

10025 ELIBREN LN

19523110

12/31/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 21418 DATE: 1-20-04

TC: 195-231-10 ☑ L ☑ CRT

SERIAL 19450

Name of Owner ROSS L. POOLE Juris.:

Address of Property 10025 ELLBREN LANE, LOT #3

Inspection Data:

Tank Material 1500 PCC

Total Length of Drainfield 400

Number of Lines 4 @ 100'

Cover Depth 12"

Water Supply Source WELL

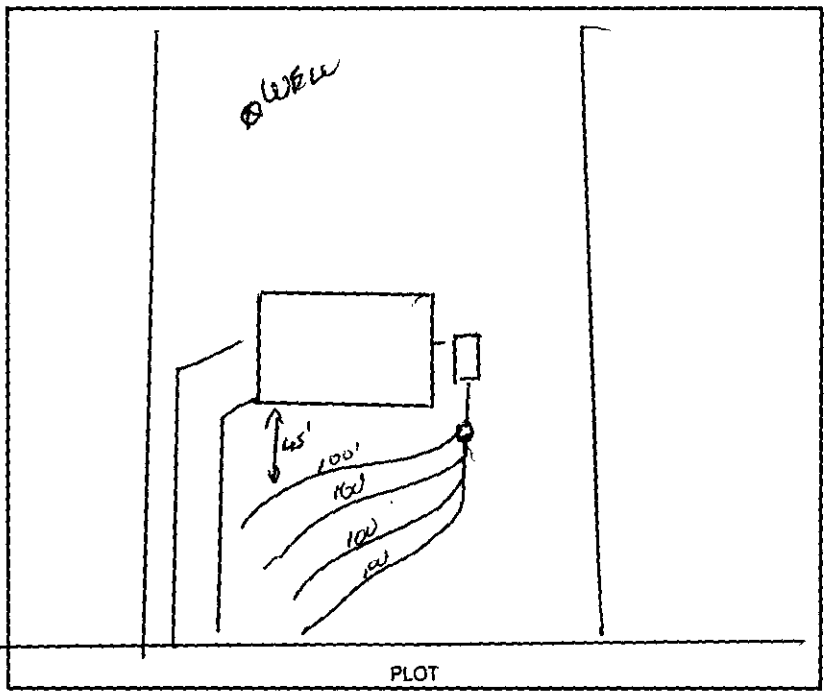
Distance to Water Source 125'

Excavation Inspected 1-20-04

Tank(s) Inspected 1-20-04

Wash Line Inspected —

High Water Alarm Inspected —



Design 1500 ST 1600 SFT INNOVATIVE EZ FLOW CTR# RCS

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☑ installed or constructed ☐ altered or repaired

☐ in accordance with the permit issued ☑ as detailed in the plot above

and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☐ ~~Operation~~ Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: TYPE III-G

Environmental Health Specialist

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

INSTALLATION CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

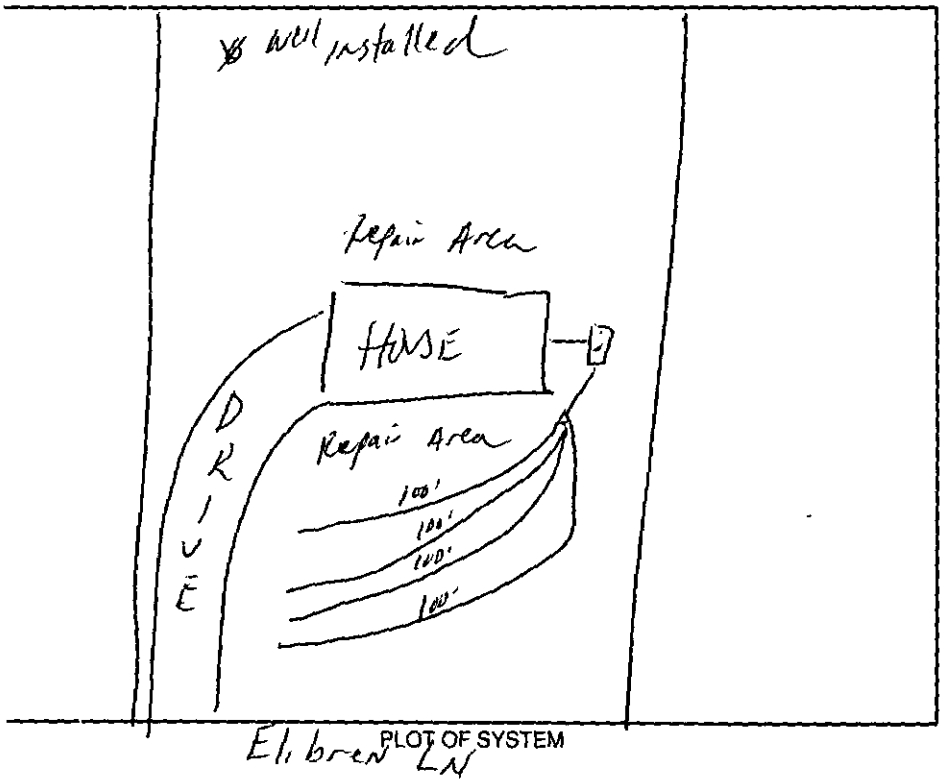
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2749B DATE: 1/16/04

TC: 195 231 10 ☑L

SERIAL 19598

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 5/2/03. All work shall be completed on or before 2/16/04, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 400' feet

Number of Lines 4 (100')

Depth of Stone NA inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well > 100' feet

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

NAME OF OWNER Ross L. Poole

LOCATION OF PROPERTY 10025 Elibren LN Lot 3

Comments: Innovative Septic System, 1500ST, 4 lines x 100' long x 3' wd

Phil D. Walker RS
Environmental Health Specialist

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

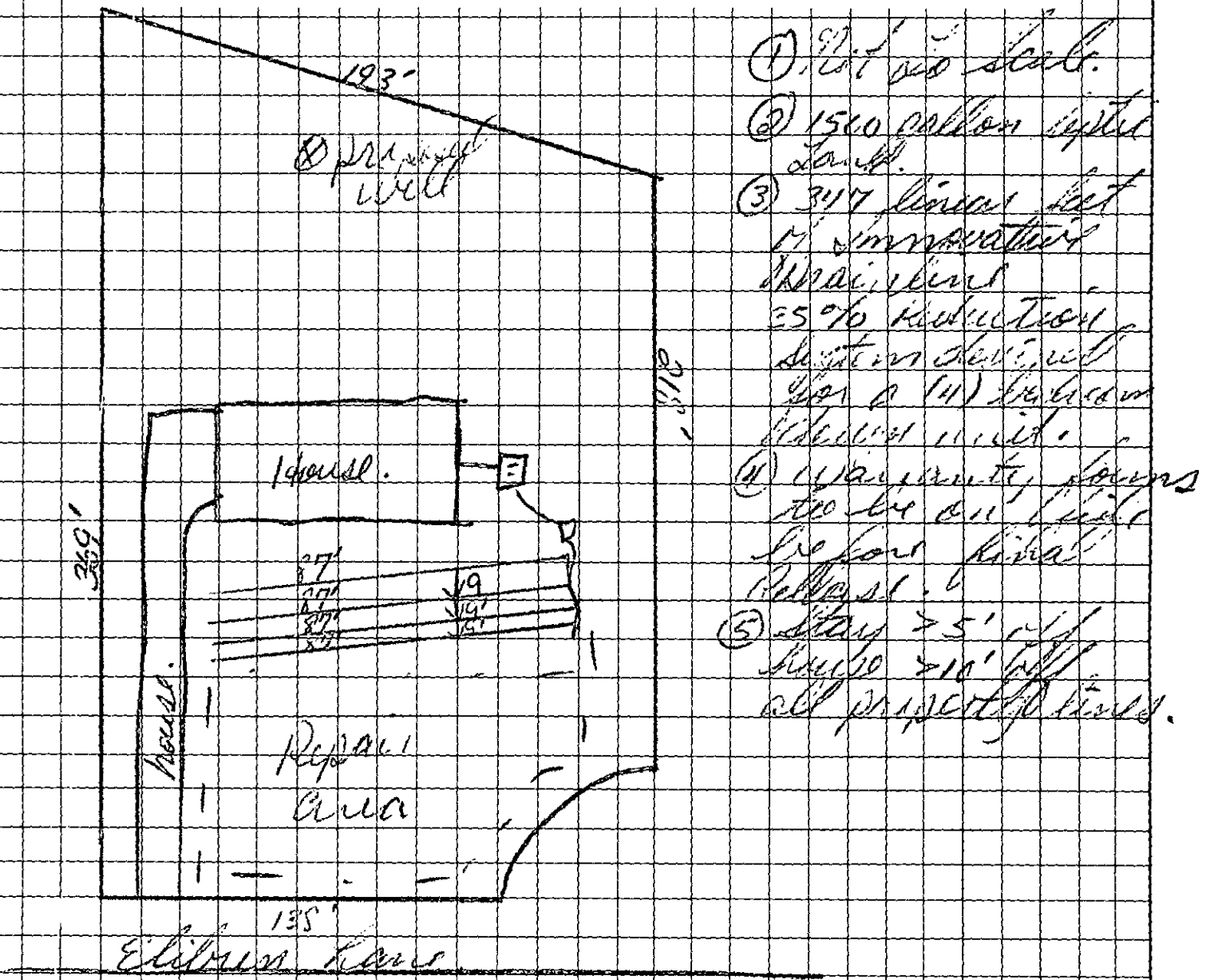
PROPOSED PLOT PLAN

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

FILE: 2749 B

TC: 195-231-10

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



(1) Soil as staked.
(2) 1500 gallon septic tank.
(3) 347 linear feet of conventional trenches 65% reduction system designed for 4 (4) bedroom dwelling unit.
(4) Downspouts, footers not to be on drainfield. Perforated.
(5) Cuts > 5' will require > 10' fill all property lines.

APPROVAL DATE 6.6.06 Jeffrey K. Smith

OWNER/AGENT SIGNATURE

DATE

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

FEE: 100.00 Change in Plot Plan

DATE: 5/2/03 - 5/7/03 SLA

X35182

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

I.D 2749B

M 1 CRT

TYPE APPLICATION: ✓ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

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

FILE #: 2749B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 195-231-10

STREET ADDRESS: 10025 Elibron LANE Lot 3

SUBDIVISION OR MOBILE HOME PARK NAME: SAINT Kildron

LOT NUMBER:

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: 4397

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
✓ CRAWL SPACE
__ WITH /PLUM
__ WITH PLUM

11/13/04
Changed to 25% Reduction
System
402' Total

IF EXPANSION/ALTERATION OF EXISTING SY

WILL THERE BE A HOME BUSINESS IN THE R

WATER SUPPLY (CHECK ONE): __ COMI __ SHAR

IF ANY OF THE FOLLOWING ARE LOCATED O

BURIED CABLES, LANDFILLS, STUMPHOLES
EXISTING WASTEWATER SYSTEMS
EASTMENTS OR RIGHT-OF-WAYS

PROPERTY OWNER:

NAME: (LAST) Poole (FIRST) Ross (MI) Lee

ADDRESS: 14207 Nancy Ruth LANE

CITY: Charlotte STATE: NC ZIP: 28227

DAYTIME PHONE: (704) 577-6101

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: Ross L Poole DATE: 5/2/03

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

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: PO 195-111-03
Lot # : #3
File # : 21498

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

4504 #1

OWNER: Shirley B. Tarlton
APPLICANT: Randolph Doerr, Env
ADDRESS: 5317 Lebanon Road, Charlotte
DATE EVALUATED: 12-9-96
PROPOSED FACILITY: residence
PROPOSED DESIGN FLOW (.1949): 480gpd / PROPERTY SIZE: .97
LOCATION OF SITE: Shirley Lane (proposed)
PROPERTY RECORDED:
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	2-9% slopes .1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS	0-4"	gr/cl	Fr/SE/SP/SS/SP	> 48" TO SOIL WETNESS	48"	N/A	None	PS .391 Fa IV
		4-33"	SBK/C	Fr/SE/SP/SP					
		33-48"	SBK/CL	Fr/SE/SP/SS/SP					
2	LS	0-3"	gr/cl	Fr/SE/SP/SS/SP	> 41" TO SOIL WETNESS	41"	N/A	None	PS .391 Fa IV
		3-30"	SBK/C	Fr/SE/SP/SP					
		30-41"	SBK/CL	Fr/SE/SP/SS/SP					
3	LS	0-4"	gr/cl	Fr/SE/SP/SS/SP	> 42" TO SOIL WETNESS	42"	N/A	None	PS .391 Fa IV
		4-31"	SBK/C	Fr/SE/SP/SP					
		31-42"	SBK CL	Fr/SE/SP/SS/SP					
4	LS	0-5"	gr/cl	Fr/SE/SP/SS/SP	> 43" TO SOIL WETNESS	43"	N/A	None	PS .391 Fa IV
		5-23"	SBK/C	Fr/SE/SP/SP					
		23-43"	SBK/CL	Fr/SE/SP/SS/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: W. A. Marlin 12-14-96
OTHER(S) PRESENT: LSS

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____
Lot # : _____
File # : 27493

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICANT: _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LAND-SCAPE POSITION/ SLOPE %	HORI-ZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
6	LS	0-4"	gr/cl	Fr/SE/P 53/60	7 43"	43"	N/A	None	PS .39/F2
		4-27"	SBK/cl	Fr/SE/P 51/0	TO 10YR 6/1				
		27-43"	SBK/SCL	Fr-Fi/SE/P 55/60	WETNESS				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

224913

COMMENTS 1086 Report

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR	CONSISTENCE MOIST	CONSISTENCE WET
R-RIDGE	I	S-SAND	1.2-0.8		
S-SHOULDER SLOPE		LS-LOAMY SAND		VFR-VERY FRIABLE	NS-NON-STICKY
L-LINEAR SLOPE				FR-FRIABLE	SS-SLIGHTLYSTICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6	FI-FIRM	S-STICKY
N-NOSE SLOPE		L-LOAM		VFI-VERY FIRM	VS-VERY STICKY
H-HEAD SLOPE				EFI-EXTREMELY FIRM	NP-NON-PLASTIC
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3		SP-SLIGHTLYSTICKY
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM			
	IV	SC-SANDY CLAY	0.4-0.1		
		SIC-SILTY CLAY			
		O-ORGANIC			

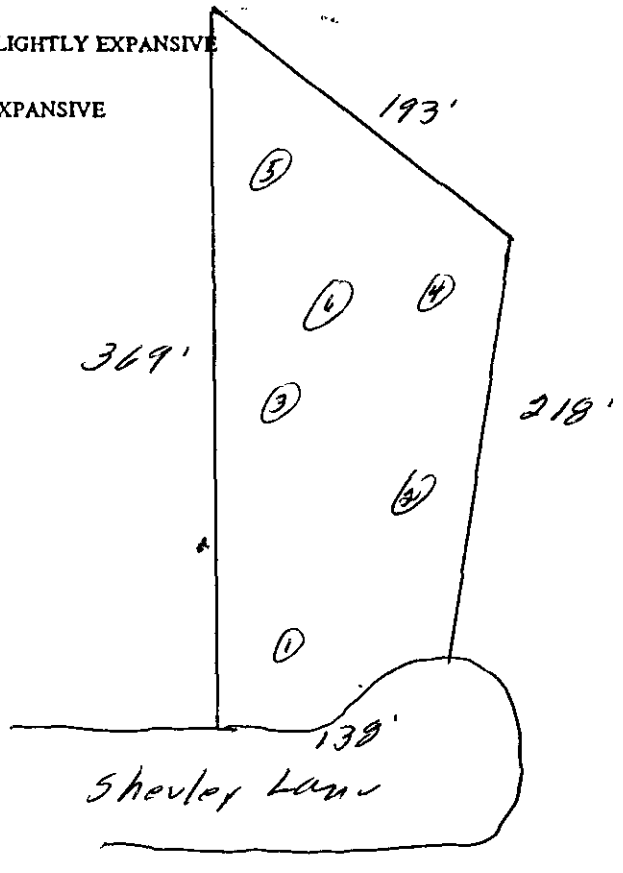
STRUCTURE

SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



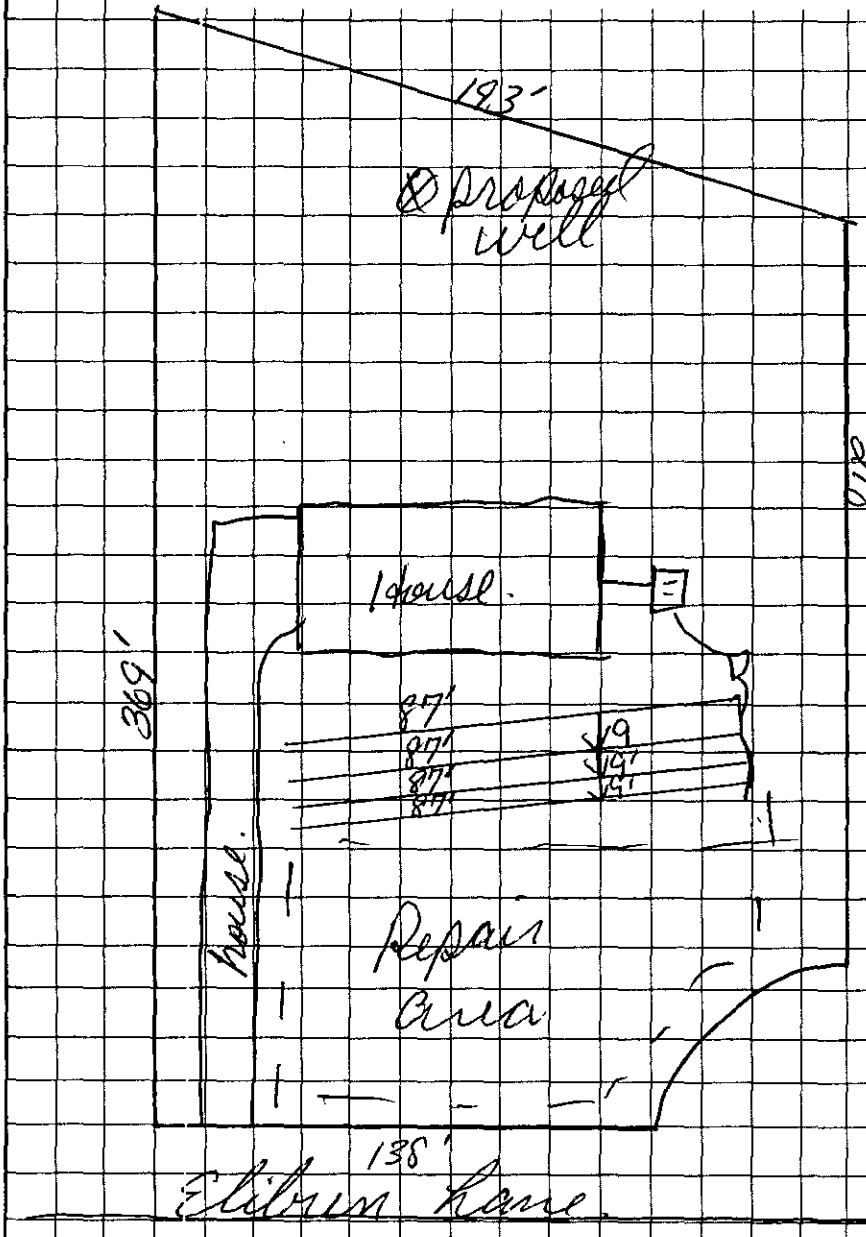
PROPOSED PLOT PLAN

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

FILE: 2749B

TC: 195-231-10

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



1. Not to Scale.
2. 1500 gallon Septic Tank.
3. 347 linear feet of Innovative Drainline 35% Reduction System designed for a (4) Bedroom Design unit.
4. Warranty forms to be on file before final release.
5. Stay >5' of house >10' of all property lines.

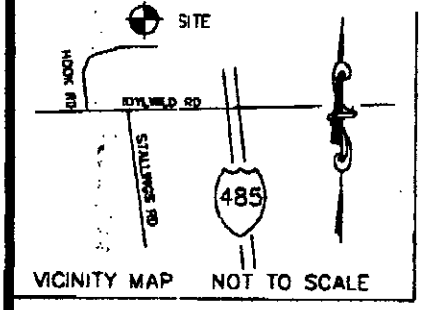
APPROVAL DATE Joshua R. Sellers R.S./REHS

OWNER/AGENT SIGNATURE

DATE

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

THIS IS TO CERTIFY THAT ON THE 1st DAY OF APRIL, 2003 I MAPPED THE PROPERTY SHOWN ON THIS PLAT AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS, IF ANY, ARE SHOWN HEREON.

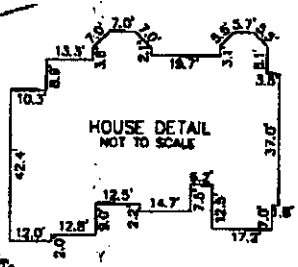


VICINITY MAP NOT TO SCALE

SIGNED _____

PROFESSIONAL LAND SURVEYOR
EDWARD L. KILLOUGH, NCPLS L-1519
204 GRIBBLE ROAD
P.O. BOX 359
INDIAN TRAIL, NORTH CAROLINA 28079

NOW OR FORMERLY
EDWARD V. HARWELL
D.B. 6771 PG. 397



CURVE TABLE				
CURVE	LENGTH	RADIUS	CHORD	BEARING
C1	51.76'	50.00'	49.48	S04°48'45"W
C2	27.13'	25.00'	25.82	S06°14'42"W

PRELIMINARY NOTE:
THIS PLAT IS FOR PRELIMINARY PURPOSES ONLY AND IS NOT TO BE USED FOR RECORDATION, SALES, OR CONVEYANCES

NOTES:
- AREA BY COMPUTER (COORDINATE METHOD)
- THIS IS A SURVEY OF AN EXISTING PARCEL OF LAND
- THIS PROPERTY IS SUBJECT TO ANY EASEMENTS, RESTRICTIVE COVENANTS, OR DEED RESTRICTIONS WHICH MAY BE OF RECORD
- O = COMPUTED POINT
- R\W = RIGHT OF WAY

PLOT PLAN SURVEY

OF

10025 ELIBREN LANE
LOT 3 SAINT KIDRON SUBDIVISION
TOWN OF MINT HILL, MECKLENBURG COUNTY, NORTH CAROLINA

SCALE 1" = 60'

THE PROPERTY OF ROSS L. POOLE AND WIFE, JENNIFER G. POOLE

MAP RECORDED IN BOOK 32 AT PAGE 803

STATION-10/HOUSES/ST-10D-L3.DWG

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 27498

Tax Number: 195-231-10

The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.

CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.

Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement ___ Yes ___ No ___ Partial Basement

Type Primary Wastewater System
Type (circle one): I II III IV V VI

___ Conventional
___ Prefabricated, permeable block panel system
___ Shallow Placed Conventional
___ Low Pressure Pipe
___ Large Diameter Pipe
___ Fill
___ Other
✓ Innovative or Experimental:
___ IWWS-93-1
___ IWWS-93-2
___ IWWS-94-1

.3 Long-term acceptance rate	460 Max gallons/day wastewater flow	1040 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
Y Serviced by private well	1500 Gallon septic tank	342' Total trench length (ft)	36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
4 Bedrooms in residence	N/A Gallon pump tank	N/A Depth of stone	

Any surface waters present: NO, Type: Minimum separation distance:

Site modifications required:

Additional Conditions: Type III g System (35% Reduction) Requires warranty forms before final release of C.O.

Repair Area System Type
Type (circle one): I II (III) IV V VI

___ Conventional
___ Prefabricated, permeable block panel system
___ Shallow Placed Conventional
___ Low Pressure Pipe
___ Large Diameter Pipe
___ Fill
___ Other
✓ Innovative or Experimental:
___ IWWS-93-1
___ IWWS-93-2
• IWWS-94-1

1200' Absorption Area (Sq ft) 400' Total Trench Length (Ft)	N/A. Depth of Stone Trench	9' Trench spacing (min. on centers)	36" Maximum Trench Depth

For existing system, enter the year originally installed:

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

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

... This Improvement permit is transferable.

Joshua R. Selley R.S. IREHS
DEHNR Authorized Agent Date

Owner/Agent Signature Date 5/2/03

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

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

X35182

FEE: 200.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** ACS
DATE: 5/2/03 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 05-09-03 PERMIT NO: 2003-2749B
PARCEL NO: 195-231-10

JOB LOCATION ADDRESS: 10025 Elbren Lane
PROPERTY OWNER: Ross Poole
BUILDING CONTRACTOR: Same
SUBDIVISION NAME: St. Ithaca
AUTHORIZATION ISSUED BY: Joshua R. Gillespie R.S. IRHS DATE: 05-02-03
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2749B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: Type III-g System designed for a (4) bedroom single unit. Warranty forms required before final C.O. release.

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE — DATE 5/2/03

FEE: 100.00 CK#3459

DATE: 11-6-96 VW

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

6073

[ ] CRT

TYPE APPLICATION: ✓ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

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

FILE #: 2749B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 195-111-05803

STREET ADDRESS: Hook Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 3

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: 2400

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 4

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

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

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

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

WATER SUPPLY (CHECK ONE):

__ 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:

NAME: Sherley B. THARLTON
(LAST) (FIRST) (MI)

ADDRESS: 5317 Lebanon Rd

CITY: Char. STATE: NC ZIP: 28227

DAYTIME PHONE: ( ) 573-1551

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Randolph Goers, Inc
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) 545-1748

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? Unk

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: [signature]

DATE: 11-6-96

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

LOT 3

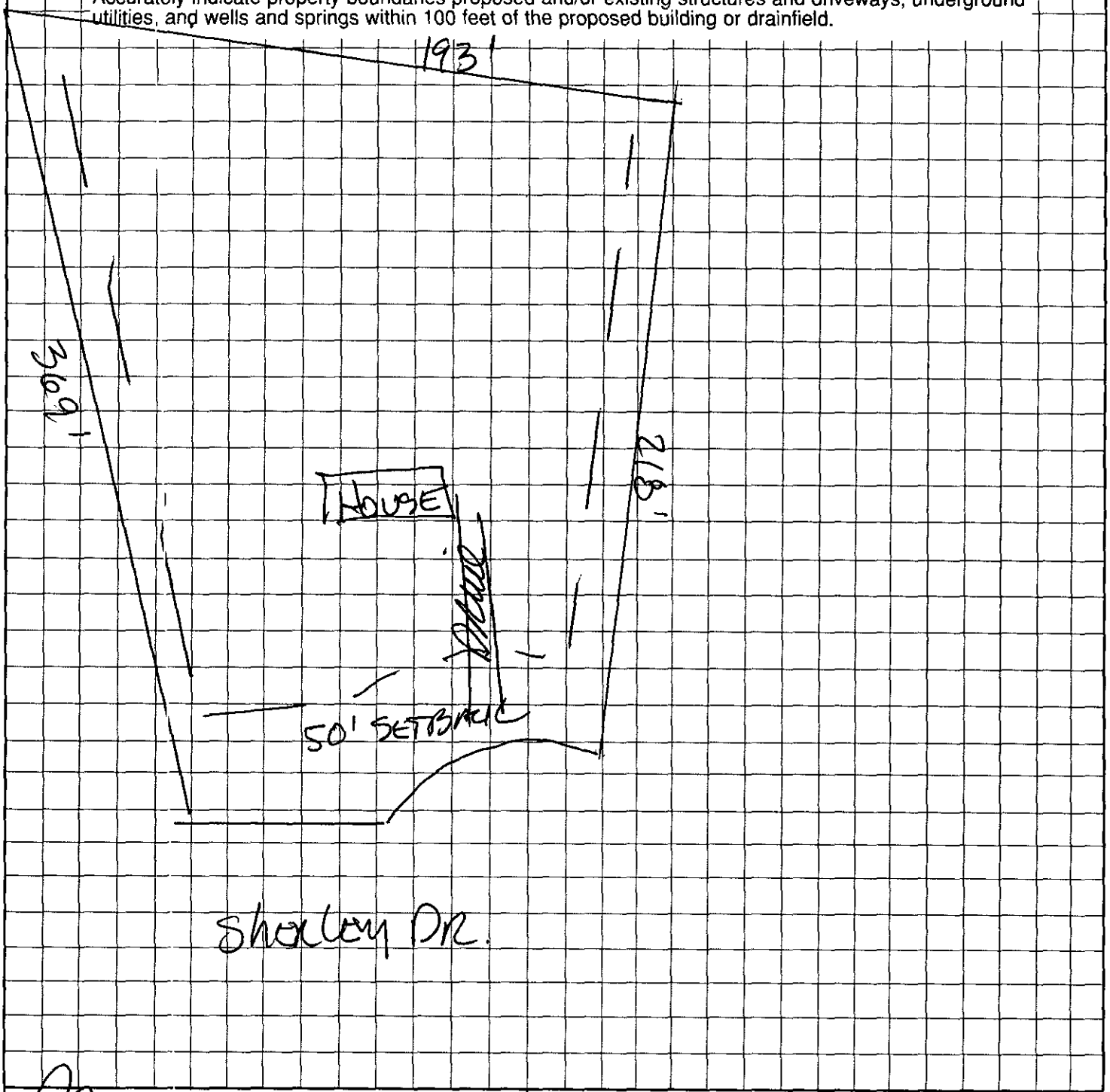
PROPOSED PLOT PLAN

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

FILE: 2749B

TC: 195-111-05R03

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



OWNER/AGENT SIGNATURE

DATE 11-6-06

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	05/02/03	**Amount:**	400.00
Receipt #:	16159	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	AIDOOJK		

Account Information

Account #: X35182
Contractor: POOLES RECONST & RESTORATION
Attn:
Address: 11021 A DOWNS CIRCLE
Address:
City/State/Zip: PINEVILLE, NC 28134

Item	Description	Permit#	Quantity	Unit Price	Total Price
0704	Change in Plot Plan		1	100.00	100.00
0734	Auth for Waste Wtr Sys Constr		1	150.00	150.00
0703	Installation/Final Approval		1	150.00	150.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
400.00					