

8410 INDIAN TRAIL RD

19715528

1/2/2008

duponbj

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

REVISED COPY

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

LD 86092 ACS

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202 Drew
(704)336-5102 file # 3379B

PERSON FILING APPLICATION:
NAME: Little (last) Alan (first) D. (mi)
ADDRESS: 8118 Concord Hwy - PHONE: 704 363-2663
CITY: Monroe STATE: NC ZIPCODE: 28110

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 197-155-28
STREET ADDRESS: 8410 Indian Trail Rd

PROPERTY OWNER:
NAME: Flowe (last) Gregory (first) S (mi)
ADDRESS: 8410 INDIAN Trail Rd PHONE: 704 573-3360
CITY: Charlotte. STATE: NC ZIPCODE: 28227

ZONING:

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): 1.178

TYPE APPLICATION (check one):

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
* OFFICE & EXERCISE ROOMS

NUMBER BEDROOMS: 0 NUMBER OCCUPANTS:

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

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 [X] Other OFFICE & EXERCISE RM

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: Alan D. Little Date: 6/28/04

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.

...OK TO BE 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

6-28-04
Environmentalist Date

6 28 04

WATER : 122791

100.00

5/26/04 check 7601 JBA

COPY

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

☐ CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr
700 N.
Charlot
(704)33

PERSON FILING APPLICATION:

Title (last) ALAN (first) D. (mi)

8 Concord Hwy PHONE: (704) 363-2663

STATE: N.C. ZIPCODE: 28110

6-15-04

GWEN OR JAY -

ALAN LITTLE WILL SUBMIT A DRAWING FROM ARCHITECT SHOWING NO BEDROOM, BUT A STUDY / EXERCISE ROOM W/ NO CLOSETS. HE WILL ALSO FILL OUT A REVISED APPLICATION SHOWING THIS -

ONCE THIS IS DONE IT CAN BE RELEASED FOR BUILDING PERMIT, AND I WILL SIGN -

Drew

Date:

PROPERTY IN

TAX/PARCEL N
STREET ADDRESS: B
Ch

ZONING:

SUBDIVISION OR

TYPE APPLICATI

☐ EXCHANGE MOB
☑ ADDITION - IN
☐ COMMERCIAL OR

RESIDENTIAL PROPE
☐ SINGLE MOBILE
☐ DOUBLE WIDE (D

COMMERCIAL/INDUSTI
Type Business
Industrial Wastes
Underground Storag

FUTURE ADDITIONS -
☐ Swimming Poo
☐ Garage

t:

Owe (last) Gregory (first) S. (mi)

2 INDIAN TRAIL RD PHONE: (704) 573-3360

STATE: NC. ZIPCODE: 28227

LOTTE

one):
County ☐ 2 Davidson ☐ 3 Cornelius ☐ 4 Pineville ☐ 5 Matthews ☐ 6 Huntersville ☐ 7 Mint Hill

LOT SIZE (in acres): 1.178

☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
22x27 ADD 1 Bedroom & DEN.

(U)
(O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

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

hat apply):
orkshop
edrooms
☐ None
☑ Other
22x27 DEN & BEDROOM

rty described above as the "JOB LOCATION" has read the
and authorizes agents of the MECKLENBURG COUNTY HEALTH
's request.

The undersigned, o
foregoing applicatio
DEPARTMENT to enter

Signed: Alan Date: 5/26/04

NOTICE:

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...This permit is not transferable.

...6-9-04 OSU ROOP - LOCATION WILL NOT IMPACT DRAINFIELD, BUT AN ALTERATION IS REQUIRED. 6 IS

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

Date

Environmentalist

6-15-04 P.C. FROM ALAN LITTLE - CONTRACTOR; HE ADVISED THAT ARCHITECT HAS AND HOMEOWNER HAD ALTERED PLANS TO AN EXERCISE ROOM AND STUDY W/ NO CLOSETS. I ADVISED TO SUBMIT DRAWING AND REVISED APPLICATION.

WATER : 122791

CERTIFICATE OF COMPLETION/OPERATION PERMIT

#150-4429

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

FILE: 3379B DATE: 11-1-96

TC: 197-155-18 ☐ ORT

SERIAL № 16792

Name of Owner Gregory Flowe Juris.:

Address of Property 8410 Indian Trail Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 12-16"

Water Supply Source Priv. Well

Distance to Water Source 95'

Excavation Inspected 11-1

Tank(s) Inspected 11-1

Wash Line Inspected N/A

High Water Alarm Inspected N/A

PLOT

Design 1996, 1500ST, CON, 1200SF, T, 12G, cecil-like CTR# 117

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 IIa 3bedroom house

(4) 3'w x 100' x 12" stone

Larry B. Thompson, Jr. RS.

Environmental Health Specialist

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Rec'd 150.00 ck# 5477 12/2/94 DJK

(C) CRT

33788

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: FLOWE (last) GREGORY (first) S (mi)

ADDRESS: 11316 BRIEF RD PHONE: (704) 545-4381

CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28227

Date: 10/3/94

PROPERTY OWNER:

NAME: FLOWE (last) BEN (first) M. (mi)

ADDRESS: 11316 BRIEF RD PHONE: (704) 545-4381

CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 197-155-18 pp

STREET ADDRESS: [redacted] BRIEF ROAD

ZONING: R-38 & 10 Indian Trail Rd

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres): 1 Ac.

TYPE APPLICATION (check one):
- [ ] 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)
- [ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
- [ ] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

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)
- [ ] Municipal (M)
- [x] Private Well (P)
- [ ] Shared Well (S)
- [ ] Other 'spring' (O)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
- [ ] Swimming Pool
- [ ] Garage
- [ ] Jacuzzi
- [ ] Storage Building
- [ ] Stable/Barn
- [ ] Deck/Patio
- [ ] Workshop
- [ ] Bedrooms
- [x] None
- [ ] 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: Gregory S. Flowe Date: 12-1-94

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.

...

- [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

Victor A Walker 10/13/95
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122

PROPOSED PLOT PLAN

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

FILE: 3379B

TC: 197-155-1800

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.

Keep lines on contour of land
Type II Repair Area
150' from Indian Trail Rd
property line to house corner (front)

1500 SF
4 lines x 100' long x 3 wide x 12" stone
400 TLF
20' from right house corner to right property line

Ferguson Road
S.R.# 3181

I would like to be there when the test is done

Duane D. Howe 10/13/95

Keep septic system 100' (50') min from any part of the septic system

197-155-8800 Tract 88 Ac

197-155-0106

Proposed corners are Flagged

Proposed Lot

Proposed House

House is Marked on Ground

Briar Road S.R.# 3106

Indian Trail Road S.R.# 3107

APPROVAL DATE PBW 10/13/95 appr

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

100.00
5/26/04 check 7601 JRA

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[ ] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202 Drew
(704)336-5102 file #33798

PERSON FILING APPLICATION:
NAME: Little (last) Alan (first) D. (mi)
ADDRESS: 8118 Concord Hwy PHONE: (704) 363-2663
CITY: Monroe STATE: N.C. ZIPCODE: 28110

Date:

PROPERTY OWNER:
NAME: Flowe (last) Gregory (first) S. (mi)
ADDRESS: 8410 INDIAN Trail Rd PHONE: (704) 573-3360
CITY: CHARLOTTE STATE: NC. ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 19715528
STREET ADDRESS: 8410 INDIAN Trail Rd. Charlotte, NC. 28227
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres): 1.178

TYPE APPLICATION (check one):

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
22x27 ADD 1 Bedroom & DEN.

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

NUMBER BEDROOMS: 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 [X] Other
22x27 DEN & BEDROOM

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: Alan D. Little Date: 5/26/04

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.

...

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

_____ Date
Environmentalist

WATER : 122791

2-20-97

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

#150-4429

FILE: 3379B DATE: 11-1-96

TC: 197-155-18 ORT

SERIAL No 16792

Name of Owner Gregory Flowe Juris.:

Address of Property 6410 Indian Trail Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 12-16"

Water Supply Source Priv. Well

Distance to Water Source 95'

Excavation Inspected 11-1

Tank(s) Inspected 11-1

Wash Line Inspected N/A

High Water Alarm Inspected N/A

PLOT

Design 1996, 1500ST, CON, 1200SF, T, 12G, cecil-like CTR# 117

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

X installed or constructed — altered or repaired

X 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 X 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 IIa 3bedroom house

(4) 3'w x 100' x 12" stone

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

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

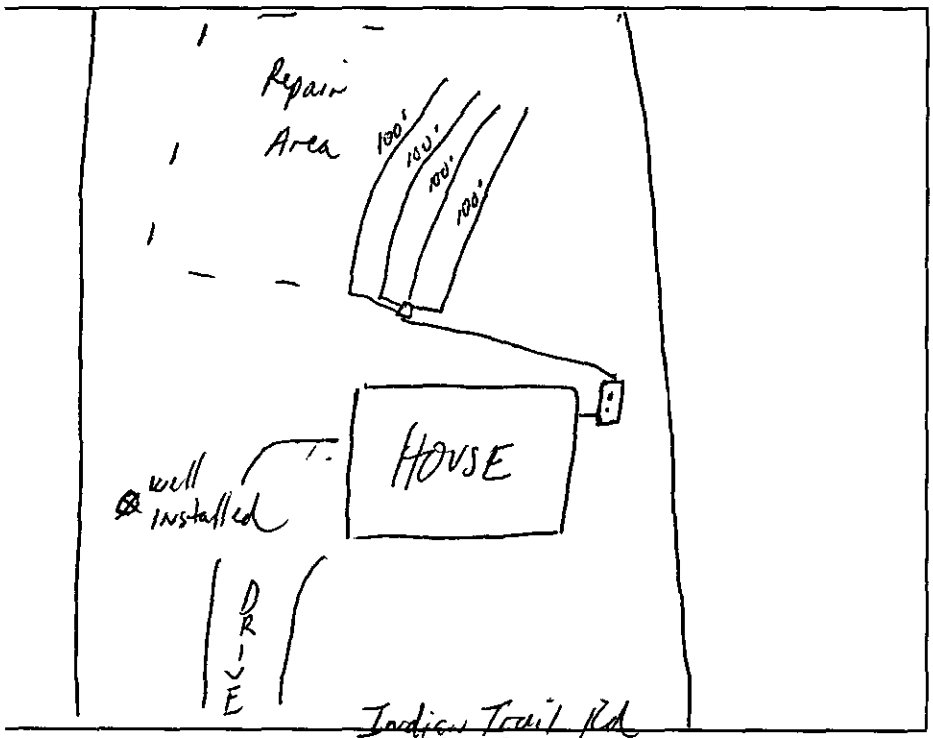
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3379B DATE: 10/29/96

TC: 197 155 18

SERIAL Nº 17000

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 10/3/95. All work shall be completed on or before 11/29/96, 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 N/A gallons

Tank Construction PCC

Trench Depth 24"-30"

Absorption and/or Nitrification Lines:

Trench Width 36" feet

Trench Walls Scored and Porous yes

Total Line Length 400' feet

Number of Lines 4 (100')

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well > 100' feet
50' min

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

NAME OF OWNER Gregory Flowe

LOCATION OF PROPERTY 8410 Indian Trail Rd

Comments: 1500ST, 4 lines x 100'long x 3'wd x 12"stone / Keep lines on contour of land / Keep septic system > 100' (50'min) from well

Kelly Ruff

Phila S. Walker R.S.
Environmental Health Specialist

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

Rec'd 150.00 ck# 5477 12/2/94 D.K.

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

☐ CRT

33798

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: FLOWE (last) GREGORY (first) S (mi)

ADDRESS: 11316 BRIEF RD PHONE: (704) 545-4381

CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28227

Date: 10/3/94

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 197-155-18 pt

STREET ADDRESS: [redacted] BRIEF ROAD

ZONING: R-3 84/10 Indian Trail Rd

PROPERTY OWNER:

NAME: FLOWE (last) BEN (first) M. (mi)

ADDRESS: 11316 BRIEF RD PHONE: (704) 545-4381

CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28227

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LOT NUMBER: LOT SIZE (in acres): 1 Ac.

TYPE APPLICATION (check one):

☐ SOIL TEST - INDIVIDUAL LOT (D)
☒ 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)
☐ 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: 3 NUMBER OCCUPANTS: 2

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

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Signed: Gregory S. Flowe Date: 12-1-94

NOTICE:

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...This permit is not transferable.

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

Phillip A Walker 10/13/95
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

PROPOSED PLOT PLAN

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

FILE: 3379B

TC: 197-155-1800

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.

Keep lines on contour of land
Type II Repair Area
150' from Indian Trail Rd property line to house corner (front)

1500 SF
4 lines X 100' long X 3' wid X 12" stone
400 TLF
20' from right house corner to right property line

Gregory S. Thome 10/13/95

Keep septic system 100' (50') min from any part of the septic system

Ferguson Road S.R.# 3181

I would like to be there when the Test is Done

Tax # 197-155-18 8.88 Ac tract

Tax # 197-155-06

Brier Road S.R.# 3106

Proposed corners are Flagged

Proposed Lot

Type II Repair

150'

290'

290'

Proposed House

E.L.C.

proposed well

150

150 ±

HOUSE Is Marked ON Ground

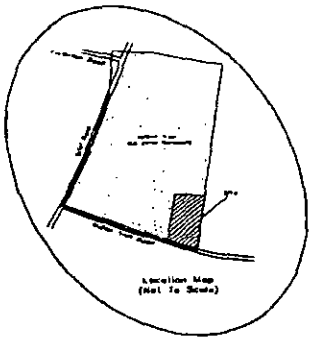
Indian Trail Road S.R.# 3107

APPROVAL DATE PSW 10/13/95 appr

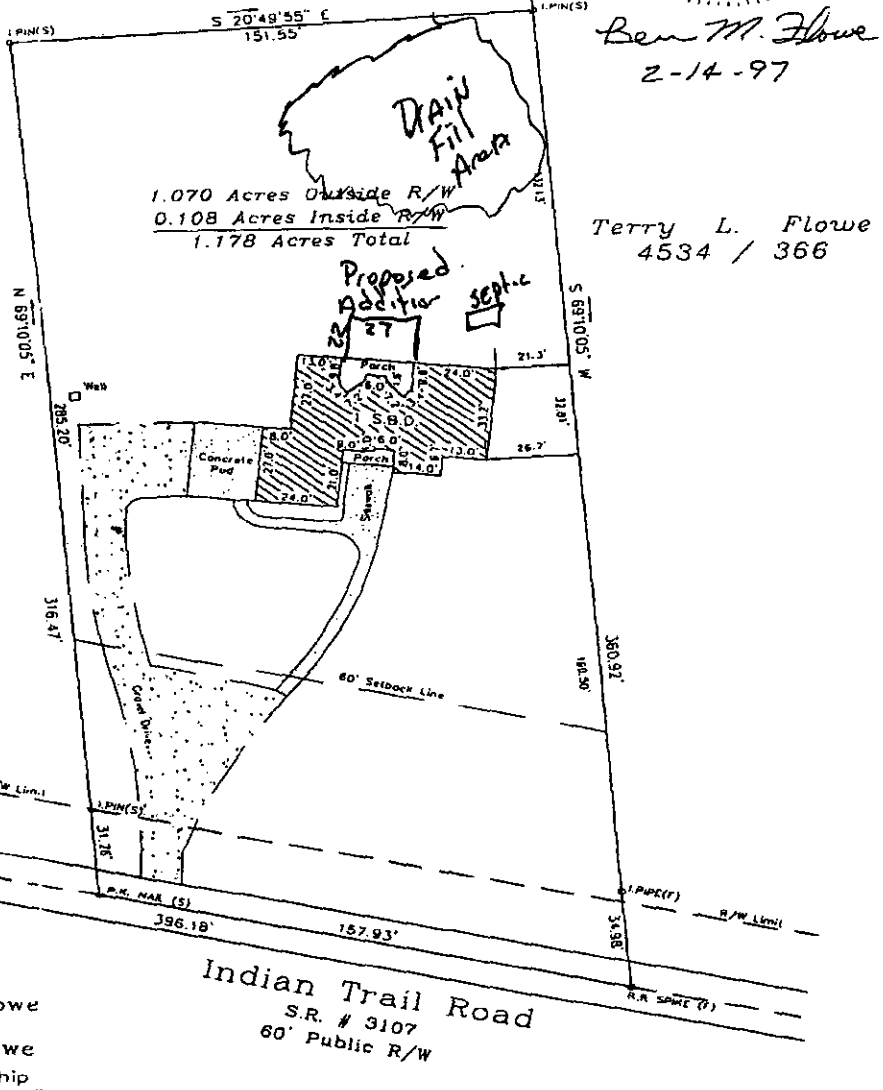
White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

Surveyed By: Ben M. Flowe
11316 Brief Road
Charlotte, N.C.
28227
(704) 545-3060

File # 3379B



Ben M. Flowe
3819 / 295
4826 / 111



1.070 Acres Outside R/W
0.108 Acres Inside R/W
1.178 Acres Total

Ben M. Flowe
3819 / 295
4826 / 111

NORTH CAROLINA REGISTERED SEAL L-2551 LAND SURVEYOR BEN M. FLOWE

Ben M. Flowe
2-14-97

Tax Parcel: Portion of 197-155-18
E.C. = 1' : 10,000' +
Deed Ref: 8512 / 545
Map Book: 27 / 322

Property Survey
For
Gregory S. Flowe
and wife
Janean S. Flowe
Clear Creek Township
Mecklenburg County, N.C.

Indian Trail Road
S.R. # 3107
60' Public R/W

SUBJECT PROPERTY IS NOT LOCATED IN A SPECIAL FLOOD HAZARD AREA AS DETERMINED BY FLOOD INSURANCE RATE MAP.

NOTE:
THIS PLAT IS OF A SURVEY OF AN EXISTING PARCEL or PARCELS OF LAND.

Drawing No. 97137 February 14, 1997

Permit Number: 3379B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 197155180

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement: ___ Yes ✓ No ___ Partial Basement

Type Primary Wastewater System
Type (circle one): I (II) III IV V VI

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

.3 Long-term acceptance rate	1200 / 360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
Yes Serviced by private well	1500 Gallon septic tank	400 Total trench length (ft)	.3 Maximum trench depth (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	

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

Site modifications required:

Additional Conditions:

Repair Area System Type
Type (circle one): I (II) III IV V VI

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

1200 Absorption Area (Sq ft) / 400 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	.3 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 fo 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 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 Depart
- This Improvement permit is transferable.

Julia A Walker 2/21/96
DEHNR Authorized Agent Date

Gregory D. Howe 2/21/96
Owner/Agent Signature Date

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

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

PROPOSED PLOT PLAN

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

FILE: 3379B

TC: 197-155-1800

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Gregory D Hone 10/13/95

Ferguson Road S.R.# 3181

I would like to be there when the Test is Done

Keep septic system 100' (50') min from any part of the septic system

Tax # 197-155-08 .88 Ac Tract

Tax # 197-155-06

Proposed corners are Flagged

150'

Type II Repair

Proposed House

Proposed Lot

290'

290'

Proposed well

80'

150±

HOUSE is Marked ON Ground

Brief Road S.R.# 3105

Indian Trail Road S.R.# 3107

APPROVAL DATE PSW 10/13/95 appr

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

DATE 2-21-96

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

197-155-18
PARCEL NUMBER

8410 Indian Trail Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	**_____APPROVED**	**_____NOT APPROVED**
2. FLOODWAY REGULATIONS	**_____APPROVED**	**_____NOT APPROVED**
3. WATERSHED PROTECTION	**_____APPROVED**	**_____NOT APPROVED**
4. COMMERCIAL DRAINAGE PLAN	**_____APPROVED**	**_____NOT APPROVED**
5. PUBLIC UTILITY EASEMENT	**_____PRESENT**	**_____NOT PRESENT**
6. PROPERTY FRONTS ON THOROUGHFARE	**_____YES**	**_____NO**
7. DRIVEWAY PERMIT REQUIRED	**_____YES**	**_____NO**
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	**_____YES**	**_____NO**

REMARKS: New Const. SF with Deck

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

ALL OTHER FORMS OBSOLETE

X NEW ADDRESS

REVISED 1/91

SIGNED: Ponce (cgm PE)

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

DATE: 10/13/95 PERMIT NO: 3379 B
PARCEL NO: 197 155 18 PO

PROPERTY OWNER: Gregory Flowe
BUILDING CONTRACTOR: _____
JOB LOCATION ADDRESS: 410 Brit Rd Davidson Trail Rd
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: Philip S. Walker R.S. DATE: 10/13/95
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3379 B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

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

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

4. OTHER CONDITIONS: _____

OWNER CERTIFICATION

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

Gregory S. Flowe — 2/21/96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE — DATE

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20523

File: 33798 12400 Action 1

Parcel: PO 197-155-E ☐ PC

Location: Indian Trail Road

Subdivision:

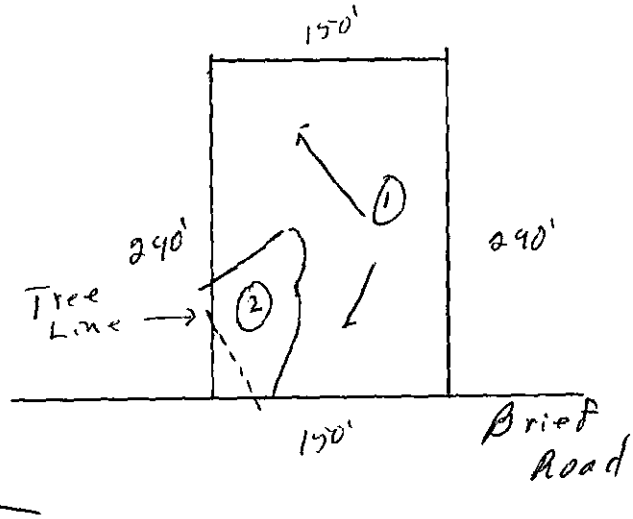
Lot: Block: Acres: 1.0

Owner: Ben M. Flowe
Address: 11316 Brief Road
Charlotte, N.C. 28227

Comments: 100% Repair, 3gal/ft/day by LTAR - 22" boring in open area outside of Tree-line

Described by: William R. Marbi

Date: 12-12-94



N

***** 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 2-10%	(S) PS U 2-8%	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U clay slightly Expansive	S (PS) U slight Expansive clay	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U subst Blocky	S (PS) U subst Blocky	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U soil 7 46" wetness	S (PS) U TO 36" soil wetness	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U 46"	S PS (U) 32-34"	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 46"	S (PS) U 36"	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS (U) Restricted	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 Georgeville Silt Loam	IV Badin Silt Loam				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

COPY

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

100.00
5/26/04 check 7601 JRA

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr.
700 N.
Charlot

(704)33

Date: 6-15-04

PROPERTY IN

TAX/PARCEL N
STREET ADDRESS: 8
Ch

ZONING:

SUBDIVISION O

TYPE APPLICATI

[] EXCHANGE MOB
[x] ADDITION - In
[] COMMERCIAL OR

RESIDENTIAL PROPE
[] SINGLE MOBILE
[] DOUBLE WIDE (D

COMMERCIAL/INDUSTI
Type Business
Industrial Wastes
Underground Storag

FUTURE ADDITIONS -
[] Swimming Poo
[] Garage

PERSON FILING APPLICATION:

Hle (last) ALAN (first) D. (mi)

8 Concord Hwy PHONE: (704) 363-2663

STATE: NC ZIPCODE: 28110

(OR

t:

)we (last) Gregory (first) S. (mi)

) INDIANTail Rd PHONE: (704) 573-3360

-OTE STATE: NC ZIPCODE: 28227

one):
County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

LOT SIZE (in acres): 1.178

[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
22x27 ADD 1 Bedroom & DEN.

NUMBER BEDROOMS: NUMBER OCCUPANTS:

(U)
(O)

SYSTEM CLASSIFICATION:

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

hat apply):
lorkshop
edrooms

[] None
[x] Other

22x27 DEN & BEDROOM

rty described above as the "JOB LOCATION" has read the
, and authorizes agents of the MECKLENBURG COUNTY HEALTH
's request.

The undersigned, o
foregoing applicatio
DEPARTMENT to enter

Signed: Alan Date: 5/26/04

ALAN LITTLE WILL SUBMI A DRAWING FROM ARCHITECT SHOWING NO BEDROOM, BUT A STUDY / EXERCISE ROOM W/ NO CLOSETS. HE WILL ALSO FILL OUT A REVISED APPLICATION SHOWING THIS - ONCE THIS IS DONE IT CAN BE RELEASED FOR BUILDING PERMIT, AND I WILL SIGN -

Drew

NOTICE:

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...6-9-04 OSU ROOP - LOCATION WILL AND IMPACT DRAINFIELD, BUT AN ALTERATION IS REQUIRED. 6-15

[] 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

6-15-04 P.C. FROM ALAN LITTLE - CONTRACTOR; HE ADVISED THAT ARCHITECT HAD AND HOMEOWNER HAD ALTERED PLANS TO AN EXERCISE ROOM AND STUDY W/ NO CLOSETS. I ADVISED TO SUBMIT DRAWING AND REVISED APPLICATION

WWATER : 122791

100.00

5/26/04 check 7601 JHA

COPY

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr.
700 N.
Charlot
(704)33

PERSON FILING APPLICATION:
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I WILL SIGN -
Drew

Date:

PROPERTY IN

TAX/PARCEL N
STREET ADDRESS: B
Ch

ZONING:

SUBDIVISION O

TYPE APPLICATI

[] EXCHANGE MOB
[X] ADDITION - In
[] COMMERCIAL OR

RESIDENTIAL PROPE
[] SINGLE MOBILE
[] DOUBLE WIDE (D

COMMERCIAL/INDUSTI
Type Business
Industrial Wastes
Underground Storag

FUTURE ADDITIONS -
[] Swimming Poo
[] Garage

t:
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OTTE STATE: NC ZIPCODE: 28227

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[] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

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(U)
(O)

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SYSTEM CLASSIFICATION:

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

hat apply):
orkshop [] None
edrooms [X] Other 22x27 DEN & BEDROOM

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The undersigned, o
foregoing applicatio
DEPARTMENT to enter

Signed: Allen Little Date: 5/26/04

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WATER : 122791

Surveyed By: Ben M. Flowe
11316 Brief Road
Charlotte, N.C.
28227
(704) 545-3060

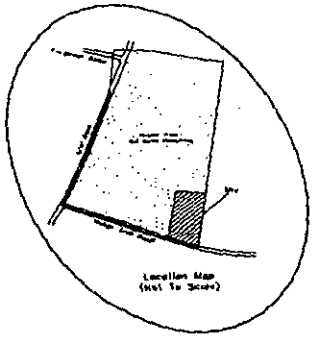
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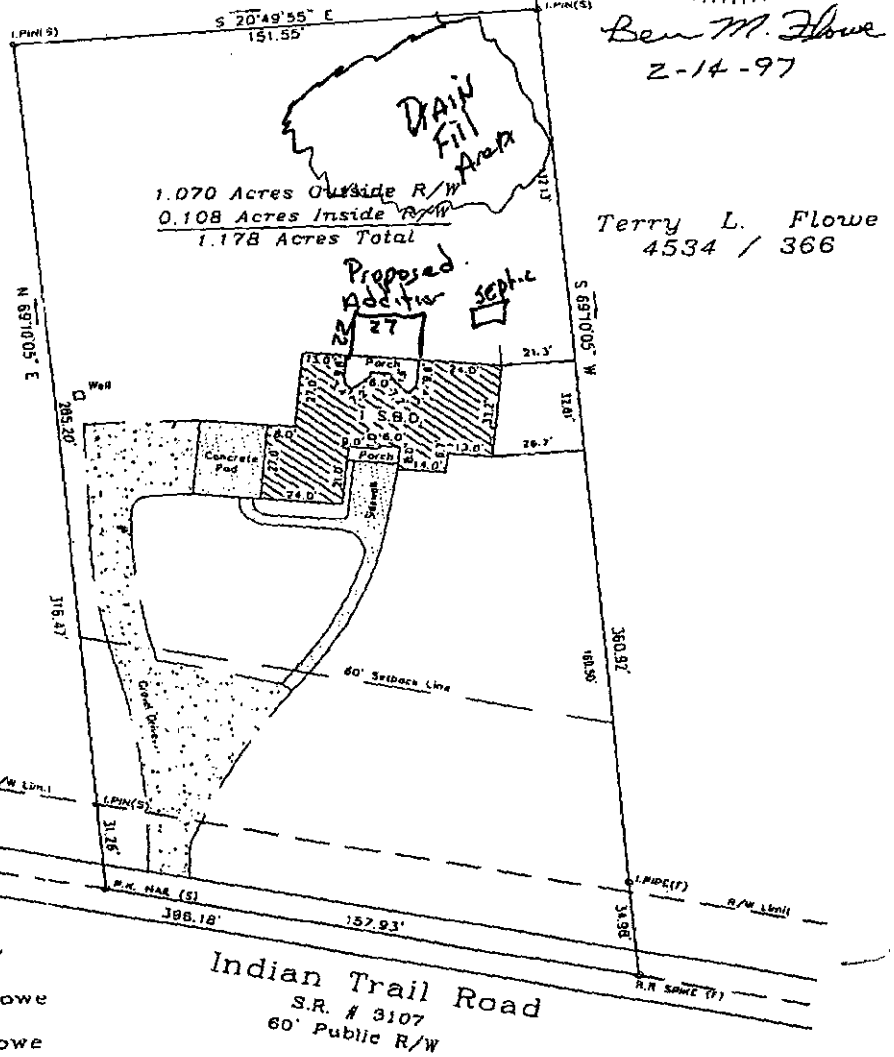
N.C. Grid North

Ben M. Flowe
3819 / 295
4826 / 111

NORTH CAROLINA REGISTERED SEAL L-2551 LAND SURVEYOR BEN M. FLOWE

Ben M. Flowe
2-14-97





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February 14, 1997