

8918 ALPINE CR

22709211

5/20/08

marliwr

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

EHS PW

Reviewer WP

2909 **County Permit Review Worksheet**

Rule or Law	Permit Application	1	2	3	4	5	6	7	8	9	10
.1937(d)	Is the Application complete	Y									
.1937(d)	Is there a Site plan/Plat with application	Y									
.1937(d)	Is the Facilityshown?	Y									
.1937(d)	Are appurtenances shown	Y									
	Site Evaluation Information										
.1939 (a)(1)	Topography and Landscape Position Recorded?										
.1940 (a-g)	Slope % Recorded?										
.1939 (a)(2)	Texture Class Recorded?										
.1939 (a)(2)	Structure type Recorded?										
.1939 (a)(2)	Consistence Recorded?										
.1939 (a)(2)	Mineralogy Recorded?										
.1939 (a)(3)	Soil Wetness Condition Recorded?										
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered?										
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?										
.1939 (a)(6)	Sufficient Available Space Recorded?										
.1937(m)	Are the Profile Locations Shown?										
.1939(a) & .1945(b)	Are the S/PS Profiles in system & in repair area?										
	Number of auger borings made:										
	Were sufficient auger borings made?										
.1939(d), .1955, .1956, .1957	LTAR										
	IP/CA										
G.S. 130A-336(a) & .1937(g)	Proposed System Type stated-Initial										
.1945(b)	Proposed System Type stated-Repair										
G.S. 130A-336(a)(3)	System location identifiable by setbacks - Initial										
.1937(g) & .1945(b)	System components shown - Initial										
.1945(b)	Repair area shown										
.1937 (f)(g)	Does System design match facility, flow & WW characteristics?										
.1937 (f)(g)	**Is System design consistent with soil/site conditions?**										
.1937 (f)(g)	Is the System located in the approved area?										
G.S. 130A-336(a)	Is the Design flow (gpd) indicated?										
G.S. 130A-336(a)	**Number of Bedrooms, employees, seats, etc. indicated?**										
.1937(g)	Trench depth indicated?										
.1937(g)	Trench width indicated?										
.1937(g)	Trench length indicated?										
G.S. 130A-336(a)(1)	Proposed/existing well shown?										
G.S. 130A-336(a)(1)	Property line lengths shown?										
G.S. 130A-336(a)	**Facility/appurtenance setbacks shown from fixed points?**										
	OP										
.1937(i)	System type as described in table V(a) of rule .1961										
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.										

If system design is incorrect or inconsistent with site conditions, indicate why for each below

NAP FAX RECEIPT TO HOKE TO CMU

FEE: 100 oo chk 17022
DATE: 1/12/07
CRT [ ] gc

~~#1841~~ #1995

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 01/05
FILE #: 2909 ~~2218~~

TYPE APPLCATION:
☑ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
☐ ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ COMMERCIAL OR INDUSTRIAL (N) P/W.

PERSON FILING APPLICATION:
NAME: Bill Mullis Const.
ADDRESS: 3401 Hayden Dr
CITY: Charlotte
STATE: NC ZIP: 28269
PHONE: (704) 597-1654
ALTERNATE PHONE: 400-0731

PROPERTY OWNER:
NAME: Joe Tissue
ADDRESS: 8918 Alpine Circle
CITY: Charlotte
STATE: NC ZIP:
PHONE: (704) 846-4677
ALTERNATE PHONE:

JOB LOCATION INFORMATION
TAX/PARCEL #: 227-092-11
STREET ADDRESS: 8918 Alpine Circle
CITY: Charlotte
STATE: NC ZIP:
SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT #: 1978 P# 214-961

WATER SUPPLY:
☐ MUNICIPAL (M) ☐ COMMUNITY (C) ☑ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:
☑ HOUSE (H) ☐ MODULAR HOME (M) ☐ MULTIPLE FAMILY (U)
☐ SINGLE MOBILE HOME (S) ☐ DOUBLE WIDE (D)
☐ OTHER (O)
NUMBER OF BEDROOMS: 2
NUMBER OF OCCUPANTS:

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? ☐ YES ☐ NO
UNDERGROUND STORAGE TANKS? ☐ YES ☐ NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:
☑ BEDROOM ☑ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☑ DECK ☑ OTHER

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Bill Mullis — Owner's/Agent's Signature
1/12/07 — Date

*The undersigned, an authorized agent of the Mecklenburg County Health Department, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules for 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 y this Department.
- This permit is not transferable.

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

Approval granted for bedroom, bathroom and deck addition. CMU Tap receipt on file
Phito S. Walker RS 2/14/07
EHS Signature — Date

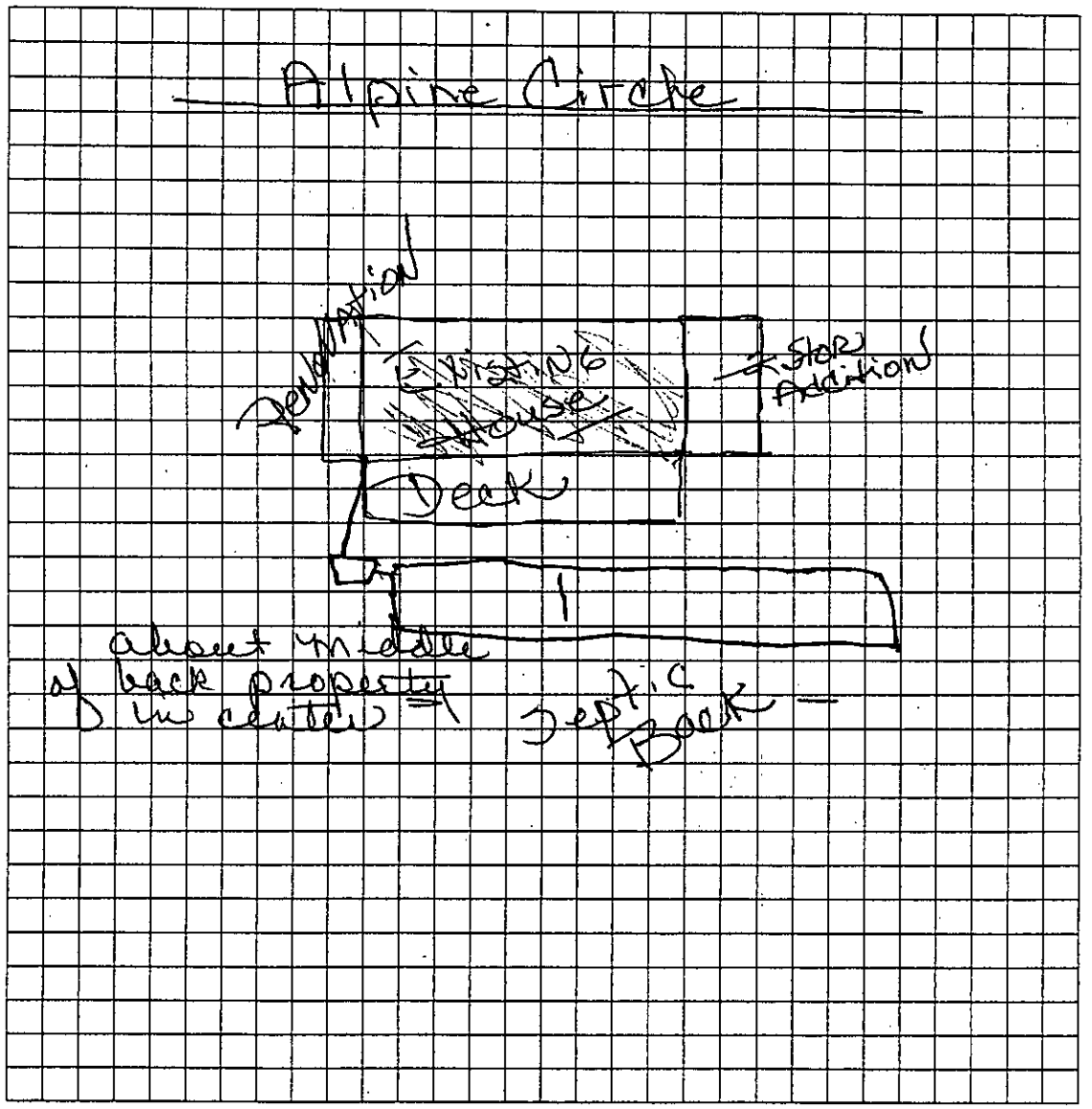
075

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File #_____
Date_____

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature	Bill Mullis
Date	1/12-07

LBC 12/15/04

To:
Philo Walker 704 336-6894

From:
Leila Tissue

CHARLOTTE-MECKLENBURG UTILITIES 83482

DATE: 2-9-07

RECEIVED FROM Leila A. Tissue
Four Thousand Three Hundred Eighty Seven Dollars - $4,387.00

FOR: 3/4" water - 4" Sewer
9918 Alpine Cir

Ronald E. Gilroy
RECEIVED BY:

CASH ☐
CHECK ☒ 4436

02-13-07 11:41 FROM-RALLINGS AND TISSUE PLLC 704-342-1531 T-561 P 01/01 F-812

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

January 17, 2007

JOE TISSUE
8918 ALPINE CIRCLE
CHARLOTTE, NC 28270

Re: Application for approval to use an existing on-site wastewater treatment & disposal system.
Property Location: 8918 ALPINE CIRCLE
Health Department file number: 2909

Dear Property Owner or Owner's Agent:

On January 17, 2007 the Mecklenburg County Health Department, Groundwater & Wastewater Services Section, evaluated the above-referenced property to determine if approval to use an existing on-site wastewater treatment & disposal system could be granted for your proposed project. This evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 and related statutes, Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .1900 and related rules, and the Mecklenburg County Groundwater Well Regulations.

Based on the information provided in the application, dated January 12, 2007, and findings from the site evaluation conducted by our office, your request for approval to use an existing on-site wastewater treatment & disposal system is **not** being granted. This decision is based on the following conditions that were identified during the site visit:

- ☒ The existing on-site wastewater treatment & disposal system was not functioning properly at the time the site evaluation was conducted.
- ☐ The proposed plans do not meet the required setbacks for the on-site wastewater treatment & disposal system serving the property.
- ☐ The proposed plans do not meet the required setbacks for the reserved repair area for an on-site wastewater treatment & disposal system.
- ☐ The proposed plans do not meet the required setbacks for water supply wells.
- ☒ The proposed project will exceed the permitted daily design flow for the existing on-site wastewater treatment & disposal system. System alteration will be required in order to accommodate your proposed project.

If you need any additional information or assistance please contact our office at (704) 336-5103.

Sincerely,

Philo S. Walker RS

PHILO WALKER
Sr. Environmental Specialist

Encl: (1) Application

FILE NUMBER: 2909 REFUND ISSUED PSW 1848

SEPTIC FEE: 200
DATE: 1/26/07

Revised On: January 3, 2007

APPLICATION NUMBER: ~~2909~~

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

WELL FEE: _____
DATE: _____

1. SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☒ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

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

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER:
STREET ADDRESS: 8918 Alpine Cir
CITY: Char
STATE: NC ZIP: 28270
SUBDIVISION NAME:
LOT #: LOT SIZE (acres): 1

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

4. BUILDING INFORMATION:

BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: 1900
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 4
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWLSPACE ☐ BASMENT WITH NO PLUMBING

CANCELLED

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☐ N/A
NUMBER OF BEDROOMS TO BE ADDED: 1 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

6. WATER SUPPLY: ☐ MUNICIPAL ☑ PUBLIC WELL ☒ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

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

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST DESIRED 5-LEAST DESIRED)*:

☒ 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 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

10. PROPERTY OWNER:

NAME: Leila Tissue
ADDRESS: 8918 Alpine Cir
CITY: Charlotte
STATE: NC ZIP: 28278
HOME PHONE: 846-467 WORK PHONE:
MOBILE PHONE: 574-5740 FAX:

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? June '87
13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____

14. SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:
If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either 60 months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

Property Owner's or Owner's Legal Representative Signature 1-2-07 Date

15. WELL PERMIT APPLICATION SIGNATURE SECTION:
If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of 12 months from the date of issuance.

Property Owner's or Owner's Legal Representative Signature Date

☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

MECKLENBURG COUNTY LAND USE AND ENVIRONMENTAL SERVICES AGENCY
CREDIT/REFUND APPLICATION & ADJUSTMENT/CANCELLATION FORM

See instruction sheet for completion instructions. GAX-LUE - _____

CREDIT ☐

REFUND ☑

CANCEL ☐

1. Property Owner's Name: LEILA TISSUE 2. Permit #: _____
3. Permit Address: _____ 4. Posting Date: 01/26/07 5. Fire Fee #: _____
6. Account Name: _____ 7. Account # _____
8. *If Refund*, Check payable to: LEILA TISSUE (Please Print) 9. Phone # 7048464677
10. Mailing Address: 8918 ALPINE CIRCLE (Street) CHARLOTTE (City) NC (State) 28279 (Zip)
11. Signature: Jay Aidoo for 12. Printed Name LEILA TISSUE 13. Date: 02/16/07

REASON FOR REQUEST

☑ Plan Change ☐ Not Doing Work ☐ Duplicate Permit (Dup. Permit # _____ Date _____)

☐ Wrong Contractor → SHOULD HAVE BEEN _____ (Correct contractor) CHARGES REAPPLIED _____ (Staff Initials)

☐ Other (Specify) _____

For Departmental use only - Do not write below this line

IF ADJUSTMENT
(to be completed by Emp & Supervisor)

Incorrect Entry - _____

Correct Entry -

Reason - _____

Initials _____ Date / /

Superv Initials _____ Date / /

INSP. COUNT & CANCELLATION OF PERMIT
(Completed by Applicable Core Process)

Number of Inspections

B	E	M	P	F	L

Cancellation of Permit
(completed by Applicable Core Process)

B	E	M	P	F	L
☐	☐	☐	☐	☐	☐

Initials _____ Date _____

Expired Permit ☐

Rev Coll. Date Stamp

CALCULATIONS
(Completed by Applicable Core Process)

Plan Review 80% = Plan Review 90% = No Plan Review	%
Insp. Info Each Insp (10%)	%
Total Crdt/Rfnd % PR% - Insp	100 %
Pmt or Fee Amt $ Total Amt	$ 200
Zoning Fee $ Amt	$

$ 200 x 100 % =

Total Pmt/ Fee Credit/Refund $ 200

Permit Fee- Zoning X C/R% or Min/- Whichever is greater

JKA (Initials) 2-16-07 (Date)

VERIFICATION *(To Be Completed By Revenue Collection)*

If Refund	If Refund with Credit Balance	If Credit,(Trans #)	Serv Chg Cr	Initials & Date	Posting Date
	$ _ 03=0 9004=$		$		
Org/Account [8 _ 03 = 0]	Refund Charge to account	88 - - -	88116		

APPROVALS *(To Be Completed By Department And Finance Representatives)*

Department Approval: _____ Date _____

Finance Approval: _____ Date _____

Assigned to: R S

Rev Coll. Date Stamp

Rev. Coll. Tracking # ___-___-___

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	01/26/07	**Amount:**	200.00
Receipt #:	47952	**Tendered:**	0.00
Check / Auth #:	MC 300967	**Returned:**	0.00
Received By:	AIDOOJK		

Account Information

Account #: 200000
Contractor: TISSUE LEILA
Attn:
Address: 8918 ALPINE CIRCLE
Address:
City/State/Zip: CHARLOTTE, NC 28279

Item	Description	Permit#	Quantity	Unit Price	Total Price
0706	MH Exc/Add/Repl w/System Mod 8908 ALPINE CIRCLE		1	200.00	200.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

Date Issued 1 May 78

Serial No. 1557

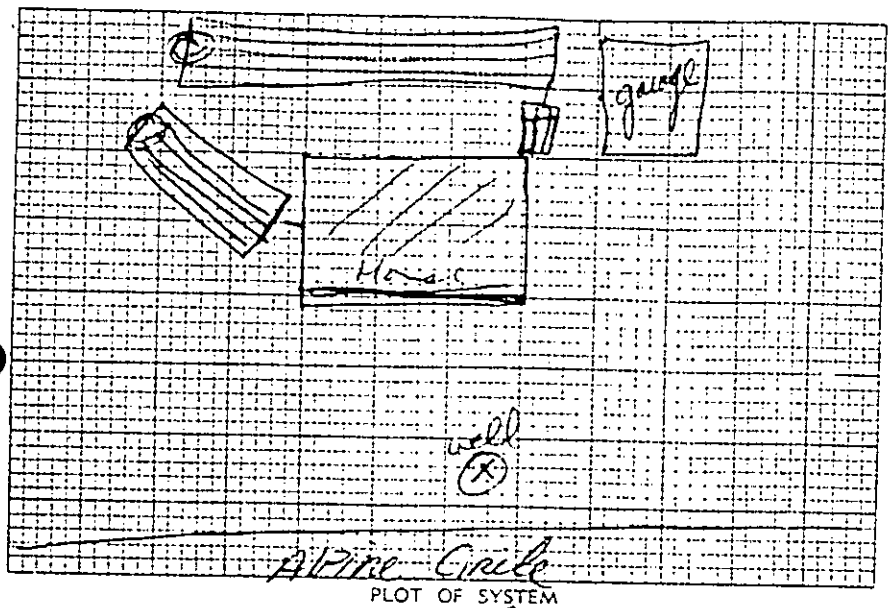
ICAR (S) Permit No. 2909

T. C. No. 227022-11

Map Date 3-15-78

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ✓ Install or Construct, ____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 2909, dated 1-30-78 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 1 June, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P.S.

Liquid Capacity of Tank 1500 gal

Tank Construction Pre Cast Conc.

Absorption and/or Nitrification Lines:

Total Line Length 495' & 125'

Number of Lines 5 & 4

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'+

NAME OF OWNER Terry A. Klutz

LOCATION OF PROPERTY Lot 69 Alpine Circle

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person Comments: ~~now or hereafter owning, controlling or using such system from any liability~~ resulting from the failure of the system to operate properly.

(15'x 99' x 12" Stone) S.T. W.M. (12' x 32' x 17" Stone)

Division or Section Head

Environmentalist Stephen J. Ward

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

EHD-5-76

Environmental Health Department's Copy

Received FEB 18, 1975

Application No. 8918

T. C. No. 109-401-06

Map Date —

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER [illegible] David Clark
(LAST) (FIRST) (MIDDLE)

ADDRESS OF OWNER [illegible] ZIP [illegible]

PHONE NO. Home [illegible] Office _____

LOCATION OF PROPERTY [illegible]
(STREET OR COUNTY ROAD)

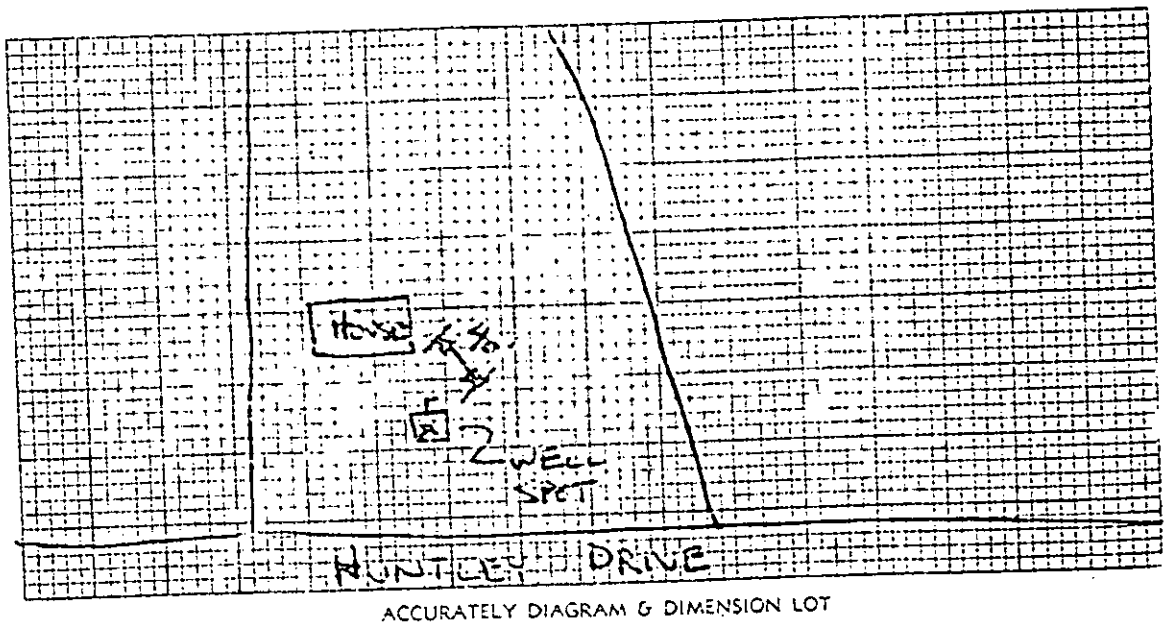
SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

DEED REFERENCE: DEED BOOK _____ PAGE NO. _____

WELL CONTRACTOR Stewart Pumpwell Co LICENSE NO. 70

Application is hereby made to the Mecklenburg County Health Department for a permit to drill a water well on the hereinabove described lot to be used as a source of _____ individual, _____ semi public, or _____ public water supply:



ACCURATELY DIAGRAM & DIMENSION LOT

2-18-75
DATE OF APPLICATION

[illegible]
OWNER

Application approved and permit hereby granted

Permit No: _____

Paul A. Kiefer
ENVIRONMENTALIST

FORM NO. E-20-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 2 May 78

Serial No. 1507

C of A (s) No. 2909

T. C. No. 227-092-11

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH DIVISION
CERTIFICATE OF COMPLETION
CERTIFICATE OF APPROVAL

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

Name of Owner Kluta (LAST) Jerry (FIRST) A. (MIDDLE)

Location of Property 8915 Alpine Circle

Application Number 2909 Permit Number 2909

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material Pre Cast Conc.

Total Length of Drain Tile 495' & 125' Number of Lines 5 & 4

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source Well Distance from Water Source 50'+

Excavation Inspected 2 May 78 (DATE) Tank Inspected 2 May 78 (DATE)

Nitrification Field Inspected 2 May 78 (DATE)

Washing Machine Line Inspected, If Applicable 2 May 78 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ~~installed~~ or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission 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: Hyatt — System Rained in lightly —

Stephen J Wood
Environmentalist

EHD-5-76

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received 1-30-75

ICAR(S) Application No. 2909

T. C. No. 227-092-11

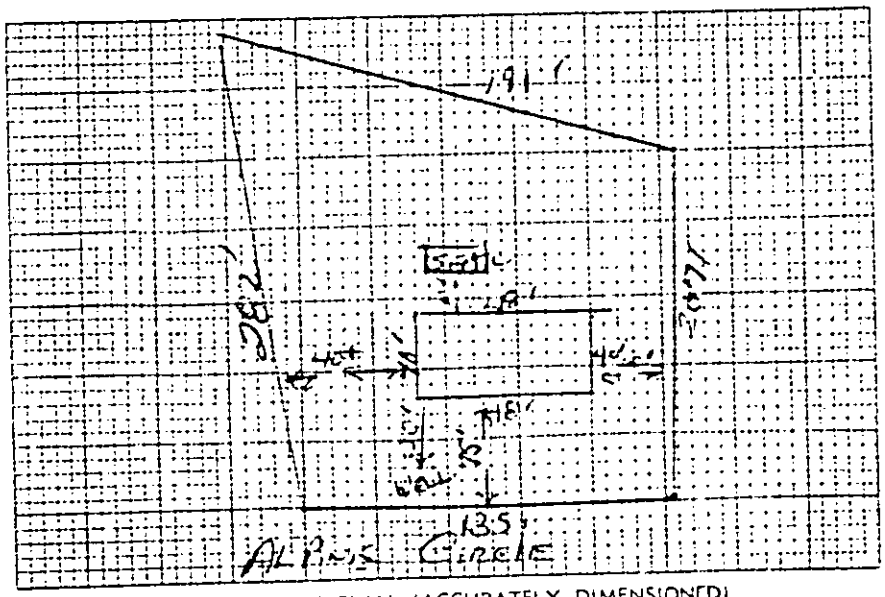
Map Date 3-15-71

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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

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

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)

Mobile Home ____Yes ____No
Residence ✓Yes ____No
4) No. of Bedrooms 3
5) Business Use — Max. No. Employees _____
6) Washing Machine ✓Yes ____No
7) Garbage Disposal ✓Yes ____No
8) Dishwasher ✓Yes ____No
9) Water Supply:
A) Individual Well ✓
B) Governmental System _____
C) Community System:
1. Well source _____
2. Governmental source _____
10) Sewage System:
House located within 200 feet of public sewer ____Yes ✓No
House located within 200 feet of community sewer ____Yes ✓No
11) FHA Case No _____
12) VA Case No. _____

13) NAME OF OWNER Klutz (LAST) Jerry (FIRST) A (MIDDLE)

14) ADDRESS OF OWNER 6306 Forest Living Dr

15) PHONE NO. Home 536-8899 Office 536-1761

16) LOCATION OF SYSTEM Alpine Circle (STREET OR COUNTY ROAD)

17) SUBDIVISION Lakeside Acres Lot No. 69 Block No. B

Map Book No. 7 Page No. 69+71 0950 0949

18) DEED REFERENCE — DEED BOOK 4022 AT PAGE ~~4682~~

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ____ NO DATE RUN ____

20) PTR NUMBER (See Instructions) 2909

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.

2-1-75
DATE OF APPLICATION

Jerry A. Klutz
OWNER

EHD-S-76

Environmental Health Department's Copy