

8812 WILKINSON BV

05321109

8/19/08

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: 18972 DATE: 8/21/97

TC: 053-151-10 ☒ L ☐ CRT

SERIAL Nº 17298

Name of Owner Herman McNabb Juris.: _____

Address of Property ~~8122~~ 8812 Wilkinson Blvd

Inspection Data:

Tank Material 1500 PCC

Total Length of Drainfield _____

Number of Lines _____ @ _____

Cover Depth _____

Water Supply Source _____

Distance to Water Source _____

Excavation Inspected _____

Tank(s) Inspected _____

Wash Line Inspected _____

High Water Alarm Inspected _____

PLOT

Design 1500 ST CTR# 5

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 I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☑ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of I5A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

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

COMMENTS: _____

Joni C Higgins R.S.
Environmental Health Specialist

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

Pd 150.00 CK #3946 11/21/97 SC

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 18972 DATE: 8/21/97

TC: 053-151-10 ☒ L ☒ CRT

SERIAL Nº 17298

Name of Owner Herman McNabb Juris.: _____

Address of Property 8417 ~~8122~~ Wilkinson Blvd.

Inspection Data:

Tank Material 1500 PCC

Total Length of Drainfield _____

Number of Lines _____ @ _____

Cover Depth _____

Water Supply Source _____

Distance to Water Source _____

Excavation Inspected _____

Tank(s) Inspected _____

Wash Line Inspected _____

High Water Alarm Inspected _____

PLOT

Design 1500 ST CTR# 5

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

☐ installed or constructed ☐ altered or repaired
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COMMENTS: _____

Joni C Hyps, R.S.
Environmental Health Specialist

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

CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PROJECT REVIEW DISCIPLINES

PAGE: 1

PROJECT INFORMATION

PROJECT NUMBER: 803-979448
PROJECT NAME: ECUTEC **PHS:** **SEC:** **SUBMITTED DATE:** 09/23/97 **TIME:** 07:22 AM

CONTACT NAME: MARIVN AMOS **PHONE #:** 391-2530
TITLE: 391 8414 **TYPE OF PERMIT:** FULL
NEW BUILDING
COMMENTS: 8812 WILKINSON BV MECK****FULL REVIEW***

REVIEW DISCIPLINES

AGENCY	DISCIPLINE	CONTACT	PHONE	INITIALS
ENGINEER. & BUILDING STDS	BUILDING X	SEE FACILITATOR BELOW	000-0000	
	ELECTRICAL X	SEE FACILITATOR BELOW	000-0000	
	MECHANICAL X	SEE FACILITATOR BELOW	000-0000	
	PLUMBING X	SEE FACILITATOR BELOW	000-0000	
	ZONING X — Cam Merrill	SEE FACILITATOR BELOW	000-0000	
	COUNTY-FIRE	SEE FACILITATOR BELOW	000-0000	
ENVIRONMENTAL HEALTH	SEPTIC TANKS X	SYLVIA DANIEL	336-5565	
PERMIT FACILITATORS	EVERETT WATKINS	EVERETT WATKINS	336-4331	
	FOR PROJ STATUS CALL IRIS	USE 6 DIGIT CONTROL NBR.	336-8000	

Zoning Granted B X LE APP
Co Fire Approved M X
P X

NOTICE

OTHER APPROVALS/PERMITS MAY BE REQUIRED PRIOR TO THE ISSUANCE OF A BUILDING PERMIT. THESE APPROVALS MAY REQUIRE YOU TO MAKE AN INDEPENDENT PLAN SUBMITTAL TO THOSE AGENCIES. THESE APPROVALS INCLUDE, (BUT ARE NOT LIMITED TO): GRADING PERMITS, STORM WATER DETENTION, COMMERCIAL DRAINAGE, FOOD SERVICE, SWIMMING POOLS, DAY CARES, HOTEL/MOTEL CONSTRUCTION, DEMOLITION, AIR QUALITY, SOLID WASTE, SEPTIC TANKS, DEPARTMENT OF INSURANCE, AND DIVISION OF FACILITY SERVICES. SHOULD YOU HAVE ANY QUESTIONS REGARDING THESE APPROVALS, PLEASE CONTACT YOUR PERMIT FACILITATOR LISTED ABOVE OR CALL (704)336-3836.

NORMALLY YOU WILL BE NOTIFIED OF THE DISPOSITION OF YOUR PROJECT WITHIN 3 TO 6 WORKING DAYS FOR SMALL PROJECTS, OR 10 TO 18 WORKING DAYS FOR FULL REVIEW PROJECTS. (THIS MAY VARY WITH WORK LOAD.) YOU MAY TRACK THE PROGRESS OF YOUR PROJECT IN THREE DIFFERENT WAYS: 1) CALL IRIS AT (704)336-8000 AND USE YOUR 6 DIGIT PROJECT TRACKING NUMBER; 2) CALL YOUR PERMIT FACILITATOR LISTED ABOVE; OR 3) CALL 336-3836.

(Ruby Cooper) Ready for Rev.

B - LETTER from Eng on Cone around Part
2. USE of Rock LOT
Zoning Cone Summary

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

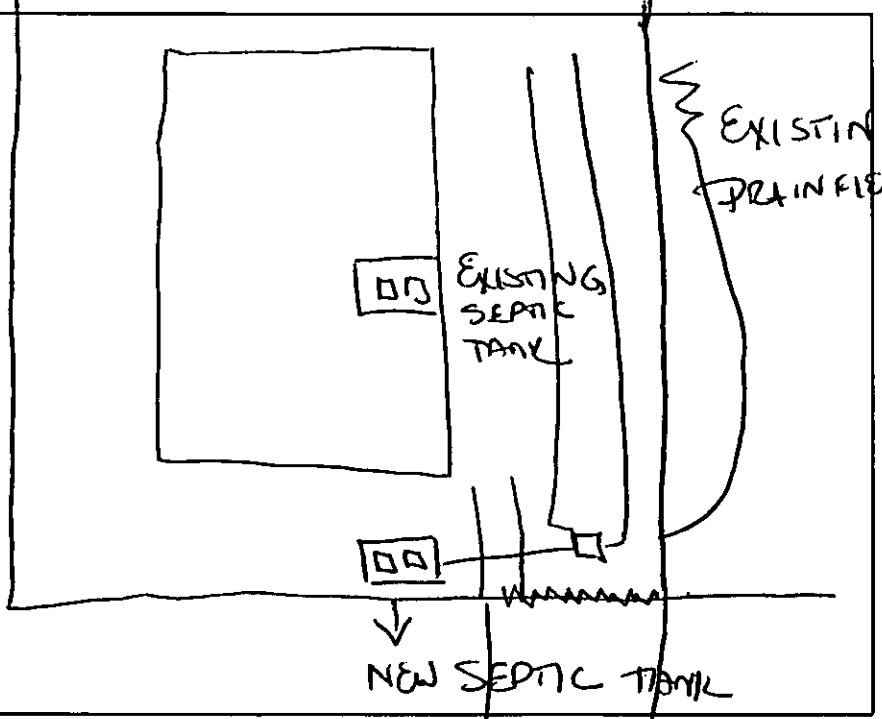
FILE: 18972 DATE: 8/20/97

TC: 053-151-10 ☒ L

SERIAL Nº 17413

Permission is hereby given to _____ Install or Construct, ___V___ 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 8/19/97. All work shall be completed on or before 9/18/97, 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.

☒ EXISTING WELL



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 OR 1000 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Trench Depth _____

Absorption and/or Nitrification Lines:

Trench Width _____ feet

Trench Walls Scored and Porous _____

Total Line Length _____ feet

Number of Lines _____

Depth of Stone _____ inches

Distance from House _____ feet

Distance from Property Line _____ feet

Distance from Well _____ feet

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

NAME OF OWNER Herman W. McNabb

LOCATION OF PROPERTY 8812 Wilkinson Blvd.

Comments: Properly Abandon existing septic tank. Install new tank and sleeve supply line when it crosses old drain.

Doni Hayes Bunn, R.S.
Environmental Health Specialist

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

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

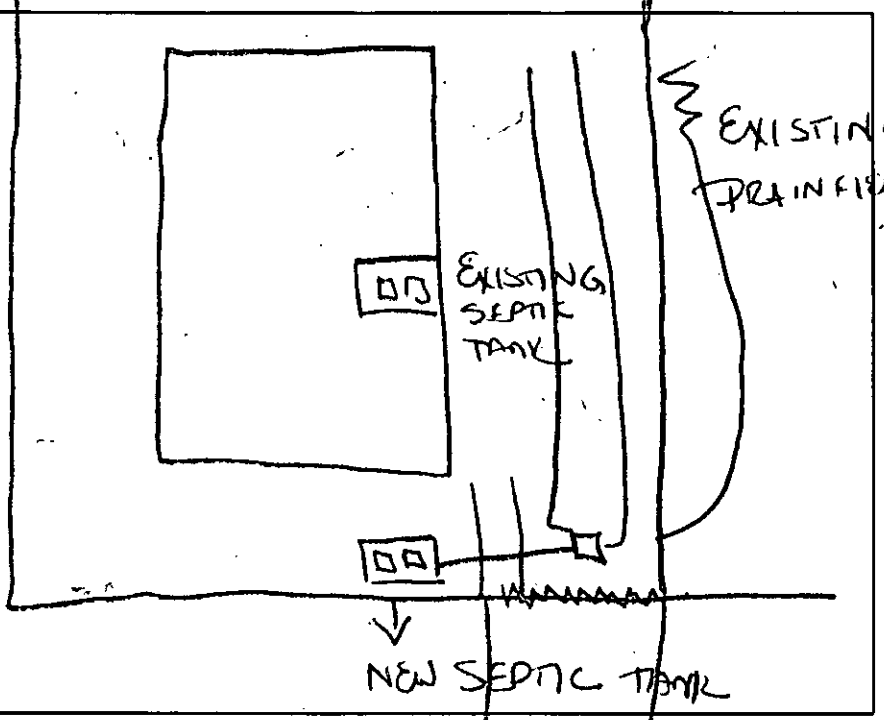
FILE: 18972 DATE: 8/20/97

TC: 053-151-10 ☒ L

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Liquid Capacity of Septic Tank 1500 OR 1000 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Trench Depth _____

Absorption and/or Nitrification Lines:

Trench Width _____ feet

Trench Walls Scored and Porous _____

Total Line Length _____ feet

Number of Lines _____

Depth of Stone _____ inches

Distance from House _____ feet

Distance from Property Line _____ feet

Distance from Well _____ feet

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NAME OF OWNER Herman W. McNabb

LOCATION OF PROPERTY 8812 Wilkinson Blvd.

Comments: Properly Abandon existing septic tank. Install new tank and sleeve supply line when it crosses old drive.

Debi Hagan Bunn, RS
Environmental Health Specialist

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

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

DATE: 8/20/97 PERMIT NO: 18972
PARCEL NO: 053-157-10

JOB LOCATION ADDRESS: 8812 Wilkinson Blvd.
PROPERTY OWNER: Herman W. McNabb
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: Jane Hughes Bunn DATE: 8/20/97
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 18972, 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: Properly Abandon Existing septic tank

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.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number 18972

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number 053-151-10

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	
___ Long-term acceptance rate	___ Max gallons/day wastewater flow	___ Absorption Area (sq ft)	___ Trench spacing (min. on centers)	
___ Serviced by private well	___ Gallon septic tank	___ Total trench length (ft)	___ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
___ Bedrooms in residence	___ Gallon pump tank	___ Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: INSTALL 1500 SEPTIC TANK (NO CHANGES TO EXISTING DRAINFIELD)				
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	
___ Absorption Area (Sq ft) ___ Total Trench Length (Ft)	___ Depth of Stone Trench	___ Trench spacing (min. on centers)	___ Maximum Trench Depth	
For existing system, enter the year originally installed:				

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

- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department
- This Improvement permit is transferable.

DEHNR Authorized Agent Date

Owner/Agent Signature Date

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

189792 P.E. 850.00

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: McNABB (last) HERMAN (first) W. (mi)
ADDRESS: 8812 WILKINSON BLVD PHONE: (704) 394 8639
CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28214

Date: AUG. 14,1997

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 053-151-10
STREET ADDRESS: 8812 WILKINSON BLVD
ZONING:

PROPERTY OWNER:
NAME: SAME (last) (first) (mi)
ADDRESS: PHONE: (__) __
CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME: N/A

Township (check one):
[X] 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): .78

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[X] COMMERCIAL OR INDUSTRIAL (N)
[redacted]
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[redacted] the existing system

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 REPAIR SHOP # Employees 2 Per Shift 1 SHIFT
Industrial Wastes (Y/N) __
Underground Storage Tanks On Property (Y/N) __ Type SEPTIC

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 [X] 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: Herman McNabb Date: AUG. 14,1997

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.

...Use existing system. Septic tank was moved and re-located. Existing tank was abandoned.

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

Dani Heggs Bunn 8/21/97
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

HERMAN McNABB
394 8639

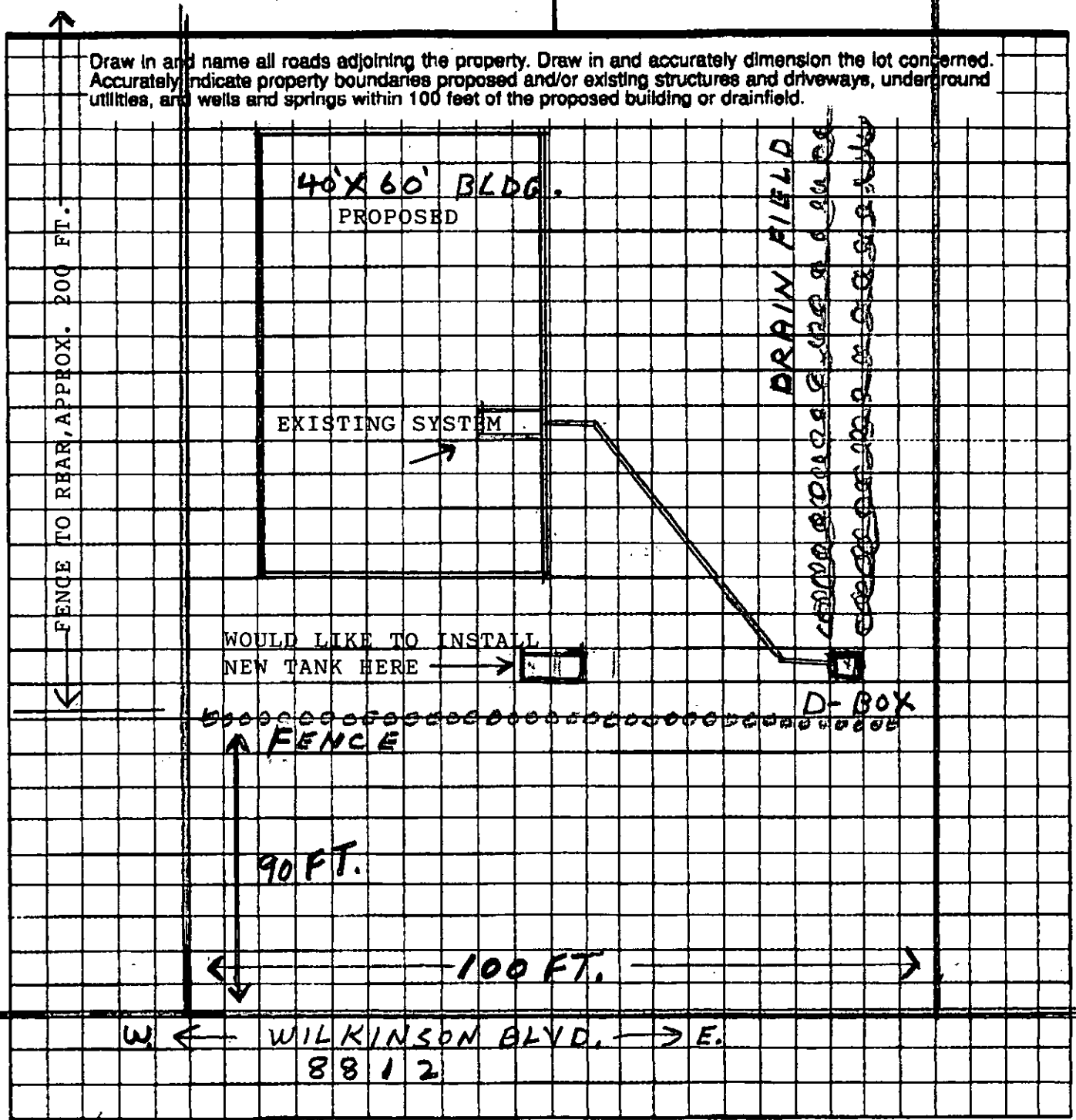
PROPOSED PLOT PLAN

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

FILE: 18972

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.



Herman McNabb
OWNER/AGENT SIGNATURE

DATE Aug 14, 1997

APPROVAL DATE _____

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

HERMAN McNABB
394 8639

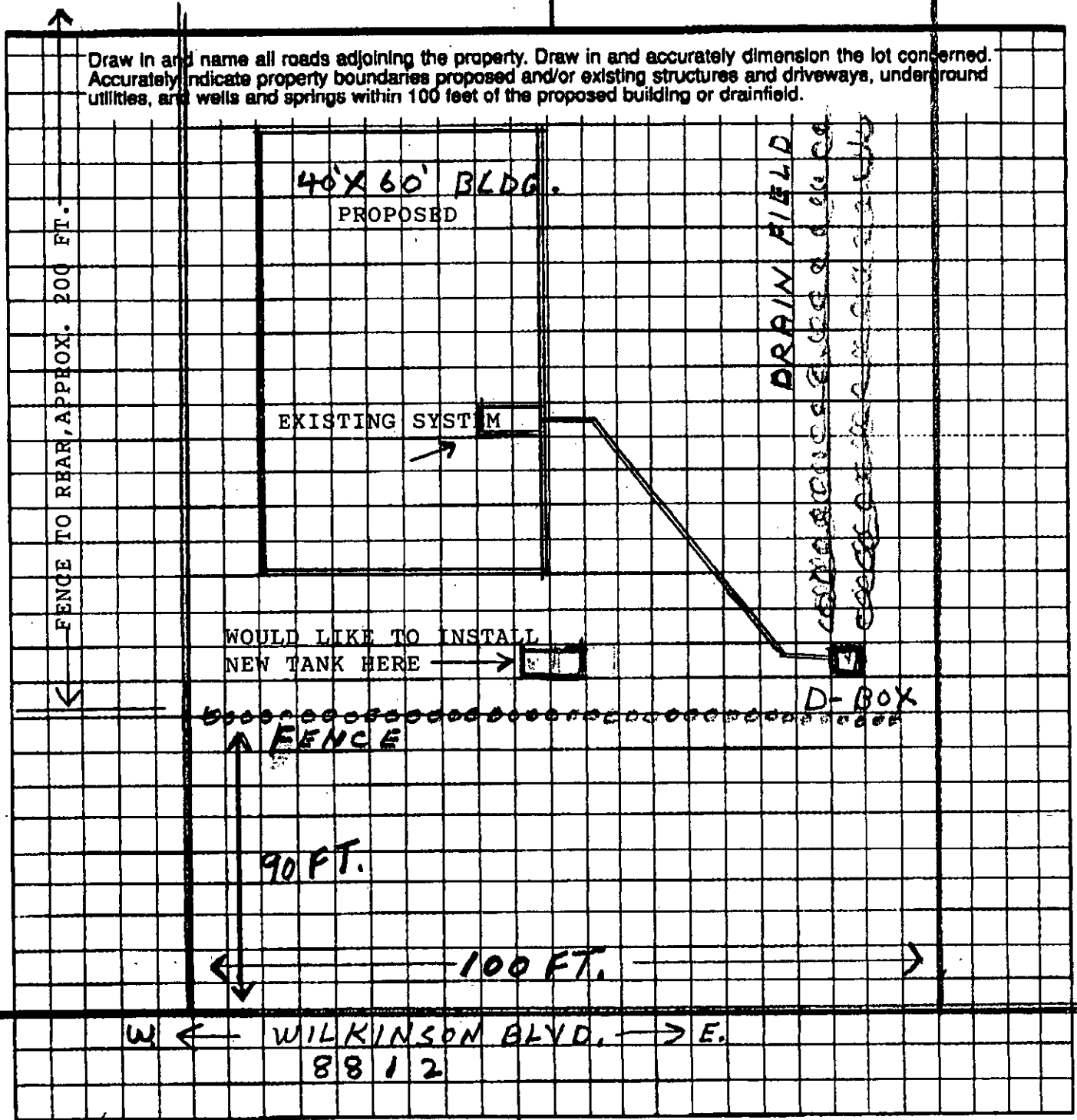
PROPOSED PLOT PLAN

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

FILE: 18772

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.



Herman McNabb
OWNER/AGENT SIGNATURE

DATE Aug 14, 1997

APPROVAL DATE _____

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

T. C. No. 053-151-10

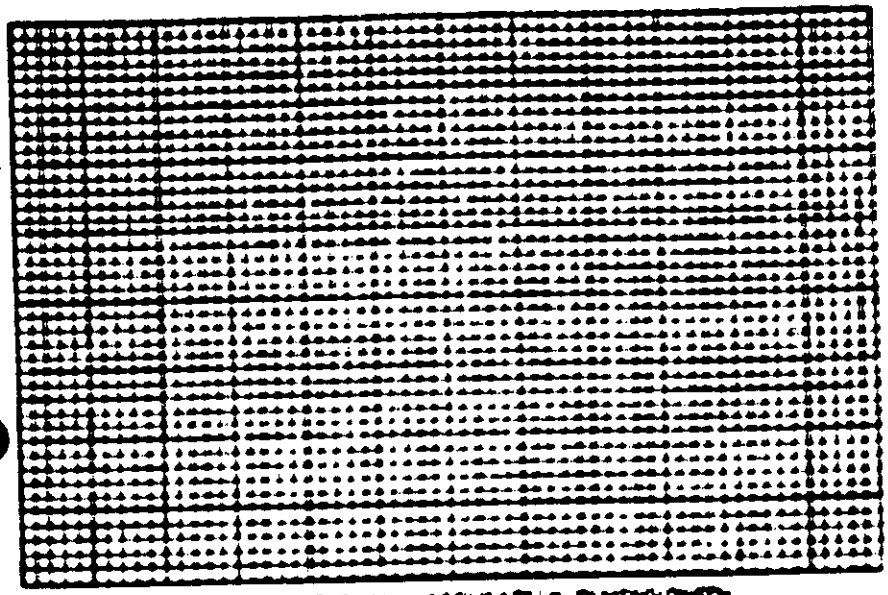
Map Date _____

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

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 _____
5) Business Use — Max No. = 3
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
Mobile located within 200 feet of public sewer ____Yes ✓No
Mobile located within 200 feet of community sewer ____Yes ✓No
11) FHA Case No _____
12) VA Case No _____

13) NAME OF OWNER Mr. Mrs. Herman McNeil LAST William MIDDLE

14) ADDRESS OF OWNER 2632 Statesville Rd.

15) PHONE NO Home 394-8639 Office 375-9011

16) LOCATION OF SYSTEM 5812 Wilkinson Blvd.
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 SOIL INVESTIGATION 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.

12-17-82
DATE OF APPLICATION

Herman McNeil
OWNER

EHD-8-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Issued 12-29-82 Serial 5540

C of A (s) No. 18972

T. C. No. 053-151-10

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

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

Name of Owner McNabb (LAST), Herman (FIRST) William (MIDDLE)

Location of Property 8812 Wilkenson Boulevard

Application Number 18972 Permit Number 18972

Inspection Data:

Liquid Capacity of Tank 1000 gallons Tank Material precast concrete

Total Length of Drain Tile 200' Number of Lines 2

Depth of Filter Material 6" sand + 12" stone Cover Depth 1' to 2'

Water Supply Source well Distance from Water Source >75'

Excavation Inspected — (DATE) Tank Inspected 12-29-82 (DATE)

Nitrification Field Inspected 12-29-82 (DATE)

Washing Machine Line Inspected, If Applicable — (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 Health Commission 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 _____

Mike Sexton
Environmentalist

EHD-3-76

ENVIRONMENTAL HEALTH DEPARTMENT COPY

COPY

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

SEPTIC TANK AGREEMENT 1

The undersigned Herman W. McNabb, owner of property located at 8812 Wilkinson Blvd. ("the site") and described in instrument recorded in Book 4563 at Page 84, Mecklenburg Public Registry, hereby acknowledges that he applied to the Department of Environmental Health for a permit to install a septic tank sewage disposal system on the site; the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 10 NCAC 10A .1900 et seq; that the Department classified the site as unsuitable and an appropriate permit was issued by the Department.

The undersigned further acknowledges that the proper design, construction, and maintenance of such septic tank system is his responsibility and that neither the Department nor its officials, employees or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for damages, consequential or direct, which are caused, or which may be caused by malfunction of such system.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

And the undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department and its successors, as well as Mecklenburg County, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

And the undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately, in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This 17 day of DEC., 1982.

Herman W. McNabb (Seal)

_____ (Seal)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Patricia Daniels, a Notary Public for said County and State, do hereby certify that Herman McNabb personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 17th day of December, 1982.

Patricia Daniels
Notary Public
My Commission Expires: 3-25-87

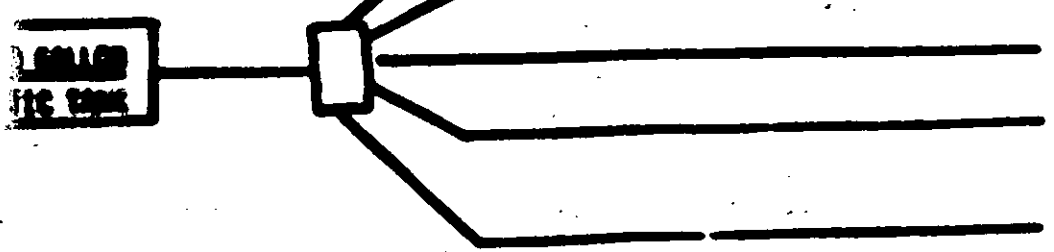
STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day and acknowledged that he is _____ of _____, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____, sealed with its corporate seal and attested by _____.

WITNESS my hand and notarial seal, this _____ day of _____, 19__.

_____
Notary Public
My Commission Expires: _____

S. I. R. 18972



SEPTIC TANK DRAINFIELD

2 DRAIN PIPE 100' LONG

9 FT. ON CENTERS.

600 + SQUARE FOOT BOTTOM AREA.

~~WASHING MACHINE DRAINFIELD~~

~~____ DRAIN PIPE ____ LONG~~

~~3 FT. ON CENTERS~~

~~____ SQUARE FOOT BOTTOM AREA~~



6" EARTH COVER

1" STONE OVER PIPE

4" DRAIN PIPE

7" STONE UNDER PIPE

6" SAND

SUBMITTED FOR CONSIDERATION AND APPROVAL:

8812 Wilkinson Blvd.
PROPERTY LOCATION

Herman McNabb 11/17/82
OWNER'S SIGNATURE DATE

HERMAN McNABB
394 8639

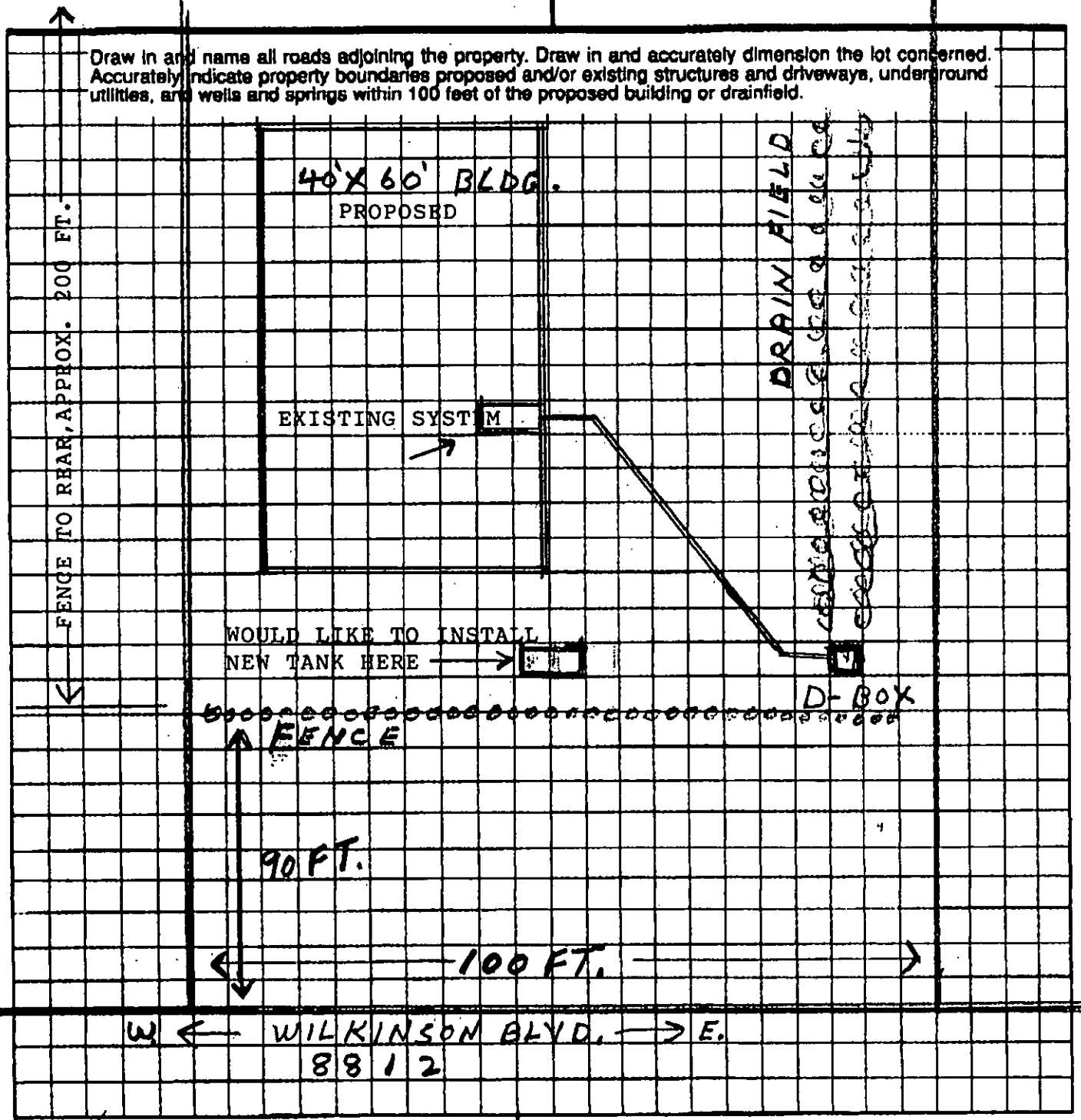
PROPOSED PLOT PLAN

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

FILE: 18972

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.



Herman McNabb
OWNER/AGENT SIGNATURE

DATE Aug 14, 1997

APPROVAL DATE _____

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