

14934 SHINGLE OAK RD

19521254

1/8/2008

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: 5462B DATE: 3-21-05

TC: 195-202-54 ☑ L ☑ CRT

SERIAL 19586

Name of Owner FARRINGTON OAKS LLC Juris.:

Address of Property 14934 SHINGLE OAK ROAD

Inspection Data:

Tank Material 1500 PC JW

Total Length of Drainfield 570'
SEPTIC 3 @ 110'

Number of Lines WASH 3 @ 60'

Cover Depth 12"

Water Supply Source MUNICIPAL

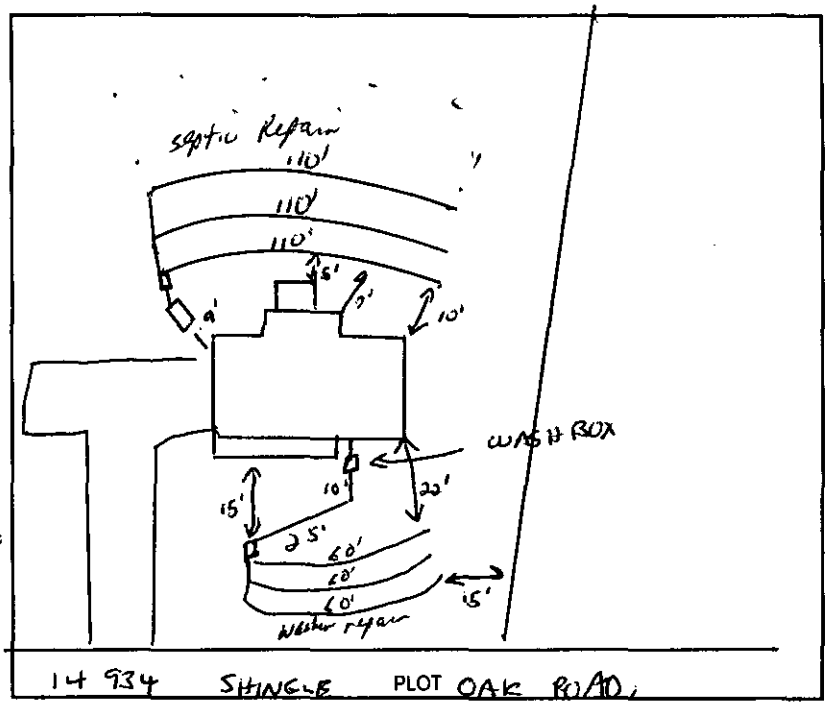
Distance to Water Source >100'

Excavation Inspected SEPTIC 3-15-05 JW

Tank(s) Inspected 1500ST. 3-15-05 JW

Wash Line Inspected 3-21-05

High Water Alarm Inspected



Design 1500 ST 1200 SFT INNOVATIVE, 330' SEPTIC, 150' WASH LINE, EZ FLOW CTR# RCS

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 III-G / Septic system designed for a 4 bedroom Residence

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

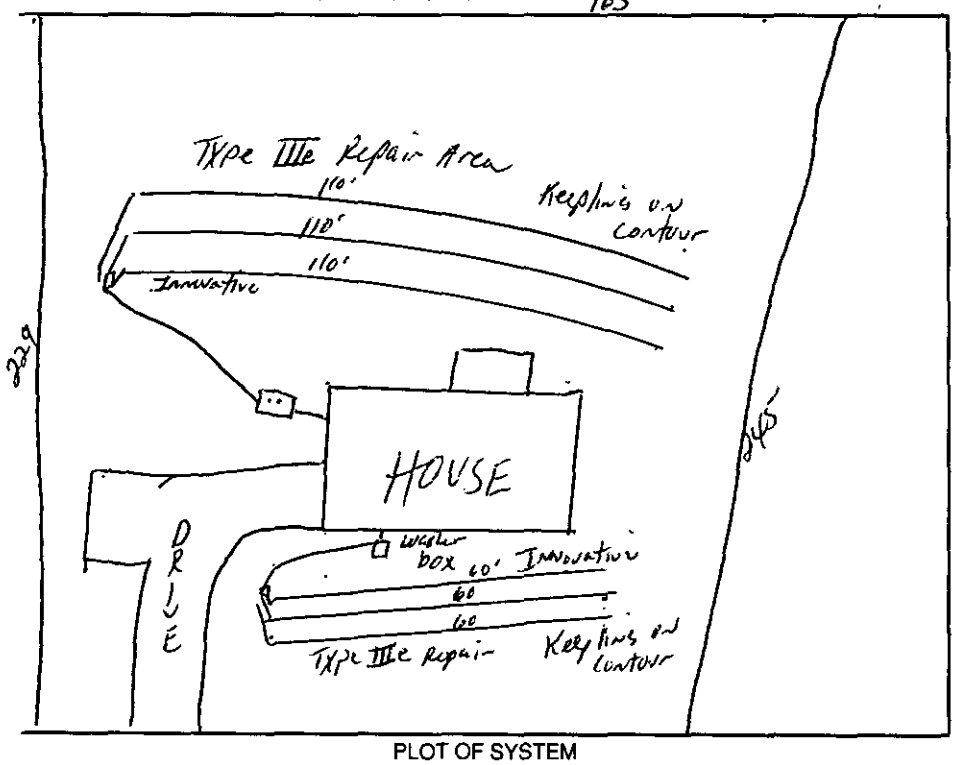
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5462B DATE: 3/4/05

TC: 195 202 54 ☑ L

SERIAL 19984

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 11/4/04. All work shall be completed on or before 4/4/05, 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 NA gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length (septic) 320' (washer) 180 500' feet

Number of Lines (septic) 3(110') (washer) 3(60')

Depth of Stone NA inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 7100' feet
Municipal water

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

NAME OF OWNER Farrington Oaks LLC

LOCATION OF PROPERTY 14934 Shingle Oak Rd

Comments: Innovative Septic System / Install 1500ST, Septic 3 lines x 110' long x 3' wd or 4 lines x 80' long x 3' wd 320LF / Washer, Washer box, 3 lines x 60' long x 3' wd 180LF / Keep lines on Contour / 5 Bedroom Residence

Phillip S. Watkins RS
Environmental Health Specialist

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

FEE: 300.00
DATE: 12/31/04
X32342 JKA

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

AC
ND 110338

PERMIT NUMBER: 5462B
PARCEL NUMBER: 195-202-54

JOB LOCATION ADDRESS: 14934 SHINGLE OAKS ROAD Lot # 5
PROPERTY OWNER: FARRINGTON OAKS, L.L.C.
BUILDING CONTRACTOR: TONY WHITEHEAD
SUBDIVISION NAME: FARRINGTON OAKS
AUTHORIZATION ISSUED BY: PHILO WALKER DATE: 12/16/04

Philo L. Walker RS
DENR/DEH AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 5462B, 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 THE 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 CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.

5. OTHER CONDITIONS:
   INNOVATIVE SEPTIC SYSTEM APPROVAL

CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Permit Number: **5462B** Tax Number: **195-202-54**

- 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

Primary Wastewater System

Type: ☐ 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:

.3 Long-term acceptance rate (GPD/ft^2)	480 Max gallons/day wastewater flow	1200 Absorption Area (ft^2)	9 Trench spacing (min. on centers) (ft)
Serviced by private well: ☒ Yes ☐ No	1500 Gallon septic tank	400 Total trench length (ft)	30 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
4 Bedrooms in residence	NA Gallon pump tank	NA Depth of stone (in)	

Any surface water present: **NO** Type: Minimum separation distance (ft):

Additional conditions: **INNOVATIVE SEPTIC SYSTEM APPROVAL**

Repair Area System

Type: ☐ 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:

1200 Absorption Area (ft^2) 400 Total trench length (ft)	NA Depth of stone (in)	9 Trench spacing (min. on centers) (ft)	30 Maximum trench depth (in)

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. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems 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.

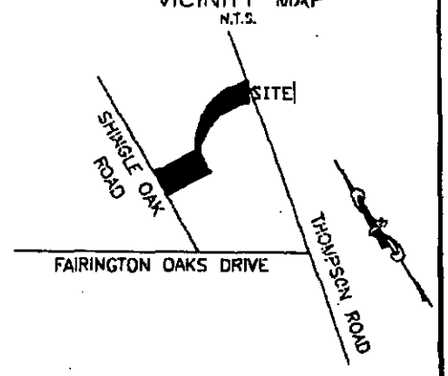
Phillip S. Welker RS 12/20/04
DENR Authorized Agent Date

X [signature] 12/28/04
Owner/Agent Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE: (704) 336-5103
FAX: (704) 336-6894

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

VICINITY MAP
N.T.S.



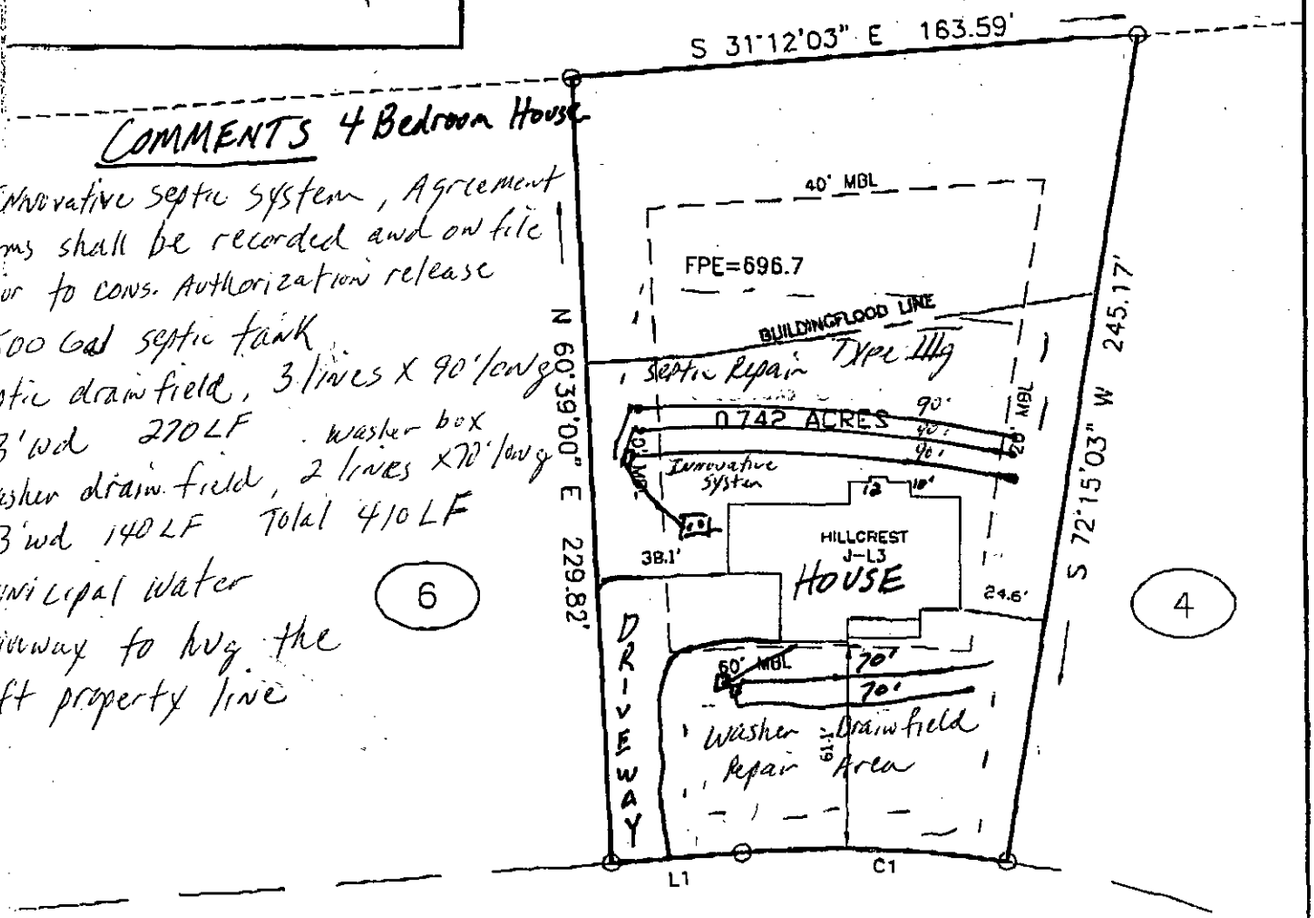
CURVE	RADIUS	ARC LENGTH	CHORD BEARING	CHORD LENGTH
C1	325.00'	76.82'	N 24°34'43" W	76.64'

LINE	BEARING	DISTANCE
L1	N 31°21'00" W	37.86'

ADJOINER TAX PARCEL NO.
195-211-06
JOHN L. CARRIKER
(NOW OR FORMERLY)
DEED: 9813/393

COMMENTS 4 Bedroom House

Innovative septic system, Agreement forms shall be recorded and on file prior to cons. Authorization release
1500 Gal septic tank
septic drainfield, 3 lines x 90'long x 3'wd 270LF . washer box
Washer drain field, 2 lines x 70'long x 3'wd 140LF Total 410LF
Municipal water
Driveway to hug the left property line



14934 SHINGLE OAK ROAD

60' PUBLIC RIGHT OF WAY

NORTH CAROLINA PROFESSIONAL SEAL L-3566 LAND SURVEYOR THOMAS D. VON CANON

LEGEND (IF USED)

IRF=IRON ROD OR REBAR FOUND
PF=PIPE FOUND
MBL=MINIMUM BUILDING LINE
IRS=IRON REBAR SET
CP=CALCULATED POINT
PDE=PUBLIC DRAINAGE EASEMENT
UE=UTILITY EASEMENT
FPE=FLOOD PROTECTION ELEVATION

GRAPHIC SCALE
35 0 12.5 25 50
1 INCH = 50 FEET

FLOOD CERTIFICATION:
1. THIS PROPERTY DOES NOT LIE WITHIN A F.E.M.A. SPECIAL FLOOD HAZARD AREA.

GENERAL NOTES:
1. MEASUREMENTS ON THIS MAP ARE IN FEET AND DECIMALS THEREOF.
2. ALL SET CORNERS ARE 1/2" IRON REBAR UNLESS OTHERWISE NOTED.
3. THIS PROPERTY MAY BE SUBJECT TO ADDITIONAL EASEMENTS, RIGHTS OF WAYS AND RESTRICTIONS NOT DISCERNIBLE BY OBSERVATION AT THE TIME OF SURVEY OR THAT MAY BE OF RECORD. NO TITLE SEARCH BY THOMAS D. VON CANON.
4. THIS DOCUMENT IS ONLY FOR THE PURPOSE OF SHOWING PROPOSED HOUSE LOCATION. THE FINAL LOCATION OF THIS HOUSE MAY VARY. THIS DOCUMENT IS NOT TO BE USED FOR REAL ESTATE CONVEYANCE.

REFERENCES:
1. FINAL RECORD PLAT OF FAIRINGTON OAKS, PHASE 1, MAP 1, DATED OCTOBER 1, 2004, RECORDED IN MAP BOOK 42, PAGE 395, CABARRUS CO., N.C. REGISTER OF DEEDS.

PROPOSED HOUSE LOCATION

FOR: MDC HOMES

LOT 5
FAIRINGTON OAKS, PHASE 1, MAP 1
TOWN OF MINT HILL
MECKLENBURG COUNTY, NORTH CAROLINA

V.C.S.
8238 MOORES CHAPEL ROAD
CHARLOTTE, N.C. 28214
TELE. (704) 393-8040
FAX. (704) 391-0450

005F0S0D.dwg : NOV 1 2004

NOV 02 04 04:30p VCS 7043910450 p.2

X32342

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2004 DEC 30 10:25 AM
BK:18185 PG:39-42 FEE:$20.00

INSTRUMENT # 2004268348

2004268348

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 # 5462B
PARCEL # 195-202-54

The undersigned, _____, owner of property located at 14934 Shingle Oaks Rd. Lot #5, (the "site") and described in an instrument recorded in Book _____ at Page _____, 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:

This instrument was prepared by: Terry Anthony Whitehead
Mail after recording to: 10150 Mallard Creek Rd. Suite 106
Charlotte N.C. 28262

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

-- 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 29 day of December, 2004.

McCar Development Corp. _____(SEAL)
(Corporate Name)

_____(SEAL)

By: _____(SEAL)

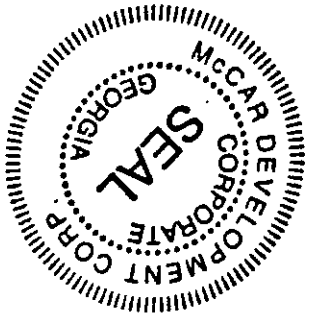
Asst. Vice President _____(SEAL)

ATTEST:

Janice Keziah

Asst. Secretary

(Corporate Seal)



STATE OF NORTH CAROLINA
COUNTY OF _____

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

WITNESS my hand and notarial seal, this _____ day of _____, 20____.

_____
Notary Public

My Commission Expires:

_____

STATE OF NORTH CAROLINA
COUNTY OF _____

I, Melissa Eddleman Janice Keziah, a Notary Public for said County and State, do hereby certify that Seen A. Payne personally came before me this day and acknowledged that She is Asst. Secretary of McCar Development Corp., a North Carolina corporation, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its Asst. Vice President, sealed with its corporate seal, and attested by Janice Keziah as its Asst. Secretary.

WITNESS my hand and notarial seal, this 29th day of December, 2004.

Melissa Eddleman
Notary Public

My Commission Expires:

09-19-2005

OFFICIAL SEAL
Notary Public, North Carolina
County of Rowan
MELISSA EDDLEMAN
MY COMMISSION EXPIRES _____

REVISED 8-13-02

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

PLEASE RETAIN YELLOW TRAILER PAGE

It is part of the recorded document, and must be submitted with original for re-recording and/or cancellation.

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Filed For Registration: 12/30/2004 10:25 AM

Book: RE 18185 Page: 39-42

Document No.: 2004268348

PRMIT 4 PGS $20.00

Recorder: SERENA ROSS

****

State of North Carolina, County of Mecklenburg

The foregoing certificate of MELISSA EDDLEMAN Notary is certified to be correct. This 30TH of December 2004

JUDITH A. GIBSON, REGISTER OF DEEDS By: Serena M. Ross
Deputy/Assistant Register of Deeds

****

2004268348

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1
Property ID: PO 195-211-08
Lot #: 5
File #: 5462B
Code: 1

ACS

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Robert Pittenger Co., Inc.
Applicant: Bart Hopper
Address: 4521 Sharon Road, Suite 120, Charlotte, N. C. 28211
Date Evaluated: 01/05/2004
Proposed Facility: Residence
Design Flow (.1949): 480gpd
Property Size: .75a
Location of Site: Off Thompson Road
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] 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 (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 10	0-6	GR/CL	FR/SEXP/SS/SP	>26" TO SOIL WETNESS	26+	N/A	NONE	IV .1GPD/FT^2
		6-26	SBK/C	FI/SEXP/S/P					
		BORING TERMINATED @26" FLOATER ROCK							
2	"	0-5	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	"	"	PS, IV .3GPD/FT^2
		5-37	SBK/C	FI/SEXP/S/P					
		37-48	SBK/CL	FR/SEXP/SS/SP					
3	"	0-7	GR/CL	"	>49" TO SOIL WETNESS	49	"	"	"
		7-49	SBK/C	FI/SEXP/S/P					
4	LS, 8	0-3	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	"	"	"
		3-34	SBK/C	FI/SEXP/S/P					
		34-48	SBK/CL	FR/SEXP/SS/SP					
5	LS, 6	0-4	GR/CL	"	"	"	"	"	"
		4-48	SBK/C	FI/SEXP/S/P					
6	"	0-5	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		5-33	SBK/C	FI/SEXP/S/P					
		33-48	SBK/CL	FR/SEXP/SS/SP					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.3GPD/FT^2	.3GPD/FT^2

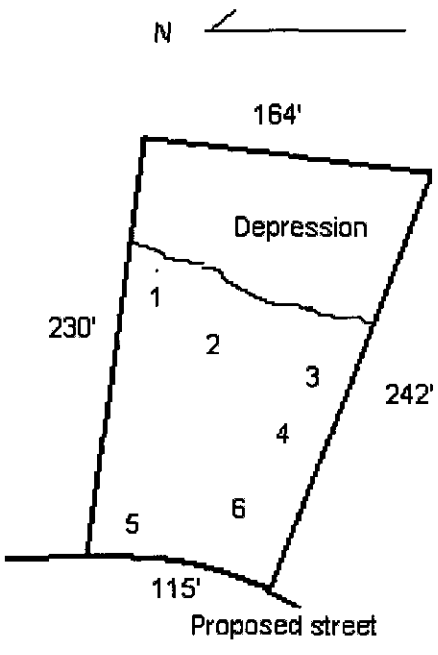
Other Factors (.1946): _____
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 1/7/2004, W. R. Marlin
Others Present:

FILE # 5426B

COMMENTS: 100% repair

LANDSCAPE POSITIONS	GROUP	TEXTURES	.1955 LTAR	CONSISTENCE MOIST	WET
R-RIDGE	I	S-SAND	1.2 - 0.8		
S-SHOULDER SLOPE		LS-LOAMY SAND		VFR-VERY FRIABLE	NS-NON-STICKY
L-LINEAR SLOPE				FR-FRIABLE	SS-SLIGHTLY STICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8 – 0.6	FI-FIRM	S-STICKY
N-NOSE SLOPE		L-LOAM		VFI-VERY FIRM	VS-VERY STICKY
H-HEAD SLOPE				EFI-EXTREMELY FIRM	NP-NON-PLASTIC
CC-CONCLAVE SLOPE	III	SI-SILT-	0.6 – 0.3		SP-SLIGHTLY STICKY
CV-CONVEX SLOPE		SIL-SILT LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAN		SCL-SANDY CLAY LOAM			
		SICL-SILTY CLAY LOAM			
	IV	SIC-SILTY CLAY	0.4 – 0.1		
		C-CLAY			
		SC-SANDY CLAY			

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



FEE: $200 + acct

DATE: 11/4/04 13384

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

[ ] CRT

$200 credit applied 11/7/04 JC

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 #: 54628

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 195-202-54

STREET ADDRESS: 14934 Shingle Oak ~~Dr~~ Rd

SUBDIVISION OR MOBILE HOME PARK NAME: FAIRINGTON OAKS

LOT NUMBER: 5

TOWNSHIP (CHECK ONE):

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

CLOSING DATE 4/30/04

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: 3495 Sq. ft.

NUMBER OF BEDROOMS: 4 (4 BR) NUMBER OF OCCUPANTS: 4

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: N/A

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

PROPERTY OWNER:

NAME: FAIRINGTON OAKS, LLC. (LAST) (FIRST) (MI)

ADDRESS: 1518 EAST 3RD ST.

CITY: CHARLOTTE STATE: NC ZIP: 28204

DAYTIME PHONE: (704) 370 - 0303

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: MILLENAAR, JOHN M. (LAST) (FIRST) (MI)

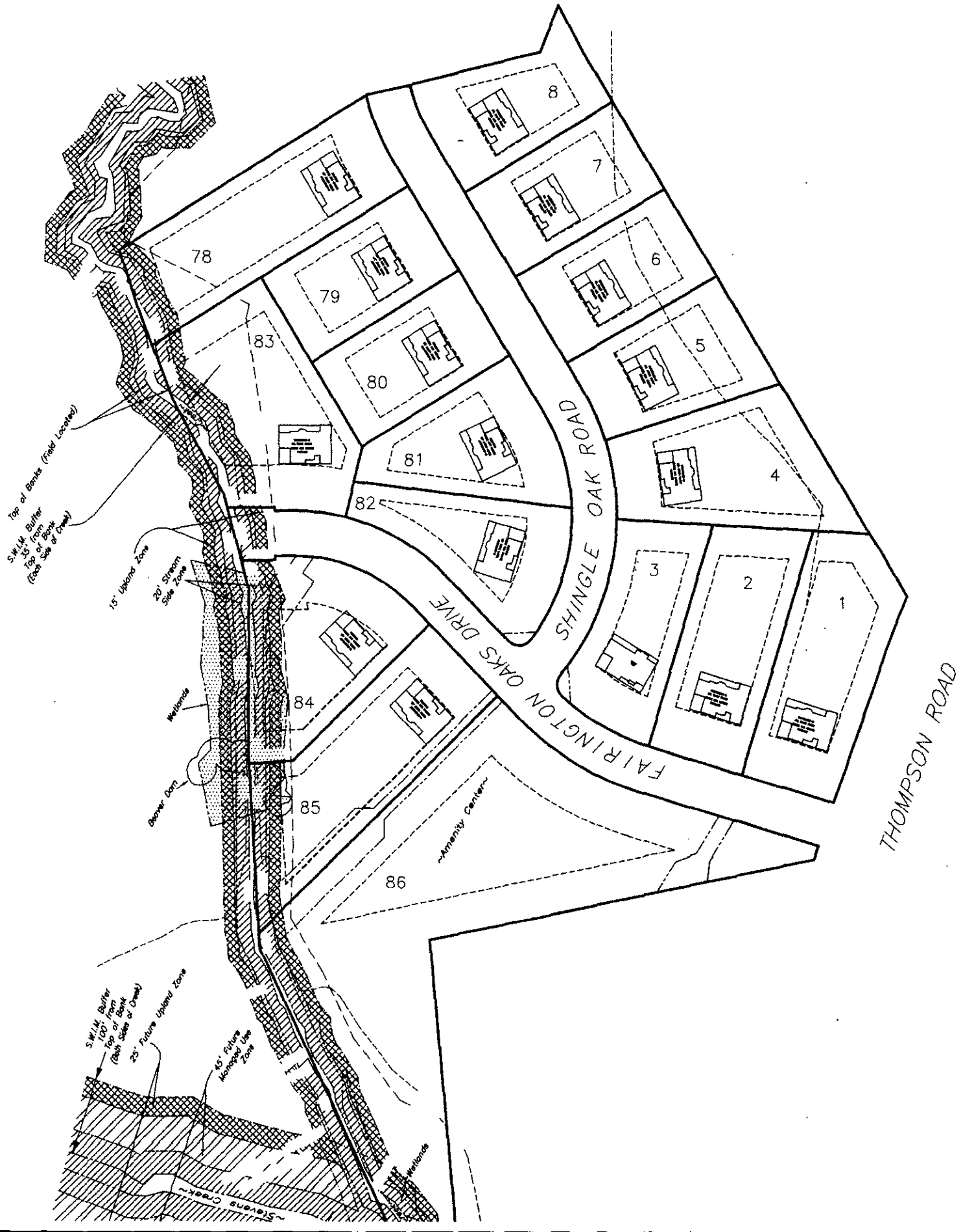
DAYTIME PHONE: (704) 634 - 4355

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 10/1/04

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: M. John Millenaar DATE: 11/4/04

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
[illegible] MARSHALL STR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202 (704) 336-5102


8
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86
SHINGLE OAK ROAD
FAIRINGTON OAKS DRIVE
THOMPSON ROAD
~Amenity Center~
Top of Banks (Field Located)
S.W.I.M. Buffer 35' from Top of Bank (Each Side of Creek)
15' Upland Zone
20' Stream Side Zone
Wetlands
Berm Dam
S.W.I.M. Buffer 100' from Top of Bank (Each Side of Creek)
25' Future Upland Zone
45' Future Managed Use Zone
~Stevens Creek~
Wetlands

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	12/16/03	**Amount:**	2,000.00
Receipt #:	20658	**Tendered:**	2,000.00
Check / Auth #:	CHECK 1632	**Returned:**	0.00
Received By:	AIDOOJK		

Account Information

Account #:	200000
Contractor:	NSP INC
Attn:	
Address:	1518 E THIRD STREET
Address:	
City/State/Zip:	CHARLOTTE, NC 28204

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen THOMPSON ROAD LOT 5,6,18,27,28,43,44,73,80,81		1	2,000.00	2,000.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

FEE: $200.00

DATE: 10/14/03

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

1 | CRC

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

PERMIT #: 5402B

PROPERTY INFORMATION FROM ENGINEERING FORM 0 FOR JOB LOCATION:

TAX/PARCEL NUMBER: 195-211-0820

STREET ADDRESS: Thompson Road

SUBDIVISION OR MOBILE HOME PARK NAME: Thompson Ridge

LOT NUMBER: 5

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: unknown

NUMBER OF BEDROOMS: 4

NUMBER OF OCCUPANTS: ?

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

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

CLOSING DATE: _____

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)
X MUNICIPAL (M)
___ OTHER 'SPRINGS' (O)
___ PRIVATE WELL (P)

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: Robert Pittenger Company, Inc.
(LAST) (FIRST) (MI)

ADDRESS: 4521 Sharon Rd., Suite 120

CITY: Charlotte STATE: NC ZIP: 28211

DAYTIME PHONE: (704 365-0065

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Hopper, Bart
(LAST) (FIRST) (MI)

DAYTIME PHONE: (704 370-0303

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 07/09/2002

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: Bart Hopper DATE: 10/5/03

Bart Hopper

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	12/16/03	**Amount:**	2,000.00
Receipt #:	20658	**Tendered:**	2,000.00
Check / Auth #:	CHECK 1632	**Returned:**	0.00
Received By:	AIDOOJK		

Account Information

Account #: 200000
Contractor: NSP INC
Attn:
Address: 1518 E THIRD STREET
Address:
City/State/Zip: CHARLOTTE, NC 28204

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen THOMPSON ROAD LOT 5,6,18,27,28,43,44,73,80,81		1	2,000.00	2,000.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

NSP, INC.

Mecklenburg County

1632

12/11/03

Thompson Road project:$200/lot for 10 lots septic testing 2,000.00

Bill Marlin
336-5500
336-5102
336-5574

First Citizens Bank For testing 10 lots for septic 2,000.00

DPR
DESIGN • PLANNING • RESEARCH
Ph. 704/332-1204
Fax 704/332-1210

DPR ASSOCIATES, INC.
Landscape Architects
Planners & Engineers
420 Hawthorne Lane
Charlotte, NC 28204

LETTER OF TRANSMITTAL

DATE	JOB NO.
12/15/03	03042.41

ATTENTION: BILL MARLIN

RE: THOMPSON RIDGE

TO MECK CO. HEALTH DEPT.
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202

WE ARE SENDING YOU ☑ Attached ☐ Under separate cover via _____ the following items:

☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications
☐ Copy of letter ☐ Change order ☑ VIA. COURIER

COPIES	DATE	NO.	DESCRIPTION
1	11/5/03	20	10 - APPLICATIONS FOR IMPROVEMENT PERMITS W/ PLOT PLAN SKETCH FOR EACH
1	10/29/03		SCHEMATIC SITE PLAN - PRELIMINARY
1	12/11/03		TESTING FEE - CHECK #1632

THESE ARE TRANSMITTED as checked below:

☐ For approval ☐ Approved as submitted ☐ Resubmit _____ copies for approval
☑ For your use ☐ Approved as noted ☐ Submit _____ copies for distribution
☐ As requested ☐ Returned for corrections ☐ Return _____ corrected prints
☐ For review and comment ☐ _____
☐ FOR BIDS DUE _____ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS _____

COPY TO _____

SIGNED: James L. Dan

If enclosures are not as noted, kindly notify us at once.

CREDIT MEMO

Credit Memo Number: CM05199

Credit Memo Date: 11/17/04

Credit
To: MDC HOMES-CHARLOTTE LLC
201 MCCULLOUGH DRIVE
SUITE 180
28262 CHARLOTTE
NC

Ship
To: MDC HOMES-CHARLOTTE LLC
201 MCCULLOUGH DRIVE
SUITE 180
28262 CHARLOTTE
NC

Customer ID X32342
P.O. Number

Ship Date
Apply to Type Invoice
Apply to Number 28887

SalesPerson

Item No.	Description	Unit	Quantity	Unit Price	Total Price
4701	Improv Permit App-Residen Adj lots 5,6,83 & 84 previously submitted		1	800.00	800.00

Amount Subject to Sales Tax	Amount Exempt from Sales Tax
0.00	800.00

Subtotal:	800.00
Invoice Discount:	0.00
Sales Tax:	0.00
Total:	800.00