

10933 LEYTON PL

13912713

8/14/08

marliwr

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

K. Miller
8913 Gosnell Dr.
Charlotte NC
28227

ROBERT MILLER
KENDRA A. MILLER
8913 GOSNELL DR. 704-545-4239
CHARLOTTE, NC 28227

66-393/530
5110129329

3213

DATE 11/3/97

PAY TO THE ORDER OF Meck. Co. Environmental Health $ 100.00

One hundred and 00/100 DOLLARS

55625

BB&T
BRANCH BANKING AND TRUST COMPANY
2520 SARDIS ROAD NORTH
CHARLOTTE, NC 28227

ACCESS BANKING

MEMO Septic System - Kendra Miller

:053003931: 5110129329" 3213

* DELUXE WALLET OR DUPLICATE D

LEGENDS

What property is this for?

139-225-20
7154

28202/2236

file
1763

139-127-13
10933
Leyton Pl

Record
attached
to
log sheet

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 19613 DATE: 9/30/97

TC: 139 127 13 ☒ L ☒ CRT

SERIAL № 17346

Rec'd 100.00 ck # 3213 11/13/97 SC

Name of Owner Robert Miller Juris.:

Address of Property 10933 ~~Leyton~~ Ceyton Place

Inspection Data:

Tank Material PCC

Total Length of Drainfield 280'

Number of Lines 3 @ 93'

Cover Depth 12"

Water Supply Source well

Distance to Water Source 65'

Excavation Inspected 9/30/97

Tank(s) Inspected 9/30/97

Wash Line Inspected plumb to tank

High Water Alarm Inspected 9/30/97

Recorded as a Type III five

PLOT

Design 1997, 1500ST, 1000DT, PI, INNO, 280 chamber system ccc.1 CTR# 2CS

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 see comments ☐ 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. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

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

COMMENTS: Tanks installed in back by homeowners request / Drainfield lines shortage due to >15' separation from drainage ditch. Septic system designed for 3 bedroom residence. Type IIIg

Philip S. Walker R.S.
Environmental Health Specialist

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 1963 DATE: 9/30/97

TC: 139 129.13 ☐ L ☐ CRT

SERIAL No. 17346

Name of Owner Robert Miller Juris.:

Address of Property 10933 Leyton Place

Inspection Data:

Tank Material PCC

Total Length of Drainfield 280'

Number of Lines 3 @ 93'

Cover Depth 12"

Water Supply Source Well

Distance to Water Source 65'

Excavation Inspected 9/30/97

Tank(s) Inspected 9/30/97

Wash Line Inspected plumb to tank

High Water Alarm Inspected 9/30/97

PLOT

Design 1997, 1500ST, 1000DT, PI, TNND, 290 chamber system cec.1 CTR# RCS

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 see comments ☐ 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. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

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

COMMENTS: Tanks installed in rock by homeowners request / Drainfield lines shortage due to 15' separation from drainage ditch, Septic system designed for 3 bedroom residence, Type III

Philip A. Walker R.S.

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

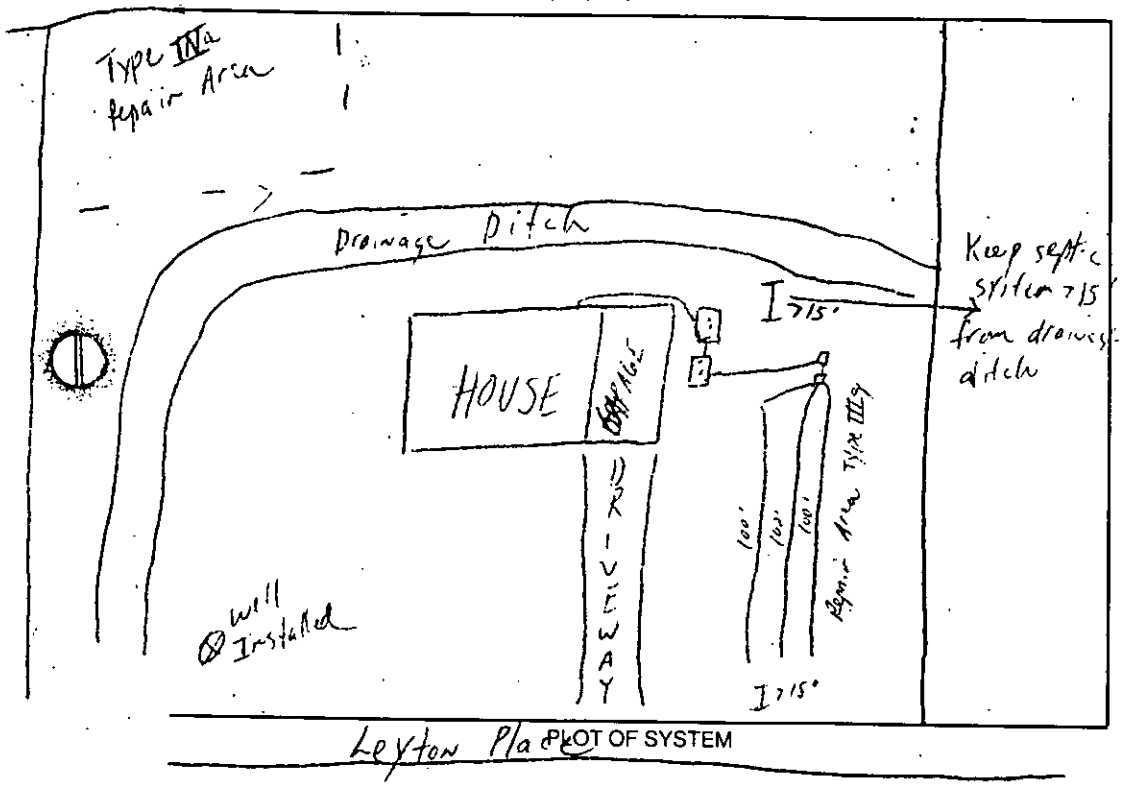
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 17613 DATE: 9/18/97

TC: 139 127 13 ☐ L

SERIAL No 17296

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 3/27/97. All work shall be completed on or before 10/18/97, 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 1000 gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous Yes

Total Line Length 300' feet

Number of Lines 3(100')

Depth of Stone NA inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well > 50' feet

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

NAME OF OWNER ~~Gerry~~ Robert Miller

LOCATION OF PROPERTY 10933 Leyton Place

Comments: 1500ST, 1000DT, Pl. Innovative system installation 3 lines x 100' long x 3' wide. Keep septic system >15' from Drainage Ditch. Keep septic system >50' from well. Type IVa Repair Area

Philo S. Walker R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

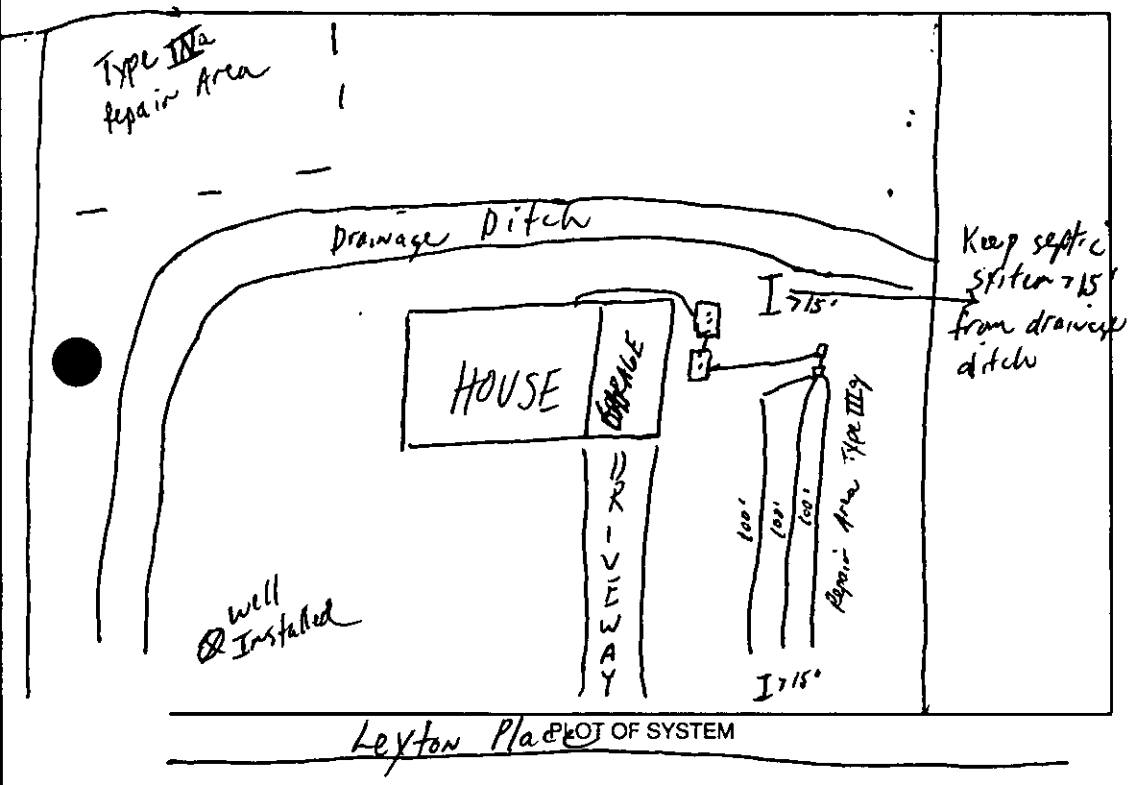
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 17613 DATE: 9/18/97

TC: 139 127 13 X L

SERIAL Nº 17296

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 3/27/97. All work shall be completed on or before 10/8/97, 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.



Lexton Place PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous Yes

Total Line Length 300' feet

Number of Lines 3(100')

Depth of Stone NA inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well > 50' feet

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

NAME OF OWNER ~~Gerry~~ Robert Miller

LOCATION OF PROPERTY 10933 Lexton Place

Comments: 1500ST, 1000DT, P1, Innovative system installation 3 lines x 100' long x 3' wd
Keep septic system > 15' from Drainage Ditch | Keep septic system > 50' from well
Type IVa Repair Area

Philip S. Walker R.S.
Environmental Health Specialist

Ck Ck# 114 Impl # 50 Cont #100 40.00

FEE: 150.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 3/24/97 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 3/20/97 PERMIT NO: 17613
PARCEL NO: 139 127 13

JOB LOCATION ADDRESS: 1476 Cumberland Dr
PROPERTY OWNER: ~~Gerr~~ Robert W. Miller
BUILDING CONTRACTOR: —
SUBDIVISION NAME: —
AUTHORIZATION ISSUED BY: Phila S. Walker R.S. DATE: 3/20/97
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 17613, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

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

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

4. OTHER CONDITIONS: Agreement forms to be on file before IP release

OWNER CERTIFICATION

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

× Robert W. Miller 3/20/97
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: ~~139 127 13~~ 17613

Tax Number: 139 127 13

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	✓ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): 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: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
3 Long-term acceptance rate	360 Max gallons/day wastewater flow	900 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
YES Serviced by private well	1500 Gallon septic tank	1000 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3 Bedrooms in residence	1000 Gallon pump tank	NA Depth of stone		

Any surface waters present: Yes Type: Drainage ditch Minimum separation distance: 15'

Site modifications required:

Additional Conditions: Lift pump required. Innovative system approval, Agreement forms to be filed before IP release. PPBPS Repair

Repair Area System Type Type (circle one): 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: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
400' Absorption Area (Sq ft) 200' Total Trench Length (Ft)	NA Depth of Stone Trench	8 Trench spacing (min. on centers)	42" Maximum Trench Depth	

For existing system, enter the year originally installed:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for t Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effe 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 Departme
- This Improvement permit is transferable.

Phila S. Walker R.S. 3/20/97
DEHNR Authorized Agent Date

x [signature] 3/20/97
Owner/Agent Signature Date

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

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

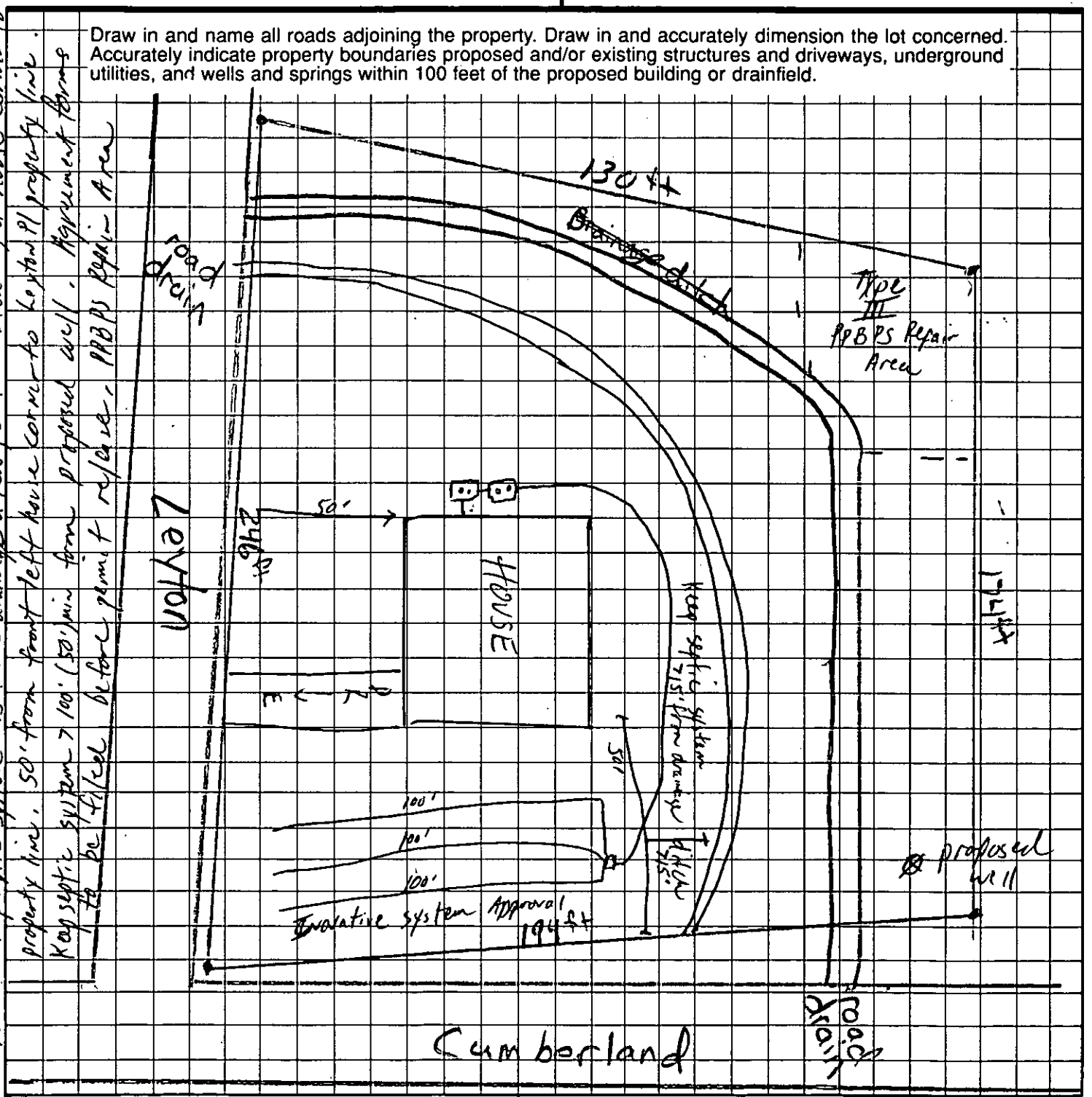
PROPOSED PLOT PLAN

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

FILE: 17613

TC: 139-127-13

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



COMMENTS 1500 ST, 1000 DT, lift pump required, Innovative System Approval, 3 lines x 100 long x 3' wide
3 Bedroom Residence Key septic system > 15' from drainage ditch, 50' from back right house corner to property line. Key septic system > 100' (50' min from proposed well, RpBPS repair area 1 ft to be filled before permit release.

Robert W. Miller
OWNER/AGENT SIGNATURE

DATE 3/20/97

APPROVAL DATE 3/20/97

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

BK: 08979 PG: 0754/0756 #:0127 12.00
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 03/24/97 11:09

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

FILE # 17613
PARCEL # 139-127-13

The undersigned, ~~Robert W Miller~~ & Kendra A. Miller, owner of property located at 14716 Cumberland Dr., (the "site") and described in an instrument recorded in Book 8826 at Page 33, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following conditions will apply to the site:

- Any changes on the property may make the Improvement Permit Null and void and may make the Improvement Permit subject to revocation.

This instrument was prepared by: Environmental Health
Mail after recording to: Kendra Miller
8913 Gosnell Dr. Charlotte NC 28227

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 24th day of March, 1997.

_____ (Corporate Name)

By: _____

_____ President

ATTEST:

_____

_____ Secretary

(Corporate Seal)

Kendra A. Miller (SEAL)

Kendra A. Miller (SEAL)

_____ (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, MaryAnn Whalen, a Notary Public for said County and State, do hereby certify that Kendra A. Miller personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 24th day of March, 1997.

MaryAnn Whalen
Notary Public

My Commission Expires:
10-13-2000

MARY ANN WHALEN NOTARY PUBLIC MECKLENBURG COUNTY, N.C.

RBCWM:24751_1/8-30-95

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

OWNER'S ACKNOWLEDGMENT OF MODIFIED/ALTERNATIVE REPLACEMENT SYSTEM REQUIREMENT

Site Address: 14716 Cumberland Dr

File Number: 17613

Parcel Number: 139 127 13

Owner/Agent Name: Richard Aliff
(Please print)

Date: 11/7/96 Number of Bedrooms: 3

Receipt of the plan and specifications for a conventional system of sewage disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15A NCAC 18A .1900 - "Sewage Treatment and Disposal Systems." The plan as submitted is disapproved because there is not sufficient available space for a repair area for a conventional replacement system.

This site may be developed if the repair area is found to be acceptable for either a modified system (Rule .1956) or an alternative system (Rule .1957) for the replacement system as allowed by the following Rule 15A NCAC 18A .1945(b).

(b) Sites shall have sufficient available space for a repair area separate from the area determined in Paragraph (a) of this Rule. The repair area shall be based upon the area of the nitrification field required to accommodate the installation of a replacement system as specified in Rule .1955, .1956, or .1957 of this Section. Prior to issuance of the initial Improvement Permit for a site, the local health department shall designate on the permit the original system layout, the repair area, and the type of replacement system.

Please be advised that you have the right of an informal review by this Department and the right of appeal under G.S. 130A-335(g) and 130A-24, which appeal can be held in Mecklenburg County.

By signing this form, and signing and recording in the Mecklenburg County Register of Deeds Office the attached reclassification form entitled, **WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c)**, or .1969, you the property owner, understand and acknowledge your option to develop this site initially with a

conventional sewage system and when needed, subsequently to repair or replace said system with a modified or alternative system as described in Rules .1956 "Modification to Septic Tank Systems," or .1957(a), (b), or (c) "Design Criteria for Design of Alternative Sewage Systems." The completed reclassification form must be approved by this office before it can be recorded.

In addition, you the property owner, also understand that the following conditions will apply:

- Any changes on the property may make the Improvement Permit null and void and may make the Improvement Permit subject to revocation.

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems." for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

Philo S. Walker P.S. — 11/7/96

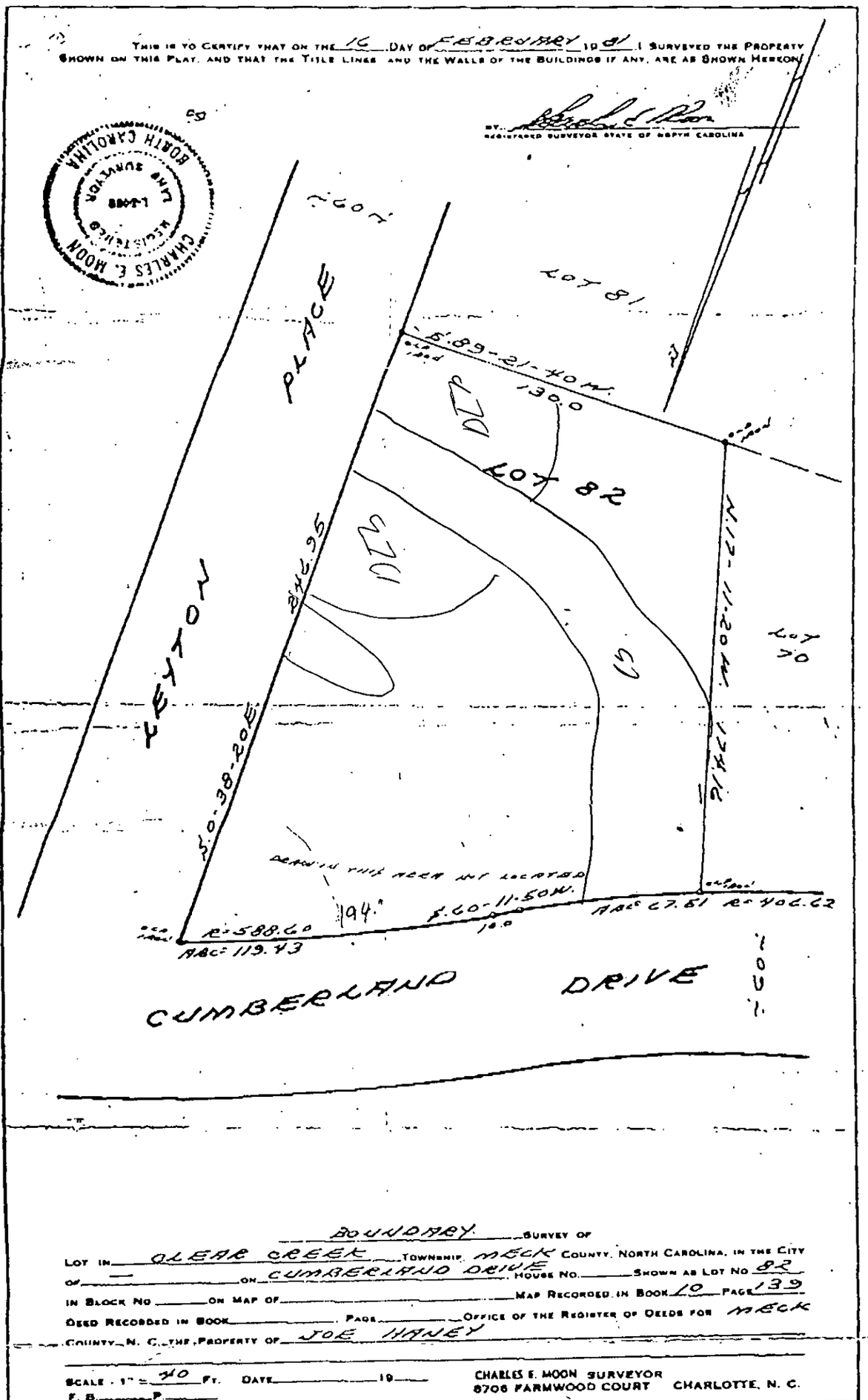
Environmental Health Specialist — Date

I have reviewed this document and understand its provisions and implications concerning the issuance of the Improvement Permit for the above-referenced site.

Glenda Miller — 3-18-97

Property Owner Signature — Date

700 North Tryon Street, Suite 211, Charlotte, North Carolina 28202,
(704) 336-5102



BOUNDARY SURVEY OF

LOT IN CLEAR CREEK TOWNSHIP, MECK COUNTY, NORTH CAROLINA, IN THE CITY OF — ON CUMBERLAND DRIVE HOUSE NO. — SHOWN AS LOT NO 82

IN BLOCK NO — ON MAP OF — MAP RECORDED IN BOOK 10 PAGE 139

DEED RECORDED IN BOOK — PAGE — OFFICE OF THE REGISTER OF DEEDS FOR MECK COUNTY, N. C. THE PROPERTY OF JOE HANEY

SCALE 1" = 40 FT. DATE — 19—

F. B. — P. —

CHARLES E. MOON SURVEYOR
8706 FARMWOOD COURT CHARLOTTE, N. C.

199-127-13

File
17613

FEE: 100.00 CK # 2662

DATE: 10/24/96 SC

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

1 [illegible]

1 CRT

TYPE APPLICATION: ✓ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

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

FILE #: 17613

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139-127-13

STREET ADDRESS: 14716 Cumberland Dr

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 82

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
✓ HOUSE (H)
___ MODULAR HOME (M)
___ MULTIPLE FAMILY (U)
___ OTHER (O)

TOWNSHIP (CHECK ONE):

✓ 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
___ 7 MINT HILL

HEATED SQUARE FOOTAGE: 1350

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 6

CLOSING DATE: N/A

Bot reduction
shelter redraw

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
✓ ON SLAB
___ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

N/A

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
___ SHARED WELL (S)
___ MUNICIPAL (M)
___ OTHER 'SPRINGS' (O)
✓ PRIVATE WELL (P)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES ___ YES ✓ NO
EXISTING WASTEWATER SYSTEMS ___ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS ___ YES ✓ NO
WELL, SPRINGS OR WATERLINES ___ YES ✓ NO
DESIGNATED WETLANDS ___ YES ✓ NO

PROPERTY OWNER:

NAME: Hiff Richard Dale
(LAST) (FIRST) (MI)

ADDRESS: P.O. Box 1741

CITY: Bluefield STATE: WV ZIP: 24701

DAYTIME PHONE: (304 325-[illegible]

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Nichols Gerry L.
(LAST) (FIRST) (MI)

DAYTIME PHONE: (704 366-8191

Coldwell Banker Fleishauer

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? June 15, 1993

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

SIGNED: Gerry L. Nichols DATE: 10-12-96

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

OMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope) V (Convex Slope) (Drainage Way) S (Debris Slump) P (Flood Plain) S (Foot Slope) (Head Slope) (Linear Slope) (Nose Slope) (Ridge) (Shoulder Slope) (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	SI (Silt) SICL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SLC (Silt Loam Clay)	0.6 - 0.3	0.3 - 0.15		
					MOIST	WET
	IV	SC (Sandy Clay) SIC (Silty Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		O (Organic)	None			

OTES

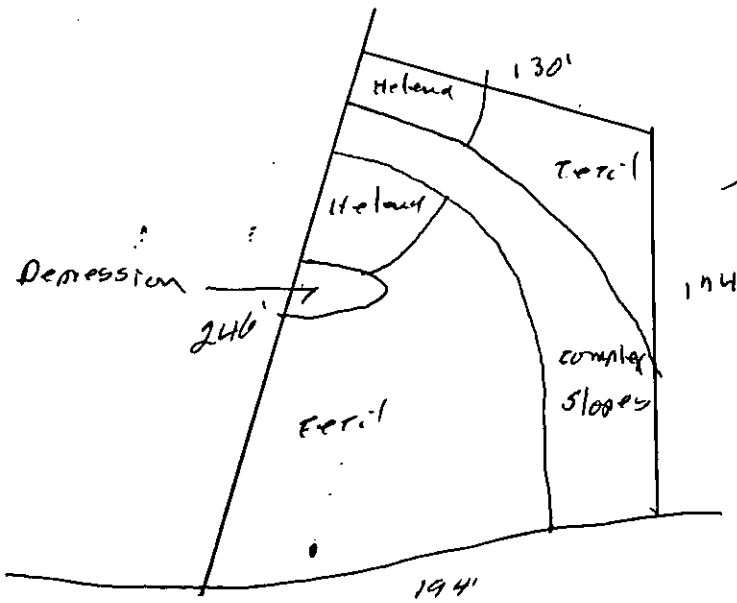
ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.

ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).

Leyton Place 17613



suspect drainage ditch may have been removed

W/ Row 11-4-96

N

FEE: 100.00 CK# 2626
DATE: 10/24/96 SC

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

1 CRT

TYPE APPLICATION: ✓ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

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

FILE #: 17613

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139-12.7-13

STREET ADDRESS: 14716 Cumberland Dr

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 82

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
✓ HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

TOWNSHIP (CHECK ONE):

✓ 0 MECKLENBURG
__ 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

HEATED SQUARE FOOTAGE: 1354

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: N/A

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
✓ ON SLAB
__ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

N/A

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
✓ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	__ YES ✓ NO	WELL, SPRINGS OR WATERLINES	__ YES ✓ NO
EXISTING WASTEWATER SYSTEMS	__ YES ✓ NO	DESIGNATED WETLANDS	__ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS	__ YES ✓ NO		

PROPERTY OWNER:

NAME: (LAST) Aliff (FIRST) Richard (MI) Dale

ADDRESS: P.O. Box 1741

CITY: Bluefield STATE: W.V. ZIP: 24701

DAYTIME PHONE: (304) 325-6013

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) Nichols (FIRST) Gerry (MI) L.

DAYTIME PHONE: (704) 366-8791

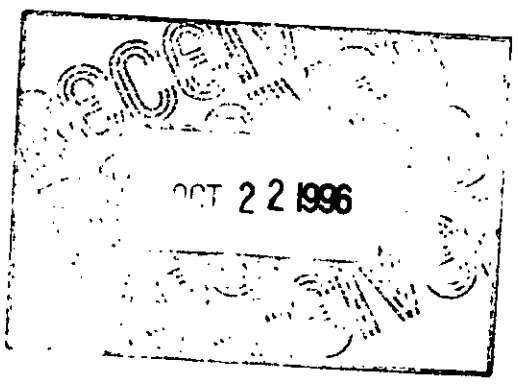
Coldwell Banker Flowhouse

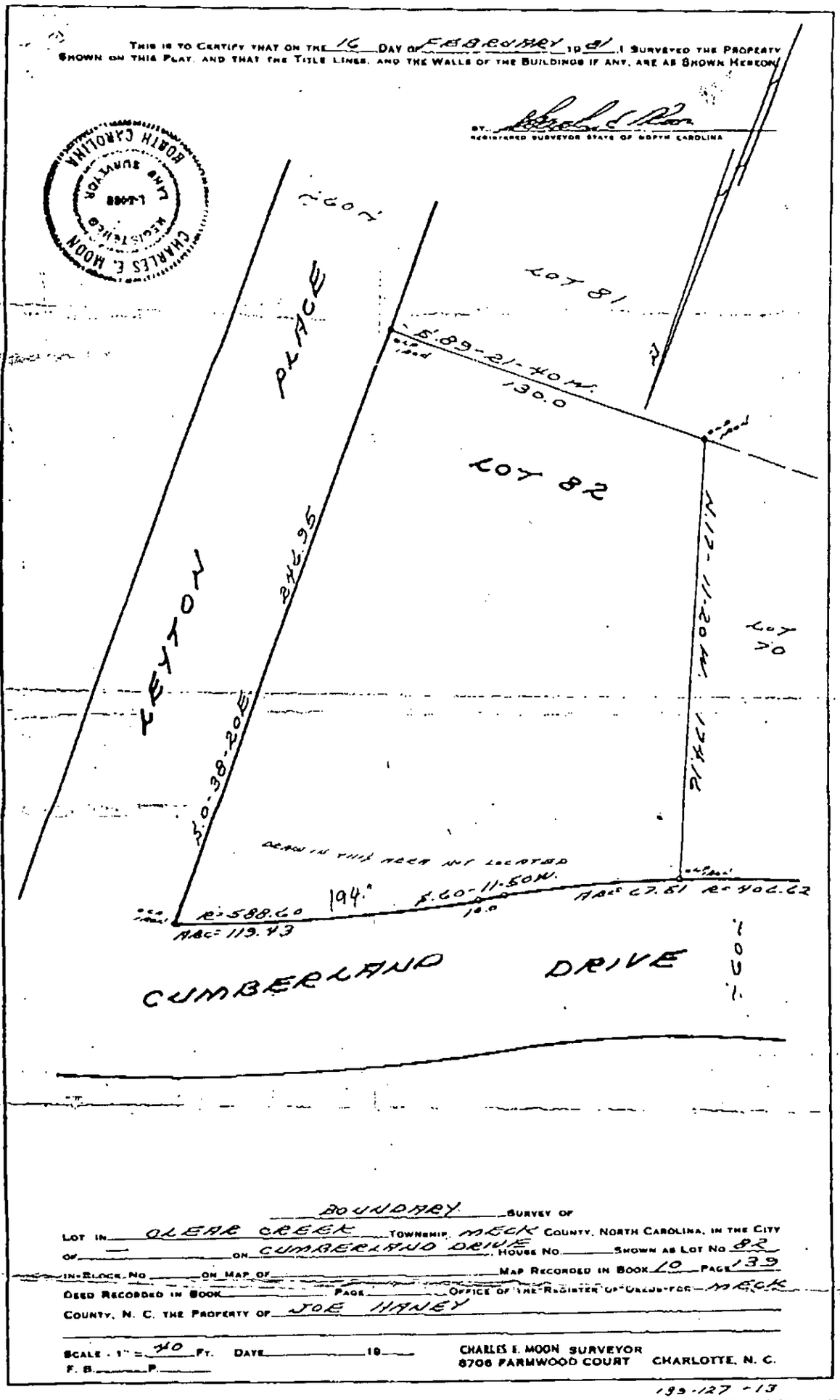
WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? JAN. 15, 1993

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

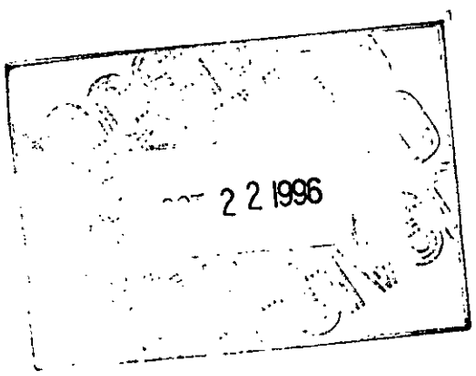
SIGNED: Gerry L. Nichols DATE: 10-22-96

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


OCT 2 2 1996


THIS IS TO CERTIFY THAT ON THE 16 DAY OF FEBRUARY 19 91 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES, AND THE WALLS OF THE BUILDINGS IF ANY, ARE AS SHOWN HEREON
BY
REGISTERED SURVEYOR STATE OF NORTH CAROLINA
CHARLES E. MOON REGISTERED LAND SURVEYOR L-1958 NORTH CAROLINA
LEYTON PLACE
246.95
S.0-38-20E.
LOT 81
S.89-21-40W.
130.0
LOT 82
N.11-11-20W. 117.13
LOT 80
DEAD IN THIS AREA NOT LOCATED
194.'
S.60-11-50W.
10.0
R=588.60
ARC=119.43
ARC=67.81 R=406.62
CUMBERLAND DRIVE
100'
BOUNDARY SURVEY OF
LOT IN OLDE CREEK TOWNSHIP, MECK COUNTY, NORTH CAROLINA, IN THE CITY OF — ON CUMBERLAND DRIVE HOUSE NO. SHOWN AS LOT NO 82
IN BLOCK NO ON MAP OF MAP RECORDED IN BOOK 20 PAGE 139
DEED RECORDED IN BOOK PAGE OFFICE OF THE REGISTER OF DEEDS FOR MECK
COUNTY, N. C. THE PROPERTY OF JOE HANEY
SCALE - 1" = 40 FT. DATE 19
F. B. P.
CHARLES E. MOON SURVEYOR
8706 FARMWOOD COURT CHARLOTTE, N. C.
193-127-13

File #
17613


2 2 1996

File # 17613

COPY

The property hereinabove described was acquired by Grantor by instrument recorded in Book 6613, Page 94

Mecklenburg Public Registry

A map showing the above described property is recorded in Plat Book 10 pages 137, 139 & 141

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever except for the exceptions hereinafter stated. Title to the property hereinabove described is subject to the following exceptions:

All restrictions, covenants, easements and conditions appearing of record.

IN WITNESS WHEREOF, the Grantor has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, the day and year first above written.

USE BLACK INK ONLY

(Corporate Name)

By: _____

President

ATTEST:

Secretary (Corporate Seal)

Ernestine W. Aliff (SEAL)
ERNESTINE W. ALIFF

(SEAL)

(SEAL)

(SEAL)

SEAL-STAMP

NORTH CAROLINA, Mecklenburg County.

I, a Notary Public of the County and State aforesaid, certify that Ernestine W. Aliff Grantor, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 15th day of January, 1993.

My commission expires: 5/18/95 Sheila P. Forbis Notary Public

Use Black Ink

SEAL-STAMP

NORTH CAROLINA, _____ County.

I, a Notary Public of the County and State aforesaid, certify that _____, personally came before me this day and acknowledged that ____ he is _____ Secretary of _____ a North Carolina corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal and attested by _____ as its _____ Secretary.

Witness my hand and official stamp or seal, this _____ day of _____, 19____.

_____ Notary Public

The foregoing Certificate(s) of

_____

_____

is/are certified to be correct. This instrument and this first page hereof.

_____

By _____

State of North Carolina, County of Mecklenburg

The foregoing certificate(s) of

Sheila P. Forbis

Notary(ies) Public is/are certified to be correct.

This 21st day of January, 19 93

JUDITH A. GIBSON, REGISTER OF DEEDS

By: Hazel L. Elmore Deputy Register of Deeds

_____

_____

_____

Book and Page shown on the

_____ COUNTY

COPY

N. C. Bar Assoc. Form No. 3 © 1976, Revised © 1977 — James Williams & Co., Inc., Box 127, Yadkinville, N. C. 27055
Printed by Agreement with the N. C. Bar Assoc. – 1981


OCT 22 1996

File # 17613

379 P01 OCT 04 '96 10:17

PAGE 03

10/04/1996 09:38 7045361647

OFFER TO PURCHASE AND CONTRACT

Robert W. Miller + Wife Brend... Linda A. Miller as Buyer,

hereby offers to purchase and Richard D. Aliff as Seller,

upon acceptance of said offer, agrees to sell and convey, all of that plot, piece or parcel of land described below, together with all improvements located thereon and such personal property as is listed below (the real and personal property are collectively referred to as "the Property"), in accordance with the Standard Provisions on the REVERSE SIDE HEREOF and upon the following terms and conditions:

1. **REAL PROPERTY:** Located in the City of _____, County of, State of North Carolina, known as and more particularly described as:
Street Address 1st 7th Cumberland Zip _____
Legal Description Lot 88 Map 139

2. **PERSONAL PROPERTY:** (Lot)

3. **PURCHASE PRICE:** The purchase price is $ 12,200.00 and shall be paid as follows:
(a) $ 200.00 in earnest money paid by personal check (cash, bank certified or personal check) with the delivery of this contract, to be held in escrow by Visual Realty as agent, until the sale is closed, at which time it will be credited to Buyer, or until this contract is otherwise terminated and it is disbursed in accordance with the Standard Provisions on the REVERSE SIDE HEREOF:
(b) $ N/A by assumption of the unpaid principal balance and all obligations of Seller on the existing loan secured by a deed of trust on the Property;
(c) $ N/A by a promissory note secured by a purchase money deed of trust on the Property with interest prior to default at the rate of _____ % per annum payable as follows:

Prepayment restrictions and/or penalties, if any, shall be:

Assumption or transfer rights, if any, shall be:

(d) $ 12,000. the balance of the purchase price in cash at closing.

4. **CONDITIONS:** (State N/A in each blank of paragraph 4(a) and 4(b) that is not a condition to this contract.)
(a) The Buyer must be able to obtain a firm commitment on or before N/A effective through the date of closing. for a N/A loan in the principal amount of $ N/A for a term of N/A year(s), at an interest rate not to exceed N/A % per annum, with mortgage loan discount points not to exceed N/A % of the loan amount. Buyer agrees to use his best efforts to secure such commitment and to advise Seller immediately upon receipt of the lender's decision. If Seller is to pay any loan closing costs, those costs are as follows: None except as noted below and those listed in paragraph 3(h) above for the remainder
(b) The Buyer must be able to assume the unpaid principal balance of the existing loan described as (type of loan) N/A of the loan term, at an interest rate not to exceed N/A % per annum fixed (or describe) with mortgage loan assumption and/or discount points not to exceed N/A % of the loan balance. (See Standard Provision No. 2) If such assumption requires the lender's approval, approval must be granted on or before N/A. Buyer agrees to use his best efforts to secure such approval and to advise Seller immediately upon his receipt of the lender's decision. If Seller is to pay any loan assumption costs, those costs are as follows: N/A
(c) There must be no restriction, easement, zoning or other governmental regulation that would prevent the reasonable use of the real property for Residential purposes.

5. **ASSESSMENTS:** Seller warrants that there are no special assessments, either pending or confirmed, for sidewalk, paving, water, sewer or other improvements on or adjoining the Property, except as follows: None
(Insert "None" or the identification of such assessments, if any. The agreement for payment or proration of any assessments indicated is to be set forth in paragraph 6 below.)

6. **OTHER PROVISIONS AND CONDITIONS:**
(a) All of the Standard Provisions on the REVERSE SIDE HEREOF are understood and shall apply to this instrument, except the following numbered Standard Provisions shall be deleted: (If none are to be deleted, state "None".) None

Contingencies-
Subject to conventional perk ...eling OK.
" to property not bein... in flood plain.
Seller to pay for perk test.
Seller to furnish & pay for survey.

IF THERE ARE ANY ADDENDA TO THIS CONTRACT, INDICATE ABOVE AND ATTACH HERETO.

7. **CLOSING:** All parties agree to execute any and all documents and papers necessary in connection with closing and transfer of title on or before As soon as county & town OK'd at a place designated by purchaser's
The deed is to be made to Robert W. Miller and Wife Linda A Miller

8. **POSSESSION:** Possession shall be delivered at closing
In the event that Buyer has agreed that possession is not delivered at closing, then Seller agrees to pay to Buyer the sum of $ N/A per day from and including the date of closing to and including the date that possession is to be delivered as above set forth.

9. **COUNTERPARTS:** This offer shall become a binding contract when signed by both Buyer and Seller. It is to be signed in 4 counterparts with a signed counterpart being retained by each party hereto and the escrow agent, if any.

Date of Offer 10-2-96 Date of Acceptance: 10-4-96
Buyer Robert W. Miller (SEAL) SELLER Richard D. Aliff (SEAL)
Buyer Linda A. Miller (SEAL) SELLER Vince Carmichael (SEAL)

I hereby acknowledge receipt of the earnest money herein set forth and agree to hold and disburse the same in accordance with the terms hereof.

Date 10-2-96 Firm Visual Realty By Sheila B...

Selling Agent/Firm Visual Realty Acting as [ ] Buyer's Agent [ ] Seller's (subagent) [ ] Dual Agent

Listing Agent/Firm Coldwell Banker Flowhouse Acting as [ ] Seller's (subagent) [ ] Buyer's Agent [ ] Dual Agent


OCT 2 2 1996

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 17613 Tax Number: 139/27 13

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	✓ No	___ Partial Basement
Type Primary Wastewater System Type (circle one): 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: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

.5 Long-term acceptance rate	360 Max gallons/day wastewater flow	1200' Absorption Area (sq ft)	9' Trench spacing (min. on centers)
YES Serviced by private well	1500 Gallon septic tank	400' Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	1000 Gallon pump tank	12" Depth of stone	

Any surface waters present: ~~None~~ Type: Minimum separation distance:

Site modifications required: Install V ditch for drainage ditch

Additional Conditions: Keep septic system >15' from drainage ditch PPB PS Repair Area

Repair Area System Type Type (circle one): 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: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

400' Absorption Area (Sq ft) 200' Total Trench Length (Ft)	NA Depth of Stone Trench	8' Trench spacing (min. on centers)	42" Maximum Trench Depth

For existing system, enter the year originally installed:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for th Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effe 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 Departmen
- This Improvement permit is transferable.

Phillip S. Walker R.S. 11/7/96
DEHNR Authorized Agent Date

Dwight M. Miller (Agent) 11-7-96
Owner/Agent Signature Date

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

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

IWWS:100195

1) Please have applicant sign copy of Agreement system form.

2) need copy of Agreement forms.

fees $100.00

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 11/7/96 PERMIT NO: 17613

PARCEL NO: 139 127 13

PROPERTY OWNER: Richard D. Aliff (Gerry Nichols)

BUILDING CONTRACTOR: _____

JOB LOCATION ADDRESS: 14716 Cumberland Dr

SUBDIVISION NAME: _____

AUTHORIZATION ISSUED BY: Philo S. Walker R.S. DATE: 11/7/96

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 17613, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

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

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

4. OTHER CONDITIONS: PPBPS Repair Area Agreement forms to be filed before permit release.

OWNER CERTIFICATION

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

Dwight M. Miller (agent) 11-7-96

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

PROPOSED PLOT PLAN

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

FILE: 17613

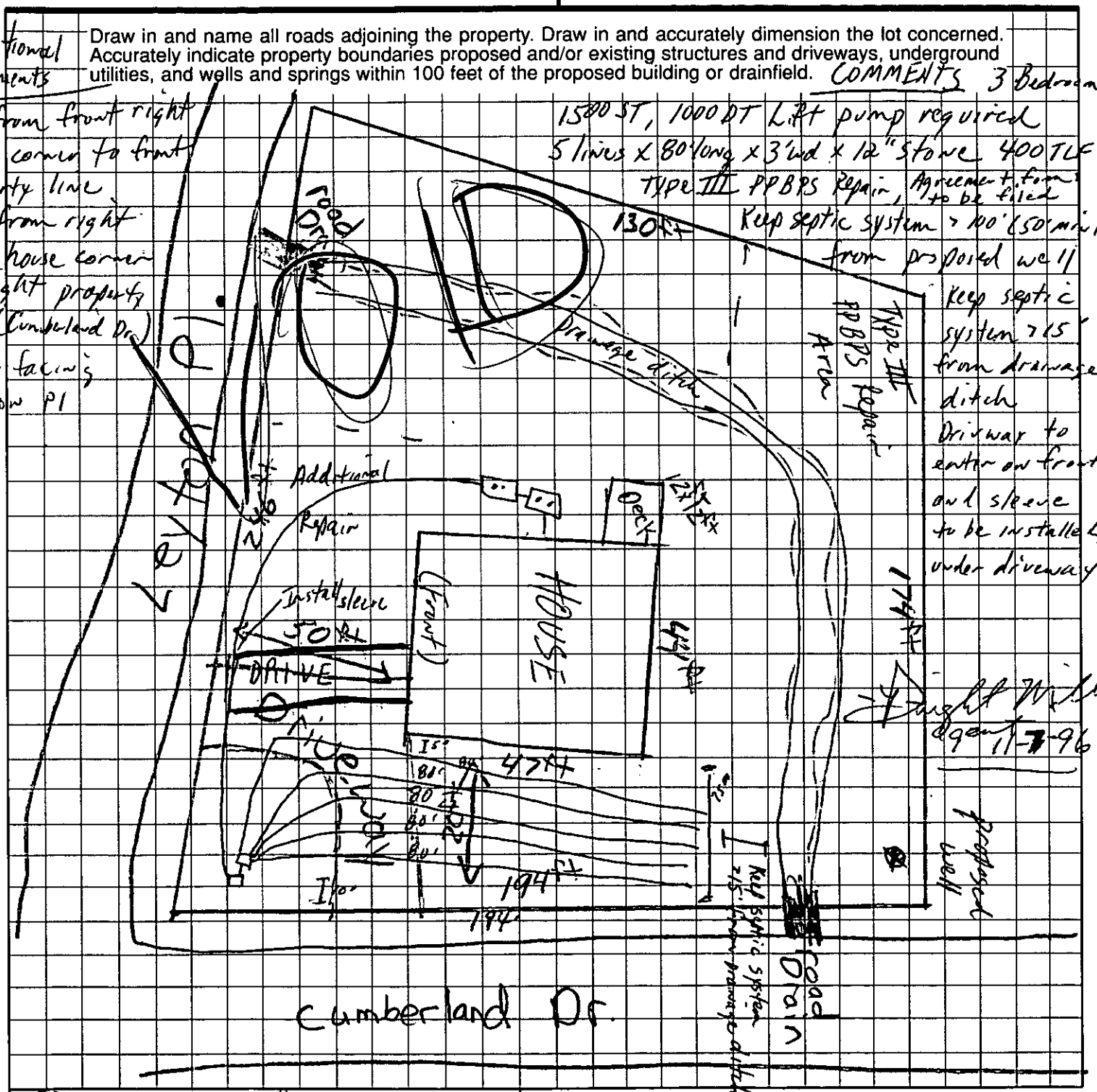
TC: 139-127-13

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.

Additional comments

50' from front right house corner to front property line
75' from right back house corner to right property line (Cumberland Dr)
House facing Leyton Pl

COMMENTS 3 Bedroom
1500 ST, 1000 DT Lift pump required
5 lines x 80'long x 3'wd x 12" stone 400 TLF
TYPE III PPBPS Repair, Agreement form to be filed
Keep septic system > 100' (50' min) from proposed well
Keep septic system > 15' from drainage ditch
Driveway to center on front and sleeve to be installed under driveway



Berry L. Nichols
OWNER/AGENT SIGNATURE

DATE 10-22-96

APPROVAL DATE JSW 11/7/96

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