

11139 ARTHUR AUTEN RD

02301114

10/5/09

thomatc

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

LP

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 10763 WASPS App #: 3987

Primary ES assigned to project: J Michelone

Secondary ES assigned to project:

Project Type: New System ☐ Alteration ☐ Repair ☐ Modified Plot Plan ☐ UES ✓

I. File Review:

Rule or Law	Permit Application			
.1937(d)	Is the Application complete	Yes ☑	No ☐	N/A ☐
.1937(d)	Is there a Site plan/Plat with application	Yes ☑	No ☐	N/A ☐
.1937(d)	Is the Facility shown?	Yes ☑	No ☐	N/A ☐
.1937(d)	Are appurtenances shown	Yes ☑	No ☐	N/A ☐
	Site Evaluation Information			
.1939 (a)(1)	Topography and Landscape Position Recorded?	Yes ☐	No ☐	N/A ☐
.1940 (a-g)	Slope % Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Texture Class Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Structure type Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Consistence Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Mineralogy Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(3)	Soil Wetness Condition Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered	Yes ☐	No ☐	N/A ☐
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Yes ☐	No ☐	N/A ☐
.1939 (a)(6)	Sufficient Available Space Recorded?	Yes ☐	No ☐	N/A ☐
.1937(m)	Are the Profile Locations Shown?			
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes ☐	No ☐	N/A ☐
& .1945(b)	Number of auger borings made: _____ Were sufficient auger borings made?	Yes ☐	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR	Yes ☐	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☐	No ☐	N/A ☐
.1945(b)	Proposed System Type stated-Repair	Yes ☐	No ☐	N/A ☐
130A-336 (a)(3)	System location identifiable by setbacks - Initial	Yes ☐	No ☐	N/A ☐
.1937(g) .1945(b)	System components shown – Initial	Yes ☐	No ☐	N/A ☐
.1945(b)	Repair area shown	Yes ☐	No ☐	N/A ☐
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☐	No ☐	N/A ☐
.1937 (f)(g)	Is System design consistent with soil/site conditions?	Yes ☐	No ☐	N/A ☐
.1937 (f)(g)	Is the System located in the approved area?	Yes ☐	No ☐	N/A ☐
130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☐	No ☐	N/A ☐

130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	Yes ☐	No ☐	N/A ☐
.1937(g)	Trench depth indicated?	Yes ☐	No ☐	N/A ☐
.1937(g)	Trench width indicated?	Yes ☐	No ☐	N/A ☐
.1937(g)	Trench length indicated?	Yes ☐	No ☐	N/A ☐
130A-336(a)(1)	Proposed/existing well shown?	Yes ☐	No ☐	N/A ☐
130A-336(a)(1)	Property line lengths shown?	Yes ☐	No ☐	N/A ☐
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☐	No ☐	N/A ☐
	Operation Permit			
.1937(i)	System type as described in table V(a) of rule .1961	Yes ☐	No ☐	N/A ☐
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☐	No ☐	N/A ☐

II. WASPS Review:

Construction authorization issued	Yes ☐	No ☐	N/A ☐
Installation approval issued	Yes ☐	No ☐	N/A ☐
Operation permit issued	Yes ☐	No ☐	N/A ☐
Other related documentation	Yes ☐	No ☐	N/A ☐

Items requiring correction/modification: _____

Comments:

_____

_____

_____

_____

_____

IA issued date: _____

OP issued date: _____

Review performed by: Phil Walker Date performed: 12/10/08

FEE: 100 fact
DATE: 11/24/08
CRT [ ]
X36351

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 06/07

FILE #: 10763 12/2/08

TYPE APPLCATION: JPM 3987

- ☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
- ☑ ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
- ☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- ☐ COMMERCIAL OR INDUSTRIAL (N)

PERSON FILING APPLICATION:
NAME: D. Richard Ingram
ADDRESS: 11139 Arthur Autorail
CITY: Huntersville
STATE: N.C ZIP: 28078
PHONE: 704-596-1966
ALTERNATE PHONE: 704-875-2592

PROPERTY OWNER:
NAME: D. Richard Ingram
ADDRESS: 11139 Arthur Autorail
CITY: Huntersville
STATE: N.C ZIP: 28078
PHONE: 704-596 1966
ALTERNATE PHONE: 704-875-2592

JOB LOCATION INFORMATION
TAX/PARCEL #: 023-011-14
STREET ADDRESS: 11139 Arthur Autorail
CITY: Huntersville
STATE: NC **ZIP:** 28078
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

TOWNSHIP:
- ☐ 0-MECKLENBURG
- ☐ 1-CHARLOTTE
- ☐ 2-DAVIDSON
- ☑ 6-HUNTERSVILLE
- ☐ 3-CORNELIUS
- ☐ 4-PINEVILLE
- ☐ 5-MATTHEWS
- ☐ 7-MINT HILL

WATER SUPPLY:
☐ MUNICIPAL (M) ☐ COMMUNITY (C) ☑ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:
☑ HOUSE (H) ☐ MODULAR HOME (M) ☐ MULTIPLE FAMILY (U)
☐ SINGLE MOBILE HOME (S) ☐ DOUBLE WIDE (D)
☐ OTHER (O)

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? ☐ YES ☐ NO
UNDERGROUND STORAGE TANKS? ☐ YES ☐ NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☑ OTHER Interior Renovations

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

D. R. Ingram 11/24/08
Owner's/Agent's Signature Date

*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 approval is granted y this Department.
- This permit is not transferable.

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

O.K. to use existing system to renovate the interior of the house

EHS Signature Date
11/26/08

Mecklenburg County, North Carolina
POLARIS
Parcel Ownership and GIS Summary
Date and Time: 11/26/2008 8:35:49 AM

Parcel ID #: 02301114 GIS ID #: 02301114	
Owner Name:	DONALD R INGRAM AND CAROL P INGRAM
Mailing Address:	11138 ARTHUR AUTEN RD HUNTERSVILLE, NC 28078
Property Characteristics	
Legal Desc.:	TR 1,2,& 3 U/M
Land Area:	1.21AC
Fire District:	23-GILEAD
Special District:	FIRE SERVICE D
Account Type:	INDIVIDUAL
Municipality:	0-MECKLENBURG COUNTY-UNINCORPORATED
Property Use:	SINGLE-FAM
Deed Reference(s) and Sales Price	
07938-653 (10/10/1994) $0.00	
Situs Addresses Tied to This Parcel	
ARTHUR AUTEN RD 11139 ARTHUR AUTEN RD	
Site Location Information	
Zoning Boundaries:	Contact Appropriate Planning Department or See Map.
ETJ Area: HUNTERSVILLE	
Charlotte Historic Districts: NO	
Within Charlotte 6/30/2007 Annexation Area: NO	
Census Tract #: 62.07	
Parcel Falls Inside a Water Quality Buffer?: YES	
Post Construction District	
Jurisdiction:	Huntersville
District:	Catawba

FEMA Flood Information	
FEMA Panel #:	370158084E
FEMA Flood Zone:	IN:VIEW FEMA FLOODPLAIN TO VERIFY
FEMA Panel Date:	02/04/2004
Community Flood Information	
Community Flood Zone:	OUT
Regulated Watershed Information	
Watershed Name:	Mtn. Island Lake
Watershed Class:	CA-3 AND CA-4

Building Photography

PHOTO #1
Location: 11139 ARTHUR AUTEN RD



02301114 001

PHOTO #2
Location: ARTHUR AUTEN RD



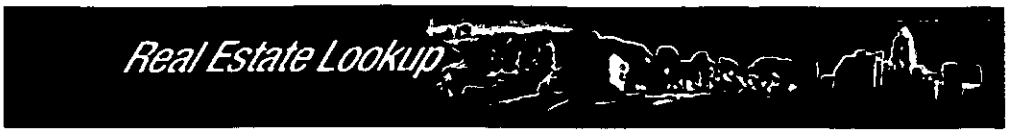
02301114 002

Information contained within this photo may be used as a visual aid and to generally locate, identify, and inventory parcels in Mecklenburg County, North Carolina. There are inherent errors and limitations associated with this type of electronic medium. Mecklenburg County cannot warrant or guarantee the information contained herein including but not limited to its accuracy or completeness.

Powered by



The information provided by this program is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, and other public records and data. Users of this map data are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.



Print

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Parcel Information

Parcel ID	Account	Parent	Previous
02301114	INDIVIDUAL		

Owner(s)

Owner Name	Mailing Address	City/State
INGRAM DONALD R	11138 ARTHUR AUTEN RD	HUNTERSVILLE NC 28078
INGRAM CAROL P WIFE	11138 ARTHUR AUTEN RD	HUNTERSVILLE NC 28078

Legal Information

Legal	Municipality	Annexed	Special District	Fire District	Acreage
TR 1,2,& 3 U/M	MECKLENBURG COUNTY-UNINCORPORATED		FIRE SERVICE D	GILEAD	1.21

Total Parcel Assessment & Exemptions

Building	Land	Features	Total	Exemption	Year Approved	Review Date	Amount
150700	200000	23600	374300				

Sales Information

Sale	Price	Stamps	Qualify	V/I	DeedBook	Type	Legal Ref.	Grantor
Oct 10 1994	0		OTHER	IMP	07938 - 653	DEED STAMPS	07938-653	INGRAM DONALD R &WF

Land Use

Use	Units	Type	Neighborhood	Assessment
R122	1.00	WF	C301	200000

Building Information

Bldg	Description	Type	Year Built	Property Location
1	Single-Fam	RES	1964	11139 ARTHUR AUTEN RD UNINC
2	Single-Fam	RES	1953	ARTHUR AUTEN RD UNINC

Bldg	Story	Units	Total SqFt	Heated	Foundation	Ext. Wall	Grade	Value
1	1 STORY	1	5251	1900	CRAWL SPACE	FACE BRICK -	AVERAGE 03	128500
2	1 STORY	1	1041	824	SLAB-RES	CONC BLOCK -	AVERAGE 03	22200

Bldg	Heat	Fuel	FirePlace	AC	Fixtures	Bedrooms	Full Baths	3/4 Baths	1/2 Baths
1	AIR-DUCTED	OIL/WD/COAL	1 - FP3	AC-NONE		3	3		0
2	HEAT - NONE	NONE		AC-NONE		2	1		0

Sub Areas

Bldg	Description	Size
1	BASE (FIRST FLOOR)	1900
1	CARPORT - UNFINISHED	651
1	PORCH - OPEN - FINISHED	800
1	BASEMENT - UNFINISHED	1900
2	BASE (FIRST FLOOR)	824
2	PORCH - SCREENED - FINISHED	217

Depreciation

Bldg	Physical	Functional	Economic	Special	Override
1	AV - 24.00%				
2	AV - 59.00%				

Special Features & Yard Items

Bldg	Built	Type	Quantity	Units	Value
1	1964	PIER	1	6X82	2600
1	1964	DOCK	1	20X30	4200
1	1964	CARPORT	1	14X32	1900
1	1979	GARAGE	1	32X35	12800
2	1953	PIER	1	6X57	700
2	1974	BOATHOUSE	1	16X20	1100
2	1953	DOCK	1	10X10	300

Value Changes

Notice Date	Tax Year	Reason	Changed To	Deferred
Jan 17 2003	2003	Countywide Revaluation	374300	0
Jan 5 1998	1998	Countywide Revaluation	214520	
Jun 28 1996	1996	Revised Notice	211990	
Oct 27 1995	1995	Revised Notice	211990	
Sep 15 1995	1995	Correction of Land Area: Acreage/Sw ftg/	261990	
May 26 1995	1995	Division of Real Estate and/or New Parce	141310	
Jan 2 1991	1991	Countywide Revaluation	171310	

Date Received 3/12/76

APT No. 10763

T. C. No. 023-011-14

Map Date 12/10/75

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER THARP (LAST) HOWARD (FIRST) A. (MIDDLE)

2) ADDRESS OF OWNER [illegible] ZIP [illegible]

3) PHONE NO. Home 875-2921 Office 334-4894

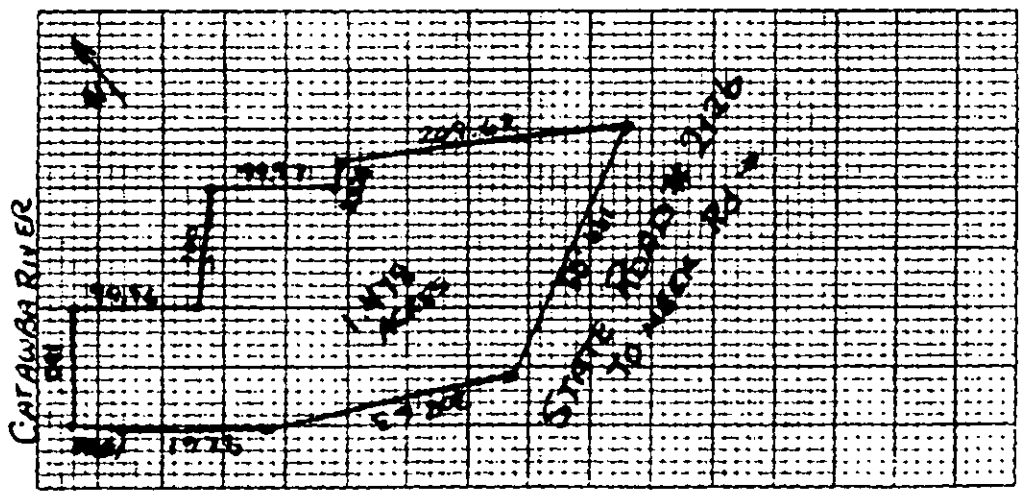
4) LOCATION OF PROPERTY ROAD #2126 (STREET OR COUNTY ROAD)

5) SUBDIVISION MT. ISLAND LAKE LOT NO. 14 BLOCK NO. 11

MAP BOOK NO 23 PAGE NO. 07

6) DEED REFERENCE. DEED BOOK [redacted] 3157 PAGE NO. 215

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

Howard A Tharp
OWNER

FORM NO EI-11-3M-6-75

HEALTH DEPARTMENT'S COPY

St. 6-10-83
C of A (s) No. 10763

Date Issued 6-10-83 **Serial** 5903 T. C. No 023-011-14

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

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

Name of Owner Nugent (LAST) Donald (FIRST) R. (MIDDLE)

Location of Property 1139 Archey Auten Rd

Application Number 10763 Permit Number 10763

Inspection Data:

Liquid Capacity of Tank 1500 gal 1000 gal Tank Material ~~Concrete~~ Block

Total Length of Drain Tile 500' Number of Lines 4

Depth of Filter Material 12" Cover Depth 2'

Water Supply Source well Distance from Water Source >50'

Excavation Inspected — (DATE) Tank Inspected 6-9-83 (DATE)

Nitrification Field Inspected 6-9-83 (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: _____

Environmentalist _____

EHD-5-76

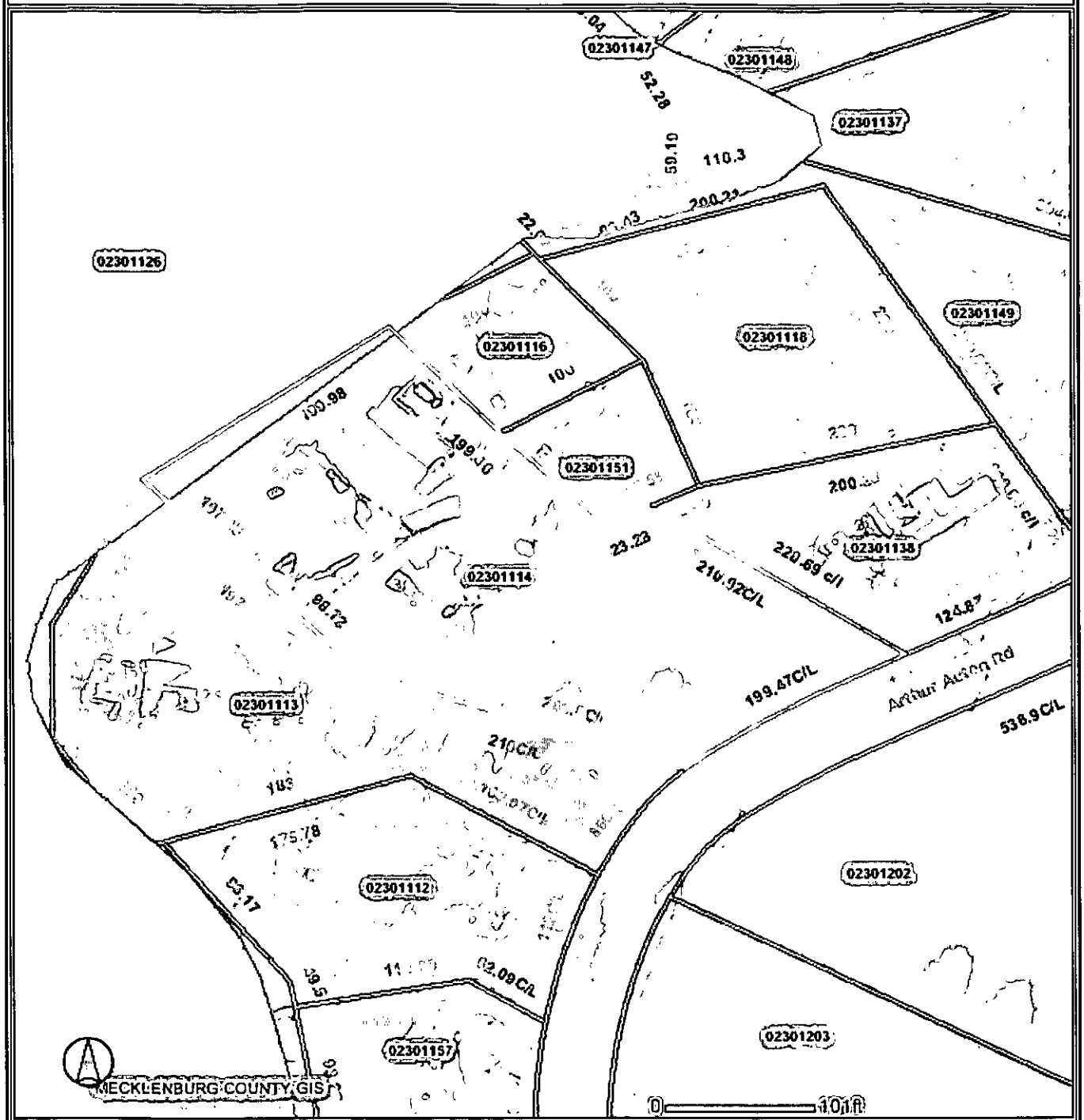
ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Wed Nov 26 08:35:20 EST 2008



This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

SOIL INVESTIGATION REPORT

Date of Investigation March 19, 1976 AIT NO. 1076.3

Owner H. A. Tharp

Location of Property Rd. # 2126 lot no 14 Block II Taxcode No. 023-011-14

Soil Suitability Ratings

Soil Properties	Soil 1	Soil 2	Soil 3	Soil 4
1. Soil Series	Cecil		Wilkes	
2. Soil Slope	acceptable 2-6%		acceptable 8-15%	
3. Soil Depth	acceptable >48"		unacceptable <20"	
4. Soil Texture	acceptable clay		acceptable clay	
5. Soil Structure	acceptable subangular blocky		unacceptable massive (rock structure)	
6. Restrictive Horizons	—		—	
7. Soil Drainage	acceptable water table >6'		acceptable water table >6'	
8. Soil Permeability (Percolation Rate)	acceptable 60 min/in.		unacceptable >200 min/in	
9. Other	—		—	
10. Overall Rating	acceptable		unacceptable	

Recommendations Based on this investigation, the lot is recommended for approval for installation of a septic tank system. System design should be based on a percolation rate of 60 min/in.

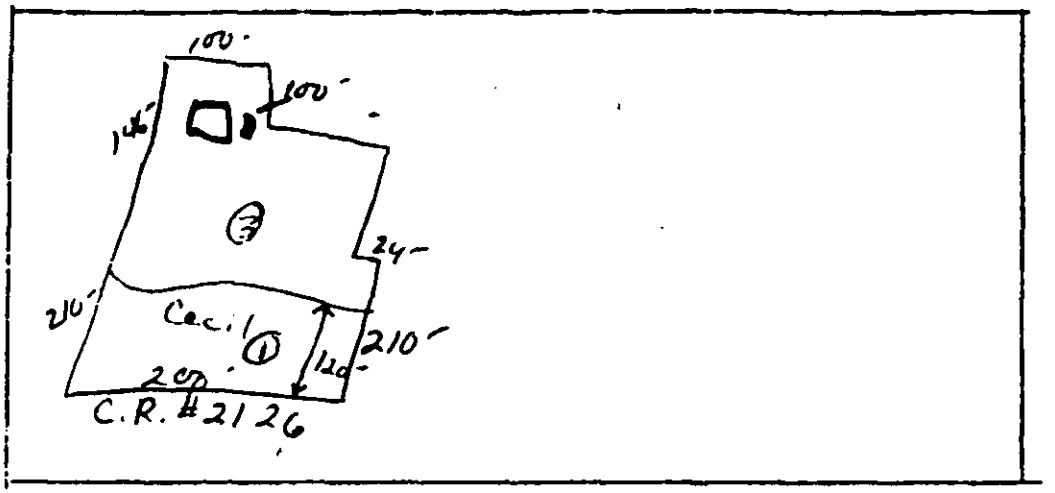
See diagram on back

W. Edward Grasmick
Soil Scientist

wes

3/18/75
HHD 539

DIAGRAM OF PROPERTY



3/18/75

EP 539

Serial No. 6181

PTR No. 10763

Date Issued 3/22/76

T C No. 023-011-14

Map Date 12-10-75

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

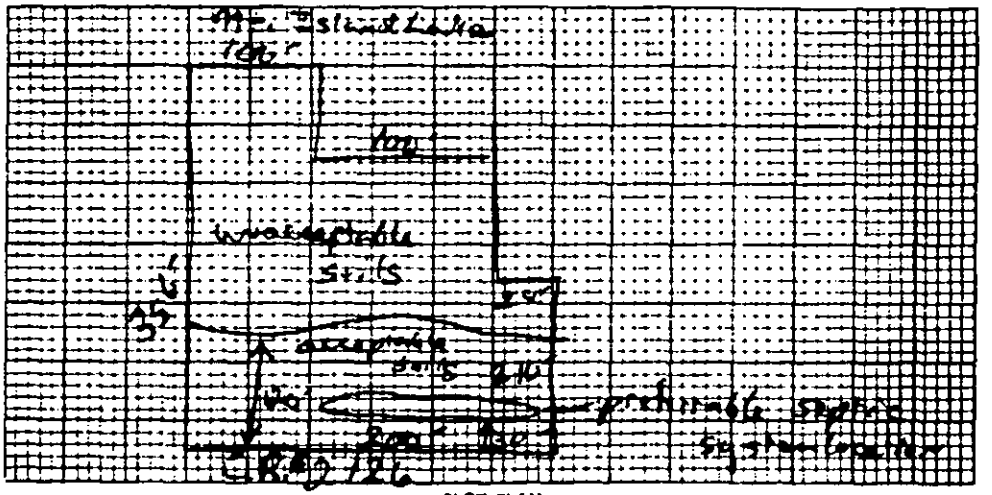
PERCOLATION TEST REPORT

NAME OF OWNER Shaw (LAST) Howard (FIRST) A. (MIDDLE)

ADDRESS OF OWNER 223 Iverson Way, Charlotte, N. C. ZIP 28203

LOCATION OF PROPERTY Road 3126 (STREET OR COUNTY ROAD)

SUBDIVISION Mt. Island Lake LOT NO 14 BLOCK NO 11



PLOT PLAN

This is to certify that a percolation test has been run and an on-site inspection made by the Mecklenburg County Health Department on the lot described above. The said test was conducted on that portion of the lot as indicated on above plot.

The percolation rate determined by the test was *60Min./In The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions:

1. A permit to install, construct, alter, or repair the specific system shall be obtained from the Mecklenburg County Health Department 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 teratment system which must be installed will be determined by the Health Department prior to installation based on the percolation 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 where the percolation test was run.
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 Health Department, renders the area where the percolation test was run unsuitable for the 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 State Board of Health and the Mecklenburg County Board of Health which were in effect on the date of issuance and is void if at any time in the future, prior to the 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.

*Results determined by soil analysis

W. Edward Caparrot
Soil Scientist

John W. Atkisson
Director, Environmental Health Division or Authorized Section Head

FORM NO. E-2-4-1-71

HEALTH DEPARTMENT'S COPY

Serial No. 5868

ICAR(S) Permit No. 10763

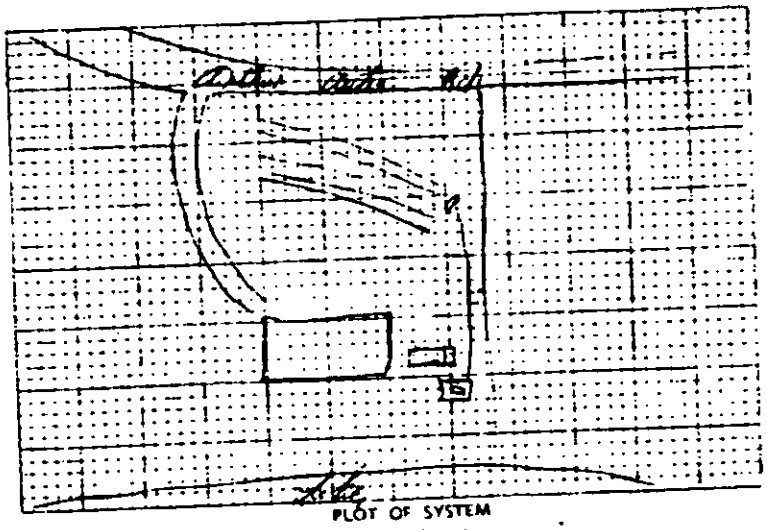
T C No. 023-011-14

Date Issued 17 Jan 82

Map Date _____

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 10763 dated 6 Jan 82 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 17 Jan 82, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate MS

Liquid Capacity of Tank 500 g/1000

Tank Construction Mark (8")

Absorption and/or Nitrification Line.

Total Line Length 600'

Number of Lines 5

Distance from House 40'

Distance from Property Line >10'

Distance from Well 250'

NAME OF OWNER Marshall Lee Laguerre

LOCATION OF PROPERTY 11139 Arthur Castle Rd

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.

Comments: Use 1hp 51 Tc pump well 4" Schedule 40 Use 1hp pump well to clean fabric 2½" schedule 40

Mark Kirby
Environmentalist

Division or Section Head

* 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 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-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 11-16-82 ICAR(S) Application No. 10763

T. C. No. 023-011-14

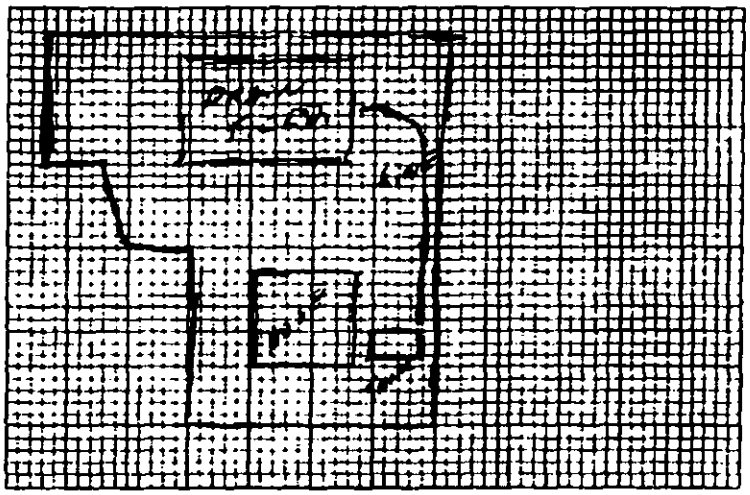
Map Date _____

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)

4) Mobile Home ___ Yes ___ No
Residence ✓ Yes ___ No
4) No of Bedrooms 5
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 Ingram (LAST) Donald (FIRST) Richard (MIDDLE)

14) ADDRESS OF OWNER 253 Rue 510 Huntersville N.C. 28078

15) PHONE NO. Home 875-2992 Office 375-3345

16) LOCATION OF SYSTEM 11139 Antioch Acres RD. (STREET OR COUNTY ROAD)

17) SUBDIVISION Block H Lot No. 14 Block No. 11

Map Book No. 23 Page No. 01

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.

11-16-82
DATE OF APPLICATION

Donald R. Ingram
OWNER

EHD-5-76

APARTMENT [illegible] 11139

Date Received 1 July 1976

ICAR (S) Application No. 10763

T. C No. 023-011.14

Map Date 12.10.75

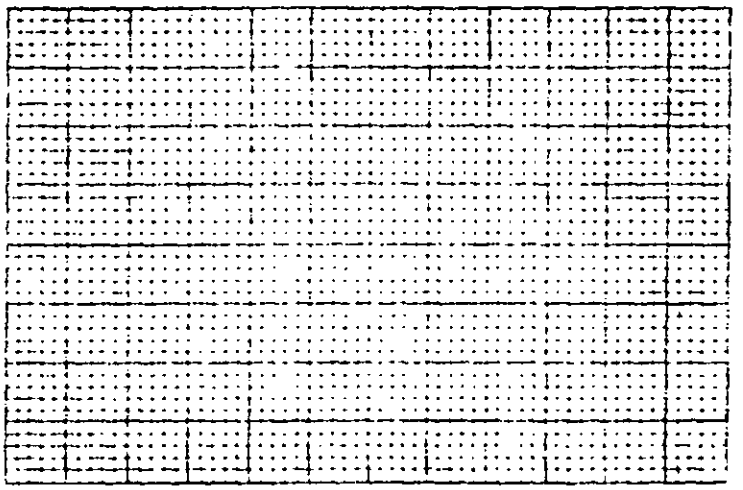
MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

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

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

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

adding 1 bedroom



3) PLOT PLAN (ACCURATELY DIMENSIONED)

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 Long (LAST) Donald (FIRST) Richard (MIDDLE)

14) ADDRESS OF OWNER RT 3 Box 624 Huntersville N.C.

15) PHONE NO. Home 875-8252 Office 375-3345

16) LOCATION OF SYSTEM RD 2126 (STREET OR COUNTY ROAD)

17) SUBDIVISION MT. ISLAND LAKE Lot No. 14 Block No. 11

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A PERCOLATION TEST BEEN RUN? ___ YES ___ NO DATE RUN 7/16 → 100

20) PTR NUMBER (See Instructions) 10763

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.

7-1-76
DATE OF APPLICATION

D. Richard Long
OWNER

FORM NO. E-4-4-2M-6-765

HEALTH DEPARTMENT'S COPY

Serial No. 6054

LA No. 10763

Date Issued 7-2-76

IMPROVEMENTS PERMIT

T C. No023-011-14

Map Date 12-10-75

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 Ingram (LAST) Donald (FIRST) Richard (MIDDLE)

ADDRESS OF OWNER Rt. 3 Box 674 Huntersville, NC ZIP _____

LOCATION OF LOT Rd 2126 (STREET OR COUNTY ROAD)

SUBDIVISION Mt. Island Lake LOT NO 14 BLOCK NO. 11

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 _____, 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 10763. 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-3-9-2M-6-75

HEALTH DEPARTMENT COPY

SEE INSTRUCTIONS ON BACK

Date Received 11-16-82 ICAR(S) Application No. 10763

T. C. No 023-011-14

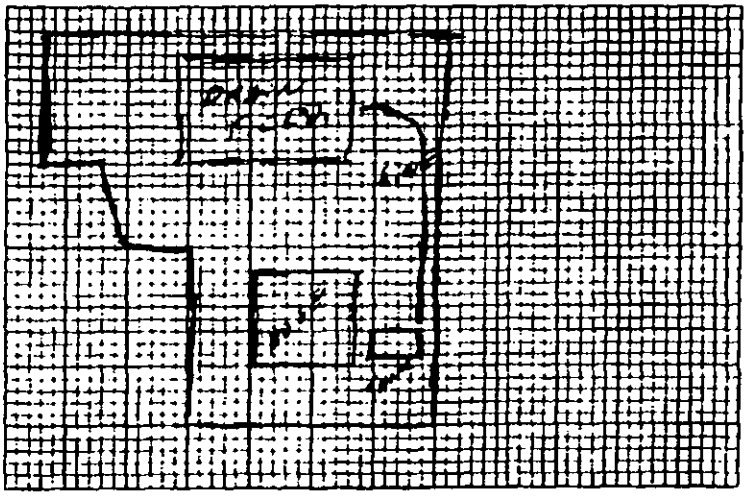
Map Date _____

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

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 Ingram (LAST) DONALD (FIRST) RICHARD (MIDDLE)

14) ADDRESS OF OWNER RT 3 BOX 510 HUNTERSVILLE NC 28078

15) PHONE NO. Home 875-2992 Office 375-3345

16) LOCATION OF SYSTEM 11139 ALTON ALTON RD. (STREET OR COUNTY ROAD)

17) SUBDIVISION Block H Lot No. 14 Block No. 11

Map Book No. 23 Page No. 01

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.

11-16-82
DATE OF APPLICATION

Donald R. Ingram
OWNER

END-5-76

ADDRESS 11139

Serial No. 5868

ICAR (S) Permit No. 10763

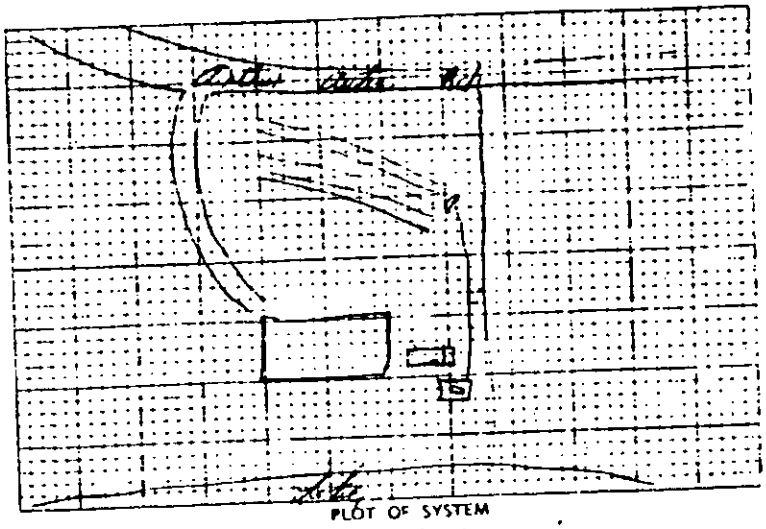
T C No. 023-011-14

Date Issued 17 Nov 82

Map Date _____

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 waste-water 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 10763, dated 16 Nov 82, 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 17 Nov 82, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate MS

Liquid Capacity of Tank 500 & 1000

Tank Construction Steel (8")

Absorption and/or Nitrification Line.

Total Line Length 900'

Number of Lines 5

Distance from House 40'

Distance from Property Line >10'

Distance from Well 250'

NAME OF OWNER Randall Lee Langston

LOCATION OF PROPERTY 11139 Arthur Austin Rd.

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.

Comments: See site plan 5TT to pump well 4" Sch 40 ... See site plan pump well to clear water 2½" Sch 40

Division or Section Head

Environmentalist Mike Kirby

* 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 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-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Received 8/4/76 Apt. No. (S) _____ Application No. (W) 10763

T. C. No. 023-01-19

Map Date 12-16-75

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Ingram, Donald R.
(LAST) (FIRST) (MIDDLE)

ADDRESS OF OWNER Rt #3 Box 694 Huntersville (ZIP)

PHONE NO. Home _____ Office _____

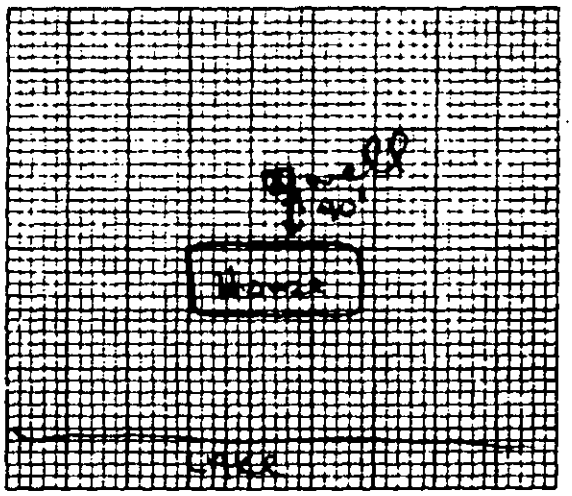
LOCATION OF PROPERTY Mt. Island Lake Lot #14 Ed. 1
(STREET OR COUNTY ROAD)

WELL CONTRACTOR Chs. Stephens LICENSE NO. 204

Application is hereby made to the Mecklenburg County Department of Environmental Health for a permit to drill a water well on the hereinabove described lot to be used as a source of _____ individual, _____ semi public, or _____ public water supply

DATE OF APPLICATION

Mrs. D. R. Ingram
OWNER



ACCURATELY DIAGRAM & DIMENSION LOT

Remarks: _____

Application approved and permit hereby granted

Permit No: 10763

G. M. Reynolds
ENVIRONMENTALIST

EHD-S-76

Environmental Health Department's Copy