

3821 CHERRYBROOK DR

13935124

5/18/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT 1040

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

FILE: 4458-A DATE: 3-8-94

TC: ~~139-021-12~~ ☐ L ☒ CRT
139-351-24

SERIAL Nº 15868

Name of Owner CHERRY HOMES INC Juris.:

Address of Property 3821 CHERRY BROOK DR

Inspection Data:

Tank Material PLC

Total Length of Drainfield 200

Number of Lines 4 @ 50

Cover Depth 6"

Water Supply Source Comm well

Distance to Water Source 100'+

Excavation Inspected 3-8-94

Tank(s) Inspected 3-9-94

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 199A PODS TYPE II CTR# W.T. NORWOOD

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:

Kathy Rawls
Environmentalist

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

MCHD
FILE: 4458-A
TC: 139-021-12
Lot 15, Forestbrook

L:\WORK\HORRY\DESIGN

DESIGN SPECIFICATIONS
FOR 3 Bedroom
ON-SITE WASTE DISPOSAL SYSTEM
CONTINUOUS

SYSTEM TYPE:
- CONVENTIONAL
- CONVENTIONAL (SHALLOW PLACEMENT)
- 8-INCH PPBPS-GRAVITY DISTRIBUTION
- 8-INCH PPBPS-PRESSURE DISTRIBUTION
- ✓ 16-INCH PPBPS-GRAVITY DISTRIBUTION
- 16-INCH PPBPS-PRESSURE DISTRIBUTION
- LPPS
- OTHER

3 Bedrm.

SPECIALIZED EQUIPMENT OR REQUIREMENTS:

DROP BOX	WELL ABANDONEMENT
DISTRIBUTION BOX	EASEMENT
✓ DIPPER BOX (1)	LOT COMBINATION/SURVEY
FLOW DIVIDER	EARTHEN SURFACE SWELL
WASH BOX	FRENCH/CURTAIN DRAINS
SPECIAL FITTINGS	GREASE INTERCEPTOR
PRESSURE MANIFOLD	PUMP TANK
SIPHON	SAPROLITE TEST
MULTIPLE PUMPS	1,500 gal. Septic TANK
OTHER	

Primary

LINE	#PANELS PER LINE	#HOLES PER PANEL	HOLE SIZE	HOLE SPACING	LINE HEAD	LINE LENGTH	HOLE FLOW	PER MINUTE LINE FLOW
L1	11	1				50'		
L2	11	1				50'		
L3	11	1				50'		
L4	11	1				50'		

Total 44 PANELS

Total 200'

Repair

A	40'
B	60'
C	50'
D	50'
E	35'
	235'+

MCHD

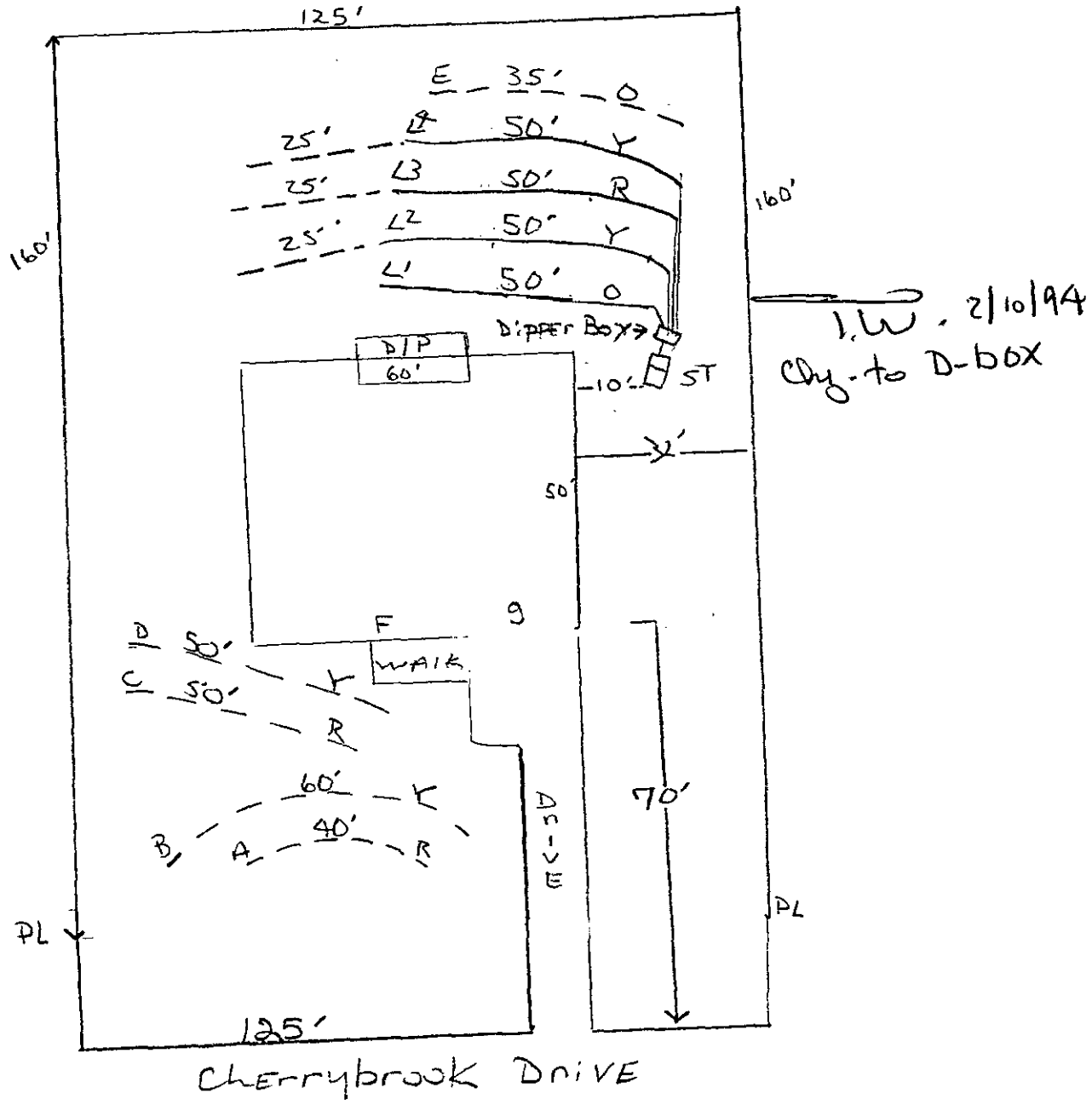
File: 4458-A

TC: 139-021-12

Lot 15, Forestbrook

PPBPS

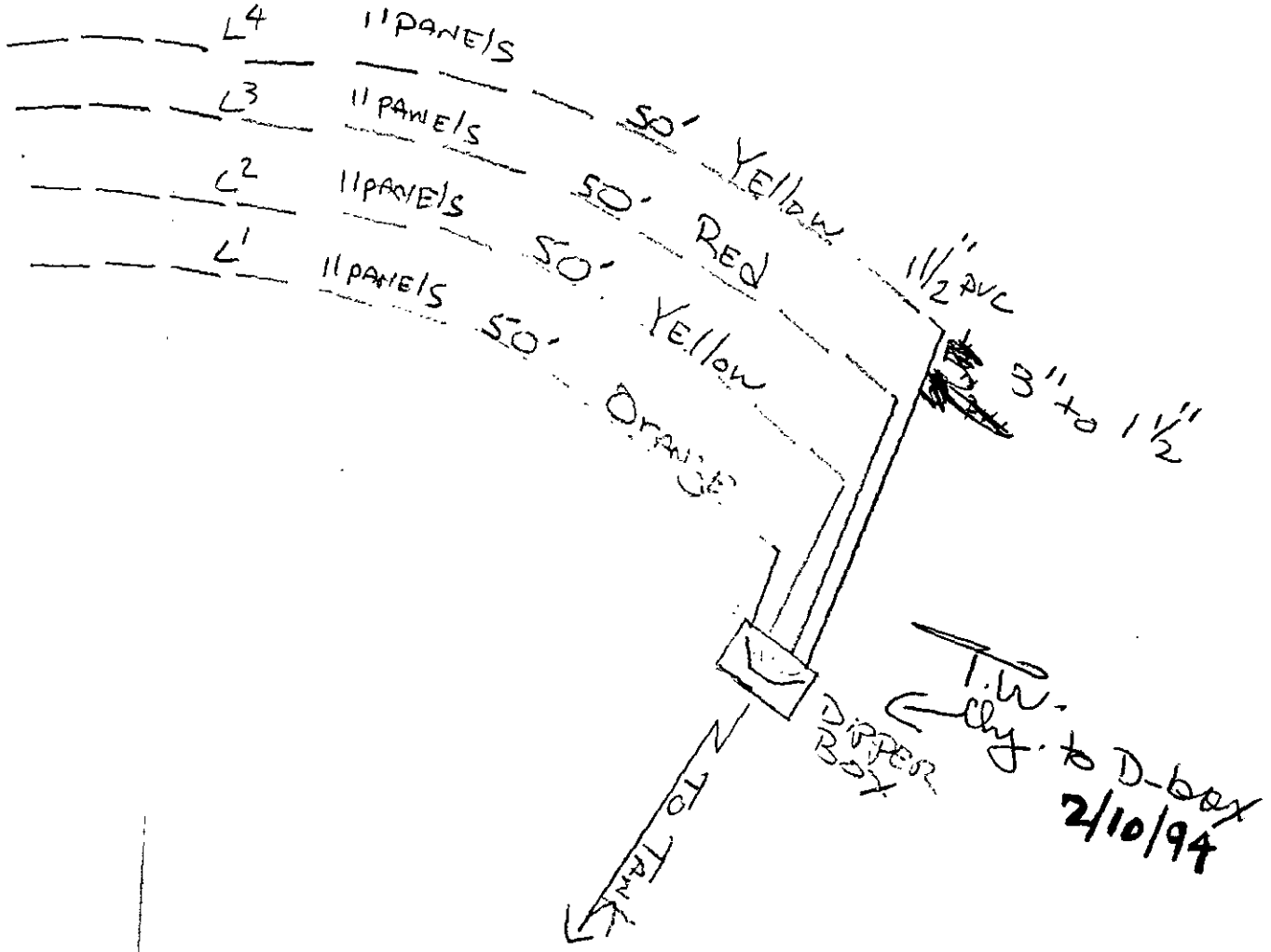
(3) Bedroom/Gravity
Primary



Scale
30

MCHD
FILE: 4458-A
TC: 139-021-12
Lot 15, forestbrook

3 Bedroom / Gravity / PDBPS



Approved

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

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

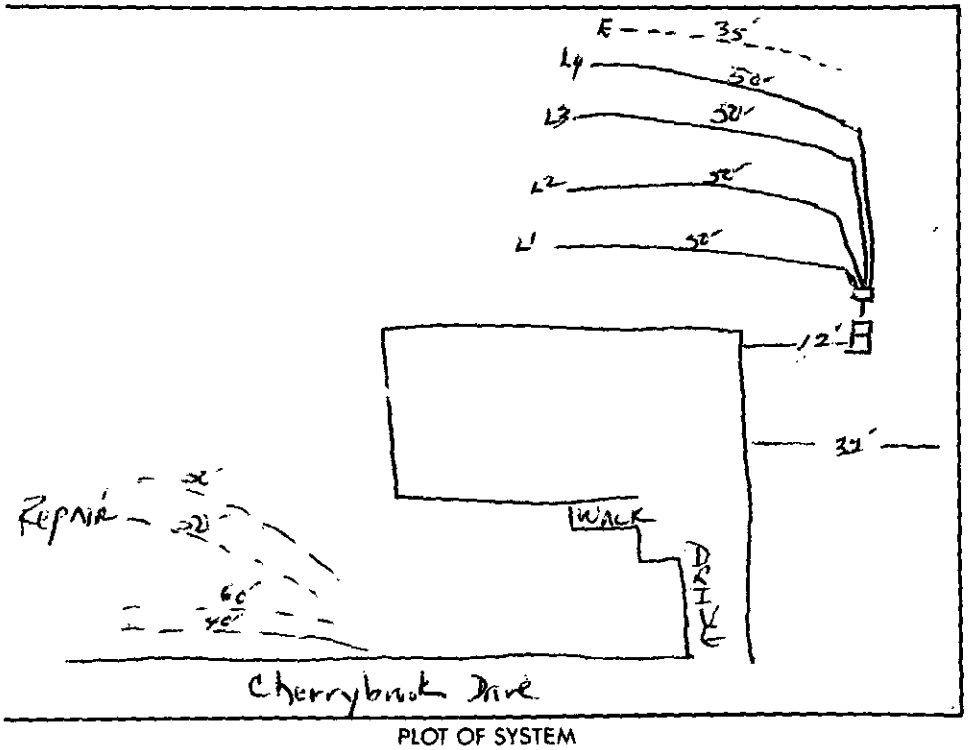
12480

FILE: 4458-A DATE: 2-02-94

TC: 139-021-12 ☐ L

SERIAL Nº 15880

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 _____. All work shall be completed on or before _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of ~~15A~~ NCAC 18A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PVC

Absorption and/or Nitrification Lines:

Trench Width 2 feet

Total Line Length 200' feet

Number of Lines 4

Depth of ~~Stone~~ Sand 30"* inches

Distance from House 12' feet

Distance from Property Line 10'+ feet

Distance from Well Comm. well feet

NAME OF OWNER Cherry Homes, Inc.

LOCATION OF PROPERTY 3821 Cherrybrook DRive

Comments: INSTALL IN ACCORD. W/ PLAN ON FILE

Division or Section Head

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

file 4458A

JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 12/06/93 10:54
BK: 07577 PG: 0088/0089 #:0205 10.70

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 .1956, .1957, OR .1969 OF THIS SECTION.

The undersigned, Cherry Homes Inc. owner of property located at 3821 Cherybrook Dr. ("the site") and described in an instrument recorded in Book 07347 at Page 0911/0916 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 .1948(d) 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 .1958(d)(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 1ST day of December, 1993.

Thomas Lewis, V.P (SEAL)

Lorie E Pressley, Sec (SEAL)

Cherry Homes, Inc. Corporate Seal North Carolina

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

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

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

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

_____
Notary Public

My Commission Expires _____

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Delora Honeycutt, a Notary Public for said County and State, do hereby certify that Thomas Lewis personally came before me this day and acknowledged that he is Vice President of Cherry Homes, Inc., 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 Vice President, sealed with its corporate seal and attested by Lorie E. Pressley, Secretary.

WITNESS my hand and notarial seal, this 1ST day of December, 1993.

Delora F. Honeycutt
Notary Public

My Commission Expires January 31, 1996

Mecklenburg County North Carolina

Amended 07/93

Deed Prepared by: Bobby D. Hinson Esq.

Grantor: Colonial Central Savings Bank Grantee: Cherry Homes Inc

Please mail to: Cherry Homes, Inc

Mecklenburg County
Health Department

November 30, 1993

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

Mr. Tom Lewis
Cherry Homes
11407 East Independence Boulevard
Matthews, NC 28105

Re: 3821 Cherrybrook Drive
File: 4458A
Parcel: 139-021-12

Dear Mr. Lewis:

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

The plans as submitted are approved with the following comments:

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

-Effectively rake and lime all trench sidewalls.

-Landscaping of original system area and the repair area is prohibited. No grading, shaping, or altering in any way.

-The well should be located 100 feet, but in no case less than 50 feet from the sewage system and repair area.

-This is a modified sewage waste disposal system. Please contact Lorraine Whitaker at 336-5102 to discuss additional fees required for the Improvement Permit.

-The original application for Improvement Permit is for a 4 bedroom residence. Please revise the application to coincide with the application and submit a house plan showing the proposed floor layouts.

Upon execution and recording of the enclosed "Septic Tank Agreement Forms" with the Register of Deeds and revising your application an Improvement permit can be issued by this department.

If your have any questions concerning this matter please contact me at 336-5575.

Sincerely,

Kelly Randall

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

Enclosure(s)

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20147

File: 4458-A Action 2

Parcel: 134-021-12 PO ☐ PC

Location: CHERRY BROOK DR

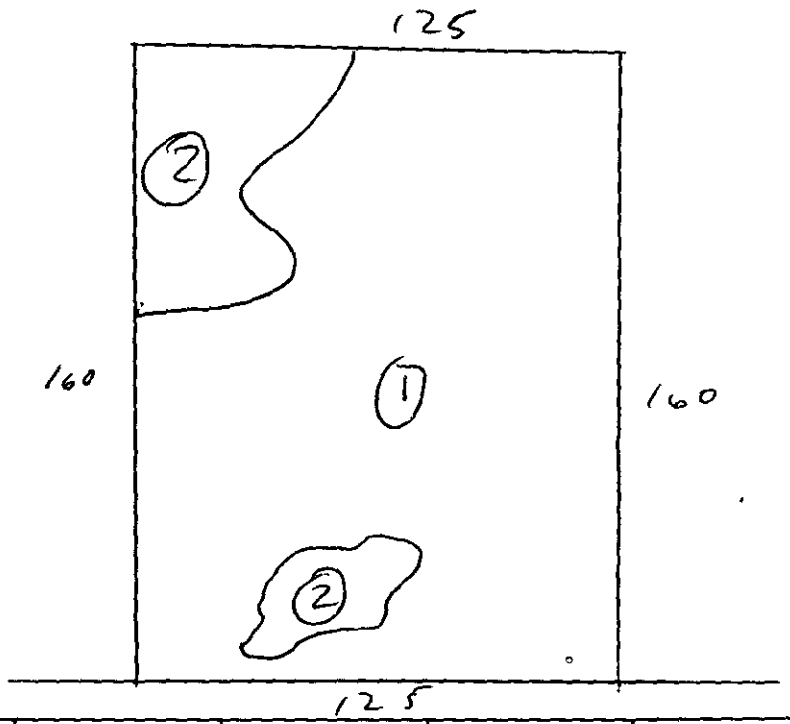
Subdivision:

Lot: 15 Block: Acres:

Owner: CHERRY HOMES
Address: E INDEPENDENCE BLVD

Comments:
Original soil report does not match.

Described by: Kelly Ruff
Date: 11-29-93



***** 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	S PS (U) COMPLEX SLOPE	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U SLIGHTLY EXPANSIVE CLAY	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	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U NONE	S PS U	S PS U	S PS U	S PS U	S PS U
vailable Space	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U
her (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Group/Series	CECIL LICK					
Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U

pd 100.00 chk 545 12/3/93 DB pd clk 6/30/93 200.00 2365 DT CERT

4458A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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

(704)336-5102

Date: 6-30-93

PERSON FILING APPLICATION:

NAME: BALLARD (last) DAVID (first) B (mi)

ADDRESS: 11407 E INDEPENDENCE PHONE: (704) 847-8300

CITY: MATTHEWS STATE: NC ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 139-021-12

STREET ADDRESS: 3821 Cherrybrook Dr Charlotte NC

ZONING:

PROPERTY OWNER:

NAME: CHERRY HOMES INC (last) (first) (mi)

ADDRESS: 11407 E INDEPENDENCE PHONE: (704) 847-8300

CITY: MATTHEWS STATE: NC ZIPCODE: 28105

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 15 LOT SIZE (in acres): .47

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 (M)
[ ] 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: 3 DIT NUMBER OCCUPANTS: 8

SYSTEM CLASSIFICATION: CONV

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

WATER SUPPLY (check one):
[X] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[ ] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [X] 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: David Ballard Date: 6-30-93

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.

... PPBPS TYPE III

AGREEMENT FORM ON FILE

[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

Environmentalist Date

Director or Authorized Section Head 12-5-93 Date

WWATER : 122791

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 6/30/92

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Mnt

PARCEL NUMBER 139-021-12 po

ASSIGNED ADDRESS 3821 Cherrybrook Dr

EXISTING ADDRESS lot 15

PROJECT NAME Forestbrook 2

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

		APPROVED	DISAPPROVED
1.	SUBDIVISION REGULATIONS	/	*
2.	FLOODWAY REGULATIONS	/	*
3.	EROSION CONTROL REGULATIONS	/	*
4.	PUBLIC UTILITY EASEMENT	/	*

		PRESENT	NOT PRESENT
5.	PUBLIC UTILITY EASEMENT	*	/
6.	PROPERTY FRONTS ON THOROUGHFARE	*	/
7.	DRIVEWAY PERMIT REQUIRED	*	/

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Septic tank

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: Pmc

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

150 01

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 4458A
TC: _____
SERIAL: No 18756
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 3821 (STREET NO) CHERRYBROOK (STREET) DR. ② FILE: 4458A
③ JURISDICTION: MINT ④ TAX PARCEL NO.: PO 139-021-12
⑤ SUBDIVISION: FORESTBROOK ⑥ LOT: 15 ⑦ BLOCK: _____

OWNER

⑧ NAME: INTERSTATE (FIRST) DEV. (MIDDLE) CORP. (LAST)
⑨ MAILING ADDRESS: 5936 MONROE RD.
⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28212
⑬ PHONE: (WORK) 537-3847 ⑭ (HOME) _____

REQUEST

This request is for a(n):

⑮ ☑ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3
㉕ Type? _____
㉓ Maximum occupancy? 6
㉖ Maximum number of employees? _____
㉔ Basement? ☐ yes ☑ no
㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☐ Individual well
B ☐ Municipal system
C ☑ Community well
D ☐ Community system

㉙ 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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Mark Maddalon
Date: 6-30-89

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

_____ / _____
Environmentalist Date

_____ / _____
Director or Authorized Section Head Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 6/30/89

Name/Company: Development Corporation of Charlotte

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Mfg. new 4608A, 4549A, 4610A, 4458A

Had #30 audit for a soil test

Fee: $ 570.00 Pd Ck 1032

K Faulk
Completed by

Susan Patterson
Collected by

Lot 15

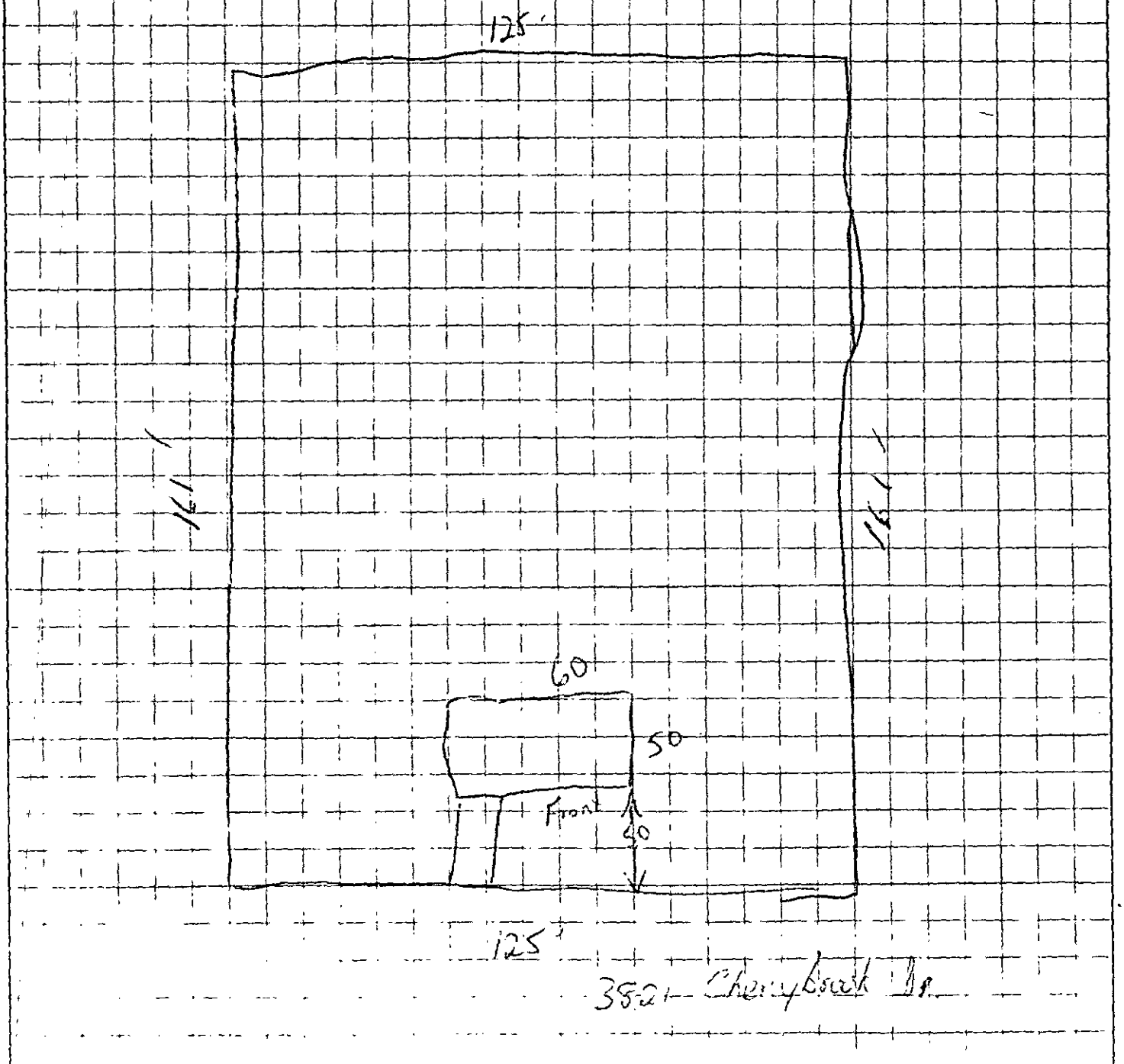
PROPOSED PLOT PLAN

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

FILE: 4458A

TC: _____

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 _____

DATE: 11-7-88

TO: HEALTH DEPARTMENT - ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE 4458 A JURISDICTION CODE MINT ~~HHEE~~ Kwl

PARCEL NUMBER Lot 15 P.O. 139-021-12

ASSIGNED ADDRESS 3821 CHERRYBROOK DRIVE

EXISTING ADDRESS lot 15

PROJECT NAME FORESTBROOK 2

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	NOT APPROVED
1. SUBDIVISION REGULATIONS	☐	☐ *
2. FLOODWAY REGULATIONS	☐	☐ *
3. EROSION CONTROL REGULATIONS	☐	☐ *
4. COMMERCIAL DRAINAGE PLAN	☐	☐ *

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	☐ *	☐
	YES	NO
6. PROPERTY FRONTS ON THOROUGHFARE	☐ *	☐
	YES	NO
7. DRIVEWAY PERMIT REQUIRED	☐ *	☐

*** If checked, further investigation will be required to determine whether a building permit may be issued by Building Standards for the site.**

REMARKS: Septic tank

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

SIGNED: Kwl

OPWEAR 02/86

Mecklenburg County
Health Department

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

June 20th, 1988

Interstate Development Corp.
5936 Monroe Road
Charlotte, NC 28212

RE: Property located at Cherrybrook Drive 15
FILE: 4458A
PARCEL: 13902112 PO

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. 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 15144) 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.

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

Enclosure (2)

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15144

File: 4458A Action 2

Parcel: 13902112 PO ☐ PC

Location: Cherrybrook Drive

Subdivision:

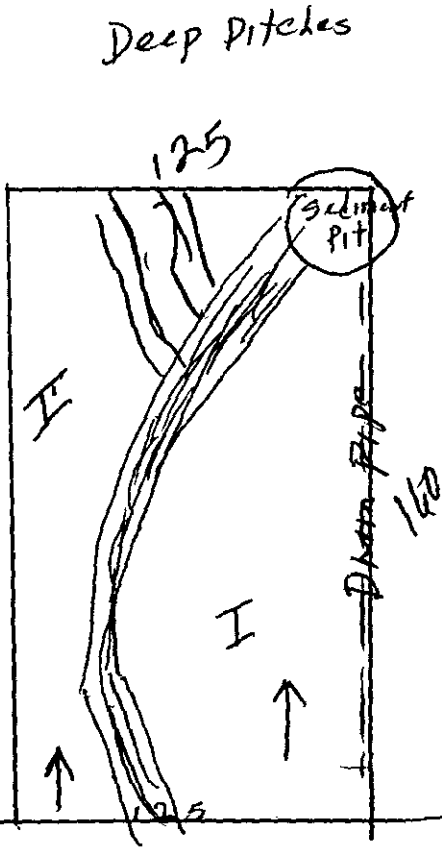
Lot: 15 Block: Acres:

Owner: Interstate Development Corp.
Address: 5936 Monroe Road
Charlotte, NC 28212

Comments: Very Limited Area

Described by: W. B. Ramsay

Date: 6-16-78



*** 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 2-8	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	IIe Cecil					
Area Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U

4/15/88 Paid #30.00 ck#0236 EW

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

(OFFICE USE ONLY)

FILE: 4458A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: LOT 15 CHERRYBROOK DRIVE

② SUBDIVISION: FOREST BROOK ③ LOT: 15 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: PO 139 PAGE NO.: 021 PARCEL NO.: 12

⑥ DEED REFERENCE: BOOK NO.: 5597 PAGE NO.: 403

OWNER

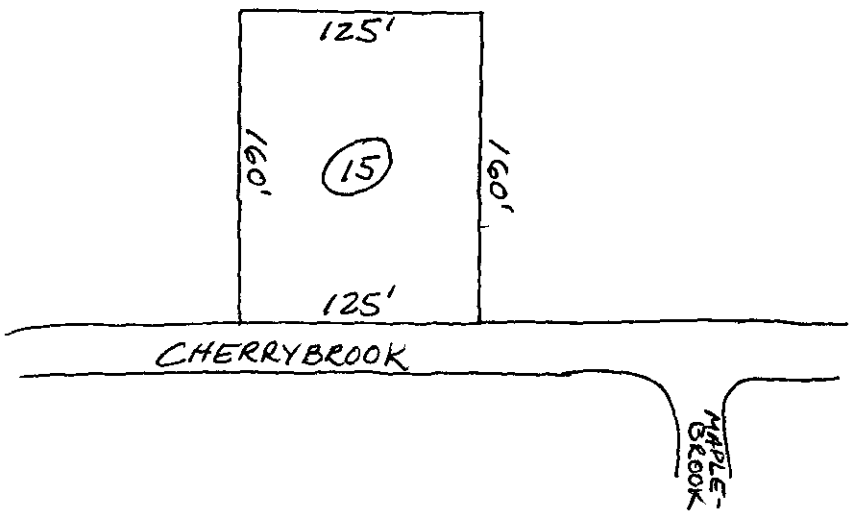
⑦ NAME: INTERSTATE DEVELOPMENT COPP. - MARK MADDALON/PRES.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 5936 MONROE ROAD

⑨ CITY: CHARLOTTE ⑩ STATE: NC ⑪ ZIP: 28212

⑫ PHONE: (WORK) 537-3847 (HOME) 364-7789

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: Mark Maddalon - President

Date: 4-15-88

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

RICHARD WILLIAMS (AGENT) 283-6629

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