

14011 WOODY POINT RD

19908549

12/27/2007

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: 22086 DATE: 12/15/97

TC: 199-085-49 ☒ L ☐ CRT

SERIAL Nº 17409

Name of Owner Nelson & Barbara Edens Juris.: _____

Address of Property 14071 Woody Point Rd.

Inspection Data:

Tank Material 1500

Total Length of Drainfield 225

Number of Lines 5 @ 45

Cover Depth 12"-18"

Water Supply Source EXISTING

Distance to Water Source 50'

Excavation Inspected 12/15/97

Tank(s) Inspected 12/15/97

Wash Line Inspected _____

High Water Alarm Inspected _____

PLOT

Design 1500 ST, 1575 Sq ft, 25% Reduction System CTR# Robbins M E Dowell

225 x3 675

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 I5A 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: Type III 2 bedroom

Toni Liggins Bunn, 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

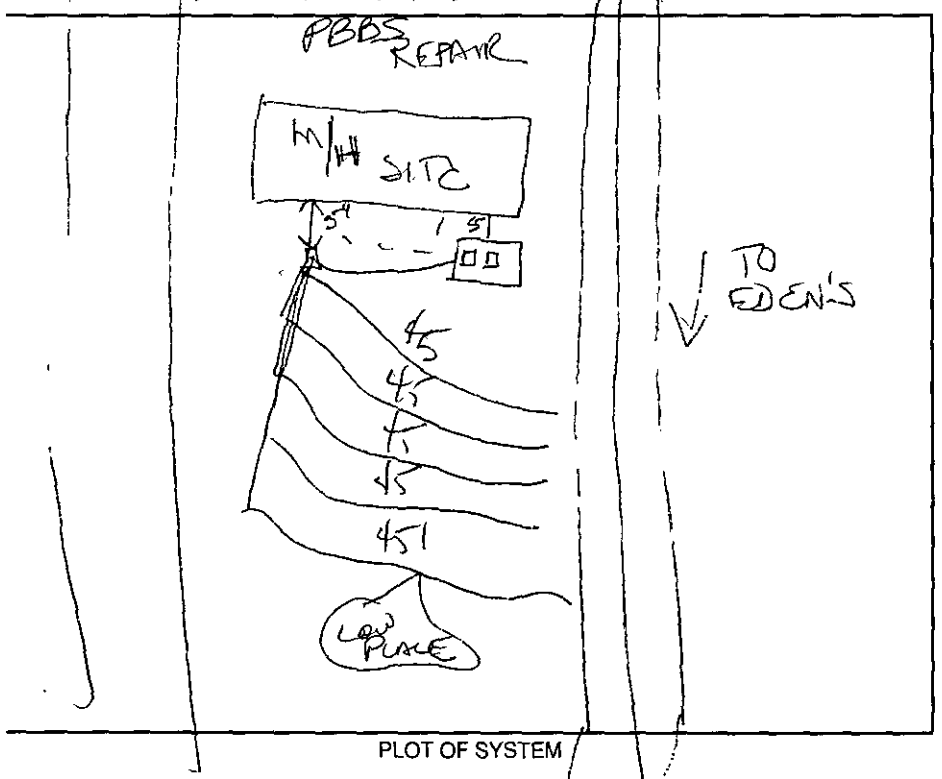
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 220813 DATE: 12-12-97

TC: 199-085-49 ☒ L

SERIAL Nº 17405

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 12-12-97. All work shall be completed on or before 12-12-98, 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 36" 12" minimum COVER

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 225 feet

Number of Lines 5

Depth of Stone N/A 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 Nelson + Barbara Eden

LOCATION OF PROPERTY 1400 Woody Point Rd.

Comments: USE 1500 and 5 Lines @ 45' ~~Chambered~~ of a 25% Reduction Type System. Lines to be installed ASAP. Minimum 12" cover — Homeowner requests 25% Reduction System BASED ON Letter dated 9/12/97.

John Higgins Bonney

Environmental Health Specialist

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

chk # 9779 1400

FEE: 200 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 10/13/97 gc **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 9-23-97 PERMIT NO: 2208B
PARCEL NO: 199-085-49P0
JOB LOCATION ADDRESS: 14011 Woody Point Rd.
PROPERTY OWNER: Nelson & Barbara Edens
BUILDING CONTRACTOR:
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: John Higgins Bunn DATE: 9-23-97
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2208B, 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: ① Installation Approval Required.
AGREEMENT FORMS REQUIRED

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 Nelson W. Edens III Barbara L. Edens 10-13-97
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number 2208B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 199-085-490

The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area

CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.

Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	✓ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	25% REDUCTION SYSTEM ✓	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
.275 Long-term acceptance rate	240 Max gallons/day wastewater flow	872 Absorption Area (sq ft)	9 Trench spacing (min. on centers)	
EXISTING Serviced by private well	1500 Gallon septic tank	218 Total trench length (ft)	36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
2 Bedrooms in residence	___ Gallon pump tank	N/A Depth of stone		
Any surface waters present: yes Type: LAKE WYLIE		Minimum separation distance: 50'		
Site modifications required:				
Additional Conditions: (1) WELL SHALL SEPARATED BY 50 FT. TO DRAINFIELD. (2) PROPERTY OWNER SHALL SUBMIT A NEW PLOT PLAN FOR A TWO-BEDROOM. PER THEIR REQUEST. (3) THIS PERMIT IS VALID FOR 5 YEARS FROM DATE OF ISSUANCE. (4) AGREEMENT FORM AND RE-CLASSIFICATION FORMS ARE REQUIRED AS PART OF THIS PERMIT.				
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
872 Absorption Area (Sq ft) 109 Total Trench Length (Ft)	N/A Depth of Stone Trench	8 Trench spacing (min. on centers)	36" Maximum Trench Depth	
For existing system, enter the year originally installed: 1983				

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.

Pam Higgins Burney 9-27-97
DEHNR Authorized Agent — Date

x Wilson W. Edens III Barbara L Edens
Owner/Agent Signature — Date 10-13-97

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

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

FEE: _____

DATE: 1/

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 #: 2208B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 199-085-49 PO

STREET ADDRESS: 14011 WOODY POINT RD

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 5

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: 1173

NUMBER OF BEDROOMS: 2 NUMBER OF OCCUPANTS: 1

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: EDENS III NELSON W.& BARBARA L. EDENS
(LAST) (FIRST) (MI)

ADDRESS: 14007 WOODY PT. RD.

CITY: CHARLOTTE STATE: NC ZIP: 28278

DAYTIME PHONE: (704) 588-2591

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 3-28-83

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: Nelson W. Edens III Barbara L. Edens DATE: 10-9-97

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

(Ref: 19177)

FEE: 100.00 ✓
DATE: 8/26/97 ✓
CK # 8712

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 #: 2208B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 199-085-49 PO

STREET ADDRESS: ~~14007~~ WOODY POINT ROAD

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 5

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: 1193

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 1

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

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: EDENS III, NELSON W. & BARBARA L. EDENS
(LAST) (FIRST) (MI)

ADDRESS: 14007 WOODY POINT ROAD

CITY: CHARLOTTE STATE: NC ZIP: 28278

DAYTIME PHONE: 704 588-2591

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 3-28-83

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: Nelson W. Edens III Barbara L. Edens DATE: 8-26-97

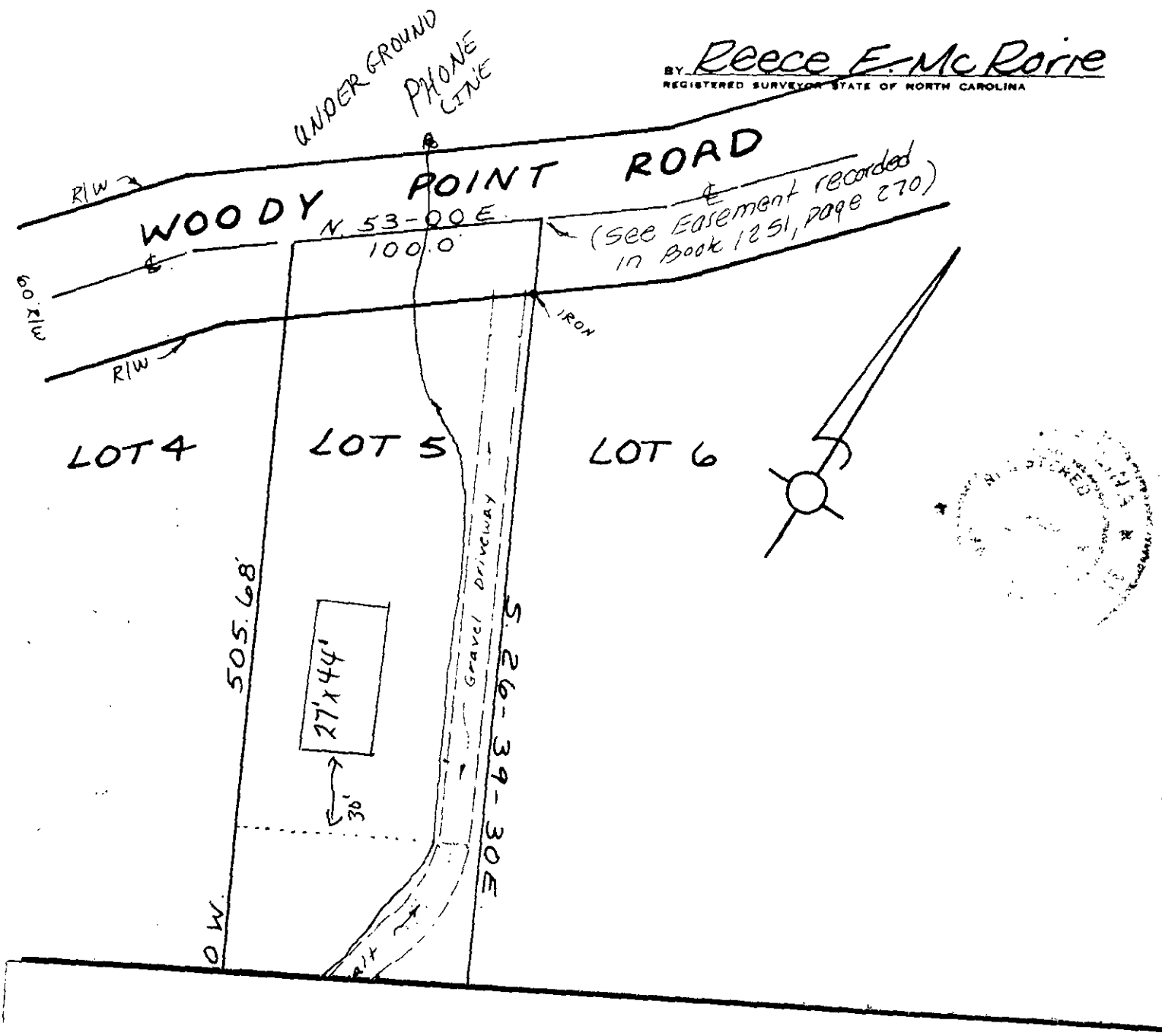
MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

2208B

199-085-46 PO

THIS IS TO CERTIFY THAT ON THE 4th DAY OF April 1986 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES, AND THE WALLS OF THE BUILDINGS IF ANY, ARE AS SHOWN HEREON.

BY Reece E. McRorie
REGISTERED SURVEYOR STATE OF NORTH CAROLINA



PROPOSED PLOT PLAN

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

FILE: 2208 B

TC: ~~199~~ 199-085-49PO

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 4

APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE _____

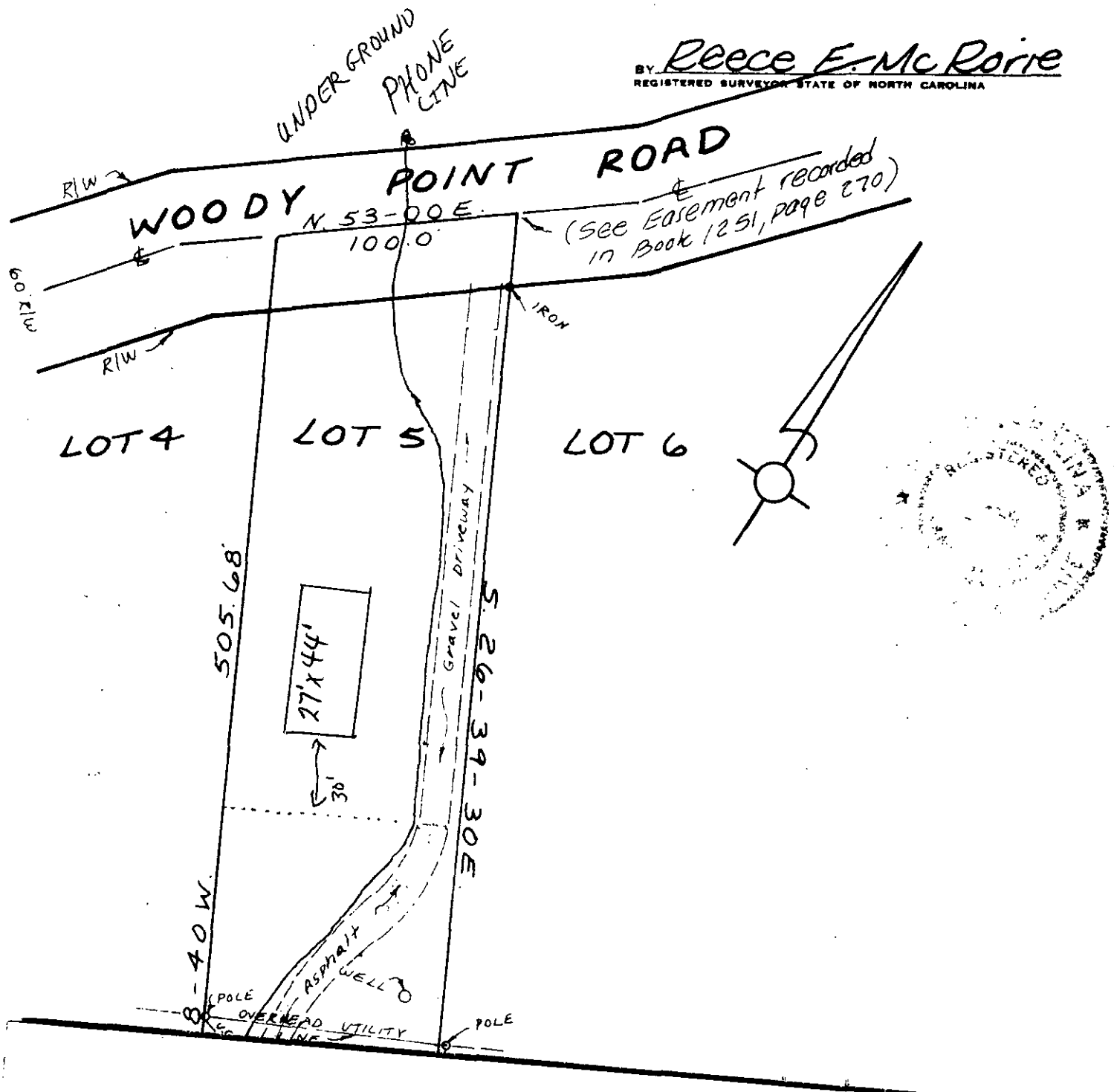
White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

2208B

199-085-49 PO

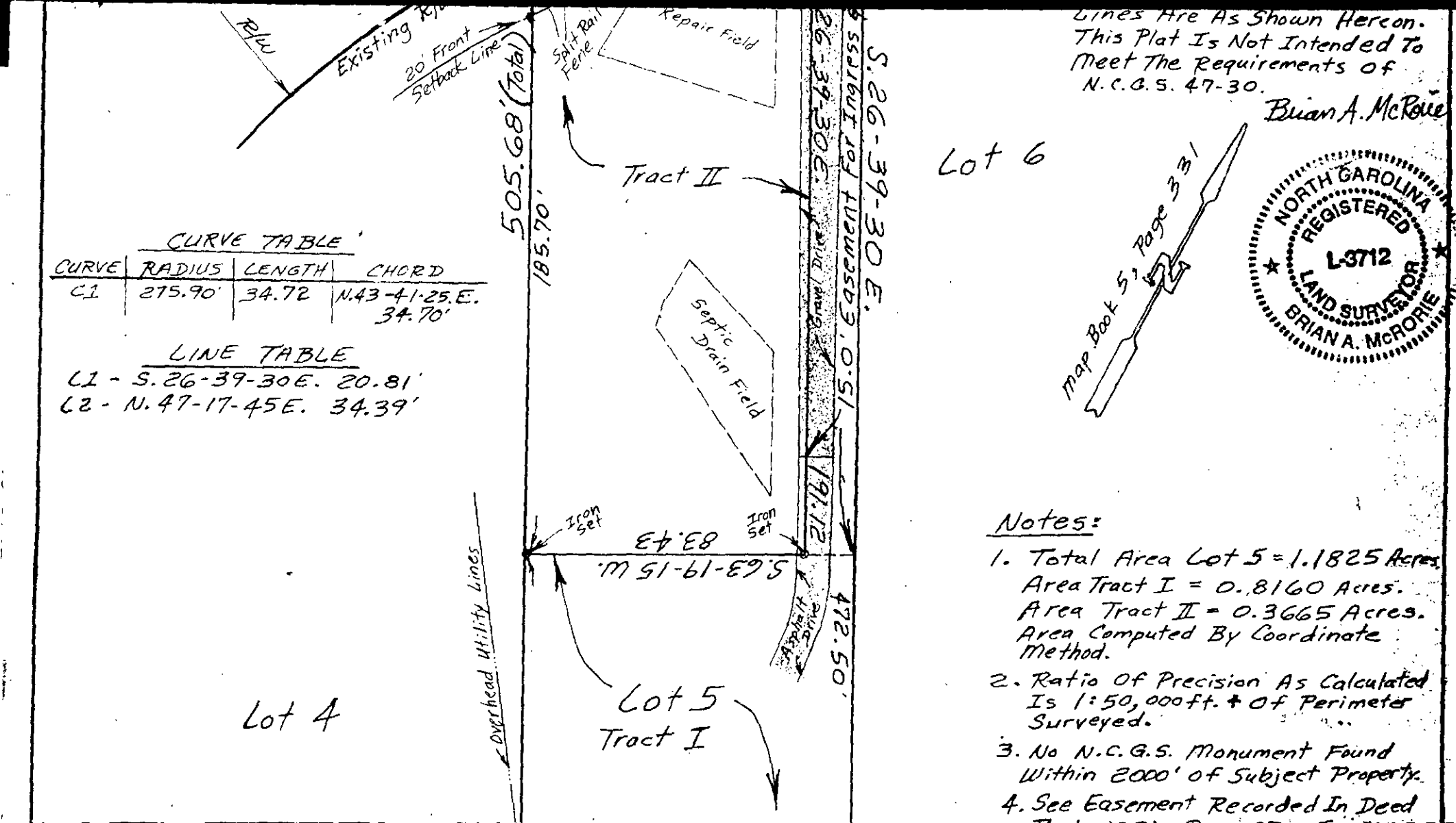
THIS IS TO CERTIFY THAT ON THE 4th DAY OF April 19 86 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES, AND THE WALLS OF THE BUILDINGS IF ANY, ARE AS SHOWN HEREON.

BY Reece E. McRorie
REGISTERED SURVEYOR STATE OF NORTH CAROLINA



Lines Are As Shown Hereon. This Plat Is Not Intended To Meet The Requirements of N.C.G.S. 47-30.

Brian A. McRorie



NORTH CAROLINA REGISTERED L-3712 LAND SURVEYOR BRIAN A. McRORIE

CURVE TABLE

CURVE	RADIUS	LENGTH	CHORD
C1	275.90'	34.72	N.43-41-25.E. 34.70'

LINE TABLE

C1 - S.26-39-30E. 20.81'
C2 - N.47-17-45E. 34.39'

Notes:

1. Total Area Lot 5 = 1.1825 Acres.
   Area Tract I = 0.8160 Acres.
   Area Tract II = 0.3665 Acres.
   Area Computed By Coordinate Method.
2. Ratio Of Precision As Calculated Is 1:50,000ft. + Of Perimeter Surveyed.
3. No N.C.G.S. Monument Found Within 2000' of Subject Property.
4. See Easement Recorded In Deed

Book 1251, Page 270 For Use As A Road For Ingress And Regress To Subject Lot.

5. Property May Be Subject To Any Other Easements Or Rights-Of-Way Of Record.

6. Zoned R-5.

Power Pole

Overhead Utility Lines

N. 26-38-40 W.

257.37'

Address #14007

540.90' (Total)

Iron Rebar Set on Line

Old Iron Pipe on Line

18.56'

36.97'

Point in River

CATAWBA RIVER

N 00-17-E L S

Edge of River

Point in River

LEGEND

R/w = Right-of-Way

C/L = Centerline

60.0

Iron set

Iron Set

Surveyed The Property Shown On This Plat, And That The Title

File # 220 & B

BOUNDARY and SUBDIVISION SURVEY

for

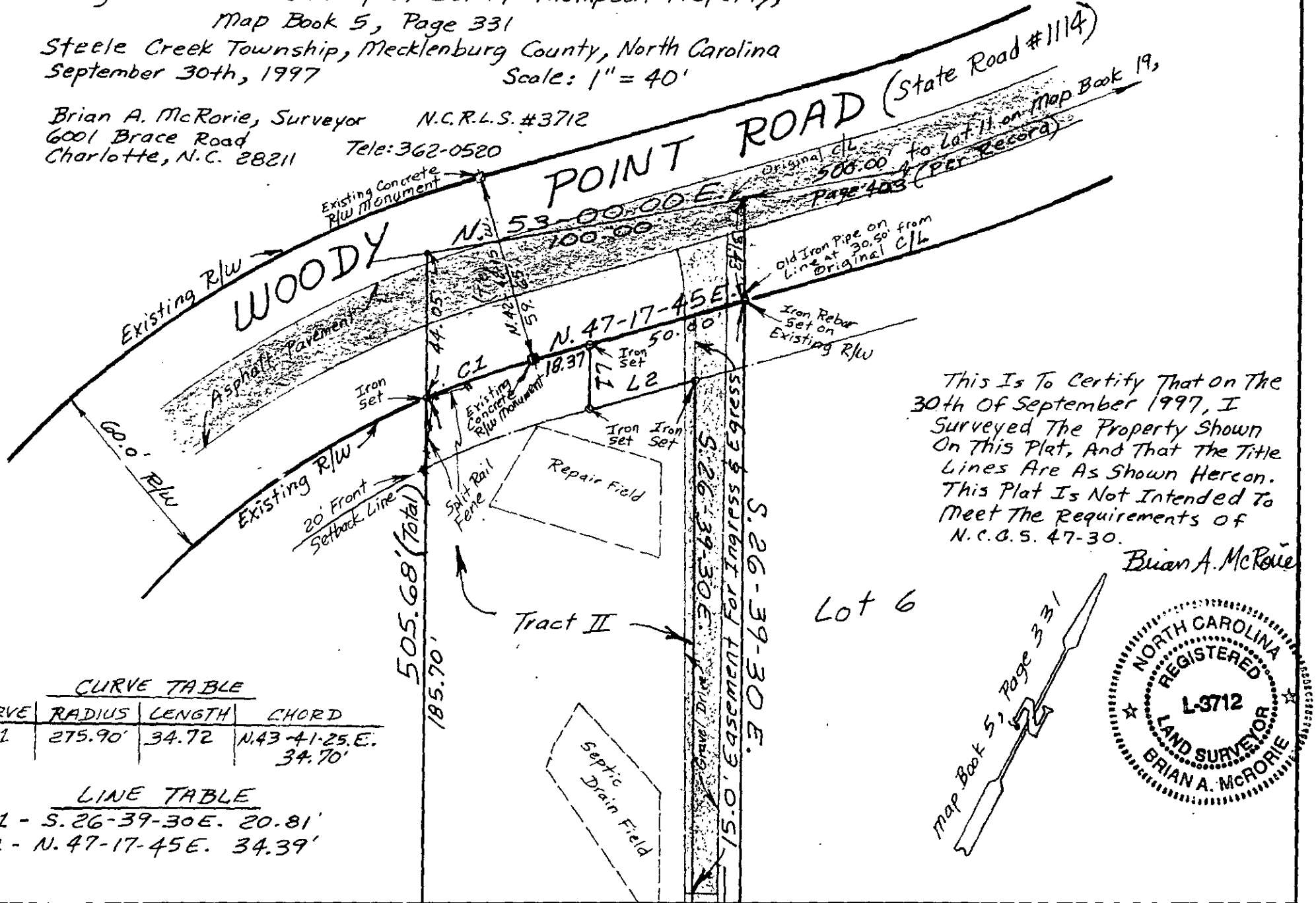
Nelson W. Edens, III & wife, Barbara L. Edens

Being All Of Lot 5 on Map Of John K. Thompson Property,
Map Book 5, Page 331

Steele Creek Township, Mecklenburg County, North Carolina

September 30th, 1997 Scale: 1" = 40'

Brian A. McRorie, Surveyor N.C.R.L.S. #3712
6001 Brace Road
Charlotte, N.C. 28211 Tele: 362-0520



This Is To Certify That on The 30th Of September 1997, I Surveyed The Property Shown On This Plat, And That The Title Lines Are As Shown Hereon. This Plat Is Not Intended To Meet The Requirements of N.C.G.S. 47-30.

Brian A. McRorie

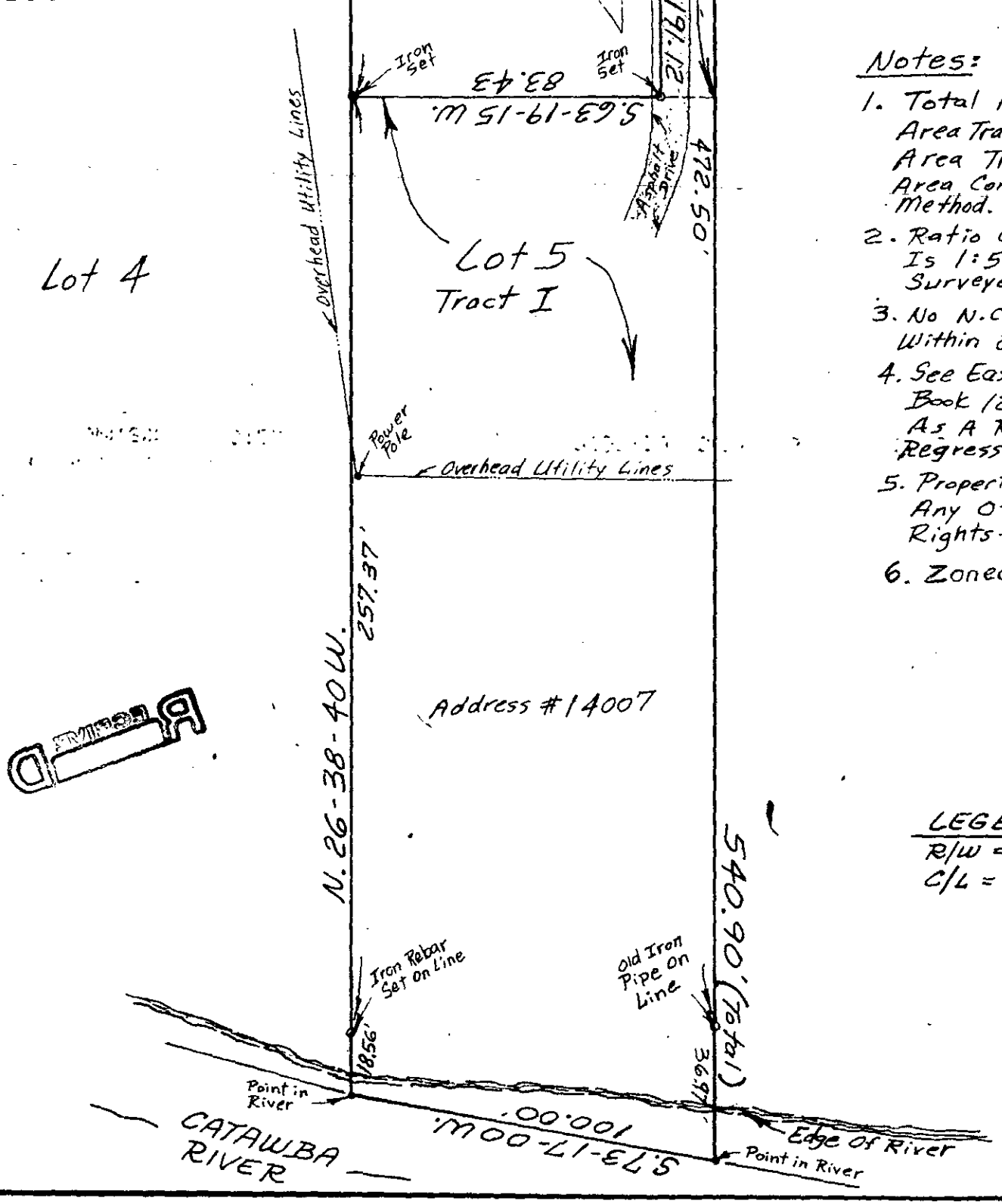
NORTH CAROLINA REGISTERED L-3712 LAND SURVEYOR BRIAN A. McRORIE

CURVE TABLE

CURVE	RADIUS	LENGTH	CHORD
C1	275.90'	34.72	N.43-41-25.E. 34.70'

LINE TABLE

L1 - S. 26-39-30 E. 20.81'
L2 - N. 47-17-45 E. 34.39'



Notes:

1. Total Area Lot 5 = 1.1825 Acres.
   Area Tract I = 0.8160 Acres.
   Area Tract II = 0.3665 Acres.
   Area Computed By Coordinate Method.
2. Ratio Of Precision As Calculated Is 1:50,000ft. + Of Perimeter Surveyed.
3. No N.C.G.S. Monument Found Within 2000' of Subject Property.
4. See Easement Recorded In Deed Book 1251, Page 270 For Use As A Road For Ingress And Regress To Subject Lot.
5. Property May Be Subject To Any Other Eosements Or Rights-Of-Way Of Record.
6. Zoned R-5.

LEGEND

R/W = Right-Of-Way
C/L = Centerline

DATE Oct. 8, 1997

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION MECKLENBURG

199-085-49 P.O.
PARCEL NUMBER

14011 WOODY POINT RD.
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	APPROVED	NOT APPROVED
2. FLOODWAY REGULATIONS	APPROVED	NOT APPROVED
3. WATERSHED PROTECTION	APPROVED	NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	APPROVED	NOT APPROVED
5. PUBLIC UTILITY EASEMENT	PRESENT	NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	YES	NO
7. DRIVEWAY PERMIT REQUIRED	YES	NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	YES	NO

REMARKS: _____

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: M. J. Griffin

REVISED 1/91

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

400 ☑ COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM #2 2206B

P.O. 199-095-49

OWNER: Nelson W. Pedersen APPLICANT:
ADDRESS: 14007 Woods Point Rd, Crozet, APPLICATION DATE: DATE EVALUATED:
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 360gpd PROPERTY SIZE: .55
LOCATION OF SITE: Woods Point Rd PROPERTY RECORDED:
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	Slopes 6-15% .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	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFI CLAS & LTA
1	LS	0-4"	gr/cl	Fr/SEXP/SS/SP	>48" TO Soil wetness	48"	N/A	None	PS .27 gpd/ft² IV
		4-48"	SBK/c	Fi/SEXP/SS/P					
2	LS	0-3"	gr/cl	Fr/SEXP/SS/SP	>35" TO Soil wetness	35"	N/A	None	PS .27 gpd/ft² IV
		3-24"	SBK/c	Fi/SEXP/SS/P					
		24-35"	SBK/cl	Fr/SEXP/SS/SP					
3	LS	0-3"	gr/cl	Fr/SEXP/SS/SP	>48" TO Soil wetness	48"	N/A	None	PS .27 gpd/ft² IV
		3-30"	SBK/c	Fi/SEXP/SS/P					
		30-48"	SBK/cl	Fr/SEXP/SS/SP					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	100%	100%
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: M.A. Martin 7-497
OTHER(S) PRESENT: LSS

COMMENTS: 1006 Repair

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
I (Drainage Way)					EXP (Expansive)	CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
S (Foot Slope)						ABK (Angular Blocky)
I (Head Slope)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SICL (Silty Clay Loam)				PR (Prismatic)
(Nose Slope)		CL (Clay Loam)			MOIST	WET
(Ridge)		SCL (Sandy Clay Loam)				
(Shoulder Slope)		SLC (Silt Loam Clay)			VFR (Very Friable)	NS (Non-sticky)
(Terrace)					FR (Friable)	SS (Slightly Sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FI (Firm)	S (Sticky)
		SIC (Silty Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
					EFI (Extremely Firm)	NP (Non-plastic)
		O (Organic)	None			SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

NOTES

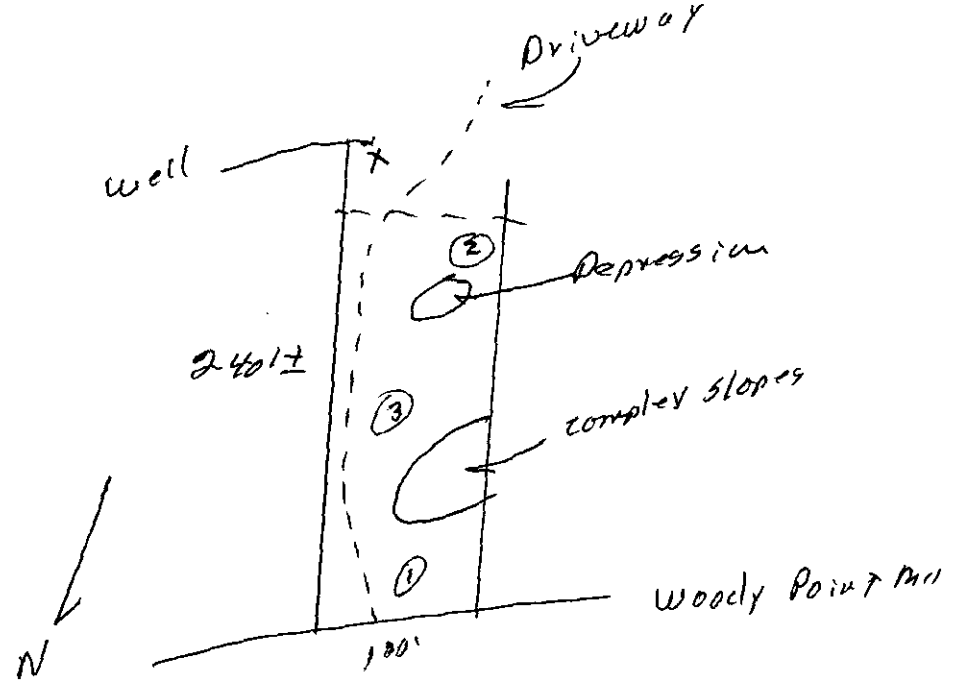
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designatio
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).

22083



JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 10/08/97 12:20
BK: 09292 PG: 0514/0516 #:0170 12.00

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 # 2208B
PARCEL # 199-085-49P0

The undersigned, Nelson W Eden II & Pauline L Eden, owner of property located at 14007 Woody Pt. Rd, (the "site") and described in an instrument recorded in Book 9296 at Page 600, 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:

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

This instrument was prepared by: _____
Mail after recording to: _____
_____

- 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 the Department, 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 8 day of Oct, 1997.

_____ (Corporate Name)

By: _____

_____ President

ATTEST:

_____

_____ Secretary

(Corporate Seal)

× Nelson W. Edens II (SEAL)

× Barbara L Edens (SEAL)

_____ (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Mary M. James, a Notary Public for said County and State, do hereby certify that Nelson W. Edens III & w Barbara L Edens personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 8 day of Oct, 1997.

Mary M James
Notary Public

My Commission Expires:
8-2-02

MARY M. JAMES NOTARY PUBLIC MECKLENBURG COUNTY, N.C.

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 _____, 199__.

_____
Notary Public

My Commission Expires:

_____

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

OWNER'S ACKNOWLEDGMENT OF MODIFIED/ALTERNATIVE REPLACEMENT SYSTEM REQUIREMENT

Site Address: Woody Point Rd.

File Number: 2208B

Parcel Number: 199-085-49P0

Owner/Agent Name: Nelson Edens III
(Please print)

Date: 9-8-97 Number of Bedrooms: 3 2 Barbara L. Edens

Receipt of the plan and specifications for a conventional system of sewage disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15A NCAC 18A .1900 - "Sewage Treatment and Disposal Systems." The plan as submitted is disapproved because there is not sufficient available space for a repair area for a conventional replacement system.

This site may be developed if the repair area is found to be acceptable for either a modified system (Rule .1956) or an alternative system (Rule .1957) for the replacement system as allowed by the following Rule 15A NCAC 18A .1945(b).

(b) Sites shall have sufficient available space for a repair area separate from the area determined in Paragraph (a) of this Rule. The repair area shall be based upon the area of the nitrification field required to accommodate the installation of a replacement system as specified in Rule .1955, .1956, or .1957 of this Section. Prior to issuance of the initial Improvement Permit for a site, the local health department shall designate on the permit the original system layout, the repair area, and the type of replacement system.

Please be advised that you have the right of an informal review by this Department and the right of appeal under G.S. 130A-335(g) and 130A-24, which appeal can be held in Mecklenburg County.

By signing this form, and signing and recording in the Mecklenburg County Register of Deeds Office the attached reclassification form entitled, **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,** you the property owner, understand and acknowledge your option to develop this site initially with a

conventional sewage system and when needed, subsequently to repair or replace said system with a modified or alternative system as described in Rules .1956 "Modification to Septic Tank Systems," or .1957(a), (b), or (c) "Design Criteria for Design of Alternative Sewage Systems." The completed reclassification form must be approved by this office before it can be recorded.

In addition, you the property owner, also understand that the following conditions will apply:

- 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.

Tom Higgins Bunny, R.S. 9-8-97

Environmental Health Specialist — Date

I have reviewed this document and understand its provisions and implications concerning the issuance of the Improvement Permit for the above-referenced site.

Nelson W. Edens III Barbara L. Edens 10-9-97

Property Owner Signature — Date

700 North Tryon Street, Suite 211, Charlotte, North Carolina 28202,
(704) 336-5102

Mecklenburg County
Health Department

September 12, 1997

Mr. and Mrs. Nelson Edens III
14007 Woody Point Road
Charlotte, NC 28278

Re: 14007 Woody Point Road
File: 2208B
Parcel: 199-085-49PO

Dear Mr. and Mrs. Edens:

Receipt of your Application for Improvement Permit for the above referenced property is acknowledged. A soil evaluation and a site visit have been conducted. The results of the evaluation indicated the site is **UNSUITABLE** under Rule .1943 (Soil Depth) for a conventional wastewater treatment and disposal system. However, modifications to septic tank systems may be utilized to overcome selected soil and site limitations. Our site evaluation determined that this lot can be reclassified to **PROVISIONALLY SUITABLE** under Rule .1956 (1). A modified plan was prepared on site and a copy is enclosed for your records. The classification for this septic tank system is Type III.

The following provisions shall apply for the issuance of the Improvement Permit:

- The well should be located 100 feet, but in no case less than 50 feet from the sewage system and repair area.
- You may wish to re-apply to construct a two bedroom home on this lot. A conventional sub-surface sewage disposal system would require 270 linear feet of drainfield or a modified system that allows for a 25% reduction would require 217 linear feet of drainfield.
- Landscaping of original system area and the repair area is prohibited. Grading, shaping, or altering the lot may void the permit.

Upon execution and recording of the enclosed form "ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); .1957(c); or .1969" an Improvement Permit can be issued by this department. Also a plat of the property is required before an Improvement Permit can be issued for a building site.

If you have any questions concerning this matter please contact me at 336-5572.

Sincerely,

Toni Higgins Bunney, R.S.
Individual Water and Wastewater Systems

Enclosure(s)

DIS IV

Mecklenburg County
Health Department

~~December 20, 1995~~

~~Merritt Whisnant~~ MAIL TO MR. & MRS. NELSON EDENS III 14007 Woody Point Rd.
~~5868 Harris Grove Lane~~ 14007 Woody Point Rd Re: ~~13207 Graymist Drive~~
~~Charlotte, NC 28229~~ Charlotte, NC 28278 File: ~~1858A~~ 22088
Parcel: ~~111-231-32,33~~ 199-085-49P0

Dear Mr. Whisnant:

~~Receipt of your Application for Improvement Permit~~ 1945 (AVAILABLE SPACE)

You may wish to re-apply to construct a two bedroom home on this lot. A conventional sub-surface sewage disposal system would require 270 linear feet of drainfield ~~or a and/a~~ modifield system that allows for a 25% reduction would require 217 linear feet of drainfield.

he above referenced property is
n conducted. The results of the
~~43 (Soil Depth)~~ for a conventional
:ations to septic tank systems may
ur site evaluation determined that
BLE under Rule .1956 (1). A
~~your records~~. The classification
.ection System

mprovement Permit:

case less than 50 feet from the
t There is no area on this new
PLACEMENT OF A WELL
~~toilets should be installed when~~
wish to reapply And utilize A
ld allow you to use A conventional
pair area is prohibited. Grading, Construction
t. System.

WLEDGEMENT OF REQUEST
FROM "UNSUITABLE" TO
:A .1948 AND ANY OF THE
)r .1969" an Improvement Permit
; required before an Improvement

If you have any questions concerning this matter please contact me at 336-5570.

Sincerely,

~~Philo S. Walker, R.S.~~ Toni Huggins Bunney, R.S.
Individual Water and Wastewater Systems

Enclosure(s)