

12536 CALDWELL RD

10516202

1/2/2008

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: 29518 DATE: 12/16/02

TC: 105-162-02 ☒ L ☒ CRT

SERIAL 19060

Name of Owner LEWIS TOM PISTONE Juris.:

Address of Property 12536 CALDWELL ROAD

Inspection Data:

Tank Material PCC 1500

Total Length of Drainfield 270

Number of Lines 3 @ 90

Cover Depth 12"

Water Supply Source WELL

Distance to Water Source >

Excavation Inspected 12/16/02

Tank(s) Inspected 12/16/02

Wash Line Inspected

High Water Alarm Inspected 12/16/02

SEE INSTALLATION

PLOT

Design 1500 ST 1000 DT 1200 SFT INNOVATIVE, PRESSURE MANIFOLD CTR# ONEW GRANT

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☐ altered or repaired

☒ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☒ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: TYPE III - B, G INFILTRATOR

11-18-02 INSPECTED 2 LINES W/ INFILTRATOR -

12-3-02 INSPECTED 3RD LINE, 1500 gal SEPTIC TANK - TURNED DOWN PUMP TANK FOR HOLES @ (CHAIN GRIP) DISAPPROVED ELECTRICAL CONNECTION -

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

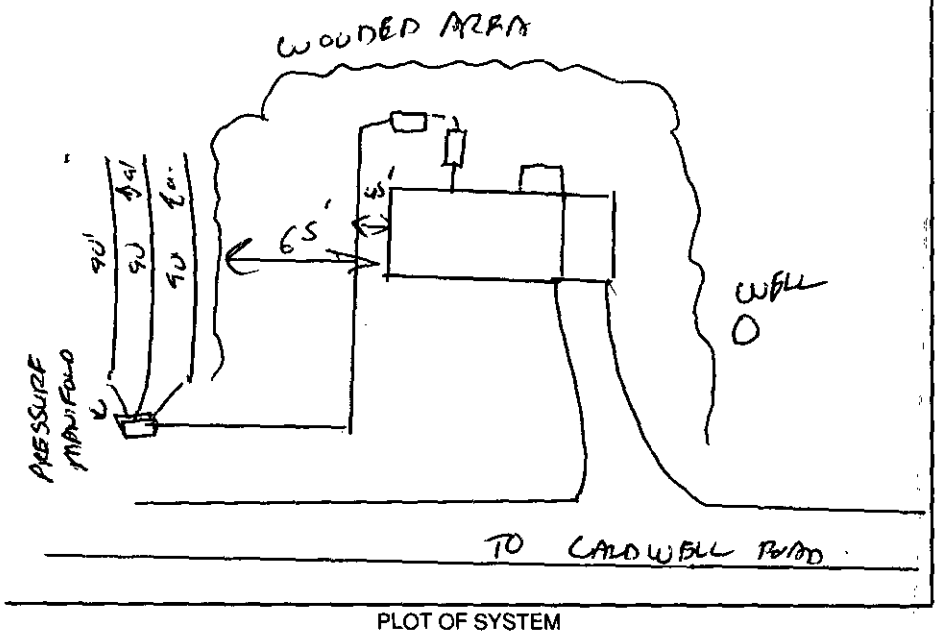
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2951 B DATE: 11/14/02

TC: 105-162-02 X L

SERIAL 19226

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 5-8-02. All work shall be completed on or before 2-14-02, 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 PVC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous _____

Total Line Length 90 feet

Number of Lines 3

Depth of Stone NA inches

Distance from House 75' feet

Distance from Property Line 10' feet

Distance from Well >50 feet

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

NAME OF OWNER TOM PISTONE

LOCATION OF PROPERTY 12536 CALDWELL ROAD

Comments: (1) CONTRACTOR WOULD LIKE TO INSTALL 35% INFILTRATOR. I ADVISED HE WOULD HAVE TO SUPPLY WARRANTY AND LETTER FROM HOMEOWNER REQUESTING TYPE III-G INNOVATIVE SINCE IT WAS NOT REQUIRED BY EP

Environmental Health Specialist

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

ACS

FEE: 300 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** X
DATE: 5/31/02 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 5/20/02 PERMIT NO: 2951B
PARCEL NO: 105-162-02

JOB LOCATION ADDRESS: 12536 CALDWELL ROAD
PROPERTY OWNER: TOM PISTONE
BUILDING CONTRACTOR:
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: _____ DATE: 5/20/02
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2951B, 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: _____

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.

_____ 5-31-02
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number 2951B

Tax Number 105-162-02

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	X No		___ Partial Basement
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	X 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	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)		9' Trench spacing (min. on centers)
yes Serviced by private well	1500 Gallon septic tank	400 Total trench length (ft)		30" 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:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Condition's:				
Repair Area System Type Type (circle one): I II (III) IV V VI	X 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
1200 Absorption Area (Sq ft) 400 Total Trench Length (Ft)	12' Depth of Stone Trench	9' Trench spacing (min. on centers)		30" 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 th 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 effe 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 Departmer
- This Improvement permit is transferable.

DEHNR Authorized Agent — Date 5/20/02

Owner/Agent Signature — Date 5-31-02

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o BAL 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

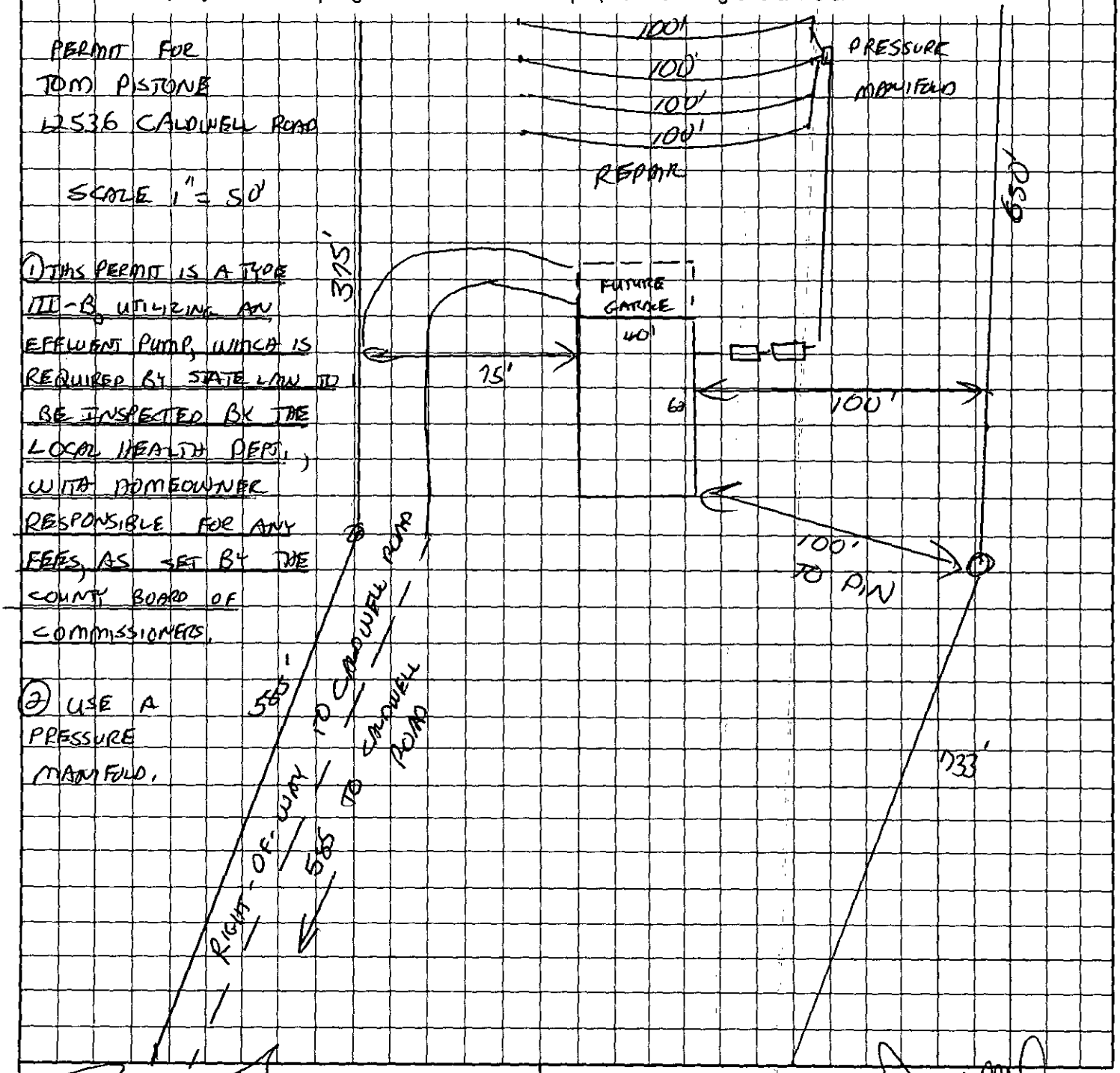
PROPOSED PLOT PLAN

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

FILE: 2951B

TC: 105-160-02

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 5-3-02

APPROVAL DATE 5-20-02

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

10-30-02

To whom it May Concern

Ms. Drew Walker -

It would be at my discretion to allow - The Septic Tank System from Conventional Rock & Chamber System if it is possible.

Thank You

Tom Custard
12536 Caldwell Rd
Char NC 28213
704-596 7000
Fax 704 596 5959

Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

*** NOTICE ***

THE INFORMATION CONTAINED IN THIS TELECOPY MAY BE PRIVILEGED AND/OR CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT (OR SUCH RECIPIENT'S EMPLOYEE OR AGENT), YOU ARE HEREBY NOTIFIED NOT TO READ, DISTRIBUTE OR COPY THE MATERIALS ATTACHED HERETO WITHOUT THE PRIOR WRITTEN CONSENT OF THE SENDER. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY THE SENDER BY TELEPHONE CALL AND RETURN THE ORIGINAL TELECOPY TO US BY MAIL AND WE WILL REIMBURSE YOU FOR THE REQUIRED POSTAGE. THANK YOU.

TO: ODELL GRANT TELECOPIER # 704-629-3088

FROM: D. Weeks DATE 11/15/02

NUMBER OF PAGES TRANSMITTED: 2 (including cover sheet)

COMMENTS:
INSPECTION REPORT

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5103

☐ Original will not follow ☐ Original will follow via:

☐ U.S. Mail ☐ Hand Delivery ☐ ____

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

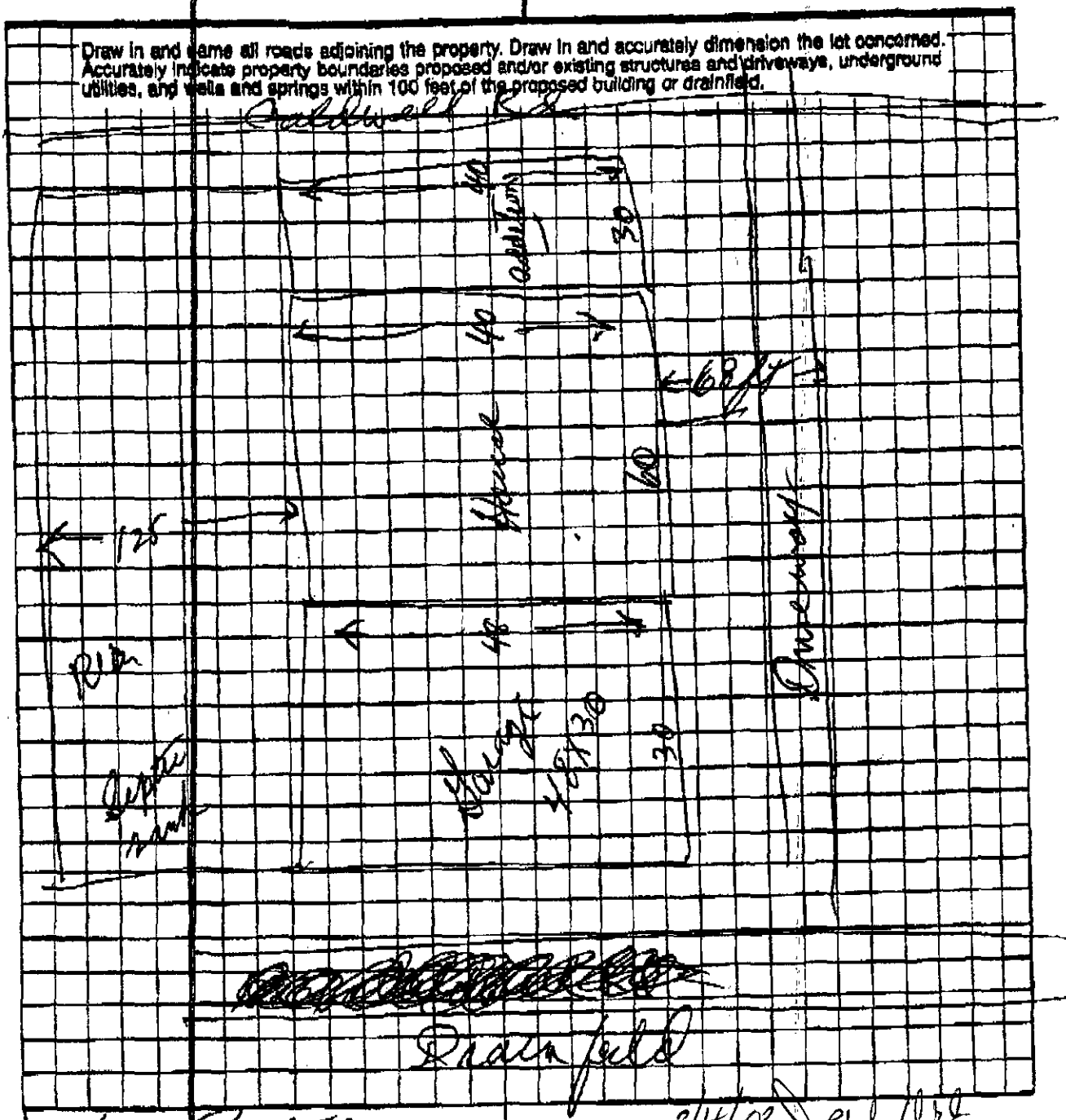
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102 6694

FILE: _____

TC: _____

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.



Tom Pistone
OWNER/AGENT SIGNATURE

DATE 3-4-03

APPROVAL DATE 3/4/03

OK TO USE EXISTING SYSTEM

Canary - E.H.S. Copy Pink - Owner's Copy

3 Garage, Rec Room

FILE # 29518

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

☐ CHT

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: Pistone Tom (Last) (First) (MI)
ADDRESS: 12536 Caldwell PHONE: 7045963787
CITY: Chan STATE: NC ZIPCODE: 28213

Date: 3-4-03

PROPERTY OWNER:
NAME: Same As Above (Last) (First) (MI)
ADDRESS: Same PHONE: 7045963787
CITY: Same STATE: ZIPCODE: 28213

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 105-162-02
STREET ADDRESS: 12536 Caldwell Rd
Chan Nc 28213
ZONING: R-3

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres): 6.9

TYPE APPLICATION (check one):
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☒ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or N)
☐ COMMERCIAL OR INDUSTRIAL (N)
☒ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2
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 ☐ Bond
☒ Garage ☐ Storage Building ☐ Deck/Patio ☐ Bedroom ☒ 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: Tom Pistone Date: 3-4-03

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.

...3/4/03 OK TO USE EXSTING SYSTEM

☐ 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 3/4/03 Date

WATER : 12270

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1
Property ID: PO 105-162-02
Lot #:
File #: 2951B
Code: 1

ACJ

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Tom Pistone
Applicant:
Address: 4405 Woodwind St., Charlotte, N. C. 28213
Date Evaluated: 05/14/2002
Proposed Facility: Residence
Design Flow (.1949): 360gpd
Property Size: .5a. Inv.
Location of Site: 12536 Caldwell Road
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 5	0-7	GR/SCL	FR/SEXP/SS/SP	2.5Y7/1@34"	36	N/A	NONE	US, IV
		7-24	SBK/SCL	FR/SEXP/SS/SP					
		24-36	SBK/SC	FI/SEXP/S/P					
2	"	0-10	GR/SCL	FR/SEXP/SS/SP	2.5Y7/2@24"	36	"	"	"
		10-24	SBK/SCL	FR/SEXP/SS/SP					
		24-36	SBK/SC	FI/SEXP/S/P					
3	LS, 8	0-8	GR/SCL	FR/SEXP/SS/SP	>42" TO SOIL WETNESS	42	"	"	PS, IV .25GPD/FT^2
		8-23	SBK/SCL	FR/SEXP/SS/SP					
		23-42	SBK/SC	FI/SEXP/S/P					
4	"	0-6	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	"	"	PS, IV .4GPD/FT^2
		6-48	SBK/SCL	FR/SEXP/SS/SP					
5	LS, 10	0-6	GR/SL	FR/SEXP/NS/NP	>48" TO SOIL WETNESS	48	"	"	PS, IV .3GPD/FT^2
		6-17	SBK/SCL	FR/SEXP/SS/SP					
		17-48	SBK/ABK/SC	FI/SEXP/S/P					
6	"	0-4	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		4-48	SBK/C	FI/SEXP/S/P					
7	"	0-10	GR/SCL	FR/SEXP/SS/SP	"	"	"	"	"
		10-48	SBK/C	FI/SEXP/S/P					
8	"	0-6	GR/SCL	FR/SEXP/SS/SP	"	"	"	"	"
		6-48	SBK/C	FI/SEXP/S/P					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.3GPD/FT^2	.3GPD/FT^2

Other Factors (.1946):
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 5/15/02
Others Present: T. Pistone

FILE # 2951A

COMMENTS 100% Repairs

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	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

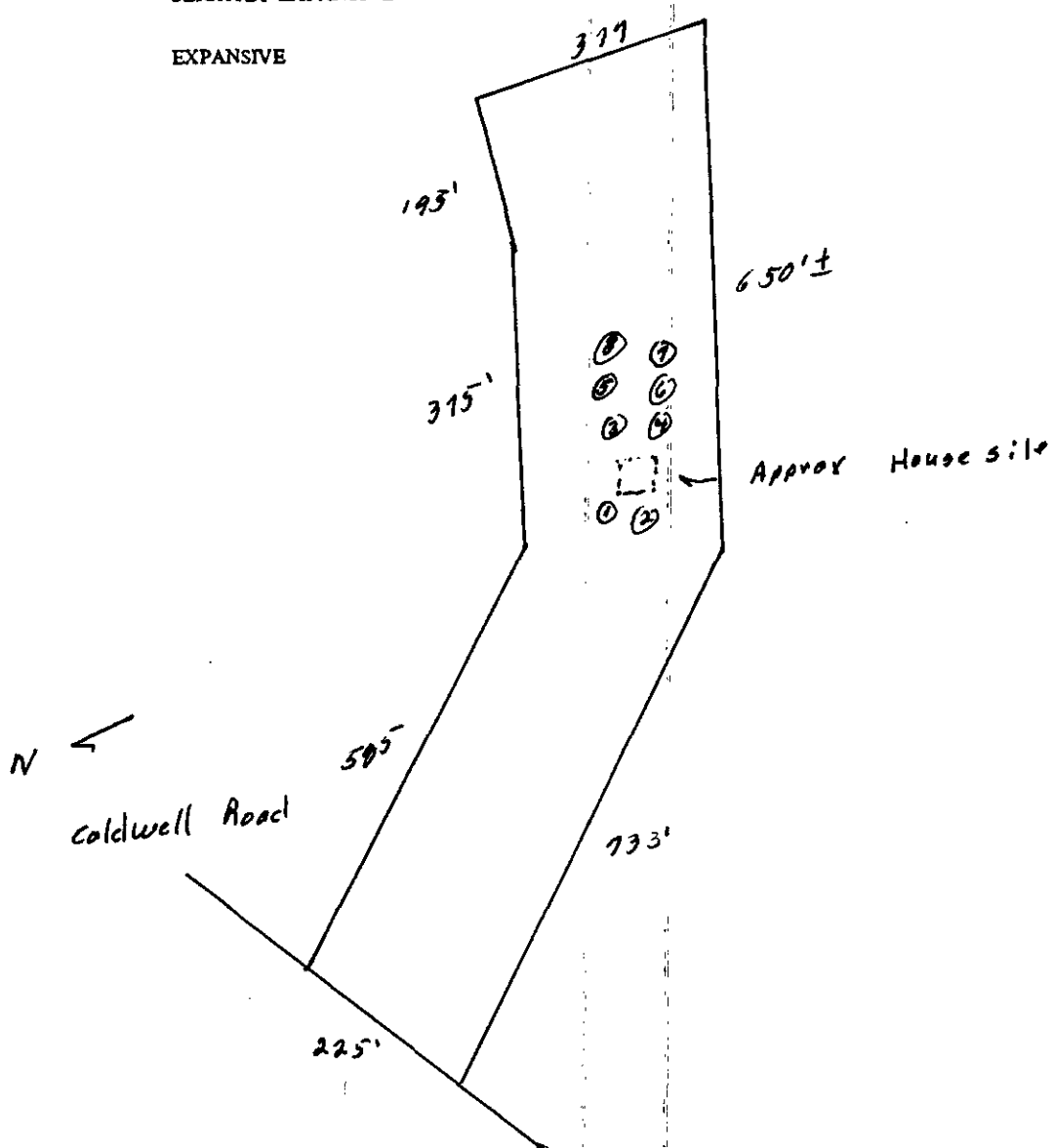
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



FEE: 200.00 CK 7901
DATE: 5/9/02 SC

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 #: 295B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 105-162-02

STREET ADDRESS: 12536 Caldwell Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

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: 2427

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 X 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 X NO
EXISTING WASTEWATER SYSTEMS ___ YES X NO
EASTMENTS OR RIGHT-OF-WAYS ___ YES X NO
WELL, SPRINGS OR WATERLINES ___ YES X NO
DESIGNATED WETLANDS ___ YES X NO

PROPERTY OWNER:

NAME: PISTONE (LAST) - TOM (FIRST) (MI)

ADDRESS: 12536 CALDWELL RD

CITY: CHAR STATE: NC ZIP 28213

DAYTIME PHONE: 704 596 7000

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: Tom Pistone DATE: 5-8-02

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

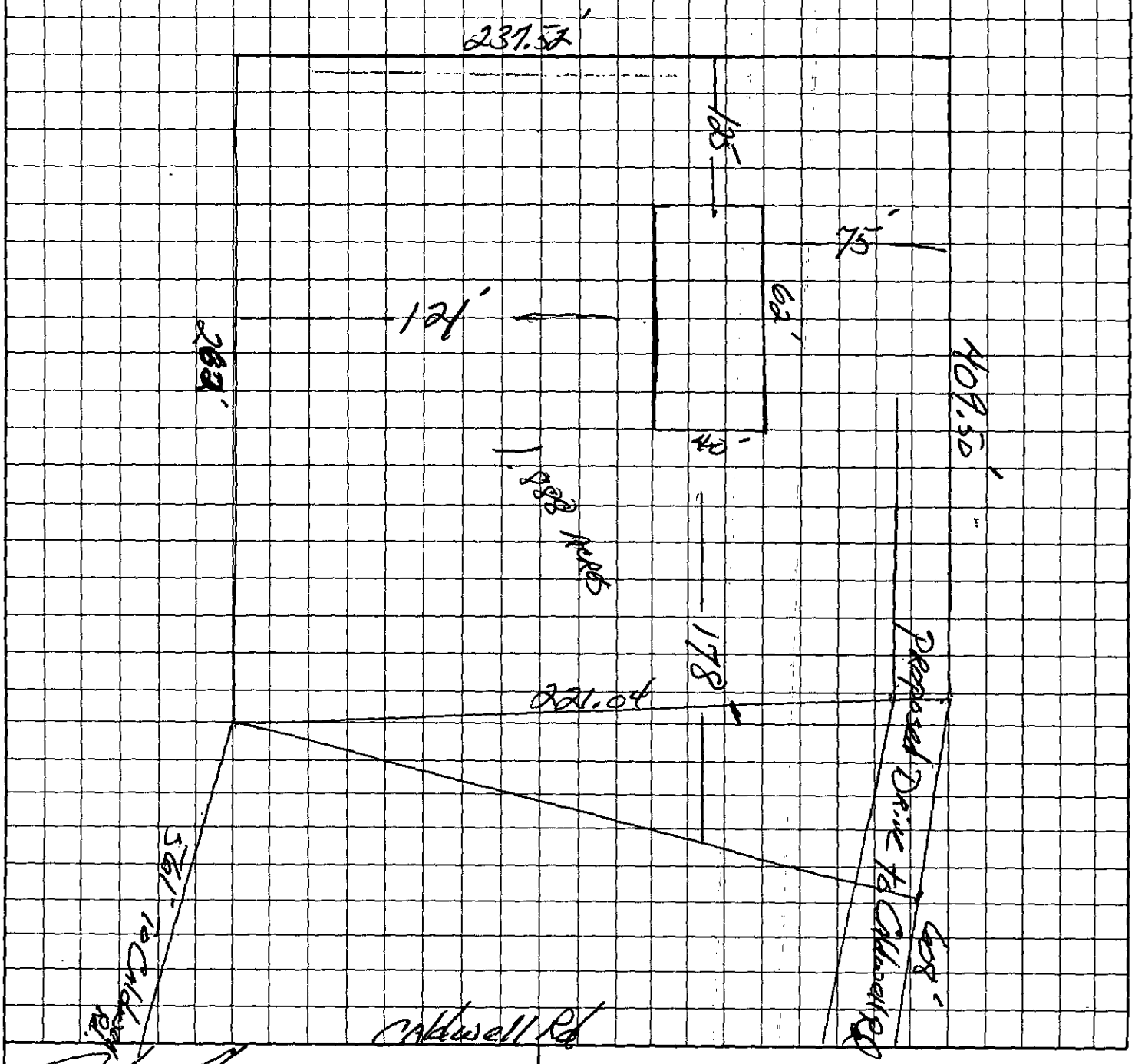
PROPOSED PLOT PLAN

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

FILE: 2951B

TC: 105-162-02

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 5-8-02

APPROVAL DATE _____

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

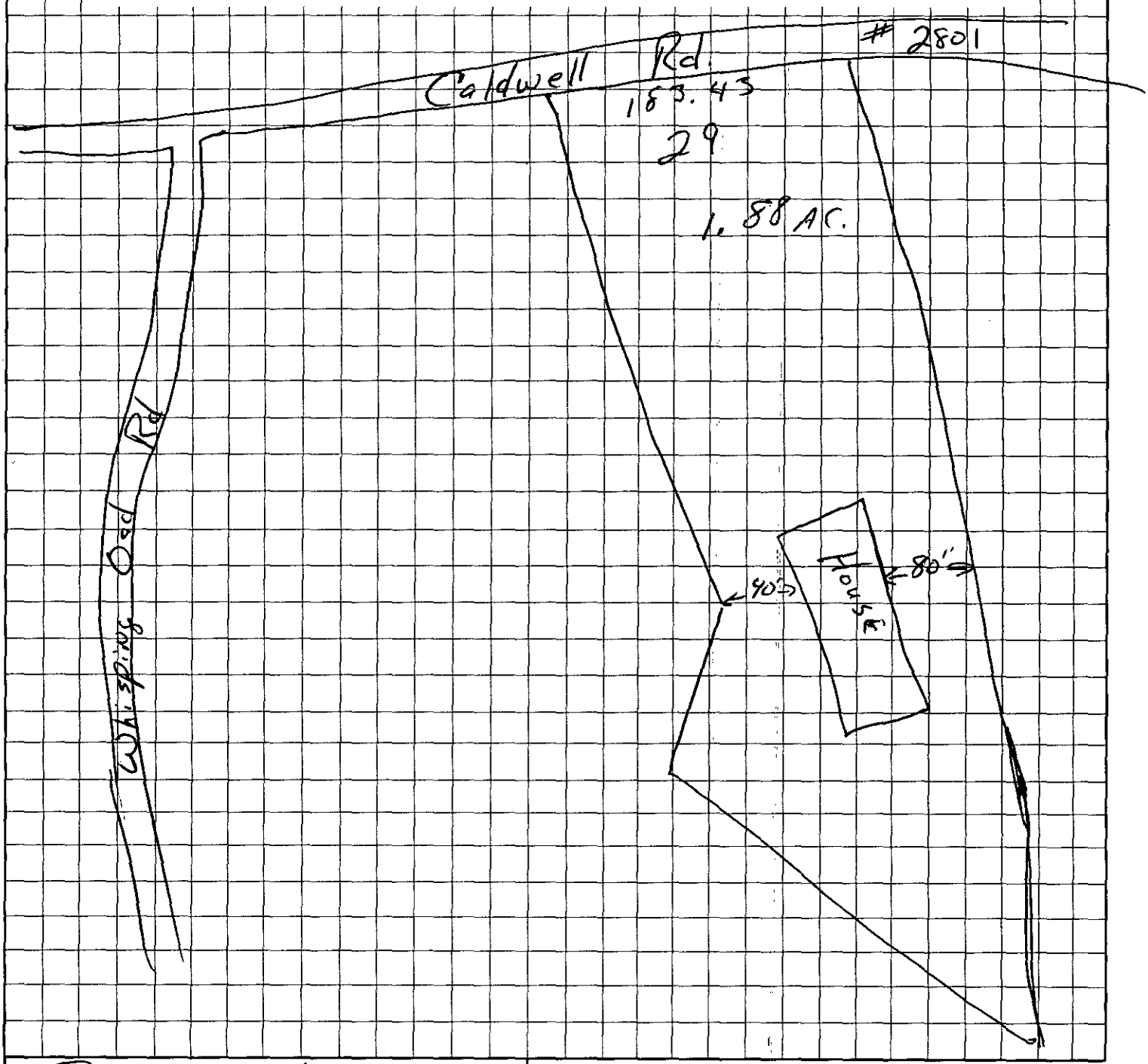
PROPOSED PLOT PLAN

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

FILE: 2951B

TC: 105762-02

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 4-27-99

APPROVAL DATE _____

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

Fax 356-6894

105-162-02

2958

Attention Mr. William Martin
C.P.S.S.

Our daughter Crystal Walter has our permission to have the land located on Caldwell Rd perked + tested or whatever your office needs to do to get her home ready to be built! Thank you for your time in helping her do this! Contact us if needed Please

Tom Pistore

T. 4-3142
Mrs Pistore

Crystal Pistore
784-3142
795-3720

Pd by Jeff Walter
5 in 1 MW

FEE: 100 (cash)
DATE: 4-27-99 (TH)

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

1 1 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 #: 2951B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 105-162-02

STREET ADDRESS: 12536 Caldwell Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2000

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 4

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)
__ SHARED WELL (S)
__ MUNICIPAL (M)
__ OTHER 'SPRINGS' (O)
✓ PRIVATE WELL (P)

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:

NAME: Pistone Tom
(LAST) (FIRST) (MI)

ADDRESS:

CITY: Charlotte STATE: N.C. ZIP:

DAYTIME PHONE: (704) 593-3787

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Walter Chrystal C
(LAST) (FIRST) (MI)

DAYTIME PHONE: 704 495 - 3720

704-784-3142

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: Jeff Wadt DATE: 4-27-99

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

DATE		FEE	PAYMENT	ADJUST-MENT	BALANCE	✓	PREVIOUS BALANCE	NAME	QUICK CLAIM NUMBER	RECEIPT NUMBER
								◆ IF USING MORE THAN ONE PAGE TODAY ◆ PLACE PRECEDING PAGE TOTALS ON THIS LINE		
4/27/99	New Account	100 00	100 00	Ø	Ø		Ø	Jeff Walker	3720	12249
4/27/99	CD / Final	100 00	100 00	Ø	Ø		Ø	Antonio Velasquez	3722	12250
4/27/99	New Acct to Cont	1000 00	1000 00	Ø	Ø		Ø	Evans Enterprises	3720 3721	12251
4/27/99	Maintenance agreement	85 00	85 00	Ø	Ø		Ø	Jane W. Workman	3717	M
4/27/99	Maint Inspection	85 00	85 00	Ø	Ø		Ø	J. Claude Burnette	3717	M
4/27/99	Well + Septic	85 00	85 00	Ø	Ø		Ø	William Boyd	3724	M

	1	2	3	4	5 CREDIT CARD	6 CASH	DEPOSIT LISTINGS REFERENCE	DEPOSIT LISTINGS 7 CHECK AMOUNT
1	12530 Caldwell Rd				VW	100 00		
2	14718 Clay Bank				VW	100 00		
3	Weld Nursery Buckhorn				GC		2201	1000 00
4	11640 Smith Rd				GC		3567	85 00
5	7416 Cypress Drive				GC		1698	85 00
6	6019 Lancelot Dr				GC		3126	85 00
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PAGE TOTALS

TODAY'S GRAND TOTALS

PREVIOUS DAY M-T-D TOTALS

MONTH-TO-DATE TOTALS

Carry totals to top of next page if more than one page is used per day

SYSTEM QUESTIONS?
CALL YOUR SAFEGUARD DISTRIBUTOR

TODAY'S PROOF OF POSTING		RECEIPTS PROOF	
Column E Total	$	Column 5 (Cr. Card)	$
+ Column A Total	$	+ Column 6 (Cash)	$
– Column B Total	$	+ Column 7 (Checks)	$
= Column C Total	$	= Column B (Paym't)	$

DAY SHEET
RECORD OF CHARGES AND PAYMENTS

Safeguard Business Systems
FAIRLESS, PA • LOS ANGELES • CHICAGO • ATLANTA

Form No. AJHC-2-2

PAGE TOTALS	
TODAY'S GRAND TOTALS	
PREVIOUS DAY M-T-D TOTALS	
MONTH-TO-DATE TOTALS	

(USE DS-M2 DEPOSIT SLIP)

DAILY ACCOUNTS RECEIVABLE CONTRO

Total A/R Balance (Previous Day)	
+ Today's Total Fees (Col. A)	
– Today's Total Payments (Col. B)	
– Today's Total Adjust (Col. C)	
= Today's Total A/R Balance	

THIS TOTAL A/R BALANCE FI SHOULD EQUAL THE TOTAL LEDGER CARD BALANCES AT OF TODAY'S ACTIVITY.

MONTH-TO-DATE PROOI ACCOUNTS RECEIVAB

* Total A/R Balance From Beginning of Month	
Month-To-Date + Fees (Col. F)	
Month-To-Date – Payments (Col. G)	
Month-To-Date – Adjustments (Col. H)	
Today's = Total A/R Balance	

THIS TOTAL A/R BALANCE FI SHOULD EQUAL THE TOTAL LEDGER CARD BALANCES AT OF TODAY'S ACTIVITY.

* THIS FIGURE REMAINS CONSTAN SAME FIGURE THROUGHOUT THE

CHANGE FUND CONTR

Beginning Cash on Hand	
+ Payments Rec'd From Patients	
+ Other Income	
– Cash Paid Out	
– Deposits	
= Ending Cash on Hand	

CASH PAID OUT

DESCRIPTION	AMO

OTHER INCOME

DESCRIPTION	AMO

BANK DEPOSITS

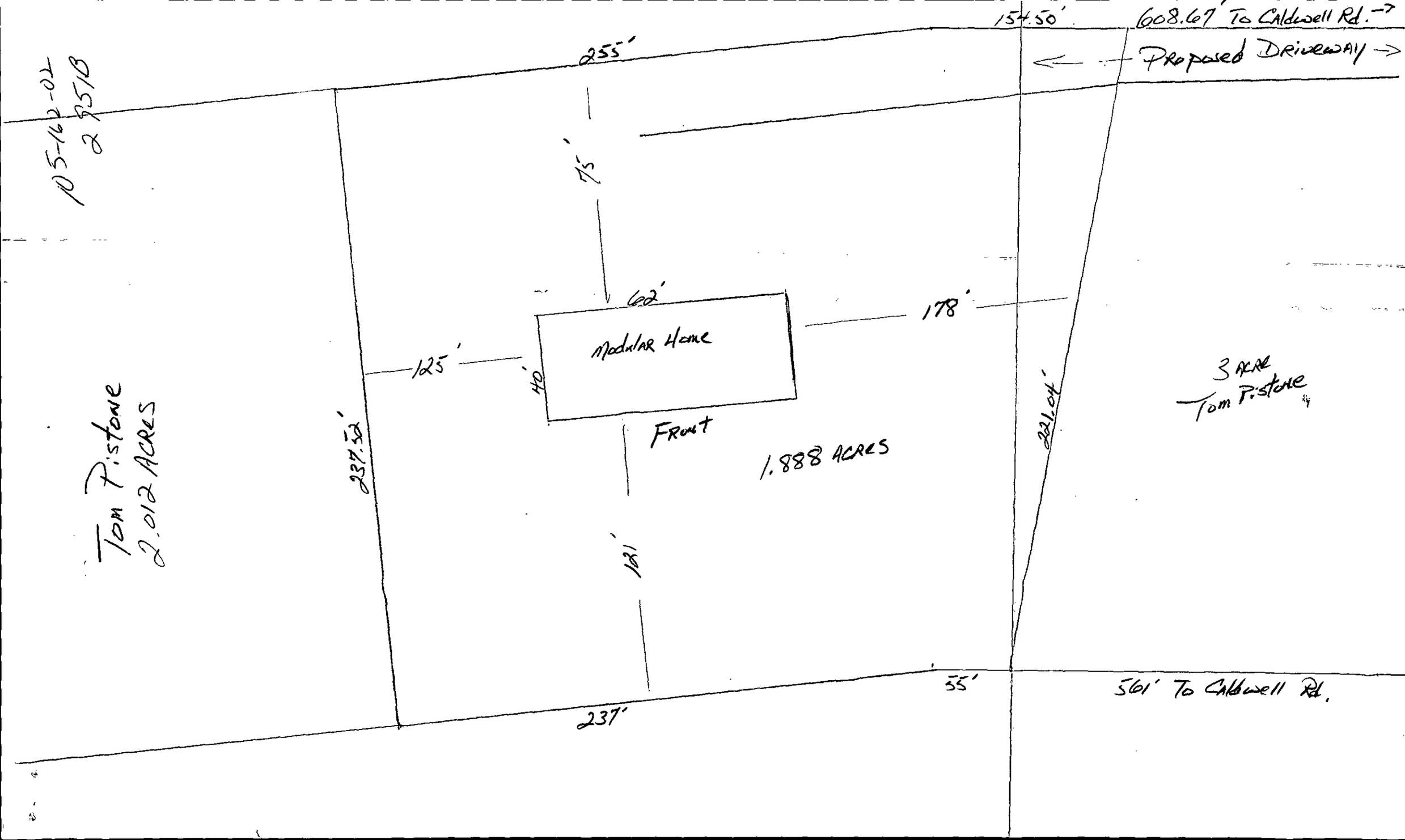
Total Check	12
+ Total Cash	2
+ Total Credit Card	
– Cash Paid Out	
= Total Deposit	145

TOTAL DEPOSIT ABOV SHOULD BE RECONCILED WITH BANK STATEMENT AND MATC TOTAL PAYMENTS COLUMN B, PAID OUT, PLUS OTHER INCOM

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REORDER FROM YOUR LOCAL SAFEGUARD DISTRIBUTOR. IF THE NUMBER HAS BEEN MISPLACED CALL 1-800-523-2422

DAY Tues DATE 4/27 1999 PAGE NO. BY


154.50'
608.67' To Caldwell Rd. →
← Proposed Driveway →
255'
105-16-02
2 ACRES
75'
60'
178'
125'
40'
Modular Home
Front
Tom Pistone
2.012 ACRES
237.52'
1.888 ACRES
221.04'
3 ACRE
Tom Pistone
181'
55'
561' To Caldwell Rd.
237'