


PROPERTY NOW PART OF IREDELL COUNTY

5/6/08

marliwr

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: 2519-A DATE: 8-28-96

TC: 001-342-12 ☐ L ☒ CRT

SERIAL № 16846

Name of Owner STEPHEN JOHNSON Juris.: _____

Address of Property 16529 MELVILLE CT

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield 300

Number of Lines 5 @ 60

Cover Depth 8-12"

Water Supply Source well

Distance to Water Source ≈ 75'

Excavation Inspected 8-28-96

Tank(s) Inspected 8-28-96

Wash Line Inspected _____

High Water Alarm Inspected 8-28-96

PLOT

Design 1996 1500 ST 1000 DT PI INV. 900 FT CECIC CTR# _____

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 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☒ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

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

COMMENTS: owner and G.C. opted for Innovative system

Kelly Randall
Environmental Health Specialist

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

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

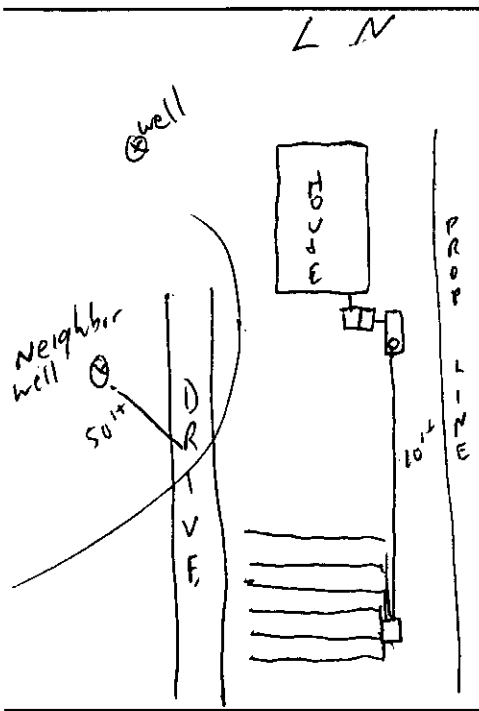
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2519-A DATE: 7-15-96

TC: 001-342-12 ☐ L

SERIAL № 16823

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 5-8-96. All work shall be completed on or before 8-15-96, 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 3 feet

Trench Walls Scored and Porous yes

Total Line Length 300 feet

Number of Lines 5 x 60

~~Depth of Stone~~ _____ inches

Distance from House 5'+ feet

Distance from Property Line 10'+ feet

Distance from Well 50'+ feet

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

NAME OF OWNER STEPHEN JOHNSON

LOCATION OF PROPERTY 16529 MELVILLE CT

Comments: USE INOVATIVE SYSTEM @ OWNER + GEN.CONTRACTOR + S.CONC. REQUEST

S Batemon for S Daniel, Program Chief 8-8-96

Environmental Health Specialist

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

2nd
CERT of CERT

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

DATE: 5/8/96 PERMIT NO: 2519A
PARCEL NO: 001-342-12

JOB LOCATION ADDRESS: 16529 Melville Court
PROPERTY OWNER: Stephen Johnson
BUILDING CONTRACTOR: Perry Jenkins
SUBDIVISION NAME: NA
AUTHORIZATION ISSUED BY: Lisa B. Mialik, RS DATE: 5/8/96
DEHNR AUTHORIZED AGENT

## AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2519A, 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: See Improvement Permit & associated plot plan dated 5/8/96 (Improvement permit issued 7/15/94 no longer valid).

## 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.

Perry W Jenkins 5/8/96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

# CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 2519A

Tax Number: 001-342-12

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

Any surface waters present: yes Type: Lake Norman Minimum separation distance: 750' from 760' high water mark

Site modifications required: —

Additional Conditions: ① Keep installation 15' minimum from roadside ditch,
② 50' minimum from any well.
This Improvement permit replaces I.P. issued 7/15/94.

| | | | |
|---|---|---|---|
| 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 |

| | | | |
|---|---|---|---|
| 1200 Absorption Area (Sq ft)<br>400 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 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.

Lisa B. Mialik, RS 5/8/96
DEHNR Authorized Agent Date

Larry W Jackson 5/8/96
Owner/Agent Signature Date

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

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

IWWS:100195

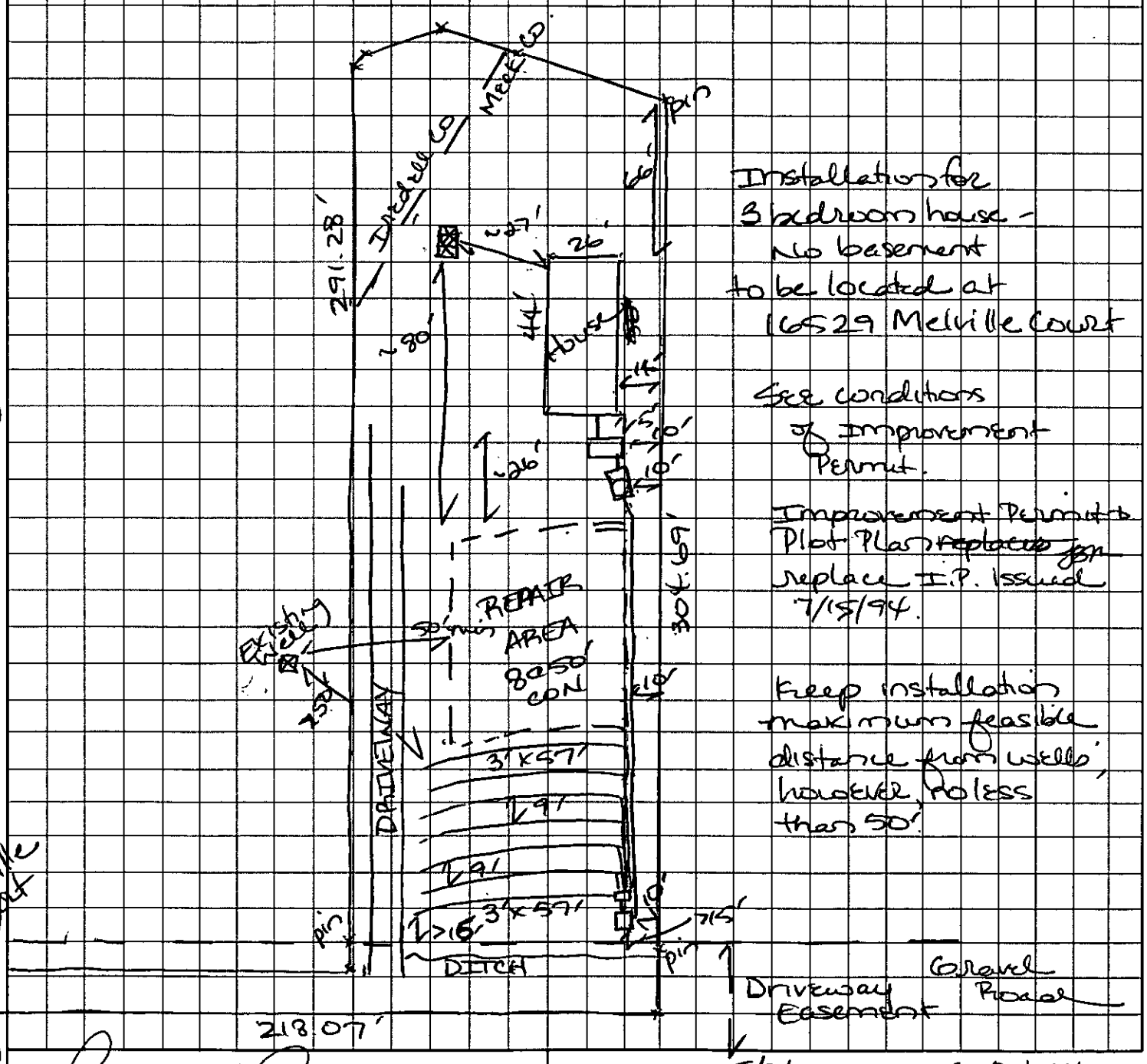
# PROPOSED PLOT PLAN

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

FILE: 0 2519A

TC: 001-342-12

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.




Installation for 3 bedroom house - No basement to be located at 16529 Melville Court

See conditions of Improvement Permit.

Improvement Permit to Plot Plan replaced for replace I.P. issued 7/15/94.

Keep installation maximum feasible distance from wells, however, no less than 50'.

OWNER/AGENT SIGNATURE Penny W Roberts

DATE 5/8/96

APPROVAL DATE 5/8/96 Joe B. Mialik

part 1 of 2

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

FEE: $150 credit
DATE: 5/8/96

**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 #: 2519A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 001 342 12

STREET ADDRESS: 16525 MELVILLE CT

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 4

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1194

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

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

Note: per 5/7/96 phone ~~call~~ conversation ~~of~~ Judy Kisser with Kelly Sheeks Iredell Co. Env. Health Supervisor - no problem w/ Meck. issuing I.P. → per 5/7/96 phone conversation Judy Kisser w/ S. Daniel - O.K. to issue I.P. - release for building permit JSH

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:**

NAME: JOHNSON (LAST) STEPHEN (FIRST) E (MI)
ADDRESS: 445 HUMMINGBIRD LN
CITY: STATESVILLE STATE: NC ZIP: 28677
DAYTIME PHONE: 704 878-5367 WORK

**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**

NAME: JENKINS (LAST) PERRY (FIRST) W (MI)
DAYTIME PHONE: 704 872-0921

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: Perry W Jenkins DATE: 5/8/96

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

File 2519 A 5/8/96

# DAS

DON ALLEN & ASSOCIATES, P.A.
ENGINEERING • SURVEYING • PLANNING
Rt 7 BOX 293 • MOORESVILLE, N.C. 28115 • (704) 664-7029

NORTH CAROLINA REGISTERED SEAL L-2226 SURVEYOR

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 5383, page 0226, and/or plat book 19, page 7, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 47C. Witness my hand and seal on the 22, day of JUNE, A.D. 19 94

WILLIAM M. ALLEN RLS

| CURVE | RADIUS | LENGTH | CHORD | BEARING |
|---|---|---|---|---|
| C1 | 50.00' | 10.51' | 10.49' | N 87°33'15" E |

| LINE | DIRECTION | DISTANCE |
|---|---|---|
| L1 | S 77°39'00" E | 5.11' |
| L2 | S 38°18'00" E | 25.00' |
| L3 | S 04°36'00" E | 36.05' |
| L4 | S 06°42'00" E | 40.08' |

PLAT BK. 19 PG. 7

VICINITY MAP *** NO SCALE

BRAMLEY SCHOOL RD
YACHT CLUB RD
WILLIAMS RD
SITE

760 CONTOUR LINE PER ACTUAL FIELD SURVEY
781 CONTOUR PER ACTUAL FIELD SURVEY
EXISTING ½" REBAR
I.P.S.
L1 L2 L3 L4
(TIE ONLY) N 55°03'16" W 121.91'
E.I.P.
WELL
25'
12
DECK
12'
24' ± 5.0' HT.
N 67°58'07" E (BASE BEARING) 291.28'
S 67°58'07" W
LOT 3
LOT 4
0.75 ACRES
LOT 5
IREDELL CO. MECKLENBURG CO
301.28' TOTAL
304.69' TOTAL
BLDG LINE
10.00'
DRIVEWAY EASEMENT
20.01'
TIE TO P.K NAIL SET IN INT. OF LIVINGSTONE LN.
(TIE ONLY) N 22°05'51" W 314.72'
R/W
C1
S 19°59'00" E 114.55'
N 19°59'00" W 218.07'
50.00'
MELVILLE COURT
DRIVEWAY EASEMENT

File 2519A 5/8/96

NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENT AND/OR RIGHTS-OF WAYS OF RECORD.
2) AREA COMPUTED BY THE COORDINATE METHOD.
3) EXISTING 760 & 761 CONTOUR ELEVATION BASED ON LAKE NORMAN LAKE LEVEL AT COWAN'S FORD DAM (READING ON 6/20/94) ELEVATION: 758.4'
4) UNDERGROUND POWER

0' 25' 50' 100'
SCALE IN FEET

LEGEND
P.P. = POWER POLE
= DUKE POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = ½" REBAR
R/W = RIGHT-OF-WAY
W = WELL

# BOUNDARY SURVEY

OF

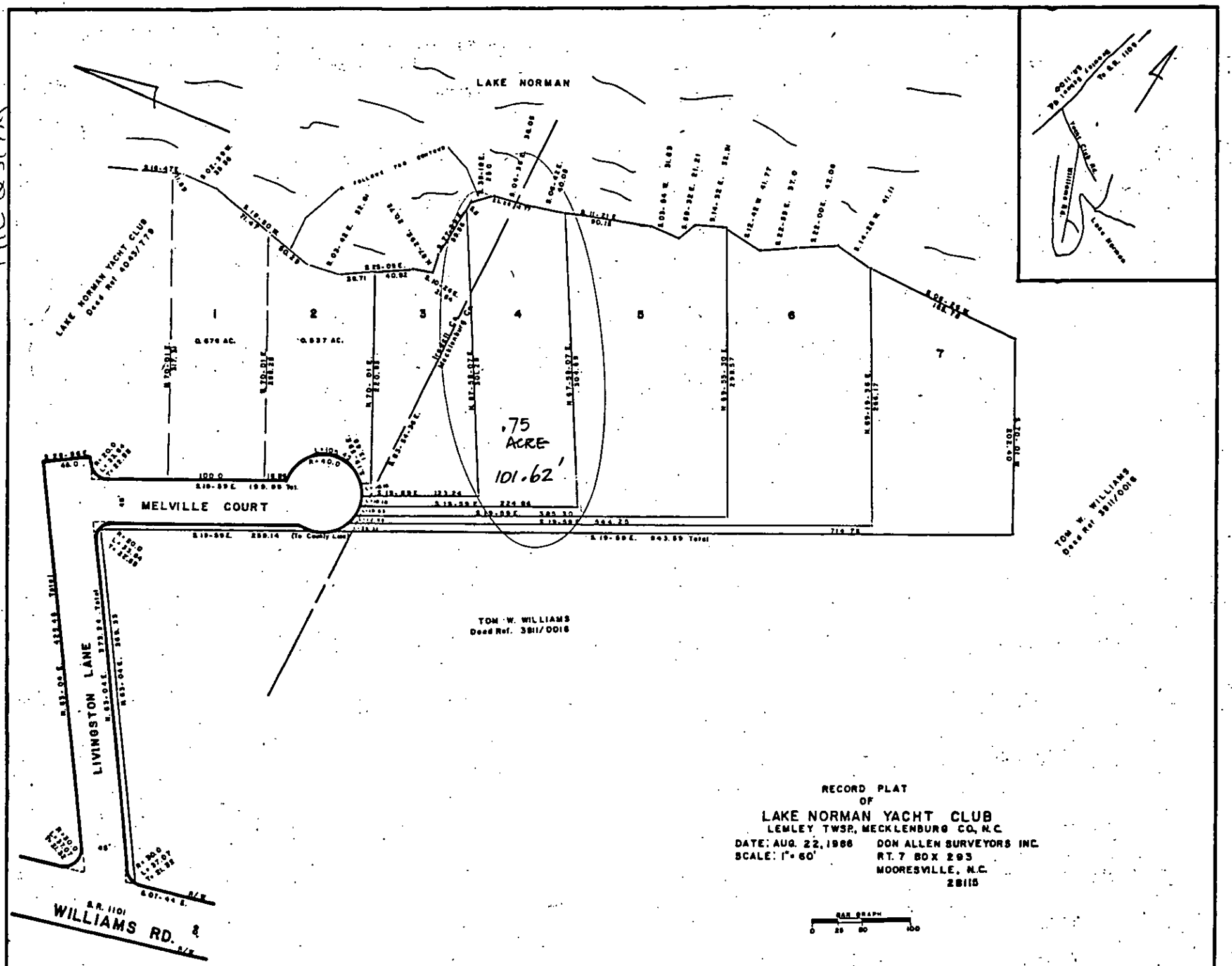
## LOT 4, LAKE NORMAN YACHT CLUB

SCALE 1"=50' LEMLEY TWSP., MECK. CO., N.C. FIELD BOOK: 24

FILE: C:628-403

ACQUIRED BY: STEPHEN E. & JULIA ELIZABETH JOHNSON TAX MAP NO: 00 -12001

File 2519-A


LAKE NORMAN
LAKE NORMAN YACHT CLUB
Deed Ref 4043/778
1
0.678 AC.
2
0.837 AC.
3
4
5
6
7
.75 ACRE
101.62'
MELVILLE COURT
50' R/W
S 19-59 E 199.99 Tot.
S 19-59 E 259.14 (To County Line)
S 19- 59 E 943.89 Total
TOM W. WILLIAMS
Deed Ref. 3811/0016
TOM W. WILLIAMS
Deed Ref. 3811/0016
LIVINGSTON LANE
S.R. 1101
WILLIAMS RD.
RECORD PLAT
OF
LAKE NORMAN YACHT CLUB
LEMLEY TWSP., MECKLENBURG CO., N.C.
DATE: AUG. 22, 1986
SCALE: 1" = 60'
DON ALLEN SURVEYORS INC.
RT. 7 BOX 293
MOORESVILLE, N.C.
28115
BAR GRAPH
0 30 60 120

FEE: _____

DATE: 5/8/96

# 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 #: 2519A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 001 342 12

STREET ADDRESS: 16525 MELVILLE CT

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 4

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1194

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

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

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: JOHNSON (LAST) STEPHEN (FIRST) E (MI)

ADDRESS: 445 HUMMINGBIRD LN

CITY: STATESVILLE STATE: NC ZIP: 28677

DAYTIME PHONE: 704 878-5367 WORK

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: JENKINS (LAST) PERRY (FIRST) W (MI)

DAYTIME PHONE: 704 872-0921

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: Perry W Johnson DATE: 5/8/96

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

1400 ft

Pd #150.00 7/1/94 Ck # 2074

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

25194

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: JOHNSON (last) STEPHEN (first) E. (mi)
ADDRESS: 445 Hummingbird Ln PHONE: (704) 872 6107 OR 878536 7
CITY: STATESVILLE STATE: NC ZIPCODE: 28677

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-342-12
STREET ADDRESS: 16529 Melville Ct.
ZONING:

PROPERTY OWNER:
NAME: MOSSMAN (last) STUART (first) A. (mi)
ADDRESS: 4300 ROUNDING RUN PHONE: (__) _____
CITY: CHARLOTTE STATE: NC ZIPCODE: 28277

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

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 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: 2
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: X Stephen E. Johnson Date: X July 7, 1994

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.

... Lift pump required

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

Philo A. Walker 7/15/94
Environmentalist Date

Director or Authorized Section Head Date

5/2 VM from Perry Jenkins 872-0921
5/3 PC w/ M Jenkins. No site/plans changes
5/5 VM from M Jenkins
5/6 PC to M Jenkins @ 5:00 NC LM w/ gentleman

WATER : 122791

FILE # 2519A

6/13/94
Cash #50.00

# 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

PERSON FILING APPLICATION:
NAME: MOSSMAN (last) STUART (first) A (mi)
ADDRESS: 4300 ROUNDING RUN PHONE: (704) 542 0433
CITY: CHARLOTTE STATE: NC ZIPCODE: 28277

Date: JUNE 13 1994

PROPERTY OWNER
NAME: MOSSMAN (last) STUART A & ALYN C. (first) (mi)
ADDRESS: 4300 ROUNDING RUN PHONE: (704) 542 04 33
CITY: CHARLOTTE STATE: NC ZIPCODE: 28277

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 00134 209 PO
STREET ADDRESS: 16529, MELVILLE CT.
ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 4 LOT SIZE (in acres): 0.75

TYPE APPLICATION (check one):
[x] SOIL TEST - INDIVIDUAL LOT (D)
[ ] 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)
[x] 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 N/A # 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
[x] Garage [ ] Storage Building [x] 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: J Mossman Date: June 13 1994

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

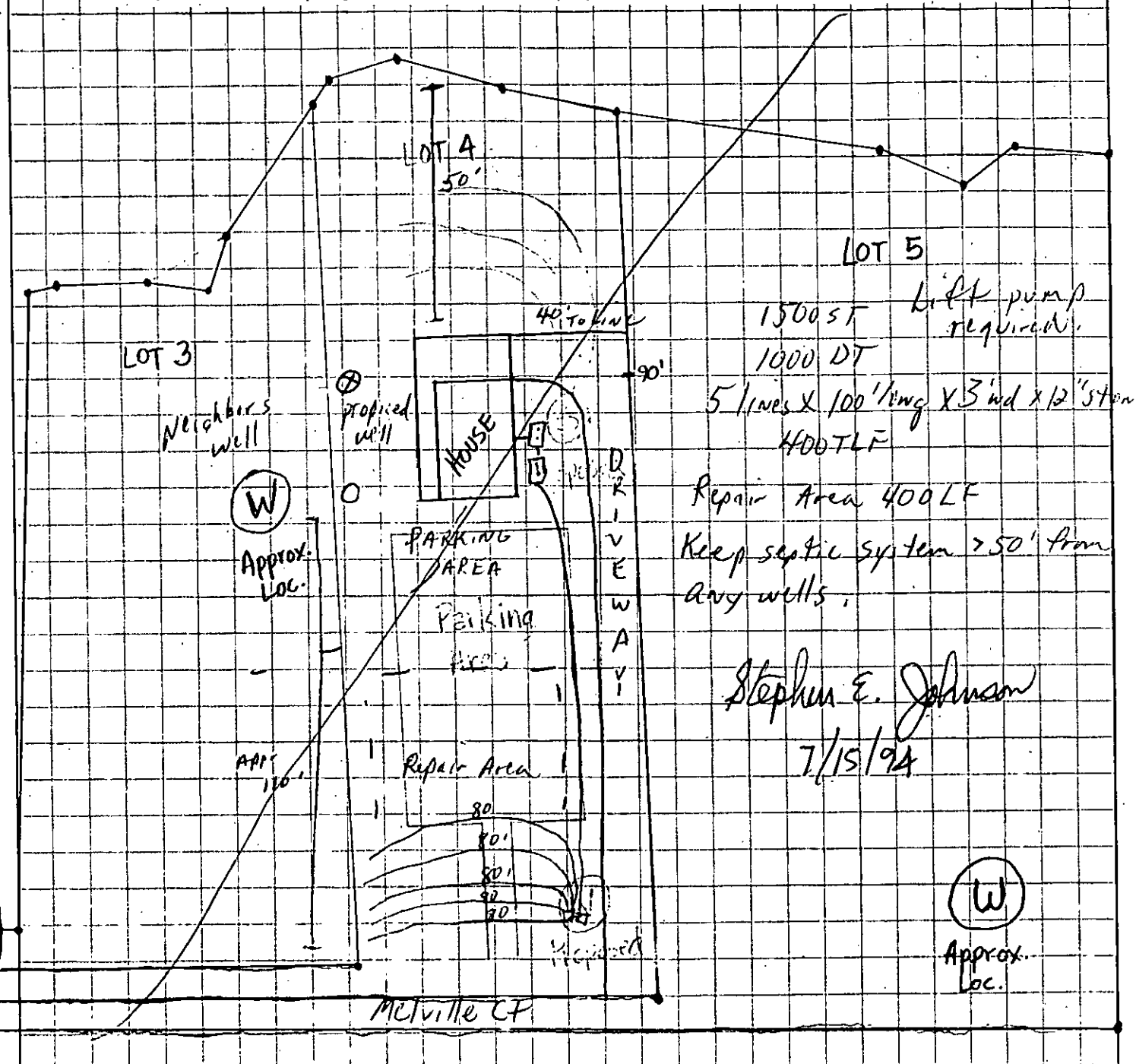
# PROPOSED PLOT PLAN

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

FILE: 25/94

TC: 001 342 12

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.




Scale 1" = 50'

APPROVAL DATE _____

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

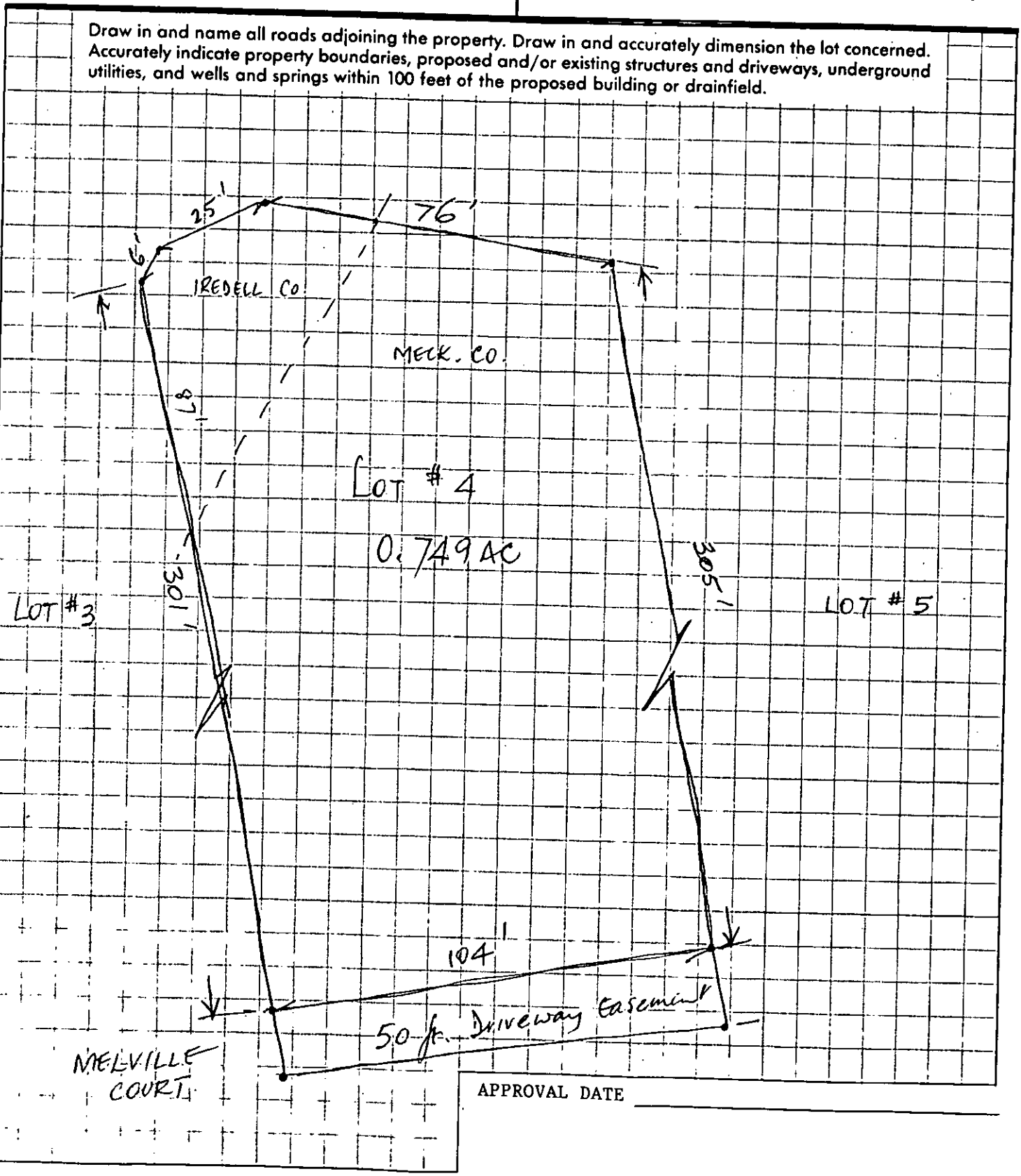
# PROPOSED PLOT PLAN

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

FILE: 2519A

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.




APPROVAL DATE _____

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

IREDELL COUNTY
MECKLENBURG COUNTY

CHARGED IN IREDELL CO

LIVINGSTONE LN.

001-342-13
.291 AC. IREDELL CO.
.302 AC. MECK CO.
.593 AC. TOTAL

MELVILLE CT.

SUNFISH CT.

YACHT RD.

STINGRAY CT.

WELLCRAFT CT.

341

342

CHARGED IN IREDELL CO

IREDELL COUNTY
MECKLENBURG COUNTY

LAKE NORMAN

LAKE NORMAN
SEE 001 271 14 FOR AC. UNDER WATER

PG. 27

PG. 27

PG. 27

003

TAX LINE MAP - BOOK 01 PAGE 34
MECKLENBURG COUNTY, NORTH CAROLINA
REVISED 4-20-95 TKR | SCALE 1" = 200'

FOR TAX PURPOSES ONLY

File 2519 A 5/8/96

# DAS

DON ALLEN & ASSOCIATES, P.A.
ENGINEERING * SURVEYING * PLANNING
Rt 7 BOX 293 * MOORESVILLE, N.C. 28115 * (704) 664-7029

NORTH CAROLINA REGISTERED SEAL L-2226 LAND SURVEYOR

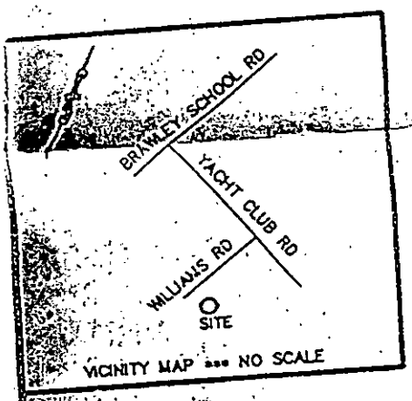
I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 5383, page 0226, and/or plat book 19, page 7, that the ratio of precision is 1':10,000', that this map was prepared in accordance with the General Statutes of North Carolina Chapter 47C. Witness my hand and seal on the 22, day of JUNE, A.D. 19 94

WILLIAM M. ALLEN RLS

| CURVE | RADIUS | LENGTH | CHORD | BEARING |
|---|---|---|---|---|
| C1 | 50.00' | 10.51' | 10.49' | N 87°33'15" E |

| LINE | DIRECTION | DISTANCE |
|---|---|---|
| L1 | S 77°39'00" E | 5.11' |
| L2 | S 38°18'00" E | 25.00' |
| L3 | S 04°36'00" E | 36.05' |
| L4 | S 06°42'00" E | 40.08' |

PLAT BK. 19 PG. 7




760 CONTOUR LINE PER ACTUAL FIELD SURVEY

781 CONTOUR PER ACTUAL FIELD SURVEY

EXISTING ¼ REBAR

I.P.S.

L1 L2 L3 L4

(TIE ONLY) N 55°03'16" W 121.91'

E.I.P.

WELL

12

25'

25'

S 67°58'07" W

N 67°58'07" E (BASE BEARING)

291.28'

LOT 3

LOT 4
0.75 ACRES

LOT 5

304.69' TOTAL

301.28' TOTAL

IREDELL CO.
MECKLENBURG CO

BLDG LINE

10.00'

DRIVEWAY EASEMENT

20.01'

S 19°59'00" E 114.55'

50.00'

N 19°59'00" W 218.07'

(TIE ONLY) N 22°05'51" W 314.72'

TIE TO P.K. NAIL SET IN INT. OF LIVINGSTONE LN.

R/W

C1

MELVILLE COURT

File 2519 5/8/96

0' 25' 50' 100'
SCALE IN FEET

NOTES

1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENT AND/OR RIGHTS-OF WAYS OF RECORD.
2) AREA COMPUTED BY THE COORDINATE METHOD.
3) EXISTING 760 & 761 CONTOUR ELEVATION BASED ON LAKE NORMAN LAKE LEVEL AT COWAN'S FORD DAM (READING ON 6/20/94) ELEVATION: 758.4'
4) UNDERGROUND POWER

LEGEND
- P.P. - POWER POLE
- DUKE POWER TRANSFORMER
E.I.P. - EXISTING IRON PIPE
I.P.S. - ¼ REBAR
R/W - RIGHT-OF-WAY
W - WELL

# BOUNDARY SURVEY

OF

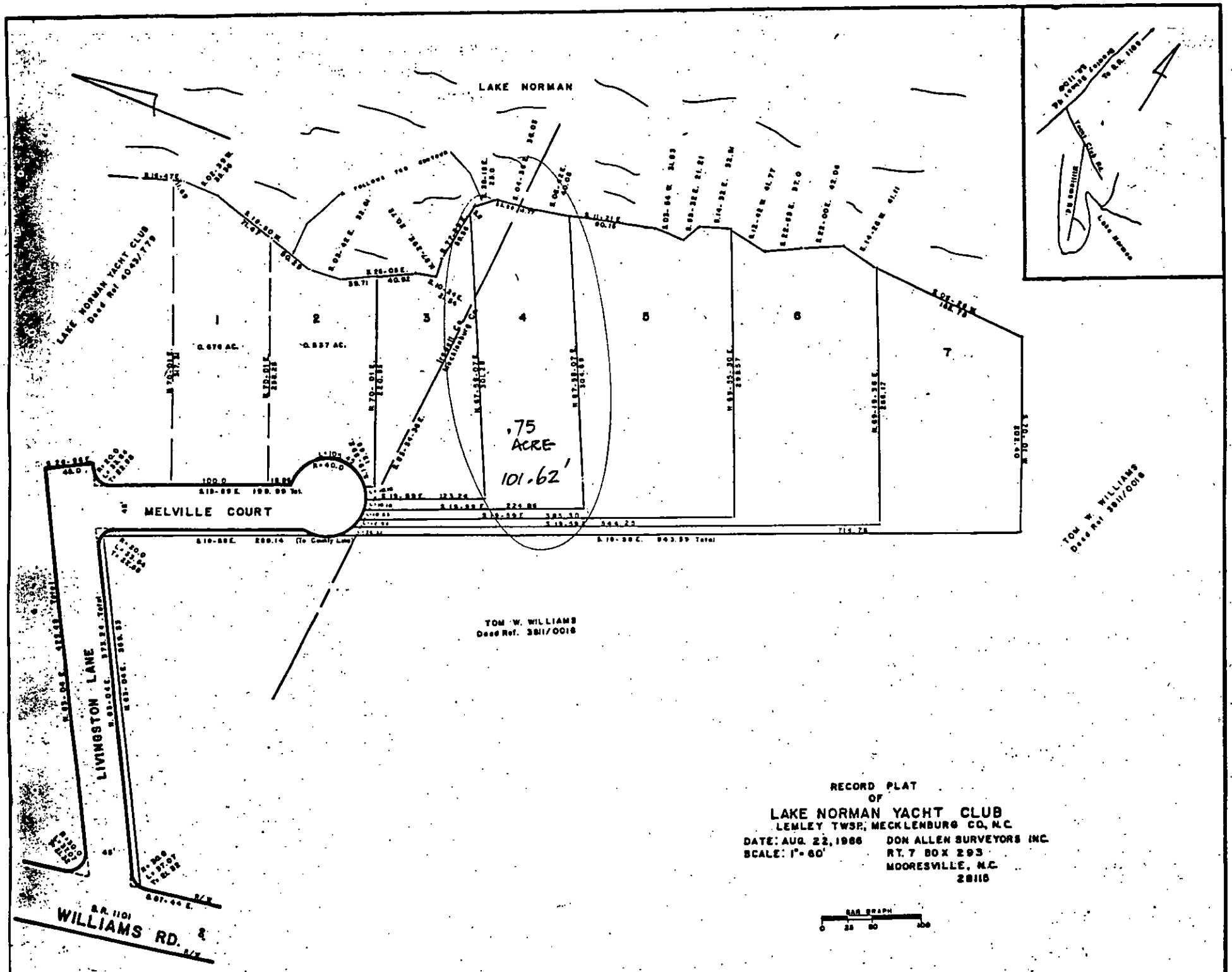
## LOT 4, LAKE NORMAN YACHT CLUB

LEMLEY TWSP., MECK. CO., N.C.

STEPHEN E. & JULIA ELIZABETH JOHNSON

SCALE 1"=50'

FIELD BOOK: 24
FILE: C:\623-403
TAX MAP NO: 00


LAKE NORMAN
LAKE NORMAN YACHT CLUB
Deed Ref 4043/778
1
0.670 AC.
2
0.537 AC.
3
4
5
6
7
.75 ACRE
101.62'
MELVILLE COURT
TOM W. WILLIAMS
Deed Ref. 3811/0018
TOM W. WILLIAMS
Deed Ref. 3811/0018
LIVINGSTON LANE
S.R. 1101
WILLIAMS RD.
RECORD PLAT
OF
LAKE NORMAN YACHT CLUB
LEMLEY TWSP., MECKLENBURG CO., N.C.
DATE: AUG. 22, 1986
SCALE: 1"=60'
DON ALLEN SURVEYORS INC.
RT. 7 BOX 293
MOORESVILLE, N.C.
28115
BAR GRAPH
0
25
50
100

**MECKLENBURG COUNTY ENVIRONMENTAL HEALTH**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 13230

File: 2519A Action 4
Parcel: 00134209 PO ☐ PC

Location: Melville Court

Subdivision:

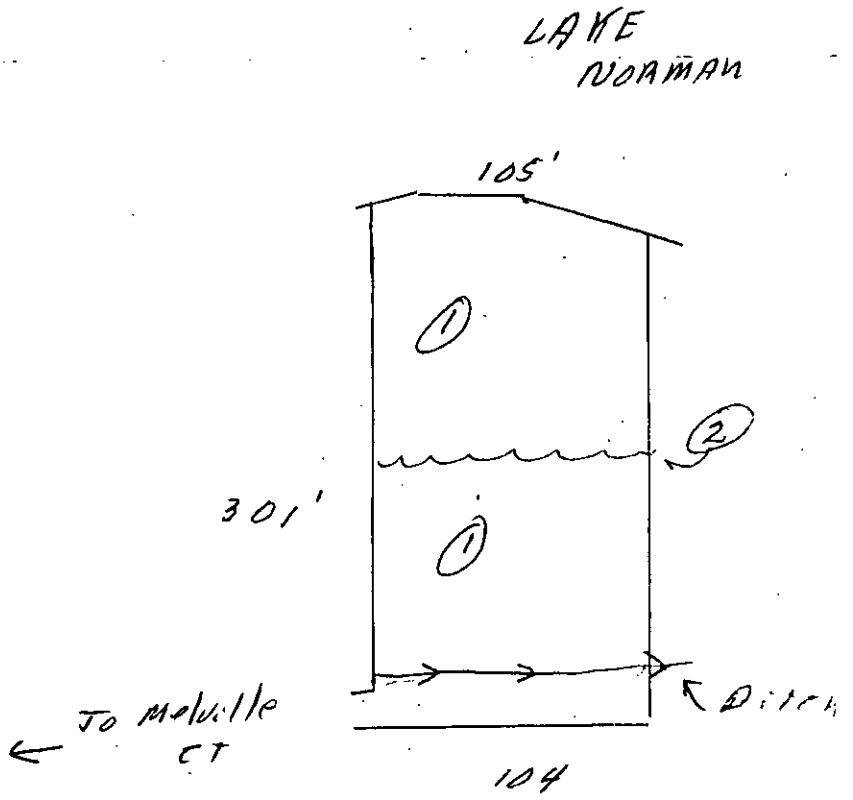
Lot: L4 Block: Acres: .75

Owner: Lake Norman Yacht Club
Address: P. O. Box 33458
Charlotte, NC 28233

Comments: _____

Described by: William A. Marlin

Date: 10-8-86




*** 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 2-8% | S PS (U) old Terrace | S PS U | S PS U | S PS U | S PS U |
| Texture | S (PS) U Clay | S PS U — | S PS U | S PS U | S PS U | S PS U |
| Structure | S (PS) U Block | S PS U — | S PS U | S PS U | S PS U | S PS U |
| Drainage | S (PS) U > 48" Water | S PS (U) Mayrhaven runoff | S PS U | S PS U | S PS U | S PS U |
| Depth | S (PS) U 36"+ | S PS U — | S PS U | S PS U | S PS U | S PS U |
| Restrictive Horizons | S (PS) U 36"+ | 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 | IVA Cecil-like | Terrace | | | | |
| Area Classification | S (PS) U | S PS (U) | S PS U | S PS U | S PS U | S PS U |

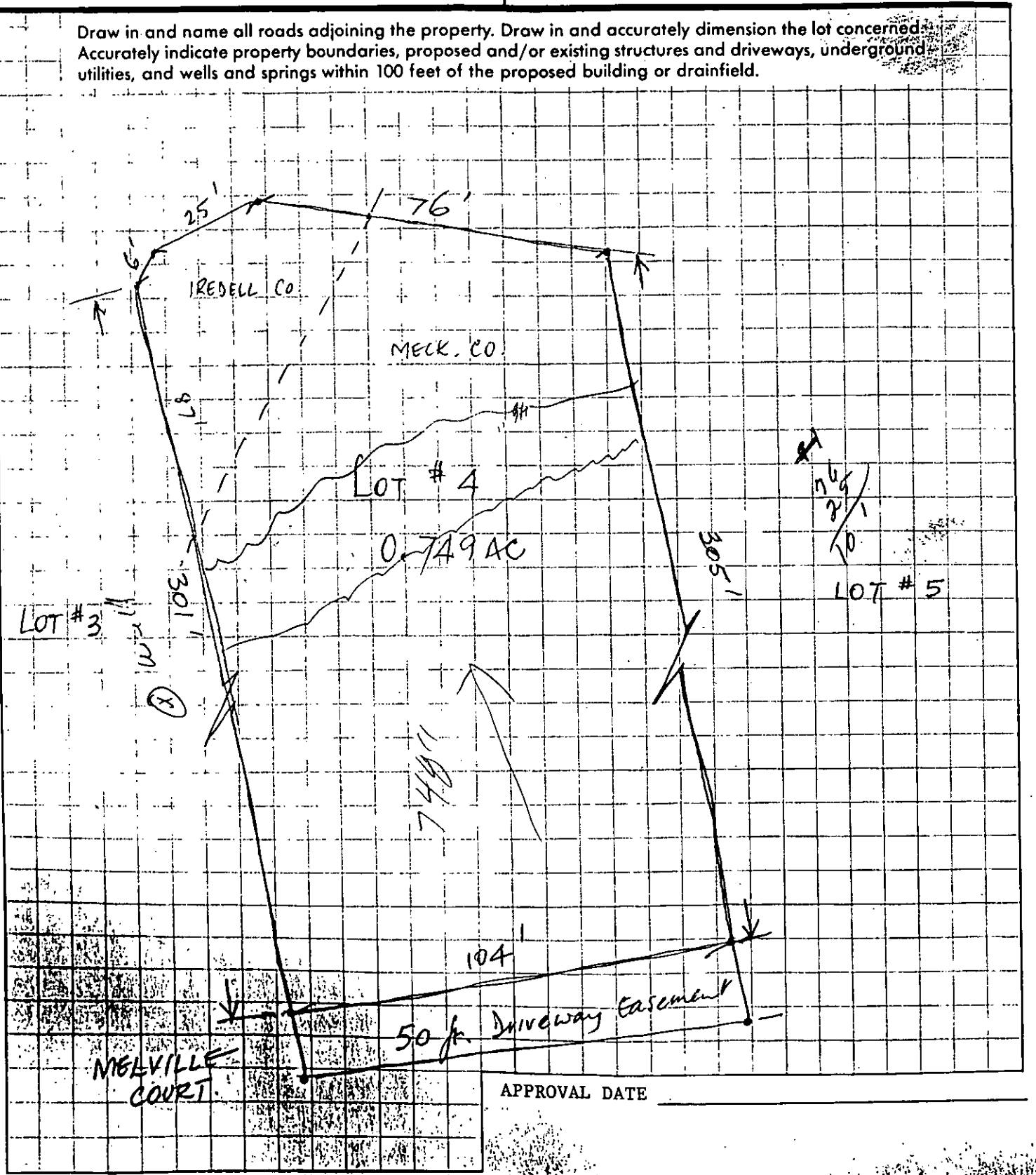
# PROPOSED PLOT PLAN

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

FILE: 2519A

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.




APPROVAL DATE _____

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

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

DATE: 5/8/96 PERMIT NO: 2519A
PARCEL NO: 001-342-12

JOB LOCATION ADDRESS: 16529 Melville Court
PROPERTY OWNER: Stephen Johnson
BUILDING CONTRACTOR: Perry Jenkins
SUBDIVISION NAME: NA
AUTHORIZATION ISSUED BY: Lisa B. Mialik, RS DATE: 5/8/96
DEHNR AUTHORIZED AGENT

## AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2519A, 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: See Improvement Permit - associated plot plan dated 5/8/96 (Improvement permit issued 7/15/94 no longer valid).

## 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.

Perry W Jenkins 5/8/96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 2519A

Tax Number: 031-342-12

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

Any surface waters present: yes Type: Lake Norman Minimum separation distance: 350' from 760' high water mark

Site modifications required: —

Additional Conditions: ① Keep installation 15' minimum from roadside ditch,
② 50' minimum from any well.
This Improvement permit replaces I.P. issued 7/15/94.

| | | | |
|---|---|---|---|
| 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 |

| | | | |
|---|---|---|---|
| 1200 Absorption Area (Sq ft)<br>400 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 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.

Lisa B. Mialik, RS 5/8/96
DEHNR Authorized Agent Date

Larry W Jackson 5/8/96
Owner/Agent Signature Date

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

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

IWWS:100195

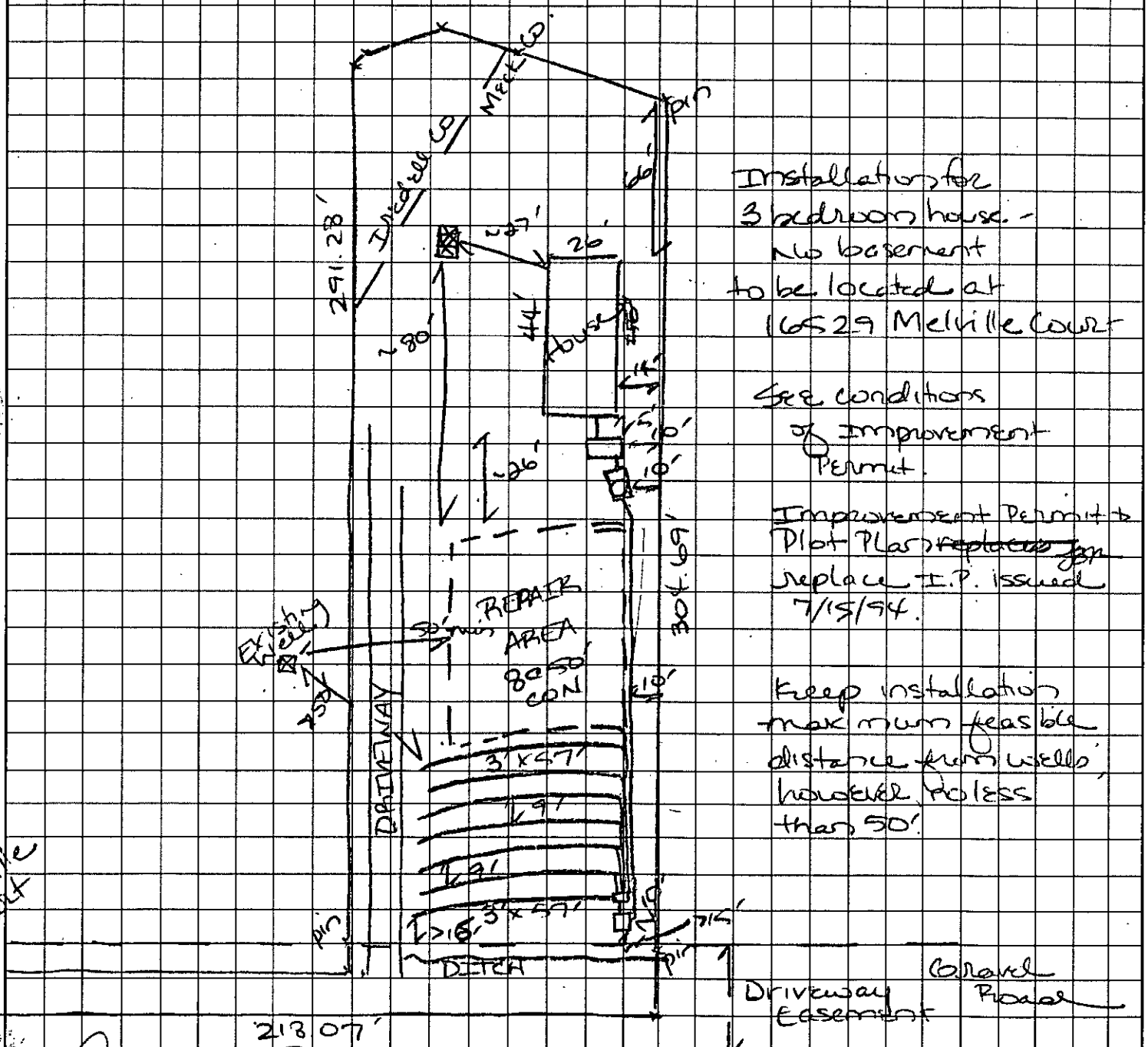
# PROPOSED PLOT PLAN

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

FILE: 0 2519A

TC: 001-342-12

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.




Installation for 3 bedroom house - No basement to be located at 16529 Melville Court

See conditions of Improvement Permit.

Improvement Permit to Plot Plan ~~replaces~~ for replace I.P. issued 7/15/94.

Keep installation maximum feasible distance from wells, however no less than 50'.

OWNER/AGENT SIGNATURE Penny W Roberts

DATE 5/8/96

APPROVAL DATE 5/8/96 Joan B. Mialik

part 1 of 2

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

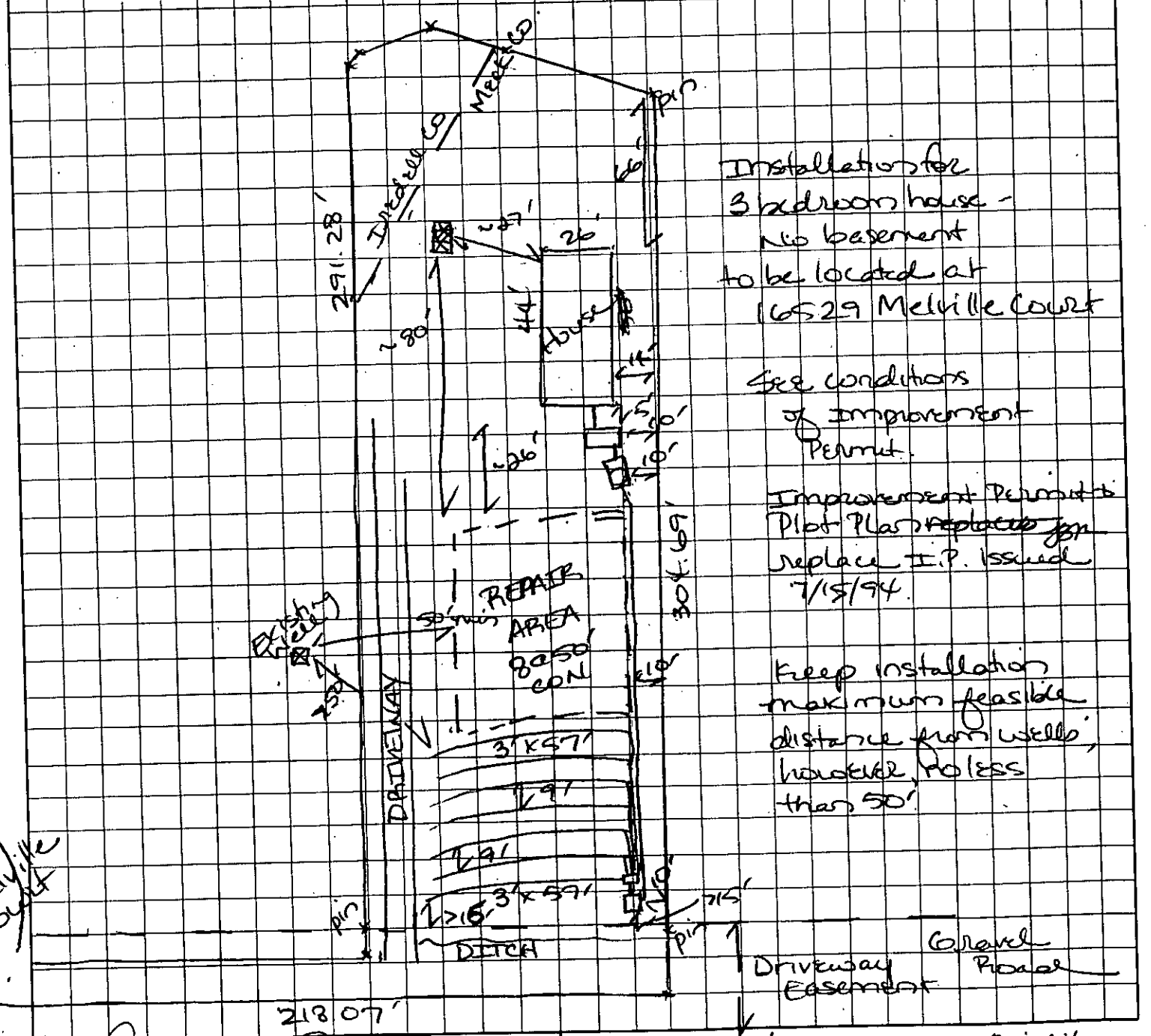
# PROPOSED PLOT PLAN

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

FILE: 0 2519A

TC: 001-342-12

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.




Installation for 3 bedroom house - No basement to be located at 16529 Melville Court

See conditions of Improvement Permit.

Improvement Permit & Plot Plan replaces/replace I.P. issued 7/15/94.

Keep installation maximum feasible distance from wells, however, no less than 50'.

Melville Court

Penny W Robinson
OWNER/AGENT SIGNATURE

DATE 5/8/96

APPROVAL DATE 5/8/96 Joe B. Mialik

part 1 of 2

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

1100 ✓

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
# APPLICATION FOR SERVICES

Pd #150.00 7/11/94 Ck.# 2074 ✓ CRT

25198

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: JOHNSON (last) STEPHEN (first) E. (mi)
ADDRESS: 445 Hummingbird Ln PHONE: (704) 872-6107 OR 8785367
CITY: STATESVILLE STATE: NC ZIPCODE: 28677

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-342-12
STREET ADDRESS: 16529 Melville Ct.
ZONING:

PROPERTY OWNER:
NAME: MOSSMAN (last) STUART (first) A. (mi)
ADDRESS: 4300 ROUNDING RUN PHONE: (__) _____
CITY: CHARLOTTE STATE: NC ZIPCODE: 28277

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

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 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: 2
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: x Stephen E. Johnson Date: x July 7, 1994

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.

... Lift pump required

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

Philo S. Walker 7/15/94
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

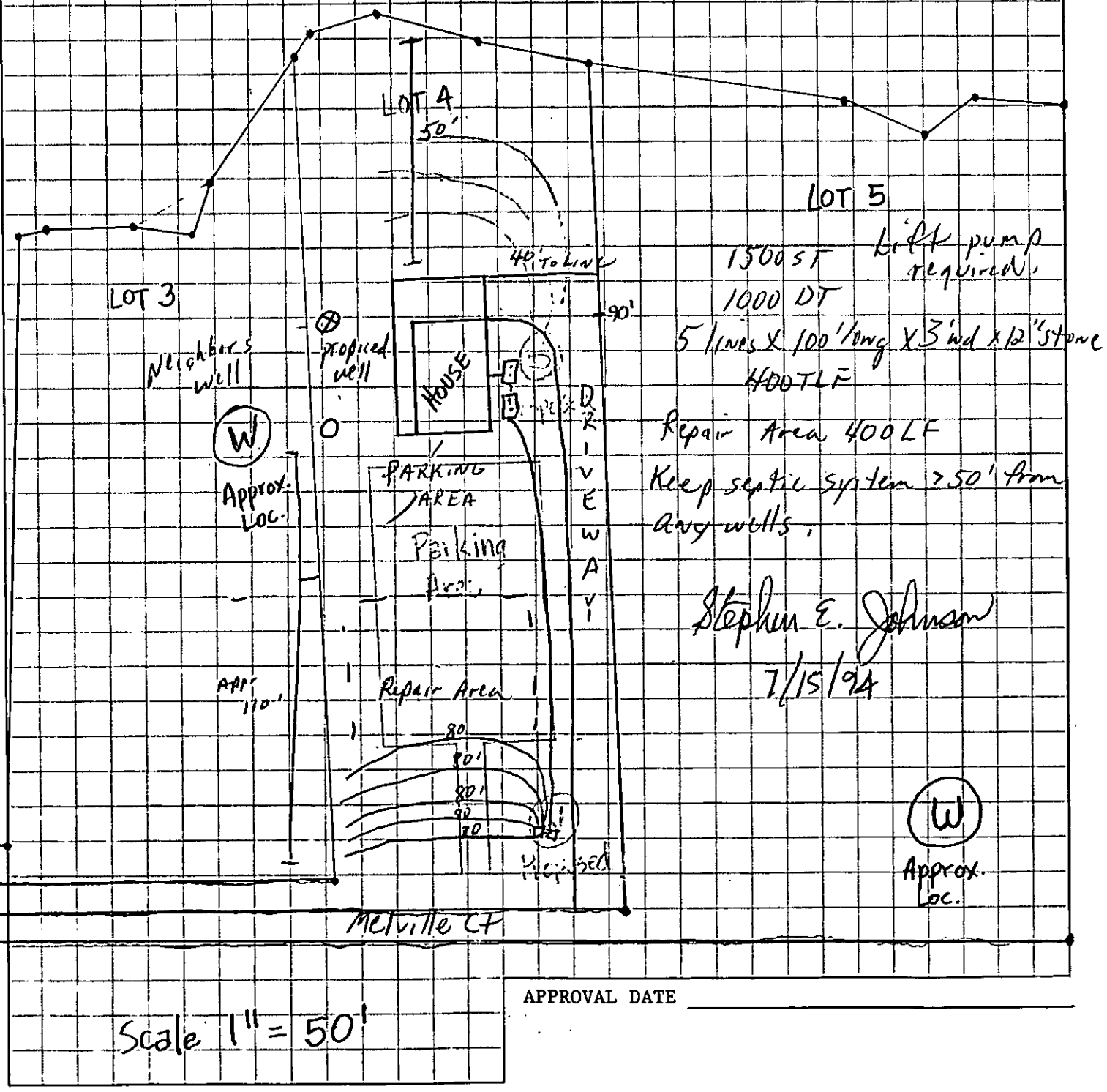
# PROPOSED PLOT PLAN

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

FILE: 25/94

TC: 001 342 12

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.




Scale 1" = 50'

APPROVAL DATE _____

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

FILE # 2519A

6/13/94
Cash #50.00

# 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

PERSON FILING APPLICATION:
NAME: MOSSMAN (last) STUART (first) A (mi)
ADDRESS: 4300 ROUNDING RUN PHONE: (704) 542 0433
CITY: CHARLOTTE STATE: NC ZIPCODE: 28277

Date: JUNE 13 1994

PROPERTY OWNER(S)
NAME: MOSSMAN (last) STUART A & ALYN C. (first) (mi)
ADDRESS: 4300 ROUNDING RUN PHONE: (704) 542 0433
CITY: CHARLOTTE STATE: NC ZIPCODE: 28277

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 00134209PO
STREET ADDRESS: 16529, MELVILLE CT.
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 4 LOT SIZE (in acres): 0.75

TYPE APPLICATION (check one):
[X] 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)
[X] 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 N/A # 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
[X] Garage [ ] Storage Building [X] 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: J Mossman Date: June 13 1994

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

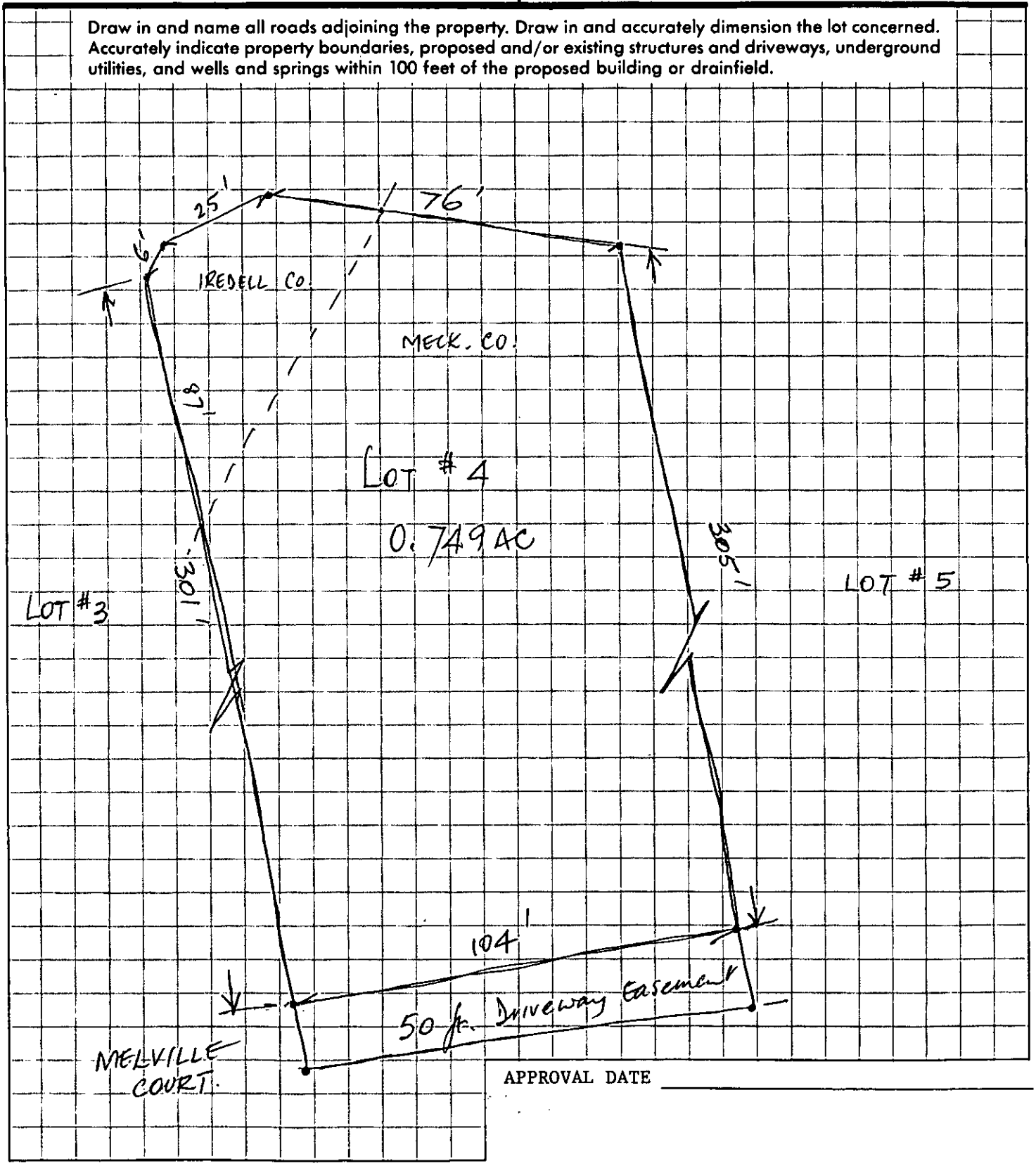
# PROPOSED PLOT PLAN

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

FILE: 2519A

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.




APPROVAL DATE _____

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

FILE # 3519A

6/13/94 Cash #50.00

# 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

COPY

Date: JUNE 13 1994

PERSON FILING APPLICATION:
NAME: MOSSMAN (last) STUART (first) A (mi)
ADDRESS: 4300 ROUNDING RUN PHONE: (704) 542 0433
CITY: CHARLOTTE STATE: NC ZIPCODE: 28277

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 0C134 209 P0
STREET ADDRESS: 16529 MELVILLE CT.
ZONING:

PROPERTY OWNER(S)
NAME: MOSSMAN (last) STUART A & ALYN C. (first) (mi)
ADDRESS: 4300 ROUNDING RUN PHONE: (704) 542 0433
CITY: CHARLOTTE STATE: NC ZIPCODE: 28277

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 4 LOT SIZE (in acres): 0.75

TYPE APPLICATION (check one):
[X] 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 M)
[] COMMERCIAL OR INDUSTRIAL (N)
[X] 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 N/A # 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
[X] Garage [] Storage Building [X] 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: JMossman Date: June 13 1994

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

WWATER : 122791

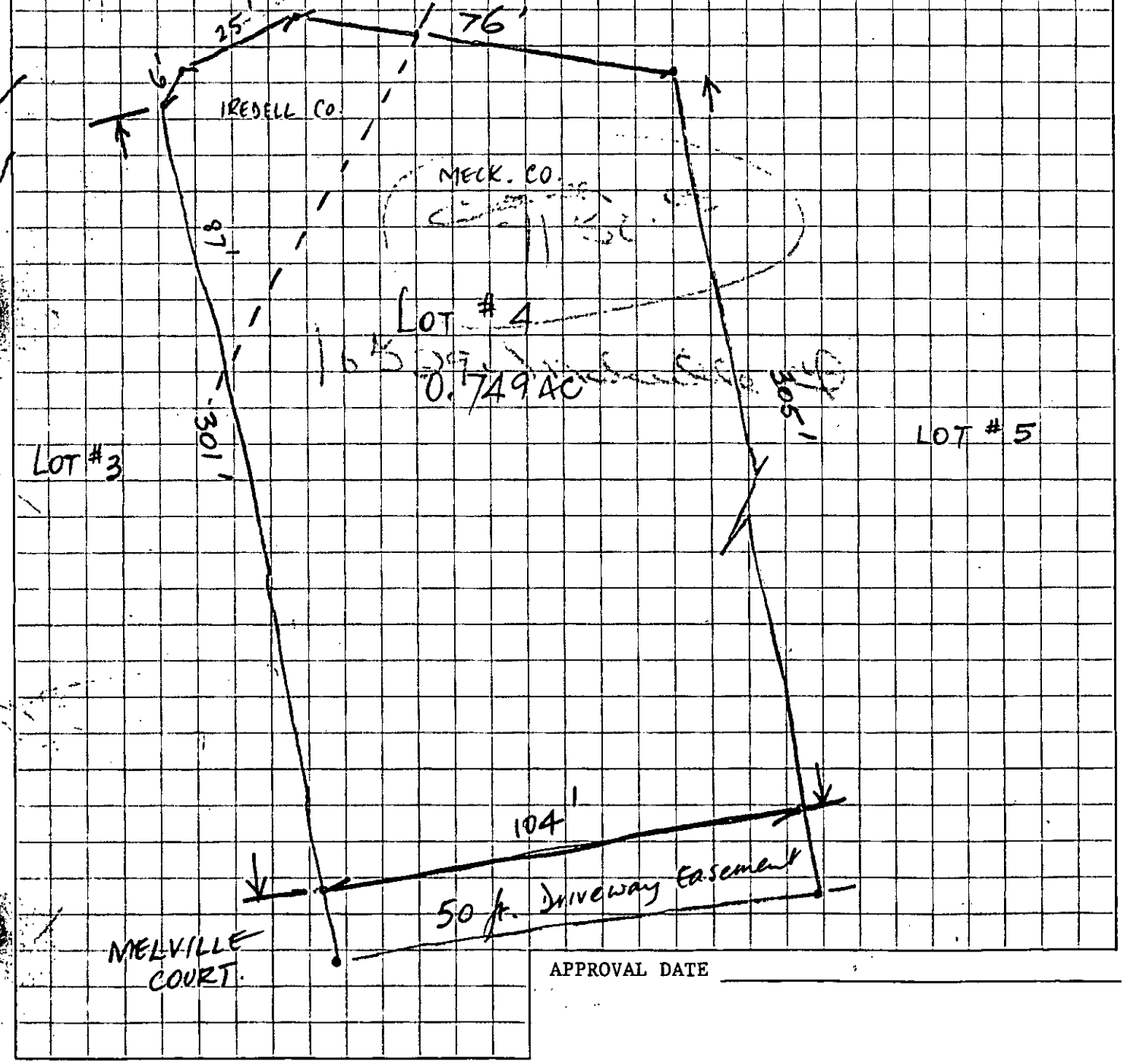
# PROPOSED PLOT PLAN

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

FILE: 2519A & 1139X

TC: Case #250.9

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

**MECKLENBURG COUNTY HEALTH DEPARTMENT**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 20393

File: 2519 A  Action 1

Parcel: 001-342-12  ☐ PC

Location: 16529 Melville Ct.

Subdivision:

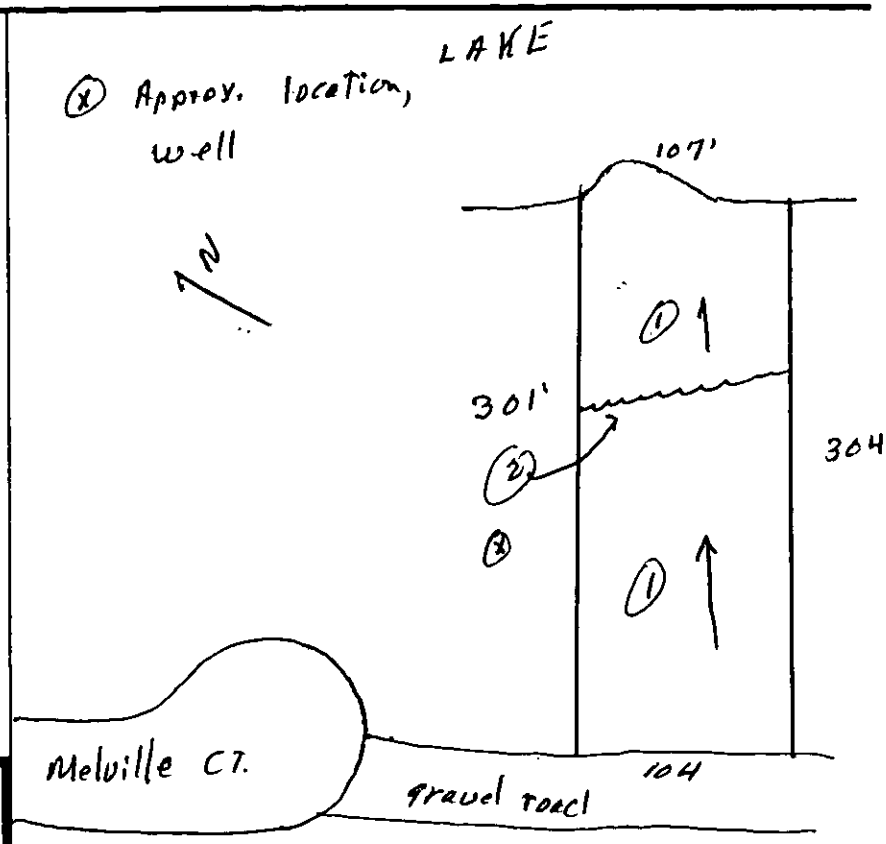
Lot: 4  Block:  Acres: .75

Owner: Stuart A. Mossman
Address: 4300 Rounding Run
Charlotte, N.C. 28277

Comments: 100% Repair, 3 gal/day LTAR, system req. sand pump

Described by: William R. Merli

Date: 6-27-94




*** 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 2-8% | S PS (U) Terrace | S PS U | S PS U | S PS U | S PS U |
| Texture Slightly Expansive clay | S (PS) U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Structure subA | S (PS) U Blocky | S PS U | S PS U | S PS U | S PS U | S PS U |
| Drainage | (S) PS U 7+6" to water | S PS U | S PS U | S PS U | S PS U | S PS U |
| Depth | (S) PS U 7+6" | S PS U | S PS U | S PS U | S PS U | S PS U |
| Restrictive Horizons | (S) PS U 7+6" | S PS U | S PS U | S PS U | S PS U | S PS U |
| Available Space | S (PS) U Limited | 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 | IV Cecil Ile | Terrace | | | | |
| Area Classification | S (PS) U | S PS (U) | S PS U | S PS U | S PS U | S PS U |

# Mecklenburg County

## Health Department

**Betty S. Snow, R.N., M.A.**
Health Director

June 28, 1994

Stuart A. Mossman
4300 Rounding Run
Charlotte, NC 28277

RE: Property located on 16529 Melville Court
FILE: 2519A
PARCEL: 001-342-12

Dear Mr. Mossman:

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 20393) is enclosed for your information.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Specific plan approval will be provided upon submission of 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 and determination that the area is adequate to accommodate the proposed construction.

Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this department renders any area previously designated suitable for system installation, unsuitable. Furthermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

If there are any questions concerning this matter, please contact Bill Marlin, Soil Scientist at 336-5574.

Sincerely,

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems

Enclosure

FILE # 2519A

6/13/94

Cash #50.00

# 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

PERSON FILING APPLICATION:
NAME: MOSSMAN (last) STUART (first) A (mi)
ADDRESS: 4300 ROUNDING RUN PHONE: (704) 542 0433
CITY: CHARLOTTE STATE: NC ZIPCODE: 28277

Date: JUNE 13 1994

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 00134 209 70
STREET ADDRESS: 16529, MELVILLE CT.,
ZONING:

PROPERTY OWNER
NAME: MOSSMAN (last) STUART A & ALYN C. (first) (mi)
ADDRESS: 4300 ROUNDING RUN PHONE: (704) 542 04 33
CITY: CHARLOTTE STATE: NC ZIPCODE: 28277

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 4 LOT SIZE (in acres): 0.75

TYPE APPLICATION (check one):
[X] 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 M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[X] 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 (N) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business N/A # 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
[X] Garage [ ] Storage Building [X] 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: J Mossman Date: June 13 1994

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

WWATER : 122791

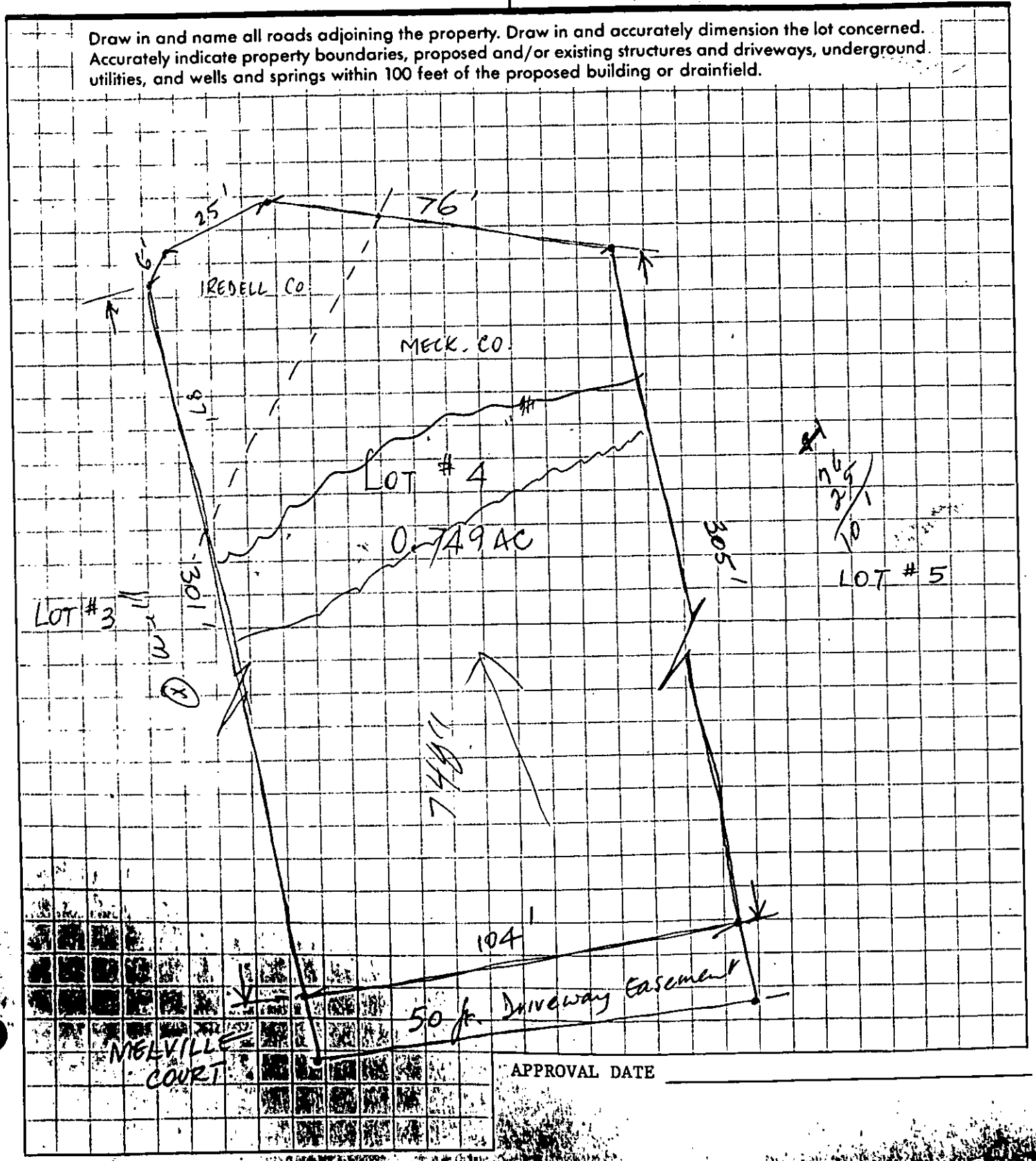
# PROPOSED PLOT PLAN

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

FILE: 2519A

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.




APPROVAL DATE _____

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