

10307 BAILEY RD

00538389

1/3/2008

duponbj

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

Tract A

3533B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Ck# 5112 $150.00 - 4/11/95 PD $180 4/11/95 Ck # 1017

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: Washam, Junius I.
(last) (first) (mi)
ADDRESS: 14707 June Washam Rd PHONE: (704) 892-1798
CITY: Huntersville STATE: NC ZIPCODE: 28078

Date: April 11, 1995

PROPERTY OWNER:
NAME: Washam, Junius I.
(last) (first) (mi)
ADDRESS: 14707 June Washam Rd PHONE: 704 892-1798
CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 005-092-16
STREET ADDRESS: 10307 Bailey Road
Huntersville, N.C. 28078
ZONING: R-2

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
☒ SOIL TEST - INDIVIDUAL LOT (D)
☐ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or N)
☐ COMMERCIAL OR INDUSTRIAL (N)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 1

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
☐ Community (C) ☐ Shared Well (S)
☐ Municipal (M) ☐ Other 'spring' (O)
☒ Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
☐ Swimming Pool ☐ Jacuzzi ☐ Stable/Barn ☐ Workshop ☐ None
☐ Garage ☐ Storage Building ☐ Deck/Patio ☐ Bedrooms ☐ Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Junius I Washam Date: 4/11/95

NOTICE:

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

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

...

☐ IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
☐ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

WATER : '22 '91

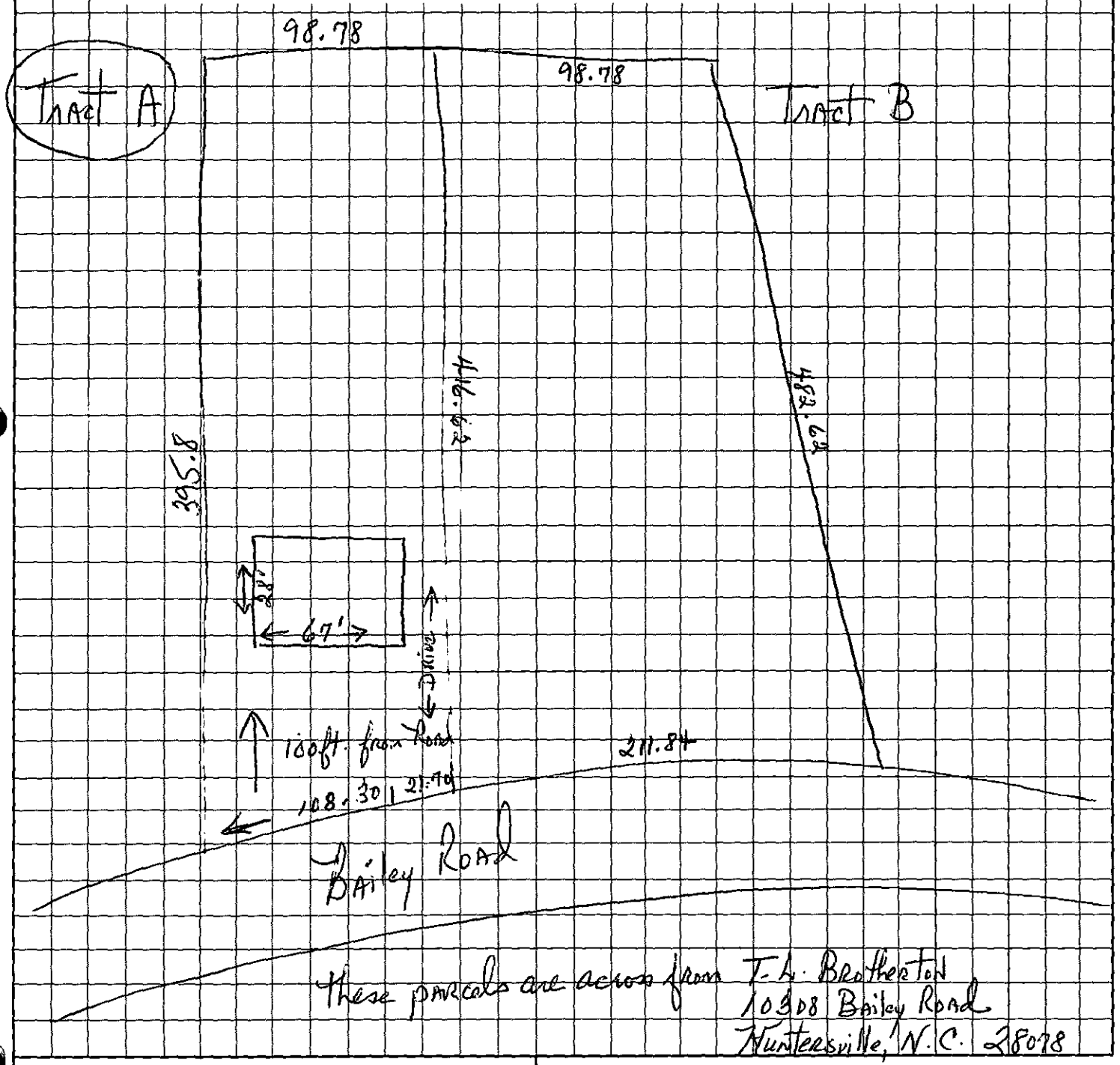
PROPOSED PLOT PLAN

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

FILE: 35533B

TC: 005-092-16B0

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.



Lennis D Washam
OWNER/AGENT SIGNATURE

DATE 4/11/95

APPROVAL DATE _____

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3533B DATE: 9/1/95

TC: 70 005-092-16 L CRT

SERIAL Nº 16389

Name of Owner Barbara Setzer Juris.: _____

Address of Property 10307 Bailey Road

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 5 @ 80'

Cover Depth 6-10"

Water Supply Source Well

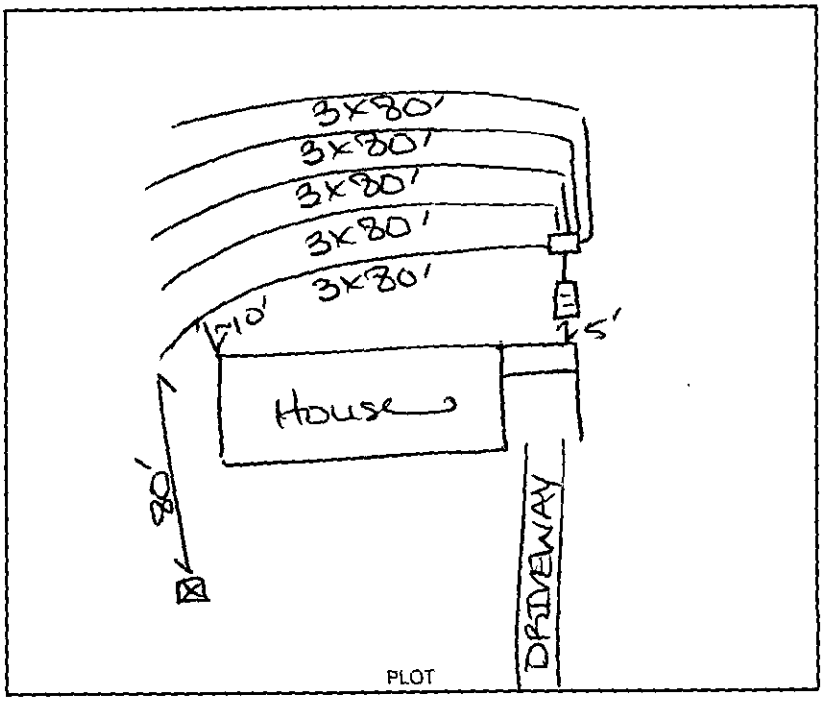
Distance to Water Source 80'

Excavation Inspected 8/31/95
D-Box 9/1/95

Tank(s) Inspected 8/31/95

Wash Line Inspected NA

High Water Alarm Inspected NA



Design 1995 CON, 1500 gal ST, D-Box, 1200 ft², 12"G, evil-like CTR# 80
Claudius Morrison

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: Shallow placed CON - Type II, 3 bedroom
Divert gutter downspouts away from septic tank system.
(property owner advised)

Joe B. Mialik RS
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

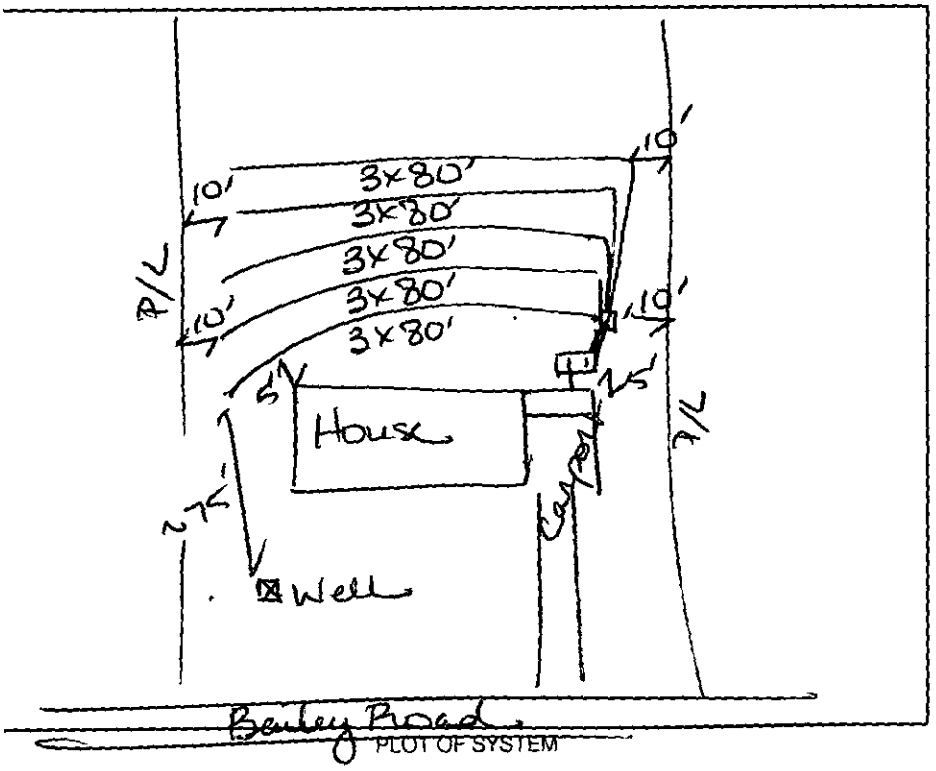
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3533B DATE: 8/29/95

TC: PO 005-092-16 L

SERIAL Nº 16506

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 6/6/95. All work shall be completed on or before 9/29/95, 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 18"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous ✓

Total Line Length 400 feet

Number of Lines 5@80' each

Depth of Stone 12" inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 75' feet
50' minimum

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

NAME OF OWNER Barbara Setzer

LOCATION OF PROPERTY 10307 Bailey Road

Comments:

(1) Install lines on contour - Maximum Trench Depth 18"

(2) Set septic tank + D-Box shallow in order to maintain 18" trench depth requirement.

(3) Gutter downspouts shall be diverted off septic system.

for Special Program Chief 9855

Lisa B. Mialik, RS
Environmental Health Specialist

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

3533B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date: 6-6-95

PERSON FILING APPLICATION:
NAME: Setzer (last) Barbara (first) D- (mi)
ADDRESS: 15116 Black Belt Rd PHONE: (704) 892-1747
CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 005-092-16
STREET ADDRESS: 10307 Bailey Road Huntersville, NC 28078
ZONING: R2

PROPERTY OWNER:
NAME: Setzer (last) Barbara (first) D- (mi)
ADDRESS: 10307 Bailey Road ~~15116 Black Belt Rd~~ PHONE: (704) 892-1747
CITY: Huntersville, NC STATE: NC ZIPCODE: 28078

SUBDIVISION OR MOBILE HOME PARK NAME: N/A

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

LOT NUMBER: A LOT SIZE (in acres): 1.095

TYPE APPLICATION (check one):
☐ SOIL TEST - INDIVIDUAL LOT (O)
☐ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (N)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☒ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 1

SYSTEM CLASSIFICATION: Conventional-400

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
☐ Community (C) ☐ Shared Well (S)
☐ Municipal (M) ☐ Other 'spring' (O)
☒ Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
☐ Swimming Pool ☐ Jacuzzi ☐ Stable/Barn ☐ Workshop ☐ None
☐ Garage ☐ Storage Building ☒ Deck/Patio ☐ Bedrooms ☐ Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Barbara D Setzer Date: 6-6-95

NOTICE:

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

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

...6/9/95 Improvement permit issued for modified system - shallow placed conventional w/ shallow placed conventional repair - 3 bedroom residence

☒ IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
☐ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Joe B. Mialik 6/9/95
Environmentalist Date

Director or Authorized Section Head Date

see agreement form on file

WATER : 12-91

PROPOSED PLOT PLAN

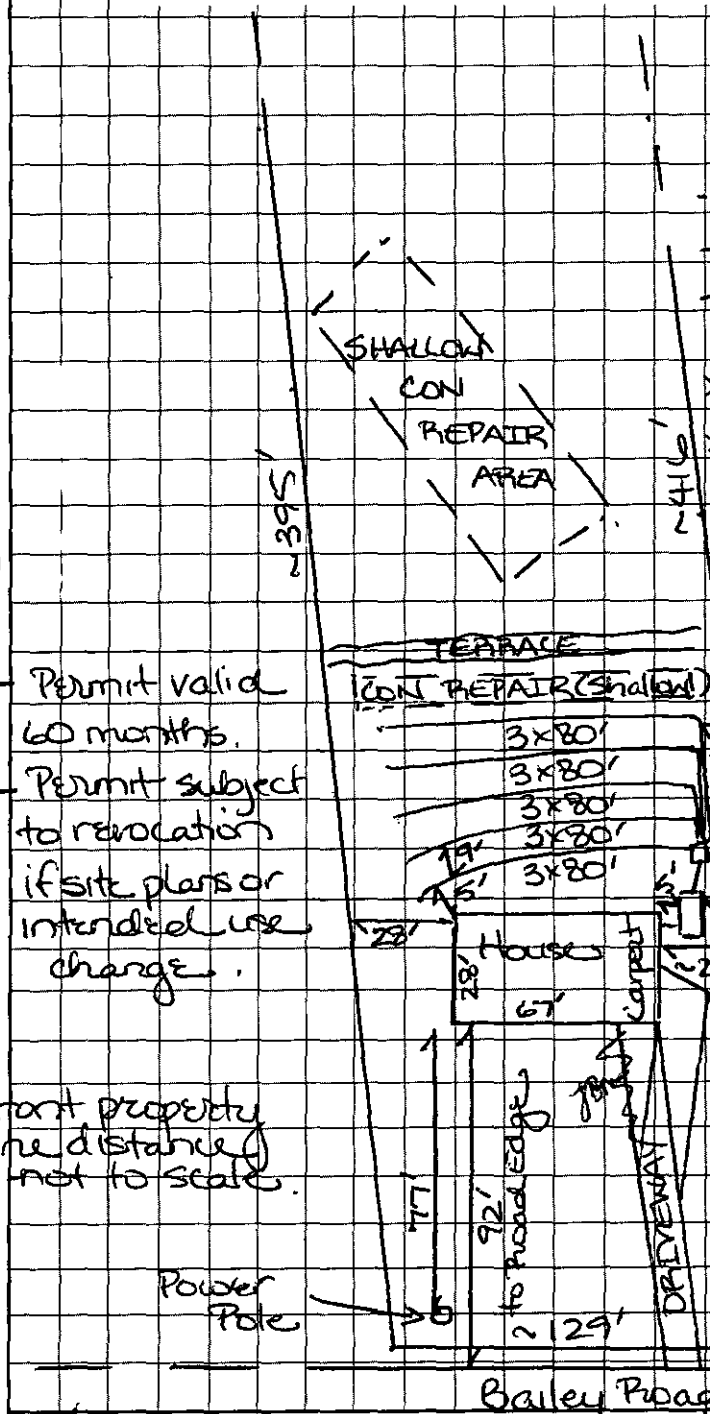
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 35333

TC: PO 005-092-16

~98'

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.



Installation for 3 Bedroom Residence -

Install:
- 1500 gal septic tank
- D-Box
- 5 nitrification lines - 3' x 80' x 12" stone each

* Keep nitrification lines on contour
* Maximum trench depth 18"

COMMENTS:
- Repair area - shallow placed CON with max. trench depth 18"
- Set septic tank & D-Box shallower in order to maintain 18" trench depth.
- Installation approval required.
- Do not disturb/grade area for septic tank system or its designated repair areas.
- Keep well 100' from any part of sewage disposal system & its designated areas or at least the maximum feasible distance; however, well shall not be less than 50' minimum from sewage disposal system & its designated repair areas.

- Permit valid 60 months.
- Permit subject to revocation if site plans or intended use change.

Front property line distance not to scale.

Barbara A Setzer
OWNER/AGENT SIGNATURE

DATE 6-9-95

APPROVAL DATE Joan B. Mialik 6/9/95

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

PROPOSED PLOT PLAN

Setzer, Barbara

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

FILE: 3533B

TC: 005-092-12

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.

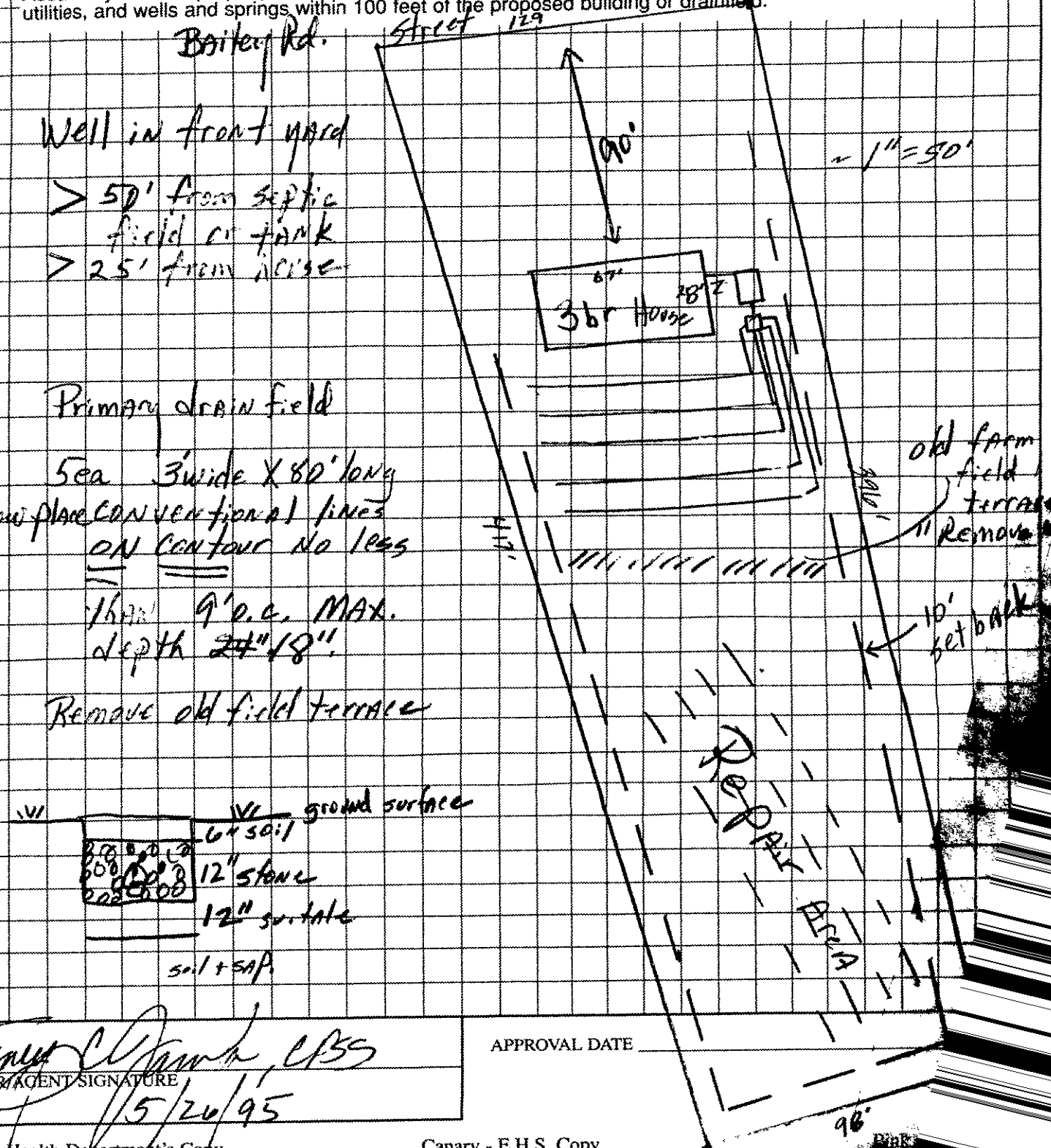
Bailey Rd. Street 129

Well in front yard
> 50' from septic field or tank
> 25' from house

Primary drain field
5ea 3'wide X 80' long
shallow place conventional lines
on contour no less
than 9' o.c. MAX.
depth 24"/8"

Remove old field terrace

6" soil
12" stone
12" subsoil
soil + sap
ground surface



OWNER/AGENT SIGNATURE Tonya C Clark, CHS

DATE 5/26/95

APPROVAL DATE

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

Lisa Milek Alan

TCJ CONSULTING

SITE / SOIL EVALUATION

90

JOB: Barbara Selzer PHONE: DATE:

LOCATION: PIN: COUNTY: PROPERTY SIZE:

PROPOSED FACILITY: WATER SUPPLY: On-Site Well__ Community__ Public__ EVALUATION: Auger Boring__ Pit__ Cut__

WEATHER: ANTECEDENT MOISTURE: SURFACE WATER:

FACTORS	PROFILE 1	PROFILE 2	PROFILE 3	PROFILE 4
LANDSCAPE POSITION	LS SCAH head	LS sl/ft head	NLS	LS
HORIZON I DEPTH	0-36	0-6	0-15	0-7 to 36
Color - Munsell	red	dk red	red	red
Texture	scl	cl	sicl/c	c
Structure	sm mf SAB	cf	f sa/c SAB	MS m-f SAB
Consistence	friable/ss sp-sp	firm/ss sp	f/m ss sp	f/m ss sp sf
Boundary	gradual	clear	gradual-wavy	grad to abrupt wavy
HORIZON DEPTH II	36-48	6-41	15-30	24-36 to 48
Color - Munsell	yl red	dk red	red	red
Texture	cl	sc/hsc l	c	cl
Mottles	few/faint	n/a	vdk-mott	few
Structure	wf SAB	wf SAB	wf SAB	sl lam
Consistence	f/m/c ss sp	f/m/c ss sp	f/m-f/m ss sp	f/m/c ss sp
Boundary		abrupt	grad wavy	
HORIZON III DEPTH		41-51	30-54	
Color - Munsell		yl red	red/yl red	
Texture		cl	c	
Mottles		red	vdk mt	
Structure			sl f/m fr vf SAB	
Consistence			f/m/c ss sp sp	
		C-M lens mica flat		
			some pockets	
Boundary			of sandy	
HORIZON IV DEPTH				
Color - Munsell				
Texture				
Mottles				
Structure				
Consistence				
Boundary				
SOIL WETNESS	NA			
RESTRICTIVE HORIZON				
SAPROLITE		41		
LTAR	.3	.3	.3	.3
CLASSIFICATION			PS SPC	PS SPC

LEGEND

LANDSCAPE POSITION
R - Ridge
S - Shoulder
L - Linear slope
F - Foot slope
N - Nose slope
H - Head slope
Cc - Concave slope
Cv - Convex slope
T - Terrace
P - Flood Plain

TEXTURE
s - sand
ls - loamy sand
sl - sandy loam
l - loam
si - silt
sil - silt loam
sicl - silty clay loam
cl - clay loam
scl - sandy clay loam
sc - sandy clay
sic - silty clay
c - clay

CONSISTENCE
MOIST / WET
Ns - non-sticky
Ss - slightly sticky
S - sticky
Vs - very sticky

Np - non-plastic
Sp - slightly plastic
P - plastic
Vp - very plastic

MOIST
vfr - very friable
fr - friable
fi - firm
vfi - very firm
efi - extremely firm

STRUCTURE
sg - single grain
m - massive
cr - crumb
gr - granular
sab - subangular blocky
ab - angular blocky
pl - platy
pr - prismatic

JUDITH A GIBSON REG OF DEEDS MECK NC

BK: 08172 PG: 0963/0966 #:0080 15.40
FILED FOR REGISTRATION 06/09/95 09:37

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM *"UNSUITABLE" TO "PROVISIONALLY SUITABLE"* UNDER 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c)

FILE # 3533B
PARCEL # 005-092-16

The undersigned, Barbara D. Setzer, owner of property located at 10307 Bailey Rd., Huntersville, N.C. 28078, (the "site") and described in an instrument recorded in Book 08149 at Page 0515/0519 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 his responsibility 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: County Health Dept
Mail after recording to: County Health Dept
700 W) Trade St Charlotte, NC 28202

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028543

File: 35330 Action 2

Parcel: PO 005-092-16 ☐ PC

Location: Bailey Road

Subdivision:

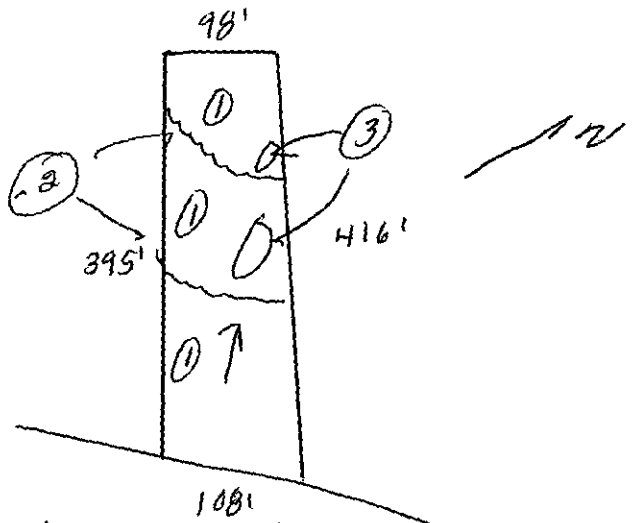
Lot: Tract A Block: Acres: .95

Owner: Junius D. Washam
Address: 14707 June Washam Rd
Huntersville, N.C. 28078

Comments: 100% Repair, .3 gal/ft/day town spec.

Described by: William R. Marlin

Date: 5-1-95



soils checked ear lier
5-26-95 - Warry Crowley
30" Avg. WAM 5-31-95

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

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 6-12%	S PS (U) Terraces	S PS (U) Depression	S PS U	S PS U	S PS U
Texture	S (PS) U Slight/f Expansive clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 7-36" soil wetness	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 21-29"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-36"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil-Hiko	Terraces	Depression			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

Mecklenburg County
Health Department

May 10, 1995

Mr. Junius Washam
14707 June Washam Road
Huntersville, NC 28078

Dear Mr. Washam:

Re: Bailey Road
File: 3533A
Parcel: 005-092-16 Tract A

Receipt of the plans and specifications for a conventional system of sewage treatment and disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15A NCAC 18A .1900, "Laws and Rules for Sewage Treatment and Disposal Systems." Our comments are listed below (see enclosed soil report):

1- The available area on this site is classified as **UNSUITABLE** according to the following rules:

(a) .1940 Topography and Landscape Position
(b) .1943 Soil Depth

For these reasons, the plans as submitted are disapproved.

Possible ways to develop this site includes submittal of a plan for a shallow placed low-pressure pipe system or innovative System No. IWWS-93-1. Enclosed is a copy of Rule .1957 Design Criteria for Design of Alternative Sewage Systems and a copy of Approval for IWWS-93-1.

You also have the right to an informal review with this Department, you have the right to appeal under G.S. 130A-24 through the State Office of Administrative Hearings (OAH), and to have the appeal held in Mecklenburg County.

If you have any questions concerning this matter, please contact me at 336-5569.

Sincerely,

Susan M. Bateman, R.S.
Individual Water and Wastewater Systems

cc: Mr. William Marlin, Soil Scientist

Enclosure

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028543

File: 35338 Action 2

Parcel: PU 005-092-16 ☐ PC

Location: Poole Road

Subdivision:

Lot: Tract A Block: Acres: .75

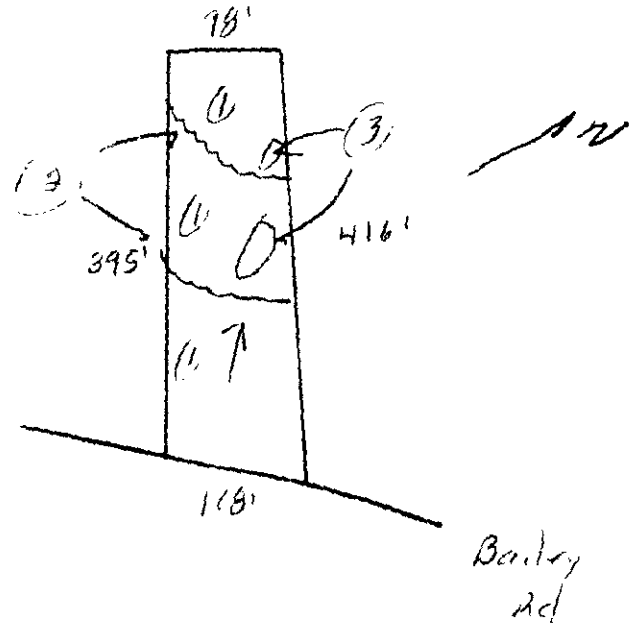
Owner: [illegible]

Address: [illegible]

Comments: [illegible]

Described by: William R Markin

Date: 5-1-95



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

S = Suitable U = Unsuitable

PS = Provisionally Suitable

The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S PS U 6-12 %	S PS U Terrace	S PS U Depression	S PS U	S PS U	S PS U
Texture	S PS U Slightly Expansive clay	S PS U —	S PS U —	S PS U	S PS U	S PS U
Structure	S PS U Blocky	S PS U —	S PS U —	S PS U	S PS U	S PS U
Drainage	S PS U Well drained	S PS U —	S PS U —	S PS U	S PS U	S PS U
Depth	S PS U 24-30"	S PS U —	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U 72"	S PS U —	S PS U —	S PS U	S PS U	S PS U
Available Space	S PS U Limited	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IIe Cecil-Pacolet	Terrace	Depression			
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

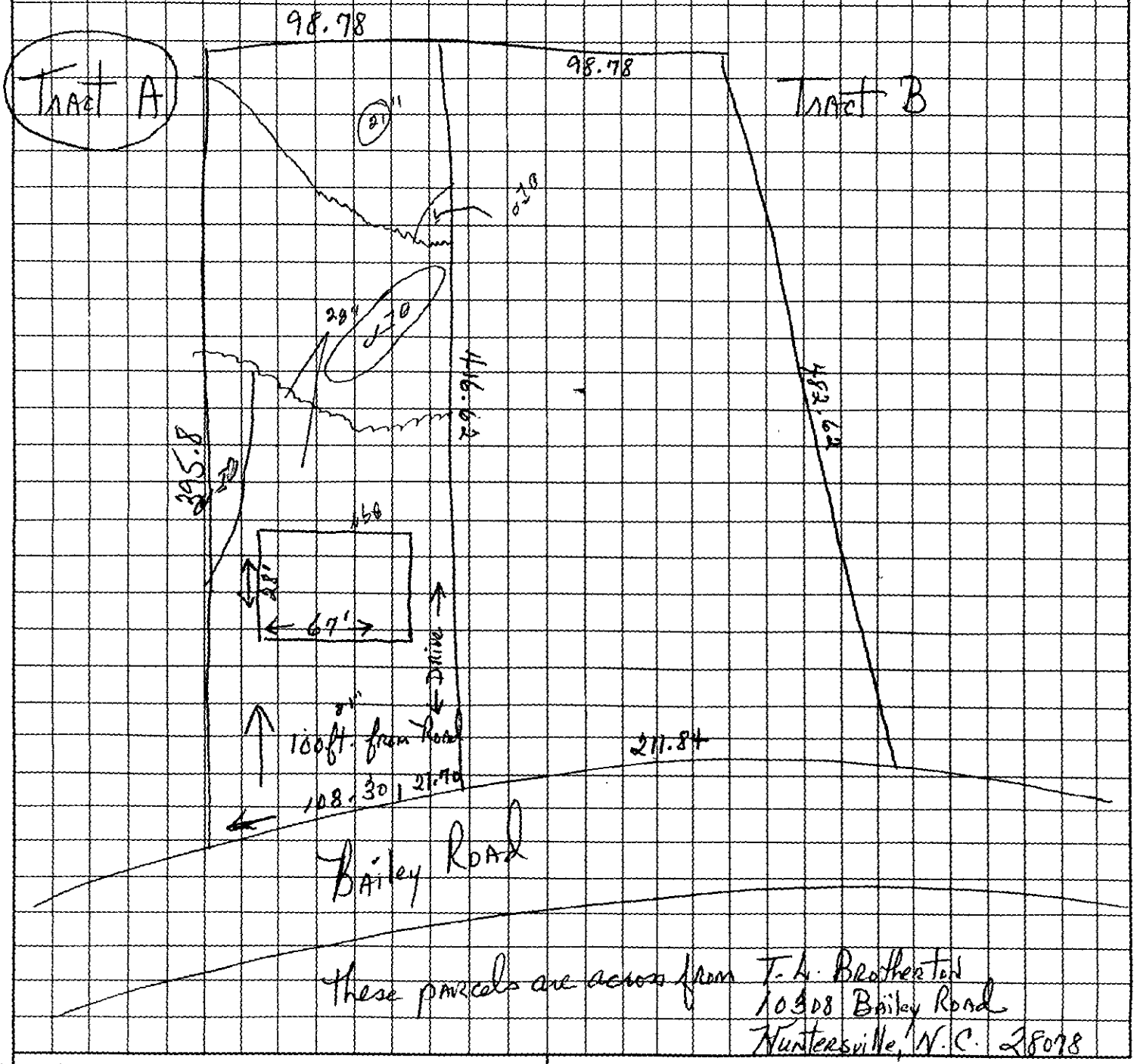
PROPOSED PLOT PLAN

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

FILE: 3533B

TC: 005-092-16 P

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.



Lennis J. Washam
OWNER/AGENT SIGNATURE

DATE 4/11/95

APPROVAL DATE _____

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

JUDITH A GIBSON REG OF DEEDS MECK NC

BK: 08172 PG: 0963/0966 $:0080 15.40
FILED FOR REGISTRATION 06/09/95 09:37

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM *"UNSUITABLE" TO "PROVISIONALLY SUITABLE"* UNDER 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c)

FILE # 3533B
PARCEL # 005-072-16

The undersigned, Barbara D. Setzer, owner of property located at 10307 Bailey Rd., Huntersville, N.C. 28078, (the "site") and described in an instrument recorded in Book 08149 at Page 0515/0517 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 his responsibility 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: County Health Dept.
Mail after recording to: County Health Dept.
700 W) Trade St Charlotte, NC 28202

- 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.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

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 _____ day of _____, 199__.

_____ (SEAL)
(Corporate Name)

By: _____

_____ President

ATTEST:

_____

_____ Secretary

(Corporate Seal)

✓ Barbara D Setzer (SEAL)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF _____

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

WITNESS my hand and notarial seal, this 9th day of June, 1995.

Richard V. Delinger
Notary Public

My Commission Expires:

MY COMMISSION EXPIRES 2/25/97

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day and acknowledged that he is _____ Secretary of _____ _____, a North Carolina corporation, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal and attested by _____ as its _____ Secretary.

WITNESS my hand and notarial seal, this _____ day of _____, 199__.

_____
Notary Public

My Commission Expires:

_____

State of North Carolina, County of Mecklenburg
The foregoing certificate(s) of Richard V. Delinger

Notary(ies) Public is/are certified to be correct. This 9th day of June 19 95

JUDITH A. GIBSON, REGISTER OF DEEDS By: Mary H. Posey Deputy Register of Deeds

PG. 14

PG. 08

PG. 10

WESTMORELAND RD. #2147

WASHAM — POTTS RD.

#2414

15' ESMT.

#2600

STATESVILLE RD.

#2415

CORNELIUS

CITY LIMITS

DUKE POWER R/W

TRANSCONTINENTAL PIPE LINE

1984 LINE

BLK. 1

BLK. 420 (2376)

92

91

12 5.84AC

10 2.56 AC.

3.34 AC

6 9.97 AC (CA)

53.42 AC.

4 11.60 AC INSIDE 33.914 AC OUTSIDE 45.514 AC TOTAL

13 2.00 AC(CA) INSIDE 90.72 AC(CA) OUTSIDE 92.72 AC(CA) TOTAL

3.547 AC INSIDE 2.000 AC OUTSIDE 5.547 AC TOTAL

15 3.25 AC

2.29 AC

2.55 AC

3.26 AC

18 17 16

#2508

410.3' (C) 410.76'

TAX LINE MAP BOOK 05 PAGE 09

MECKLENBURG COUNTY, NORTH CAROLINA

REVISED 01-10-95 BK | SCALE 1" = 400'