INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

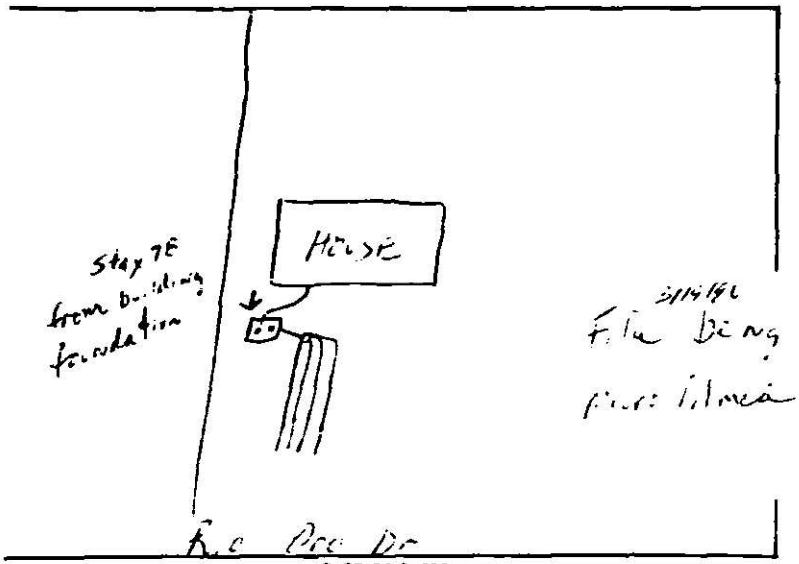
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 18809 DATE: 3/19/90

TC: 01 297 30 ☐ L

SERIAL № 14613

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 11/15/89. All work shall be completed on or before 4/19/90, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction FCC

Absorption and or Nitrification Lines

Trench Width — feet

Line Length — feet

Number of Lines —

Depth of Stone — inches

Distance from House — feet

Distance from Property Line — feet

Distance from Well com well feet

NAME OF OWNER Jeff D Oden

LOCATION OF PROPERTY 2314 K.C. Cove Dr

Comments: Replacing tank only. Keep tank 7'8 from foundation

Division or Section Head

Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

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

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 18809
TC: _____
SERIAL: № 19462
☐ I ☑ CRT

JOB LOCATION

① ADDRESS: 2316 Rio Oro Dr. (STREET NO. / STREET) DAVIDSON ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 111-377-36
⑤ SUBDIVISION: Bahia Bay ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Jeff (FIRST) D. (MIDDLE) Cren (LAST)
⑨ MAILING ADDRESS: 2316 Rio Oro Dr.
⑩ CITY: Davidson ⑪ STATE: NC ⑫ ZIP: 28036
⑬ PHONE: (WORK) 373-1907 ⑭ (HOME) 892-5971

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☑ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☑ Other (specify) Garage / Relocating Septic

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 1 ㉓ Type? _____
㉔ Maximum occupancy? _____ ㉕ Maximum number of employees? _____
㉖ Basement? ☑ yes ☐ no ㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☐ Individual well
B ☐ Municipal system
C ☑ Community well
D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request

Signed: _____
Date: 11/5/89

IMPROVEMENT PERMIT

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

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

... This permit is not transferable, and shall become null and void 36 months from the date of issuance

Use existing system

Environmentalist: Philip S. Walker, 11-5-89 (Date)

Director or Authorized Representative: _____, 11-5-89 (Date)

Date Received 6-22-82

RECEIVED
JUN 22 1982

ICAR (S) Application No. 18809

T. C. No. 001-297-30

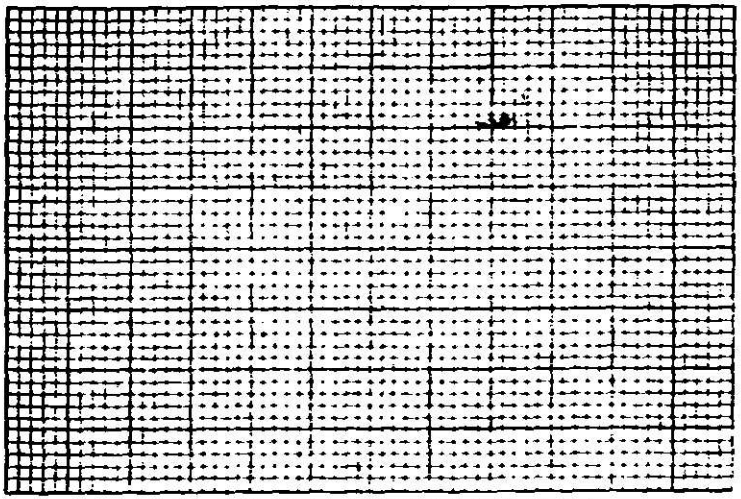
Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to: Washing machine line field:

1) _____ Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ____Yes ____No
Residence ✓Yes ____No
4) No of Bedrooms 4
5) Business Use — Max No Employees _____
6) Washing Machine ✓Yes ____No
7) Garbage Disposal ____Yes ✓No
8) Dishwasher ____Yes ✓No
9) Water Supply:
A) Individual Well _____
B) Governmental System _____
C) Community System:
1. Well source ✓
2. Governmental source _____
10) Sewage System.
House located within 200 feet of public sewer ____Yes ✓No
House located within 200 feet of community sewer ____Yes ✓No
11) FHA Case No _____
12) VA Case No _____

13) NAME OF OWNER Bonner (LAST) Ernest (FIRST) (MIDDLE)

14) ADDRESS OF OWNER Rt #1 Box 300 Davidson, NC

15) PHONE NO. Home 892-1649 Office None

16) LOCATION OF SYSTEM Rio Cko Drive (21316) (STREET OR COUNTY ROAD)

17) SUBDIVISION Bahia Bay Lot No. [illegible] Sec 2 Block No. 11

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES _____ NO DATE RUN 1969

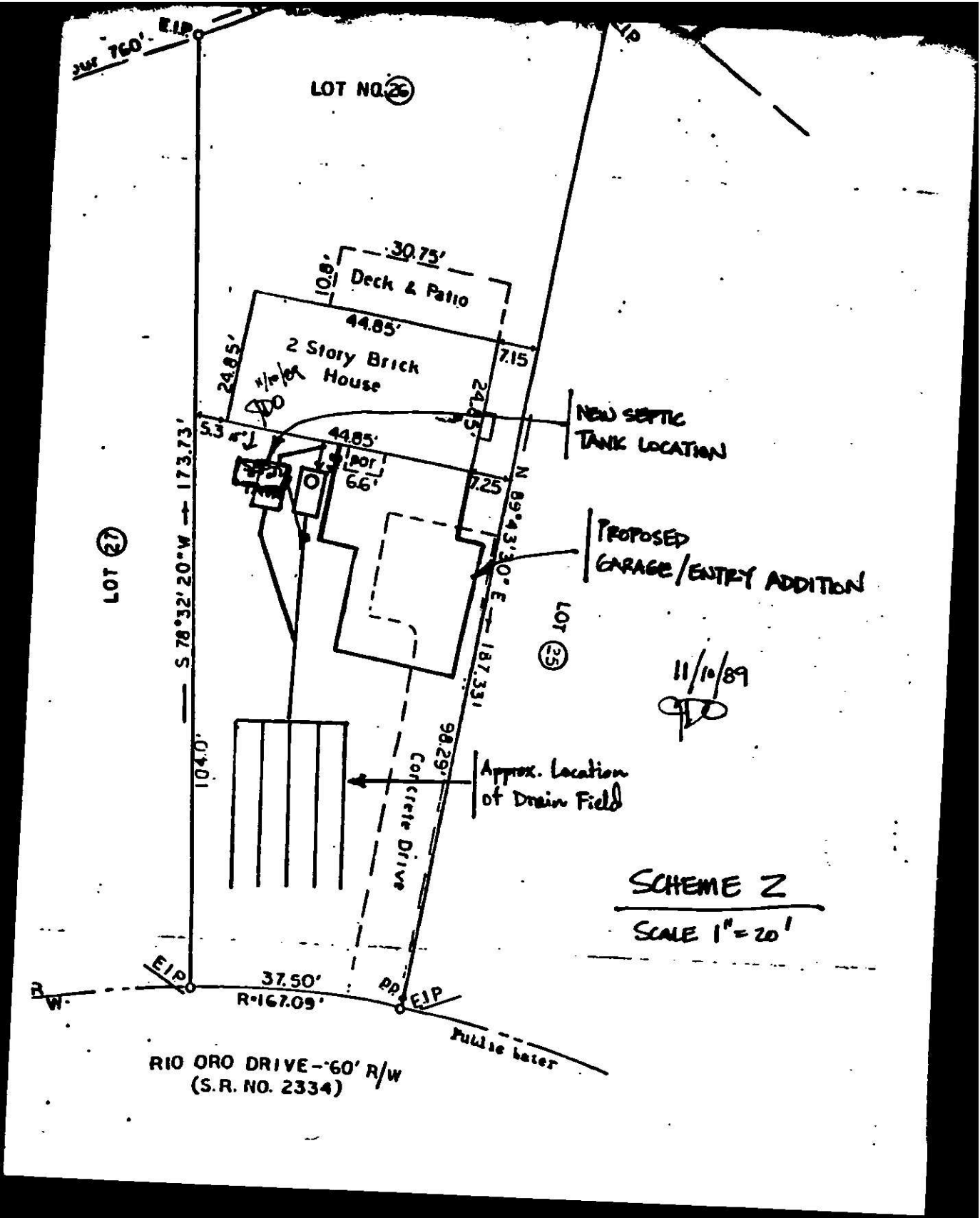
20) PTR NUMBER (See Instructions) _____

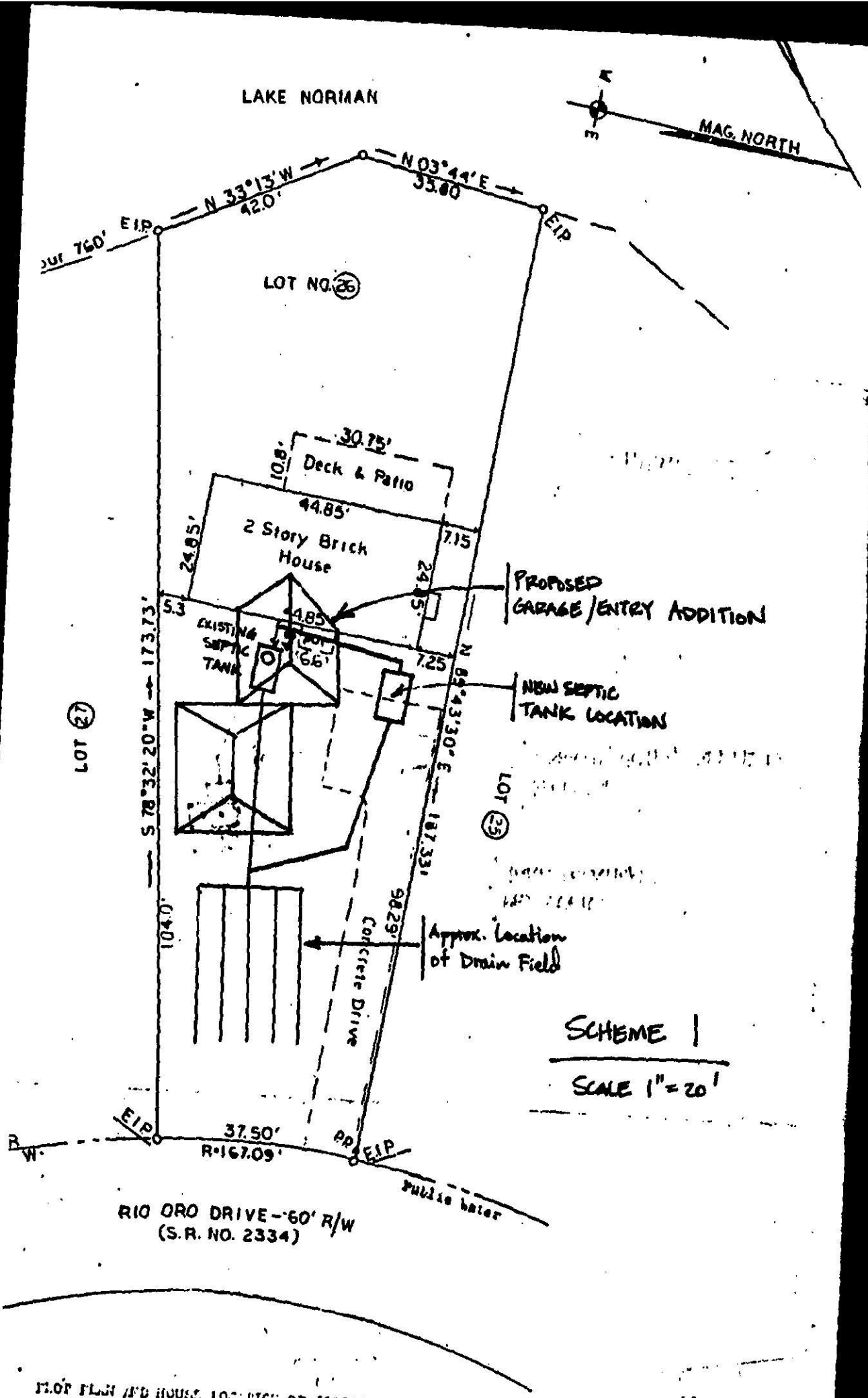
The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

6-22-82
DATE OF APPLICATION

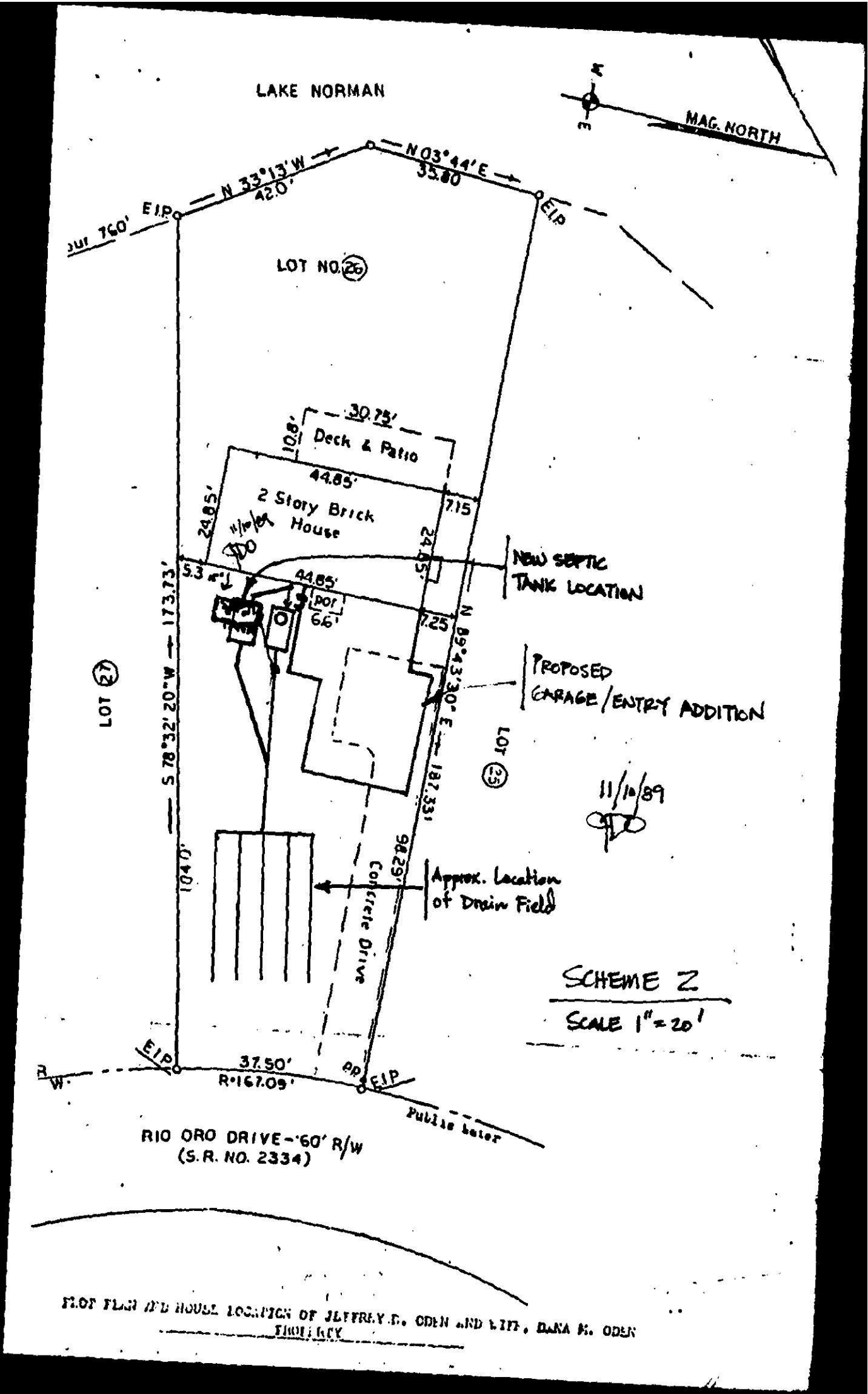
Ernest Bonner
OWNER

EHD-S-76 ENVIRONMENTAL HEALTH DEPARTMENT'S COPY


LOT NO. 26
30.75'
10.8'
Deck & Patio
44.85'
7.15'
24.85'
2 Story Brick House
24.85'
5.3'
44.85'
7.25'
por
6.6'
NEW SEPTIC TANK LOCATION
PROPOSED GARAGE/ENTRY ADDITION
LOT 27
S 78°32'20"W — 173.73'
N 89°43'30" E — 187.33'
LOT 25
11/10/89
104.0'
98.29'
Concrete Drive
Approx. Location of Drain Field
SCHEME 2
SCALE 1" = 20'
EIP
37.50'
R=167.09'
PP
EIP
R/W
Public Water
RIO ORO DRIVE - 60' R/W
(S.R. NO. 2334)



PLOT PLAN AND HOUSE LOCATION OF JEFFREY E. ODEN AND WIFE, DANA M. ODEN



PLOT PLAN AND HOUSE LOCATION OF JEFFREY E. ODEN AND WIFE, DANA M. ODEN

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 18809
TC:
SERIAL: № 19462
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: _____ (STREET NO) _____ (STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: _____
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: _____ (FIRST) _____ (MIDDLE) _____ (LAST)
⑨ MAILING ADDRESS: _____
⑩ CITY: _____ ⑪ STATE: _____ ⑫ ZIP: _____
⑬ PHONE (WORK): _____ ⑭ (HOME) _____

REQUEST

This request is for a(n):

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

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㉔ Maximum occupancy? _____
㉕ Maximum number of employees? _____
㉖ Basement? ☐ yes ☐ no
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WATER SUPPLY

㉘ Water supply from (present or proposed):

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D ☐ Community system

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Signed: _____

Date: _____

IMPROVEMENT PERMIT

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

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

This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Use existing system

Phila S Walker 11-15-89
Environmentalist Date

[signature] 11-15-89
Director or Authorized Section Head Date

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

Date Received 6-22-82

MECK COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH RECEIVED JUN 22 1982

ICAR (S) Application No. 11809

T. C. No. 001-297-30

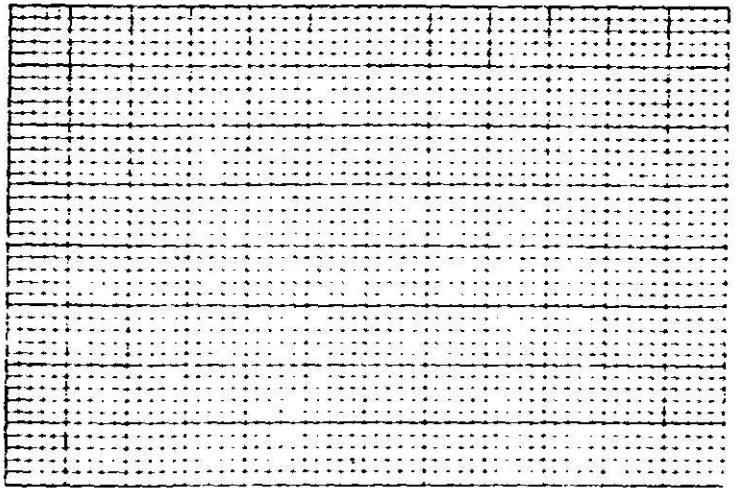
Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
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1) ___ Install or Construct 2) ___ (Alter) or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ___Yes ___No
Residence ✓Yes ___No
4) No of Bedrooms 4
5) Business Use — Max No Employees ___
6) Washing Machine ✓Yes ___No
7) Garbage Disposal ___Yes ✓No
8) Dishwasher ___Yes ✓No
9) Water Supply
A) Individual Well ___
B) Governmental System ___
C) Community System
1) Well source ✓
2) Governmental source ___
10) Sewage System
House located within 200 feet of public sewer ___Yes ✓No
House located within 200 feet of community sewer ___Yes ✓No
11) FHA Case No ___
12) VA Case No ___

13) NAME OF OWNER Fuller (LAST) Ernest (FIRST) (MIDDLE)

14) ADDRESS OF OWNER [illegible] Davidson, NC

15) PHONE NO Home 892-1649 Office None

16) LOCATION OF SYSTEM [illegible] (STREET OR COUNTY ROAD)

17) SUBDIVISION Bailey Bay Lot No [illegible] 21 Block No 11

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ___ NO DATE RUN 1967

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6-22-82
DATE OF APPLICATION

Ernest Fuller
OWNER

END-5-74 ENVIRONMENTAL HEALTH DEPARTMENT'S COPY