

19527 SHEARER RD

00309215

1/3/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

$50.00
Pd 11/6/98

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

38158 40'

[ ] 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: Heartland Industries, Inc.

NAME: Martin (last) Donald (first) W. (mi)

ADDRESS: 14000 E. Independence Blvd. PHONE: (704) 821-3113

CITY: Matthews, N.C. 28104 STATE: ZIPCODE:

Date: 11-6-98

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 003-092-15

STREET ADDRESS: 19527 Shearer Rd.
Davidson, N.C. 28036

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

PROPERTY OWNER:

NAME: Robbins (last) William (first) T (mi)

ADDRESS: 19527 Shearer Rd PHONE: (704) 895-4456

CITY: Davidson STATE: NC ZIPCODE: 28036

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

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

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

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

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

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[X] 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: D Martin / Builder Date: 11-6-98

NOTICE:

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

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

...This permit is not transferable.

... Use existing system

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

Environmentalist 11-25-98 Date

Director or Authorized Section Head Date

WATER : 12279

PROPOSED PLOT PLAN

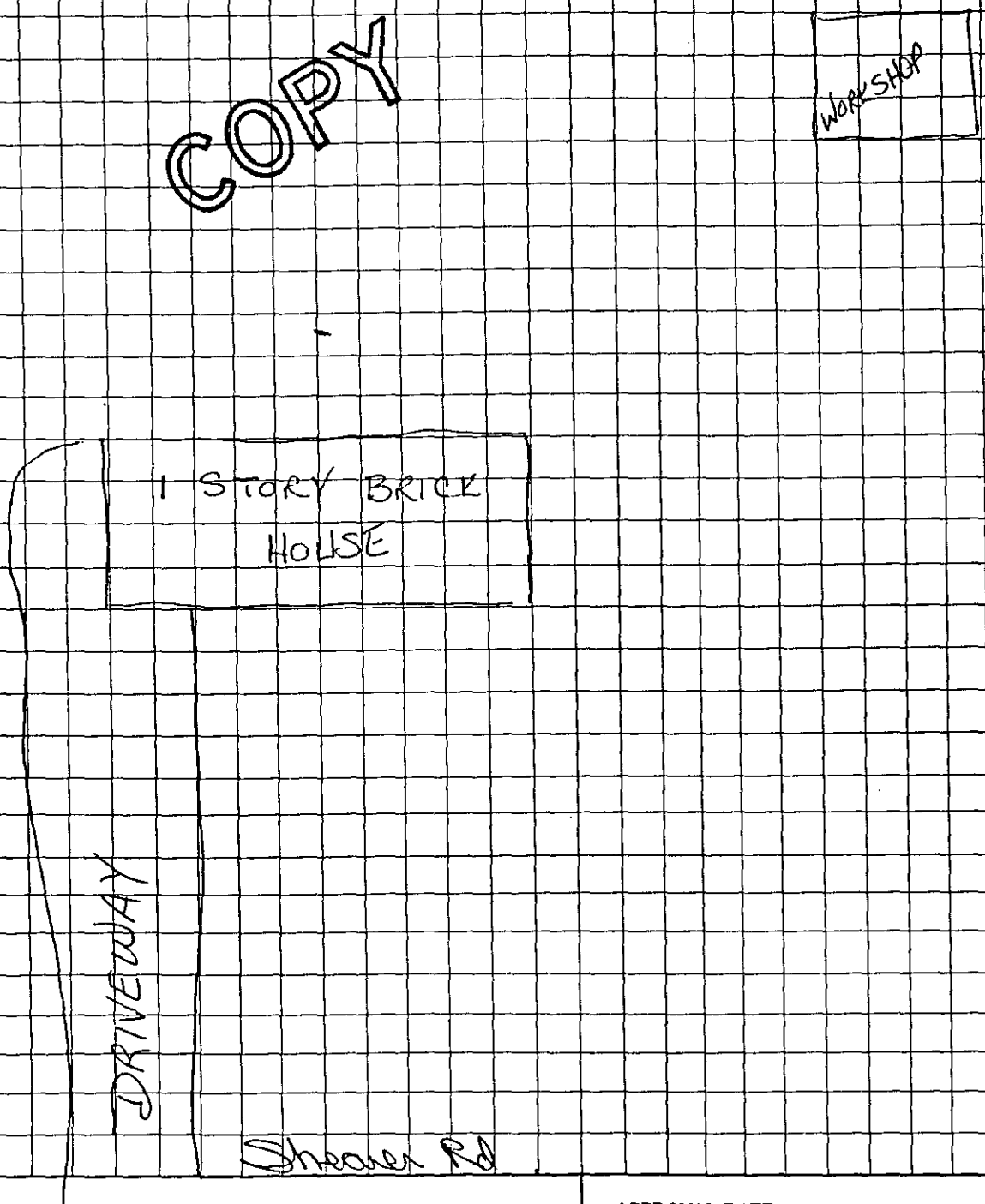
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3815 B

TC: _____

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.

COPY



APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

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

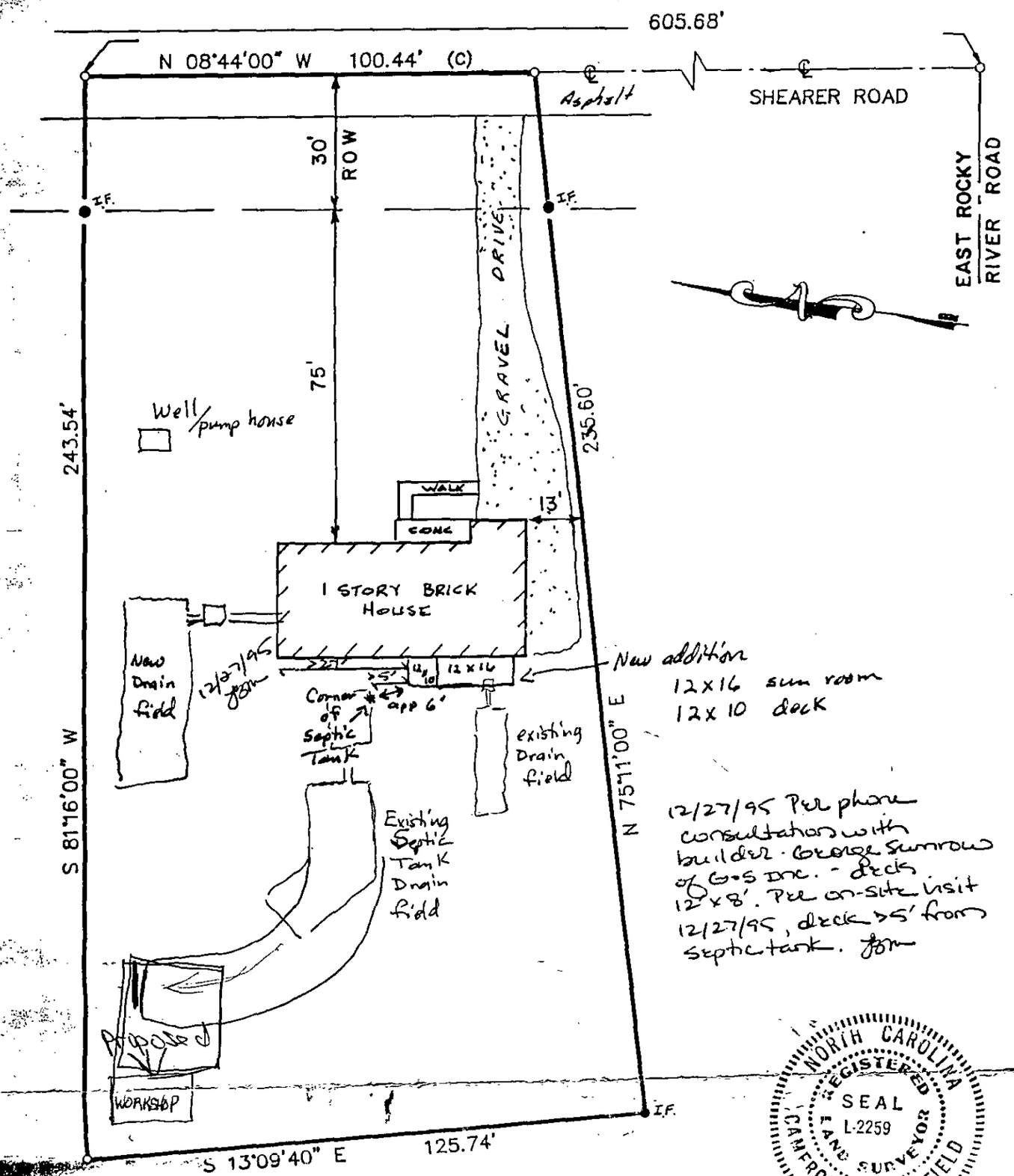
DESK
≈10'
≈10'
to Property Line

MORTGAGE SURVEY

FOR

WILLIAM TERRY ROBBINS & Wife, LYNDA GAIL A. ROBBINS

3815 B



12/27/95 Per phone consultation with builder - George Sumrow of G-S Inc. - deck 12'x8'. Per on-site visit 12/27/95, deck >5' from septic tank. JGM

NORTH CAROLINA REGISTERED SEAL L-2259 LAND SURVEYOR CAMERON W. PENFIELD

W Robbins 12-6-95

SHEET 1 of 2

I, Cameron W. Penfield, certify that the above described property hereon shown does not lie within a 100 year flood plain; and that we have surveyed the property herein described, that there is located entirely thereon as shown, a building that said improvements are within the property lines and that there are no existing encroachments upon the lands described, except as shown hereon. This survey is for mortgage purposes only and no property corners were set. Do not use for establishing fence lines.

NOV 18 1989 By: _____

REGISTERED LAND SURVEYOR
CAMERON W. PENFIELD #L2259

P.E.A of North Carolina
1409 EAST BLVD.
CHARLOTTE, NC 28203
(704) 377-4349

DN: JB | DATE: 11-17-89 | SCALE: 1" = 30' | JOB NO. 89110M

$50.00
Pd 11/6/98

38158

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

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COPY

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Date: 11-6-98

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LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[redacted]

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...11-12-98 OSJ - WORKSHOP IS STAKED OVER DRAINFIELD. I LEFT NOTICE ON DOOR AND CALLED & LEFT A MESSAGE FOR DONALD MARTIN @ HEART LAND INDUSTRIES.

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

Environmentalist Date

Director or Authorized Section Head Date

WATER : 1227

$50.00 pd 11/6/98

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3815B

[] CRT

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Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
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[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

_____ Date
Environmentalist

_____ Date
Director or Authorized Section Head

WATER : 12279

PROPOSED PLOT PLAN

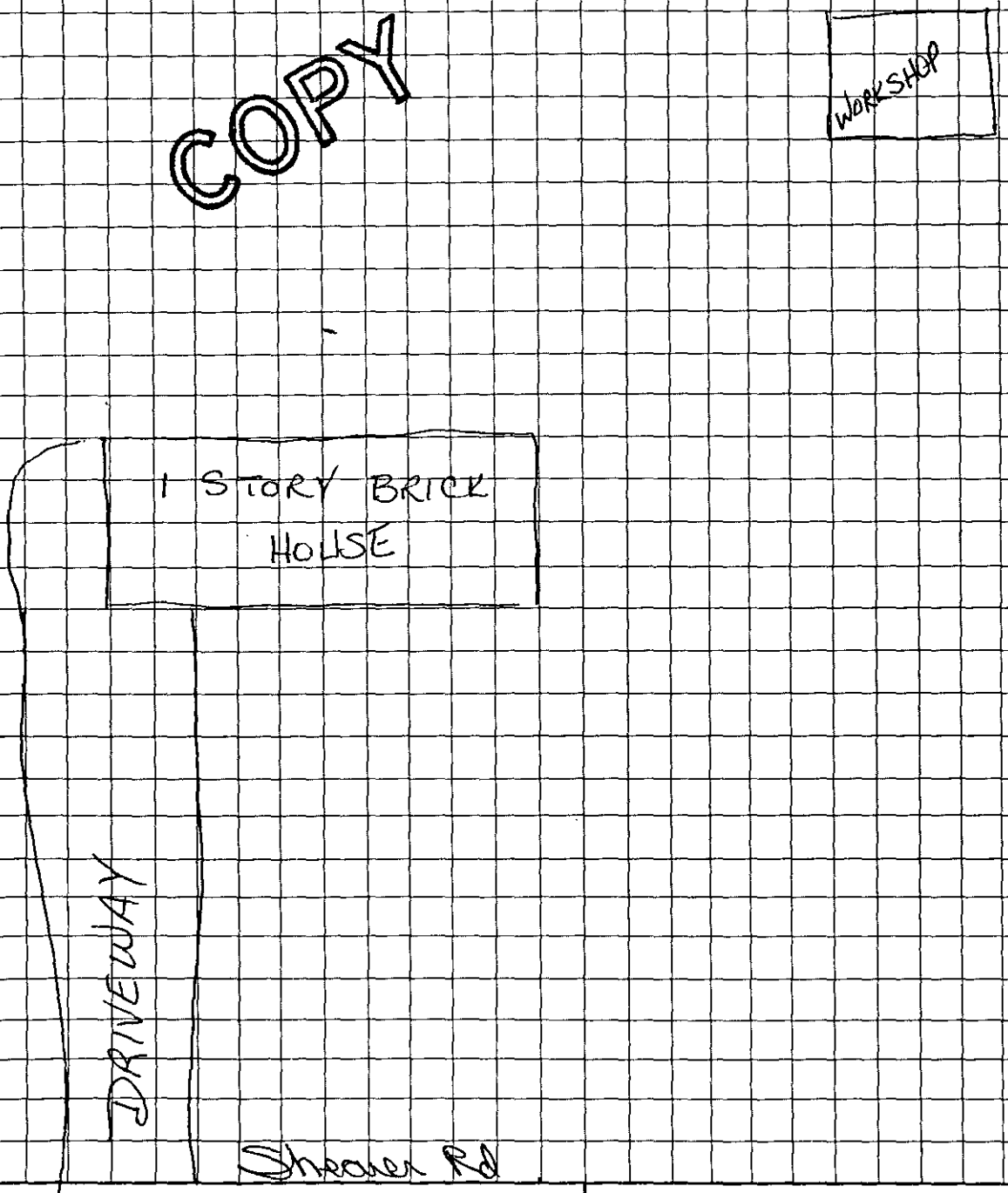
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3815 B

TC: _____

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.

COPY



OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

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

CHARGE

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Charge Slip

Date: 11/6/98

Name/Company: Heartland Industries, Inc

Sanitation _____

Vector Control _____

IWWS ✓

Service: Workshop Addition
19527 Shearer Rd
3815B

Fee: $ 50.00 . (cash pmt)

NOTICE:

A processing fee of $20.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

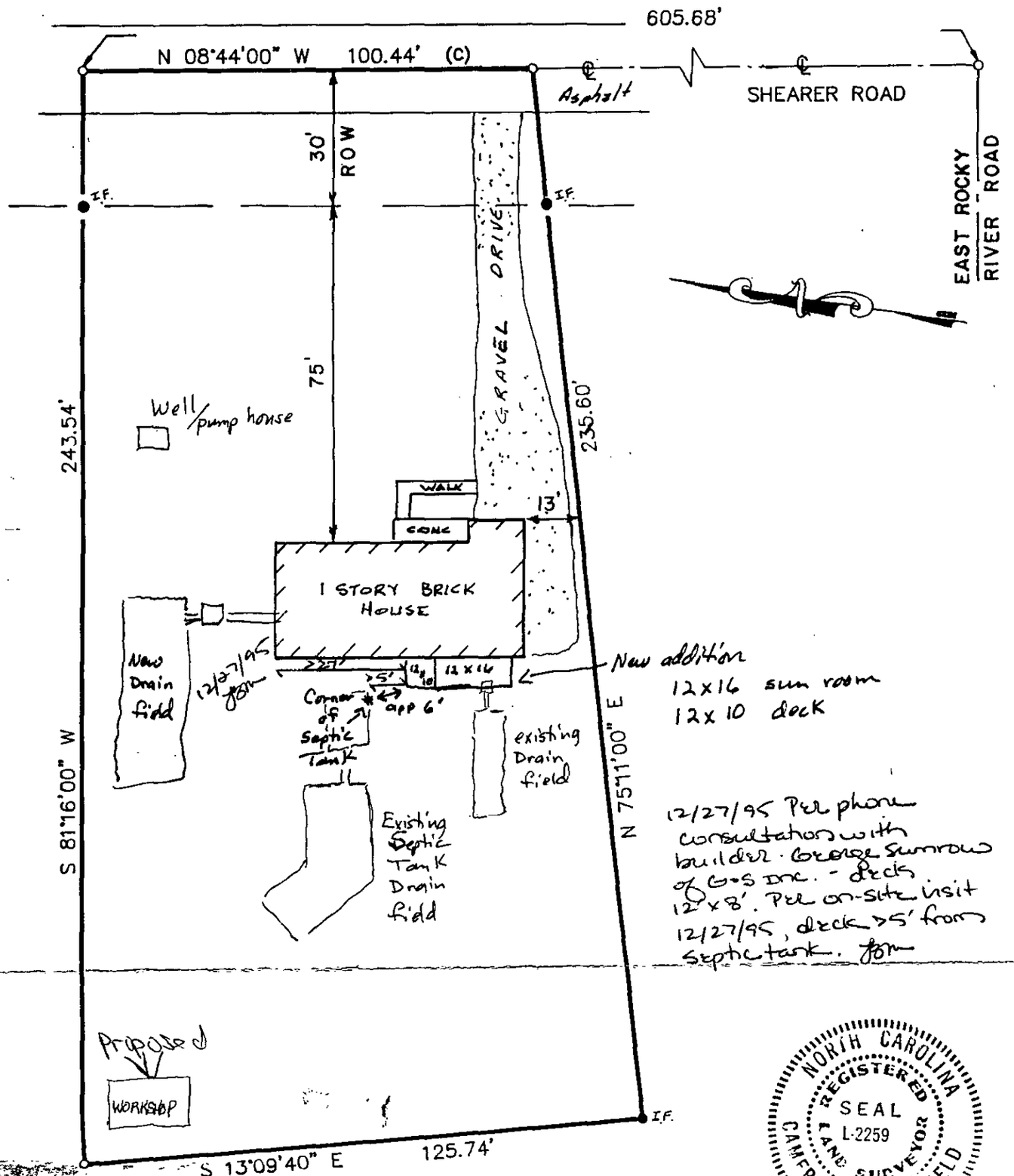
Natalie Y Jones
Collected by

MORTGAGE SURVEY

FOR

WILLIAM TERRY ROBBINS & Wife, LYNDA GAIL A. ROBBINS

3815B



NORTH CAROLINA REGISTERED SEAL L-2259 LAND SURVEYOR CAMERON W. PENFIELD

W Robbins 12-6-95

SHEET 1 of 2

I, Cameron W. Penfield, certify that the above described property hereon shown does not lie within a 100 year flood plain; and that we have surveyed the property herein described, that there is located entirely thereon, as shown, a building that said improvements are within the property lines and that there are no existing encroachments upon the lands described, except as shown hereon. This survey is for mortgage purposes only and no property corners were set. Do not use for establishing fence lines.

NOV 18 1989

By: Cameron W. Penfield

REGISTERED LAND SURVEYOR
CAMERON W. PENFIELD #L2259

P.E.A
of
North Carolina
1409 EAST BLVD.
CHARLOTTE, NC 28203
(704) 377-4349

DN. JB	DATE 11-17-89	SCALE: 1" = 30'	JOB NO. 89110M

DATE	DESCRIPTION	FEE	PAYMENT	ADJUSTMENT	BALANCE	PREVIOUS BALANCE	NAME
1/16/98	IWWS	50	50	0	0	0	Heartland Ind

This is your RECEIPT for this amount

This is a STATEMENT of your account to date

11479

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

Check pmt.

Thank you

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3815B CK# 010181 $50.00 11/16/95 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:
G+S CONTRACTING Inc
NAME: Sumrow (last) George (first) L. (mi) President
ADDRESS: Po Box 1202 PHONE: (704) 663-7132
CITY: Mooresville STATE: NC ZIPCODE: 28115

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 003-092-15
STREET ADDRESS: 19527 SHEARER ROAD
DAVIDSON NC 28036
ZONING:

PROPERTY OWNER:
NAME: ROBBINS (last) TERRY (first) (mi)
ADDRESS: 19527 SHEARER Rd. PHONE: (704) 892-4493
CITY: DAVIDSON STATE: NC ZIPCODE: 28036

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

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)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
DECK & SUN PORCH (Sunroom)
[] 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)
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Signed: [signature] Date: 11-16-95

NOTICE:

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[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
Sunroom-Deck

12/6/95 Repair approval issued for washer
12/18/95 Final: K. Randall
12/27/95 OSV. Setback off Septic Tank met
Use existing system w/washer
Repair installation for sunroom-deck addition.

Yvonne B. Mialik, RS 12/27/95
Environmentalist Date

S Blakeman for S. Caudill Program Chief 12-28-95
Director or Authorized Section Head Date

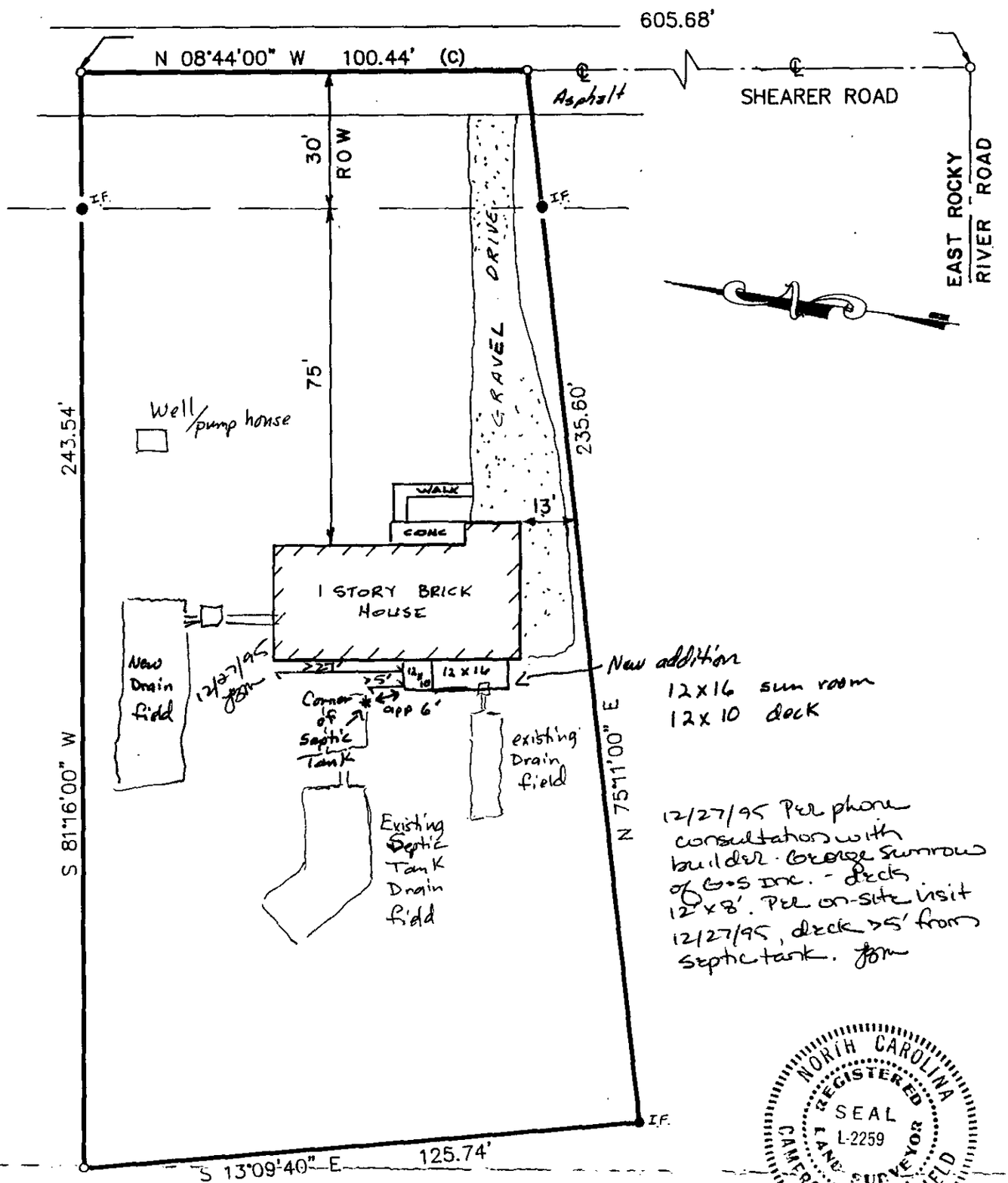
WWATER : 122791

Revised 1995

MORTGAGE SURVEY

FOR

WILLIAM TERRY ROBBINS & Wife, LYNDA GAIL A. ROBBINS



12/27/95 Per phone consultation with builder George Sumrow of G-S Inc. - decks 12'x8'. Per on-site visit 12/27/95, deck >5' from septic tank. JGM

NORTH CAROLINA REGISTERED LAND SURVEYOR SEAL L-2259 CAMERON W. PENFIELD

W Robbins 12-6-95

SHEET 1 of 2

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(704) 377-4349

DN. JB	DATE: 11-17-89	SCALE: 1" = 30'	JOB NO. 89110M

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3815-B DATE: 12-18-95

TC: 003-092-15 ☐ L ☐ CRT

SERIAL Nº 16517

Name of Owner WILLIAM TERRY + LINDA ROBBINS Juris.: _____

Address of Property 19527 SHEARER ROAD

Inspection Data:

Tank Material WASHBOX PCC

Total Length of Drainfield 150

Number of Lines 3 @ 50

Cover Depth 2'

Water Supply Source well

Distance to Water Source 51'

Excavation Inspected 12-18-95

Tank(s) Inspected 12-18-95

Wash Line Inspected 12-18-95

High Water Alarm Inspected ✓

PLOT

Design 1995 ALTERATION CTR# FJ ERVIN

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: _____

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

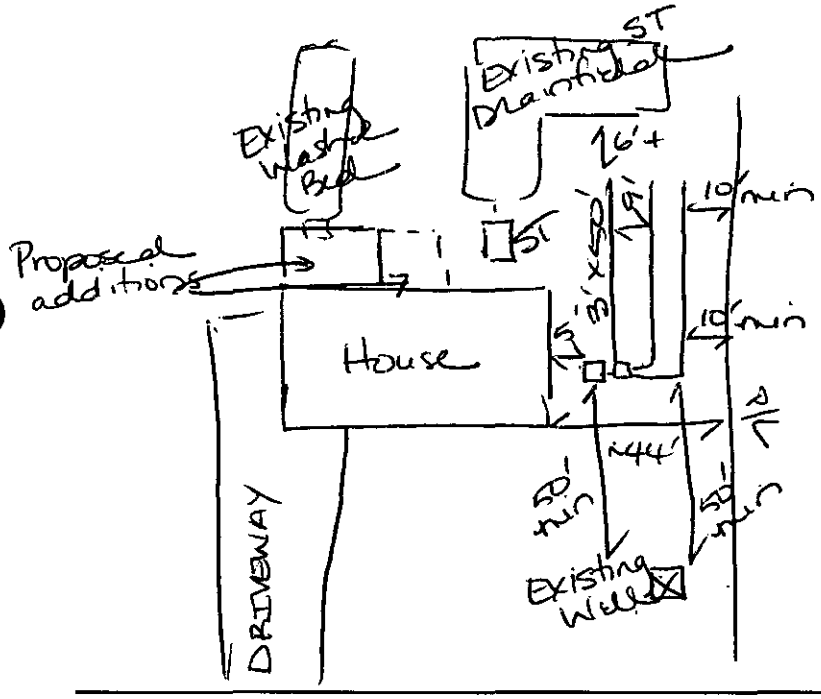
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3815 B DATE: 12/6/95

TC: 003-092-15 ☐ L

SERIAL Nº 16618

Permission is hereby given to _____ Install or Construct, ✓ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 12/1/95. All work shall be completed on or before 11/6/96, 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 Washer Box Septic ~~Tank~~ 40 min. gallons

Liquid Capacity of Dosing Tank NA gallons

~~Tank~~ Washer Box Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous ✓

Total Line Length 150 feet

Number of Lines 3 @ 50' each

Depth of Stone 12" inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 50 feet minimum

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

NAME OF OWNER William Terry + Lynda Robbins

LOCATION OF PROPERTY 19527 Shearer Road

Comments: Divert gutter downspouts + surface water off of washing machine drainfield
Old washer bed to be disconnected + washing machine plumbed to new washer box (, D-Box + Drainfield)
Consult Meck. Co. Building Stds regarding foundation construction over old washer drainfield.

Joan B. Mialik
Environmental Health Specialist

page 1 of 2

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

Credit for like for

FEE: NA

DATE: _____

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

JBM | | CRT

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION OF EXISTING SYSTEM (Washed bed-replacement) ✓ REPAIR OF EXISTING SYSTEM

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

FILE #: 3815B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 003-092-15

STREET ADDRESS: 19527 Shearer Rd.

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

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:

FOUNDATION FOR RESIDENCE:

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

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED 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 WASTE WATER SYSTEMS ✓ YES __ NO
EASEMENTS OR RIGHT-OF-WAYS __ YES ✓ NO
WELL SPRINGS OR WATERLINES ✓ YES __ NO
DESIGNATED WETLANDS __ YES ✓ NO

PROPERTY OWNER:

NAME: (LAST) ~~William TR~~ Robbins (FIRST) William T & Lynda G (MI)

ADDRESS: 19527 Shearer Rd

CITY: Davidson STATE: NC ZIP: 28036

DAYTIME PHONE: (704) 892-4493 / 875-4712

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? April 10, 1985

THE UNDERSIGNED, OWNER, OR LEGAL AGENT FOR THE OWNER, OF THE PROPERTY DESCRIBED ABOVE AS THE "JOB LOCATION" HAS READ THE FOREGOING APPLICATION, ACKNOWLEDGES THAT THE CONTENTS OF SAME ARE TRUE, AND AUTHORIZES AGENTS OF THE MECKLENBURG COUNTY HEALTH DEPARTMENT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF PROCESSING THIS REQUEST.

SIGNED: William T Robbins DATE: 12/1/95

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

**An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change.

a REPAIR

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

DATE: 12/6/95 PERMIT NO: 3815B

PARCEL NO: 003-092-15

PROPERTY OWNER: William Terry + Lynda Robbins

BUILDING CONTRACTOR:

JOB LOCATION ADDRESS: 19527 Shearer Road

SUBDIVISION NAME:

AUTHORIZATION ISSUED BY: Lisa B. Trivalik RS DATE: 12/6/95

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3815B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

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

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

4. OTHER CONDITIONS: See Improve Permit 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.

William Terry Robbins 12-6-95

SIGNATURE OF OWNER/~~OWNER~~'S REPRESENTATIVE DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 38155 B

Tax Number: 003-092-15

- 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
____ long-term acceptance rate	____ Max gallons/day wastewater *flow*	____ Absorption Area (sq ft)	____ Trench spacing (min. on centers)
____ Serviced by private well	____ Gallon septic tank	____ Total trench length (ft)	____ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
____ Bedrooms in residence	____ Gallon pump tank	____ Depth of stone	

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

Site modifications required:

Additional Conditions: Repair - replacement of washing machine bed - See plot plan.
Divert gutter downspouts + surface water off of washing machine drainfield area.

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
450 Absorption Area (Sq ft) 150 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	24" 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.

Lisa B. Mialik, RS 12/6/95
DEHNR Authorized Agent Date

William Terry Robbins 12-6-95
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

IWWS:100195

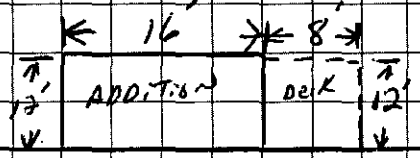
PROPOSED PLOT PLAN

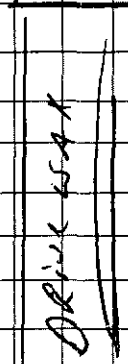
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3815B

TC: 003-092-15

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.





SHEARER ROAD

OWNER/AGENT SIGNATURE

DATE 11-6-95

APPROVAL DATE

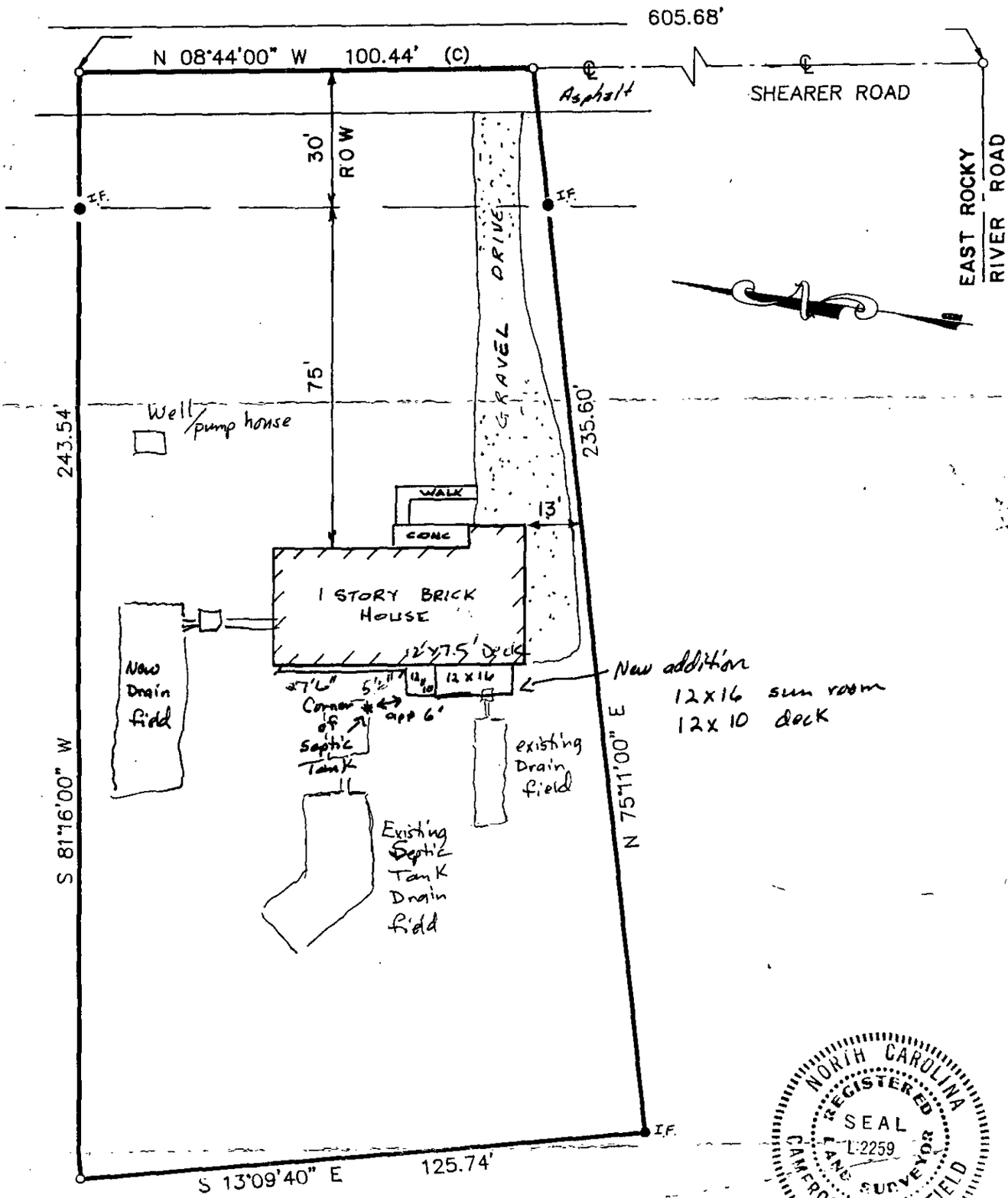
Disapproved 11/21/95 JBM
Setbacks not met

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

MORTGAGE SURVEY File 3815B

FOR

WILLIAM TERRY ROBBINS & Wife, LYNDA GAIL A. ROBBINS



NORTH CAROLINA REGISTERED SEAL L-2259 LAND SURVEYOR CAMERON W. PENFIELD

W Robbins 12-6-95

SHEET 1 of 2

I, Cameron W. Penfield, certify that the above described property hereon shown does not lie within a 100 year flood plain; and that we have surveyed the property herein described, that there is located entirely thereon as shown, a building that said improvements are within the property lines and that there are no existing encroachments upon the lands described, except as shown hereon. This survey is for mortgage purposes only and no property corners were set. Do not use for establishing fence lines.

NOV 18 1989 By: Cameron W. Penfield

REGISTERED LAND SURVEYOR
CAMERON W. PENFIELD #L2259

P.E.A of North Carolina
1409 EAST BLVD.
CHARLOTTE, NC 28203
(704) 377-4349

DN. JB	DATE: 11-17-89	SCALE: 1" = 30'	JOB NO. 89110M