

11508 TRAILS END LN

01935103

12/17/07

duponbj

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

400

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 8087A/197B DATE: 7/20/92

TC: 019-1206 ☒ L ☒ CRT

SERIAL № 14117

Name of Owner Jeanette Waters Juris.:

Address of Property 11508 Trails End Ln

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 3 @ 133'

Cover Depth 6"

Water Supply Source well

Distance to Water Source 750

Excavation Inspected 7/20/92

Tank(s) Inspected 7/20/92

Wash Line Inspected NA

High Water Alarm Inspected NA

PLOT

Design: 1992, 1500 ST, CON, 1200 SFT, 12'stone cecil CTR# Williams septic

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: System designed for 3 bedroom house

ST II

Philo S. Walker R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

12400

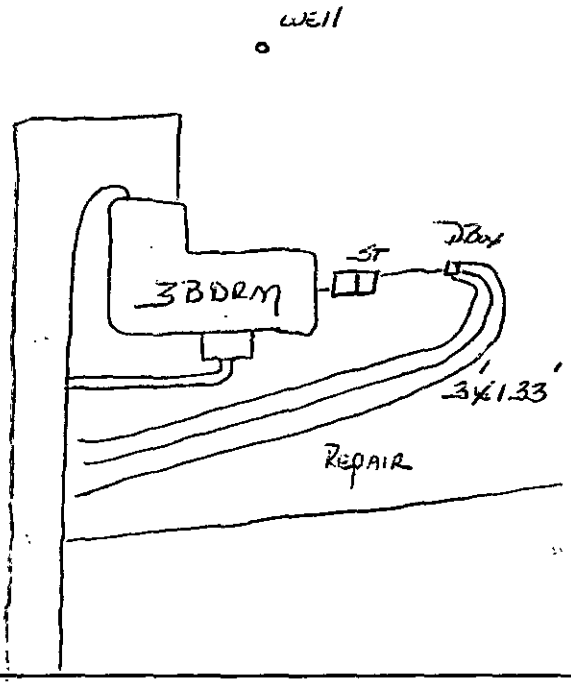
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 8087A/197B DATE: 7-9-92

TC: O ☐ L

SERIAL Nº 14359

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 7-9-92. All work shall be completed on or before 8-9-92, 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 - gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines 3

Depth of Stone 10 inches

Distance from House >5 feet

Distance from Property Line >10 feet

Distance from Well >50 feet

NAME OF OWNER Jeanette Waters

LOCATION OF PROPERTY 11508 Trails End Lane

Comments: Install 1500 gal ST 3 Line @ 3½133', 10" stone. Keep S/S 15' from Cooling Slopes

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 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

400 ☒ Pd 200.00 CK 861 3-18-92 WPC

4422A 8087A (199B)

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

14 L ☐ 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

Date:

PERSON FILING APPLICATION:

NAME: WATERS (last) Jeanette (first) W. (mi)

ADDRESS: 11510 TRAILS END LN PHONE: 704 875-6734

CITY: Huntersville STATE: N.C. ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 01917206 PO

STREET ADDRESS: TRAILS END LANE 11508

ZONING:

PROPERTY OWNER:

NAME: WATERS (last) Jeanette (first) W. (mi)

ADDRESS: 11510 TRAILS END LN. PHONE: 704 875-6734

CITY: Huntersville STATE: N.C. ZIPCODE: 28078

SUBDIVISION OR MOBILE HOME PARK NAME:

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

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 1

SYSTEM CLASSIFICATION:

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

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

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

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

Signed: Jeanette Waters Date: 3/12/92

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

Philip S. Walker 4/3/92
Environmentalist Date

[signature] 5-7-92
Director or Authorized Section Head Date

Please send Report to: PARK Douglas Prop. INC. WATER : 122791
6809 ORCHARD Ridge Dr.
CHARLOTTE, N.C. 28227-3318

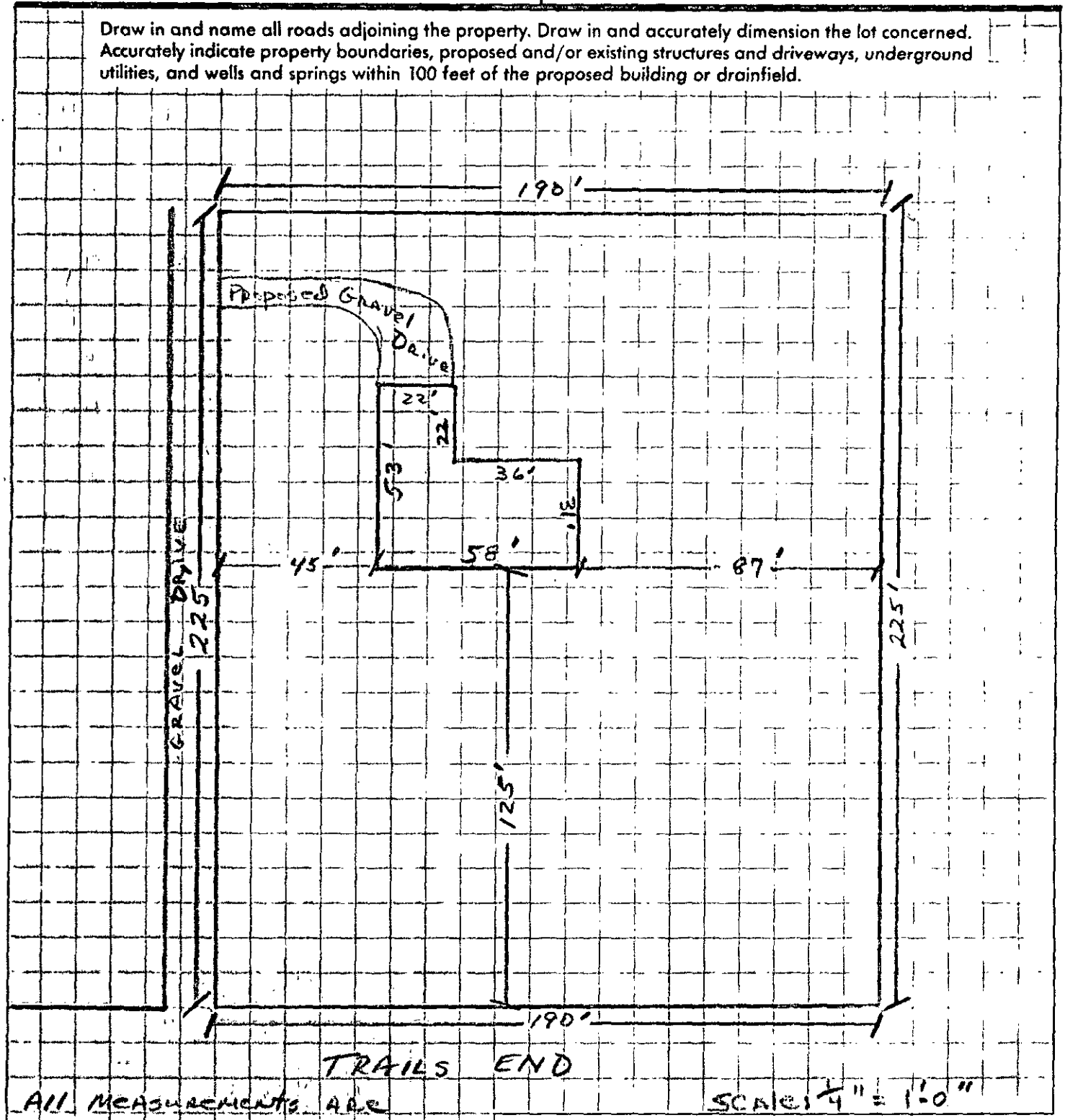
PROPOSED PLOT PLAN

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

FILE: 8087A (1978)

TC: _____

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.



TRAILS END

All measurements are approximate until established by a Registered Surveyor.

SCALE: 1/4" = 1'-0"

Signed: _____

Date: _____

~ 375

UPDATE COMPLETE

Applicant WATERS JEANETTE W Appl.Date 03/12/92 Updated 03/21/92
Mail Addr 11510 TRAILS END LANE Phone 704 875-6734
City HUNTERSVILLE State NC Zipcode 28078
Prop Ownr WATERS JEANETTE W
Mail Addr 11510 TRAILS END LANE Phone 704 875-6734
City HUNTERSVILLE State NC Zipcode 28078 Township 0
Tax Map No. 01917206P0001 Road ~~11510~~ 11508 TRAILS END LANE Zoning
Sub/Mobil Sec Lot No. Lot Size 1
Type App N Site Y or Tract Type Bldg H System Classif NOT REQUIRED
Resident. Specif: No. Bedrooms 03 No. Occupants 001 Undgrnd. Stor. (Y/N)
Commercial/Industrial/Other Specifications:
Type No. Empl. 0000 No. Empl. per Shift 0000 0000 0000
Industrial or Mfg. Wastes (Y/N) Underground Stor. Tank (Y/N)
Prop. Water Sup. P Proposed Sewage I Construct. Status P Sites Y
Planned Future Additions (Y/N) Fee 0000.00 EHS Assigned 17035
Directions:

Date Appl. Recd. 03/12/92 Date Insp. Insp. Status
Date Letr. Sent Type Letr. Date Eval. Eval. Status
Date Perm. Date Cert.Iss. Disp.Code Followup
Denial Codes:
Repaired (Y/N) Rep. Date 4422A Perm. No. ~~00197B~~ Operat. Permit (Y/N)
3/21/92 11:18:37
01-03 SA MW KS DM IM II S1 S1037498 KB

531-8686 PARKS WARREN

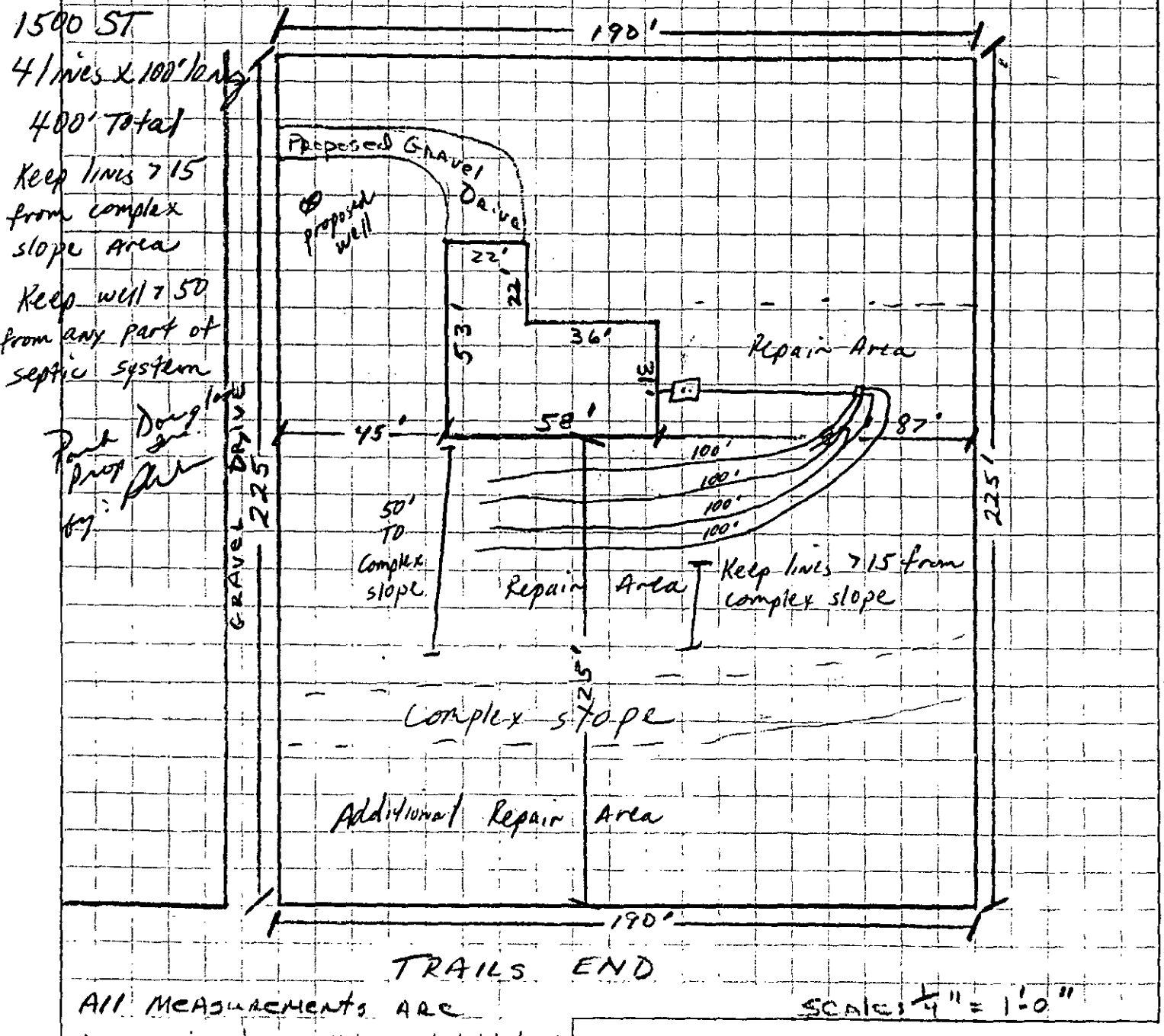
PROPOSED PLOT PLAN

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

FILE: 8087A (1978)

TC: _____

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.



TRAILS END

All measurements are approximate until established by a Registered Surveyor

Scale: 1/4" = 1'-0"

Signed: _____

Date: _____

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER [illegible]

File: [illegible] Action 2

Parcel: [illegible] ☐ PC

Location: [illegible]

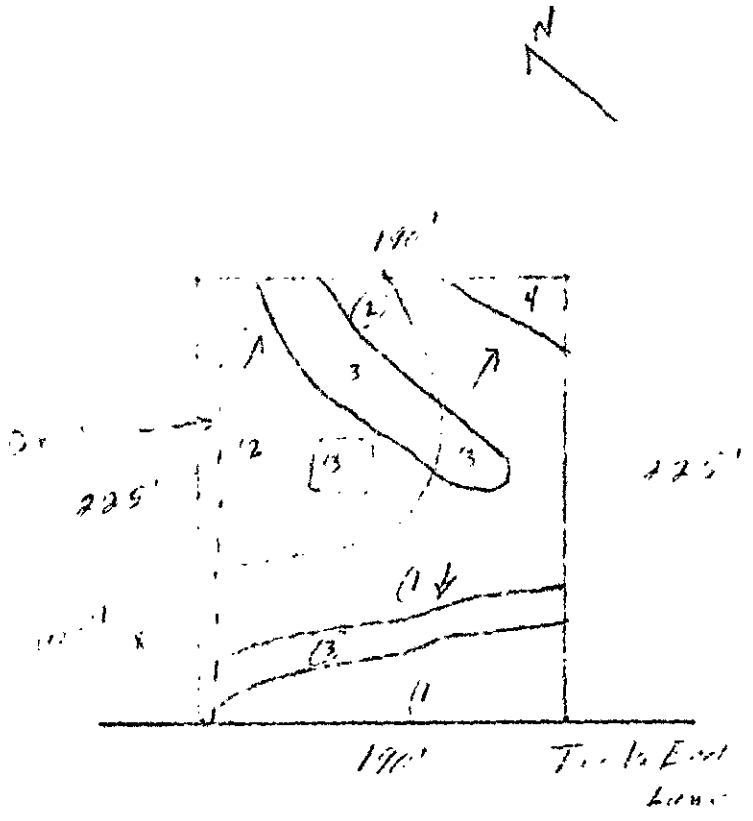
Subdivision:

Lot: Block: Acres: 1.1

Owner: [illegible]
Address: [illegible]

Comments: [illegible]

by: [illegible]



***** 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 2-5 %	S PS U 2-5 %	S PS U Complex Slopes	S PS U Complex Slopes	S PS U	S PS U
Texture	S PS U Sl. Silty Clay	S PS U Sl. Silty Clay	S PS U —	S PS U —	S PS U	S PS U
Structure	S PS U Sub Blocky	S PS U Sub Blocky	S PS U —	S PS U —	S PS U	S PS U
Drainage	S PS U 72" [illegible]	S PS U >72" [illegible]	S PS U —	S PS U —	S PS U	S PS U
Depth	S PS U 30-48"	S PS U 24-30"	S PS U —	S PS U —	S PS U	S PS U
Restrictive Horizons	S PS U >72"	S PS U >72"	S PS U —	S PS U —	S PS U	S PS U
Available Space	S PS U Adequate	S PS U Adequate	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	IIe Cecil LS	Enon Wilkes	Complex Slopes	Complex Slopes		
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

LT400 Poool 3/2/92 ck# 085 $50.00

8087AC(197B)

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[X] PC [ ] 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: WATERS (last) Jeanette (first) W. (mi)

ADDRESS: 11510 TRAILS END LN PHONE: (704) 875-6734

CITY: Huntersville STATE: N.C ZIPCODE: 28078

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 01917206 PO

STREET ADDRESS: 11508 TRAILS END LANE

ZONING:

PROPERTY OWNER:

NAME: WATERS (last) JEANETTE (first) W. (mi)

ADDRESS: 11510 TRAILS END LN. PHONE: (704) 875-6734

CITY: Huntersville STATE: N.C. ZIPCODE: 28078

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):

[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 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) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

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: Jeanette Waters Date: 3/2/92

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

Philo S. Walker
Environmentalist Date

Director or Authorized Section Head 4-6-92 Date

WWATER : 122791

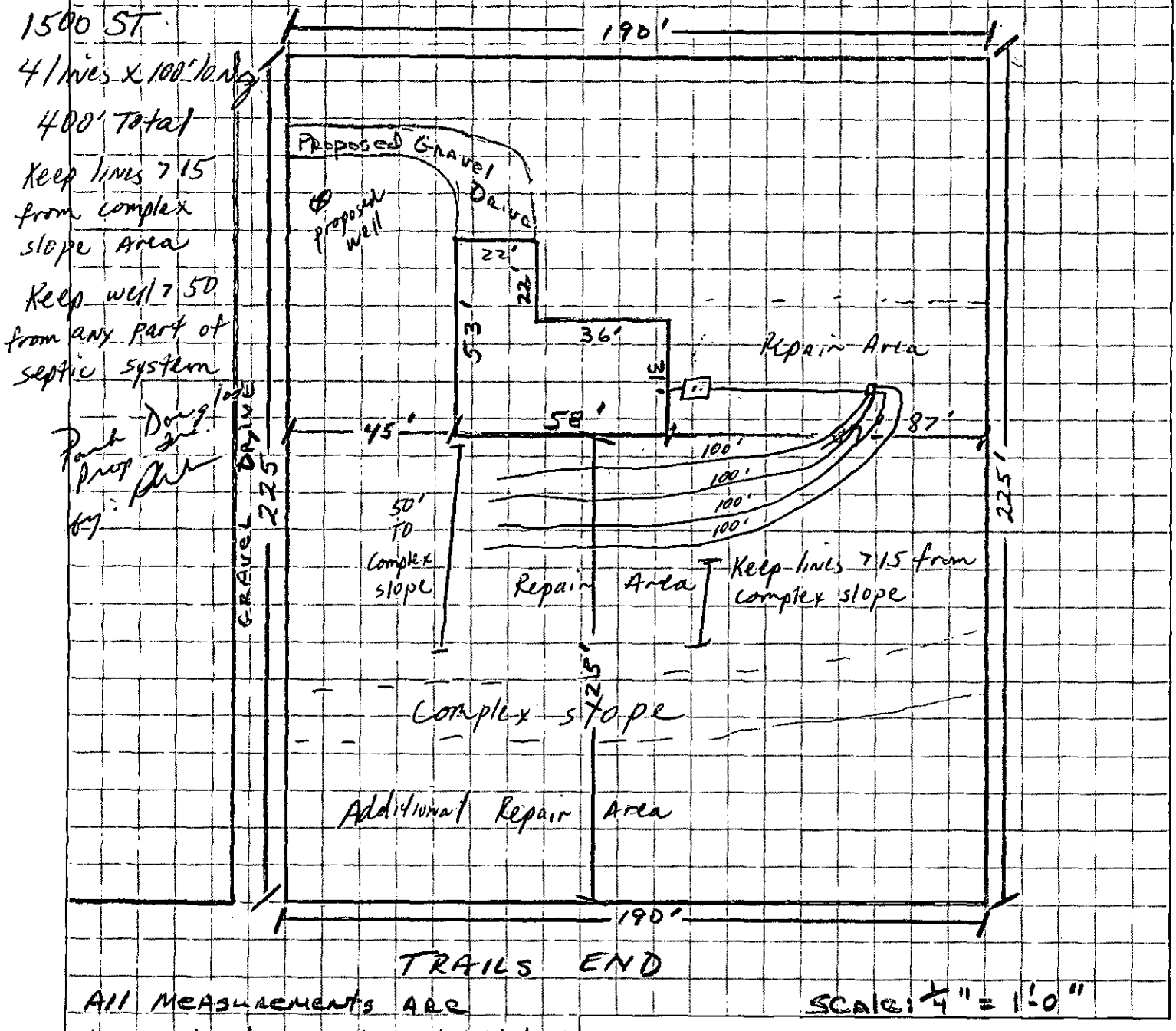
PROPOSED PLOT PLAN

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

FILE: 8087A (1978)

TC: _____

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.



All Measurements are Approximate until established by a Registered Surveyor

Signed: _____

Date: _____

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

FROM: COUNTY ENGINEERING DEPARTMENT Joanne Waters

EHD FILE _____ JURISDICTION CODE Merc

PARCEL NUMBER 019-172-06 pc

ASSIGNED ADDRESS 11500 Trails End Ln

EXISTING ADDRESS _____

PROJECT NAME _____

THE ABOVE DESCR

D

1. SUBDIVISION
2. FLOODWAY RE
3. EROSION CON
4. PUBLIC UTIL

11508

NT

5. PUBLIC UTIL
6. PROPERTY FR
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: Well & septic

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 DRIVEWAY(S).

SIGNED: GCP

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100

Mecklenburg County
Health Department

March 5, 1992

Ms. Jeanette W. Waters
11510 Trails End North
Huntersville, NC 28078

RE: Property located at Trails End Lane
FILE: 8087A(197B)
PARCEL: 019-172-06

Dear Mr. Waters:

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 results of this investigation showed the property to be classified **UNSUITABLE** for the installation of such a system. A copy of the site evaluation report (Serial No. 12557) is enclosed for your information.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application for an Improvement Permit with an accurately dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

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

Very truly yours,

Gene Vaughan, R.S., Supervisor
Individual Water & Wastewater Systems

Enclosure (2)

GV:lw

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12557

File: 8087A/1978 Action 2

Parcel: PO 019-172-06 ☐ PC

Location: Trails End Lane

Subdivision:

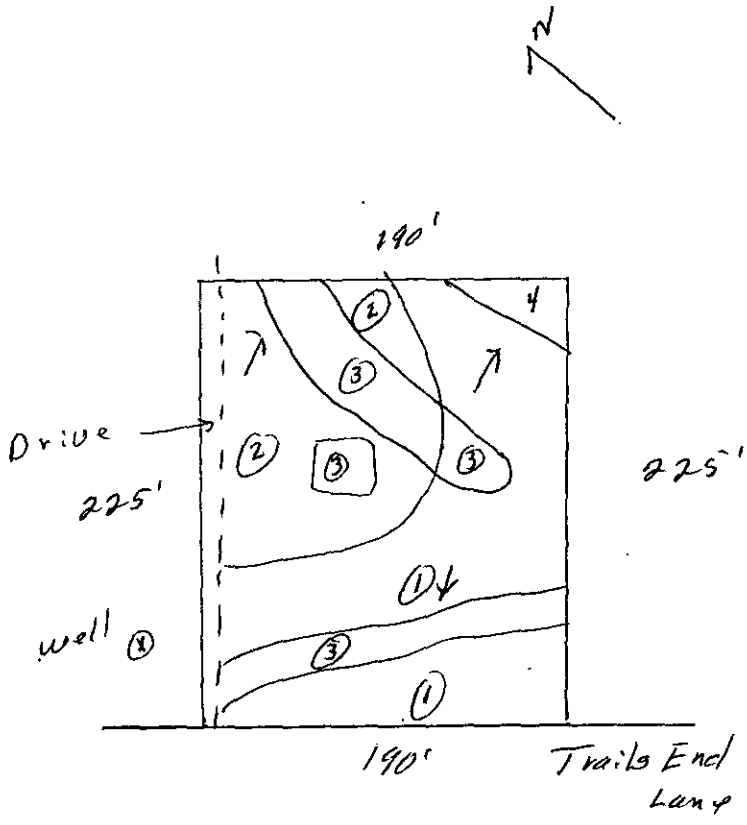
Lot: Block: Acres: 1.0

Owner: Jeanette W. Waters
Address: 11510 Trails End N.
Huntersville, N.C. 28078

Comments: 100% Repair

Described by: William A. Marlin

Date: 3-4-92



*** 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 2-8%	(S) PS U 2-8%	S PS (U) Complex Slopes	S PS (U) Drainageway/ Depression	S PS U	S PS U
Texture	S (PS) U Slightly Expansive clay	S PS (U) Expansive Clay	S PS U —	S PS U —	S PS U	S PS U
Structure	S (PS) U Sabl Blocky	S (PS) U Sabl Blocky	S PS U —	S PS U —	S PS U	S PS U
Drainage	(S) PS U 7+8" to water	S (PS) U 7+36" to water	S PS U —	S PS U —	S PS U	S PS U
Depth	S (PS) U 36-48"	S PS (U) 24-30"	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7+36"	S (PS) U 7+36"	S PS U —	S PS U —	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS (U) Restricted	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	III Cecil-Lilo	Enon-Wilkes	Complex Slopes	Complex Slopes		
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

UPDATE COMPLETE

Applicant WATERS JEANETTE W Appl.Date 03/02/92 Updated 03/02/92
Mail Addr 11510 TRAILS END N. Phone 704 875-6734
City HUNTERSVILLE State NC Zipcode 28078
Prop Ownr WATERS JEANETTE W
Mail Addr 11510 TRAILS END N. Phone 704 875-6734
City HUNTERSVILLE State NC Zipcode 28078 Township 0
Tax Map No. 01917206PO001 Road TRAILS END LANE Zoning
Sub/Mobil Sec Lot No. Lot Size 1
Type App D Site Y or Tract Type Bldg H System Classif NOT REQUIRED
Resident. Specif: No. Bedrooms 00 No. Occupants Undgrnd. Stor. (Y/N)
Commercial/Industrial/Other Specifications:
Type No. Empl. No. Empl. per Shift
Industrial or Mfg. Wastes (Y/N) Underground Stor. Tank (Y/N)
Prop. Water Sup. P Proposed Sewage I Construct. Status P Sites Y
Planned Future Additions (Y/N) Fee 0000.00 EHS Assigned 25001
Directions:

Date Appl. Recd. 03/02/92 Date Insp. Insp. Status
Date Letr. Sent Type Letr. Date Eval. Eval. Status
Date Perm. Date Cert.Iss. Disp.Code Followup
Denial Codes:
Repaired (Y/N) Rep. Date Perm. No. 00197B Operat. Permit (Y/N)
3/02/92 13:44:03
01-03 SA MW KS DM IM II S1 S1037498 KB

PROPOSED PLOT PLAN

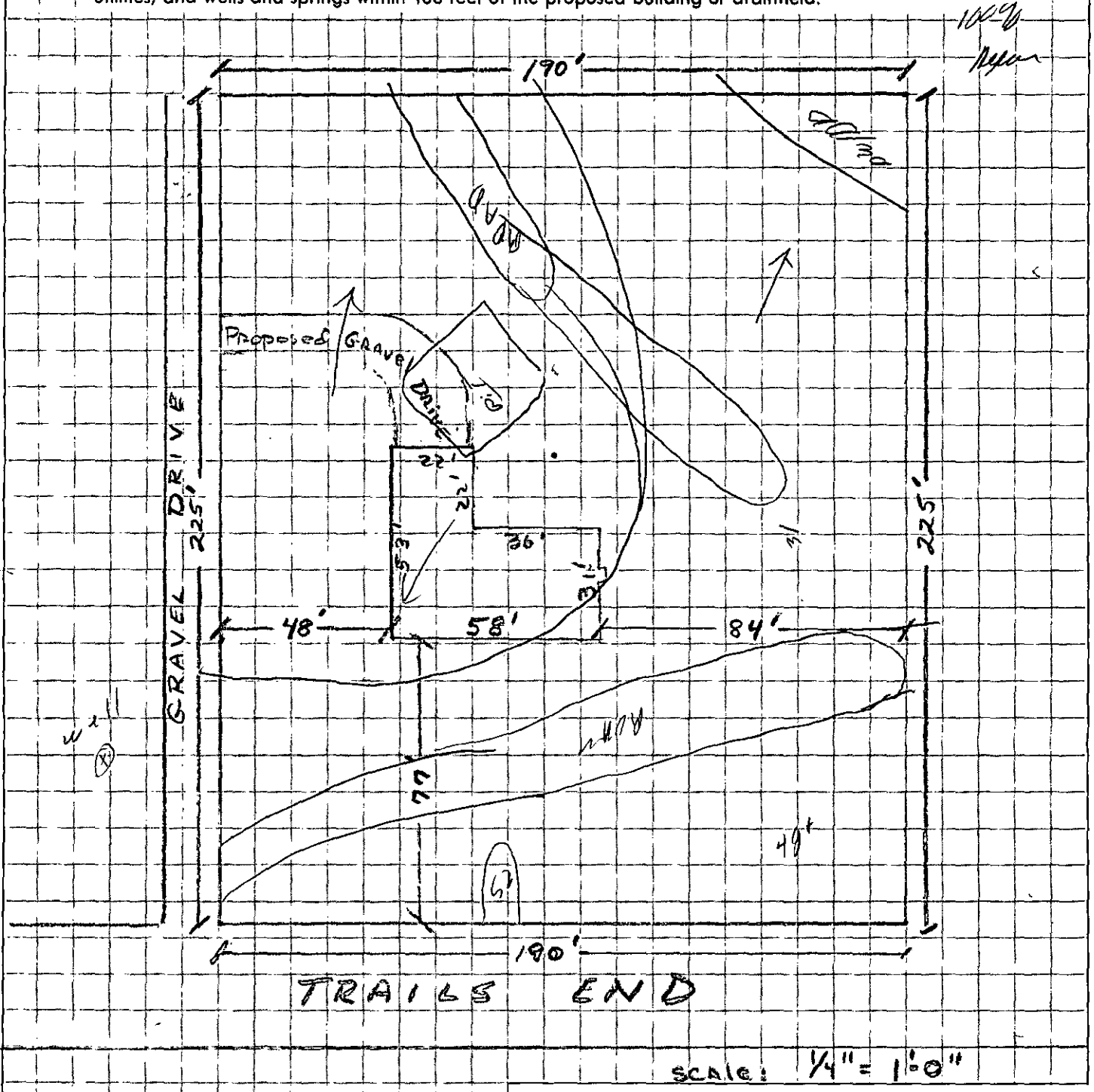
Paid $50.00

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

FILE: 8087AC(97B)

TC: _____

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.



SCALE: 1/4" = 1'-0"

APPROXIMATE HOUSE CORNERS (6) HAVE BEEN MARKED - - ALL MEASUREMENTS ARE APPROXIMATE UNTIL ESTABLISHED by Registered Surveyor.

Signed: Jeanette Waters

Date: 3/2/92