Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

INSTALLATION APPROVAL for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 17790 Permit #: _____ Tax Parcel #: 139-274-50

Property Owner: John M. Biggers

Job Location Address: 8407 Clear Meadows Ln

City: Charlotte State: NC Zip Code: 28227

Installation Approval Issuance Date: 2/13/14

Permission is hereby given to ☐ install ☐ alter ☒ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before _____, after which date this approval 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 granting this approval. 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 of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 360 GPD

Site LTAR: .3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: Existing gallons

Liquid Capacity of Dosing Tank: NA gallons

Drainfield Design ☒ N/A

Trench Depth: ~~24-36~~ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Bed Design *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: 24-36 inches

Bed Width: 9 feet

Total line length: 192 feet

# of Lines: 3 @ 64 feet

Depth of Media: 12" inches (Type) IIIg

Distribution Device: D-Box

Water Supply Source

☐ Municipal ☐ Private Well ☒ Community Well

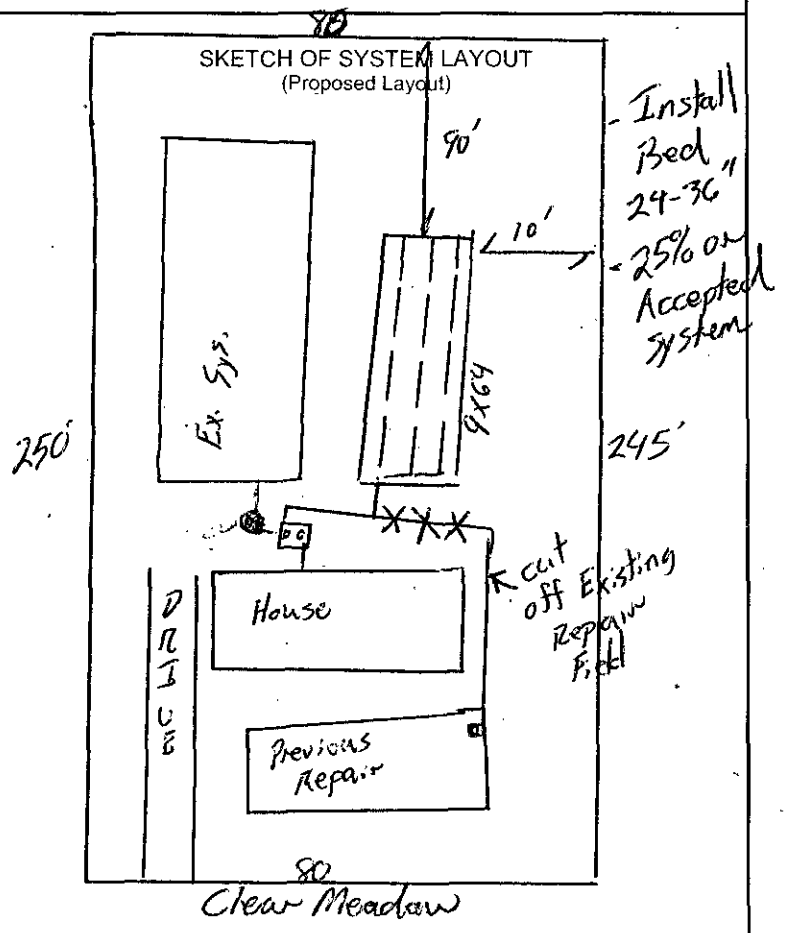
☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: 5+ feet

Distance from Property Line: 10' feet

Distance from Water Supply Source: 10'± from line feet



Comments: System Classification & Type: IIIg

Install new bed to take water first. Utilize existing system as overflow

DENR Authorized Agent: Bradley W. Hallman Signature: _____

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NC DHHS
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 17790 Permit #: _____ Tax Parcel #: 139-274-50

Property Owner: John Biggers

Job Location Address: 8407 Clear Meadow Ln

City: Charlotte State: NC Zip Code: 28227

Operation Permit Issuance Date: 2/25/14 Contractor Name: Rob McGeever

Permitted Design Flow: 360 GPD Liquid Capacity of Dosing Tank: NA gallons

Liquid Capacity of Septic Tank: Existing gallons Manufacture _____ Effluent Pump Model: NA

Drainfield Installation ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Bed Installation *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: 60" inches

Bed Width: 10' feet

Total line length: 64' feet

# of Lines: 3 @ 64 feet

Depth of Media: 12" inches (Type) IIIg

Depth of Cover: 12"+ inches

Distribution Device: D-Box

Water Supply Source

☐ Municipal ☐ Private Well ☒ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 5'+ feet

Distance from Property Line: 10'+ feet

Distance from Water Supply Source: 10'+ feet

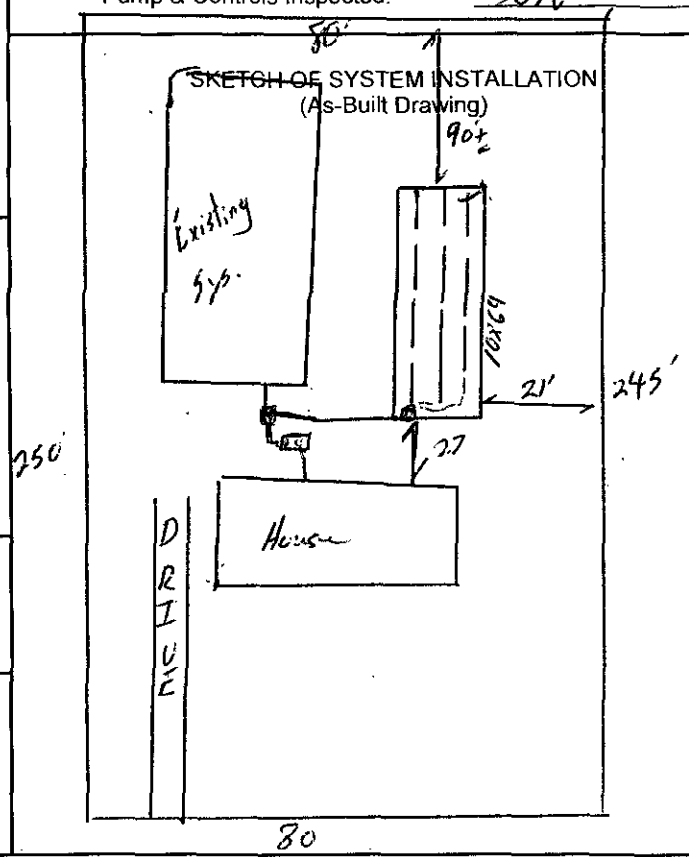
Inspection Dates

Tank(s) Inspected: NA

Excavation Inspected: 2/25/14

Pump & Controls Inspected: NA

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



The undersigned has inspected the Septic Tank System described above, and certifies it has been ☒ installed ☐ altered ☒ repaired ☐ as detailed in the plot above ☐ in accordance with the permit issued 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. The issuance of this 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. 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.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: IIIg / Inf. @ 4 / 6 / NA / NA

DENR Authorized Agent: Bradley W. Hallman Signature: _____

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700 N. Tryon St., Suite 211 Charlotte, NC 28202
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NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 17790 Permit #: _____ Tax Parcel #: 139-274-50

Property Owner: John Biggers

Job Location Address: 9407 Clear Meadow Ln

City: Charlotte State: NC Zip Code: 28227

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: IIIg

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☒

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☒ System does not require inspection by GWS on a routine frequency.

☐ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other:

_____

_____

_____

_____

DENR Authorized Agent: Bradley W. Hallman Date: 2/25/15

Signature: _____

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 17790 WASPS App #: _____

Primary ES assigned to project: Brad Hallman

Secondary ES assigned to project: _____

Project Type: New System ☐ Alteration ☐ Repair ☐ Modified Plot Plan ☐

I. File Review:

Rule or Law	Permit Application			
.1937(d)	Is the Application complete	Yes ☑	No ☐	N/A ☐
.1937(d)	Is there a Site plan/Plat with application	Yes ☑	No ☐	N/A ☐
.1937(d)	Is the Facility shown?	Yes ☐	No ☑	N/A ☐
.1937(d)	Are appurtenances shown	Yes ☐	No ☑	N/A ☐
	Site Evaluation Information			
.1939 (a)(1)	Topography and Landscape Position Recorded?	Yes ☑	No ☐	N/A ☐
.1940 (a-g)	Slope % Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Texture Class Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Structure type Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Consistence Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Mineralogy Recorded?	Yes ☑	No ☑	N/A ☐
.1939 (a)(3)	Soil Wetness Condition Recorded?	Yes ☐	No ☐	N/A ☑
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered	Yes ☐	No ☐	N/A ☑
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Yes ☐	No ☐	N/A ☑
.1939 (a)(6)	Sufficient Available Space Recorded?	Yes ☑	No ☐	N/A ☐
.1937(m)	Are the Profile Locations Shown?			
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes ☑	No ☐	N/A ☐
& .1945(b)	Number of auger borings made: 1			
	Were sufficient auger borings made?	Yes ☑	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR 0.275	Yes ☑	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☐	No ☐	N/A ☑
.1945(b)	Proposed System Type stated-Repair	Yes ☑	No ☐	N/A ☐
130A-336 (a)(3)	System location identifiable by setbacks - Initial	Yes ☑	No ☐	N/A ☐
.1937(g) .1945(b)	System components shown – Initial	Yes ☑	No ☐	N/A ☐
.1945(b)	Repair area shown	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☑ BPJ	No ☐	N/A ☐
.1937 (f)(g)	Is System design consistent with soil/site conditions?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is the System located in the approved area?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☑	No ☐	N/A ☐

130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	Yes ☑	No ☐	N/A ☐	
.1937(g)	Trench depth indicated?	Yes ☑	No ☐	N/A ☐	
.1937(g)	Trench width indicated?	Yes ☑	No ☐	N/A ☐	
.1937(g)	Trench length indicated?	Yes ☑	No ☐	N/A ☐	
130A-336(a)(1)	Proposed/existing well shown?	Yes ☐	No ☑	N/A ☐	Shared
130A-336(a)(1)	Property line lengths shown?	Yes ☑	No ☐	N/A ☐	
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☐	No ☐	N/A ☑	Existing
	Operation Permit				
.1937(i)	System type as described in table V(a) of rule .1961	Yes ☑	No ☐	N/A ☐	
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☑	No ☐	N/A ☐	

II. WASPS Review:

Construction authorization issued	Yes ☐	No ☐	N/A ☐
Installation approval issued	Yes ☐	No ☐	N/A ☐
Operation permit issued	Yes ☐	No ☐	N/A ☐
Other related documentation	Yes ☐	No ☐	N/A ☐

Items requiring correction/modification: _____

Comments:

_____

_____

_____

_____

_____

IA issued date: 2/13/15

OP issued date: 2/25/15

Review performed by: JAM Date performed: 2/27/15

17790 MECKLENBURG COUNTY HEALTH DEPARTMENT APP# 7302

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. **SEPTIC / TYPE APPLICATION:** ○ N/A ○ NEW SYSTEM ○ ALTERATION ⊘ REPAIR ○ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ○ N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: 13927450
STREET ADDRESS: 8407 Clear Meadow Ln
CITY: Charlotte
STATE: NC ZIP: 28227
SUBDIVISION NAME: Clear Meadow
LOT #: _____ LOT SIZE (acres): _____

TOWNSHIP:
⊘ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. **BUILDING INFORMATION:**

BUILDING TYPE:
○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
⊘ HOUSE ○ OTHER _____
HEATED SQUARE FOOTAGE: 940
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

FOUNDATION TYPE:
⊘ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
○ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☐ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. **WATER SUPPLY:** ○ MUNICIPAL ○ PRIVATE WELL ○ PUBLIC WELL ⊘ SHARED WELL ○ OTHER _____

7. **PROPOSED USE OF WELL:** ○ N/A ○ IRRIGATION ⊘ POTABLE (DRINKING WATER) ○ OTHER _____

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED)*:

☑ N/A ☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. **RANK:** ____ ____ ____ ____ ____

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	⊘ YES ○ NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ⊘ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	⊘ YES ○ NO	JURISDICTIONAL WETLANDS	○ YES ⊘ NO
WELLS, SPRINGS, OR WATER LINES	○ YES ⊘ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ⊘ NO
EASEMENTS OR RIGHT-OF-WAYS	○ YES ⊘ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ⊘ NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ⊘ NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ⊘ NO
WASTE STORAGE	○ YES ⊘ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ⊘ NO

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** _____ ☑ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____ ☑ N/A

12. **PROPERTY OWNER:**

NAME: John "Mark" Biggers
ADDRESS: 8407 Clear Meadow Ln.
CITY: Charlotte
STATE: NC ZIP: 28227
WORK PHONE: _____
MOBILE PHONE: (704) 641-0209
FAX: (704) 573-1436
E-MAIL: mbiggsfam@aol.com

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

_____ (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

_____ Feb. 13, 2015

Property Owner's or Owner's Legal Representative Signature — Date

---

OFFICE USE ONLY

○ SURVEY PLAT TO SCALE SUBMITTED ○ SCALED SITE PLAN SUBMITTED ○ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

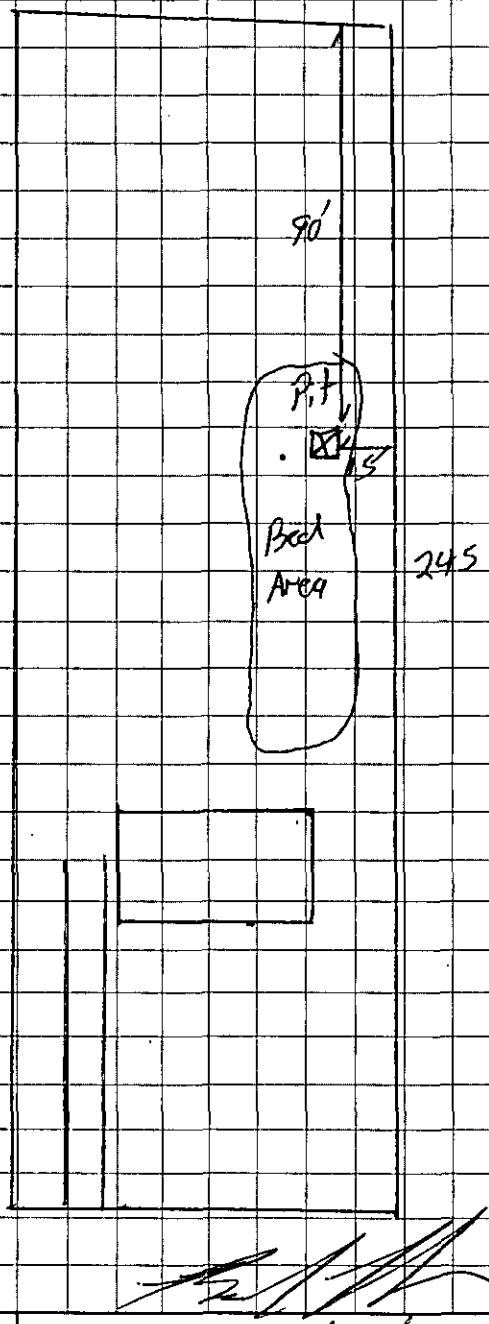
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 17790

TC: 139-274-50

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 2/13/15

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

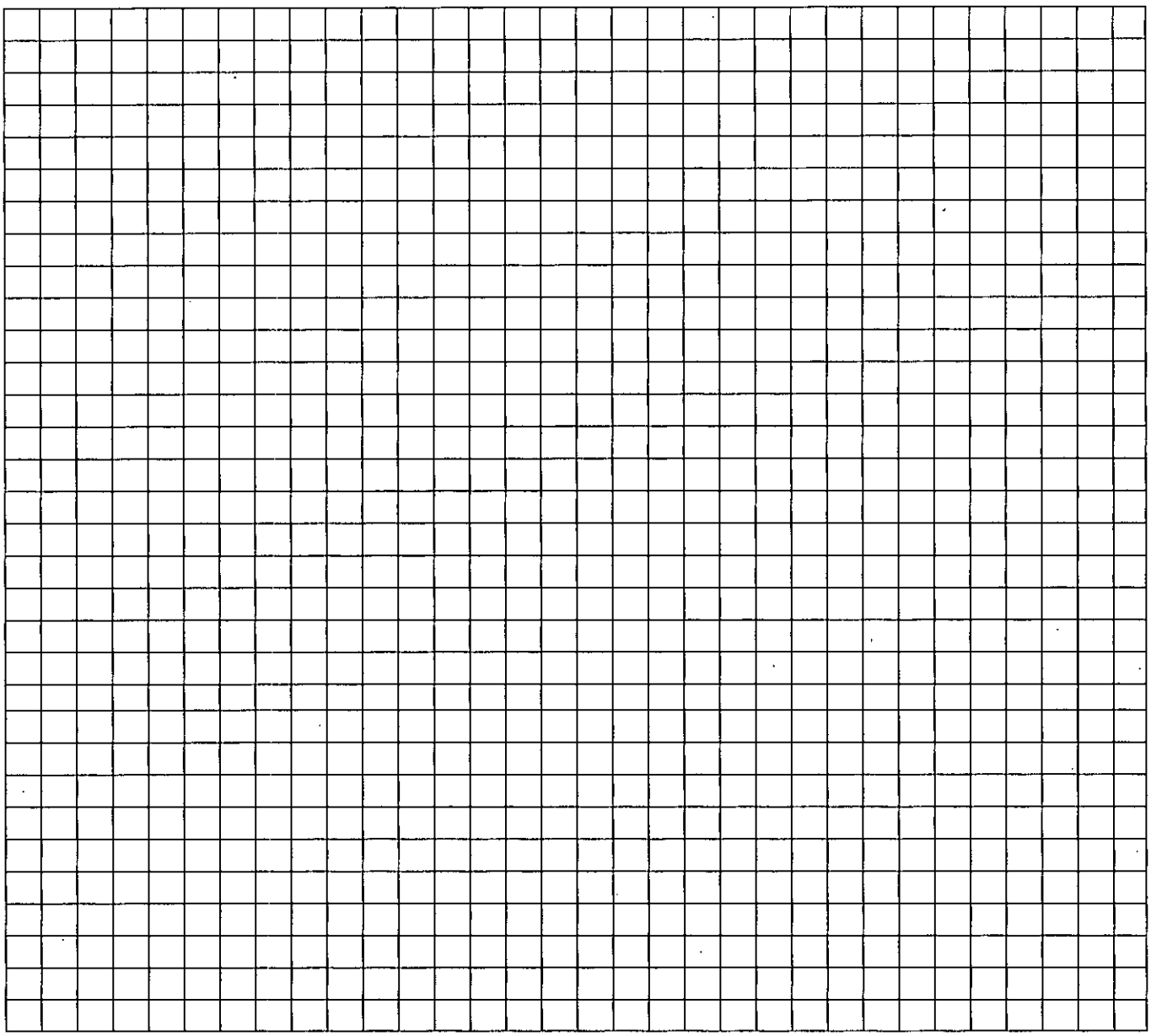
File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: _____ Tax Parcel #: _____

Subdivision Name: _____ Lot #: _____



_____ _____

Property Owner's or Owner's Legal Representative Signature Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

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

Sheet:
Property ID: 139-274-50
Lot #: 9
File #: 17790
Code:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: John Biggers
Applicant: John Biggers
Address: 8407 Clear Meadow Ln, Charlotte, NC 28227
Date Evaluated: 2/13/2015
Proposed Facility: Residential
Design Flow (.1949): 360 gpd
Property Size:
Location of Site: Same
Property Recorded:
Water Supply: [ ] Public [ ] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Augur Boring [X] 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	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	2-3%/L	0-12	CL/ wSBK	ss/sp/fr / Sexp					
		12-48	C/ SBK	s/p/fi / Sexp					
		48+	C/Relic Mottles	s/p/fi / Sexp		>48	NA	NA	.275

Description	Initial System	Repair System
Available Space (.1945)		PS
System Type(s)		IIIg
Site LTAR		0.275

Other Factors (.1946): _____
Site Classification (.1948): PS
Evaluated By: Bradley W Hallman
Others Present:

BT-3477-3

C of A (s) No. 12290

Date Issued 11 Mar 83 Serial 5644 T C No 188-224-5C

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 Ed Griffin Company (LAST FIRST MIDDLE)

Location of Property 8407 Clear Meadow Lane (Lot 28)

Application Number 12290 Permit Number 12290

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 33' Number of Lines 4

Depth of Filter Material 12" Cover Depth 15-24"

Water Supply Source County Distance from Water Source —

Excavation Inspected 8 Mar 83 (DATE) Tank Inspected 11 Mar 83 (DATE)

Nitrification Field Inspected 11 Mar 83 (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 ____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Comments 1 Tank 3'x82'x12" 9' Centers

Environmentalist

EHO-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Serial No. 6062

ICAR (S) Permit No. 12220

T. C No. 13

Map Date

Date Issued 3 Mar 83

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, ___ 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 dated 3 Mar 83 and this permit shall be void and of no effect if the information proved in the application is not true or is erroneous. All work shall be completed on or before 3 Sept 83, after which date this permit shall be null and void

Permeability Rate 15

Septic Tank Capacity 1500

Septic Tank Construction PC

330'

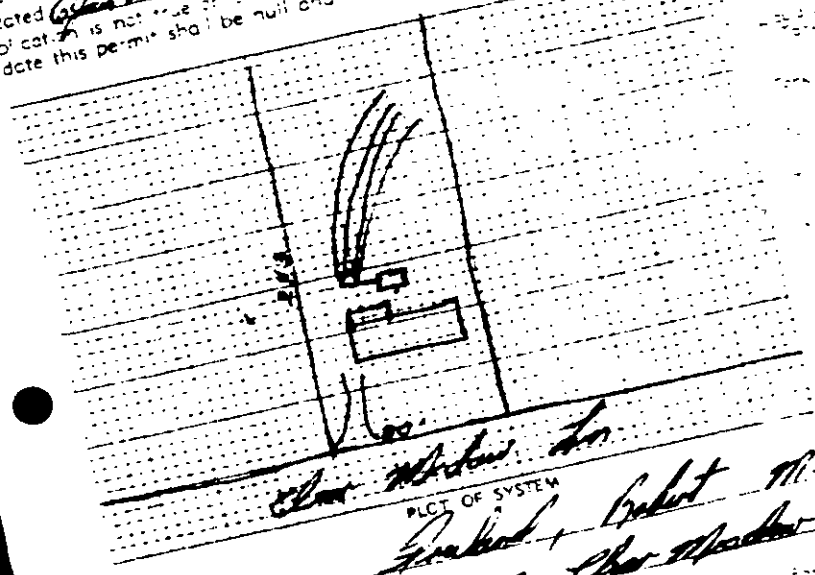
N/A

710'

710'

Property Line Setback

Property Line Setback We Community



PLOT OF SYSTEM

NAME OF OWNER Sealed, Robert M. & Chas Mathews Jr (Lot 9)

LOCATION OF PROPERTY 5407

The system shall meet all of the construction requirements as set forth in the Regulations of the [illegible] County Health Commission which are in effect on the date of the granting of this permit. A permit must be issued by the Environmental Health Director before any system can be covered, [illegible] engineered uninspectable or can be used. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed in accordance herewith will operate properly or relieve the owner now or hereafter from any liability resulting from the failure of the system to operate properly or from trailing or using such system from any cause whatsoever.

Comments:

Environmentalist

Head

for the installation or construction of a new system. It must be signed by the Environmental Health Department of Environmental Health in order to be valid. Only the signature of the Director is required where an existing system is being altered or repaired.

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Serial No. 6062

ICAR(S) Permit No. 12220

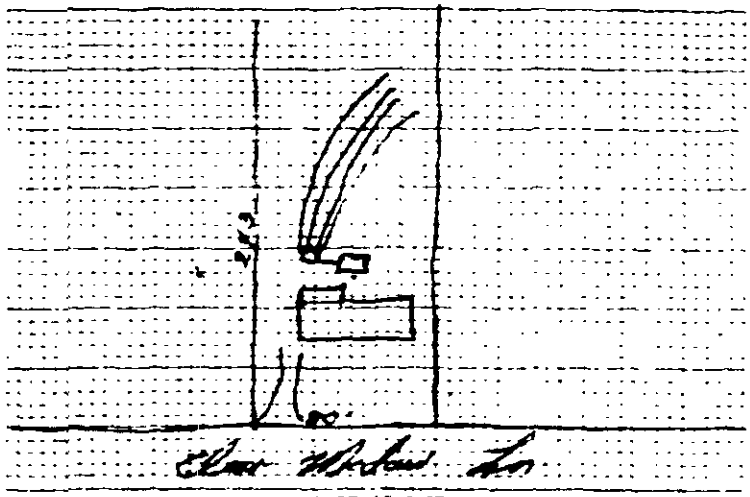
Date Issued 3 Mar. 83

T C No.

Map Date

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, ___ 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 on application A190 dated Jan 82 and this permit shall be void and of no effect if the information provided in the application is not true or is omitted. All work shall be completed on or before 3Jul 83 after which date this permit shall be null and void.



PLOT OF SYSTEM

Permitted Flow 15

Septic Tank Capacity 1500

Soil Classification PC

Distance from Well 330'

Distance from Lake

Distance from Stream 50'

Distance from Property Line 710'

Distance to Sewer Community

NAME OF OWNER Frankel, Robert M.

LOCATION OF PROPERTY 540 Char Meadow Ln. (Lot 9)

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission 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 function 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

Division or Section Head

Environmentalist M. A. Hinkley

* If this permit is for the installation or construction of a new system, it must be signed by the division or section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-78

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

12-1-82

LA No 17790

Date Issued 1-6-82 **Serial No. 5428**

T C No PO 193-275-12

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

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

NAME OF OWNER Freeland, (LAST) Robert (FIRST) M. (MIDDLE)

ADDRESS OF OWNER 701 Old Bell Rd., Matthews, NC ZIP 28105

LOCATION OF LOT 8407 Clear Meadow Lane (STREET OR COUNTY ROAD)

SUBDIVISION Clear Meadow LOT NO 9 BLOCK NO C

MAP BOOK NO _____ PAGE NO _____

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation on an on site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 17790 This approval is subject to the following terms and conditions:

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

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

Bob Wilson
Environmentalist

John R Atkinson
Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received 1-6-82

ICAR(S) Application No. 17755

T. C No 82-135-273-12

Map Date ___

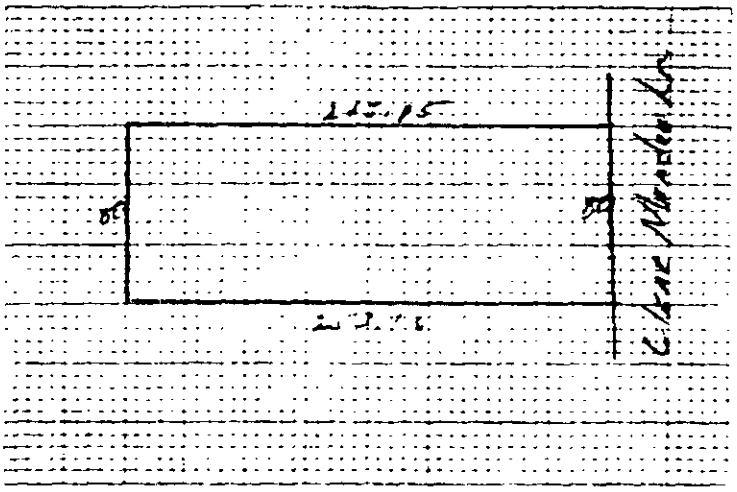
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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 Health Department for a permit to

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



3. PLOT PLAN (ACCURATELY DIMENSIONED)

4 No. of Bedrooms 3

5 Existing Well Not Used
Emergency _____

6 Water Supply ✓ Yes _____ No

7 Garbage Disposal _____ Yes ✓ No

8 Dishwasher _____ Yes ✓ No

9 Water Supply
A Public Supply _____
B Governmental System _____
C Individual System
Well Source ✓
D Governmental Source _____

10 Sewage System
House located within 200 feet of public sewer ___ Yes ✓ No
House located within 200 feet of community sewer _____ Yes ✓ No

11 FHA Case No _____

12 VA Case No _____

13. NAME OF OWNER Freeland (LAST) Robert (FIRST) M (MIDDLE)

14. ADDRESS OF OWNER 201 Old Bell Rd Matthews

15. PHONE NO Home 364 1354 Office 364 1354

16. LOCATION OF SYSTEM 5402 Glen Meadow Ln (STREET OR COUNTY ROAD)

17. SUBDIVISION Glen Meadow Lot No 9 Block No. C

Map Book No 15 Page No. 481

18. DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19. HAS A PERCOLATION TEST BEEN RUN? ✓ YES _____ NO DATE RUN _____

20 PTR NUMBER See Instructions 17755

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.

DATE OF APPLICATION 5 Jan 82

Robert M Freeland
OWNER

FORM NO E-4-4-2M-6-75S

HEALTH DEPARTMENT'S COPY

Serial No. 4056

PTR No. 17790

Date Issued March 26, 1981

T. C No. po 139-275-12

Map Date

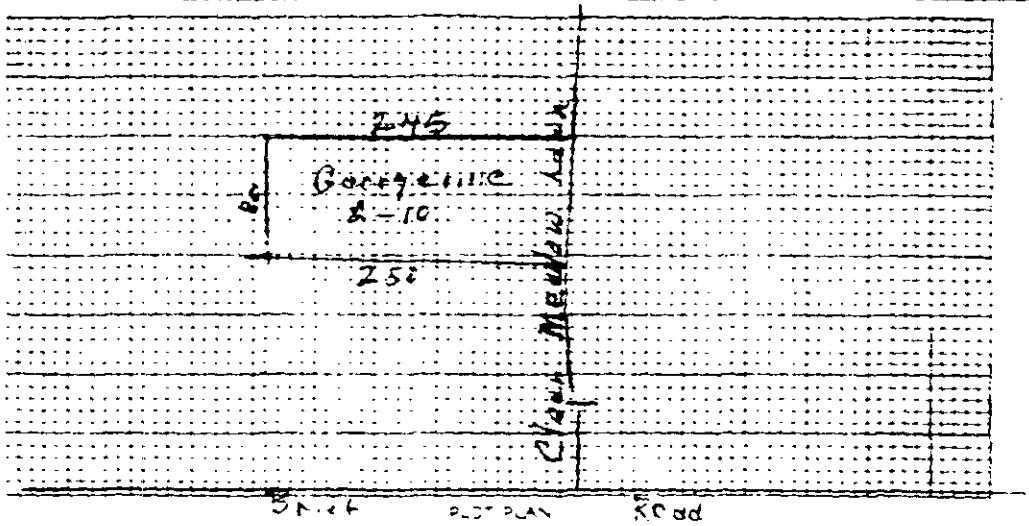
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Freeland, (LAST) Robert (FIRST) M. (MIDDLE)

ADDRESS OF OWNER 701 Old Bell Road, Matthews, NC ZIP 28105

LOCATION OF PROPERTY 9407 Clear Meadow Lane (STREET OR COUNTY ROAD)

SUBDIVISION Clear Meadow LOT NO #9 BLOCK NO "C"



Provisionally Suitable

Soil Scientist

Environmental Health Director or Authorized Section Head

Environmental Health Department's Copy

NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES
RALEIGH, NORTH CAROLINA

APPENDIX H
SITE EVALUATION
(Ground Absorption Sewage Disposal)

S.I.R. No. 17790
T.C. No. [illegible]

OWNER: ROBERT M. FREELAND DATE REQUESTED: 3-20-81
ADDRESS: 701 OLD BELL RD PLAT NO:
COUNTY: MECKLENBURG LOT SIZE: 19,740 .45
LOCATION OF SITE: CLEAR MEADOW LANE LOT 9 BLOCK

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U — 2-10	S PS U	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2:1 Clay)	S (PS) U — Clayey	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U — BLOCKY	S PS U	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) U — 48	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (inches) (Impervious strata, Rock)	S (PS) U — NONE	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) U — Adequate	S PS U	S PS U	S PS U
7. SOIL PERMEABILITY (percolation rate)	S (PS) U — Moderate	S PS U	S PS U	S PS U
8. OTHER (specify)	S PS U	S PS U	S PS U	S PS U
9. SITE CLASSIFICATION	P. Suitable			
10. SOIL SERIES	Georgeville			

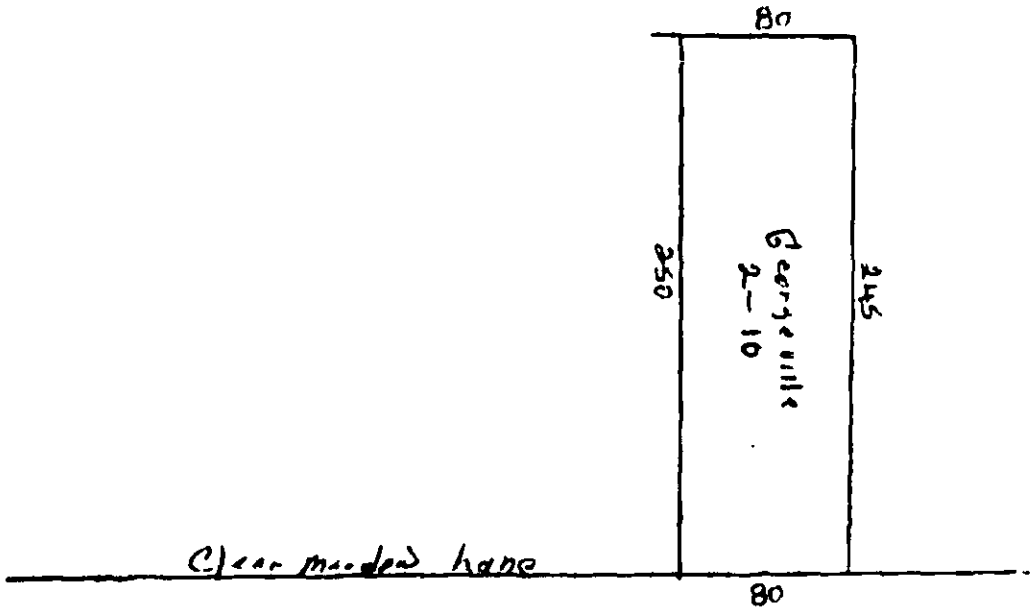
S - Suitable PS - Provisionally Suitable U - Unsuitable

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

Recommendations/Comments:

Described By: W. B. Ramsey
Title: Soil Scientist
Date: 3-25-81

DHS Form 2601
Sanitation
EHD 539 (2/80)


80
250
245
Clear marked lane
80

Date Received

MECK COUNTY DEPARTMENT OF
RECEIVED
MAR 19 1981
ENVIRONMENTAL HEALTH

APT No. 17790
P.C. No. 155-225-20
Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Ferrari Robert T M
LAST FIRST MIDDLE

2) ADDRESS OF OWNER 701 Old Bell Rd ZIP 2811[illegible]

3) PHONE NO Home 364-1224 Office 364-1224

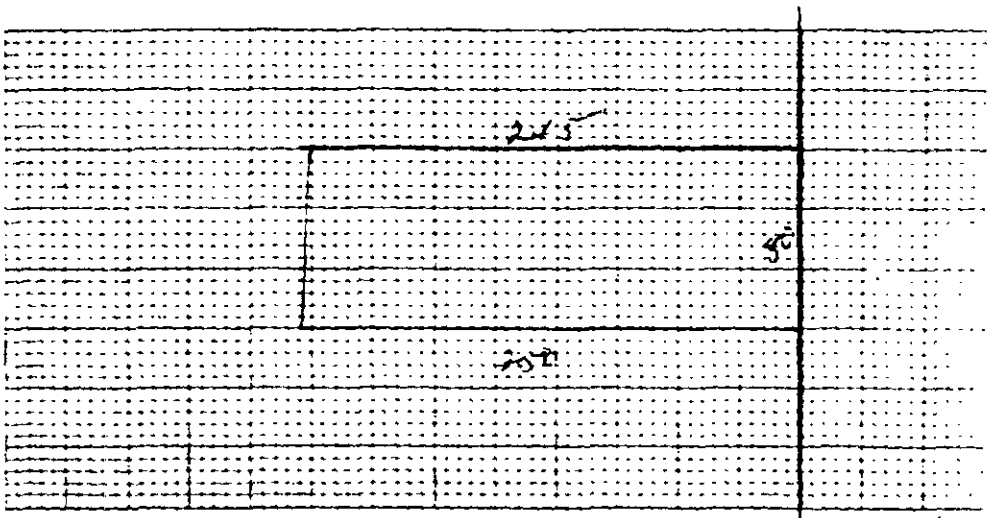
4) LOCATION OF PROPERTY 5401 Cove Meadow Ln
STREET OR COUNTY ROAD

5) SUBDIVISION Cove Meadow LOT NO 5 BLOCK NO C

MAP BOOK NO _____ PAGE NO _____

6) DEED REFERENCE DEED BOOK _____ PAGE NO _____

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

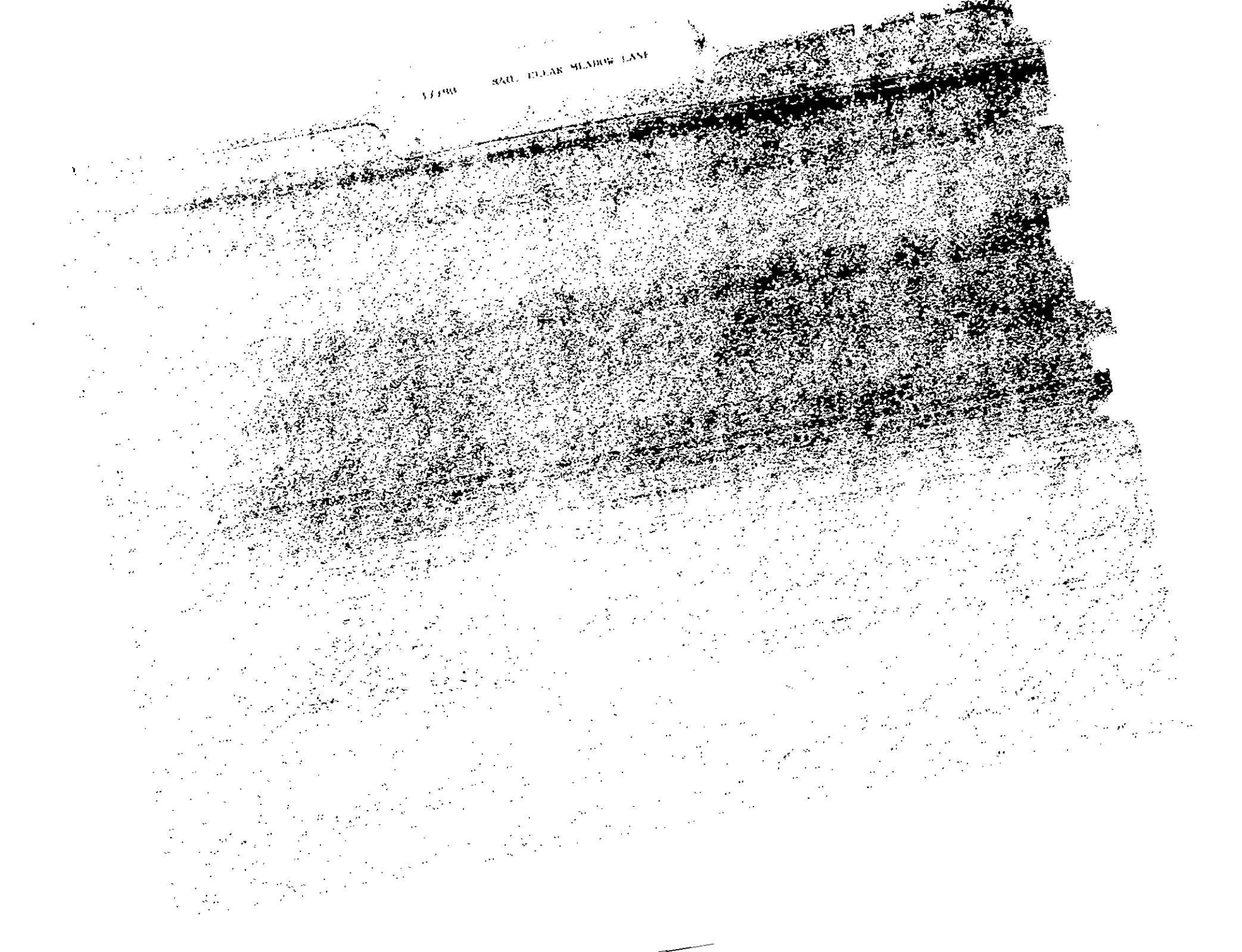


7) ACCURATELY DIAGRAM & DIMENSION LOT

OWNER

EHD-5-76

Environmental Health Department's Copy



17790

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

MEMORANDUM

TO: Susan Uzzell
Accountant II

FROM: Sylvia D. Daniel, R.S.
Program Chief

Date: April 1, 1993

Ref: 8407 Clear Meadow Lane

SUBJECT: Refund

(Mr./Mrs./Co.) Ms. Felicia Chapman originally paid $50.00 for Improvemnnt Permit/addition/utility/barn/no change in septic system on March 19, 1993.

A refund should be issued for $50.00 because client decided not to build utility/barn and no service had been rendered.

Please make check payable to: Ms. Felicia Chapman
8407 Clear Meadow Lane
Charlotte, NC 28227

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Sec Cist 3/19/93 DT [ ] CAT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202
(704)336-5102 file 17790

PERSON FILING APPLICATION:
NAME: Chapman (last) Felicia (first) L (mi)
ADDRESS: 8407 Clear Meadows PHONE: 704 545 2048
CITY: Chas STATE: NC ZIPCODE: 28227

Date: 3-19-93

PROPERTY OWNER:
NAME: Chapman (last) Felicia (first) L (mi)
ADDRESS: 8407 Clear Meadows PHONE: 704 545 2048
CITY: Chas STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 139-274-50
STREET ADDRESS: 8407 Clear Meadows
ZONING: R-3

Township (check one):
[X] 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):

TYPE APPLICATION (check one):
[ ] SOIL TEST - INDIVIDUAL LOT (0)
[ ] 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 (B)
[ ] SOIL TEST DEVELOPMENT (P)
[X] 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 (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3
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):
[X] 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 [X] 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: Felicia Chapman Date: 3-19-93

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.

...

[ ] 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 Date

Director or Authorized Section Head Date

WATER : 122791

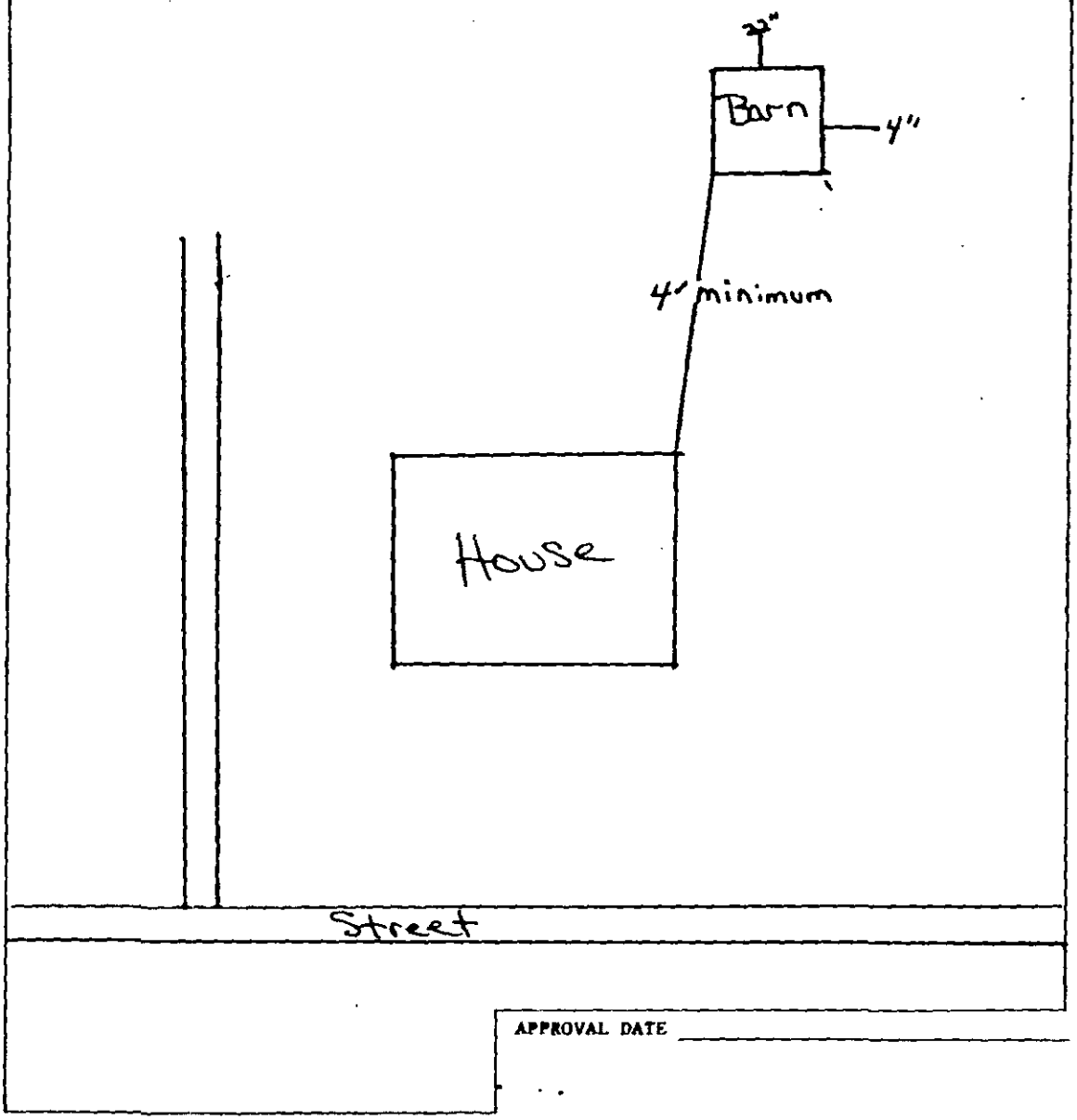
PROPOSED PLOT PLAN

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

FILE: 17790

TC: 139-274-50

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.

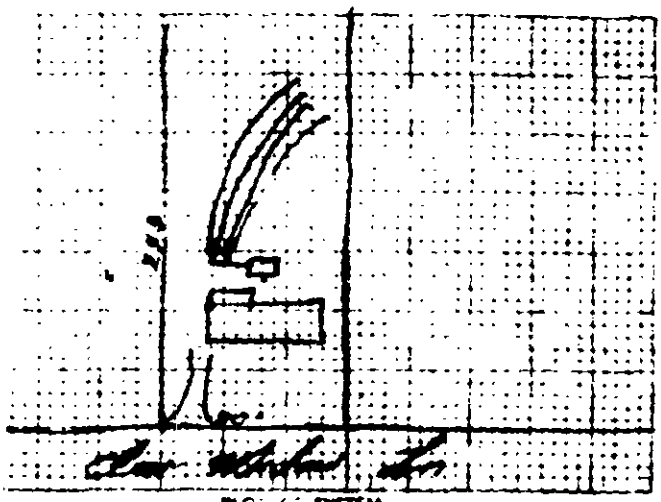


APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

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

hereby grants ✓ Install or Construct, ___ Alter or Repair the ndividual septic tank waste- ... with ... rface, soil absorption, effluent discharge as specified herein at the lo- ... This permit ... granted based upon the information supplied in application 82 80 ... 82 ... permit shall be void and of no effect if the information provided in the ap- ... is ... All work shall be completed on or before 3 Apr 83 after which ... be null and void



PLOT OF SYSTEM

Permeability Rate 15

Liquid Capacity of Tank 1250

Tank Construction C

Absorption and/or Nitrification Lines

Total Line Length 320'

Number of Lines 4

Distance from House 70'

Distance from Property Line 70'

Distance from Well Community

OWNER Frankel, Robert M.

OF PROPERTY 5307 Chesapeake Dr. (Alt 2)

... set all of the construction requirements ... set forth in the Regulations of the Mecklenburg ... which are in effect on the date of the granting of this permit. A certificate of ap- ... by the Environmental Health Director before any system can be covered up or otherwise ... unsuitable ... can be used. The issuance of this permit does not in any way guarantee that the ... anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, co- ... or using such system from any liability resulting from the failure of the system to operate properly.

... ...

... ...

... Sanitarian in Charge

M. L. Hadley
Environmentalist

... permit is for the installation or construction of a new system, it must be signed by the Division or a ... on head of the Department of Environmental Health in order to be valid. Only the signature of the En- ... is required where an existing system is being altered or repaired.

... ENTAL HEALTH

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

(Individual Single Tank System with Subsurface, Soil Absorption, Effluent Discharge)

of Owner [illegible] Company
LAST FIRST MIDDLE

ion of Property [illegible] (CON)

cation Number [illegible] Permit Number [illegible]

ation Data:

d Capacity of Tank 1500 Tank Material [illegible]

/ Length of Drain Tile [illegible] Number of Lines 4

th of Filter Material 12" Cover Depth 18-24"

er Supply Source Community Distance from Water Source —

avation Inspected [illegible] 83 Tank Inspected [illegible] 83
DATE DATE

ification Field Inspected [illegible] 83
DATE

shing Machine Line Inspected, If Applicable [illegible]
DATE

e undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been — installed or constructed, — ered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County alth Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval will 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 [illegible] 3x82'x12" [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]
ENVIRONMENTAL HEALTH [illegible]