

10644 MT HOLLY-HUNTERSVILLE RD

01704224

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) 336-5103

FILE: 23498 DATE: 11/9/05

TC: 017-042-03 ☒ L ☐ CRT

SERIAL Nº 20039

Name of Owner GEORGE BOSTIC Juris.: _____

Address of Property 10674 Mt. Holly-Huntersville ROAD

Inspection Data:

Tank Material PCC

Total Length of Drainfield 480 (320' NEW)

Number of Lines 6 @ VARYING

Cover Depth 12-14"

Water Supply Source MUNICIPAL

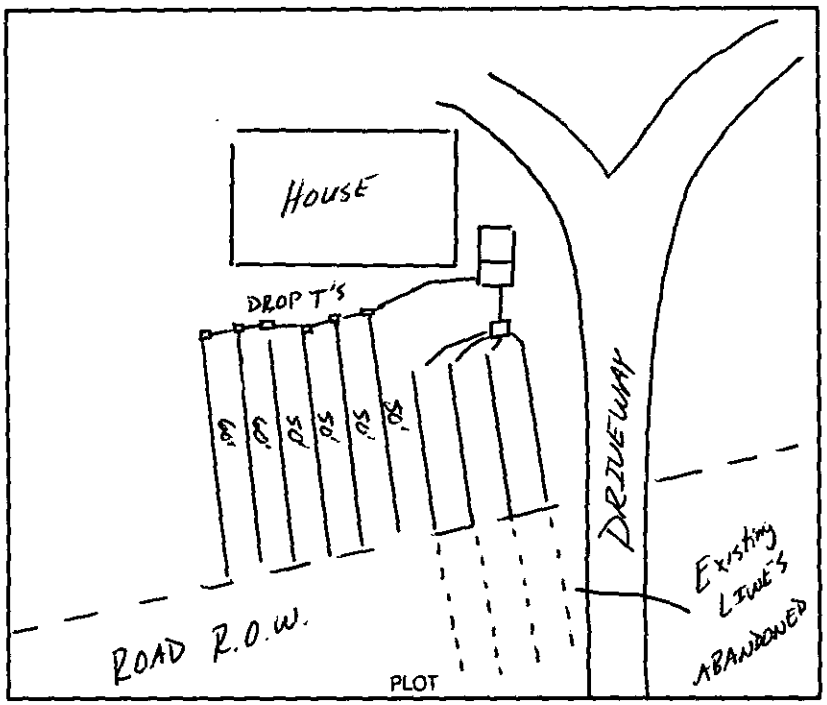
Distance to Water Source > 50'

Excavation Inspected 11/9/05

Tank(s) Inspected EXISTING

Wash Line Inspected –

High Water Alarm Inspected –



Design 960 SFT, CON, 12" STONE (2005 ALTERATION) CTR# CLAUDIUS MORRISON

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. 1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

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

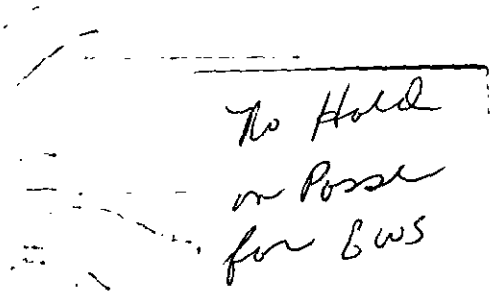
COMMENTS: ALTERATION TO SYSTEM FOR NEW ROAD

4 Lines x 50' & 2 Lines x 60' x 3' x 12" STONE (320' TLF)

TYPE II CONVENTIONAL SYSTEM W/ DROP "T"S

Jimmy Mackie, R.S.
Environmental Health Specialist

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



11/14/05

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

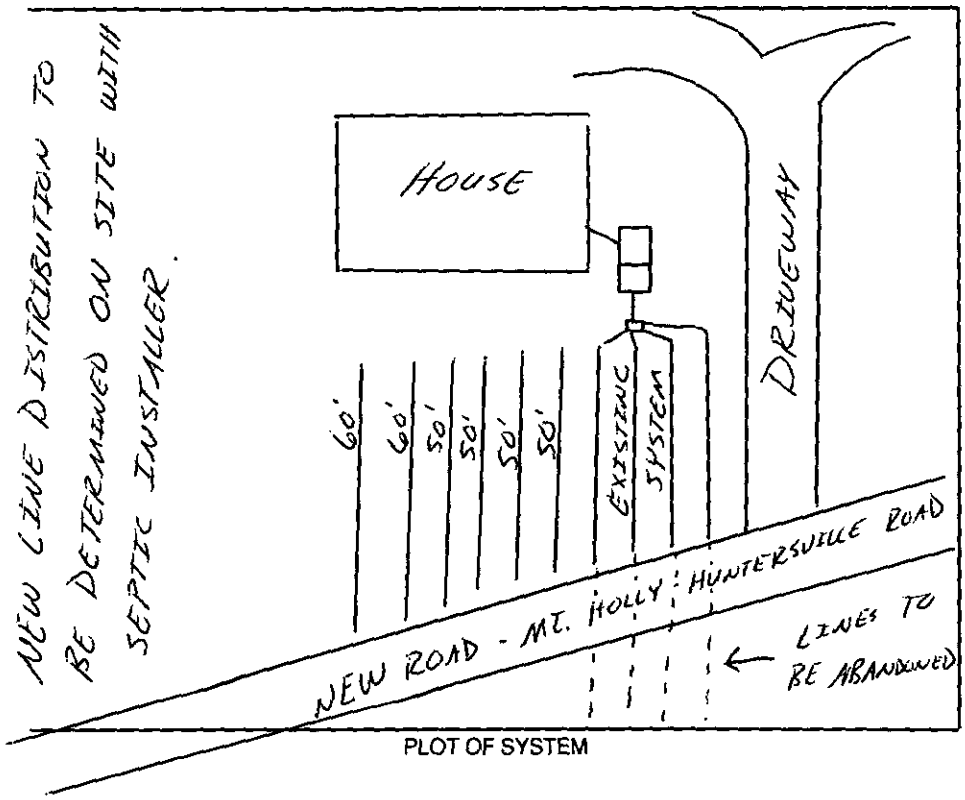
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 23498 DATE: 3/29/05

TC: 017-042-03 L

SERIAL 19997

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 6/28/04. All work shall be completed on or before BEFORE ROAD CONSTRUCTION, 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 existing gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction PCC

Trench Depth 24-30"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 320' feet

Number of Lines 6

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 GEORGE R. BOSTIC

LOCATION OF PROPERTY 10644 MT. HOLLY - HUNTERSVILLE ROAD

Comments: Alteration to existing system for new ROAD

Install 4 lines @ 50', & 2 lines @ 60' totalling 320'

Cut off existing septic liner & pack ends with bentonite

Type II Conventional System

Tommy Mucci, R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

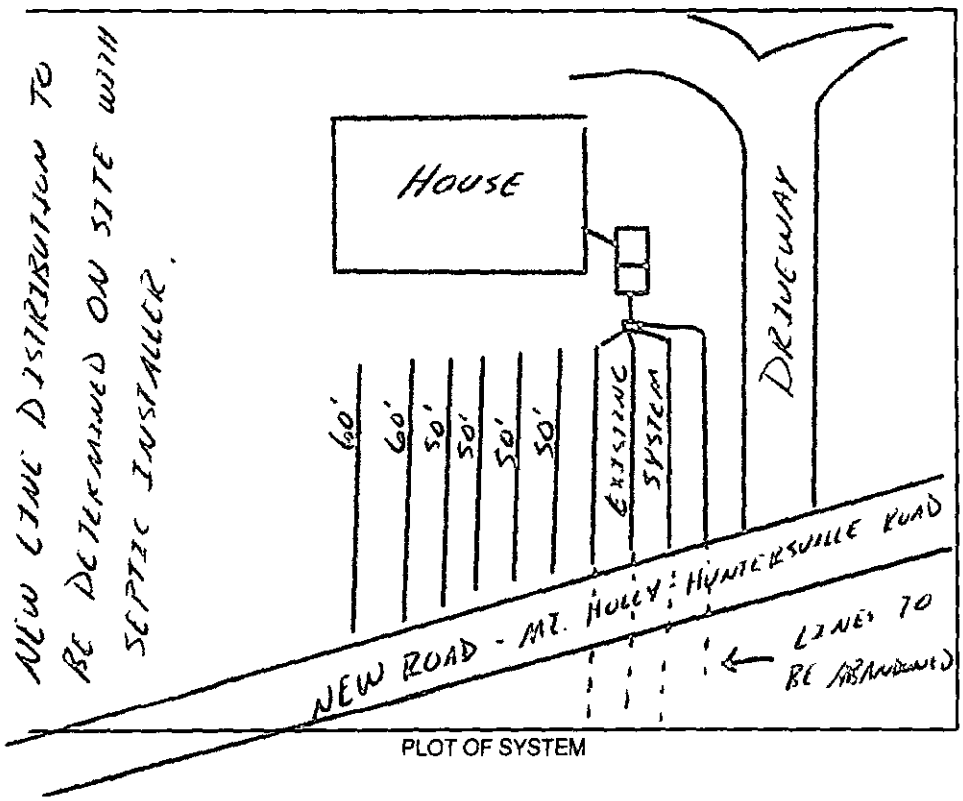
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 23498 DATE: 3/29/05

TC: 017-042-03 ☐ L

SERIAL 19997

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 6/28/04. All work shall be completed on or before BEFORE ROAD CONSTRUCTION, 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 existing gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction PCC

Trench Depth 24-30"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 320' feet

Number of Lines 6

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.

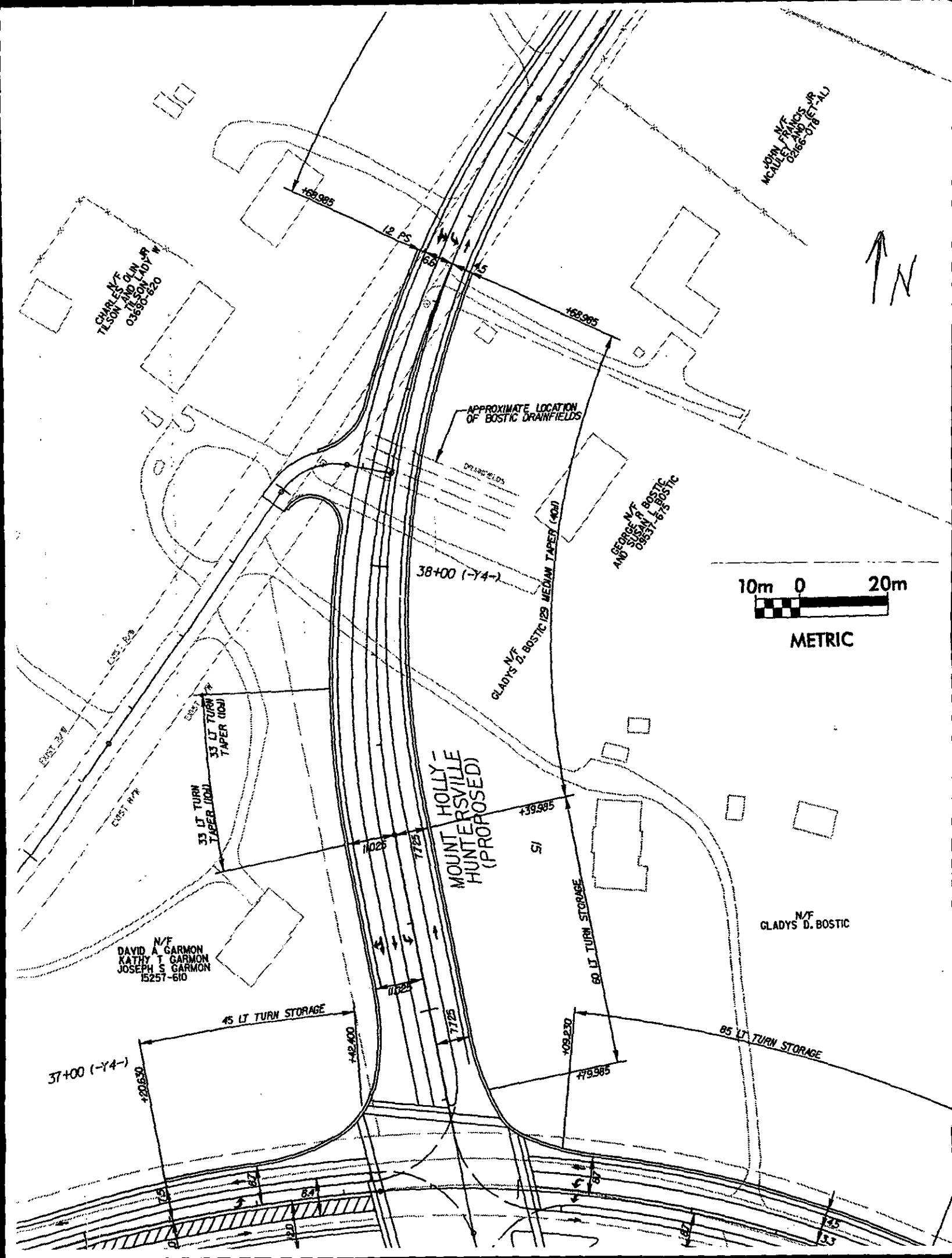
NAME OF OWNER George R. Bostic

LOCATION OF PROPERTY 10644 Mt. Holly-Huntersville Road

Comments: Alteration to existing system for new road
Install 4 lines @ 50', & 2 lines @ 60' totalling 320'
Cut off existing septic lines & patch ends with bentonite
Type II Conventional System

Tammy Hucks, R.S.
Environmental Health Specialist

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


N/F
JOHN FRANCIS JR
MCALLISTER AND
02166-078 (ET-AL)
N/F
CHARLES GLEN
TILSON AND LADY W
TILSON
03660-820
+69.985
12 PS
65
15
+68.985
APPROXIMATE LOCATION
OF BOSTIC DRAINFIELDS
N/F
GEORGE R BOSTIC
AND SUSAN L BOSTIC
08537-675
38+00 (-Y4-)
GLADYS N/F
D. BOSTIC
129 MEDIAN TAPER (40')
10m 0 20m
METRIC
33 LT TURN
TAPER (10')
33 LT TURN
TAPER (10')
+39.985
1102'
1725'
HOLLY-
MOUNTERSVILLE
(PROPOSED)
51
60 LT TURN STORAGE
N/F
GLADYS D. BOSTIC
N/F
DAVID A GARMON
KATHY T GARMON
JOSEPH S GARMON
15257-610
45 LT TURN STORAGE
+42.400
37+00 (-Y4-)
+20.630
+09.230
+79.985
85 LT TURN STORAGE
87'
64'
12'
15'
33'

FEE: 300.00
DATE: 4/19/05
Check 258 JKA

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

ACS

PERMIT NUMBER: 2349B
PARCEL NUMBER: 01704203

JOB LOCATION ADDRESS: 10644 Mt. Holly-Huntersville Road
PROPERTY OWNER: George R. Bostic
BUILDING CONTRACTOR: ____
SUBDIVISION NAME: NA
AUTHORIZATION ISSUED BY: Jeremy Michelone, R.S. DATE: 03/29/05

Jeremy Michelone, R.S.
DENR/DEH AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 2349B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

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

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

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.

5. OTHER CONDITIONS:

CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Permit Number: **2349B** Tax Number: **01704203**

- 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

Primary Wastewater System

Type: ☐ 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:

0.25 Long-term acceptance rate (GPD/ft^2)	360 Max gallons/day wastewater flow	1440 Absorption Area (ft^2)	9 Trench spacing (min. on centers) (ft)
Serviced by private well: ☐ Yes ☒ No	1500 Gallon septic tank	480 Total trench length (ft)	30 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
3 Bedrooms in residence	NA Gallon pump tank	12 Depth of stone (in)	

Any surface water present: **NO** Type: Minimum separation distance (ft):

Additional conditions:

Repair Area System

Type: ☐ 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:

1440 Absorption Area (ft^2) 480 Total trench length (ft)	12 Depth of stone (in)	9 Trench spacing (min. on centers) (ft)	30 Maximum trench depth (in)

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. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems 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.

Tommy Mecke, R.S. 3/29/05

DENR Authorized Agent Date

Owner/Agent Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE: (704) 336-5103
FAX: (704) 336-6894

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FEE: _____

DATE: _____

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

[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

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

FILE #: 23426

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 017-042-24

STREET ADDRESS: 10644 Mt. Holly-Huntersville Rd.

SUBDIVISION OR MOBILE HOME PARK NAME: N/A

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: 1600

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 4

CLOSING DATE N/A

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: Alteration of existing system to accommodate realignment of Mt. Holly-Huntersville Rd.

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
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: Bostic (LAST) George (FIRST) R. (MI)

ADDRESS: 3800 Miranda Rd.

CITY: Charlotte STATE: NC ZIP: 28216

DAYTIME PHONE: 704 392-8193

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Coxe (LAST) William (FIRST) S. (MI)

DAYTIME PHONE: 704 766-2210

(Town of Huntersville)

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? March 4, 1998

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: William S Coxe DATE: 6/28/04

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

ON-SITE WASTEWATER SECTION

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

400 - #1 23 49B
96 017-042 03
24

OWNER: Gladys A. Boyette Heirs APPLICANT: _____
ADDRESS: 10632 Mt. Holly Huntersville Rd APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 360gpd PROPERTY SIZE: 3
LOCATION OF SITE: 10632 Mt. Holly Huntersville Rd PROPERTY RECORDED: _____
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☑ Spring ☐ Other _____
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE % (slopes 2-8%)	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS	0-6"	gr/sl	Fr/SExPl/SP	7 46" TO soil wetness	46"	N/A P	None	PS .391 IV
		6-48"	sBK/c	Fi/SExPlS/P					
2	LS	0-5"	gr/sl	Fr/SExPl/SP	7 36" TO soil wetness	36"	N/A	None	PS .241 IV
		5-36"	sBK/sc	Fi/SExPlS/P					
3	LS	0-6"	gr/scl	Fr/SExPl/SP	7 46" TO soil wetness	46"	N/A	None	PS .391 IV
		6-48"	sBK/c	Fi/SExPlS/P					
4	LS	0-4"	gr/sl	Fr/SExPlS/P	7 48" TO soil wetness	48"	N/A	None	PS .39 I
		4-48"	sBK/c	Fi/SExPlS/P					

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: W. R. Marks 1-12-98
OTHER(S) PRESENT: LSS

ON-SITE WASTEWATER SECTION

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

23490

OWNER: _____ APPLICANT: _____ DATE EVALUATED: _____

ADDRESS: _____ APPLICATION DATE: _____ PROPERTY SIZE: _____

PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY RECORDED: _____

LOCATION OF SITE: _____

WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____

EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut

TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	LS	0-6"	gr/sc/	Fr/S EXP/ss/so	7.5YR 5/6 TO 5/1 WETNESS	46"	N/A	None	PS .75 PI LE
		6-40"	sBK/c	Fr/S EXP/SI/CL					
		40-46"	sBK/cl	Fr/S EXP/SCL/P					
6 2	LS	0-5"	gr/sc/	Fr/S EXP/SCL/P	7.5YR TO 5/1 WETNESS	46"	N/A	None	PS .35/1 LE
		5-38"	sBK/c	Fr/S EXP/SI/CL					
		38-46"	sBK/cl	Fr/S EXP/SCL/P					
3									
4									

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

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____

OTHER(S) PRESENT: _____

COMMENTS: 1000 Regular size 25'9"

LEGEND

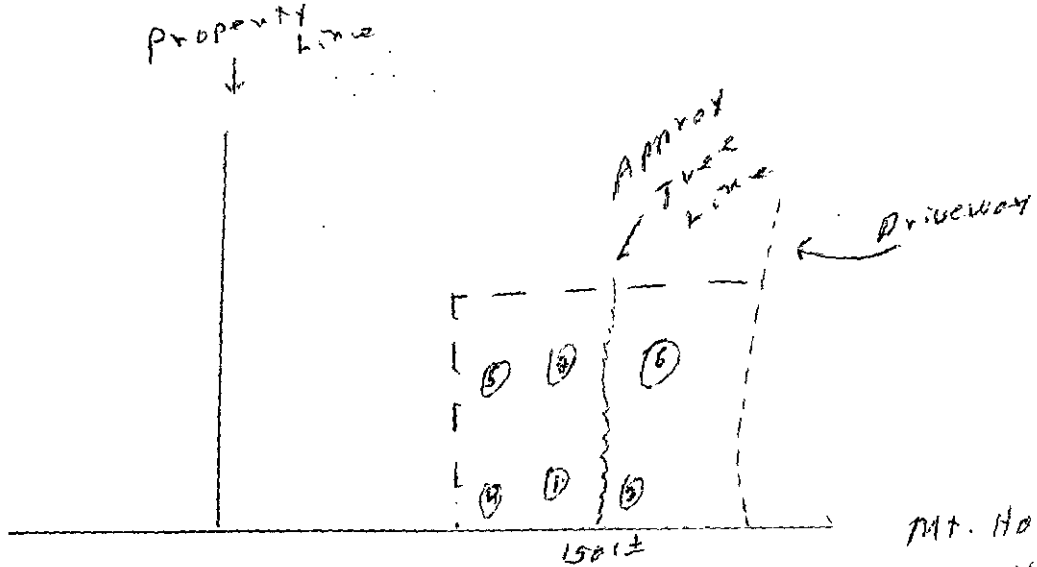
use the following standard abbreviations

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)
(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 Bloc
S (Foot Slope)						ABK (Angular Blocky
(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 design
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).

2 3448



Mt. Holly-Huntersville Rd

DATE: INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

TYPE APPLICATION: ___ NEW SYSTEM ✓ EXPANSION/ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

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

COPY

FILE #: 56252

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 017-042-24

STREET ADDRESS: 10644 Mt. Holly-Huntersville Rd.

SUBDIVISION OR MOBILE HOME PARK NAME: N/A

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: 1600

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 4

CLOSING DATE N/A

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: Alteration of existing system to accommodate realignment of Mt. Holly-Huntersville Rd.

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)

IS ANY OF THE FOLLOWING TO BE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

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

PROPERTY OWNER:

NAME: Bostic George R.
(LAST) (FIRST) (MI)

ADDRESS: 3800 Miranda Rd.

CITY: Charlotte STATE: NC ZIP: 28216

DAYTIME PHONE: 704 392-8193

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Coxe William S.
(LAST) (FIRST) (MI)

DAYTIME PHONE: 704 766-2210

(Town of Huntersville)

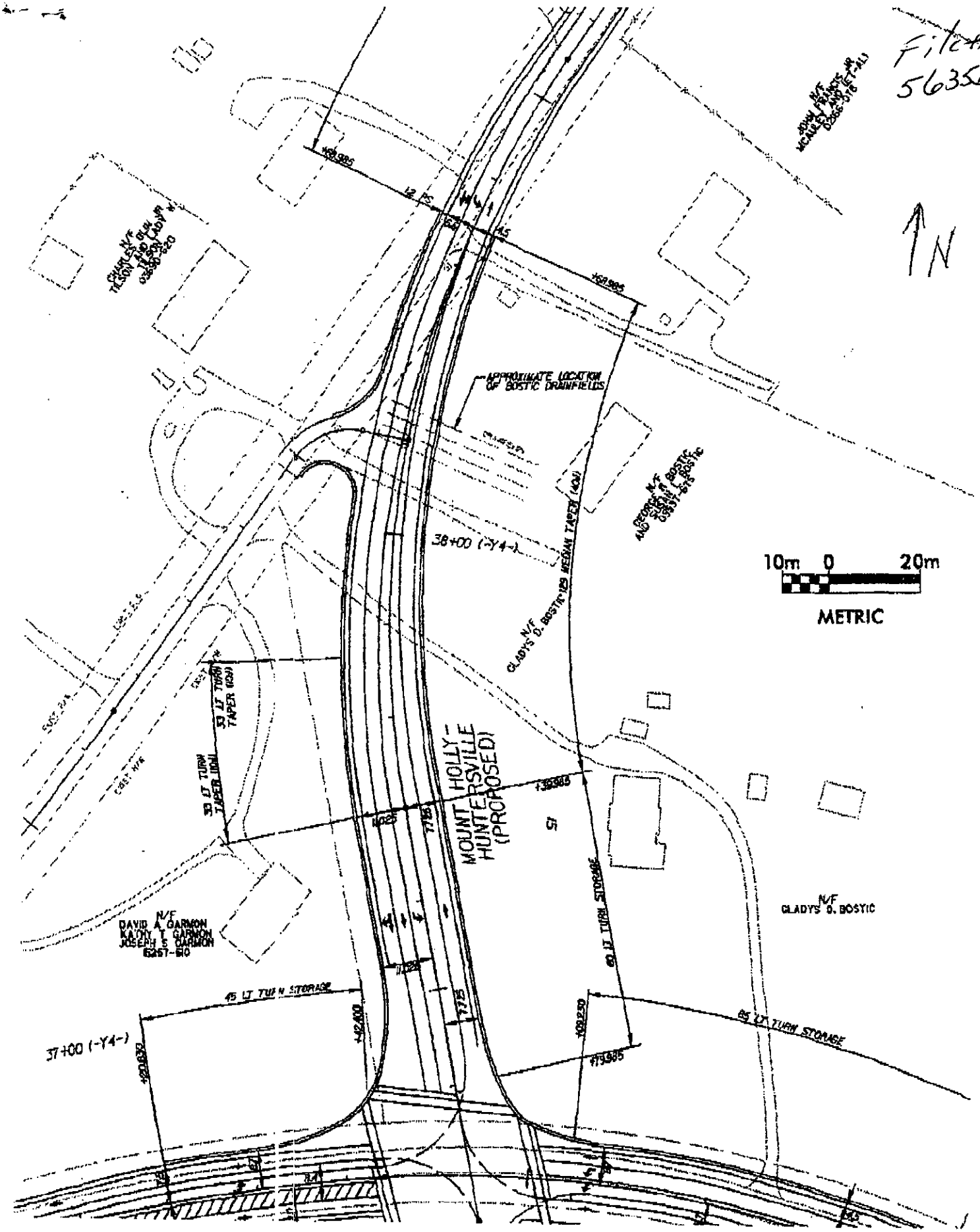
WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? March 4, 1998

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: 6/28/04

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

File 5635B


N
10m 0 20m
METRIC
APPROXIMATE LOCATION OF BOSTIC DRAINFIELDS
GLADYS N/F BOSTIC 125 MEDIAN TAPER (40')
38+00 (-Y4-)
37+00 (-Y4-)
33 LT TURN TAPER (60')
45 LT TURN STORAGE
60 LT TURN STORAGE
MOUNT HOLLY-HUNTERSVILLE (PROPOSED)
N/F DAVID A. GARMON KATHY T. GARMON JOSEPH S. GARMON 6257-80
N/F GLADYS O. BOSTIC

Town of Huntersville

June 17, 2004

Sylvia D. Daniel, RS
Environmental Program Manager
Mecklenburg County Health Department
700 N. Tryon Street
Suite 211
Charlotte, NC 28202

Subject: Request for Fee Waiver, System Modifications on Tax Parcel 017-042-24

Dear Sylvia:

The Town of Huntersville respectfully requests that Mecklenburg County waive permitting and inspection fees on modifications to the individual private wastewater treatment (septic) system on tax parcel 017-042-24, owned by George and Susan Bostic. These modifications will be necessitated by the construction of Northlake Centre Parkway, a minor thoroughfare, from Alexanderana Road to Mt Holly-Huntersville Road. A concept plan for that realignment is attached. The background leading to this request is summarized below.

In 1987 Mecklenburg County approved a rezoning request for a 1+ million square foot shopping mall plus almost two hundred acres of business park in the northwest quadrant of the interchange of I-77 and Reames Road. Adopted public policy at the time stated that infrastructure to support this "development enterprise area" would be the responsibility of the public sector. An internal roadway network was anticipated to be the responsibility of the developer including one connection to Alexanderana Road and one to Mt. Holly-Huntersville Road. Subsequent negotiations with the NCDOT led to the reduction of this to one thoroughfare connection through the site to the current intersection of Alexanderana Road and Mt. Holly-Huntersville Road, placing more stress on this one roadway than initially assumed. A configuration of this thoroughfare and its intersection with Mt Holly-Huntersville Road was approved by the Mecklenburg-Union Metropolitan Planning Organization.

In 2002 the proposed developer of the mall area applied to the City of Charlotte for modifications to the mall layout as well as an expansion of allowable development. The request was granted. Numerous conditions were attached to the approval, one of which is that the developer is required to construct the final configuration of the Alexanderana Rd/Mt Holly-Huntersville Rd/Northlake Centre Parkway intersection IF the developer does not have to pay for the right of way. At that time, Mecklenburg County held right of way protection funds and the County's representative to the Technical Coordinating Committee committed to recommend those funds be used for the needed right of way.

Those funds are no longer available in the County's budget. The developer is holding to his commitment and is not willing to put funds up for the right of way. Modifications to the septic field drain lines on the subject parcel are essential to holding down the right of way cost while we search for ways to fund the needed land. Without the construction of the final intersection design, I predict there will be extraordinarily high levels of congestion and a greatly heightened accident problem at the intersection of Alexanderana Road and Mt Holly-Huntersville Road.

There are at this date no public funds in the roadway construction. The approval of the final design rests in the hands of the NCDOT but they are not building or funding the project. It is a thoroughfare being built by a private developer but they are not required to complete this final intersection configuration. Unless we can craft a multi-party approach to this final solution, I am afraid that there will be an awful mess when the mall opens up in the fall of 2005. Thus, we request that the County participate by waiving permitting and inspection fees and assist with resolving the issue of the septic field that will be impacted by the road construction.

For your information, I have attached a copy of the approval sheet from Mr. Bostic's original permit. He is fully aware of all activities involved in this matter and has given his permission to me to institute this process. I've also enclosed a copy of the concept plan for the roadway reconfiguration. You can see the drain lines shown on the plan. This plan will need further engineering before being finalized.

Thanks for your help and if there is anything you need from me, don't hesitate to call or e-mail.

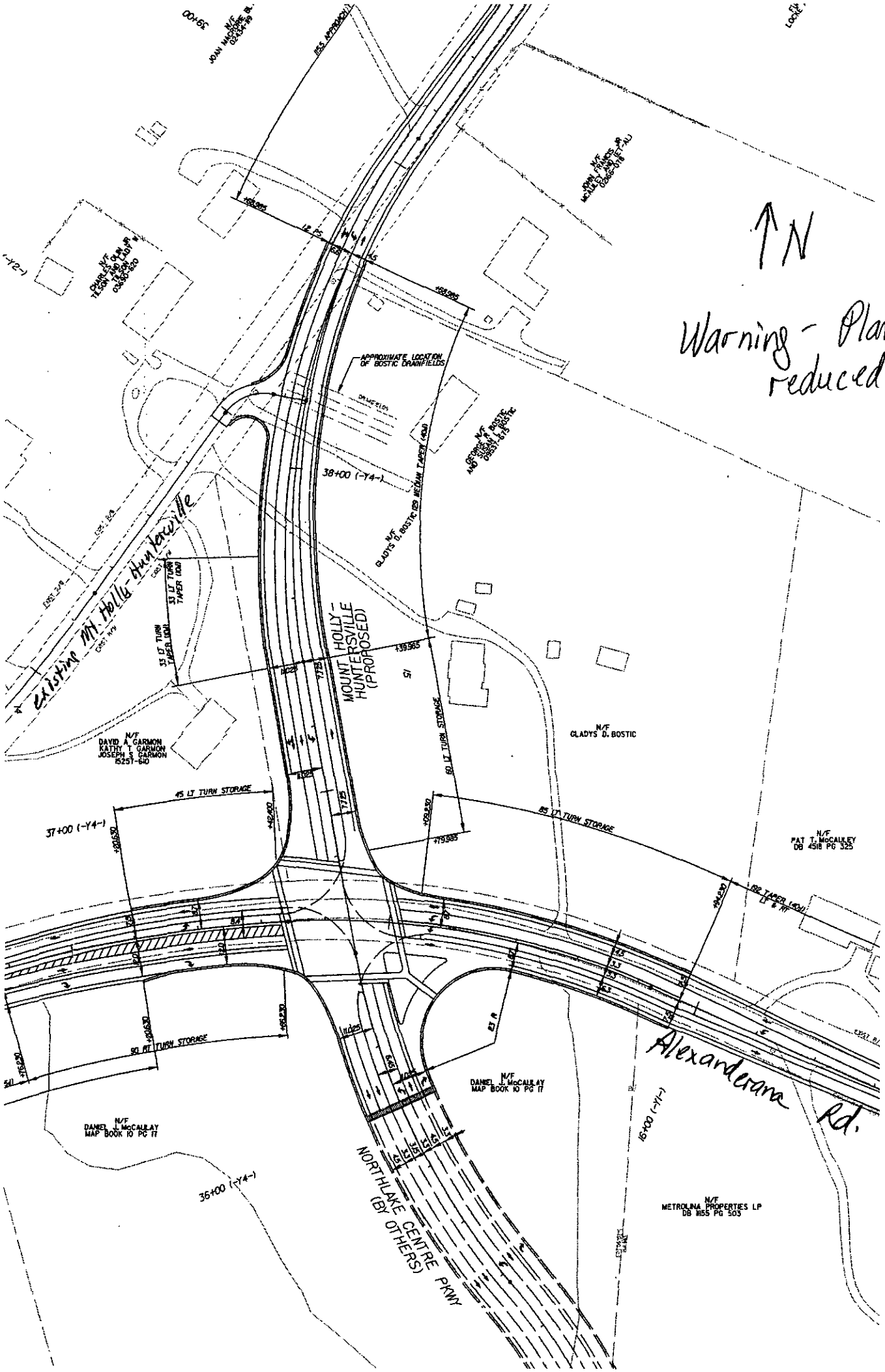
Sincerely,



William S. Coxe
Transportation Planner
(704) 766-2210
bcoxe@huntersville.org

Cc: George Bostic
Jerry Cox, Town Manager
Benton Payne, PE, Division Engineer

attachments


↑N
Warning - Plans reduced!
existing Mt. Holly-Huntersville
MOUNT HOLLY-HUNTERSVILLE (PROPOSED)
Alexanderana Rd.
NORTHLAKE CENTRE PKWY (BY OTHERS)
APPROXIMATE LOCATION OF BOSTIC DRAINFIELDS
N/F GLADYS O. BOSTIC
N/F DAVID A. GARMON KATHY T. GARMON JOSEPH S. GARMON 8251-640
N/F DANIEL J. McCAULAY MAP BOOK 10 PG 17
N/F PAT T. McCAULEY DB 4518 PG 325
N/F METROLINA PROPERTIES LP DB 1155 PG 503
45 LT TURN STORAGE
60 LT TURN STORAGE
85 LT TURN STORAGE
90 RT TURN STORAGE
33 LT TURN TAPER (100')
37+00 (-Y4-)
38+00 (-Y4-)
36+00 (-Y4-)
15+00 (-Y1-)

HUNTERSVILLE

FACSIMILE COVER SHEET

Date: June 28, 2004 No. of Pages (including cover): 3

To: Kelly Randall
Meck. County Health Dept.

From: Bill Coxe
Transportation Planning

Phone: (704) 336-5575

Fax: (704) 336-6894

Phone: (704) 766-2210

Fax: (704) 875-6546

Kelly,

Per our conversation today, I have filled out the application form for investigating modifying the septic system design on George Bostic's property. The purpose is to determine if Mt Holly-Huntersville Road can be realigned to Northlake Centre Parkway. George has authorized me this afternoon to sign as his agent on this application. I am sending the original via US mail.

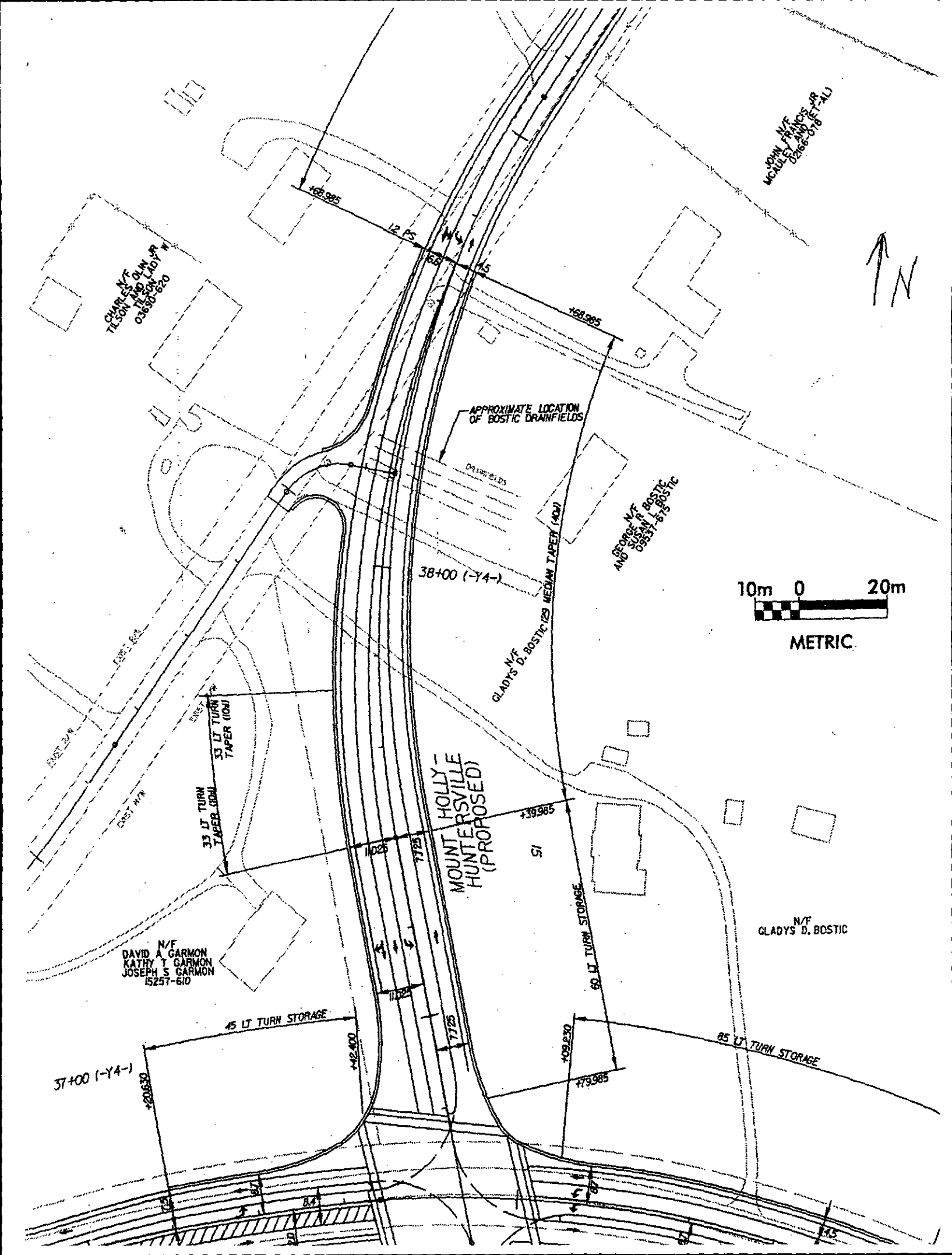
It is my understanding that LUESA is willing to investigate the site now without the payment of a fee. If we reach the point that either a permit approval is appropriate or a denial letter is issued, the Town of Huntersville will be responsible for the payment of appropriate permit fees.

Please use the concept plan for the road realignment that I furnished you on June 17th (copy attached) as the plot plan to begin this work. There will be some area of disturbance and right of way limits behind the curb line that is shown. My guess is that it is an additional 5 meters or so (remember, these are metric drawings!) Once a determination of feasibility has been made by you folks, the next step will be for the private developers of Northlake Mall to prepare detailed designs. We can then get the precise impact staked on the Bostic property and prepare the final agreements.

Thanks so very much for your help in this matter. If you need me, please yell.

Cc: George Bostic

101 Huntersville-Concord Road • PO Box 664 • Huntersville, NC 28070
PHONE (704) 875-6541 • FAX (704) 875-6546 • WEBSITE www.huntersville.org


N/F
JOHN FRANCIS JR
MCAULEY AND ET-AL
03166-078
N/F
CHARLES OLIN
TILSON AND LADY
TILSON
03650-620
168.985
12 PS
68
45
168.985
N
APPROXIMATE LOCATION
OF BOSTIC DRAINFIELDS
DRAINFIELDS
N/F
GEORGE R. BOSTIC
AND SUSAN L. BOSTIC
09537-615
38+00 (-Y4-)
GLADYS N/F
D. BOSTIC
129 MEDIAN TAPER (40')
10m 0 20m
METRIC
EXIST R/W
EXIST R/W
33 LT TURN
TAPER (10')
33 LT TURN
TAPER (10')
+39.985
1025
7725
MOUNT HOLLY-
HUNTERSVILLE
(PROPOSED)
SI
60 LT TURN STORAGE
N/F
GLADYS D. BOSTIC
N/F
DAVID A GARMON
KATHY T GARMON
JOSEPH S GARMON
15257-610
1025
7725
45 LT TURN STORAGE
+42.400
37+00 (-Y4-)
+20.630
+109.230
+79.985
85 LT TURN STORAGE
8.4
8.4
45

TOWN OF HUNTERSVILLE
P. O. BOX 664
HUNTERSVILLE, NC 28070

Bcoxe@huntersville.org

Bill Coxe - 766-2210

Donny Lawrence - surveyor

U.S. POSTAGE
1800 PB355950
05 41 $00.83 0 JUN 17 2004
0000 MAILED FROM ZIP CODE 28078

Sylvia D. Daniel, RS
Mecklenburg County Health Department
700 N. Tryon Street
Suite 211
Charlotte, NC 28202

George Bostic - 392-8195

HUNTERSVILLE

FACSIMILE COVER SHEET

Date: June 17, 2004
No. of Pages (including cover): 6

To: Kelly Randall
Mecklenburg County Health Dept.

From: Bill Coxe
Transportation Planning

Phone: 336-5575
Fax: 336-6894

Phone: (704) 766-2210
Fax: (704) 875-6546

Remarks:

Kelly -
Here's the letter to Sylvia. I'm putting the hard copy in the mail that goes out in the morning. I'll be out Fri. & Mon. and back on Tuesday.
Thanks for your help!
Bill

101 Huntersville-Concord Road • PO Box 664 • Huntersville, NC 28070
PHONE (704) 875-6541 • FAX (704) 875-6546 • WEBSITE www.huntersville.org

Town of Huntersville

June 17, 2004

Sylvia D. Daniel, RS
Environmental Program Manager
Mecklenburg County Health Department
700 N. Tryon Street
Suite 211
Charlotte, NC 28202

Subject: Request for Fee Waiver, System Modifications on Tax Parcel 017-042-24

Dear Sylvia:

The Town of Huntersville respectfully requests that Mecklenburg County waive permitting and inspection fees on modifications to the individual private wastewater treatment (septic) system on tax parcel 017-042-24, owned by George and Susan Bostic. These modifications will be necessitated by the construction of Northlake Centre Parkway, a minor thoroughfare, from Alexanderana Road to Mt Holly-Huntersville Road. A concept plan for that realignment is attached. The background leading to this request is summarized below.

In 1987 Mecklenburg County approved a rezoning request for a 1+ million square foot shopping mall plus almost two hundred acres of business park in the northwest quadrant of the interchange of I-77 and Reames Road. Adopted public policy at the time stated that infrastructure to support this "development enterprise area" would be the responsibility of the public sector. An internal roadway network was anticipated to be the responsibility of the developer including one connection to Alexanderana Road and one to Mt. Holly-Huntersville Road. Subsequent negotiations with the NCDOT led to the reduction of this to one thoroughfare connection through the site to the current intersection of Alexanderana Road and Mt. Holly-Huntersville Road, placing more stress on this one roadway than initially assumed. A configuration of this thoroughfare and its intersection with Mt Holly-Huntersville Road was approved by the Mecklenburg-Union Metropolitan Planning Organization.

In 2002 the proposed developer of the mall area applied to the City of Charlotte for modifications to the mall layout as well as an expansion of allowable development. The request was granted. Numerous conditions were attached to the approval, one of which is that the developer is required to construct the final configuration of the Alexanderana Rd/Mt Holly-Huntersville Rd/Northlake Centre Parkway intersection IF the developer does not have to pay for the right of way. At that time, Mecklenburg County held right of way protection funds and the County's representative to the Technical Coordinating Committee committed to recommend those funds be used for the needed right of way.

Those funds are no longer available in the County's budget. The developer is holding to his commitment and is not willing to put funds up for the right of way. Modifications to the septic field drain lines on the subject parcel are essential to holding down the right of way cost while we search for ways to fund the needed land. Without the construction of the final intersection design, I predict there will be extraordinarily high levels of congestion and a greatly heightened accident problem at the intersection of Alexanderana Road and Mt Holly-Huntersville Road.

There are at this date no public funds in the roadway construction. The approval of the final design rests in the hands of the NCDOT but they are not building or funding the project. It is a thoroughfare being built by a private developer but they are not required to complete this final intersection configuration. Unless we can craft a multi-party approach to this final solution, I am afraid that there will be an awful mess when the mall opens up in the fall of 2005. Thus, we request that the County participate by waiving permitting and inspection fees and assist with resolving the issue of the septic field that will be impacted by the road construction.

For your information, I have attached a copy of the approval sheet from Mr. Bostic's original permit. He is fully aware of all activities involved in this matter and has given his permission to me to institute this process. I've also enclosed a copy of the concept plan for the roadway reconfiguration. You can see the drain lines shown on the plan. This plan will need further engineering before being finalized.

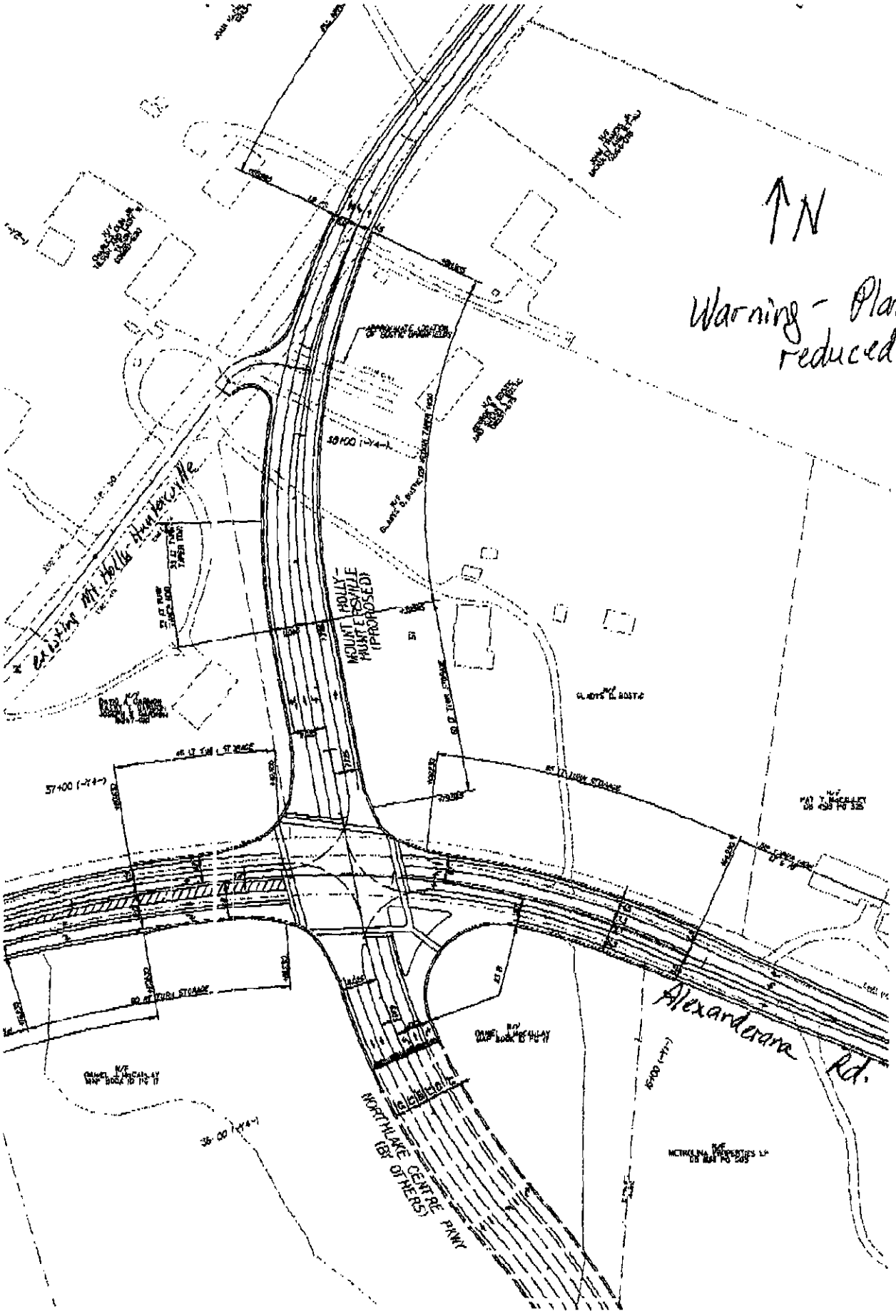
Thanks for your help and if there is anything you need from me, don't hesitate to call or e-mail.

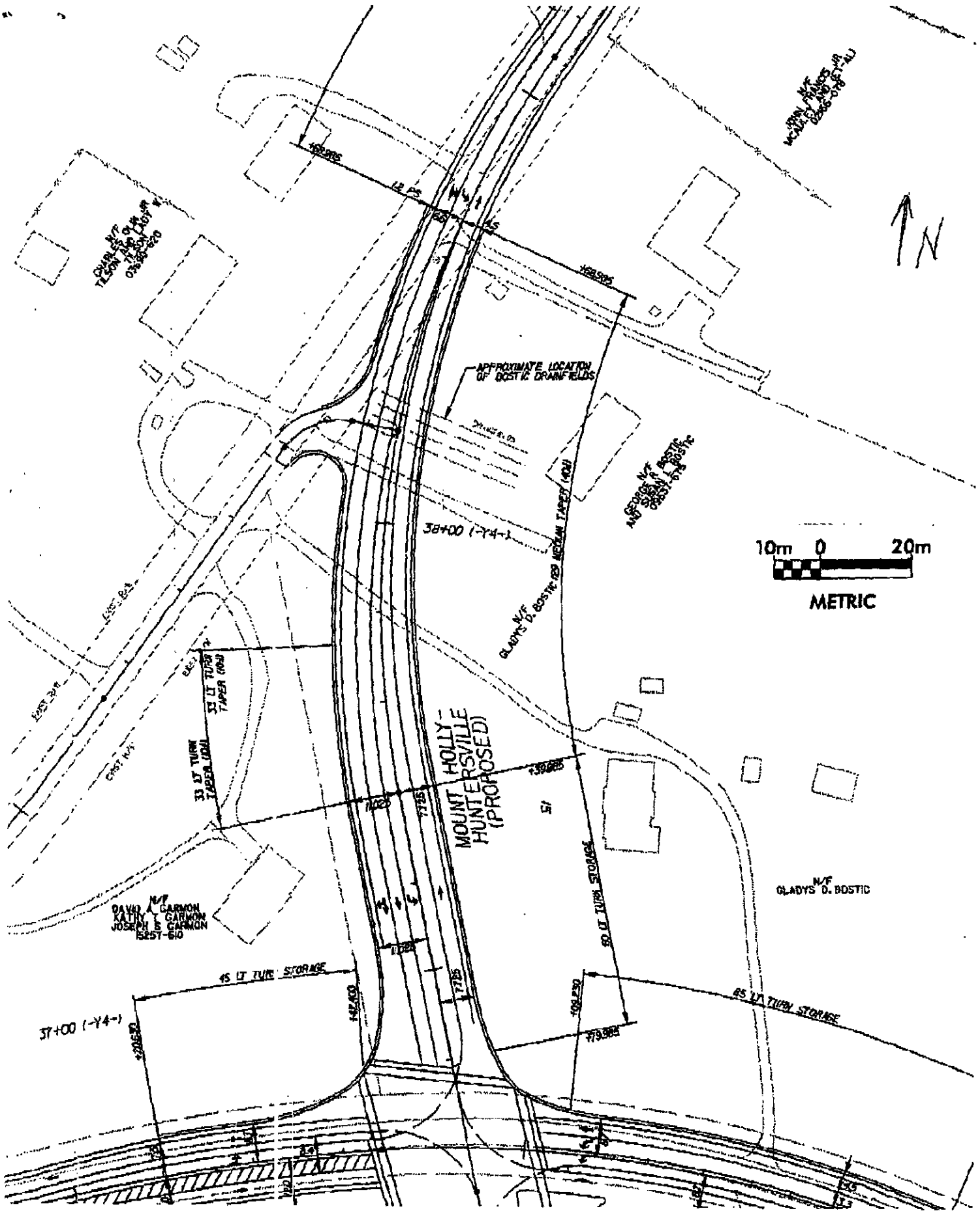
Sincerely,

William S. Coxe
Transportation Planner
(704) 766-2210
bcoxe@huntersville.org

Cc: George Bostic
Jerry Cox, Town Manager
Benton Payne, PE, Division Engineer

attachments


↑N
Warning - Plans reduced!
existing Mt. Holly-Huntersville
MOUNT HOLLY-HUNTERSVILLE (PROPOSED)
Alexanderana Rd.
NORTHLAKE CENTRE (BY OTHERS) PKWY


N
APPROXIMATE LOCATION OF BOSTIC DRAINFIELDS
38+00 (-Y4-)
37+00 (-Y4-)
10m 0 20m
METRIC
MOUNT HOLLY-HUNTERSVILLE (PROPOSED)
33 LT TURN TAPER (100')
45 LT TURN STORAGE
60 LT TURN STORAGE
GLADYS D. BOSTIC
DAVID A. GARMON
KATHY L. GARMON
JOSEPH B. GARMON

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

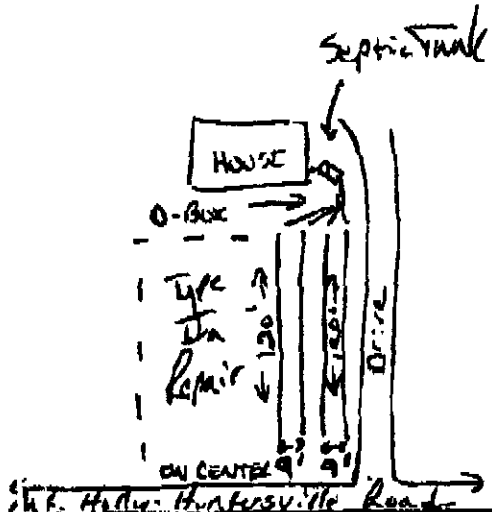
FILE: 2349 B DATE: 4.23.98

TO: 017-042-03X

SERIAL Nº 17681

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 12-24-97. All work shall be completed on or before 5-23-98, 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.

* Use Sch 40 PVC and speed levels out of D-Box



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PVC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Yes

Total Line Length 480 feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well ≥ 10 feet from municipal H2O line

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

NAME OF OWNER George R Bostic

LOCATION OF PROPERTY 10614 Mt. Holly-Huntersville Rd

Comments: Type II 3 bedrooms

4 @ 3'w x 120'L x 12" stone

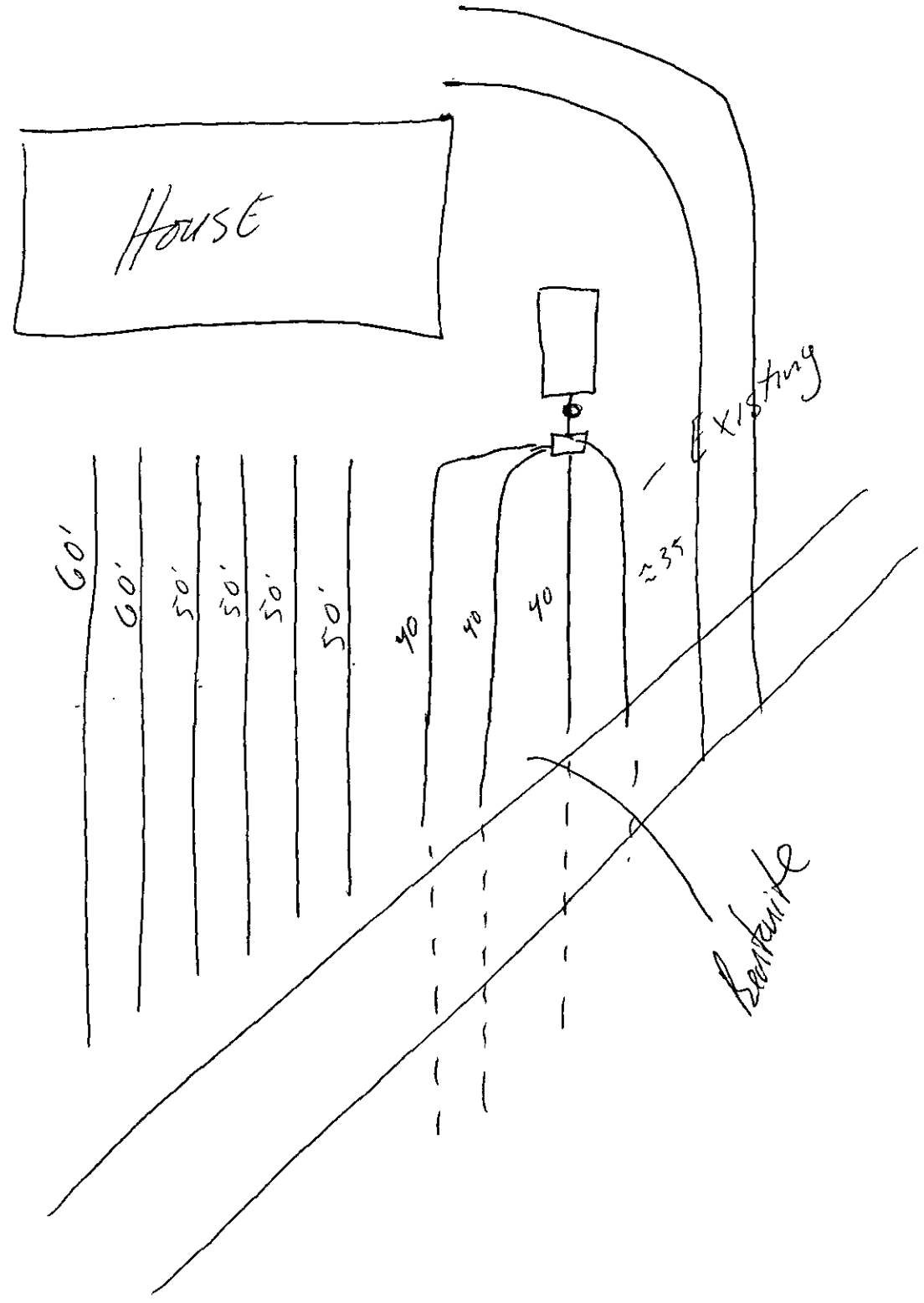
Lonny B Thompson Jr, RS

Environmental Health Specialist

NEED 480'

CAN keep 160'

Install new 320'



INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

ACS pd 400.00 ck # 33799 11/9 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 2 3 4/98

Date: 11/9/99

PERSON FILING APPLICATION:

NAME: Bostic (last) George (first) R (mi)

ADDRESS: 10644 Mt. Holly-Huntersville Rd PHONE: (__) _____

CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 017-042-08

STREET ADDRESS: 10644 Mt Holly-Huntersville Rd

ZONING: R-8

PROPERTY OWNER:

NAME: Same (last) (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

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):

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

LOT NUMBER: LOT SIZE (in acres):

[redacted]
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) DCC K
[redacted]

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: 3 NUMBER OCCUPANTS: 4

SYSTEM CLASSIFICATION:

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

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

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

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

Signed: George Bostic Date: 11/9/99

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.

... O.K. to use existing system.

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

Jeff a. Knight 11/11/99
Environmentalist Date

WATER : 122791

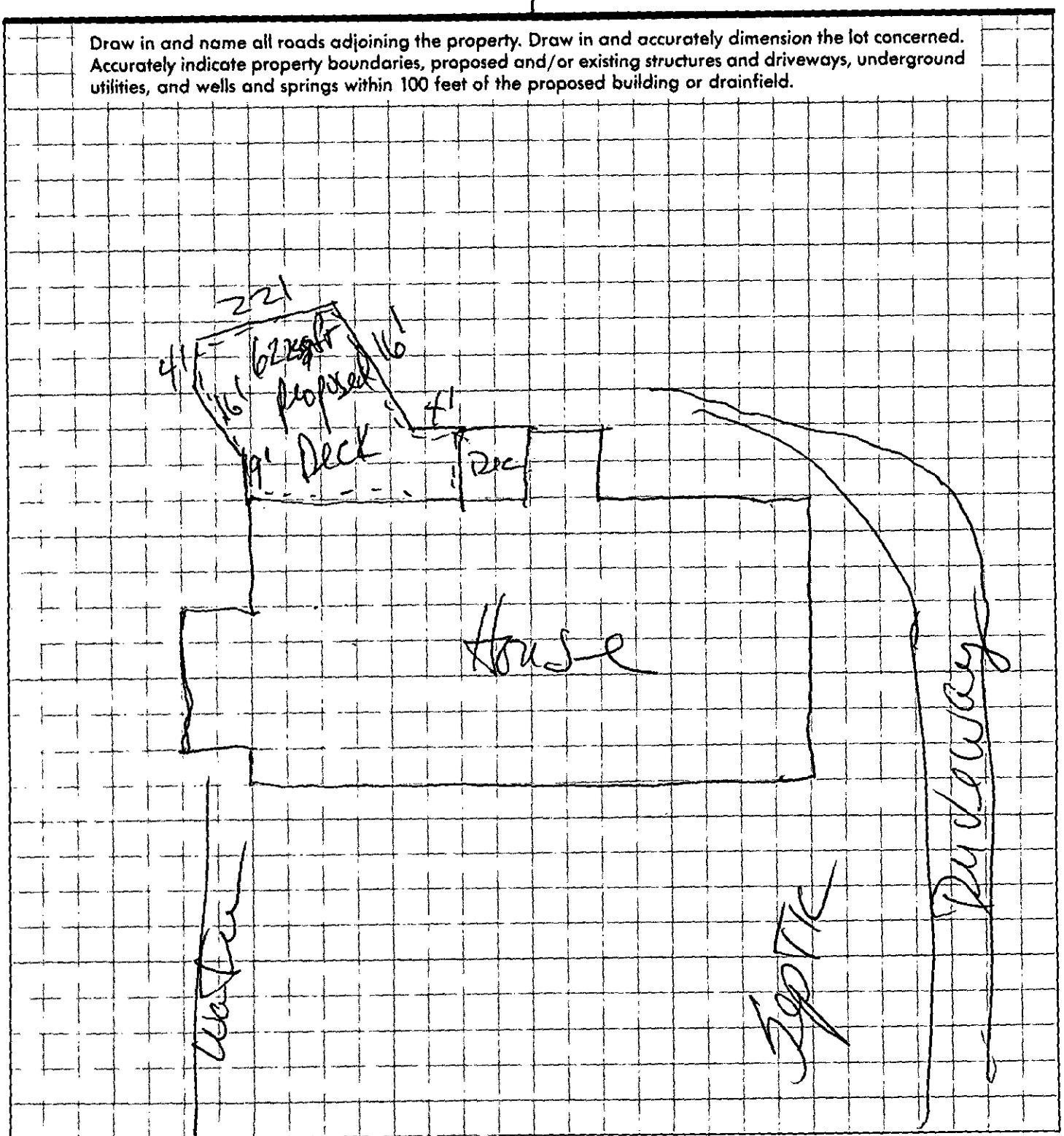
PROPOSED PLOT PLAN

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

FILE: 23498

TC: 117-041-03

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.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

pd. 50.00
ck # 1067
VIA
10-8-98

400

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 23498

PERSON FILING APPLICATION:
NAME: Bostic (last) George (first) R. (mi)
ADDRESS: 10644 Mt. Holly-Huntersville Rd. PHONE: 708 9478960
CITY: Huntersville STATE: NC ZIPCODE: 28078

Date: 10-8-98

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 017-042-05
STREET ADDRESS: 10644 Mt. Holly-Huntersville Rd
ZONING:

PROPERTY OWNER:
NAME: (last) Bostic (first) (mi)
ADDRESS: PHONE: (__) ____
CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres): 11

TYPE APPLICATION (check one):

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

[redacted] Move-Over
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[redacted]

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4

SYSTEM CLASSIFICATION:

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

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

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [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: Luck Bostic Date: 10/8/98

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.

... Use existing system

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

Kelly Hall 10/13/98
Environmentalist Date

WATER : 122791

PROPOSED PLOT PLAN

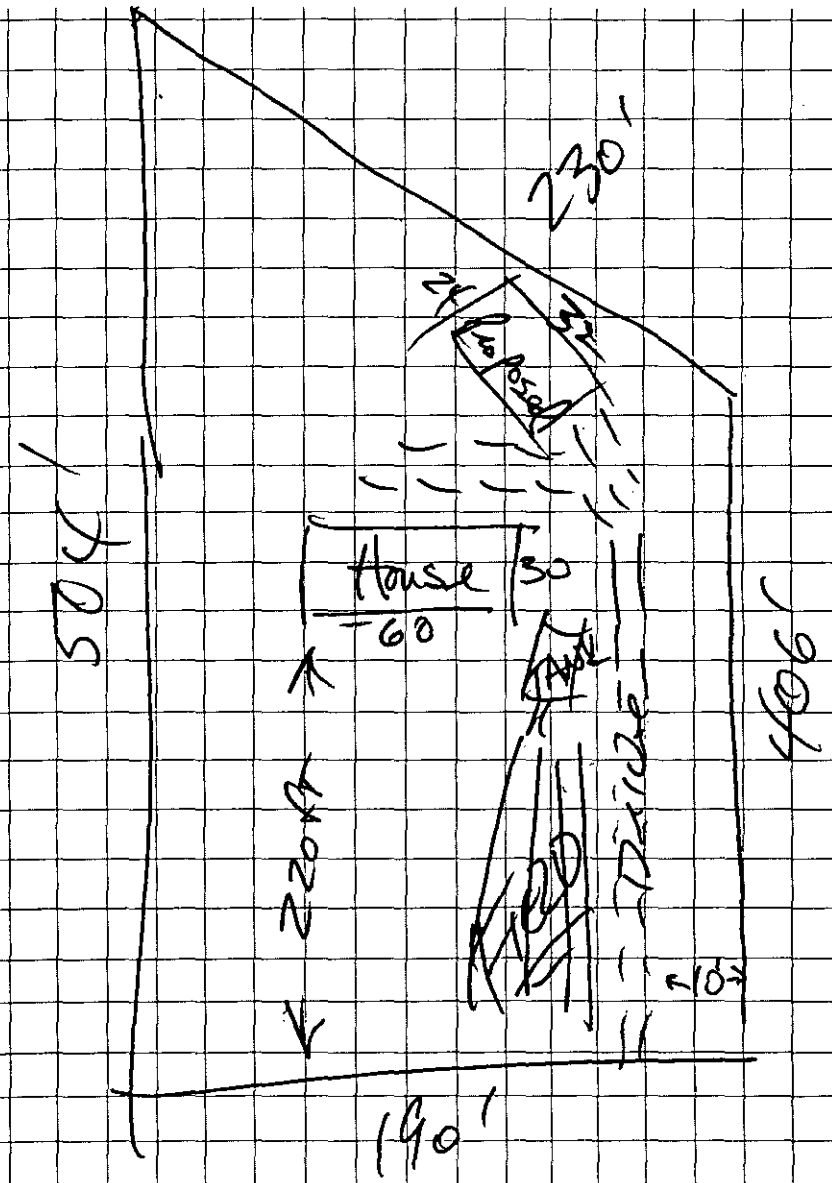
COPY

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

FILE: 2349B

TC: 017-042-03

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 Lee R Boss

DATE 10/8/98

APPROVAL DATE _____

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 2349B DATE: 5-4-90

TC: 017-042-01 ☒ K ☐ CBT

SERIAL Nº 17598

Name of Owner George Boston Juris.:

Address of Property 10644 Mt. Holly-Huntersville Rd

Inspection Data:

Tank Material PVC

Total Length of Drainfield 480

Number of Lines 4 @120

Cover Depth 24"

Water Supply Source Comm

Distance to Water Source —

Excavation Inspected 5-4-90

Tank(s) Inspected 5-4-90

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design 1990 1500 SF Conv 1200 SF Acid CTR# ROBERT BRICKMAN

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: Type II A

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

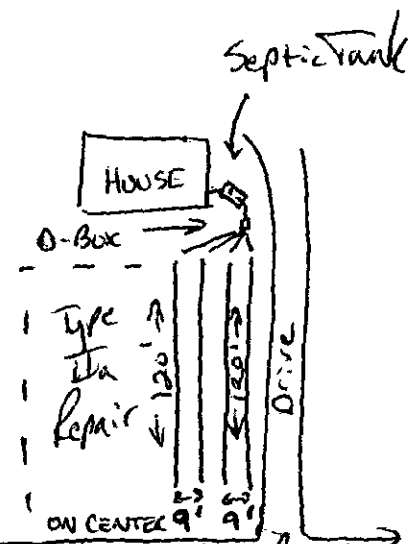
FILE: 2349 B DATE: 4-23-98

TC: 017-042-03 ~~X~~ L

SERIAL Nº 17681

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 12-24-97. All work shall be completed on or before 5-23-98, 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.

* Use Sch 40 PVC and speed levels out of D-Box



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Yes

Total Line Length 480 feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well > 10 feet from municipal H2O line

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

NAME OF OWNER George R. Bostic

LOCATION OF PROPERTY 10644 Mt. Holly-Huntersville Rd

Comments: Type IIa 3 bedrooms

(4) 3'w x 120'L x 12" stone

Larry B. Thompson, Jr., R.S.
Environmental Health Specialist

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

ck # 1800 100.00 ck # 97 3/24/98 GC 40.00

FEE: 100.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 3/ck/98 GC **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 1-29-98 PERMIT NO: 2349 B
PARCEL NO: 017-042-03, 24

JOB LOCATION ADDRESS: 10644 Mt. Holly-Huntersville Rd
PROPERTY OWNER: George R. Bostic
BUILDING CONTRACTOR: Same
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: Larry B. Thompson, J.R.S. DATE: 1-29-98
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2349B, 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 conditions of 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.

George R Bostic 1/29/98
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 23496 CONDITIONS OF IMPROVEMENT PERMIT Tax Number: 017-042-05

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. 24

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	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
25 Long-term acceptance rate	360 Max gallons/day wastewater flow	1440 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
N/A Municipal Serviced by private well	1500 Gallon septic tank	480 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:	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	
1440 Absorption Area (Sq ft) 480 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.

Larry B. Thompson Jr. L.S. 1-29-98
DEHNR Authorized Agent Date

Owner/Agent Signature 1/29/98
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

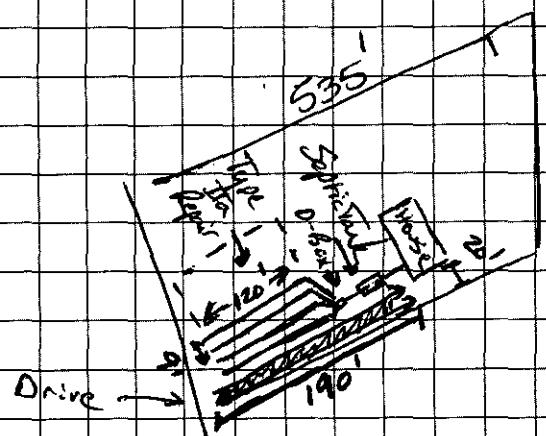
PROPOSED PLOT PLAN

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

FILE: 2349 B

TC: 017-042-05 24

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 gallon septic tank
- D-Box
- (4) 3'w x 120'l x 12" stone
- Keep trench bottoms level and on contour
- Keep trench bottoms no deeper than 30"

OWNER/AGENT SIGNATURE Lynn R Boster

DATE 1/29/98

APPROVAL DATE 1-29-98 J. Thompson Jr.

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

ON-SITE WASTEWATER SECTION

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

400 — H1 — 23498 — 00017-042~~03~~ 24

COUNTY: _____

OWNER: Gladys A. Bostic Marler APPLICANT: _____

ADDRESS: 10632 Mt. Holly Huntersville DATE EVALUATED: _____

PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 360gpd PROPERTY SIZE: 3

LOCATION OF SITE: 10632 Mt. Holly Huntersville PROPERTY RECORDED: _____

WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☑ Spring ☐ Other _____

EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut

TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	Slopes 2-8% .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	PROFILE CLASS & LTAR
1	LS	0-6"	gr/sl	Fr/SE Exp/~~Sst~~ NSNP	>46" TO soil wetness	46"	N/A P	None	PS .39/P2 IV
		6-48"	sBK/c	Fi/SE Exp/SP					
2	LS	0-5"	gr/sl	Fr/SE Exp/NSNP	>36" TO soil wetness	36"	N/A	None	PS .24/P2 IV
		5-36"	sBK/sc	Fi/SE Exp/SP					
3	LS	0-6"	gr/scl	Fr/SE Exp/SP	>46" TO soil wetness	46"	N/A	None	PS .39/P2 IV
		6-48"	sBK/c	Fi/SE Exp/SP					
4	LS	0-4"	gr/scl	Fr/SE Exp/SP	>46" TO soil wetness	46"	N/A	None	PS .39/P2 IV
		4-46"	sBK/c	Fi/SE Exp/SP					

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

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): Provisionally Suitable

EVALUATED BY: W. R. Marler 1-12-98

OTHER(S) PRESENT: LSS

ON-SITE WASTEWATER SECTION

COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

23491

OWNER: _____ APPLICANT: _____

ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____

PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____

LOCATION OF SITE: _____ PROPERTY RECORDED: _____

WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____

EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut

TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	LS	0-6"	gr/sc/	Fr/S EXP/SS/SP	7.5YR 6/8	46"	N/A	None	PS .25 PR LE
		6-40"	sbk/c	Fr/S EXP/SS/P	TO 10YR 6/1				
		40-46"	sbk/cl	Fr/S EXP/SS/SP	W/ 7.5YR 5/8				
6	LS	0-5"	gr/sc/	Fr/S EXP/SS/SP	7.5YR TO 10YR 6/1	46"	N/A	None	PS .35 PR IV
2		5-36"	sbk/c	Fr/S EXP/SS/P	WETNESS				
		36-46"	sbk/cl	Fr/S EXP/SS/SP					
3									
4									

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

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____

OTHER(S) PRESENT: _____

COMMENTS: 1000 Repair use 1957 LTAR

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)
) (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)				
(Ridge)		SCL (Sandy Clay Loam)				
(Shoulder Slope)		SLC (Silt Loam Clay)			MOIST	WET
(Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SIC (Silty Clay)			FI (Firm)	S (Sticky)
					VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None		EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

OTES

ORIZON DEPTH In inches below natural soil surface

EPTH OF FILL In inches from land surface

ESTRICTIVE HORIZON Thickness and depth from land surface

APROLITE S(suitable) or U(unsuitable)

OIL 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 designatic

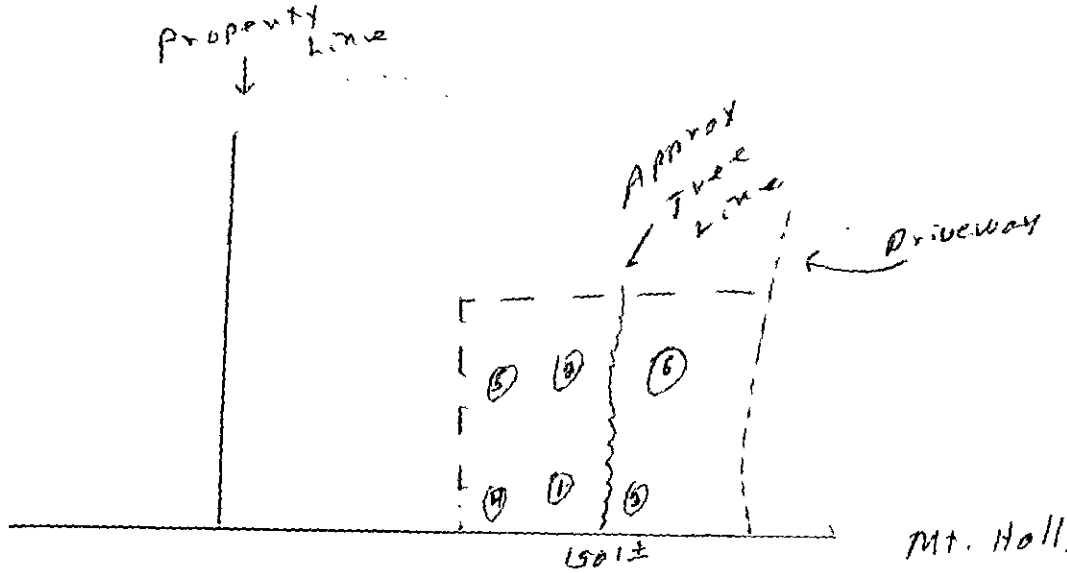
LASSIFICATION S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.

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

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

2 3449



Mt. Holly-
Huntsville
Rd

FEE: 100 CK # 1113 DATE: 12/24/97

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

2348 400 [ ] 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 #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: 24

TAX/PARCEL NUMBER: 017-042-03

STREET ADDRESS: 10632 Mt Holly-Huntersville

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1800

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE: Pillars

- ✓ 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): City WATER

___ COMMUNITY (C) ___ MUNICIPAL (M) ___ PRIVATE WELL (P)
___ SHARED WELL (S) ___ OTHER 'SPRINGS' (O)

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

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

PROPERTY OWNER:

NAME: (LAST) Bostic (FIRST) Chas (MI) S.

ADDRESS: 10632 Mt Holly-Huntersville

CITY: Huntersville STATE: NC ZIP: 28078

DAYTIME PHONE: (704-875-2132

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) Bostic (FIRST) Caeron R

DAYTIME PHONE: (910-562-5721
704-392-8193

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: Caeron R Bostic DATE: 12/24/97

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

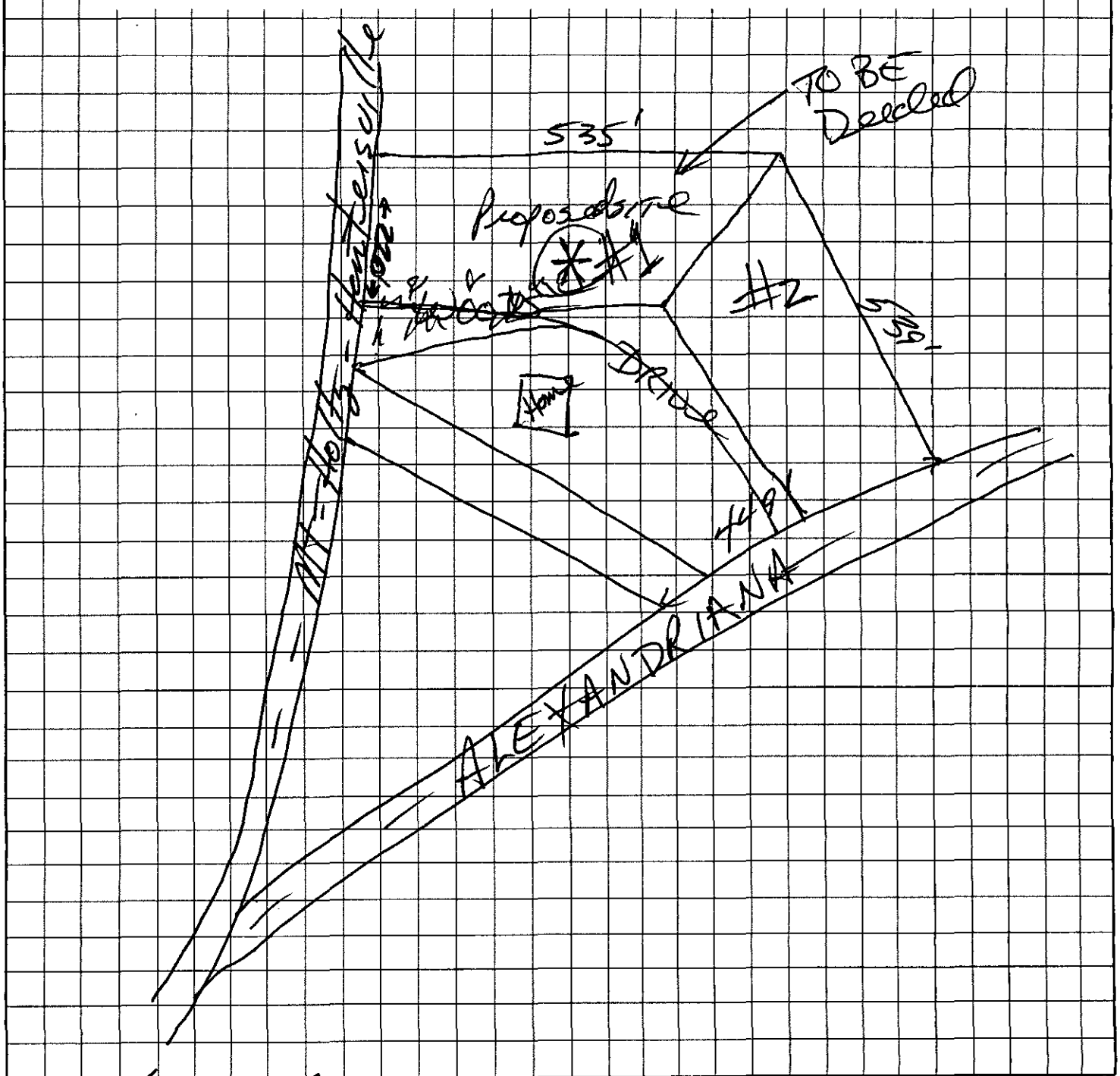
PROPOSED PLOT PLAN

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

FILE: 2349 B

TC: P 017-042-03 24

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.



Geo R Bost
OWNER/AGENT SIGNATURE

DATE 12/24/97

APPROVAL DATE _____

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