Date Received 5-20-83

MAY 20 1983
ENVIRONMENTAL HEALTH

APT No. 19702
new T. C. No. 001-411-10

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Kimbrough (LAST) Lawrence (MIDDLE) M. Mr. & Mrs. R. E. Dear

2) ADDRESS OF OWNER C/O Rte 2 Box 522-A, Huntersville NC ZIP 28078

3) PHONE NO. Home 892-3253 Office 892-6606

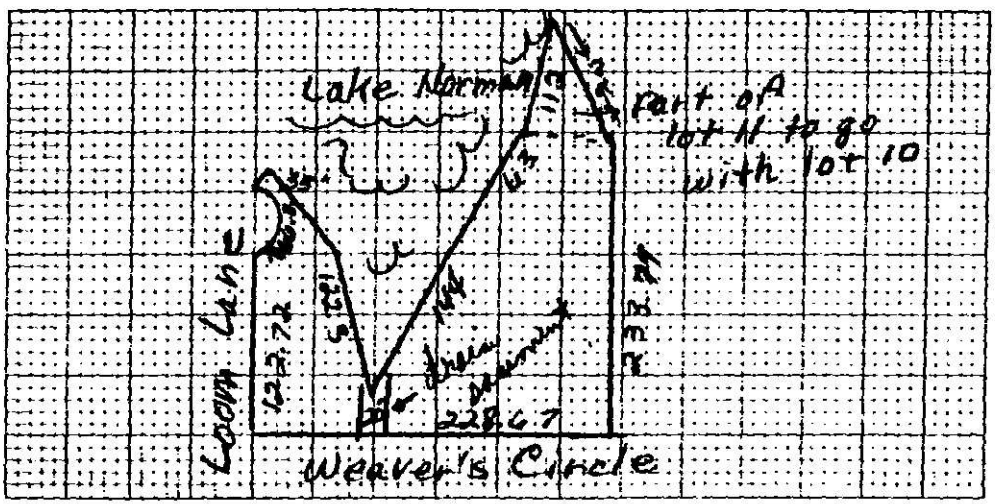
4) LOCATION OF PROPERTY 19519 corner of Weavers Circle & Loom Lane (STREET OR COUNTY ROAD) Lake Norman

5) SUBDIVISION new Patrick's Purchase LOT NO. 10 BLOCK NO.

MAP BOOK NO. ? PAGE NO. ?

6) DEED REFERENCE: DEED BOOK PAGE NO.

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation 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

Lawrence M. Kimbrough
OWNER

EHD-5-76

Environmental Health Department's Copy

Serial No. 5034

SIR No. 19702

T. C. No. 001-411-10

Date Issued 5-27-83

Map Date

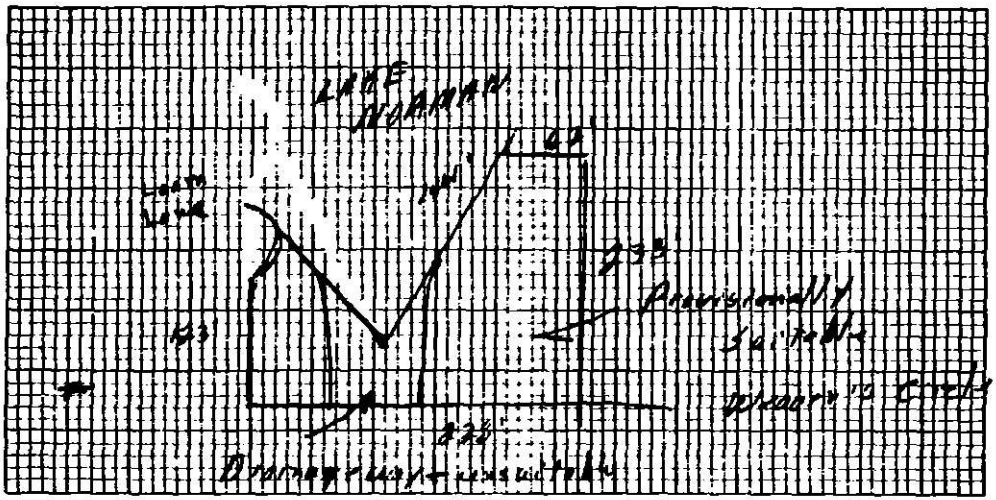
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Kimbrough, (LAST) Lawrence (MIDDLE) H

ADDRESS OF OWNER % Mr. & Mrs. R. E. Craig % Rt. 2, Box 522-A, Huntersville, NC ZIP 28078

LOCATION OF PROPERTY 19519 Weavers Circle (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____



PLOT PLAN

This is to certify that a soil investigation and on-site investigation was made by the Mecklenburg County Department of Environmental Health on the lot described above. The said investigation was conducted on that portion of the lot as indicated on the above plot. The permeability rate determined by the investigation was **Provisionally Suitable**. 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 Department of Environmental Health 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 Mecklenburg County Department of Environmental Health prior to installation based on the permeability 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 indicated as acceptable for system installation on the above plot.
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 Mecklenburg County Department of Environmental Health, renders the area indicated as acceptable for system installation unsuitable for 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 Department of Human Resources, Division of Health Services and the Mecklenburg County Health Commission which were in effect on the date of issuance and is void if at any time in the future, prior to 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.

William A. Mecklin
Soil Scientist

John B. Watson
Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 19202

T.C. NO. 001-411-10

(Ground Absorption Sewage Disposal)

Mr. & Mrs A.C. Dray

OWNER: Lawrence M. Kimbrough Sr. PLAT NO: Lot #10
ADDRESS: Rt 2 Box 522-A LOT SIZE: 31,798
Huntersville N.C.
LOCATION OF SITE: Villanova Circle & Swan Lane

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U — 2-10%	S PS U	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) U — clay	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U — Blocky	S PS U	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) U — 36-40"	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S, Saprolite PS 36" + U	S RS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S 24" PS Topsoil U water	S Drainageway/ PS & silt U basin	S PS U	S PS U
7. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
8. SOIL GROUP	16A	10A		
9. SITE CLASSIFICATION	Provisionally Suitable	unsuitable		
10. SOIL SERIES	Cecil-Lilly	Drainageway & Silt Basin		

S - Suitable PS - Provisionally Suitable U - Unsuitable

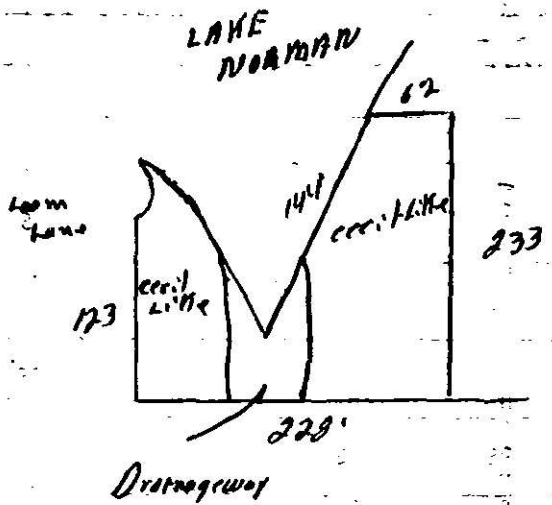
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: _____

Described by: William A. Maslin
Title: Soil Scientist

Date: 5-25-83

EHD 539 (Revised: 6/82)


LAKE
62
233
123
228'
Drainageway

Date Received 8-17-84

RECEIVED
AUG 17 1984
ENVIRONMENTAL HEALTH

ICAR(S) Application No. 19702

T. C. No 001-411-10

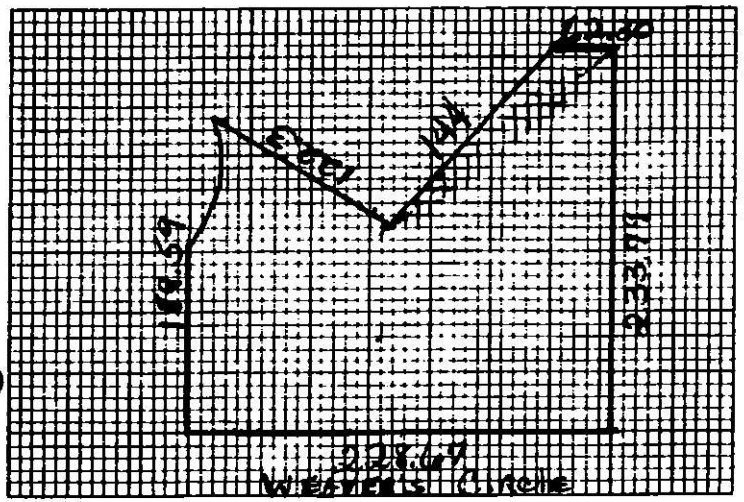
Map Date L

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) __X__ 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 __X__Yes ____No

4) No. of Bedrooms 3
5) Business Use — Max No Employees ____
6) Washing Machine __X__Yes ____No
7) Garbage Disposal ____Yes __X__No
8) Dishwasher __X__Yes ____No
9) Water Supply:
A) Individual Well Yes
B) Governmental System ____
C) Community System:
1. Well source ____
2. Governmental source ____
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 Drag (LAST) Robert (FIRST) E. (MIDDLE)

14) ADDRESS OF OWNER Rt 2 Box 5.29A Stough Farm Road 28078

15) PHONE NO. Home ____ Office 527-9425

16) LOCATION OF SYSTEM 19519 Weaver's Circle (STREET OR COUNTY ROAD)

17) SUBDIVISION Alice's Addition Lot No. 10 Block No. ____

Map Book No. 20 Page No. 72

18) DEED REFERENCE — DEED BOOK 4880 AT PAGE 907

19) HAS A SOIL INVESTIGATION BEEN RUN? __X__ YES ____ NO DATE RUN 5-27-83

20) PTR NUMBER (See Instructions) ____

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.

8-15-84
DATE OF APPLICATION

Robert E. Drag
OWNER

EHD-5-76

Environmental Health Department's Copy

Date Issued 8-17-84

Serial No. 7778

SIR No. 19702

T. C. No. 001-411-10

Map Date L CRT 8/22/84 JAR

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
IMPROVEMENT PERMIT
TO THE BUILDING INSPECTION DEPARTMENT

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

NAME OF OWNER Drag, (LAST) Robert (FIRST) E. (MIDDLE)

ADDRESS OF OWNER Rt. 2, Box 522-A, Huntersville, NC ZIP 28078

LOCATION OF LOT 19519 Weaver's Circle (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 19702. 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, altered, 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.

Lift Station will be required

Jim Evironmentalist

Brice D. Hunsucker Jr.
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

C of A (s) No. 19702

Date Issued 12-30-85 Serial 8132 T. C. No. 001-411-10 L CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

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

Name of Owner ORAG (LAST) ROBERT (FIRST) (MIDDLE)

Location of Property 19519 WEAVERS CIRCLE

Application Number 19702 Permit Number 19702

Inspection Data: REPAIR

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile ± 400' Number of Lines 4 in Bed 12'x50'x24"

Depth of Filter Material 24" Cover Depth ± 2'

Water Supply Source well Distance from Water Source 50'

Excavation Inspected 12-30-85 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 12-30-85 (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 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: _____

Kelly Randall
Environmental Health

EHD-5-76

Environmental Health Department's Copy

Date Issued 1-16-85

Serial No. 07834

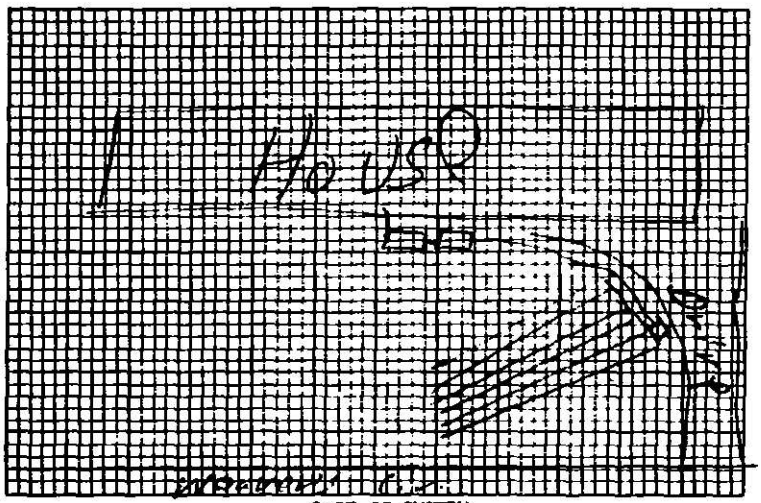
ICAR (S) Permit No. 19702

T. C. No 001-411-10

Map Date 1

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 19702, dated 8-15-84 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 2-16-85, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate IV g

Liquid Capacity of Tank 1500 gal / 1000 gal

Tank Construction PCC

Absorption and/or Nitrification Lines:

Total Line Length 300'

Number of Lines 5 X

Distance from House 5'

Distance from Properly Line 10' not in yet

Distance from Well Keep 100' away

NAME OF OWNER Dray, Robert E.

LOCATION OF PROPERTY 1515 19 Weaver's Cir

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.

5 X Trenches 50' X 3' X 12" stone; Lift Station required

Comments:

W. B. Janney
Division or Section Head

Jim Erwin
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.

BND-5-76

Environmental Health Department's Copy

C of A (s) No. 19702

Date Issued 2-11-85 **Serial** 7265 T. C. No. 001-411-10 L CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
OPERATION PERMIT
CERTIFICATE OF APPROVAL
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Drag, (LAST) Robert (FIRST) E. (MIDDLE)

Location of Property 19519 Weave's Cr

Application Number 19702 Permit Number 19702

Inspection Data:

Liquid Capacity of Tank 1500 gal 1000 gal Tank Material PCC

Total Length of Drain Tile 300' Number of Lines 5 X

Depth of Filter Material 12" Cover Depth 12"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 2-11-85 (DATE) Tank Inspected 2-11-85 (DATE)

Nitrification Field Inspected 2-11-85 (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 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: _____

Lisa Evans
Environmentalist

EHD-S-76

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received 5-14-85

MAY 14 1985

ICAR(S) Application No. 19702

T. C. No. 001-411-10

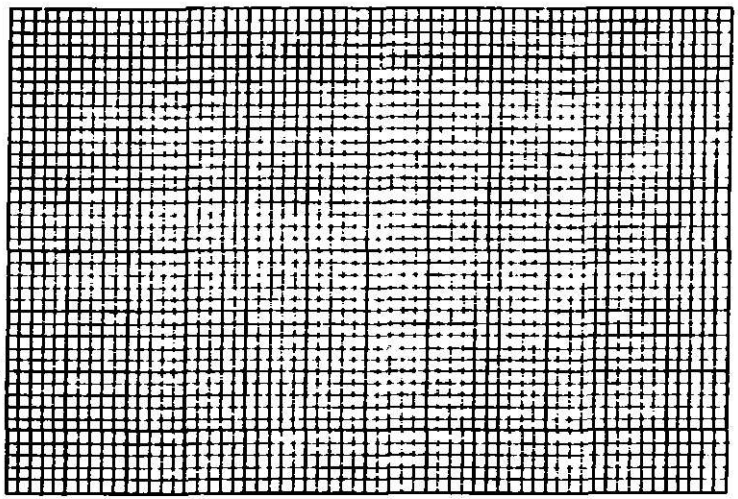
Map Date L

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.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ____Yes ____No
Residence ____Yes ____No

4) No. of Bedrooms _____
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) 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 DRAY (LAST) ROBERT (FIRST) EUGENE (MIDDLE)

14) ADDRESS OF OWNER 19519 WEAVERS CIR. HUNTERSVILLE, N.C. 28078

15) PHONE NO. Home 892-3253 Office 527-9425

16) LOCATION OF SYSTEM 19519 WEAVERS CIRCLE (STREET OR COUNTY ROAD)

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 _____

20) PTR NUMBER (See Instructions) _____

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.

5-13-85
DATE OF APPLICATION

Robert E. Dray
OWNER

EHD-5-76

Environmental Health Department's Copy

Date Issued 5-24-85

Serial No. 08182

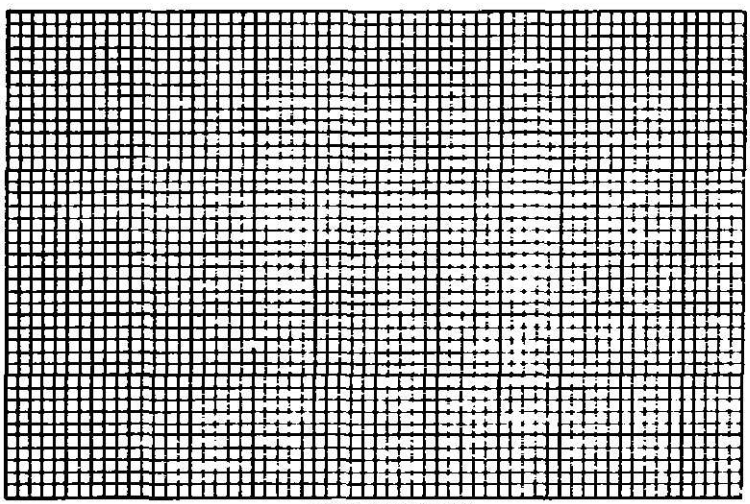
ICAR(S) Permit No. 19702

T. C. No 021-411-10

Map Date L

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~~ Lines 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 19702, dated 5-13-85 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 5-31-85, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate Repair

Liquid Capacity of Tank —

Tank Construction —

Absorption and/or Nitrification Lines:

Total Line Length —

Number of Lines /

Distance from House —

Distance from Property Line —

Distance from Well —

NAME OF OWNER Dragg, Robert E.

LOCATION OF PROPERTY 19519 Weavers Cir.

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.

Replace existing Distribution box

Comments:

B. Hardister
Division or Section Head

Jim Ericson
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

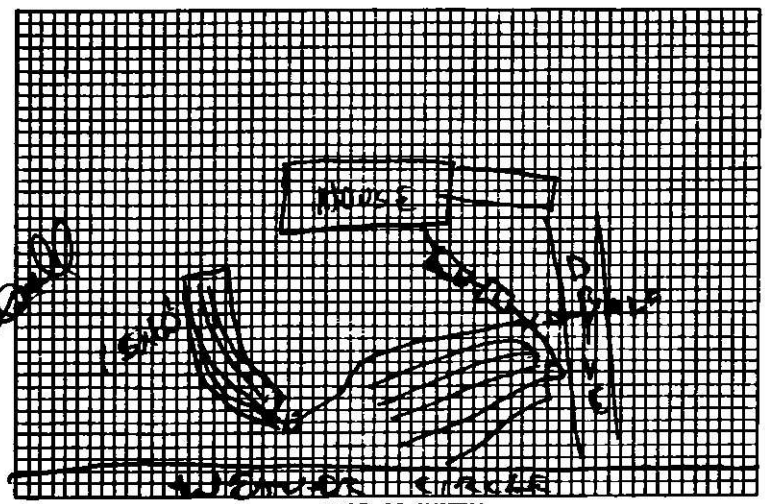
Date Issued 7-22-85 Serial No. 08331 ICAR(S) Permit No. 19702

T. C. No. 001-911-10

Map Date L

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 19702, dated 5-17-85 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 8-5-85, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate REPAIR

Liquid Capacity of Tank ———

Tank Construction ———

Absorption and/or Nitrification Lines:

Total Line Length 15 x 60 BED

Number of Lines 5

Distance from House 5'+

Distance from Property Line 10'+

Distance from Well 50'+

NAME OF OWNER DRAG, ROBERT E.

LOCATION OF PROPERTY 1951? WEANLES CIRCLE

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.

Comments: 1 Bed 15 x 60' long x 36" rock. Install Diversion valve, SO original system + repair may be attempted BH

Division or Section Head

Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the 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 Issued 10-29-85

Serial No. 08650

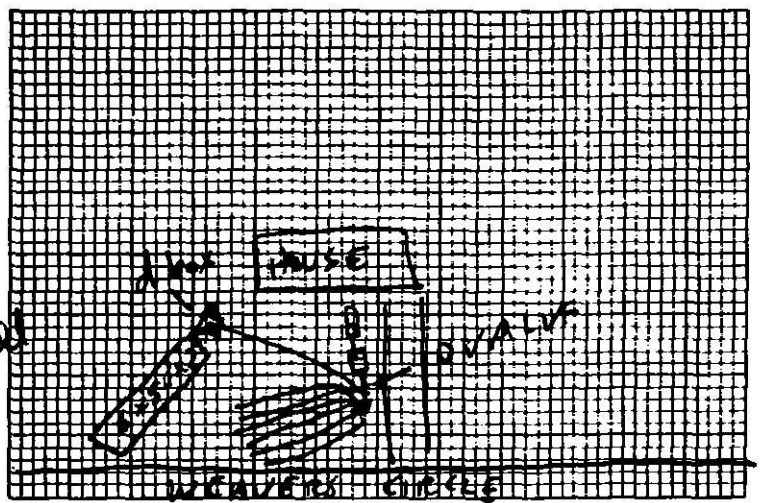
ICAR(S) Permit No. 19702

T. C. No. 001-411-10

Map Date L

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 19702, dated 5-17-85 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 11-10-85, after which date this permit shall be null and void.



PLOT OF SYSTEM

REPAIR

Permeability Rate ____

Liquid Capacity of Tank —

Tank Construction —

Absorption and/or Nitrification Lines:

Total Line Length = 400'

Number of Lines 4

Distance from House 5'+

Distance from Property Line 10'+

Distance from Well 50'+

NAME OF OWNER DRAG, ROBERT

LOCATION OF PROPERTY 19519 WEAVERS CIRCLE

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.

1 Bed 12' x 50' x 2' w/ diversion valve to split old field and

Comments: New repair

Division or Section Head

Environmentalist Kelly Randall

* 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.

BHD-5-76

Environmental Health Department's Copy

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

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

(OFFICE USE ONLY)
FILE: 19702)
TC: 001411-10
SERIAL: Nº 15788 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 19519 (STREET NO.) WEAVER'S CIRCLE (STREET), HUNTERSVILLE, NC ② FILE: _____

③ JURISDICTION: _____ ④ TAX PARCEL NO.: _____

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

OWNER

⑧ NAME: JAMES (FIRST) R. (MIDDLE) ROBERT PHILLIPS (LAST)

⑨ MAILING ADDRESS: 19519 WEAVER'S CIRCLE

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

⑬ PHONE: (WORK) 364-5745 ⑭ (HOME) 892-7131

REQUEST

This request is for a(n):

⑮ ☐ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☑ Repair or alteration permit ⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 3 ㉕ Type? _____

㉓ Maximum occupancy? 4 ㉖ Maximum number of employees? _____

㉔ Basement? ☐ yes ☑ no ㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☑ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Cynthia W. Phillips

Date: 3/23/88

IMPROVEMENT PERMIT

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

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

. . . This permit is not transferable, and shall become null and void 36 months from the date of issuance.

_____ / _____
Environmentalist Date

_____ / _____
Director or Authorized Section Head Date

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