

4330 OLDE ROXBURY DR

23118201

1/3/2008

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

Dec

Ck# 9349 $150.00 7/15/96

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

FILE: 3935 B DATE: 6-7-96

TC: 231-182-01 ☐ L ~~CRT~~

SERIAL Nº 16708

Name of Owner Ameri First Development Corp Apprs.:

Address of Property 4330 Olde Roxburg Drive

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 5 @ 80'

Cover Depth 12"

Water Supply Source Community

Distance to Water Source >100'

Excavation Inspected 6-7

Tank(s) Inspected 6-7

Wash Line Inspected N/A

High Water Alarm Inspected N/A

PLOT

IWWS 93-2

Design 1996, 1500ST, CON, 1200SF, T, Cecil-like CTR# 90

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

- [X] installed or constructed
- [ ] altered or repaired
- [X] 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
- [X] 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: Type III IWWS 93-2 4 bedroom residence

(5) 3'w x 80'L x 24" deep

Larry B. Thompson J. R.S.

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

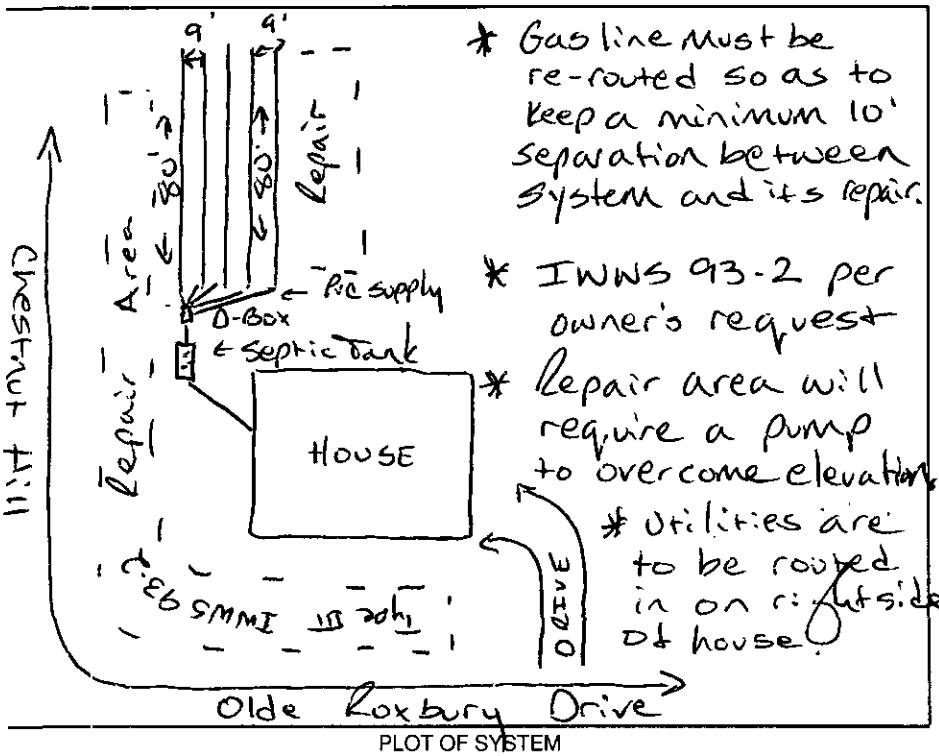
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3735 B DATE: 5-1-96

TC: 231-182-01 ☐ L

SERIAL Nº 16747

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 10-19-95. All work shall be completed on or before 6-1-96, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Yes

Total Line Length 400 feet

Number of Lines 5

Depth of Stone N/A inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well N/A feet
10' off any H2O lines

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

NAME OF OWNER Ameri First Development Corp

LOCATION OF PROPERTY 4330 Olde Roxbury Drive

Comments: Type III IWWS 93-2 (5) 3'w x 80'L x 24" deep
4 bedroom residence

Randy B. Thompson, Jr., R.S.
Environmental Health Specialist

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

AMERIFIRST

3141 Cutchin Dr.
Charlotte, N.C. 28210
Tele/FAX (704) 552-7793

November 20, 1995

Mr. Larry Thompson
Mecklenburg County Health Dept.
N. Tryon St., Suite 211
Charlotte, NC 28202

RE: 4330 Olde Roxbury Dr. (Lot #44)
Roxbury Subdivision
Mecklenburg County, NC

Dear Mr. Thompson;

I would like to use an infiltration septic drain field on the above referenced lot. It is my understanding that this system will afford AmeriFirst a 25% savings in drainage area making it feasible to locate the entire system within good soils on the lot as located in your field visit on the site.

Sincerely yours,
AmeriFirst Development Corp.

George W. Chapman, Jr.
President

W&O

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 10-25-95 **PERMIT NO:** 3735 B
PARCEL NO: 231-182-01

PROPERTY OWNER: Ameri First Development Corp.
BUILDING CONTRACTOR: George Chapman
JOB LOCATION ADDRESS: 4330 Olde Roxbury Drive
SUBDIVISION NAME: Roxbury Lot #44
AUTHORIZATION ISSUED BY: Tamy B. Thompson, R.S. **DATE:** 10-25-95
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3735B, 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: _____

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.

X Geo. W. Chapman 11/21/95

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

PROPOSED PLOT PLAN

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

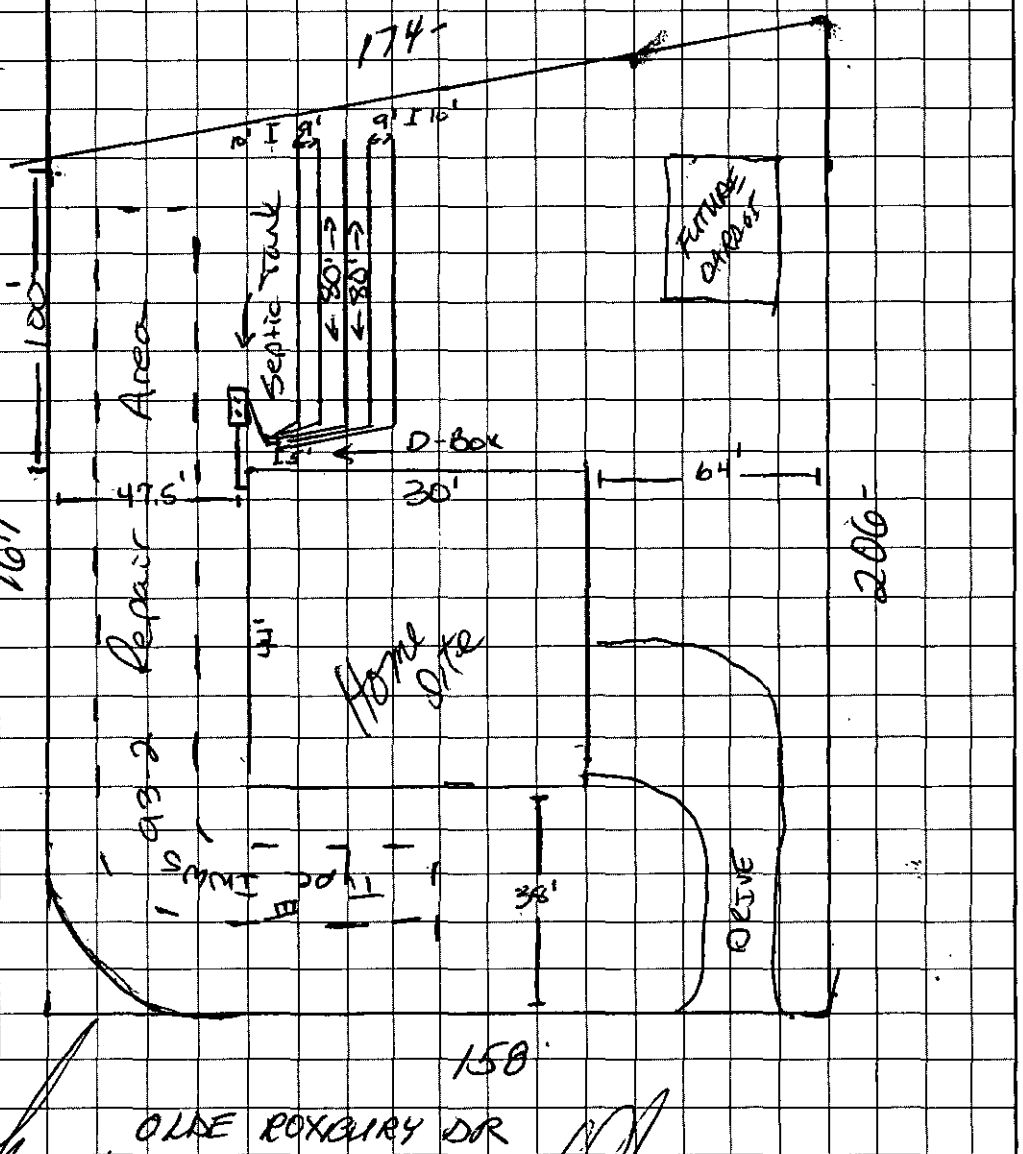
FILE: 3735B

TC: 231-182-01

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.

COMMENTS

* 1500 gal septic tank
* (5) 50' x 3' W x 24" D JWWS 93-2 drainlines
* Repair to will require a pump
* Owners acknowledgment of the innovative system requirements
* Keep off of house foundation a minimum of 5' - property line 10'
* Keep plumbing from house lds high in order to eliminate the need for a pump initially.



OWNER/AGENT SIGNATURE

DATE 9/15/95

11/21/95

APPROVAL DATE J. Thompson 11-21-95

pg. 182

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

Permit Number: 3735 B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 231-182-01

- 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	480 Max gallons/day wastewater flow	200 Absorption Area (sq.ft)	9' Trench spacing (min. on centers)	
ND Serviced by private well	1500 Gallon septic tank	400 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
4 Bedrooms in residence	N/A Gallon pump tank	N/A Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: Lift station will be required on repair.				
Repair Area System Type Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓ Innovative or Experimental: ✓ IWWS-93-1 ✓ IWWS-93-2 ___ IWWS-94-1	
1200 Absorption Area (Sq ft) 400 Total Trench Length (Ft)	N/A Depth of Stone Trench	9' Trench spacing (min. on centers)	24" 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 t 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 effe 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 Departme
- This Improvement permit is transferable.

Larry B. Thompson Jr. 10-25-95
DEHNR Authorized Agent Date

X Geo. W. Chapman 11/21/95
Owner/Agent Signature Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

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

IWWS:100195

FEE: SEE FEE WAIVER Signed

DATE: 10/19/95

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

| | CRT

TYPE APPLICATION: X NEW SYSTEM ___ EXPANSION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

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

FILE #: 37358

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 231-182-01

STREET ADDRESS: 4330 OLDE ROXBURY DR.

SUBDIVISION OR MOBILE HOME PARK NAME: ROXBURY SUBDIVISION

LOT NUMBER: 44

TOWNSHIP (CHECK ONE):

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

TYPE OF BUILDING, (CHECK ONE)

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

HEATED SQUARE FOOTAGE: 2686 SF

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT ON SLAB
X CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES X NO TYPE: _____

WATER SUPPLY (CHECK ONE): X COMMUNITY (C) ___ MUNICIPAL (M) ___ PRIVATE WELL (P) ___ SHARED WELL (S) ___ OTHER 'SPRINGS' (O)

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

BURIED CABLES, LANDFILLS, STUMPHOLES X YES ___ NO Power
EXISTING WASTE WATER SYSTEMS ___ YES X NO
EASEMENTS OR RIGHT-OF-WAYS X YES ___ NO @ Perimeter of Lot
WELL SPRINGS OR WATERLINES ___ YES ___ NO
DESIGNATED WETLANDS ___ YES ___ NO

PROPERTY OWNER:

NAME: (LAST) AmeriFirst Development Corp (FIRST) (MI)

ADDRESS: 3141 Cutch-n Dr

CITY: Charlotte STATE: NC ZIP: 28210

DAYTIME PHONE: (704) 552-7793

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 5/8/85 Recorded

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: AmeriFirst Development Corp.
Geo. W. Chapman, Jr, President

DATE: 10/19/95

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

MECKLENBURG COUNTY HEALTH DEPARTMENT
700 NORTH TRYON STREET
CHARLOTTE, NORTH CAROLINA 28202
(704) 336-5102

REQUEST FOR TRANSFER OF SERVICE PAYMENT/INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

SERVICE: Improvement Permit
IMPROVEMENT PERMIT, SOIL TEST, E.G.

FILE NUMBER 3735B TAX NUMBER 231-182-01

PROPERTY ADDRESS 4330 Olde Roxbury Dr.

NAME OF ORIGINAL APPLICANT Keith Brokaw

NAME OF PERSON PURCHASING PROPERTY/TRANSFEROR _____

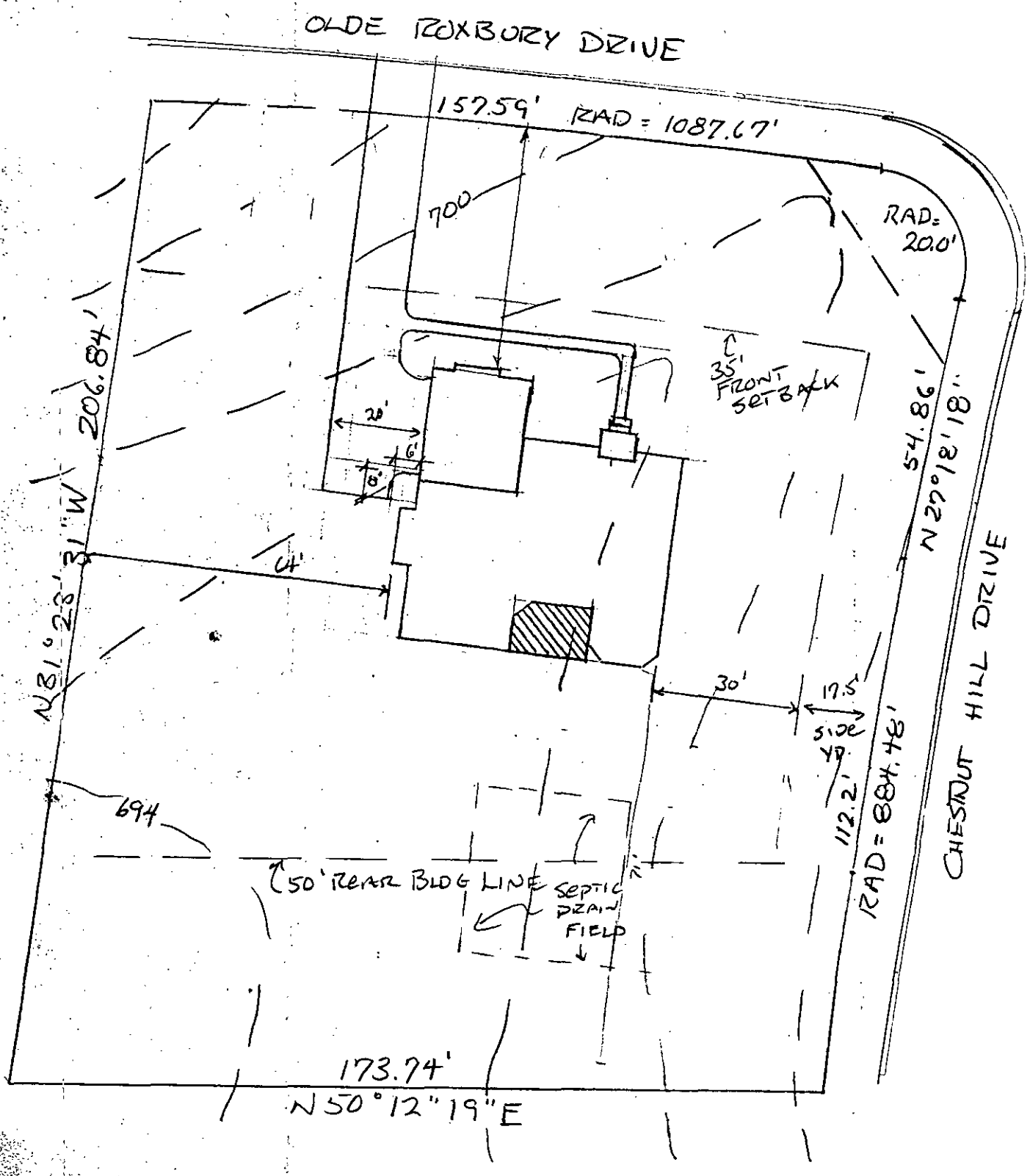
I UNDERSTAND THAT THE PERMIT TO CONSTRUCT AND UNUSED MONIES FOR INSPECTIONS ARE FULLY RELINQUISHED BY THIS DOCUMENT.

SIGNATURE OF ORIGINAL APPLICANT
Keith S Brokaw DATE 10-19-95

AS BUYER OF THIS PROPERTY, I UNDERSTAND THAT THE PERMIT IS ONLY VALID WHEN USED EXACTLY AS ISSUED. SHOULD CHANGES BE DESIRED, THEY MUST BE REQUESTED AND APPROVED BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT ACCORDING TO CURRENT REGULATIONS AND FEES.

AN ORIGINAL COPY OF THIS REQUEST MUST BE PRESENTED AND ACKNOWLEDGED BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT TO BE VALIDATED.

SIGNATURE OF TRANSFEREE
[signature] DATE 10/19/95
AmeriFirst Development Corp.


OLDE ROXBURY DRIVE
157.59'
RAD = 1087.67'
700
RAD= 20.0'
35' FRONT SETBACK
20'
6'
8'
54.86'
N 22°18'18" E
206.84'
N81°23'31"W
41'
30'
17.5'
SIDE YD.
112.2'
RAD = 884.46'
CHESTNUT HILL DRIVE
694
50' REAR BLDG LINE
SEPTIC DRAIN FIELD
173.74'
N50°12"19"E

DATE: 9/15/95

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

231-182-01
PARCEL NUMBER

4330 Olde Roxbury Dr
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

Lot 44
EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

Roxbury
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

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

REMARKS: D. Dbne

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

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: Pnee

REVISED 1/91

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

OWNER'S ACKNOWLEDGMENT OF MODIFIED/ALTERNATIVE REPLACEMENT SYSTEM REQUIREMENT

Site Address: 4330 Olde Roxbury Drive

File Number: 3935 B

Parcel Number: 231-182-01

Owner/Agent Name: George W. Chapman
(Please print)

Date: 11-21-95 Number of Bedrooms: 4

Receipt of the plan and specifications for a conventional system of sewage disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15A NCAC 18A .1900 - "Sewage Treatment and Disposal Systems." The plan as submitted is disapproved because there is not sufficient available space for a repair area for a conventional replacement system.

This site may be developed if the repair area is found to be acceptable for either a modified system (Rule .1956) or an alternative system (Rule .1957) for the replacement system as allowed by the following Rule 15A NCAC 18A .1945(b).

(b) Sites shall have sufficient available space for a repair area separate from the area determined in Paragraph (a) of this Rule. The repair area shall be based upon the area of the nitrification field required to accommodate the installation of a replacement system as specified in Rule .1955, .1956, or .1957 of this Section. Prior to issuance of the initial Improvement Permit for a site, the local health department shall designate on the permit the original system layout, the repair area, and the type of replacement system.

Please be advised that you have the right of an informal review by this Department and the right of appeal under G.S. 130A-335(g) and 130A-24, which appeal can be held in Mecklenburg County.

By signing this form, and signing and recording in the Mecklenburg County Register of Deeds Office the attached reclassification form entitled, **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)**, you, the property owner, understand and acknowledge your option to develop this site initially with a

innovative sewage system and when needed, subsequently to repair or replace said system with a modified or alternative system as described in Rules .1956 "Modification to Septic Tank Systems," or .1957(a), (b), or (c) "Design Criteria for Design of Alternative Sewage Systems." The completed reclassification form must be approved by this office before it can be recorded.

In addition, you the property owner, also understand that the following conditions will apply:

- Any changes on the property may make the Improvement Permit null and void and may make the Improvement Permit subject to revocation.

- 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.

Larry B. Thompson, Jr. R.S. — 11-21-95

Environmental Health Specialist — Date

I have reviewed this document and understand its provisions and implications concerning the issuance of the Improvement Permit for the above-referenced site.

X Geo. W. Champion — 11/21/95

Property Owner Signature — Date

700 North Tryon Street, Suite 211, Charlotte, North Carolina 28202, (704) 336-5102

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028718

File: 37358 Action 1

Parcel: 131-162-01 ☐ PC

Location: 4330 Old Rockery Ln.

Subdivision: Rockery

Lot: 44 Block: Acres: .79

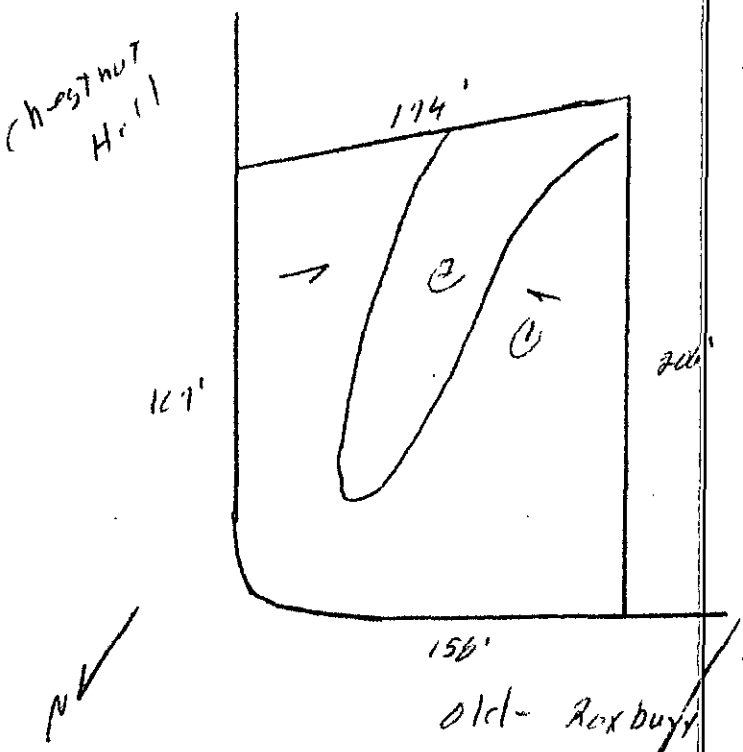
Owner: Neil D. Strahan

Address: 4330 Old Rockery Ln.
Matthews, N.C. 28105

Comments: ~~Old Rockery, 3-31/24~~
~~In 1 year min rec~~
~~2 bdrm~~

Described by: William DiMarti

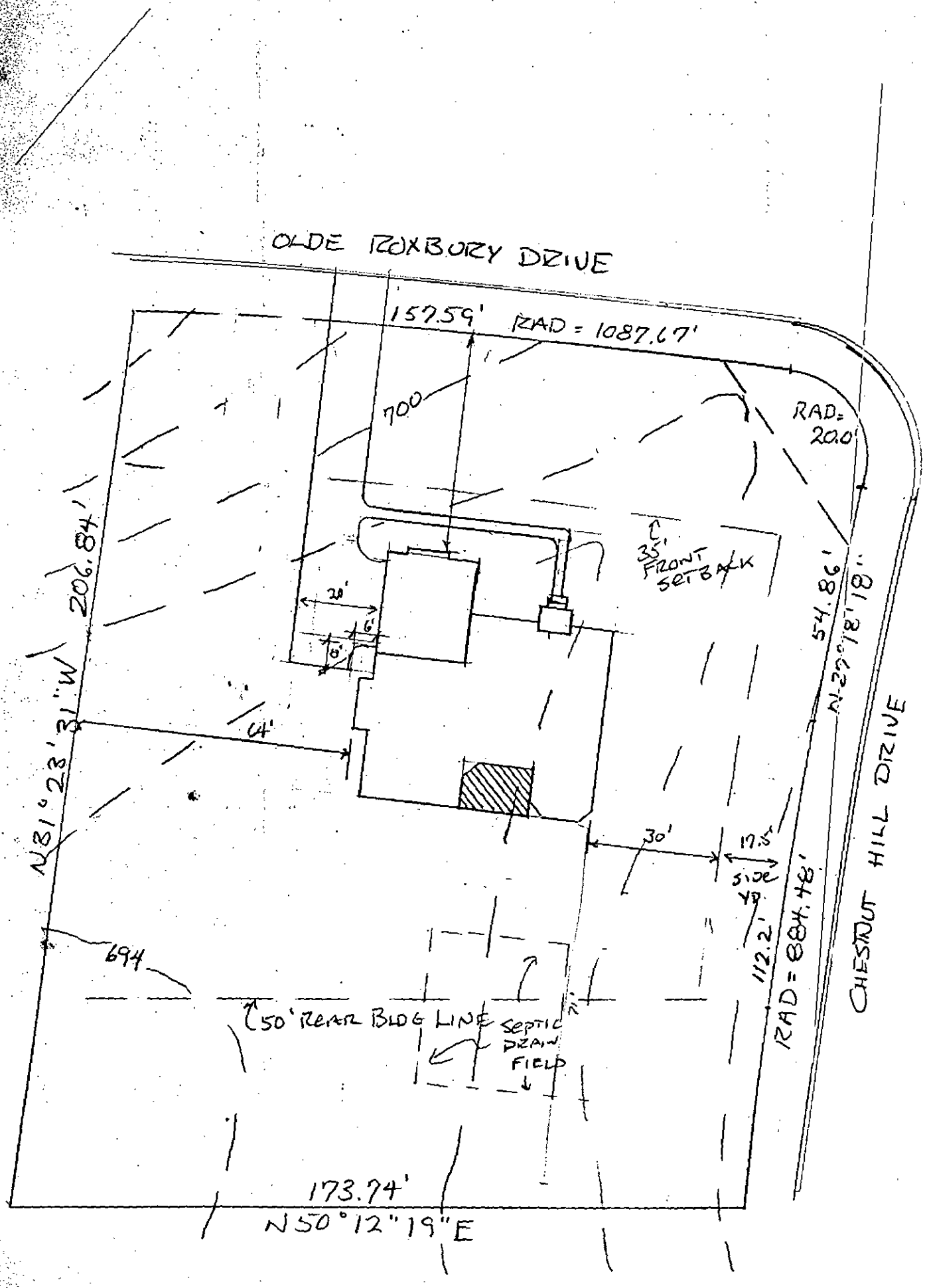
Date: 7-19-95

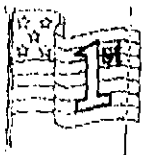


***** EVALUATION KEY *****

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 (2-5%)	S PS U (Moderate)	S PS U	S PS U	S PS U	S PS U
Texture (Sandy loam, sandy clay)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U (Blocky)	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage (Well drained, Seepage)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U (30-40")	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U (24")	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS U (limited)	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 Appling/Iredell	Congaree				
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U


OLDE ROXBURY DRIVE
157.59'
RAD = 1087.67'
700
RAD = 20.0'
35' FRONT SETBACK
20'
6'
8'
54.86'
N 23° 18' 18" E
206.84'
N81°23'31"W
64'
30'
17.5'
SIDE YD
112.2'
RAD = 804.48'
CHESTNUT HILL DRIVE
694
50' REAR BLDG LINE
SEPTIC DRAIN FIELD
173.74'
N50°12'19"E



AMERIFIRST

3141 Cutchin Dr.
Charlotte, N.C. 28210
Tele/FAX (704) 552-7793

DATE: 10/24/95
TIME: 9:15 AM

ATTENTION: Larry Thompson

COMPANY NAME: Mecklenburg County

FAX NUMBER: ( ) 336-6894

NUMBER OF PAGES (Excluding Cover Sheet): 1

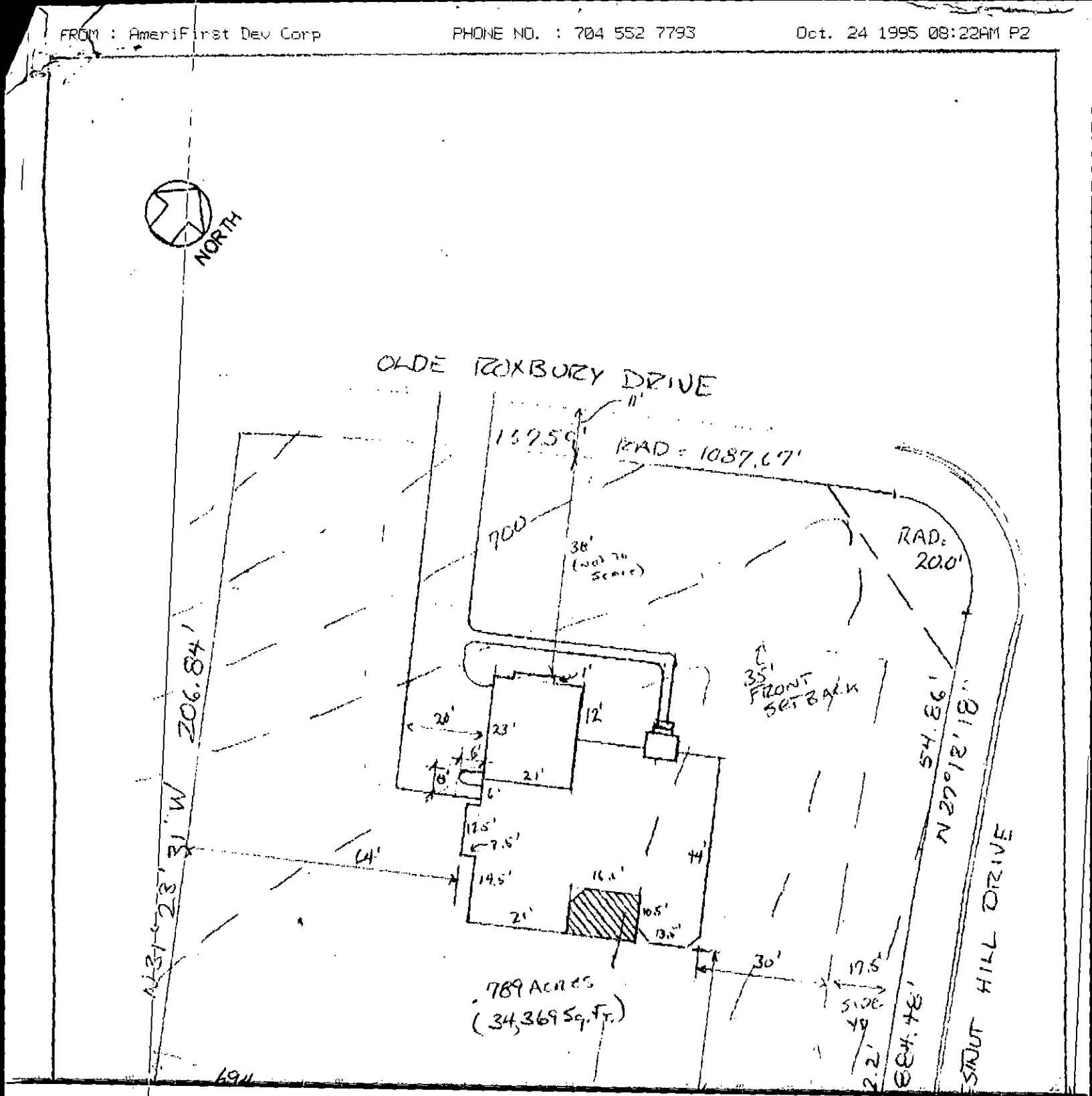
REFERENCE: Lot 44/Windsor Chase
4330 Olde Roxbury Dr.

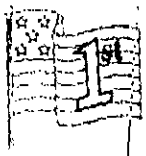
SPECIAL INSTRUCTIONS: [redacted] I had to move the house one foot forward to get the 100' we discussed at the rear of the house w/o moving the house westward.

FROM: George Chapman

AMERIFIRST DEVELOPMENT CORP.
3141 CUTCHIN DR.
CHARLOTTTE, N. C. 28210

TELEPHONE AND FAX NO. 704-552-7793


NORTH
OLDE ROXBURY DRIVE
11'
137.59'
RAD = 1087.07'
700
38'
RAD = 20.0'
35' FRONT SETBACK
20'
23'
12'
21'
6'
8'
6'
17.5'
7.5'
44'
14.5'
21'
10.5'
13.5'
30'
17.5'
SIDE YD
2.2'
BEAR 48'
SHUT HILL DRIVE
N 27°12'18" E
54.66'
206.84'
N 37°23'51" W
69'
.789 Acres
(34,369 Sq. Ft.)



AMERIFIRST

3141 Cutchin Dr.
Charlotte, N.C. 28210
Tele/FAX (704) 552-7793

DATE: 10/24/95
TIME: ~~9:45 AM~~
1:15 PM

ATTENTION: LARRY THOMPSON

COMPANY NAME: MECKLENBURG COUNTY

FAX NUMBER: ( ) 336-6894

NUMBER OF PAGES (Excluding Cover Sheet): 1

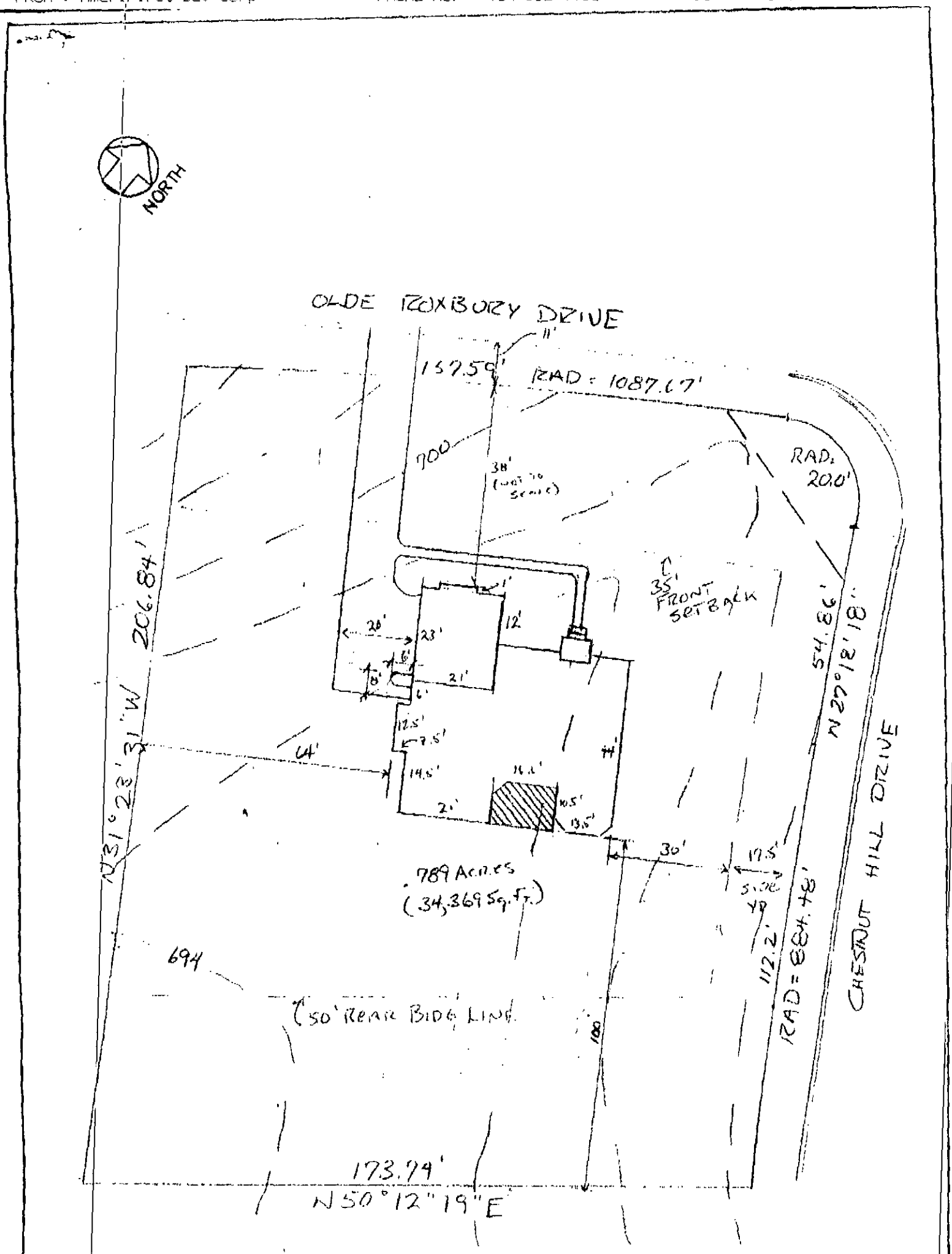
REFERENCE: LOT 44 / WINDSOR CHASE
4330 Olde Roxbury Dr.

SPECIAL INSTRUCTIONS: [redacted] I HAD TO MOVE THE HOUSE ONE FOOT FORWARD TO GET THE 100' WE DISCUSSED AT THE REAR OF THE HOUSE W/O MOVING THE HOUSE WESTWARD.

FROM: George Chapman

AMERIFIRST DEVELOPMENT CORP.
3141 CUTCHIN DR.
CHARLOTTTE, N. C. 28210

TELEPHONE AND FAX NO. 704-552-7793



PRELIMINARY PLAT, NOT FOR RECORDATION, CONVEYANCES OR SALES.

SCALE: 1" = 30'

EXHIBIT
of

4330 OLDE ROXBURY DRIVE
Mecklenburg County, N.C.

LOT 44 BLOCK ____ MAPBOOK 23 PAGE 77
SUBDIVISION
DEED REFERENCE

SURVEYED: DATE: 10/20/95
DRAWN: G. Chapman UPDATE:

SEAL

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028718

File: 37358 Action 1

Parcel: 231-182-01 ☐ PC

Location: 4330 Olde Roxbury Dr.

Subdivision: Roxbury

Lot: 44 Block: Acres: .79

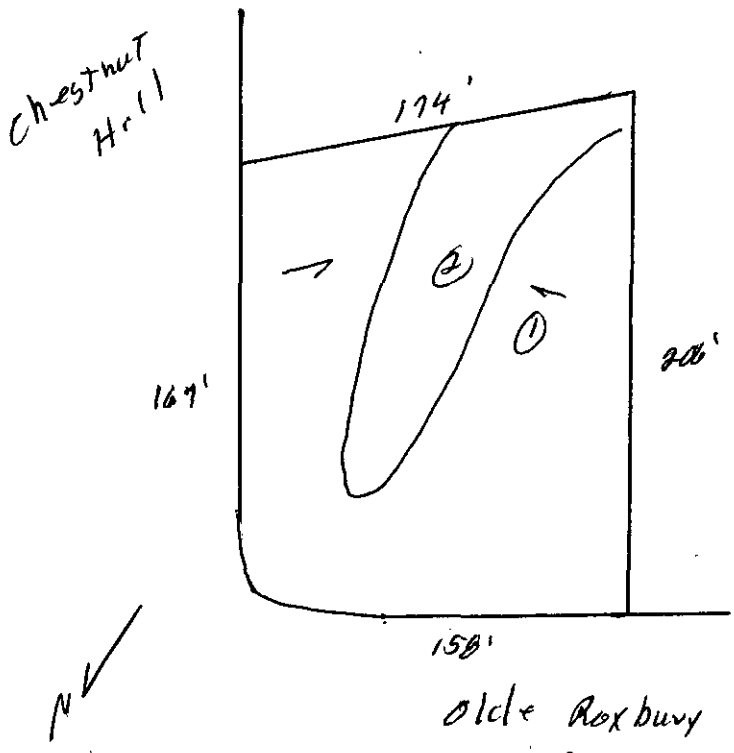
Owner: Neil D. Graham

Address: 4201 Olde Roxbury Dr.
Matthews, N.C. 28105

Comments: well repair, 3 gal/ft 4 day, septic may need pump

Described by: William R. Marti

Date: 9-19-95



***** 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) Depression	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Slight/Mod. Exp. Clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 7.5YR 5/8 Witness	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 36"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U Limited	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	IV Appling Lille	Depression				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

3735B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$150.00 Ck#1335 9/15/95 ☐ CRT

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: BROKAW (last) KEITH (first) D (mi)

ADDRESS: 4201 OLDE ROXBURY PHONE: (__) 846-8262

CITY: MATTHEWS STATE: N.C. ZIPCODE: 28105

Date: 9/15/95

PROPERTY OWNER:

NAME: BROKAW (last) KEITH (first) D (mi)

ADDRESS: SAME PHONE: (__) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 231-182-01

STREET ADDRESS: 4330 OLDE ROXBURY DR

ZONING: _____

SUBDIVISION OR MOBILE HOME PARK NAME: ROXBURY

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

LOT NUMBER: 44 LOT SIZE (in acres): ± .789

TYPE APPLICATION (check one):

☐ 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 (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) ☒ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (R) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 4

SYSTEM CLASSIFICATION:

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

WATER SUPPLY (check one):
☒ Community (C) ☐ Shared Well (S)
☐ Municipal (M) ☐ Other 'spring' (O)
☐ 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: _____ Date: 9/15/95

NOTICE:

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

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

...This permit is not transferable.

...

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

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WATER : 2279