

17036 BELLE ISLE DR

00131218

5/21/08

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) 336-5103

FILE: 3686 DATE: 3/29/06

TC: 001-312-18 ☐ L ☐ CRT

SERIAL Nº 20047

Name of Owner Michael McCoy Juris.: _____

Address of Property 17036 Belle Isle Drive

Inspection Data:

Tank Material Existing

Total Length of Drainfield 100'

Number of Lines 2 @ 50'

Cover Depth 12'

Water Supply Source Well

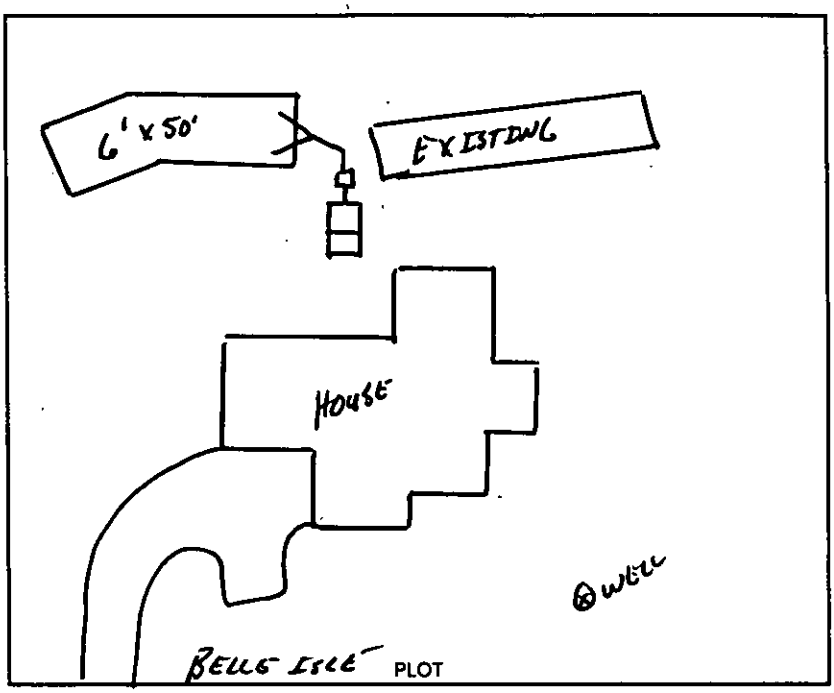
Distance to Water Source >100'

Excavation Inspected 3/29/06

Tank(s) Inspected —

Wash Line Inspected —

High Water Alarm Inspected —



Design 2006 Alteration, 300 SFT. Inv. Chambers CTR# Arlington Cornelius

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 15A NCAC 18A. 1900 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: 6' x 50' Bed Alteration

Type IIIg Innovative System

Tony Mullis
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

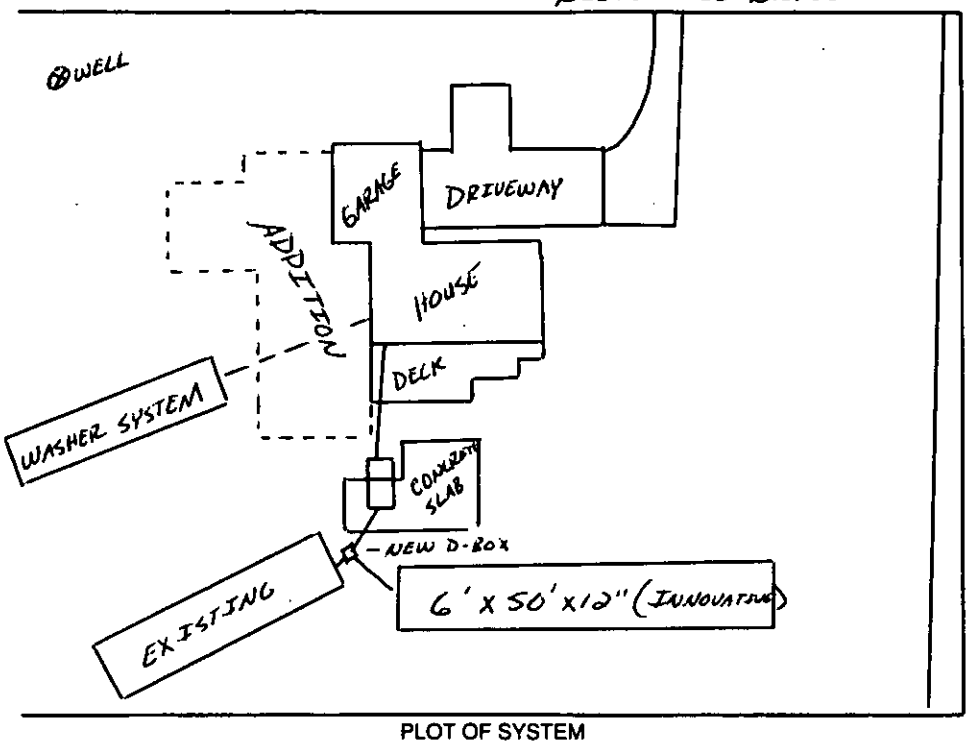
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 3686 DATE: 9/7/05

TC: 001-312-18 ☐ L

SERIAL Nº 20098

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 8/29/05. All work shall be completed on or before BEFORE CONSTRUCTION, 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

LAKE NORMAN

Liquid Capacity of Septic Tank EXISTING gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width (6' x 50') OR (9' x 33') feet

Trench Walls Scored and Porous yes

Total Line Length 100' feet

Number of Lines (2 x 50') OR (3 x 33')

Depth of Stone NA inches

Distance from House >5' feet

Distance from Property Line >10' feet

Distance from Well > 100' feet

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

NAME OF OWNER MICHAEL & SUSAN McCOY

LOCATION OF PROPERTY 17036 BELLE ISLE DRIVE

Comments: SYSTEM ALTERED FOR BEDROOM ADDITION (4 BEDROOMS TOTAL)
INSTALL 6' x 50' BED OR 9' x 33' BED (100')
TYPE IIIg INNOVATIVE SYSTEM
INSTALL NEW D-BOX

Tommy Mitchell, R.S.
Environmental Health Specialist

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

FEE: _____
DATE: _____

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

ACS
ID 149635

PERMIT NUMBER: 3686
PARCEL NUMBER: 00131218

JOB LOCATION ADDRESS: 17036 Belle Isle Drive
PROPERTY OWNER: Michael & Susan McCoy
BUILDING CONTRACTOR: CM Knight
SUBDIVISION NAME: NA
AUTHORIZATION ISSUED BY: Jeremy Michelone, R.S. DATE: 09/07/05

Jeremy Michelone, R.S.
DENR/DEH AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 3686, 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 THE 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 CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.

5. OTHER CONDITIONS:

From: Trevor Thomason
To: Bruce Smith
Date: 4/10/06 7:55:29 AM
Subject: Alteration process changes

I think this will work. I did encounter a few minor problems while testing.

Activate the select hyperlink in the EHS review page for alteration projects so they can access the new IP conditions hyperlink.

Please remove the N/A from the search IP section. I was able to upload an IP from the front counter but could not view it from the search page.

I got the attached error message when I tried to generate a CA for the project (App #627). The information displays in the front counter but I was unable to view or print the CA I generated. Please remove N/A from the search CA section for alterations. This can be left empty if no CA is generated.

The alteration project is removed from the EHS worklist when the IA is uploaded. Please modify to remove the project when the OP is processed in the front counter.

Trevor

Please change the heading for the IA section of the front counter to be "Installation Approval:"

CC: Trevor Thomason

SEP-07-2005 15:06 MECKLENBURG CO GWS 704 336 6894 P.03/04

CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Tax Number: 00131218

Permit Number: 3686

- 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

Primary Wastewater System

Type: ☐ 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

0.3 Long-term acceptance rate (GPD/ft^2)	480 Max gallons/day wastewater flow	300 Absorption Area (ft^2)	3 Trench spacing (min. on centers) (ft)
Serviced by private well: ☒ Yes ☐ No	1500 Gallon septic tank	100 Total trench length (ft)	36 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
4 Bedrooms in residence	NA Gallon pump tank	NA Depth of stone (in)	

Any surface water present: Yes Type: Lake Norman Minimum separation distance (ft): 50

Additional conditions: Install 8' x 50' or 9' x 33' Bed
Use 25% reduction system
Property does not require 100% repair area.

Repair Area System

Type: ☐ 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

____ Absorption Area (ft^2) ____ Total trench length (ft)	__ Depth of stone (in)	__ Trench spacing (min. on centers) (ft)	__ Maximum trench depth (in)

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. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment and Disposal Systems 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.

Tammy Mullis R.S. 9/7/05
DENR Authorized Agent Date

Owner/Agent Signature 7-8-05
Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE: (704) 336-5103
FAX: (704) 336-8894

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

With correction showing existing washer system remote from addition. Approved DENR Tammy Mullis, R.S. 9/9/05

MWS-100196

CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Permit Number: **3686** Tax Number: **00131218**

- 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

Primary Wastewater System

Type: ☐ 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:

0.3 Long-term acceptance rate (GPD/ft^2)	**480** Max gallons/day wastewater flow	**300** Absorption Area (ft^2)	**9** Trench spacing (min. on centers) (ft)
Serviced by private well: ☒ Yes ☐ No	**1500** Gallon septic tank	**100** Total trench length (ft)	**36** Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
4 Bedrooms in residence	**NA** Gallon pump tank	**NA** Depth of stone (in)	

Any surface water present: **Yes** Type: **Lake Norman** Minimum separation distance (ft): **50**

Additional conditions: **Install 6' x 50' or 9' x 33' Bed**
Use 25% reduction system
Property does not require 100% repair area.

Repair Area System

Type: ☐ 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:

____ Absorption Area (ft^2) ____ Total trench length (ft)	__ Depth of stone (in)	__ Trench spacing (min. on centers) (ft)	__ Maximum trench depth (in)

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. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems 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.

Tommy Mullis, R.S. 9/7/05

DENR Authorized Agent Date

Owner/Agent Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE: (704) 336-5103
FAX: (704) 336-6894

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

IWWS-100195

#627

GWS – RES. APP 07/05

SEPTIC FEE: #300.00
DATE: 8/31/05
CRT [ ] CK 1076 V.W.

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

FILE # 3686

WELL FEE: _____
DATE: _____
CRT [ ]

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☒ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

WELL / TYPE APPLICATION: ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION:

TAX/PARCEL #: 001-312-18
STREET ADDRESS: 17036 Belle Isle Drive
CITY: Cornelius
STATE: NC ZIP: 28031
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 21
TOWNSHIP: Lemley

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

BUILDING INFORMATION:

TYPE OF BUILDING:
☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☒ HOUSE (H) ☐ OTHER
HEATED SQUARE FOOTAGE: Approx. 1450
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: One
NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: None
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☒ NO TYPE:

WATER SUPPLY:

☐ MUNICIPAL (M) ☐ PUBLIC (C) ☒ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☒ YES	☐ NO	WELLS, SPRINGS, OR WATER LINES	☒ YES	☐ NO
EXISTING WASTEWATER SYSTEMS	☒ YES	☐ NO	DESIGNATED WETLANDS	☐ YES	☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☒ YES	☐ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☒ NO

PROPERTY OWNER:

NAME: Michael D. & Susan O. McCoy
ADDRESS: 3832 Abingdon Road
CITY: Charlotte
STATE: NC ZIP: 28211
HOME PHONE: 704-362-2458 WORK PHONE: 704-444-1011
MOBILE PHONE: FAX: 704-444-1111

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: N/A
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? April 10, 1992, Book 6842, Page 197
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? N/A

*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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

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

*A Well 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

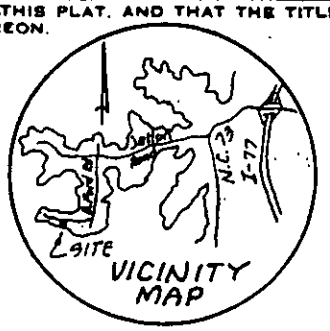
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202 704-336-5103 / FAX: 704-336-6894

THIS IS TO CERTIFY THAT ON THE 10th DAY OF April 19 92 I, SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF any ARE SHOWN HEREON.

SIGNED Bobby J. Raye
REGISTERED SURVEYOR

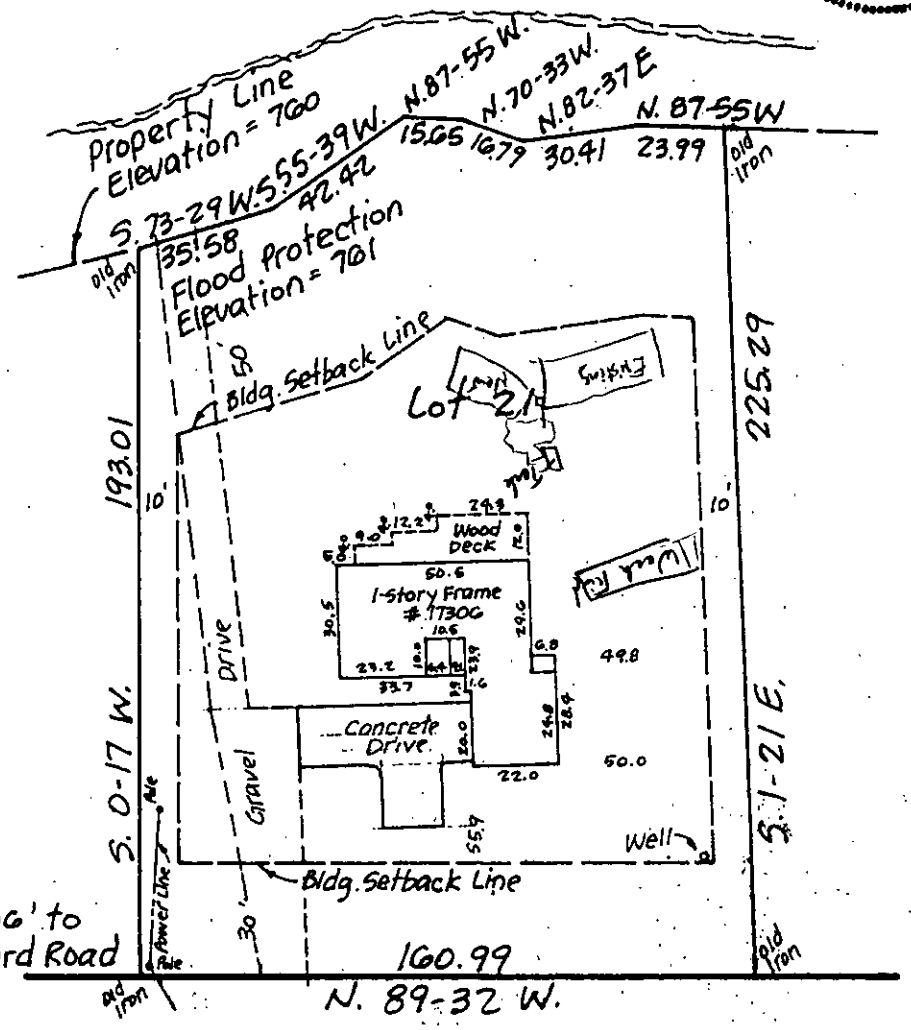
Bobby J. Raye
627 Eastway Drive
Charlotte, N.C. 28205

NORTH CAROLINA REGISTERED SEAL L1108 LAND SURVEYOR BOBBY J. RAYE



Ref. Map: 17-554

Lake Norman



BELLE ISLE DRIVE

formerly TORCHLIGHT DRIVE

Physical SURVEY

OF

Lot 21 Lake Norman Recreation Lots Section 2
Lemley Township, Mecklenburg Co., N.C.
Michael D. McCoy

SCALE 1"=40'

THE PROPERTY OF

MAP RECORDED IN BOOK 17 AT PAGE 554 DEED RECORDED IN BOOK PAGE

Michael D. McCoy
101 N. Tryon Street
Bank of America Plaza
Suite 4000
Charlotte, N.C. 28280-4000
Phone: 704-444-1011
Fax: 704-444-1111
mmccoy@alston.com
August 29, 2005

Mecklenburg County Health Department
Groundwater and Wastewater Services
700 North Tryon Street, Suite 2111
Charlotte N. C. 28202

17036 Belle Isle Drive
Cornelius, North Carolina 28031

Enclosed are the following:

-Permit application for a residential site.

- Survey for 17036 Belle Isle Drive, and plat with underground utilities, water supply, irrigation, etc. marked in color.

- Plans for an addition to the west side of the existing structure.

-September 20, 1979 application and February 28, 1980 permit for alteration of the septic system at 17036 Belle Isle Drive, file number 3686.

-Check for $300.

Please arrange for an inspection to determine if the existing septic system can be altered to accommodate the addition, which adds one additional bedroom.

If you have questions or need additional information, please contact me at your convenience.

Sincerely,

Michael D. McCoy

cc:Chris Knight, w/encls.

This facsimile message and its contents are legally privileged and confidential information intended solely for the use of the addressee. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, copying or other use of this message and its contents is strictly prohibited. If you have received this telecopy in error, please notify us immediately by telephone and return the original message to us at the address shown below via the Postal Service. Thank You.

ALSTON&BIRD LLP

101 South Tryon Street, Suite 4000
Charlotte, NC 28280-4000

704-444-1000
Fax: 704-444-1111

TELECOPY

PLEASE DELIVER AS SOON AS POSSIBLE

DATE: September 8, 2005

TO: Jeremy Michelone

FROM: Michael D. McCoy

Jeremy:

Attached is a revised improvement permit for 17036 Belle Isle Drive, Cornelius, file 3686. It more accurately removes the existing washer system feed from underneath the addition and places it remotely, and under the existing deck. I have signed the permit on page 2, noting this change. Please sign on behalf of the Health Department and return it to me. Thank you for your assistance.

Mike McCoy
704-444-1011

NO. OF PAGES: (Including cover page)	4
OPERATOR:	

IF NOT RECEIVED PROPERLY, PLEASE NOTIFY ME IMMEDIATELY AT

USER CODE:	LOUVL	FAX NUMBER:	(704) 336-6894
CLIENT/MATTER:	9990/003000		
REQUESTED BY:	Linda R. Louvier – X1144	VOICE NUMBER:	(704) 336-5103

MICHAEL D MCCOY
SUSAN O MCCOY
3832 ABINGDON RD
CHARLOTTE, NC 28211-3749

1076

CMA Cash Management Account®

DATE 8-29-05

25-80/440

PAY TO THE ORDER OF Mecklenburg County Health Dept. $ 300.00

Three Hundred + no/100 DOLLARS

Security Features Details on Back

Merrill Lynch

BANK ONE. BANK ONE, COLUMBUS, NA - Columbus, Ohio 43271

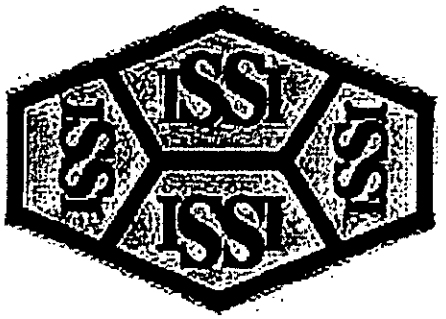
MEMO 17036 Belle Isle, Cornelius

Michael D. McCoy

MP

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ISSI Operations Center Staff

Make 1"=60'

AUG 03 2005

Date Received 9/20/04

Received By [illegible] (CARTS) Application No. 16178-04

T.C. No. 001-312-18

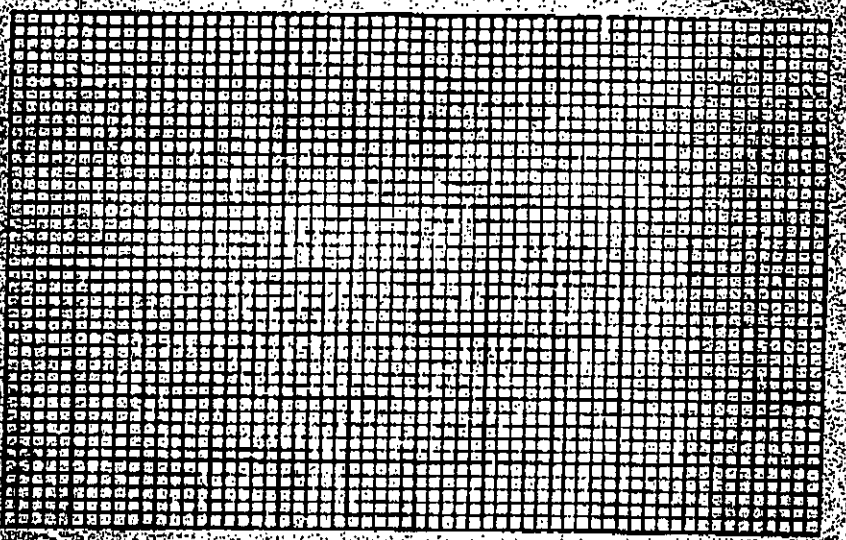
Map Date [illegible]

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: **USE EXISTING SYSTEM - ADD WASHER LINE**

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
5) No. of Bedrooms ____
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 (i.e. Name) ____
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 PHILLIPS, STEVE (LAST, FIRST, MIDDLE)

14) ADDRESS OF OWNER Rt 2 Box 582-C Huntersville

15) PHONE NO. Home 892-4181 Office ____

16) LOCATION OF SYSTEM 17038 Belle Isle Drive (STREET OR COUNTY ROAD)

17) SUBDIVISION ____ Lot No. #21 Block No. 2

Map Book No. ____ Page No. ____

18) DEED REFERENCE — DEED BOOK ____ AT PAGE ____

19) HAS A SOIL INVESTIGATION BEEN RUN? ____ YES ____ NO DATE RUN no site file

20) PIN NUMBER (See Instructions) ____

The undersigned person hereby agrees that he has read the foregoing application and that the statements contained herein are true. It is understood that any permit applied for herein shall be void and of no effect in case of misrepresentation or untrue statements.

Signature of Owner or Agent ____ Date ____

Mike McCoy

Serial 3686

ICAR (5) Permit No. 16175

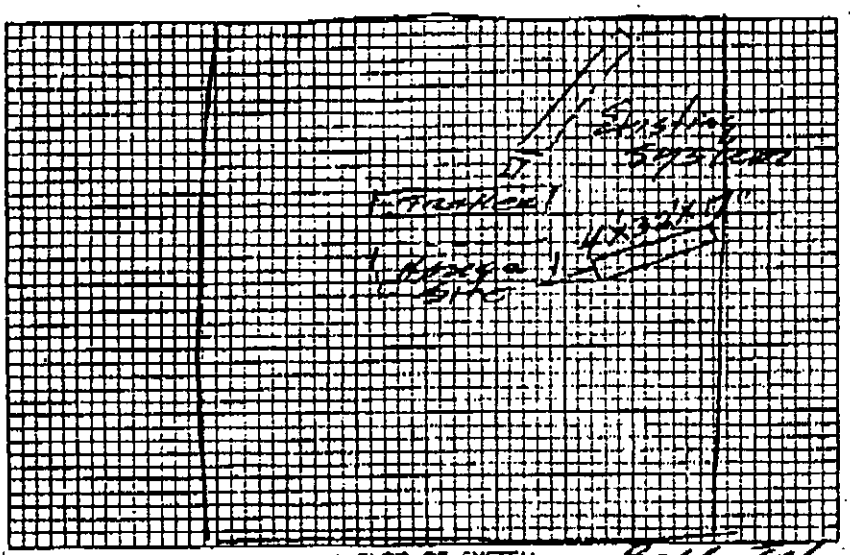
Date Issued 2-28-80

T. C. No. 001-32-18

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 16175 dated 9-20-79 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 3-28-80 after which date this permit shall be null and void.



PLOT OF SYSTEM Bella Isle Dr.

Permeability Rate Existing

Liquid Capacity of Tank Existing

Tank Construction Existing

Absorption and/or Nitrification Lines:

Total Line Length 125'

Number of Lines 4

Distance from House 10'+

Distance from Property Line 10'+

Distance from Well 50'+

NAME OF OWNER Steve Phillips

LOCATION OF PROPERTY 17036 Bella Isle Dr.

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.

adding washing machine field
(12 x 32' x 17" stone)

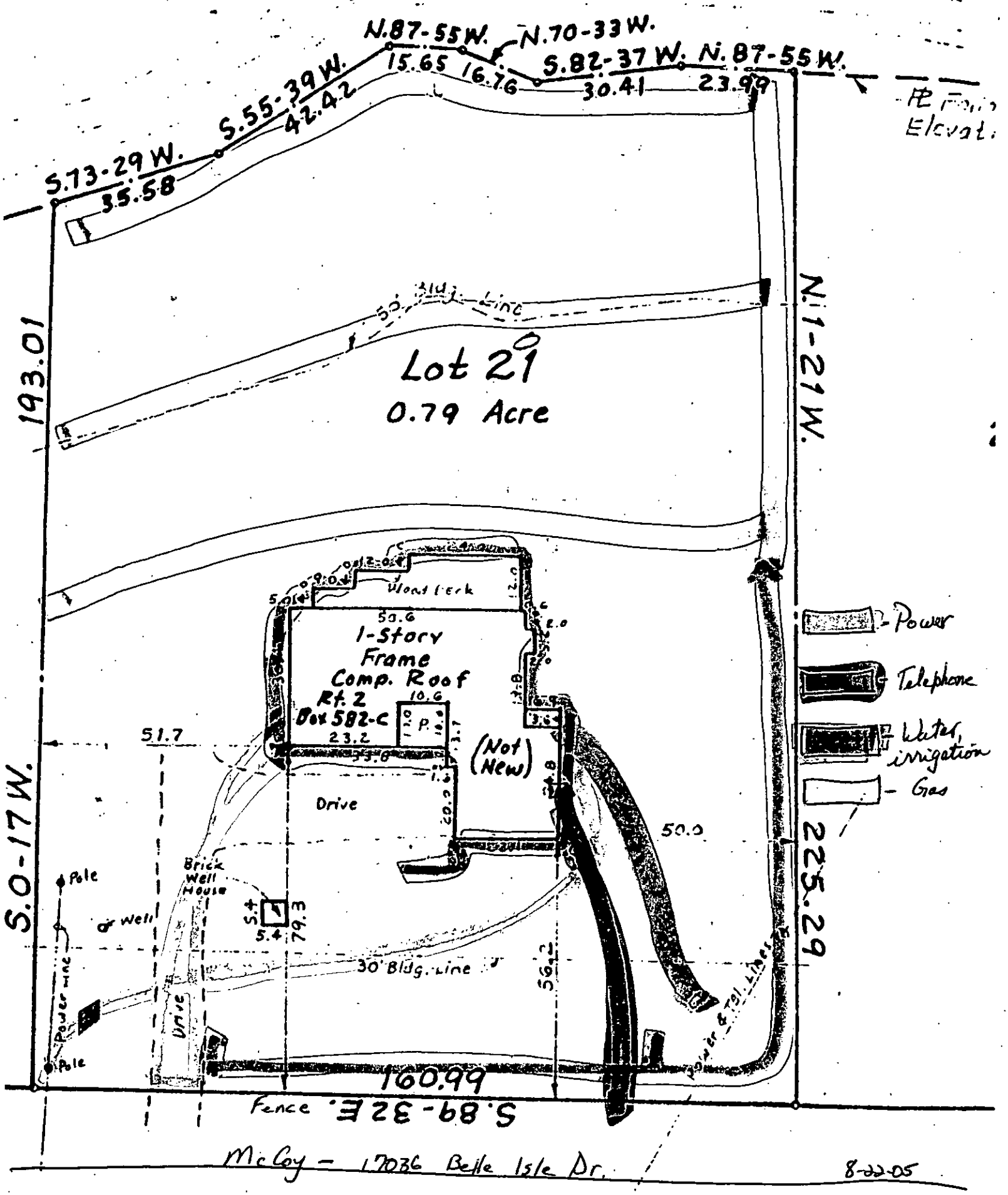
_____ Division or Section Head

Marshall Edwards Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

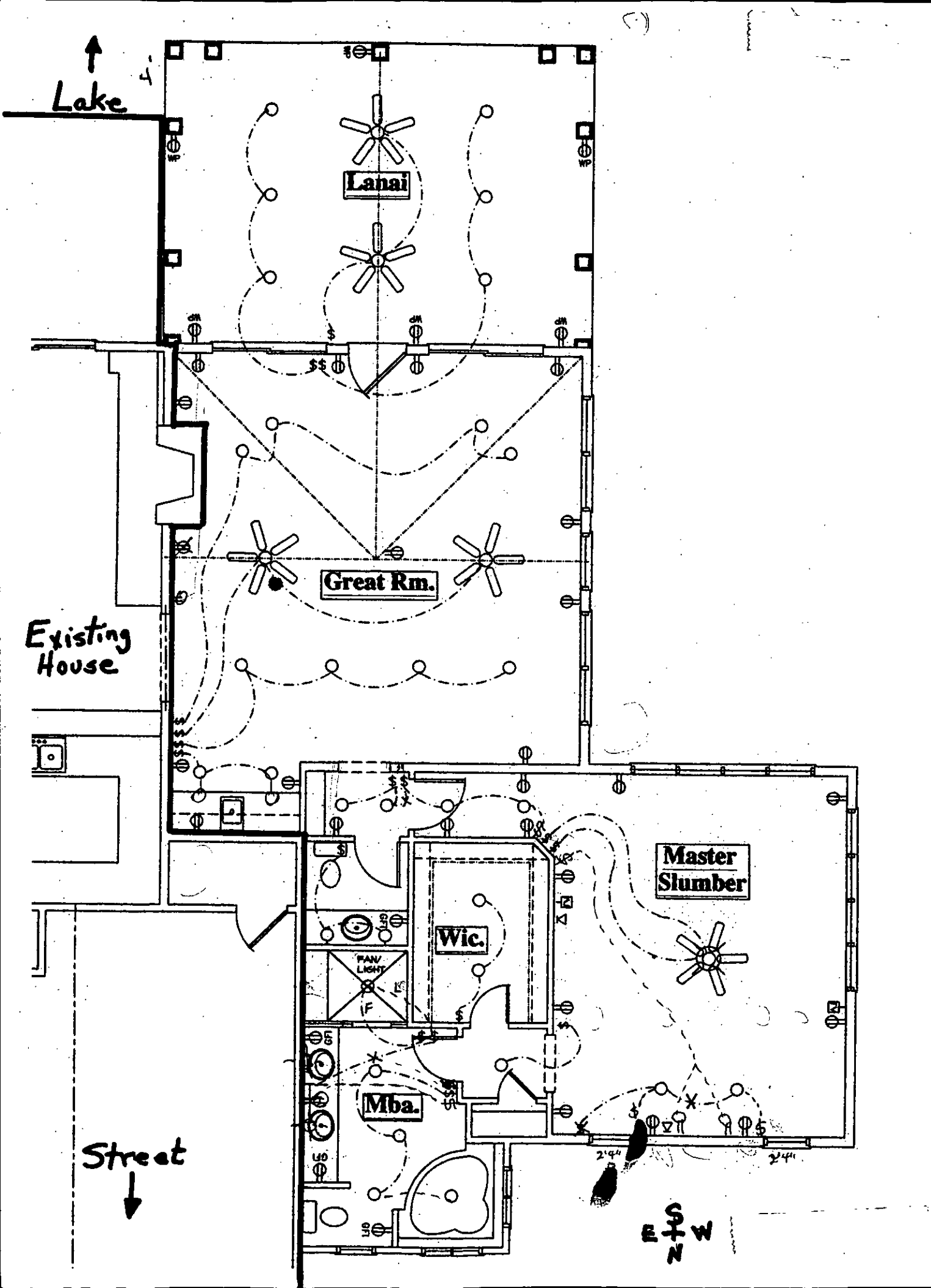
Environmental Health Department's Copy



McCoy – 17036 Belle Isle Dr.

8-22-05

ELLE ISLE DRIVE


Lake
Lanai
Great Rm.
Existing House
Master Slumber
Wic.
FAN/ LIGHT
Mba.
Street
2'4"
2'4"
E
S
W
N