

13323 HARBOR OAKS LN

19908619

5/9/08

marliwr

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

FEE: 100.00

DATE: 5-2-96

CK # 4432

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

[ ] CRT

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

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

FILE #: 3404-A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 199-086-19

STREET ADDRESS: 13323 ~~Harbor Rd.~~ Harbor Oaks Ln

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: Lot 16 M19-543

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2500

NUMBER OF BEDROOMS: 5 NUMBER OF OCCUPANTS: 6

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:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Minnet Vicky H. (LAST) (FIRST) (MI)	NAME: McNabb Tommy E. (LAST) (FIRST) (MI)
ADDRESS: 1264 Roundtree Cir.	DAYTIME PHONE: (704) 588-4310 WORK 588-5299 HOME
CITY: Rock Hill STATE: S.C. ZIP: 29732	
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: Tommy E. McNabb DATE: 5-2-96

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

Fee
CK # 1780

Cosa # 100.00 5-12-97 Rec'd

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3404A DATE: 1/14/97

TC: 199-086-19 ☒ L ☐ ~~CRI~~

SERIAL Nº 17024

Name of Owner Tommy McNabb Juris.: ~~Pineville~~

Address of Property 13323 ~~Pine Harbor Lane~~ Hawthorne Lane

Inspection Data:

Tank Material 1500

Total Length of Drainfield 500

Number of Lines 4 @ 125

Cover Depth 12

Water Supply Source WELL NOT INSTALLED YET

Distance to Water Source ____

Excavation Inspected 1/14/97

Tank(s) Inspected 1/14/97

Wash Line Inspected ____

High Water Alarm Inspected ____

PLOT

Design 1500 ST 2000 SQ FT, CHAMBERED 25% REDUCTION SYSTEM CTR# ROBBIE McDowell

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: UPSLOPE DRAINAGE SWELLS TO BE INSTALLED ABOVE HOUSE AND DRAINS AROUND HOUSE TO BE DIVERTED AWAY FROM ANY PART OF THE SEPTIC SYSTEM.

Joni Nygard R.S.

Environmental Health Specialist

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

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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

#1
340417
199-066-19

OWNER: Vicky H. Munnel
ADDRESS: 1204 Roundtree Cr. Pocahontas
PROPOSED FACILITY: residence
LOCATION OF SITE: 13323 Pine Harbor Rd
APPLICANT: ___
APPLICATION DATE: ___
PROPOSED DESIGN FLOW (.1949): 600gpd
DATE EVALUATED: ___
PROPERTY SIZE: 1.1A
PROPERTY RECORDED: ___
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	1940 LANDSCAPE POSITION/ SLOPE % (Slopes 12-25%)	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS 1942 SOIL WETNESS/ COLOR	1943 SOIL DEPTH	1956 SAPRO CLASS	1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 17%	0-4"	gr/cl	Fr/SExP/SS/SP	>48" to Chroma 2 colors	46"	N/A	None	IV .39/F2 PS
		4-46"	sBK/C	Fr-Fi/SExP/SP					
2	LS 19%	0-6"	gr/cl	Fr/SExP/SS/SP	>42" to Chroma 2 colors	42"	N/A	None	IV .39/F2 PS
		6-36"	sBK/C	Fr-Fi/SExP/SP					
		36-42"	sBK/cl	Fr-/SExP/SS/SP					
3	LS	0-4"	gr/cl	Fr/SExP/SS/SP	>42" to Chroma 2 colors	42"	N/A	None	IV .39/F2 PS
		4-28"	sBK/C	Fr-Fi/SExP/SP					
		28-42"	sBK/cl	Fr/SExP/SS/SP					
4	LS 25%	0-4"	gr/cl	Fr/SExP/SS/SP	>36" to Chroma 2	36"	N/A	None	IV .39/F2 PS
		4-27"	sBK/C	Fr-Fi/SExP/SP					
		27-36"	sBK/cl	Fr/SExP/SS/SP					

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

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: W. A. Marks 5-31-96
OTHER(S) PRESENT: ___

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

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

3404 PA

OWNER: _____ APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .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
5	LS 12%	0-6"	gr/cl	Fr/SExPl/SS/SP	7.5YR 5/8	48"	N/A	None	IV .39/P2 PS
		6-36"	SBK/c	Fr-Fi/SExPl/SP	Chroma 2 colors				
		36-48"	SBK/cl	Fr/SExPl/SS/SP					
2									
3									
4									

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS:

Probably Rock Repair

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope) V (Convex Slope) (Drainage Way) S (Debris Slump) P (Flood Plain) S (Foot Slope) (Head Slope) (Linear Slope) (Nose Slope) (Ridge) (Shoulder Slope) (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	SI (Silt) SICL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SUC (Silt Loam Clay)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SIC (Silty Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None			

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

NOTES

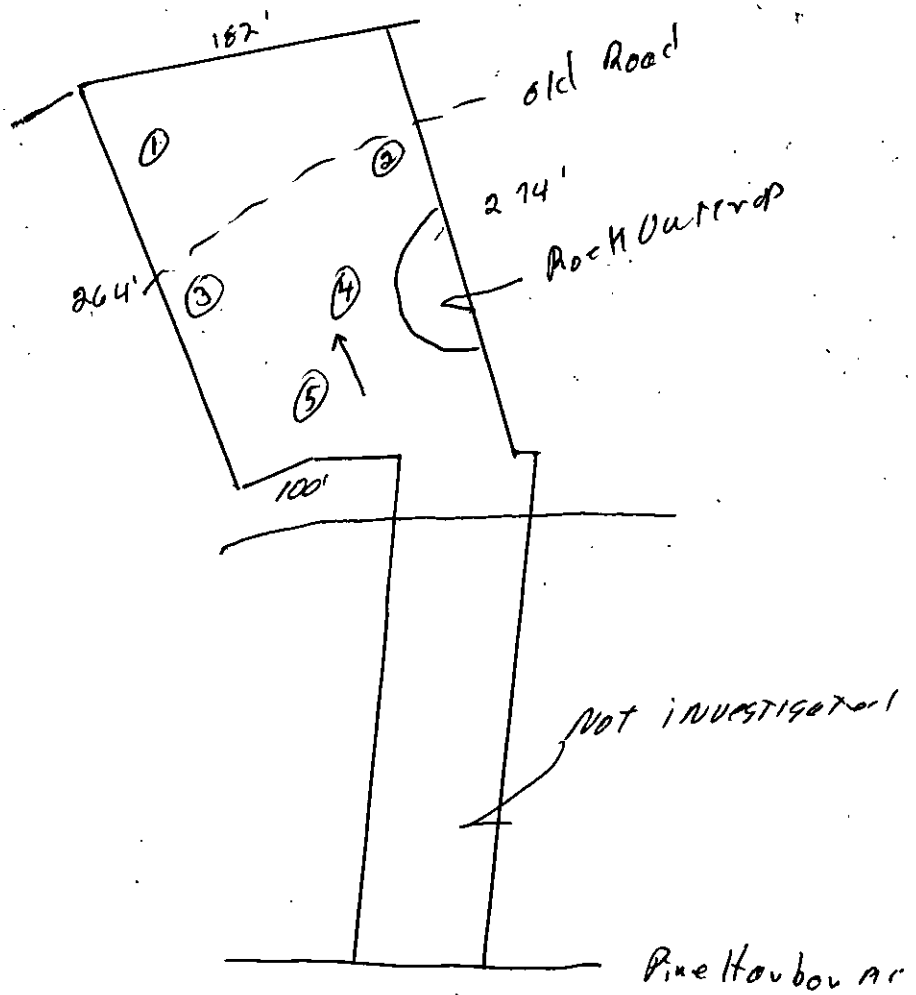
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designatio
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

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

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

3404 A



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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

#1 340 HA
199-066-19

OWNER: Vicky H. Munnell APPLICANT: ___
ADDRESS: 120 4 Roundtree Ln. Pine Knoll Shores APPLICATION DATE: ___ DATE EVALUATED: ___
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 600gpd PROPERTY SIZE: 1.1A
LOCATION OF SITE: 13323 Pine Harbor Rd PROPERTY RECORDED: ___
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	1940 LAND-SCAPE POSITION/ SLOPE % (Slopes 12-25%)	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 17%	0-4"	gr/cl	Fr/SExP/SS/SP	>48" To Chroma 2 colors	46"	N/A	None	IV .3/F2 PS
		4-46"	SBK/C	Fr-Fi/SExP/SP					
2	LS 19%	0-6"	gr/cl	Fr/SExP/SS/SP	>42" To Chroma 2 colors	42"	N/A	None	IV .3/F2 PS
		6-36"	SBK/C	Fr-Fi/SExP/SP					
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DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS Limited	PS
System Type(s)		

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: W. A. Marks 5-31-96
OTHER(S) PRESENT: ___

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

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SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

3404 M

OWNER: _____ APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
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COMMENTS:

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VFR (Very Friable)	NS (Non-sticky)
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EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

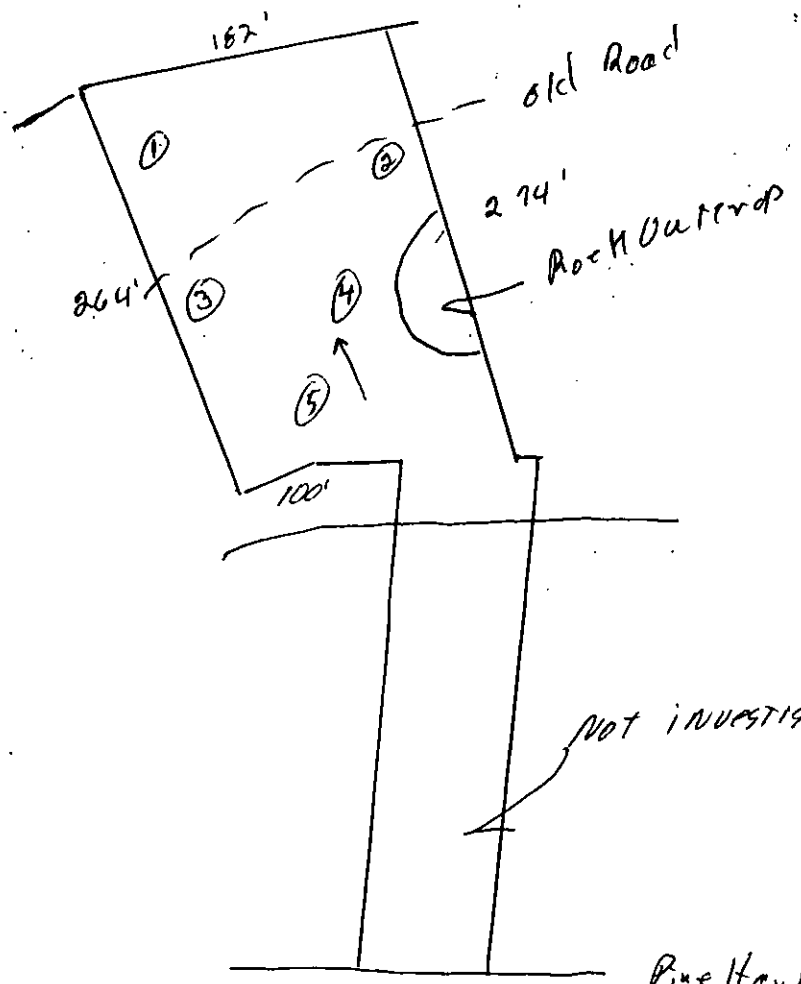
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1 1 CRT

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

FILE #: 3404-A

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SUBDIVISION OR MOBILE HOME PARK NAME:

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__ DOUBLE WIDE (D) __ MULTIPLE FAMILY (U)
✓ HOUSE (H) __ OTHER (O)

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__ 6 HUNTERSVILLE
__ 7 MINT HILL

Add 00

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

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WELL, SPRINGS OR WATERLINES __ YES ✓ NO
DESIGNATED WETLANDS __ YES ✓ NO

PROPERTY OWNER:

NAME: Minnet Vicky H.
(LAST) (FIRST) (MI)

ADDRESS: 1264 Roundtree Cir.

CITY: Rock Hill STATE: S.C. ZIP: 29732

DAYTIME PHONE: ( ) —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: McNabb Tommy E.
(LAST) (FIRST) (MI)

DAYTIME PHONE: WORK 588-4310 HOME 588-5299

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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SIGNED: Tommy E. McNabb DATE: 5-2-96

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

Fee #1780

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH File: 3404A Action: /
SITE EVALUATION REPORT
SERIAL NUMBER 14130 Parcel: 19908601 PO ☐ PC

Location: 13323 Pine Harbor Road

Subdivision:

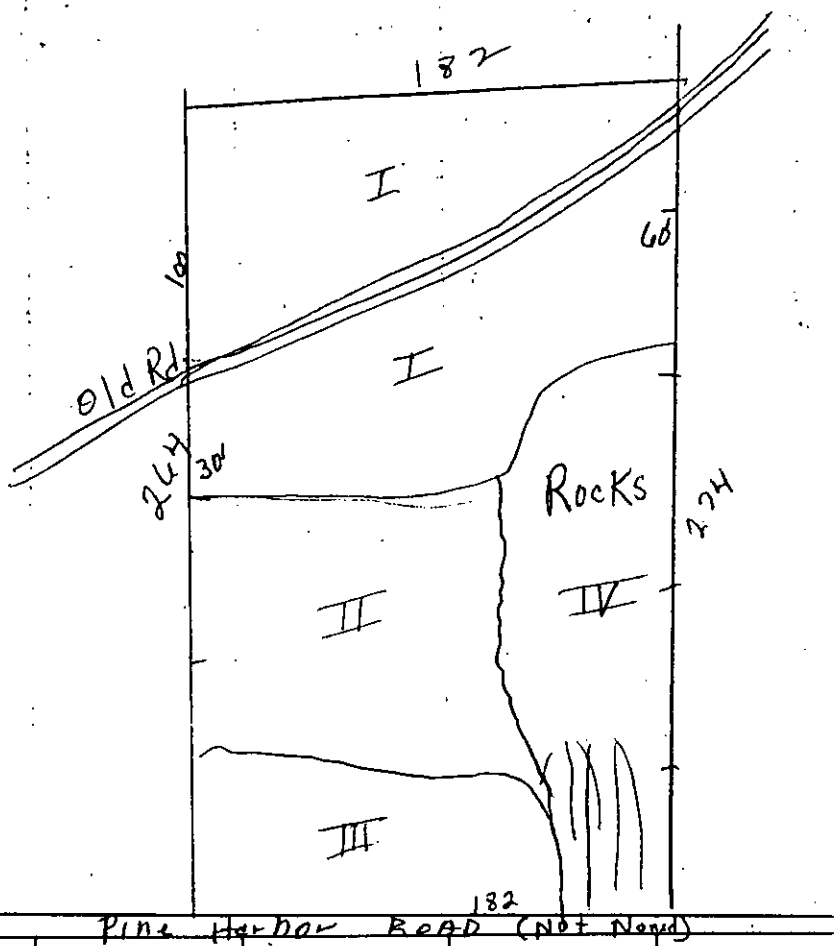
Lot: 16 Block: Acres:

Owner: Fred V. Masi
Address: 2805 Heather Glen Lane
Charlotte, NC 28208

Comments: (1) Need Proof When Lot Recorded
(2) Will Not Be Able To put IN IN old Rd Bed
(3) Useable Area is limited — Cut up by road + Different Elevations.

Described by: W. B. Ramsey

Date: 6-10-86



***** 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 4 — 10	S (PS) U 15 - 25	S (PS) U 2 — 10	S PS U Rock Out Crop Ping	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 40-42	S PS (U) 28"	S PS (U) 30	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 Limited	S (PS) U Limited	S (PS) U Limited	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	IIe Cecil	IIe Cecil	IIe Cecil			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

THIS IS TO CERTIFY THAT ON THE [illegible] THE WALLS OF THE BUILDING SHOWN ON THIS PLAT. AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDING SHOWN HEREON.

SIGNED Bobby J. Raye REGISTERED SURVEYOR

NORTH CAROLINA REGISTERED SEAL L1108 LAND SURVEYOR BOBBY J. RAYE

3404A

Physical SURVEY OF

Lot 16 Harbor Oaks

SCALE 1"=60' Steele Creek Township, Mecklenburg Co., N.C

THE PROPERTY OF Fred & Laura Masi

MAP RECORDED IN BOOK 19 AT PAGE 543 DEED RECORDED IN BOOK PAGE

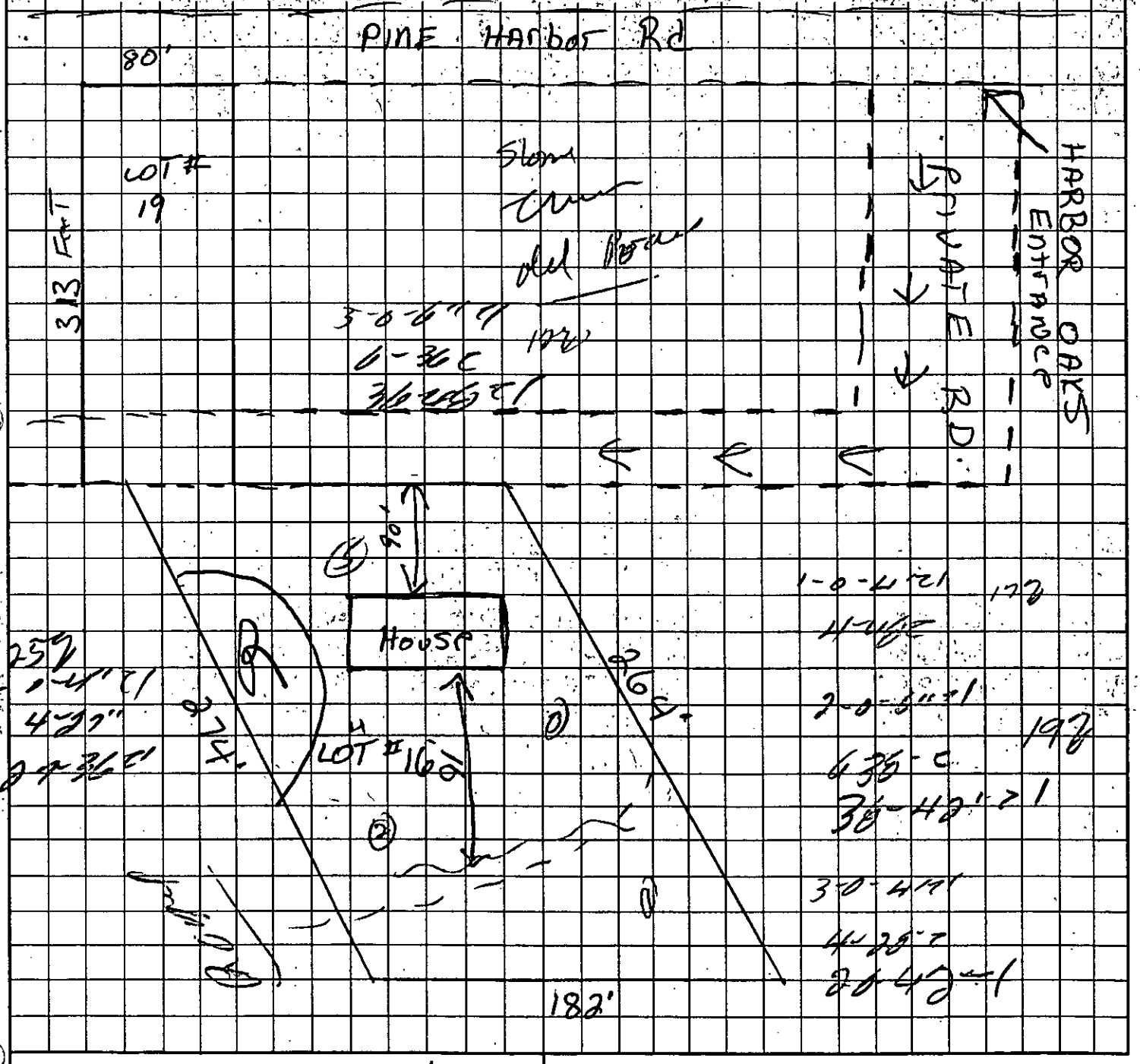
PROPOSED PLOT PLAN

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

FILE: 3404A

TC: 199-086-19

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.



Tommy E. McNabb
OWNER/AGENT SIGNATURE

DATE 5-3-96

APPROVAL DATE _____

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

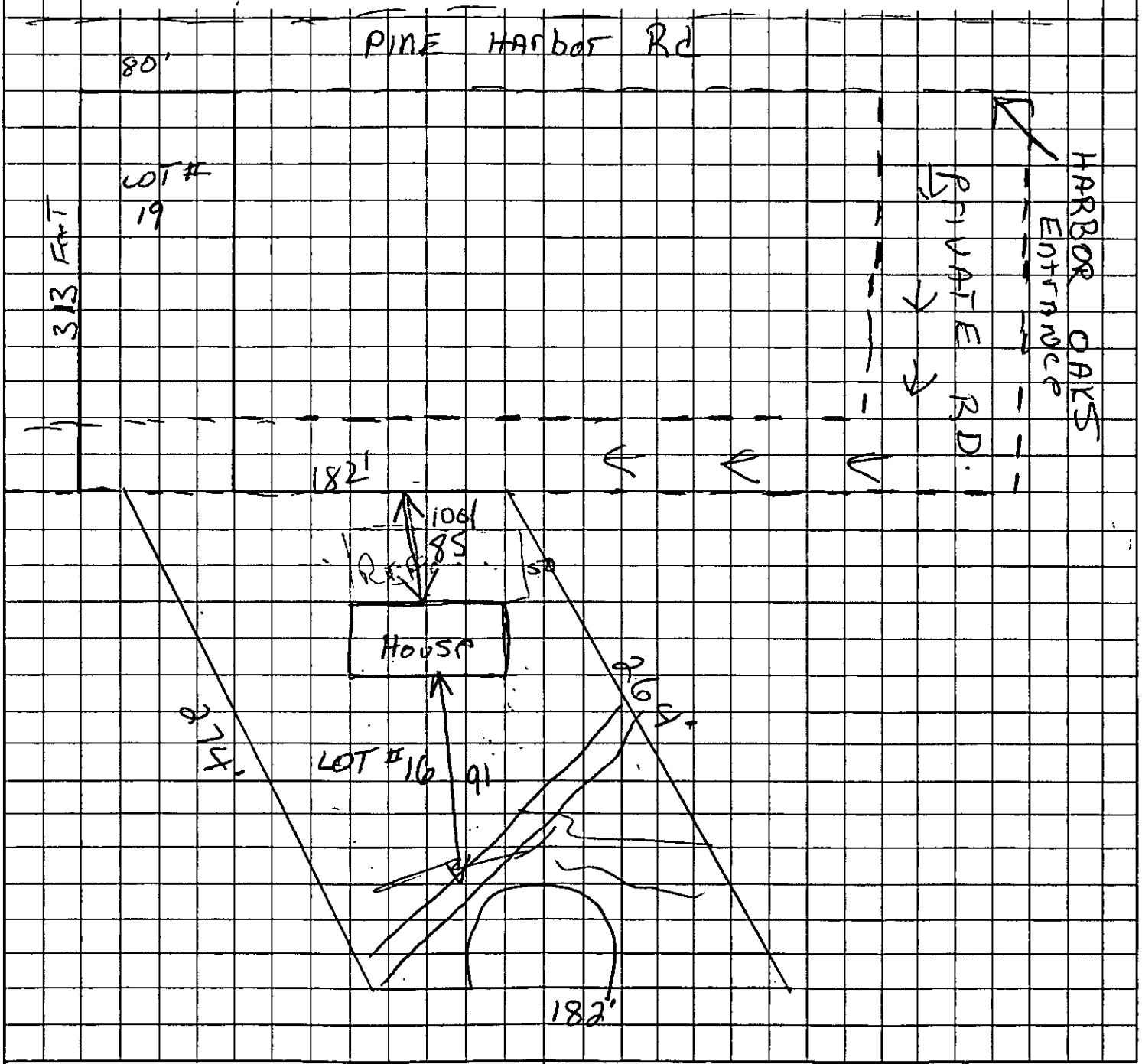
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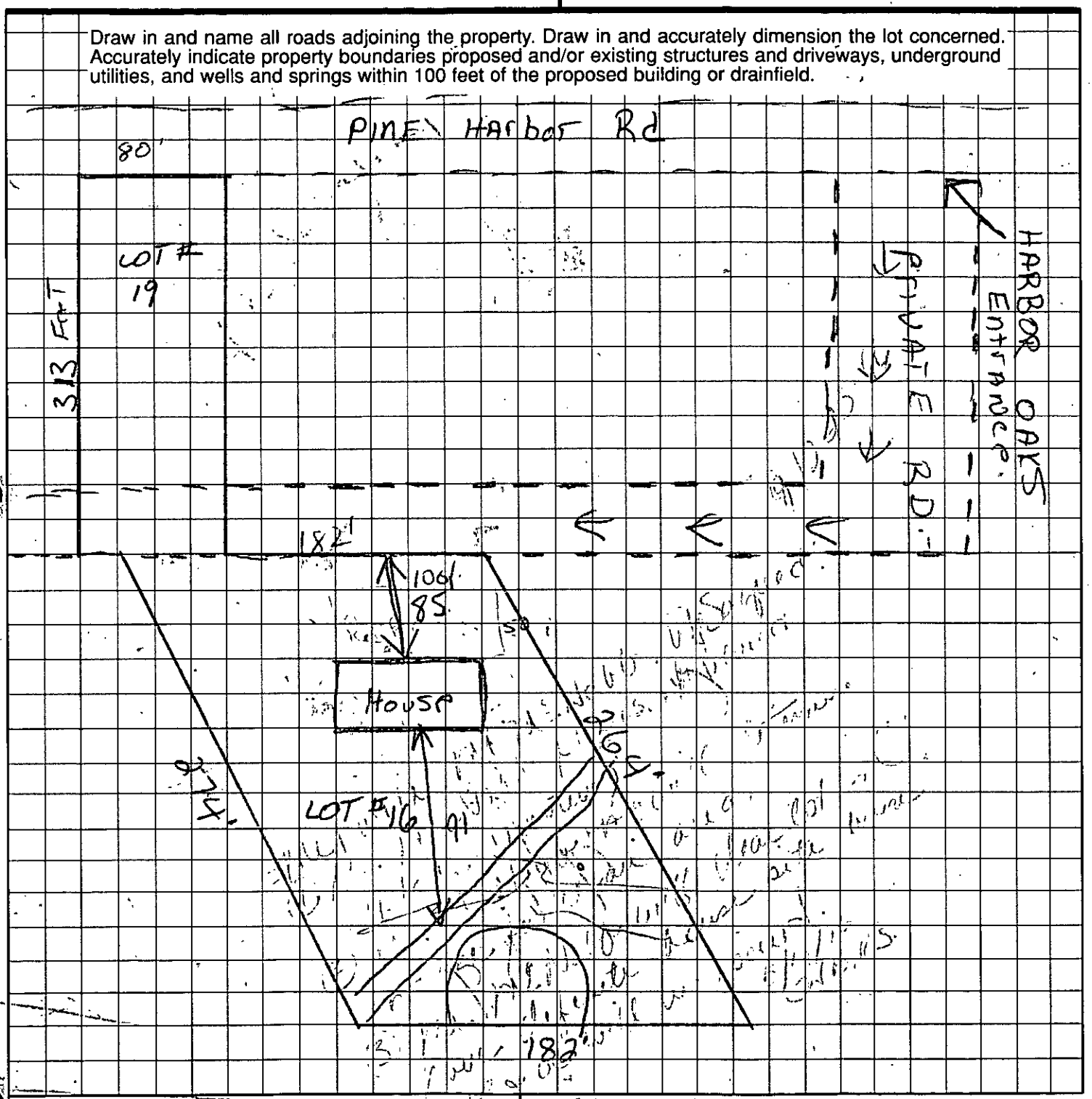
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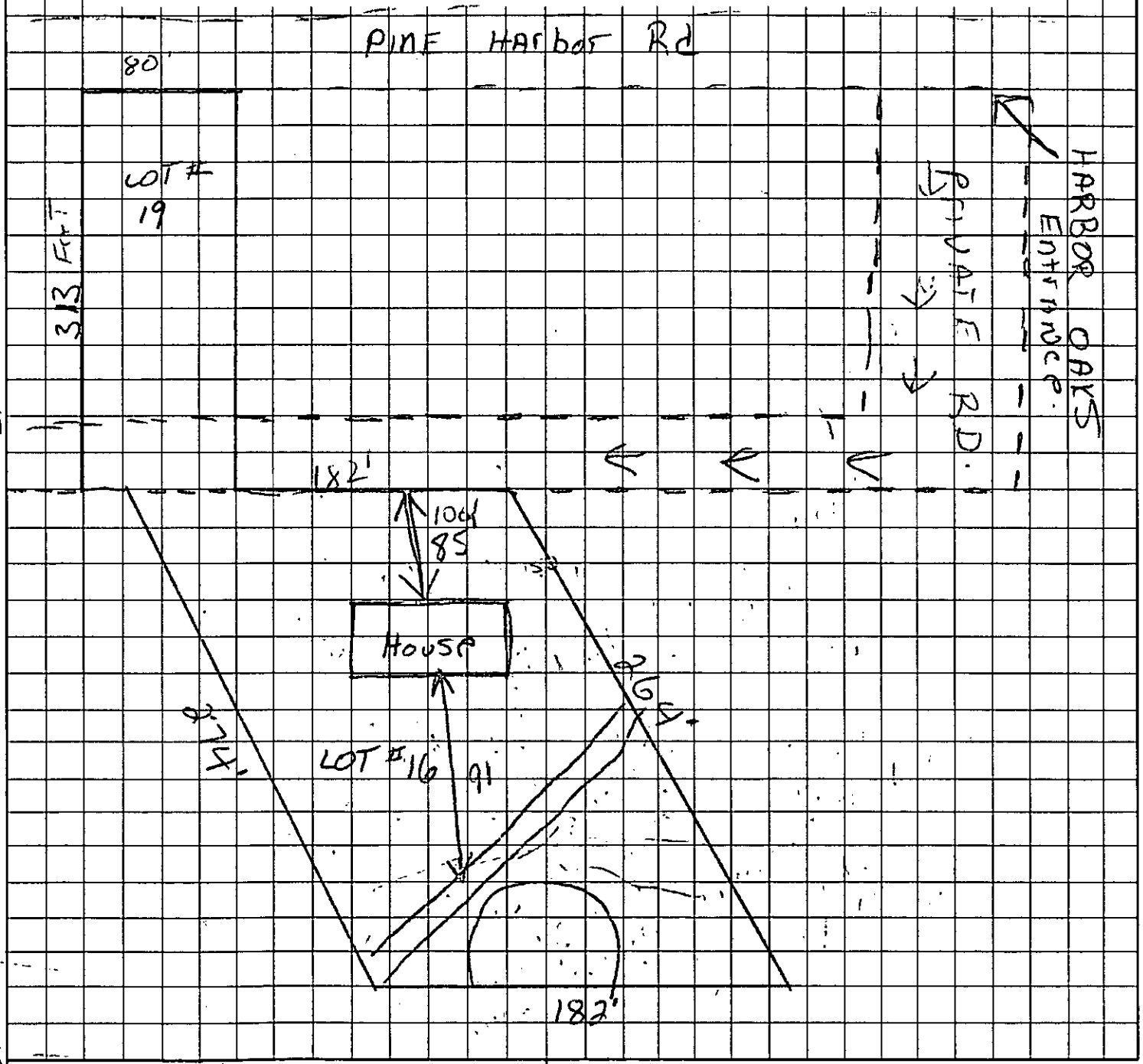
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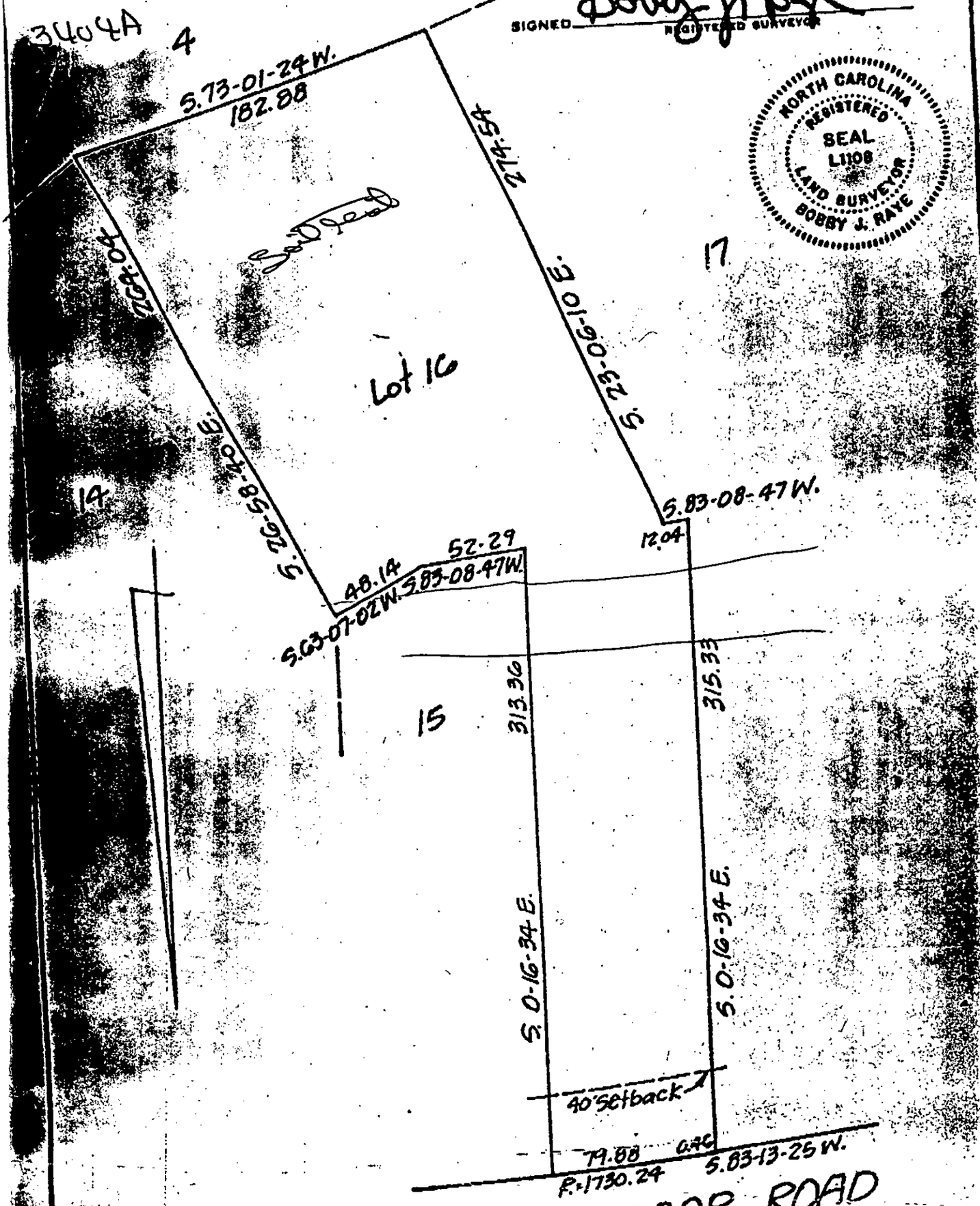
7043656901 ALLEN TATE SOUTHPARK P-376 I-182 F-003 MAR 24 90 10:21

THIS IS TO CERTIFY THAT ON THE [illegible] AND THE WALLS OF THE BUILDING SHOWN ON THIS PLAT. AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDING SHOWN HEREON.

SIGNED Bobby J. Raye REGISTERED SURVEYOR

NORTH CAROLINA REGISTERED SEAL L1108 LAND SURVEYOR BOBBY J. RAYE

3404A



60' PINE HARBOR ROAD

Physical SURVEY OF

Lot 16 Harbor Oaks

SCALE 1"=60' Steele Creek Township, Mecklenburg Co., N.C

THE PROPERTY OF Fred & Laura Masi

MAP RECORDED IN BOOK 19 AT PAGE 543 DEED RECORDED IN BOOK PAGE

DATE 12/27/96

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

199086 19
PARCEL NUMBER

13323 Harbor Oaks Ln
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

Harbor Oaks
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	APPROVED	NOT APPROVED
2. FLOODWAY REGULATIONS	APPROVED	NOT APPROVED
3. WATERSHED PROTECTION	APPROVED	NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	APPROVED	NOT APPROVED
5. PUBLIC UTILITY EASEMENT	PRESENT	NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	YES	NO
7. DRIVEWAY PERMIT REQUIRED	YES	NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	YES	NO

REMARKS: New SF

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: [signature]

REVISED 1/91

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

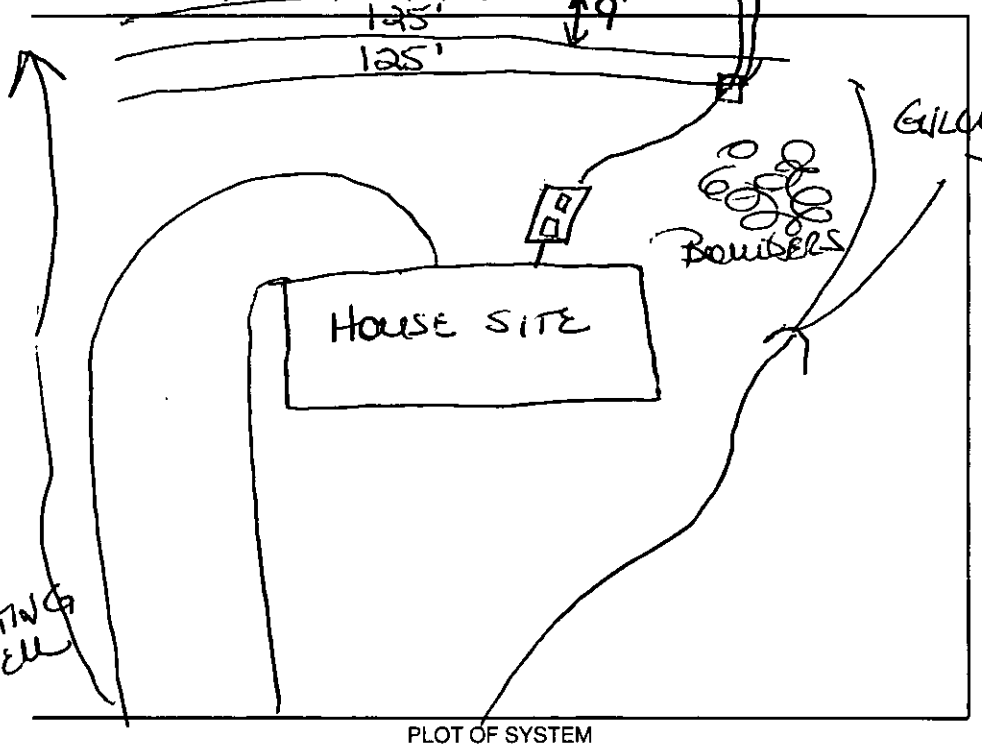
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3404A DATE: 1/7/97

TC: 199-086-19 ☐ L

SERIAL Nº 16956

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 1/7/97. All work shall be completed on or before 2/7/97, 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 ——— gallons

Tank Construction PCC

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 500 feet

Number of Lines 4

Depth of Stone N/A inches

Distance from House TANK 15' feet

Distance from Property Line 101 feet

Distance from Well NOT INSTALLED YET feet

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

NAME OF OWNER Tommy McNabb

LOCATION OF PROPERTY 13323 ~~Pine Harbor Lane~~ HARBOR OAKS LANE

Comments: 1500 SEPTIC TANK, 4 LINES @ 125'
CHAMBERED SYSTEM - (1) DBOX WITH SPEED LEVELERS
① MINIMUM 24" TRENCH AT BOTH SIDES OF TRENCH
② ALL DRAINS, ALL SURFACE DRAINAGE TO BE INSTALLED AWAY FROM SYSTEM -
PRIOR TO FINAL RELEASE.

(M) Higgins Barnes
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

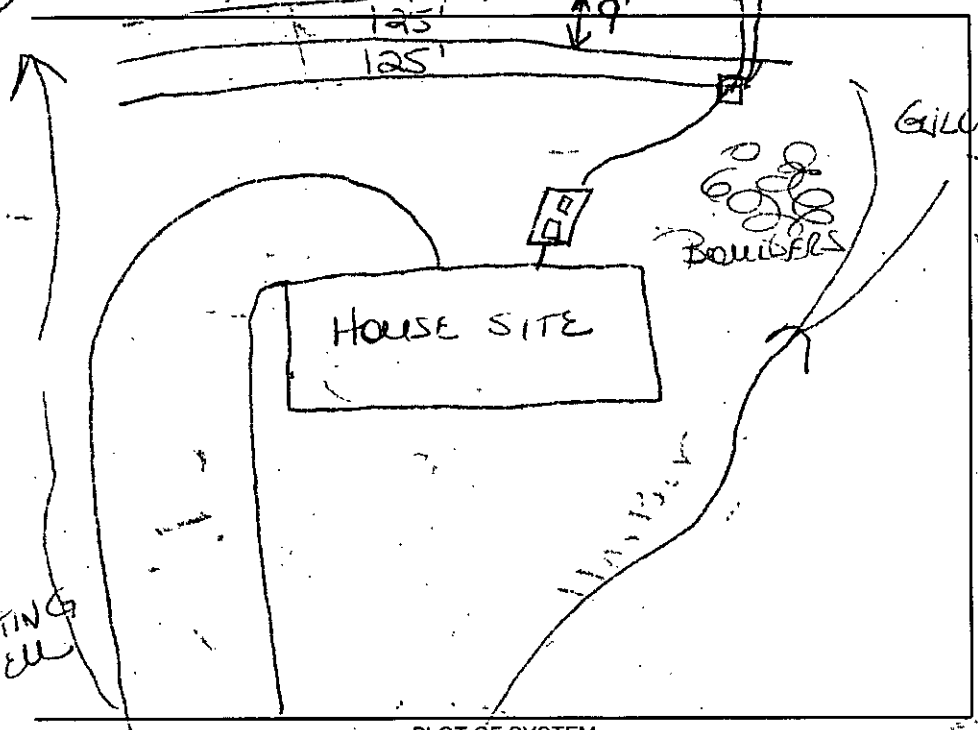
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3404A DATE: 1/7/97

TC: 199-086-19 ☐ L

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PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

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Trench Depth 36"

Absorption and/or Nitrification Lines:

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Number of Lines 4

Depth of Stone N/A inches

Distance from House TANK 15' feet

Distance from Property Line 101 feet

Distance from Well NOT INSTALLED YET feet

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NAME OF OWNER TOMMY McNABB

LOCATION OF PROPERTY 13323 ~~PINE HARBOR LANE~~ HARBOR OAKS LANE

Comments: 1500 SEPTIC TANK, 4 LINES @ 125'
CHAMBERED SYSTEM - (1) DBOX WITH SPEED LEVELERS
① MINIMUM 24" TRENCH AT BOTH SIDES OF TRENCH
② ALL DRAINS, ALL SURFACE DRAINAGE TO BE INSTALLED AWAY FROM SYSTEM -
PRIOR TO FINAL RELEASE.

Environmental Health Specialist

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

FEE: 100.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 12/27/96 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

CK # 4750 **DATE:** 12/24/96 **PERMIT NO:** 3404A

Harbor Oaks **PARCEL NO:** 199-086-19

JOB LOCATION ADDRESS: 13323 ~~Oak Harbor Rd~~

PROPERTY OWNER: Tommy McNabb

BUILDING CONTRACTOR:

SUBDIVISION NAME:

AUTHORIZATION ISSUED BY: _____ **DATE:** 12-24-96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3404A, 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: ① INSTALLATION APPROVAL REQUIRED.
② ALL FRENCH DRAINS 15' AWAY FROM DRAINFIELD ~~& BASEMENT~~.
③ ALL SURFACE WATER DIVERTED AWAY FROM SEPTIC TANK SYSTEM.

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.

X Tommy E. McNabb 12/27/96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 3404A

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 199-086-19

- 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: 25% CHAMBERED	___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

13 Long-term acceptance rate	600 Max gallons/day wastewater flow	2000 Absorption Area (sq ft)	9 Trench spacing (min. on centers)
✓ Serviced by private well	1500 Gallon septic tank	500 Total trench length (ft)	36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
5 Bedrooms in residence	N/A Gallon pump tank	N/A Depth of stone	

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

Site modifications required: (1) ALL SURFACE WATER DIVERTED AWAY FROM SEPTIC SYSTEM.

Additional Conditions: (2) NO FRENCH DRAINS W/IN 15' UPSLOPE OF DRAINFIELD.
(3) AGREEMENT FORMS SHALL BE SIGNED AND RECORDED AND RETURNED TO THIS OFC. PRIOR TO PERMANENT RELEASE.
(4) WELL SHALL BE MINIMUM OF 50' AWAY FROM SEPTIC SYSTEM.

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: 25% CHAMBERED	___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

2000 Absorption Area (Sq ft) 500 Total Trench Length (Ft)	NA Depth of Stone Trench	9 Trench spacing (min. on centers)	36 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.

Joni Higgins Bunny 12-24-96
DEHNR Authorized Agent Date

X Tommy E. McNabb 12/22/96
Owner/Agent Signature Date

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

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

BK: 08873 PG: 0844/0847 #:0345 15:40
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 12/27/96 14:18

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 # 3404A
PARCEL # 199-086-19 Harbor Oaks LN

The undersigned, Tommy Edward McNabb, owner of property located at 13323 Pine Harbor RD. Charlotte, N.C. 28278 (the "site") and described in an instrument recorded in Book 8619 at Page 639, 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: Tommy Edward McNabb
Mail after recording to: 6921 Nations Ford Rd.
Charlotte N.C. 28217

- 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 27th day of Dec., 1996.

_____ (Corporate Name)

By: _____

_____ President

ATTEST:

_____

_____ Secretary

(Corporate Seal)

Tommy Edward McNabb (SEAL)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Sheila Dexter, a Notary Public for said County and State, do hereby certify that Tommy Edward McNabb personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 27th day of Dec., 1996

Sheila Dexter
Notary Public

My Commission Expires:
1-1-97

SHEILA DEXTER NOTARY PUBLIC MECKLENBURG

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

OWNER'S ACKNOWLEDGMENT OF MODIFIED/ALTERNATIVE REPLACEMENT SYSTEM REQUIREMENT

Site Address: 13323 Harbor Oaks Lane

File Number: 3404A

Parcel Number: 199-086-19

Owner/Agent Name: ~~Thomas~~ Tommy McNabb
(Please print)

Date: 12/10/96 Number of Bedrooms: 5

Receipt of the plan and specifications for a conventional system of sewage disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15A NCAC 18A .1900 - "Sewage Treatment and Disposal Systems." The plan as submitted is disapproved because there is not sufficient available space for a repair area for a conventional replacement system.

This site may be developed if the repair area is found to be acceptable for either a modified system (Rule .1956) or an alternative system (Rule .1957) for the replacement system as allowed by the following Rule 15A NCAC 18A .1945(b).

(b) Sites shall have sufficient available space for a repair area separate from the area determined in Paragraph (a) of this Rule. The repair area shall be based upon the area of the nitrification field required to accommodate the installation of a replacement system as specified in Rule .1955, .1956, or .1957 of this Section. Prior to issuance of the initial Improvement Permit for a site, the local health department shall designate on the permit the original system layout, the repair area, and the type of replacement system.

Please be advised that you have the right of an informal review by this Department and the right of appeal under G.S. 130A-335(g) and 130A-24, which appeal can be held in Mecklenburg County.

By signing this form, and signing and recording in the Mecklenburg County Register of Deeds Office the attached reclassification form entitled, **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, you the property owner, understand and acknowledge your option to develop this site initially with a

conventional sewage system and when needed, subsequently to repair or replace said system with a modified or alternative system as described in Rules .1956 "Modification to Septic Tank Systems," or .1957(a), (b), or (c) "Design Criteria for Design of Alternative Sewage Systems." The completed reclassification form must be approved by this office before it can be recorded.

In addition, you the property owner, also understand that the following conditions will apply:

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

- 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.)

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- 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.

Jon Higgins Bureau RS — 12/23/96

Environmental Health Specialist — Date

I have reviewed this document and understand its provisions and implications concerning the issuance of the Improvement Permit for the above-referenced site.

X Tommy E. McNabb — 12/27/96

Property Owner Signature — Date

700 North Tryon Street, Suite 211, Charlotte, North Carolina 28202,
(704) 336-5102