

4600 LOCHFOOT DR

11328132

1/3/2008

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: 3509 B DATE: 6/15/00

TC: 113-281-~~20~~ 20 ☒ L ☐ CRT

SERIAL No 17608

Name of Owner ~~Robert Bartlett~~ William Davis Juris.: _____

Address of Property 4600 Lochfast Drive

Inspection Data:

Tank Material PCC

Total Length of Drainfield 300

Number of Lines 6 @ 50'

Cover Depth 6"

Water Supply Source Well

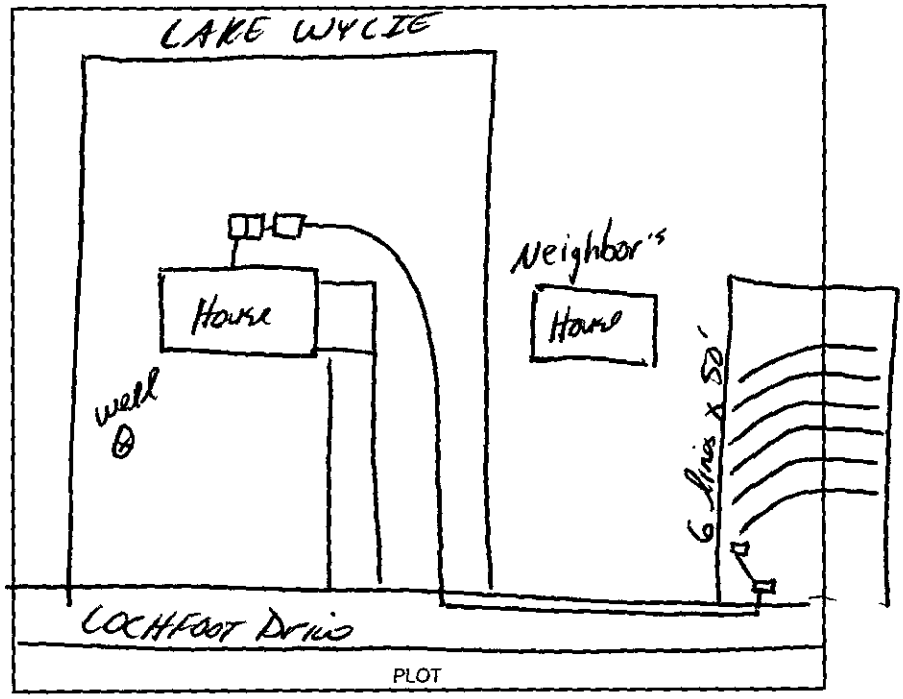
Distance to Water Source >50'

Excavation Inspected 6/15/00

Tank(s) Inspected 6/15/00

Wash Line Inspected N/A

High Water Alarm Inspected 6/15/00



Design 2000, 1500 ST, 1000 DT, 900 SFT, INV, P/, EGG-222 Lay CTR# Norwood

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: 3 Bedroom House

System installed in an off-site lot up the street on Lochfast Drive Type IIIb Innovative System

Jerry P. Mecklen

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: 3509-B DATE: 6-13-00

TC: PO 113-~~291-07~~ 281-32 L

SERIAL No. 18430

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 3-28-95. All work shall be completed on or before _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A 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.

see plot plan

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 300' feet

Number of Lines 6 x 50

Depth of Stone — inches

Distance from House 5'+ feet

Distance from Property Line 10'+ feet

Distance from Well 50'+ feet

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

NAME OF OWNER Pete Bartel

LOCATION OF PROPERTY 4600 ~~Re~~ Lochfoot Dr

Comments: use innovative system

Kelly H Rowell

Environmental Health Specialist

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

clk 4,363

FEE: 150.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** (100)
DATE: 5/3/99 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 1-19-90 PERMIT NO: 3509-B

PARCEL NO: ~~BD~~ 113-281-32

JOB LOCATION ADDRESS: 4600 LOCKWOOD DR

PROPERTY OWNER: Pete Barthel

BUILDING CONTRACTOR: _____

SUBDIVISION NAME: _____

AUTHORIZATION ISSUED BY: Kelly Randall DATE: _____

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3509B, 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: EASEMENT ON FILE

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.

+ Pete Barthel 1-26-94

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 3509 B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 113-281-04 33

- 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	X 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	360 Max gallons/day wastewater flow	900 Absorption Area (sq ft)	9 Trench spacing (min. on centers)
yes Serviced by private well	1500 Gallon septic tank	300 Total trench length (ft)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	1000 Gallon pump tank	/ Depth of stone	

Any surface waters present: yes Type: Lake Wylie Minimum separation distance: 100'

Site modifications required: 1

Additional Conditions: AGREEMENT FORM ON FILE
AGREEMENT ON FILE

Repair Area System Type 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
900 Absorption Area (Sq ft) 300 Total Trench Length (Ft)	/ Depth of Stone Trench	9 Trench spacing (min. on centers)	30 Maximum Trench Depth

For existing system, enter the year originally installed:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for I 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 effe 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 Departme
- This Improvement permit is transferable.

1-19-96
DEHNR Authorized Agent — Date

1-26-96
Owner/Agent Signature — Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

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

PROPOSED PLOT PLAN

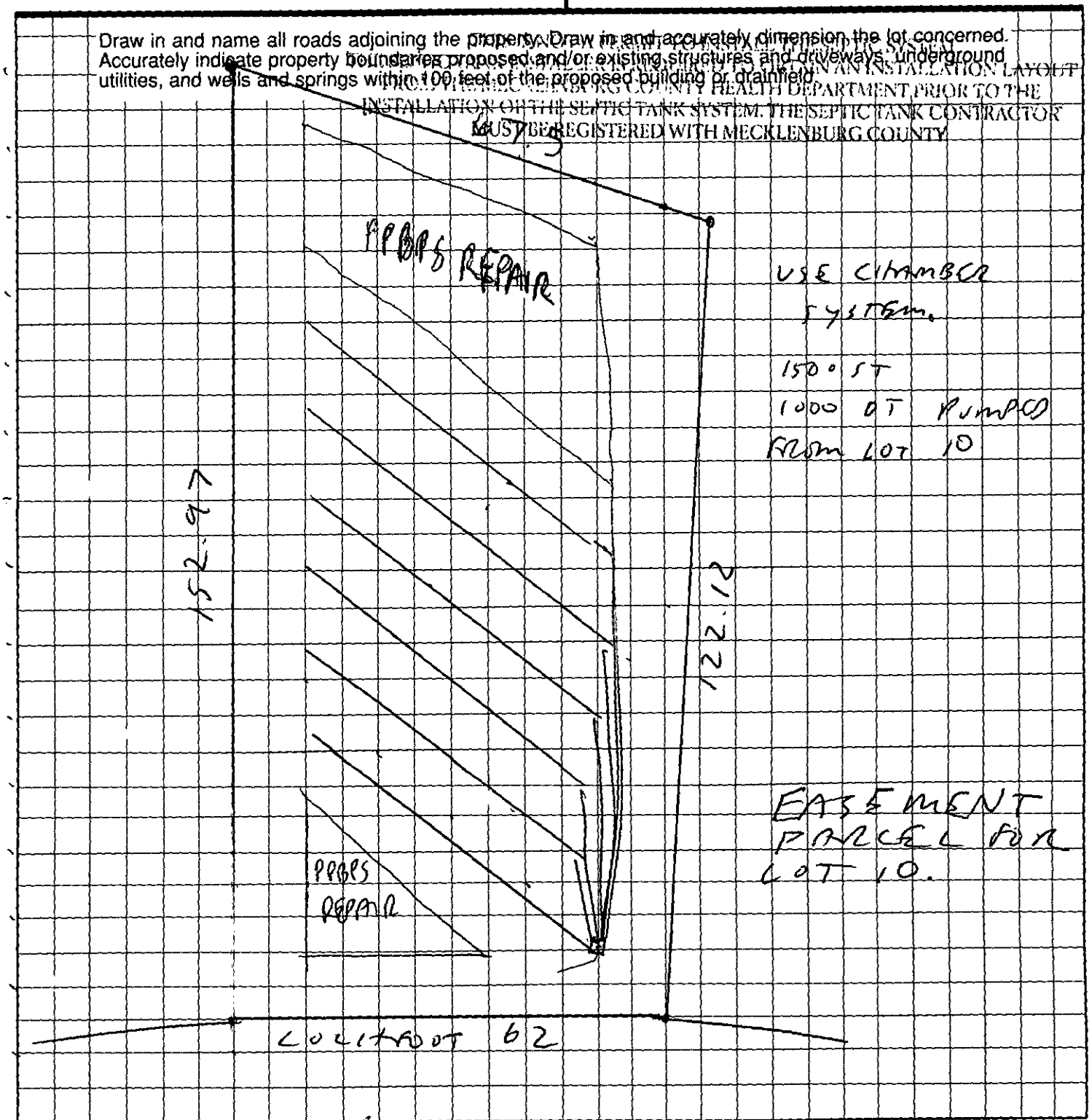
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3509 B

TC: 113281-38

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.

~~PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM, A SITE EVALUATION AND AN INSTALLATION LAYOUT FROM MECKLENBURG COUNTY HEALTH DEPARTMENT PRIOR TO THE INSTALLATION OF THE SEPTIC TANK SYSTEM. THE SEPTIC TANK CONTRACTOR MUST BE REGISTERED WITH MECKLENBURG COUNTY~~



X _____
OWNER/AGENT SIGNATURE

DATE 1-26-96

APPROVAL DATE _____

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

FEE: _____

DATE: _____

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

[ ] 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 #: 3505B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 113-28-32

STREET ADDRESS: 4600 Lochfoot Drive

SUBDIVISION OR MOBILE HOME PARK NAME: Barefoot Landing

LOT NUMBER: 10

TOWNSHIP (CHECK ONE):

- [X] 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)
- [X] HOUSE (H)
- ___ MODULAR HOME (M)
- ___ MULTIPLE FAMILY (U)
- ___ OTHER (O)

HEATED SQUARE FOOTAGE: 2,000

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE

- ___ WITHOUT BASEMENT
  - ___ ON SLAB
  - ___ CRAWL SPACE
- [X] 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 [X] NO TYPE: _____

WATER SUPPLY (CHECK ONE):

- ___ COMMUNITY (C)
- ___ MUNICIPAL (M)
- [X] PRIVATE WELL (P)
- ___ SHARED WELL (S)
- ___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	___ YES [X] NO	WELL, SPRINGS OR WATERLINES	___ YES [X] NO
EXISTING WASTEWATER SYSTEMS	___ YES [X] NO	DESIGNATED WETLANDS	___ YES [X] NO
EASTMENTS OR RIGHT-OF-WAYS	[X] YES ___ NO		

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Davis (LAST) William (FIRST) B (MI)	NAME: Wells (LAST) Joseph (FIRST) Gary (MI)
ADDRESS: 163 Whitehead Drive	DAYTIME PHONE: 864 360 - 5648
CITY: Advance STATE: NC ZIP:	
DAYTIME PHONE: ~~336~~ 998-5215	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 5-09-97

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: Joseph Gary Wells DATE: 4-20-99

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

FEE: [illegible] DATE: 1-16-96

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

[illegible] 3/29/95

[ ] 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 #: 3509B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 113-291-01

STREET ADDRESS: 4600 Lochfoot Dr

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: #10

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2100

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 3

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)
___ 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
EASEMENTS OR RIGHT-OF-WAYS	___ YES ___ NO		

PROPERTY OWNER:

NAME: (LAST) Bartee (FIRST) Peter (MI) B.

ADDRESS: 1415 Riverside Dr

CITY: Char. STATE: NC ZIP: 28214

DAYTIME PHONE: (704) 394-2674

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 6-23-95

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: 1-16

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

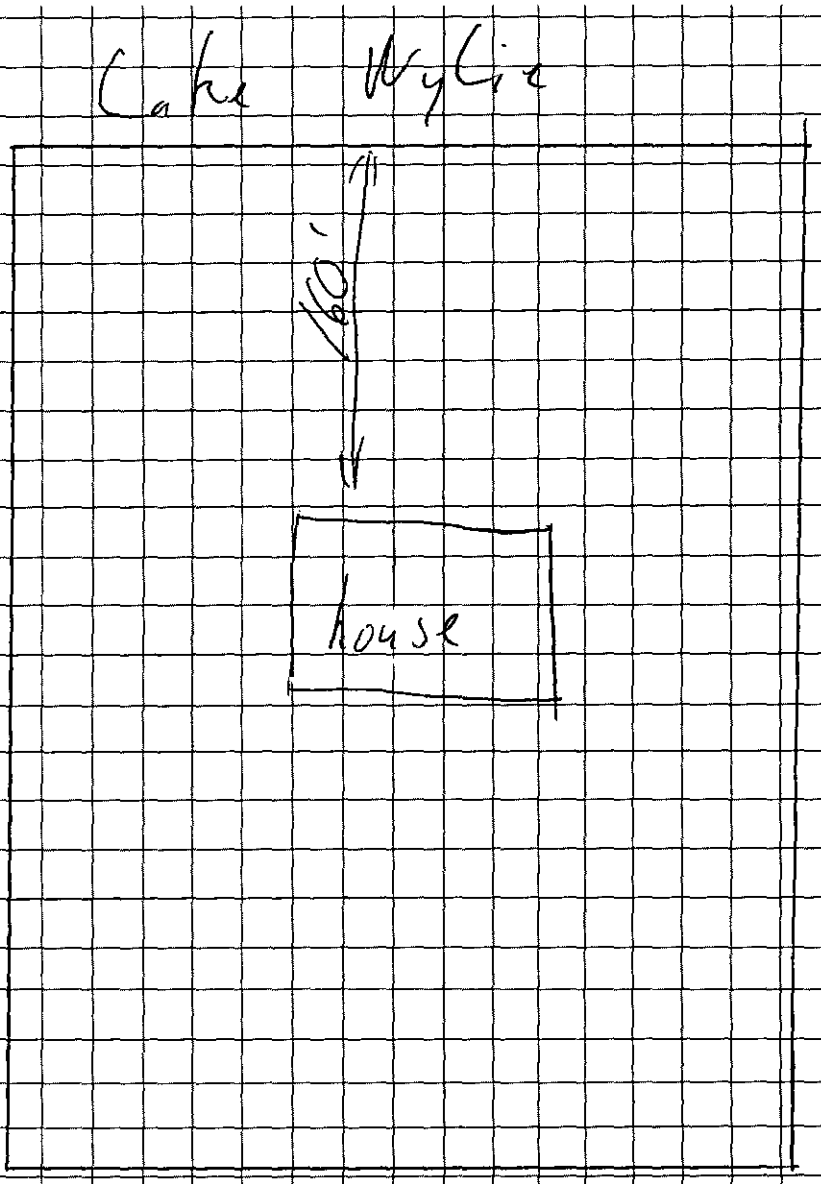
PROPOSED PLOT PLAN

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

FILE: 3509B

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.



APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3509B

150 Lot 1983 3/29/95 DR ☐ 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: BARTEL (last) Pete (first) B (mi)
ADDRESS: 1415 Riverside DR PHONE: (__) 394-2674
CITY: Char. STATE: NC ZIPCODE: 28214

Date: 3-28-95

PROPERTY OWNER:
NAME: SAME (last) (first) (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: P.O. 113-291-01
STREET ADDRESS: 4600 Lochfoot DR,
ZONING: _____

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

SUBDIVISION OR MOBILE HOME PARK NAME: Barefoot Properties #2

LOT NUMBER: 10 LOT SIZE (in acres): 1.02

TYPE APPLICATION (check one):
☐ SOIL TEST - INDIVIDUAL LOT (D)
☒ NEW CONSTRUCTION ON VACANT LOT - 6 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (M)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 6 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:

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: Pamela Bartel Date: 3-28-95

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

_____ Date
Environmentalist

_____ Date
Director or Authorized Section Head

WATER : 122791

Pamela Bartel
OWNER/AGENT SIGNATURE

APPROVAL DATE _____

DATE 3-28-95

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

Total Head		
(A) Static Head		55'
(B) Total Length of Pipe	1400'	
(C) Total Friction Factors of Fittings*	37'	
(D) Total (B+C)	1437'	
(E) Divide (D) by 100	14.3	
(F) Head Loss Per 100' of Pipe at 15gpm	.5	
(G) Friction Head (E x F)		7.1
(H) Total Head (A+G)		62'

*Friction for fittings equal in feet of piping
3 - 45's at 8.4
2 - 90's at 10.4
1 - check valve at 17.2
1 - gate valve at 1.4

Topo for static head:
Field at 630
House at 585
Pump at 580 (5 foot in ground)

PLAN BY JEFF BAREFOOT DESIGNER

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

3510 B - 3505 B - 3506 B - 3503 B 3508 B
3507 B - 3509 B

FILE: _____ DATE: 8-4-95

TC: 113-291-01 POL

SERIAL Nº 16331

Permission is hereby given to ___✓___ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated _____. All work shall be completed on or before _____, 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.

INSTALLATION APPROVAL
FOR SUPPLY LINES ONLY
ALL PIPE SHALL BE
PRESSURE PVC SCL. 40

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth _____

Absorption and/or Nitrification Lines:

Trench Width 4 feet

Trench Walls Scored and Porous NA

Total Line Length 1400 feet

Number of Lines 9'

~~Depth of Stone~~ _____ inches

Distance from House 5' + feet

Distance from Property Line 10' + feet

Distance from Well 25' + feet

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

NAME OF OWNER JERRY BAREFOOT AND OTHERS BY EASEMENT

LOCATION OF PROPERTY BAREFOOT PROPERTYS #2 INCLUSIVE

Comments: SEE SPECS FOR ALL PIPING SUBMITTED BY JEFF BAREFOOT

Kelly Randall
Environmental Health Specialist

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028755

File: 3509 B Action (1)

Parcel: 113-291-01 ☐ PC

Location: EASEMENT AREA FOR LOT 10 / 4600 LOCHFOOT DR

Subdivision:

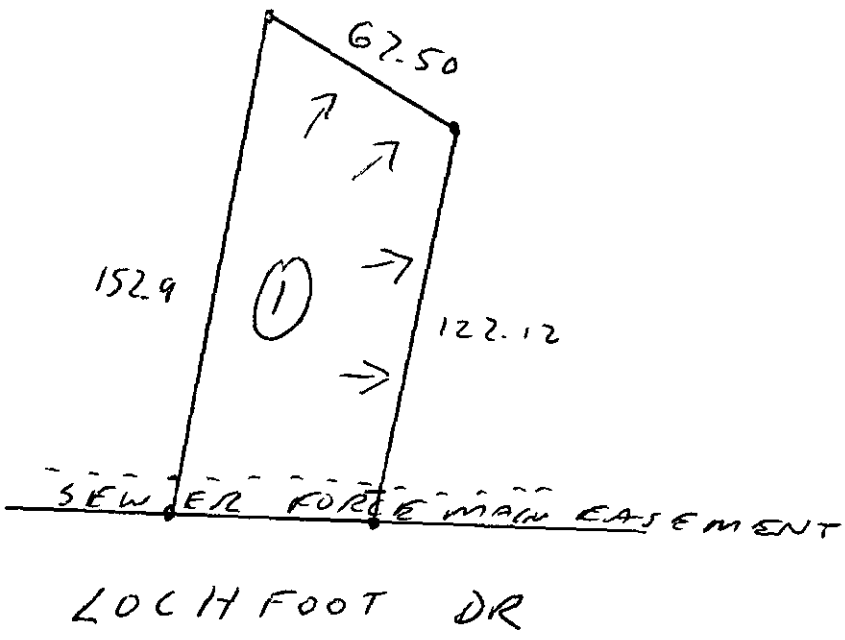
Lot: Block: Acres:

Owner: PETE BARTELL
Address: 1415 RIVERSIDE DR
CHARLOTTE NC 28214

Comments: .3 gpd / ft

Described by: [signature]

Date: 1-18-96



***** 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	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U CL	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U SBL	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	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	CECIL CLICE					
Area Classification	S ~~PS~~ (U)	S PS U	S PS U	S PS U	S PS U	S PS U

TRANSFER OF OWNERSHIP

Permit #: 3509B
Job Location Information:
Tax Parcel #: 18-281-32
Street Address: 4600 Lochfoot Drive

An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change or if information submitted in this application is falsified or changed.

Property Owner Improvement Permit Originally Issued to:

Name: Bartek (last) Peter (first) B (mi) Date Issued: 1-19-96

Address: 1415 Riverside Drive
City: Charlotte State: NC Zip: 28214
Daytime Phone: (704) 334-2674

IMPROVEMENT PERMIT TRANSFERRED TO:

Name: David (last) William (first) B (mi)

Address: 163 Whitehead Dr
City: Advance State: NC Zip: 27006
Daytime Phone: ( ) -

The undersigned, owner or legal agent for the owner, of the property described as the "job location" in the original application dated _____ has read the foregoing application and Improvement Permit, 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: _____ Date: _____

IMPROVEMENT PERMIT TRANSFERRED TO:

Name: _____
(last) (first) (mi)

Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: ( ) -

The undersigned, owner or legal agent for the owner, of the property described as the "job location" in the original application dated _____ has read the foregoing application and Improvement Permit, 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: _____ Date: _____

Mecklenburg County
Health Department

Application for
Inspection of Public Records

By completing the following form, the undersigned does hereby make application to inspect the specified public records under the supervision of authorized personnel. This inspection is in accordance with North Carolina General Statute 132-6.

Name of person making request: R. POTTIER

Address: 5821 FAIRVIEW RD. SUITE 201

Description of public record requested: FILE 3509-B

Street Name (or County Road): _____

Lot: _____ **Block:** _____

Parcel Number: _____

Owner's Name: _____

Reason for Request:

INVESTIGATION FOR LAWSUIT

Signature of Person Making Request: _____

Supervisory Person: _____

Date: _____ Time: _____

Environmental Health Division

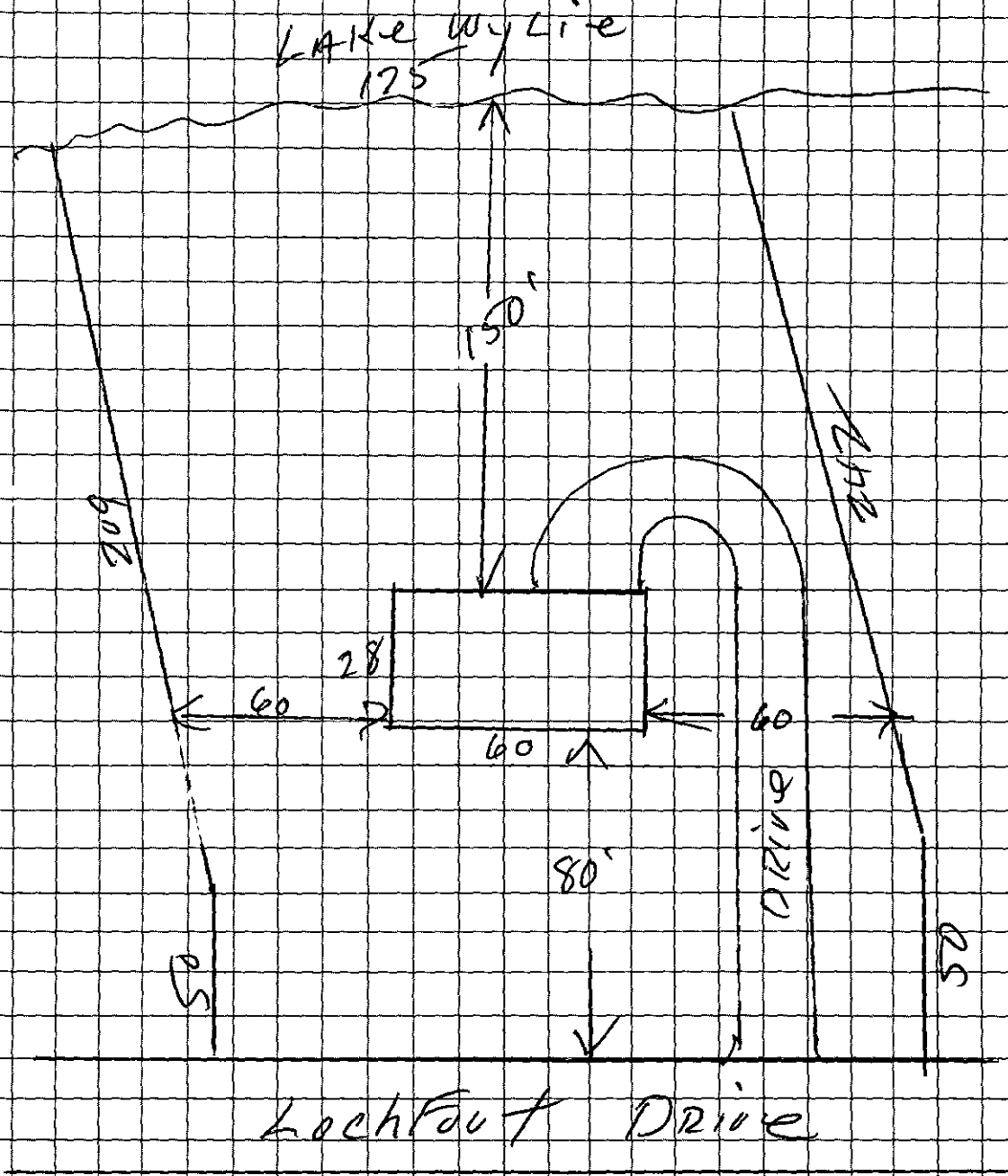
PROPOSED PLOT PLAN

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

FILE: 3509B

TC: 113-29H-0180

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.



Pamela Bartel
OWNER/AGENT SIGNATURE

DATE 3-28-95

APPROVAL DATE _____

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

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 3/28/95

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 113-281-01 (113-291-01)

ASSIGNED ADDRESS 4600 Lochfoot Dr

EXISTING ADDRESS lot 10

PROJECT NAME N.A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

		APPROVED	DISAPPROVED
1.	SUBDIVISION REGULATIONS	/	_____*
2.	FLOODWAY REGULATIONS	/	_____*
3.	EROSION CONTROL REGULATIONS	/	_____*
4.	PUBLIC UTILITY EASEMENT	/	_____*

		PRESENT	NOT PRESENT
5.	PUBLIC UTILITY EASEMENT	_____*	/
6.	PROPERTY FRONTS ON THOROUGHFARE	_____*	/
7.	DRIVEWAY PERMIT REQUIRED	_____*	/

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Septic tank

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: _____

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

EXHIBIT B - Exceptions

1 - A perpetual easement and right of way for so long as the same is required for use and access for the construction, installation, inspection, repair, upkeep and maintenance of a sewer line and system and all other utilities, including but not limited to, water, telephone, electricity, natural gas, cable television and other communications along the front 15 feet of the lot of land hereinabove described and conveyed.

2 - All of those covenants and restrictions set forth and described in the deed of conveyance to the Grantor herein recorded in Book 8187, Page 440, Mecklenburg County Registry, and which are hereby imposed against said lot.

3 - Any dwelling constructed on said property shall contain at least 1400 square feet of heated area.

4 - Tents, shacks, campers, mobile homes, manufactured homes, or other structure of a temporary nature shall not be used as a dwelling or for habitation, either temporarily or permanently.

5 - Setback requirements shall be those described in the recorded map for said lot.

6 - Any outbuilding or storage structure shall be of new materials and their location on the lot shall require prior approval by Grantor or their assigns before being constructed or located on the lot.

7 - All vehicles and water craft located on the lot shall have at all times a valid license and shall be kept in good repair and operating condition.

8 - All improvements on the lot shall be kept at all times in a neat and well maintained condition so as to have an attractive appearance, pleasing not only to the owner of the lot but also all of the other lot owners in the areas adjacent to said lot.

9 - All of the easements for sewer systems together with the Septic Plots designated and shown on the recorded map in Map Book 26, Page 840 Mecklenburg County Registry, shall be used as such so long as the same is required. All of the owners of any property subject to said easements and sewer systems shall be obligated and responsible on a pro-rata basis for all expense in the repair, upkeep and maintenance of said areas as determined by a simple majority of the lot owners, with each lot owned on said map having one vote.

10 - Any Option To Purchase in favor of Duke Power Company or others within

EXHIBIT A - Legal description of property and rights conveyed Bartel

BEING ALL OF LOT 10 OF BAREFOOT LANDING AS SHOWN ON MAP THEREOF RECORDED IN MAP BOOK 26, PAGE 832, IN THE OFFICE OF THE REGISTER OF DEEDS FOR MECKLENBURG COUNTY, NORTH CAROLINA, TO WHICH MAP REFERENCE IS HEREBY MADE.

ALSO CONVEYED HEREIN IS A PERPETUAL EASEMENT AND RIGHT OF WAY FOR SO LONG AS THE SAME IS REQUIRED FOR PURPOSES OF USE AND FOR THE CONSTRUCTION, INSTALLATION, REPAIR, INSPECTION, UPKEEP AND MAINTENANCE OF A SEWER LINE AND SYSTEM AND ALL OTHER UTILITIES, INCLUDING BUT NOT LIMITED TO, WATER, TELEPHONE, ELECTRICITY, NATURAL GAS, CABLE TELEVISION AND OTHER COMMUNICATIONS ALONG THE FRONT 15 FEET OF SAID LOT ABOVE CONVEYED AND ALL OTHER LOTS OR PARCELS AS SET FORTH, SHOWN OR DESCRIBED ON THE MAP ABOVE REFERENCED, TOGETHER WITH THE SEPTIC PLOT FOR SAID LOT AS SHOWN ON MAP THEREOF RECORDED IN MAP BOOK 26, PAGE 840, MECKLENBURG COUNTY REGISTRY, TO WHICH MAPS REFERENCE IS HEREBY MADE.

**** NC EXCISE TAX: 60.00 ***

JUDITH A GIBSON REG OF DEEDS MECK NC

BK: 08187 PG: 0684/0687 #:0253 14.00

FILED FOR REGISTRATION 06/23/95 12:14

Excise Tax 60.00 COPY Recording Time, Book and Page

Tax Lot No. out of 113-291-01 Parcel Identifier No. .....

Verified by ..... County on the ..... day of ....., 19.....

by .....

Mail after recording to .....

.....

Mail to
This instrument was prepared by Wayne M Brendle, Atty Box 76

Brief description for the Index Lot 10, Barefoot Landing

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this 20 day of June, 19 95 , by and between

GRANTOR	GRANTEE
JERRY C BAREFOOT and wife, SYBIL S BAREFOOT	PETER B BARTEL and wife, PAMELA Q BARTEL 1415 Riverside Drive Charlotte, NC 28214

Enter in appropriate block for each party: name, address, and, if appropriate, character of entity, e.g. corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in the City of ....., Berryhill Township,

The property hereinabove described was acquired by Grantor by instrument recorded in Book 8187 Page 440

.....

A map showing the above described property is recorded in Plat Book ..... page.....

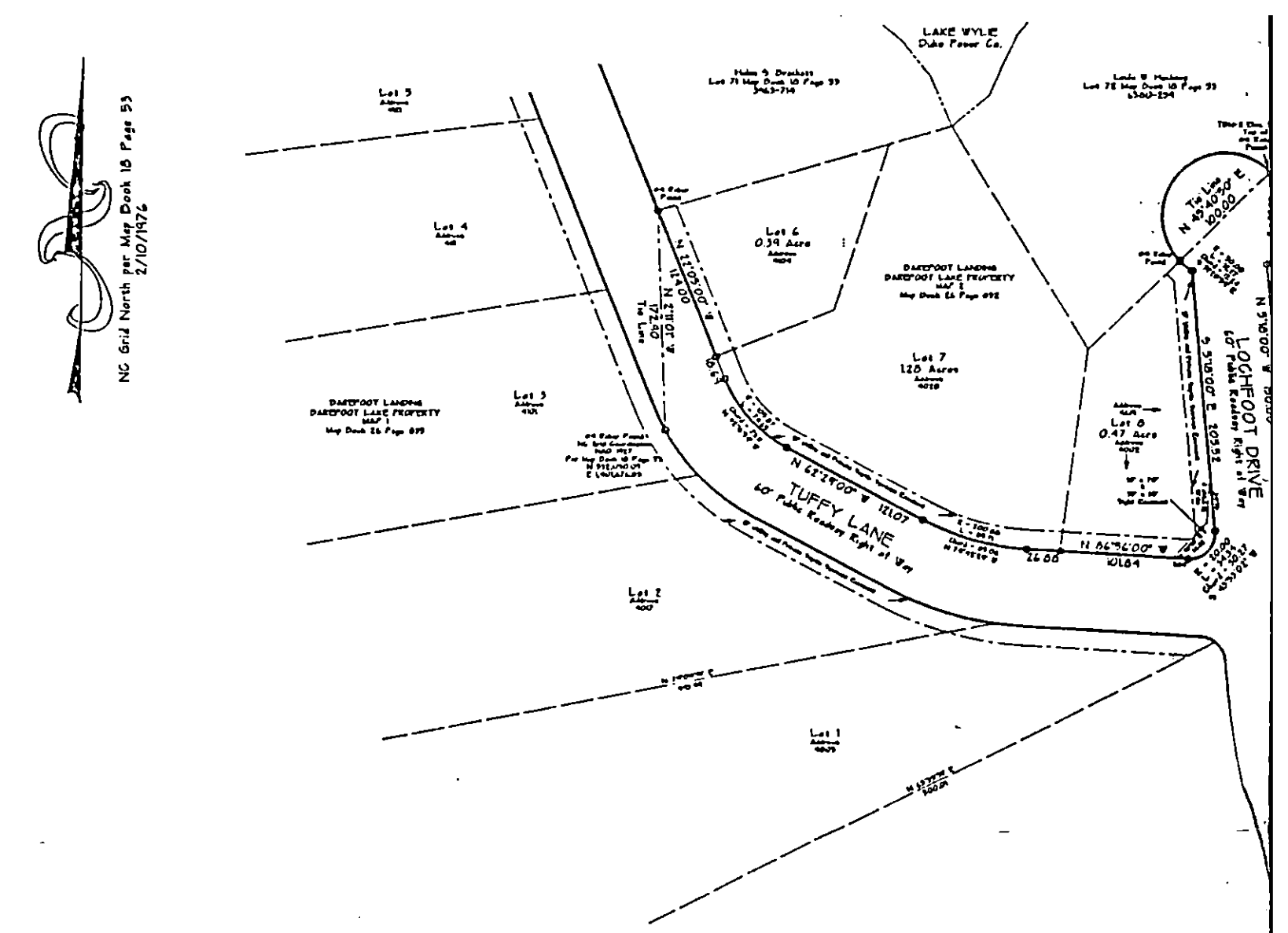
TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever except for the exceptions hereinafter stated.
Title to the property hereinabove described is subject to the following exceptions:

As set forth and described in Exhibit B attached hereto and made a part hereof.

N.C. Bar Assoc. Form No. 3 © 1976, Revised © 1977 – James Williams & Co., Inc., Box 127, Yadkinville, N.C. 27055

As set forth and described in Exhibit A attached hereto and made a part hereof.



Approved in accordance with the provisions of the Subdivision Ordinance of Mecklenburg County, North Carolina.

Charlotte-Mecklenburg Planning Commission

Richard B. Hobbs — 6/23/95

Planning Commission Staff — Date

DAREFOOT LANDING

DAREFOOT LAKE PROPERTY

Map Showing Septic Plot Easements for
Lots 1, 2, 3, & 4 Map Book 26 Page 835
Lots 7, 9, 10, & 11 Map Book 26 Page 832
A portion of the property shown on
Map Book 18 Page 53 & Map Book 25 Page 99
Tax Parcel 113-291-01
Owner: Carolina Centers LLC
PO Box 1003
Charlotte, NC 28201
Deed Reference: 7606-475
Berryhill Township, Mecklenburg County, NC
Scale 1" = 60' June 4, 1995
Revised 6/22/1995

0 60 120 180 240

THOMAS E. MONTGOMERY
NC Registered Land Surveyor L-2593
3000 Gray Road
Davidson, NC 28036
704/892-9420

I, Thomas E. Montgomery certify that this map was drawn under my supervision from an actual survey made by me, the ratio of precision as calculated by latitudes and departures is 1:10,000, that the boundaries not surveyed are shown as broken lines plotted from deed information, that this map was prepared in accordance with G.S. 47-30 as amended. Witness my hand and seal this 23rd day of June 1995.

Thomas E. Montgomery
N.C.R.L.S. L-2593

NORTH CAROLINA REGISTERED SEAL L-2593 LAND SURVEYOR THOMAS E MONTGOMERY

North Carolina, Mecklenburg County
I, [illegible], a Notary Public of the County and State aforesaid certify Thomas E. Montgomery, a Registered Land Surveyor, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official seal, this 23rd day of June 1995.

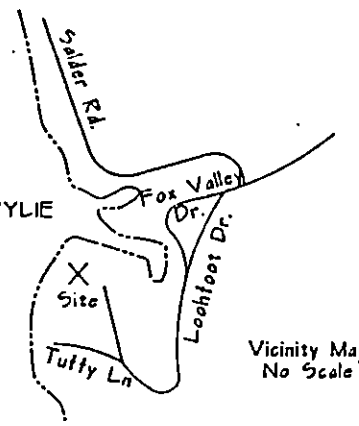
Notary Public
My commission expires 2-20-2000

NOTES:
1. This survey was made without benefit of a current title search and is subject to any easements or restrictions of record or not of record that may affect the subject property.
2. Area computed by coordinate method.
3. Current Zoning is R-3.
4. No NC Grid Monuments found.
5. All Bearings and Distances are as measured unless otherwise noted.
6. Property Corners are set #5 rebar with plastic cap stamped "Thomas E. Montgomery L-2593" unless otherwise noted.
7. Septic Plot Easements are for the benefit of Private Property Owners.
8. Septic Plot Easements are for the benefit of Lots 1, 2, 3, & 4 Map Book 26 Page 835 and Lots 7, 9, 10, & 11 Map Book 26 Page 832.

FILED FOR
REGISTRATION

95 JUN 23 AM 8:48

JUDITH A. GIBSON
REGISTER OF DEEDS
GASTON COUNTY, NC



Vicinity Map
No Scale

LAKE WYLIE
Duke Power Co.

Lot 9
0.66 Acre
Address
4110

Lot 10
1.01 Acre
Address
4100

DARKFOOT LANDING
DARKFOOT LAKE PROPERTY
MAP 1
Map Book 24 Page 492

Lot 11
0.83 Acre
Address
4090

Carolina Couriers LLC
Map Book 33 Page 99
3606-475

LAKE WYLIE
Duke Power Co.

#4 5

#4 4

#11 3

#10-2

#2-1

#1-9

#7-10

#3-11

Wayne M. Brendle
Notary Public
My Commission Expires
This 23rd day of June 1995
Judith A. Gibson, Register of Deeds
By: Deputy

CERTIFIED TO BE A TRUE AND CORRECT
COPY OF THE ORIGINAL MAP RECORDED
IN BOOK 24 PAGE 840.
DATE: 10-23-95
JUDITH A. GIBSON, REGISTER OF DEEDS
BY: DEPUTY

JUDITH A. GIBSON
REGISTER
OF
DEEDS

CURVE	RADIUS	LENGTH	TANGENT	CHORD	BEARING
C-1	232.67	9.00	4.50	9.00	S 17°01'27" E
C-2	232.67	78.52	39.64	78.15	S 27°47'25" E
C-3	246.19	58.79	29.53	58.65	S 44°14'06" E
C-4	246.19	29.51	14.77	29.49	S 54°25'44" E
C-5	968.27	62.00	31.01	61.99	S 59°59'56" E
C-6	968.27	62.00	31.01	61.99	S 59°16'42" E
C-7	968.27	20.21	10.11	20.21	S 49°51'58" E
C-8	189.96	81.62	41.45	80.99	S 61°45'54" E

...are a subdivision of land within the area of the ...City that has an ordinance that regulates parcels

...DAD limited.

...R-S.

...ments are located within 1000'.

...all Contours unless otherwise noted.

...Community Panel # 370066 0100 D, Zone A, ...L FWD

...ement' Lots are to be used only for the installation ...on Systems for lots as shown.

...ement' are not buildable Lots.

3506 B

The property hereinabove described was acquired by Grantor by instrument recorded in Book 8187 Page 440

A map showing the above described property is recorded in Plat Book ..... page.....

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever except for the exceptions hereinafter stated.
Title to the property hereinabove described is subject to the following exceptions:

As set forth and described in Exhibit B attached hereto and made a part hereof.

IN WITNESS WHEREOF, the Grantor 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, the day and year first above written.

Jerry C. Barefoot (SEAL)
Jerry C Barefoot

(Corporate Name)

ONLY

(SEAL)

_____President

ATTEST:

_____

_____Secretary (Corporate Seal)

USE BLACK I

Sybil S _____

_____(SEAL)

_____(SEAL)

SEAL-STAMP

NORTH CAROLINA, Mecklenburg County.

Use Black Ink

I, a Notary Public of the County and State aforesaid, certify that _____

Jerry C Barefoot and wife, Sybil S Barefoot Grantor,

personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 20 day of June, 19 95.

My commission expires: 2-20-00 _____ Notary Public

SEAL-STAMP

NORTH CAROLINA, _____County.

Use Black Ink

I, a Notary Public of the County and State aforesaid, 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 of the 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 official stamp or seal, this _____day of _____, 19_____.

My commission expires: _____ _____ Notary Publi

The foregoing Certificate(s) of _____

_____

_____

is/are certified to be correct. This instrument and this certificate are duly registered at the date and time and in the Book and Page shown on th first page hereof.

_____REGISTER OF DEEDS FOR_____COUNT

_____

By _____Deputy/Assistant - Register of Deeds

N. C. Bar Assoc. Form No. 3 © Revised © 1977 – James Williams & Co., Inc., Box 127, Yadkinville, N. C. 27055
Printed by Agreement with the N. C. B