

10415 BEAGLE CLUB RD

03115227

5/15/2007

duponbj

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

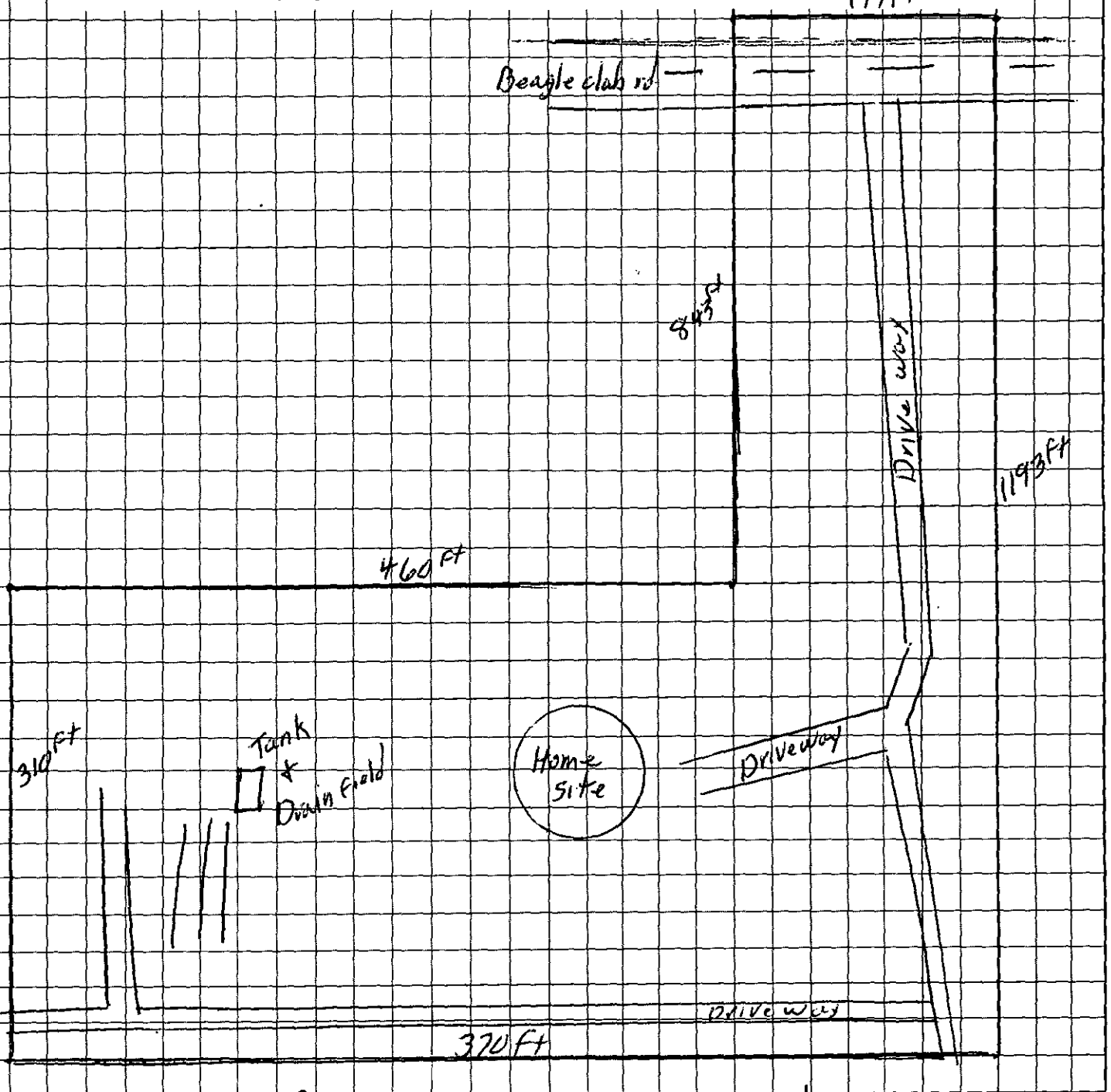
PROPOSED PLOT PLAN

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

FILE: 4070A

TC: 031-153-14

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.



William B. White
OWNER/AGENT SIGNATURE

DATE 11/12/96

APPROVAL DATE 11/19/96 JHB

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

2400

11-12-96

Cash $50.00 CRT

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

4070A

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 214
700 N. Tryon St.
Charlotte, NC 28202
(704)336-5102

PERSON FILING APPLICATION:
NAME: White (last) William (first) R. (mi)
ADDRESS: 10415 Beagle Club PHONE: (__) _____
CITY: Charlotte STATE: NC ZIPCODE: 28214

Date:

PROPERTY OWNER:
NAME: White (last) William (first) R. (mi)
ADDRESS: 10415 Beagle Club PHONE: (__) _____
CITY: Charlotte STATE: N.C. ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 031-153-14
STREET ADDRESS: 10415 Beagle club rd Charlotte NC
ZONING:

Township (check one):
[X] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[redacted] WWS for New Home

[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)

[redacted]

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

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

Signed: William R White Date: 11/12/96

NOTICE:

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

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

...This permit is not transferable.

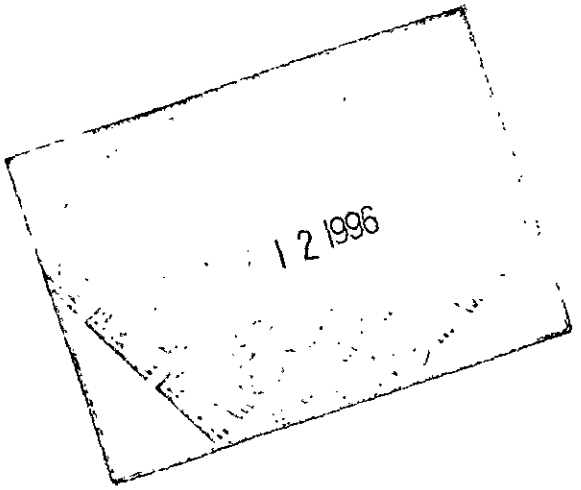
[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

...Use as original file application System was installed in 1992 and has never been used. Use existing system

Environmentalist Date 11-12-96

WATER - 12279

* Brian Dawson Martin called 392-1052 & contact


1 2 1996

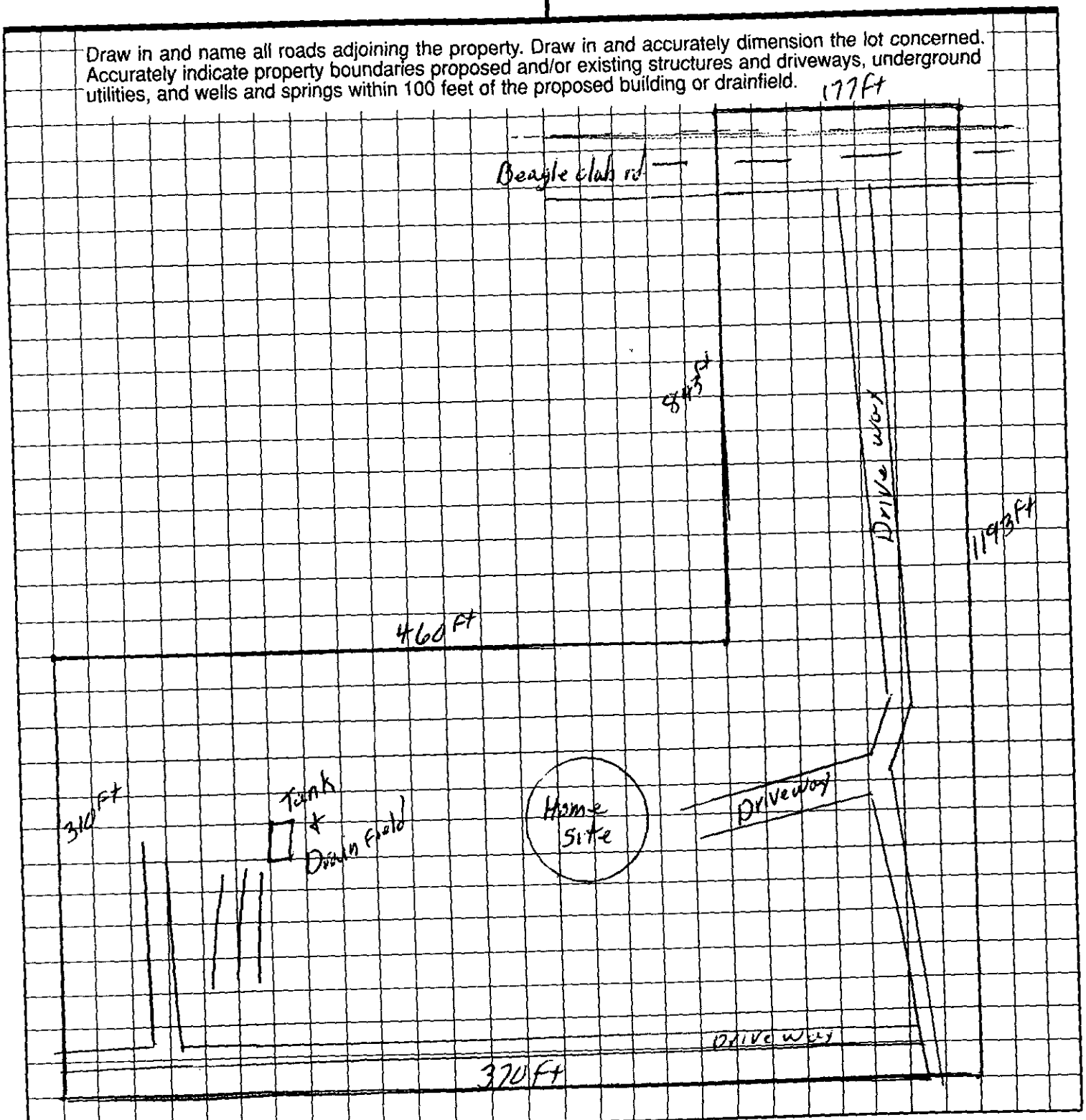
PROPOSED PLOT PLAN

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700 NORTH TRYON STREET
CHARLOTTE, NC 28202
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FILE: 4070A

TC: 031-153-14

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.

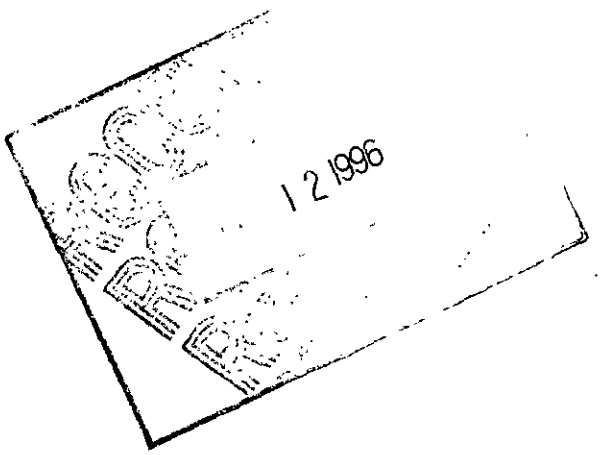


William R. White
OWNER/AGENT SIGNATURE

DATE 11/12/96

APPROVAL DATE _____

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


1 2 1996

EXCLO

CERTIFICATE OF COMPLETION/OPERATION PERMIT

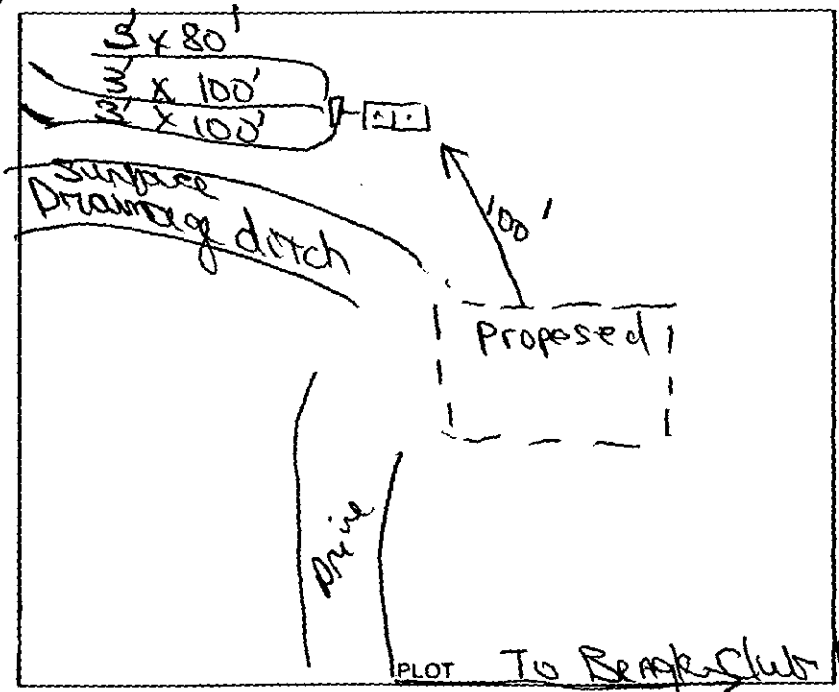
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4070A DATE: 7/23/92
TC 031-153-14 ☒ L ☐ CRT
SERIAL № 14172

Name of Owner William R. White Juris.:
Address of Property 10415 Beagle Club Rd.

Inspection Data:

Tank Material PVC
Total Length of Drainfield 280 80
Number of Lines 2 @100
Cover Depth 24
Water Supply Source Well
Distance to Water Source Not Installed
Excavation Inspected 7/23/92
Tank(s) Inspected 7/23/92
Wash Line Inspected
High Water Alarm Inspected



Design: 992, 1500 St. Cm. 840 SFt, 12" 6 Lecie CTR# 104

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 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The 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 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: 6

ST II

Judy A. Kiser R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

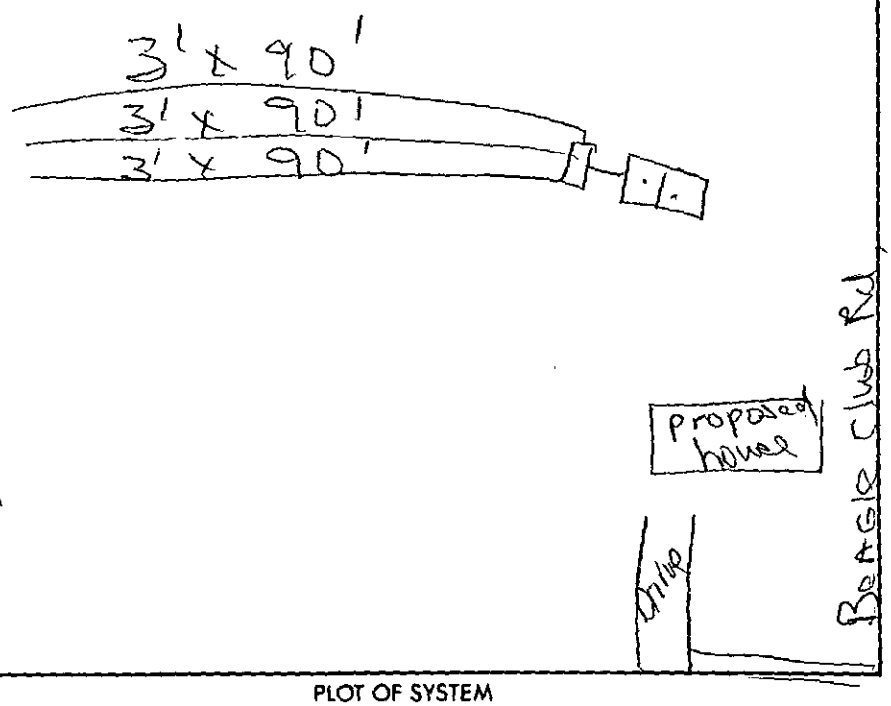
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4070 A DATE: 5/21/92

TC: 031-153-14 X

SERIAL Nº 15259

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 5/5/92. All work shall be completed on or before 6/21/92, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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 _____ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 270' feet

Number of Lines 3

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well NOT INSTALLED feet

NAME OF OWNER William R. White

LOCATION OF PROPERTY 10415 Beagle Club

Comments: INSTALL 3 Trenches 3'x90' X 36" deep, 12" Stone

Division or Section Head

Environmentalist Judy J. Kiser R.S.

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

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

4070A 7904A (0094B) PL 200 CR# 1117 4-27-92

4001

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: White (last) William (first) R. (mi)
ADDRESS: 10415 Beagle Club PHONE: 704 552-5168
CITY: Charlotte STATE: N.C. ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 031-153-14
STREET ADDRESS: 10415 Beagle Club Rd
ZONING:

PROPERTY OWNER:
NAME: White (last) William (first) R. (mi)
ADDRESS: 10415 Beagle Club PHONE: (__) _____
CITY: Charlotte STATE: N.C. ZIPCODE: 28214

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[x] 0 Mecklenburg County [ ] 1 Charlotte [ ] 2 Davidson [ ] 3 Cornelius [ ] 4 Pineville [ ] 5 Matthews [ ] 6 Huntersville [ ] 7 Mint Hill

LOT NUMBER: LOT SIZE (in acres): 7.71

TYPE APPLICATION (check one):

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[x] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or N)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [x] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 1
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[x] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [x] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

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

Signed: William R. White Date: 4/27/92 William R. White

NOTICE:

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

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

...This permit is not transferable.

...

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist R.S. 5/5/92
Date

Director or Authorized Section Head Date

WWATER : 122791

MECKLENBURG COUNTY

Charlotte-Mecklenburg
Building Standards Department

Environmental Health Dept
1200 Blythe Br
Charlotte, NC

2/23/88

Subject: ZONING VERIFICATION

Dear Sirs .

The parcel of land located at 10415 Beagle Club Dr
and further identified by tax parcel number 031-153-14 PO
is zoned RU , (Rural).

permitted uses include: Mobile Homes on individual Lots

If this office can be of any further assistance, please contact us.

Sincerely,

John F Eaves
Zoning Inspector

Form B-150 NS
10/84 59/b

PROPOSED PLOT PLAN

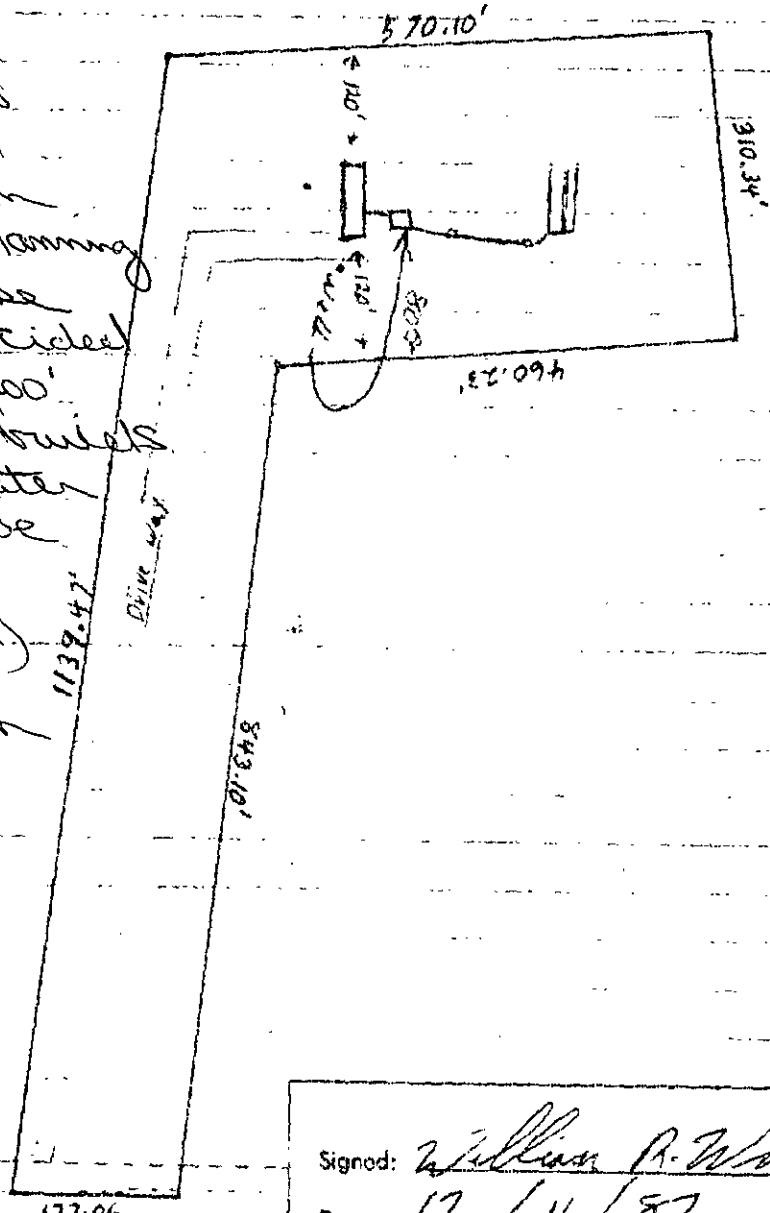
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4070A

TC: _____

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.

1500 gall. Septic Tank
400 Ft drain field
12" crushed stone



Note: He wants tank located appx 50' from MH Site - Planning to build house later on - Decided to file for 400' in case he builds 3 bedroom later on. Will have to install A box (Drop box?) due to elevation from tank to drainfield

Signed: William R. White

Date: 12/11/87

* '88 03/02 14:58

2/23/88 Paid #50.00 Septic Permit Fee

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: 4070A
TC: _____
SERIAL: Nº 15157 ☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 10415 (STREET NO.) Beagle Club Rd. (STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 031-153-14pd
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: William (FIRST) Roy (MIDDLE) White (LAST)
⑨ MAILING ADDRESS: 10415 Beagle Club Rd.
⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28214
⑬ PHONE: (WORK) 399-2331 ⑭ (HOME) 392-1052

REQUEST

This request is for a(n):

⑮ ☒ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☒ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 2
㉕ Type? _____
㉓ Maximum occupancy? 2
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: William Roy White
Date: 12/11/87

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.

Judy J. Kerr R.S. 3/1/88
Environmentalist Date

Director or Authorized Section Head 3/2/88 Date

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

PROPOSED PLOT PLAN

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH

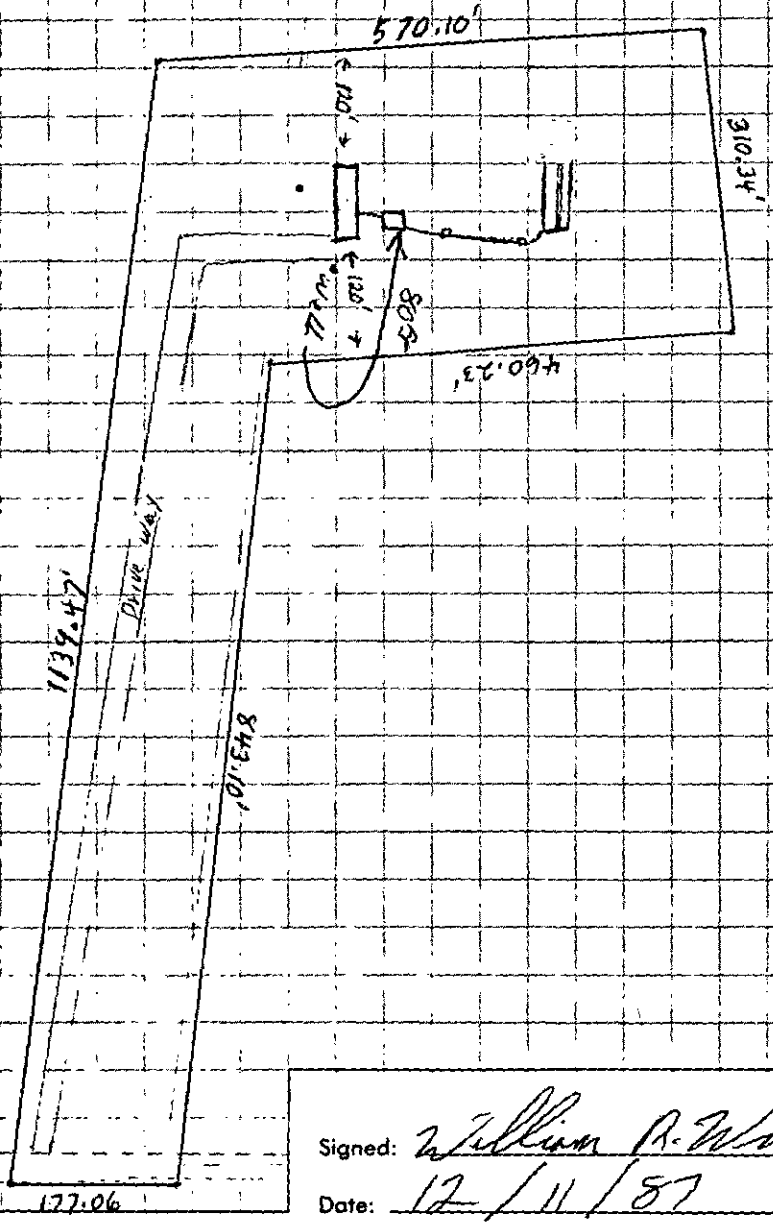
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PHONE (704) 376-4603

FILE: 4070A

TC: _____

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1500 gall. Septic Tank
400 ft drain field
12" crushed stone



Signed: William R. White

Date: 12/11/87

DATE: 12/10/87

TO: ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 031-153-14pd

ASSIGNED ADDRESS 10415 Beagle Club Dr

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	NOT APPROVED
1. SUBDIVISION REGULATIONS	☐	☐ *
2. FLOODWAY REGULATIONS	☐	☐ *
3. EROSION CONTROL REGULATIONS	☐	☐ *
4. COMMERCIAL DRAINAGE PLAN	☐	☐ *

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	☐ *	☒
	YES	NO
6. PROPERTY FRONTS ON THOROUGHFARE	☐ *	☐
	YES	NO
7. DRIVEWAY PERMIT REQUIRED	☐ *	☒

*** If checked, further investigation will be required to determine whether a building permit may be issued by Building Standards for the site.**

REMARKS: Septic Tank - Mobile Home

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.
A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: Dezi

OPWEAR 02/86

MECKLENBURG COUNTY
Department of Environmental Health

November 17th, 1987

William Roy White
10411 Beagle Club Road
Charlotte, NC 28214

RE: Property located at 10415 Beagle Club Road
FILE: 4070A
PARCEL: 03115314 PO

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the Site Evaluation Report (Serial Number 14752) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

Enclosure

1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 14752

File: 4070A Action 1

Parcel: 03115314 PO ☐ PC

Location: 10415 Beagle Club Road

Subdivision:

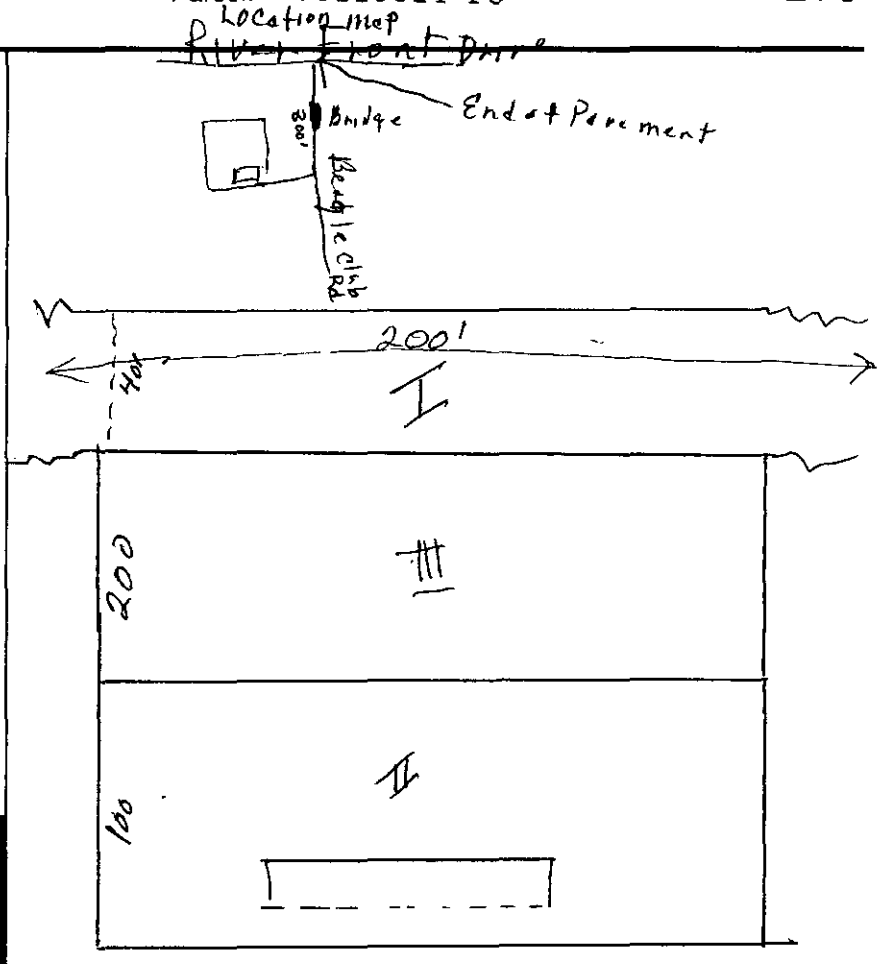
Lot: Block: Acres: 2

Owner: William Roy White
Address: 10411 Beagle Club Road
Charlotte, NC 28214

Comments: _____

Described by: W. B. Ramsey

Date: 11-17-87



*** EVALUATION KEY ***

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S (PS) U 2–5	S (PS) U 2–10	S PS (U) Steep-Ditch	S PS U	S PS U	S PS U
Texture	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U
Structure	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U
Drainage	S (PS) U	S PS (U)	S (PS) U	S PS U	S PS U	S PS U
Depth	S PS U 48+	S PS (U) 15–20	S PS (U) 5–15	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U	S (PS) U	S (PS) U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S (PS) U	S (PS) U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IIa Allluvium mixed with River Sand	IIb Enon/Ke	IVe Eroded steep Incline			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

$30.00 fee

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

Pd 10-30-87
20791

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

(OFFICE USE ONLY)

FILE: 4070A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 10415 Beagle club Rd.

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 031-153-14 PO

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

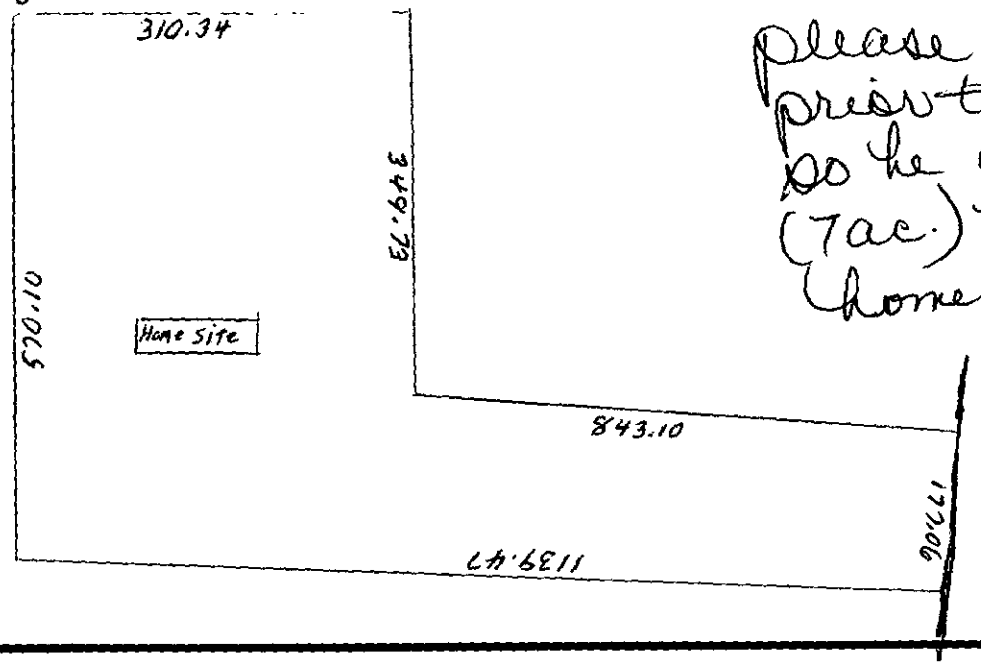
⑦ NAME: William (FIRST) Boy (MIDDLE) White (LAST)

⑧ MAILING ADDRESS: 10411 Beagle club Rd.

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28214

⑫ PHONE: (WORK) 399-2331 (HOME) 392-1052

⑬ Accurately diagram and dimension lot.



please contact prior to test so he can meet (7ac.) to show home site -

⑭ 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: William B. White

Date: 10-30-87

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

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

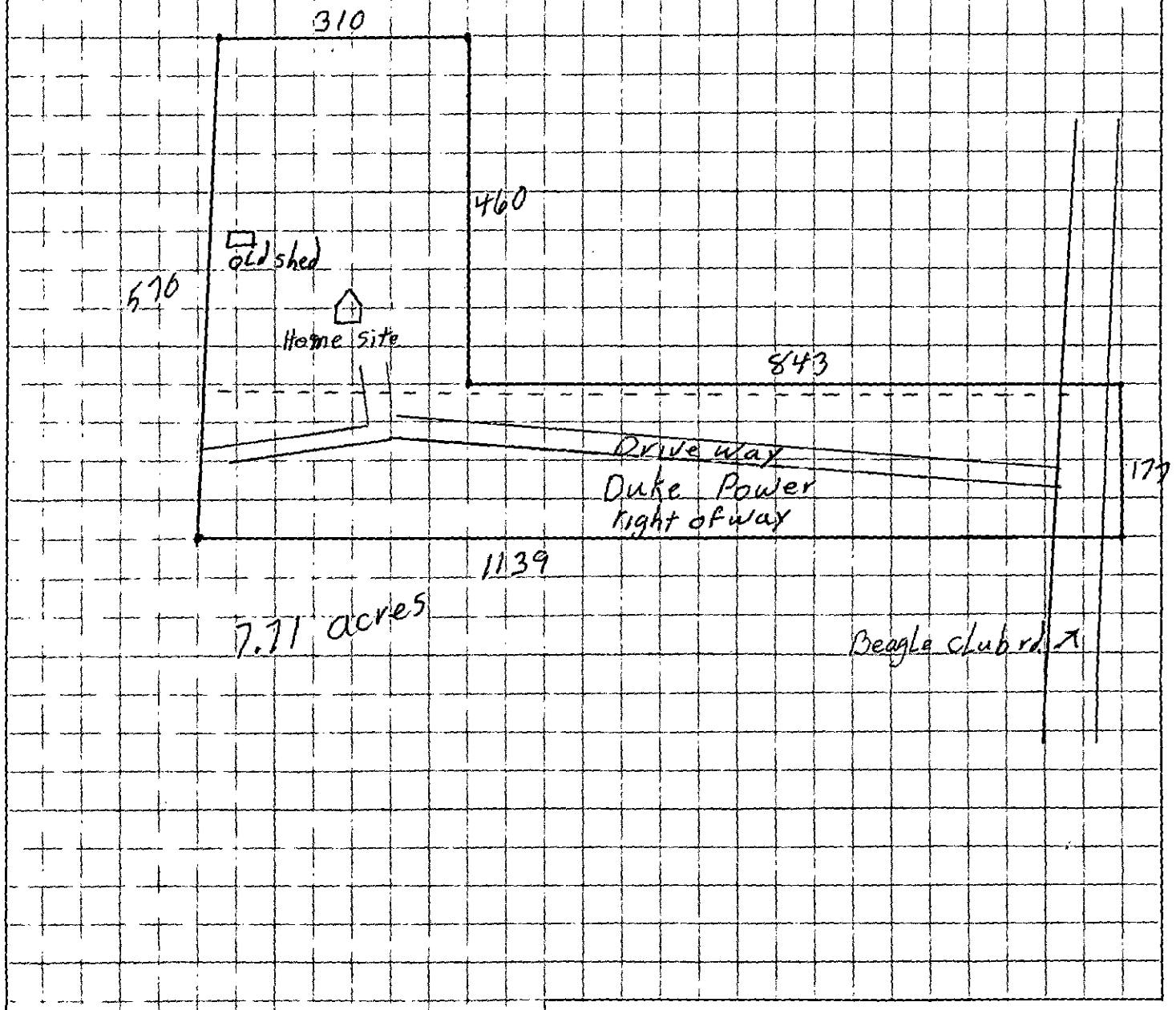
PROPOSED PLOT PLAN

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

FILE: 4070A

TC: 031-153-14

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.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy