

9331 BROADWAY ST

02305260

1/2/2008

duponbj

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

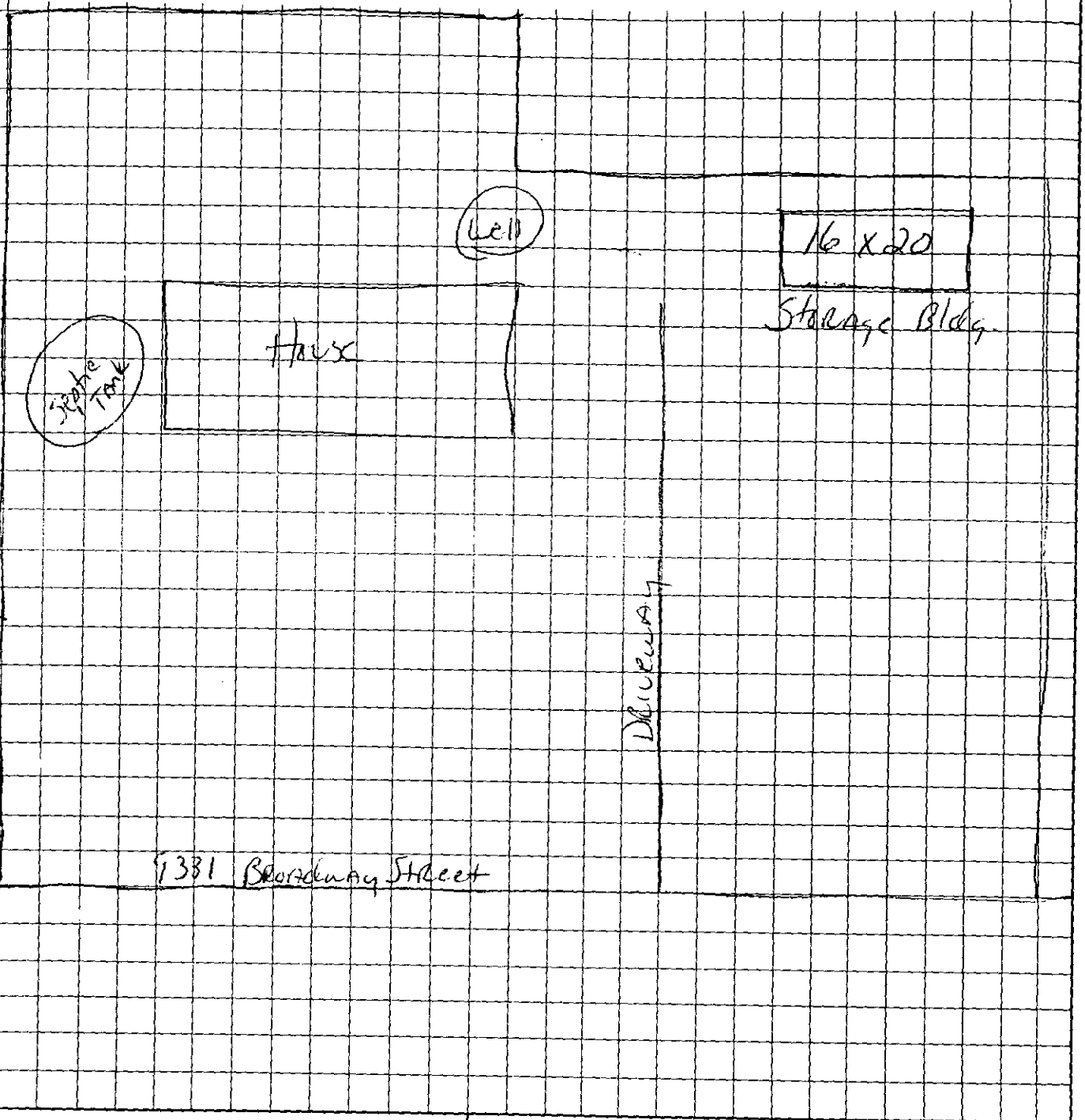
PROPOSED PLOT PLAN

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

FILE: 3316B

TC: 023052 60

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

APPROVAL DATE

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

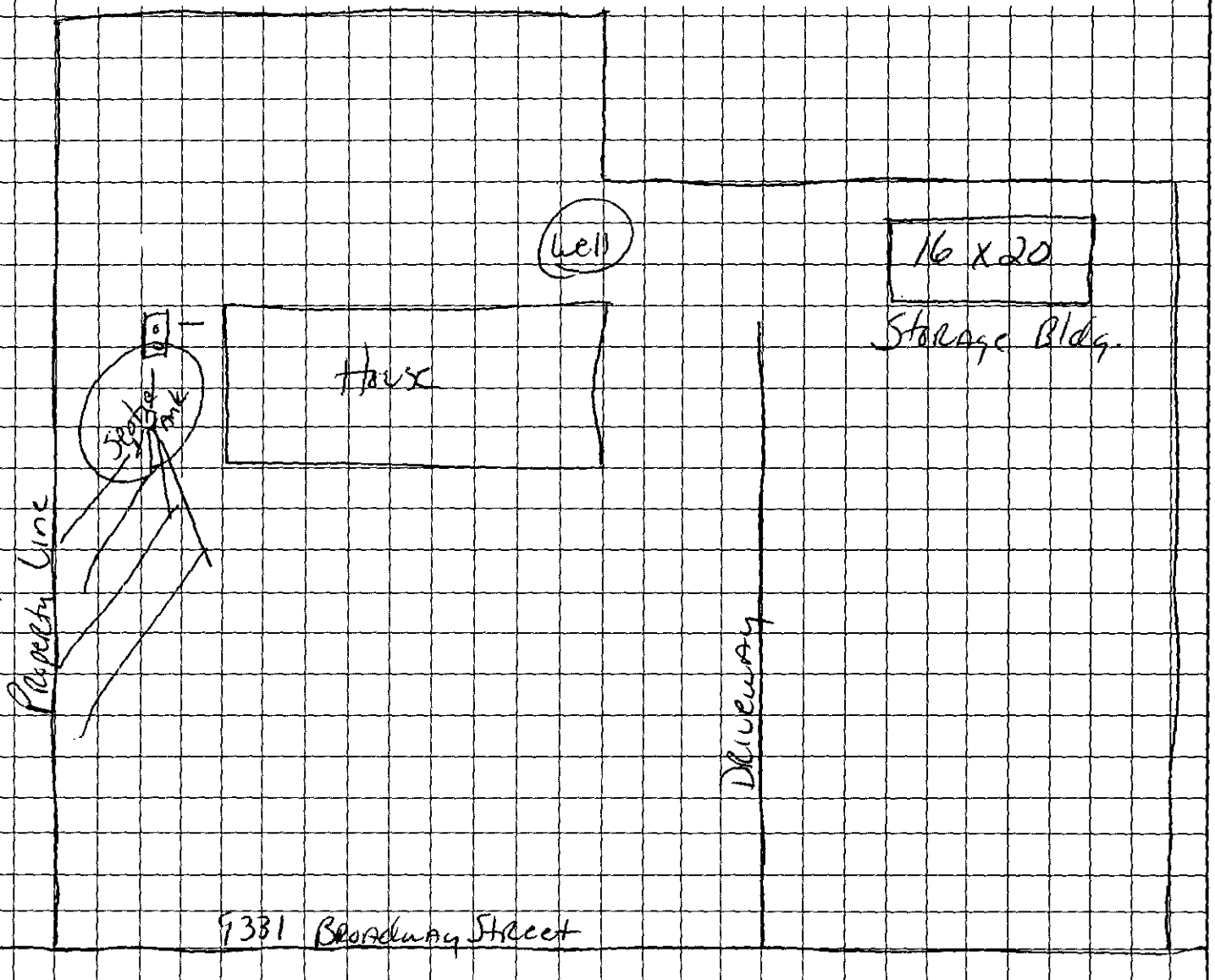
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CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3316B

TC: 0230526O

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

APPROVAL DATE 1-21-98 J Thompson RS.

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

W400

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

FILE: 3316B DATE: 8/8/95

TC: 023-052-10 70 ☐ L ☑ CRT

SERIAL Nº 16354

Name of Owner Mary Brett Juris.:

Address of Property 9331 Broadway Str

Inspection Data:

Tank Material PCC (Brower Septic Tank 1014)

Total Length of Drainfield 400

Number of Lines 4 @ 100' each

Cover Depth 12-17"

Water Supply Source Well

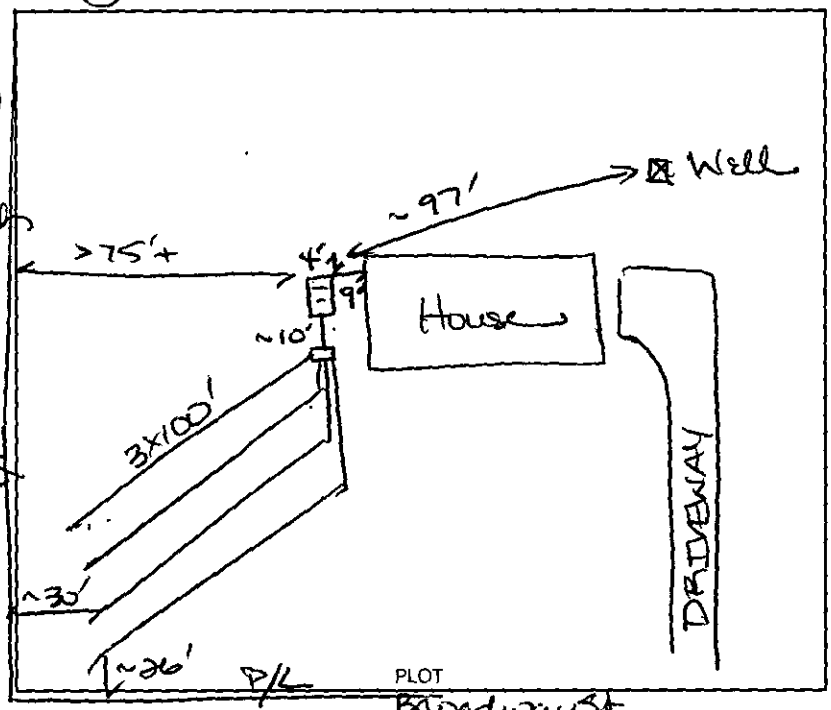
Distance to Water Source ~97'

Excavation Inspected 8/8/95

Tank(s) Inspected 8/8/95

Wash Line Inspected NA

High Water Alarm Inspected —



Design 1995 CON, 1500gST, 1200ft², 12"G, cecil-like CTR# 242 Delbert Bostian

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: Type II (CON) for 3 bedroom residence jbm 8/9/95

Lisa B. Malik RS
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

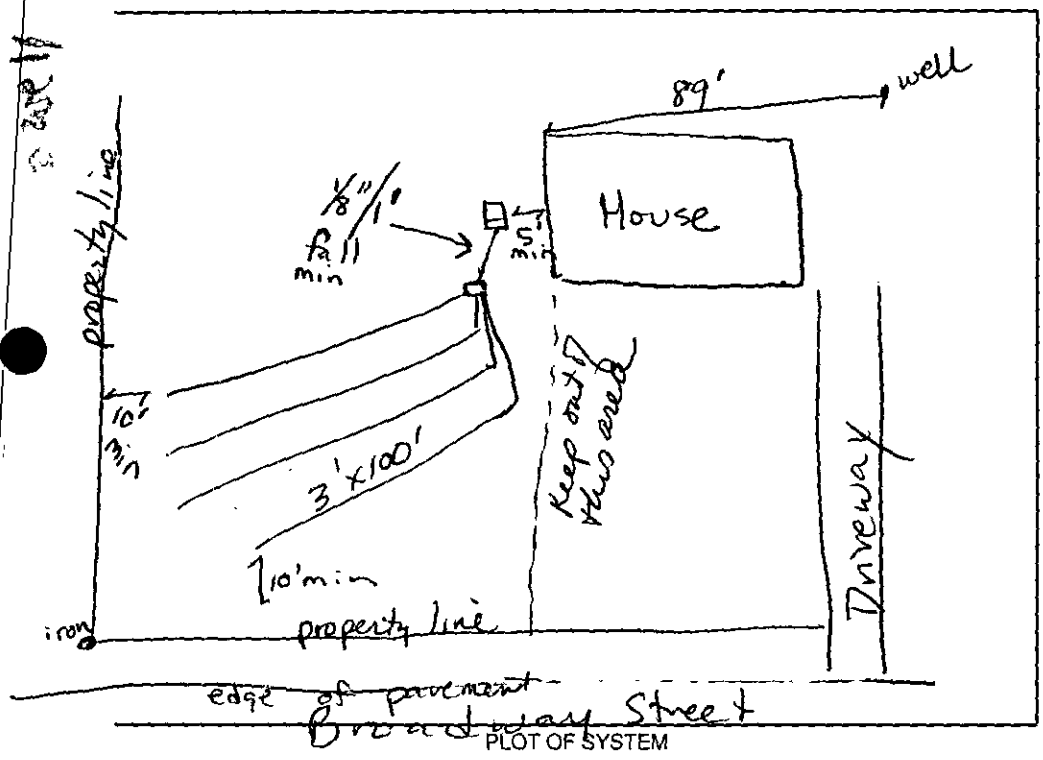
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3316 B DATE: 8-4-95

TC: 023-052-10P0 ☐ L

SERIAL No 16354

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 9-16-94. All work shall be completed on or before 9-5-95, 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 — gallons

Tank Construction PCC

Trench Depth 24-28" MAX depth

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 400' feet

Number of Lines 4 at 100'

Depth of Stone 12" inches

Distance from House 5' min feet

Distance from Property Line 10' min feet

Distance from Well 100' min feet

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

NAME OF OWNER Mary Brett

LOCATION OF PROPERTY 9331 Broadway St.

Comments: Keep tank up as high as possible to accomodate drainfield trench depth. Keep drainlines on contour.

for S. Daniel Morgan, Chief 8-4-95

Susan Gatewood
Environmental Health Specialist

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

2316B $150.00 9/26/94

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

CR#3288 X CRT

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: Brett (last) Mary (first) B. (mi)
ADDRESS: 7450 Quail Meadow Dr PHONE: (704) 552-9354
CITY: Charlotte STATE: NC ZIPCODE: 28210

Date: 9-15-94

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 023-052-10 PO
STREET ADDRESS: 7336 Broadway Street
Huntersville, NC 28078
ZONING:

PROPERTY OWNER:
NAME: Burkhead (last) Inez (first) B. (mi)
ADDRESS: 3823 Alton Street PHONE: (704) 392-3872
CITY: Huntersville STATE: NC ZIPCODE: 28078

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

SUBDIVISION OR MOBILE HOME PARK NAME: N/A

LOT NUMBER: 10 LOT SIZE (in acres): 2.88

TYPE APPLICATION (check one):
[X] SOIL TEST - INDIVIDUAL LOT (D)
[X] 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) [X] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

SYSTEM CLASSIFICATION: —

COMMERCIAL/INDUSTRIAL PROPERTY: N/A
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)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [X] None
[ ] Garage [ ] Storage Building [X] 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: Inez B. Burkhead Date: 9-16-94

NOTICE:

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 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.

...May require lift station

[X] 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 5-12-95 Date

Director or Authorized Section Head S Bateman for S Daniel Program Chief 5-24-95 Date

WATER : 12279

* Indicates stakes with red flags to mark boundaries of lot.

* A stake is placed in the middle of the lot on Broadway Street to indicate the entrance to house (house dimensions are also staked to let you know where the house will be placed.).

(A tax line map is also enclosed for your convenience)

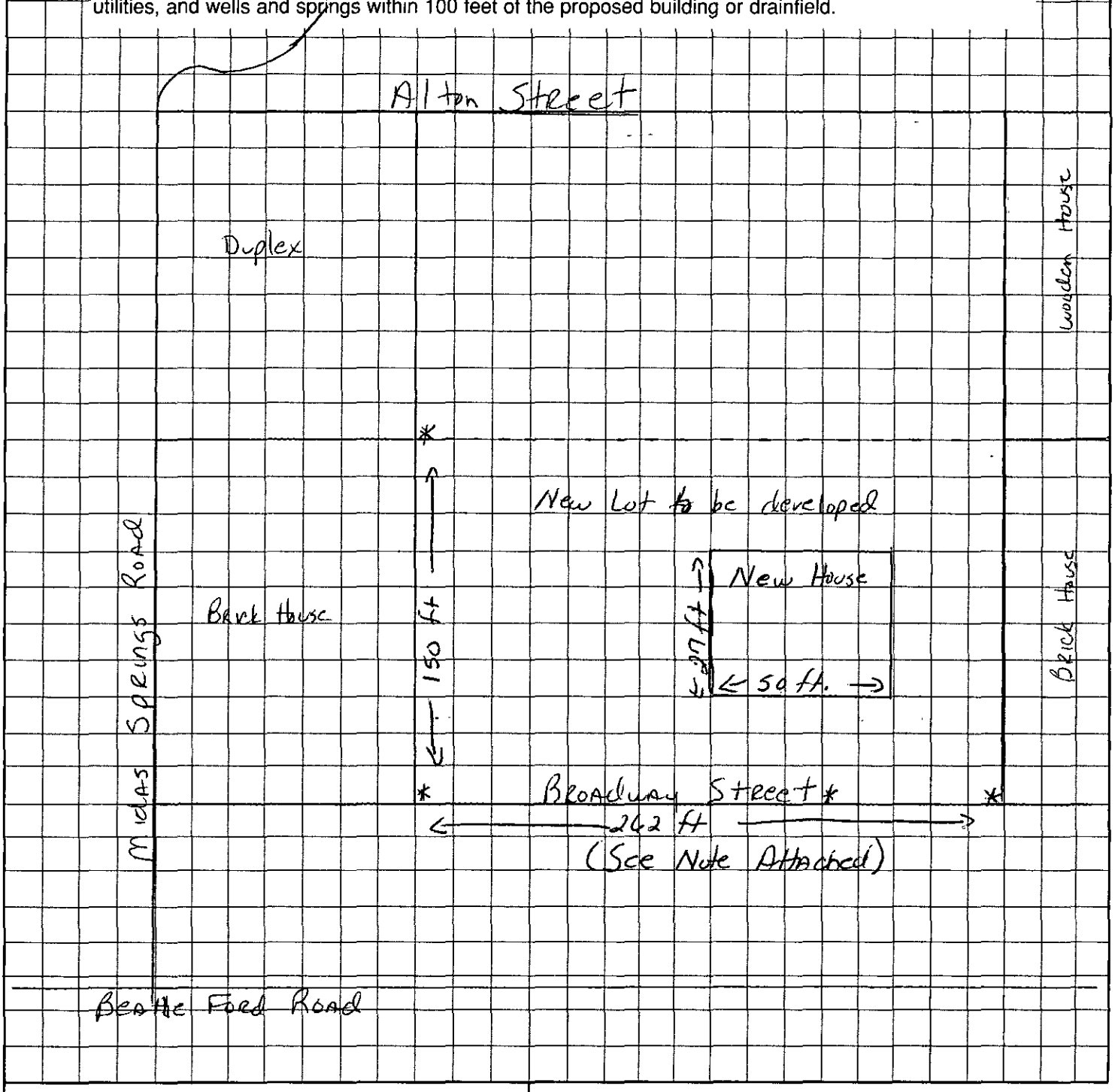
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700 NORTH TRYON STREET
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PHONE (704) 336-5102

FILE: 3316B

TC: _____

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

APPROVAL DATE _____

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

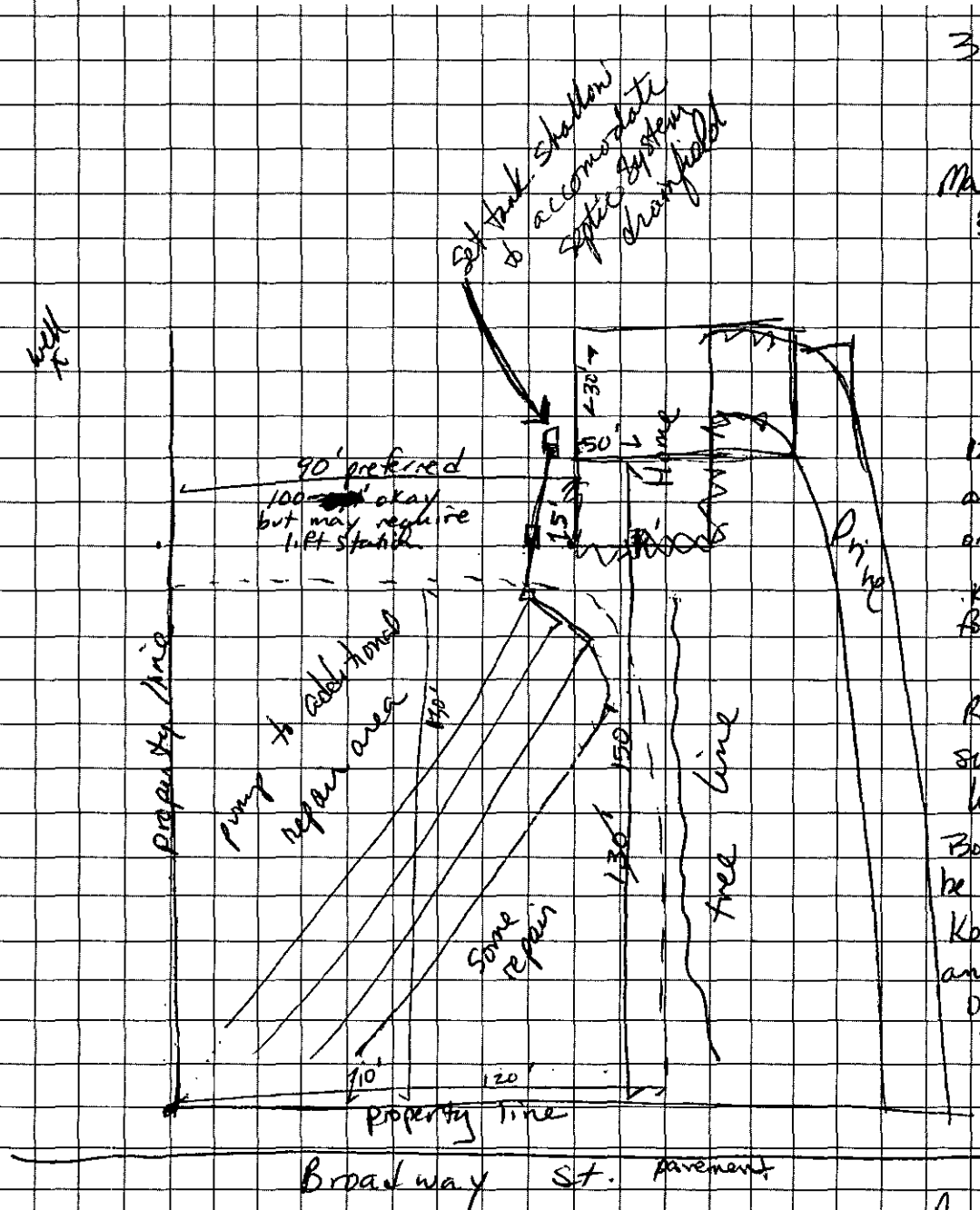
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PHONE (704) 336-5102

FILE: 3316 B

TC: 023-052-10 PO

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



3 bedroom design

1500 g septic tank
May require lift Station (1000 g pump tank w/ pump, pump controls + alarm according to current NC State Regs)
1200 sq ft drainfield at 3 lines at 3'x133'x12" stone each or 4 lines at 3'x100'x12" stone each
Keep min 5' from bldg foundation with any part of septic tank system.
Repair area conventional system + may require lift station.
Bottom of trench to be no deeper than 28"
Keep well min 100' from any part of septic tank system or repair area
Do not grade or disturb soil in area of septic system or repair area.
Any changes may void permits.

Robert Lockhart, agent
OWNER/AGENT SIGNATURE

DATE 5/12/95

APPROVAL DATE 5-12-95 S Patterson

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

DATE 5/16/95

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Mech

023-052-10
PARCEL NUMBER

9331 Broadway St
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

VA
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

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

REMARKS: SOld Lne

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: [signature]

REVISED 1/91

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20488

File: 3316 B 2400 Action 1

Parcel: 80 023-052-10 ☐ PC

Location: Broadway Street

Subdivision:

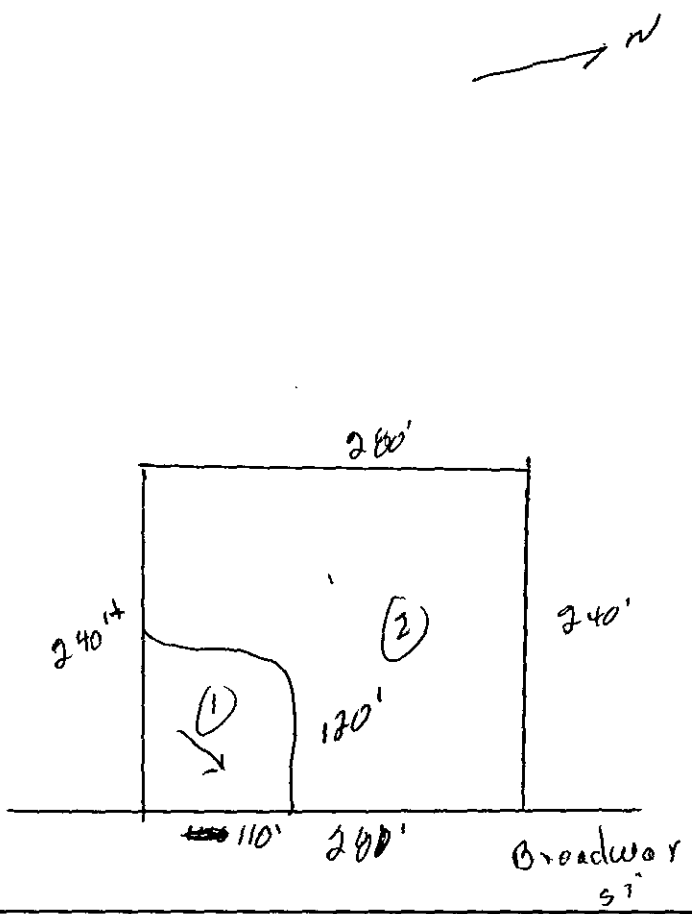
Lot: Block: Acres: 1.5

Owner: Drey B. Burkheard
Address: 3823 Alton Dr.
Huntersville, N.C. 28078

Comments: 100% Repair, .3 gal/ft²/day LTAR system will need pump

Described by: William R. Marks

Date: 10-11-94



***** 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 2-8%	(S) PS U 2-8%	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U slightly Expansive clay	S PS (U) Some Expansive clay	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Subangularly blocky	S PS (U) Appears To have some platy structure	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >44" TO Soil wetness	S PS (U) Some drainage mottles 24-30"	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36-44"	S PS U ←	S PS (U) 12-30"	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >44"	S PS U ←	S (PS) U >36"	S PS U	S PS U	S PS U
Available Space	S (PS) U	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	IIIe Cecil-like	Series Not Determined				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

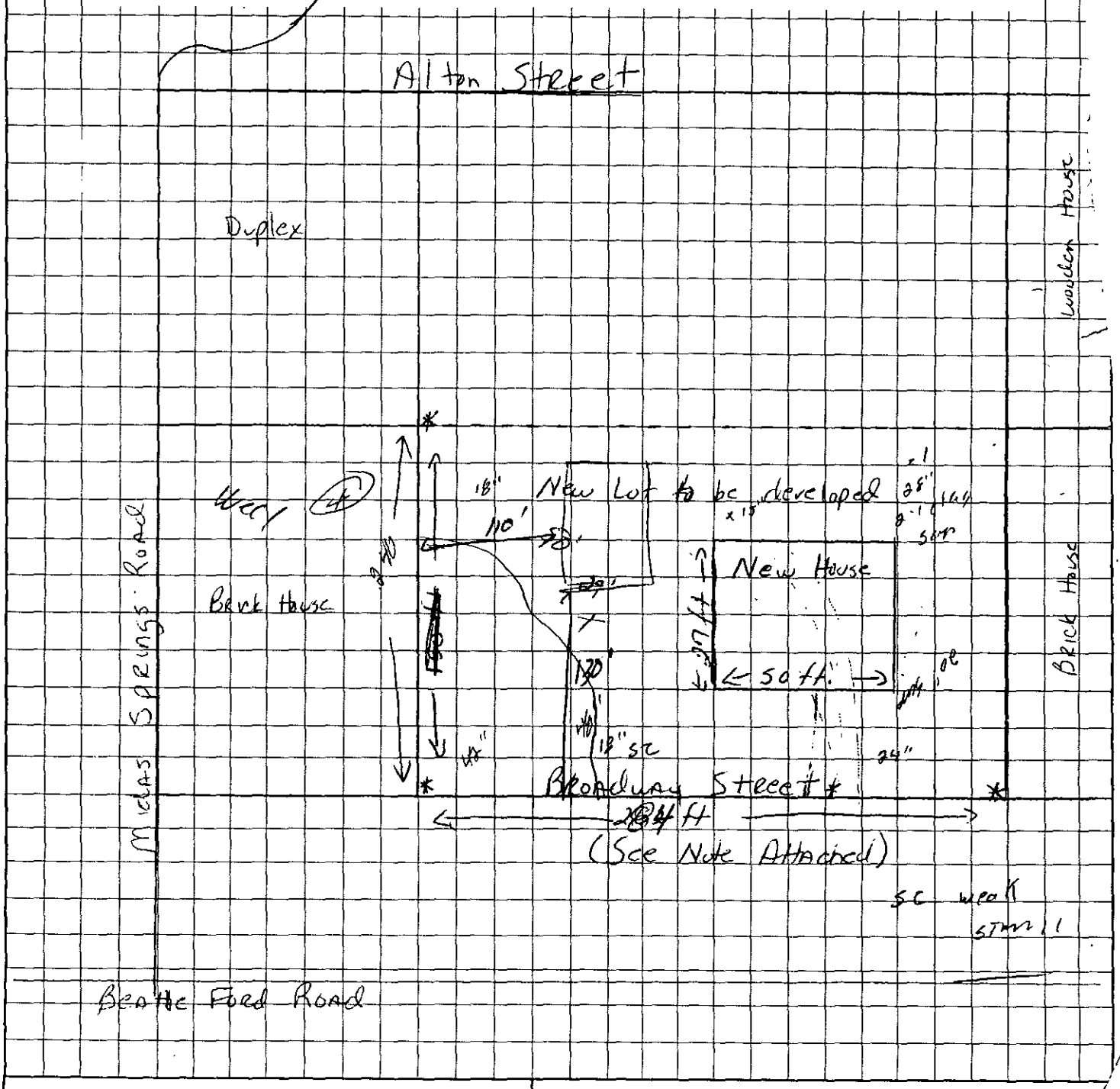
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FILE: 3316B

TC: _____

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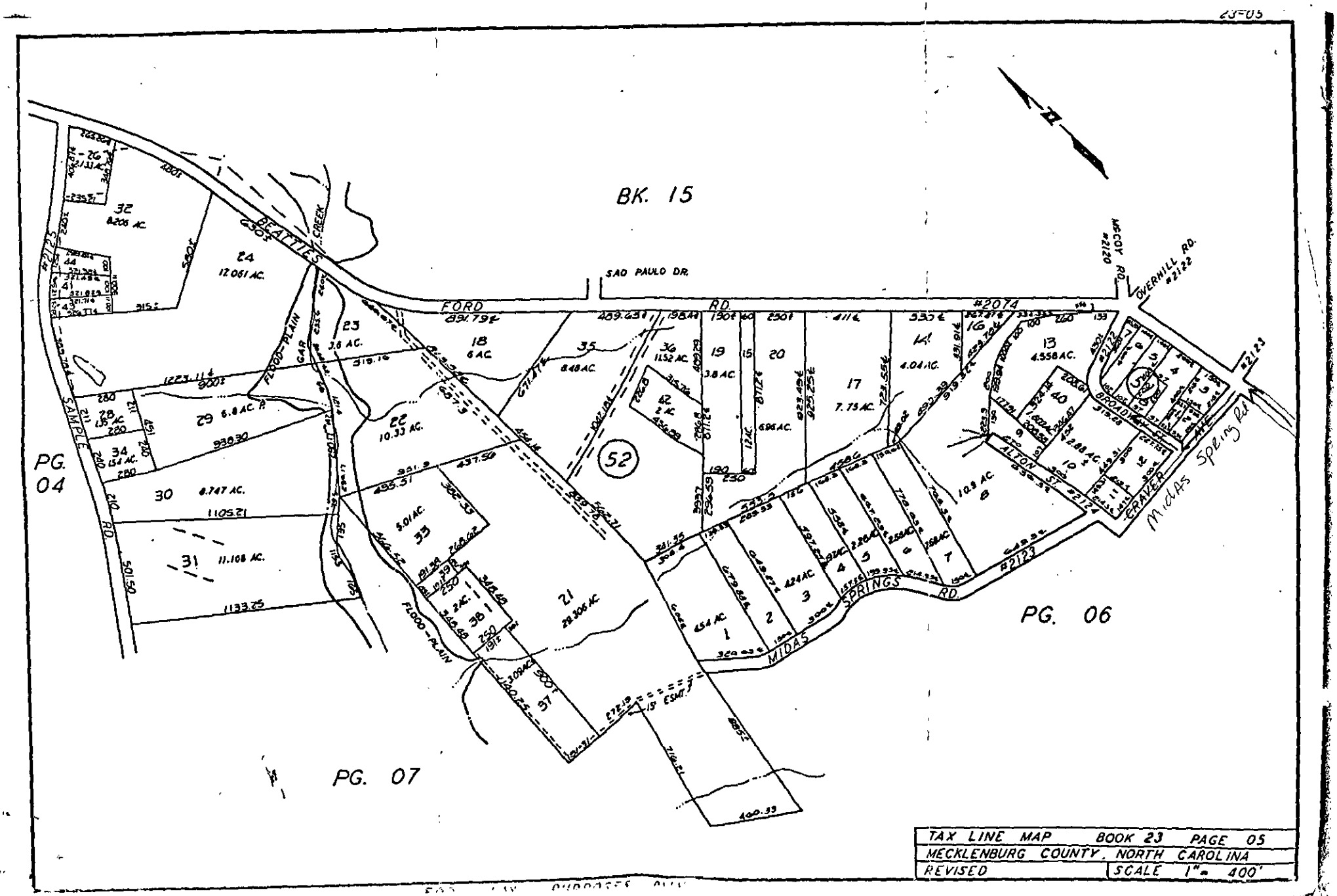


OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

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


BK. 15
PG. 04
PG. 06
PG. 07
FORD RD.
SAO PAULO DR.
OVERHILL RD.
#2122
MCCOY RD.
#2120
#2123
#2074
BEATTIES FORD
CREEK
SAMPLE RD.
SPRINGS RD.
MIDAS
ALTON ST.
BROADWAY
CRAVER
MIDAS SPRINGS RD
FLOOD-PLAIN
15' ESMT.
52
24
12.061 AC.
32
8.206 AC.
29
6.8 AC. ±
30
8.747 AC.
31
11.108 AC.
34
1.54 AC.
28
1.35 AC.
22
10.33 AC.
23
3.6 AC.
18
6 AC.
21
29.306 AC.
33
5.01 AC.
37
3.094 AC.
38
2 AC.
42
2 AC.
36
1.152 AC.
35
8.48 AC.
19
3.8 AC.
17
7.75 AC.
4.04 AC.
13
4.558 AC.
40
1.607 AC.
10
2.88 AC.
8
1.89 AC.
1
.454 AC.
2
.424 AC.
3
4
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12
16
TAX LINE MAP BOOK 23 PAGE 05
MECKLENBURG COUNTY, NORTH CAROLINA
REVISED
SCALE 1" = 400'

3316B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[ ] CRT

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: Brett (last) Mary (first) 40° B (mi)
ADDRESS: 9331 Broadway St PHONE: (__) 525-2584 (work)
CITY: Huntersville STATE: NC ZIPCODE: 28078

Date: 1-20-98

PROPERTY OWNER:
NAME: Brett (last) Mary (first) B. (mi)
ADDRESS: Same as above PHONE: (__) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 023-052-60
STREET ADDRESS: 9331 Broadway St.
ZONING:

Township (check one):
[X] 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):

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Storage Bldg

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER ____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3

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)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [X] 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: Mary B. Brett Date: 1/20/98

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.

... Use existing system for Storage building addition

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

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791