

9641 OLD DOWD RD

11306111

6/22/2007

duponbj

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

Rd. 50'

Changed VLW 4-21-99

40'

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

X CRT

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

(704)336-5102 6928A

Date: 4-21-99

PERSON FILING APPLICATION:
NAME: Hottle (last) Richard (first) W. (mi)
ADDRESS: 9641 Old Dowd Rd. PHONE: (704) 399-9342
CITY: Charlotte STATE: NC ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 113-061-11
STREET ADDRESS: 9641 Old Dowd Rd
ZONING:

PROPERTY OWNER:
NAME: Hottle (last) Richard (first) W. (mi)
ADDRESS: 9641 Old Dowd Rd PHONE: (704) 399-9342
CITY: Charlotte STATE: N.C. ZIPCODE: 28214

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[redacted]
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)

X [] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Detached garage/storage

[redacted] BEDROOMS (E)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) X HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

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

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

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

X Signed: Richard W. Hottle X Date: 4-21-99

NOTICE:

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

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

...This permit is not transferable.

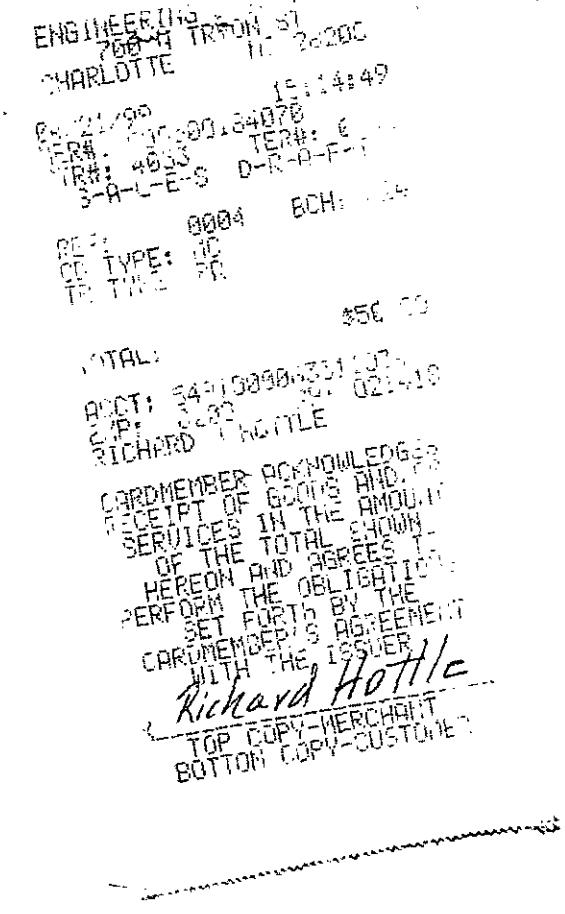
...Approval granted for a detached garage. The septic system shall not be located under a paved area or areas subject to vehicular traffic

Use existing system

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

Philo S. Walker R.S. 4/28/99
Environmentalist Date

WATER : 122791



ENGINEERING
7004 TRYON ST
CHARLOTTE N.C. 28200

15:14:49

TER#: 6
TR#: 4633
S-A-L-E-S D-R-A-F-T

0004 BCH:

TOTAL:

ACCT:
EXP:
RICHARD HOTTLE

CARDMEMBER ACKNOWLEDGES
RECEIPT OF GOODS AND/OR
SERVICES IN THE AMOUNT
OF THE TOTAL SHOWN
HEREON AND AGREES TO
PERFORM THE OBLIGATIONS
SET FORTH BY THE
CARDMEMBER'S AGREEMENT
WITH THE ISSUER

Richard Hottle

TOP COPY-MERCHANT
BOTTOM COPY-CUSTOMER

PLOT PLAN FOR PERMIT APPLICATION
ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

LOCATION

STREET # (N,S,E,W) 9641 STREET NAME Old Dowd Rd, Charlotte N.C. (AV,RD,ST, etc) 28214

SUITE/UNIT(S):

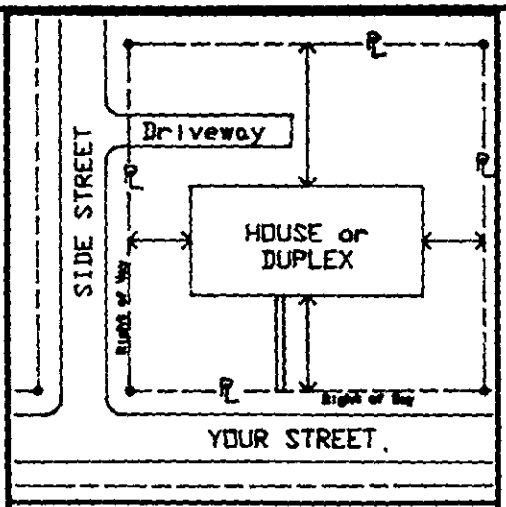
PERMIT #

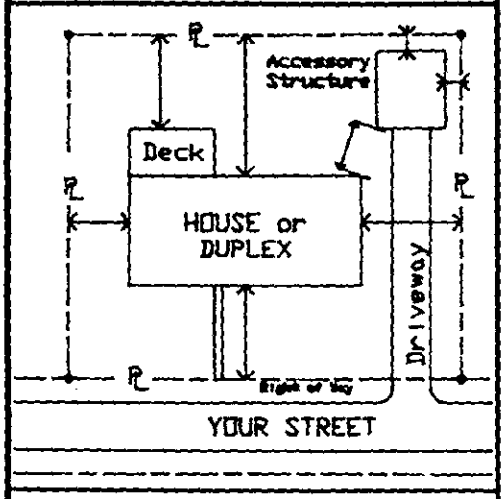
TAX JURISDICTION: (Check One)
- ☑ 0-Mecklenburg
- ☐ 1-Charlotte
- ☐ 2-Davidson
- ☐ 3-Cornelius
- ☐ 4-Pineville
- ☐ 5-Matthews
- ☐ 6-Huntersville
- ☐ 7-Mint Hill

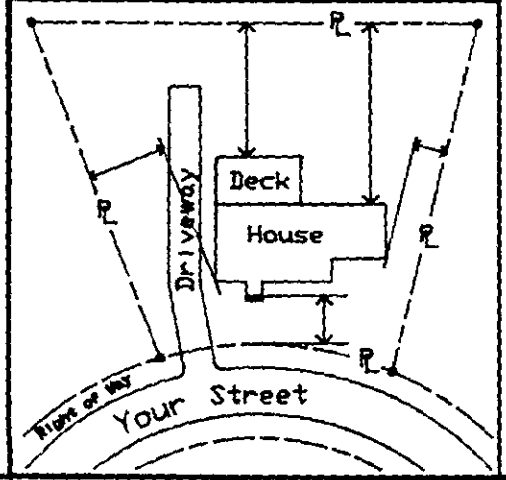
TAX PARCEL #

JOB #

EXAMPLES / PLOT PLAN





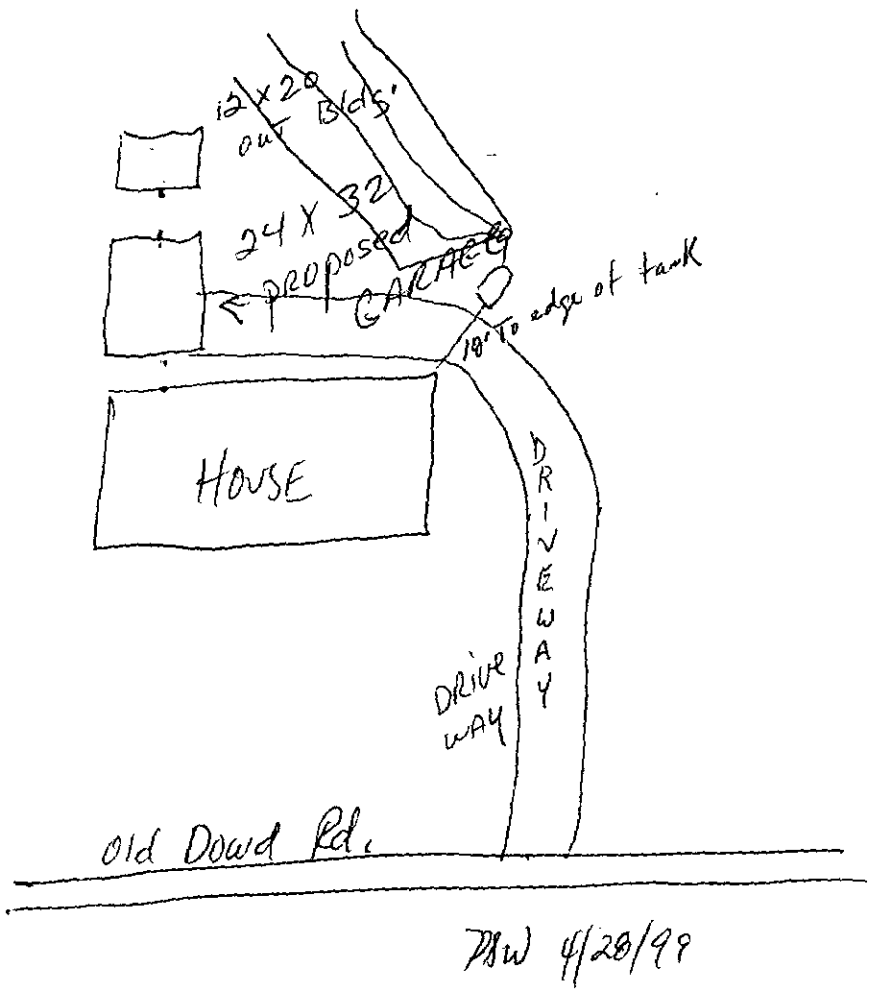


- INSTRUCTIONS -

In the space provided below, draw plot plan as neatly and accurately as possible, from survey if available.

1. Draw street(s) and right-of-way(s).
2. Draw property lines with dimensions.
3. Draw proposed and existing buildings showing any attached porch(es), deck(s), chimney(s), carport(s), or garage(s), etc...
4. Show distances of buildings from property lines or other structures.
5. Separate application and plot plan required for each building.

- PLOT PLAN -



ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED

Richard W. Hottle 4-28-99 Richard W. Hottle

APPLICANT'S SIGNATURE DATE PRINT APPLICANT'S NAME

APPROVED BY

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

B-83

ORIGINAL

MECKLENBURG COUNTY
ENGINEERING & BUILDING STANDARDS DEPARTMENT

Miscellaneous Fees

Requestor (Please print): Richard Hatch	Phone #: 599-9312	Date Requested: 4-21-99	Date Filled: 4-21-99
Account Name:	☐ Cash ☐ Charge	Account No.:	

I certify that I am authorized to charge this account for this service.

Signature: Richard W Hatch Printed Name: RICHARD W. HATCH Date: 4-21-99

Fee or Charge

T.C.	Qty.	Type	Unit Cost	Total Cost
021		Single Lot Grading Permit (Please list address below)		
112		Zoning Board of Adjustment ☐ Residential Variance Request ☐ Commercial Variance Request ☐ Residential Interpretation ☐ Commercial Interpretation		
113		Zoning Citation(s) # _____		
		☐ 117: Certificate of Compliance* ☐ 118: Certificate of Occupancy* (original is free)	$10.00 ea.	
119		Change of Contractor*	$10.00 ea.	
121		Letters of Certification/Verification	$10.00 ea.	
122		Monthly Statistical Reports	$10.00 ea.	
124		Research & Retrieval of Documents		
125		Temporary Utilities/Occupancy*	$30.00/insp.	
		Local License Card/Exam ☐ 128: Mechanical ☐ 129: Plumbing ☐ 132: Electrical		
		Development Activities Plan Review ☐ 002: Commercial Drainage ☐ 005: Erosion Control ☐ 016: Subdivision ☐ 006: Final Plat Review		
425		City of Charlotte Fire - Plan Review		
		Map Sales		
OTH		Other: Addition w/o System Mod.	50.00	50.00
		Other:		
Payment received by: [illegible] Date: 4-21-99 By: VLW			Total:	50.00

* Please list all permit numbers/addresses that relate to your request. A request for temporary utilities (gas and electric) would require two permit numbers.

6928A/9641 DH	David Road.	
Phil Walker	336-557D	

B-216NS 8/95

DIVISION

CERTIFICATE OF COMPLETION/OPERATION PERMIT

2400

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

FILE: 6928A DATE: 10-11-95

TC: 113-061-11 ☐ L ☒ CRT

SERIAL № 15759

Name of Owner Charles Schroader Juris.:

Address of Property 9641 Old Dowd Rd.

Inspection Data:

Tank Material 1500

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth 12"

Water Supply Source WELL

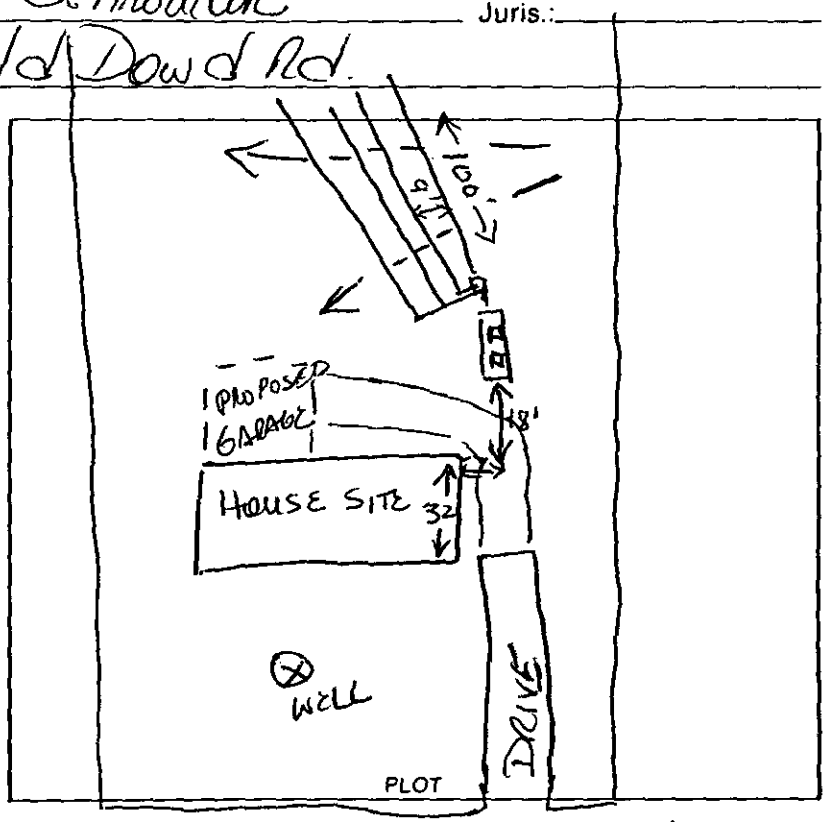
Distance to Water Source 78'

Excavation Inspected 10-11-95

Tank(s) Inspected 10-11-95

Wash Line Inspected —

High Water Alarm Inspected —



Design: 1500 ST, 1200 SQFT., 12" G.T. CECIL-LIKE CTR# G+M 232

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

☐ installed or constructed ☐ altered or repaired

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

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☐ Certificate of Completion ☑ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: Type II

Sleeve 4" PVC under drive with 6" PVC

Toni Huggins Bunn
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

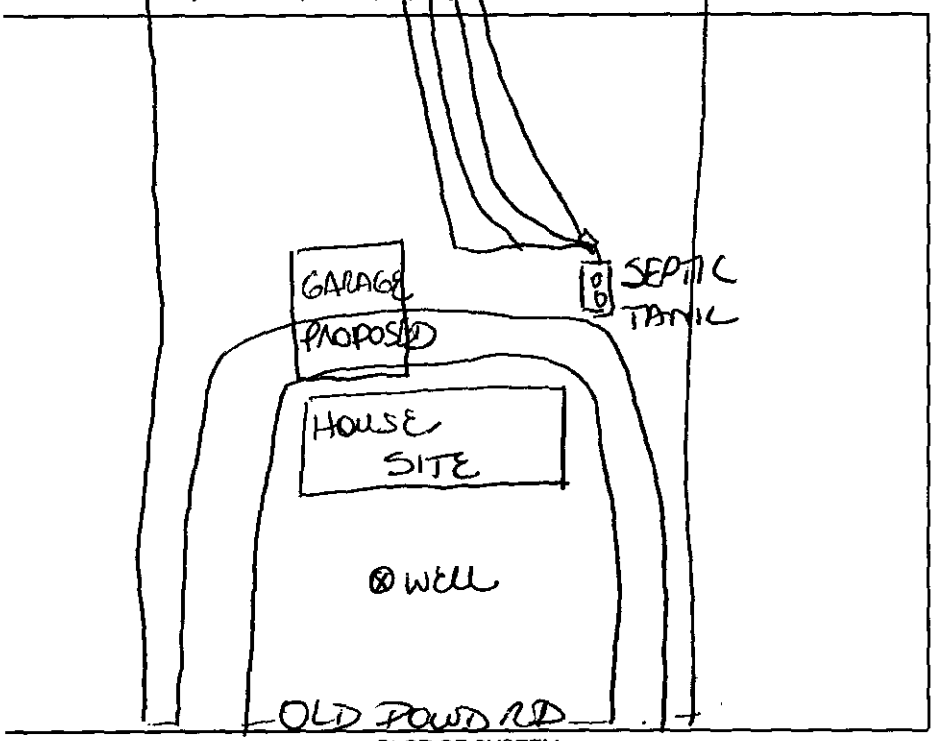
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 6928A DATE: 10-11-95

TC: 113-061-11 ☐ L

SERIAL Nº 16544

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 8-15-95. All work shall be completed on or before 11-11-95, 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 _____

Total Line Length 400 feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 10 feet

Distance from Property Line 10 feet

Distance from Well 78' feet

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

NAME OF OWNER Charles Shroader

LOCATION OF PROPERTY 9641 Old Dowd Rd.

Comments: 1500 SEPTIC TANK, 4 LINES @ 3'x100'x12", SLEEVE 4" PVC under drive with 6" PVC; Homeowner requested tank moved away from house for driveway extension.

Sbastian for Shamel, Program Chief 10-18-95

Ginger Bunn, R.S.
Environmental Health Specialist

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

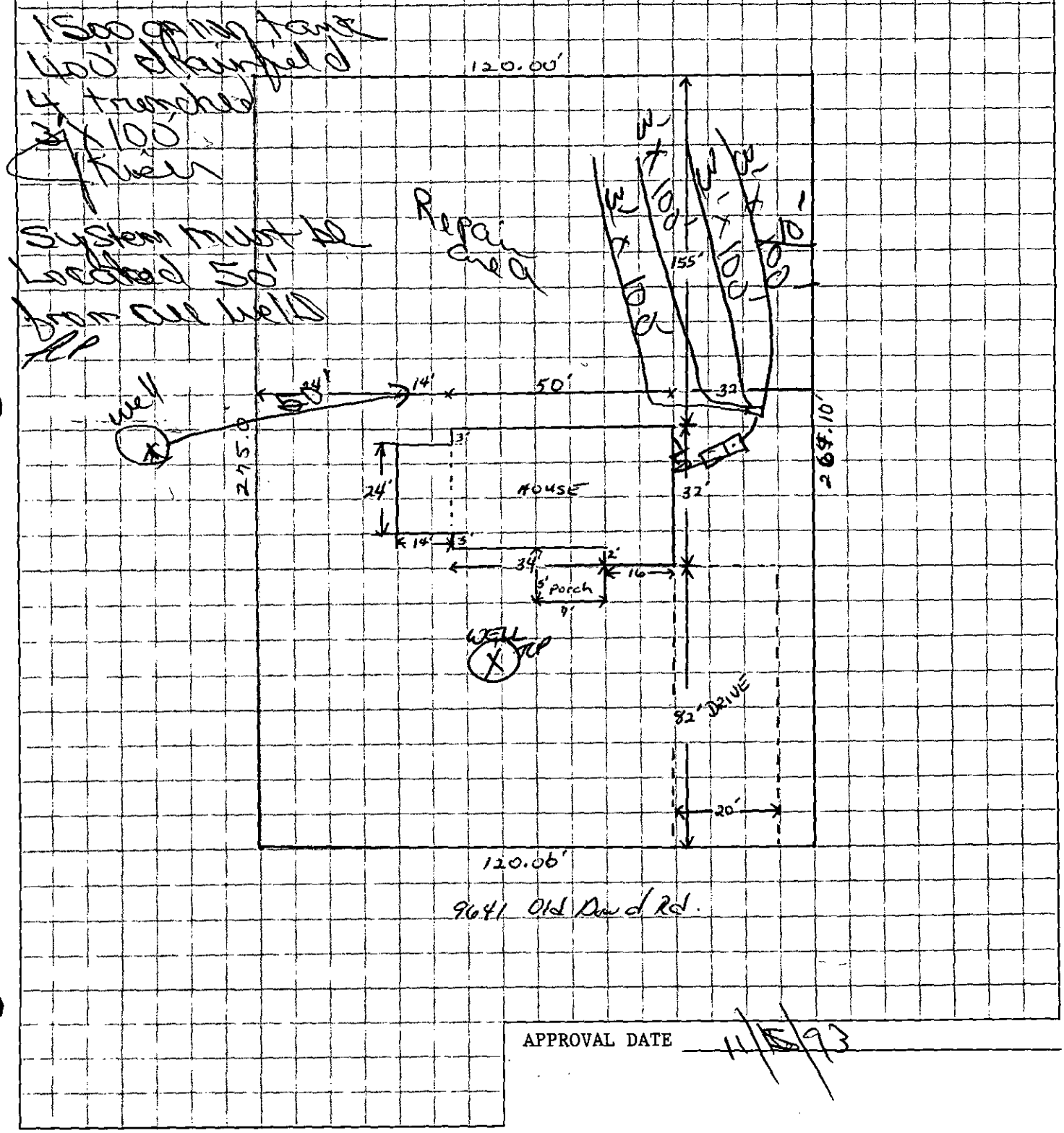
PROPOSED PLOT PLAN

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

FILE: 6228 A

TC: 113-061-11

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.


1500 gal tank
40' absorption
4 trenches
3' x 100'
Rock
System must be
located 50'
from all wells
Repair area
120.00'
155'
10'
10'
10

8/18/95 Jim transferred over from previous owner, plan on file

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

6 92 LA

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

(704)336-5102

PERSON FILING APPLICATION:
NAME: Schroeder (last) Charles (first) B (mi)
ADDRESS: Po Box 668925 PHONE: (704) 391-7825
CITY: Charlotte STATE: NC ZIPCODE: 28266-8925

Date: 8-15-95

PROPERTY OWNER:
NAME: Schroeder (last) Charles Melissa (first) B F (mi)
ADDRESS: PO Box 668925 PHONE: (704) 391-7825
CITY: Charlotte STATE: NC ZIPCODE: 28266-8925

PROPERTY INFORMATION (FROM ENGINEERING PLAN):
TAX/PARCEL NUMBER: 113-061-11
STREET ADDRESS: 9641 Old Dowd Rd.
Charlotte NC
ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 11 LOT SIZE (in acres): .7419

TYPE APPLICATION (check one):
☐ SOIL TEST - INDIVIDUAL LOT (B)
☑ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N) → New House moved on lot - New System
☐ REPLACE MOBILE HOME - MORE 0 BEDROOMS (T)
☐ ADDITION - INCREASE NUMBER/OCCUPANCY/MOBILE HOME SIZE (A or B)
☐ COMMERCIAL OR INDUSTRIAL (O)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
☐ SINGLE MOBILE HOME (S) ☑ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 3

SYSTEM CLASSIFICATION: Would like to install for a 3BR Home

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

WATER SUPPLY (check one):
☐ Community (C) ☐ Shared Well (S)
☐ Municipal (M) ☐ Other 'Spring' (O)
☑ Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
☐ Building Pool ☐ Jacuzzi ☐ Stable/Barn ☐ Workshop ☐ Sauna
☑ Garage ☐ Storage Building ☐ Deck/Patio ☐ Bedrooms ☐ Other

The undersigned, owner, or legal agent for the owner, of the property described above on the "JOB LOCATION" has read the foregoing application, consents 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: Melissa Schroeder Date: 8-15-95

NOTICE:

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

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

...This permit is not transferable.

...

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

Environmentalist Date

Director or Authorized Section Head Date

WATER 12 70

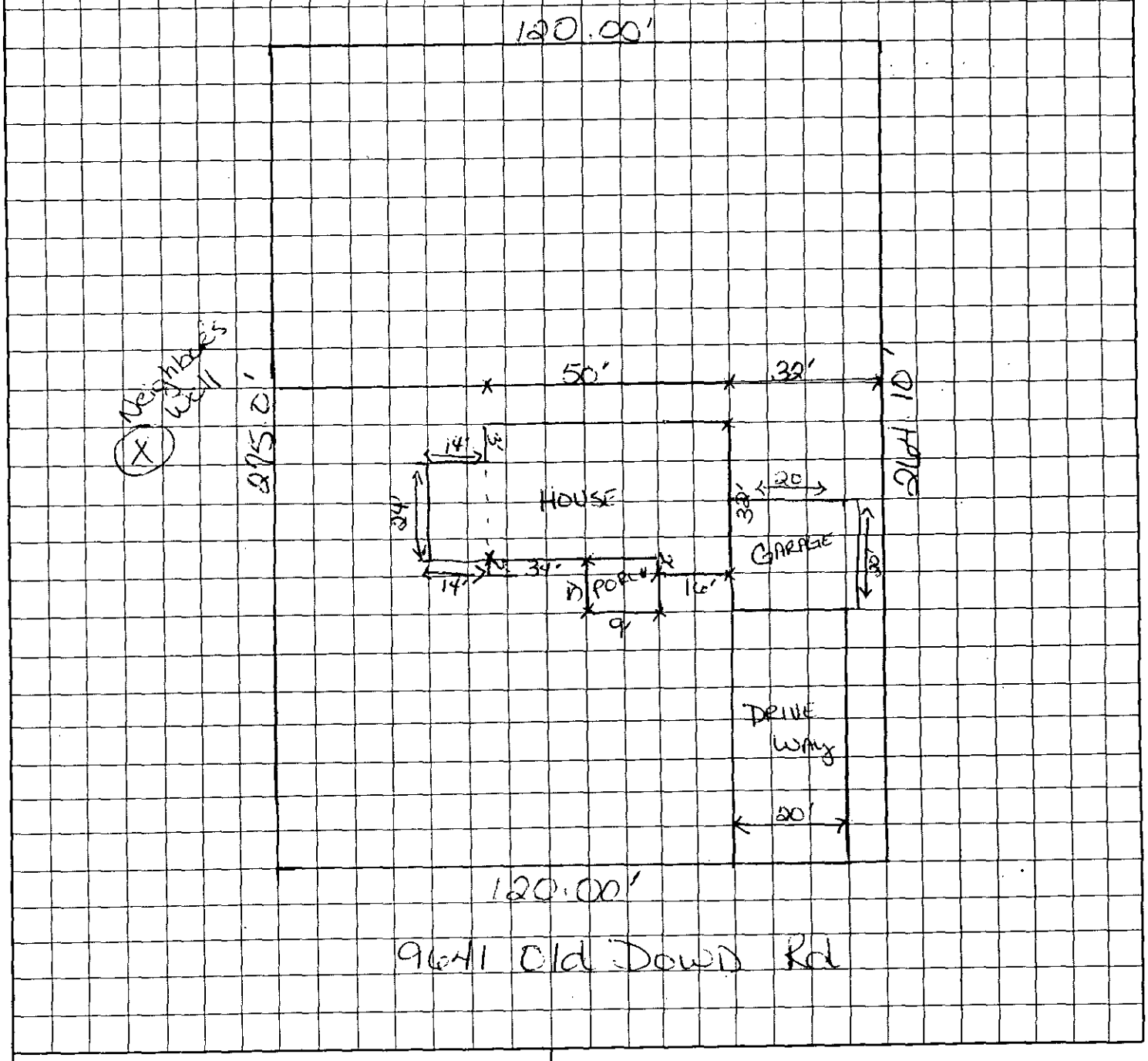
PROPOSED PLOT PLAN

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

FILE: 6928A

TC: 113-061-11

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.



Melissa Schroeder
OWNER/AGENT SIGNATURE

DATE 8-18-95

APPROVAL DATE _____

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

6928A

MECKLENBURG COUNTY HEALTH DEPARTMENT
700 NORTH TRYON STREET
CHARLOTTE, NORTH CAROLINA 28202
(704) 336-5102

REQUEST FOR TRANSFER OF SERVICE PAYMENT/INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

SERVICE: IMPROVEMENT PERMIT, SOIL TEST, E.G.

FILE NUMBER 6928A TAX NUMBER 1130611

PROPERTY ADDRESS 9641 Old Dowd Rd

NAME OF ORIGINAL APPLICANT _____

NAME OF PERSON PURCHASING PROPERTY/TRANSFEROR Charles & Melissa Schroeder

I UNDERSTAND THAT THE PERMIT TO CONSTRUCT AND UNUSED MONIES FOR INSPECTIONS ARE FULLY RELINQUISHED BY THIS DOCUMENT.

SIGNATURE OF ORIGINAL APPLICANT

Tamara L. Poteat DATE 8-15-95

AS BUYER OF THIS PROPERTY, I UNDERSTAND THAT THE PERMIT IS ONLY VALID WHEN USED EXACTLY AS ISSUED. SHOULD CHANGES BE DESIRED, THEY MUST BE REQUESTED AND APPROVED BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT ACCORDING TO CURRENT REGULATIONS AND FEES.

AN ORIGINAL COPY OF THIS REQUEST MUST BE PRESENTED AND ACKNOWLEDGED BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT TO BE VALIDATED.

SIGNATURE OF TRANSFEREE

Melissa Schroeder DATE 8-18-95

FAX TRANSMITTAL COVER SHEET

TO: Lorraine Whitaker - Meck. Co. Health Department

FROM: Tamara Poteat Fax # 587-0890 or 399-2152

RE: Property Located at 9641 Old Dowd Rd.

DATE: Aug. 15, 1995

NUMBER OF PAGES INCLUDING COVER SHEET 2

Messages: If you need to contact me you can call me at 343-6040 or beep me at 581-3922. Thank You.

To: Meck County Envir. Health Div.

Attn: Lorraine Whitaker

To whom it may concern I give permission for Transfer of Letter for Application for Improvement Permit to the owners

Tamara + William ~~Potent~~ on Address of

4406 Amos Smith
Parcel # 113-06-201
File # 21614

+

9641 Old Pond Rd.
Parcel # 113-06-111
File # 6228-A

Signed.

Shirley E. Phillips

File # 62284 Old Dowd 62284 LDL

4400

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

File # 62284 CRT

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

(704)336-5102

Date: 11-2-93

PERSON FILING APPLICATION:

NAME: POTEAT (last) TAMARA (first) L (mi)

ADDRESS: P.O. Box 70 PHONE: (704) 825-9781 W# 343-6049

CITY: Belmont STATE: N.C. ZIPCODE: 28012

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 113-061-11

STREET ADDRESS: 9641 Old Dowd Rd

ZONING:

PROPERTY OWNER:

NAME: POTEAT / POTEAT ROWELL (last) TAMARA / WILLIAM / TERESA (first) L. / E. (mi)

ADDRESS: P.O. Box 70 PHONE: (704) 825-8569

CITY: Belmont STATE: N.C. ZIPCODE: 28012

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: 11 LOT SIZE (in acres): .7419

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[x] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
House moved on lot - New System
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [x] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 6

SYSTEM CLASSIFICATION:

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

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

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [x] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Tamara L. Poteat Date: 11-2-93

NOTICE:

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

...This permit is not transferable.

... Approved for 3 Bedroom home. System ~~is to be installed in accordance with~~ the approved plot plan on file. There ~~shall be no driving or parking over the~~ septic tank or drainfield. Keep 50' from all wells in the area.

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

Environmentalist R.S. 11/5/93 Date

Director or Authorized Section Head 11/10/93 Date

WATER : 122791

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)

FILE: 69284

TC: 113-061-11

SERIAL: № 19886

☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 9641 (STREET NO.) Old Dowd Rd. (STREET) Ch'lt. N.C. ② FILE: _____

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 113-061-11 PO

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Mickey (FIRST) Eugene (MIDDLE) Phillips (LAST)

⑨ MAILING ADDRESS: 7415 Honey Flower Place

⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28214

⑬ PHONE: (WORK) 827-1985 ⑭ (HOME) 399-7262

REQUEST

This request is for a(n):

⑮ ☑ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 3 ㉕ Type? _____

㉓ Maximum occupancy? ? 6 ㉖ Maximum number of employees? _____

㉔ Basement? ☐ yes ☒ no ㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☑ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉙. The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the [illegible]KLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Mickey E. Phillips

Date: 8/01/90

IMPROVEMENT PERMIT

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

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

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

B. R. Ferguson — Environmentalist — 8-7-90 — Date

[signature] — Director or Authorized Section Head — 8-7-90 — Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 8-1-90

Name/Company: Mickey E. Phillips

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: App. for New Permit-3 bdrms
9641 @ Old Pond Rd, Char

_____

ENVIRONMENTAL HEALTH DIVISION 6708 A

PAID

AUG 1 1990

Fee: $ 200.00

Cash
#200

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: C925A
TC: 113-061-11
SERIAL: # 19980
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 9641 Old Jud Rd. -H.H. N.C. ② FILE:
STREET NO. STREET

③ JURISDICTION: ④ TAX PARCEL NO.: 113-061-11 PO

⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Mickey (FIRST) Eugene (MIDDLE) Phillips (LAST)

⑨ MAILING ADDRESS: 7415 Honey Flower Place

⑩ CITY: Charlotte, ⑪ STATE: N.C. ⑫ ZIP: 28214

⑬ PHONE: (WORK) 522-1985 ⑭ (HOME) 399-7262

REQUEST

This request is for a(n):

⑮ ☐ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify)

DESIGN CRITERIA

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㉒ Number of bedrooms? 3 ㉕ Type?

㉓ Maximum occupancy? ? 6 ㉖ Maximum number of employees?

㉔ Basement? ☐ yes ☑ no ㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☑ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Mickey E. Phillips

Date: 8/01/90

IMPROVEMENT PERMIT

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

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

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Bill Ferguson 8/7/90
Environmentalist Date

Director or Authorized Section Head Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

INSTRUCTIONS

PLEASE PRINT OR TYPE ALL REQUESTED INFORMATION

ITEM(S) ....INSTRUCTIONS

① .....Indicate location of property for which the request is being made. Give **street number** and street or road name. If you do not know the street number, you must contact the Mecklenburg County Engineering Department to have one assigned.

② .....If a soil investigation has been run, copy the file number from the report. This may appear [illegible] APT numbers on older reports.

③ .....Indicate the jurisdiction in which the property is located. The jurisdiction is assigned by County Engineering.

④ .....Indicate the tax account or parcel number for the property (example 000-000-00). If the property is comprised of a portion of a large tract, precede the parcel number with the letters "PO."

⑤-⑦ .....Indicate the subdivision name and the lot and block numbers in the subdivision if applicable.

⑧-⑭ .....Indicate, in the requested format, the information as it pertains to the person to whom the permit should be issued.

⑮-⑱ .....Indicate the purpose of the request by placing an "X" in the appropriate box.

⑲-㉑ .....Indicate the type structure the system will serve by placing an "X" in the appropriate box.

- Residence means a single or multi-family dwelling (duplex, apartment, hotel, motel) or any other place where people reside.
- Mobile home means a trailer used as a residence that is designed without a permanent foundation and is capable of being moved to another location.
- Business or place of public assembly means non-residential use of buildings such as manufacturing, office space, warehousing operations, place of amusement or recreation, church, fairground, stadium, campground or any other place where people work or assemble.

㉒-㉔ .....If the system will serve a residence or a mobile home, indicate the number of bedrooms, the maximum occupancy of the residence and whether or not the structure will have a basement. When calculating the number of bedrooms include all rooms which are intended to be used as bedrooms or might later be furnished or converted to bedroom use and any additional bedrooms to be constructed in the future.

㉕-㉗ .....If the system will serve a business, indicate the type business, the maximum number of employees and the maximum number of seats to be provided. Include in these figures projections for future expansions.

㉘ .....Indicate the type water supply by placing an "X" in the appropriate box.

- Individual well means a well located on the lot, serving a building occupied by only one family or one business establishment and will not be a public place, a place of public gathering, or business which processes or manufactures any product which is used as, or is used in a food product.
- Municipal system means a water supply furnished by a city, county, town or other governmental authority.
- Community well means a privately owned water system originating from a well source.
- Community system means a privately owned water system originating from a source other than a well.

㉙ .....Once you have completed the application, read the certification statement in the lower, left hand corner. The statement must be signed, dated, and returned to the Department along with a Proposed Plot Plan and a copy of the Engineering Address Record prior to the issuance of any permits. **IN ORDER FOR YOU TO RECEIVE A COPY OF THE COMPLETED PERMIT FOR CONSTRUCTION, ALL COPIES OF THIS FORM MUST BE RETURNED TO THE ADDRESS LISTED ON THE FRONT OF THE APPLICATION.**

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE 8-1-90

FROM: COUNTY ENGINEERING DEPARTMENT

KED FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 113-061-11 pp

ASSIGNED ADDRESS 9641 Old Dowd Rd

EXISTING ADDRESS _____

PROJECT NAME _____ N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	DISAPPROVED
1. SUBDIVISION REGULATIONS	/ /	/ /*
2. FLOODWAY REGULATIONS	/ /	/ /*
3. EROSION CONTROL REGULATIONS	/ /	/ /*
4. PUBLIC UTILITY EASEMENT	/ /	/ /*

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	/ /*	/ /
6. PROPERTY FRONTS ON THOROUGHFARE	/ /*	/ /
7. DRIVEWAY PERMIT REQUIRED	/ /*	/ /

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Well Septic

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

SIGNED: [signature]

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100

Mecklenburg County
Health Department

July 26th, 1990

Mickey Phillips
7415 Honey Flower Place
Charlotte, NC 28214

RE: Property located at Old Dowd Road
FILE: 6928A
PARCEL: 11306111

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 18068) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 18068

File: 6928A Action 1

Parcel: PO 113-061-11 ☐ PC

Location:

Subdivision:

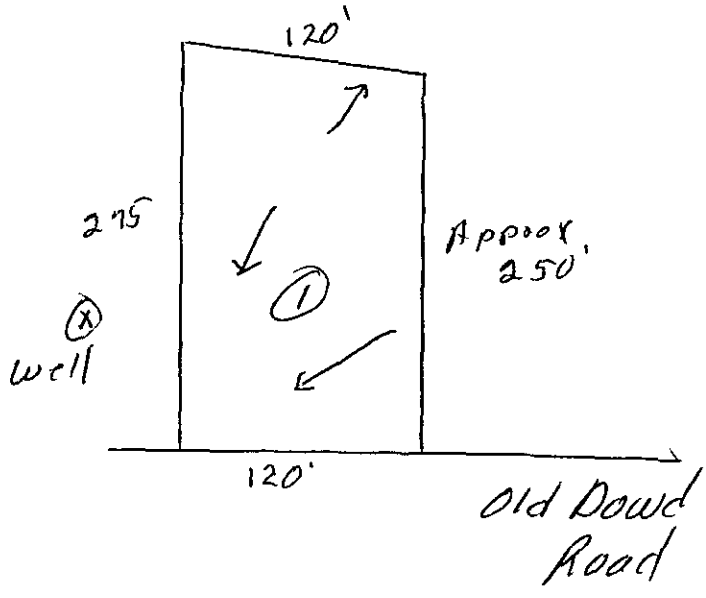
Lot: Block: Acres: ~~1.0~~ Approx .92

Owner:
Address:

Comments: 100% Repair - would need surface water diversion to route runoff around drainfield area

Described by: William A. Marks

Date: 7-19-90



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-8%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" To water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil-1.40					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

Mecklenburg County
Health Department

July 25th, 1990

Mickey Phillips
7415 Honey Flower Place
Charlotte, NC 28214

RE: Property located at Old Dowd Road
FILE: 6928A
PARCEL: 11306111

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 18068) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 6928A

TC: 113-061-11

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Old Dowd Rd.

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 113 PAGE NO.: 6 PARCEL NO.: 11

⑥ DEED REFERENCE: BOOK NO.: 4734 PAGE NO.: 199

OWNER

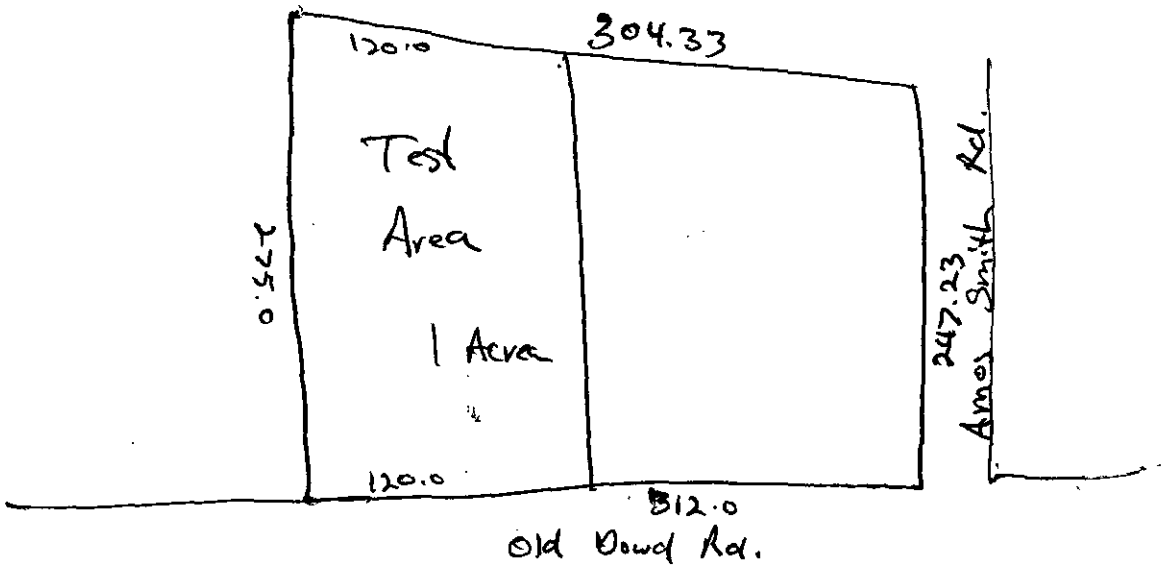
⑦ NAME: ~~Phillips~~ Mickey (FIRST) E. (MIDDLE) Phillips (LAST)

⑧ MAILING ADDRESS: 7415 Honey Flower Place

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28214

⑫ PHONE: (WORK) 827-1985 (HOME) 399-7262

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Mickey E. Phillips

Date: 7/17/90

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

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 7-17-90

Name/Company: McClary Phyllis

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: SnC Investigl

FG 69284

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JUL 17 1990

$ 50.00 Cash #250.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

THIS IS TO CERTIFY THAT ON THE 12TH DAY OF July 19 90 AN ACTUAL SURVEY WAS MADE UNDER MY SUPERVISION OF THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE BOUNDARY LINES AND THE IMPROVEMENTS IF ANY ARE AS SHOWN HEREON. THIS PLAT DOES NOT MEET NCGS 47-30 STANDARDS AND IS NOT FOR RECORDING.

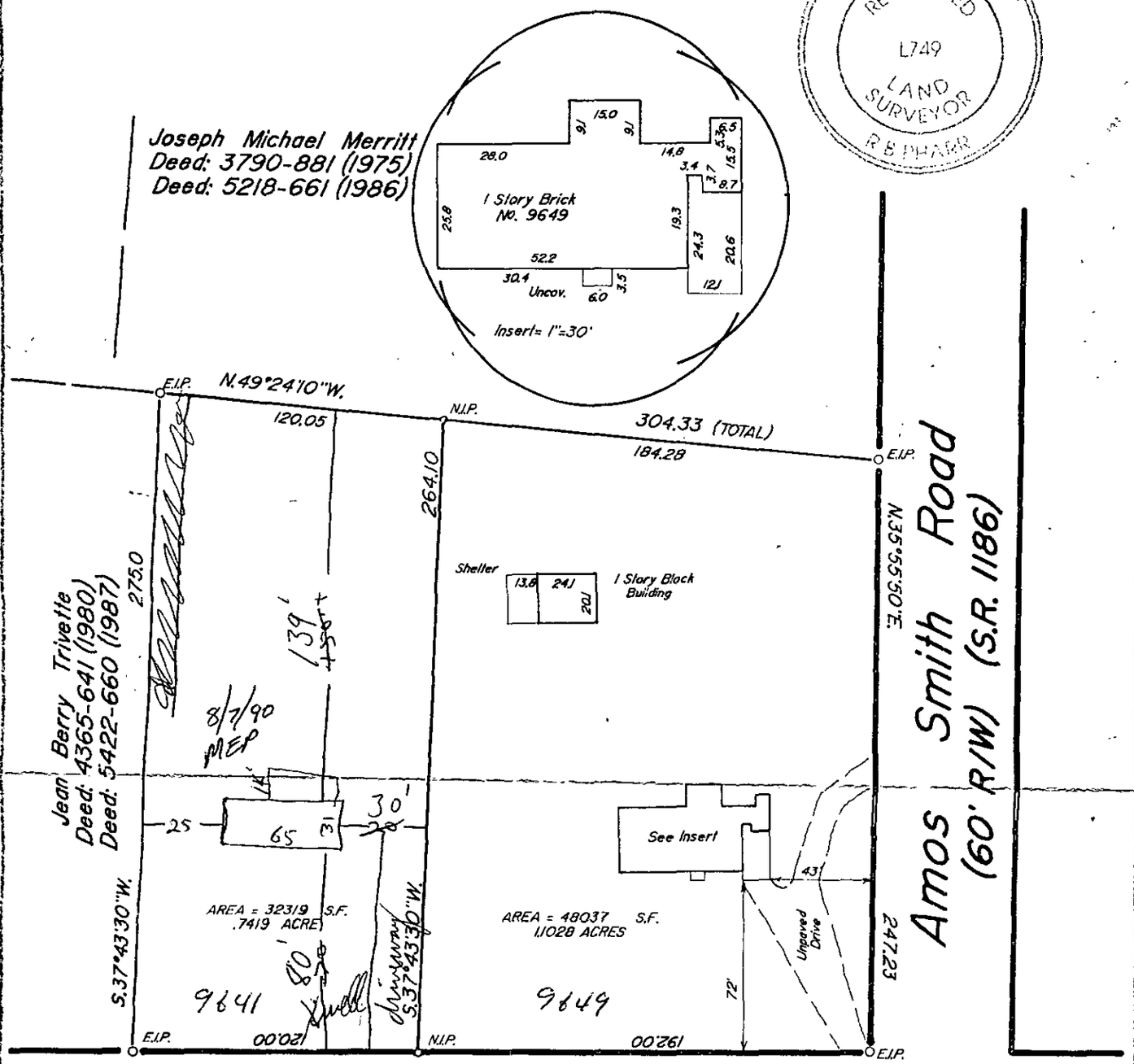
UPDATED 07/31/90, TO SHOW LOT SUBDIVIDED.

6928-A

SIGNED R. B. Pharr

R. B. PHARR & ASSOCIATES, REGISTERED SURVEYORS
212 EAST INDEPENDENCE BLVD.
CHARLOTTE, N. C. 28204
TEL (704) 376-2186

NORTH CAROLINA REGISTERED L749 LAND SURVEYOR R B PHARR



SURVEY

Property as Shown

Berryhill Township, Mecklenburg County
CHARLOTTE, N.C.

SCALE 1"=60'

THE PROPERTY OF Mickey E. Phillips & wife, Annamarie B. Phillips

MAP RECORDED IN BOOK ____ AT PAGE ____ DEED RECORDED IN BOOK 4734 PAGE 199

Tax code 113-061-11

THIS IS TO CERTIFY THAT ON THE 12TH DAY OF July 19 90 AN ACTUAL SURVEY WAS MADE UNDER MY SUPERVISION OF THE PROPERTIES SHOWN ON THIS PLAT, AND THAT THE BOUNDARY LINES AND THE IMPROVEMENTS IF ANY ARE AS SHOWN HEREON. THIS PLAT DOES NOT MEET RCGS-47-30 STANDARDS AND IS NOT FOR RECORDING

UPDATED 07/31/90, TO SHOW LOT SUBDIVIDED.

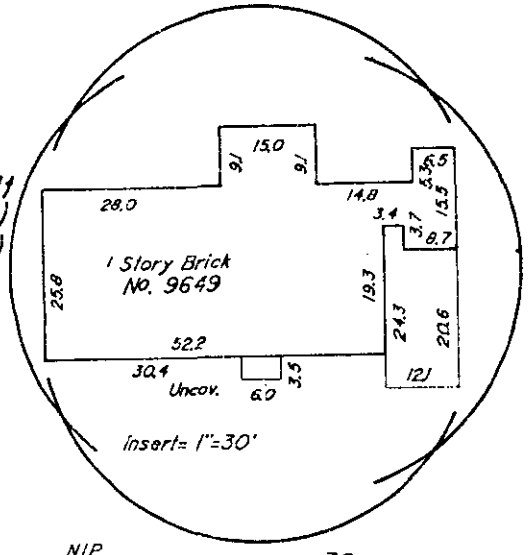
6928-A

SIGNED

R. B. PHARR & ASSOCIATES, REGISTERED SURVEYORS
[illegible]

NORTH CAROLINA REGISTERED L749 LAND SURVEYOR R.B. PHARR

Joseph Michael Merritt
Deed: 3790-881 (1975)
Deed: 5218-661 (1986)



E.I.P. N.49°24'10"W. 304.33 (TOTAL) E.I.P.

120.05 184.28

N.I.P.

264.10

N.35°55'50"E.

Amos Smith Road
(60' R/W) (S.R. 1186)

Jean Berry Trivette
Deed: 4365-641 (1980)
Deed: 5422-660 (1987)

275.0

Shelter 13.6 24.1 20.1 1 Story Block Building

139'+-

8/7/90 MEP

1K'

25 65 31 30' 30'

See Insert

43'

AREA = 32319 S.F. .7419 ACRE

AREA = 48037 S.F. 1.1028 ACRES

S.37°43'30"W.

80'+-

Unnamed Drive

Unpaved

247.23

72'

9641

9649

E.I.P. 120.00 N.I.P. 192.00 E.I.P.

312.0 (TOTAL) S.54°36'30"E.

Old Dowd Road
(60' R/W) (S.R. 1191)

...ORO COUNTY HEALTH DEPARTMENT
...UATION REPORT
NUMBER 18068

File: 6/220 Action: /

Parcel: PO 113-661-11 ☐ PC

...cation:

Subdivision:

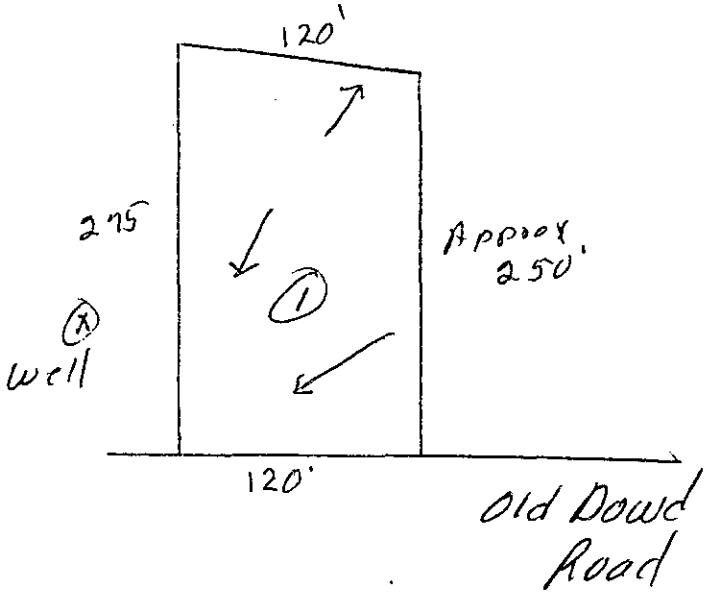
Lot: Block: Acres: ~~1.0~~ Approx .72

Owner:
Address:

Comments: 100% Repair - Would need surface water diversion to route runoff around drainfield area

Described by: William A Macki

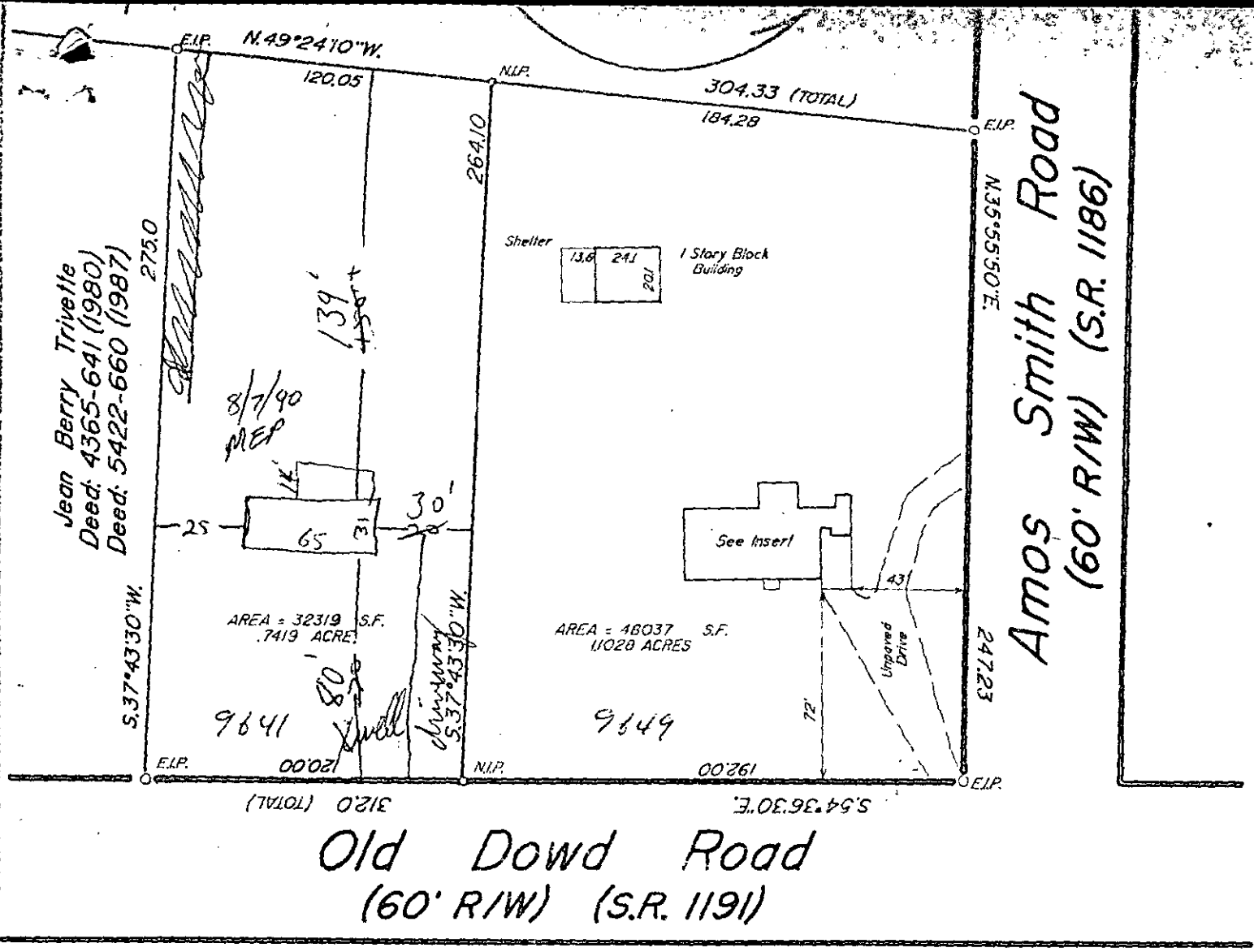
Date: 7-19-90



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Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" To water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil-Lloyd					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U



SURVEY

Property as Shown

Berryhill Township, Mecklenburg County

SCALE 1"=60'

FOR PROPERTY OF Mickey E. Phillips & wife, Annamarie B. Phillips

MAP RECORDED IN BOOK AT PAGE DEED RECORDED IN BOOK 4734 PAGE 199

Tax code 113-061-11