

5200 HENDERSON CR

1/2/2008

duponbj

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

FEE: 100.00 CK
DATE: 7/18/97 JC

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

#1 ~~CK~~ 402
[ ] 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

FILE #: 32291

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139-185-11

STREET ADDRESS: Brighton Place

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 63

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: 1600

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 3

CLOSING DATE

FOUNDATION FOR RESIDENCE:

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

>24" cut around steel
Soil evaluation, conventional
report W. B. Mullis 8-18-97

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):

__ COMMUNITY (C)
__ MUNICIPAL (M)
✓ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES ✓ NO
EXISTING WASTEWATER SYSTEMS __ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES ✓ NO
WELL, SPRINGS OR WATERLINES __ YES ✓ NO
DESIGNATED WETLANDS __ YES ✓ NO

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: (LAST) Rushca (FIRST) Ronald (MI) C	NAME: (LAST) (FIRST) (MI)
ADDRESS: 914 Heron Ave	DAYTIME PHONE: ( ) —
CITY: Charlotte STATE: NC ZIP: 28205	
DAYTIME PHONE: ( ) - 596-7634	

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: Ronald C Rushca DATE: 7-18-97

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

Lynelle 392-4662 (H)
564-3460 (cell)
332-6310 (of) Dancy

Complaint Number 00014719 1 Date Entered 08/31/95 Date Updated [redacted]
Type Complaint SIB Permit Type SEW

	Street Name	Number	Dir.	Zipcode
Location/Description	HENDERSON CIRCLE	[redacted]		2500

Request By [redacted] LISA [redacted] County Office
Phone Number 598-0381
Address 5200 HENDERSON CIRCLE
City CHARLOTTE State NC Zipcode 28269
Directions:

Complaint:
RAW SEWAGE SMELL

File #9021 #36

COPY

EHS Number 17031 Tax/Map Number 03721203 Census
Property Name HENDERSON CIRCLE #36 / #37
Owner Name DANCY ROBERT
Owner Address 1443 SOUTH BOULEVARD
Owner City CHARLOTTE State NC Zipcode 28203
Owner Phone 000 000-0000
Date/Time 08/30/95 (HH MM) Create Work Order (Y/N) Y Log Only (Y/N) N
8/31/95 10:20:21

01-03 SA MW KS IM II S1 S1037498 KB

332-6310

9/6/95 Received service request in pm. JSR

9/7/95 OSV. Cathy Malewski (m.h. park manager) Reggie Clark (maintenance worker), 3 area tenants present. Observed water (effluent?) pooled under m.h. #37, soil disruption beside common driveway/road. Per mrs. Malewski - suspected waterline by road repaired ~1 month ago, leaky faucet in #37 repair ~1 week ago. Per area tenant water under #37 for ~1 yr. Probed drainfield - 'under pressure'. (Cathy Malewski 596-2984

9/11/95 PC w/ V. Johnson @ CMUD. Sewerline @ sharp (V) curve in Henderson Circle - if not within $1000' may possibly extend up to 2000' under health hazard. JSR
PRC. PC from V. Johnson - correction. Sewer extension not an option at this time.

9/12/95 OSV w/ J. Kiser. Claudius Morrison present + area tenant. Repairs needed to #36 + #37. Water sample collected from kitchen faucet @ #37.

9/13/95 PC to Lynelle Dancy @ 332-6310 - NC.
PC to " " @ 392-4662 NC. LM w/ gentleman regarding need for OS appt. JSR

9/13/95 VM from Lynelle Dancy

9/13/95 PC w/ Mrs Dancy. Discussed situation @ #36 + #37. Advised water sample 6:00 taken @ 37. Scheduled appt. for 9/15/95 @ 10:00 am.

~~9/15/95 OSV w/ J. Kiser. Claudius Morrison present. Discussed possible repair options. Need~~

9/15/95 OSV. Lynelle & Dancy present. Discussed possible repair options. - to utilize land beyond m.h.(s) would require easement although parcel has same owner. Per Mrs

Darcy - will discuss options w/husband. Advised that repair within existing parcel just "band-aids"; however, hopefully if water conservation measures are taken (i.e. low flow showerheads, toilet adapters for low flush, removal of washing machine (if present) etc.) Per Mrs. Darcy, washing machines are not allowed - part of contract but some do slipped in) #2 community hooked to municipal water for

9/15/95 Rec. PC VM mess. from Mrs. Darcy.
PC w/ Mrs. Darcy. Stated her husband, Robert Darcy, wants to explore possible options of land use beyond. fbn

9/20/95 PC to Mrs. Darcy @ 892-4662. NC. Un
that soil scientist plans to evaluate soil 9/21.

9/21/95 OSV w/ B. Marlin. Evaluated soils to © of #36 + #37 (facing front doors). wooded area. soil downslope from #37 saturated - per B. Marlin wooded area better would require pump from #36.
Per transit work - elevation not ideal - creek/poor drainage downslope of #37

9/21/95 PC to Mrs. Darcy. NC. Un to pump #37
1:05

9/22/95 PC to Mrs. Darcy. No answer fbn
8:45

9/25/95 PC w/ Robert Darcy. Explained Situation.
PC w/ Mrs Darcy. Stated ST @ #37 pumped, to her knowledge on 9/21 pm or 9/22 (Ronnie Oates). Discussed need for CMUD making of their sewer easement for repair on (-04), need for pump on #36 for repair on -04, ETC. Discussed having Claudius tamp dirt into area away from waterline in an attempt to stop breakout @ road. Per Mrs. Darcy, will contact CMUD + Claudius mornings. fbn

9/26/95 VM mess. from Lynelle Darcy; CMUD easement being marked

U

Complaint Number 00014719 1 Inspection Date 08/31/95 EHS Number
Inspection Type SIB Duration (HH MM) Permit Type SEW
County Office
Property Name HENDERSON CIRCLE #36,#37
Address of Complaintant 5200 HENDERSON CIRCLE

Owner Name DANCY ROBERT
Phone Number 000 000-0000
Address 1443 SOUTH BOULEVARD
Mailing Addr. City CHARLOTTE
State NC Zipcode 28203 Phone
Notes:

Violations:	Code	Days	Code	Days

Date Next Insp. Letter Sent Legal Action (Y/N)
Disposition (O/C/A) Create Followup Work Order (Y/N)
8/31/95 10:20:52

01-03	SA	MW	KS	IM	II S1 S1037498 KB

9/27/95 PC w/Lynelle Dancy. Scheduled appt for 11:00 9/28 fsn

9/28/95 PC from Claudius Morrison. Discussed need for easement. fsn

9/28/95 OSV. Lynelle Dancy & Reggie Clark present. Discussed possible easement option after looking @ flags indicating CMUD easement for future sewer line. Advised Mrs Dancy to have ST @ #37 pumped again. Per Mrs. Dancy - phone call already made during my visit. ST to be pumped 9/28 p.m.) Mrs Dancy to consult Attorney regarding best easement solution to ST problems.

9/29/95 Easement form mailed to Mrs. Dancy.

10/2/95 VM mess. from Lynelle Dancy

10/3/95 VM from Lynelle Dancy

PC w/ Mrs. Dancy - Stated ~~plumber~~ ST contractor (Ronnie Oaks) believes waterline leak in waterline to #37.

10/4/95 PC w/Mrs. Dancy. Per ST contractor, Ronnie Oaks - waterline leak to #37. Plumber cancelled 10/3 appt. Per Mrs. Dancy - has tried to get other plumbers. Occupants of #37 to move this weekend. fsn

10/5/95 PC from Mrs Dancy stated has lined up another plumber for 10/6, since other plumber has been unable to show fsn

10/6/95 10:40 OSV. No one present (i.e. plumber, Mrs. Dancy)

Mecklenburg County Public Health Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

Sample "B"

Microbiological Analyses

Owner, System or Establishment: Lynelle Dancy

Address: 5200 Henderson Cir #36

Zip

Collected By: L. Mialik

Date Collected: 12/6/95 Time: ~3:50 AM (PM)

Sample Source: Surface water from driveway Sample "B"

Date Delvd. to Lab: 12/6/95 Time: 4:20 AM (PM)

Delivered By: L. Mialik

Type of Sample

Potable Water

- ☐ Individual Well
- ☐ Non-Community
- ☐ Community
- ☐ City
- ☐ Other (specify)

Treatment: ☐ chlorinated ☐ nonchlorinated

- ☐ Initial Sample
- ☐ Recheck (chlorinated)
- ☐ Recheck (nonchlorinated)
- ☐ Other (specify)

Food (specify):

Analysis Requested:

- ☐ Total Coliform
- ☑ ~~Fecal~~ Coliform
- ☐ ~~Fecal~~ Strep
- ☐ Sulfate Reducing Bacteria
- ☐ Giardia lamblia (contact laboratory for instructions)
- ☐ Food Quality Survey
- ☑ ~~Other~~ (specify) enterococcus
- ☐ Foodborne Investigation (specify)

Comments:

Laboratory Analysis Report

Method: ✓ Membrane Filter _____ Colilert

Total Coliform	/100 ml.	Non-Coliform	/100 ml.
Fecal Coliform	360 ECFU /100 ml.	Plate Count	/gm. or ml.
Fecal Strep	820 ECFU /100 ml.	Coliform Count	/gm. or ml.

Group D Strep - not Enterococcus

Laboratory Comments:

Date Received: 12/6/95

Received By: Williams

Date Reported: 12/11/95

Analyst: AW/SW Lab #: 512

Laboratory Identification #: 37518

L 1.14 1/92

LAB REPORT COPY

Mecklenburg County Public Health Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

Sample "A"

Microbiological Analyses

Owner, System or Establishment: Lynelle Dancy

Address: 5200 Henderson Cir, #36

Charlotte Zip

Collected By: L. Mialik

Date Collected: 12/6/95 Time: 3:50 AM PM

Sample Source: Surface water beside patio - sample "A"

Date Delvd. to Lab: 12/6/95 Time: 4:20 AM PM

Delivered By: L. Mialik

Type of Sample

Potable Water

☐ Individual Well ☐ Non-Community

☐ Community ☐ City

☐ Other (specify)

Treatment: ☐ chlorinated ☐ nonchlorinated

☐ Initial Sample ☐ Recheck (chlorinated)

☐ Recheck (nonchlorinated)

☑ ~~Other (specify)~~ ~~Enterococcus~~

Food (specify):

Analysis Requested: ☐ Total Coliform ☑ ~~Fecal Coliform~~ ☑ ~~Fecal Strep~~

☐ Sulfate Reducing Bacteria ☐ ***Giardia lamblia*** (contact laboratory for instructions)

☐ Food Quality Survey ☑ Other (specify) Enterococcus

☐ Foodborne Investigation (specify)

Comments:

Laboratory Analysis Report

Method: √ Membrane Filter _____ Colilert

Total Coliform _____ /100 ml. Non-Coliform _____ /100 ml.

Fecal Coliform 5,700 /100 ml. Plate Count _____ /gm. or ml.

Fecal Strep 3,100 /100 ml. Coliform Count _____ /gm. or ml.

Enterococcus present

Laboratory Comments:

Date Received: 12/6/95 Date Reported: 12/11/95

Received By: Williams Analyst: MC/DTW Lab #: 511

Laboratory Identification #: 37518

L 1.14 1/92

LAB REPORT COPY

Mecklenburg County Public Health Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

Microbiological Analyses

Owner, System or Establishment: Robert Darcy

Address: 5200 Henderson Circle #37

Charlotte Zip

Collected By: L. Mialik

Date Collected: 9/12/95 Time: 11:50 (AM) PM

Sample Source: kitchen faucet

Date Delvd. to Lab: 9/12/95 Time: 4:18 AM (PM)

Delivered By: L. Mialik

Type of Sample

Potable Water

- ☐ Individual Well
- ☐ Non-Community
- ☑ Community
- ☐ City
- ☐ Other (specify)

Treatment: ☐ chlorinated ☐ nonchlorinated

- ☑ Initial Sample
- ☐ Recheck (chlorinated)
- ☐ Recheck (nonchlorinated)
- ☐ Other (specify)

Food (specify):

Analysis Requested:

- ☑ Total Coliform
- ☐ Fecal Coliform
- ☐ Fecal Strep
- ☐ Sulfate Reducing Bacteria
- ☐ **Giardia lamblia** (contact laboratory for instructions)
- ☐ Food Quality Survey
- ☐ Other (specify)
- ☐ Foodborne Investigation (specify)

Comments: Metrolina Mobiles Home Park

Laboratory Analysis Report

Method: ✓ Membrane Filter ____ Colilert

Total Coliform Absent /100 ml.

Fecal Coliform ____ /100 ml.

Fecal Strep ____ /100 ml.

Non-Coliform Absent /100 ml.

Plate Count ____ /gm. or ml.

Coliform Count ____ /gm. or ml.

Laboratory Comments:

Date Received: 9/12/95

Received By: Purvis

Date Reported: 9/13/95

Analyst: hw Lab #: 951

Laboratory Identification #: 37518

L 1.14 1/92

LAB REPORT COPY

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3292B

☐ CRT

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

(704)336-5102

PERSON FILING APPLICATION:
NAME: DANCY (last) Lynelle (first) J. (mi)
ADDRESS: 20428 Staghorn & PHONE: (__) 892-4662
CITY: Davidson STATE: NC ZIPCODE: 28036

Date: 9/8/95

PROPERTY OWNER:
NAME: DANCY (last) HOMES, INC. (first) (mi)
ADDRESS: 1443 So Blvd PHONE: (704) 332-6310
CITY: Charlotte STATE: NC ZIPCODE: 28203

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 137-22-03
STREET ADDRESS: 5200 Henderson Circle
Charlotte, N.C.
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME: METROLINA NORTH

LOT NUMBER: 37 LOT SIZE (in acres):

TYPE APPLICATION (check one):

☐ SOIL TEST - INDIVIDUAL LOT (D)
☐ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (M)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☒ REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 2 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)
☐ Private Well (P)

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

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

Signed: Lynelle Dancy Date: 9/8/95

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.

...10/95 waterline leak repaired that was overloading Septic System - for

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

Environmentalist Date

Director or Authorized Section Head Date

WATER - 22

PW

402

322RB

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

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

(704)336-5102

PERSON FILING APPLICATION:
NAME: DANCY (last) Lynette (first) J. (mi)
ADDRESS: 10428 Stagbord PHONE: (__) 892-6662
CITY: CHARLOTTE STATE: NC ZIPCODE: 28209

Date: 7/12/94

PROPERTY OWNER:
NAME: DANCY HOMES, INC. (last) (first) (mi)
ADDRESS: 1443 So. Blvd PHONE: (__) 332-6370
CITY: Charlotte STATE: NC ZIPCODE: 28203

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 037-212-03
STREET ADDRESS: 5200 Henderson Circle
Charlotte, NC
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME: Metrolina North

LOT NUMBER: 51 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[X] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 2 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)
[X] Municipal (M) [] Other 'spring' (O)
[] Private Well (P)

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

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

Signed: Lynette Dancy Date: 7/12/94

NOTICE:

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 by this Department.

...This permit is not transferable.

...

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

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

See COMPLAINT APPL- 8/31/95

CERTIFICATE OF COMPLETION/OPERATION PERMIT 15400

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 32293 DATE: 7/26/94

TC: 037 212 03 ☐ L ☐ CRT

SERIAL Nº 15937

Name of Owner Nancy Homes Inc Juris.:

Address of Property 5200 Henderson Cir #51

Inspection Data:

Tank Material –

Total Length of Drainfield 100'

Number of Lines 2 @ 50'

Cover Depth 20"

Water Supply Source com well

Distance to Water Source 210'

Excavation Inspected 7/26/94

Tank(s) Inspected –

Wash Line Inspected –

High Water Alarm Inspected –

PLOT

Design: 1994 Repair CTR# Chad.vs Morrison

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 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The 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 10 NCAC 10A .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.

COMMENTS: Repair

Philo J Walker R.S.
Environmentalist

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

7/18

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR ~~PERMIT~~ Approval

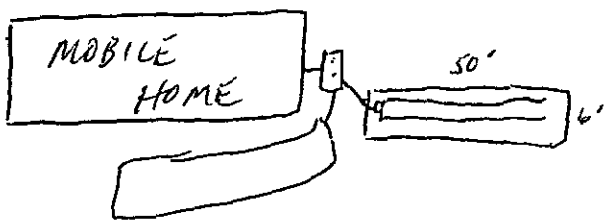
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3229B DATE: 7/18/94

TC: 037 212 03 ☐ L

SERIAL Nº 15790

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 7/12/94. All work shall be completed on or before 8/18/94, after which date this permit shall be null and void. The system shall meet all of the construction requirements of ~~10~~ 15A NCAC ~~10A~~ 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.



Henderson Cir

PLOT OF SYSTEM

Liquid Capacity of Septic Tank — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Absorption and/or Nitrification Lines:

~~Trench~~ Bed Width 6 feet

Total Line Length 100' feet

Number of Lines 2 (50')

Depth of Stone 24" inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 7/100' feet

NAME OF OWNER Dancy Homes Inc

LOCATION OF PROPERTY 5200 Henderson Cir # 51

Comments: Bed system 6'wd x 50'long x 24" stone
Set new Tee if necessary

Division or Section Head

Philo L. Walker R.S.
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 Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

L.M. DHCO

3229B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Repair

☐ CBY

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

(704)336-5102

PERSON FILING APPLICATION:
NAME: DANCY Lynelle
(last) (first) (mi)
ADDRESS: 20428 Stagborn PHONE: (__) 892-4662
CITY: Davidson STATE: NC ZIPCODE: 28036

Date: 9/14/95

PROPERTY OWNER:
NAME: DANCY HOMES, INC
(last) (first) (mi)
ADDRESS: 1443 So. Blvd PHONE: (__) 332-6310
CITY: Charlotte STATE: NC ZIPCODE: 28203

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 037-212-03
STREET ADDRESS: 5200 Henderson Circle
ZONING: Charlotte

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

SUBDIVISION OR MOBILE HOME PARK NAME: Metrolina North

LOT NUMBER: 36 LOT SIZE (in acres):

TYPE APPLICATION (check one):

☐ SOIL TEST - INDIVIDUAL LOT (D)
☐ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (T)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (M)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☒ REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 2

SYSTEM CLASSIFICATION:

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

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

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

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

Signed: Lynelle Dancy Date: 9/14/95

NOTICE:

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

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

...This permit is not transferable.

...

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

Environmentalist Date

Director or Authorized Section Head Date

WATER 2279