Date Received 10-20-83

SIR No. 20162

T. C. No. P.O. 017-232-02

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Donco Properties, Inc.
LAST FIRST MIDDLE

2) ADDRESS OF OWNER 1720 E. Independence Blvd. Charlotte ZIP 28205

3) PHONE NO. Home _____ Office 377-6549

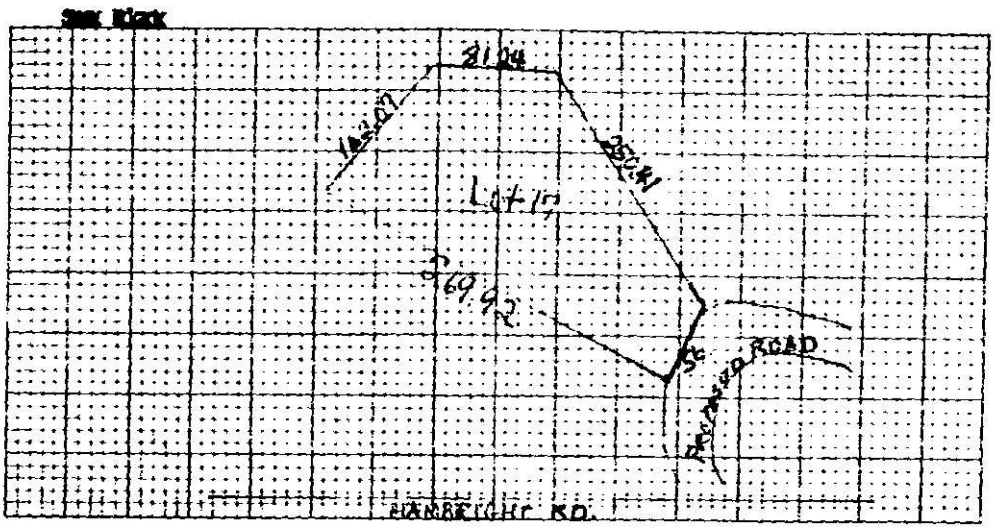
4) LOCATION OF PROPERTY Hambright Road
STREET OR COUNTY ROAD

5) SUBDIVISION Yorkdale LOT NO. 17 BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

6) DEED REFERENCE: DEED BOOK _____ PAGE NO. _____

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation 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

[signature]
OWNER

[signature]
Secretary

EHD-5-76

Environmental Health Department's Copy

Serial No. 5270

SIR No. 20162

T. C. No. PO 017-232-02

Date Issued 11-1-83

Map Date

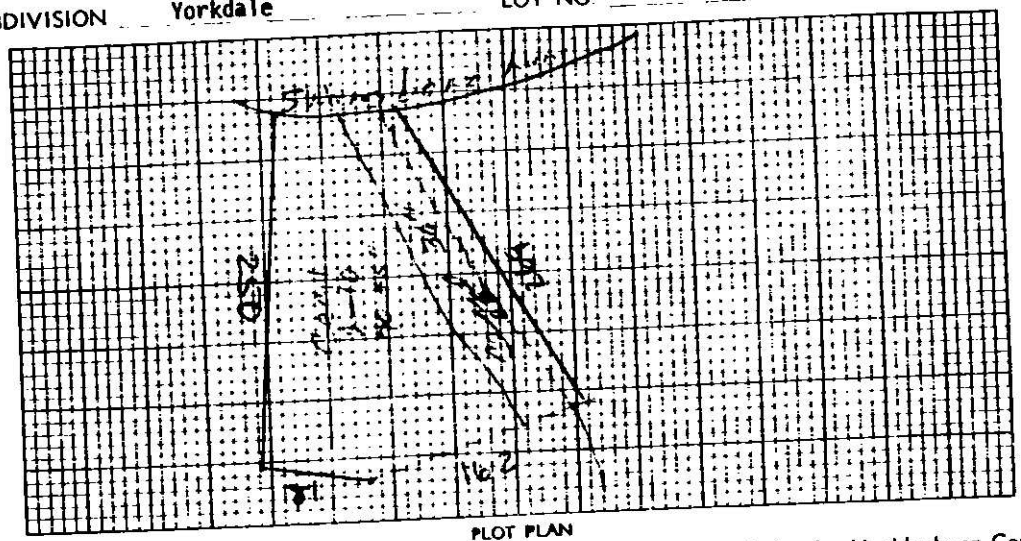
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Donco Properties, Inc.
(LAST FIRST MIDDLE)

ADDRESS OF OWNER 1720 E. Independence Blvd., Charlotte, NC ZIP 28205

LOCATION OF PROPERTY Swansboro Lane
(STREET OR COUNTY ROAD)

SUBDIVISION Yorkdale LOT NO. 17 BLOCK NO.



PLOT PLAN

This is to certify that a soil investigation and on-site investigation was made by the Mecklenburg County Department of Environmental Health on the lot described above. The said investigation was conducted on that portion of the lot as indicated on the above plot. The said lot is approved **Provisionally Suitable** for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions:

The permeability rate determined by the investigation was

1. A permit to install, construct, alter, or repair the specific system shall be obtained from the Mecklenburg County Department of Environmental Health prior to the beginning of any construction of buildings or of the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater treatment system which must be installed will be determined by the Mecklenburg County Department of Environmental Health prior to installation based on the permeability rate obtained above, and on the size and type of building constructed thereon.
3. This approval is valid only if the system is installed in the immediate area indicated as acceptable for system installation on the above plot.
4. This approval is void if any grading, filling, or construction including the drilling of a well is performed on the lot which, in the opinion of the Mecklenburg County Department of Environmental Health renders the area indicated as acceptable for system installation unsuitable for installation, construction, alteration, and or repair of such a system.

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina Department of Human Resources, Division of Health Services and the Mecklenburg County Health Commission which were in effect on the date of issuance and is void if at any time in the future, prior to completion of the system, these laws, rules and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

W.K. [illegible]
Soil Scientist

EHD-5-76

Environmental Health Director or
Authorized Section Head

Environmental Health Department's Copy

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 20162

T.C. NO. PO 017-832-02

(Ground Absorption Sewage Disposal)

OWNER: DONCO PROPERTIES, INC. PLAT NO:
ADDRESS: 1720 E. INDEPENDENCE BLVD LOT SIZE: 32400
CHARLOTTE 28205
LOCATION OF SITE: SWANSboro Lane

LOT 17

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U — 2—10	S PS U	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) U Clayey	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U Blocky	S PS U	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) U 40—45	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) U NONE	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) U Adequate	S PS U	S PS U	S PS U
7. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
8. SOIL GROUP	IIa			
9. SITE CLASSIFICATION	Pisuitable			
10. SOIL SERIES	Cecil			

S - Suitable PS - Provisionally Suitable U - Unsuitable

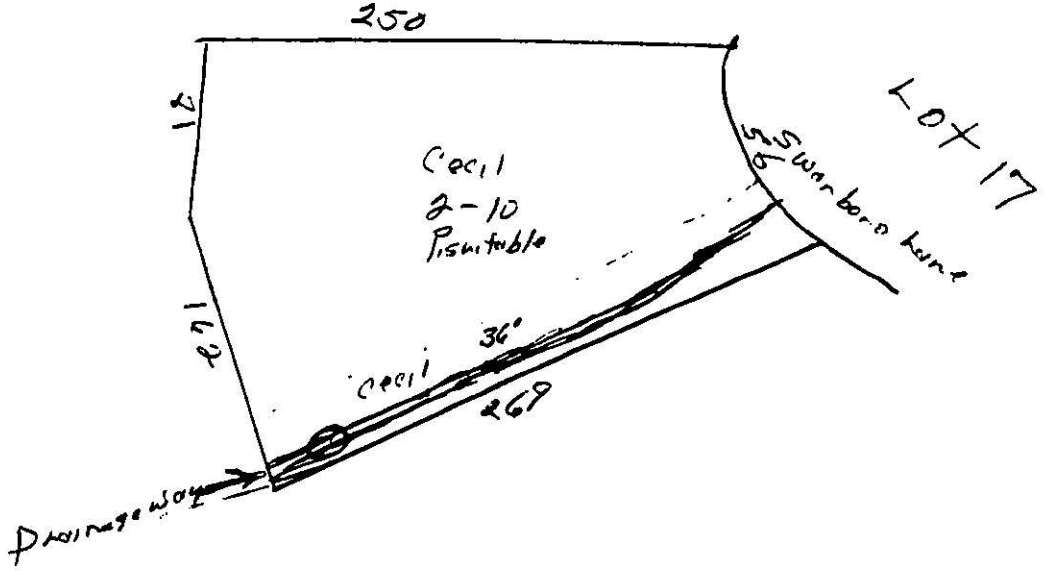
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments:

Described by: W. B. Ramsey
Title: Soil Scientist

Date: 10-26-83

EHD 539 (Revised: 6/82)


250
21
162
Cecil
2-10
Pisuitable
Swanboro Lane
56
Lot 17
36°
Cecil
269
Drainage way

SIR No. [illegible]

Serial No. 8596

Date Issued June 5, 1985

T. C. No. 017-301-44

Map Date L CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

IMPROVEMENT PERMIT

TO THE BUILDING INSPECTION DEPARTMENT

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

NAME OF OWNER Whitworth (LAST) Ronald (FIRST) Dean (MIDDLE)

ADDRESS OF OWNER 5807 J Farm Pond Land Charlotte, NC ZIP 28212

LOCATION OF LOT 11956 Swansboro Lane (STREET OR COUNTY ROAD)

SUBDIVISION Yorkdale LOT NO 17 BLOCK NO.

MAP BOOK NO. PAGE NO.

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, 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_____. 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 soil investigation 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, altered, 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.

Kelly Randall
Environmentalist

Brian D. Hardister
Environmental Health Director, or Authorized Section Head

EHB-5-76

Environmental Health Department's Copy

Date Received 5-17-85

RECEIVED
MAY 17 1985
ENVIRONMENTAL HEALTH

ICAR (S) Application No. 20162

T. C. No. 017.301.44

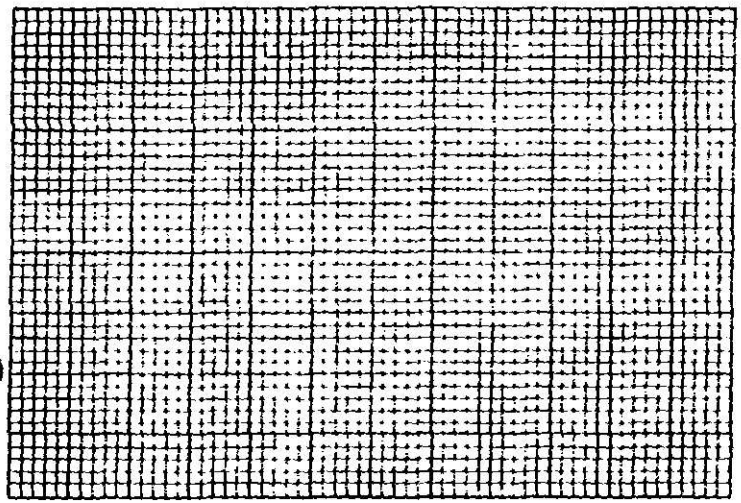
Map Date L

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 2 3 new $85 5-16
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 Whitworth (LAST) Ronald (FIRST) Dean (MIDDLE)

14) ADDRESS OF OWNER 5807-J Farm Pond Lane, Charlotte

15) PHONE NO. Home 565-8576 Office 598-7900

16) LOCATION OF SYSTEM 11956 Swansboro Lane Huntersville, NC (STREET OR COUNTY ROAD)

17) SUBDIVISION Yorkdale Lot No. #17 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.

5-16-85
DATE OF APPLICATION

Donald Dean Whitworth
OWNER

EHD-S-76

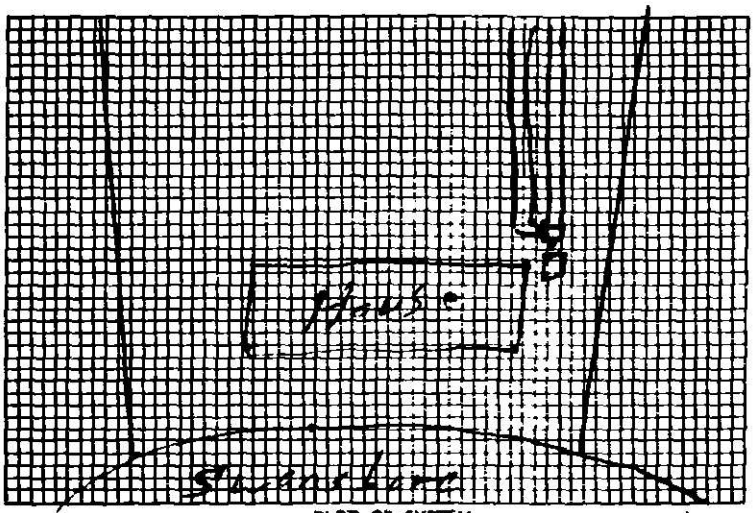
Date Issued 6-28-85 Serial No. 08277 ICAR(S) Permit No. 20162

T. C. No. 017-301-44

Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
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 20162, dated 5-16-85 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before ✗ 7-28-85 after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate IVa

Liquid Capacity of Tank 1500

Tank Construction PCC

Absorption and/or Nitrification Lines:

Total Line Length 400'

Number of Lines Four

Distance from House 5'

Distance from Property Line 10'

Distance from Well >100'

NAME OF OWNER Whitworth, Ronald

LOCATION OF PROPERTY 11956 Swansboro Ln

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

Four Trenches 100' X 3' X 12" Stone

Comments:

B. Warburton
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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-74

Environmental Health Department's Copy

C of A (s) No. 20162

Date Issued 7-12-85 Serial 7719 T. C. No. 017-301-44

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 WHITWORTH (LAST) RONALD (FIRST) (MIDDLE)

Location of Property 11956 SWANSBORO LN

Application Number 20162 Permit Number 20162

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PCC

Total Length of Drain Tile 400' Number of Lines 4

Depth of Filter Material 12" Cover Depth 3'

Water Supply Source NOT DRILLED YET Distance from Water Source NOT IN YET

Excavation Inspected 7-12-85 (DATE) Tank Inspected 7-12-85 (DATE)

Nitrification Field Inspected 7-12-85 (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 1500 ST, CON, 1200 SFT, 12G, CEIL

Kelly Hall
Environmentalist

EHD-S-76

Environmental Health Department's Copy

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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: 20162
TC: 017-301-44
SERIAL: Nº 11531

☒ L ☑ CRT

JOB LOCATION

① ADDRESS: 11956 Swansboro Lane (STREET NO. / STREET) ② FILE:

③ JURISDICTION: ④ TAX PARCEL NO.:

⑤ SUBDIVISION: Yorkdale ⑥ LOT: 17 ⑦ BLOCK:

OWNER

⑧ NAME: Barbara (FIRST) Ann (MIDDLE) Bowling (LAST)

⑨ MAILING ADDRESS: 222 Carnival St

⑩ CITY: Charlotte ⑪ STATE: Na ⑫ ZIP: 28213

⑬ PHONE: (WORK) 372-3442 ⑭ (HOME) 547-7338

REQUEST

This request is for a(n):

⑮ ☐ New permit ⑰ ☑ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☒ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 2 ㉕ Type?

㉓ Maximum occupancy? ㉖ Maximum number of employees?

㉔ 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

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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 a Installation, Construction, Alteration and/or Repair permit is issued by the Department.

. . . This permit is not transferable, and shall become null and void 2 months from the date of issuance.

Environmentalist — Date

John N. Dickerson 9/23/86
Director or Authorized Section Head — Date

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

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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Barbara Bowling

Date: 9/23/86

25.00 KH

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: 20162

TC: 017-301-44

SERIAL: № 20271 ☐ L ☒ CRT

JOB LOCATION

① ADDRESS: 11956 (STREET NO.) Swansboro (STREET) Ln. Lot #17 ② FILE:

③ JURISDICTION: Huntersville ④ TAX PARCEL NO.:

⑤ SUBDIVISION: Yorkdale ⑥ LOT: 17 ⑦ BLOCK:

OWNER

⑧ NAME: Roger (FIRST) Dale (MIDDLE) Blankenship (LAST)

⑨ MAILING ADDRESS: 2417 Dora Drive

⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28215

⑬ PHONE: (WORK) 332-9996 ⑭ (HOME) 567-9646

REQUEST

This request is for a(n):

⑮ ☐ New permit ⑰ ☒ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☒ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 2 ㉕ Type?

㉓ Maximum occupancy? 3 ㉖ Maximum number of employees?

㉔ 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: Roger Dale Blankenship

Date: 2-13-90

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 the Department.

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

Use existing system

Philip A. Walker, 2/15/90
Environmentalist Date

[signature], 2-16-90
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.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 2/13/90

Name/Company: Roger Blankenship

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Mt exchange
20162

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

Fee: FEB 13 1990 $ 25.00

Cash
$25.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

USA

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: 20162
TC: 017-301-41/
SERIAL: № 20795
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 11956 (STREET NO) Sevenoaks (STREET) Lane ③ FILE: 20162
③ JURISDICTION: Meck. ④ TAX PARCEL NO.: _____
⑤ SUBDIVISION: Yorkdale Sub. ⑥ LOT: #17 Yorkdale Subdiv. ⑦ BLOCK: 25 (Page 468)

OWNER

⑧ NAME: William S. & Rebecca J. Barbee (FIRST) (MIDDLE) (LAST)
⑨ MAILING ADDRESS: 4613 Monmouth Dr.
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28213
⑬ PHONE: (WORK) _____ ⑭ (HOME) 596 7357

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☑ Authorization for mobile home exchange
⑱ ☐ Other specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☑ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? _____ ㉕ Type? _____
㉓ Maximum occupancy? _____ ㉖ Maximum number of employees? _____
㉔ 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: William S. & Rebecca J. Barbee

Date: May 24 - 1990

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 the Department.

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

Tim Whitaker / 5/30/90
Environmentalist Date

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.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 5/24/90

Name/Company: W.S. Barba

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Inp - M Home Exchange
20162

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

MAY 24 1990

Fee: $ 25.00

CR# 45-21
$25.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

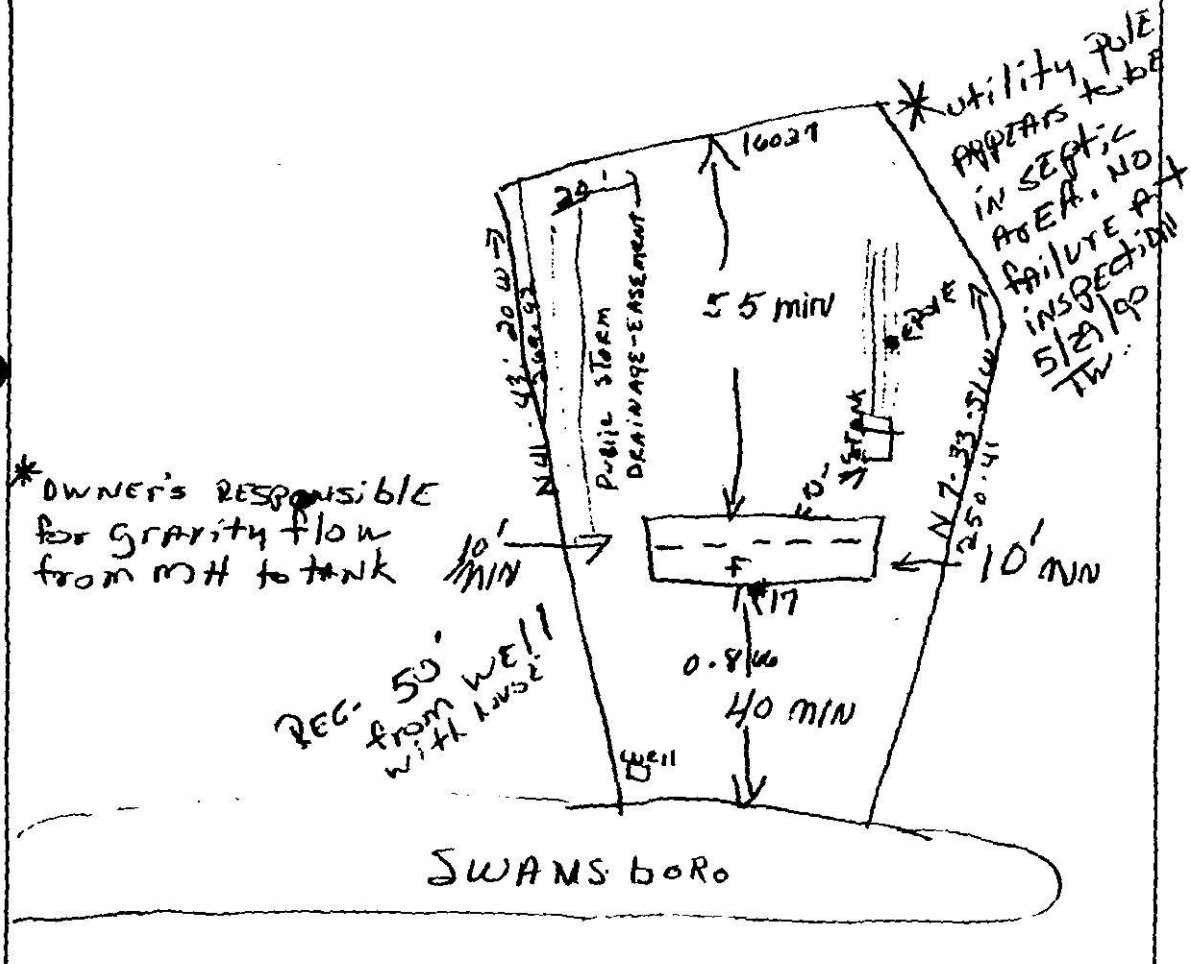
Collected by

PROPOSED PLOT PLAN

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

FILE: 20162
TC: 017-301-44

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 TW: 5/29/90
use existing system

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

RU-36

DATE 5-14-90

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION MECK

#017-301-44
PARCEL NUMBER

11956 SWANSBORO LN
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

LOT # 44
EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

YORKDALE SEC. 2
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	+ APPROVED	___ NOT APPROVED
2. FLOODWAY REGULATIONS	+ APPROVED	___ NOT APPROVED
3. EROSION CONTROL REGULATIONS	+ APPROVED	___ NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	+ APPROVED	___ NOT APPROVED
5. PUBLIC UTILITY EASEMENT	___ PRESENT	+ NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	___ YES	+ NO
7. DRIVEWAY PERMIT REQUIRED	___ YES	+ NO

REMARKS: MOVE ON PERMIT (Mobile Home)

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

7/7/88
ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: Betty J. McConnin

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: 20162

TC: 017-301-44

SERIAL: № 21067 ☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 11956 (STREET NO.) Swansboro Ln. (STREET) (Huntersville) ② FILE:

③ JURISDICTION: ④ TAX PARCEL NO.: 017-301-44

⑤ SUBDIVISION: Yorkdale ⑥ LOT: 17 ⑦ BLOCK:

OWNER

⑧ NAME: Curtis (FIRST) Lee (MIDDLE) Smith (LAST)

⑨ MAILING ADDRESS: 1237 Effingham Rd.

⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28208

⑬ PHONE: (WORK) 523-0414 ⑭ (HOME) 392-6829

REQUEST

This request is for a(n):

⑮ ☐ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☑ Other (specify) Use existing system

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☑ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 3 ㉕ Type?

㉓ Maximum occupancy? 3 ㉖ Maximum number of employees?

㉔ 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: Curtis L. Smith

Date: 8-28-90

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

Tim Whittaker, 9/7/90
Environmentalist Date

[signature], 9-7-90
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.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 8-28-90

Name/Company: Curtis Lee Smith

Sanitation

Vector Control

O.P.W.D. ✓

Service: App. Imp. Permit
use exist. sys

11956 Swansboro Ln.

#2062

ENVIRONMENTAL HEALTH DIVISION
PAID
AUG 28 1990

Fee: $25.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

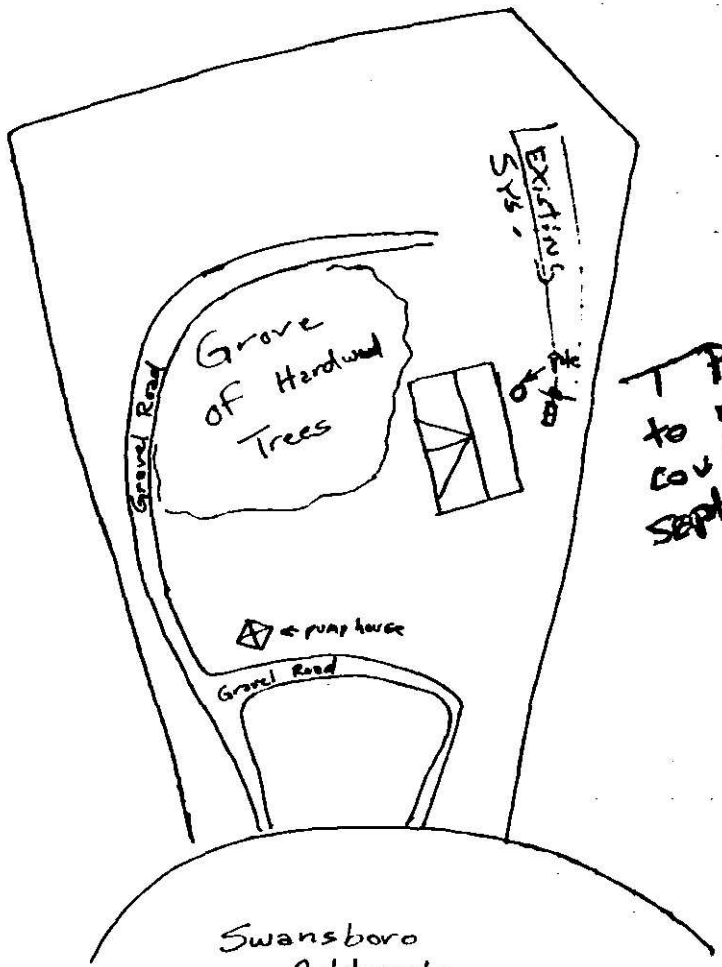
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4803

FILE: 20162

TC: 047-301-44

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 T.W. 9/7/90

use existing system

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