CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 21747 DATE: 10/31/89
TC: 139 151 06 ☐ L ☑ CRT
SERIAL № 12224

Name of Owner William Michael Juris.: Mint
Address of Property 11701 Timber Creek Ct. (Clear Creek Est.)

Inspection Data:

Tank Material PVC
Total Length of Drainfield 535
Number of Lines 5 @ 107'
Cover Depth 12"
Water Supply Source well
Distance to Water Source >50
Excavation Inspected Y
Tank(s) Inspected Y
Wash Line Inspected —
High Water Alarm Inspected —

Lot 43

PLOT

Design: 1500 ST, Conv, 1605 SFT 12"G [illegible] CTR# 9C

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. 4 bedroom sys. (5) 3'x107', 12"G

[signature] R.S.
Environmentalist

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

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: 21747
TC:
SERIAL: № 19088 ☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 10701 (STREET NO) TIMBER CREEK COURT (STREET) ② FILE: 21747
③ JURISDICTION: ④ TAX PARCEL NO.: 139-151-06
⑤ SUBDIVISION: CLEAR CREEK ESTATES ⑥ LOT: 43 ⑦ BLOCK: III

OWNER

⑧ NAME: WILLIAM (FIRST) S. (MIDDLE) MICHAEL (LAST)
⑨ MAILING ADDRESS: 1100 SOUTH TRYON ST.
⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28203-4244
⑬ PHONE: (WORK) 372-4800 ⑭ (HOME)

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: Is resubmitted for 4 bedrm. home, 3 previous

⑲ ☐ Residence ⑳ ☑ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 4 ㉕ Type?
㉓ Maximum occupancy? 5 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. Michael (cp)
Date: August 22, 1989

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, 9/1/89 Date

Director or Authorized Section Head, 9/2/89 Date

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 8/22/89

Name/Company: RCS, Inc.

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: [illegible] Inst

#21747

[illegible] COUNTY
[illegible] MENT
ENVIRONMENTAL HEALTH DIVISION
PAID

AUG 22 1989

Fee: $ 200 —

Reschmitts for 4 bedrm. home, 3 previous

CCH

15239

$200.00

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 [signature]

Collected by [signature]

BILLING – WHITE [redacted]

R. C. S., Inc.

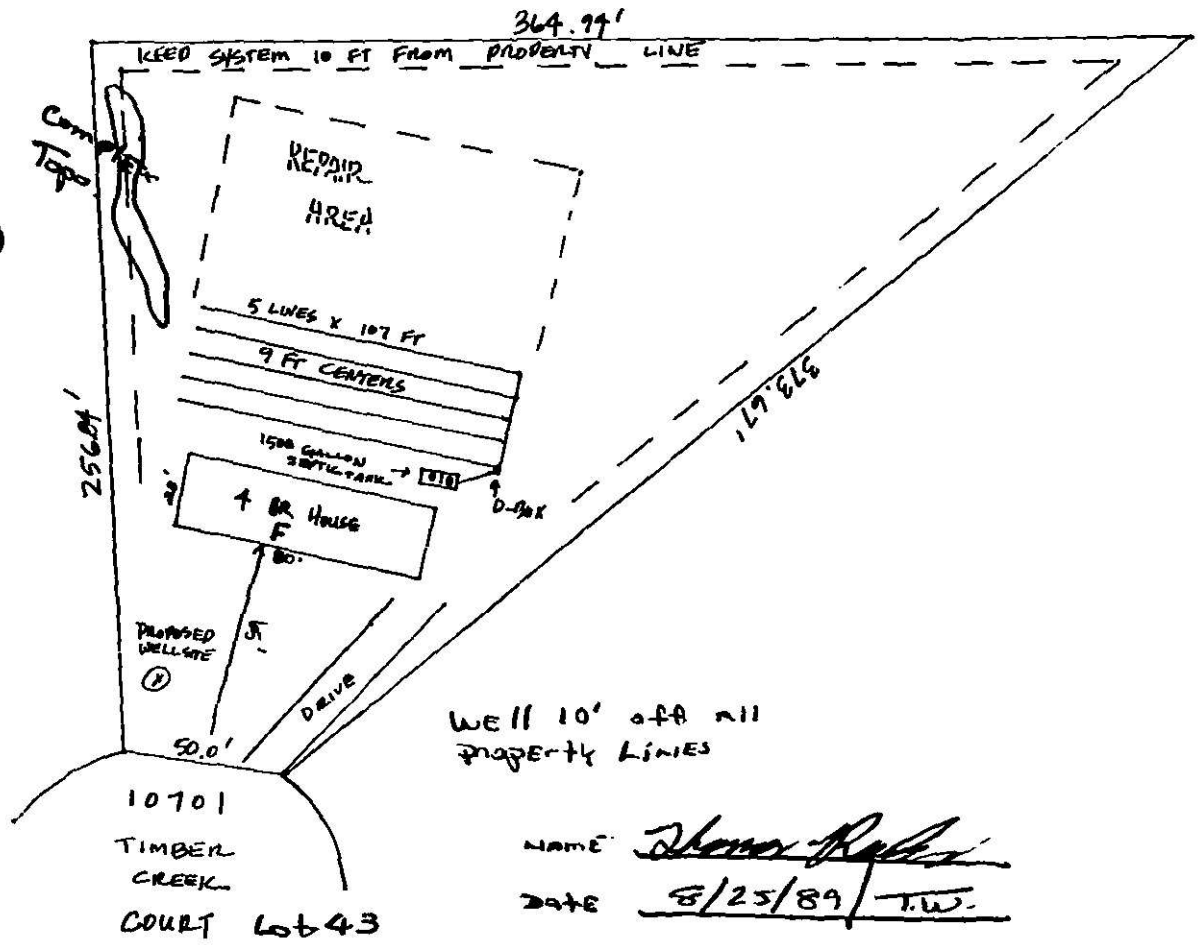
Septic Tank Installation & Service

Stafford Street
Post Office Box 708
Monroe, North Carolina 28110
Phones: 704-283-7539 or 376-9359

LOT 43 CLEAR CREEK ESTATES
SIR NO 21747

* KEEP SYSTEM SHALLOW. MAXIMUM TRENCH DEPTH 24 INCHES

1" = 50'



Well 10' off all property lines

Name: Thomas Ryder

Date: 8/25/89 T.W.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

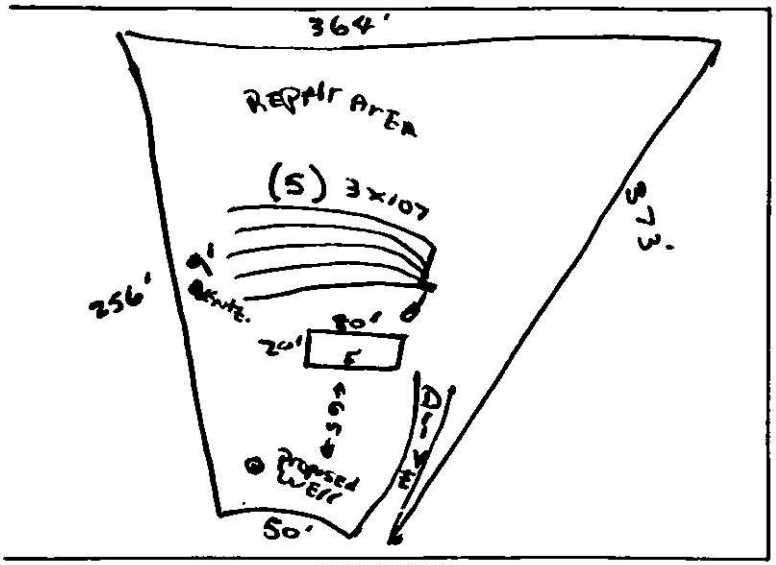
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 21747 DATE: 8/25/89

TC: 139-151-06 ☐ L

SERIAL № 12907

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 8/22/89. All work shall be completed on or before 9/25/89, 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank ____ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 535' feet

Number of Lines 5

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 Michael

LOCATION OF PROPERTY 10701 Timber Creek Ct. (Clear Crk. Est.)

Comments: (5) 3'x107'x12" 6 4 bedrm.

Division or Section Head

Environmentalist Tim Whittaker, R.S.

* 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

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

1/21/88 YH 100.00
CK#662 SH

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: 21747
TC:
SERIAL: No 11130

☑ I ☐ CRT

JOB LOCATION

① ADDRESS: 10701 TIMBER CREEK CT. (STREET NO. / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 139-332-17
⑤ SUBDIVISION: CLEAR CREEK ESTATES ⑥ LOT: #43 ⑦ BLOCK:

OWNER

⑧ NAME: CLEAR CREEK ESTATES, INC. (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: 1740 E. INDEP. BLVD.
⑩ CITY: CHAR. ⑪ STATE: NC ⑫ ZIP: 28205
⑬ PHONE: (WORK) 372-3333 ⑭ (HOME)

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 TO 4 ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 ㉕ Type?
㉓ Maximum occupancy? 4 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: [signature]
Date: 1-21-88

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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.

Tim Whittaker 2/25/89
Environmentalist Date

Director or Authorized Section Head Date

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

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 21747

T.C. NO. PC 139-15166

(Ground Absorption Sewage Disposal)

OWNER: [illegible]
ADDRESS: [illegible]
[illegible]

PLAT NO: [illegible]
LOT SIZE: [illegible]

LOCATION OF SITE: [illegible]

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S PS 2-8-6 U	S PS Complex slopes 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 — U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S PS Blocky U	S PS — U	S PS U	S PS U
4. SOIL DEPTH (inches)	S PS 30-40" U	S PS — U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S PS >30" U	S PS — U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S [illegible] PS [illegible] U	S PS Eroded Areas U	S PS U	S PS U
7. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
8. SOIL GROUP	[illegible]	—		
9. SITE CLASSIFICATION	Provisionally suitable	~~[illegible]~~ unsuitable		
10. SOIL SERIES	Cecil Lake	complex slopes		

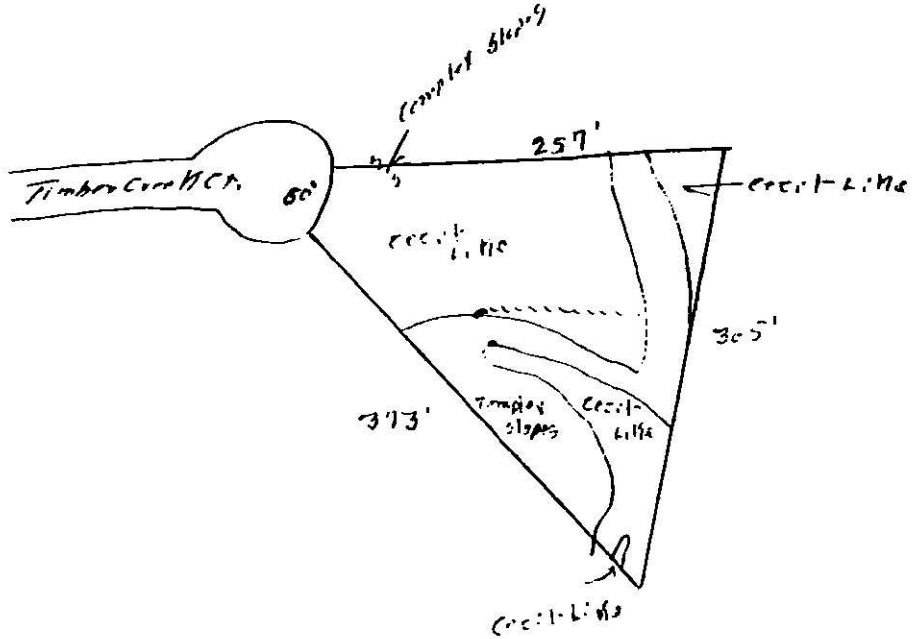
S - Suitable PS - Provisionally Suitable U - Unsuitable

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

Recommendations/Comments:

Described by: William R. Martin
Title: Soil Scientist

Date: 2-1-85



Timber Creek Ct.
60°
257'
Cecil Lake
Cecil Lake
305'
373'
Cecil Lake
Cecil Lake

DATE: 1/21/88

TO: ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

JURISDICTION CODE: Mock

EHD FILE:

PARCEL NUMBER: 139-332-17

ASSIGNED ADDRESS: 16701 Timber Creek

EXISTING ADDRESS:

PROJECT NAME: N/A

[illegible] CHECKED CONCERNING:

	APPROVED	NOTE
[illegible] SUBDIVISION REGULATIONS	[ ]	
[illegible] REGULATIONS	[ ]	
[illegible] CONTROL REGULATIONS	[ ]	
COMMERCIAL DRAINAGE PLAN	[ ]	

	PRESENT	NOTE
[illegible] EASEMENT	[ ] *	
	YES	
[illegible]	[ ] *	
	YES	
[illegible] PERMIT REQUIRED	[ ] *	

[illegible] will be required [illegible] building permit may be [illegible] by Building Stand[illegible]

[illegible]

[illegible]

NOTE: [illegible] FORM MUST BE TURNED IN AT THE CASHIERS OFFICE [illegible] STANDARDS WERE PAYING [illegible] CERTIFICATE OF OCCUPANCY [illegible] NOT BE GRANTED [illegible] TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON [illegible]

SIGNED: [signature]

OPWEA 01/86

Serial No. 6054

SIR No. 21747

Date Issued 2-4-85

T. C. No. PO 139-151-06

Map Date L

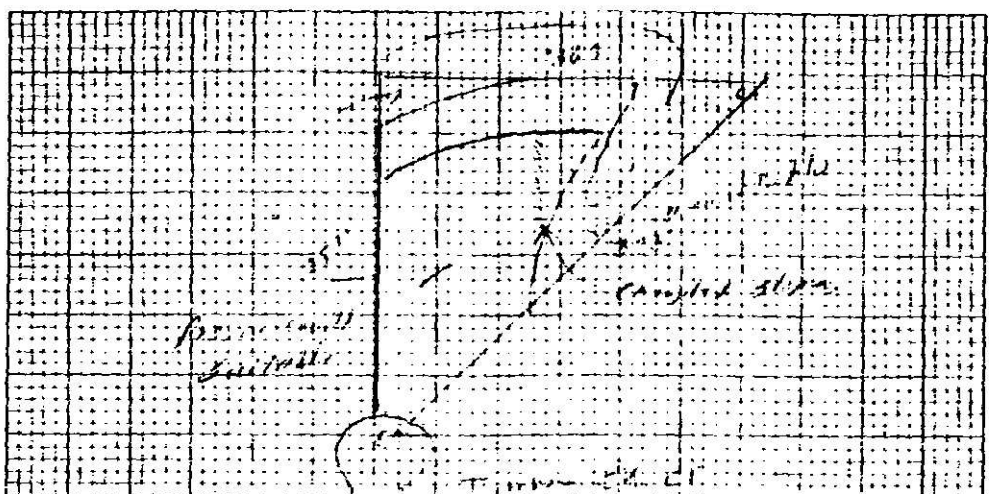
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Clear Creek Estates, Inc.

ADDRESS OF OWNER LAST 1740 E. Independence FIRST Blvd., Charlotte, NC ZIP MIDDLE 28205

LOCATION OF PROPERTY Coble Road

SUBDIVISION Clear Creek Estates STREET OR COUNTY ROAD LOT NO 43 BLOCK NO. III



PLOT PLAN

This is to certify that a soil investigation and on site investigation was made by the Mecklenburg County Department of Environmental Health on the lot described above. The soil investigation was conducted on that portion of the lot as indicated on the above plot. The permeability rate determined by the investigation was PROVISIONALLY SUITABLE. The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions:

1. A permit to install construct [illegible] the [illegible] from the Mecklenburg County Department of Environmental Health [illegible] the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater treatment system [illegible] installed [illegible] be determined by the Mecklenburg County Department of Environmental Health [illegible] the permeability rate obtained above and on the size and type of building [illegible] therein.
3. This approval is valid [illegible] acceptable for system installation on the above plot.
4. This approval is [illegible] performed on the lot which in the opinion of the Mecklenburg County Department of Environmental Health [illegible] area indicated as acceptable for system installation [illegible] system.

This approval is granted based on the [illegible] rules and regulations of the North Carolina Department of Human Resources Division of [illegible] Services and the Mecklenburg County Health Commission which were in effect on the date of issuance and is void if at any time in the future, prior to completion of the system, these laws, rules and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

William R. Martin
Soil Scientist

Eric D. Hardister Jr.
Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Received 12-28-84

MECK C... Y DEPARTMENT OF
RECEIVED
... 6 1984
ENVIRONMENTAL HEALTH

SIR No. 21747
T. C. No. 139-151-06
Map Date 12/5/83
L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Clear Creek Estates, Inc.
LAST FIRST MIDDLE

2) ADDRESS OF OWNER 1740 E. Independence Blvd. Charlotte, NC ZIP 28205

3) PHONE NO. Home — Office 372-2565

4) LOCATION OF PROPERTY Coble Rd. approx. 1/2 mi. from NC #24-27
STREET OR COUNTY ROAD

5) SUBDIVISION Clear Creek Estates LOT NO. 43 BLOCK NO. III

MAP BOOK NO _____ PAGE NO. _____

6) DEED REFERENCE: DEED BOOK 4738 PAGE NO. 0571

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

Please see attached plat

7) ACCURATELY DIAGRAM & DIMENSION LOT

F. P. Mannan
~~OWNER~~ Agent

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY