


10811 TYLER BROOK LN

13911338

1/3/2008

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: 3443B DATE: 11/21/96

TC: 139-112-0390 CRT

SERIAL Nº 16868

Name of Owner Eric McComb Bldg Inc Juris.:

Address of Property 10811 Tyler Brook Ln

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 5 @ 80'

Cover Depth 12" - 24"

Water Supply Source Well

Distance to Water Source >100' (50' min)

Excavation Inspected 11/21/96

Tank(s) Inspected 11/21/96

Wash Line Inspected plumb to tank

High Water Alarm Inspected 11/21/96

PLOT

Design 1500 ST, 1000 DT, PI, INNO, Chamber system, 400SF Cecil CTR# 70 Osborne Grading

The undersigned has inspected the Septic Tank System described above, and certifies it has been

X installed or constructed — altered or repaired

X 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 — X 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 4 bedroom residence

Type III

Phillip 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

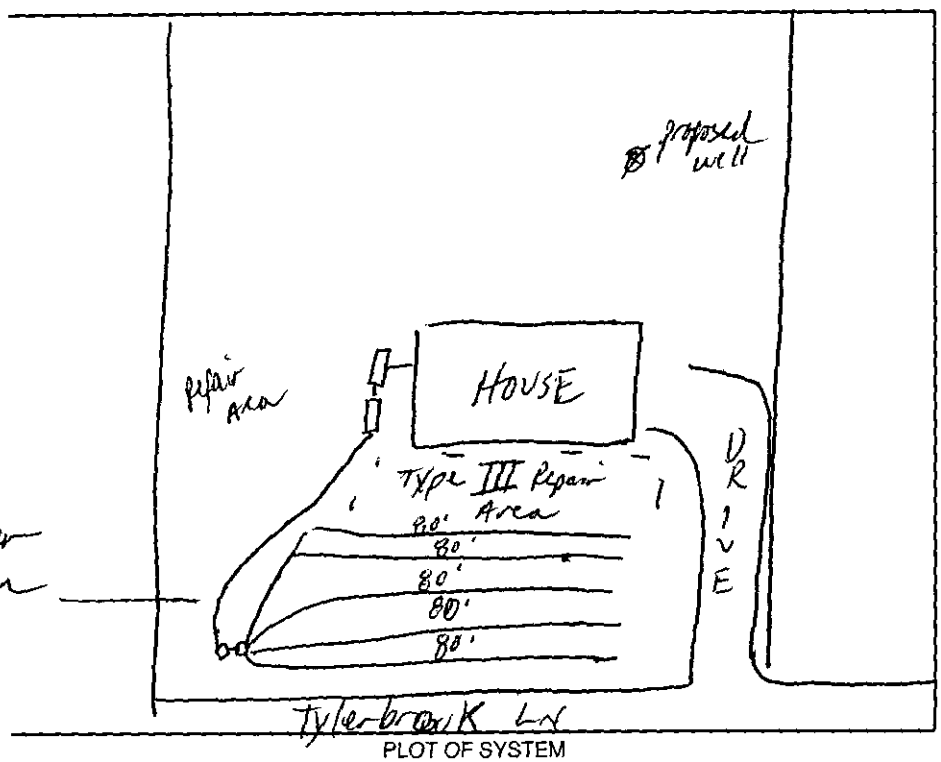
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3443B DATE: 11/15/96

TC: 139 112 03 PO X L

SERIAL No 16920

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 6/19/96. All work shall be completed on or before 12/15/96, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.




PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 36" feet

Trench Walls Scored and Porous yes

Total Line Length 400' feet

Number of Lines 5 (80')

Depth of Stone NA 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 Eric McComb Builders Inc

LOCATION OF PROPERTY 10811 Tylerbrook Ln

Comments: Chamber System 5 lines x 80' long x 3' wd / Keep septic system > 100' (50' min) from well

Phila S. Walker R.S.
Environmental Health Specialist

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

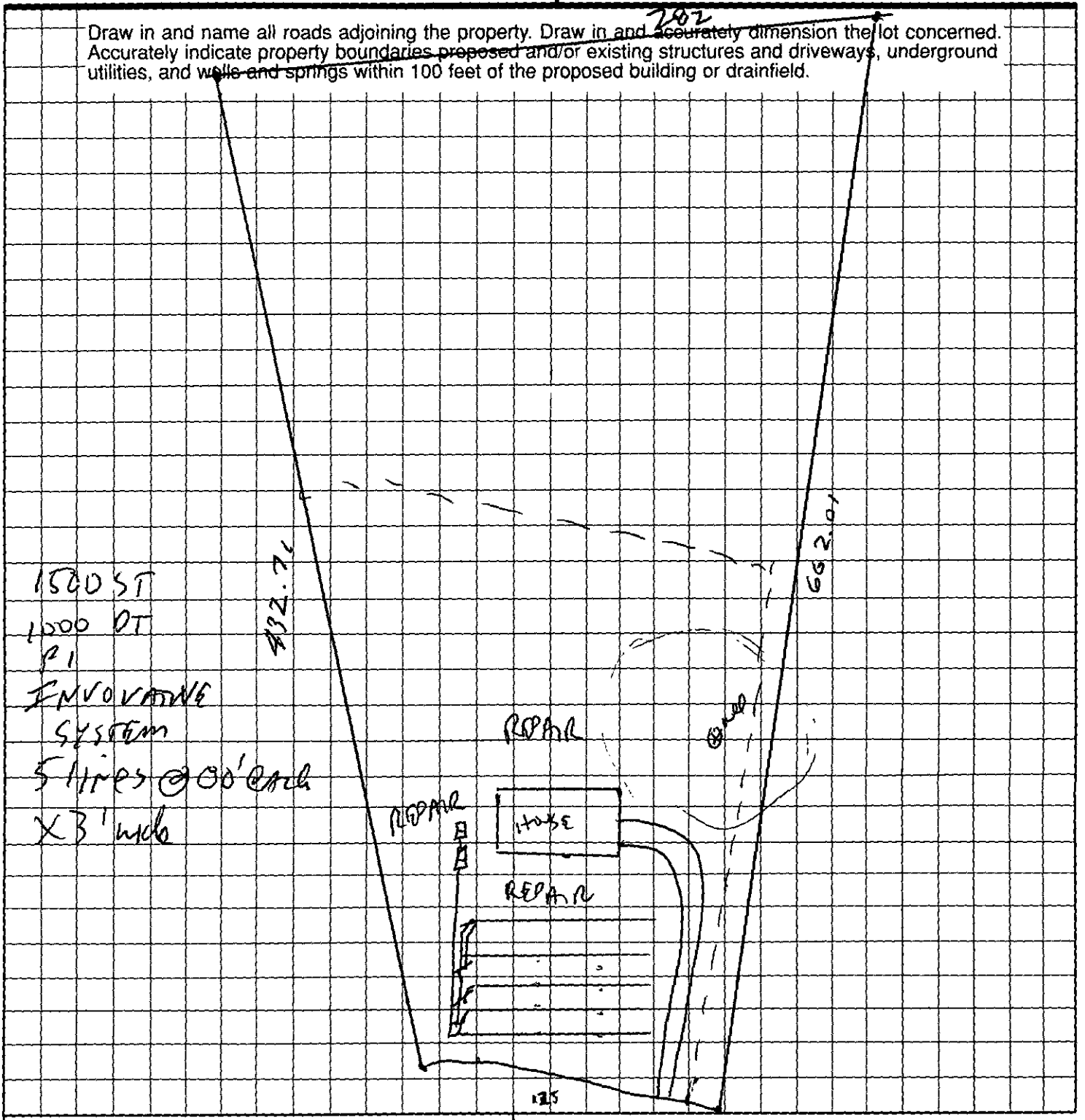
# PROPOSED PLOT PLAN

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

FILE: 3443-B

TC: 139-112-03 PO

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.




OWNER/AGENT SIGNATURE

DATE 6-19-84

APPROVAL DATE _____

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

chk # 16292

400D

**FEE:** 200.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
**DATE:** 6/18/96 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 6-19-96 PERMIT NO: 3443-B

PARCEL NO: 139-112-03 PO

JOB LOCATION ADDRESS: 10311 ~~FOLER~~ LEA BROOK LANE

PROPERTY OWNER: _____

BUILDING CONTRACTOR: Eric McComb

SUBDIVISION NAME: _____

AUTHORIZATION ISSUED BY: _____ DATE: 6-19-96

DEHNR AUTHORIZED AGENT

## AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3443-B, 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: USE INNOVATIVE SYSTEM.

## 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.

Eric W McComb 6-17-96

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 3443-3

# CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 139-112-03

- 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<br>Type (circle one):<br>I II III IV V VI | ___ Conventional<br>___ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | ✓ Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 | |
| 3 Long-term acceptance rate | 400 Max gallons/day wastewater flow | 1200 Absorption Area (sq ft) | 9 Trench spacing (min. on centers) | |
| Yes Serviced by private well | 1500 Gallon septic tank | 400 Total trench length (ft) | 30' Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions) | |
| 4 Bedrooms in residence | 1000 Gallon pump tank | ___ ~~Depth of stone~~ | | |
| Any surface waters present: No Type: | | Minimum separation distance: | | |
| Site modifications required: | | | | |
| Additional Conditions: USE INOVATIVE SYSTEM | | | | |
| Repair Area System Type<br>Type (circle one):<br>I II (III) IV V VI | ___ Conventional<br>✓ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | ___ Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 | |
| 540 Absorption Area (Sq ft)<br>270 Total Trench Length (Ft) | ___ Depth ~~of Stone~~ Trench<br>SAME | 8 Trench spacing (min. on centers) | 30" 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 the 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 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 Improvement permit is transferable.

DEHNR Authorized Agent — Date

Owner/Agent Signature — Date 6-17-96

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

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

IWWS:100195

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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___

# SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

#1 34436
PO 139-112-03

OWNER: Eric W. McComb
ADDRESS: 7200 Hood Road, Chas.
PROPOSED FACILITY: residence
LOCATION OF SITE: 1061 Tyler Brook Dr.
APPLICANT: ___
APPLICATION DATE: ___
PROPOSED DESIGN FLOW (.1949): ___
DATE EVALUATED: ___
PROPERTY SIZE: 1.17
PROPERTY RECORDED: ___
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

| PROFILE # | 1940 LANDSCAPE POSITION/ SLOPE % | HORIZON DEPTH (IN.) | SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE | SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS 1942 SOIL WETNESS/ COLOR | 1943 SOIL DEPTH | 1956 SAPRO CLASS | 1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | Slope 4-6% | 0-8" | gr/scl | Fr/SEXP/SS/SP | >46" TO Chroma 2 Mottles | 46" | N/A | None | PS IV .39/F-7 |
| | | 8-46" | SBK/C | Fr/SEXP/S/P | | | | | |
| 2 | | 0-6" | gr/scl | Fr/SEXP/SS/SP | >35" TO Chroma 2 Mottles | 35" | N/A | None | US IV .39/F-2 |
| | | 6-24" | SBK/C | Fr-Fi/SEXP/S/P | | | | | |
| | | 24-35" | SBK/C | Fr/SEXP/SS/SP | | | | | |
| 3 | | 0-5" | gr/cl | Fr/SEXP/SS/SP | >46" TO Chroma 2 Mottles | 46" | N/A | None | PS IV .39/F-2 |
| | | 5-46" | SBK/C | Fr-Fi/SEXP/S/P | | | | | |
| 4 | | 0-6" | gr/cl | Fr/SEXP/SS/SP | >46" TO Chroma 2 Mottles | 46" | N/A | None | PS IV .39/F- |
| | | 6-46" | SBK/C | Fr-Fi/SEXP/S/P | | | | | |
| 5 | | 0-6" | gr/cl | Fr/SEXP/SS/SP | >46" TO Chroma 2 Mottles | 46" | N/A | None | PS IV .39/F- |
| | | 6-46" | SBK/C | Fr-Fi/SEXP/S/P | | | | | |

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

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: William R. Marlin 5-15-9
OTHER(S) PRESENT: ___

OMMENTS: Wilson Acres

# LEGEND

*use the following standard abbreviations*

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

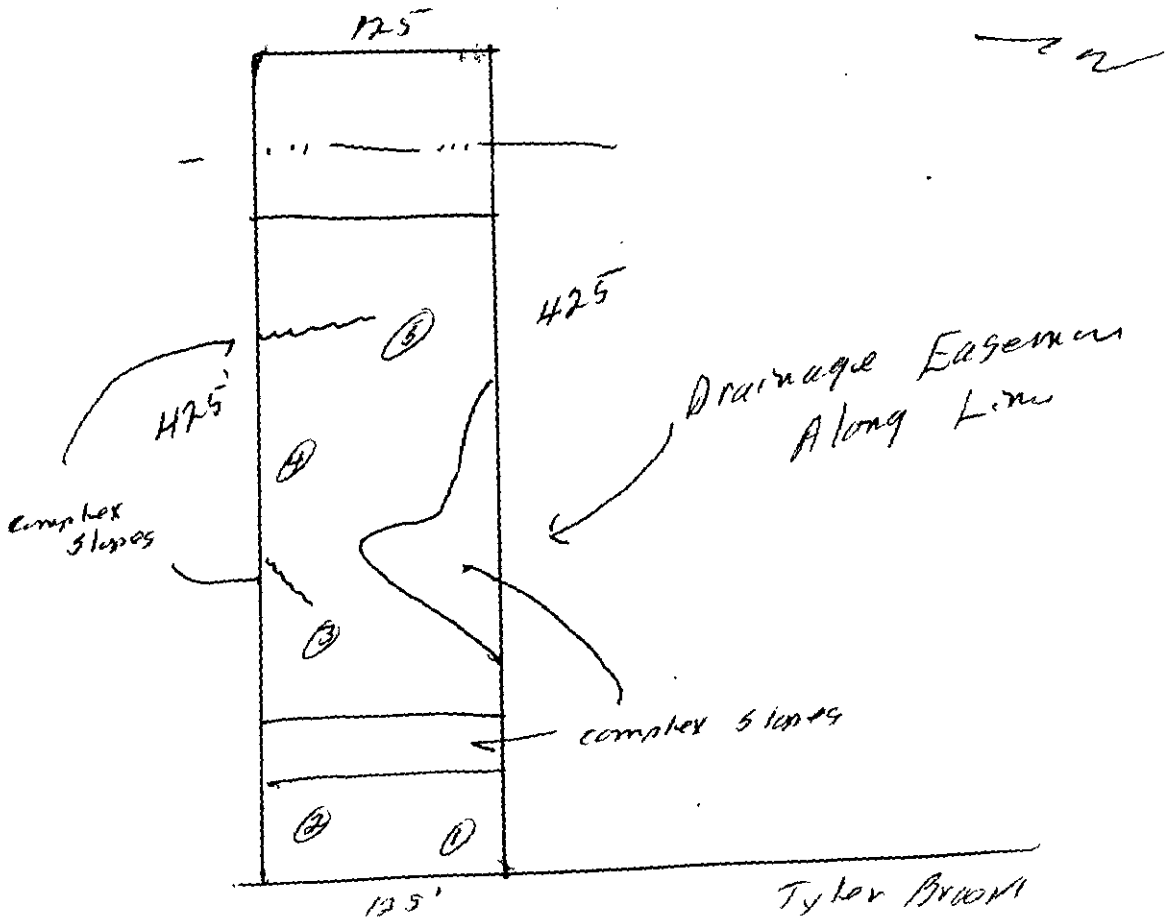
*OTES*

| | |
|---|---|
| *ORIZON DEPTH* | In inches below natural soil surface |
| *EPTH OF FILL* | In inches from land surface |
| *ESTRICTIVE HORIZON* | Thickness and depth from land surface |
| *APROLITE* | S(suitable) or U(unsuitable) |
| *OIL WETNESS* | Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designati |
| *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).



LOT #11

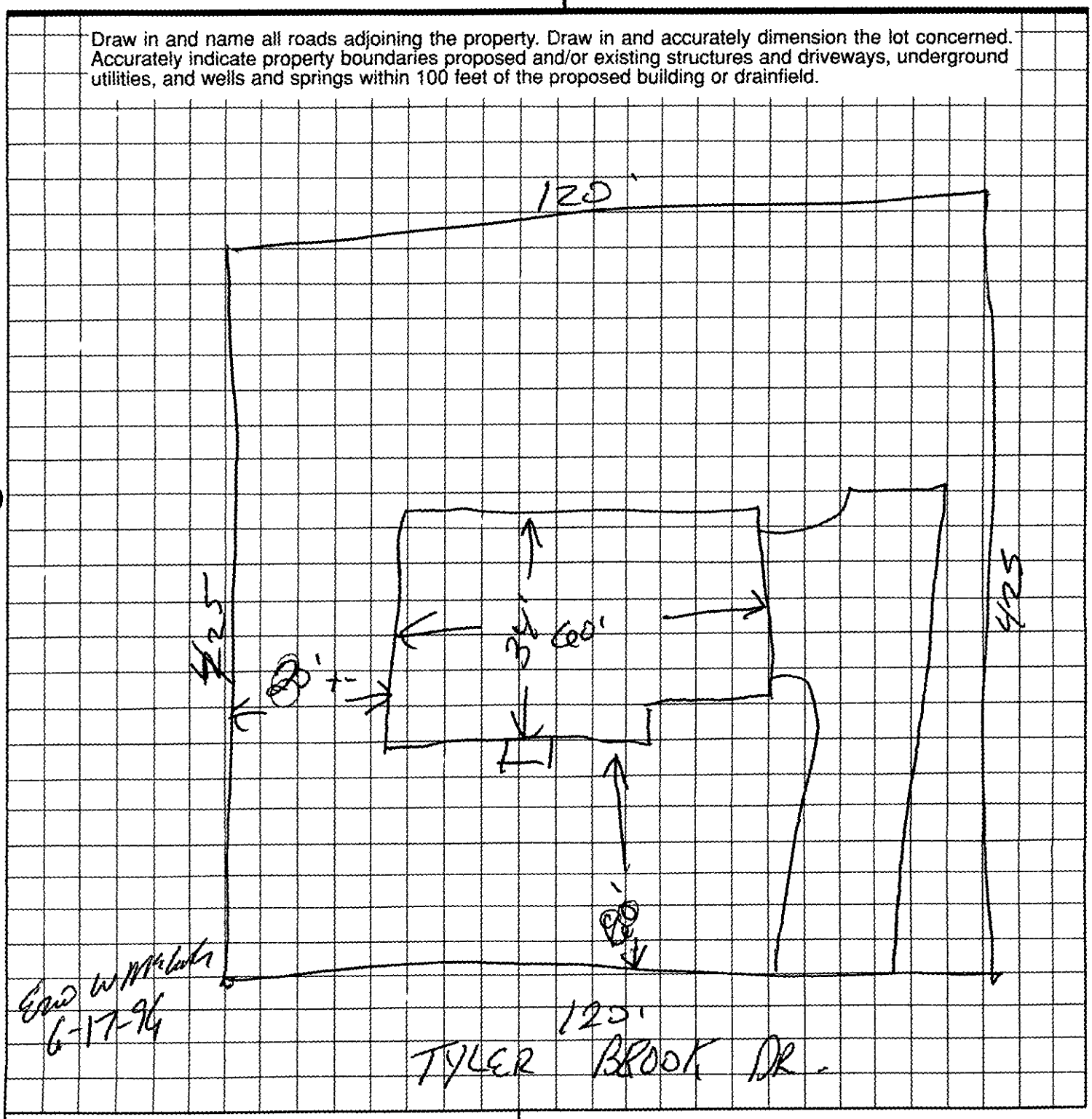
# PROPOSED PLOT PLAN

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

FILE: 3443B

TC: 139-112-03PO

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.




Edd W McCorkle
OWNER/AGENT SIGNATURE

DATE 4-24-96

APPROVAL DATE _____

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

FEE: 100.00

DATE: 4/25/96

CK# 16282

**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 #: 34435

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139-112-03 PO

STREET ADDRESS: 10811 Taylor Brook Cove

SUBDIVISION OR MOBILE HOME PARK NAME: KENDALTON

LOT NUMBER: 11

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:

NUMBER OF BEDROOMS:

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

PROPERTY OWNER: Eric W McComb Blvd

NAME: (LAST) (FIRST) (MI)

ADDRESS: 7200 Hood Rd.

CITY: Charlotte STATE: NC ZIP: 28215-

DAYTIME PHONE: (704) 841-2240

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

SAME

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: Eric W McComb

DATE: 4-24-96

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

Mecklenburg County
Health Department

June 5, 1996

Eric W. McComb
7200 Hood Road
Charlotte, NC 28215

Re: 10811 Tyler Brook Lane
File: 3443B
Parcel: 139-112-03PO

Dear Mr. McComb:

Receipt of the plans and specifications for a conventional system of sewage disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15 NCAC 18A, .2900, "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal". Our comments are listed below:

.1945 AVAILABLE SPACE
(a) Sites shall have sufficient available space to permit the installation and proper functioning of ground absorption sewage treatment and disposal systems, based upon the square footage of nitrification field required for the application rate determined in accordance with these Rules.
(b) Sites shall have sufficient available space for a repair area equal to the area determined in Rule .1945 (a) of this Section.

For these reasons, the plans as submitted are disapproved: However, state regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 15 NCAC 18A .1948 (c) are met.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, 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. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to contact me at 336-5570.

Sincerely,

Philo S. Walker R.S.

Philo S. Walker, R.S.
Individual Water and Wastewater Systems

PW:gc

DATE 4/25/96

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

# 139-112-03 po
PARCEL NUMBER

10811 Tyler Brook Ln
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

Lot 11
EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

Kendalton
PROJECT NAME (IF APPLICABLE)

**THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:**

| | | |
|---|---|---|
| 1. SUBDIVISION REGULATIONS | ✓ APPROVED | ____ NOT APPROVED |
| 2. FLOODWAY REGULATIONS | ✓ APPROVED 4/25/96 | ____ NOT APPROVED |
| 3. WATERSHED PROTECTION | ✓ APPROVED | ____ NOT APPROVED |
| 4. COMMERCIAL DRAINAGE PLAN | ✓ APPROVED | ____ NOT APPROVED |
| 5. PUBLIC UTILITY EASEMENT | ____ PRESENT | ✓ NOT PRESENT |
| 6. PROPERTY FRONTS ON THOROUGHFARE | ____ YES | ✓ NO |
| 7. DRIVEWAY PERMIT REQUIRED | ____ YES | ✓ NO |
| 8. DOES PROJECT CONFLICT WITH ROAD PROJECT? | ____ YES | ✓ NO |

REMARKS: S. Mine Neck FF Used 660.08 Yrk
REQUIRE
ELEVATION

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

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: Pmca

REVISED 1/91

3443B

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
## APPLICATION FOR SERVICES

Pd. 4/30.00, 2/3/95 ck. #1009

[ ] 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

PERSON FILING APPLICATION:

NAME: GORE (last), FREDERICK (first) C/O CIVILTEC ASSOCIATES (mi)

ADDRESS: 6608C EAST HARRIS BLVD PHONE: (__) 531-1943

CITY: CHARLOTTE STATE: NC ZIPCODE: 28215

Date: 2-1-95

PROPERTY OWNER:

NAME: MUTUAL DEVELOPERS (last) (first) (mi)

ADDRESS: 8318 LAWYERS RD. PHONE: (__) 545-6601

CITY: CHARLOTTE STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 139-112-03 (PO)

STREET ADDRESS: WILLIAMS RD.

ZONING: R-3

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: KENDALTON SUBDIVISION

LOT NUMBER: 11 LOT SIZE (in acres): 2.08 AC.

TYPE APPLICATION (check one):

[ ] SOIL TEST - INDIVIDUAL LOT (O)
[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 M)
[ ] 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: 3 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: Frederick Gore Date: 2-1-95

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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 Date

Director or Authorized Section Head Date

WATER : 122791

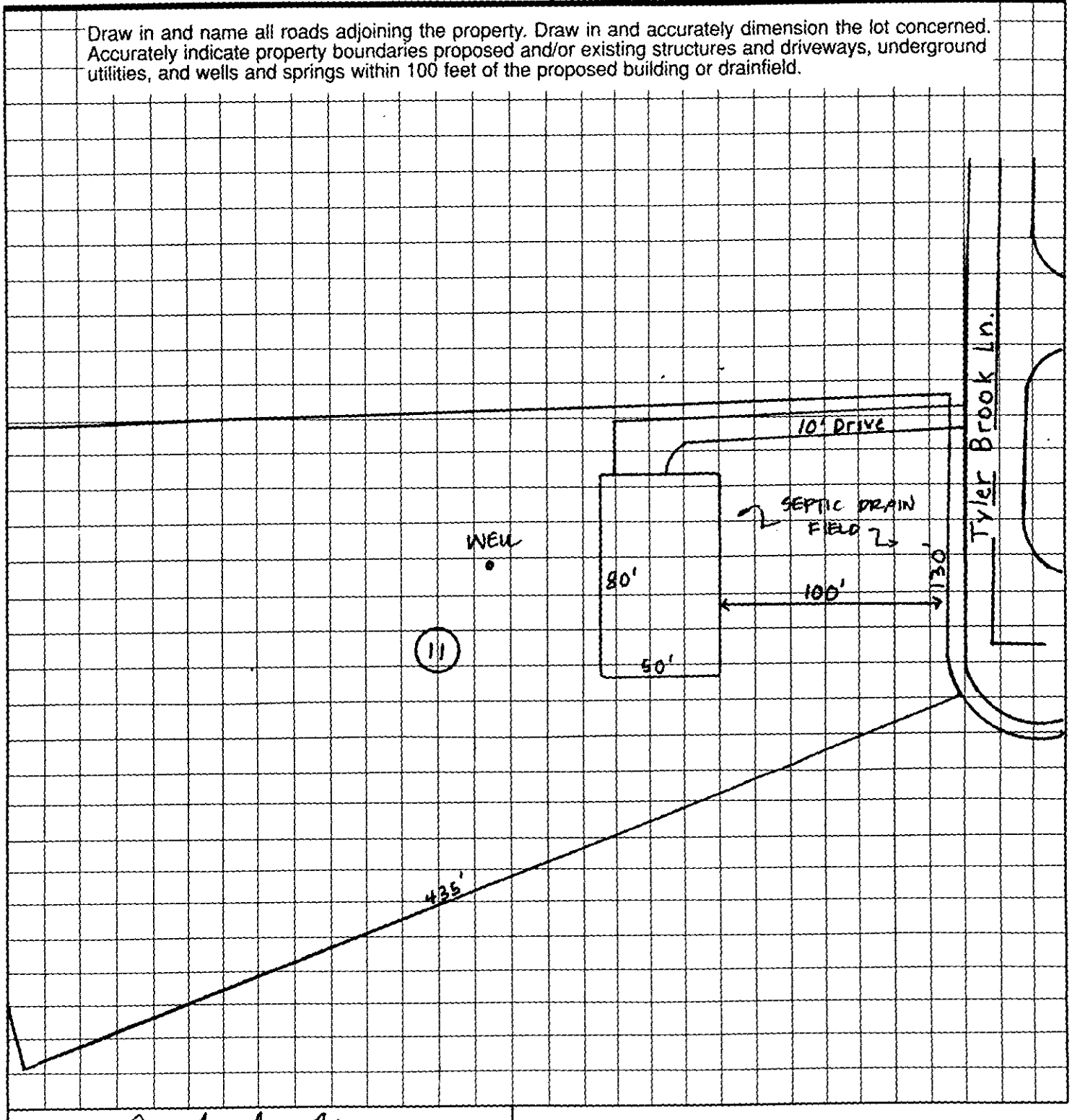
# PROPOSED PLOT PLAN

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

FILE: 3443B

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.




OWNER/AGENT SIGNATURE _____

DATE 2-1-95

APPROVAL DATE _____

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