


9549 SURFACE HILL RD

13712127

1/4/2008

duponbj

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

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 44093 DATE: 02/19/02

TC: 137121 12 ☒ L ☒ CRT

SERIAL Nº 18890

Name of Owner SANDRA REYNOLDS Juris.: _____

Address of Property 9549 Surface Hill Road

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield 300'

Number of Lines 3 @ 100'

Cover Depth 12-18"

Water Supply Source Public

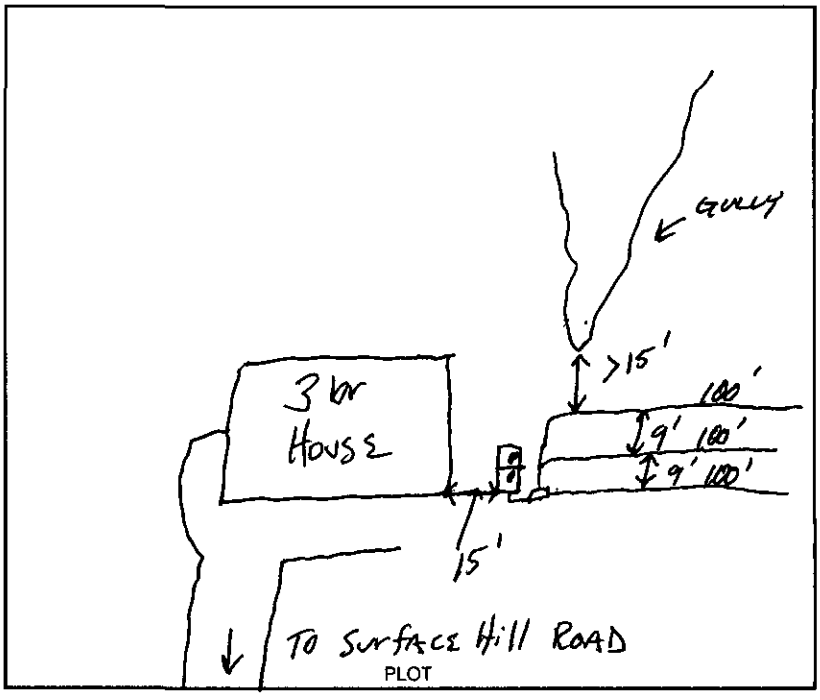
Distance to Water Source >10'

Excavation Inspected 2/19/02

Tank(s) Inspected 02/19/02

Wash Line Inspected NA

High Water Alarm Inspected NA




Design 1500 ST, 300' Type III g, 360 gallon design CTR# _____

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: 360 gpd, 300' Trench Type III g Innovative

1500 g S.T. - Cecil like soil, Shallow ≈ 24" Trench depth

Chris Burns EHS.

Environmental Health Specialist

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

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

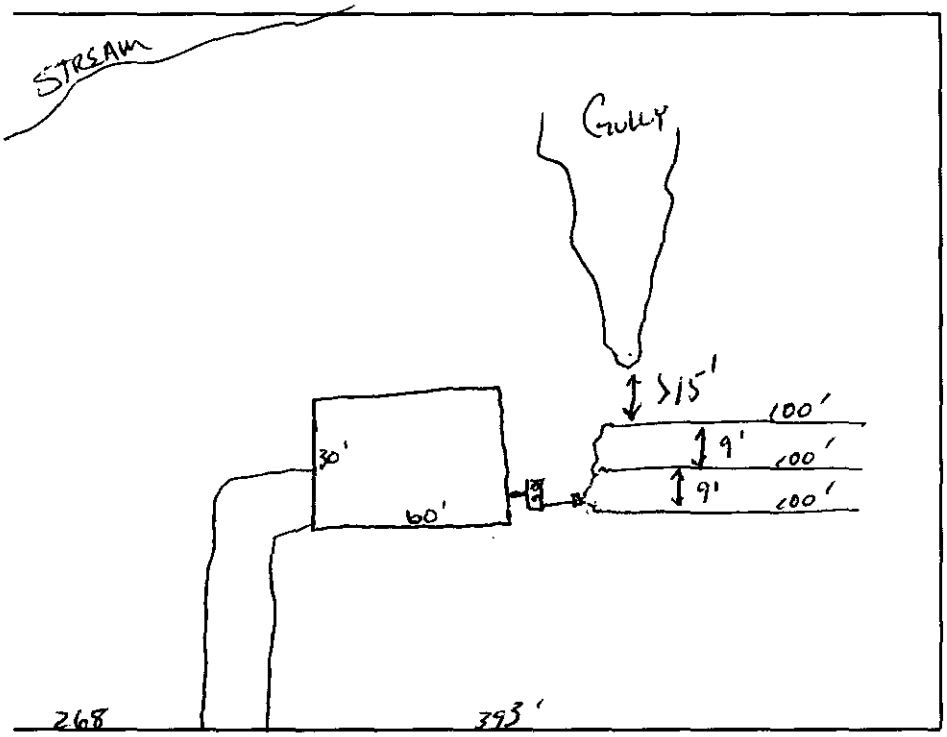
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4409B DATE: 02/19/02

TC: 137 121 12 ☐ L

SERIAL Nº 18943

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 _____. All work shall be completed on or before _____, 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"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous N/A

Total Line Length 300' feet

Number of Lines 3

Depth of Stone N/A inches

Distance from House >5' feet

Distance from Property Line >5' feet

Distance from Well >50'/N/A feet

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

NAME OF OWNER Sandra Reynolds

LOCATION OF PROPERTY 9549 Surface Hill Drive.

Comments: - Locate all parts of septic system >50' from any well(s). Install trenches shallow (24") and on contour. Stay >15' from gullies and depressions >2'. - Design flow 3 bedroom house using Type III g innovative w/agreement forms.

Chris Bruns EHS

Environmental Health Specialist

# PROPOSED PLOT PLAN

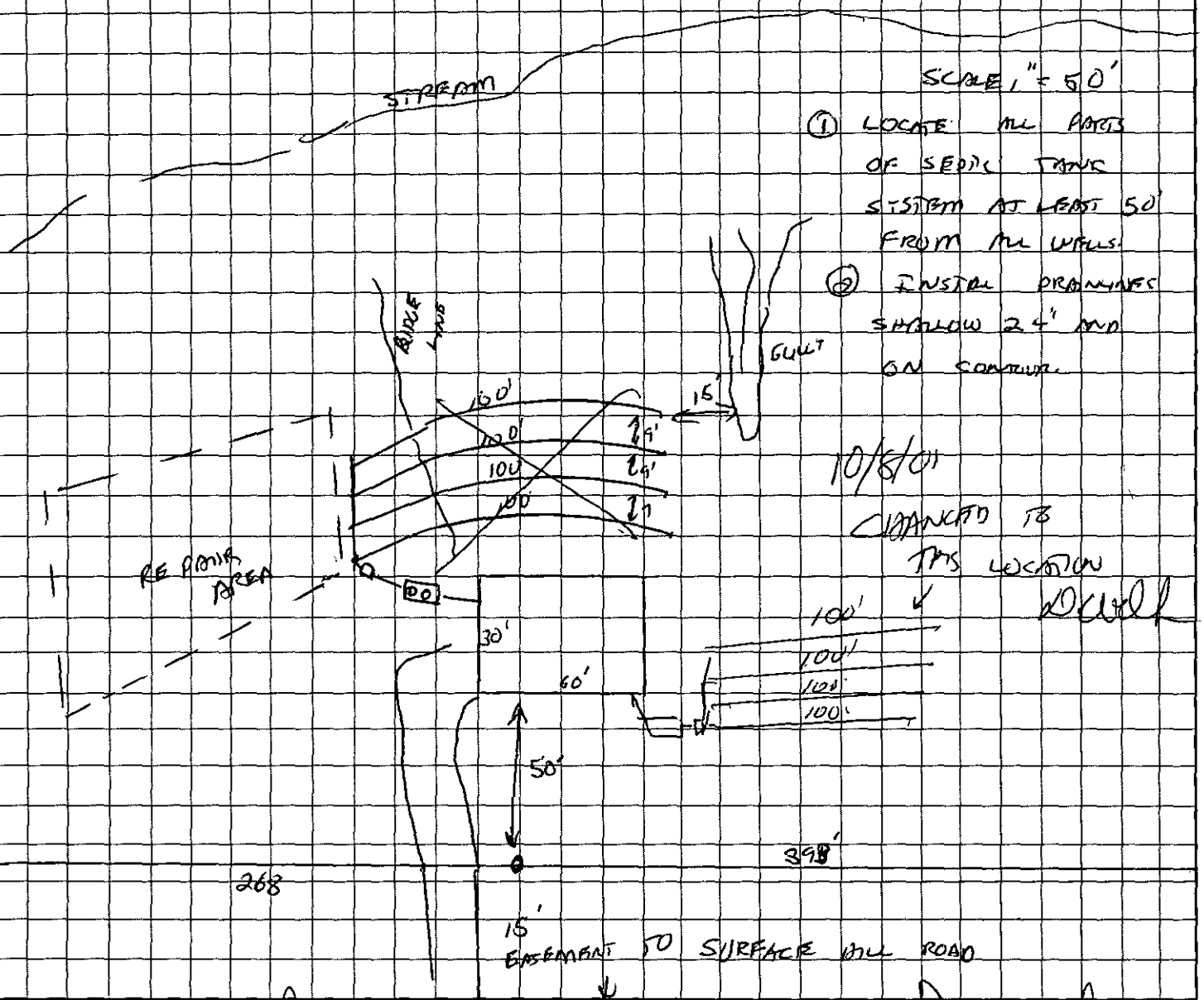
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4409 B

TC: 137-121-12

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.

PERMIT FOR
9549 SURFACE MILL DRIVE




10/6/01
CHANGED TO THIS LOCATION

Sandra J. Reynolds
OWNER/AGENT SIGNATURE

DATE 9/27/00

APPROVAL DATE 9/27/00

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

FEE: 300 AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION ACS X
DATE: 10/8/01 VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 10/8/01 PERMIT NO: 4409B
PARCEL NO:

JOB LOCATION ADDRESS: 9549 SURFACE HILL ROAD
PROPERTY OWNER: BOBBY REYNOLDS
BUILDING CONTRACTOR:
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: [signature] DATE: 10/8/01
DEHNR AUTHORIZED AGENT

## AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4409B, 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.

[signature] 10/8/01

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2002 FEB 19 03:46 PM
BOOK:13273 PAGE:756-760 FEE:$23.00
INSTRUMENT # 2002032900

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

**WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969**

**FILE #** 4409 B
**PARCEL #** 1371212

The undersigned, Bobby Reynolds, owner of property located at 9549 Surface Hill Road, (the "site") and described in an instrument recorded in Book 11778 at Page 791, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following conditions will apply to the site:

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

*This instrument was prepared by:* Bobby Reynolds
*Mail after recording to:* 9549 Surface Hill Rd.
Charlotte, N.C. 28227

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 18th day of February, 199~~5~~ 2002.

Reynolds + Son's Const. Co. _____ (SEAL)

(Corporate Name) _____ (SEAL)

By: Bobby Reynolds _____ (SEAL)

_____ President _____ (SEAL)

ATTEST:

Lela M. Mitts

_____ Secretary

REYNOLDS & SONS CONSTRUCTION COMPANY 1973 SEAL CHARLOTTE, N.C.

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, DIANA P. BARNETT, a Notary Public for said County and State, do hereby certify that BOBBY REYNOLDS personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 18TH day of FEBRUARY 2002.

Diana P. Barnett

Notary Public

My Commission Expires:
MAY 13, 2004

DIANA P. BARNETT ★ NOTARY PUBLIC ★ MECKLENBURG COUNTY, NC

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

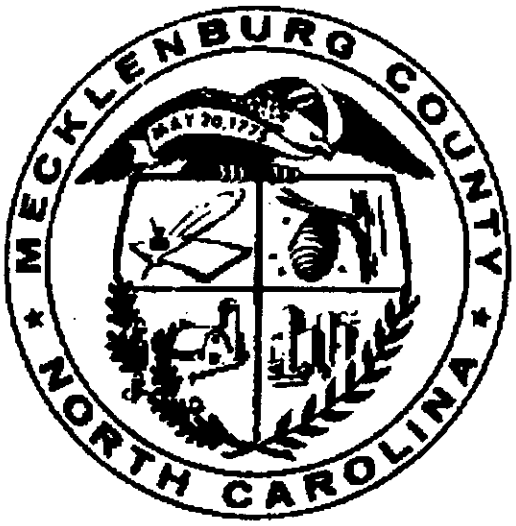
I, DIANA P. BARNETT, a Notary Public for said County and State, do hereby certify that LELA M. MARTIN personally came before me this day and acknowledged that She is _____ Secretary of REYNOLDS + SONS CONSTRUCTION, a North Carolina corporation, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its BOBBY REYNOLDS President, sealed with its corporate seal and attested by LELA M. MARTIN as its _____ Secretary.

WITNESS my hand and notarial seal, this 18TH day of FEBRUARY, 2002

Diana P. Barnett
Notary Public

My Commission Expires:
MAY 13, 2004

DIANA P. BARNETT ★ NOTARY PUBLIC ★ MECKLENBURG COUNTY, NC




JUDITH A. GIBSON
REGISTER OF DEEDS , MECKLENBURG COUNTY
COUNTY & COURTS OFFICE BUILDING
720 EAST FOURTH STREET
CHARLOTTE NC 28202

**********

**Filed For Registration:** 02/19/2002 03:46 PM

**Book:** RE 13273 Page: 756-760

**Document No.:** 2002032900

PRMIT 5 PGS $23.00

**Recorder:** EMEM DREHER

**********

State of North Carolina, County of Mecklenburg

The foregoing certificate of DIANA P BARNETT Notary is certified to be correct. This 19TH of February 2002

JUDITH A. GIBSON, REGISTER OF DEEDS By: _____
Deputy/Assistant Register of Deeds

**********



*2002032900*

# CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 4409B

Tax Number: 137-12172

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

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

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

| | | | |
|---|---|---|---|
| Basement | ___ Yes | X No | ___ Partial Basement |
| Type Primary Wastewater System<br>Type (circle one):<br>I (II) III IV V VI | ___ Conventional<br>___ Prefabricated, permeable block panel system<br>X Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | ___ Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 |
| 3 Long-term acceptance rate | 360 Max gallons/day wastewater flow | 1200 Absorption Area (sq ft) | 9' Trench spacing (min. on centers) |
| MUNICIPAL Serviced by private well | 1500 Gallon septic tank | 400 Total trench length (ft) | 24" 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: SEE PROP PLAN | | | |
| Repair Area System Type<br>Type (circle one):<br>I (II) III IV V VI | ___ Conventional<br>___ Prefabricated, permeable block panel system<br>X Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | ___ Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 |
| 1200 Absorption Area (Sq ft)<br>400 Total Trench Length (Ft) | 12" Depth of Stone Trench | 9' Trench spacing (min. on centers) | 34 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.

DEHNR Authorized Agent — Date 9/22/00

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

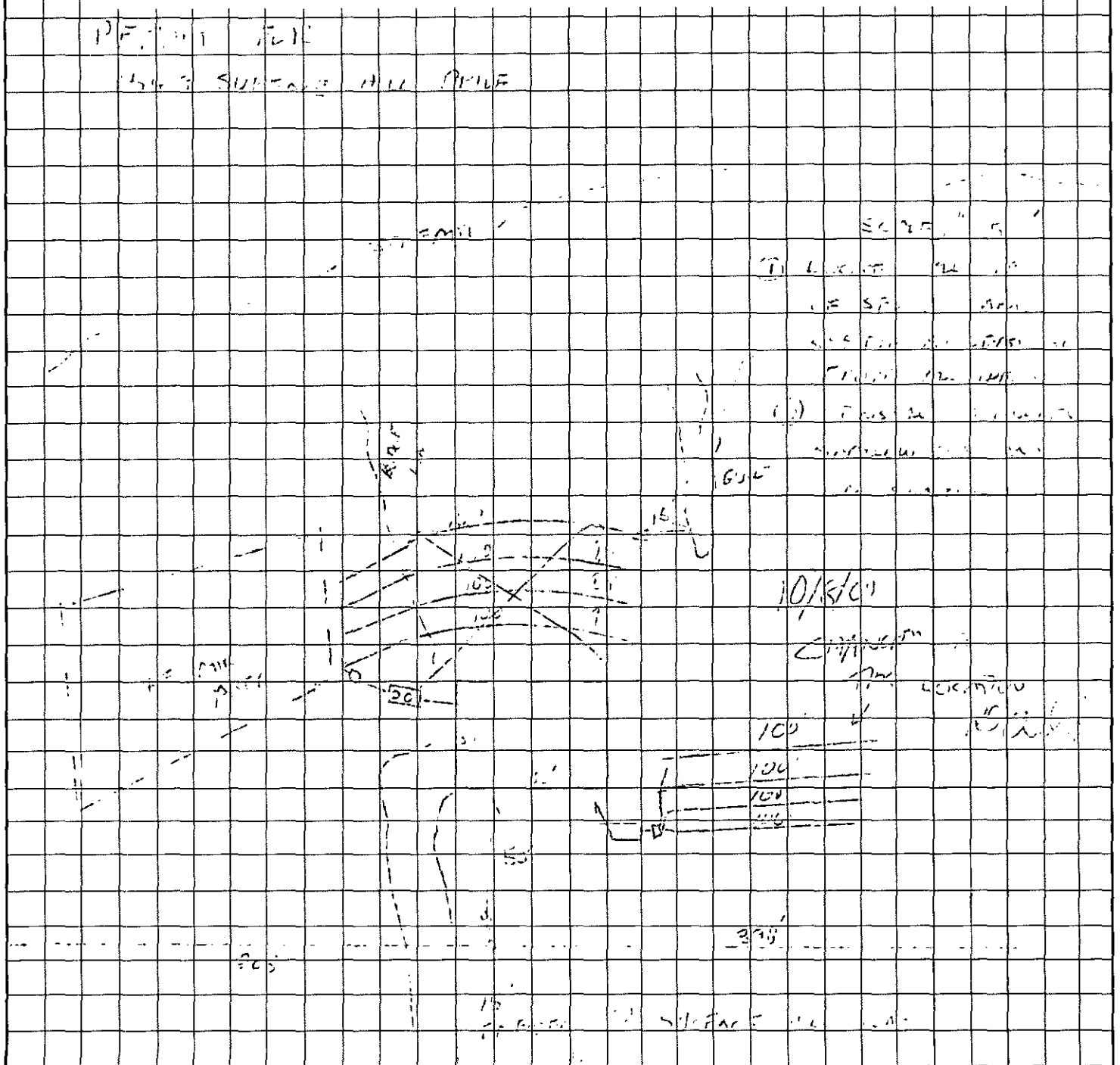
# PROPOSED PLOT PLAN

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

FILE: 44 0 9 13

TC: 130-101-12

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE

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

DATE: 8/22/06

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Mint

137-121-12 (PO)
PARCEL NUMBER

9549 Surface Hill Rd.
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

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. COMERCIAL DRAINAGE PLAN | ____ APPROVED | ____ NOT APPROVED |
| 5. PUBLIC UTILITY EASEMENT | ____ PRESENT | ____ NOT PRESENT |
| 6. PROPERTY FRONTS ON THOROUGHFARE | ____ YES | ____ NO |
| 7. DRIVEWAY PERMIT REQUIRED | ____ YES | ____ NO |
| 8. DOES PROJECT CONFLICT WITH ROAD PROJECT? | ____ YES | ____ NO |

REMARKS: _____

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

ALL OTHER FORMS OBSOLETE

✓ NEW ADDRESS

SIGNED: BL

REVISED 1/91

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

#2

Sheet: _____

Property ID: PO 137-121-12

Lot #: _____

File#: 44A9B

# SOIL/SITE EVALUATION
## for ON-SITE WASTEWATER SYSTEM

OWNER: Sandra F. Reynolds APPLICANT: _____

ADDRESS: Rt 2 23433, Chadwell, NC 28 DATE EVALUATED: 9-11-00

PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 360gpd PROPERTY SIZE: .25 evalu

LOCATION OF SITE: 9549 Surfside Hell Road PROPERTY RECORDED: _____

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

EVALUATION METHOD: ☐Augur Boring ☐Pit ☐Cut

TYPE OF WASTEWATER: ☐Sewage ☐Industrial Process ☐Mixed

| PROFILE # | .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 | 0-7" | gr/scl | Fr/SE XP/SS/SP | >45" TO soil wetness | 45" | N/A | None | PS .391 F2 IV |
| | | 7-45" | SBK/scl | Fi/SE XP/SS/P | | | | | |
| 2 | LS | 0-10" | gr/scl | Fr/SE XP/SS/SP | >38" TO soil wetness | 38" | N/A | None | PS .391 F2 IV |
| | | 10-38" | SBK/C | Fi/SE XP/SS/P | | | | | |
| 3 | LS | 0-7" | gr/scl | Fr/SE XP/SS/SP | >46" TO soil wetness | 46" | N/A | None | PS .391 F2 IV |
| | | 7-46" | SBK/C | Fi/SE XP/SS/P | | | | | |
| 4 | LS | 0-7" | gr/scl | Fr/SE XP/SS/SP | >42" TO soil wetness | 42" | N/A | None | PS .391 F2 IV |
| | | 7-37" | SBK/C | Fi/SE XP/SS/P | | | | | |
| | | 37-42" | SBK/scl | Fr/SE XP/SS/SP | | | | | |
| 5 | LS | 0-7" | gr/scl | Fr/SE XP/SS/SP | >37" TO soil wetness | 37" | N/A | None | PS .391 F2 IV |
| | | 7-30" | SBK/C | Fi/SE XP/SS/P | | | | | |
| | | 30-37" | SBK/scl | Fr/SE XP/SS/SP | | | | | |
| 6 | LS | 0-8" | gr/scl | Fr/SE XP/SS/SP | >32" TO soil wetness | 32" | N/A | None | PS .391 F2 IV |
| | | 8-28" | SBK/scl | Fi/SE XP/SS/P | | | | | |
| | | 28-32" | SBK/scl | Fr/SE XP/SS/SP | | | | | |
| 7 | LS | 0-4" | gr/scl | Fr/SE XP/SS/SP | >42" TO soil wetness | 42" | N/A | None | PS .391 F2 IV |
| | | 4-35" | SBK/C | Fi/SE XP/SS/P | | | | | |
| | | 35-42" | SBK/scl | Fr/SE XP/SS/SP | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | WS | WS |
| System Type(s) | | |
| Site LTAR | .391 F2 | .391 F2 |

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): Unsuitable

EVALUATED BY: W. R. Marlin LSS 9-11-00

OTHER(S) PRESENT: _____

FILE # 44099

COMMENTS 100% Repair

| LANDSCAPE POSITION | GROUP | TEXTURE | .1955 LTAR |
|---|---|---|---|
| R-RIDGE | I | S-SAND | 1.2-0.8 |
| S-SHOULDER SLOPE | | LS-LOAMY SAND | |
| L-LINEAR SLOPE | | | |
| FS-FOOT SLOPE | II | SL-SANDY LOAM | 0.8-0.6 |
| N-NOSE SLOPE | | L-LOAM | |
| H-HEAD SLOPE | | | |
| CC-CONCLAVE SLOPE | III | SI-SILT | 0.6-0.3 |
| CV-CONVEX SLOPE | | SICL-SILTY CLAY LOAM | |
| T-TERRACE | | CL-CLAY LOAM | |
| FP-FLOOD PLAIN | | SCL-SANDY CLAY LOAM | |
| | IV | SC-SANDY CLAY | 0.4-0.1 |
| | | SIC-SILTY CLAY | |
| | | O-ORGANIC | |

| CONSISTENCE MOIST | WET |
|---|---|
| VFR-VERY FRIABLE | NS-NON-STICKY |
| FR-FRIABLE | SS-SLIGHTLYSTICKY |
| FI-FIRM | S-STICKY |
| VFI-VERY FIRM | VS-VERY STICKY |
| EFI-EXTREMELY FIRM | NP-NON-PLASTIC |
| | SP-SLIGHTLYSTICKY |
| | P-PLASTIC |
| | VP-VERY PLASTIC |

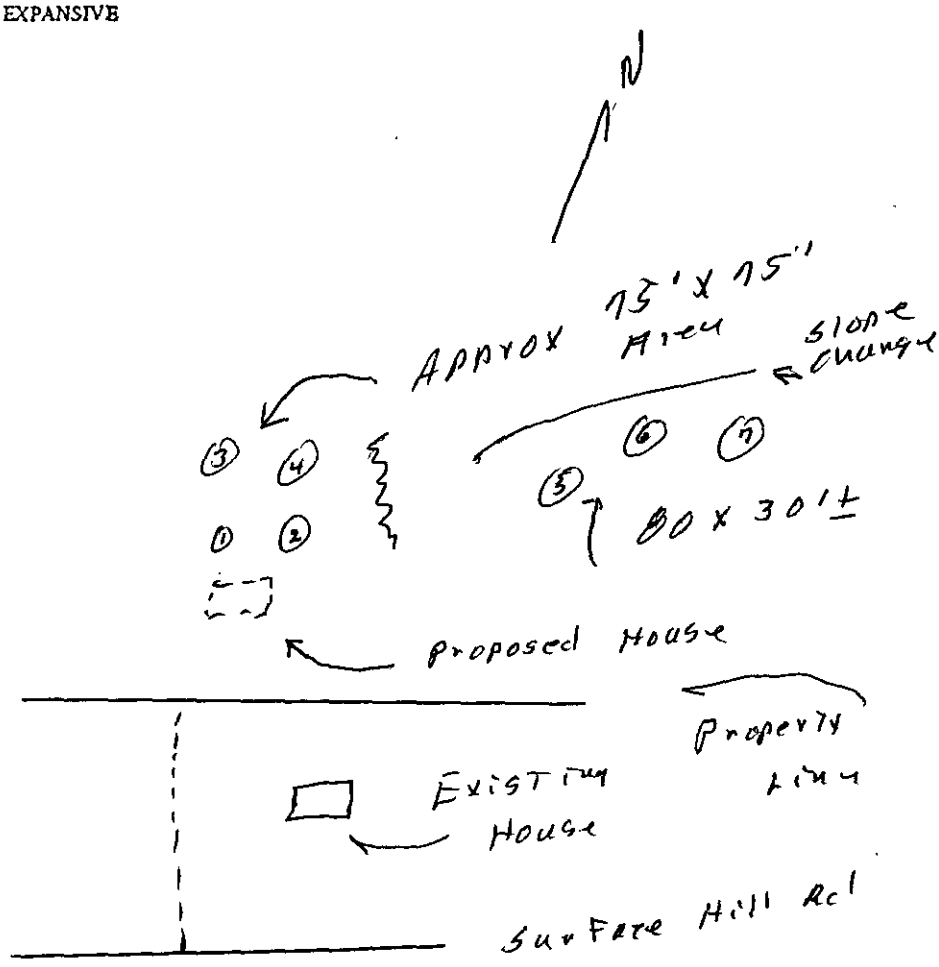
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



FEE: 200 ck

DATE: 8/22/00

B32780

Ref + Gil

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

1 1 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 #: 4/098

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 137-121-12 (PO)

STREET ADDRESS: 9549 Surface Hill Rd.

TYPE OF BUILDING (CHECK ONE):

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

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

HEATED SQUARE FOOTAGE: 1200

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 2

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

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

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

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

WATER SUPPLY (CHECK ONE):

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

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

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

PROPERTY OWNER:

NAME: Reynolds Sandra F.
(LAST) (FIRST) (MI)

ADDRESS: P.O. Box 23433

CITY Charlotte STATE: N.C. ZIP: 28227

DAYTIME PHONE: 704 545-6107

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( )

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: Sandy Reynolds DATE: 8/22/00

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

# MECKLENBURG COUNTY HEALTH DEPARTMENT
## Environmental Health Fees

Reynolds & Fort Construction Co RM

Requestor (please print): Phone #: Date Requested: 8/22/00 Date Filled:

Account Name: Cash Charge Account No.: R 39796

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

Signature: Bobby Reynolds Printed Name: Bobby Reynolds Date: 8/22/00

| T.C. | Qty | Description | Unit Cost | Total Cost |
|---|---|---|---|---|
| 0701 | 1 | Improvement Permit Application - Residential | $ 200.00 | 200 |
| 0735 | | Improvement Permit Application - Commercial | $ 400.00 | |
| 0702 | | Optional Site Evaluations | $ 100.00 | |
| 0703 | | Installation and Final Approval | $ 150.00 | |
| 0704 | | Change in Plot Plan | $ 100.00 | |
| 0705 | | MH Exc/Add/Repl without System Modification | $ 100.00 | |
| 0706 | | MH Exc/Add/Repl with System Modification | $ 300.00 | |
| 0707 | | Site Consultation Visit | $ 100.00 | |
| 0734 | | Authorization for Wastewater System Construction | $ 150.00 | |
| 0708 | | Realty Closing - Conventional | $ 85.00 | |
| 0709 | | Realty Closing - FHA with water | $ 135.00 | |
| 0710 | | Additional Trips | $ 65.00 | |
| 0711 | | Well Water Analysis-Bacteriological with regular parameters | $ 50.00 | |
| 0712 | | Well Water Analysis -Nitrates and Nitrites | $ 15.00 | |
| 0714 | | Well Water Analysis - Organic Analysis | $ 200.00 | |
| 0715 | | Admin. Fee - Field Activity Letter | $ 25.00 | |
| 0718 | | Residential Pool Permit | $ 50.00 | |
| 0719 | | Public Pool Permit - operating | $ 240.00 | |
| 0720 | | Seasonal Pool Permit - operating | $ 120.00 | |
| 0736 | | Pool Late Fee | $ 120.00 | |
| 0733 | | Permit to Construct a Public Pool | $ 200.00 | |
| 0721 | | Home Day Care Evaluation and Permit | $ 70.00 | |
| 0722 | | Home Day Care Evaluation and Annual Fee | $ 40.00 | |
| 0723 | | Eval and Report Non-Permit Facility | $ 50.00 | |
| 0724 | | Private Pool Testing | $ 15.00 | |
| 0731 | | Garbage Hauler Permit - (1-9 vehicles) | $ 30.00 | |
| 0736 | | Garbage Hauler Permit - (each over 9) | $ 20.00 | |
| 0725 | | Document Copies | $ 0.05 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Payment received by: Date: Total: 200

9549 Surface Hill Rd

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION

FEE: 200 or 1 or CT APPLICATION FOR IMPROVEMENT PERMIT
DATE: 8/22/00 B30750 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

COPY

FILE #: 44098

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 137-121-12 (PO)

STREET ADDRESS: 9549 Surface Hill Rd.

SUBDIVISION OR MOBILE HOME PARK NAME: 9543

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

137-121-23

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1200

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

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

CLOSING DATE: _____

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

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

WATER SUPPLY (CHECK ONE):
___ COMMUNITY (C)
___ 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: Reynolds Sandra F.
(LAST) (FIRST) (MI)

ADDRESS: P.O. Box 23433

CITY Charlotte STATE: N.C. ZIP 28227

DAYTIME PHONE: 704 545-6107

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( )

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: Sally Reynolds DATE: 8/22/00

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

N.C Hwy 51

Site

Truelight Church Road

Watford Drive

LOCATION MAP—NOT TO SCALE

Deed North

I.Pipe(F)

S 25°30'45" E
301.30'

S 58°27'51" W

Larry W. Morton
3711 / 583

Edward L. Mobley, Jr.
5689 / 672

I.Pin(F)

S 25°30'45" E
453.55'

S 58°25'49" W
393.31'

William Whitley
6317 / 419

I.Pipe(F)

S 22°21'00" E
161.67'

I.Pin(F)

New 15' Exclusive Ease for Tract 2

S 24°20'21" E

I.Pin(S)

661.32'

Tract 2
7.225 Acres

House

268.01'

208.15'

35.0'

Buffer Zones:
- 20' Stream Side Zone (Undisturbed)
- 15' Upland Zone

(Note: Buffers are measured from stream banks.)

S.W.I.M. Buffers

I.Pin(S)
Control Corner

Approx. Branch

N 72°49'27" E

35.0'

N 12°12'26" E

90.54'

807.11'

14.450 Acres Total

I.Pin(S)
Control

Bobby C. Reynolds
7814 / 722

570.14'

778.29'

Tract 1
7.225 Acres

551.92'

N 55°39'40" W
481.38'

The

House

202.8'

R/W Limit

I.Pin(F)

R/W Limit

N 49°18'32" E
259.87'

Power

Power

N 46°26'22" E
82.27'

I.Pin(F)

N 55°50'38" W
269.96'

I.Pin(F)

R/W Limit

S.R. # 3114

Truelight Church Road

60' Public R/W

(Area within R/W is Dedicated)

R/W Limit

Gene R. Carriker
2445 / 412

COPY

NOTE:
ALL DISTANCES ARE HORIZONAL DISTANCES UNLESS OTHERWISE NOTED.

NOTE:
AREA BY COORDINATE COMPUTATION.

NOTE:
PROPERTY SUBJECT TO ANY VALID & ENFORCEABLE EASEMENTS, RESTRICTIONS & RIGHTS OF WAY OF RECORD.

4/409

137-121-12-90

DEP[redacted]MENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVI[redacted]N OF ENVIRONMENTAL HEALTH
ON-S[redacted] WASTEWATER SECTION

#2

Sheet: _____
Property ID: PO 137-121-12
Lot #: _____
File #: 440493

# SOIL/SITE EVALUATION
## *for* ON-SITE WASTEWATER SYSTEM

OWNER: Sandra F. Reynolds APPLICANT: _____
ADDRESS: Box [redacted] 23433, Charlotte, NC DATE EVALUATED: 9-11-00
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 360gpd PROPERTY SIZE: .25 evalu
LOCATION OF SITE: 9549 Sunfarm Well Road PROPERTY RECORDED: _____
WATER SUPPLY: ☐Private ☐Public ☐Well ☐Spring ☐Other _____
EVALUATION METHOD: ☐Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☐Sewage ☐Industrial Process ☐Mixed

| PROFILE # | 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 | 0-7" | gr/scl | Fr/SE/Ap/SS/SP | >45" to soil wetness | 45" | N/A | None | PS .391 F2 IV |
| | | 7-45" | SBK/sc | Fi/SE/Ap/SP | | | | | |
| 2 | LS | 0-10" | gr/scl | Fr/SE/Ap/SS/SP | >38" to soil wetness | 38" | N/A | None | PS .391 F2 IV |
| | | 10-38" | SBK/c | Fi/SE/Ap/SP | | | | | |
| 3 | LS | 0-7" | gr/scl | Fr/SE/Ap/SS/SP | >48" to soil wetness | 48" | N/A | None | PS .391 F2 IV |
| | | 7-48" | SBK/c | Fi/SE/Ap/SP | | | | | |
| 4 | LS | 0-9" | gr/scl | Fr/SE/Ap/SS/SP | >42" to soil wetness | 42" | N/A | None | PS .391 F2 IV |
| | | 9-37" | SBK/c | Fi/SE/Ap/SP | | | | | |
| | | 37-42" | SBK/scl | Fr/SE/Ap/SS/SP | | | | | |
| 5 | LS | 0-7" | gr/scl | Fr/SE/Ap/SS/SP | >37" to soil wetness | 37" | N/A | None | PS .391 F2 IV |
| | | 7-30" | SBK/c | Fi/SE/Ap/SP | | | | | |
| | | 30-37" | SBK/scl | Fr/SE/Ap/SS/SP | | | | | |
| 6 | LS | 0-8" | gr/scl | Fr/SE/Ap/SS/SP | >32" to soil wetness | 32" | N/A | None | PS .391 F2 IV |
| | | 8-28" | SBK/scl | Fi/SE/Ap/SP | | | | | |
| | | 28-32" | SBK/scl | Fr/SE/Ap/SS/SP | | | | | |
| 7 | LS | 0-4" | gr/scl | Fr/SE/Ap/SS/SP | >42" to soil wetness | 42" | N/A | None | PS .391 F2 IV |
| | | 4-35" | SBK/c | Fi/SE/Ap/SP | | | | | |
| | | 35-42" | SBK/scl | Fr/SE/Ap/SS/SP | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | US | WS |
| System Type(s) | | |
| Site LTAR | .391 F2 | .391 F2 |

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W. A. Marlin LSS 9-11-00
OTHER(S) PRESENT: _____

FILE # 44099

COMMENTS 100% Repair

| LANDSCAPE POSITION | GROUP | TEXTURE | .1955 LTAR |
|---|---|---|---|
| R-RIDGE | I | S-SAND | 1.2-0.8 |
| S-SHOULDER SLOPE | | LS-LOAMY SAND | |
| L-LINEAR SLOPE | | | |
| FS-FOOT SLOPE | II | SL-SANDY LOAM | 0.8-0.6 |
| N-NOSE SLOPE | | L-LOAM | |
| H-HEAD SLOPE | | | |
| CC-CONCLAVE SLOPE | III | SI-SILT | 0.6-0.3 |
| CV-CONVEX SLOPE | | SICL-SILTY CLAY LOAM | |
| T-TERRACE | | CL-CLAY LOAM | |
| FP-FLOOD PLAIN | | SCL-SANDY CLAY LOAM | |
| | IV | SC-SANDY CLAY | 0.4-0.1 |
| | | SIC-SILTY CLAY | |
| | | O-ORGANIC | |

| CONSISTENCE MOIST | WET |
|---|---|
| VFR-VERY FRIABLE | NS-NON-STICKY |
| FR-FRIABLE | SS-SLIGHTLYSTICKY |
| FI-FIRM | S-STICKY |
| VFI-VERY FIRM | VS-VERY STICKY |
| EFI-EXTREMELY FIRM | NP-NON-PLASTIC |
| | SP-SLIGHTLYSTICKY |
| | P-PLASTIC |
| | VP-VERY PLASTIC |

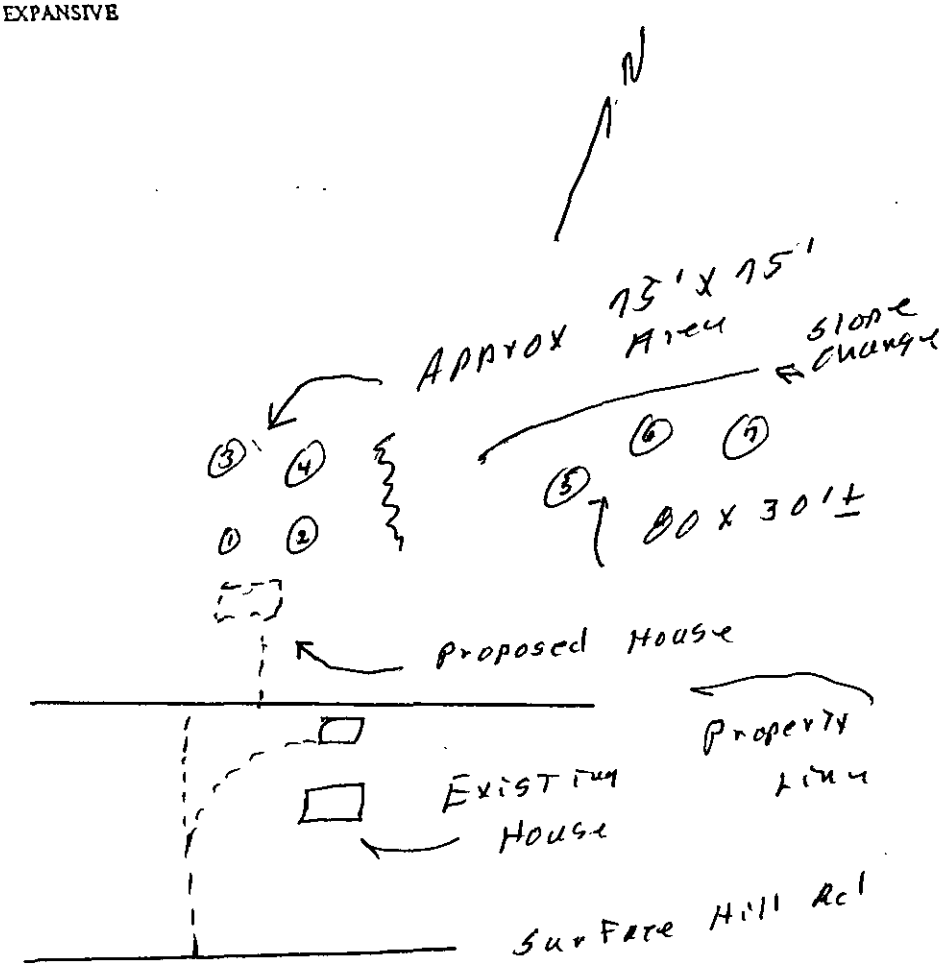
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



# GIS Real Estate System

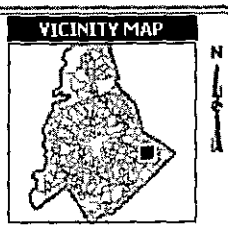
## Mecklenburg County, NC Geographic Information Systems

Tax Parcel & Map Sheet Search | Road Name & Intersection Search | Market Analysis Search Menu
Return to Full Map Extent | How to Use the System | Return to GIS Homepage

**Click on Map to Perform Operation**

○ Refresh Map ○ Pan ○ Zoom In ◉ Zoom Out Zoom Factor 1X ○ Identify Parcels
○ Surveyor's Report
○ Adjoining Owner's Report within 10 FEET ○ Measure Start Line Label Parcels by:






LEGEND

- ☑ County Boundary
- ☐ Jurisdictions
- ☑ Tax Parcels
- ☑ Parcel Dimensions
- ☐ Sales by Deed Year
- ☑ Railroad ROWs
- ☑ Utility ROWs
- ☐ Bodies of Water
- ☑ Streams
- ☐ Floodplain
- ☐ Watershed
- ☐ Surface Water Buff.
- ☑ Building Outlines
- ☐ Prop. I-485 Corridor
- ☐ Photo Controls
- ☑ 1999 Aerial Photo
- ☐ Tax Parcel Land Use

**Click here to submit questions or comments about the information shown on this page.**

| | |
|---|---|
| Map Scale: 1 Inch = 625 Feet<br>Date and Time Stamp<br>9/6/00 7:59:45 AM EST | This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein. |

3-0- 4½ St

4·34" C

Tri, Two
Dot

6-0- 6½ St

14- 30 SC

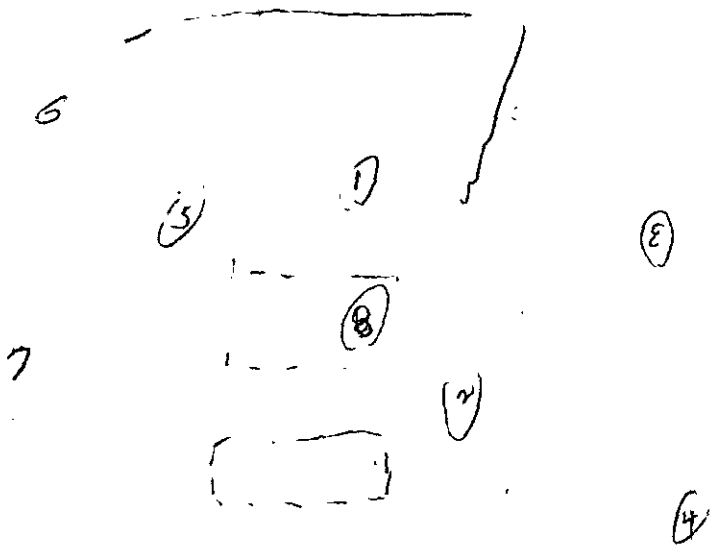
25

7-0- 7½ St

7-23°C

8-0-3½ St

3-3½ C




3-0- 3½ St

4-35°C

2-0- 4½ St

5·45=C

1·- 3½ St

4-0- 3½ St

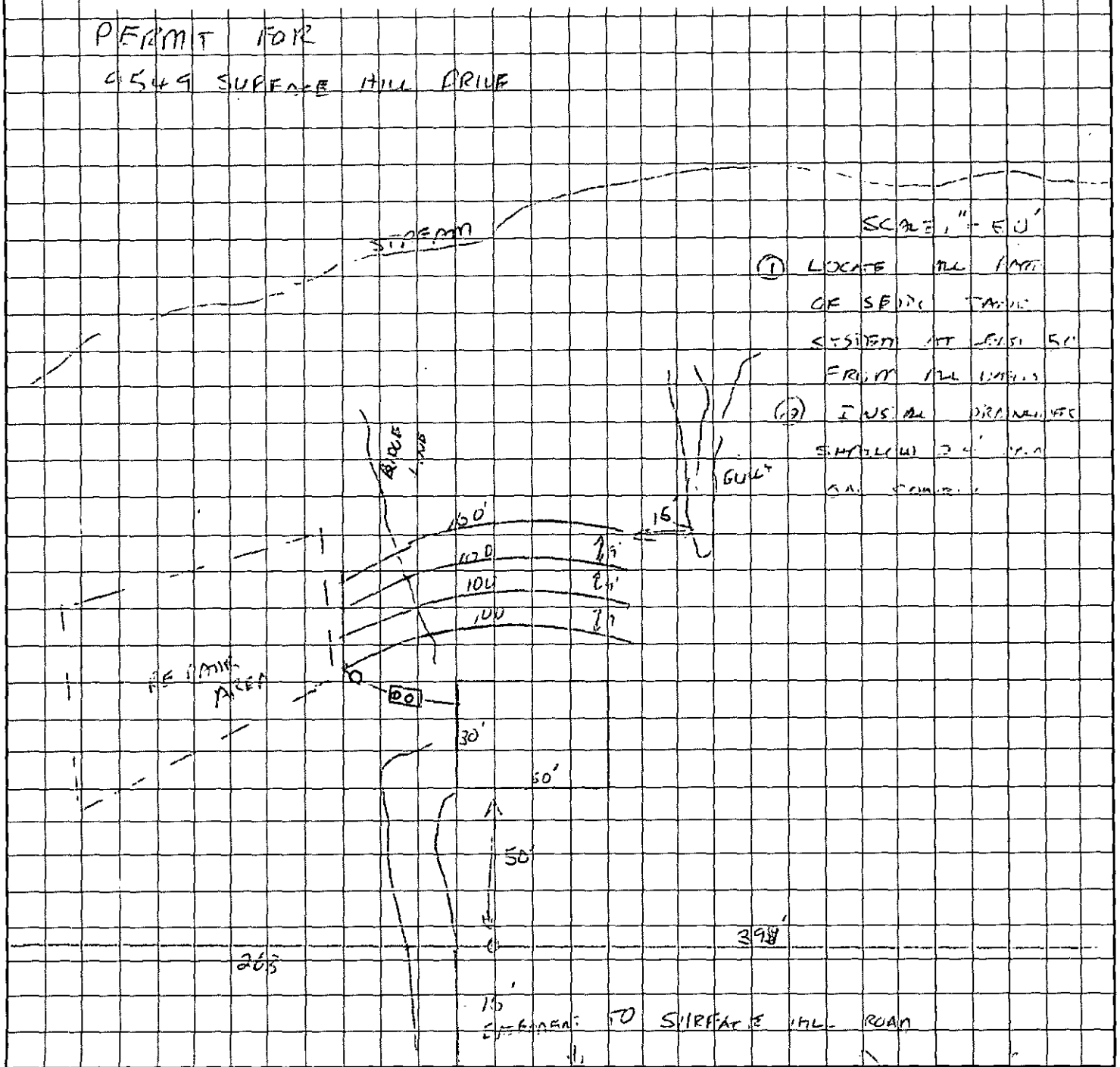
# PROPOSED PLOT PLAN

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

FILE: 4409 B

TC: 137-121-12

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.




OWNER/AGENT SIGNATURE

DATE 9/27/00

APPROVAL DATE 9/27/00

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

4409B
#13249

**MECKLENBURG COUNTY**
**HEALTH DEPARTMENT**

## APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

**APPLICATION TYPE:** (●) SEPTIC ONLY ( ) WELL ONLY ( ) SEPTIC & WELL
( ) ADDITION OR RENOVATION WITH OCCUPANCY INCREASE
(●) ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE
( ) EXCHANGE MOBILE HOME (SAME # BEDROOMS)
( ) COMMERCIAL OR INDUSTRIAL

**PERSON FILING APPLICATION:**
NAME: Bobby Reynolds
ADDRESS: PO Box 23034
CITY: Charlotte
STATE: NC ZIP: 28227
PHONE: 704-363-2669
ALTERNATE PHONE:
E-MAIL: bobby@reynoldsandsonsconst.com

**PROPERTY OWNER:** [ ] SAME AS PERSON FILING APPLICATION
NAME: Seth Reynolds
ADDRESS: 9549 Surface Hill Rd.
CITY: Charlotte
STATE: NC ZIP: 28227
PHONE: 704-724-0163
ALTERNATE PHONE:
E-MAIL: sethmreynolds@hotmail.com

**JOB LOCATION INFORMATION**
TAX PARCEL #: 13712127
STREET ADDRESS: 9549 Surface Hill Rd
CITY: Charlotte
STATE: NC ZIP: 28227

**SUBDIVISION OR MOBILE HOME PARK NAME:**
LOT #:

**WATER SUPPLY:**
(X) MUNICIPAL ( ) PRIVATE WELL ( ) PUBLIC WELL ( ) SHARED WELL ( ) OTHER

**RESIDENTIAL PROPERTY TYPE:** ( ) N/A
(X) HOUSE ( ) MODULAR HOME ( ) MULTIPLE FAMILY
( ) SINGLE MOBILE HOME ( ) DOUBLE WIDE
( ) OTHER

**OCCUPANCY (both fields are required):**
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

**COMMERCIAL / INDUSTRIAL PROPERTY TYPE:** [X] N/A
TYPE OF BUSINESS:
# EMPLOYEES PER SHIFT:
# OF SHIFTS:
INDUSTRIAL WASTES? ( ) YES ( ) NO
UNDERGROUND STORAGE TANKS? ( ) YES ( ) NO

**ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:**
[ ] BEDROOM [ ] BATHROOM [ ] KITCHEN [ ] DINING ROOM [ ] LIVING ROOM [ ] DEN
[ ] GARAGE [ ] SUNROOM [ ] PORCH [X] DECK [ ] OTHER

**ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:**
[ ] DETACHED GARAGE [ ] DETACHED GARAGE WITH PLUMBING [ ] POOL HOUSE [ ] SHOP [ ] BARN
[ ] STORAGE SHED [ ] DETACHED PORCH / DECK [ ] 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature — Date: 6/27/22

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.



MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

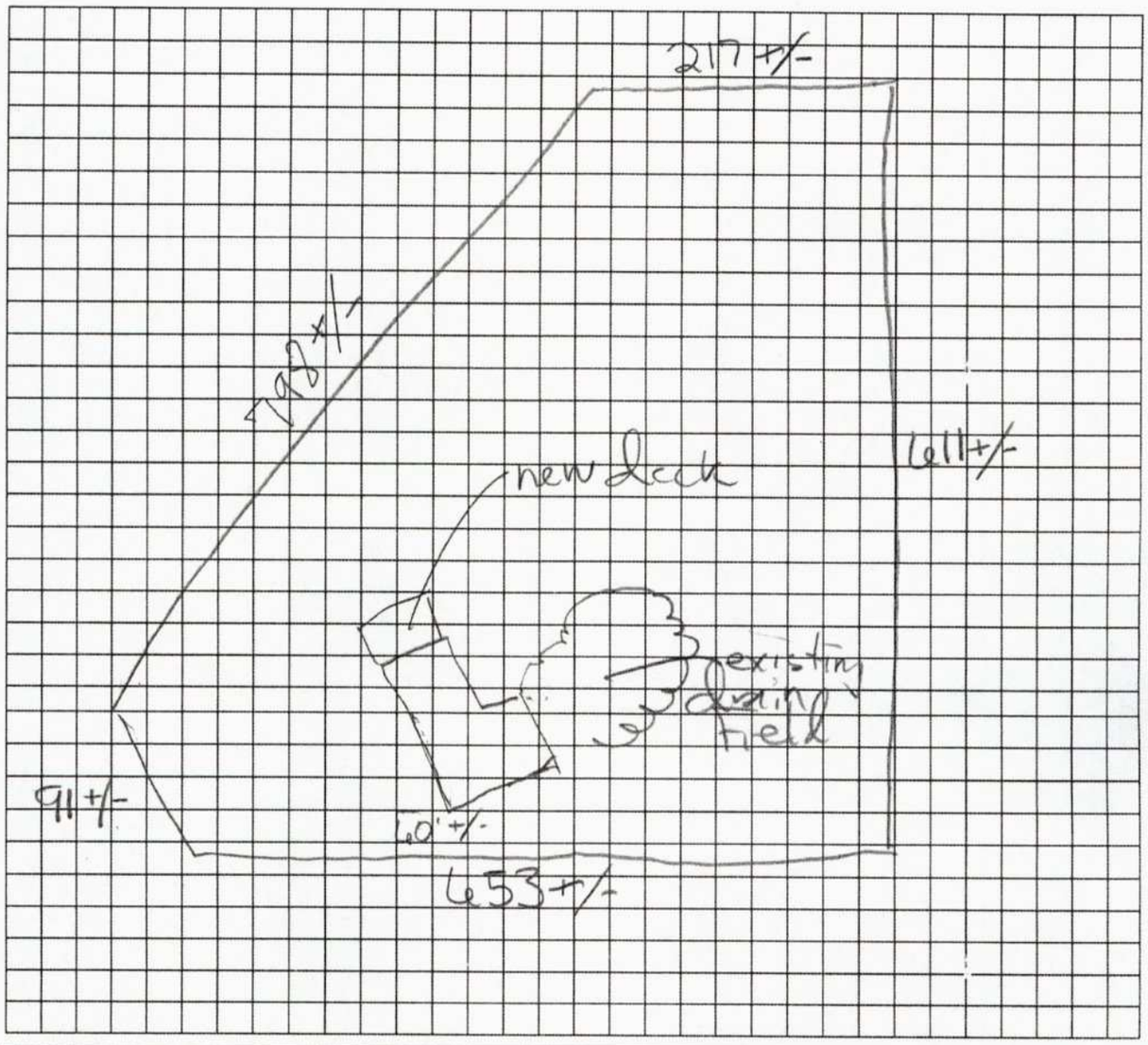
Revised on: 01/03/11

File #: _____

## PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 9549 Surface Hill Rd. Tax Parcel #: 13712127




*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 and Water Supply Wells 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.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

Approved, Proposed deck meets setback Requirments

REHS Signature

7/1/22
Date



MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 01/03/11

# MECKLENBURG COUNTY
## Health Department

Raynard Washington, PhD, MPH
Health Director

(704) 336-4700

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.
2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.
3. I acknowledge that Bobby Reynolds is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

9549 Surface Hill Rd Charlotte.
Number Street Town

(Or Parcel Number)
13712127

SETH M. REYNOLDS
Property Owner (print name)

Property Owner (signature)

6/27/22
Date

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
*Payment Receipt*

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 06/27/22 | **Amount:** | 100.00 |
| **Receipt #:** | 136589 | **Tendered:** | 100.00 |
| **Check / Auth #:** | CHARGE | **Returned:** | 0.00 |
| **Received By:** | ELLISLW | | |

**Account Information**

**Account #:** X41577
**Contractor:** REYNOLDS & SONS CONSTRUCTION
**Attn:**
**Address:** PO BOX 23034
**Address:**
**City/State/Zip:** CHARLOTTE, NC 28212

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0705 | Use Existing System<br>9549 SURFACE HILL RD | | 1 | 100.00 | 100.00 |

----------Outstanding Balances----------

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| 1,558.00 | 839.28 | | | | |