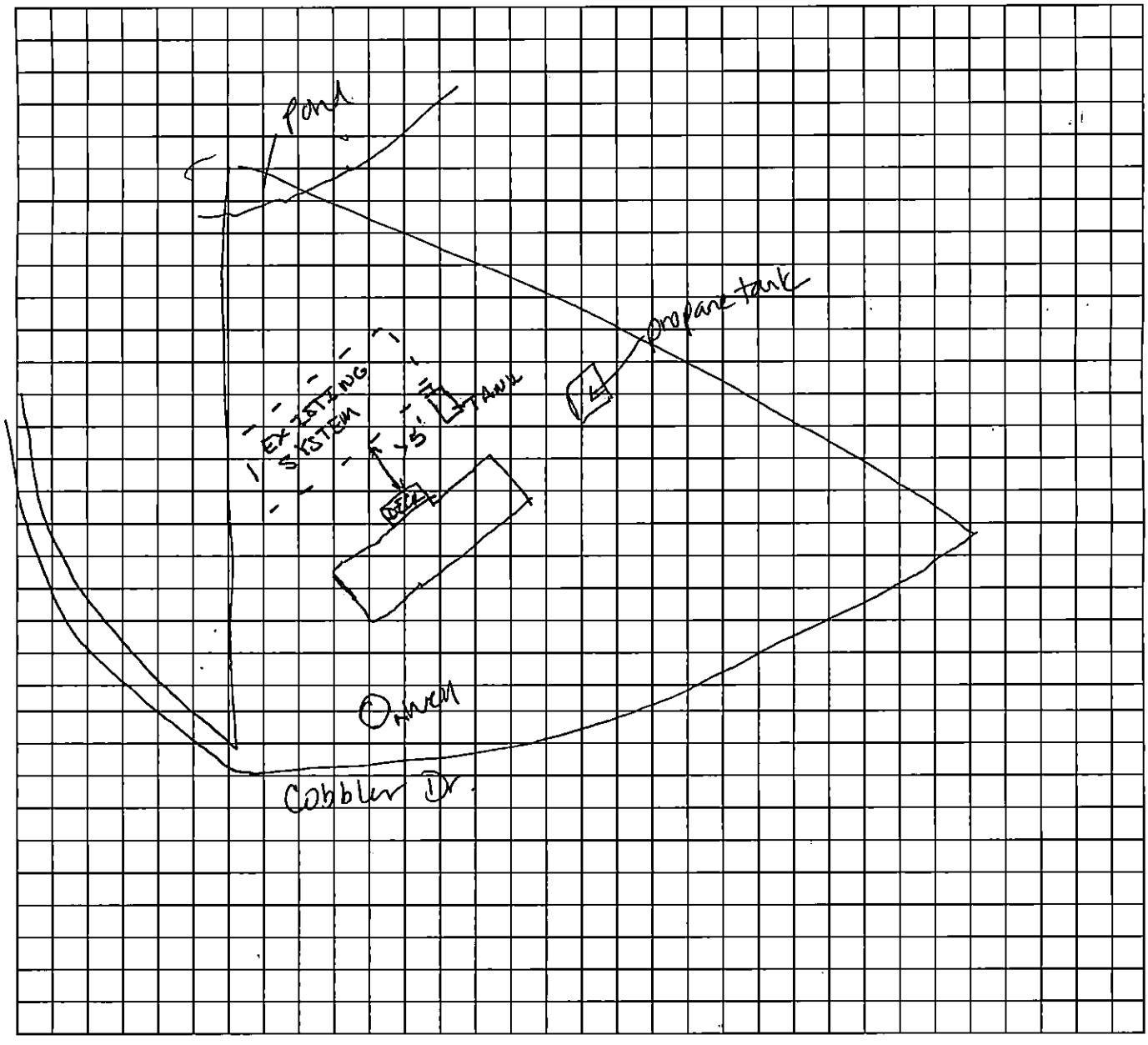
File #: 2188/8106A

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 16414 Cobbler Dr Tax Parcel #: 13917856



*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 and Water Supply Wells in effect at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an installation, construction, alteration and/or repair approval is granted by this Department.
- This permit is not transferable.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

Approved for addition of a deck creating master bedroom in garage and changing 2nd floor bedroom to study by removing closet.

REHS Signature Shelley Redford Date 9/25/2014

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 01/03/11

215B

MECKLENBURG COUNTY
HEALTH DEPARTMENT

App #7053

APPLICATION FOR APPROVAL TO USE AN EXISTING
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: ○ SEPTIC ONLY ○ WELL ONLY ☑ SEPTIC & WELL
○ ADDITION OR RENOVATION WITH OCCUPANCY INCREASE
☑ ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE
○ EXCHANGE MOBILE HOME (SAME # BEDROOMS)
○ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Michelle Hensel
ADDRESS: 16414 Cobbler Dr
CITY: Midland
STATE: NC ZIP: 28107
PHONE: 704 363 4786
ALTERNATE PHONE: 704 821 7888
E-MAIL: hens7932@att.net

PROPERTY OWNER: ☑ SAME AS PERSON FILING APPLICATION
NAME:
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 139-173-56
STREET ADDRESS: 16414 Cobbler Dr
CITY: Midland
STATE: NC **ZIP:** 28107

SUBDIVISION OR MOBILE HOME PARK NAME: Clear Creek Acres
LOT #: 39

WATER SUPPLY:
○ MUNICIPAL ☑ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER

RESIDENTIAL PROPERTY TYPE: ○ N/A
☑ HOUSE ○ MODULAR HOME ○ MULTIPLE FAMILY
○ SINGLE MOBILE HOME ○ DOUBLE WIDE
○ OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 2

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: ☑ N/A
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? ○ YES ○ NO
UNDERGROUND STORAGE TANKS? ○ YES ○ NO

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☑ DECK ☑ OTHER Basement

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ OTHER

*The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature — Date: 9/15/14

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 01/03/11

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 215B/2106A WASPS App #: 7053

Primary ES assigned to project: SHELBY LEDFORD

Secondary ES assigned to project: _____

Project Type: New System ☐ Alteration ☐ Repair ☐ Modified Plot Plan ☐

I. File Review:

Rule or Law	Permit Application			
.1937(d)	Is the Application complete	Yes ☐	No ☐	N/A ☐
.1937(d)	Is there a Site plan/Plat with application	Yes ☐	No ☐	N/A ☐
.1937(d)	Is the Facility shown?	Yes ☐	No ☐	N/A ☐
.1937(d)	Are appurtenances shown	Yes ☐	No ☐	N/A ☐
	Site Evaluation Information			
.1939 (a)(1)	Topography and Landscape Position Recorded?	Yes ☐	No ☐	N/A ☐
.1940 (a-g)	Slope % Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Texture Class Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Structure type Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Consistence Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Mineralogy Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(3)	Soil Wetness Condition Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered	Yes ☐	No ☐	N/A ☐
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Yes ☐	No ☐	N/A ☐
.1939 (a)(6)	Sufficient Available Space Recorded?	Yes ☐	No ☐	N/A ☐
.1937(m)	Are the Profile Locations Shown?			
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes ☐	No ☐	N/A ☐
& .1945(b)	Number of auger borings made: _____ Were sufficient auger borings made?	Yes ☐	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR	Yes ☐	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☐	No ☐	N/A ☐
.1945(b)	Proposed System Type stated-Repair	Yes ☐	No ☐	N/A ☐
130A-336 (a)(3)	System location identifiable by setbacks - Initial	Yes ☐	No ☐	N/A ☐
.1937(g) .1945(b)	System components shown – Initial	Yes ☐	No ☐	N/A ☐
.1945(b)	Repair area shown	Yes ☐	No ☐	N/A ☐
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☐	No ☐	N/A ☐
~~.1937 (f)(g)~~	~~Is System design consistent with~~ soil/site conditions?	Yes ☐	No ☐	N/A ☐
.1937 (f)(g)	Is the System located in the approved area?	Yes ☐	No ☐	N/A ☐
130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☐	No ☐	N/A ☐

130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	Yes ☐	No ☐	N/A ☐
.1937(g)	Trench depth indicated?	Yes ☐	No ☐	N/A ☐
.1937(g)	Trench width indicated?	Yes ☐	No ☐	N/A ☐
.1937(g)	Trench length indicated?	Yes ☐	No ☐	N/A ☐
130A-336(a)(1)	Proposed/existing well shown?	Yes ☐	No ☐	N/A ☐
130A-336(a)(1)	Property line lengths shown?	Yes ☐	No ☐	N/A ☐
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☐	No ☐	N/A ☐

Operation Permit

.1937(i)	System type as described in table V(a) of rule .1961	Yes ☐	No ☐	N/A ☐
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☐	No ☐	N/A ☐

II. WASPS Review:

Construction authorization issued	Yes ☐	No ☐	N/A ☐
Installation approval issued	Yes ☐	No ☐	N/A ☐
Operation permit issued	Yes ☐	No ☐	N/A ☐
Other related documentation	Yes ☐	No ☐	N/A ☐

Items requiring correction/modification: _____

Comments: O.K. to use for a Deck Addition and creating a master bedroom in garage. The house will remain a 4 Bedroom.

IA issued date: _____

OP issued date: _____

Review performed by: Jerry Mullen REHS Date performed: 9/24/14

Supervisor/Administrative Professional Checklist

New Septic ☐ **New Well** ☐ **Use Existing** ☑ **Alteration** ☐ **Modified Plot Plan** ☐

New Septic Fees Paid:

IP ($250.00) _____ Initials/Date

CA ($200.00) _____ Initials/Date

OP ($200.00) _____ Initials/Date

Use Existing System Approved

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 DWD 9/16/19 Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid)_____ Initials/Date

Modified Plot Plan Fee Paid: $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☐ Reviewed ☐ ____

This site is served by septic and well. Verify each is complete before final hold is released. ☐

Septic file completed. ☐ _____ Well file completed. ☐ _____

Send permit for signature. ☐ Signature received. ☐ _____

This septic system requires a certified operator contract before final hold is released. ☐

Certified operator contract is on file. ☐ _____

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/16/14	**Amount:**	100.00
Receipt #:	90773	**Tendered:**	100.00
Check / Auth #:	VISA 841524	**Returned:**	0.00
Received By:	SADERLW		

Account Information

Account #: 200000
Contractor: HENSEL MICHELLE
Attn:
Address: 16414 COBBLER DR
Address:
City/State/Zip: MIDLAND, NC 28107

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
	587.40		270.00	1,859.65	

McCandless Construction, Inc.

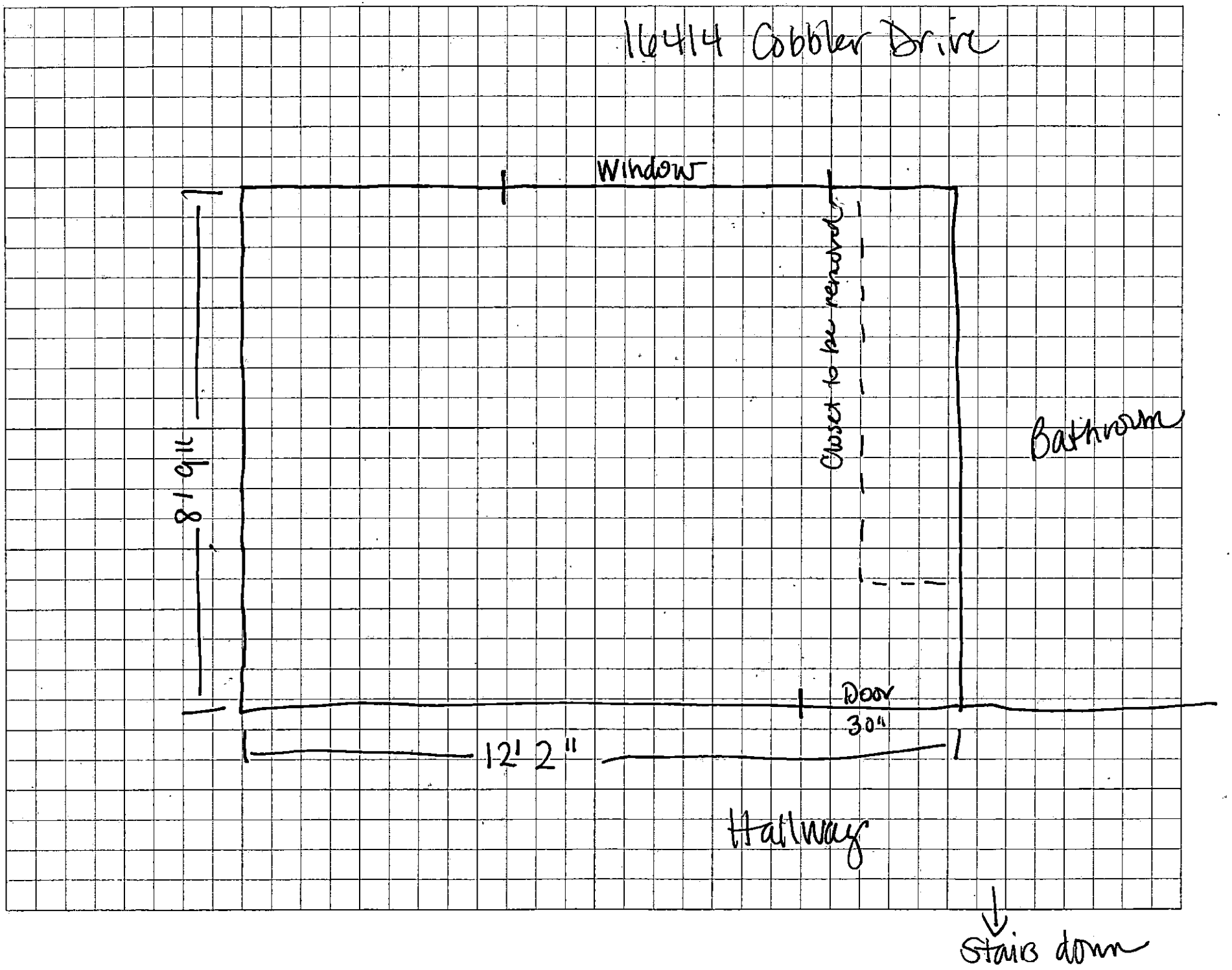
6506 Treeline Drive (704)888-9960 Stanfield NC 28163

TO: Jeff & Michelle Hensel
FROM: McCandless Construction, Inc., NC License No: 47920
Fax: 704/888-9988
DATE: September 19, 2014
RE: 13414 Cobbler Ave

Proposal for 2nd Floor Renovation

We propose to remove the closet from the small 2nd story bedroom to the left at the top of the stairway to be able to convert this room into a study.

Total Labor & Material: $850


16414 Cobbler Drive
Window
Closet to be removed
Bathroom
8' 9 1/2"
Door
30"
12' 2"
Hallway
Stairs down

DAC SERVICES INC.

P.O.BOX 2923
MATTHEWS, NC 28106

Invoice

Date	Invoice #
8/12/2014	55517

Bill To
First Service Network 939 Elkridge Landing Road, Suite 300 Linthicum, MD 21090 USA

Due Date
8/12/2014

Description	Amount
SERVICE TICKET: 69371, 70026 SR#1-1127370535 SERVICE TECHNICIAN: JEFF	
RE: Carrabba's Italian Grill #8408 7900 Lyles Lane Concord, NC 28027	
SERVICE RENDERED: 7/16/14 - Walk-in cooler. Diagnosed failed condenser fan motor and low charge on walk-in cooler. Cooler at 39°F and food temps at 40-45°F. Located, picked up, returned and installed new condenser fan motor. Charged system to full glass. 8/11/14.- Miscellaneous. Looked at broken line drawer and door. Picked up bolts needed. Secured drawer front to drawer with zap screws and bolt throughs. Secured second drawer front. Had to saw off three screws on door, install nylon clip nuts and screws to fasten bottom hinge. Installed new sweep and gasket at walk-in cooler door.	
FREON: 4 lb. R-22	160.00
MATERIAL: 1 - condenser fan motor	138.60
MATERIAL: hardware	15.00
LABOR: 2.5 hours (7/16/14)	187.50
LABOR: 4.5 hours (8/11/14)	337.50
TRUCK EXPENSE	50.00

Sales Tax (7.25%)	$0.00
Total	$888.60

Phone #	Fax #	E-mail
704-821-7888	Fax: 704-821-7899	hens7932@att.net



16414 COBBLER DR

12/17/07

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 215B DATE: 9-1-93

TC: 139-173-56 ☒ CRT

SERIAL № 15706

Name of Owner Elizabeth Bishop Juris.:

Address of Property 16141/4 Cobbler Dr

Inspection Data:

Tank Material PLC

Total Length of Drainfield 535'

Number of Lines 4 @ 133' each

Cover Depth 12-24"

Water Supply Source well

Distance to Water Source 100'+ (between 100'-120')

Excavation Inspected 8-31 & 9-1-93

Tank(s) Inspected 8-31-93

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Bobby McCarver

Design: 1993, 1500 gal st, 1600 sq ft drainfield at 4 lines at 3'x133'x12" stone each CTR# 117
cecil Like
water diversion & terrace done 10-11-93

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 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: 4 bedroom house
2 wells drilled on property - both in front yard area

Susan Gutierrez
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

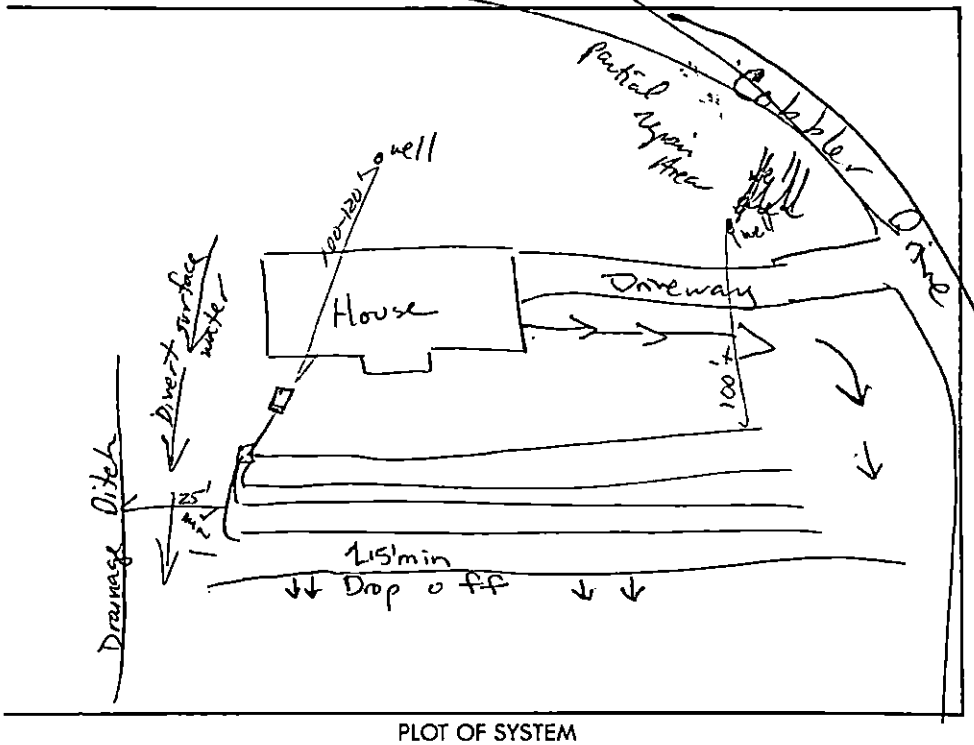
14450

FILE: 215 B DATE: 8-25-93

TC: 139-173-56

SERIAL Nº 15560

Permission is hereby given to X 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 8-25-93. All work shall be completed on or before 9-25-93, 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 — gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 535' feet

Number of Lines 4 at 133' each

Depth of Stone 12" inches

Distance from House 5'min feet

Distance from Property Line 10'min feet

Distance from Well 50'min feet

NAME OF OWNER Elizabeth Bishop

LOCATION OF PROPERTY 16 1414 Cobbler Dr.

Comments: Divert surface water as shown to keep surface water off septic system.

Division or Section Head

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

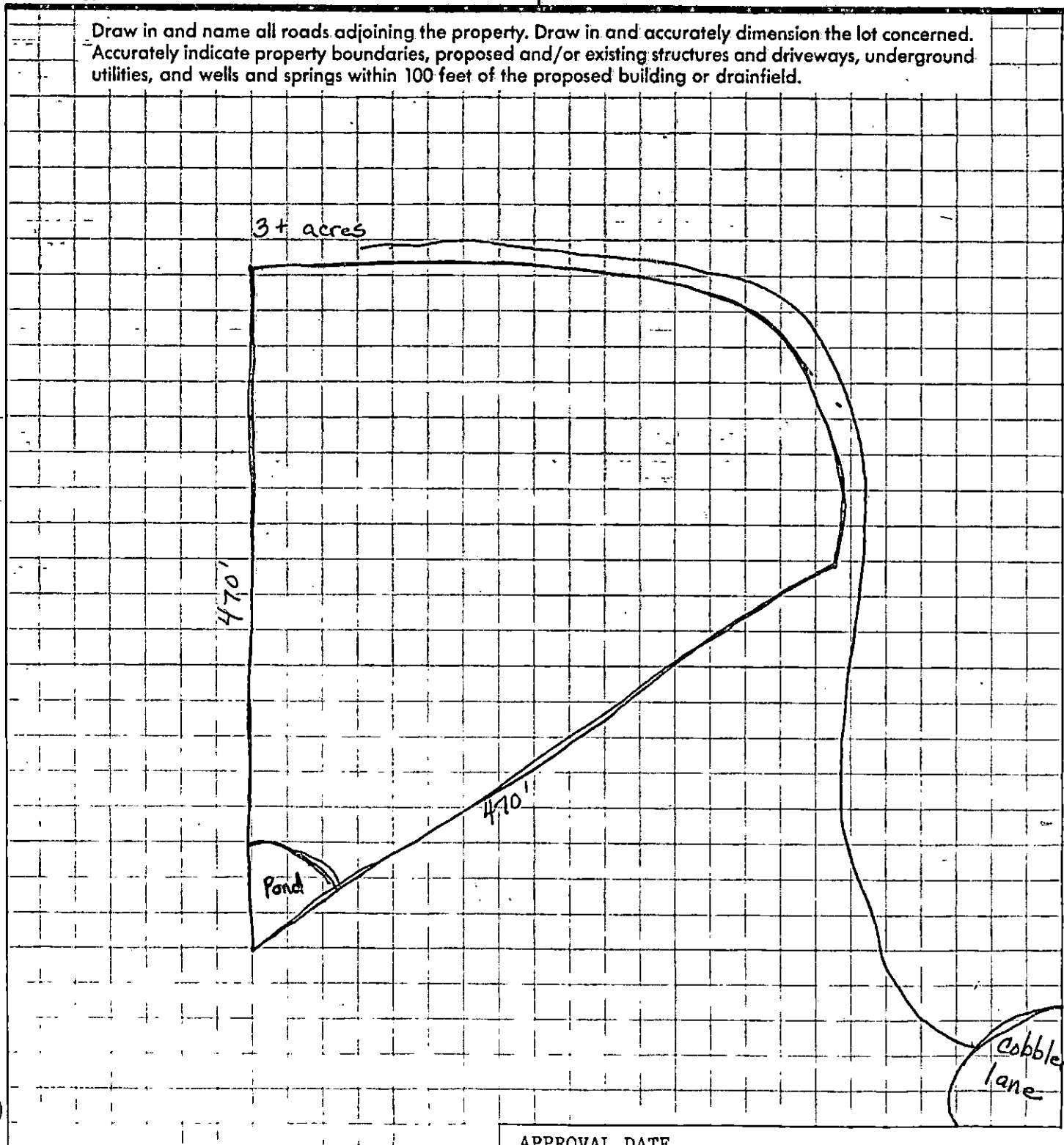
PROPOSED PLOT PLAN

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

FILE: 8106A(215B)

TC: 139-173-56

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 _____

Mecklenburg County
Health Department

March 30, 1992

James & Mary Clay
Rt 1 Box 346
Midland, NC 28107

RE: Property located on 161414 Cobbler Lane
FILE: 8106A (215B)
PARCEL: 139-173-56

Dear Mr. Clay:

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 property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 12591) is enclosed for your information.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Specific plan approval will be provided upon submission of 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 and determination that the area is adequate to accommodate the proposed construction.

Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this department renders any area previously designated suitable for system installation, unsuitable. Furthermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

If there are any questions concerning this matter, please contact Bill Marlin at 336-5575.

Sincerely,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems
GW:lw

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12591

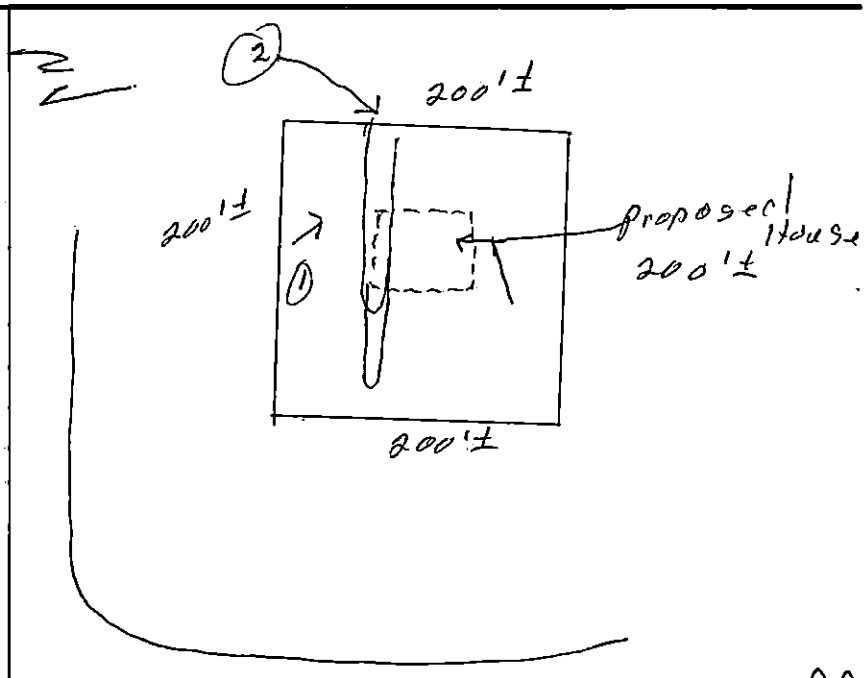
File: 9106A/ 215B Action 1

Parcel: 139-173-56 ☐ PC

Location: 16/414 Cobbler Lane
Subdivision: Blackberry Hills
Lot: 39 Block: Acres: 1.0 Acre
Owner: James & Mary Clay
Address: Rt. 1, Box 346
Midland, N.C. 28107

Comments: 100% Repair - House site may need to be moved up toward paved road

Described by: William R. Marlin
Date: 3-26-92



***** 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 8-15%	S PS (U) Slight Depression	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U slightly clay Expansive	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Sub & Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U 7-48" water	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U 7-48"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 7-48"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U —	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil-Lloyd	Slight Depression				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

400 ☑ Parcel 100 3-10-92 WPB

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

8106A/215B, ☑ PC [] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date: 3-9-91

PERSON FILING APPLICATION:
NAME: Bishop (last) Elizabeth (first) A (mi)
ADDRESS: 3172 Heathstead Pl PHONE: (704) 556-0821
CITY: Charlotte STATE: NC ZIPCODE: 28210

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 139 173 56
STREET ADDRESS: 16141 4 Cobbler lane
ZONING: RESIDENTIAL

PROPERTY OWNER:
NAME: Clay (last) James + Mary (first) (mi)
ADDRESS: Box 346 Rt 1 PHONE: (704) 547-1444
CITY: Midland STATE: NC ZIPCODE: 28107

SUBDIVISION OR MOBILE HOME PARK NAME: Blackberry Hills

Township (check one):
☒ 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
☒ SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) ☒ HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 4
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
☒ Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop ☒ None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: James Clay Date: 3-2-92

NOTICE:

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

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

...This permit is not transferable.

...

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

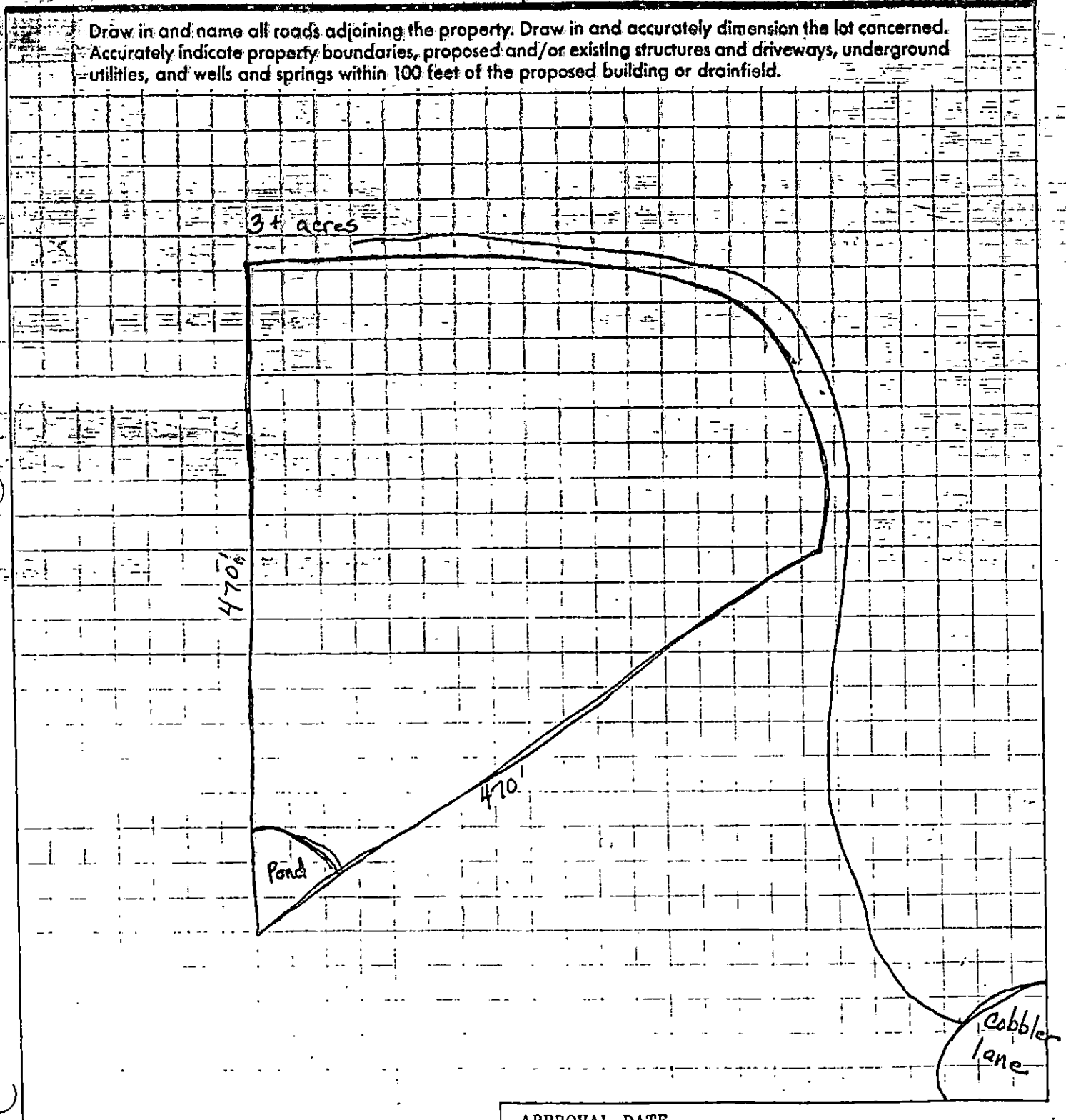
PROPOSED PLOT PLAN

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

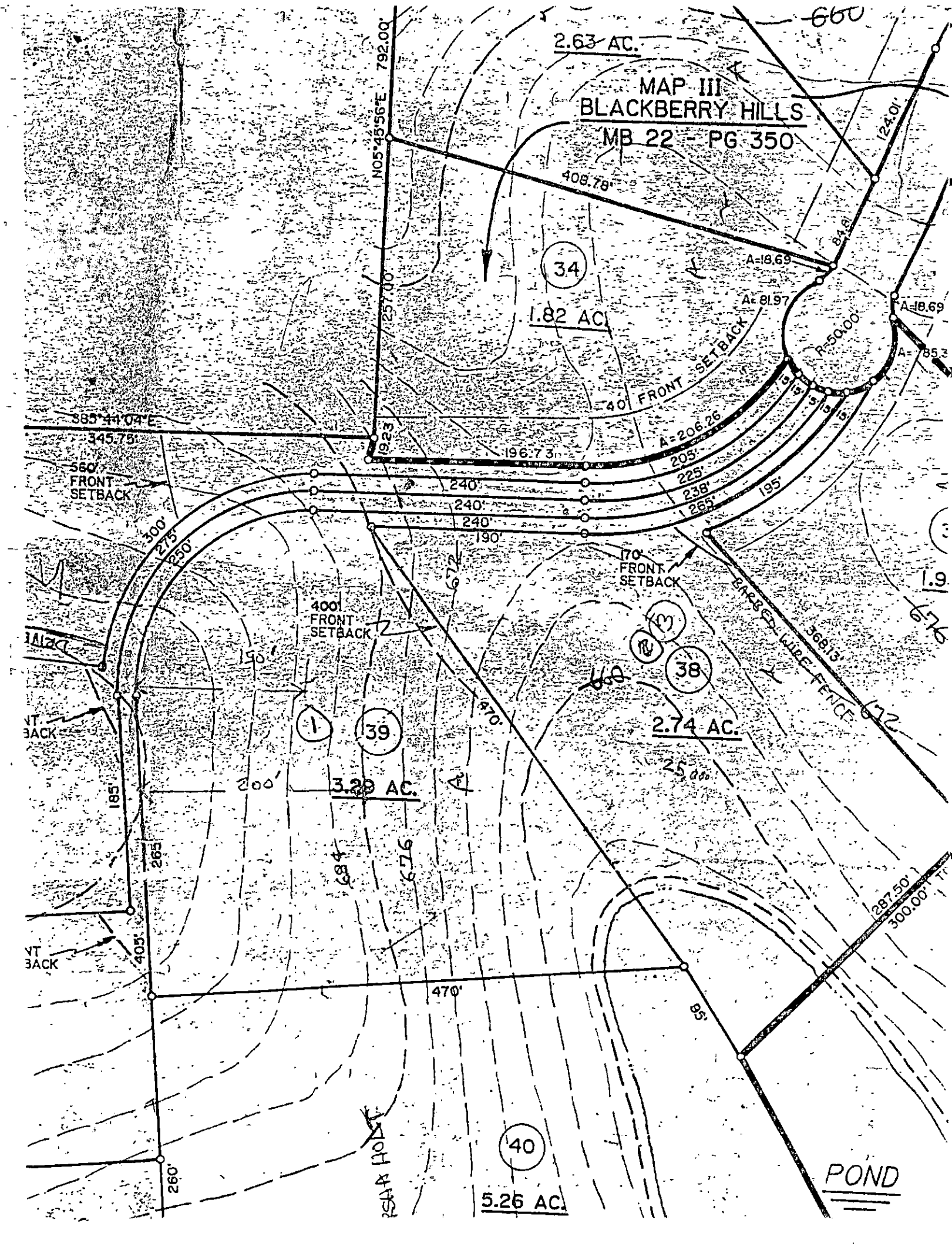
FILE: 8106A(215BJ)

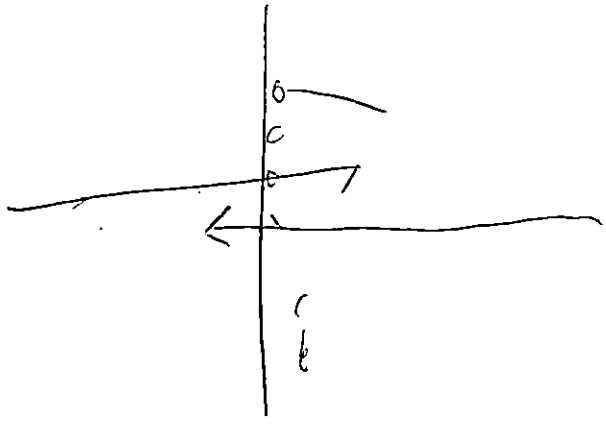
TC: 139-173-56

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 _____


660
2.63 AC.
MAP III
BLACKBERRY HILLS
MB 22 - PG 350
N05°45'56"E 792.00'
408.78'
124.01'
84.81'
A=18.69
A=81.97
R=50.00'
A=18.69
A=85.3
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1.82 AC.
257.00'
40' FRONT SETBACK
S85°44'04"E
345.75'
560'
FRONT
SETBACK
923'
196.73'
A=206.26
205'
225'
238'
265'
195'
240'
240'
240'
190'
300'
275'
250'
170'
FRONT
SETBACK
400'
FRONT
SETBACK
190'
672'
BARBED WIRE FENCE
368.13'
38
2.74 AC.
470'
1
39
200'
3.29 AC.
185'
265'
684'
405'
470'
287.50'
300.00'
85'
260'
40
5.26 AC.
POND



2200

Lot # 215B complete 215B

CHARLOTTE-MECKLENBURG BUILDING STANDARDS **PAGE:** 1
PROJECT REVIEW DISCIPLINES

PROJECT INFORMATION

PROJECT NUMBER: 531-993017 **SUBMITTED DATE:** 05/03/93
PROJECT NAME: 16414 COBBLER DR **PHS:** **SEC:** **TIME:** 04:20 PM

CONTACT NAME: TERESA COLE **PHONE #:** 365-8006
TITLE: **TYPE OF PERMIT:** SF LIMITED

COMMENTS: SF LIMITED ENG SEALED SLAB/2562 UNHEATED 359 DECK

REVIEW DISCIPLINES

AGENCY	DISCIPLINE	CONTACT	PHONE	INITIALS
BUILDING STANDARDS	SINGLE FAMILY 'LIMITED'	MICHAEL BURKHARD	336-3836	
ENVIRONMENTAL HEALTH	SEPTIC TANKS	SYLVIA DANIEL	336-5565	

NOTICE

OTHER APPROVALS/PERMITS MAY BE REQUIRED SUCH AS GRADING PERMITS, STORM WATER RETENTION, DETENTION AND COMMERCIAL DRAINAGE APPROVAL. PLEASE CHECK WITH THE ASSOCIATED ENGINEERING DEPARTMENT FOR ADDITIONAL INFORMATION.

YOU WILL BE NOTIFIED OF THE DISPOSITION OF YOUR PROJECT WITHIN 10 TO 15 WORKING DAYS. IF YOU MUST CALL CONCERNING THE STATUS OF A PROJECT, CALL 336-3836 AND ASK FOR APPROVAL STATUS OF THE PROJECT NUMBER ABOVE

ALL INDIVIDUALS SECURING BUILDING PERMITS MUST BE BONDED WITH MECKLENBURG COUNTY. PLEASE CONTACT THE ACCOUNTING DEPARTMENT AT 336-4317 FOR BOND REQUIREMENTS AND FURTHER INFORMATION.

CONTACT	DATE	COMMENTS	INITIALS

APPLICATION FOR BUILDING PERMIT

TYPE PERMIT ☒ Single Family ☐ Two Family ☐ Commercial ☐ Mobile Home ☐ Modular

PERMIT #

ADDRESS

STREET # 16414 (N,S,E,W) ____ STREET NAME Cobbler (AV,RD,ST, etc) Dr

SUITE/UNIT(S): 16414 Cobbler Dr

TAX JURISDICTION: (Check One) ☒ 0-Mecklenburg ☐ 1-Charlotte ☐ 2-Davidson ☐ 3-Cornelius ☐ 4-Pineville ☐ 5-Matthews ☐ 6-Huntersville ☐ 7-Mint Hill

SITE DATA

PROJECT/SUBDIVISION NAME Blackberry Hills PHASE ____ SECTION ____ PROJECT # 993017

OWNER Kaleel Builders, Inc. ADDRESS 6620 Fairview Road

CITY Charlotte STATE NC ZIP 28210 PHONE # 365-8006

TAX PARCEL # 139 173 56 LOT # 39 BLOCK # ----- LAND AREA (sq. ft.) 143,312.4

CENSUS ZONING: R-3 JURIS 0 MAP # 96 R/W 60

SPECIAL (Circle) C D N P S FLOOD PLAIN ☐ Yes FLOOD ELEV. ____ FIRE DIST. ☐ Yes

LOT: ☐ CORNER ☐ THROUGH FRONT STREET (if different) ____

MINIMUM SETBACKS: FRONT 40 LEFT SIDE 10 RIGHT SIDE 10 REAR 55 REQ. PARK'G ____ APR'D

PROJECT

JOB # ____

USDC # ____

PURPOSE ____

OCC. TYPE ____

CONST ____

TYPE WORK: ☒ New ☐ Addition ☐ Accessory ☐ Upfit ☐ Shell ☐ Demolish ☐ Other

PROJECT DESCRIPTION (Residence, Office, etc.)
Mobile Home: include Yr./Make & Serial # single family residence

AREA (sq. ft.): Heated 2,093 Unheated 2,562 Deck(s) 359 # STORIES 3 BASEMENT ☒ Yes

ONE/TWO FAMILY, MODULAR, OR MOBILE HOME. TOTAL # ROOMS 11 # BEDROOMS 4 # BATHS 2.5
Work includes: ☐ Attached Carport ☒ Attached Garage ☐ Masonry Fireplace(s)

SPRINKLERS ☐ Yes # UNITS MULTI-FAMILY: # HANDICAP UNITS

SERVICES

ELECTRICAL:
Power Company Duke Power Co. Service: ☒ New ☐ Existing Total Amps 220 # Circuits 22
Connections 120 Volts 133 # Connections over 120 Volts ____

MECHANICAL:
Gas Company ____ # Gas Conn ____ # Appliances ____ ☐ Heat Only ☐ Central A/C Only ☐ Heat and A/C
☒ 1-Heat Pump ☒ 2-Central A/C ☐ 3-Elect. Baseboard ☐ 4-Elect. Furnace ☐ 5-Elect. Ceiling ☐ 6-Gas/Oil Furnace
☐ 7-Gas/Oil Steam ☐ 8-Gas Pack ☒ 9-Pre-Fab Fireplace ☐ 10-Chimney ☐ 11-Stove

PLUMBING: # of Fixtures (Sink, Water Closet, etc...) 11 # of Appliances (Dishwasher, Water Heater, etc.) 3

UTILITIES: ☒ New ☐ Existing
Public 1-Individual Meter/Connection ☐ Water ☐ Sewer | Private 3-Individual ☒ Well ☒ Septic
2-Master Meter/Connection ☐ Water ☐ Sewer | 4-Community ☐ Well ☐ Septic

CONTRACTORS

ACCT #	CONTRACTOR(S): (Name/Address as appears on license)				CONTRACT COST Nearest $100	APR'D FEES $
	Bldg Kaleel Builders, Inc.	Phone 365-8006	Lic # 26433-U		Bldg. $ 135,200.	
	Add 6620 Fairview Road	City/St Charlotte, NC	Zip 28210			
	Elect Frye Electric Co.	Phone 553-7552	Lic # 4037-U		Elect. $ 3,000.	
	Add P.O. Box 240785	City/St Charlotte, NC	Zip 28230			
	Mech Bob's Heating & A/C	Phone 376-3883	Lic # 6830		Mech. $ 4,300.	
	Add 1920 Cleveland Avenue	City/St Charlotte, NC	Zip 28224			
	Plbg K.W. Mullis Plumbing Co.	Phone 545-4309	Lic # 4306		Plbg. $ 5,500.	
	Add 16425 Cabarrus Road	City/St Charlotte, NC	Zip 28227			
PLANS ☐	Arch./Eng ____	Phone ____	Lic # ____		Total Const. Cost $ 148,000.	
	Add ____	City/St ____	Zip ____			

OTHER

FT ☐ TOTAL ESTIMATED PROJECT COST FOR FAST TRACK OR MODULAR $ ____ FT FEE $ ____

REMARKS: Developed under R.U. Sub OTHER FEES $ ____

TOTAL FEE $ ____

THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE IS EITHER THE OWNER OR THE AUTHORIZED AGENT OF THE OWNER AND HEREBY MAKES APPLICATION FOR PERMIT AND INSPECTION OF WORK DESCRIBED AND AGREES TO COMPLY WITH ALL APPLICABLE LAWS REGULATING THE WORK.

APPLICANT'S SIGNATURE ____ DATE 4/26/93 PRINT APPLICANT'S NAME Stephen J. Kaleel

METHOD OF PAYMENT ☐ CASH/CHECK ☒ ACCOUNT

HOLDS	PROCESSED BY	APPROVED BY	VALIDATED BY

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

B-82 3/89

ORIGINAL

4 BDR
215B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PD 200' CHF pt. 177 [ ] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: Bishop (last) Elizabeth (first) A. (mi)
ADDRESS: 3172 Heathstead Pl PHONE: 704 556-0821
CITY: Charlotte STATE: NC ZIPCODE: 28210

Date: 4-1-93

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 139-173-56
STREET ADDRESS: 16414 Cobbler dr
ZONING:

PROPERTY OWNER:
NAME: same as above (last) (first) (mi)
ADDRESS: _____ PHONE: (___) _____
CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[X] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 4
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [X] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Elizabeth A Bishop Date: 4-1-93

NOTICE:

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

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

...This permit is not transferable.

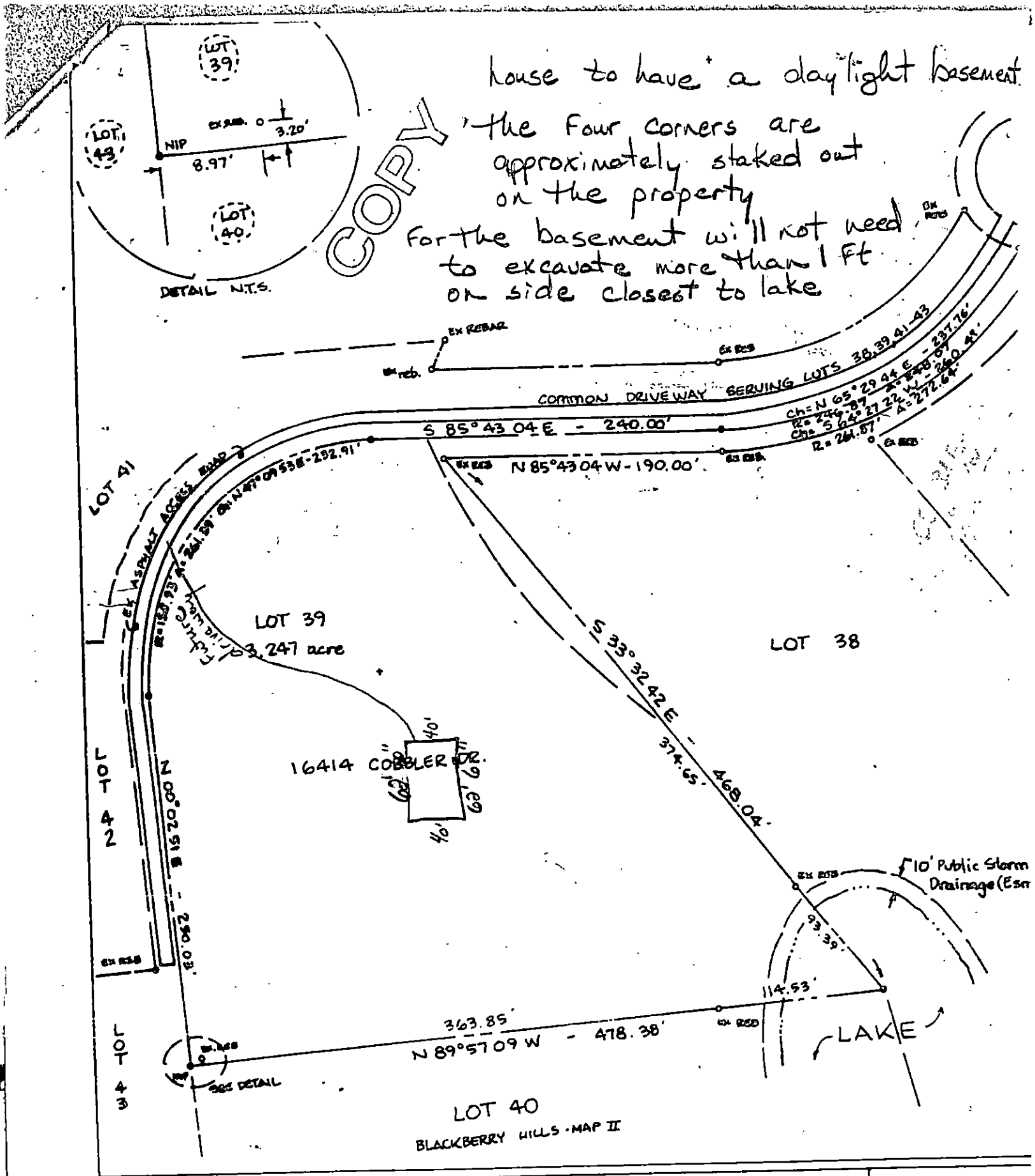
... 4 bdrm system - may require lift pump -

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Susan Salem 4-22 93
Environmentalist Date

Judy J. Rueis R.S. 4/26/93
Director or Authorized Section Head Date

WWATER : 122791



SURVEY OF:	LOT 39 · BLACKBERRY HILLS · MAP V
SURVEY FOR:	ELIZABETH A. BISHOP
TOWNSHIP:	CLEAR CREEK

HARRISBURG
410-9 HIGHWA
HARRISBURG, N

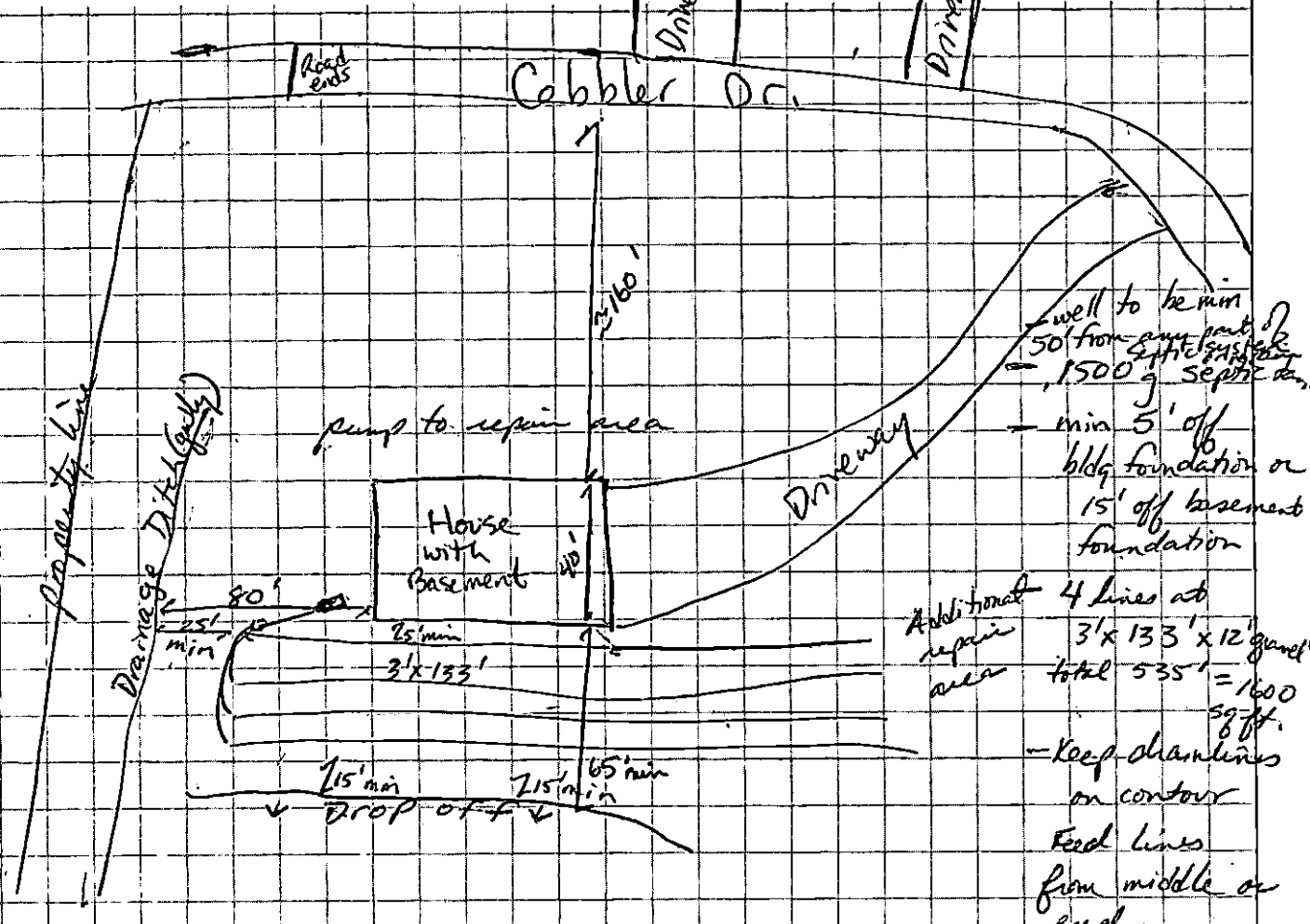
PROPOSED PLOT PLAN

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

FILE: 215 B

TC: 139-173-56

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.



well to be min 50' from any part of septic system
- 1,500 g septic tank
- min 5' off bldg foundation or 15' off basement foundation

Additional repair area: 4 lines at 3'x 133' x 12" gravel total 535' = 1600 sq ft.

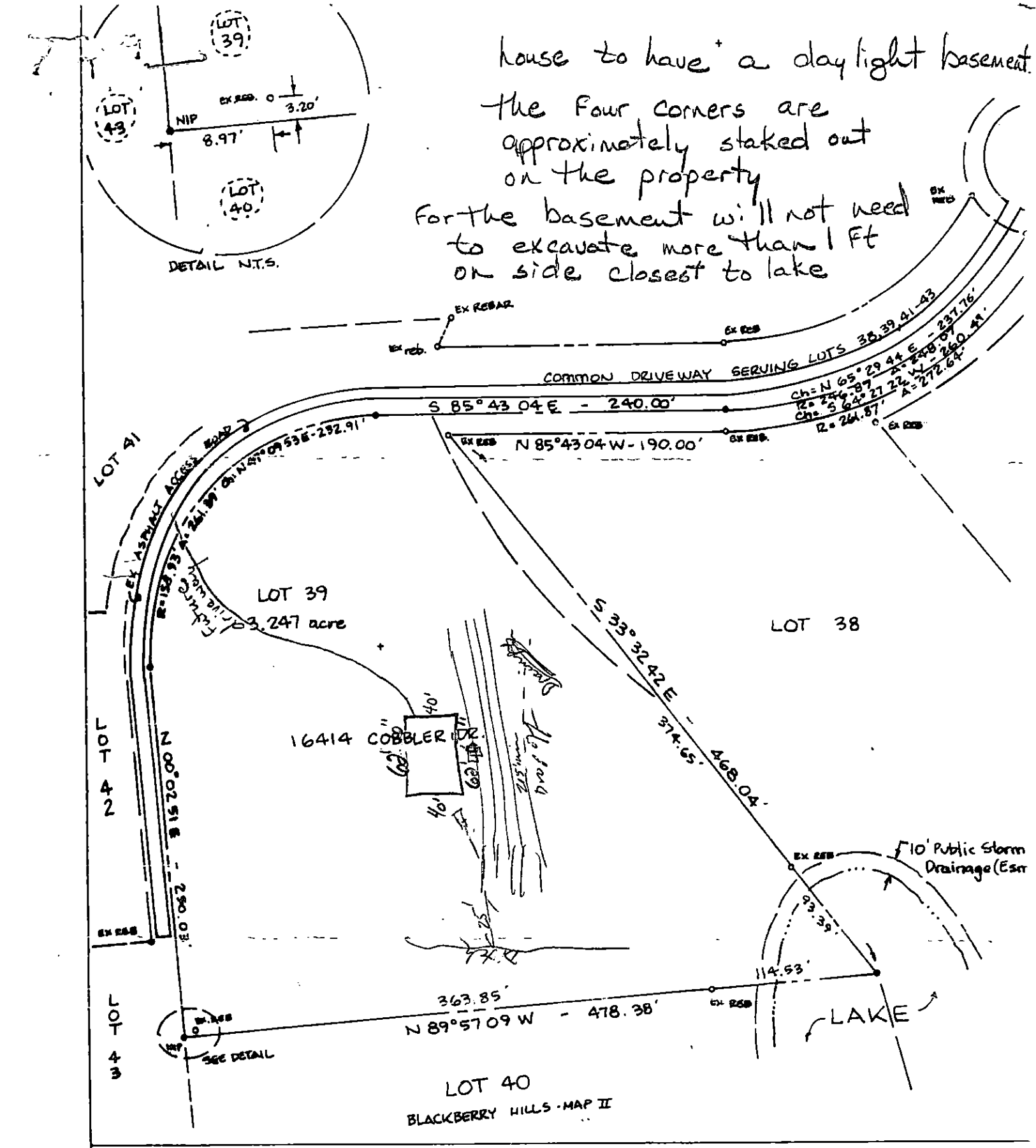
- Keep drainlines on contour
- Feed lines from middle or end.
- May require lift pump.
- Keep min 10' off any property line.

well should be min 25' from house

Elizabeth A Bishop 4-20-93
property owner + date

APPROVAL DATE S Patterson RS. 4-22-93

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



SURVEY OF:	LOT 39 · BLACKBERRY HILLS · MAP V
SURVEY FOR:	ELIZABETH A. BISHOP
TOWNSHIP:	CLEAR CREEK
COUNTY:	MECKLENBURG NORTH CAROLINA
SCALE:	1" = 100'

HARRISBURG
4110-9 HIGHWAY
HARRISBURG, N.
1-704-455-955

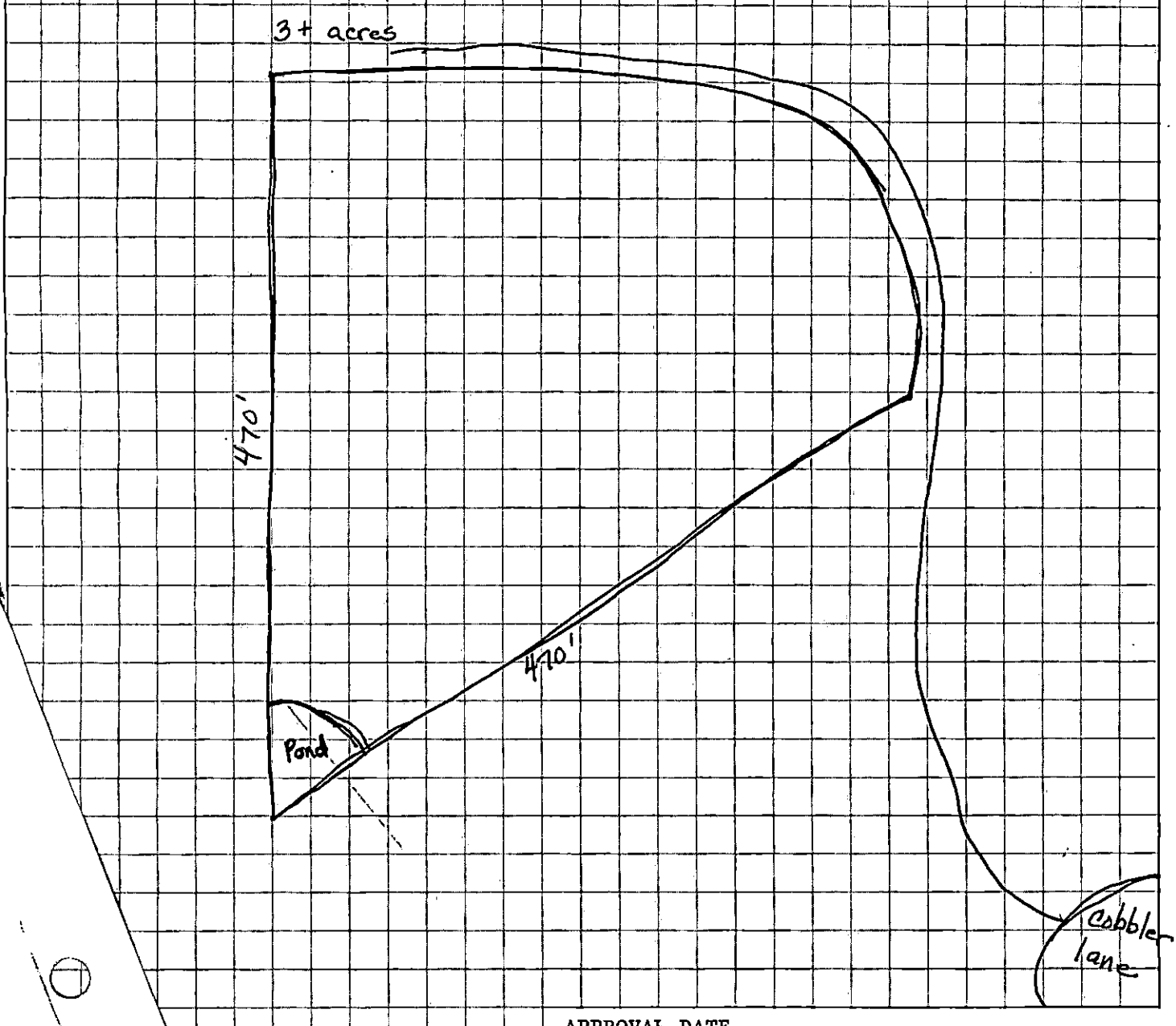
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CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 8106A(2)SB)

TC: 139-173-56

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 _____

...n Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

400 ☑

P250CK 1287
3-10-92 WPC

8106A/215B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

☑ PC [] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: Bishop (last) Elizabeth (first) A (mi)
ADDRESS: 3172 Heathstead Pl PHONE: (704) 556-0821
CITY: Charlotte STATE: NC ZIPCODE: 28210

Date: 3-9-91

PROPERTY OWNER:
NAME: Clay (last) James + Mary (first) (mi)
ADDRESS: Box 346 Rt 1 PHONE: (704) 547-1444
CITY: Midland STATE: NC ZIPCODE: 28107

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 139173560
STREET ADDRESS: 16141/4 Cobbler lane
ZONING: RESIDENTIAL

Township (check one):
☑ 0 Hecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME: Blackberry Hills

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
☑ SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) ☑ HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER ____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 4

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
☑ Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop ☑ None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: James W Clay Date: 3-2-92

NOTICE:

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

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

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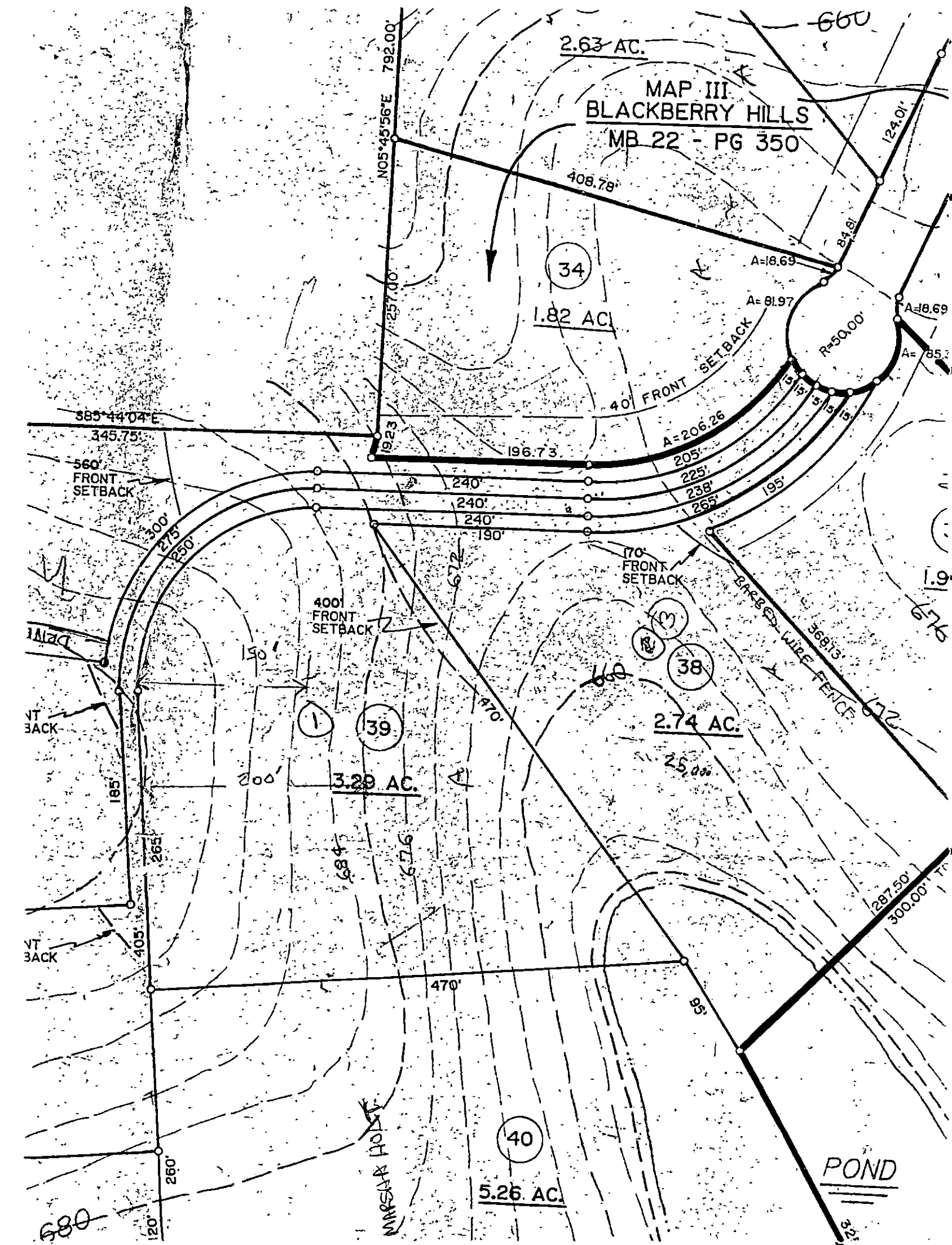
...

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[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WATER : 122791


MAP III
BLACKBERRY HILLS
MB 22 - PG 350
2.63 AC.
660
792.00'
N05°45'56"E
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84.81'
A=18.69'
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40' FRONT SETBACK
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BARBED WIRE FENCE
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2.74 AC.
660
470'
95'
287.50'
300.00'
POND
40
5.26 AC.
260'
120'
680
MARSH