


12217 COMANCHE RD

01729520

1/2/2008

duponbj

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

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 2890 B DATE: 4/26/99

TC: 017-295-20 P.O. ☒ L ☒ CRT

SERIAL Nº 17852

Name of Owner Sarah T. Burnette Juris.: Huntersville

Address of Property 12217 Commanche Rd

**Inspection Data:**

Tank Material P.C.C.

Total Length of Drainfield 135 ft

Number of Lines 3 @ 45 ft

Cover Depth 12 inches

Water Supply Source Community well

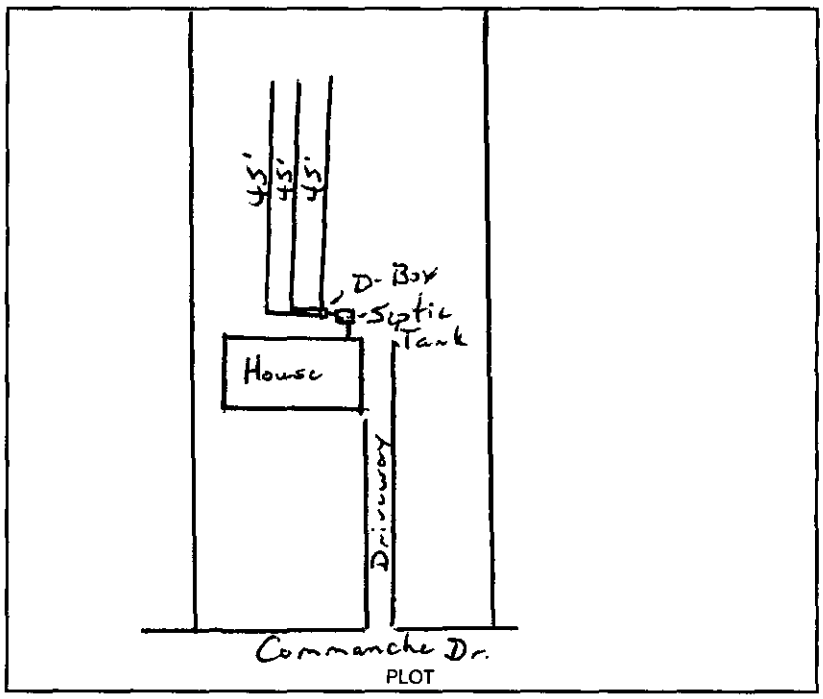
Distance to Water Source N/A

Excavation Inspected 4/26/99

Tank(s) Inspected 4/26/99

Wash Line Inspected N/A

High Water Alarm Inspected N/A



PLOT

Design 1500 S.T. Inv. PPBPS 400 S.F. T. Sand CTR# A-1 Septic Service

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

☒ installed or constructed ☐ altered or repaired

☒ in accordance with the permit issued ☒ as detailed in the plot above

and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☒ Certificate of Completion ☒ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

**Notice:** Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: PPBPS system/repair Designed for 2 bedroom residence

Type III E

Jeff A. Knight
Environmental Health Specialist

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

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

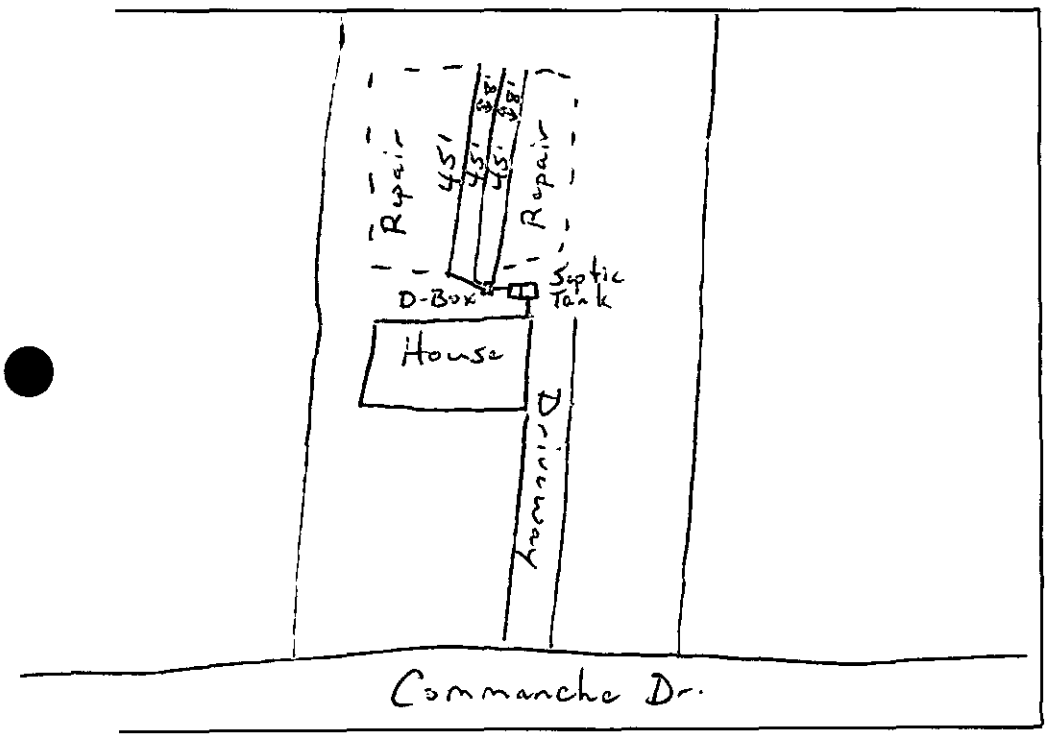
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2890 B DATE: 4/22/99

TC: 017-295-20 P.O. ☐ L

SERIAL Nº 18068

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 3/10/99. All work shall be completed on or before May 22, 1999, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.




PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction P.C.C.

Trench Depth 36" maximum

Absorption and/or Nitrification Lines:

Trench Width 2 feet

Trench Walls Scored and Porous Yes

Total Line Length 135 feet

Number of Lines 3

Depth of Stone N/A (Sand) inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well N/A feet

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

NAME OF OWNER Sarah T. Burnette

LOCATION OF PROPERTY 12217 Commanche Rd

Comments: 1) Keep lines level and on contour 2) Keep trenches shallow - 36" maximum.

Jeff A. Knight
Environmental Health Specialist

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

FEE: 200 AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: 3/30/99 VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 3/30/99 PERMIT NO: 2890 B
PARCEL NO: 017-295-20 P.O.

JOB LOCATION ADDRESS: 12217 Commanche Dr.
PROPERTY OWNER: Sarah Burnette
BUILDING CONTRACTOR:
SUBDIVISION NAME: Wildwood Green
AUTHORIZATION ISSUED BY: Jeff Knight DATE: 3/30/99
DEHNR AUTHORIZED AGENT

## AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. _____, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: * See Plot Plan.
1) Agreement forms must be completed and recorded.
2) A riser should be placed over the outlet end of the septic tank to facilitate filter maintenance

## OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

X Sarah T. Burnette 3-30-'99
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

DATE 3-30-99

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

Hunt

JURISDICTION Meck

017-259-20
PARCEL NUMBER

12217 Comanche RD
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

N/A
EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

| | | |
|---|---|---|
| 1. SUBDIVISION REGULATIONS | X 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 | X 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: Address Verification (mobile 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

REVISED 1/91

SIGNED: [signature]

017-295-20 P.D.

2890 B

The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.

CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.

Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

| | | | |
|---|---|---|---|
| Basement | ___ Yes | X No | ___ Partial Basement |

| | | | |
|---|---|---|---|
| Type Primary Wastewater System<br>Type (circle one):<br>I II (III) IV V VI | ___ Conventional<br>X Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | ___ Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 |

| | | | |
|---|---|---|---|
| .3 Long-term acceptance rate | 240 Max gallons/day wastewater flow | 400 Absorption Area (sq ft) | 8' Trench spacing (min. on centers) |
| ND Serviced by private well | 1500 Gallon septic tank | 135 Total trench length (ft) | 36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions) |
| 2 Bedrooms in residence | N/A Gallon pump tank | N/A Depth of stone | |

Any surface waters present: ND Type: Minimum separation distance:

Site modifications required:

Additional Conditions: * See plot plan. 1) Agreement forms must be signed and recorded before final approval of system. 2) Riser should be placed over outlet end of septic tank to facilitate filter maintenance.

| | | | |
|---|---|---|---|
| Repair Area System Type<br>Type (circle one):<br>I II (III) IV V VI | ___ Conventional<br>X Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | ___ Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 |

| | | | |
|---|---|---|---|
| 400 Absorption Area (Sq ft)<br>135 Total Trench Length (Ft) | N/A Depth of Stone Trench | 8' Trench spacing (min. on centers) | 36" Maximum Trench Depth |

For existing system, enter the year originally installed:

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

- *No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or* Repair Approval is granted by this Department
- This Improvement permit is transferable.

Jeff A. Knight 3/30/99
DEHNR Authorized Agent Date

Sarah T. Burnette 3-30-99
Owner/Agent Signature Date

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

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

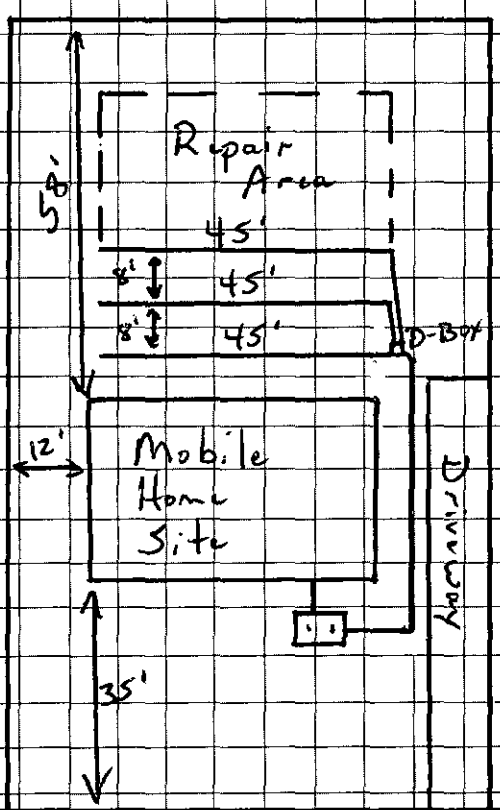
# PROPOSED PLOT PLAN

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

FILE: 2890 B

TC: 017-295-20 PO

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




## Comments

1) Scale 1" = 30'.
2) Keep lines level and on contour of land.
3) Keep trenches shallow - 36" maximum.
4) Keep all parts of septic system at least 10 ft from any property line.
5) Keep all parts of septic system at least 5 ft from any building foundation.
X 6) Existing well must be properly abandoned before septic system is installed

X Sarah T. Burnette
OWNER/AGENT SIGNATURE

DATE March 30, 1999

APPROVAL DATE _____

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

Division of Environmental Management
Groundwater Section
P.O. Box 27687 - Raleigh, N.C. 27611

# WELL ABANDONMENT RECORD

CONTRACTOR _____ REG. NO. _____

1. WELL LOCATION: (Show a sketch of the location on back of form.)
Nearest Town: Huntersville County Meck.

(Road, Community, Subdivision, Lot No.) Quadrangle No.

2. OWNER: Sarah T. Burnette

3. ADDRESS: 12215 Comanche Rd.

4. TOPOGRAPHY : draw, slope, hilltop, valley, flat

5. USE OF WELL: LAWN DATE: 1977

6. TOTAL DEPTH: 60 FT DIAMETER: 2"

7. CASING REMOVED:

| feet | diameter |
|---|---|
| | |
| | |

8. SEALING MATERIAL:

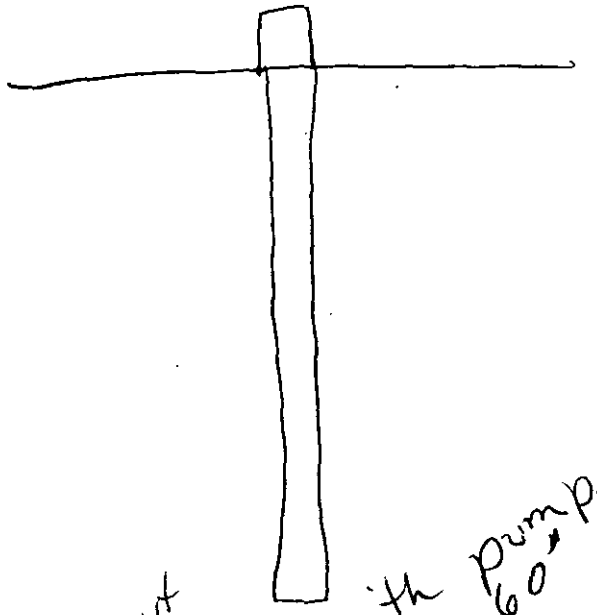
| Neat cement | Sand cement |
|---|---|
| bags of cement | bags of cement |
| gals. of water | yds. of sand |
| Grout AT 60 FT | gals. of water |

Other
Type material

Amount

9. EXPLAIN METHOD EMPLACEMENT OF MATERIAL
Mixed Grout And poured in WELL AFTER putting in Clorox.

WELL DIAGRAM: Draw a detailed sketch of the well showing total depth, depth and diameter of screens remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.



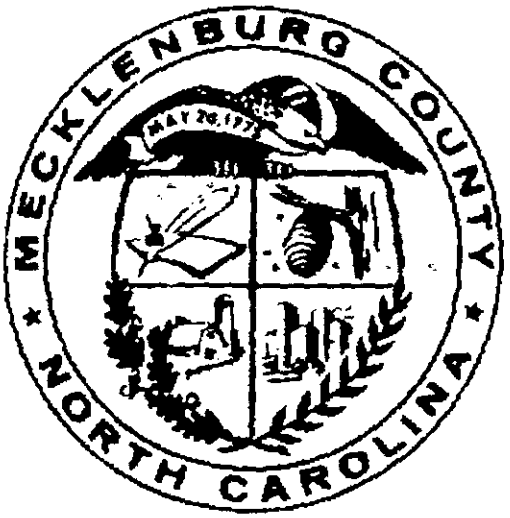

I do hereby certify that this well abandonment record is true and exact.

Signature of Contractor or Agent Sarah T. Burnette Date 3-31-99

WELL LOCATION: Draw a location sketch on the reverse of this sheet, showing the direction and distance of the well to at least two (2) nearby reference points such as roads, intersections and streams. Identify roads with State Highway road identification numbers.

Submit original to the Division of Environmental Management, one copy to the Driller, and one copy to the owner.

GW-30 Revised 3/8/90




JUDITH A. GIBSON
REGISTER OF DEEDS , MECKLENBURG COUNTY
COUNTY & COURTS OFFICE BUILDING
720 EAST FOURTH STREET
CHARLOTTE NC 28202

**********

| | |
|---|---|
| Filed For Registration: | 03/30/1999 03:10 PM |
| Book: | RE 10360 Page: 273-275 |
| Document No.: | 1999056170 |
| | AGMT 3 PGS $10.00 |
| Recorder: | DOROTHY MCCLELLAND |

**********

State of North Carolina, County of Mecklenburg

The foregoing certificate of C. Y. MICHAEL Notary is certified to be correct. This 30TH of March 1999

JUDITH A. GIBSON, REGISTER OF DEEDS By: Dorothy McClelland
Deputy/Assistant Register of Deeds

**********

1999056170

FOR REGISTRATION JUDITH A GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
1999 MAR 30 03:10 PM
BOOK:10360 PAGE 273-275 FEE:$10.00
INSTRUMENT # 1999056170

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

# WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

FILE # 2890
PARCEL # 017-295-20A

The undersigned, Sarah T. Burnette, owner of property located at 12217 Omandale Rd., (the "site") and described in an instrument recorded in Book 17 at Page 29, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following conditions will apply to the site:

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

*This instrument was prepared by:* Sarah T. Burnette
*Mail after recording to:* P.O. Box 515, Huntersville, N.C. 28078

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 30 day of March, 1999.

_____ (SEAL)

(Corporate Name)

_____ (SEAL)

By: _____ _____ (SEAL)

_____ President Sarah T. Burnette (SEAL)
Tanner

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, C. Y. Michael, a Notary Public for said County and State, do hereby certify that Sarah Tanner Burnette personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 30th day of March, 1999.

C. Y. Michael
Notary Public

My Commission Expires:
3-18-2003

FEE: 40.00 Cash
DATE: 3/10/99

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

[ ] CRT

TYPE APPLICATION: ✓ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

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

COPY

FILE #: 2890B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 017-29520 PO

STREET ADDRESS: Cummancke Rd

SUBDIVISION OR MOBILE HOME PARK NAME: Wildwood Green

LOT NUMBER: 117 ~~Lot 1222 for replacement~~

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1173 sq. ft.

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT ON SLAB
✓ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE: _____

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

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

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

**PROPERTY OWNER:**

NAME: Burnette, Sarah T.
(LAST) (FIRST) (MI)

ADDRESS: P.O. Box 515

CITY: Huntersville STATE: N.C. ZIP: 28070

DAYTIME PHONE: (704) 875 - 8124

**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: Sarah T. Burnette DATE: 3-10-99

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

# PROPOSED PLOT PLAN

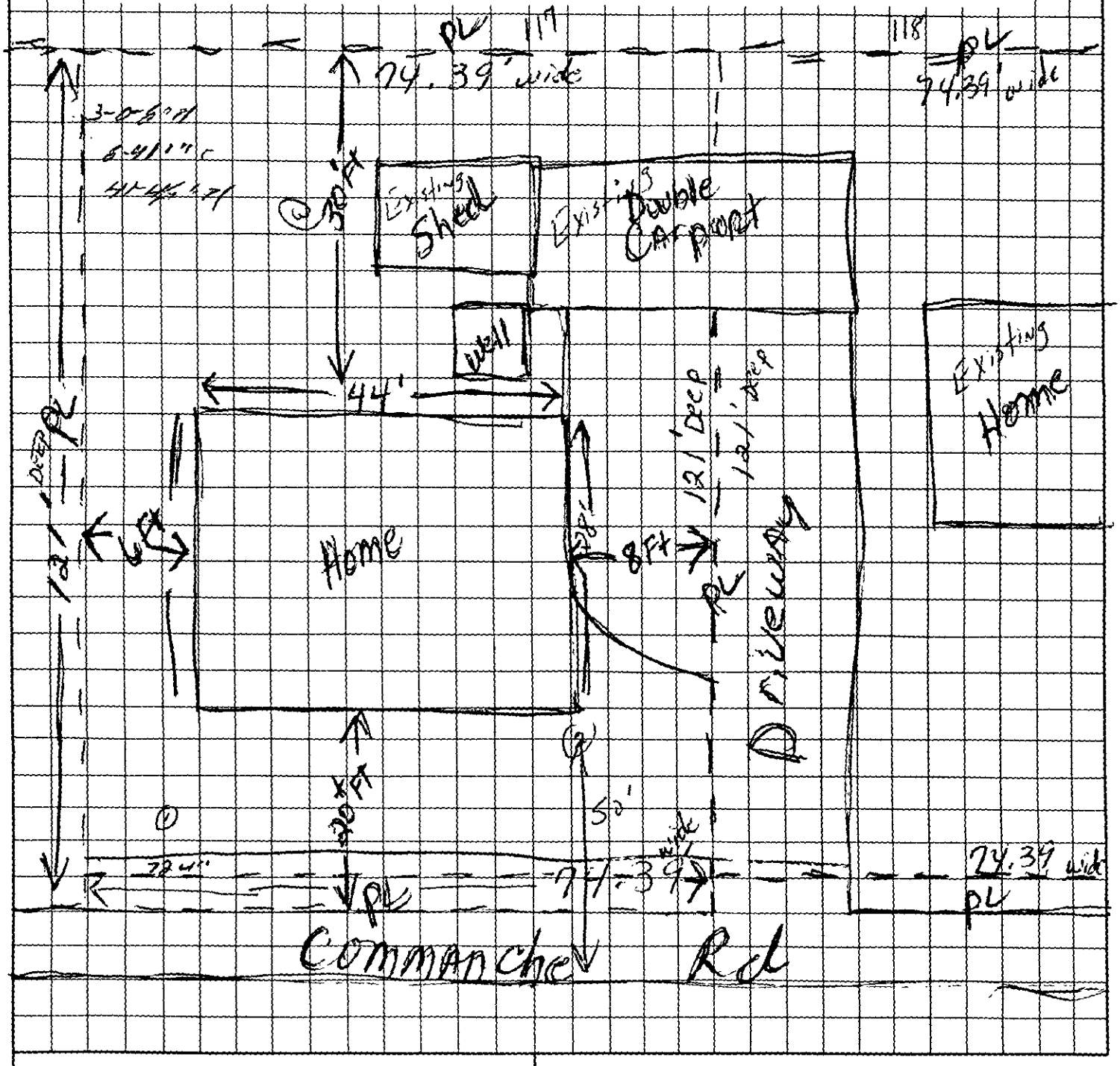
COPY

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

FILE: 2890B

TC: 017-295-20PC

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.




Lonnie T. Lupsette
OWNER/AGENT SIGNATURE

DATE 3-10-99

APPROVAL DATE 8-10-99

1-0-6 rl
6-46 c

10-33 c

33-~~38~~ rl

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

LEGEND

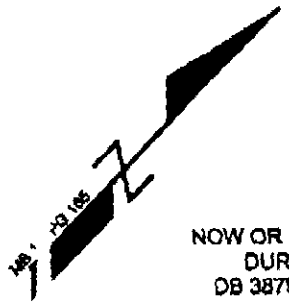
- FOUND OR SET RE-BAR
- LINES NOT SURVEYED
- UTILITY POLE
- ELECTRIC METER
- ELECTRIC TRANSFORMER
- CABLE BOX
- P.K. NAIL (LANDMARK TIE)
- OHW — OVER HEAD WIRES

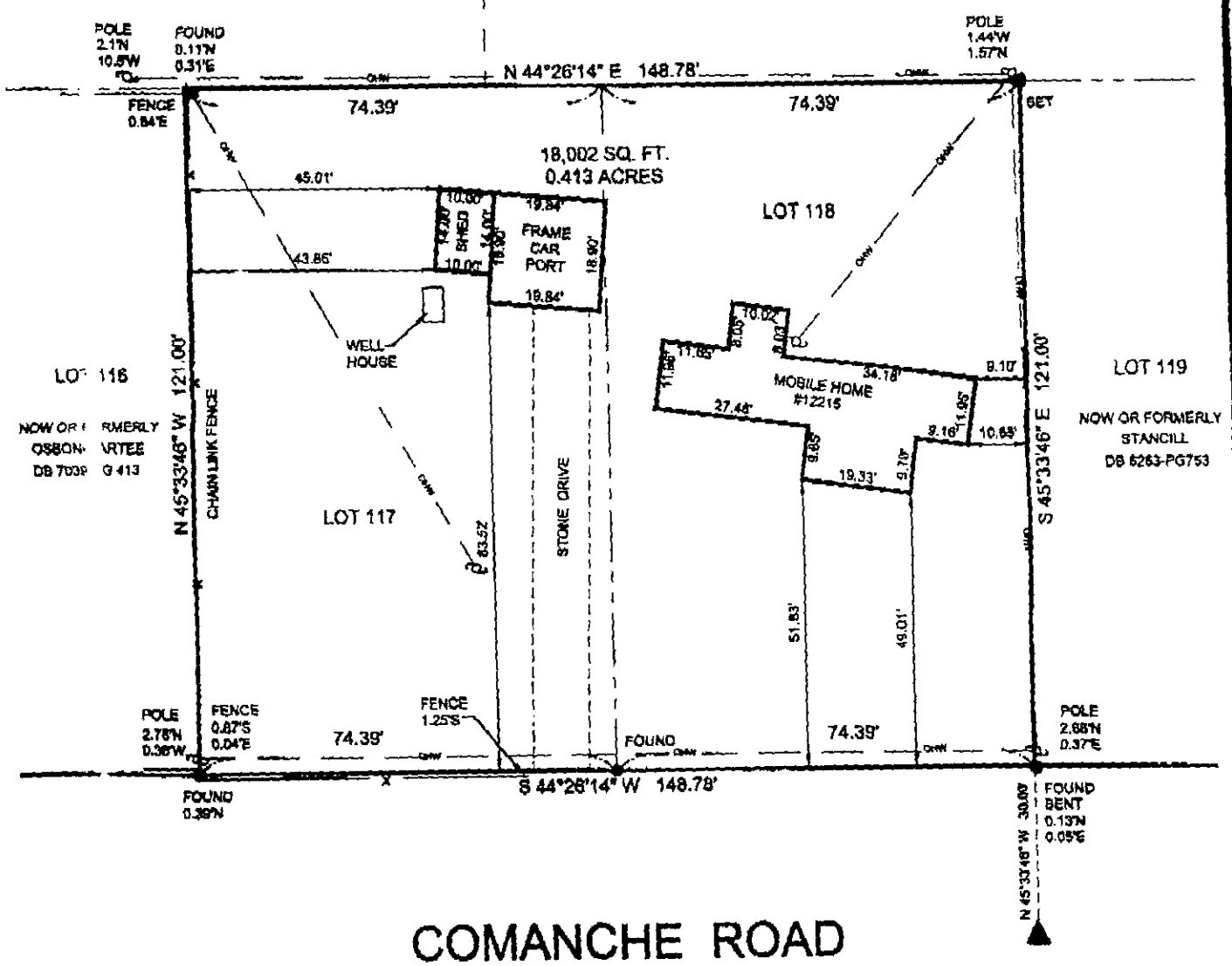
# PHYS[illegible]

A PORTION OF WI[illegible]
MAP BOOK 14, PA[illegible]
LOT 117 & 118

DETROTER [illegible]

VICINITY MAP
(NOT TO SCALE)




# COMANCHE ROAD

60' PUBLIC R/W

## GENERAL NOTES:

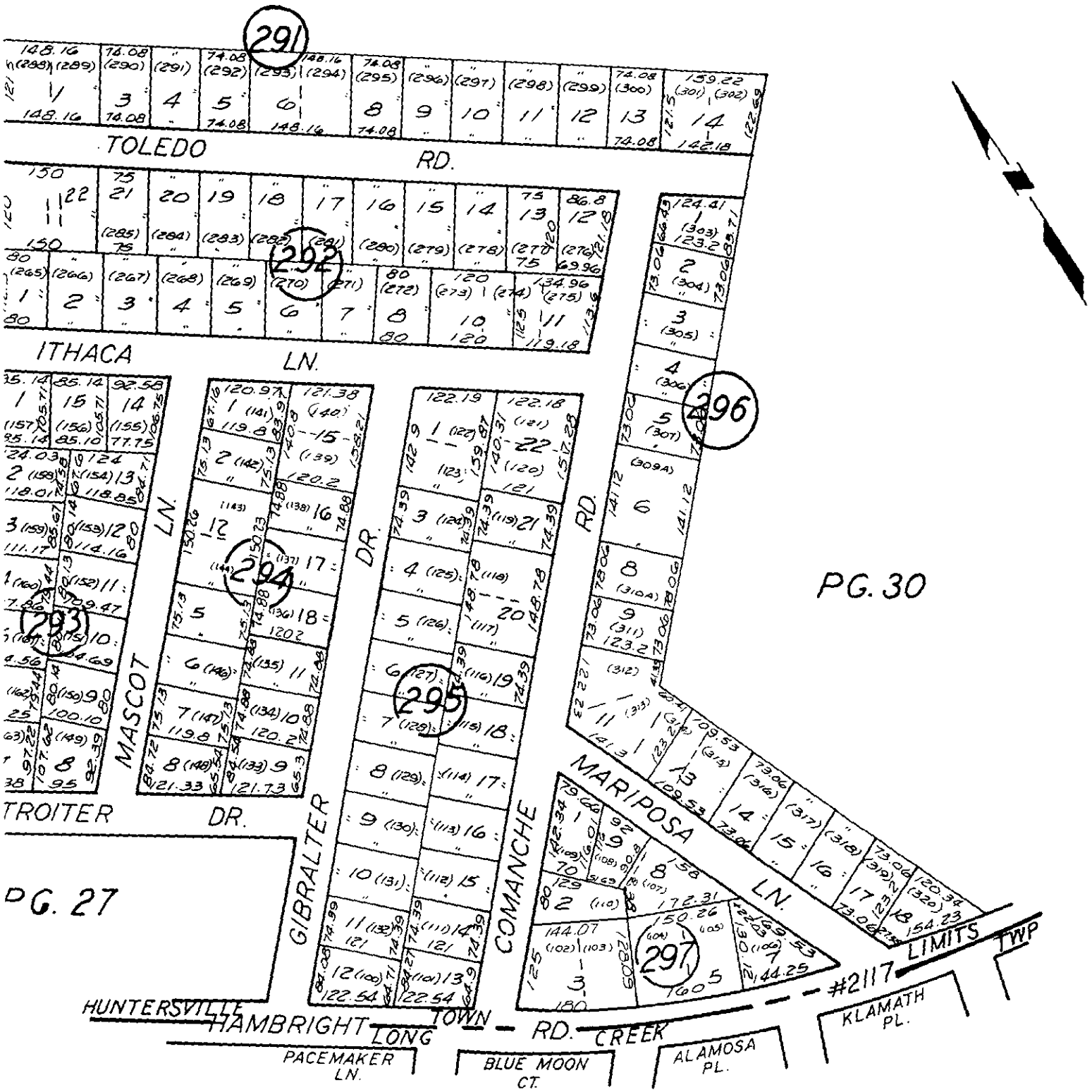
1. APPAREN[illegible] SOURCE OF TITLE: DEED BOOK 3735, PAGE 645.
2. PROPERT[illegible] SHOWN IS A EXISTING PARCEL OF LAND.
3. LINEAR E[illegible]ROR OF CLOSURE EXCEEDS 1:20,000.
4. AREA CAL[illegible]ULATED BY COORDINATE GEOMETRY METHOD.
5. N.G.G.S. M[illegible]ONUMENT NOT LOCATED WITHIN 2000 FEET OF THIS SITE.
6. THIS SUR[illegible]EY WAS PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT & [illegible]D IS SUBJECT TO FACTS THAT SUCH MAY REVEAL.

NORTH CAROLINA PROFESSIONAL SEAL L-3888 LAND SURVEYOR JOHN W. BALZER

I, JOHN W. BALZER, CERTIFY THAT THIS PLAT WAS DRAWN FROM AN ACTUAL FIELD SURVEY PERFORMED UNDER MY DIRECT SUPERVISION, IS CORRECT TO THE BEST OF MY KNOWLEDGE.

John W. Balzer

PG. 24




PG. 30

PG. 27

PG. 28

TAX LINE MAP
MECKLENBURG COUN
REVISED 8-20-97 S

FOR TAX PURPOSES ONLY

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

#2 (4)

Sheet: _____
Property ID: PO 017-295-20
Lot #: 117
File #: 2890 B

# SOIL/SITE EVALUATION
## for ON-SITE WASTEWATER SYSTEM

OWNER: Sarah T. Burnette
APPLICANT: _____
ADDRESS: Box 515, Hunterarelle N.C.
DATE EVALUATED: 3-22-99
PROPOSED FACILITY: residence
PROPOSED DESIGN FLOW (.1949) 360gpd
PROPERTY SIZE: .2
LOCATION OF SITE: Comanche Road
PROPERTY RECORDED: _____

WATER SUPPLY: ☐Private ☐Public ☐Well ☐Spring ☐Other _____

EVALUATION METHOD: ☐Augur Boring ☐Pit ☐Cut

TYPE OF WASTEWATER: ☐Sewage ☐Industrial Process ☐Mixed

| PROFILE # | Slopes 2-6% .1940 Landscape Position/ Slope % | Horizon Depth (IN.) | SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE | SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | OTHER PROFILE FACTORS .1943 SOIL DEPTH | OTHER PROFILE FACTORS .1956 SAPRO CLASS | OTHER PROFILE FACTORS .1944 RESTR HORIZ | PROFILE CLASS &LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | LS | 0-6" | grl cl | FrVFEXPl 33/SP | >48" TO soil wetness | 48" | N/A | None | PS .39 I-2 IV |
| | | 6-48" | SBK/C | F:/SEXPl 31P | | | | | |
| 2 | LS | 0-10" | grl/cl | Fr/SEXPl 33/SP | >48" TO soil wetness | 48" | N/A | None | PS .39 I-2 IV |
| | | 10-33" | SBK/C | F:/SEXPl 31P | | | | | |
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| | | 8-41" | SBK/C | F:/SEXPl 31P | | | | | |
| | | 41-48" | SBK/Cl | Fr/SEXPl 33/SP | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 45 | 45 |
| System Type(s) | Conv | |
| Site LTAR | | |

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W. A. Martin 3-23-99
OTHER(S) PRESENT: LSS

FILE # 28909

COMMENTS Lot not (probably) used as well - Well to be abandoned

| LANDSCAPE POSITION | GROUP | TEXTURE | .1955 LTAR |
|---|---|---|---|
| R-RIDGE | I | S-SAND | 1.2-0.8 |
| S-SHOULDER SLOPE | | LS-LOAMY SAND | |
| L-LINEAR SLOPE | | | |
| FS-FOOT SLOPE | II | SL-SANDY LOAM | 0.8-0.6 |
| N-NOSE SLOPE | | L-LOAM | |
| H-HEAD SLOPE | | | |
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| CV-CONVEX SLOPE | | SICL-SILTY CLAY LOAM | |
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| FP-FLOOD PLAIN | | SCL-SANDY CLAY LOAM | |
| | IV | SC-SANDY CLAY | 0.4-0.1 |
| | | SIC-SILTY CLAY | |
| | | O-ORGANIC | |

| CONSISTENCE MOIST | WET |
|---|---|
| VFR-VERY FRIABLE | NS-NON-STICKY |
| FR-FRIABLE | SS-SLIGHTLYSTICKY |
| FI-FIRM | S-STICKY |
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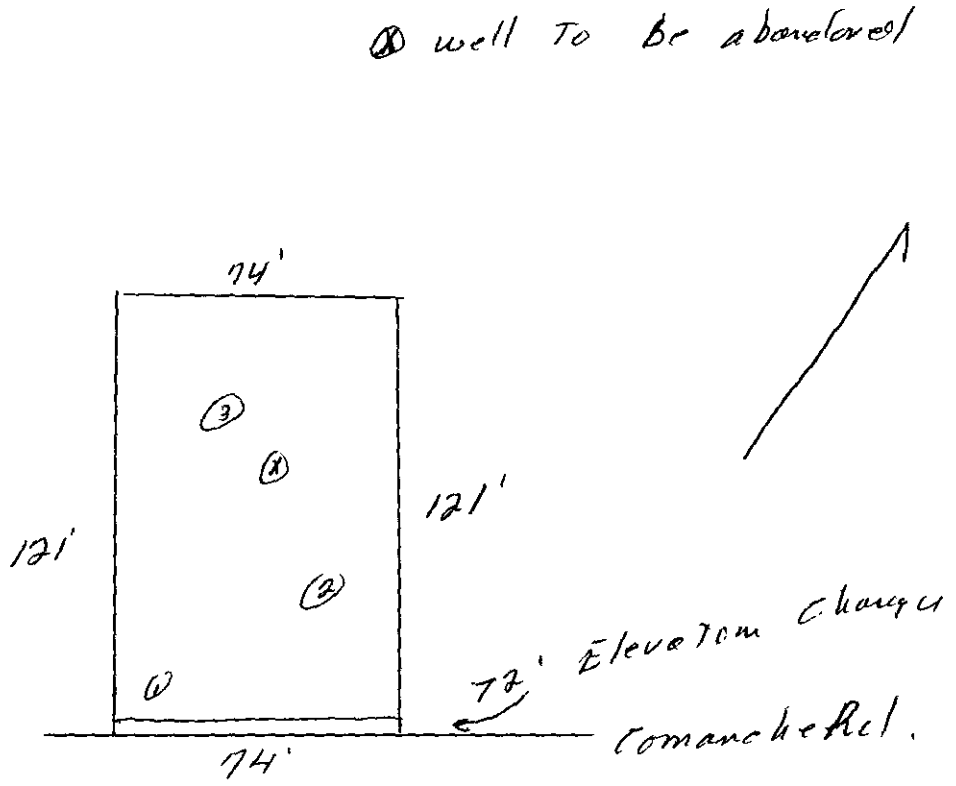
STRUCTURE

SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



Huntersville

# FAX COVER SHEET

3/16/99

No. of Pages 2

Neil Mastin

FROM Huntersville Planning
(Note)

Phone

Fax 6894

Fax (704) 875-8547

RE: PKG

Please review

Reply ASAP

FEE: 100.00 Cash
DATE: 3/10/99

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

[ ] CRT

TYPE APPLICATION: ✓ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

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

FILE #: 2890B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 017-29520 PP

STREET ADDRESS: Commanche Rd

SUBDIVISION OR MOBILE HOME PARK NAME: Wildwood Green

LOT NUMBER: 117 ~~1223~~

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1173 sq. ft.

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

CLOSING DATE _____

FOUNDATION FOR RESIDENCE

__ WITHOUT BASEMENT
__ ON SLAB
✓ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

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

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

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

**PROPERTY OWNER:**

NAME: Burnette, Sarah T.
(LAST) (FIRST) (MI)

ADDRESS: P.O. Box 515

CITY: Huntersville STATE: N.C. ZIP: 28070

DAYTIME PHONE: (704) 875 - 8124

**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) --

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: Sarah T. Burnette DATE: 3-10-99

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

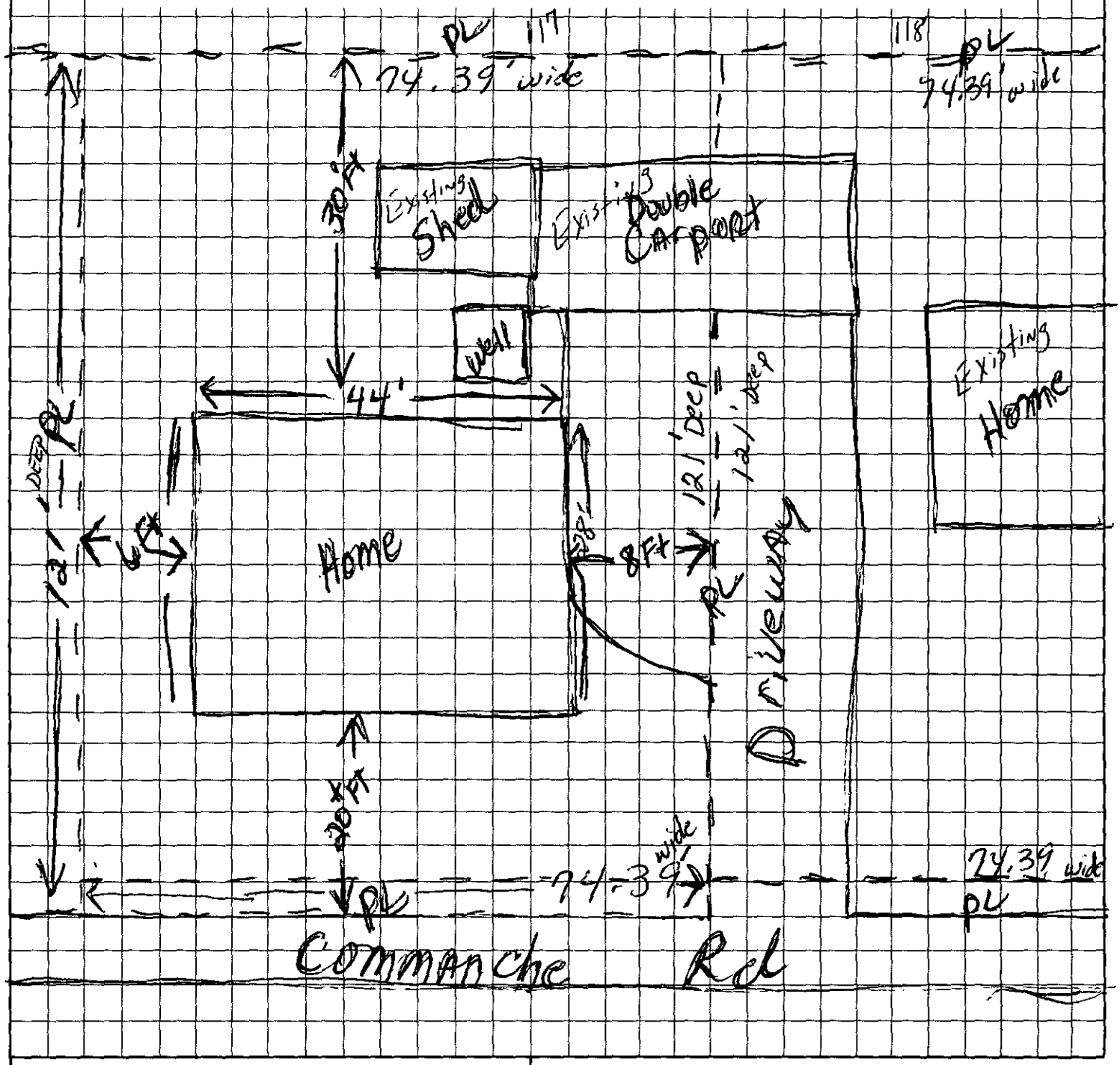
# PROPOSED PLOT PLAN

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

FILE: 2890

TC: 017-295-2080

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.




Sarah T. Burnette
OWNER/AGENT SIGNATURE

DATE 3-16-99

APPROVAL DATE _____

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

586 37 2890B

Revenue Stamps $ 14.00 **INDIVIDUAL DEED** Revenue Stamp affixed $ PRESENTED FOR REGISTRATION APR 5 11 07 AM '73 CHARLES E. CROWDER REGISTER OF DEEDS MECKLENBURG CO. N.C.

# STATE OF NORTH CAROLINA — Mecklenburg County

THIS DEED, Made this 4th day of April A. D., 1973, by and between CLAYTON A. WILLIAMS, SR. and wife, WILLIE MAE WILLIAMS

of the County of Mecklenburg and State of North Carolina, parties of the first part, and KENNETH E. KERLEY and wife, SARAH T. KERLEY

of the County of Mecklenburg and State of North Carolina, parties of the second part.

WITNESSETH, That the said parties of the first part in consideration of ONE HUNDRED DOLLARS AND OTHER VALUABLE CONSIDERATIONS to them paid by the parties of the second part, the receipt of which is hereby acknowledged, have bargained and sold, and by these presents do grant, bargain, sell and convey unto the said parties of the second part, their heirs, successors or assigns, all that certain lot or parcel of land, situate, lying and being in Long Creek Township, Mecklenburg County, State of North Carolina, and more particularly described and defined as follows:

Being known and designated as all of Lots 117 and 118 of that certain subdivision known as WILDWOOD GREEN, as shown on a map thereof recorded in the Office of the Register of ~~Deeds for Mecklenburg~~ County, North Carolina, in Map Book 14, at Page 165, to which map reference is hereby made.

Being in all respects the same property conveyed to the parties of the first part herein by deed dated November 6, 1967, from Hambright McCoy, Inc., recorded in Book 2907 at page 559 in the Office of the Register of Deeds for Mecklenburg County, North Carolina.

This conveyance is made subject to certain restrictions recorded in Book 2914 at page 523 in the Mecklenburg County Registry.

Together with all improvements thereon, including one 1968 Town & Country Mobile Home, bearing serial no. 603757SCXII, which is permanently affixed and attached to the afore-described land.

TO HAVE AND TO HOLD the aforesaid lots or parcel of land and all privileges and appurtenances thereto belonging to the said parties of the second part, their heirs, successors or assigns, to their only use and behoof forever.

And the said parties of the first part for themselves and their heirs, successors, executors and administrators, covenant with the said parties of the second part, their heirs, successors and assigns, that they are seized of said premises in fee and have the right to convey the same in fee simple, that the same are free and clear from all encumbrances, and that they will warrant and defend the said title to the same against the lawful claims of all persons whomsoever.

HOWEVER, there is excepted from these warranties all such valid and enforceable easements, conditions and restrictions as may appear of record and the lien of ad valorem taxes for the current year, which the grantee(s) hereby assumes and agrees to pay.

IN TESTIMONY WHEREOF, The said parties of the first part to these Presents have hereunto set their hands and seals the day and year above written.

Signed, Sealed and Delivered in presence of

Clayton A. Williams, Sr. (Seal)

(Seal)

Willie Mae Williams (Seal)

STATE OF NORTH CAROLINA, COUNTY OF MECKLENBURG

I, June A. Sears a Notary Public for said County and State, do hereby certify that CLAYTON A. WILLIAMS, SR. and WILLIE MAE WILLIAMS, his wife personally appeared before me this day, and acknowledged the due execution of the foregoing (or annexed) instrument.

Witness my hand and notarial seal, this 4th day of April A. D., 1973

My Commission Expires 9/17/74 June A. Sears, Notary Public

STATE OF NORTH CAROLINA, COUNTY OF MECKLENBURG

The foregoing (or annexed) Certificate of June A. Sears a Notary Public for said County and State, is certified to be correct.

This 5th day of April A. D., 1973

Charles E. Crowder Reg. of Deeds, By: Laura B. Johnson Deputy

Presented for registration o'clock, M., on the day of A. D., 19

and verified. Register of Deeds.

Drawn By: W. Herbert Brown, Jr. Attorney at Law

Recorded in Book 3558 Page 586 and Verified

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

#2

Sheet: _____

Property ID: PO 017-295-20

Lot #: 117

File #: 2890 B

# SOIL/SITE EVALUATION
## *for* ON-SITE WASTEWATER SYSTEM

OWNER: Sarah T. Burnette APPLICANT: _____

ADDRESS: Box 515, Hendersonville N.C. DATE EVALUATED: 3-22-99

PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 360gpd PROPERTY SIZE: .2

LOCATION OF SITE: _____ PROPERTY RECORDED: _____

WATER SUPPLY: ☐Private ☐Public ☐Well ☐Spring ☐Other _____

EVALUATION METHOD: ☐Augur Boring ☐Pit ☐Cut

TYPE OF WASTEWATER: ☐Sewage ☐Industrial Process ☐Mixed

| PROFILE # | Slopes 2-6% .1940 Landscape Position/ Slope % | Horizon Depth (IN.) | SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE | SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | OTHER PROFILE FACTORS .1943 SOIL DEPTH | OTHER PROFILE FACTORS .1956 SAPRO CLASS | OTHER PROFILE FACTORS .1944 RESTR HORIZ | PROFILE CLASS &LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | LS | 0-6" | gr l cl | Fr/SEXPl SS/SP | 7.5YR 5/8 soil wetness | 48" | N/A | None | PS .39 F2 IV |
| | | 6-48" | SBK/C | Fi/SEXPl S/P | | | | | |
| 2 | LS | 0-10" | gr/cl | Fr/SEXPl SS/SP | 7.5YR 5/8 soil wetness | 48" | N/A | None | PS .39 F2 IV |
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| | | 41-48" | SBK/Cl | Fr/SEXPl SS/SP | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 45 | 45 |
| System Type(s) | Conv. | |
| Site LTAR | | |

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): Unsuitable

EVALUATED BY: W. A. Marlin 3-23-99

OTHER(S) PRESENT: LSS

FILE # 28903

COMMENTS Lot not (probably) used for Mercer - Howell Li
Lot abandoned

| LANDSCAPE POSITION | GROUP | TEXTURE | .1955 LTAR |
|---|---|---|---|
| R-RIDGE | I | S-SAND | 1.2-0.8 |
| S-SHOULDER SLOPE | | LS-LOAMY SAND | |
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| CONSISTENCE MOIST | WET |
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STRUCTURE

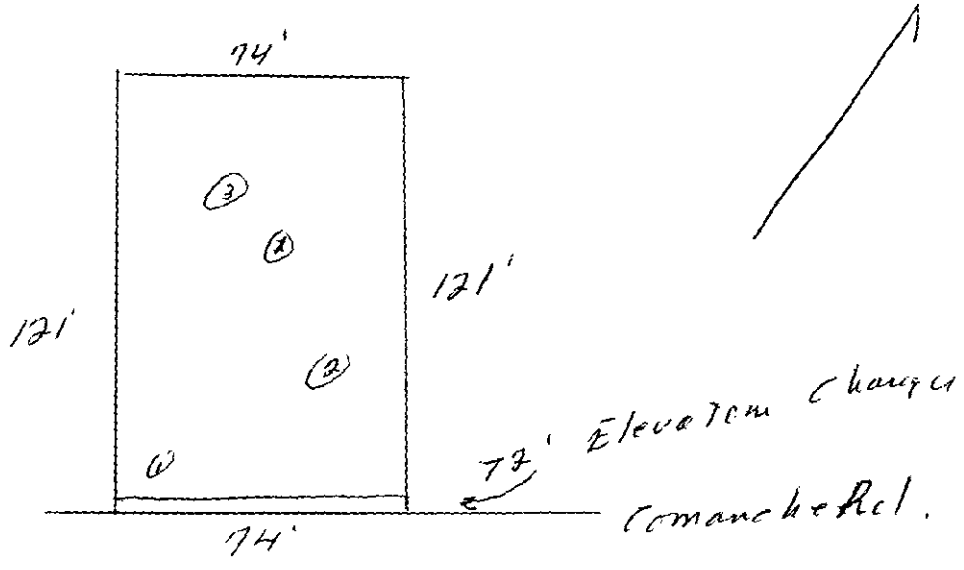
SG-SINGLE GRAIN
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PR-PRISMATIC

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE

⊗ well To be abandoned



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

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Property ID: PO 017-295-20

Lot #: 117

File #: 2890 B

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## for ON-SITE WASTEWATER SYSTEM

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APPLICANT: _____

ADDRESS: Box 515, Hunterswille, N.C.

DATE EVALUATED: 3-22-99

PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 360gpd PROPERTY SIZE: .2

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