

11525 UNIVERSITY CITY BV

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

3006B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd #150.00 8/10/94 ck# 0587 CRT

SAME PAYMENT →

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: Same (last) (first) (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: _____ STATE: _____ ZIPCODE: _____

Date: 9 AUGUST 94

PROPERTY OWNER:
NAME: JOHNSON (last) CHARLES (first) W. (mi)
ADDRESS: 11525 UNIVERSITY CITY BLVD. PHONE: (704)-549-0935
CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28204

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 051-111-02
STREET ADDRESS: 11525 University City Blvd
ZONING: _____

SUBDIVISION OR MOBILE HOME PARK NAME: _____

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

LOT NUMBER: 051-111-02 LOT SIZE (in acres): APPROX. 77

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

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 1

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

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)
[X] 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: Charles W Johnson Date: 9 AUGUST 94

NOTICE:

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

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

...This permit is not transferable.

...Lift station may be required

2 bedroom only, Septic tank easement

agreement between 051-111-02 and

051-361-96 both owned by Charles Johnson

[ ] 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 8-11-94 Date

Director or Authorized Section Head Date

use existing system

WATER : 122791

SE 3137B

SAME APPLICATION (* Revised)

3006B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PA #150 8/10/94 ck # 05537

[ ] 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: Johnson (last) Charles (first) W. (mi)

ADDRESS: 11525 Univ. City Blvd PHONE: (704) 549-0935

CITY: Charlotte STATE: NC ZIPCODE: 28277

ate:

PROPERTY OWNER:

NAME: Same as above (last) (first) (mi)

ADDRESS: _____ PHONE: (___) _____

CITY: STATE: ZIPCODE:

ROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 051-111-02

STREET ADDRESS: 11525 Univ. City Blvd

ZONING: R-12MF(CD)

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

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

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

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS:

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)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [X] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

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Signed: Charles Johnson Date: 8-10-94

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...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

_____ Date
Environmentalist

_____ Date
Director or Authorized Section Head

WATER : 12275

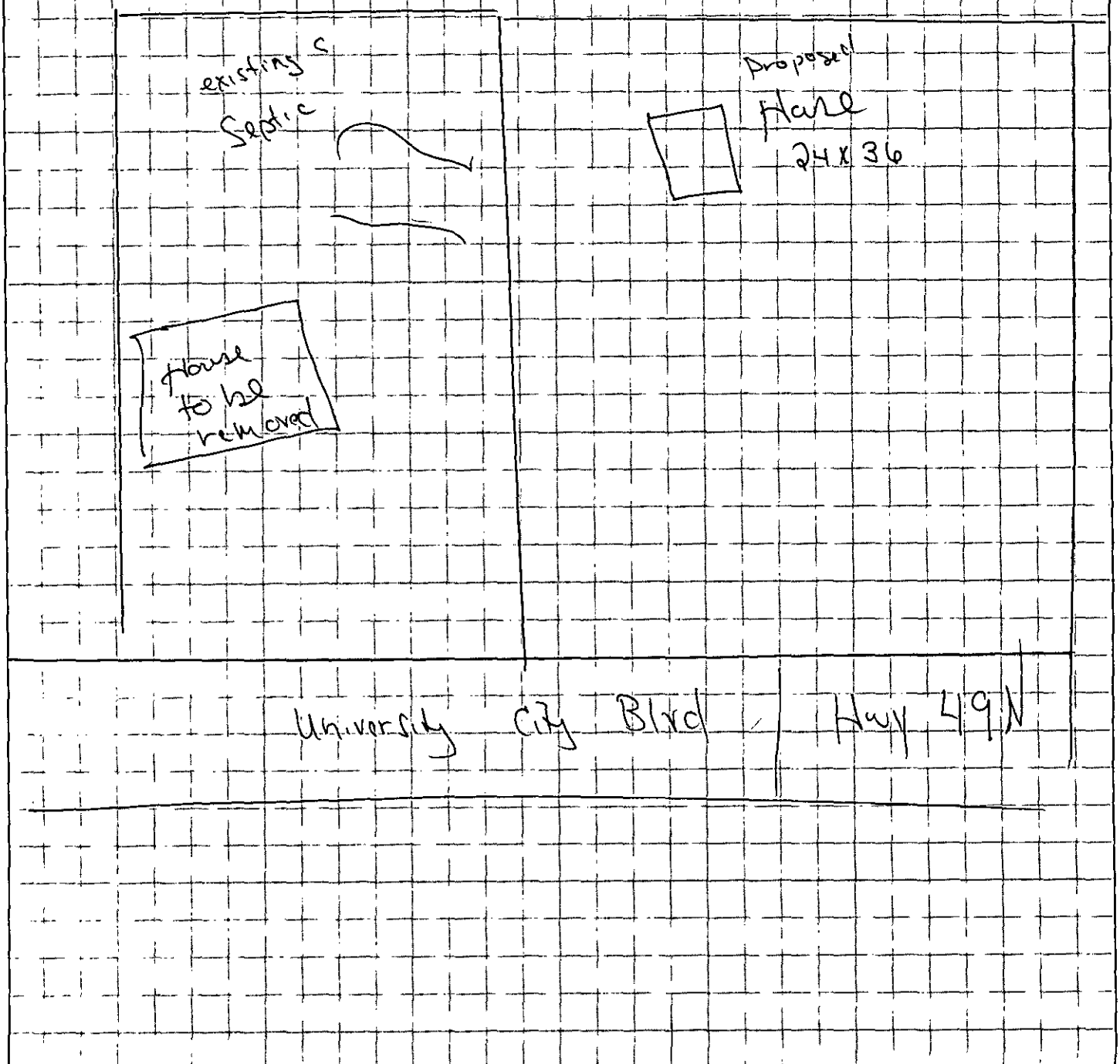
PROPOSED PLOT PLAN

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

FILE: 3006B

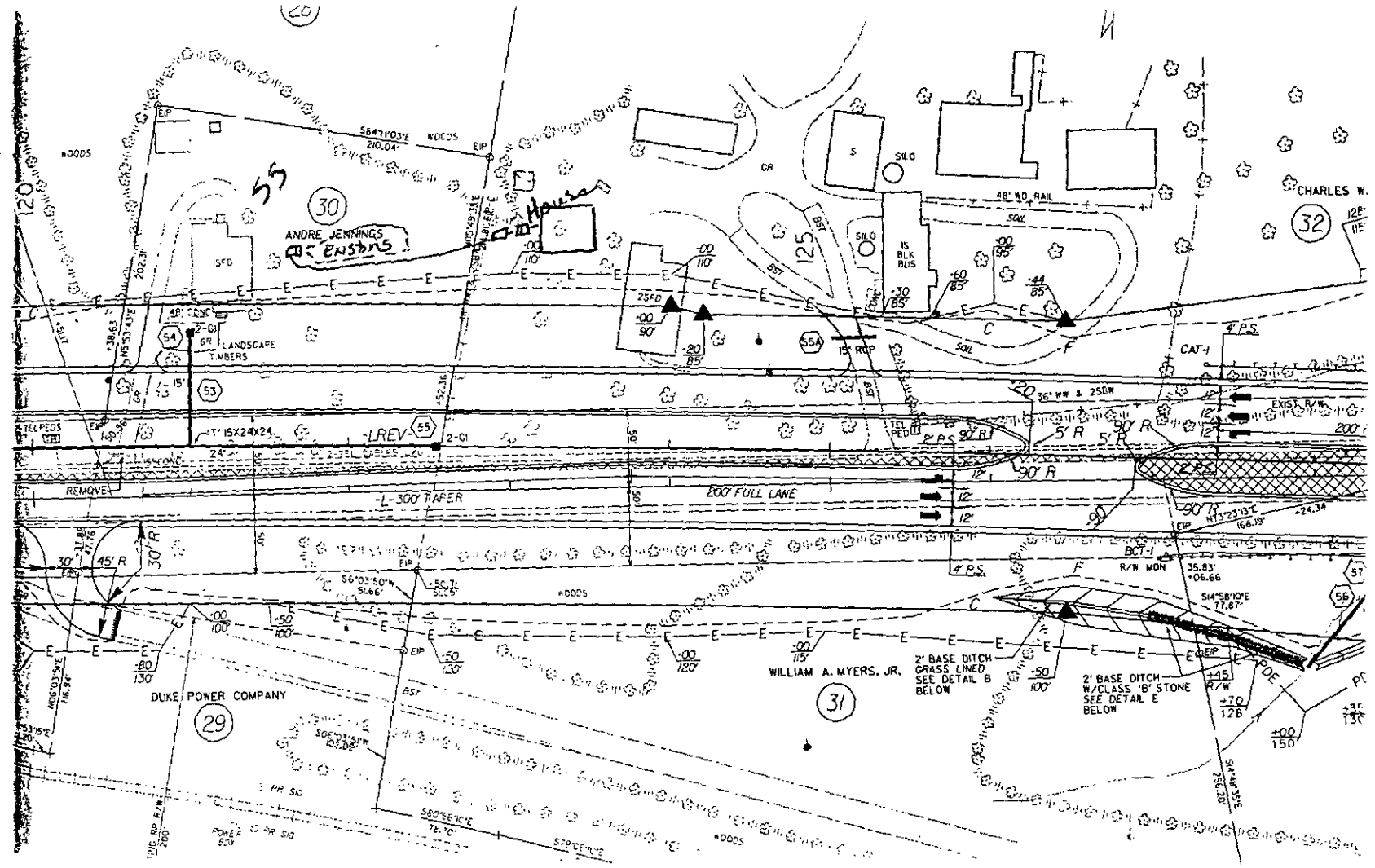
TC: 051-111-02

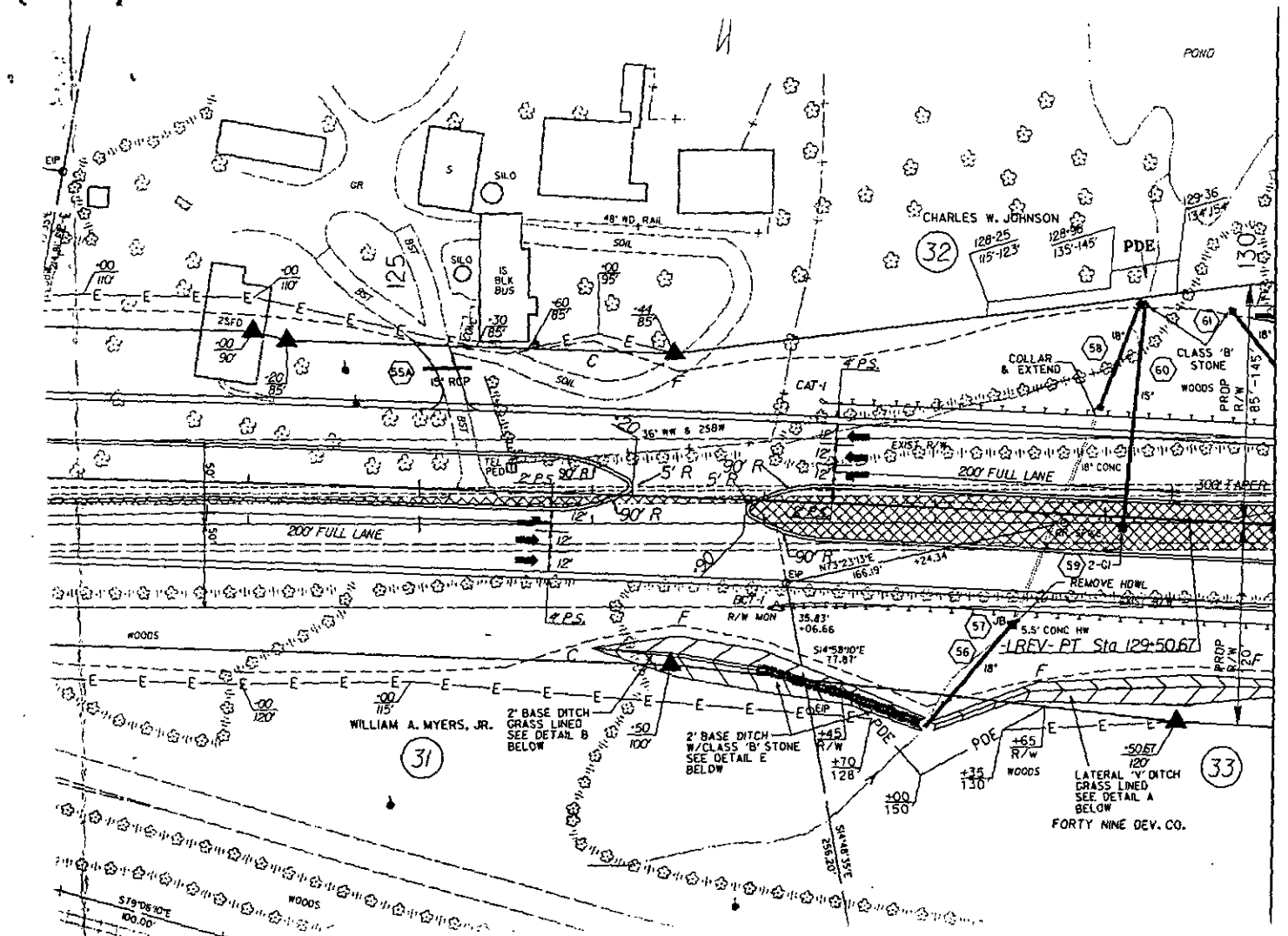
Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE _____

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


30
ANDRE JENNINGS
31
WILLIAM A. MYERS, JR.
29
DUKE POWER COMPANY
32
CHARLES W.
-LREV-
200' FULL LANE
L-300 TAPER
REMOVE
2' BASE DITCH GRASS LINED SEE DETAIL B BELOW
2' BASE DITCH W/CLASS 'B' STONE SEE DETAIL E BELOW
R/W MON
POE
POB


CHARLES W. JOHNSON
32
PDE
POND
COLLAR & EXTEND
CLASS 'B' STONE
WOODS
-LREV- PT Sta 129+50.67
200' FULL LANE
300' TAPER
REMOVE HDWL
5.5' CONC HW
18" CONC
WILLIAM A. MYERS, JR.
31
2' BASE DITCH GRASS LINED SEE DETAIL B BELOW
2' BASE DITCH W/CLASS 'B' STONE SEE DETAIL E BELOW
POE
LATERAL 'V' DITCH GRASS LINED SEE DETAIL A BELOW
FORTY NINE DEV. CO.
33

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

DATE: 8/8/94

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE MECK

PARCEL NUMBER #057-111-02

ASSIGNED ADDRESS 11525 University City Blvd

EXISTING ADDRESS _____

PROJECT NAME N/A

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: S.F. HOME.

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: B. McCormick

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

DATE 8/8/94

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION meck

057-111-02
PARCEL NUMBER

11525 University City Bv
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
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: S.F. Home.

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: B. McCarver

REVISED 1/91

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PA #150 8/10/94 ck # 05537

[ ] CRT

3006B

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: Johnson (last) Charles (first) W. (mi)

ADDRESS: 11525 Univ. City Blvd PHONE: (704) 549-0935

CITY: Charlotte STATE: NC ZIPCODE: 28277

ate:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 051-111-02

STREET ADDRESS: 11525 Univ. City Blvd

Sch NC

ZONING:

PROPERTY OWNER:

NAME: Same as above (last) (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

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

RESIDENTIAL PROPERTY (Type Building, check one):

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

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS:

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)
[x] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):

[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [x] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Charles Johnson Date: 8-10-94

NOTICE:

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...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.

...

Use existing system-

[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 Date

WATER : 122791

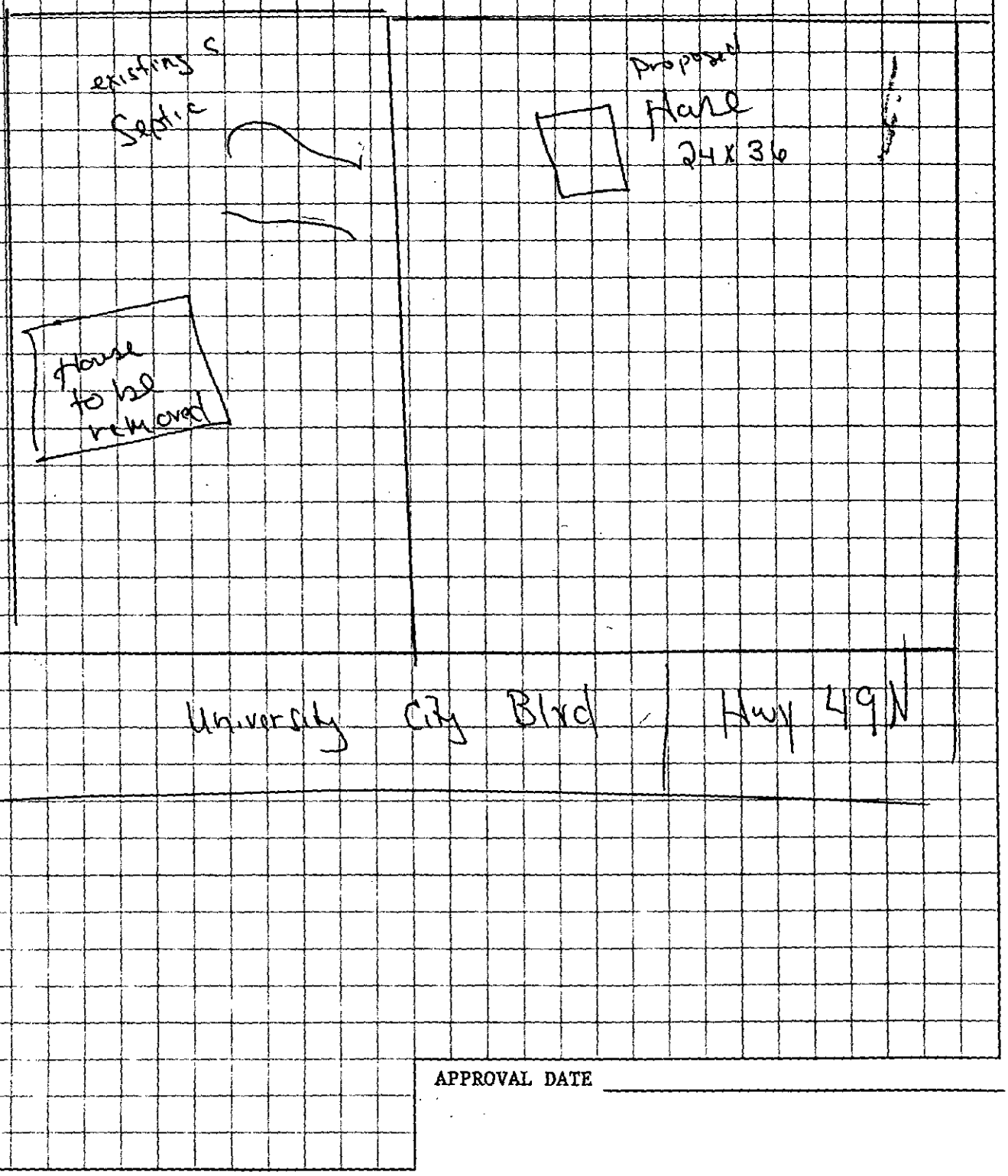
PROPOSED PLOT PLAN

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

FILE: 3006B

TC: 051-111-02

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



APPROVAL DATE _____

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

STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION
DIVISION OF HIGHWAYS

JAMES B. HUNT JR
GOVERNOR

SAM HUNT
SECRETARY

716 WEST MAIN STREET, ALBEMARLE, N.C. 28001
TELEPHONE NUMBER: 704-982-9181
FAX NUMBER: 704-982-3146

FACSIMILE COVER SHEET

DATE: FEBRUARY 17, 1994

TO: MS. SUSAN BATEMAN **FAX NO.:** 704-336-6894

FROM: MR. DONALD E. MAULDIN
RIGHT OF WAY AGENT

SUBJECT: CLAIM OF: JEFFERY ODELL RABORN

NUMBER OF PAGES INCLUDING THIS ONE: 2

MESSAGE:

DEM:pb

File 3006 B/9377A

STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

JAMES B. HUNT, JR.
GOVERNOR

DIVISION OF HIGHWAYS
716 West Main Street, Albemarle, N.C. 28001
Telephone 704-982-9181

SAM HUNT
SECRETARY

February 17, 1994

STATE PROJECT: 8.1672602
I. D. NUMBER: R-2215
F. A. PROJECT: STPNHF 28-1 (6)
COUNTY: CABARRUS
DESCRIPTION: NC 49, UNIVERSITY CITY BOULEVARD, FROM WEST OF SR 2833, MALLARD CREEK CHURCH ROAD, TO EAST OF SR 1300, MOREHEAD ROAD, IN HARRISBURG

SUBJECT: CLAIM OF: CHARLES W. JOHNSON - PARCEL 32

Ms. Susan Bateman
Mecklenburg County Health Department
700 North Tryon Street
Suite 211
Charlotte, N.C. 28202

Dear Ms. Bateman:

Per our phone conversation of February 16, 1994, please transfer any remaining funds from the file of Jeffery Odell Raborn, #2522A to a new request for a soil evaluation on the property of Charles W. Johnson, Route 10, Box 432, Charlotte, N.C. 28213 tax parcel #051-111-02, Crab Orchard Township, Phone #704-549-0935. This property is a Dairy Farm on NC 49 (University City Boulevard) North on the left before you get to the Cabarrus County Line.

Should you have additional question please call on me.

Sincerely,

Donald E. Mauldin

D. E. MAULDIN
RIGHT OF WAY AGENT

DEM:pb
Attachments

cc: File

END

DATE 8/9/94

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Mck

051-111-02
PARCEL NUMBER

11525 University City Blv
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

NA
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**

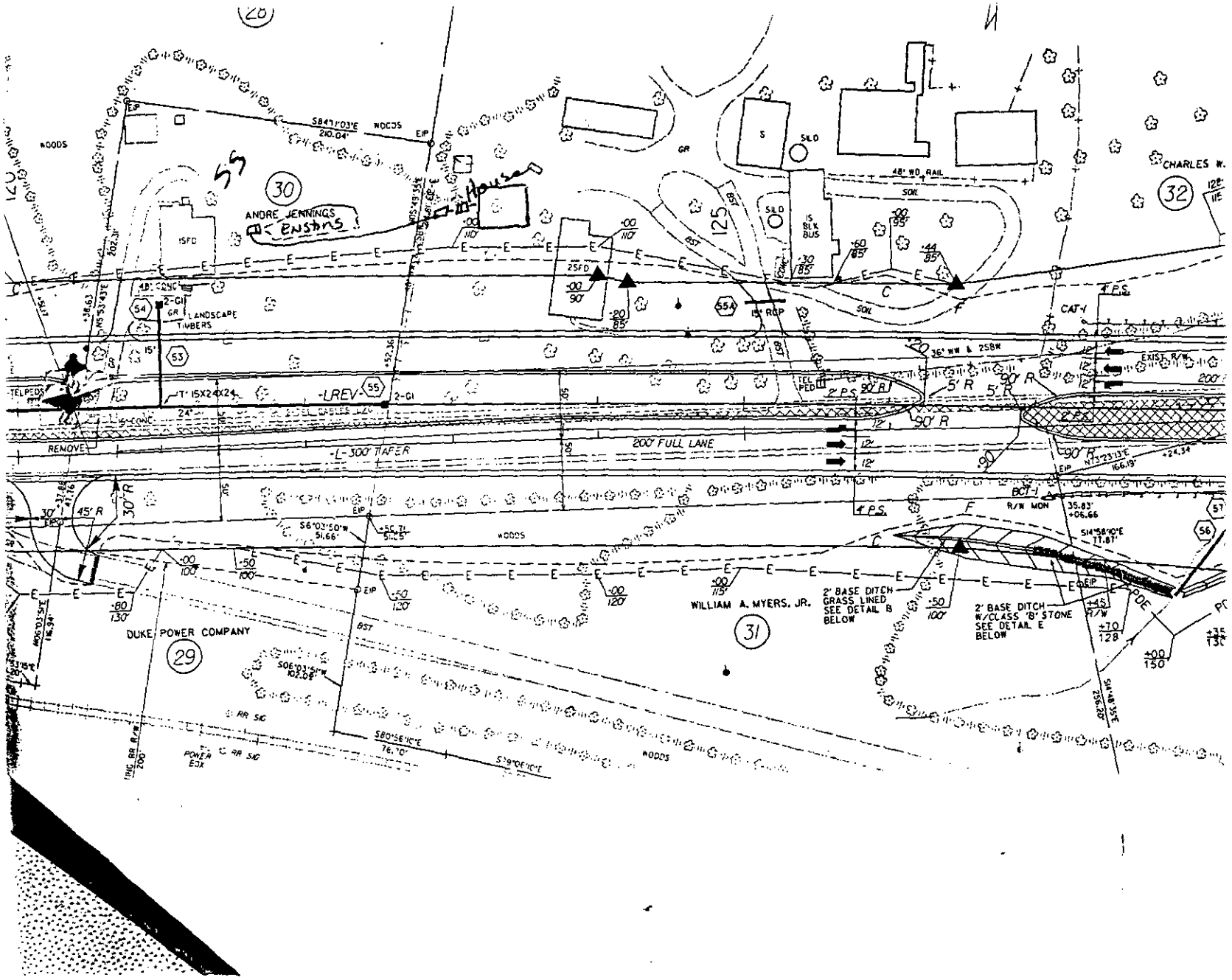
REMARKS: S None

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).

THER FORMS OBSOLETE

ADDRESS

SIGNED: Pone


WOODS
EIP
SB47°03'E
210.04'
30
ANDRE JENNINGS
ENSIGNS
House
ISFD
2SFD
48" CONC
2-GI
GR
LANDSCAPE TIMBERS
54
53
55
T 15X24X24
-LREV-
2-GI
24"
REMOVE
-L-300' TAPER
200' FULL LANE
TELPED
S6°03'50"W
51.66'
30' R
45' R
DUKE POWER COMPANY
29
S06°03'50"W
102.08'
S80°56'10"E
76.10'
S39°06'10"E
RR SIG
POWER BOX
GR
S
SLD
48" WD RAIL
SOIL
IS BLK BUS
125
BST
554
15" RCP
C
F
CHARLES W.
32
CAT-1
P.S.
EXIST R/W
36" WW & 2SBW
5' R
90' R
N73°23'13"E
166.19'
BCT-1
R/W MON
35.83'
+06.66
S14°58'10"E
17.87'
57
56
WILLIAM A. MYERS, JR.
31
2' BASE DITCH GRASS LINED SEE DETAIL B BELOW
2' BASE DITCH W/CLASS 'B' STONE SEE DETAIL E BELOW
POE
PP
S14°18'35"E
258.28'
N06°03'35"E
16.34'
INAC RR R/W
200'

PROPOSED PLOT PLAN

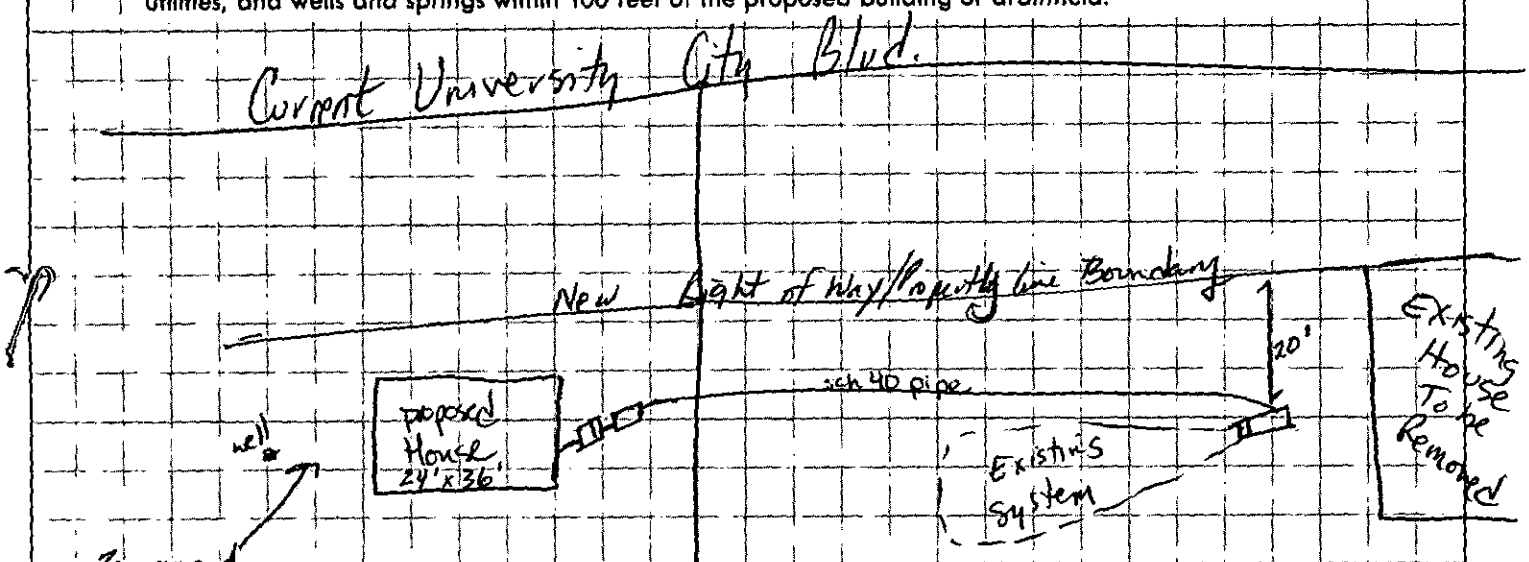
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3006 B

TC: 051-111-02

+ 051-361-96- File 3137B

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.



Recommend min 25' separation distance between existing well + proposed house Contact Dept of Env. Management 704-663-1699 for further information.

1500 gallon septic tank
1000 gallon pump tank
Pump, pump controls + alarm to be installed according to current NC State Regulations.
Keep any part of septic tank system min 50', preferably 100', from well.
Pump contents of existing tank. Use existing system - 2 bedroom house only.
Septic tank drainfield easement declaration + agreement to be completed + recorded + copy given to this Dept. of Co. Register of Deeds before an installation approval will be done.
Documentation in file showing Mr. Johnsons owns both lots.

See additional attached diagram.

APPROVAL DATE 8/19/94

agent/property owner sign + date

8-11-94

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

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

SEPTIC TANK DRAIN FIELD EASEMENT DECLARATION AND AGREEMENT

This DECLARATION AND EASEMENT made this _____ day of _____, 19___, by and between CHARLES W. JOHNSON, ("Declarant"), and any and all persons, firms or corporations hereafter acquiring any of the lots referred to herein.

WITNESSETH:

WHEREAS, Declarant is the owner of the Easement Parcel and the Benefitted Parcel, as described herein; and

WHEREAS, Declarant wishes to create a Septic Tank Drain Field Easement to control the development and the use of the Easement Parcel and the Benefitted Parcel for the protection of the owner of the Benefitted Parcel and the future owners thereof.

NOW, THEREFORE, Declarant hereby declares that the Easement Parcel and the Benefitted Parcel, as hereinafter defined, shall be held, sold and conveyed subject to the following Easement, which shall run with such parcels and be binding on all parties having any right, title or interest in such parcels, their heirs, successors and assigns, and shall be binding upon each owner thereof.

Declarant hereby creates an Easement as hereinafter described, to run with the land, upon that certain lot or parcel of land owned by Declarant, referred to herein as the "Easement Parcel", and located in the City of N/A, MALLARD CREEK Township, Mecklenburg County, North Carolina, and more particularly described as follows:

Mecklenburg Tax Parcel No. 051-361-96, as shown on a page of the County Tax Map attached hereto as Exhibit A

Lot N/A Block N/A of N/A recorded in Map Book N/A Page N/A (if applicable)

See the plat attached hereto as Exhibit B for the legal description of the parcel labeled thereon as the "Easement Parcel" and of the Septic Tank Drain Field Easement Area located thereon. All of property described in Deed Book 7845, Page 805/806, recorded in Mecklenburg County Register of Deeds Office.

This instrument was prepared by: Donald E. Maulden

Mail after recording to: _____

Declarant hereby imposes said Easement for the benefit of itself as the present owner and for the benefit of future owners of the following lot or parcel of land, referred to herein as the "Benefitted Parcel", situated in the City of N/A, MALLARD CREEK Township, Mecklenburg County, North Carolina, and more particularly described as follows:

Mecklenburg Tax Parcel No. 051-111-02, as shown on a page of the County Tax Map attached hereto as Exhibit C
Lot N/A Block N/A of N/A recorded in Map Book N/A Page N/A (if applicable)

See the plat attached hereto as Exhibit D for the legal description of the parcel labelled thereon as the "Benefitted Parcel".

Said Easement shall enable the owner of the Benefitted Parcel to place, if, as and when needed, such need to be determined by the owner of the Benefitted Parcel in his sole discretion, a septic tank and drain field or portions thereof, upon the Septic Tank Drain Field Easement Area on the Easement Parcel and to inspect, maintain, repair and replace the components of said septic tank and drain field at any time and from time to time. If the Easement Area also includes a connector strip for ingress and egress, the owner of the Benefitted Parcel shall have the right to use said connector strip for access as needed. ***This Easement may not be altered, amended or cancelled without the express written permission of the Mecklenburg County Health Department, which written permission must be part of any document recorded to alter, amend or cancel this Easement.*** This Easement shall automatically expire, however, should the owner of the Benefitted Parcel ever hook up the structure located or to be located on the Benefitted Parcel to a public or community sanitary sewage system but shall otherwise be perpetual.

Declarant as the owner of the Easement Parcel acknowledges that the Septic Tank Drain Field Easement Area cannot be used and will not be used for any of the following activities or in any of the following ways:

- Grading or filling
- Parking or driving heavy equipment in the area or in any other way compacting the soil in the Area
- Excavating soil from the Area
- Placing footings or foundations or engaging in any other construction activity in the Area
- Placing in-ground or above-ground swimming pools in the Area
- Placing irrigation systems in the Area
- Placing underground utility lines or cables in the Area
- Planting trees or gardens in the Area
- Removing any large trees in the Area unless dead or diseased
- Using the area for the burial of stumps, trash, or any other type of construction material
- Using the Area for gravesites

-- Diverting the natural flow of water onto the Area by way of drainage ditches or diversion ditches or using the Area to receive water from any gutter or downspout discharges

IN WITNESS WHEREOF, the Declarant has hereunto set his/her/their hand(s) and seal(s), 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 the authority of its Board of Directors, the day and year first above written.

DECLARANT

_____ _____ (SEAL)
(Corporate Name) CHARLES W. JOHNSON

BY: _____ _____ (SEAL)
_____ President

_____ (SEAL)
ATTEST:

_____ _____ (SEAL)
_____ Secretary (Corporate Seal)

SEAL-STAMP North Carolina, _____ County

I, a Notary Public of the County and State aforesaid, certify that _____, Declarant, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this _____ day of _____, 19___.

My Commission Expires: _____ _____
(Notary Public)

SEAL-STAMP North Carolina, _____ County

I, a Notary Public of the County and State aforesaid, certify that _____ personally came before me this day and acknowledged that _he is _____ Secretary of _____, a _____ corporation, and that by authority duly given and as the act of the 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 official stamp or seal, this _____ day of _____, 19___.

My Commission Expires: _____ _____
(Notary Public)

This document is not to be recorded until approved by the Mecklenburg County Health Department.

APPROVED AS TO THE SEPTIC REPAIR AREA REQUIREMENTS:

MECKLENBURG COUNTY HEALTH DEPARTMENT

BY: _____ DATE: _____

_____
(print name)

Approval by the Mecklenburg County Health Department does not certify or extend to matters of title. The purchaser of property subject to or affected by this easement is responsible for ascertaining all matters affecting the validity and enforceability of this instrument.

CHARLOTTE-MECKLENBURG BUILDING STANDARDS
ONE/TWO FAMILY PERMIT

ADDR: 11525 UNIVERSITY CITY BV MECK JOB: 4001 PERMIT: B0309334
PARCEL: 05111102 DATE: 08/19/94 JOB: NEW RESIDENCE MASTER: B0309334
PROJECT: PHASE: SEC: PROJECT:
OWNER: JOHNSON, CHARLES W. ADDR: 11525 UNIVERSITY CITY BV
CITY/ST: CHARLOTTE NC 28204 PHONE: 549-0935

LOT/BLK: / ZONING: R-3 JURIS: CHAR MAP#: 56 HOUSING: NO
ST R/W: 150 PUBLIC: NO CENSUS: 5601 O&D ZONE: 269 FIRE DIST: NO
SPECIAL: FLD PLN: NO FLD ELEV:
#UNITS: 1 WATER: INDIVIDUAL SEWER: INDIVIDUAL
LAND AREA: LOT: FRT ST:
MIN SETBACKS FRONT: 55 LEFT: 6 RIGHT: 6 REAR: 45 REQ PARKING:

USDC: 101 OCC TYPE: R FEE CODE: MD CONSTR TYPE: 6 #R/C UNITS:
HTD AREA: 864 UNHTD AREA: DECK: #STORIES: 1.0 BASEMENT: NO
#ROOMS: 6 #BEDROOMS: 2 #BATHS: 1.0 SPKLR SYS: NO #UNITS: 1
ATT CARPORT: NO ATT GARAGE: NO MASONRY FR: NO PROJ COST: 50000
MBL HOME YR/MAKE: SERIAL#:
TOTAL AMPS: 200 #CIRCUITS: 26 UTILITY CO: DUKE CHARLOTTE
#CONNECTIONS 120 V: 34 > 120 V: 4 TYPE OF WORK: NEW SERVICE
#GAS CONNECTIONS: #APPLIANCES: UTILITY CO:
TYPE OF WORK: HEATING WITH A/C
HEATING/COOLING: HEAT PUMP
#FIXTURES: 3 #APPLIANCES: 3 WORK: NEW SEWER SERVICE NEW WATER SERVICE

BLDG: GREENE ENTERPRISES INC LIC: B 0000012365 B L PERMIT: B0309334
ADDR: 1108 GREENWOOD CLIFF CITY/ST: CHARLOTTE NC 28204
PHONE#: 704-333-6664
ELEC: SELLERS DAVID R LIC: E 0000016737 I PERMIT: E0309335
ADDR: 9251 LAWING SCHOOL RD CITY/ST: CHARLOTTE NC 28214
PHONE#: 704-394-5035
MECH: JAM AIR PERMIT: M0309336
ADDR: 1300 BAXTER STREET CITY/ST: CHARLOTTE NC 28204
LIC: M 0000016544 1 H2 M 0000016544 1 H3
PHONE#: 704-332-4700
PLBG: HASKETT ROBERT LIC: P 0000007321 1 PERMIT: P0309337
ADDR: RT 11 BOX 565 CITY/ST: MOORESVILLE NC 28115
PHONE#: 704-664-9289
ARCH/ENG: LIC: PHONE#:
ADDR: CITY/ST:

BLDG: 2000 ELEC: 1500 MECH: 2500 PLBG: 1500 TOTAL: 7500
PLANS: NO INSP READY: NO
REMARKS: NEW RESIDENCE. HOLD FOR DEMOLITION.

PERMIT MAILED: NO CHECK NUMBER: HOMEOWNR RC FEE: 5.00
VALIDATION DATE: 08/19/94 BY: LH CHARGE ACCT#: B77410 DOUBLE FEE: NO
SEWER DMG FEE: FSTRK FEE: ADJUSTMENT: TOTAL FEE: 76.00

THIS PERMIT WILL EXPIRE IF WORK EITHER HAS NOT STARTED WITHIN 6 MONTHS OR IS DISCONTINUED FOR A PERIOD OF 12 MONTHS. NO REFUNDS WILL BE GIVEN AFTER EXPIRATION.

P O BOX 31097 700 N TRYON ST CHARLOTTE, NC 28231-1097 704-336-3831

EXHIBIT D

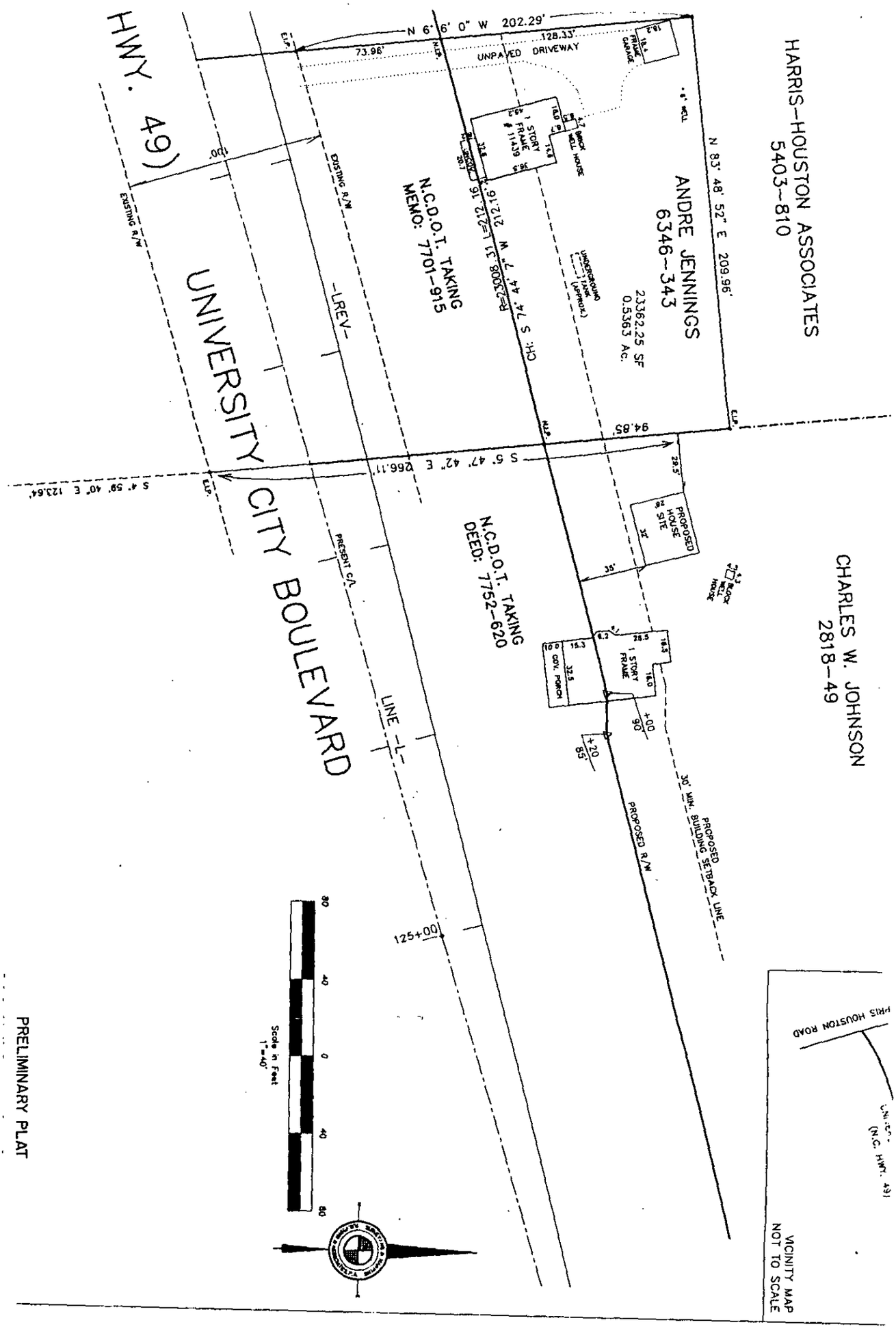

HARRIS-HOUSTON ASSOCIATES
5403-810
ANDRE JENNINGS
6346-343
23362.25 SF
0.5363 Ac.
CHARLES W. JOHNSON
2818-49
N.C.D.O.T. TAKING
MEMO: 7701-915
N.C.D.O.T. TAKING
DEED: 7752-620
UNIVERSITY CITY BOULEVARD
HWY. 49)
N 6° 6' 0" W 202.29'
128.33'
73.98'
UNPAVED DRIVEWAY
N 83° 48' 52" E 209.96'
S 5° 47' 42" E 266.11'
S 4° 59' 40" E 123.64'
94.85
-LREV-
LINE -L-
PRESENT C/L
EXISTING R/W
PROPOSED R/W
30' MIN. BUILDING SETBACK LINE
PROPOSED HOUSE & SITE
1 STORY FRAME
COV. PORCH
BRICK WELL HOUSE
125+00
Scale in Feet
1"=40'
PRELIMINARY PLAT
VICINITY MAP
NOT TO SCALE
PAIS HOUSTON ROAD
(N.C. HWY. 49)

EXHIBIT "C"

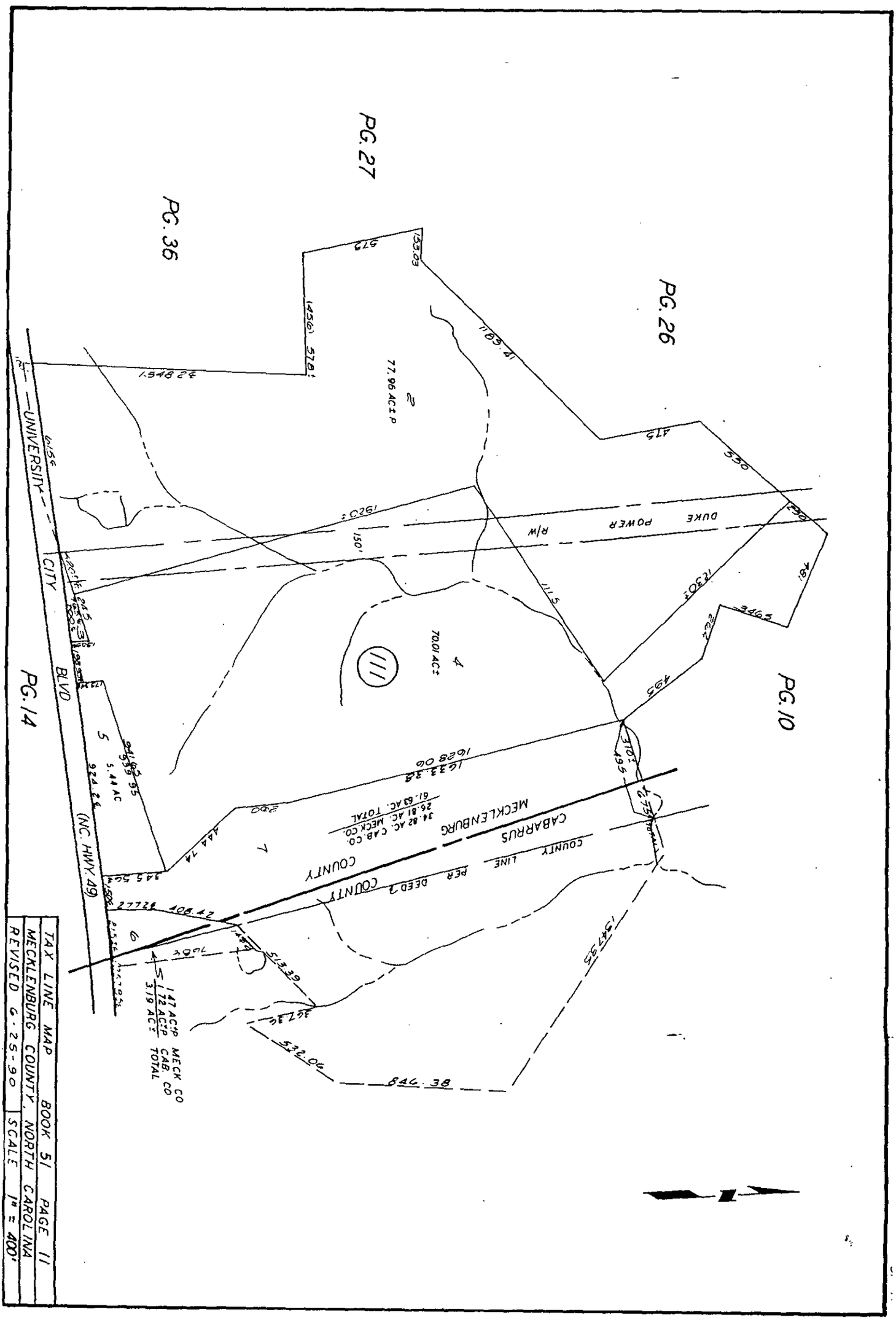
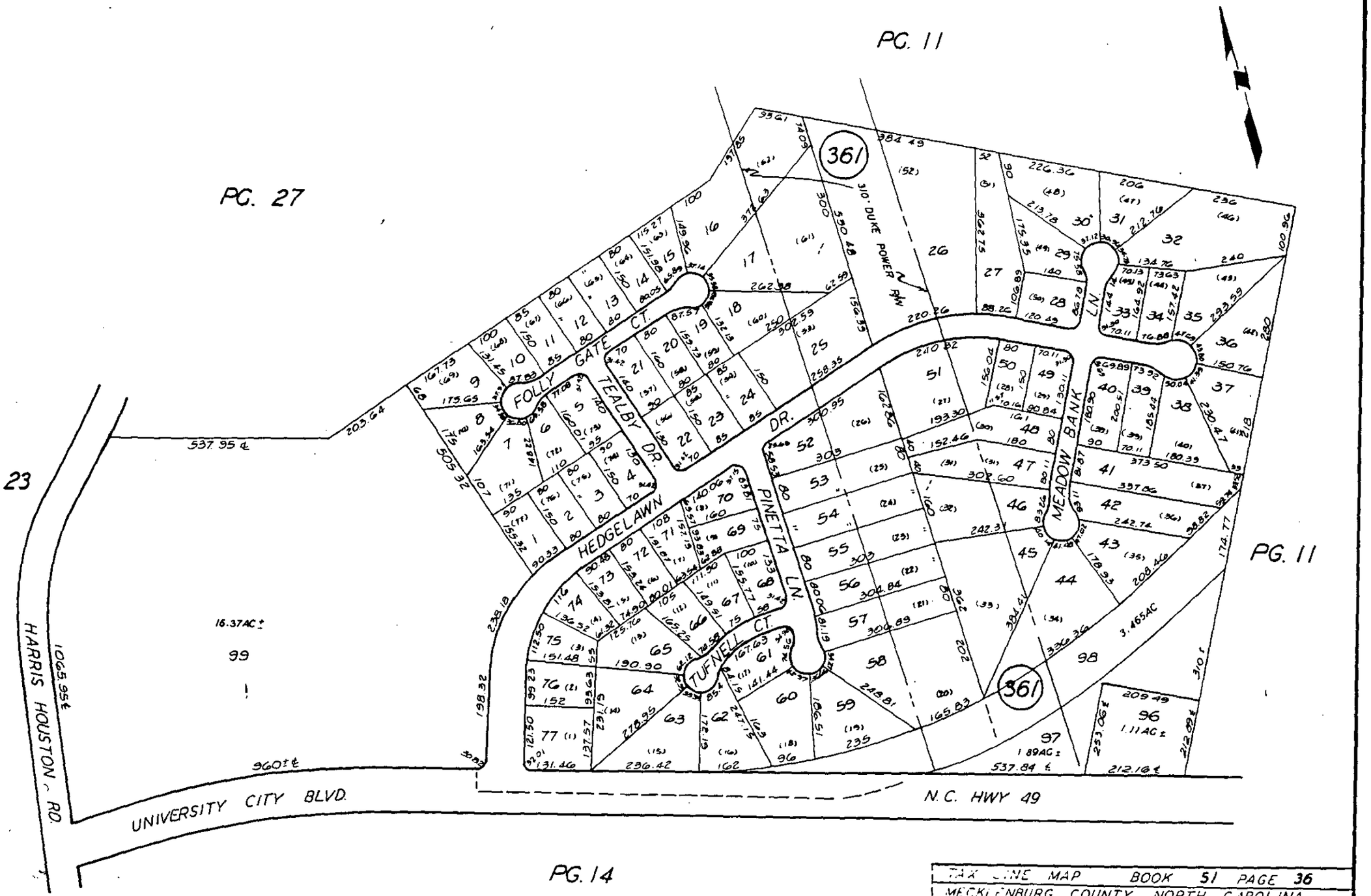

PG. 27
PG. 36
PG. 26
PG. 14
PG. 10
UNIVERSITY CITY BLVD
(NC. HWY. 49)
DUKE POWER R/W
77.96 AC±
70.01 AC±
5.44 AC
MECKLENBURG CABARRUS COUNTY
COUNTY LINE PER DEED 2
34.82 AC. CAB. CO.
26.81 AC. MECK. CO.
61.63 AC. TOTAL
1.47 AC±
1.72 AC±
3.19 AC± TOTAL
MECK CO
CAB. CO
TAX LINE MAP BOOK 51 PAGE 11
MECKLENBURG COUNTY, NORTH CAROLINA
REVISED 6-25-90
SCALE 1" = 400'

EXHIBIT "B"

BEGINNING at the point of intersection of the western property line of the undersigned common with William W. Waters, now or formerly, and the northern right of way boundary of N.C. 49, University City Boulevard, said point being 90 Ft. north of and normal to Survey Line L-Rev.; thence in a northeasterly direction along the western property line of the undersigned, common with William W. Waters, now or formerly, to an existing iron pin, said point being the northwesternmost property corner of the undersigned; thence in a southeasterly direction along the northern property line of the undersigned, common with William W. Waters, now or formerly, to an existing iron pin, said point being the northeasternmost property corner of the undersigned, common with Charles W. Johnson, now or formerly; thence in a southwesterly direction along the eastern property line of the undersigned, common with Charles W. Johnson, now or formerly, to the intersection with the northern right of way boundary of NC 49 - University City Boulevard, said point being 90 Ft. north of and normal to Survey Line L Rev.; thence in a southwesterly direction along the northern 90 Ft. right of way boundary of NC 49 - University City Boulevard to the point of BEGINNING.



TAX LINE MAP	BOOK 51 PAGE 36
MECKLENBURG COUNTY	NORTH CAROLINA
4-22-92	SCALE 1" = 200'

EXHIBIT "A"

file
3006B

CHARLES W. JOHNSON
DL 481567 PH. 704-459-0935
RT. 10 BOX 432
CHARLOTTE, NC 28213

1037
66-1030/531
093

3 3 94

PAY TO THE ORDER OF Mecklenburg County Health & Environmental Dept $50.00

Fifty Dollars and 00/100 DOLLARS

First Union National Bank of North Carolina
Harrisburg, North Carolina 28075

FIRST UNION

11525 University City Blvd

FOR Application for Septic Tank Permit Charles W Johnson

⑆053103031⑆ 6287924976⑈ 1037

Paid for by Kenneth Ford from D.O.T.

Mecklenburg County
Health Department

March 30, 1994

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

Mr. Charles W. Johnson
Route 10, Box 432
Charlotte, NC 28213

RE: Property located at 11525 University City Boulevard
FILE: 3006B/9377A
PARCEL: 051-111-02PO

Dear Mr. Johnson:

At your request a soils investigation was conducted on the property designated above. Results of this investigation showed the site to be classified as **UNSUITABLE** under criteria as set forth in 15A NCA 18A .1900 of Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal, August 1, 1991. Evaluation Report (Serial Number 20251) is enclosed.

The soil on this property is not suitable for use with any conventional, modified or alternative system of which I am aware. If you wish to exercise your right of appeal concerning the interpretation and enforcement of these rules you may do so in accordance with G.S. 150B-23.

If there are any questions, please contact Bill Marlin at 336-5574.

Sincerely,

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

Enclosure

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20251

File: 3006 B/9377A Action 3

Parcel: PO 051-111-02 ☐ PC

Location: 11525 University City Blvd

Subdivision:

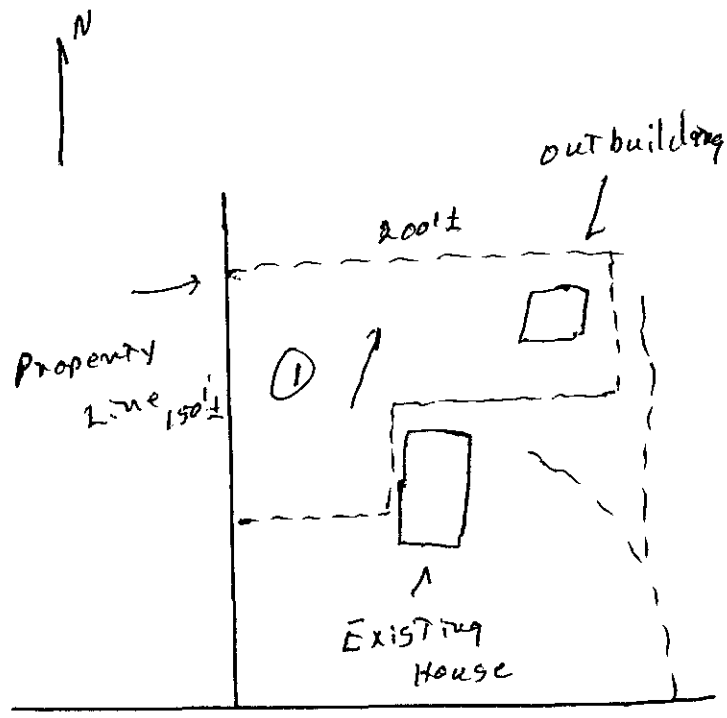
Lot: Block: Acres: Appro 1.5

Owner: Charles W. Johnson
Address: Rt. 19 Box 432
Charlotte, N.C. 28213

Comments:

Described by: William A. Mudi

Date: 3-29-94



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

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 6-15%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture Expansive	S PS (U) clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Lt Subt Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage Some	S PS (U) perched water 12-15"	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 15-24"	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 Limited	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	series not Determined					
Area Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20251

File: 3A-1 B/13/11 Action 3

Parcel: 20 151 - 111-02 ☐ PC

Location: 11515 [illegible]

Subdivision:

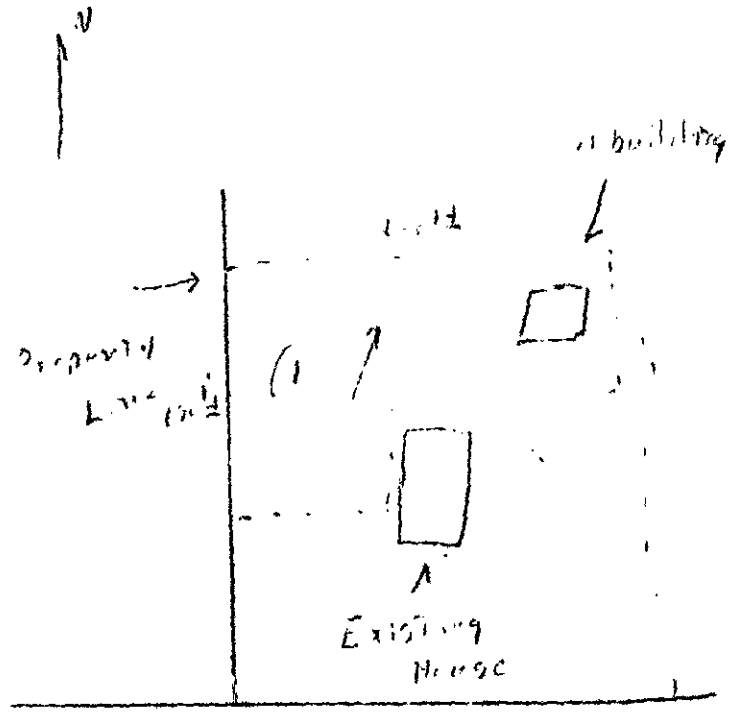
Lot: Block: Acres: 1.111 1.5

Owner: [illegible]
Address: [illegible]

Comments:

Described by: [illegible]

Date: 3-29-11



***** 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 6-15%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture Expansive	S PS (U) clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U + Subangular Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage Some	S PS (U) Perched water 12-42"	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 15-34"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 34"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space limited	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 Not Determined	Series					
Area Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U

Please fill in the blanks at all the "x"'s. When you complete this form please mail or bring to the address that is circled. Thank you. 3/21/94 BX.

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Transfer #50 from file #2524 See letter in file

[] CRT

3006B/9377A

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: Johnson Charles W
(last) (first) (mi)

ADDRESS: RT 10 Box 432 PHONE: 704 5490935

CITY: Char STATE: NC ZIPCODE: 28213

Date:

PROPERTY OWNER:

NAME: Johnson Charles W
(last) (first) (mi)

ADDRESS: RT 10 Box 432 PHONE: 704 5490935

CITY: Char STATE: ZIPCODE: 28213

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 051-111-02

STREET ADDRESS: 11525 University City Blv.

Char NC 28213

ZONING: Univ. City Blvd.

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

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

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

NUMBER BEDROOMS: 2 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): X
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply): X
[] 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: Charles W Johnson Date: 2/22/94

NOTICE:

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

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

...This permit is not transferable.

...

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

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791