

5523 LINDA VISTA LN

03732130

1/7/2008

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: 458013 DATE: 08-23-01

TC: 037321 30 ☐ L ☒ CRT

SERIAL Nº 18692

Name of Owner Belsinger Builders Juris.:

Address of Property 5523 Linda Vista Lane

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 7 @ 58

Cover Depth 12"-24"

Water Supply Source Mun.

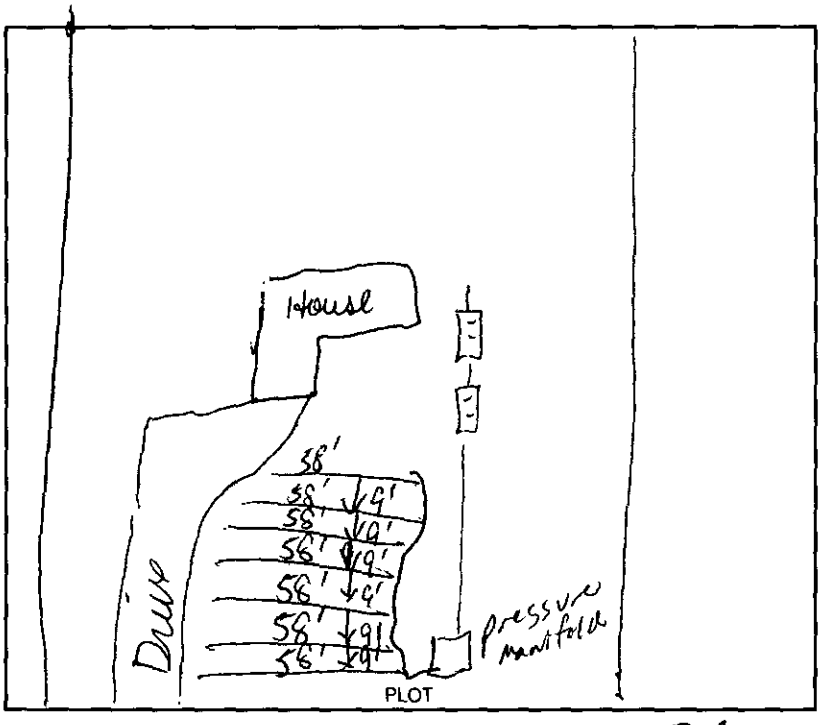
Distance to Water Source >100'

Excavation Inspected 08-23-01

Tank(s) Inspected 08-23-01

Wash Line Inspected N/A

High Water Alarm Inspected 08-23-01



Design 2001 1500ST 1000DT 1200SFT 126 P.S. CTR# Rhea's Septic

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: .4 Hp SHEF-40 Hydromatic Type III Q System designed for a (3) Bedroom design unit Type II Repair Area

Joshua R. Sellers 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

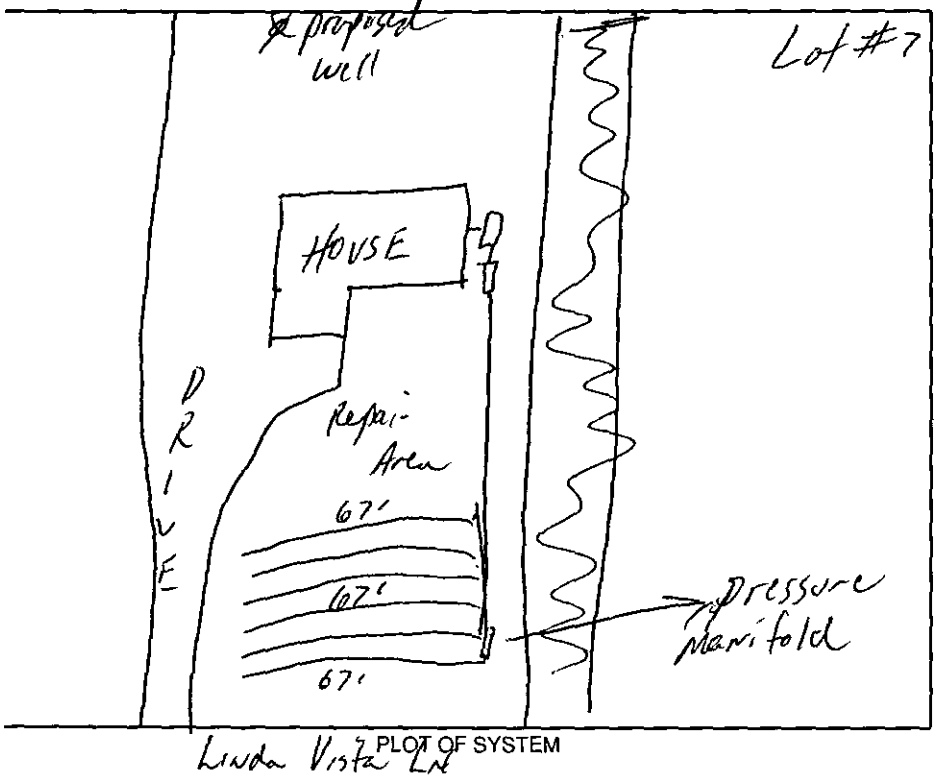
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 45808 DATE: 7/26/01

TC: 037-321 30 ☐ L

SERIAL Nº 18751

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 4/3/01. All work shall be completed on or before 8/26/01, 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"-30"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 400' feet

Number of Lines 6(67')

Depth of Stone 12" 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 Gelsinger Builders

LOCATION OF PROPERTY 5523 Linda Vista Ln

Comments: Install 1500 ST, 1000 DT, Pump, Nema 4X Box w/light pressure manifold, 6 lines x 67'lng x 3'wd x 12" stone
Keep the septic system >50' from any wells

Phillip S. Walker RS.

Environmental Health Specialist

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

DATE: 4/25/01 PERMIT NO: 4580B

PARCEL NO: 037 321 30

JOB LOCATION ADDRESS: 5523 Linda Vista LN

PROPERTY OWNER: Gelsinger Builders

BUILDING CONTRACTOR: Rick Gelsinger

SUBDIVISION NAME: Linda Vista PI

AUTHORIZATION ISSUED BY: Philo S. Walker RS DATE: 4/25/01

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4580B, 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: Lift pump required

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.

Mark R Gelsinger 4/25/01

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 4580B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 037321 30

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	✓ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
.3 Long-term acceptance rate	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
NO Serviced by private well (Mun. Supl)	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: NO Type:		Minimum separation distance:		
Site modifications required: NO				
Additional Conditions: Lift pump required				
Repair Area System Type Type (circle one): I II (III) IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
1200 Absorption Area (Sq ft) 400' Total Trench Length (Ft)	12" Depth of Stone Trench	4' 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.

Phebe A. Walker RS. — DEHNR Authorized Agent — Date

Owner/Agent Signature — Date 4/25/0

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

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

PROPOSED PLOT PLAN

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

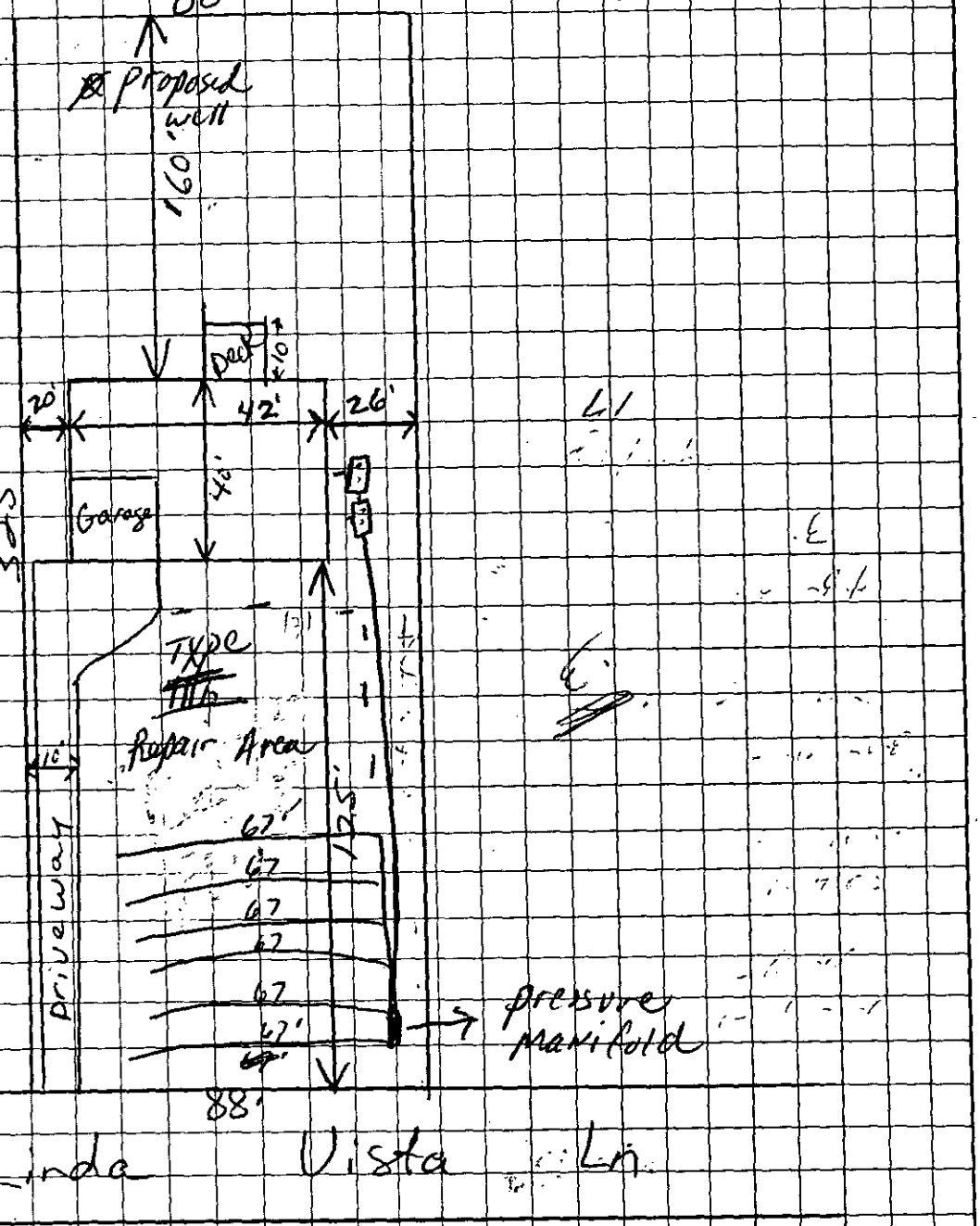
FILE: 4580B

TC: 037-321-30

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

COMMENTS

3 Bedroom Residence
1500ST Lift pump
1000DT required
6 lines x 67'long
x3 wd x 12"s tone
400 LF
Type IIIb Repair
Area
Keep the septic system
>50' from any wells
125' from the
front right house
corner to the front
property line
pressure manifold
distribution



George R. Helsinger Jr.
OWNER/AGENT SIGNATURE

DATE 4-3-01

APPROVAL DATE DSW 4/24/01

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

FEE: 500.00
DATE: 4/3/01 or acct 131890 C

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

( ) CRT

TYPE APPLICATION: ( ) NEW SYSTEM (X) 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 #: 45803

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 037-321-38

STREET ADDRESS: 5523 Linda Vista Ln

SUBDIVISION OR MOBILE HOME PARK NAME: Linda Vista PL

LOT NUMBER: # 7

TOWNSHIP (CHECK ONE):

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

CLOSING DATE _____

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1750

NUMBER OF BEDROOMS: 3 | NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

( ) WITHOUT BASEMENT
(✓) ON SLAB
( ) CRAWL SPACE
( ) WITH BASEMENT /PLUMBING
( ) WITH BASEMENT /NO PLUMBING

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

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ( ) YES (✓) NO TYPE: _____

WATER SUPPLY (CHECK ONE): City

( ) COMMUNITY (C)
( ) SHARED WELL (S)
(✓) MUNICIPAL (M)
( ) OTHER 'SPRINGS' (O)
( ) PRIVATE WELL (P)

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
5' on right side of property
WELL, SPRINGS OR WATERLINES ( ) YES (✓) NO
DESIGNATED WETLANDS ( ) YES (✓) NO

PROPERTY OWNER: Gelsinger Builders

NAME: (LAST) Gelsinger (FIRST) Builders & Property Management Inc (MI)

ADDRESS: 459 Patrick Rd

CITY: Gastonia STATE: N.C. ZIP: 28056

DAYTIME PHONE: 704 363-1518

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) Gelsinger (FIRST) George (MI) R.

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: George R. Gelsinger Jr. DATE: 4-3-01

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

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

Sheet: _____

Property ID: 037-321-30

#2

Lot #: 7

File #: 45803

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Helsinger Builders APPLICANT: _____

ADDRESS: 459 Patrick Road, Statesville DATE EVALUATED: 4-16-01

PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 360 gpd PROPERTY SIZE: .70

LOCATION OF SITE: 5523 Linda Wirtz Lane PROPERTY RECORDED: _____

WATER SUPPLY: ☐Private ☒Public ☐Well ☐Spring ☐Other _____

EVALUATION METHOD: ☒Augur Boring ☐Pit ☐Cut

TYPE OF WASTEWATER: ☒Sewage ☐Industrial Process ☐Mixed

PROFILE #	2-12% .1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-11"	grlcl	Fr/SEXPl SS/SP	7 41" TO soil wetness	41"	N/A	None	PS .39 F2 LL
		11-41"	SBHlC	F:/SEXPl S/P					
2	LS	0-4"	grlcl	Fr/SEXPl SS/SP	7 48" To soil wetness	48"	N/A	None	PS .39 F2 LL
		4-48"	SBHlC	F:/SEXPl S/P					
3	LS	0-7"	grlcl	Fr/SEXPl SS/SP	7 48" TO soil wetness	48"	N/A	None	PS .39 F2 LL
		7-48"	SBHlC	F:/SEXPl S/P					
4	LS	0-3"	grl cl	Fr/SEXPl SS/SP	2.5 Y 7/1 @ 14"	19"+	N/A	None	US LL
		3-14"	SBHlC	F:/SEXPl S/P					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	US	US
System Type(s)		
Site LTAR	.39 F2	.39 F2

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): unsuitable

EVALUATED BY: W. R. Marlin LSS 4-16-01

OTHER(S) PRESENT: _____

FILE # 45803

COMMENTS 100% Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

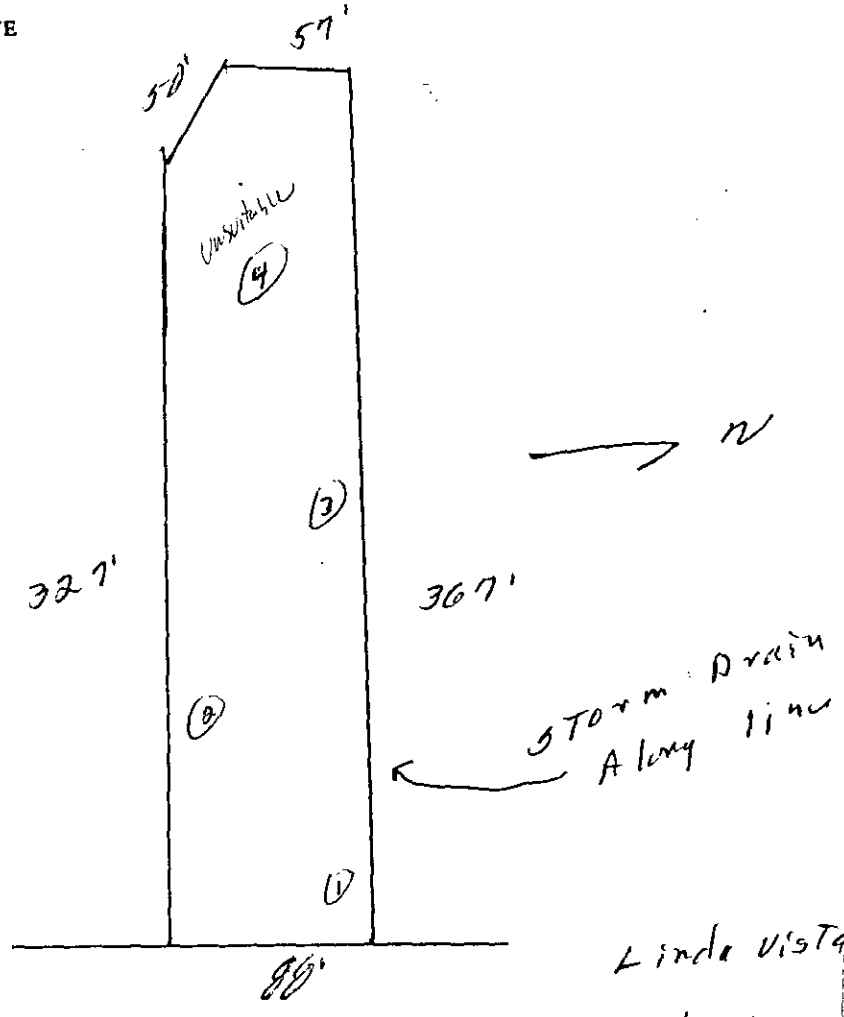
STRUCTURE

SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



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

yes #2

Sheet: _____
Property ID: 037-321-30
Lot #: 7
File #: 45208

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Helsinger Builders APPLICANT: _____
ADDRESS: 459 Patrick Road, Gastonia DATE EVALUATED: 4-16-01
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 360 gpd PROPERTY SIZE: .70
LOCATION OF SITE: 5523 Linda Vista Lane PROPERTY RECORDED: _____
WATER SUPPLY: ☐Private ☒Public ☐Well ☐Spring ☐Other _____
EVALUATION METHOD: ☒Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☒Sewage ☐Industrial Process ☐Mixed

PROFILE #	2-10% .1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-11"	gr/cl	Fr/SEXP/SS/SP	7 41" TO SOIL WETNESS	41"	N/A	None	PS .39 F2 IV
		11-41"	SBK/C	F:/SEXP/S/P					
2	LS	0-4"	gr/cl	Fr/SEXP/SS/SP	7 48" TO SOIL WETNESS	48"	N/A	None	PS .39 F2 IV
		4-48"	SBK/C	F:/SEXP/S/P					
3	LS	0-7"	gr/cl	Fr/SEXP/SS/SP	7 48" TO SOIL WETNESS	48"	N/A	None	PS .39 F2 IV
		7-48"	SBK/C	F:/SEXP/S/P					
4	LS	0-3"	gr/cl	Fr/SEXP/SS/SP	2.5Y 7/1 @ 17"	19"+	N/A	None	US IV
		3-19"	SBK/C	F:/SEXP/S/P					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	US	US
System Type(s)		
Site LTAR	.39 F2	.39 F2

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): unsuitable
EVALUATED BY: W. R. Medlin LSS 4-16-01
OTHER(S) PRESENT: _____

FILE # 4580B

COMMENTS 100% Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

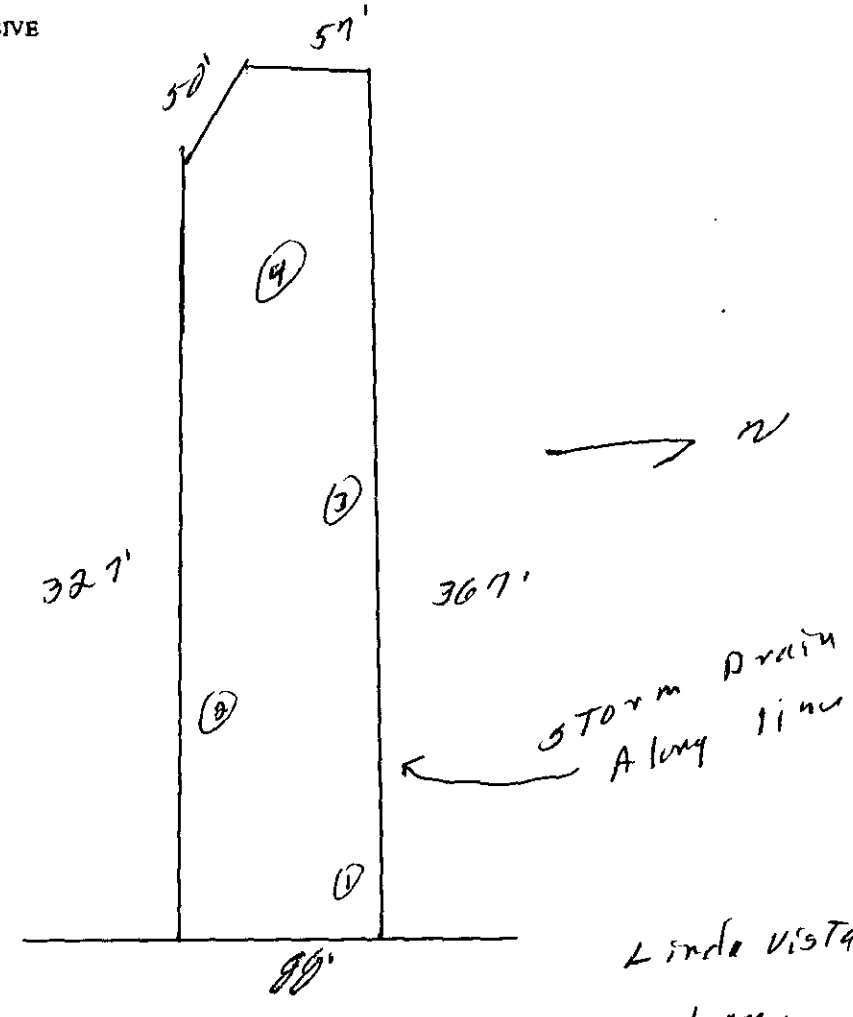
STRUCTURE

SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



FEE: 300.00
DATE: 4/3/01 or cert #31890

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

ACS COPY 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 #: 45803

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 037-321-38

STREET ADDRESS: 5523 Linda Vista Ln

SUBDIVISION OR MOBILE HOME PARK NAME: Linda Vista Pl

LOT NUMBER: # 7

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: 1750

NUMBER OF BEDROOMS: 3 | NUMBER OF OCCUPANTS:

CLOSING DATE _____

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): City
___ 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
5' on right side of property
WELL, SPRINGS OR WATERLINES ___ YES ✓ NO
DESIGNATED WETLANDS ___ YES ✓ NO

PROPERTY OWNER: Gelsinger Builders

NAME: (LAST) Gelsinger (FIRST) Builders & Property (MI) Management Inc

ADDRESS: 459 Patrick Rd

CITY: Gastonia STATE: N.C. ZIP: 28056

DAYTIME PHONE: 704 363-1518

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) Gelsinger (FIRST) George (MI) R.

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: George R. Gelsinger Jr. DATE: 4-3-01

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

FEE: 500.00
DATE: 4/3/01 cash 13830

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 #: 45803

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 037-321-30

STREET ADDRESS: 5523 Linda Vista Ln

SUBDIVISION OR MOBILE HOME PARK NAME: Linda Vista PL

LOT NUMBER: # 7

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1750

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

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

CLOSING DATE _____

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): City
___ 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
5' on right side of property
WELL, SPRINGS OR WATERLINES ___ YES ✓ NO
DESIGNATED WETLANDS ___ YES ✓ NO

PROPERTY OWNER: Gelsinger Builders

NAME: (LAST) Gelsinger (FIRST) Builders & Property (MI) Management Inc

ADDRESS: 459 Patrick Rd

CITY: Gastonia STATE: N.C. ZIP: 28056

DAYTIME PHONE: 704 363-1518

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) Gelsinger (FIRST) George R. (MI)

DAYTIME PHONE: ( ) -

Same

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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ENVIRONMENTAL HEALTH DIVISION
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MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH FEES

Requestor (please print): George Gelsinger Phone #: 363-1514 Date Requested: 4/3/01 Date Filled: 4/13/01

Account Name: Geo Gelsinger Bldrs Cash Charge Account No.: 131450

I certify that I am authorized to charge this account for this service:

Signature: [signature] Printed Name: George R Gelsinger Jr. Date: 4/3/01

T C	Qty	Description	Unit Cost	Total Cost
0710		Additional Trips	$ 65.00	
0715		Admin. Fee - Field Activity Letter	$ 25.00	
0734	1	Authorization for Wastewater System Construction	$ 150.00	300
0704		Change in Plot Plan	$ 100.00	
0741		Contractor's Annual Fee	$ 50.00	
0735		Improvement Permit Application - Commercial	$ 400.00	
0701	2	Improvement Permit Application - Residential	$ 200.00	400
0703	2	Installation and Final Approval	$ 150.00	300
0743		Maintenance Inspections to Homeowners w/ Type IIIB Systems (every 5 yrs)	$ 85.00	
0706		MH Exc/Add/Repl with System Modification	$ 300.00	
0705		MH Exc/Add/Repl without System Modification	$ 100.00	
0742		Operator's Annual Fee	$ 30.00	
0702		Optional Site Evaluations	$ 100.00	
0708		Realty Closing - Conventional	$ 85.00	
0709		Realty Closing - FHA with water	$ 135.00	
0718		Residential Pool Permit	$ 50.00	
0707		Site Consultation Visit	$ 100.00	
0711		Well Water Analysis-Bacteriological with regular parameters	$ 50.00	
0712		Well Water Analysis -Nitrates and Nitrites	$ 15.00	
0714		Well Water Analysis - Organic Analysis	$ 200.00	
0738		Tatoo Parlor Permits - Mecklenburg Co. resident	$ 125.00	
0739		Tatoo Parlor Permits - non resident	$ 87.50	
0723		Eval and Report Non-Permit Facility	$ 50.00	
0722		Home Day Care Evaluation and Annual Fee	$ 40.00	
0721		Home Day Care Evaluation and Permit	$ 70.00	
0733		Pool - Permit to Construct a Public Pool	$ 200.00	
0724		Pool - Private Testing	$ 15.00	
0740		Pool - Public Permit Prorated ____ mos. X $30.00		
0719		Pool - Public Operating Permit	$ 240.00	
0720		Pool - Seasonal Operating Permit	$ 120.00	
0736		Pool - Late Fee	$ 120.00	
0725		Document Copies	$ 0.05	

Payment received by: [illegible] Date: 4/5/1 Total: 1000

5523 Linda Vista

5611 " "

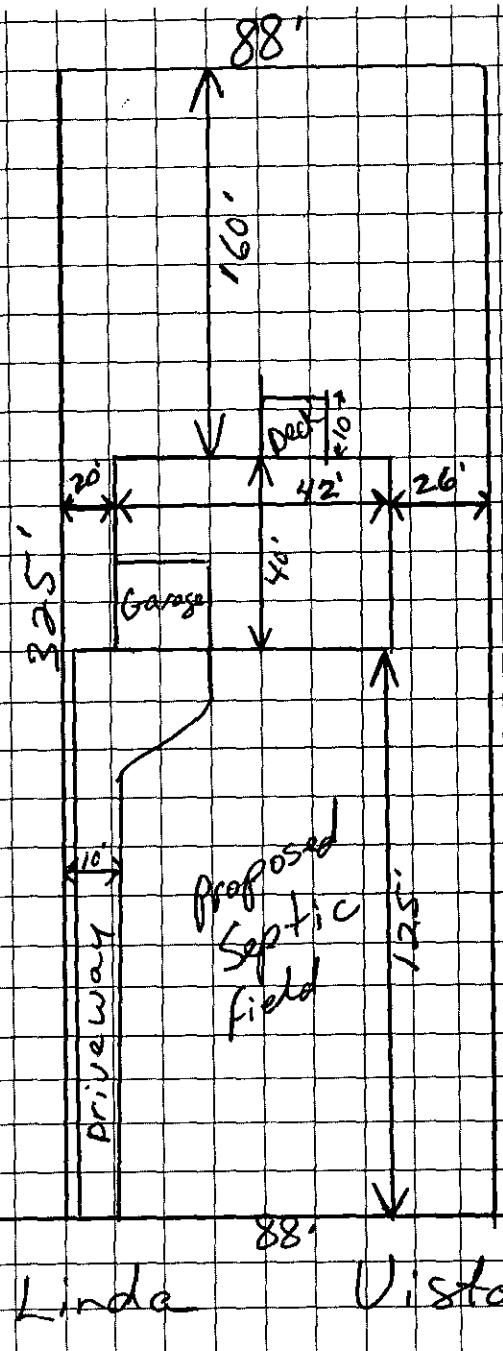
PROPOSED PLOT PLAN

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

FILE: 4580B

TC: 037-321-30

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 George R. Helsinger Jr.

DATE 4-3-01

APPROVAL DATE _____

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