

4829 MT OLIVE CHURCH RD

11338131

5/2/08

marliwr

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

100.00 5/13/03 Branelon

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

AG AO 37430 B91430 CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202
(704)336-5102 file # 3141A

PERSON FILING APPLICATION:
NAME: Brown (last) Darren (first) E (mi)
ADDRESS: 4829 Mt. Olive Ch. Rd. PHONE: 704 697-8257
CITY: Charlotte STATE: N.C ZIPCODE: 28278

Date: 5-14-03

PROPERTY OWNER:
NAME: Same as above (last) (first) (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: _____
STREET ADDRESS: _____
ZONING: _____

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[X] ADDITION/GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Accessory Bldg.

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: N/A NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business N/A # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[X] Swimming Pool [ ] Jacuzzi [X] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] 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 Darren E Brown Date: 5-14-03

NOTICE:

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 by this Department.

...This permit is not transferable.

...System is ok for barn construction.

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Brent Sey Environmentalist 5/21/03 Date

WATER : 122791

PROPOSED PLOT PLAN

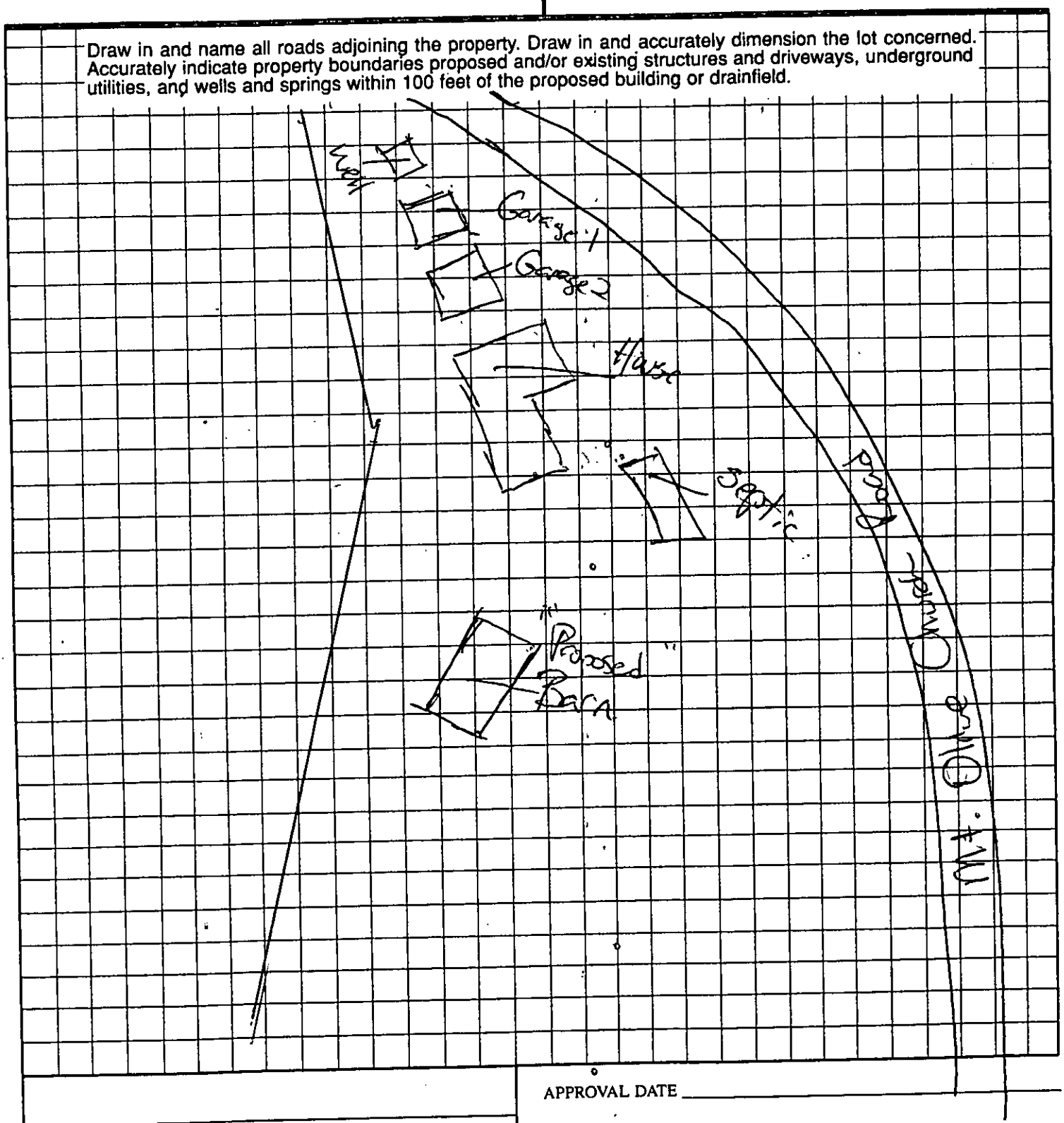
Permit # 37930
Meck. Co.
Acc. # in DE Brown Const. Inc

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

FILE: ~~113-381-31~~ 3141A

TC: 113-381-31

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 _____

OWNER/AGENT SIGNATURE

DATE

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

Paid $100 9/15 optional septic

Paid $100 7/15/02 RS

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES 591430

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202
(704)336-5102

3141A

Date: 7-15-02

PERSON FILING APPLICATION:
NAME: Brown (last) Darren (first) E. (mi)
ADDRESS: 621 Cooper Drive PHONE: 704 523-6799
CITY: Charlotte STATE: N.C. ZIPCODE: 28210

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 213.38131
STREET ADDRESS: 4829 Mt. Olive Ch. Rd.
ZONING:

PROPERTY OWNER:
NAME: Brown (last) Darren (first) E. (mi)
ADDRESS: 4829 Mt. Olive Ch. Rd PHONE: 704 201-5100
CITY: Charlotte STATE: N.C ZIPCODE:

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: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[redacted] 1991

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

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS:
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):
[ ] 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 [ ] Deck/Patio [ ] Bedrooms [ ] Other

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Signed: Darren E. Brown Date: 7-15-02

NOTICE:

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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.

...System is OK to use for Deck ___ addition. Stay 5' from septic Tank

[ ] 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 7/23/02 Date

7:46 7/16 am Placed into Burndale bkt RS

WATER : 122

Proj

PROPOSED PLOT PLAN

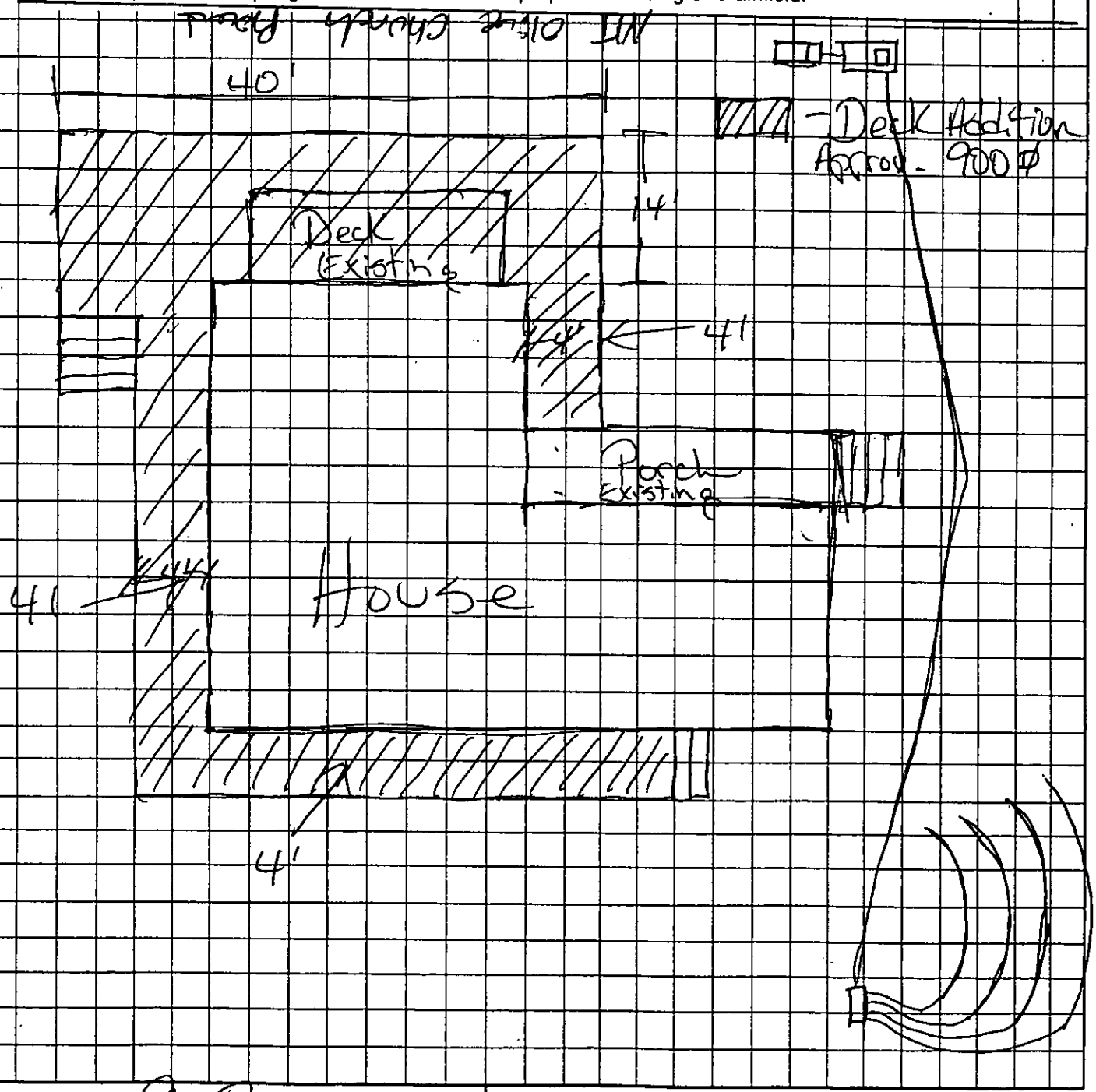
COPY

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

FILE: 3141A

TC: 113·381.31

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.



Dawn E. Burr
OWNER/AGENT SIGNATURE

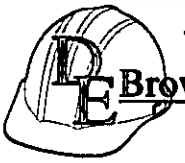
DATE 7-15-02

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy



Brown Construction, Inc.

4829 Mt. Olive Church Rd. • Charlotte, NC 28278

Darren E. Brown

President

Mobile #: 704-201-5100
Nextel #: 21*33887
E-Mail: DBROWNPRES@aol.com

Office: 704-391-2022
Fax: 704-391-2082

THIS IS TO CERTIFY THAT ON THE 22nd DAY OF Jan. 2002 I, SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE SHOWN HEREON.

Revised: Sep. 23, 2002

SIGNED Bobby J. Raye REGISTERED SURVEYOR

BOBBY J. RAYE
N.C.R.L.S.
627 EASTWAY DRIVE
CHARLOTTE, NC 28205

NORTH CAROLINA PROFESSIONAL SEAL L1108 LAND SURVEYOR BOBBY J. RAYE

Ref. Map: 1665-354

N.57-11-34 E. 235.25

J.W. Gager 3127-569

486.14

434.47

PAW CREEK

LITTLE

Approx. Location Flood Line
Flood Elev. = 593

N.13-56-36 E.

7.775 Acres

S. 8-26 E.

A.L. Goode Jr. 1903-604

938.18

Go -

EIP

S.57-

N.33-48-00 W. 280.00

MT. OLIVE CHURCH ROAD

Barn

Mt. Olive United Presbyterian Church 11780-423

EIP

S. 22-35-25 E. 276.30

N.38-20 W. 248.70

N.60-56 E. 100.00

N.15-05 W. 100.00

N.41-48 W. 128.00

EIP

S. 55-40 W.

VICINITY MAP

SITE

Boundary SURVEY

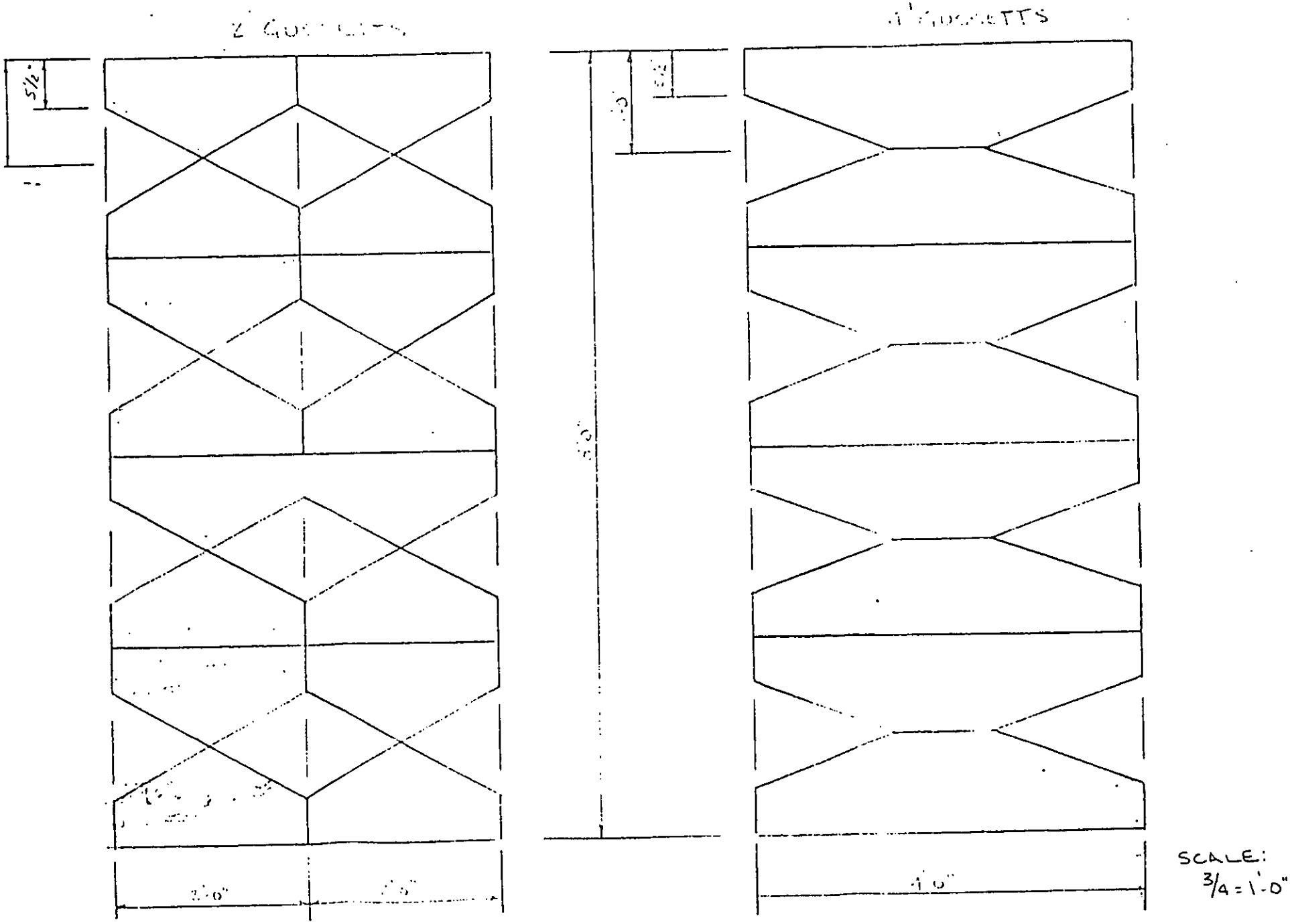
7.775 Acres Tract

SCALE 1"=100' Berryhill Township, Mecklenburg County, N.C.

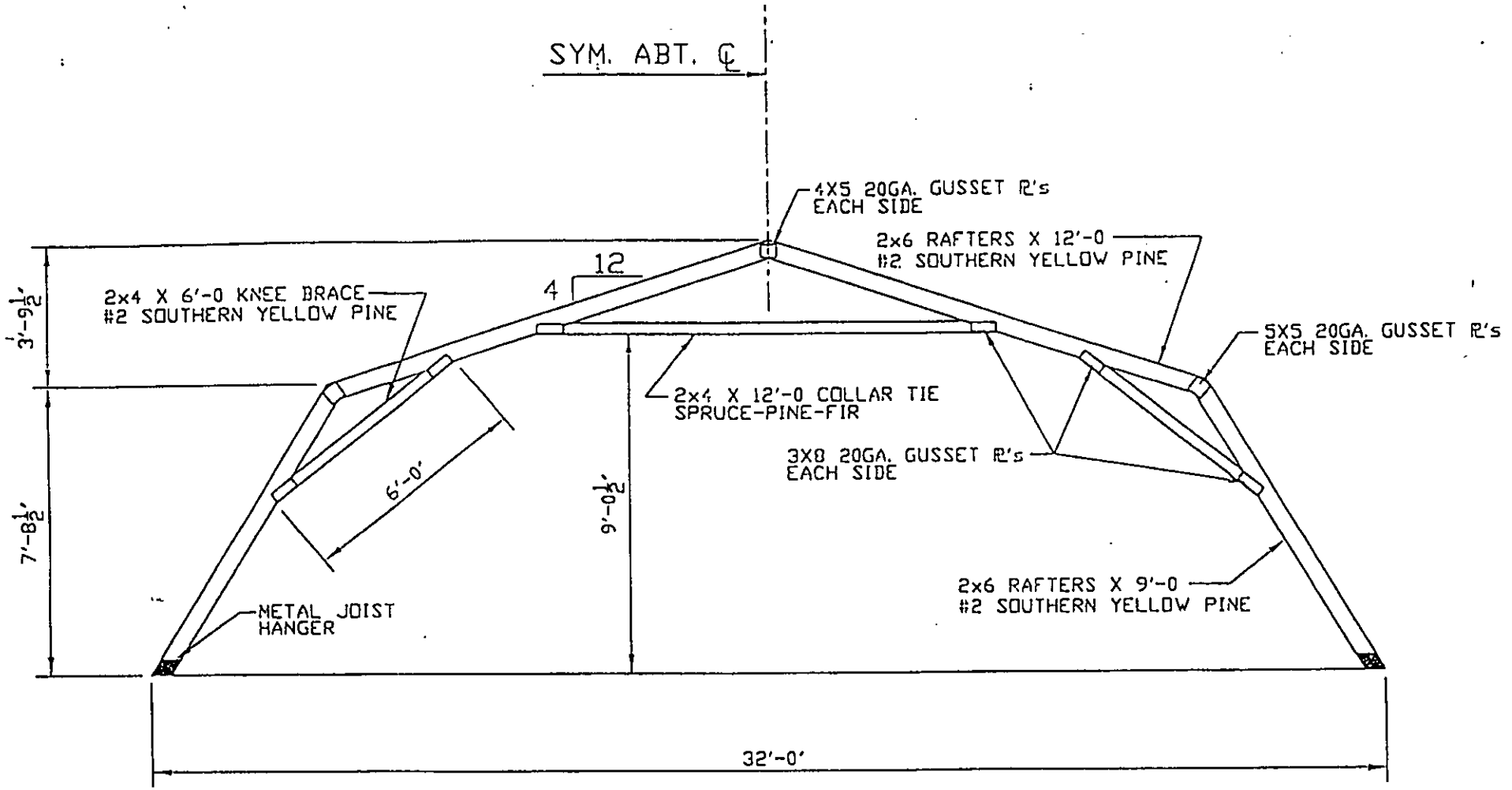
THE PROPERTY OF Darren E. Brown & Tim P. Brown

MAP RECORDED IN BOOK 1665 AT PAGE 354 DEED RECORDED IN BOOK 4719 PAGE 36

CAMPBELL GUTTERS



SCALE:
3/4 = 1'-0"



32'-0 GAMBRELL FRAME

2'-0 SPACING
LL = 30 psf
DL = 10 psf
WL = 18 psf

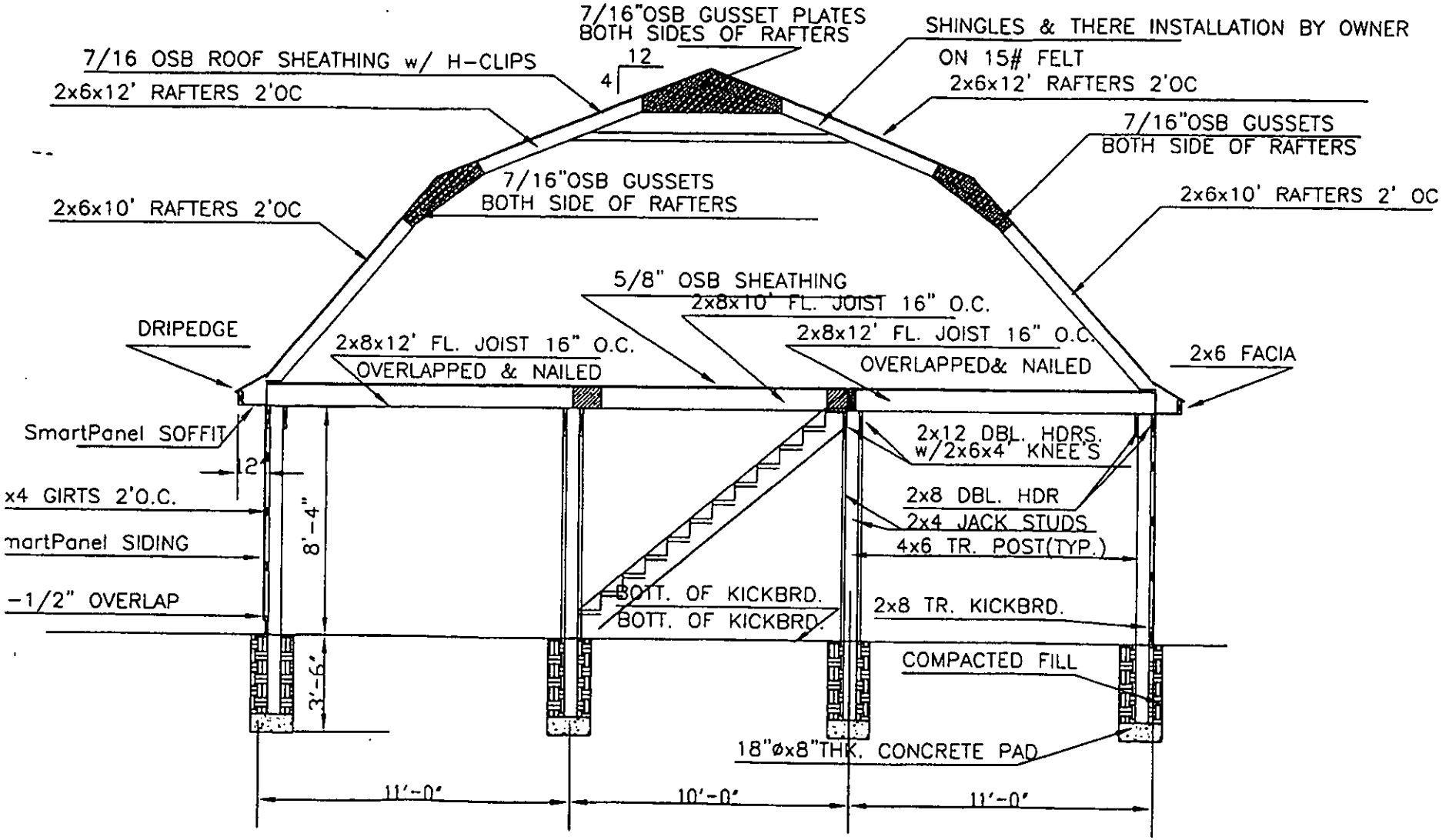
GUSSET PLATES MUST BE INSTALLED PER MANUFACTURE'S SPECIFICATIONS

CONTINUOUS LATERAL BRACING FOR ALL RAFTERS PROVIDED BY ROOF SHEATHING.

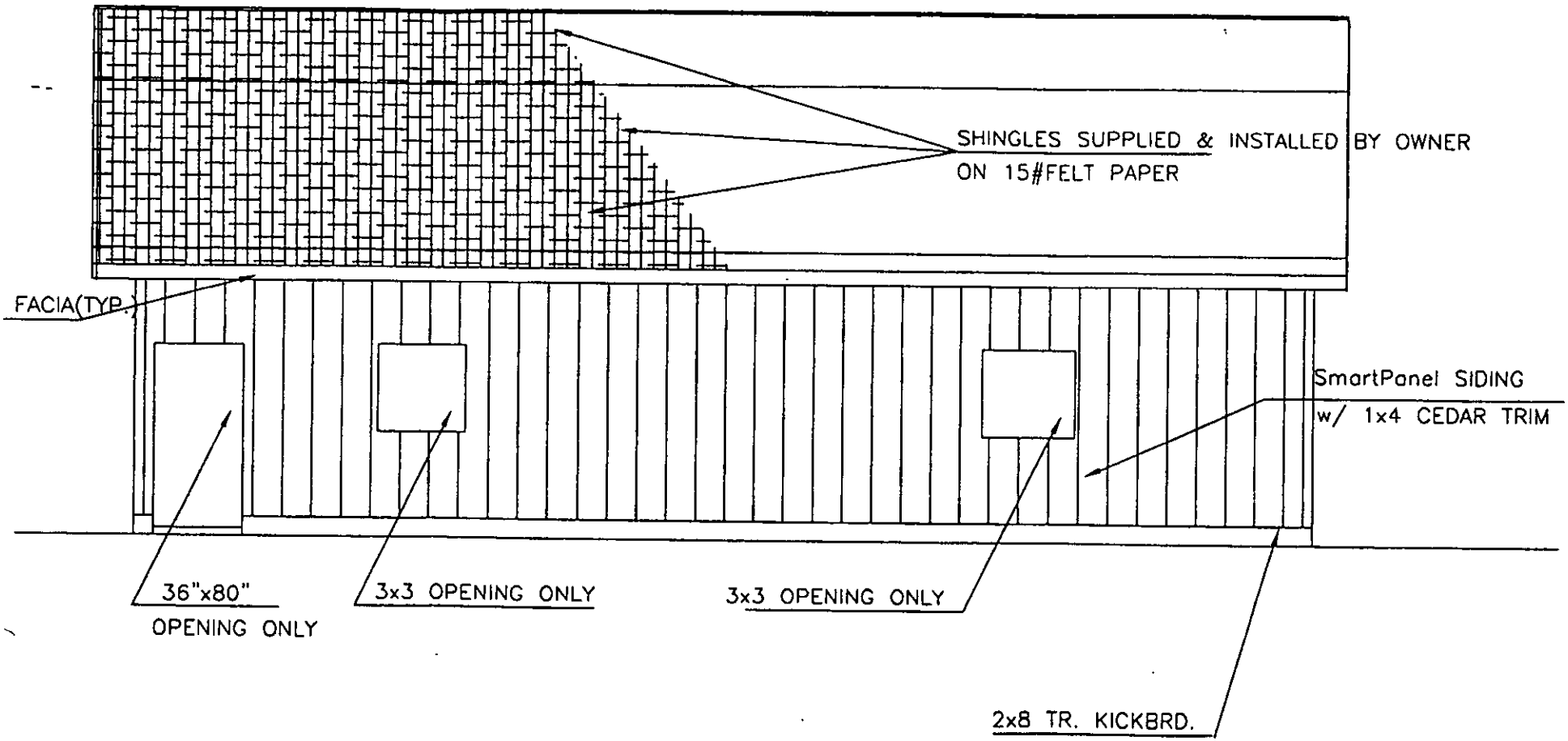
Rev. 1/8/98

STATE OF OHIO
THOMAS J. O'WESNEY
34849
REGISTERED PROFESSIONAL ENGINEER
1/8/98

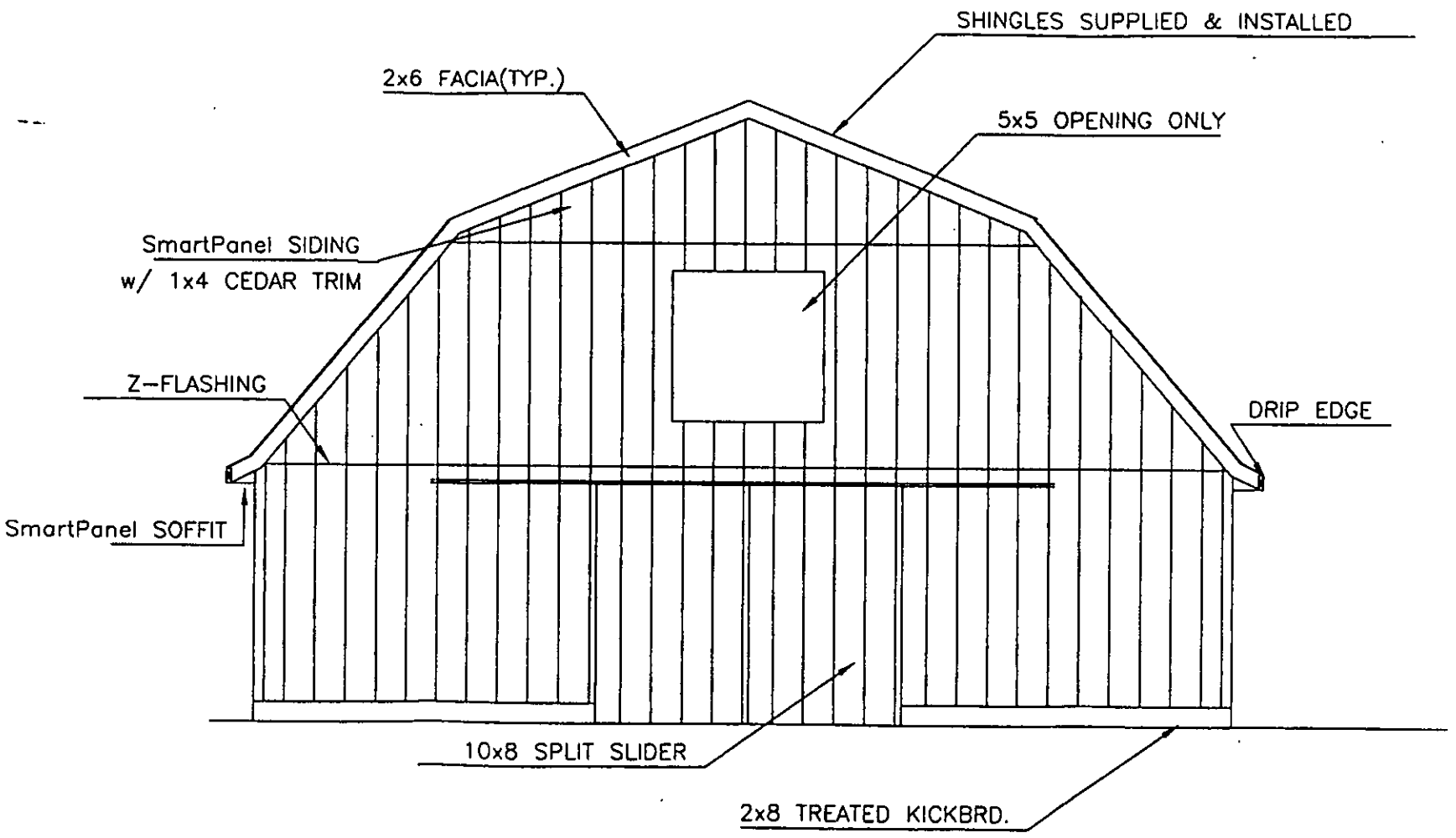
ALLWOOD STRUCTURES
P.O. Box 58
Greentown, Ohio



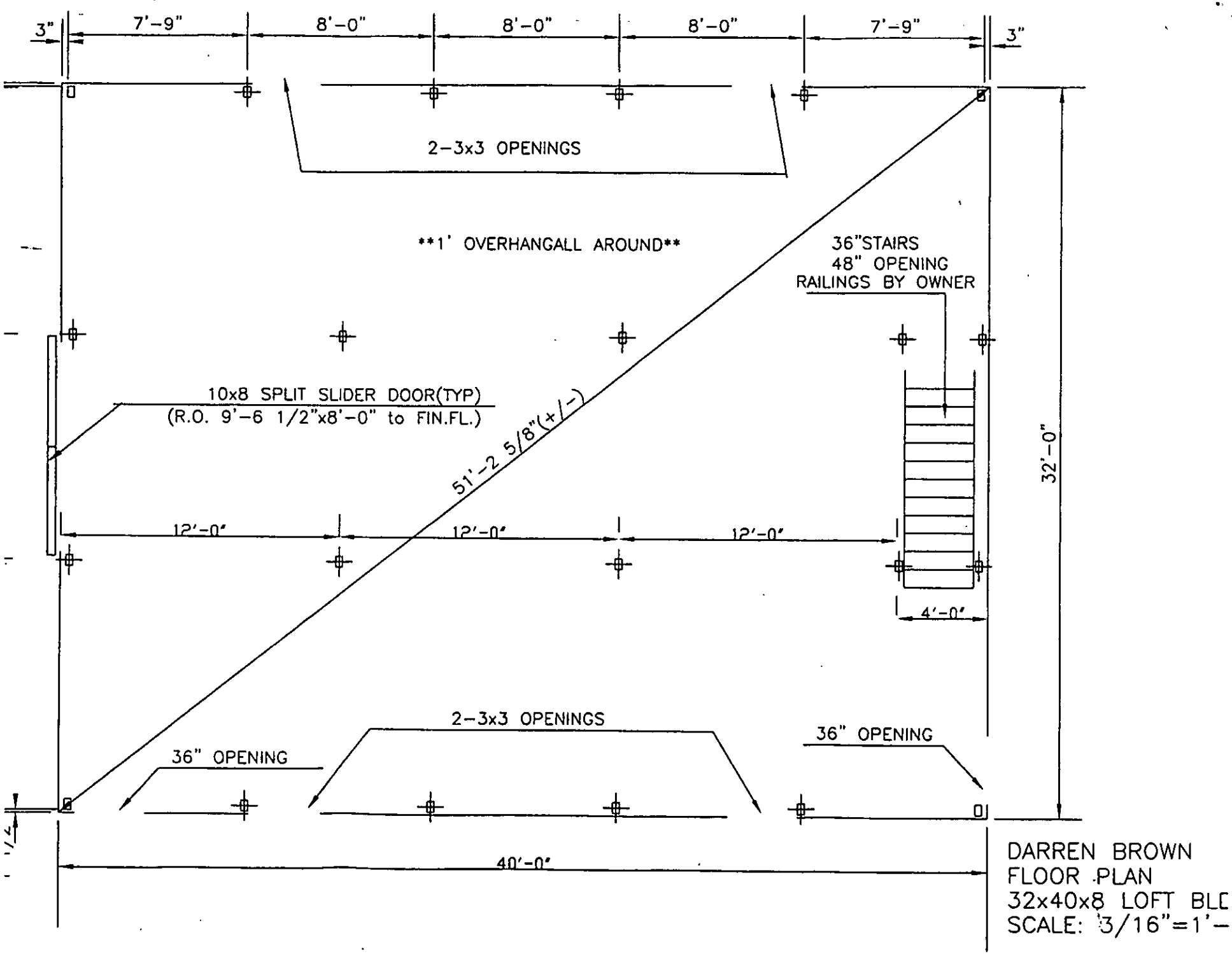
DARREN BROWN -
BLDG. SECTION
SCALE 3/16"=1'-0"



BROWN
SIDEWALL ELEVATION
SCALE: 3/16"=1'-0"



BROWN
ENDWALL ELEVATION
SCALE: 3/16"=1'-0"


3"
7'-9"
8'-0"
8'-0"
8'-0"
7'-9"
3"
2-3x3 OPENINGS
1' OVERHANGALL AROUND
36"STAIRS
48" OPENING
RAILINGS BY OWNER
10x8 SPLIT SLIDER DOOR(TYP)
(R.O. 9'-6 1/2"x8'-0" to FIN.FL.)
51'-2 5/8"(+/-)
32'-0"
12'-0"
12'-0"
12'-0"
4'-0"
2-3x3 OPENINGS
36" OPENING
36" OPENING
1/4
40'-0"
DARREN BROWN
FLOOR PLAN
32x40x8 LOFT BLD
SCALE: 3/16"=1'-

DURABILT, INC.
P.O.BOX 20955
CANTON, OHIO 44701

PHONE (330) 453-9790
FAX (330) 453-7743

Dear Customer:
Enclosed are your drawing as per your contract with Durabilt, Inc. Please look them over. If you have any Question or concerns contract our production department at the above number.

Step 1
Please take these prints to your local building department for approval. (If a permit is needed.) Every buildingdepartment has their own codes above and beyond state codes. It is important that we know of any changes the
Building department makes before the material is shipped. If a print is changed by you or building department, any Changes will be an up-charge afterward. Make sure your building department looks at the print and signs off.

Step 2
As your salesman mentioned when he sold you the building, you need to obtain permit in Your Name. This will Eliminate any confusion and will save any extra charges that you will pay if Durabilt, Inc. needs to obtain the permit. If Durabilt, Inc. needs to obtain permit it will be an up-charge. All zoning and planning are the customer's Responsibility.

NOTE: Additional material required by your building department may result in the material component and/or Labor component of the contract price; therefore,a change order must be written before material are shipped. (Usually the print we send is in adequate, but some building department requirements change when inspectors change.)

Step 3
Install four corner stakes where you wish your building to be located. Notify Power and Gas Companies, so we do Not hit these lines when we drill holes. As per our contract, it is the customer's responsibility to know of any Underground lines, and any cost to repair lines will also be customer's responsibility.

NOTE: Modifications made at your request may result in additional costs to you and changes made after delivery of Material will require an additional delivery charge.

Step 4
IMPORTANT
You must sign and return this letter to Durabilt, Inc. before anything else can be done on your contract. Delay by You will delay completion of your building.

Sign:_____ Date:_____
Prints okay with building department & myself

Please check one of the following below:
Received permit using your drawings_____ Building department signed off on prints_____
Yes Yes

+++ If building is sold as non-permit job and later requires a permit for any reason the owner is responsible for all extra cost.+++

++ Last payment must be paid in full and the check made out to DURABILT, INC. OR THE BUILDING WILL NOT BE UNDER WARRANTY because our inspectors must approve the building to our satisfaction in order to Warrant it.

ANY CHANGES TO THE ORIGINAL CONTRACT WILL RESULT IN A DELAY.

T-6 DARREN BROWN

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3141A DATE: 2/18/94

TC: 113-164-14 ☐ L ☐ CRT

SERIAL № 16143

Name of Owner Durward P. Justice Juris.: _____

Address of Property 4829 Mt. Olive Church Rd.

Inspection Data:

Tank Material PC.

Total Length of Drainfield 400'

Number of Lines 5 @ 80'

Cover Depth 6"

Water Supply Source Well

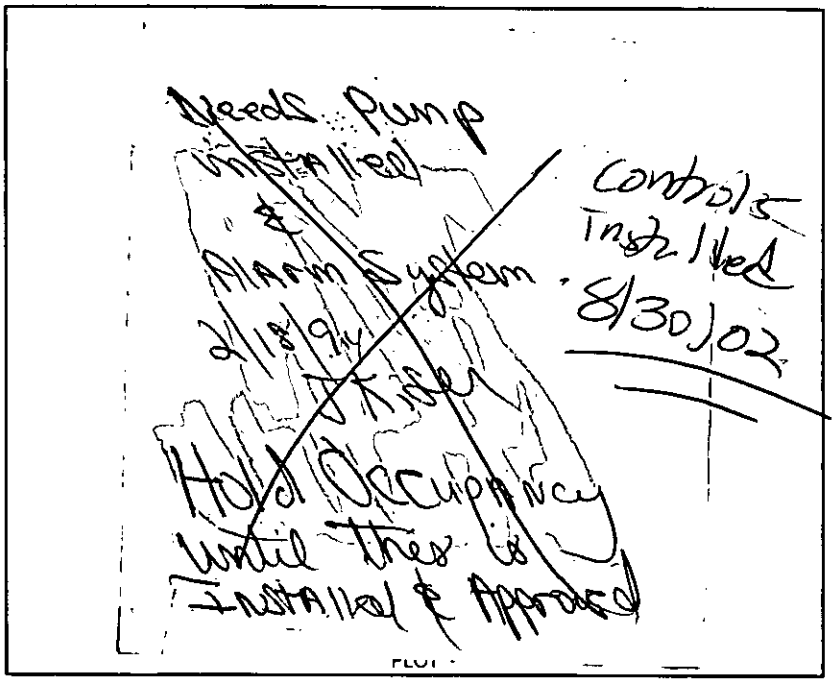
Distance to Water Source > 100

Excavation Inspected 2/18/94

Tank(s) Inspected 2/18/94

Wash Line Inspected N/A

High Water Alarm Inspected 8/30/02



Design 2002, 1500 gallon tank, PI, 1000 PT, Cast) CTR# Bobby McCarver

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: System designed for 3 bedroom home.
Type III B, Pumps and controls inspected & approved 8/30/02 by

Hold Occupancy Release for Pump & Alarm System Inspection 2/94

Judy Kiser RS
Environmental Health Specialist

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3141A DATE: 2/18/94

TC: 113-164-14 ☐ L ☐ CRT

SERIAL № 18143

Name of Owner Durard P. Justice Juris.: _____

Address of Property 4829 Mt. Olive Church Rd

Inspection Data:

Tank Material PC.

Total Length of Drainfield 400'

Number of Lines 5 @ 80'

Cover Depth 6"

Water Supply Source Well

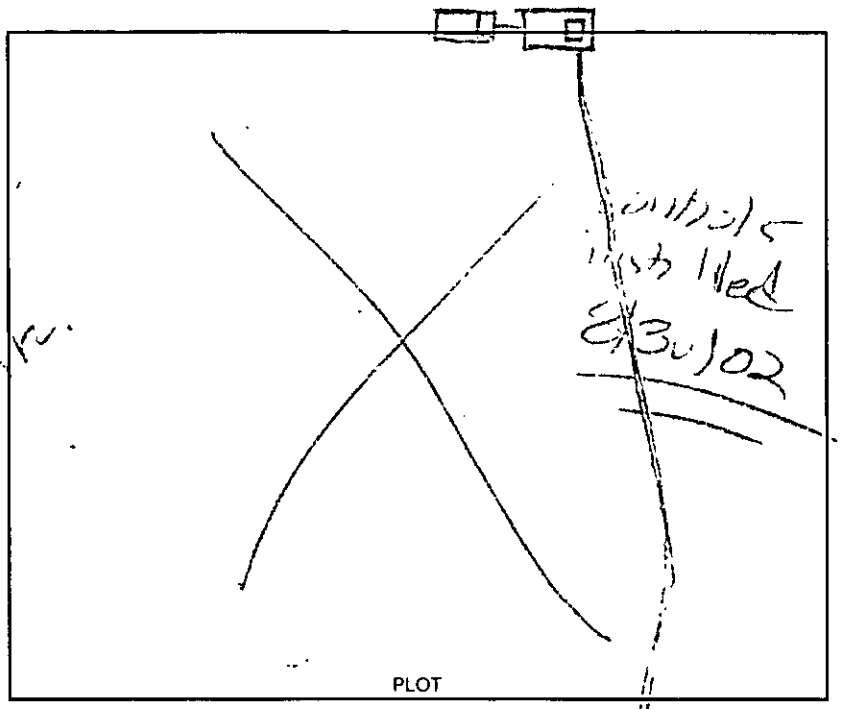
Distance to Water Source > 1000 Feet

Excavation Inspected 2/18/94 KV

Tank(s) Inspected 2/18/94 KV

Wash Line Inspected N/A

High Water Alarm Inspected 8/30/02



Design 2002 1500 gallon dunk, PI, 1000 PT, Ceril CTR# Bobby McGarver

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: System designed for 3 bedroom home. Type III S, Pumps and control installed approved 8/30/02 by

Hold Occupancy Release for Alarm System Inspection 9/3/02

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

Installation Approval

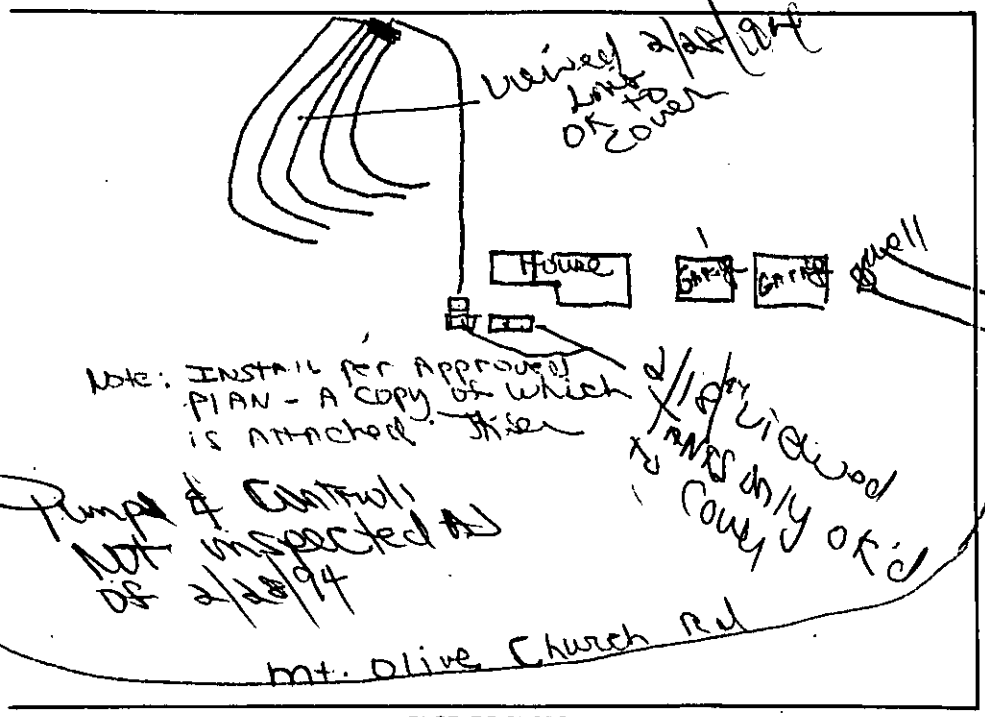
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3141A DATE: 2/7/94

TC: 113-164.14 ☐ L

SERIAL № 15882

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 1/24/94. All work shall be completed on or before 3/7/94, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400' feet

Number of Lines 5

Depth of Stone 12 inches

Distance from House 15' feet

Distance from Property Line 10' feet

Distance from Well 100' feet

NAME OF OWNER Diward P. Justice

LOCATION OF PROPERTY 4829 Mt. Olive Church Rd

Comments: INSTALL per Approved plan. Shallow Trench System Keep Line installation Shallow at 18" - 12" Stone 6" Cover - System uses Pressure Manifold - See detail drawing and Hydrotronics pump SPF 50/2 5 trenches 3' x 80' x 12" Stone - 18" depth

Judy J. Kiser RS

Division or Section Head

Environmentalist

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

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

3141A

4400

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[ ] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date: 1/19/94

PERSON FILING APPLICATION:
NAME: Holub (last) Charles (first) J (mi)
ADDRESS: 513 Patterson St PHONE: (704) 343-0287
CITY: Chur STATE: NC ZIPCODE: 28205

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 11316414
STREET ADDRESS: 4829 Mt Olive Ch. Rd, Char. N. C.
ZONING:

PROPERTY OWNER:
NAME: Justice (last) Girvaud (first) P (mi)
ADDRESS: 1512 N. McDowell PHONE: (704) 376-6558
CITY: Char. STATE: N.C ZIPCODE: 28205

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

TYPE APPLICATION (check one):
LOT NUMBER: LOT SIZE (in acres): 7.5

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 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):
[ ] 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 [ ] 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: Charles J Holub Date: 1/19/94

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.

...Approved for 3 bedroom home w/ a detached garage no plumbing - Sift pump required

[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

Julie A Kreis RS 1/20/94
Environmentalist Date

T. Wilder R.S. for S. Daniel 1/26/94
Director or Authorized Section Head Date

WATER : 122791

PROPOSED PLOT PLAN

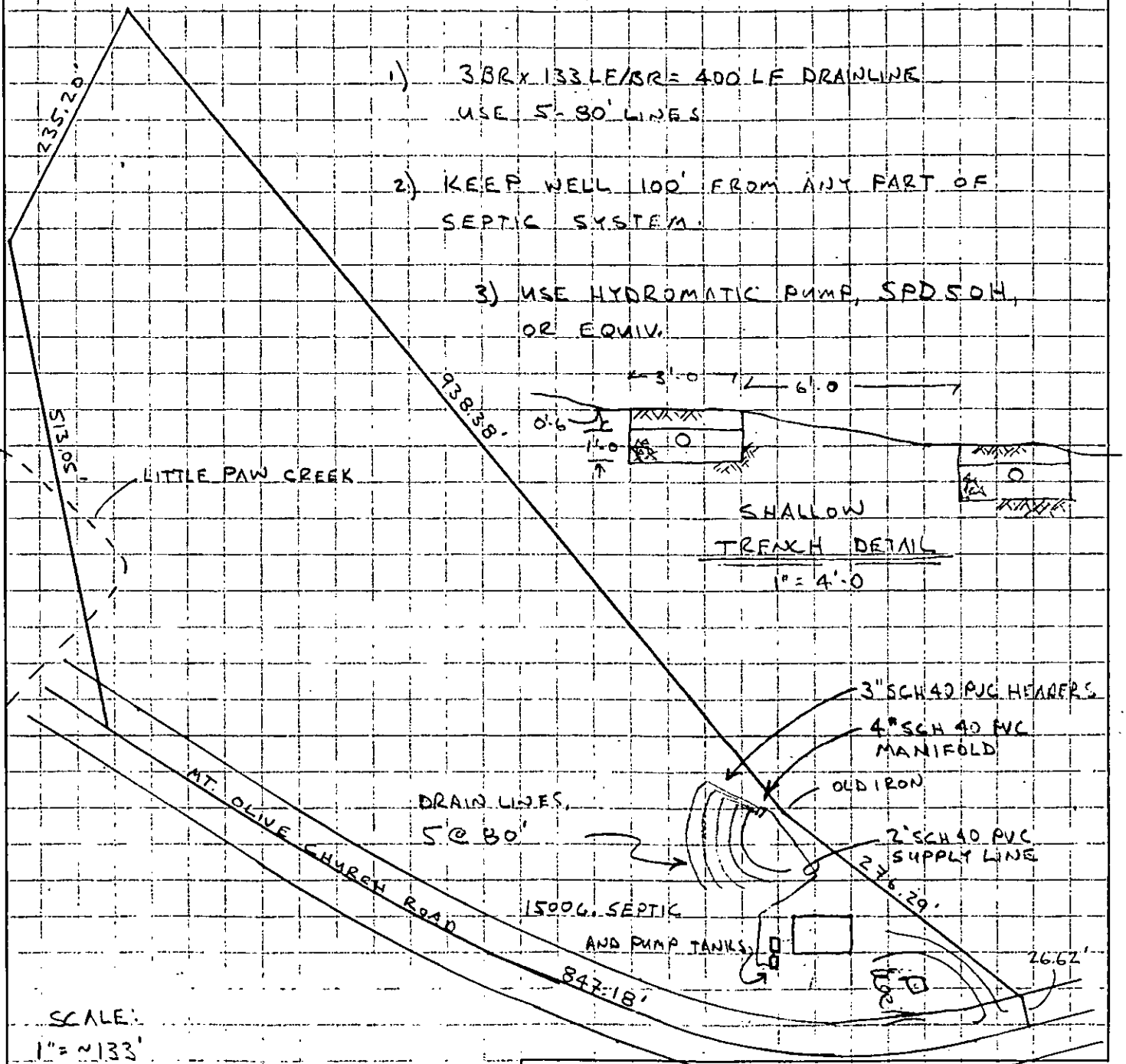
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3141 A

TC: PO 113 16 414

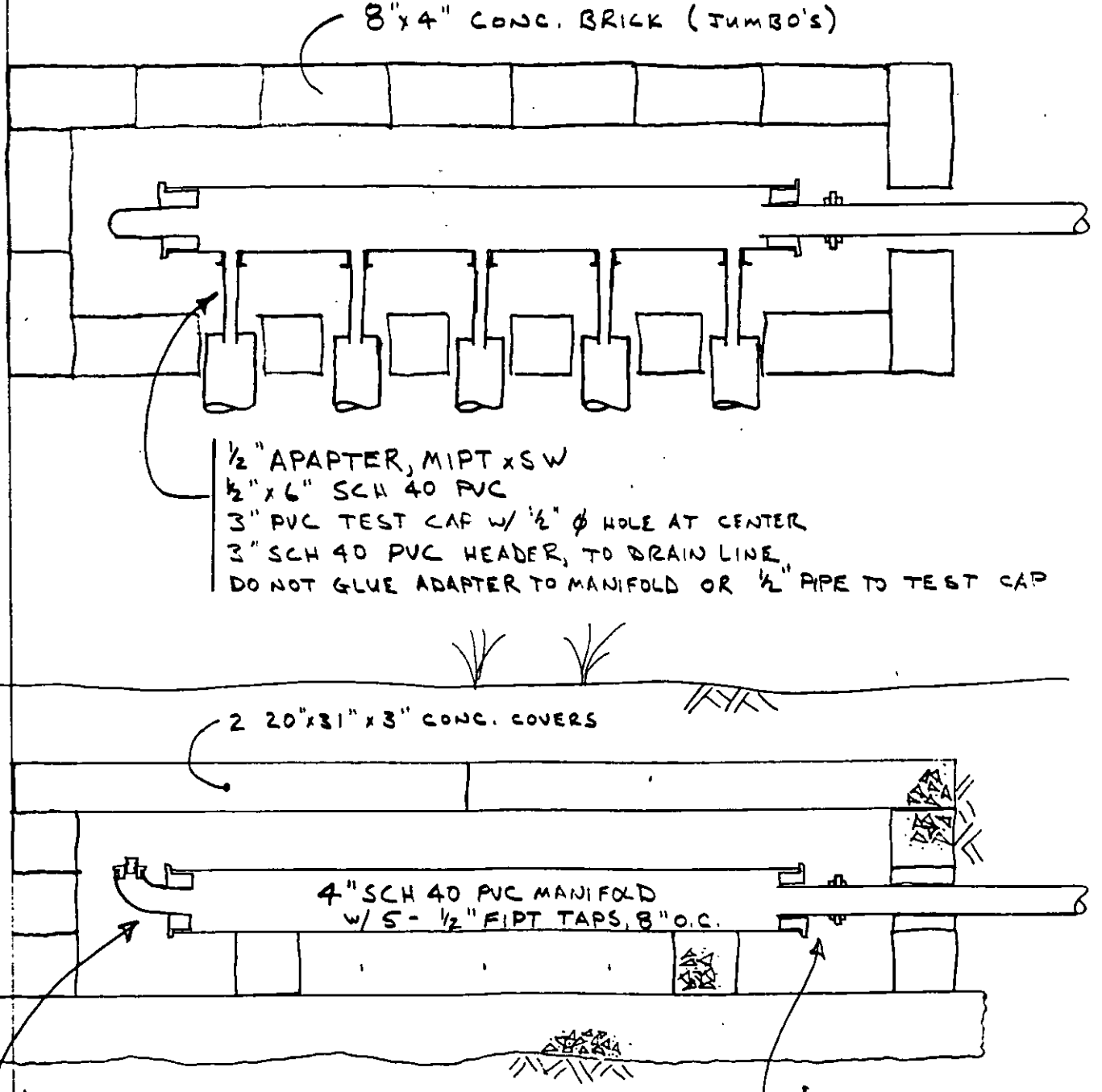
Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



Approved Plot Plan 7/22/87

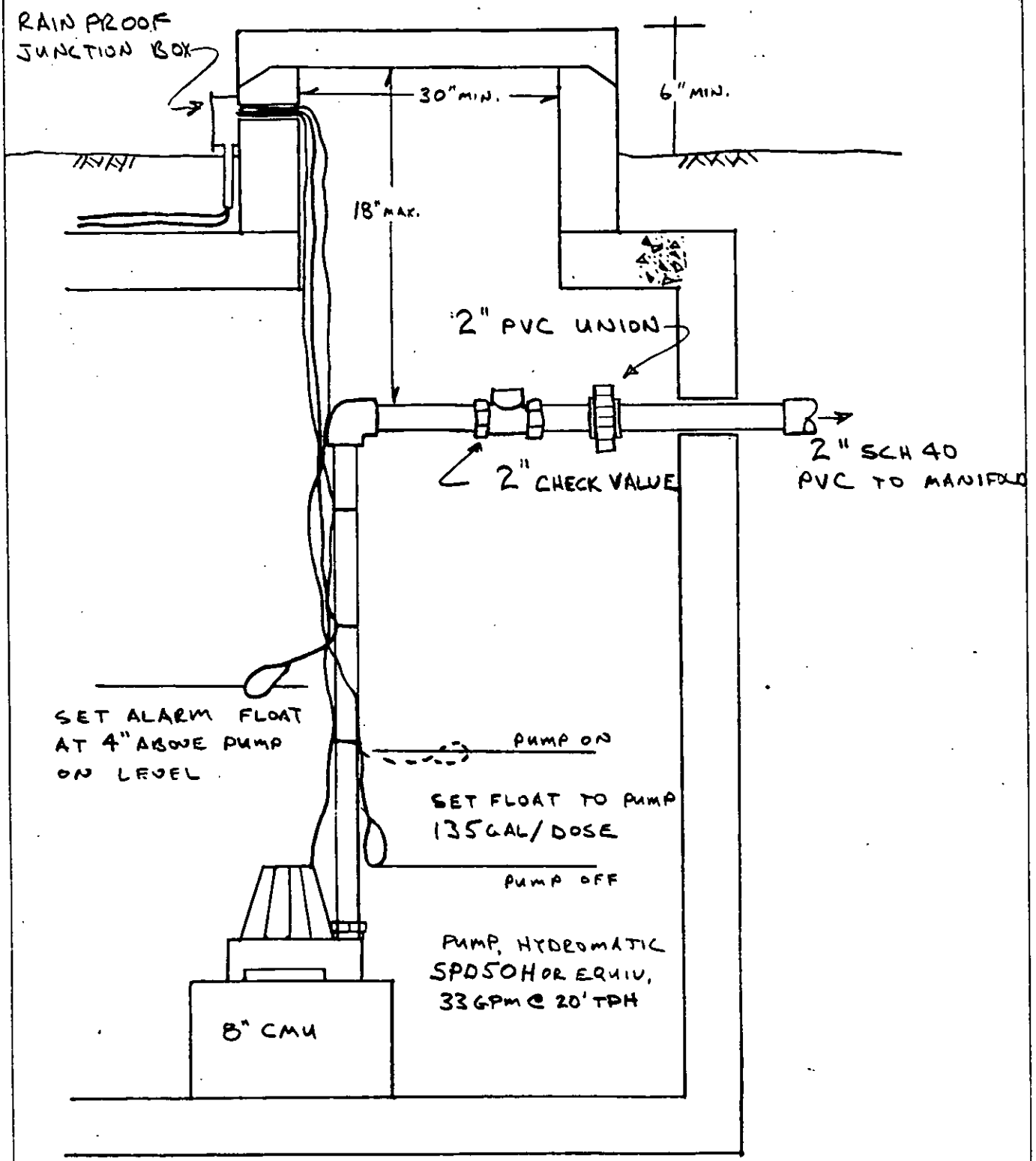
Signed: [signature] AS AGENT

Date: 4/12/89



MANIFOLD DETAILS

1" = 10"



PUMP TANK DETAIL

NTS

D.E. Brown Const, Inc
New Owner
Acct # B91430

Mecklenburg County
Health Department
February 27, 1995

Giruard P. Justice
1512 N. McDowell Street
Charlotte, NC 28205

Dear Mrs. Justice:

An inspection was made at the property located at 4829 Mt. Olive Church Road, Charlotte, NC to facilitate the issuance of an Operations Permit for the sewage treatment and disposal system. During the inspection it was found that the following items did not meet the regulations set forth in the "Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A .1900; 1952 Septic Tank, Dosing, Dosing Tank and Lift Station Design." Our comments follow:

1. (6)Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (NEMA 4X or equivalent) adjacent to the pump tank, securely mounted at least 12 inches above the finished grade. The pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure through water proof, gas proof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seals, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.

2. (9) The pump tank shall have a properly functioning high-water alarm. The alarm circuit shall be supplied ahead of any pump overload and short circuit protective devices. The alarm shall be audible and visible by system users and weatherproof if installed outdoors in an enclosure (NEMA 4X or equivalent).

The above mentioned items must be installed and inspected prior to the Operation Permit being issued. The Operation Permit is <u>required</u> for the Certificate of Occupancy and the permanent electric hook-ups. Please schedule inspections at least five (5) working days in advance to ensure there are no delays in the Operation Permit issuance.

Please call me at 336-5571 to discuss any questions you may have concerning this matter.

Sincerely,

Judy J. Kiser, R.S.
Individual Water and Wastewater Systems

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

Installation Approval

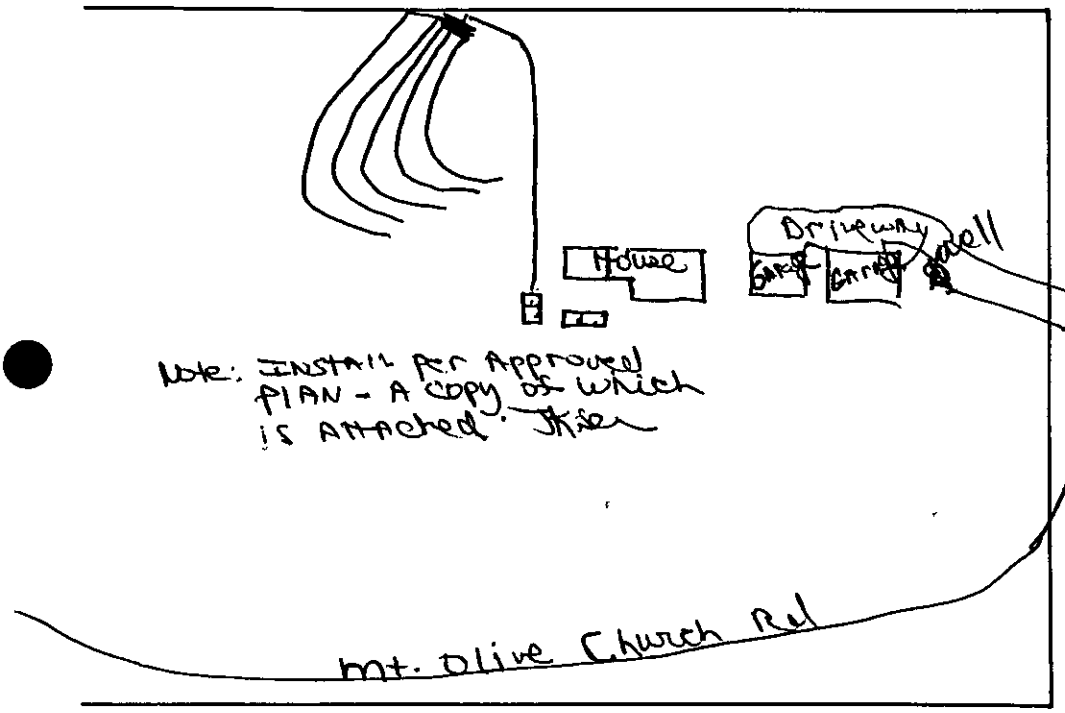
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3141A DATE: 2/7/94

TC: 113-164.14 ☐ L

SERIAL Nº 15882

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 1/20/94. All work shall be completed on or before 3/7/94 after which date this permit shall be null and void. The system shall meet all of the construction requirements of ~~10~~ 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.



Note: INSTALL PER Approved PLAN - A COPY OF WHICH IS ATTACHED. JKR

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400' feet

Number of Lines 5

Depth of Stone 12 inches

Distance from House 15' feet

Distance from Property Line 10' feet

Distance from Well 100' feet

NAME OF OWNER Dinard P. Justice

LOCATION OF PROPERTY 4829 Mt. Olive Church Rd

Comments: INSTALL per Approved plan. Shallow Trench System Keep Line installation Shallow at 18" - 12" Stone 6" Cover - System uses Pressure Manifold - See detail drawing and Hydrostatic pump SPS 50 5 trenches 3' x 80' x 12" Stone - 18" depth

Division or Section Head T. Walker for S. Daniel 2/14/94

Environmentalist Judy J. Kuei RS.

* 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

314A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[ ] CRT

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: Holub (last) Charles (first) J (mi)
ADDRESS: 513 Patterson St PHONE: (704) 343-0287
CITY: Chur STATE: NC ZIPCODE: 28205

Date: 1/19/94

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 11316414
STREET ADDRESS: 4829 Mt Olive Ch. Rd.
Char. N. C.
ZONING:

PROPERTY OWNER:
NAME: Justice (last) Girvaud (first) P (mi)
ADDRESS: 1512 N. McDowell PHONE: (704) 376-6558
CITY: Char. STATE: N.C. ZIPCODE: 28205

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: LOT SIZE (in acres): 7.5

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)
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...This permit is not transferable.

...Approved for 3 bedroom home w/ 2 detached garage/ no plumbing - lift pump required

[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 1/20/94 Date

Director or Authorized Section Head 1/26/94 Date

WATER : 122791

6/18/02

If still 3 bedrooms & 2 detatched garages with no other factors being dug, application for Optional Site Evaluation for us to do pump + alarm system inspection for septic system.

If the # of bedrooms is more than three that is a separate issue that needs to be applied for and evaluated

I visited the lot initially at Jim Kinsch's request to determine the system would fit as diagrammed on the plot plan provided by Eddie Bowron. The house was not staked off, therefore no decision was made.

The second visit was with the builder Gerard Mulvey and Mrs. Justice. The house was staked in an area below the proposed drainfield as indicated on the plot plan. There was no discussion about additional buildings, ie garage, etc. I took Mr. Mulvey up the hill to the proposed system area. I measured the stakes for the system. The area was there as indicated for the system on the plot plan. I instructed him as to protecting this area and he indicated they would not be near the system. Mrs. Justice also mentioned they might move the house forward. I told her this would not be a problem but not to back up to the drainfield area.

On the last visit with Bill Ferguson we found what appear to be 4 separate foundations. The last foundation (furthest from the driveway) may be in part of the drainfield area. A portion of the drainfield area appears to have been cut. Only a few of the original stakes for the system remain. Most of the foundations have plumbing stub outs.

Mr Justice visited the Office and Spoke with Bill Ferguson and I. She Stated Two (2) of the foundations are Garages with Washing machines and the other Two (2) will be tied together with a breezeway to make the House.

Judy Kiser
1-11-91