SEE INSTRUCTIONS ON BACK

Date Received 5-21-14

ICAR(S) Application No. 21072

T C No. 041-192-20

Map Date L

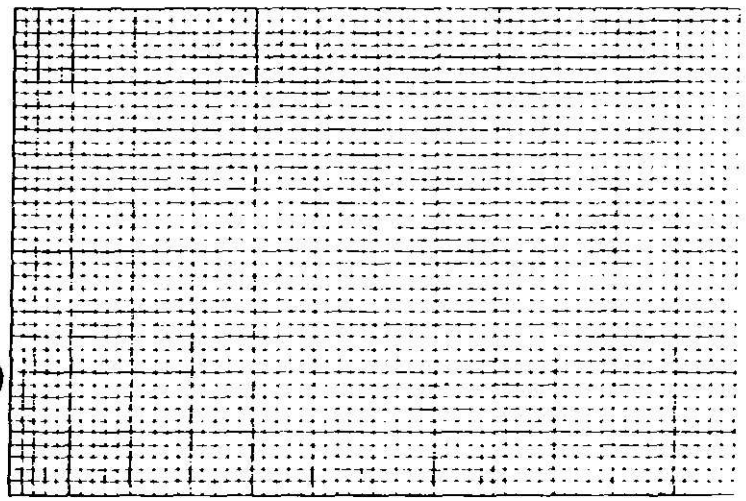
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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 X Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption effluent discharge

Mobile Home Yes X No
Residence X Yes No
4) No. of Bedrooms 3 4
5) Business Use - Max No Employees
6) Washing Machine X Yes No
7) Garbage Disposal Yes X No
8) Dishwasher Yes X No
9) Water Supply
A Individual Well X
B Governmental System
C Community System
1 Well source
2 Governmental source
10) Sewage System
House located within 200 feet of public sewer Yes X No
House located within 200 feet of community sewer Yes X No
11) FHA Case No.
12) VA Case No.



(13) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Truckers Terminal, Inc. (LAST) VINSON REALTY CO., INC. (FIRST) (MIDDLE)

14) ADDRESS OF OWNER 1713 N. Tryon St.

15) PHONE NO Home Office 375-7771

16) LOCATION OF SYSTEM 5432 ~~Old~~ Statesville Rd. (STREET OR COUNTY ROAD)

17) SUBDIVISION Lot No. Block No.

Map Book No. Page No.

18) DEED REFERENCE — DEED BOOK AT PAGE

19) HAS A SOIL INVESTIGATION BEEN RUN? YES X 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.

5-18-14
DATE OF APPLICATION

Tom Edwards
OWNER Tom Edwards
VINSON REALTY CO., INC., AGENT FOR Truckers Terminal, Inc.

EHD-5-76

Department's Copy

C of A (s) No. 21022

Date Issued 6-27-84 **Serial** 6764 T C No 041-192-20

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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 TRUCKERS TERMINAL INC. % Vinson Realty Co
LAST FIRST MIDDLE

Location of Property 5432 State Line RD

Application Number 21022 Permit Number 21022

Inspection Data:

Liquid Capacity of Tank Repair Tank Material Repair

Total Length of Drain Tile 300 lin FT Number of Lines Two

Depth of Filter Material 12 inches Cover Depth 2 FT

Water Supply Source WEA Distance from Water Source 75 FT

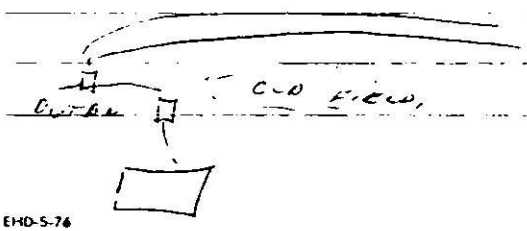
Excavation Inspected 6-27-84 DATE Tank Inspected 6-27-84 DATE

Nitrification Field Inspected 6-27-84 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 installed or constructed, X 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 as in addition to those as indicated 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 Repair changed to two 150' presides due to tank water not where it was thought to be



Ralph Miller
Environmentalist

EHD-5-76

Date Issued MAY 29TH 1984 Serial No. 07258

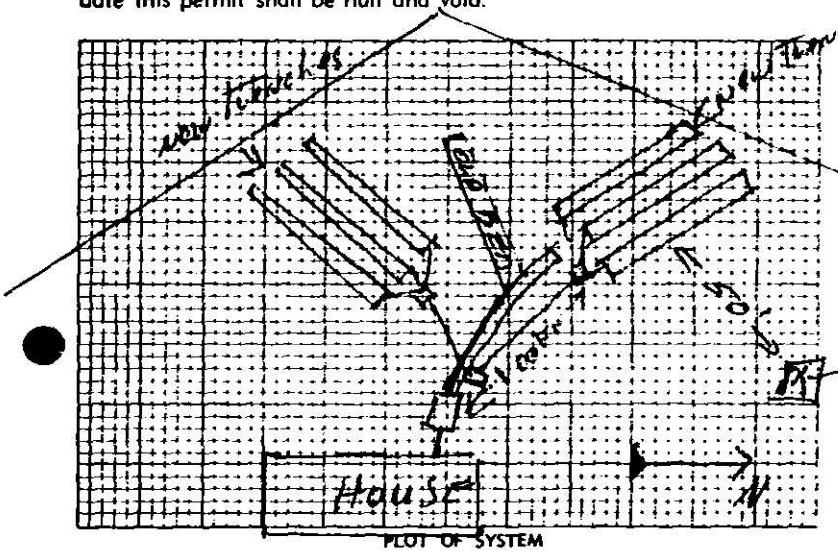
ICAR(S) Permit No. 21072

T C No 04-192-20

Map Date 1

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 ___ Install or Construct, X 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 21072, dated 5-18-84 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 10TH 1984, after which date this permit shall be null and void.



Permeability Rate 4 IKB

Liquid Capacity of Tank ___

Tank Construction Repair

Absorption and or Nitrification Lines

Total Line Length 300 LIN. FT.

Number of Lines SIX

Distance from House 10 FT

Distance from Property Line 10 FT

Distance from Well > 50 FT.

NAME OF OWNER TRUCKERS TERMINAL, INC % Vinson Realty Co

LOCATION OF PROPERTY 5432 ~~OLD~~ (now Jct 4-17-84) STATESVILLE 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: SIX Trenches to be 50 FT x 3FT x 12 inches Stone - Layer of Straw Cover - Grade Bds - Three Dist Boxes - Sch 40 4" Pipe To Dist. Boxes - Check Tank for Sanitary Tee & Baffle

Division or Section Head Pump Tank

Environmentalist Ralph Hollis CUT OFF OLD SYSTEM

* 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.

END-5-76 [signature]

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 21072
TC 041-192.20
SERIAL: № 16442 ☐ I ☐ CRT

JOB LOCATION

① ADDRESS: 5210 (STREET NO) Old Statesville Rd (STREET) ② FILE:
③ JURISDICTION: — ④ TAX PARCEL NO.: 041-192.20
⑤ SUBDIVISION ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Harold (FIRST) C. (MIDDLE) Keith (LAST)
⑨ MAILING ADDRESS: 5114 West 4 St.
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28203
⑬ PHONE: (WORK) ⑭ (HOME): 537-1213

REQUEST

This request is for a(n):

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

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 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: H.C. Keith

Date:

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.

Environmentalist — Date

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.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

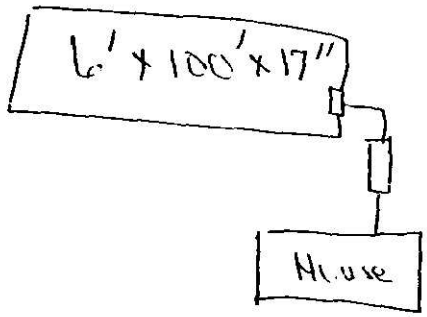
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 21072 DATE: 6/22/88

TC: 041.172.20 ☐ L

SERIAL № 11968

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 _____ All work shall be completed on or before 7/22/88 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 Department of Environmental Health 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.



State Ville Rd

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank ___ gallons

Tank Construction Pre Cast

Absorption and/or Nitrification Lines:

Trench Width (1) 6' x 100' Bed feet

Total Line Length 200' feet

Number of Lines 2

Depth of Stone 17 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 50' feet

NAME OF OWNER H.C. Keith

LOCATION OF PROPERTY 5432 Old Statesville Rd

Comments: Install one (1) Bed 6' x 100', 17" Stone, Straw Cover

Division or Section Head

Judy J. Kiser, 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 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.

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 21072 DATE: 6/24/88

TC: 041.192.20 ☑ L ☐ CRT

SERIAL № 11230

Name of Owner: H C Keith Juris.:

Address of Property: 5210 Old Statesville Rd.

Inspection Data:

Tank Material: PCC

Total Length of Drainfield: 200

Number of Lines: 2 @ 100

Cover Depth: 24"

Water Supply Source: well

Distance to Water Source: >50

Excavation Inspected: 6/24/88

Tank(s) Inspected: 6/24/88

Wash Line Inspected:

High Water Alarm Inspected:

PLOT

Design: 1983 Repair CTR# 57

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: 6' x 100' x 17" Bed

Judy J Kiser, RS
Environmentalist

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