

8549 CLEAR MEADOW LN

13927465

7/5/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

$400

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

FILE: 7546A DATE: 5/4/95

TC: 139 274 65 ☐ L ☒ CRT

SERIAL № 15448

Name of Owner Clay Hucks Juris.:

Address of Property 8549 Clear Meadow Ln

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 6 @ 67

Cover Depth 8" - 14"

Water Supply Source Com well

Distance to Water Source >100'

Excavation Inspected 5/4/95

Tank(s) Inspected 5/4/95

Wash Line Inspected –

High Water Alarm Inspected –

PLOT

Design: 1995, 1500ST, CON, 1200SFT, 12" Stone Cecil CTR# Reed Ends

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: Septic system designed for 3 bedroom residence

Phillip L. Walker R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

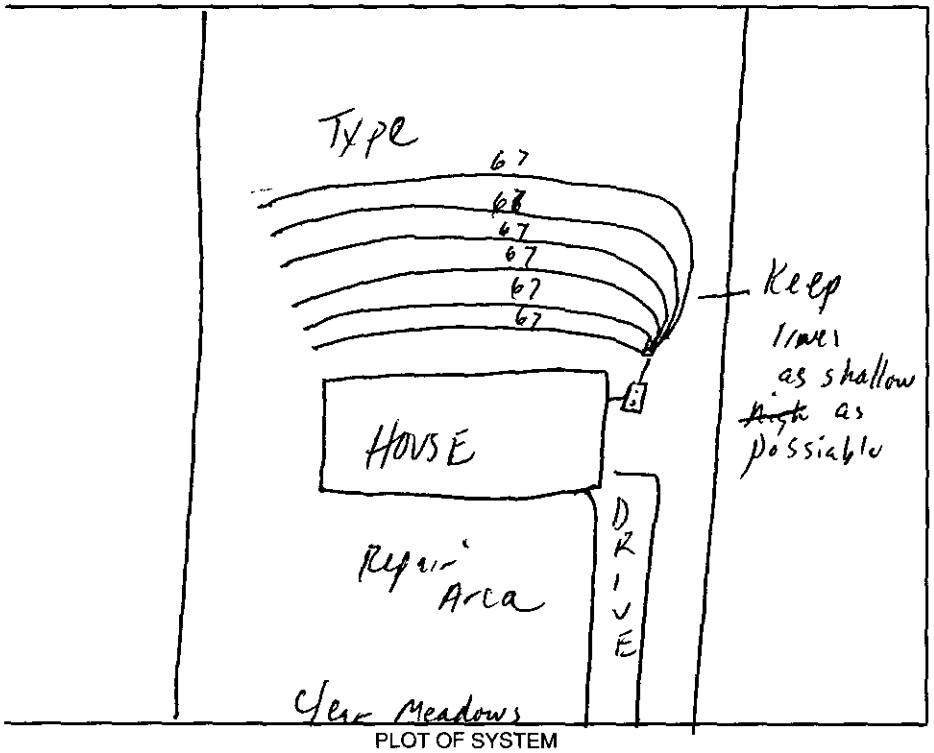
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7546 A DATE: 4/18/95

TC: 139 27 65 ☐ L

SERIAL Nº 16417

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 7/7/94. All work shall be completed on or before 5/18/95, 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

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Trench Depth 2'

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous ✓

Total Line Length 400' feet

Number of Lines 6 (67')

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well com well 210' feet

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

NAME OF OWNER Clay Hucks

LOCATION OF PROPERTY 8549 Clear Meadow Ln

Comments: Keep septic system as high as possible 6 lines x 67' long x 3' wd x 12" stone) Keep lines on contour of land

Roni Higgins-Bunny, R.S. Phila S. Walker R.S.

Environmental Health Specialist

12400

~~Credit~~ paid

1939 & 7546A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$200.00 - 3/22/93

CK#1694 pd add'l $100 ~~CRT~~ 5/6/93

CK#1718

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: Hucks (last) Olay (first) E (mi)

ADDRESS: 10508 Williams RD PHONE: (704) 545-5082

CITY: Charlotte STATE: NC ZIPCODE: 28227

Date: 3-22-93

PROPERTY OWNER:

NAME: SAME (last) (first) (mi)

ADDRESS: _____ PHONE: (___) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 139-294-65

STREET ADDRESS: 8549 Clear Meadow Ln.

ZONING: _____

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 24 / ~~Proj per of 24 of 25~~ LOT SIZE (in acres):

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) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2-3

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)
[ ] 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 [X] 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: Olay Hucks Date: 3-22-93

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.

...PPBPS TYPE II REPAIR

AGREEMENT FORM ON FILE

CONVENTIONAL ORIGINAL SYSTEM

NEW LOT FORMED - SURVEY ON FILE

[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

Environmentalist Date

Director or Authorized Section Head Wally Randall 7-7-94 Date

WWATER : 122791

1991

DATE 3/22/93

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

#139-274-65
PARCEL NUMBER

8549 Clear Meadow Ln
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

Lot #24C
EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

Clear Meadow
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	**APPROVED**	**NOT APPROVED**
2. FLOODWAY REGULATIONS	**APPROVED**	**NOT APPROVED**
3. EROSION CONTROL REGULATIONS	**APPROVED**	**NOT APPROVED**
4. COMMERCIAL DRAINAGE PLAN	**APPROVED**	**NOT APPROVED**
5. PUBLIC UTILITY EASEMENT	**PRESENT**	**NOT PRESENT**
6. PROPERTY FRONTS ON THOROUGHFARE	**YES**	**NO**
7. DRIVEWAY PERMIT REQUIRED	**YES**	**NO**
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	**YES**	**NO**

REMARKS: S. F. Home.

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: B. McCorkle

REVISED 1/91

PROPOSED PLOT PLAN

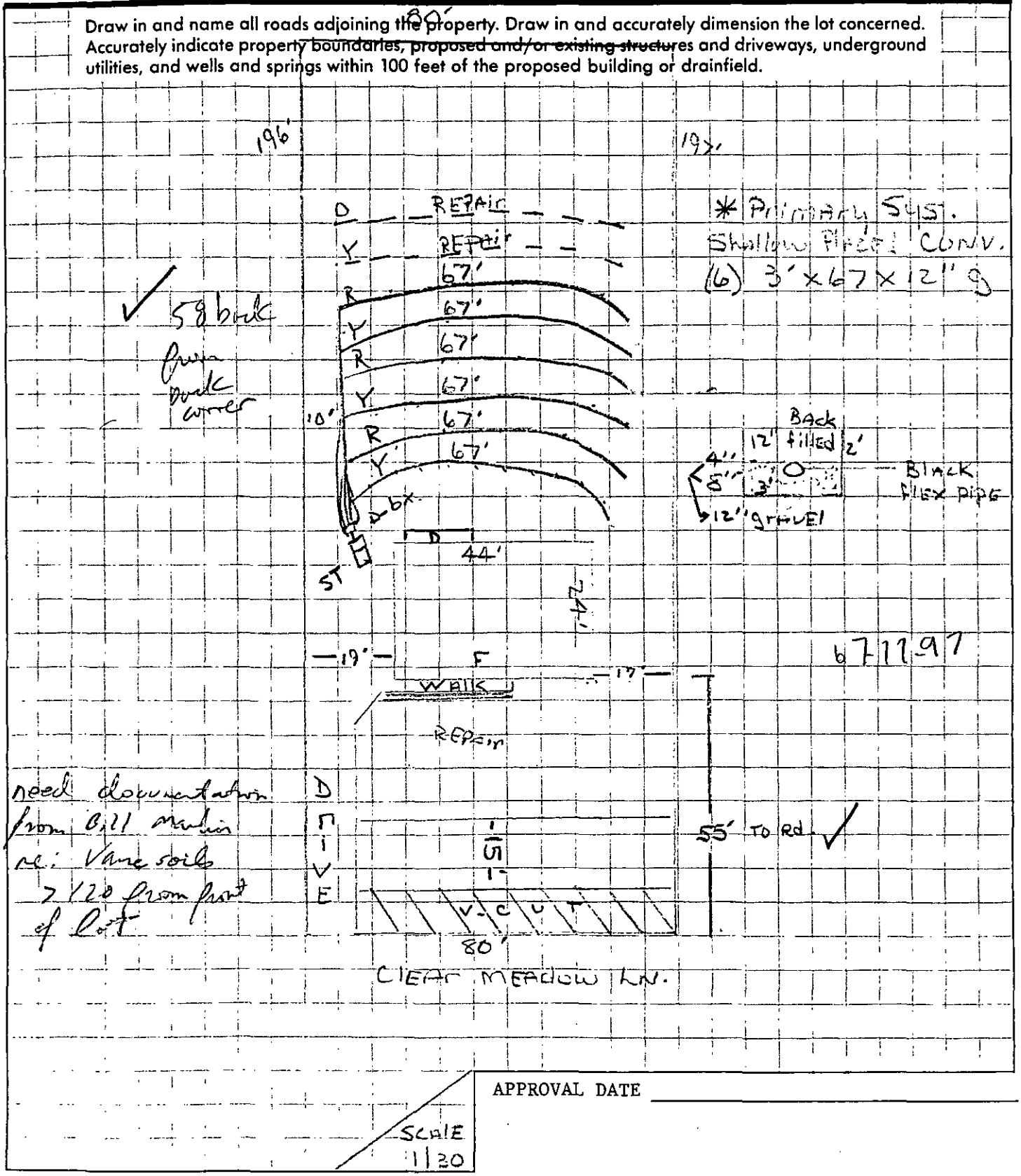
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7546-A

TC: 139-275-12

Lot 24, CLEAR MEADOW

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 _____

SCALE 1/20

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

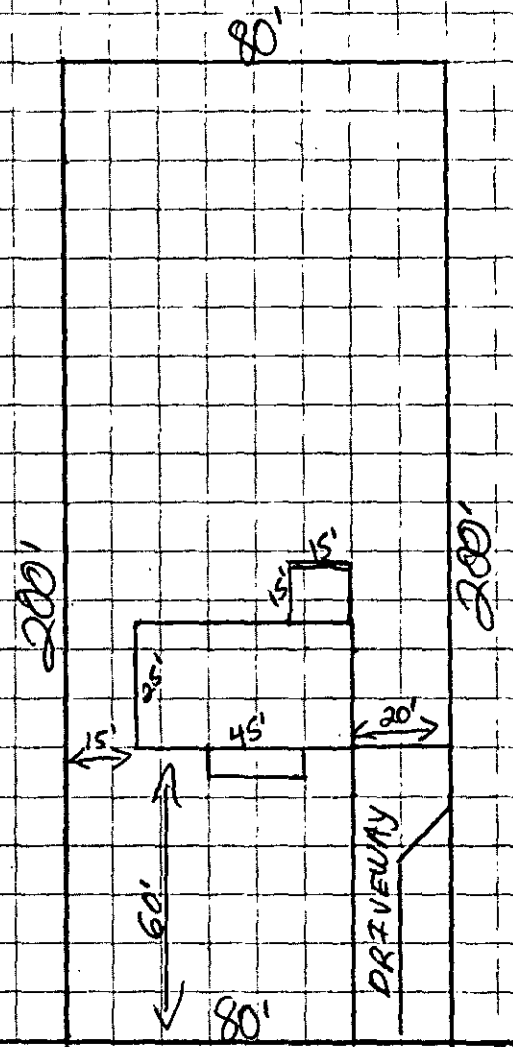
PROPOSED PLOT PLAN

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

FILE: 19392

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.



8549 Clear Meadow Ln.

APPROVAL DATE _____

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

Mecklenburg County
Health Department

July 19th, 1991

Reece E. Gibson
P. O. Box 10457
Charlotte, NC 28212

RE: Property located at 8549 Clear Meadow Lane 24
FILE: 7546A
PARCEL: 139-275-12

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 results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 12278) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, 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. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to call.

Very truly yours,

Gene Vaughan 7/19

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure (2)

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12278

File: 75 46-A Action 2

Parcel: PO 139-275-12 ☐ PC

Location: 85 49 Clear Meadow Ln.

Subdivision: Clear Meadow

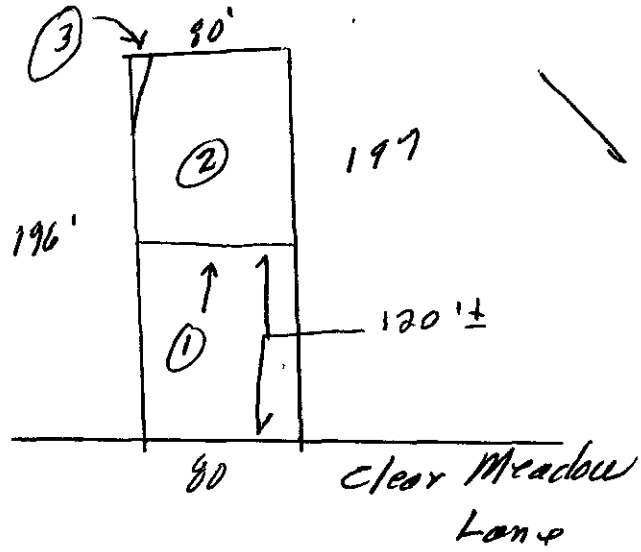
Lot: 24 Block: C Acres: .36

Owner: Reece E. Gibson
Address: PO Box 10457
Charlotte, N.C. 28212

Comments: Does not require 100% Repair

Described by: William A. Medlin

Date: 7-17-91



***** 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 2-8%	(S) PS U 2-8%	S PS (U) Drainageway / Depression	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S PS (U) Some 2-1 clay	S PS U —	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S (PS) U Blocky	S PS U —	S PS U	S PS U	S PS U
Drainage	S (PS) U 736" To water	S (PS) U 736" To water	S PS U —	S PS U	S PS U	S PS U
Depth	S PS (U) 29"	S PS (U) 24"	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 736"	S (PS) U 736"	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U Very limited	S PS (U) Restricted	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	IV Parole-Like	Vance Like	Drainageway Depression			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

Per. 7/11/91
Ck. #176
2 lot + 100.00

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

(OFFICE USE ONLY)

FILE: 7546-17

TC: 11-875-12

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 8515 Clear Wheaton Ln

② SUBDIVISION: Clear Meadows ③ LOT: 20 ④ BLOCK: C

⑤ PARCEL REFERENCE: BOOK NO.: 135 PAGE NO.: [illegible] PARCEL NO.: [illegible]

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

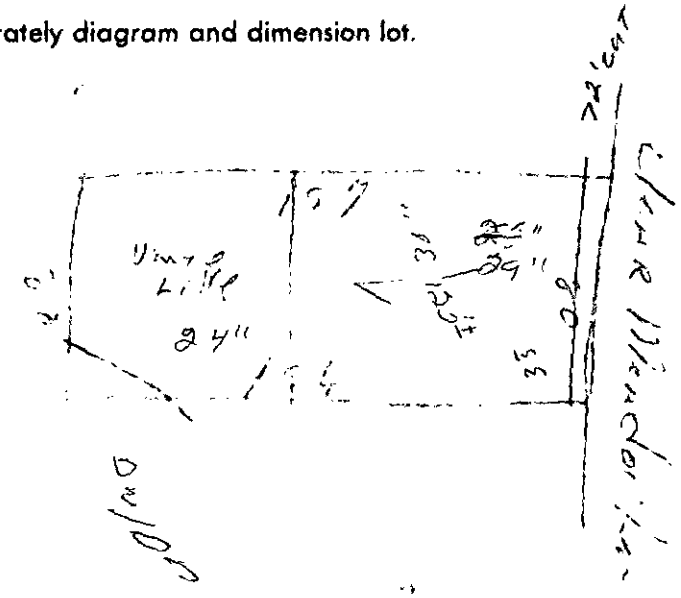
⑦ NAME: Kenneth (FIRST) E (MIDDLE) Gibson (LAST)

⑧ MAILING ADDRESS: PO Box 10457

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: [illegible]

⑫ PHONE: (WORK) 525 0013 (HOME) 525 0015

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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: _____

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

Date: _____

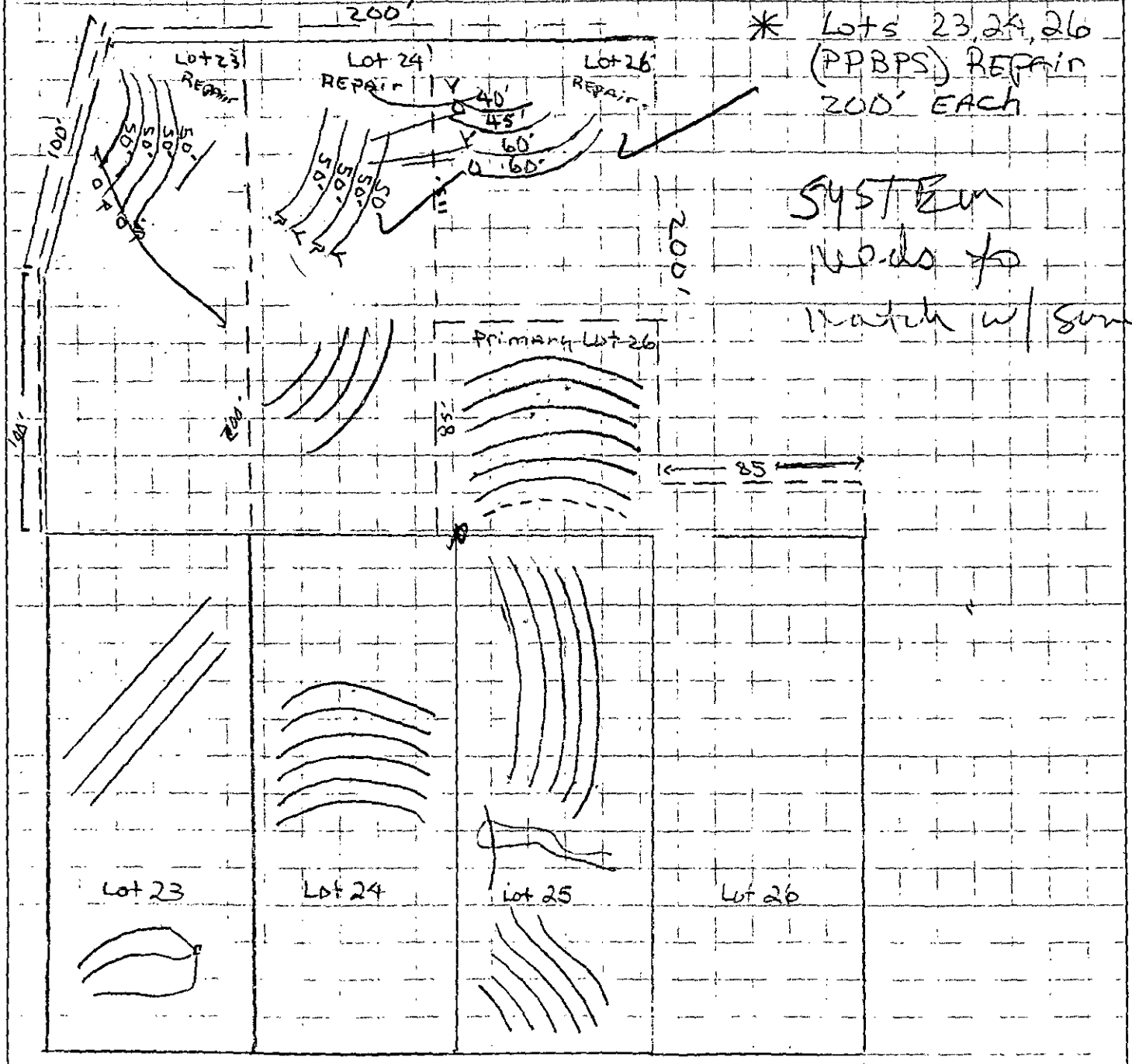
WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

PROPOSED PLOT PLAN

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

FILE: 734-B (Part of)
TC: 139-274-67

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 _____

SCALE 1"=60'

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

PROPOSED PLOT PLAN

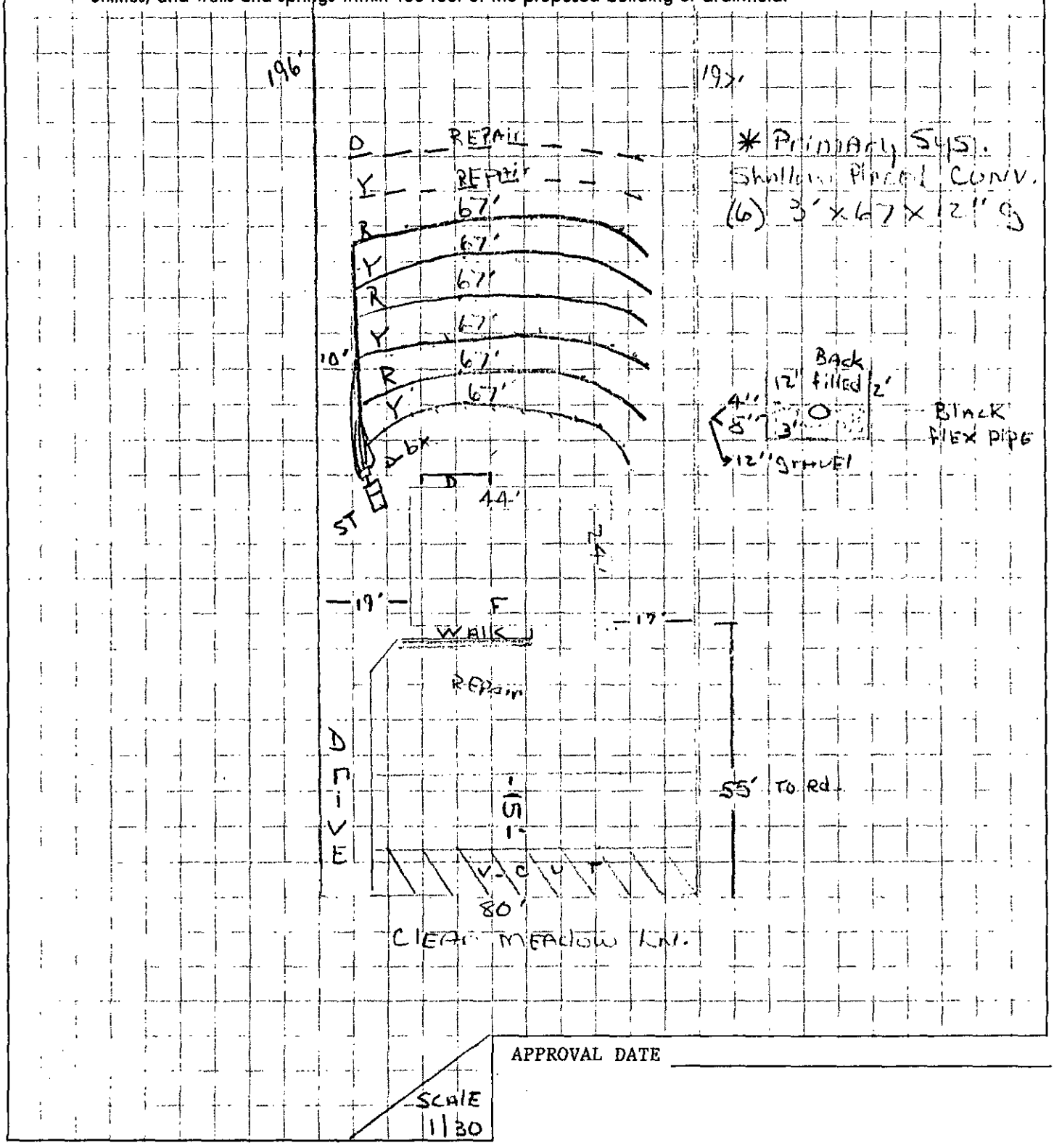
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7546-17

TC: 139-275-12

Lot 24, CLEAR MEADOW

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 _____

Scale 1/30

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

APPLICATION FOR SOIL INVESTIGATION

Pd. 7/1/91
CR. #1963
Amt. 100.00
DJ.

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

(OFFICE USE ONLY)

FILE: 7546-A

TC: 139-275-12

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: 8548 Clear Window Ln

② SUBDIVISION: Clear Window ③ LOT: 24 C ④ BLOCK: C

⑤ PARCEL REFERENCE: BOOK NO.: 135 PAGE NO.: 275 PARCEL NO.: 12

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

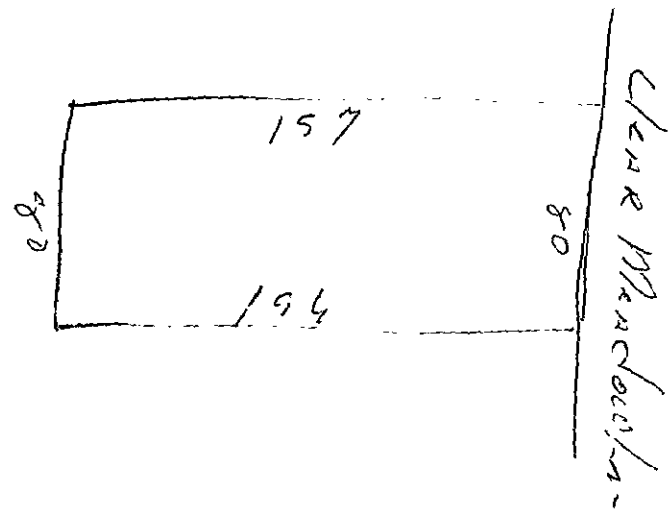
⑦ NAME: Reece (FIRST) E (MIDDLE) Gibson (LAST)

⑧ MAILING ADDRESS: PO Box 10457

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28221-2

⑫ PHONE: (WORK) 525 0013 (HOME) 525 0013

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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Reece Gibson

Date: 1 July 91

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

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

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 154/6 11

TC:

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS:

② SUBDIVISION: ③ LOT: ④ BLOCK:

⑤ PARCEL REFERENCE: BOOK NO.: PAGE NO.: PARCEL NO.:

⑥ DEED REFERENCE: BOOK NO.: PAGE NO.:

OWNER

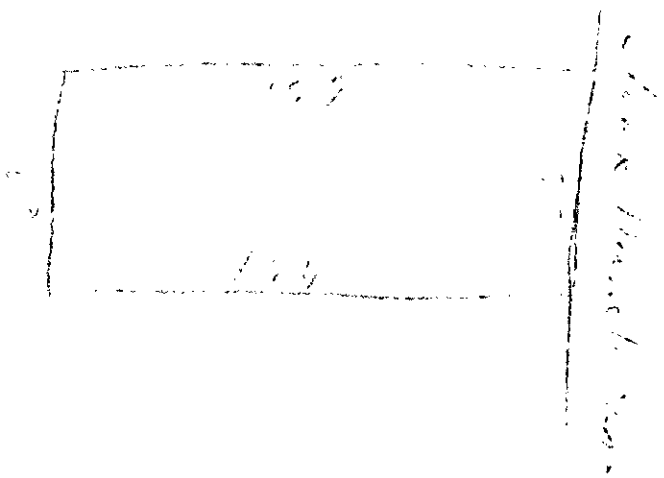
⑦ NAME: (FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS:

⑨ CITY: ⑩ STATE: ⑪ ZIP:

⑫ PHONE: (WORK) (HOME)

⑬ Accurately diagram and dimension lot.



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Signed:

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

Date:

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

Mecklenburg County
Health Department

October 14, 1993

Betty S. Snow, R.N., M.A.
Health Director

Mr. Reece Gibson
1300 East Boulevard
Charlotte, NC 28203

Re: 8549 Clear Meadow Lane
File: 7546A
Parcel: 139-274-65

Dear Mr. Gibson:

Receipt of your plans for a waste disposal system on the above referenced property is hereby acknowledged.

The plans as submitted are approved with the following provisions:

-Water saving plumbing devices and low flush toilets should be installed when constructing the residence.

-Landscaping of original system area and the repair area is prohibited. No grading, shaping, or altering in any way.

-The well should be located 100 feet, but in no case less than 50 feet from the sewage system and repair area.

-The designated repair system is a modified type III panel block. The owners acknowledgement of modified/alternative replacement system requirement form must be signed prior to the issuance of the Operation Permit.

-Please provide proof of easement for the septic tank system repair area. Proof of easement should include a metes and bounds description with corresponding plat survey. The easement must bear the recordation stamp from the Mecklenburg County Register of Deeds.

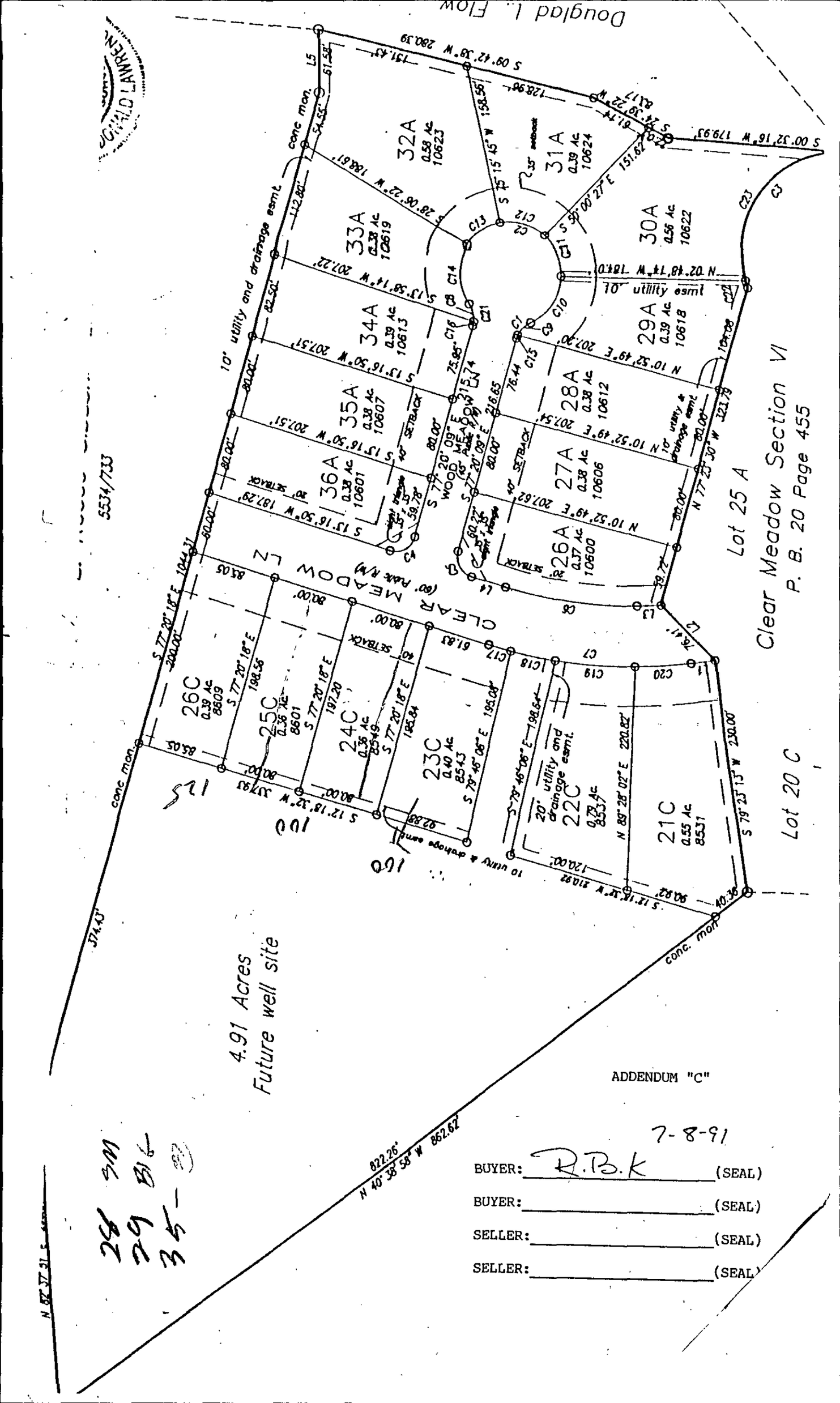
Upon execution and recording of the enclosed "Septic Tank Agreement Forms" an Improvement Permit can be issued by this department.

If you have any questions concerning this matter please contact me at 336-5575.

Sincerely,

Kelly Randall

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems Division


Douglad L. Flow
Clear Meadow Section VI
P. B. 20 Page 455
Lot 25 A
Lot 20 C
5534/733
32A 0.58 Ac 10623
31A 0.39 Ac 10624
30A 0.56 Ac 10622
33A 0.38 Ac 10619
34A 0.39 Ac 10613
35A 0.38 Ac 10607
36A 0.38 Ac 10601
29A 0.39 Ac 10618
28A 0.38 Ac 10612
27A 0.38 Ac 10606
26A 0.37 Ac 10600
26C 0.39 Ac 8609
25C 0.36 Ac 8601
24C 0.36 Ac 8549
23C 0.40 Ac 8543
22C 0.73 Ac 8537
21C 0.55 Ac 8531
CLEAR MEADOW LN
WOOD MEADOW LN
10' utility and drainage esmt
10' utility esmt
20' utility and drainage esmt.
conc mon
4.91 Acres
Future well site
ADDENDUM "C"
7-8-91
BUYER: R.B.K (SEAL)
BUYER: (SEAL)
SELLER: (SEAL)
SELLER: (SEAL)

Oct 14 1993

Mr Reece Gibson
1300 East Blvd.
Charlotte NC 28203

Re: B549 Clear Meadow Lane
File: 7546-A
Parcel: 139-274-65

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If your have any questions concerning this matter please contact me at 336-5575.

Sincerely

Kelly Rudd

APPLICATION FOR AN IMPROVEMENT PERMIT

Pd. 7/23/91
Ck # 2646
400.00
+ 2 permits
☒ L ☐ CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr 2nd Floor
700 N. Tryon Street
Charlotte, NC 28202

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

(OFFICE USE ONLY)
FILE: 7546-A
TC: 139-275-12
SERIAL: № 0019622

JOB LOCATION

① ADDRESS: 8549 (STREET NO.) CLEAR MEADOW LN. (STREET) ② FILE: 7546A
③ JURISDICTION: ④ TAX PARCEL NO.: 139-275-12
⑤ SUBDIVISION: CLEAR MEADOW ⑥ LOT: 24 ⑦ BLOCK: C

OWNER

⑧ NAME: JONES & KEARNS, INC. (FIRST) (MIDDLE) (LAST)
⑨ MAILING ADDRESS: 4932 SPICEWOOD DR.
⑩ CITY: CHARLOTTE ⑪ STATE: N.C. ⑫ ZIP: 28277
⑬ PHONE: (WORK) 533 1765 ⑭ (HOME) 545 9704

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? 3
㉕ Type?
㉓ Maximum occupancy? 4
㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☑ no
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 onto the property for the purpose of processing this request.

Signed: Connie M Jones, Sec.
Date: 7/23/91

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 this Department.

... This permit is not transferable, and shall become null and void 60 months from the date of issuance.

Environmentalist / Date

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.

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, Elmer Reece Gibson owner of property located at 8549 Clear Meadow, ("the site") and described in an instrument recorded in Book 7159 at Page 488, 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 fails 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 19 day of Sept, 1993.

Elmer Reece Gibson (SEAL)

(SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Jeff L Condrey Sr, a Notary Public for said County and State, do hereby certify that Elmer Reece Gibson personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 19 day of September, 1993.

Jeff L Condrey Sr.
Notary Public

My Commission Expires My Commission Expires December 17, 1994

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

Drawn by: Elmer Reece Gibson
1300 East Blvd. Charlotte, NC. 28203

BK: 07829 PG: 0599/0599 $:0210 8.00
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 06/30/94 11:39

