

3716 GREENHURST DR

05318602

5/27/08

marliwr

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5278 DATE: 3/15/97

TC: 053-186-02 ☐ CRT

SERIAL Nº 17092

Name of Owner Thomas E. Vaughan Juris.: _____

Address of Property 3716 GREENHURST DRIVE

Inspection Data:

Tank Material _____

Total Length of Drainfield 200

Number of Lines 4 @ 50'

Cover Depth 12"

Water Supply Source N/A

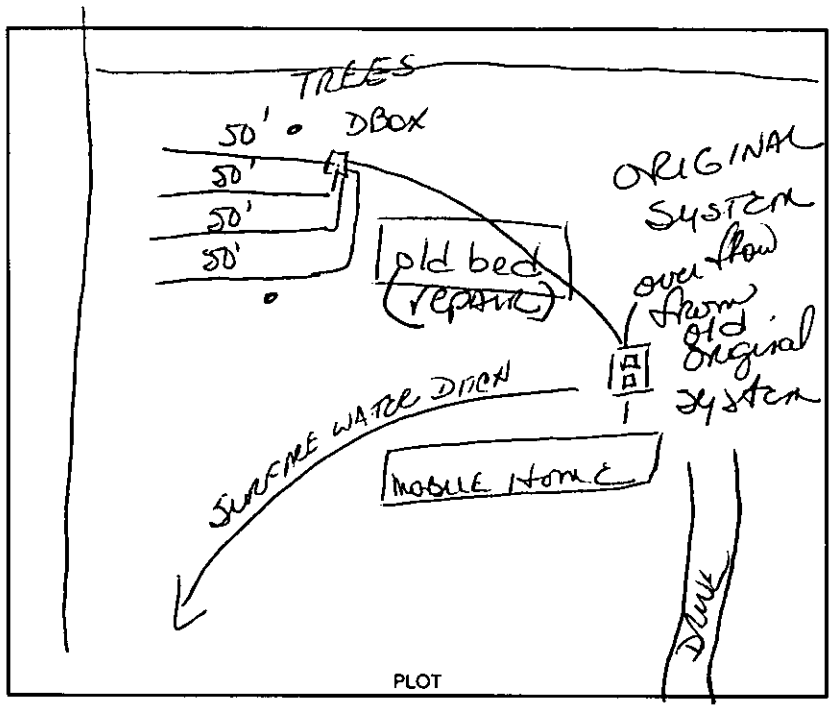
Distance to Water Source MUNICIPAL

Excavation Inspected 3/22/97

Tank(s) Inspected —

Wash Line Inspected —

High Water Alarm Inspected —



Design 600 sq ft, 12" G, T, CECIL-LIKE, 2:1 — CTR# 35

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

☐ installed or constructed ☐ altered or repaired

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

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

☐ Certificate of Completion ☑ Operation Permit

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

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

COMMENTS: _____

(House Burnt 1996)

Jane Higgins Bunn, R.S.
Environmental Health Specialist

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5278 DATE: 3/15/97

TC: 053-186-02 ☑ L ☐ CRT

SERIAL Nº 17092

Name of Owner Thomas F Vaughan Juris.: _____

Address of Property 3716 GREENHURST DRIVE

Inspection Data:

Tank Material _____

Total Length of Drainfield 200

Number of Lines 4 @ 50'

Cover Depth 12"

Water Supply Source N/A

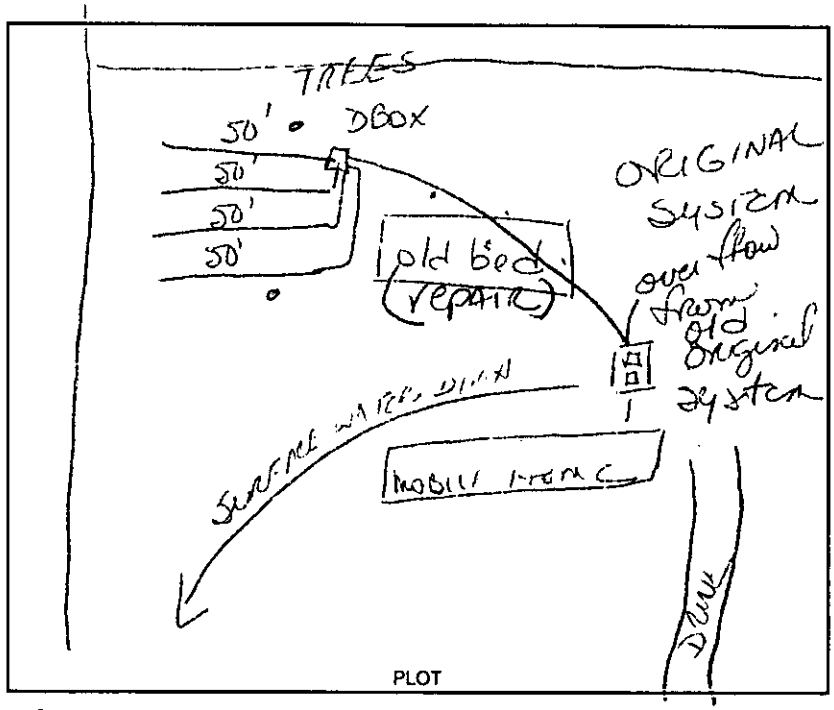
Distance to Water Source MUNICIPAL

Excavation Inspected 3/22/97

Tank(s) Inspected —

Wash Line Inspected —

High Water Alarm Inspected —



Design 600 sq ft, 12" GT, OFCIL-like, 2:1 — CTR# 5

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

☐ installed or constructed ☐ altered or repaired

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

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

☐ Certificate of Completion ☑ Operation Permit

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

COMMENTS: _____

(Repair 1996)

Environmental Health Specialist

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

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

DATE: 3/15/97 PERMIT NO: 5278

PARCEL NO: 053-186-02

JOB LOCATION ADDRESS: 3716 Greenhurst Drive

PROPERTY OWNER: Thomas E. Vaughan

BUILDING CONTRACTOR: _____

SUBDIVISION NAME: _____

AUTHORIZATION ISSUED BY: _____ DATE: 3/15/97

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 5278, 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: _____

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.

Thomas E. Vaughn

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 5278

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 053-186-02

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	___ No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I II III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
___ Long-term acceptance rate	___ Max gallons/day wastewater flow	___ Absorption Area (sq ft)	___ Trench spacing (min. on centers)
___ Serviced by private well	___ Gallon septic tank	___ Total trench length (ft)	___ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
___ Bedrooms in residence	___ Gallon pump tank	___ Depth of stone	
Any surface waters present:	Type:	Minimum separation distance:	
Site modifications required:			
Additional Conditions:			
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
600' Absorption Area (Sq ft) 200' Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	36" Maximum Trench Depth
For existing system, enter the year originally installed: 20 years minimum			

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.

Thomas E. Vaughn
DEHNR Authorized Agent Date

Jane C Higgins
Owner/Agent Signature Date 4-1-97

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

FEE: _____

DATE: _____

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

| | CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION 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 #: 5278

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 053-186-02

STREET ADDRESS: 3716 GREENHURST DR

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

TYPE OF BUILDING, (CHECK ONE)

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS:

NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
___ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

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

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
___ MUNICIPAL (M)
___ 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 WASTE WATER SYSTEMS ___ YES ___ NO
EASEMENTS OR RIGHT-OF-WAYS ___ YES ___ NO
WELL SPRINGS OR WATERLINES ___ YES ___ NO
DESIGNATED WETLANDS ___ YES ___ NO

PROPERTY OWNER:

NAME: VAUGHN THOMAS E
(LAST) (FIRST) (MI)

ADDRESS: 3716 GREENHURST DR

CITY: CHARLOTTE STATE: NC ZIP 28210

DAYTIME PHONE: 704 393-3699

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) –

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: Thomas E Vaughn 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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

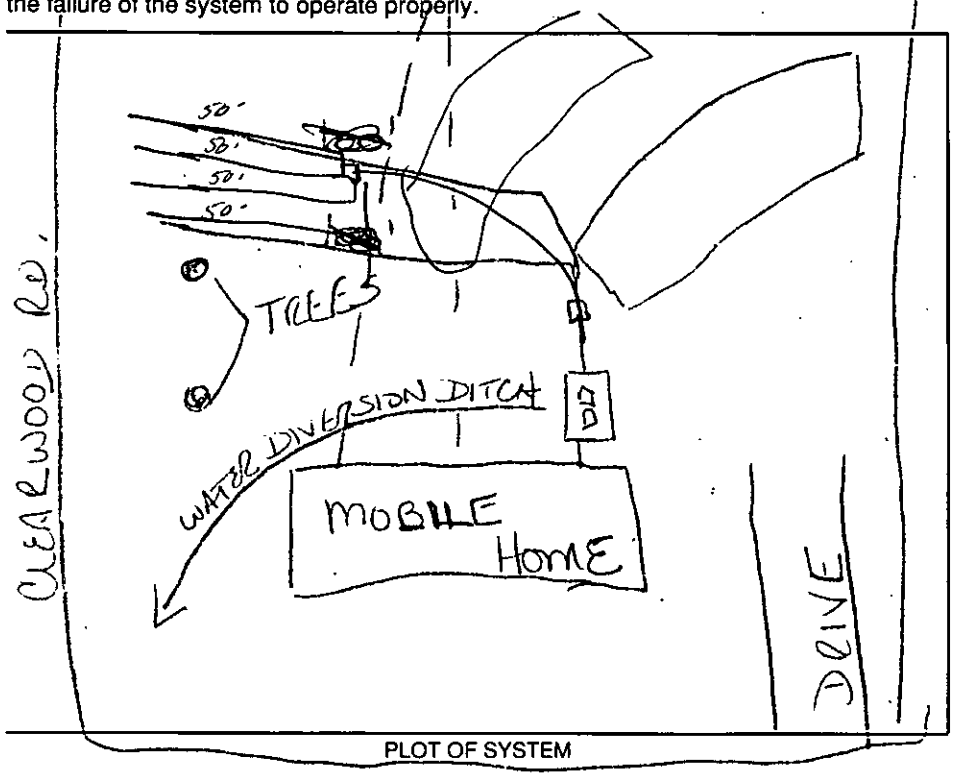
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: _____ DATE: 3/15/97

TC: _____ ☐ L

SERIAL No 17175

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 3/10/97. All work shall be completed on or before 4/10/97, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank _____ gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction _____

Trench Depth _____

Absorption and/or Nitrification Lines:

Trench Width (1) D BOX feet

Trench Walls Scored and Porous _____

Total Line Length 200' feet

Number of Lines 2

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 5' feet

Distance from Well Community feet

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

NAME OF OWNER Thomas E. Vaughan

LOCATION OF PROPERTY 3716 Greenhurst Drive

Comments: Feed upper ditches first, then overflow to 2@100'x12" — leave room for additional repair.

Joni E. Higgins
Environmental Health Specialist

3/21/97 checked 2 lines. Repair approval altered because of location of existing drainfield.

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

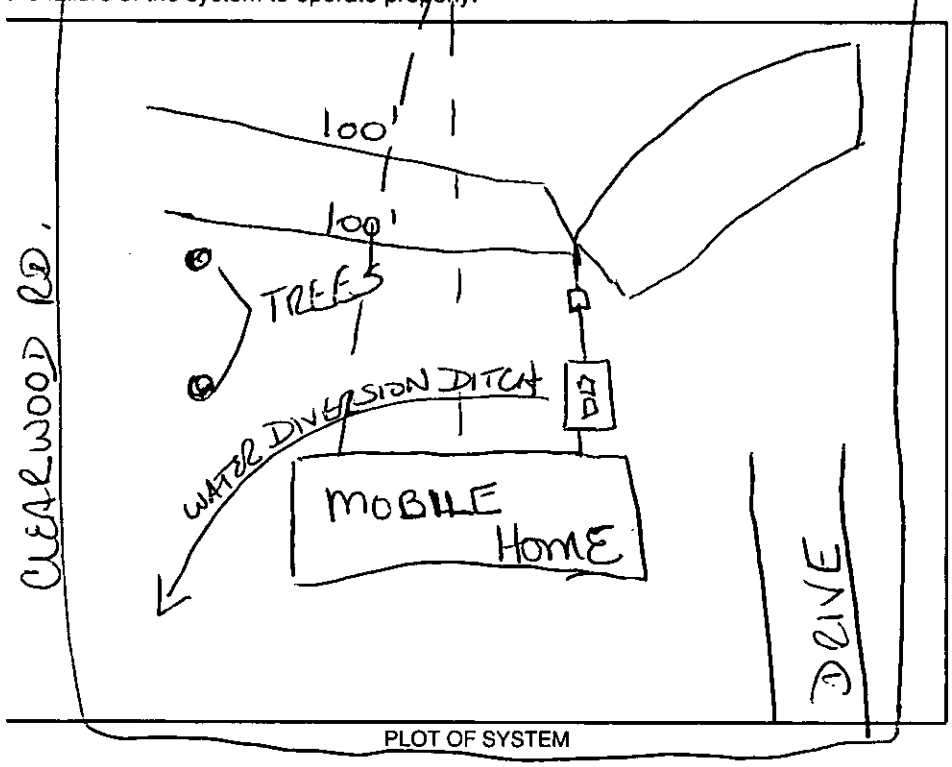
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: _____ DATE: 3/15/97

TC: _____ ☐ L

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Joni E. Higgins-Bunney
Environmental Health Specialist

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:

NAME: _____ (last) _____ (first) _____ (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: _____ STATE: _____ ZIPCODE: _____

Date: 11/09/93

PROPERTY OWNER:

NAME: VAN (last) TRAN TAM (first) (mi)

ADDRESS: 8104 NEW DELHI PL PHONE: (__) 332-8733

CITY: CHAR STATE: NC ZIPCODE: _____

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 053-186-02

STREET ADDRESS: 3716 GREENHAVEN DR

ZONING: _____

Township (check one):
[] 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: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] 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: 3 NUMBER OCCUPANTS: 5

SYSTEM CLASSIFICATION:

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

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

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

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

Signed: Tam Van Tran Date: 11/8/93

NOTICE:

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

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

...

[] 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 Date

WATER : 122791

400 BT

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

1/30/96 ck# 1564 $50.00 5278 X 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: VAUGHN (last) THOMAS (first) (mi)
ADDRESS: 3716 GREENHURST DR PHONE: 704 393-5699
CITY: CHARLOTTE STATE: NC ZIPCODE: 28214

Date:

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

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 053-186-02
STREET ADDRESS: 3716 Greenhurst Dr.
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME: Westwood Forest
LOT NUMBER: L #39 LOT SIZE (in acres):

TYPE APPLICATION (check one):
[] NEW SFDU - INDIVIDUAL LOT (N)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[X] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SUBD. POOL DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED (ALTERNATIVE) SD RESIDENCE - 4 BEDROOMS (N)
[] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2
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):
[X] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[] Private Well (P)

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

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

Signed: Thomas E Vaughn Date: 1-30-96

NOTICE:

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

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

... Use existing system for three bedroom residence only.

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

Joe Higgins Burney 2/21/96
Environmentalist Date

Interim for Daniel Sprayman Chief 2-26-96
Director or Authorized Section Head Date

WATER : 122791

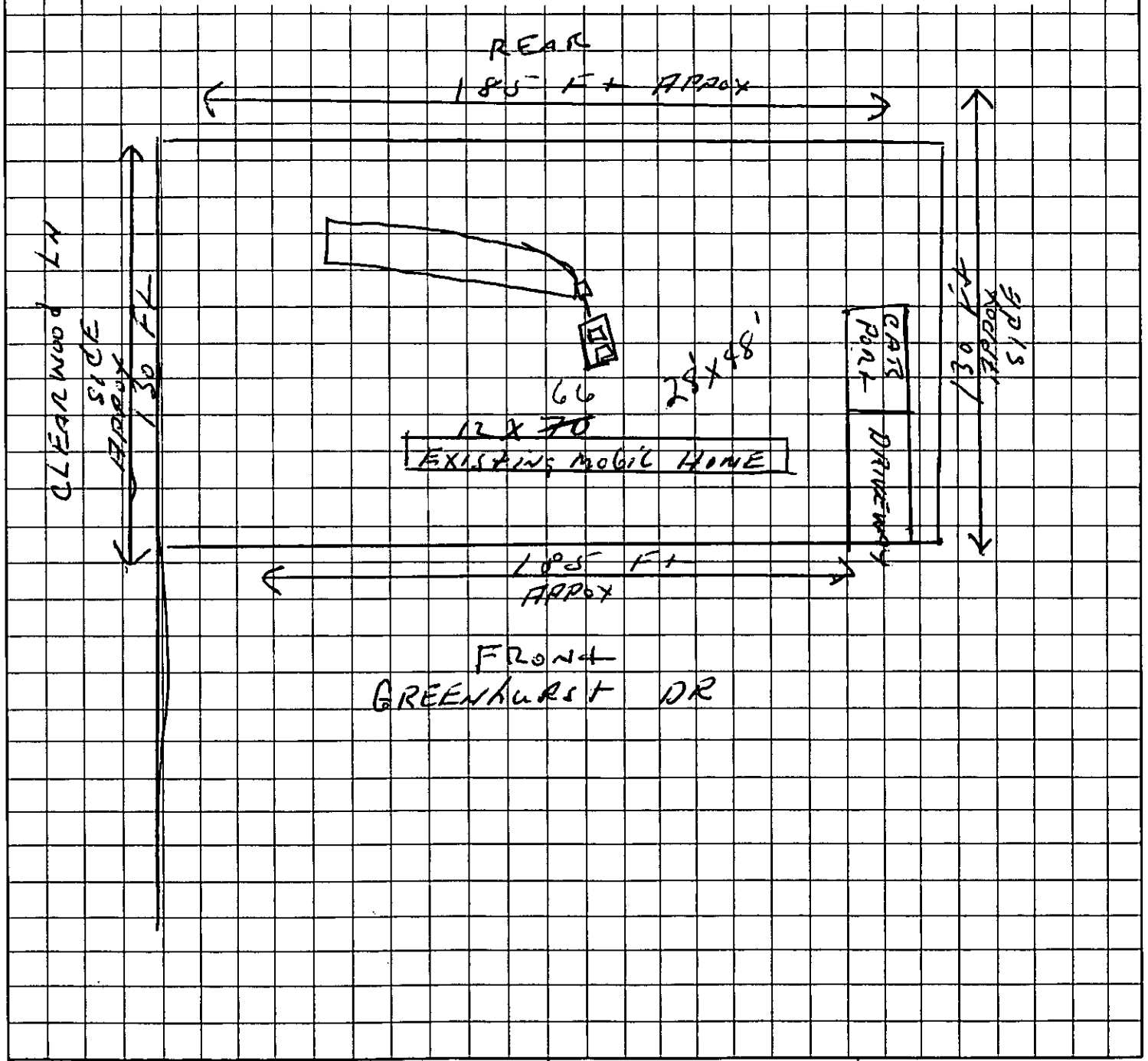
PROPOSED PLOT PLAN

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

FILE: 5278

TC: 053-186-02

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 2/1/96 JHB

OWNER/AGENT SIGNATURE

DATE

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

Date Issued 27 Nov 72 Serial No. 3151 ICAR(S) Permit No. 5270

T. C. No. [illegible]

Map Date [illegible]

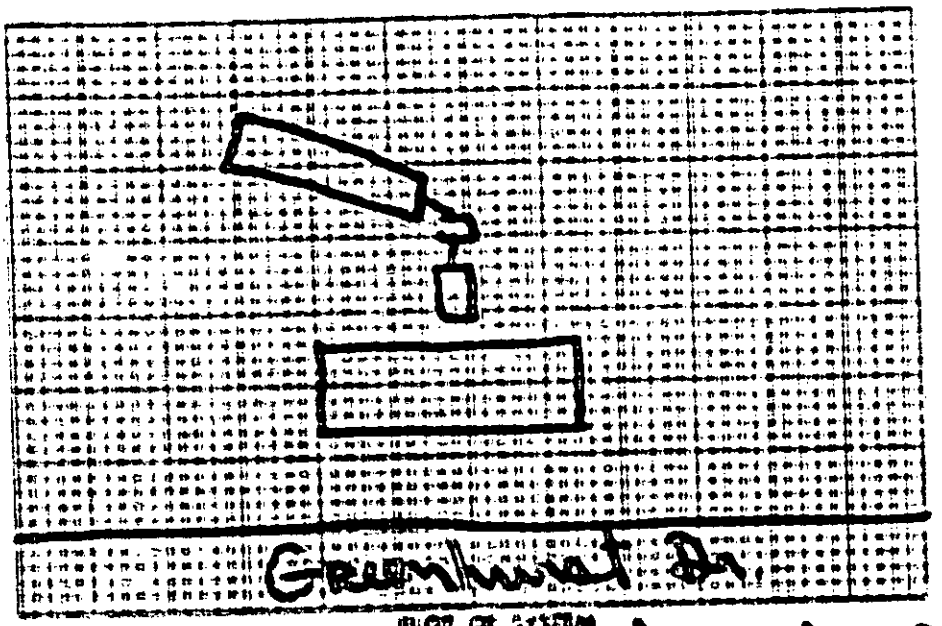
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby given to ___ Install or Construct, ✓ Alter or Repair the individual septic tank and 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 dated 27 Nov 72 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 27 Dec 72 after which date this permit shall be null and void.



SKETCH OF SYSTEM

Percolation Rate —

Liquid Capacity of Tank —

Tank Construction —

Absorption and/or Distribution Lines

Total Line Length Two (5'x24'x4's)

Number of Lines 150 L/Ft

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'+

NAME OF OWNER Investment Land Sales, Inc.

LOCATION OF PROPERTY Lot #29 Greenhurst Drive

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

Comments: —

R. M. Reynolds
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 Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

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

HEALTH DEPARTMENT'S COPY

e Issued 28 Nov 72

Serial No. 2837

C of A (s) No. 5278

T. C. No.

Map Date 28 Nov 72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

ame of Owner Investment Land Sales, Inc. (LAST / FIRST / MIDDLE)

cation of Property Lot #29 Greenhurst Drive

pplication Number 5278 Permit Number 5278

spection Data:

quid Capacity of Tank /

otal Length of Drain Tile 150 l/ft

epth of Filter Material 4'

Vater Supply Source well-Community

xcavation Inspected 28 Nov 72 (DATE)

iltrification Field Inspected 28 Nov 72 (DATE)

Vashing Machine Line Inspected, If Applicable / (DATE)

Tank Material /

Number of Lines Two (5' x 24' x 4' stone)

Cover Depth 28"

Distance from Water Source 50' +

Tank Inspected / (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been _____ installed or constructed, / altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health in effect on the date of issuance of the permit. The issuance of this Certificate of Approval does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This Certificate of Approval is issued subject to those restrictions and conditions shown on the permit (s) in addition to those listed below under comments. This Certificate of Approval shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Comments: _____

R. M. Reynolds

Environmentalist

FORM NO. E-6-4-1-71

HEALTH DEPARTMENT'S COPY

Lot # 278

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

COPY

Date: 11/09/93

PERSON FILING APPLICATION:
NAME: Jane (last) (first) (mi)
ADDRESS: _____ PHONE: (___) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 053-181-02
STREET ADDRESS: 3716 GREENHURST DR
ZONING:

PROPERTY OWNER:
NAME: VAN (last) TRAN TAM (first) (mi)
ADDRESS: 8104 NEW SELMA PL PHONE: (___) 332-8733
CITY: CHAR STATE: NC ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[] 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: 3 NUMBER OCCUPANTS: 5

SYSTEM CLASSIFICATION:

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

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

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

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

Signed: Tam Tran Date: 11/8/93

NOTICE:

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

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

..See attached Complaint for details

[] 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 Date

WATER : 122791

10/25/93

Judy:

Re: 3716

Greenhurst Rd

Sewage complaint

tel # of Landlord

John Van Ingen

H-391-1423
W-332-8733

All of waste goes under trailer instead of in tank

Vincent
Susan King

391-9192

Copy to K. Kendall

Main Line coming from house to Septic tank is stopped up. Wood thing on front porch is where its unhooked under the hose

If pipe is hooked up everything backs up into trailer.

MVR-28 (Rev. 1/82) North Carolina Division of Motor Vehicles

AFFIDAVIT OF FACTS SURROUNDING THE INCORRECT ASSIGNMENT OF A MANUFACTURER'S CERTIFICATE OF ORIGIN OR A CERTIFICATE OF TITLE

1

Seller/s _____
(NAME/S AND ADDRESS)

This will certify that I/we did not sell or deliver a _____
(YEAR) (MAKE) (BODY STYLE)

_____ to _____.
(VEHICLE IDENTIFICATION NUMBER) (PURCHASER/S)

I/we did sell and deliver a _____.
(YEAR) (MAKE) (BODY STYLE) (VEHICLE IDENTIFICATION NUMBER)

The incorrect manufacturer's certificate of origin or the incorrect certificate of title number _____ was assigned.

_____
(SIGNATURE/S OF SELLER/S)

By: _____
(AUTHORIZED REPRESENTATIVE)

Subscribed and sworn to before me this _____
day of _____ 19 ____.
My commission expires _____

_____ SEAL
(SIGNATURE OF NOTARY PUBLIC IN INK)

Address _____

2

Purchaser/s _____
(NAME/S AND ADDRESS)

This will certify that I/we did not purchase or take delivery of a _____
(YEAR) (MAKE) (BODY STYLE)

_____ from _____.
(VEHICLE IDENTIFICATION NUMBER) (SELLER'S NAME/S)

I/we did purchase and take delivery of a _____.
(YEAR) (MAKE) (BODY STYLE) (VEHICLE IDENTIFICATION NUMBER)

The incorrect manufacturer's certificate of origin or the incorrect certificate of title number _____ was assigned.

_____
(SIGNATURE/S OF PURCHASER/S)

Subscribed and sworn to before me this _____
day of _____ 19 ____.
My commission expires _____

_____ SEAL
(SIGNATURE OF NOTARY PUBLIC IN INK)

Address _____

3

Lienholder _____
(NAME AND ADDRESS)

This will certify that we hold no interest whatsoever in a _____
(YEAR) (MAKE) (BODY STYLE)

_____ for which the manufacturer's certificate of origin or certificate of title
(VEHICLE IDENTIFICATION NUMBER)

number _____ was assigned in error to _____.

We do hold a security agreement on a _____
(YEAR) (MAKE) (BODY STYLE)

_____.
(VEHICLE IDENTIFICATION NUMBER)

_____
(LIENHOLDER)

By: _____
(AUTHORIZED REPRESENTATIVE)

Subscribed and sworn to before me this _____
day of _____ 19 ____.
My commission expires _____

_____ SEAL
(SIGNATURE OF NOTARY PUBLIC IN INK)

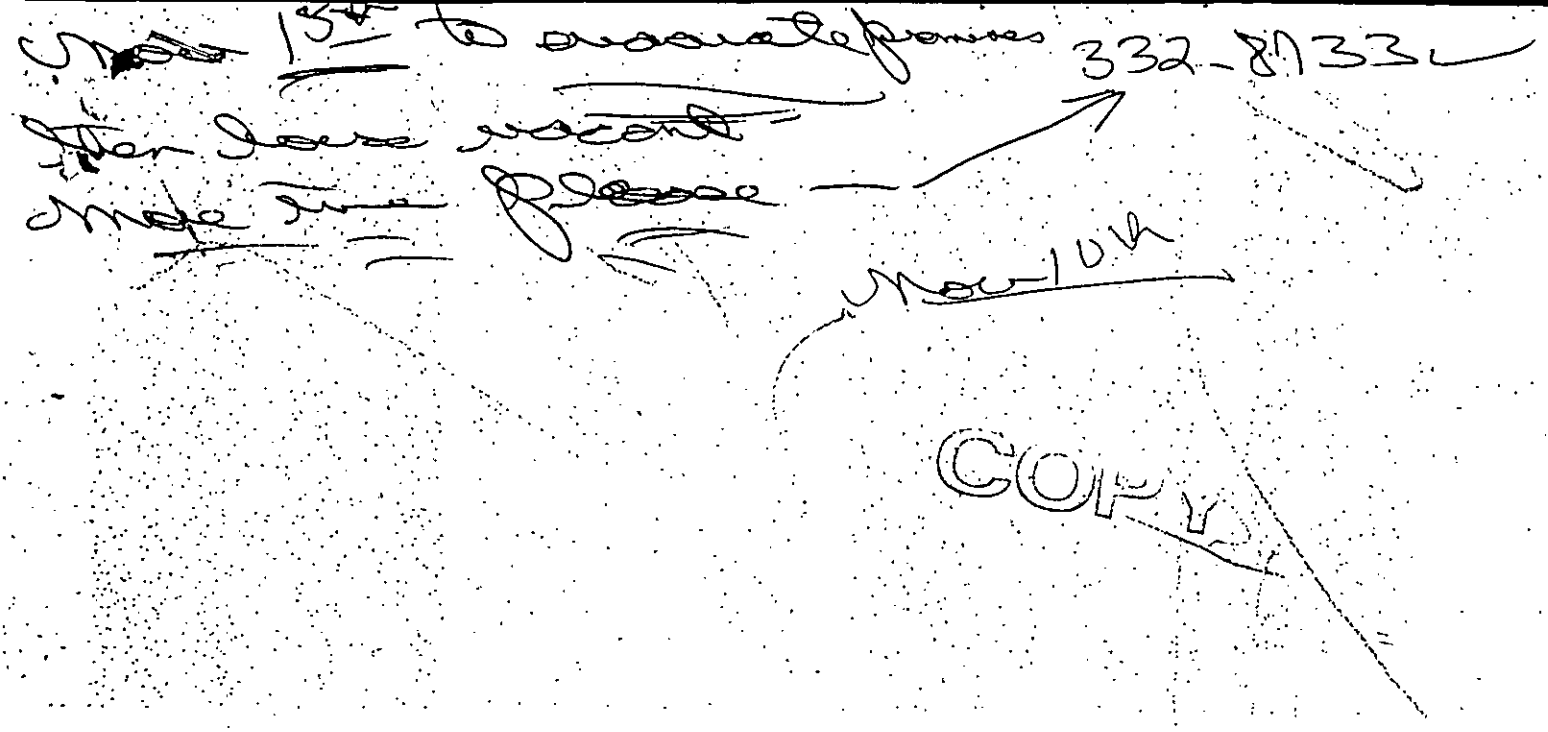
Address _____

391-1423
May be
Owners # -
~~OR~~ I Tried
to call Him
because these
people can't flush
toilets - The line
is disconnected
from the tank

+ When its connected
It backs up
into the house

Judy.

Follow
up SM



N. C. Department of Environment, Health, and Natural Resources/Division of Environmental Health

ON-SITE WASTEWATER VIOLATION NOTICE TX#053-186-02

OWNER TRAN TAM VAN

MAILING ADDRESS 8104 NEW SHELDON DR.

OCCUPANT TERESA KING

LOCATION 3716 GREENHURST DR.

☒ RESIDENCE ☐ BUSINESS ☐ OTHER CHARLOTTE, NC

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number 336-5571.

☒ Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

☐ Other Repairs (*specify*) _____

☐ Eliminate wastewater discharge and connect to an approved wastewater system.

☐ Perform Maintenance (*specify*) _____

☐ Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by 11-24-93, appropriate legal action will be taken.

Notice Issued 10-29-93 (Date) Signed JUDY J. KISER, R.S. for Judy Kiser (Agent) Division of Environmental Health

Compliance _____ (Date) Signed _____ (Agent) Division of Environmental Health

DEHNR 1138 (Revised 9/92)
On-Site Wastewater Section (Review 10/94)

SERVICE REQUEST/WORK ORDER

Date: 10-19-93
Section: 053-186-02

Emergency? (Y) N
Hour: _____
Log No.: _____

REQUESTING PERSON: Teresa King Tel. No. 391-9192 8-5
Address 3716 Green Hurst Dr City Char Zip 28214

PROPERTY CONCERNED: Facility Name Westwood forest M/H P. Tam VAN Tran
Address 3716 Green Hurst Dr City Char NC Zip 28214

SERVICE REQUESTED: RAW Sewage LOM. US Wider Trailer been this way for 3 weeks
391-1423

ASSIGNED TO: _____ TAKEN BY: MD.

DATE	ACTIVITY REPORT
10/21	Site visit - Sewage discharge from underneath trailer — VIOLATION notice written.
10-29-93	
PC	to Tam Van Tran / said he will fix problem on 10-29-93 I advised him he should fix it.
PC	to Teresa King left message on Answering Machine
11/2	Site re-Visited. Problem still EXISTS. Spoke w/ tenant. She said system backed up from the tank. Plumbing line was disconnected. Discharges underneath trailer. Appx 3 months ago - Mr Liggon property Owner replaced pipe between Tank & D-Box and re-fed w/ new line from D-Box to bed. I Viewed this repair work & advised if the system didn't work after this then would have to Add Drainfield. Mr. Liggon has sold property
11/3	Telephoned Mr. VANTRAN. Advised him plumbing will have to be reconnected. He agreed to this and will meet him on the lot at 1:00 pm monday 11/8/93
11/6	Met on Site w/ Mr. VANTRAN & tenant - They had located

NOTIFICATION OF FINAL DISPOSITION TO REQUESTING PERSON:

_____ / _____ WRITTEN ___ VERBAL ___
Environmentalist's Signature Date

REVIEWED BY: _____ / _____ RECALL DATE: _____
Section Head's Signature Date

a Clog in the Plumbing Line - They will unclog this and if System malfunctions again property owner will be notified by tenant. Owner will then Call for repair permit