

12300 MCCORD RD

12/26/2007

duponbj

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

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

DATE: 11/4/96 PERMIT NO: 1613B
PARCEL NO: 01-191-09, 26

JOB LOCATION ADDRESS: McCord Road
PROPERTY OWNER: David Garst
BUILDING CONTRACTOR: Hopkins + Hopkins Construction (Jim Hopkins)
SUBDIVISION NAME: NA
AUTHORIZATION ISSUED BY: Joe B. Mialik RS DATE: 11/4/96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1613B, 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: See conditions of improvement permit + associated plot plan

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.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Please have Jim
Hopkins Sign + date
all 3 forms

~~pickup in my box~~
~~Thanks~~

Lisa

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number 1631B

McCord Road

Tax Number: 011-191-09,26

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

Basement	✓ Yes	___ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
.3 Long-term acceptance rate	720 Max gallons/day wastewater flow	2394 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
No municipal Serviced by private well	1500 Gallon septic tank	798' @ 133' each Total trench length (ft)	36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
6 Bedrooms in residence	1500 Gallon pump tank	12" Depth of stone		

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

Site modifications required: Install french drain 10' minimum upslope from system - create surface water diversion ditch when covering french drain. @ Utilize schedule 40 PVC or solid wall corrugated @ D-Box so that speed levelers can be utilized.

Additional Conditions:

(2) Keep waterline 10' minimum from any portion of the sewage disposal system & its designated repair area.

(3) Keep sewage disposal system installation 100' from any well.

Repair Area System Type Type (circle one): I II (III) IV V VI Across creek	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
2400 Absorption Area (Sq ft) 800 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	30" Maximum Trench Depth (upslope side of each trench)	
For existing system, enter the year originally installed: NA			See soil report & percent slope.	

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
- Permit valid 5 years from date of issuance.
- This Improvement permit is transferable.

Lisa B. Mialik, RS 11/4/96

DEHNR Authorized Agent Date

Owner/Agent Signature Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 214
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

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

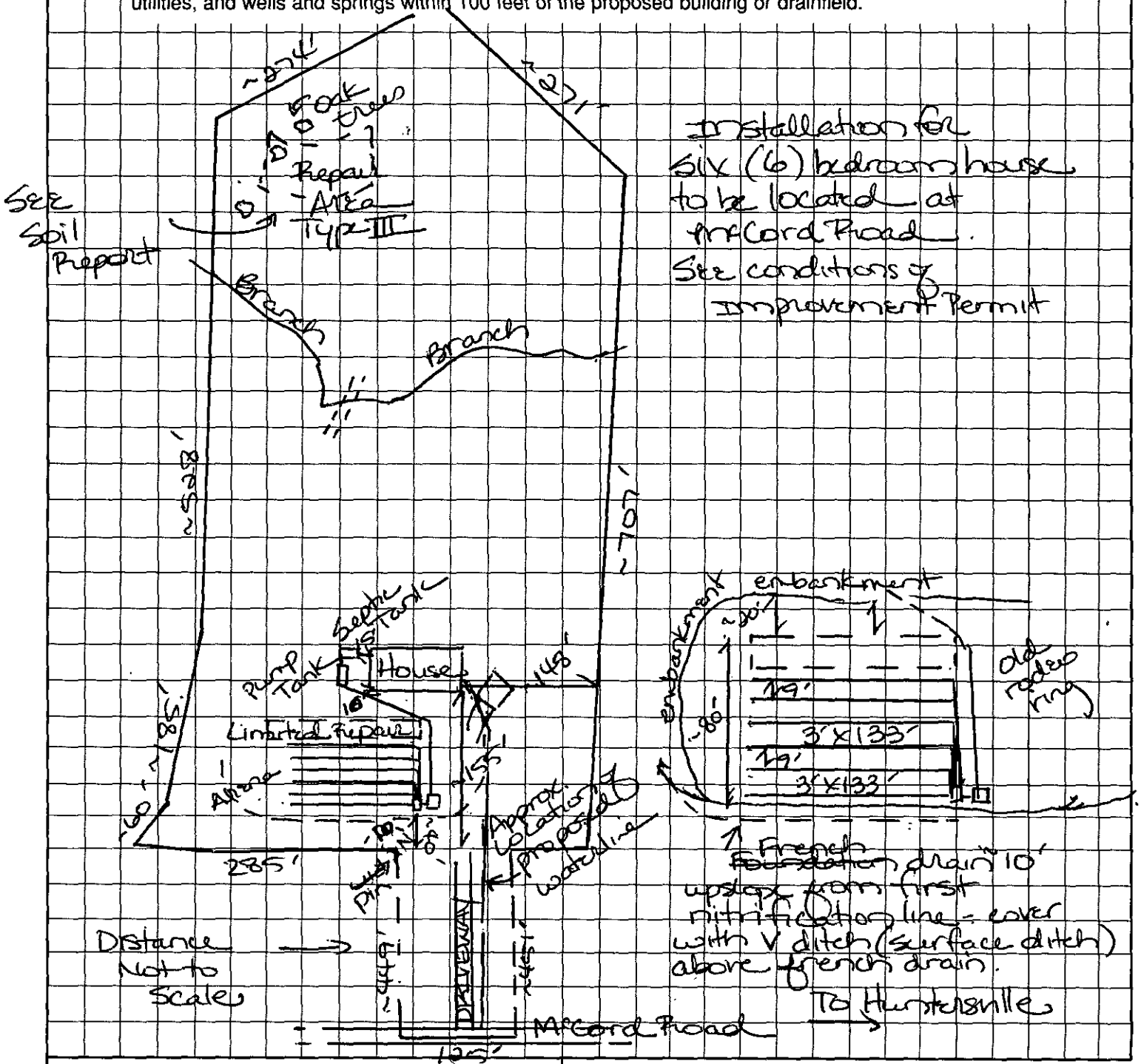
PROPOSED PLOT PLAN

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

FILE: 1613B

TC: 011-191-09,26

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 six (6) bedroom house to be located at McCord Road. See conditions of Improvement Permit

APPROVAL DATE 11/4/96 Joab B. Mialik, RS

OWNER/AGENT SIGNATURE

DATE

pg 2 of 2

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

D4600

Sheet
PROPERTY ID #: #1 16313
COUNTY: 011-191-09, 26

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: David Hart
ADDRESS: 8920 Taunton Dr. Huntersville
PROPOSED FACILITY: residence
LOCATION OF SITE: McCord Road
APPLICANT:
APPLICATION DATE:
PROPOSED DESIGN FLOW (.1949): 720gpd
DATE EVALUATED:
PROPERTY SIZE: .5
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) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTA
1	LS 3%	0-6"	Massive/C	VF/SEXP/SP	>48" to Chroma 2	48"	N/A	None	PS .39/P2 LTA
		6-46"	SBK/ABK/C	Fi-F/SEXP/SP					
2	LS 3%	0-4"	M/C	VF/SEXP/SP	>48" to Chroma 2	48"	N/A	None	PS .39/P2 LTA
		4-48"	SBK/ABK/C	Fr-Fi/SEXP/SP					
3	LS 3%	0-8"	M/C	VF/SEXP/SP	>48" to Chroma 2 Colors	48"	N/A	None	PS .39/P2 LTA
		8-46"	SBK/C	Fi/SEXP/SP					
4	LS 3%	0-12"	M/C	VF/SEXP/SP	>53" to Chroma 2 Colors	53"	N/A	None	PS .39/P2 LTA
		12-19"	~~Fsl~~ SCl	Fr/SEXP/SS/SP					
		19-53"	SBK/ABK/C	Fi-F/SEXP/SP					

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): provisionally suitable
EVALUATED BY: W. R. Merrell 10-25-96
LSS

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

Sheet
PROPERTY ID #:
COUNTY:

1613B

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LAND-SCAPE POSITION/ SLOPE %	HORI-ZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFIL CLASS & LTA
5	LS 3%	0-15"	M/C	VF/SEXP/SS/P	>54" TO Chroma 2 colors	54"	N/A	None	PS .39 ft² IV
		15-54"	ABK-SBK/C	Fr-Fi/SEXP/SP					
6	LS 3%	0-17"	M/C-C/	VF/SEXP/SS/P	>54" TO Chroma 2 colors	54"	N/A	None	PS .39 ft² IV
		17-54"	SBK/C	Fr-Fi/SEXP/SP					
7	NS 10-20%	0-6"	gr/sc/	Fr/SEXP/SS/SP	>46" TO Chroma 2	46"	N/A	None	PS .39 ft² IV
		6-36"	SBK/SC	Fr-Fi/SEXP/SP					
		36-46"	SBK/SC/	Fr/SEXP/SS/SP					
8	NS 10-20%	0-3"	gr/sc/	Fr/SEXP/SS/SP	>44" TO Chroma 2	44"	N/A	None	PS .39 ft² IV
		3-30"	SBK/SC	Fr-Fi/SEXP/SP					
		30-44"	SBK/SC/	Fr/SEXP/SS/SP					

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____

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

Sheet
PROPERTY ID #:
COUNTY:

1613 B

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	1940 LAND-SCAPE POSITION/ SLOPE %	HORI-ZON 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 & LTA
9	NS 10-2%	0-3"	gr/scl	Fr/SEXP/SS/SP	7 46" To Chroma 2	46"	N/A	None	PS .39(F) IV
		3-46"	SBK/SC	Fr-F/SEXP/SP					
10	NS 10-2%	0-3"	gr/scl	Fr/SEXP/SS/SP	7 42" To Chroma 2	42"	N/A	None	PS .39(F) IV
		3-38"	SBK/SC	Fr-F/SEXP/SP					
		26-42"	SBK/scl	Fr/SEXP/SS/SP					
3									
4									

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____

OMMENTS: 100% Repair, Portion of repair area possibly available in front area

LEGEND

use the following standard abbreviations

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

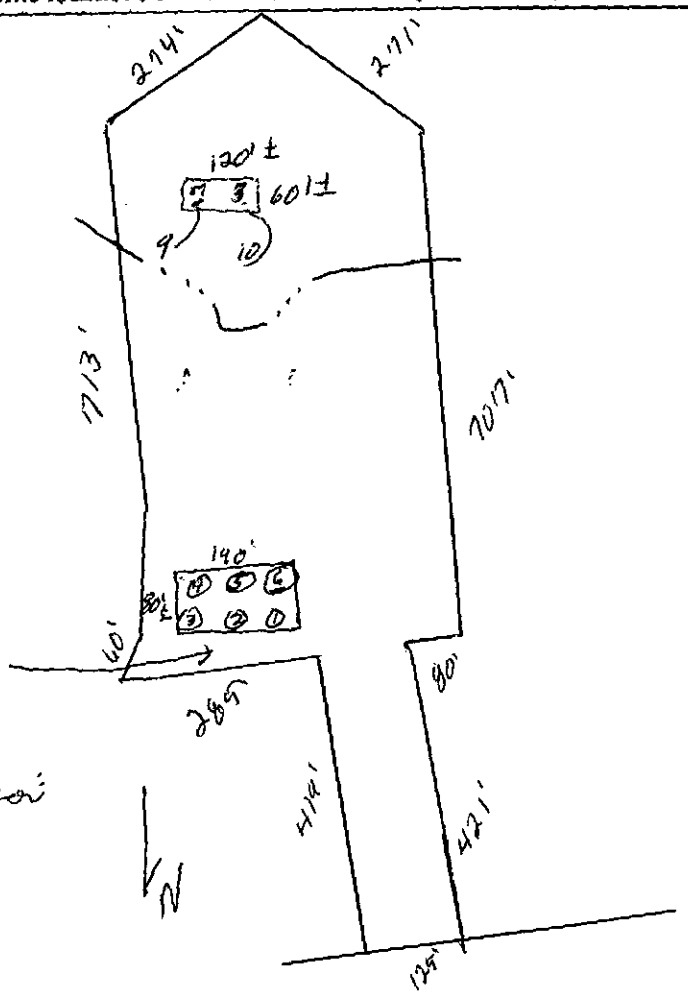
OTES

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

valuation of saprolite shall be by pits.

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

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



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

Sheet
PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

#3 1613B
011-191-26,09

OWNER: David Hart
ADDRESS: 8920 Taunton Dr. Huntersville
PROPOSED FACILITY: residence
LOCATION OF SITE: McCoul Road

APPLICANT:
APPLICATION DATE:
PROPOSED DESIGN FLOW (.1949): 120gpd
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other

DATE EVALUATED:
PROPERTY SIZE: 5
PROPERTY RECORDED:

EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	Slopes 5-10% .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 & LTA
1	LS	0-3"	gr/sl	Fr/SEXP/SS/SP	7 14" TO Chroma 2	14"	N/A	None	US
		3-14"	SBK/C	F-VF/EXP/VS/UP					
2	LS	6-10"	F:11		7 10" TO Chroma 2	10"	N/A	None	US
		10-18"	SBK/SC	F-VF/EXP/VS/UP					
3	LS	0-4"	gr/sl	Fr/SEXP/SS/SP	7 11" TO Chroma 2	11"	N/A	None	US
		4-11"	SBK/SC	F-VF/EXP/VS/UP					
4	LS	0-13"	SBK/SC	VF/EXP/VS/VP	7 13" TO Chroma 2	13"	N/A	None	US

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

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

EVALUATED BY: W. A. Marlin LSS 10-25-96

OMMENTS: 100% Repair

LEGEND

use the following standard abbreviations

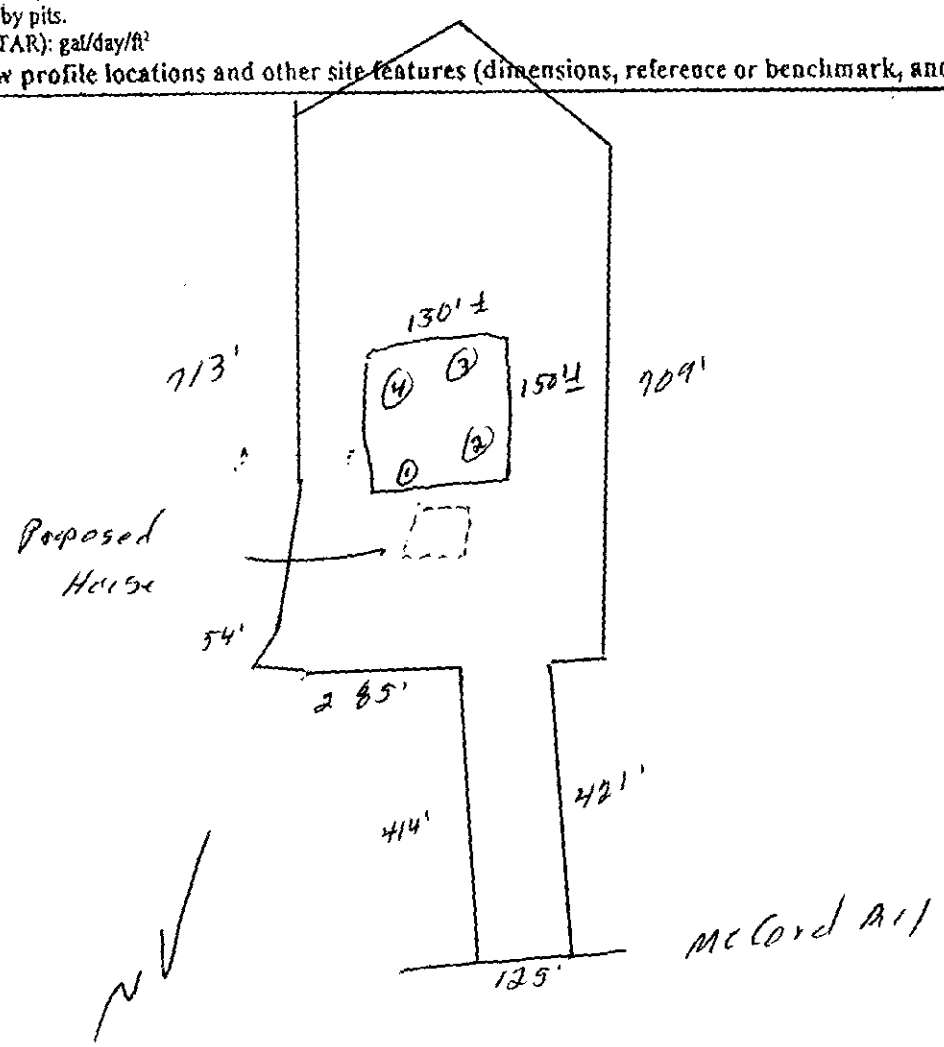
ANDSCAPE POSITION	GROUT	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
(Drainage Way)					EXP (Expansive)	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
PTH OF FILL	In inches from land surface
STRUCTIVE HORIZON	Thickness and depth from land surface
IPROLITE	S(suitable) or U(unsuitable)
IL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.

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

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



FEE: 100 cash
DATE: 10-16-96 14:09

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

2nd site evaluation $75 ck# 14196 cabin 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 #: 1613B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER:

STREET ADDRESS: ~~12336~~ McCoro Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 011-191-09 PO 011-191-26

TOWNSHIP (CHECK ONE):

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

CLOSING DATE _____

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: 4131

NUMBER OF BEDROOMS: 6 NUMBER OF OCCUPANTS: 6

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:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ↘ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

- __ COMMUNITY (C)
- __ SHARED WELL (S)
- √ 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 ↘ 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: Garst David (LAST) (FIRST) (MI)

ADDRESS: 8920 Taunton Dr

CITY: Huntersville STATE: NC ZIP: 28078

DAYTIME PHONE: (623-4040

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Hopkins & Hopkins Const (LAST) (FIRST) (MI)

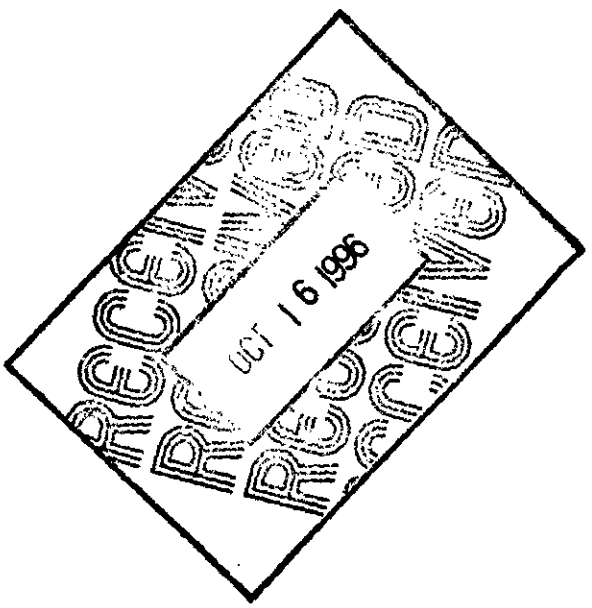
DAYTIME PHONE: (875-0686

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 8/96

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: [signature] DATE: 10-16-96

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

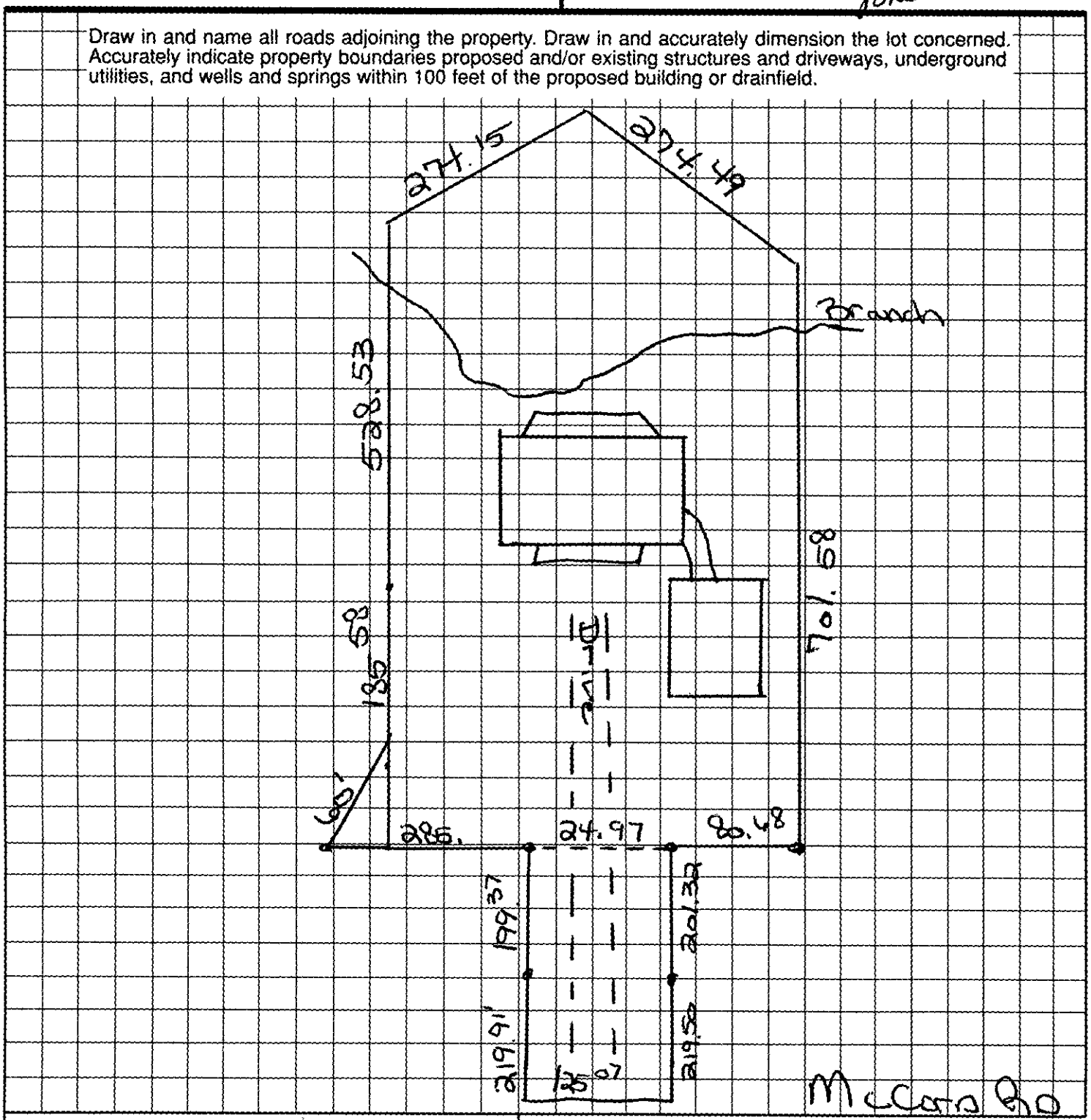

RECEIVED
OCT 16 1996
RECEIVED

PROPOSED PLOT PLAN

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

FILE: 163B
011-191-26
TC: 011-191-09 PO
Tom

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.

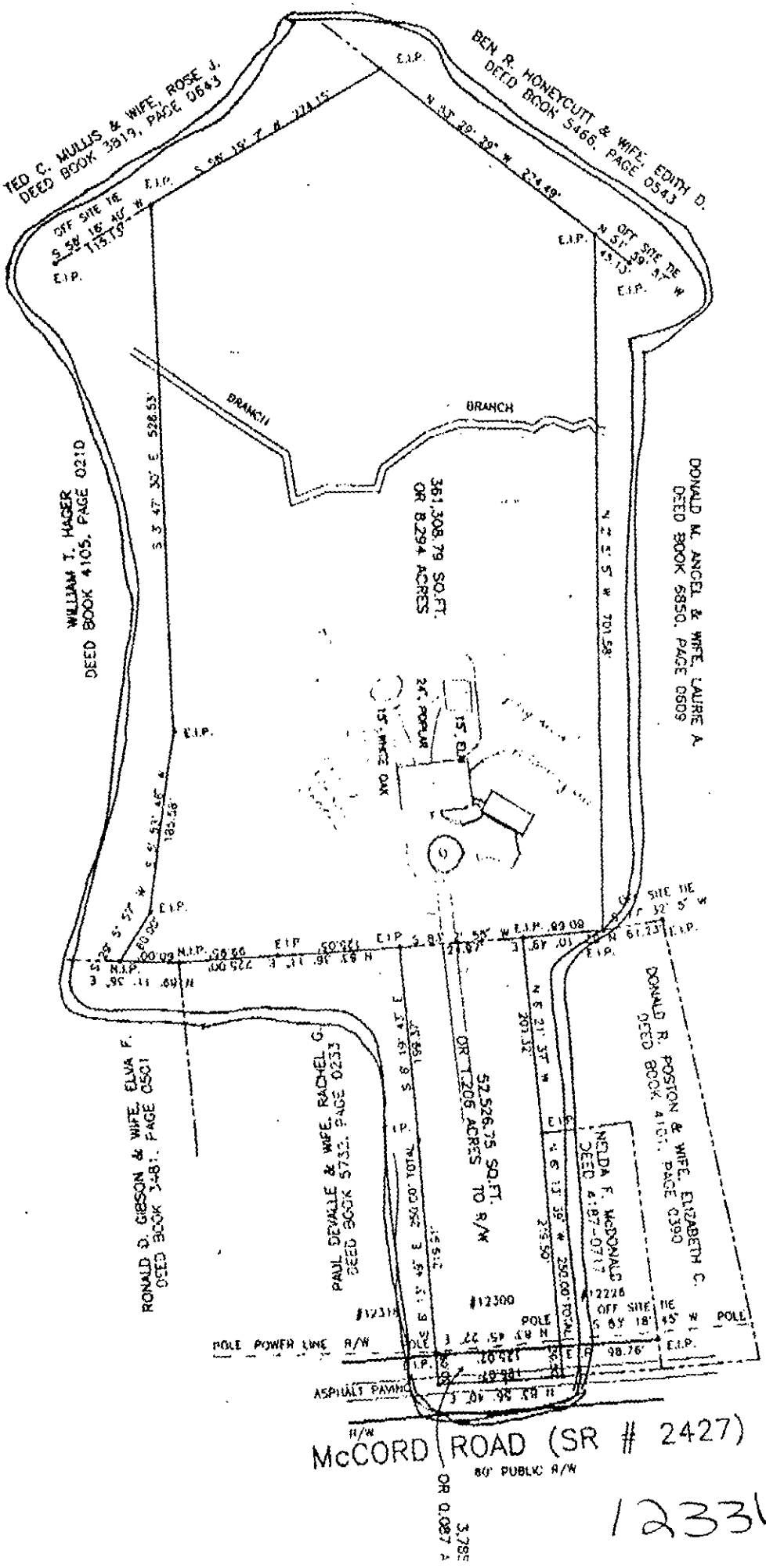


OWNER/AGENT SIGNATURE

DATE 10-16-96

APPROVAL DATE _____

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


TED C. MULLIS & WIFE, ROSE J.
DEED BOOK 3819, PAGE 0643
BEN R. HONEYCUTT & WIFE, EDITH D.
DEED BOOK 5466, PAGE 0543
WILLIAM T. HAGER
DEED BOOK 4105, PAGE 0210
DONALD M. ANGEL & WIFE, LAURIE A.
DEED BOOK 6850, PAGE 0609
RONALD D. GIBSON & WIFE, ELVA F.
DEED BOOK 3481, PAGE 0501
PAUL DEVALLE & WIFE, RACHEL G.
DEED BOOK 5732, PAGE 0233
NELDA F. McDONALD
DEED 4187-0717
DONALD R. POSTON & WIFE, ELIZABETH C.
DEED BOOK 4101, PAGE 0350
BRANCH
BRANCH
361,308.79 SQ.FT.
OR 8.294 ACRES
52,529.75 SQ.FT.
OR 1.206 ACRES TO R/W
#12300
#12318
#12226
POLE POWER LINE R/W
ASPHALT PAVING
McCORD ROAD (SR # 2427)
80' PUBLIC R/W
E.I.P.
POLE

1613B

12336

1613B

10/15/96

To whom it may concern:

We will begin construction on our new home on McCord Road in Huntersville in October.

The builder that we have chosen is Hopkins & Hopkins Construction of Huntersville, NC.

If you have any questions, please call me at work (523-4040) or my mobile (562-2250).

Sincerely,

David A. Garst