

16530 COBBLER DR

13917331

12/26/2007

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) 336-5102

FILE: 1563B DATE: 10/28/97

TC: 139 173 31 ☐ L ☐ CRT

SERIAL Nº 17379

Name of Owner Kelly L. Morenues Juris.: _____

Address of Property 16530 Cobbler Dr

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 3 @ 133'

Cover Depth 8" - 16"

Water Supply Source well

Distance to Water Source >100'

Excavation Inspected 10/28/97

Tank(s) Inspected 10/28/97

Wash Line Inspected plumb to tank

High Water Alarm Inspected NA

PLOT

Design 1997, 1500ST, CON, 1200SFT, 12'stone Cecil 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 ☐ as detailed in the plot above

and meets the provisions of I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☒ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of I5A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

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

COMMENTS: Septic System designed for 3 bedroom residence

Type IIa

Philip S. 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

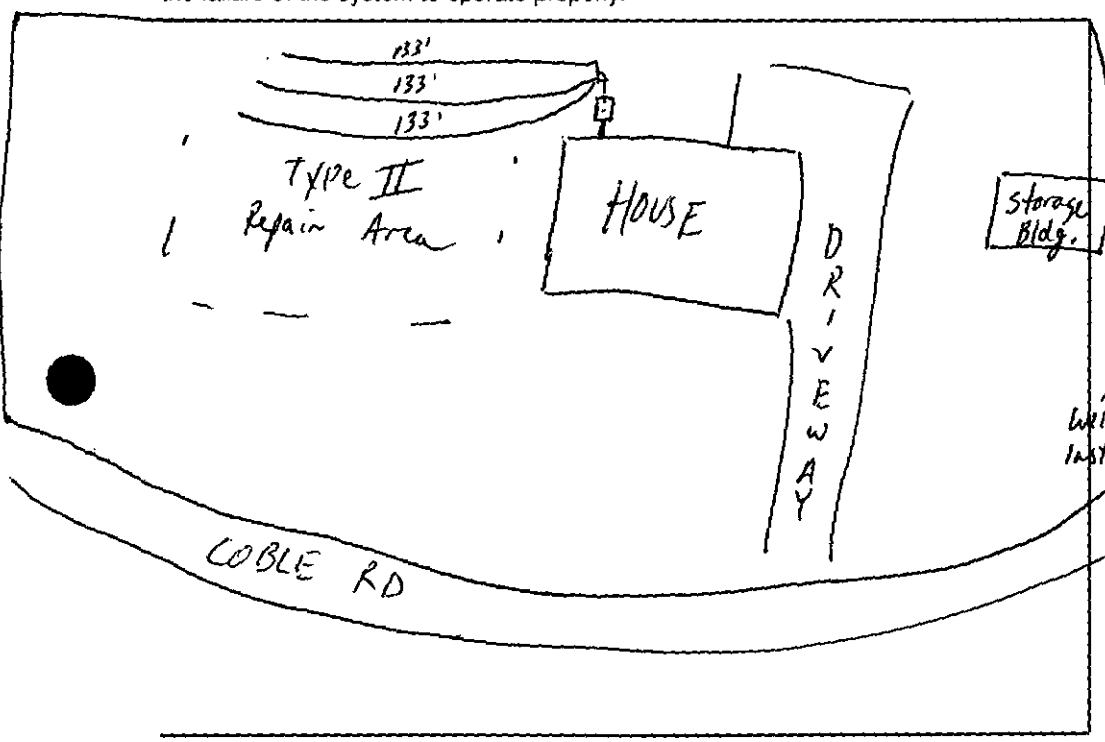
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1563B DATE: 10/8/97

TC: 139 123 31 ☒

SERIAL Nº 17294

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 7/29/97. All work shall be completed on or before 11/8/97, 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction PCC

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous Yes

Well Installer

Total Line Length 400' feet

Number of Lines 3(133')

Depth of Stone 12" inches

Distance from House 5 feet

Distance from Property Line 10' feet

Distance from Well > 100' feet
50' min

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

NAME OF OWNER Kelly L. Morenus

LOCATION OF PROPERTY 16530 Cobbler Dr

Comments: 1500 ST, 3 lines x 133' long x 3' wd x 12" stone | Keep septic system > 100' (50' min) from property

Phila S. Walker R.S.
Environmental Health Specialist

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

Paid in full Chk # 1263 includes Chg in Plot Plan

FEE: 250.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 7/24/97 SC **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DRFT

DATE: 9/24/96

PERMIT NO: 1563B
PARCEL NO: 139 123 31

PROPERTY OWNER: Mary Frances Clay (Ronald & Kelly Morenus potential buyers)
BUILDING CONTRACTOR: -
JOB LOCATION ADDRESS: 16530 Cobbler Dr
SUBDIVISION NAME: Blackberry Hills
AUTHORIZATION ISSUED BY: Philip A. Walker R.S. DATE: 9/24/96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1563B, 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:

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.

× Kelly L Morenus 9-24-96
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: 15638

TC: 139-173-31

139 173 31

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

COMMENTS

4 Bedroom Residence
1500 SF
4 lines x 100 long
x 3' wid x 12" stone
400' ~~525~~ T&E
Keep plumb
highest possible
may need lift pump if
not plumbed high enough to
rep line 24" deep
Keep septic system 100
50' min from proposed
well
58' from bldg right
house corner to back
property line
110' from back right house corner
to right property line

Black house symbol location
* driveway depending
on septic tank
placement

Cobbler Dr

Proposed Well

Power Box

Stg Pump 7/29/97

Approval for single family dwelling
3 bedroom & Storage bldg.
7AW 7/29/97

1" = 15'

Ronald J. Moore Gillis & Moore
OWNER/AGENT SIGNATURE

DATE 9/2/96

APPROVAL DATE

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
PROPERTY ID #: 1563B
COUNTY: 139-173-31

SOIL/SITE EVALUATION *for* ON-SITE WASTEWATER SYSTEM

OWNER: Mary Frances Clay
ADDRESS: Mooresville, N.C.
PROPOSED FACILITY: residence
LOCATION OF SITE: 165 30 Cobbler Dr.
APPLICANT:
APPLICATION DATE:
PROPOSED DESIGN FLOW (.1949): 480gpd
DATE EVALUATED:
PROPERTY SIZE: 1.7
PROPERTY RECORDED:

WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	SLOPES 5-10% .1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS	0-4"	gr/sl	Fr/SE/PO/SS/SP	>37" To Chroma 2 Colors	37"	N/A	None	PS .139/F2 LTAR
		4-33"	SBK/C	Fi/SE/PO/SP					
		33-37	SBK/C	Fr/SE/PO/SS/SP					
2	LS	0-3"	gr/cl	Fr/SE/PO/SS/SP	>28" To Chroma 2 Colors	28"	N/A	None	US
		3-28"	SBK/C	Fr-Fi/SE/PO/SP					
3	LS	0-4"	gr/cl	Fr/SE/PO/SS/SP	>48" To Chroma 2 Colors	46"	N/A	None	PS .139/F2 LTAR
		4-46"	SBK/C	Fr-Fi/SE/PO/SP					
4	LS	0-3"	gr/cl	Fr/SE/PO/SS/SP	>16" To Chroma 2 Colors	16"	N/A	None	US
		3-16"	SBK/C	Fr/SE/PO/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	Limited PS
System Type(s)		

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): provisionally Suitable
EVALUATED BY: W.R. Marlin Licensed Soil Scientist
OTHER(S) PRESENT:
9-16-96

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

Sheet
PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

#15363

OWNER: _____ APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LAND-SCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	2 S	0-4"	gr/cl	Fr/SEXP/SS/SP	> 39" TO Chroma 2 Colors	39"	N/A	None	PS IV .39/F2
		4-39"	SBK/c	Fr-Fi/SEXP/SS/P					
6	L S	0-3"	gr/cl	Fr/SEXP/SS/SP	> 40" TO Chroma 2 Colors	40"	N/A	None	PS IV .39/F2
		3-35"	SBK/c	Fr-Fi/SEXP/SS/P					
		35-40"	SBK						
7	L S	0-4"	gr/cl	Fr/SEXP/SS/SP	> 41" TO Chroma 2 Colors	41"	N/A	None	PS IV .39/F2
		4-41"	SBK/c	Fr-Fi/SEXP/SS/P					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT:

OMMENTS: 10% Repair

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	EPP 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) SUC (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			

QTY'S

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)

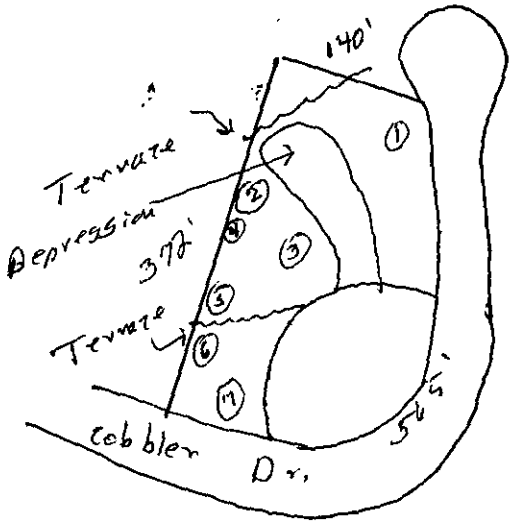
OIL WETNESS Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

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).



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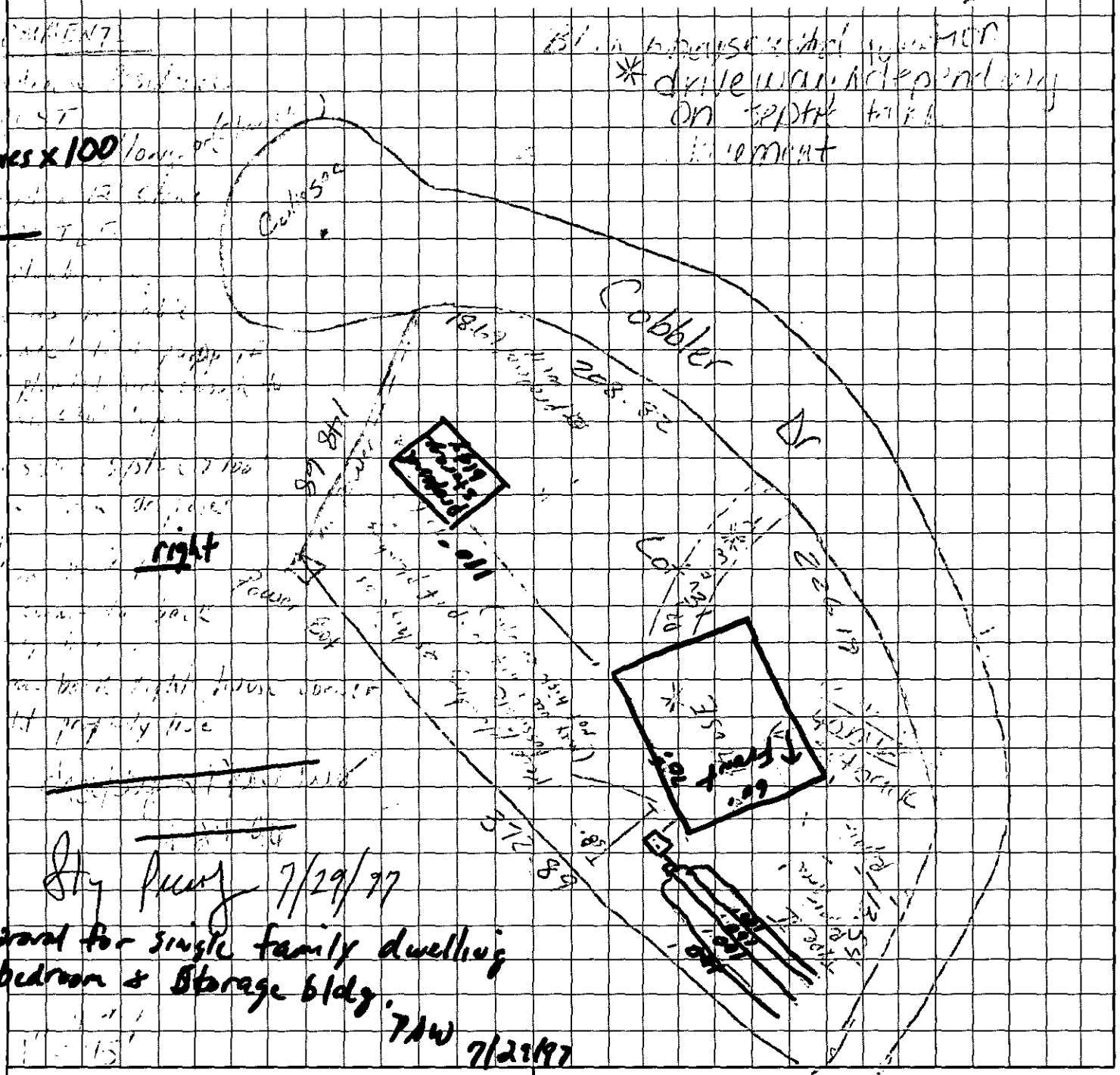
PROPOSED PLOT PLAN

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

FILE: 15-38

TC: 139-173-31

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



Ronald J. Mc... — [illegible]

OWNER/AGENT SIGNATURE

APPROVAL DATE _____

DATE 9.2.96

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

FEE: Transferred from I.P.

DATE: 7-28-97

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

I 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 #: [redacted] 15630

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139-173-31

STREET ADDRESS: 16530 Cobbler Dr.

SUBDIVISION OR MOBILE HOME PARK NAME: Blackberry Hills

LOT NUMBER: # 32

TOWNSHIP (CHECK ONE):

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

CLOSING DATE: 7-25-97

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2000

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS:

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:

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:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: (LAST) Pressley (FIRST) Stacey (MI) Lee	NAME: (LAST) (FIRST) (MI)
ADDRESS: 16530 Cobbler Dr.	DAYTIME PHONE: ( ) -
CITY: Charlotte STATE: NC ZIP:	
DAYTIME PHONE: ( ) 704 - 371-4985	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 7-25-97

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: Stacy Lee Pressley DATE: 7-28-97

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

FEE: 180.00 CC CK#101

DATE: 9/4/96

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

1 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 #: 15635

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139-173-31

STREET ADDRESS: 16530 Gobbler Dr.

SUBDIVISION OR MOBILE HOME PARK NAME: Blackberry Hills

LOT NUMBER: # 32

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: Approx. 2800

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 4

CLOSING DATE 10/96

1.7A

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:

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

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: (LAST) Clay (FIRST) Mary Frances (MI) H.	NAME: Morenus Ronald & Kelly L. (LAST) (FIRST) (MI)
ADDRESS:	DAYTIME PHONE: (704 573-3174
CITY: Mooresville STATE: NC ZIP: 28115	16400 Blackberry Hills Dr.
DAYTIME PHONE: ~~704 573-3174~~ OR 664 2084	Midland, NC 28107

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: Ronald J. Morenus Kelly L Morenus DATE: 9/2/96

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

FEE: Transferred from I.P. DATE: 7-28-97

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

[ ] 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 #: [redacted] 15630

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139-173-31

STREET ADDRESS: 16530 Cobbler Dr.

SUBDIVISION OR MOBILE HOME PARK NAME: Blackberry Hills

LOT NUMBER: # 32

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2000

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS:

CLOSING DATE 7-25-97

FOUNDATION FOR RESIDENCE:

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

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

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
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: (LAST) Pressley (FIRST) Stacey (MI) Lee

ADDRESS: 16530 Cobbler Dr.

CITY: Charlotte. STATE: NC ZIP:

DAYTIME PHONE: ( ) 704 - 371-4985

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 7-25-97

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: Stacy Lee Pressley DATE: 7-25-97.

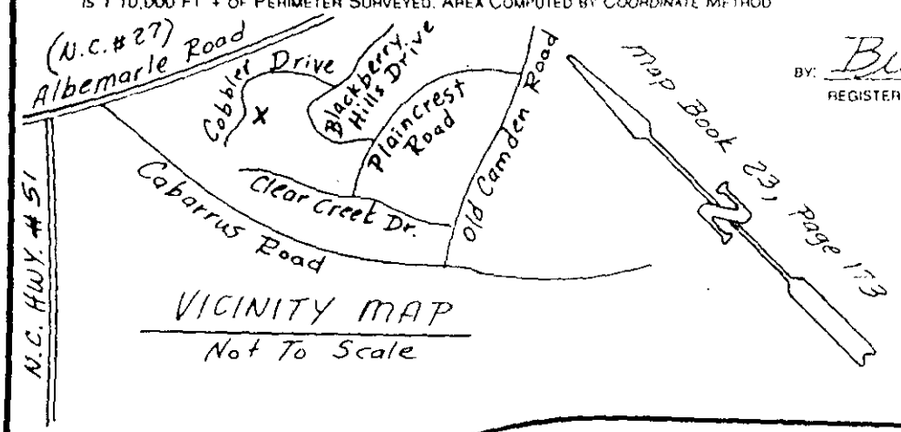
MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

THIS IS TO CERTIFY THAT ON THE 10th DAY OF July 19 97 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. THE RATIO OF PRECISION AS CALCULATED IS 1:10,000 FT + OF PERIMETER SURVEYED. AREA COMPUTED BY COORDINATE METHOD

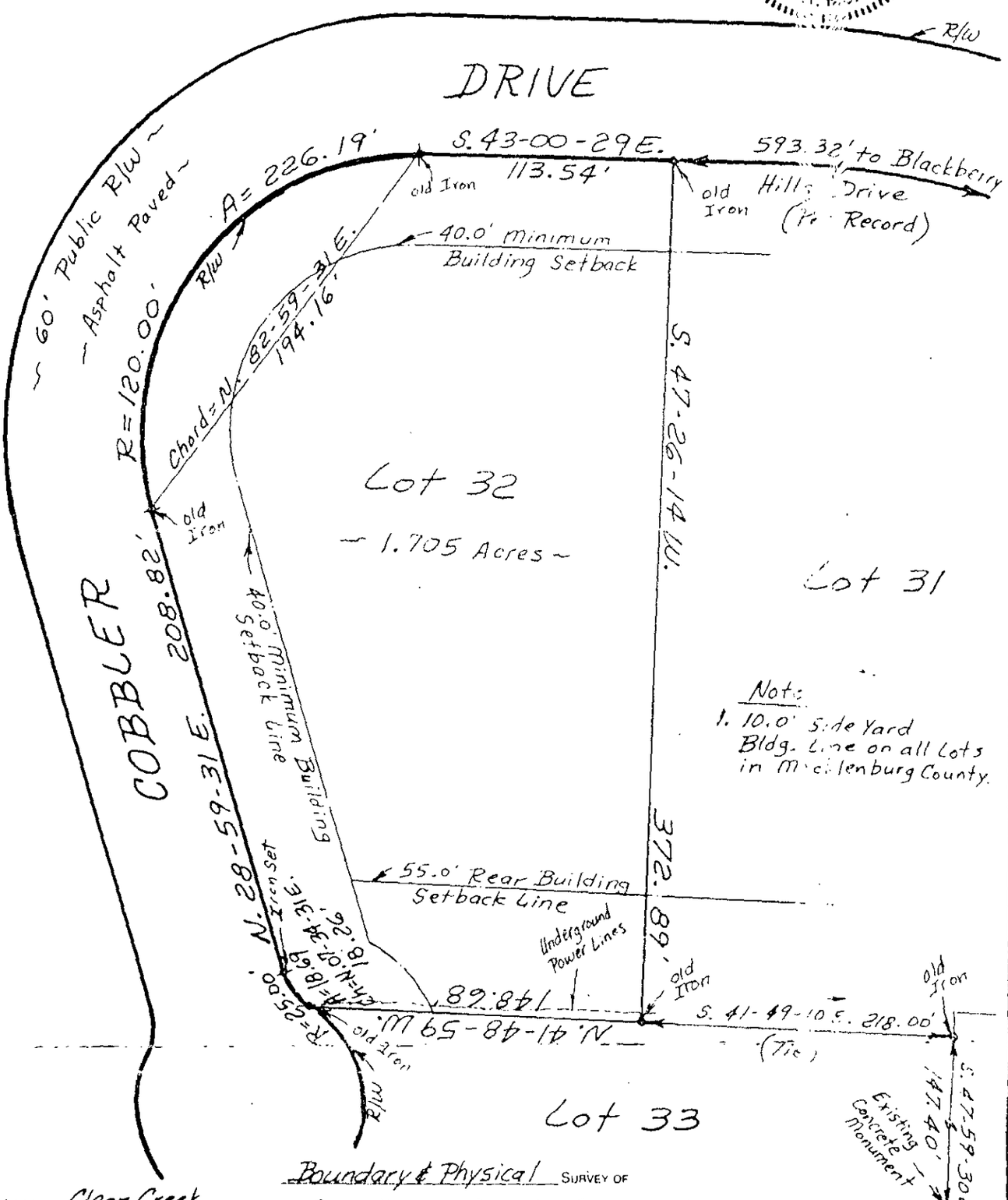
BY: Brian A. McRorie

REGISTERED SURVEYOR STATE OF NORTH CAROLINA NO. 3712

NORTH CAROLINA REGISTERED 1-3712 LAND SURVEYOR BRIAN A. McRORIE



VICINITY MAP
Not To Scale



Boundary & Physical SURVEY OF

LOT IN Clear Creek TOWNSHIP MECKLENBURG COUNTY, NORTH CAROLINA IN THE CITY OF _____

ON Cobbler Drive HOUSE NO 16530 SHOWN AS LOT NO. 32 IN BLOCK NO. _____

ON MAP OF Blackberry Hills, Map III (Revised) MAP RECORDED IN BOOK 3 PAGE 173

DEED RECORDED IN BOOK _____ PAGE _____ OFFICE OF THE REGISTER OF DEEDS FOR MECKLENBURG COUNTY, N.C.

THE PROPERTY OF _____

TO BE CONVEYED TO Stacey L. Pressley and wife, Vicki I. Pressley

SCALE 1" = 60 FT. DATE 7-10 19 97

BRIAN A. McRORIE AND ASSOCIATES
2436 N. SHARON AMITY RD. SUITE 101
CHARLOTTE, NC 28205 TEL 563-9911

FEE: 120.00 OC CK#6101
DATE: 9/6/96

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

1 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 #: 156-32

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139-173-31

STREET ADDRESS: 16530 Gobbler Dr.

SUBDIVISION OR MOBILE HOME PARK NAME: Blackberry Hills

LOT NUMBER: #32

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: Approx. 2800

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 4

CLOSING DATE 10/96

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:

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
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: Clay (LAST) Mary Frances (FIRST) H. (MI)

ADDRESS:

CITY: Mooresville STATE: NC ZIP: 28115

DAYTIME PHONE: ~~704 573-3174~~ 664 2984

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Morenus Ronald & Kelly L. (LAST) (FIRST) (MI)

DAYTIME PHONE: (704 573-3174

16400 Blackberry Hills Dr.
Midland, NC 28107

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: Ronald J. Morenus Kelly L Morenus DATE: 9/2/96

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

Permit Number: 1563 B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 139 193 31

- 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	480 Max gallons/day wastewater flow	1605 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
YES Serviced by private well	1500 Gallon septic tank	535' Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
4 Bedrooms in residence	NA Gallon pump tank see comments	12" Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: Keep plumbing high. May need lift pump if drain field lines exceed 36" trench depth.				
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	
1605' Absorption Area (Sq ft) 535' Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	24" 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.

Philo A. Walker P.S. 9/24/96
DEHNR Authorized Agent — Date

Kelly L Moeller 9-24-96
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

PROPOSED PLOT PLAN

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

FILE: 13638

TC: 139-173-31

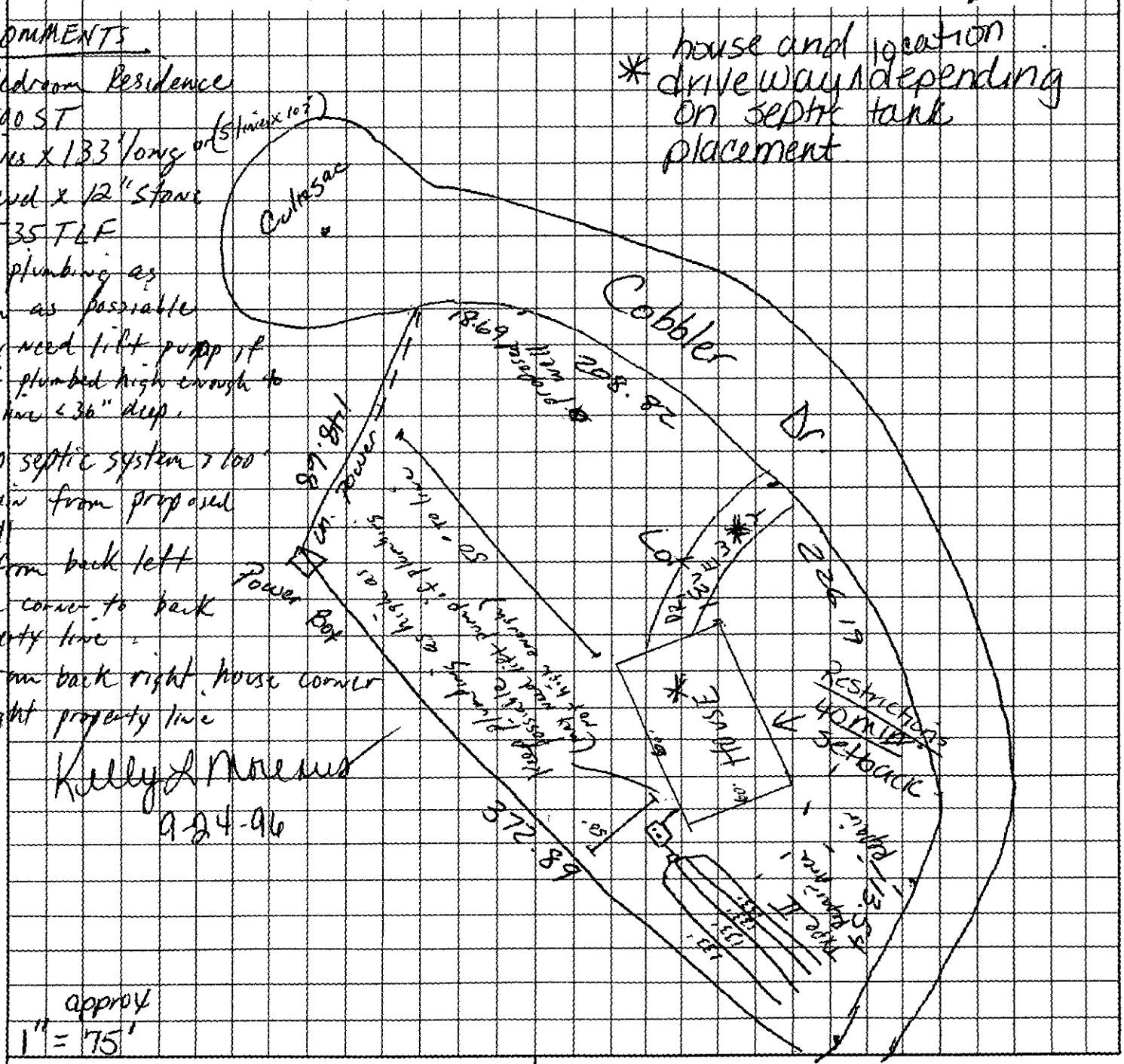
Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.

COMMENTS

4 Bedroom Residence
1500 ST
4 lines x 133'/ons or (5 lines x 100')
x 3' wid x 12" Stone
535 T&F
Keep plumbing as high as possible may need lift pump if not plumbed high enough to stay less < 36" deep.
Keep septic system > 100' 50' min from proposed well
50' from back left house corner to back property line.
50' from back right house corner to right property line

Kelly L Moreus
9-4-96

* house and location driveways depending on septic tank placement


Cobbler Dr.
Culdesac
18.69
208.82
Power Box
Underground Electric
Underground Telephone
Underground Cable
Overhead Power
Overhead Telephone
Overhead Cable
Edge of Pavement
Concrete Curb
Concrete Sidewalk
Asphalt Drive
Concrete Drive
Gravel Drive
Brick Drive
Pavers
Wood Deck
Concrete Patio
Brick Patio
Flagstone Patio
Pool
Spa
Hot Tub
Fence
Retaining Wall
Rock Wall
Wood Wall
Mailbox
Flagpole
Light Pole
Sign
Water Spigot
Gas Meter
Gas Valve
Gas Line
Water Meter
Water Valve
Water Line
Sanitary Sewer Manhole
Sanitary Sewer Cleanout
Sanitary Sewer Line
Storm Sewer Manhole
Storm Sewer Inlet
Storm Sewer Line
Storm Sewer Flared End
Storm Sewer Headwall
Storm Sewer Endwall
Storm Sewer Culvert
Storm Sewer Pipe
Storm Sewer Box
Storm Sewer Grate
Storm Sewer Curb Inlet
Storm Sewer Yard Inlet
Storm Sewer Drop Inlet
Storm Sewer Junction Box
Storm Sewer Catch Basin
Storm Sewer Area Drain
Storm Sewer Roof Drain
Storm Sewer Footing Drain
Storm Sewer Foundation Drain
Storm Sewer Subdrain
Storm Sewer Underdrain
Storm Sewer Blind Drain
Storm Sewer Weep Hole
Storm Sewer Scupper
Storm Sewer Gutter
Storm Sewer Downspout
Storm Sewer Leader
Storm Sewer Conductor
Storm Sewer Rain Head
Storm Sewer Rain Leader
Storm Sewer Rain

OFFER TO PURCHASE AND CONTRACT

RONALD J. AND KELLY MORENUS
MARY FRANCES H. CLAY ; as Buyer, hereby agrees to purchase and ; as Seller, hereby 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, being known as and more particularly described as: 16530 COBBLER DR.
Street Address TAX # 139-173-31
Legal Description N/A

2. **PERSONAL PROPERTY:** 25,000

3. **~~PURCHASE PRICE~~:** The purchase price is $ and shall be paid as follows:

(a) $, in earnest money paid by (cash; bank certified, or personal check) with the delivery of this contract, to be held in escrow by , as agent, until the sale is closed, at which time it will be credited to Buyer, or until this agreement 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 by payments of $ commencing on . Prepayment rights, if any, shall be: .
Assumption or transfer rights, if any, shall be: .

(d) $ 24,500, 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 effective through the date of closing for a loan in the principal amount of $ for a term of year(s), at an interest rate not to exceed % prior to Buyer agrees to use his best efforts to secure such commitment and to advise Seller immediately upon his receipt of the lender's decision. Mortgage loan discount points not to exceed % of the loan shall be paid by , and loan closing cost shall be paid by .

(b) The Buyer must be able to assume the unpaid principal balance of the existing loan described in paragraph 3(b) above for the remainder of the loan term, at an interest rate not to exceed % fixed or . If such assumption requires the lender's approval, approval must be granted prior to Buyer agrees to advise Seller immediately upon his receipt of the lender's decision. In addition to any reasonable transfer fee (see STANDARD PROVISION No. 2), mortgage loan assumption and/or discount points not to exceed $ shall be paid as follows: .

(c) There must be no restrictions, easement, zoning or other governmental regulation that would prevent the reasonable use of the real property for purposes.

5. **ASSESSMENTS.** Seller warrants that there are no encumbrances or special assessments, either pending or confirmed, for sidewalk, paving, water, sewer or other improvements on or adjoining the Property, except as follows: .
(Insert "none" or the identification of any 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" in this blank)
1.) SELLER WARRANTS THAT PROPERTY WILL BE SATISFACTORY FOR A STANDARD SEPTIC SYSTEM. IN THE EVENT THAT IT IS NOT BUYERS EARNEST MONEY + COST OF SYSTEM TEST ($150) WILL BE REFUNDED.

(If additional space is needed, the bottom of the reverse side of this page may be used)

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 , at a place designated by
Deed is to be made to

8. **POSSESSION:** Possession shall be delivered ; in the event that Buyer has agreed that possession is not delivered at closing, then Seller agrees to pay to Buyer the sum of per day 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 and is executed in 2 counterparts with an executed counterpart being retained by each party hereto.

Date of Offer: AUG 6, 1996 Date of Acceptance: AUGUST 6, 1996

Buyer Ronald Jay Morenus (SEAL) Seller (Owner) Mary Frances H. Clay (SEAL)

Buyer Kelly Lee Morenus (SEAL) Seller (Owner) (SEAL)

Agent/Firm Agent/Firm

I hereby acknowledge receipt of the earnest money herein set forth in accordance with the terms hereof.

Date Agent/Firm

By:

REALTOR®

This Standard Form has been approved jointly by:
THE NORTH CAROLINA BAR ASSOCIATION
THE NORTH CAROLINA ASSOCIATION OF REALTORS®, INC.

Standard Form No. 5
Revised 3/82

File
15638

NOT TO SCALE
CABARRUS
MECK.
ALL CHARGED IN CABARRUS CO.
MAY APPLE CT.
COBBLER DR.
BLACKBERRY HILLS DR.
BLACKBERRY HILLS
WILD CHERRY LN.
425 LN.
POND
CLEAR CREEK
30' RESERVED FOR STREET
173
5.206 AC.
5.270 AC.
2.548 AC.
2.464 AC.
2.611 AC
1.77AC.
1.723 AC.
1.828 AC.
1.86 AC
1.976 AC.
1.994 AC.
2.118 AC.
2.102 AC.
2.689 AC.
3.247 AC.
2.394 AC.
3.454 AC.
4.431 AC.
5.32 AC.
1.981AC
1.811 AC
2.612 AC.
2.062 AC.
2.15 AC.
2.274 AC.
5.408 AC.
3.219 AC.
1.534 AC.
2.88AC.
2.280AC.
2.744AC.
2.231 AC.
2.326 AC.
2.83 AC
3.91 AC
2.03 AC.
1.64AC.
1.723 AC.
1.593 AC.
1.622 AC.
2.02 AC.
2.18AC.
4.32 AC
2.18 AC.
2.205 AC.
2.13 AC.
6-0-3'-C
3-3-2
N MECK. CO. 40 C1
36
37
38
40
7-41'
PG. 14
1-0-4'3C1
4-33'C
33-37C1
2-0-3'1 C1
3-26C
3-0-4'1'C1
4-46C
H-1'1
3-3'
PG. 16
FOR TAX PURPOSES ONLY

Paid in full Chk # 1263 including Chg in Plot Plan

FEE: 250.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 7/28/97 SC **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 9/24/96

PERMIT NO: 1563B
PARCEL NO: 139 123 31

PROPERTY OWNER: Mary Francis Clay (Ronald + Kelly Morenus potential buyers)
BUILDING CONTRACTOR: -
JOB LOCATION ADDRESS: 16530 Cobbler Dr
SUBDIVISION NAME: Blackberry Hills
AUTHORIZATION ISSUED BY: Philip A. Walker R.S. DATE: 9/24/96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1563B, 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:

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.

× Kelly L Morenus 9-24-96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE