

10926 KERNS RD

01728403

8/18/08

marliwr

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

FEE: NA

DATE: _____

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

[ ] 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 #: 18534

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 017-284-03

STREET ADDRESS: 10926 Kuns Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
X 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:

NUMBER OF BEDROOMS: 2

NUMBER OF OCCUPANTS:

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

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

From Complaint

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:

NAME: (LAST) Collier (FIRST) David & Francine (MI)

ADDRESS: 10926 Kuns Rd

CITY: Mint STATE: NC ZIP: 28227

DAYTIME PHONE: ( ) —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: DATE: 9/17/96

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

File LS534

SERVICE REQUEST/WORK ORDER

Log No.: 13534 Section: INWS Hazard? [ ] Yes [ ] No

Date: 2/6/96 Parcel: 017-284-03 <60 Days? [ ] Yes [ ] No

REQUESTING PERSON: David Glenn Collier "Fran" Phone Mr. (w) 596-2932 Mrs. (w) 875-0140 (596 9710)

Address _____ City _____ Zip _____

PROPERTY CONCERNED: Facility Name Same

Address 10926 Kerns Rd City Hunt Zip 28078

SERVICE REQUESTED: . . . . . .

Mail address: P.O. Box 155, Hunt. 28078

ASSIGNED TO: L. Malik TAKEN BY: L. Malik

DATE	ACTIVITY REPORT
2/6/96	VM from Mr Collier.
	PC w/Mr. Collier, stated he + his wife + 2 children no longer use m.h. due to septic problem - has pumped S.T. twice recently. Repair done ~ 2 yrs ago - no leaking plumb. fixtures.
2/6/96	OSV w/Mr Collier's permission. No one at home. ST appeared to have been recently pumped - soil disturbed over inlet end. Drainfield saturated. System to rear of m.h. Checked soil to front of m.h. - saturated, exp. clay.
2/6/96	No record of repair approval found; m.h. exchange. (2 bdrm) approved in 3/82.
2/7/96	PC to Mr Collier. NC. LM.
	PC w/Mrs Collier - stated exist. 3 bedroom m.h. located on property in 1990 - repair ~ 2½ yrs ago - unaware that permit needed; installation by Lefler-Stuart (?) Advised to have S.T. contractor (T. Ammons) contact me for OS appt.
2/7/96 10:00	VM mess. from Jack Stuart (Lefler-Stuart)
2/8/96	10:10 PC to J. Stuart. NC. LM.
2/8/96	10:01 VM from Mr Collier:

NOTIFICATION TO REQUESTING PERSON: ( ) Written ( ) Verbal ( ) Not Applicable

COMPLETED BY: John B. Malik RS / 2/28/96

REVIEWED BY: _____ /

SERVICE REQUEST/WORK ORDER

Date: 2/6/96 Log No.: File 18534

DATE	ACTIVITY REPORT
2/8/96	PC w/ Mr Collier inquiring about the availability of sewer → referred Mr Collier to CMUD. Per Mr Collier, wants to schedule an OSV w/ me - J. Stuart - plumb. fixtures backing up into house mobile home.
2/12/96	Vm from Mr Collier. PC w/ Jack Stuart - stated the Colliers have not requested his OSV. Discussed problem. PC w/ Mr Collier. Advised to contact J. Stuart to coordinate OS appt.
2/13/96 12:00	OSV. Glen Collier, Jack Stuart present. Inlet lid removed from ST - per use of plumb. fixtures toilets, etc - no water movement observed in S.T. effluent level in S.T. @ normal level. Advised to contact plumber regarding possible blockage prior to S.T. - then notify me. If no obstruction - will issue repair approval to Jack Stuart. (Form signed by Mr Collier - to complete & return repair application)
2/21/96	Per Susan Craig @ this office - application that was mailed to P.O. Box 152, Hunt. has been returned to this office twice by post office
2/27/96	OSV. Mr Collier's mother present & stated that Proto-Rooter had been out to clear (plumb.) lines - to her knowledge, no more problems with septic system.
2/28/96	Vm message from Mr Collier - stated no more problems with septic system. Closing S.R.
9/12/96	PC from Fran Collier - septic backing up again - Advised to have S.T. contractor contact me for repair approval
9/17/96	Fax of repair approval to Jack Stuart
9/23/96	Vm from Jack Stuart - problem between house - S.T.
9/24/96	PC w/ Jack Stuart - cracked pipe/obstruction in pipe to S.T. where it enters ground

c:/original/serreqp2.frm

9-27-96

LA No. 18534

Serial No. 5534

Date Issued 3-19-82

T. C. No. 01[illegible]-284-03

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

IMPROVEMENT PERMIT

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

NAME OF OWNER Tyson, (LAST) Franklin (FIRST) Alexander (MIDDLE)

ADDRESS OF OWNER 126 Starmount Ave., Charlotte, NC ZIP 28213

LOCATION OF LOT 10926 Kerns Road (STREET OR COUNTY ROAD)

SUBDIVISION Hildwood Green MHP LOT NO 41 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 18534. 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, altred, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

USE EXISTING SYSTEM

Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-S-76

MOBILE HOME

Environmental Health Department's Copy

Date Received 3-8-82

CHECK COUNTY DEPARTMENT OF BACK FOR INSTRUCTIONS

RECEIVED

MAR 04 1982

ENVIRONMENTAL HEALTH

ICAR (S) Application No. 18534

T. C. No. 017284-03

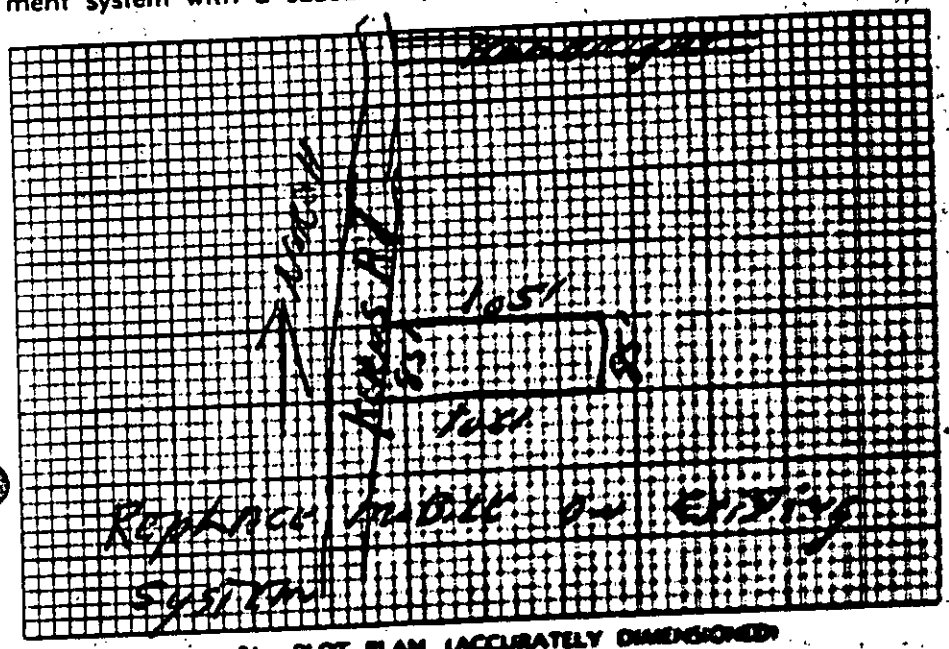
Map Date

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)

- 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 Tyson (LAST) Franklin (FIRST) Alexander (MIDDLE)

14) ADDRESS OF OWNER 126 Stoneridge Blvd. Charlotte, N.C. 28213

15) PHONE NO. Home 596-5932 Office 597-7790

16) LOCATION OF SYSTEM ~~Street~~ Road 10926 (STREET OR COUNTY ROAD) Hood Rd Huntersville N.C

17) SUBDIVISION Wildwood Acres Lot No. #1 Block No.

Map Book No. 14 Page No. 425

18) DEED REFERENCE — DEED BOOK 457 AT PAGE 776

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.

Franklin A. Tyson
OWNER

DATE OF APPLICATION

EHD-5-76 ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

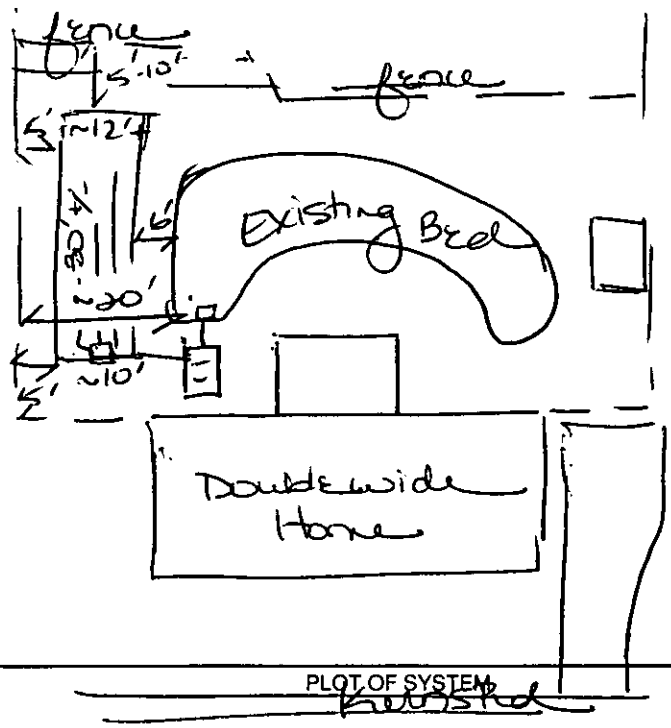
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 18534 DATE: ~~2/13/96~~ 9/17/96 for

TC: 017-284-03 X

SERIAL Nº 16617

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 2/13/96. All work shall be completed on or before ~~3/13/96~~ 9/17/96, 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.



PLOT OF SYSTEM Required

Liquid Capacity of Septic Tank Existing gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction ✓

Trench Depth as shallow as possible

Absorption and/or Nitrification Lines:

Trench Width 10'-12' +/- feet

Trench Walls Scored and Porous ✓

Total Line Length ~90' feet

Number of Lines 3 @ 30'+

Depth of Stone 18"+ inches

Distance from House 5 feet

Distance from Property Line 5 min feet

Distance from Well 10-min feet

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

NAME OF OWNER David Glen + Fran Collier

LOCATION OF PROPERTY 10926 Kerns Road

Comments: Install 2nd tee in septic tank to function as overflow into repair bed. Install bed ~ 10-12' x 30'+; 3 lines @ ~30' each; 18+" gravel. minimum 6" cover.

Lee B. Mialik, RS
Environmental Health Specialist

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

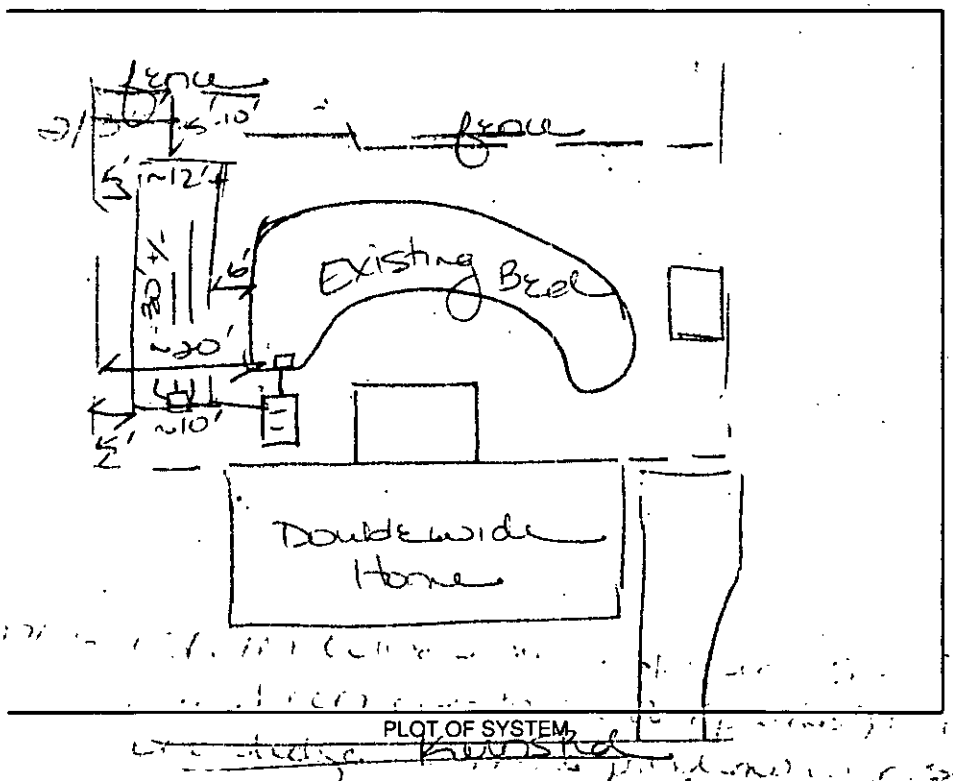
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 18534 DATE: ~~2/13/96~~ 9/17/96

TC: 017-284-03 ☒L

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PLOT OF SYSTEM

Liquid Capacity of Septic Tank Existing gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction ✓

Trench Depth as shallow as possible

Absorption and/or Nitrification Lines:

Trench Width 10'-12' +/- feet

Trench Walls Scored and Porous ✓

Total Line Length ~90' feet

Number of Lines 3 @ 30'+

Depth of Stone 18"+ inches

Distance from House 5 feet

Distance from Property Line 5 feet

Distance from Well 10+min feet

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

NAME OF OWNER David Glen + Fran Collier

LOCATION OF PROPERTY 10926 Kerns Road

Comments: Install 2nd tee in septic tank to function as overflow into repair bed. Install bed ~ 10-12' x 30'+; 3 lines @ ~30' each; 18+" gravel - minimum 6" cover.

Lisa B. Malik, RS
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

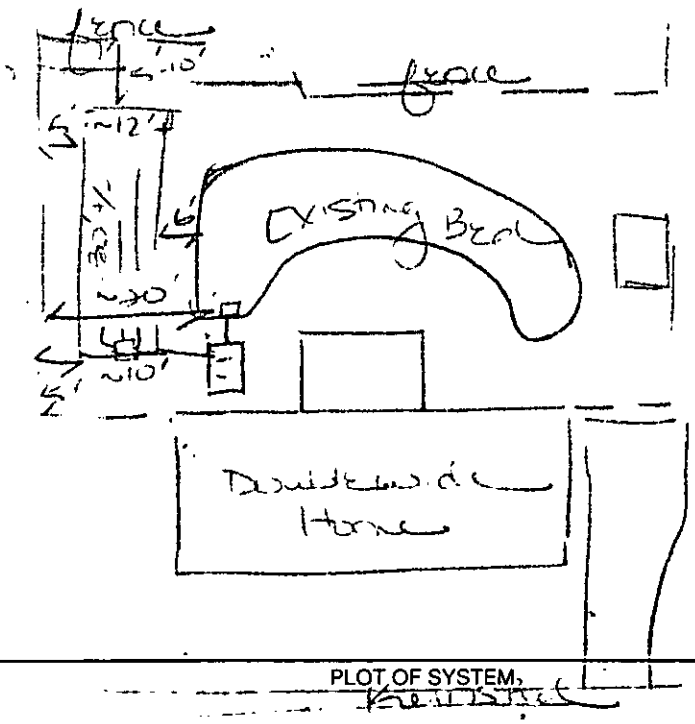
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 18434 DATE: ~~2/13/96~~ 9/17/96

TC: 07-284-03 ☐L

SERIAL NO: 16617

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PLOT OF SYSTEM, Not to Scale

Liquid Capacity of Septic Tank Existing gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction ✓

Trench Depth as shallow as possible

Absorption and/or Nitrification Lines:

Trench Width 10'-12' +/- feet

Trench Walls Scored and Porous ✓

Total Line Length ~90' feet

Number of Lines 3 @ 30' +

Depth of Stone 18" + inches

Distance from House 5 feet

Distance from Property Line 5 feet

Distance from Well 10+ feet

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

NAME OF OWNER David Glen + Fran Collier

LOCATION OF PROPERTY 1092 Kenilworth Road

Comments: Install 2nd tee in septic tank to function as overflow into repair area. Install bed ~ 10-12' x 30' + 3 lines @ ~30 each 18+" grade. minimum 6" cover.

Ira O. Marks

Environmental Health Specialist

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

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 18534 Tax Number: 017-284-03

- 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: Repair to existing system. ~10-12' x 30'+ Bed				
REPAIR Repair Area System Type Type (circle one): I (II) III IV V VI	✓ Conventional (Bed) ___ 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	
~330 Absorption Area (Sq ft) ~90 Total Trench Length (Ft)	18"+ Depth of Stone Trench	Bed Trench spacing (min. on centers)	___ Maximum Trench Depth Shallow as possible	
For existing system, enter the year originally installed: <1982				

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for t 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 effe 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 Departme
- This Improvement permit is transferable.

Joe B. Mialik, RS 2/13/96
DEHNR Authorized Agent Date

Owner/Agent Signature Date 2-13-96

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

IWWS:100195

CONDITIONS OF IMPROVEMENT PERMIT

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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: Repair to existing system. ~10-12' x 30'+ Bed			
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- This Improvement permit is transferable.

Joe B. Mialik, RS 9/13/96
DEHNR Authorized Agent Date

David Lee Collier
Owner/Agent Signature Date
2-13-96

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
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NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

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

DATE: 2/13/96 PERMIT NO: 18534
PARCEL NO: 017-284-03

JOB LOCATION ADDRESS: 10926 Kerns Road
PROPERTY OWNER: David Glen & Fran Collier
BUILDING CONTRACTOR: NA
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: Joe B. Mialik, RS DATE: ~~2/13/96~~
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 18534, 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: Repair to Existing Septic System
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.

David Glen Collier 2-13-96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

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

DATE: 2/13/96 PERMIT NO: 18534
PARCEL NO: 017-284-03

JOB LOCATION ADDRESS: 10936 Kerrs Road
PROPERTY OWNER: David Glen & Frank Collier
BUILDING CONTRACTOR: NA
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: Lisa B. Mial E.H.S. DATE: 2/13/96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 18534, 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: Repair to Existing Septic System
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.

David Glen Collier 2-13-96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

PG. 27

PG. 23

PG. 01

GIBRALTER DR.

COMANCHE RD.

MARIPOSA LN.

HAMBRIGHT

LAMESA PL

PACEMAKER LN.

BLUE MOON CT.

ALAMOSA PL.

KLAMATH PL

#2117

678±

BLOCK

1567.31

LINE

LINE

284

285

286

287

288

289

283

2.9AC±

417.5±

275.33

531.7±

137.2

410±

KERNS RD.

1018±

2

34AC±P

1160.5

BK. 15

109 Kerns Rd

255±
286.03±
100
5
1.16 AC.±
247.13±
294.52±
239.07
589.07
3
1.45 AC GROSS±
334.55±
180.29±
100±
6
349.76±
351.89±
100
150.44
1.239AC
4
371.75±
150±

FOR TAX PURPOSES ONLY

TAX LINE MAP	BOOK 17 PAGE 28
MECKLENBURG COUNTY, NORTH CAROLINA	
REVISED	SCALE 1" = 200'

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: Jack Stuart TELECOPIER # 596-1909

FROM: Lisa Mialik DATE 9/17/96

Meck Co. Health Dept 336-5573

NUMBER OF PAGES TRANSMITTED: 2 (including cover sheet)

COMMENTS: 1092 Kerns Road Repair - Collier property

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

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

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

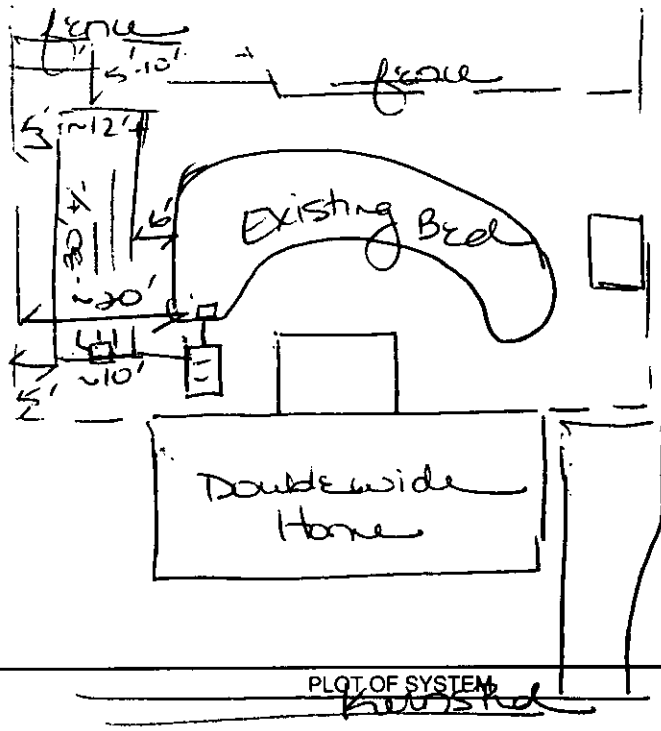
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 18534 DATE: ~~2/13/96~~ 9/17/96 for

TC: 017-284-03 ☐ L

SERIAL Nº 16617

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 2/13/96. All work shall be completed on or before ~~3/13/96~~ 9/17/96, 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.



PLOT OF SYSTEM Revised

Liquid Capacity of Septic Tank Existing gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction ✓

Trench Depth as shallow as possible

Absorption and/or Nitrification Lines:

Trench Width 10'-12' +/- feet

Trench Walls Scored and Porous ✓

Total Line Length ~90' feet

Number of Lines 3 @ 30'+

Depth of Stone 18"+ inches

Distance from House 5 feet

Distance from Property Line 5 min feet

Distance from Well 10 min feet

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

NAME OF OWNER David Glen + Fran Collier

LOCATION OF PROPERTY 10926 Kerns Road

Comments: Install 2nd tee in septic tank to function as overflow into repair bed. Install bed ~ 10-12' x 30'+; 3 lines @ ~30' each; 18+" gravel. minimum 6" cover.

Joe B. Mialik, RS
Environmental Health Specialist

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