201A

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

JPM 4201

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: 015-282-45
STREET ADDRESS: 11924 Crabapple Ln.
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION NAME:
LOT #: LOT SIZE (acres):
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: 2200
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 3
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWL SPACE ☐ BASMENT 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: 1 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: 1 ____ ____ ____ ____

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? _____ ☒ UNKNOWN

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

12. PROPERTY OWNER:
NAME: Emilio Medina
ADDRESS: 8516 McIlwaine Rd.
CITY: Huntersville
STATE: NC ZIP: 28078
HOME PHONE:
WORK PHONE:
MOBILE PHONE: 980. 722. 4984
FAX:

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: Adam Fortune
ADDRESS: 7900 D. Stevens Mill Rd # 202
CITY: Matthews
STATE: NC ZIP: 28104
HOME PHONE:
WORK PHONE:
MOBILE PHONE: 704. 401. 6914
FAX: 704. 973. 9300

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

Revised on: 7/1/08

14. SEPTIC SYSTEM PERMIT APPLICATION:

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 sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

_____ (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

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 twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below.

_____ 5/19/08

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

---

OFFICE USE ONLY

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

SEPTIC APPLICATION FEES RECEIVED: $ 200.00 71899 DATE FEE RECEIVED: 5/19/08

WELL APPLICATION FEES RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: 201A

APPLICATION ID NUMBER ASSIGNED: _____

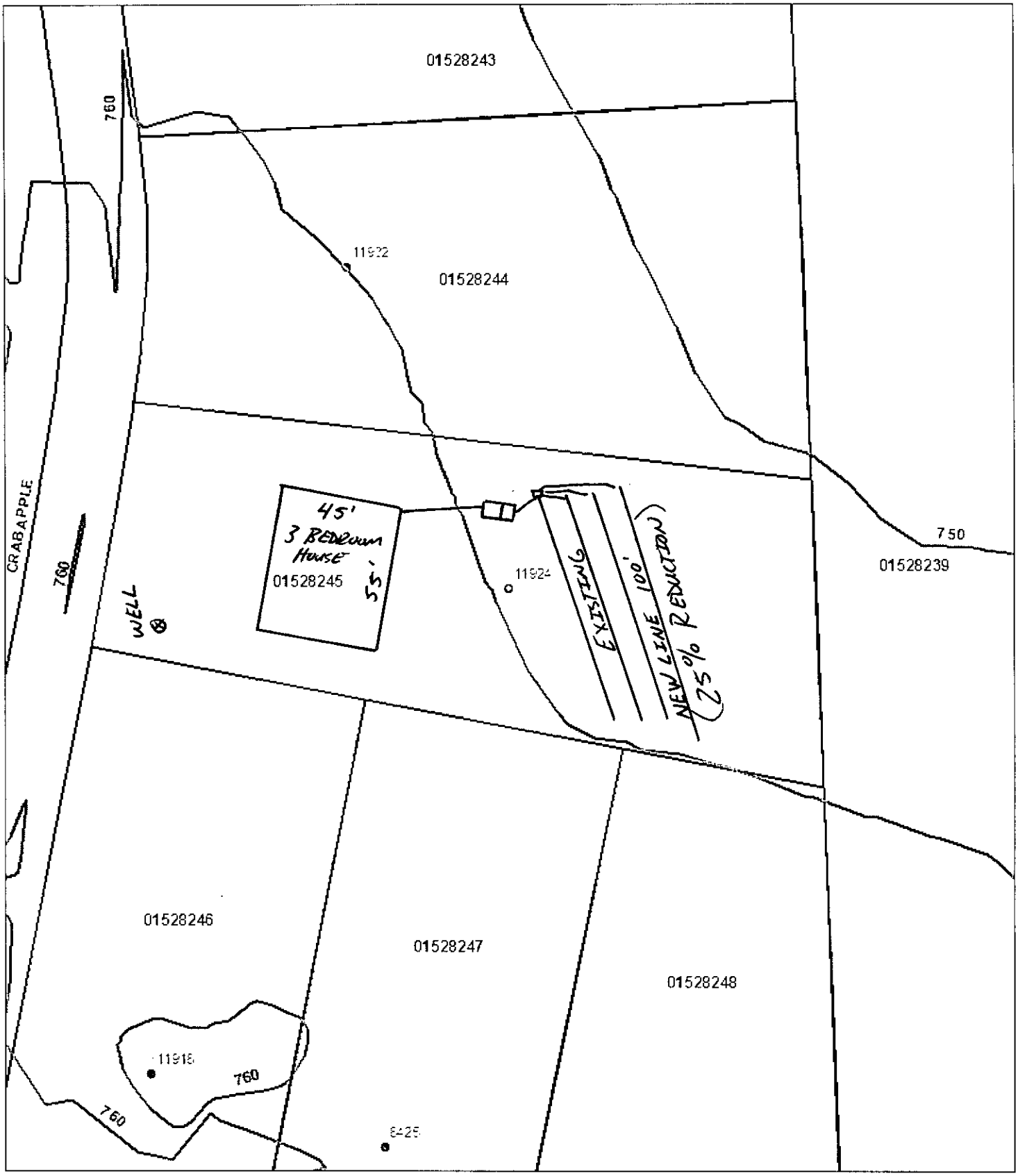
COMMENTS:

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

Revised on: 7/1/08

201A-n 701A

IMPROVEMENT PERMIT FOR:
11924 CRABAPPLE LANE
FILE # 201A



Map Created By: ~~J. Michael~~ JPM
Map Created On: ~~2/25/09~~ 8/26/09

0 25 50 100 Feet

CONDITIONS OF IMPROVEMENT PERMIT for an ALTERATION TO AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit Number: **201A** Tax Number: **01528245**

- 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

Primary Wastewater System

Type: ☐ 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:

0.3 Long-term acceptance rate (GPD/ft^2)	360 Max gallons/day wastewater flow	300 Absorption Area (ft^2)	9 Trench spacing (min. on centers) (ft)
Serviced by private well: ☐ Yes ☒ No	EXIS Gallon septic tank	100 Total trench length (ft)	30 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
3 Bedrooms in residence	NA Gallon pump tank	12 Depth of media (in)	

Any surface water present: **no** Type: Minimum separation distance (ft):

Additional conditions:

Repair Area System

Type: ☐ 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:

400 Absorption Area (ft^2) 400 Total trench length (ft)	16 Depth of media (in)	8 Trench spacing (min. on centers) (ft)	30 Maximum trench depth (in)

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. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems 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 Approval is granted by this Department.

*** This Improvement permit is transferable.

Tommy Mullis P.S. 5/26/09

DENR Authorized Agent Date

Owner/Agent Signature Date

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

05/15/2009 13:02 0000000000

FEE: 100.00
DATE: 5/18/09
CRT: 1

clapp 120428

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

OWC JEF APP 03/07

FILE # 201A

JPM 4194

TYPE APPLICATION:
- ☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
- ☐ ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
- ☒ EXCHANGE MOBILE HOME - SAME # BEDROOMS (E)
- ☐ COMMERCIAL OR INDUSTRIAL (N)

PERSON FILING APPLICATION:
NAME: Adam Fortune
ADDRESS: 7900-D Stevens Mill Rd. #202
CITY: Matthews
STATE: NC ZIP: 28104
PHONE: 704.401.6912
ALTERNATE PHONE:

PROPERTY OWNER:
NAME: Emilio Medino
ADDRESS: 8516 McIlwaine Rd
CITY: Huntersville
STATE: NC ZIP: 28078
PHONE: 980.322.4964
ALTERNATE PHONE:

JOB LOCATION INFORMATION
TAX/PARCEL #: 01528245
STREET ADDRESS: 11924 Crabapple Ln.
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 42

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

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)

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 3

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

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."

Owner's/Agent's Signature — Date 5/4/09

"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 v this Department.
- This permit is not transferable.

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

UES Denied. Needs to apply for a Hardship

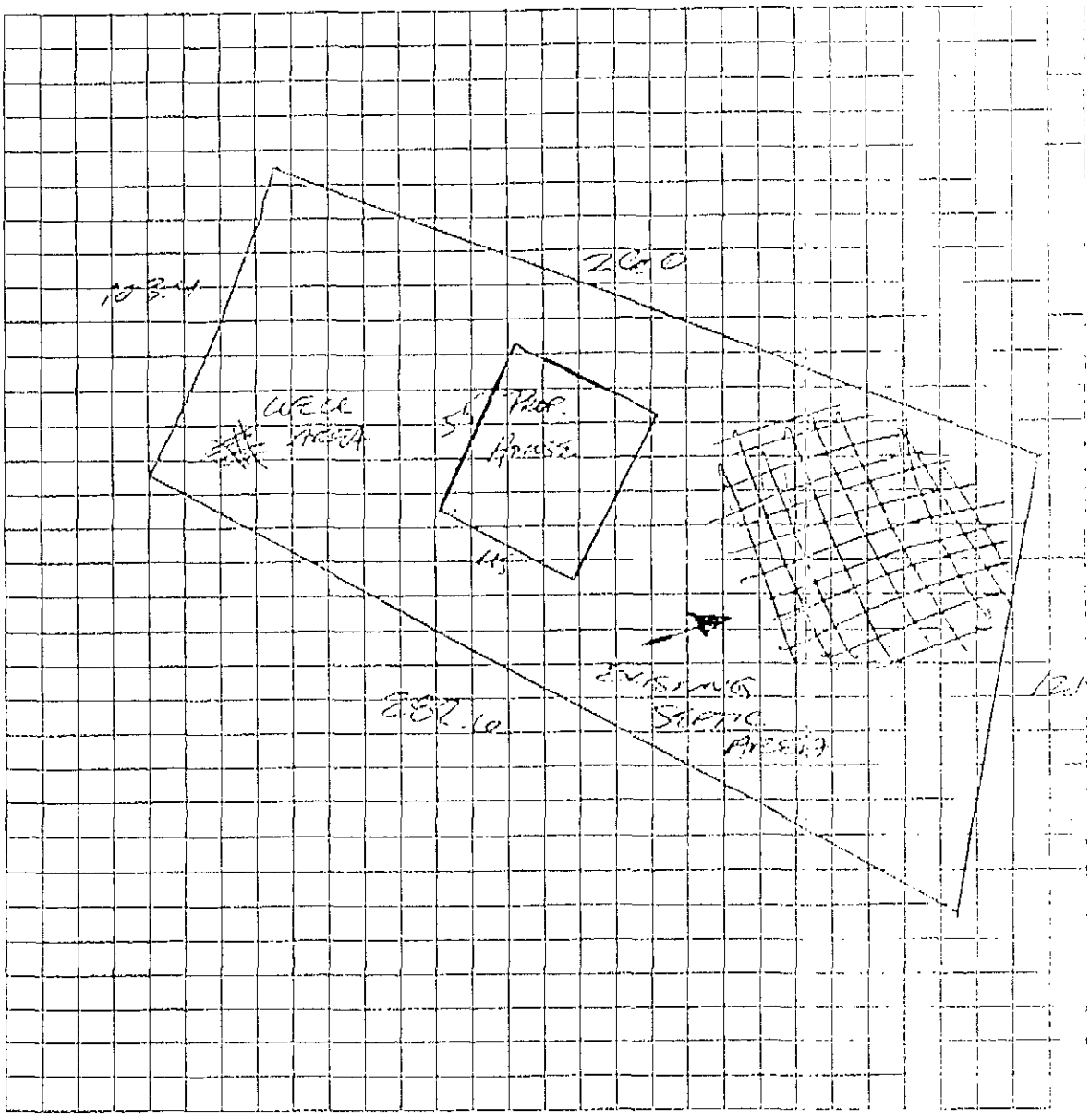
EHS Signature — Date 5/20/09

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 # 201A
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	
Date	5/11/09

2007 REVISION

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 201A WASPS App #: 4201

Primary ES assigned to project: RJ

Secondary ES assigned to project: _____

Project Type: New System ☐ Alteration ☑ Repair ☐ Modified Plot Plan ☐

I. File Review:

Rule or Law	Permit Application			
.1937(d)	Is the Application complete	Yes ☑	No ☐	N/A ☐
.1937(d)	Is there a Site plan/Plat with application	Yes ☑	No ☐	N/A ☐
.1937(d)	Is the Facility shown?	Yes ☑	No ☐	N/A ☐
.1937(d)	Are appurtenances shown	Yes ☑	No ☐	N/A ☐
	Site Evaluation Information			
.1939 (a)(1)	Topography and Landscape Position Recorded?	Yes ☐	No ☐	N/A ☐
.1940 (a-g)	Slope % Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Texture Class Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Structure type Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Consistence Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Mineralogy Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(3)	Soil Wetness Condition Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered	Yes ☐	No ☐	N/A ☐
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Yes ☐	No ☐	N/A ☐
.1939 (a)(6)	Sufficient Available Space Recorded?	Yes ☐	No ☐	N/A ☐
.1937(m)	Are the Profile Locations Shown?			
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes ☐	No ☐	N/A ☐
& .1945(b)	Number of auger borings made: _____ Were sufficient auger borings made?	Yes ☐	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR	Yes ☐	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☐	No ☐	N/A ☐
.1945(b)	Proposed System Type stated-Repair	Yes ☐	No ☐	N/A ☐
130A-336 (a)(3)	System location identifiable by setbacks - Initial	Yes ☐	No ☐	N/A ☐
.1937(g) .1945(b)	System components shown – Initial	Yes ☐	No ☐	N/A ☐
.1945(b)	Repair area shown	Yes ☐	No ☐	N/A ☐
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☐	No ☐	N/A ☐
.1937 (f)(g)	Is System design consistent with soil/site conditions?	Yes ☐	No ☐	N/A ☐
.1937 (f)(g)	Is the System located in the approved area?	Yes ☐	No ☐	N/A ☐
130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☐	No ☐	N/A ☐

130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	Yes ☐	No ☐	N/A ☐
.1937(g)	Trench depth indicated?	Yes ☐	No ☐	N/A ☐
.1937(g)	Trench width indicated?	Yes ☐	No ☐	N/A ☐
.1937(g)	Trench length indicated?	Yes ☐	No ☐	N/A ☐
130A-336(a)(1)	Proposed/existing well shown?	Yes ☐	No ☐	N/A ☐
130A-336(a)(1)	Property line lengths shown?	Yes ☐	No ☐	N/A ☐
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☐	No ☐	N/A ☐
	Operation Permit			
.1937(i)	System type as described in table V(a) of rule .1961	Yes ☐	No ☐	N/A ☐
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☐	No ☐	N/A ☐

II. WASPS Review:

Construction authorization issued	Yes ☐	No ☐	N/A ☐
Installation approval issued	Yes ☐	No ☐	N/A ☐
Operation permit issued	Yes ☐	No ☐	N/A ☐
Other related documentation	Yes ☐	No ☐	N/A ☐

Items requiring correction/modification: _____

Comments:

_____

_____

_____

_____

_____

IA issued date: _____

OP issued date: _____

Review performed by: _____ Date performed: 5-28-09

201A

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

JPM 4201

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☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____
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5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☐ N/A

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☐ N/A ☐ ANY TYPE ☒ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. RANK: 1 ____ ____ ____ ____

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

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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? _____ ☒ UNKNOWN

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

12. PROPERTY OWNER:
NAME: Emilio Medina
ADDRESS: 8516 McIlwaine Rd.
CITY: Huntersville
STATE: NC ZIP: 28078
HOME PHONE:
WORK PHONE:
MOBILE PHONE: 980.722.4984
FAX:

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: Adam Fortune
ADDRESS: 19007 Stevens Mill Rd # 202
CITY: Matthews
STATE: NC ZIP: 28104
HOME PHONE:
WORK PHONE:
MOBILE PHONE: 704.401.6914
FAX: 704.973.9306

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

Revised on: 7/1/08

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_____ (Initial here for septic system applications)

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_____ (Initial here for well applications)

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ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below.

_____ 5/19/08

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

---

OFFICE USE ONLY

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

SEPTIC APPLICATION FEES RECEIVED: $ 200.00 171899 DATE FEE RECEIVED: 5/19/08

WELL APPLICATION FEES RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: 201A

APPLICATION ID NUMBER ASSIGNED: _____

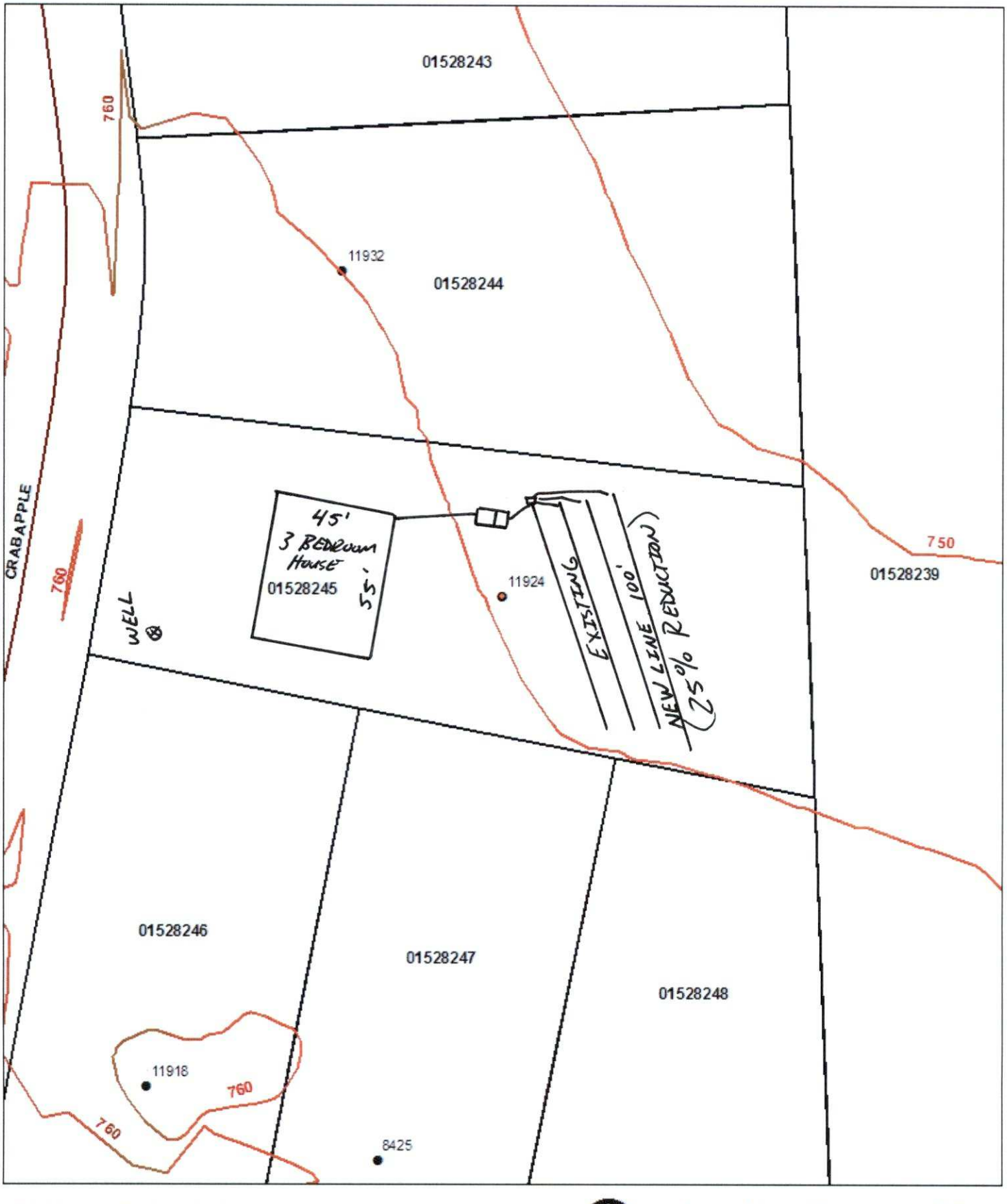
COMMENTS:

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

Revised on: 7/1/08

201A = 201A

IMPROVEMENT PERMIT FOR:
11924 CRABAPPLE LANE
FILE # 201A



Map Created By: ~~J. Michael~~ JPM
Map Created On: ~~2/25/09~~ 8/26/09

0 25 50 100 Feet

CONDITIONS OF IMPROVEMENT PERMIT for an ALTERATION TO AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit Number: **201A**

Tax Number: **01528245**

- 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

Primary Wastewater System

Type: ☐ 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:

0.3 Long-term acceptance rate (GPD/ft^2)	360 Max gallons/day wastewater flow	300 Absorption Area (ft^2)	9 Trench spacing (min. on centers) (ft)
Serviced by private well: ☐ Yes ☒ No	EXIS Gallon septic tank	100 Total trench length (ft)	30 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
3 Bedrooms in residence	NA Gallon pump tank	12 Depth of media (in)	

Any surface water present: **no** Type: Minimum separation distance (ft):

Additional conditions:

Repair Area System

Type: ☐ 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:

400 Absorption Area (ft^2) 400 Total trench length (ft)	16 Depth of media (in)	8 Trench spacing (min. on centers) (ft)	30 Maximum trench depth (in)

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. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems 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 Approval is granted by this Department.

*** This Improvement permit is transferable.

Tommy Mullis P.S. 5/26/09

DENR Authorized Agent Date

Owner/Agent Signature Date

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

05/15/2009 13:02 0000000000

clapp 120428

FEE: 100.00
DATE: 5/18/09
CRT: 1

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 08/07

FILE # 201A

JPM 4194

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 (E)
- ☐ COMMERCIAL OR INDUSTRIAL (N)

PERSON FILING APPLICATION:

NAME: ADAM FORTUNE
ADDRESS: 7900-D STEVENS MILL RD. #202
CITY: MATTHEWS
STATE: NC ZIP: 28104
PHONE: 704.401.6912
ALTERNATE PHONE:

PROPERTY OWNER:

NAME: EMILIO MEDINO
ADDRESS: 8516 MCILWAINE RD
CITY: HUNTERSVILLE
STATE: NC ZIP: 28078
PHONE: 980.322.4964
ALTERNATE PHONE

JOB LOCATION INFORMATION

TAX/PARCEL #: 01528245
STREET ADDRESS: 11924 CRABAPPLE LN.
CITY: HUNTERSVILLE
STATE: NC ZIP: 28078
SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 42

TOWNSHIP:

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

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)

OCCUPANCY (both fields are required):

NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 3

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."

Owner's/Agent's Signature — Date: 5/11/09

"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

UES Denied. Needs to apply for a Hookup

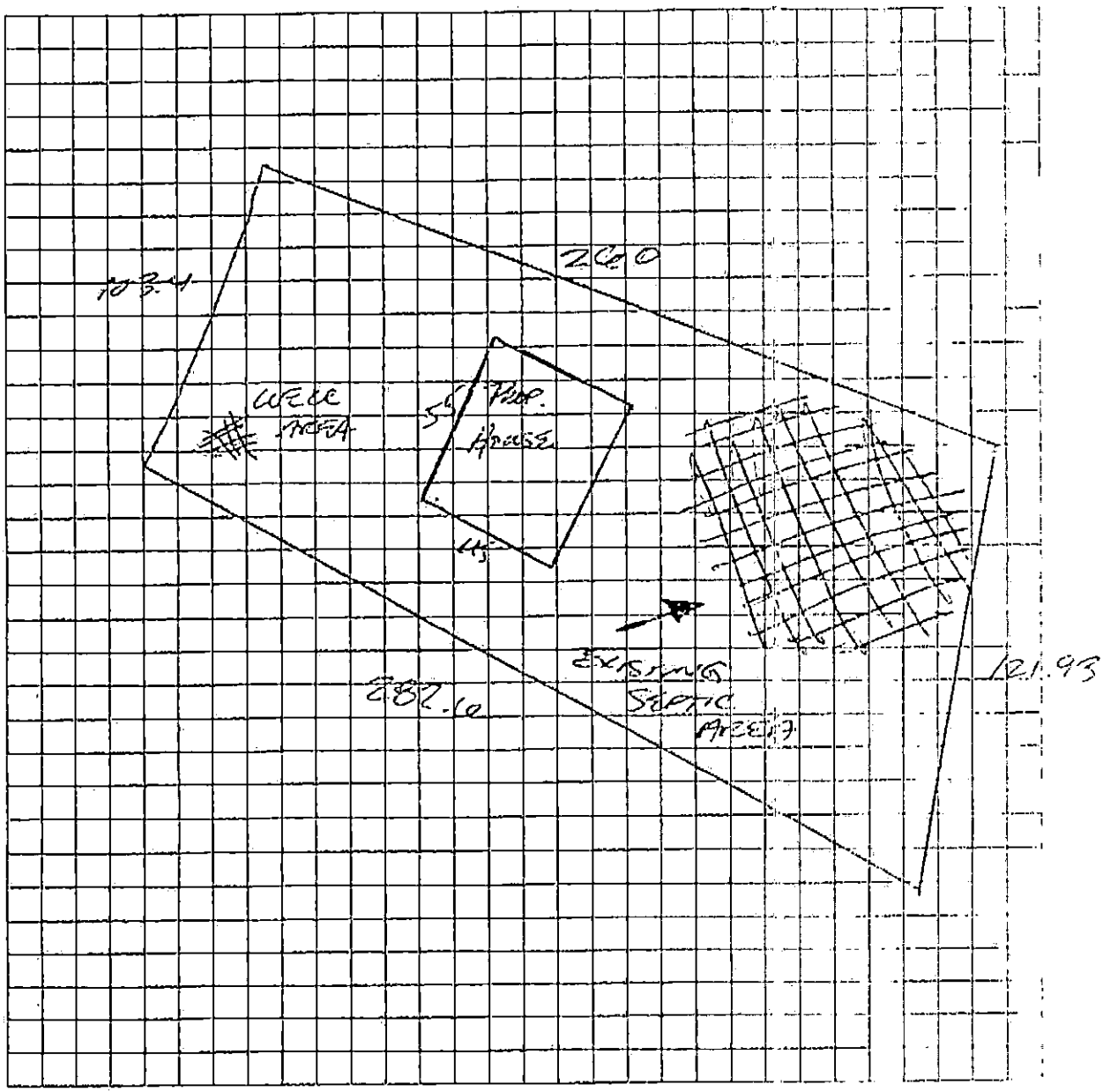
EHS Signature — Date: 5/20/09

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 # 201A
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 _____

Date 5/11/09

Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Mon May 18 10:34:33 EDT 2009



This map 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 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.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	05/15/09	**Amount:**	100.00
Receipt #:	62825	**Tendered:**	0.00
Check / Auth #:	VISA 120428	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: 200000
Contractor: FORTUNE ADAM
Attn:
Address: 1517 HENRY SMITH ROAD
Address:
City/State/Zip: MONROE, NC 28110

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 11924 CRABAPPLE LANE/FILE 201A		1	100.00	100.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
10.00					

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	05/19/09	**Amount:**	200.00
Receipt #:	62858	**Tendered:**	0.00
Check / Auth #:	VISA 171899	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: 200000
Contractor: FORTUNE ADAM C
Attn:
Address: 7900 D STEVENS MILL RD # 202
Address:
City/State/Zip: MATTHEWS, NC 28104

Item	Description	Permit#	Quantity	Unit Price	Total Price
0706	MH Exc/Add/Repl w/System Mod 11924 CRABAPPLE LN/BAL OF FEE/FILE 201A		1	200.00	200.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
10.00					

Mecklenburg County, North Carolina
POLARIS
Parcel Ownership and GIS Summary

Date and Time: 5/18/2009 10:34:46 AM

Parcel ID #: 01528245 GIS ID #: 01528245	
Owner Name:	EMILIO MEDINA AND PATRICIA L MEDINA
Mailing Address:	8516 MCILWAINE RD HUNTERSVILLE, NC 28078
Property Characteristics	
Legal Desc.:	L42 M20-986
Land Area:	1 LT
Fire District:	18-HUNTERSVILLE / CRAIGHEAD
Special District:	FIRE SERVICE D
Account Type:	INDIVIDUAL
Municipality:	6-HUNTERSVILLE
Property Use:	VACANT
Deed Reference(s) and Sales Price	
23060-490 (11/16/2007) $60,000.00 - (2/13/1999) $0.00	
Situs Addresses Tied to This Parcel	
11924 CRABAPPLE LN	
Site Location Information	
Zoning Boundaries:	Contact Appropriate Planning Department or See Map.
ETJ Area: HUNTERSVILLE	
Charlotte Historic Districts: NO	
Within Charlotte 6/30/2009 Annexation Area: NO	
Census Tract #: 62.07	
Parcel Falls Inside a Water Quality Buffer?: NO	
Post Construction District	
Jurisdiction:	Huntersville
District:	Catawba

FEMA Flood Information	
FEMA Panel #:	3710463000J
FEMA Flood Zone:	OUT
FEMA Panel Date:	03/02/2009
Community Flood Information	
Community Flood Zone:	OUT
Regulated Watershed Information	
Watershed Name:	Mtn. Island Lake
Watershed Class:	PA-1

Powered by



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

C of A (s) No. 201-A

Date Issued 8-28-85 **Serial** 7790 T. C. No 015-081-01 L CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

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

Name of Owner CASH (LAST), RICHARD (FIRST) (MIDDLE)

Location of Property 1192A CRABAPPLE LN

Application Number 201-A Permit Number 201-A

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material PCC

Total Length of Drain Tile 270' Number of Lines 3 x 90

Depth of Filter Material 12" Cover Depth 2-3'

Water Supply Source well not in yet Distance from Water Source ~~less~~ 100'

Excavation Inspected 8-23-85 (DATE) Tank Inspected 8-28-85 (DATE)

Nitrification Field Inspected 8-28-85 (DATE)

Washing Machine Line Inspected, If Applicable _____ (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: _____

Kelly Rudd

Environmentalist

EHD-S-76

Environmental Health Department's Copy

Date Issued 7-29-85

Serial No. 8765

SIR No. 201A

T.C. No. PO 015-081-01

Map Date L CLT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

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

NAME OF OWNER Cash, (LAST) Richard (FIRST) D. (MIDDLE)

ADDRESS OF OWNER P.O. Box 217041, Charlotte, NC ZIP 28213

LOCATION OF LOT 11924 Crab Apple Lane (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. 42 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 201A. 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.

Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-S-76

Environmental Health Department's Copy

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

COUNTY DEPARTMENT OF
RECEIVED
JUL 29 1985
ENVIRONMENTAL HEALTH

(OFFICE USE ONLY)
FILE: 201 A
TC: P0015-CBL-01

JOB LOCATION

① ADDRESS: 11924 (STREET NO.) CRABAPPLE LANE (STREET) ② FILE:
③ CITY: HUNTERSVILLE ④ TAX PARCEL NO.:
⑤ SUBDIVISION: APPLEWOOD ⑥ LOT: 42 ⑦ BLOCK:

OWNER

⑧ NAME: RICHARD (FIRST) DOYLE (MIDDLE) CASH (LAST)
⑨ MAILING ADDRESS: P.O. BOX 21704
⑩ CITY: CHARLOTTE ⑪ STATE: N.C. ⑫ ZIP: 28213
⑬ PHONE: (WORK) 596-5719 ⑭ (HOME) 597-9996

REQUEST

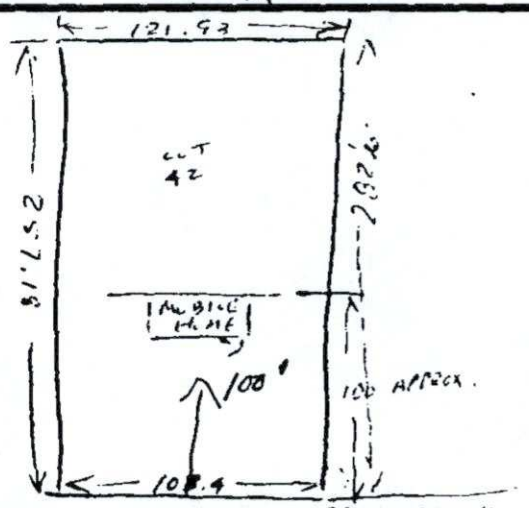
This request is for a(n):

⑮ [X] New installation permit
⑯ [ ] Repair or alteration permit
⑰ [ ] Authorization for mobile home exchange
⑱ [ ] Other (specify)

DESIGN CRITERIA

System will serve:

⑲ [X] Residence ⑳ [X] Mobile home
㉑ [ ] Business or place of public assembly
㉒ Number of bedrooms? 2
㉓ Maximum occupancy? 3
㉔ Basement? [ ] yes [X] no
㉕ Type?
㉖ Maximum number of employees?
㉗ Maximum number of seats?



㉘ Accurately dimensioned plot

WATER SUPPLY

㉙ Water supply from (present or proposed):

A [X] Individual well
B [ ] Municipal system
C [ ] Community well
D [ ] Community system

㉚ 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: Richard Doyle Cash
Date: 7-26-85

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

Serial No. 6329

SIR No. 201A

Date Issued 5-22-85

T. C. No. PO 015-081-01

Map Date /

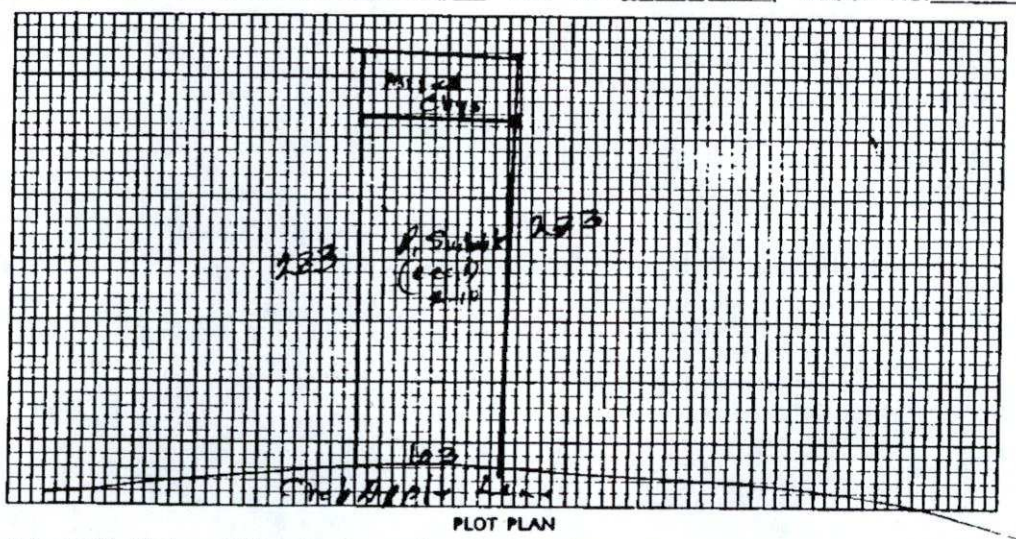
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Donco Properties, Inc.

ADDRESS OF OWNER (LAST) 5201 Monroe Rd., (FIRST) Charlotte, NC ZIP (MIDDLE) 28205

LOCATION OF PROPERTY 11924 Crab Apple Lane (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. 42 BLOCK NO. _____



PLOT PLAN

This is to certify that a soil investigation and on-site investigation was made by the Mecklenburg County Department of Environmental Health on the lot described above. The said investigation was conducted on that portion of the lot as indicated on the above plot. PROVISIONALLY SUITABLE
The permeability rate determined by the investigation was _____. 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 Department of Environmental Health 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 Mecklenburg County Department of Environmental Health prior to installation based on the permeability 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 indicated as acceptable for system installation on the above plot.
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 Mecklenburg County Department of Environmental Health, renders the area indicated as acceptable for system installation unsuitable for 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 Department of Human Resources, Division of Health Services and the Mecklenburg County Health Commission which were in effect on the date of issuance and is void if at any time in the future, prior to 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.

W. B. Ramsey
Soil Scientist

Environmental Health Director or
Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

DEPARTMENT OF ENVIRONMENTAL HEALTH MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 201A

T.C. NO. P.O. 015-081-01

(Ground Absorption Sewage Disposal)

OWNER: DONCO PROPERTIES PLAT NO:
ADDRESS: 5201 MONROE RD LOT SIZE: 30,240 c.6ac
Charlotte 28205
LOCATION OF SITE: 11924 CRAB APPLE Ln
LOT 42

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U 2-10	S (PS) U 2-10	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) U Clayey	S PS (U) mixed clays	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U Blocky	S PS (U) weak blocky	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) U 36-45"	S PS (U) 25-30	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) U None	S (PS) U None	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) U Adequate	S PS (U) slow	S PS U	S PS U
7. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
8. SOIL GROUP	IIa	IVa		
9. SITE CLASSIFICATION	Suitable	Unsuitable		
10. SOIL SERIES	(Cecil)	mixed 1st Drainageway		

S - Suitable PS - Provisionally Suitable U - Unsuitable

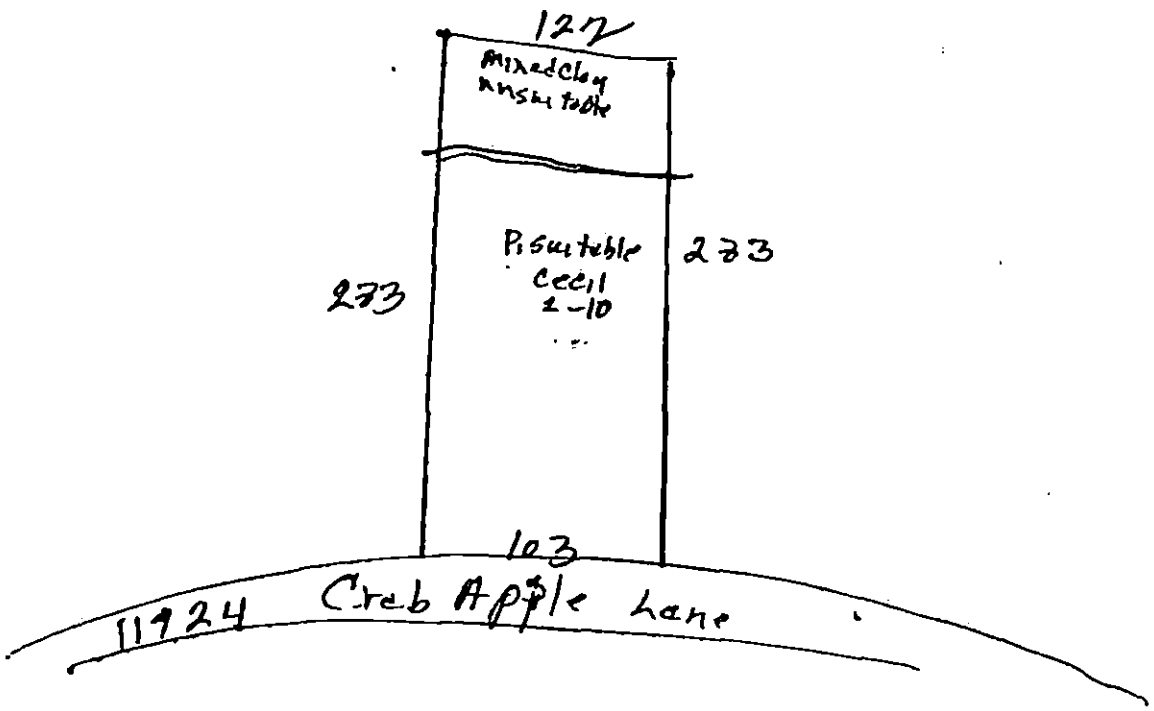
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: _____

Described by: William Ramsey
Title: Soil Scientist

Date: 5-21-85

H


127
Mixed clay
Unsuitable
Suitable
Ceci
2-10
273
273
103
11924 Crab Apple Lane

Date Received 4-4-85

RECEIVED
APR 4 1985
ENVIRONMENTAL HEALTH

SIR No. 201A

T. C. No. P.O. 015-081-01

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER DONCO PROPERTIES, INC.
(LAST / FIRST / MIDDLE)

2) ADDRESS OF OWNER 5201 Monroe Road, Charlotte, NC] ZIP 28205

3) PHONE NO. Home _____ Office 567-9836

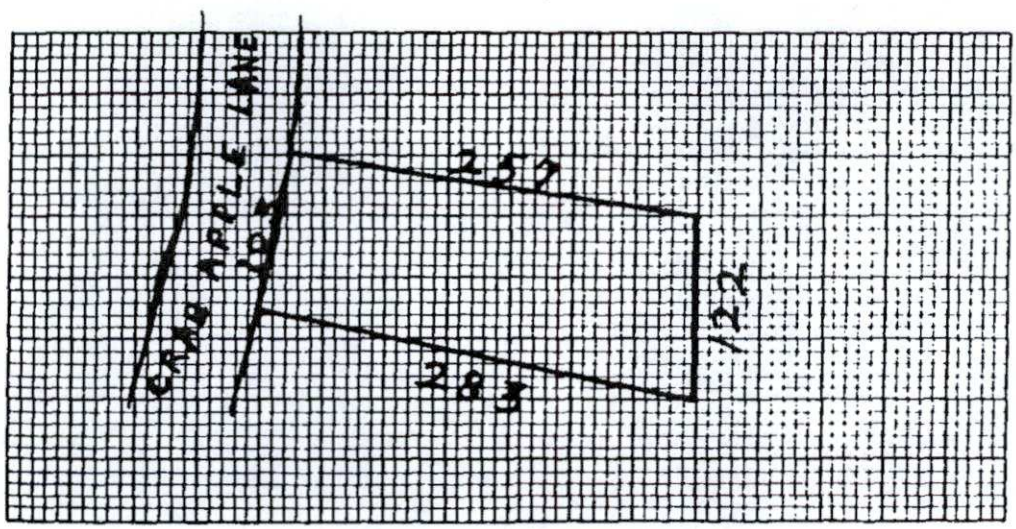
4) LOCATION OF PROPERTY 11924 Crab Apple Lane
(STREET OR COUNTY ROAD)

5) SUBDIVISION Applewood LOT NO. 42 BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

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

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and an 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 discharge.



7) ACCURATELY DIAGRAM & DIMENSION LOT

DONCO PROPERTIES, INC.

By: Becky Metcalf
OWNER Agent

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Issued 8-9-85

Serial No. 08399

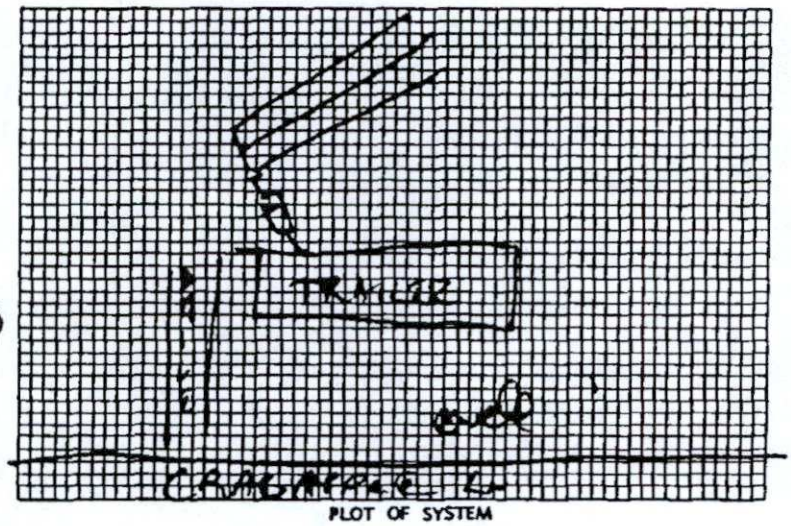
ICAR(S) Permit No. 201-A

T. C. No. 015-081-01

Map Date L

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 201-A, dated 7-26-85 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 9-9-85, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS

Liquid Capacity of Tank 1500

Tank Construction PCC

Absorption and/or Nitrification Lines:

Total Line Length 270'

Number of Lines 3X90

Distance from House 5'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER RASH, RICHARD D.

LOCATION OF PROPERTY 11924 CRAB APPLE

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 now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

3 line x 90' long x 3' wide x 12" stone

Comments: _____

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 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-S-76

Environmental Health Department's Copy