

1508 UNION RD

19725101

1/3/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

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

#3

Sheet:
Property ID: 197-071-06/ (PO)
Lot #: 1
File #: 36598

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Dewie A. Hafner
APPLICANT:
ADDRESS: 1212 Union Road, Matthews
DATE EVALUATED: 1-6-99
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 440gpd PROPERTY SIZE: .25
LOCATION OF SITE: Union Road PROPERTY RECORDED:

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

PROFILE #	.1940 Landscape Position/ Slope % (Slopes 2-10%)	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-2"	gr/sicl	Fr/SEXPl SS/SM	7 34"	34"	~~SAPR~~ US	None	US
		2-10"	ABK/sic	Fi/SEXPlSP	TO				
		10-17"	ABK/sicl	Fr/SEXPl SS/SM	50:1				
		17-22"	M/sicl	Fr/SEXPl SS/SP	wetness				
		22-34"	M/sicl	VFi/SEXPl SS/SP					
2	A	0-4"	gr/sicl	Fr/SEXPl SS/SM	2.5Y 6/1	40"	US	None	US
		4-15"	ABK/sic	VFi/Mixed US/UP	@ 22"				
		15-27"	M/sic	VFi/Mixed US/UP					
		27-40"	M/sicl	Fi/Mixed US/UP					
3	A	0-6"	gr/sicl	Fr/SEXPl SS/SM	2.5Y 6/2	30"	US	None	US
		6-23"	ABK/sic	Fi/Mixed US/UP	@				
		23-30"	M/sic	VFi/Mixed US/UP	25".				
		30-48"	Saprolite	VFi					

DESCRIPTION	INTIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	US	US
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Unclassified
EVALUATED BY: W. A. Medlin 1-7-99
OTHER(S) PRESENT: LSS

FILE # 36893

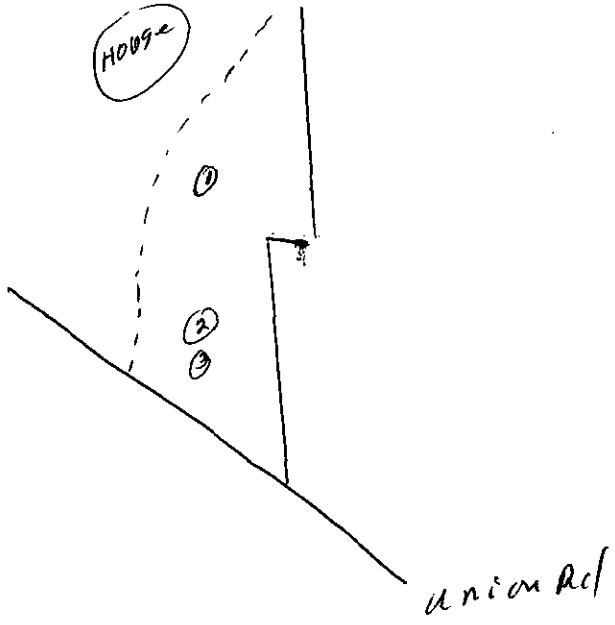
COMMENTS Site for system on 197-071-06

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

N



FEE: pd $50.00 ck # 3507

DATE: 9/3/98 VHC

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

Hi-Site pd $50.00 ck # 3647 9/15/98 JCRT RC

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 #: 3689B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 197-071-07

STREET ADDRESS: 1212 Union Rd

SUBDIVISION OR MOBILE HOME PARK NAME: 2nd site 197.071.08

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1900

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
__ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
✓ WITH BASEMENT /NO PLUMBING

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

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: Devie S. Goforth

NAME: Goforth Devie Jarrod
(LAST) (FIRST) (MI)

ADDRESS: 1212 Union Rd

CITY: Matthews STATE: NC ZIP: 28105

DAYTIME PHONE: (704) 573 -- 3622

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: Jarrod Goforth DATE: 9-3-98

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

3rd Site

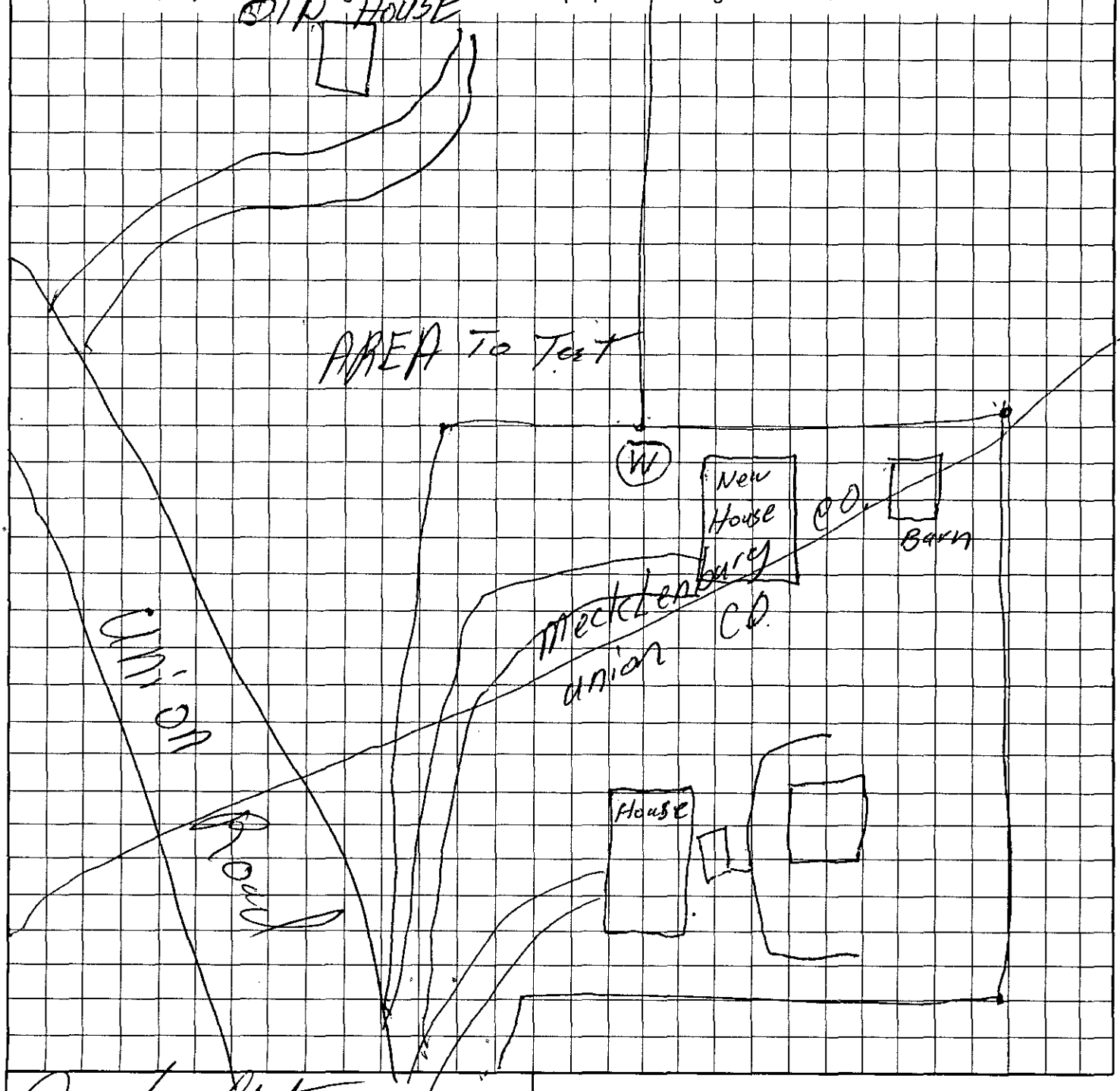
PROPOSED PLOT PLAN

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

FILE: 3689B

TC: 197-071-07

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.



Jason Hoots H 573-3622
OWNER/AGENT SIGNATURE W 821-5453
DATE 7-3-98 Car 904-4063

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

Sheet ___
PROPERTY ID #: 197-071-07
Lot # : ___
File # : 3689B

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

site investigation 197-071-08

OWNER: Jarrod DeFosset
APPLICANT: ___
DATE EVALUATED: 8-11-98
ADDRESS: 1212 Union Road Mullens
PROPERTY SIZE: .4 A
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 480gpd/
PROPERTY RECORDED: ___
LOCATION OF SITE: Union Road
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other Both private & shared well Theeker
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	Slopes 2-8% .1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS	0-2"	gr/sicl	Fr/SExPl SS/SP	76" TO soil wetness	6"	N/A	None	US IV
		2-6"	SBK/sic	Fi/SExPl SlD					
		6"+	saprolite						
2	LS	0-2"	gr/sicl	Fr/SExPl SS/SP	>20" TO soil wetness	20"	N/A	None	US IV
		2-20"	SBK/SiC	Fi/SExPl SlD					
		20"+	saprolite						
3	LS	0-3"	gr/sicl	Fr/SExPl SS/SP	>23" TO soil wetness	23"	N/A	None	US IV
		3-23"	SBK/sic	Fi/SExPl SlD					
		23"+	saprolite						
4	LS	0-2"	gr/sicl	Fr/SExPl SS/SP	>20" TO soil wetness	20"	N/A	None	US IV
		2-20"	SBK/sic	Fi/SExPl SlD					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	US	US
System Type(s)		
Site LTAR		

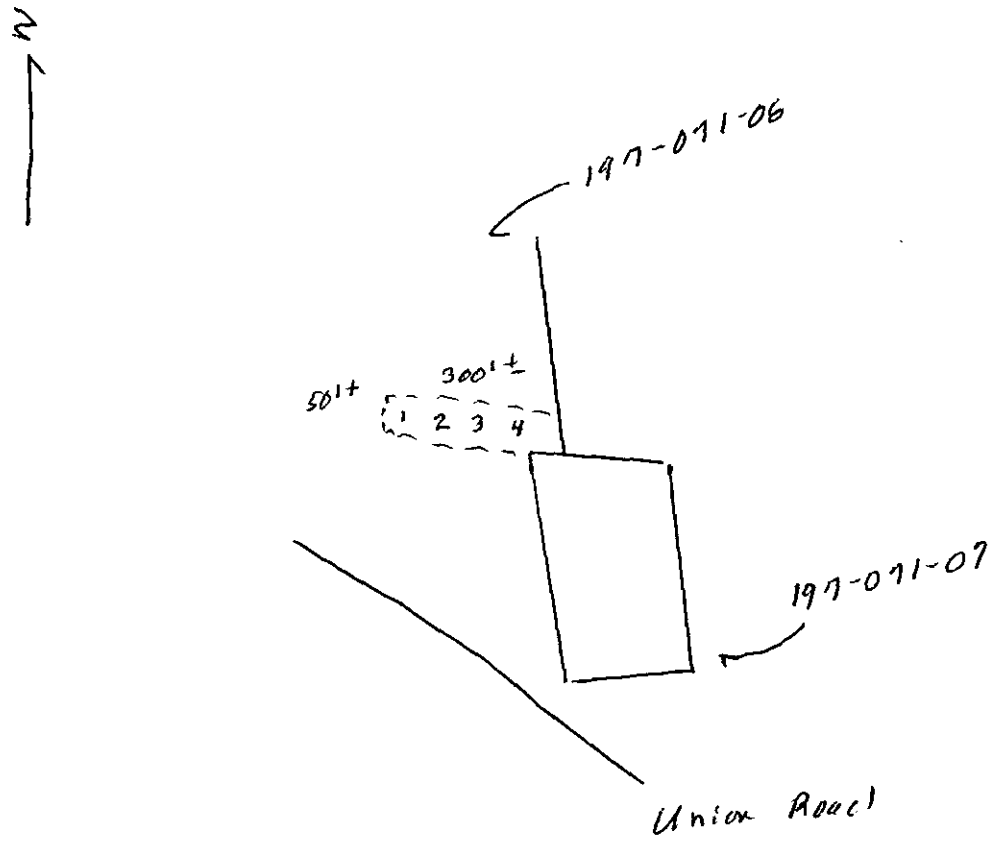
OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W. B. Marks 8-17-98
OTHER(S) PRESENT: LSS

FILE # 36899

COMMENTS saprolite material appears to be derived from slate

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

EH00

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

#2 36890
197-071-07
Appl. site evaluated on 197-071-09

OWNER: Donya C. Mofgeth
APPLICANT: ___
ADDRESS: 1212 Union Road, Matthews
APPLICATION DATE: ___
DATE EVALUATED: ___
PROPOSED FACILITY: residence
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: .25
LOCATION OF SITE: Union Road
PROPERTY RECORDED: ___
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	3 slopes 5-12% .1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS	0-5"	gr/scl	Fr/SEXP/SS/SP	>29" TO Chroma 2 color	29"	N/A	None	US IV .12 g/ft²
		5-29"	sBK/c	F:/SEXP/S/P					
2	LS	0-4"	gr/scl	Fr/SEXP/SS/SP	>28" TO Chroma 2 color	29"	N/A	None	US IV .12 g/ft²
		4-28"	sBK/c	F:/SEXP/S/P					
3	LS	0-4"	gr/scl	Fr/SEXP/SS/SP	>22" TO Chroma 2 color	22"	N/A	None	US .12g/ft² IV
		4-22"	sBK/c	F:/SEXP/S/P					
4	LS	0-3"	gr/cl	Fr/SEXP/SS/SP	>36" TO Chroma 2 color	36"	N/A	None	PS .20g/ft² IV
		3-36"	sBK/c	F:/SEXP/S/P					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W. R. Marlin 1-6-97
OTHER(S) PRESENT: LSS

COMMENTS: 100% Repair, system would need easement

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR	LPP .1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
(Drainage Way)					EXP (Expansive)	CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
S (Foot Slope)						ABK (Angular Blocky)
(Head Slope)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SICL (Silty Clay Loam)				PR (Prismatic)
(Nose Slope)		CL (Clay Loam)			MOIST	WET
(Ridge)		SCL (Sandy Clay Loam)				
(Shoulder Slope)		SLC (Silt Loam Clay)			VFR (Very Friable)	NS (Non-sticky)
(Terrace)					FR (Friable)	SS (Slightly Sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FI (Firm)	S (Sticky)
		SIC (Silty Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
					EFI (Extremely Firm)	NP (Non-plastic)
		O (Organic)	None			SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

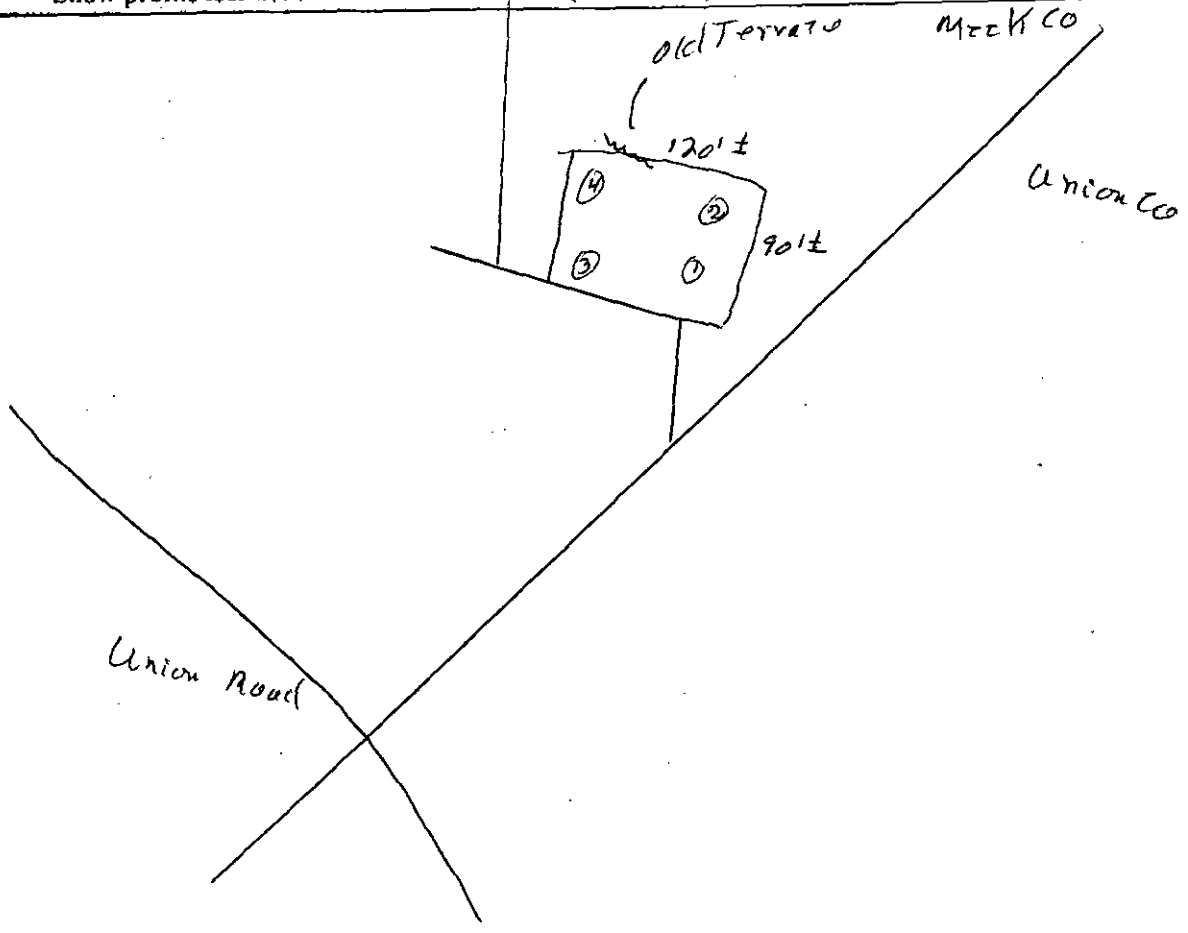
OTES

ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.

ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



2nd site evaluation

FEE: ~~375.00~~ 75.00 CK # 2093 SC

DATE: 12/16/96

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 #: 31896 6

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 197-071-07

STREET ADDRESS: Union Road

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

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: 1900

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)
__ 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: Goforth Sonya C (LAST) (FIRST) (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 1212 Union Rd	DAYTIME PHONE: ( ) -
CITY: Matthews STATE: NC ZIP: 28105	
DAYTIME PHONE: (704) 573-3622	

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: [signature] DATE: 5/29/96

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

Indicate pile location

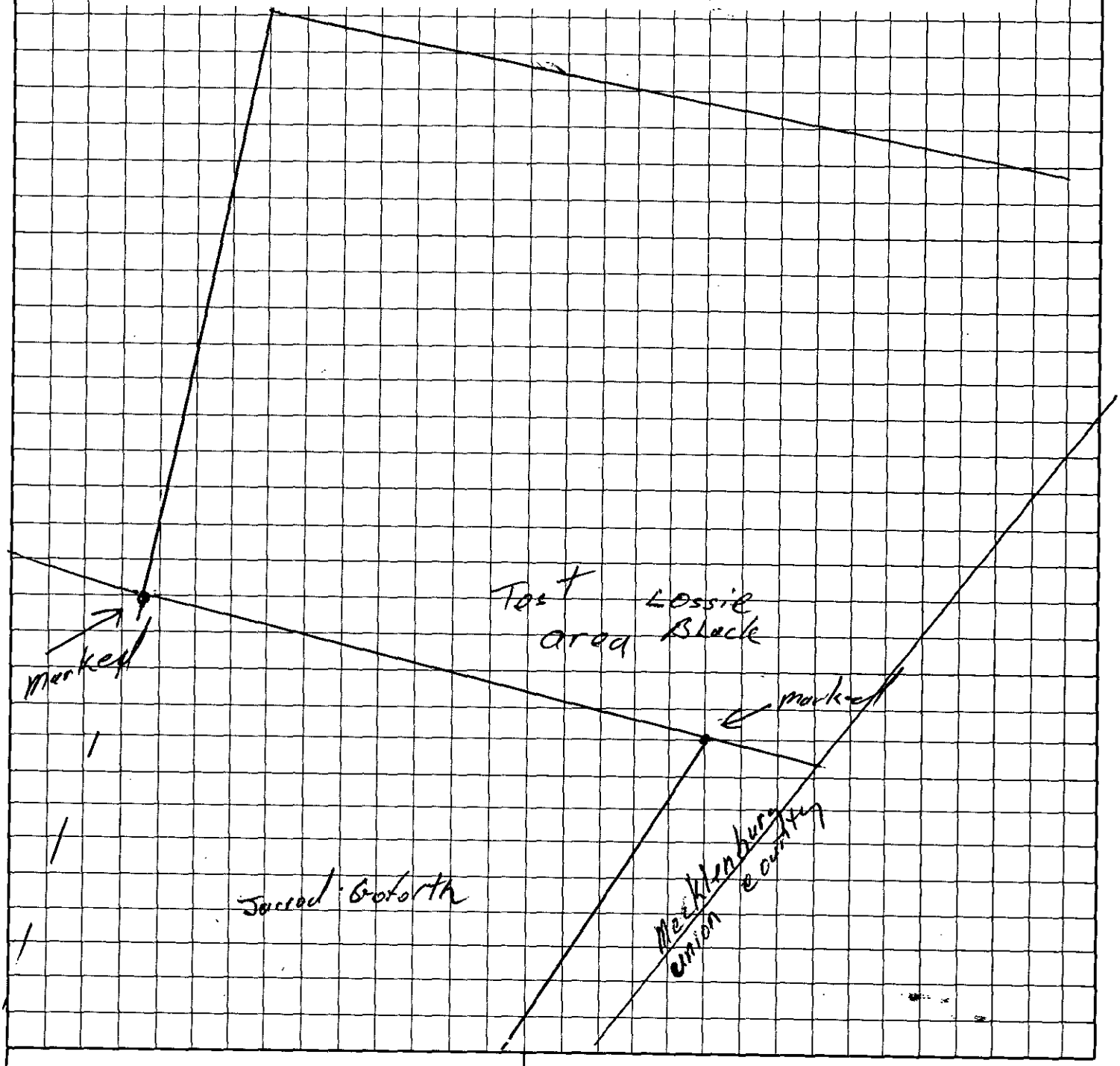
PROPOSED PLOT PLAN

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

FILE: 3689B

TC: 197-071-09(07)

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

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

Union

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028684

Applied 9/12/95

File: 36998 lot site Action 3

Parcel: PO 197-071-07 ☐ PC

Location: Union Road

Subdivision:

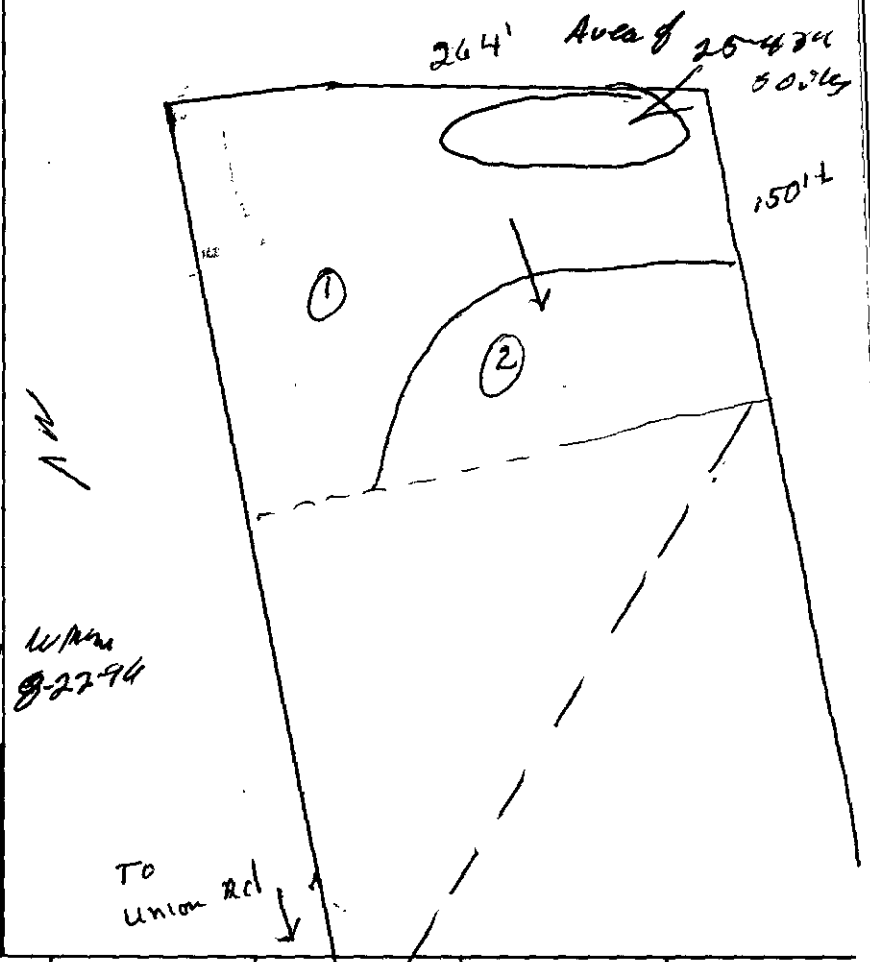
Lot: Block: Acres: Approx. .9 inc.

Owner: Jarod D. Dubordh
Address: 1212 Union Road
Matthews, N.C. 28105

Comments: Evaluate 100 To Repair approx 30' x 10' area of soils 25-43" in area indicated on sketch. slightly EX Provisional class

Described by: William R. Marlin

Date: 9-8-95



W/Plan 9-27-96

***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-8%	S PS (U) Depression	S PS U	S PS U	S PS U	S PS U
Texture	S PS (U) Expansive clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S PS (U) Seasonal water 6-15"	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 15-36"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U —	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	Series Not Determined	Depression				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

Mecklenburg County
Health Department

August 28, 1996

Mr. Joe Lynn
Regional Soil Specialist
6768 George Hildebran School Road
Hickory, NC 28602

Re: Union Road
File: 3689B
Parcel: 197-071-07

Dear Joe;

An application for an Improvement Permit for a sub-surface sewage treatment and disposal system was submitted to the Mecklenburg County Health Department concerning the above mentioned property. Based on the application for an Improvement Permit, our Soil Scientist and Environmental Health Specialist have completed a site evaluation and determined it to be UNSUITABLE for the purpose of installing a septic system.

The property owner has requested a formal review in appealing our decision. The necessary information concerning the property is enclosed.

Please contact Mr. Bill Marlin, Soil Scientist, at (704) 336-5574 or me at (704) 336-5565 to notify us of the review appointment date and time. Thank you for your time and attention concerning this matter. We look forward to hearing from you.

Sincerely,

Sylvia Daniel, R.S.
Program Chief

cc: Steve Steinbeck
Jarrod Goforth

Enclosures

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

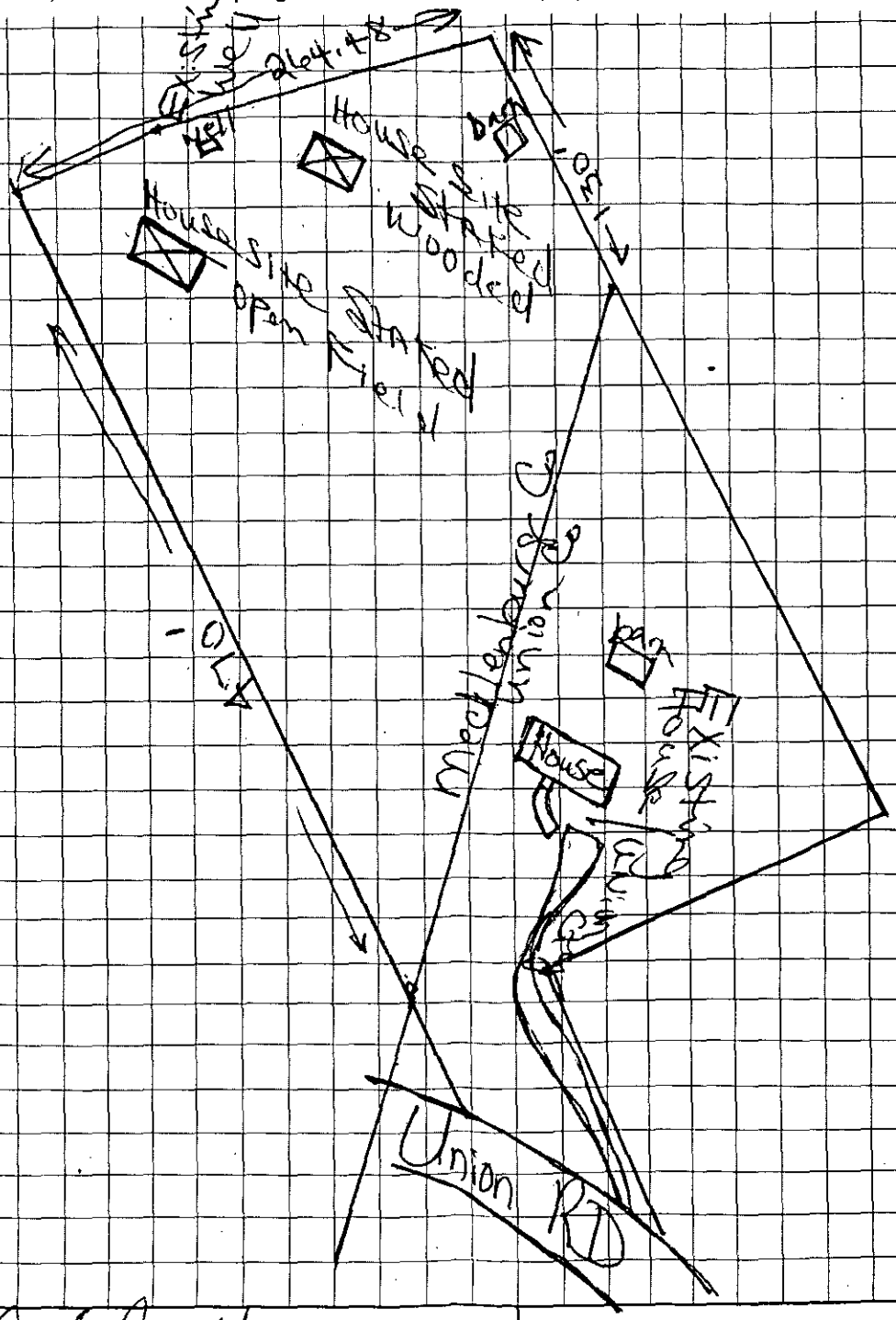
PROPOSED PLOT PLAN

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

FILE: 36898

TC: PO 197-071-07

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 7/09/95

APPROVAL DATE _____

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

Thursday, July 25, 1996

Larry Thompson

Mecklenburg Co. Health Dept.

Dear Mr. Thompson,

Upon receipt of your recent letter July,24,1996, I would like to request an informal review of the property at 1212 Union Rd for further evaluation for an alternate(modified) septic system and well arrangement. Upon the last review, we came to the conclusion that any system would require a sewage pump, so the location of any building would depend on the location of the system. However, having well over an acre plot, I feel certain an appropriate place can be found even if only the original plot can be used.

Sincerely,

Jarrod Goforth

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

FILE # 3689 B
PARCEL # 197-071-07

The undersigned, Devie Jarrod Goforth, owner of property located at 1212 Union Rd, (the "site") and described in an instrument recorded in Book 3796 at Page 916, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following conditions will apply to the site:

- Any changes on the property may make the Improvement Permit Null and void and may make the Improvement Permit subject to revocation.

This instrument was prepared by: Meck County Health Dept
Mail after recording to: Mecklenburg County Health Dept.
700 N. Tryon St.
Charlotte, NC 28202

BK: 08648 PG: 0711/0714 $:0241 15:40
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 07/05/96 13:19

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 5th day of July, 1996

_____ (SEAL)
(Corporate Name)

By: _____

_____ President

ATTEST:

_____

_____ Secretary

(Corporate Seal)

Dewie Jarrod Gotath (SEAL)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF Union

I, Angela R. Walther, a Notary Public for said County and State, do hereby certify that Dewie Jarrod Gotath personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 5 day of July, 1996.

Angela R. Walther
Notary Public

My Commission Expires:
My Commission Expires July 6, 1999

ANGELA R. WALTHER NOTARY PUBLIC UNION COUNTY, N.C.

RBCWM:24751_1/8-30-95

EXHIBIT "A"

BEGINNING at a point in the center line of Union Road (S.R. #1540) and from said point N. 00º29'33" W. 558.34 feet to a pin, said line being the common easterly line of property owned by Estelle Lewis Cuthbertson (now or formerly) by Deed recorded in Book 3796, Page 916 of the Mecklenburg County Registry; thence from said pin S. 88º00'00" E. 82.97 feet to a pin; thence from said pin S 80º02'40" E 181.51 feet to a pin, said line being the common southwesterly line of property owned by Lossie Black (now or formerly) by Deed recorded in Book 205, Page 732 of the Mecklenburg County Registry; thence from said pin S. 00º57'05" E. 451.66 feet to a pin, said line being the common northwesterly line of property owned by Lester Black (now or formerly); thence from said pin N. 87º57'53" W. 195.00 feet to a pin, said line being the common northeasterly line of property owned by John S. Nixon (now or formerly); thence from said pin S. 01º02'07" W. 153.87 feet to a pin in the right of way of Union Road (S.R. #1540), said line being the common northwesterly line of property owned by John S. Nixon (now or formerly); thence from said pin N. 41º51'48" W. 100.00 feet to a point in the center line of Union Road (S.R. #1540), the point or place of BEGINNING, containing 3.013 acres, more or less, as shown on plat of survey by Jack R. Christian, R.L.S. dated September 15, 1992.

State of North Carolina, County of Mecklenburg

The foregoing certificate(s) of

Kay Varnadore

Notary(ies) Public is/are certified to be correct.

This 21st day of January, 19 93.

JUDITH A. GIBSON, REGISTER OF DEEDS

By: Hazel L. Elmore Deputy Register of Deeds

and

State of North Carolina, County of Mecklenburg

The foregoing certificate(s) of Angela R. Walther

Notary(ies) Public is/are certified to be correct.

This 5th day of July, 19 96

JUDITH A. GIBSON, REGISTER OF DEEDS

By: Mary A. Posey Deputy Register of Deeds

BOOK 3796 PAGE 0001

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: _____ PERMIT NO: ~~3896~~ 3896B
PARCEL NO: 197-071-07

JOB LOCATION ADDRESS: _____
PROPERTY OWNER: _____
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: _____ DATE: _____
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3896B, 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.

[signature] 5/29/86
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Mecklenburg County
Health Department

July 23, 1996

Mr. Jarrod D. Goforth
1212 Union Road
Matthews, NC 28105

Re: Union Road
File: 3689B
Parcel: 197-071-07

Dear Mr. Goforth:

Receipt of the plans and specifications for a conventional system of sewage disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted on September 13, 1995. The plan was once again reviewed on May 29, 1996 in conjunction with provisions of 15 NCAC 18A, .2900, "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal". Our comments are listed below:

The available area on this site is classified as UNSUITABLE according to the following rule:

.1945 **AVAILABLE SPACE**

For this reason, the plans as submitted are disapproved: However, please be aware that according to Rule .1948(d) "A site classified as **UNSUITABLE** may be used for a ground absorption sewage treatment and disposal system specifically identified in Rules .1955, .1956, or .1957 of the Section or a system approved under Rule .1969 if written documentation, including engineering, hydrogeologic, geologic or soil studies, indicates to the local health department that the proposed system can be expected to function satisfactorily. Such sites shall be reclassified as **PROVISIONALLY SUITABLE** if the local health department determines that the substantiating data indicate that:

(1) a ground absorption system can be installed so that the effluent will be non-pathogenic, non-infectious, non-toxic, and non-hazardous;
(2) the effluent will not contaminate groundwater or surface water; and
(3) the effluent will not be exposed on the ground surface or be discharged to surface waters where it could come in contact with people, animals, or vectors.

The State shall review the substantiating data if requested by the local health department.

Should you desire to file for permission to install an alternate or modified sewage treatment system for a residence with a reduction in the total number of bedrooms on the property, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

Please be advised that you have the right to an informal review by this department. You also have the right to appeal under B.S. 130A-24, and to have the appeal held in Mecklenburg County.

If you have any questions concerning this matter, please contact me at 336-5568.

Sincerely,

Larry B. Thompson, Jr., R.S.
Individual Water and Wastewater Systems

LT:gc

Mecklenburg County
Health Department

September 13, 1995

Mr. Jarod D. Goforth
1212 Union Road
Matthews, NC 28105

Re: Union Road
File: 3689B
Parcel: 197-071-07

Dear Mr. Goforth:

Receipt of the plans and specifications for a conventional system of sewage treatment and disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15A NCAC 18A .1900, "Laws and Rules for Sewage Treatment and Disposal Systems." Our comments are listed below (see enclosed soil report):

1- The available area on this site is classified as **UNSUITABLE** according to the following rules:

(a) .1941 Soil Characteristics (Morphology)
(b) .1942 Soil Wetness Conditions
(c) .1943 Soil Depth

For these reasons, the plans as submitted are disapproved. This Department is not aware of any site modifications or alternative systems that would allow for the issuance of an Improvement Permit for a wastewater treatment and disposal system on this property.

However, please be aware that according to Rule .1948(d) "A site classified as **UNSUITABLE** may be used for a ground absorption sewage treatment and disposal system specifically identified in Rules .1955, .1956, or .1957 of the Section or a system approved under Rule .1969 if written documentation, including engineering, hydrogeologic, geologic or soil studies, indicates to the local health department that the proposed system can be expected to function satisfactorily. Such sites shall be reclassified as **PROVISIONALLY SUITABLE** if the local health department determines that the substantiating data indicate that:

(1) a ground absorption system can be installed so that the effluent will be non-pathogenic, non-infectious, not-toxic, and non-hazardous;
(2) the effluent will not contaminate groundwater or surface water; and
(3) the effluent will not be exposed on the ground surface or be discharged to surface waters where it could come in contact with people, animals, or vectors.

The State shall review the substantiating data if requested by the local health department.

If a satisfactory resolution is not obtained you have the right to appeal the decision of this department under G.S. 130 A-24, and 150 B-23(a).

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

If you have any questions concerning this matter, please contact me at 336-5568.

Sincerely,

Larry B. Thompson Jr., R.S.

Larry B. Thompson, Jr., R.S.
Individual Water and Wastewater Systems

LT:gf

File 3689 B
197-07-07
1212 Union Rd.

EXHIBIT "A"

BEGINNING at a point in the center line of Union Road (S.R. #1540) and from said point N. 00º29'33" W. 558.34 feet to a pin, said line being the common easterly line of property owned by Estelle Lewis Cuthbertson (now or formerly) by Deed recorded in Book 3796, Page 916 of the Mecklenburg County Registry; thence from said pin S. 88º00'00" E. 82.97 feet to a pin; thence from said pin S 80º02'40" E 181.51 feet to a pin, said line being the common southwesterly line of property owned by Lossie Black (now or formerly) by Deed recorded in Book 205, Page 732 of the Mecklenburg County Registry; thence from said pin S. 00º57'05" E. 451.66 feet to a pin, said line being the common northwesterly line of property owned by Lester Black (now or formerly); thence from said pin N. 87º57'53" W. 195.00 feet to a pin, said line being the common northeasterly line of property owned by John S. Nixon (now or formerly); thence from said pin S. 01º02'07" W. 153.87 feet to a pin in the right of way of Union Road (S.R. #1540), said line being the common northwesterly line of property owned by John S. Nixon (now or formerly); thence from said pin N. 41º51'48" W. 100.00 feet to a point in the center line of Union Road (S.R. #1540), the point or place of BEGINNING, containing 3.013 acres, more or less, as shown on plat of survey by Jack R. Christian, R.L.S. dated September 15, 1992.

State of North Carolina, County of Mecklenburg

The foregoing certificate(s) of

Kay Varnadore

Notary(ies) Public is/are certified to be correct.

This 21st day of January, 19 93.

JUDITH A. GIBSON, REGISTER OF DEEDS

By: Hazel L. Elmore Deputy Register of Deeds

and

eby
that

ship,

0000 3124 0403

Permit Number: 3689 B / 3896 B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 197-071-07

- 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 Type (circle one): I II III IV V VI	____ 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
____ Long-term acceptance rate	____ Max gallons/day wastewater flow	____ Absorption Area (sq ft)	____ Trench spacing (min. on centers)
____ Serviced by private well	____ Gallon septic tank	____ Total trench length (ft)	____ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
____ Bedrooms in residence	____ Gallon pump tank	____ Depth of stone	
Any surface waters present:	Type:	Minimum separation distance:	
Site modifications required:			
Additional Conditions:			
Repair Area System Type Type (circle one): I II III IV V VI	____ 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
____ Absorption Area (Sq ft) ____ Total Trench Length (Ft)	____ Depth of Stone Trench	____ Trench spacing (min. on centers)	____ 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.

DEHNR Authorized Agent ____ Date ____

x [signature] Owner/Agent Signature 5/29/96 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

3689B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd $150 8/22/95 1502 Ck. # [ ] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: Goforth (last) Sonya (first) C (mi)
ADDRESS: 1212 Union Rd PHONE: (704) 573-3622
CITY: Matthews STATE: NC ZIPCODE: 28105

WORK 545 2847

PROPERTY OWNER:
NAME: Goforth (last) Jarad (first) D (mi)
ADDRESS: 1212 Union Rd PHONE: (704) 573-3622
CITY: Matthews STATE: NC ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: PO 197-071-07
STREET ADDRESS: 1212 Union Rd Matthews NC 28105
ZONING: Residential

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres): 3.01

TYPE APPLICATION (check one):
[ ] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4

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)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] 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: Sonya Goforth Date: 7/25/95

NOTICE:

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 approval is granted by this Department.

...This permit is not transferable.

...

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

_____ Date
Environmentalist

_____ Date
Director or Authorized Section Head

WWATER : 122791