

19624 META RD

00109124

6/1/2007

duponbj

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

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

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

(OFFICE USE ONLY)
FILE: 5504A
TC: 601-091-24
SERIAL: № 21055
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 19624 (STREET NO.) meta Rd (STREET) ② FILE: 5504A
③ JURISDICTION: ____ ④ TAX PARCEL NO.: 00109124 PO
⑤ SUBDIVISION: meta Rd ⑥ LOT: 3 ⑦ BLOCK: ____

OWNER

⑧ NAME: Simanini (FIRST) Builders (MIDDLE) INC (LAST)
⑨ MAILING ADDRESS: 3727 RoseLake Dr
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28217
⑬ PHONE: (WORK) 357-8800 ⑭ (HOME) 366-4277

REQUEST

This request is for a(n):

⑮ ☒ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) ____

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 4
㉕ Type? ____
㉓ Maximum occupancy? ____
㉖ Maximum number of employees? ____
㉔ Basement? ☐ yes ☒ no
㉗ Maximum number of seats? ____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, 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: 8/31/90

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

... No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist / Date

Director or Authorized Section Head / Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5504 A DATE: 8/30/90

TC: 001 09124 ☒ L ☒ CRT

SERIAL Nº 13554

Name of Owner TOWN SQUARE INV., INC. Juris.:

Address of Property 19624 META Rd.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 201 T&J

Number of Lines 3 @ 67'

Cover Depth 6"

Water Supply Source P/WELL

Distance to Water Source >50

Excavation Inspected Y

Tank(s) Inspected Y, Y

Wash Line Inspected —

High Water Alarm Inspected installed

PLOT

Design: 1,500 ST, 1000 PT, PI, mod T&J 402 SFT, 14" SAND, CECIL CTR# 52

The undersigned has inspected the Septic Tank System described above, and certifies it has been

- ☑ installed or constructed
- ☑ in accordance with the permit issued
- ☐ altered or repaired
- ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The 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 10 NCAC 10A .1900 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.

COMMENTS: 3 bedrm. T&J PANEL, (3) 2'x67'x14" SAND, LIME, 15 PANELS PER LINE. Liberty pump.

Tim Whittaker, R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

T E J

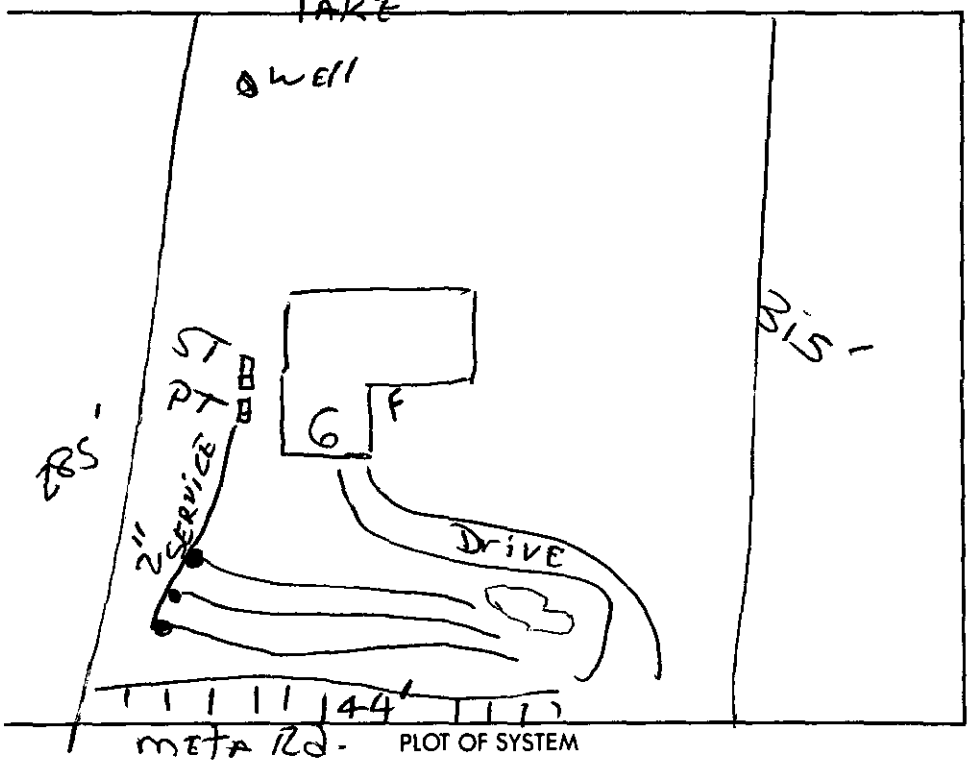
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5504 DATE: 8/15-/90

TC: 0010912401

SERIAL Nº 13441

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 6/2/90. All work shall be completed on or before 9/15/90, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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

Absorption and/or Nitrification Lines:

Trench Width 2' feet

Total Line Length 200' feet

Number of Lines 3

Depth of ~~Stone~~ SAND 14" inches

Distance from House 10 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

NAME OF OWNER TOWN SQUARE INV. INC.

LOCATION OF PROPERTY 19624 META Rd.

Comments: TEJ PANEL, install according plans submitted. (3) 2'x67"x14" sand, lime & rake walls. Approx. 15 panels per line.

Division or Section Head

Tim Whittaker, R.S.
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

PROPOSED PLOT PLAN

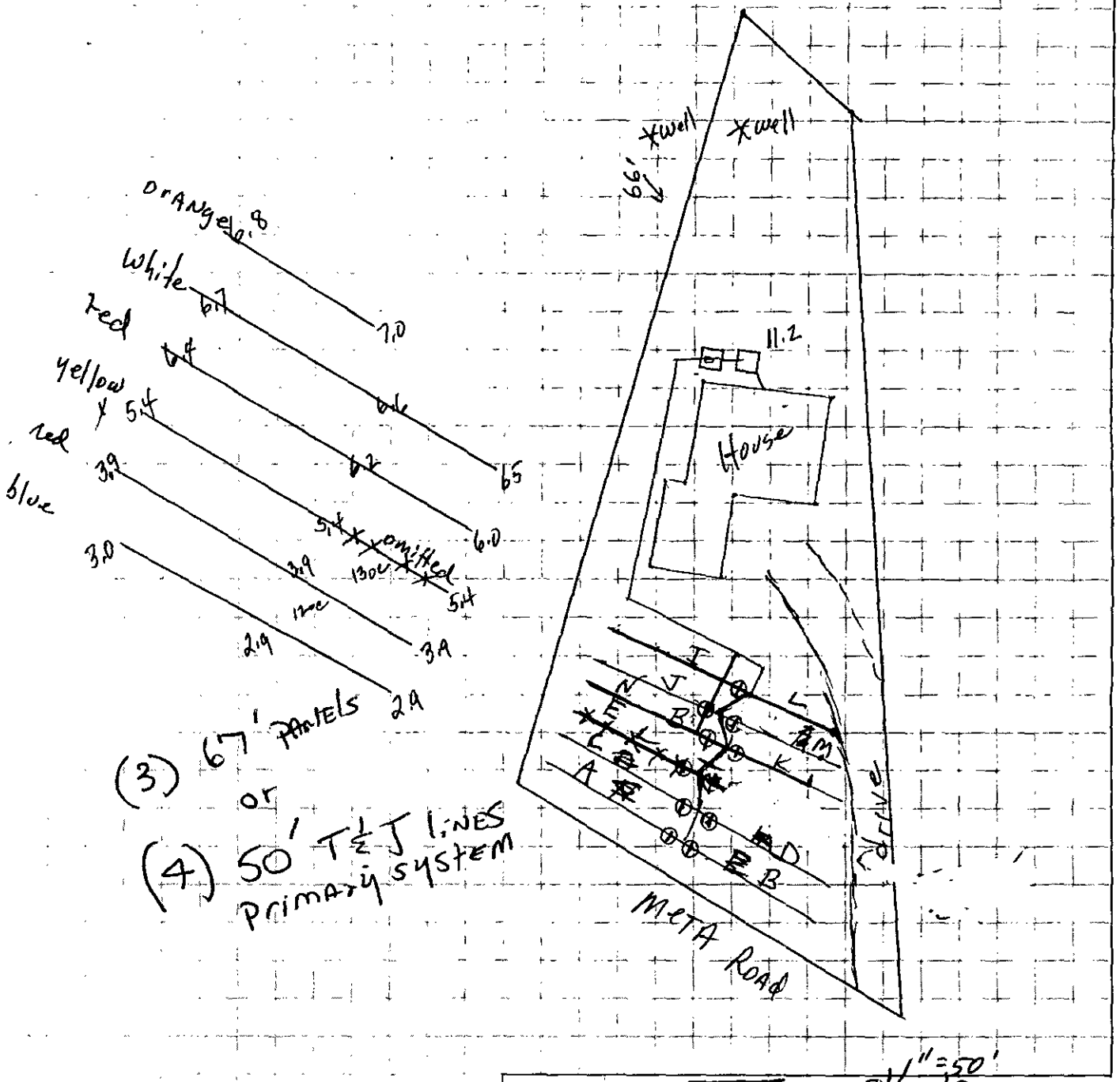
Lot 20

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5504A

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 T.W. 8/10/90

1" = 50'

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

PRESENTED FOR REGISTRATION

'90 JUL -6 PM 12:59

ANNE A. POWERS
REGISTER OF DEEDS
MECKLENBURG CO., N.C.

FILE NO. 5504A

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 10 NCAC 10A .1948(c)

The undersigned, Simonini Builders INC

owner of property located at 19624 meta Rd.

("the site") and described in an instrument recorded in Book 14 at Page 331, Mecklenburg Public Registry, hereby acknowledges that he applied to the Mecklenburg County Department of Environmental Health ("the Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services at 10 NCAC 10A .1934 et seq; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested pursuant to 10 NCAC 10A .1948(c) that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data and other information which indicate to the Department that the septic tank system proposed by the undersigned can reasonably be expected to function satisfactorily and thus that the findings specified in 10 NCAC 10A .1948(c)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is his responsibility and that neither the Department nor its officials, employees or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

This 6 day of July, 1990.

D Simonini (SEAL)

(SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, KATHERINE L BIGGERS MATTHEWS a Notary Public for said County and State, do hereby certify that DAVID SIMONINI personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 6th day of JULY, 1990.

Katherine L Biggers Matthews
Notary Public

My Commission Expires March 30, 1994

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day and acknowledged that he is _____ of _____, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____, sealed with its corporate seal and attested by _____.

WITNESS my hand and notarial seal, this _____ day of _____, 19__.

_____
Notary Public

My Commission Expires _____

House Permit

CHARLOTTE-MECKLENBURG BUILDING STANDARDS
ONE/TWO FAMILY PERMIT

ADDR ADDR: [redacted] RD MECK JOB: 0001 PERMIT: B0043224
PARCEL: 00109124 DATE: 07/05/90 JOB: NEW RESIDENCE MASTER: B0043224
PROJECT: PHASE: SEC: PROJECT:
OWNER: [redacted] ADDR: 3727 ROSELAKE DR
CITY/ST: 28217 PHONE: 704-357-8800

SITE LOT/BLK: 20 / ZONING: R-R JURIS: MECK MAP#: 10 HOUSING: NO
ST R/W: 70 PUBLIC: NO CENSUS: 6201 O&D ZONE: FIRE DIST: NO
SPECIAL: FLD PLN: NO FLD ELEV:
#UNITS: 1 WATER: INDIVIDUAL SEWER: INDIVIDUAL
LAND AREA: 27085 LOT: FRT ST:
MIN SETBACKS FRONT: 30 LEFT: 8 RIGHT: 6 REAR: 45 REQ PARKING:

PROJ USDC: 101 OCC TYPE: R FEE CODE: CONSTR TYPE: 6 #H/C UNITS:
HTD AREA: 2316 UNHTD AREA: 396 DECK: 400 #STORIES: 2.0 BASEMENT: NO
#ROOMS: 12 #BEDROOMS: 3 #BATHS: 4.0 SPKLR SYS: NO #UNITS: 1
ATT CARPORT: NO ATT GARAGE: YES MASONRY FR: YES PROJ COST:
MBL HOME YR/MAKE: SERIAL#:

ELEC TOTAL AMPS: 200 #CIRCUITS: 24 UTILITY CO: DUKE CHARLOTTE
#CONNECTIONS 120 V: 86 > 120 V: 3 TYPE OF WORK: NEW ELECTRICAL SE

MECH #GAS CONNECTIONS: 3 #APPLIANCES: 3 UTILITY CO: PIEDMONT NATL GAS
TYPE OF WORK: HEATING WITH A/C
HEATING/COOLING: CENTRAL A-C GAS/OIL/FURN

PLBG #FIXTURES: 7 #APPLIANCES: 3 WORK: NEW WATER SERVICE NEW SEWER SERVICE

CONT BLDG: H & H CONTRACTORS INC LIC: B 0000021835 U PERMIT: B0043224
ADDR: 6630-D EAST HARRIS BV CITY/ST: CHARLOTTE NC 28215
PHONE#: 704-537-5909
ELEC: ALEXANDER, GRAHAM C LIC: E 0000005493 U PERMIT: E0043225
ADDR: 2014 MALLARD CREEK CH RD CITY/ST: CHARLOTTE, N.C. 28213
PHONE#: 704-547-0052
MECH: SOUTHEASTERN PLBG & HTG PERMIT: M0043226
ADDR: P O BOX 26651 CITY/ST: CHARLOTTE NC 28213
LIC: P 0000002208 I M 0000002208 1 HI M 0000002208 I H3
PHONE#: 704-333-8582
PLBG: YANDLE & DAVIES PLBG INC LIC: M 0000002469 P H2 PERMIT: P0043227
ADDR: 1800-J ASSOCIATES LANE CITY/ST: CHARLOTTE NC 28217
PHONE#: 704-357-0308
ARCH/ENG: LIC: PHONE#:
ADDR: CITY/ST:

COST BLDG: 69164 ELEC: 3000 MECH: 7000 PLBG: 6800 TOTAL: 85964
PLANS: NO INSP READY:
REMARKS:

PERMIT MAILED: NO CHECK NUMBER:
VALIDATION DATE: 07/06/90 BY: KY CHARGE ACCT#: B53650 DOUBLE FEE: NO
FIRE DMG FEE: FSTRK FEE: ADJUSTMENT: TOTAL FEE: 530.00

THIS PERMIT WILL EXPIRE IF WORK EITHER HAS NOT STARTED WITHIN 6 MONTHS OR IS DISCONTINUED FOR A PERIOD OF 12 MONTHS. NO REFUNDS WILL BE GIVEN AFTER EXPIRATION.

P O BOX 31097 700 N TRYON ST CHARLOTTE, NC 28231-1097 704-336-3831

Mecklenburg County
Health Department

June 7, 1990

Town Square Inv., Inc.
19501 Hwy 73 West #14
Davidson, NC 28036

RE: Property located at 19624 Meta Rd.
FILE: 5504A
PARCEL: 001-091-24

Gentlemen:

Receipt of your plans for a modified waste disposal system for the property referenced above is acknowledged.

Your plans for the modified system for the above property as submitted are approved with the following comments:

- The well should be located 100 feet or no less than 50 feet away from any part of the sewage disposal system and repair area.
- Water saving plumbing devices and low flush toilets should be installed when constructing the residence.
- Occupants to utilize maximum water conservation measures wherever possible.
- Effectively rake and lime all trench sidewalls
- Landscaping of repair area to be undisturbed. No grading, shaping, or altering in anyway.

Upon execution and recording with the Register of Deeds Office, Mecklenburg County, of the enclosed "Septic Tank Agreement Form", an Improvements Permit may be issued by this office.

Sincerely,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

GV/kat

Enclosures - 3 Septic Tank Agreement Forms

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

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

(OFFICE USE ONLY)
FILE: SSO4 ~~SSO4A~~
TC: _____
SERIAL: NO 20511
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 19624 (STREET NO.) Mota (STREET) Rd
② FILE: _____
③ JURISDICTION: _____
④ TAX PARCEL NO.: 001 - ~~091-16~~ 091-24
⑤ SUBDIVISION: N/A
⑥ LOT: 20
⑦ BLOCK: _____

OWNER

⑧ NAME: Town Square Inv. Inc. (FIRST) (MIDDLE) (LAST)
⑨ MAILING ADDRESS: 19501 Hwy 73 West #14
⑩ CITY: Davidson,
⑪ STATE: N.C.
⑫ ZIP: 28036
⑬ PHONE: (WORK) 892-7240
⑭ (HOME) _____

REQUEST

This request is for a(n):

⑮ ☑ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence
⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3
㉓ Maximum occupancy? 6
㉔ Basement? ☐ yes ☑ no
㉕ Type? _____
㉖ Maximum number of employees? _____
㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☑ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges 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: Tony C Clarke, CPSS
Date: 6/12/90
(704) 524-4787

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

... No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist / Date

Director or Authorized Section Head / Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

INSTRUCTIONS

PLEASE PRINT OR TYPE ALL REQUESTED INFORMATION

ITEM(S) ....INSTRUCTIONS

① .....Indicate location of property for which the request is being made. Give **street number** and street or road name. If you do not know the street number, you must contact the Mecklenburg County Engineering Department to have one assigned.

② .....If a soil investigation has been run, copy the file number from the report. This may appear as SIR, ICAR(S) or APT numbers on older reports.

③ .....Indicate the jurisdiction in which the property is located. The jurisdiction is assigned by County Engineering.

④ .....Indicate the tax account or parcel number for the property (example 000-000-00). If the property is comprised of a portion of a large tract, precede the parcel number with the letters "PO."

⑤-⑦ .....Indicate the subdivision name and the lot and block numbers in the subdivision if applicable.

⑧-⑭ .....Indicate, in the requested format, the information as it pertains to the person to whom the permit should be issued.

⑮-⑱ .....Indicate the purpose of the request by placing an "X" in the appropriate box.

⑲-㉑ .....Indicate the type structure the system will serve by placing an "X" in the appropriate box.

- Residence means a single or multi-family dwelling (duplex, apartment, hotel, motel) or any other place where people reside.
- Mobile home means a trailer used as a residence that is designed without a permanent foundation and is capable of being moved to another location.
- Business or place of public assembly means non-residential use of buildings such as manufacturing, office space, warehousing operations, place of amusement or recreation, church, fairground, stadium, campground or any other place where people work or assemble.

㉒-㉔ .....If the system will serve a residence or a mobile home, indicate the number of bedrooms, the maximum occupancy of the residence and whether or not the structure will have a basement. When calculating the number of bedrooms include all rooms which are intended to be used as bedrooms or might later be furnished or converted to bedroom use and any additional bedrooms to be constructed in the future.

㉕-㉗ .....If the system will serve a business, indicate the type business, the maximum number of employees and the maximum number of seats to be provided. Include in these figures projections for future expansions.

㉘ .....Indicate the type water supply by placing an "X" in the appropriate box.

- Individual well means a well located on the lot, serving a building occupied by only one family or one business establishment and will not be a public place, a place of public gathering, or business which processes or manufactures any product which is used as, or is used in a food product.
- Municipal system means a water supply furnished by a city, county, town or other governmental authority.
- Community well means a privately owned water system originating from a well source.
- Community system means a privately owned water system originating from a source other than a well.

㉙ .....Once you have completed the application, read the certification statement in the lower, left hand corner. The statement must be signed, dated, and returned to the Department along with a Proposed Plot Plan and a copy of the Engineering Address Record prior to the issuance of any permits. **IN ORDER FOR YOU TO RECEIVE A COPY OF THE COMPLETED PERMIT FOR CONSTRUCTION, ALL COPIES OF THIS FORM MUST BE RETURNED TO THE ADDRESS LISTED ON THE FRONT OF THE APPLICATION.**

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 06/04/90

Name/Company: Tony C Jacobs

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: 3 Swimming Pools

Pools

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JUN 4 1990

5504A - 5505A

5506A

Fee: $600.00

Ck #1110
$600.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

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

DATE 6-4-90

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE 4 Mecr

PARCEL NUMBER 001-091-24

ASSIGNED ADDRESS 19624 Meta Rd

EXISTING ADDRESS _____

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: Well Septic

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 DRIVEWAY(S).

SIGNED: JCN

OPWEAR 06-88

NEW ADDRESS / /*

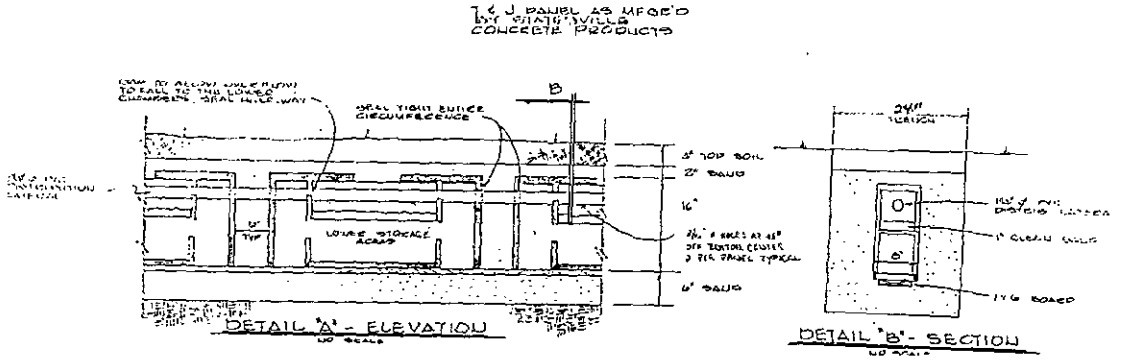
FORM 100

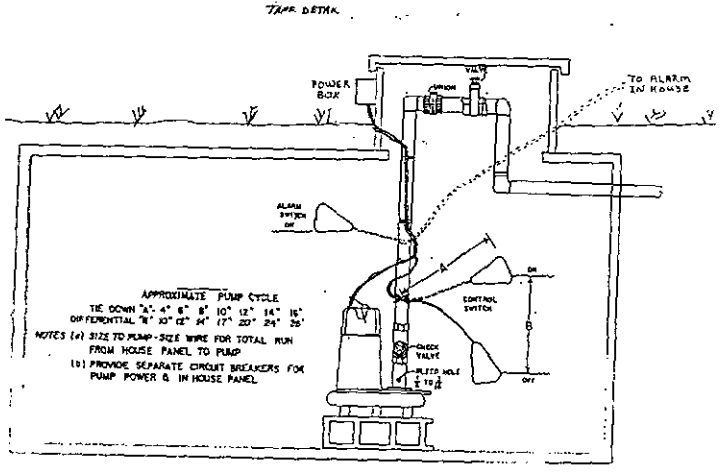
DESIGN SPECIFICS OF THIS SYSTEM MAY BE FOUND IN:

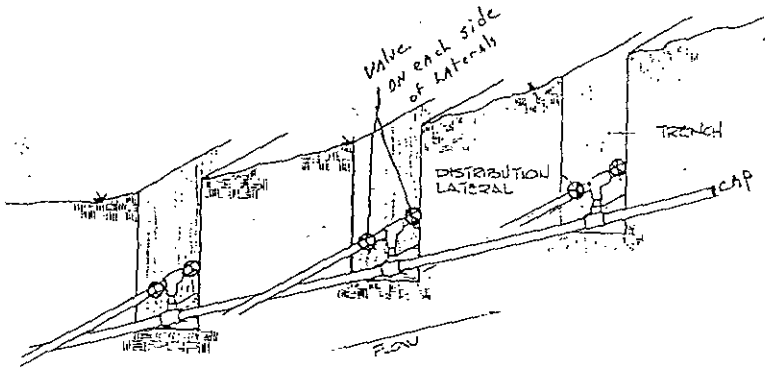
1. DESIGN AND INSTALLATION OF LOW-PRESSURE PIPE WASTE TREATMENT SYSTEMS by: Craig Cogger; Bobby L. Carlisle; Dennis Osborne; Ed Holland. Published by: UNC Sea Grant Pub. UNC-SC-82-03. May, 1982.

2. DESIGN, INSTALLATION AND MAINTENANCE OF THE T & J PANEL WASTEWATER TREATMENT SYSTEM FOR SANITARIANS AND SEPTIC TANK INSTALLERS. Available through Statesville Concrete Products Co., Statesville, N. C. 1-800-222-2577.

DESIGN DETAILS

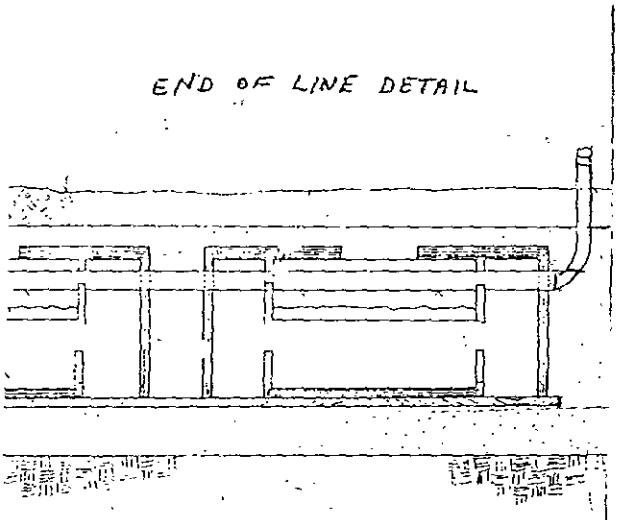






A PUMPING DRILL

END OF LINE DETAIL



REAL ESTATE BOOK PAGE
6310 0431

PRESENTED FOR REGISTRATION
90 JUL -6 PM 12:59
ANNE A. POWERS REGISTER OF DEEDS MECKLENBURG CO., N.C.

Return to Dept. of Enviornmental Health

000163

FILE NO. 5504A

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 10 NCAC 10A .1948(c)

The undersigned, Simonini Builders INC

owner of property located at 19624 meta Rd.

("the site") and described in an instrument recorded in Book 6306 at Page 750, Mecklenburg Public Registry, hereby acknowledges that he applied to the Mecklenburg County Department of Environmental Health ("the Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 10 NCAC 10A .1934 et seq; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requeste pursuant to 10 NCAC 10A .1948(c) that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data and other information which indicate to the Depc ment that the septic tank system proposed by the undersigned can reasonably be expected to function satisfactorily and thus that the findin specified in 10 NCAC 10A .1948(c)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is his responsibility and that neither the Department nor its officials, employees or agents warrant or guarantee that the said system installed pur suant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, it officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employe and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons what soever arising out of the installation, operation, or failure of said septic tank system.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the afore said permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

This 6 day of July, 1990.

Drawn by: Simonini Builders, Inc.

CORPORATE SEAL

FFF VP (SEAL)
CASH
07/06/90

TATE OF NORTH CAROLINA
.OUNTY OF MECKLENBURG

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

This 6th day of July, 1990, personally came before me, Martha S. Kite, a Notary Public for said county and state, David A. Simonini, who being by me duly sworn, says that he is the Vice President of Simonini Builders, Inc. and that the seal affixed to the foregoing instrument in writing is the corporate seal of said corporation and that said writing was signed and sealed by him, in behalf of said corporation, by its authority duly given. And the said Vice President acknowledged the said writing to be the act and deed of said corporation.

MARTHA S. KITE NOTARY PUBLIC MECKLENBURG COUNTY, NC

My Commission Expires: 10-30-94

Martha S. Kite
Notary Public

State of North Carolina, County of Mecklenburg
The foregoing Certificate(s) of Martha S. Kite

WITNESS

Notary(ies) Public 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 the first page hereof.

ANNE A. POWERS, REGISTER OF DEEDS

By Deputy - Register of Deeds

Date: 6/2/90

DESIGN SPECIFICATIONS FOR ON-SITE WASTE SYSTEM

Address: Lot 20

General Description: Pressure Distribution T+J Panel (PPBPS)

Daily design waste flow: 360 gpd
Effluent loading rate: 0.25 gpd/sf
Square footage: 1440
Septic tank size: 1500 gal. (2 compartments)
Pumping tank size: 1000 gal.

Initial Installation

Line	# Panels	# Hole(s) Per Panel	Size Hole	Line Head	Line Length	Hole Flow	Line Flow
A	11	1	5/32	3.0	49	0.5	5.5
B	11	1			49		5.5
C	11	1			49		5.5
D	11	1			49		5.5
E	11	1			49		5.5
F			11	11	49	11	5.5
G							
H							
Totals	55				245		27.5

Required 100% Repair

I	~~9~~ 9	1	5/32	3.0 ~~3.0~~	37 ~~49~~ 41	0.5	~~4.5~~ 4.5
J	~~9~~ 9	1			37 ~~49~~ 41		~~4.5~~ 4.5
K	~~9~~ 9	1			37 ~~49~~ 41		~~4.5~~ 4.5
L	~~9~~ 9	1	—		37 ~~49~~ 41		~~4.5~~ 4.5
M	~~11~~ 9	1			49 ~~49~~ 41		~~5.5~~ 4.5
N	~~11~~ 9	1	11	11	~~49~~ 49 41	11	~~5.5~~ 4.5
O							
P							
Totals	54				~~270~~ 246		~~27.5~~ 22.5

CALCULATIONS FOR PUMPED SYSTEMS: Σ 491' Σ 54.5

Friction loss: supply line = 200 LF of 2 inch x 6.5 loss/100 = 13.0
lateral line = LF of inch x loss/100 = NA
fittings = 15.2 x .2 = 2.6
total 15.6

Head:
pressure head = 3.0
friction head = 15.6
elevational head = 13.3
TDH = 31.9
20% margin = (31.9/.8 = 39.9 = ft.)
TOTAL DESIGN HEAD= 39.9

A UL or SSPMA listed effluent or sewage pump sized to deliver a minimum of 54.5 gallons per minute at 39.9 feet of head.
Pump size for system ND Pump size for system and repair yes
Dosing volume ~~or time~~: initial 180 system + repair 360
Check valve: yes
Syphon break hole: NA
Note: Each line shall have a globe or gate valve at the start of the line for pressure adjustment. "Noted "

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

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

(OFFICE USE ONLY)
FILE: 5504 5004A
TC: _____
SERIAL: № 20511 ☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 19624 (STREET NO.) Mefa Rd (STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 001-~~09L-8~~ 091-24
⑤ SUBDIVISION: N/A ⑥ LOT: 20 ⑦ BLOCK: _____

OWNER

⑧ NAME: Town Square Inv, Inc. (FIRST) (MIDDLE) (LAST)
⑨ MAILING ADDRESS: 19501 Hwy 73 West #14
⑩ CITY: Davidson, ⑪ STATE: N.C. ⑫ ZIP: 28036
⑬ PHONE: (WORK) 892-7240 ⑭ (HOME) _____

REQUEST

This request is for a(n):

⑮ ☑ New permit ⑰ ☐ Authorization for mobile home exchange
⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 ㉕ Type? _____
㉓ Maximum occupancy? 6 ㉖ Maximum number of employees? _____
㉔ Basement? ☐ yes ☑ no ㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☑ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, 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: Tony C Jarvis, CPSS
Date: 6/2/90
(704)528-4787

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

... No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist _____ Date _____

Director or Authorized Section Head _____ Date 6-7-90

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

I certify that on the 24th day of April, 1989, I surveyed the property shown on this plat and that the title lines and the walls of the buildings, if any, are as shown hereon. No encroachments were observed except as shown.

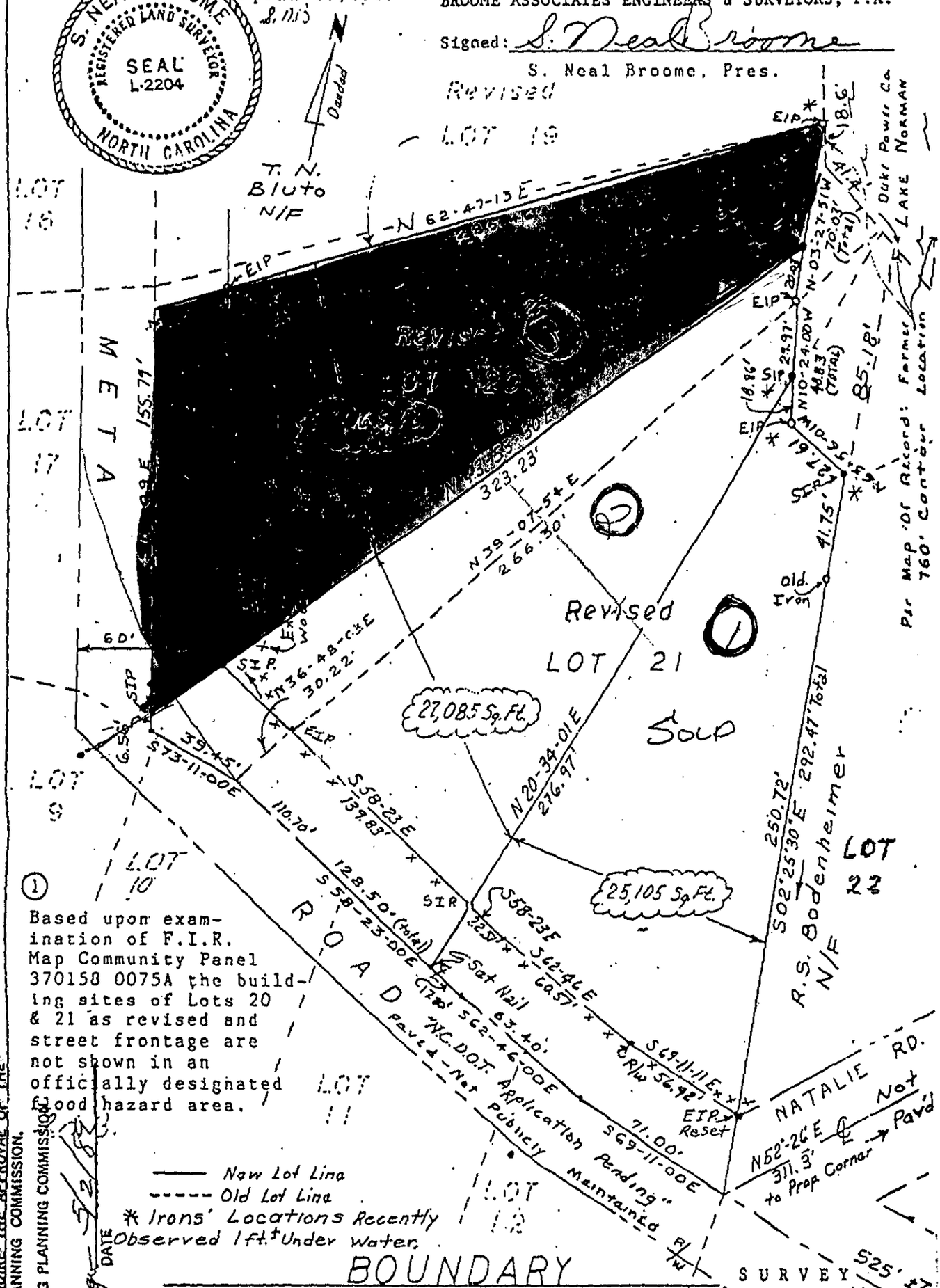
Revision (1)
April 28, 1989

BROOME ASSOCIATES ENGINEERS & SURVEYORS, P.A.

Signed: S. Neal Broome

S. Neal Broome, Pres.

S. NEAL BROOME REGISTERED LAND SURVEYOR SEAL L-2204 NORTH CAROLINA



(1) Based upon examination of F.I.R. Map Community Panel 370158 0075A the building sites of Lots 20 & 21 as revised and street frontage are not shown in an officially designated flood hazard area.

—— New Lot Line
----- Old Lot Line
* Irons' Locations Recently Observed 1ft± Under Water

BOUNDARY SURVEY

In LEMLEY TWP., MECKLENBURG CO., NOR. CAROLINA

of

A PART OF LOT 20 AND LOT 21

Scale: 1" = 50'

(1) The property of Being Acquired By TOWN SQUARE INVESTMENTS, INC.

As Shown On Map Recorded in Book 14 at Page 331. Deed Recorded in Book — at Page —.

CHARLOTTE-MECKLENBURG PLANNING COMMISSION
DATE
SECRETARY

THIS PLAT IS NOT SUBJECT TO THE PROVISIONS OF THE CITY OF CHARLOTTE OR MECKLENBURG COUNTY SUBDIVISION ORDINANCES AND DOES NOT REQUIRE THE APPROVAL OF THE CHARLOTTE-MECKLENBURG PLANNING COMMISSION.

Mecklenburg County
Health Department

Basil G. Delta, M.D., M.P.H.
Health Director

March 30th, 1989

Johnny Ray Bustle, Jr.
P. O. Box 653
Cornelius, NC 28031

RE: Property located at Meta Road
FILE: 5504A
PARCEL: 00109124 PO

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to call.

Very truly yours,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure (2)

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 16025

File: 5504A Action 2

Parcel: 00109124 PO ☐ PC

Location: Meta Road

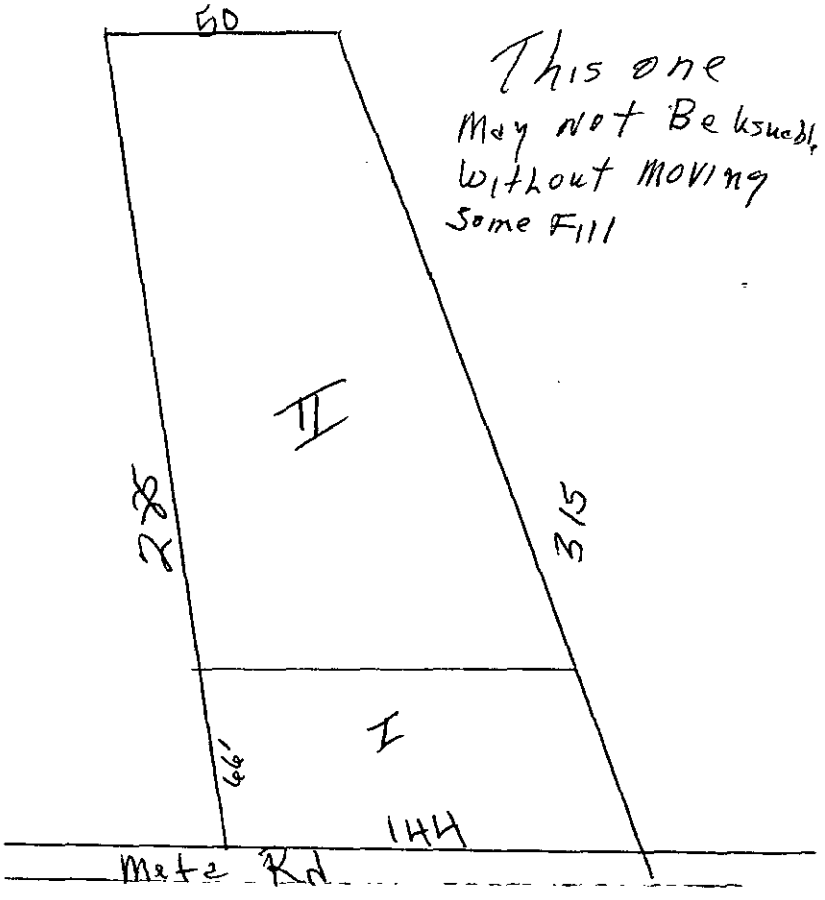
Subdivision:

Lot: Block: Acres: .50

Owner: Johnny Ray Bustle, Jr.
Address: P. O. Box 653
Cornelius, NC 28031

Comments: Lift Station Required
100% Repair Required

Described by: W. B. Ramsey
Date: 3-27-89



***** 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 4-6	S (PS) U 4-12	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 40-42	S PS (U) 22-30" Fill	S PS U With Lake Dredging	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U	S (PS) U	S PS U WBR	S PS U	S PS U	S PS U
Available Space	S (PS) U Very Limited	S (PS) U	S (PS) U WBR	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	~~IVe~~ Cecil	Fill	Fill WBR			
Area Classification	S (PS) U	S PS (U)	S PS (U) WBR	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 5504A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: META RD

② SUBDIVISION: DIANE SHORES ③ LOT: 20* ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 14 PAGE NO.: 331 PARCEL NO.: 001-091-24

⑥ DEED REFERENCE: BOOK NO.: ~~[illegible]~~ PAGE NO.: ~~[illegible]~~

OWNER

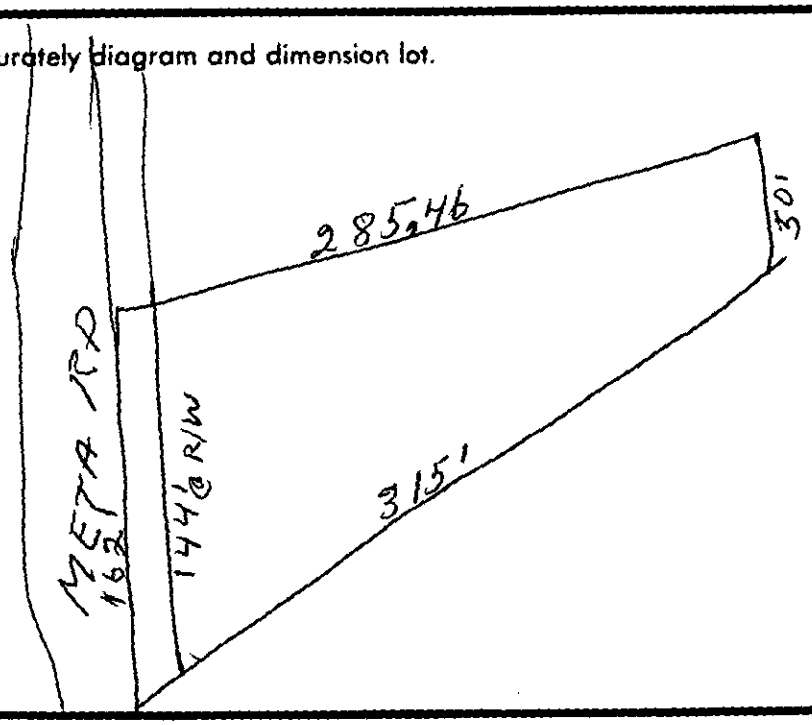
⑦ NAME: JOHNNY (FIRST) RAY (MIDDLE) BUSTLE (LAST) JR

⑧ MAILING ADDRESS: P. O. BOX 653

⑨ CITY: CORNELIUS ⑩ STATE: NC ⑪ ZIP: 28031

⑫ PHONE: (WORK) 378-0119 (HOME) 892-9525

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, 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: Johnny Ray Bustle Jr

Date: 3-3-89

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

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 3/3/89

Name/Company Johnny R. Bustle, Jr.

Sanitation _____
Vector Control _____
C.P.W.D. ✓

Service: Soil Test
5004A, 5505A, 5506A

MECKLENBURG
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
MAR 3 1989

Fee: $ 90.00 ##0121 #90.00

Completed by _____ Collected by _____