

4544 SADLER RD

11341216

7/13/2007

duponbj

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

2400

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR ~~PERMIT~~ Approval

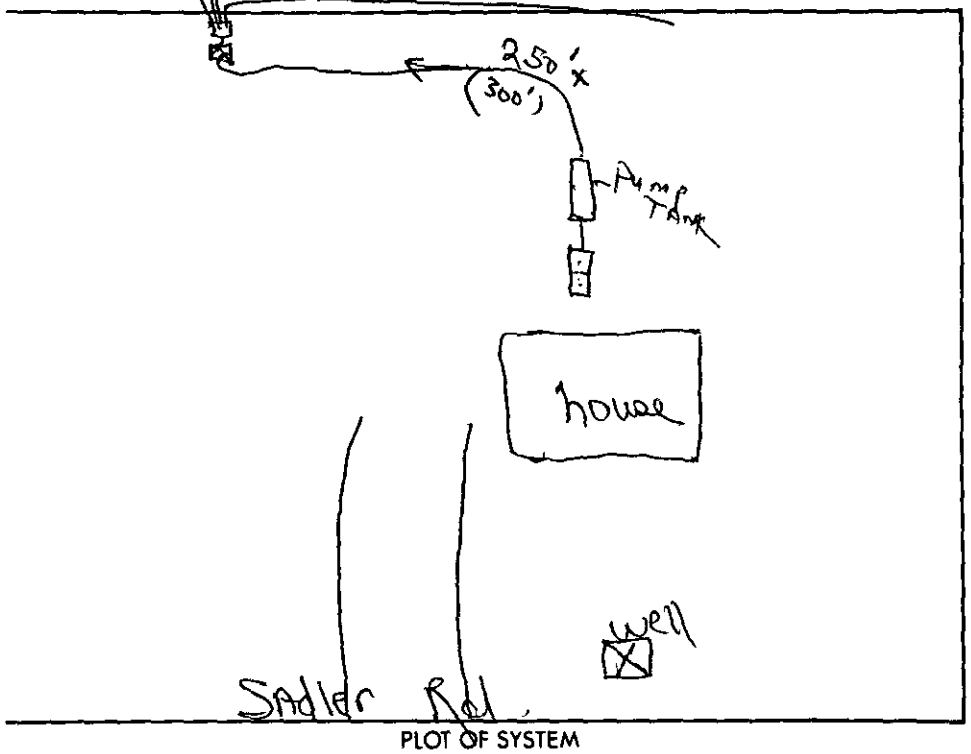
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7864A DATE: 4/5/94

TC: 113-201-19 ☐ L

SERIAL Nº 15955

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 2/17/92. All work shall be completed on or before 5/5/94, 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 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 75 feet

NAME OF OWNER Leon Drier

LOCATION OF PROPERTY 4544 Sadler Rd

Comments: INSTALL 1500 GAL. Septic TANK 1000 GAL. Pump Tank
2 D-Boxes, 400' trench in 4 trenches 3' x 100' x 12" Stone

F. Wellington Reid 4/7/94
Division or Section Head

Judy C. Kuhn R.S.
Environmentalist

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

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

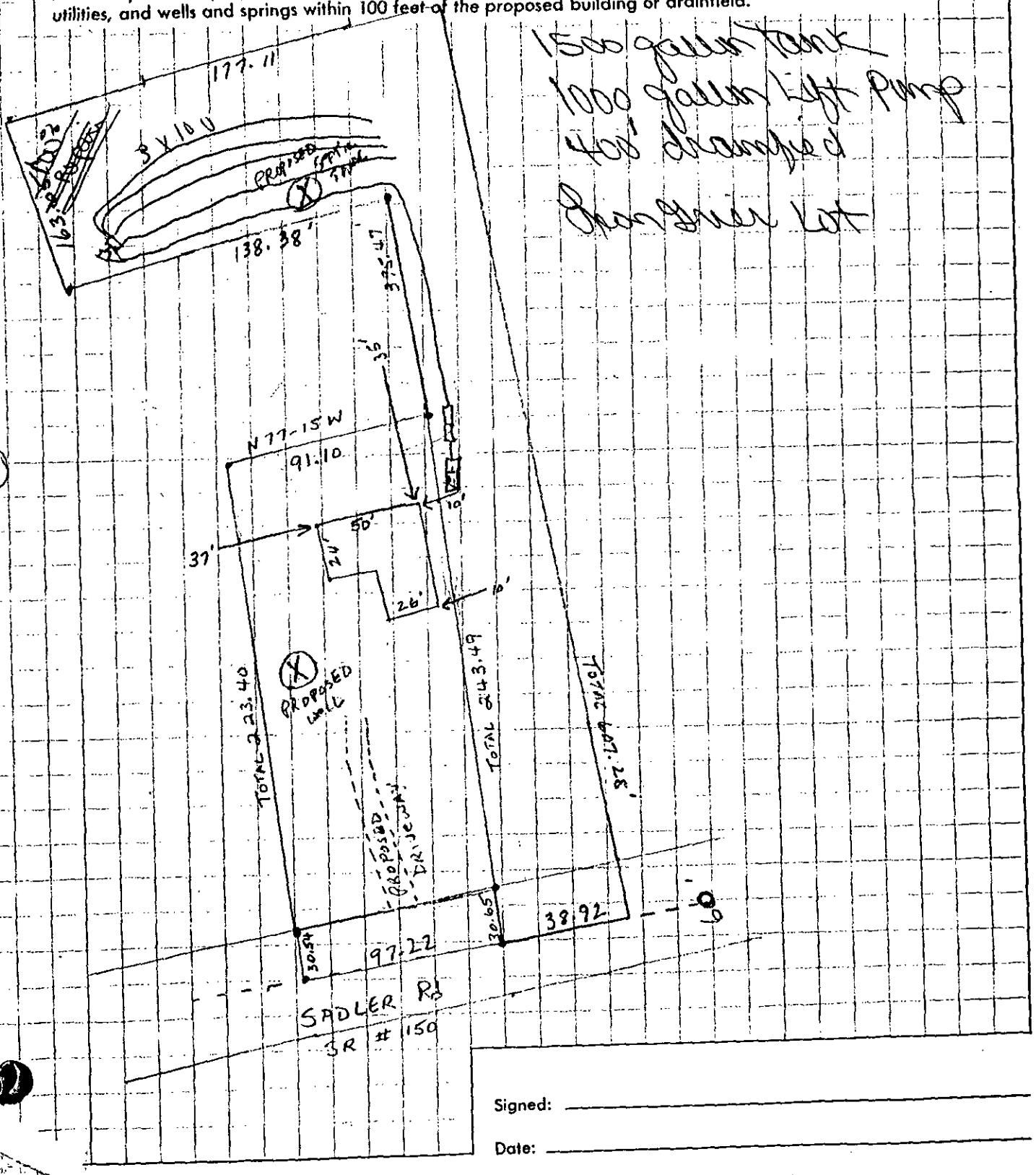
PROPOSED PLOT PLAN

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

FILE: 7864A / 74B

TC: 113-201-19

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.



Signed: _____

Date: _____

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

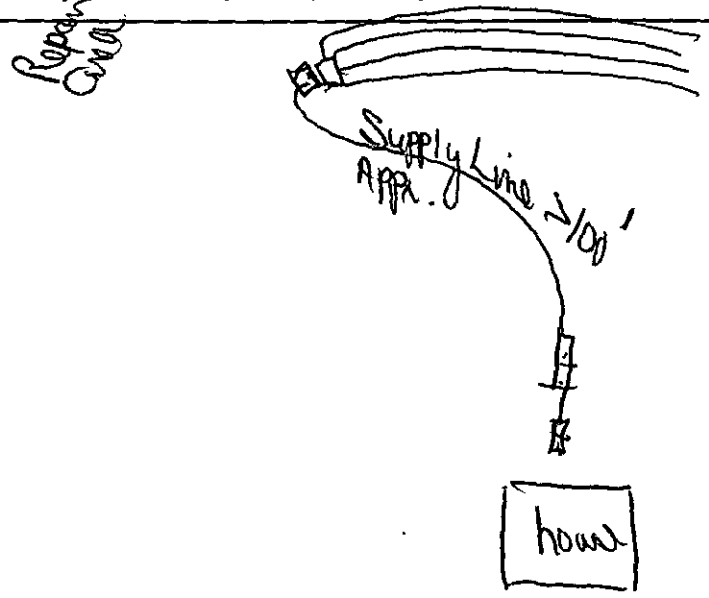
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7864A DATE: 5/7/92

TC: 113-201-19

SERIAL Nº 15255

Permission is hereby given to ✓ Install or Construct, ~~Alter~~ 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 2/17/92. All work shall be completed on or before 6/7/92 after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction pcc

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 25 feet

Distance from Property Line 10 feet

Distance from Well 50' feet

NAME OF OWNER Jean Greer

LOCATION OF PROPERTY 4534 Sadler Rd

Comments: INSTALL 2 D-Boxes, 4 Trenches 3' x 100' 12" Gravel

Division or Section Head

Environmentalist Judy J. Kerr RS

* 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

JF 400 ☒

Pd. 200.00
CK #21588 HB
2-17-92

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

#7864A / [redacted] 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: Sim Walker Homes, Inc. (last) (first) (mi)
ADDRESS: 2400 S. Tryon Service Rd. PHONE: (BW) 399-8317
CITY: Charlotte STATE: N.C. ZIPCODE: 28266

Date: 2-17-92

PROPERTY OWNER:
NAME: GRIER LEON (last) (first) (mi)
ADDRESS: 5211 Elderbank Dr. PHONE: (704) 393-2729
CITY: Charlotte STATE: N.C. ZIPCODE: 28216

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 113-201-19
STREET ADDRESS: 4544 Sadler Road
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

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: 3/3 L.G. NUMBER OCCUPANTS: 4/3 L.G.
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: Leon Grier Date: 2/16/92

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.

...Cut Pump Required

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

Judy J. Kuss R.S. 4/9/92
Environmentalist Date

Director or Authorized Section Head Date

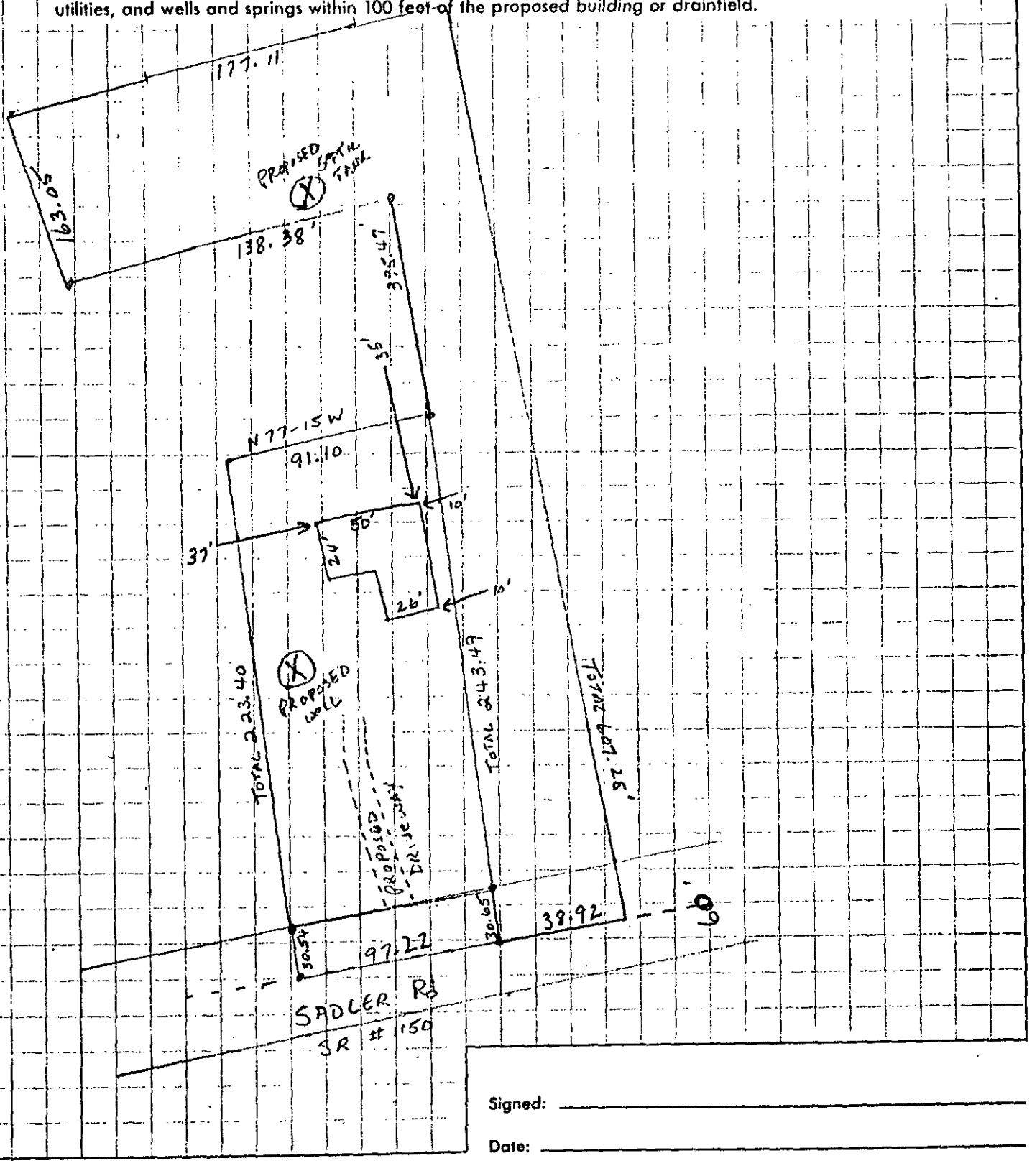
WWATER : 122791

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

FILE: 7864A / 74B

TC: 113-201-19

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.



Signed: _____

Date: _____

SK

#7864A/74B ON Left JIM WATER

CRT ☑

UPDATE COMPLETE

Applicant GRIER LEON Appl.Date 01/03/92 Updated 02/17/92
Mail Addr 5211 ELDERBANK DRIVE Phone 704 393-2729
City CHARLOTTE State NC Zipcode 28206
Prop Ownr KEARNS ZENOBIA
Mail Addr 4529 ELDERBANK DRIVE Phone 704 392-7225
City CHARLOTTE State NC Zipcode 28208 Township 0
Tax Map No. 11320119 Road 4544 ~~SALDER~~ ROAD SADLER Zoning
Sub/Mobil Sec Lot No. Lot Size 2
Type App N Site Y or Tract Type Bldg H System Classif NOT REQUIRED
Resident. Specif: No. Bedrooms 04 No. Occupants 4 Undgrnd. Stor. (Y/N)
Commercial/Industrial/Other Specifications:
Type No. Empl. 0000 No. Empl. per Shift 0000 0000 0000
Industrial or Mfg. Wastes (Y/N) Underground Stor. Tank (Y/N)
Prop. Water Sup. P Proposed Sewage I Construct. Status P Sites
Planned Future Additions (Y/N) Fee 0000.00 EHS Assigned 17029
Directions:

Date Appl. Recd. 02/17/92 Date Insp. Insp. Status
Date Letr. Sent Type Letr. Date Eval. Eval. Status
Date Perm. Date Cert.Iss. Disp.Code Followup
Denial Codes:
Repaired (Y/N) Rep. Date Perm. No. 7864A Operat. Permit (Y/N)
2/17/92 16:51:53
01-03 SA MW KS IM II S1 S1037498 KB

3/11 met w/Bill Marlin - Confirmed soils & site
Phoned Mrs Grier Asked they Clean lot
& Call us.

4/8/92 Approved for ~~3~~ New 3 Bedroom home

Lorraine,
You can enter this
in the Cpt & give
it back.
Thanks
Judy

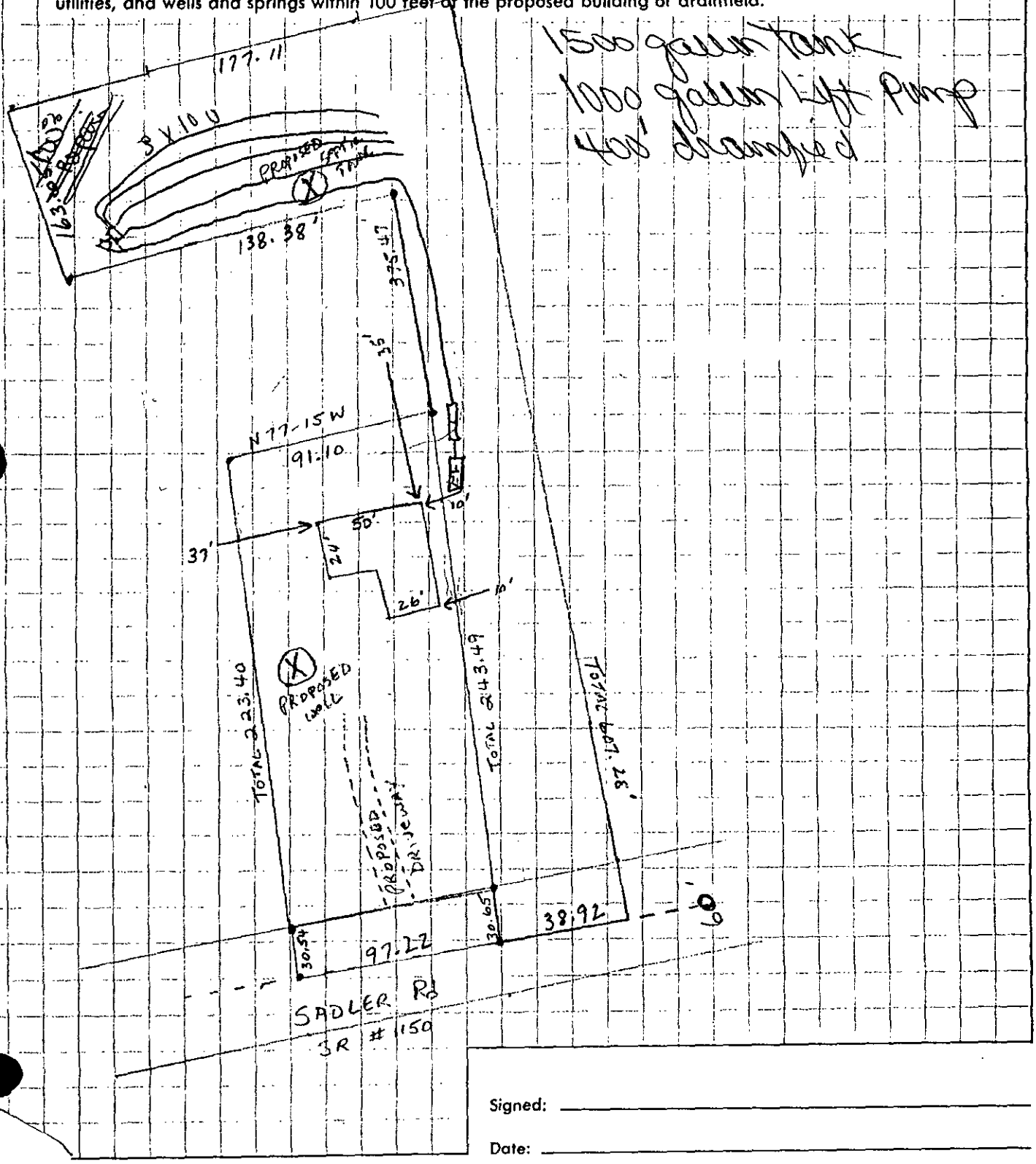
PROPOSED PLOT PLAN

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

FILE: 7864A / 74B

TC: 113-201-19

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.



Signed: _____

Date: _____

Changed To 3BDRM - 04/08/92

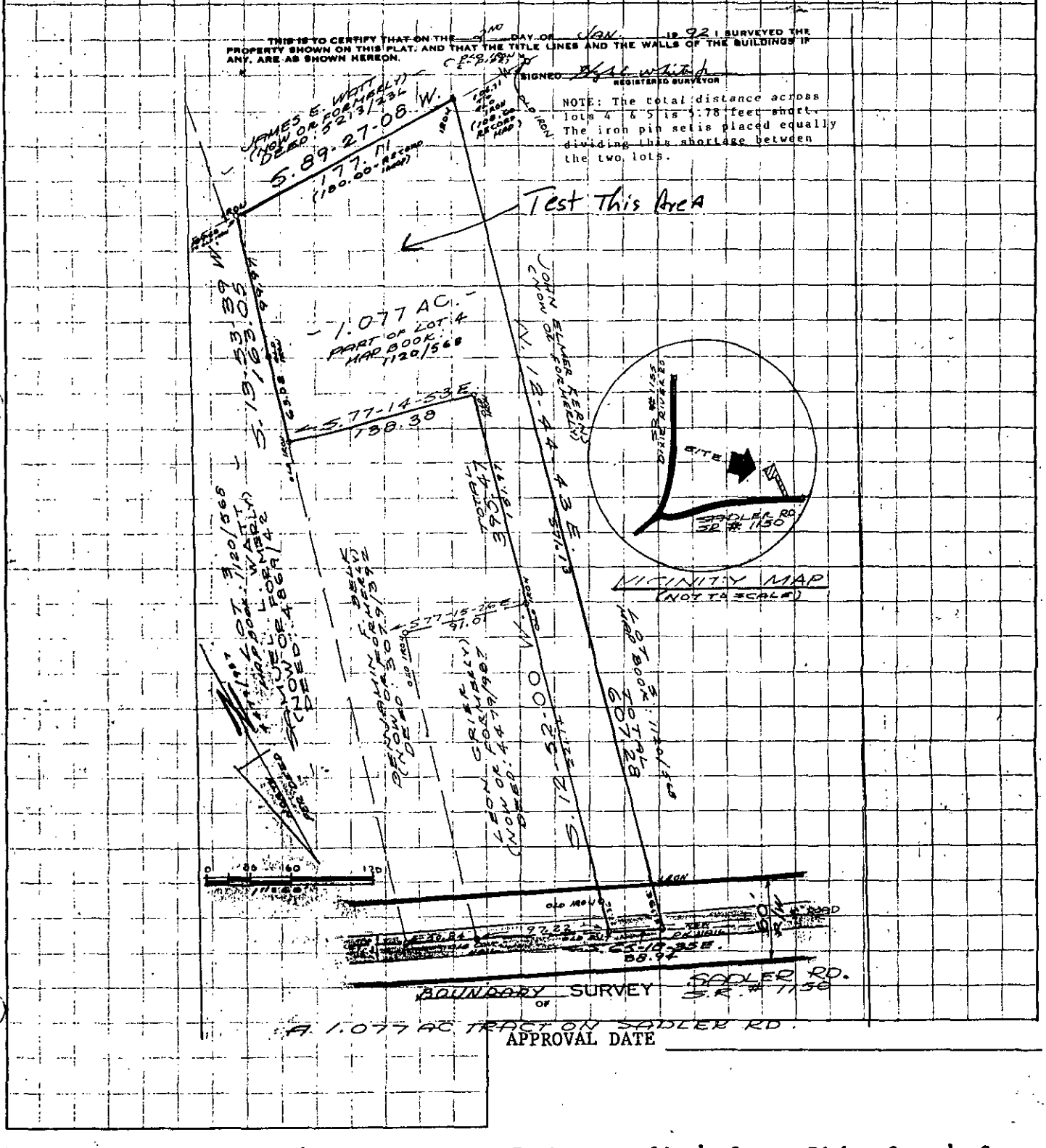
PROPOSED PLOT PLAN

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

FILE: 7864A

TC: 113-201-9,17

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.



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

THIS IS TO CERTIFY THAT ON THE 2ND DAY OF JAN. 19 92 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY, ARE AS SHOWN HEREON.

SIGNED B. E. White Jr.
REGISTERED SURVEYOR

NOTE: The total distance across lots 4 & 5 is 5.78 feet short. The iron pin set is placed equally dividing this shortage between the two lots.

ANY FLOOD HAZARDS BY THIS SURVEY

JAMES E. WATT (NOW OR FORMERLY) DEED: 5213/236

S. 89-27-08 W. 177.11 (180.00 RECORD MAP)

IRON

OLD IRON (1/2" PIPE)

106.71 FT. TO OLD IRON (108.60 RECORD MAP)

OLD IRON

IRON

S. 13-53-39 W. 263.05

OLD IRON

63.08

- 1.077 AC. - PART OF LOT 4 MAP BOOK: 1120/566

S. 77-14-53 E. 138.38

IRON

JOHN ELMER KERNS (NOW OR FORMERLY) N. 12-44-43 E. 571.13

N. 12-44-43 E. 571.13

TOTAL 595.47

S. 77-15-26 E. 91.01

IRON

BENJAMIN F. BERRY (NOW OR FORMERLY) DEED: 3120/566

LEON GRIER (NOW OR FORMERLY) DEED: 4479/907

S. 12-52-00 W. 1.22

MAP BOOK: 1120/566

607.28

PER DEED

IRON

VICINITY MAP (NOT TO SCALE)

SR # 1155 DIXIE RIVER RD.

SITE

SADDLER RD. SR # 1150

0 30 60 120

1" = 60'

IRON

OLD IRON

S. 65-18-35 E. 88.94

97.22

OLD BOLT

NEW P.K. NAIL

50.84

OLD CONC. NAIL

60' R/W

SADLER RD. S.R. # 1150

BOUNDARY SURVEY OF A 1.077 AC. TRACT ON SADLER RD.

BERRYHILL TOWNSHIP MECKLENBURG COUNTY, N.C.

CAROLINA SURVEYORS INC
P O BOX 267
PINEVILLE N C 28134

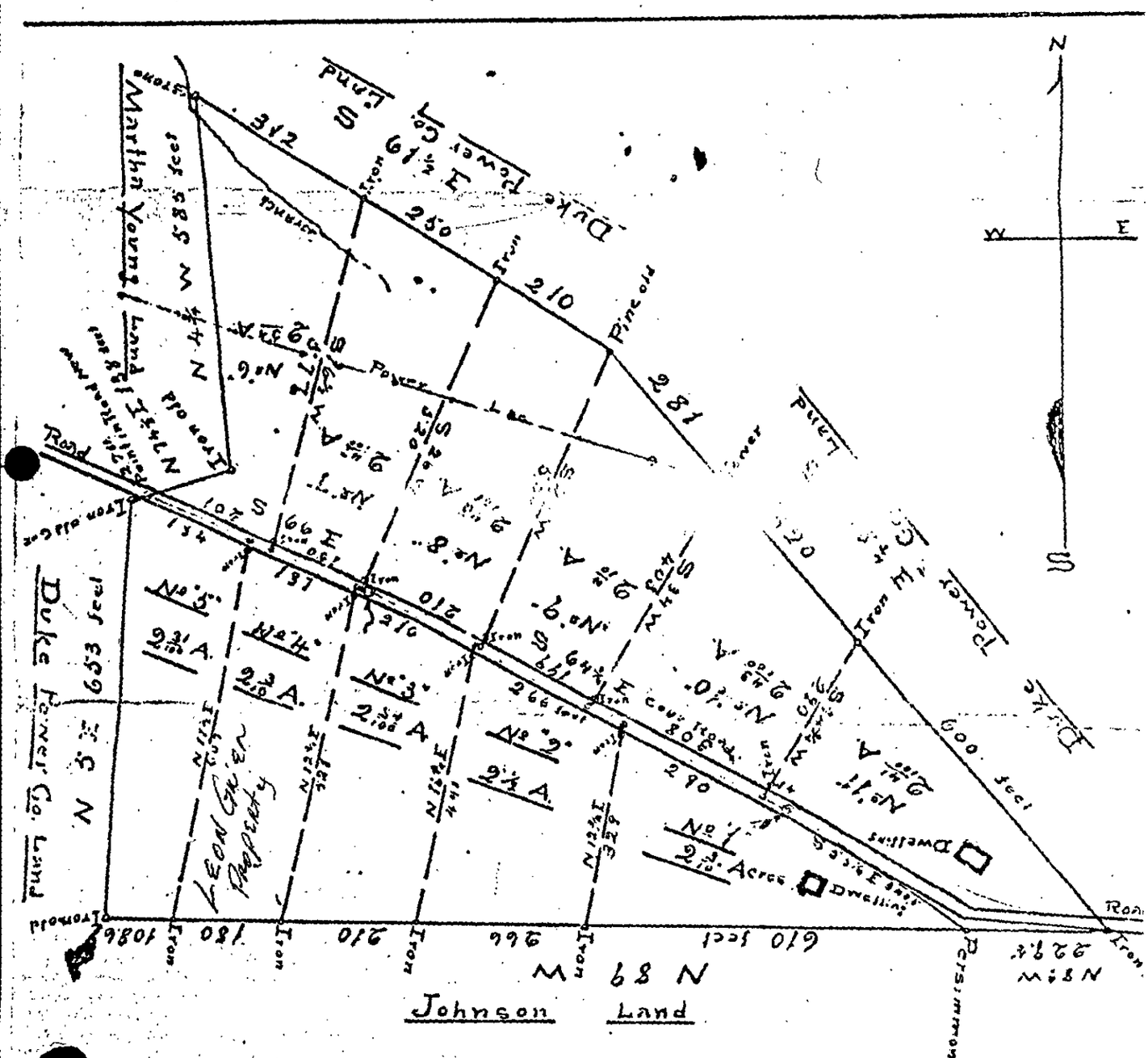
SCALE 1" = 60'

THE PROPERTY OF LEON GRIER and wife IRISH M. GRIER

MAP RECORDED IN BOOK 1120 AT PAGE 566 DEED RECORDED IN BOOK 3145 PAGE 321

DRAWN BY: RR FIELD WORK LA FIELD BOOK #

DRAWN BY: FIELD WORK FIELD BOOK #



North Carolina
Mecklenburg Co.
Berryhill Township

The above map represents the property of Henry Kerns Est. Subdivided into Seven lots as shown and described on map Surveyed Nov. 4th & 9th 1918 by

J. B. Palmer
Reg. Land Surveyor

Scale - 1" to 200'

CERTIFICATE OF COMPLETION/OPERATION PERMIT 2400

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

FILE: 5/12/94 DATE: 7864A

TC: 113-201-49 ☐ L ☒ CRT

SERIAL Nº 15956

Name of Owner Dean Brier Juris.:

Address of Property 4544 Sadler Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 4 @ 100'

Cover Depth 24"

Water Supply Source Well

Distance to Water Source > 100'

Excavation Inspected 4/27/94

Tank(s) Inspected 4/27/94, 5/12/94

Wash Line Inspected

High Water Alarm Inspected 5/12/94

PLOT

Design: 1994, 1500 ST, 1000 DT, PI Em 120 BPF, 12" & Less CTR# 5/Autry

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: System designed for 3 bedroom home. Alarm installed inside in laundry room.

Trafe ☒

Judy J. Kuis R.S.
Environmentalist

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Paid 100 8/14 Rf. ck# [X] 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

7864A

PERSON FILING APPLICATION:
NAME: Grier (last) Trish + Leon (first) (mi)
ADDRESS: 4544 Sadler Rd PHONE: (704) 393-2575
CITY: Char. STATE: N.C ZIPCODE: 28278

Date: 8/14/01

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 113.201.23
STREET ADDRESS: _____
ZONING: _____

PROPERTY OWNER:
NAME: _____ (last) Same (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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)

[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Sunroom

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:
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 [ ] 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: Trish Grier Date: 8-14-01

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.

... O.K. to use existing system for sunroom addition.

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

Jenny P. Mahle 8/15/01
Environmentalist Date

WWATER : 122791

PROPOSED PLOT PLAN

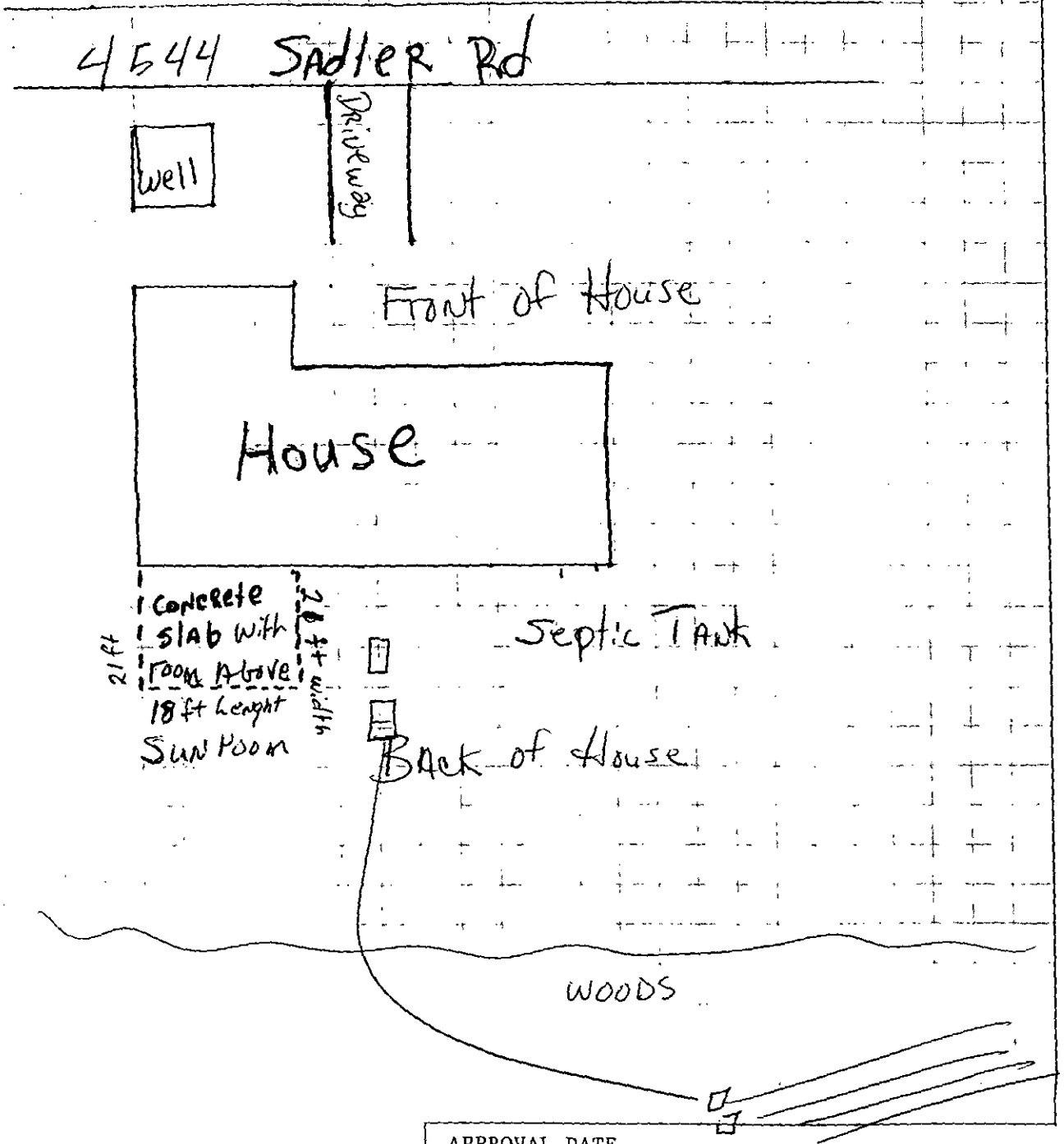
COPY

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

FILE: _____

TC: _____

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



APPROVAL DATE _____

Chuck Green 8/14/01

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

7864A 400 ✓

Pd 50.00
CK # 3332
1-3-92 MB

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: GRIER (last) LEON (first) — (mi)
ADDRESS: 5211 Elderbank Dr PHONE: (704) 393-2729
CITY: Charlotte STATE: N.C ZIPCODE: 28206

Date: 1-3-92

PROPERTY OWNER:
NAME: Kearns (last) Zenobia (first) (mi)
ADDRESS: 4529 Sadlee Rd PHONE: (__) 392-7225
CITY: Charlotte STATE: N.C ZIPCODE: 28208

PROPERTY INFORMATION
(FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 113-201-19,17
STREET ADDRESS: 4544 Sadler Rd
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres): 2 acres

TYPE APPLICATION (check one):

[X] 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: NUMBER OCCUPANTS:

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: Leon Grier Date: 1-3-92

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 permit is issued 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

WWATER : 112991

Mecklenburg County
Health Department

February 14th, 1992

Zenobia Kearns
4529 Sadler Road
Charlotte, NC 28208

RE: Property located at 4544 Sadler Road 4
FILE: 7864A
PARCEL: 113-201-19,17

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 12444) is enclosed.

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

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

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

Very truly yours,

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

Enclosure (2)

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12444

File: 1864A Action 2

Parcel: 113-201-17 ☑ PC

Location: Sadler Road

Subdivision:

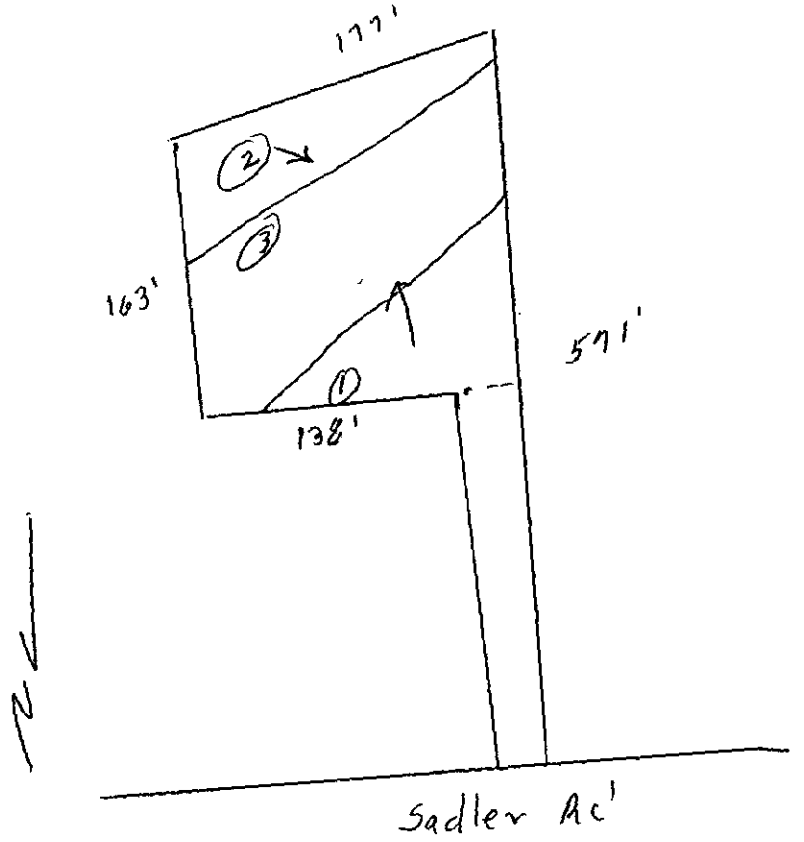
Lot: Block: Acres: Approx. 1.66

Owner: Jean Grier
Address: 5211 Elderbank Dr.
Charlotte, N.C. 28206

Comments: Not sure if 100% rule applies - system might be on easement

Described by: William R. Marlin

Date: 2-13-92



***** 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 6-15%	(S) PS U 6-15%	S PS (U) Depression	S PS U	S PS U	S PS U
Texture	S (PS) U slightly Expansive Clay	S (PS) U slightly Expansive clay	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U sub + Blocky	S (PS) U sub + Blocky	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 736" to water	S (PS) U 736" to water	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 24-36"	S (PS) U 36"+	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 736"	S (PS) U 736"	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS (U) Restricted	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 Pacolet L.Ho	IV Cecil L.Ho	Depression			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

KR

7864A

UPDATE COMPLETE

Applicant GRIER LEON Appl.Date 01/03/92 Updated 01/13/92
Mail Addr 5211 ELDERBANK DRIVE Phone 704 393-2729
City CHARLOTTE State NC Zipcode 28206
Prop Ownr KEARNS ZENOBIA
Mail Addr 4529 ELDERBANK DRIVE Phone 704 392-7225
City CHARLOTTE State NC Zipcode 28208 Township 0
Tax Map No. 11320119 Road 4544 SALDER ROAD Zoning
Sub/Mobil Sec Lot No. Lot Size 2
Type App D Site or Tract Y Type Bldg System Classif NOT REQUIRED
Resident. Specif: No. Bedrooms 00 No. Occupants Undgrnd. Stor. (Y/N)
Commercial/Industrial/Other Specifications:
Type No. Empl. No. Empl. per Shift
Industrial or Mfg. Wastes (Y/N) Underground Stor. Tank (Y/N)
Prop. Water Sup. Proposed Sewage Construct. Status P Sites
Planned Future Additions (Y/N) Fee 0000.00 EHS Assigned 25002
Directions:

Date Appl. Recd. 01/03/92 Date Insp. Insp. Status
Date Letr. Sent Type Letr. Date Eval. Eval. Status
Date Perm. Date Cert.Iss. Disp.Code Followup
Denial Codes:
Repaired (Y/N) Rep. Date Perm. No. 7864A Operat. Permit (Y/N)
1/13/92 9:39:38
01-03 SA MW KS IM II S1 S1037498 KB

113-201-19

201-19

PROPOSED PLOT PLAN

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

FILE: 7864A

TC: 113-201-19, 17

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.

not sure if well Required

Repair needed

THIS IS TO CERTIFY THAT ON THE 2nd DAY OF Jan 19 92 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY, ARE AS SHOWN HEREON.

SIGNED Neal Whitley REGISTERED SURVEYOR

NOTE: The total distance across lots 4 & 5 is 3.78 feet short. The iron pin set is placed equally dividing this shortage between the two lots.

Test This Area

JAMES E. WATT (NOW OR FORMERLY) DEED 5213/426

S 89-27-05 W 177.11

1.077 AC. PORTION OF LOT K MAP 0496K 1130/1481

N 77-14-53 E 138.38

JOHN C. (NOW OR FORMERLY) PALMER KERNS

N 14-44-43 E 351.73

SADLER RD SR # 1130

VICINITY MAP (NOT TO SCALE)

S 77-15-20 E 91.01

N 00-25-12 W 150.28

S 25-19-55 E 88.92

SADLER RD. S.R. # 1130

BOUNDARY SURVEY OF A 1.077 AC. TRACT ON SADLER RD.

APPROVAL DATE _____

Mecklenburg County
Health Department

November 27th, 1991

Leon Grier
5211 Elderbank Drive
Charlotte, NC 28216

RE: Property located at 4544 Sadler Road 4
FILE: 7834A
PARCEL: 113-201-23

Dear Sir:

At your request a soils investigation was conducted on the property designated above. Results of this investigation showed the site to be classified as UNSUITABLE under criteria as set forth in Section .1900 of the North Carolina Administrative Code, Title 10, Department of Human Resources, Chapter 10, Division of Health Services; Sanitary Engineering Section, Subchapter 10A, Sanitation. A copy of the Site Evaluation Report (Serial Number 12352) is enclosed.

The soil on this property is not suitable for use with any conventional, modified or alternative system of which I am aware. If you wish to exercise your right of appeal concerning the interpretation and enforcement of these rules you may do so in accordance with G.S. 150B and 10 NCAC 1B.

If I can be of assistance, please do not hesitate to call.

Very truly yours,

Gene Vaughan by RS

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

Enclosure

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12352

File: 7864A Action 3

Parcel: 113-201-23 ☑ PC

Location: 4544 Sadler Road

Subdivision:

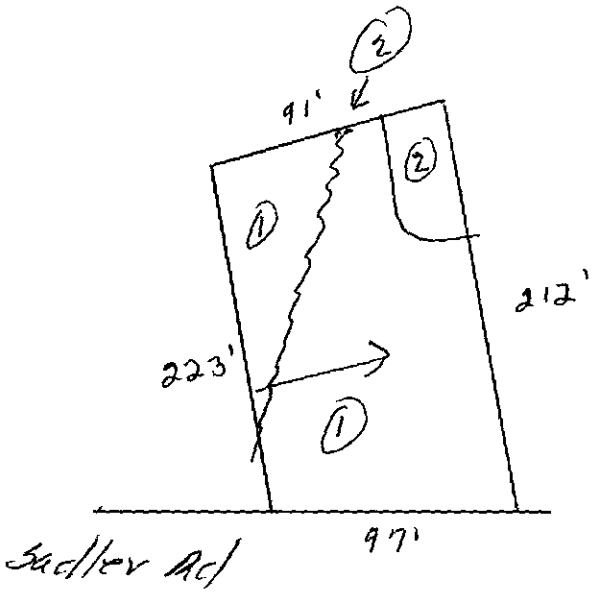
Lot: Block: Acres: .5

Owner: Leon Grier
Address: 3211 Elderbank Dr.
Charlotte, N.C. 28216

Comments: _____

Described by: William R. Martin

Date: 11-25-91



***** EVALUATION KEY *****

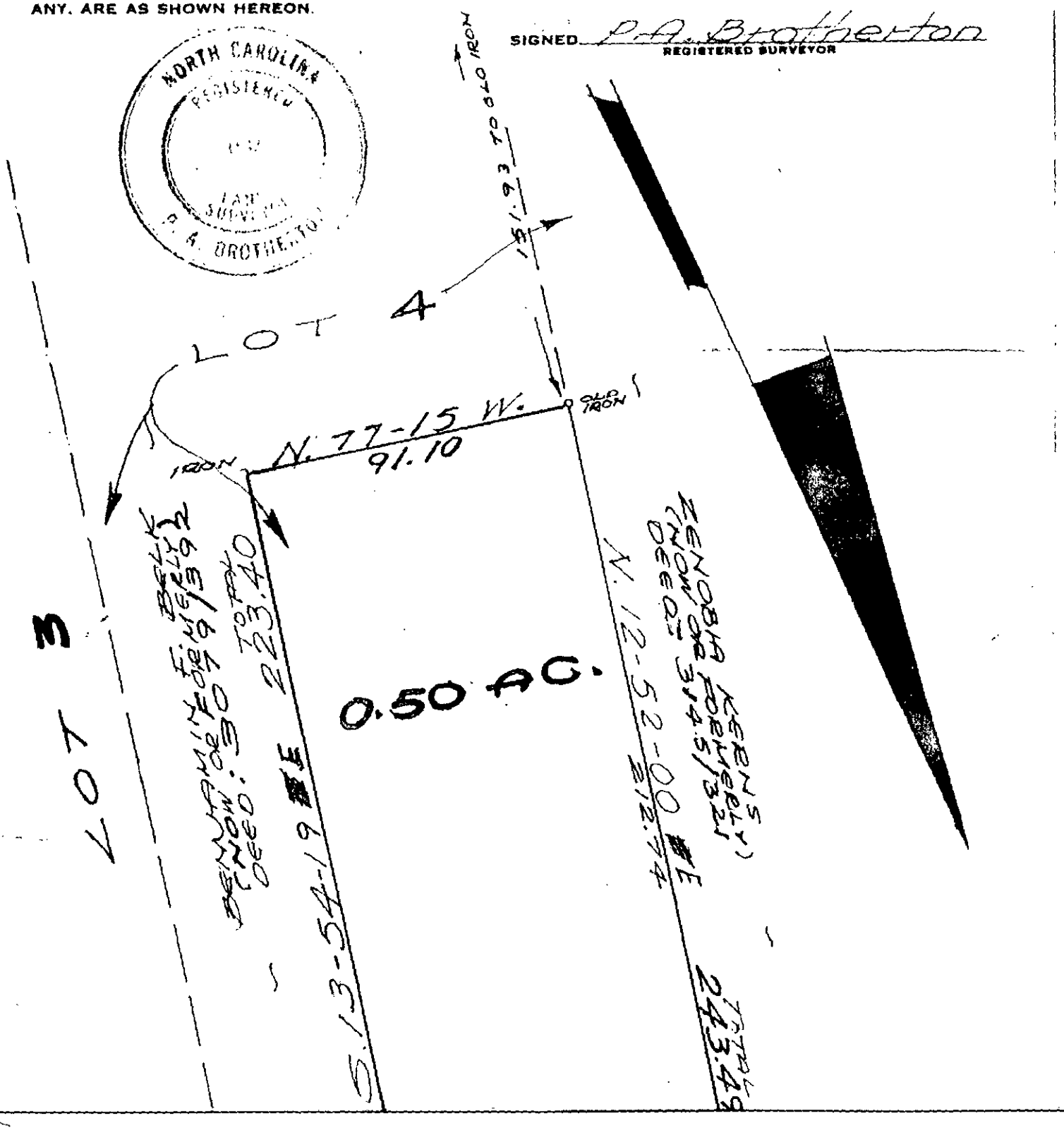
S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 8-15%	S PS (U) complex slopes	S PS U	S PS U	S PS U	S PS U
Texture	S PS (U) Expansive clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Less soft plasticity	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S PS (U) Percent of water as shallow as 10"	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 16-32"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-36"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U very limited	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	Helena-Like	Complex Slopes				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

THIS IS TO CERTIFY THAT ON THE 21st DAY OF SEPT, 1981 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY, ARE AS SHOWN HEREON.

SIGNED P. A. Brotherton
REGISTERED SURVEYOR

NORTH CAROLINA REGISTERED LAND SURVEYOR P. A. BROTHERTON



APPLICATION FOR SOIL INVESTIGATION

Pd. 200.00
#150. Credit to Imp. permit
Ck # 21219
11-19-91
HB

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

(OFFICE USE ONLY)

FILE: 7864 A

TC: 113-201-23

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 4544 Sadler Rd.

② SUBDIVISION: HENRY KERNS ESTATE ③ LOT: PORTION OF 4 ④ BLOCK: _____

TAX ID 11320123

⑤ PARCEL REFERENCE: BOOK NO.: ' PAGE NO.: _____ PARCEL NO.: 11320123

⑥ DEED REFERENCE: BOOK NO.: 4478 PAGE NO.: 987

OWNER

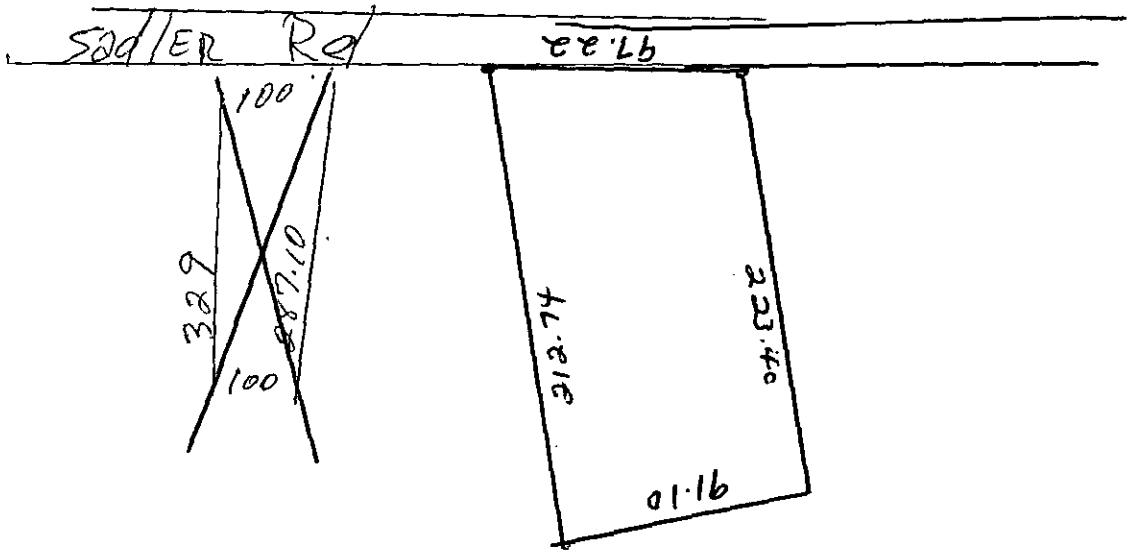
⑦ NAME: LEON (FIRST) _____ (MIDDLE) GWEN (LAST)

⑧ MAILING ADDRESS: 5211 Elderbank Dr.

⑨ CITY: Charlotte ⑩ STATE: N.C ⑪ ZIP: 28216

⑫ PHONE: (WORK) _____ (HOME) 393-2929

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Leon Gwen

Date: Nov. 5-1991

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

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