

15524 RED FEZ CLUB RD

21710205

6/18/08

marliwr

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

William Morgan

559-9771

FAX #

Mecklenburg County
Health Department

December 7, 2000

William Morgan
6100 Fairview Road, Suite 103
Charlotte, NC 28210

Re: DOT Right-of-way Acquisition, 15524 Red Fez Club Road
Health Department file no. 11031

Dear Property Owner or Owner's Agent:

The Mecklenburg County Health Department, Environmental Health Division on November 29, 2000 evaluated the above-referenced property at the site designated on the plat/site plan that accompanied your improvement permit application. The evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 and related statutes and Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule..1900 and related rules.

Based on the criteria set out in Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rules .1940 through .1948, the evaluation indicated that the proposed expansion of Highway 49 would infringe into the septic tank system drainfield. Therefore, your request for an improvement permit is **DENIED.** The site is unsuitable based on the following:

_____Unsuitable soil topography and/or landscape position (Rule .1940)
_____Unsuitable soil characteristics (structure or clay mineralogy) (Rule .1941)
_____Unsuitable soil wetness condition (Rule .1942)
_____Unsuitable soil depth (Rule .1943)
_____Presence of restrictive horizon (Rule .1944)
____X____Insufficient space for septic system and repair area (Rule .1945)
____X____Unsuitable for meeting required setbacks (Rule .1950)
_____Other (Rule .1946)

For the reasons set out above, the property is currently classified **UNSUITABLE,** and an improvement permit shall not be issued for this site in accordance with Rule .1948 (c).

However, the site classified as **UNSUITABLE** may be classified as **PROVISIONALLY SUITABLE** if written documentation is provided that meets the requirements of Rule .1948(d). A copy of this rule is enclosed. You may hire a consultant to assist you if you wish to try to develop a plan under which your site could be reclassified as **PROVISIONALLY SUITABLE.**

You have a right to an informal review of this decision. You may request an informal review by the soil scientist or environmental health supervisor at the local health department. You may also request an informal review by the N. C. Department of Environment and Natural Resources regional soil specialist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Center, Raleigh, NC 27699-6714. To get a copy of a petition form, you may write the Office of Administrative Hearings or call the office at (919) 733-0926. The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. N. C. General Statue 130A-335(g) provides that your hearing would be held in the county where your property is located.

Please note: If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is December 7, 2000. Meeting the 30-day deadline is critical to your right to a formal appeal. Beginning a formal appeal within 30 days will not interfere with any informal review that you might request. Do no wait for the outcome of any informal review if you wish to file a formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (N.C. General Statute 150B-23) to send a copy of your petition to the North Carolina Department of Environment and Natural Resources. Send the copy to: Office of General Counsel, N. C. Department of Environment and Natural Resources, 1601 Mail Service Center, Raleigh, NC. 27699-1601. Do **NOT** send the copy of the petition to your local health department. Sending a copy of your petition to the local health department will **NOT** satisfy the legal requirement in N.C. General Statute 150B-23 that you send a copy to the Office of General Counsel, NCDENR.

You may call or write the local health department if you need any additional information or assistance.

Sincerely,

Jeremy P. Michelone

Jeremy P. Michelone, R.S.I.
Authorized Agent - DENR

Encl:

Mecklenburg County
Health Department

December 1, 2000
~~Neverwary 15, 2000~~

~~Mr. Joe Blow~~ Green Fields Investments LLC c/o Crescent Resources
~~1925 Eastmeadow Lane~~ 15524 Red Fez Club Road PO Box 1003 INC
~~Charlotte, NC 28270~~ Charlotte, NC 28278 28201

~~Re: Application for improvement permit for~~ _____ Property site RE: DOT Right-of-Way Acquisition
~~Health Department file no~~ # 11031

Dear Property Owner or Owner's Agent:

The Mecklenburg County Health Department, Environmental Health Division on 11/29/00 (date) evaluated the above-referenced property at the site designated on the plat/site plan that accompanied your improvement permit application. ~~According to your application the site is to serve a~~ _____ ~~(describe facility example: 3 bedroom residence, 10 employee office) with a design wastewater flow of _____ gallons per day.~~ The evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 and related statutes and Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .1900 and related rules.

Based on the criteria set out in Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rules .1940 through .1948, the evaluation indicated that ~~the site is UNSUITABLE for a ground adsorption sewage system.~~ Therefore, your request for an improvement permit is **DENIED.** ~~A copy of the site evaluation is enclosed.~~ The site is unsuitable based on the following:

The proposed expansion of Highway 49 will infringe into the septic tank system drainfield.

_____ Unsuitable soil topography and/or landscape position (Rule .1940)
_____ Unsuitable soil characteristics (structure or clay mineralogy) (Rule .1941)
_____ Unsuitable soil wetness condition (Rule .1942)
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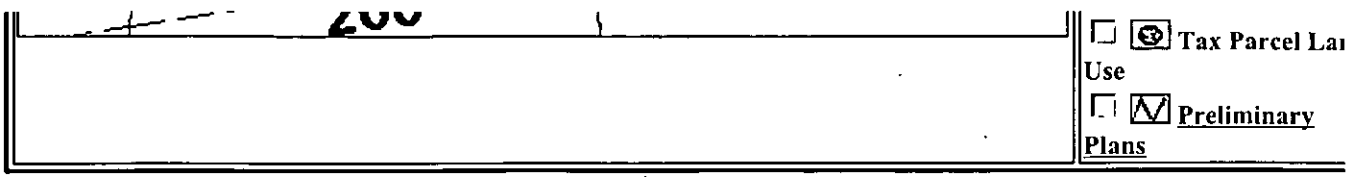
You may call or write the local health department if you need any additional information or assistance.

Sincerely,

Jeremy Micheline

Signature of Authorized Agent-DENR

Encl: (Enclose copy of site evaluation)
Copy of Rule .1948



Click here to submit questions or comments about the information shown on this page.

Map Scale: 1 Inch = 82 Feet Date and Time Stamp 12/1/00 10:45:46 AM EST	This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

Tax Real Estate Information

*** Images of real estate documents from the Register of Deeds are available from 11/9/98 to the present. ***

Parcel-Id#: 21710205 **GIS Map#:** 21710205	**Legal Desc.:** L4 U/M
Account Type: DOMESTIC CORPORATION	**Deed Book/Page:** 10682/350 GET DEED! **Date:** 8/11/99
Owner: GREEN FIELDS INVESTMENTS LLC	**Sales Price:** $0
Add. Owner: % CRESCENT RESOURCES INC	**Sales Date:** 8/11/99 **Qualified Sale:** N
Mailing: PO BOX 1003	**Neighborhood Code:** 21701
Address:	**Historic Desig.:** **Farm Desig.:**
City: CHARLOTTE	**Deeded Acreage:** 0.55
State: NC **ZIP:** 282011003	**Assessed Acreage:** 0.55
Location: 15524 RED FEZ CLUB RD Get Directions	**Assessed Land Value:** $14000
Municipality: MECKLENBURG COUNTY	**Total Assessed Value:** $76390

Site Location Information

Zoning from Tax: R3 **Zoning from GIS:** R-3	**Parks Within 3 Miles:** Click to Find Out
Fire District: STEELE CREEK #2	**FEMA Flood Panel#:** 3701580170B
Voter District: Click to Find Out	**FEMA Flood Zone:** OUT
School District: Click to Find Out	**FEMA Flood Map Date:** 03/02/1993
Watershed Class: N/A	**Census Tract Number:** 59.02

Major Improvement Information

	Situs Location: 15524 RED FEZ CLUB RD Get Directions
Parcel-Id# & Card#: 21710205-001	**Ext. Type:** WOOD ON SHEATHING OR PLYWOOD
Land Use Type: SINGLE FAMILY	**Heating Type:** FORCED AIR-DUCTED
Building Type: SINGLE FAMILY RESIDENTIAL	**AC Type:** CENTRAL
Approximate Square Footage: 1209	**Fireplace:** 1 STY SINGLE
Actual Year Built: 1980	**Garage:** N
Number of Stories: 1.0 STORY	**Basement:** N
Bedrooms: 3	**Assessed Net Bldg. Value:** $62390 $/Sq. Ft. = $51.6
Bathrooms: 2	
Restrooms: 0	**Total Assessed Bldg. Value:** $62390

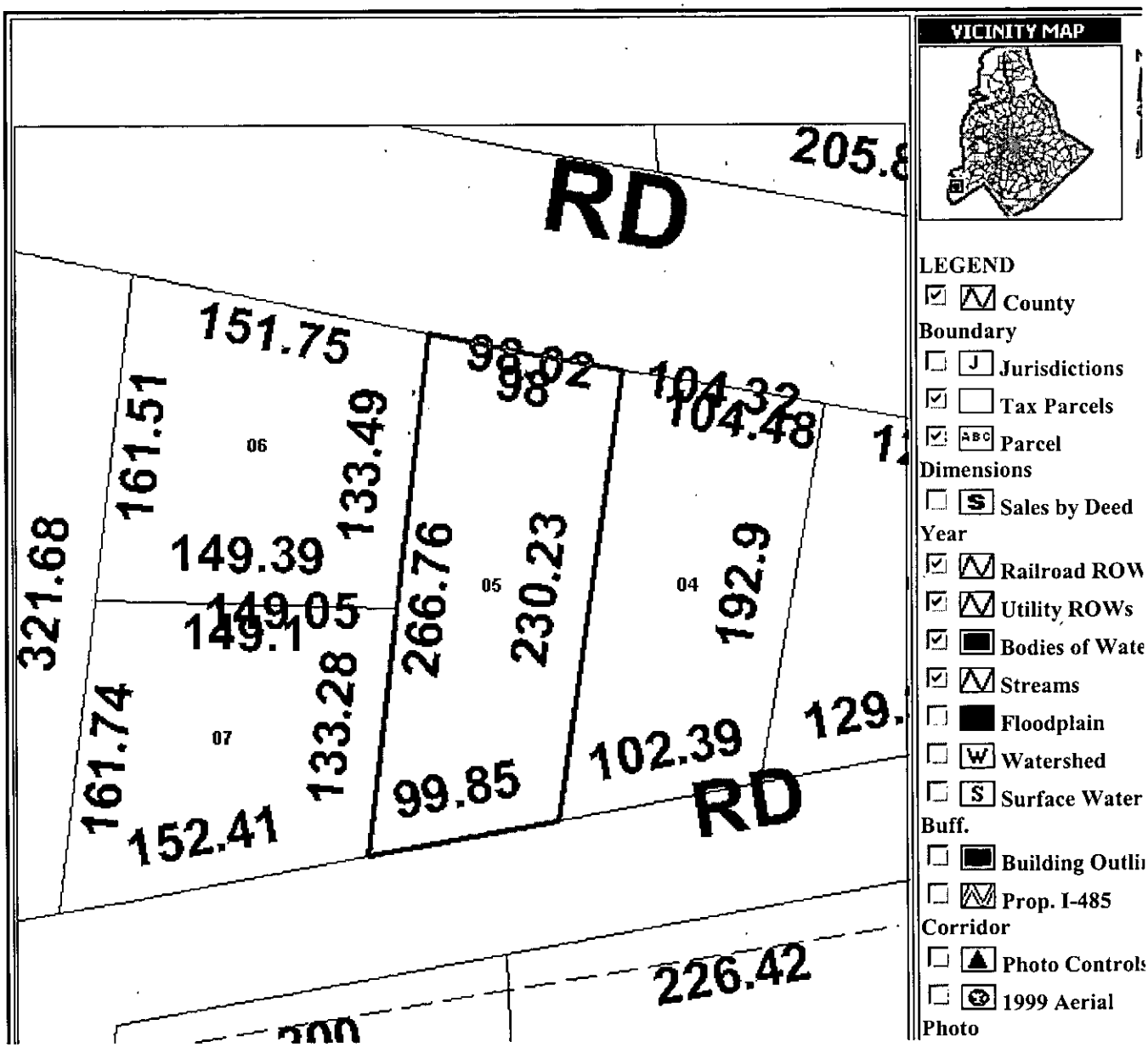
GIS Real Estate System

Mecklenburg County, NC Geographic Information Systems

Tax Parcel & Map Sheet Search | Road Name & Intersection Search | Market Analysis Search Menu
Return to Full Map Extent | How to Use the System | Return to GIS Homepage

Click on Map to Perform Operation

○ Refresh Map ○ Pan ○ Zoom In ◉ Zoom Out Zoom Factor [1X] ○ Identify [Parcels]
○ Surveyor's Report
○ Adjoining Owner's Report within [10 FEET] ○ Measure [Start Line] Label Parcels by: [ ]



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INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[ ] ERT

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

(704)336-5102 11031

Date: 11/7/00

PERSON FILING APPLICATION:
NAME: MORGAN, William (Agent for DOT)
(last) (first) (mi)
ADDRESS: 6100 Fairview Rd Ste 103 PHONE: 704 553-2995
CITY: Charlotte STATE: NC ZIPCODE: 28210

PROPERTY OWNER:
NAME: Crescent Resources (Formerly Bayson)
(last) (first) (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 217-102-05
STREET ADDRESS: 15524 Red Fez Club
ZONING: Charlotte R-3

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): .55AC

TYPE APPLICATION (check one):
[ ] R/W Project by DOT
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (M)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Can they use existing System ?

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: ?

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: [signature] Date: 11-7-00

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.

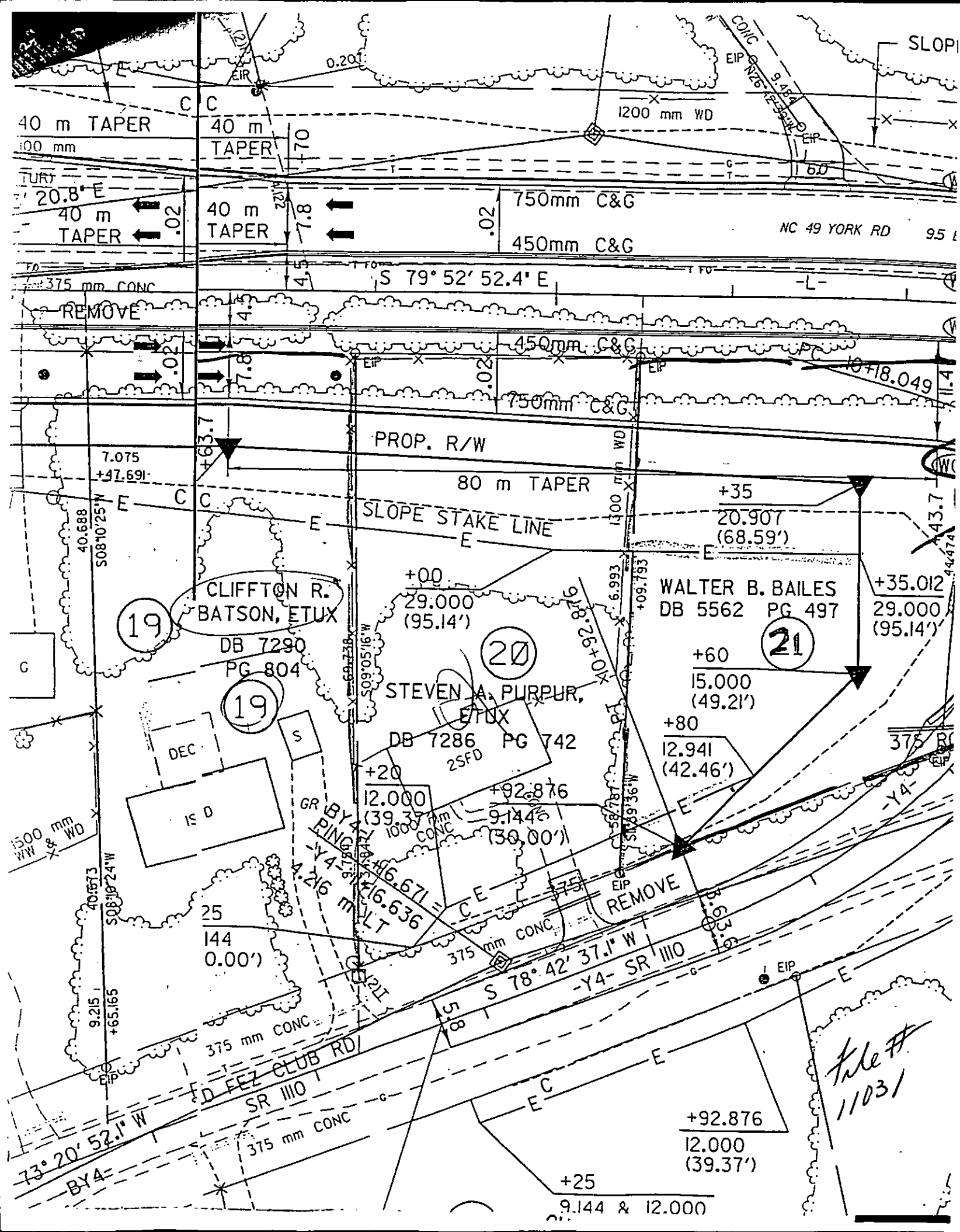
...This permit is not transferable.

...

[ ] 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

WATER : 122791


40 m TAPER
40 m TAPER
40 m TAPER
40 m TAPER
750mm C&G
450mm C&G
450mm C&G
750mm C&G
NC 49 YORK RD
S 79° 52' 52.4" E
375 mm CONC
REMOVE
PROP. R/W
80 m TAPER
SLOPE STAKE LINE
CLIFFTON R. BATSON, ETUX
DB 7290 PG 804
19
20
21
STEVEN A. PURPUR, ETUX
DB 7286 PG 742
2SFD
WALTER B. BAILES
DB 5562 PG 497
DEC
S
GR
BY4 RING
-Y4-
4.216 m LT
1200 mm WD
1500 mm WW & WD
1000 mm CONC
375 mm CONC
EIP
REMOVE
S 78° 42' 37.1" W
-Y4- SR 1110
D FEZ CLUB RD
SR 1110
S 73° 20' 52.1" W
-BY4-
+00
29.000
(95.14')
+20
12.000
(39.37')
+25
9.144 & 12.000
+35
20.907
(68.59')
+35.012
29.000
(95.14')
+60
15.000
(49.21')
+80
12.941
(42.46')
+92.876
9.144
(30.00')
+92.876
12.000
(39.37')
+16.671
+16.636
+10+18.049
+09.793
+40+62.876
+63.7
+47.691
7.075
40.688
S08°10'25"W
40.673
S08°10'24"W
9.215
+65.165
S09°05'16"W
69.238
S08°39'36"W
6.993
11.4
43.7
7.8
4.5
0.02
0.20
6.0
File # 11031

Jeremy,

Mr Morgan (applicant) is an independent appraisor for DOT regarding the road widening project in the area of Hwy 49 that may or may not impact the septic systems on these two properties (forms attached). Mr. Morgan is going to check to see that the right of way is staked and then he will call you to visit on the site.

I've attached a copy of our protocol from the policy manual so he does know that if the systems have to be relocated there will be fees and application for alteration required.

He just needs to establish whether this must be done.

Judy

Mecklenburg County
Health Department

March 25, 1997

Mr. Cliffton R. Batson
15524 Red Fez Club Road
Charlotte, NC 28278

RE: DOT Right-of-Way Acquisition

Dear Mr. Batson:

This is to acknowledge receipt of your application requesting this assistance of this program in evaluating any impact the expansion of Highway 49 may have on your septic tank system.

A review was made of the records on file concerning your system and an on-site evaluation was conducted on February 24, 1997. At the time of the evaluation the septic tank was located and the drainfield appears to extend to the back yard as reflected in our records. According to the information you provided to us, we regret to inform you that it appears that the proposed expansion of Highway 49 will infringe into the septic tank system drainfield to the extent of destruction.

An alternative/replacement system may not be relocated to the front yard due to set back requirements for existing private water supplies (see attached North Carolina Department of Environment, Health and Human Resources [DEHNR] regulations).

In summary, the DOT acquisition and expansion of Highway 49 as proposed into your property will render your current septic system inoperable with no available option for an on- site alternative system.

Please advise us of your plans regarding this matter. We will gladly assist and counsel you with respect to your wastewater system or private water supply concerns.

Best regards,

Toni Higgins Bunney, R.S.
Environmental Health Specialist

cc: John Shoemaker, NCDOT
attachment

2/22/99

NO DOT stakes set.

Mr Cheung will contact when DOT stakes set.

FEE: _____

DATE: _____

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

[ ] CRT

TYPE APPLICATION: ___ 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

COPY

FILE #: 11031

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 217-102-05

STREET ADDRESS: 15524 RED FEZ CLUB RD

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 4 Built 1980

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1210

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS:

CLOSING DATE: _____

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
___ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

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

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ___ 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:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: CLIFFTON BATSON (LAST) (FIRST) (MI)	NAME: ANDY CHEUNG NC DOT (LAST) (FIRST) (MI)
ADDRESS: 15524 RED FEZ CLUB RD	DAYTIME PHONE: 704 537 - 1541
CITY: CHARLOTTE STATE: NC ZIP: 28278	
DAYTIME PHONE: ( ) —	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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

SIGNED: Cliff Batson DATE: 2-8-99

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

Cof A (s) No 11031

Serial 4226

T C 217-102-C

Date Issued 12-12-80

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Wilmar Investments (LAST, FIRST, MIDDLE)

Location of Property Lot 4 - Red Sea Club Rd

Application Number 11031

Permit Number 11031

Inspection Data:

Liquid Capacity of Tank 1500

Total Length of Drain Tile 495'-125'

Depth of Filter Material 17"

Water Supply Source Well

Excavation Inspected 12-12-80 (DATE)

Nitrification Field Inspected 12-12-80 (DATE)

Washing Machine Line Inspected, If Applicable 12-12-80 (DATE)

Tank Material PC

Number of Lines 4-4

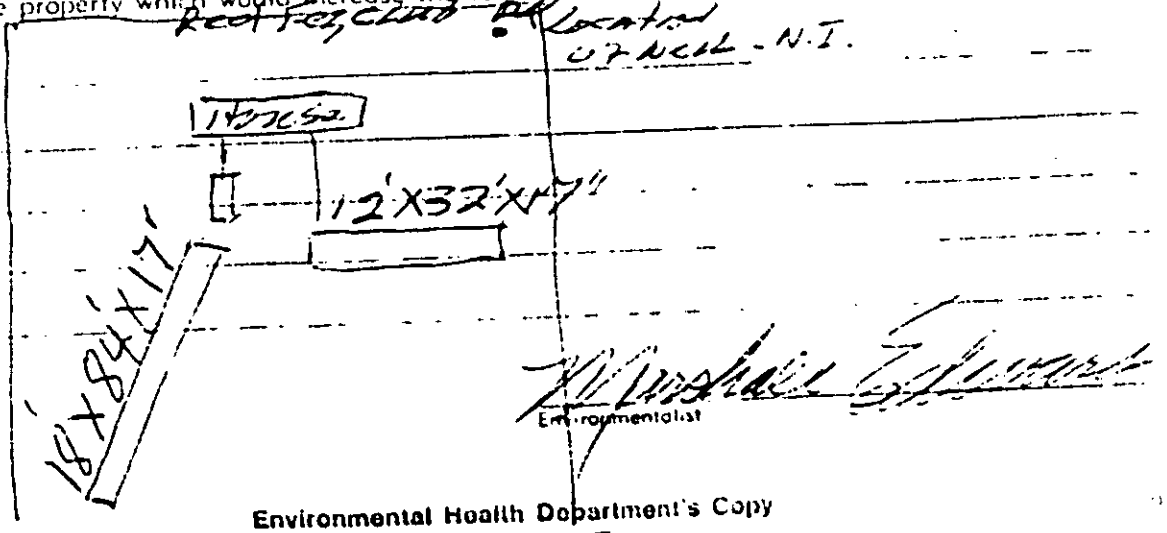
Cover Depth 42"-24"

Distance from Water Source 100'

Tank Inspected 12-12-80 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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: Red Sea Club Rd Location of Well - N.I.

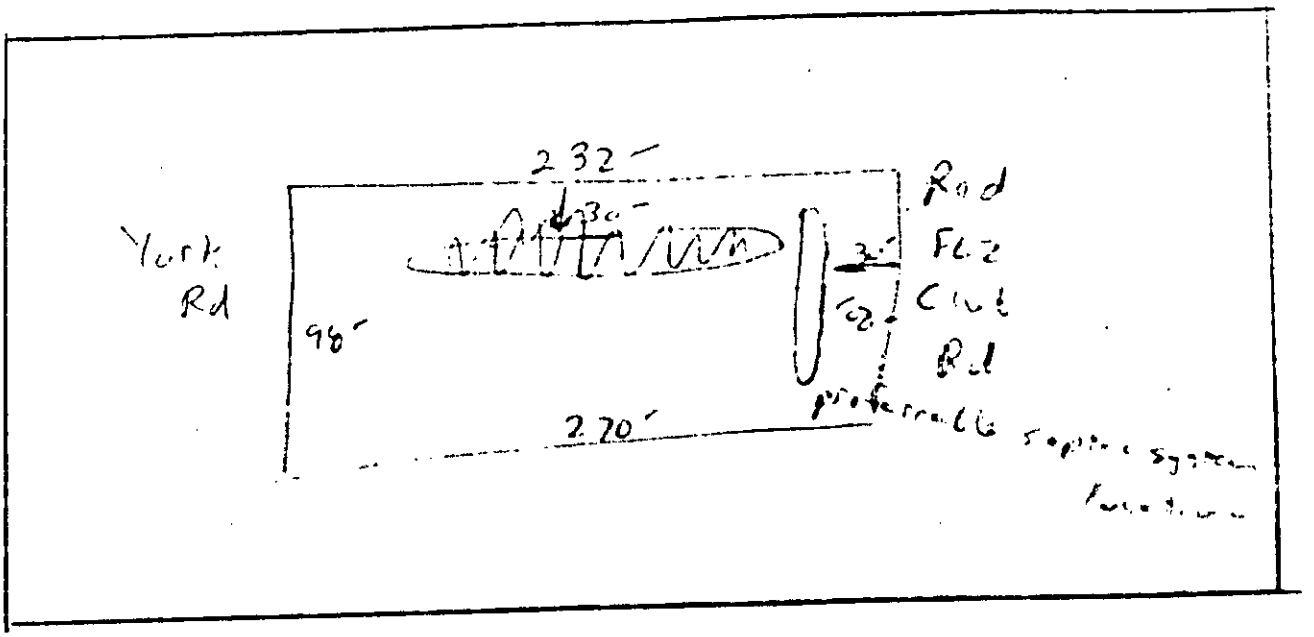


Environmentalist

EHD-5-76

Environmental Health Department's Copy

DIAGRAM OF PROPERTY



3/18/75

EHB 530

SOIL INVESTIGATION REPORT

Date of Investigation June 2, 1976 APT NO. 11021

Owner [illegible]

Location of Property Red Fox Club Pt. Island 4 TCN: 2-7-102 -.

Soil Suitability Ratings

Soil Properties	Soil 1	Soil 2	Soil 3	Soil 4
1. Soil Series	Cor. I			
2. Soil Slope	acceptable 2-6%			
3. Soil Depth	acceptable 24"+			
4. Soil Texture	acceptable clay			
5. Soil Structure	acceptable subangular blocky			
6. Restrictive Horizons	—			
7. Soil Drainage	acceptable water table 20"+			
8. Soil Permeability (Percolation Rate)	acceptable 60 min/in			
9. Other	—			
10. Overall Rating	acceptable			

Recommendations Based on this investigation, this lot is recommended for approval for installation of a septic tank system. System design should be based on a percolation rate of 60 min/in.

See diagram on back

W. Edward Casement
Soil Scientist

3/15/75
EHD 539

SEE INSTRUCTIONS ON BACK

2/25/80

ICARIS Application No 11051

T C No

Map Date

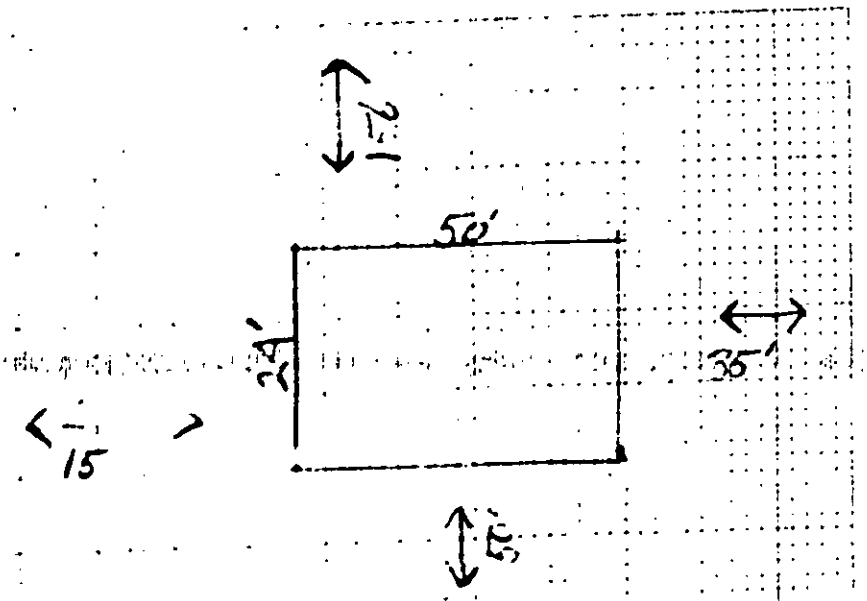
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge

This application applies to the Mecklenburg County Department

Repair an individual septic tank wastewater

discharge



Existing Home

Water Supply

Wall

Yes

WATER CONNECTION

NAME OF OWNER (Last) (First) (Middle)

ADDRESS OF OWNER Office

LOCATION OF PROPERTY STREET OR COUNTY ROAD

SUBDIVISION Lot No. Block No.

Map Book No. Page No.

DEED REFERENCE DEED BOOK AT PAGE

PLAT REFERENCE YES NO DATE RUN

I hereby agree that the foregoing statements are true and that the work proposed by this application or herein shall be performed in accordance with the Rules and Regulations governing the Mecklenburg County Department of Environmental Health.

OWNER

DATE OF APPLICATION

Distribution: White - Department's Copy

Serial No. 4289

Date Issued 23 Sept 1982

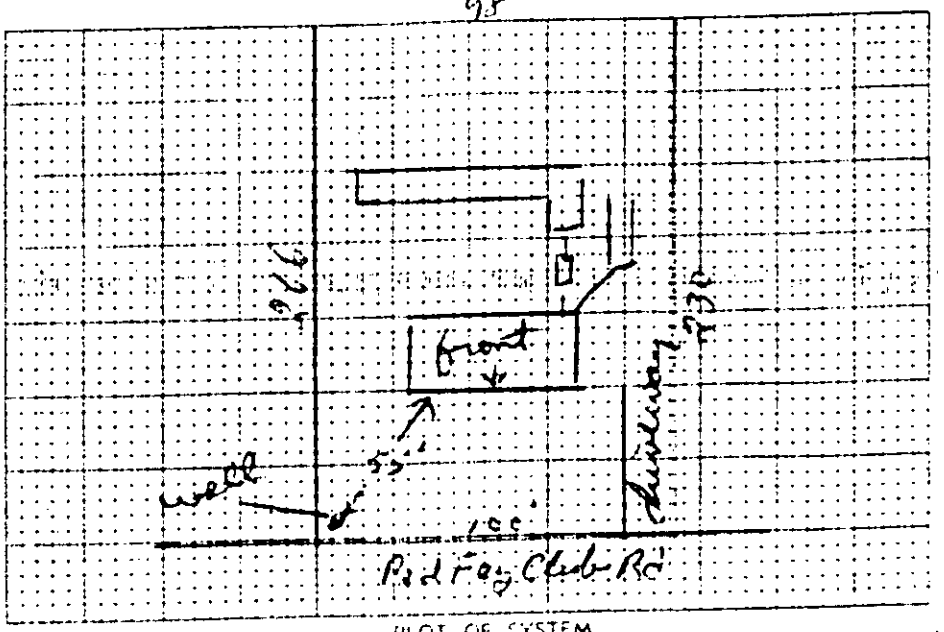
ICAR-SI Permit No. 4-22

T C No 217...

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ✓ Install or Construct, ____ Alter or Repair the individual septic tank water treatment system with subsurface, soil absorption, effluent discharge as specified hereon at the described location. This permit is granted based upon the information supplied in application ____ dated ____ and this permit shall be void and of no effect if the information provided in application is not true or is erroneous. All work shall be completed on or before 1 Dec 1982, after date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate ____

Liquid Capacity of Tank 1500 g

Tank Construction pre cast

Absorption and or Nitrification Area ____

Total Line Length 425 ft

Number of Lines 5

Distance from Property Line 10'

Distance from Well 75'

NAME OF OWNER Wilson Investments, Inc

LOCATION OF PROPERTY Red Fox Club Road

This system shall meet all of the construction requirements as set forth in the regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered or rendered uninspectable or can be used. 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 from responsibility for controlling or using such system from any liability resulting from the failure of the system to operate properly.

Comments: drainfield in bed 15 x 99' x 1.0' washed stone
wash line in bed 12' x 42' x 1.0' stone

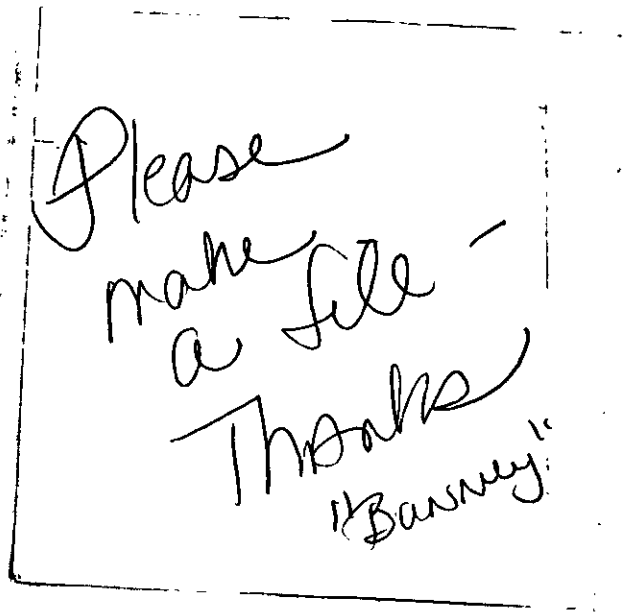
John W. McGowan
Division or Section Head

Environmentalist

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

EHD-5-76

Environmental Health Department's Copy


Please
make
a file -
Thanks
"Barney"

FEE: ~~$200~~ 350 CK # 2456

DATE: 3/4/97 JC

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

Consultation Fee $35.00 [ ] CRT

TYPE APPLICATION: __ 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

COPY

FILE #: 11031

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 217-102-05

STREET ADDRESS: 15524 Red Fez Club Rd, Charlotte

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 4

TOWNSHIP (CHECK ONE):

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

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1208 ft

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

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

CLOSING DATE _____

Built 1980

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

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

PROPERTY OWNER:

NAME: Batson Clifton R
(LAST) (FIRST) (MI)

ADDRESS: 15524 Red Fez Club Rd

CITY: Charlotte STATE: NC ZIP: 28278

DAYTIME PHONE: (704 587 - 0518

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: (N/A

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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

SIGNED: Clifton R. Batson DATE: 2-28-97

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

HMS

Cliff + Sheryl Batson
155 Red Fez Club Rd.

2/25/97 - Net wire 2828 Batson's system will be eliminated

COLDWELL BANKER

FLOUHOUSE, REALTORS®

FACSIMILE COVER SHEET

2901 PROVIDENCE ROAD
CHARLOTTE, NC 28211
BUS. (704) 366-8791
BUS. (800) 537-3638
FAX (704) 366-8024

if 25' easement is required off back of property. There are two wells in front which eliminate the use of the front yard.

DATE: 10/15/96

TO: ~~Lorraine Whittaker~~ Lorraine

COMPANY: Health Dept

FAX NUMBER: 336-6894

FROM: Sara Colvin

COLDWELL BANKER FLOUHOUSE, REALTORS
2901 PROVIDENCE ROAD
CHARLOTTE, NC 28211
366-8791/366-8024(FAX)

2/25/97 - Sent application for consultation visit.

MESSAGE:

Lorraine,
I was in your office the past year + we discussed this problem. You suggested I get confirmation from Raleigh (you did a preliminary calculation + felt that there would be a problem) You said something about going out + walking the property? Please call me I have faxed you everything I have. Thanks for your help

Sara

Page 1 of 7 (including cover)

This message is intended only for the use of the individual or entity to which it is addressed, and may contain information that is priviledged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the above address via U.S. Mail. Thank you!

CHAIRMAN'S COLDWELL BANKER CIRCLE
Unparalleled Success Through Exceptional Service

An Independently Owned and Operated Member of Coldwell Banker Residential Affiliates, Inc.

MECKLENBURG COUNTY
Engineering & Building Standards Department

April 23, 1996

Ms. Sara Colzin
Coldwell, Banker, Flouhouse
2901 Providence Road
Charlotte, NC 28211

Subject: York Road at Red Fez Club Road

Dear Ms. Colzin:

The attached map is a copy of the "design public hearing map" for the widening of York Road (NC 49.) This map was developed by the North Carolina Department of Transportation (NC DOT) and shown to the public to solicit their input on the widening project. I do not know if any changes have been implemented in the project as a result of the public involvement process.

The map is drawn to a scale of 1" = 400" so you can't say what will happen to specific properties with absolute certainty. It does show the relocation of Red Fez Club Road to line up with Riverpoint Drive at an opening in the proposed median for York Road. The old alignment of Red Fez Club Drive would continue to serve those first few houses and end in a cul-de-sac just shy of York Road. It appears that approximately 70 feet of right-of-way would be taken from the properties numbered 17, 19, and 20 plus a temporary construction easement of up to 40 feet in width.

If any of these are the property that you are listing, I suggest that you contact directly the state's engineer responsible for this project. His name is John Alford and you can reach him in Raleigh at (919) 250-4016. For your information, this project is currently scheduled for construction to begin in May of 2000.

-4l- 388

I hope this information helps you. If you have any other questions, please call me at 336-3745.

Sincerely,

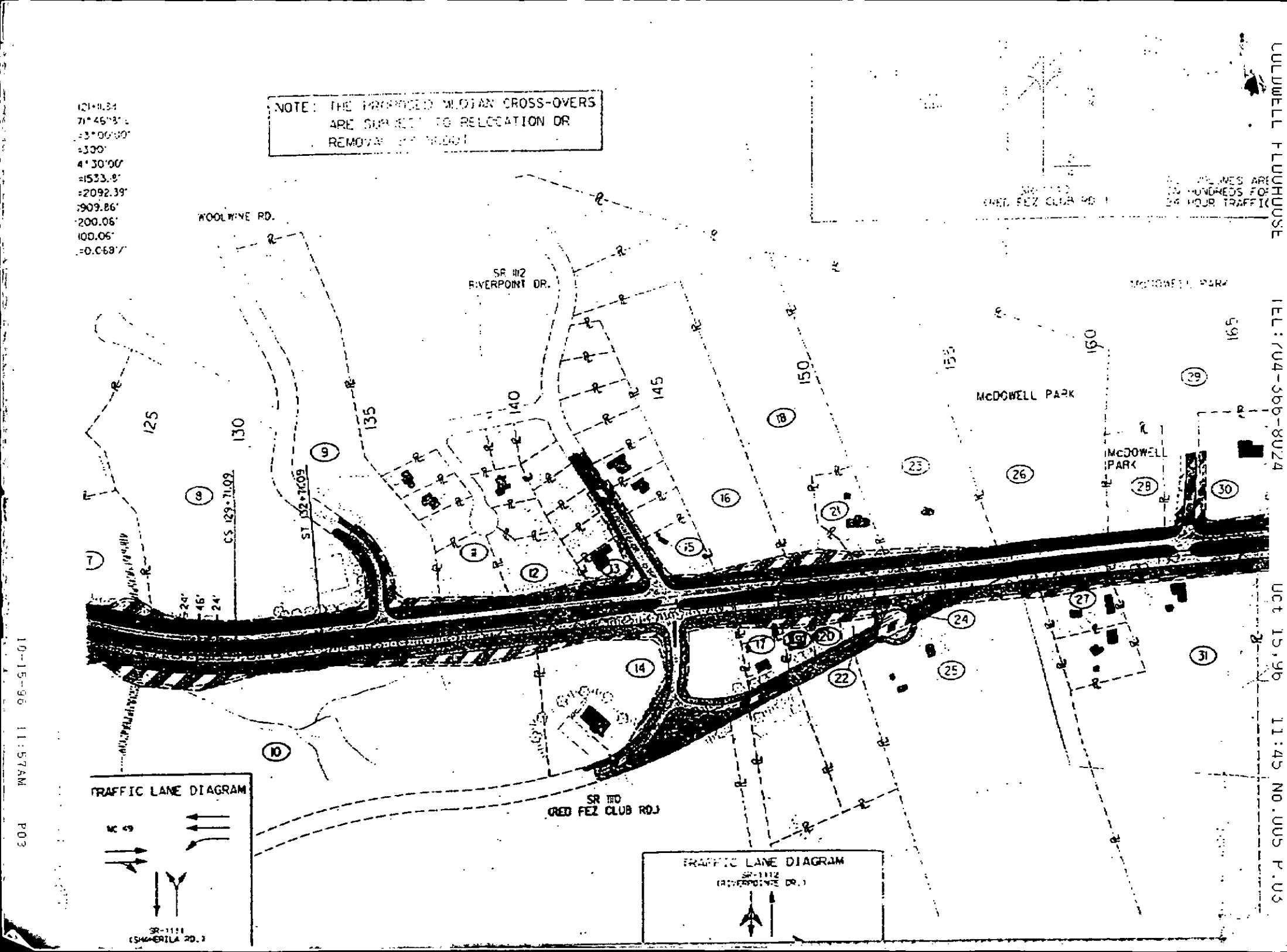
William S. Coxe
Senior Transportation Planner

attachment

(919)
Fax 205-4036 ttn

PEOPLE • PRIDE • PROGRESS

700 North Tryon Street • Charlotte, North Carolina 28202 • (704)336-2831 • Fax (704)336-3846



LULUWELL PLUMHOUSE TEL:704-366-8824 Oct 15,96 11:45 NO.005 P.03
10-15-96 11:57AM P03

Date Issued 23 Sept 1996

Serial No. 4289

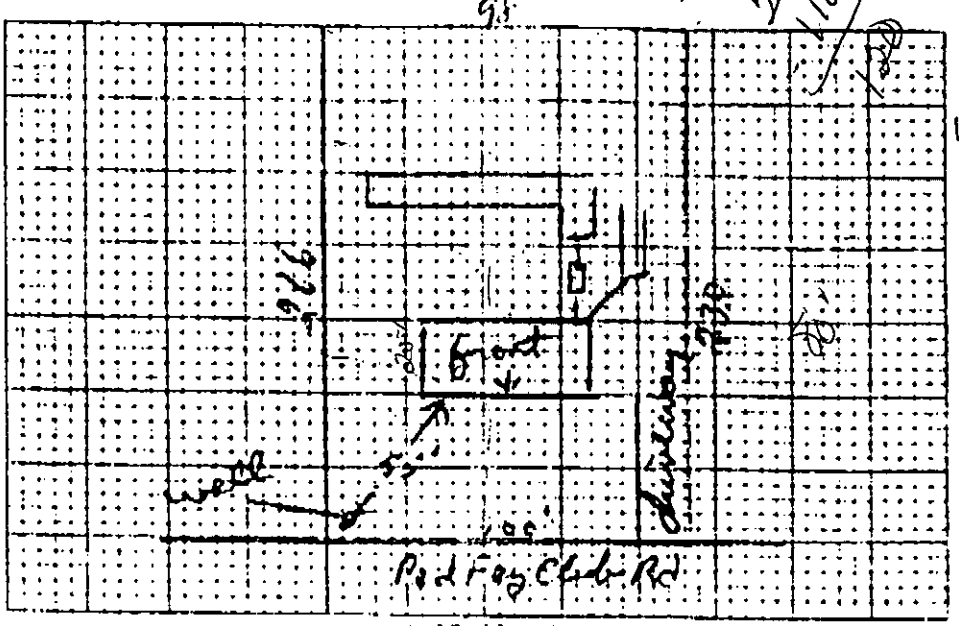
ICAR(S) Permit No. 11221

T C No 21?1?

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ✓ Install or Construct, ___ Alter or Repair the individual septic tank - sewage water 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 application 11031 dated ___ and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 1 Dec 1996, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate percolation tests

☐ Liquid Capacity of Tank 1500

Tank Construction pre cast concrete

Absorption and/or Nitrification Line:

Total Line Length 495 + 125

Number of Lines 5 4

Distance from House 10'

Distance from Property Line 10'

Distance from Well 75' Side
130
136

NAME OF OWNER Kilsman Investments, Inc

LOCATION OF PROPERTY Red Fox Club Road

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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.

Comments: drainfield in bed 15' x 99' x 1' washed stone
wash line in bed 12' x 12' x 12" stone

John W. Hobson
Division or Section Head

Environmentalist

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

Environmental Health Department's Copy

(Lot #4)

CERTIFICATE NO. 11031

Date Issued 12-12-80 Serial 4226 T.C. No. 217102-C

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Wilmar (LAST) Investments (FIRST) (MIDDLE)

Location of Property Lot 4 - Red Fox Club Rd

Application Number 11031 Permit Number 11031

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 495'-125' Number of Lines 6-4

Depth of Filter Material 17" Cover Depth 42"-24"

Water Supply Source Well Distance from Water Source 100'

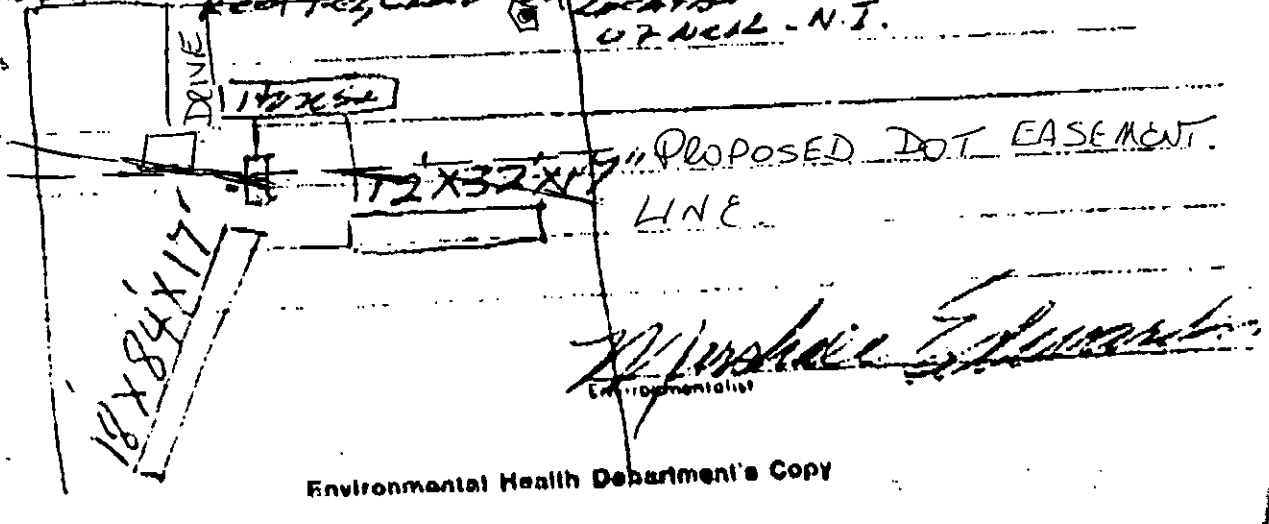
Excavation Inspected 12-12-80 (DATE) Tank Inspected 12-12-80 (DATE)

Nitrification Field Inspected 12-12-80 (DATE)

Washing Machine Line Inspected, If Applicable 12-12-80 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ___ installed or constructed, ___ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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.

NEIGHBORS WELL Comments



Environmentalist

Environmental Health Department's Copy

STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

JAMES B. HUNT JR.
GOVERNOR

P.O. BOX 25201, RALEIGH, N.C. 27611-5201

GARLAND B. GARRETT JR.
SECRETARY

October 7, 1996

Ms. Sara Colzin
Coldwell Banker Flouhouse, Realtors
2901 Providence Road
Charlotte, North Carolina 28211

Dear Ms. Colzin:

Thank you for your interest in Project U-2512A, the widening of NC 49 (York Road) from the Buster Boyd Bridge at the South Carolina State Line to SR 1441 (Carowinds Boulevard) in Charlotte.

This letter is a follow up to your telephone conversation on Friday, October 4, 1996, with Mr. Glenn Mumford, Project Design Engineer. I understand you have a real estate listing in the vicinity of the intersection of York Road and SR 1110 (Red Fez Club Road). From the information you faxed, we have determined this property is identified as parcel 19 on the Design Public Hearing Map.

According to the current preliminary design, NC 49 is proposed to be widened to a four-lane divided facility on 170 feet of right of way in this area. The Red Fez Club Road intersection with York Road will be relocated to the west of this property and existing Red Fez Club Road in front of the property will be left in place for property access and cul-de-saced prior to intersecting with York Road.

To address your specific questions based on our current preliminary design:

1. It appears that the project will affect the septic system located in the rear of this property. If another suitable location for the septic system is available on the property, NCDOT will compensate the owner for these relocation costs. If no suitable location can be found, the Department would pay damages based on the inability to relocate the septic system.

2. Noise Barriers did not meet NCDOT criteria and are not proposed for this project.

3. Questions regarding actual monetary compensation for damages or acquisition would have to be answered by personnel from our Right of Way Department. The Division Right of Way Agent for this project is Mr. John Shoemaker; he can be reached at (704) 982-9181

4. Our current schedule indicates right of way acquisition will begin in October 1998 with construction beginning in May 2000.

If you have any further questions, please contact me or Mr. Mumford, at (919) 250-4016.

Sincerely,

John Alford

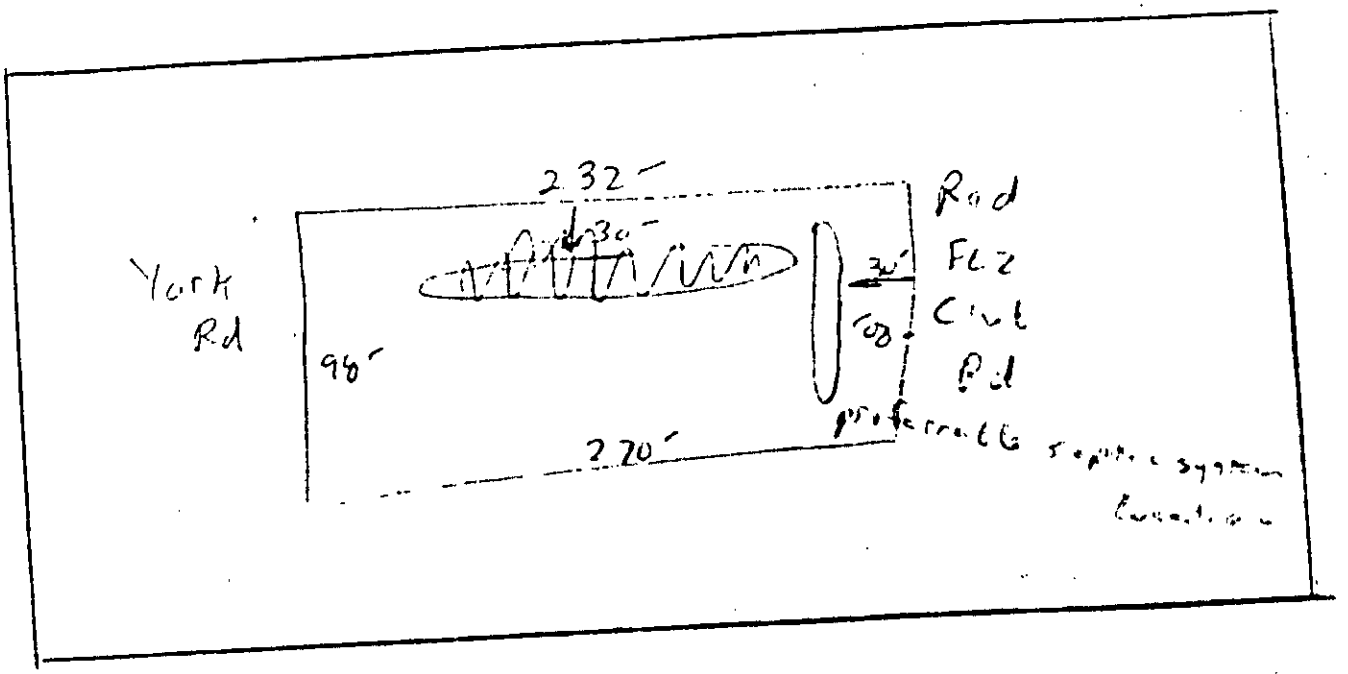
John Alford, PE
Project Engineer

JEA/gwm

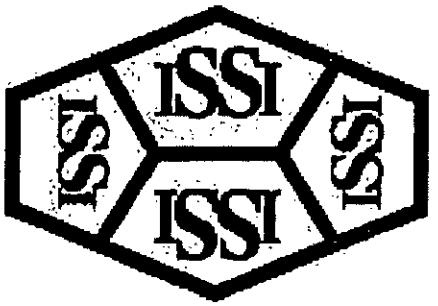
cc: Mr. Tom Shearin, PE
Mr. John Shoemaker

11031

DIAGRAM OF PROPERTY.



3/18/75



Imaging Solutions and Services, Inc

The following is a

Poor Original

The following document has been identified as a poor quality original (insufficient contrast, inadequate definition, obscured information, etc.) Prior to final document capture, every manual, hardware and software effort has been applied (extra document preparation, modification of document capture device set-up paramenters and/or copying of the original) to obtain the highest possible image quality from this original.

ISSI Operations Center Staff

Serial No. 4289

ICAR(S) Permit No 11031

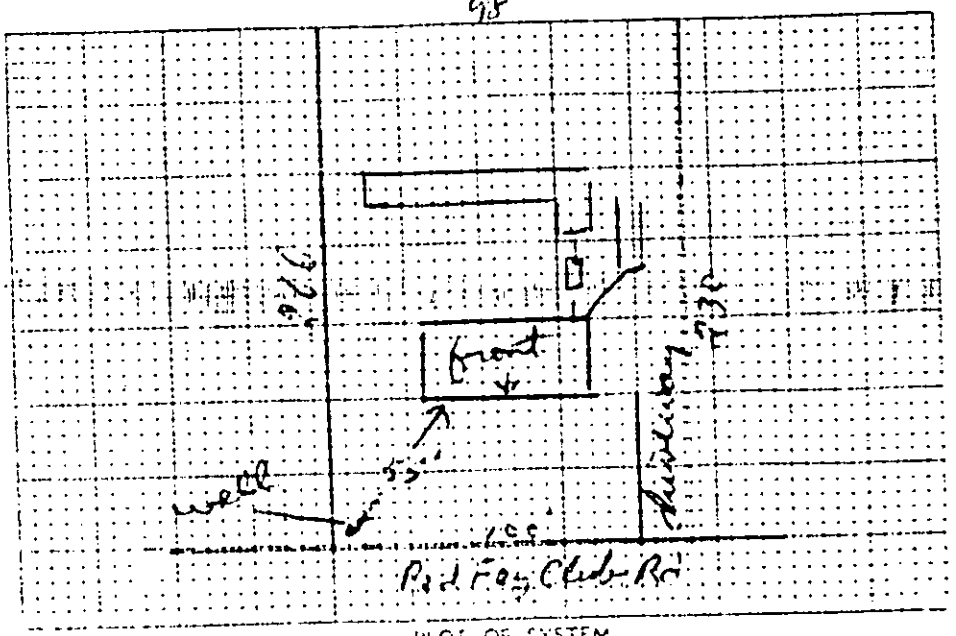
Date Issued 23 Sept 1992

T C No 2[illegible]

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ✓ Install or Construct, ___ Alter or Repair the individual septic tank sewage water treatment system with subsurface, soil absorption, effluent discharge as specified hereon for the described location. This permit is granted based upon the information supplied in application 11031, dated ___ and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 1 Dec 92 after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeameter Rate [illegible]

Liquid Capacity of Tank ___ 1500 gal

Tank Construction pre cast concrete

Absorption and/or Nitrification Field [illegible]

Trench Length [illegible]

Number of Lines [illegible]

Distance from House [illegible]

Distance from Property Line 10'

Distance from Well 75'

NAME OF OWNER Hillsman Investments Inc

LOCATION OF PROPERTY Red Fox Club Road

The [illegible] of the [illegible] requirements as set forth on the [illegible] Mecklenburg County Health Code [illegible] and shall be in effect as of the date of the granting of this permit. This permit shall not be construed by the Environmental Health Director to be a guarantee that the system will be operated to [illegible] or that it can be put to the use or uses for which it is intended. The issuance of this permit does not in any way relieve the [illegible] of the responsibility of satisfying himself as to the suitability of the soil and other properties of the [illegible] for the purpose intended and for any damages resulting from the failure of the system. This permit is issued subject to the following conditions:

Comments: 1000 gal pre cast concrete tank
1000 gal pre cast concrete tank
work line 4 lines 100' x 2 x 3' deep
[illegible]

C of A Iss No 11031

Serial 4226

T C 217-102-C

Date Issued 12-12-80

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

(Seal of State of North Carolina)

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Wilmar (LAST) Investments (FIRST) (MIDDLE)

Location of Property Lot 4 - Red Fox Club Rd

Application Number 11031

Permit Number 11031

Inspection Data:

Liquid Capacity of Tank 1500

Total Length of Drain Tile 495'-125'

Depth of Filter Material 17"

Water Supply Source Well

Excavation Inspected 12-12-80 (DATE)

Nitrification Field Inspected 12-12-80 (DATE)

Washing Machine Line Inspected, If Applicable 12-12-80 (DATE)

Tank Material PC

Number of Lines 4-4

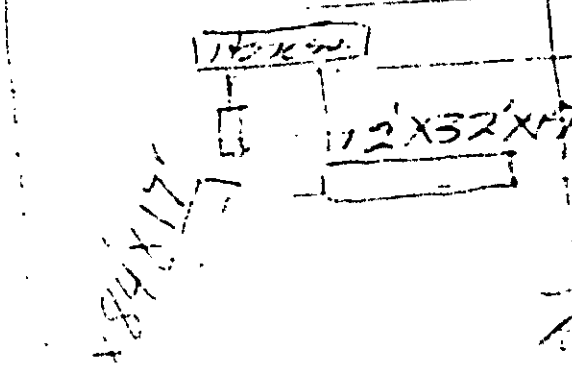
Cover Depth 42"-24"

Distance from Water Source 100'

Tank Inspected 12-12-80 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permits in addition to those listed below under comments. This Certificate of Approval shall be null and void if any information contained in the application is untrue or if any additions or changes to the property which would increase the requirements for said system

Comments: Red Fox Club Rd Located at end of cul-de-sac



Environmental Health Department

SOIL INVESTIGATION REPORT

Date of Investigation June 2, 1976 APT NO. 11031

Owner [illegible]

Location of Property [illegible]

Soil Suitability Ratings

Soil Properties	Soil 1	Soil 2	Soil 3	Soil 4
1. Soil Series	[illegible]			
2. Soil Slope	[illegible]			
3. Soil Depth	[illegible]			
4. Soil Texture	[illegible]			
5. Soil Structure	[illegible]			
6. Restrictive Horizons	[illegible]			
7. Soil Drainage	[illegible]			
8. Soil Permeability (Percolation Rate)	[illegible]			
9. Other	[illegible]			
10. Overall Rating	[illegible]			

Recommendations [illegible]

See diagram on back

[illegible]
Soil Scientist

3/15/75
BBL 539

FEE: ~~$~~ 35.00 CK # 24/56

DATE: 3/4/97

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

Consultation Fee $35.00 [ ] CRT

TYPE APPLICATION: ___ 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 #: 11031

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 217-102-05

STREET ADDRESS: 15524 Red Fox Club Rd, Charlotte

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: ✓

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1208

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

CLOSING DATE: _____

FOUNDATION FOR RESIDENCE:

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

Built 1980

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

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	WELL, SPRINGS OR WATERLINES	✓ YES ___ NO
EXISTING WASTEWATER SYSTEMS	___ YES ___ NO	DESIGNATED WETLANDS	___ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS	___ YES ✓ NO		

PROPERTY OWNER:

NAME: Batson Clifton R
(LAST) (FIRST) (MI)

ADDRESS: 15524 Red Fox Club Rd

CITY: Charlotte STATE: NC ZIP: 28278

DAYTIME PHONE: (704 587 - 0518

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: (N/A

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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

SIGNED: Clifton R. Batson DATE: 2-28-97

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

THB

FEE: _____

DATE: _____

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

[ ] CRT

TYPE APPLICATION: ___ 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 #: 11031

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 217-102-05

STREET ADDRESS: 15524 RED FEZ CLUB RD

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 4 Built 1980

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1210

NUMBER OF BEDROOMS: 3 | NUMBER OF OCCUPANTS:

CLOSING DATE: _____

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
___ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

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

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ___ 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:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: CLIFFTON BATSON (LAST) (FIRST) (MI)	NAME: ANDY GREENE NC DOT (LAST) (FIRST) (MI)
ADDRESS: 15524 RED FEZ CLUB RD	DAYTIME PHONE: (704 537 - 1541)
CITY: CHARLOTTE STATE: NC ZIP: 28278	
DAYTIME PHONE: ( ) -	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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

SIGNED: _____ DATE: 2-8-99

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