

8832 VANCE RD

02521198

8/12/08

marliwr

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

Hold For:

1) Allocation fees
   DOT acquisition
2) signatures + dates

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 2/14/01 PERMIT NO: 16725
PARCEL NO: 025 211 98

JOB LOCATION ADDRESS: 8832 Vance Rd
PROPERTY OWNER: Louise Frazier
BUILDING CONTRACTOR: -
SUBDIVISION NAME: -
AUTHORIZATION ISSUED BY: Nate S Walker RS DATE: 2/14/01
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 16725, 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: DOT Acquistion

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.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 16725

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 025 151 14

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	
___ Long-term acceptance rate	___ Max gallons/day wastewater flow	___ Absorption Area (sq ft)	___ Trench spacing (min. on centers)	
___ Serviced by private well	___ Gallon septic tank	___ Total trench length (ft)	___ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
___ Bedrooms in residence	___ Gallon pump tank	___ Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: Alteration to the existing system for DOT acquisition. Existing washer line to remain. Existing septic tank to be abandoned, septic system plumbing to relocated to right side of house				
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	
810 Absorption Area (Sq ft) 270 Total Trench Length (Ft)	12" Depth of Stone Trench	9" Trench spacing (min. on centers)	24" 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.

Phila S. Walker RS 2/14/01

DEHNR Authorized Agent Date

X _____

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

PROPOSED PLOT PLAN

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

FILE: 16725

TC: 025 151 1K

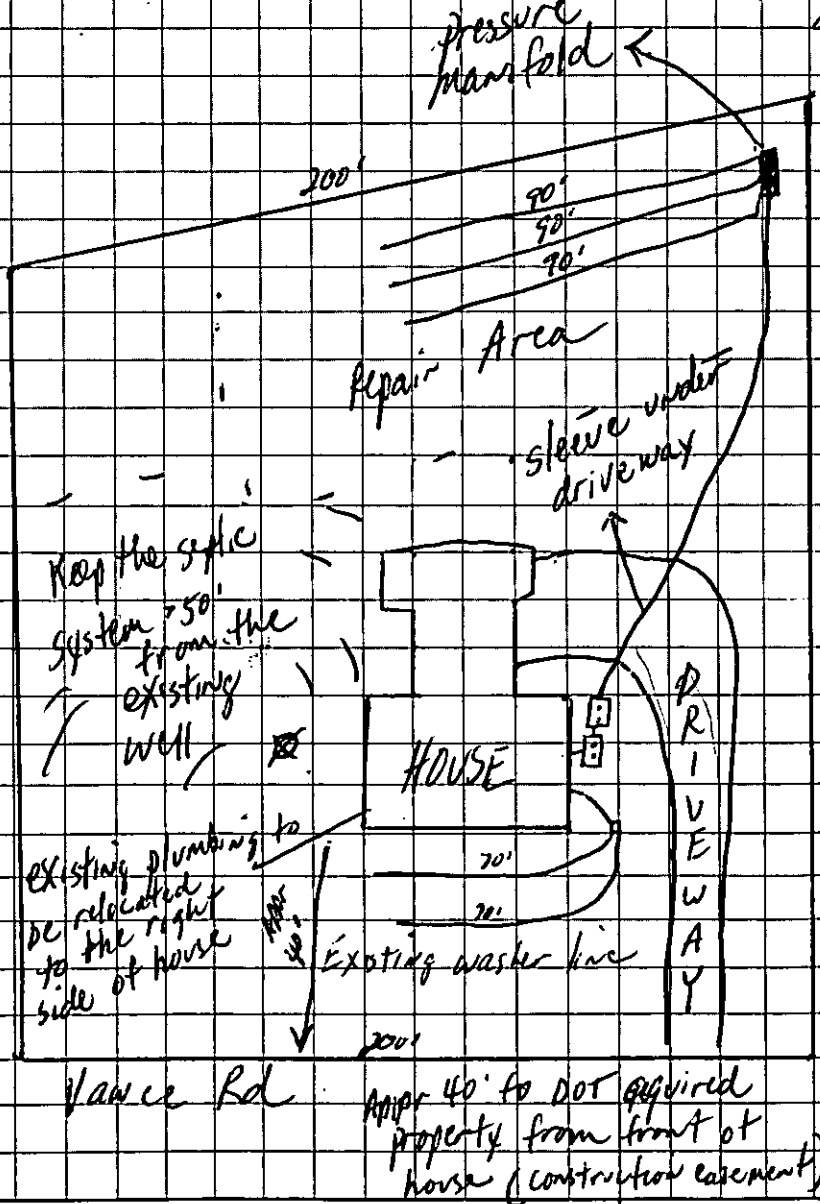
Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.

DOT Alteration Permit

COMMENTS

Existing washer lines to remain
Septic tank to be properly abandoned
Septic system plumbing to be relocated to the right side of the house

Install: 1500 ST
1000 DT Lift pump required
pressure manifold
3 lines x 90' long x 3' wd
x 12" stone 270 LF
Type III Repair Area
Keep the septic system >50' from the existing well



APPROVAL DATE 2/14/01

OWNER/AGENT SIGNATURE

DATE

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

GIS Real Estate System

Mecklenburg County, NC Geographic Information Systems

Tax Parcel & Map Sheet Search
Return to Full Map Extent

Road Name & Intersection Search
How to Use the System

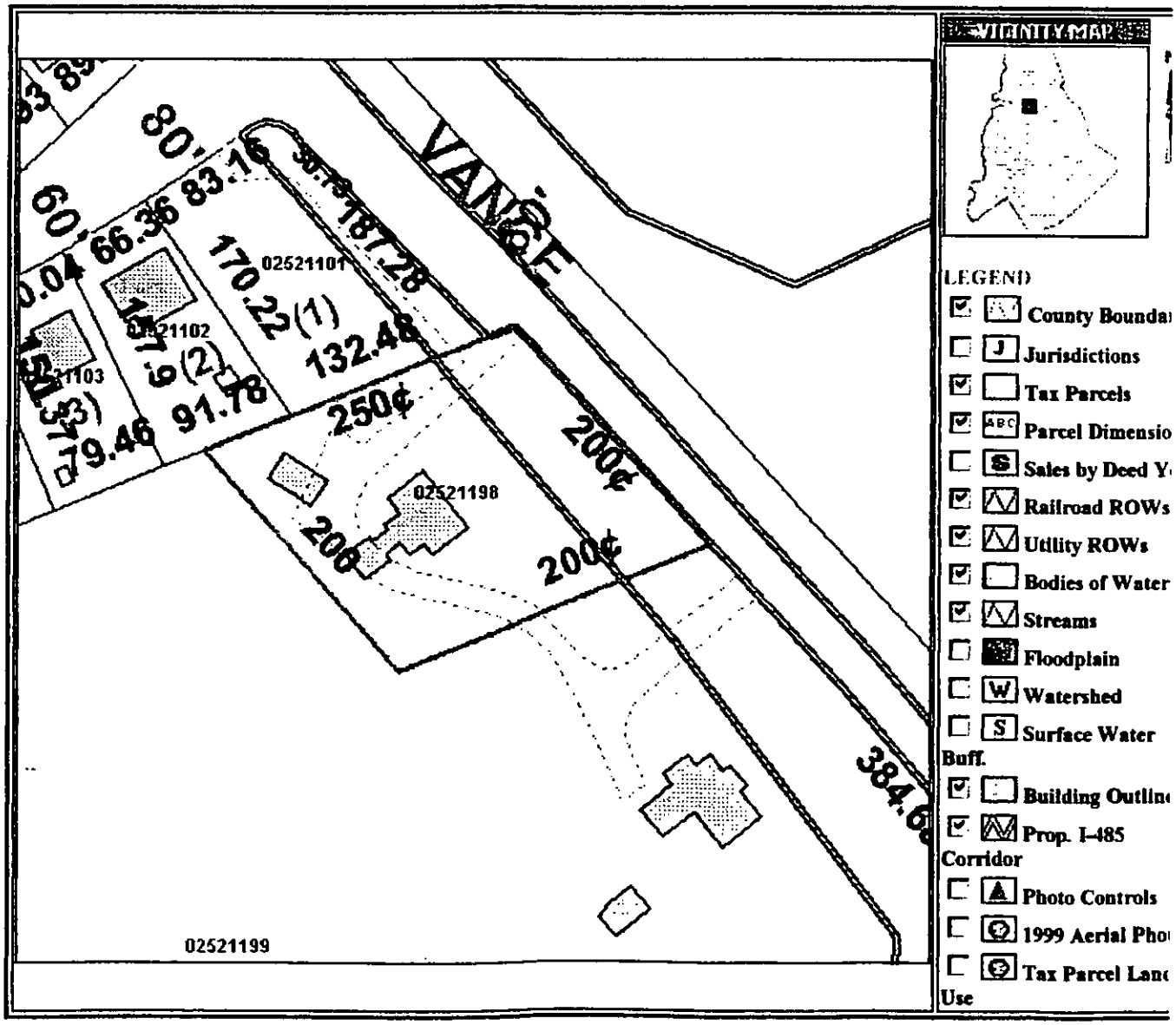
Market Analysis Search Menu
Return to GIS Homepage

Click on Map to Perform Operation

Refresh Map | Pan | Zoom In | Zoom Out | Zoom Factor [1X] | Identify [Parcels]

Surveyor's Report

Adjoining Owner's Report within [10 FEET] | Measure [Start Line] | Label Parcels by: [Parcel-Id]



Click here to submit questions or comments about the information shown on this page.

.../esrimap.dll?name=Taxgis&Left=1443252.97&Bottom=588486.62&Right=1443656.53&Top=588764.78&Parcel11/1/00

Map Scale: 1 Inch = 112 Feet Date and Time Stamp 11/1/00 3:01:53 PM EST	This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

Tax Real Estate Information

Parcel-Id#: **02521198** GIS Map#: **02521198**	Legal Desc.: **NA**
Account Type: **INDIVIDUAL**	Deed Book/Page: **06130/662** Date: **10/7/89**
Owner: **FRAZIER LEIGHTON M**	Sales Price: **$12500**
Add. Owner: **&WF LOUISE P**	Sales Date: **10/7/89** Qualified Sale: **N**
Mailing: **8832 VANCE RD**	Neighborhood Code: **02501**
Address:	Historic Desig.: Farm Desig.:
City: **CHARLOTTE**	Deeded Acreage: **1.15**
State: **NC** ZIP: **28216**	Assessed Acreage: **1.15**
Location: **8832 VANCE RD** Get Directions	Assessed Land Value: **$28950**
Municipality: **MECKLENBURG COUNTY**	Total Assessed Value: **$86360**

Site Location Information

Zoning from Tax: **R3**	Parks Within 3 Miles: **Click to Find Out**
Fire District: **LONG CREEK**	FEMA Flood Panel#: **3701580055B**
Voter District: **Click to Find Out**	FEMA Flood Zone: **OUT**
School District: **Click to Find Out**	FEMA Flood Map Date: **03/02/1993**
Watershed Class: **N/A**	Census Tract Number: **61**

Major Improvement Information

Parcel-Id# & Card#: **02521198-001**	Situs Location: **8832 VANCE RD** Get Directions
Land Use Type: **MANUFACTURED HOME**	Ext. Type: **ALUMINUM/VINYL SIDING**
Building Type: **MANUFACTURED HOME**	Heating Type: **HEAT PUMP**
Approximate Square Footage: **1440**	AC Type: **CENTRAL**
Actual Year Built: **1990**	Fireplace: **1 STY SINGLE**
Number of Stories: **1.0 STORY**	Garage: **N**
Bedrooms: **3**	Basement: **N**
Bathrooms: **2**	Assessed Net Bldg. Value: **$46890 $/Sq. Ft. = $32.56**
Restrooms: **0**	Total Assessed Bldg. Value: **$57410**

This site is powered by ESRI **MapObjects Internet Map Server** HITSTATS By: Direct12

This site was developed by Mecklenburg County GIS **and was last updated on 10/24/00 6:55:55 AM**

6130 0662

000073

Excise Tax $12.50

Excise Tax 12.50

09 OCT 12

Recording Time, Book and Page

Tax Lot No. ..... Parcel Identifier No. 025-151-14

Verified by ..... County on the ..... day of ....., 19.....

by .....

Mail after recording to A. Neal Brumley

P. O. Box 26486 Charlotte, NC 28221

This instrument was prepared by A. Neal Brumley

Brief description for the Index

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this 7th day of October, 1989, by and between

GRANTOR	GRANTEE
EDWIN LEE BLYTHE and wife, GAIL B. BLYTHE Mecklenburg County, North Carolina	LEIGHTON M. FRAZIER and wife, LOUISE P. FRAZIER 2742 Penninger Circle Charlotte, NC 28213

Enter in appropriate block for each party: name, address, and, if appropriate, character of entity, e.g. corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in the City of , Long Creek Township, Mecklenburg County, North Carolina and more particularly described as follows:

BEGINNING at an iron, said iron being located on the westerly edge of Vance Road and at the common corner of the Ellen Hunter, now or formerly, property and the most northwesterly corner of the F. W. Blythe, now or formerly, property as shown in Book 1602 at Page 1 in the Mecklenburg Public Registry; and running thence N. 70-30 E. 31.71' to a tack in the center of Vance Road; thence with the center of Vance Road, S. 40-06 E. 200' to a point; thence crossing an iron located on the westerly margin of Vance Road, S. 70-30 W. 250' to an iron; thence N. 40-06 W. 200' to an iron; thence N. 70-30 E. 218.29' to the point or place of Beginning.

STAMPS	12.50
FEE	8.00
<>	20.50
CASH	20.50

N.C. Bar Assn. Form No. 3 © 1976, Revised 1977.

Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

*** NOTICE ***

THE INFORMATION CONTAINED IN THIS TELECOPY MAY BE PRIVILEGED AND/OR CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT (OR SUCH RECIPIENT'S EMPLOYEE OR AGENT), YOU ARE HEREBY NOTIFIED NOT TO READ, DISTRIBUTE OR COPY THE MATERIALS ATTACHED HERETO WITHOUT THE PRIOR WRITTEN CONSENT OF THE SENDER. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY THE SENDER BY TELEPHONE CALL AND RETURN THE ORIGINAL TELECOPY TO US BY MAIL AND WE WILL REIMBURSE YOU FOR THE REQUIRED POSTAGE. THANK YOU.

TO: Bill Hester TELECOPIER # 336 282 9484
Moore / Taylor & Asso.

FROM: Philo Walker DATE 2/15/01
Meck Co. Health Dept

NUMBER OF PAGES TRANSMITTED: 7 (including cover sheet)

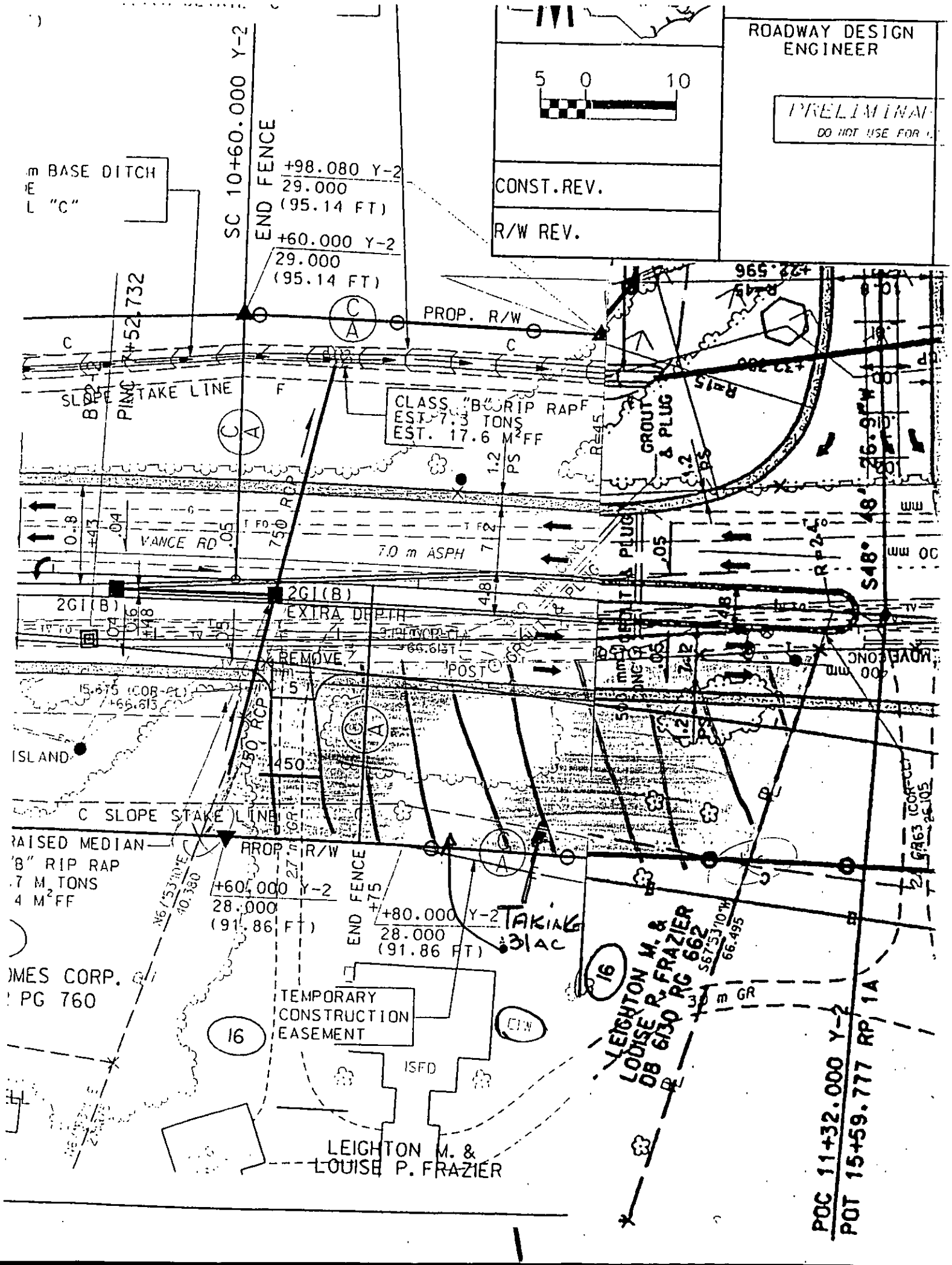
COMMENTS: Bill, This should be enough info. to get estimates. I'm also going to fax a list of our registered contractor along with septic abandonment info. Call if you need anything else, Philo Walker 704 336 5570

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5102.

[X] Original will not follow [ ] Original will follow via:

[ ] U.S. Mail [ ] Hand Delivery [ ] ____

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236


ROADWAY DESIGN ENGINEER
PRELIMINARY
DO NOT USE FOR
5 0 10
CONST.REV.
R/W REV.
SC 10+60.000 Y-2
END FENCE
+98.080 Y-2
29.000
(95.14 FT)
+60.000 Y-2
29.000
(95.14 FT)
PROP. R/W
SLOPE STAKE LINE
CLASS "B" RIP RAP
EST. 7.3 TONS
EST. 17.6 M²FF
VANCE RD
7.0 m ASPH
2GI(B)
EXTRA DEPTH
REMOVE
POST
ISLAND
C SLOPE STAKE LINE
RAISED MEDIAN
PROP. R/W
+60.000 Y-2
28.000
(91.86 FT)
+80.000 Y-2
28.000
(91.86 FT)
END FENCE
TAKING
.31AC
TEMPORARY
CONSTRUCTION
EASEMENT
LEIGHTON M. &
LOUISE P. FRAZIER
DB 6130 PG 662
LEIGHTON M. &
LOUISE P. FRAZIER
POC 11+32.000 Y-2
POT 15+59.777 RP 1A
GROUT & PLUG
PLUG
30 m GR
ISFD
CIN
16

FEE: _____

DATE: _____

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

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM X REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 16725

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: 8832 VANCE ROAD

TAX/PARCEL NUMBER: 02521198

STREET ADDRESS: 8832 VANCE ROAD

SUBDIVISION OR MOBILE HOME PARK NAME: N/A

LOT NUMBER: N/A

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1451 ±

NUMBER OF BEDROOMS: 2 NUMBER OF OCCUPANTS: 1

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT /ON SLAB
✓ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

CLOSING DATE: _____

HARD COPY TO FOLLOW VIA US MAIL

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION: TO A PARTIAL TAKING

* DOT CONSULTATION TO REPAIR OR RELOCATE EXISTING SEPTIC LINES DUE

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:

NAME: FRAZIER, LOUISE P.
(LAST) (FIRST) (MI)

ADDRESS: 8832 VANCE ROAD

CITY: Charlotte STATE: NC ZIP: 28216

DAYTIME PHONE: (1) 704-393-9063

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: HESTER, WILLIAM F.
(LAST) (FIRST) (MI)

DAYTIME PHONE: (1) 336-282-8088

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 10/7/89 DB 6130, PG 662

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: William F Hester DATE: 2/8/01

MECKLENBURG COUNTY HEALTH DEPARTMENT

P.O. Box 38426
Greensboro, NC 27438-8426
(336) 282-8088
(336) 282-9484 (FAX)
www.moorelaylor.com

Moore/Taylor & Associates, Inc.

Fax

To: Judy Kiser From: Bill Hester

Fax: 704-336-6894 Pages: (1) plus cover

Phone: 704 336-5570 Date: 2/8/01

Re: CC:

☐ Urgent ☑ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• Comments:

Dawn
Can you set up a file on this
OLD File # 16725.
He knows To Contact Phil.
He'll mail original in - I haven't
made Phil a copy.

FEE: _____

DATE: _____

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

1 1 CRT

TYPE APPLICATION: ___ NEW SYSTEM __ EXPANSION/ALTERATION OF EXISTING SYSTEM X REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB
LOCATION: 8832 VANCE ROAD

TAX/PARCEL NUMBER: 0252198

STREET ADDRESS: 8832 VANCE ROAD

SUBDIVISION OR MOBILE HOME PARK NAME: N/A

LOT NUMBER: N/A

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

HARD COPY TO FOLLOW VIA US MAIL

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1451 #

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__ WITHOUT BASEMENT ON SLAB
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__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION: TO A PARTIAL TAKING

* DOT CONSULTATION TO REPAIR OR RELOCATE EXISTING SEPTIC LINES DUE

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)

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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

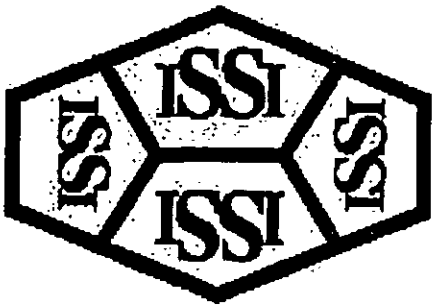
PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: FRAZIER, LOUISE P. (LAST) (FIRST) (MI)	NAME: HESTER, WILLIAM F. (LAST) (FIRST) (MI)
ADDRESS: 8832 VANCE ROAD	DAYTIME PHONE: (1) 336-282-8088
CITY: Charlotte STATE: NC ZIP: 28216	
DAYTIME PHONE: (1) 704-393-9063	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED: 10/7/89 DB 6130, PG 662

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SIGNED: William F Hester DATE: 2/8/01

MECKLENBURG COUNTY HEALTH DEPARTMENT



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INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

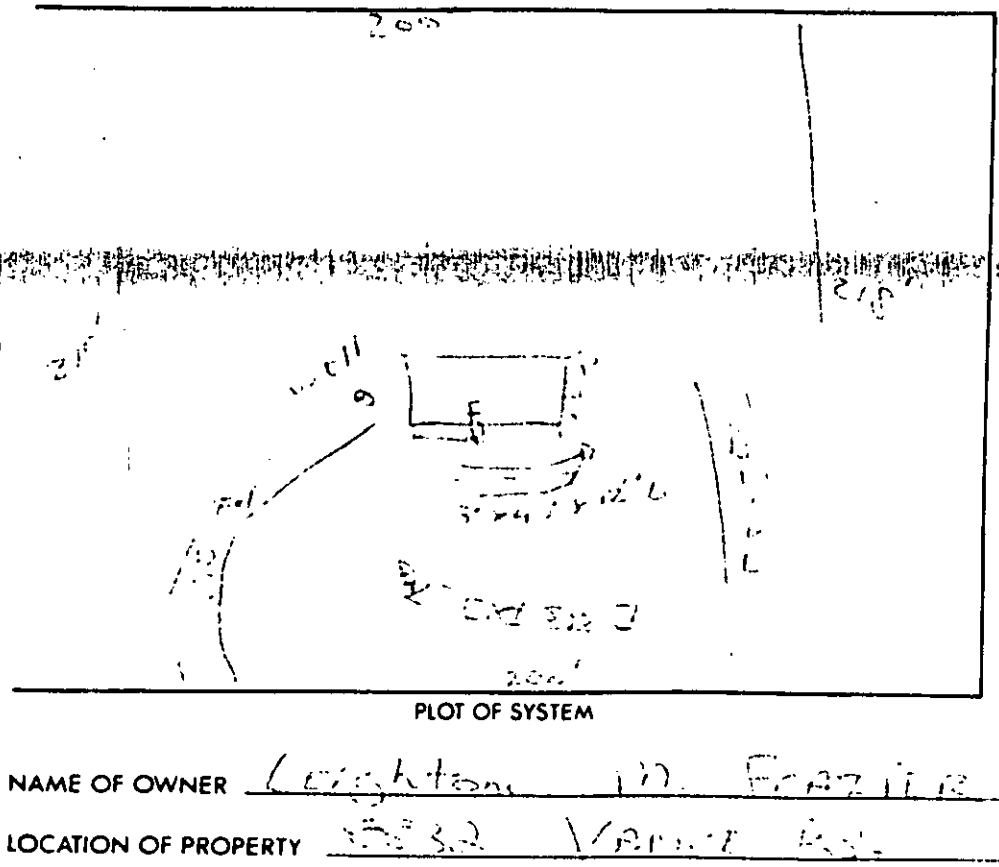
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 16725 DATE: 9/...

TC: 205 151-14 01

SERIAL Nº 13216

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 granted based upon the information supplied in the application dated 6/20/13. All work shall be completed on or before 8/11/13, 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 _____ gall

Liquid Capacity of Dosing Tank _____ gall

Tank Construction _____

Absorption and/or Nitrification Lines:

Trench Width 3 ft

Total Line Length 120' ft

Number of Lines 2

Depth of Stone 12" inch

Distance from House 10 ft

Distance from Property Line 10 ft

Distance from Well 50 ft

NAME OF OWNER Creighton W. Frazier

LOCATION OF PROPERTY 3532 Vance Rd.

Comments: Add WL, Dist to Cr, Stream

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 Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required when a system is being altered or repaired.

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

CERTIFICATE OF COMPLETION/OPERATION

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

FILE: 16-7.05 DATE:

TC: 02.6-151-14 ☐ CL ☐ CIR

SERIAL No 13241

Name of Owner [illegible] Frazier Jurs

Address of Property [illegible] Vance Rd.

Inspection Data:

Tank Material —

Total Length of Drainfield 12'

Number of Lines 3 @ 40'

Cover Depth 12"

Water Supply Source Well

Distance to Water Source [illegible]

Excavation Inspected Y

Tank(s) Inspected —

Wash Line Inspected Y

High Water Alarm Inspected —

PLOT

Design: [illegible] CIR# 1

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: [illegible] Stub

(2) [illegible]

[illegible]
Environmentalist

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

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4000

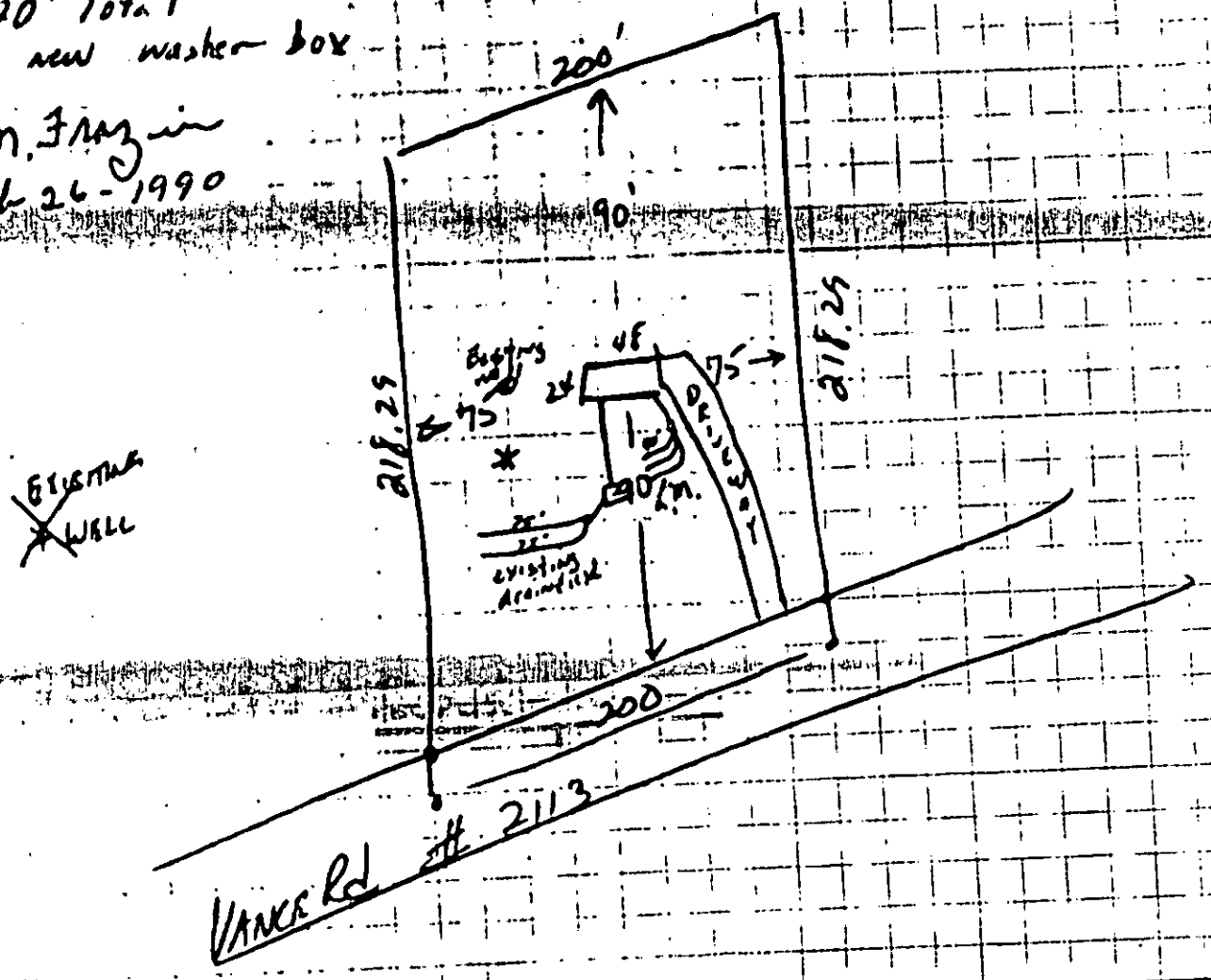
FILE: 16725

TC: 025-151-14

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.

Use existing drainfield for 2 tank
Nitrification field
New Washer line drainfield
3 Trenches x 40' long
120' Total
set new washer box

L.M. Frazier
Feb 26 1990



APPROVAL DATE 2/26/90 PSW

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 16,735 DATE: 11-1-

TC: 05-151-14 ☐ L ☐ CH

SERIAL NO: 13241

Name of Owner: [illegible] Frazier Jurisdiction: [illegible]

Address of Property: [illegible] Vance Rd.

Inspection Data:

Tank Material: —

Total Length of Drainfield: 120'

Number of Lines: 3 @ 40'

Cover Depth: 12"

Water Supply Source: Public

Distance to Water Source: [illegible]

Excavation Inspected: Y

Tank(s) Inspected: —

Wash Line Inspected: Y

High Water Alarm Inspected: —

PLOT

Design: [illegible] CTHR: [illegible]

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

☐ installed or constructed ☒ altered or repaired

☐ in accordance with the permit issued ☐ as detailed in the plot shown

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage (Continuum, 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/or 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: [illegible]

[illegible]

Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

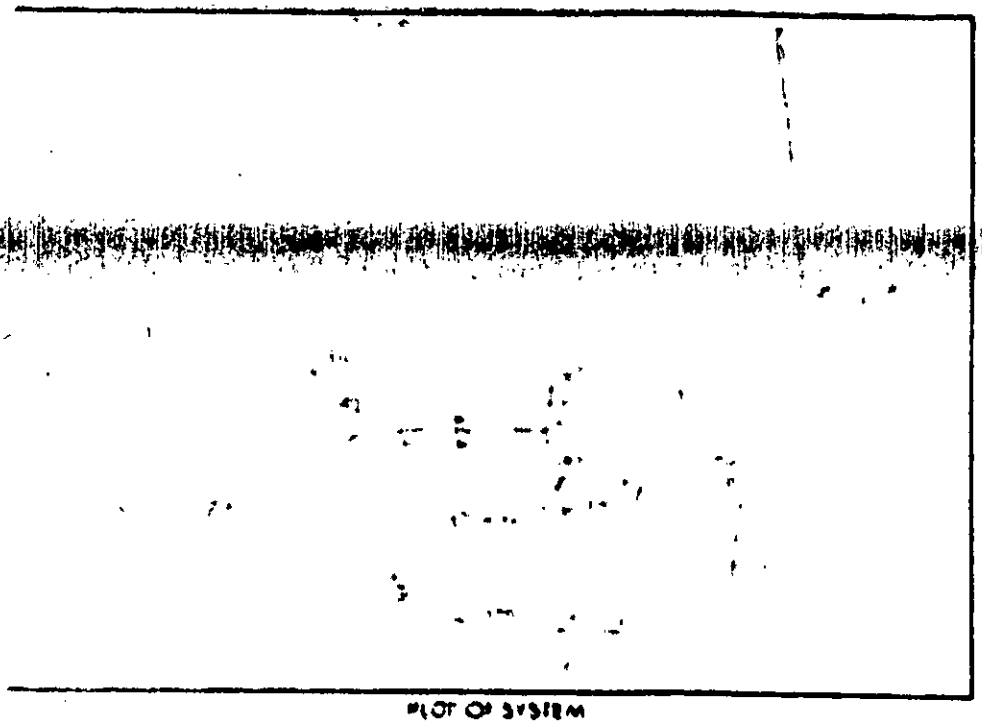
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 336-4800

FILE: 16725 DATE: 9/1/

TC: 025 151-19 01

SERIAL NO 13216

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 9/1/ . All work shall be completed on or before 9/1/ , 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 in service. The issuance of this permit does not in any way guarantee that the system authorized 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 _____ feet

Total Line Length 1[illegible] feet

Number of Lines [illegible]

Depth of Stone [illegible] inches

Distance from House 1[illegible] feet

Distance from Property Line [illegible] feet

Distance from Well [illegible] feet

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

Comments [illegible]

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 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

Serial 3751

Date Issued 5-25-80

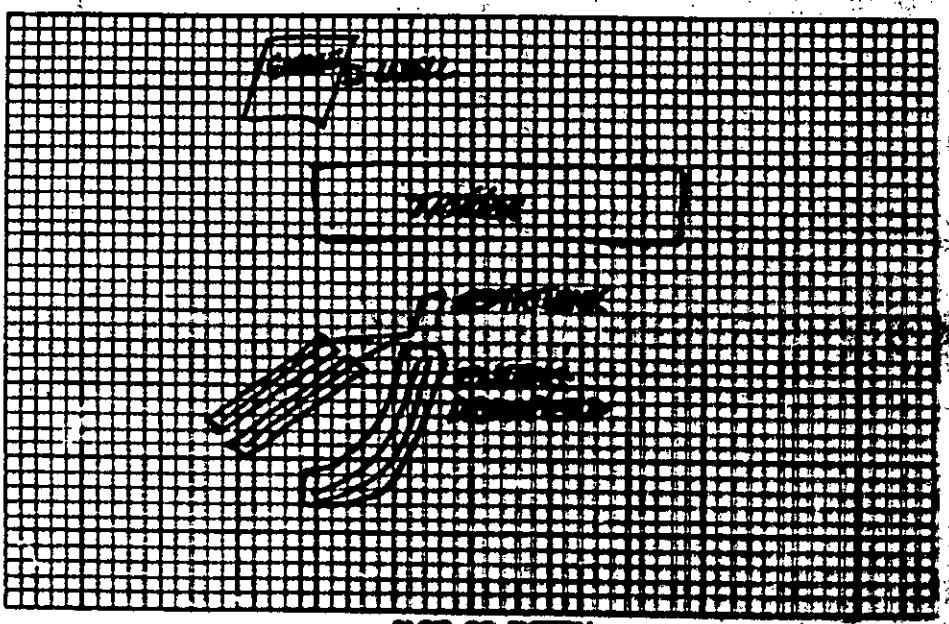
ICARIS) Permit No. [illegible]

T. C. No. 025-15

Map Date

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

Permission is hereby given to ____Install or Construct, ✓ Alter or Repair the individual septic tank wast water treatment system with subsurface, soil absorption, effluent discharge as specified herein at the d scribed location. This permit is granted based upon the information supplied in application _____ dated 5-25-80 and this permit shall be void and of no effect if the information provided in the a plication is not true or is erroneous. All work shall be completed on or before 6-25-80, after whi date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate —

Liquid Capacity of Tank —

Tank Construction —

Absorption and/or Elimination Lines:

Total Length 450'

Number of Lines 3

Distance from House 30'

Distance from Property Line 10'

Distance from Well 250'

NAME OF OWNER Blythe, Eddie Lee

LOCATION OF PROPERTY Rt. 2 Box 357 (Lucas Rd.) Huntersville

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenbur County Health Commission which are in effect on the date of the granting of this permit. A certificate of ap proval must be issued by the Environmental Health Director before any system can be covered up or otherwi rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that th system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, co trolling or using such system from any liability resulting from the failure of the system to operate properl

(2) 3'x 75'x [redacted]" 17"
TRENCHES

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 section head of the Department of Environmental Health in order to be valid. Only the signature of the E vironmentalist is required where an existing system is being altered or repaired.

EHD-S-76

Environmental Health Department/Facility

Date Rec'd 3/20/80 SEE INSTRUCTIONS ON BACK

ICAR(S) Application No. 16925

T. C. No. 025-151-14

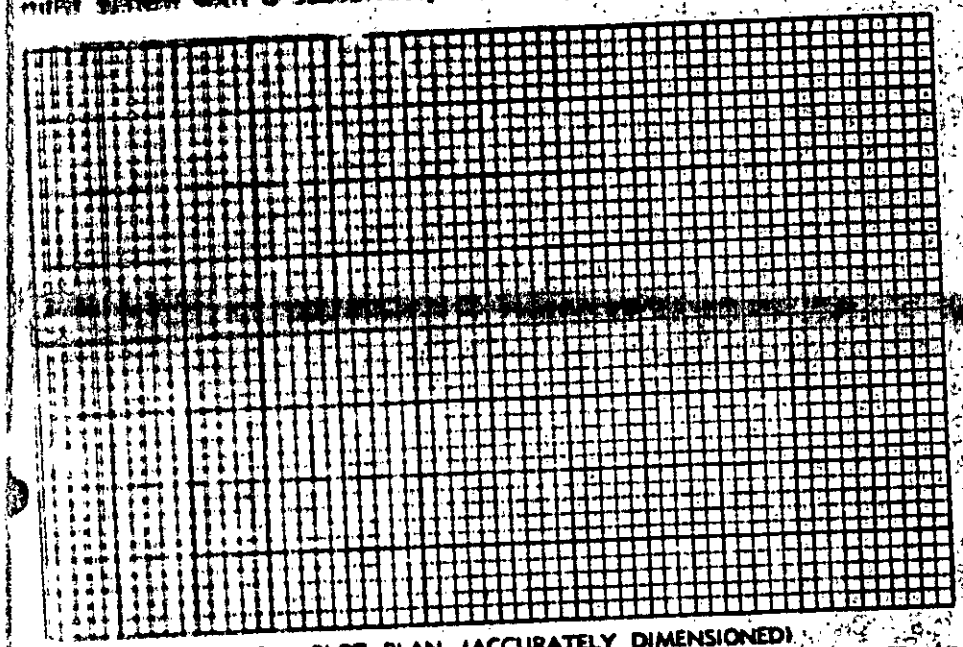
Map Date

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:

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



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) Mobile Home ✓ Yes ___ No
Residence ✓ Yes ___ No

4) No. of Bedrooms 2

5) Business Use — Max No Employees ___

6) Washing Machine ___ Yes ✓ No

7) Garbage Disposal ___ Yes ✓ No

8) Dishwasher ___ Yes ✓ No

9) Water Supply:
A) Individual Well ✓
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 Blythe (LAST) Eddie (FIRST) Lee (MIDDLE)

14) ADDRESS OF OWNER Rt. 2 Box 557 Huntersville

15) PHONE NO. Home ___ Office ___

16) LOCATION OF SYSTEM Vance Road (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. ___ Block No. ___

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) WAS 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.

3-25
DATE OF APPLICATION

Eddie Lee Blythe
OWNER

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

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: 1625
TC:
SERIAL: № 20320

(1) ADDRESS: 8832 LANCE RD (STREET NO / STREET) (2) RUR:
(3) JURISDICTION: (4) TAX PARCEL NO 025-151-14
(5) SUBDIVISION: (6) LOT: (7) BLOCK

(8) NAME: LEIGHTON M. (FIRST) (MIDDLE) FRAZIER (LAST)
(9) MAILING ADDRESS: 2472 PENNINGTON CR
(10) CITY: CHARLOTTE (11) STATE: NC (12) ZIP: 28213
(13) PHONE: (WORK) (14) (HOME) 596 0392

This request is for a(n):
(15) ☐ New permit
(16) ☐ Repair or alteration permit
(17) ☐ Authorization for mobile home location
(18) ☒ Other: Temporary pole

System will serve:
(19) ☒ Residence (20) ☐ Mobile home
(22) Number of bedrooms? 2
(23) Maximum occupancy?
(24) Basement? ☐ yes ☒ no

(21) ☐ Business or place of public assembly
(25) Type?
(26) Maximum number of employees?
(27) Maximum number of meals?

(28) Water supply from (present or proposed):
A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

WATER SUPPLY

(29) The undersigned hereby authorizes the Mecklenburg County Health Department to enter upon the JOB LOCATION listed above for the purpose of making such examinations as are necessary to obtain the information required on this application. I hereby certify that I am authorized to make this application and that the information given is true to the best of my knowledge.

Signed [signature]
Date [illegible]

IMPROVEMENT PERMIT

The undersigned hereby applies for a permit to operate a public water supply system as described above. It is understood that the Department reserves the right to inspect the premises at any reasonable time for the purpose of determining compliance with the provisions of the Water Supply Act and Regulations governing the operation of public water supply systems. Any violation of the provisions of the Act or Regulations may result in the revocation of this permit. This permit is not transferable to any other person or location. This permit is issued subject to the following conditions:

Pole must be [illegible]

[signature]

Date [illegible]

This permit must be posted in the building for which it is issued. Environmental [illegible]