

1/3/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

Permit Number: 3746 B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 113-211-3390

- 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

3 Long-term acceptance rate	480 Max gallons/day wastewater flow	1600 Absorption Area (sq ft)	9 Trench spacing (min. on centers)
✓ Serviced by private well	1500 Gallon septic tank	533 Total trench length (ft)	36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
4 Bedrooms in residence	___ Gallon pump tank *	12" Depth of stone	

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

Site modifications required:

Additional Conditions: * PUMP MAY BE NECESSARY IF GRAVITY FLOW CAN NOT BE ESTABLISHED.

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

1600 Absorption Area (Sq ft) 533 Total Trench Length (Ft)	12 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 Alexis Bussey RS 10-11-95 — Tim Whittaker 10/16/95

DEHNR Authorized Agent Date — 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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

OWNER'S ACKNOWLEDGMENT OF MODIFIED/ALTERNATIVE REPLACEMENT SYSTEM REQUIREMENT

Site Address: 6800 Buckland

File Number: 3746-B , Lot 11

Parcel Number: 113-211-33 po

Owner/Agent Name: Tim Whittaker
(Please print)

Date: 10/16/95 Number of Bedrooms: 4

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)**, 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.)

- 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.

Environmental Health Specialist — Date: 10/25/95

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

Property Owner Signature — Date: 10/16/95

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

37468

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd 10/10/95 145 pd 9/25/95 pd ☐ CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: Whittaker, Tim (last) (first) (mi)
ADDRESS: 1728 Armstrong Park Dr. PHONE: (704) 866-9540
CITY: Gastonia, STATE: NC ZIPCODE:

Date: 9/25/95

PROPERTY OWNER:
NAME: Lake Wylie Partners, LLC (last) (first) (mi)
ADDRESS: 6401 Carmel Rd. Suite 105 PHONE: 704 542-6607
CITY: Charlotte, STATE: NC ZIPCODE: 28226

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 113-211-33 pt
STREET ADDRESS: 6800 Buckland Rd.
ZONING:

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: 1 LOT SIZE (in acres): 8.2 Ac.

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 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) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 8

SYSTEM CLASSIFICATION:

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

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

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
☐ Swimming Pool ☐ Jacuzzi ☐ Stable/Barn ☐ Workshop ☐ None
☐ Garage ☐ Storage Building ☐ Deck/Patio ☐ Bedrooms ☐ Other

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

Signed: Tim Whittaker Date: 9/25/95

NOTICE: Tim L.W.P, LLC-

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

WATER 12270

PROPOSED PLOT PLAN

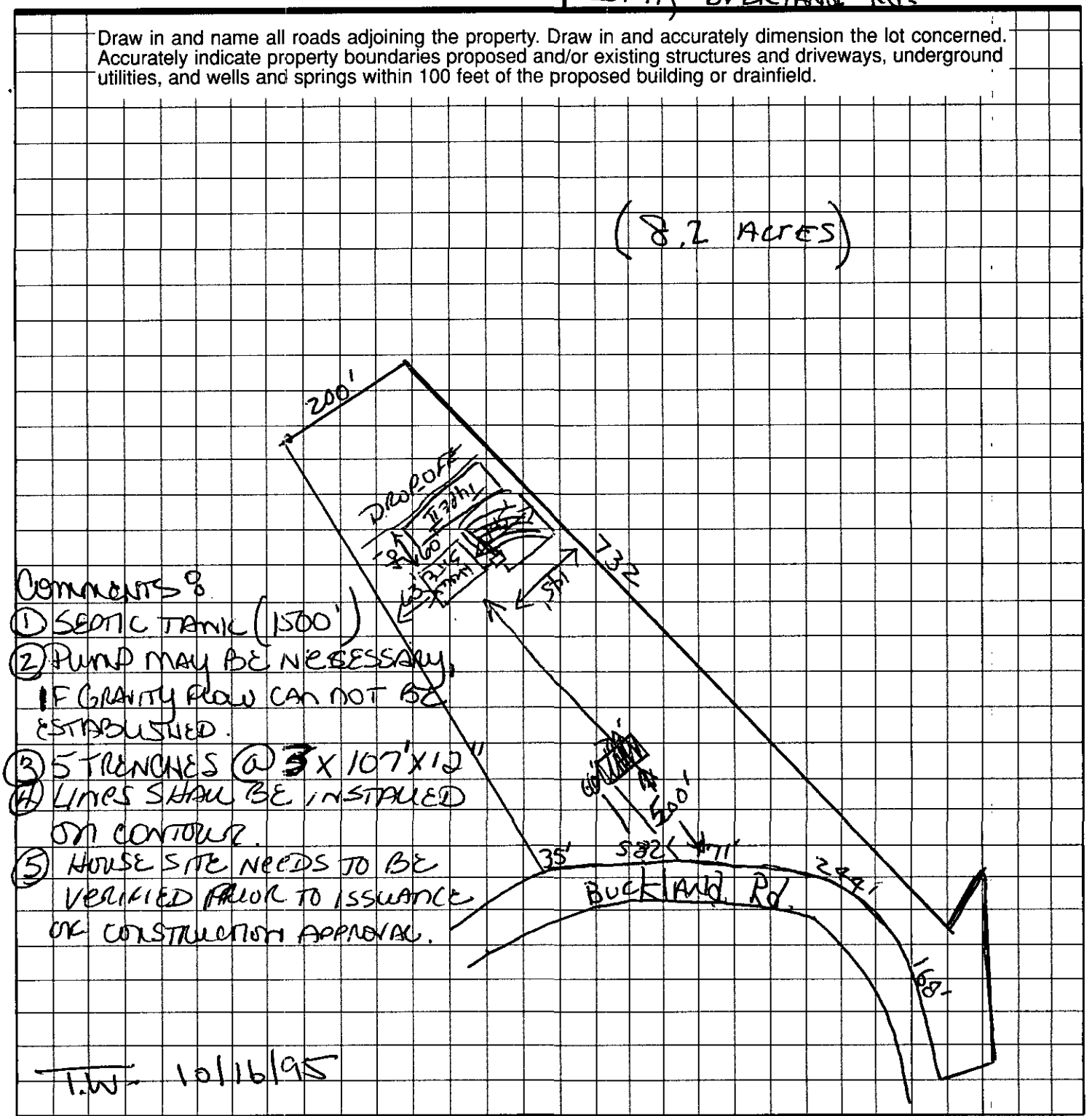
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3746B

TC: 113-211-33 po

Lot 11, Buckland Rd.

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.



COMMENTS:

1. SEPTIC TANK (1500')
2. PUMP MAY BE NECESSARY, IF GRAVITY FLOW CAN NOT BE ESTABLISHED.
3. 5 TRENCHES @ 3' X 107' X 12"
4. LINES SHALL BE INSTALLED ON CONTOUR.
5. HOUSE SITE NEEDS TO BE VERIFIED PRIOR TO ISSUANCE OF CONSTRUCTION APPROVAL.

T.W. 10/16/95

Tim Whittaker
OWNER/AGENT SIGNATURE

DATE 9/25/95

APPROVAL DATE _____

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

3746B

CURVE	RADIUS	LENGTH	CHORD	BEARING	DELTA
C1	190.44'	244.60'	228.13'	N 82°00'18" W	73°35'25"
C2	582.96'	105.14'	105.00'	S 56°01'59" W	10°20'01"
C3	116.26'	35.16'	35.02'	S 59°31'44" W	17°19'31"

LINE	DIRECTION	DISTANCE	LINE	DIRECTION	DISTANCE
L1	S 78°16'39" W	44.67'	L7	N 35°53'52" W	63.86'
L2	S 02°48'13" E	38.10'	L8	N 42°14'21" W	100.97'
L3	N 74°47'37" W	13.02'	L9	N 45°35'45" W	38.31'
L4	S 04°10'55" E	111.55'	L10	N 43°17'48" E	30.00'
L5	N 17°05'09" W	30.47'	L11	N 43°17'48" E	68.34'
L6	N 27°01'57" W	57.35'	L12	N 50°51'59" E	96.53'
			T1	134°24'15"	30.01'

THIS PROPERTY IS SUBJECT TO A FLOOD EASEMENT TO ELEVATION 580' AND ALL OTHER RESERVATIONS, RESTRICTIONS, AND CONDITIONS CONTAINED IN THE DEED RECORDED IN DEED BOOK 3146 PAGE 165 IN THE OFFICE OF THE REGISTER OF DEEDS FOR MECKLENBURG COUNTY.

THIS LOT IS A PORTION OF THE PROPERTY ACQUIRED FROM CRESCENT RESOURCES, INC. BY DEED RECORDED IN DEED BOOK 7551 PAGE 832 IN THE OFFICE OF THE REGISTER OF DEEDS IN MECKLENBURG COUNTY.

LEGEND

O	PROPERTY CORNER
F	FOUND
S	SET
NMFS	NO MONUMENT FOUND OR SET
R/W	RIGHT OF WAY
●	UTILITY POLE
OU	OVERHEAD UTILITY

SCALE: 1" = 200'

Lucas-Forman Incorporated
Land Surveying
Planning & Engineering
645 Pressley Road, Suite N
Charlotte, North Carolina 28217
P.O. Box 11386 28220-0386
(704) 527-6626 Fax 527-9640

NEW LOT SURVEY
of
LOT 11 BUCKLAND ROAD
Berryhill Twsp., Mecklenburg Co., N.C.

LOT PART OF ~~BLOCK~~ TRACT 2 MAPBOOK 25 PAGE 652
SUBDIVISION DIXIE RIVER ROAD PROJECT
DEED REFERENCE: 7551-832
for
LAKE WYLIE PARTNERS L.L.C.

SURVEYED: C.A. PINKHAM	DATE: FEB. 9, 1994	REV. 0	
DRAWN: M.J. LUCAS	UPDATE:	JOB# 93671-11	FILE# 245

SEAL

PRELIMINARY PLAT
NOT FOR RECORDATION, CONVEYANCES, OR SALES

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

DATE: 9/25/95

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 113-211-33,00

ASSIGNED ADDRESS 6800 Buckland Rd

EXISTING ADDRESS lot 11

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

		APPROVED	DISAPPROVED
1.	SUBDIVISION REGULATIONS		*
2.	FLOODWAY REGULATIONS		*
3.	EROSION CONTROL REGULATIONS		*
4.	PUBLIC UTILITY EASEMENT		*

		PRESENT	NOT PRESENT
5.	PUBLIC UTILITY EASEMENT	*	
6.	PROPERTY FRONTS ON THOROUGHFARE	*	
7.	DRIVEWAY PERMIT REQUIRED	*	

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

REMARKS: Septic tank

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

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

SIGNED: Rob

OPWEAR 06-88

NEW ADDRESS X *

FORM 100

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028733

File: 3746B Action 1

Parcel: PO 113-211-33 ☐ PC

Location: 6900 Buckland Rd

Subdivision:

Lot: Block: Acres: Approx. .41

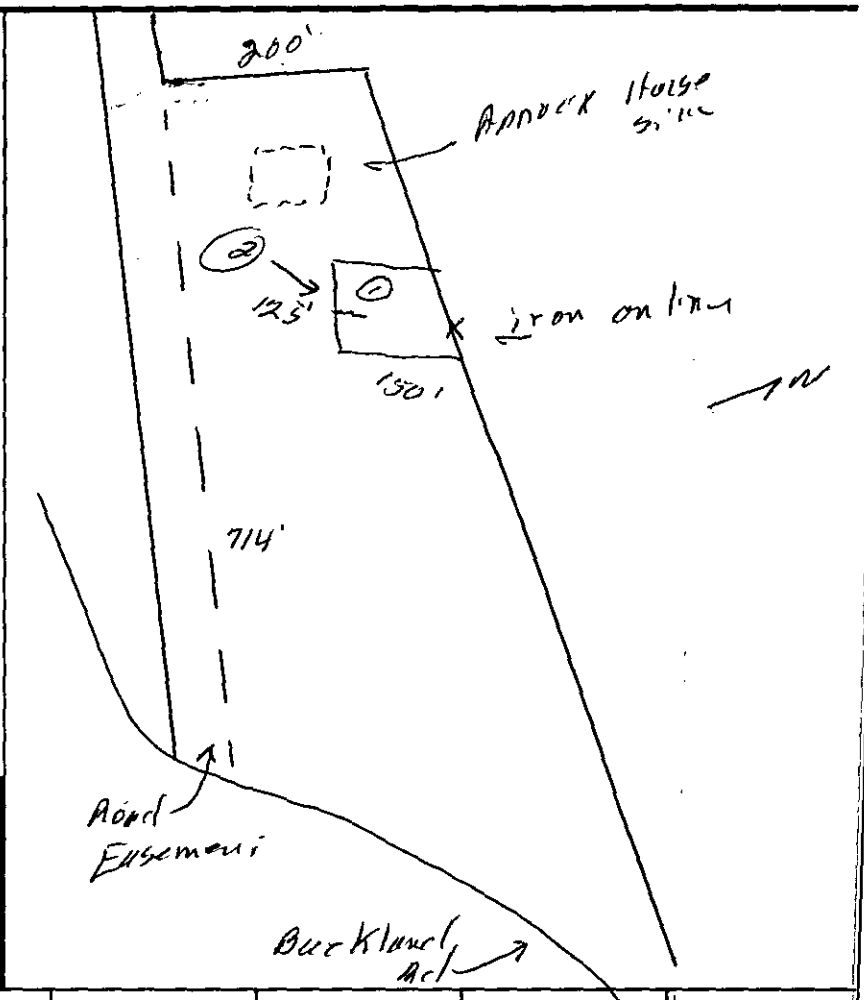
Owner: Jake Wylie Partners, LLC

Address: 6401 Carnel Rd, Suite 105
Charlotte, N.C. 28226

Comments: 100% Repair, 3 systems may need pumps, additional area available

Described by: William R. Marks

Date: 10-6-95



***** 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 2-10%	S PS (U) complex slopes	S PS U	S PS U	S PS U	S PS U
Texture slightly	S (PS) U Exp. clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U 7-46" to soil/rock	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U 46"+	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 7-46"	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	IC Cecil-Urban	Complex Slopes				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U



1/3/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

Mecklenburg County
Health Department

October 25, 1995

Kerry L. & Linda M. Heagle
10221 Foxhall Drive
Charlotte, NC 28210

Re: 16223 Yellow Jacket Circle
File: 3747B
Parcel: 001-372-34

Dear Mr. & Mrs. Heagle:

Receipt of your application to extend a family room at the above referenced location is hereby acknowledged.

Upon receipt of the application, site evaluations were conducted and the request reviewed in conjunction with provisions of 15A NCAC 18A .1900 "Sewage Treatment and Disposal Systems." A portion of the septic system drainfield appears to lie under the proposed fifteen foot addition to the lake side end of the house. This was determined by probing the area and conducting a soil boring. 15A NCAC 18A .1950, Location of Sanitary Sewage Systems (a)(10) states: "Every sanitary sewage treatment and disposal system shall be located at least the minimum horizontal distance from... any building foundation, 5 feet."

For this reason, the request as submitted is disapproved.

In addition, please be advised that the inlet end of the septic tank is covered with pavement and therefore the pavement creates a deterrent to providing routine maintenance to the septic tank as required in 15A NCAC 18A .1961(2) "Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically to ensure proper operation of the system." The inlet portion of the septic tank is generally pumped to remove accumulated sludge and scum build up.

Linda Heagle stated in a voice mail message on October 16, 1995, that both of you have decided not to pursue the addition. A smaller addition meeting the required setbacks could be approved if you so desire.

If you have any questions, please feel free to contact me at 336-5573.

Sincerely,

Lisa B. Mialik, R.S.

Lisa B. Mialik, R.S.
Individual Water and Wastewater Systems

LB:gf

3760

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd 30.00 M 7892 9/26/95 [ ] CRT

3747B

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:

PERSON FILING APPLICATION:
NAME: Heagle (last) Kerry (first) h. (mi)
ADDRESS: 10221 Foxhall Dr PHONE: (704) 544-0013
CITY: Charlotte STATE: N.C. ZIPCODE: 28210

PROPERTY OWNER:
NAME: Heagle (last) Kerry (first) h. (mi)
ADDRESS: 10221 Foxhall Dr PHONE: (704) 544-0013
CITY: Charlotte STATE: N.C. ZIPCODE: 28210

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-372-34
STREET ADDRESS: 16223 Yellow Jacket Cir
Mooresville N.C. 28115
ZONING:

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)
[ ] ADDITION - GARAGE/OR RENOVATION/NO MAJOR CHANGES (X)
Existing Family
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 4 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
[ ] 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: [signature] Date: Sept 26/95

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.

...Denied - 5' separation between proposed addition + drainfield NOT MET. See Letter.

[ ] 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 : 122791

Keith Lentz?

Bosso - 895-0200

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd 50.00 ck 1782 9/26/95 [ ] CRT

3747B

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:

PERSON FILING APPLICATION:
NAME: Heagle (last) Kerry (first) (mi)
ADDRESS: 10221 Foxhall Dr PHONE: (704) 544-0013
CITY: Charlotte STATE: N.C. ZIPCODE: 28210

651-5808 mobile
553-0038 office
(H) 582-3923

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-372-34
STREET ADDRESS: 16223 Yellow Jacket Cir.
Mooresville N.C. 28115
ZONING:

PROPERTY OWNER:
NAME: Heagle (last) Kerry Linda N. (first) (mi)
ADDRESS: 10221 Foxhall Dr PHONE: (704) 544-0013
CITY: Charlotte STATE: N.C. ZIPCODE: 28210

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 414 LOT SIZE (in acres):

TYPE APPLICATION (check one):
[ ] SOIL TEST - INDIVIDUAL LOT (D)
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[X] 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) Existing Fam Rm
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 4 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
[ ] 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: [signature] Date: Sept 26/95

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.

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

...9/28/95 Rec PC from Mrs. Heagle - addition staked,

10/3/95 excavation for addition already done. Unable to locate ST.

10/4/95 Per PC w/Mrs. Heagle - Purchased property from the Bosso 895-0200. 9 years ago added 2 bedrooms → 4 bedrooms. ST partially under block wall. Per Mrs Bosso 1 "bedroom" has skylight as window; small children's closet. Advised we have no records of approved.

10/4/95 OSV w/J. Fiser. Majority of tank appears to be under driveway & drainfield appears to run flush w/footing. Yes

Environmentalist Date

10/4/95 PC to Mrs Heagle @ 544-0013. 4:00 NC. LM on machine

Director or Authorized Section Head Date

10/4/95 PC from Mrs. Heagle - advised of ST - uncovered, drainline & footing.

WWATER : 122791

Dwight Hartsell
builder who did expansion 2 yrs ago

10/6/95 OSV. Mrs. Heagle present

10/9/95 PC w/Mr Heagle. Advised on drainfield + required setbacks.

10/9/95 PC w/Mr Heagle. Scheduled OSV 10/10@1:00pm

10/10/95 OSV 12:45. Mr. Heagle present
13.4' from back of existing structure

10/10/95 OC w/S. Daniel; No approval yet
5:40

10/11/95 PC to Mr Heagle @ 553-0038
4:45 PC to Mrs Heagle. advised system
must be 5' from addition.

10/12/95 VM mess. from Lindy Heagle - want to proceed
w/addition - relocate portion of drainfield

10/13/95 PC w/ Lindy Heagle - advised - alteration not
as simple as may be perceived. will sch OSV today

10/13/95 PC w/Lindy Heagle.

10/16/95 VM mess from Mrs. Heagle - close request.
will not pursue addition

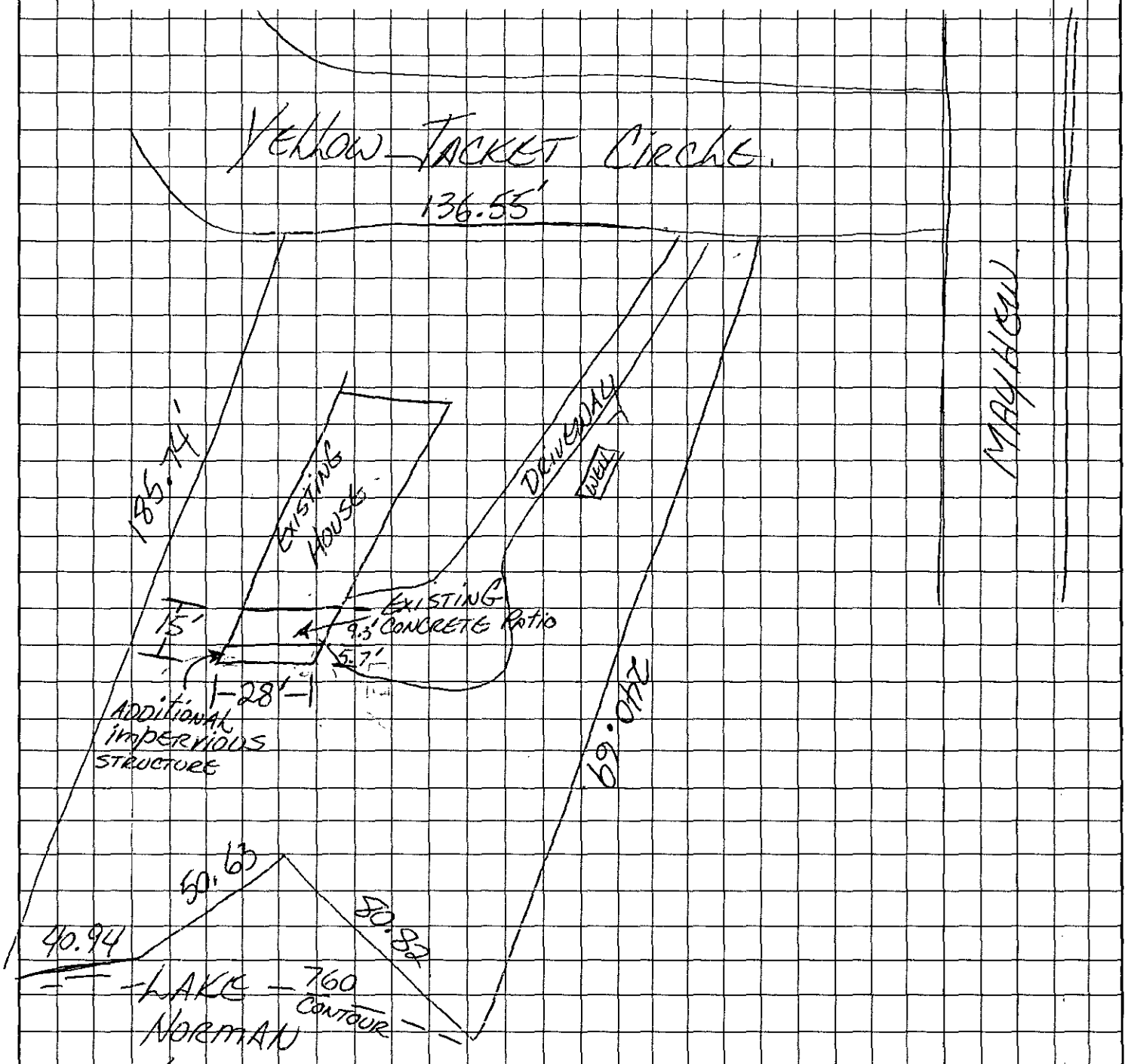
PROPOSED PLOT PLAN

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

FILE: 3747B

TC: 001-372-34

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



OWNER/AGENT SIGNATURE

DATE Sept 26/95.

APPROVAL DATE

Disapproved jbm

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