN FLOW (.1949): 4 bdrm
DATE EVALUATED:
PROPERTY SIZE: .6
PROPERTY RECORDED:

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

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTA
1	LS Slopes 5-10%	0-4"	Fill		>44" To Chroma 2	44"	N/A	None	PS .125g I-II
		4-8"	gr/sc l	Fr/SE XP/SS/SP					
		8-44"	SBK/SC	Fi/SE XP/SS/P					
2	LS	0-8"	gr/s l	Fr/SE XP/SS/SP	>46" To Chroma 2	46"	N/A	None	PS .125g I-IV
		8-24"	SBK/ sc l	Fr/SE XP/SS/SP					
		24-46"	SBK/ SC	Fi/SE XP/SS/P					
3	LS	0-24"	Fill						
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	US	US

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W. R. Marlin 11-16-96

OMMENTS: 100' Regard Required

LEGEND

use the following standard abbreviations

ANDSCAPE POSITION	GROUT	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
(Drainage Way)					EXP (Expansive)	CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
S (Foot Slope)						ABK (Angular Blocky)
(Head Slope)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SICL (Silty Clay Loam)				PR (Prismatic)
(Nose Slope)		CL (Clay Loam)				
(Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
(Shoulder Slope)		SLC (Silt Loam Clay)				
(Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SIC (Silty Clay)			FI (Firm)	S (Sticky)
					VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None		EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

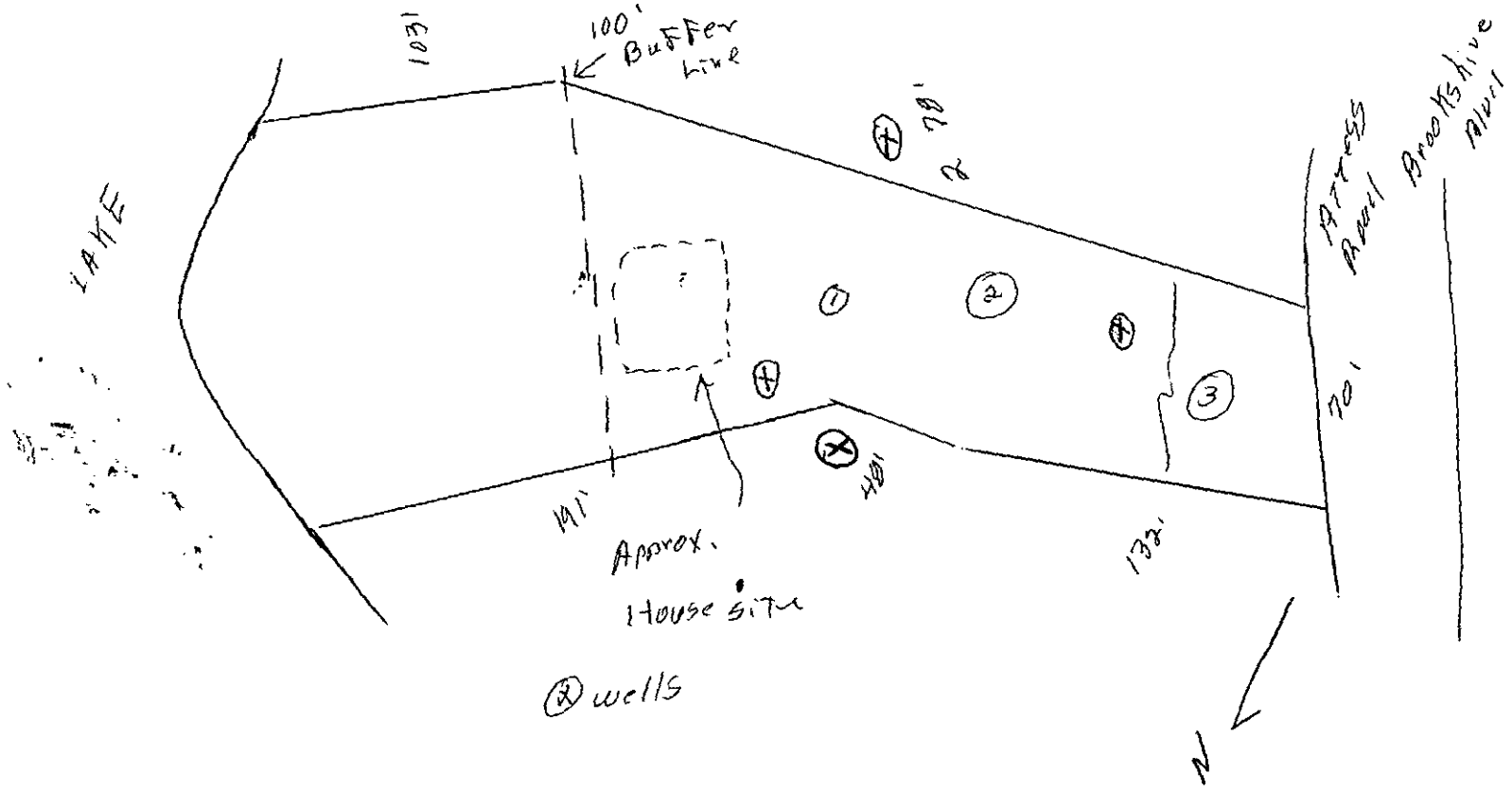
OTES	
ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
IGH WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designatic
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.

ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).

1629B



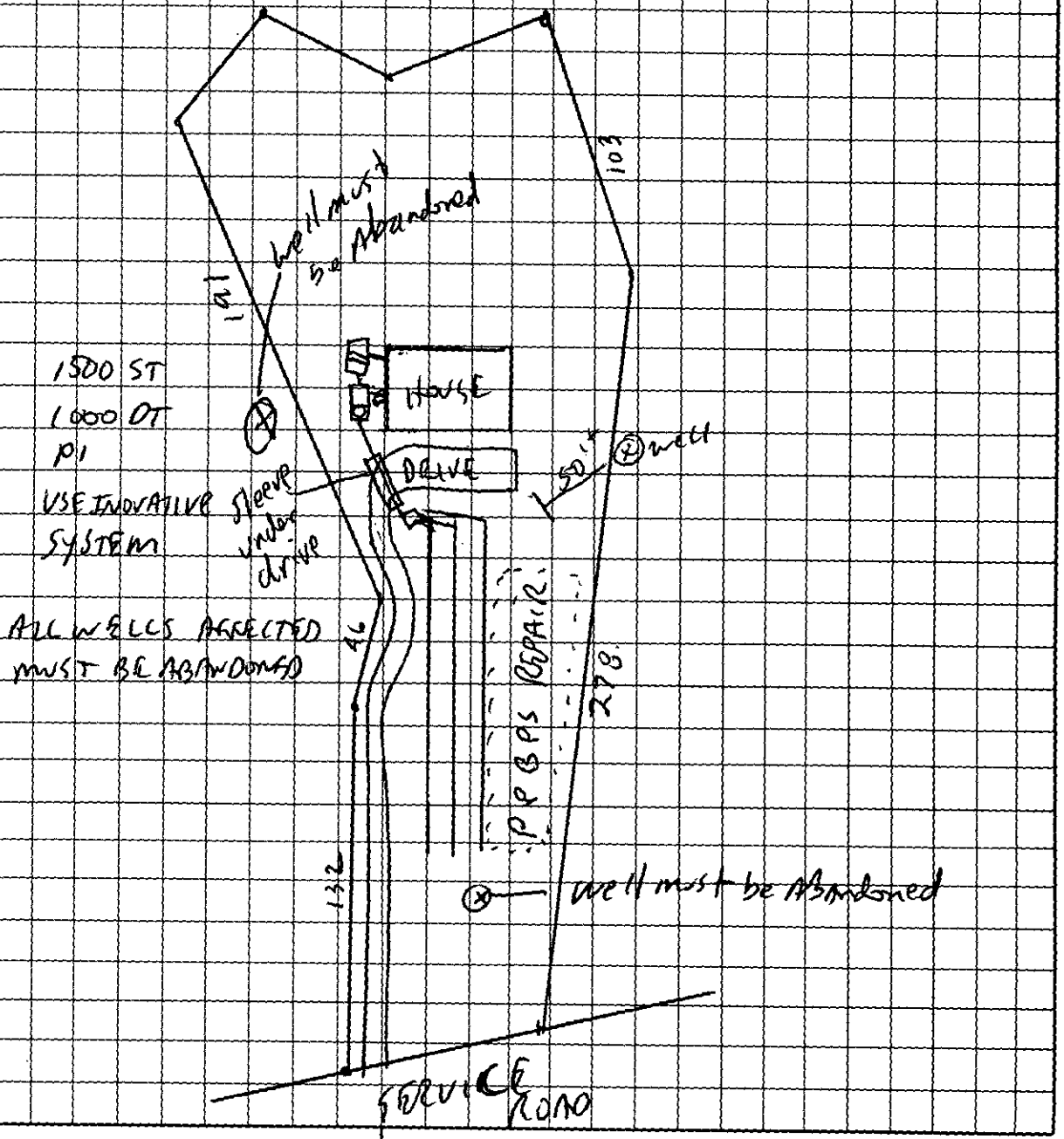
PROPOSED PLOT PLAN

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

FILE: 1624-B

TC: 023-151-02

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.



X [signature]
OWNER/AGENT SIGNATURE

DATE Oct, 13 1998

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

FEE: 100.00
DATE: 10/18/96
CC # 301

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 #: 16298

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 023-151-02

STREET ADDRESS: 11832 Brookshire Blvd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1 as per owner

NUMBER OF BEDROOMS: 3/4/3 NUMBER OF OCCUPANTS: 2

CLOSING DATE 10/31/96

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT ON SLAB
X 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 X NO TYPE: _____

WATER SUPPLY (CHECK ONE):

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

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

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

PROPERTY OWNER:

NAME: (LAST) Douglas (FIRST) Robert (MI) (managing partner for Elbert Associates)

ADDRESS: P.O. Box 6159

CITY: Charlotte STATE: NC ZIP: 28207

DAYTIME PHONE: 704 376- 1010

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) Rudolph (FIRST) Robert (MI) O.

DAYTIME PHONE: 704 399- 4848

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? Unknown

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: X [signature] DATE: X 10-25-96

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

10/18/56

Rec'd application, plat plan not included

Called & spoke with Robert Randolph. Mailed application back along with plat plan form

Rec'd application for 2nd time on 10/29/56

Plat plan still not included, have city indicated on subdivision survey map

Lot #3

1629B

AP OF

OCIATES, MAP 1

REALTY CO., INC.

023-151-01, 02

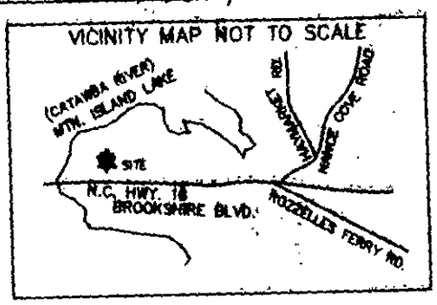
EK TOWNSHIP
NTY, NORTH CAROLINA

L AREA:
40.76 SF
791 Ac.

NOTES :

1. THIS SURVEY CREATES A SUBDIVISION OF LAND WITHIN THE AREA OF A COUNTY OR MUNICIPALITY THAT HAS AN ORDINANCE THAT REGULATES PARCELS OF LAND.
2. NO RECOVERABLE N.C.G.S. MONUMENT LIES WITHIN 2000 FEET OF THE SUBJECT PROPERTY.
3. IRON PINS AT ALL CORNERS UNLESS OTHERWISE NOTED.
4. SUBJECT PROPERTY ZONED: R-3 (MOUNTAIN ISLAND WATERSHED DISTRICT CA4)

MINIMUM WATERSHED BUFFER	= 100 FEET
MINIMUM LOT WIDTH	= 70 FEET
MINIMUM BLDG. SETBACK	= 40 FEET
SIDE YARD SETBACK	= 8 FEET
REAR YARD SETBACK	= 45 FEET

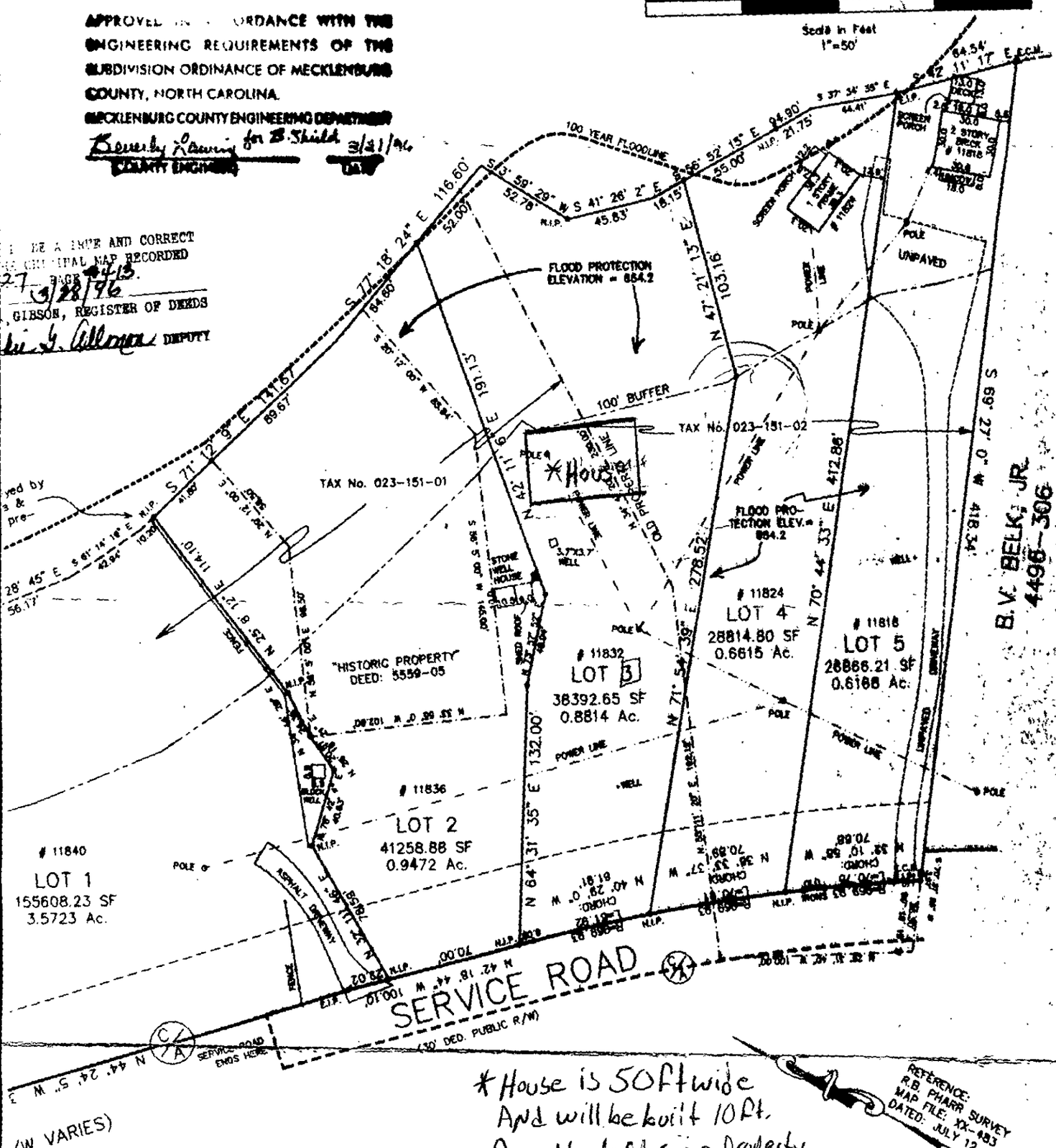


100 50 0 50 100

Scale in Feet
1"=50'

APPROVED IN ACCORDANCE WITH THE ENGINEERING REQUIREMENTS OF THE SUBDIVISION ORDINANCE OF MECKLENBURG COUNTY, NORTH CAROLINA.
MECKLENBURG COUNTY ENGINEERING DEPARTMENT
Beverly Lanning for B. Shield 3/21/96
COUNTY ENGINEER DATE

BE A TRUE AND CORRECT
ORIGINAL MAP RECORDED
IN BOOK 27 PAGE 413.
3/28/96
GIBSON, REGISTER OF DEEDS
Lisa G. Allman DEPUTY



*House is 50ft wide
And will be built 10ft.
from the left side property line.

REFERENCE:
R.B. PHARR SURVEY
MAP FILE: XX-483
DATED: JULY 12, 1983

(R/W VARIES)

VED IN ACCORDANCE WITH THE PROVISIONS OF THE SUBDIVISION
ANCE OF MECKLENBURG COUNTY, NORTH CAROLINA.
CHARLOTTE-MECKLENBURG PLANNING COMMISSION

2/26/96

FLOOD CERTIFICATION

THIS IS TO CERTIFY THAT THE SUBJECT PROPERTY IS [illegible] LOCATED IN A SPECIAL FLOOD HAZARD AREA AS SHOWN ON MAPS PREPARED BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY, FEDERAL INSURANCE ADMINISTRATION, DATED FEBRUARY 5, 1981 COMM. PANEL 370158 0004 B

JOB: 1

1629B

AP OF

)CIATES, MAP 1
REALTY CO., INC.

. 023-151-01, 02

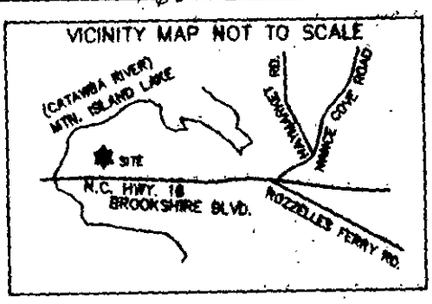
.EK TOWNSHIP
)NTY, NORTH CAROLINA

L AREA:
140.76 SF
791 Ac.

NOTES :

1. THIS SURVEY CREATES A SUBDIVISION OF LAND WITHIN THE AREA OF A COUNTY OR MUNICIPALITY THAT HAS AN ORDINANCE THAT REGULATES PARCELS OF LAND.
2. NO RECOVERABLE N.C.G.S. MONUMENT LIES WITHIN 2000 FEET OF THE SUBJECT PROPERTY.
3. IRON PINS AT ALL CORNERS UNLESS OTHERWISE NOTED.
4. SUBJECT PROPERTY ZONED: R-3 (MOUNTAIN ISLAND WATERSHED DISTRICT CA4)
   MINIMUM WATERSHED BUFFER = 100 FEET
   MINIMUM LOT WIDTH = 70 FEET
   MINIMUM BLDG. SETBACK = 40 FEET
   SIDE YARD SETBACK = 8 FEET
   REAR YARD SETBACK = 45 FEET

VICINITY MAP NOT TO SCALE

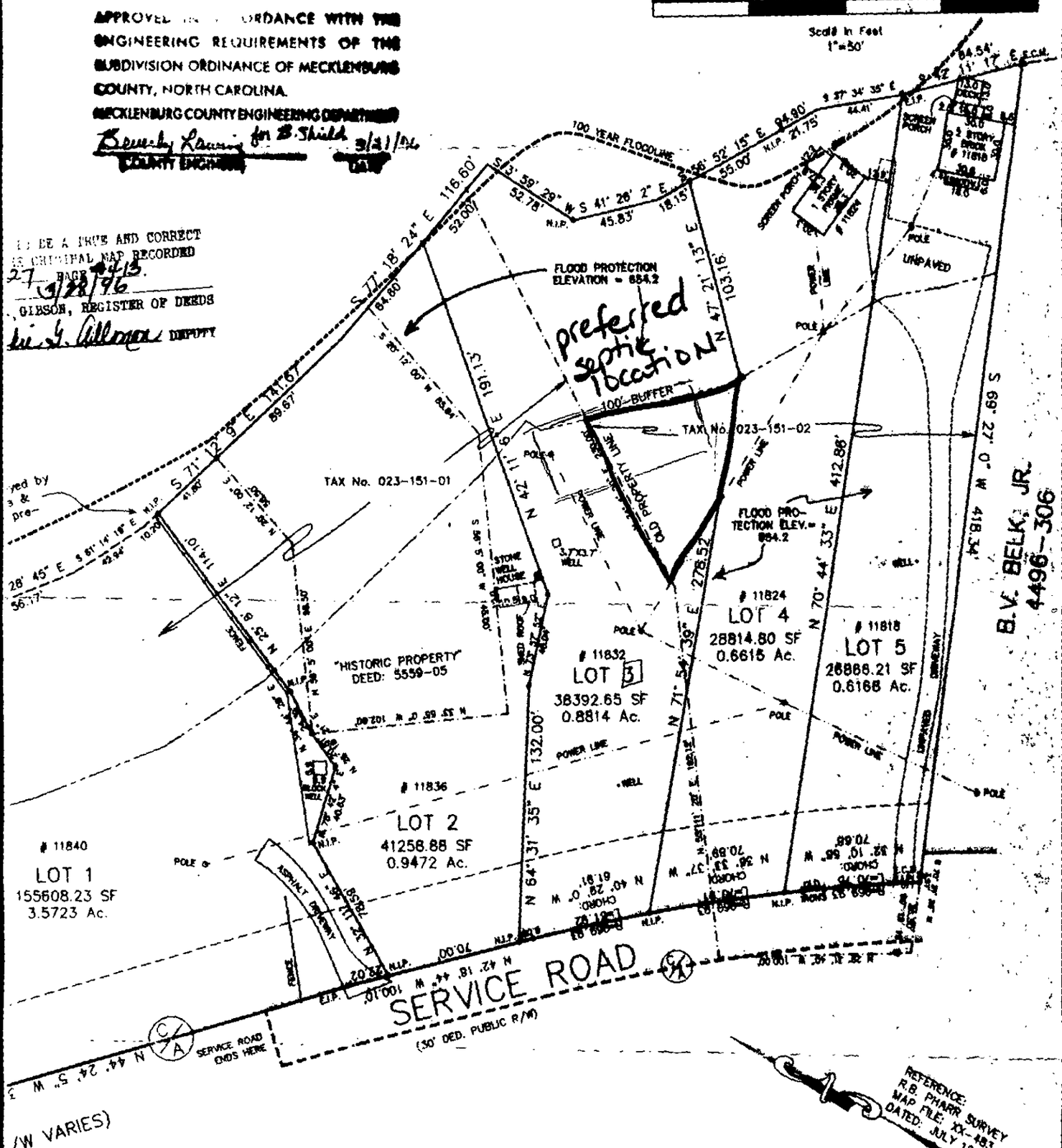


100 50 0 50 100

Scale in Feet
1"=50'

APPROVED IN ACCORDANCE WITH THE
ENGINEERING REQUIREMENTS OF THE
SUBDIVISION ORDINANCE OF MECKLENBURG
COUNTY, NORTH CAROLINA.
MECKLENBURG COUNTY ENGINEERING DEPARTMENT
Beverly Lanning for B. Shield 3/21/96
COUNTY ENGINEER DATE

TO BE A TRUE AND CORRECT
AS ORIGINAL MAP RECORDED
27 PAGE 413.
3/28/96
GIBSON, REGISTER OF DEEDS
Lisa G. Gillespie DEPUTY



/W VARIES)

)VED IN ACCORDANCE WITH THE PROVISIONS OF THE SUBDIVISION
ANCE OF MECKLENBURG COUNTY, NORTH CAROLINA.
CHARLOTTE-MECKLENBURG PLANNING COMMISSION

2/26/96

FLOOD CERTIFICATION

THIS IS TO CERTIFY THAT THE SUBJECT PROPERTY IS (NOT) LOCATED IN A SPECIAL FLOOD HAZARD AREA AS SHOWN ON MAPS PREPARED BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY, FEDERAL INSURANCE ADMINISTRATION, DATED FEBRUARY 4, 1984. COMM. PANEL: 370159 0048 B

JOB: 27

EXCLUSIVE RIGHT TO SELL LISTING CONTRACT

1629B

This EXCLUSIVE RIGHT TO SELL LISTING CONTRACT ("Listing Contract") is entered into this 15 day of May, 1995 between Libert Associates, as owner(s) ("Owner") of the property described below (the "Property"), and Century 21 Westside Realty, as Listing Firm ("Agent").

1. In consideration of the Owner agreeing to list the Property for sale and in further consideration of Agent's services and efforts to find a buyer, Agent is hereby granted the exclusive right to sell the Property, for a period of _____ from May 15 1995 until midnight, _____ 19__, for a cash price of $ 75,000.00 or on price and terms as follows:

1 Cash ( ) 2-Loan Assumption ( ) 3 Conventional ( ) 4-FHA ( ) 5-VA ( ) 6-Personal ( ) 7-Lease Purchase ( ) 8-Other ( )_____

_____, or for any other price or on any other terms acceptable to Owner.

2. AGENCY RELATIONSHIPS: Agent has advised seller of REALTORS® general company policy regarding cooperating with Subagents, Buyers Agents or both and Owner has read Disclosure Regarding Real Estate Agency Relationships on reverse side hereof and agrees to authorize the Agent (Listing Firm) to cooperate and to compensate the following: (CHECK ALL APPLICABLE AGENCIES)

( ) Subagents representing only the Owner

( ) Buyer Agents representing only the Buyer

( ) Owner authorizes the Agent (Listing Firm) to act as a Dual Agent representing both the Owner and the Buyer in the same transaction while showing the property. (When Dual Agency occurs, a separate agreement will be executed.)

The form of agency in a transaction will be disclosed verbally to the Owner's Agent at the time of initial contact by all cooperating real estate agents. Further, a written disclosure of agency shall be provided to the Owner at the time an offer to purchase is submitted for the Owner's consideration.

All REALTOR® have an ethical responsibility to treat all parties to the transaction honestly.

3. Owner agrees to pay Agent a fee of 6 %, which shall be computed on the gross sales price of the Property, OR, $ NA At Closing

a. If a ready, willing and able buyer is procured by Agent, the Owner, or anyone else during the exclusive listing period on any terms acceptable to the Owner.

b. If, within 30 days after expiration of the exclusive listing period Owner either directly or indirectly sells, exchanges, conveys or transfers, or agrees to sell, exchange, convey or transfer the Property upon any terms whatsoever, to any person who has been physically shown the Property during the term of this Contract or any renewal hereof, provided names of such persons are delivered or postmarked to the Owner within 15 days from date of expiration.

HOWEVER, Owner shall NOT be obligated to pay such fee if a valid listing contract is entered into between Owner and another real estate broker and the Property is sold, exchanged, conveyed or transferred during such listing period.

4. The real property that is the subject of this Listing Contract is located in the City of Charlotte

County of Mecklenburg State of North Carolina, and is known more particularly and described as:

Street Address 11632 Brookshire boulevard Zip 28214

Legal Description Single Family Lot

5. Also included in this Listing Contract are the following items of personal property: _____

6. Agent agrees to provide Owner the benefit of Agent's judgments, experience and advice in the marketing and sale of the Property. Owner understands that Agent makes no representation or guarantee as to the sale of the Property, but Agent agrees to use his best efforts in good faith to find a buyer who is ready, willing and able to purchase the property.

7. Owner agrees to cooperate with Agent in the marketing and sale of the Property, including: (a) providing to Agent in a timely manner accurate information reasonably requested by Agent; (b) making the Property available for showing at reasonable times and upon reasonable notice; and (c) complying in a timely manner with all requirements of any sales contract.

8. Owner agrees that the Property is offered for sale without regard to race, color, religion, sex, familial status, handicap or national origin.

9. Owner hereby authorizes Agent: (CHECK ALL APPLICABLE SELECTIONS)
( ) A. To place "For Sale," "Under Contract," "Sale Pending," (or other similar signs) on the Property and to remove other such signs.
( ) B. To place a lock box on the Property.
( ) C. To advertise the Property.
( ) D. To submit pertinent information concerning the Property to any listing service of which Agent is a member and to furnish to such listing service notice of all changes of information concerning the Property authorized in writing by Owner.

10. Owner authorizes Agent upon execution of a sales contract for the Property, to notify the listing service of the pending sale and upon closing of the sale, to disseminate sales information, including sales price, to the listing service, appraisers and real estate brokers.

11. If the Property is sold during the period set forth herein, Seller acknowledges right of ownership and will execute and deliver a general warranty deed conveying fee simple marketable title to the Property, free of all encumbrances except ad valorem taxes for the current year (which are to be prorated to the date of closing), utility easements, rights-of-way, and unviolated restrictive covenants, if any, and those encumbrances that the buyer agrees to assume in the sales contract.

12. The following additional terms and conditions shall also be a part of this Listing Contract: _____

13. This Listing Contract constitutes the entire agreement of Owner and Agent and there are no representations, inducements, or other provisions other than those expressed herein. All changes, additions, or deletions to this Listing Contract must be in writing and signed by both Owner and Agent.

Owner and Agent each hereby acknowledges receipt of a signed copy of this Listing Contract:

Owner LIBERT ASSOCIATES Social Security #_____

Co-Owner_____ Social Security #_____

Residence Address_____

Residence Phone_____ Owner Work Phone_____ Co-Owner Work Phone_____

Agent (Listing Firm) Century 21 Westside Realty

By:_____ Office Phone (704) 399-4848

Office Address 8400 F Belhaven Blvd., Charlotte, NC 28216

Copyright 1992 Charlotte Association of REALTORS®, Inc.



Murphy & Rudolph
CENTURY 21 Office, 1994
8400 E Independence Boulevard
Coolwood Shopping Center
Charlotte, North Carolina 28212
Business (704) 399-1040
Toll Free (800) 227-1118
Fax (704) 567-7413

Facsimile Cover Sheet

Date: 3/31/97

To: Kelly Randall

Recipient's Fax number: 336 6894

From: Janice Rice Rudolph

FAX #: 704-393-7403

Total number of pages (including cover sheet): 2

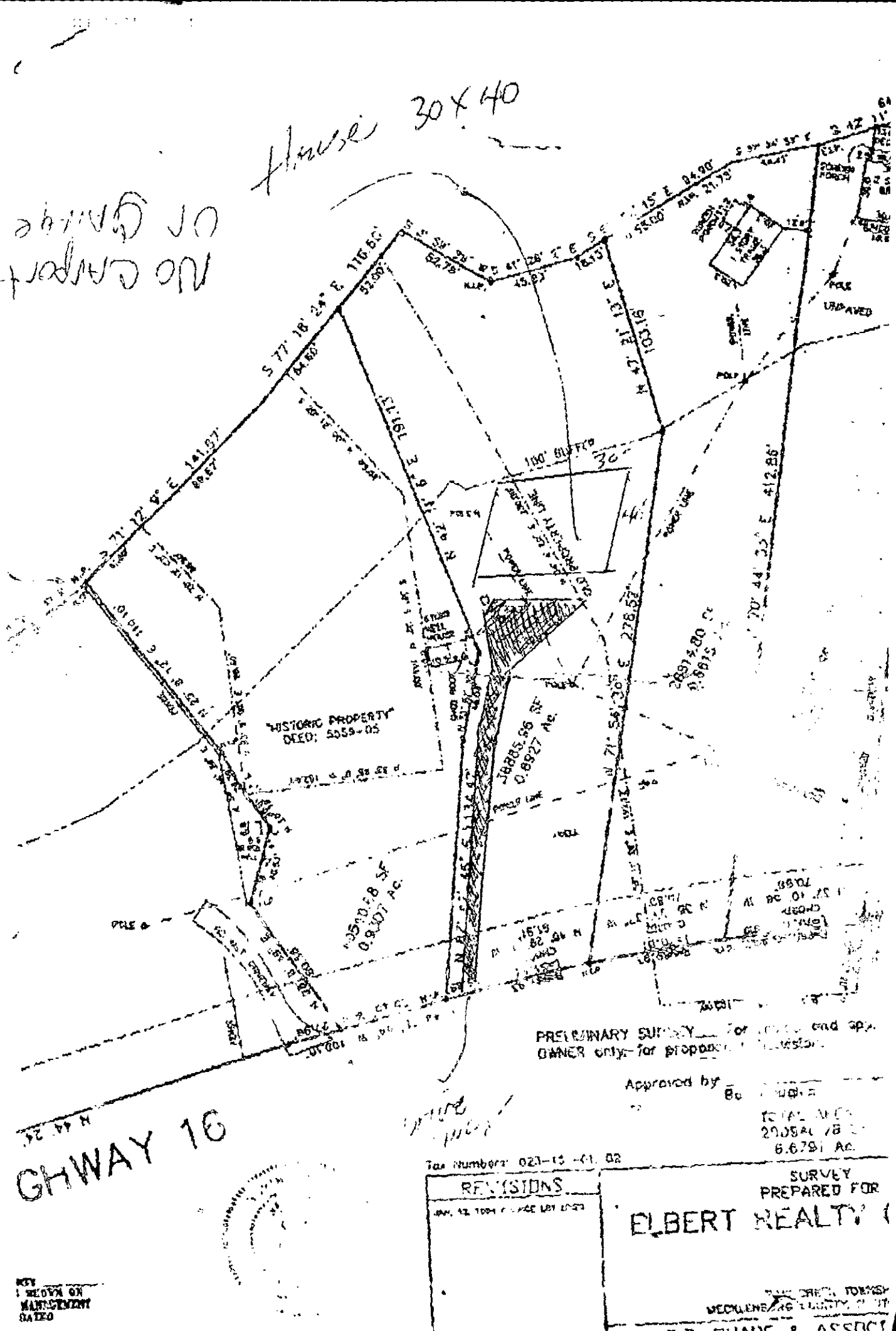
Subject: Driveway @ Brookshire Duplex & House

Additional information

Do you need anything else?

Thank you!

03-31-97 12:19PM



FROM : CENTURY 21 Murphy & Rudolph PHONE NO. : 7043937408 Mar. 31 1997 10:49AM P2

#15 2nd Site Evaluation

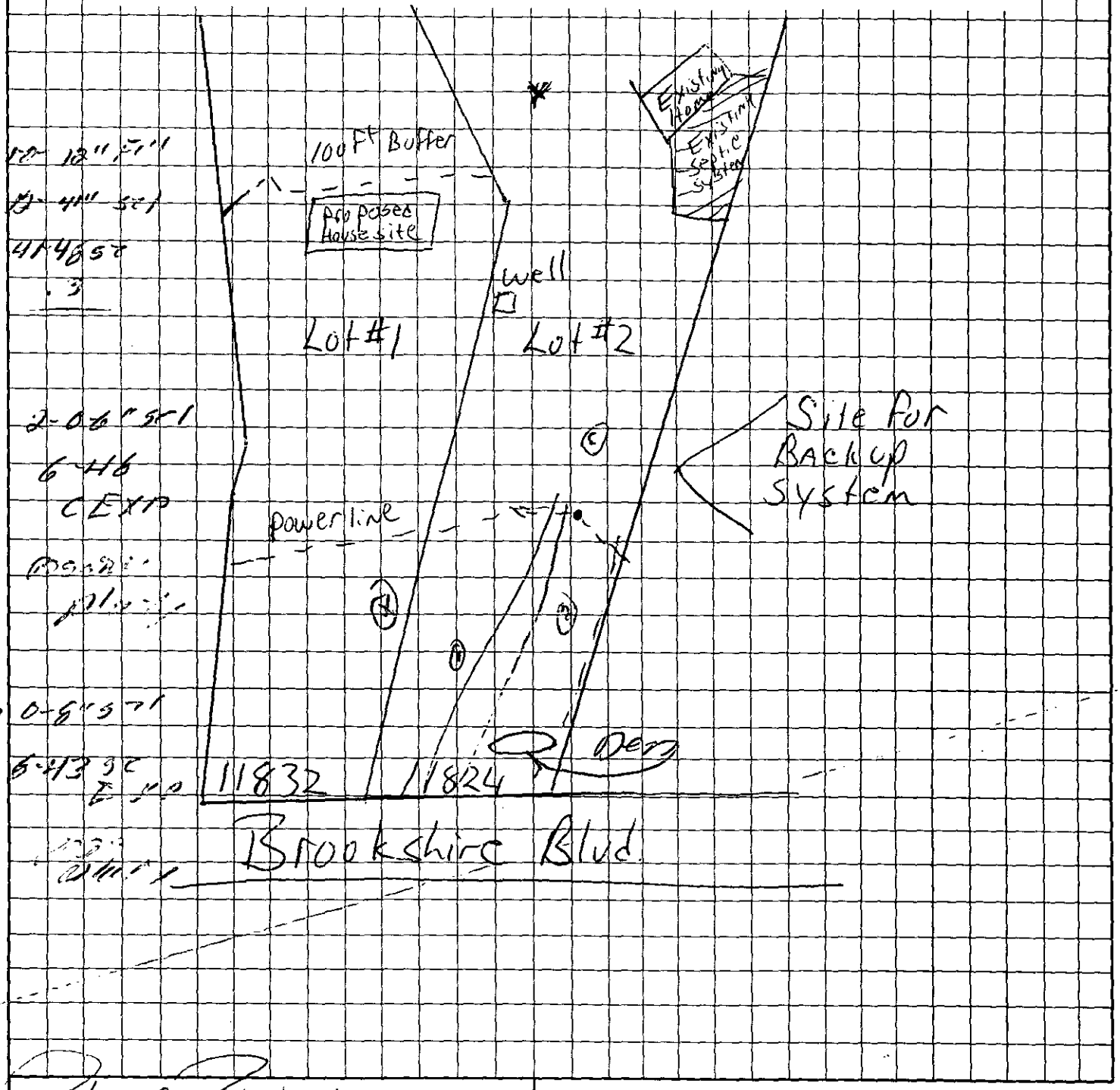
PROPOSED PLOT PLAN

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

FILE: 1629B 3

TC: 023-151-02

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.



OWNER/AGENT SIGNATURE

DATE 1-31-97

APPROVAL DATE _____

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

#150 2nd site evaluation

PROPOSED PLOT PLAN

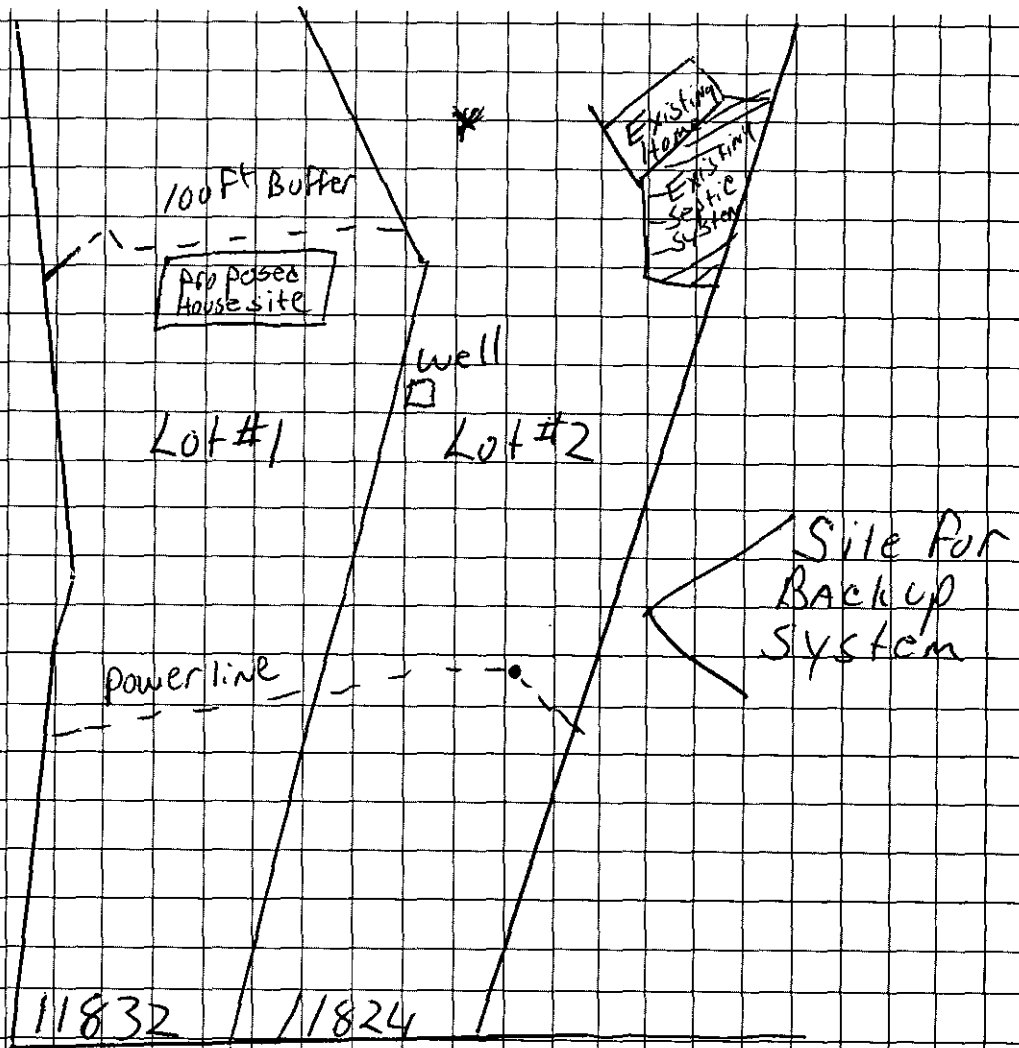
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

1629B

FILE: ~~1629B~~

TC: 023-151-02

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.



OWNER/AGENT SIGNATURE

DATE 1-31-97

APPROVAL DATE _____

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

Mecklenburg County
Health Department

November 22, 1996

Mr. Robert Douglas
P.O. Box 6159
Charlotte, NC 28207

Re: 11832 Brookshire Blvd.
File: 1629B
Parcel: 023-151-02

Dear Mr. Douglas:

Receipt of your Application for Improvement Permit for the above referenced property is acknowledged. A soil evaluation and a site visit have been conducted. The results of the evaluation indicated that the site is **UNSUITABLE** under Rules .1945 (a) (b) **AVAILABLE SPACE**. For this reason your Application for Improvement Permit is denied. A possible way to develop the site exists under Rule .1948(d) which reads as follows:

> A site classified as **UNSUITABLE** may be used for a ground absorption sewage treatment and disposal system specifically identified in Rules .1955, .1956, or .1957 of this Section or a system approved under Rule .1969 if written documentation, including engineering, hydrogeologic, geologic or soil studies, indicates to the local health department that the proposed system can be expected to function satisfactorily. Such sites shall be reclassified as **PROVISIONALLY SUITABLE** if the local health department determines that the substantiating data indicate that:
> (1) a ground absorption system can be installed so that the effluent will be non-pathogenic, non-infectious, non-toxic, and non-hazardous;
> (2) the effluent will not contaminate ground or surface water; and
> (3) the effluent will not be exposed on the ground surface or be discharged to surface waters where it could come in contact with people, animals, or vectors.

The State shall review the substantiating data if requested by the local health department.

Please be advised that you have the right to an informal review by this department. You also have the right to appeal under G.S. 130A-24, and to have the appeal held in Mecklenburg County.

If you have any questions regarding this matter, please call me at 336-5568.

Sincerely,

Larry B. Thompson, Jr., R.S.

Larry B. Thompson, Jr., R.S.
Individual Water and Wastewater Systems

Mecklenburg County
Health Department

Nov 21, 1996
~~October 11, 1995~~

Robert Douglas
~~Angelia Grant~~ P.O. Box 6159
~~13806 Holbrook Road~~
~~Huntersville, NC~~ Charlotte, N.C. 28207

Re: 11832 Brookshire Blvd.
File: ~~6404-6408 Pamela Street 1629 B~~ ~~3738B~~ 1629B
Parcel: ~~013-014-44,45~~ 023-151-02

Dear ~~Ms. Grant~~ Mr. Douglas

Receipt of your application for Improvement Permit for the above referenced property is acknowledged. A soil evaluation and a site visit have been conducted. The results of the evaluation indicated that the site is **UNSUITABLE** under Rule ~~.1941 (a) (3) (B) SOIL CHARACTERISTICS (MORPHOLOGY), and .1942 (a) SOIL WETNESS CONDITIONS.~~ For these reasons your Application for Improvement Permit is denied. A possible way to develop the site exists under Rule .1948(d) which reads as follows:

> A site classified as **UNSUITABLE** may be used for a ground absorption sewage treatment and disposal system specifically identified in Rules .1955, .1956, or .1957 of this Section or a system approved under Rule .1969 if written documentation, including engineering, hydrogeologic, geologic or soil studies, indicates tot the local health department that the proposed system can be expected to function satisfactorily. Such sites shall be reclassified as **PROVISIONALLY SUITABLE** if the local health department determines that the substantiating data data indicate that:
>
> (1) a ground absorption system can be installed so that the effluent will be non-pathogenic, non-infectious, non-toxic, and non-hazardous;
>
> (2) the effluent will not contaminate groundwater or surface water; and
>
> (3) the effluent will not be exposed on the ground surface or be discharged to surface waters where it could come in contact with people, animals, or vectors.

The state shall review the substantiating data if requested by the local health department.

Please be advised that you have the right to an informal review by this department. You also have the right to appeal under G.S 130A-24, and to have the appeal held in Mecklenburg County.

If you have any questions concerning this matter please contact me at 336-55~~75.~~ 68

Sincerely,

Kelly Randall LOT #42 Rule .1945 (a)(6) Available Space

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

- 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 26 day of August, 1999.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

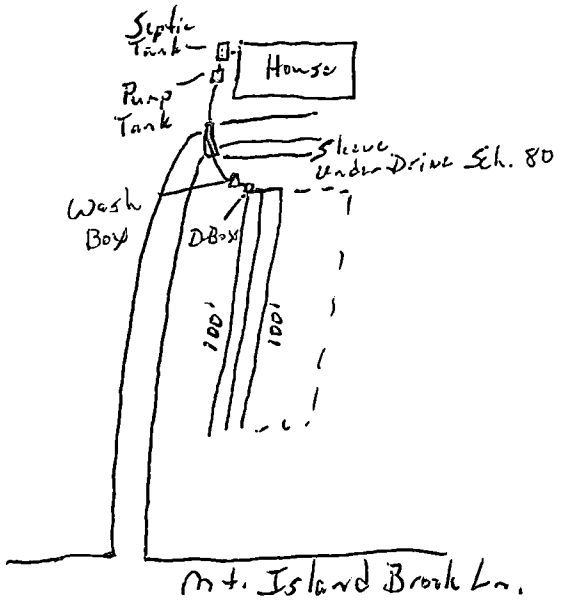
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1629-B DATE: 8/24/99

TC: 023-151-61-02 ☒ L

SERIAL No. 18208

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 October 13, 1998. All work shall be completed on or before September 24, 1999, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A 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 P. C. C.

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Yes

Total Line Length 300 feet

Number of Lines 3

Depth of Stone N/A inches

Distance from House >5 feet

Distance from Property Line >10 feet

Distance from Well >50 feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER David Kohsmann

LOCATION OF PROPERTY 11832 Mt. Island Brook Ln.

Comments: (1) Keep lines level and on contour (2) Keep trenches shallow. (3) Wells must be properly abandoned before final approval (4) 3 lines 100 ft long - 9 ft on center.

Jeff A. Knight
Environmental Health Specialist

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