

22641 TORRENCE CHAPEL RD

00115142

6/22/2007

duponbj

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

PANEL Block

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 6986-A DATE: 4/15/92

TC: 001-151-42 ☐ CRT

SERIAL Nº 13994

Name of Owner WALTER SIEGENTHALER Juris.:

Address of Property 22641 TORRENCE CHAPEL RD.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 300+

Number of Lines 6 @ 50'

Cover Depth 4"-6"

Water Supply Source P/WELL

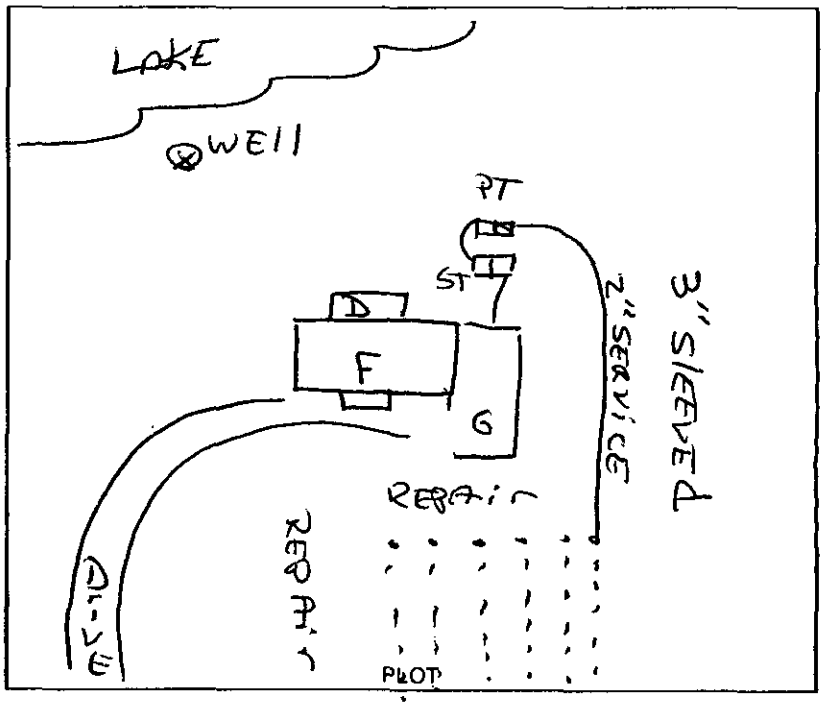
Distance to Water Source >50'

Excavation Inspected Y

Tank(s) Inspected Y Y

Wash Line Inspected —

High Water Alarm Inspected INSTALLED



Design: 1500ST, 1000 PT P1, MOD. 600 SFB, 24" SAND CECIL CTR# 84

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: 4 bedrm. PANEL Block. (6) 2'x50'x24" SAND. TH

Tim Whittaker, R.S.
Environmentalist

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

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: 6986A
TC: _____
SERIAL: [illegible] 21091 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 22641 Torrence Chapel Rd (STREET NO. / STREET) ② FILE: _____

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 001-151-42

⑤ SUBDIVISION: _____ ⑥ LOT: X ⑦ BLOCK: _____

OWNER

⑧ NAME: Walter (FIRST) (WELL) Siegenthaler (MIDDLE) (LAST)

⑨ MAILING ADDRESS: 13420 West Reese Blvd

⑩ CITY: Huntersville ⑪ STATE: NC ⑫ ZIP: 28078

⑬ PHONE: (WORK) 704 875-1200 ⑭ (HOME) 704 896-8141

REQUEST

This request is for a(n):

⑮ ☑ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit 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 4 4-10-92

㉕ Type? _____

㉓ Maximum occupancy? 5 T.W.

㉖ Maximum number of employees? _____

㉔ Basement? ☐ yes ☐ no 4/10/92

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: John Rinck

Date: 12-19-90

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 36 months from the date of issuance. 60

T.W. /
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.

INSTRUCTIONS

PLEASE PRINT OR TYPE ALL REQUESTED INFORMATION

ITEM(S) ....INSTRUCTIONS

① .....Indicate location of property for which the request is being made. Give **street number** and street or road name. If you do not know the street number, you must contact the Mecklenburg County Engineering Department to have one assigned.

② .....If a soil investigation has been run, copy the file number from the report. This may appear as SIR, ICAR(S) or APT numbers on older reports.

③ .....Indicate the jurisdiction in which the property is located. The jurisdiction is assigned by County Engineering.

④ .....Indicate the tax account or parcel number for the property (example 000-000-00). If the property is comprised of a portion of a large tract, precede the parcel number with the letters "PO."

⑤-⑦ .....Indicate the subdivision name and the lot and block numbers in the subdivision if applicable.

⑧-⑭ .....Indicate, in the requested format, the information as it pertains to the person to whom the permit should be issued.

⑮-⑱ .....Indicate the purpose of the request by placing an "X" in the appropriate box.

⑲-㉑ .....Indicate the type structure the system will serve by placing an "X" in the appropriate box.

- Residence means a single or multi-family dwelling (duplex, apartment, hotel, motel) or any other place where people reside.
- Mobile home means a trailer used as a residence that is designed without a permanent foundation and is capable of being moved to another location.
- Business or place of public assembly means non-residential use of buildings such as manufacturing, office space, warehousing operations, place of amusement or recreation, church, fairground, stadium, campground or any other place where people work or assemble.

㉒-㉔ .....If the system will serve a residence or a mobile home, indicate the number of bedrooms, the maximum occupancy of the residence and whether or not the structure will have a basement. When calculating the number of bedrooms include all rooms which are intended to be used as bedrooms or might later be furnished or converted to bedroom use and any additional bedrooms to be constructed in the future.

㉕-㉗ .....If the system will serve a business, indicate the type business, the maximum number of employees and the maximum number of seats to be provided. Include in these figures projections for future expansions.

㉘ .....Indicate the type water supply by placing an "X" in the appropriate box.

- Individual well means a well located on the lot, serving a building occupied by only one family or one business establishment and will not be a public place, a place of public gathering, or business which processes or manufactures any product which is used as, or is used in a food product.
- Municipal system means a water supply furnished by a city, county, town or other governmental authority.
- Community well means a privately owned water system originating from a well source.
- Community system means a privately owned water system originating from a source other than a well.

㉙ .....Once you have completed the application, read the certification statement in the lower, left hand corner. The statement must be signed, dated, and returned to the Department along with a Proposed Plot Plan and a copy of the Engineering Address Record prior to the issuance of any permits. **IN ORDER FOR YOU TO RECEIVE A COPY OF THE COMPLETED PERMIT FOR CONSTRUCTION, ALL COPIES OF THIS FORM MUST BE RETURNED TO THE ADDRESS LISTED ON THE FRONT OF THE APPLICATION.**

Mecklenburg County
Health Department

August 28th, 1990

H. Mercer Davis
22701 Torrence Chapel Road
Davidson, NC 28036

RE: Property located at Torrence Chapel Road
FILE: 6986A
PARCEL: 00115142

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 16645) is enclosed for your information.

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

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

Very truly yours,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 16645

File: 6986A Action 1

Parcel: 00115142 ☒PC

Location: Torrence Chapel Road

Subdivision:

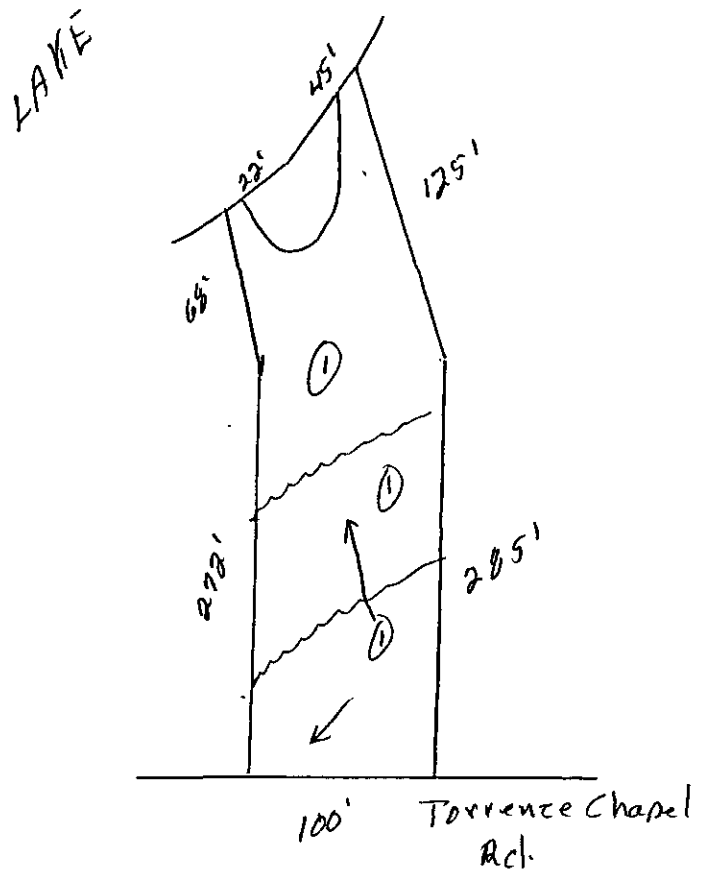
Lot: Block: Acres: .75

Owner: H. Mercer Davis
Address: 22701 Torrence Chapel Road
Davidson, NC 28036

Comments: Not sure about 100% did not see wells on adjacent properties- may be offset

Described by: William A. Marli

Date: 8-24-90



***** 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 6-12%	S PS (U) Terraces	S PS (U) Depression	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" To water	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U 46"+	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U >46"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	II Cecil-Like	Terraces	Depression			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 16645

File:

Action 1

Parcel:

☐ PC

Location:

Subdivision:

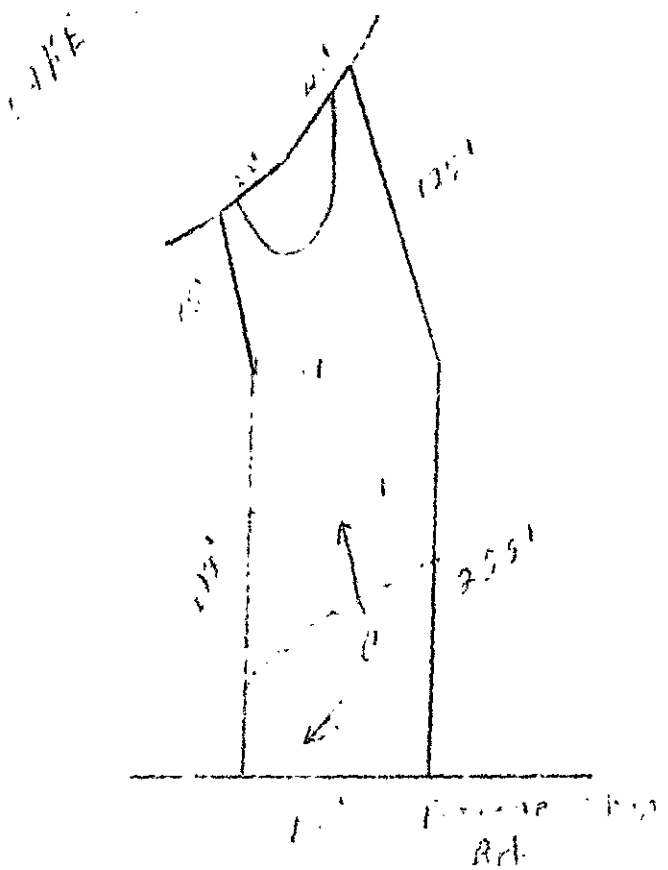
Lot: Block: Acres: .15

Owner:
Address:

Comments:

Described by:

Date:



***** 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	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series						
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

Anthony Ruch

Construction • *Design* • Consulting

13420 W. Reese Blvd.
Huntersville, N.C. 28078

Phone 704-875-2929
Fax 704-875-8167

Health Department
Environmental Health Division
1200 Blythe Blvd
Charlotte NC 28203

Huntersville August 17, 1990

Re: Soil test Torrence Chapel Rd 22641

Dear Sirs,

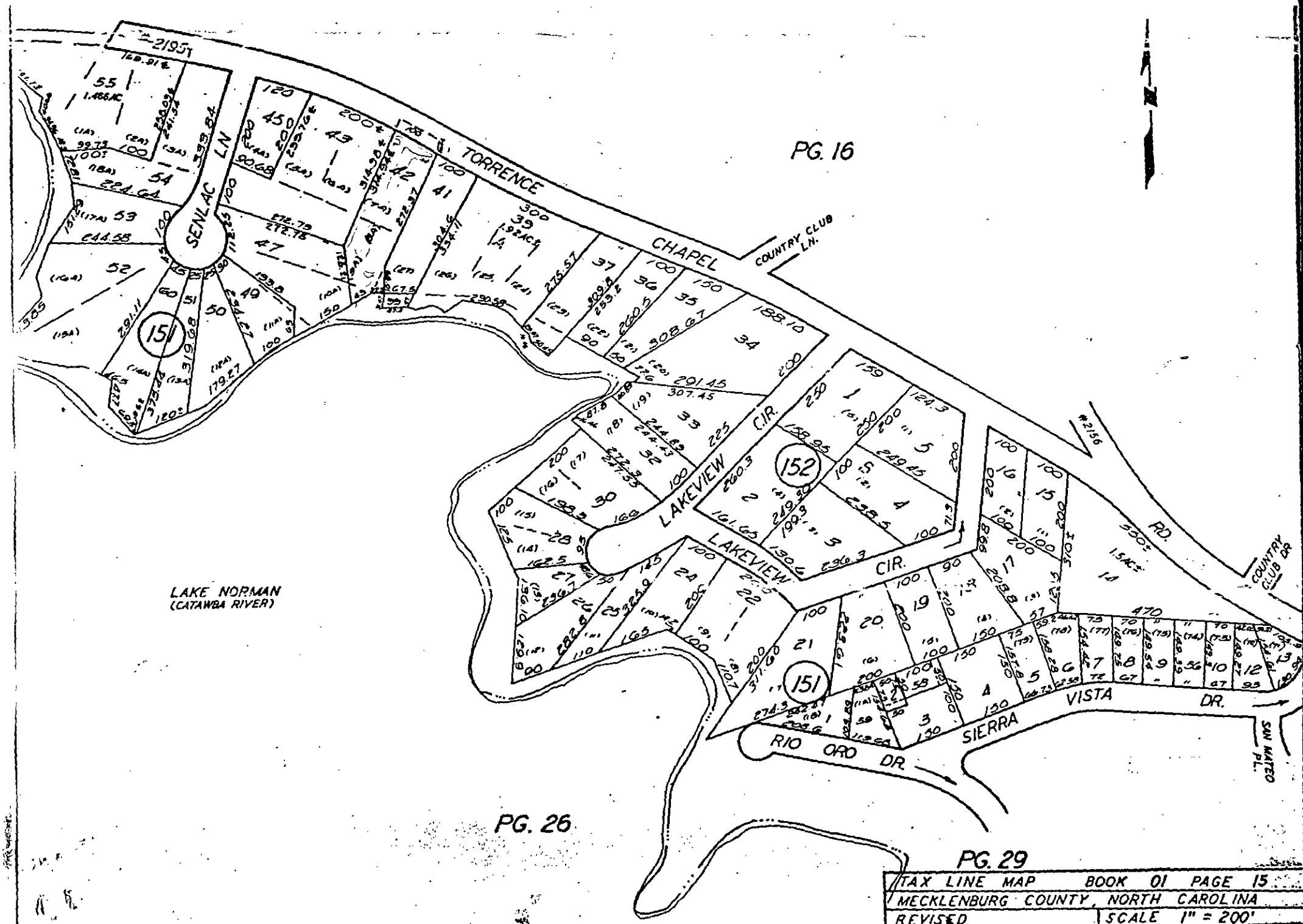
I kindly ask you to send the results of the Soil Investigation of the above mentioned lot to the following address:

Anthony Ruch
13420 W Reese Blvd
Huntersville NC 28078

Sincerely
Anthony Ruch

Encl: Application for soil Investigation
Tax line map
Survey map

Authorized Distributor Tri-Steel Structures

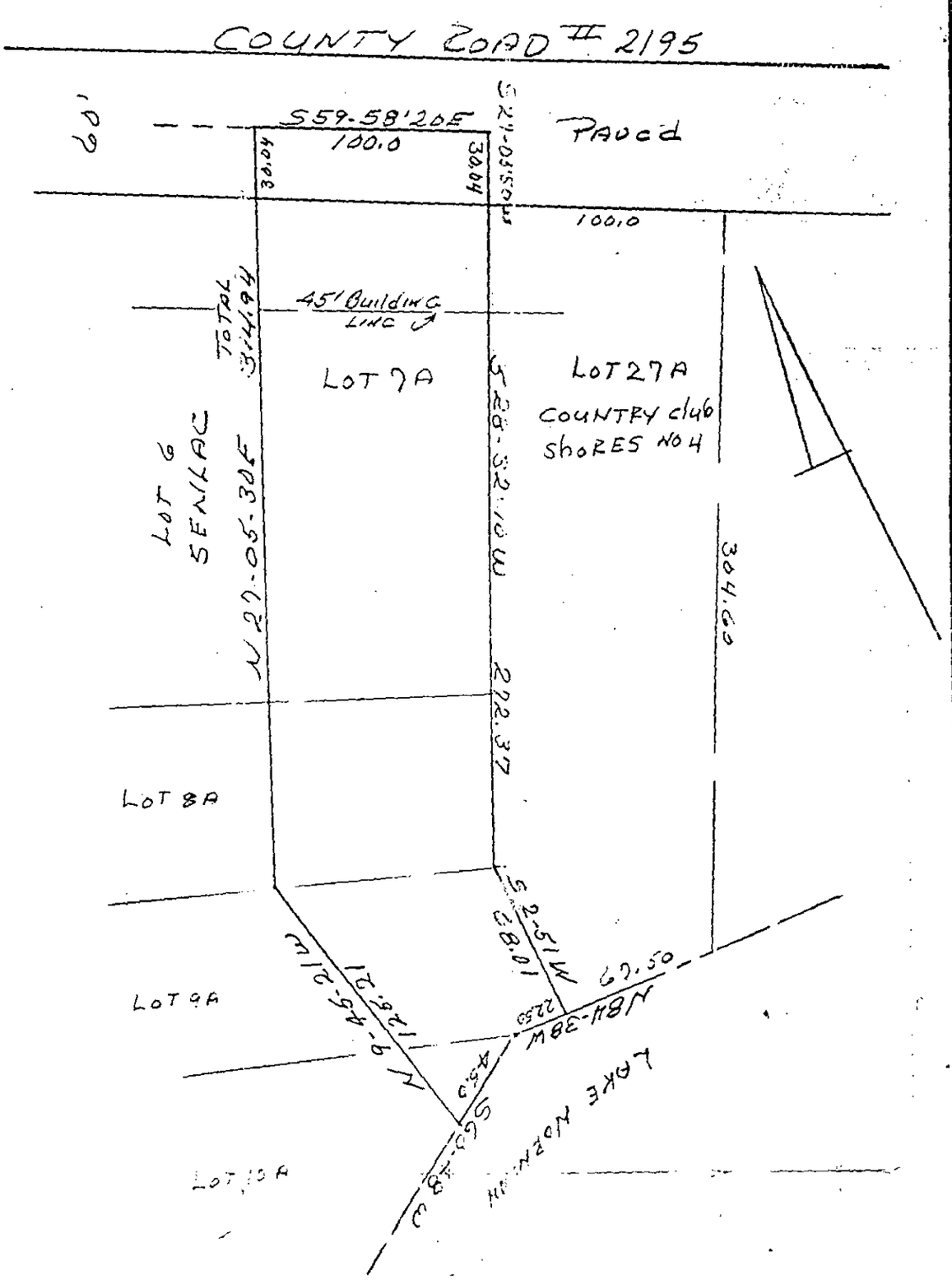


TAX LINE MAP BOOK 01 PAGE 15
MECKLENBURG COUNTY, NORTH CAROLINA
REVISED SCALE 1" = 200'

FOR TAX PURPOSES ONLY

THIS IS TO CERTIFY THAT ON THE 14 DAY OF AUG 1986, I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE PROPERTY LINES, WALLS AND BUILDINGS ARE AS SHOWN HEREON; THAT THE BUILDINGS LOCATED ON SAID LOT DO NOT ENCROACH OR PROJECT ON ADJACENT STREETS OR PROPERTY; AND THAT NO ADJACENT BUILDINGS OR WALLS ENCROACH OR PROJECT ON SAID PREMISES.

SIGNED T L BLOTHELTON
L 621



PHYSICAL SURVEY

OF

PART OF LOTS 7A-8A-9A-10A SENLAC 27 COUNTRY CLUB SHORES NO 4

LENLEY TOWNSHIP MECK CO

PROPERTY OF

CHARLES E & LOUISE B THACKER

SCALE 1" = 60 | DEED RECORDED _____ | MAP RECORDED _____

Pressurized panel block

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

FILE: 6986-A DATE: 4/10/92

TC: 001-151-42 01

SERIAL Nº 14165

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 12/19/90. All work shall be completed on or before 5/10/92, 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.

* Install according to approved plan.

Liquid Capacity of Septic Tank 1,500 gallons

Liquid Capacity of Dosing Tank 1,000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 2' feet

Total Line Length 300' feet

Number of Lines (6) 50'

Depth of ~~Stone~~ Sand 24" inches

Distance from House 15' feet

Distance from Property Line 10' feet

Distance from Well >50' feet

PLOT OF SYSTEM

NAME OF OWNER Walter Siegenthaler

LOCATION OF PROPERTY 22641 Torrence Chapel Rd.

Comments: 4 bedrm. panel block.

Division or ~~Section~~ Head

Tim Wkuttaker, R.S.
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

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

Daetwyler

Max Daetwyler Corporation
13420 Reese Boulevard West
Huntersville, NC 28078
Tel: (704) 875-1200
Fax: (704) 875-0781

January 22, 1991

Mr. Gene Vaughan
MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Division
1200 Blythe Blvd
Charlotte, NC 28203

RE: Property located at Torrence Chapel Road
File: 6986A
Parcel: 00115142

Dear Mr. Vaughan:

In reference to your conversations with Mr. Tony Ruch, enclosed please find the drawings and calculations for the proposed septic system.

Should you have any further questions, please do not hesitate to contact either Tony Ruch at 875-2929 or myself at 875-1200.

Yours truly,

MAX DAETWYLER CORPORATION

Walter Siegenthaler
Executive Vice President

WSi/lat
enc.

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: 6986A
TC: _____
SERIAL: № 21091
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 22641 Torrence Chapel Rd (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 001-151-42
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Walter (FIRST) _____ (MIDDLE) Siegenthaler (LAST)
⑨ MAILING ADDRESS: 13420 West Reese Blvd
⑩ CITY: Huntersville ⑪ STATE: NC ⑫ ZIP: 28078
⑬ PHONE: (WORK) 704 875-1200 ⑭ (HOME) 704 896-8141

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? 5 ㉕ Type? _____
㉓ Maximum occupancy? 5 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: John Rusk
Date: 12-19-90

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 ~~36~~ 60 months from the date of issuance.

Environmentalist _____ Date 4-19-91

Director or Authorized Section Head _____ Date

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 12-19-90

Name/Company: Walter Siegenthaler

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: ~~App.~~ Imp. Permit

TC: 001-151-42

File: 6986A

9641 Torrence Chapel Rd.

MECKLENBURG COUNTY
ENVIRONMENTAL HEALTH DIVISION
PAID
DEC 19 1990

Fee: $ 300.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

12-19-90 02:08PM P01

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE 12/18/90

FROM: COUNTY ENGINEERING DEPARTMENT

FILE _____ JURISDICTION CODE Mect

PARCEL NUMBER 001-151-42

ASSESSED ADDRESS 22641 Torreon Chapel Rd

LOCATION ADDRESS _____

PROJECT NAME NA

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	DISAPPROVED
1. SUBDIVISION REGULATIONS	/ /	/ /*
2. FLOODWAY REGULATIONS	/ /	/ /*
3. EROSION CONTROL REGULATIONS	/ /	/ /*
4. PUBLIC UTILITY EASEMENT	/ /	/ /*

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	/ /*	/ /
6. PROPERTY FRONTS ON THOROUGHFARE	/ /*	/ /
7. DRIVEWAY PERMIT REQUIRED	/ /*	/ /

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Att: Chris Septic Tank

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

SIGNED: _____

CP/EAR 06-88

NEW ADDRESS / /*

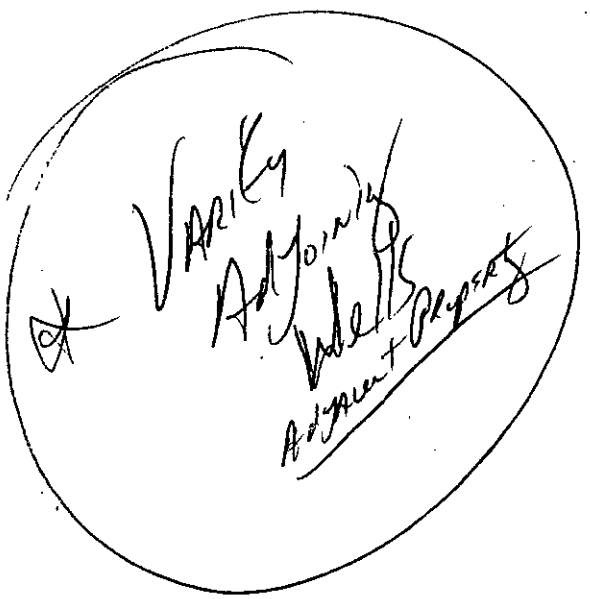
FORM 200

001 12/19 15:30 ENGINEERING 704 336-3846

This system is designed for a 4 bedroom house. The system will be T & J Panels pressurized through 1¼ pvc with one 5/32" diameter hole in each panel. There will be a valve at the head of each line and all lines will be set to 2' of pressure head.

The total length of all lines combined is 540 ft. The initial system will be 303' which will leave 237' for repair. This split in footage is in order to keep from using half of one line for initial and half for repair. Lines E,F,G,H, will be the initial system. Lines A, B, C, D will be for repair.

Note:
29.6 Feet Shortage
Variance Compensation
Made on 10 System
HRS 36.3 Additional Feet
Installed



INITIAL SYSTEM CALCULATIONS

Data:
Supply line length -- 145'
Elevation Head (includes 2' head) -- 14.5'
Total Flow -- 30.34 gpm
Panels 74

Calculations:

$$\text{Friction Head} = \frac{2.05}{100} \times 145$$

Friction Head = 2.97 ft.
Add 20% for fittings = 2.97 + .59
Total friction head = 3.56 ft.

Total Head = Elevation + Friction
Total Head = 14.5 + 3.56
Total Head = 18.06 ft.

Dose = 3.6 gal x 74 panels
Dose = 266.4 gals.
Note: Check valve negates the supply line volume as a factor in dosing.

$$\text{Float Stroke} = 266.4 \text{ gals} \div \frac{22 \text{gal}}{1 \text{ inch}}$$

Float Stroke = 12.10 inches

CALCULATIONS

Initial System

Line	Length	# Panels	#Holes	Flow Per Hole	Flow per line
E	82	20	20	0.41	8.20gpm
F	81	20	20	0.41	8.20gpm
G	81	20	20	0.41	8.20gpm
H	59	14	14	0.41	5.74gpm
Totals	303	74			30.34gpm

Repair System

Line	Length	#Panels	#Holes	Flow per Hole	Flow per line
A	32	8	8	0.41	3.28
B	57	14	14	0.41	5.74
C	77	19	~~19~~ 18	0.41	7.~~79~~ 7.38
D	72	18	~~19~~ 17	0.41	7.~~79~~ 6.99
Totals	238	59			~~24.60~~ 23.37gpm

CALCULATIONS

Repair System

Data:
Supply line length -- 235'
Elevation head (includes 2' head) -- 16'
Total flow -- ~~24~~ 23.37 gpm
Panels ~~59~~ 57

Calculations:

$$\text{Friction Head} = \frac{1.10}{100} \times 235$$

Friction Head = 2.58 ft.
Add 20% for fittings = 2.58 + .52
Total Friction Head = 3.10 ft.

Total Head = Elevation + Friction
Total Head = ~~16'~~ + 3.10'
Total Head = 19.10

Dose = 3.6 gal x ~~59~~ 57 panels
Dose = ~~212.40~~ 205.20 gals

$$\text{Float Stroke} = \text{~~212.40~~ 205.20 gal} \div \frac{22 \text{ gals}}{1 \text{ inches}}$$

Float Stroke = ~~9.65~~ 9.33 inches

Mecklenburg County
Health Department

August 28th, 1990

H. Mercer Davis
22701 Torrence Chapel Road
Davidson, NC 28036

RE: Property located at Torrence Chapel Road
FILE: 6986A
PARCEL: 00115142

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 16645) is enclosed for your information.

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

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

Very truly yours,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

RG COUNTY HEALTH DEPARTMENT
UATION REPORT
NUMBER 16645

File: 6286A Action 1

Parcel: 00115142 ☐F

Location: Torrence Chapel Road

Subdivision:

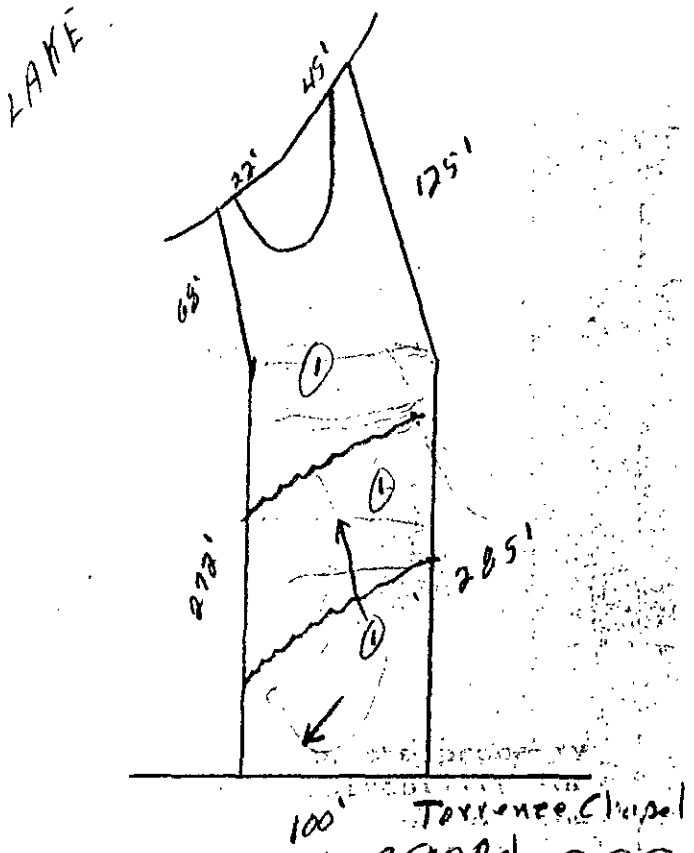
Lot: Block: Acres: .75

Owner: H. Mercer Davis
Address: 22701 Torrence Chapel Road
Davidson, NC 28036

Comments: Not sure about 100% did not see wells on adjacent properties - may be offset

Described by: William A. Mauk

Date: 8-24-90



1955
892
374-4470
Mercer Davis

***** 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 6-12%	S PS (U) Terraces	S PS (U) Depression	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" to water	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U 48"+	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U >48"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U Limited	S PS U —	S PS U —	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	II Cecil-Lilo	Terraces	Depression			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

(704) 376-4603

50.00

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 6986 A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 22641 Torrence Chapel Rd

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 0115142

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

OWNER

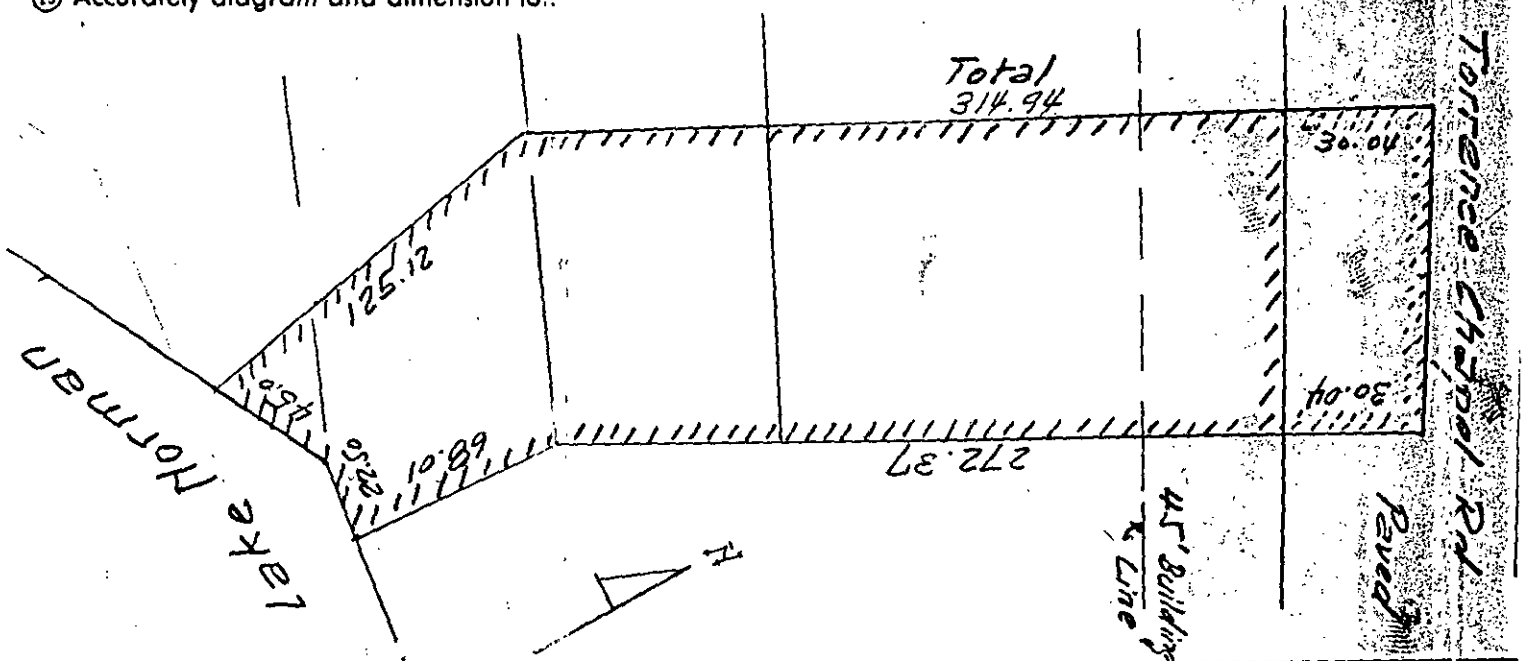
⑦ NAME: H. Mercer (FIRST) _____ (MIDDLE) DAVIS (LAST)

⑧ MAILING ADDRESS: 22701 Torrence Chapel Rd

⑨ CITY: Davidson ⑩ STATE: N.C. ⑪ ZIP: 28036

⑫ PHONE: (WORK) 3744470 (HOME) _____

⑬ Accurately *diagram* and dimension lot.



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

Signed: H. Mercer Davis

Date: 8/16/90

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

BK: 06471 PG: 0807/0807 #:0173 6.00

(Drawn by and mail to:)
ROBINSON, BRADSHAW & HINSON, P.A.
1900 INDEPENDENCE CENTER
101 N. TRYON STREET
CHARLOTTE, NC 28246

FILE NO. 6986A

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 10 NCAC 10A .1948(c)

The undersigned, Walter Siegenthaler and wife, Lidia Siegenthaler

owner of property located at Torrence Chapel Road, Mecklenburg County, North Carolina

the site") and described in an instrument recorded in Book 6409 at Page 851, Mecklenburg Public Registry,

hereby acknowledges that he applied to the Mecklenburg County Department of Environmental Health ("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 at 10 NCAC 10A .1934 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 10 NCAC 10A .1948(c) 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 10 NCAC 10A .1948(c)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally suitable" and issued an 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 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 having any right, title, or interest in the site.

This 28th day of February, 1991.

Walter Siegenthaler (SEAL)

Lidia Siegenthaler (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Gwendolyn J. Roberts, a Notary Public for said County and State, do hereby certify that Walter Siegenthaler and Lidia Siegenthaler personally appeared before me this date and acknowledged the execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 28th day of February, 1991.

Gwendolyn J. Roberts
Notary Public

Commission Expires: December 26, 1994

STATE OF NORTH CAROLINA
[illegible]

I, _____, a Notary Public for said County and State, do hereby certify that _____, and the _____ of _____ personally appeared before me this date and acknowledged that the foregoing instrument was signed in its name by its _____ and attested by _____.

WITNESS my hand and notarial seal, this _____ day of _____, 19__.

_____
Notary Public

Commission Expires: _____

State of North Carolina, County of Mecklenburg
The foregoing Certificate(s) of Gwendolyn J. Roberts

Notary(ies) Public is/are certified to be correct. This instrument and this certificate are duly registered at the date and time and in the Book and Page shown on the first page hereof.

ANNE A. POWERS, REGISTER OF DEEDS
By Karen Ayers Deputy - Register of Deeds

REGISTERED MAR/06/1991 04:18PM ANNE A. POWERS REGISTER OF DEEDS MECK. CO. N.C.

IMPORTANT MESSAGE

FOR Rene or Sylvia

DATE 3-26 TIME 4:35 A.M. (P.M.)

M Tony Roch

OF

PHONE 875 2929
AREA CODE NUMBER EXTENSION

TELEPHONED	✓	PLEASE CALL	✓
CAME TO SEE YOU		WILL CALL AGAIN	
WANTS TO SEE YOU		RUSH	
RETURNED YOUR CALL		SPECIAL ATTENTION	

MESSAGE 69864 Needs
permit but needs to
know if he is to do anything
else.

SIGNED

LITHO IN U.S.A.

TOPS FORM 3002W

22641 Torrence Chapel Rd.

69864

I called Tom
copy of agreement
[illegible]
on file 3/26/91
- Ed

Mecklenburg County
Health Department

February 22, 1991

Mr. Walter Siegenthaler
13420 West Reese Blvd.
Huntersville, NC 28078

RE: Property located at 22641 Torrence Chapel Road
FILE: 6986A
PARCEL: 001-151-42

Gentlemen:

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

Your plans for the modified system for the above property as submitted are approved with the following comments:

- The well should be located 100 feet or no less than 50 feet away from any part of the sewage disposal system and repair area.
- Water saving plumbing devices and low flush toilets should be installed when constructing the residence.
- Occupants to utilize maximum water conservation measures wherever possible.
- Effectively rake and lime all trench sidewalls
- Landscaping of repair area to be undisturbed. No grading, shaping, or altering in anyway.

Upon execution and recording with the Register of Deeds Office, Mecklenburg County, of the enclosed "Septic Tank Agreement Form", an Improvements Permit may be issued by this office.

Sincerely,

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

GV/kjb

Enclosures - 3 Septic Tank Agreement Forms

Anthony Ruch

Construction • *Design* • Consulting

12519 Cliffcreek Dr.
Huntersville, N.C. 28078

Phone 704-875-2929
Fax 704-875-8167

Attn. Mr. Gene Vaughan

Health Department
Environmental Health
1200 Blyth Blvd
Charlotte NC 28203

Huntersville February 8, 1989

Re: File # 6986A, Improvement permit.

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
FEB 14 1991
ENVIRONMENTAL HEALTH
DIVISION

Dear Mr. Vaughan,

Please find enclosed a plat with the wells of the two neighboring lots marked in scale as you requested. Please also note the addresses and phone numbers entered on this plat for your convenience.

We now hope you have all the information you need to be able to issue the permit for the sewage disposal system for this project soon.

Should you have any further questions please don't hesitate to call me.

Sincerely

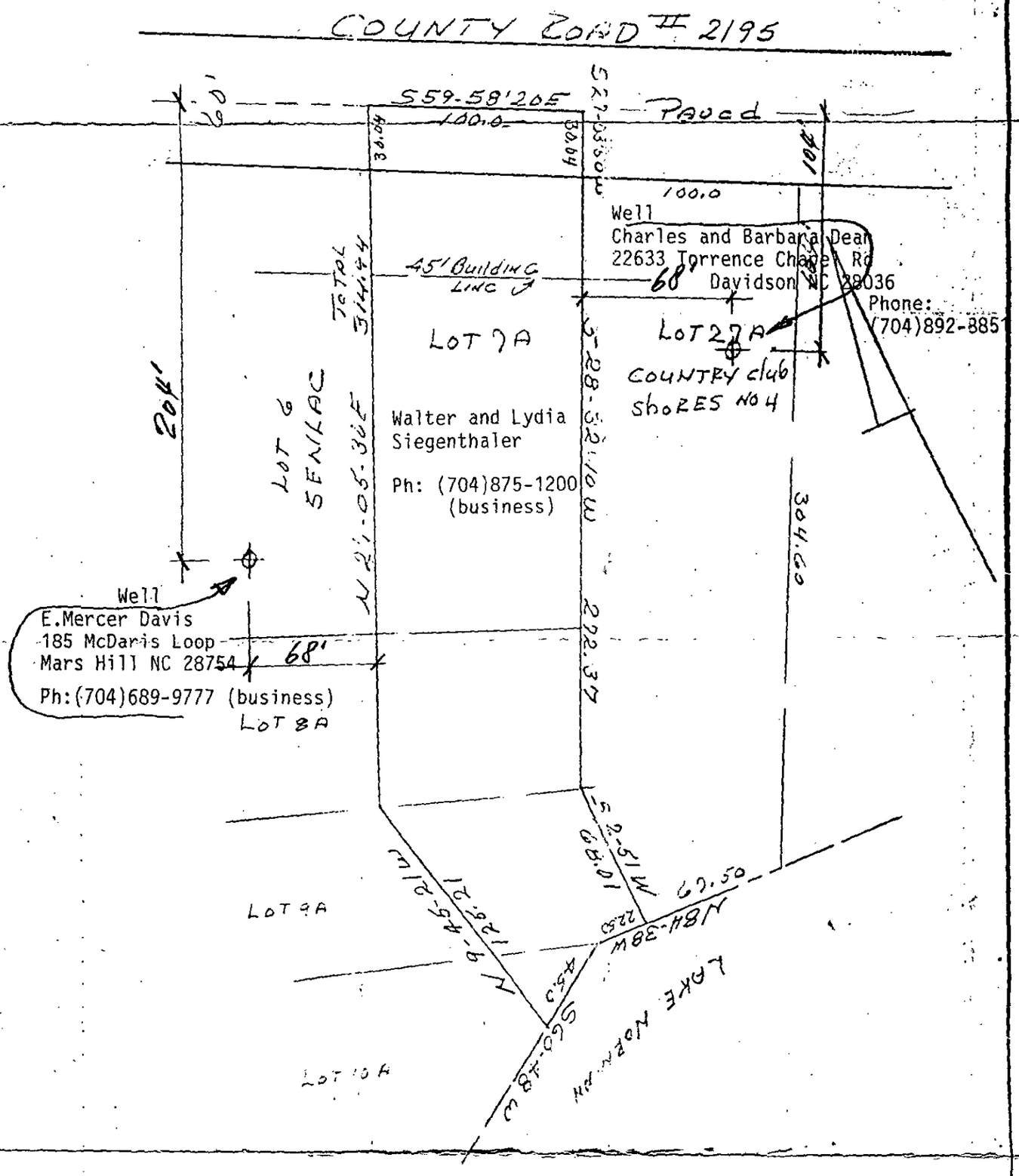
Anthony Ruch

Authorized Distributor Tri-Steel Structures

THIS IS TO CERTIFY THAT ON THE 14 DAY OF AUG 1986, I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE PROPERTY LINES, WALLS AND BUILDINGS ARE AS SHOWN HEREON: THAT THE BUILDINGS LOCATED ON SAID LOT DO NOT ENCROACH OR PROJECT ON ADJACENT STREETS OR PROPERTY: AND THAT NO ADJACENT BUILDINGS OR WALLS ENCROACH OR PROJECT ON SAID PREMISES.

SIGNED T L BLOTHELTON
L 621

File # 6986A



PHYSICAL SURVEY

OF

PLAT OF LOTS 7A-8A-9A-10A SENLAC 27 COUNTRY CLUB SHORES NO 4
LEMLEY TOWNSHIP MECK CO

PROPERTY OF

CHARLES E & BARBARA THACKER

SCALE 1" = 60 DEED RECORDED _____ MAP RECORDED _____

Daetwyler

Max Daetwyler Corporation
13420 Reese Boulevard West
Huntersville, NC 28078
Anthony Ruch

HUNTERSVILLE FEB-8'91 N.C. P.B. METER

U.S POSTAGE ≈ 0.29 ≈

CHARLOTTE N.C. 282 02/08/91 20:42 #1

Attn. Mr. Gene Vaughan

Health Department
Environmental Health
1200 Blythe Blvd
Charlotte NC 28203

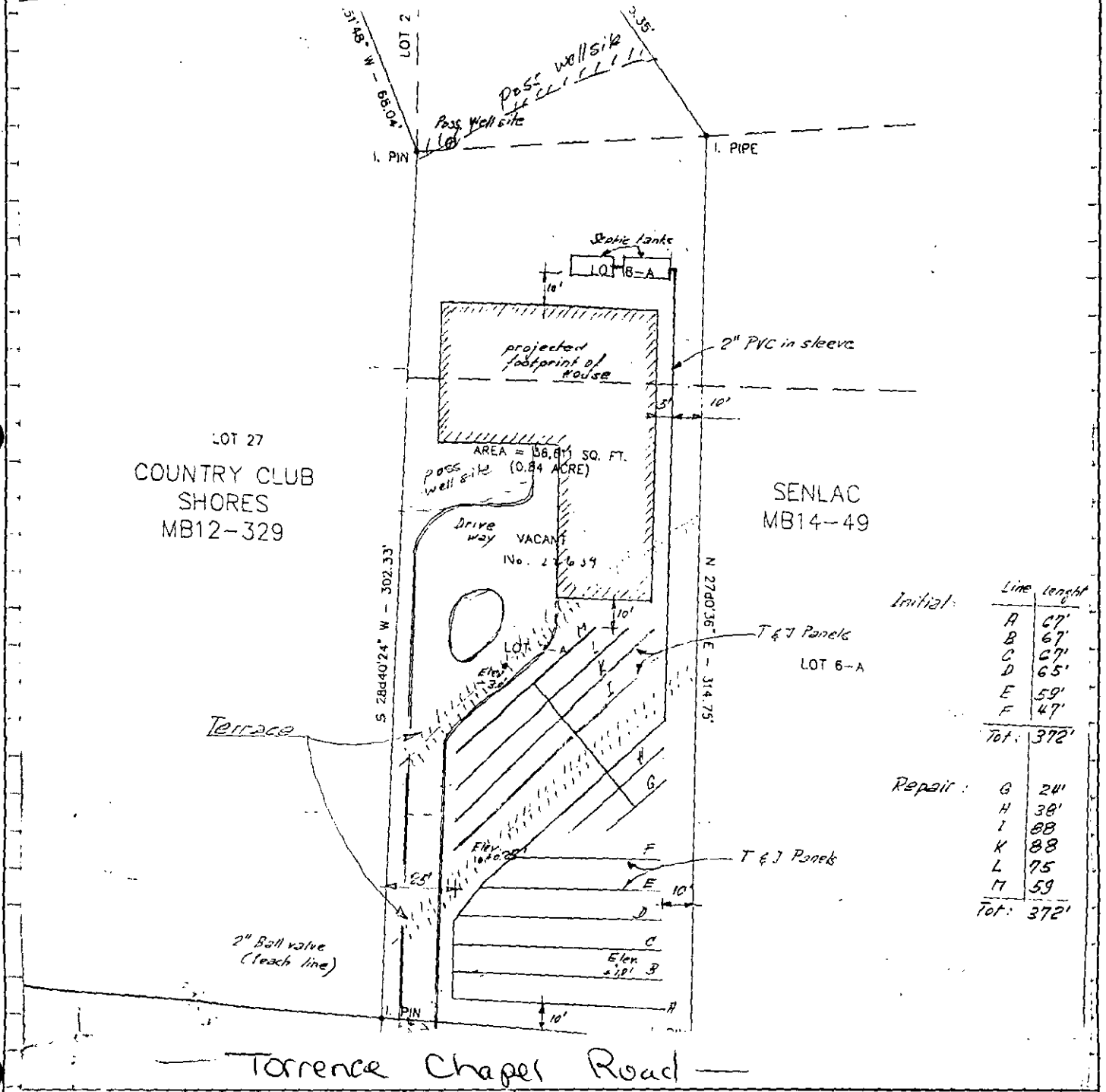
PROPOSED PLOT PLAN

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

FILE: 6986A

TC: 021-151-42

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, utilities



Initial:	Line	lenght
	A	67'
	B	67'
	C	67'
	D	65'
	E	59'
	F	47'
	Tot.	372'
Repair:	G	24'
	H	38'
	I	88
	K	88
	L	75
	M	59
	Tot:	372'

APPROVAL DATE _____

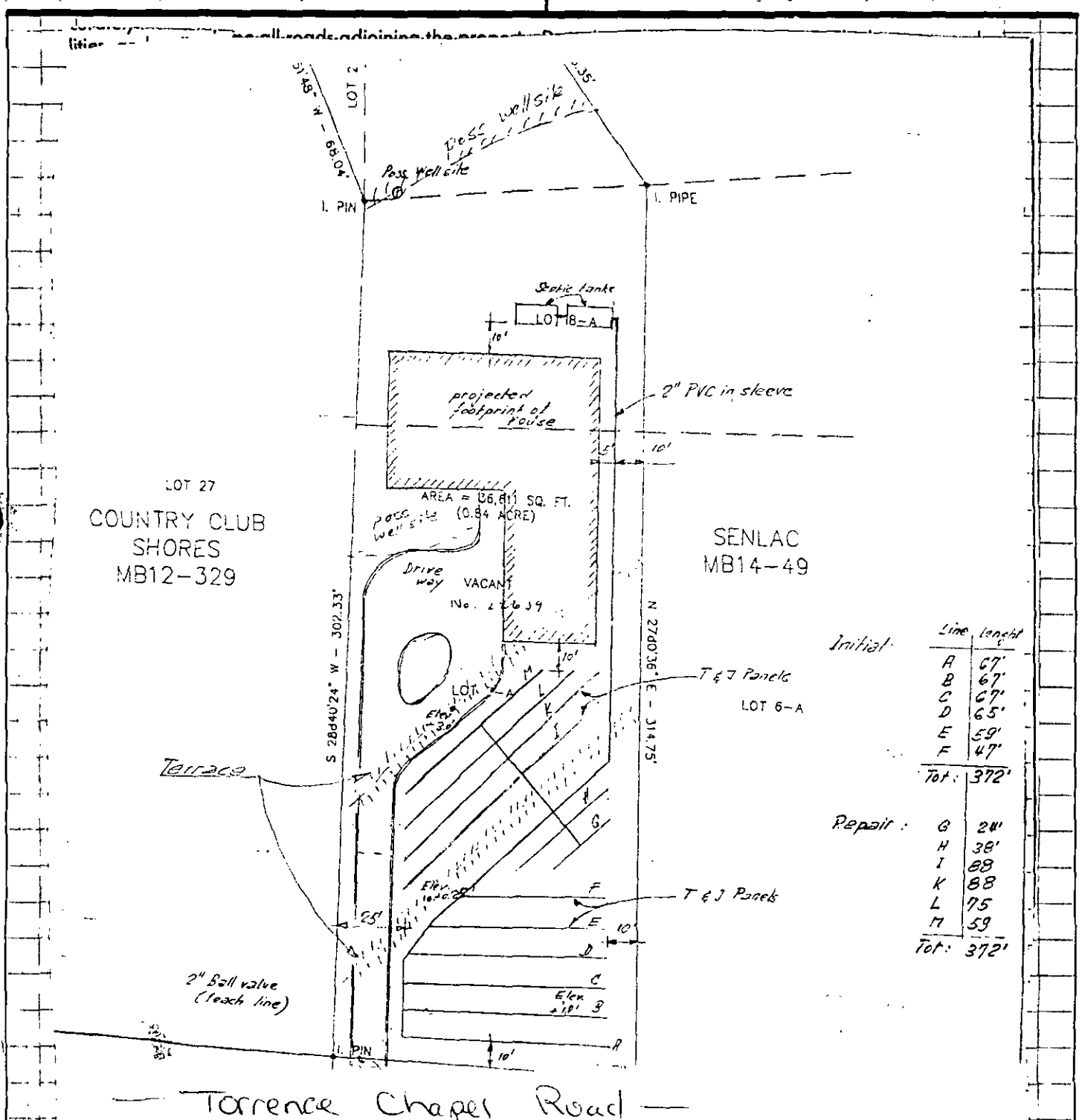
White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

PROPOSED PLOT PLAN

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

FILE: 6986A

TC: 12/4/15 -42



Initial:	Line	Lenght
	A	67'
	B	67'
	C	67'
	D	65'
	E	59'
	F	47'
	Tot:	372'
Repair:	G	211'
	H	38'
	I	88
	K	88
	L	75
	M	59
	Tot:	372'

APPROVAL DATE

APPROVAL DATE

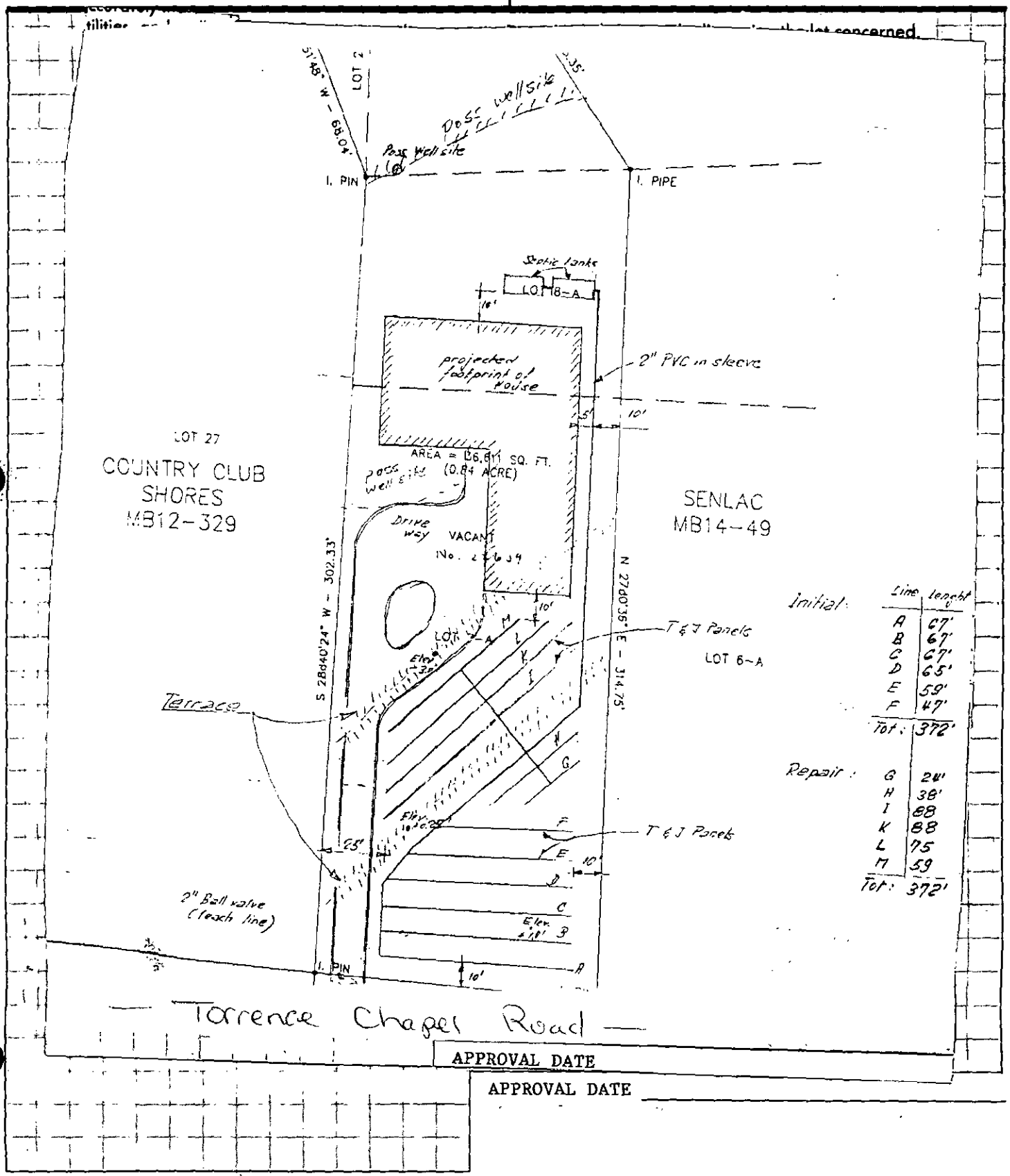
White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

PROPOSED PLOT PLAN

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

FILE: 6986A

TC: 101-151-42



Initial:	Line	length
	A	67'
	B	67'
	C	67'
	D	65'
	E	59'
	F	47'
	Tot.	372'
Repair:	G	24'
	H	38'
	I	68
	K	88
	L	75
	M	59
	Tot:	372'

APPROVAL DATE

APPROVAL DATE

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

12-20-90

Please
place in File
Need all

Calculations

Vonda

For _____

Date _____ Time _____

WHILE YOU WERE OUT

M _____

From _____

Phone No. _____

Area Code Number Extension

TELEPHONED		**URGENT**	
PLEASE CALL		WANTS TO SEE YOU	
WILL CALL AGAIN		CAME TO SEE YOU	
RETURNED YOUR CALL			

Message _____

_____

_____

_____

_____

_____

Operator

DataCom 9161

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 6986A

TC: _____

☐ PC / ☐ REPT

JOB LOCATION

① ADDRESS: 22641 Torrence Chapel Rd Davidson

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 00145142

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

OWNER

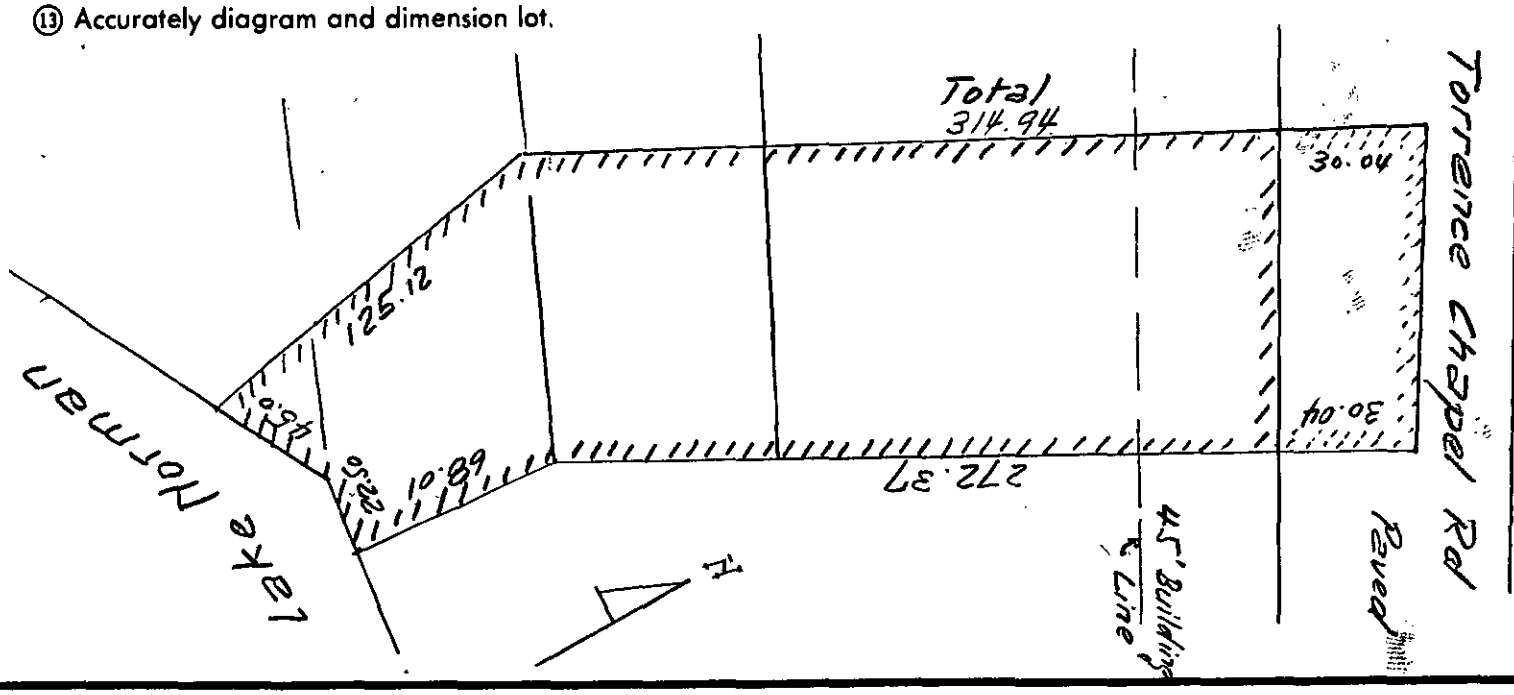
⑦ NAME: H. (FIRST) Mercer (MIDDLE) DAVIS (LAST)

⑧ MAILING ADDRESS: 22701 Torrence Chapel Rd

⑨ CITY: Davidson ⑩ STATE: N.C. ⑪ ZIP: 28036

⑫ PHONE: (WORK) 3744470 (HOME) _____

⑬ Accurately diagram and dimension lot.



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

Signed: H Mercer Davis

Date: 8/16/90

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 8-17-90

Name/Company: May Dastmyler Corp

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: ~~S/D~~ S/T- 22641 Tarheel Chapel Rd
1 Ac

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
AUG 17 1990

File # 6986A

Fee: $ 50.00 ~~CK#~~ 956 $50.00

NOTICE:

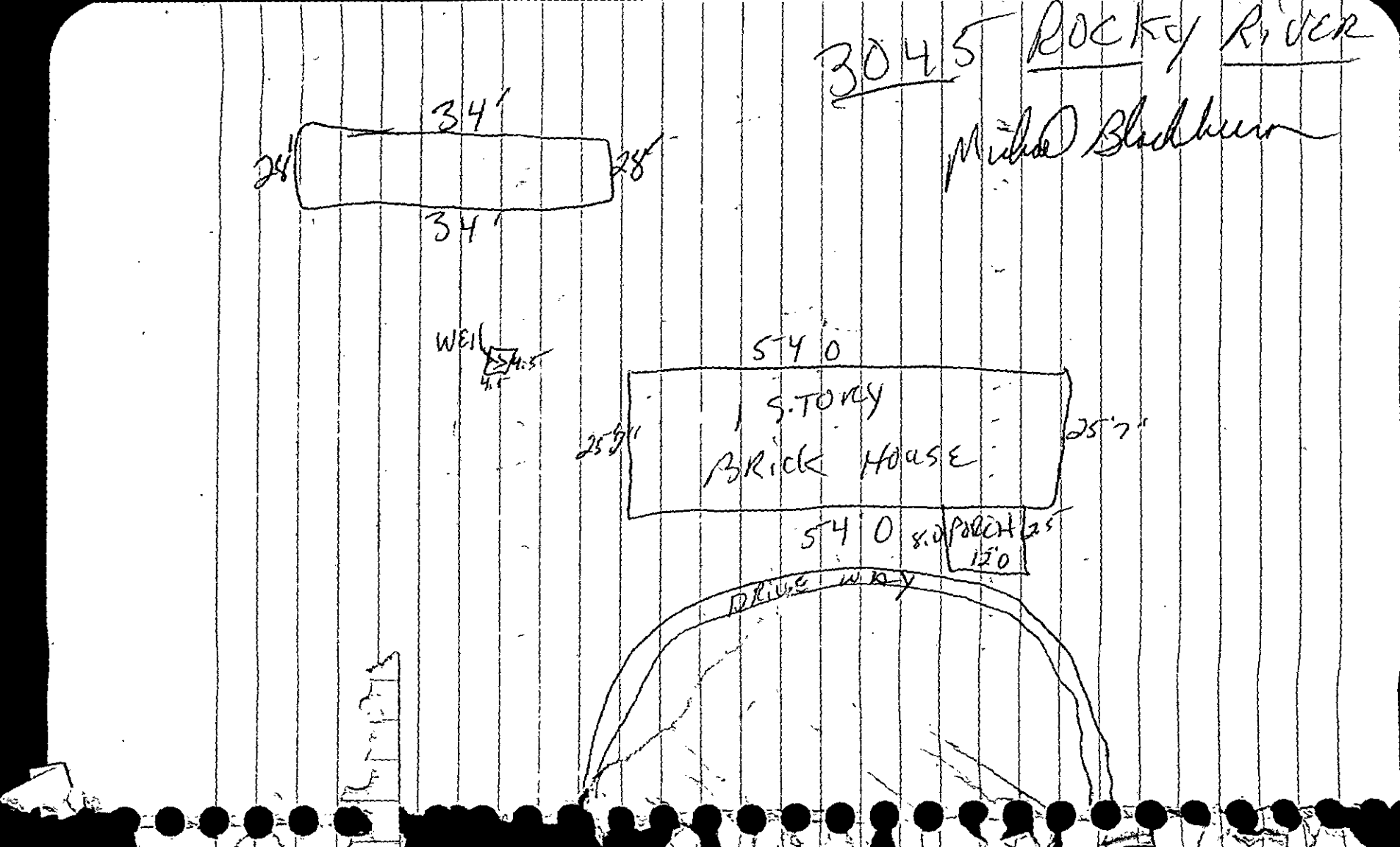
A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-5T2.

Jackie Abernethy
Completed by

Collected by

3045 Rocky Rider

Mike Blackburn



Judy

Kiser

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: 6987A
TC: _____
SERIAL: № 21033
☑ L ☑ CRT

JOB LOCATION

① ADDRESS: 3045 Rocky River Rd (3005 Rocky River Rd) (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 10503303
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: H. (FIRST) Michael (MIDDLE) Blackburn (LAST)
⑨ MAILING ADDRESS: 3045 Rocky River Rd
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28215
⑬ PHONE: (WORK) _____ ⑭ (HOME) 596-5623

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) detached Garage

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 2
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: H. Michael Blackburn
Date: August 17, 1990

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 36 months from the date of issuance. May use existing system.

Environmentalist — Date: 10/4/90

Director or Authorized Section Head — Date: 10-5-90

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 8-17-90

Name/Company: H. Michael + Gina B. Blackburn

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Dwg Permit - Addition
3045 Rocky River Rd.
(Formerly 3085)

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
AUG 17 1990

File # 6987A

Fee: $25.00

CK # 1319
P 25.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Jackie Abernethy
Completed by

Collected by

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: 6987A

TC: _____

SERIAL: No 21033 ☑L ☑CRT

JOB LOCATION

① ADDRESS: 3045 (STREET NO.) Rocky River Rd (STREET) (3005 Rocky River Rd) ② FILE: _____

③ JURISDICTION: — ④ TAX PARCEL NO.: 10503303

⑤ SUBDIVISION: — ⑥ LOT: — ⑦ BLOCK: —

OWNER

⑧ NAME: H. (FIRST) Michael (MIDDLE) Blackburn (LAST)

⑨ MAILING ADDRESS: 3045 Rocky River Rd

⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28215

⑬ PHONE: (WORK) _____ ⑭ (HOME) 596-5623

REQUEST

This request is for a(n):

⑮ ☐ New permit

⑯ ☐ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☐ Other (specify) detached Garage

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home

㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 2

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: H. Michael Blackburn

Date: August 17, 1990

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

... This permit is not transferable, and shall become null and void 36 months from the date of issuance. May use existing Sys Stem.

Environmentalist: [signature] Date: 10/4/90

Director or Authorized Section Head: [signature] Date: 10-4-90

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