

2711 MILLWOOD CR

02315121

5/23/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

EHS J. Michelone Reviewer J Walker

4934 County Permit Review Worksheet 2511

Rule or Law	Permit Application	1	2	3	4	5	6	7	8	9	10
.1937(d)	Is the Application complete	✓									
.1937(d)	Is there a Site plan/Plat with application	✓									
.1937(d)	Is the Facilityshown?	✓									
.1937(d)	Are appurtenances shown	✓									
	Site Evaluation Information										
.1939 (a)(1)	Topography and Landscape Position Recorded?										
.1940 (a-g)	Slope % Recorded?										
.1939 (a)(2)	Texture Class Recorded?										
.1939 (a)(2)	Structure type Recorded?										
.1939 (a)(2)	Consistence Recorded?										
.1939 (a)(2)	Mineralogy Recorded?										
.1939 (a)(3)	Soil Wetness Condition Recorded?										
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered?										
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?										
.1939 (a)(6)	Sufficient Available Space Recorded?										
.1937(m)	Are the Profile Locations Shown?										
.1939(a) & .1945(b)	Are the S/PS Profiles in system & in repair area?										
	Number of auger borings made:										
	Were sufficient auger borings made?										
.1939(d), .1955, .1956, .1957	LTAR										
	IP/CA										
G.S. 130A-336(a) & .1937(g)	Proposed System Type stated-Initial										
.1945(b)	Proposed System Type stated-Repair										
G.S. 130A-336(a)(3)	System location identifiable by setbacks - Initial										
.1937(g) & .1945(b)	System components shown - Initial										
.1945(b)	Repair area shown										
.1937 (f)(g)	Does System design match facility, flow & WW characteristics?										
.1937 (f)(g)	**Is System design consistent with soil/site conditions?**										
.1937 (f)(g)	Is the System located in the approved area?										
G.S. 130A-336(a)	Is the Design flow (gpd) indicated?										
G.S. 130A-336(a)	**Number of Bedrooms, employees, seats, etc. indicated?**										
.1937(g)	Trench depth indicated?										
.1937(g)	Trench width indicated?										
.1937(g)	Trench length indicated?										
G.S. 130A-336(a)(1)	Proposed/existing well shown?										
G.S. 130A-336(a)(1)	Property line lengths shown?										
G.S. 130A-336(a)	**Facility/appurtenance setbacks shown from fixed points?**										
	OP										
.1937(i)	System type as described in table V(a) of rule .1961										
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.										

If system design is incorrect or inconsistent with site conditions, indicate why for each below

FEE: 100.00 CK
DATE: 7/18/07
CRT ( ) 481 QC

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 06/07

FP 511

FILE #: 4934

TYPE APPLCATION:

- [X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
- [ ] ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
- [ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- [ ] COMMERCIAL OR INDUSTRIAL (N)

JPM

PERSON FILING APPLICATION:
NAME: NANCY ENNIS
ADDRESS: 2711 MILLWOOD CIRC
CITY: CHARLOTTE
STATE: NC ZIP: 28214
PHONE: 704-391-2217
ALTERNATE PHONE: 704-619-5796

PROPERTY OWNER:
NAME: ROBERT ENNIS
ADDRESS: 2711 MILLWOOD CIRC
CITY: CHARLOTTE
STATE: NC ZIP: 28214
PHONE: 704-391-2217
ALTERNATE PHONE:

JOB LOCATION INFORMATION
TAX/PARCEL #: 023-151-21
STREET ADDRESS: 2711 MILLWOOD CIRC
CITY: CHARLOTTE
STATE: NC ZIP: 28214
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

TOWNSHIP:

- [ ] 0-MECKLENBURG
- [ ] 1-CHARLOTTE
- [ ] 2-DAVIDSON
- [ ] 3-CORNELIUS
- [ ] 4-PINEVILLE
- [ ] 5-MATTHEWS
- [ ] 6-HUNTERSVILLE
- [ ] 7-MINT HILL

WATER SUPPLY:

- [ ] MUNICIPAL (M)
- [ ] COMMUNITY (C)
- [X] PRIVATE WELL (P)
- [ ] SHARED WELL (S)
- [ ] OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:

- [ ] HOUSE (H)
- [ ] MODULAR HOME (M)
- [ ] MULTIPLE FAMILY (U)
- [ ] SINGLE MOBILE HOME (S)
- [X] DOUBLE WIDE (D)
- [ ] OTHER (O)

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 2
NUMBER OF OCCUPANTS: 2

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? [ ] YES [ ] NO
UNDERGROUND STORAGE TANKS? [ ] YES [ ] NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:

- [ ] BEDROOM
- [ ] BATHROOM
- [ ] KITCHEN
- [ ] DINING ROOM
- [ ] LIVING ROOM
- [X] DEN
- [ ] GARAGE
- [ ] SUNROOM
- [ ] PORCH
- [ ] DECK
- [ ] OTHER

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:

- [ ] DETACHED GARAGE
- [ ] DETACHED GARAGE WITH PLUMBING
- [ ] POOL HOUSE
- [ ] SHOP
- [ ] BARN
- [ ] STORAGE SHED
- [ ] DETACHED PORCH / DECK
- [ ] 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature — Date: 7/18/07

*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 y this Department.
- This permit is not transferable.

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

O.K. to use existing system for a deck addition.

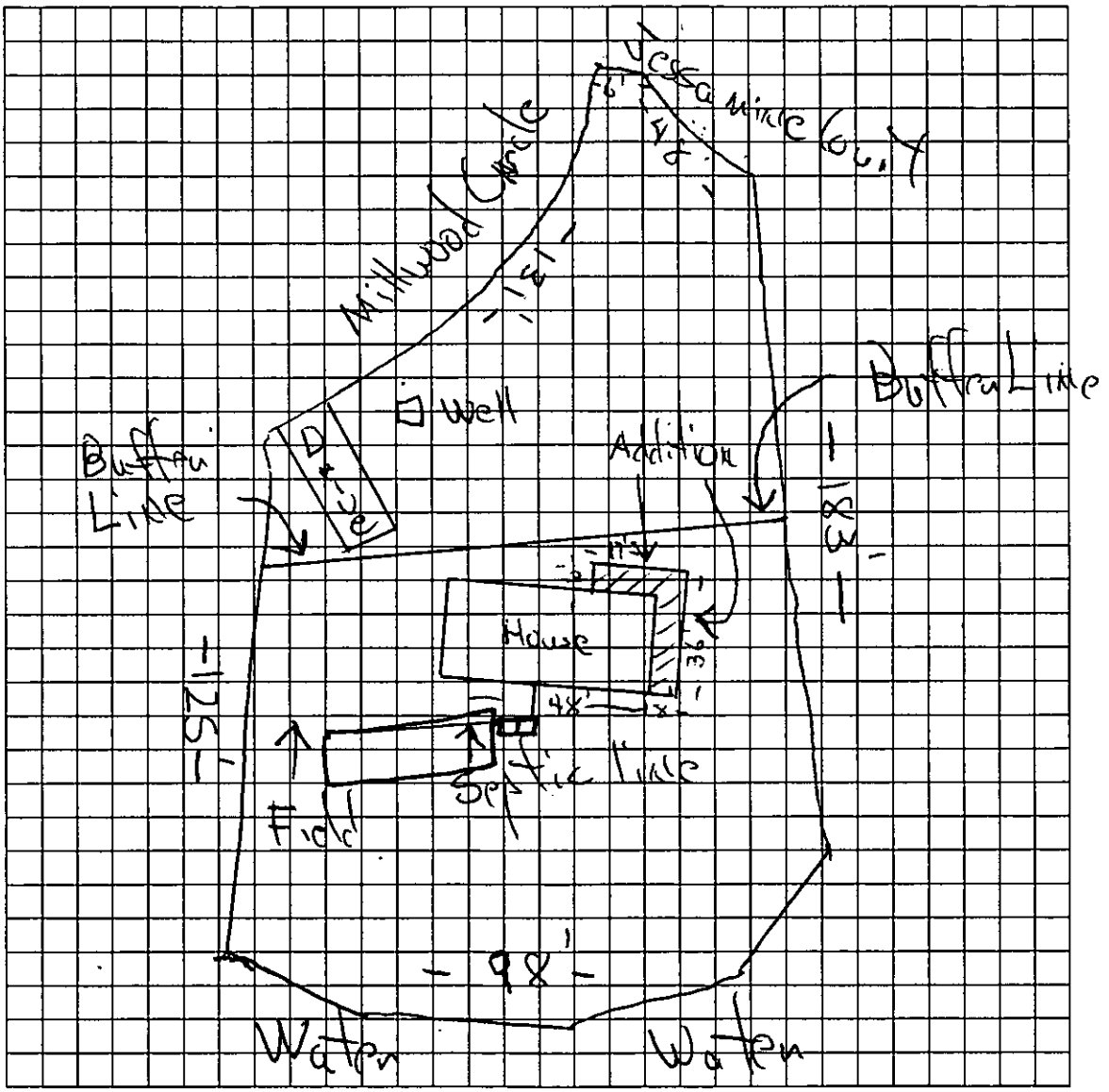
EHS Signature — Date: 7/23/07

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

File # 4934
Date

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature	Robert Carden Erwin
Date	7/17/07

LBC 12/15/04

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] 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 4934

Date: 11-1-99

PERSON FILING APPLICATION:
NAME: Piedmont Housing (last) (first) (mi)
ADDRESS: 1220 E. Main St. PHONE: (704) 736-4353
CITY: Lincolnton STATE: NC ZIPCODE: 28092

PROPERTY OWNER:
NAME: ENNIS (last) ROBERT (first) A (mi)
ADDRESS: 2711 Millwood Circle PHONE: (704) 391-2217
CITY: Charlotte STATE: NC ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 023-151-21
STREET ADDRESS: 2711 Millwood Circle off Nance Cove Rd. Charlotte
ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME: Millwood Circle

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

LOT NUMBER: #33 LOT SIZE (in acres): .62

TYPE APPLICATION (check one):

[redacted]
[X] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)

[redacted]
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Porch on Front 8X18
[redacted]

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

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 2

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[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: Gail Miziulis Date: 11-1-99

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.

... O.K. to use existing system

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

Jeff A. Knight 11/8/99
Environmentalist Date

WATER : 122791

JH

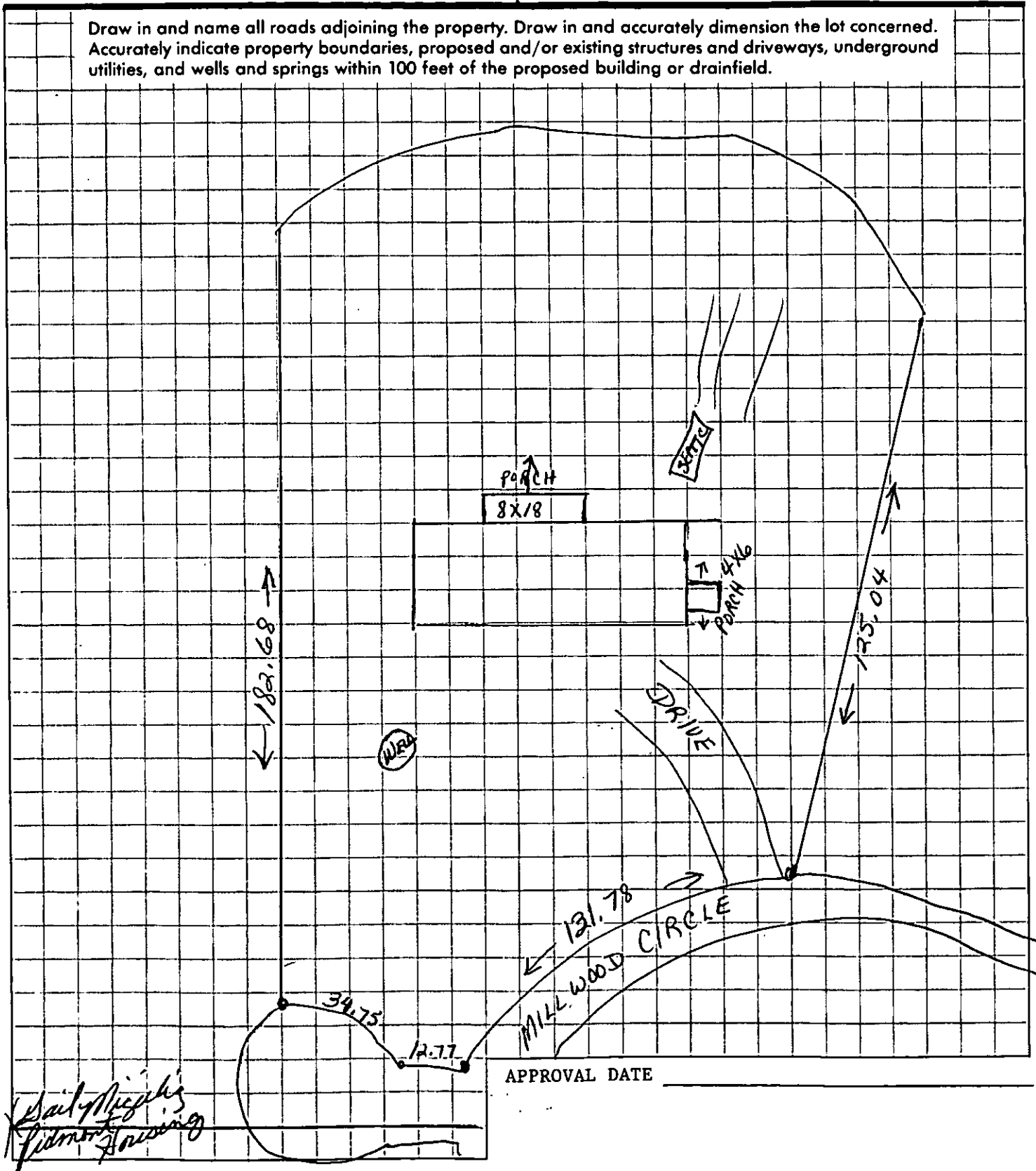
PROPOSED PLOT PLAN

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

FILE: 4934

TC: 023-151-21

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 _____

Gail Nichols
Piedmont Housing

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

PROPOSED PLOT PLAN

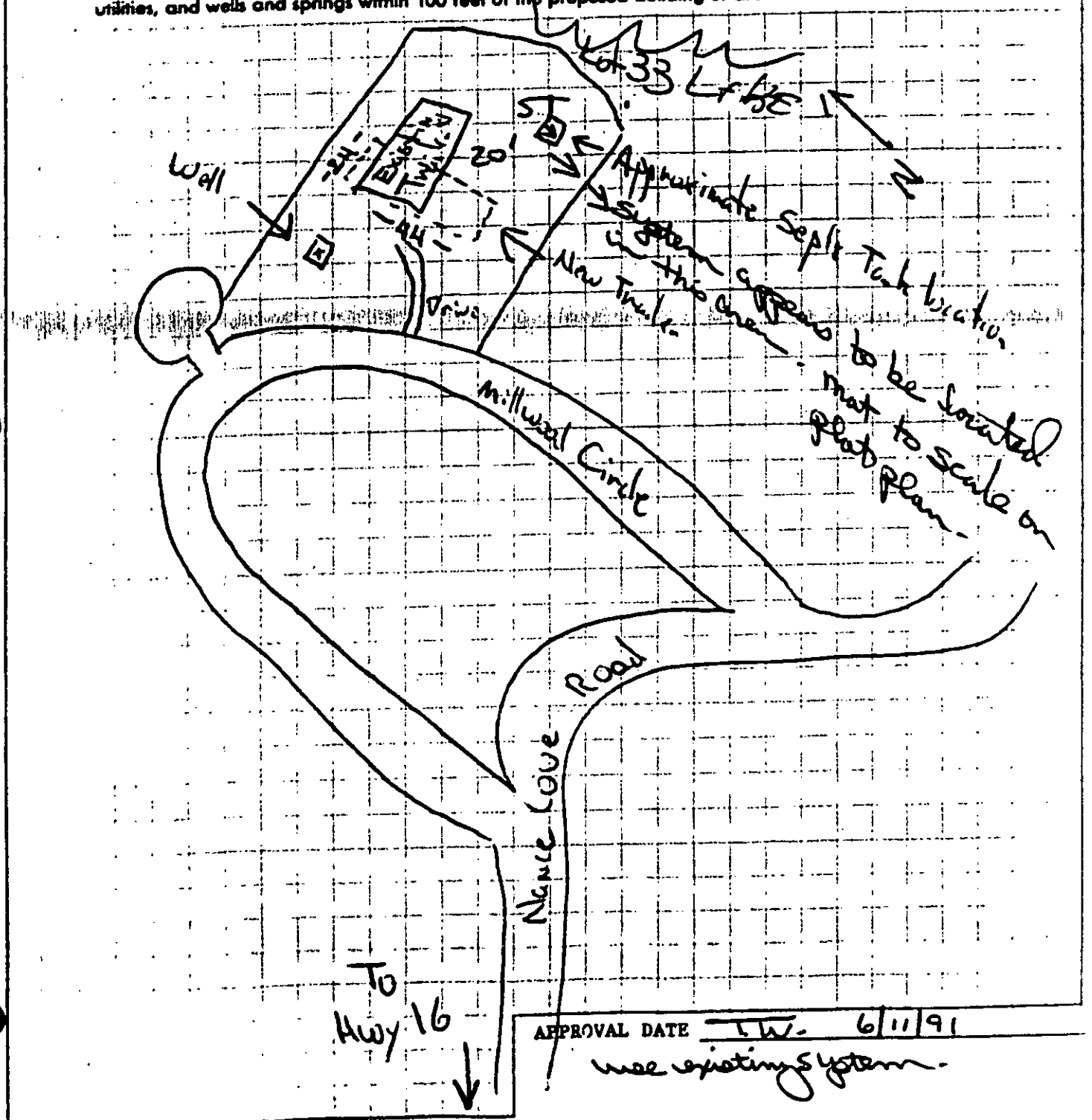
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

4934

FILE: ~~7503A~~

TC: 623-15/-14

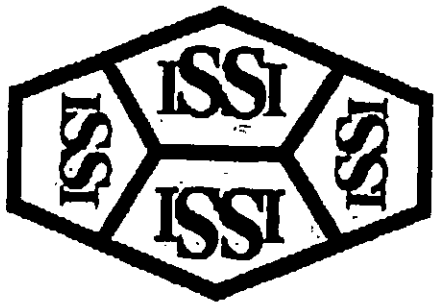
Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE LW. 6/11/91

use existing system.

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



Imaging Solutions and Services, Inc

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ISSI Operations Center Staff

Serial No. 7910 ICAR Sl Permit No. 4934

13 Oct 72 T C No 23-131

M S Date 1 Sep 72

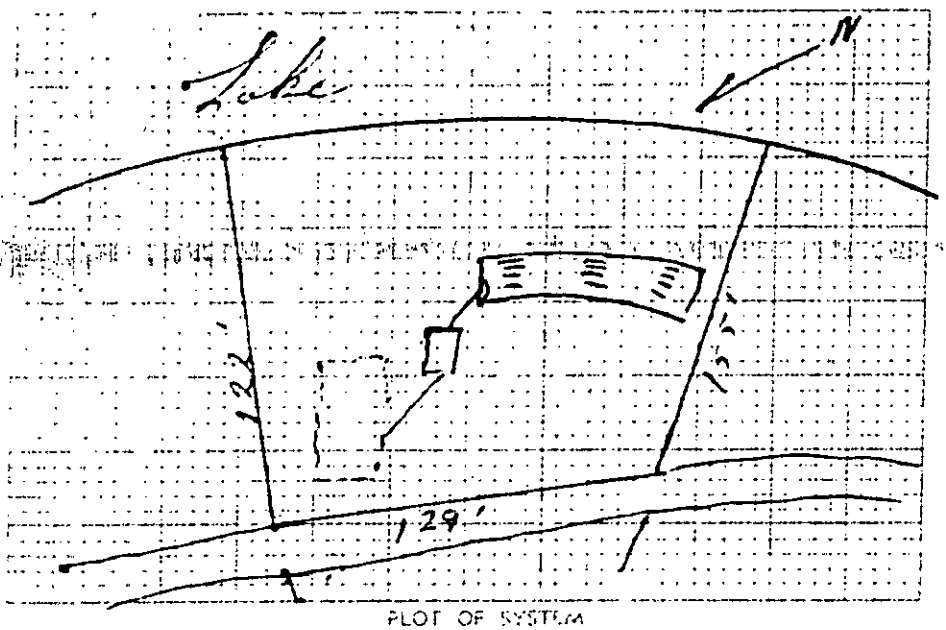
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge

Permission is hereby granted to ✓ Install or Construct ___ Alter or Repair the individual septic tank waste treatment system with subsurface, soil absorption effluent discharge as specified herein at the location listed below. This permit is granted based upon the information supplied in application 4934 dated 18 Sep 72 and this permit shall be void and of no effect if the information provided on the application is not true or is changed. All work shall be completed on or before 13 Dec 72 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 43

Liquid Capacity of Tank 1000

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Length 300'

Number of Lines 4 (100' x 1')

Distance from Well 10'

Distance from Property Lines 15'

Distance from Well 2'

NAME OF OWNER Evans, W H

LOCATION OF PROPERTY Lot 33, Section 2 (off Hwy 16)

This system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered inspectable or can be used.

Comments: F. Hadley (Contr.)

Signature of Applicant

Environmental Health Specialist

This permit is void if the owner does not obtain a building permit and begin construction of the new system within 90 days from the date of issuance. The Health Department reserves the right to void this permit if unsatisfactory conditions are found during construction. A new permit will be required where an existing system is being altered or repaired.

Cat A (s) No 4934

Serial No. 2750

T C No C 23-131

Date Issued 3 Nov 72

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Evans (LAST) , W (FIRST) — (MIDDLE)

Location of Property Mundial Lane (Hwy 16)

Application Number 4934 Permit Number 4934

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material PC

Total Length of Drain Tile 300' Number of Lines 6 (15' x 5' x 12")

Depth of Filter Material 12" Cover Depth 18-22"

Water Supply Source Individual Distance from Water Source 95'

Excavation Inspected 2 Nov 72 (DATE) Tank Inspected 3 Nov 72 (DATE)

Nitrification Field Inspected 2 Nov 72 (DATE)

Washing Machine Line Inspected, If Applicable N/A (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 Board of Health 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: R. Utley (Contr.)

Note: Fill dimension must be staked inside property lines. 450 gal Concrete septic tank.

M. L. Utley
Environmentalist

FORM NO E-6-4-1-71

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: [illegible] 4134
TC: [illegible]
SERIAL: 00080 ✓ ☐ LOCKET

JOB LOCATION

① ADDRESS: 2711 (STREET NO.) Millwood Circle (STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 023-151-21
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Robert (FIRST) Arden (MIDDLE) Ennis (LAST)
⑨ MAILING ADDRESS: 2301 E 5th St
⑩ CITY: Charlotte ⑪ STATE: N.C ⑫ ZIP: 28204
⑬ PHONE: (WORK) — ⑭ (HOME) 3753549

REQUEST

This request is for a(n):

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

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☑ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 2
㉓ Type? _____
㉔ Maximum occupancy? 1
㉕ Maximum number of employees? _____
㉖ 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: Robert Arden Ennis

Date: 6/7/91

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 60 months from the date of issuance.

[illegible] 6/27/91
Environmentalist Date

_____
Director or Authorized Section Head Date

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

PROPOSED PLOT PLAN

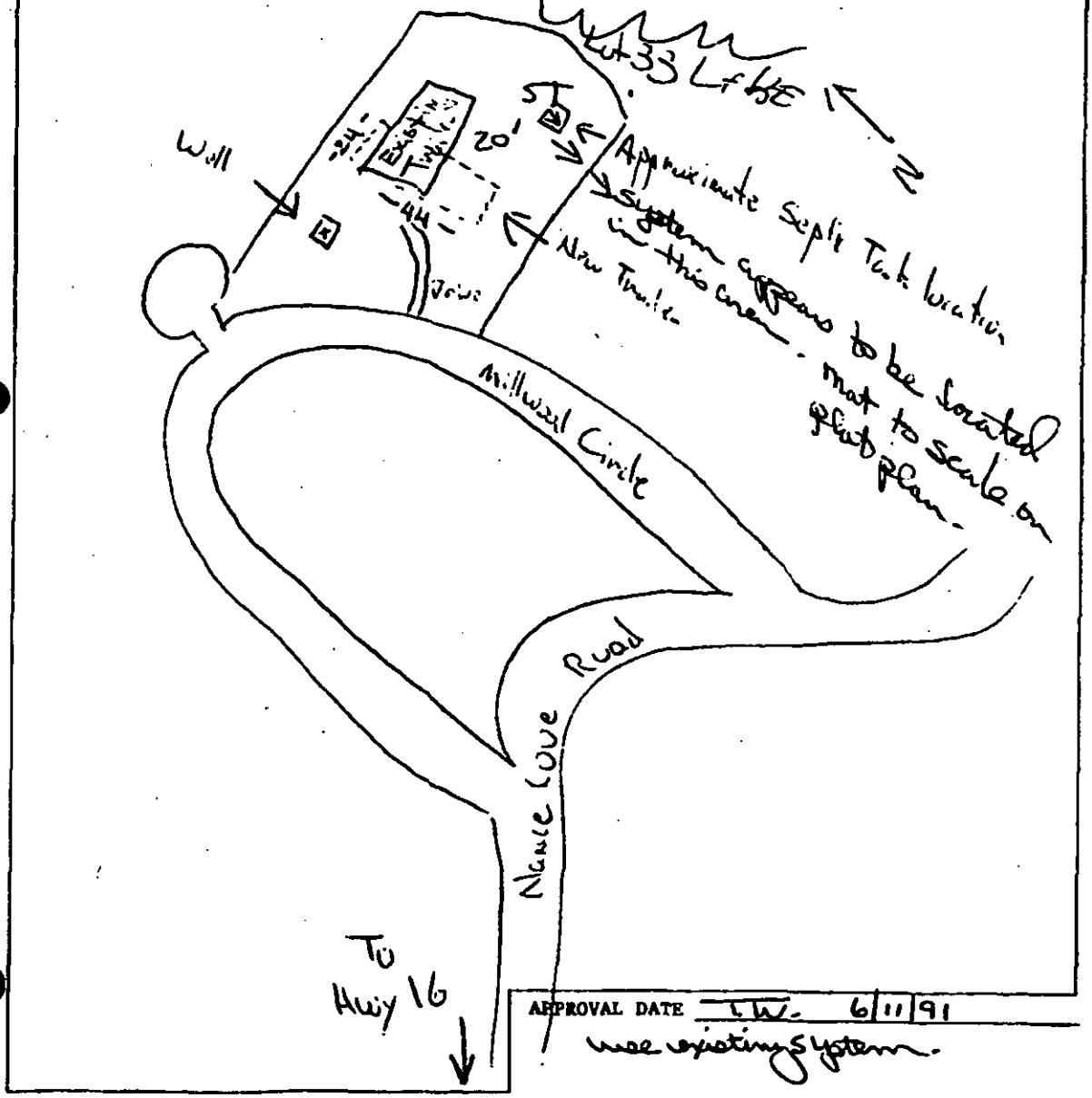
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

4134

FILE: ~~[illegible]~~

TC: 103 15 11

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 T.W. 6/11/91
use existing system.

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

Date Received 9-18-72

APT No. 4934

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER ENNIS (LAST) W (FIRST) H (MIDDLE)

2) ADDRESS OF OWNER Route 4, Box 422 L, Charlotte, N. C. ZIP 28208

3) PHONE NO. Home None Office 392-7121

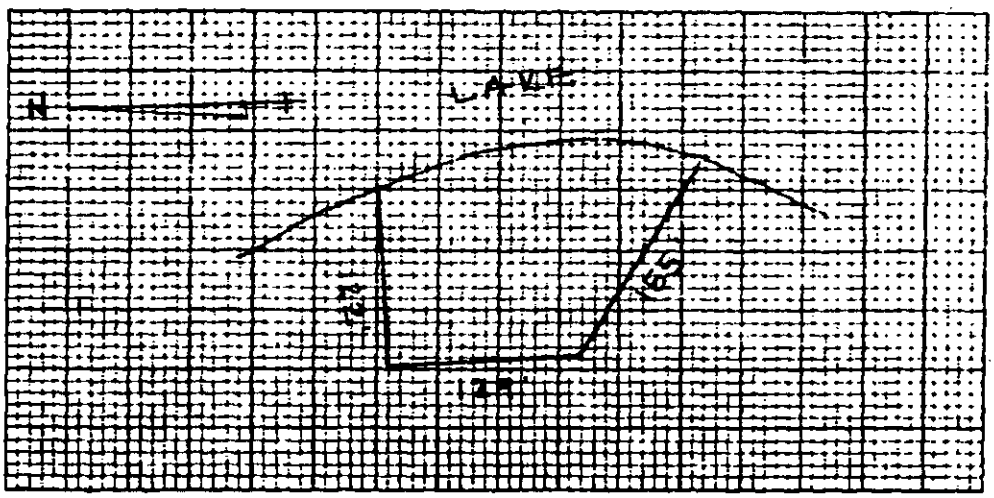
4) LOCATION OF PROPERTY On Mountain Island Lake off Highway 16, (STREET OR COUNTY ROAD) SECTION

5) SUBDIVISION MT. ISLAND DEVELOPMENT LOT NO. 33 BLOCK NO. 2

MAP BOOK NO. PAGE NO.

6) DEED REFERENCE: DEED BOOK PAGE NO.

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test 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.



7) ACCURATELY DIAGRAM & DIMENSION LOT

OWNER Crescent Land & Timber Corp.

Lessee W. H. Ennis

FORM NO. E-1-11-1-70

HEALTH DEPARTMENT'S COPY

Serial No. 2393

PTR No. 4934

T. C. No. 023-131-095

Date Issued October 13, 1972

Map Date 9/1/70

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

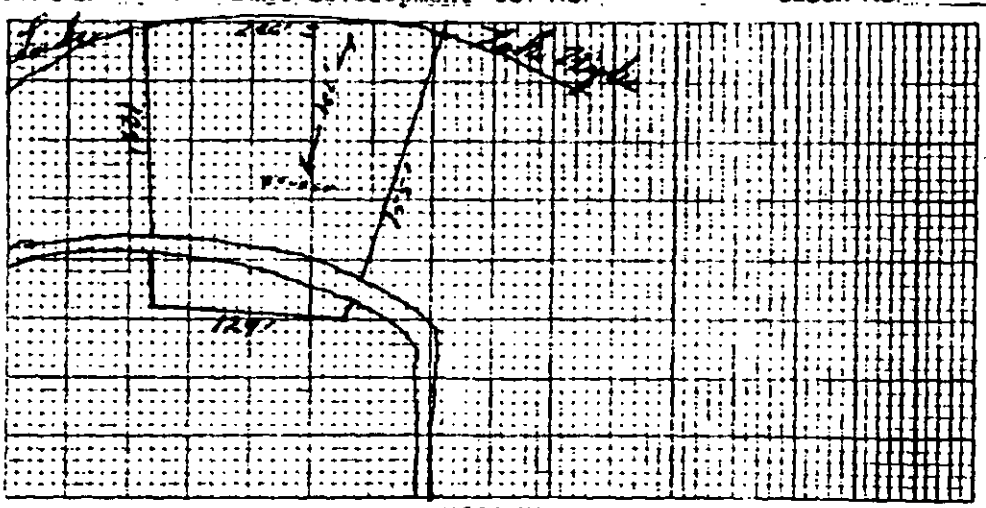
PERCOLATION TEST REPORT

NAME OF OWNER Ennis (LAST) W. (FIRST) H. (MIDDLE)

ADDRESS OF OWNER Route 4, Box 422-L ZIP 28208

LOCATION OF PROPERTY Mountain Island Lake off Highway 16 (STREET OR COUNTY ROAD)

SUBDIVISION Mt. Island Development LOT NO. 33 BLOCK NO. 2



PLOT PLAN

This is to certify that a percolation test has been run and an on-site inspection made by the Mecklenburg County Health Department on the lot described above. The said test was conducted on that portion of the lot as indicated on above plot.

The percolation rate determined by the test was 43 min/in. 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, alter, or repair the specific system shall be obtained from the Mecklenburg County Health Department prior to the beginning of any construction of buildings, or of the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater treatment system which must be installed will be determined by the Health Department prior to installation based on the percolation rate obtained above, and on the size and type of building constructed thereon.
3. This approval is valid only if the system is installed in the immediate area where the percolation test was run.
4. This approval is void if any grading, filling, or construction (including the drilling of a well) is performed on the lot which, in the opinion of the Health Department, renders the area where the percolation test was run unsuitable for the installation, construction, alteration, and/or repair of such a system.

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina State Board of Health and the Mecklenburg County Board of Health which were in effect on the date of issuance and is void if at any time in the future, prior to the 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.

John R. Robinson

Director, Environmental Health Division or
Authorized Section Head

FORM NO. E-2-4-1-71

ART 2.13 COPY

Date Received 9-18-72

ICAR(S) Application No. 4934

T. C. No. _____

Map Date _____

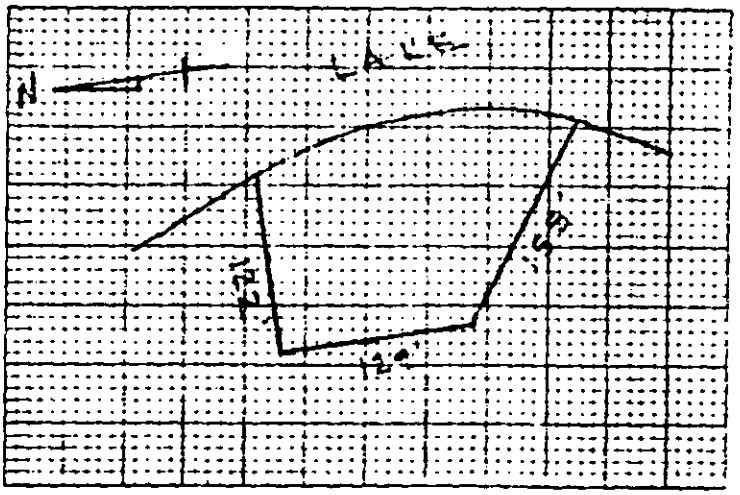
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) X 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 2

5) Business Use: Max No Employees None

6) Washing Machine ___Yes X No

7) Garbage Disposal ___Yes X No

8) Dishwasher ___Yes X No

9) Water Supply
- A) Individual Well ___ X
- B) Governmental System ___
- C) Community System:
  - 1. Well source ___
  - 2. Governmental source ___

10) Sewage System:
House located within 200 feet of public sewer ___ Yes X No
House located within 200 feet of community sewer ___ Yes X No

11) FHA Case No. _____

12) VA Case No _____

13) NAME OF OWNER ENNIS (LAST) W (FIRST) H (MIDDLE)

14) ADDRESS OF OWNER Route 4, Box 422L, Charlotte, N. C. 28208

15) PHONE NO. Home None Office 392-7421

16) LOCATION OF SYSTEM Mt. Island Lake - Mecklenburg County (STREET OR COUNTY ROAD)

17) SUBDIVISION Mt. Island Development Lot No. 33 Section Block No. 2

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A PERCOLATION TEST BEEN RUN? ___ YES X NO DATE RUN _____

20) PTR NUMBER (See Instructions) _____

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

9-15-72
DATE OF APPLICATION

Robin McGoldrick
OWNER - Lessor Crescent Land & Timber Corp.

W. H. Ennis
Lessee

FORM NO E-4-4-1-71

HEALTH DEPARTMENT'S COPY

Serial No. 2226

LA No. 4934

Date Issued October 13, 1972

T. C. No. 023-131-09

Map Date 9/1/70

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

TO THE BUILDING INSPECTION DEPARTMENT

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

NAME OF OWNER Ennis (LAST) W. (FIRST) H. (MIDDLE)

ADDRESS OF OWNER Route 4, Box 422-L ZIP 28208

LOCATION OF LOT On Mountain Island Lake off Highway 16 (STREET OR COUNTY ROAD)

SUBDIVISION Mt. Island Development LOT NO 33 BLOCK NO 2

MAP BOOK NO. _____ PAGE NO. _____

The above specified lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the percolation test results which yielded a percolation rate of 43 min/in 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 4934. 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 percolation test 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.

M. A. Eddy
Environmentalist

John R. Atkisson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-7:

HEALTH DEPARTMENT'S COPY

Serial No. 2960

Date Issued 13 Oct 72

ICAR (S) Permit No. 4934

T.C No 022-131-945

Map Date 1 Sep 70

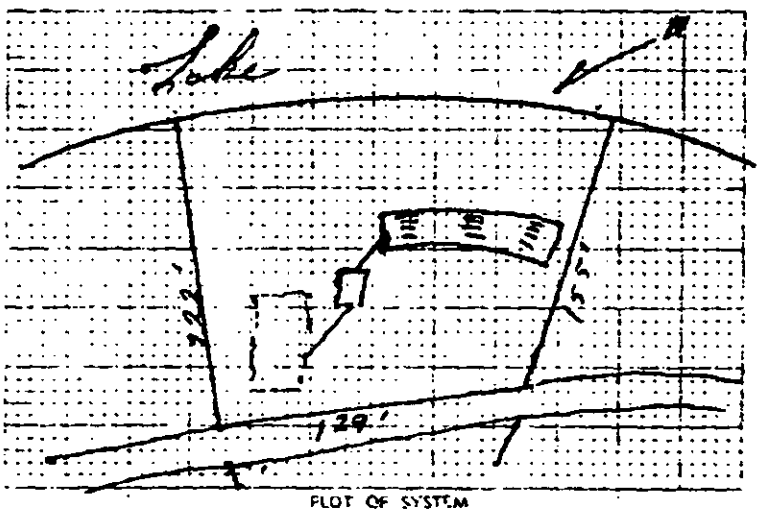
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission 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 4934 dated 18 Sep 72 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 13 Nov 72 after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate 43

Liquid Capacity of Tank 1000

Tank Construction AC

Absorption and/or Nitrification Lines.

Tote Line Lenght 300'

Number of Lines 4 (100'X25'X12")

Distance from House 10'

Distance from Property Line 15'

Distance from Well 2'

NAME OF OWNER Carney W. H.

LOCATION OF PROPERTY Lot 33, Section 2 (off Hwy 16)

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used

Comments: Ft. Mtg. (Conv.)

Division or Section Head

Environmentalist M. B. Bailey

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 Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired

FORM NO. E-5-4 1-71

DEPARTMENT'S COPY

Date Issued 3 Nov 72

Serial No. 2750

C of A (s) No. 4934

T C. No. 023-131-9 RS

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Ennis (LAST), W (FIRST), K. (MIDDLE)

Location of Property Mecklenburg County (Hwy 16)

Application Number 4934 Permit Number 4934

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material PC

Total Length of Drain Tile 300' Number of Lines 6 (15' x 50' x 12")

Depth of Filter Material 12" Cover Depth 18-22"

Water Supply Source Well Distance from Water Source 95'

Excavation Inspected 2 Nov 72 (DATE) Tank Inspected 3 Nov 72 (DATE)

Nitrification Field Inspected 2 Nov 72 (DATE)

Washing Machine Line Inspected, If Applicable N/A (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 Board of Health 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: R. Stoltz (Contr.)

Note: Fill dimensions were changed to stay inside property lines.

450 gal Fiberglass Interceptor installed

R. A. Hinkley
Environmentalist

FORM NO. E-6-4-1-71

HEALTH DEPARTMENT'S COPY