


9524 WASHAM POTTS RD

00509127

1/4/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

*Barcode Font = IDAutomationHC39M*

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 44778 DATE: 10/21/02

TC: 005-091-27 ☒ L ☒ CRT

SERIAL Nº 18938

Name of Owner Brent Beard Juris.: _____

Address of Property 9524 Washam Potts Road

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 5 @ 80'

Cover Depth 12"

Water Supply Source Municipal

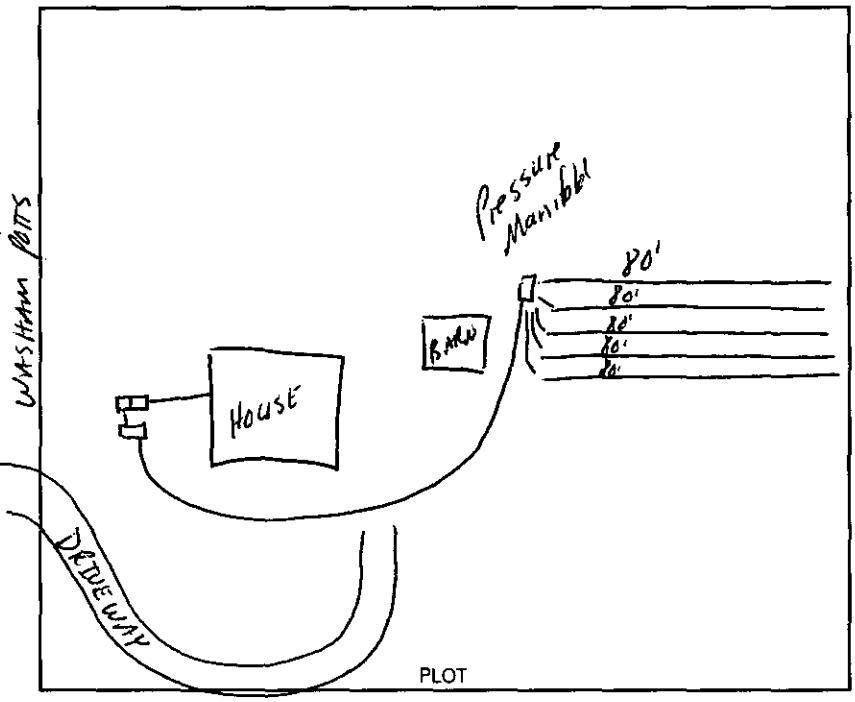
Distance to Water Source N/A

Excavation Inspected 10/21/02

Tank(s) Inspected 10/21/02

Wash Line Inspected N/A

High Water Alarm Inspected 10/21/02




Design 1500ST, 1000DT, PI, 1200SFT, CON, 12" Stone CTR# Homeowner Brent Beard

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 I5A 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 I5A 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: Three Bedroom House

5 Lines x 80'x3'x12" Stone Pressure Manifold

Type IIIb Pump to Conventional System

Jimmy P Michelene R.S.
Environmental Health Specialist

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

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

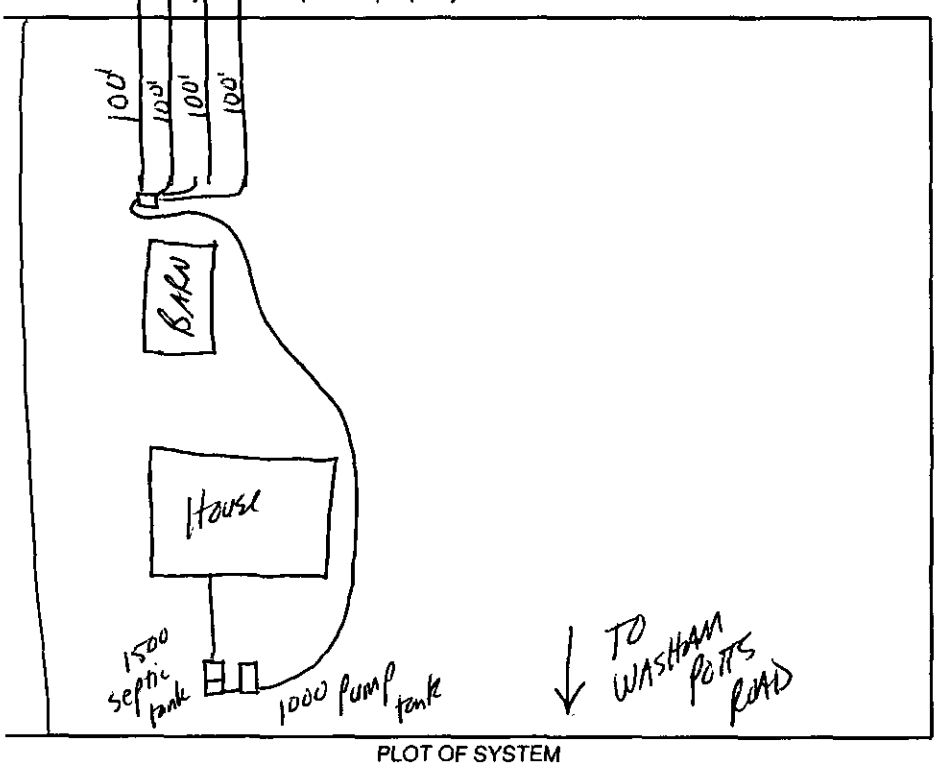
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4477B DATE: 10/11/02

TC: 005-091-27 ☐ L

SERIAL 19175

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 11-16-00. All work shall be completed on or before 12/12/02, 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 1000 gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

*Total Line Length* 400 feet

Number of Lines 4 x 100'

Depth of Stone 12" inches

Distance from House >15' feet

Distance from Property Line >10' feet

Distance from Well N/A feet

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

NAME OF OWNER Brent Beard

LOCATION OF PROPERTY 9524 Washam Potts Road

Comments: Three Bedroom House

4 lines x 100' x 3' x 12" Stone (400 TLF)

Type IIIb Pump to Conventional System

Pressure Manifold

Tommy Medlin R.S.
Environmental Health Specialist

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

Pd 300.00 in CC Appt# 259451

FEE: 175/0 AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: 9C VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 12/4/00 9524 PERMIT NO: 4477B
PARCEL NO: 005 091 27
JOB LOCATION ADDRESS: [redacted] Wesham Potts Rd
PROPERTY OWNER: Phil Howard (prs buyer Brent Beard)
BUILDING CONTRACTOR: -
SUBDIVISION NAME: -
AUTHORIZATION ISSUED BY: Phillip S. Walker R.S. DATE: 12/4/00
DEHNR AUTHORIZED AGENT

## AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4477B, 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: Lift pump required

## 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 Brent W Beard 12/4/00
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 4477B

Tax Number: 005 091 27

- 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<br>Type (circle one):<br>I II (III) IV V VI | ✓ Conventional<br>___ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | ___ Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 |

| | | | |
|---|---|---|---|
| 3 Long-term acceptance rate | 360 Max gallons/day wastewater flow | 1200 Absorption Area (sq ft) | 9' Trench spacing (min. on centers) |
| NO Serviced by private well | 1500 Gallon septic tank | 400' Total trench length (ft) | 24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions) |
| 3 Bedrooms in residence | 1000 Gallon pump tank | 12" Depth of stone | |

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

Site modifications required:

Additional Conditions: Keep the drainfield on the contour of the land
Lift pump required

| | | | |
|---|---|---|---|
| Repair Area System Type<br>Type (circle one):<br>I II (III) IV V VI | ✓ Conventional<br>___ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | ___ Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 |

| | | | |
|---|---|---|---|
| 1200 Absorption Area (Sq ft)<br>400 Total Trench Length (Ft) | 12" Depth of Stone Trench | 9' Trench spacing (min. on centers) | 24" Maximum Trench Depth |

For existing system, enter the year originally installed:

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

- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department
- This Improvement permit is transferable.

Phil S. Walker R.S. 12/4/00
DEHNR Authorized Agent Date

x Brent W. Beard 12/4/00
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

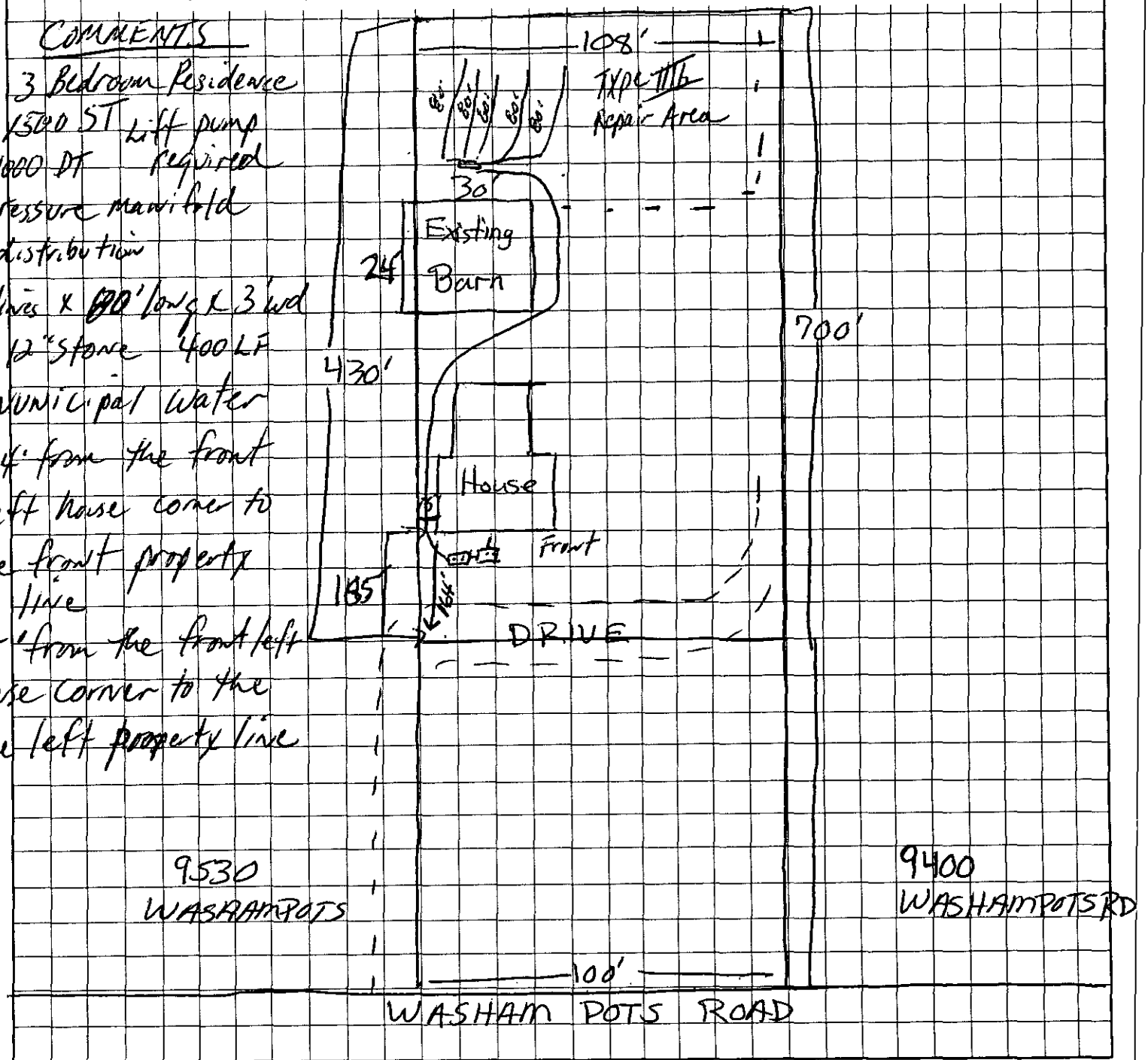
# PROPOSED PLOT PLAN

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

FILE: 4477B

TC: 005-091-27

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

3 Bedroom Residence
1500 ST Lift pump
1000 DT required
pressure manifold
distribution
5 lines x 80' long x 3' wd
x 12" stone 400 LF
Municipal water
164' from the front
left house corner to
the front property
line
15' from the front left
house corner to the
the left property line

Brent W Beard
OWNER/AGENT SIGNATURE

DATE 11-16-00

APPROVAL DATE _____

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

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

ACS BMP #1

Sheet: _____
Property ID: 005-M1-21
Lot #: 12C
File #: 44773

# SOIL/SITE EVALUATION
## for ON-SITE WASTEWATER SYSTEM

OWNER: Phil T. Howard APPLICANT: Brent Beard
ADDRESS: 21206 Catawba Ave., Cornelius DATE EVALUATED: 11-29-06
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 360gpd PROPERTY SIZE: 1.0
LOCATION OF SITE: 9520 Westham Falls Road PROPERTY RECORDED: _____
WATER SUPPLY: ☐Private ☒Public ☐Well ☐Spring ☐Other _____
EVALUATION METHOD: ☒Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☒Sewage ☐Industrial Process ☐Mixed

| PROFILE # | Slopes 2-8% .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 |
|---|---|---|---|---|---|---|---|---|---|
| 1 | ~~Dep.~~ | 0-23' | gr/scl | Fr/SEXP/SS/SP | 748" To soil wetness | 48" | N/A | None | US IV |
| | | 23-48" | SBK/scl | Fi/SEXP/S/P | | | | | |
| 2 | LS | 0-13" | gr/scl | Fr/SEXP/SS/SP | 748" To soil wetness | 48"+ | N/A | None | PS .25gpf2 IV |
| | | 13-48" | SBK/sc | Fi/SEXP/S/P | | | | | |
| 3 | LS | 0-10" | gr/scl | Fr/SEXP/SS/SP | 748" To soil wetness | 48"+ | N/A | None | PS .39gpf2 IV |
| | | 10-48" | SBK/sc | Fi/SEXP/S/P | | | | | |
| 4 | LS | 0-8" | gr/scl | Fr/SEXP/SS/SP | 748" To soil wetness | 48"+ | N/A | None | ~~PS .39gpf2~~ IV .25gpf2 |
| | | 8-48" | SBK/sc | Fi/SEXP/S/P | | | | | |
| 5 | LS | 0-6" | gr/scl | Fr/SEXP/SS/SP | 748" To soil wetness | 48"+ | N/A | None | PS .39gpf2 IV |
| | | 6-39" | SBK/sc | Fi/SEXP/S/P | | | | | |
| | | 39-48" | SBK/scl | Fr/SEXP/SS/SP | | | | | |
| 6 | LS | 0-3" | gr/scl | Fr/SEXP/SS/SP | 748" To soil wetness | 48"+ | N/A | None | PS .39gpf2 IV |
| | | 3-44" | SBK/sc | Fi/SEXP/S/P | | | | | |
| | | 44-48" | SBK/sc | Fr/SEXP/SS/SP | | | | | |
| 7 | LS | 0-4" | gr/scl | Fr/SEXP/SS/SP | ~~748"~~ 744" To soil wetness | 44" | N/A | None | US IV |
| | | 4-44" | SBK/sc | Fi/SEXP/S/P | | | | | |
| | | | some platy | | | | | | |
| | | | structure | | | | | | |
| | | | 26-32" | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | | |
| Site LTAR | .39gpf2 | .25gpf2 |

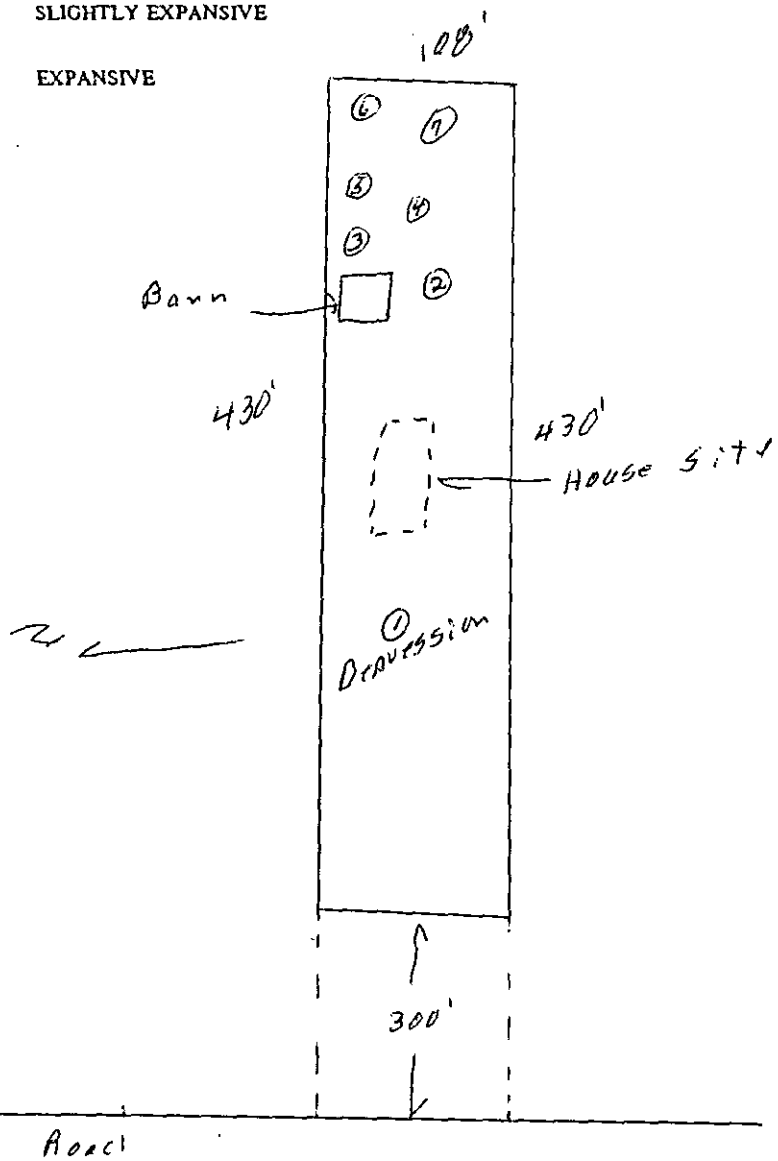
OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: W.R. Mullis LSS- 11-30-06
OTHER(S) PRESENT: B. Beard

FILE # 44703

COMMENTS 100% Repair

| LANDSCAPE POSITION | GROUP | TEXTURE | .1955 LTAR | CONSISTENCE MOIST | CONSISTENCE WET |
|---|---|---|---|---|---|
| R-RIDGE | I | S-SAND | 1.2-0.8 | | |
| S-SHOULDER SLOPE | | LS-LOAMY SAND | | VFR-VERY FRIABLE | NS-NON-STICKY |
| L-LINEAR SLOPE | | | | FR-FRIABLE | SS-SLIGHTLYSTICKY |
| FS-FOOT SLOPE | II | SL-SANDY LOAM | 0.8-0.6 | FI-FIRM | S-STICKY |
| N-NOSE SLOPE | | L-LOAM | | VFI-VERY FIRM | VS-VERY STICKY |
| H-HEAD SLOPE | | | | EFI-EXTREMELY FIRM | NP-NON-PLASTIC |
| CC-CONCLAVE SLOPE | III | SI-SILT | 0.6-0.3 | | SP-SLIGHTLYSTICKY |
| CV-CONVEX SLOPE | | SICL-SILTY CLAY LOAM | | | P-PLASTIC |
| T-TERRACE | | CL-CLAY LOAM | | | VP-VERY PLASTIC |
| FP-FLOOD PLAIN | | SCL-SANDY CLAY LOAM | | | |
| | IV | SC-SANDY CLAY | 0.4-0.1 | | |
| | | SIC-SILTY CLAY | | | |
| | | O-ORGANIC | | | |

| STRUCTURE | MINERALOGY |
|---|---|
| SG-SINGLE GRAIN | SLIGHTLY EXPANSIVE |
| M-MASSIVE | |
| CR-CRUMB | EXPANSIVE |
| GR-GRANULAR | |
| SBK-SUBANGULAR BLOCKY | |
| ABK-ANGULAR BLOCKY | |
| PL-PLATY | |
| PR-PRISMATIC | |



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

Sheet: ro
Property ID: 005-091-21
Lot #:
File #: 44778

#1

# SOIL/SITE EVALUATION
## for ON-SITE WASTEWATER SYSTEM

OWNER: Phil T. Howard
APPLICANT: Brent Beard
ADDRESS: 21206 Catawba Ave., Cornelius
DATE EVALUATED: 11-29-06
PROPOSED FACILITY: residence
PROPOSED DESIGN FLOW (.1949) 360gpd
PROPERTY SIZE: 1.0
LOCATION OF SITE: 9520 Westhaven Falls Road
PROPERTY RECORDED:

WATER SUPPLY: ☐Private ☒Public ☐Well ☐Spring ☐Other
EVALUATION METHOD: ☒Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☒Sewage ☐Industrial Process ☐Mixed

| PROFILE # | Slopes 2-8% .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 |
|---|---|---|---|---|---|---|---|---|---|
| 1 | Dep. | 0-23' | gr/scl | Fr/SEXP/SS/SP | >48" to soil wetness | 48" | N/A | None | US IV |
| | | 23-48" | sbk/scl | Fi/SEXP/SP | | | | | |
| 2 | LS | 0-13" | gr/scl | Fr/SEXP/SS/SP | >48" to soil wetness | 48"+ | N/A | None | PS .391 F2 III |
| | | 13-48" | sbk/scl | Fi/SEXP/SP | | | | | |
| 3 | LS | 0-10" | gr/scl | Fr/SEXP/SS/SP | >48" to soil wetness | 48"+ | N/A | None | PS .391 F2 III |
| | | 10-48" | sbk/scl | Fi/SEXP/SP | | | | | |
| 4 | LS | 0-8" | gr/scl | Fr/SEXP/SS/SP | >48" to soil wetness | 48"+ | N/A | None | PS .391 F2 III .259 F2 |
| | | 8-48" | sbk/scl | Fi/SEXP/SP | | | | | |
| 5 | LS | 0-6" | gr/scl | Fr/SEXP/SS/SP | >48" to soil wetness | 48"+ | N/A | None | PS .391 F2 III |
| | | 6-39" | sbk/scl | Fi/SEXP/SP | | | | | |
| | | 39-48" | sbk/scl | Fr/SEXP/SS/SP | | | | | |
| 6 | LS | 0-3" | gr/scl | Fr/SEXP/SS/SP | >48" to soil wetness | 48"+ | N/A | None | PS .391 F2 III |
| | | 3-44" | sbk/scl | Fi/SEXP/SP | | | | | |
| | | 44-48" | sbk/scl | Fr/SEXP/SS/SP | | | | | |
| 7 | LS | 0-4" | gr/scl | Fr/SEXP/SS/SP | >44" to soil wetness | 44" | N/A | None | US III |
| | | 4-44" | sbk scl | Fi/SEXP/SP | | | | | |
| | | | some platy structure 28-32" | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | | |
| Site LTAR | .391 F2 | .259 F2 |

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: W.R. Mullis LSS - 11-30-06
OTHER(S) PRESENT: B. Beard

FILE # 44773

COMMENTS 100% Repair

| LANDSCAPE POSITION | GROUP | TEXTURE | .1955 LTAR |
|---|---|---|---|
| R-RIDGE | I | S-SAND | 1.2-0.8 |
| S-SHOULDER SLOPE | | LS-LOAMY SAND | |
| L-LINEAR SLOPE | | | |
| FS-FOOT SLOPE | II | SL-SANDY LOAM | 0.8-0.6 |
| N-NOSE SLOPE | | L-LOAM | |
| H-HEAD SLOPE | | | |
| CC-CONCLAVE SLOPE | III | SI-SILT | 0.6-0.3 |
| CV-CONVEX SLOPE | | SICL-SILTY CLAY LOAM | |
| T-TERRACE | | CL-CLAY LOAM | |
| FP-FLOOD PLAIN | | SCL-SANDY CLAY LOAM | |
| | IV | SC-SANDY CLAY | 0.4-0.1 |
| | | SIC-SILTY CLAY | |
| | | O-ORGANIC | |

| CONSISTENCE MOIST | CONSISTENCE WET |
|---|---|
| VFR-VERY FRIABLE | NS-NON-STICKY |
| FR-FRIABLE | SS-SLIGHTLYSTICKY |
| FI-FIRM | S-STICKY |
| VFI-VERY FIRM | VS-VERY STICKY |
| EFI-EXTREMELY FIRM | NP-NON-PLASTIC |
| | SP-SLIGHTLYSTICKY |
| | P-PLASTIC |
| | VP-VERY PLASTIC |

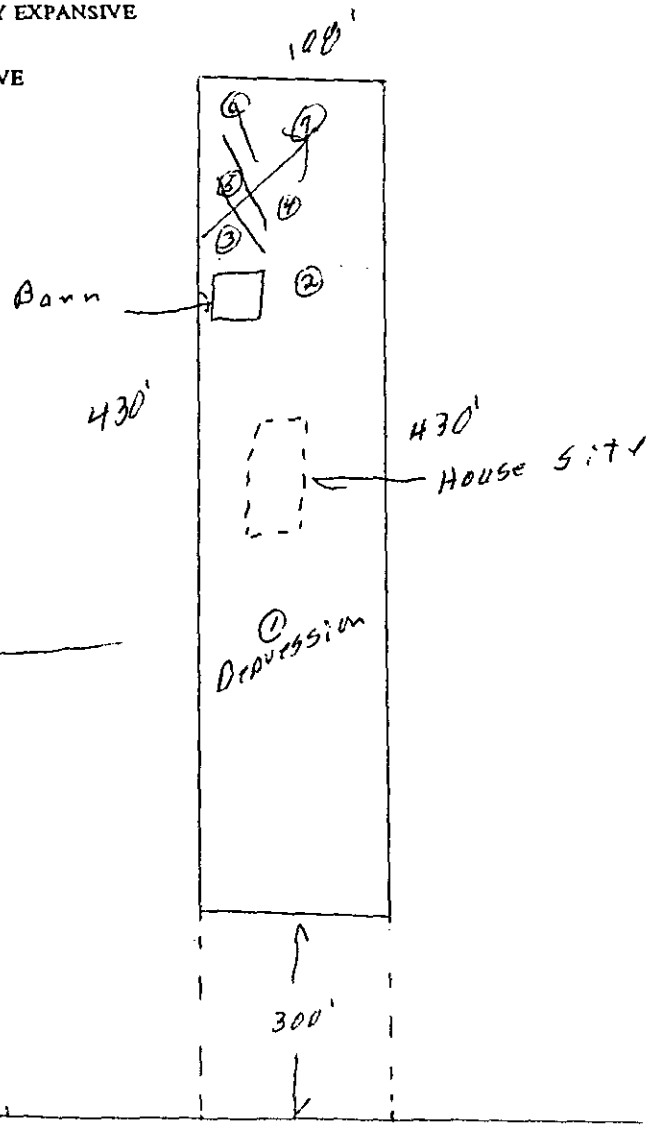
STRUCTURE

SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE




Wrexham Rd NS Road

FEE: 200.00
DATE: 11/16/00 Re Recalled

# 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 #: 4778

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 005-181-27

STREET ADDRESS: [redacted] WASHAM POTTS ROAD

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 12 & C

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: 2165

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS:

CLOSING DATE_____

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: (LAST) Howard (FIRST) Phil (MI) T | NAME: (LAST) Beard (FIRST) Brent (MI) W |
| ADDRESS: 21206 Catawba Ave | DAYTIME PHONE: (704) 400 - 7226 |
| CITY: Cornelius STATE: NC ZIP: 28031 | |
| DAYTIME PHONE: (704) 892 - 8529 | |

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: Brent W Beard DATE: 11-16-00

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

# MECKLENBURG COUNTY HEALTH DEPARTMENT
## Environmental Health Fees

| | | | |
|---|---|---|---|
| Requestor (please print): Brent Beard | Phone #: | Date Requested: 11/16/00 | Date Filled: |
| Account Name: | Cash Charge | Account No.: | |
| I certify that I am authorized to charge this account for this service: | | | |
| Signature: | Printed Name: | | Date: |

| T.C. | Qty | Description | Unit Cost | Total Cost |
|---|---|---|---|---|
| 0701 | 1 | Improvement Permit Application - Residential | $ 200.00 | 200 |
| 0735 | | Improvement Permit Application - Commercial | $ 400.00 | |
| 0702 | | Optional Site Evaluations | $ 100.00 | |
| 0703 | | Installation and Final Approval | $ 150.00 | |
| 0704 | | Change in Plot Plan | $ 100.00 | |
| 0705 | | MH Exc/Add/Repl without System Modification | $ 100.00 | |
| 0706 | | MH Exc/Add/Repl with System Modification | $ 300.00 | |
| 0707 | | Site Consultation Visit | $ 100.00 | |
| 0734 | | Authorization for Wastewater System Construction | $ 150.00 | |
| 0708 | | Realty Closing - Conventional | $ 85.00 | |
| 0709 | | Realty Closing - FHA with water | $ 135.00 | |
| 0710 | | Additional Trips | $ 65.00 | |
| 0711 | | Well Water Analysis-Bacteriological with regular parameters | $ 50.00 | |
| 0712 | | Well Water Analysis -Nitrates and Nitrites | $ 15.00 | |
| 0714 | | Well Water Analysis - Organic Analysis | $ 200.00 | |
| 0715 | | Admin. Fee - Field Activity Letter | $ 25.00 | |
| 0718 | | Residential Pool Permit | $ 50.00 | |
| 0719 | | Public Pool Permit - operating | $ 240.00 | |
| 0720 | | Seasonal Pool Permit - operating | $ 120.00 | |
| 0736 | | Pool Late Fee | $ 120.00 | |
| 0733 | | Permit to Construct a Public Pool | $ 200.00 | |
| 0721 | | Home Day Care Evaluation and Permit | $ 70.00 | |
| 0722 | | Home Day Care Evaluation and Annual Fee | $ 40.00 | |
| 0723 | | Eval and Report Non-Permit Facility | $ 50.00 | |
| 0724 | | Private Pool Testing | $ 15.00 | |
| 0731 | | Garbage Hauler Permit - (1-9 vehicles) | $ 30.00 | |
| 0736 | | Garbage Hauler Permit - (each over 9) | $ 20.00 | |
| 0725 | | Document Copies | $ 0.05 | |
| | | | | |
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| | | | | |
| | | | | |
| Payment received by: [signature] | | Date: 11/16/00 | Total: | 200 |

WASHAM POTTS Rd.

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION