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Groundwater and Wastewater Services File Imaging Project
May 2007
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R#155 / $100.00 INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

AS

6/1/04

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

3899B

PERSON FILING APPLICATION:
NAME: Parks (last) Marsham (first) K (mi)
ADDRESS: 13945 Asbury Chapel Rd PHONE: (704) 875-5935
CITY: Huntersville STATE: N-C ZIPCODE: 28078

te:

PROPERTY OWNER:
NAME: Parks (last) Marsham (first) K (mi)
ADDRESS: 13945 Asbury Chapel Rd PHONE: 704 875-5935
CITY: Huntersville STATE: NC ZIPCODE: 28078

OPERTY INFORMATION (FROM ENGINEERING FORM):
X/PARCEL NUMBER: 019-212-31
REET DRESS: 13945 Asbury Chapel Rd
WING:

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

ODIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 1 LOT SIZE (in acres):

PE APPLICATION (check one):

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

[redacted]
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4

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

SYSTEM CLASSIFICATION:

OMMERCIAL/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

he undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the oregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH EPARTMENT to enter onto the property for the purpose of processing this request.

Signed: [signature] Date: June 1 '04

NOTICE:

he undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the he Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws nd Rules for Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject o 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 for an attached garage

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

[signature] 6/2/04
Environmentalist Date

WWATER : 12/2/91

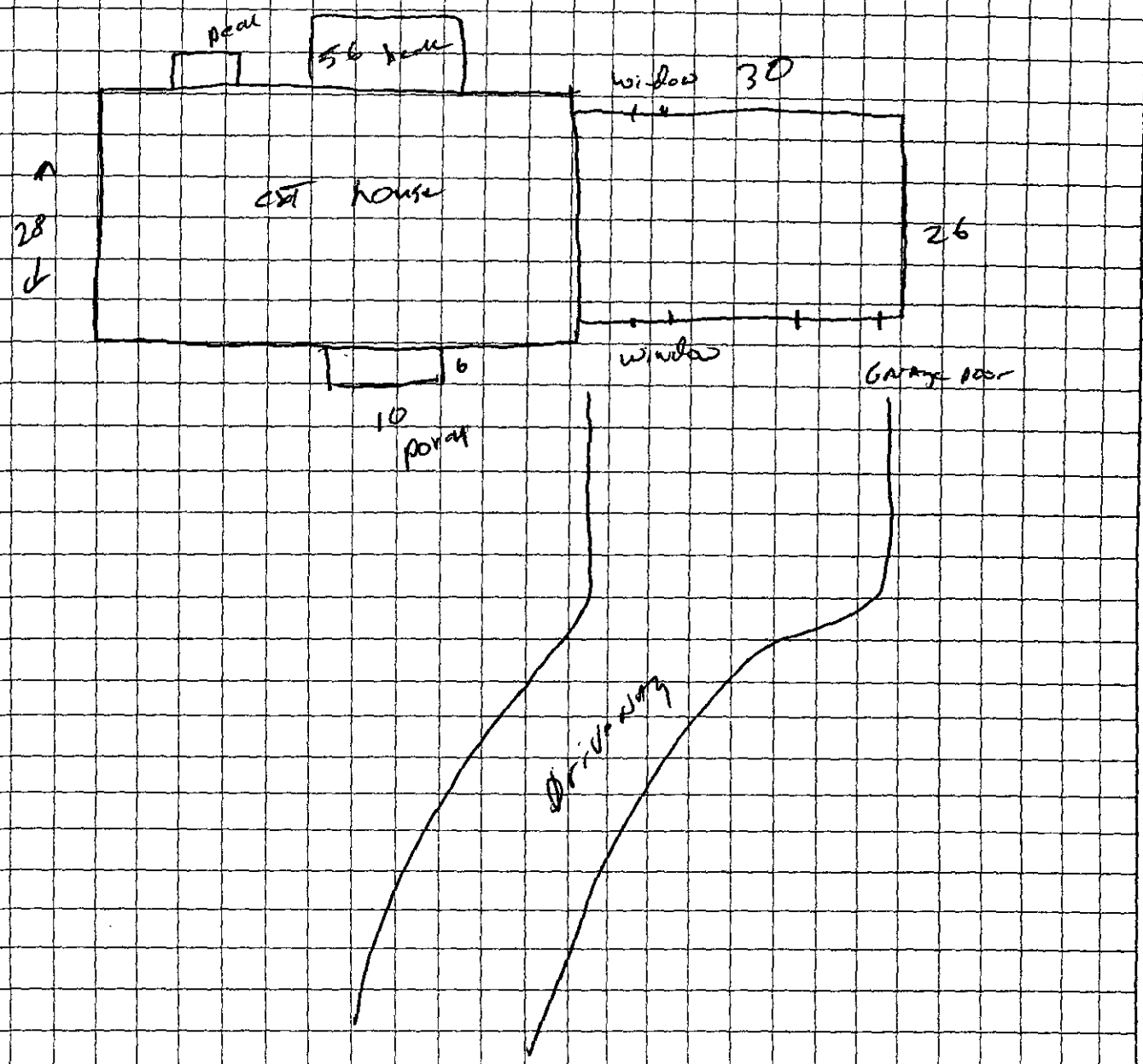
PROPOSED PLOT PLAN

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

FILE: _____

TC: _____

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 _____

Canary - E.H.S. Copy

Pink - Owner's Copy

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3899 B DATE: 1-21-98
TC: 019-211-02 ☒ L ☒ CRT
SERIAL Nº 17469

Name of Owner Marshall K. Parks Juris.:
Address of Property 13945 Asbury Chapel Road

Inspection Data:

Tank Material PCC
Total Length of Drainfield 406
Number of Lines 6 @ 67'
Cover Depth 18"
Water Supply Source priv. well
Distance to Water Source > 50'
Excavation Inspected 1-21
Tank(s) Inspected 1-21
Wash Line Inspected —
High Water Alarm Inspected —

PLOT

Design 1997, 1500ST, CON, 1208SF, T, 12G, Cecil-like CTR# 80

The undersigned has inspected the Septic Tank System described above, and certifies it has been
☑ installed or constructed ☐ altered or repaired
☑ in accordance with the permit issued ☐ as detailed in the plot above
and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this
☐ Certificate of Completion ☑ Operation Permit
does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 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/revocation of this permit.

COMMENTS: Type IIa 3 bedrooms
(6) 3'w x 67'l x 12" stone

Larry B. Thompson, Jr. R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

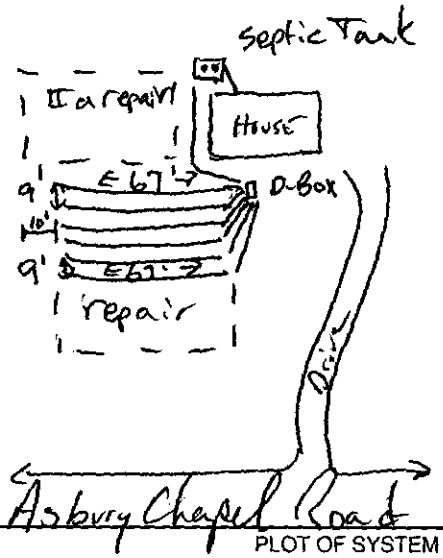
FILE: 3899B DATE: 1-13-98

TC: 019-211.02 Po ☒ L

SERIAL Nº 17571

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 6-30-97. All work shall be completed on or before 2-13-97, after which date this permit 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 the granting of this permit. A Certificate of Completion or 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 or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

* House too close to ① property line to install according to plot plan - moved drainfield to front yard.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Yes

Total Line Length 402 feet

Number of Lines 6

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well > 50 feet

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

NAME OF OWNER Marshall K. Parks

LOCATION OF PROPERTY Asbury Chapel Road

Comments: Type II a 3 bedrooms
(6) 3'w x 67'l x 12" stone

Larry B. Thompson, Jr., R.S.
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

100 Chk #5262 Paid in Full pd 100 cash 10/23/97 gc

FEE: $100.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 7/16/97 gc **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE** 1/60

DATE: 7-16-97 PERMIT NO: 3899 B
PARCEL NO: 019-211-02

JOB LOCATION ADDRESS: 13945 Asbury Chapel Road
PROPERTY OWNER: Marshall D Parks
BUILDING CONTRACTOR: American Family Homes
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: Penny B Thompson, J.S. DATE: 7-16-97
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3899 B, 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: See Conditions Of Improvement Permit

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.

Marlene Parks 7-16-97
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number 3899B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 019-211-02

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	
.3 Long-term acceptance rate	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
Yes Serviced by private well	1500 Gallon septic tank	400 Total trench length (ft)	34" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3 Bedrooms in residence	N/A Gallon pump tank	12" Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: Keep well 100' away from any part of the septic system				
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	
1200 Absorption Area (Sq ft) 400 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	34" 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.

Jerry B. Thompson, J.R.S. 7-16-97

DEHNR Authorized Agent Date

X Marlene K Parker 7-16-97

Owner/Agent Signature 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

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT SUBMITTAL SECTION

FROM: MECKLENBURG LAND DEVELOPMENT

JURISDICTION: MECK.

PROJECT ADDRESS

SUBDIVISION

ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

PROJECT NAME (IF APPLICABLE)

[illegible] DOCUMENTATION	APPROVED	NOT APPROVED
[illegible]	REVISED	[illegible]
[illegible]	APPROVED	[illegible]
[illegible]	APPROVED	[illegible]
[illegible]	PRESENT	NOT PRESENT
[illegible]	YES	NO
[illegible]	YES	NO
[illegible]	YES	NO

[illegible] RESIDENCE

[illegible] WILL BE REQUIRED WHEN PAVING PER [illegible] OF THE [illegible] ORDINANCE. NOT BE ISSUED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

[illegible] REQUIRED

NEW ADDRESS

[illegible]

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

COUNTY: _____

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

36990
PO 019-21102

OWNER: Floyd C. Leith APPLICANT: _____
ADDRESS: 9201 Reamer Road, Shar. APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: residency PROPOSED DESIGN FLOW (.1949): 360gpd PROPERTY SIZE: .87
LOCATION OF SITE: Asbury Chapel Road PROPERTY RECORDED: _____
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut LT
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	2-6% slopes 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	0-6"	grl cl	Fr/SExP/SS/SP	7 40" TO Soil Wetness	40"	N/A	None	LS
		6-28"	sBk/l c	Fi/SExP/SS/P					
		28-40"	sBk/l c	vFi/SExP/VS/VP					
2	LS	0-6"	grl cl	Fr/SExP/SS/SP	7 46" TO Soil Wetness	48"	N/A	None	PS .39/F2 LTAR
		6-48"	sBk/l c	Fi/SExP/SS/P					
3	LS	0-5"	grl cl	Fr/SExP/SS/SP	7 46" TO Soil Wetness	46"	N/A	None	PS .39/F2 LTAR
		5-46"	sBk/l c	Fi/SExP/SS/P					
4	LS	0-6"	grl cl	Fr/SExP/SS/SP					

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: W. R. Marks 10-16-97
OTHER(S) PRESENT: _____

COMMENTS: 100% Repair

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)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3	EXP (Expansive)	CR (Crumb)
S (Debris Slump)		L (Loam)				GR (Granular)
P (Flood Plain)						SBK (Subangular Blocky)
S (Foot Slope)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15		ABK (Angular Blocky)
(Head Slope)		SICL (Silty Clay Loam)				PL (Platy)
(Linear Slope)		CL (Clay Loam)				PR (Prismatic)
(Nose Slope)		SCL (Sandy Clay Loam)			MOIST	WET
(Ridge)		SUC (Silt Loam Clay)				
(Shoulder Slope)					VFR (Very Friable)	NS (Non-sticky)
(Terrace)	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SIC (Silty Clay)			FI (Firm)	S (Sticky)
					VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None		EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

OTES

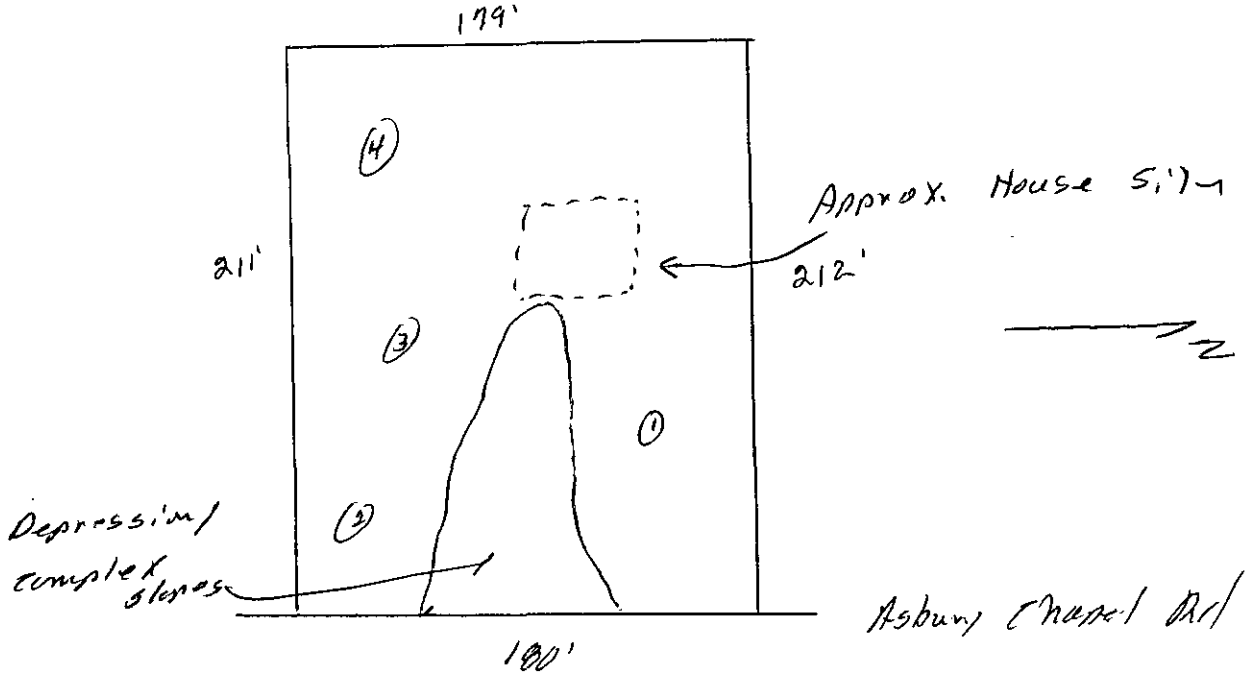
ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
PROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - 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).

3999B



PROPOSED PLOT PLAN

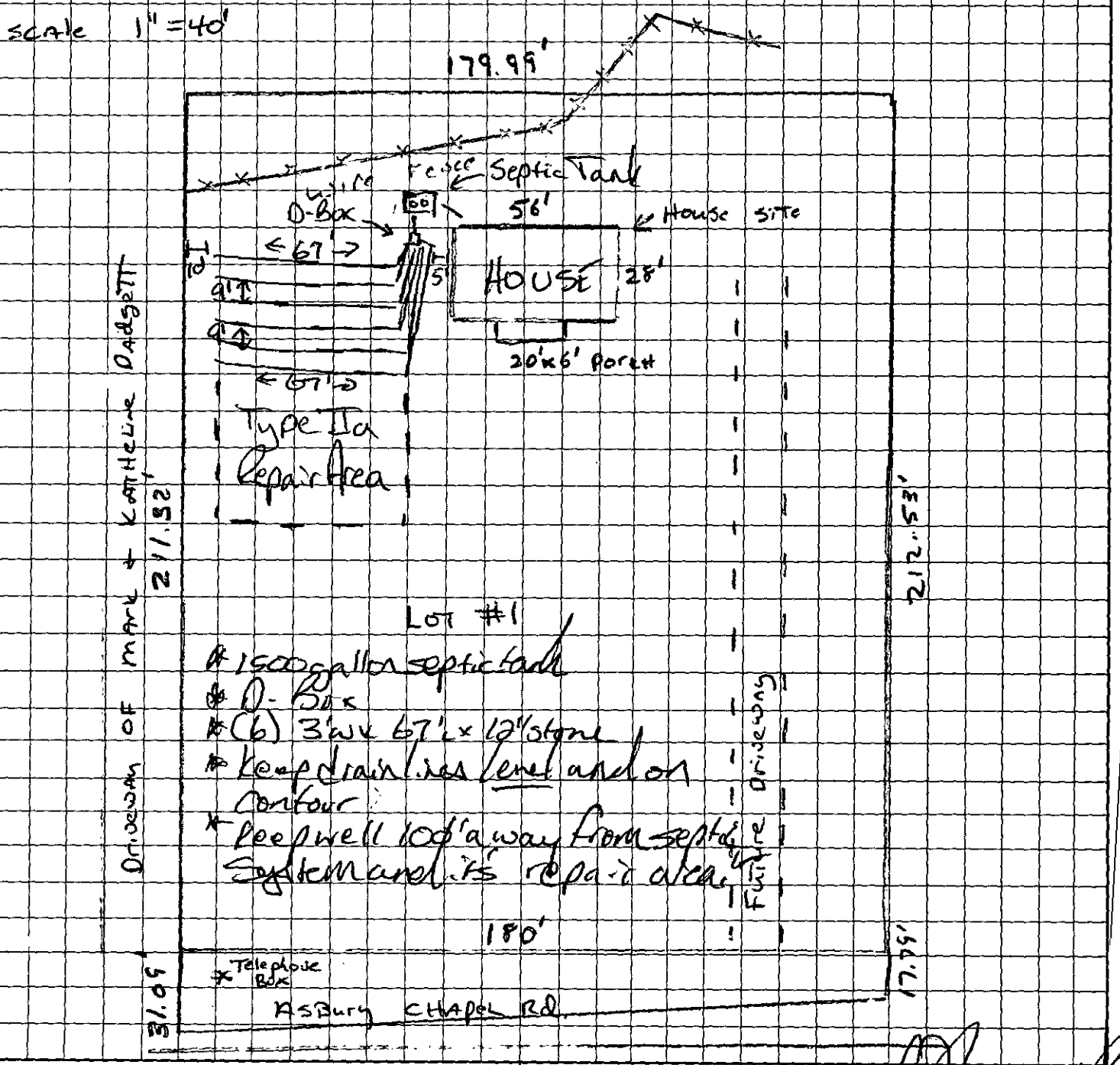
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3899B

TC: 019-21B-02 80

TAX parcel # 019-21B-02

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.



Marlene K Parker
OWNER/AGENT SIGNATURE

DATE 6-27-97

APPROVAL DATE 7-16-97 L. Thompson R.S.

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

FEE: 100.00 Cash
DATE: 6/30/97 RC

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

I 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 #: 3899B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 019-211-02 PT

STREET ADDRESS: Asbury Chapel Rd

TYPE OF BUILDING (CHECK ONE):

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 1

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1568

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 3

CLOSING DATE _____

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: Floyd C. Lisk (LAST) (FIRST) (MI)	NAME: Parks Marshall IC (LAST) (FIRST) (MI)
ADDRESS: 9201 Reames Rd	DAYTIME PHONE: 704 875-8435 Home
CITY: Charlotte STATE: N.C ZIP:	704 588-3648 Work
DAYTIME PHONE: 704 598-8501	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? June 12 1997

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: Marlene K Parks DATE: June 30 '97

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

JUNE 25, 1997

TO: WHOM IT MAY CONCERN.

THIS IS TO NOTIFY THAT, FLOYD C. LISK AND AILEEN B. LISK WILL BE DEEDING LOT # 1. TO ANNA M. LISK PARKS AND MARSHALL K. PARKS LOCATED ON ~~ASHBURY~~ Asbury CHAPEL RD.

THEY HAVE OUR PERMISSION TO HAVE THE HEALTH DEPARTMENT TO INSPECT LOT # 1.

SINCERELY,

Floyd C. Lisk
FLOYD C. LISK

Aileen B. Lisk
AILEEN B. LISK.

File
3899B