

19614 META RD

00109186

6/1/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5505-A DATE: 9/17/90

TC: 001 091 86 ☐ L ☒ CRT

SERIAL № 13563

Name of Owner Town Square Inv., Inc. Juris.:

Address of Property 19614 Meta Rd.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 201

Number of Lines 3 @ 67'

Cover Depth 6"

Water Supply Source P/well

Distance to Water Source ≥50

Excavation Inspected Y

Tank(s) Inspected Y

Wash Line Inspected —

High Water Alarm Inspected installed

PLOT

Design: 1500 ST, 1000 PT, PI, mod. T&J 402 SFT, 14" SAND (EECI) CTR# 52

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: 3 bedrm. (3) 2'x67'x14" sand, lime, raked walls. Liberty pump. Sleeved at drive.

Tim Whetstone, R.S.
Environmentalist

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

PROPOSED PLOT PLAN

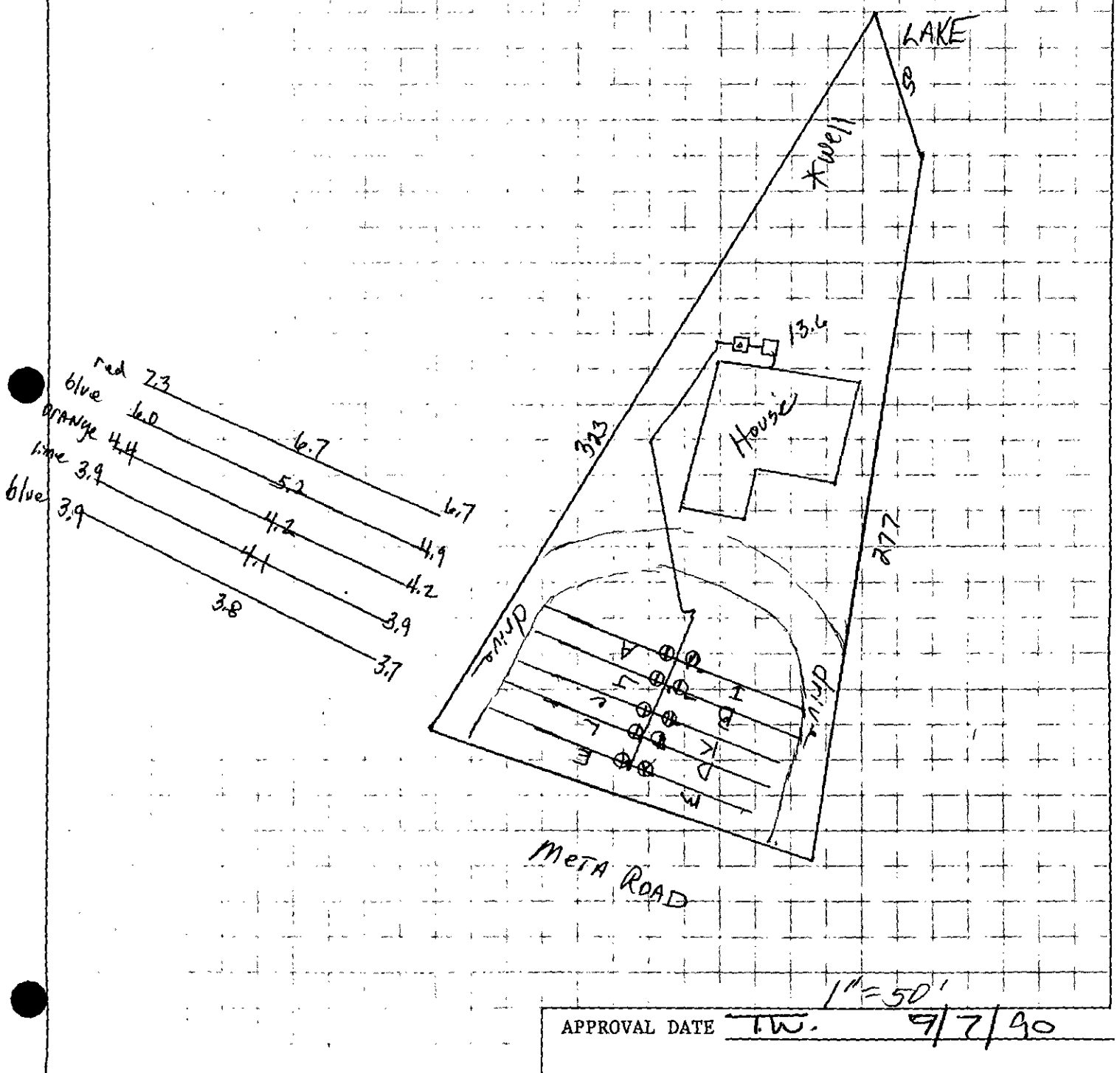
Lot 21

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

FILE: 5505 A

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.



1"=50'

APPROVAL DATE T.W. 9/7/90

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

T & J

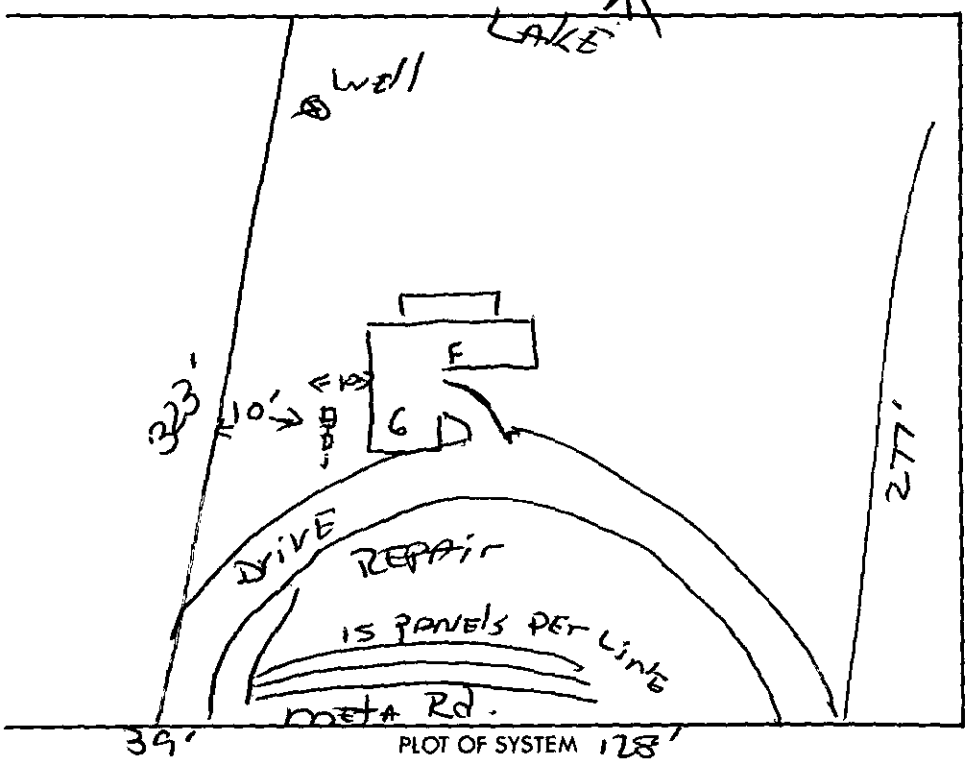
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5505A DATE: 9/7/90

TC: 001091 86 P/L

SERIAL № 14661

Permission is hereby given to V (Install) or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 6/2/90. All work shall be completed on or before 10/7/90, 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.



Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 2' feet

Total Line Length 201' feet

Number of Lines 3 67'

Depth of ~~Stone~~ SAND 14" inches

Distance from House 10 feet

Distance from Property Line 10 feet

Distance from Well 250' feet

NAME OF OWNER TOWN SQUARE INV, INC.

LOCATION OF PROPERTY 19614 META Rd.

Comments: T & J PANEL for 3 bedrm. (3) 2'x67'x14" SAND, LIME & RAKE WALLS. INSTALL ACCORDING to PLANS SUBMITTED, EXCEPTION 67' LINES.

Division or Section Head

Tim Whittaker, R-5.
Environmentalist

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

PRESENTED FOR REGISTRATION

90 JUL -6 PM 12:59

ANNE A. POWERS REGISTER OF DEEDS MECKLENBURG CO., N.C.

FILE NO. 5505A

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 10 NCAC 10A .1948(c)

The undersigned, Simonini Builders, INC

owner of property located at 19614 meta Rd

("the site") and described in an instrument recorded in Book 14 at Page 331, Mecklenburg Public Registry,

hereby acknowledges that he applied to the Mecklenburg County Department of Environmental Health ("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 10 NCAC 10A .1934 et seq; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested pursuant to 10 NCAC 10A .1948(c) 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 can reasonably be expected to function satisfactorily and thus that the findings specified in 10 NCAC 10A .1948(c)(1), (2), and (3) can be made; 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 his responsibility 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 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.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

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.

This 6 day of July, 1990.

D Simonini (SEAL)

(SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, KATHERINE L. BIGGERS MATTHEWS a Notary Public for said County and State, do hereby certify that DAVID SIMONINI personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 6th day of JULY, 1990.

Katherine L Biggers Matthews
Notary Public

My Commission Expires: March 30, 1994

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day and acknowledged that he is _____ of _____, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____, sealed with its corporate seal and attested by _____.

WITNESS my hand and notarial seal, this _____ day of _____, 198__.

_____
Notary Public

My Commission Expires: _____

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 06/04/90

Name/Company: Tony C Jacobs

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: 3 Sandy Land
Paint
~~X~~
5504A - 5505A
5506A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JUN 4 1990

Fee: $600.00 ck#1110 $600.00

NOTICE:

A processing ~~fee of~~ $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by _____ Collected by _____



TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE 6-4-90

FROM: COUNTY ENGINEERING DEPARTMENT

RED FILE _____ JURISDICTION CODE Mesa

PARCEL NUMBER 001-091-86

ASSIGNED ADDRESS 19614 Meta Rd

EXISTING ADDRESS _____

PROJECT NAME _____ N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED		DISAPPROVED	
1. SUBDIVISION REGULATIONS	/	/	/	/*
2. FLOODWAY REGULATIONS	/	/	/	/*
3. EROSION CONTROL REGULATIONS	/	/	/	/*
4. PUBLIC UTILITY EASEMENT	/	/	/	/*

	PRESENT		NOT PRESENT	
5. PUBLIC UTILITY EASEMENT	/	/*	/	/
6. PROPERTY FRONTS ON THOROUGHFARE	/	/*	/	/
7. DRIVEWAY PERMIT REQUIRED	/	/*	/	/

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

REMARKS: well septic

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S 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: [signature]

CPWEAR 06-88

NEW ADDRESS / /*

FORM 100

Date: 6/2/90 DESIGN SPECIFICATIONS FOR ON-SITE WASTE SYSTEM

Address: Lot 21

General Description: Pressure Distribution T+J Panel (PPBPS)

Daily design waste flow: 360 gpd
Effluent loading rate: 0.25 gpd/sf
Square footage: 1440
Septic tank size: 1500 gal. (2 compartments)
Pumping tank size: 1000 gal.

Initial Installation

Line	# Panels	# Hole(s) Per Panel	Size Hole	Line Head	Line Length	Hole Flow	Line Flow
A	11	1	5/32	3.0	49	0.5	5.5
B	11	1			49		5.5
C	11	1			49		5.5
D	11	1			49		5.5
E	11	1	11	11	49	11	5.5
F							
G							
H							
Totals	55				245		27.5
Required 100% Repair							
I	11	1	5/32	3.0	49		5.5
J	11	1			49		5.5
K	11	1			49		5.5
L	11	1			49		5.5
M	11	1	11	11	49		3.5
N							
O							
P							
Totals	55				245		27.5

CALCULATIONS FOR PUMPED SYSTEMS: Σ 490' Σ 55.0

Friction loss: supply line = 160 LF of 2 inch x 6.5 loss/100 = 10.4 ✓
lateral line = LF of inch x loss/100 = NA
fittings = 10.4 x .2 = 2.1
total 12.5 ✓

Head: pressure head = 3.0
friction head = 12.5
elevational head = 15.0
TDH = 30.5 ✓
20% margin = (30.5 / .8 = 38.1 = ft.)
TOTAL DESIGN HEAD= 38.1

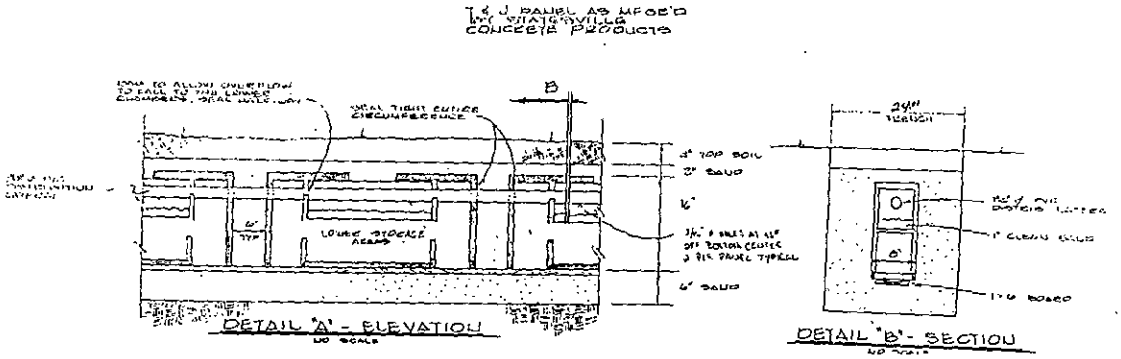
A UL or SSPMA listed effluent or sewage pump sized to deliver a minimum of 55 gallons per minute at 38.1 feet of head.
Pump size for system no Pump size for system and repair yes
Dosing volume ~~or time~~: initial 180 system + repair 360
Check valve: yes
Syphon break hole: NA PPBP ~~PPBP~~
Note: Each line shall have a globe or gate valve at the start of the line for pressure adjustment. "Noted ⊗ "

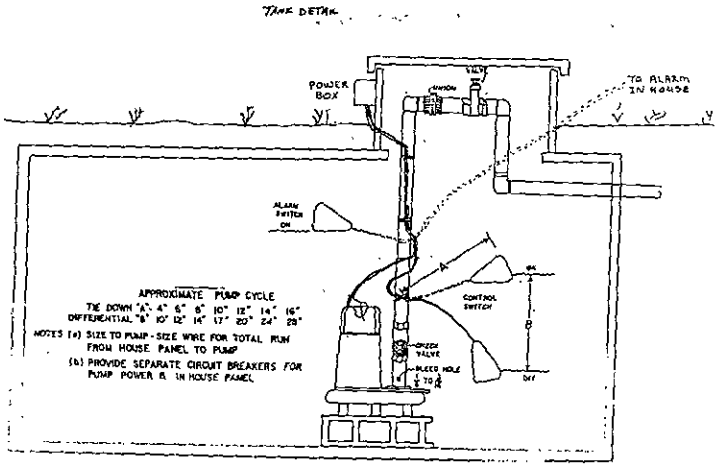
DESIGN SPECIFICS OF THIS SYSTEM MAY BE FOUND IN:

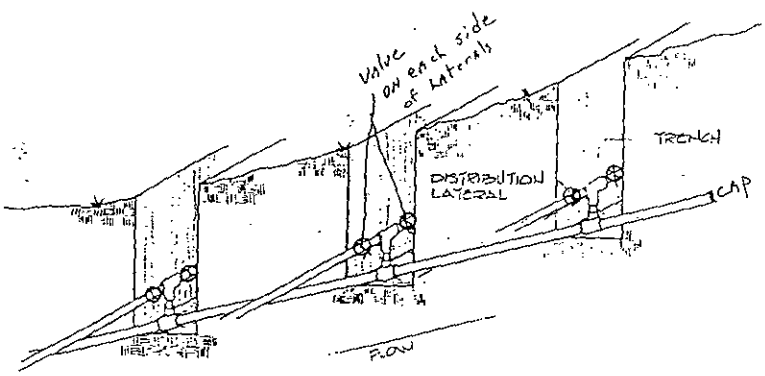
1. DESIGN AND INSTALLATION OF LOW-PRESSURE PIPE WASTE TREATMENT SYSTEMS by: Craig Cogger; Bobby L. Carlisle; Dennis Osborne; Ed Holland. Published by: UNC Sea Grant Pub. UNC-SC-82-03. May, 1982.

2. DESIGN, INSTALLATION AND MAINTENANCE OF THE T & J PANEL WASTEWATER TREATMENT SYSTEM FOR SANITARIANS AND SEPTIC TANK INSTALLERS. Available through Statesville Concrete Products Co., Statesville, N. C. 1-800-222-2577.

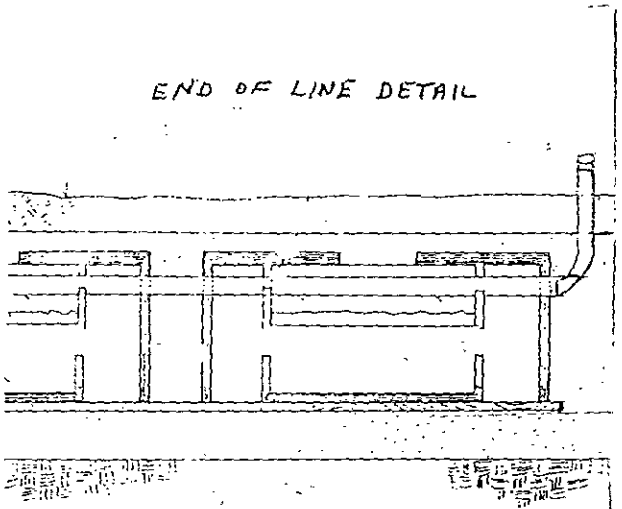
DESIGN DETAILS



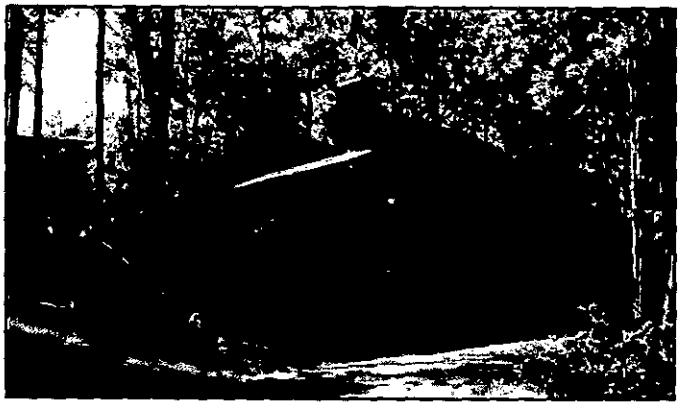




A PUMPING WELL



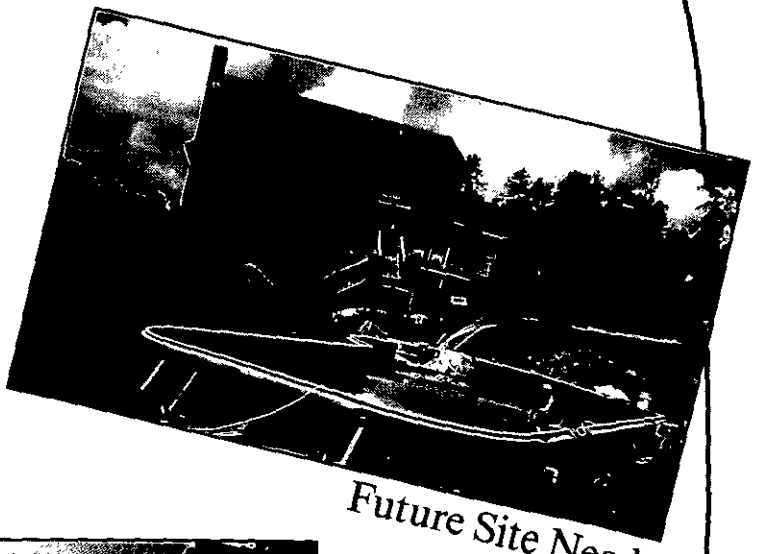
When Your Problem in On-site Waste Is:



Topography and Vegetation



Special Landscaping Needs



Future Site Needs



Limited Suitable Area

Then consider the

T&J Panel Wastewater Treatment System

A Better Quality Effluent Than With Conventional Systems

THE T.&J. PANEL
WASTEWATER TREATMENT SYSTEM

PATENT NUMBER 4013559

P.O. Box 288 • Statesville, North Carolina 28677
N.C. WATS 1-800-222-2577 • (704) 872-9566

There are many new developments in ground absorption sewage disposal system on the market today. The T&J Panel System is designed to make the most out of the least amount of space possible. This is made possible by the fuller use of the more porous top soil and the limited effect of evapotransporation and the wicking action of the block as the effluent is kept close to the surface of the ground and fused through the pores of the block to the sidewall area of the drainfield lines. This more general distribution and wicking allows for the use of the entire sidewall area and helps prevent the sealing off of the bottom and lower sidewalls that often occurs in a conventional system.

A 16 inch high panel is 46 inches long, 8 inches wide, and weighs about 155 pounds. There is a 6 inch by 6 inch air chamber at each end of the panel which extends from top to bottom to ensure aerobic action in each level of the field lines. Each panel has a storage chamber just below the top chamber for storage during peak use periods. A 24 inch panel is also available for use in repair or specially engineered systems.

* *

Limited Warranty

The structural integrity of each T&J Panel, when installed in accordance with manufacturer's instructions, is warranted against defective materials and workmanship for one year from date of manufacture. Should a defect appear within the warranty period, purchaser must inform T&J Panel System of the defect before the warranty expires. T&J Panel System will supply a replacement unit. T&J Panel System's liability specifically excludes the cost of removal and/or installation of the panels. There are no other warranties with respect to the units, including no warranties of merchantability or of fitness for a particular purpose. The warranty does not extend to incidental, consequential, special or indirect damages. The company shall not be liable for penalties or liquidated damages, including loss of production and profits, labor and materials, overhead costs, or other loss or expense incurred by buyer. Specifically excluded from warranty coverage are: Damage to the panels due to ordinary wear and tear; alteration, accident, misuse, abuse or neglect of the panels; the panels being subjected to stresses greater than those prescribed in the installation instructions; the placement by buyer of improper materials into buyer's system; or any other event not caused by the company. Furthermore, in no event shall the company be responsible for any loss or damage to the buyer, the panels or any third party resulting from its installation or shipment. Buyer shall be solely responsible for ensuring that installation of the system is completed in accordance with all applicable laws, codes, rules and regulations. Any alteration of this warranty must be noted as "Warranty" in writing by the company.

Engineering and Test Data by Law Environmental Services and Ayers and Associates is available from the manufacturer at the address below.

THE T&J PANEL
WASTEWATER TREATMENT SYSTEM
PATENT NUMBER 4013559

P.O. Box 288 • Statesville, North Carolina 28677
N.C. WATS 1-800-222-2577 • (704) 872-9566

Distributed by

Serving people with a better quality system

Mecklenburg County
Health Department

Basil G. Deltas, M.D., M.P.H.
Health Director

March 30th, 1989

Johnny Ray Bustle, Jr.
P. O. Box 653
Cornelius, NC 28031

RE: Property located at Meta Road
FILE: 5505A
PARCEL: 00109124,25 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) 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.

Very truly yours,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 16026

File: 5505A Action 1

Parcel: 00109124, 25 PO ☐ PC

Location: Meta Road

Subdivision:

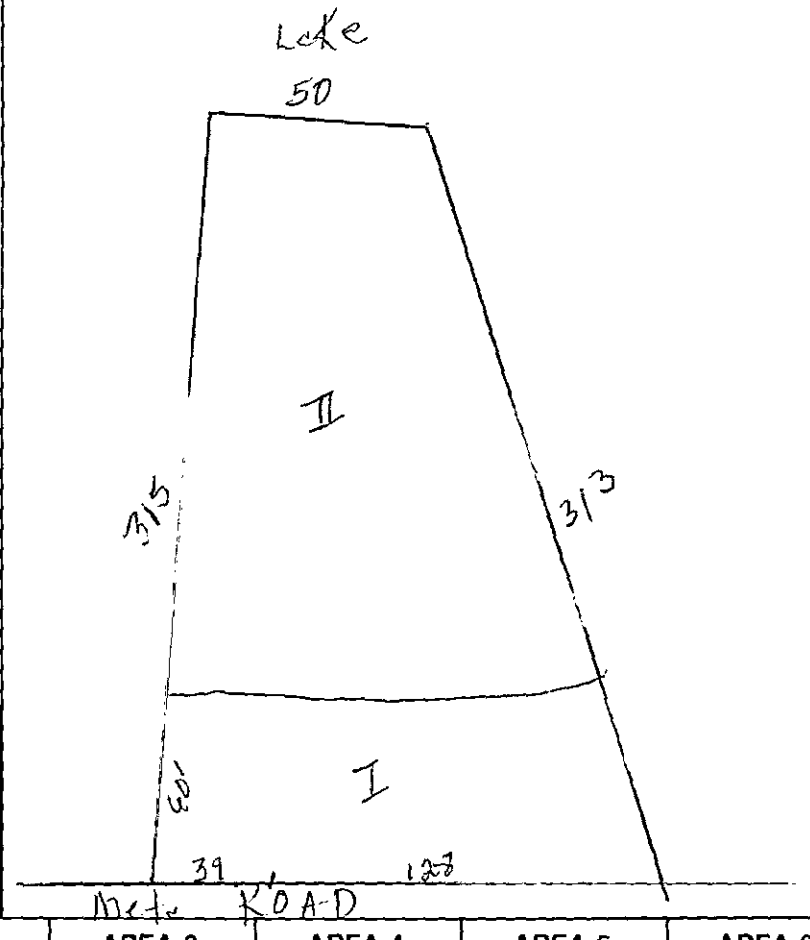
Lot: Block: Acres: .74

Owner: Johnny Ray Bustle, Jr.
Address: P. O. Box 653
Cornelius, NC 28031

Comments: Lift Station Required
Lift Station Required Required

Described by: [illegible]

Date: 3-27-89



***** 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 2–6	S (PS) U 4–12	S PS U	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 40–48	S PS (U) 13–38" Fill over Cecil of unknown Depth	S PS U	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 Limited Area	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 Cecil	Fill over Cecil				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 5505A

TC: _____

☐ PC ☐ REPT

see file 5504A for change slip

JOB LOCATION

① ADDRESS: META RD

② SUBDIVISION: DIANE SHORES ③ LOT: 20+21 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 14 PAGE NO.: 331 PARCEL NO.: 001-091-24 25 PO

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

OWNER

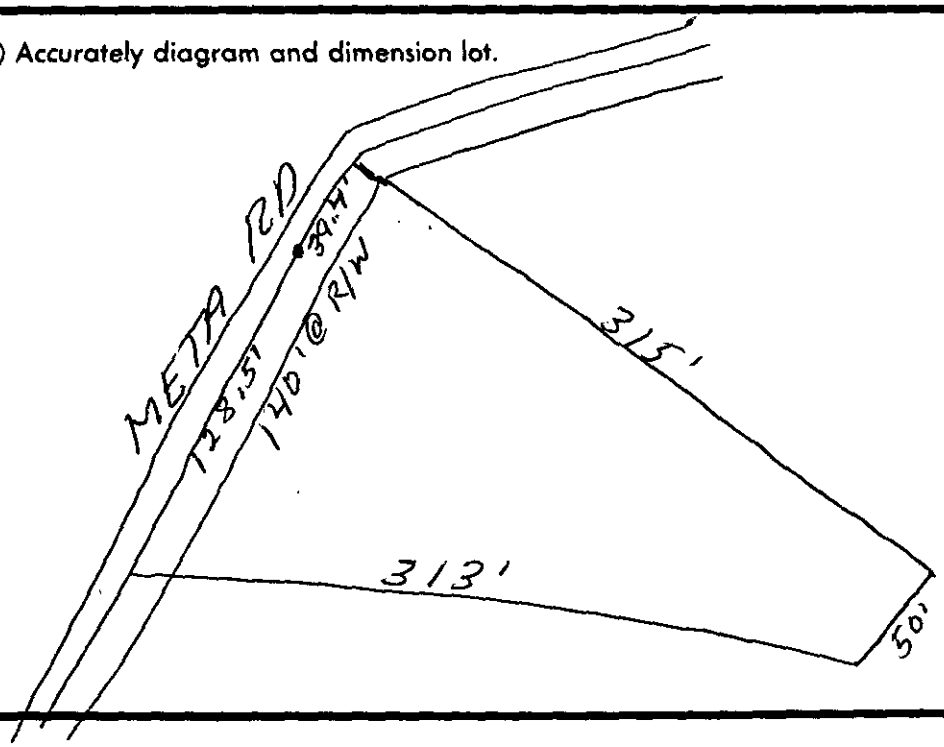
⑦ NAME: JOHNNY (FIRST) RAY (MIDDLE) BUSTLE JR (LAST)

⑧ MAILING ADDRESS: P.O BOX 653

⑨ CITY: CORNELIUS ⑩ STATE: NC ⑪ ZIP: 28031

⑫ PHONE: (WORK) 378-0119 (HOME) 892-9525

⑬ Accurately diagram and dimension lot.



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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Johnny Ray Bustle Jr

Date: 3-3-89

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

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

Mecklenburg County
Health Department

June 7, 1990

Town Square Inv., Inc.
19501 Hwy 73 West #14
Davidson, NC 28036

RE: Property located at 19614 Meta Rd.
FILE: 5505A
PARCEL: 001-091-86

Gentlemen:

Receipt of your plans for a modified waste disposal system for the property referenced above is acknowledged.

Your plans for the modified system for the above property as submitted are approved with the following comments:

- The well should be located 100 feet or no less than 50 feet away from any part of the sewage disposal system and repair area.
- Water saving plumbing devices and low flush toilets should be installed when constructing the residence.
- Occupants to utilize maximum water conservation measures wherever possible.
- Effectively rake and lime all trench sidewalls
- Landscaping of repair area to be undisturbed. No grading, shaping, or altering in anyway.

Upon execution and recording with the Register of Deeds Office, Mecklenburg County, of the enclosed "Septic Tank Agreement Form", an Improvements Permit may be issued by this office.

Sincerely,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

GV/kat

Enclosures - 3 Septic Tank Agreement Forms

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

PRESENTED FOR REGISTRATION

90 JUL -6 PM 12:59

ANNE A. POWERS
REGISTER OF DEEDS
MECKLENBURG CO., N.C.

REAL ESTATE BOOK PAGE 000164

6310 0432 FILE NO. 5505A

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 10 NCAC 10A .1948(c)

The undersigned, Simonini Builders INC

owner of property located at 19614

("the site") and described in an instrument recorded in Book 6306 at Page 750, Mecklenburg Public Registry, hereby acknowledges that he applied to the Mecklenburg County Department of Environmental Health ("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 10 NCAC 10A .1934 et seq; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested pursuant to 10 NCAC 10A .1948(c) 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 can reasonably be expected to function satisfactorily and thus that the findings specified in 10 NCAC 10A .1948(c)(1), (2), and (3) can be made; 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 his responsibility 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 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.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

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.

This 6 day of July, 1990.

Return to Dept. of Environmental Health

Drawn by: Simonini Builders, Inc.

Corporate Seal

VP (SEAL) 6.00

Asst. Sec. (SEAL) 6.00

#3162 RRR

07/06/90

STATE OF NORTH CAROLINA

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

This 6th day of July, 1990, personally came before me, Martha S. Kite, a Notary Public for said county and state, David A. Simonini, who being by me duly sworn, says that he is the Vice President of Simonini Builders, Inc. and that the seal affixed to the foregoing instrument in writing is the corporate seal of said corporation and that said writing was signed and sealed by him, in behalf of said corporation, by its authority duly given. And the said Vice President acknowledged the said writing to be the act and deed of said corporation.

Martha S. Kite
Notary Public

My Commission Expires: 10-30-94

NOTARY PUBLIC

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____

_____

_____

strument was signed in it

al and attested by _____

WITNESS my hand and

State of North Carolina, County of Mecklenburg
The foregoing Certificate(s) of Martha S. Kite

Notary(ies) Public is/are certified to be correct. This instrument and this certificate are duly registered at the date and time and in the Book and Page shown on the first page hereof.

ANNE A. POWERS, REGISTER OF DEEDS

By Charlotte W. Petut Deputy - Register of Deeds

hereby certify that

it he is _____

corporation, the foregoing

, sealed with its corporate

198__.

_____
Notary Public

y Commission Expires: _____

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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: 5505A

TC: _____

SERIAL: № 20512 ☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 19614 (STREET NO.) Metz Rd. (STREET) ② FILE: _____

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 001-091-86

⑤ SUBDIVISION: N/A ⑥ LOT: 21 ⑦ BLOCK: _____

OWNER

⑧ NAME: Town Square Inv. Inc. (FIRST) (MIDDLE) (LAST)

⑨ MAILING ADDRESS: 19501 Hwy 73 West # 14

⑩ CITY: Davidson. ⑪ STATE: N.C. ⑫ ZIP: 28036

⑬ PHONE: (WORK) 892-7240 ⑭ (HOME) _____

REQUEST

This request is for a(n):

⑮ ☑ New permit ⑰ ☐ Authorization for mobile home exchange

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

DESIGN CRITERIA

System will serve:

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

㉒ Number of bedrooms? 3 ㉕ Type? _____

㉓ Maximum occupancy? 6 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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Tony C. Jarvis, CPSS

Date: 6/2/90 (704) 528-4767

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance. Conventional System not possible / Limited Area and Horizontal Restrictions. Modified System Approved

Environmentalist _____ Date

Director or Authorized Section Head 6-7-90 Date

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