

4017 CHERRYBROOK DR

13935133

5/21/07

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 4545A DATE: 11-8-05

TC: 139-351-33 ☒ L ☒ CRT

SERIAL Nº 20060

Name of Owner DAVID TUCKER Juris.:

Address of Property 4017 CHERRY BROOKE DRIVE

Inspection Data:

Tank Material 1500gn

Total Length of Drainfield 300

Number of Lines 5 @ 60'

Cover Depth 12" +

Water Supply Source MUNICIPAL

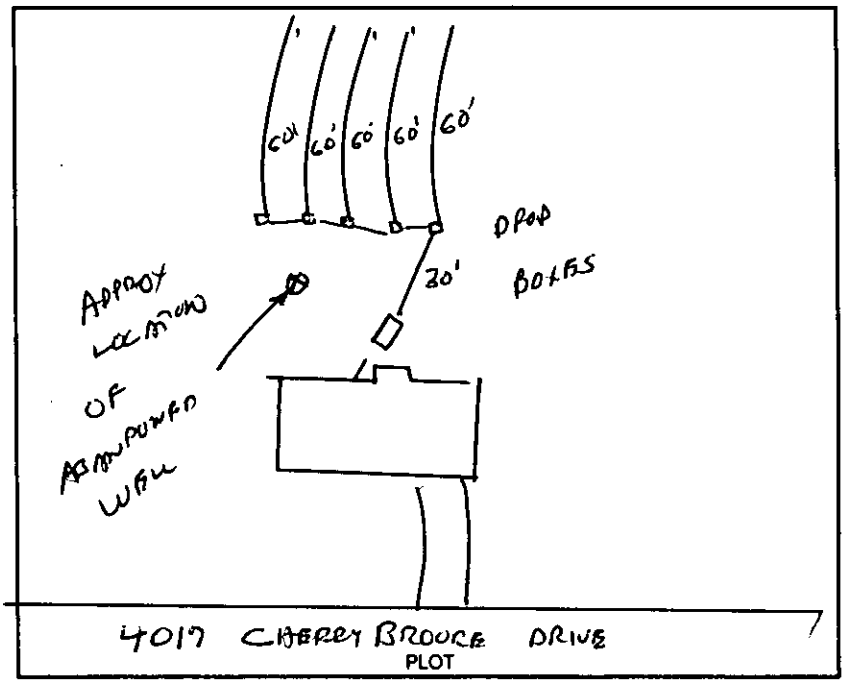
Distance to Water Source >50'

Excavation Inspected 11-8-05

Tank(s) Inspected 11-8-05

Wash Line Inspected —

High Water Alarm Inspected



PLOT

Design 1500 gn ST 1200 SFT INNOVATIVE, B2 FLOW CTR# ROBERT LANEY

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 I5A 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. 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: TYPE III-G

WELL ABANDONMENT FORMS RECEIVED 11-8-2005

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

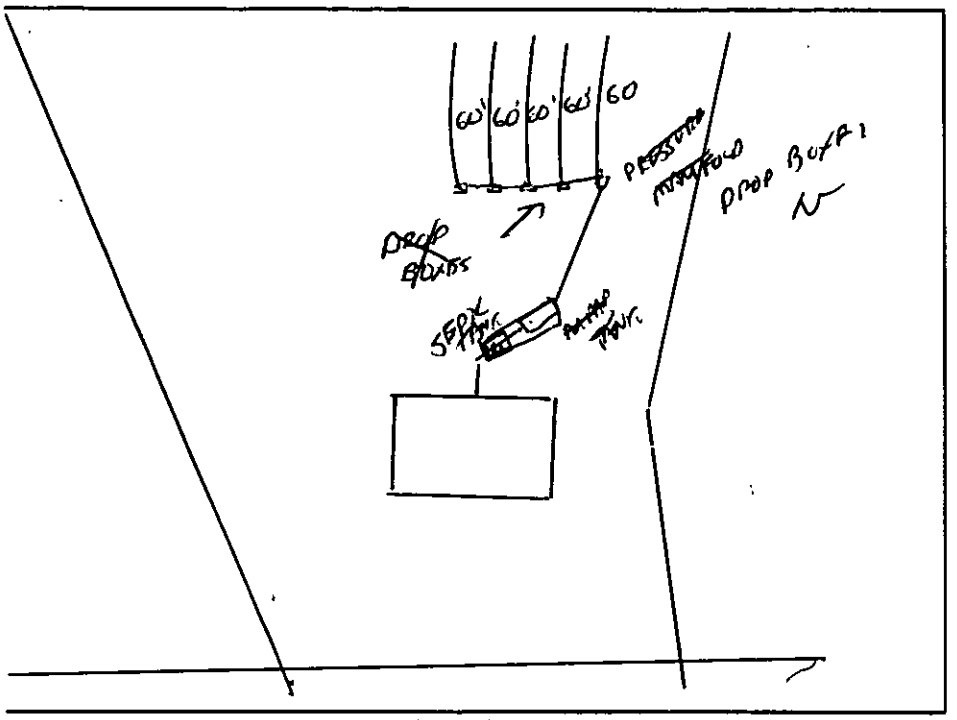
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 4545A DATE: 10-4-2005

TC: 139-351-33 ☒ L

SERIAL Nº 20265

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 _____. All work shall be completed on or before _____, 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 _____ gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 300 feet

Number of Lines 5

Depth of Stone NA inches

Distance from House >25' feet

Distance from Property Line 10' feet

Distance from Well >50' feet

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

NAME OF OWNER DAVID TUCKER

LOCATION OF PROPERTY 4017 CHERRYBROOK DRIVE

Comments: (1) USE PROP BOXES FOR SERIAL DISTRIBUTION.

(2) THIS IS TYPE III-G INNOVATIVE

(3) ABANDONED WELL FORMS MUST BE RECEIVED PRIOR TO ISSUING CO/OP.

Environmental Health Specialist

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

FEE: _____
DATE: _____

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

AOS

pf 125169
LD

PERMIT NUMBER: 4545A
PARCEL NUMBER: ~~139-021-12~~ 139-351-33

JOB LOCATION ADDRESS: 4017 Cherrybrook Drive
PROPERTY OWNER: Ronald Phillips
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: Forestbrooke, Lot #6
AUTHORIZATION ISSUED BY: J. Andrew Walker REHS DATE: 09/09/04

DENR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 4545A, 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 THE 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: _____
   _____
   _____
   _____
   _____

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 PERMITSAND AUTHORIZATION TO CONSTRUCT.

_____ _____
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number 4545A

Tax Number: 139-02H2

- 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	X 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	X 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 Serviced by private well	1500 Gallon septic tank	300 Total trench length (ft)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3 Bedrooms in residence	1000 Gallon pump tank	NA Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions:	SEE NOTES ON PLOT PLAN.			

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	X Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
1200 Absorption Area (Sq ft) 300 Total Trench Length (Ft)	NA Depth of Stone Trench	9' Trench spacing (min. on centers)	30" 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 the 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 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 Improvement permit is transferable.

DENR Authorized Agent — Date 3/19/02

Owner/Agent Signature — Date 9/9/04

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

P.O. BOX 691446
CHARLOTTE,NC 28227
704-545-5694
FAX 704-545-9449

D.L. MULLIS WELL DRILING, INC.
MULLISWELL.COM

Fax

To:	DREW WALKER	**FROM**	ALLISON
Fax:	704-336-6894	**PAGES**	3 including cover sheet
Phone:	704-545-5694	**Date:**	11-8-05
RE:	CHERRYBROOK DR		

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

• **Comments:** D.L. MULLIS WELL DRILLING DOES NOT ASSUME LIABILITY FOR DAMAGE TO DRIVEWAYS, SIDEWALKS, LANDSCAPING,OR UNDERGROUND UTILITIES.

North Carolina - Department of Environment and Natural Resources - Division of Water Quality - Groundwater Section - 1636 Mail Service Center - Raleigh, NC 27699-1639 - Phone No. (919) 733-3221

WELL ABANDONMENT RECORD

WELL CONTRACTOR D L Mullis Well
WELL CONTRACTOR CERTIFICATION # 2039

1. WELL USE (Check Applicable Box): Residential ☑ Municipal ☐ Industrial ☐ Agricultural ☐ Monitoring ☐ Recovery ☐ Heat Pump Water Injection ☐ Other ☐ If Other, List Use: _____

2. WELL LOCATION: (Show a sketch of the location on back of form.)
Nearest Town: Mint Hill County Mecklenburg
(Road Name and Number, Community, Subdivision, Lot No.) Quadrangle No.

3. OWNER: Mark & Ellen Menitt

4. ADDRESS: 4017 Cherrybrook Drive

5. TOPOGRAPHY: draw, slope, hilltop, valley, flat (circle one)

6. TOTAL DEPTH: 900' DIAMETER 8"

7. CASING REMOVED:

feet	diameter
0	

8. DISINFECTION: 1pt Hth
(Amount of 70% hypochlorite used:)

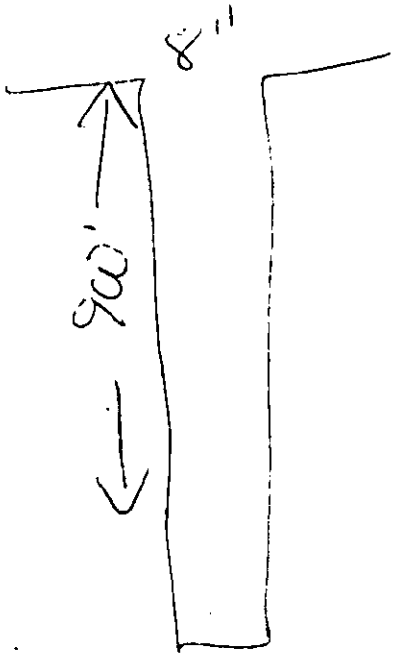
9. SEALING MATERIAL:

Neat Cement	Sand Cement
bags of cement _____	bags of cement _____
gallons of water _____	gallons of water _____

Other
Type material Neat cement
Amount 7 yards

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL.
poured into well

WELL DIAGRAM: Draw a detailed sketch of the well showing total depth, depth and diameter of screens remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.



11. DATE WELL ABANDONED _____

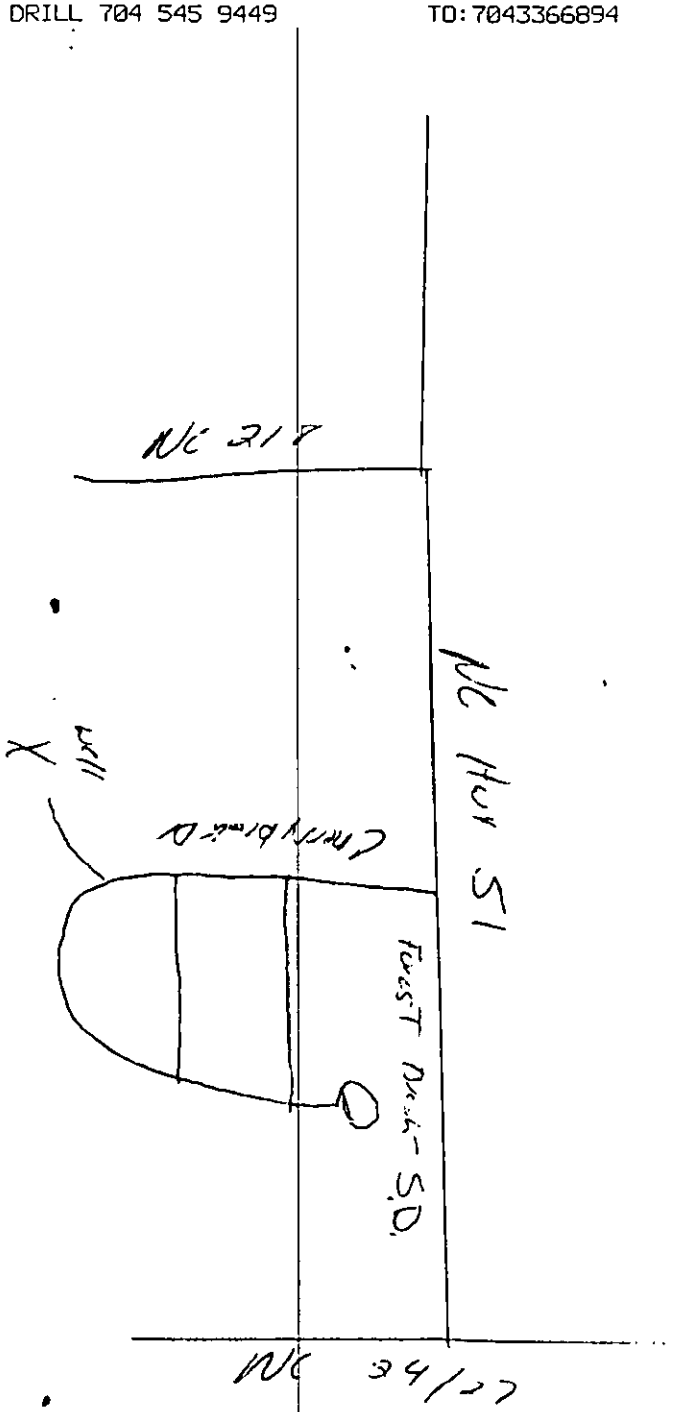
I do hereby certify that this well was abandoned in accordance with 15A NCAC 2C, well construction standards, and that a copy of the record has been provided to the well owner.

Signature of person abandoning the well _____ Date 6-19-02

WELL LOCATION: Draw a location sketch on the reverse of this sheet, showing the direction and distance of the well to at least two (2) nearby reference points such as roads, intersections and streams. Identify roads with State Highway road identification numbers.

Submit original to the Division of Water Quality, Groundwater Section, one copy to the owner within 30 days from completion of abandonment.

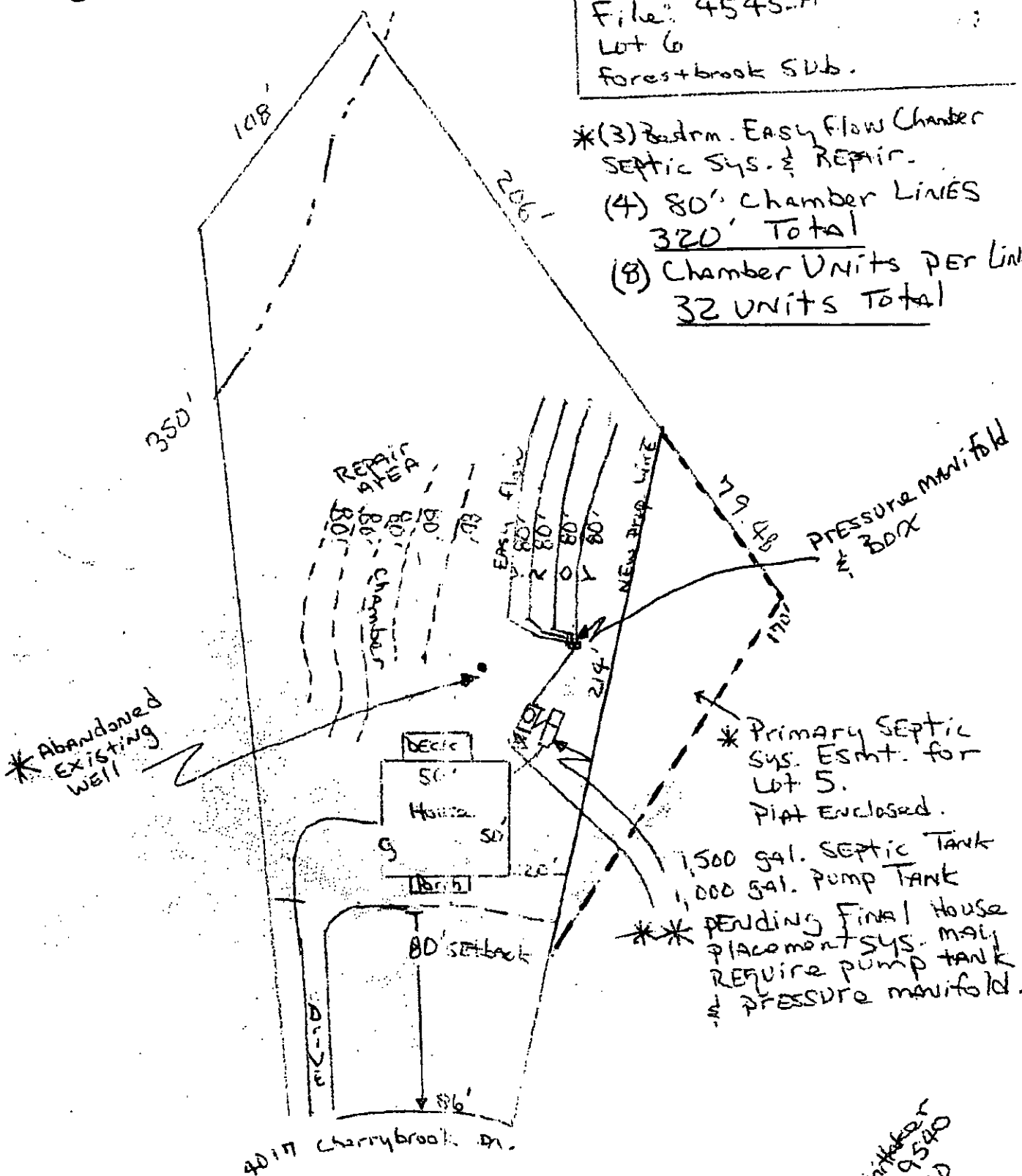
GW-30 Revised 12/99


NC 211
NC HWY 51
Cemetery
Well
Forest Acres - S.D.
NC 24/27

*(3) Bedrm. (EASY Flow) Chamber SEPTIC Sys. Plan-

M.C.H.D.
File: 4545-A
Lot 6
forest brook Sub.

*(3) Bedrm. EASY Flow Chamber SEPTIC Sys. & REPAIR.
(4) 80' Chamber LINES
320' Total
(8) Chamber UNITS PER LINE
32 UNITS Total



T. Whittaker
866-9540
2/50

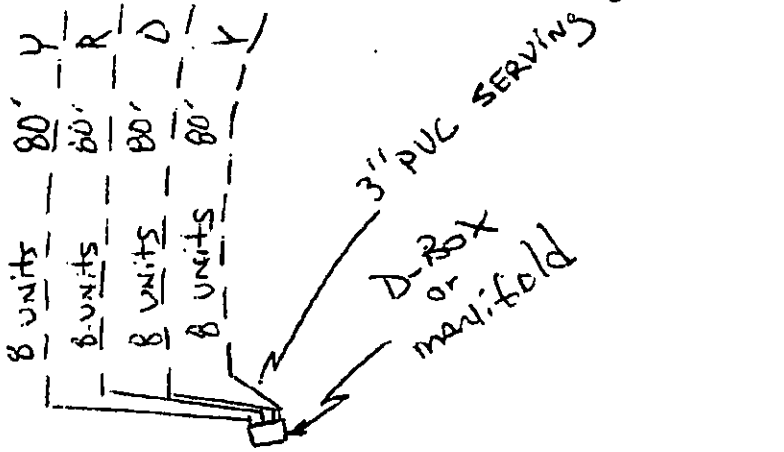
(3) Bedrm. (EASY Flow) Chamber SEPTIC SYS. PLAN:

m.c.h.d.
File: 4545-A
Lot 6

*SPECS:

1,500 gal. SEPTIC TANK
1,000 GAL. PUMP TANK - if required.
PRESSURE MANIFOLD & BOX
(4) 80' EASY Flow LINES = 320'
(8) Chamber UNITS PER LINE = 32 UNITS

* Should a pump tank & PRESSURE MANIFOLD be required (PENDING final house placement) the system G.P.D. should be based on 275 G.P.M. or RECALCULATED at time of installment. Designer will provide details of Flow RATE & ANY SYS. ADJUSTMENTS.



T. Whittaker
866-9540

NO Scale

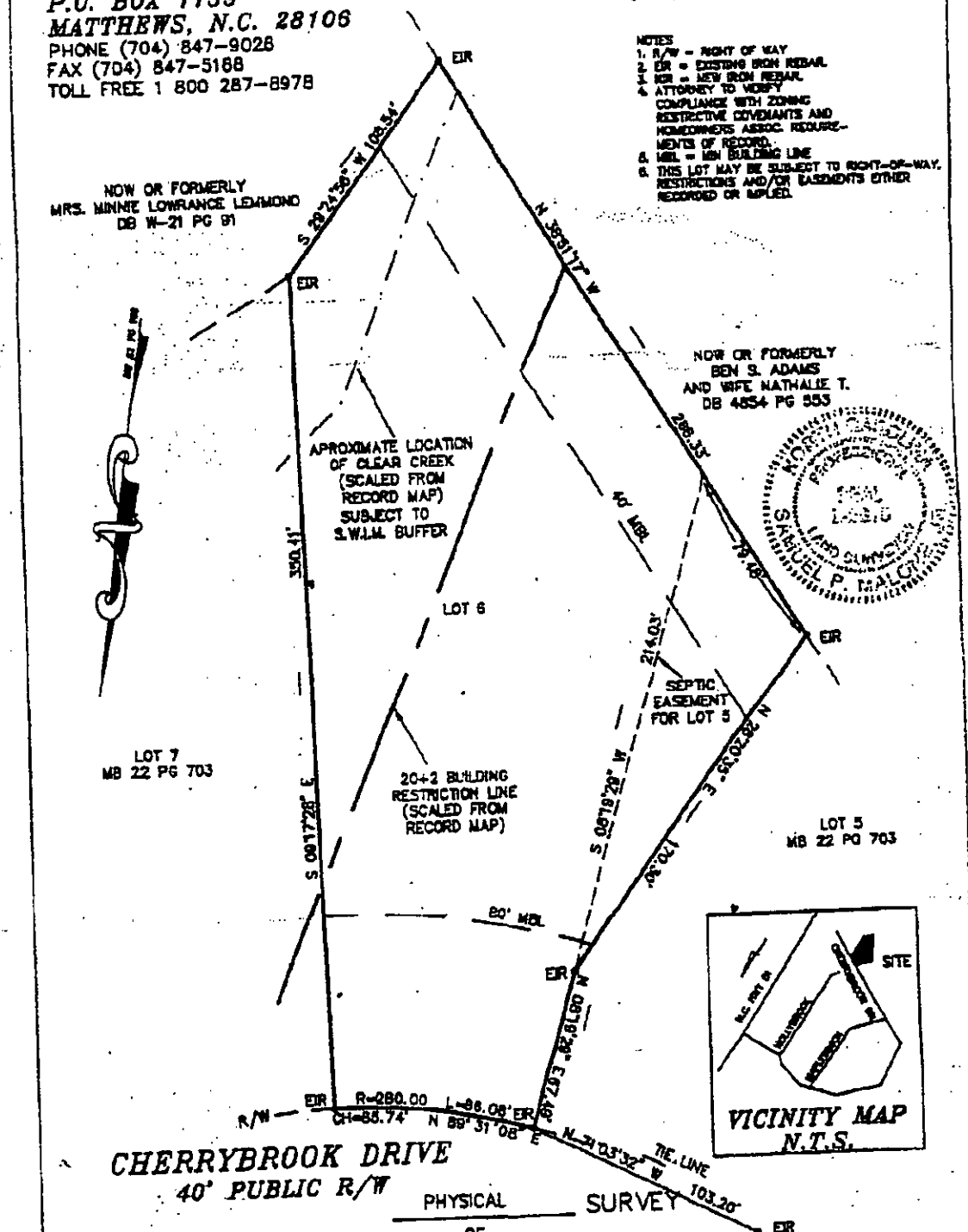
THIS IS TO CERTIFY THAT ON THE 15th DAY OF MAY 2002 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDING IF ANY ARE AS SHOWN HEREON.

SAM MALONE & ASSOCIATES
Surveying – Design – Planning
P.O. BOX 1139
MATTHEWS, N.C. 28106
PHONE (704) 847-9028
FAX (704) 847-5188
TOLL FREE 1 800 287-8978

SIGNED

PROFESSIONAL LAND SURVEYOR
SAMUEL P. MALONE JR. # 2810

NOTES
1. R/W = RIGHT OF WAY
2. EIR = EXISTING IRON REBAR
3. NIR = NEW IRON REBAR
4. ATTORNEY TO VERIFY COMPLIANCE WITH ZONING RESTRICTIVE COVENANTS AND HOMEOWNERS ASSOC. REQUIREMENTS OF RECORD.
5. MBL = MIN BUILDING LINE
6. THIS LOT MAY BE SUBJECT TO RIGHT-OF-WAY, RESTRICTIONS AND/OR EASEMENTS OTHER RECORDED OR IMPLIED.



CHERRYBROOK DRIVE
40' PUBLIC R/W

PHYSICAL SURVEY OF:

LOT 6, FORESTBROOK SUBDIVISION, (REVISED)
TOWN OF MINT HILL, MECKLENBURG CO., N.C.

SCALE: 1"=50'

FOR THE BENEFIT OF LARRY LOMBARDI

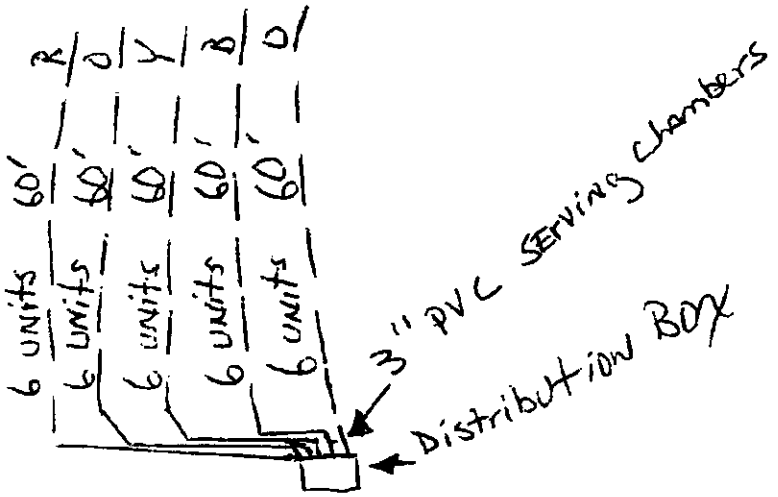
MAP REFERENCE IN BOOK 22 PAGE 703 DEED REFERENCE IN BOOK ____ PAGE ____

M.C.H.D.
File: 4544-A
Lot 5

(3) Bedrm. (EASY Flow) Chamber, Gravity fed SEPTIC Sys. (LPP REPAIR)

* SPECS:

1,500 gal. SEPTIC TANK
Distribution BOX
(5) 60' (EASY Flow) Chamber LINES = 300'
(6) Chamber UNITS PER LINE = 30 UNITS



* Primary SEPTIC System AREA for Lot 5 is shown on Lot 6; AS PLAT INDICATES.

T. Whittaker
826-9540
NO SCALE

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2002 AUG 26 12:15 PM
BOOK: 13966 PAGE: 895-898 FEE: $20.00
INSTRUMENT # 2002163104

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

FILE # 4545A
PARCEL # 139-351-33

The undersigned, Mark T. and Ellen H. Mennitt, owner of property located at 4017 Cherrybrook Drive, (the "site") and described in an instrument recorded in Book 8146 at Page 187, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following conditions will apply to the site:

This instrument was prepared by: Mr. Mark Mennitt
Mail after recording to: 2309 Hunter Davis Court
Monroe, N.C. 28110

-- Any changes on the property may make the Improvement Permit null and void and may make the Improvement Permit subject to revocation.

-- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

-- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

-- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

-- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless theDepartment, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 22 day of August, 20 17.

_____ (Corporate Name)

By: _____

_____ President

Mark J. Mennitt (SEAL)

Ellen H. Mennitt (SEAL)

_____ (SEAL)

_____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Phyllis Ann Mennitt, a Notary Public for said County and State, do hereby certify that Mark Mennitt and Ellen H. Mennitt personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 22 day of August, 2002.

Phyllis Ann Mennitt
Notary Public

My Commission Expires:

Jan 11 2006

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day and acknowledged that he is _____ Secretary of _____, a North Carolina corporation, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal, and attested by _____ as its _____ Secretary.

WITNESS my hand and notarial seal, this _____ day of _____, 20____.

_____
Notary Public

My Commission Expires:

_____

TRANSFER OF OWNERSHIP

Permit #: _____
Job Location Information:
Tax Parcel #: _____
Street Address: 4017 Chaney Branch Rd.
Mint Hill, NC

An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change or if information submitted in this application is falsified or changed.

Property Owner Improvement Permit Originally Issued to:

Name: Mennitt Mark _____ Date Issued: _____
(last) (first) (mi)

Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: ( ) ____-____

IMPROVEMENT PERMIT TRANSFERRED TO:

Name: Phillips Ronald E
(last) (first) (mi)

Address: 2016 Iraq Rd.
City: Monroe State: NC Zip: 28112
Daytime Phone: (704) 764-8563

The undersigned, owner or legal agent for the owner, of the property described as the "job location" in the original application dated 8/9/04 has read the foregoing application and Improvement Permit, 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: 9/9/04

IMPROVEMENT PERMIT TRANSFERRED TO:

Name: _____
(last) (first) (mi)

Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: ( ) ____-____

The undersigned, owner or legal agent for the owner, of the property described as the "job location" in the original application dated _____ has read the foregoing application and Improvement Permit, 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: _____

FEE: 300.00

DATE: 9/9/04

Check 1162 JKA

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 #: A545A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: ~~139-021-02~~ 139-351-33

STREET ADDRESS: 4017 CHERRYBROOK DRIVE

SUBDIVISION OR MOBILE HOME PARK NAME: FOREST BROOK ~~LOT 6~~

LOT NUMBER: 6

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: 2000

NUMBER OF BEDROOMS:

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:

NAME: PHILLIPS (LAST) RONALD (FIRST) E (MI)

ADDRESS: 2016 IRBY RD.

CITY: MONROE STATE: NC ZIP: 28112

DAYTIME PHONE: (704) 764 - 8563

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

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: [signature] DATE: 9/9/04

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

PROPOSED PLOT PLAN

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

FILE: 4545A

TC: 139-021-12

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.

SCALE 1" = 60'

PERMIT FOR
4017 CHERRY BROOK DRIVE
FOREST BROOK, LOT #6

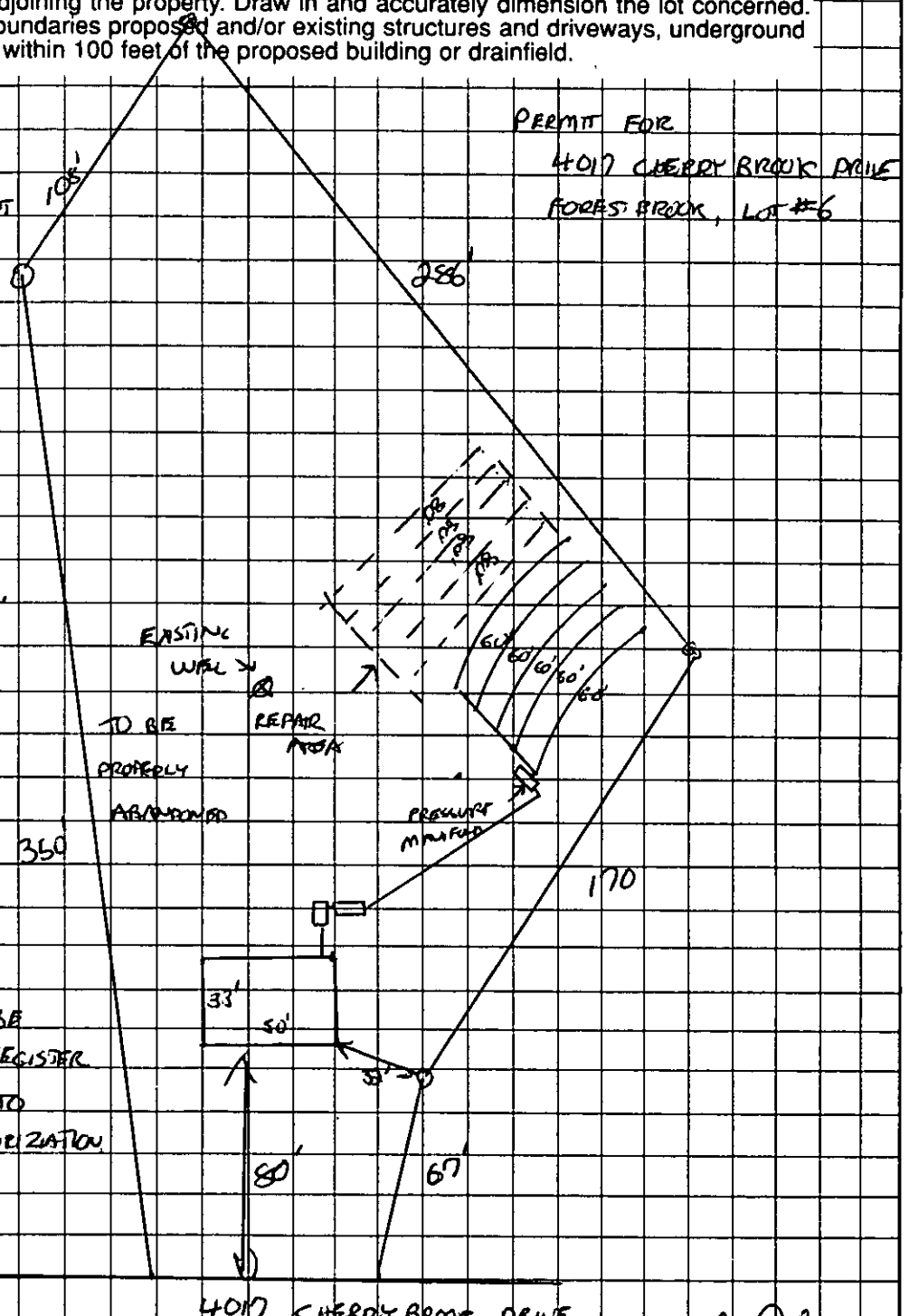
(1) THIS IS A TYPE III-B, G SYSTEM REQUIRING AN EFFLUENT PUMP, AND IS REQUIRED BY STATE LAW TO BE INSPECTED AT LEAST ONCE EVERY FIVE YEARS WITH THE HOMEOWNER RESPONSIBLE FOR ANY FEES AS SET BY THE MECK. CO. BOARD OF COMMISSIONERS.

(2) INSTALL PRESSURE MANIFOLD.

(3) EXISTING WELL MUST BE PROPERLY ABANDONED, PER NC DEHNR RULES.

(4) LOCATE ALL PARTS OF SEPTIC TANK SYSTEM 100' FROM ALL EXISTING WELLS.

(5) AGREEMENT FORMS MUST BE COMPLETED AND FILED W/ REGISTER OF DEEDS OFFICE PRIOR TO RECEIVING CONSTRUCTION AUTHORIZATION.



APPROVAL DATE 3/19/02.

OWNER/AGENT SIGNATURE

DATE

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: 1
Property ID: 139-351-33
Lot #: 6
File #: 4545A
Code: 2

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Lawrence R. Lombardi
Applicant:
Address: 1277 Sw. 5th St., Boca Raton, Fla., 33486
Date Evaluated: 2/8/02
Proposed Facility: Residence
Design Flow (.1949): 360gpd
Property Size: 1.74a
Location of Site: 4017 Cherrybrook Drive
Property Recorded:
Water Supply: [ ] Public [ ] Individual [x] Well, shared [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY 1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS,6-15	0-4	GR/CL	FR/SEXP/SS/SP	>45" TO SOIL WETNESS	45	N/A	NONE	PS, IV .3G/DAY/FT^2
		4-40	SBK/C	FI/ SEXP/S/P					
		40-45	SBK/CL	FR/SEXP/SS/SP					
2	"	0-3	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	"	"	"
		3-48	SBK/C	FI/SEXP/S/P					
3	FS, 8	0-3	GR/SCL	FR/SEXP/SS/SP	>40" TO SOIL WETNESS	40+	"	"	PS, IV .2G/DAY/FT^2
		3-15	SBK/SCL	FR/SEXP/SS/SP					
		15-40	SBK/C	FI/SEXP/S/P					
		BORING	TERMINATED	@40", floater rock					
4	LS, 12	0-2	GR/CL	FR/SEXP/SS/SP	2.6Y6/2@12	18	"	"	US
		2-18	SBK/C	VFI/MIXED					
5	LS, 8	0-26	FILL	COMPACTED	>26" TO SOIL WETNESS	N/A	"	"	"

Description	Initial System	Repair System
Available Space (.1945)	US	US
System Type(s)		
Site LTAR	.25-.3G/D/FT^2	

Other Factors (.1946): _____
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 2/11/02, W. R. Marlin
Others Present:

FILE # 4545A

COMMENTS 100% Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	CONSISTENCE WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

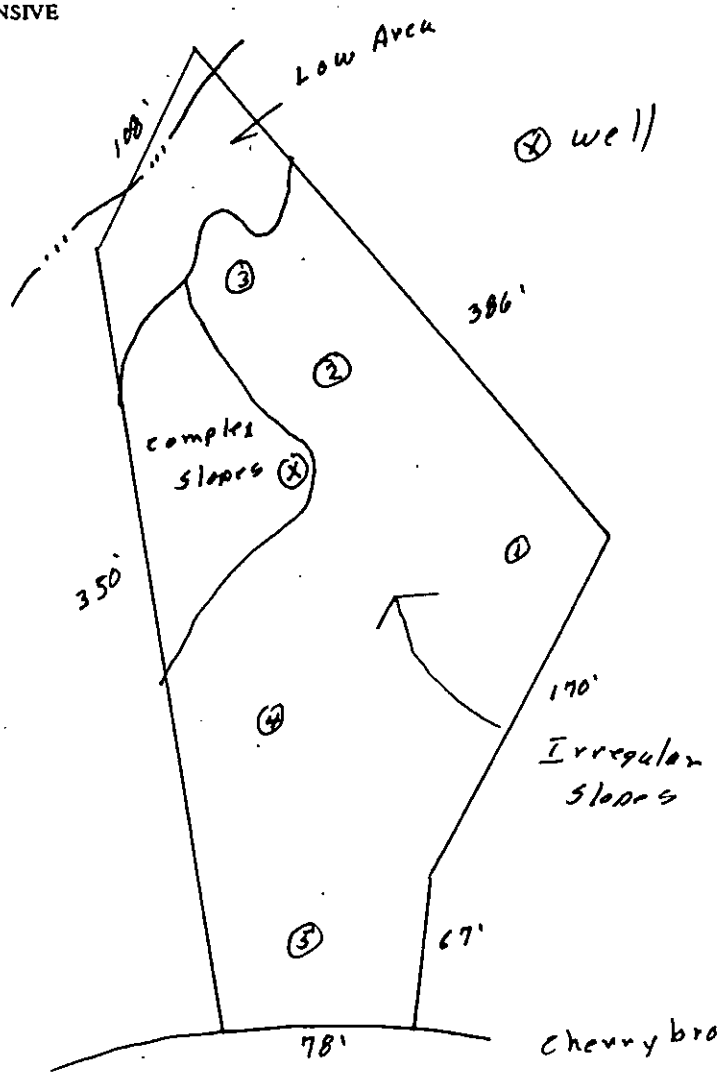
STRUCTURE

SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



clr# 1004

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

DATE: 2/20 5/16/95

STATE APPLICATION: ___ NEW SYSTEM ___ EXPANSION/ALTERATION OF EXISTING SYSTEM ___ REPAIR OF FAILING SYSTEM

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

PIN #: 139,361,35

PROPERTY INFORMATION (FROM RECORDING DEED FOR JOB LOCATION):

TAX/PARCEL NUMBER: 139-072-12 PO

STREET ADDRESS: 4017 Cherrybrooke Dr.

SUBDIVISION OR MOBILE HOME PARK NAME: Forestbrooke

LOT NUMBER: # 6

TYPE OF BUILDING (CHECK ONE):
___ SINGLE MOBILE HOME (S)
___ DOUBLE WIDE (D)
X 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
X 7 MINT HILL

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 3

CLOSING DATE: 5/16/95

FOUNDATION FOR RESIDENCE:
___ WITHOUT BASEMENT
X ON SLAB
___ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

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

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES X NO TYPE: _____

WATER SUPPLY (CHECK ONE):
___ COMMUNITY (C)
X SHARED WELL (S)
___ MUNICIPAL (M)
___ OTHER 'SPRINGS' (O)
___ PRIVATE WELL (P)

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

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

PROPERTY OWNER:
NAME: (LAST) Lombardi (FIRST) Lawrence (MI) R.
ADDRESS: 1277 SW 5 St
CITY: Boca Raton STATE: Fl ZIP: 33486
DAYTIME PHONE: ( )561 - 368-9341

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: (LAST) N/A (FIRST) (MI)
DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 5/16/95

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SIGNED: 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

COLDWELL BANKER

FLOUHOUSE, REALTORS®

JOANN BERLAK
Closing Coordinator

(704) 541-6100 BUSINESS
(704) 543-7382 FAX
(800) 537-3638 TOLL FREE
jberlak@coldwellbanker.com E-MAIL

7907 PROVIDENCE ROAD, SUITE 200
CHARLOTTE, NC 28277

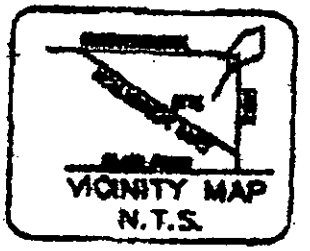


Each Office Is Independently Owned And Operated.

SAM MALONE & ASSOCIATES
SURVEYING AND ENGINEERING
P.O. BOX 1139 MATTHEWS, N.C. 28106
PHONE (704) 847-9028
FAX (704) 847 - 5188

APRIL 7th, 1994

NOTES
1. R/W = RIGHT OF WAY
2. THIS IS A PRELIMINARY PLOT PLAN ONLY AND IS NOT TO BE USED FOR RECORDATION, OR CONVEYANCES.



SUE HELMS LEMMOND
DB. 8220, PG. 858
NOW OR FORMERLY

REF: MB. 22, PG. 703
DATE: JUNE 20, 1968

S 78°24'36" W 198.34'

N 38°07'17" W 388.53'

CLEAR CREEK
(SCALED FROM RECORD MAP)

40' MBL

JERRY G. LEMMOND
& WIFE, LINDA K.
DB. 4834, PG. 583
NOW OR FORMERLY

350.41'

20'+/- BUILDING RESTRICTION LINE
(SCALED FROM RECORD MAP)

LOT 7

S 09°17'25" E

N 38°07'17" W

LOT 8

85.8'
PROPOSED
4017
50.0'
50.0'
50.0'

60' MBL

30.1'

82.5'

R=280.00'
L=66.05'
N 89°31'01" E

R/W

SOLD

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	01/14/02	**Amount:**	400.00
Receipt #:	4744	**Tendered:**	400.00
Check / Auth #:	CHECK 1004	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: 200000
Contractor: LOMBARDI KATHRYN
Attn:
Address: 1277 S.W. 5TH STREET
Address:
City/State/Zip: BOCA RATON, FL 33486

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 4025 & 4017 CHERRYBROOK, LOTS 5&6		2	400.00	400.00

4544K
4545A

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

PROPOSED PLOT PLAN

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

FILE: 4545 A

TC: _____

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

See Attached

OWNER/AGENT SIGNATURE

DATE 11 18 01

APPROVAL DATE _____

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

JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 05/16/95 11:12
BK: 08146 PG: 0187/0188 : #:0168 10.00
NC EXCISE TAX: 72.00

MECKLENBURG COUNTY

[redacted]

STATE OF NORTH CAROLINA

Real Estate Excise Tax

Excise Tax $ 72.00

Recording Time, Book and Page

Tax Lot No.
Verified by _____ County on the _____ day of _____, 19____
by _____

Parcel Identifier No. 139-351-34 (LOT 5) & 139-351-33 (LOT 6)

Mail after recording to GRANTEE(S)
This instrument was prepared by Catherine C. Hunter

Brief Description for the index: LOTS 5 and 6 FORESTBROOK S/D

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made May 15, 1995, by and between

GRANTOR	GRANTEE
CHERRY HOMES, INC., a North Carolina corporation	LAWRENCE R. LOMBARDI 1277 S. W. 5th Street Boca Raton, FL 33486

Enter in appropriate block for each party: name, address, and, if appropriate, character of entity, e.g., corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in the City of Mint Hill, Clear Creek Township, Mecklenburg County, North Carolina and more particularly described as follows:

BEING all of Lots 5 and 6 of FORESTBROOK Subdivision, as same is shown on Map thereof recorded in Map Book 22 at page 703 in the Mecklenburg County Public Registry.

The property hereinabove described was acquired by Grantor by instrument recorded in Book 7347, Page 911.

A map showing the above described property is recorded in Plat Book 22, Page 703.