400 ☑

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 9859 DATE: 5/25/93

TC 199-013-16 ☐ L ☐ CRT

SERIAL Nº 15274

Name of Owner Everette Curlee Juris.:

Address of Property 7326 Matthews - Mint Hill Rd.

Inspection Data:

Tank Material

Total Length of Drainfield 400'

Number of Lines 4 @ 100

Cover Depth 12+"

Water Supply Source well

Distance to Water Source ≤50'

Excavation Inspected 5/25/93

Tank(s) Inspected —

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1993 CONV REPAIR BD 1200 SQFT, 12"G, CECIL CTR# Bobby McConnell

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

☑ installed or constructed ☐ altered or repaired

☐ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☑ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: PRIOR 1983 ~~repair~~ system
SYSTEM INSTALLED 1976

Don H Newell, R.S.
Environmentalist

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

1 of 2

7859

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)336-5100

PERSON FILING APPLICATION:

NAME: McCarver Bobby Lee
(last) (first) (mi)

ADDRESS: 14450 Cabarrus Rd. PHONE: (W) 523-2805

CITY: Midland STATE: N.C. ZIPCODE: 28107

Date: 5/25/93

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 111-031 16

STREET ADDRESS: 7326 MATTHEWS-MINT HILL RD.

ZONING:

PROPERTY OWNER:

NAME: Enco Construction Co, Inc.
(last) (first) (mi)

ADDRESS: 1100 E. Morehead St. PHONE: 704 372-4500

CITY: Charlotte STATE: NC ZIPCODE: 28236

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

☐ SOIL TEST - INDIVIDUAL LOT (O)
☐ 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) ☐ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
☐ Community (C) ☐ Shared Well (S)
☐ Municipal (M) ☐ Other 'spring' (O)
☒ 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: Bobby Ray McCarver Date: 5 25 93

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.

..Repair permit issued

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

Joni H Newell, RS 5/26/93
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

4/0014

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

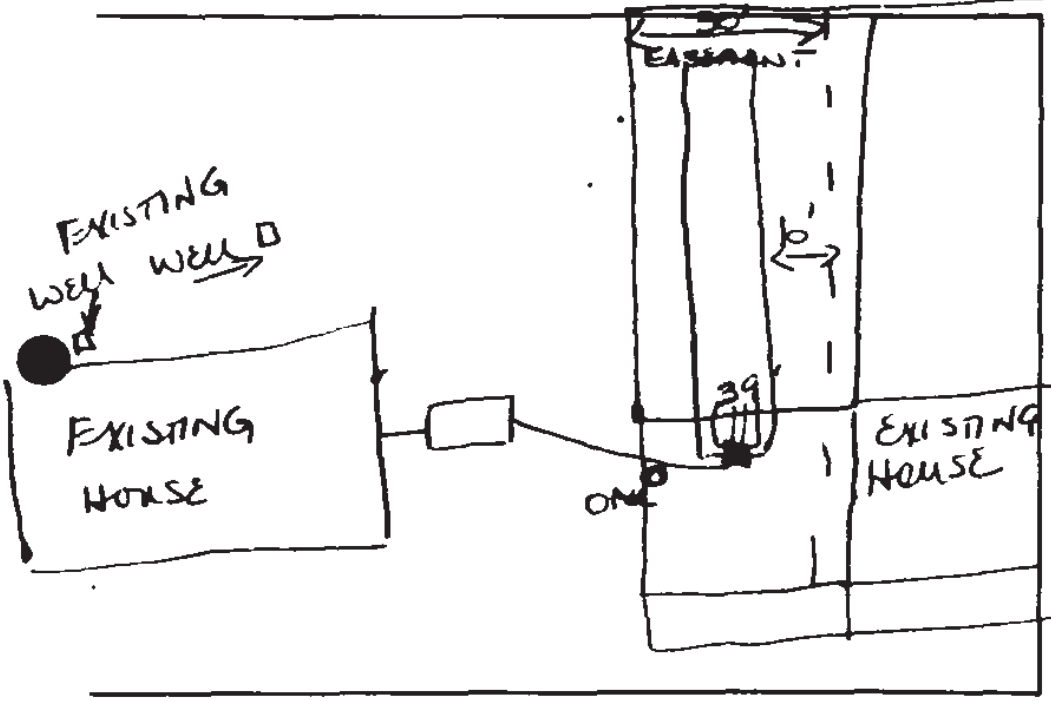
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 9859 DATE: 5/20/93

TC: 197-013-16 0 L

SERIAL Nº 15481

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 5/20/93. All work shall be completed on or before _____, 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 _____ gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction _____

Absorption and/or Nitrification Lines:

Trench Width 12 feet

Total Line Length 400 feet

Number of Lines 4

Depth of Stone 1' inches

Distance from House 10 feet

Distance from Property Line 10 feet

Distance from Well 50' feet

NAME OF OWNER Everette Culpe

LOCATION OF PROPERTY 7326 Matthews-Mint Hill Rd.

Comments: REPAIR SEPTIC TANK SYSTEM 1 bed 12' X 100 X 12" ① BACK PROPERTY CORNER SHALL BE MARKED ② MUST MAINTAIN REQUIREMENTS OF EASEMENTS. ③ THERE SHALL BE NO CHANGES. ④ SHALLOW AT FRONT END.

Division or Section Head

Joni Howell, RS
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

Date Received 8/10-75

APT No 9259

T. C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Evco Const. Co, Inc.
(LAST FIRST MIDDLE)

2) ADDRESS OF OWNER 6130 Williams Rd, Charlotte ZIP 28215

3) PHONE NO Home _____ Office 536-4478

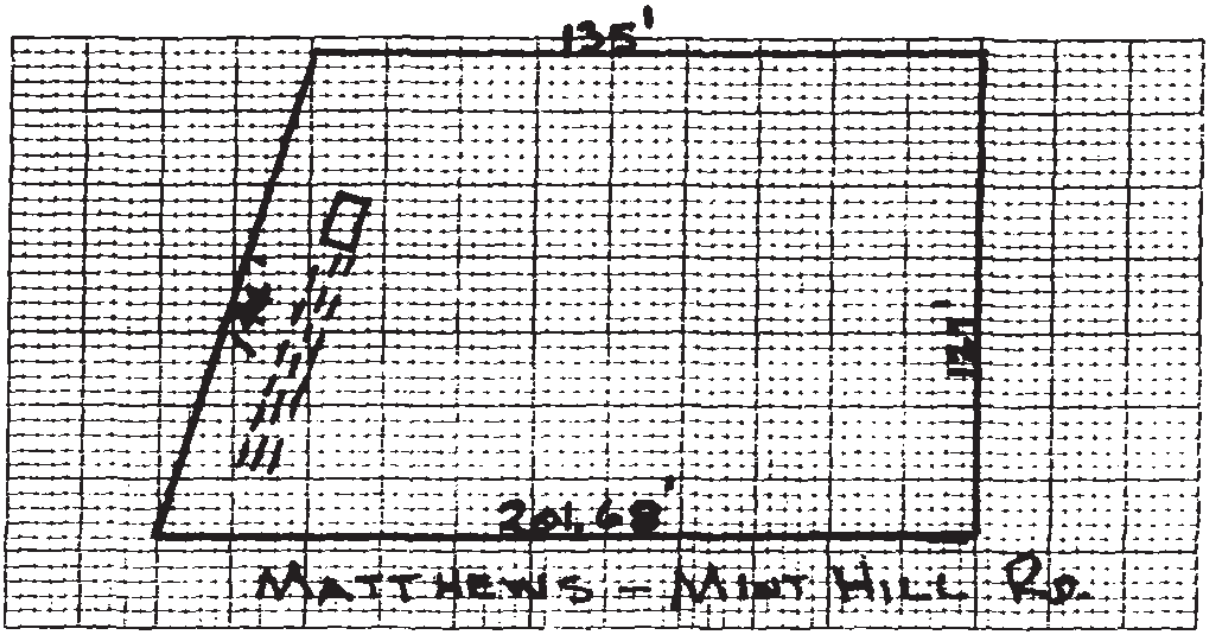
4) LOCATION OF PROPERTY 7218 Matthews - Mint Hill Road
(STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO _____ BLOCK NO _____

MAP BOOK NO _____ PAGE NO _____

6) DEED REFERENCE DEED BOOK _____ PAGE NO _____

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge



7) ACCURATELY DIAGRAM & DIMENSION LOT

Ernest K Cuthey Jr
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

SOIL INVESTIGATION REPORT

Date of Investigation August 20, 1975 APT NO. 9859

Owner Evco Const. Co, Inc.

Location of Property 7214 Matthews-Mint Hill Rd TCN

Soil Properties	Soil Suitability Ratings			
	Soil 1	Soil 2	Soil 3	Soil 4
1. Soil Series	Cecil	Paved		
2. Soil Slope	Suitable 2-6%	suitable 2-6%		
3. Soil Depth	Suitable >48"	N.D.		
4. Soil Texture	marginal clay	N.A.		
5. Soil Structure	marginal blocky	unsuitable massive	due to compaction	
6. Restrictive Horizons	N.A.	N.A.		
7. Soil Drainage	Suitable W.T. >48"	N.A.		
8. Soil Permeability (Percolation Rate)	marginal 60min/in	unsuitable >200min./in.		
9. Other	N.A.	This is the area proposed for septic system		
10. Overall Rating	marginal	unsuitable		

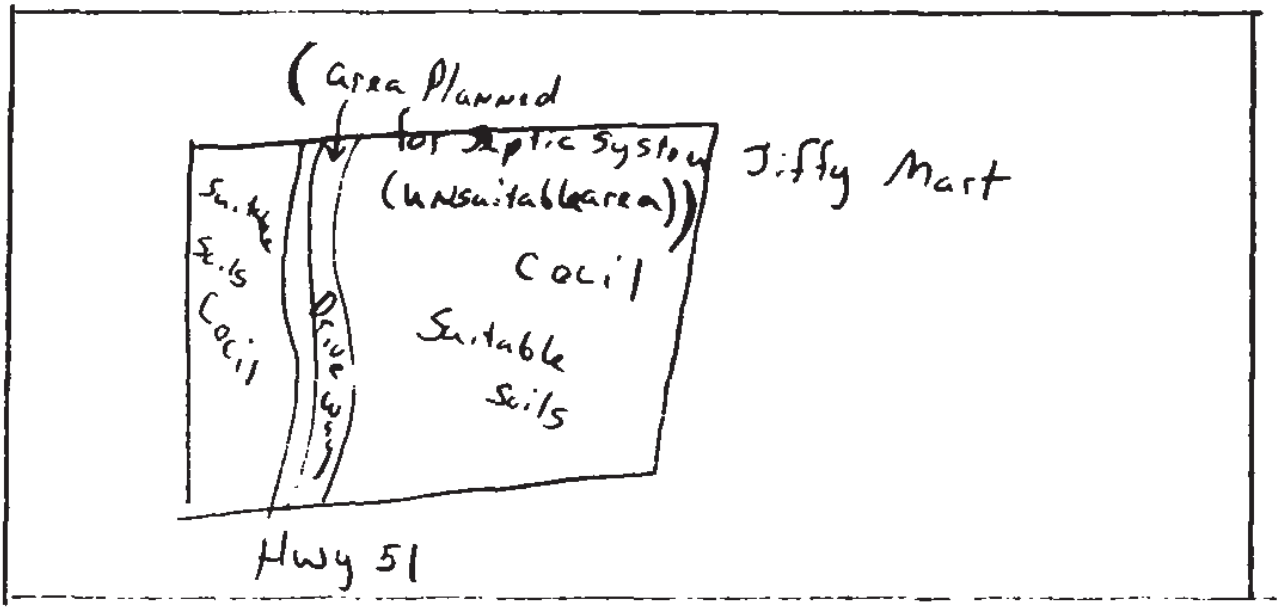
Recommendations Based on this investigation, the area proposed for septic tank system is not recommended for installation of a septic tank system. The other areas of the lot were found to be suitable for installation of a septic tank system and would have a percolation rate of 60min/in.

See diagram on back

W. Edward Casement
Soil Scientist

3/18/75
RND 539

DIAGRAM OF PROPERTY



3/18/75

END 539

MECKLENBURG COUNTY
Department of Public Health
1200 Blythe Boulevard
Charlotte, North Carolina 28203

DATE ISSUED
1. Aug. 21, 1975
2. _____
3. _____

SITE INVESTIGATION REPORT
INDIVIDUAL SEPTIC TANK SYSTEM
WITH SUBSURFACE,
SOIL ABSORPTION,
EFFLUENT DISCHARGE

SIP NO. 9859
T.C. NO. P. O. 197-013-16
M.P. DATE _____

NAME OF OWNER Evco Construction Co., Inc.

ADDRESS OF OWNER 6130 Williams Road, Charlotte, N. C. 28215

LOCATION OF LOT 7214 Matthews-Mint Hill Road

The lot described above is not recommended for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge due to the following:

Unsuitable area

The area proposed in plot plans submitted is not

recommended for septic tank system

John R. Adkisson

John R. Adkisson, Environmentalist
On Premises Waste Disposal Branch
Environmental Health Division

JRA:jjk

(Stencil No.)
EHD 359
8/74

FORM NO.
E-13-8-21-74

SEE INSTRUCTIONS ON BACK

Date Received 8/15/75

ICAR(S) Application No. 9359

T C No.

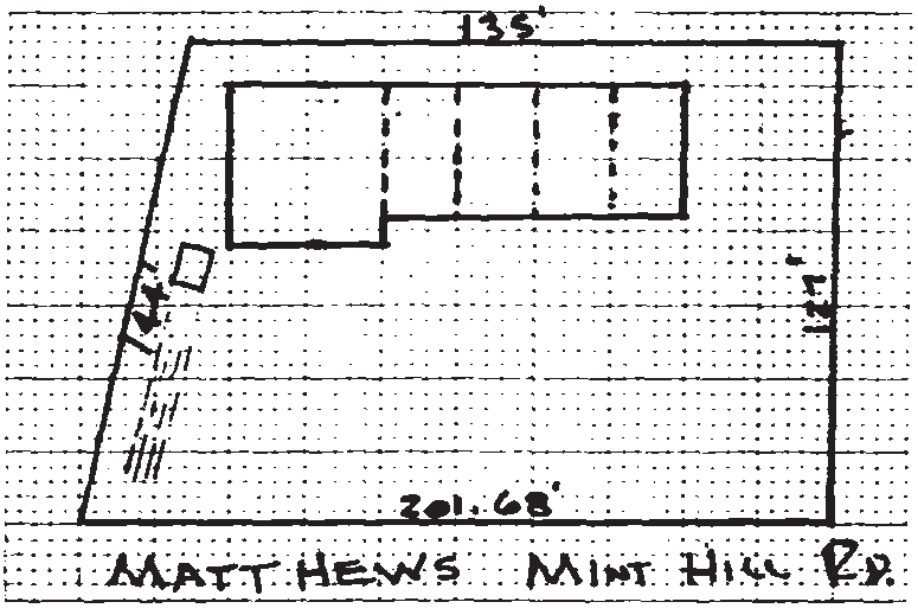
Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

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

The owner of the property described hereinafter hereby applies to the Meckienburg County Health Department for a permit to

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)

4) No. of Bedrooms ___

5) Estimated Water Usage Emp. per 10-12

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 ___
2. Governmental ___

Sewage System
Has soil evaluation been performed? Yes ✔ No ___
Is soil evaluation attached? Yes ___ No ___
Community sewer Yes ✔ No ___

11) FHA Case No. ___

12) VA Case No. ___

13) NAME OF OWNER EVCO CONST. CO. INC.
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 6130 WILLIAMS RD., CHARLOTTE, N.C. 28215

15) PHONE NO. Home ___ Office 536-4478

16) LOCATION OF SYSTEM 7214 MATTHEWS-MINTHILL RD
STREET OR COUNTY ROAD

17) SUBDIVISION ___ Lot No. ___ Block No. ___

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A PERCOLATION TEST BEEN RUN? ___ YES ✔ NO DATE RUN ___

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.

8/15/75
DATE OF APPLICATION

Emmett B. Carlton, Pres.
OWNER

REV. NO. E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued Aug. 21, 1975

Serial No. 5235

IMPROVEMENTS PERMIT

LA No 9859

T C No P.O. 197-013-16

Map Date -

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Evco Construction Co., Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 6130 Williams Road, Charlotte, N. C. ZIP 28215

LOCATION OF LOT 7214 Matthews-Mint Hill Road
(STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO _____ BLOCK NO. _____

MAP BOOK NO _____ PAGE NO _____

The above specified lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the percolation test results which yielded a percolation rate of 60Min./In on an on-site inspection of the said lot, and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 9859. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered, and/or repaired in the same area where the percolation test was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit

John R Atkisson
Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

12/26/76

Date Issued 26 Jan 76

Serial No. 7189

ICAR-S Permit No 9359

T C No 117-013-16

Map Page

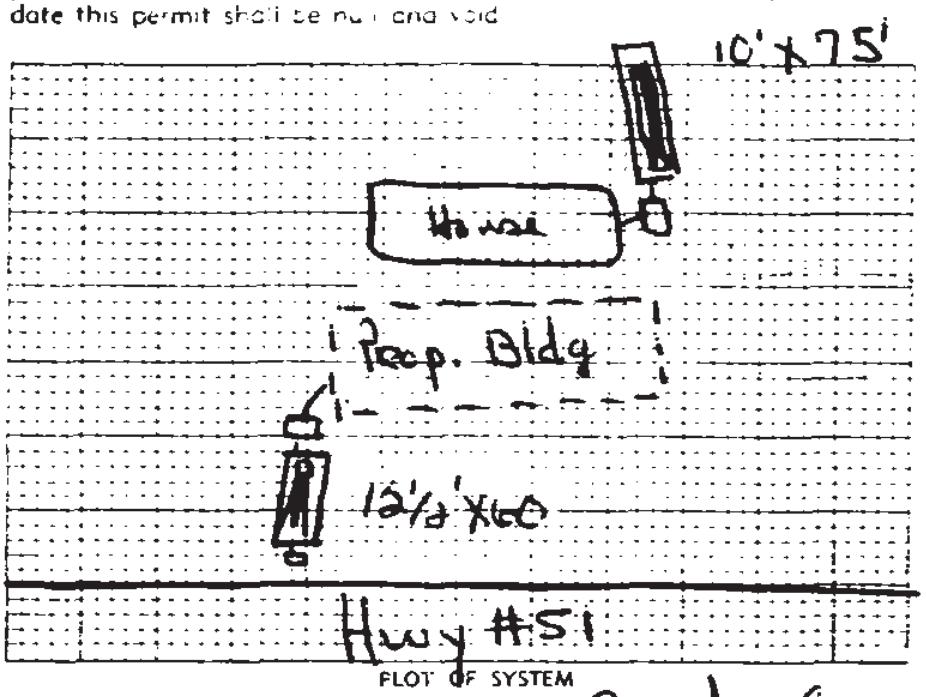
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

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 application 9859 dated and this permit shall be void and of no effect if the information supplied in the application is not true or is erroneous. All work shall be completed on or before 26 Feb 76 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Two

Liquid Capacity of Tank 1500 gal

Tank Construction Precast Concrete

Absorption and/or Irrigation Lines

Two Beds 300 Ft

Total Line Length

Number of Lines (4) & (5)

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'+

NAME OF OWNER Evco Const. Co

LOCATION OF PROPERTY Hwy #51

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments: * Disconnect old system from house

Division or Section Head

R. M. Reynolds
Environmentalist

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

FORM NO. E-5-4-2M-6-75

HEALTH DEPARTMENT COPY

C of A (s) No 9859

Serial No.

T C No 197-0137-76

Date Issued 19Mar76

John S. Adkisson

Map Date

CERTIFICATE OF COMPLETION

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Ecco Concrete Co. (LAST / FIRST / MIDDLE)

Location of Property Hwy #51

Application Number 9859

Permit Number 9859

Inspection Date:

Liquid Capacity of Tank 1500 gal

Total Length of Drain Tile 300 ft

Depth of Filter Material 17"

Water Supply Source ■ well

Excavation Inspected 19Mar76 (DATE)

Nitrification Field Inspected 19Mar76 (DATE)

Washing Machine Line Inspected, If Applicable + (DATE)

Tank Material Precast Concrete

Number of Lines (6) 15' x 50'

Cover Depth 5'

Distance from Water Source 100'

Tank Inspected 19Mar76 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Comments:

R.M. Reynolds
Environmentalist

FORM NO E-6-9-1-72