

15011 CROOKED BRANCH LN

21701323

5/21/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

Post-it® Fax Note 7671	Date 6-3-05	# of pages ▶ 1
To Carrie	From J. Aidoo	
Co./Dept.	Co. Meck County	
Phone #	Phone # 336-5103	
Fax #	Fax #	

FILE: 4662A DATE: 12/8/03

TC: 217-013-23 ☐ L ☐ CRT

SERIAL 19441

Name of Owner DANIEL W. LOFTIS Juris.:

Address of Property 15011 CROOKED BRANCH LN.

Inspection Data:

Tank Material EXISTING

Total Length of Drainfield EXISTING

Number of Lines EXISTING @

Cover Depth EXISTING

Water Supply Source W

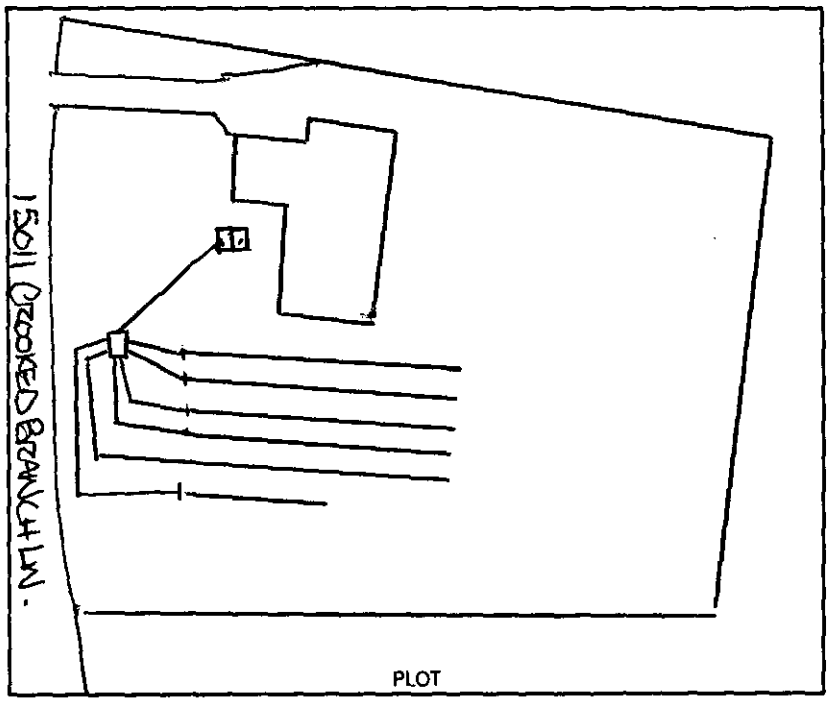
Distance to Water Source 750

D-Box Excavation Inspected 12/8/03

Tank(s) Inspected N/A

Wash Line Inspected N/A

High Water Alarm Inspected N/A



Design REPAIR TO D-BOX; RE-LEVELED & LID REPLACED CTR# 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 15A 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 15A 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: DISTRIBUTION BOX REPAIR. OUTLETS LEVEL & LID REPLACED.

Built 1990

Lot 23

Environmental Health Specialist

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

100.00/ Pd

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)

FILE: 4662A

TC: _____

SERIAL: № 20305

☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 15011 (STREET NO.) Crooked Branch Ln (STREET) ② FILE: 4662A

③ JURISDICTION: Mecklenburg ④ TAX PARCEL NO.: 217-012-05 P.O.

⑤ SUBDIVISION: Royal Oaks ⑥ LOT: 23 ⑦ BLOCK: I

OWNER

⑧ NAME: Design Builders (FIRST) (MIDDLE) (LAST)

⑨ MAILING ADDRESS: 3490 Hwy 51

⑩ CITY: Ft Mill ⑪ STATE: SC ⑫ ZIP: 29715

⑬ PHONE: (WORK) 704-331-0165 ⑭ (HOME) _____

REQUEST

This request is for a(n):

⑮ ☑ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 5 ㉕ Type? _____

㉓ Maximum occupancy? 10 ㉖ Maximum number of employees? _____

㉔ Basement? ☐ yes ☒ no ㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Robert L Stuck / Design Builders

Date: 2-19-90

IMPROVEMENT PERMIT

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

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

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

Judy Hines R.S. 2/27/90
Environmentalist Date

2-27-90
Director or Authorized Section Head Date

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 2-19-90

Name/Company: Design Builders

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: 15011 Crooked Branch Ln
Drop Permit - New

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
FEB 19 1990

File # 46624

CR # 008798
$100.00

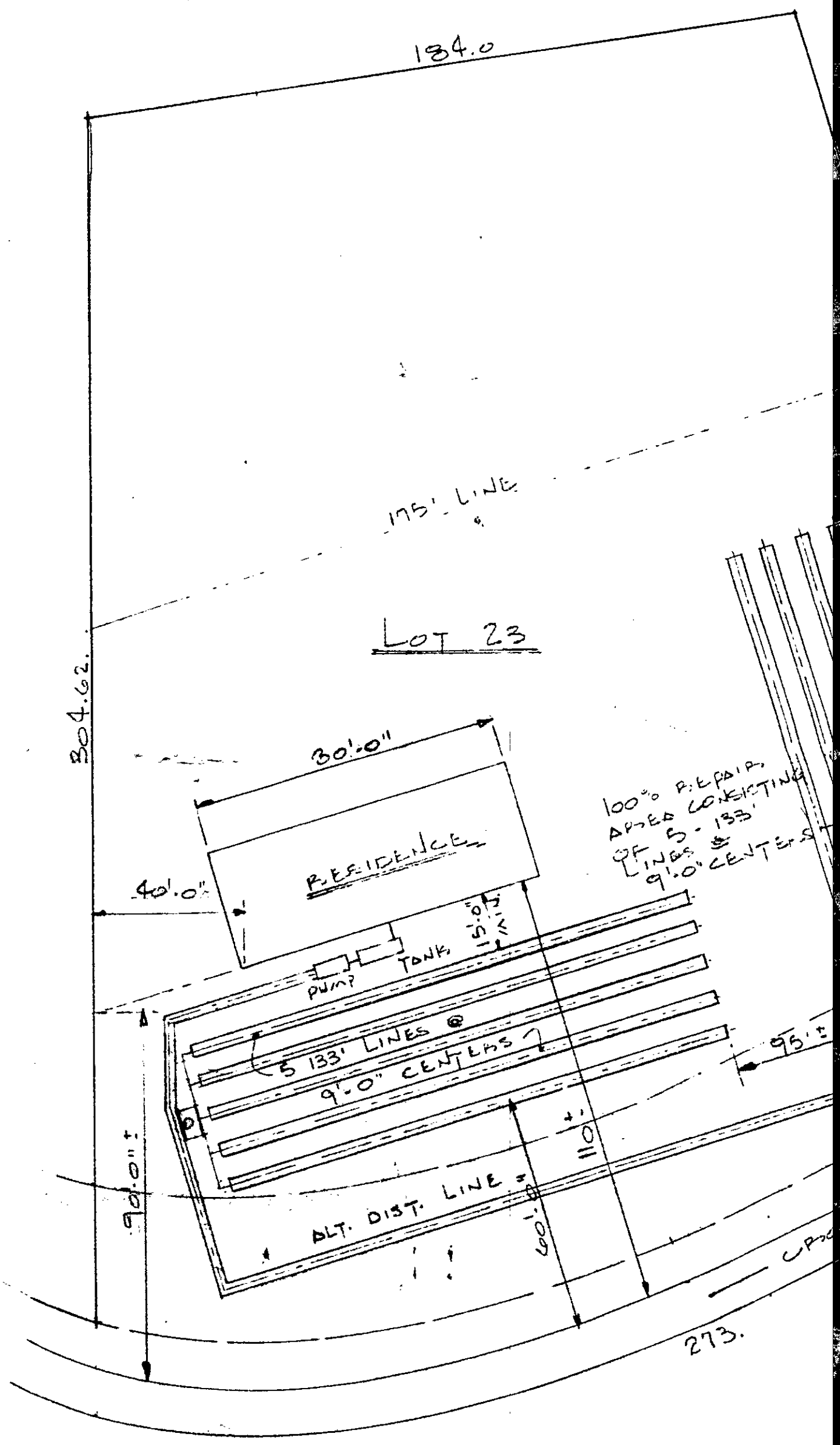
Fee: $100.00

NOTICE:

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

Jackie Abernethy
Completed by

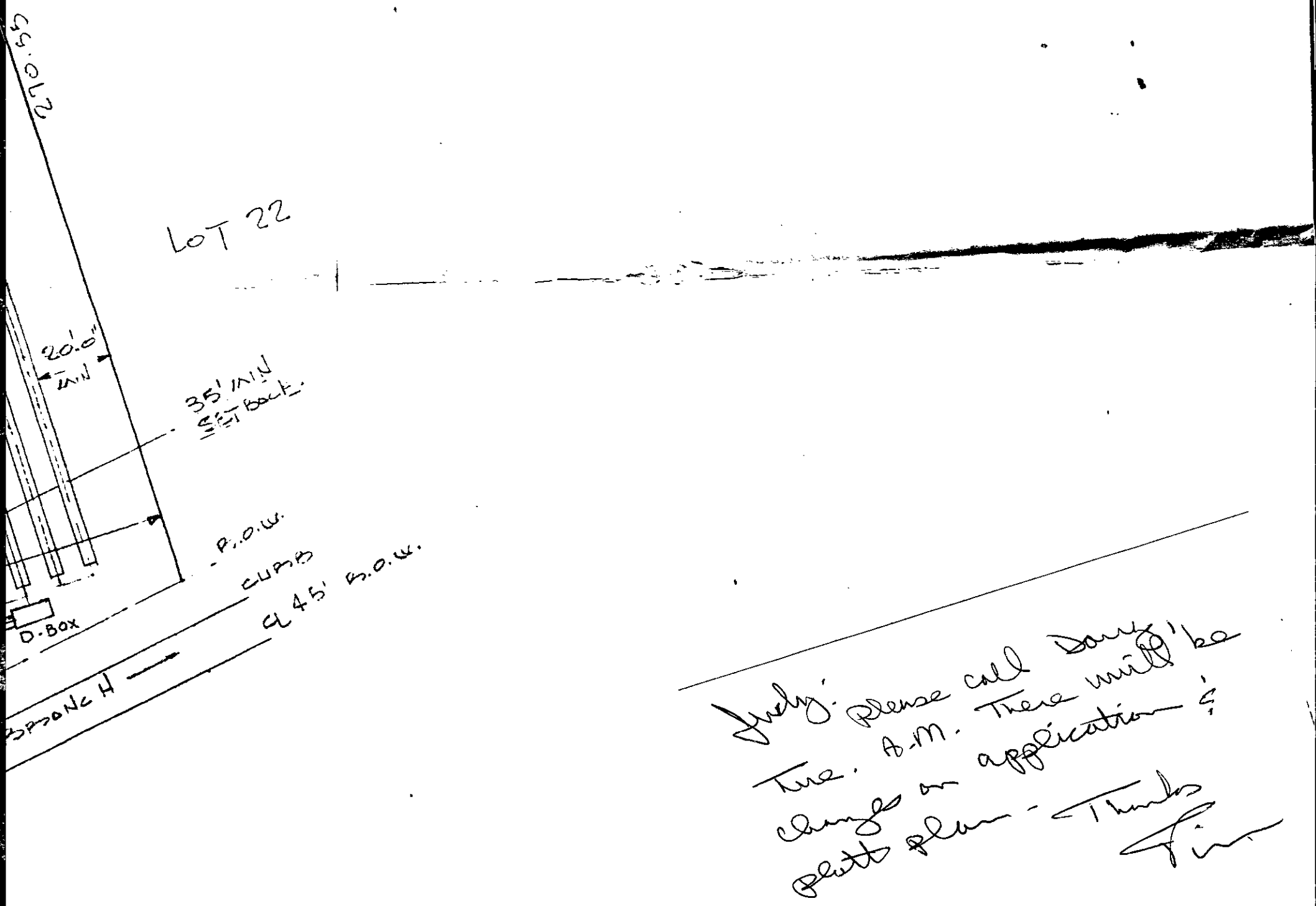
Collected by



PROPOSED SEPTI

K·E ALBANENE® 10 5455 DUNCAN-PARNELL, INC.
ARCHITECTS' STANDARD FORM

1/0 X
Approved
1/30/90



July: please call Dave Tue. A.M. There will be changes on application & plot plan - Thanks Tim

LAYOUT 1" = 30'

	SCALE	DRAWN BY M.D.
		REVISED
J. A. SMITH CUSTOM HOMES		
DATE	APPROVED BY	DRAWING NUMBER

MADE IN U.S.A.

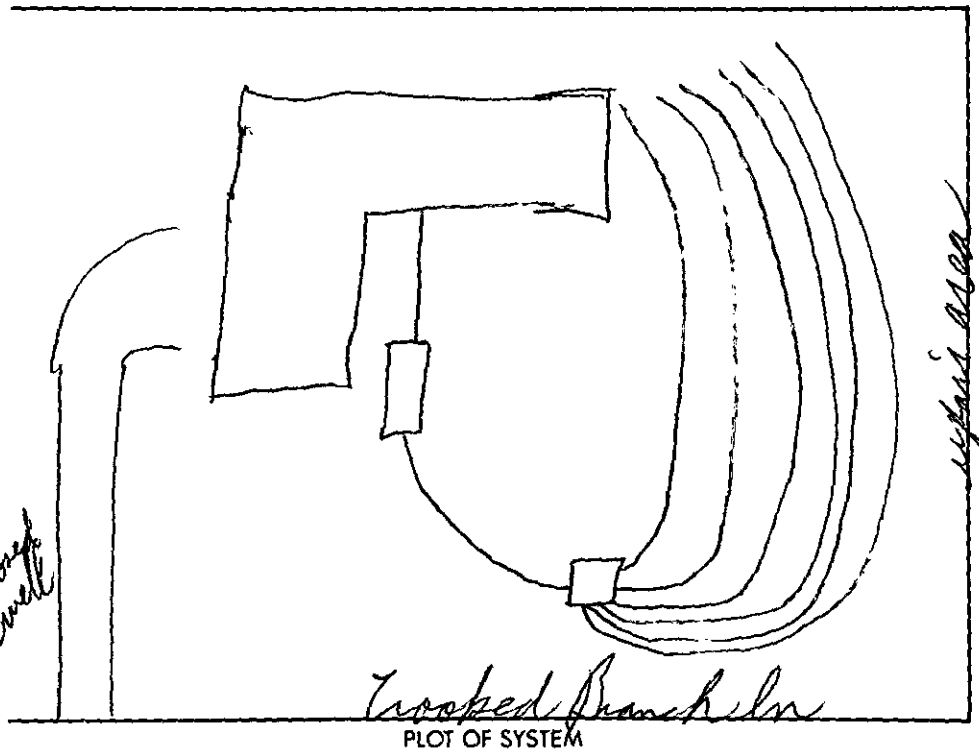
INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

FILE: 4662-A DATE: 9-6-90
PO
TC: 217-012-02 3/4 L

SERIAL Nº 14689

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 2-19-90. All work shall be completed on or before 10-6-90, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons
Liquid Capacity of Dosing Tank _____ gallons
Tank Construction RCC

Absorption and/or Nitrification Lines:
Trench Width 3 feet
Total Line Length 666 feet
Number of Lines 6
Depth of Stone 12 inches
Distance from House 5 feet
Distance from Property Line 10 feet
Distance from Well not known feet

NAME OF OWNER Design Builders
LOCATION OF PROPERTY 15091 Trooped Branch Ln.
Comments: 6 lines 3'X111'X12" stone

Division or Section Head

B. R. Ferguson
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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4662A DATE: 9/13/90

TC: 217 012 02 ☒ L ☒ CRT

SERIAL Nº 13542

Name of Owner Design Builders Juris.:

Address of Property 15011 Crooked Branch LN

Inspection Data:

Tank Material PCC

Total Length of Drainfield 666

Number of Lines 6 @ 111

Cover Depth 12"

Water Supply Source well

Distance to Water Source 750

Excavation Inspected 9/13/90

Tank(s) Inspected 9/13/90

Wash Line Inspected NA

High Water Alarm Inspected NA

PLOT

Design: 1990, 1500 ST, CON, 1998 SFT, 12"6 cecil CTR# 21

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 5 bedroom house

Philo S. Walker R.S.
Environmentalist

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

441.47
N 14°25'00" E
1.81 45
5
N 10°25'00" E
N 73°31'00" W
105.00

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: ~~4662A~~ 4662A
TC: _____
SERIAL: No. 17252 ☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 15011 (STREET NO.) CROOKED BRANCH LN. (STREET) ② FILE: _____
③ JURISDICTION: MECKLENBURG ④ TAX PARCEL NO.: 217-012-05 PO
⑤ SUBDIVISION: ROYAL OAKS ⑥ LOT: 23 ⑦ BLOCK: I

OWNER

⑧ NAME: J. A. (FIRST) SMITH (MIDDLE) CUSTOM HOMES, INC. (LAST)
⑨ MAILING ADDRESS: P.O. Box 2648
⑩ CITY: CHARLOTTE ⑪ STATE: N.C. ⑫ ZIP: 28247
⑬ PHONE: (WORK) 365-6012 ⑭ (HOME) 554-7775

REQUEST

This request is for a(n):

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

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 5 ㉕ Type? _____
㉓ Maximum occupancy? 6 ㉖ Maximum number of employees? _____
㉔ Basement? ☐ yes ☑ no ㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or (proposed)):

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

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: _____
Date: Oct. 19, 1989

IMPROVEMENT PERMIT

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

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

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

Environmentalist _____ Date 10/24/89

Director or Authorized Section Head _____ Date 10-25-89

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 10-20-89

Name/Company: JA Small Custom Homes

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: App Permit

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

OCT 20 1989

Ck # 2615
$200.00

Fee: $ 200.00

NOTICE:

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

Completed by

Collected by

BILLING — WHITE CUSTOMER COPY — YELLOW

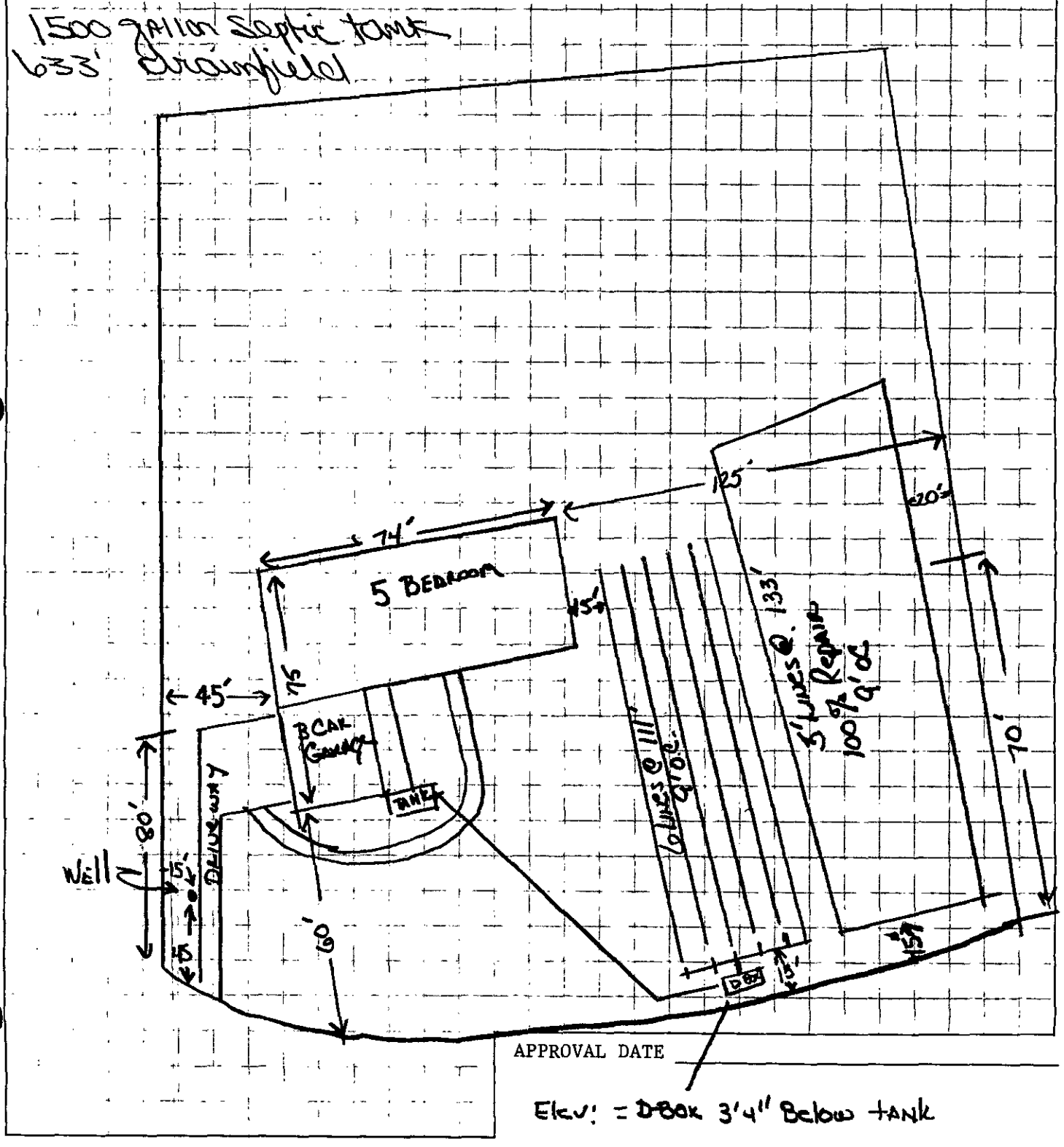
PROPOSED PLOT PLAN

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

FILE: 4662A

TC: 217-012-02

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.



APPROVAL DATE _____

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

Mecklenburg County
Health Department

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

August 15th, 1988

Performance Investments, Inc.
1740 E. Independence Boulevard
Charlotte, NC 28205

RE: Property located at Crooked Branch Lane 23
FILE: 4662A
PARCEL: 21701202 PO

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The 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 15441) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, 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. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Sylvia D. Daniel

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

Enclosure

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15441

File: 4662A Action 1

Parcel: 21701202 PO ☐ PC

Location: Crooked Branch Lane

Subdivision:

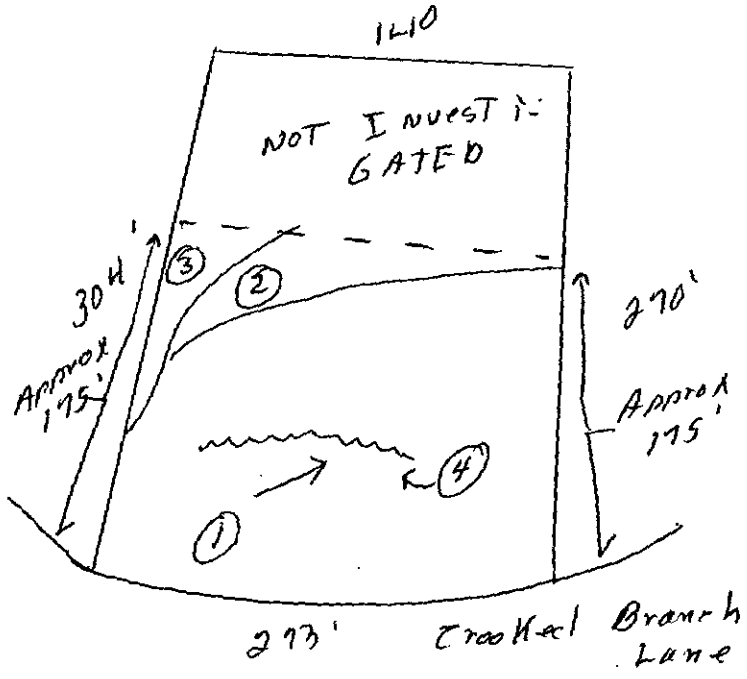
Lot: 23 Block: Acres: Approx. 1.0

Owner: Performance Investments, Inc.
Address: 1740 E. Independence Boulevard
Charlotte, NC 28205

Comments: System may need lift pump

Described by: William A. Martin

Date: 8-12-96



*** 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 15-30%	S PS (U) Drainageway Depression	S PS (U) complex slopes	S PS U	S PS U
Texture	S (PS) U clay	S (PS) U clay	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" To Water	S (PS) U >36" To Water	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U >36"	S (PS) U 36"+	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S (PS) U limited	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	IUA Cecil-Lillo	IUA Cecil-Lillo	Drainageway Depression	complex slopes		
Area Classification	S (PS) U	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

6/17/88
Ck #541
$30.00

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

(OFFICE USE ONLY)

FILE: 4662A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: York Road at Pleasant Hill Road/Crooked Branch Lane

② SUBDIVISION: Royal Oaks ③ LOT: 23 ④ BLOCK: I

⑤ PARCEL REFERENCE: BOOK NO.: PO 217 PAGE NO.: 012 PARCEL NO.: 02

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

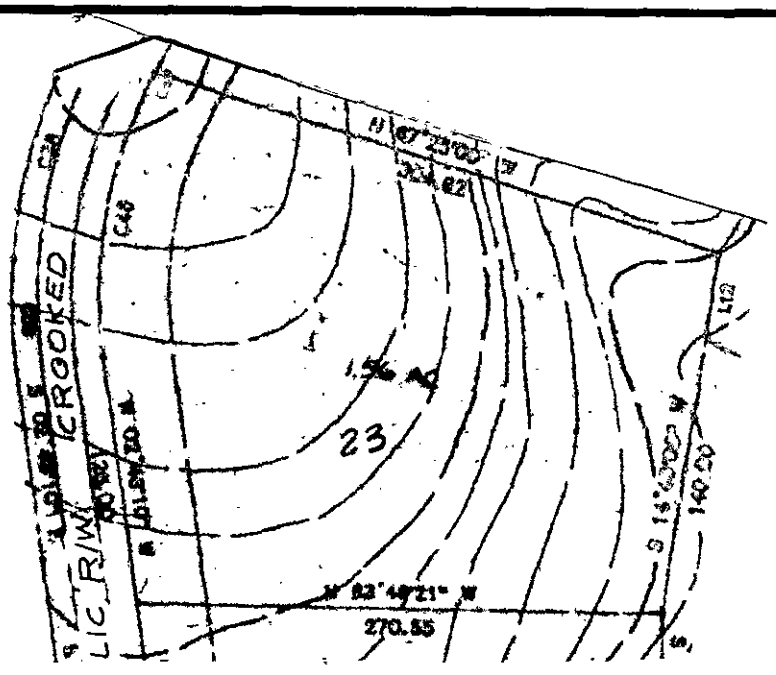
⑦ NAME: Performance Investments Inc.; Mr. Gary Allen, President
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 1740 E. Independence Blvd.

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28205

⑫ PHONE: (WORK) (704) 372-2565 (HOME) _____

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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: _____

Date: 1/19/88

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

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

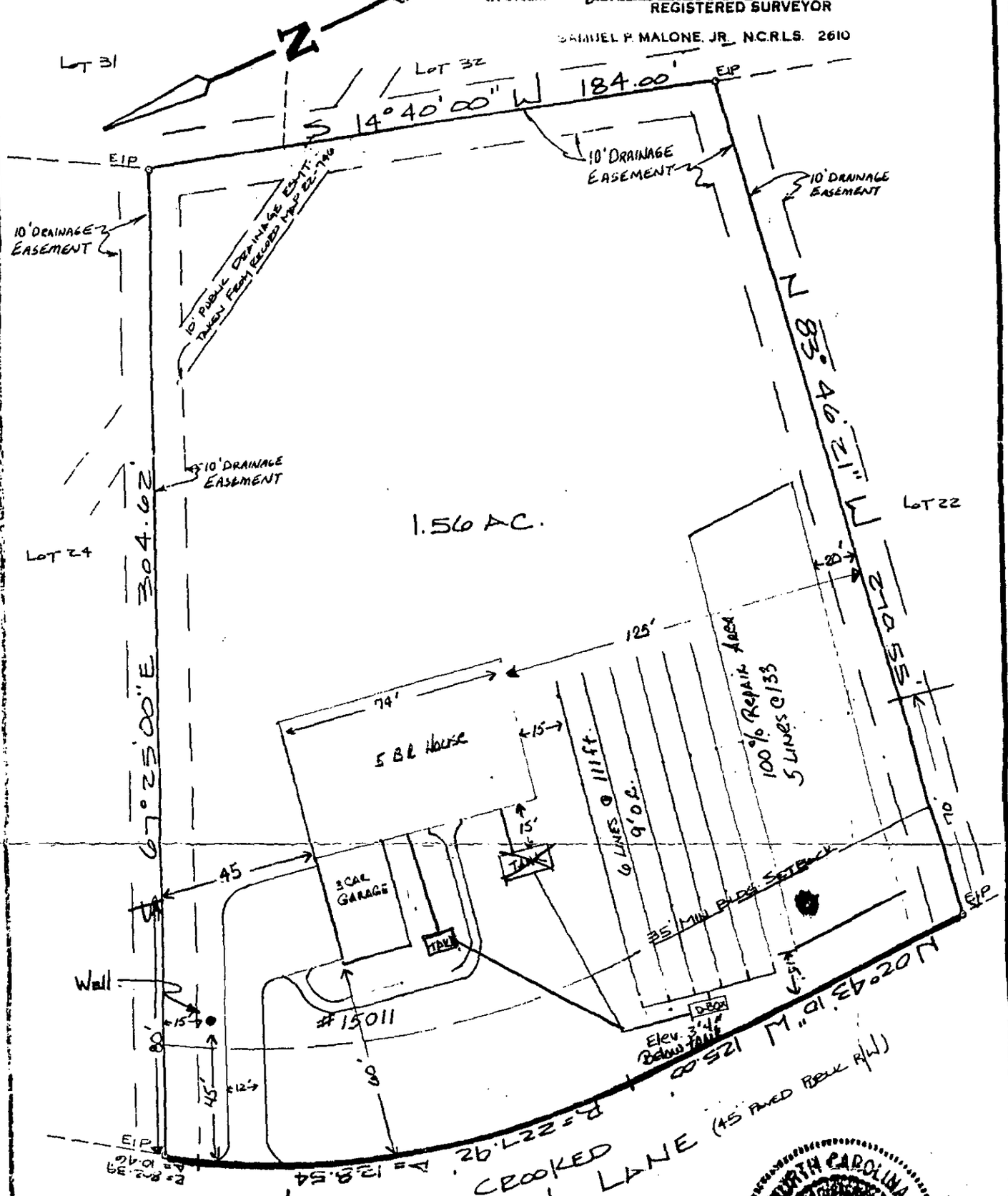
4660-A

THIS IS TO CERTIFY THAT ON THE 30TH DAY OF OCTOBER 1989 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE AS SHOWN HEREON.

Sam Malone & Associates
P.O. Box 1139
Matthews, N.C. 28106

SIGNED _____ REGISTERED SURVEYOR

SAMUEL P. MALONE, JR. N.C.R.L.S. 2610



NOTE:
LOTS SUBJECT TO EASEMENT FOR SLOPE FROM ROAD FOR MAXIMUM OF 2:1 SLOPE.

NORTH CAROLINA REGISTERED LAND SURVEYOR No. L2610 SAMUEL P. MALONE, JR.

BOUNDARY OF SURVEY

LOT 23, ROYAL OAKS
STEELE CREEK TWSP., MECK CO., N.C.

SCALE 1" = 40'

THE PROPERTY OF PHILLIP W. MUELLER & WIFE DORIS F.

MAP RECORDED IN BOOK 22 AT PAGE 746 DEED RECORDED IN BOOK _____ PAGE _____

E EXISTING IRON PIN N NEW IRON PIN PAPER: OCT. 23, 1989