

11015 TARA OAKS DR

19714125

4/16/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 1856A DATE: 12-1-00

TC: 197-141-25 ☒ L ☒ CRT

SERIAL Nº 18161

Name of Owner TOM GATZ Juris.:

Address of Property 1105 TARA OAKS DRIVE

Inspection Data:

Tank Material PCC 1500

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth 12"

Water Supply Source WELL

Distance to Water Source 210'

Excavation Inspected 12-1-00

Tank(s) Inspected 12-1-00

Wash Line Inspected

High Water Alarm Inspected 3-7-01

SEE INSTALLATION PLOT

Design 1500 ST 1000 DT 1600 SFT INNOVATIVE, PRESSURE MANIFOLD CTR# RCS

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: PUMP IS GOULDS VJEO 511-1H [EZEE FLOW INSTALLATION

12-19-00 EVERYTHING COMPLETED EXCEPT COVER FOR PRESSURE MANIFOLD AND CAP FOR 2" CLEAN-OUT.

3-7-01 EVERYTHING OK TYPE III-B, G

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

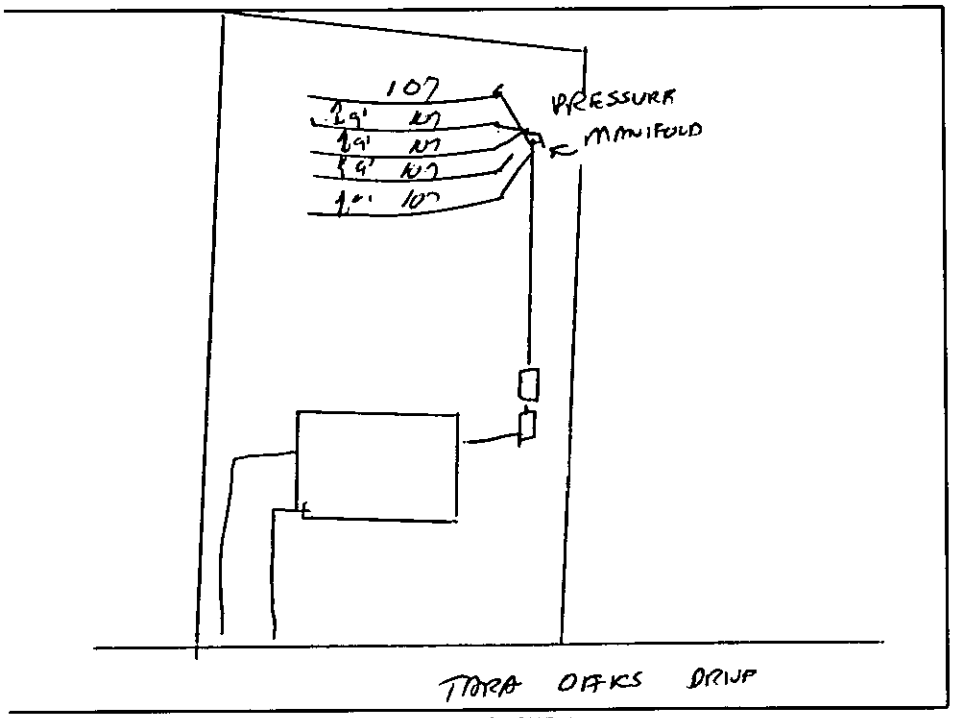
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1856A DATE: 11-1-00

TC: 197-141-25 ☒ L

SERIAL Nº 18569.

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 10-5-00. 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 I5A 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 1000 gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 533' feet

Number of Lines 5

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 250' feet

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

NAME OF OWNER TOM GATZ

LOCATION OF PROPERTY 11015 TARA OAKS DRIVE

Comments: ① CONTRACTOR INQUIRED ABOUT USING TYPE III-G INNOVATIVE. HOMEOWNER MUST GIVE WRITTEN APPROVAL IF HE WANTS TO USE THIS.

Environmental Health Specialist

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

w/ Cert B98685

FEE: 300 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 3/27/00 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 3-22-00 PERMIT NO: 1856A
PARCEL NO: 197-141-25

JOB LOCATION ADDRESS: 11015 Tara Oaks
PROPERTY OWNER: Tom Gatz
BUILDING CONTRACTOR: Randy Carriker
SUBDIVISION NAME: Tara Oaks Lot 12
AUTHORIZATION ISSUED BY: [signature] DATE: 3-22-00
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1856A, 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.

X [signature] 3-27-00
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

MECKLENBURG COUNTY
ENGINEERING & BUILDING STANDARDS DEPARTMENT

Miscellaneous Fees

Requestor (Please print): RANDY CARRIKER	Phone #: 533-6944	Date Requested: 3/17/00	Date Filled: 3/17/00
Account Name: RANDY CARRIKER CONST.	☐ Cash ☒ Charge	Account No.: B98688	

I certify that I am authorized to charge this account for this service.

Signature: Randy Carrike Printed Name: RANDY CARRIKER Date: 3-17-00

Fee or Charge

T.C.	Qty.	Type	Unit Cost	Total Cost
021		Single Lot Grading Permit (Please list address below)		
112		Zoning Board of Adjustment ☐ Residential Variance Request ☐ Commercial Variance Request ☐ Residential Interpretation ☐ Commercial Interpretation		
113		Zoning Citation(s) # _____		
		☐ 117: Certificate of Compliance* ☐ 118: Certificate of Occupancy* (original is free)	$10.00 ea.	
119		Change of Contractor*	$10.00 ea.	
121		Letters of Certification/Verification	$10.00 ea.	
122		Monthly Statistical Reports	$10.00 ea.	
124		Research & Retrieval of Documents		
125		Temporary Utilities/Occupancy*	$30.00/insp.	
		Local License Card/Exam ☐ 128: Mechanical ☐ 129: Plumbing ☐ 132: Electrical		
		Development Activities Plan Review ☐ 002: Commercial Drainage ☐ 005: Erosion Control ☐ 016: Subdivision ☐ 006: Final Plat Review		
425		City of Charlotte Fire - Plan Review SEE		
		Map Sales		
734	1	Other: Auth to Construct	150	150
703	1	Other: 1500 SF Inst + Final	150	150
Payment received by:		Date: 3-01 By:	Total:	300.00

* Please list all permit numbers/addresses that relate to your request. A request for temporary utilities (gas and electric) would require two permit numbers.

11015 Jan Oaks	COMPLETE FACET	E2FE FLOW INSTALLATION COVER FOR
FIRE SUPPRESSION MANIFOLD	AND CMD FOR 2' CLEARANCE	

B-216NS 8/95

WHITE – AUDIT CANARY – CUSTOMER PINK – DIVISION

Permit Number 1856A

Tax Number 197-141-25

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	1 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	
.3 Long-term acceptance rate	480 Max gallons/day wastewater flow	1600 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
Yes Serviced by private well	1500 Gallon septic tank	533 Total trench length (ft)	18" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
4 Bedrooms in residence	1000 Gallon pump tank	12" Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: - Nema 4X simplex control panel w/alarm required (adjacent to pump tank). - Pressure Manifold required.				
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	
1600 Absorption Area (Sq ft) 533 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	18" 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 th 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 effe 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 Departmer

... This Improvement permit is transferable.

L.B. Thompson Jr. L.S. 3.22.00 — 3-27-00

DEHNR Authorized Agent — Date — 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

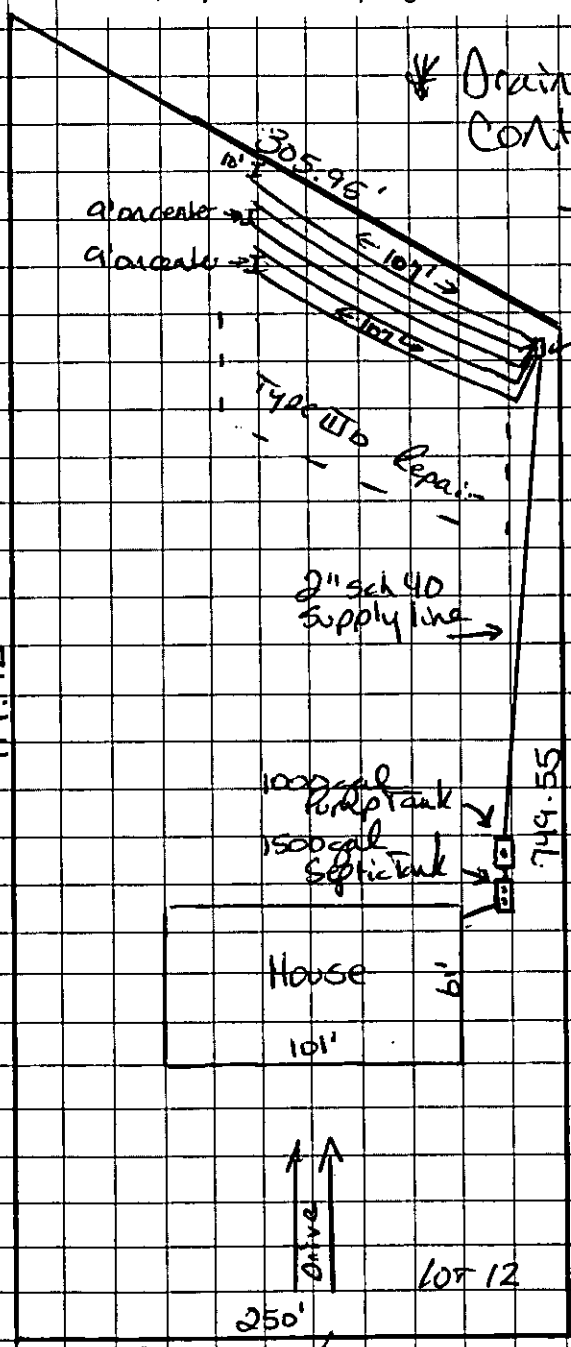
PROPOSED PLOT PLAN

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

FILE: 1856 A

TC: 197-141-25

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.



Tara Oaks

OWNER/AGENT SIGNATURE

DATE 3-22-00

APPROVAL DATE 3-22-00

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

DRW

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

100, 10/2/00 Add's, Emailed

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 | 856A

PERSON FILING APPLICATION:

NAME: Carriker (last) Randy (first) (mi)

ADDRESS: 434 Foxglove Ln PHONE: (704) 533-6944

CITY: Indian Trail STATE: NC ZIPCODE: 28079

Date: 10-02-00

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 197-141-25

STREET ADDRESS: 4015 Tara Oaks Dr
Charlotte, NC 28029

ZONING:

PROPERTY OWNER:

NAME: Gatz (last) Tom (first) (mi)

ADDRESS: 7300 Applecreek Dr PHONE: (704) 545-9530

CITY: Charlotte, STATE: NC ZIPCODE: 28227

SUBDIVISION OR MOBILE HOME PARK NAME: TARA OAKS

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

LOT NUMBER: 12 LOT SIZE (in acres): 4.77

TYPE APPLICATION (check one):

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)

[X] ADDITION / GARAGE / RENOVATION/NO MAJOR CHANGES (X) Detached

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

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 3

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
[X] 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: [signature] Date: 10-02-00

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.

... 10/5/00 USE EXISTING SYSTEM

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

[signature] 10/5/00
Environmentalist Date

WWATER : 122791

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Fees

Requestor (please print): RANDY CARTER	Phone #: 533 6544	Date Requested: 10-03	Date Filled:
Account Name: RANDY CARTER	Cash (Charge)	Account No.:	B98688
I certify that I am authorized to charge this account for this service:			
Signature:	Printed Name: RANDY CARTER		Date: 10-03

T.C.	Qty	Description	Unit Cost	Total Cost
0701	1	Improvement Permit Application - Residential	$ 200.00	
0735		Improvement Permit Application - Commercial	$ 400.00	
0702		Optional Site Evaluations	$ 100.00	
0703		Installation and Final Approval	$ 150.00	
0704		Change in Plot Plan	$ 100.00	
0705	1	MH Exc/Add/Repl without System Modification	$ 100.00	100
0706		MH Exc/Add/Repl with System Modification	$ 300.00	
0707		Site Consultation Visit	$ 100.00	
0734		Authorization for Wastewater System Construction	$ 150.00	
0708		Realty Closing - Conventional	$ 85.00	
0709		Realty Closing - FHA with water	$ 135.00	
0710		Additional Trips	$ 65.00	
0711		Well Water Analysis-Bacteriological with regular parameters	$ 50.00	
0712		Well Water Analysis -Nitrates and Nitrites	$ 15.00	
0714		Well Water Analysis - Organic Analysis	$ 200.00	
0715		Admin. Fee - Field Activity Letter	$ 25.00	
0718		Residential Pool Permit	$ 50.00	
0719		Public Pool Permit - operating	$ 240.00	
0720		Seasonal Pool Permit - operating	$ 120.00	
0736		Pool Late Fee	$ 120.00	
0733		Permit to Construct a Public Pool	$ 200.00	
0721		Home Day Care Evaluation and Permit	$ 70.00	
0722		Home Day Care Evaluation and Annual Fee	$ 40.00	
0723		Eval and Report Non-Permit Facility	$ 50.00	
0724		Private Pool Testing	$ 15.00	
0731		Garbage Hauler Permit - (1-9 vehicles)	$ 30.00	
0736		Garbage Hauler Permit - (each over 9)	$ 20.00	
0725		Document Copies	$ 0.05	
Payment received by:		Date:	Total:	100.-

11015 Tara Oaks Dr

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION

PROPOSED PLOT PLAN

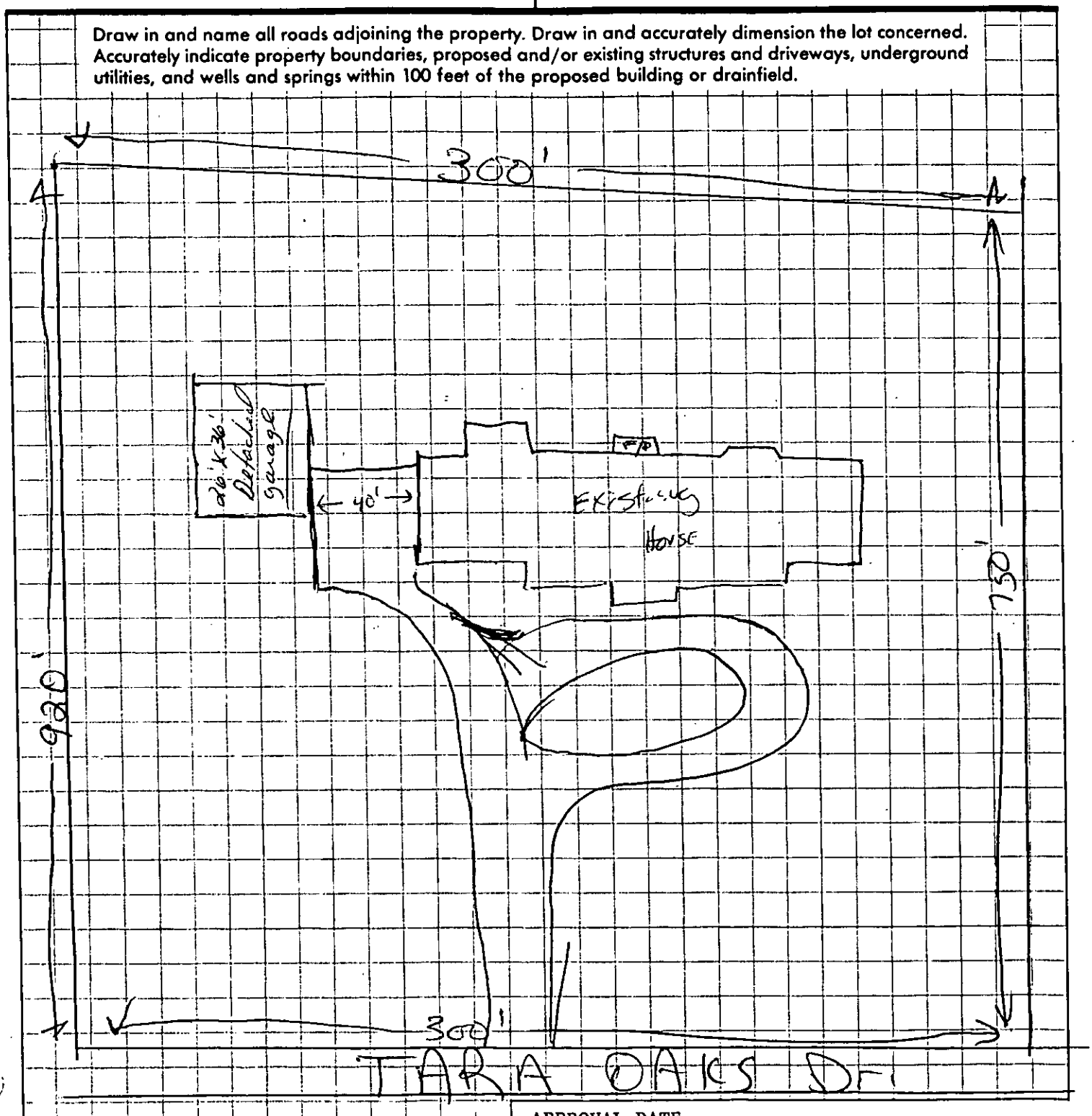
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1856A

TC: 197-14-25

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

Drew,
The prpperty owner has added a detached garage to this house. The builder has paid the fee (see attached fee receipt) He has the garage staked out and will leave you a message too. He said this is really fresh in your mind because you just did it
The paperwork will be coming up from Ruby.
Judy

11015 TARA OAKS Rd.
File # 1856A

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Fees

Requestor (please print): Randy Cartker Phone #: 533-6944 Date Requested: 10-09-00 Date Filed:

Account Name: Randy Cartker Cash (Charge) Account No.: B98688

I certify that I am authorized to charge this account for this service:

Signature: [signature] Printed Name: Randy Cartker Date: 10-09-00

T.C.	Qty	Description	Unit Cost	*Total Cost
0701	1	Improvement Permit Application - Residential	$ 200.00	200
0735		Improvement Permit Application - Commercial	$ 400.00	
0702		Optional Site Evaluations	$ 100.00	
0703		Installation and Final Approval	$ 150.00	
0704		Change in Plot Plan	$ 100.00	
0705	1	MH Exc/Add/Repl without System Modification	$ 100.00	100
0706		MH Exc/Add/Repl with System Modification	$ 300.00	
0707		Site Consultation Visit	$ 100.00	
0734		Authorization for Wastewater System Construction	$ 150.00	
0708		Realty Closing - Conventional	$ 85.00	
0709		Realty Closing - FHA with water	$ 135.00	
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0736		Pool Late Fee	$ 120.00	
0733		Permit to Construct a Public Pool	$ 200.00	
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0723		Eval and Report Non-Permit Facility	$ 50.00	
0724		Private Pool Testing	$ 15.00	
0731		Garbage Hauler Permit - (1-9 vehicles)	$ 30.00	
0736		Garbage Hauler Permit - (each over 9)	$ 20.00	
0725		Document Copies	$ 0.05	

Payment received by: Date: Total: 300

11015 Tara Oaks Dr.

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION

FEE: [illegible] DATE: 3/6/00

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

#2 [ ] 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

COPY

AS

FILE #: 1856-A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB
LOCATION: 11015 Tara Oak Dr

TAX/PARCEL NUMBER: 197-141-25

STREET ADDRESS: 11015 TARA OAKS

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 12

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 3475

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

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

CLOSING DATE: _____

Also existing repair
WMM 3-16-00

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

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

WATER SUPPLY (CHECK ONE):
Well (P)
__ COMMUNITY (C)
__ SHARED WELL (S)
__ MUNICIPAL (M)
__ 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:

NAME: GATZ TOM
(LAST) (FIRST) (MI)

ADDRESS: 7300 Apple Creek Dr

CITY: Charlotte STATE: NC ZIP: 28227

DAYTIME PHONE: (704) 533-6944

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: [signature] DATE: 3-6-00

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

Mecklenburg County
Health Department

Conditions of Improvement Permit

File Number: 1856 A
Site Address: 11015 Tara Oaks

1. The wastewater treatment and disposal system permitted is a pump-to-conventional system. The septic system must be installed as designed and approved.
2. The system will require a single phase, simplex control panel with alarm. The control panel must have a Nema 4x weather proof rating.
3. A pressure manifold shall be used to distribute effluent to the drain field trenches. The pump size must be determined by obtaining elevations, friction loss, and head pressure at the manifold in addition to the gallons per minute delivery rate required due to the pipe schedule of the taps utilized.
4. Septic and pump tanks must be installed in an area not subject to vehicular traffic. System installer must ensure that finished soil cover over the tanks will not be greater than 36 inches in depth. Soil cover greater than 36 inches will require reinforced tanks.
5. Nitrification trenches shall be constructed as level as possible but in no case shall the fall in a single trench bottom exceed one-fourth inch in 10 feet as determined by an engineer's level or equivalent.
6. Any changes in the site must be pre-approved by the Mecklenburg County Environmental Health Department.
7. The wastewater treatment and disposal drain field area, including the designated repair areas, shall not be used for any of the following:

    - Grading or filling
    - Parking or driving heavy equipment in the area or subjecting the site to possible soil compaction
    - Construction staging area
    - Installation of lawn irrigation components
    - Installation of underground utilities or cables of any type
    - Burial of any debris or material
    - Utilizing the area for gravesites
    - Diversion of storm water runoff into this area

8. Septic system installer must be registered with Mecklenburg County prior to meeting for the required pre-construction conference.
9. System installer will be required to operate the system at the time of the final inspection. Arrangements must be made to have the pump tank filled with water prior to the requested final inspection.
10. The system owner shall have the contents of the septic tank checked, and the contents of the tank removed, periodically from all compartments, to ensure proper operation of the system. The contents of the septic tank shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.
11. All septic tank riser and effluent filter rules will apply to this system. It is strongly recommended that access risers be added to both ends of the septic tank, extending to at least finish grade. This will allow periodic inspection of the solids level in the tank as well as help facilitate the periodic cleaning of the effluent bio-filter.
12. The local Health Department is required, by the State, to perform system reviews of Type IIIb systems at a minimum of every 5 years. The owner of the system is responsible for paying any inspection fees, as determined by the Board of County Commissioners, at the time of the required inspection.

Signature Owner/Agent _____ **Date** 3-22-00

Randy Carriker
will be
talking
system plans
on microfilm

FEE: 200.00 + add B
DATE: 3/6/00 gc 9868

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

[ ] 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 #: 1856-A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: 11015 TARA OAK DR.

TAX/PARCEL NUMBER: 197-141-25

STREET ADDRESS: 11015 TARA OAKS

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 12

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 3475

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 3

CLOSING DATE: _____

FOUNDATION FOR RESIDENCE:

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

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

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

WATER SUPPLY (CHECK ONE): Well (P)

___ 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	WELL, SPRINGS OR WATERLINES	___ YES ___ NO
EXISTING WASTEWATER SYSTEMS	___ YES ___ NO	DESIGNATED WETLANDS	___ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS	___ YES ___ NO		

PROPERTY OWNER:

NAME: GATZ Tom
(LAST) (FIRST) (MI)

ADDRESS: 7300 Apple Creek Dr

CITY: Charlotte STATE: NC ZIP: 28227

DAYTIME PHONE: (704) 533-6944

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: X [signature] DATE: 3-6-00

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

MECKLENBURG COUNTY
ENGINEERING & BUILDING STANDARDS DEPARTMENT

Miscellaneous Fees

Requestor (Please print): X	Phone #: X	Date Requested: 3/6/00	Date Filled: 3/6/00
Account Name: RANDY CARRIKER CONST.	☐ Cash ☒ Charge	Account No.: B 98688	
I certify that I am authorized to charge this account for this service.			
Signature: X [signature]	Printed Name: X RANDY CARRIKER	Date: 3-6-00	

Fee or Charge

T.C.	Qty.	Type	Unit Cost	Total Cost
021		Single Lot Grading Permit (Please list address below)		
112		Zoning Board of Adjustment ☐ Residential Variance Request ☐ Commercial Variance Request ☐ Residential Interpretation ☐ Commercial Interpretation		
113		Zoning Citation(s) # _____		
		☐ 117: Certificate of Compliance* ☐ 118: Certificate of Occupancy* (original is free)	$10.00 ea.	
119		Change of Contractor*	$10.00 ea.	
121		Letters of Certification/Verification	$10.00 ea.	
122		Monthly Statistical Reports	$10.00 ea.	
124		Research & Retrieval of Documents		
125		Temporary Utilities/Occupancy*	$30.00/insp.	
		Local License Card/Exam ☐ 128: Mechanical ☐ 129: Plumbing ☐ 132: Electrical		
		Development Activities Plan Review ☐ 002: Commercial Drainage ☐ 005: Erosion Control ☐ 016: Subdivision ☐ 006: Final Plat Review		
425		City of Charlotte Fire - Plan Review		
	88	Map Sales		
0701	1	Other: New Improvement	200	200
		Other:		
Payment received by: [signature]		Date: 3/6/00 By: GC	Total:	200 00

* Please list all permit numbers/addresses that relate to your request. A request for temporary utilities (gas and electric) would require two permit numbers.

11015 Jane Odell		
1856A		

B-216NS 8/95

WHITE – AUDIT CANARY – CUSTOMER PINK – DIVISION

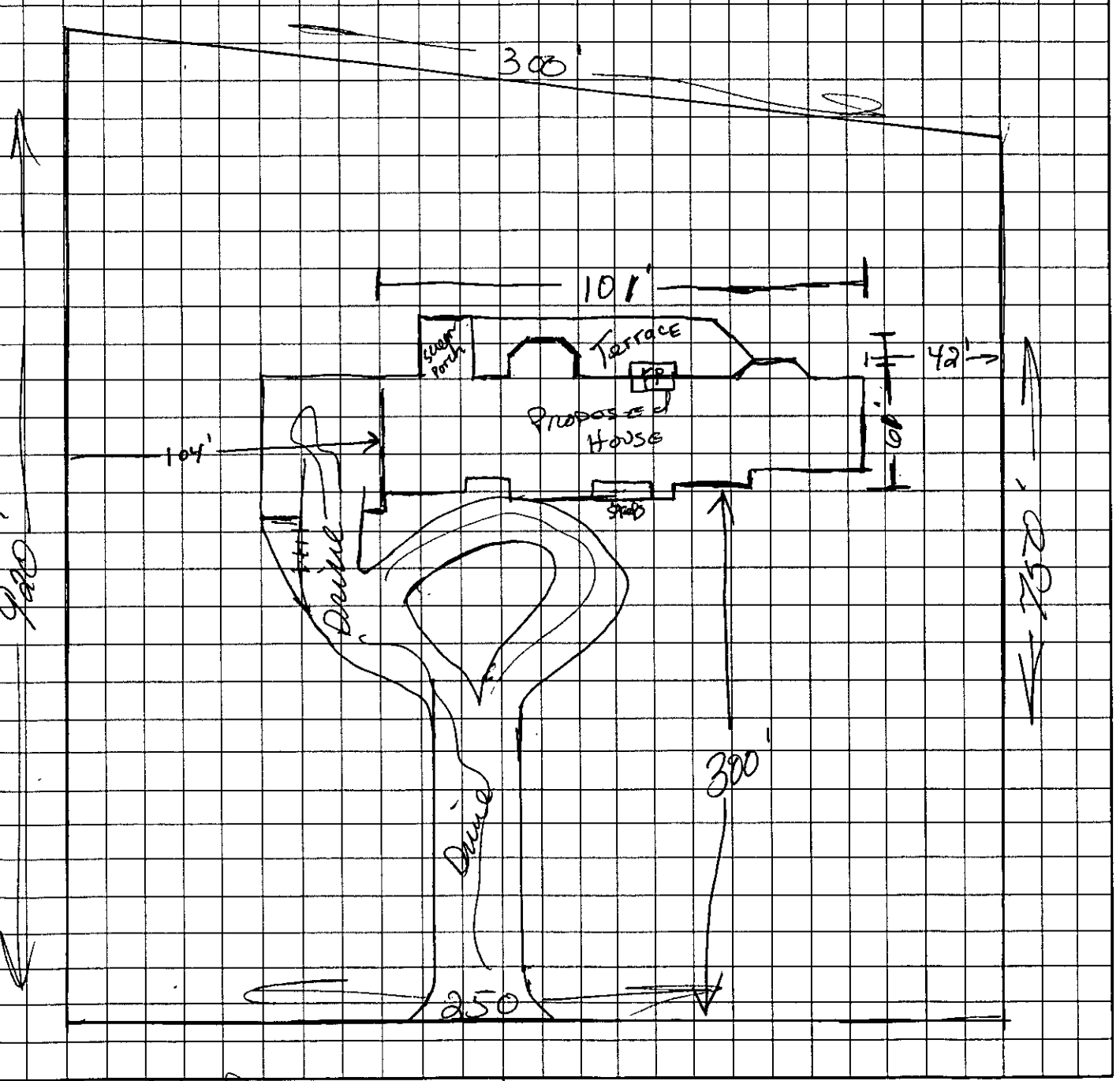
PROPOSED PLOT PLAN

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

FILE: 1856A

TC: 197-141-25

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 2-26-02

APPROVAL DATE _____

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

PROPOSED PLOT PLAN

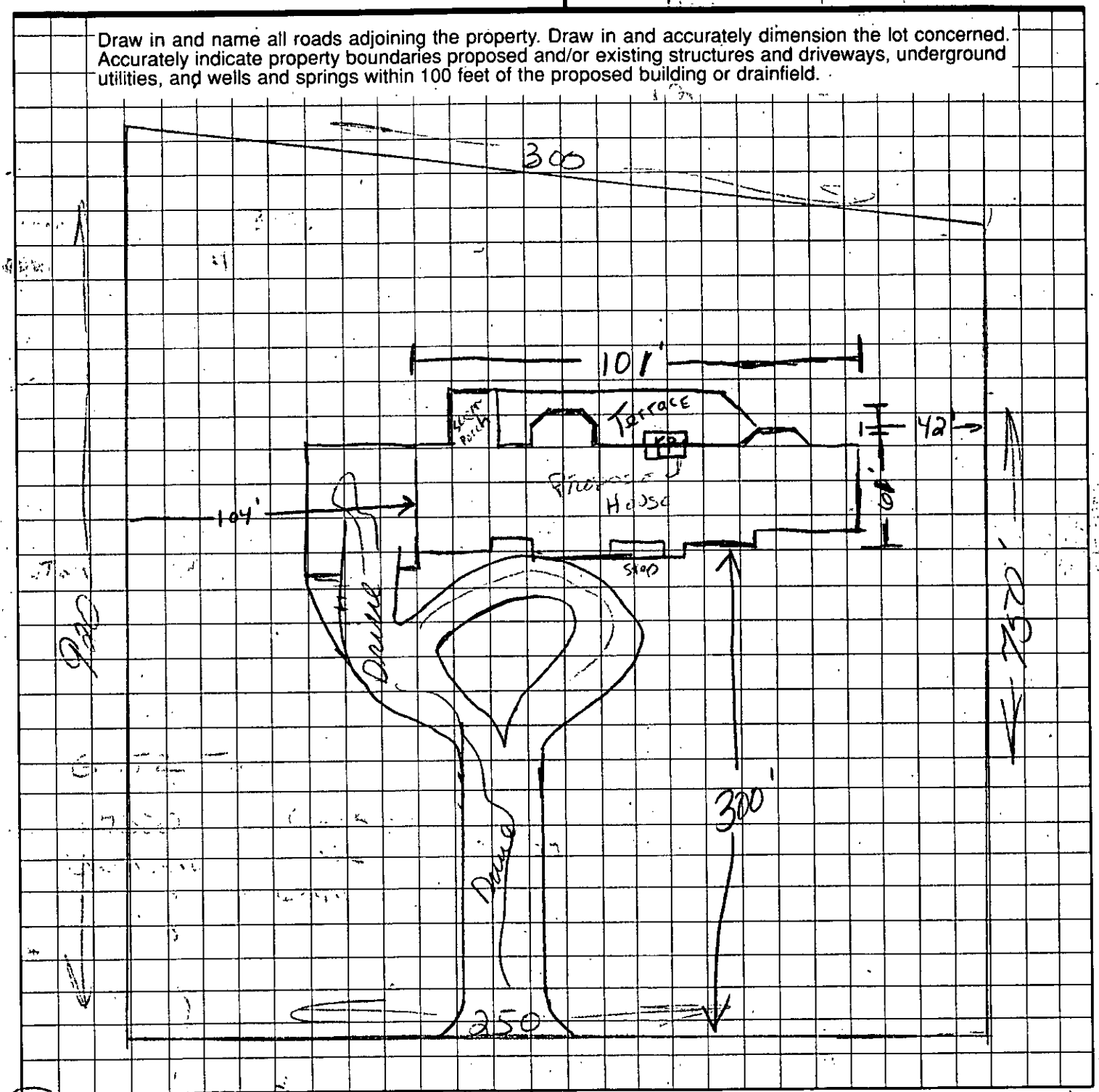
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

1856 A

FILE: 1856A

TC: 197-141-25

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 3-26-02

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

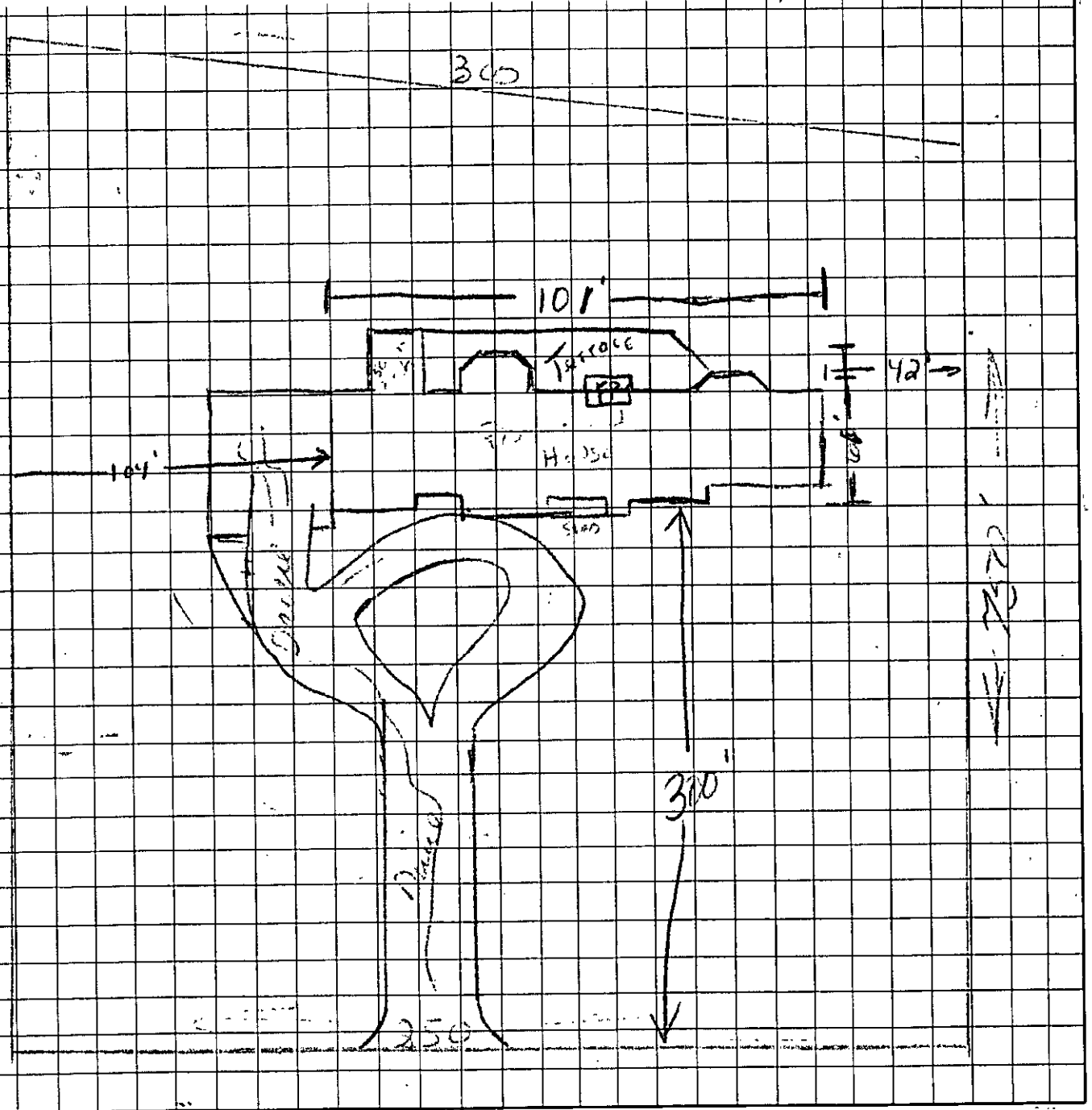
PROPOSED PLOT PLAN

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

FILE: 1856A

TC: 197-141-25

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

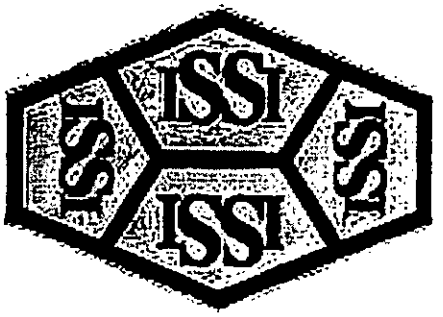
DATE 3-20-00

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy



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ISSI Operations Center Staff

MARGINAL FOR ANCHORFILLING

MCHD
FILE: 1856-A
TC: 197-141-01
Lot 12, 4.8 ac.

L:\WORK\...\DESIGN SPEC...

DESIGN SPECIFICATIONS
FOR
... SITE WASTE DISPOSAL SYSTEM
CONTINUED

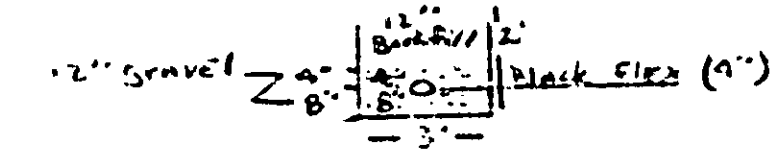
SYSTEM TYPE:
- CONVENTIONAL
- ✓ CONVENTIONAL (SHALLOW PLACEMENT) (4 Bedroom)
- -INCH PPBPS-GRAVITY DISTRIBUTION
- -INCH PPBPS-PRESSURE DISTRIBUTION
- 6-INCH PPBPS-GRAVITY DISTRIBUTION
- 6-INCH PPBPS-PRESSURE DISTRIBUTION
- PPS
- THER

SPECIALIZED EQUIPMENT OR REQUIREMENTS:

DROP BOX	WELL ABANDONMENT
✓DISTRIBUTION BOX	EASEMENT
DIPPER BOX	LOT COMBINATION/SURVEY
FLOW DIVIDER	EARTHEN SURFACE SWELL
WASH BOX	FRENCH/MOUNTAIN DRAIN
SPECIAL FITTINGS	GREASE INTERCEPTOR
PRESSURE MANIFOLD	✓PUMP TANK 1,000 gal.
SIPHON	SAPROLITE TEST
MULTIPLE PUMPS	✓1,500 gal. Septic Tank
OTHER	

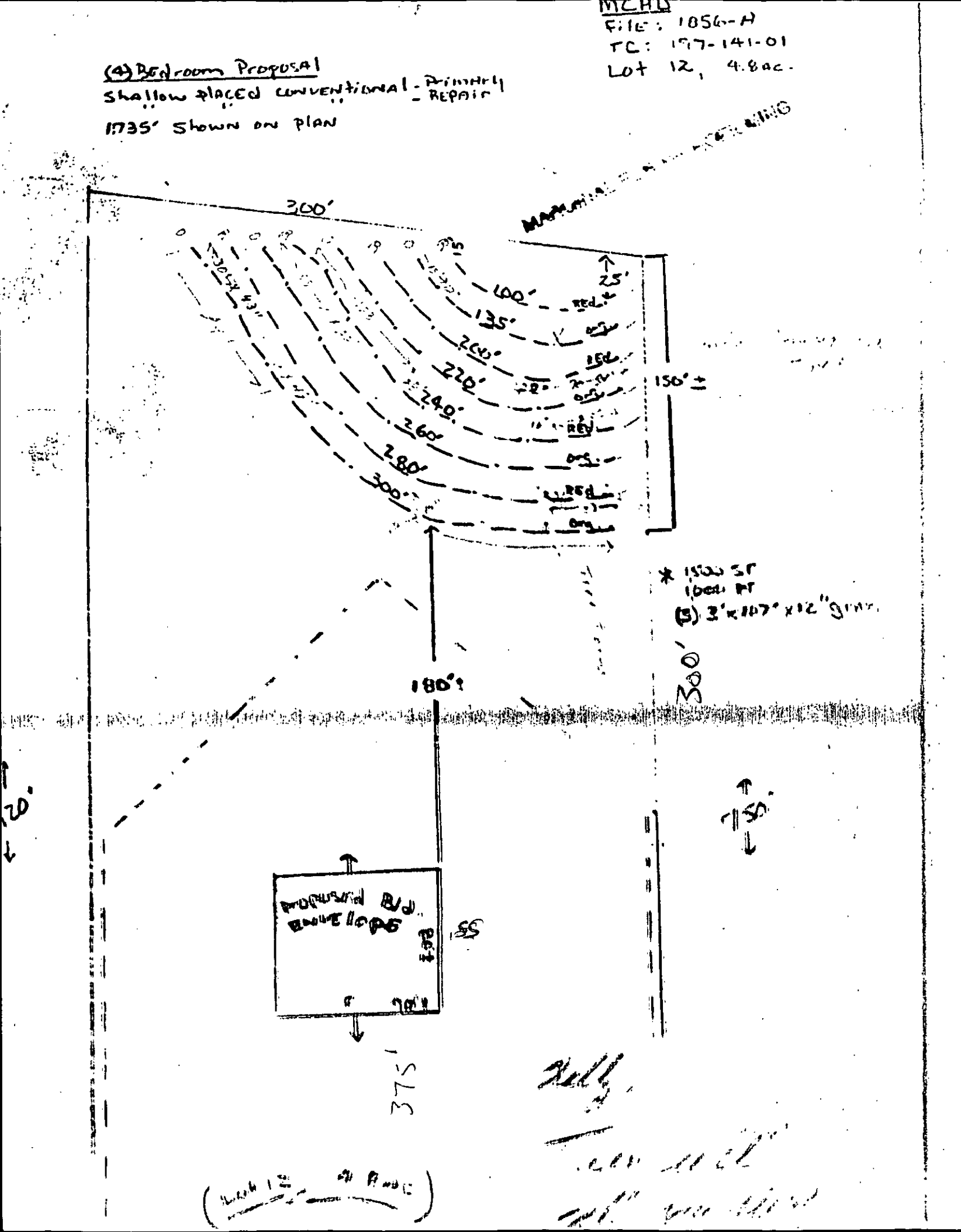
LINE (S)	LATERALS PER LINE	LATERALS PER PANEL	HOLE SIZE	HOLE SPACING	LINE HEAD	LINE LENGTH	HOLE FLOW	SCH 40 MINIMUM LINE SIZE
					Primary			
1						107'		
2						107'		
3						107'		
4						107'		
5						107		
					Total	535'		
					Repair			
					Total	1,000±		

TRENCH PROFILE



MCHD
File: 1056-A
TC: 197-141-01
Lot 12, 4.8ac.

(4) Bedroom Proposal
Shallow placed conventional - Primary
" " - Repair
1735' shown on plan



REAL ESTATE
BOOK PAGE

PRESENTED FOR REGISTRATION

5318 0140

120

SEP 18 12 41 PM '86

FILE NO. 1856A

CHARLES ...OWDER
REGISTER OF DEEDS
MECKLENBURG CO.

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 10 NCAC 10A .1948(c)

The undersigned, KATHERINE L. SiKora

owner of property located at 11015 Tara Oaks Dr. Charlotte, NC

("the site") and described in an instrument recorded in Book 4837 at Page 123, Mecklenburg Public Registry,

hereby acknowledges that he applied to the Mecklenburg County Department of Environmental Health ("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 at 10 NCAC 10A .1934 et seq; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested pursuant to 10 NCAC 10A .1948(c) 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 can reasonably be expected to function satisfactorily and thus that the findings specified in 10 NCAC 10A .1948(c)(1), (2), and (3) can be made; 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 his responsibility 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 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.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

Use of the singular masculine pronoun 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.

This 18th day of September, 1986.

98/81/60
000 51090 52 86
00 °S HSBO
00 °S <>
00 °S FEE

(SEAL)

(SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Emilia M. Hartz, a Notary Public for said County and State, do hereby certify that KATHERINE L. SiKora personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 18th day of September, 1986.

Emilia M. Hartz
Notary Public

My Commission Expires October 17, 1989

My Commission Expires

STATE OF NORTH CAROLINA

JUDITH A GIBSON REG OF DEEDS MECK NC
BK: 07589 PG: 0636/0636 #:0452 8.00
FILED FOR REGISTRATION 12/14/93 15:26

MCHD # 1356-A

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 15A NCAC 18A .1956, .1957, OR .1969 OF THIS SECTION.

The undersigned, Michael J. Vitkovic owner of property located at 11015 Tara Oaks Dr. ("the site") and described in an instrument recorded in Book 5657 at Page 885, Mecklenburg Public Registry, hereby acknowledges that he 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 pursuant to 15A NCAC 18A .1948(d) 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 can reasonably be expected to function satisfactorily and thus that the findings specified in 15A NCAC 18A .1958(d)(1), (2), and (3) can be made; 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 his responsibility 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 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 persons or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

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.

This 13th day of December, 1993

Michael J. Vitkovic (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Lisa O'Dare, a Notary Public for said County and State, do hereby certify that Michael J. Vitkovic personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 13th day of December, 1993.

Lisa O'Dare
Notary Public

My Commission Expires _____

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day and acknowledged that he is

and that he authority duly given and as the act and deed of

MAIL FOR RECORDING

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH File:
SITE EVALUATION REPORT Parcel: 19714101
SERIAL NUMBER 10520

Location: 11015 Tara Oaks Drive

Subdivision:

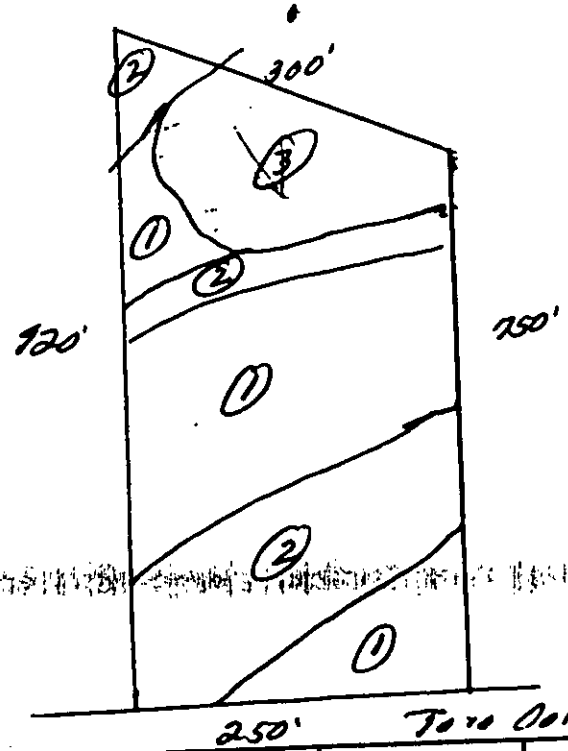
Lot: L12 Block: Acres: 4.8

Owner: Katherine L. Sikora
Address: 13617 Andulusian Drive
Matthews, NC 28105

Comments: No house site marked

Described by: William B. Mullis

Date: 8-1986



••• 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
Topography	(S) PS U 2-10%	S PS U —	S (PS) U 8-20%	S PS U	S PS U	S PS
Texture	S PS (U) 2-1 clay	S PS U —	S (PS) U clay	S PS U	S PS U	S PS
Structure	S (PS) U Blocky	S PS U	S (PS) U Blocky	S PS U	S PS U	S PS
Drainage	S PS (U) some perched water 24-36"	S PS (U) Drainageway Depression	S (PS) U >36" to water	S PS U	S PS U	S PS
Depth	S PS (U) 20-28"	S PS U —	S PS (U) 16-30"	S PS U	S PS U	S P
Restrictive Horizons	S PS (U) 20-28"	S PS U	S PS (U) 16-30"	S PS U	S PS U	S P
Available Space	S (PS) U	S PS U	S (PS) U	S PS U	S PS U	S P
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S P
Soil Group/Series	Lignum IVB Goldston	Drainageway Depression	IVA Tatum L.A.C.			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S P

MECKLENBURG COUNTY
Department of Environmental Health

September 16, 1986

Katherine L. Sikora
13617 Andulusian Drive
Matthews, NC 28105

RE: Property located at 11015 Tara Oaks Drive, Lot 12
FILE: 1856A
PARCEL: 19714101 PO

Gentlemen:

Receipt of your plans for a modified waste disposal system for the property referenced above is acknowledged.

Your plans for the modified system for the above property as submitted are approved.

Upon execution and recording with the Register of Deeds Office, Mecklenburg County, of the enclosed "Septic Tank Agreement Form", an Improvements Permit may be issued by this office.

Sincerely,

John R. Adkisson
Environmental Health Supervisor

JRA/ir

Enclosures - 3 Septic Tank Agreement Forms

1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

TARA OAKS SUBDIVISION
LOT # 12

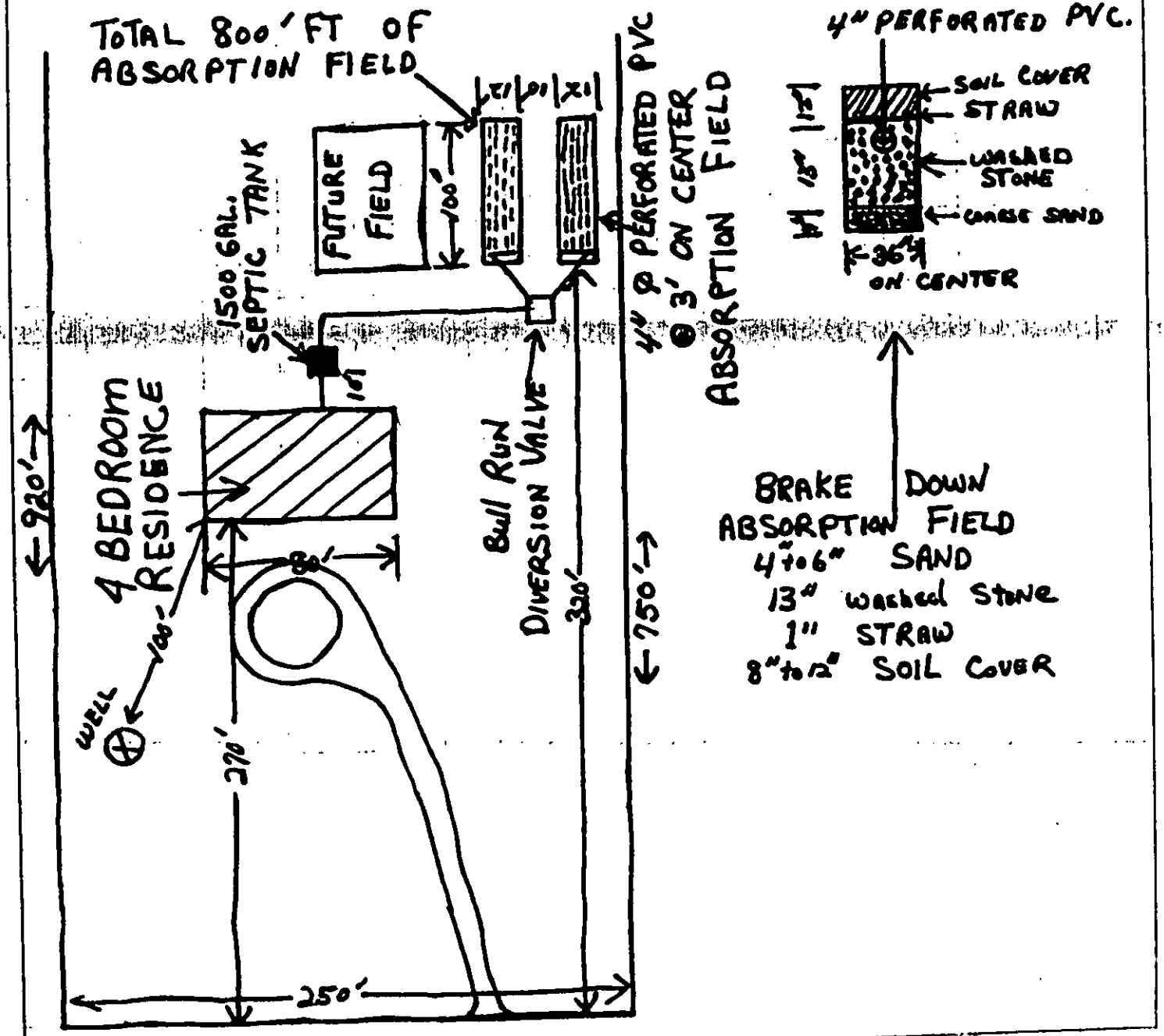
PROPOSED PLOT PLAN

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 1856-A

TC: 19714101

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.



TARA OAKS

Signed: Katherine L Lora

Date: Sept 16, 86

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 11376

File: 1856-A Action: E

Parcel: 19714101 PO

Location: 11015 Tara Oaks Drive

Subdivision:

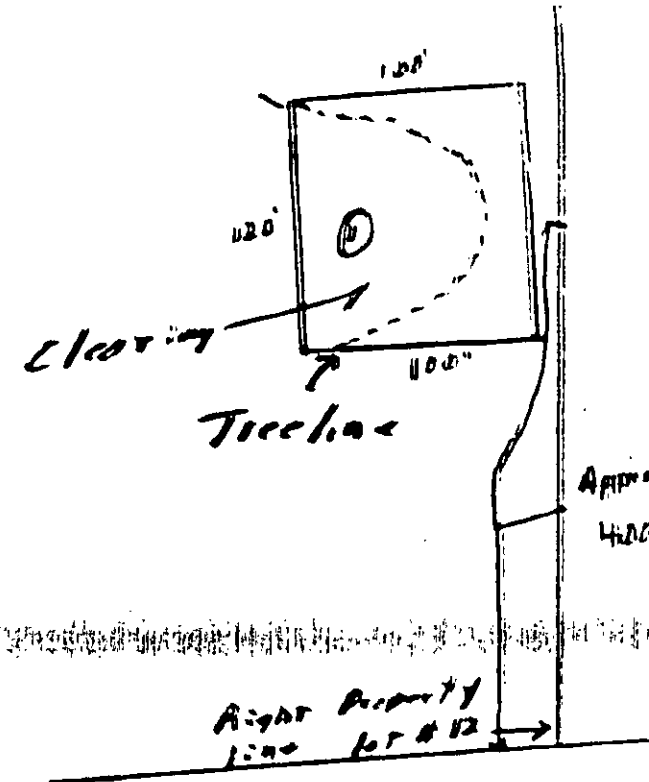
Lot: 12 Block: Acres: .28

Owner: Katherine L. Sikora
Address: 13617 Andulusian Drive
Matthews, N. C. 28105

Comments:

Described by: William R. Maslin

Date: 8-29-86



••• EVALUATION KEY •••

S = Suitable
PS = Provisionally Suitable
U = Unsuitable

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA
Topography	(S) PS U 2-8%	S PS U	S PS U	S PS U	S PS U	S PS
Texture	S PS (U) 2-1 clay	S PS U	S PS U	S PS U	S PS U	S PS
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS
Drainage	S (PS) U >36" no water	S PS U	S PS U	S PS U	S PS U	S PS
Depth	S PS (U) 14-30"	S PS U	S PS U	S PS U	S PS U	S PS
Restrictive Horizons	S PS (U) 14-30"	S PS U	S PS U	S PS U	S PS U	S PS
Available Space	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS
Other (specify)	S PS U	S PS U	S PS U	S PS U		
Soil Group/Series	10B Lignum-Iredell				S PS U	S
Area Classification	S PS (U)	S PS U	S PS U	S PS U		