Mecklenburg County Groundwater & Wastewater Services
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

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 6392 Permit #: 7165 Tax Parcel #: 015-061-04

Property Owner: Ava McGee

Job Location Address: 7531 McIlwaine Road

City: Huntersville State: NC Zip Code: 28078

Operation Permit Issuance Date: 1/8/15 Contractor Name: Wilkey Christenbury

Permitted Design Flow: 480 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: — gallons

Effluent Pump Model: —

Drainfield Installation ☐ N/A

Trench Depth: 26 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 3 @ 133 feet

Depth of Media: 12 inches (Type) IRAW

Depth of Cover: 14 inches

Distribution Device: END-CAP

Bed Installation *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: >5' feet

Distance from Property Line: >10' feet

Distance from Water Supply Source: 93' feet

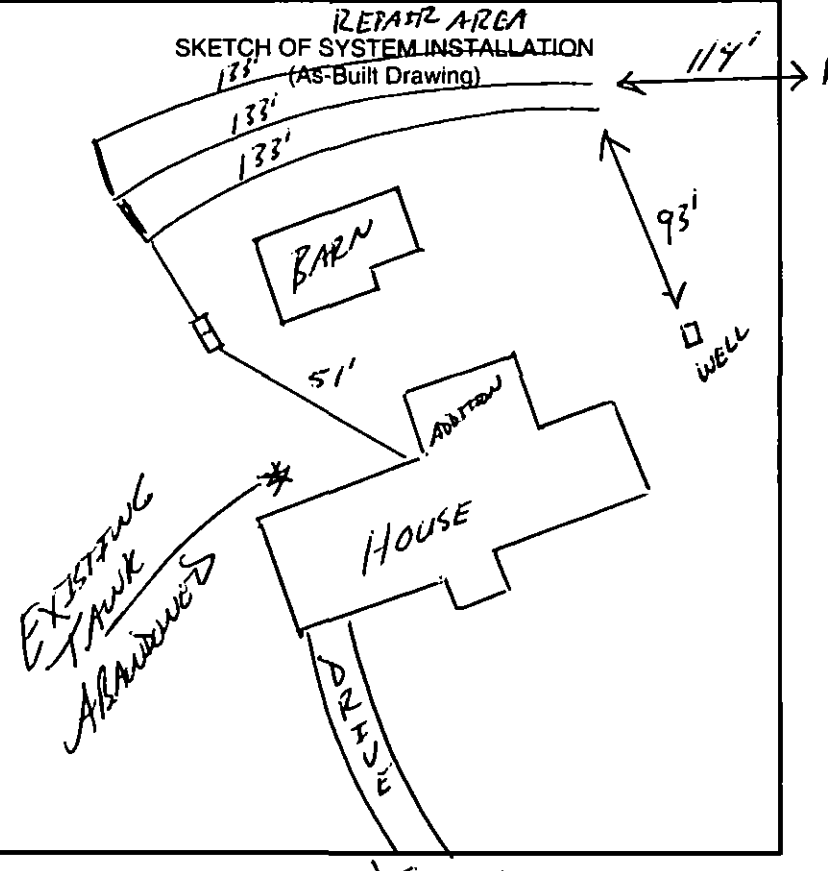
Inspection Dates

Tank(s) Inspected: 1/8/15

Excavation Inspected: 1/8/15

Pump & Controls Inspected: —

SKETCH OF SYSTEM INSTALLATION (As-Built Drawing)



The undersigned has inspected the Septic Tank System described above, and certifies it has been ☒ installed ☐ altered ☐ repaired ☒ as detailed in the plot above ☐ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this 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 or Revocation of this permit.

Comments: System Classification & Type: III g, GRAVITY W/A IRAW W/A
4 BEDROOM RESIDENCE

DENR Authorized Agent: Jeremy Nicholas Rollis Signature: Jeremy Nicholas Rollis

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On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 6392 Permit #: 7165 Tax Parcel #: 015-061-04

Property Owner: Ava McGee

Job Location Address: 7531 McIlwaine Road

City: Huntersville State: NC Zip Code: 28078

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: IIIg

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☒

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☒ System does not require inspection by GWS on a routine frequency.

☐ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other: 2015 ~~REPAIR~~ NEW SYSTEM FOR AN ADDITIONAL BEDROOM TOTALLING 4 BEDROOMS

DENR Authorized Agent: Tommy Nicholas REHS Date: 1/8/15

Signature: Tommy Nicholas REHS

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NC DENR
Division of Environmental Health
On-Site Wastewater Section

INSTALLATION APPROVAL for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 6392 Permit #: 7165 Tax Parcel #: 015-061-04

Property Owner: Ann McGee

Job Location Address: 7531 McILWAINE ROAD

City: Huntersville State: NC Zip Code: 28078

Installation Approval Issuance Date: 12/4/14

Permission is hereby given to ☐ install ☒ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before _____, after which date this approval 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 granting this approval. 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 of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 480 GPD

Site LTAR: .03 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: NA gallons

Drainfield Design ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 4 @ 100 feet

Depth of Media: 12 inches (Type) 25% RED.

Distribution Device: D-Box

Bed Design *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

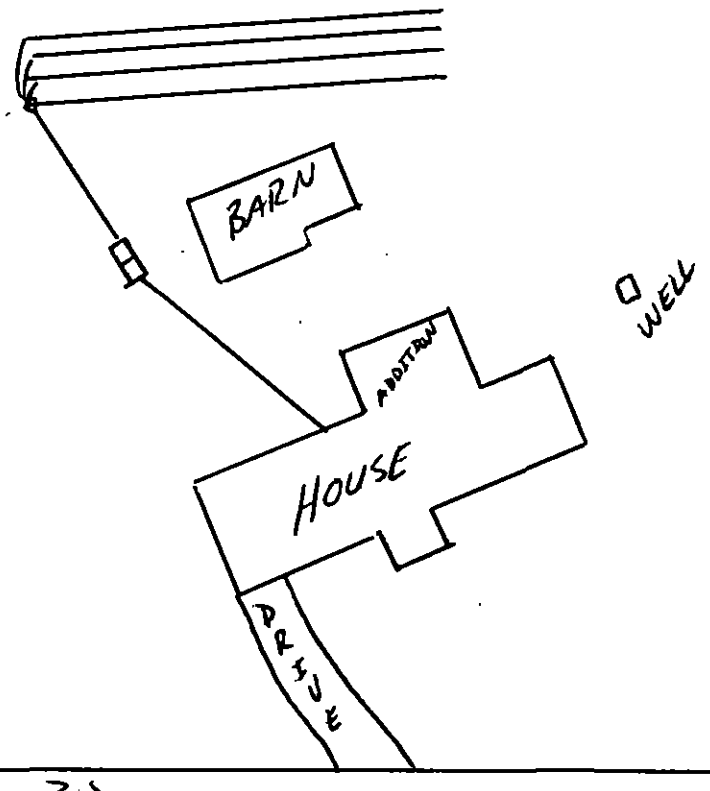
Minimum System Setbacks

Distance from Building Foundation: >5' feet

Distance from Property Line: 710' feet

Distance from Water Supply Source: >50' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

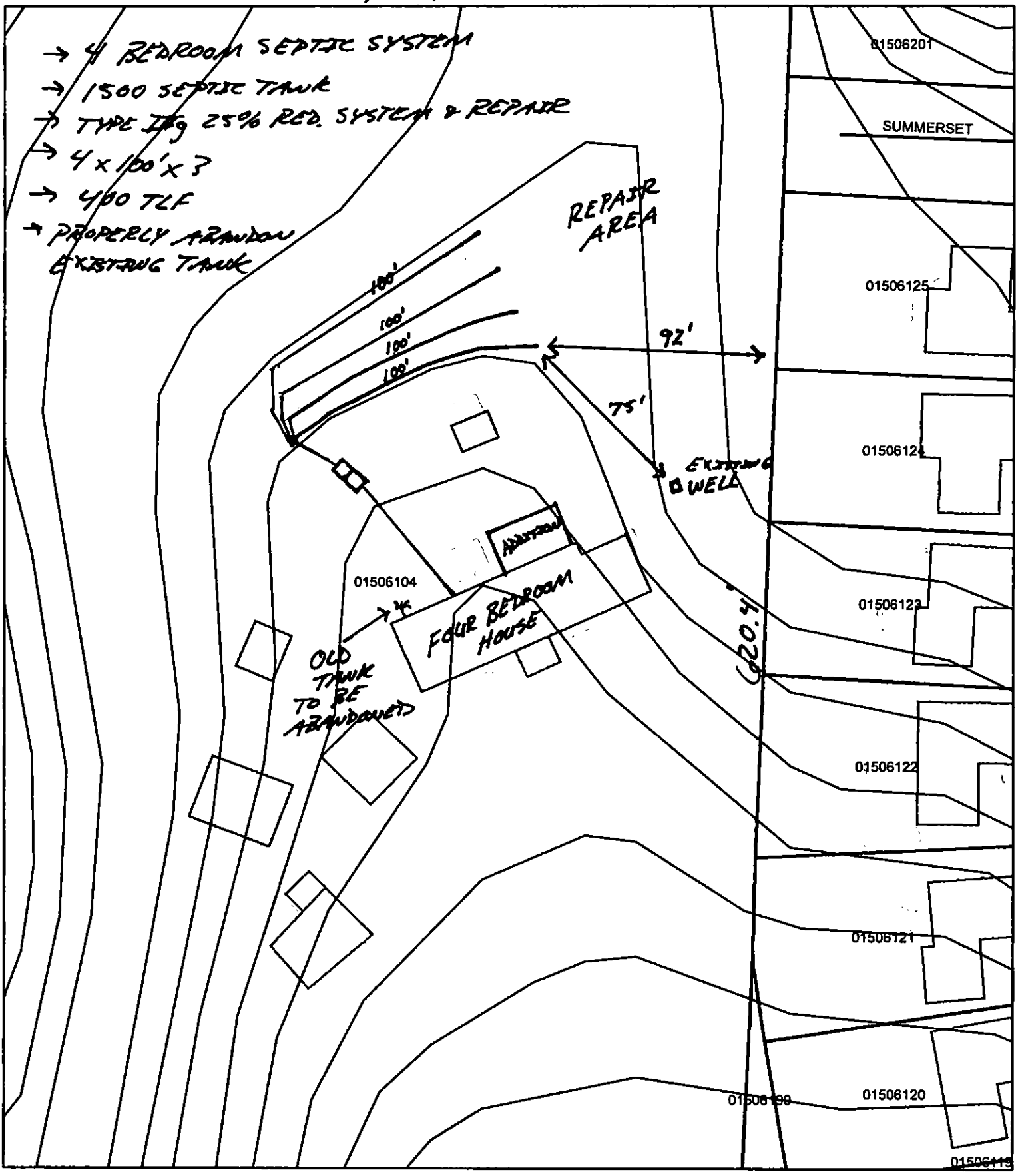


Comments: System Classification & Type: IIIg 25% RED.

DENR Authorized Agent: Jeremy Michalec, REHS Signature: Jeremy Michalec, REHS

File # 6392
Parcel # 015-061-04
Permit # 7165

7531 MCILWAINE ROAD



Map Created By: Jeremy Michelone, REHS
Map Created On: 11/20/14

Jeremy Michelone REHS

0 25 50 100 Feet

FEE: 200.00
DATE:1/23/2015

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 6392

PERMIT NUMBER: 30007165

PARCEL NUMBER: 01506104

JOB LOCATION INFORMATION

ADDRESS: 7531 MCILWAINE RD

CITY: HUNTERSVILLE **STATE: NC** **ZIP:** 28078

ISSUED TO: Ava McGee

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 11/20/2014

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30007165, 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 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.
   *CONSTRUCTION AUTHORIZATION EXPIRATION DATE: 11/20/2019

Mecklenburg County Groundwater & Wastewater Services
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

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30007165** GWS File #: **6392** Tax Parcel #: **015-061-04**

- This 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.

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 11/20/2019

Type of Installation: Residential - New System Lot Number: 0

Structure Type: HOUSE Size (ft^2): 0 # Bedrooms: 3 # Occupants: 4

Building Foundation: Basement Without Plumbing Water Supply: Private Well

II. Initial System Type: Accepted **System Classification:** IIIg

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1200	Total Trench Length (ft):	400
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Distribution Box		

III. Repair System Type: Accepted **System Classification:** IIIg

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1200	Total Trench Length (ft):	400
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Distribution Box		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michelone Owner/Legal Agent: Lyle Calkins

Signature: Jeremy Michelone REHS Signature: Lyle Calkins

Print Name

Date Issued: 11/20/2014

Mecklenburg County Groundwater & Wastewater Services
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

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30007165** GWS File #: **6392**

IV. Permit Conditions/Comments:

- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michelone

Signature: Jeremy Michelone, REHS

Date Issued: 11/20/2014

Owner/Legal Agent: Lyle Calkins
Print Name

Signature: Lyle Calkins

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Page 1
Property ID: 015-061-04
Lot #:
File #: 6392
AppID: 7165

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Ava McGee
Applicant: Lyle Calkins
Address: 7531 McIlwaine Road Huntersville, NC 28078
Date Evaluated: 11/12/2014
Proposed Facility: Residence Design Flow (.1949) 480 GPD
Property Size: 18.58 acres
Location of Site: 7531 McIlwaine Road Huntersville, NC 28078
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS 5%	0-8	GR/SCL	FR/SS/SP/SEXP	>48" TO SOIL WETNESS	48	NA	NA	PS 0.3 G/D/FT2
		8-32	SBK/C	FI/S/P/SEXP					
		32-48	SBK/CL	FI/S/P/SEXP					
2	LS 4%	0-7	GR/SCL	FR/SS/SP/SEXP	>48 TO SOIL WETNESS	48	NA	NA	PS 0.3 G/D/FT2
		7-31	SBK/C	FI/S/P/SEXP					
		31-48	SBK/SCL	FI/S/P/SEXP					
3	LS 5%	0-9	GR/SCL	FR/SS/SP/SEXP	>48 TO SOIL WETNESS	48	NA	NA	PS 0.3 G/D/FT2
		9-30	SBK/C	FI/S/P/SEXP					
		30-48	SBK/SCL	FI/S/P/SEXP					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	III g	III g
Site LTAR	0.3	0.3

Other Factors (.1946):
Soil Evaluation By: Jeremy Michelone, REHS
Others Present: Lyle Calkins
Site Classification (.1948): Provisionally Suitable
Site Evaluation By: Jeremy Michelone, REHS
Others Present: Lyle Calkins

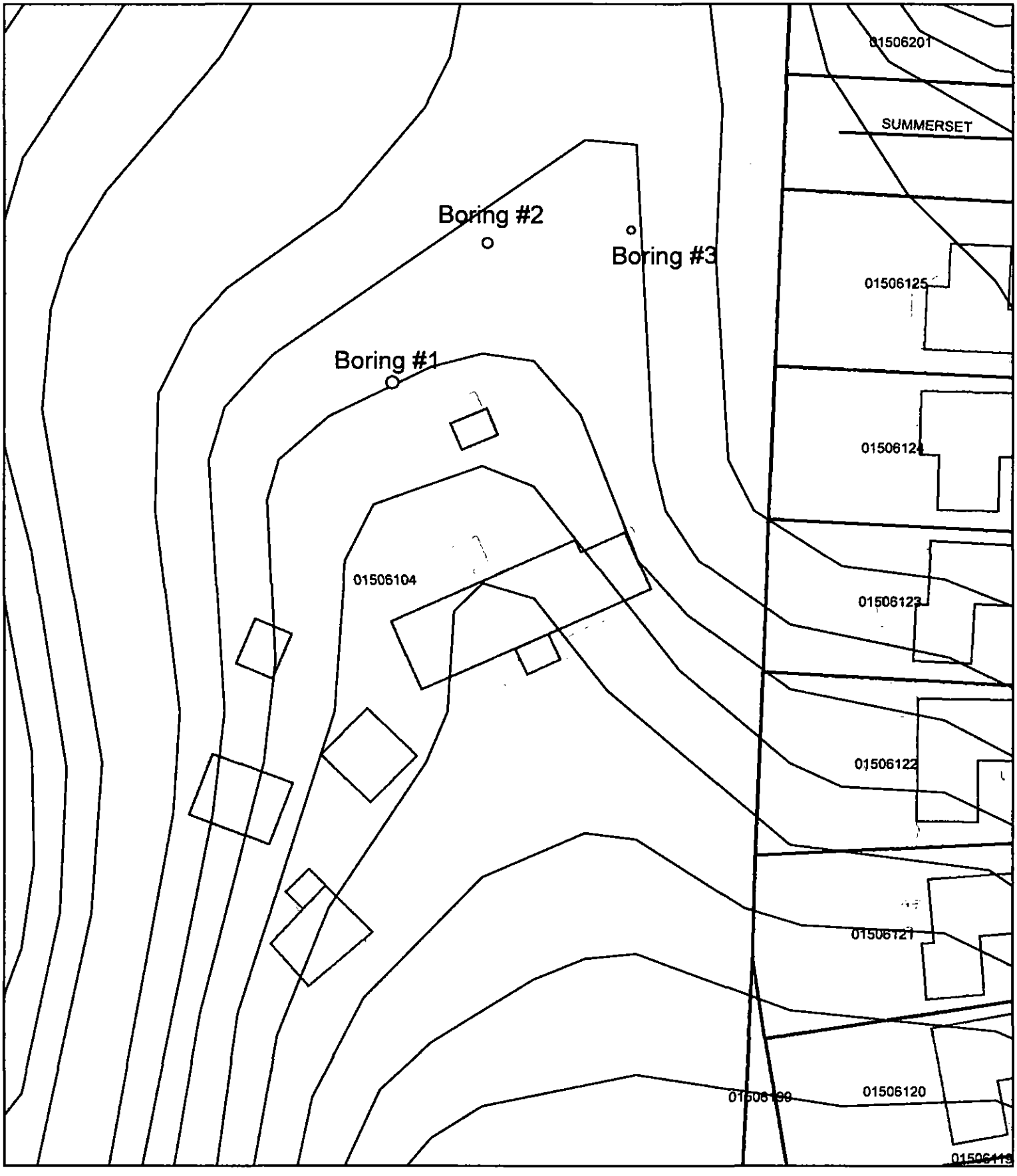
Jeremy Michelone REHS

COMMENTS:

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace				
FP-Flood Plain		CL-Clay Loam		
		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

File # 6392
Parcel # 015-061-04
Permit # 7165

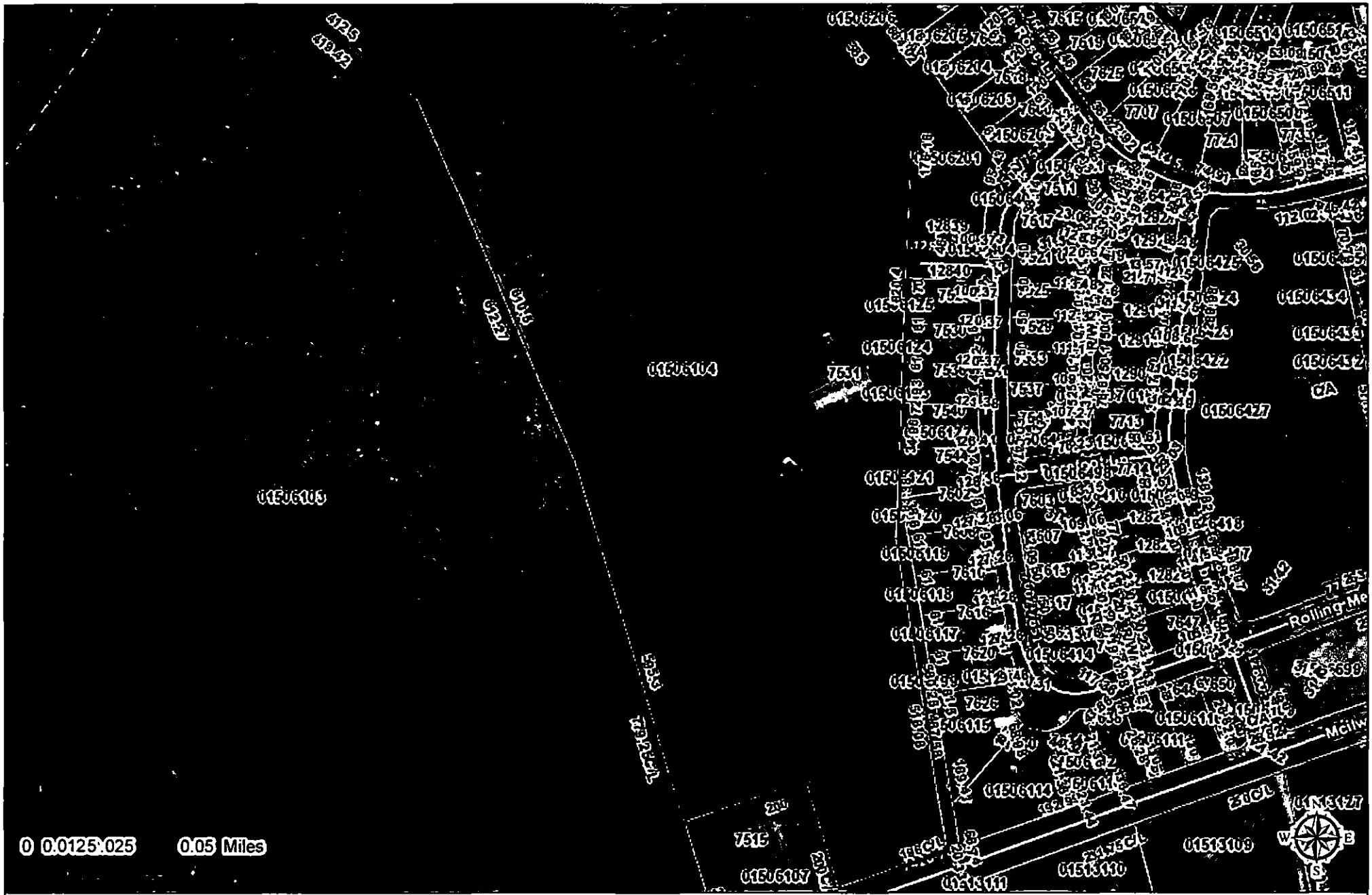


Map Created By: Jeremy Michelone, REHS
Map Created On: 11/20/14

0 25 50 100 Feet

Polaris 3G Map – Mecklenburg County, North Carolina

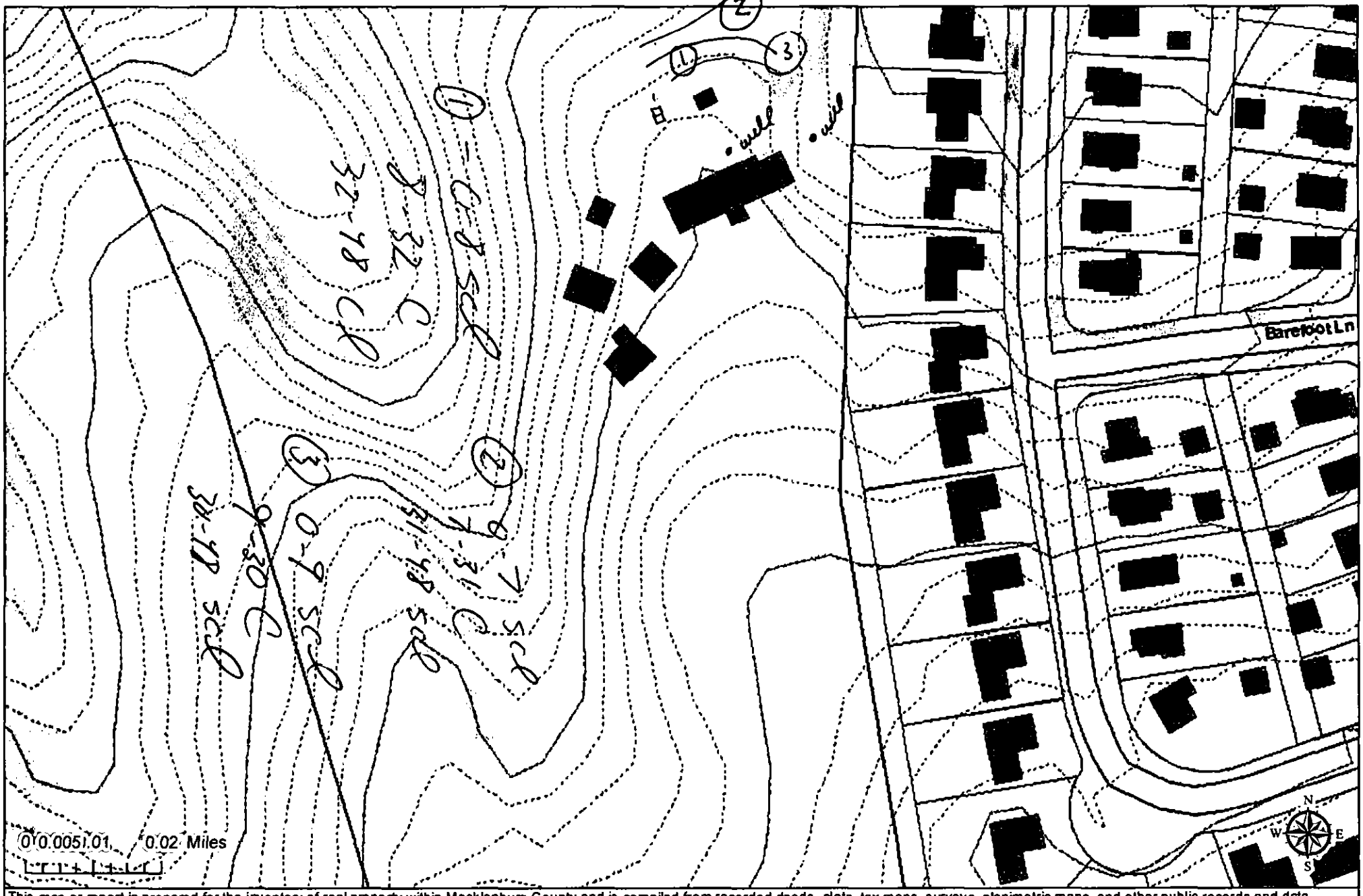
Date Printed: 11/7/2014 11:43:45 AM



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

Polaris 3G Map – Mecklenburg County, North Carolina

Date Printed: 11/7/2014 11:42:37 AM



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6392

MECKLENBURG COUNTY
HEALTH DEPARTMENT

App # 7165

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. **SEPTIC / TYPE APPLICATION:** ○ N/A ◉ NEW SYSTEM ◉ ALTERATION ○ REPAIR ○ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ◉ N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. **JOB LOCATION INFORMATION:**
TAX PARCEL NUMBER: 015-061-04
STREET ADDRESS: 7531 McIlwaine Rd.
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION NAME: None
LOT #: _____ LOT SIZE (acres): 18+ Ac.
TOWNSHIP:
○ MECKLENBURG ○ CORNELIUS ◉ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. **BUILDING INFORMATION:**
BUILDING TYPE:
○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
◉ HOUSE ○ OTHER _____
HEATED SQUARE FOOTAGE: _____
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 4
FOUNDATION TYPE:
○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
○ CRAWL SPACE ◉ BASEMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☐ N/A
NUMBER OF BEDROOMS TO BE ADDED: 2 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. **WATER SUPPLY:** ○ MUNICIPAL ◉ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. **PROPOSED USE OF WELL:** ○ N/A ○ IRRIGATION ◉ POTABLE (DRINKING WATER) ○ OTHER _____

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED)*:
☐ N/A ☐ ANY TYPE ☒ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. **RANK:** ___ ___ ___ ___ ___

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	○ YES ◉ NO		GRADING/SOIL REMOVAL PERFORMED	○ YES ◉ NO	
EXISTING WASTEWATER (SEPTIC) SYSTEMS	◉ YES ○ NO		JURISDICTIONAL WETLANDS	○ YES ◉ NO	
WELLS, SPRINGS, OR WATER LINES	◉ YES ○ NO		APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ◉ NO	
EASEMENTS OR RIGHT-OF-WAYS	○ YES ◉ NO		WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ◉ NO	
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ◉ NO		KNOWN UNDERGROUND CONTAMINATION	○ YES ◉ NO	
WASTE STORAGE	○ YES ◉ NO		GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ◉ NO	

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** 1978 ? ☐ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____ ☒ N/A

12. **PROPERTY OWNER:**
NAME: Ava McGee
ADDRESS: 7531 McIlwaine Rd
CITY: Huntersville
STATE: NC ZIP: 28078
WORK PHONE: 704 526 3648
MOBILE PHONE: 704 609 3134
FAX: _____
E-MAIL: avaemcgee@att.net

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
NAME: Lyle Calkins
ADDRESS: 7530 McIlwaine Rd.
CITY: Huntersville
STATE: NC ZIP: 28078
WORK PHONE: 704-361-6609
MOBILE PHONE: _____
FAX: _____
E-MAIL: Calkinscustom@gmail.com

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

Revised on: 12/15/10

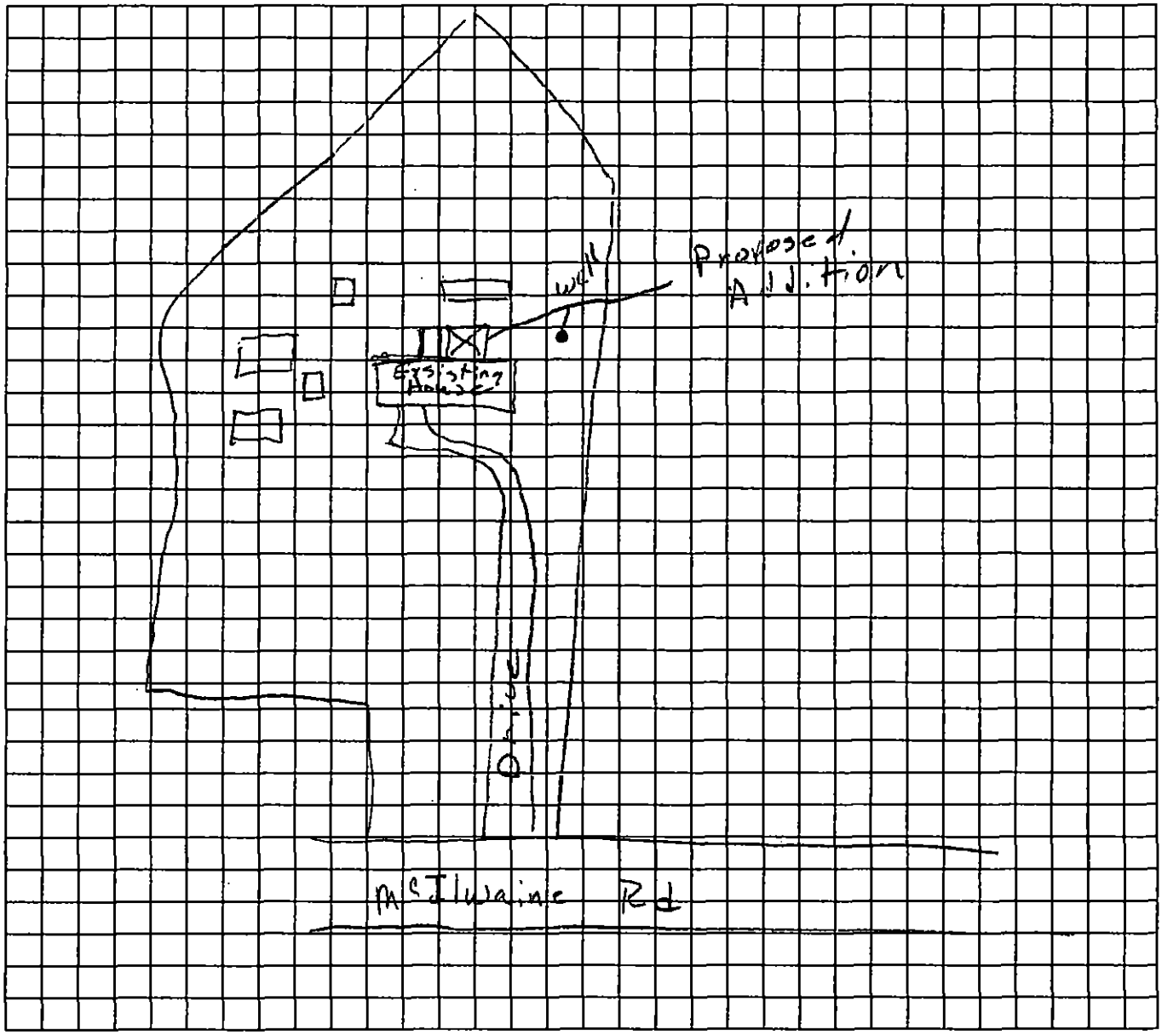
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PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 7531 McIlwaine Rd Huntersville NC 28078 Tax Parcel #: 015-061-04

Subdivision Name: _____ Lot #: _____



Property Owner's or Owner's Legal Representative Signature

11/4/14
Date

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

Revised on: 12/15/10

MECKLENBURG COUNTY, North Carolina
POLARIS 3G PARCEL OWNERSHIP AND GIS SUMMARY
Date Printed: 11/07/2014

Identity	
Parcel ID	GIS ID
01506104	01506104

Property Characteristics	
Legal desc	NA
Land Area	18.58 AC
Fire District	HUNTERSVILLE
Special District	FIRE SERVICE D
Account Type	INDIVIDUAL
Municipality	HUNTERSVILLE
Property Use	SINGLE FAMILY RESIDENTIAL - RURAL ACREAGE

Zoning
Contact appropriate Planning Department or see Map.

Water Quality Buffer	
Parcel Inside Water Quality Buffer	Yes

FEMA and Community Floodplain	
FEMA Panel#	3710463000J
FEMA Panel Date	03/02/2009
FEMA Flood Zone	IN:VIEW FEMA FLOODPLAIN TO VERIFY
Community Flood Zone	IN:VIEW COMMUNITY FLOODPLAIN TO VERIFY

Situs Addresses Tied to Parcel
7531 MCILWAINE RD HUNTERSVILLE



09/19/2000 from Mecklenburg County

Ownership	
Owner Name	Mailing Address
AVA S MCGEE	7531 MCILWAINE RD HUNTERSVILLE NC 28078
BRYANT E MCGEE	7531 MCILWAINE RD HUNTERSVILLE NC 28078

Deed Reference(s) and Sale Price		
Deed	Sale Date	Sale Price
07952-064	10/26/1994	$0.00

Site Location	
ETJ Area	Huntersville
Charlotte Historic District	No
Charlotte 6/30/2011 Annexation Area	No
Census Tract #	62.07

Post Construction District	
Jurisdiction	Huntersville
District	Huntersville

Stream Watershed Districts	
Watershed Name	McDOWELL

Regulated Drinking Watershed Districts	
Watershed Name	MTN ISLAND LAKE
Watershed Class	PA-1

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

Real Estate Lookup

Print Close

Parcel Information

Parcel ID	Account	Parent	Previous
01506104	INDIVIDUAL		

Owner(s)

Owner Name	Mailing Address	City/State
MCGEE AVA S	7531 MCILWAINE RD	HUNTERSVILLE NC 28078
MCGEE BRYANT E HUSBAND	7531 MCILWAINE RD	HUNTERSVILLE NC 28078

Legal Information

Legal	Municipality	Date Annexed	Special District	Fire District	Acreage
NA	HUNTERSVILLE	06/30/1999	FIRE SERVICE D	HUNTERSVILLE	18.58

Total Parcel Assessment

Building	Land	Features	Total
102400	485200	10000	597600

Exemptions

Exemption	Year Approved	Review Date	Amount

Sales Information

Sale	Price	Stamps	Qualify	VI	Type	Legal Ref.	Grantor
Oct 26 1994	0		OTHER	IMP	DEED STAMPS	07952-064	MCGEE AVA S (BY MARR

Land Use

Use	Units	Type	Neighborhood	Assessment
R120	15.33	AC	B501	472700
9612	3.25	AC	B501	12500

Building Information

Bldg	Description	Type	Year	Property Location
1	Single-Fam	RES	1990	7531 MCILWAINE RD HUNTERSVILLE

Bldg	Story	Units	Total SqFt	Heated SqFt	Foundation	Ext. Wall	Grade	Value
1	1 STORY	1	2768	1344	CRAWL SPACE	ALUM,VINYL - COMP OR WLBD	AVERAGE 03	102400

Bldg	Heat	Fuel	Fire Place	AC	Fixtures	Bedrooms	Full Baths	3/4 Baths	1/2 Baths
1	AIR-DUCTED	GAS	1 - FP2	AC-CENTRAL		3	2		0

Sub Area

Bldg	Description	Size
1	BASE (FIRST FLOOR)	1344
1	PORCH - OPEN - FINISHED	80
1	BASEMENT - UNFINISHED	1344

Depreciation

Bldg	Physical	Functional	Economic	Special	Override
1	AV - 21.00%				

Special Features & Yard Items

Bldg	Built	Type	Quantity	Units	Value
1	1936	GARAGE	1	10X18	1600
1	1936	BARN	1	30X53	6700
1	1936	SHED	1	20X30	1700

Notes

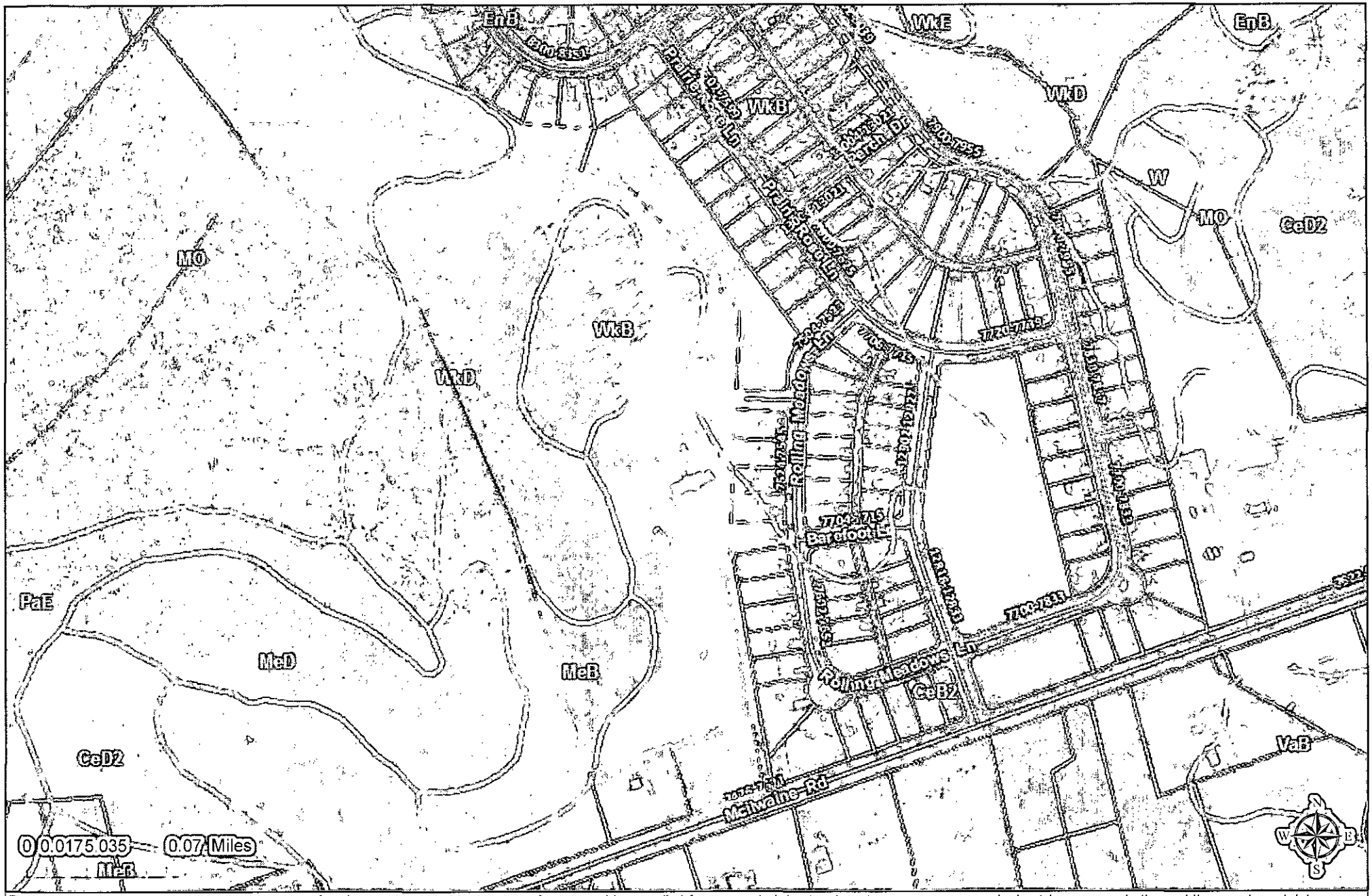
Tax Year	Notes	Note Date
2011	Informal Review Request Received	04/21/2011

Value Changes

Notice Date	Tax Year	Reason	Changed To	Deferred
Feb 8 2011	2011	Countywide Revaluation	597900	0
Jan 17 2003	2003	Countywide Revaluation	350200	0
Jan 5 1998	1998	Countywide Revaluation	247530	
May 15 1992	1992	Imp/Addn/Remod Completed for Tax Year	173570	
May 15 1992	1992	Improvement/Addition/Remodeled Completed	173570	
May 22 1991	1991	Bldg/Addn/Remod/Partially Completed	131450	
May 22 1991	1991	Building Partially Complete	131450	

Polaris 3G Map – Mecklenburg County, North Carolina

Date Printed: 11/7/2014 11:01:40 AM



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6392

MECKLENBURG COUNTY HEALTH DEPARTMENT

App # 7165

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. **SEPTIC / TYPE APPLICATION:** O N/A (✓) NEW SYSTEM (✓) ALTERATION O REPAIR O MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** (✓) N/A O NEW WELL O MAJOR REPAIR O ABANDONMENT

3. **JOB LOCATION INFORMATION:**
TAX PARCEL NUMBER: 015-061-04
STREET ADDRESS: 7531 McIlwaine Rd.
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION NAME: None
LOT #: _____ LOT SIZE (acres): 18+ Ac.
TOWNSHIP:
O MECKLENBURG O CORNELIUS (✓) HUNTERSVILLE
O DAVIDSON O CHARLOTTE O PINEVILLE
O MATTHEWS O MINT HILL

4. **BUILDING INFORMATION:**
BUILDING TYPE:
O SINGLE MOBILE HOME O MODULAR HOME
O DOUBLE WIDE O MULTIPLE FAMILY
(✓) HOUSE O OTHER _____
HEATED SQUARE FOOTAGE: _____
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 4
FOUNDATION TYPE:
O CONCRETE SLAB O BASEMENT WITH PLUMBING
O CRAWL SPACE (✓) BASEMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☐ N/A
NUMBER OF BEDROOMS TO BE ADDED: 2 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. **WATER SUPPLY:** O MUNICIPAL (✓) PRIVATE WELL O PUBLIC WELL O SHARED WELL O OTHER _____

7. **PROPOSED USE OF WELL:** O N/A O IRRIGATION (✓) POTABLE (DRINKING WATER) O OTHER _____

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED):*
☐ N/A ☐ ANY TYPE ☒ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. **RANK:** ____ ____ ____ ____ ____

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	O YES (✓) NO	GRADING/SOIL REMOVAL PERFORMED	O YES (✓) NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	(✓) YES O NO	JURISDICTIONAL WETLANDS	O YES (✓) NO
WELLS, SPRINGS, OR WATER LINES	(✓) YES O NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	O YES (✓) NO
EASEMENTS OR RIGHT-OF-WAYS	O YES (✓) NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	O YES (✓) NO
CHEMICAL/PETROLEUM STORAGE TANKS	O YES (✓) NO	KNOWN UNDERGROUND CONTAMINATION	O YES (✓) NO
WASTE STORAGE	O YES (✓) NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	O YES (✓) NO

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** 1978 ? ☐ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____ ☑ N/A

12. **PROPERTY OWNER:**
NAME: Ava McGee
ADDRESS: 7531 McIlwaine Rd
CITY: Huntersville
STATE: NC ZIP: 28078
WORK PHONE: 704 526 3648
MOBILE PHONE: 704 609 3134
FAX: _____
E-MAIL: avaemcgee@att.net

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
NAME: Lyle Calkins
ADDRESS: 7530 McIlwaine Rd.
CITY: Huntersville
STATE: NC ZIP: 28078
WORK PHONE: 704-361-6609
MOBILE PHONE: _____
FAX: _____
E-MAIL: Calkinscustom@gmail.com

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

Revised on: 12/15/10

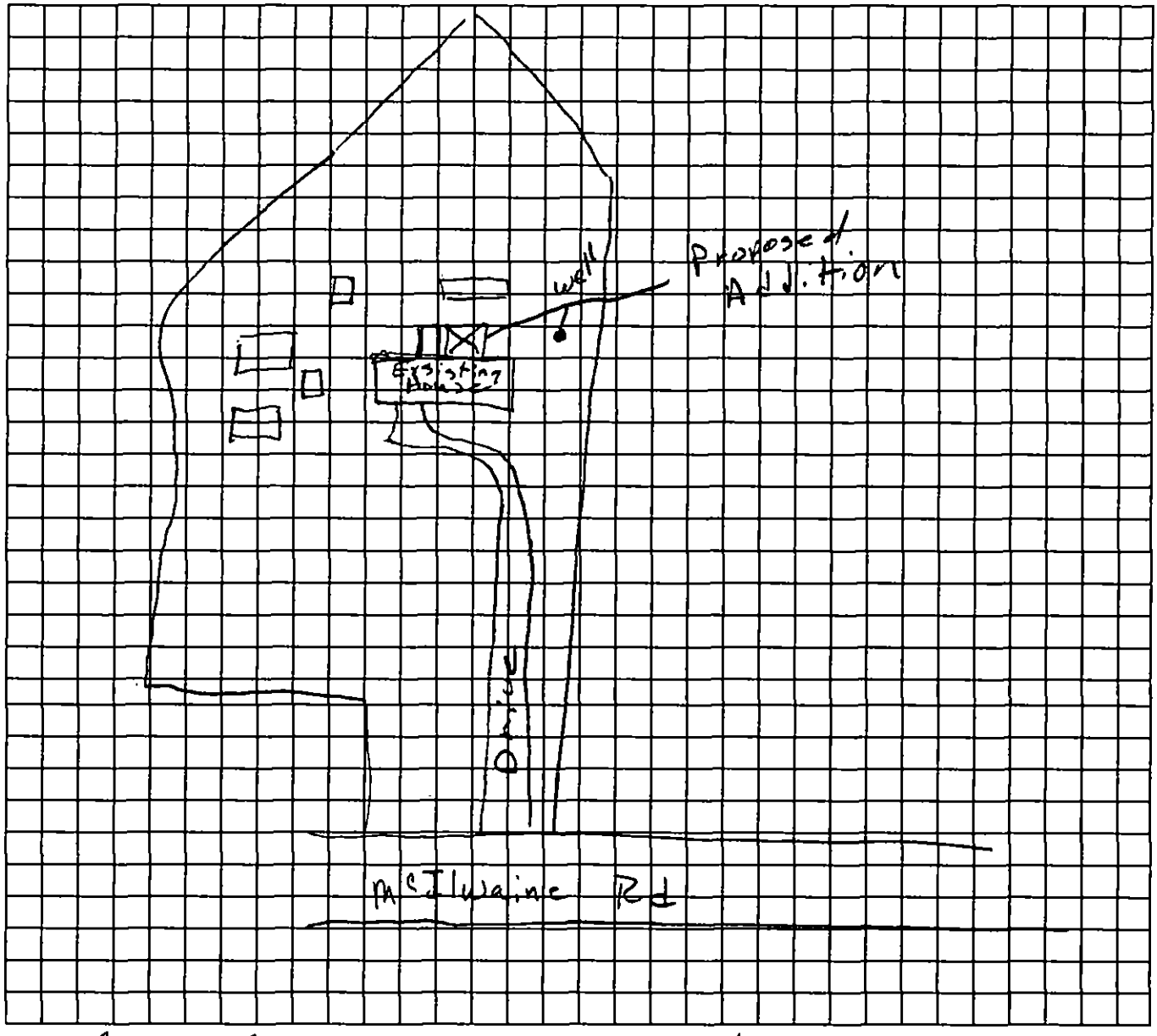
File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 7531 McIlwaine Rd Huntersville NC 28078 Tax Parcel #: 015-061-04

Subdivision Name: _____ Lot #: _____

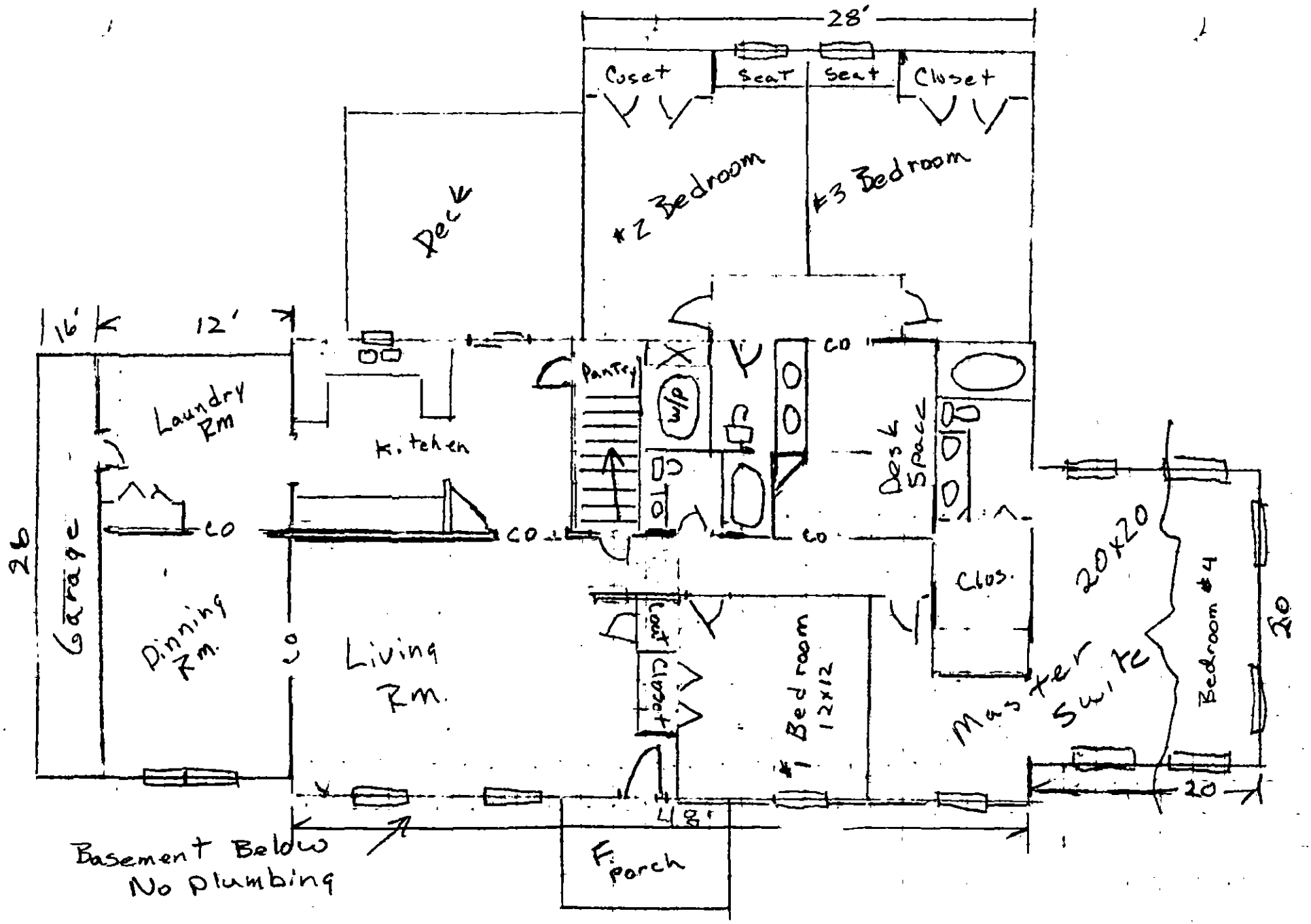


Property Owner's or Owner's Legal Representative Signature

11/4/14
Date

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

Revised on: 12/15/10


28'
Closet
Seat
Seat
Closet
Rec
#2 Bedroom
#3 Bedroom
16'
12'
Laundry Rm
Kitchen
Pantry
w/p
CO
Desk Space
Garage
26
Dinning Rm.
Living Rm.
Linen Closet
#1 Bedroom 12x12
Clos.
20x20
Master Suite
Bedroom #4
20
Basement Below
No Plumbing
F. Porch
4'8"

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

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

COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
RECEIVED
AUG 2 5 1986
ENVIRONMENTAL HEALTH

(OFFICE USE ONLY)
FILE: 6392
TC:
SERIAL: № 11375
☒ L ☐ CRT

JOB LOCATION

① ADDRESS: 7515 (STREET NO) McAlwaine Rd. (STREET) ② FILE: 6392

③ JURISDICTION: Mecklenburg ④ TAX PARCEL NO.: 015106107

⑤ SUBDIVISION: — ⑥ LOT: — ⑦ BLOCK: —

OWNER

⑧ NAME: Avis (FIRST) Greer (MIDDLE) Suddreth (LAST)

⑨ MAILING ADDRESS: Rt. 3 Box 100

⑩ CITY: Huntersville ⑪ STATE: NC ⑫ ZIP: 28078

⑬ PHONE: (WORK) 892-8872 (Dept. 36a) ⑭ (HOME) 875-6152

REQUEST

This request is for a(n):

⑮ ☐ New permit ⑰ ☒ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify) ____

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 3 ㉓ Type? ____

㉓ Maximum occupancy? 1 adult ㉔ Maximum number of employees? ____

㉔ Basement? ☐ yes ☒ no ㉗ Maximum number of seats? ____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☑ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉙ The undersigned, 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Avis G. Suddreth

Date: 8-27-86

IMPROVEMENT PERMIT

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

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

. . . This permit is not transferable, and shall become null and void 36 months from the date of issuance.

B. K. Ferguson (Environmental Health Specialist) 9-17-86 (Date)

John C. Atkinson (Director or Authorized Section Head) 9/17/86 (Date)

This permit must be signed by the Director of Environmental Health or an authorized section head in order to be valid.

Date Received 5-3-23

APT No 6382

T.C No 015-641-04

Map Date 1-4-24

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER SUDDRETH (LAST) JERRY (FIRST) REX (MIDDLE)

2) ADDRESS OF OWNER Route 3 Box 202 ZIP 28078

3) PHONE NO. Home 875 2422 Office 394 5825

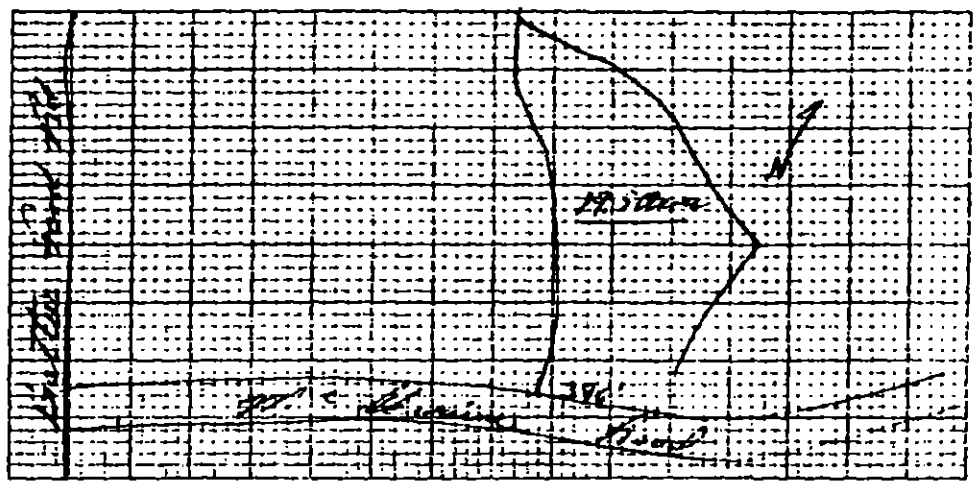
4) LOCATION OF PROPERTY McILWAINE (STREET OR COUNTY ROAD) Rd HUNTERVILLE N.C

5) SUBDIVISION _____ LOT NO _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

6) DEED REFERENCE: DEED BOOK _____ PAGE NO. _____

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test and on on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent dischorge



7) ACCURATELY DIAGRAM & DIMENSION LOT

Jerry Rex Sudduth
OWNER

FORM NO. E-1-B-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 213

PTR No. 6392
P.O.
T C No. 015-061-04
Map Date 9-1-70

Date Issued June 18, 1973

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

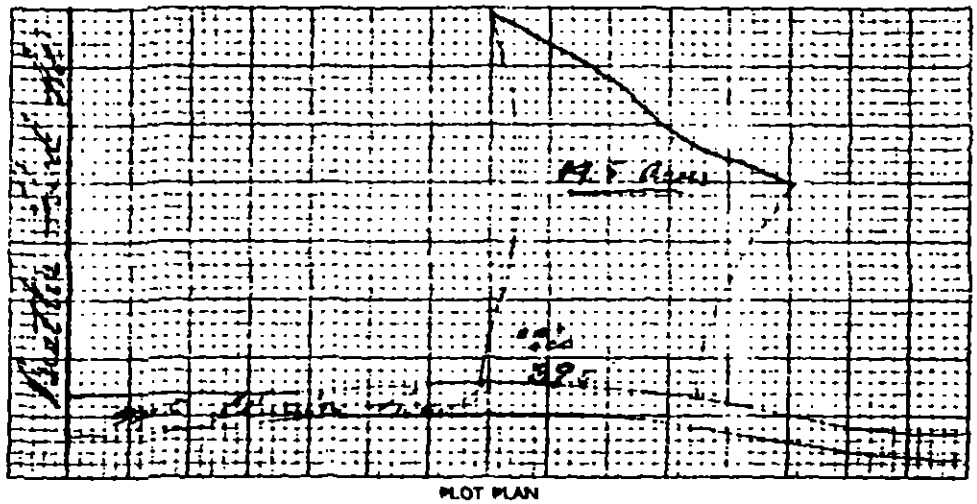
PERCOLATION TEST REPORT

NAME OF OWNER Suddreth (LAST) Jerry (FIRST) Rex (MIDDLE)

ADDRESS OF OWNER Route 3, Box 202 ZIP 28078

LOCATION OF PROPERTY McIlwaine Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO _____ BLOCK NO. _____



PLOT PLAN

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

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

1. A permit to install, construct, alter, or repair the specific system shall be obtained from the Mecklenburg County Health Department prior to the beginning of any construction of buildings, or of the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater treatment system which must be installed will be determined by the Health Department prior to installation based on the percolation rate obtained above, and on the size and type of building constructed thereon.
3. This approval is valid only if the system is installed in the immediate area where the percolation test was run.
4. This approval is void if any grading, filling, or construction (including the drilling of a well) is performed on the lot which, in the opinion of the Health Department, renders the area where the percolation test was run unsuitable for the installation, construction, alteration, and/or repair of such a system.

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina State Board of Health and the Mecklenburg County Board of Health which were in effect on the date of issuance and is void if at any time in the future, prior to the completion of the system, these laws, rules, and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

John R. Thusson

Director, Environmental Health Division or
Authorized Section Head

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

HEALTH DEPARTMENTS COPY

SEE INSTRUCTIONS ON BACK

Date Received 5-31-73

ICARIS Application No 6392

T C No 015-067-00

Map Date 1-4-72

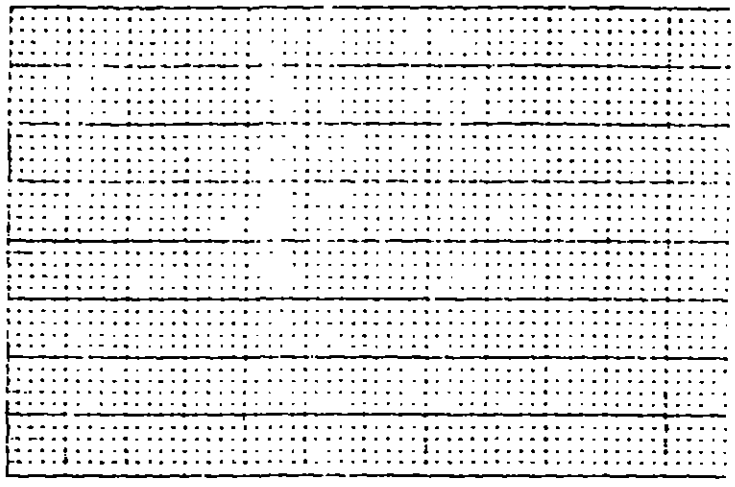
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

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

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



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4 No. of bedrooms

5 Building Sewer - Min. No.
Emergency

6 Washing Machine Yes No

7 Garbage Disposal Yes No

8 Dishwasher Yes No

9 Water Supply
A Private Well
B Community System
C Community System
Well Drilled
Community System
Other

10 Sewage System
Meets Health Department Regulations
If Not, Explain No
Minor Variance Granted
Variance Granted Yes No

11 EHA Case No.

12 LA Case No.

13) NAME OF OWNER SUDDRETH (LAST) JERRY (FIRST) REX (MIDDLE)

14) ADDRESS OF OWNER Route 3- Box 202 Huntersville N.C

15) PHONE NO Home 875 2422 Office 394 5825

16) LOCATION OF SYSTEM McILWAINE Rd (STREET OR COUNTY ROAD) Huntersville N.C

17) SUBDIVISION _____ Lot No. _____ Block No. _____

Map Book No _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A PERCOLATION TEST BEEN RUN? _____ YES _____ NO DATE RUN _____

20) PTR NUMBER (See Instructions) _____

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true

5-30-73
DATE OF APPLICATION

Jerry Rex Suddreth
OWNER

Form No E-4-5-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3054

LA No. 6392
P.O.
T C No. 015-061-04

Date Issued June 18, 1973

Map Date 9-1-70

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Suddreth (LAST) Jerry (FIRST) Rex (MIDDLE)

ADDRESS OF OWNER Route 3, Box 202 ZIP 28078

LOCATION OF LOT McIlwaine Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO _____ BLOCK NO. _____

MAP BOOK NO _____ PAGE NO _____

The above specified lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the percolation test results which yielded a percolation rate of 60 min/in on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 6392. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered, and/or repaired in the same area where the percolation test was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit

Environmentalist

Director, Environmental Health Division or Authorized System Head

FORM NO. E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 9-Sep-73

Serial No. 3972

ICAR (S) Permit No. C392

T. C. No. 15-661-64

Map Date 1-Sep-72

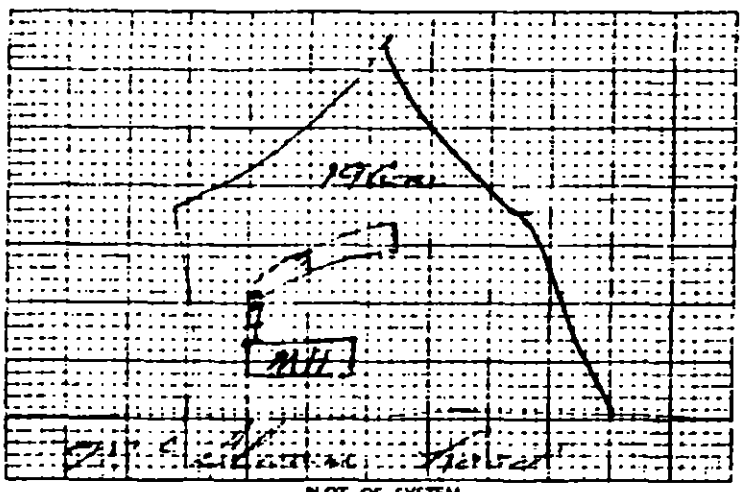
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTRUCTION, ALTERATION, AND OR REPAIR PERMIT

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

Permission is hereby given to X 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 C392 dated 7th July 73 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 9th Sept 73 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank ____

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Lenght 300'

Number of Lines 4 (10 x 75 + 12")

Distance from House 15'

Distance from Property Line 100'

Distance from Well 100'

NAME OF OWNER Beckwith, Leon Ray

LOCATION OF PROPERTY 3rd Creek Road

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: Trench System (Mod)

Division or Section Head

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 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-5-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued [illegible]

Serial No. 3566

C of A (s) No. [illegible]

T C. No. [illegible]

Map Date [illegible]

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner [illegible] (LAST) [illegible] (FIRST) [illegible] (MIDDLE)

Location of Property [illegible]

Application Number [illegible] Permit Number [illegible]

Inspection Data:

Liquid Capacity of Tank [illegible] Tank Material [illegible]

Total Length of Drain Tile [illegible] Number of Lines [illegible]

Depth of Filter Material [illegible] Cover Depth [illegible]

Water Supply Source [illegible] Distance from Water Source [illegible]

Excavation Inspected [illegible] (DATE) Tank Inspected [illegible] (DATE)

Nitrification Field Inspected [illegible] (DATE)

Washing Machine Line Inspected, If Applicable [illegible] (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been [illegible] installed or constructed, [illegible] 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: [illegible]

[illegible]
Environmentalist

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

HEALTH DEPARTMENT'S COPY