

8029 LAINE RD

05554114

1/4/2008

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: 4393B DATE: 02/04/02

TC: 055-541-14 ☒ L ☒ CRT

SERIAL

Name of Owner Rick Pearson Juris.:

Address of Property 8029 Laine Road

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @

Cover Depth 12"

Water Supply Source Well

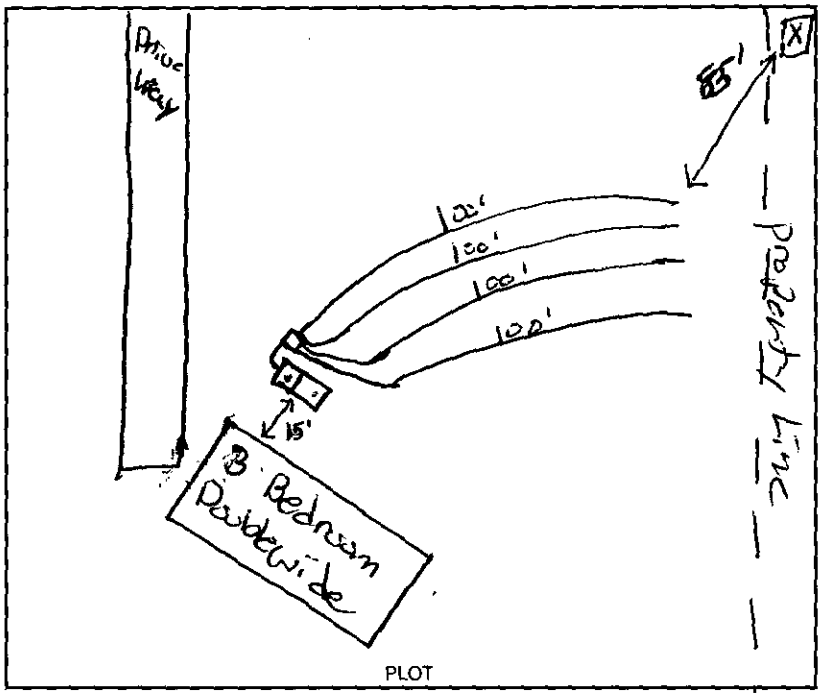
Distance to Water Source

Excavation Inspected 02/04/02

Tank(s) Inspected 02/04/02

Wash Line Inspected N/A

High Water Alarm Inspected N/A



Design 1500 St, 2001, Con, 1200SFT, 12"G, Cecil, ~~Type II G~~ CTR# Jamie Lanny Tucker

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: Well has not been installed as of 02/04/02.

Type II con system

R.S.I

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

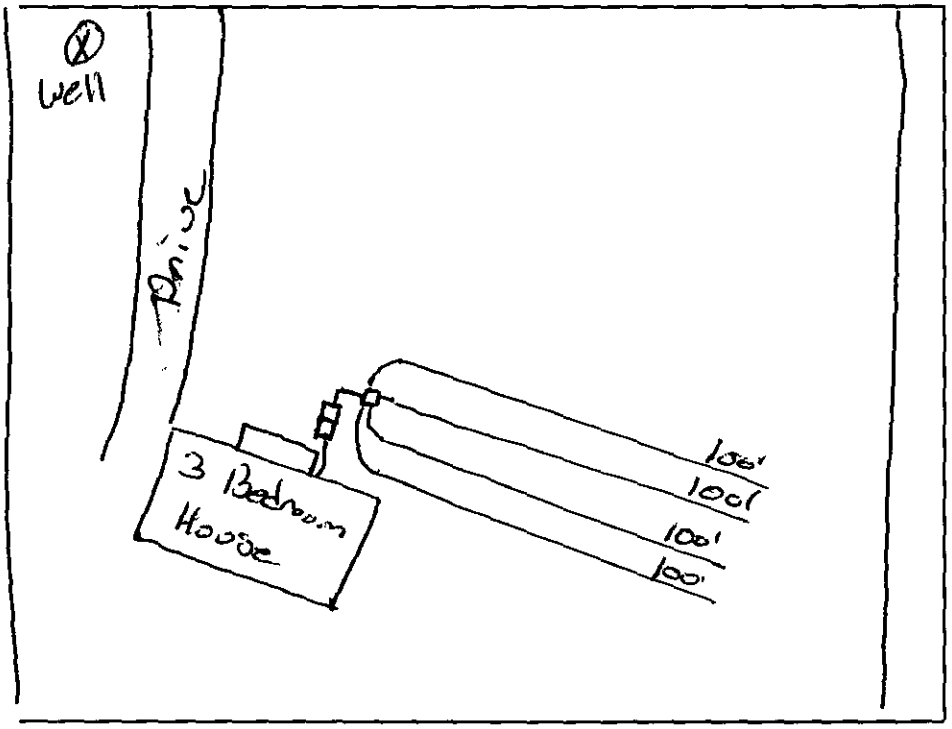
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4393 B DATE: 02/01/02

TC: 055-541-14 X/L

SERIAL No 18898

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 Not dated. All work shall be completed on or before 02/30/02, 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 N/A gallons

Tank Construction PCC

Trench Depth max 36"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Yes

Total Line Length 400 feet

Number of Lines 4

Depth of Stone 12" inches

Distance from House ~~75~~ 75' 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 Rick Pearson

LOCATION OF PROPERTY Laine Road

Comments: Type II Conventional, 9' on centers

Brenton Sing R.S.I
Environmental Health Specialist

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

Rev. 3 collections

FEE: 150.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** YES
DATE: 8-21-00 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: _____ PERMIT NO: 43938
PARCEL NO: 055-541-14

JOB LOCATION ADDRESS: 8029 Cane Road
PROPERTY OWNER: Lena Gallmon
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: Terry P. Mickler DATE: 8/17/00
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 43938, 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 I.P.

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.

Richard C. Pearson 8/16/00
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Fees

Requestor (please print): Richard Pearson Phone #: 399-2874 Date Requested: 8/21/00 Date Filled:

Account Name: Cash Charge Account No.:

I certify that I am authorized to charge this account for this service:

Signature: Richard A. Pearson Printed Name: Richard A. Pearson Date: 8/21/00

T.C.	Qty	Description	Unit Cost	Total Cost
0701		Improvement Permit Application - Residential	$ 200.00	
0735		Improvement Permit Application - Commercial	$ 400.00	
0702		Optional Site Evaluations	$ 100.00	
0703		Installation and Final Approval	$ 150.00	
0704		Change in Plot Plan	$ 100.00	
0705		MH Exc/Add/Repl without System Modification	$ 100.00	
0706		MH Exc/Add/Repl with System Modification	$ 300.00	
0707		Site Consultation Visit	$ 100.00	
0734	1	Authorization for Wastewater System Construction	$ 150.00	150.00
0708		Realty Closing - Conventional	$ 85.00	
0709		Realty Closing - FHA with water	$ 135.00	
0710		Additional Trips	$ 65.00	
0711		Well Water Analysis-Bacteriological with regular parameters	$ 50.00	
0712		Well Water Analysis -Nitrates and Nitrites	$ 15.00	
0714		Well Water Analysis - Organic Analysis	$ 200.00	
0715		Admin. Fee - Field Activity Letter	$ 25.00	
0718		Residential Pool Permit	$ 50.00	
0719		Public Pool Permit - operating	$ 240.00	
0720		Seasonal Pool Permit - operating	$ 120.00	
0736		Pool Late Fee	$ 120.00	
0733		Permit to Construct a Public Pool	$ 200.00	
0721		Home Day Care Evaluation and Permit	$ 70.00	
0722		Home Day Care Evaluation and Annual Fee	$ 40.00	
0723		Eval and Report Non-Permit Facility	$ 50.00	
0724		Private Pool Testing	$ 15.00	
0731		Garbage Hauler Permit - (1-9 vehicles)	$ 30.00	
0736		Garbage Hauler Permit - (each over 9)	$ 20.00	
0725		Document Copies	$ 0.05	

Payment received by: Date: 8/21/00 Total: 150.00

Laine Rd.

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION

Permit Number 4393 B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number 055-541-14

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	✓ 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

0.3 Long-term acceptance rate	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
YES Serviced by private well	1500 Gallon septic tank	400' Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	NA Gallon pump tank	12" Depth of stone	

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

Site modifications required:

Additional Conditions: Install 4 lines x 100' x 3' trenches x 12" Stone
- Effluent filter to be installed.

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

1200 Absorption Area (Sq ft) 400' Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	24" 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.

Jimmy L. Mickel 8/17/00
DEHNR Authorized Agent Date

Richard D. Pearson 8/16/00
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

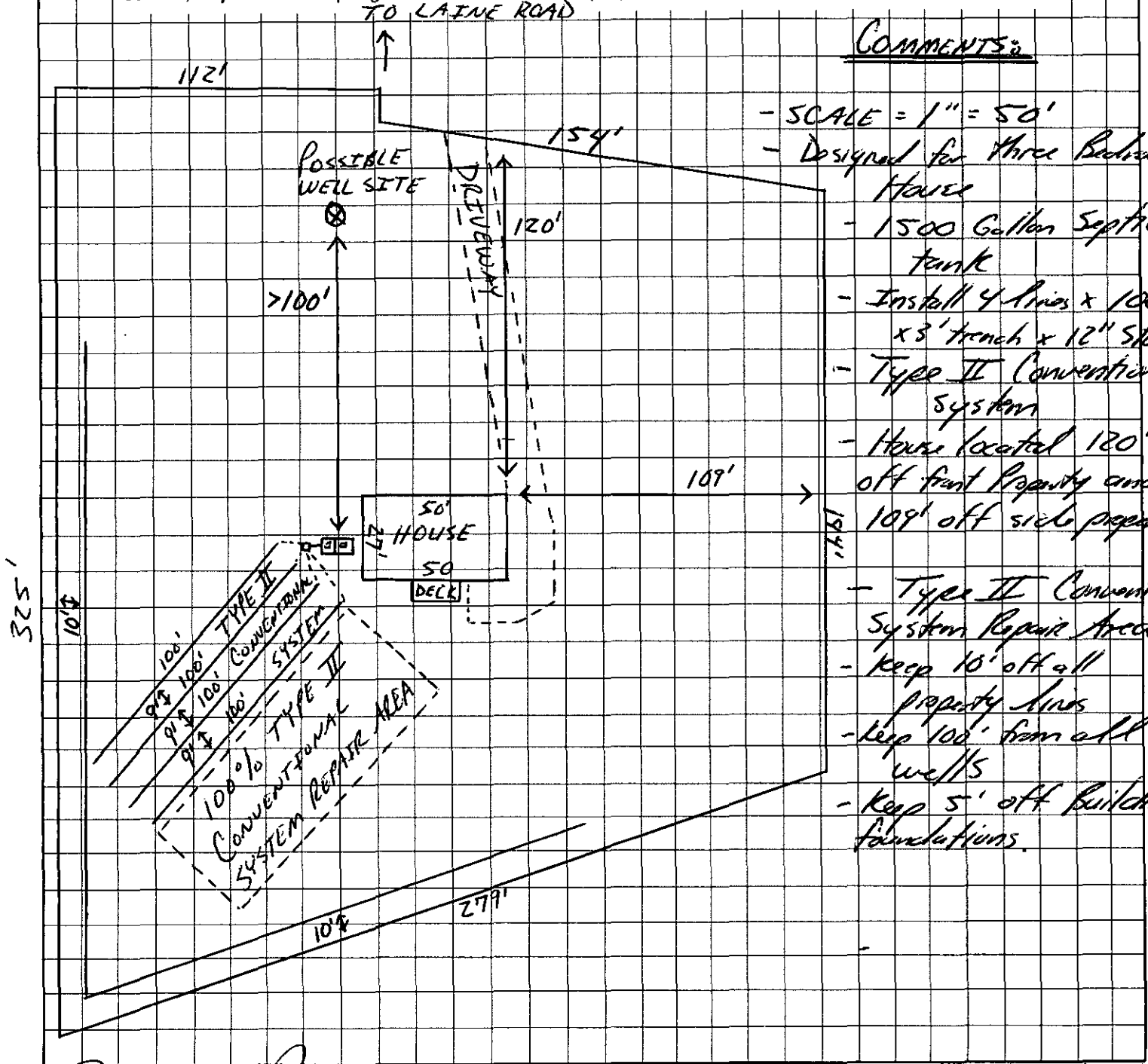
PROPOSED PLOT PLAN

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

FILE: 4393B

TC: 055-541-14

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.



COMMENTS:

- SCALE = 1" = 50'
- Designed for Three Bedroom House
- 1500 Gallon Septic tank
- Install 4 lines x 100' x 3' trench x 12" stone
- Type II Conventional System
- House located 120' off front Property and 109' off side property.
- Type II Conventional System Repair Area.
- Keep 10' off all property lines
- Keep 100' from all wells
- Keep 5' off Building foundations.

Richard R. Pearson
OWNER/AGENT SIGNATURE

DATE 8/16/00

APPROVAL DATE Jenny Mickle 8/17/00

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

DATE: 1/25/2002

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION: MECK

055-541-14

PARCEL NUMBER

8029 LAINE RD

ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

N/A

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A

PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

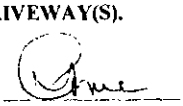
1. SUBDIVISION REGULATIONS	___ APPROVED	___ NOT APPROVED
2. FLOODWAY REGULATIONS	___ APPROVED	___ NOT APPROVED
3. WATERSHED PROTECTION	___ APPROVED	___ NOT APPROVED
4. COMERCIAL DRAINAGE PLAN	___ APPROVED	___ NOT APPROVED
5. PUBLIC UTILITY EASEMENT	___ PRESENT	___ NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE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

Remarks:

ADDRESS VERIFIED

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

ALL OTHER FORMAS OBSOLETE
— NEW ADDRESS
REVISED 1/91

SIGNED: 

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

ACS #1

Sheet: _____
Property ID: 055-541-14
Lot #: _____
File #: 43973-B

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Lena Hallman APPLICANT: _____
ADDRESS: 5101 Jaime Road, Charlotte, N.C. DATE EVALUATED: 8-9-00
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 360gpd PROPERTY SIZE: 1.6
LOCATION OF SITE: Jaime Road PROPERTY RECORDED: _____
WATER SUPPLY: ~~Private~~ ☐Public ~~Well~~ ☐Spring ☐Other _____
EVALUATION METHOD: ~~Augur Boring~~ ☐Pit ☐Cut
TYPE OF WASTEWATER: ~~Sewage~~ ☐Industrial Process ☐Mixed

PROFILE #	Slopes: 4-10% .1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-3"	gr/cl	Fr/SEXP/SS/SP	>48" TO soil wetness	48"	N/A	None	PS .39/F2 IV
		3-48"	SBK/C	F.I/SEXP/SP					
2	LS	0-5"	gr/scl	Fr/SEXP/SS/SP	>48" TO soil wetness	48"	N/A	None	PS .39/F2 IV
		5-48"	SBK/C	F.I/SEXP/SP					
3	LS	0-3"	gr/cl	Fr/SEXP/SS/SP	>48" TO soil wetness	48"	N/A	None	PS .39/F2 IV
		3-48"	SBK/C	F.I/SEXP/SP					
4	LS	0-3"	gr/cl	Fr/SEXP/SS/SP	>48" TO soil wetness	48"	N/A	None	PS .39/F2 IV
		3-48"	SBK/C	F.I/SEXP/SP					
5	LS	0-2"	gr/cl	Fr/SEXP/SS/SP	>42" TO soil wetness	42"	N/A	None	PS .39/F2 IV
		2-34"	SBK/C	F.I/SEXP/SP					
		34-48"	SBK/C/	Fr/SEXP/SS/SP					
6	LS	0-5"	gr/cl	Fr/SEXP/SS/SP	>48" TO soil wetness	48"	N/A	None	PS .39/F2 IV
		5-36"	SBK/C	F.I/SEXP/SP					
		36-48"	SBK/C/	Fr/SEXP/SS/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.39/F2	.39/F2

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: R. A. Mullis LSS 8-10-00
OTHER(S) PRESENT: _____

FILE # 4393B

COMMENTS 1002 Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

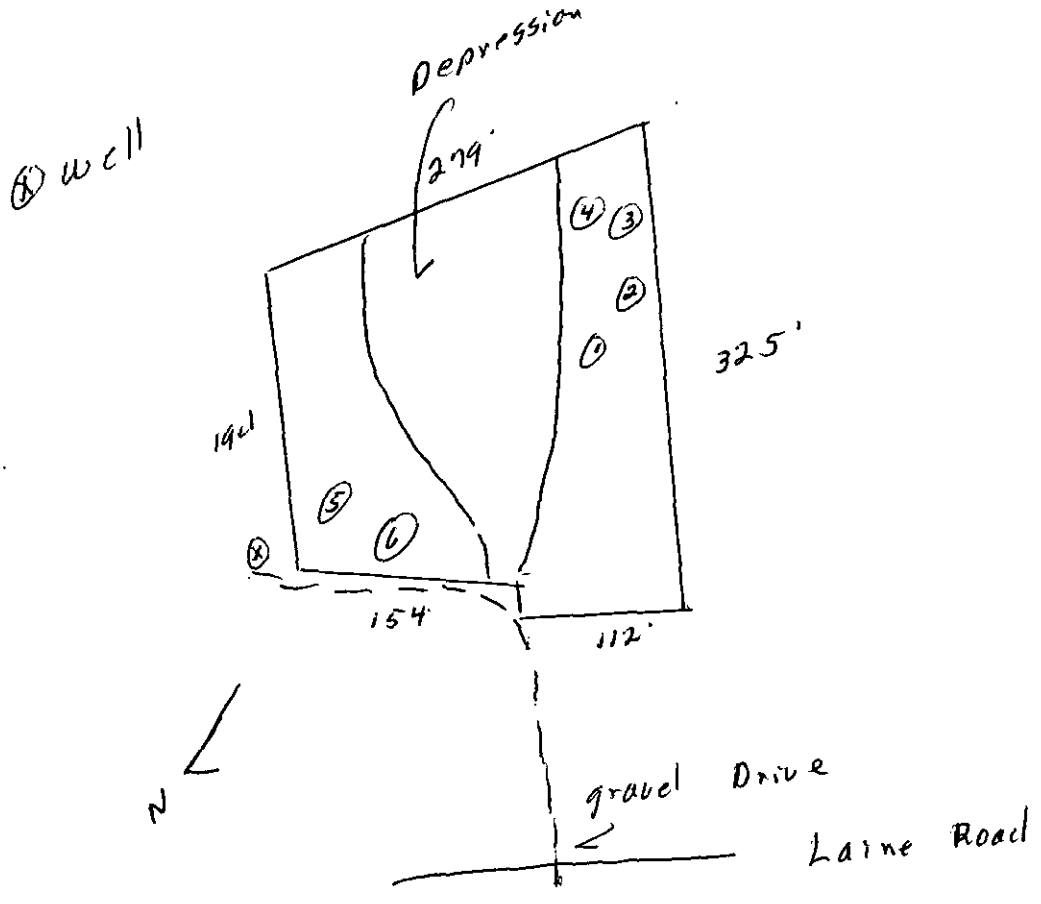
STRUCTURE

SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



FEE: 230.00 CK# 1822
DATE: 8/3/00 gc

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 #: 4393B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 055-541-14

STREET ADDRESS: Laine Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

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: 1540

NUMBER OF BEDROOMS: NUMBER OF OCCUPANTS:

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
EASTMENTS OR RIGHT-OF-WAYS	[✓] YES [ ] NO		

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Gallman Lena (LAST) (FIRST) (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 8101 Laine Rd	DAYTIME PHONE: ( ) -
CITY: Char. STATE: NC ZIP: 28214	
DAYTIME PHONE: ( )399 - 2874	

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: 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

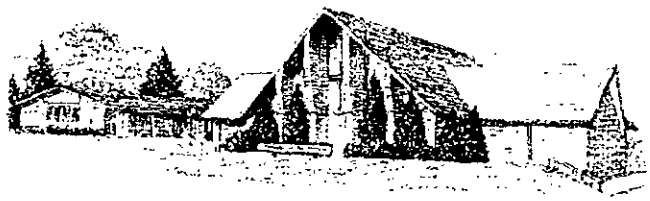
Mulberry Baptist Church

Child Development Center

6450 Tuckaseegee Rd.
Charlotte, NC 28214
Phone: (704) 399-4500
Fax: (704) 399-8180

Mulberry Baptist church

"Speaking the Truth in Love"



Fax

To: Mrs. Craig From: Donna Freeman

Fax: Date: 8/4/00

Phone: Pages:

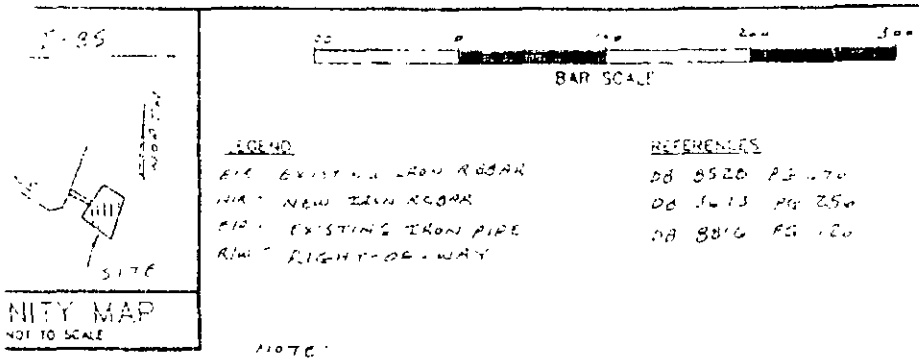
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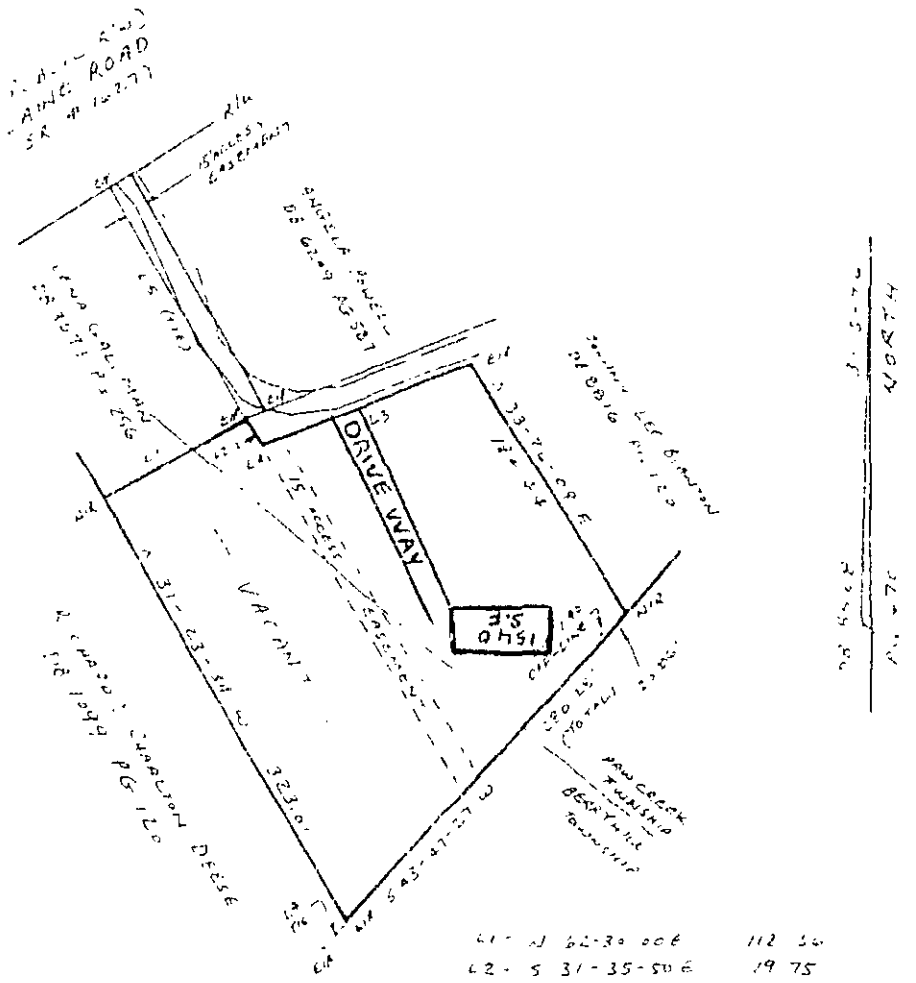
☐ Urgent ☑ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

•Comments/Note:

If you have any questions

Please call me @ 399-0476





L1	N 62-30 00 E	112.56
L2	S 31-35-50 E	19.75
L3	N 69 39 00 E	159.12
L4	S 44-23-06 W	24.25'
L5	N 31-25-05 W	181.52

OPERTY DOES NOT LIE IN A FLOOD AREA AS DETERMINED BY THE FEDERAL NCY MANAGEMENT AGENCY. (ZONE X 37015B ; PANEL 100 OF 210)

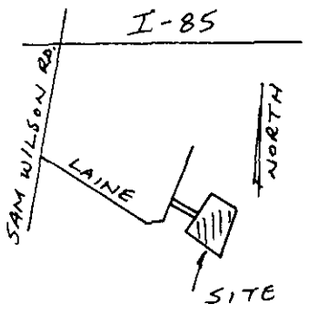
DATE OF SURVEY: MARCH 31, 2000

AMES I. KOVACS, CERTIFY THAT THIS PLAT DRAWN FROM AN ACTUAL SURVEY MADE ER MY SUPERVISION ON THE 31st DAY MARCH, 2000, THAT THE O OF PRECISION OF THE UNADJUSTED EY IS 1: 10,000 AND THAT THIS EY AND PLAT COMPLIES WITH THE MINIMUM STANDARDS OF PRACTICE FOR LAND SURVEYING

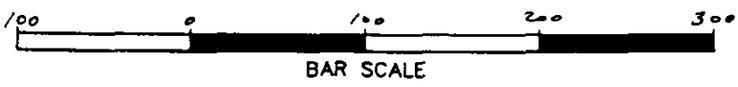
PREPARED FOR
DONNA FREEMAN
8101 LAINE ROAD
PAW CREEK / BERRYHILL TOWNSHIPS MECKLENBURG CO.

JAMES I. KOVACS, PLS
2713 SHALGROVE LN

4393B



VICINITY MAP
NOT TO SCALE

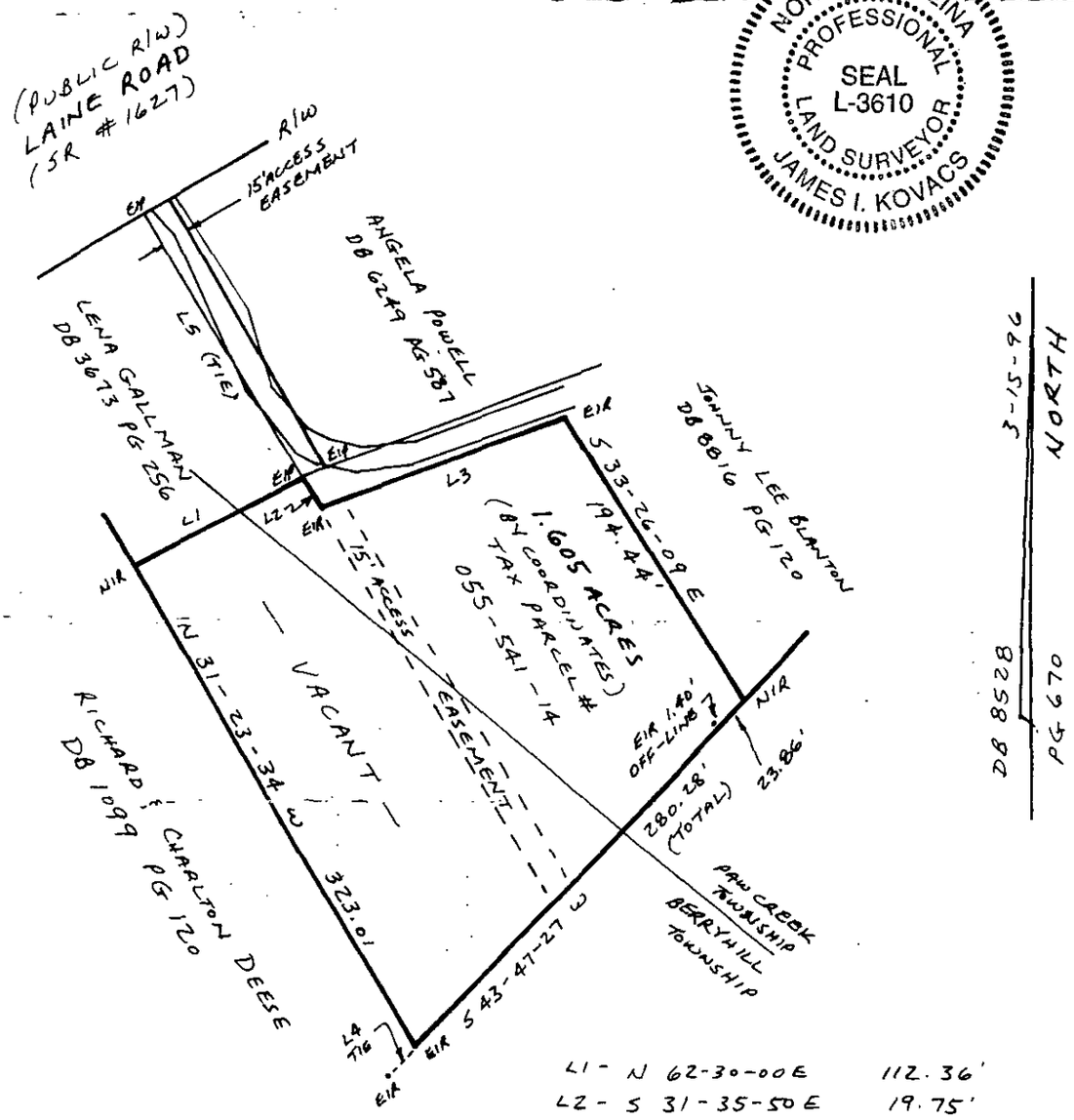


LEGEND
EIR - EXISTING IRON REBAR
NIR - NEW IRON REBAR
EIP - EXISTING IRON PIPE
R/W - RIGHT-OF-WAY

REFERENCES
DB 8528 PG 670
DB 3673 PG 256
DB 8816 PG 120

NOTE:
- NO NCGS MONUMENTS WITHIN 2000' OF SITE.

NORTH CAROLINA PROFESSIONAL SEAL L-3610 LAND SURVEYOR JAMES I. KOVACS



L1 -	N 62-30-00 E	112.36'
L2 -	S 31-35-50 E	19.75'
L3 -	N 69-39-00 E	154.72'
L4 -	S 44-23-06 W	24.25'
L5 -	N 31-25-05 W	181.52'

THIS PROPERTY DOES NOT LIE IN A FLOOD HAZARD AREA AS DETERMINED BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY (ZONE "X"; COMM.# 370158 ; PANEL 100 OF 210)

DATE OF SURVEY: MARCH 31, 2000

I, JAMES I. KOVACS, CERTIFY THAT THIS PLAT WAS DRAWN FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION ON THE 31st DAY OF MARCH, 2000; THAT THE RATIO OF PRECISION OF THE UNADJUSTED SURVEY IS 1: 10,000 AND THAT THIS SURVEY AND PLAT COMPLIES WITH THE MINIMUM STANDARDS OF PRACTICE FOR LAND SURVEYING IN THE STATE OF NORTH CAROLINA.

James I. Kovacs L-3610

JAMES I. KOVACS L-3610

PREPARED FOR
DONNA FREEMAN
8101 LAINE ROAD
PAW CREEK & BERRYHILL TOWNSHIPS MECKLENBURG COUNTY

JAMES I. KOVACS, PLS
2713 CHALGROVE LN.
CHARLOTTE, NC 28216
PHONE/FAX (704) 394-8197

SCALE: 1" = 100'
FB 17 PG 29
PROJ# 000318

Donna Gallman Freeman