INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

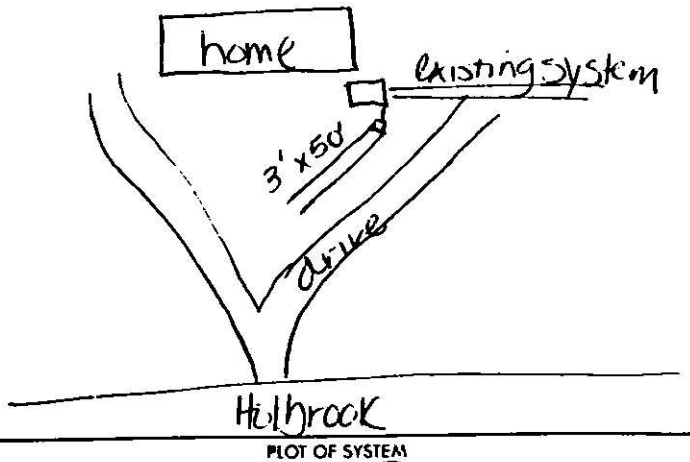
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 21759 DATE: 12/13/88

TC: 019-191-08 ☐ L

SERIAL № 12362

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 12/13/88. All work shall be completed on or before 1/13/89, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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 Department of Environmental Health 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

Repair

Liquid Capacity of Septic Tank _____ gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction _____

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 100 feet

Number of Lines 2

Depth of Stone 12 inches

Distance from House 75 feet

Distance from Property Line >10 feet

Distance from Well >50 feet

NAME OF OWNER Samuel Patillo

LOCATION OF PROPERTY 1530 Holbrook Rd

Comments: Install 2 trenches 3' X 50' x 12" stone; Straw Cover

Division or Section Head

Environmentalist Karla W Johnson

* 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.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

Date Issued 1-21-85

Serial No. 8125

SIR No. 21759

T. C. No. PO 019-191-08

Map Date L CET

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

IMPROVEMENT PERMIT

TO THE BUILDING INSPECTION DEPARTMENT

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

NAME OF OWNER Patillo, (LAST) Samuel (FIRST) L. (MIDDLE)

ADDRESS OF OWNER 2129 "A" Avenue, Charlotte, NC ZIP 28216

LOCATION OF LOT 15300 Holbrooks 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 Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, 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 21759. 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 soil investigation 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, altered, 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.

*** USE EXISTING SYSTEM ***

Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-74

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received 1-8-85

ICAR(S) Application No. 21759

T/C/No 019-191-08

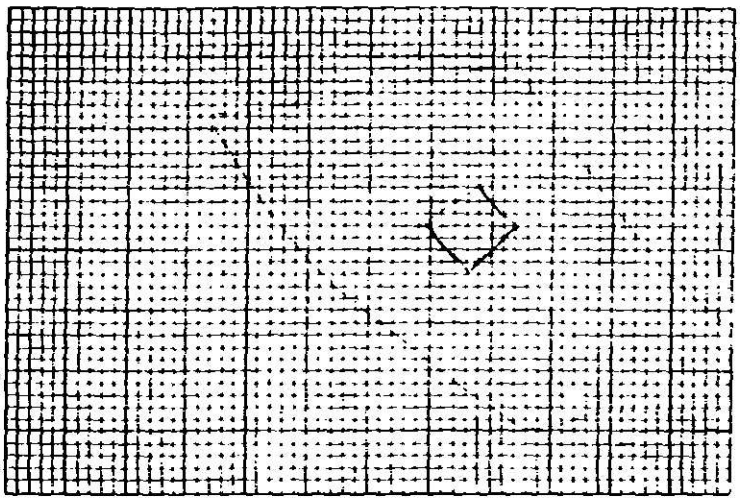
Map Date L

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 _____ (LAST / FIRST / MIDDLE)

14) ADDRESS OF OWNER _____

15) PHONE NO. Home _____ Office _____

16) LOCATION OF SYSTEM _____ (STREET OR COUNTY ROAD)

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

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A SOIL INVESTIGATION 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.

_____ DATE OF APPLICATION

_____ OWNER

EHD-S-76

Environmental Health, Department's Copy

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 336-4603

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

(OFFICE USE ONLY)
FILE: 21759
TC: 019-191-08
SERIAL: № 17361
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 15300 (STREET NO.) Holbrooks (STREET) Road — ② FILE:
③ JURISDICTION: Huntersville — ④ TAX PARCEL NO.:
⑤ SUBDIVISION: — ⑥ LOT: — ⑦ BLOCK:

OWNER

⑧ NAME: Samuel (FIRST) Leon (MIDDLE) Pattillo (LAST)
⑨ MAILING ADDRESS: 15300 Holbrooks Rd
⑩ CITY: Huntersville — ⑪ STATE: NC — ⑫ ZIP: 28078
⑬ PHONE: (WORK) 704-875-0620 — ⑭ (HOME) 704-875-0620

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☒ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence
⑳ ☒ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? Three
㉓ Type?
㉔ Maximum occupancy?
㉕ Maximum number of employees?
㉖ 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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signature: Samuel Pattillo

Date:

IMPROVEMENT PERMIT

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 permit is issued by this Department.

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

Environmentalist / Date

Director or Authorized Section Head / Date

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

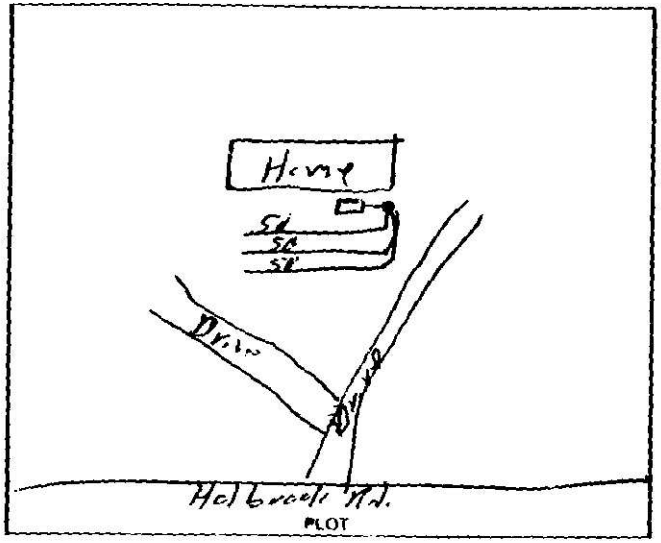
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 1532759 DATE: 1-20-89
TC 89-191-08 ☐ L ☐ CRT
SERIAL № 11677

Name of Owner Samuel Pattillo Juris.:
Address of Property 15300 Holbrook Rd.

Inspection Data:

Tank Material —
Total Length of Drainfield 150'
Number of Lines 3 @ 50'
Cover Depth 12"
Water Supply Source well
Distance to Water Source >50'
Excavation Inspected 1-20-89
Tank(s) Inspected —
Wash Line Inspected —
High Water Alarm Inspected —



PLOT

Design: 1989, Repair CTR#

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: 100 lin ft permitted; 150 lin ft installed as per owners request.

Jim Guerin
Environmentalist

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

Mecklenburg County

Department Of Building Standards And Code Enforcement

P. O. Box [illegible]

Charlotte, North Carolina [illegible]

JANUARY 15, 1985

[illegible] Health Department
[illegible]
Charlotte, North Carolina 28203

Attention: Mr. Sexton

Re: [illegible] Home Placement

Dear Mr. Sexton:

The [illegible] located at 6210 McBROOM RD.

[illegible] Permit Number C19141-04

[illegible] 4" [illegible] Rural [illegible].

Permission was granted [illegible] Mobile Home on [illegible] Private Lot.

[illegible]

[illegible] Sincerely,

[illegible]
Zoning Inspector

cc: file