

7027 HOLLOW OAK DR

19518201

5/30/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

Mecklenburg County
Health Department

APPLICATION FOR
INSPECTION OF PUBLIC RECORDS

NAME OF PERSON MAKING REQUEST: Vernon Jackson

ADDRESS: 5734 Tynwald Lane, Charlotte, NC 28227

DESCRIPTION OF PUBLIC RECORD REQUESTED: Septic permit

STREET NAME (OR COUNTY ROAD: 7027 Hollow Oak Dr.

PARCEL NUMBER/FILE NUMBER: File # 5208A

OWNER'S NAME: Rodger + Linda Otey

REASON FOR REQUEST:
Owner wants a copy

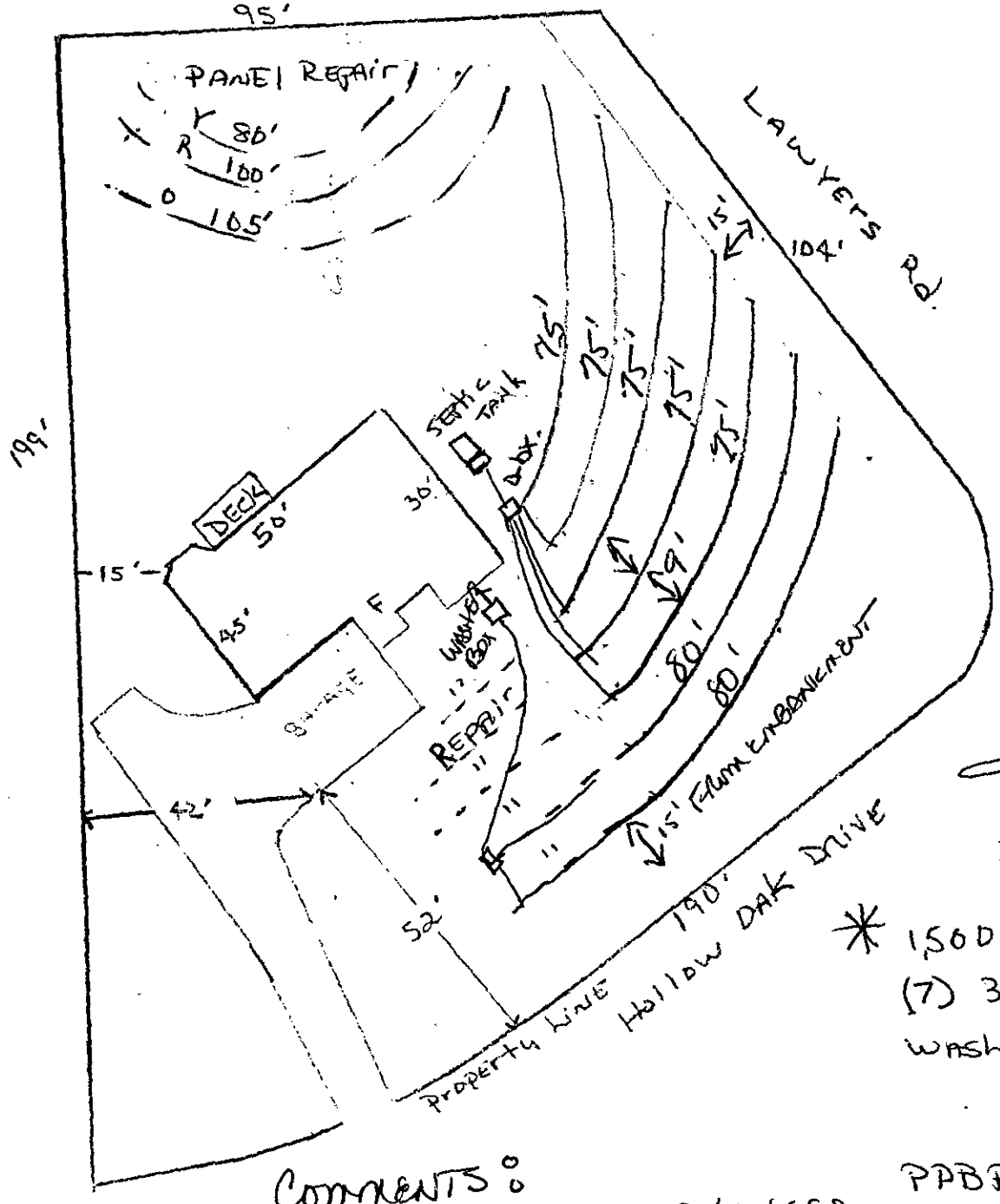
SIGNATURE OF PERSON MAKING REQUEST: Vernon Jackson

SUPERVISORY PERSON: [signature] 1/30/97

ENVIRONMENTAL HEALTH DIVISION

(4) BEDROOM/ CONVENTIONAL PLAN
Gravity Distribution
PPBPS - REPAIR

MCHD
FILE: 5208-A
TC: 195.051-06
Lot 1, Farmwood East



T. Wolfenbarger
2/4/94

Primary

* 1,500 gal. Septic Tank
(7) 3'x76'x12"9
WASHER LINE OPTION

REPAIR
PPBPS 285+'

COMMENTS:

(1) THERE SHALL BE NO CHANGES TO THIS SYSTEM OR THE PERMIT WILL BE VOID.
(2) SYSTEM SHALL HAVE IMPROVEMENT BY INSTALLATION APPROVAL.
(3) 1500 ST - DRAINFIELD (5) 3 X 75' X 12" WASHER LINE (2) 3 X 80' X 12"
(4) SYSTEM SHALL BE INSTALLED ON CONTOUR & WHILE SOIL IS IN A DRY CONDITION.

J. Wallis RS 2/4/94

SCALE 1" = 20'

CERTIFICATE OF COMPLETION/OPERATION PERMIT 4 OF 4

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

FILE: 5208A DATE: 8/11/94

TC: 195-051-06 ☐ L ☒ CRT

SERIAL № 15980

Name of Owner Cherry Homes Juris.:

Address of Property Fox Hollow Lane

Inspection Data:

Tank Material 1500

Total Length of Drainfield PCC 75

Number of Lines 5 4 @ 40 (washer)

Cover Depth 12" of cover

Water Supply Source Community
10' off water line

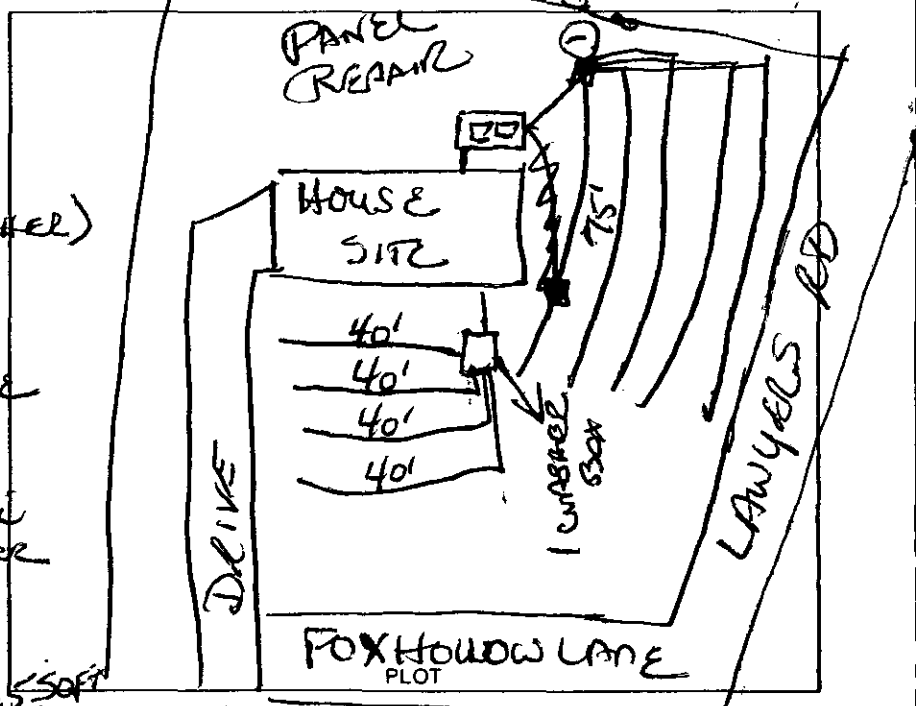
Distance to Water Source

Excavation Inspected 8/10/94

Tank(s) Inspected 8/10/94 - septic
8/11/94 - washer

Wash Line Inspected 8/11/94

High Water Alarm Inspected —



Design: 1500 ST, (1) D BOX, ~~1250~~ 1015 SQFT, T, 12" G, CELL-LIKE CTP# 82
(1) WASHER BOX, 1 D BOX, 480 SQFT, 12" G, CELL, T

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

☐ installed or constructed ☐ altered or repaired
☐ in accordance with the permit issued ☒ as detailed in the plot above

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

☒ Certificate of Completion ☐ Operation Permit

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

COMMENTS: Type III e - Panel Block Repair in rear

Jon H. Newell, R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR ~~PERMIT~~ APPROVAL

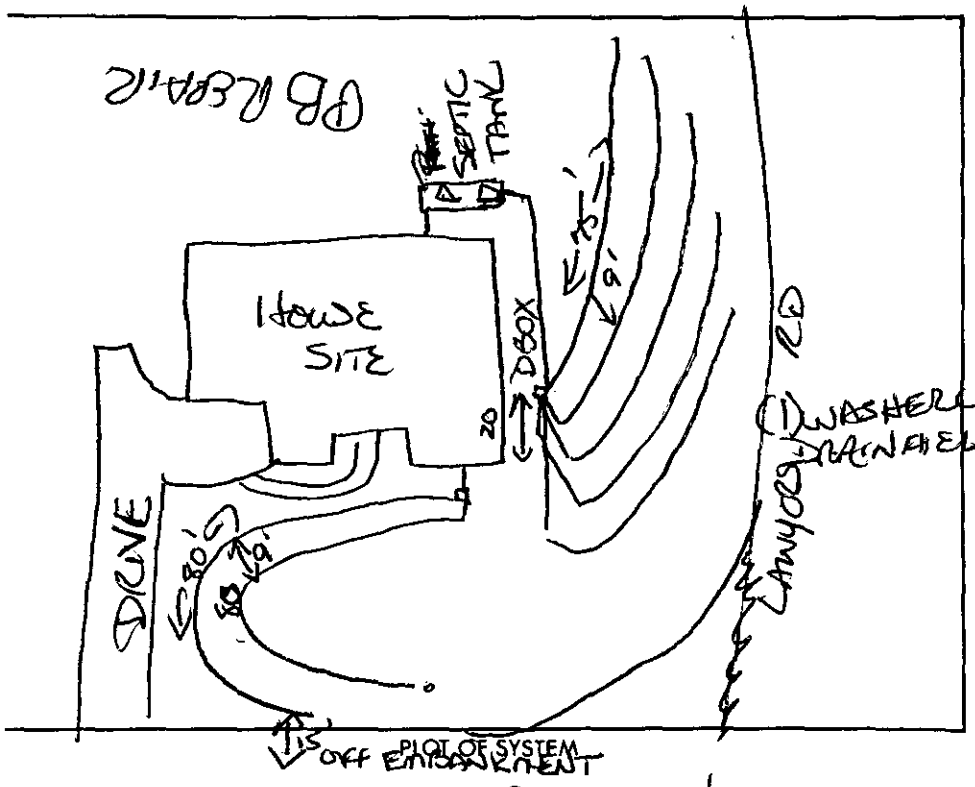
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5208A DATE: 6/28/94

TC: 195-051-06 ☐ L

SERIAL Nº 15983

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 1-7-94. All work shall be completed on or before 1-7-95, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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.



Liquid Capacity of Septic Tank 1500 gallons
(1) WASHER BOX
Liquid Capacity of Dosing Tank — gallons
Tank Construction PCC

Absorption and/or Nitrification Lines:
Trench Width 3 feet
Total Line Length 533 feet
Number of Lines (5) 3X75X12"
Depth of Stone 12 inches
Distance from House 5 feet
Distance from Property Line 10 feet
Distance from Well N/A feet

NAME OF OWNER Cherry Homes

LOCATION OF PROPERTY 7029 Hollow Oak Drive

Comments: 1500 SEPTIC TANK W/(5)3X75X12"
1 WASHER LINE - 2@3X80X12"
(2) D BOXES, 1 WASHER BOX

T. Walker for D. Daniel 6/30/94
Division or Section Head

Jane H. Newell, R.S.
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

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

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

DATE: 1-7-94

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Mint

PARCEL NUMBER 195-182-01

ASSIGNED ADDRESS 7027 Hollow Oak Dr

EXISTING ADDRESS Lot 1

PROJECT NAME Hollow Oak Estates

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

		APPROVED	DISAPPROVED
1.	SUBDIVISION REGULATIONS		*
2.	FLOODWAY REGULATIONS		*
3.	EROSION CONTROL REGULATIONS		*
4.	PUBLIC UTILITY EASEMENT		*
		PRESENT	NOT PRESENT
5.	PUBLIC UTILITY EASEMENT	*	
6.	PROPERTY FRONTS ON THOROUGHFARE	*	
7.	DRIVEWAY PERMIT REQUIRED	*	

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

REMARKS: SF home Septic

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: _____

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

BK: 07623 PG: 0796/0797 #:0027 10.70
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 01/07/94 09:25

file # 5208A

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 15A NCAC 18A .1956, .1957, OR .1969 OF THIS SECTION.

The undersigned, Cherry Homes, Inc. owner of property located at 7029 Hollow Oaks Dr. ("the site") and described in an instrument recorded in Book 07074 at Page 0501/0508 Mecklenburg Public Registry, hereby acknowledges that he 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 pursuant to 15A NCAC 18A .1948(d) 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 can reasonably be expected to function satisfactorily and thus that the findings specified in 15A NCAC 18A .1958(d)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally suitable" and issued on 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 his responsibility 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 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.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

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.

This 4th day of January, 1994.

Cherry Homes, Inc. Thomas Lewis, VP (SEAL)
Cherry Homes, Inc. Lorie E Pressley, Sec (SEAL)

Cherry Homes, Inc. Corporate Seal North Carolina

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that

_____ personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this _____ day of _____, 199_____.

_____
Notary Public

My Commission Expires _____

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Delma F Honeycutt, a Notary Public for said County and State, do hereby certify that Thomas Lewis personally came before me this day and acknowledged that he is Vice President of Cherry Homes, Inc., 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 Vice President, sealed with its corporate seal and attested by Lorie E. Pressley, secretary.

WITNESS my hand and notarial seal, this 4th day of January, 1994.

Delma F Honeycutt
Notary Public

My Commission Expires January 31, 1996

Deed prepared by: Smith, Helms, Mullis and Moore

Amended 07/93

Grantor: BMI Land Co. Inc Grantee: BB&T / Cherry Homes

Please mail to: Cherry Homes Inc. 4402 E. Independence Blvd. Matthews, N.C. 28105

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

1/7/94

5208A

Orig 2597 $200.00 — [] 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

PERSON FILING APPLICATION:

NAME: CHERRY HOMES INC. (last) (first) (mi)

ADDRESS: 11407 E. INDEPENDENCE BVD. PHONE: (704) 847-8300

CITY: MATTHEWS STATE: NC ZIPCODE: 28105

Date:

PROPERTY OWNER:

NAME: SAME (last) (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 195-182-01

STREET ADDRESS: 7029 HOLLOW OAK DR.
MINT HILL, N.C.

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: 1 LOT SIZE (in acres): 1/2

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) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3

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: _____ Date: 1-7-94

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.

...Based on plan design by Jim Whitaker

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

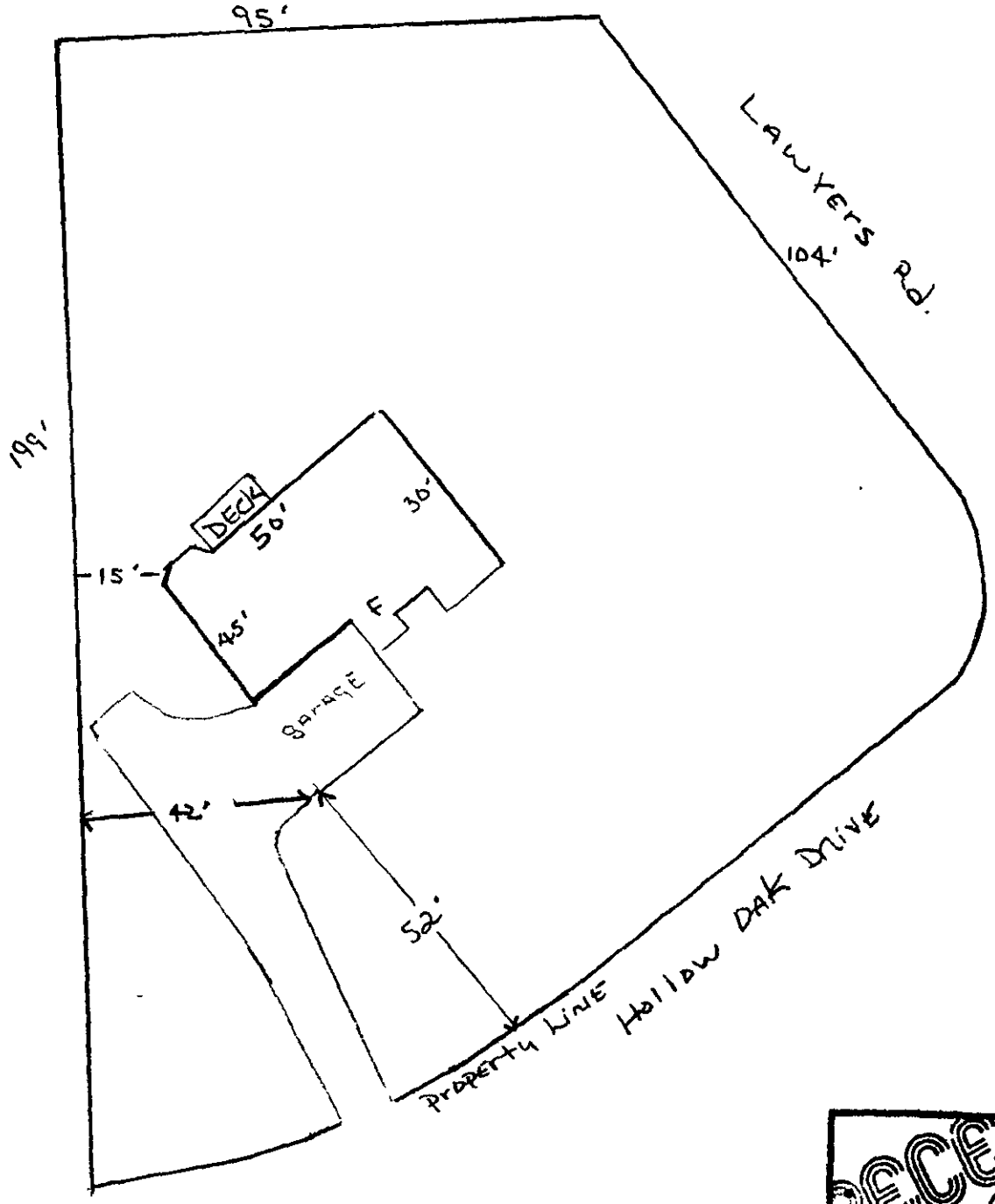
_____ Environmentalist 7/6/94 Date

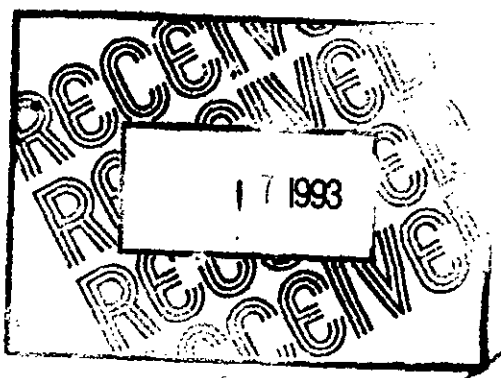
_____ Director or Authorized Section Head Date

WATER : 122791

(4) BEDroom/ CONVENTIONAL PLAN

MCHD
FILE: 5208-A
TC: 195.051-06
Lot 1, Farmwood East





T. Wittwer
12/17/92

SCALE
30

Mecklenburg County
Health Department

Basil G. Delta, M.D., M.P.H.
Health Director

December 14th, 1988

N & E Development Co., Inc.
P. O. Box 898
Matthews, NC 28106

RE: Property located at 7027 Hollow Oak Drive 1
FILE: 5208A
PARCEL: 19505106 PO

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. Results of the investigation revealed that the lot contains soils which have been classified as PROVISIONALLY SUITABLE in accordance with the provisions of 10 NCAC 10A .1900. A copy of the Site Evaluation Report (Serial Number 15782) deliniating the soil types and their respective classifications is enclosed.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Specific plan approval will be provided upon submission of an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems and determination that the area is adequate to accomodate the proposed construction.

Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this Department renders any area previously designated suitable for system installation, unsuitable. Futhermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

If there are any questions concerning this matter, do not hesitate to contact me.

Very truly yours,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15782

File: 5208A Action 4

Parcel: 19505106 PO ☐ PC

Location: 7027 Hollow Oak Drive

Subdivision:

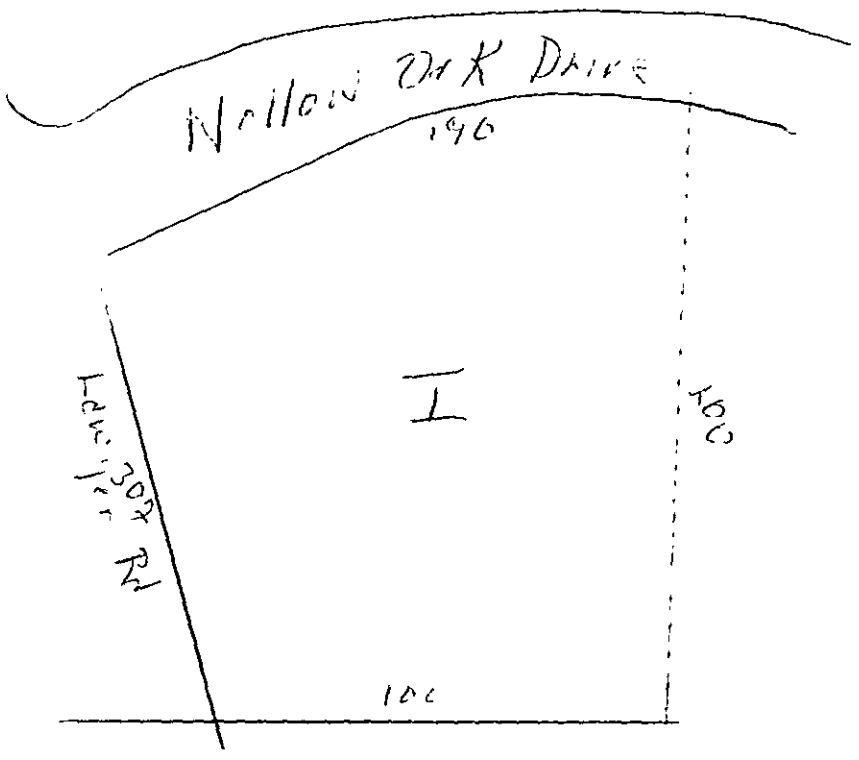
Lot: 1 Block: Acres: .56

Owner: N & E Development Co., Inc.
Address: P. O. Box 898
Matthews, NC 28106

Comments: _____

Described by: Wilbur Ramsey

Date: 12-18-88



***** 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	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IVE Cecil					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 11/7/88

Name/Company N & E Development Co.

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil Test
5208A - 5213A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

NOV 18 1988

Fee: $ 180 —

CK # 1011
$180 ⁰⁰

Completed by

Collected by

APPLICATION FOR SOIL INVESTIGATION

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 5208A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 7027 Hollow Oak Drive

② SUBDIVISION: Hollow Oak Estates ③ LOT: 1 ④ BLOCK: 1

⑤ PARCEL REFERENCE: BOOK NO.: 195 PAGE NO.: 05 PARCEL NO.: 051-06

⑥ DEED REFERENCE: BOOK NO.: 5857 PAGE NO.: 410

OWNER

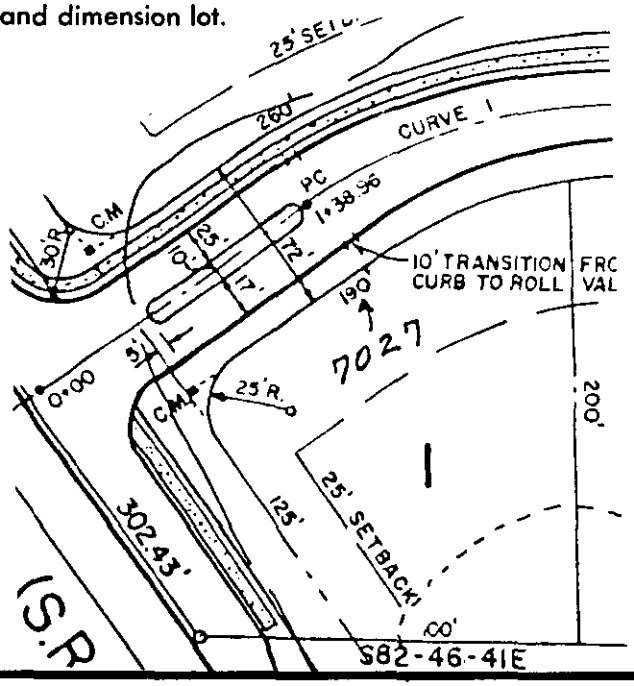
⑦ NAME: N & E Development Co., Inc.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: P.O. Box 898

⑨ CITY: Matthews ⑩ STATE: N.C. ⑪ ZIP: 28106

⑫ PHONE: (WORK) 704/847-8823 (HOME) _____

⑬ Accurately diagram and dimension lot.



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

Signed: _____

Date: 11/14/88

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

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY