

8444 STARNES RANDALL RD

11112455

12/18/2007

duponbj

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

AG Parcel 7/24/01 1000-
AP825706 RF/
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

5818

Date:

PERSON FILING APPLICATION:
NAME: Barr (last) Douglas (first) D. (mi)
ADDRESS: 8444 Starves-Rowdell Rd. PHONE: (704) 532-8823
CITY: Charlotte STATE: NC ZIPCODE: 28215

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 111 12455
STREET ADDRESS:
ZONING:

PROPERTY OWNER:
NAME: Barr (last) Douglas (first) D. (mi)
ADDRESS: 8444 Starves-Rowdell Rd. PHONE: (704) 532-8823
CITY: Charlotte STATE: NC ZIPCODE: 28215

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER:

LOT SIZE (in acres): approx- 4 acres

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)

[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Det.- Garage

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

NUMBER BEDROOMS: 3 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)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [X] 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: Douglas D. Barr Date: 7-24-01

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.

... 7-31-01 use existing system

[ ] 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 7-31-01 Date

WWATER : 122791

12600

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

581-B

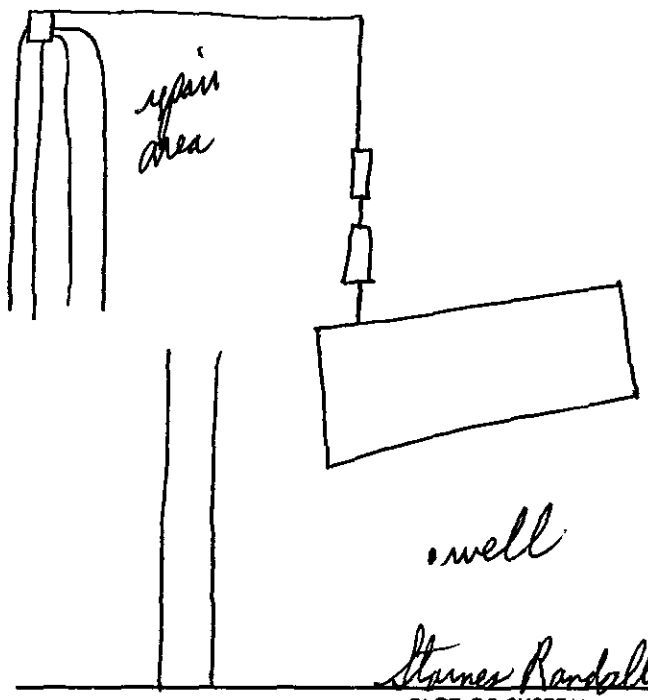
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 8452-A DATE: 12-16-92

TC: 111-124-55 A L

SERIAL Nº 13577

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 _____. All work shall be completed on or before 1-16-93, 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 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 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

NAME OF OWNER Douglas Barr

LOCATION OF PROPERTY 8444 Stanes Randall Rd

Comments: 4 lines 3'X100'X12" stone
House is approx. 400' off road

Judy J Kaer R.S.
Division or Section Head

B.R. Ferguson
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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

581-B
FILE: 8452-A DATE: 1-25-93
TC: 111-124-55 ☐ L ☒ CRT
SERIAL Nº 15496
400 ✓

Name of Owner Douglas Barr Juris.:
Address of Property 8444 Stamey Randall Rd

Inspection Data:

Tank Material PVC
Total Length of Drainfield 400'
Number of Lines 4 @ 100'
Cover Depth 18"-24"
Water Supply Source well
Distance to Water Source > 50'
Excavation Inspected 12-22-92
Tank(s) Inspected 12-22-92
Wash Line Inspected
High Water Alarm Inspected 1-25-93

PLOT

Design: 1993-1500ST, CON. 1000DT, PI, 1200SFT, 12", cecil CTR# 140

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: installed for 3 bedrooms

Tyra III

B. R. Ferguson
Environmentalist

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

Owner Pd 200.00 chk 647 1700

file 581B/8452A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

10/27/92

[ ] 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: Barr (last) Douglas (first) D. (mi)

ADDRESS: 7508 East W.T. Harris Blvd. PHONE: (704) 532-8625

CITY: Charlotte STATE: NC ZIPCODE: 28227

Date: 10-27-92

PROPERTY INFORMATION (FROM ENGINEERING FORM)

TAX/PARCEL NUMBER: 111-124-55

STREET ADDRESS: 8444 Starnes-Randall Rd.

ZONING: _____

PROPERTY OWNER:

NAME: Conner (last) Bruce (first) (mi)

ADDRESS: _____ PHONE: (704) 535-6000

CITY: Charlotte STATE: NC ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[X] 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)
[ ] REPAIR TO SYSTEM (R)

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

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Type Business _____ # Employees ___ Per Shift ___ ___ ___
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Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] 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

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Signed: Douglas D. Barr Date: 10-27-92

NOTICE:

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...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.

... Soft pump required

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

B. R. Ferguson 11-9-92
Environmentalist Date

Well Ed 11-9-92
Director or Authorized Section Head Date

WATER : 122791

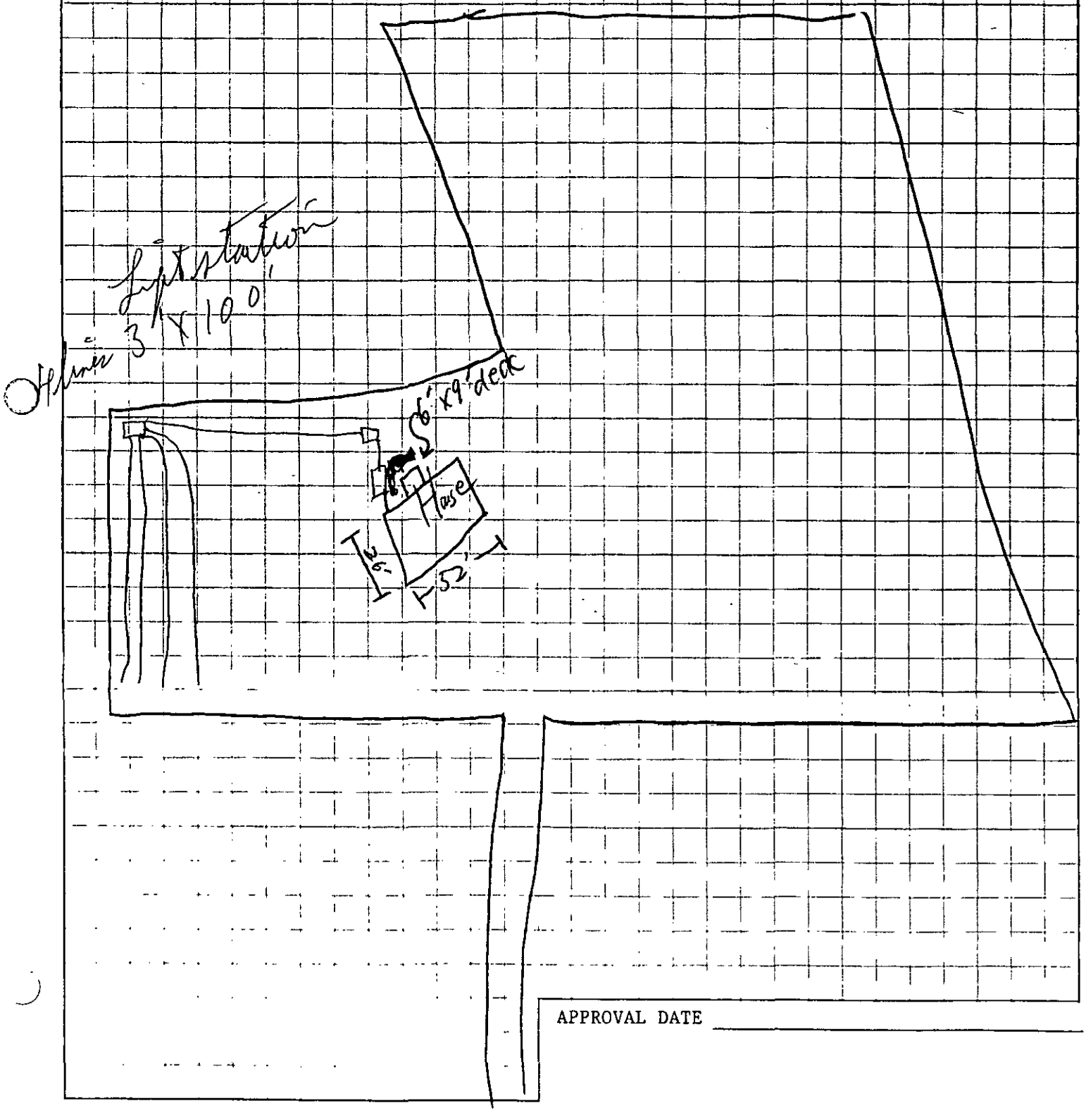
PROPOSED PLOT PLAN

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

FILE: 5818/8452A

TC: 111-124-55

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.



APPROVAL DATE _____

2nd

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 10-27-92

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER #111-124-55

ASSIGNED ADDRESS 8444 STARNES RANDALL RD

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

		APPROVED	DISAPPROVED
1.	SUBDIVISION REGULATIONS		*
2.	FLOODWAY REGULATIONS		*
3.	EROSION CONTROL REGULATIONS		*
4.	PUBLIC UTILITY EASEMENT		*

		PRESENT	NOT PRESENT
5.	PUBLIC UTILITY EASEMENT	*	✓
6.	PROPERTY FRONTS ON THOROUGHFARE	✓ *	
7.	DRIVEWAY PERMIT REQUIRED	*	✓

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: S.F. HOME.

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: B. McConnell

OPWEAR 06-88

NEW ADDRESS X *

FORM 100

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER № 12801

File: 5-13/2452M Action 1

Parcel: 111-174-55 ☐ PC

Location: s/ Stoney Bundle Road

Subdivision:

Lot: Block: Acres: .14

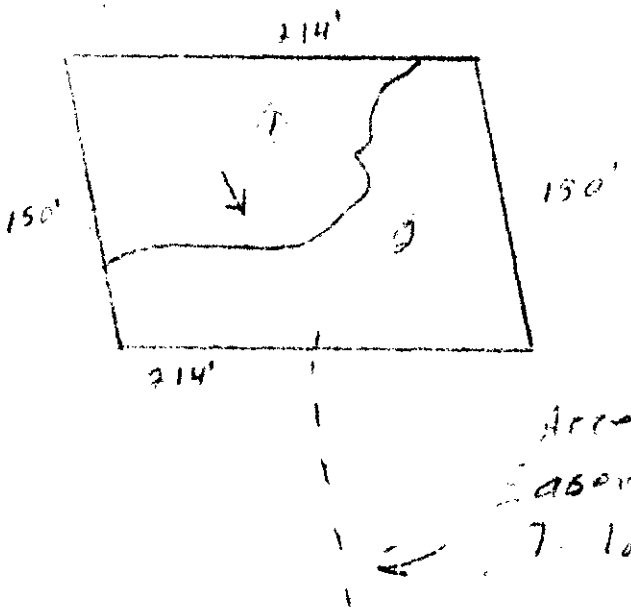
Owner:

Address: 3-A 25121
Raleigh, NC 28227

Comments: not in use 3 bedroom
over ground 3 gal/ft/day
LTAA

Described by: W. Stan Wilhelm

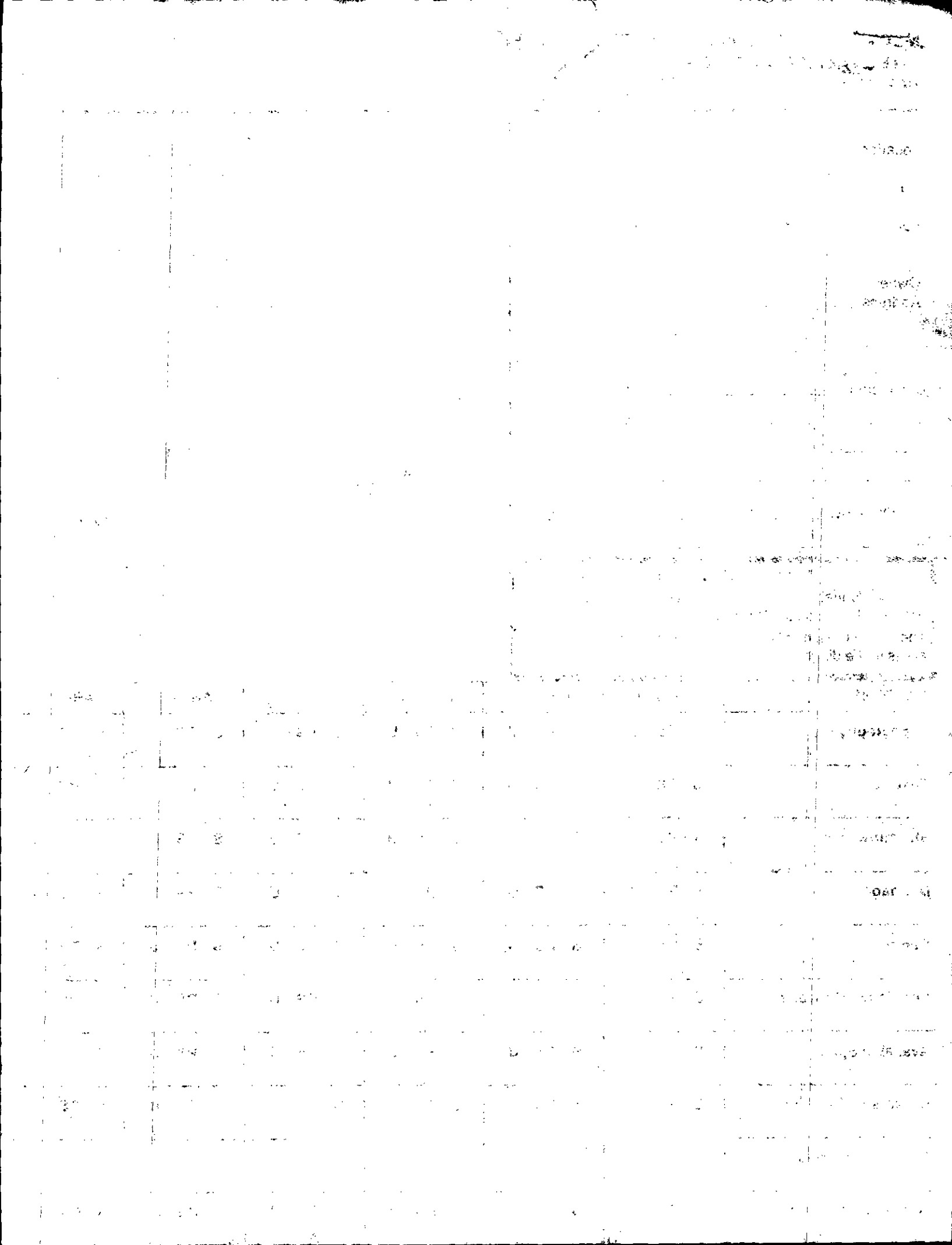
Date: 1-1-92



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S PS U 2-6%	S PS U remainder slopes	S PS U	S PS U	S PS U	S PS U
Texture	S PS U sl. cl. & l.	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S PS U s. sbk	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U 24" to 72"	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S PS U 48"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U 24"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S PS U limited	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	II Cecil	remainder slopes				
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U



Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

September 02, 1992

Mr. Bruce Conner
Box 25621
Charlotte, NC 28229

RE: Property located off Starnes-Randall Road
FILE: 581B/8452A
PARCEL: 111-124-55

Dear Mr. Conner:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 12801) is enclosed for your information.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Our review process begins upon receipt of an Application for an Improvement Permit accompanied by a plot plan drawn to scale with accurate dimensions indicated detailing the location of existing well or type sewage disposal systems (if applicable), setbacks, and utility easements. Proposed buildings, etc. must be drawn on the plot plan to allow sufficient remaining space for the sewage disposal system and well. The well should be located 100 feet from any part of any sewage disposal system (including those located on adjacent properties).

Please note that this classification may be changed if any filling, grading or construction (including the drilling of a well) is performed on the lot which without prior approval from this Department. Current regulations in effect are "Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal: 15A NCAC 18A .1900, August, 1991". Changes in regulations may impact future approvals on this lot.

If there are any questions concerning this matter, please contact Bill Marlin at 336-5574.

Sincerely,

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12801

File: 581B/6452A Action 1

Parcel: 111-124-55 ☐ PC

Location: off Starnes-Randall Road

Subdivision:

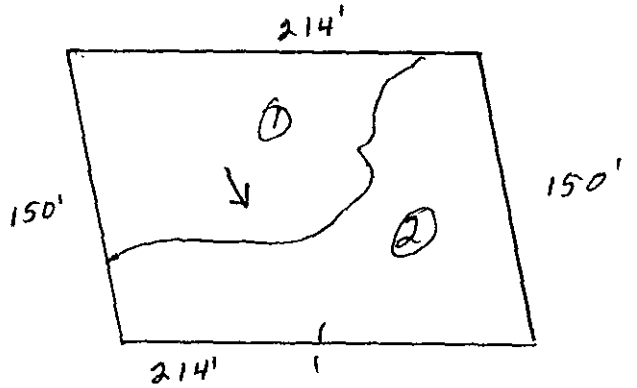
Lot: Block: Acres: .74

Owner: Bruce Conner
Address: Box 25621
Charlotte, N.C. 28229

Comments: System will possibly need pump .3gal/ft²/clay
2 FAB

Described by: William A. Marlin

Date: 9-1-92



Access Easement TO lot

Starnes - Randall Road

***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-92	S PS (U) complex slopes	S PS U	S PS U	S PS U	S PS U
Texture slight to Expansive clay	S (PS) U	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure sub-blocky	S (PS) U	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U 7-9" to water	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U 48"+	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 7-9"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space limited	S (PS) U	S PS U —	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series Cecil-Lloyd	IV	complex slopes				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

appears
different
from above

5&1B (8452A)

APPLICATION FOR SERVICES

Pd 8-14 BOK [ ] CRT #1331

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

(704)336-5102

PERSON FILING APPLICATION:
NAME: Barr (last) Douglas (first) D. (mi)
ADDRESS: 7508 East W.T. Harris PHONE: (704) 532-8675
CITY: Charlotte STATE: NC ZIPCODE: 28227

Date: 8-14-92

PROPERTY OWNER:
NAME: Conner (last) Bruce (first) (mi)
ADDRESS: Box 25621 PHONE: (704) 535-6000
CITY: Charlotte 28229 STATE: NC ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 111-124-55
STREET OFF
ADDRESS: STAINES-RANDAL RD

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres): 2.1

TYPE APPLICATION (check one):
[X] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
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[ ] SOIL TEST DEVELOPMENT (P)
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[ ] 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)
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NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

SYSTEM CLASSIFICATION:

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WATER SUPPLY (check one):
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FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
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Signed: H. Bruce Conner Date: 8-14-92

NOTICE:

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[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WATER : 122791

PROPOSED PLOT PLAN

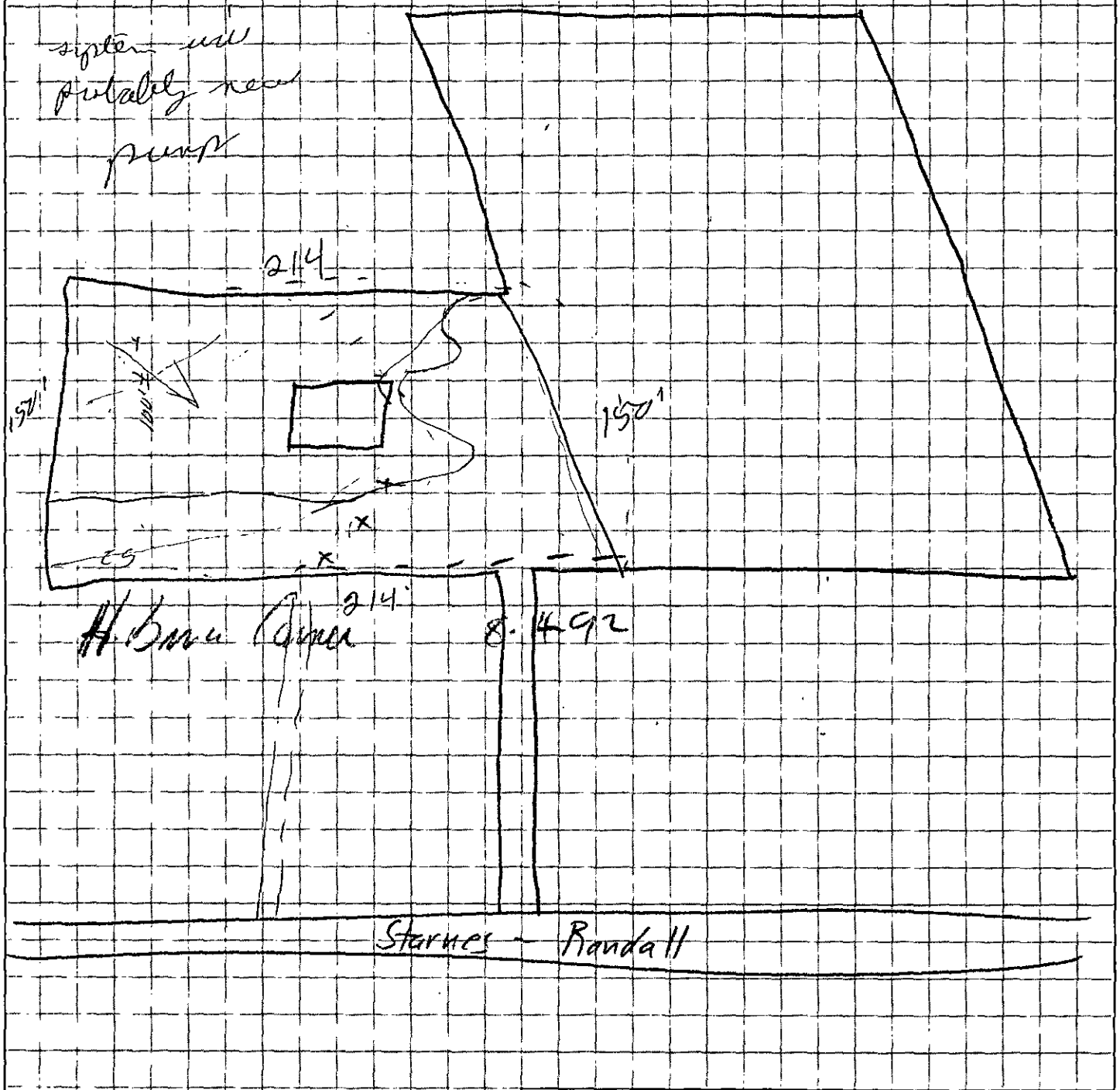
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 581B (8452A)

TC: ~~168~~ 111-124-55

Lot 55, 47.

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.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

581B (8452A)

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

pd #50 8-14-92 BOK [] CRT

#1331

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

(704)336-5102

PERSON FILING APPLICATION:
NAME: Barr (last) Douglas (first) D. (mi)
ADDRESS: 7508 East W.T. Harris PHONE: (704) 532-8673
CITY: Charlotte STATE: NC ZIPCODE: 28227

Date: 8-14-92

PROPERTY OWNER:
NAME: Conner (last) Bruce (first) (mi)
ADDRESS: _____ PHONE: (704) 535-6000
CITY: Charlotte STATE: NC ZIPCODE:

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ZONING: _____

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LOT NUMBER: LOT SIZE (in acres): 2.1

TYPE APPLICATION (check one):
[X] 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 N)
[] COMMERCIAL OR INDUSTRIAL (N)
[] 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) [X] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 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)
[X] 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: H. Bruce Conner Date: 8-14-92

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 : 122791

PROPOSED PLOT PLAN

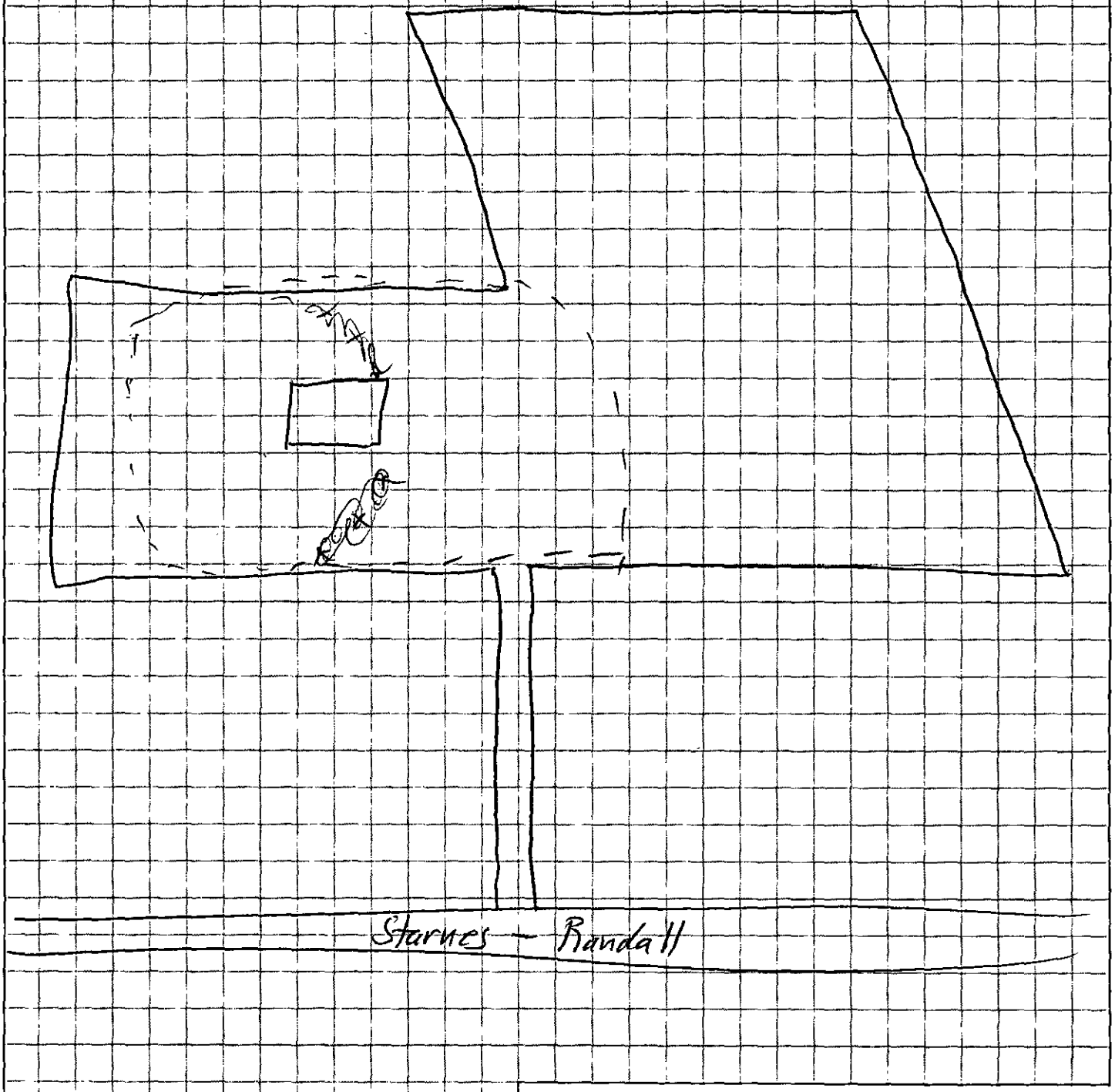
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 581B (8452A)

TC: ~~168~~ 111-124-55

LOT 55, 47.

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.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy