

4130 APPLE HILL RD

23112302

12/26/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 1676 B DATE: 2-24-98

TC: 231-123-02 ☒ L ☒ CRT

SERIAL Nº 17477

Name of Owner RICHARD F. LAUER Juris.: _____

Address of Property 4130 APPLE HILL ROAD

Inspection Data:

Tank Material PCC 1500 gal

Total Length of Drainfield 400

Number of Lines 5 @ 80

Cover Depth 12" SOIL

Water Supply Source MUNICIPAL

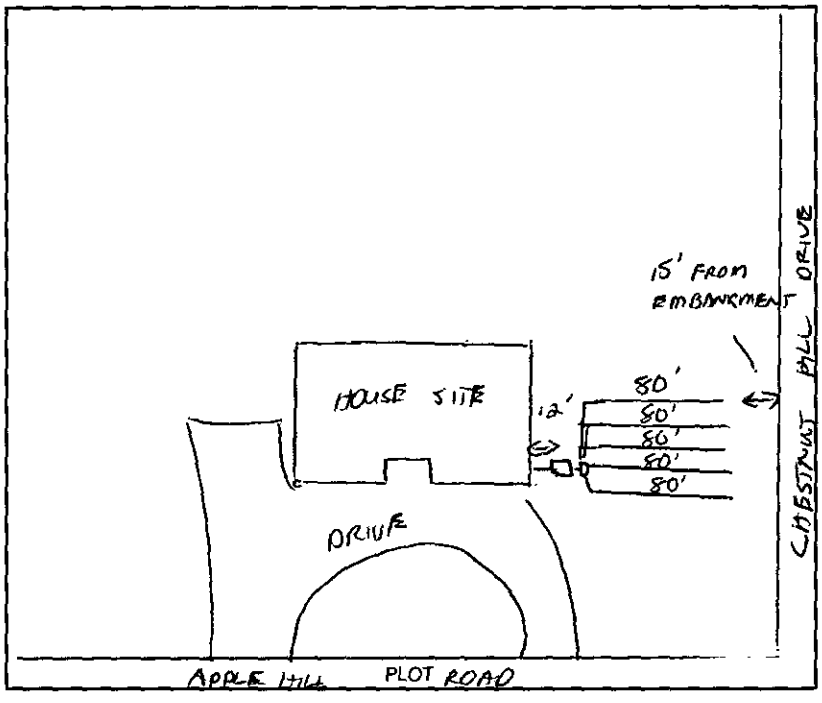
Distance to Water Source NA

Excavation Inspected 2-24-98

Tank(s) Inspected 2-24-98

Wash Line Inspected NA

High Water Alarm Inspected NA



Design 1500 gal INNOVATIVE 1600 SF I NO STONE CECIL CTR# BOBBY MCCARVER

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: (1) SYSTEM WAS CHANGED TO INNOVATIVE CHAMBERED SYSTEM @ OWNER'S REQUEST TO SAVE TREES. (2) SYSTEM INSTALLED W/O PUMP. PLUMBING WAS DIRECTED AS INDICATED. TYPE IIF-G

J. Andrew Walker IV
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

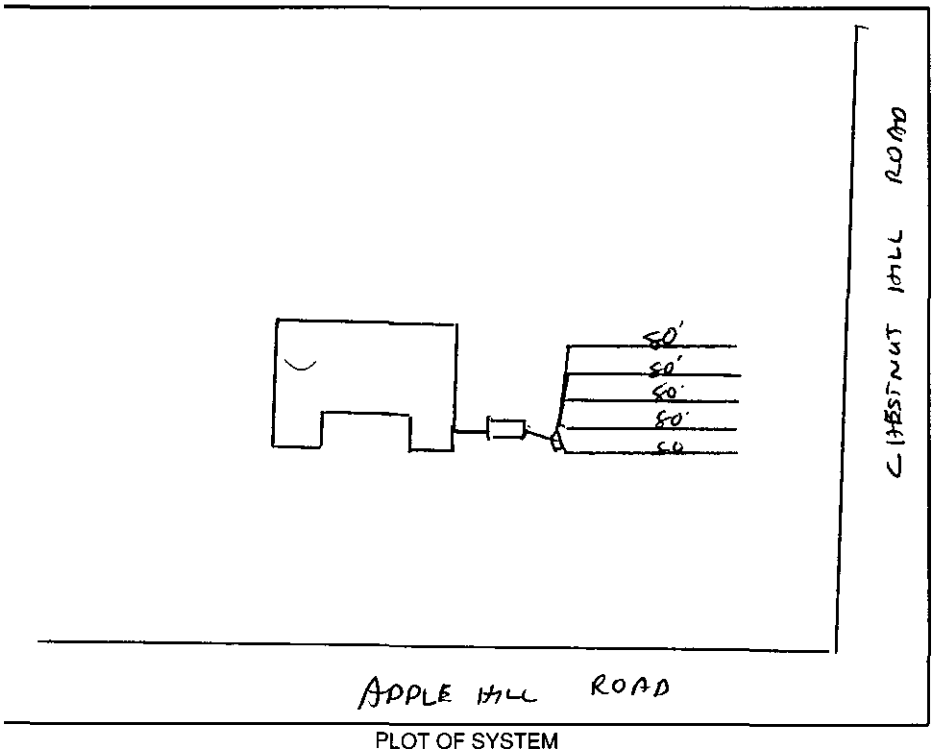
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1676 B DATE: 2-19-98

TC: 231-123-02 ☒ L

SERIAL Nº 17600

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 2-19-98. All work shall be completed on or before 3-19-98, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A 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 P-C

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 400 feet

Number of Lines 5

Depth of Stone INNOVATIVE CHAMBER inches

Distance from House 10' feet

Distance from Property Line 10' feet

Distance from Well >100' feet

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

NAME OF OWNER RICHARD LAUER

LOCATION OF PROPERTY 4130 APPLE HILL ROAD

Comments: INSTALLED INNOVATIVE CHAMBERED SYSTEM @ HOME OWNER'S REQUEST TO SAVE SPACE & TREES

J. Andrew Walker

Environmental Health Specialist

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

400 ✓ VCRT

FEE: 100.00 AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: 6/9/97 VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 6/5/97 PERMIT NO: 1676B
PARCEL NO: 231-123-02

JOB LOCATION ADDRESS: 4130 Apple Hill Road
PROPERTY OWNER: Richard Lauer - buyer
BUILDING CONTRACTOR: Richard Lauer
SUBDIVISION NAME: Chestnut Hills
AUTHORIZATION ISSUED BY: Lisa B. Mialik, RS DATE: 6/5/97
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1676B, 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. X ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS:
See conditions of improvement permit & associated plot plan. (dated 6/5/97)
Lot exempt from 100% repair per .1945(c)(1)

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 Richard Lauer X 6/9/97
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 1676B 4130 Apple Hill Road Chestnut Hills

TAX NUMBER: 231-123-02

- 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	1620 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
YES Serviced by private well	1500 Gallon septic tank	940 6@90'each 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	12" Depth of stone	

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

Site modifications required:

Additional Conditions: (1) Keep well 100' from any portion of the sewage disposal system or at least the maximum feasible distance, however, no less than 50 feet (2) Keep installation 15' minimum from top of embankment or complex slope (2' cuts) (3) Do not disturb/grade area for sewage disposal system

Exempt from 100% repair.

Repair Area System Type
Type (circle one): I II III IV V VI
per .1945(c)(1)

- ___ Conventional
- ___ Prefabricated, permeable block panel system
- ___ Shallow Placed Conventional
- ___ Low Pressure Pipe
- ___ Large Diameter Pipe
- ___ Fill
- ___ Other
- ___ Innovative or Experimental:
  - ___ IWWS-93-1
  - ___ IWWS-93-2
  - ___ IWWS-94-1

___ Absorption Area (Sq ft) ___ Total Trench Length (Ft)	___ Depth of Stone Trench	___ Trench spacing (min. on centers)	___ Maximum Trench Depth

For existing system, enter the year originally installed:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for th 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 effe 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 Departmen
- Improvement Permit Valid 5 years from date of issuance.
- This Improvement permit is transferable.

Lisa B. Malik, RS 6/5/97 — DEHNR Authorized Agent — Date

Richard Lowes 6/9/97 — 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

WWS 100196

PROPOSED PLOT PLAN

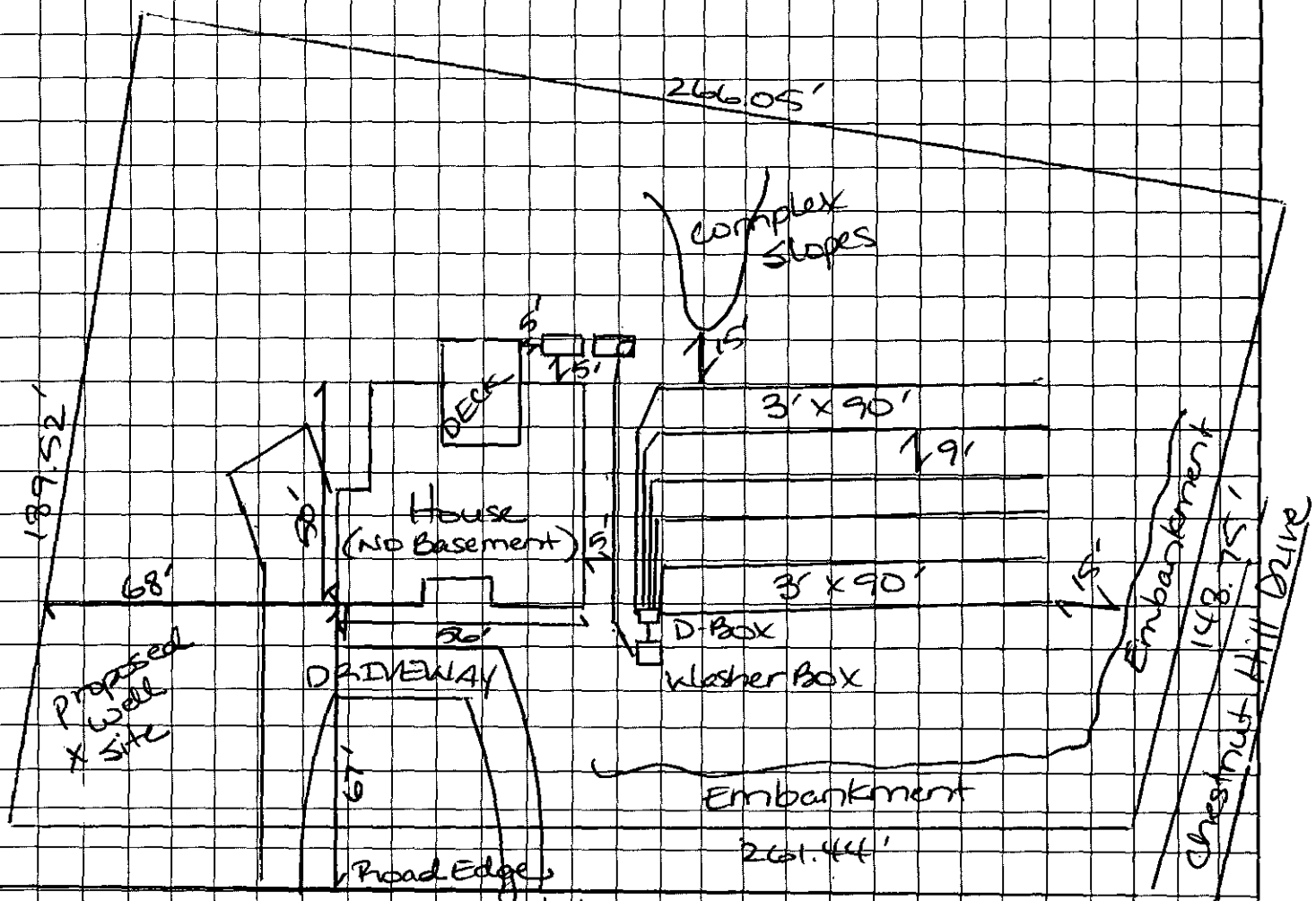
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1676B

TC: 231-123-02

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.

Installation for 4 Bedroom House (No basement) to be located at 4130 Apple Hill Road



See Conditions of Improvement Permit
Lot exempt from 100% Repair - See plat on file dated August 1976

Richard Lauer
OWNER/AGENT SIGNATURE

DATE 6/9/97

APPROVAL DATE 6/5/97 Jiva B. Malik, RS

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

Have Mr Hausfeld Sign + date all forms.

(May not want construction authorization at this time)

Please put back in my box. Thanks

PROPOSED PLOT PLAN

never signed for, as of 6/5/97

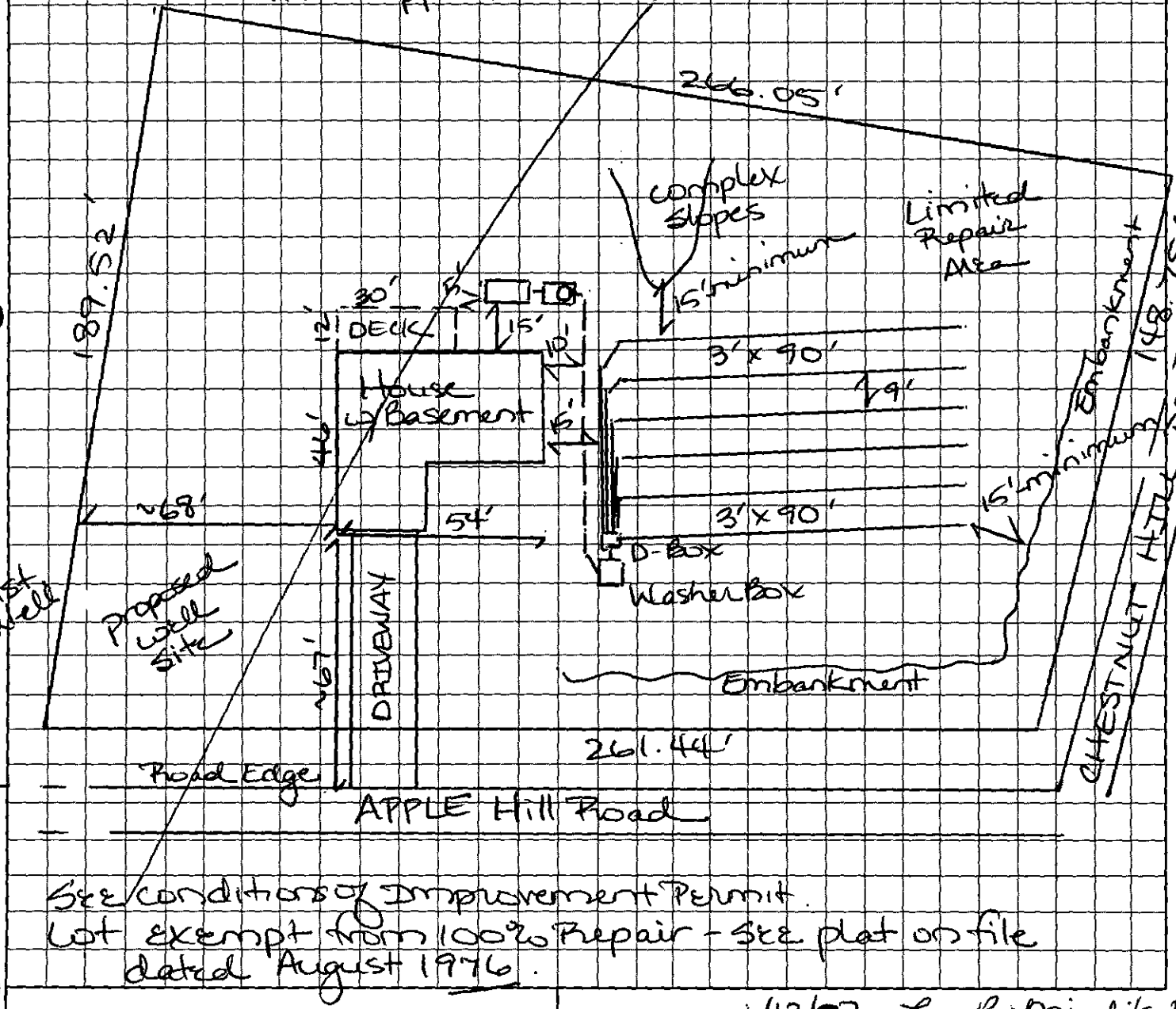
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IEALTH DIVISION
STREET
3202
102

FILE: 1676B

TC: 231-123-02

ining the property. Draw in and accurately dimension the lot concerned.
ıdaries proposed and/or existing structures and driveways, underground
thin 100 feet of the proposed building or drainfield.

r 4 Bedroom House with
basement w/ plumbing) to be located at
4430 Apple Hill Road.



See conditions of Improvement Permit.
Lot exempt from 100% Repair - See plat on file dated August 1976.

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE 1/13/97 Lisa B. Mialik, RS

Pg 1 of 2

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

Permit Number: 1676B 4130 Apple Hill Road Chestnut Hills

Tax Number: 231-123-02

- 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	420 Max gallons/day wastewater flow	1620 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
Yes Serviced by private well	1000 Gallon septic tank	540 6@90' EACH 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	12" Depth of stone		

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

Site modifications required:

Additional Conditions: -keep well 100' from any portion of the sewage disposal system or at least the maximum feasible distance; however, no less than 50 feet.
-keep installation 15' minimum from top of embankment or complex slope (2' cuts)

Exempt from 100% Repair Repair Area System Type Type (circle one): I II III IV V VI per .1945(c)(1)	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
___ Absorption Area (Sq ft) ___ Total Trench Length (Ft)	___ Depth of Stone Trench	___ Trench spacing (min. on centers)	___ Maximum Trench Depth	

For existing system, enter the year originally installed:

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

- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department
- This Improvement permit is transferable.

Lisa B. Mialik, RS 1/13/97

DEHNR 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

IWWS-100195

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

DATE: 1/13/97 PERMIT NO: 1676B
PARCEL NO: 231-123-02

JOB LOCATION ADDRESS: 4130 Apple Hill Road
PROPERTY OWNER: David Hausfeld
BUILDING CONTRACTOR: David Hausfeld
SUBDIVISION NAME: Chestnut Hills
AUTHORIZATION ISSUED BY: Iba B. Malik, RS DATE: 1/13/97
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1676B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: See Conditions of Improvement Permit

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

FEE: 100.00 credit from ck 5017

DATE: 6/4/97 (previously 12/19/96)

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

[ ] CRT

TYPE APPLICATION: [X] 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 #: 46897 1676B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 231-123-02

STREET ADDRESS: 4130 APPLE Hill Road

SUBDIVISION OR MOBILE HOME PARK NAME: CHESTNUT Hills

LOT NUMBER: 6 BLOCK 5

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2931 SQFT

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 2

CLOSING DATE TBD

FOUNDATION FOR RESIDENCE:

[ ] WITHOUT BASEMENT
[ ] ON SLAB
[X] CRAWL SPACE
[ ] WITH BASEMENT /PLUMBING
[ ] WITH BASEMENT /NO PLUMBING

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

N/A

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: [ ] YES [X] NO TYPE: _____

WATER SUPPLY (CHECK ONE):

[ ] COMMUNITY (C) [ ] MUNICIPAL (M) [X] PRIVATE WELL (P)
[ ] SHARED WELL (S) [ ] OTHER 'SPRINGS' (O)

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

BURIED CABLES, LANDFILLS, STUMPHOLES	[ ] YES [ ] NO	WELL, SPRINGS OR WATERLINES	[ ] YES [ ] NO
EXISTING WASTEWATER SYSTEMS	[ ] *YES* [ ] *NO*	*DESIGNATED WETLANDS*	[ ] *YES* [ ] *NO*
EASTMENTS OR RIGHT-OF-WAYS	[ ] YES [ ] NO		

PROPERTY OWNER:

NAME: LAUER (LAST) RICHARD (FIRST) F (MI)

ADDRESS: 6346 South Bend Ln.

CITY: Charlotte STATE: NC ZIP: 28277

DAYTIME PHONE: (704) 846-9542

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: LAUER (LAST) RICK (FIRST) J (MI)

DAYTIME PHONE: (704) 543-7095

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: Richard F Lauer DATE: 6/4/97

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

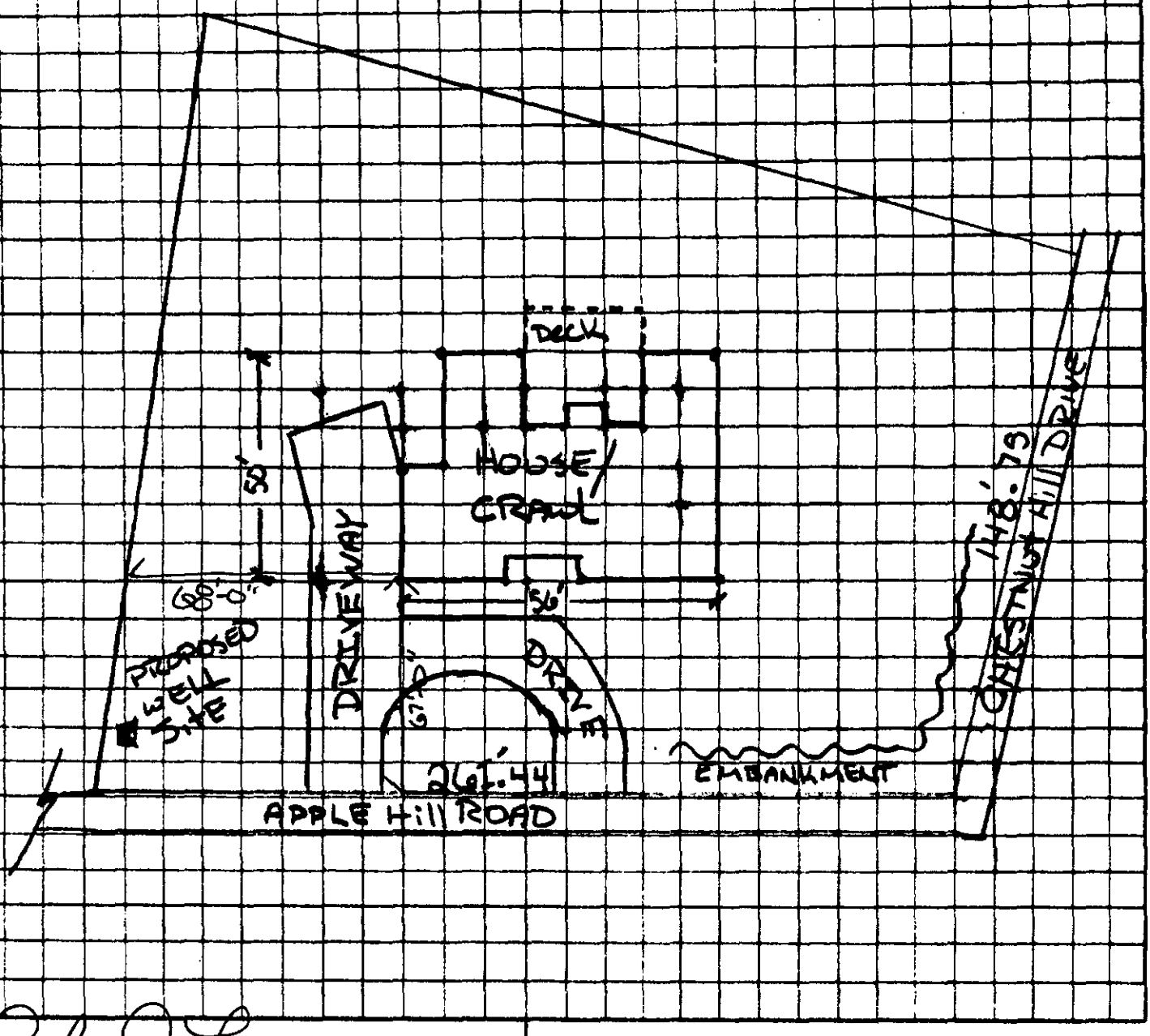
PROPOSED PLOT PLAN

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

FILE: 1676B

TC: 031-123-02

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.



Richard O Lowe
OWNER/AGENT SIGNATURE

DATE 6/4/97

APPROVAL DATE _____

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

TRANSFER OF OWNERSHIP

Permit #: 1676B
Job Location Information:
Tax Parcel #: 231-123-02
Street Address: 4130 Apple Hill Road

An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change or if information submitted in this application is falsified or changed.

Property Owner Improvement Permit Originally Issued to:

Name: Hausfeld David (last) (first) (mi) Date Issued: 1/15/97

Address: 4130 Apple Hill Road Chestnut Hills Subdivision
City: Charlotte State: NC Zip: 28277
Daytime Phone: ( ) -

IMPROVEMENT PERMIT TRANSFERRED TO:

Name: LAUER Richard (last) (first) (mi)

Address: 4130 Apple Hill Road Chestnut Hills Subdivision
City: Charlotte State: NC Zip: 28277
Daytime Phone: (704) 543-7095 OR 361-6822

The undersigned, owner or legal agent for the owner, of the property described as the "job location" in the original application dated 6/4/97 has read the foregoing application and Improvement Permit, 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: Richard Lauer Date: 6/4/97

IMPROVEMENT PERMIT TRANSFERRED TO:

Name: (last) (first) (mi)

Address:
City: State: Zip:
Daytime Phone: ( ) -

The undersigned, owner or legal agent for the owner, of the property described as the "job location" in the original application dated has read the foregoing application and Improvement Permit, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Signed: Date:

Mecklenburg County
Health Department

APPLICATION FOR
INSPECTION OF PUBLIC RECORDS

NAME OF PERSON MAKING REQUEST: David A. Hayes

ADDRESS: 7119 - 824 Shannon Dr.

DESCRIPTION OF PUBLIC RECORD REQUESTED:

STREET NAME (OR COUNTY ROAD: 4130 Apple Hill

PARCEL NUMBER/FILE NUMBER: 231-123-02

OWNER'S NAME: Same.

REASON FOR REQUEST:

For my Genom Use.

SIGNATURE OF PERSON MAKING REQUEST: [signature]

SUPERVISORY PERSON: Gwendolyn Casey

ENVIRONMENTAL HEALTH DIVISION

PEOPLE • PRIDE • PROGRESS

Environmental Health Division

700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

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

Sheet ___ of ___
PROPERTY ID #: 1676B
COUNTY: 231-123-02

SOIL/SITE EVALUATION *for* ON-SITE WASTEWATER SYSTEM

OWNER: Marilyn Barnes APPLICANT: _____
ADDRESS: 201 Sandra View Rd, Mars. APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 480gpd PROPERTY SIZE: 1.0
LOCATION OF SITE: 4130 Apple Hill Rd PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS	0-4"	gr/cl	Fr/SEXP/SS/SP	>48" To Chroma 2 colors	48"	N/A	None	PS .39/F2 IV
		4-48"	sBK/C	Fr-Fi/SEXP/SS/P					
2	LS	0-6"	gr/cl	Fr/SEXP/SS/SP	>48" To Chroma 2 color	48"	N/A	None	PS .39/F2 IV
		6-48"	sBK/C	Fr-Fi/SEXP/SS/P					
3	LS	0-6"	gr/cl	Fr/SEXP/SS/SP	>48" To Chroma 2 color	48"	N/A	None	PS .39/F2 IV
		6-44"	sBK/C	Fr-Fi/SEXP/SS/P					
		44-48"	sBK/cl	Fr/SEXP/SS/SP					
4	LS	0-5"	gr/cl	Fr/SEXP/SS/SP	>48" To Chroma 2 color	48"	N/A	None	PS .39/F2 IV
		5-46"	sBK/C	Fr-Fi/SEXP/SS/P					

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: William R. Marlin 1-6-97
OTHER(S) PRESENT: LSS

OMMENTS: _____

LEGEND

use the following standard abbreviations

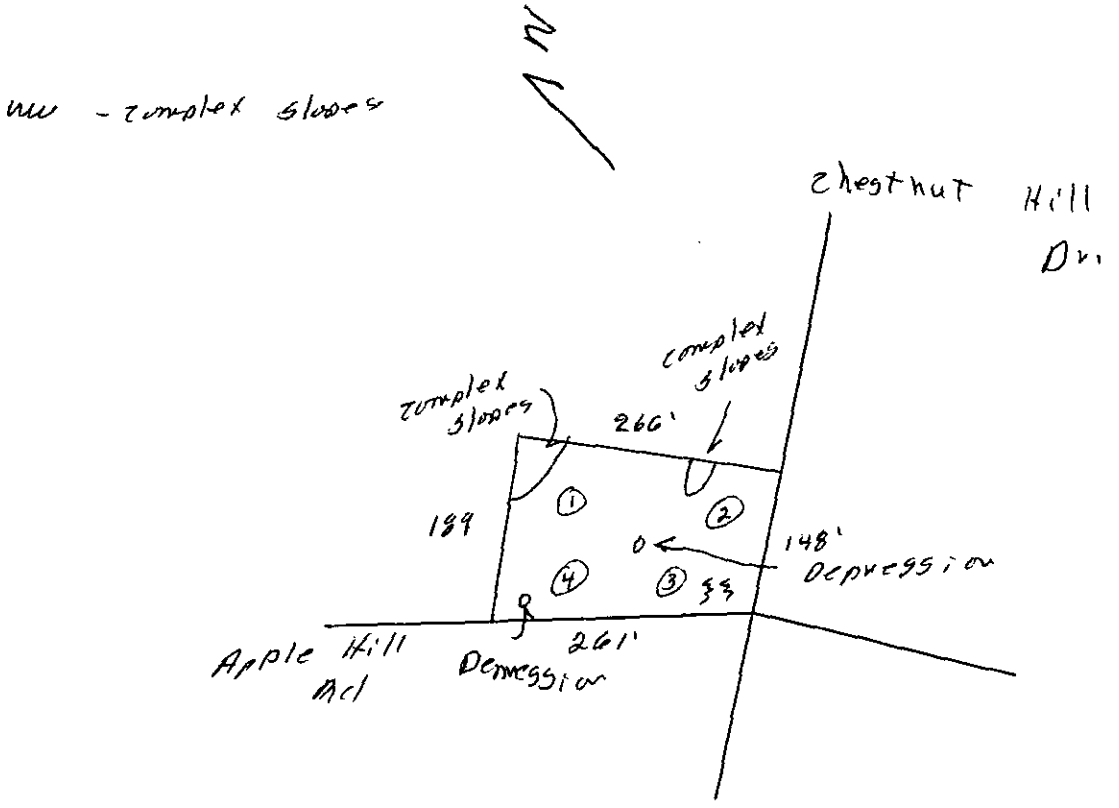
ANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR	LPP .1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
(Drainage Way)					EXP (Expansive)	CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
S (Foot Slope)						ABK (Angular Blocky)
(Head Slope)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SICL (Silty Clay Loam)				PR (Prismatic)
(Nose Slope)		CL (Clay Loam)				
(Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
(Shoulder Slope)		SLC (Silt Loam Clay)				
(Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SIC (Silty Clay)			FI (Firm)	S (Sticky)
					VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None		EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

OTES

ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.
ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



CK#

FEE: 108.00 5019

DATE: 12/13/96 JC

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

[ ] CRT

TYPE APPLICATION: X 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 #: 96768

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 231-123-02

STREET ADDRESS: 4130 Apple Hill Rd

SUBDIVISION OR MOBILE HOME PARK NAME: Chestnut Hills

LOT NUMBER: 2 (6) 6 BLK 5

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2600

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS:

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

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

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

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

WATER SUPPLY (CHECK ONE):

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

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

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

PROPERTY OWNER:

NAME: Hansfeld David A.
(LAST) (FIRST) (MI)

ADDRESS: 7118-B24 Shannon Dr.

CITY: Charlotte STATE: NC ZIP: 28270

DAYTIME PHONE: [redacted] 849 - 2221

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Baron Marilyn (Land Owner)
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

201 Sandis View Road

Charlotte 28211

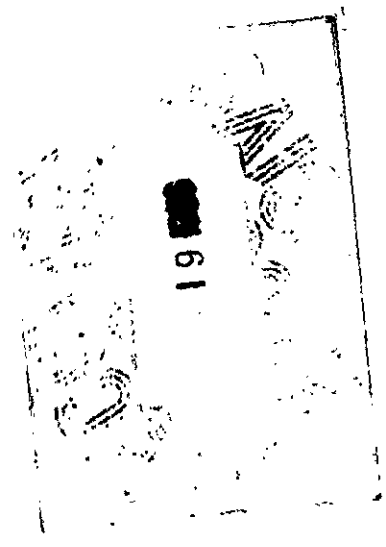
WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: _____ DATE: 12/13/96

$100.00

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



DAVID A. HAUSFELD/TRACY M. HAUSFELD

5017

Date	12/14/1996
Pay to	Mecklenburg County Health Dept
Amount	100.00
Memo	Sewer Perk Test on lot #6 Block #2 @ Chestnut Hills (4130 Apple Hill Road)
Categ	Unallocated Expense
Acct	

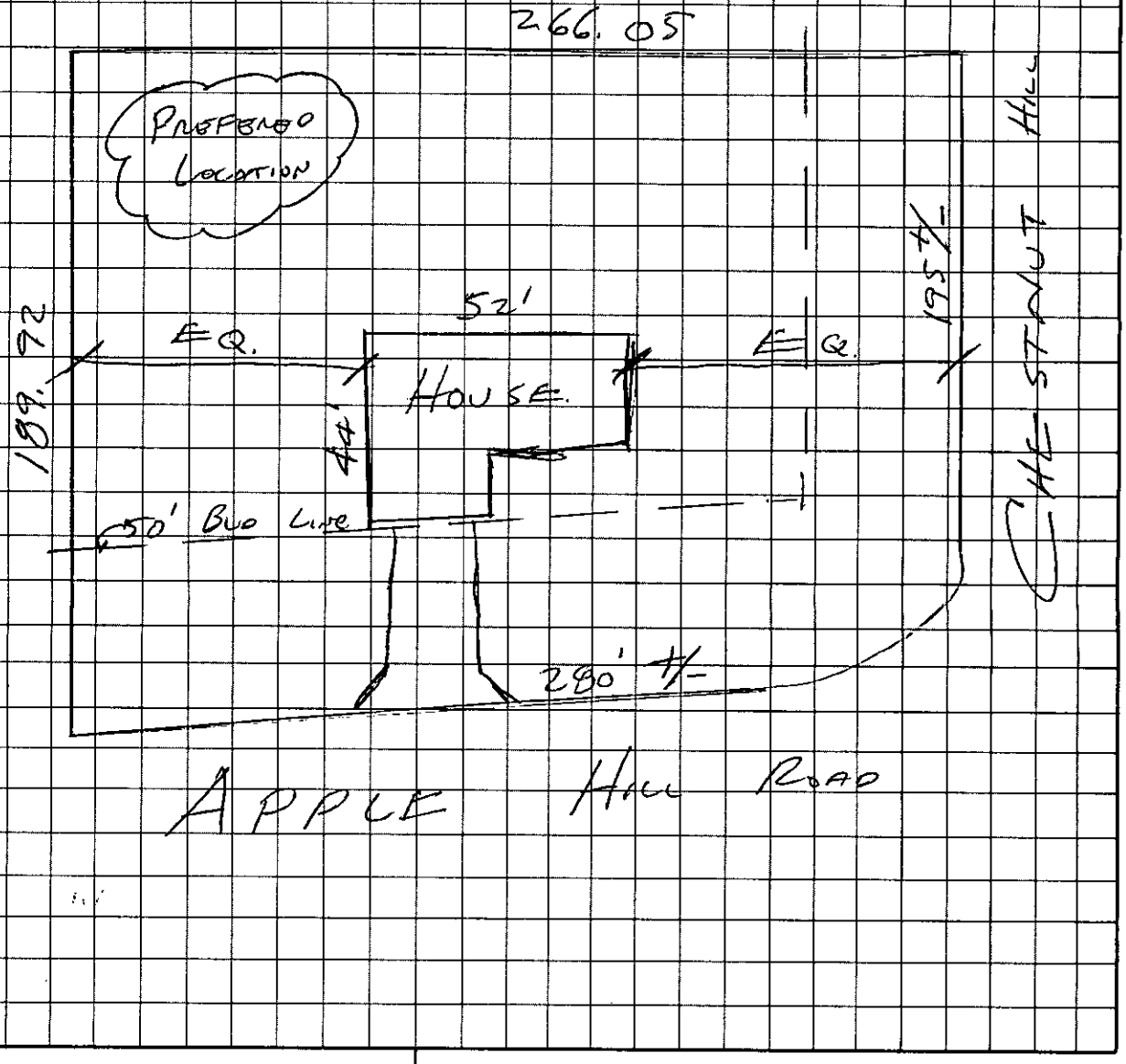
PROPOSED PLOT PLAN

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

FILE: 1676B

TC: 231-123-02

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



OWNER/AGENT SIGNATURE

DATE 12/15/96

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

File # 1676

DATE Dec. 13, 1996

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

231-123-02
PARCEL NUMBER

4130 Applc Hill Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

(11107 Chestnut Hills Dr.) lot # 96
EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

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

REMARKS: New address for corner lot due to house facing other

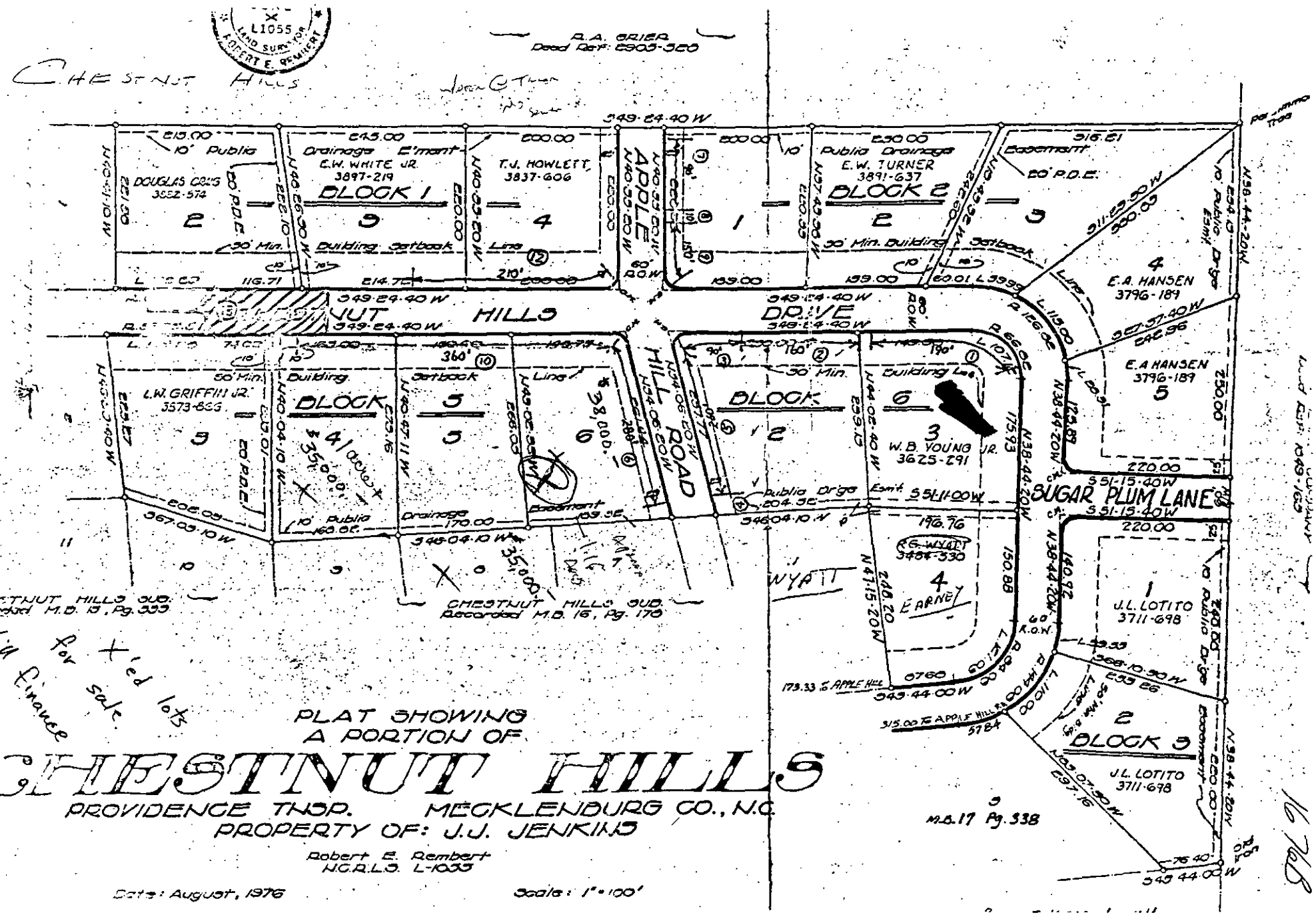
NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

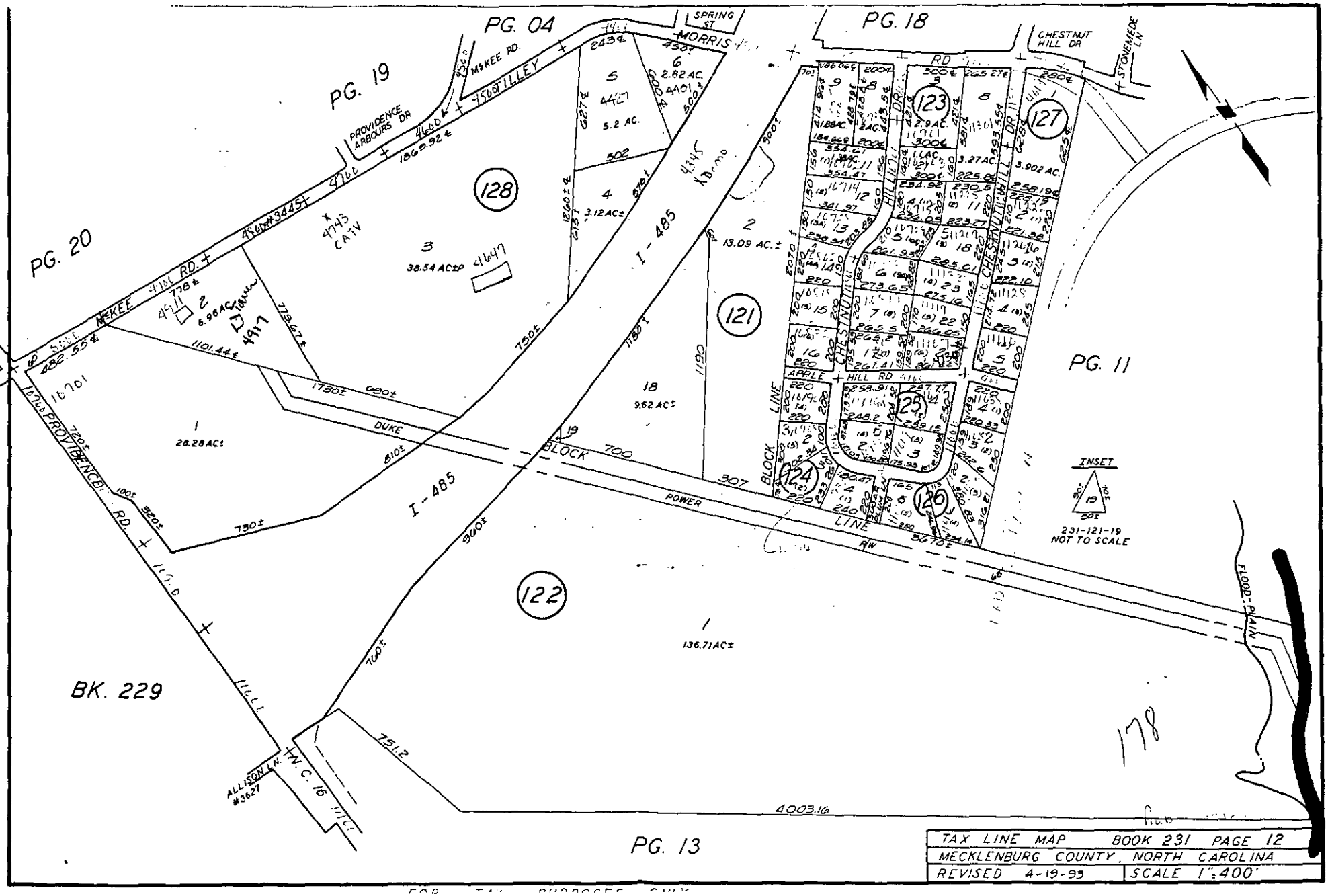
ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: Doug A. Hunn

REVISED 1/91


L1055
LAND SURVEYOR
ROBERT E. REMBERT
CHESTNUT HILLS
R.A. GRIER
Deed Ref: 6903-320
S49-24-40W
BLOCK 1
BLOCK 2
BLOCK 3
BLOCK 4
BLOCK 5
BLOCK 6
DOUGLAS COLE 3882-574
E.W. WHITE JR. 3897-219
T.J. HOWLETT 3837-606
E.W. TURNER 3891-637
E.A. HANSEN 3796-189
L.W. GRIFFIN JR. 3573-666
W.B. YOUNG JR. 3625-291
E. ARNEY
J.L. LOTITO 3711-698
JUT HILLS DRIVE
APPLE HILL ROAD
SUGAR PLUM LANE
Drainage E'mant
Public Drainage Easement
30' Min. Building Setback Line
10' Public Drainage Esmt.
20' P.D.E.
60' R.O.W.
$38,000.
$35,000.
CHESTNUT HILLS SUB. Recorded M.B. 16, Pg. 170
CHESTNUT HILLS SUB. Recorded M.B. 19, Pg. 339
M.B. 17 Pg. 338
W.I.L. finance 8% for +'ed lots for sale.
PLAT SHOWING A PORTION OF
CHESTNUT HILLS
PROVIDENCE THSP. MECKLENBURG CO., N.C.
PROPERTY OF: J.J. JENKINS
Robert E. Rembert N.C.R.L.S. L-1055
Date: August, 1976
Scale: 1"=100'


PG. 04
PG. 19
PG. 20
PG. 18
PG. 11
PG. 13
SPRING ST
MORRIS
MEKEE RD.
PROVIDENCE ARBOURS DR
MEKEE HILL RD.
PROVIDENCE RD. W. #3626
PROVIDENCE RD.
ALLISON LN. #3627
N.C. 16
I-485
DUKE
POWER LINE
BLOCK
APPLE HILL RD
CHESTNUT HILL DR
CHESTNUT HILL DR II
HILLCREST DR
STONEMEDE LN
FLOOD-PLAIN
128
121
122
123
124
125
126
127
BK. 229
INSET
231-121-19
NOT TO SCALE
TAX LINE MAP BOOK 231 PAGE 12
MECKLENBURG COUNTY, NORTH CAROLINA
REVISED 4-19-93
SCALE 1"=400'

CHESTNUT HILLS

X L1055 LAND SURVEYOR ROBERT E. REMBERT

R.A. GRIER Deed Ref. 5903-320

Water @ Line

349-24-40 W

615.00 10' Public 50' R.D.E. 222.10 N40-43-10 W 221.90

DOUGLAS CRAIG 3882-574

2

645.00 Drainage E'ment E.W. WHITE JR. 3897-219

BLOCK 1

3

600.00 T.J. HOWLETT 3837-606

4

N40-33-20 W 220.00

N40-33-20 W 220.00

APPLE HILL DRIVE

60' R.O.W.

600.00 10'

1

N37-43-30 W 220.00

630.00 Public Drainage E.W. TURNER 3891-637

BLOCK 2

2

3

316.61 Easement 20' P.D.E.

N13-43-30 W 242.60

30' Min. Building Setback Line

10' Public Drainage Easement

N38-44-20 W 234.10

311-29-30 W 300.00

4 E.A. HANSEN 3796-189

N38-44-20 W

S27-31-40 W 247.96

5 E.A HANSEN 3796-189

250.00

N38-44-20 W 125.82

220.00

S51-15-40 W

SUGAR PLUM LANE

S51-15-40 W 220.00

10' Public Drainage Easement

N38-44-20 W 240.00

N38-44-20 W 140.92

1 U.L. LOTITO 3711-698

L 49.33 S68-10-30 W 233.26

2 BLOCK 3 U.L. LOTITO 3711-698

N38-44-20 W 650.00

N00-07-30 W 697.16

76.40' S49-44-00 W

M.B. 17 Pg. 338

L 119.00 R 126.02 L 107.14 R 66.05

L 115.00 CAE 96

E.A. HANSEN 3796-189

5

L 107.14 190'

N38-44-20 W 175.93

3 W.B. YOUNG JR. 3625-291

N44-02-40 W 259.13

BLOCK 6

2

30' Min. Building Setback Line

160'

N34-06-50 W 297.77

ROAD

HILL

N34-06-50 W 280'

BLOCK 5

3

1

N49-02-55 W 266.03

N40-47-11 W 229.16

N40-04-10 W 229.01

50' Min. Building Setback Line

360'

L.W. GRIFFIN JR. 3573-666

3

N40-43-40 W 229.27

50' R.D.E.

602.09 S67-03-10 W

10' Public Drainage Easement 109.35

Drainage 170.00

S46-04-10 W 160.00'

S46-04-10 W

35,000+/-

1.16 Acres

Drainage Easement

Public Drive Easement S51-11-00 W 204.92'

S46-04-10 W

196.76

R.E. WYATT 3484-330

4 EARNEY

WYATT

N47-15-20 W 248.20

150.88

173.33 TO APPLE HILL

S49-44-00 W

60.13 L 60.11 R 60.00 R 44.00

315.00 TO APPLE HILL RD

5784

S18-44-00 W

CHESTNUT HILLS SUB. Recorded M.B. 16, Pg. 170

CHESTNUT HILLS SUB. Recorded M.B. 13, Pg. 333

4 Lots for sale. W.H. Finance 87%

PLAT SHOWING A PORTION OF CHESTNUT HILLS

PROVIDENCE TWSP. MECKLENBURG CO., N.C.

PROPERTY OF: J.J. JENKINS

Robert E. Rembert N.C.R.L.S. L-1055

Date: August, 1976

Scale: 1" = 100'

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

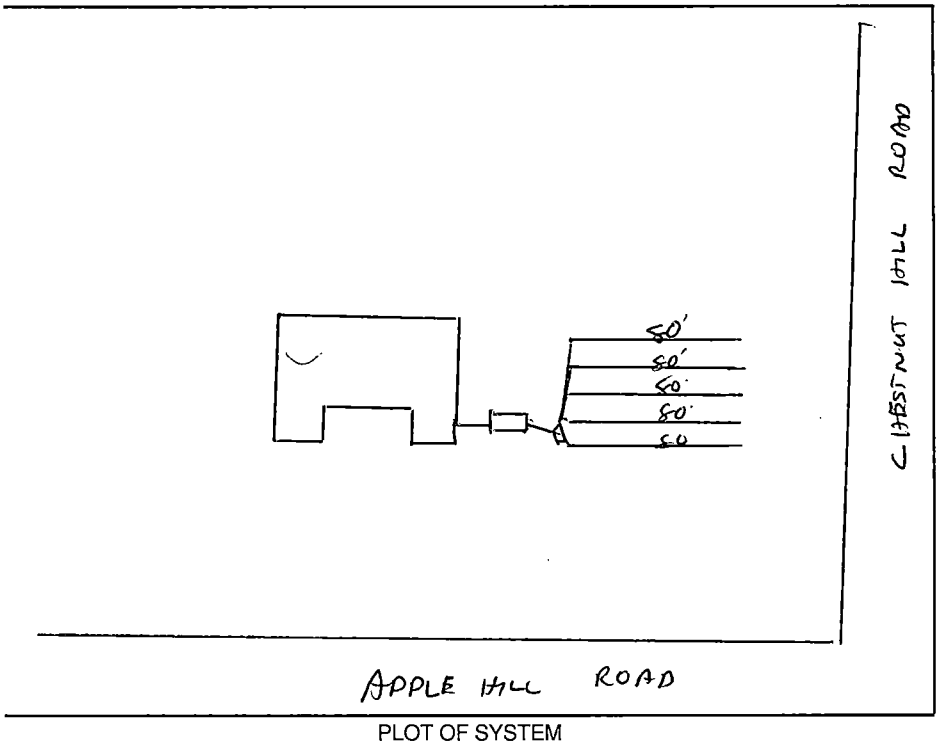
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1676 B DATE: 2-19-98

TC: 231-123-02 ☒ L

SERIAL Nº 17600

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 2-19-98. All work shall be completed on or before 3-19-98, 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 P-C

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous YES

Total Line Length 400 feet

Number of Lines 5

Depth of Stone INNOVATIVE CHAMBER inches

Distance from House 10' feet

Distance from Property Line 10' feet

Distance from Well > 100' feet

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

NAME OF OWNER RICHARD LAUER

LOCATION OF PROPERTY 4130 APPLE HILL ROAD

Comments: INSTALLED INNOVATIVE CHAMBERED SYSTEM @ HOME OWNER'S REQUEST TO SAVE SPACE & TREES

J. Andrew Walker III
Environmental Health Specialist

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