

11134 BROKEN PEBBLE LN

13912988

12/20/2007

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: 1224B DATE: 12-4-98

TC: 139-129-62 ☒ L ☒ CRT

SERIAL Nº 16662

Name of Owner BRIAN BEVERLY Juris.:

Address of Property 1134 BROKEN PEBBLE LANE

Inspection Data:

Tank Material 1500 PCC

Total Length of Drainfield 533

Number of Lines 4 @ 107

Cover Depth 12" SOIL

Water Supply Source 56' WELL

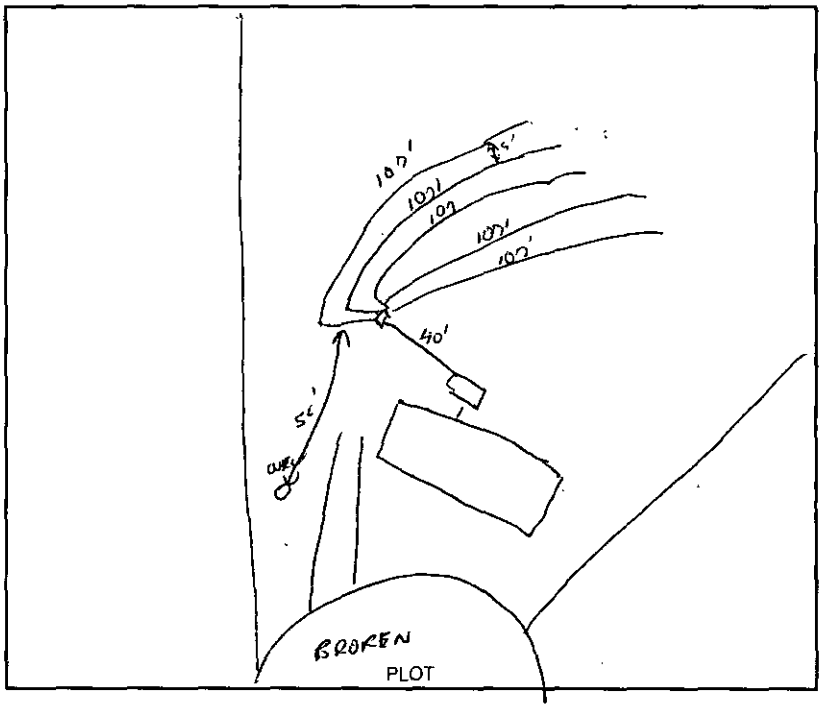
Distance to Water Source 56'

Excavation Inspected 12-4-98

Tank(s) Inspected 12-2-98

Wash Line Inspected NA

High Water Alarm Inspected NA



Design 1500 SF 1600 SFF MOP 12 G CTR# RAYMSON

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 I5A 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 I5A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

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

COMMENTS: TYPE II-C

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

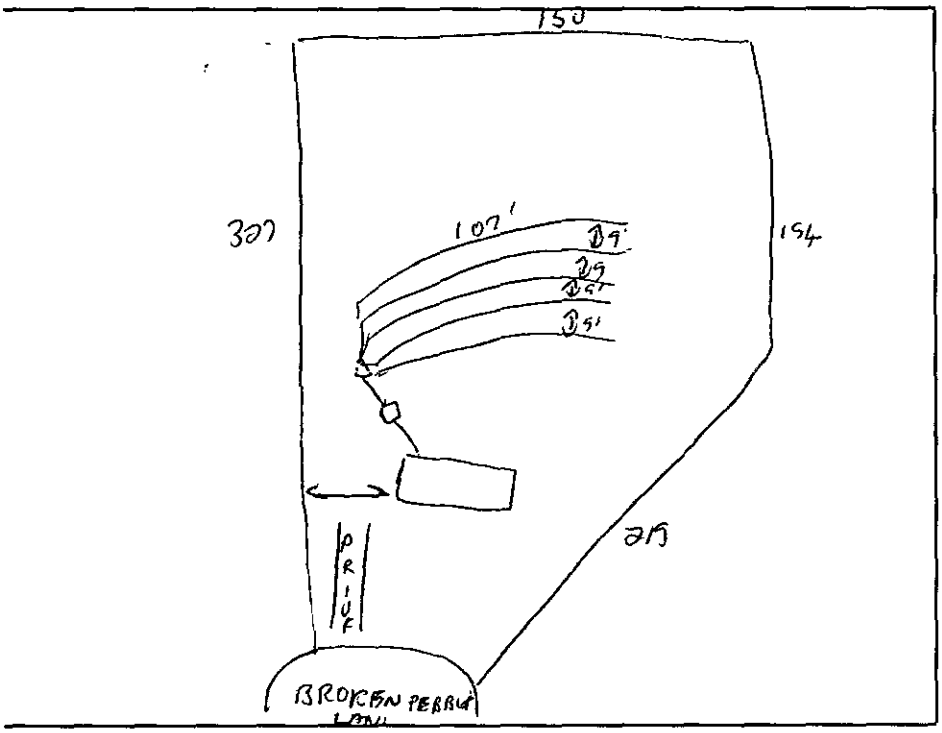
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1224B DATE: 12-2-98

TC: 139-125-62 X L

SERIAL Nº 17713

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 _____. All work shall be completed on or before 2-2-99, 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 — 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 533 feet

Number of Lines 4

Depth of Stone 12" inches

Distance from House 10' feet

Distance from Property Line 10' feet

Distance from Well 100' feet

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

NAME OF OWNER BRIAN BEVERLY

LOCATION OF PROPERTY 11134 BROKEN PEBBLE DRIVE

Comments: _____

_____

_____

_____ _____

Environmental Health Specialist

PROPOSED PLOT PLAN

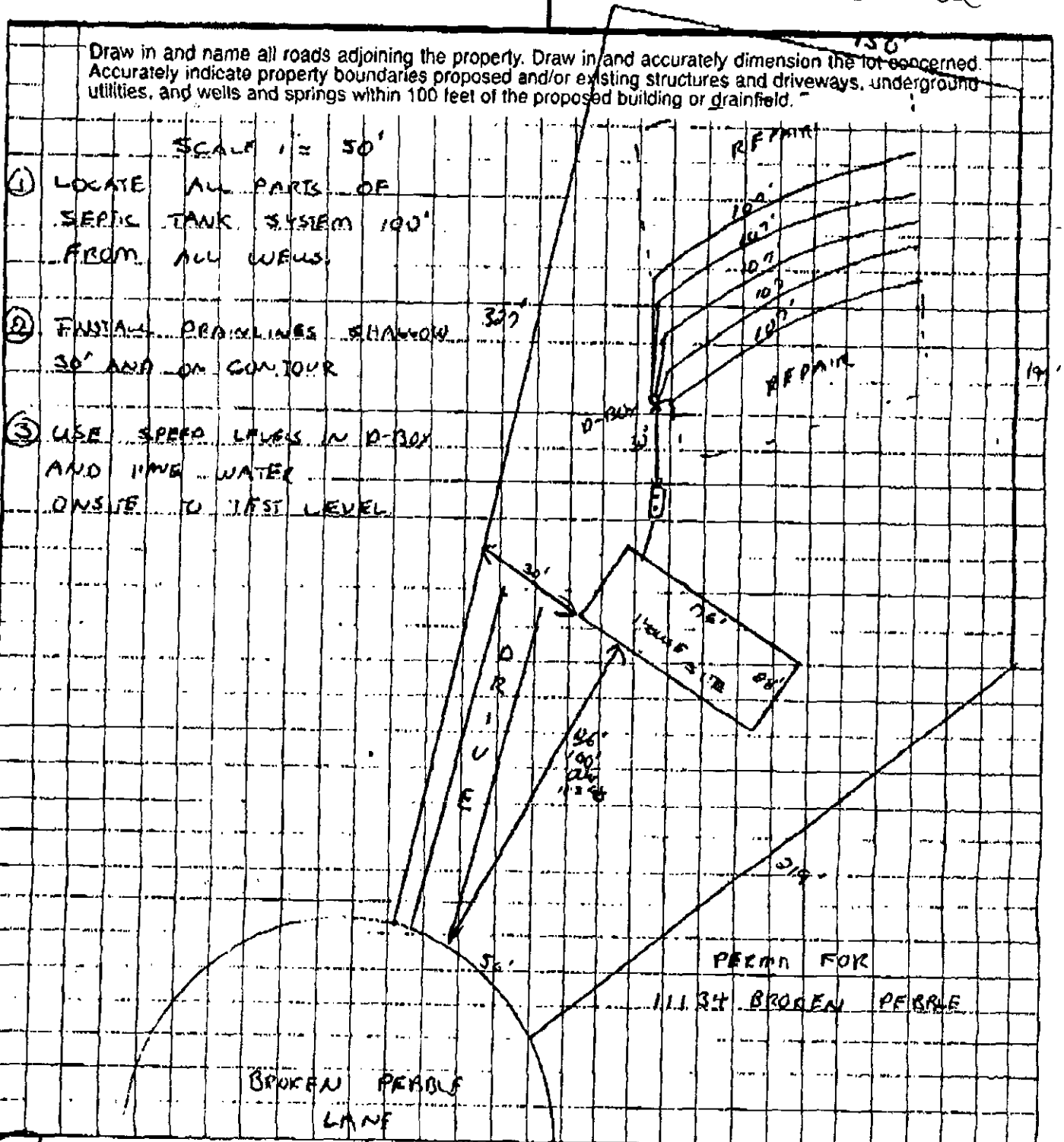
Attn: Vicky
From Doug at Westwood
(336) 661-1815

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

FILE: 12248

TC: 139 121 G2

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

DATE 10-02-98

APPROVAL DATE 9-24-98

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

paid in full ck # 1600

FEE: 200.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 10-8-98 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 9-24-98 **PERMIT NO:** 1224B
PARCEL NO: 139-129-62

JOB LOCATION ADDRESS: 1134 BROKEN PEBBLE LANE
PROPERTY OWNER: BRIAN BEVERLY
BUILDING CONTRACTOR:
SUBDIVISION NAME: CLEAR CREEK ARPS, LOT 25
AUTHORIZATION ISSUED BY: Jackie A. Wilds RS **DATE:** 9-24-98
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1224B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

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

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

4. OTHER CONDITIONS: _____

OWNER CERTIFICATION

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

B Beverly 10-08-98
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 1224B

Tax Number: 3912962

- 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 Type (circle one): I (II) III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system X Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
3 Long-term acceptance rate	480 Max gallons/day wastewater flow	1600 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
YES Serviced by private well	1500 Gallon septic tank	533 Total trench length (ft)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
4 Bedrooms in residence	___ Gallon pump tank	12" Depth of stone	
Any surface waters present:	Type:	Minimum separation distance:	
Site modifications required:			
Additional Conditions: SEE PLOT PLAN			
Repair Area System Type Type (circle one): I (II) III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system X Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
1600 Absorption Area (Sq ft) 533 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	30' 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.

DEHNR Authorized Agent — Date: 9-24-98

Owner/Agent Signature — Date: 10-02-98

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

FEE: $110.00
DATE: 9-4-98

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

#1 [ ] 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 #: 2153B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139129~~77~~62

STREET ADDRESS: 11134 Broken Pebble Lane

SUBDIVISION OR MOBILE HOME PARK NAME: Clear Creek Development

LOT NUMBER: 25

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: 4 NUMBER OF OCCUPANTS: 5

CLOSING DATE _____

lot checked 9-10-96 (HC)
new entitled report
with me

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 (Electric & Front) ✓ YES __ NO
EXISTING WASTEWATER SYSTEMS __ YES __ NO
EASTMENTS OR RIGHT-OF-WAYS ✓ YES __ NO (See Plat map)
WELL, SPRINGS OR WATERLINES __ YES __ NO
DESIGNATED WETLANDS __ YES __ NO

PROPERTY OWNER:

NAME: Beverly (LAST) Brian (FIRST) T (MI)
ADDRESS: 2273 Darwick Road
CITY: Winston-Salem STATE: N.C. ZIP: 27127
DAYTIME PHONE: (336) -788-8446

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Mountain Brook Developers LLC (LAST) (FIRST) (MI)
DAYTIME PHONE: ( ) -
Jeff Avery - 704-389-7681 Mobile
Accent Mobile Homes Manager
Frank Diresare 704-597-1802

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 3-19-96

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: Brian T. Beverly DATE: 9-4-98

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

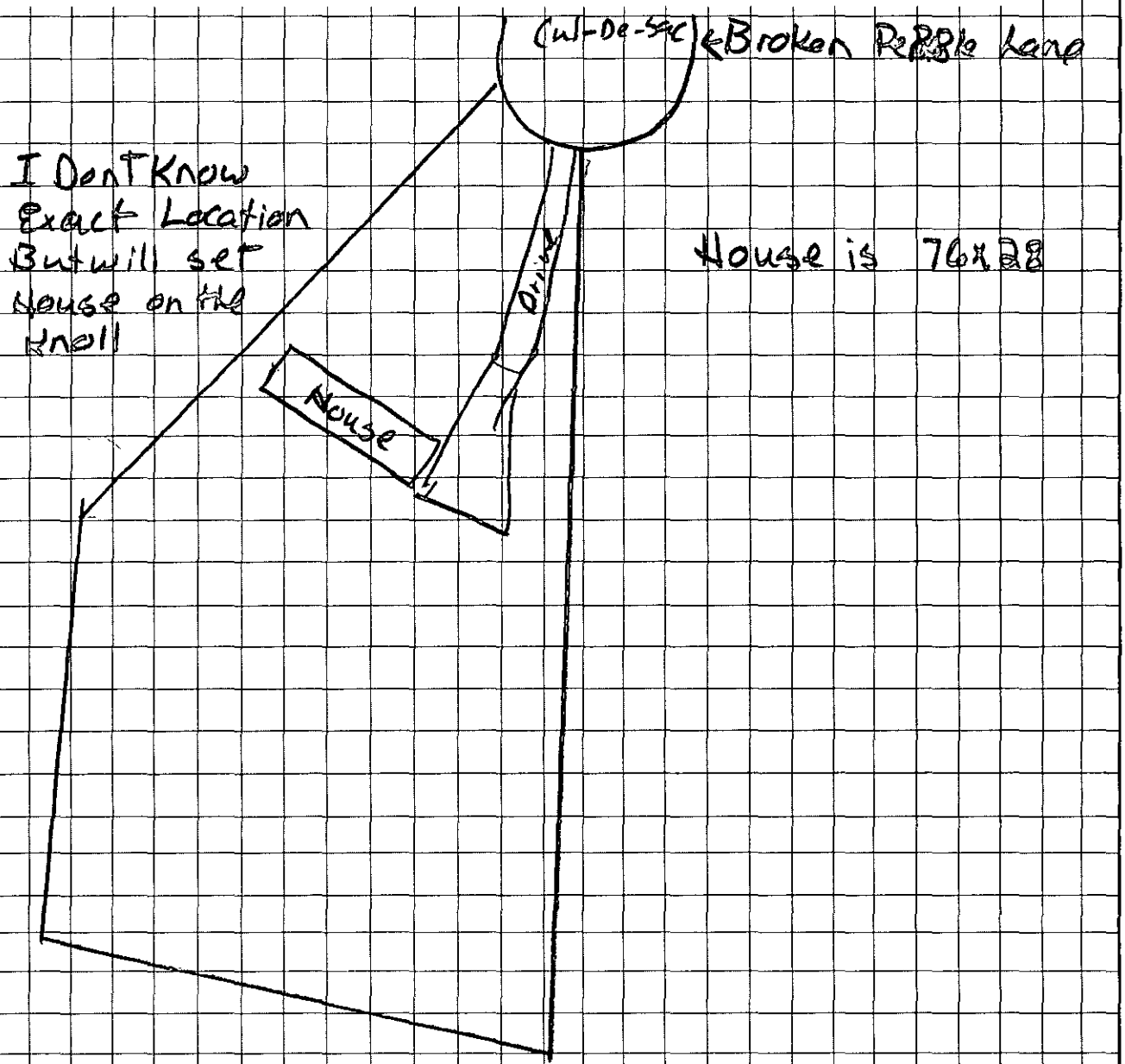
PROPOSED PLOT PLAN

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

FILE: 26253B

TC: 13912988

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.



Brian T Beard
OWNER/AGENT SIGNATURE

DATE 9-4-98

APPROVAL DATE _____

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

CHARGE

Paid $100.00
9/4/98
Ref Reciept 11311

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Charge Slip

Date: 9-4-98

Name/Company: Brian Beverly

Sanitation _____

Vector Control _____

IWWS _____

Service: Soil "Perk" Test
for 11134 Broken Pebble Ln.
Mint Hill

Fee: $ 100.00 CASH

NOTICE:

A processing fee of $20.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Natalie y Jones
Collected by

OFFER TO PURCHASE

I/ We the undersigned, hereinafter referred to as Purchaser(s), hereby offer to buy the property described as follows:

LOT(S) # 25 of Clear Creek Estates Subdivision Mecklenburg Co., NC.

Purchaser(s) offers to pay a Sales Price of $ _____ subject to the following terms and/or conditions

** Cash Sales Price $ 23,600
Less Down Payment $ 0
Financed Amount $ 0

Number of Months Financed 0
Contract Finance Charge Rate 0 %
Monthly Payment Amount $ 0

**If cash sales price is paid in full within 90 days from the closing date, no finance charges will apply. Account must be current to qualify.

Other Conditions upon Getting Land/Home Financing

☒ M. H. INFO: YEAR 99 -SIZE 28 x 76 MFG. Oakwood FIN. BY Oakwood

In addition, Purchaser(s) offers to pay a prepaid finance charge in the amount of $ N/A Purchaser(s) understands this prepaid finance charge increases the annual percentage rate as shown on the federal disclosure statement. Purchaser(s) agrees to close this sale transaction on or before November 30th, 1998

Purchaser(s) understands that upon the full payment of the cash or term purchase price, a good and marketable title will be furnished by the seller. Possession of property is to be given at closing. Purchaser(s) understands that the property will be conveyed subject to such conditions, reservations and restrictive covenants of record affecting the property described above.

Purchaser(s) has personally inspected this property, YES ✓ NO _____.

Deed and/or Real Estate Purchase Agreement to be made to:

Brian Talmadge Beverly
Phone# Res# 336-788-8446 Address: 2273 Darwick Rd Winston Salem NC 27127
(Mr.) Bus.# _____ City: Winston Salem State NC
(Ms.) Bus.# _____ Zip: 27127 County _____

Purchaser(s) hereby deposits with Mountainbrook Developers II LLC the sum of $ N/A as binder with this offer. If sale is consummated on or before the above referenced closing date, said binder will apply as part of down payment as stated above and / or apply toward cash purchase price. Said binder shall be returned to purchaser(s) on demand if the seller is unable to close on or before the above specified closing date. Said binder shall be forfeited as purchaser's sole remedy and as full liquidated damages if purchaser(s) fails to comply with terms as stated above on or before specified closing date.

This offer constitutes the entire offer and no waivers or modifications shall be valid unless written upon or attached to this offer and approved by all parties hereto.

IN WITNESS WHEREOF, the Purchaser(s) has hereto set his hand(s) and seal(s) this _____ day of September 3rd 1998

Witness as to Purchaser & Co-Purchaser

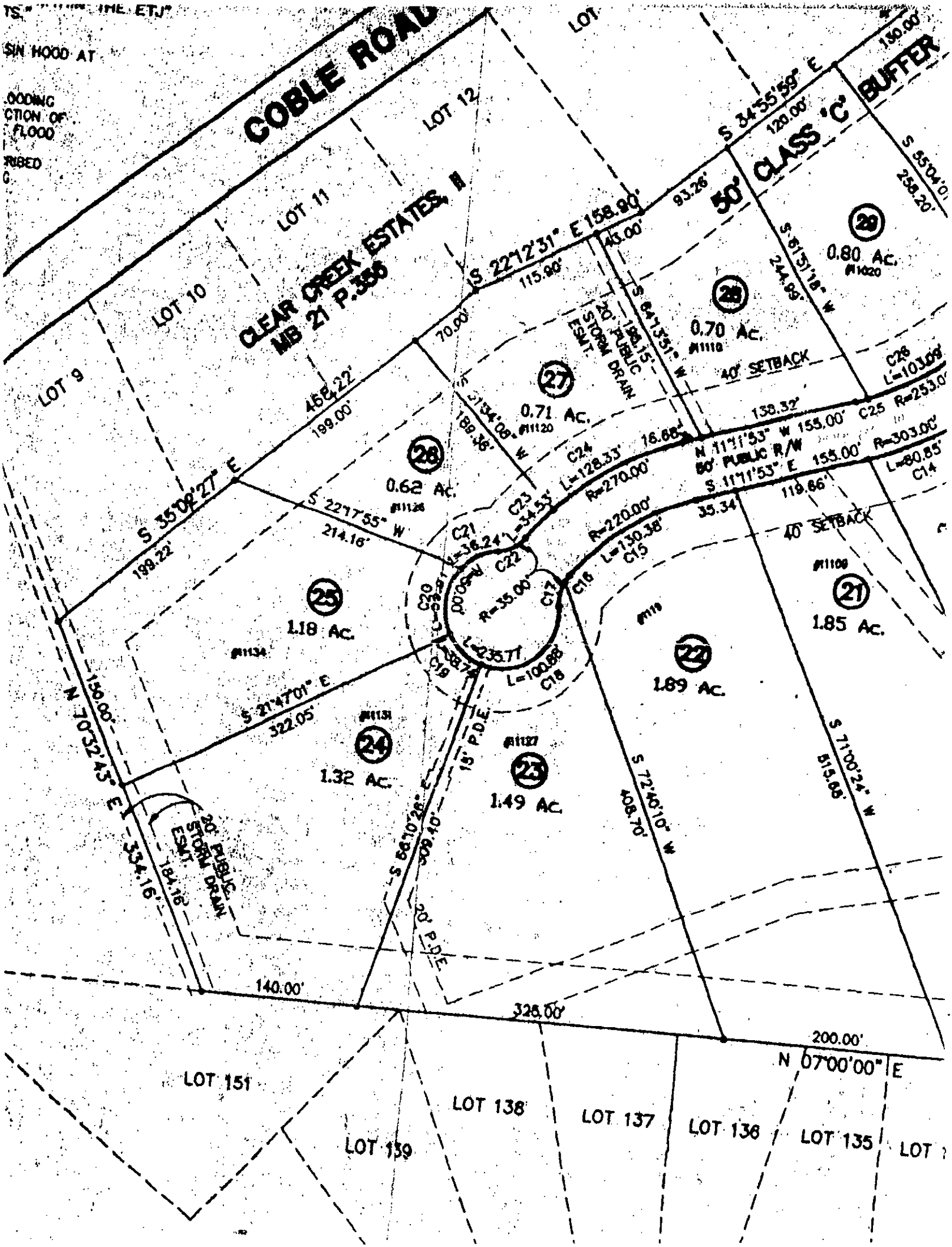
Brian T Beverly
Purchaser

Frank McCreary
Salesman

_____
Co-Purchaser

(NC) (REV. 10/93) ☒ g:/ acreage/ offer2

Recycle, it's a Small Planet !!!


COBLE ROAD
CLEAR CREEK ESTATES, II
MB 21 P.356
LOT 12
LOT 11
LOT 10
LOT 9
LOT
50' CLASS 'C' BUFFER
S 34°55'59" E
120.00'
S 55°04'01" E
256.20'
S 22°12'31" E 158.90'
93.26'
40.00'
115.90'
70.00'
S 61°51'16" W
244.98'
S 64°13'51" W
188.15'
20' PUBLIC STORM DRAIN ESMT.
40' SETBACK
C26 L=103.09' R=253.00'
138.32'
N 11°11'53" W 155.00'
C25
80' PUBLIC R/W
S 11°11'53" E 155.00'
R=303.00'
L=80.85'
C14
119.66'
35.34'
C24 L=128.33' R=270.00'
16.66'
C23 L=34.53'
C22
C21 L=36.24'
R=35.00'
C20 L=38.74'
C19
C18 L=100.66'
C17
C16
R=220.00'
L=130.38'
C15
S 35°09'27" E
199.22'
S 22°17'55" W
214.16'
N 70°32'43" E 334.16'
156.00'
S 21°47'01" E
322.05'
S 68°10'26" E
309.40'
15' P.D.E.
20' P.D.E.
20' PUBLIC STORM DRAIN ESMT.
184.16'
140.00'
328.00'
200.00'
N 07°00'00" E
S 72°40'10" W
408.70'
S 71°00'24" W
515.68'
466.22'
199.00'
#1134
#1131
#1127
#1126
#1120
#1110
#1109
#1108
#1020
25
1.18 Ac.
24
1.32 Ac.
23
1.49 Ac.
22
1.89 Ac.
21
1.85 Ac.
28
0.62 Ac.
27
0.71 Ac.
26
0.70 Ac.
29
0.80 Ac.
LOT 151
LOT 139
LOT 138
LOT 137
LOT 136
LOT 135



Date and Time Stamp
8/14/98 11:59:25 AM EST

This tax record 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. Users of this data are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County assumes no legal responsibility for the information contained herein.

Attached 1446

336-6357

Tax Real Estate Information

13912988	08501/003
MOUNTAIN BROOK DEVELOPERS II	3/19/96
LLC	$0
4200 BROOKSHIRE BV	3/19/96 N
	13912
CHARLOTTE	1.18
NC 28216	1.18
11134 BROKEN PEBBLE LN	$18180
MECKLENBURG COUNTY	$18180
L25 M28-634	

Site Location Information

R	N/A
MINT HILL	N/A
Click to Find Out	N/A
Click to Find Out	N/A
N/A	

Major Improvement Information

VACANT	
SINGLE FAMILY RESIDENTIAL	
0	
0	
	N

Bedrooms: **0** Bathrooms: **0** Restrooms: **0**	Basement: **N** Assessed Building Value: **$0**

This site is powered by ESRI **MapObjects Internet Map Server**

This site was developed by Todd Wilson of Mecklenburg County GIS and was last updated on 7/14/98 10:57:35 AM

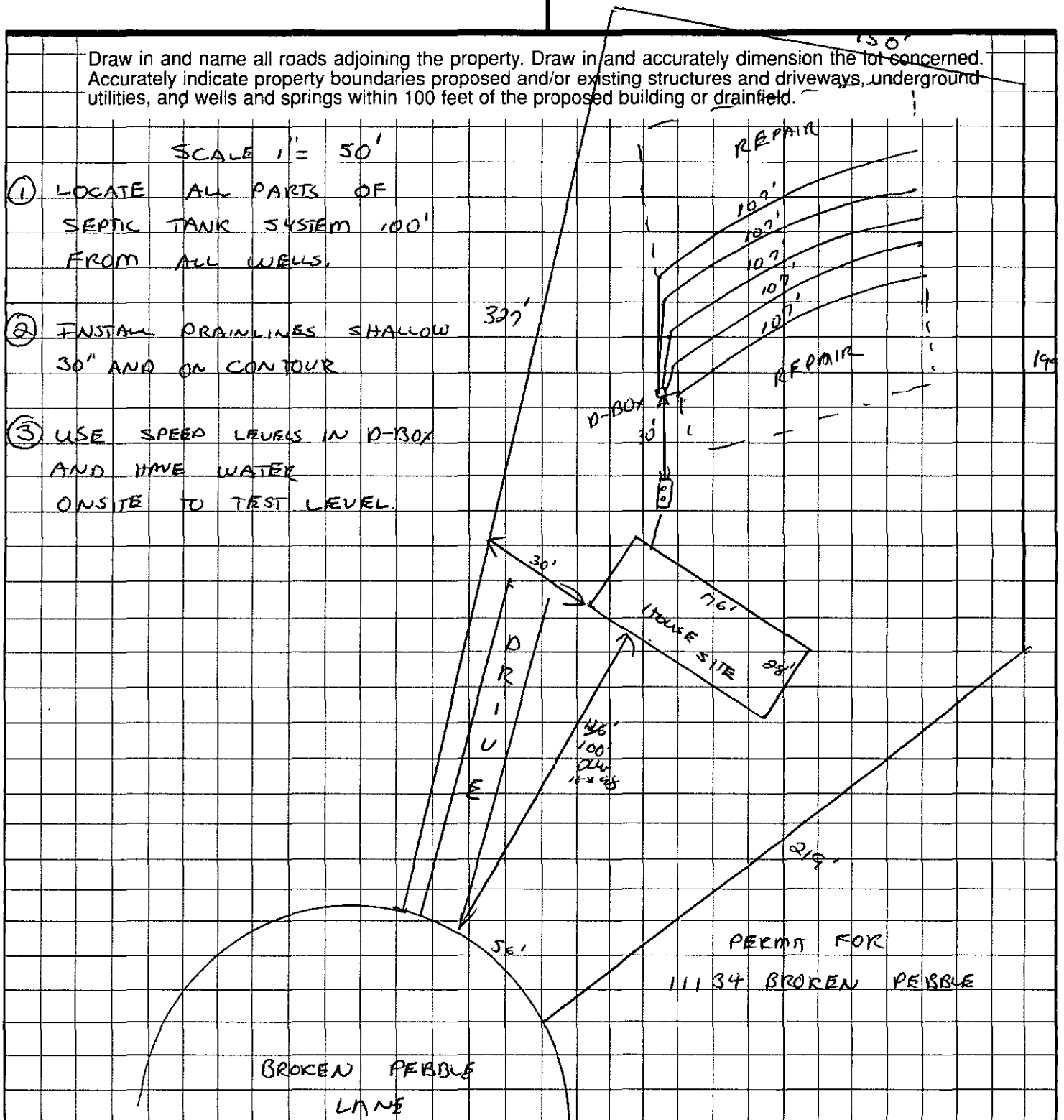
PROPOSED PLOT PLAN

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

FILE: 1224B

TC: 139 127 62

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.



B-T Bow
OWNER/AGENT SIGNATURE

DATE 10-08-98

APPROVAL DATE 9-24-98 dw

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

FEE: 100.00 CK
DATE: 12/5/96

710 SC

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

[ ] 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 #: 1224B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: PO 13912562

STREET ADDRESS: Cable Road

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 2nA 25

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S)
X 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
X 7 MINT HILL

HEATED SQUARE FOOTAGE: 1846

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

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

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

N/A

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

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
___ MUNICIPAL (M)
X 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 X NO
EXISTING WASTEWATER SYSTEMS ___ YES X NO
EASTMENTS OR RIGHT-OF-WAYS ___ YES X NO
WELL, SPRINGS OR WATERLINES ___ YES X NO
DESIGNATED WETLANDS ___ YES X NO

PROPERTY OWNER:

NAME: (LAST) Avery Sr (FIRST) Darrell (MI) L.

ADDRESS: 4200 Woodshire Blvd

CITY: Charlotte STATE: NC ZIP: 28216

DAYTIME PHONE: 704 392-4200

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: Darrell Avery DATE: 12-5-96

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

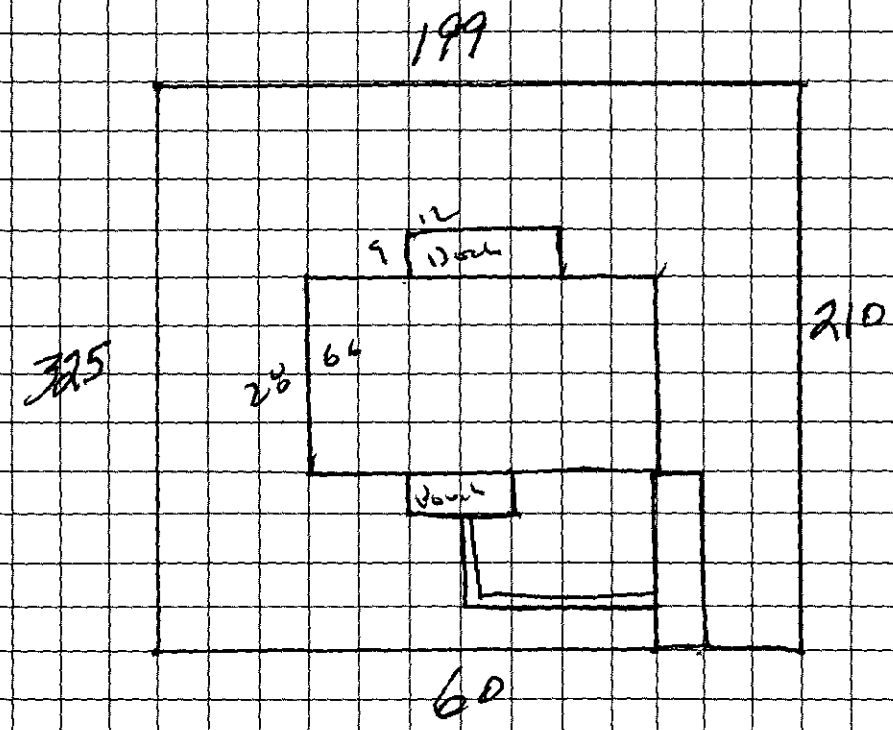
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 12248

TC: 1201351296L

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.

Lot ~~36~~ ~~24~~ ~~24~~ 25 OA



Broken Pebble Lane

OWNER/AGENT SIGNATURE

DATE 1-25-96

APPROVAL DATE _____

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

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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

#1 12248
PO 139-129-62
2 of 25

OWNER: Darrell Avery Jr. APPLICANT: ___
ADDRESS: 4208 Brookshire Blvd. Chas. APPLICATION DATE: ___ DATE EVALUATED: ___
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 360gpd PROPERTY SIZE: 1.19
LOCATION OF SITE: Dorchester Pebble Farms PROPERTY RECORDED: ___
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 6%	0-6"	sBK/scl	Fr/sEXP/ss/sP	>42" TO Chroma 2 Mottles	42"	N/A	None	PS IV .39/F2
		6-36"	sBK/c	Fr-Fi/sEXP/sP					
		36-42"	sBK/cl	Fr/sEXP/ss/sP					
2	LS 5%	0-6"	sBK/scl	Fr/sEXP/ss/sP	>43" TO Chroma 2 mottles	43"	N/A	None	PS IV .39/F2
		6-38"	sBK/c	Fr-Fi/sEXP/sP					
		38-43	sBK/cl	Fr/sEXP/ss/sP					
3	LS 5%	0-4"	sBK/cl	Fr/sEXP/ss/sP	>46" To Chroma 2 Mottles	46"	N/A	None	PS IV .39/F2
		4-48"	sBK/c	Fr-Fi/sEXP/sP					
4	LS 10%	0-4"	sBK/cl	Fr/sEXP/ss/sP	>47" TO Chroma 2 mottles	47"	N/A	None	PS IV .39/F2
		4-40"	sBK/c	Fr-Fi/sEXP/sP					
		40-47"	sBK/cl	Fr/sEXP/ss/sP					
5	LS 10%	0-6"	sBK/cl	Fr/sEXP/ss/sP	>48" TO Chroma 2	48"	N/A	None	PS IV .39/F2
		6-48"	sBK/c	Fr/sEXP/sP					

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

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: William R. Merlin 2-22-96
OTHER(S) PRESENT: ___

OMMENTS: 100% Repair

LEGEND

use the following standard abbreviations

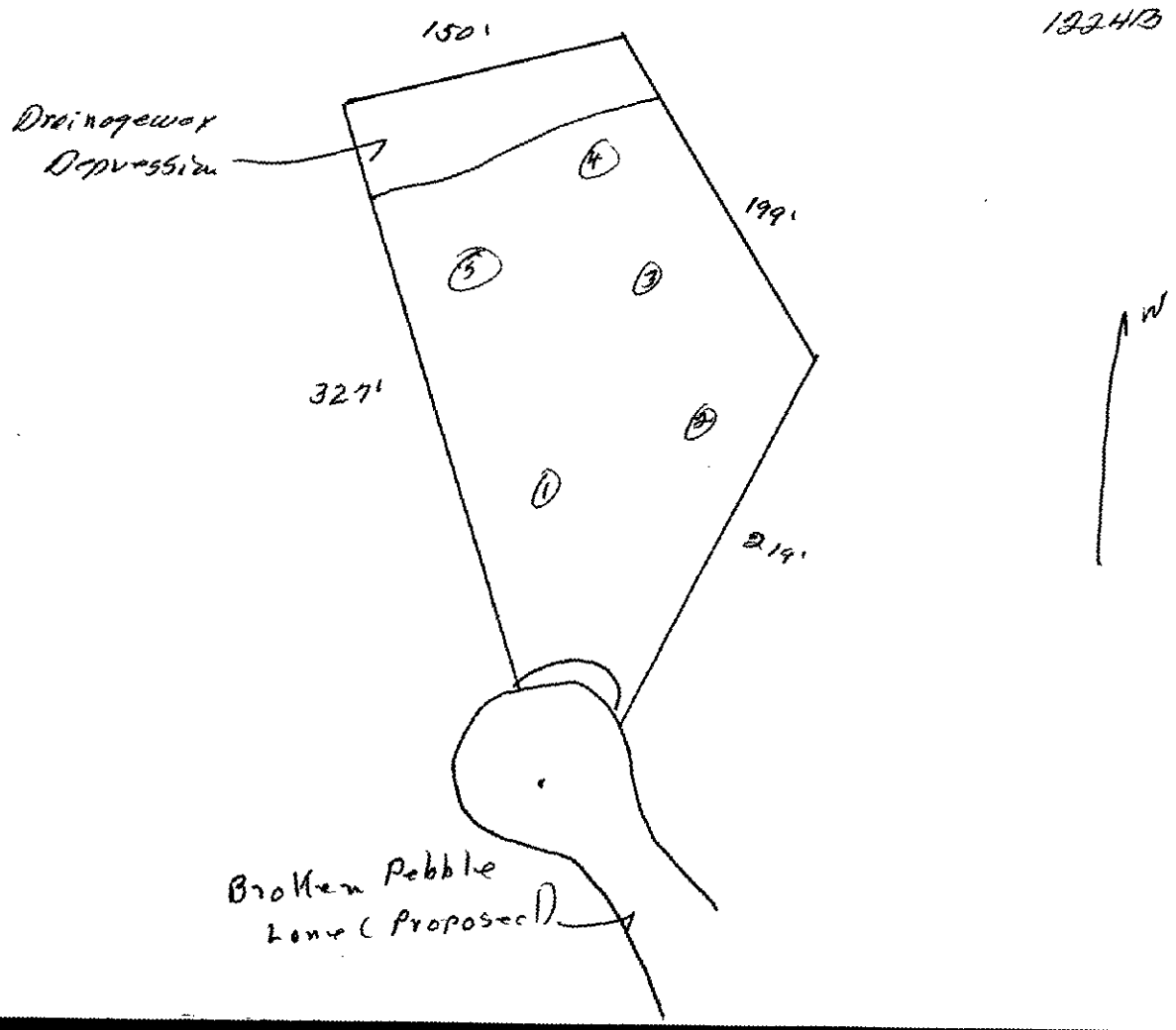
ANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL ,1955 LTAR	LPP ,1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
(Drainage Way)					EXP (Expansive)	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)				
(Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
(Shoulder Slope)		SLC (Silt Loam Clay)				
(Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SIC (Silty Clay)			FI (Firm)	S (Sticky)
					VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None		EFI (Extremely Firm)	NP (Non-plastic)
						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
IPROLITE	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).



PARCEL – #139-129-62

ING – R(MH) AND R

MUM LOT SIZE – 10,000 sq.ft.

IMUM LOT WIDTH – 70 ft. AT SETBACK

BACK REQUIREMENTS
EARYARD – 45 ft.
IN. SIDEYARD – 8 ft.
RONT SETBACK – 40 ft.

N PINS SET AT ALL PROPERTY CORNERS, UNLESS THERWISE NOTED.

S SURVEY CREATES A SUBDIVISION OF LAND WITHIN HE AREA OF MINT HILL CITY LIMITS WHICH HAS AN RDINANCE THAT REGULATES PARCELS OF LAND.

NCGS MONUMENT WITHIN 2000'.

IS SUBDIVISION HAD PRIOR APPROVAL UNDER CTION 17.3 "ACCEPTIONS TO APPLICABILITY OF IE MINT HILL ZONING ORDINANCE WITHIN THE ETJ" ID SECTION 11.7 "EXISTING LOTS."

NCHMARK IS THE TOP OF CATCH BASIN HOOD AT NTERLINE. ELEVATION=701.80 (NGVD)

TS 9, 10, & 11 ARE SUBJECT TO FLOODING RING HEAVY RAINFALL. THE CONSTRUCTION OF ILDINGS AND STRUCTURES BELOW THE FLOOD OTECTION ELEVATION (FPE) NOTED ON ANS IS PROHIBITED AS FURTHER DESCRIBED SECTION 7.200 OF THE MECKLENBURG BDIVISION ORDINANCE.

