

10221 OLD CAMDEN RD

1/3/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

NOTICE

THE INFORMATION CONTAINED IN THIS TELECOPY MAY BE PRIVILEGED AND/OR CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT (OR SUCH RECIPIENT'S EMPLOYEE OR AGENT), YOU ARE HEREBY NOTIFIED NOT TO READ, DISTRIBUTE OR COPY THE MATERIALS ATTACHED HERETO WITHOUT THE PRIOR WRITTEN CONSENT OF THE SENDER. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY THE SENDER BY TELEPHONE CALL AND RETURN THE ORIGINAL TELECOPY TO US BY MAIL AND WE WILL REIMBURSE YOU FOR THE REQUIRED POSTAGE. THANK YOU.

TO: Carol TELECOPIER # 596-9014

FROM: INWS Program DATE 4-24-96

NUMBER OF PAGES TRANSMITTED: _____ (including cover sheet)

COMMENTS:
The application for an Improvement Permit for a septic tank system, filled out by Mr. Barbee, indicates the residence will be serviced by a shared well

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5102.

[X] Original will not follow [ ] Original will follow via:

[ ] U.S. Mail [ ] Hand Delivery [ ] _____

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3885B DATE: 4/4/96

TC: 139 161 06 ☐ L ~~☐ CBT~~

SERIAL Nº 16559

Name of Owner Stephen Barbee Juris.: _____

Address of Property 10221 Old Camden Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 5 @ 80'

Cover Depth 12"

Water Supply Source well

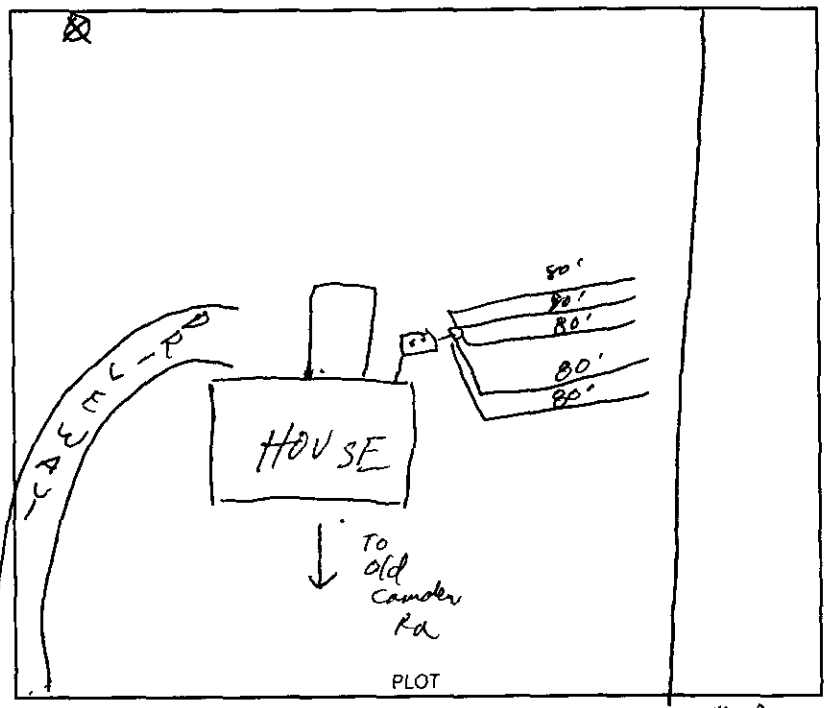
Distance to Water Source >100'

Excavation Inspected 4/4/96

Tank(s) Inspected 4/4/96

Wash Line Inspected plumb to tank

High Water Alarm Inspected N/A



Design 1996, 1500ST, CON, 1200SFT, 12" stone Cecil CTR# B. McCarver 117

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: Septic System designed for 3 bedroom residence

Type II

Phillip S. Walker R.S.

Environmental Health Specialist

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

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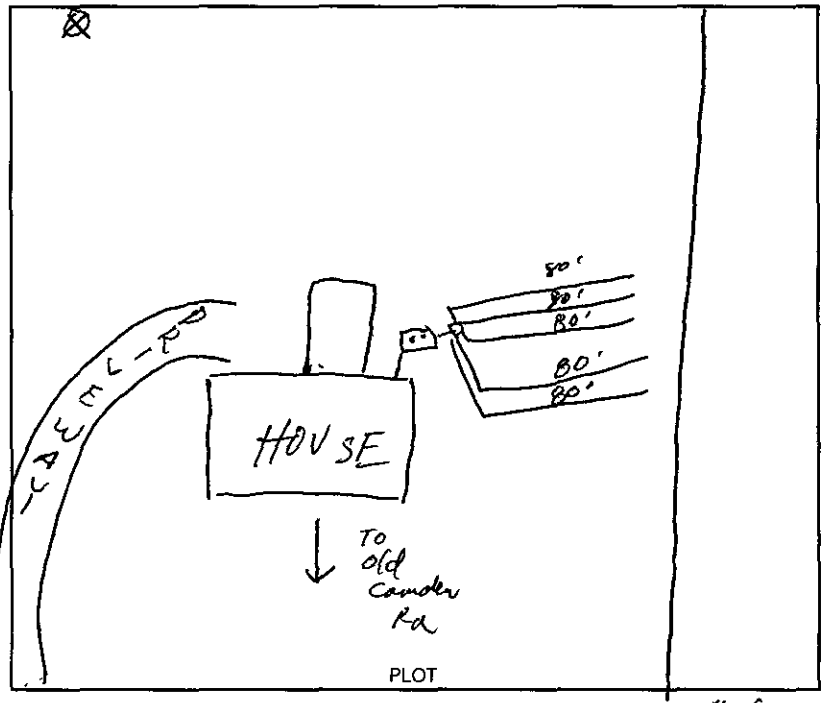
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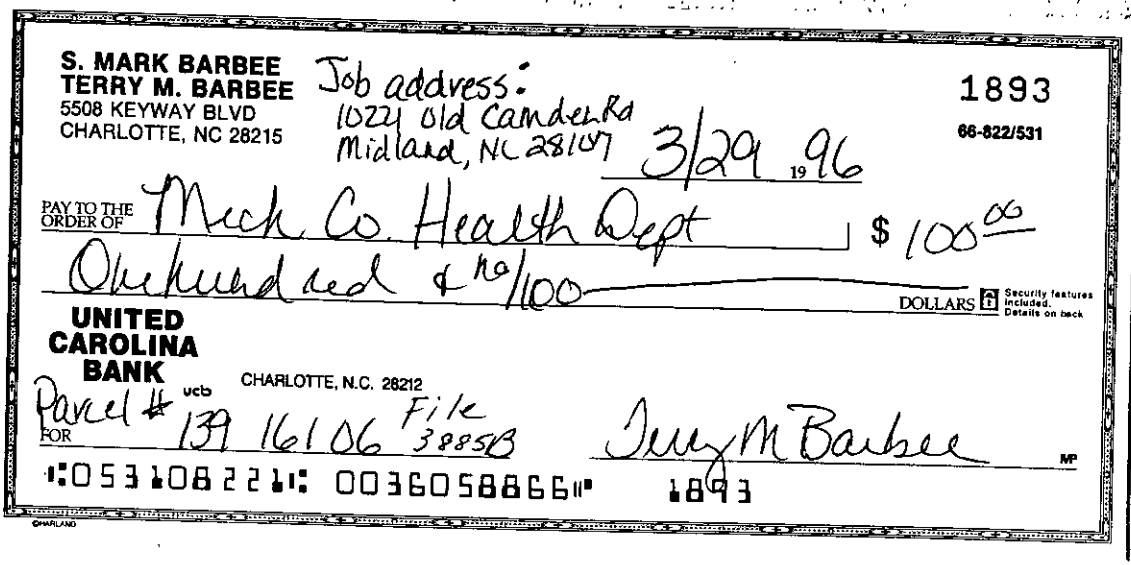
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Phillip S. Walker R.S.
Environmental Health Specialist

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S. MARK BARBEE
TERRY M. BARBEE
5508 KEYWAY BLVD
CHARLOTTE, NC 28215

Job address:
10224 Old Camden Rd
Midland, NC 28107

1893

66-822/531

3/29 19 96

PAY TO THE ORDER OF Mech. Co. Health Dept $ 100.00

One hundred & no/100 DOLLARS

Security features included. Details on back

UNITED CAROLINA BANK ucb CHARLOTTE, N.C. 28212

FOR Parcel # 139 16106 File 38858

Terry M Barbee

⑆053108221⑆ 00360588666 1893

©HARLAND

Payment for C.O.C Rec'd 100.00 Ck # 1893 4/2/96 gc

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

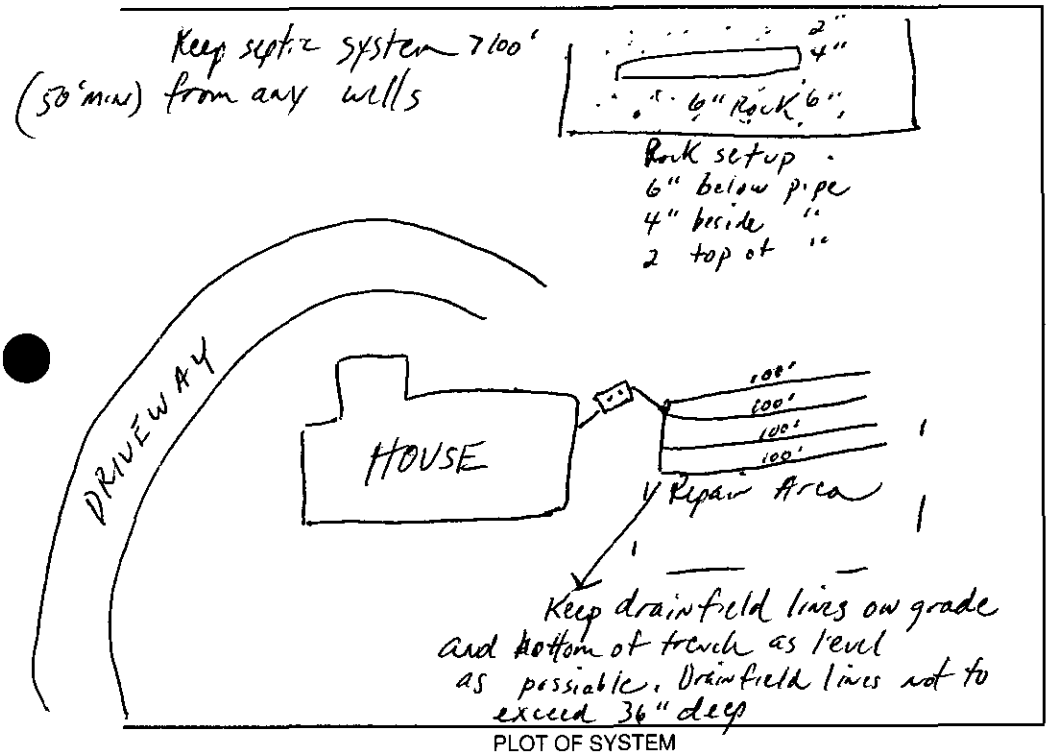
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3885B DATE: 3/27/96

TC: 139/6/06 Po L

SERIAL Nº 16682

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 1/23/96. All work shall be completed on or before 4/27/96, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction PCC

Trench Depth 36" max

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous –

Total Line Length 400' feet

Number of Lines 4 (100')

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10' feet

Distance from Well > 100' feet (50' min)

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

NAME OF OWNER Stephen M. Barbee

LOCATION OF PROPERTY 10221 Old Camden Rd

Comments: Tank set before installation approval issued (Tank Location altered)
4 lines x 100' long x 3' wd x 12" stone | Keep drainfield lines on grade and bottom of trench as level as possible | Drainfield lines are not to exceed 36" deep

Sheila Grant for S. Grant, Program Chief 3-28-96

Philo S. Walker R.S.
Environmental Health Specialist

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

chk # 1818 gc

FEE: 100.00 / DATE: 2/13/96

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

400 CVT

DATE: 2/12/96

PERMIT NO: 3885B

PARCEL NO: 139 161 06

PROPERTY OWNER: Stephen M. Barbee

BUILDING CONTRACTOR: —

JOB LOCATION ADDRESS: 10221 Old Camden Rd

SUBDIVISION NAME: N/A

AUTHORIZATION ISSUED BY: Phillip L. Walker EI. DATE: 2/12/96

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3885B, 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: Shared well, Keep septic system > 100' from existing well

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.

Stephen M. Barbee 2-12-96

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 3885B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 139-16-06

- 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	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9 Trench spacing (min. on centers)
yes shared well Serviced by private well	1500 Gallon septic tank	400' Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	NA Gallon pump tank	12 Depth of stone	

Any surface waters present: Type: Minimum separation distance:

Site modifications required:

Additional Conditions: Keep septic system > 100' from shared well

Repair Area System Type Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

1200 Absorption Area (Sq ft) 400' Total Trench Length (Ft)	12 Depth of Stone Trench	9 Trench spacing (min. on centers)	24" 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
- This Improvement permit is transferable.

Phil S. Walker R.S. 2/12/96
DEHNR Authorized Agent Date

Timothy M. Barbee 2-12-96
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

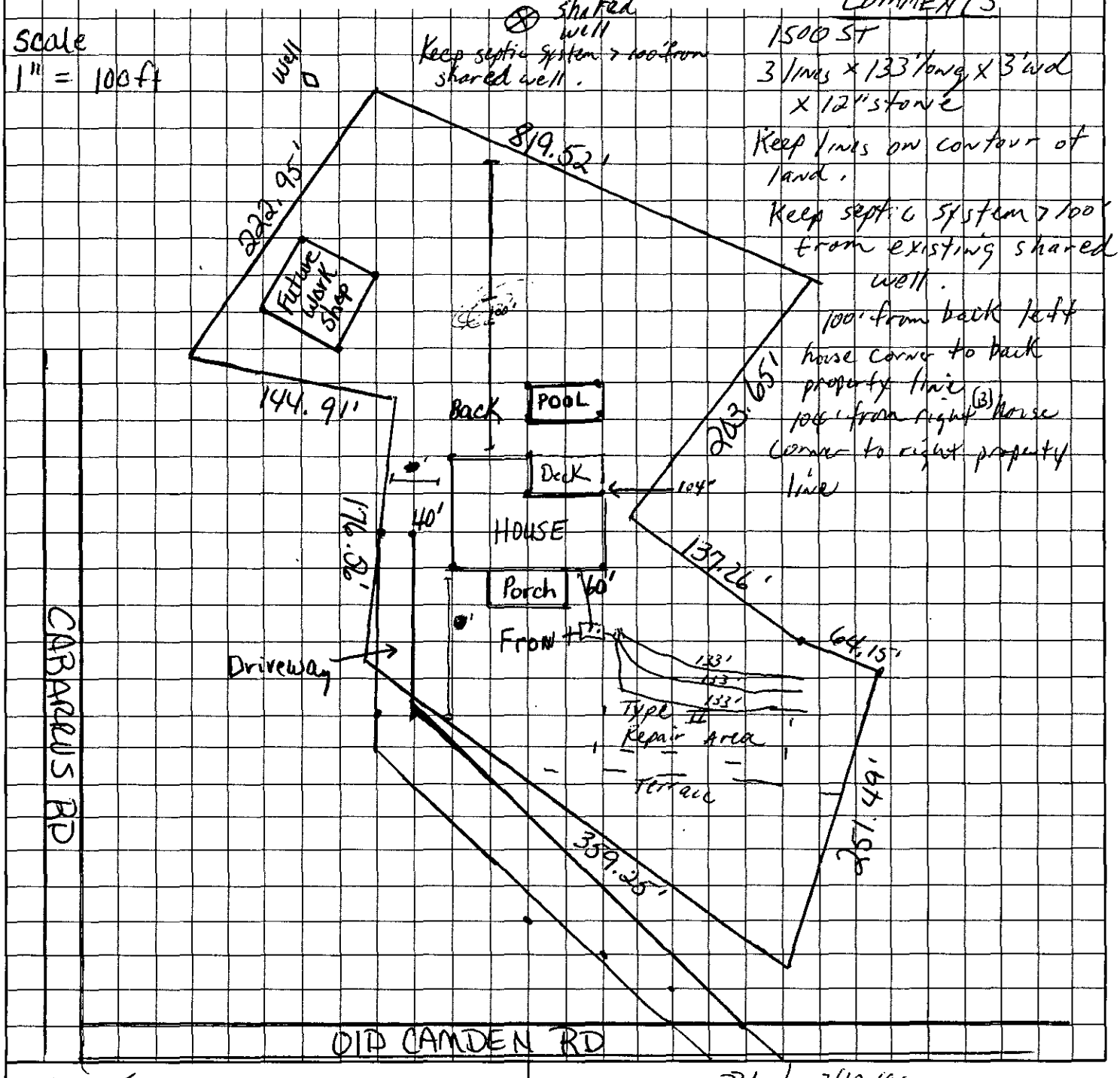
PROPOSED PLOT PLAN

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

FILE: 3885B

TC: 139-161-06

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.



Signature illegible
OWNER/AGENT SIGNATURE

DATE 2-12-96

APPROVAL DATE PAW 2/12/96

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

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

Sheet ___ of
PROPERTY ID #: #1
COUNTY: Lee

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

3865B
139- 161-06

OWNER: Stephen M. Barbee APPLICANT: _____
ADDRESS: 5506 Hemingway Blvd Apt. E Sanford APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 360gpd PROPERTY SIZE: _____
LOCATION OF SITE: 10221 Old Camden 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 LAND-SCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PRO CU & L
1	LS 10%	0-4"	SBK/CL	Fr/SEXP/SS/SP	>45" TO Chroma 2 MOTTLES	45"	N/A	None	.39/ F2/ d/ IV/ PS
		4-45"	SBK/C	Fr-Fi/SEXP/SP					
2	LS 8%	0-6"	SBK/CL	Fr/SEXP/SS/SP	>48" TO Chroma 2 MOTTLES	46"	N/A	None	.39/ F2/ d/ III/ PS
		6-48"	SBK/C	Fr-Fi/SEXP/SP					
3	LS 10%	0-6"	SBK/CL	Fr/SEXP/SS/SP	>48" TO Chroma 2 MOTTLES	48"	N/A	None	.39/ d/ IV/ B
		6-48	SBK/C	Fr-Fi/SEXP/SP					
4	LS 9	0-3"	SBK/CL	Fr/SEXP/SS/SP	>48" TO Chroma 2	48"	N/A	None	.39/ d/ IV/ PS
		3-48"	SBK/ABK/C	Fr-Fi/SEXP/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	DS	DS
System Type(s)		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: William A. Mann
OTHER(S) PRESENT: _____

OMMENTS:

Not sure of 1000 septic syste

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

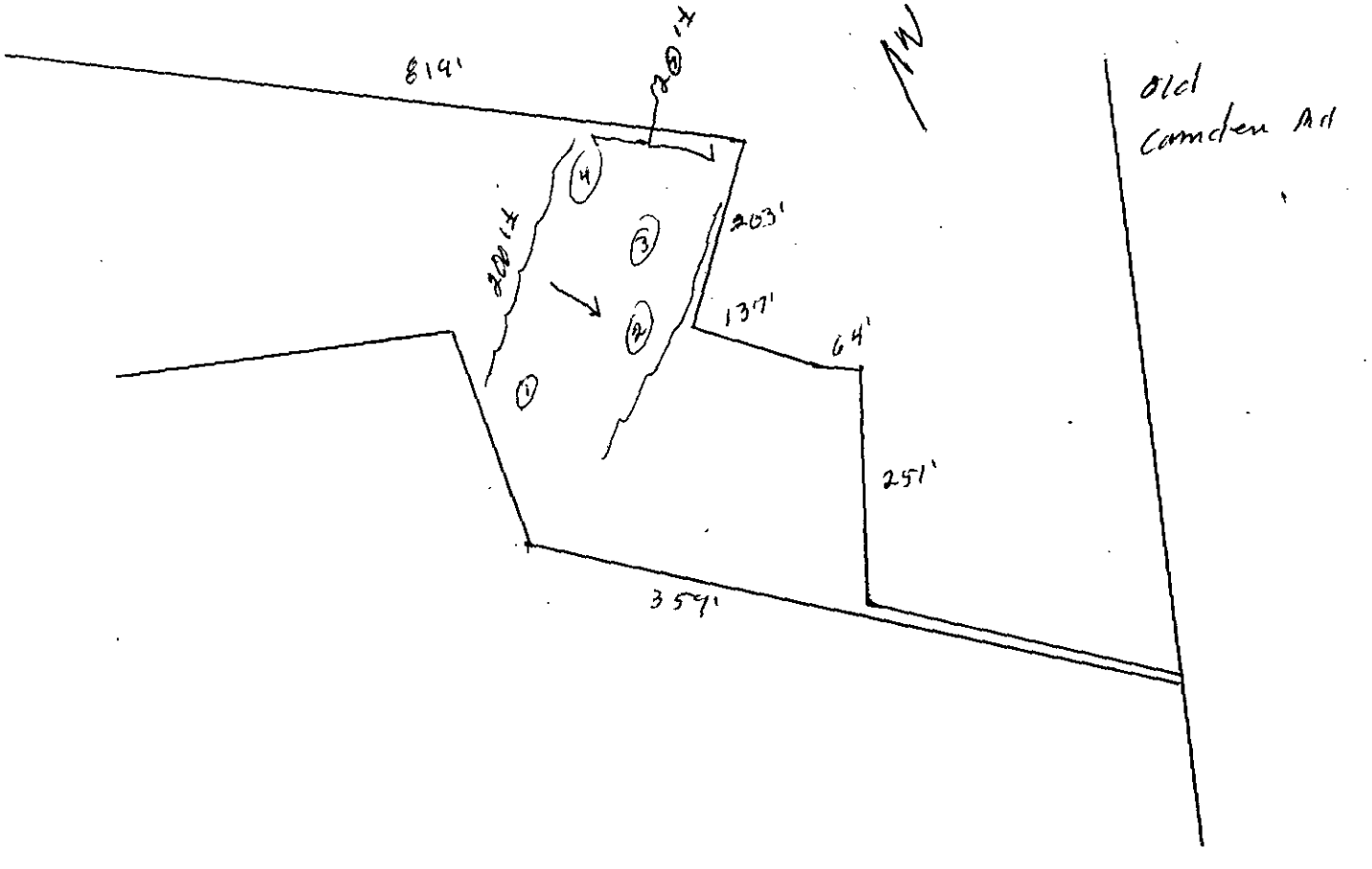
ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
IPROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - 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).

3865B



28227
(704) 545-3060

Harold Mullis
3300 / 215

ANGLE IRON(F)

S 64°15'00" E
625.04'

Harold Mullis
3300 / 215

Brady Mullis
3888 / 171
4.1 +/- Acres
Tract 2

Well

I.PIN(S)

819.52'

I.PIN(S)

134.09'

N 38°26'48" E
222.95'

194.48'

I.PIN(S)

3.000 Acres
Tract (1)

N 77°02'17" W
144.91'

469.41'

I.PIN(S)

I.PIPE(F)

203.65'
S 41°19'38" W

I.PIPE(F)

Jack Barbee
2782 / 436

N 09°20'33" E
176.56'

Brady Douglas Mullis
5904 / 397

I.PIN(S)

S 51°20'19" E
137.26'

S 65°24'46" E
64.15'

Bent
I.Pipe (F)

I.PIPE(F)

S 65°09'28" E
301.33'

330.95'

I.PIN(F)

N 51°19'53" W
268.14'

359.25'

40' Setback Line

S 20°09'03" W
251.49'

16.95'

74.16'

S 10°54'34" W
51.13'

I.Pin (S)
71.15'

80.96'

Kenneth Mullis
5904 / 394

29.67'

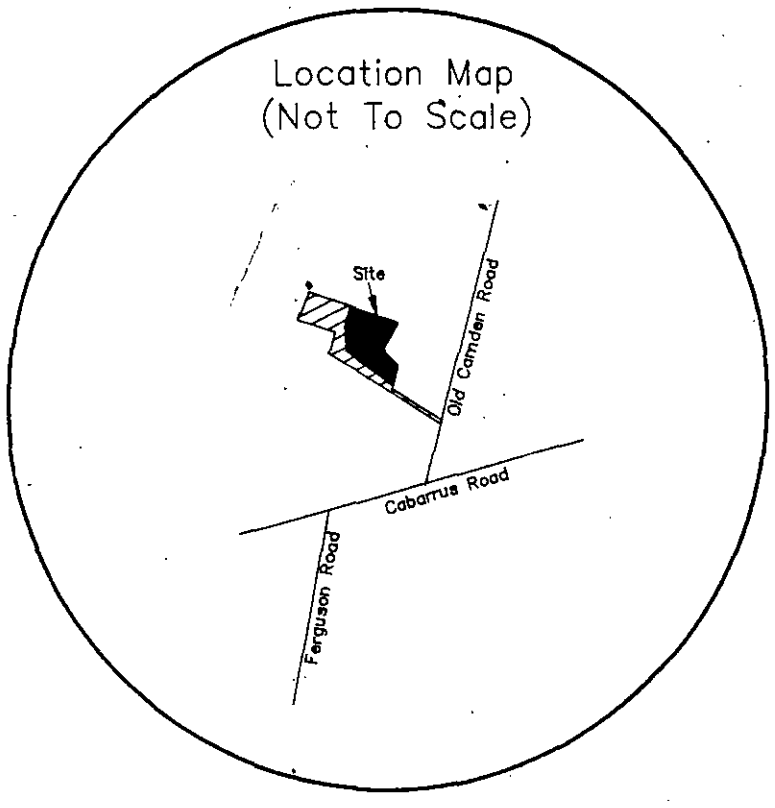
P.K. Nai
in Cente
Old Carr

Tax Parcel: 139-161-06
E.C. = 1' : 10,000' +

Deed Ref: 1000 (

Loc
(Not

Ferguson Road



Deed North
3888 / 171

STATE OF NORTH CAROLINA
MECKLENBURG COUNTY

I Ben M. Flowe, a Notary Public of Mecklenburg County, North Carolina, do hereby certify that Gregory S. Flowe a registered land surveyor, personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and Notorial Seal this 8th day of June, 1995.

Ben M. Flowe
Notary Public

My Commission expires: March 23, 2000

STATE OF NORTH CAROLINA
MECKLENBURG COUNTY

I certify that this map was drawn from an actual survey made under my supervision, and was prepared in accordance with G.S. 47-30 as amended. The unadjusted error of closure as calculated is 1': 10,000 +
Boundaries not surveyed, if any, are noted. Deed descriptions are recorded in Book 3888, Page 171.

Witness my hand and seal this 8th day of June 19 95

Gregory S. Flowe
Registered Land Surveyor

Brady Douglas Mullis
5904 / 397

Kenneth Mullis
5904 / 394

I.PIPE(F)

S 19°38" W

S 65°24'46" E
64.15'

Bent
I.Pipe (F)

I.PIPE(F)

S 65°09'28" E
301.33'
330.95'

I.PIN(F)

29.67'

P.K. Nail(F)
in Centerline of
Old Camden Rd.

Old Camden Road
S.R. 3101
60' Public R/W

N 13°59'36" E
270.70'
286.06'

R/W Limit

15.36'

S 20°09'03" W
251.49'

15' Easement

S 58°00'39" E
253.84'
256.25'

I.PIN(F)

S 63°34'43" E
111.88'
115.79'

R.R. Spike(F)
Near Centerline of
Old Camden Road.

S 14°20'23" W
219.29'

R/W Limit

Cabarrus Road
S.R. 3102
60' Public R/W

P.K.Nail(S) in Centerline of
Cabarrus Road and Intersection
of Old Camden Road.

OF LAND.

FEE: 100.00 DATE: 1/25/96 ck# 1784 2/13/96

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

400 ✓ 1 V/ 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 #: 3885B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: PT 139-161-06

STREET ADDRESS: 10221 Old Camden Rd

SUBDIVISION OR MOBILE HOME PARK NAME: N/A

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1955

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

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

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

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

WATER SUPPLY (CHECK ONE):

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

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

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

PROPERTY OWNER:

NAME: Barbee Stephen M
(LAST) (FIRST) (MI)

ADDRESS: 5508 Keyway Blvd Apt E

CITY: Charlotte STATE: N C ZIP: 28215

DAYTIME PHONE: (704 529-8862 pager

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1/9/96

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: Stephen M Barbee DATE: 1/23/96

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

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 1/23/96

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 139-161-06 pp

ASSIGNED ADDRESS 10221 Old Camden Rd

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	DISAPPROVED
1. SUBDIVISION REGULATIONS	____/	____*
2. FLOODWAY REGULATIONS	____/	____*
3. EROSION CONTROL REGULATIONS	____/	____*
4. PUBLIC UTILITY EASEMENT	____/	____*

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	____*	____/
6. PROPERTY FRONTS ON THOROUGHFARE	____*	____/
7. DRIVEWAY PERMIT REQUIRED	____*	____/

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Septic tank

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: Lwb

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

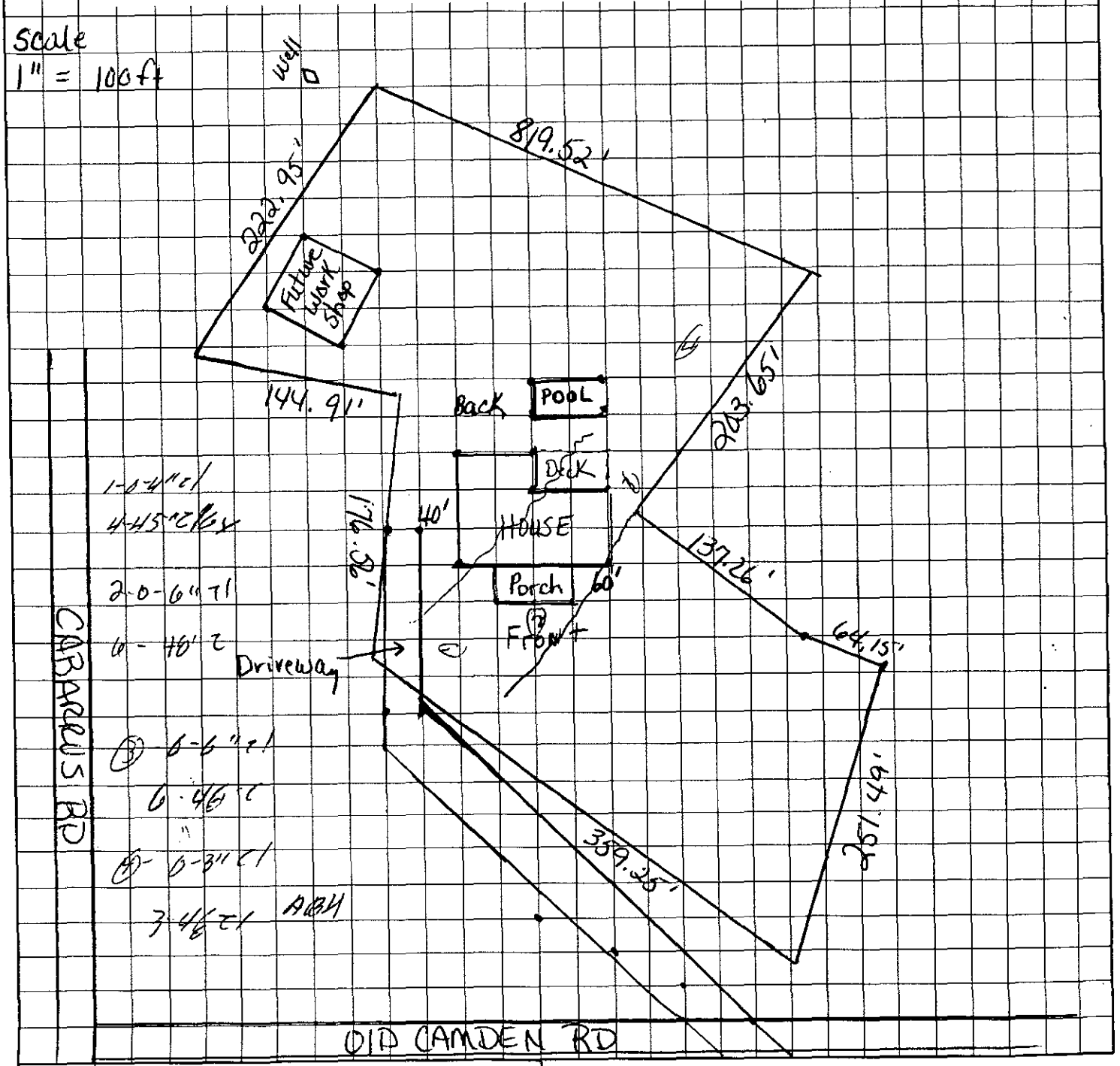
PROPOSED PLOT PLAN

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

FILE: 3885B

TC: 139-161-06

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 _____

OWNER/AGENT SIGNATURE

DATE

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