


11705 ABERNATHY RD

02310117

12/19/2007

duponbj

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

FEE: $100 cash 2817
DATE: 7/10/96

**APPLICATION FOR IMPROVEMENT PERMIT**
**FOR RESIDENTIAL SITE**
**INDIVIDUAL WATER AND WASTEWATER**
**SYSTEMS PROGRAM**

1 1 CRT

TYPE APPLICATION: ✓ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 116 96

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 023-101-17

STREET ADDRESS: LOT 1, MAP BOOK 26, PAGE 120

SUBDIVISION OR MOBILE HOME PARK NAME: 11705, ABERNATHY ROAD, CHARLOTTE NC 28216
LOT 1, MAP BOOK 26, PAGE 120

LOT NUMBER: LOT 1

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S) __ MODULAR HOME (M)
__ DOUBLE WIDE (D) __ MULTIPLE FAMILY (U)
✓ HOUSE (H) __ OTHER (O)
PROPOSED BUILDING SITE MARKED WITH RED FLAG

HEATED SQUARE FOOTAGE: 2600

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT ON SLAB
✓ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

TOWNSHIP (CHECK ONE):

✓ 0 MECKLENBURG __ 4 PINEVILLE
__ 1 CHARLOTTE __ 5 MATTHEWS
__ 2 DAVIDSON __ 6 HUNTERSVILLE
__ 3 CORNELIUS __ 7 MINT HILL

CLOSING DATE 30th July 1996

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:
NOT APPLICABLE

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):
__ COMMUNITY (C) ✓ MUNICIPAL (M) CITY OF CHARLOTTE __ PRIVATE WELL (P)
__ SHARED WELL (S) __ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES ✓ NO
EXISTING WASTEWATER SYSTEMS __ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS ✓ YES __ NO
WELL, SPRINGS OR WATERLINES ✓ YES __ NO
DESIGNATED WETLANDS __ YES ✓ NO

| PROPERTY OWNER: | LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE: |
|---|---|
| NAME: DESILVA MELANIE F. (LAST) (FIRST) (MI) | NAME: (LAST) (FIRST) (MI) |
| ADDRESS: 8305 LONDONSHIRE DRIVE | DAYTIME PHONE: ( ) — |
| CITY: CHARLOTTE STATE: NC ZIP: 28216 | |
| DAYTIME PHONE: (704) 527-4391 | |

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 12/29/1978 Deed 4144-0127

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: Melanie DeSilva DATE: July 10th 1996

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

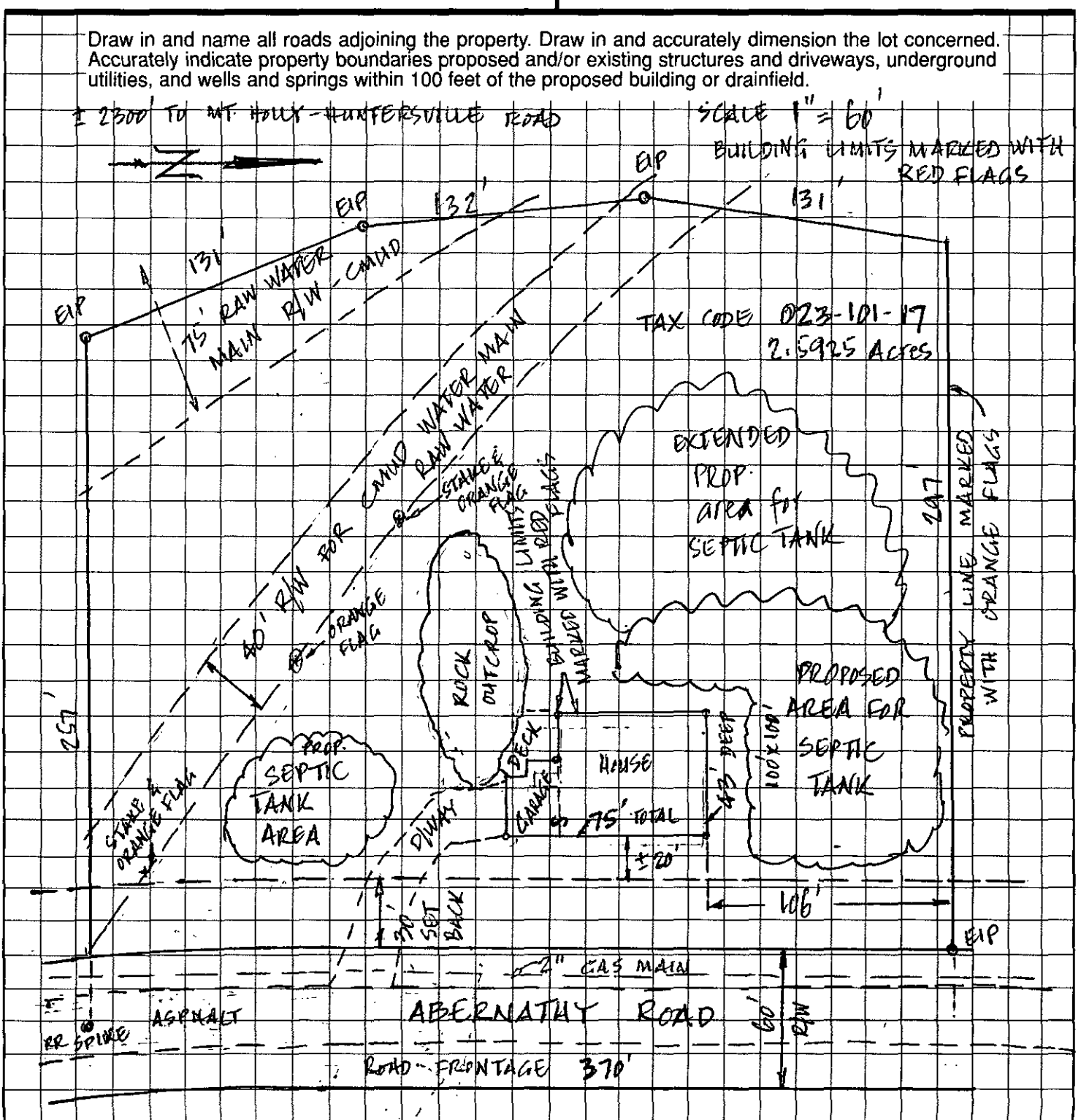
# PROPOSED PLOT PLAN

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

FILE: 1169B

TC: 023-101-17

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.




OWNER/AGENT SIGNATURE

DATE July 10th 1996

APPROVAL DATE _____

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

Map Book 26 Page 120

APPROVED IN ACCORDANCE WITH THE PROVISIONS OF THE SUBDIVISION ORDINANCE OF MECKLENBURG COUNTY, NORTH CAROLINA.

CHARLOTTE MECKLENBURG PLANNING COMMISSION

Richard B. Hollis 5/27/94

PLANNING STAFF DATE

| CURVE | DELTA ANGLE | RADIUS | ARC | TANGENT | CHORD | CHORD BEARING |
|---|---|---|---|---|---|---|
| C 5 | 06°24'22" | 910.55' | 101.81' | 50.96' | 101.76' | S 04°59'25"E |

FILED FOR REGISTRATION

94 MAY 27 PM 3:25

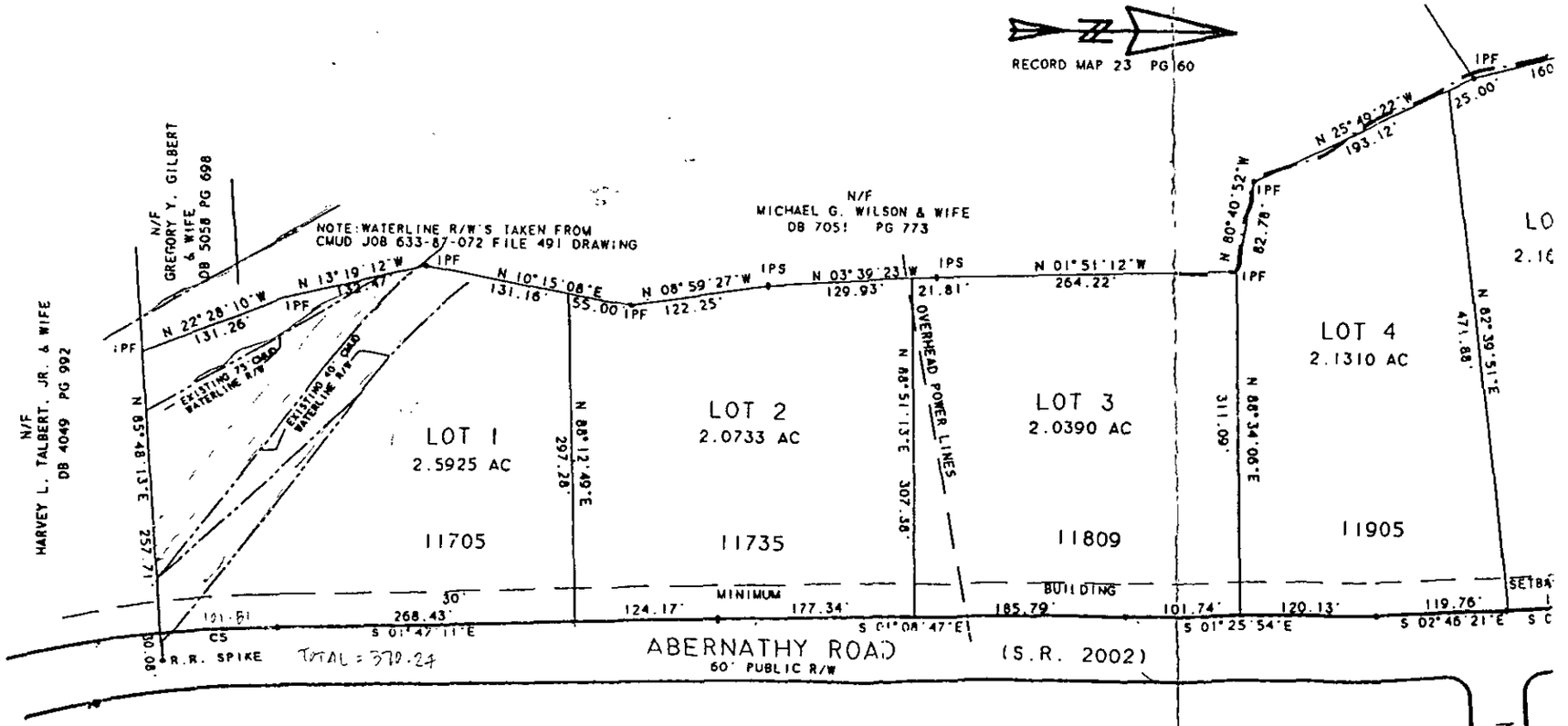
STATE OF NORTH CAROLINA,
COUNTY OF MECKLENBURG
THE FOREGOING CERTIFICATE OF GLENDA S. SMITH, A NOTARY PUBLIC OF SAID COUNTY AND STATE IS CERTIFIED TO BE CORRECT. THIS ____ DAY OF _____, 1993

BY: _____
DEPUTY

APPROVED IN ACCORDANCE WITH THE ENGINEERING REQUIREMENTS OF THE SUBDIVISION ORDINANCE OF MECKLENBURG COUNTY, NORTH CAROLINA.
MECKLENBURG COUNTY ENGINEERING DEPARTMENT

(COUNTY ENGINEER) 5/27/94 DATE

1" = 150'




NO NCGS MONUMENT WITHIN

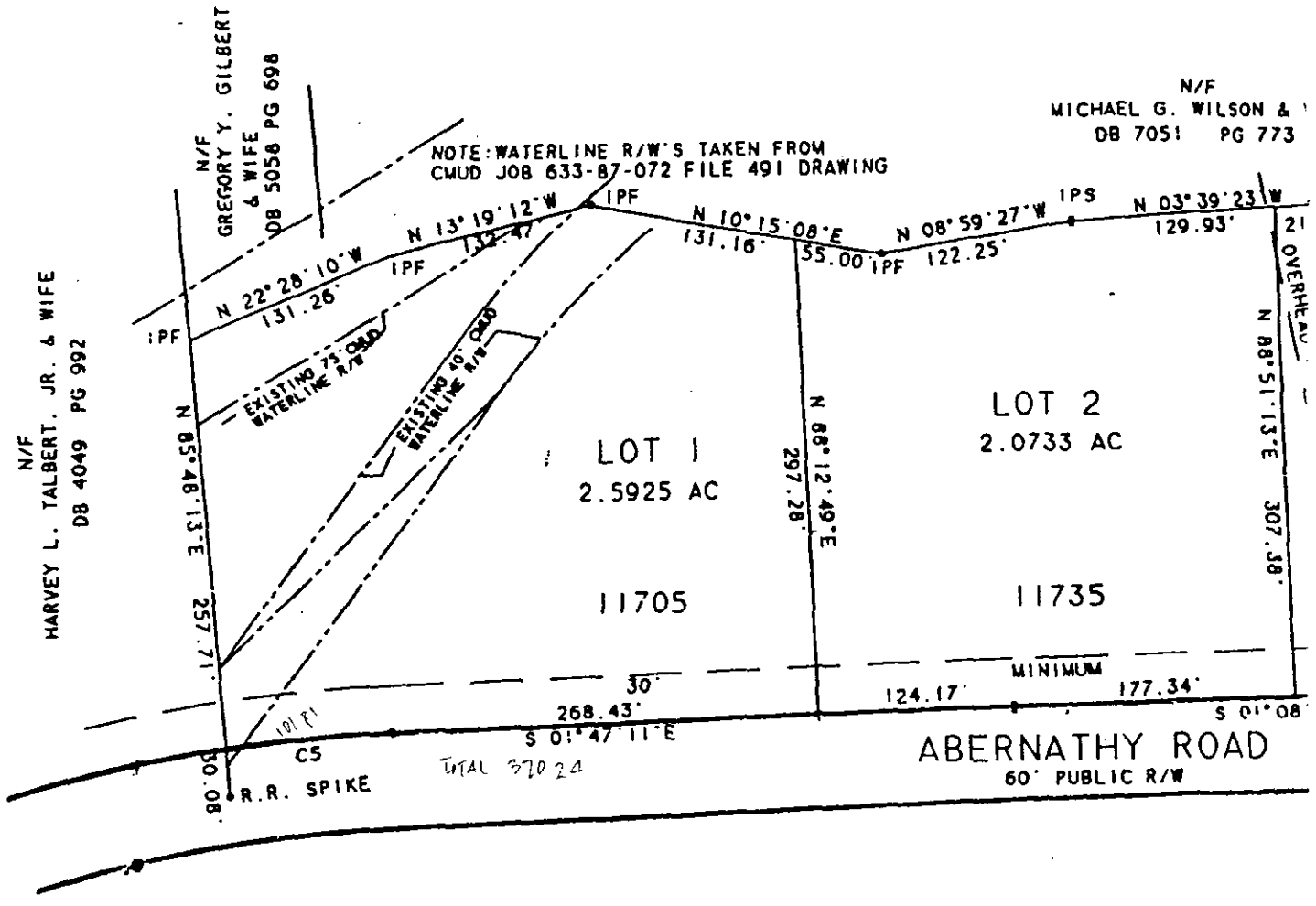
5/27/94
DATE

| CURVE | DELTA ANGLE | RADIUS | ARC | TANGENT | CHORD |
|---|---|---|---|---|---|
| C 5 | 06°24'22" | 910.55' | 101.81' | 50.96' | 101.76' |

1993

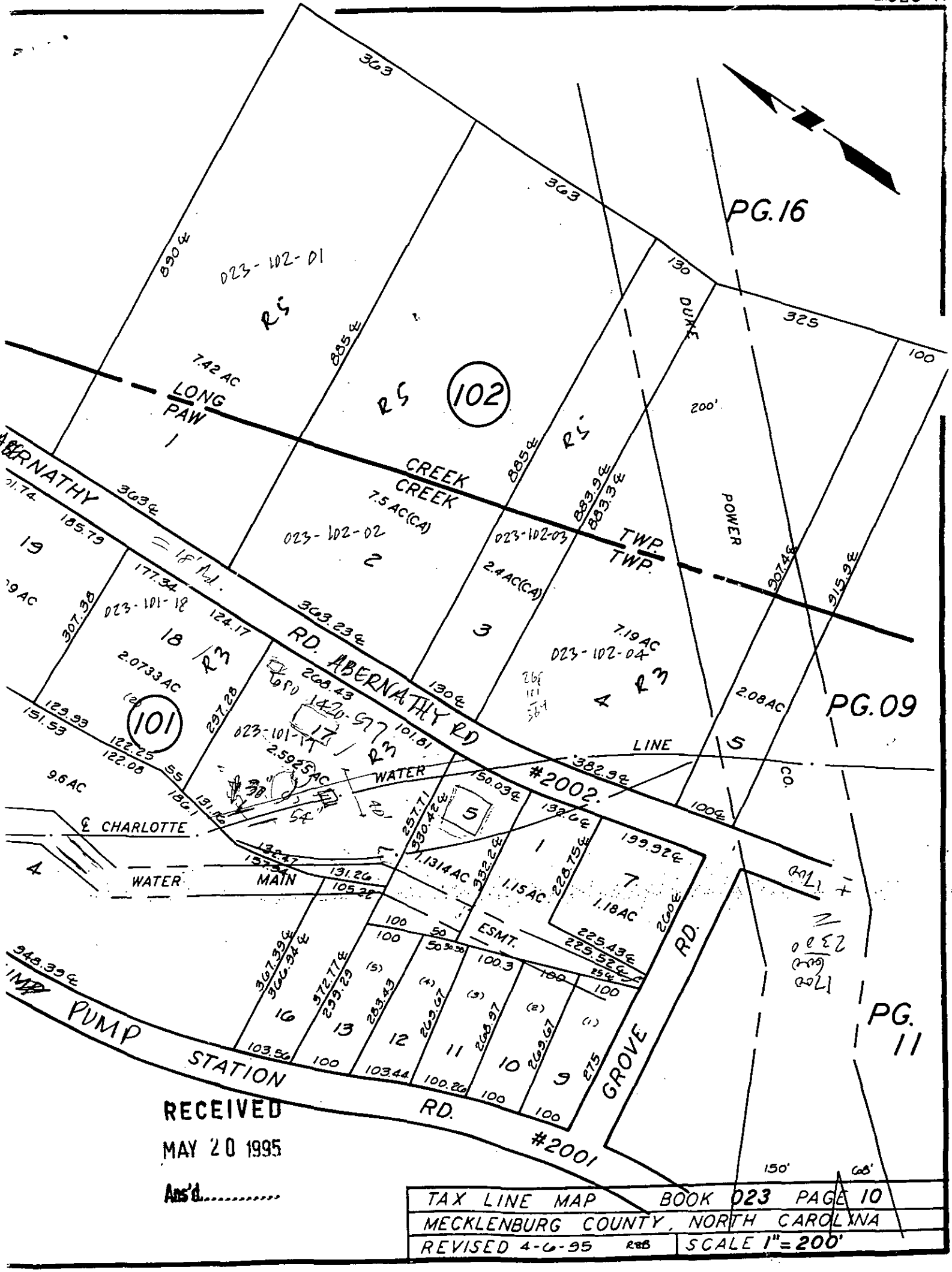
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CENTERL
TO NCDO

of North Carolina, County of Mecklenburg
foregoing certificate(s) of
Glenda S Smith
ar(e) (is) Public (is) (are) certified
correct.
26th day of May 1994
h A. Gibson, Register of Deeds
Deputy




RECEIVED
MAY 20 1995
Ans'd.....

| | |
|---|---|
| TAX LINE MAP | BOOK 023 PAGE 10 |
| MECKLENBURG COUNTY, NORTH CAROLINA | |
| REVISED 4-6-95 RBB | SCALE 1"=200' |

ONLY

Paid in Full
Chk #1556 includes change in plot fee

FEE: 250.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** 40.00 X
DATE: 2/13/97 & C **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 3-5-98 PERMIT NO: 11698
PARCEL NO: 023-161-17

JOB LOCATION ADDRESS: 11705 Abernathy Rd
PROPERTY OWNER: T.C. & Melanie DeSilva
BUILDING CONTRACTOR: Sange
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: Larry B. Thompson, J., L.S. DATE: 3-5-98
DEHNR AUTHORIZED AGENT

## AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 11698, 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: See conditions of Improvement Permit

## 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] 3-5-98

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Revised 3-5-98

# PROPOSED PLOT PLAN

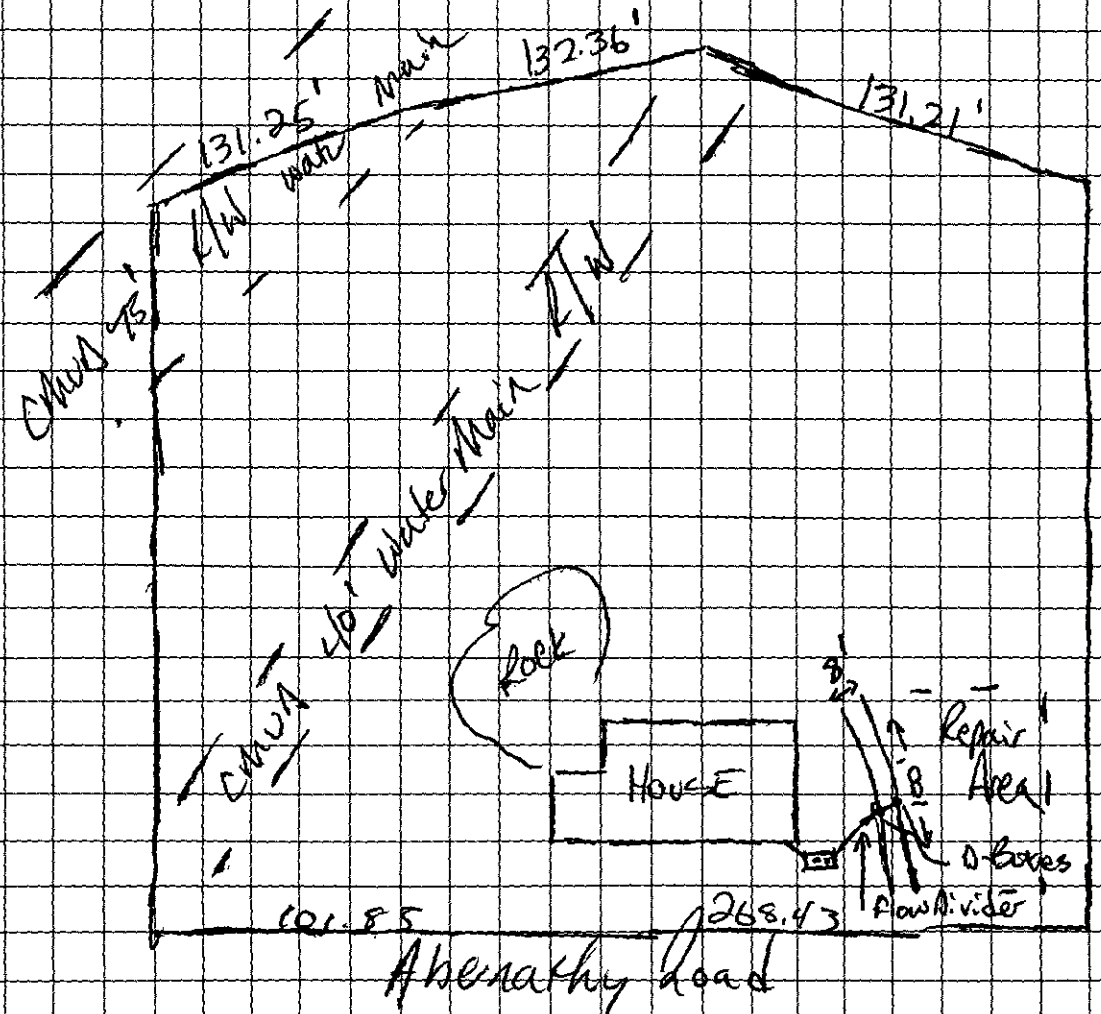
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1169 B

TC: 023-101-17

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.

- 1500 gallon septic tank
- flow divider to (2) D-Boxes
- (4) 2'w x 50'L x 30" deep PVC drainlines - center fed
- keep trench bottoms level and on contour
- 30" sand backfill.




OWNER/AGENT SIGNATURE

DATE 3-5-98

APPROVAL DATE 3-5-98 J. Thompson, R.S.

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

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

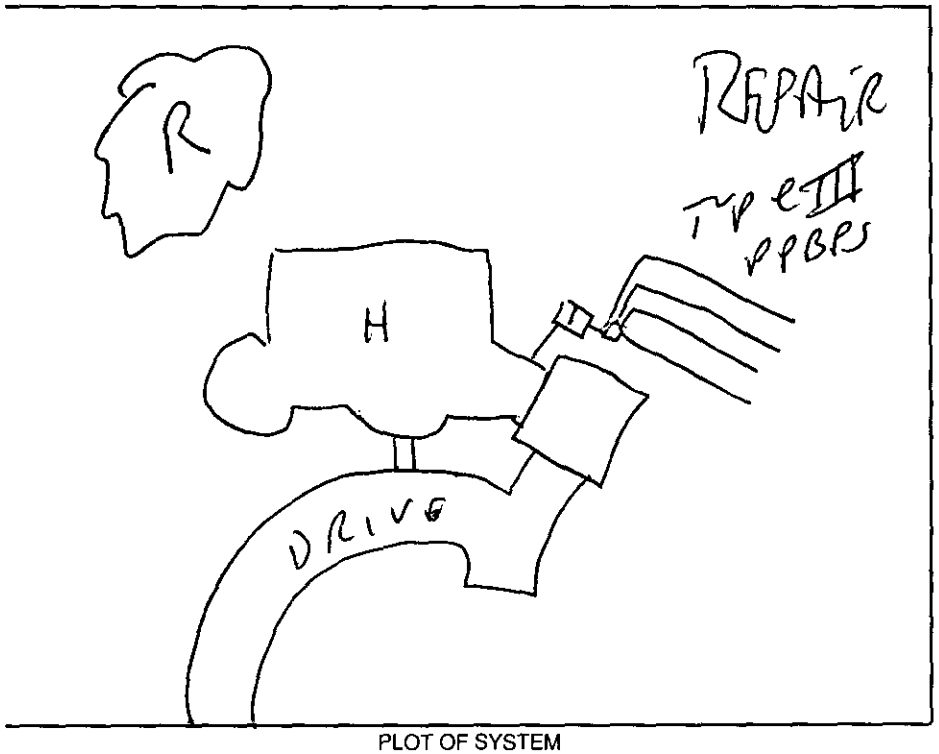
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1169-B DATE: 11-4-98

TC: 023-101-17 W L

SERIAL No 17701

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 3-5 98. All work shall be completed on or before _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 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.




PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank / gallons

Tank Construction PC

Trench Depth 40"

Absorption and/or Nitrification Lines:

Trench Width 2 feet

Trench Walls Scored and Porous Yes

Total Line Length 200 feet

Number of Lines 4 x 50

Depth of ~~Stone~~ Sand inches

Distance from House 5' ft feet

Distance from Property Line 10' ft feet

Distance from Well CMUD feet

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

NAME OF OWNER T.C. DeSilva

LOCATION OF PROPERTY 11705 Abernathy Rd

Comments: Install Type 3 panel

Wally Randall
Environmental Health Specialist

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

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 1169-B DATE: 11-5-98

TC: 023-101-17 ☒ CRT

SERIAL Nº 17845

Name of Owner T.C Desilva Juris.: _____

Address of Property 11705 Abernathy Rd

**Inspection Data:**

Tank Material PLL

Total Length of Drainfield 200'

Number of Lines 4 @ 50

Cover Depth 6-10"

Water Supply Source CMUD

Distance to Water Source _____

Excavation Inspected 11-5-98

Tank(s) Inspected 11-5-98

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design 1998 1500 ST MOD 400SFT TYPE III CTR# FJERVIO

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 15A 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 15A 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: _____

Kelly Randall
Environmental Health Specialist

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

Permit Number: 11696

# CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 023-101-17

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<br>Type (circle one):<br>I II (III) IV V VI | ___ Conventional<br>✓ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | ___ Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 | |
| ±3 Long-term acceptance rate | 360 Max gallons/day wastewater flow | 400 Absorption Area (sq ft) | 8' Trench spacing (min. on centers) | |
| N/A Serviced by private well | 1500 Gallon septic tank | 209 Total trench length (ft) | 30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions) | |
| 3 Bedrooms in residence | ___ Gallon pump tank | ___ Depth of stone 30" Sand | | |
| Any surface waters present: | Type: | Minimum separation distance: | | |
| Site modifications required: | | | | |
| Additional Conditions: | | | | |
| Repair Area System Type<br>Type (circle one):<br>I II (III) IV V VI | ___ Conventional<br>✓ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | ✓ Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 | |
| 900 Absorption Area (Sq Ft)<br>300 Total Trench Length (Ft) | N/A Depth of Stone Trench | 9' Trench spacing (min. on centers) | 30" 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.

Larry G. Thompson, J.R.S. 3-5-98

DEHNR Authorized Agent — Date

x Melissa Ellis 3-5-98

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

JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 10/25/96 15:20
BK: 08792 PG: 0502/0504 #:0468 13.05

FILE COPY

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

**WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969**

**FILE #** 11693
**PARCEL #** 023-101-17

The undersigned, Thusith and Melanie F. DeSilva, owner of property located at 11705 Abernathy Road, (the "site") and described in an instrument recorded in Book 4144 at Page 127, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that 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 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, 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 any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following conditions will apply to the site:

- Any changes on the property may make the Improvement Permit Null and void and may make the Improvement Permit subject to revocation.

*This instrument was prepared by:* Lisa Mylick
*Mail after recording to:* Thusith DeSilva
8305 Londonshire Drive Charlotte, N.C. 28216

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees, and officials, as well as Mecklenburg County and its employees and officials, 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.

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 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.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 27th day of September, 1996.

_____ (SEAL)
(Corporate Name)

_____ (SEAL)

By: _____ _____ (SEAL)

_____ President _____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Cindy L V Batton-Silva, a Notary Public for said County and State, do hereby certify that Thusith DeSilva and Melanie F. DeSilva personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 27th day of September, 19[illegible]

Cindy L V Batton-Silva
Notary Public

My Commission Expires:
My Commission Expires May 24, 2000



RBCWM:24751_1/8-30-95

Permit Number: 1169B 11705 Abernathy Rd Tax Number: 023-101-17

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

25% reduction drainfield

| | | | |
|---|---|---|---|
| 3 Long-term acceptance rate | 300 Max gallons/day wastewater flow | 900 Absorption Area (sq ft) | 9' Trench spacing (min. on centers) |
| No municipal Serviced by private well | 1500 Gallon septic tank | 300' Total trench length (ft) | ~24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions) |
| 3 Bedrooms in residence | NA Gallon pump tank | NA Depth of stone Group I, II, or III backfill to manufacturers specification | |

Any surface waters present: Type: Minimum separation distance:

Site modifications required:

Additional Conditions: Keep installation ≥15' from top of bank (2' cut). Install innovative nitrification line on contour. Install waterline ≥10' minimum from any portion of the sewage disposal system & its designated repair area

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

25% reduction drainfield

| | | | |
|---|---|---|---|
| 900 Absorption Area (Sq ft) 300 Total Trench Length (Ft) | Group I, II or III Depth of Stone Trench backfill to manufacturers specification | 9' Trench spacing (min. on centers) | ~24" Maximum Trench Depth |

For existing system, enter the year originally installed: NA

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.

Improvement Permit valid 5 years from date of issuance.

Lisa B. Mialik, RS 7/29/96 — DEHNR Authorized Agent — Date

X [signature] — Owner/Agent Signature — Date 10-25-96

In office 10/25/96

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

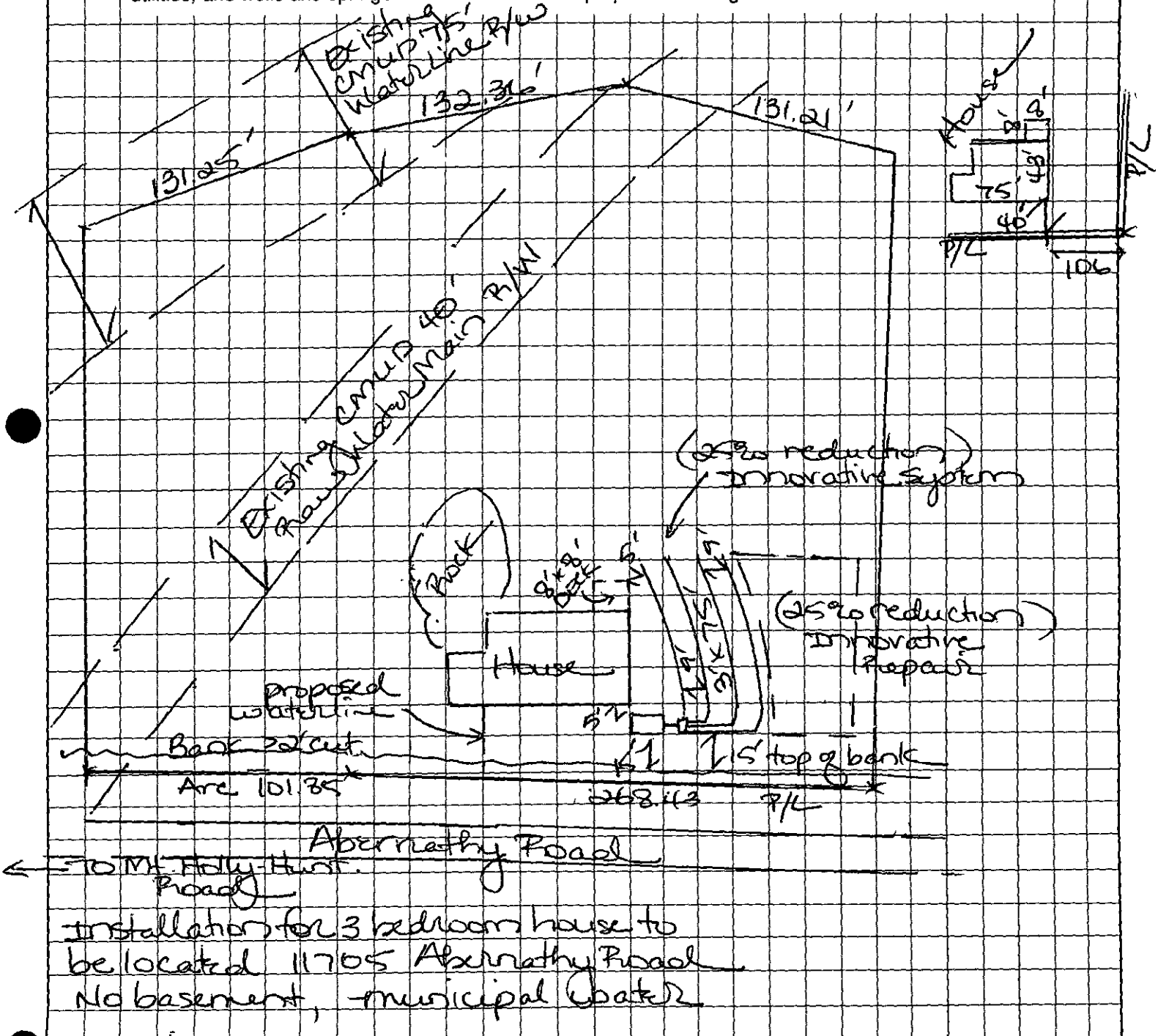
# PROPOSED PLOT PLAN

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

FILE: 1169B

TC: 023-101-17

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.




Installation for 3 bedroom house to be located 11705 Abernathy Road. No basement, municipal water

OWNER/AGENT SIGNATURE John J. Cain / Melanie Kahler

DATE 7-29-96

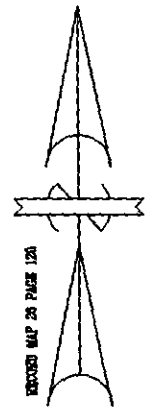
APPROVAL DATE 7/29/96 Joan B. Mialik, RS

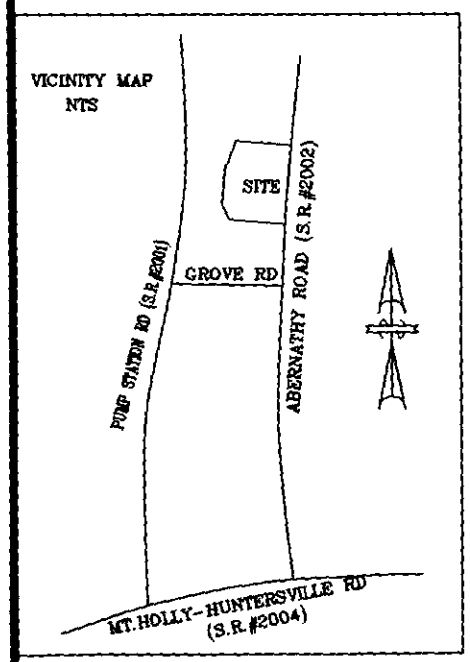
Pg 2 of 2

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

File 1169B

| CURVE | DELTA ANGLE | RADIUS | ARC | CHORD | CHORD BEARING |
|---|---|---|---|---|---|
| C1 | 06d24'33" | 910.55 | 101.85 | 101.80 | S 4'59'22"E |



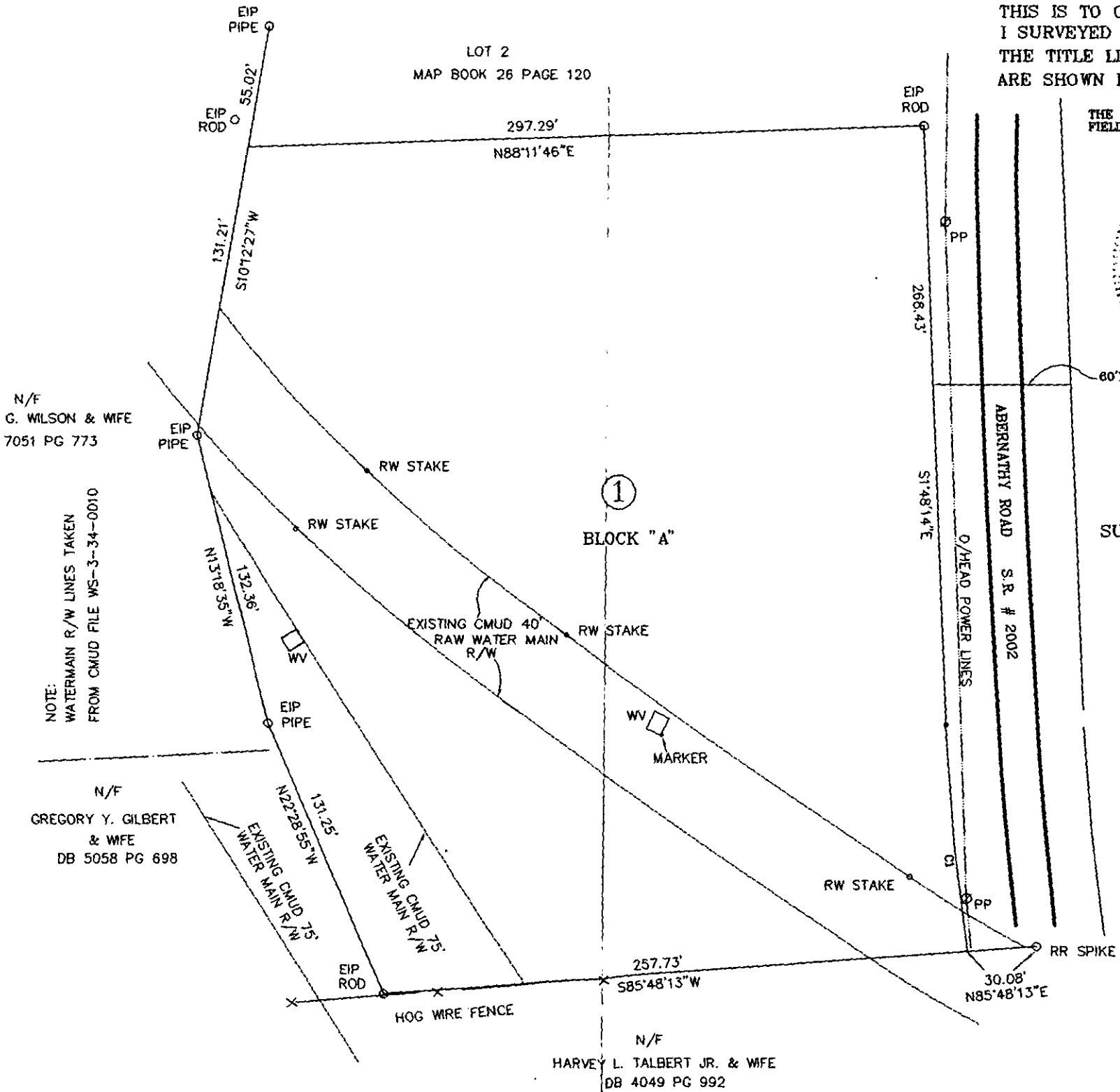

LEGEND:

EIP : EXISTING IRON PIN FOUND

R/W STAKE : R/W STAKE FOUND

0 15' 30' 45' 60' 120'

Bar Scale




THIS IS TO CERTIFY THAT ON THE 20th DAY OF JULY 1996 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT AND THAT THE TITLE LINES, BUILDINGS IF ANY AND THE EASEMENTS ARE SHOWN HEREON.

THE RATIO OF PRECISION AS CALCULATED IS 1:12000 WITH A MAXIMUM FIELD ERROR OF ANGULAR CLOSURE OF 9 SECONDS PER ANGLE.

NORTH CAROLINA REGISTERED SEAL L-3465 LAND SURVEYOR BERTRAM B. DESILVA

SIGNED: Bertram de Silva

REGISTERED LAND SURVEYOR
11927,MALLARD RIDGE DRIVE
CHARLOTTE, NC 28269

NOTE: NO N.C.GRID MONUMENT LOCATED WITHIN 2000'.

SURVEY HAS BEEN TIED TO POWER LINE TOWER # 72
606.66'TO THE NORTH LEG OF TOWER FROM THE RR SPIKE FOUND
IN THE CENTER LINE OF S.R.# 2002(SOUTH EAST CORNER)
WITH A BEARING OF S 23°22'24"E

PHYSICAL SURVEY OF
LOT 1, BLOCK A

PARK POINTE - MAP 2
(LOT 1 OF MAP BOOK 26 PAGE 120 )
LONG CREEK TOWNSHIP,MECKLENBURG COUNTY, NC

THE PROPERTY OF
CHARLES JACK PARKER &
HARRIETTE H.PARKER

2.5925 acres

MAP RECORDED IN BOOK 26 AT PAGE 120
DEED RECORDED IN BOOK 4144 PAGE 127

SCALE 1" = 60'

FEE: 100.00 CK 2817
DATE: 7/10/96 GL

**APPLICATION FOR IMPROVEMENT PERMIT**
**FOR RESIDENTIAL SITE**
**INDIVIDUAL WATER AND WASTEWATER**
**SYSTEMS PROGRAM**

#1 - 1705 Abernathy Road - Charlotte, NC 28216 - Median Repair 1 CRT 9-17-96

TYPE APPLICATION: ✓ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

COPY

FILE #: 11698

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 023-101-17

STREET ADDRESS: LOT 1, MAP BOOK 26, PAGE 120

SUBDIVISION OR MOBILE HOME PARK NAME: 11705, ABERNATHY ROAD, CHARLOTTE NC 28216
LOT 1, MAP BOOK 26, PAGE 120

LOT NUMBER: LOT 1

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
✓ HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

PROPOSED BUILDING SITE MARKED WITH RED FLAG

HEATED SQUARE FOOTAGE: 2600

NUMBER OF BEDROOMS: 4 | NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
✓ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

TOWNSHIP (CHECK ONE):

✓ 0 MECKLENBURG
__ 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

CLOSING DATE 30th July 1996

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:
NOT APPLICABLE

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):
__ COMMUNITY (C)
__ SHARED WELL (S)
✓ MUNICIPAL (M) CITY OF CHARLOTTE
__ OTHER 'SPRINGS' (O)
__ PRIVATE WELL (P)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES ✓ NO
EXISTING WASTEWATER SYSTEMS __ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS ✓ YES __ NO
WELL, SPRINGS OR WATERLINES ✓ YES __ NO
DESIGNATED WETLANDS __ YES ✓ NO

| PROPERTY OWNER: | LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE: |
|---|---|
| NAME: DESILVA MELANIE F. (LAST) (FIRST) (MI) | NAME: (LAST) (FIRST) (MI) |
| ADDRESS: 8305 LONDONSHIRE DRIVE | DAYTIME PHONE: ( ) - |
| CITY: CHARLOTTE STATE: NC ZIP: 28216 | |
| DAYTIME PHONE: (704) 527 - 4391 | |

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 12/29/1978 Deed 4144-027

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: Melanie DeSilva DATE: July 10th 1996

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5

**MECKLENBURG COUNTY HEALTH DEPARTMENT** File: 1169B/9140A Action 1

**SITE EVALUATION REPORT**

**SERIAL NUMBER** 20319 Parcel: PO 023-101-03 SPC

Location: Abernathy Road

Subdivision:

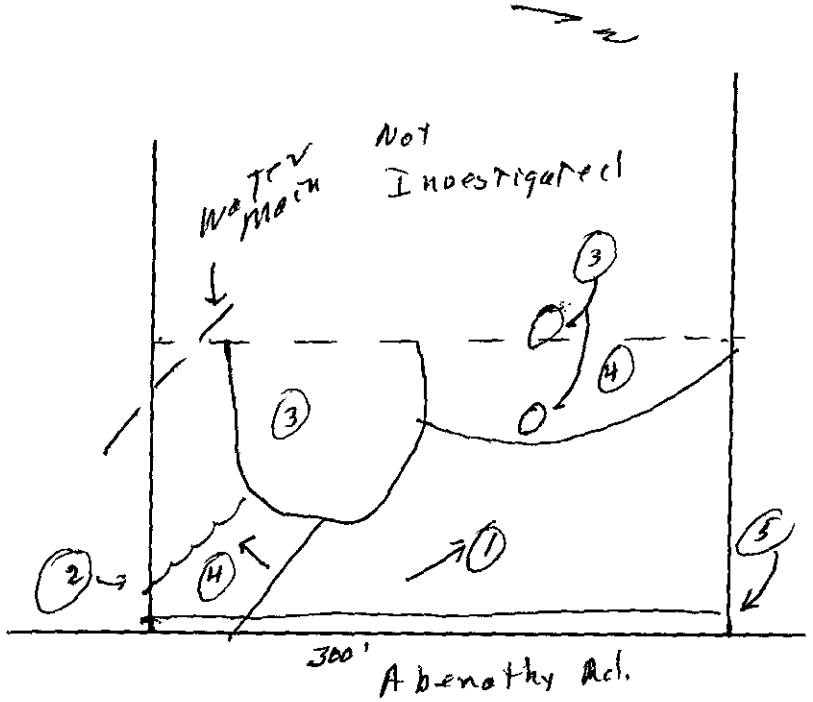
Lot: / Block: Acres: Approx 1.0

Owner: Jack Parker
Address: 11956 Abernathy Road
Charlotte, N.C. 28216

Comments: .3 gal/ft²/day LTAR, 100% Repair, System may need pump Rebuilt 7-17-96 - soil in area I 40"+ W Mm

Described by: William R. Marlin

Date: 4-13-94




***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

| FACTORS | AREA 1 | AREA 2 | AREA 3 | AREA 4 | AREA 5 | AREA 6 |
|---|---|---|---|---|---|---|
| Topography | S (PS) U 10-20% | S PS (U) Terrace | S PS U — | S (PS) U 10-20% | S PS (U) 72' cut | S PS U |
| Texture | S (PS) U Slightly Expansive clay | S PS U — | S PS U — | S (PS) U Slightly Expansive clay | S PS U — | S PS U |
| Structure | S (PS) U Subt Blocky | S PS U — | S PS U — | S (PS) U Subt Blocky | S PS U — | S PS U |
| Drainage | S (PS) U >36" to water | S PS U — | S PS U — | S (PS) U >36" to water | S PS U — | S PS U |
| Depth | S (PS) U >36" | S PS U — | S PS U — | S PS (U) 24-29" | S PS U — | S PS U |
| Restrictive Horizons | S (PS) U >36" | S PS U — | S PS U — | S (PS) U >36" | S PS U — | S PS U |
| Available Space | S (PS) U limited | S PS U — | S PS U — | S PS (U) Restricted | S PS U — | S PS U |
| Other (specify) | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Soil Group/Series | IV Cecil-Urban | Terrace | Rock Outcrop | IV Pacolet-Urban | 72' Cut | |
| Area Classification | S (PS) U | S PS (U) | S PS (U) | S PS (U) | S PS U | S PS U |

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

April 13, 1994

Jack Parker
11956 Abernathy Road
Charlotte, NC 28216

RE: Property located on Abernathy Road (Lot #1)
FILE: 1169B/9140A
PARCEL: 023-101-03PO

Dear Mr. Parker:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 20319) is enclosed for your information.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Specific plan approval will be provided upon submission of an Application for an Improvement Permit with an **ACCURATELY** dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems and determination that the area is adequate to accommodate the proposed construction.

Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this department renders any area previously designated suitable for system installation, unsuitable. Furthermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

If there are any questions concerning this matter, please contact Bill Marlin, Soil Scientist at 336-5574.

Sincerely,

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems

Enclosure

KR:lw

**MECKLENBURG COUNTY HEALTH DEPARTMENT** File: [illegible] Action 1

**SITE EVALUATION REPORT**

**SERIAL NUMBER** 20319 Parcel: [illegible] ☐ PC

Location: [illegible]

Subdivision:

Lot: 1 Block: Acres: [illegible]

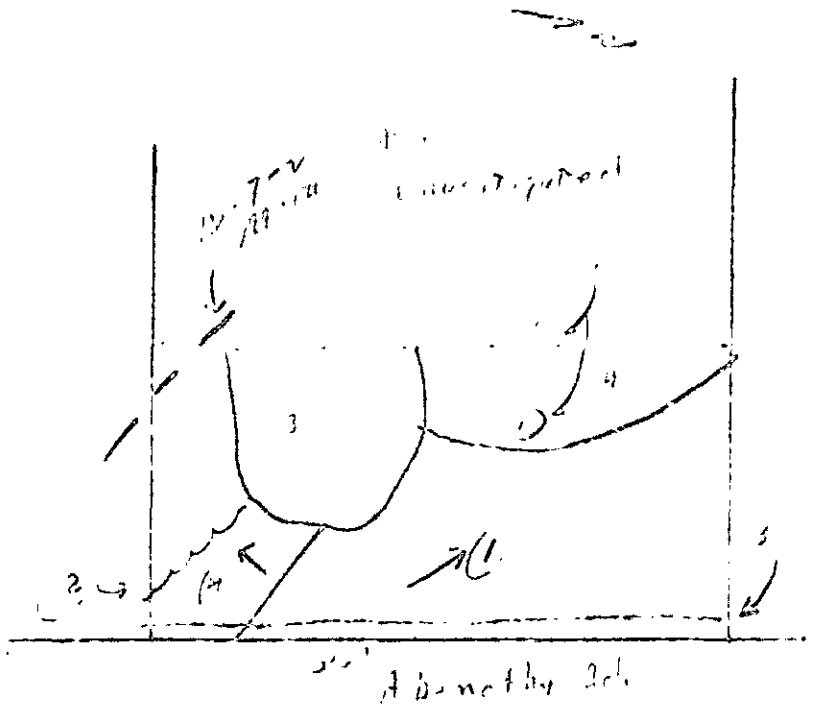
Owner: [illegible]

Address: [illegible]

Comments: [illegible]

Described by: [illegible]

Date: 4-13-21




***** EVALUATION KEY *****

S = Suitable U = Unsuitable

PS = Provisionally Suitable

The "Area Classification" below indicates the suitability of areas in the diagram.

| FACTORS | AREA 1 | AREA 2 | AREA 3 | AREA 4 | AREA 5 | AREA 6 |
|---|---|---|---|---|---|---|
| Topography | (S) PS U [illegible] | S PS (U) Terrace | S PS U – | (S) PS U [illegible] | S PS U 22 Cut | S PS U |
| Texture | S (PS) U Slightly Expansive clay | S PS U – | S PS U – | S (PS) U Slightly Expansive clay | S PS U – | S PS U |
| Structure | S (PS) U Subs Blocky | S PS U – | S PS U – | S PS U Subs Blocky | S PS U – | S PS U |
| Drainage | S (PS) U 236" Water | S PS U – | S PS U – | S PS U 236" Water | S PS U – | S PS U |
| Depth | S (PS) U 236" | S PS U – | S PS U – | S PS (U) 24-36" | S PS U – | S PS U |
| Restrictive Horizons | S (PS) U 236" | S PS U – | S PS U – | S (PS) U 236" | S PS U – | S PS U |
| Available Space | S (PS) U Limited | S PS U | S PS U – | S PS U Restricted | S PS U – | S PS U |
| Other (specify) | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Soil Group/Series | III Cecil-Hk | Terrace | Rock outcrop | III Cecil-Hk | 22 Cut | |
| Area Classification | S (PS) U | S PS (U) | S PS (U) | S PS (U) | S PS U | S PS U |

11698/9140A

...TER SYSTEMS PROGRAM
APPLICATION ...SERVICES

Pd 500 CK 9298 9/14/93 PC 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: PARKER (last) JACK (first) (mi)

ADDRESS: 11956 ABERNATHY RD. PHONE: (704) 399-1722

CITY: CHARLOTTE, STATE: N.C. ZIPCODE: 28216

Date: 07SEPT 93

PROPERTY OWNER:

NAME: PARKER (last) JACK (first) (mi)

ADDRESS: 11956 ABERNATHY RD. PHONE: (704) 399-1722

CITY: CHARLOTTE, STATE: N.C. ZIPCODE: 28216

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 023-101-03 PO

STREET ADDRESS: ABERNATHY RD.

ZONING: R 5

SUBDIVISION OR MOBILE HOME PARK NAME:

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: #01 LOT SIZE (in acres): 2.0

[XX] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

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

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

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

Signed: Jack Parker Date: SEPT. 14, 1993

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.

...

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

Environmentalist Date

Director or Authorized Section Head Da...

WATER

COPY

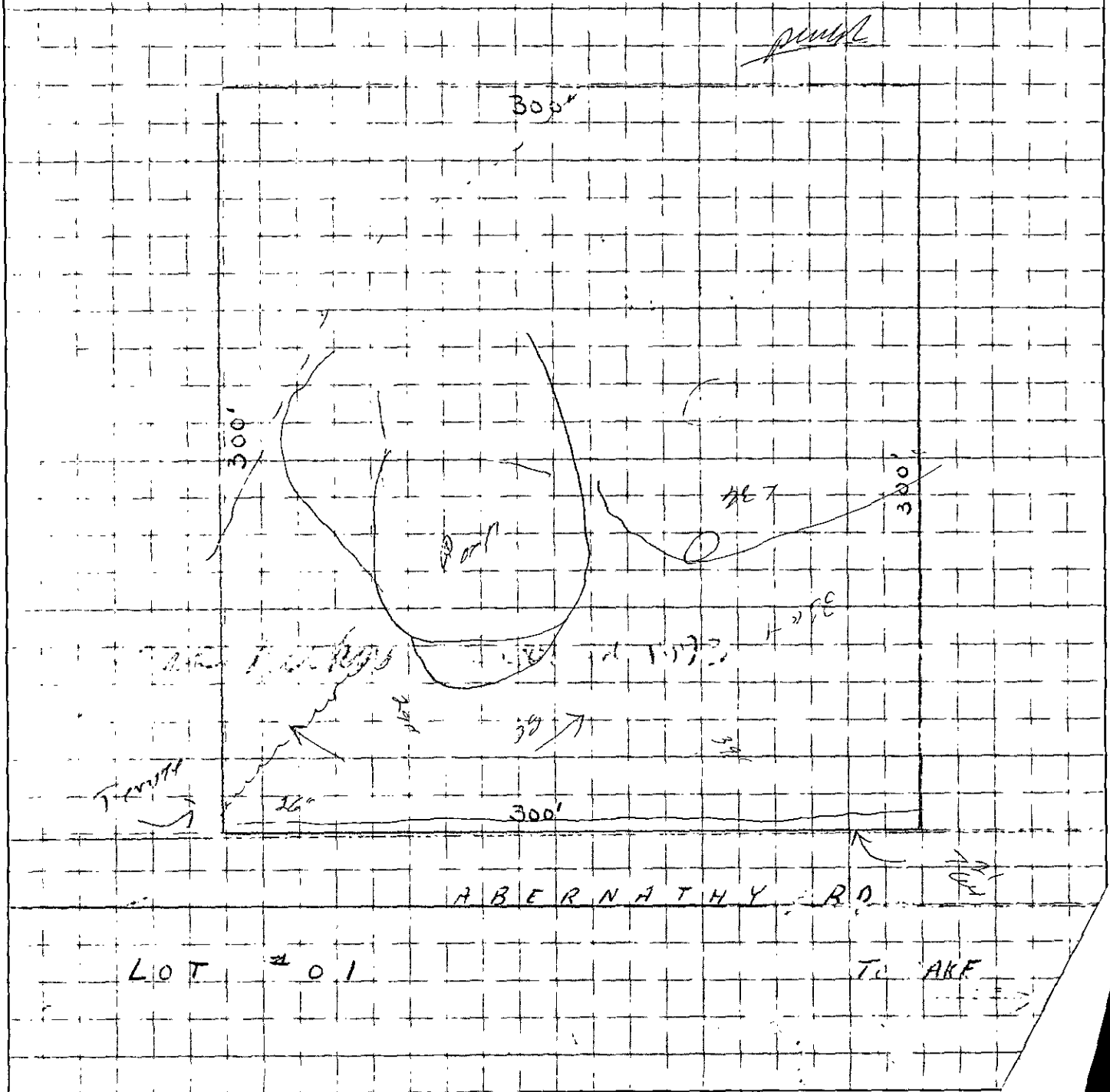
# PROPOSED PLOT PLAN

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

FILE: 11648/3140A

TC: 023-101-03P8

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 _____

tment's Copy Canary - Environmentalist's Copy Pink - Owl

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

11698/9140A

Pd 50.00 ck 9298 9/14/93 PD ☒ 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: PARKER (last) JACK (first) (mi)

ADDRESS: 11956 ABERNATHY RD. PHONE: (704) 399-1722

CITY: CHARLOTTE, STATE: N.C. ZIPCODE: 28216

Date: 07SEPT 93

PROPERTY OWNER:

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CITY: CHARLOTTE, STATE: N.C. ZIPCODE: 28216

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 023-101-03 PO

STREET ADDRESS: ABERNATHY RD.

ZONING: R 5

Township (check one):
[X] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: #01 LOT SIZE (in acres): 2.0

TYPE APPLICATION (check one):

[X] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

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

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

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Signed: Jack Parker Date: SEPT. 14, 1993

NOTICE:

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...This permit is not transferable.

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

Environmentalist Date

Director or Authorized Section Head Date

WATER : 12279

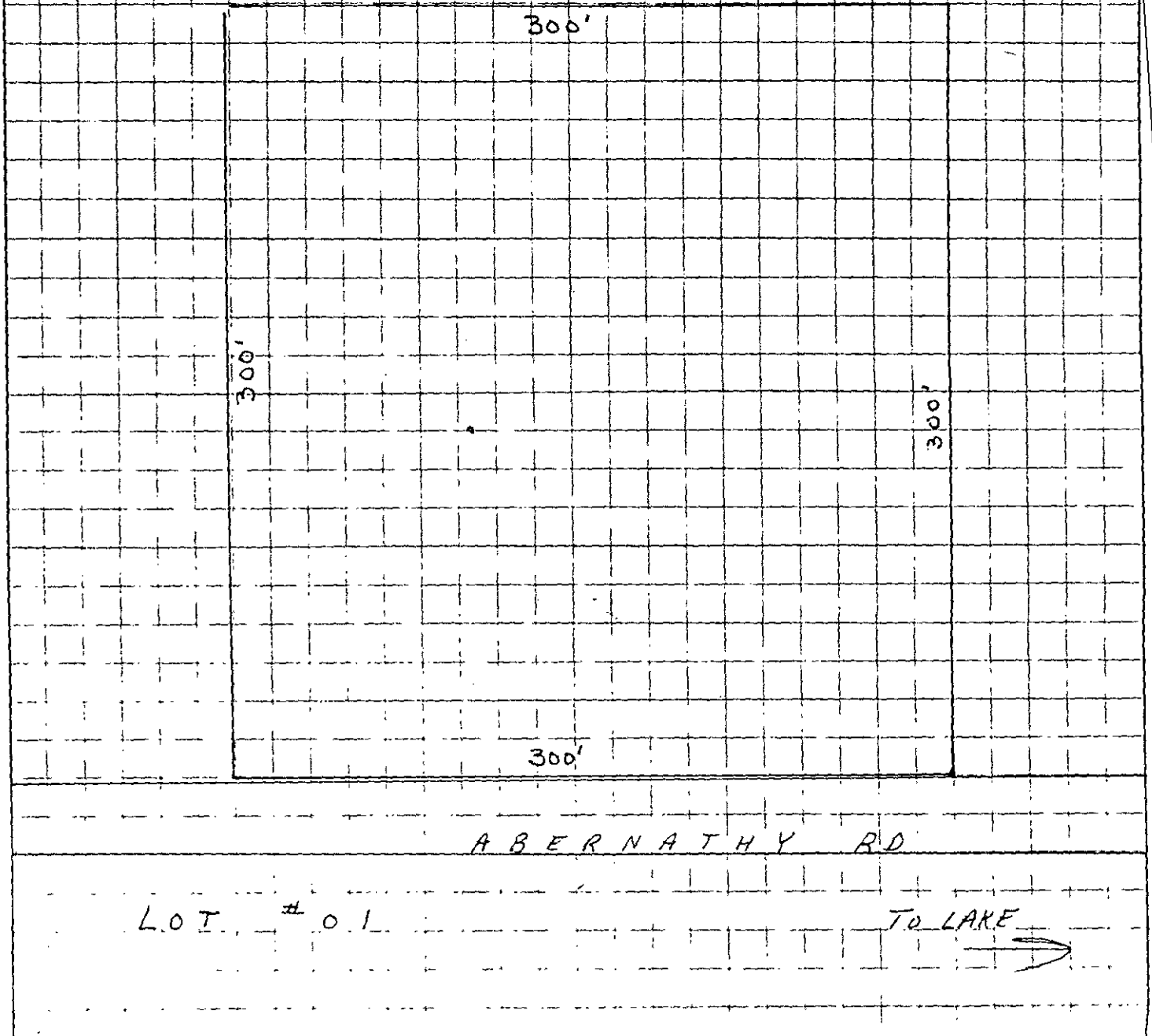
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ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 11698/9140A

TC: 023-101-03 PP

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 _____

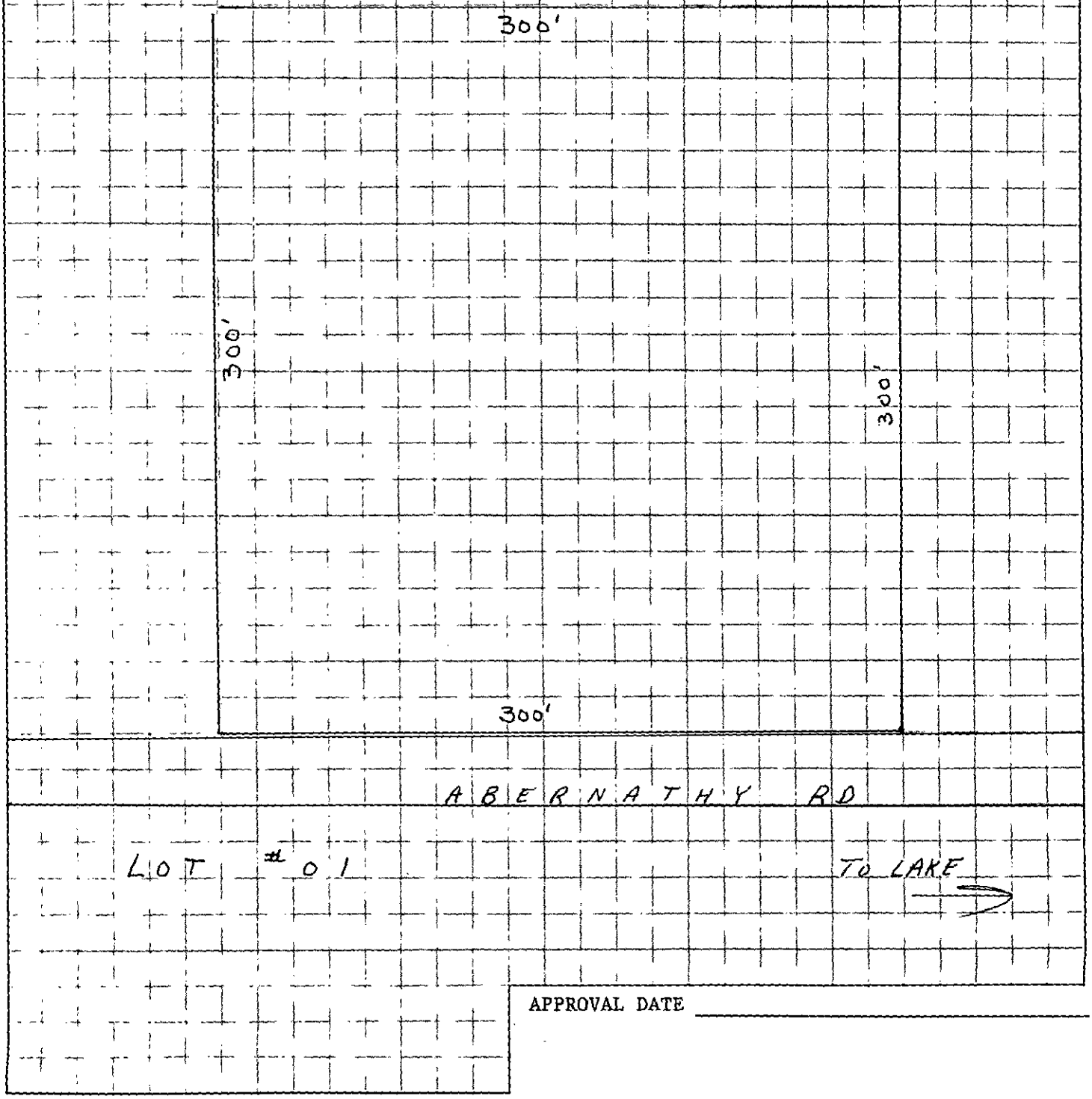
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ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

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TC: 023-101-03PP

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 _____

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