

5116 APPLE MINT CT

19521127

1/8/2008

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: 5171B DATE: 5/24/04

TC: 195-211-27 ☑ L ☑ CRT

SERIAL 19489

Name of Owner Chris A. Simpson Juris.: _____

Address of Property 5116 Applemint Ct.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 666'

Number of Lines 6 @ 111'

Cover Depth 12"

Water Supply Source Private Well

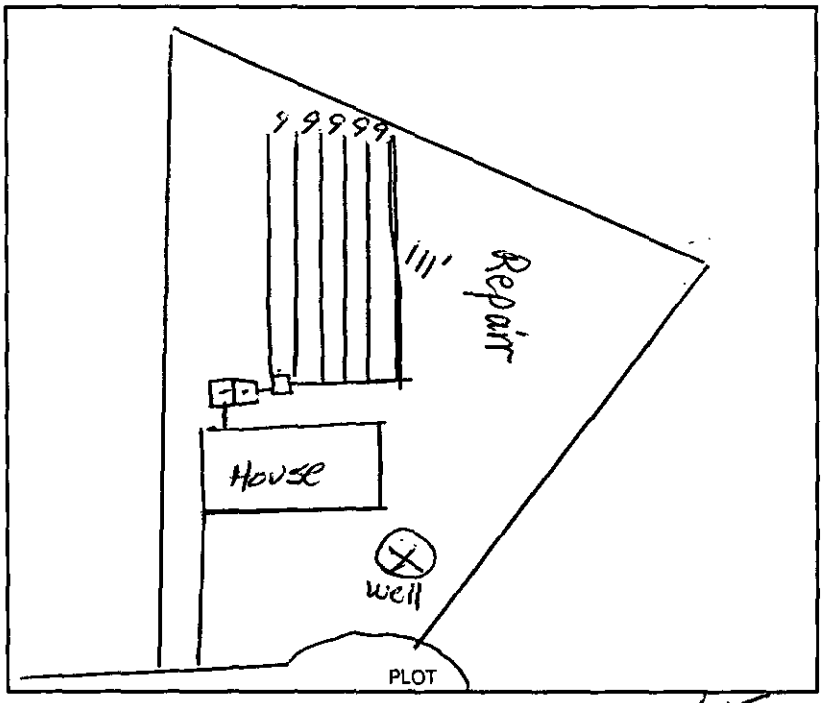
Distance to Water Source >100

Excavation Inspected 5/24/04

Tank(s) Inspected 5/24/04

Wash Line Inspected NA

High Water Alarm Inspected NA



Design 1500gal ST, Conv., 1610 SFT, 12" stone ceil CTR# WT 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 I5A 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 I5A 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: Septic system designed for a 5 bedroom residence, Type IIa

Gina Buchanan, RSO
Phillip S. Walker RS
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

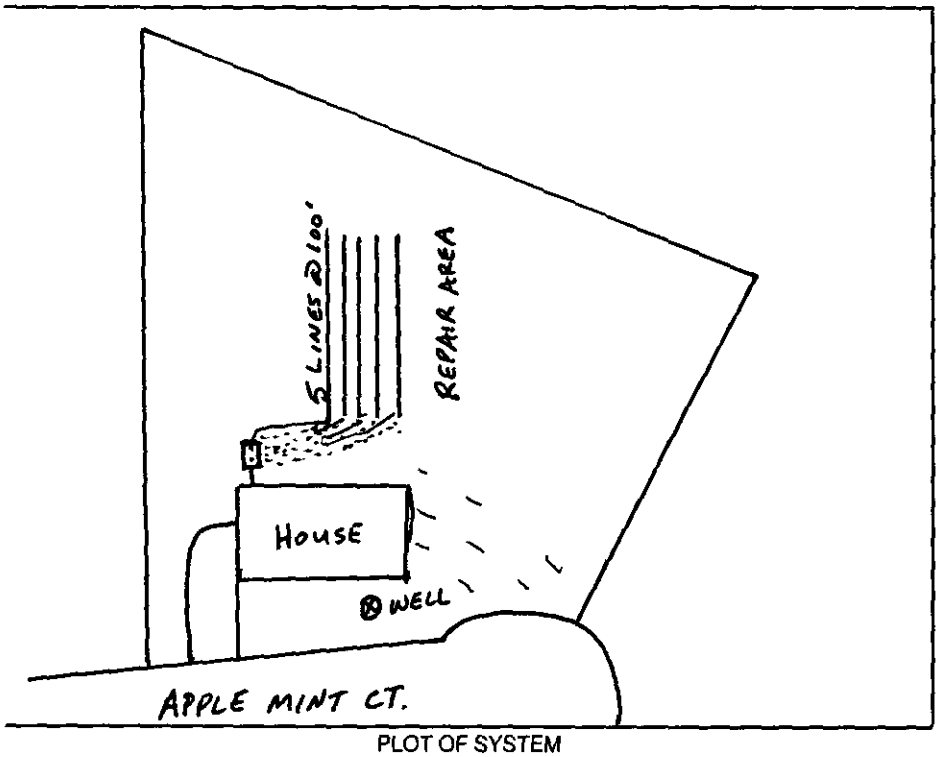
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5171B DATE: 04-14-04

TC: 195-211-27 ☑ L

SERIAL 19604

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 02-12-03. All work shall be completed on or before 05-14-04, 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 NA gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous YES

Total Line Length 500 feet

Number of Lines 5 (100')

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well > 100 feet

50 MIN

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

NAME OF OWNER CHRIS A. SIMPSON

LOCATION OF PROPERTY 5116 APPLE MINT CT.

Comments: 1500 GAL SEPTIC TANK, INNOVATIVE SEPTIC SYSTEM, 5 LINES x 100' x 3'. KEEP SEPTIC SYSTEM > 100' FROM WELL.

Phil S Walker RS

Environmental Health Specialist

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

JKA Check 1263

FEE: 300.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** AC 64
DATE: 2-24-04 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 2/12/04 PERMIT NO: 5171B
PARCEL NO: 185 211 27

JOB LOCATION ADDRESS: 5116 Apple Mint Ct
PROPERTY OWNER: Chris A Simpson
BUILDING CONTRACTOR: " " "
SUBDIVISION NAME: Maxhew Country Estates
AUTHORIZATION ISSUED BY: Phillip A. Walker RS DATE: 2/12/04
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 5171B, 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: Need Agreement Forms prior to CA release

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.

X Chris Simpson - Rebecca Homes Inc 2/24/04
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 5171B

Tax Number: 195 211 27

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

Basement	___ Yes	✓ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
-3 Long-term acceptance rate	600 Max gallons/day wastewater flow	1500 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
YES Serviced by private well	1500 Gallon septic tank	500 Total trench length (ft)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
5 Bedrooms in residence	NA Gallon pump tank	NA Depth of stone		
Any surface waters present: NO Type:		Minimum separation distance:		
Site modifications required:				
Additional Conditions: Innovative Septic System Approval. Agreement forms shall be recorded and on file prior to cons. authorization release.				
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	
1500 Absorption Area (Sq ft) 500 Total Trench Length (Ft)	NA Depth of Stone Trench	9' Trench spacing (min. on centers)	30" Maximum Trench Depth	
For existing system, enter the year originally installed:				

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for 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.

Philip D. Walker RS. 2/12/04
DEHNR Authorized Agent Date

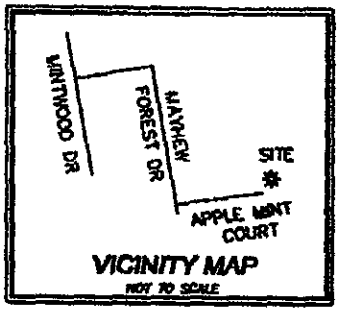
x Christopher Rebecca Homes 2/24/04
Owner/Agent Signature Date

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

PRELIMINARY NOT TO BE USED FOR SALES, CONVEYANCE OR RECORDATION

DATE: FEBRUARY 4, 2004
UPDATE HOUSE PLAN



LOT 15

LOT 16

LOT 17

LOT 18

LOT 20

FAYDEEN M. WILSON
DB. 4815 PG. 27
NOW OR FORMERLY

N 65°57'05" W
311.22'

N 34°18'40" W
441.95'

N 61°11'41" E
272.74'

20' SIDEYARD

50' REAR YARD

20' SIDEYARD

Type III Repair Area

Innovative septic system

100'

100'

100'

100'

SEE DETAIL #5116

40.1'

44.90'

60' SETBACK

68.08'

Proposed well

Drive Cut

C1

C2

L1

R/W

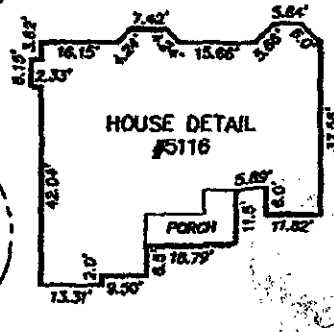
R/W

Apple Mint Court
60' PUBLIC R/W

REF: 32 PG 156 DATE 8-23-89

NOTES:
1. THIS IS A PRELIMINARY PLAN ONLY AND IS NOT TO BE USED FOR SALES, CONVEYANCES OR RECORDATION
2. OWNER/ CONTRACTOR TO VERIFY ALL HOUSE DIMENSIONS, ZONING REQUIREMENTS & RESTRICTIONS BEFORE STAKING
3. PROPERTY SUBJECT TO FULL TITLE SEARCH
4. THIS PROPERTY MAY BE SUB-SUBJECT TO RIGHT OF WAYS, EASEMENTS OR RESTRICTIONS EITHER RECORDED OR IMPLIED
5. R/W = RIGHT OF WAY
6. EIR = EXISTING IRON REBAR

FLOOD NOTE:
THE SUBJECT PROPERTY SHOWN HEREON DOES NOT LIE IN A SPECIAL FLOOD HAZARD AREA PER F.E.M.A.



LINE TABLE		
LINE	LENGTH	BEARING
L1	38.44	N 47°36'38" E

CURVE TABLE				
CURVE	LENGTH	RADIUS	CHD/BRG	CHORD
C1	37.10	45.00	N 33°01'02" E	36.06
C2	16.68	25.00	S 28°30'14" W	16.37

EAGLE ENGINEERING

310 Indian Trail - Fairview Rd.
Indian Trail, NC 28079
(704) 882-4222
www.engleonline.net

PLOT PLAN

LOT 19, MAYHEW COUNTRY ESTATES
MINT HILL, MECKLENBURG CO., NC

SCALE 1"=60'
FOR THE BENEFIT OF REBECCA HOMES
MAP REFERENCE IN BOOK 32 PAGE 156
DEED REFERENCE IN BOOK _____ PAGE _____
ACAD FILE: W\5-6\5116AMC.DWG EEI PROJ # 1558-S

COMMENTS

5 bedrooms
Innovative Septic System Approval Agreement forms shall be recorded and on file prior to cons. Autho. release.
1500 ST
5 lines x 100' long x 3' wd 500 LF
Keep the septic system >100'. (50' min) from the proposed well.

100.00 Change in Plot Plan
Rebecca Homes, Inc
2/24/04
PSW 2/12/04

Rebecca Homes

a Chris A Simpson company

P.O. Box 3332 Matthews , NC 28106

Phone (704) 309-0883 Fax (704) 821-1527

Environmental Health Dept., 2/5/04

Enclosed you will find a revised plot plan for file #5171B. 5116 Apple Mint Ct.. It is our wish to do a five bedroom plan instead of the four bedroom plan that is on the original permit. Also is there any way to put the drainage field on the right side of the property? I think the permit shows it being on the back left side. Please advise to status when the work is completed. We would like to pull a building permit by 2/13/04 if possible.

Thank You,
Chris Simpson
President, Rebecca Homes, Inc.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	02/06/04	**Amount:**	100.00
Receipt #:	22703	**Tendered:**	100.00
Check / Auth #:	CHECK 1221	**Returned:**	0.00
Received By:	AIDOOJK		

Account Information

Account #: 200000
Contractor: REBECCA HOMES INC
Attn:
Address: BOX 3332
Address:
City/State/Zip: MATTHEWS, NC 28106

Item	Description	Permit#	Quantity	Unit Price	Total Price
0704	Change in Plot Plan 5116 APPLE MINT CT FILE 5171B		1	100.00	100.00

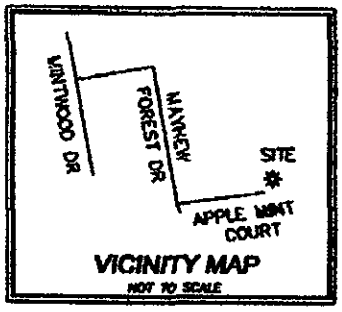
----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

PRELIMINARY
NOT TO BE USED FOR SALES, CONVEYANCE OR RECORDATION

DATE: FEBRUARY 4, 2004
UPDATE HOUSE PLAN

5 bedrooms



VICINITY MAP
NOT TO SCALE

LOT 15

LOT 16

LOT 17

LOT 18

LOT 20

FAYDEEN M. WILSON
DB. 4815 PG. 27
NOW OR FORMERLY

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N 01°11'41" E
272.74'

SEE DETAIL #5116

40.1'

44.90'

60' SETBACK

38.08'

Drive

C1

C2

L1

REF: MB. 32 PG 158
DATE 9-23-69

R/W

Apple Mint Court
60' PUBLIC R/W

R/W

HOUSE DETAIL
#5116

7.42'
5.84'
16.15'
15.66'
3.69'
2.33'
37.68'
42.04'
5.89'
PORCH
11.5'
11.82'
2.0'
18.79'
13.31'
9.50'

NOTES:
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MINT HILL, MECKLENBURG CO., NC

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FOR THE BENEFIT OF REBECCA HOMES
MAP REFERENCE IN BOOK 32 PAGE 156
DEED REFERENCE IN BOOK _____ PAGE _____
ACAD FILE: W\5-6\5116AMC.DWG EEI PROJ #: 1558-S

100.00 change in Plot Plan

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2004 FEB 24 11:15 AM
BK:16811 PG:838-841 FEE:$20.00

INSTRUMENT # 2004042537

2004042537

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

FILE # 5171B
PARCEL # 195-211-27

The undersigned, Christopher A. Simpson, owner of property located at 5116 Apple Mint Ct, (the "site") and described in an instrument recorded in Book _____ at Page _____, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (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 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested 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 is allowed by the rules; 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 the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, 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 acknowledges that the following conditions will apply to the site:

This instrument was prepared by: Chris Simpson
Mail after recording to: Same, 303 Tally Ho Drive Indian Trail, NC 28079

-- Any changes on the property may make the Improvement Permit null and void and may make the Improvement Permit subject to revocation.

-- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

-- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

-- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

-- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless theDepartment, 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.

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.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 24th day of February, 2009

_____ (SEAL)
(Corporate Name)

By: _____

_____ President

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Anita S. Klein, a Notary Public for said County and State, do hereby certify that Christopher A. Simpson aka Chris Simpson personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 24th day of February, 2004.

Anita S. Klein
Notary Public

My Commission Expires:

9/14/08

ANITA S. KLEIN NOTARY PUBLIC MECKLENBURG COUNTY, N.C. My Comm. Exp. Sept. 14, 2008

STATE OF NORTH CAROLINA
COUNTY OF _____

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

WITNESS my hand and notarial seal, this _____ day of _____, 20___.

_____
Notary Public

My Commission Expires:

_____

REVISED 8-13-02

JUDITH A. GIBSON
REGISTER OF DEEDS, MECKLENBURG
COUNTY & COURTS OFFICE BUILDING
720 EAST FOURTH STREET
CHARLOTTE, NC 28202

****

Filed For Registration: 02/24/2004 11:15 AM

Book: RE 16811 Page: 838-841

Document No.: 2004042537

PRMIT 4 PGS $20.00

Recorder: SERENA ROSS

****

State of North Carolina, County of Mecklenburg

The foregoing certificate of ANITA S. KLEIN Notary is certified to be correct. This 24TH of February 2004

JUDITH A. GIBSON, REGISTER OF DEEDS By: Serena M. Ross
Deputy/Assistant Register of Deeds

****

2004042537

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

DATE: 03-05-03 PERMIT NO: 51713
PARCEL NO: 195-211-27

JOB LOCATION ADDRESS: 5116 Appleyard Court
PROPERTY OWNER: Chris A. Simpson
BUILDING CONTRACTOR: Same
SUBDIVISION NAME: Mayhew Forest
AUTHORIZATION ISSUED BY: Joshua R. Sellers REHS DATE: 03-05-03
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 51713, 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: Warranty Bond & Agreement forms required. Lift Station Required

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

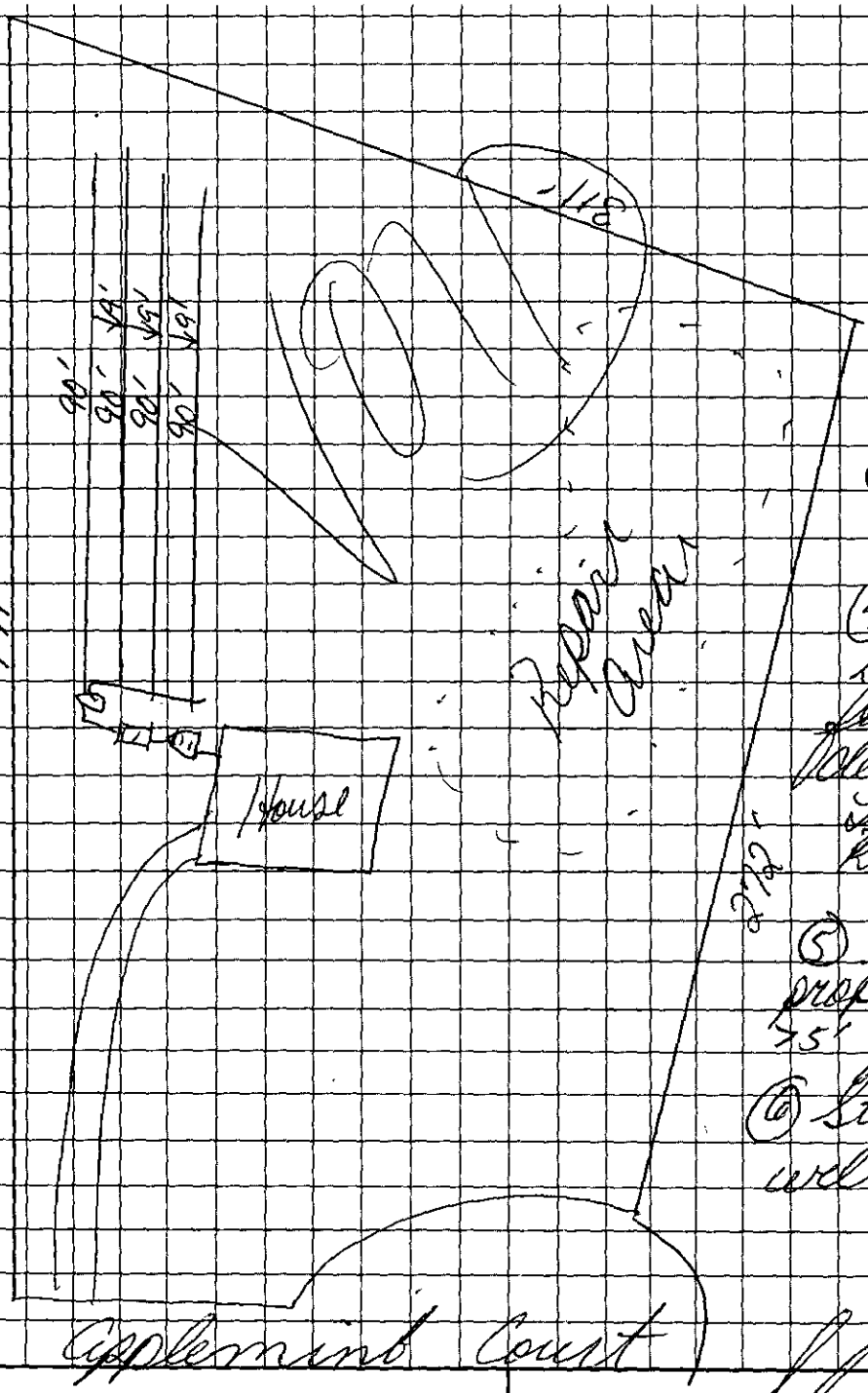
PROPOSED PLOT PLAN

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

FILE: 51713

TC: 195-211-27

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 Not to Scale.

② 1500 gallon Septic Tank. 1000 gallon dosing tank.

③ 360' linear feet drainfield.

④ Type ~~II~~ (V)(B) system designed for a (4) Bedroom dwelling unit. Type III (V)(B) Repair Area.

⑤ Stay > 10' ~~ft~~ property lines >5' ~~ft~~ house.

⑥ Stay > 10' ~~ft~~ well if possible.

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE Joshua R. Sellers R.S. 18795

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

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 5171B

Tax Number: 195-211-27

The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.

CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.

Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	✓ No		___ Partial Basement
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
.3 Long-term acceptance rate	480 Max gallons/day wastewater flow	1080 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
Y Serviced by private well	1500 Gallon septic tank	360' Total trench length (ft)	36" 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	N/A Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: Type III(B)(2) System designed for a (4) bedroom design unit. 35% Reduction System will require warranty forms & agreement forms.				

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)	N/A Depth of Stone Trench	9' Trench spacing (min. on centers)	36" 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.

Joshua K. Sellers/REHS

REHNR Authorized Agent — Date

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

FEE: 210.00 Ck 1017

DATE: 2/12/03

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

1 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 #: 5128

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 19521127

STREET ADDRESS: 5116 Apple Mint Ct.

SUBDIVISION OR MOBILE HOME PARK NAME: Mayhew Country Estates

LOT NUMBER: 19

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: 3143

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 4

CLOSING DATE 2/15/03

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
EXISTING WASTEWATER SYSTEMS ___ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS ✓ YES ___ NO Standard 10' utility easment on property lines
WELL, SPRINGS OR WATERLINES ___ YES ✓ NO
DESIGNATED WETLANDS ___ YES ✓ NO

PROPERTY OWNER:

NAME: Simpson (LAST) Chris (FIRST) A (MI)

ADDRESS: 303 Tally Ho Drive

CITY: Indian Trail STATE: NC ZIP: 28079

DAYTIME PHONE: (704) 309 - 0883

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? not sure | at least 1 1/2 years

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 Chris Simpson DATE: 2/11/03

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	02/12/03	**Amount:**	200.00
Receipt #:	14318	**Tendered:**	200.00
Check / Auth #:	CHECK 1017	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #:	200000
Contractor:	EXTERIOR SERVICES, INC.
Attn:	
Address:	P.O. BOX 3332
Address:	
City/State/Zip:	MATTHEWS, NC 28106

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 5116 APPLE MINT COURT		1	200.00	200.00

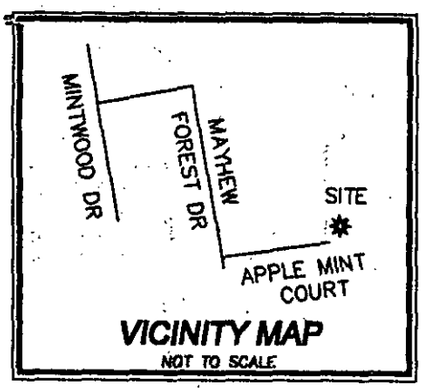
----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

517B

PRELIMINARY
NOT TO BE USED FOR SALES, CONVEYANCE OR RECORDATION

DATE: JANUARY 30, 2003



VICINITY MAP
NOT TO SCALE

LOT 15

LOT 16

LOT 17

LOT 18

LOT 20

FAYDEEN M. WILSON
DB. 4815 PG. 27
NOW OR FORMERLY

N 85°57'05" W
311.22'

50' REAR YARD

20' SIDEYARD

N 34°16'40" W
441.95'

20' SIDEYARD

N 01°11'41" E
272.74'

55.00

PROPOSED
#5116

50.00

50.00

45.8

55.00

45.9

100.0'

60' SETBACK

REF: MB. 32 PG 156
DATE 9-23-99

NOTES:
1. THIS IS A PRELIMINARY PLAN ONLY AND IS NOT TO BE USED FOR SALES, CONVEYANCES OR RE-CORDATION
2. OWNER/ CONTRACTOR TO VERIFY ALL HOUSE DIMENSIONS, ZONING REQUIREMENTS & RESTRICTIONS BEFORE STAKING
3. PROPERTY SUBJECT TO FULL TITLE SEARCH
4. THIS PROPERTY MAY BE SUB- SUBJECT TO RIGHT OF WAYS, EASEMENTS OR RESTRICTIONS EITHER RECORDED OR IMPLIED
5. R/W = RIGHT OF WAY
6. EIR = EXISTING IRON REBAR

FLOOD NOTE:
THE SUBJECT PROPERTY SHOWN HEREON DOES NOT LIE IN A SPECIAL FLOOD HAZARD AREA PER F.E.M.A.

C1

C2

L1

R/W

Apple Mint Court

60' PUBLIC R/W

R/W

LINE TABLE		
LINE	LENGTH	BEARING
L1	38.44	N 47°36'38" E

CURVE TABLE				
CURVE	LENGTH	RADIUS	CHD/BRG	CHORD
C1	37.10	45.00	N 33°01'02" E	36.06
C2	16.68	25.00	S 28°30'14" W	16.37

Whitehurst Land Surveying, P.C.
SURVEYING - DESIGN - PLANNING
RESIDENTIAL & COMMERCIAL
2110 ROCKY RIVER ROAD NORTH
MONROE, N.C. 28110
OFFICE (704) 282 - 1217
FAX (704) 296 - 9566
rlwhitehurst@carolina.rr.com
RUSSELL L. WHITEHURST, PLS
JAMES L. HELMS
JOHN D. COLLINS, SI

PLOT PLAN

LOT 19, MAYHEW COUNTRY ESTATES

MINT HILL, MECKLENBURG CO., NC

SCALE 1"=60

FOR THE BENEFIT OF REBECCA HOMES

MAP REFERENCE IN BOOK 32 PAGE 156

DEED REFERENCE IN BOOK _____ PAGE _____

ACAD FILE: 5116AMC.DWG FOLDER: 29 JANUARY 2003

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1
Property ID: 195-211-27
Lot #: 19
File #: 5171B
Code: 1

ACS

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Chris A. Simpson
Applicant:
Address: 303 Tally Ho Drive, Indian Trail, N. C. 28079
Date Evaluated: 03/01/2003
Property Size: 1.41a
Proposed Facility: Residence
Design Flow (.1949): 480gpd
Location of Site: 5116 Apple Mint Court
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [x] 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 (IN.)	1956 Sapro Class	1944 Restr Horiz	Profile Class & LTAR
1	LS, 8	0-4	GR/CL	FR/SEXP/SS/SP	>50" TO SOIL WETNESS	50	N/A	NONE	PS, IV .3GPD/FT^2
		4-50	SBK/C	FI/SEXP/S/P					
2	"	0-3	GR/CL	FR/SEXP/SS/SP	>49" TO SOIL WETNESS	49	"	"	"
		3-49	SBK/C	FI/SEXP/S/P					
3	"	0-2	GR/CL	FR/SEXP/SS/SP	>47" TO SOIL WETNESS	47	"	"	"
		2-40	SBK/C	FI/SEXP/S/P					
		40-47	SBK/CL	FR/SEXP/SS/SP					
4	"	0-5	GR/CL	"	>48" TO SOIL WETNESS	48	"	"	"
		5-34	SBK/C	FI/SEXP/S/P					
		34-48	SBK/CL	FR/SEXP/SS/SP					
5	"	0-3	GR/CL	"	"	"	"	"	"
		3-32	SBK/C	FI/SEXP/S/P					
		32-48	SBK/CL	FR/SEXP/SS/SP					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.3GPD/FT^2	.3GPD/FT^2

Other Factors (.1946): _____
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 3/3/2003. W. R. Marlin
Others Present:

COMMENTS: 100% repair, will likely need pump

LANDSCAPE POSITIONS	GROUP	TEXTURES	.1955 LTAR	CONSISTENCE MOIST	WET
R-RIDGE S-SHOULDER SLOPE L-LINEAR SLOPE FS-FOOT SLOPE N-NOSE SLOPE H-HEAD SLOPE CC-CONCLAVE SLOPE CV-CONVEX SLOPE T-TERRACE FP-FLOOD PLAN	I	S-SAND LS-LOAMY SAND	1.2 - 0.8	VFR-VERY FRIABLE FR-FRIABLE FI-FIRM VFI-VERY FIRM EFI-EXTREMELY FIRM	NS-NON-STICKY SS-SLIGHTLY STICKY S-STICKY VS-VERY STICKY NP-NON-PLASTIC SP-SLIGHTLY STICKY P-PLASTIC VP-VERY PLASTIC
	II	SL-SANDY LOAM L-LOAM	0.8 – 0.6		
	III	SI-SILT- SIL-SILT LOAM CL-CLAY LOAM SCL-SANDY CLAY LOAM SICL-SILTY CLAY LOAM	0.6 – 0.3		
	IV	SIC-SILTY CLAY C-CLAY SC-SANDY CLAY	0.4 – 0.1		

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

MINERALOGY
SLIGHTLY EXPANSIVE

EXPANSIVE

