

6515 PAMELA ST

01301119

12/26/2007

duponbj

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

1824B

Mecklenburg County, NC
POLARIS
Parcel Ownership and GIS Summary
Date and Time: 2/27/2006 2:04:23 PM

***Parcel ID #:* 01301119 *GIS ID #:* 01301119**

Owner Name:	REGINA HOWEY
Mailing Address:	6515 PAMELA ST HUNTERSVILLE, NC 28078

Property Characteristics

Legal Desc.:	L11 BA M11-283
Land Area:	0.17 SMAC
Fire District:	23-GILEAD
Special District:	FIRE SERVICE D
Account Type:	INDIVIDUAL
Municipality:	6-HUNTERSVILLE
Property Use:	VACANT

Deed Reference(s) and Sales Price

09527-334 (2/27/1998) $5,000.00

Situs Addresses Tied to This Parcel

6513 PAMELA ST

Site Location Information

Zoning Boundaries:	Contact Appropriate Planning Department

ETJ Area: HUNTERSVILLE

Charlotte Historic Districts: NO

Within Charlotte 6/30/2005 Annexation Area: NO

Census Tract #: 62.07

Parcel Falls Inside SWIM Buffer?: NO

FEMA Flood Information

FEMA Panel #:	370478085E
FEMA Flood Zone:	OUT
FEMA Panel Date:	02/04/2004

Regulated Watershed Information

Watershed Name:	Mtn. Island Lake
Watershed Class:	CA-3

The information provided by this program is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, and other public records and data. Users of this map data are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 1824B DATE: 3/28/01

TC: 013 011 19 & 20 ☒ L ☒ CRT

SERIAL Nº 18441

Name of Owner Regina Howey Juris.:

Address of Property 6515 Pamela St

Inspection Data:

Tank Material PCC

Total Length of Drainfield 300'

Number of Lines 4 @ 75'

Cover Depth 9"

Water Supply Source well

Distance to Water Source 65'

Excavation Inspected 3/28/01

Tank(s) Inspected 3/28/01

Wash Line Inspected plumb to tank

High Water Alarm Inspected 3/28/01

PLOT

Design 2001, 1500ST, 1000DT, PI, INO 300' Conv. CTR# WJ Norwood

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

☒ installed or constructed ☐ altered or repaired

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

and meets the provisions of 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: Septic System designed for a 3 bedroom residence Type IIIB Innovative EZ Flow Installed

Philo S. Walker RS.

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVA

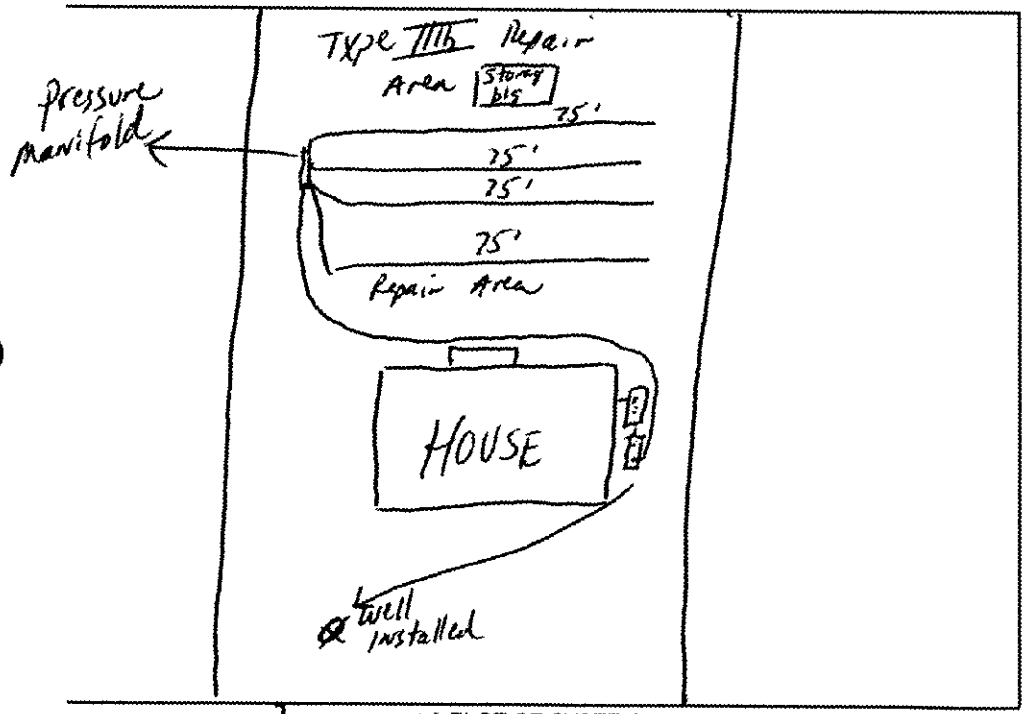
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1824B DATE: 2/28/01

TC: 013 011 19&20 ☒ L

SERIAL Nº 18593

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 8/16/00. All work shall be completed on or before 3/28/01, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A 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.



Pamela St PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 300' feet

Number of Lines 4 (75')

Depth of Stone NA inches

Distance from House 5' feet

Distance from Property Line _____ feet

Distance from Well _____ feet

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

NAME OF OWNER Regina Howley

LOCATION OF PROPERTY 6515 Pamela St

Comments: 1500ST, 1000DT, PI, Innovative Septic system 4 lines x 75'lng x 3'wd. Keep the septic system > 50' from the proposed well

Phillip A. Walker
Environmental Health Specialist

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

Re-call Sw Voided from 9/6/00 ACS

FEE: 150 AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 9/25/00 PERMIT NO: 1824B
PARCEL NO: 083 011 19 20

JOB LOCATION ADDRESS: 6515 Reynolds St
PROPERTY OWNER: Reginal Howell
BUILDING CONTRACTOR: —
SUBDIVISION NAME: Biltmore Park
AUTHORIZATION ISSUED BY: Phyllis T. Walker RS DATE: 9/25/00
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1824B, 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: Innovative Septic System Approval, Agreement forms shall be on file

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 D. Faircloth X 10-19-00
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 1824B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 013 011 19 & 20

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement: ___ Yes ✓ No ___ Partial Basement

Type Primary Wastewater System
Type (circle one): I II (III) IV V VI

___ Conventional
___ Prefabricated, permeable block panel system
___ Shallow Placed Conventional
___ Low Pressure Pipe
___ Large Diameter Pipe
___ Fill
___ Other
✓ Innovative or Experimental:
___ IWWS-93-1
___ IWWS-93-2
___ IWWS-94-1

.3 Long-term acceptance rate	360 Max gallons/day wastewater flow	900 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
YES Serviced by private well	1500 Gallon septic tank	300' Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	1000 Gallon pump tank	NA Depth of stone	

Any surface waters present: NO Type: Minimum separation distance:

Site modifications required:

Additional Conditions: Innovative septic system Approval, Lift pump required Agreement forms shall be recorded and on file. If changed to lift pump because mrs Howey wanted house closer to the road.

Repair Area System Type
Type (circle one): I II (III) IV V VI

___ Conventional
___ Prefabricated, permeable block panel system
___ Shallow Placed Conventional
___ Low Pressure Pipe
___ Large Diameter Pipe
___ Fill
___ Other
✓ Innovative or Experimental:
___ IWWS-93-1
___ IWWS-93-2
___ IWWS-94-1

900 Absorption Area (Sq ft) 300 Total Trench Length (Ft)	NA Depth of Stone Trench	9' Trench spacing (min. on centers)	24" Maximum Trench Depth

For existing system, enter the year originally installed:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for 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.

Thelo S. Walker RS 9/25/00
DEHNR Authorized Agent Date

D. L. Howey 10-19-00
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

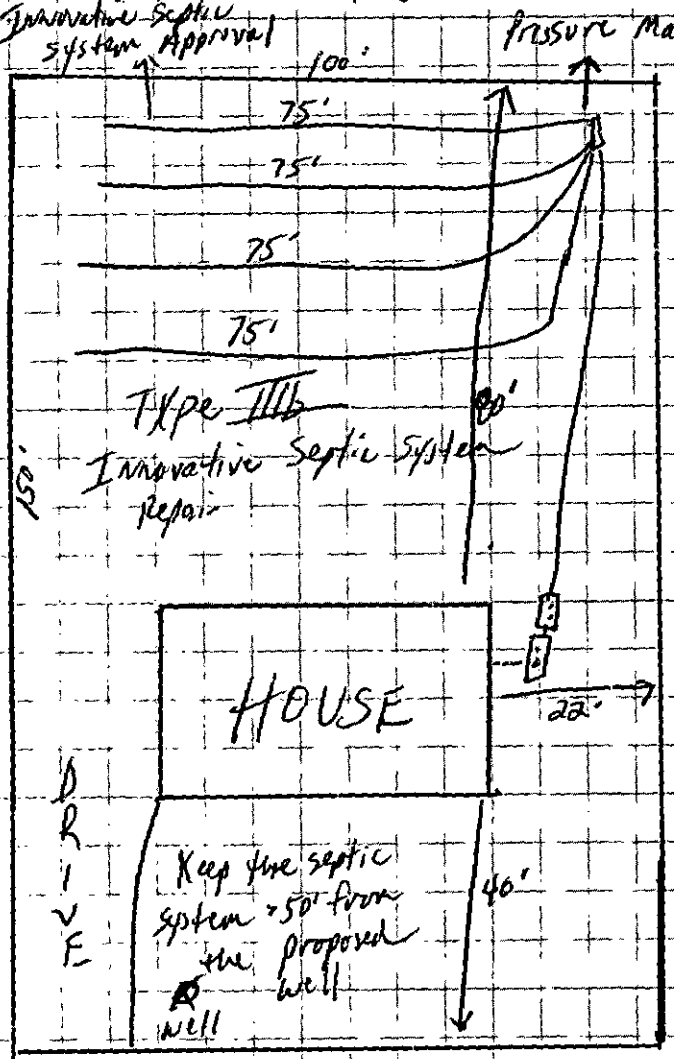
PROPOSED PLOT PLAN

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

FILE: 1824B

TC: 013 011 19 & 20

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

Innovative Septic System Approval Agreement forms shall be recorded and on file prior to cons. Authorization release

1500 ST Lift pump required

1000 DT 4 lines x 75 long x 3 wide

~~$~~ 300 LF Innovative Pressure Manifold

Keep the septic system > 50' from the proposed new well

Type IIIa Innovative Repair

80' from the back right house corner to the back property line

22' from the right back house corner to the right property line

Lee T. Faircloth 10-19-00

SS Date

APPROVAL DATE PSW 9/25/00

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

FOR REGISTRATION JUDITH A GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2000 SEP 20 03:36 PM
BOOK 11584 PAGE 880-883 FEE $12 00
INSTRUMENT # 2000135991

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 # 98022
PARCEL # 01301120 + 01301119

The undersigned, Regina C Howey, owner of property located at Lots 10 + 11, (the "site") and described in an instrument recorded in Book 11 at Page 283, 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.

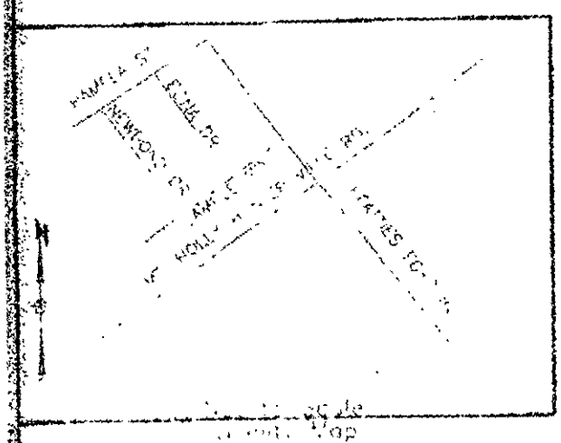
This instrument was prepared by: Regina C Howey
Mail after recording to: 335 Hickodale DR, Charlotte, NC 28217

THIS IS TO CERTIFY THAT ON THE 02 DAY OF April 19 98 AN ACTUAL SURVEY WAS DONE UNDER MY SUPERVISION OF THE PROPERTY SHOW HEREON. THIS MAP IS NOT INTENDED TO MEET THE 87-1 RECORDING REQUIREMENTS.

SIGNED _____

BELTON-SAYRE & ASSOCIATES REGISTERED LAND SURVEYORS
5100-12 NORTH TRYON STREET #212
CHARLOTTE N.C. 28213
PHONE (704) 596-6080

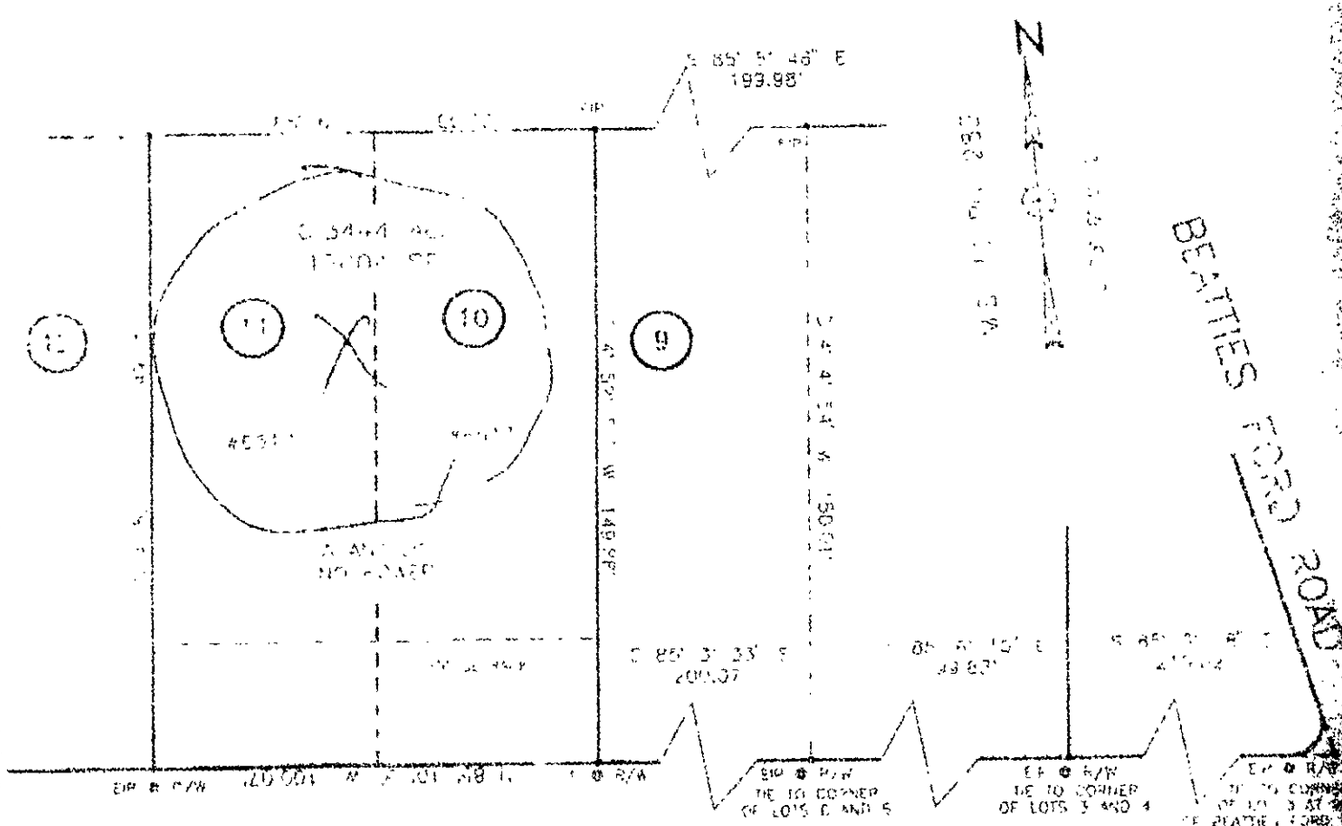
NORTH CAROLINA REGISTERED SEAL L-2733 LAND SURVEYOR



LEGEND

E.I.P.	EXISTING IRON PIN
E.C.M.	EXISTING CONCRETE MONUMENT
S.I.P.	RE-SET IRON PIN
———	PROPERTY LINE
— —	ADJOINER PROPERTY LINE
D.E.	PUBLIC DRAINAGE EASEMENT
CLOSURE	EXCEEDS 1 IN 10,000'

BARKLEY SUBDIVISION
PHASE 1 MAP 1
M.B. 28 PG 630



Physical SURVEY OF

Lot 9 & 10, Block A, Firehouse Park, Map No. 1
Tax # [illegible] Charlotte, Mecklenburg County, N.C.

THE PROPERTY OF Regina Howey

THIS IS LOCATED IN POOR [illegible] DEED RECORDED IN BOOK [illegible] PAGE [illegible]

**** NC EXCISE TAX: 10.00 ***
FILED FOR REGISTRATION 02/27/98 16:44
JUDITH A GIBSON REG OF DEEDS MECK NC

BK: 09527 PG: 0334/0335 #:1056 10.00 MECKLENBURG COUNTY

[redacted] 10.00

STATE OF NORTH CAROLINA Real Estate Excise Tax

Excise Tax $10.00

Recording Time, Book and Page

Tax Lot No. 013-011-19 & 013-011-20 Parcel Identifier No.

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

Mail after recording to Grantee

This instrument was prepared by Leon Orr, Jr., Attorney At Law

Brief description for the Index LOTS 10 & 11, BILTMORE PARK

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this 27 day of February, 19 98, by and between

GRANTOR	GRANTEE
Hazeline A. Williams (Widower)	Regina Howey (Unmarried)
	Mailing Address: 335 Echodale Drive Charlotte, NC 28217

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 Long Creek, Township, Mecklenburg County, North Carolina and more particularly described as follows:

BEING all of Lots 10 and 11 in Block "A" of the Subdivision known as BILTMORE PARK as shown on map thereof recorded in the Mecklenburg Public Registry in Map Book 11, Page 283, reference to said Map being hereby made for a more particular description.

N.C. Bar Assoc. Form No. 3 © 1976, Revised © 1977 — James Williams & Co., Inc., Box 127, Yanceyville, N. C. 27379
Printed by Agreement with the N. C. Bar Assoc. – 1981

110 10

Clear Cell

FEE: 150.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** AS
DATE: 9/26/00 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 8/23/00 PERMIT NO: ~~03 04 19 20~~ 18243
PARCEL NO: 03 011 19 20

JOB LOCATION ADDRESS:
PROPERTY OWNER: Pamela Howell
BUILDING CONTRACTOR:
SUBDIVISION NAME: Biltmore Park
AUTHORIZATION ISSUED BY: Phillip S Walker RS DATE: 8/23/00
DEHNR AUTHORIZED AGENT

VOID

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 18243, 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: Innovative Septic System Approval, Agreement forms shall be recorded and on file prior to Const Auth. release

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.

O. Y. Faircloth, agent 8-23-00
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Fees

Requestor (please print): Regina C Hall Phone #: (W) 522-3985 Date Requested: 9/20/00 Date Filled: 9/26/00

Account Name: Cash Charge Account No.:

I certify that I am authorized to charge this account for this service:

Signature: Printed Name: Date:

T.C.	Qty	Description	Unit Cost	Total Cost
0701		Improvement Permit Application - Residential	$ 200.00	
0735		Improvement Permit Application - Commercial	$ 400.00	
0702		Optional Site Evaluations	$ 100.00	
0703		Installation and Final Approval	$ 150.00	
0704		Change in Plot Plan	$ 100.00	
0705		MH Exc/Add/Repl without System Modification	$ 100.00	
0706		MH Exc/Add/Repl with System Modification	$ 300.00	
0707		Site Consultation Visit	$ 100.00	
0734	1	Authorization for Wastewater System Construction	$ 150.00	
0708		Realty Closing - Conventional	$ 85.00	
0709		Realty Closing - FHA with water	$ 135.00	
0710		Additional Trips	$ 65.00	
0711		Well Water Analysis-Bacteriological with regular parameters	$ 50.00	
0712		Well Water Analysis -Nitrates and Nitrites	$ 15.00	
0714		Well Water Analysis - Organic Analysis	$ 200.00	
0715		Admin. Fee - Field Activity Letter	$ 25.00	
0718		Residential Pool Permit	$ 50.00	
0719		Public Pool Permit - operating	$ 240.00	
0720		Seasonal Pool Permit - operating	$ 120.00	
0736		Pool Late Fee	$ 120.00	
0733		Permit to Construct a Public Pool	$ 200.00	
0721		Home Day Care Evaluation and Permit	$ 70.00	
0722		Home Day Care Evaluation and Annual Fee	$ 40.00	
0723		Eval and Report Non-Permit Facility	$ 50.00	
0724		Private Pool Testing	$ 15.00	
0731		Garbage Hauler Permit - (1-9 vehicles)	$ 30.00	
0736		Garbage Hauler Permit - (each over 9)	$ 20.00	
0725		Document Copies	$ 0.05	

Payment received by: [signature] Date: 9.20.00 Total: $150.00

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION

Permit Number: 1824B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 03 011 18 020

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	✓ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
.3 Long-term acceptance rate	360 Max gallons/day wastewater flow	900 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
Yes Serviced by private well	1500 Gallon septic tank	1500' Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3 Bedrooms in residence	NA Gallon pump tank	NA Depth of stone		
Any surface waters present: No Type:		Minimum separation distance:		
Site modifications required:				
Additional Conditions: Innovative Septic System Approval; Agreement forms shall be recorded and on file prior to cons. authe.				
Repair Area System Type Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
900' Absorption Area (Sq ft) 300' Total Trench Length (Ft)	NA Depth of Stone Trench	9' Trench spacing (min. on centers)	24" Maximum Trench Depth	
For existing system, enter the year originally installed:				

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for 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.

Philip J Walker RS 8/23/00
DEHNR Authorized Agent Date

[illegible] Owner/Agent Signature) 8-23-00 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

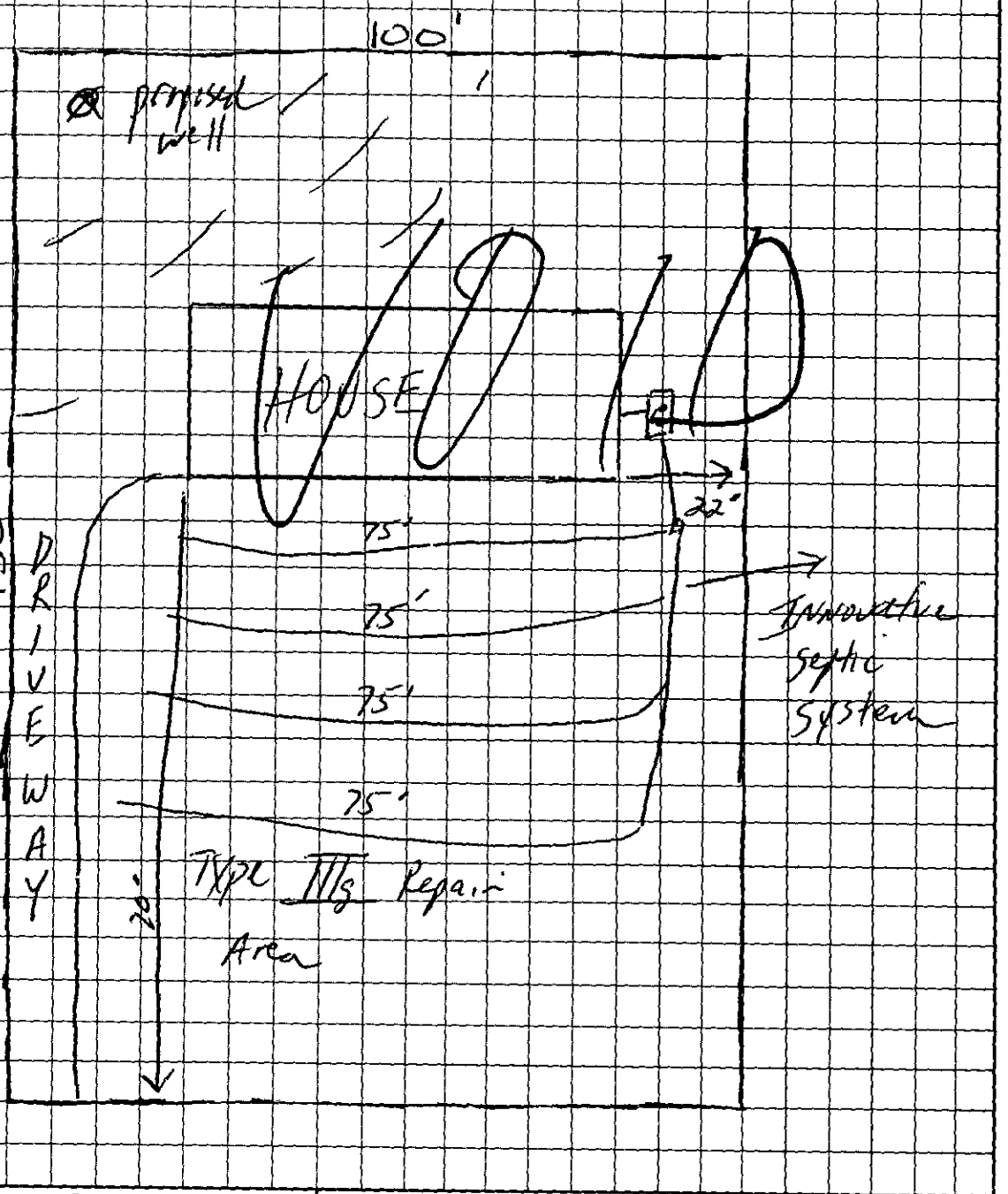
FILE: 1824 B

TC: 013-011-19&20

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 3 Bedroom Residence

1500 SF
Innovative Septic system Approval
4 lines x 75'long x 3'wd x 12" stone
300 LF
Type IIIs Repair Area
Keep the septic system - 50' from the proposed well
22' from the front right house corner to the right property line
70' from the front left house corner to the front property line



O.L. Faircloth, Agent
OWNER/AGENT SIGNATURE

DATE 3-23-00

APPROVAL DATE _____

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

PROPOSED PLOT PLAN

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

FILE: 1824 B

TC: 013-011-1920

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.

OWNER/AGENT SIGNATURE Donna C. Howell

DATE 3/16/00

APPROVAL DATE _____

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

DATE: 10-17-00

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION: Huntersville

083-011-19 & 20
PARCEL NUMBER

10515 Pamela St
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

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

REMARKS: lots 10 & 11 new Single family

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: _____

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

PROPERTY ID #: 10248
COUNTY: 013-011-R,20

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Rogerio Abreu
ADDRESS: 335 Eastside, Charlotte
PROPOSED FACILITY: residence
LOCATION OF SITE: Pamela Dr

APPLICANT:
APPLICATION DATE:
PROPOSED DESIGN FLOW (.1949): 360gpd

DATE EVALUATED:
PROPERTY SIZE: .34
PROPERTY RECORDED:

WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	Slope → 5-10% 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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROPOSED USE & LTAR
1	LS	0-6"	gr/sl	Fr/SEXPlSSP	7.5YR 46" TO soil wetness	46"	N/A	None	PS .2 15A/E LL
		6-46"	SBK/C	F:/SEXPlS/P					
2	LS	0-3"	gr/c/	Fr/SEXPlSS/SP	7.5YR 46" TO soil wetness	46"	N/A	None	PS .2 15A/E LL
		3-48"	SBK/C	F:/SEXPl S/P					
3	LS	0-5"	gr/c/	Fr/SEXPlSS/SP	7.5YR 46" TO soil wetness	46"	N/A	None	PS .2 15A/E LL
		5-46"	SBK/C	F:/SEXPlS/P					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	US
System Type(s)		

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Unsuitable

EVALUATED BY: W. A. Mallin 4-4-94
OTHER(S) PRESENT: LSS

COMMENTS: 100% Repair - 2 separate deeded lots apparently being combined

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR	LPP .1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
(Drainage Way)					EXP (Expansive)	CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
S (Foot Slope)						ABK (Angular Blocky)
(Head Slope)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SICL (Silty Clay Loam)				PR (Prismatic)
(Nose Slope)		CL (Clay Loam)			MOIST	WET
(Ridge)		SCL (Sandy Clay Loam)				
(Shoulder Slope)		SLC (Silt Loam Clay)			VFR (Very Friable)	NS (Non-sticky)
(Terrace)					FR (Friable)	SS (Slightly Sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FI (Firm)	S (Sticky)
		SIC (Silty Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
					EFI (Extremely Firm)	NP (Non-plastic)
		O (Organic)	None			SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

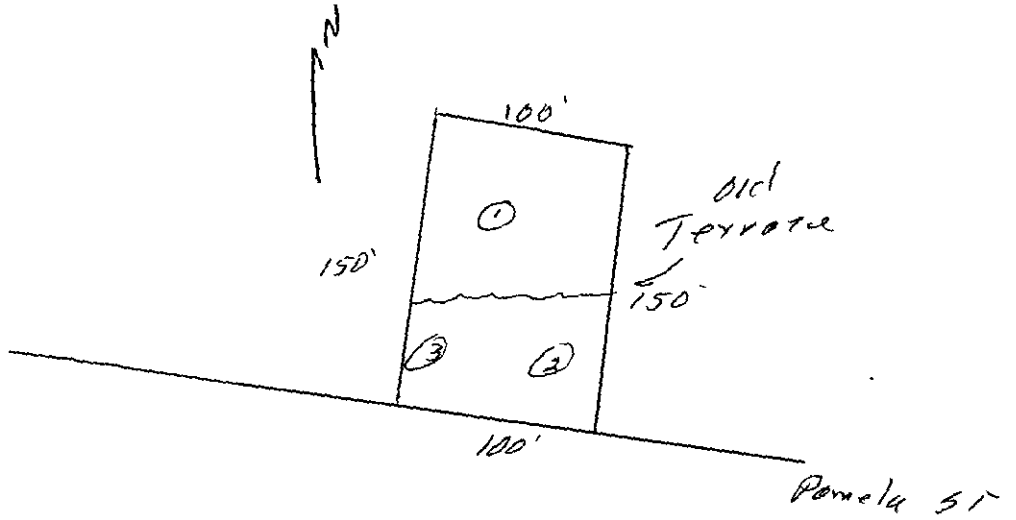
OTES

ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.

ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



FEE: _____

DATE: _____

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

I J 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 #: 1824B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 013-011-19 + 013-011-20

STREET ADDRESS: Pamela Street

SUBDIVISION OR MOBILE HOME PARK NAME: Biltmore Park

LOT NUMBER: Lots 10+11

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

CLOSING DATE _____

FOUNDATION FOR RESIDENCE

__ WITHOUT BASEMENT __ WITH BASEMENT /PLUMBING
__ ON SLAB
✓ CRAWL SPACE __ 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: Howey, Regina C.
(LAST) (FIRST) (MI)

ADDRESS: 335 Escondale Drive

CITY: Charlotte STATE: NC ZIP: 28217

DAYTIME PHONE: (704) 571-4567

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 4/4/98

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: Regina C. Howey DATE: 8/16/00

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

FEE: 100.00 ck # 1656
DATE: 3-19-97 3/19/97 C

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

1 1 CRT

TYPE APPLICATION: X 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 #: 1824/B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 013-211-19, 20

STREET ADDRESS: ~~6653~~ 6517 Pamela St

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 19, 20

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 3

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

X WITHOUT BASEMENT
__ ON SLAB
X 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 X NO TYPE: _____

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

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 X YES __ NO
DESIGNATED WETLANDS __ YES __ NO

PROPERTY OWNER:

NAME: ~~Williams~~ Howey Regina C.
(LAST) (FIRST) (MI)

ADDRESS: 335 Echodale

CITY: Charlotte STATE: N.C. ZIP: 28217

DAYTIME PHONE: 704 522-6096

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Williams Hazeline A
(LAST) (FIRST) (MI)

DAYTIME PHONE: 704 375-4666

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: Ben F. Howey by Regina C. Howey DATE: 3-19-97

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

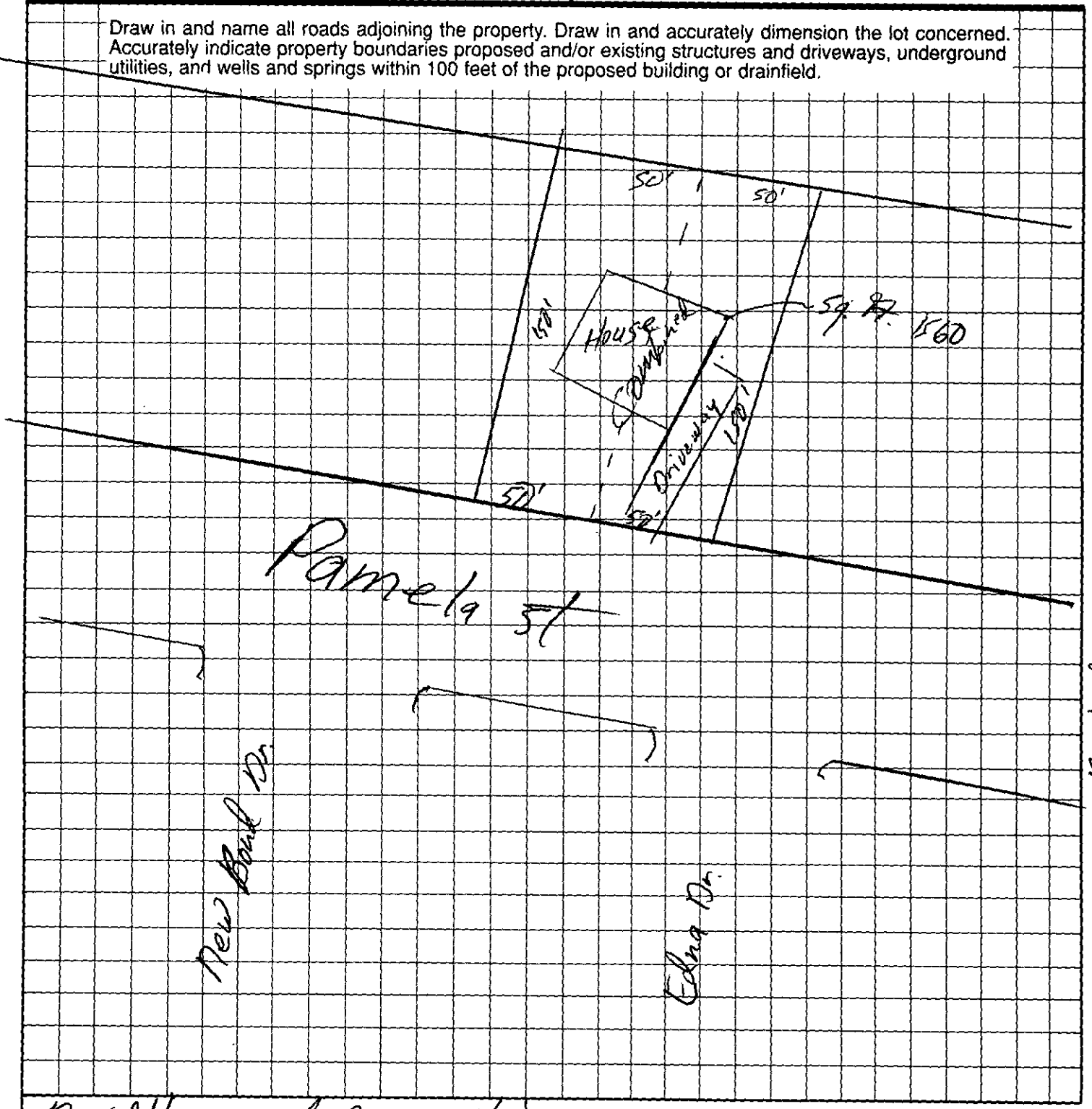
PROPOSED PLOT PLAN

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

FILE: 1824B

TC: 013-011-19,20

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.



Ben F. Howey III for Regina C. Howey
OWNER/AGENT SIGNATURE

APPROVAL DATE

DATE 3-19-97

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

File #
1848

Date: March 12, 1997
Re: Soil Test

To Whom It May Concern:

I, Hazeline Williams, do hereby give my cousin Regina Howey permission to perform the soil tests needed on my property located in Biltmore Estates, in the Northern part of Mecklenburg County. If you have any questions, you may reach me at my home phone number of 375-4666.

Sincerely,

Hazeline A Williams

Hazeline Williams
Land Owner

DATE	DESCRIPTION	AMOUNT
04-18-01	REGINA HOWEY	
	6515 PAMELA DRIVE	
	FILE # 1824B FINAL INSPECTION	150.00

Sunbelt Homes