


20025 SHEARER RD

00337107

1/7/2008

duponbj

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

# *MECKLENBURG COUNTY*
# *LAND USE AND ENVIRONMENTAL SERVICES*
## *Payment Receipt*

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 03/20/06 | **Amount:** | 100.00 |
| **Receipt #:** | 42679 | **Tendered:** | 100.00 |
| **Check / Auth #:** | VISA 696800 | **Returned:** | 100.00 |
| **Received By:** | DAUGHVB | | |

**Account Information**

**Account #:** 200000
**Contractor:** HUTCHINGS, JONATHAN
**Attn:**
**Address:** 20025 SHEARER RD
**Address:**
**City/State/Zip:** DAVIDSON, NC 28036

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0705 | MH Exc/Add/Repl w/o System Mod<br>20025 SHEARER RD | | 1 | 100.00 | 100.00 |

MECK CTY LOUISA N SATELI
18335 OLD STATESVILLE RD
CORNELIUS, NC 28078
MAR 20, 2006 12:26PM
TERM : 1
MERCH: 000158007170
REF #: 001
ACT #: 4661293010798083
EXP : 08/08
CARD : VISA
INVOICE #: 1
SALE: $ 100.00
RETR REF#: 607915501854
APPROVAL CODE: 696800
I AGREE TO PAY ABOVE
TOTAL AMOUNT ACCORDING
TO CARD ISSUER AGREEMENT
SIGNATURE
HUTCHINGS/HANNAH
MERCHANT COPY

**Outstanding Balances**

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| 50.00 | | | | | |

proj# 171567

561

FEE: $100.00
DATE: 3.20.06
CRT [ ] VISA

**APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM**
**MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES**
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 01/05

FILE #: 46143

**TYPE APPLCATION:**

☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
☐ ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ COMMERCIAL OR INDUSTRIAL (N)

**PERSON FILING APPLICATION:**
NAME: Jonathan Hutchings
ADDRESS: 20025 Shearer Rd
CITY: Davidson
STATE: NC ZIP: 28036
PHONE: 704-896-7034
ALTERNATE PHONE: 704-491-7415

**PROPERTY OWNER:**
NAME: Jonathan Hutchings
ADDRESS: 20025 Shearer Rd
CITY: Davidson
STATE: NC ZIP: 28036
PHONE: 704-896-7034
ALTERNATE PHONE: 704-491-7415

**JOB LOCATION INFORMATION**

**TAX/PARCEL #:**
**STREET ADDRESS:**
**CITY:**
**STATE:** NC **ZIP:**
**SUBDIVISION OR MOBILE HOME PARK NAME:**
**LOT #:**

**TOWNSHIP:**
☐ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☑ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

**WATER SUPPLY:**
☐ MUNICIPAL (M) ☐ COMMUNITY (C) ☑ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

**RESIDENTIAL PROPERTY TYPE:**
☐ HOUSE (H) ☑ MODULAR HOME (M) ☐ MULTIPLE FAMILY (U)
☐ SINGLE MOBILE HOME (S) ☐ DOUBLE WIDE (D)
☐ OTHER (O)

NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 4

**COMMERCIAL / INDUSTRIAL PROPERTY TYPE:**
TYPE OF BUSINESS:
# EMPLOYEES PER SHIFT:
# OF SHIFTS:

INDUSTRIAL WASTES? ☐ YES ☐ NO
UNDERGROUND STORAGE TANKS? ☐ YES ☐ NO

**ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:**
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☑ PORCH ☑ DECK ☑ OTHER Carport open MR

**ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:**
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☑ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature — Date: 3-20-06

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 approval is granted y this Department.
- This permit is not transferable.

☐ ADDITION / RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE

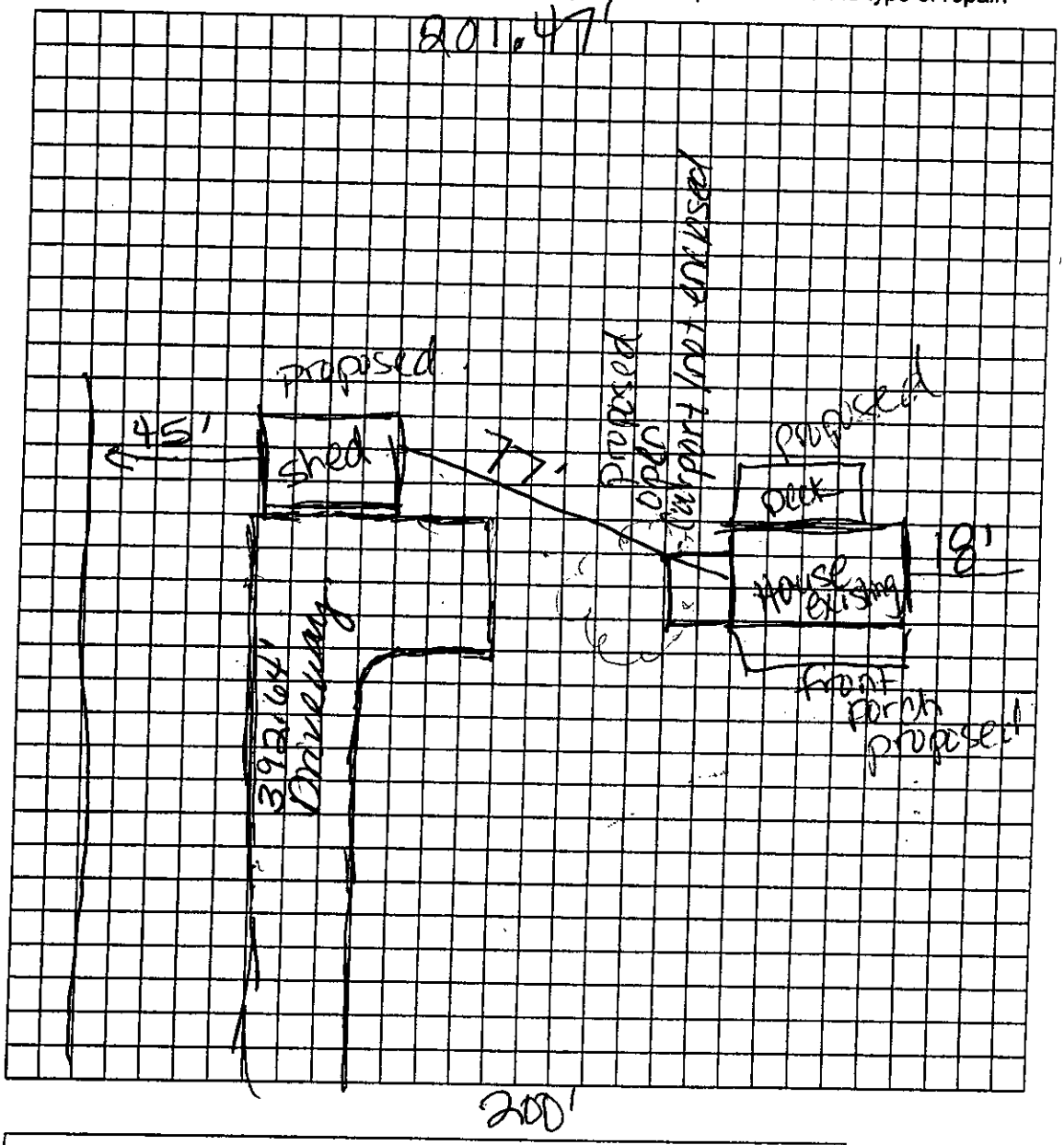
Approved to use existing system for shed, deck, & carport with no plumbing.
Debra Howell 3-21-2006
EHS Signature — Date

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File #_____
Date_____

## PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.




| |
|---|
| Owner/Agent Signature |
| Date |

LBC 12/15/04

proj # 171567 Gina # 561 003-371-01

FEE: $100.00
DATE: 3-20-06
CRT: WSO

**APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM**
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GWS – UES.APP 01/05

FILE # 4616

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☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
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☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ COMMERCIAL OR INDUSTRIAL (N)

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CITY: Davidson
STATE: NC ZIP: 28036
PHONE: 704-896-7034
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CITY: Davidson
STATE: NC ZIP: 28036
PHONE: 704-896-7034
ALTERNATE PHONE: 704-491-7415

**JOB LOCATION INFORMATION**

TAX/PARCEL #: 003-371-07
STREET ADDRESS:
CITY:
STATE: NC ZIP:
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

**TOWNSHIP:**

☐ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
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# OF SHIFTS:

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UNDERGROUND STORAGE TANKS? ☐ YES ☐ NO

**ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:**

☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☑ PORCH ☑ DECK ☑ OTHER Carport Opening

**ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:**

☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☑ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request."

Owner's/Agent's Signature — Date: 3-20-06

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- 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.

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EHS Signature — Date

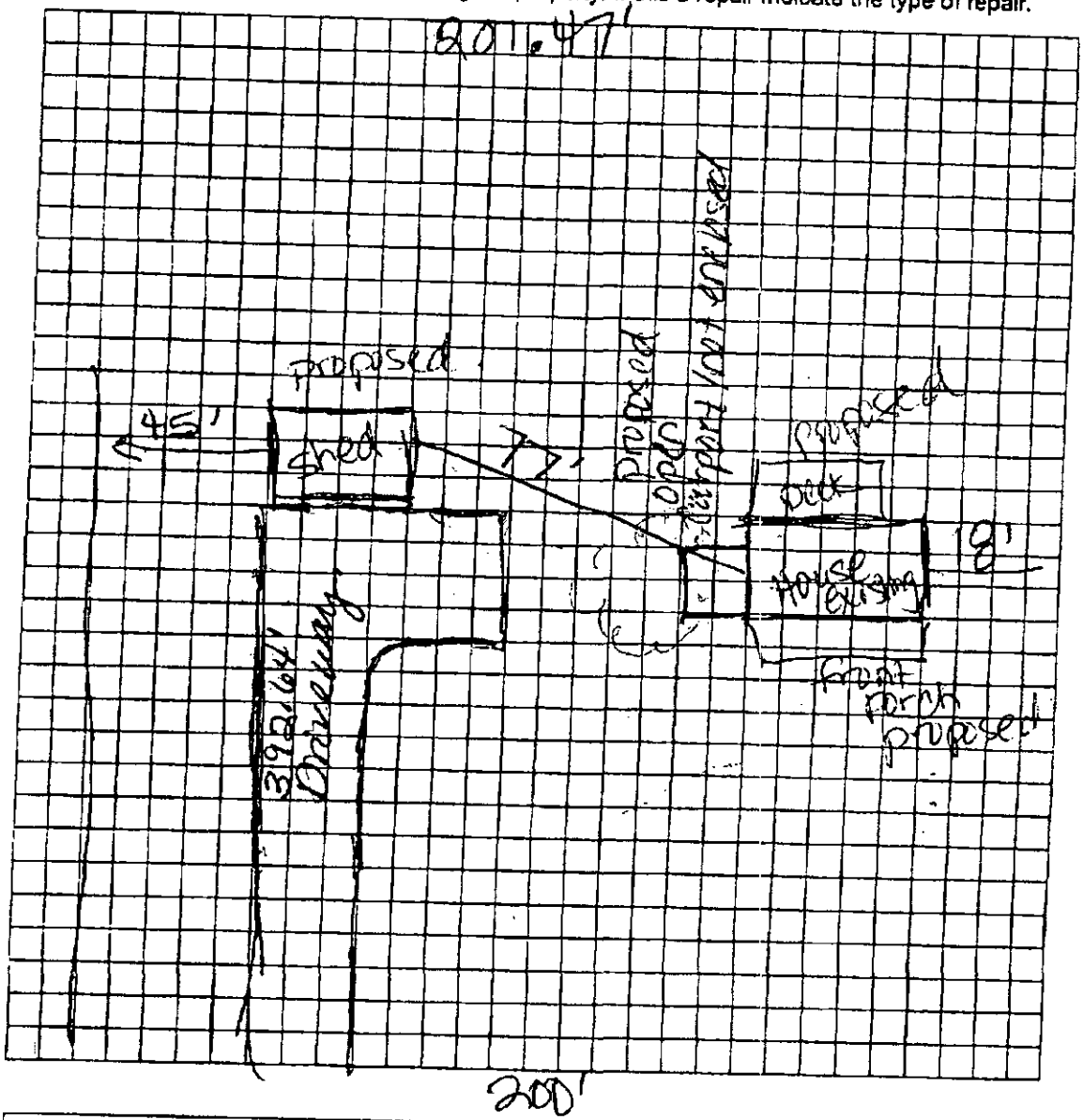
Mar 20 2006 10:44AM LUESR NORTH 704 432 2523 p.1

Mecklenburg County
Land Use & Environmental Service Agency
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700 N. Tryon St., Suite 211
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Phone: (704) 336-5103
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File #_____
Date_____

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A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.




| Owner/Agent Signature |
| --- |
| Date |

LBC 12/15/04

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 46148 DATE: 10/30/01

TC: 003 371 07 ☒ L ☒ CRT

SERIAL Nº 18744

Name of Owner Hannah Hutchings Juris.: _____

Address of Property 20025 Shearer Rd

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 12"

Water Supply Source existing well

Distance to Water Source >100'

Excavation Inspected 10/30/01

Tank(s) Inspected 10/30/01

Wash Line Inspected plumb to tank

High Water Alarm Inspected NA

PLOT

Design 2001, 1500ST, CON, 1200SFT, 12"stone Cecil CTR# Chandler Morrison

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 I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 I5A NCAC 18A. 1990 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.

**Notice:** Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Septic system designed for a 3 bedroom residence

Type IIa

Philip A. Walker R.S.

Environmental Health Specialist

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

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

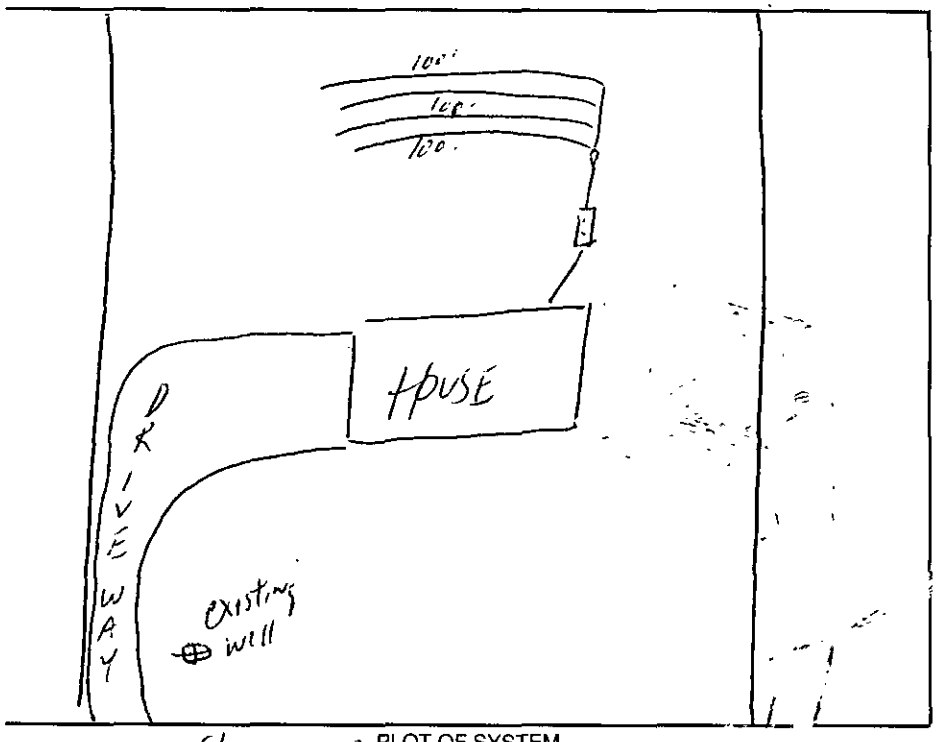
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4614B DATE: 10/28/01

TC: 003 371 07 ☒ L

SERIAL Nº 18871

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 5/4/01. All work shall be completed on or before 11/28/01, 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 NA gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 400' feet

Number of Lines 4 (100')

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well > 100' feet
50' min

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

NAME OF OWNER Hannah Hutchings

LOCATION OF PROPERTY 20025 Shearer Rd

Comments: Install 1500ST, 4 lines x 100' long x 3' wd x 12" Stone
Keep the septic system > 100' (50' min) from the existing well

Thilo A. Walker
Environmental Health Specialist

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

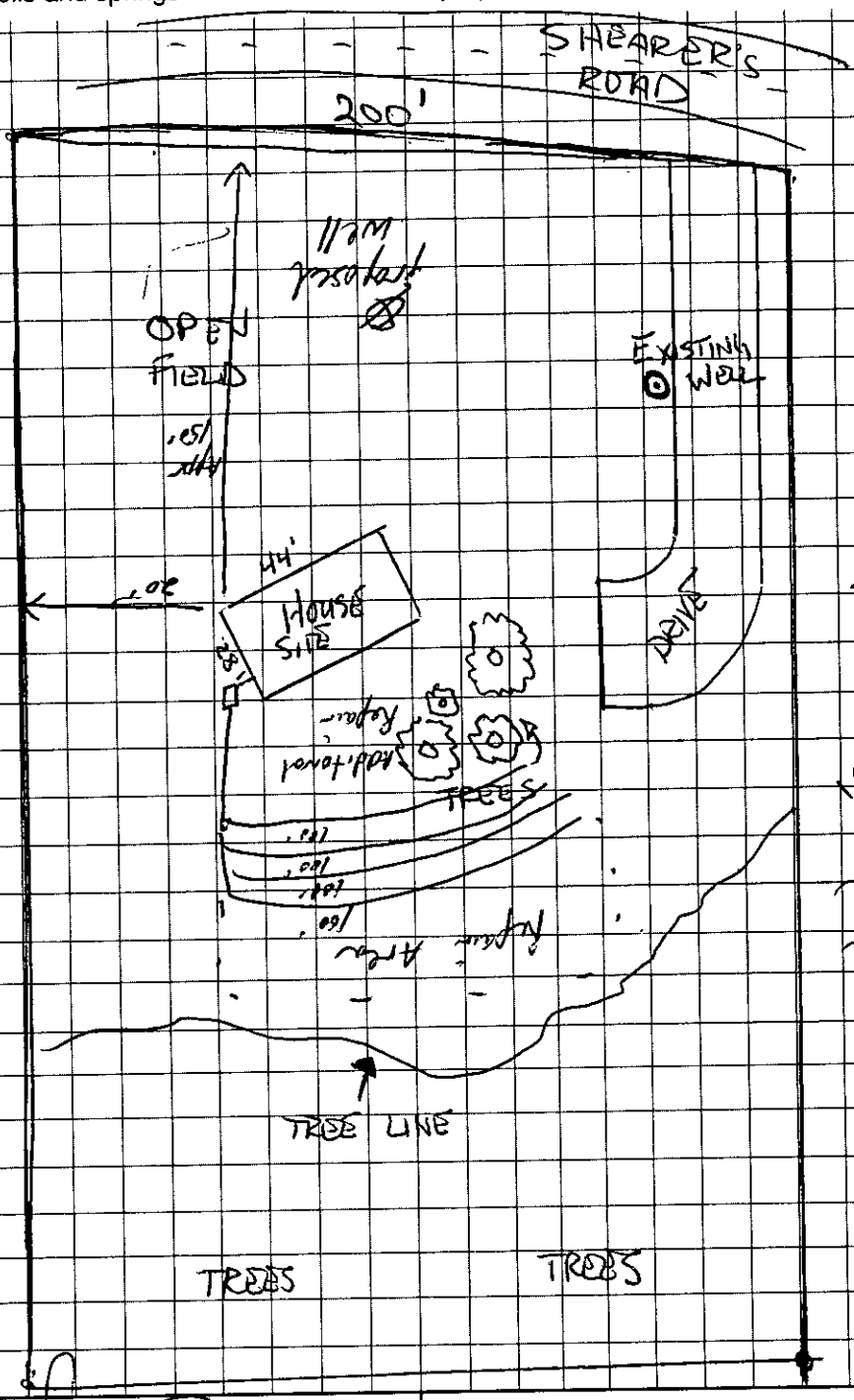
# PROPOSED PLOT PLAN

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

FILE: 4614B

TC: 003-371-09

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.




OWNER/AGENT SIGNATURE

DATE 5/4/01

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

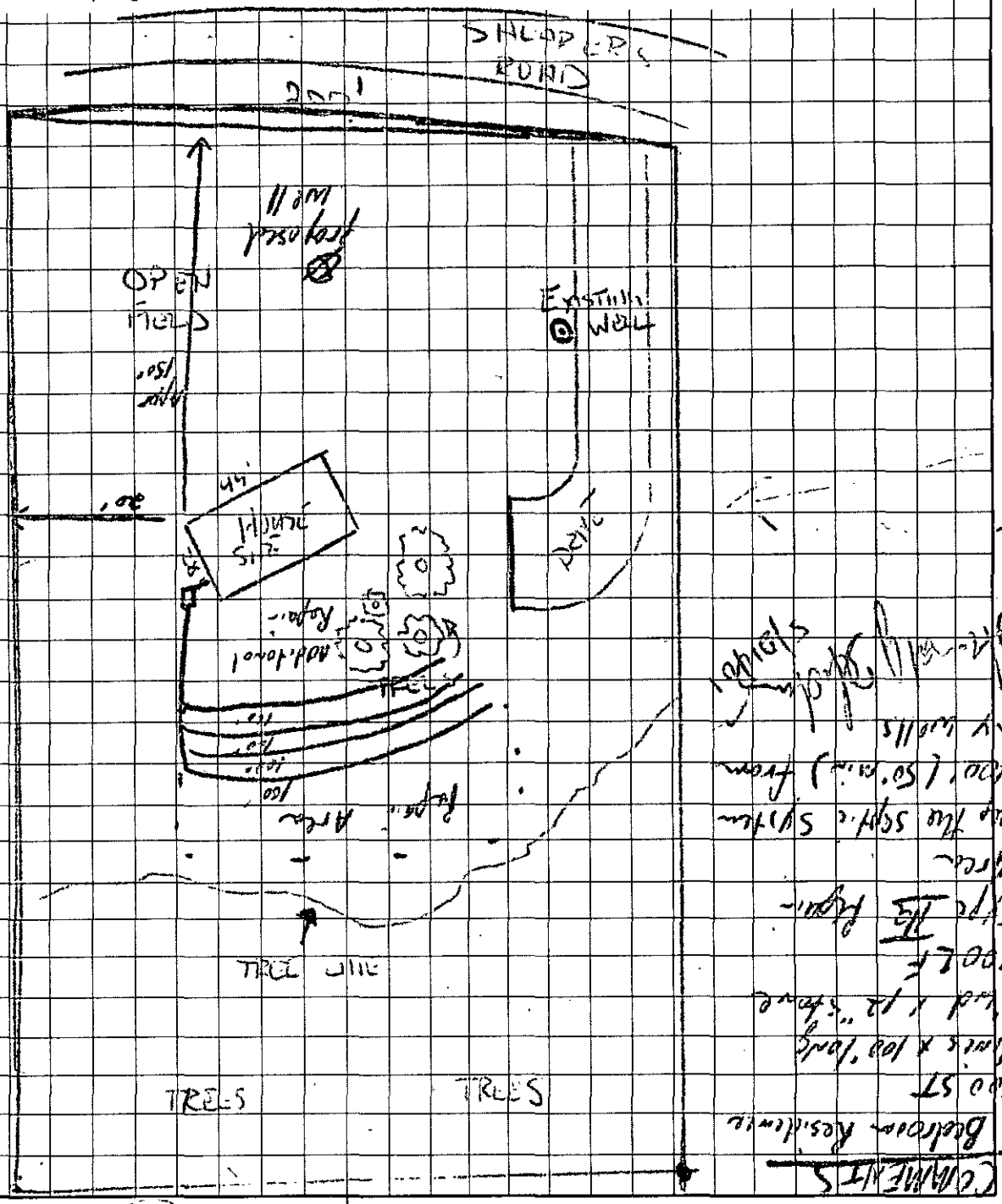
# PROPOSED PLOT PLAN

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

FILE: 4614B

TC: 003-371-07

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.




COMMENTS

3 Bedroom Residence
1500 SF
4 Bdrms x 100 sq ft
x3 bsmt x 75% share
Type IE Propo-
Area-
Hook to SCHL. System-
any wells
200' (50' min.) from

APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE 5/4/01

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

ACS

FEE: $300 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** X
DATE: 5/17/01 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 5/21/01 20025 PERMIT NO: 4614B
PARCEL NO: 003 371 09

JOB LOCATION ADDRESS: ~~20201~~ Shearer Rd
PROPERTY OWNER: Hannah Hutchings
BUILDING CONTRACTOR: -
SUBDIVISION NAME: NA
AUTHORIZATION ISSUED BY: Thelma A. Walker R.S. DATE:
DEHNR AUTHORIZED AGENT

## AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4614B, 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: _____

## 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.

x Hannah J Hutchings 5/21/01
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 4614B

# CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 003 371 07

- 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<br>Type (circle one):<br>I (IV) III IV V VI | ✓ Conventional<br>___ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | ___ Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 | |
| .3 Long-term acceptance rate | 360 Max gallons/day wastewater flow | 1200 Absorption Area (sq ft) | 9' Trench spacing (min. on centers) | |
| Yes Serviced by private well | 1500 Gallon septic tank | 400' Total trench length (ft) | 24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions) | |
| 3 Bedrooms in residence | NA Gallon pump tank | 12" Depth of stone | | |
| Any surface waters present: No Type: | | Minimum separation distance: | | |
| Site modifications required: | | | | |
| Additional Conditions: | | | | |
| Repair Area System Type<br>Type (circle one):<br>I (IV) III IV V VI | ✓ Conventional<br>___ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | ___ Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 | |
| 1200 Absorption Area (Sq ft)<br>400' Total Trench Length (Ft) | 12" Depth of Stone Trench | 9' Trench spacing (min. on centers) | 24" Maximum Trench Depth | |
| For existing system, enter the year originally installed: | | | | |

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department.
- This Improvement permit is transferable.

Philip A. Walker R.S. 5/21/01
DEHNR Authorized Agent Date

Owner/Agent Signature 5/21/01
Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

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

DATE: 8/17/01

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION: MECK

003-371-07

PARCEL NUMBER

20025 SHEARER RD

ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

N/A

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A

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. WATERSHED PROTECTION | APPROVED | NOT APPROVED |
| 4. COMERCIAL 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:

NEW CONSTRUCTION PERMIT - S F HOUSE

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 FORMAS OBSOLETE
NEW ADDRESS
REVISED 1/91

SIGNED:

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

#1 ACS

Street: _____
Property ID: 60 003 - 37107
Lot #: _____

File #: 46143

# SOIL/SITE EVALUATION
## for ON-SITE WASTEWATER SYSTEM

OWNER: Hannah J. Hutchings APPLICANT: _____
ADDRESS: 14412 E. Rocky River Road, Davidson DATE EVALUATED: 5-15-01
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 360gpd PROPERTY SIZE: .25 ac
LOCATION OF SITE: 2021 Beaver Brook PROPERTY RECORDED: _____
WATER SUPPLY: ☑Private ☐Public ☐Well ☐Spring ☐Other _____
EVALUATION METHOD: ☑Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☑Sewage ☐Industrial Process ☐Mixed

| PROFILE # | Slope % 6-15% .1940 Landscape Position/ Slope % | Horizon Depth (IN.) | SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE | .1941 CONSISTENCE MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR. HORIZ | PROFILE CLASS &LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | LS | 0-18" | gr/sc/ | Fr/SEXP/SS/SP | >50" TO soil wetness | 50" | N/A | None | PS .391 F2 IV |
| | | 18-40" | SBM/sc | F:/SEXP/SP | | | | | |
| | | 40-50" | SBM/ sc/ | Fr/SEXP/SS/SP | | | | | |
| 2 | LS | 0-4" | gr/sc/ | Fr/SEXP/SS/SP | >39" TO soil wetness | 39" | N/A | None | PS .391 F2 IV |
| | | 4-24" | SBM/C | F:/SEXP/SP | | | | | |
| | | 24-35" | SBM/ C/ | Fr/SEXP/SS/SP | | | | | |
| | | 35-39" | SBM/ sc/ | Fr/SEXP/ SS/SP | | | | | |
| 3 | LS | 0-11" | gr/sc/ | Fr/SEXP/SS/SP | >48" TO soil wetness | 48" | N/A | None | PS .391 F2 IV |
| | | 11-44" | SBM/C | F:/SEXP/SP | | | | | |
| | | 44-48" | SBM/ sc/ | Fr/SEXP/ SS/SP | | | | | |
| 4 | LS | 0-4" | gr/ sc/ | Fr/SEXP/ SS/SP | >43" TO soil wetness | 43" | N/A | None | PS .391 F2 IV |
| | | 4-24" | SBM/ C | F:/SEXP/ SP | | | | | |
| | | 24-43" | SBM/ sc/ | Fr/SEXP/SS/SP | | | | | |
| 5 | LS | 0-3" | gr/sc/ | Fr/SEXP/SS/SP | >37" TO soil wetness | 37" | N/A | None | PS .391 F2 IV |
| | | 3-23" | SBM/SC | F:/SEXP/SP | | | | | |
| | | 23-37" | SBM/ sc/ | Fr/SEXP/ SS/SP | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | | |
| Site LTAR | .391 F2 | .391 F2 |

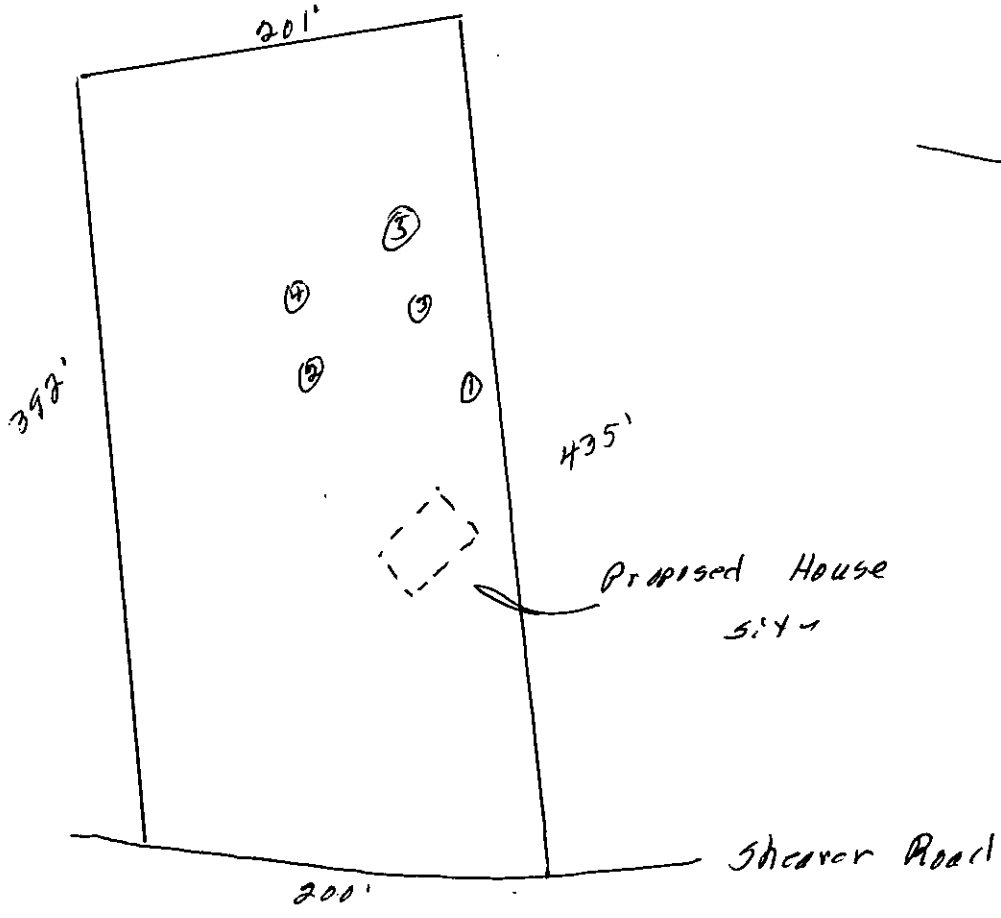
OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: W.R. Marlin LSS 5-17-01
OTHER(S) PRESENT: _____

FILE # 46121

COMMENTS 100% Repair

| LANDSCAPE POSITION | GROUP | TEXTURE | .1955 LTAR | CONSISTENCE MOIST | CONSISTENCE WET |
|---|---|---|---|---|---|
| R-RIDGE | I | S-SAND | 1.2-0.8 | | |
| S-SHOULDER SLOPE | | LS-LOAMY SAND | | VFR-VERY FRIABLE | NS-NON-STICKY |
| L-LINEAR SLOPE | | | | FR-FRIABLE | SS-SLIGHTLYSTICKY |
| FS-FOOT SLOPE | II | SL-SANDY LOAM | 0.8-0.6 | FI-FIRM | S-STICKY |
| N-NOSE SLOPE | | L-LOAM | | VFI-VERY FIRM | VS-VERY STICKY |
| H-HEAD SLOPE | | | | EFI-EXTREMELY FIRM | NP-NON-PLASTIC |
| CC-CONCLAVE SLOPE | III | SI-SILT | 0.6-0.3 | | SP-SLIGHTLYSTICKY |
| CV-CONVEX SLOPE | | SICL-SILTY CLAY LOAM | | | P-PLASTIC |
| T-TERRACE | | CL-CLAY LOAM | | | VP-VERY PLASTIC |
| FP-FLOOD PLAIN | | SCL-SANDY CLAY LOAM | | | |
| | IV | SC-SANDY CLAY | 0.4-0.1 | | |
| | | SIC-SILTY CLAY | | | |
| | | O-ORGANIC | | | |

| STRUCTURE | MINERALOGY |
|---|---|
| SG-SINGLE GRAIN | SLIGHTLY EXPANSIVE |
| M-MASSIVE | |
| CR-CRUMB | EXPANSIVE |
| GR-GRANULAR | |
| SBK-SUBANGULAR BLOCKY | |
| ABK-ANGULAR BLOCKY | |
| PL-PLATY | |
| PR-PRISMATIC | |



# On-Site Wastewater Sketch & Soil Test

46148

COPY

For: Hannah Hutchings
14412 East Rocky River Rd
Davidson, NC 28036

Property Address: 20201 Shearers Rd
Davidson NC 28036
(2.04 acres)

3-Bedroom-Site Built
360 gpd. LTAR - 0.3
1200 sq ft, 400 linear ft
(4)- 3'x100' Conventional trench
1000 gal septic tank.
12" stone, 36" trench depth
9' on-center, 36" wide trench

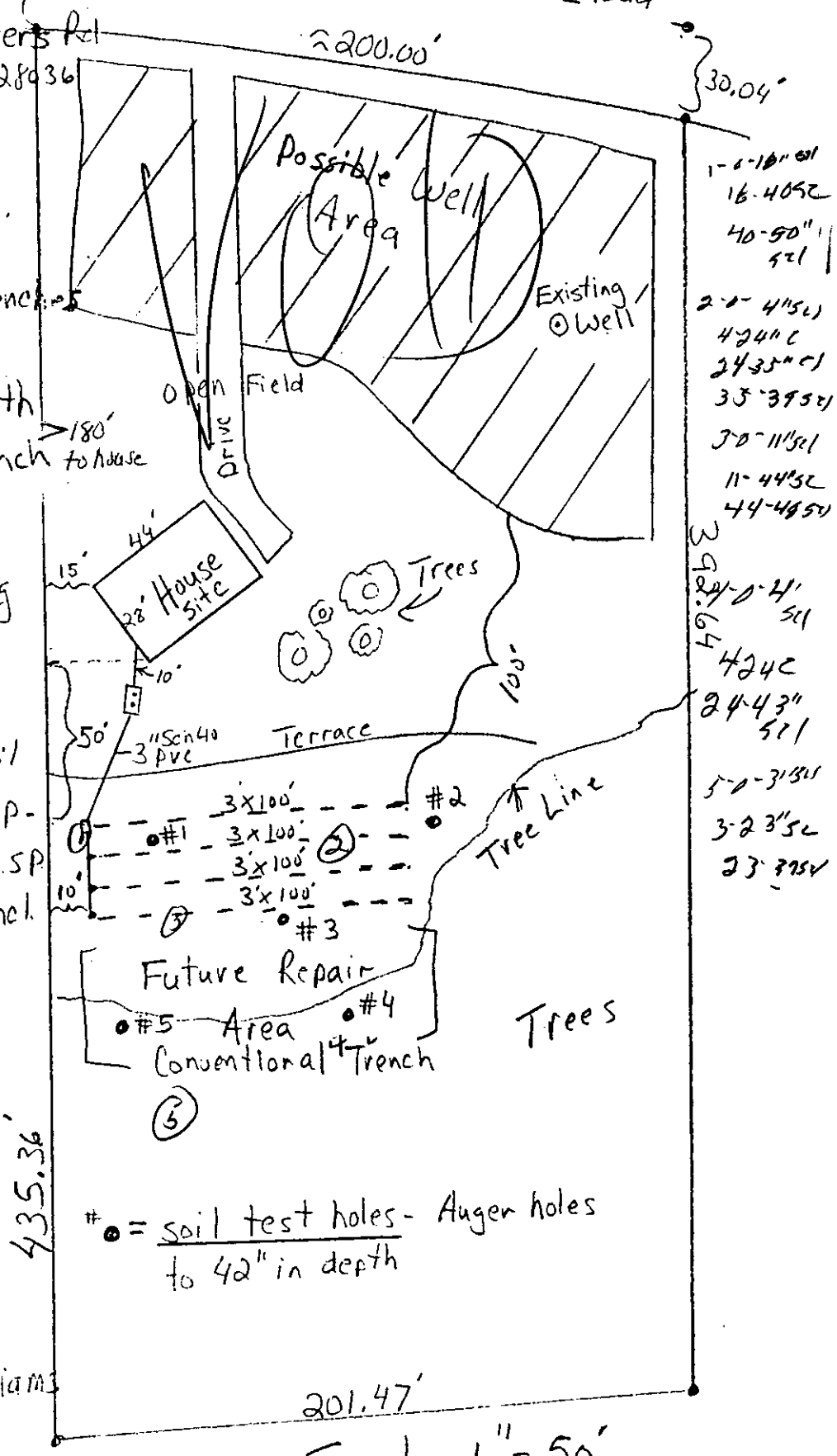
Typical Soil Description
of 5 soil test holes dug
by hand auger

| Depth | Texture | Structure |
|---|---|---|
| 0-10" | SCL; Gr.; Fr. | 1:1 |
| 10"-30" | Clay; SAB; | Fi, ss, sp- |
| 30"-42" | Clay loam, SAB. | Fr. ss sp |
| >40" | BC- Int. Saprolite Incl. | |

All Deep Red in color

Provisionally Suitable
LTAR. 0.3

Distribution system could be serial-Drop box or equal




Prepared by Russell Williams
4-25-2001
ph (828) 479-9675

FEE: $200 Recpt# 15300

DATE: 5/7/01 mypm

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

[ ] CRT

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

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

FILE #: 46148

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 003-371-01

STREET ADDRESS: 20201 Shearer Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

[ ] 0 MECKLENBURG [ ] 4 PINEVILLE
[ ] 1 CHARLOTTE [ ] 5 MATTHEWS
[X] 2 DAVIDSON [ ] 6 HUNTERSVILLE
[ ] 3 CORNELIUS [ ] 7 MINT HILL

CLOSING DATE_____

TYPE OF BUILDING (CHECK ONE):

[ ] SINGLE MOBILE HOME(S) [X] MODULAR HOME (M)
[ ] DOUBLE WIDE (D) [ ] MULTIPLE FAMILY (U)
[ ] HOUSE (H) [ ] OTHER (O)

HEATED SQUARE FOOTAGE: 2450

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

[ ] WITHOUT BASEMENT
[ ] ON SLAB
[X] CRAWL SPACE
[ ] WITH BASEMENT /PLUMBING
[ ] WITH BASEMENT /NO PLUMBING

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) [X] 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 [X] NO
EXISTING WASTEWATER SYSTEMS [ ] YES [X] NO
EASTMENTS OR RIGHT-OF-WAYS [ ] YES [X] NO
WELL, SPRINGS OR WATERLINES [X] YES [ ] NO
DESIGNATED WETLANDS [ ] YES [X] NO

PROPERTY OWNER:

NAME: (LAST) Hutchings (FIRST) Hannah (MI) J

ADDRESS: 14412 E. Rocky River Rd

CITY: DAVIDSON STATE: NC ZIP: 28036

DAYTIME PHONE: 704 892-3320

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 05/01/01

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: Hannah J Hutchings DATE: 5/4/07

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

# SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

NEW SEPTIC ☐ NEW WELL ☐ USE EXISTING ☐ MODIFIED PLOT PLAN ☐

No Permit for Repair Needed. Just need to replace Riser Lid.

New Septic Fees Paid

IP ($250.00) _____ Initial/Date

CA ($200.00) _____ Initial/Date

OP ($200.00) _____ Initial/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fees Paid: $550.00 _____ Initial/Date

Use Existing Fees Paid: $100.00 _____ Initial/Date

Alteration Fees Paid: $300 Total $200 _____ Initial/Date (If use existing was part of payment)

Modified Plot Plan Fees Paid: $100.00 _____ Initial/Date

Floor plans need to be submitted and reviewed before CA can be issued ☐ Review ☐

This site is served by septic and well. Verify each is complete before final hold is released ☐

Septic file complete ☐_____ Well complete ☐ _____

Send permit for signature ☐ Signature received ☐ _____

This septic system requires a certified operation contract before final hold is released ☐

Certified operator contract is on file ☐ _____

4614B
13299

**MECKLENBURG COUNTY**
**HEALTH DEPARTMENT**

## APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

**1. SEPTIC / TYPE APPLICATION:** ○ N/A ○ NEW SYSTEM ○ ALTERATION ◉ REPAIR ○ MODIFIED PLOT PLAN

**2. WELL / TYPE APPLICATION:** ◉ N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

**3. JOB LOCATION INFORMATION:**

**TAX PARCEL NUMBER:** 00337107
**STREET ADDRESS:** 20025 Shearer Rd
**CITY:** Davdison
**STATE:** NC **ZIP:** 28036
**SUBDIVISION NAME:**
**LOT #:** **LOT SIZE (acres):** 2.00

**TOWNSHIP:**
○ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
◉ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

**4. BUILDING INFORMATION:**

**BUILDING TYPE:**
○ SINGLE MOBILE HOME ◉ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
○ HOUSE ○ OTHER

**HEATED SQUARE FOOTAGE:** 2,465
**NUMBER OF BEDROOMS:** 3
**NUMBER OF OCCUPANTS:** 3

**FOUNDATION TYPE:**
○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
◉ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

**5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☑ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

**6. WATER SUPPLY:** ○ MUNICIPAL ◉ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

**7. PROPOSED USE OF WELL:** ◉ N/A ○ IRRIGATION ○ POTABLE (DRINKING WATER) ○ OTHER _____

**8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED):*

☑ N/A ☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

**8A. RANK:** ____ ____ ____ ____ ____

**9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

| | | | |
|---|---|---|---|
| BURIED CABLES, LANDFILLS, STUMPHOLES | ◉ YES ○ NO | GRADING/SOIL REMOVAL PERFORMED | ○ YES ◉ NO |
| EXISTING WASTEWATER (SEPTIC) SYSTEMS | ◉ YES ○ NO | JURISDICTIONAL WETLANDS | ○ YES ◉ NO |
| WELLS, SPRINGS, OR WATER LINES | ◉ YES ○ NO | APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY | ○ YES ◉ NO |
| EASEMENTS OR RIGHT-OF-WAYS | ◉ YES ○ NO | WASTEWATER OTHER THAN DOMESTIC SEWAGE | ○ YES ◉ NO |
| CHEMICAL/PETROLEUM STORAGE TANKS | ○ YES ○ NO | KNOWN UNDERGROUND CONTAMINATION | ○ YES ◉ NO |
| WASTE STORAGE | ○ YES ◉ NO | GROUNDWATER USE RESTRICTIONS/VARIANCES | ○ YES ◉ NO |

**10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** 5/1/01 ☐ UNKNOWN

**11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____ ☑ N/A

**12. PROPERTY OWNER:**

NAME: Jonathan Hutchings
ADDRESS: 20025 Shearer Rd
CITY: Davidson
STATE: NC ZIP: 28036
WORK PHONE:
MOBILE PHONE: (704) 491-7415
FAX:
E-MAIL: jonathan@djonathanhutchings.com

**13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

NAME:
ADDRESS:
CITY:
STATE: ZIP:
WORK PHONE:
MOBILE PHONE:
FAX:
E-MAIL:



MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

**14. SEPTIC SYSTEM PERMIT APPLICATION:**

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

jh (Initial here for septic system applications)

**15. WELL PERMIT APPLICATION:**

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

**16. APPLICATION SIGNATURE SECTION:**

**ONLY COMPLETE APPLICATIONS WILL BE PROCESSED**. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

Jonathan Hutchings
Property Owner's or Owner's Legal Representative Signature

7/21/22
Date

---

*OFFICE USE ONLY*

O SURVEY PLAT TO SCALE SUBMITTED O SCALED SITE PLAN SUBMITTED O UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:



MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

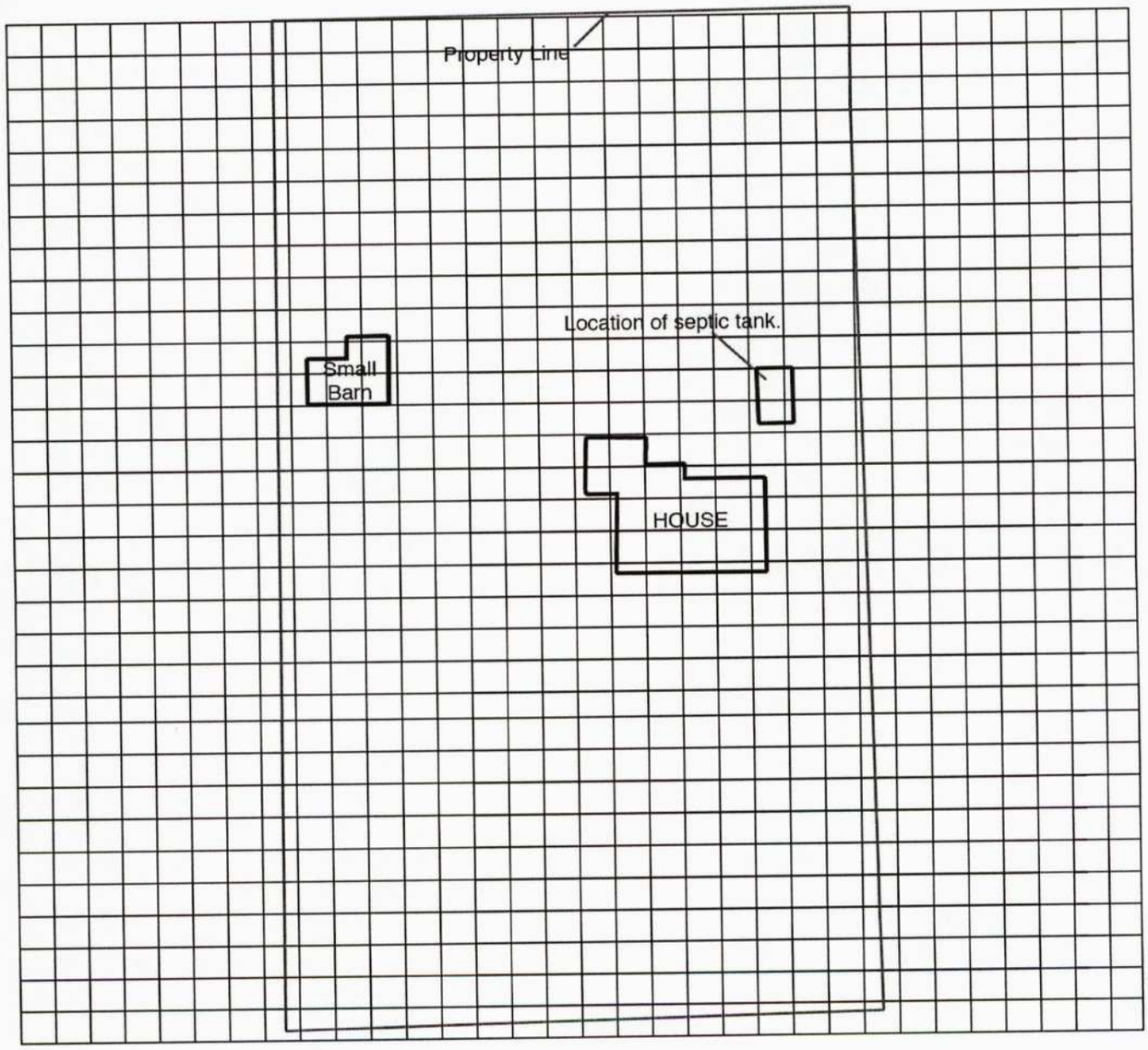
File #: _____

## PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: _____ Tax Parcel #: _____

Subdivision Name: _____ Lot #: _____




Jonathan Hutchings
Property Owner's or Owner's Legal Representative Signature

7/21/22
Date



MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

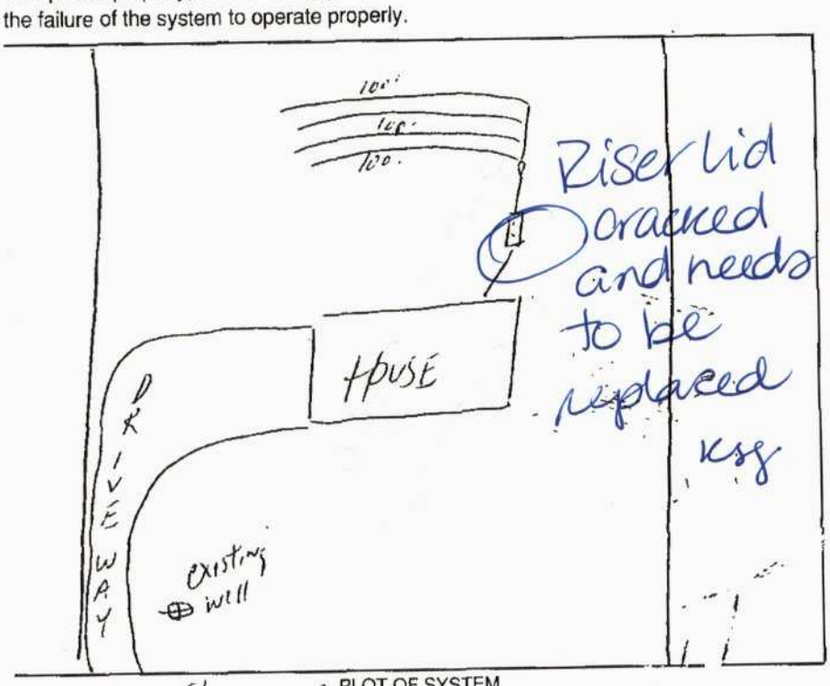
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4614B DATE: 10/28/01

TC: 003 371 07 ☒ L

SERIAL № 18871

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 5/4/01. All work shall be completed on or before 11/28/01, 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 NA gallons

Tank Construction PCC precast concrete tank

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 400' feet

Number of Lines 4 (100') 

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well > 100' feet
50' min

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

NAME OF OWNER Hannah Hutchings

LOCATION OF PROPERTY 20025 Shearer Rd

Comments: Install 1500 ST, 4 lines x 100' long x 3' wd x 12" stone
Keep the septic system > 100' (50' min) from the existing well

Philo A. Walker
Environmental Health Specialist

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

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 46143 DATE: 10/30/01

TC: 003 371 07 ☒ L ☐ CRT

SERIAL № 18744

Name of Owner Hannah Hutchings Juris.:

Address of Property 20025 Shearer Rd

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 12"

Water Supply Source existing well

Distance to Water Source >100'

Excavation Inspected 10/30/01

Tank(s) Inspected 10/30/01

Wash Line Inspected plumb to tank

High Water Alarm Inspected NA

PLOT

See installation approval

Design 2001, 1500ST, CON, 1200SFT, 12"stone Cecil CTR# Chandler Morrison

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 I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 I5A NCAC 18A. 1990 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.

**Notice:** Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Septic system designed for a 3 bedroom residence Type IIa

Philip S. Walker R.S.

Environmental Health Specialist

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