SEE INSTRUCTIONS ON BACK

Date Received 5-1-84

ICAR(S) Application No. 20959

T. C. No. 001-361-14

Map Date _____

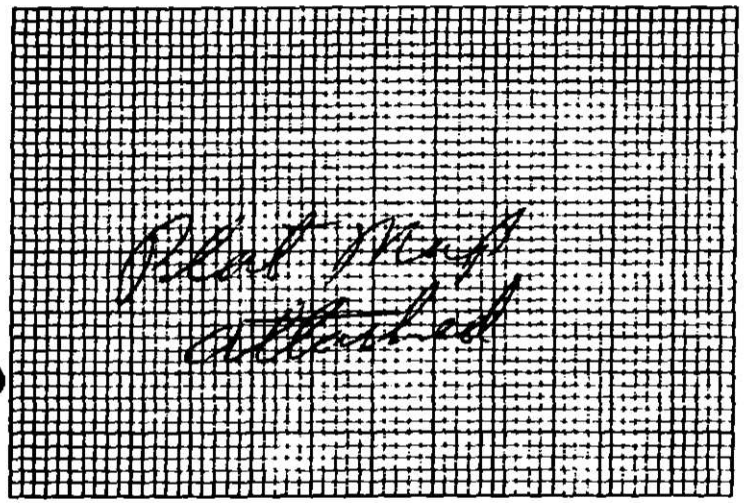
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

1) ✓ Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.

Plot Map attached



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ✓ Yes ___ No
Residence ___ Yes ___ No

4) No. of Bedrooms 2
5) Business Use — Max No Employees _____
6) Washing Machine ✓ Yes ___ No
7) Garbage Disposal ___ Yes ✓ No
8) Dishwasher ___ Yes ✓ No
9) Water Supply:
   A) Individual Well ✓
   B) Governmental System _____
   C) Community System:
      1. Well source _____
      2. Governmental source _____
10) Sewage System:
   House located within 200 feet of public sewer ___ Yes ✓ No
   House located within 200 feet of community sewer ___ Yes ✓ No
11) FHA Case No. _____
12) VA Case No. _____

13) NAME OF OWNER Ellis (LAST) William (FIRST) Sidney (MIDDLE)

14) ADDRESS OF OWNER 319 Frye Bridge Road Clemmons NC 27012

15) PHONE NO. Home 919-[illegible]33 Office 919-773-5637

16) LOCATION OF SYSTEM 21527 Mayhew Rd ~~[illegible]~~ Ex School Road (Mecklenburg) (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. 431 Block No. 6

Map Book No. #429 Page No. 0674

18) DEED REFERENCE — DEED BOOK 4429 AT PAGE 0674

19) HAS A SOIL INVESTIGATION BEEN RUN? ___ YES ✓ NO DATE RUN _____

20) PTR NUMBER (See Instructions) _____

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

4-28-84
DATE OF APPLICATION

William S. Ellis
OWNER

BHD-S-76

Environmental Health Department's Copy

Date Received 5-1-84

MECK COUNTY DEPARTMENT OF
RECEIVED
MAY 1 1984
ENVIRONMENTAL HEALTH

SIR No 20959
T. C. No 001-361-14
Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Ellis (LAST) William (FIRST) Sidney (MIDDLE)

2) ADDRESS OF OWNER 319 Fox Bridge Road Clemmons NC ZIP 27012

3) PHONE NO. Home 919-766-6037 Office 919-723-5637

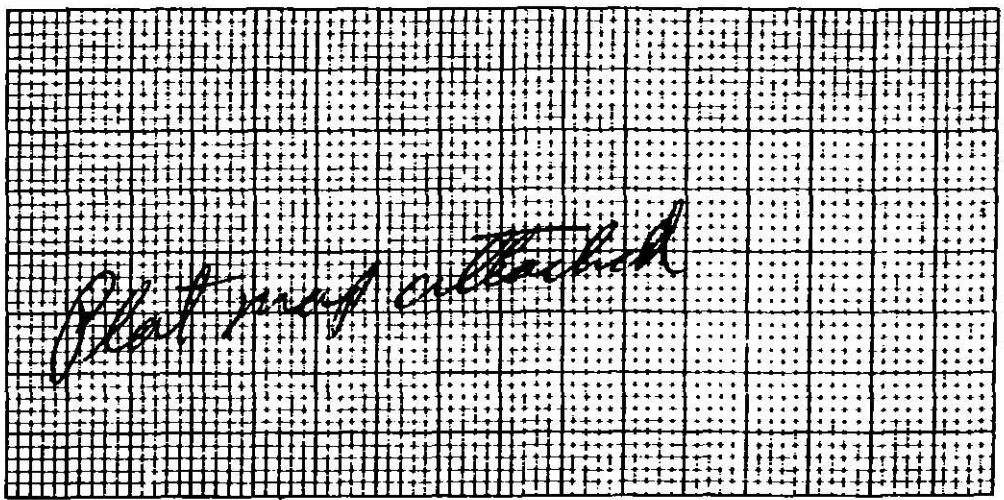
4) LOCATION OF PROPERTY Brawley School Road - (Meck Neck) (STREET OR COUNTY ROAD)

5) SUBDIVISION 6 LOT NO. 431 BLOCK NO. 6

MAP BOOK NO. PAGE NO.

6) DEED REFERENCE: DEED BOOK 4429 PAGE NO. 0674

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge.



7) ACCURATELY DIAGRAM & DIMENSION LOT

William Sidney Ellis
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NORTH CAROLINA 28203

SIR. NO. 20959
T.C. NO. 001-361-14
DATE: 5-14-84

William S. Ellis
319 Faye Bridge Road
Clemmons, NC 27012

RE: Property located at Brawley School Road, Lot 431, Blk. 6

Dear Mr. Ellis:

At your request, a field investigation was conducted on the property designated above. The soils on the property were found to contain a limited area of provisionally suitable soil for the installation of a ground absorption sewage disposal system. A copy of the site evaluation report is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit plot plans for the proposed construction, well, and ground absorption sewage disposal system to this office. They will be reviewed and if it is found that there is an adequate area of provisionally suitable soil to accommodate the proposed installation, an Improvements Permit will be issued by this office.

If I may be of assistance, please feel free to call.

Sincerely,

Bill D. Hardister, Jr.
Environmental Health Supervisor

BDH/kbg

Enclosure

Date Issued 5-17-84

Serial No. 7500

SIR No. 20959

T. C. No. 001-361-14

Map Date L C17

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Ellis, (LAST) William (FIRST) Sidney (MIDDLE)

ADDRESS OF OWNER 319 Frye Bridge Rd., Clemmons, NC ZIP 27012

LOCATION OF LOT 21527 Mayhew Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. 431 BLOCK NO. 6

MAP BOOK NO. _____ PAGE NO. _____

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 20959. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered and/or repaired in the same area where the soil investigation was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altered, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

Ralph Hilles
Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-S-76

Environmental Health Department's Copy

C of A (s) No. 20959

Date Issued 6-12-84 **Serial** 6718

T. C. No. 001-361-14

L CET

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner ELLIS (LAST), WILLIAM (FIRST) (MIDDLE)

Location of Property 2527 MAYHEW ROAD

Application Number 20959 Permit Number 20959

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material Pre Cast Concrete

Total Length of Drain Tile 200 lin FT Number of Lines three

Depth of Filter Material 12 inches Cover Depth 12 inches

Water Supply Source well Distance from Water Source 200 FT.

Excavation Inspected 6-12-84 (DATE) Tank Inspected 6-12-84 (DATE)

Nitrification Field Inspected 6-12-84 (DATE)

Washing Machine Line Inspected, If Applicable — (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been X installed or constructed, ___ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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

Ralph Miller
Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 20959

T.C. NO. 001-361-14

(Ground Absorption Sewage Disposal)

OWNER: William S. Ellis
ADDRESS: 319 Frye Bridge Road
Clemmons N.C. 27012
LOCATION OF SITE: Brawley School Road

PLAT NO: Lot 431 Block C
LOT SIZE: Approx 36,000

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S PS 6-10% U	S PS 2-8% U	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S PS Clay U	S PS Clay U	S PS. U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S PS Blocky U	S PS Blocky U	S PS U	S PS U
4. SOIL DEPTH (inches)	S PS 36-48" U	S PS 36-48' U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S PS >36" U	S PS >36' U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S >48" PS To ground water U	S Depression PS U	S PS U	S PS U
7. OTHER (Specify)	S see note PS U	S PS U	S PS U	S PS U
8. SOIL GROUP	IVA	IVA		
9. SITE CLASSIFICATION	Provisionally suitable	unsuitable		
10. SOIL SERIES	Cecil-Lillie	Depression		

S - Suitable PS - Provisionally Suitable U - Unsuitable

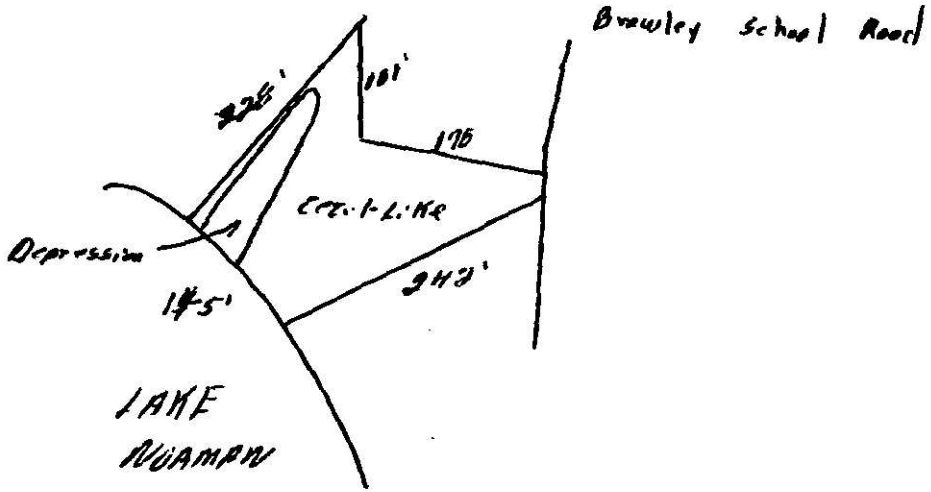
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: Moving Trailer location up along 178' line would give more Area for system & repair area

Described by: William R. Maslin
Title: Soil Scientist

Date: 5-11-94

14


Brawley School Road
101'
176
Cecil-Like
Depression
242'
LAKE
NOAMAN

Serial No. 07218

Date Issued 5-17-84

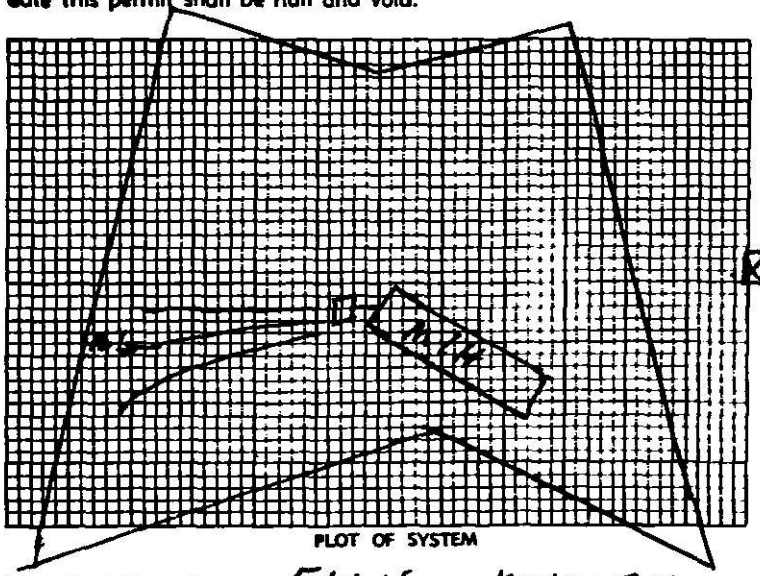
ICAR(S) Permit No. 20959

T. C. No. 001-361-14

Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to X 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 application 20959, dated 4-28-84 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before JUNE 20th 1984 after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS IVA

Liquid Capacity of Tank 1500 gal

Tank Construction Pre Cast Concrete

Absorption and/or Nitrification Lines:

Total Line Length 200 lin FT.

Number of Lines Three

Distance from House 5FT

Distance from Property Line 10 FT

Distance from Well 100 FT.

NAME OF OWNER ELLIS, WILLIAM

LOCATION OF PROPERTY 21527 MAYHEW ROAD

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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.

Comments: three trenches to be 68 FT x 3FT x 12 inches stone-hay or straw cover - Grade Bds

B. Henderson
Division or Section Head

Ralph Nilles
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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-S-74

Environmental Health Department's Copy

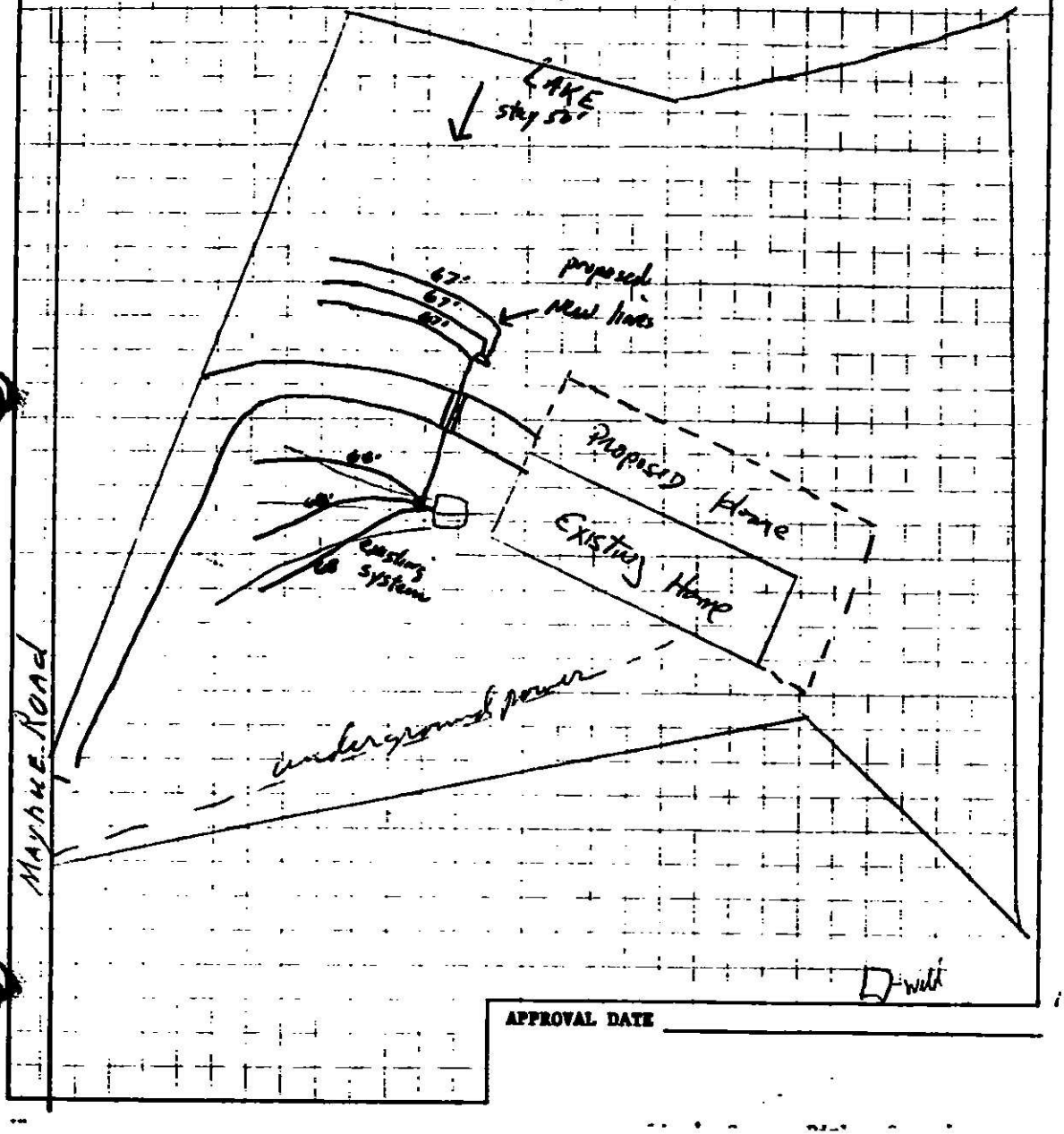
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 378-4803

FILE: 20959

TC: 001-361-14

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 _____

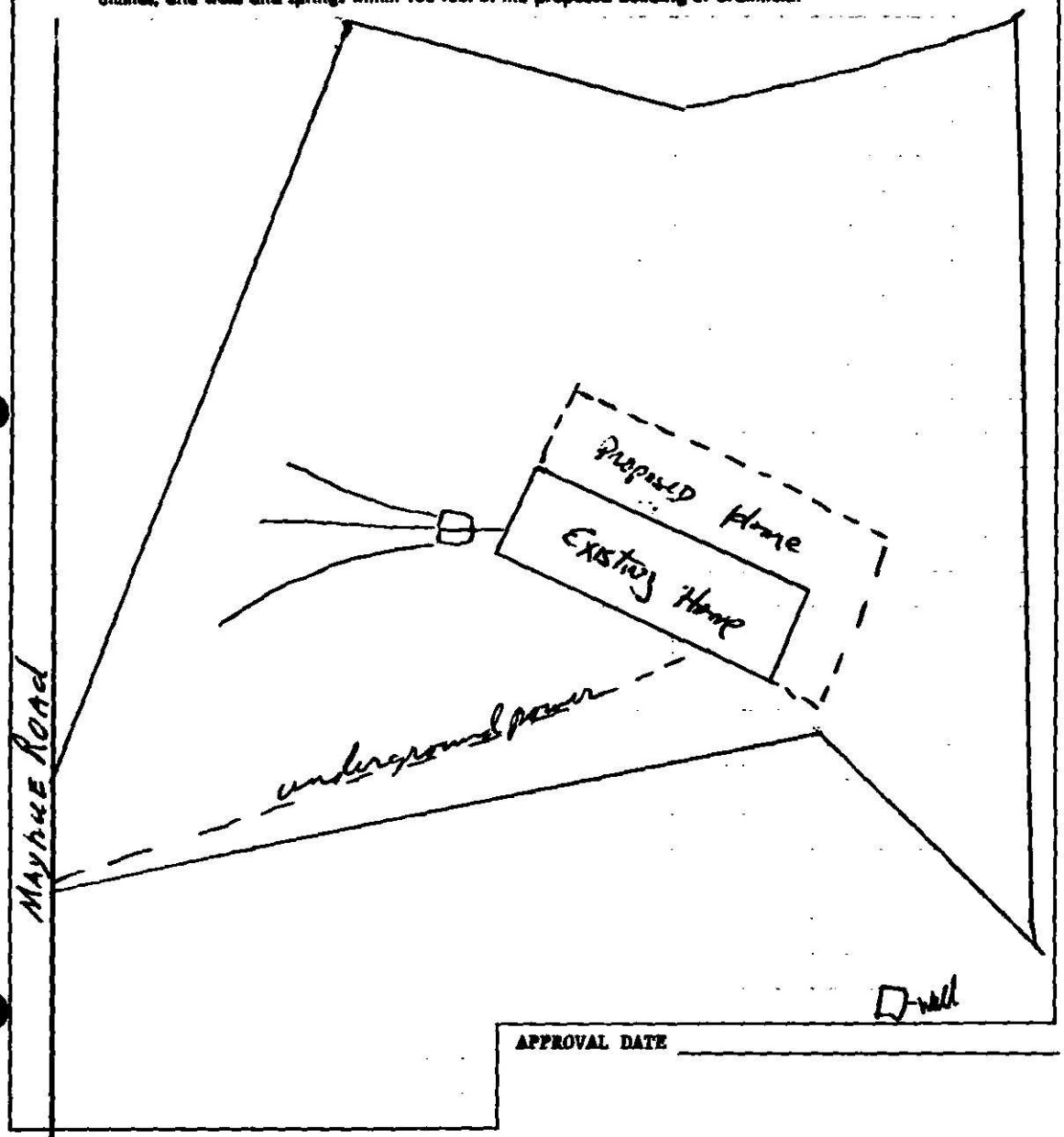
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4903

FILE: 20959

TC: 001-361-14

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 3-1-90

Name/Company: Lola Ellis

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Applicant for Improvement Permit

_____

_____

ENVIRONMENTAL HEALTH DIVISION 96 # 20959

PAID

MAR 1 1990

Fee: $ 125.00 CR# 0944 #125.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by _____ Collected by _____

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4403

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

(OFFICE USE ONLY)
FILE: 20959
TC: 001-361-14
SERIAL: № 20005 ☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 21543 (STREET NO.) Mayhew (STREET) Rd ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: 431 ⑦ BLOCK:

OWNER

⑧ NAME: William (FIRST) S (MIDDLE) Ellis (LAST)
⑨ MAILING ADDRESS: 319 Frye Bridge Rd
⑩ CITY: Clemmons ⑪ STATE: N.C. ⑫ ZIP: 27012
⑬ PHONE: (WORK) 919-741-5639 ⑭ (HOME) 919-766-6033

REQUEST

This request is for a(n):

⑮ ☐ New permit ⑰ ☑ Authorization for mobile home exchange
⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☑ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 ㉕ Type?
㉓ Maximum occupancy? ㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☑ no ㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ 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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: William S. Ellis
Date: March 1, 1990

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance. Adding 200' to existing Additional 200' to installed after mobile home placed. Systems to avoid damaging new lines.

Philip S. Walker, 3/6/90
Environmentalist Date

[signature], 3-7-90
Director or Authorized Section Head Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

For INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

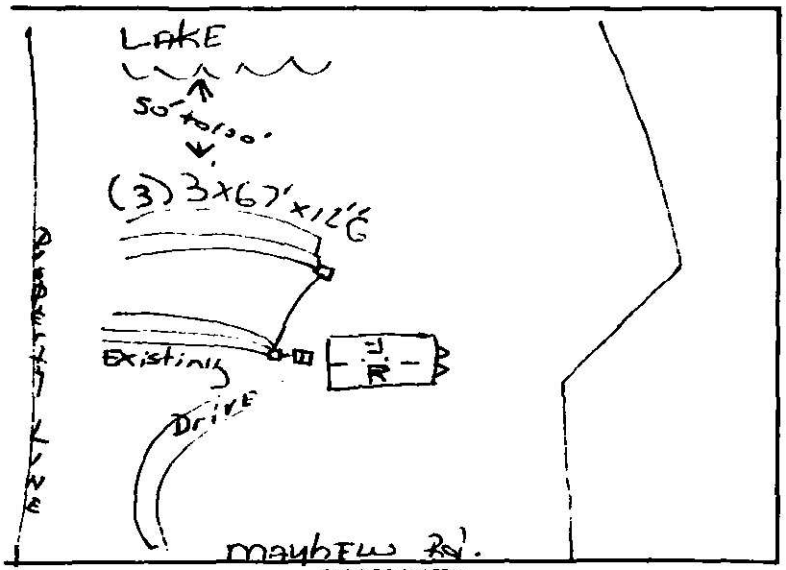
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 25959 DATE: 6/4/90

TC: 00136114 ☐ L

SERIAL № 13338

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 3/1/90. All work shall be completed on or before 7/1/90, 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 _____ gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction _____

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 200' feet

Number of Lines 3 (67')

Depth of Stone 12" inches

Distance from House 10 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

NAME OF OWNER William S. Ellis

LOCATION OF PROPERTY 2543 Mayhew Rd.

Comments: Alter for 3 bedrm. Add (3) 3'x67'x12"G, Straw. ✓ for FEE. Add NEW D-bx.

Division or Section Head

Tim Whittaker, 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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

Alter

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

FILE: 20959 DATE: 6/22/90

TC: 001361 14 ☐ L ☐ CRT

SERIAL Nº 13396

Name of Owner William Ellis Juris.:

Address of Property 21543 Mayhew Rd.

Inspection Data:

Tank Material \

Total Length of Drainfield 200'

Number of Lines 3 @ 67'

Cover Depth 12"

Water Supply Source P/well

Distance to Water Source >50

Excavation Inspected Y

Tank(s) Inspected \

Wash Line Inspected \

High Water Alarm Inspected \

PLOT

Design: Alter Con 600 SFT 12"6 Cecil like Ctrs 3

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: Alter (3) 3'x67'x12"6, straw, updated to 3 bedrm.

Tom Whittaker, R.S.
Environmentalist

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