

9710 HIGHTOWER CT

13724218

12/17/07

duponbj

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

460PT

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

11/16/95 cash $50.00

[ ] CRT

79B

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: Cummings (last) William (first) L (mi)
ADDRESS: 6720 Terry Lane PHONE: (704) 566-1699
CITY: Charlotte STATE: NC ZIPCODE: 28215

Date: 11-16-95

PROPERTY OWNER:
NAME: Selinske (last) Howie (first) (mi)
ADDRESS: 9710 Hightower Ct PHONE: (704) S
CITY: Mint Hill STATE: NC ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 137-132-03
STREET ADDRESS: 9710 Hightower Ct Mint Hill
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: Bain Bridge II

LOT NUMBER: 2BC2 BB LOT SIZE (in acres):

TYPE APPLICATION (check one):
[ ] SOIL TEST - INDIVIDUAL LOT (O)
[ ] 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)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Addition - Garage
[ ] 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) [X] OTHER SINGLE (O) FAMILY

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 4

SYSTEM CLASSIFICATION:

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

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

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] 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: William Cummings Date: 11-15-95

NOTICE:

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 approval is granted by this Department.

...This permit is not transferable.

... Garage Addition

use existing system

[ ] 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

Paula A. Walker R.S. 11/17/95
Environmentalist Date

Director or Authorized Section Head 11-22-95 Date

WATER : 122791

4/22/98 Met Mrs Selenski on lot regarding a service request concerning a possible septic failure from 9700 Hightower Ct. L Thompson, P. Walker & Mrs Selenski. The problem appeared to be coming from Mrs Selenski's 1st drainfield line.

~~$400~~ 7969A/79B 4-23-92

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

(704)336-5102

PERSON FILING APPLICATION:
NAME: Cherry Homes (Tom Lewis) (last) (first) (mi)
ADDRESS: 8519 Foxbridge Dr PHONE: (704) 842-8300
CITY: Matthews STATE: N.C. ZIPCODE: 28105

Date: 4/21/92

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: _____
STREET ADDRESS: 9710 Hightower Ct. Minthill N.C.
ZONING:

PROPERTY OWNER:
NAME: Cherry Homes (last) (first) (mi)
ADDRESS: 8519 Foxbridge Dr PHONE: (704) 842-8300
CITY: Matthews STATE: N.C. ZIPCODE: 28105

SUBDIVISION OR MOBILE HOME PARK NAME: Foxbridge III

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

LOT NUMBER: Lot 2 Blk 2 LOT SIZE (in acres): .72

TYPE APPLICATION (check one):
[X] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
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[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3
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Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

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Signed: Tom Flowers Date: 4/21/92

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

B. R. Ferguson 5-19-92
Environmentalist Date

5-20-92
Director or Authorized Section Head Date

WWATER : 122791

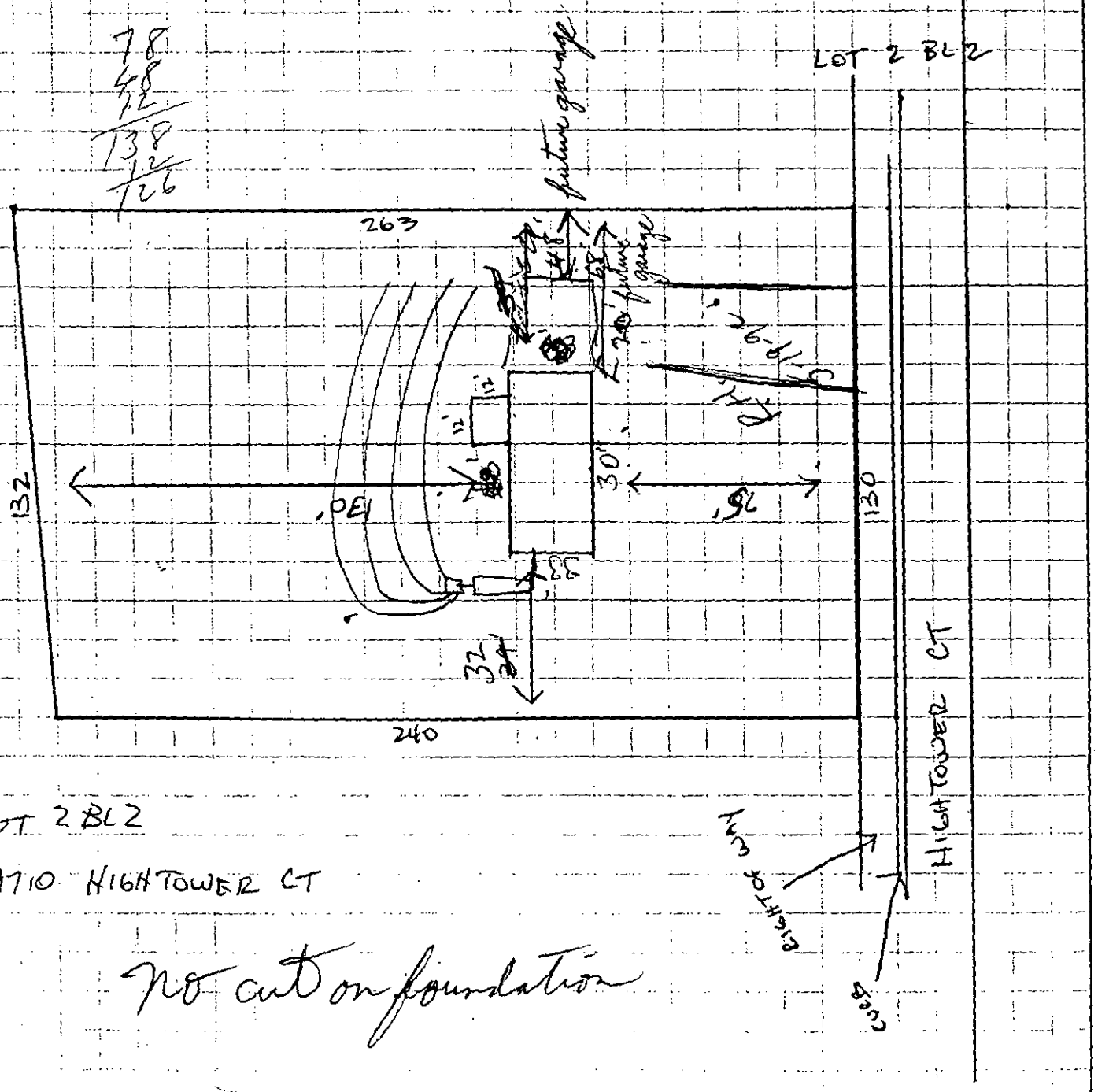
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

7413

FILE: ~~8204A (3128)~~

TC: 137-132-03PO

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.



LOT 2 BL 2

9710 HIGHTOWER CT

No cut on foundation

Signed: Tom Dennis

Date: 4-21-92

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 79B/1969A DATE: 9-3-92

TC: 137-132-03 ☒ L ☐ CRT

SERIAL № 15549

Name of Owner CHERRY HOMES Juris.:

Address of Property 9710 HIGH TOWER COURT

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 1'

Water Supply Source COMM. well

Distance to Water Source 100'+

Excavation Inspected 9-3-92

Tank(s) Inspected 9-3-92

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1972 1500 SFT 12G CONV 1200 SFT 12G DECR CTR# 113

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: Type II

Environmentalist

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

Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS U

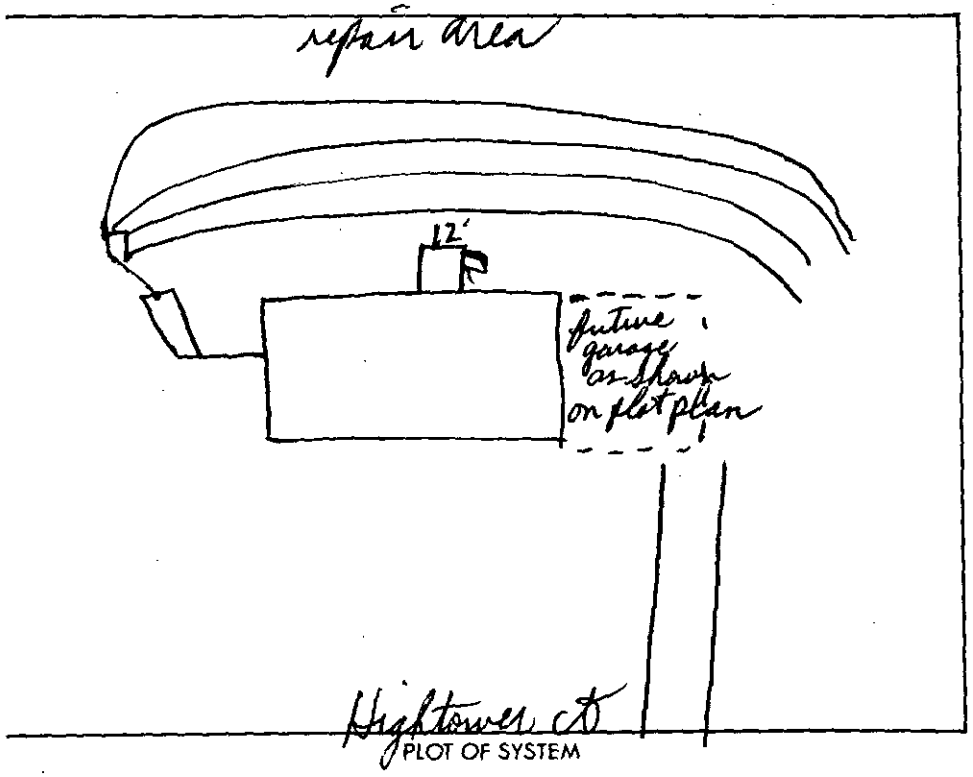
INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

FILE: 79-B / 79A DATE: 8-20-92
PO
TC: 137-132-03 ☐ L

SERIAL Nº 15303

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 4-29-92. All work shall be completed on or before 9-20-92, 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 _____ 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 Comm feet

NAME OF OWNER Cherry Homes

LOCATION OF PROPERTY 9710 Hightower Court

Comments: 4 lines 3'X100'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

APPLICATION FOR SOIL INVESTIGATION

DK02

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

(OFFICE USE ONLY)

FILE: 111(1 AC 111)

TC:

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: 9710 Hightower Court, Mint Hill

② SUBDIVISION: Brandenburg III ③ LOT: 2 ④ BLOCK: 2

⑤ PARCEL REFERENCE: BOOK NO.: 137 PAGE NO.: 122 PARCEL NO.: 03

⑥ DEED REFERENCE: BOOK NO.: PAGE NO.:

OWNER

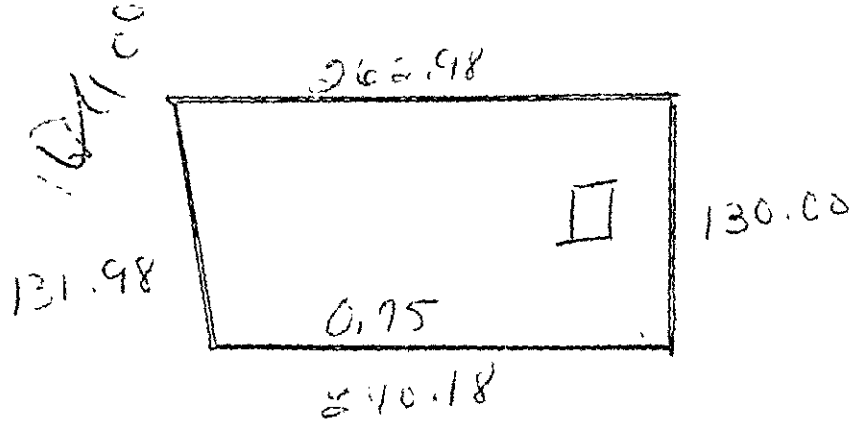
⑦ NAME: Dan (FIRST) A (MIDDLE) Mower (LAST)

⑧ MAILING ADDRESS: 2101 Dauchi Pl Ri # 116

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28227

⑫ PHONE: (WORK) 845-1378 (HOME) 845-1248

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: Dan A Mower

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

Date: 1/9/92

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

PG. 13

PG. 13

PG. 21

PG. 12

PG. 17

PG. 23

EDWARD'S PLACE

SAYBROOK CT.

HIGHTOWER CT.

FLOOD-PLAIN

ESMT.

ACCESS RD. TO WELL

241

242

3.33 AC.

5.067 AC

2.023 AC

1.01 AC.

1.01 AC.

1.13 AC.

2.40 AC.

2.28 AC.

2.87 AC.

2.60 AC.

2.27 AC.

2.05 AC.

2.66 AC.

1.11 AC.

TAX LINE MAP BOOK 137 PAGE 24
MECKLENBURG COUNTY, NORTH CAROLINA

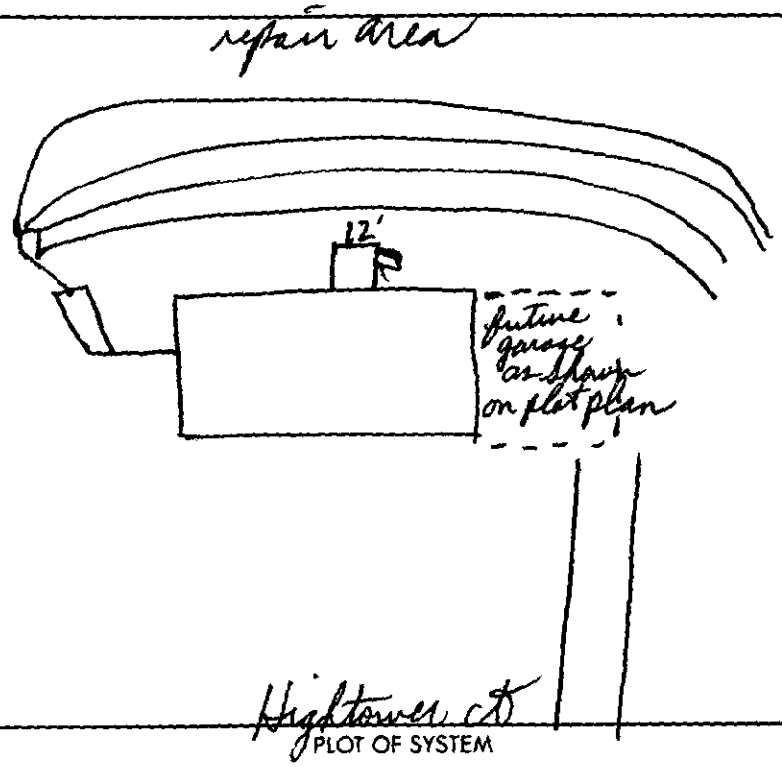
INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

FILE: 79-B / 796A DATE: 8-20-92
PO
TC: 137-132-03 ☐ L

SERIAL Nº 15303

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 8-29-92. All work shall be completed on or before 9-20-92, 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

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Liquid Capacity of Dosing Tank _____ gallons

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Absorption and/or Nitrification Lines:

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Distance from Property Line 10 feet

Distance from Well Comm feet

NAME OF OWNER Cherry Homes

LOCATION OF PROPERTY 9710 Hightower Court

Comments: 4 lines 3'X100'X12" stone

Division or Section Head

B.R. Ferguson
Environmentalist

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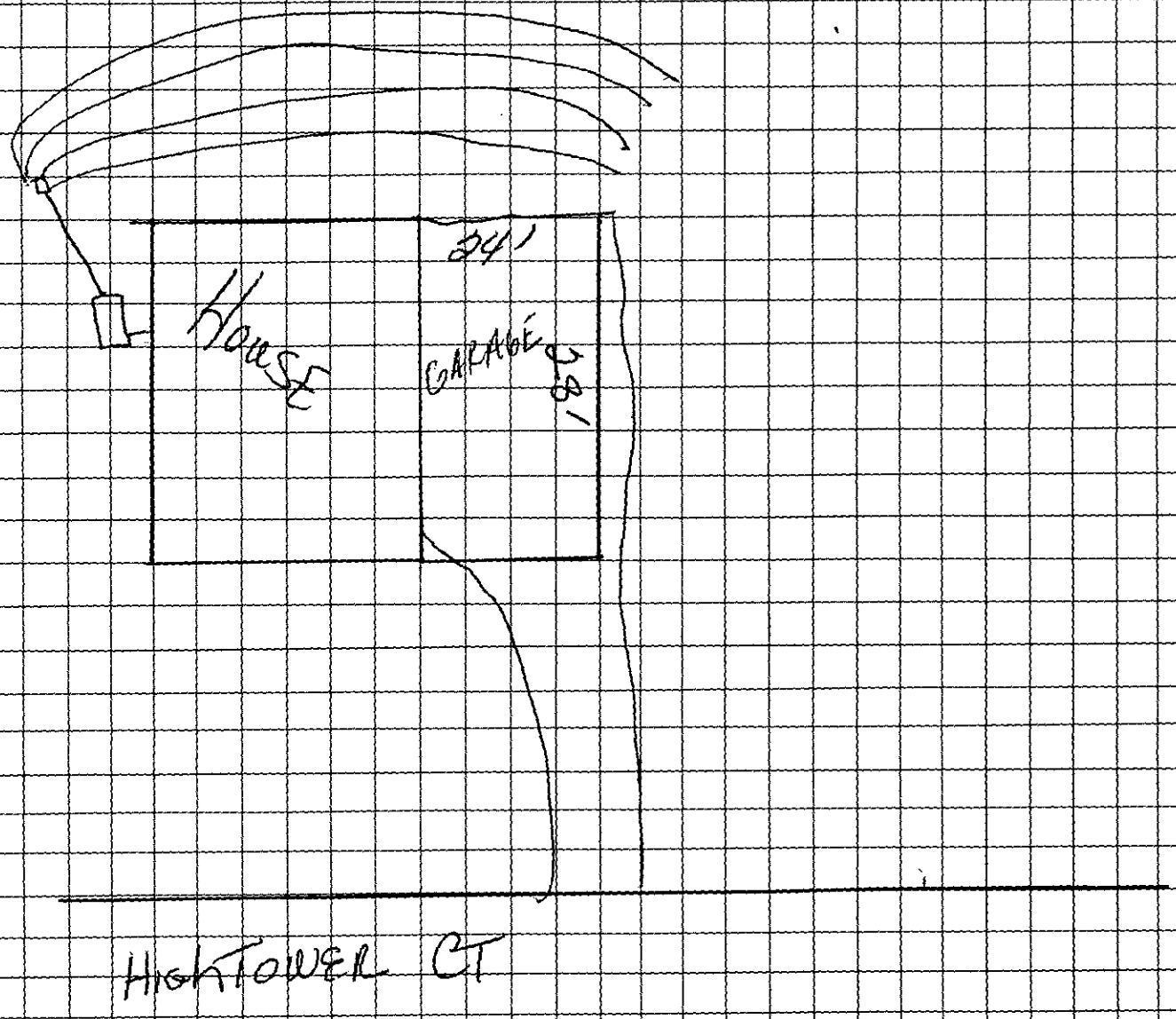
PROPOSED PLOT PLAN

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

FILE: 79B

TC: 137-132-03

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.



William Cummins
OWNER/AGENT SIGNATURE

DATE 11-15-95

APPROVAL DATE TJW VES 11/17/95

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

460R

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

11/16/95 cash $50.00

[ ] CRT

79B

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

(704)336-5102

PERSON FILING APPLICATION:
NAME: Cummings William C
(last) (first) (mi)
ADDRESS: 6720 Terry Lane PHONE: (704) 566-1699
CITY: Charlotte STATE: NC ZIPCODE: 28215

Date: 11-16-95

PROPERTY OWNER:
NAME: Silinske Howie
(last) (first) (mi)
ADDRESS: 9710 Hightower Ct PHONE: (704) S
CITY: Mint Hill STATE: NC ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
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Mint Hill
ZONING:

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[ ] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
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SUBDIVISION OR MOBILE HOME PARK NAME: Bain Bridge II

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[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER SINGLE (O) Family

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 6

SYSTEM CLASSIFICATION:

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Use existing system

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Phila S. Walker R.S. 11/17/95
Environmentalist Date

Director or Authorized Section Head Daniel Logan Chief 11-22-95 Date

WWATER : 122791

1969A/79B Pd 200 CK# 1933 4-23-92

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Signed: Rick Horton Date: 4/21/92

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...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

B. R. Ferguson 5-19-92
Environmentalist Date

5-20-92
Director or Authorized Section Head Date

WATER : 122791

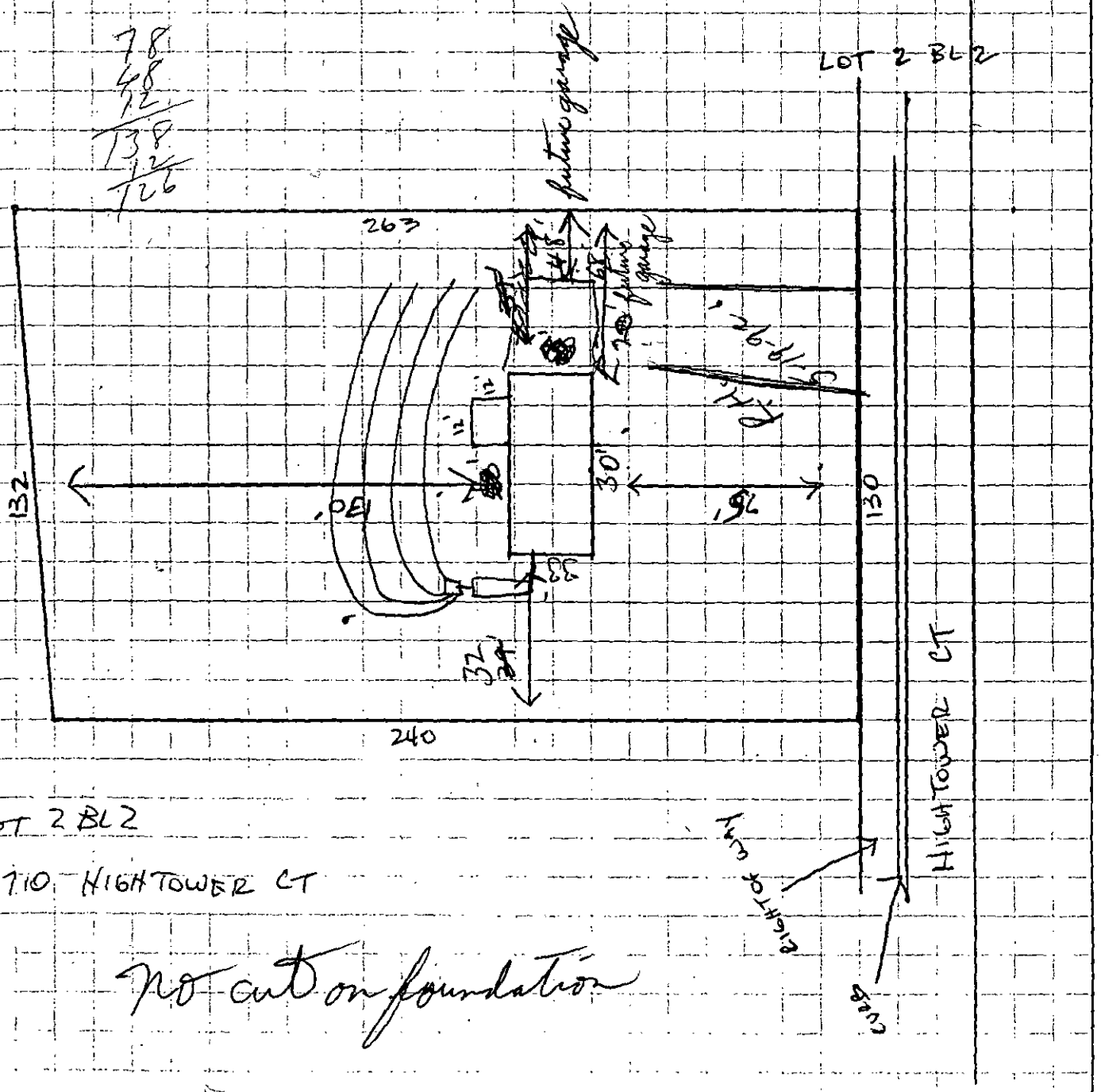
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

7413

FILE: ~~8204A (3126)~~

TC: 137-132-03PO

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: Tom Dennis

Date: 4-21-98

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 79B/1969A DATE: 9-3-92

TC: 137-132-03 ☒ L ☐ CRT

SERIAL Nº 15549

Name of Owner CHERRY HOMES Juris.:

Address of Property 9710 HIGHTOWER COURT

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 1'

Water Supply Source comm. well

Distance to Water Source 100'+

Excavation Inspected 9-3-92

Tank(s) Inspected 9-3-92

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1972 1500 SPT 12G COM 1200 SPT 12G CERIC CTR# 113

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: Type II

Environmentalist

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12496

File: 7981/7969A Action 1

Parcel: 137-132-03 ☐PC

Location: 9710 Hightower Ct.

Subdivision: Bainbridge III

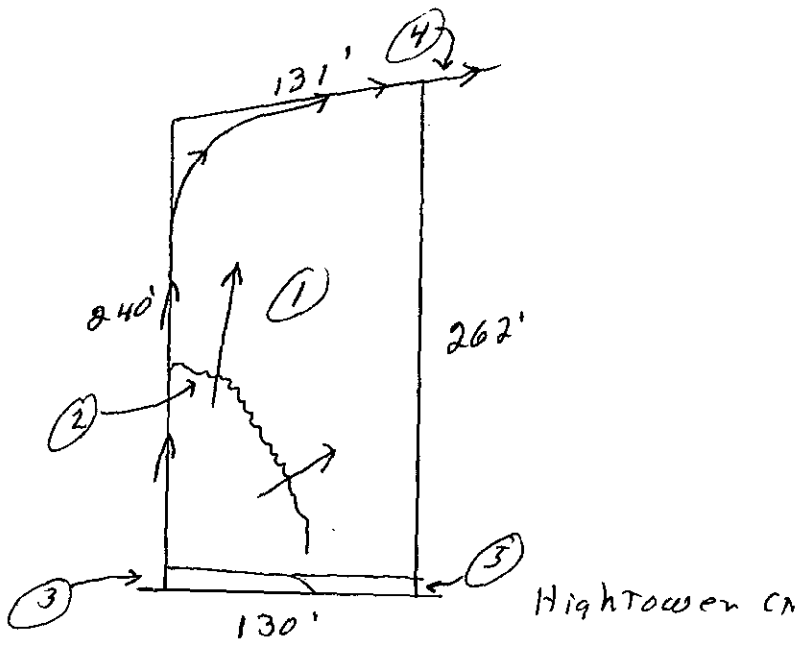
Lot: 2 Block: 2 Acres: .75

Owner: Dan L. Moser
Address: 2101 Yardley Road N. #110
Charlotte, N.C. 28209

Comments: 100% Repair

Described by: William A. Marlin

Date: 4-24-97



N

***** 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 6-12%	S PS (U) old Terrace	S PS (U) >2' cut	S PS (U) surface drain	S PS U —	S PS U
Texture	S (PS) U slightly Expansive clay	S PS U —	S PS U —	S PS U —	S PS U —	S PS U
Structure	S (PS) U subblocky	S PS U —	S PS U —	S PS U —	S PS U —	S PS U
Drainage	S (PS) U >40" to water	S PS U —	S PS U —	S PS U —	S PS U —	S PS U
Depth	S (PS) U >40"	S PS U —	S PS U —	S PS U —	S PS U —	S PS U
Restrictive Horizons	S (PS) U >40"	S PS U —	S PS U —	S PS U —	S PS U —	S PS U
Available Space	S (PS) U 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) Fill	S PS U
Soil Group/Series	IV Cecil-like	Old Terrace	>2' Cut	Surface Drain.	Fill	
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS U

APPLICATION FOR SOIL INVESTIGATION

DK09

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

(OFFICE USE ONLY)

FILE: 7969 AC(98)

TC: 137-132-03

☑ PC ☐ REPT

$50.00 CK#29081 1/09/92

JOB LOCATION

① ADDRESS: 9710 Hightower Court, Mint Hill

② SUBDIVISION: Bainbridge III ③ LOT: 2 ④ BLOCK: 2

⑤ PARCEL REFERENCE: BOOK NO.: 137 PAGE NO.: 132 PARCEL NO.: 03

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

OWNER

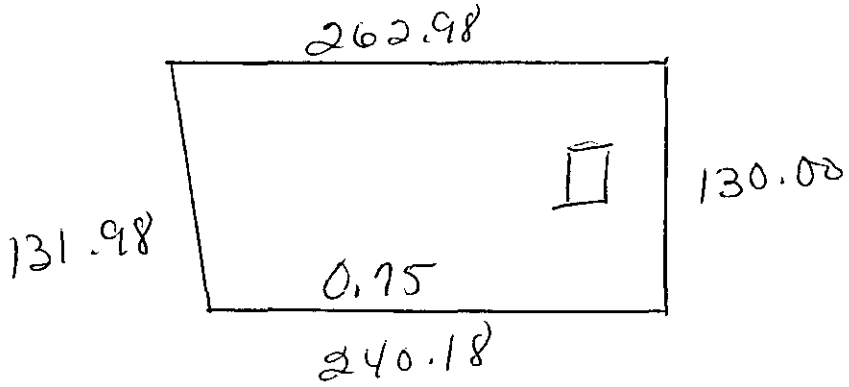
⑦ NAME: Dan (FIRST) A (MIDDLE) Moser (LAST)

⑧ MAILING ADDRESS: 2101 Sardis Rd N #110

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28207

⑫ PHONE: (WORK) 845-1378 (HOME) 845-1298

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: Dan A Moser

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

Date: 1/9/92

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

7969A / 79B 7-23-92

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

7913 [ ] 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: Cherry Homes (Tom Lewis) (last) (first) (mi)
ADDRESS: 8519 Foxbridge Dr. PHONE: (704) 847-8300
CITY: Matthews STATE: N.C. ZIPCODE: 28105

Date: 4/21/92

PROPERTY OWNER:
NAME: Cherry Homes (last) (first) (mi)
ADDRESS: 8519 Foxbridge Dr. PHONE: (704) 847-8300
CITY: Matthews STATE: N.C. ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER:
STREET ADDRESS: 9710 Hightower Ct.
Mint Hill N.C.
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME: Bainbridge III

LOT NUMBER: Lot 2, Blk. 2 LOT SIZE (in acres): .72

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3

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) [X] 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: Kirk Homes Date: 4/21/92

NOTICE:

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

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

...This permit is not transferable.

...

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

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

PROPOSED PLOT PLAN

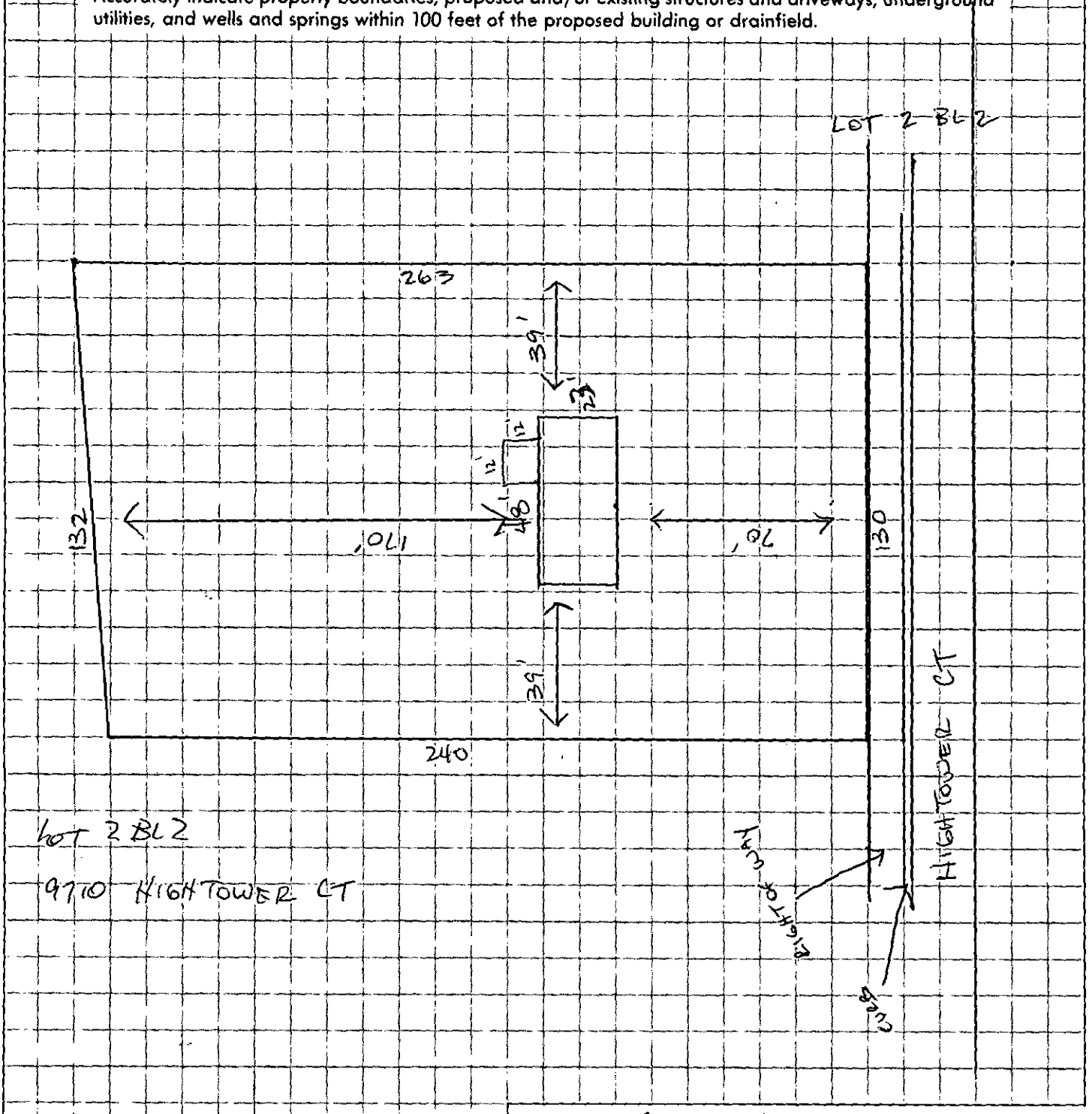
79B

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

FILE: ~~8204A (3128)~~

TC: 137-132-03PO

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: Tom Dennis

Date: 4-21-92

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 7967 ACNIPD

TC: 137. 123 - C3

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 9710 Hightower Court, Mint Hill

② SUBDIVISION: Bainbridge III ③ LOT: 2 ④ BLOCK: 2

⑤ PARCEL REFERENCE: BOOK NO.: 137 PAGE NO.: 132 PARCEL NO.: 03

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

OWNER

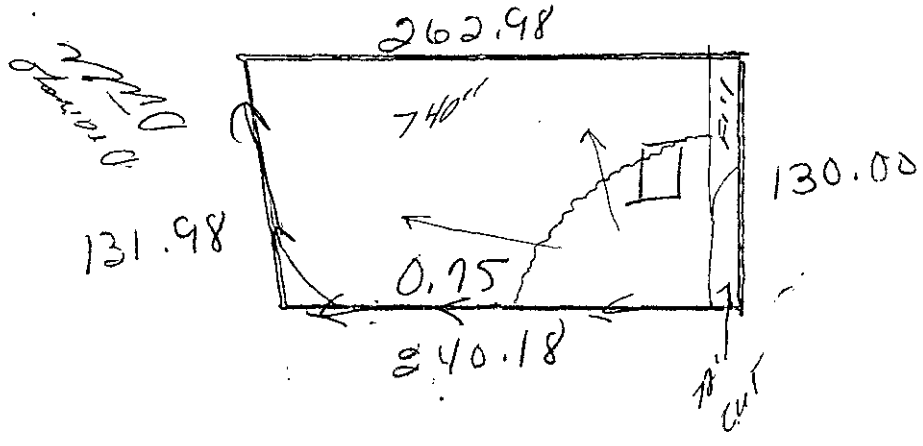
⑦ NAME: Dan (FIRST) A (MIDDLE) Moser (LAST)

⑧ MAILING ADDRESS: 2101 Sardis Rd N #110

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28227

⑫ PHONE: (WORK) 845-1378 (HOME) 845-1298

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: Dan A Moser

Date: 1/9/92

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

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

April 29, 1992

Dan L. Moser
2101 Sardis Road North #110
Charlotte, NC 28207

RE: Property located on 9710 Hightower Court
FILE: 7969A/79B
PARCEL: 137-132-03PO

Dear Mr. Moser:

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 12496) is enclosed for your information.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Our review process begins upon receipt of an Application for an Improvement Permit accompanied by a plot plan **drawn to scale with accurate dimensions indicated** detailing the location of **existing** well or type sewage disposal systems (if applicable), setbacks, and utility easements. Proposed buildings, etc. must be drawn on the plot plan to allow sufficient remaining space for the sewage disposal system and well. The well should be located 100 feet from any part of **any** sewage disposal system (including those located on adjacent properties).

Please note that this classification may be changed if any filling, grading or construction (including the drilling of a well) is performed on the lot which without **prior** approval from this Department. Current regulations in effect are "Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal: 15A NCAC 18A .1900, August, 1991". Changes in regulations may impact future approvals on this lot.

If there are any questions concerning this matter, please contact Bill Marlin at 336-5574.

Sincerely,

Kelly Parrill for Gene Vaughan

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