

5309 LEBANON RD

13531629

5/17/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4220A DATE: 3/16/94

TC: 135-316-29 ☐ L ☒ CRT

SERIAL № 15747

Name of Owner Rita & Terry Miller Juris.:

Address of Property 5309 Lebanon Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 450

Number of Lines 5 @ 90

Cover Depth 12

Water Supply Source City

Distance to Water Source —

Excavation Inspected 3/16/94

Tank(s) Inspected 3/16/94 (DATED 2-3-94)

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1993 conv, 1350 SQFT, T, 12"G, CLAY CTR# RCS

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☐ altered or repaired

☒ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☒ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: There shall be no paving or driving over system.

Trevor P. Hill for TM 3/30/94

P. Walker RS for S. Pruitt 3/18/94

Jane H. Newell, R.S.
Environmentalist

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

RCS called 3/8/94 APPROVAL

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

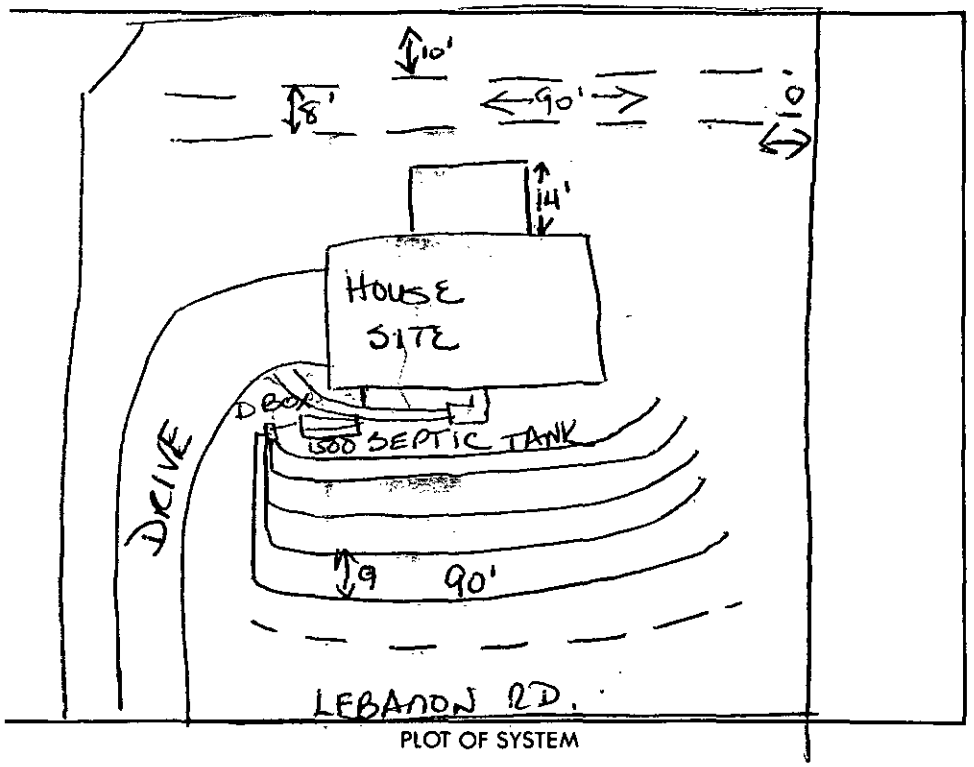
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4220A DATE: 3/8/94

TC: 135-316-29 ☐ L

SERIAL Nº 15628

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 2/10/94. All work shall be completed on or before 3/31/94, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank ___ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 450' feet

Number of Lines 5

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 40 feet

Distance from Well N/A feet

NAME OF OWNER Jerry & Rita Miller

LOCATION OF PROPERTY 5309 Lebanon Rd.

Comments: 1500 SEPTIC TANK (W) 5 LINES @ 3'X90'X12"
REPAIR area will be a PBS REPAIR IN BACK AND 90' WASHER LINE IN FRONT.

_____ Division or Section Head

Toni H. Newell, R.S. Environmentalist

* 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 Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

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

PERSON FILING APPLICATION:

NAME: Miller (last) Rita (first) D (mi)

ADDRESS: P.O. Box 25213 PHONE: (704) 545 1292

CITY: Charlotte STATE: NC ZIPCODE: 28229

Date: 8/21/93

PROPERTY OWNER: Jerry & Rita Miller

NAME: _____ (last) _____ (first) _____ (mi)

ADDRESS: SAME PHONE: (__) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 135-316-29

STREET ADDRESS: 5309 Lebanon Rd Charlotte NC 28227

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: L 21 / B23 LOT SIZE (in acres): .468

TYPE APPLICATION (check one):

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

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4

SYSTEM CLASSIFICATION:

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

WATER SUPPLY (check one):
[X] Community (C) [] Shared Well (S)
[X] Municipal (M) [] Other 'spring' (O)
[] 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: Rita D. Miller Date: ~~8/21/93~~ 2/10/94

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.

...3 bedroom residence
Conventional w/ Pool
Block Repair.

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

Ron H Wavell, RS. 3/8/94
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

7/1/93 - I contacted Tom Short/to ~~Lot~~ #220A
him of the two options that Sylvia and I
had discussed. which was she would have
pay application fee and once the sewer was
hooked up and Dino as will be refunded. The
second option is to formally route Sylvia
for a waiver since she had no problems
for this. Newell, R.S.

CHARLOTTE

June 8, 1993

SUBJECT: Sanitary Sewer Extension Along Lebanon Road Affecting 5309 Lebanon Road

To Whom It May Concern:

This letter is to confirm that the Charlotte-Mecklenburg Utility Dept. is currently in the design phase of a sewer project along Lebanon Road that will make service available to 5309 Lebanon Road (Tax Parcel 135-316-29). The approximate completion date for this project is December 1993. If you have any questions, please call me at 391-5132.

Sincerely,

CHARLOTTE-MECKLENBURG UTILITY DEPARTMENT

E. Allen Brown III

E. Allen Brown
Project Manager-Street Main Extensions

cc: File

H # 545-1292 — W # 845-1135
Tom or Bill Miller
Short Const.

$300.00 Pd. 3/7/94 ck # 1150

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

4220A

[] 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

PERSON FILING APPLICATION:

NAME: Miller (last) Rita (first) D. (mi)

ADDRESS: PO Box 25213 PHONE: (704) 545 1292

CITY: Charlotte STATE: NC ZIPCODE: 28229

Date: 2/10/94

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 135-316-29

STREET ADDRESS: 5309 Lebanon Rd Charlotte NC 28227

ZONING:

PROPERTY OWNER:

NAME: Miller (last), Jerry L & Rita D (first) (mi)

ADDRESS: (same) PHONE: (__) _____

CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: L21 / B3 LOT SIZE (in acres): .468

TYPE APPLICATION (check one):

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

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4

SYSTEM CLASSIFICATION:

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

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[X] Municipal (M) [] Other 'spring' (O)
[] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [X] 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: Rita D. Miller Date: 2/10/94

NOTICE:

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

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

...

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

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WWATER : 122791

PROPOSED PLOT PLAN

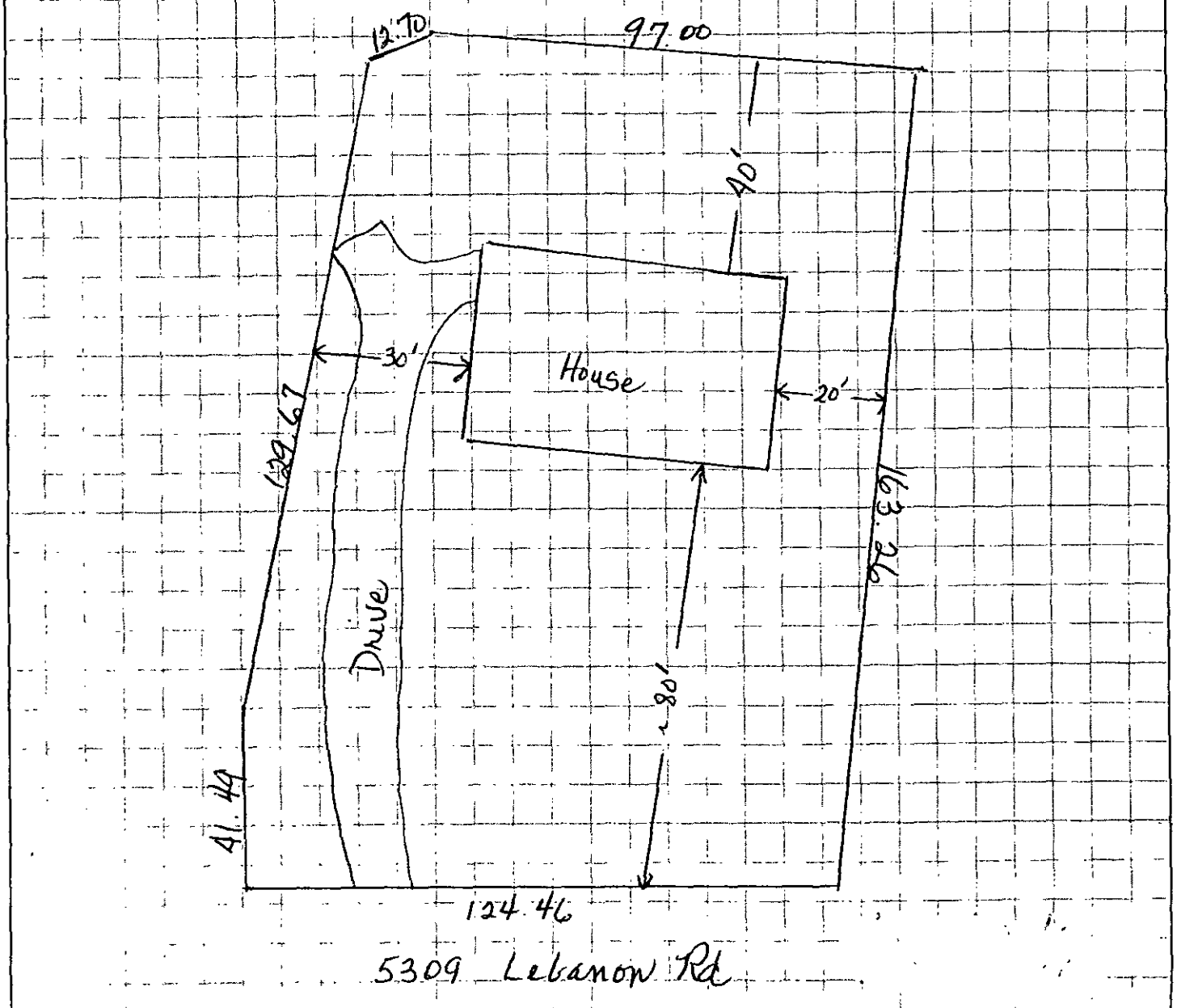
Old File 4220A

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.



APPROVAL DATE _____

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

PROPOSED PLOT PLAN

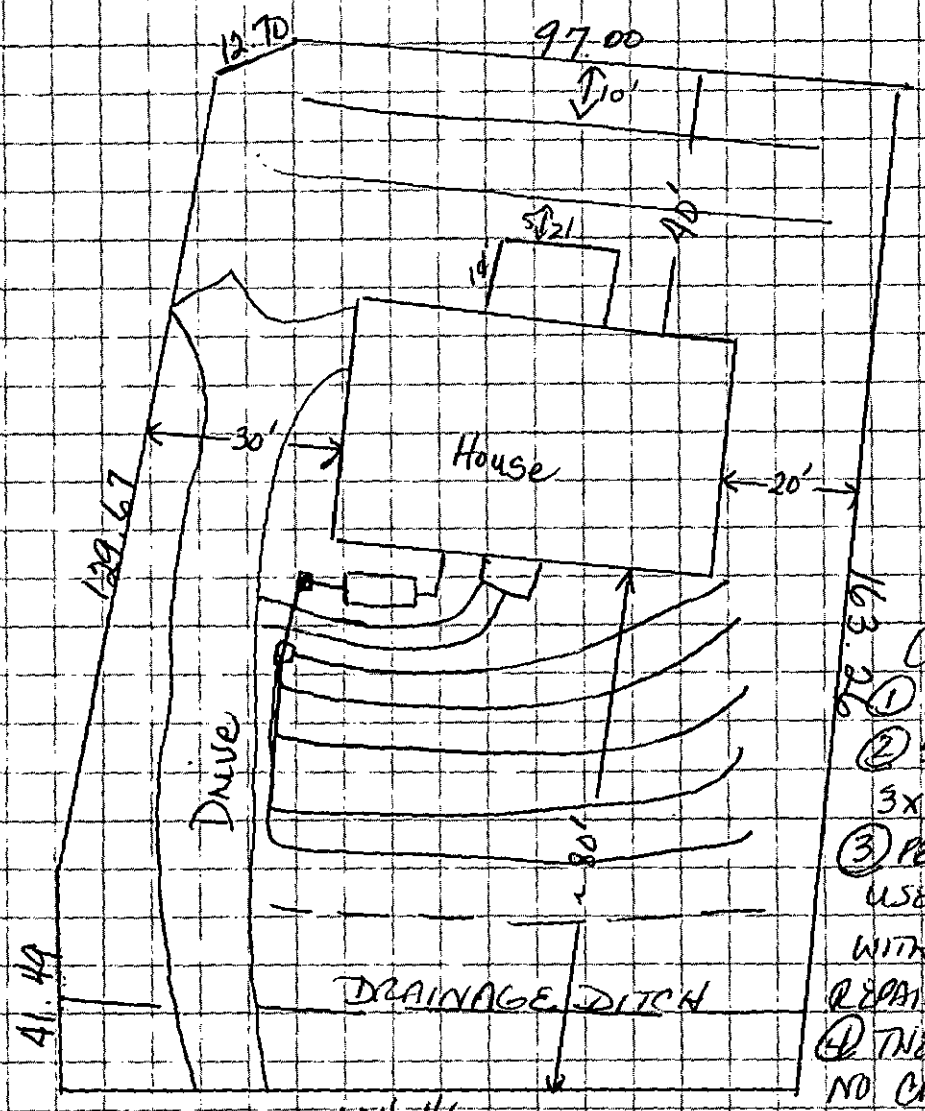
Old File 4220A

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

FILE: 4220A

TC: 135-316-29

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.



COMMENTS:
1. 1500 SEPTIC TANK
2. SLOPE @ 3 X 90 BI2"
3. PBPS SHALL BE USED FOR REPAIR WITH WASHER LINE REPAIR IN FRONT.
4. THERE SHALL BE NO CHANGES TO THE PLANT.
5. THERE SHALL BE NO PAVING OVER SYSTEM.

APPROVAL DATE 3/8/94 OR DRAWING

Joni H Newell, R.S.

Rita Miller

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

MECKLENBURG COUNTY REGISTER OF DEEDS
JUDITH A. GIBSON - REGISTER

CUSTOMER RECEIPT: 03/07/94

Date	Time	Inst #	Type	Book	Page	Trx	Amount
03/07/94	03:38	338	PERMIT	7694	508	FEE	8.00
03/07/94	03:38					TOT	8.00
03/07/94	03:38					CHCK	8.00

42207

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 15A NCAC 18A .1956, .1957, OR .1969 OF THIS SECTION.

The undersigned, Rita D. Miller owner of property located at 5309 Lebanon Rd. ("the site") and described in an instrument recorded in Book 7319 at Page 296, Mecklenburg Public Registry, hereby acknowledges that he applied to the Mecklenburg County Health Department (the Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested pursuant to 15A NCAC 18A .1948(d) that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned can reasonably be expected to function satisfactorily and thus that the findings specified in 15A NCAC 18A .1958(d)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally suitable" and issued on appropriate permit for such proposed septic tank system.

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

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

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit falls to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

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

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

This 7th day of March, 1994.

Rita D. Miller (SEAL)

(SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Lorraine C Whitaker a Notary Public for said County and State, do hereby certify that Rita D. Miller personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 7th day of March, 1994.

Lorraine C Whitaker
Notary Public

My Commission Expires January 1, 1998

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that

_____ personally came before me this day and acknowledged that he is

_____ of _____, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____, sealed with its corporate seal and attested by _____.

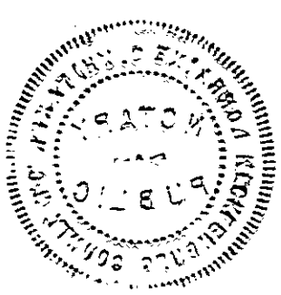
WITNESS my hand and notarial seal, this _____ day of _____, 199_____.

_____
Notary Public

My Commission Expires _____

Amended 07/93
C:WP51\SEPAGRFO

BK: 07694 PG: 0508/0508 #:0338 8.00
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 03/07/94 15:38



MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPT. ENVIRONMENTAL HEALTH DIVISION PAID AUG 26 1988

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: 4220A
TC: Dee Pooler
SERIAL: Nº 15484 #26 ☒ L ☑ CRT

JOB LOCATION

① ADDRESS: 5309 LEBANON RD. (STREET NO. / STREET) ② FILE: 4220A
③ JURISDICTION: MINT HILL ④ TAX PARCEL NO.: 135-312-12
⑤ SUBDIVISION: HIDDEN HILLS ⑥ LOT: 21 ⑦ BLOCK: 3

OWNER

⑧ NAME: FIRSTMARK DEVELOPMENT CORPORATION (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: 6035 FLORENCE AVE., SUITE 100
⑩ CITY: CHARLOTTE ⑪ STATE: N.C. ⑫ ZIP: 28212
⑬ PHONE: (WORK) 536-1495 ⑭ (HOME) N/A

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? 4
㉕ Type? _____
㉓ Maximum occupancy? 8
㉖ Maximum number of employees? _____
㉔ Basement? ☐ yes ☒ no
㉗ Maximum number of seats? _____

㉘ Water supply from (present or proposed):

A ☐ Individual well
B ☑ Municipal system
C ☐ Community well
D ☐ Community system

The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Richard Williams
Date: 7-27-88

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

. . . No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by this Department.

. . . This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Lift station required

Environmentalist — 12-28-88 Date

Director or Authorized Section Head — 12-28-88 Date

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

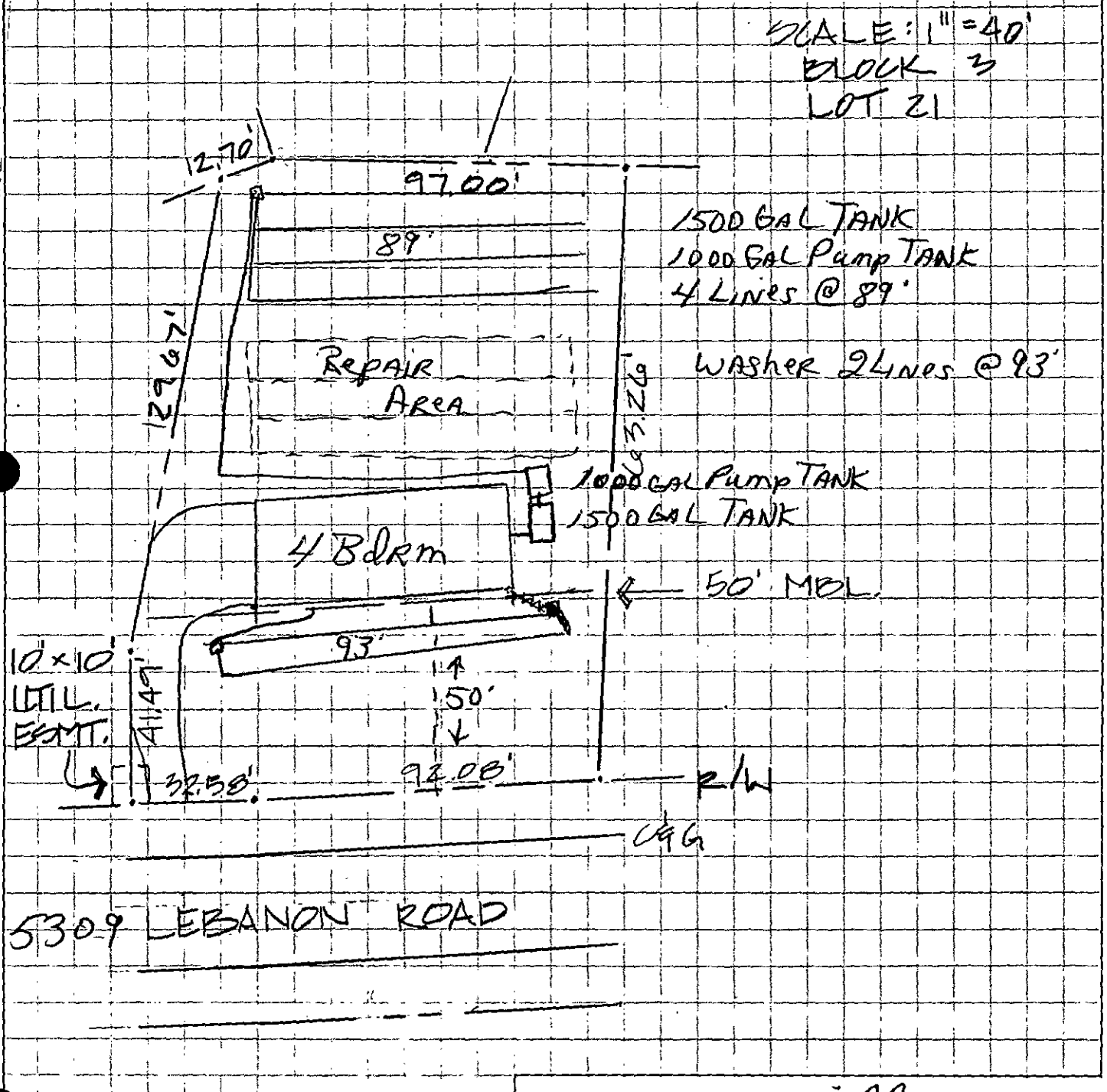
PROPOSED PLOT PLAN

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

FILE: 4220 A

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.



Signed: Richard Williams

Date: 7-27-88

THIS PERMIT IS NO LONGER VALID. TNEWELL 6/24/93

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

MECK COUNTY DEPARTMENT OF
RECEIVED
JUL 21 1987
ENVIRONMENTAL HEAL

(OFFICE USE ONLY)

FILE: 4220A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Lebanon Road [illegible], Mint Hill

② SUBDIVISION: Hidden Hills ③ LOT: 21 ④ BLOCK: 3

⑤ PARCEL REFERENCE: BOOK NO.: 135 PAGE NO.: 312 PARCEL NO.: 12

⑥ DEED REFERENCE: BOOK NO.: 3339 PAGE NO.: 081

OWNER

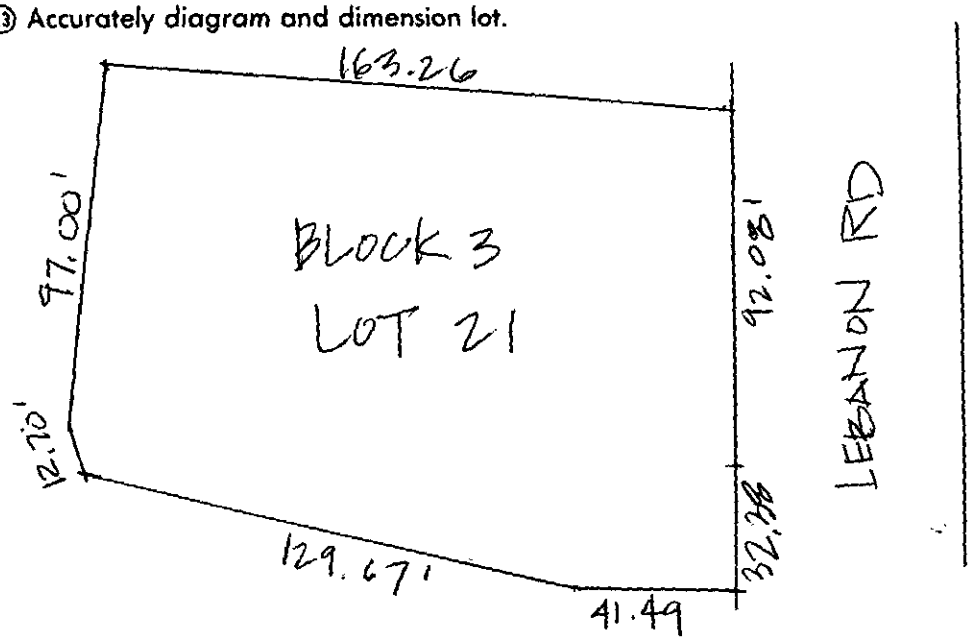
⑦ NAME: Firstmark Development Corp.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 6035 Florence Ave., Suite 100

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28212

⑫ PHONE: (WORK) 536-1495 (HOME) _____

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Steven Allred

Date: 7/16/87

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

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 14883

File: 4220A Action 1

Parcel: 13531212 PO ☐ PC

Location: Lebanon Road

Subdivision:

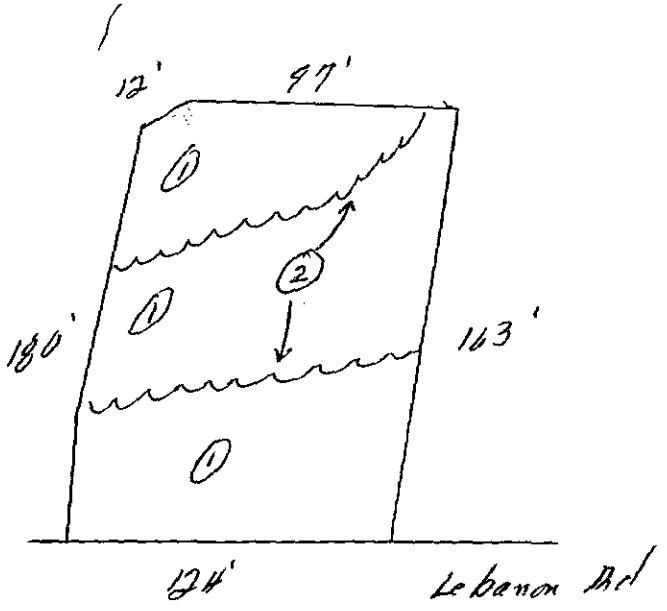
Lot: 21-3 Block: Acres: .46

Owner: Firstmark Development Corp.
Address: 6035 Forence Avenue, Suite 100
Charlotte, NC 28212

Comments: _____

Described by: William R. Marlin

Date: 12-14-87



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

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-12%	S PS (U) complex slopes	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 36"+ to water	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36"+	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 36"+	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U very limited	S PS U —	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IVA Cec. 1-Lilo	complex slopes				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY
Department of Environmental Health

December 14th, 1987

Firstmark Development Corp.
6035 Forence Avenue, Suite 100
Charlotte, NC 28212

RE: Property located at Lebanon Road 21-3
FILE: 4220A
PARCEL: 13531212 PO

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the Site Evaluation Report (Serial Number 14883) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

Enclosure

Serial No. 220

ICAR-S Permit No 94-24-1

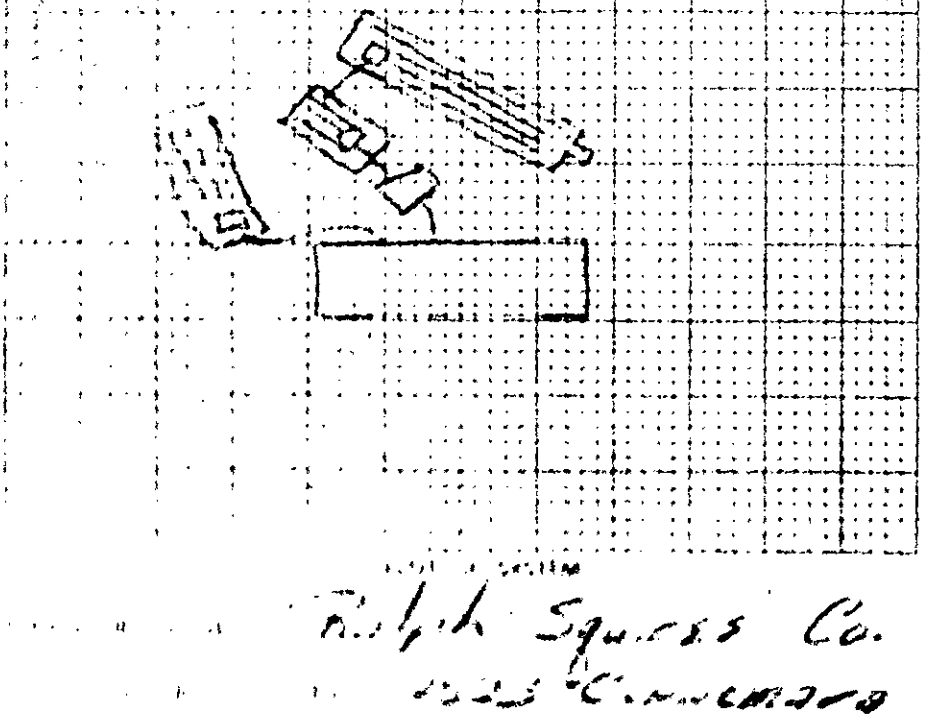
Date Issued 8-31-24-26

T C No 215-164-1

Map Date 5-19-25

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 unit in with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 94-24-1 dated 8-31-26 and this permit shall be void and of no effect if the information provided in the application is not true and is erroneous. All work shall be completed on or before 12-24-26 after which date this permit shall be null and void.



Permeability, Rate 60

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Length 795'-200'

Number of Lines 5 - 4

Distance from House 10'

Distance from Property Line 10'

Distance from Well 75'

Rich Square Co.

[illegible] Commerce Dr.

[illegible]

Serial No. 6320

ICAR(S) Permit No 94-241

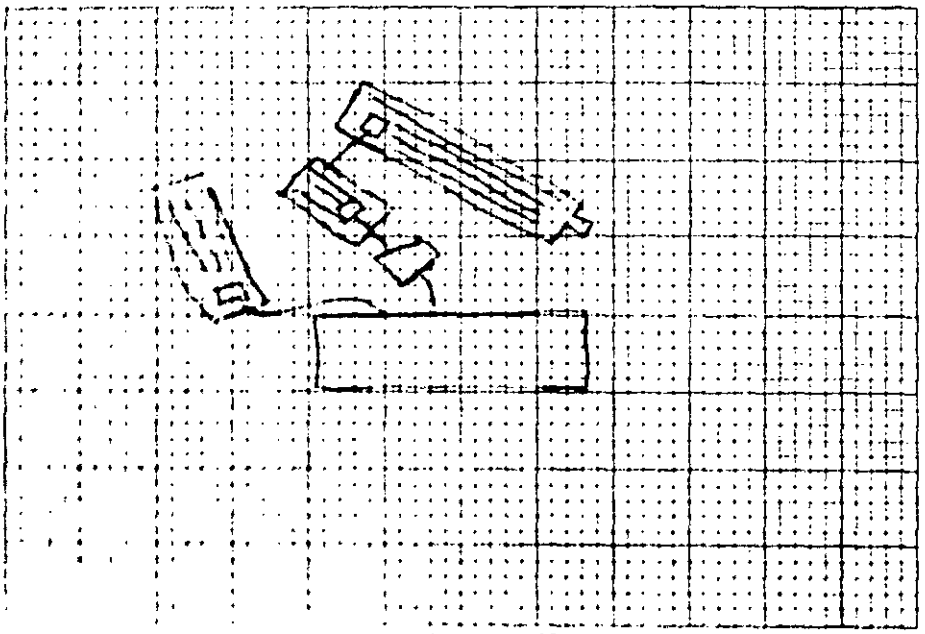
Date Issued 8-31-76

T C No 215-164-[illegible]

Map Date 5-19-76

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 waste water 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 94-241 dated 8-31-76 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 12-24-76 after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate 60

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Length 795'-200'

Number of Lines 5 - 4

Distance from House 10'

Distance from Property Line 10'

Distance from Well 75'

Ralph Squires Co.

2023 Cannemara Dr.

[illegible]

[illegible]