Date Received 10-31-83

[redacted] ICAR(S) Application No. 20231

T. C. No. 001-361-04

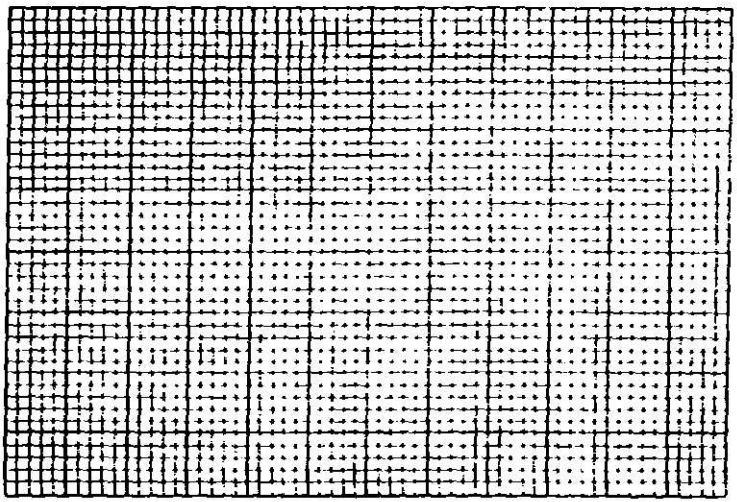
Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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 Department of Environmental Health for a permit to: CHECK LOCATION OF EXISTING SEPTIC TANK

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)

Mobile Home ____ Yes ____ No
Residence X Yes ____ No

4) No of Bedrooms 3

5) Business Use — Max No Employees ____

6) Washing Machine X Yes ____ No

7) Garbage Disposal ____ Yes X No

8) Dishwasher X Yes ____ 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 ✓ No
House located within 200 feet of community sewer ____ Yes ✓ No

11) FHA Case No ____

12) VA Case No ____

13) NAME OF OWNER [redacted] LAST [redacted] FIRST [redacted] MIDDLE

14) ADDRESS OF OWNER [redacted] STREET OR COUNTY ROAD [redacted]

15) PHONE NO. Home [redacted] Office ____

16) LOCATION OF SYSTEM [redacted]

17) SUBDIVISION ____ Lot No. 421 Block No. [redacted]

Map Book No. ____ Page No. ____

18) DEED REFERENCE — DEED BOOK ____ AT PAGE ____

19) HAS A SOIL INVESTIGATION BEEN RUN? ____ YES ____ 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.

10-31-1983
DATE OF APPLICATION

[redacted]
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

BE 11-3-83

Serial No. 6911

SIR No. 20231

Date Issued 11-2-83

T. C. No. 001-361-04

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 Cunningham, (LAST) Paul (FIRST) E. (MIDDLE)

ADDRESS OF OWNER 8173 Meadon Glen Dr., Germantown, Tenn. ZIP 38138

LOCATION OF LOT 612 Camphill Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. 421 BLOCK NO. _____

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 _____. 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, altered, 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.

*** MAY USE EXISTING SYSTEM ***

Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Speed Letter

To Mecklenburg County Health Dept

From Paul E Cunningham
16409 Commonhill Road
Mooresville NC 28115
1-704-664-2080

Subject File # 20231

MESSAGE

Enclosed is my check #313 in the amount of $75.00 so that I may protest to add to my starting drain field.

Date 2-17-89 Signed Paul E Cunningham

REPLY

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.

FI

ENVIRONMENTAL HEALTH
DIVISION

Date Signed

[illegible] COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

2/21/89

Paul Cunningham

✓

installation Permit
20231

ENVIRONMENTAL HEALTH DIVISION
PAID

FEB 21 1989

75.00

APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG
HEALTH DE...
ENVIRONMENTAL
DIVISION
☒ L ☐ CF

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: 20231

TC:

SERIAL: № 17756

JOB LOCATION

① ADDRESS: 16407 Campbell Road (STREET NO / STREET) Mecklenburg NC 28115 ② FILE:

③ JURISDICTION: Mecklenburg ④ TAX PARCEL NO.: 001-361-04 SEC 6 A17-612

⑤ SUBDIVISION: — ⑥ LOT: 421 ⑦ BLOCK:

OWNER

⑧ NAME: Paul (FIRST) E (MIDDLE) Cunningham (LAST)

⑨ MAILING ADDRESS: 16407 Campbell Road

⑩ CITY: Mecklenburg ⑪ STATE: NC ⑫ ZIP: 28115

⑬ PHONE: (WORK) 664-2680 ⑭ (HOME) 664-6138

REQUEST

This request is for a(n):

⑮ ☒ New permit

⑯ ☐ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☒ Other (specify) Book [illegible] to [illegible] Home

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home

㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 4

㉓ Maximum occupancy? 8

㉔ Basement? ☐ yes ☒ no

㉕ Type?

㉖ Maximum number of employees?

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 on the property for the purpose of processing this request.

Signed: [signature]

Date: 2-10-1989

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 the Department.

... This permit is not transferable, and shall become null and void 3 months from the date of issuance.

Use existing system

[signature] 3-20-89
Environmental Date

[signature] 3-20-89
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.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 2/15/07

Name/Company [illegible]

Sanitation _____

Vector Control _____

[illegible] _____

Service: [illegible] # 20231

Fee: $20 —

Ck # 305
11.20.00

[illegible] Collector [illegible]

PROPOSED PLOT PLAN

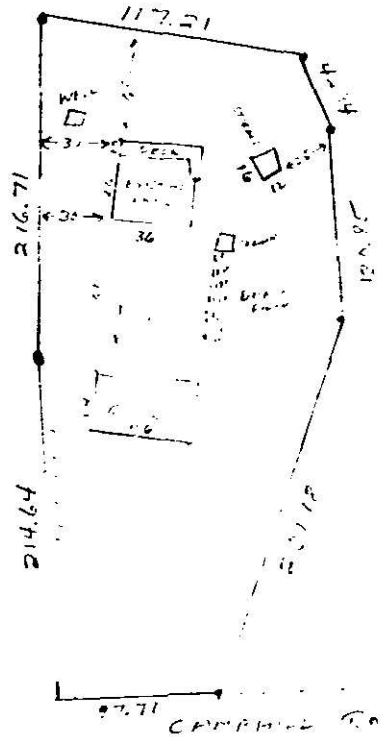
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

FILE: 20231

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.



Lot 421 [illegible]

[illegible]

[illegible]

Signed: Paul E. Cunningham

Date: February 10, 1989

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

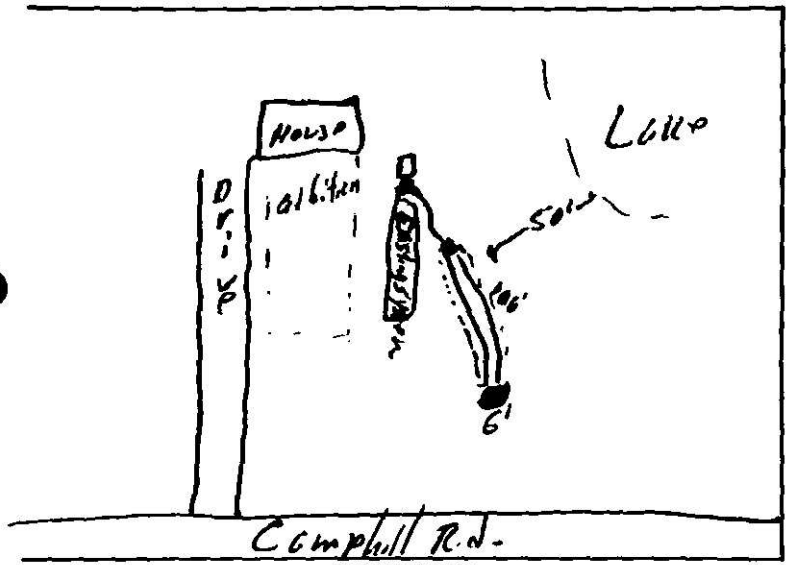
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 20231 DATE: 3-7-89

TC: 001-361-04 ☐ L

SERIAL № 12550

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 begin at the described location. This permit is granted based upon the information supplied in the application dated 2-10-89. All work shall be completed on or before 4-5-89, 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 Department of Environmental Health 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 — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Absorption and/or Nitrification Lines:

Trench Width 6 feet

Total Line Length 200' feet

Number of Lines Two

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10' feet

Distance from Well 50' feet

NAME OF OWNER Paul Cunningham

LOCATION OF PROPERTY 16409 Campbell Rd.

Comments: Bed 100'x6'x12" Stone, Tie into existing bed

Division or Section Head

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 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.

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 20231 DATE: 3-17-89

TC: 01-361-04 ☐ L ☐ CRT

SERIAL № 11741

Name of Owner Paul Cunningham Juris.:

Address of Property 16409 Campbell Rd

Inspection Data:

Tank Material —

Total Length of Drainfield 200'

Number of Lines 2 @ 100'

Cover Depth 18

Water Supply Source Well

Distance to Water Source 750

Excavation Inspected 3-17-89

Tank(s) Inspected —

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1989 Repair CTR#

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:

Jim Ennis
Environmentalist

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