

3818 BROOKWOOD RD

10519215

12/20/2007

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: 1310 B DATE: 8-27-99

TC: 105-192-15 ☒ L ☒ CRT

SERIAL Nº 18110

Name of Owner DENISE SAGEZ Juris.:

Address of Property 3818 BROOKWOOD

Inspection Data:

Tank Material pcc 1500

Total Length of Drainfield 533'

Number of Lines 5 @ 107'

Cover Depth 12"

Water Supply Source comm. wtr

Distance to Water Source >100

Excavation Inspected 8-27-99

Tank(s) Inspected 8-27-99

Wash Line Inspected —

High Water Alarm Inspected 8-27-99

SEE PLOT PLAN

PLOT

Design 1500 ST 1000 OT 1600 SFT CON 126 CTR# MT. 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: TYPE III-B

Environmental Health Specialist

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

843-1750

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

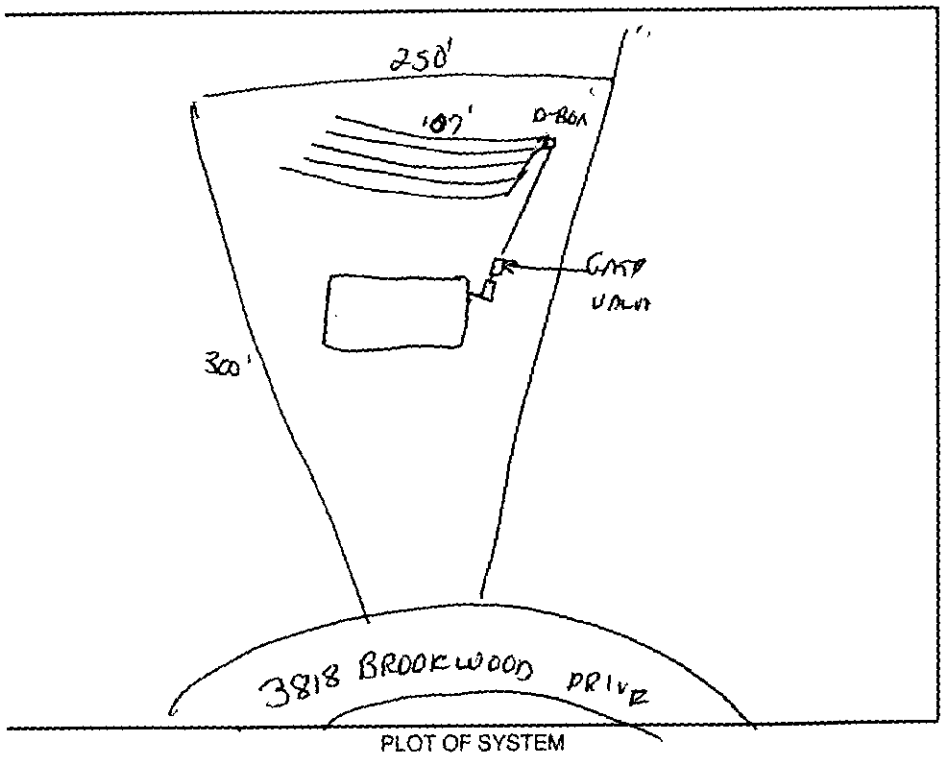
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1310 B DATE: 8/24/99

TC: 105-192-15 XL

SERIAL Nº 18185

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 10/24/99, 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 1000 gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 36" feet

Trench Walls Scored and Porous yes

Total Line Length 535' feet

Number of Lines 5

Depth of Stone 12" inches

Distance from House 10' 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 _____

LOCATION OF PROPERTY 3818 BROOKWOOD DRIVE

Comments: (1) EXISTING DRAINAGES SHALLOW 30" AND ON CONTOUR.

Environmental Health Specialist

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

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

DATE: 6-25-99 PERMIT NO: 1310B
PARCEL NO: 105-192-15

JOB LOCATION ADDRESS: 3818 BROOKWOOD PL
PROPERTY OWNER: JOE SMITZ
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: _____ LOT 4
AUTHORIZATION ISSUED BY: Sarah Wall RN DATE: 6-25-99
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1310B, 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: _____

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 6/29/99 DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 1310 B

Tax Number: 105-162-15

- 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	X No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	X 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	480 Max gallons/day wastewater flow	1600 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
NO Serviced by private well	1500 Gallon septic tank	533 Total trench length (ft)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
4 Bedrooms in residence	1000 Gallon pump tank	12" Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: (1) DESIGN IS FOR A 4 BEDROOM "PUMP-TO-" CONVENTIONAL DESIGN. (2) INSTALL A GATE VALVE ON 2" LINE BETWEEN PUMP AND A-BOX				
Repair Area System Type NOT REQUIRED 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	
___ Absorption Area (Sq ft) ___ Total Trench Length (Ft)	___ Depth of Stone Trench	___ Trench spacing (min. on centers)	___ 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 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.
- This Improvement permit is transferable.

DEHNR Authorized Agent 6/15/99 Date

X Owner/Agent Signature 6/16/99 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

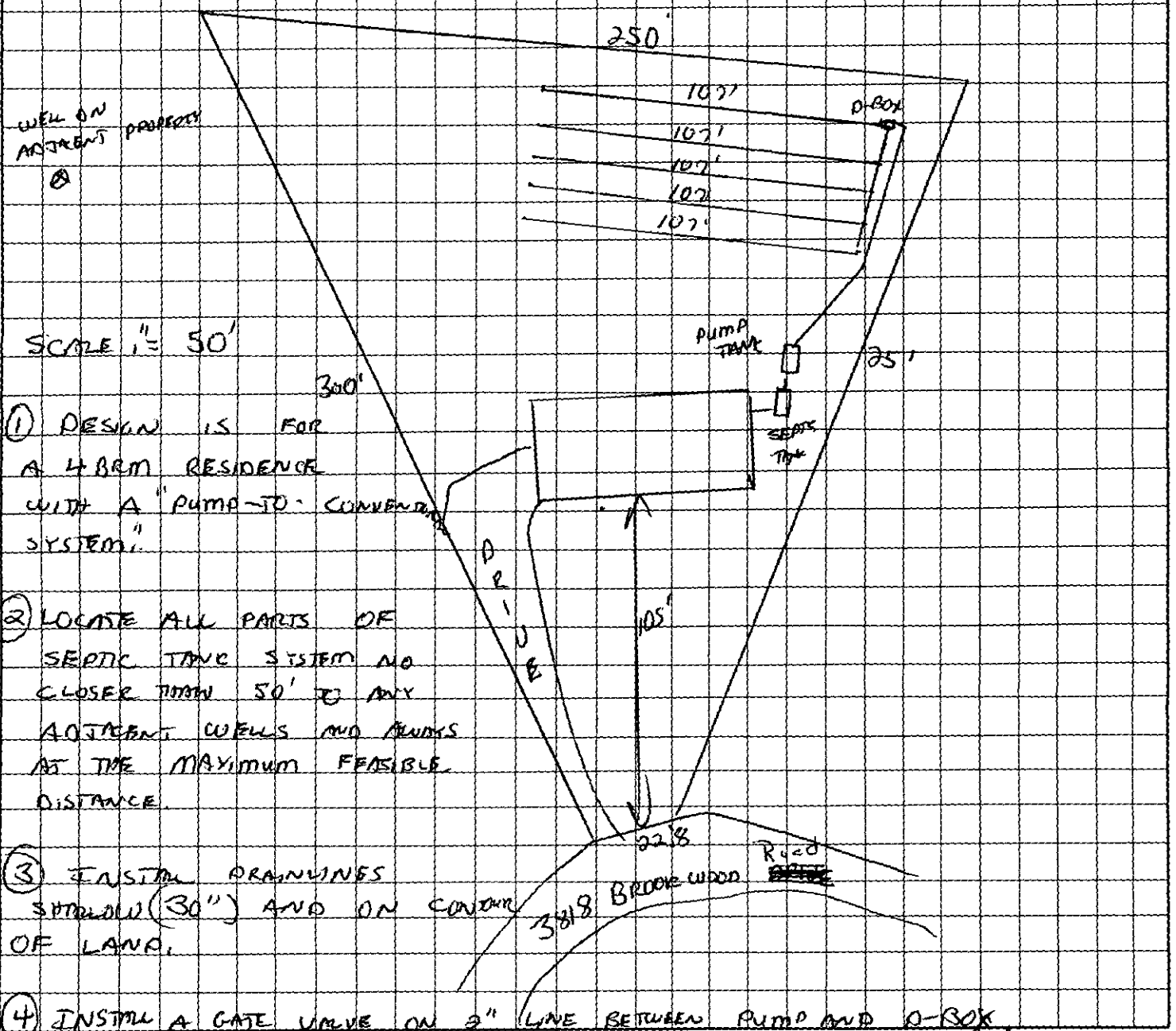
PROPOSED PLOT PLAN

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

FILE: 1310 B

TC: 105 - 192 - 15

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.



(1) DESIGN IS FOR A 4 BRM RESIDENCE WITH A "PUMP-TO-CONVENTIONAL SYSTEM".

(2) LOCATE ALL PARTS OF SEPTIC TANK SYSTEM NO CLOSER THAN 50' TO ANY ADJACENT WELLS AND SPRINGS AS THE MAXIMUM FEASIBLE DISTANCE.

(3) INSTALL DRAINLINES SHALLOW (30") AND ON CONTOUR OF LAND.

(4) INSTALL A GATE VALVE ON 2" LINE BETWEEN PUMP AND D-BOX

X [signature] 6/15/99

OWNER/AGENT SIGNATURE

DATE X 6/15/99

APPROVAL DATE 6/15/99

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

FEE: 100.00 CHK 10

DATE: 5/24/99 JC

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

#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

FAX 596-8196

COPY

FILE #: 13108

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 105-192-15

STREET ADDRESS: 3818 Brookwood Dr.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 14

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1,970

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 4

CLOSING DATE

FOUNDATION FOR RESIDENCE:

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

Lot checked 5-27-99
no change. in status
report WBM - 5-28-99

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):

X COMMUNITY (C) City water
X 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 X NO
EXISTING WASTEWATER SYSTEMS __ YES X NO
EASTMENTS OR RIGHT-OF-WAYS __ YES X NO
WELL, SPRINGS OR WATERLINES __ YES X NO
DESIGNATED WETLANDS __ YES X NO

PROPERTY OWNER:

NAME: Fesperman JR (LAST) (FIRST) (MI)

ADDRESS: 6914 Aberdeen Dr.

CITY: Wilmington STATE: NC ZIP: 28405

DAYTIME PHONE: (910) 395-0036

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Suez T. Dennise (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) [redacted] - 596 2732

Contact 589-5844 mobile

Joe OR Dennise

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

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 T Sr DATE: 5-23-99

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

PROPOSED PLOT PLAN

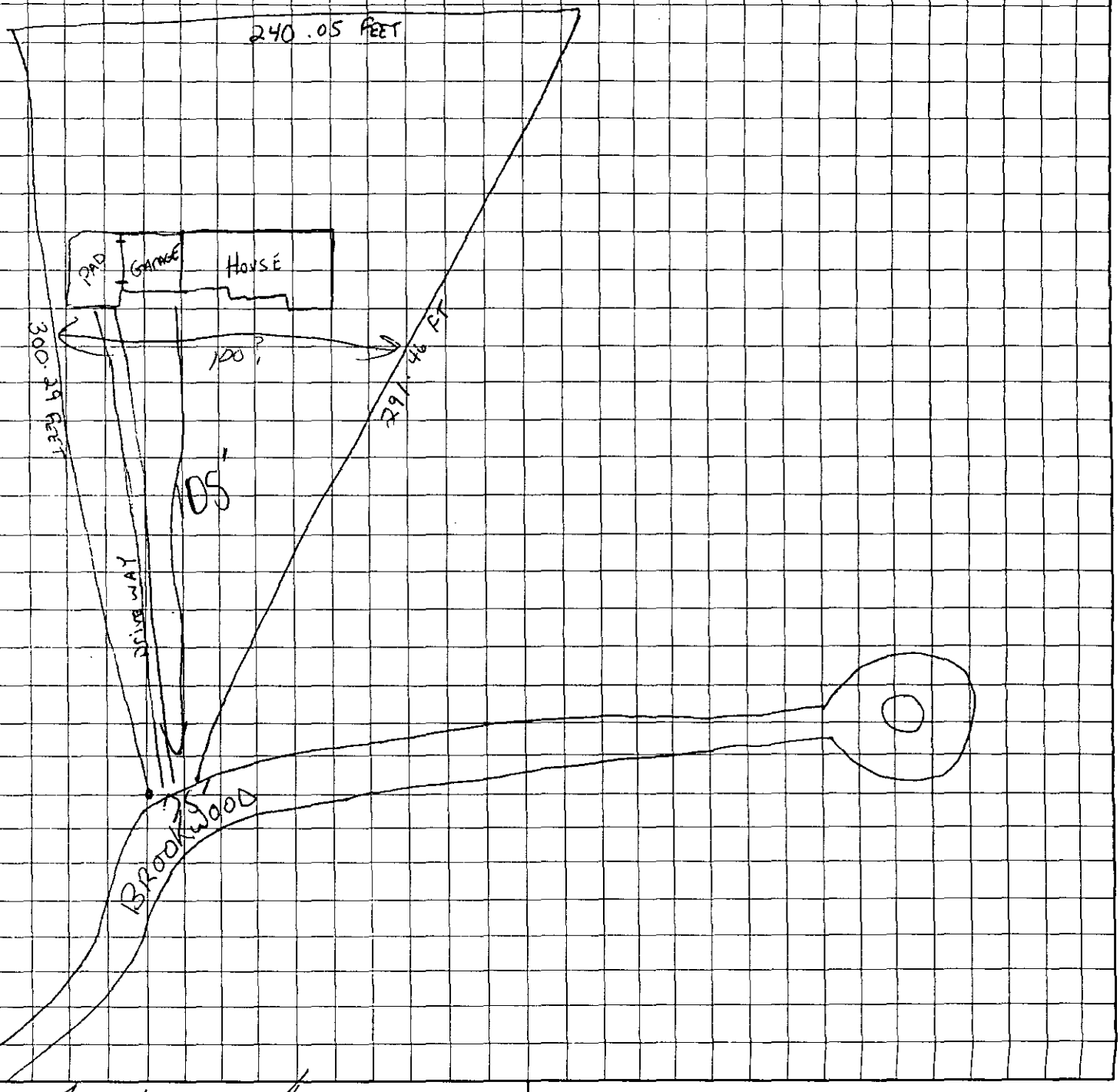
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1310B

TC: 105-192-15

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.



Joseph F. Ang
OWNER/AGENT SIGNATURE

DATE 5-23-99

APPROVAL DATE _____

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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

#1 1310B 105-192-15

OWNER: Jeff Fesperman
ADDRESS: 6914 Haberdeen Rd Wilmington
APPLICANT: ___
APPLICATION DATE: ___
DATE EVALUATED: ___
PROPOSED FACILITY: residence
PROPOSED DESIGN FLOW (.1949): ___
PROPERTY SIZE: ___
LOCATION OF SITE: 3816 Buckwood
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 & LTAR
1	LS 5-12%	0-9"	gr/scl	Fr/sEXP/SS/SP	>26" to Chroma 2 Mottles	26"	N/A	None	US IC .3/F7
		8-28"	sBK/c	Fr/sEXP/S/P					
2	LS	0-8"	gr/scl	Fr/sEXP/SS/SP	>40" to Chroma 2 Mottles	40"	N/A	None	PS LC .3/F2
		8-40"	sBK/c	Fr/sEXP/S/P					
3	LS	0-8"	gr/scl	Fr/sEXP/SS/SP	>46" to Chroma 2 Mottles	46"	N/A	None	PS LC .3/F2
		8-40"	sBK/c	Fr/sEXP/S/P					
		40-46"	sBK/cl	Fr/sEXP/SS/SP					
4	LS	0-6"	gr/scl	Fr/sEXP/SS/SP	>46" to Chroma 2 Mottles	46"	N/A	None	PS LC .3/F7
		6-36"	sBK/c	Fr/sEXP/S/P					
		36-48"	sBK/cl	Fr/sEXP/SS/SP					

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

OTHER FACTORS (.1949): ___
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: William R. Mullis 4-22-96
OTHER(S) PRESENT: ___

FEE: 100 CHECK

DATE: 5/24/99 gc

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

#1 New

1 JCRT

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

COPY

FILE #: 1310B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 105-192-15

STREET ADDRESS: 3818 Brookwood Dr.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 14

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1,970

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 4

CLOSING DATE:

FOUNDATION FOR RESIDENCE:

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

lot checked 5-27-99
no change in status
report WBM - 5-25-99

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):

X COMMUNITY (C) City water
X 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 X NO
EXISTING WASTEWATER SYSTEMS __ YES X NO
EASTMENTS OR RIGHT-OF-WAYS __ YES X NO
WELL, SPRINGS OR WATERLINES __ YES X NO
DESIGNATED WETLANDS __ YES X NO

PROPERTY OWNER:

NAME: Fesperman JR (LAST) (FIRST) (MI)

ADDRESS: 6914 Aberdeen Dr.

CITY: Wilmington STATE: NC ZIP: 28405

DAYTIME PHONE: (910) 395-0036

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Suez T. Dennise (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) [illegible] - 596 2732

Contact 589-5844 mobile

Joe or Dennise

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

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SIGNED: Joseph F Sr DATE: 5-23-99

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

Does not appear to be wetness

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	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)

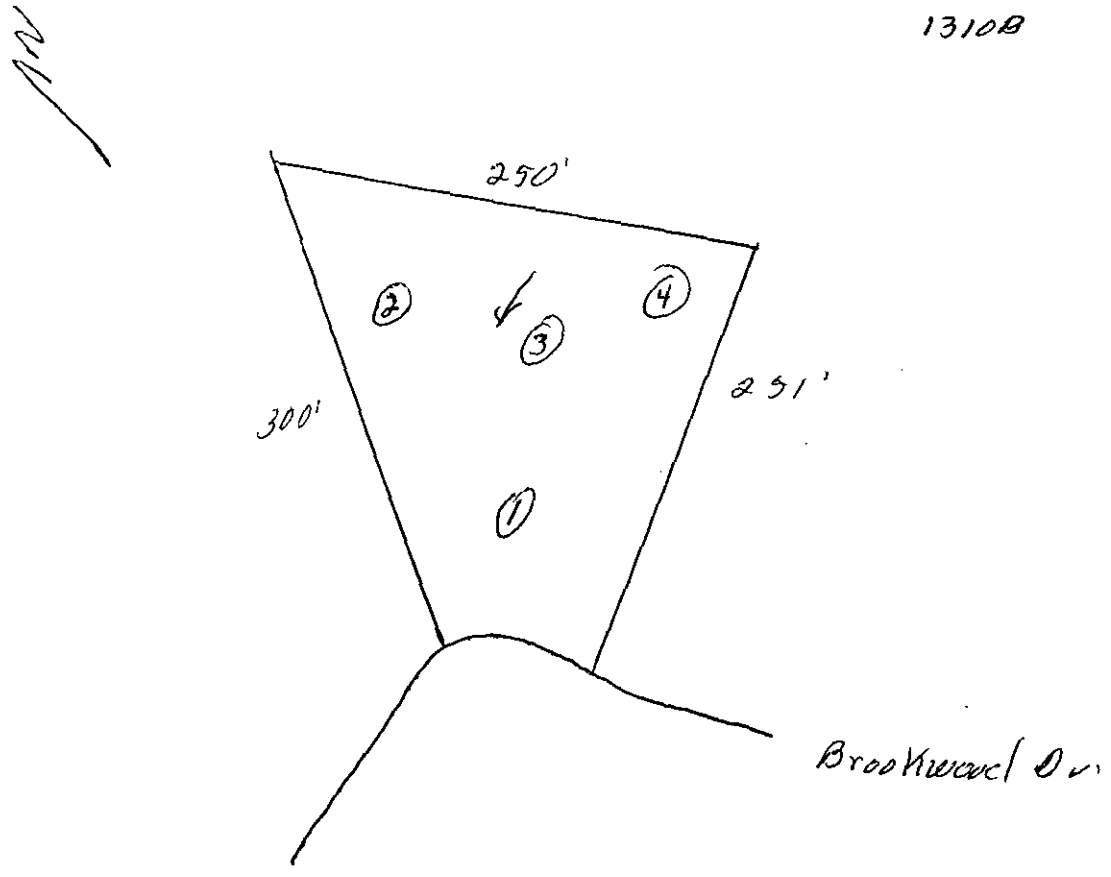
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ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from 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).



FEE: 100.00 check #702

DATE: 5/24/99 JC

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 #: 1310B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 105-192-15

STREET ADDRESS: 3818 Brookwood Dr.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 14

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1,970

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 4

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
X 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 X NO TYPE: _____

WATER SUPPLY (CHECK ONE):

X COMMUNITY (C) City water
X 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 X NO
EXISTING WASTEWATER SYSTEMS ___ YES X NO
EASTMENTS OR RIGHT-OF-WAYS ___ YES X NO
WELL, SPRINGS OR WATERLINES ___ YES X NO
DESIGNATED WETLANDS ___ YES X NO

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Fesperman JR (LAST) (FIRST) (MI)	NAME: Suez T. Dennise (LAST) (FIRST) (MI)
ADDRESS: 6914 Aberdeen Dr.	DAYTIME PHONE: ( ) [redacted] - 590 2732
CITY: Wilmington STATE: NC ZIP: 28405	Contact 589-5844 mobile
DAYTIME PHONE: 910 395 - 0036	Joe or Dennise

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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 F Sy DATE: 5-23-99

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

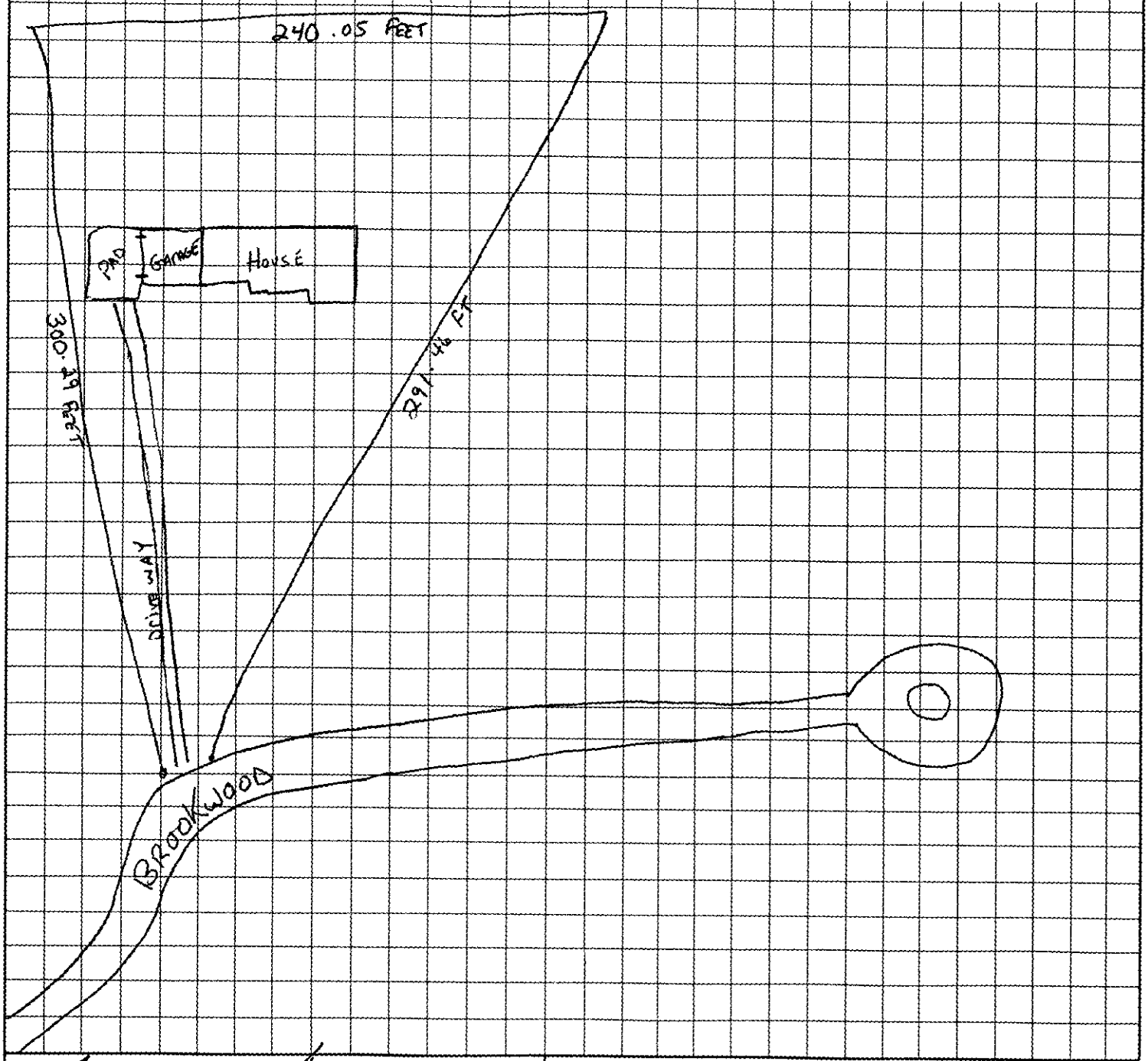
PROPOSED PLOT PLAN

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

FILE: 1310B

TC: 105-192-15

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 Joseph F. Hay

DATE 5-23-99

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

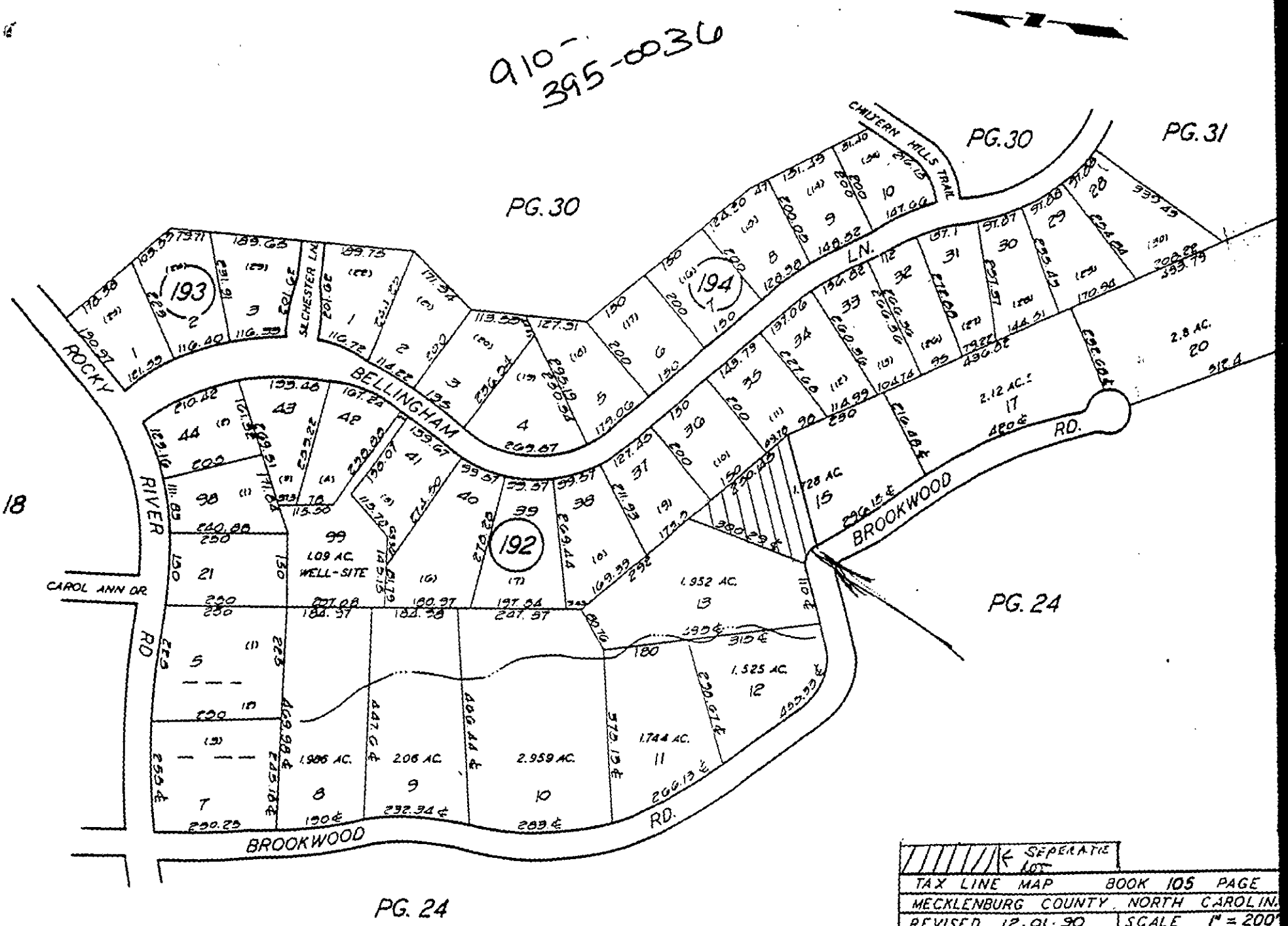
Pink - Owner's Copy

J. R. Fesperman and Wife Sylvia D. Fesperman
Issue this Statement of Authorization to
Joe Seyez And Mecklenburg County personel
to Conduct A perk test on our property
located at 3818 Brookwood Dr., Meck. Co.
Tax Parcel No. 105-192-15. May 18, 1999

J. R. Fesperman

Sylvia D. Fesperman

910-
395-0036



SUBJECT LOCATION MAP

FOR TAX PURPOSES ONLY

THIS IS TO CERTIFY THAT ON THE 16th DAY OF AUGUST 19 93, I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE PROPERTY LINES, WALLS AND BUILDINGS ARE AS SHOWN HEREON: THAT THE BUILDINGS LOCATED ON SAID LOT DO NOT ENCROACH OR PROJECT ON ADJACENT STREETS OR PROPERTY: AND THAT NO ADJACENT BUILDINGS OR WALLS ENCROACH OR PROJECT ON SAID PREMISES.

RICHARD BOYD BROOKS

SIGNED _____

N.C. REGISTERED SURVEYOR L3586

D.B. 2641-415

LOT 9
STARNES
D.B. 5715-88

BRYAN

LOT 10
WHITE
D.B. 5513-810

LOT 11
FERRERI
D.B. 6597-893

10.72'

240.05'

S 47° 44' 40" E

0.86 AC.

LOT 14

N 13° 29' 12" E 300.29'

N 42° 20' 31" E 251.4'

20

20

11

12

277.48

R/W 2

N 40° 42' 12" W
44.96'

N 63° 33' 00" E
22.47'

BROOKWOOD RD.
(60' R/W)

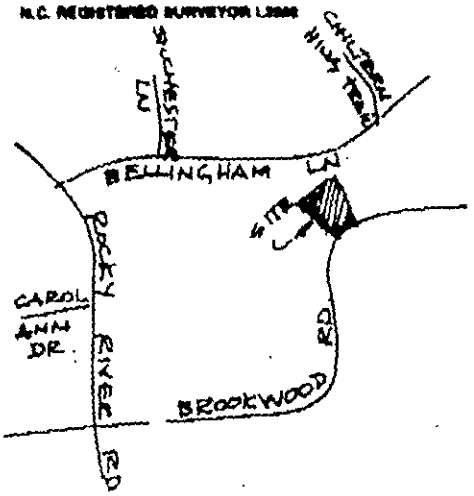
LOT 19
D.B. 2641-415

LOT 13
WIGGINS
D.B. 4404-436

EDGE OF PVMT

ASPHALT

VICINITY MAP
NOT TO SCALE.



● = OLD IRON (E.I.P.)
O = NEW IRON (N.I.P.)
NPS = NO POINT SET.

PHYSICAL SURVEY.
OF
LOT 14
CRAB ORCHARD TWP. MECKLENBURG CO. N.C.
PROPERTY OF

FD ___ THIS PLAT DOES NOT CONFORM TO S.47-30

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

COVENANTS AND RESTRICTIONS OF BROOKWOOD

THIS AGREEMENT Made and entered into this the 22nd day of ~~May~~ June 1960, by and between Warren P. Coleman and wife Betty Parker Coleman, of Mecklenburg County and State of North Carolina, parties of the first part, and hereinafter known as "Developer", and all persons or parties who may subsequently own the said property,

WITNESSETH: That Whereas the said parties of the first part do declare this to be the valid restrictions applicable to the property known as Brookwood, map of which is recorded in Map Book 9, page 259 of the office of the Register of Deeds for Mecklenburg County, North Carolina:

506

1. These lots shall be used for residence purposes only. Any building erected on said lots must be detached single family dwellings having not less than one, or more than two stories in height and private garage for not more than three cars. The enclosed and heated living area of the main structure, exclusive of open porches, garages, basements and other unheated spaces, shall be not less than 1200 square feet nor less than 1800 square feet for a two story type dwelling;

2. These lots shall not be subdivided for the purpose of creating a greater number of lots;

3. No structure of a temporary character, trailer, basement, tent, shack, garage, barn or other outbuilding shall be used on these lots at any time as a residence, and the siding of the house is to be built of frame, clay brick, natural stone or combination;

4. An easement is reserved across the rear ten feet of each lot herein referred to for the purpose of installing and maintaining public utilities lines;

5. The sellers and their heirs and assigns and the purchasers and their heirs and assigns, hereby agree that the restrictions herein imposed may be changed or disposed of by written mutual consent of said parties.

IN WITNESS WHEREOF the parties of the first part have hereunto set

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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

#1 13108
105-192-15

APPLICANT: ___
OWNER: Jeff Fesperman
ADDRESS: 6914 Haberdan Rd, Wilmington
PROPOSED FACILITY: residence
LOCATION OF SITE: 3816 Burntwood
APPLICATION DATE: ___
PROPOSED DESIGN FLOW (.1949): ___
DATE EVALUATED: ___
PROPERTY SIZE: ___
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 % (5-12%)	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 & LTAR
1	LS	0-8"	gr/scl	Fr/sEXP/ss/sP	>26" to Chroma 2 Mottles	26"	N/A	None	US IV .39/F7
		8-28"	sBK/c	Fr/sEXP/s/P					
2	LS	0-8"	gr/scl	Fr/sEXP/ss/sP	>40" to Chroma 2 Mottles	40"	N/A	None	PS III .39/F2
		8-40"	sBK/c	Fr/sEXP/s/P					
3	LS	0-8"	gr/scl	Fr/sEXP/ss/sP	>46" to Chroma 2 Mottles	46"	N/A	None	PS III .39/F2
		8-40"	sBK/c	Fr/sEXP/s/P					
		40-46"	sBK/c	Fr/sEXP/ss/sP					
4	LS	0-6"	gr/scl	Fr/sEXP/ss/sP	>46" to Chroma 2 Mottles	46"	N/A	None	PS III .39/F7
		6-36"	sBK/c	Fr/sEXP/s/P					
		36-46"	sBK/c	Fr/sEXP/ss/sP					

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

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: William A. Wallis 4-22-96
OTHER(S) PRESENT: ___

FEE: 100.00 ck#40924

DATE: 3/27/96

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

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 #: 13102

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 105-192-15

STREET ADDRESS: 3818 Brookwood ~~Drive~~ Road

SUBDIVISION OR MOBILE HOME PARK NAME: CRAb Orchard Township

LOT NUMBER: 14 15

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: 1550

NUMBER OF BEDROOMS: 2 | NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
✓ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

N/A

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

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
✓ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

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

BURIED CABLES, LANDFILLS, STUMPHOLES	__ YES ✓ NO	WELL, SPRINGS OR WATERLINES	__ YES ✓ NO
EXISTING WASTEWATER SYSTEMS	__ YES ✓ NO	DESIGNATED WETLANDS	__ YES ✓ NO
EASEMENTS OR RIGHT-OF-WAYS	__ YES ✓ NO		

PROPERTY OWNER:

NAME: Fesperman Jeff R.
(LAST) (FIRST) (MI)

ADDRESS: 6914 Haberdeen Dr.

CITY: Wilmington STATE: N.C ZIP: 28405

DAYTIME PHONE: (1) 910 - 395-0036

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Hamilton Gary H.
(LAST) (FIRST) (MI)

DAYTIME PHONE: (1) 704-664-6511

Home # 1-704-596-2608

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? Unk

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SIGNED: Gary H. Hamilton DATE: 3-26-96

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

DATE	DESCRIPTION	FEE	PAYMENT	ADJUST-MENT	BALANCE	PREVIOUS BALANCE	NAME
3/8/96	Permit Fee	100 00	100 00				Larry H Hamilton

This is your RECEIPT for this amount
This is a STATEMENT of your account to date

4487

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH OFFICE
700 NORTH TRYON STREET
CHARLOTTE, NORTH CAROLINA 28202
TELEPHONE: (704) 336-5102

ck# 10924

$100.00

3818 Brookwood Rd

Thank you

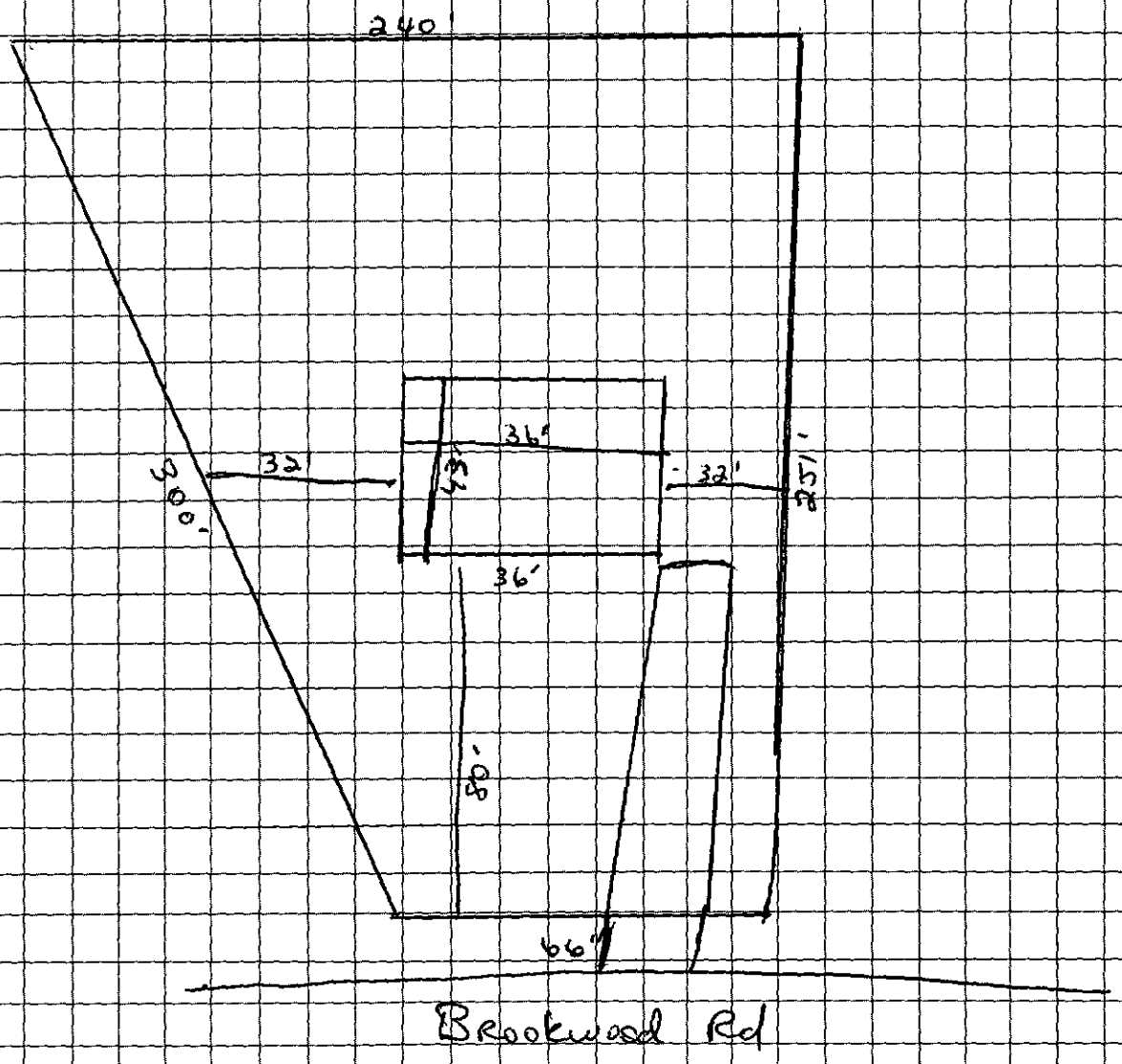
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Gary D Samuels
OWNER/AGENT SIGNATURE

DATE 3-26-96

APPROVAL DATE _____

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