

11227 EASTFIELD RD

01916207

1/4/2008

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) 336-5102

FILE: 4125B DATE: 2/2/04

TC: 019-162-07 ☒ L ☐ CRT

SERIAL 19431

Name of Owner Jose A. Castillo Juris.: _____

Address of Property 11227 Eastfield Road

Inspection Data:

Tank Material PCC

Total Length of Drainfield 500'

Number of Lines 5 @ 100'

Cover Depth 8-12"

Water Supply Source well

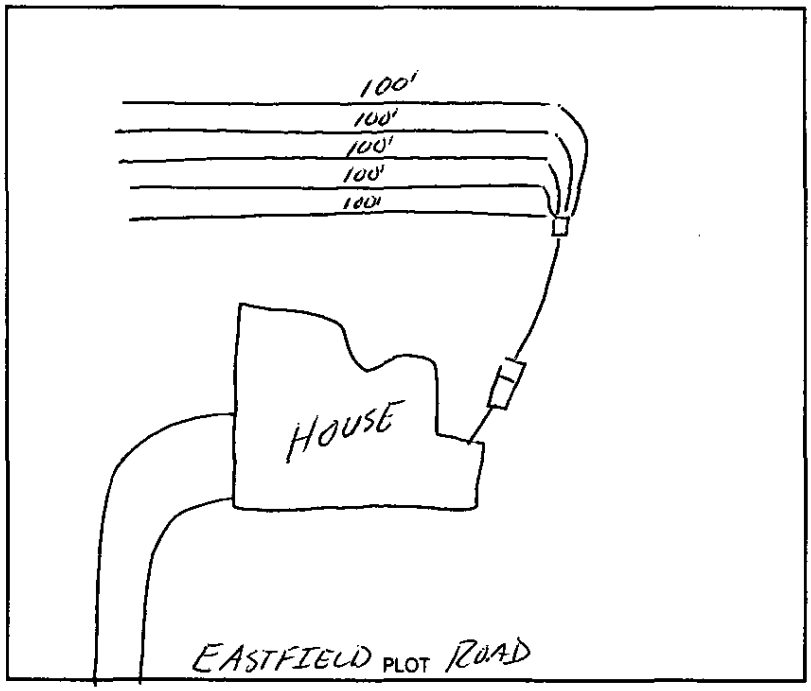
Distance to Water Source >50'

Excavation Inspected 2/2/04

Tank(s) Inspected 2/2/04

Wash Line Inspected —

High Water Alarm Inspected —



Design 1500 ST, 1500SFT, CON, 12" stone CTR# David Jordan

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☒ installed or constructed ☐ altered or repaired

☐ in accordance with the permit issued ☒ as detailed in the plot above

and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☒ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

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

COMMENTS: Three Bedroom House

5 lines x 100' x 3' x 12" stone

Type II Conventional System

Tommy Mucha R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

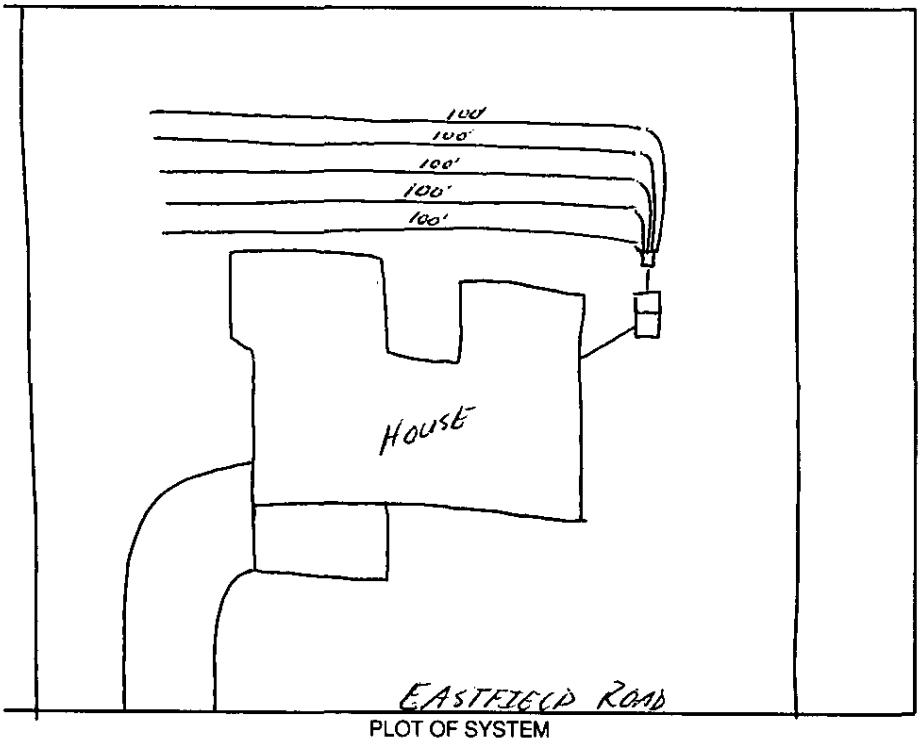
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4125B DATE: 2/2/04

TC: 019-162-07 ☒ L

SERIAL 19623

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 10-17-02. All work shall be completed on or before 3/2/04, 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 24"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 500' feet

Number of Lines 5 x 100'

Depth of Stone 12" inches

Distance from House >5' 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 Jose A Castillo

LOCATION OF PROPERTY 11227 Eastfield Road

Comments: Three Bedroom House

Homeowner opted to install an additional 100'

5 lines x 100' x 3' x 12" stone

Type II Conventional system

Tommy Mack R.S.
Environmental Health Specialist

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

FEE: 200 check

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

DATE: 10/25/02 VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

NCS

DATE: _____ PERMIT NO: 4125B

PARCEL NO: 019-162-07

JOB LOCATION ADDRESS: 11227 Castlefield Road

PROPERTY OWNER: Jose Castillo

BUILDING CONTRACTOR: _____

SUBDIVISION NAME: _____

AUTHORIZATION ISSUED BY: Tommy Mickle R.S. DATE: 10/24/02

~~DEHNR~~ AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4125B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: _____

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

X _____ 10-25-02.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 4125B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 019-162-07

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	___ 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)	
NO Serviced by private well	1500 Gallon septic tank	400 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	___ Gallon pump tank	12" Depth of stone		

Any surface waters present: NO Type: Minimum separation distance:

Site modifications required:

Additional Conditions:

Repair Area System Type Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
1200 Absorption Area (Sq ft) 400 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	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 t 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 eff 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 Departm
- This Improvement permit is transferable.

Tommy Mobley R.S. 10/24/02
DEHNR Authorized Agent Date

Owner/Agent Signature 10-25-02
Date

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

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

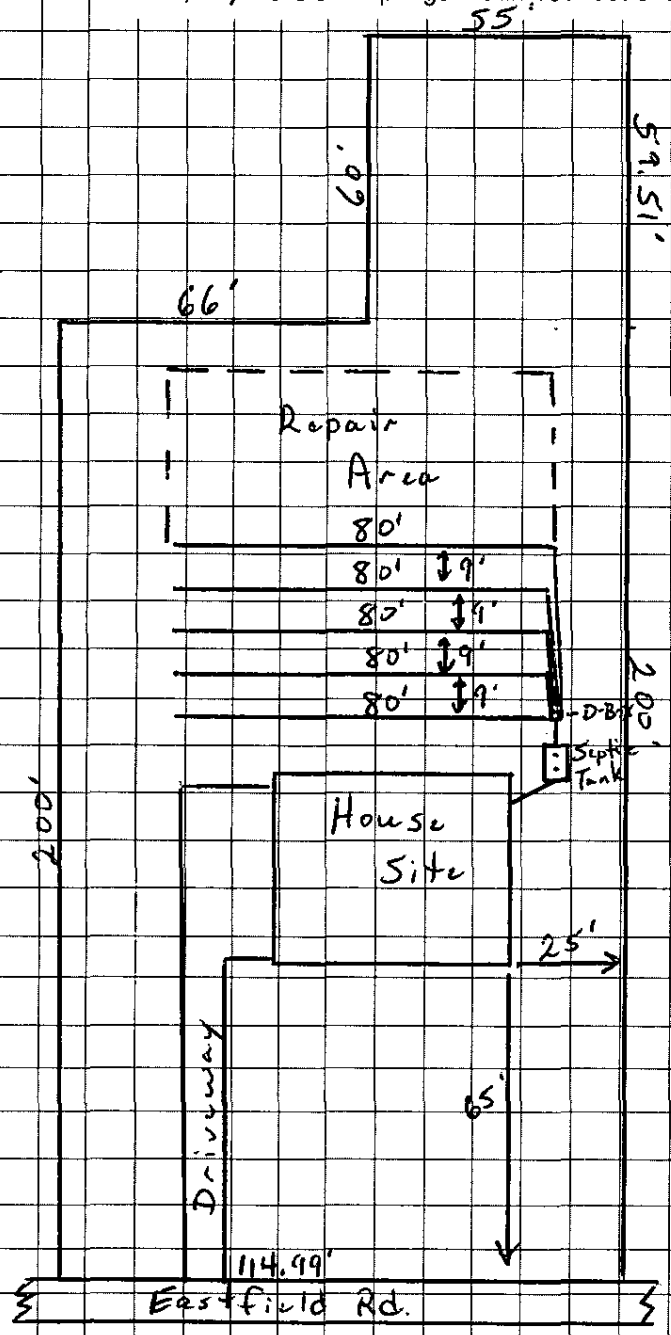
PROPOSED PLOT PLAN

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

FILE: 4125-B

TC: 019-162-07

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.



Comments

1) Scale 1" = 40'
2) Keep lines level and on contour
3) Keep trenches shallow - 30" maximum
4) Keep all parts of septic system the minimum distance from the following:
   A) Any Well - 100 ft.
   B) Property Lines - 10 ft
   C) Building Foundation - 5 ft.

OWNER/AGENT SIGNATURE

DATE 10-25-02.

APPROVAL DATE _____

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

FEE: 200.00 CK# 1015 DATE: 11/12/02

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

[ ] CRT

TYPE APPLICATION: (1) ✓ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

Closing Pkg #1 Auth to Pur

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

FILE #: 4/1258

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 019-162-07

STREET ADDRESS: 11227 EASTFIELD ROAD

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 2 B2

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: 1,787

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 3

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

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: (LAST) Castillo (FIRST) Jose (MI) A	NAME: (LAST) Castillo (FIRST) Jose (MI) I
ADDRESS: 3000 COLVARD PARKWAY	DAYTIME PHONE: (704) 507 - 7029
CITY: Charlotte STATE: NC ZIP: 28269	
DAYTIME PHONE: (704) 503 - 3618 / 503-3548 Cell	

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: 10-17-02

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

07-0734

PROPOSED PLOT PLAN

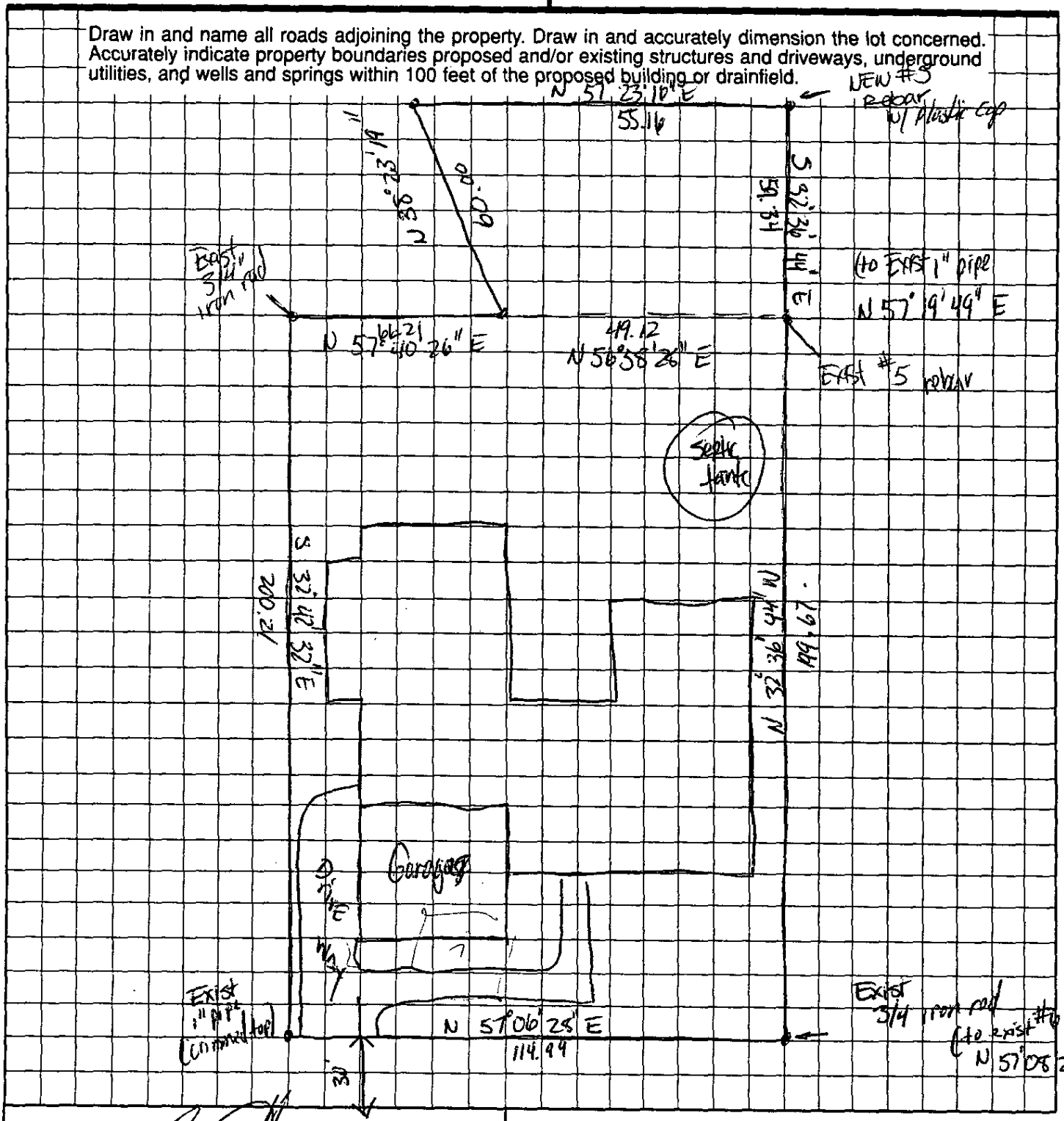
COPY

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

FILE: 4/258

TC: 019-162-07

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.



OWNER/AGENT SIGNATURE

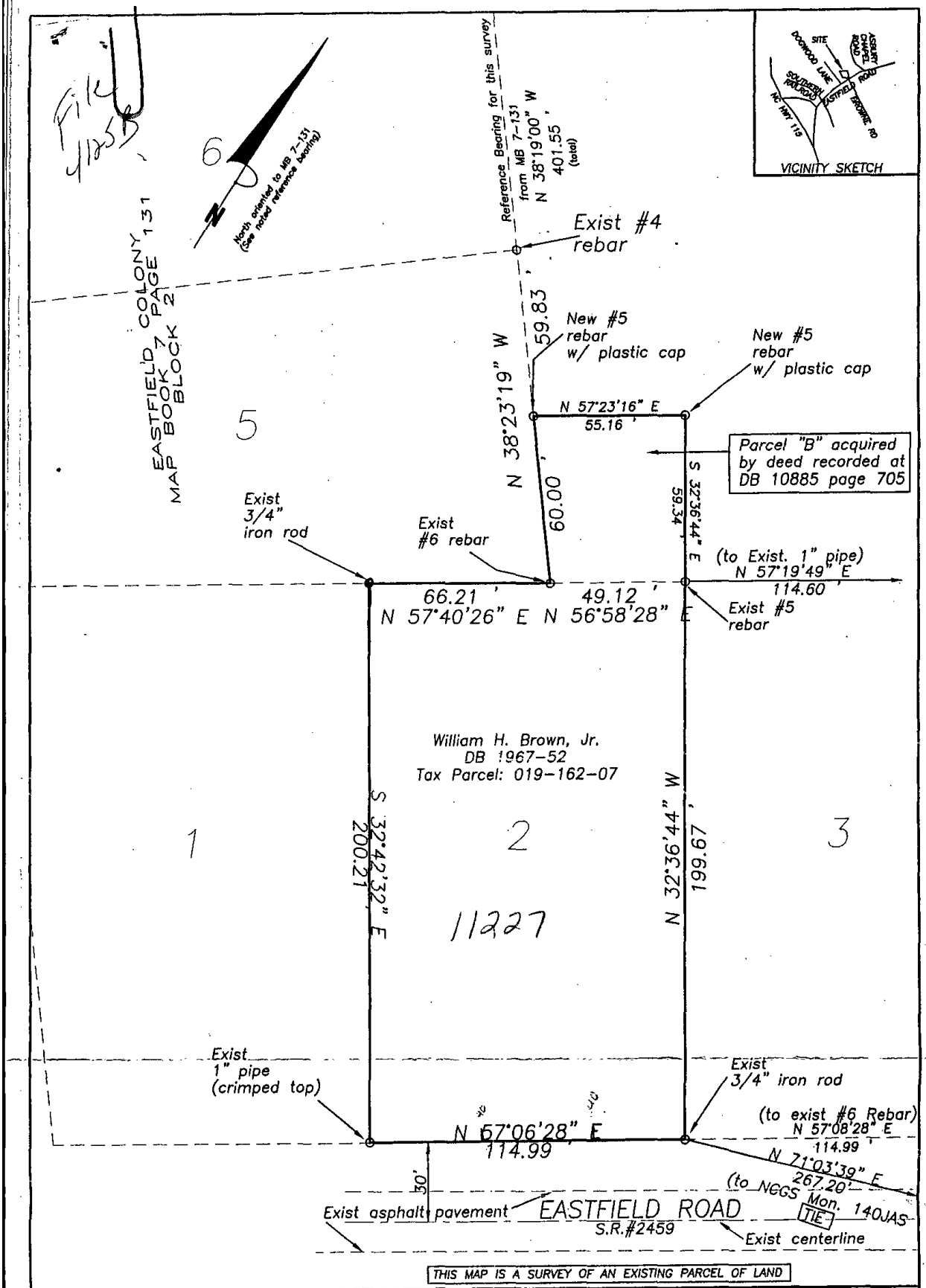
DATE 10/14/02

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy



THIS MAP IS A SURVEY OF AN EXISTING PARCEL OF LAND

Surveying Consultants

Prepared By:
Surveying Consultants, P.A.
195 Ervin Woods Drive
Kannapolis, N.C. 28081
704-933-7114

BOUNDARY SURVEY

FOR

WILLIAM H. BROWN, JR.

LOT 2 BLOCK 2 EASTFIELD COLONY
LOCATED IN
MALLARD CREEK TOWNSHIP MECKLENBURG COUNTY, N.C.
SCALE 1"=40' AUGUST 26, 1999

Richard E. Hacy 11/23/99

0 10 20 30 40 80 120
GRAPHIC SCALE

DRAWING NO. L-470

TRANSFER OF OWNERSHIP

Permit #: 4125B
Job Location Information:
Tax Parcel #: 015-162-07
Street Address: 4287 Coltrid Rd

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: Brown (last) Herbert (first) Jr W (mi) Date Issued: _____

Address: 4005 River Ridge Rd
City: Charlotte State: NC Zip: 28
Daytime Phone: (704) 542-2700

IMPROVEMENT PERMIT TRANSFERRED TO:

Name: Castillo (last) Jose (first) A (mi)

Address: 3000 Colwood Pkwy
City: Charlotte State: NC Zip: 28269
Daytime Phone: (704) 503 - 3548

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: 10-17-02.

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: _____

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 4125 B

Tax Number: 019-162-07

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	X Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

.3 Long-term acceptance rate	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
No Serviced by private well	1500 Gallon septic tank	400 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	N/A Gallon pump tank	12" Depth of stone	

Any surface waters present: No Type: Minimum separation distance:

Site modifications required:

Additional Conditions: 1) See plot plan. 2) A riser should be placed over the outlet end of the septic tank to facilitate filter maintenance.

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

1200 Absorption Area (Sq ft) 400 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	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.

J. A. Knight 12/6/99

DEHNR Authorized Agent Date

X

Owner/Agent Signature Date

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

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

IWWS-100195

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: _____ PERMIT NO: 4125-B
PARCEL NO: 019-162-07

JOB LOCATION ADDRESS: 11227 Eastfield Road
PROPERTY OWNER: _____
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: Jeff A. Knight DATE: 12/6/99
OWNER AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. _____, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: *) See Plot Plan and Improvement Permit

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

X _____
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

F-7

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11/05/1999    CHAR-MECK TAX DEPARTMENT PUBLIC ACCESS SYSTEM          TDPA030   C
03:15  PM           CURRENT  REAL ESTATE DETAIL SUMMARY                TP03
019-162-07                                  FIRE: 18 TWP:  8 SITUS: MECK SD:
OWNER/MAILING ADDRESS                       MORT:          ANNEXED:
BROWN WILLIAM H,JR
                                 TYPE : INDIVIDUAL
4009 RIVER RIDGE RD              DEED : 01967 052
                                 DATE : 01/01/1975
CHARLOTTE        NC 28226

TOT ACRE: .000 AC                LEGAL: L2 B2 M7-131
SITUS: 11227 EASTFIELD RD MECK
--------------------------------------------------------------------------------
CARD   1 OF   1          1999 APPRAISAL DATA                      TOTAL VALUE
                                                      LAND              12,000
BUILT 0000       NET COND %  : 1.00                   BLDG
SQFT:            AUX SQ. FT  :                        OBXF
ZONE: OPS        NEIGHBORHOOD: 01901                  TAXABLE           12,000
ACRE: .528 <--CALCULATED
USE/MODEL: SINGLE FAM/VACANT

__ <-TYPE CHOICE,                                F5:MORE INFO F7:UP CLEAR:RESET
   PRESS ENTER. F1:HELP F2:OPTIONS F3:RETURN     F6:PREV INFO F8:DOWN  F12:EXIT
```

FILE COPY	
FILED FOR REGISTRATION	DOC. # 1999199683
DATE 11-05-99	TIME 14:29
BOOK 10885	PAGE 705
STAMPS -0-	REC FEE 10.00
JUDITH A. GIBSON REGISTER OF DEEDS MECKLENBURG COUNTY, NC	

DEED OF GIFT

Excise Tax -0-

Recording Time, Book and Page

Tax Lot No. part of 019-162-08 Parcel Identifier No. .....

Verified by ..... County on the ..... day of ....., ...

by .....

Mail after recording to W. Herbert Brown, Jr., Attorney at Law RDs Box #51
1001-C East Boulevard
Charlotte, NC 28203

This instrument was prepared by W. Herbert Brown, Jr., Attorney at Law

Brief description for the Index Parcel B (0.071 ac) MB 31/895

NORTH CAROLINA GENERAL WARRANTY DEED
OF GIFT

THIS DEED made this 4th day of November, 1999, by and between

GRANTOR	GRANTEE
HELEN D. BROWN (widow of William Herbert Brown)	WILLIAM H. BROWN, JR. Grantee's Address: 4009 River Ridge Road Charlotte, NC 28226

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 ----------, Mallard Creek Township, Mecklenburg County, North Carolina and more particularly described as follows:

Being all that certain tract designated as Parcel B consisting of 0.071 acres as shown on map of the Property of HELEN D. BROWN recorded in Map Book 31 at page 895 in the Office of Register of Deeds for Mecklenburg County, North Carolina, to which map reference is hereby made for a more particular description.

COMBINATION OF PARCELS: This conveyance hereby combines the aforesaid Parcel B with the lot or parcel owned by William H. Brown, Jr., the Grantee herein, described in deed recorded in Book 1967 at page 52 of said Register of Deeds Office and further shown and designated as the property of William H. Brown, Jr. on the aforesaid map recorded in Map Book 31 at page 895 of said Registry. Henceforth, the two parcels combined by this conveyance shall constitute one parcel. The aforesaid deed recorded in Book 1967 at page 52 describes all of Lot 2 in Block 2 of Eastfield Colony Subdivison as shown on map thereof recorded in Map Book 7 at page 131 of said Registry.

N. C. Bar Assoc. Form No. 3 © 1976, Revised © 1977 — James Williams & Co., Inc., Box 127, Yadkinville, N. C. 27055
Printed by Agreement with the N. C. Bar Assoc. — 1981

FILE: 2003 CK11676

DATE: 11-15-99 VIII

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

[ ] CRT

TYPE APPLICATION: X NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

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

FILE #: 4175B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: 01916207

TAX/PARCEL NUMBER: 01916207001

STREET ADDRESS: 11227 Eastfield Road

SUBDIVISION OR MOBILE HOME PARK NAME: Huntersville, NC Survey a Hacket

LOT NUMBER: n/a

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: 2500 sq ft

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 4

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:

n/a

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

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ 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 ✓ 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:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Brown W. Herbert (Jr.) (LAST) (FIRST) (MI)	NAME: Merryman Bill (LAST) (FIRST) (MI)
ADDRESS: 4009 River Ridge Road	DAYTIME PHONE: 704 554-7945
CITY: Charlotte STATE: ZIP:	or 704-378-0 mobile
DAYTIME PHONE: 704 542-2700	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1967/52; 1088F/705

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: 11/9/99

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

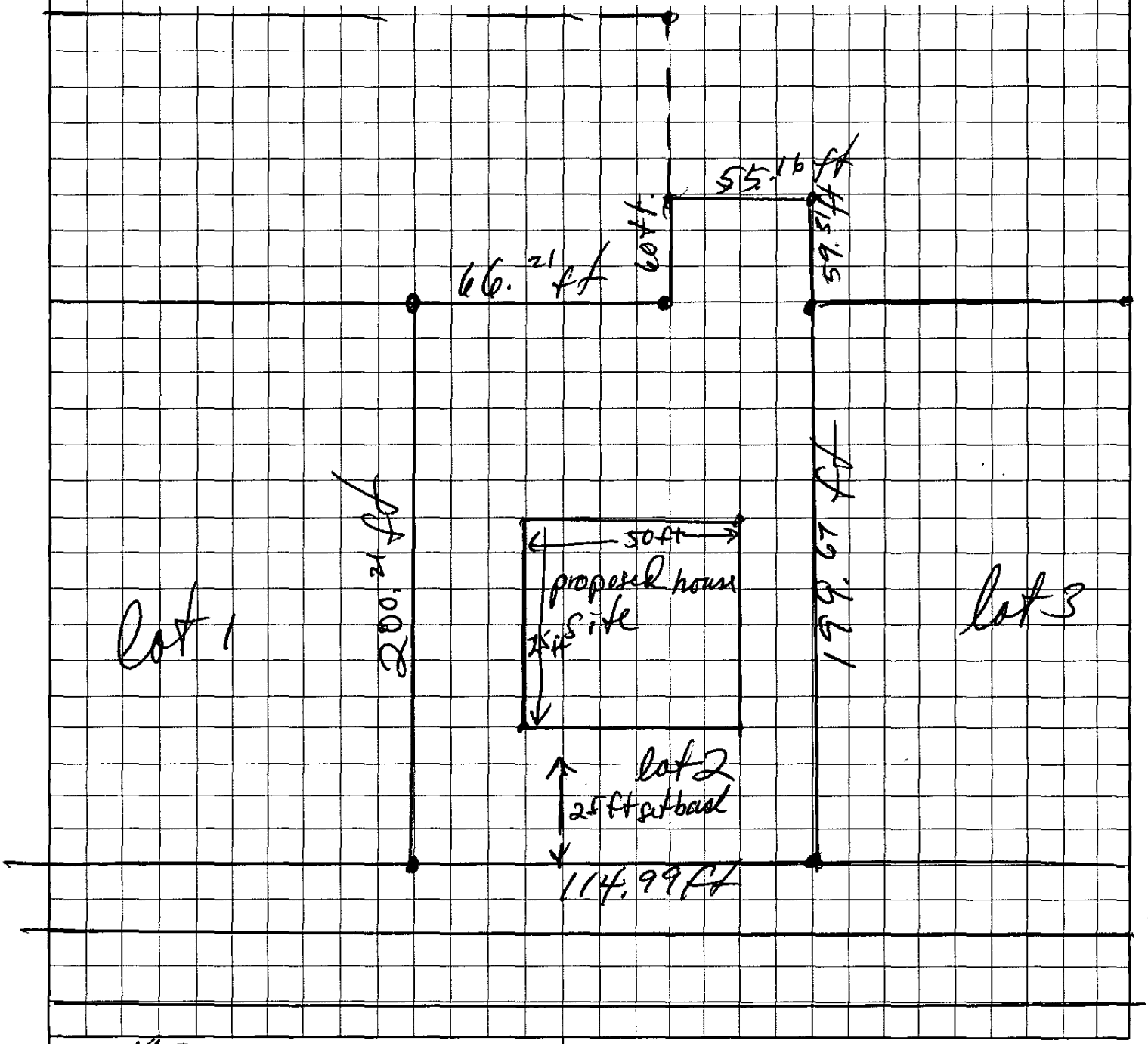
PROPOSED PLOT PLAN

11227 Eastfield Road
Huntersville, NC.
28078

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

0191620?
FILE: 4125B
TC: D19-162-07

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.



OWNER/AGENT SIGNATURE

DATE 11-9-09

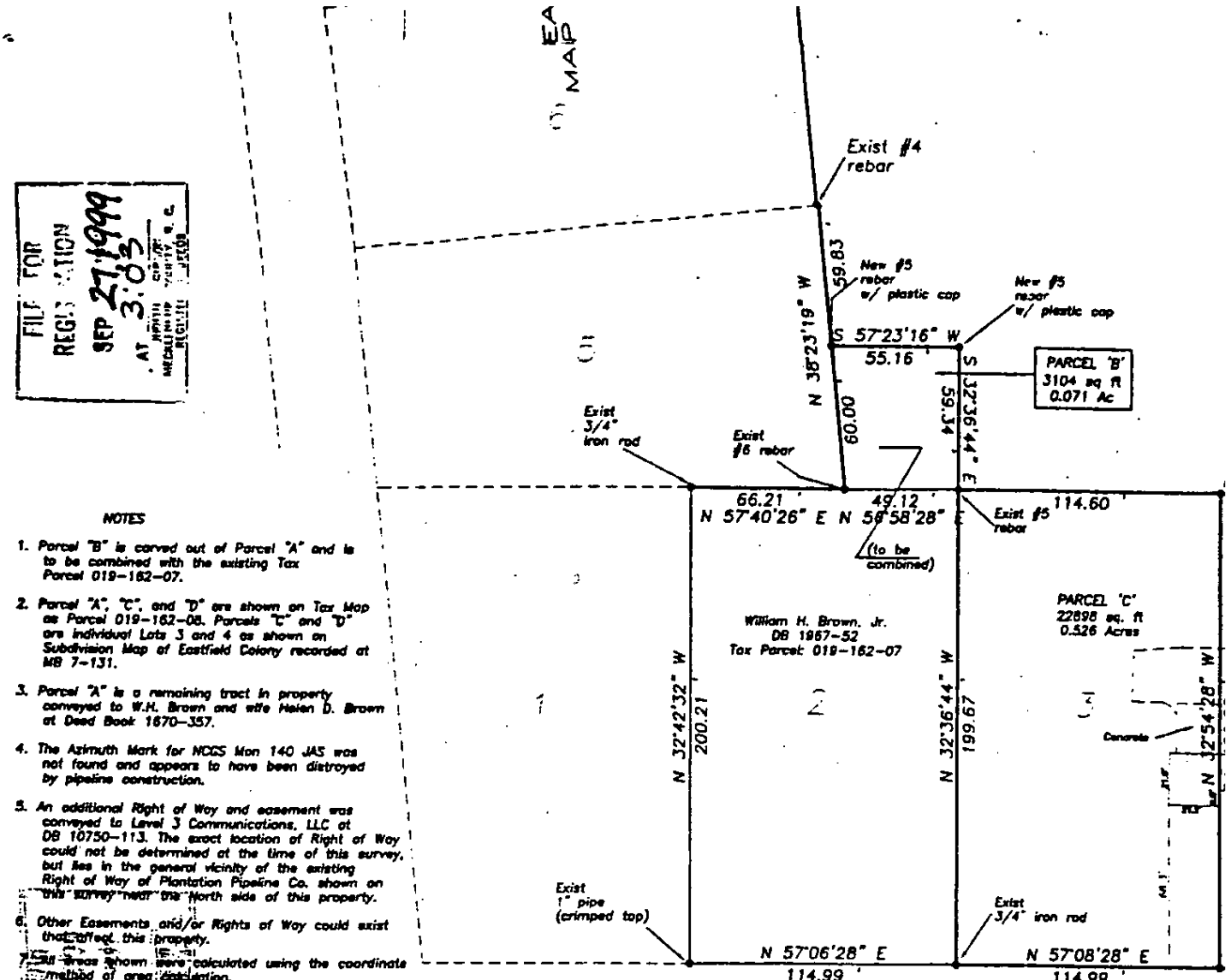
APPROVAL DATE _____

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

Map Book 31 PAGE 895

1999174197

FILED FOR REGISTRATION
SEP 27 1999
3:03
AT
MECKLENBURG COUNTY, N. C.
REGISTER OF DEEDS



NOTES

1. Parcel "B" is carved out of Parcel "A" and is to be combined with the existing Tax Parcel 019-162-07.
2. Parcel "A", "C", and "D" are shown on Tax Map as Parcel 019-162-08. Parcels "C" and "D" are individual Lots 3 and 4 as shown on Subdivision Map of Eastfield Colony recorded at MB 7-131.
3. Parcel "A" is a remaining tract in property conveyed to W.H. Brown and wife Helen D. Brown at Deed Book 1670-357.
4. The Azimuth Mark for NCGS Mon 140 JAS was not found and appears to have been distroyed by pipeline construction.
5. An additional Right of Way and easement was conveyed to Level 3 Communications, LLC at DB 10750-113. The exact location of Right of Way could not be determined at the time of this survey, but lies in the general vicinity of the existing Right of Way of Plantation Pipeline Co. shown on this survey near the North side of this property.
6. Other Easements and/or Rights of Way could exist that affect this property.
7. All areas shown were calculated using the coordinate method of area calculation.

I, "STATE OF NORTH CAROLINA MECKLENBURG COUNTY I, RICHARD E. NAVY, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION, DEED DESCRIPTION RECORDED AT BOOK AS NOTED; THAT THE ERROR OF CLOSURE AS CALCULATED BY LATITUDES AND DEPARTURES IS 1:15,000 AND THE MAXIMUM FIELD ERROR OF ANGULAR CLOSURE IS 3" ANGLE; THAT LINES NOT SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FROM INFORMATION RECORDED IN BOOKS AS NOTED; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH GS 47-30 AS AMENDED.

WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER, AND SEAL THIS 26th DAY OF AUGUST, 1999.

Richard E. Navy

RICHARD E. NAVY
NCPLS [illegible]

NORTH CAROLINA PROFESSIONAL SEAL L-1336 LAND SURVEYOR RICHARD E. NAVY

This plat represents a division of property within the jurisdiction of the Town of Huntersville. It is not subject to the provisions of the Huntersville Subdivision Ordinance and does not require the approval of the Huntersville Board of Commissioners. However, any further subdivision of this property may be subject to these provisions.

Town of Huntersville

Signature | Title | Date

State of North Carolina
County of Mecklenburg

I, Richard M. Koe, Review Officer of Mecklenburg County, certify that this map to which this certification is affixed meets all statutory requirements for record

Review Officer

Surveying Consultants

Prepared By:
Surveying Consultants, P.A.
195 Ervin Woods Drive
Kannapolis, N.C. 28081
704-933-7114

ASSESSMENT FULL REPORT

** MECKLENBURG COUNTY, NC **
Prop Addr: 11227 EASTFIELD RD

Parcel ID: 01916207001
Owner: BROWN WILLIAM H,JR

<<< PROPERTY INFORMATION >>>

Prop Addr: 11227 EASTFIELD RD
City/St/Zip: HUNTERSVILLE NC 28078

Census Tract: 6300.00
Census Block: 3

Owner: BROWN WILLIAM H,JR
Co Owner:
Owner Addr: 4009 RIVER RIDGE RD
City/St/Zip: CHARLOTTE NC 28226
Use Code: 01 SINGLE FAMILY RESIDENTIAL
Land Use: 0100 SINGLE FAMILY RESIDENTIAL
Zoning: R3
Zoning2:

Latitude: 35.3720
Longitude: 80.8083
% Owned: 100.00 %
Neighborhood: 01901
Cards: 001

Municipality: MECKLENBURG COUNTY
Fire District: HUNTERSVILLE
Historic Dist:
Legal Description: L2 B2 M7-131

Township: MALLARD CREEK
Farm Flag:
Hist Flag:

<<< 1998 ASSESSMENTS >>>

Building Value:	$	Special Land Value:	$
Other Bldg Value:	$	Deferred Value:	$
Land Value:	$12,000	Replacment Value:	$
Total Value:	$12,000	Exempt Type:	
TaxpayerID:	000000000	Prev Parcel:	
Parent Parcel:		Notice:	
Special Tax Dist:		Account Type:	INDIVIDUAL

<<< TRANSFER HISTORY >>>

Seller	Sale Date	Sale Price	Book	Page	Improved/Unimproved
Sale Source		Qualification			
	01/01/1975	$	0196	7052	VACANT
DEED STAMPS					

<<< PROPERTY CHARACTERISTICS >>>

Total Acres: .000
Net Acres: .520
Year Built: 0000
Auxiliary Area:
Heating Area:
Total Area:

Bedrooms:
Tot Baths: .00
Full Baths:
Half Baths:

Fireplaces:
Style:
Quality:
Foundation:
Air Cond:
Heat Fuel:
Heat Type:

Ext Wall:
Ext Wall2:
Roof Cover:
Roof Type:
Int Wall:
Int Floor:

Com Restrooms:
Com Fixtures:
Apt Fixtures:

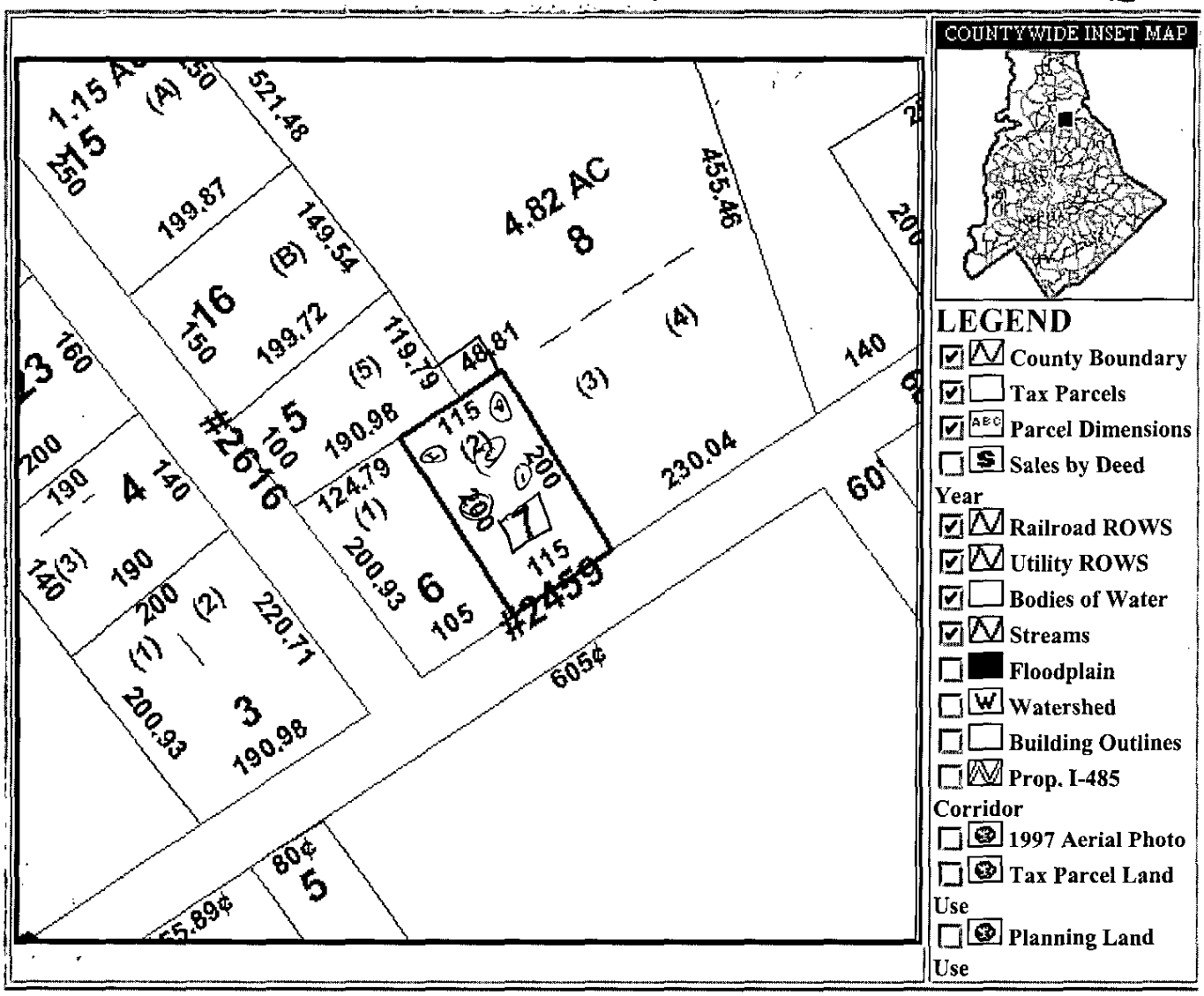
Com Heating:
Com Frame:
Com Wall:

Com Stories:

Building Area SqFt

<<< OTHER IMPROVEMENTS >>>

Prepared by: Charles Merryman, GRI CRS on August 23, 1999



Date and Time Stamp 11/16/99 9:37:18 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.

1-0- 3"+/
3-4S"+
2-0- 6"+/
6-4S"+
3-0- 9"+/
7-4S"+

4-0- 6"+/
6-4S"+
3-0- 3"+/
3-4S"+

100%
PS init'
US Appeal

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

#2

Sheet: _____
Property ID: 019-162-07
Lot #: 2
File #: 4125B

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Herbert W. Brown, Jr. APPLICANT: Bill Merryman
ADDRESS: 4009 River Ridge Road, Sanford DATE EVALUATED: 11-16-99
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 440gpd PROPERTY SIZE: .63
LOCATION OF SITE: 11227 Eastfield Road PROPERTY RECORDED: _____
WATER SUPPLY: ☐Private ☑Public ☐Well ☐Spring ☐Other _____
EVALUATION METHOD: ☑Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☑Sewage ☐Industrial Process ☐Mixed

PROFILE #	0-6% Slopes .1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-3"	gr/lc/	Fr/SExP/SS/SP	7.5YR 5/8 soil wetness	48"+	N/A	None	PS .39/ft² IV
		3-48"	SBK/c	Fi/SExP/SP					
2	LS	0-6"	gr/lc/	Fr/SExP/SS/SP	7.5YR 5/8 soil wetness	48"+	N/A	None	PS .39/ft² IV
		6-48"	SBK/c	Fi/SExP/SP					
3	LS	0-7"	gr/lc/	Fr/SExP/SS/SP	7.5YR 5/8 soil wetness	48"+	N/A	None	PS .39/ft² IV
		7-48"	SBK/c	Fi/SExP/SP					
4	LS	0-8"	gr/lc/	Fr/SExP/SS/SP	7.5YR 5/8 soil wetness	48"+	N/A	None	PS .39/ft² IV
		8-48"	SBK/c	Fi/SExP/SP					
5	LS	0-3"	gr/lc/	Fr/SExP/SS/SP	7.5YR 5/8 soil wetness	48"+	N/A	None	PS .39/ft² IV
		3-48"	SBK/c	Fi/SExP/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	US
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W.A. Mullis LSS 11-17-99
OTHER(S) PRESENT: _____

FILE # 4258

COMMENTS appears to be WCR Report

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR	CONSISTENCE MOIST	CONSISTENCE WET
R-RIDGE	I	S-SAND	1.2-0.8		
S-SHOULDER SLOPE		LS-LOAMY SAND		VFR-VERY FRIABLE	NS-NON-STICKY
L-LINEAR SLOPE				FR-FRIABLE	SS-SLIGHTLYSTICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6	FI-FIRM	S-STICKY
N-NOSE SLOPE		L-LOAM		VFI-VERY FIRM	VS-VERY STICKY
H-HEAD SLOPE				EFI-EXTREMELY FIRM	NP-NON-PLASTIC
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3		SP-SLIGHTLYSTICKY
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM			
	IV	SC-SANDY CLAY	0.4-0.1		
		SIC-SILTY CLAY			
		O-ORGANIC			

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

