SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

☐ NEW SEPTIC ☐ REPAIR ☑ USE EXISTING ☐ MODIFIED PLOT PLAN ☐ ALTERATION

File Number: 9556

Assigned Inspector: Heather.

☐ IP $250.00: _____ Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☐ CA & OP $400.00: _____ Initial/Date

☐ Alteration Fees $300: _____ Initial/Date

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

☑ Use Existing Fees $100.00: 3/2/20 Initial/Date

☐ Use Existing Approved ☐ Use Existing Denied

☐ Send IP permit for signature: _____ ☐ Signature received: _____

☐ Floor plans reviewed

☐ Generate CA ☐ Approve as Noted in Winchester

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

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

☐ Certified operator contract is on file: _____

☐ Septic file complete: _____

☐ Release final hold in Winchester/ Accela: _____

Comments:

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Kimberly Scott, DrPH, MPH
Interim Health Director

File/Permit #: 9556

EXISTING SYSTEM APPROVAL

☐ Existing System Approval
- ☐ Site modification (e.g., storage shed) or footprint addition with no DDF or wastewater strength increase
- ☐ Reconnection when the proposed facility is in the same footprint as existing/previous facility

☐ Construction Authorization/Notice of Intent to Construct

[issued for reconnection when the proposed facility is not in the same footprint as existing/previous facility pursuant to Session Law 2023-77, Section 5.(c)]

[certified inspectors are not authorized to approve reconnections outside of footprint pursuant to Session Law 2023-77, Section 5.(c)]

Applicant: Wilson Hill Construction, LLC T/A LKN Deck & Porch Company
Mailing Address: 19701 Bethel Church Rd
Suite 103-162
City: Cornelius
State: NC Zip: 28031
Phone #: 980-231-1961
Email: wilsonhillconstruction@gmail.com

Owner: David & Carrie Edwards
Mailing Address: 7435 Norman Island Dr
City: Cornelius
State: NC Zip: 28031
Phone #: 704-451-5960
Email: dave.edwards@raymondjames.com

Parcel #: 00153130
Property Location/Address: 7435 Norman Island Dr, Cornelius, NC 28031

Facility Type: ■ House/Modular ☐ Mobile/Manufactured Home ☐ Business ☐ Other: _____

Operation Permit/ATO #: _____ Design Daily Flow: _____ GPD
Number of Bedrooms: _____ Max # Occupants: _____ Other: _____
Wastewater Strength: ☐ Domestic ☐ High Strength ☐ Industrial Process Wastewater
Water Supply: ☐ Private well ☐ Public well ☐ Shared well ☐ Municipal Supply ☐ Spring ☐ Other: _____

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:

☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ■ PORCH ☐ DECK ☐ OTHER

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:

☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ OTHER

Site plan or plat showing the locations of the existing and proposed facilities, existing wastewater systems and repair areas, existing and proposed water supplies, easements, rights-of-way, encroachments, artificial drainage, and all appurtenances is attached:

■ Yes ☐ No

IF THE INFORMATION IN THE APPLICATION FOR AN EXISITING SYSTEM AUTHORIZATION (ESA) IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE ESA 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 the 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. I understand that if the information in the application is falsified, changed, or the site is altered, then the Existing System Approval shall be invalid.

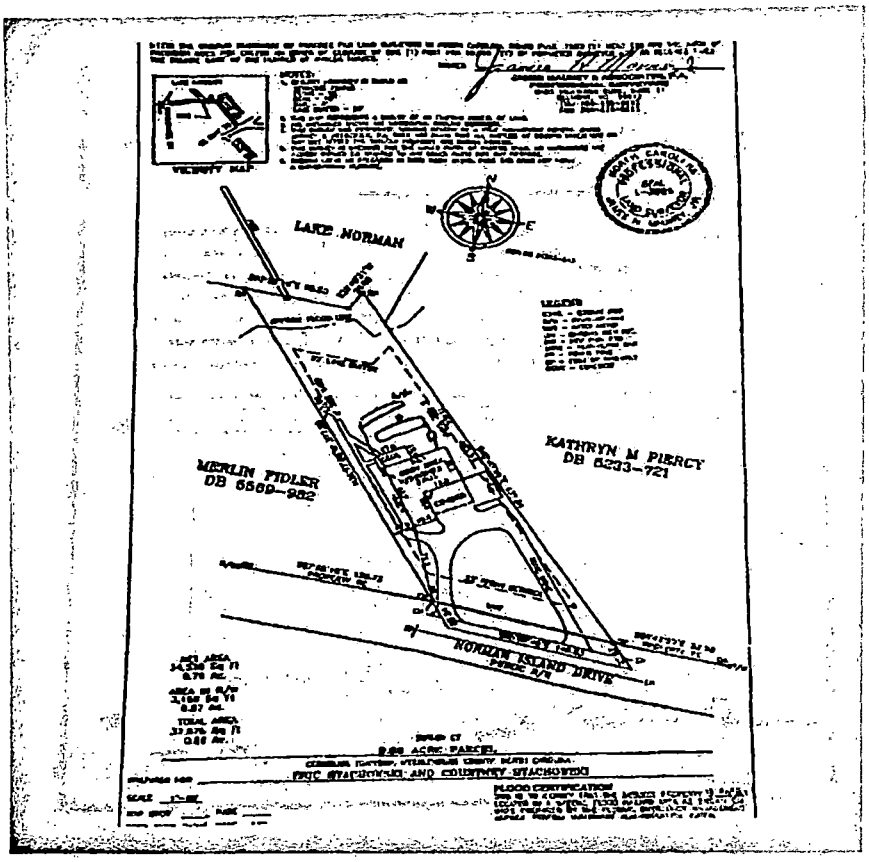
David Edwards (Feb 27 2026 16:29 08 EST) — 02/27/20 — Property owner's signature (required) — Date

Applicant's signature (required) — 2/27/26 — Date

SITE PLAN

Please include on this site plan:

- locations of the existing and proposed facilities;
- existing wastewater systems and repair areas;
- existing and proposed water supplies; and
- easements, rights-of-way, encroachments, artificial drainage, and all appurtenances.



If the following must be checked for approval:

- [x] No current or past uncorrected malfunction of the system as described in 15A NCAC 18E .1303(a)(2)
- [x] BOD and wastewater strength for the proposed facility or site modification do not exceed that of the existing system
- [x] Proposed facility or site modification meets the setbacks in Section .0600 of 15A NCAC 18E

Approval Conditions: _____

Inspector's Printed Name: Heather Ray Inspector Certification #: _____

Inspector's Signature: Heather Ray Date: 3-17-26

The existing system approval expires one year after the date of issuance.

See attached site sketch

MECKLENBURG COUNTY
Health Department

Raynard Washington, PhD, MPH
Health Director

(704) 336-4700

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.
2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.
3. I acknowledge that Wilson Hill Construction, LLC, T/A LKN Deck & Porch Company is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at 7435 Norman Island Dr., Cornelius.
   Number Street Town
   (Or Parcel Number)

David Edwards
Property Owner (print name)

David Edwards (Mar 2, 2026 13:29:26 EST)
Property Owner (signature)

03/02/26
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 03/02/26
Receipt #: 160284
Check / Auth #: VISA 8321
Received By: ALVARJS

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: WILSON HILL CNS
Attn: 7435 NORMAN ISLAND
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0705	Use Existing System 7435 NORMAN ISLAND	1	100.00	100.00

Permit#

Outstanding Balances

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

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 9556 WASPS App #: _____

Primary ES assigned to project: Jeremy Michelone

Secondary ES assigned to project: _____

Project Type: New System ☐ Alteration ☒ Repair ☐ Modified Plot Plan ☐

I. File Review:

Rule or Law				
	Permit Application			
.1937(d)	Is the Application complete	Yes ☒	No ☐	N/A ☐
.1937(d)	Is there a Site plan/Plat with application	Yes ☒	No ☐	N/A ☐
.1937(d)	Is the Facility shown?	Yes ☒	No ☐	N/A ☐
.1937(d)	Are appurtenances shown	Yes ☒	No ☐	N/A ☐
	Site Evaluation Information			
.1939 (a)(1)	Topography and Landscape Position Recorded?	Yes ☒	No ☐	N/A ☐
.1940 (a-g)	Slope % Recorded?	Yes ☒	No ☐	N/A ☐
.1939 (a)(2)	Texture Class Recorded?	Yes ☒	No ☐	N/A ☐
.1939 (a)(2)	Structure type Recorded?	Yes ☒	No ☐	N/A ☐
.1939 (a)(2)	Consistence Recorded?	Yes ☒	No ☐	N/A ☐
.1939 (a)(2)	Mineralogy Recorded?	Yes ☒	No ☐	N/A ☐
.1939 (a)(3)	Soil Wetness Condition Recorded?	Yes ☒	No ☐	N/A ☐
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered	Yes ☒	No ☐	N/A ☐
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Yes ☐	No ☐	N/A ☒
.1939 (a)(6)	Sufficient Available Space Recorded?	Yes ☒	No ☐	N/A ☐
.1937(m)	Are the Profile Locations Shown?			
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes ☒	No ☐	N/A ☐
& .1945(b)	Number of auger borings made: 4			
	Were sufficient auger borings made?	Yes ☒	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR 0.275	Yes ☐	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☒	No ☐	N/A ☐
.1945(b)	Proposed System Type stated-Repair	Yes ☒	No ☐	N/A ☐
.130A-336 (a)(3)	System location identifiable by setbacks - Initial	Yes ☒	No ☐	N/A ☐
.1937(g)	System components shown – Initial	Yes ☒	No ☐	N/A ☐
.1945(b)				
.1945(b)	Repair area shown	Yes ☒	No ☐	N/A ☐
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☒	No ☐	N/A ☐
.1937 (f)(g)	Is System design consistent with soil/site conditions?	Yes ☒	No ☐	N/A ☐
.1937 (f)(g)	Is the System located in the approved area?	Yes ☒	No ☐	N/A ☐
130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☒	No ☐	N/A ☐

130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	Yes ☒	No ☐	N/A ☐
.1937(g)	Trench depth indicated?	Yes ☒	No ☐	N/A ☐
.1937(g)	Trench width indicated?	Yes ☒	No ☐	N/A ☐
.1937(g)	Trench length indicated?	Yes ☒	No ☐	N/A ☐
130A-336(a)(1)	Proposed/existing well shown?	Yes ☐	No ☐	N/A ☑
130A-336(a)(1)	Property line lengths shown?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☑	No ☐	N/A ☐
	Operation Permit			
.1937(i)	System type as described in table V(a) of rule .1961	Yes ☐	No ☐	N/A ☐
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☐	No ☐	N/A ☐

II. WASPS Review:

Construction authorization issued	Yes ☐	No ☐	N/A ☐
Installation approval issued	Yes ☐	No ☐	N/A ☐
Operation permit issued	Yes ☐	No ☐	N/A ☐
Other related documentation	Yes ☐	No ☐	N/A ☐

Items requiring correction/modification: _____

Comments:

Please have permit signed before CA is released

IA issued date: _____

OP issued date: _____

Review performed by: JAM Date performed: _____

9556

MECKLENBURG COUNTY HEALTH DEPARTMENT

Appt # 5639

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: _____

STREET ADDRESS: 7435 Norman Island Dr.

CITY: Cornelius

STATE: NC ZIP: 28031

SUBDIVISION NAME: _____

LOT #: _____ LOT SIZE (acres): _____

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: _____

NUMBER OF BEDROOMS: 4

NUMBER OF OCCUPANTS: 4

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: 0

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?** _____ ☐ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** June 28, 2012 ☐ N/A

12. **PROPERTY OWNER:**

NAME: Eric Stachowski
ADDRESS: 7435 Norman Island Dr
CITY: Cornelius
STATE: NC ZIP: 28031
WORK PHONE: _____
MOBILE PHONE: 704 6041388
FAX: _____
E-MAIL: eric5@ig.metrix.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: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

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.

_____ (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.

_____ June 4, 2012

Property Owner's or Owner's Legal Representative Signature — Date

---

OFFICE USE ONLY

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

SEPTIC APPLICATION FEE RECEIVED: $ 300.00 DATE FEE RECEIVED: 6/4/12

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

APPLICATION PROCESSED BY: lwa

GWS FILE NUMBER ASSIGNED: 9556

APPLICATION ID NUMBER ASSIGNED: 5639

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

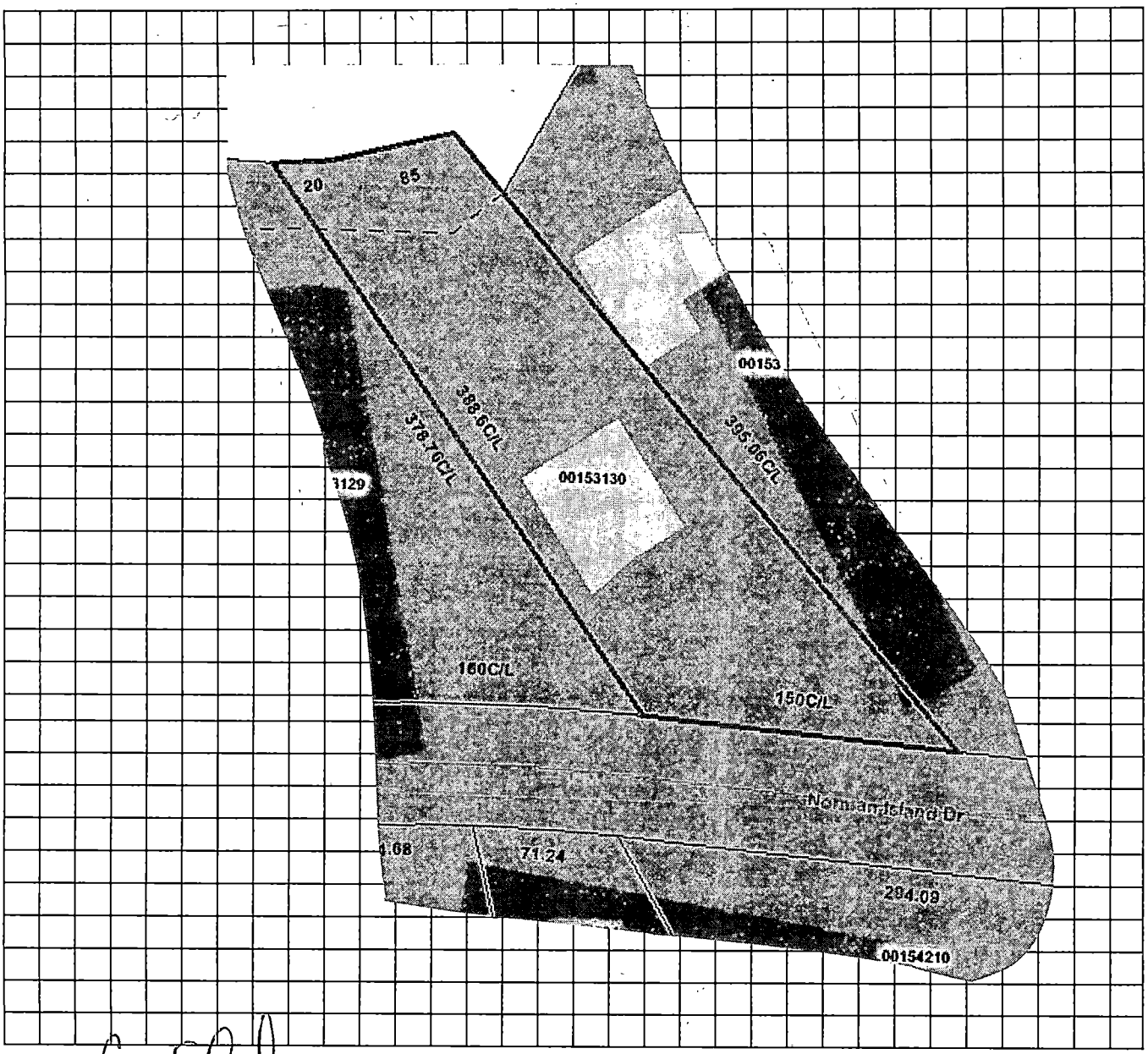
File #: _____

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: 1435 Norman Island Dr Tax Parcel #: 00153130

Subdivision Name: _____ Lot #: _____



Property Owner's or Owner's Legal Representative Signature

June 4, 2012
Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

CONDITIONS OF IMPROVEMENT PERMIT for an ALTERATION TO AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit Number: **9556** Tax Number: **00153130**

- 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

Primary Wastewater System

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

☐ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☒ Innovative or Experimental:

0.275 Long-term acceptance rate (GPD/ft^2)	**120** Max gallons/day wastewater flow	**327** Absorption Area (ft^2)	**9** Trench spacing (min. on centers) (ft)
Serviced by private well: ☐ Yes ☒ No	**EXIS** Gallon septic tank	**110** Total trench length (ft)	**30** Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
4 Bedrooms in residence	**NA** Gallon pump tank	**12** Depth of media (in)	

Any surface water present: **YES** Type: **LAKE NORMAN** Minimum separation distance (ft): **50**

Additional conditions: **System alteration for a bedroom that has already been added in the basement.**

Repair Area System

Type: ☐ I ☐ II ☐ III ☒ IV ☐ V ☐ VI

☐ Conventional
☒ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☐ Innovative or Experimental:

873 Absorption Area (ft^2) **290** Total trench length (ft)	**NA** Depth of media (in)	**9** Trench spacing (min. on centers) (ft)	**30** Maximum trench depth (in)

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. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems 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 Approval is granted by this Department.

*** This Improvement permit is transferable.

Jerry McREYNOLDS 6/13/12
DENR Authorized Agent Date

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE: (704) 336-5103
FAX: (704) 336-6894

Michelle A Powell for Eric H Blackowski 6/21/12
Owner/Agent Signature Date

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 of 2
Property ID: 153130
Lot #:
File #: 9556
AppID: 5639

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Eric Hugo Stachowski
Applicant:
Address: 7435 Norman Island Dr. Cornelius, NC 28031
Date Evaluated: 6/8/2012
Proposed Facility: Residence Design Flow (.1949) 1 Bedroom Addition
Property Size: .881 ac
Location of Site: 7435 Norman Island Dr. Cornelius, NC 28031
Property Recorded:
Water Supply: [X] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS 1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	1944 Restr Horiz	Profile Class & LTAR
1	LS	0-18	Fill CL	Fill	>48	48	NA	PS	PS IV
	3%	18-29	w f g SCL	ss sp fr sexp					0.3
		29-48	m m sbk C	ss sp fi sexp					
2	Ls	0-15	Fill SCL	Fill	>48	48	NA	PS	PS IV
	2%	15-19	w f g SL	ns np fr nexp					0.275
		19-48	m m sbk C	ss sp fi sexp					
3	LS	0-12	Fill C	Fill	>48	48	NA	PS	PS IV
	3%	12-17	w f sbk SCL	ss sp fr sexp					0.3
		17-48	m m sbk C	ss sp fi sexp					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	III g	IV a
Site LTAR	0.275	0.275

Other Factors (.1946):
Soil Evaluation By: Eric Bailey LSS
Others Present:
Site Classification (.1948): PS
Site Evaluation By: Jeremy Michelone, REHS
Others Present:

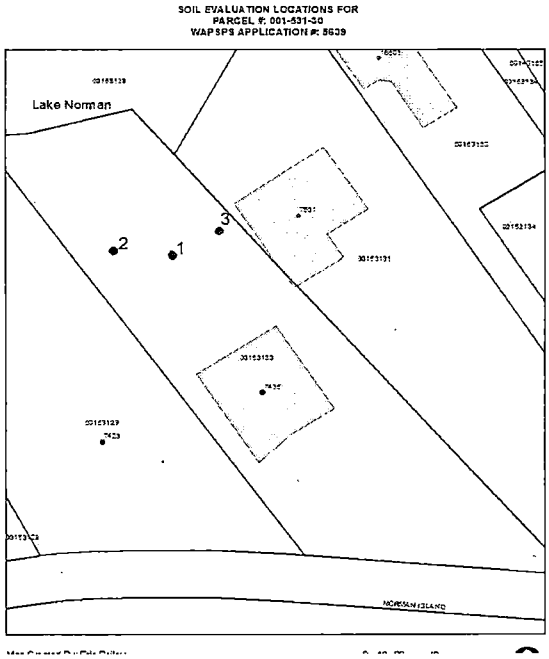
Jeremy Mich. REHS
6/12/12

COMMENTS: Trench should be effectively below fill material

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	Si-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SiCL-Silty Clay Loam		PR-Prismatic
T-Terrace		CL-Clay Loam		
FP-Flood Plain		SCL-Sandy Clay Loam		
D-Drainage Way		SiL- (Silt Loam)		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SiC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	NEXP-(Non-expansive)
FR-Friable	SS-Slightly Sticky	SEXP-Slightly Expansive
FI-Firm	S-Sticky	EXP-Expansive
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

Sketch of Soil Evaluation Locations



Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 of 2
Property ID: 153130
Lot #:
File #: 9556
AppID: 5639

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Eric Hugo Stachowski
Applicant:
Address: 7435 Norman Island Dr. Cornelius, NC 28031
Date Evaluated: 6/8/2012
Proposed Facility: Residence Design Flow (.1949) 2 Bedroom Addition
Property Size: .881 ac
Location of Site: 7435 Norman Island Dr. Cornelius, NC 28031
Property Recorded:
Water Supply: [X] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS	0-18	Fill CL	Fill	>48	48	NA	PS	PS IV
	3%	18-29	w f g SCL	ss sp fr sexp					0.3
		29-48	m m sbk C	ss sp fi sexp					
2	Ls	0-15	Fill SCL	Fill	>48	48	NA	PS	PS IV
	2%	15-19	w f g SL	ns np fr nexp					0.275
		19-48	m m sbk C	ss sp fi sexp					
3	LS	0-12	Fill C	Fill	>48	48	NA	PS	PS IV
	3%	12-17	w f sbk SCL	ss sp fr sexp					0.3
		17-48	m m sbk C	ss sp fi sexp					
4	LS	0-6	w f g SCL	ss sp fr sexp	>48	48	NA	PS	PS IV
	5%	6-34	m m sbk C	ss sp fi sexp					0.275
		34-48	w f sbk SCL	ss sp fr sexp					

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)		
Site LTAR	0.275	0.275

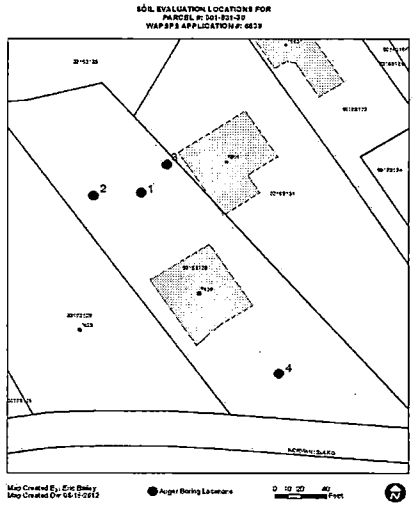
Other Factors (.1946):
Soil Evaluation By: Eric Bailey LSS Eric Bailey
Others Present:
Site Classification (.1948):
Site Evaluation By:
Others Present:

COMMENTS: Trench should be effectively below fill material

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	Si-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SiCL-Silty Clay Loam		PR-Prismatic
T-Terrace		CL-Clay Loam		
FP-Flood Plain		SCL-Sandy Clay Loam		
D-Drainage Way		SiL- (Silt Loam)		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SiC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	NEXP-(Non-expansive)
FR-Friable	SS-Slightly Sticky	SEXP-Slightly Expansive
FI-Firm	S-Sticky	EXP-Expansive
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

Sketch of Soil Evaluation Locations



Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 of 2
Property ID: 153130
Lot #:
File #: 9556
AppID: 5639

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Eric Hugo Stachowski
Applicant:
Address: 7435 Norman Island Dr. Cornelius, NC 28031
Date Evaluated: 6/8/2012
Proposed Facility: Residence Design Flow (.1949) 2 Bedroom Addition
Property Size: .881 ac
Location of Site: 7435 Norman Island Dr. Cornelius, NC 28031
Property Recorded:
Water Supply: [X] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
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		29-48	m m sbk C	ss sp fi sexp					
2	Ls	0-15	Fill SCL	Fill	>48	48	NA	PS	PS IV
	2%	15-19	w f g SL	ns np fr nexp					0.275
		19-48	m m sbk C	ss sp fi sexp					
3	LS	0-12	Fill C	Fill	>48	48	NA	PS	PS IV
	3%	12-17	w f sbk SCL	ss sp fr sexp					0.3
		17-48	m m sbk C	ss sp fi sexp					

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)		
Site LTAR	0.275	0.275

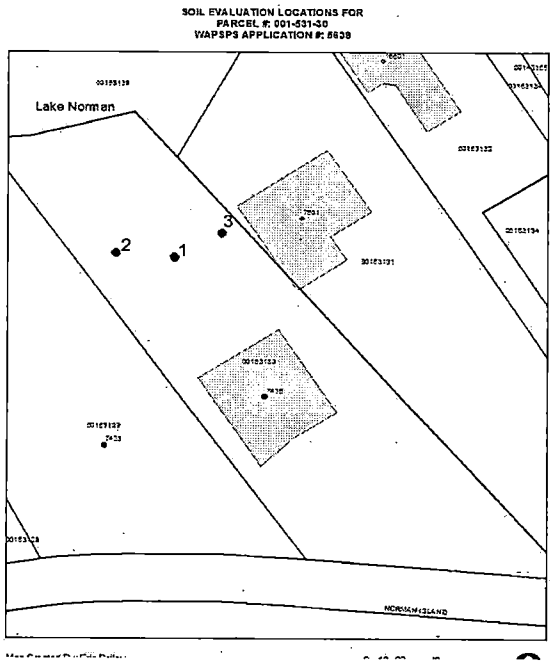
Other Factors (.1946):
Soil Evaluation By: Eric Bailey LSS Eric Bailey
Others Present:
Site Classification (.1948):
Site Evaluation By:
Others Present:

COMMENTS: Trench should be effectively below fill material

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R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
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CV-Convex Slope		SiCL-Silty Clay Loam		PR-Prismatic
T-Terrace		CL-Clay Loam		
FP-Flood Plain		SCL-Sandy Clay Loam		
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	IV	SC-Sandy Clay	0.4 - 0.1	
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VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

Sketch of Soil Evaluation Locations



WASTEWATER SOLUTIONS & DESIGN
Russell B Williams " Wastewater Specialist "
4711 Rocking Horse Dr
Maiden, NC 28650
ph. 980-429-1580
fax, 828-428-3028
E-mail rwilliams9534@bellsouth.net

SEPTIC INSPECTION

No representation, warranties or opinions are hereby given, written or expressed otherwise, as to the future performance of onsite wastewater system described herein. This onsite wastewater system inspection is a presentation of system facts in place on date of inspection.

Property Address: 7435 Norman Island Dr. (Street)
Cornelius (City) NC (St) 28031 (Zip)

Current owner of Record: Eric Stachowski

Inspection requested by: ☐ Owner of record ☑ Other Name: (Buyer) Dave & Carrie Edwards
Company: c/o Mike Carlin, Allen Tate Realty
Phone: 704 236 5510

Date of Inspection: 6-1-12 **# bedrooms or design flow:** 3 **MLS #:** 2043729

☑ Copy of Operations permit from Mecklenburg County Environmental Health attached
☐ Operations permit not available

Type of water supply ☐ Well ☑ Public Water ☐ Community Water ☐ Other:

1. **System components setbacks:**

10	ft. from house or structure	Required separation: 5	ft.
—	ft. from well if applicable	Required separation: 50	ft.
30+	ft. from water line if applicable	Required separation: 10	ft.
15	ft. from property line	Required separation: 10	ft.
70	ft. from surface water	Required separation: 50	ft.
NA	ft. from swimming pool	Required separation: 15	ft.
—	ft. from OTHER:	Required separation: —	ft.

2. **Septic tank details:**

Able to locate tank:	☑ yes ☐ no	If no, explain:	
Approximate depth from ground surface to tank access:	20 inches		
Access riser(s) present:	☐ yes ☑ no	N.A.	
Tank lids intact:	☑ yes ☐ no	If no, explain:	
Tank has baffle wall:	☑ yes ☐ no	N.A.	
Influent from facility to tank confirmed:	☑ yes ☐ no	If no, explain:	
Outlet T is present:	☐ yes ☑ no	If no, explain:	Concrete T corroded off.
Effluent screen present:	☐ yes ☑ no	N.A. ✓	#but replaced
Effluent exits the tank through the outlet:	☑ yes ☐ no	If no, explain:	
Roots present in tank:	☐ yes ☑ no	If yes, describe:	
Evidence of infiltration:	☐ yes ☑ no	If yes, describe:	
Evidence of exfiltration:	☐ yes ☑ no	If yes, describe:	

Structural integrity (Check all that apply): ☐ No problems noted ☐ Exposed reinforcement ☐ Corrosion ☐ Cracks ☐ Deformation ☐ Other:

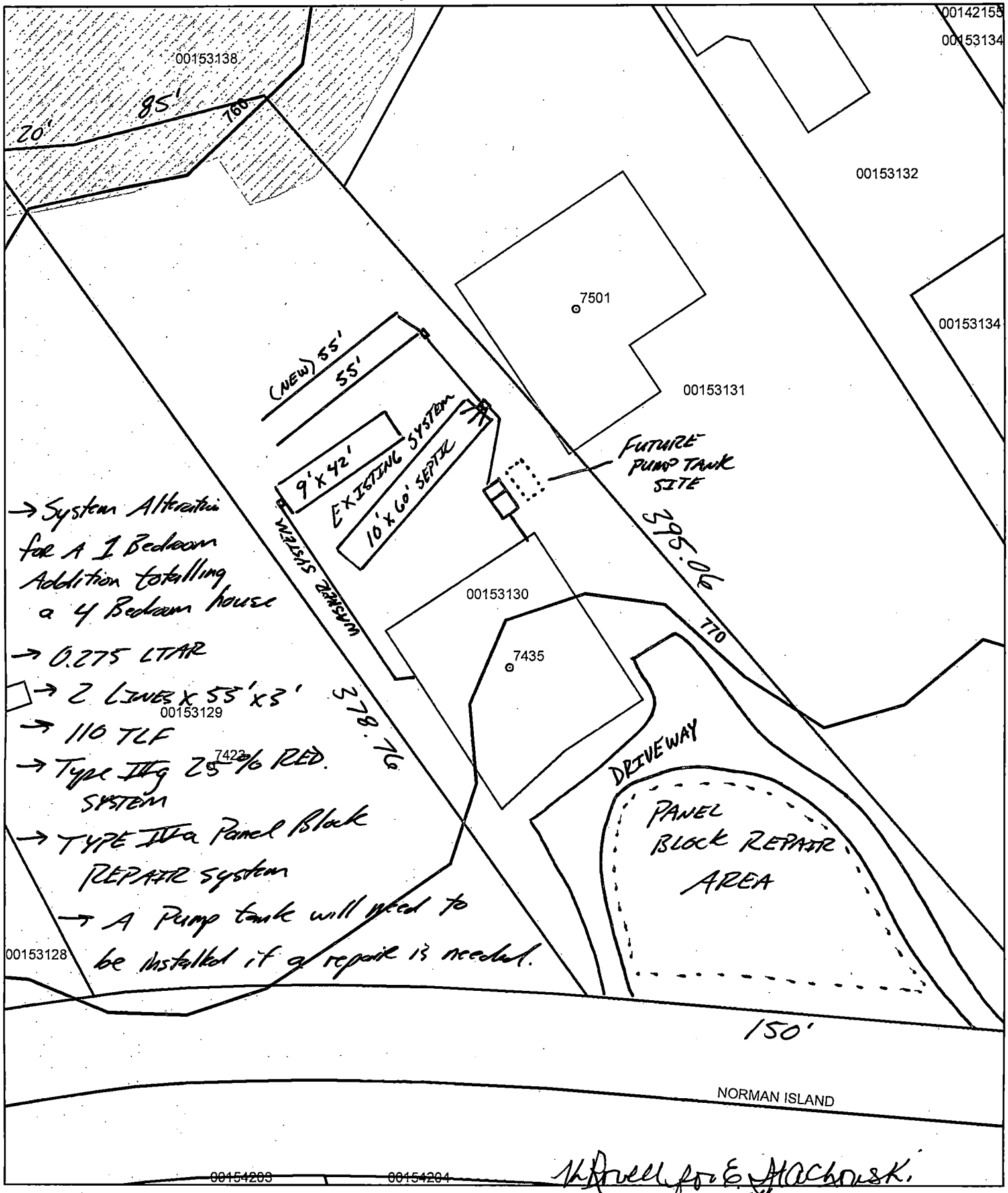
Date tank was last pumped ≈ 2008 ☐ unknown

Percent of liquid depth occupied by solids (sludge plus scum) measured in tank 20 %

This septic tank was or ~~was not~~ opened on the inlet and outlet side access ports to examine the condition of the interior of the septic tank and access lids. The effluent is then examined by an instrument to determine by cross section the amount of sludge and scum in the septic tank. The sludge and scum are measured and together make up the solid portion of the tank. If the solids make up more than 33% of the liquid capacity of the septic tank, the tank should be pumped

FILE # 9556
PARCEL # 001-531-30
PERMIT # 5639

7435 NORMAN ISLAND DRIVE



1" = 40'

Map Created By: JEREMY MICHELONE, REHS
Map Created On: 6/12/12

6/13/12

0 15 30 60 Feet

3. System includes a dosing tank: ☐ yes (complete this section) ☑ no

NA Approximate depth from surface to top of tank _____ inches

Access risers: ☐ yes ☐ no If no, explain: _____

Structural integrity (Check all that apply): ☐ No problems noted ☐ Exposed reinforcement ☐ Corrosion ☐ Cracks ☐ Deformation ☐ Other: _____

NA 4. Dosing device: ☐ pump ☐ siphon

5. Control panel: ☐ yes ☐ no If no, explain: _____

NA Panel integrity (Check all that apply): ☐ No problems noted ☐ Melted wires ☐ Corrosion ☐ Cracks ☐ Leakage ☐ No conduit seal ☐ Other: _____

Panel working: ☐ yes ☐ no If no, explain: _____

Pump or siphon working ☐ yes ☐ no If no, explain: _____

☐ Unable to operate pump due to lack of electricity at site at time of inspection

6. System requires an NC Certified Subsurface Operator per Rule .1961: ☐ yes ☑ no

If yes, Operator Name _____ Cert. #: _____ Phone _____

Copy of most recent operator report attached ☐ yes ☐ no

7. Type of drainfield: ☐ Trench ☑ Bed & ☑ Other: Washing Machine water Bed (9'X42' 17" Stone)

Nature of media: Stone

Type of distribution: ☑ Gravity ☐ Pressure-dosed gravity ☐ Pressure – LPP ☐ Pressure – Drip ☐ Other: _____

Evidence of past or current surfacing at time of inspection: ☐ yes ☑ no If yes, describe: _____

Large trees or other vegetation noted over or near drainfield area: ☑ yes ☐ no If yes, describe: Large Oaks - Roots not too bad in Field Area

Encroachments: ☐ yes ☑ no If yes, describe: _____

Evidence of traffic over drainfield: ☐ yes ☑ no If yes, describe: _____

Designated repair/reserve area free of encroachments: If no, describe: OK

8. Advanced pretreatment: ☐ yes ☑ no If yes, describe: _____

Functioning in accordance with manufacturer specifications: ☐ yes ☐ no ☐ Not determined. If no, explain: _____

Functioning in accordance with permit requirements: ☐ yes ☐ no ☐ Not determined. If no, explain: _____

9. Other components not covered above: Corroded Tee was replaced with a 3" PVC outlet Tee.

10. Proper surface and subsurface water diversion over and around system components: ☑ yes ☐ no If no explain: _____

11. Other pertinent facts noted during inspection (attach additional sheets as needed): Septic system is functioning as designed. There are (2) systems, a 1500 gal Tank and 10'X60' Bed installed in 1975 for a 2 Bedroom then in 1979 a Seperate washing machine water system was installed to give the home a 3-Bedroom system - Roots had to be cut out to access the outlet Lid.

Inspector Name: Russell B. Williams Certification #: 3137-I

Address: 4711 Rocking Horse Dr. Maiden, NC 28650

Phone: 980-429-1580

Inspector Signature: Russell B Williams Date: 6-2-12

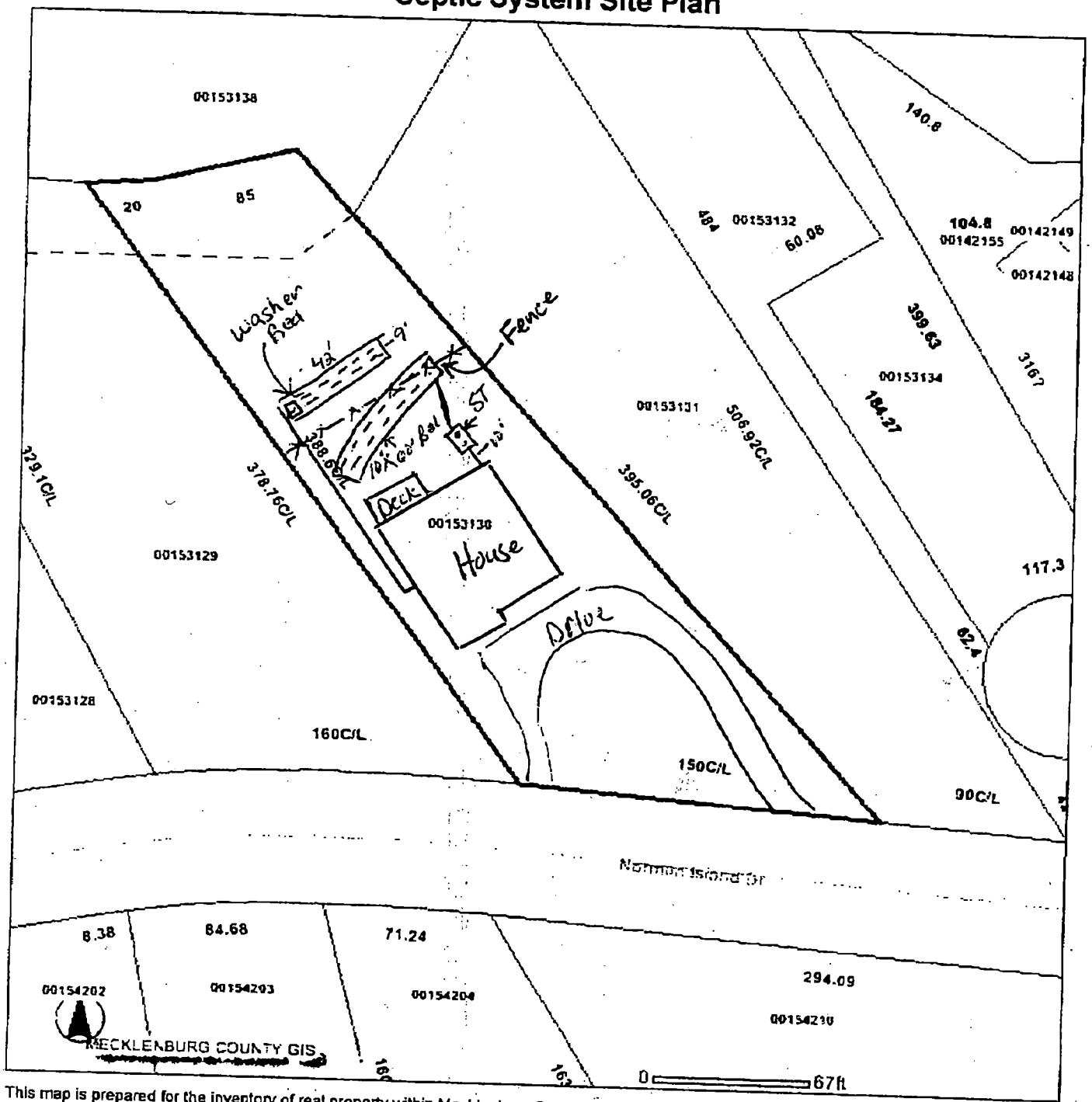
Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Sat Jun 2 12:53:50 EDT 2012

Septic System Site Plan



This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

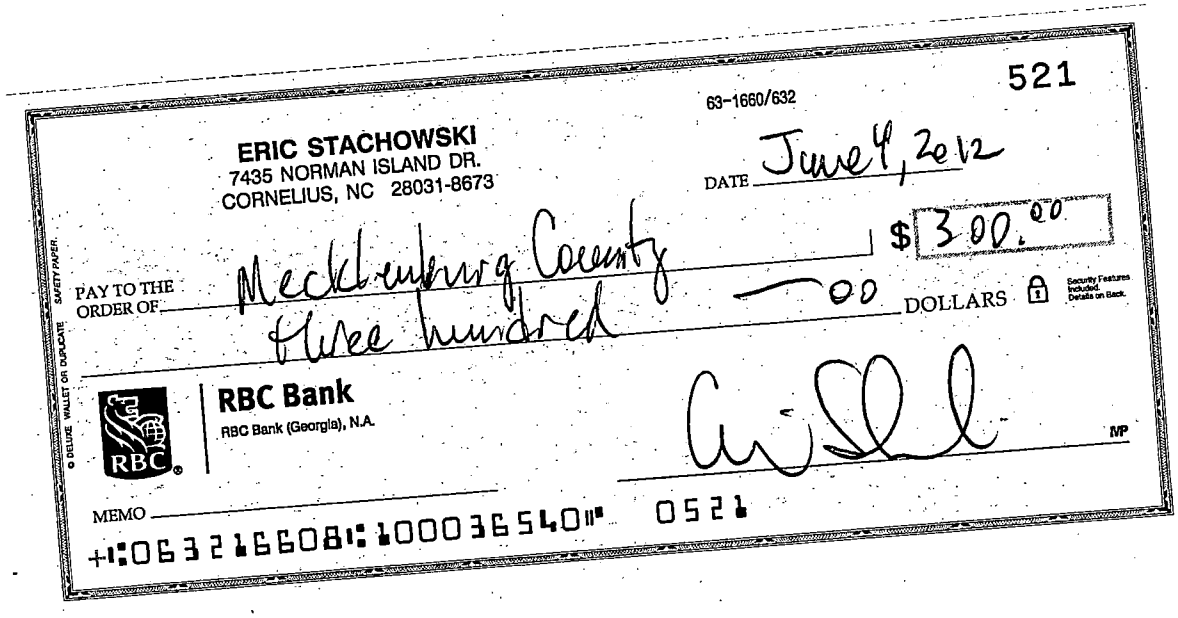
Receipt Information

Date:	06/04/12	**Amount:**	300.00
Receipt #:	78498	**Tendered:**	300.00
Check / Auth #:	CHECK 521	**Returned:**	0.00
Received By:	MULLIVR		

Account Information

Account #: 200000
Contractor: STACHOWSKI
Attn: ERIC
Address: 7435 NORMAN ISLAND DR
Address:
City/State/Zip: CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
0706	MH Exc/Add/Repl w/System Mod PN 00153130//7435 NORMAN ISLAND DR		1	300.00	300.00



----------Outstanding Balances----------

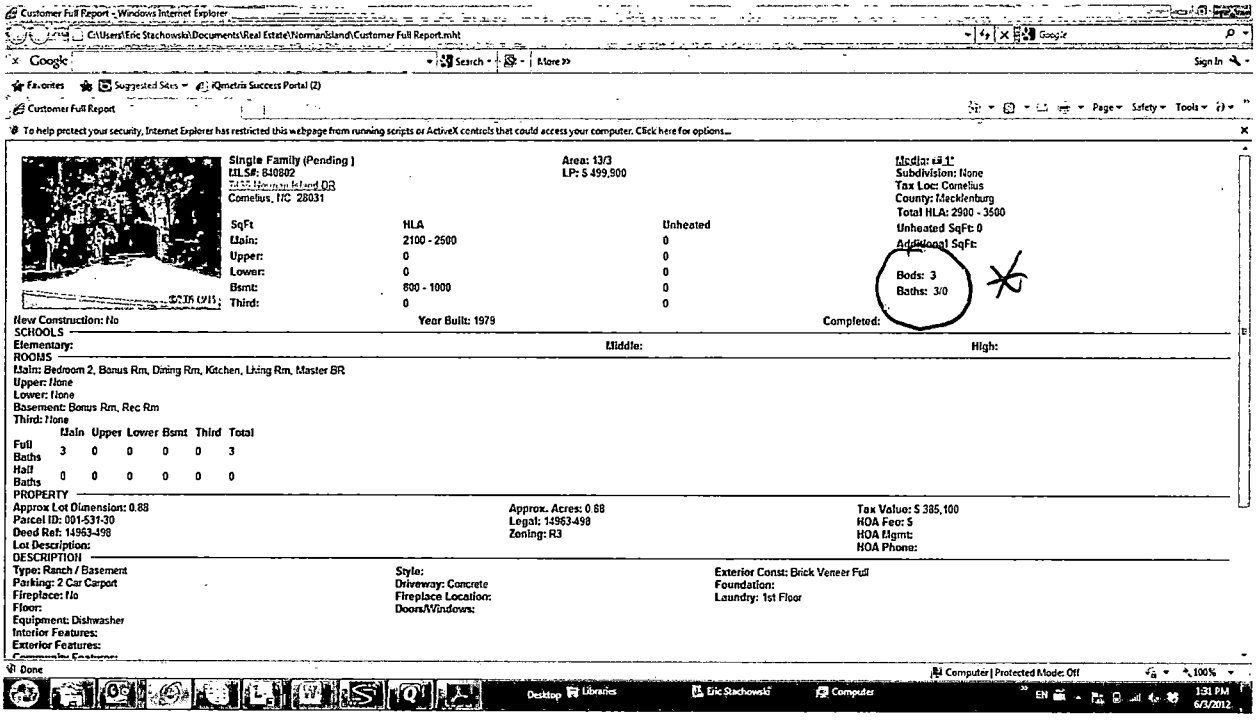
Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

STACHOWSKI - 7435 NORMAN ISLAND DRIVE
CORNELIUS NC 28031

Chronological Summary

May, 2009:

- Purchased as foreclosure property from Washington Mutual for $500,000. Selling agent and MLS represented the home as 3 bedroom and 3 bathroom (as per MLS listing, copy below)



Customer Full Report - Windows Internet Explorer

C:\Users\Eric Stachowski\Documents\Real Estate\NormanIsland\Customer Full Report.mht

To help protect your security, Internet Explorer has restricted this webpage from running scripts or ActiveX controls that could access your computer. Click here for options...

Single Family (Pending)
MLS#: 840802
7435 Norman Island DR
Cornelius, NC 28031

Area: 13/3
LP: $ 499,900

Media: 11
Subdivision: None
Tax Loc: Cornelius
County: Mecklenburg
Total HLA: 2900 - 3500
Unheated SqFt: 0
Additional SqFt:

Bods: 3
Baths: 3/0

SqFt	HLA	Unheated
Main:	2100 - 2500	0
Upper:	0	0
Lower:	0	0
Bsmt:	800 - 1000	0
Third:	0	0

New Construction: No
Year Built: 1979
Completed:

SCHOOLS
Elementary:
Middle:
High:

ROOMS
Main: Bedroom 2, Bonus Rm, Dining Rm, Kitchen, Living Rm, Master BR
Upper: None
Lower: None
Basement: Bonus Rm, Rec Rm
Third: None

	Main	Upper	Lower	Bsmt	Third	Total
Full Baths	3	0	0	0	0	3
Half Baths	0	0	0	0	0	0

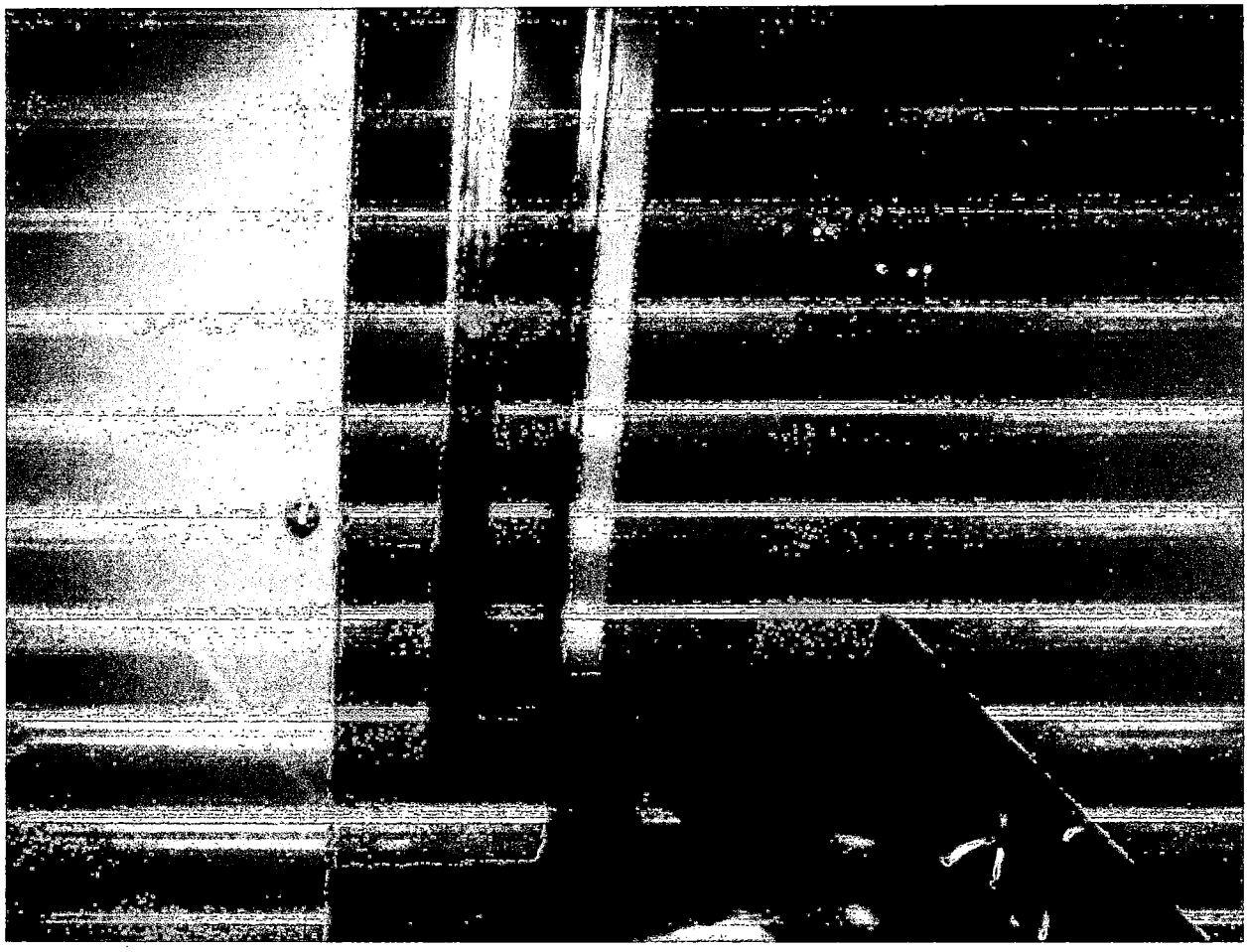
PROPERTY
Approx Lot Dimension: 0.88
Parcel ID: 001-531-30
Deed Ref: 14963-498
Lot Description:
Approx. Acres: 0.88
Legal: 14963-498
Zoning: R3
Tax Value: $ 385,100
HOA Fee: $
HOA Mgmt:
HOA Phone:

DESCRIPTION
Type: Ranch / Basement
Parking: 2 Car Carport
Fireplace: No
Floor:
Equipment: Dishwasher
Interior Features:
Exterior Features:
Style:
Driveway: Concrete
Fireplace Location:
Doors/Windows:
Exterior Const: Brick Veneer Full
Foundation:
Laundry: 1st Floor

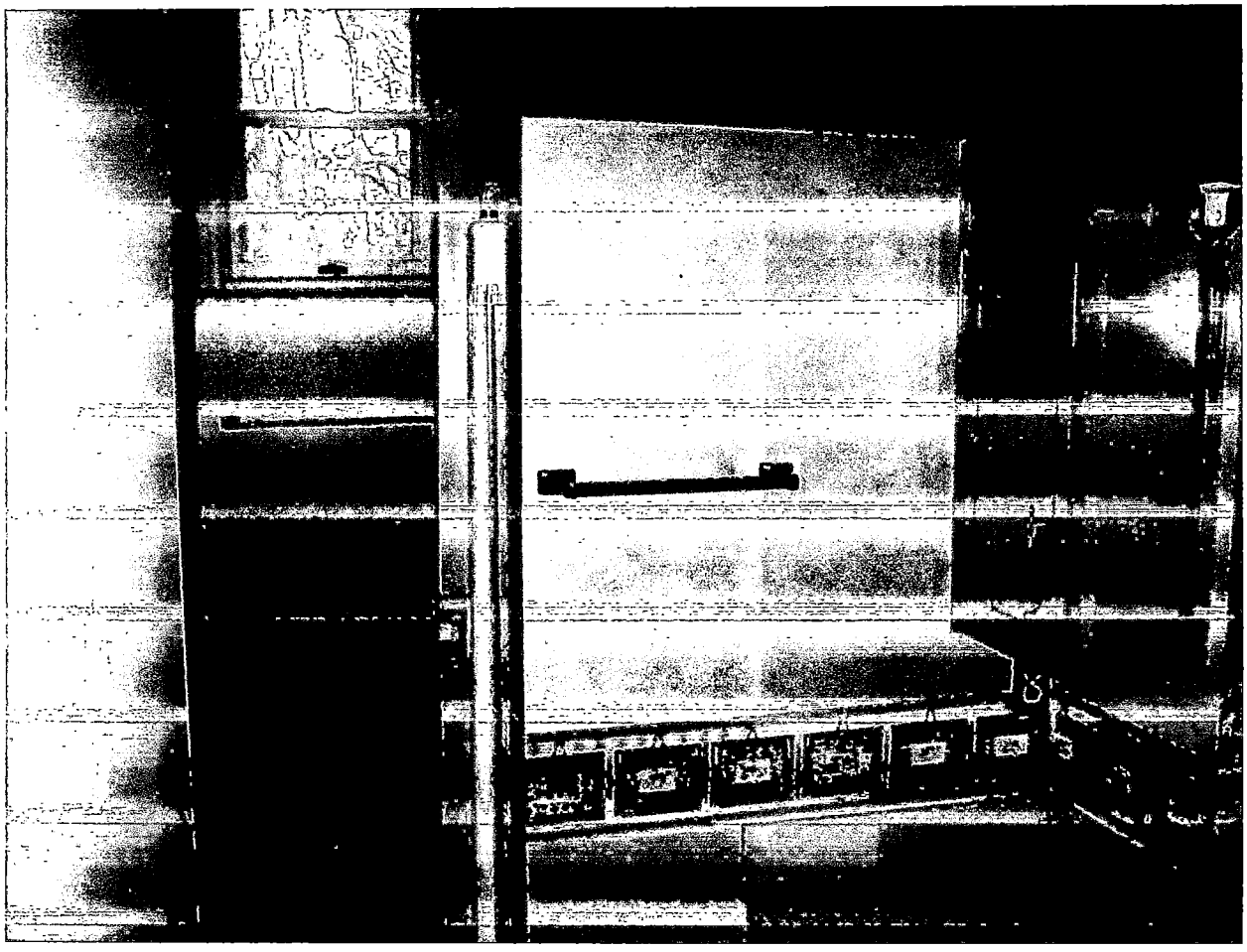
Done
Computer | Protected Mode: Off
100%
1:31 PM
6/3/2012

- Pulled a building permit from Mecklenburg County local office after Town of Cornelius approved the application. The permit was for an interior upfit, and clearly stated that we were starting the upfit from a 3 bedroom / 3 bathroom home. The pictures below are of the existing bathrooms before we started the upfit work:

Master Bath:



Bath 2 (close to where the pink bathroom is today)



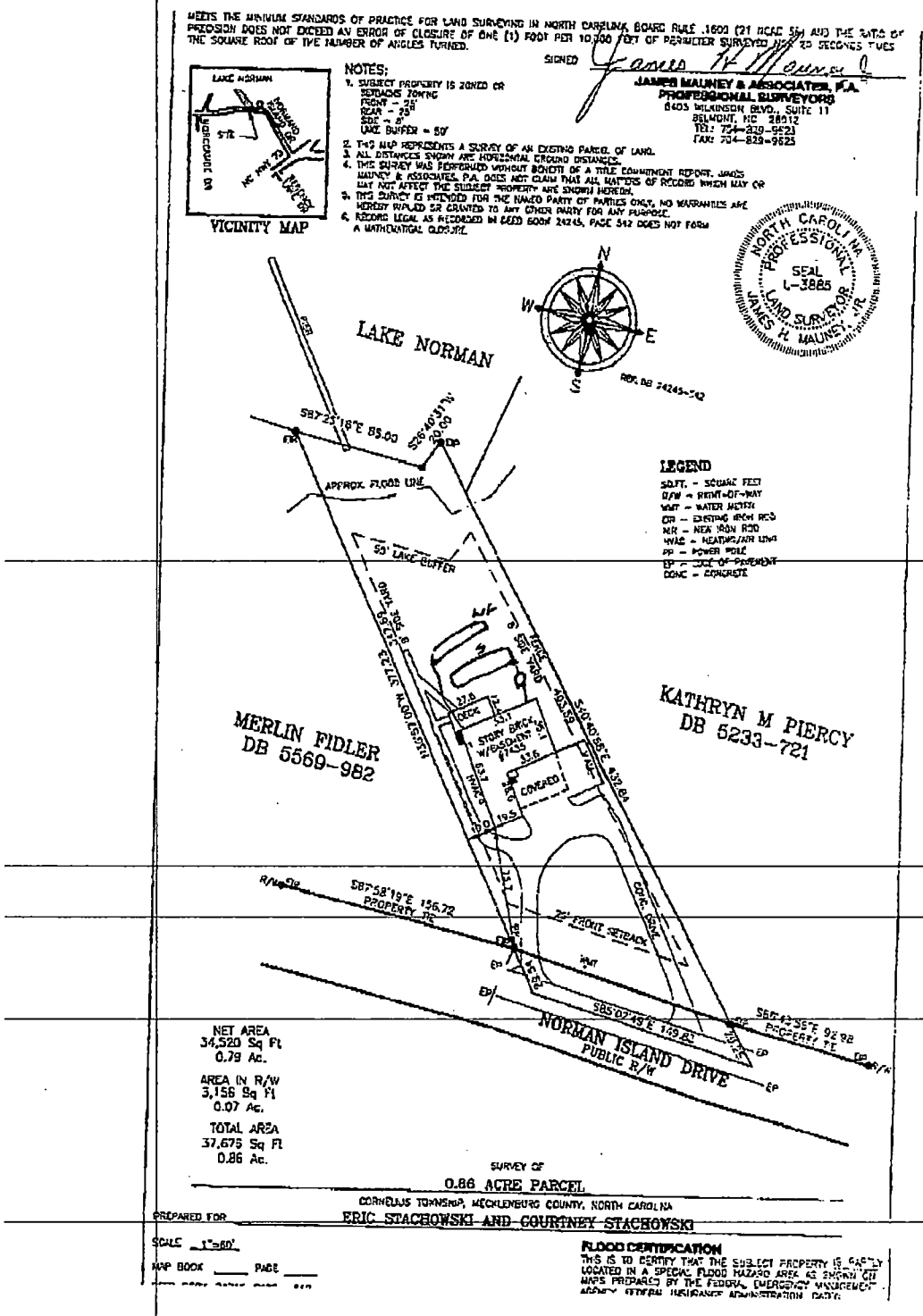
Bath 3 (close to where green bathroom is today):



- In addition, we did add a half bath off the hallway at the same time as all other upstairs upfit work was performed, and it was inspected with all of the other work at the same time, and approved/past inspection.

- As part of the Permit approval process initially, we did have a site inspection performed by the Land Use inspectors and that approval was integral to approving the building Permit. Here is a copy of the site inspection drawing done by the Land Use inspectors at the time (faxed from the Meck County permit office) showing the septic system they approved:

MAY-27-2009 09:07 MECKLENBURG CO GIS 704 336 6894 P.01/01



TOTAL P.01

- We coordinated the upfit work ourselves using various trusted subtrades, including:
  - Rick Ryan for interior framing, rough in, roofing etc

    - Crowell Brothers Plumbing: NC licence #14165 for all plumbing
    - BWG Electric (Mark) NC licence #27219
- All work was done to code, and all main floor work including the upfit of the 3 existing bathrooms and the new half bath was done at the same time and inspected at the same time. Final inspections passed sometime in October 2009 and an occupancy permit was issued at the same time. We moved in shortly thereafter.

January, 2010:

- We decided to add a bathroom in the basement, and walled in some new space that today functions as a guest bedroom and closet. I elected to do the work without pulling a building permit first, as I wanted the space finished before my family came to visit us in mid January and felt that the permitting process would have only delayed the project timelines, and I started it late. This was obviously not the best choice, but I really did not think there would be any issues. I had the septic tank pumped out in early January, and the company who pumped it out did mention to me that the tank was quite large for a home our size, so I knew there would not be any issue with the tank being able to accommodate another bathroom that was only used on rare occasions anyways.
- Crowell Brothers (same plumbers as we used upstairs) did the macerating pump installation and drain line tie ins. I used Kevin to do some of the other plumbing rough in work, framing and new electrical as well. (Kevin was a licenced contractor in Michigan, but had not yet gotten his NC licence because he had recently moved here and was working elsewhere full time). All work performed in the basement was done to building code standards as well.

While I understand the lack of obtaining a permit for the basement work was in hindsight a poor choice, I was never made aware that the house was showing in the permit history records as only having 2 bathrooms. This never came up when we bought the house, when we pulled a permit for the main floor upfit work, or during any inspections or appraisals. Surely the County will correct their records to reflect this. As far as getting the new bathroom permitted downstairs after the fact, I will help get this corrected by discussing this with whomever I need to at the County offices. In the meantime, since owning the own, the County has re-evaluated the value of the home by more than DOUBLING it's tax value. The County has now put a $911,000 tax value on this property, so they have more than caught up for any property taxes they feel they might have been able to assess because of the addition of the 4th bathroom downstairs. Formally changing the tax records to show this is a 4 bed/4.5 bath home now should have no further affect on the tax value. In fact the current tax value is overstated, and my appeal to the tax assessor's office to have it revalued lower has yet to be heard.

C of A (s) No. 9556

Date Issued 11-12-80 Serial 4131 T C No 001-036-12

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Clontch James Pat
LAST FIRST MIDDLE

Location of Property 4326 Normal Shine Drive

Application Number

Permit Number

Inspection Data:

Liquid Capacity of Tank

Total Length of Drain Tile 120'

Depth of Filter Material 30"

Water Supply Source City water

Excavation Inspected DATE

Nitrification Field Inspected DATE

Washing Machine Line Inspected, If Applicable 11-12-80 DATE

Tank Material

Number of Lines 2

Cover Depth 12 - 24"

Distance from Water Source

Tank Inspected DATE

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been installed or constructed. ✓ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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

Environmentalist

EHD-5-76

Environmental Health Department's Copy

Date Issued 11-7-80

Serial No. 4359

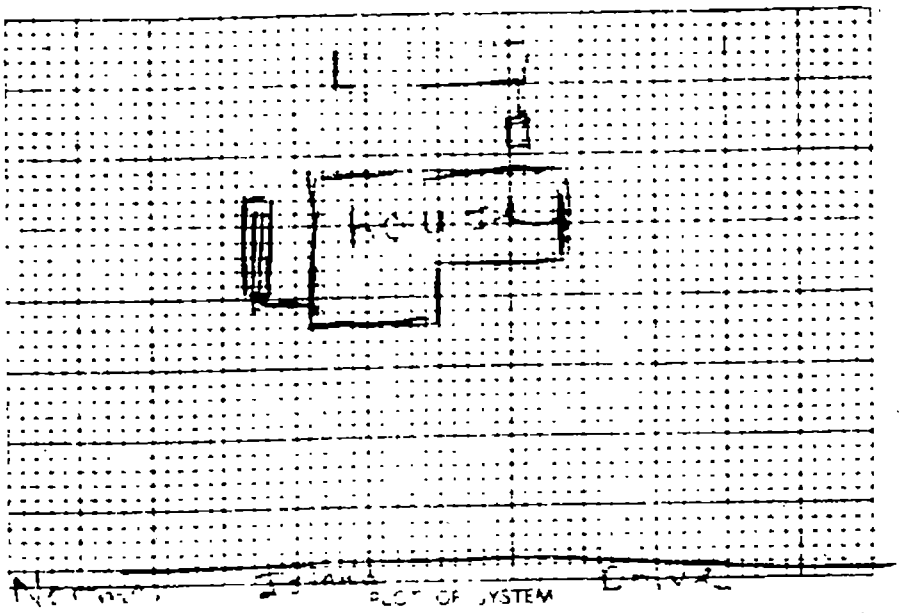
ICAR(S) Permit No. 9556

T C No. 001-036 12

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

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 application [illegible] dated [illegible] and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 12-7-80 after which date this permit shall be null and void.



Permeability Rate [illegible]

Liquid Capacity of Tank [illegible]

Tank Construction [illegible]

Absorption and/or Nitrification Lines

Total Line Length [illegible]

Number of Lines 2

Distance from House > 5'

Distance from Property Line > 5'

Distance from Well [illegible]

10' FROM HOUSE

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible] Sirus Drive

This system shall meet all construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that the system anticipated or constructed will operate properly or relieve any person now or hereafter owning or controlling or using such system from liability resulting from the failure of the system to operate properly.

Comments [illegible]

[illegible]
Environmentalist

System Section Head

* 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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

Environmental Health Department's Copy

Date Received 11/5/80

ICAR(S) Application No. 9556

T. C. No. 061-036-12

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to

1) Install or Construct 2 Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption effluent discharge

Mobile Home Yes X No

Insurance X Yes No

No. of Bedrooms 2

Public Water Main

Employee

Animal Wastes X Yes No

Sump Pump X Yes No

Basement X Yes No

Water Use

Automatic Timer

Governmental System X

Private System

Well Use

Water Softener

Sewage System

Yes X No

feet at

Yes X No

Swimming Pool

Any Other

3 PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER [illegible] (LAST) (FIRST) (MIDDLE)

14) ADDRESS OF OWNER 7635 JORDAN ISLAND DRIVE HUNTERSVILLE, N. C.

15) PHONE NO Home [illegible] Office

16) LOCATION OF SYSTEM NORTH ON HWY 27 EXIT HWY 73 TURN LEFT TO FRIENDLY (STREET OR COUNTY ROAD) TURN RIGHT. IN WOODS APT.

17 SUBDIVISION Lot No Block No

Map Book No Page No

18 DEED REFERENCE - DEED BOOK AT PAGE

19 HAS A SOIL INVESTIGATION BEEN RUN? YES NO DATE RUN 6-13-75

20 PTR NUMBER (See Instructions) 9556

The undersigned person hereby agrees that he has read the foregoing application and that the contents thereof are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true

11/5/80
DATE OF APPLICATION

[signature]
OWNER OR AGENT

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Received 6/11/75

MECK COUNTY HEALTH DEPT.
RECEIVED
JUN 1975

APT No. 9556

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER CLAXTON (LAST) JANELL (FIRST) PATEN (MIDDLE)

2) ADDRESS OF OWNER 3825 SUDBURY RD CHARLOTTE, N. C ZIP 28205

3) PHONE NO. Home 537 1966 Office (WIFE) 332 6801

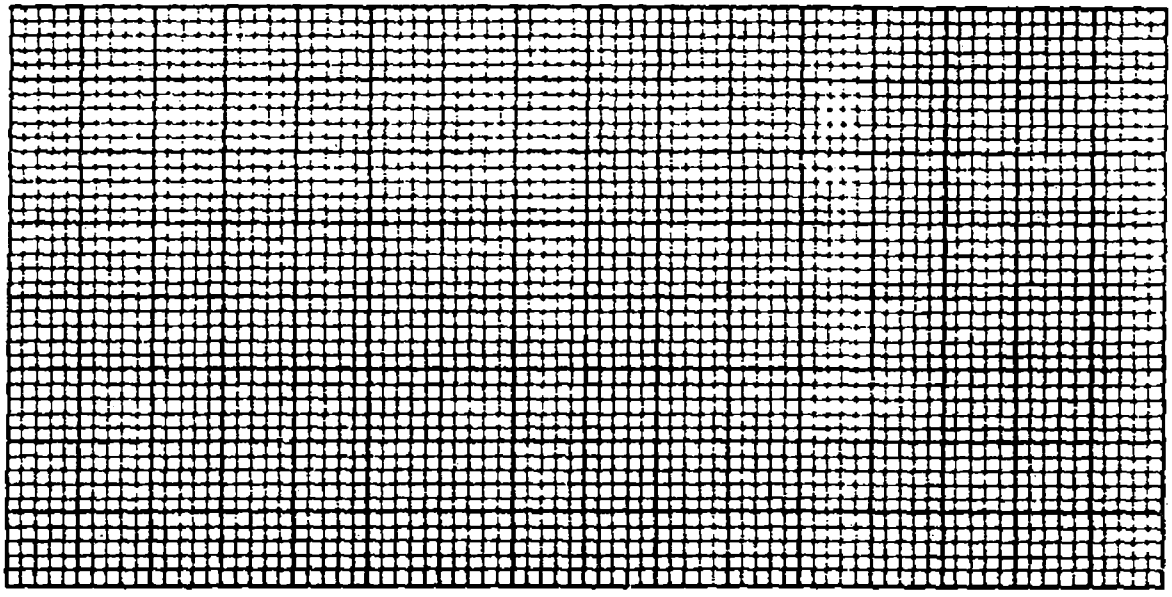
4) LOCATION OF PROPERTY LOT # 9 NORMAN RD JUST BEFORE NORMAN ISLAND (SEE LETTER (STREET OR COUNTY ROAD) DATED 6/2/75)

5) SUBDIVISION FIDDLER ESTATE LOT NO. 9 BLOCK NO.

MAP BOOK NO. 701 PAGE NO. 235

6) DEED REFERENCE DEED BOOK 3759 PAGE NO. 0318

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge.



7) ACCURATELY DIAGRAM & DIMENSION LOT

OWNER J R Clayton + Lily Clayton

FORM NO. E-1-8-1-72

HEALTH DEPARTMENT'S COPY

SOIL INVESTIGATION REPORT

Date of Investigation June 13, 1975 APT NO. 9556

Owner Jamell Paten Claxton

Location of Property lot no. 9 Taxlode No. 001-036-12

Soil Suitability Ratings

Soil Properties	Soil 1	Soil 2	Soil 3	Soil 4
1. Soil Series	Cecil			
2. Soil Slope	Suitable 2-6%			
3. Soil Depth	Suitable >48"			
4. Soil Texture	marginal clayey			
5. Soil Structure	marginal SubK			
6. Restrictive Horizons	N.A.			
7. Soil Drainage	Suitable W.T>6'			
8. Soil Permeability (Percolation Rate)	marginal 60min/in			
9. Other	N.A.			
10. Overall Rating	marginal			

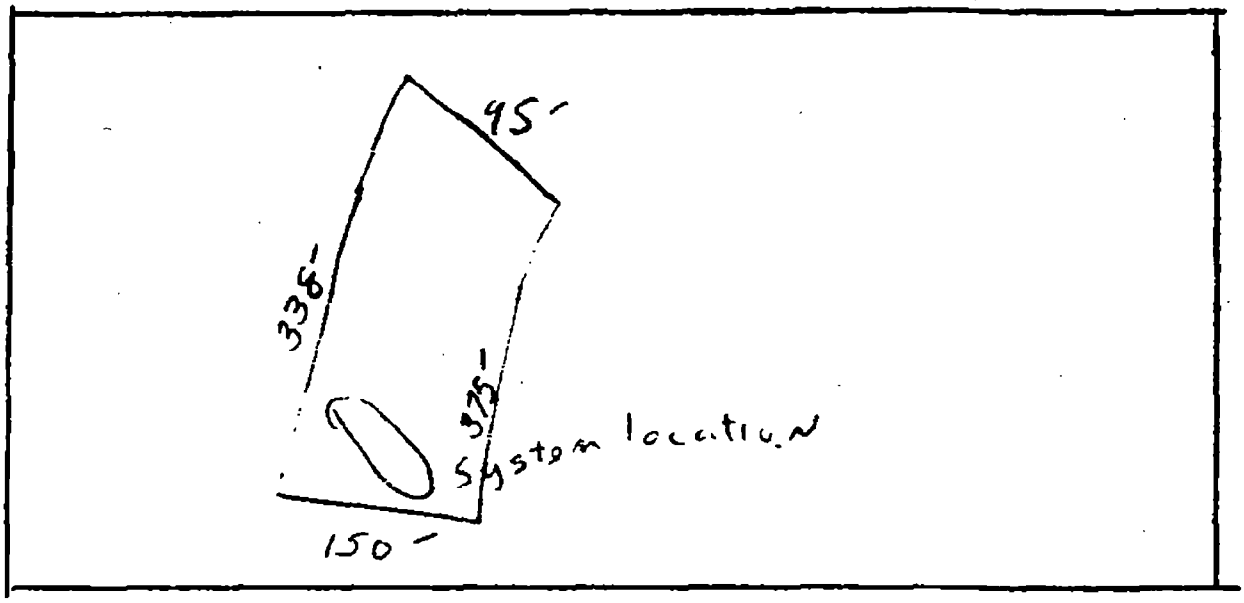
Recommendations Based on this investigation, the lot is recommended for approval for installation of a septic tank system. System design should be based on a percolation rate of 60 min/in.

See diagram on back

W. Edward Casement
Soil Scientist

3/18/75
EHD 539

DIAGRAM OF PROPERTY



3/18/75

RMD 539

Serial No. 5382

PTR No. 9556

T C No. 001-036-12

Date Issued June 13, 1975

Map Date 8

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

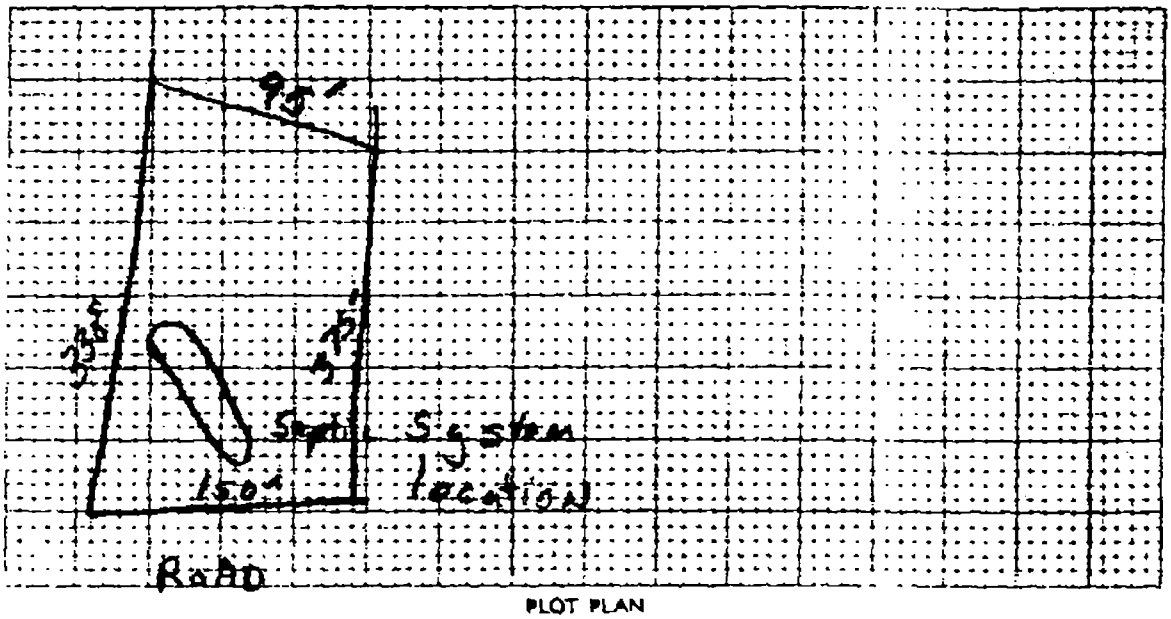
PERCOLATION TEST REPORT

NAME OF OWNER Claxton (LAST) Jamell (FIRST) P. (MIDDLE)

ADDRESS OF OWNER 3825 Sudbury Road, Charlotte, N. C. ZIP 28205

LOCATION OF PROPERTY Norman Road (STREET OR COUNTY ROAD)

SUBDIVISION Fiddler Estates LOT NO 9 BLOCK NO



PLOT PLAN

This is to certify that a percolation test has been run and an on-site inspection made by the Mecklenburg County Health Department on the lot described above. The said test was conducted on that portion of the lot as indicated on above plot.

The percolation rate determined by the test was *60Min./In. The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface soil absorption effluent discharge subject to the following terms and conditions:

1. A permit to install, construct, alter, or repair the specific system shall be obtained from the Mecklenburg County Health Department prior to the beginning of any construction of buildings, or of the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater treatment system which must be installed will be determined by the Health Department prior to installation based on the percolation rate obtained above, and on the size and type of building constructed thereon.
3. This approval is valid only if the system is installed in the immediate area where the percolation test was run.
4. This approval is void if any grading, filling, or construction (including the drilling of a well) is performed on the lot which in the opinion of the Health Department, renders the area where the percolation test was run unsuitable for the installation, construction, alteration, and/or repair of such a system.

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina State Board of Health and the Mecklenburg County Board of Health which were in effect on the date of issuance and is void if at any time in the future, prior to the completion of the system, these laws, rules, and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

*Results determined by soil analysis

W. Edward Caverett Soil Scientist

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-2-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received 6/23/75

MEC COUNTY HEALTH DEPT. 1975

ICAR(S) Application No. 9556

T C No. 001 03\c 12

Map Date

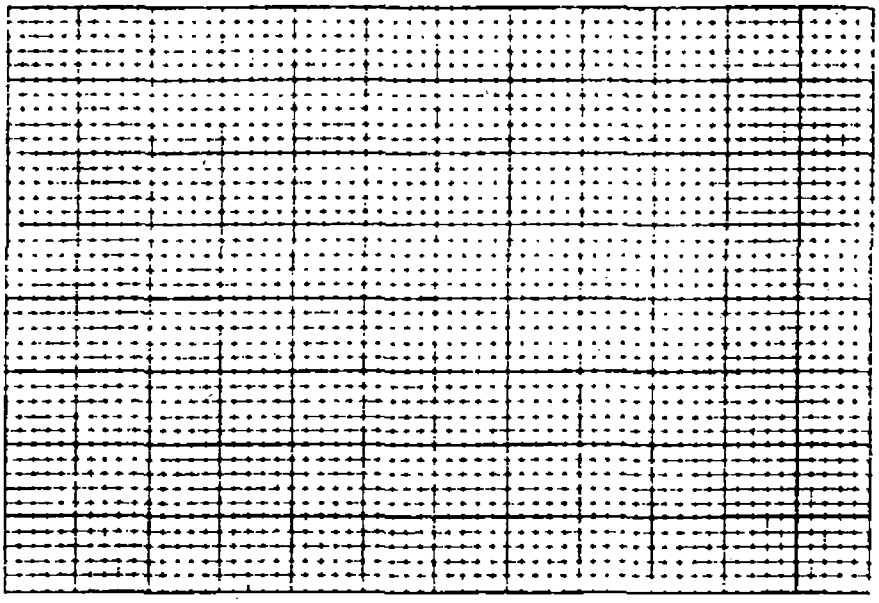
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to

1) ___ Install or Construct 2) ___ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No of Bedrooms 2

5) Business Use — Max No Employees ___

6) Washing Machine X Yes ___ No

7) Garbage Disposal X Yes ___ No

8) Dishwasher X Yes ___ No

9) Water Supply:
- A) Individual Well ___
- B) Governmental System ___
- C) Community System:
  - 1 Well source ___
  - 2 Governmental source X

10) Sewage System:
House located within 200 feet of public sewer ___ Yes X No
House located within 200 feet of community sewer ___ Yes X No

11) FHA Case No. ___

12) VA Case No ___

13) NAME OF OWNER CLAXTON (LAST) JAMELL (FIRST) PATEN (MIDDLE)

14) ADDRESS OF OWNER 3825 SUDBURY RD CHARLOTTE, N. C 28205

15) PHONE NO Home 537 1966 Office MRS CLAXTON 332 6801

16) LOCATION OF SYSTEM NORMAN RD. ROUTE # 2 HUNTERSVILLE, N. C (STREET OR COUNTY ROAD)

17) SUBDIVISION FIDDLER ESTATE Lot No. 9 Block No. ___

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK 3759 AT PAGE 318

19) HAS A PERCOLATION TEST BEEN RUN? ___ YES ___ NO DATE RUN 6/13/75

20) PTR NUMBER (See Instructions) 9556

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

JUNE 23/75
DATE OF APPLICATION

J Claxton + Wife
OWNER

FORM NO. E-4-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued June 24, 1975

Serial No. 5067

IMPROVEMENTS PERMIT

LA No. 9556

T C No 001-036-12

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

TO THE BUILDING INSPECTION DEPARTMENT

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

NAME OF OWNER Claxton (LAST) Jamell (FIRST) P. (MIDDLE)

ADDRESS OF OWNER 3825 Sudbury Road, Charlotte, N. C. ZIP 28205

LOCATION OF LOT Norman Road (STREET OR COUNTY ROAD)

SUBDIVISION Fiddler Estate LOT NO 9 BLOCK NO

MAP BOOK NO PAGE NO

The above specified lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the percolation test results which yielded a percolation rate of 60Min./In. on an on-site inspection of the said lot, and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 9556. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered, and/or repaired in the same area where the percolation test was run.
2. That an Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same.

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

Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. [illegible]

ICAR(S) Permit No. 2556

Date Issued [illegible]

T C No CC1-036-12

Map Date

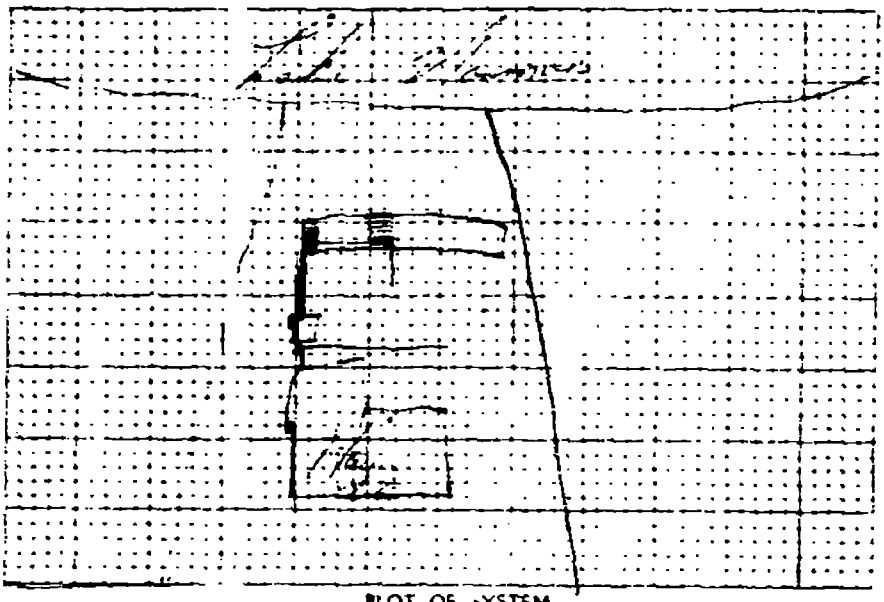
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to [illegible] 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 application 2556, dated [illegible] and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before [illegible], after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate CC

Liquid Capacity of Tank 1500

Tank Construction C

Absorption and/or Nitrification Lines

Total Line Lenght 4 [illegible] 150 [illegible]

Number of Lines 6 [illegible]

Distance from House 12'

Distance from Property Line 10'

Distance from Well [illegible]

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used

Comments [illegible]

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 section head of the Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

REV. 5-1-72 E-5-5-1-72

[illegible] OF ACCURATE COPY

Serial No. 8506

C of A (s) No. 9556

Date Issued 9-14-72

T C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner _____ (LAST) _____ (FIRST) _____ (MIDDLE)

Location of Property _____

Application Number _____ Permit Number _____

Inspection Data:

Liquid Capacity of Tank _____ Tank Material _____

Total Length of Drain Tile _____ Number of Lines _____

Depth of Filter Material _____ Cover Depth _____

Water Supply Source _____ Distance from Water Source _____

Excavation Inspected _____ (DATE) Tank Inspected _____ (DATE)

Nitrification Field Inspected _____ (DATE)

Washing Machine Line Inspected, If Applicable _____ (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been installed or constructed, altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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 _____

_____

_____

_____

_____

_____
Environmentalist

FORM NO E-6-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received 2/28/79

ICAR(S) Application No. 9556

T. C. No. 001-036-12

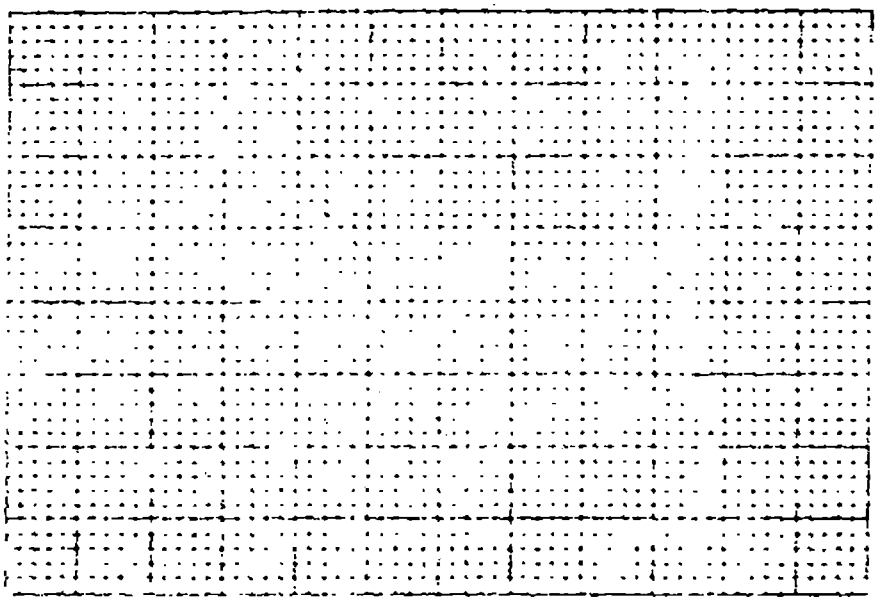
Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to: USE existing system

1) Install or Construct 2) Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ___Yes ___No
Residence ✓Yes ___No
4) No. of Bedrooms 2
5) Business Use Max No Employees
6) Washing Machine ✓Yes ___No
7) Garbage Disposal ✓Yes ___No
8) Dishwasher ✓Yes ___No
9) Water Supply
A Individual well
B Government system City water
C Community system
1 Well source
2 Government source
10) Sewage System
House located within 200 feet of public sewer ___Yes ✓No
House located within 200 feet of community sewer ___Yes ✓No
11) FHA Case No
12) VA Case No

13) NAME OF OWNER Claxton, Jamell P.
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 3825 Hickory Grove Rd Chas. 28205

15) PHONE NO Home Office

16) LOCATION OF SYSTEM 7429 Norman Island Drive
STREET OR COUNTY ROAD

17) SUBDIVISION Lot No Block No.

Map Book No Page No.

18) DEED REFERENCE — DEED BOOK AT PAGE F-

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES NO DATE RUN 6/15/7[illegible]

20) PTR NUMBER (See Instructions) 9556

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

2/28/79
DATE OF APPLICATION

J. Claxton
OWNER

EHC-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Serial No. 2715

LA No. 9556

Date Issued March 1, 1979

T. C. No. 001-036-12

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

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

NAME OF OWNER Jewell P. Claxton
(LAST) (FIRST) (MIDDLE)

ADDRESS OF OWNER 7435 NOrman Island Drive ZIP

LOCATION OF LOT 7435 Norman Island Drive
(STREET OR COUNTY ROAD)

SUBDIVISION LOT NO BLOCK NO.

MAP BOOK NO. PAGE NO

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 9556 This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered and/or repaired in the same area where the soil investigation was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same.

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

Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Issued 3-1-79

Serial No. 2407

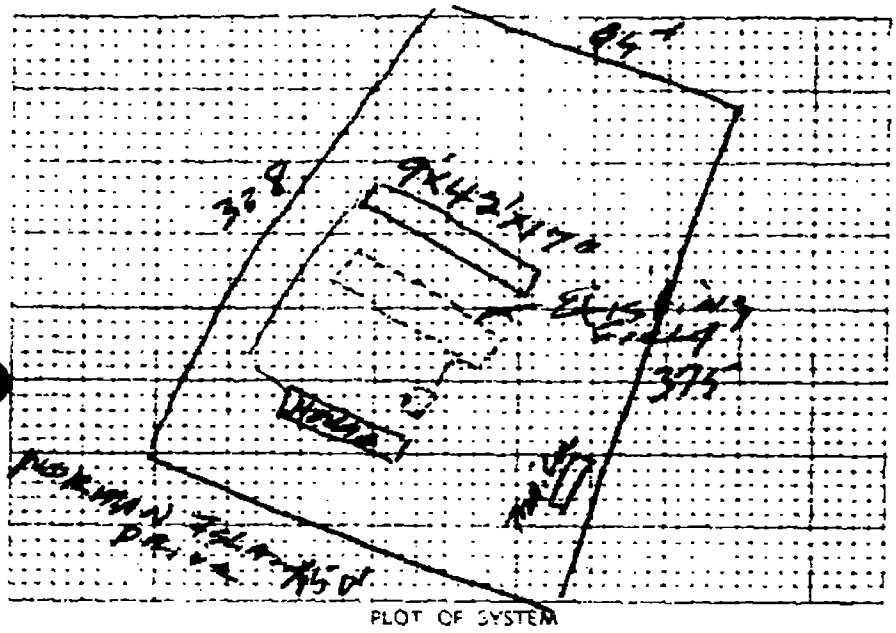
ICAR(S) Permit No. 9556

T C No 001-036-12

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

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 application 9556, dated 2-28-79 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 4-1-79, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P/S

Liquid Capacity of Tank Present

Type Construction P/C

Absorption and or Nitrification Lines

Total Line Length 125 +/-

Number of Lines 3

Distance from House 10'+

Distance from Property Line 10'+

Distance from Well [redacted]' City Water

NAME OF OWNER Jemell P. Claxton

LOCATION OF PROPERTY 7435 Norman Island Dr.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. **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.**

Washing machine

Field (9'x 42'x 17" stone)

Division or Section Head

Marshall Edwards
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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-S-76

Environmental Health Department's Copy

May-07-2009 10:03 AM LUESA North 1

FEE: 100.00 CK
DATE: 5/7/09 MW
CRT: 1

LD# 044857
GWS – UES.APP 06/07

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

FILE #: 9556

TYPE APPLICATION: 4185 JPM ☑ Upfit only / no addition

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

PERSON FILING APPLICATION:
NAME: Eric Stachowski
ADDRESS: 7435 Norman Island Drive
CITY: Cornelius
STATE: NC ZIP: 28031
PHONE: (704) 604-1388
ALTERNATE PHONE:

PROPERTY OWNER:
NAME: Eric Stachowski
ADDRESS: 7435 Norman Island Drive
CITY: Cornelius
STATE: NC ZIP: 28031
PHONE: (704) 604-1388
ALTERNATE PHONE:

JOB LOCATION INFORMATION
TAX/PARCEL #: ~~2427457~~ 001-531-30
STREET ADDRESS: 7435 Normanisland Drive
CITY: Cornelius
STATE: NC ZIP: 28031
SUBDIVISION OR MOBILE HOME PARK NAME: Normanisland
LOT #: 1979

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)

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 3

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 no addition

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ OTHER no addition

*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 — May 7 09 Date

*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.

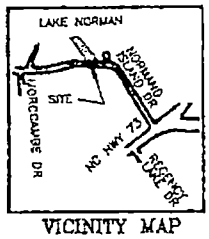
☐ ADDITION / RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE

Approval for inside upfit
Use existing System
Phil Walker REHS 5/12/09
EHS Signature Date

MEETS THE MINIMUM STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA, BOARD RULE .1600 (21 NCAC 56) AND THE RATIO OF PRECISION DOES NOT EXCEED AN ERROR OF CLOSURE OF ONE (1) FOOT PER 10,000 FEET OF PERIMETER SURVEYED WITH 20 SECONDS TIMES THE SQUARE ROOT OF THE NUMBER OF ANGLES TURNED.

SIGNED James H Mauney Jr

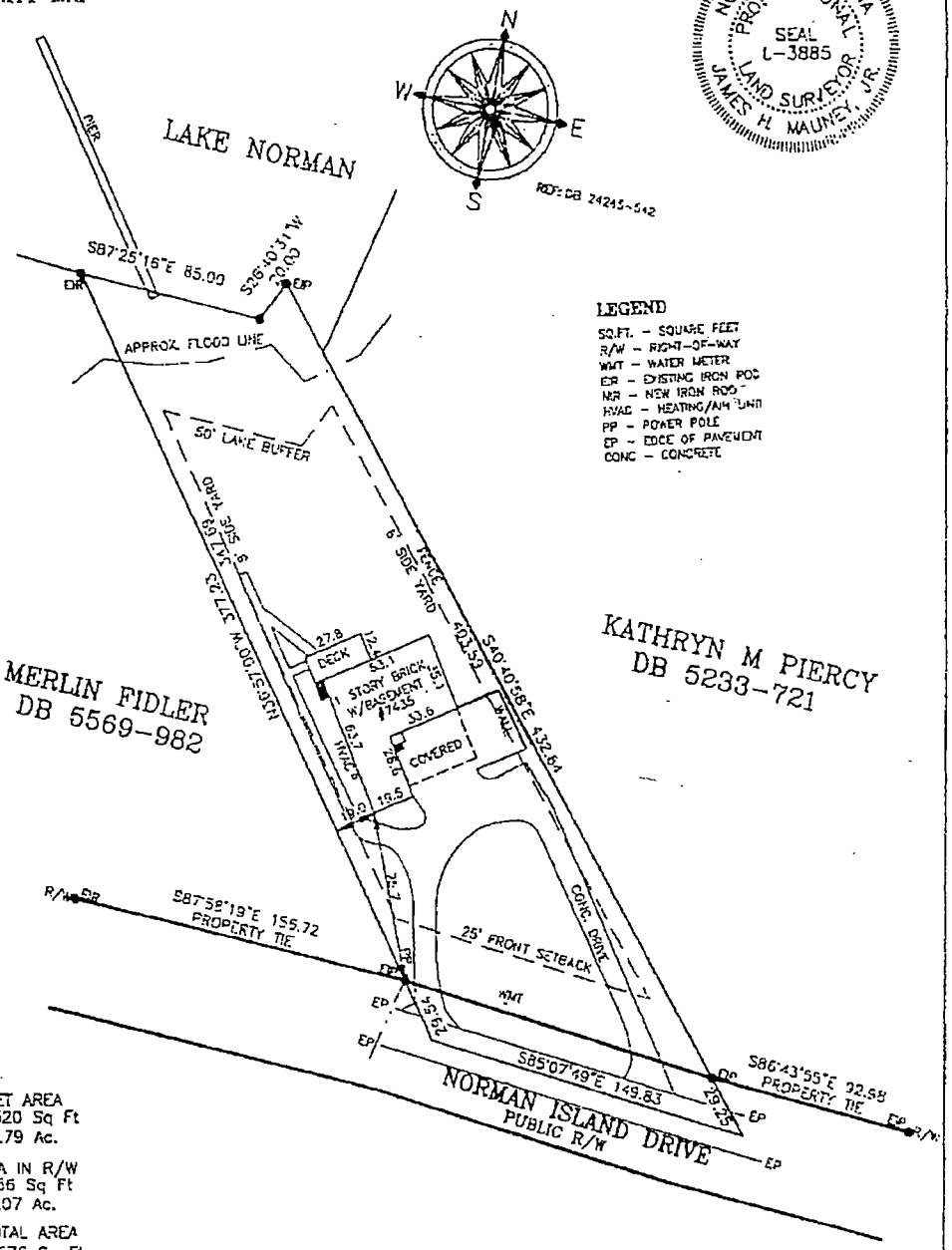
JAMES MAUNEY & ASSOCIATES, P.A.
PROFESSIONAL SURVEYORS
6405 WILKINSON BLVD., SUITE 11
BELMONT, NC 28012
TEL: 704-829-5623
FAX: 704-829-9625



VICINITY MAP

NOTES:
1. SUBJECT PROPERTY IS ZONED GR
SETBACKS TAKING
FRONT - 25'
REAR - 25'
SIDE - 8'
LAKE BUFFER - 50'
2. THIS MAP REPRESENTS A SURVEY OF AN EXISTING PARCEL OF LAND
3. ALL DISTANCES SHOWN ARE HORIZONTAL GROUND DISTANCES.
4. THIS SURVEY WAS PERFORMED WITHOUT BENEFIT OF A TITLE COMMITMENT REPORT. JAMES MAUNEY & ASSOCIATES, P.A. DOES NOT CLAIM THAT ALL MATTERS OF RECORD WHICH MAY OR MAY NOT AFFECT THE SUBJECT PROPERTY ARE SHOWN HEREON.
5. THIS SURVEY IS INTENDED FOR THE NAMED PARTY OF PARTIES ONLY. NO WARRANTIES ARE HEREBY IMPLIED OR GRANTED TO ANY OTHER PARTY FOR ANY PURPOSE.
6. RECORD LEGAL AS RECORDED IN DEED BOOK 24245, PAGE 542 DOES NOT FORM A MATHEMATICAL CLOSURE.

NORTH CAROLINA PROFESSIONAL SEAL L-3885 LAND SURVEYOR JAMES H. MAUNEY, JR.



LEGEND
SQ.FT. - SQUARE FEET
R/W - RIGHT-OF-WAY
WMT - WATER METER
EIR - EXISTING IRON ROD
NIR - NEW IRON ROD
HVAC - HEATING/AIR UNIT
PP - POWER POLE
EP - EDGE OF PAVEMENT
CONC - CONCRETE

NET AREA
34,520 Sq Ft
0.79 Ac.

AREA IN R/W
3,156 Sq Ft
0.07 Ac.

TOTAL AREA
37,676 Sq Ft
0.86 Ac.

SURVEY OF
0.86 ACRE PARCEL
CORNELIUS TOWNSHIP, MECKLENBURG COUNTY, NORTH CAROLINA

PREPARED FOR ERIC STACHOWSKI AND COURTNEY STACHOWSKI

SCALE 1"=60'

MAP BOOK _____ PAGE _____

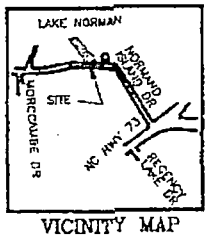
DEED BOOK 24245 PAGE 542

FLOOD CERTIFICATION
THIS IS TO CERTIFY THAT THE SUBJECT PROPERTY IS PARTLY LOCATED IN A SPECIAL FLOOD HAZARD AREA AS SHOWN ON MAPS PREPARED BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY, FEDERAL INSURANCE ADMINISTRATION, DATED

MEETS THE MINIMUM STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA, BOARD RULE .1600 (21 NCAC 56) AND THE RATIO OF PRECISION DOES NOT EXCEED AN ERROR OF CLOSURE OF ONE (1) FOOT PER 10,000 FEET OF PERIMETER SURVEYED AND 20 SECONDS TIMES THE SQUARE ROOT OF THE NUMBER OF ANGLES TURNED.

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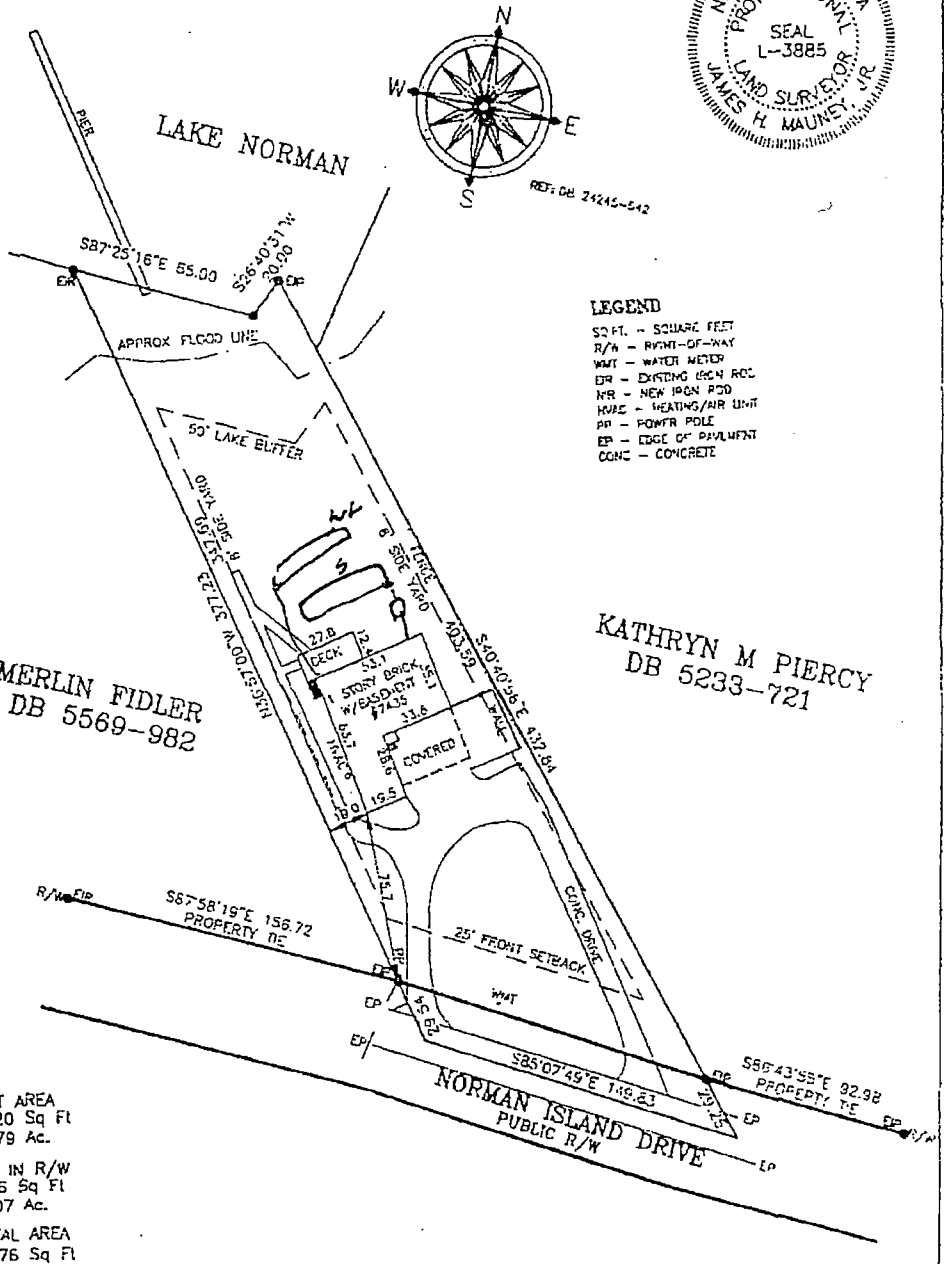
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NORTH CAROLINA PROFESSIONAL SEAL L-3885 LAND SURVEYOR JAMES H. MAUNEY, JR.



LEGEND
SQ.FT. - SQUARE FEET
R/W - RIGHT-OF-WAY
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AREA IN R/W
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TOTAL AREA
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0.86 Ac.

SURVEY OF
0.86 ACRE PARCEL
CORNELIUS TOWNSHIP, MECKLENBURG COUNTY, NORTH CAROLINA

PREPARED FOR ERIC STACHOWSKI AND COURTNEY STACHOWSKI

SCALE 1"=60'

MAP BOOK _____ PAGE _____

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Mecklenburg County, North Carolina
POLARIS
Parcel Ownership and GIS Summary
Date and Time: 6/6/2012 8:41:43 AM

Parcel ID #: 00153130 GIS ID #: 00153130

Owner Name:	ERIC HUGO STACHOWSKI AND COURTNEY STAHL STACKOWSKI
Mailing Address:	7435 NORMAN ISLAND DR CORNELIUS, NC 28031

Property Characteristics

Legal Desc.:	L9 U/M & ADJ TRACT
Land Area:	0.881AC
Fire District:	09-CORNELIUS
Special District:	FIRE SERVICE B
Account Type:	INDIVIDUAL
Municipality:	3-CORNELIUS
Property Use:	SINGLE-FAM

Deed Reference(s) and Sales Price

24978-347 (7/31/2009) $0.00
24716-965 (5/7/2009) $500,000.00
24245-542 (11/7/2008) $645,000.00
14963-498 (3/11/2003) $338,000.00
13830-424 (7/23/2002) $0.00
03759-318 (5/24/1975) $0.00

Situs Addresses Tied to This Parcel

7435 NORMAN ISLAND DR

Site Location Information

Zoning Boundaries:	Contact Appropriate Planning Department or See Map.

ETJ Area: CORNELIUS
Charlotte Historic Districts: NO
Within Charlotte 6/30/2011 Annexation Area: NO
Census Tract #: 62.04
Parcel Falls Inside a Water Quality Buffer?: NO

Post Construction District

Jurisdiction:	Cornelius
District:	Catawba

FEMA Flood Information

FEMA Panel #:	3710463200J
FEMA Flood Zone:	IN:VIEW FEMA FLOODPLAIN TO VERIFY
FEMA Panel Date:	03/02/2009

Community Flood Information

Community Flood Zone:	IN:VIEW COMMUNITY FLOODPLAIN TO VERIFY

Regulated Watershed Information

Watershed Name:	LAKE NORMAN
Watershed Class:	CA

Building Photography

PHOTO #1
Location: 7435 NORMAN ISLAND DR



Information contained within this photo may be used as a visual aid and to generally locate, identify, and inventory parcels in Mecklenburg County, North Carolina. There are inherent errors and limitations associated with this type of electronic medium. Mecklenburg County cannot warrant or guarantee the information contained herein including but not limited to its accuracy or completeness.

Powered by

MECKLENBURG COUNTY GIS

The information provided by this program is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, and other public records and data. Users of this map data are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Wed Jun 6 08:40:53 EDT 2012



This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

9556

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: 001-531-30
STREET ADDRESS: 7435 Norman Island Dr.
CITY: Cornelius
STATE: NC ZIP: 28031
SUBDIVISION NAME: _____
LOT #: _____ LOT SIZE (acres): _____
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: _____
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 4
FOUNDATION TYPE:
○ CONCRETE SLAB
✓ CRAWL SPACE

Only 2 bedrooms shown on original

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOL**
NUMBER OF BEDROOMS TO BE ADDED: 2 NUMBER OF ADDITIONAL OCCUPAN

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?** _____ ☐ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** June 28, 2012 ☐ N/A

12. **PROPERTY OWNER:**
NAME: Erik Stachowski
ADDRESS: 7435 Norman Island Dr
CITY: Cornelius
STATE: NC ZIP: 28031
WORK PHONE: _____
MOBILE PHONE: 704 6041388
FAX: _____
E-MAIL: eric s@iqmetrix.com

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

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.

_____ (Initial here for septic system applications)

16. 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.

_____ June 4, 2012

Property Owner's or Owner's Legal Representative Signature — Date

---

OFFICE USE ONLY

○ SURVEY PLAT TO SCALE SUBMITTED ○ SCALED SITE PLAN SUBMITTED ○ 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:

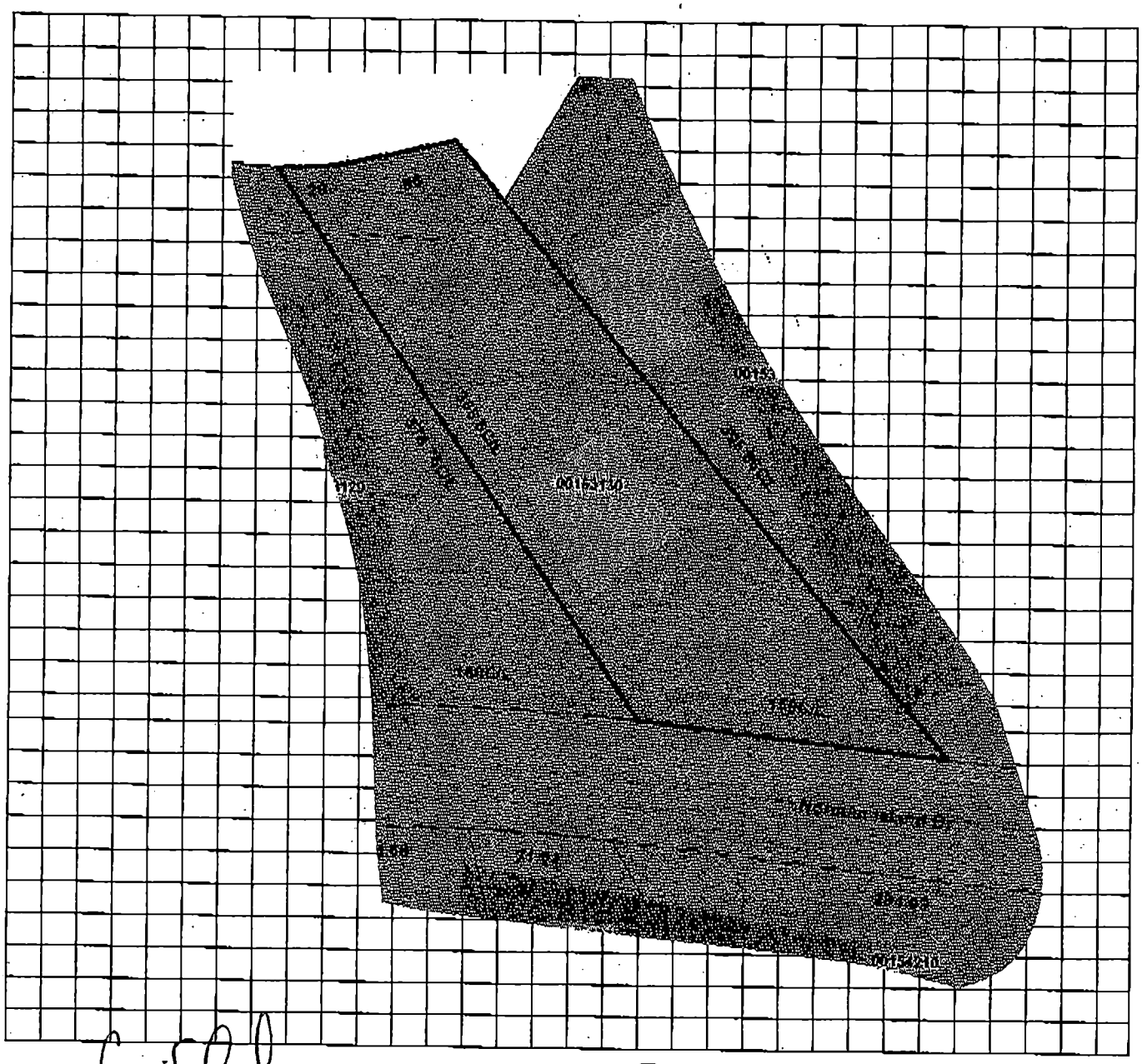
File #: _____

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: 1435 Norman Island Dr Tax Parcel #: 00153130

Subdivision Name: _____ Lot #: _____



Property Owner's or Owner's Legal Representative Signature

June 4, 2012
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

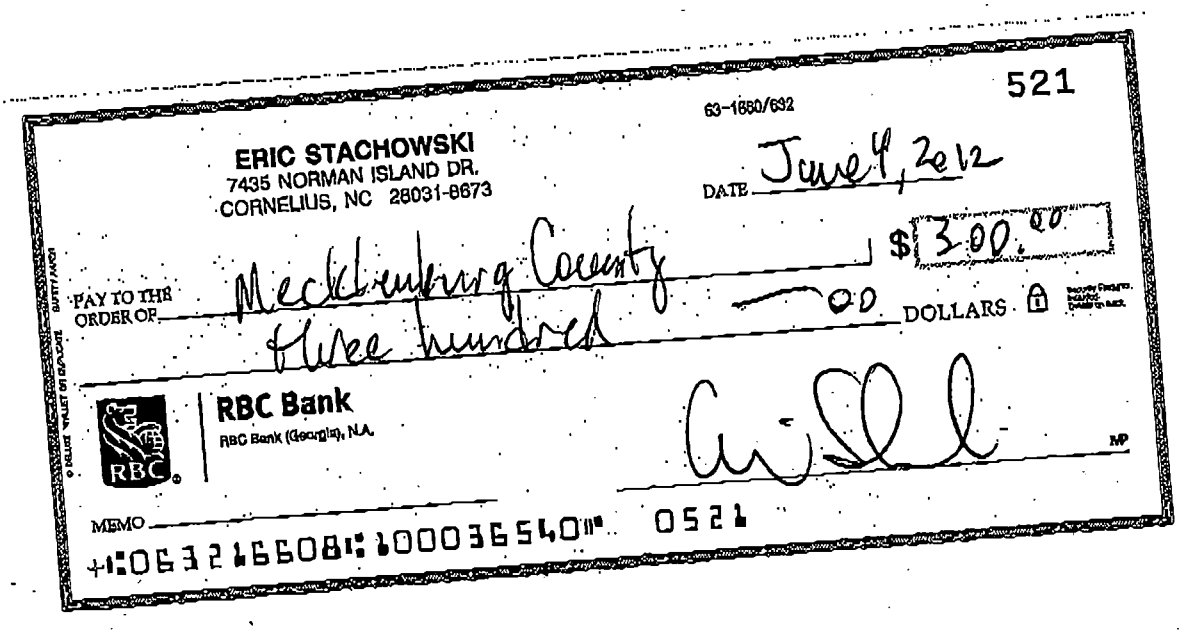
Receipt Information

Date:	06/04/12	**Amount:**	300.00
Receipt #:	78498	**Tendered:**	300.00
Check / Auth #:	CHECK 521	**Returned:**	0.00
Received By:	MULLIVR		

Account Information

Account #: 200000
Contractor: STACHOWSKI
Attn: ERIC
Address: 7435 NORMAN ISLAND DR
Address:
City/State/Zip: CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
0706	MH Exc/Add/Repl w/System Mod PN 00153130//7435 NORMAN ISLAND DR		1	300.00	300.00



Outstanding Balances

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

Date Received 6/11/75

MECK COUNTY HEALTH DEPT.
RECEIVED
JUN 1 1975

APT No. 955e

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER CLAXTON (LAST) JAMELL (FIRST) PATEN (MIDDLE)

2) ADDRESS OF OWNER 3825 SUDBURY RD CHARLOTTE, N. C ZIP 28205

3) PHONE NO. Home 537 1966 Office (WIFE) 332 6801

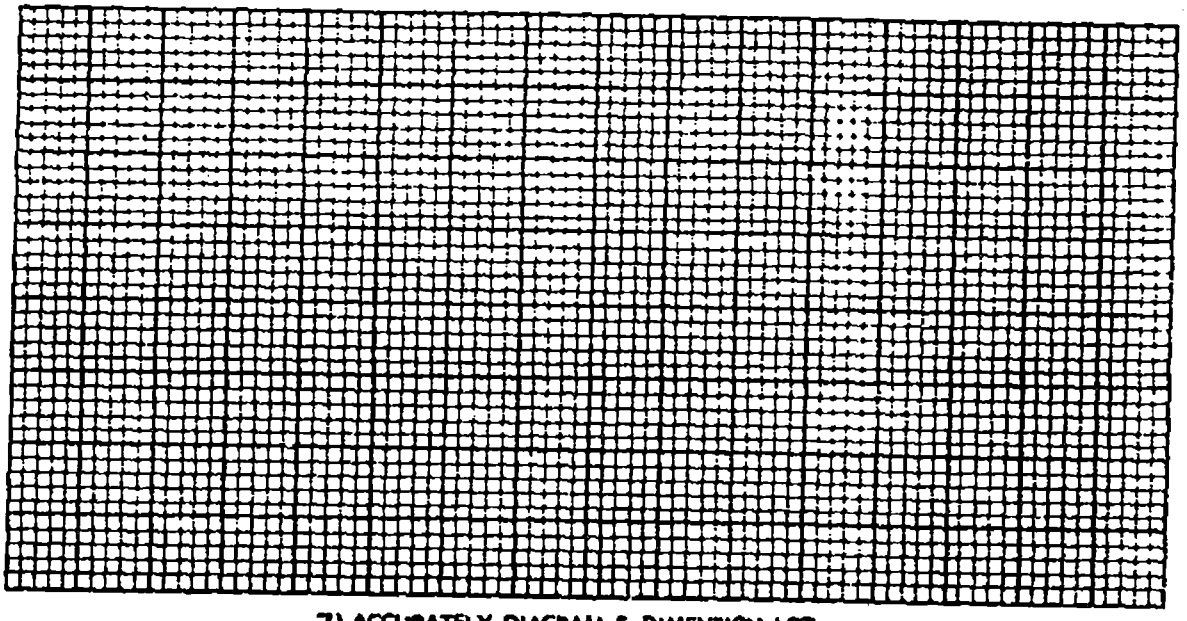
4) LOCATION OF PROPERTY LOT # 9 NORMAN RD JUST BEFORE NORMAN ISLAND (SEE LETTER (STREET OR COUNTY ROAD) DATED 6/2/75)

5) SUBDIVISION FIDDLER ESTATE LOT NO. 9 BLOCK NO.

MAP BOOK NO. 701 PAGE NO. 235

6) DEED REFERENCE DEED BOOK 3759 PAGE NO. 0318

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge.



7) ACCURATELY DIAGRAM & DIMENSION LOT

OWNER J. R. Clayton + Lily Clayton

FORM NO. E-1-S-1-72

HEALTH DEPARTMENT'S COPY

SOIL INVESTIGATION REPORT

Date of Investigation June 13, 1975 APT NO. 9556

Owner Jamell Paton Claxton

Location of Property lot no. 9 Tax Code No. 001-036-12

Soil Suitability Ratings

Soil Properties	Soil 1	Soil 2	Soil 3	Soil 4
1. Soil Series	Cecil			
2. Soil Slope	Suitable 2-6%			
3. Soil Depth	Suitable 72"+			
4. Soil Texture	marginal clayey			
5. Soil Structure	marginal subK			
6. Restrictive Horizons	N.A.			
7. Soil Drainage	Suitable W.T 76"			
8. Soil Permeability (Percolation Rate)	marginal 60min/in			
9. Other	N.A.			
10. Overall Rating	marginal			

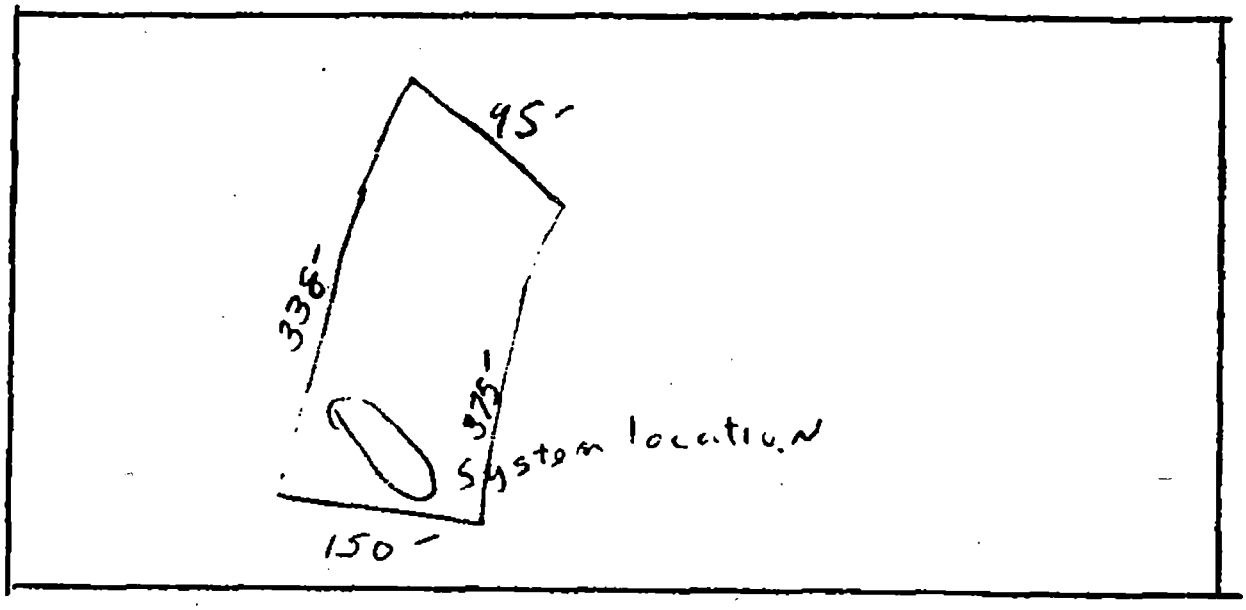
Recommendations Based on this investigation the lot is recommended for approval for installation of a septic tank system. System design should be based on a percolation rate of 60min/in.

See diagram on back

W. Edward Casement
Soil Scientist

3/18/75
HD 539

DIAGRAM OF PROPERTY



3/18/75

EHD 539

Serial No. 5382

PTR No. 9566

T C No. 001-036-12

Map Date 8

Date Issued June 13, 1975

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

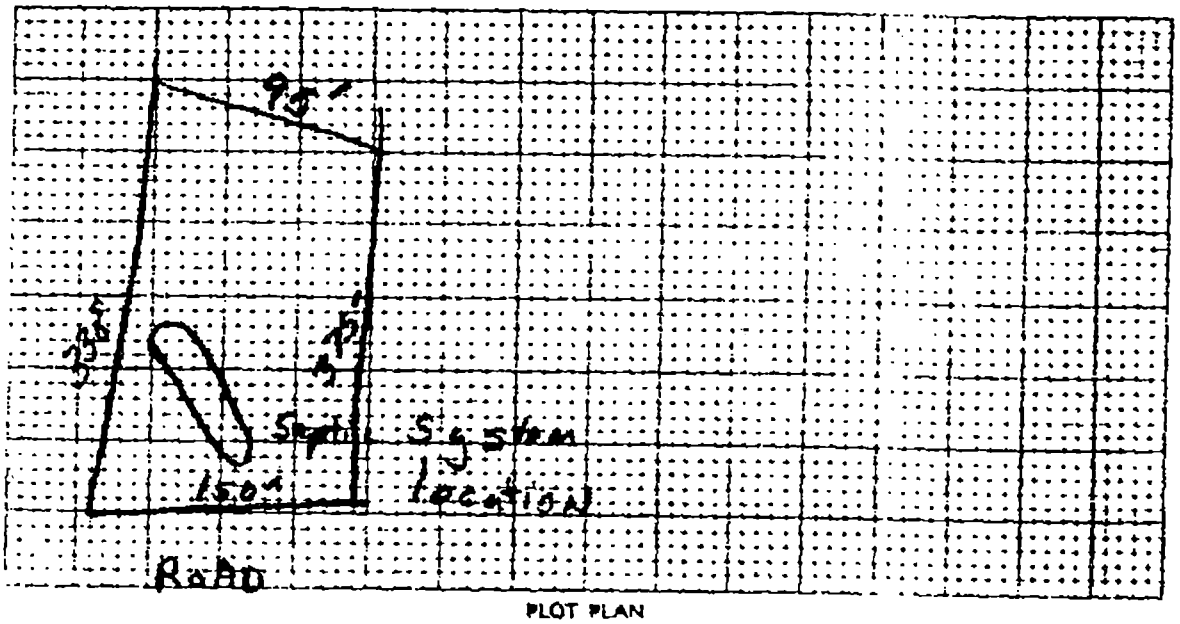
PERCOLATION TEST REPORT

NAME OF OWNER Claxton (LAST) Jamell (FIRST) P. (MIDDLE)

ADDRESS OF OWNER 3825 Sudbury Road, Charlotte, N. C. ZIP 28205

LOCATION OF PROPERTY Norman Road (STREET OR COUNTY ROAD)

SUBDIVISION Fiddler Estates LOT NO 9 BLOCK NO



PLOT PLAN

This is to certify that a percolation test has been run and an on-site inspection made by the Mecklenburg County Health Department on the lot described above. The said test was conducted on that portion of the lot as indicated on above plot.

The percolation rate determined by the test was *60Min./In. The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface soil absorption effluent discharge subject to the following terms and conditions:

1. A permit to install, construct, alter, or repair the specific system shall be obtained from the Mecklenburg County Health Department prior to the beginning of any construction of buildings, or of the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater treatment system which must be installed will be determined by the Health Department prior to installation based on the percolation rate obtained above, and on the size and type of building constructed thereon.
3. This approval is valid only if the system is installed in the immediate area where the percolation test was run.
4. This approval is void if any grading, filling, or construction (including the drilling of a well) is performed on the lot which in the opinion of the Health Department, renders the area where the percolation test was run unsuitable for the installation, construction, alteration, and/or repair of such a system.

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina State Board of Health and the Mecklenburg County Board of Health which were in effect on the date of issuance and is void if at any time in the future, prior to the completion of the system, these laws, rules, and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

*Results determined by soil analysis

W. Edward Barnett
Soil Scientist

John M. Dickson
Director, Environmental Health Division or Authorized Section Head

FORM NO. E-2-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received 6/23/75

MEC COUNTY HEALTH DEPT. 1975

ICAR(S) Application No. 9556

T C No. 001 036 12

Map Date ____

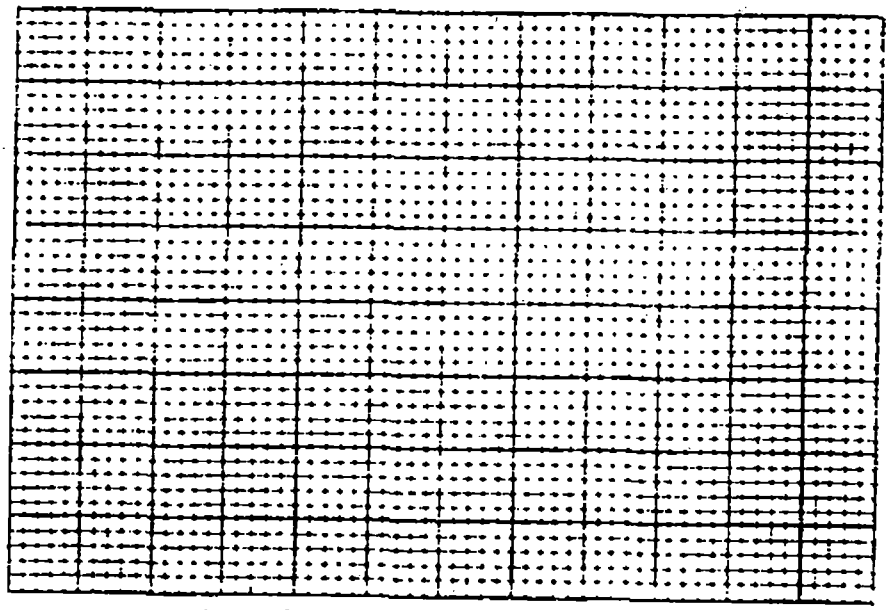
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to

1) ___ Install or Construct 2) ___ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No of Bedrooms 2

5) Business Use — Max No Employees ____

6) Washing Machine X Yes ___ No

7) Garbage Disposal X Yes ___ No

8) Dishwasher X Yes ___ No

9) Water Supply:
A) Individual Well ____
B) Governmental System ____
C) Community System:
1 Well source ____
2 Governmental source X

10) Sewage System:
House located within 200 feet of public sewer ___ Yes X No
House located within 200 feet of community sewer ___ Yes X No

11) FHA Case No. ____

12 VA Case No ____

13) NAME OF OWNER CLAXTON (LAST) JAMELL (FIRST) PATEN (MIDDLE)

14) ADDRESS OF OWNER 3825 SUDBURY RD CHARLOTTE, N. C 28205

15) PHONE NO Home 537 1966 Office MRS CLAXTON 332 6801

16) LOCATION OF SYSTEM NORMAN RD. ROUTE 2 HUNTERSVILLE, N. C (STREET OR COUNTY ROAD)

17) SUBDIVISION FIDDLER ESTATE Lot No. 9 Block No. ____

Map Book No. ____ Page No. ____

18) DEED REFERENCE — DEED BOOK 3759 AT PAGE 0318

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 6/13/75 → 6/

20) PTR NUMBER (See Instructions) 9556

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

JUNE 23/75
DATE OF APPLICATION

J. P. Claxton + Wife
OWNER

FORM NO. E-4-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued June 24, 1975

Serial No. 5067

IMPROVEMENTS PERMIT

LA No. 9556

T C No 001-036-12

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

TO THE BUILDING INSPECTION DEPARTMENT

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

NAME OF OWNER Claxton (LAST) Jamell (FIRST) P. (MIDDLE)

ADDRESS OF OWNER 3825 Sudbury Road, Charlotte, N. C. ZIP 28205

LOCATION OF LOT Norman Road (STREET OR COUNTY ROAD)

SUBDIVISION Fiddler Estate LOT NO 9 BLOCK NO

MAP BOOK NO PAGE NO

The above specified lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the percolation test results which yielded a percolation rate of 60Min./In. on an on-site inspection of the said lot, and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 9556. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered, and/or repaired in the same area where the percolation test was run.
2. That an Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same.

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

Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. [illegible] ICAR(S) Permit No. 2556

Date Issued [illegible]

T C No CC1-636-22

Map Date

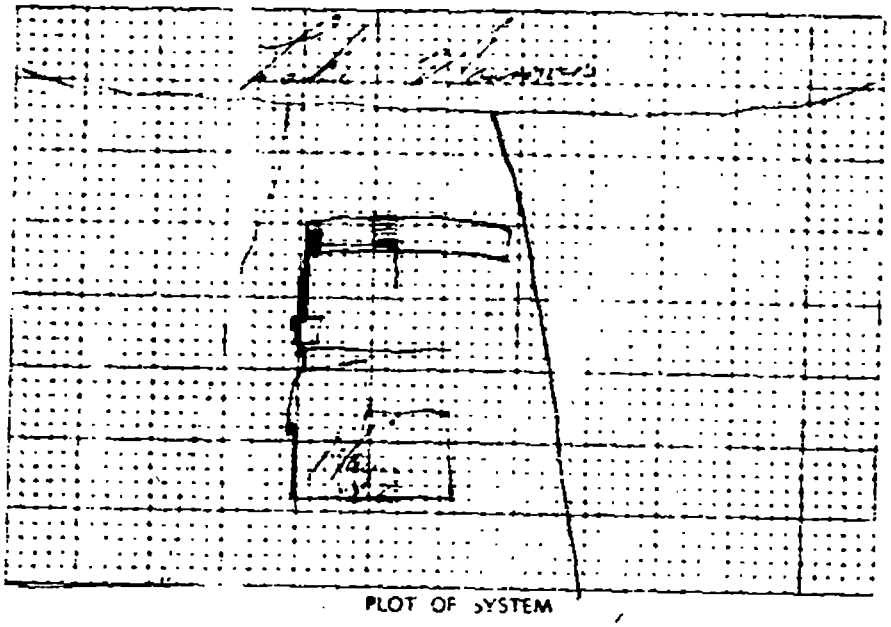
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

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 application 2556, dated [illegible] and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before [illegible], after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate CC

Liquid Capacity of Tank 1500

Tank Construction C

Absorption and/or Nitrification Lines

Total Line Length 4 [illegible]

Number of Lines 6

Distance from House 12'

Distance from Property Line 12'

Distance from Well [illegible]

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used

Comments [illegible]

Division or Section Head

Environmentalist [signature]

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

E-5-9-1-72

[illegible] OF PAYMENTS CO.

Serial No. 6506

C of A Isl No. 9550

Date Issued 7-6-73

T C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner _____ (LAST) _____ (FIRST) _____ (MIDDLE)

Location of Property _____

Application Number _____ Permit Number _____

Inspection Data:

Liquid Capacity of Tank _____ Tank Material _____

Total Length of Drain Tile _____ Number of Lines _____

Depth of Filter Material _____ Cover Depth _____

Water Supply Source _____ Distance from Water Source _____

Excavation Inspected 7-6-73 (DATE) Tank Inspected 7-6-73 (DATE)

Nitrification Field Inspected 7-6-73 (DATE)

Washing Machine Line Inspected, If Applicable _____ (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been _____ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health in effect on the date of issuance of the permit. The issuance of this Certificate of Approval does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, contracting, or using such system from any liability resulting from the failure of the system to operate properly. This Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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 _____

Environmentalist

FORM NO E-6-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received 2/28/79

ICAR(S) Application No. 9556

T. C. No. 601-036-12

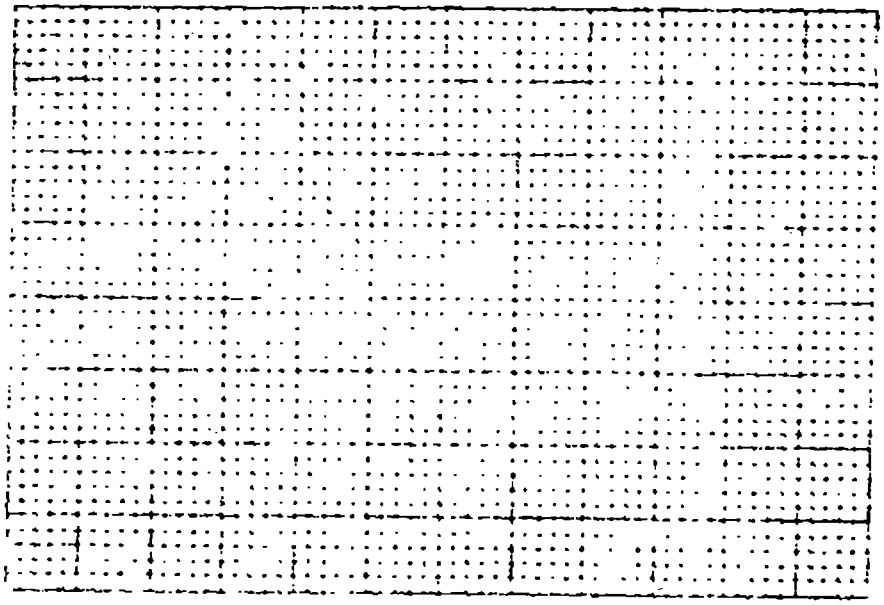
Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to USE existing system

1) Install or Construct 2) Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ___Yes ___No

Recreational ✓ Yes ___No

4) No. of Bedrooms 2

5) Business Use Max No Employees

6) Washing Machine ✓ Yes ___No

7) Garbage Disposal ✓ Yes ___No

8) Dishwasher ✓ Yes ___No

9) Water Supply

A Individual Well city water

B Governmental System

C Community System

1 Well source

2 Governmental source

10) Sewage System

House located within 200 feet of public sewer ___Yes ___No

House located within 200 feet of community sewer ___Yes ___No

11) FHA Case No

12) VA Case No

13) NAME OF OWNER Claxton, Jamell P.
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 232 Hickory Rd Chas. 28205

15) PHONE NO Home Office

16) LOCATION OF SYSTEM 9425 Norman Island Drive
STREET OR COUNTY ROAD

17) SUBDIVISION Lot No Block No.

Map Book No Page No.

18) DEED REFERENCE — DEED BOOK AT PAGE P.

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES NO DATE RUN 6/12/78

20) PTR NUMBER (See Instructions) 9556

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

2/28/79
DATE OF APPLICATION

OWNER

EHC-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Serial No. 2715

LA No. 9556

Date Issued March 1, 1979

T. C. No. 001-036-12

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

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

NAME OF OWNER Jemell P. Claxton
LAST FIRST MIDDLE

ADDRESS OF OWNER 7435 NOrman Island Drive ZIP

LOCATION OF LOT 7435 Norman Island Drive
STREET OR COUNTY ROAD

SUBDIVISION LOT NO BLOCK NO.

MAP BOOK NO. PAGE NO

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 9556 This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered and/or repaired in the same area where the soil investigation was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same.

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

Marshall Edwards
Environmentalist

John R Atkisson
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

R

Date Issued 2-1-79

Serial No. 2407

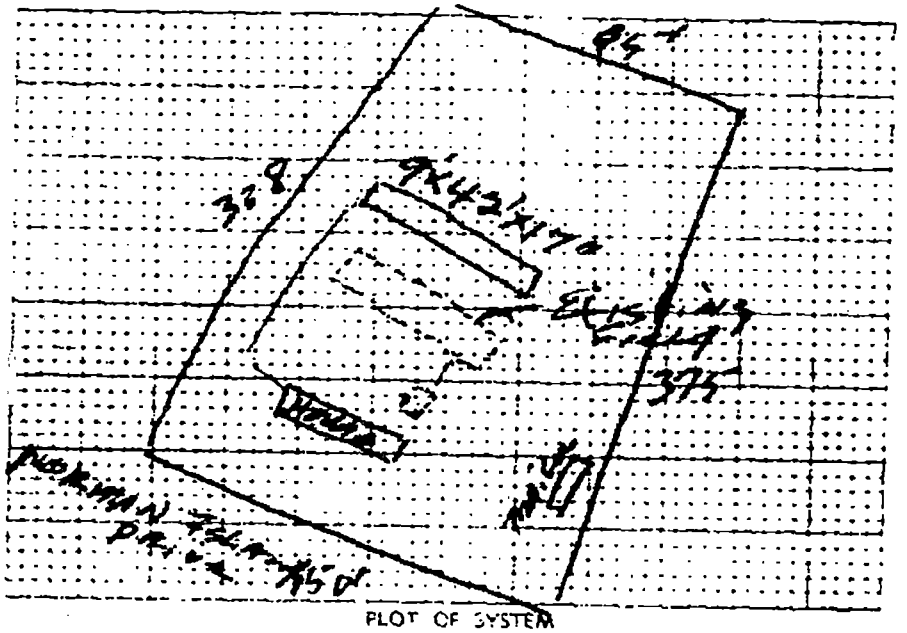
ICAR(S) Permit No. 9556

T C N 001-036-12

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

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 application 9556, dated 2-28-79 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 4-1-79, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate 8/5

Liquid Capacity of Tank Present

Type Construction 8/c

Absorption and or Nitrification Lines

Total Line Length 125'+/-

Number of Lines 3

Distance from House 10'+

Distance from Property Line 10'+

Distance from Well [redacted]' City Water

NAME OF OWNER Jemell P. Claxton

LOCATION OF PROPERTY 7435 Norman Island Dr.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. **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.**

Washing machine

Field (9'x 42'x 17" stone)

Division or Section Head

Marshall Edwards
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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

Environmental Health Department's Copy

May-07-2009 10:03 AM LUESA North 1

FEE: 100.00
DATE: 5/7/09 WP
CRT# 1

LD# 094857 GWS – UES.APP 06/07

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

FILE #: 9556

TYPE APPLCATION: 4185 JPM

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

PERSON FILING APPLICATION:
NAME: Eric Stachowski
ADDRESS: 7435 Norman Island Drive
CITY: Cornelius
STATE: NC ZIP: 28031
PHONE: (704) 604-1388
ALTERNATE PHONE:

PROPERTY OWNER:
NAME: Eric Stachowski
ADDRESS: 7435 Norman Island Drive
CITY: Cornelius
STATE: NC ZIP: 28031
PHONE: (704) 604-1388
ALTERNATE PHONE:

JOB LOCATION INFORMATION
TAX/PARCEL #: ~~2427-45-5472~~ 001-531-30
STREET ADDRESS: 7435 Norman Island Drive
CITY: Cornelius
STATE: NC ZIP: 28031
SUBDIVISION OR MOBILE HOME PARK NAME: Norman Island
LOT #: 1979

TOWNSHIP:
- ☐ 0-MECKLENBURG
- ☐ 1-CHARLOTTE
- ☐ 2-DAVIDSON
- ☑ 3-CORNELIUS
- ☐ 4-PINEVILLE
- ☐ 5-MATTHEWS
- ☐ 6-HUNTERSVILLE
- ☐ 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)

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 3

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 w addition

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ OTHER w addition

*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 — May 7 09 — Date

*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.

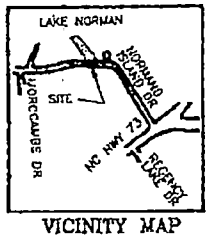
☐ ADDITION / RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE

Approval for inside upfit
Use existing system
Phil Walker REHS 5/12/09
EHS Signature — Date

MEETS THE MINIMUM STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA, BOARD RULE .1600 (21 NCAC 56) AND THE RATIO OF PRECISION DOES NOT EXCEED AN ERROR OF CLOSURE OF ONE (1) FOOT PER 10,000 FEET OF PERIMETER SURVEYED NOT TO 20 SECONDS TIMES THE SQUARE ROOT OF THE NUMBER OF ANGLES TURNED.

SIGNED James H Mauney Jr

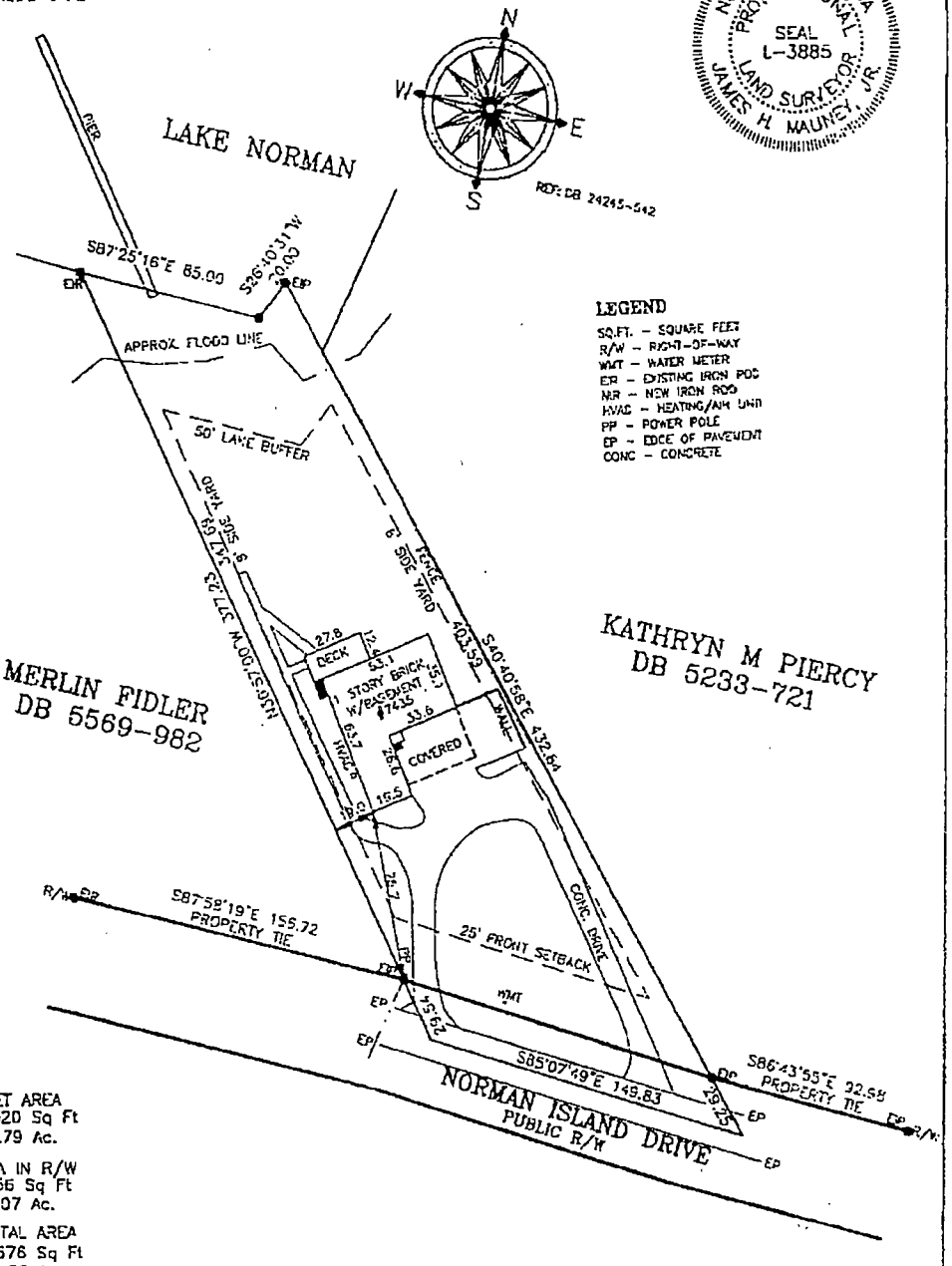
JAMES MAUNEY & ASSOCIATES, P.A.
PROFESSIONAL SURVEYORS
6405 WILKINSON BLVD., SUITE 11
BELMONT, NC 28012
TEL: 704-829-5623
FAX: 704-829-5625



VICINITY MAP

NOTES:
1. SUBJECT PROPERTY IS ZONED GR
SETBACKS ZONING
FRONT - 25'
REAR - 25'
SIDE - 8'
LAKE BUFFER - 50'
2. THIS MAP REPRESENTS A SURVEY OF AN EXISTING PARCEL OF LAND
3. ALL DISTANCES SHOWN ARE HORIZONTAL GROUND DISTANCES.
4. THIS SURVEY WAS PERFORMED WITHOUT BENEFIT OF A TITLE COMMITMENT REPORT. JAMES MAUNEY & ASSOCIATES, P.A. DOES NOT CLAIM THAT ALL MATTERS OF RECORD WHICH MAY OR MAY NOT AFFECT THE SUBJECT PROPERTY ARE SHOWN HEREON.
5. THIS SURVEY IS INTENDED FOR THE NAMED PARTY OF PARTIES ONLY. NO WARRANTIES ARE HEREBY INFLICED OR GRANTED TO ANY OTHER PARTY FOR ANY PURPOSE.
6. RECORD LEGAL AS RECORDED IN DEED BOOK 24245, PAGE 542 DOES NOT FORM A MATHEMATICAL CLOSURE.

NORTH CAROLINA PROFESSIONAL SEAL L-3885 LAND SURVEYOR JAMES H MAUNEY, JR.



LEGEND
SQ.FT. - SQUARE FEET
R/W - RIGHT-OF-WAY
WMT - WATER METER
EIR - EXISTING IRON ROD
NIR - NEW IRON ROD
HVAC - HEATING/AIR UNIT
PP - POWER POLE
EP - EDGE OF PAVEMENT
CONC - CONCRETE

NET AREA
34,520 Sq Ft
0.79 Ac.

AREA IN R/W
3,156 Sq Ft
0.07 Ac.

TOTAL AREA
37,676 Sq Ft
0.86 Ac.

SURVEY OF
0.86 ACRE PARCEL
CORNELIUS TOWNSHIP, MECKLENBURG COUNTY, NORTH CAROLINA

PREPARED FOR ERIC STACHOWSKI AND COURTNEY STACHOWSKI

SCALE 1"=60'

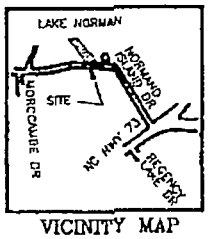
MAP BOOK _____ PAGE _____

FLOOD CERTIFICATION
THIS IS TO CERTIFY THAT THE SUBJECT PROPERTY IS PARTLY LOCATED IN A SPECIAL FLOOD HAZARD AREA AS SHOWN ON MAPS PREPARED BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY, FEDERAL INSURANCE ADMINISTRATION (FEMA)

MEETS THE MINIMUM STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA, BOARD RULE .1600 (21 NCAC 56) AND THE RATIO OF PRECISION DOES NOT EXCEED AN ERROR OF CLOSURE OF ONE (1) FOOT PER 10,000 FEET OF PERIMETER SURVEYED AND 20 SECONDS TIMES THE SQUARE ROOT OF THE NUMBER OF ANGLES TURNED.

SIGNED James H Mauney Jr

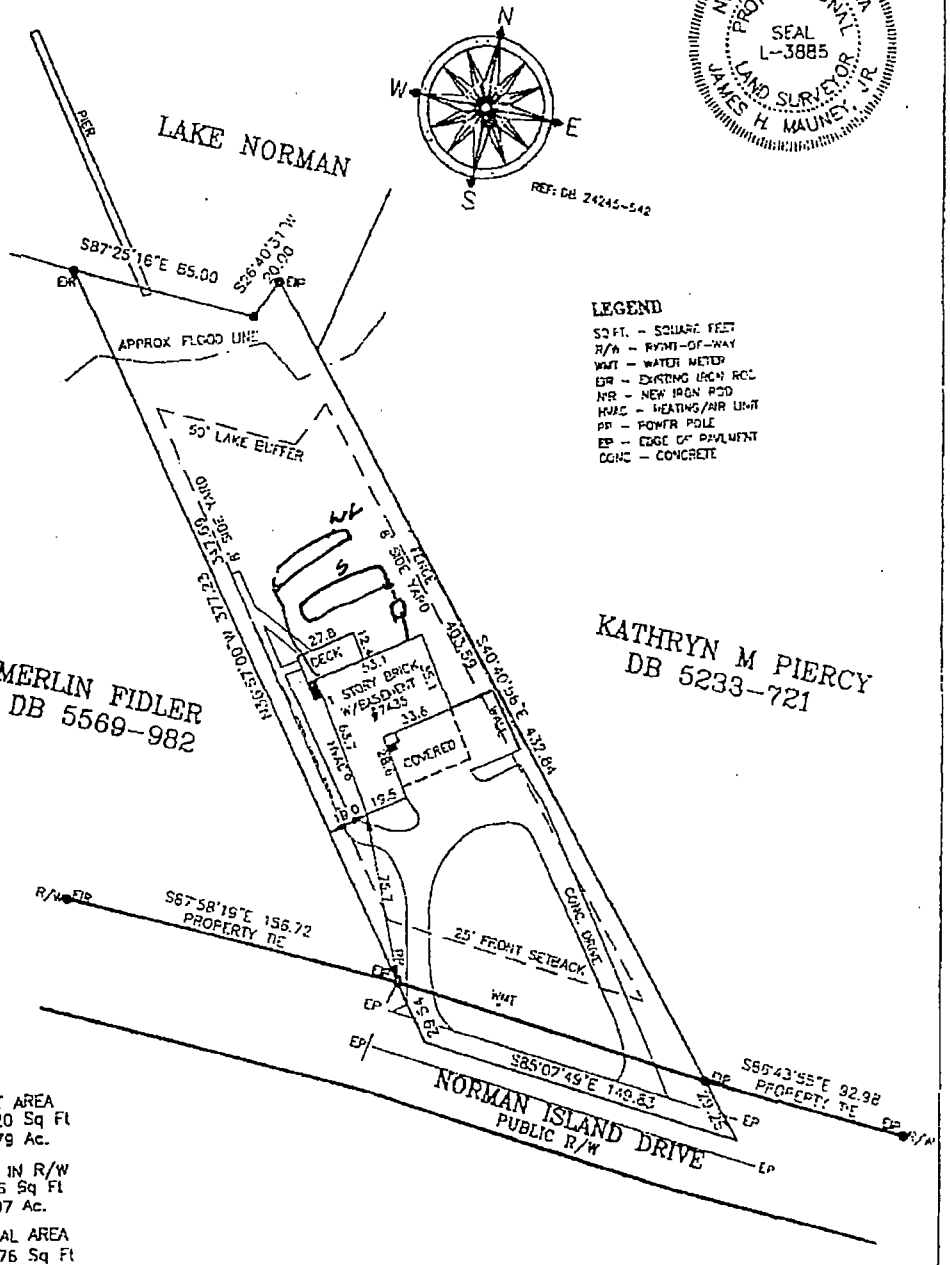
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TEL: 704-829-9523
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NORTH CAROLINA PROFESSIONAL SEAL L-3885 LAND SURVEYOR JAMES H MAUNEY, JR



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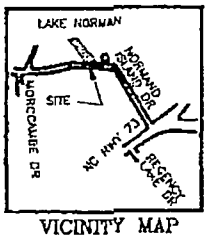
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MEETS THE MINIMUM STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA, BOARD RULE .1600 (21 NCAC 56) AND THE RATIO OF PRECISION DOES NOT EXCEED AN ERROR OF CLOSURE OF ONE (1) FOOT PER 10,000 FEET OF PERIMETER SURVEYED AND 20 SECONDS TIMES THE SQUARE ROOT OF THE NUMBER OF ANGLES TURNED.

SIGNED James H Mauney Jr

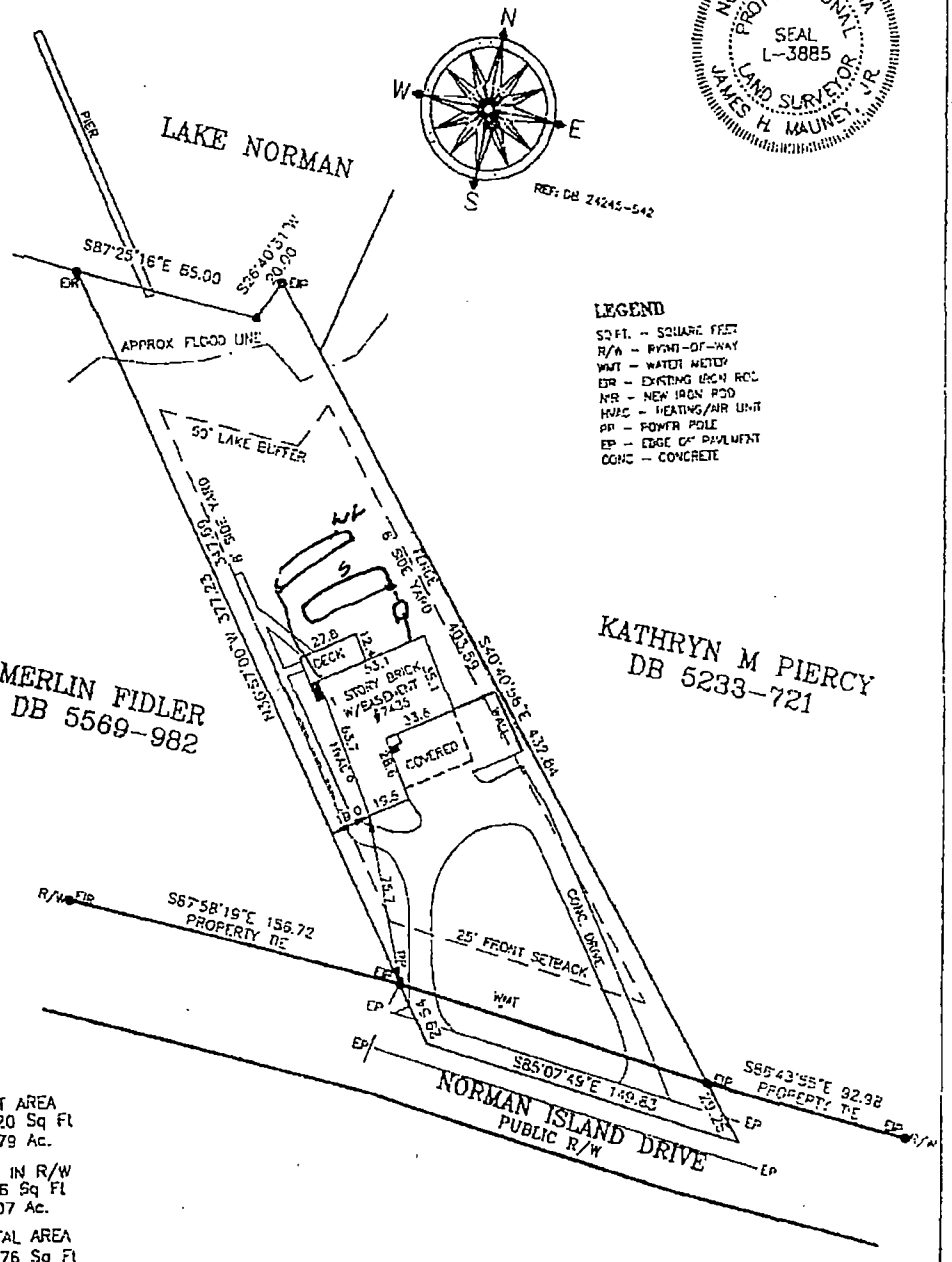
JAMES MAUNEY & ASSOCIATES, P.A.
PROFESSIONAL SURVEYORS
6405 WILKINSON BLVD., SUITE 11
BELMONT, NC 28012
TEL: 704-825-9623
FAX: 704-829-9625



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NORTH CAROLINA PROFESSIONAL SEAL L-3885 LAND SURVEYOR JAMES H. MAUNEY, JR.



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0.86 ACRE PARCEL
CORNELIUS TOWNSHIP, MECKLENBURG COUNTY, NORTH CAROLINA

PREPARED FOR ERIC STACHOWSKI AND COURTNEY STACHOWSKI

SCALE 1"=60'

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