

8520 BLAIR RD

13901156

1/9/2008

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 60368 DATE: 3/23/06

TC: 139-011-03PO ☑ L ☑ CRT

SERIAL Nº 20206

Name of Owner J. WHITLEY Juris.: _____

Address of Property 8520 BLAIR RD.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 480

Number of Lines 6 @ 60', 70', 80', 80', 90', 100'

Cover Depth 12"

Water Supply Source WELL

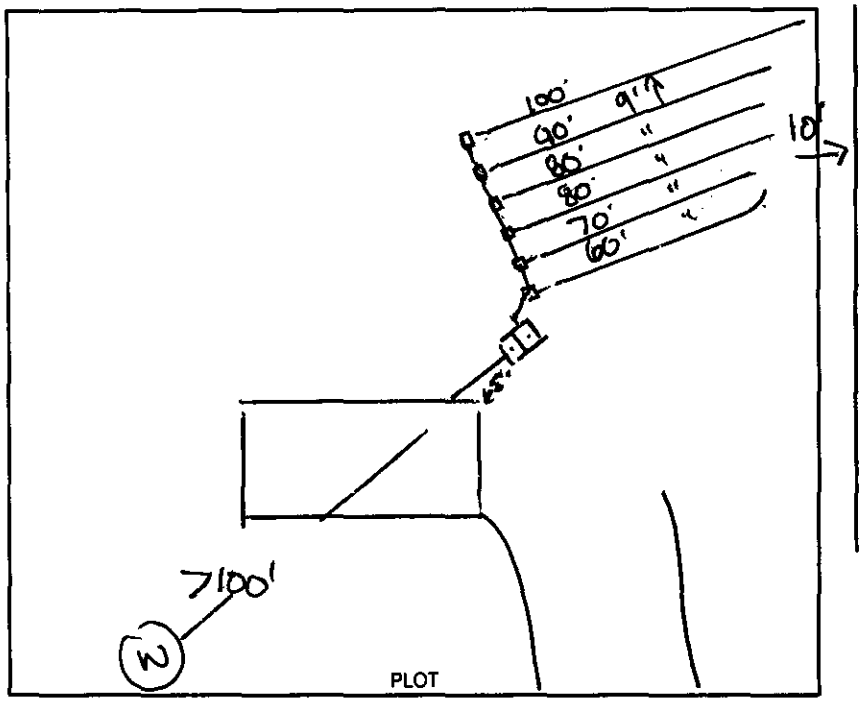
Distance to Water Source >100'

Excavation Inspected 3/23/06

Tank(s) Inspected 3/23/06

Wash Line Inspected N/A

High Water Alarm Inspected N/A



Design 2006, INV. IIIg, 1440SF, 1500GST, D.B., T CTR# PERRY LANEY

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☑ installed or constructed ☐ altered or repaired

☑ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☑ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

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

COMMENTS: TYPE IIIg INV. E-Z-FLOW, 6 LINES @ 60', 70', 80', 80', 90' & 100'. DROPBOXES, >10' FROM PROP. LINE, >100' FROM WELL

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

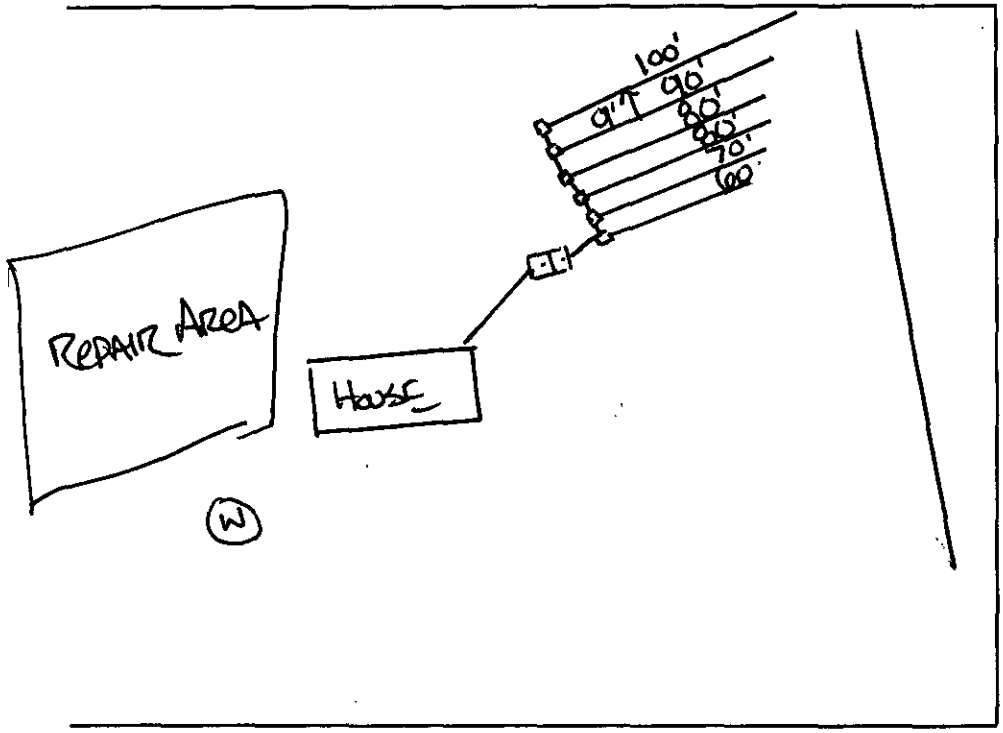
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 6036B DATE: 3/22/06

TC: 139-01-03 ☑

SERIAL Nº 20656

Permission is hereby given to _____ (Install) or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 6/22/05. All work shall be completed on or before 4/1/06, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous YES

Total Line Length 480 feet

Number of Lines 6

Depth of Stone N/A inches

Distance from House 5 *feet*

Distance from Property Line 10 feet

Distance from Well 7100 feet

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

NAME OF OWNER J. WHITLEY

LOCATION OF PROPERTY 8520 BLAIR RD.

Comments: TYPE IIIG, 480 LINEAR FT., 6 LINES @ 60', 70', 80', 80', 90', 100'
1500 GAL ST., DROP BOXES

D. M. MOORE, RS
Environmental Health Specialist

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

FEE: 300.00

DATE: 3/29/2006

CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

MECKLENBURG COUNTY

GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 6036B

PERMIT NUMBER: 30000602

PARCEL NUMBER: 13901103

JOB LOCATION INFORMATION

ADDRESS: 8520 BLAIR RD

CITY: CHARLOTTE **STATE: NC** **ZIP:** 28227

ISSUED TO: JESSUP S. WHITLEY

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 10/24/2005

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30000602, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH THE MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.
   *CONSTRUCTION AUTHORIZATION EXPIRATION DATE: 10/24/2010

FEE: 300.00
DATE: 10/25/05
Check 5929

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

WD

PERMIT NUMBER: 6036B
PARCEL NUMBER: 139-011-03PO

JOB LOCATION ADDRESS: 8520 Blair Road
PROPERTY OWNER: Jessup Whitley
BUILDING CONTRACTOR: ____
SUBDIVISION NAME: ____
AUTHORIZATION ISSUED BY: J. Andrew Walker DATE: 10/24/05

DENR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 6036B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH THE MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: ____
   ____
   ____
   ____
   ____

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITSAND AUTHORIZATION TO CONSTRUCT.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE ____ DATE ____

CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Permit Number: **6036B** Tax Number: **139-011-03PO**

- 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:

.25 Long-term acceptance rate (GPD/ft^2)	480 Max gallons/day wastewater flow	1920 Absorption Area (ft^2)	9 Trench spacing (min. on centers) (ft)
Serviced by private well: ☐ Yes ☒ No	1500 Gallon septic tank	480 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	na Depth of stone (in)	

Any surface water present: Type: Minimum separation distance (ft):

Additional conditions: **Use drop boxes for serial distribution**

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:

1920 Absorption Area (ft^2) 480 Total trench length (ft)	na Depth of stone (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, Construction, Alteration and/or Repair Approval is granted by this Department.

*** This Improvement permit is transferable.

10/24/05

DENR Authorized Agent Date

Owner/Agent Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE: (704) 336-5103
FAX: (704) 336-6894

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPOSED PLOT PLAN

W25P

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 6036B

TC: 139-011-03 00.

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

PERMIT FOR
JESSUP WHITLEY
BLAIR ROAD.

SCALE 1" = 60'

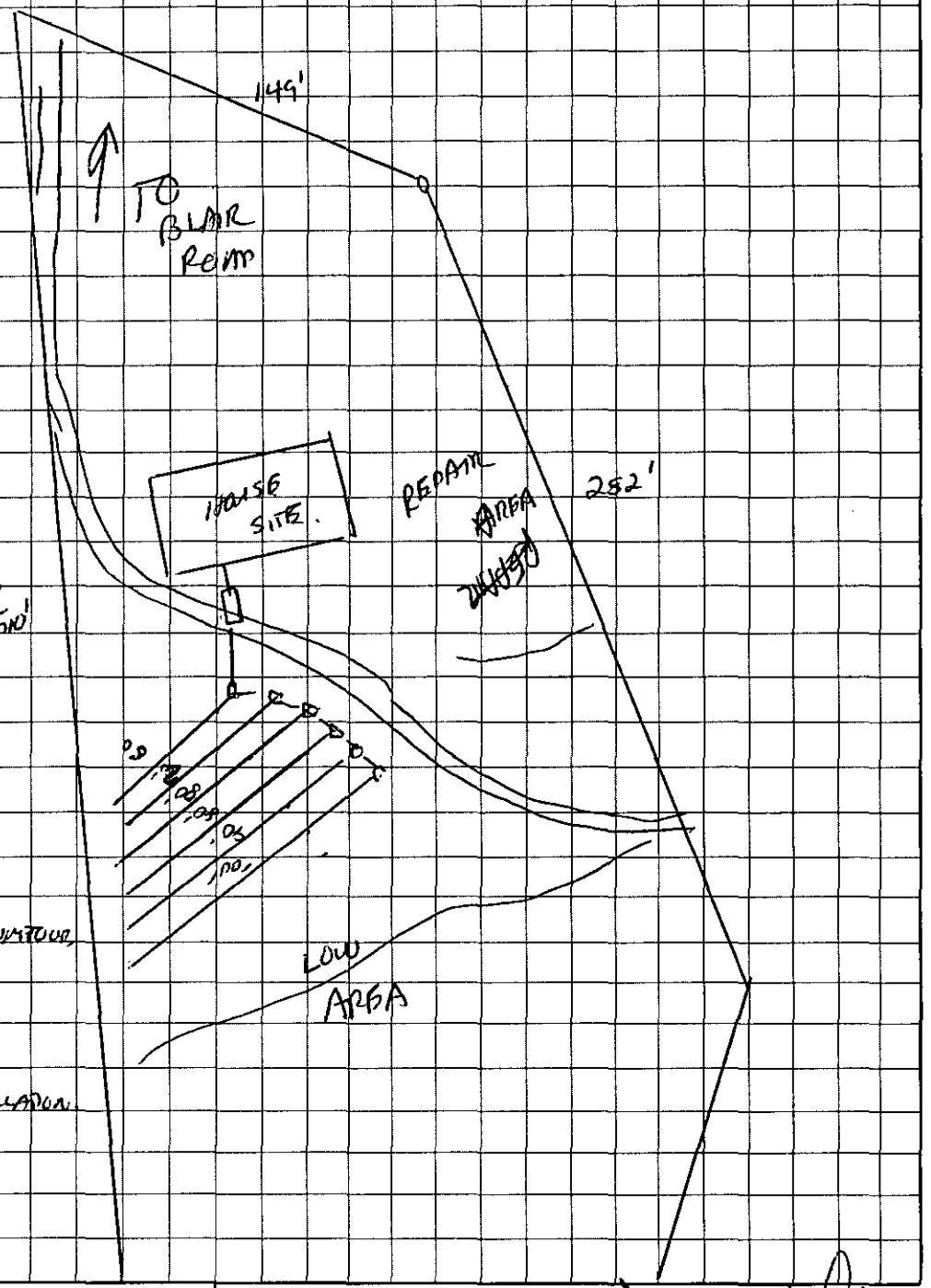
① 1500 SEPTIC TANK
480' TOTAL LINEAR
FEET OF INNOVATIVE,
TYPE III-C DRAINFIELD

② USE DROP BOXES
FOR SEPTIC DISTRIBUTION,

③ LOCATE ALL PARTS
OF SEPTIC SYSTEM AT
LEAST 50' FROM ALL
WELLS.

④ INSTALL DRAIN LINES
STRAIGHT (30') AND ON CONTOUR.

⑤ INSTALL AT LEAST 12"
OF SOIL COVER OVER
DRAINFIELD AFTER INSTALLATION.



OWNER/AGENT SIGNATURE

DATE 10/25/05

APPROVAL DATE 10/24/05

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

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

Sheet: 1 of 3
Property ID # PO 139-011-03
Lot #:
File #: 6036B
Code: 1

ACS

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Jessup S. Whitley
Applicant:
Address: 8636 Blair Road, Charlotte, N. C. 28227
Date Evaluated: 7/20/2005
Proposed Facility: Residence
Design Flow (.1949): 480gpd
Property Size: .7a inv.
Location of Site: Blair Road
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [x] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941		OTHER PROFILE FACTORS				Profile Class & LTAR
			.1941 Structure/ *Texture*	.1941 Consistence *Mineralogy*	.1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	
1	LS, 12	0-25	GR/SCL	FR/SEXP/SS/SP	>46" TO SOIL WETNESS	46	N/A	NONE	PS, IV .25GPD/FT^2
		25-46	ABK/SBK/C	FI/SEXP/S/P					
2	"	0-6	GR/SCL	FR/SEXP/SS/SP	>37" TO SOIL WETNESS	37	"	"	"
		6-37	ABK/SBK/C	FI/SEXP/S/P					
3	"	0-10	GR/SL	FR/SEXP/NS/NP	>48" TO SOIL WETNESS	48	"	"	"
		10-15	SBK/SCL	FR/SEXP/SS/SP					
		15-48	SBK/ABK/C	FI/SEXP/S/P					
4	LS, 10	0-6	GR/CL	FR/SEXP/SS/SP	2.5Y7/1 at 37"	48	"	"	PS, IV .225GPD/FT^2
		6-36	SBK/ABK/C	FI/SEXP/S/P					
		36-48	ABK/C	"					
5	"	0-12	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	"	"	"	PS, IV .275GPD/FT^2
		12-36	SBK/C	FI/SEXP/S/P					
		36-48	SBK/CL	FR/SEXP/SS/SP					
6	"	0-14	COMPACTED	FILL	2.5Y7/1 at 37"	48	"	"	PS, IV .2GPD/FT^2
		14-36	SBK/ABK/C	FI/SEXP/S/P					
		36-48	ABK/C	VFI/EXP/VS/VP					
7	LS, 15	0-6	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	"	"	"	PS, IV .275GPD/FT2
		6-37	SBK/C	FI/SEXP/S/P					
		73-48	SBK/CL	FR/SEXP/SS/SP					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.25GPD/FT^2	.25GPD/FT^2

Other Factors (.1946):
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 7/21/2005. W. R. Marlin
Others Present: Jeff Whitley

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
CONTINUED

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	SOIL MORPHOLOGY .1941 .1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
8	LS, 15	0-8	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	N/A	NONE	PS, IV
		8-48	SBK/ABK/C	FI/SEXP/S/P					.275GPD/FT^2

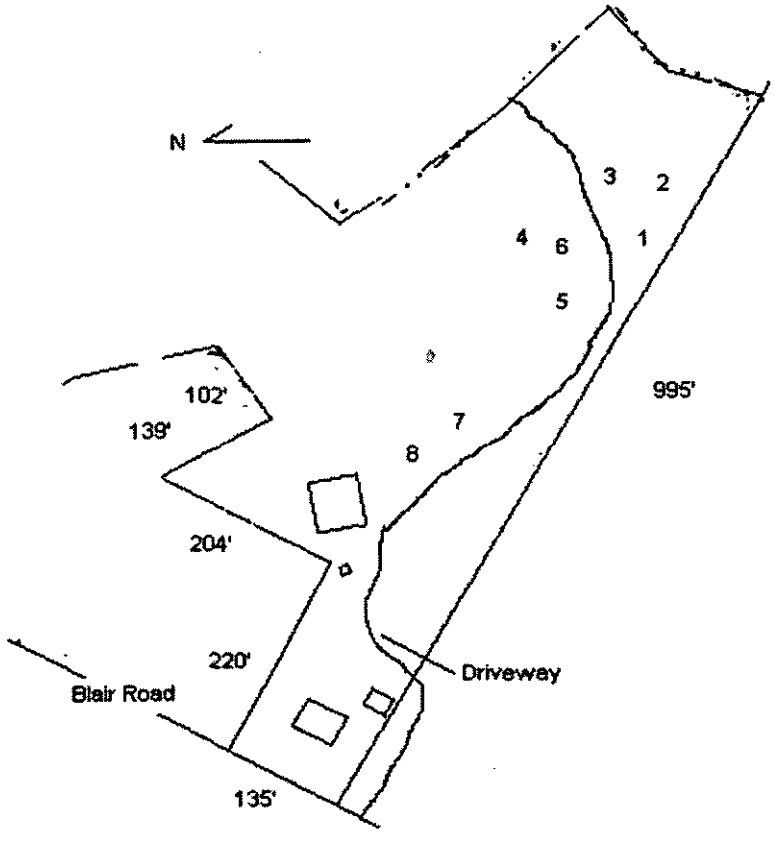
COMMENTS:

100% repair, property not subdivided at time of investigation, pits 7 & 8 investigated as an extra area if needed

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-Food 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		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
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



Check 5599
$200 6/22/05 VAN

#602

GWS – RES. APP 12/04

[redacted]

[redacted]

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

FILE # 603603

SEPTIC / TYPE APPLICATION: ☐ NONE ☑ NEW SYSTEM EXISTING SYSTEM: ☐ EXPANSION/ALTERATION ☐ REPAIR

WELL / TYPE APPLICATION: ☑ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION:

TAX/PARCEL #: 139-011-03PO
STREET ADDRESS: Blair Rd
CITY: Clt
STATE: NC **ZIP:** 28227
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
TOWNSHIP:

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

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☑ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE: 2200
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☑ BASEMENT WITH PLUMBING
☐ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

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

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☐ NO TYPE:

WATER SUPPLY:

☐ MUNICIPAL (M) ☑ PUBLIC (C) ☐ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☑ NO	WELLS, SPRINGS, OR WATER LINES	☐ YES	☑ NO
EXISTING WASTEWATER SYSTEMS	☐ YES	☑ NO	DESIGNATED WETLANDS	☐ YES	☑ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☑ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☑ NO

PROPERTY OWNER:

NAME: Jessup D. Whitley
ADDRESS: 8636 Blair Rd
CITY: Charlotte
STATE: N.C. ZIP: 28227
HOME PHONE: 704-545-9469 WORK PHONE: 704-573-3848
MOBILE PHONE: 704 363 1851 / 704.363.1852 FAX: 704-753-5308

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

"An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

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

"A Well Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

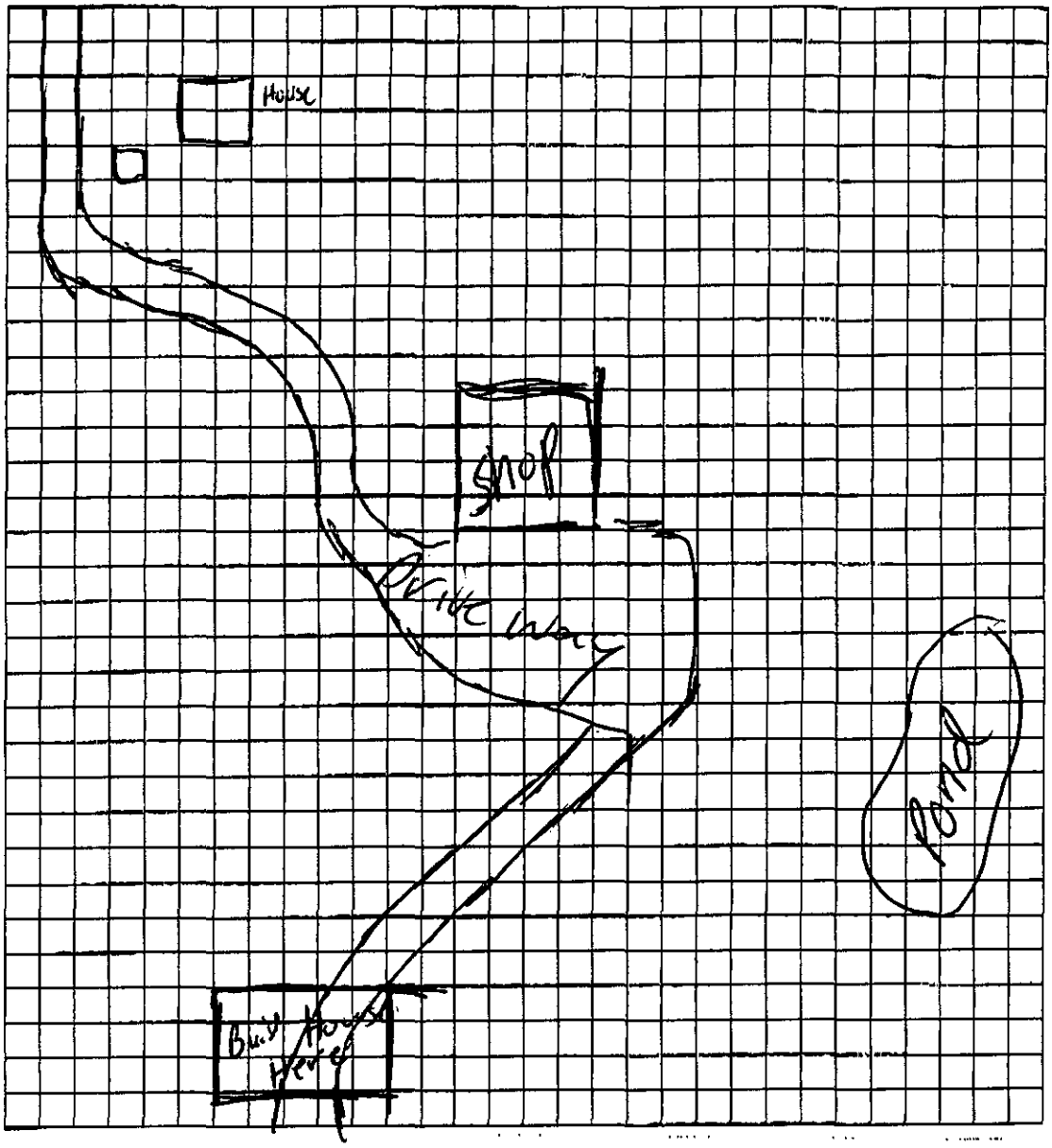
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
704-336-5103 / FAX: 704-336-6894

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

File # 6036B
Date 6/23/05

PROPOSED PLOT PLAN

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

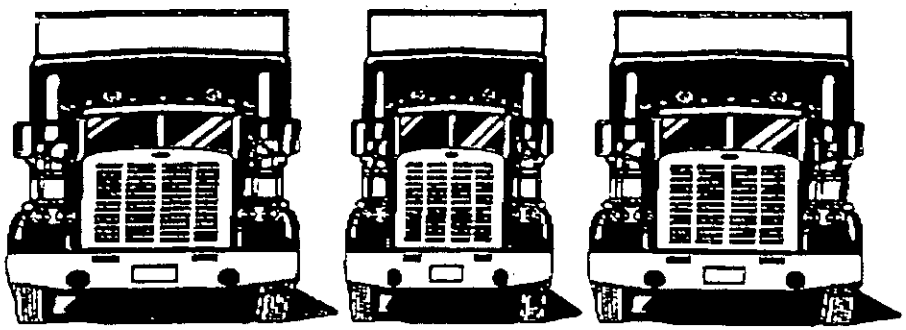


Owner/Agent Signature	
Date	

LBC 12/15/04

8656 Blair Road Fax # 704-753-5308
704-573-3648

Whitley & Son's Trucking and Grading



Fax

To: Drew Walker From: Angela Whitley 363 1632

Fax: 704.336.6894 Pages:

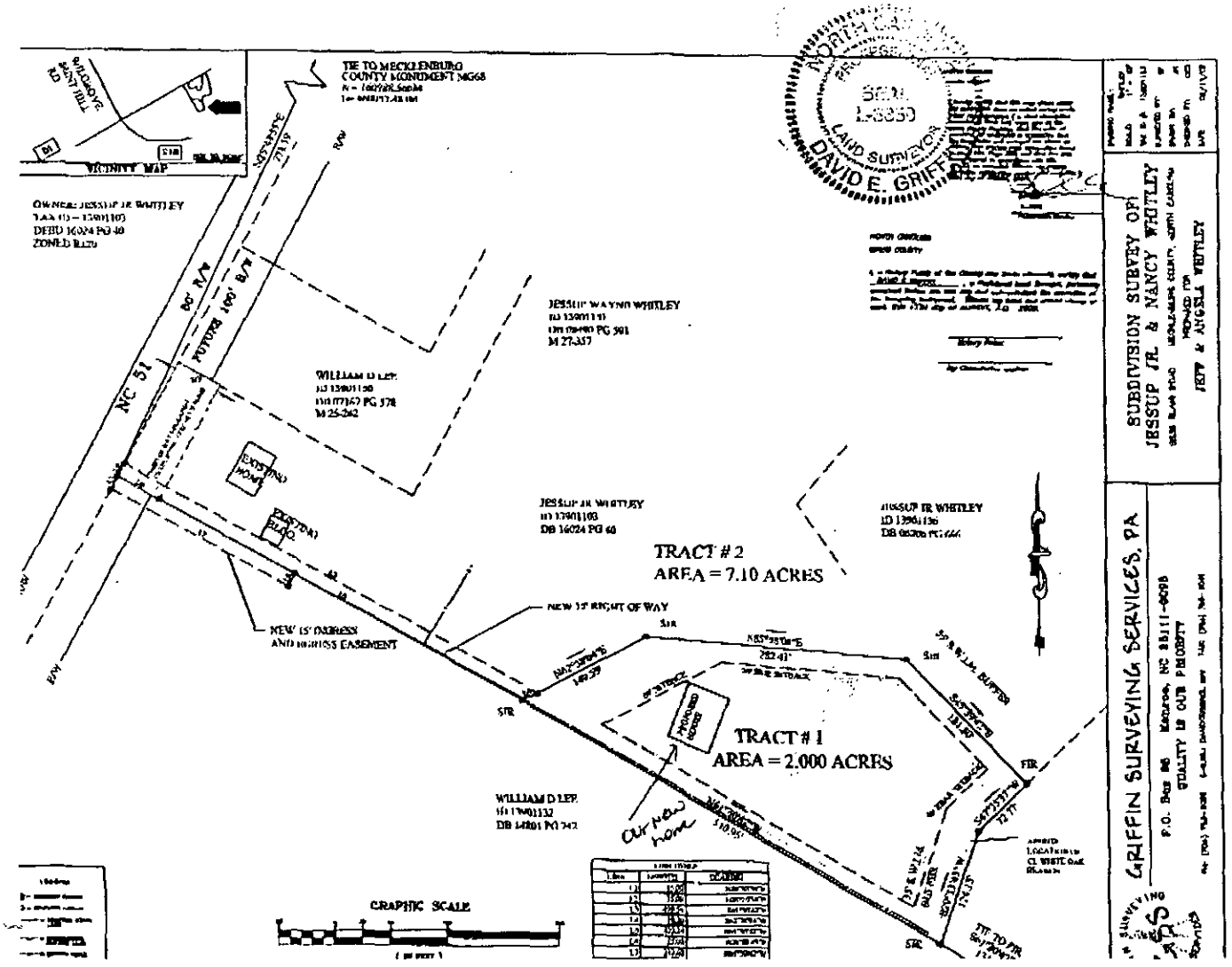
Phone: Date:

Re: CC:

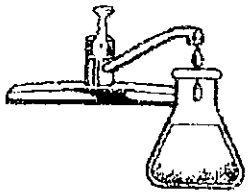
☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• Comments: Please let me know if you need further info—

OCT-21-2005 07:42AM FROM-Whitley & Sons Trucking 7047535308 T-950 P.001 F-524



OCT-21-2005 07:43AM FROM-Whitley & Sons Trucking 7047535308 T-950 P.002 F-524



K & W Laboratories
9331-B Albemarle Road
Charlotte, North Carolina 28227
Tel (704) 569-1800 Fax (704) 569-0055

6036B

Date 04/25/06

Client D L.Mullis
9200 Surface Hill Rd
Charlotte, NC 28227

Project: 8520 Blair Rd

Sample Description:	Drinking Water		
Date Collected:	04/24/06	at	10:30
Date/Time analysis begun:	04/24/06	at	10:55
Date/Time analysis completed:	04/25/06	at	11:20

Contaminant	Method	Results
Total Coliform	Colilert	**Absent**
Fecal Coliform	Colilert	**Absent**

Lab Log #: E640

Certified By: *E Kraska*

NC Certification 37767
SC Certification 99051

D.L. MULLIS WELL DRILING, INC.
MULLISWELL.COM
PO BOX 691446
CHARLOTTE,NC 28227
704-545-5694
FAX 704-545-9449

Fax

To:	DAVID CORNIELUS	**FROM**	ALLISON
Fax:	704-336-6894	**PAGES**	2
Phone:	704-545-5694	**Date:**	4-25-06
RE:	BACTERIA RESULTS FOR 8520 BLAIR RD/JEFF WHITLEY		

Urgent **For Review** **Please Comment** **Please Reply** **Please Recycle**

• **Comments:** D.L. MULLIS WELL DRILLING DOES NOT ASSUME LIABILITY FOR DAMAGE TO DRIVEWAYS, SIDEWALKS, LANDSCAPING,OR UNDERGROUND UTILITIES.

137 Dobbin DC

RESIDENTIAL WELL CONSTRUCTION RECORD

North Carolina Department of Environment and Natural Resources- Division of Water Quality

WELL CONTRACTOR CERTIFICATION # 2036-2038

1. WELL CONTRACTOR:
Mike Mullis
Well Contractor (Individual) Name
D. L. MULLIS WELL DRILLING
Well Contractor Company Name
STREET ADDRESS 9200 SURFACE HILL Rd.
CHARLOTTE NC 28227
City or Town State Zip Code
* (704) 5455694
Area code- Phone number

2. WELL INFORMATION:
SITE WELL ID #(if applicable)
STATE WELL PERMIT#(if applicable) # 10000205
DWQ or OTHER PERMIT #(if applicable)
WELL USE (Check Applicable Box): Residential Water Supply ☐
DATE DRILLED 1-19-06
TIME COMPLETED 3:30 AM ☐ PM ☑

3. WELL LOCATION:
CITY: MINT HILL COUNTY MECK
BLAIR ROAD
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☑ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other
(check appropriate box)
LATITUDE 35° 11.154'
LONGITUDE 80° 38.485'
May be in degrees, minutes, seconds or in a decimal format
Latitude/longitude source: ☑ GPS ☐ Topographic map
(location of well must be shown on a USGS topo map and attached to this form if not using GPS)

4. WELL OWNER
OWNER'S NAME Jeffrey Whitley
STREET ADDRESS 8520 Blair Rd.
Charlotte NC 28227
City or Town State Zip Code
704.573.3848
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 500'
b. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
c. WATER LEVEL Below Top of Casing: 40' FT.
(Use "+" if Above Top of Casing)
d. TOP OF CASING IS 1½' FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.
e. YIELD (gpm): 8 METHOD OF TEST AIR

f. DISINFECTION: Type HTH Amount 1 lb.
g. WATER ZONES (depth):
From ____ To 140' From ____ To ____
From ____ To 330' From ____ To ____
From ____ To 450' From ____ To ____

6. CASING:

	Depth		Diameter	Thickness/ Weight	Material
From +1½'	To 132'	Ft.	6 1/8"	.25"	pvc
From ____	To ____	Ft.			
From ____	To ____	Ft.			

7. GROUT:

	Depth		Material	Method
From 0'	To 40'	Ft.	cement	pumped
From ____	To ____	Ft.		
From ____	To ____	Ft.		

8. SCREEN:

	Depth		Diameter	Slot Size	Material
From ____	To ____	Ft.	in.	in.	
From ____	To ____	Ft.	in.	in.	
From ____	To ____	Ft.	in.	in.	

9. SAND/GRAVEL PACK:

Depth			Size	Material
From ____	To ____	Ft.		
From ____	To ____	Ft.		
From ____	To ____	Ft.		

10. DRILLING LOG

From	To	Formation Description
0'	25'	clay
25'	80'	yellow soil
80'	110'	pit gravel
110'	132'	transition rock
132'	500'	granite

11. REMARKS:

I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

D. L. Mullis 1-23-06
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

MIKE MULLIS - KELVIN BELK
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

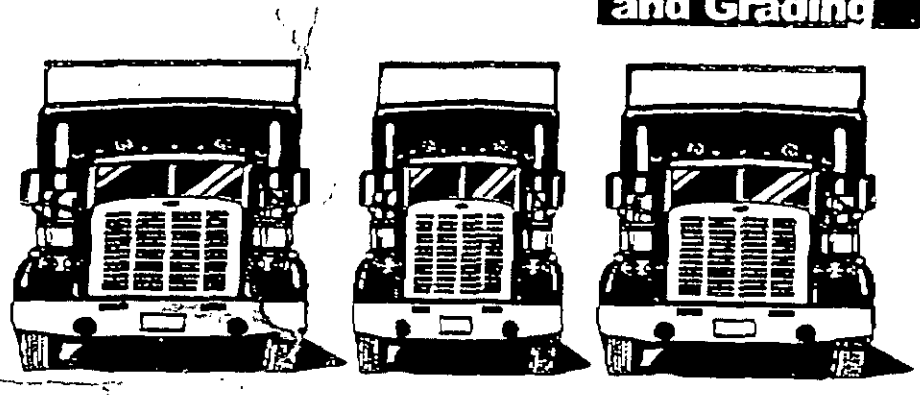
Submit the original to the Division of Water Quality within 30 days. Attn: Information Mgt., 1617 Mail Service Center – Raleigh, NC 27699-1617 Phone No. (919) 733-7015 ext 568.

Form GW-1a
Rev. 7/05

JAN-30-2006 10:35A FROM:DL MULLIS WELL DRILL 704 545 9449 TO:7043368894 P.1

8696 Blair Road Fax # 704-753-6306
704-575-5648

Whitley & Son's Trucking and Grading



Fax

To: Drew Walker / Mecklenburg Co. | From: Angela Whitley

Fax: 704.336.6994 | Pages: 3 includes cover

Phone: | Date:

Re: | CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• Comments: Drew - Please let me know if you need further info - 704-363-1632

NOV-30-2005 08:27AM FROM-Whitley & Sons Trucking 7047535308 T-141 P.001 F-065

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St, Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-5604

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10000205
Property Owner: WHITLEY JEFFREY&ANGELA **Tax Parcel #:** 139-011-03
Job Location Address: 8520 BLAIR RD
City: ETJ/CHARLOTTE **State:** NC **Zip Code:** 28227
Permit Issuance Date: 11/29/2005
Use of Well: Potable
Type of Facility Served by Well: House
Sewage System Type: None

Area of Regulated Groundwater Usage Restrictions Apply: YES
Replacement for Existing Well: If Yes, see requirements in Other Conditions of This Permit

General Conditions of This Permit:

- Water Supply Well construction must meet all requirements set forth in the *Mecklenburg County Groundwater Well Regulations* and any other applicable rules and laws.
- A Certified Well Contractor that is currently registered with the Department must perform the well construction activities.
- The permitted Water Supply Well shall be located in accordance with the attached SITE PLAN.
- Any alteration of the site (including location of structures and appurtenances) or modification in use of the well, may subject this Permit to revocation.
- The Department will collect an initial sample of water from the Water Supply Well and analyze the sample for total coliform bacteria, nitrate, and nitrite. A review of the analysis by the Department must find the sample to meet the groundwater quality standards specified in Chapter 6 of the Mecklenburg County Groundwater Well Regulations before the Water Supply Well can be placed in service.
- This Permit shall be VALID for a period not to exceed 12 months from the date of issuance.

Specific Conditions of This Permit (Check all that apply):

Grout must be placed the full extent of the casing.

Initial water sample to taken and analyzed for (check all that apply):

Volatile Organic Compounds (VOC's) | Semi-volatile Compounds | Metals (Specify in Other Conditions)
Pesticides | Herbicides | Other (See Below)

The analysis must be submitted to the Department for review and approval prior to the Water Supply well being placed in service.

Other Conditions of This Permit:

Authorized Agent: JACKSON A. WALKER Print Name
Signature:

Owner/Legal Agent: Angela Whitley Print Name
Signature:

PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5100

FILE: 6376B

TO: 139-011-03 Rd.

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

PERMIT FOR
3 BEDROOM WITH 6"
SLAB PLAN

SCALE 1" = 60'

1) 1500 GAL SEPTIC TANK
450' TOTAL LINEAR
FEET OF ABSORPTION
TRENCH & DRAINFIELD

2) USE DROP BOXES
FOR SERIAL DISTRIBUTION

3) LOCATE ALL PARTS
OF SEPTIC SYSTEM AT
LEAST 50' FROM ALL
WELLS

4) INSTALL PLASTIC LINERS
SHALL BE 30" DEEP ON EACH TRENCH

5) INSTALL AT LEAST 12"
OF SOIL COVER OVER
DRAINFIELD AFTER INSPECTION

6) WELL TO BE AT LEAST
25' FROM EDGE OF ROAD
50' FROM EDGE OF 100'
FROM SEPTIC TANK

PROPOSED HOUSE SITE

PERMIT AREA

282'

DRIVE

AREA

OWNER/AGENT SIGNATURE

DATE 10/25/05

APPROVAL DATE 10/26/05

TOTAL P.03

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Water & Land Resources
Groundwater & Wastewater Services

Fax Coversheet

****NOTICE****

The information contained in this fax may be privileged and/or confidential and is intended only for the use of the person to who it is addressed. If the reader of this message is not the intended recipient (or such recipient's employee or agent), you are hereby notified not to read, distribute, or copy the materials attached hereto without the prior written consent of the sender. If you have received this fax in error, please notify the sender by telephone call and return the original to us by mail and you will be reimbursed for the required postage. Thank you.

To: ANGELA WHITLEY

Fax #: 704-753-5308

Phone #: 363-1632

From: D. Wells

Date: 11/29/05

Number of pages transmitted: 3 (including coversheet)

Comments:

PLEASE SIGN WELL PERMIT AND FAX TO 704-336-6894

If you do not receive all pages of this fax please call (704) 336-5103.

☐ Original will not follow

☐ Original will follow via: ☐ U.S. Mail ☐ Hand Delivery ☐ _____

700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236
Office #: (704) 336-5103 • Fax #: (704) 336-6894

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St, Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10000205 **Tax Parcel #:** 139-011-03
Property Owner: WHITLEY JEFFREY&ANGELA
Job Location Address:8520 BLAIR RD
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28227
Permit Issuance Date: 11/29/2005
Use of Well: *Potable*
Type of Facility Served by Well: House
Sewage System Type: None

Area of Regulated Groundwater Usage Restrictions Apply:YES
Replacement for Existing Well: If Yes, see requirements in Other Conditions of This Permit.

General Conditions of This Permit:

- Water Supply Well construction must meet all requirements set forth in the *Mecklenburg County Groundwater Well Regulations* and any other applicable rules and laws.
- A Certified Well Contractor that is currently registered with the Department must perform the well construction activities.
- The permitted Water Supply Well shall be located in accordance with the attached SITE PLAN.
- Any alteration of the site (including location of structures and appurtenances) or modification in use of the well, may subject this Permit to revocation.
- The Department will collect an initial sample of water from the Water Supply Well and analyze the sample for total coliform bacteria, nitrate, and nitrite. A review of the analysis by the Department must find the sample to meet the groundwater quality standards specified in Chapter 5 of the Mecklenburg County Groundwater Well Regulations before the Water Supply Well can be placed in service.
- This Permit shall be VALID for a period not to exceed 12 months from the date of issuance.

Specific Conditions of This Permit (Check all that apply):

Grout must be placed the full extent of the casing.

Initial water sample to taken and analyzed for (check all that apply):

Volatile Organic Compounds (VOC's)	Semi-volatile Compounds	Metals (Specify in Other Conditions)
Pesticides	Herbicides	Other (See Below)

The analysis must be submitted to the Department for review and approval prior to the Water Supply well being placed in service.

Other Conditions of This Permit:

JACKSON A. WALKER
Authorized Agent: Print Name
Signature:

Owner/Legal Agent: Print Name
Signature:

PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 6036B

TC: 139-011-03 00.

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

PERMIT FOR
JESSUP WHITLEY
BLAIR ROAD

SCALE 1" = 60'

(1) 1500 SEPTIC TANK
450' TOTAL LINEAR
FEET OF INNOVATIVE,
TYPE III-G DRAINFIELD

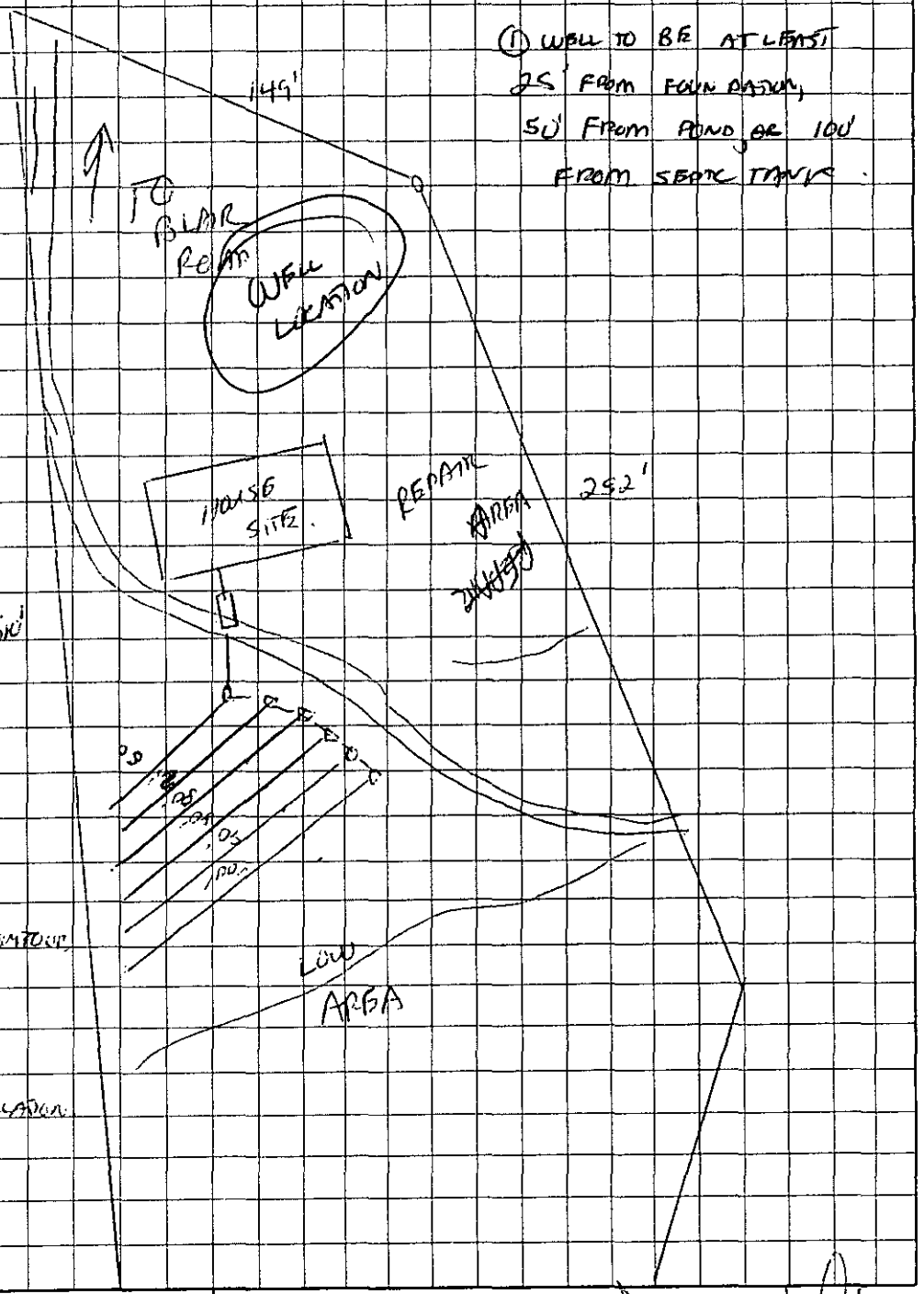
(2) USE DROP BOXES
FOR SERIAL DISTRIBUTION

(3) LOCATE ALL PARTS
OF SEPTIC SYSTEM AT
LEAST 50' FROM ALL
WELLS.

(4) INSTALL DRAIN LINES
SIDELONG (30") AND ON CONTOUR

(5) INSTALL AT LEAST 12"
OF SOIL COVER OVER
DRAINFIELD AFTER INSTALLATION

(1) WELL TO BE AT LEAST
25' FROM POWER POLE,
50' FROM POND OR 100'
FROM SEPTIC TANK.



OWNER/AGENT SIGNATURE

DATE 10/25/05

APPROVAL DATE 10/26/05

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

#205

GWS - RES. APP 07/05

400' - 119 LOS VLSA JKA

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

FILE # 60366B

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

WELL / TYPE APPLICATION: ☐ NONE ☑ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION:

TAX/PARCEL #: 139-011-03
STREET ADDRESS: 8520 Blair Road
CITY: Charlotte
STATE: NC ZIP: 28227
SUBDIVISION OR MOBILE HOME PARK NAME: N/A
LOT #:
TOWNSHIP: Mint Hill

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

BUILDING INFORMATION:

TYPE OF BUILDING:

☑ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☐ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE: 2200
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 5

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☑ BASEMENT WITH PLUMBING
☐ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:
NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☐ NO TYPE:

WATER SUPPLY:

☐ MUNICIPAL (M) ☐ PUBLIC (C) ☑ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES ☐ YES ☐ NO
EXISTING WASTEWATER SYSTEMS ☐ YES ☐ NO
EASEMENTS OR RIGHT-OF-WAYS ☑ YES ☐ NO
WELLS, SPRINGS, OR WATER LINES ☐ YES ☐ NO
DESIGNATED WETLANDS ☐ YES ☐ NO
GRADING/SOIL REMOVAL PERFORMED ☐ YES ☐ NO

PROPERTY OWNER:

NAME: Jeffrey and Angela Whitley
ADDRESS: 8520 Blair Road
CITY: Charlotte
STATE: NC ZIP: 28227 1632
HOME PHONE: 704-8459469 WORK PHONE: 704-363-1852
MOBILE PHONE: 704.363.1852 FAX: 704.753.5308

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? October 05'

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

*An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

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

*A Well Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202 704-336-5103 / FAX: 704-336-5894

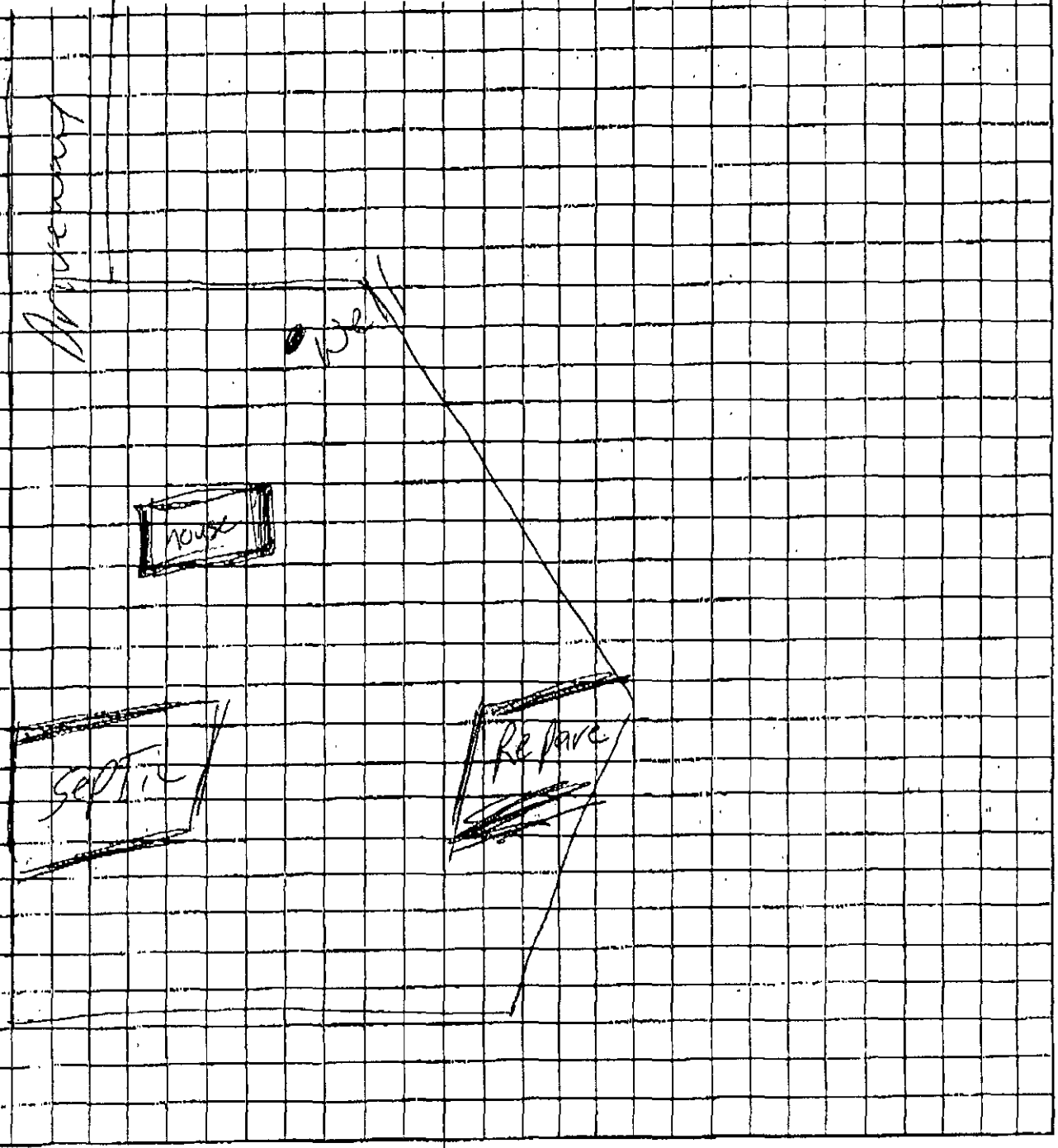
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 6036B

TC: 139-011-03

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



OWNER/AGENT SIGNATURE

DATE 11-9-05

APPROVAL DATE _____

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

6036B
324680

App
5531

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: ○ SEPTIC ONLY ○ WELL ONLY ☑ SEPTIC & WELL
○ ADDITION OR RENOVATION WITH OCCUPANCY INCREASE
○ ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE
○ EXCHANGE MOBILE HOME (SAME # BEDROOMS)
○ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: J. HEATH FISHER, JR.
ADDRESS: 8520 Blair Rd.
CITY: Mint Hill N.C.
STATE: NC ZIP: 28227
PHONE: 704-779-1211
ALTERNATE PHONE:
E-MAIL: HeathFish49@YAHOO.com

PROPERTY OWNER: ☑ SAME AS PERSON FILING APPLICATION
NAME:
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 139-011-56
STREET ADDRESS: 8520 BLAIR RD.
CITY: Mint Hill N.C.
STATE: NC ZIP: 28227

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

WATER SUPPLY:
○ MUNICIPAL ☑ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER

RESIDENTIAL PROPERTY TYPE: ○ N/A
☒ HOUSE ○ MODULAR HOME ○ MULTIPLE FAMILY
○ SINGLE MOBILE HOME ○ DOUBLE WIDE
○ OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: ☑ N/A
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? ○ YES ○ NO
UNDERGROUND STORAGE TANKS? ○ YES ○ NO

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☐ OTHER

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

*The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

J Heath Fisher Jr — Owner's/Agent's Signature
March 26-2012 — Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

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

Revised on: 01/03/11

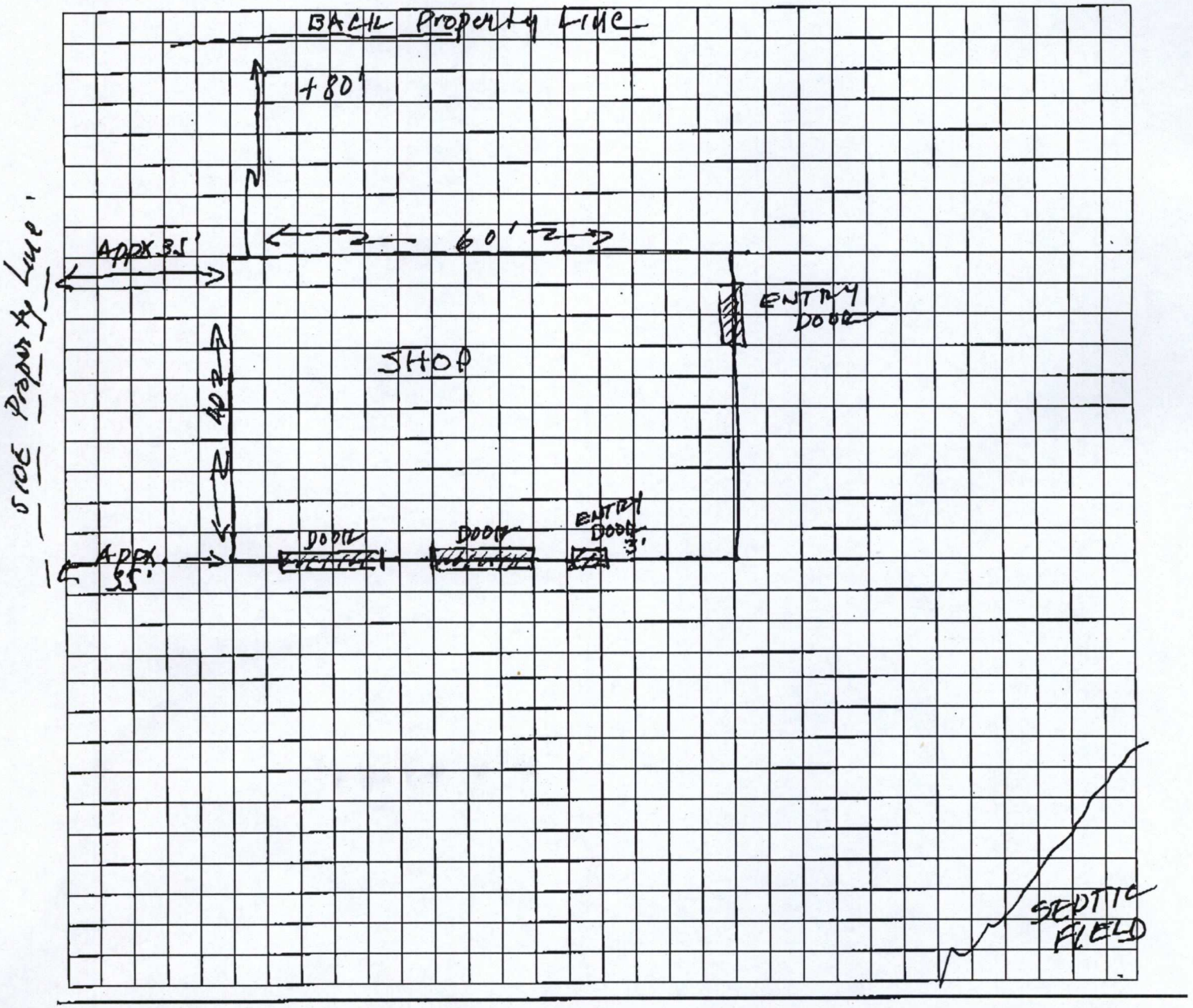
Mar. 27. 2012 1:28PM No. 5160 P. 1

File #: 324680

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: 8570 BLAIR RD. Tax Parcel #: _____



*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 and Water Supply Wells in effect at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an installation, construction, alteration and/or repair approval is granted by this Department.
- This permit is not transferable.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

USE EXISTING SYSTEM APPROVED

Jeremy Michael
REHS Signature

3-30-2012
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: 01/03/11

Mar. 27. 2012 1:28PM No. 5160 P. 3

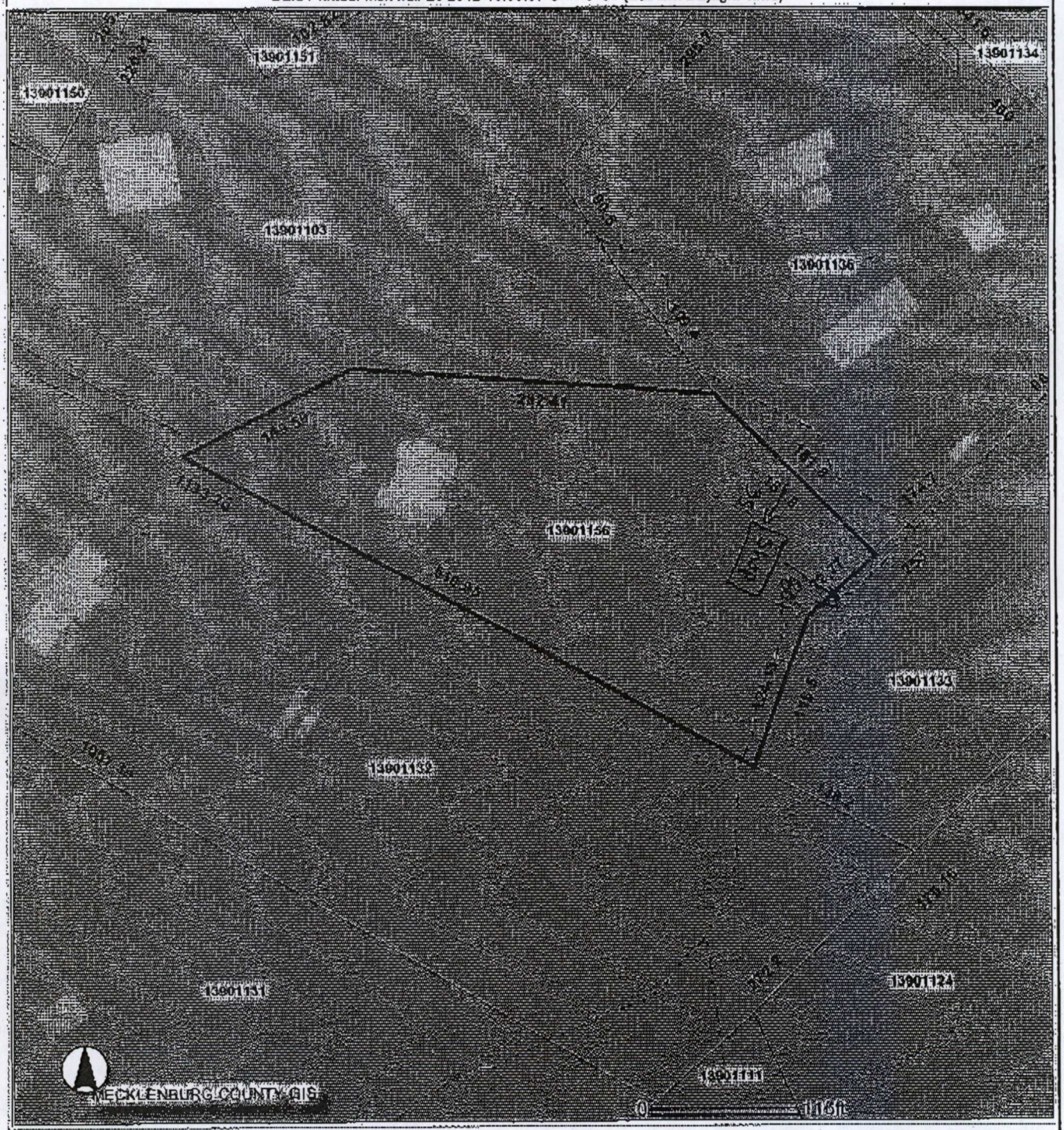
8520 Blair Road 139.011.56

Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Mon Mar 26 2012 10:55:07 GMT-0400 (Eastern Daylight Time)



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:	03/27/12	**Amount:**	100.00
Receipt #:	77678	**Tendered:**	100.00
Check / Auth #:	CHECK 1541	**Returned:**	0.00
Received By:	WILSOLL		

Account Information

Account #: 200000
Contractor: J HEATH FISTHER
Attn:
Address: 8520 BLAIR ROADD
Address: MINT HILL
City/State/Zip: NC, 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod PID 13901156 8520 BLAIR RD 324680		1	100.00	100.00

J HEATH FISHER
LANA M FISHER
8520 Blair Rd
Mint Hill, NC 28227-7638

1541
67-776/532
BRANCH 77460

March 26
Date

Pay to the Order of Mecklenburg County $ 100.00

One Hundred Dollars and NO/100 Dollars

WACHOVIA
Wachovia Bank, a division of Wells Fargo Bank, N.A.

For

J. Heath Fisher Jr

⑆053207766⑆ 10101666028536 1541

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
160.00					