

1411 MCCORKLE RD

05308414

7/9/2007

duponbj

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

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - NITRATE ONLY

Name of System: Johnston, Matthew
Address: 1411 McCorkle Rd.
Charlotte, NC **Zip:** 28214
County: MECKLENB

Report To: Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202
Courier: 05-16-21

ATTN: Larry Thompson
(704) 336-5101

Source of Water: ground
Source of Sample:
Type of Sample: raw
Type of Treatment: none
Type of Analysis: NITRATE
Category: other

Collected By: L. THOMPSON **Date:** 9/1/99 **Time:** 3:10:00 PM
Location of sampling point: outside tap
Remarks: IIIb

Parameters	Results	Units	Date Analyzed:
Nitrite as N	<0.10	mg/l	9/2/99
Nitrate as N	1.10	mg/l	9/2/99

EXPLANATION OF RESULTS:

Foster/Therapeutic Homes: Nitrate-N level acceptable if less than or equal to 10 mg/l
Private Well Guidelines: Nitrite-N level should be ≤ 1.0 mg/ml and Nitrate-N ≤ 10.0 mg/ml

Date Received: 9/2/99 **Report Date:** 9/3/99 **Reported By:**
Today's Date: 9/3/99 **Reference:** 13443 **Sample Number:** AA22312

Explanations

Coliform Analysis:
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. *coli* (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Inorganic Analysis:
Recommended limits for drinking water. Sample should not exceed levels listed below:

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.05 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l

Mecklenburg County Public Health Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

III b

Microbiological Analyses

Owner, System or Establishment: Matthew Johnston

Address: 1411 McCorkle Road

Charlotte NC Zip:

Collected By: L. Thompson

Date Collected: 9-1-99 Time: 3:10 AM (PM)

Sample Source: Outside tap

Date Delvd. to Lab: 9-1-99 Time: 3:35 AM (PM)

Delivered By: LBT ☑ Received on Ice Initials LBT

Type of Sample

Potable Water

- ☑ Individual Well
- ☐ Non-Community
- ☐ Community
- ☐ City
- ☐ Other (specify)

Treatment ☐ chlorinated ☑ nonchlorinated

- ☑ Initial Sample
- ☐ Recheck (chlorinated)
- ☐ Recheck (nonchlorinated)
- ☐ Other (specify)

Nonpotable Water

- ☐ Surface
- ☐ Storm
- ☐ Other (specify)

Analysis Requested: ☑ Total Coliform ☐ Fecal Coliform ☐ Fecal Strep ☐ Enterococcus ☐ Sulfate Reducing Bacteria ☐ Pseudomonas aeruginosa ☐ Other (specify)

☐ Food Analysis (specify)

Comments:

Laboratory Analysis Report

Method: ____ Membrane Filter ✓ Colilert ____ Multiple Tube Fermentation

Total Coliform Absent /100 ml.

Fecal Coliform Absent /100 ml.

Fecal Strep ____ /100 ml.

Enterococcus ____ /100 ml.

Non-Coliform ____ /100 ml.

Plate Count ____ /gm. or ml.

Coliform Count ____ /gm. or ml.

Pseudomonas aeruginosa ____ /100 ml.

Laboratory Comments:

Date Received: 9/1/99 Date Reported: 9/2/99

Received By: NG Analyst: NG Lab #: 201

Laboratory Identification #: 37518 DEHNR Division of Laboratory Services
#: 449 DEM

L 1.14 1/92
Rev. 10/96
4319

White - Lab Report Copy Yellow - Lab File copy

Mecklenburg County
Health Department

September 8, 1999

Matthew J. Johnston
1411 McCorkle Road
Charlotte, NC 28214

Re: Water Sample Results

Dear Ms. Skinner:

Enclosed you will find the water sample results for the bacteriological sample that was taken at your residence on September 1, 1999.

The laboratory analysis of the well water sample was reported to be negative for coliform bacteria.

The inorganic water sample results are not yet available. I will forward a copy of those results to you just as soon as I receive them from the State Laboratory. If you have any questions concerning this matter, please contact me at 336-5568.

Sincerely,

L. B. Thompson, Jr., R.S.

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

Enclosure

N. C. Department of Environment and Natural Resources
Division of Environmental Health

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

Mecklenburg — Health Department
Name of Establishment — 7662A — Permit/Project No.
1411 McCorkle Road — Location
residence — Type of Establishment
360 gpd — Design Flow
Matthew Jones Johnston, 1411 McCorkle Road, Charlotte, NC 28214 — Owner/Agent — Address — Phone
N/A — Operator — Address — Phone
Remarks: Type IIIb

	Yes	No	REMARKS
1. ESTABLISHMENT: Type, size, and sewage flow in accordance with permit?	☐	☐	
2. COLLECTION SYSTEM: No evidence of leaks into or out from sewer lines/manholes?	☐	☐	
Free of blockages/solids buildup in lines or manholes?	☐	☐	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks): Tank risers accessible and surface water diverted?	☑	☐	System installed in '92. We recommend pumping the septic tank every 3-5 years. This will ensure that solids/sludge
Tanks and access manholes structurally sound, watertight?	☑	☐	
Sanitary tee(s) in good working condition?	☐	☐	
Tanks pumped, cleaned out as needed?	☐	☐	does not clog soil pores.
4. RAW SEWAGE LIFT STATION (if present): Required pumps present, operating, and cycling properly?	☐	☐	
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	
5. EFFLUENT DOSING SYSTEM: Effluent appears clear, free of excess solids?	☐	☐	Riser could not be removed at this time. If you wish to remove the riser lid - I will be happy to reinspect.
PUMP SYSTEMS: Required pumps present, operating, and cycling properly?	☐	☐	
High-water alarm present and operating properly?	☐	☐	Could not operate pump by hand -
Floats/pipe/valves/disconnects in good working condition?	☐	☐	electrical setup up has one plug
Control panel enclosure/components in good condition?	☑	☐	rather than piggy back style.
Elapsed time readings: _____ _____ _____ _____			
SIPHON SYSTEMS: No evidence of overflow or siphon leakage?	☐	☐	3R enclosure
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	
6. GROUND ABSORPTION FIELDS: No evidence of effluent surfacing/reaching surface waters?	☑	☐	
Minimal ponding in subsurface trenches?	☑	☐	
Surface water being effectively diverted away?	☑	☐	
Diversions/ditches/swales/tile drains properly maintained?	☑	☐	
Line cover/vegetation adequate/maintained as needed?	☑	☐	Try to eliminate traffic in drainfield
Protected from traffic, destructive uses?	☐	☐	area.
Distribution devices in good condition, working properly?	☑	☐	
Repair area properly reserved, maintained?	☑	☐	
LOW-PRESSURE PIPE DRAIN FIELDS: Turnups/cleanouts/valves intact and accessible?	☐	☐	
No effluent standing in lower laterals?	☐	☐	
Laterals free of excess solids, cleaned out as needed?	☐	☐	
Pressure head is properly adjusted?	☐	☐	

OVERALL CONDITION AND OPERATION OF SYSTEM: No sewage surfacing. Took H_2O samples

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)

DATE: 9-1-99 SIGNED: R.S. Thompson, Jr., R.S. AGENT
Division of Environmental Health

DENR 3702 (Revised 3/98)
On-Site Wastewater Section (Review 12/98)

– over –

SUMMARY OF IMPROVEMENTS NEEDED (cont.)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

This is to notify you of intent to suspend/revoke your operation permit/certificate of completion 60 days from this date for the following
(circle one) *(circle one)*

violations: _____
[Law or Rule(s)]

If suspended, the operation permit or certificate of completion remains suspended until violations are corrected. A hearing will be held prior to suspension or revocation if you file a petition for a hearing with the Office of Administrative Hearings, P. O. Drawer 27447, Raleigh, NC 27611-7447, in writing within the number of days specified above of your intent to attend the hearing. If you do not petition the Office of Administrative Hearings, the operation permit or certificate of completion will be suspended or revoked.

IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

This is to notify you of immediate suspension/revocation of your operation permit/certificate of completion for the following violations:
(circle one) *(circle one)*

_____
[Law or Rule(s)]

If suspended, the permit or certificate remains suspended until the violations are corrected. You will be notified of the day and location of a hearing on this suspension or revocation by a hearing officer from the Office of Administrative Hearings.

This the _____ day of _____, 19 _____.

_____ Agent
DIVISION OF ENVIRONMENTAL HEALTH

INSTRUCTIONS

Purpose: Article 11 of Chapter 130A requires the Commission for Health Services to adopt rules governing the design, construction, and operation of on-site wastewater systems. 15A NCAC 18A .1937 specifies that the local health department shall determine whether systems with an Operation Permit are operating properly at a frequency specified in Rule .1961, Table V(a), and that systems which exceed 3,000 gallons per day and other systems which are required to be designed by a professional engineer shall be reinspected annually. This form is developed to be used in making inspections of engineered subsurface wastewater systems.

Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for:

1. Original to be left with the responsible person.
2. Copy for the local health department.
3. Copy for the On-Site Wastewater Section, Division of Environmental Health.

In the event the permit is suspended or revoked, complete the portion above.

Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the *Records Disposition Schedule* published by the N.C. Division of Archives and History.

Additional forms may be ordered from: On-Site Wastewater Section
Division of Environmental Health
P. O. Box 29594
Raleigh, NC 27626-0594
(Courier 52-01-00)

MAINTENANCE INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

Matthews Jones Johnston
1401 McCorkle Road
Charlotte, NC 28214

Please Make Check Payable To

Mecklenburg County Health Department
700 N. Tryon Street, Ste 211
Charlotte, NC 28202

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File #	# Bedroom	System Type
Matthew Jones Johnston	1411 McCorkle Road	053-084-14	7662A	3	IIIB

Total Amount Due: $85.00

Please use the space below, to make any corrections to property information.

Name _____

Site Address _____

_____

Bedrooms _____

BILL INFORMATION

Billing Date	Payment Due Date
4/29/99	5/31/99

Direct Questions Concerning This Bill To ..... (704) 336-5102

☐ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
Your Canceled Check Is Your Receipt

DO NOT SEND CASH

Mecklenburg County
Health Department

April 29, 1999

Matthew Jones Johnston
1401 McCorkle Road
Charlotte, NC 28214

RE: 1411 McCorkle Road

Dear Mr. Johnston:

This letter is being sent to all home/business owners in Mecklenburg County with septic tank systems that utilize pumps. In 1990 the North Carolina Administrative Code governing septic tank systems was amended to require routine maintenance and inspection of certain septic tank systems. Research conducted on septic tank systems has shown that properly maintained systems perform better and protect the home/business owner's investment. These State rule changes required local health departments to perform additional inspections without additional resources. During the 1998-99 budget hearings, the Mecklenburg County Board of County Commissioners (BOCC) approved user fees to offset costs and to allow the local health department to comply with mandatory enforcement requirements in the State regulations.

Since you have a pump system, these new rules and fee requirements affect you. The fee is $85.00 and is due upon receipt of this notice. We will visit your property and make assessments and recommendations for the continued efficient operation of your septic tank system. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The process, including fee assessment, will be repeated every five (5) years. The fee amount may change in the future.

We are excited about the interest and support demonstrated by the BOCC. Past performance in this area was more enforcement oriented rather than supportive. One of our goals is to establish our department as a resource to you to aid and assist you with this and related public health concerns. The inspection program and the water analysis are important to the health of you and your family. This is a very important initiative intended to protect the public's health while improving and preserving our groundwater resources.

Your prompt fee payment will activate our inspection process. Your comments and questions regarding this matter are encouraged and welcomed.

Sincerely,

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

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

Enclosure

cc: Fiscal Services Manager, HMHCS

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7662-A DATE: 4-27-92

TC: 053-084-14 ☐ L ☑ CRT

SERIAL Nº 14129

Name of Owner MATTHEW J JOHNSON Juris.:

Address of Property 1411 MCCORKLE RD

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth 1-2'

Water Supply Source ~~Loop~~ 100'

Distance to Water Source ~~Loop~~ 100'

Excavation Inspected 4-27-92

Tank(s) Inspected 4-27-92

Wash Line Inspected ✓

High Water Alarm Inspected 4-27-92 FLOAT

PLOT

Design: 1992 1500 ST 1000 GT PI LOW 1200SFT 12G CECIC CTR# 57

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:

Environmentalist

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

LDP 10

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

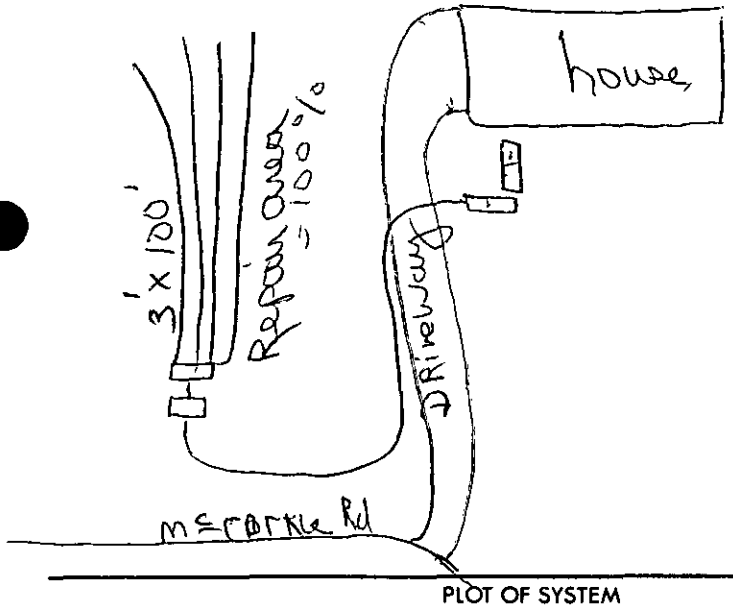
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7662A DATE: 4/3/92

TC: 053-084-14 ☐ L

SERIAL Nº 14182

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 1/14/92. All work shall be completed on or before 5/3/92, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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 Pcc

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400' feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well Well NOT INSTALLED feet

50' Minimum Distance Required

NAME OF OWNER Matthew J. Johnston

LOCATION OF PROPERTY 1411 McCorkle Road

Comments: INSTALL 4 Trenches 3'x100' 12" Stone
2. D-Boxes. Sleeve Supply Line Under Driveway

Division or Section Head

Environmentalist Jackie J. Kiser R.S.

* 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

SK

Pd. 200.00
CK # 0346 MB
1-14-92

400 ☑

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

#7662A

PC ☑ 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: JOHNSTON (last) MATTHEW (first) J. (mi) WORK# 596-2472
ADDRESS: 1411 McCORKLE PHONE: (704) 399-2491
CITY: CHARLOTTE STATE: NC ZIPCODE: 28214

Date: 1-14-92

PROPERTY OWNER:
NAME: SAME (last) (first) (mi)
ADDRESS: PHONE: (___) ___
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 053-084-14
STREET ADDRESS: 1411 McCorkle Rd
ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres): 7

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 (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

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 [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: Matthew J. Johnston Date: 14 JAN 92

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.

...Lift pump will be required

[] 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 4/3/92

Director or Authorized Section Head — Date 4-6-92

WWATER : 122791

5F

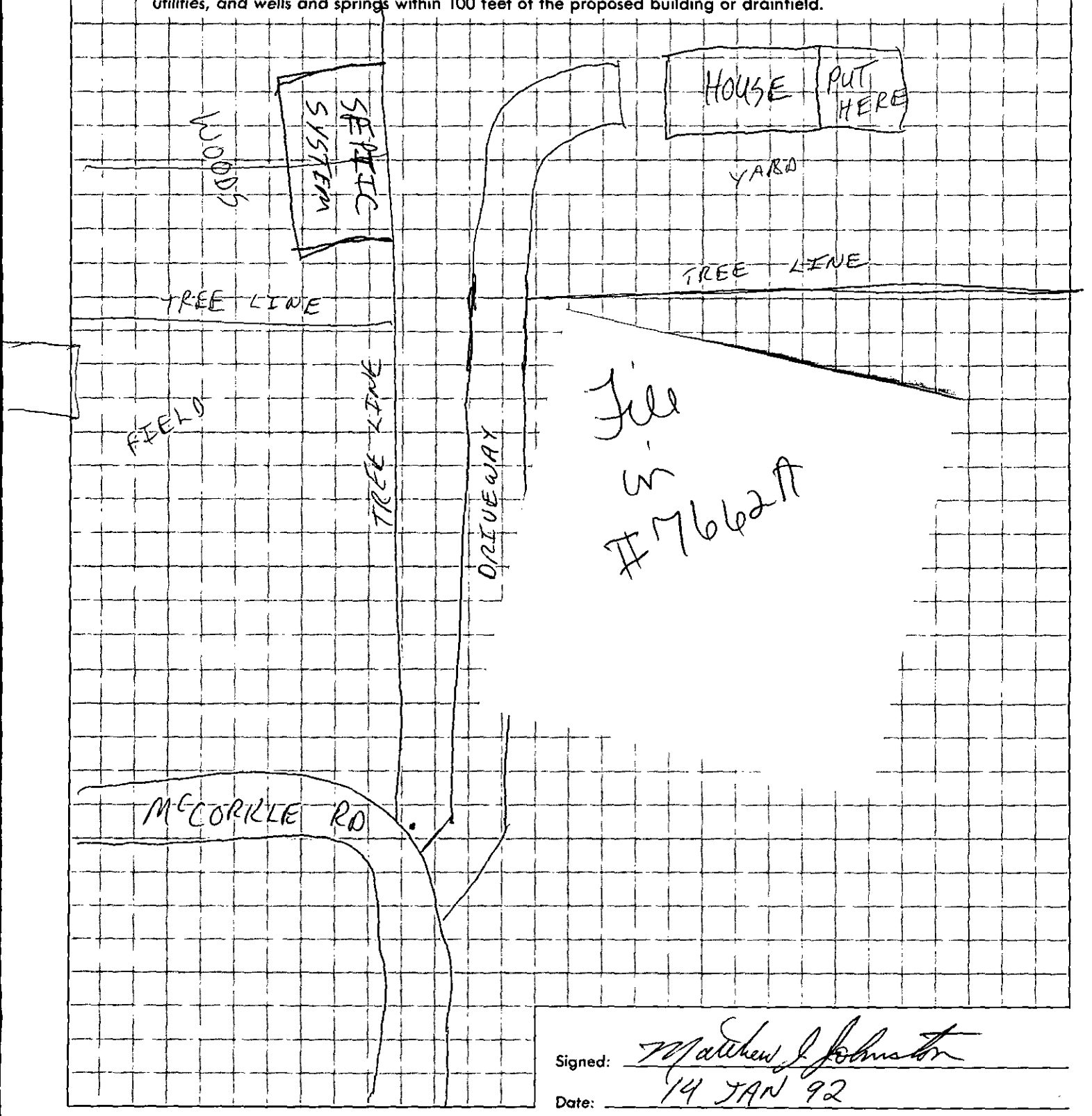
PROPOSED PLOT PLAN

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

FILE: 766 z A

TC: 053-084-14

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.



Signed: Matthew J. Johnston

Date: 14 JAN 92

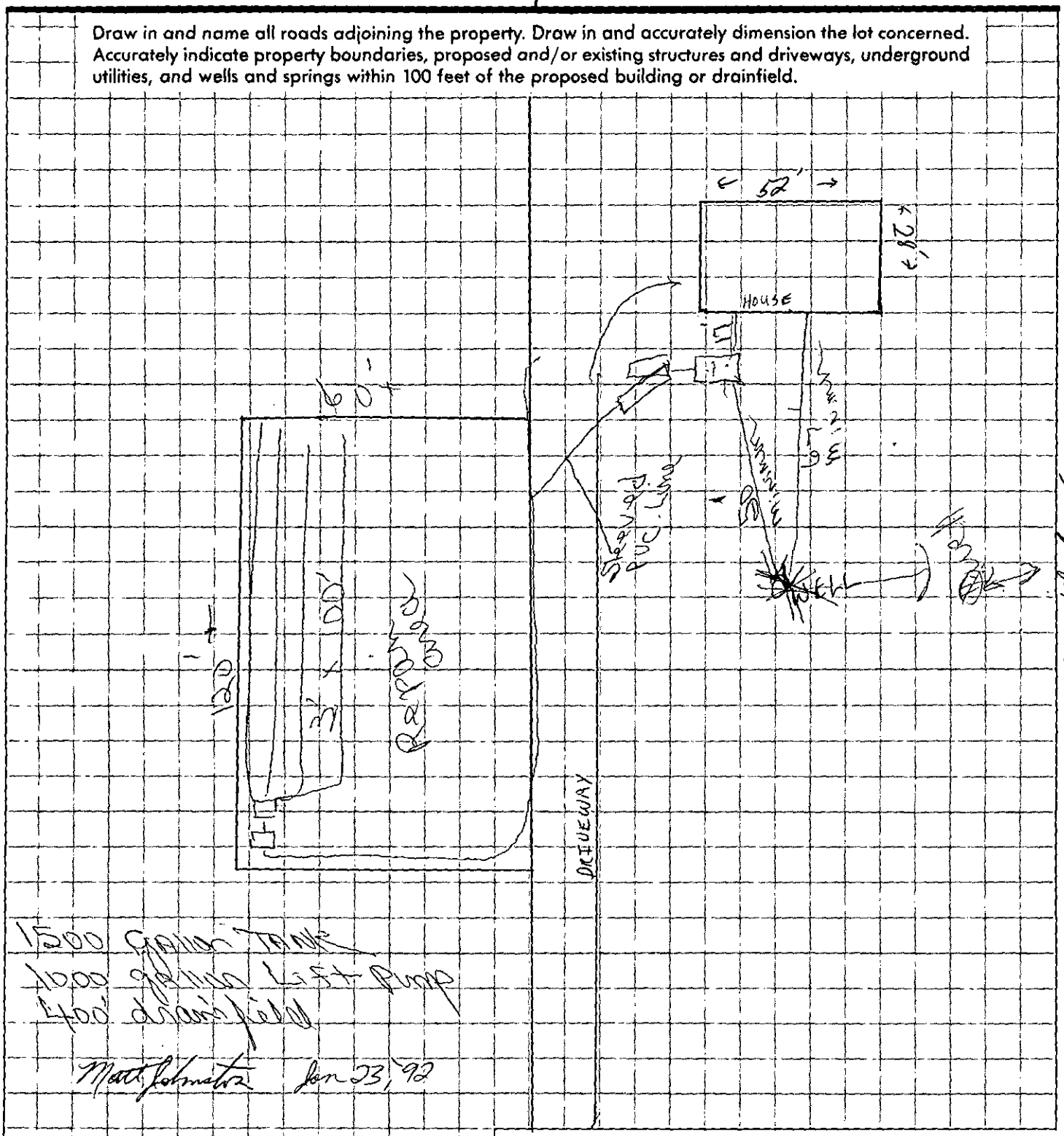
PROPOSED PLOT PLAN

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

FILE: 7662A

TC: 053-084-08

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.



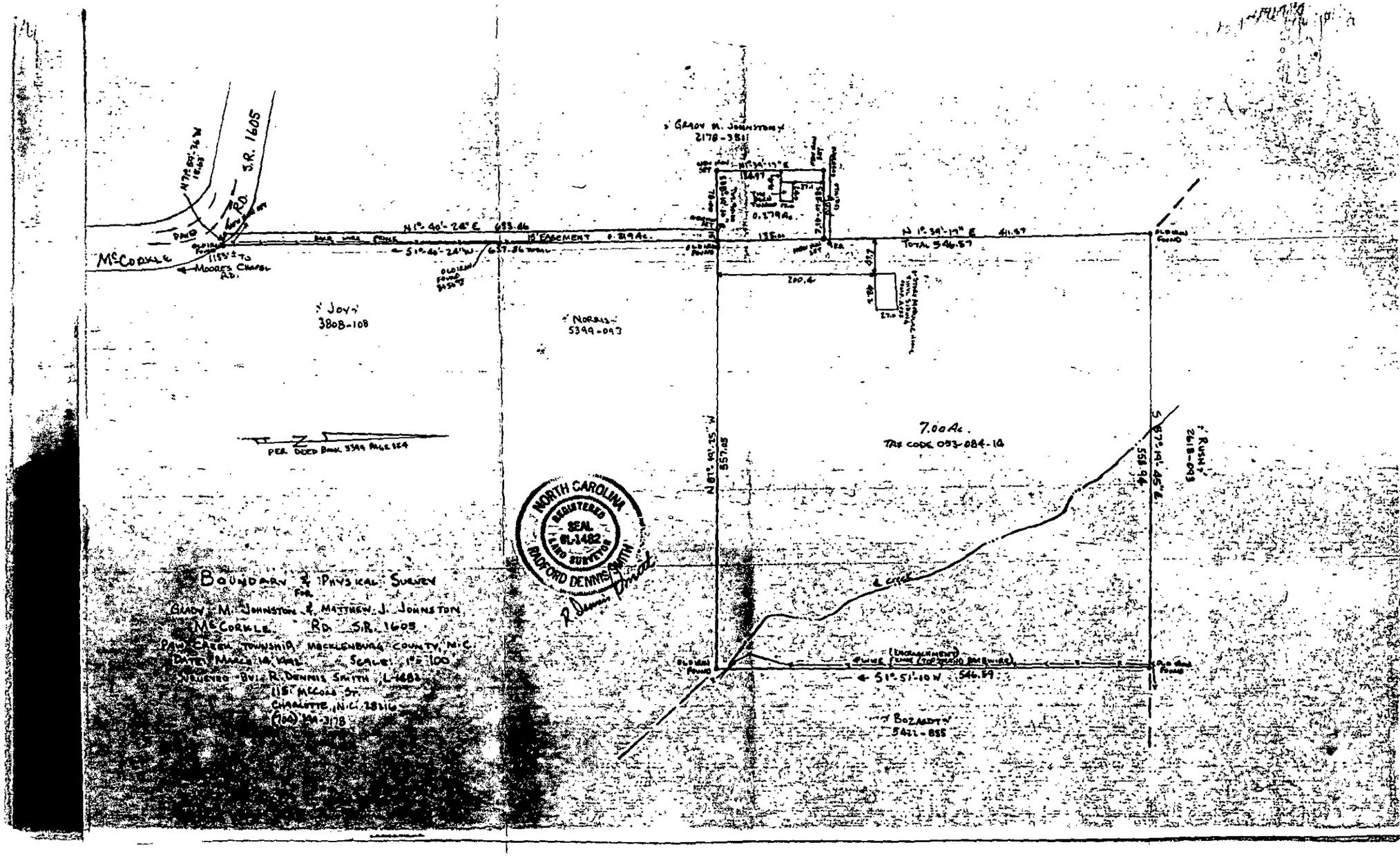
1500 Gallon Tank
1000 gallon Lift Pump
400 drainfield

Matt Johnston Jan 23, 92

Matt Johnston

Signed: _____

Date: _____



Boundary & Physical Survey
for
Grady M. Johnston & Matthew J. Johnston
McCorkle Rd. S.R. 1605
Paw Creek Township, Mecklenburg County, N.C.
Date: March 14, 1991 Scale: 1"=100'
Surveyed by: R. Dennis Smith L-1482
115 McCord St.
Charlotte, N.C. 28216
(704) 399-3178

76627

BK: 06822 PG: 0289/0292 #:0154 12.00

REGISTERED MAR/30/1992 10:21AM ANNE A. POWERS REGISTER OF DEEDS MECK. CO. N.C.

-0-
Excise Tax

Recording Time, Book and Page

Tax Lot No. part of 053-084-08 Parcel Identifier No. .....

Verified by ..... County on the ..... day of ....., 19.....

by .....

Mail after recording to BAUCOM, CLAYTOR, BENTON, MORGAN, WOOD & WHITE, PA
Box 14

This instrument was prepared by Lloyd F. Baucom

Brief description for the Index

NORTH CAROLINA GENERAL WARRANTY DEED OF GIFT

THIS DEED made this 25th day of March, 19 92, by and between

GRANTOR	GRANTEE
GRADY M. JOHNSTON and wife, NANCY JONES JOHNSTON	MATTHEW JONES JOHNSTON 1411 McCorkle Road Charlotte, North Carolina 28214

Enter in appropriate block for each party: name, address, and, if appropriate, character of entity, e.g. corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in the City of ....., Deweese Township, Mecklenburg County, North Carolina and more particularly described as follows:

to wit: love and affection

SEE EXHIBIT A ATTACHED HERETO AND INCORPORATED HEREIN BY REFERENCE.

N. C. Bar Assoc. Form No. 3 © 1976, Revised © 1977 – James Williams & Co., Inc., Box 127, Yadkinville, N. C. 27055
Printed by Agreement with the N. C. Bar Assoc. – 1981

The property hereinabove described was acquired by Grantor by instrument recorded in .....

.....

A map showing the above described property is recorded in Plat Book ..... page.....

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever except for the exceptions hereinafter stated. Title to the property hereinabove described is subject to the following exceptions: Excepting, however, enforceable utility easements of record and the right-of-way of McCorkle Road.

IN WITNESS WHEREOF, the Grantor has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, the day and year first above written.

..... (Corporate Name)

By: .....

..... President

ATTEST:

.....

..... Secretary (Corporate Seal)

USE BLACK INK ONLY

Grady M. Johnston (SEAL)
Grady M. Johnston

Nancy Jones Johnston (SEAL)
Nancy Jones Johnston

..... (SEAL)

..... (SEAL)

SEAL-STAMP

NORTH CAROLINA, Mecklenburg County.

I, a Notary Public of the County and State aforesaid, certify that .....
GRADY M. JOHNSTON and wife, NANCY JONES JOHNSTON Grantor,
personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 27th day of March, 19 92

My commission expires: 8-27-96 Kathryn D. Wilson Notary Public

Use Black Ink

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 North Carolina 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

Use Black Ink

The foregoing Certificate(s) of .....
.....
.....

are certified to be correct. This instrument and this certificate are duly registered at the date and time and in the Book and Page shown on the first page hereof.

.....REGISTER OF DEEDS FOR.....COUNTY

.....Deputy/Assistant - Register of Deeds

Bar Assoc. Form No. 3 © 1976, Revised © 1977 James Williams & Co. Inc. Box 127 Jacksonville, N. C. 28559
Approved with the N. C. Bar Assn. 1981

the "15 foot easement" and containing 0.219 acres, plus a rectangular tract of land containing 0.279 acres, to which survey further reference is hereby made.

AND BEING a portion of the property as was conveyed to Grady M. Johnston and wife by the aforesaid Deed recorded in Book 2178, at Page 351 of the Mecklenburg Registry.

EXHIBIT A

ATTACHED TO AND FORMING A PART OF DEED, DATED MARCH 25, 1992, FROM GRADY M. JOHNSTON AND WIFE, NANCY JONES JOHNSTON, TO MATTHEW JONES JOHNSTON

Lying and being in Paw Creek Township, Mecklenburg County, North Carolina, and being more particularly described as follows:

BEGINNING at an old iron found in the northerly right-of-way margin of McCorkle Road (also known as S.R. 1605), said Beginning Point being the terminus point of the third call and distance in that certain Deed from Mary S. Johnston and husband, Mack Johnston, to Grady M. Johnston and wife, Nancy J. Johnston dated August 23, 1960 and recorded in Book 2178, at Page 351 of the Mecklenburg Public Registry, said Beginning Point also being the southeasterly front corner at McCorkle Road of the property described in the aforesaid Deed recorded in Book 2178, at Page 351 of the Mecklenburg Registry, said Beginning Point also being the point of intersection at the northerly margin of McCorkle Road of the property of Grady M. Johnston and wife described in the aforesaid Deed and the property described in Deed Book 3808, at Page 108 of the Mecklenburg Registry; thence from the Beginning Point so established and with the common line between the property described in the aforesaid Deed, N. 1-40-24 E., and also with the westerly line of the property of Norris (now or formerly) as the Norris property is described in Deed recorded in Book 5399, at Page 93 of the Mecklenburg Registry, a total distance of 637.86 feet to an old iron found, said old iron being in the southwesterly corner of that certain property conveyed by Grady M. Johnston and wife to Matthew Jones Johnston by Deed dated January 8, 1992, and recorded in Book 6734, at Page 114 of the Mecklenburg Registry; thence continuing with the westerly line of the property of Matthew Jones Johnston as described in said Deed recorded in Book 6734, at Page 114 of the Mecklenburg Registry, N. 1-39-17 E. 135.00 feet to a new iron set; thence three new lines within the property of Grady M. Johnston and wife as described in the aforesaid Deed recorded in Book 2178, at Page 351 of the Mecklenburg Registry as follows: (1) N. 88-20-43 W. 90.0 feet to a new iron set; (2) S. 1-39-17 W. 134.97 feet to a new iron set; and (3) S. 88-19-36 E. 75.00 feet to a new iron set, this point being located 15 feet in a westerly direction from the terminus point of the first call of this description; thence with a new line within the property of Grady M. Johnston and wife as described in the aforesaid Deed, S. 1-40-24 W. 633.46 feet to a new iron set within the right-of-way of McCorkle Road; thence S. 71-59-36 E. 15.36 feet to an old iron found, the point and place of BEGINNING; all as shown on a boundary and physical survey for Grady M. Johnston and Matthew J. Johnston by Radford Dennis Smith, R.L.S., dated March 14, 1992, with the aforesaid property consisting of a 15-foot wide strip, identified on said survey as

3/30
Received Attached from Ms. Johnston.
Told her I would review & have
done review & call her.

4/1/92 Called Mrs. Johnston A.M. Advised
No Water & Sewer. Requested
those.

BK: 06822 PG: 0293/0295 #:0155 10.00

REGISTERED MAR/30/1992 10:21AM ANNE A. POWERS REGISTER OF DEEDS MECK. CO. N.C.

DRAWN BY AND MAIL TO: BAUCOM, CLAYTOR, BENTON, MORGAN, WOOD & WHITE, PA (LFB) (Box 14)

COPY

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

AGREEMENT TERMINATING EXCLUSIVE EASEMENT DEED

THIS AGREEMENT, made this 25th day of March, 1992, between and among GRADY M. JOHNSTON and wife, NANCY JONES JOHNSTON (hereinafter jointly and severally "Grantor"); and MATTHEW JONES JOHNSTON and wife, WANDA S. JOHNSTON (hereinafter jointly and severally "Grantee"), all of Mecklenburg County, North Carolina.

Recital of the Parties

By Exclusive Easement Deed dated January 30, 1992, and recorded in Book 6795, at Page 178 of the Mecklenburg Public Registry, the Grantor conveyed to Matthew Jones Johnston, one of the Grantees, an exclusive fifteen-foot easement extending in a northerly direction from McCorkle Road to an approximately seven acre tract of land owned by Matthew Jones Johnston. The Grantor and Grantee have negotiated further, with the result that Grantor herein has now conveyed to the Grantee Matthew Jones Johnston a fee simple title to said fifteen-foot easement, plus an additional rectangular shaped tract of land, with the result that the Exclusive Easement Deed has been effectively nullified. However, by virtue of the fee simple conveyance as aforesaid, the parties desire to terminate of record the aforesaid Exclusive Easement Deed, and that is the purpose hereof. It is further noted:

1. That Wanda S. Johnston, wife of Matthew Jones Johnston, was not a Grantee in said Exclusive Easement Deed, and is not a Grantee in the fee simple Deed above described, but she joins in this instrument for the purpose of terminating any and all marital rights she may have by virtue of said Exclusive Easement Deed.

2. That the above-mentioned fee simple Deed contains a metes and bounds description based upon a current survey of the property therein described, which metes and bounds description may be slightly different from that contained in the Exclusive Easement Deed being hereby terminated, as the metes and bounds description in said Exclusive Easement Deed was not based on a current survey.

NOW, THEREFORE, for and in consideration of the above Recital of the Parties, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Grantor and Grantee do hereby agree that said Exclusive Easement Deed recorded in Book 6795, at Page 178 of the Mecklenburg Public Registry be, and the same is hereby nullified and terminated, and

to the extent that the Grantee herein has any right, title or interest in said exclusive fifteen foot easement described in said Exclusive Easement Deed, the Grantee does hereby give, grant and convey any and all such right and title to the Grantor, his heirs and assigns.

This Agreement Terminating Exclusive Easement Deed shall not have any affect on the fee simple Deed above mentioned from the Grantor herein to Grantee Matthew Jones Johnston.

This Agreement shall be binding upon the parties hereto, their respective heirs and assigns.

IN WITNESS WHEREOF, the Grantor and Grantee have hereunto set their hands and seals, all as of the date and year first above written.

Grady M. Johnston (SEAL)
Grady M. Johnston

Nancy Jones Johnston (SEAL)
Nancy Jones Johnston

Matthew Jones Johnston (SEAL)
Matthew Jones Johnston

Wanda S. Johnston (SEAL)
Wanda S. Johnston

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, a Notary Public in and for said County and State, do hereby certify that GRADY M. JOHNSTON and wife, NANCY JONES JOHNSTON, personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this the 27th day of March, 1992.

Kathryn D. Wilson
Notary Public
My Commission Expires: 8-27-96

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, a Notary Public in and for said County and State, do hereby certify that MATTHEW JONES JOHNSTON and wife, WANDA S. JOHNSTON, personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this the 27th day of March, 1992.

Kathryn D. Wilson
Notary Public
My Commission Expires: 8-27-96

Mecklenburg County
Health Department

January 9th, 1992

Matthew J. Johnston
1401 McCorkle Road
Charlotte, NC 28214

RE: Property located at 1411 McCorkle Road
FILE: 7662A
PARCEL: 053-084-08

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 property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 12418) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, 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. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If there are any questions concerning this matter, do not hesitate to contact me.

Sincerely,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

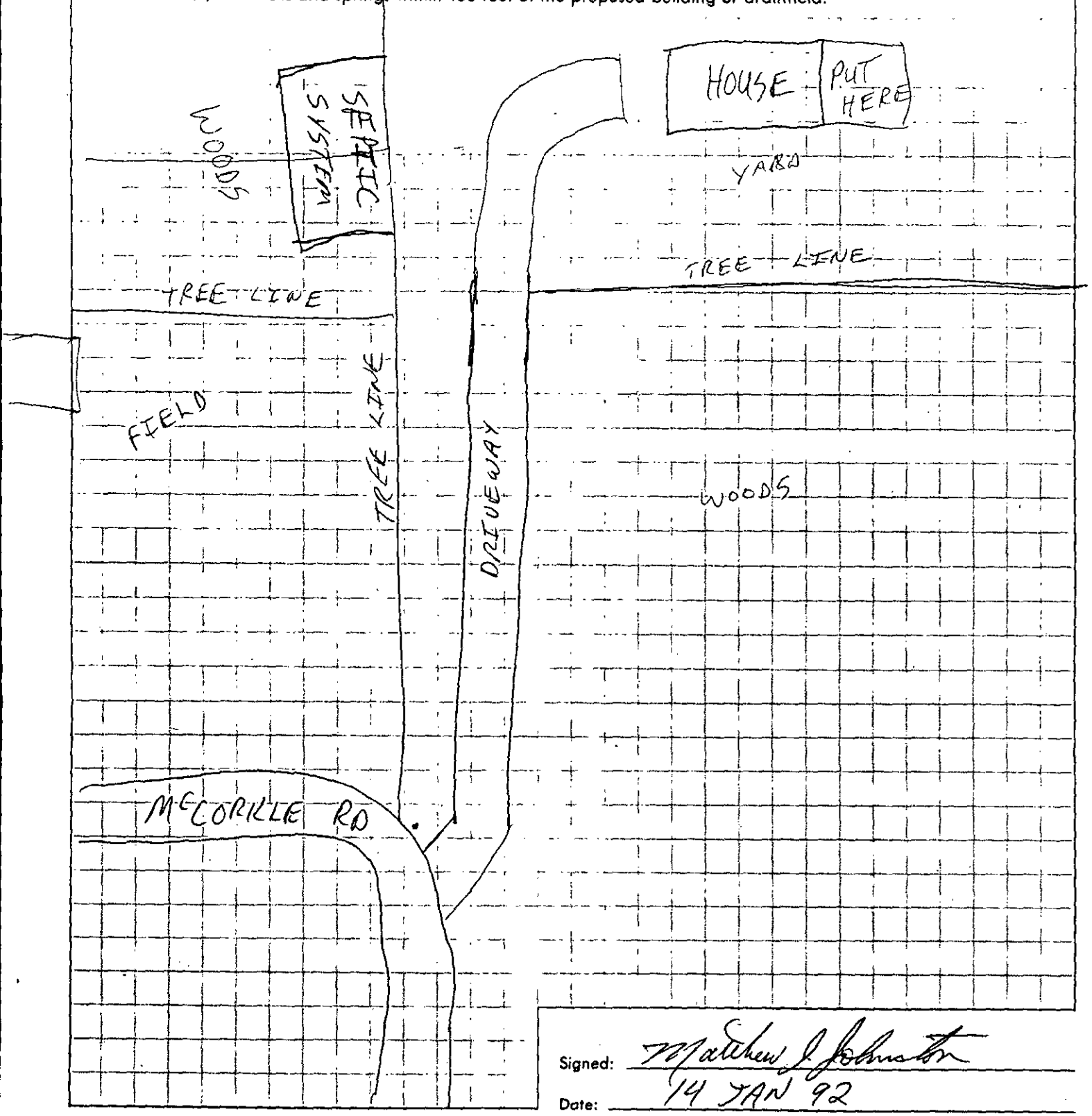
Enclosure

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

FILE: 766 z A

TC: 053-084-14

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.



Signed: Matthew J Johnston

Date: 14 JAN 92

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12418

File: 7662A Action 1

Parcel: PO 053-084-09 ☐PC

Location: 1411 McConkle Road

Subdivision:

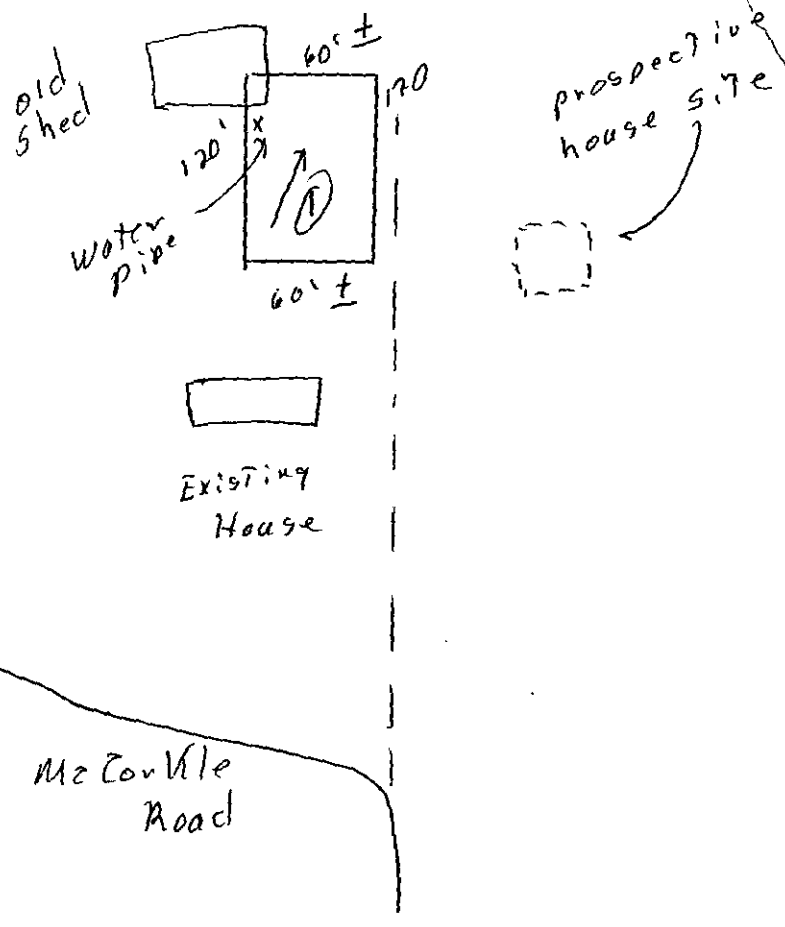
Lot: Block: Acres: .17

Owner: Grady Johnston
Address: C/o Matthew Johnston
1401 McConkle Road
Charlotte, N.C. 28214

Comments: Owner Desires to
Obtain easement for
system for 053-084-14
would need pump

Described by: William A. Marlin

Date: 1-7-92



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

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-6%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture Expansive	S (PS) U slightly Clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Sabl Blocky Lblocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U 7-48" To water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U 7-48"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 7-48"	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	III cecil-like					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

#7662A 400 ☒ Copy Cash 12-30-91 MB

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES Grady Johnston / PC ☐ [] 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: JOHNSTON (last) MATTHEW (first) J. (mi)
~~HHS~~
ADDRESS: 1401 MCCORKLE RD PHONE: (704) 399-2491
CITY: CHARLOTTE STATE: NC ZIPCODE: 28214

Date:

PROPERTY OWNER:
NAME: SAME (last) (first) (mi)
ADDRESS: _____ PHONE: (___) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM): 053-084-09
TAX/PARCEL NUMBER: ~~053-084-11~~
STREET ADDRESS: 1411 MCCORKLE RD CHARLOTTE, NC. 28214
ZONING:

Township (check one):
☒ 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): 7 ACRES

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 (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2
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: Matthew J Johnston Date: 30 DEC 91

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 permit is issued 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 : 112991

PROPOSED PLOT PLAN

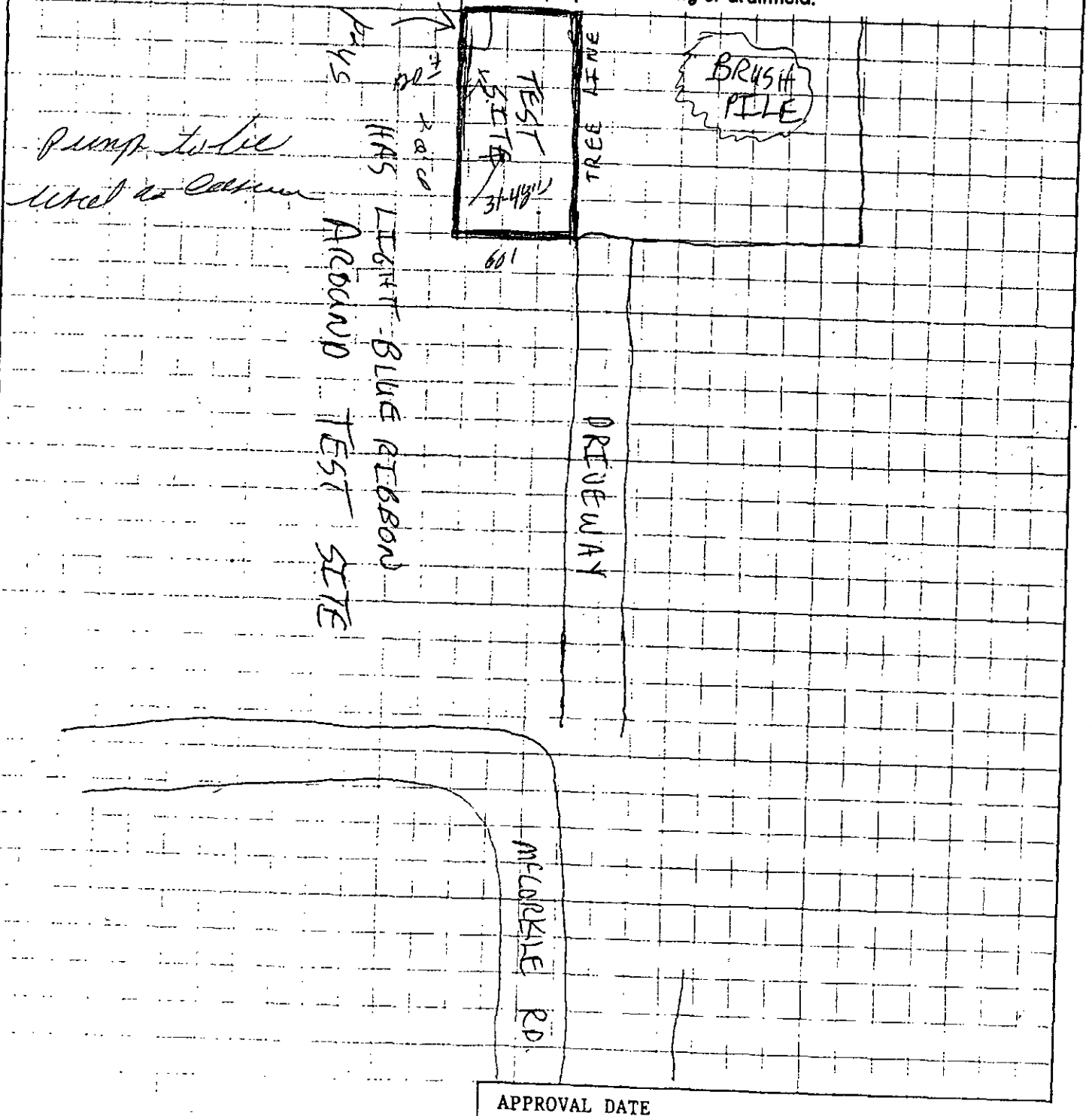
Copy

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

FILE: 7662A

TC: 053-084-14

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

#7662A 1400 ☒ Pd 50.00 Cash 12-30-91 #03

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pc ☒ [] 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: JOHNSTON (last) MATTHEW (first) J. (mi)
ADDRESS: 1401 McCORKLE RD PHONE: 704 (__) 399-2491
CITY: CHARLOTTE STATE: NC ZIPCODE: 28214

Date:

PROPERTY OWNER:
NAME: SAME (last) (first) (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION
(FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 053-084-14
STREET ADDRESS: 1411 McCORKLE RD CHARLOTTE, NC. 28214
ZONING:

Township (check one):
☒ 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
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LOT NUMBER: LOT SIZE (in acres): 7 ACRES

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[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

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: Matthew J Johnston Date: 30 DEC 91

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 permit is issued 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 : 112991

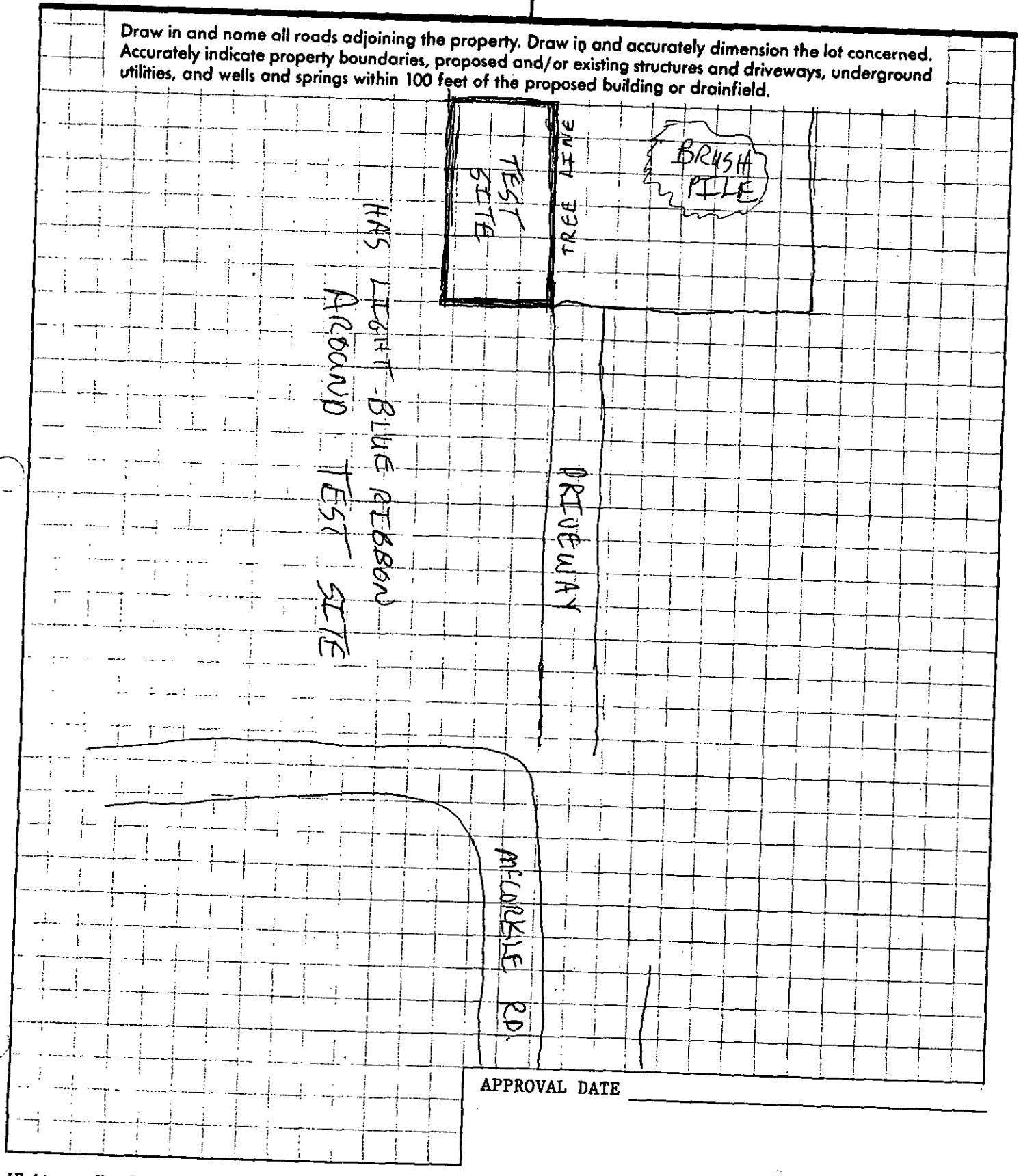
PROPOSED PLOT PLAN

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

FILE: 7662A

TC: 053-084-14

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 22257

File: 7111 Action ____

Parcel: 053-114-14 ☐ PC

Location: 1411 N. C. 16 Hwy

Subdivision:

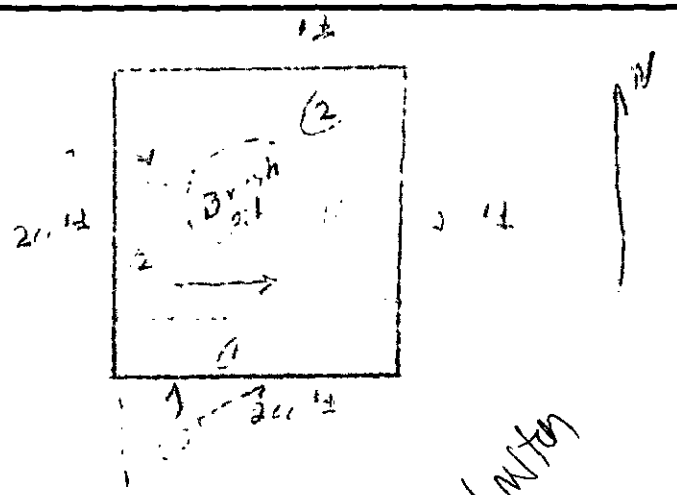
Lot: Block: Acres:

Owner: Charles J. Johnson
Address: 1401 Mt. Holly Rd
Gastonia NC 28054

Comments: 2 bdrm house
Public water

Described by: Mike Johnson

Date: 5-15-91



Matt Johnson
399-2491

***** 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	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	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						
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

Mecklenburg County
Health Department

September 4th, 1991

Matthew & Grady M. Johnston
1401 McCorkle Road
Charlotte, NC 28214

RE: Property located at 1411 McCorkle Road
FILE: 7662A
PARCEL: 053-084-14

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 12257) 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.

Very truly yours,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure (2)

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

Mecklenburg County
Health Department

September 4th, 1991

Matthew & Grady M. Johnston
1401 McCorkle Road
Charlotte, NC 28214

RE: Property located at 1411 McCorkle Road
FILE: 7662A
PARCEL: 053-084-14

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If I may be of any assistance, please feel free to call.

Very truly yours,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure (2)

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12257

File: 7662A Action 2

Parcel: PO 053-084-14 ☐ PC

Location: 1411 McConkle Road

Subdivision:

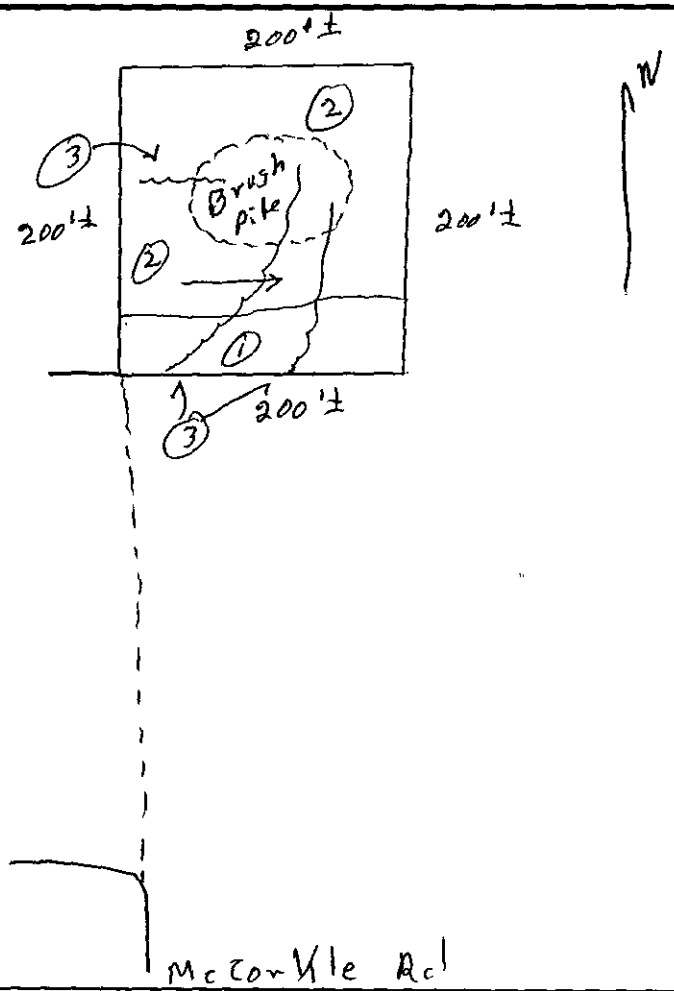
Lot: Block: Acres:

Owner: Matthew L. Johnston
Address: 1401 McConkle Road
Charlotte, N.C. 28214

Comments: Not sure if 100% repair is required

Described by: William R. Marlin

Date: 8-15-91



***** 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 6-12%	(S) PS U 6-12%	S PS (U) old Terraces	S PS U	S PS U	S PS U
Texture	S (PS) U clay	S PS (U) 2-1 clay	S PS U —	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S (PS) U Blocky	S PS U —	S PS U	S PS U	S PS U
Drainage	(S) PS U 7-48" To water	S (PS) U 7-36" To water	S PS U —	S PS U	S PS U	S PS U
Depth	(S) PS U 48"+	S PS (U) 18-24"	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 48"+	S (PS) U 7-36"	S PS U —	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	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 Cecil-Lilo	Enon-2-Ho	Old Terraces			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

COR#0327
$50.00
08/09/91
RCW

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

(OFFICE USE ONLY)

FILE: 7662A

TC: 053-084-14

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: 1411 McCORKLE RD.

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

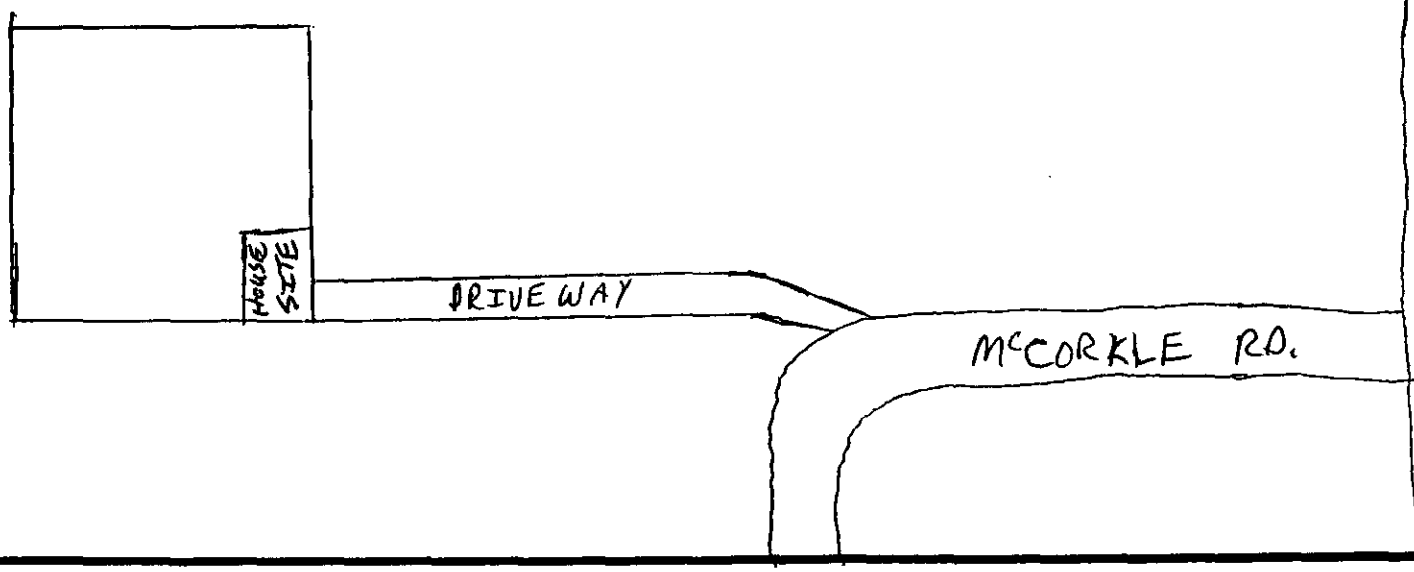
⑦ NAME: MATTHEW (FIRST) JONES (MIDDLE) JOHNSTON – Geddy M. Johnston (LAST)

⑧ MAILING ADDRESS: 1401 McCORKLE RD.

⑨ CITY: CHARLOTTE ⑩ STATE: NC. ⑪ ZIP: 28214

⑫ PHONE: (WORK) 596-2472 (HOME) 399-2491

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

Signed: Matthew J. Johnston

Date: 9 AUG 91

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

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: N662A

TC/ 053-084-14

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08/09/91 ew

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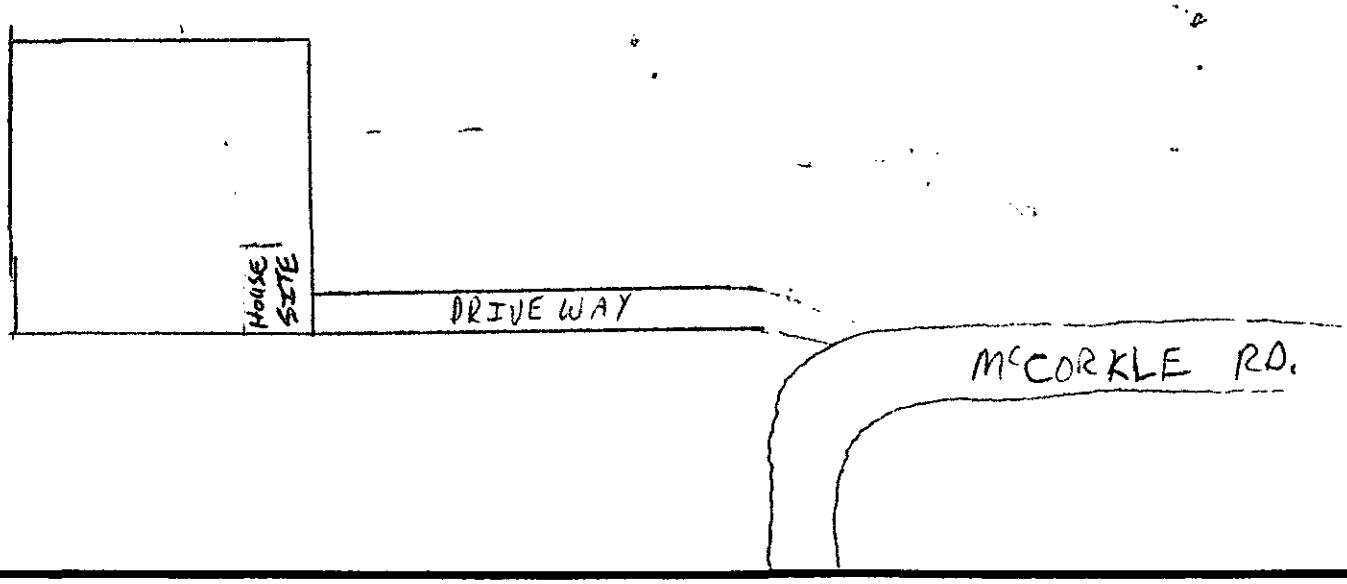
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