CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3809 A DATE: 11/28/94

TC: 019 172 10 PO ☐ L ☐ CRT

SERIAL Nº 15298

Name of Owner Ron Sciranko Juris.:

Address of Property 11525 Asbury Chapel Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 12" - 20"

Water Supply Source Well

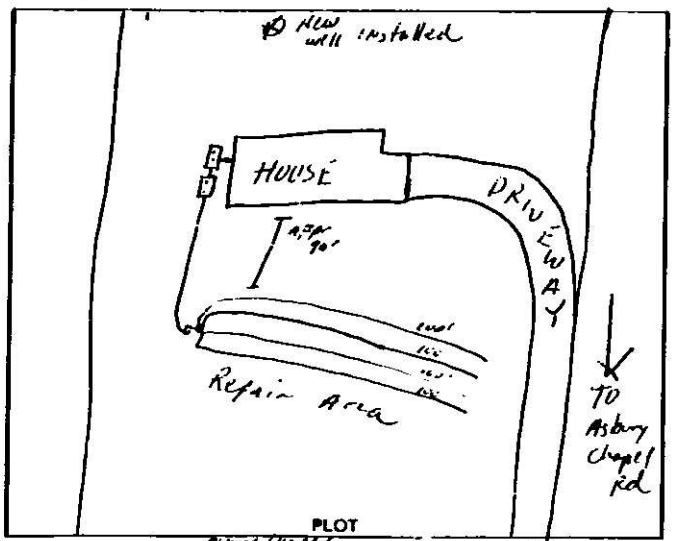
Distance to Water Source > 50'

Excavation Inspected 12/9/93

Tank(s) Inspected 12/9/93

Wash Line Inspected -

High Water Alarm Inspected



Design: 1993, 1500ST, 1000DT, PI, CON, 12"Stone cecil CTR# Mullinax

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: Septic system designed for 3 bedroom residence
type II

P Walker R.S. for L. Daniel
11/28/94

Philip S. Walker R.S.
Environmentalist

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

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

January 4, 199[illegible]

Robert Brolin
Route 7, Box 2140
Mooresville, NC 28115

Re: 4525 Asbury Chapel Road
File: 3089A
Tax Parcel: 019-172-10PO

Dear Mr. Brolin:

At your request an inspection was made at the above referenced property to facilitate the issuance of an Operation Permit for the On-Site Sanitary System of Sewage Treatment and Disposal. During the inspection it was found that the following items did not meet the regulations set fourth in the " Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal 15A NCAC 18A .1900; .1952 Septic Tank, Dosing Tank and Lift Station Design." Our Comments follow:

1). (6) Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (NEMA 4x or equivalent) adjacent to the pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure through waterproof, gasproof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seal, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.

2). (9) The pump tank shall have a properly functioning high-water alarm. The alarm circuit shall be supplied ahead of any pump overload and short circuit protective devices. The alarm shall be audible and visible by system users and weatherproof if installed outdoors in an enclosure (NEMA 4x or equivalent)

The above mentioned items must be installed and inspected prior to the Operation Permit being issued. The Operation Permit is required for the Certificate of Occupancy and the permanent electric hook-ups. Please schedule the inspections at least five (5) working days in advance to ensure no delays in the Operation Permit issuance.

Please call me at 336-5570 to discuss any question you may have concerning this matter.

Sincerely,

Philo S. Walker R.S.

Philo S. Walker, R.S.
Individual Water and Wastewater Systems

PW:lw

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

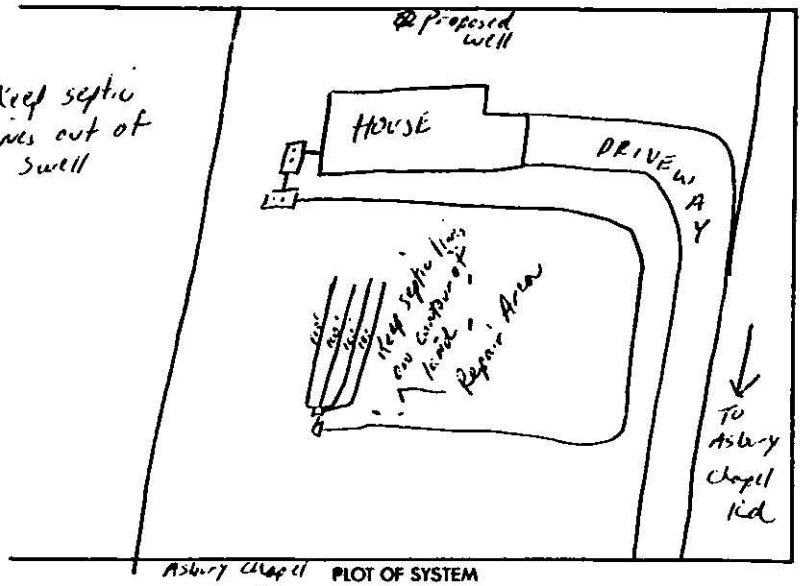
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3809A DATE: 12/7/93

TC: 019 172 10 PCI ☐ L

SERIAL Nº 15205

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 12/15/93. All work shall be completed on or before 1/7/94, 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Desing Tank 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines 4 (100')

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well > 50 feet

NAME OF OWNER Robert Brolin

LOCATION OF PROPERTY 11525 Asbury Chapel Dr

Comments: 1500ST, 1000 DT, 4 lines x 100'long x 3'wd x 12"stone Keep septic lines on contour of land / Keep proposed well > 50 from any part of the septic system.

Division or Section Head

Philo S. Walker 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

0400

10/12/93

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3809A

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 282

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: Braun (last) Robert (first) (mi)
ADDRESS: Rt 7 Box 214 D PHONE: 704 664 2766
CITY: Mooresville STATE: NC ZIPCODE: 28115

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 011-172-10 15
STREET ADDRESS: 11235 McPherson Chapel Rd
ZONING: 1 (A)

PROPERTY OWNER:
NAME: Sciranko (last) Ron (first) (mi)
ADDRESS: 9831 Beatties Ford PHONE: 704 331 6613 w
CITY: Huntersville STATE: NC ZIPCODE: 28078

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres): 4.359

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4

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: Robert J Braun Date: Oct 12 1993

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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.

...Lift pump required

[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

Philip A Walker 10/15/93
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

PROPOSED PLOT PLAN

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

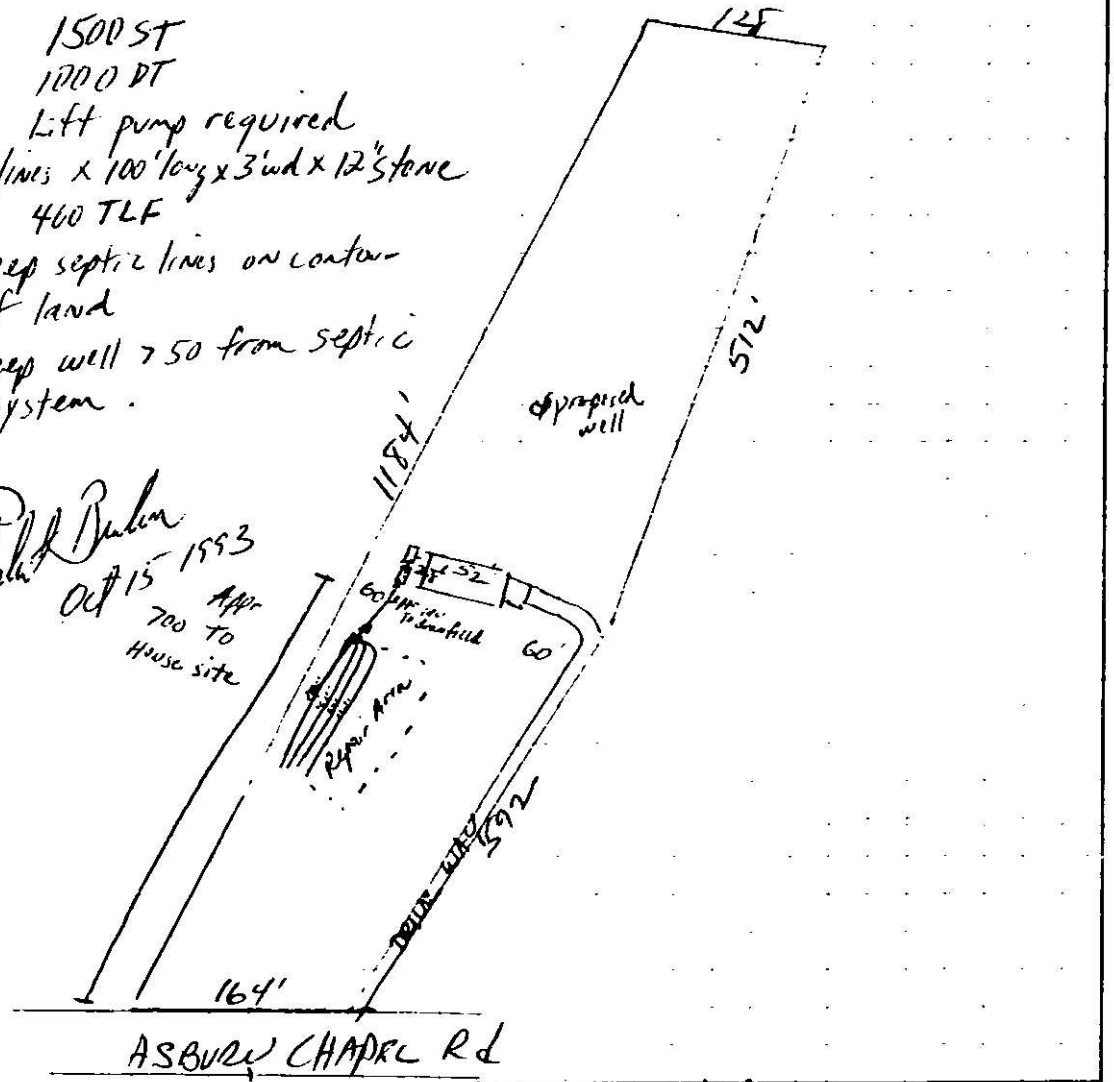
FILE: 3809 A

TC: 019-172-10 PD

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.

1500 ST
1000 DT
Lift pump required
4 lines x 100' long x 3' wd x 12" stone
460 TLF
Keep septic lines on contour of land
Keep well > 50 from septic system.

Robert Burton
Oct 15 1993



APPROVAL DATE PSW 10/15/93

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

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

October 12, 1993

Francis Meckel
Attn: John Rhodes
19501 Highway 73 West, Suite #11
Davidson, NC 28078

RE: Property located at 11525 Asbury Chapel Road
FILE: 3809A
PARCEL: 019-172-10

Dear Mr. Meckel:

At your request a soils investigation was conducted on the property designated above. Results of this investigation showed the site to be classified as **UNSUITABLE** under criteria as set forth in 15A NCA 18A .1900 of Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal, August 1, 1991. Evaluation Report (Serial Number 19473) is enclosed.

The soil on this property is not suitable for use with any conventional, modified or alternative system of which I am aware. If you wish to exercise your right of appeal concerning the interpretation and enforcement of these rules you may do so in accordance with G.S. 150B-23.

If there are any questions, please contact Bill Marlin at 336-5574.

Sincerely,

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems

Enclosure

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19473

File: 3809A Action 3

Parcel: PC 014-172-10 PC

Location: 11525 Asbury Chapel Road

Subdivision:

Lot: Block: Acres: Approx .75 ac

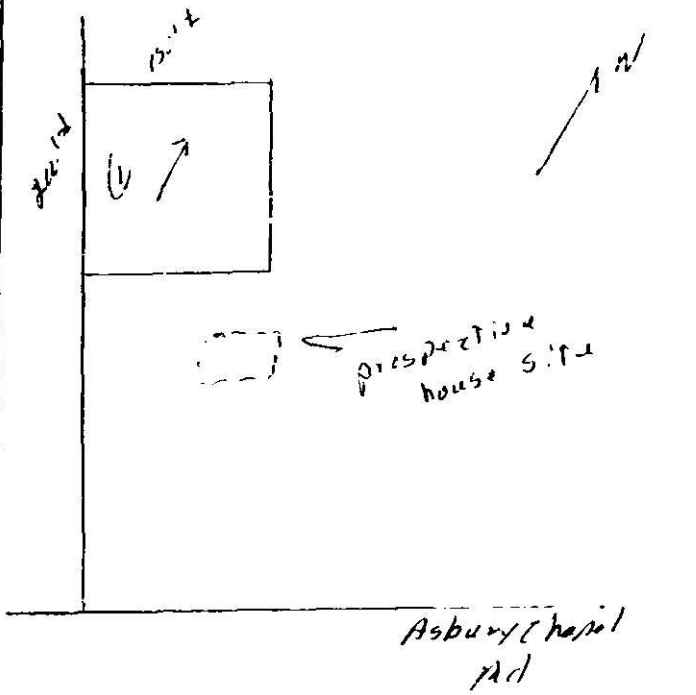
Owner: Frances Meckel
Address: c/o John Rhoades
19501 Highway 73 W, Suite #1
Davidson

Comments: _____

Described by: William A. Mecki

Date: 10-11-93

*** 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 6-15%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS (U) Expansive Clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Lt Sub-Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 7½" to water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 16-26"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 24"	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	Mecklenburg Wilkes					
Area Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19442

File: 3809A Action 1

Parcel: 10 019-172-10 ~~FPC~~

Location: 11525 Asbury Chapel Rd

Subdivision:

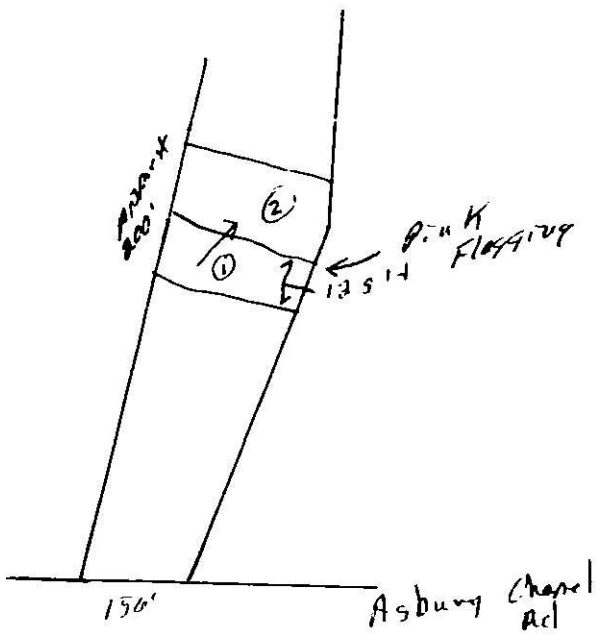
Lot: Block: Acres: Approx 1.0

Owner: Francis Mackel
Address:

Comments: 1 bath 3/4/Utility
LTAR- system would
need lift pump

Described by: William R. Mackie

Date: 8-12-93



***** 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 6-10%	(S) PS U 2-6%	S PS U	S PS U	S PS U	S PS U
Texture	(S) PS U slightly Expansive clay	S PS (U) Expansive Clay	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Sub-Blocky	S (PS) U Sub-Blocky	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 72" to water	S (PS) U 72" to water	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36-36"	S PS (U) 18-24"	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S (PS) U >36"	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	IV Cecil-Lloyd	Mecklenburg-Lloyd				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

Mecklenburg County

Health Department

2400

Betty S. Snow, R.N., M.A.
Health Director

August 18, 1993

Mr. Francis Meckel
c/o Mr. John Rhodes
19501 Highway 73 West
Suite #1
Davidson NC 18036

RE: Property located on 11525 Asbury Chapel Road
FILE: 3809A
PARCEL: 019-172-10P0

Dear Mr. Meckel:

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. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 19442) is enclosed for your information.

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 accommodate 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. Furthermore, 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, please contact Bill Marlin, Soil Scientist at 336-5574.

Sincerely,

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems
Enclosure

MECKLENBURG COUNTY

Department of Environmental Health

August 18, 1987

Francis M. Meckel
5804 NW 19th Court
Margate, Florida 33063

Dear Ms. Meckel:

A pre-preliminary investigation of soils and topography was conducted on the tracts (parcel numbers 019-172-08, 019-172-02, 019-172-09, and 019-172-10) located on Asbury Chapel Road. The purpose of the investigation was to determine soil suitability for septic tank system installation. Soils maps of the tracts were prepared and a copy is enclosed.

The areas shaded yellow on the enclosed map appear to be dominantly unacceptable for the installation of septic tank systems. These areas include mixed soils and drainageway-depression areas.

The mixed soils have several conditions that make them dominantly unacceptable for septic tank system installation. These soils range from approximately eight to twenty-four inches in depth to saprolite. The subsoil horizons (where developed) contain expanding clay minerals that swell upon becoming wet, reducing soil pore space. The mixed soils also have extensive areas of complex slopes. These areas of the landscape have been severely eroded in places, with gullies three feet deep or more in places. Slopes in the uneroded areas reach thirty percent or more in places. Depth to ground water appears to be greater than thirty-six inches.

The drainageway-depression areas collect and channel surface runoff from surrounding areas. Some of these areas have complex slopes present and have some slopes greater than thirty percent.

The unshaded areas appear to be dominantly acceptable for the installation of septic tank systems. These soils have clay subsoil horizons that are blocky with respect to structure. Slopes range to approximately fifteen percent. Depth to ground water is greater than thirty-six inches. Saprolite depth appears to be greater than thirty-six inches.

1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

[illegible] M. Marshall
August 14, 1987
Page

[illegible] investigation. There [illegible] suitable for the installation of [illegible] septic tank systems. Please note that this report does not [illegible] approval. Individual lot approval is based on the [illegible] evaluation of an investigation [illegible] with the [illegible] Health Unit. As of August 14, 1987, [illegible] were [illegible] as one of the trenches. Notes also that [illegible] may be subject to change pending additions, [illegible] with [illegible] and reference points.

There are some points that need to be considered in the property is [illegible]. First, all lots would require areas of acceptable soil large enough to accommodate the initial system [illegible] replacement sub system if needed. No part of a system may be closer than [illegible] feet to any property line. Wells are [illegible] located one hundred feet away from any part of a septic tank where possible. In some cases wells be located closer than fifty feet to septic tank systems. Please feel free to contact me if there are any questions with regard to this report.

Sincerely,

William B. Martin

William B. Martin
Soil Scientist

WBM:ng

Enclosure

cc: File 3774A, 3782A, 3809A, and 3775A

7nd Site Pd 560 Cr # 486 8-25-93 gf

Lic # 3809A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd 560 DF 8/11/93 LR 1199 ☐ 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

Date: 08-09-93

PERSON FILING APPLICATION:

NAME: SCIRANKO (last) RONALD (first) C/ % John W. Rhodes (mi) (Realtor)

ADDRESS: * 19501 Hwy 73 W Suite 3 PHONE: (704) 393-7988
* (704) 892-3331

CITY: DAVIDSON STATE: N.C. ZIPCODE: 28036

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 019-172-10

STREET ADDRESS: 11525 ASBURY Chapel Rd

ZONING: R-3

PROPERTY OWNER:

NAME: MacKel (last) FRANCIS (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

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): 4.420

TYPE APPLICATION (check one):

☒ SOIL TEST - INDIVIDUAL LOT (D)
☐ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or N)
☐ COMMERCIAL OR INDUSTRIAL (N)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business N/A # 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: John W Rhodes Date: August 08-1993

NOTICE:

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

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

...This permit is not transferable.

...

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

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

LWATER : 122791

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

APPLICATION FOR AUTHORIZATION

Petersburg County Health Dept.
Environmental Health Division
c/o Mal Marshall Bldg., Suite 11
700 W. Tyler St.
Charlotte, NC 23810

(804)733-2761

Date: 5/7/93

PROPERTY INFORMATION (PRINT)

TAX/PARCEL NUMBER: 109-A-7

STREET ADDRESS: 19501 Hwy 23

CITY: Dinwiddie STATE: VA ZIPCODE: 23841

356-363

page

28036

TYPE OF APPLICATION (check one)

- [ ] NEW CONSTRUCTION (NC)
- [ ] REPAIR/ALTER/REPLACE (RA)
- [ ] ADDITION TO AREA (AA)
- [ ] COMMERCIAL (C)

LOT SIZE / INTEREST (check one)

- [ ] LESS THAN 1 ACRE (LT1)
- [ ] 1 ACRE OR GREATER (1A)
- [ ] ADDITION / GARAGE OR REDUCTION TO MEET SETBACKS (AR)
- [ ] NOT ENOUGH AREA (NA) OR NEED VARIANCE (V)
- [ ] OTHER (O)

TYPE OF PROPERTY (Type)

- [ ] Single family dwelling (SF)
- [ ] Duplex (D)
- [ ] Multiple family dwelling (MF)
- [ ] Mobile home (MH)
- [ ] Other (O)

WATER SOURCE (check)

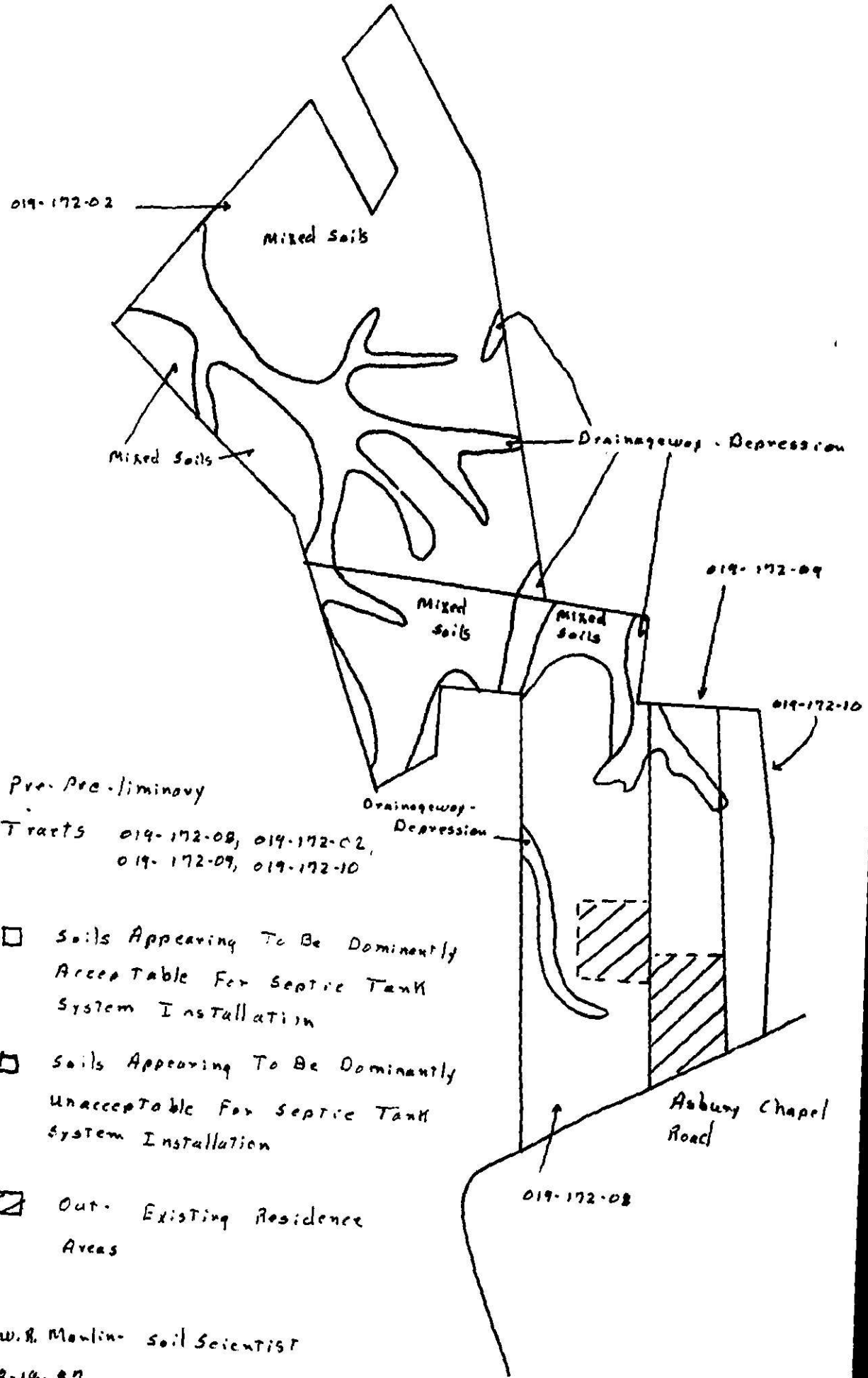
- [ ] Community (C)
- [ ] Individual (I)
- [ ] Public Well (PW)

SYSTEM CLASSIFICATION

- [ ] Community (C)
- [ ] Individual (I)
- [ ] Other (O)
- [X] Private Well (PW)

Fee $ 812.94 31

X Jan Ferris



Pre-Preliminary

Tracts 019-172-08, 019-172-02, 019-172-09, 019-172-10

☐ Soils Appearing To Be Dominantly Acceptable For Septic Tank System Installation

☐ Soils Appearing To Be Dominantly Unacceptable For Septic Tank System Installation

☐ Out- Existing Residence Areas

W.R. Moulin- Soil Scientist

8-18-87

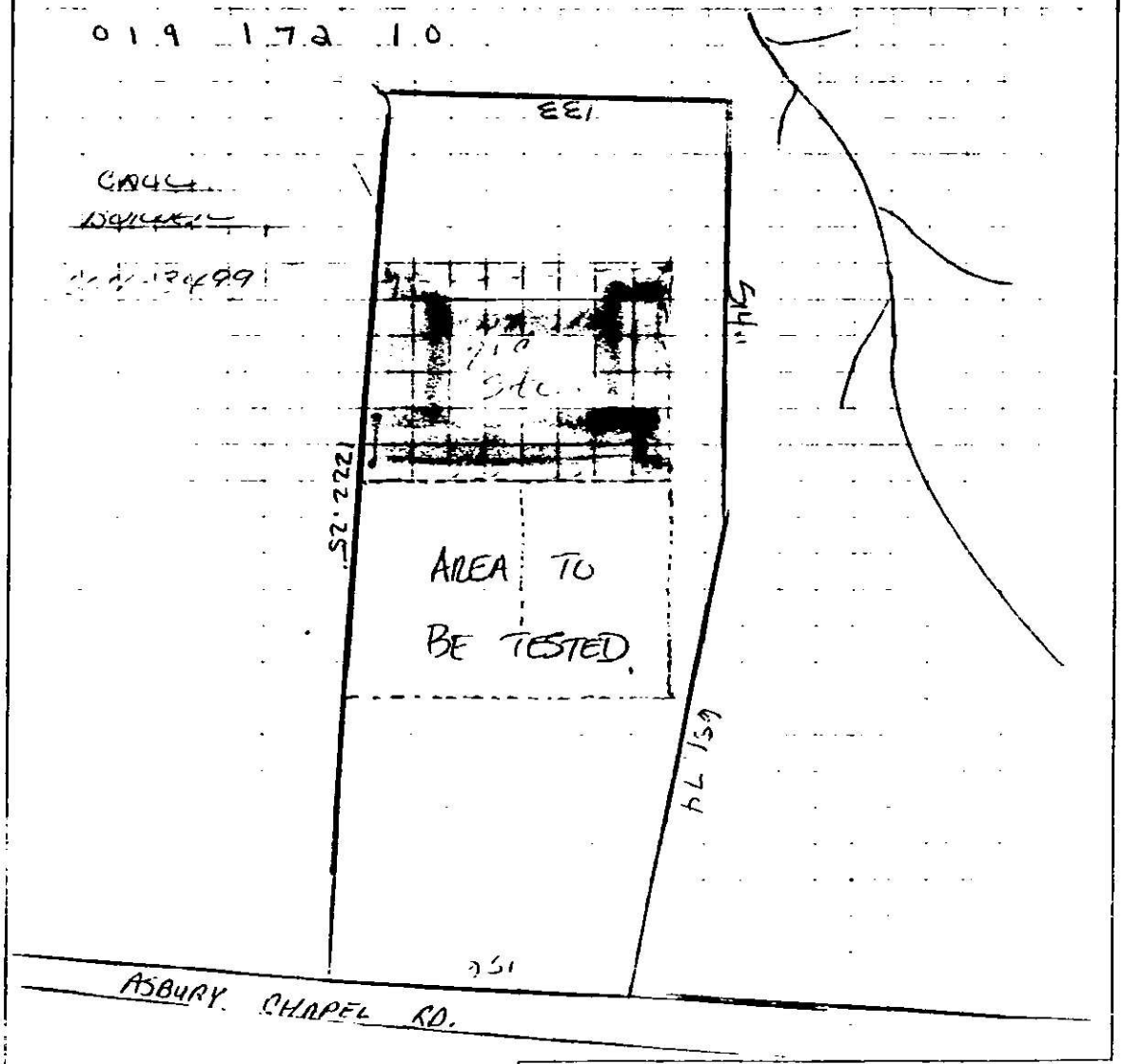
PROPOSED PLOT PLAN

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

FILE: 3809A.

TC: 019-172-10

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.



APPROVAL DATE _____

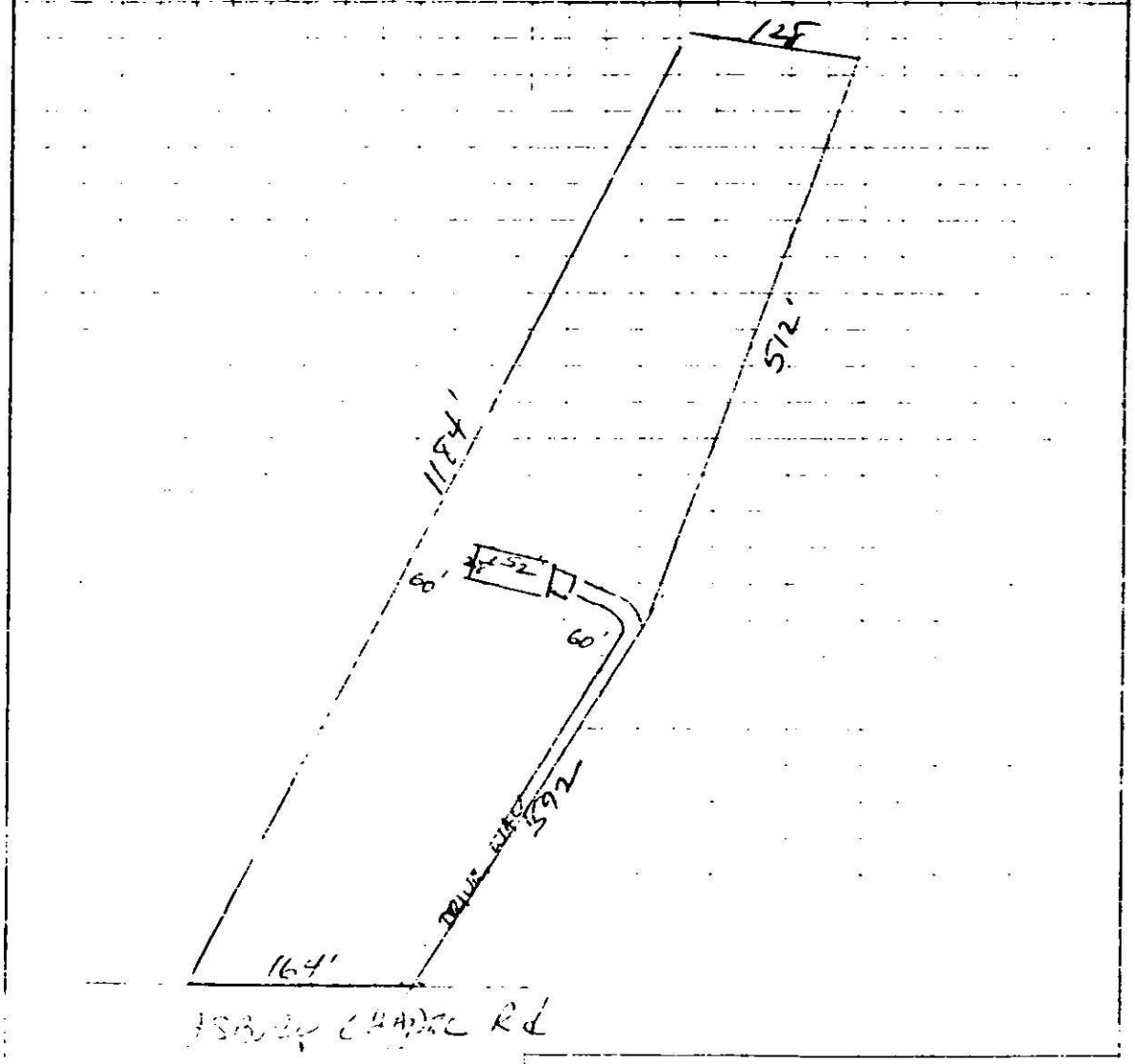
PROPOSED PLOT PLAN

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

FILE: 3809 A

TC: 019-172-10 P

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 dreinfield.



APPROVAL DATE _____

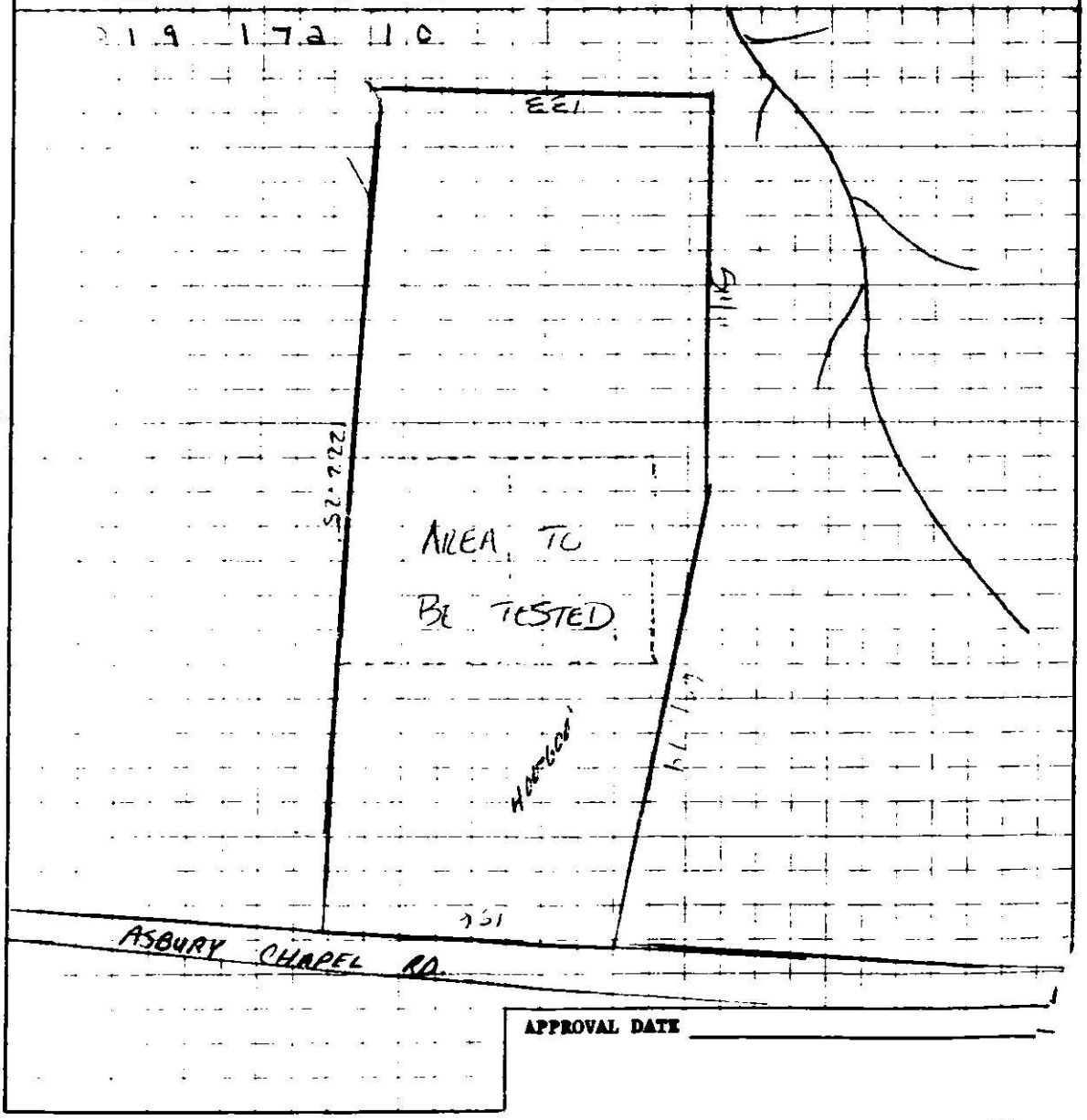
PROPOSED PLOT PLAN

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

FILE: 3809A

TC: 119-172-10

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.



APPROVAL DATE _____

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

NOTE: THIS PLAT IS SUBJECT TO ANY EASEMENTS, AGREEMENTS, OR RIGHTS-OF-WAY OF RECORD PRIOR TO DATE OF THIS PLAT, WHICH WAS NOT VISIBLE AT THE TIME OF OUR INSPECTION.

NOTE: MAP NOT FOR RECORDATION.

BEARINGS BASED ON RECORD PLAT NOTED BELOW.

"I CERTIFY THAT ON THE DATE SPECIFIED HEREON, I SURVEYED THE PROPERTY SHOWN ON THIS PLAT; ALL OF WHICH WAS DONE UNDER MY SUPERVISION."

TIM E. WILLIAMS — NCRLS

NORTH CAROLINA REGISTERED SEAL L-3591 LAND SURVEYOR TIM E. WILLIAMS

NOW OR FORMERLY
LORENE F. CONARD
8887-342

IRON FOUND

S 84°41'37" E
128.09'

IRON FOUND

NOW OR FORMER
GREG L. MULLIS
3892-239

S 88°47'30" E
512.08'

NOW OR FORMERLY
ALTON A. HINSMAN
3819-737

NOW OR FORMERLY
RUSSELL W. PECK
8130-801

NOW OR FORMERLY
CHERYL R. WILSON
8884-982

4.246 ACRES NET
0.113 ACRES R\W
4.359 ACRES TOTAL

N 00°05'41" W
1184.89'

IRON FOUND

S 03°48'00" W
562.75'

NOW OR FORMERLY
MARSHALL PARKS
8842-831

628.11'

NOW OR FORMERLY
ROBERT F. SPARROW
8403-78

IRON FOUND

IRON FOUND

S 63°29'54" W 184.09'

S 63°29'54" W 161.24'

PK NAIL FOUND

34.0'

ASBURY CHAPEL ROAD

VICINITY MAP

0 50 100 200 300

GRAPHIC SCALE 1 inch = 100 ft.

MAP FOR: RON SCIRANKO

SCALE	TOWNSHIP	COUNTY	STATE	DATE
1"=100'	MALLARD CK.	MECK.	N.C.	10-10-93

11525 ASBURY CHAPEL RD.
4.359 ACRE TRACT

DRAWN BY: TEG
CHECKED BY: TEW

TARHEEL SURVEYING CO.
4326 SARDINIA WAY
CHARLOTTE, N.C. 28269

MAP NUMBER: 4883-429

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

(OFFICE USE ONLY)

FILE: 3809-A

TC: 019-172-10

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Rt 1, Asbury Chapel Rd

② SUBDIVISION: N/a ③ LOT: N/a ④ BLOCK: N/a

⑤ PARCEL REFERENCE: BOOK NO.: 19 Block # PAGE NO.: 172 PARCEL NO.: 10

⑥ DEED REFERENCE: BOOK NO.: 4865 PAGE NO.: 426

OWNER

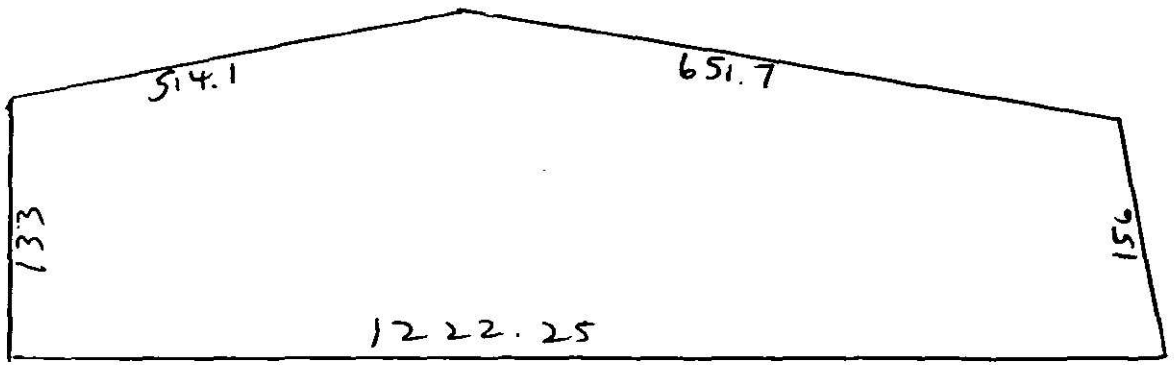
⑦ NAME: FRANCIS (FIRST) M. (MIDDLE) MECKEL (LAST)

⑧ MAILING ADDRESS: 5804 NW 19TH COURT

⑨ CITY: MARGATE ⑩ STATE: FLORIDA ⑪ ZIP: 33063

⑫ PHONE: (WORK) _____ (HOME) (305) 972-6235

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: X Francis M Meckel

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

Date: 8/3/87

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