


14000 E ROCKY RIVER RD

00727106

6/11/2007

duponbj

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

# Mecklenburg County

## Health Department

MEMORANDUM

TO: Susan Uzzell
Accountant II

FROM: Sylvia D. Daniel, R.S.
Program Chief

Date: August 5, 1998

Ref: 14000 E. Rocky River Road/File #6121A

SUBJECT: Refund

(Mr./Mrs./Co.) Ms. Wanda Young originally paid $75.00

for a second site evaluation on July 16, 1998

A refund should be issued for $75.00 because Ms. Young cancelled the request prior to the services being provided by this office.

Please make check payable to: Ms. Wanda Young
14000 E. Rocky River Road
Davidson, NC 28036

FEE: $ 100 Charge $1 ½ | APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM | Rec'd $75 + $2 gpd = $ 1 CRT 7/16

DATE: 7-3-98 Rec.

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

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

FILE #: 6621A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 007-271-06 PO

STREET ADDRESS: 14000 E. Rocky River Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
__ HOUSE (H)
✓ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

HEATED SQUARE FOOTAGE: 1200

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

__ 0 MECKLENBURG
__ 1 CHARLOTTE
✓ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

CLOSING DATE _____

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

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

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
✓ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES ✓ YES __ NO
EXISTING WASTEWATER SYSTEMS ✓ YES __ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES __ NO
WELL, SPRINGS OR WATERLINES ✓ YES __ NO
DESIGNATED WETLANDS __ YES __ NO

Existing house on tract of land.

PROPERTY OWNER: Lenora J. Roberson

NAME: Roberson Lenora J
(LAST) (FIRST) (MI)

ADDRESS: 14000 E. Rocky River Rd

CITY: Davidson STATE: NC ZIP: 28036

DAYTIME PHONE: 704 892-0680

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Young Wanda R
(LAST) (FIRST) (MI)

DAYTIME PHONE: 704 892-0680 or 895-1316

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? March 23, 1971

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

SIGNED: Wanda R Young DATE: 7-3-98

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

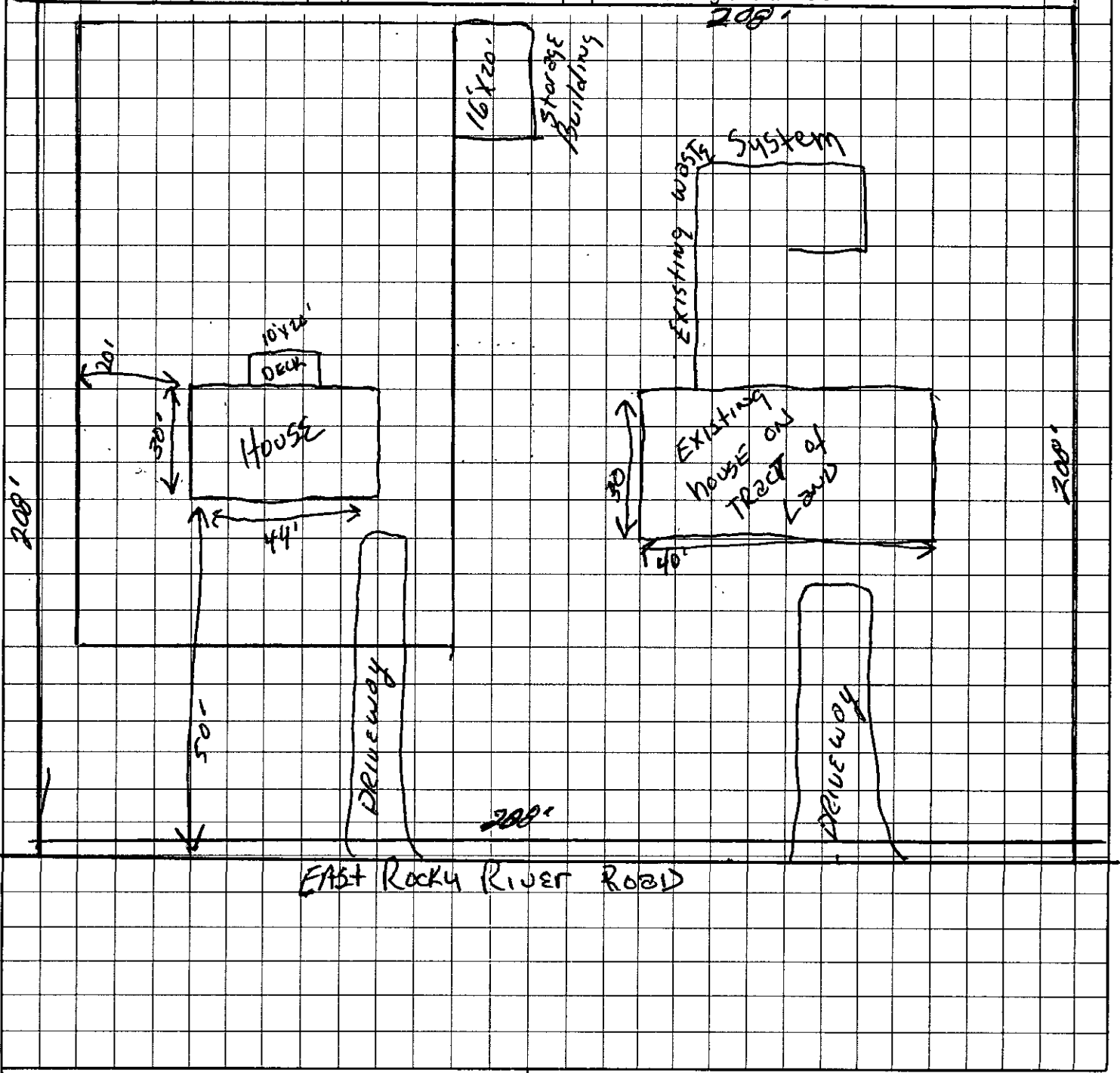
# PROPOSED PLOT PLAN

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

FILE: 6121A

TC: 007-271-06 PO

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.




Wanda R. Young
OWNER/AGENT SIGNATURE

DATE July 3, 1998

APPROVAL DATE _____

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

CHARGE

# MECKLENBURG COUNTY HEALTH DEPARTMENT
# ENVIRONMENTAL HEALTH DIVISION

## Charge Slip

Date: 2-3-98

Name/Company: Wanda Young

Sanitation _____

Vector Control _____

IWWS ✓

Service: Application for Improvement Permit

(may change) 14000 E. Rocky River Rd.

007-271-06 PO

Fee: $ 100 90.00 100.00 Cash 2/3/98 EW

NOTICE:

*A processing fee of $20.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.*

S Bateman
Completed by

EW
Collected by

It is o.k for my daughter Wanda Young to get a permit

Lenora Roberson

# Mecklenburg County
## Health Department

July 20, 1998

Lenora J. Roberson
14000 E. Rocky River Road
Davidson, NC 28036

Re: 14000 E. Rocky River Road
File: 6121A
Parcel: 007-271-06PO

Dear Ms. Roberson:

Receipt of your Application for Improvement Permit for the above referenced property is acknowledged. A soil evaluation and a site visit have been conducted. The results of the evaluation indicated that the site is **UNSUITABLE** under Rules .1941 **SOIL CHARACTERISTICS (MORPHOLOGY)**, .1943 **SOIL DEPTH** and .1945 **AVAILABLE SPACE**. For these reasons your Application for Improvement Permit is denied. A possible way to develop the site exists under Rule .1948(d) which reads as follows:

> A site classified as **UNSUITABLE** may be used for a ground absorption sewage treatment and disposal system specifically identified in Rules .1955, .1956, or .1957 of this Section or a system approved under Rule .1969 if written documentation, including engineering, hydrogeologic, geologic or soil studies, indicates to the local health department that the proposed system can be expected to function satisfactorily. Such sites shall be reclassified as **PROVISIONALLY SUITABLE** if the local health department determines that the substantiating data indicate that:
> (1) a ground absorption system can be installed so that the effluent will be non-pathogenic, non-infectious, non-toxic, and non-hazardous;
> (2) the effluent will not contaminate ground or surface water; and
> (3) the effluent will not be exposed on the ground surface or be discharged to surface waters where it could come in contact with people, animals, or vectors.

The State shall review the substantiating data if requested by the local health department.

Please be advised that you have the right to an informal review by this department. You also have the right to appeal under G.S. 130A-24, and to have the appeal held in Mecklenburg County.

If you have any questions regarding this matter, please call me at 336-5575.

Sincerely,

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

FEE: $ 120 Charge $1 for [illegible]

DATE: 7-3-98 MP

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

COPY

I J CRT

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

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

FILE #: 6621A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 007-271-06 PO

STREET ADDRESS: 14000 E. Rocky River Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
__ HOUSE (H)
✓ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

TOWNSHIP (CHECK ONE):

__ 0 MECKLENBURG
__ 1 CHARLOTTE
✓ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

HEATED SQUARE FOOTAGE: 1200

NUMBER OF BEDROOMS: 3 | NUMBER OF OCCUPANTS: 3

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

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

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

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

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ SHARED WELL (S)
__ MUNICIPAL (M)
__ OTHER 'SPRINGS' (O)
✓ PRIVATE WELL (P)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES __ NO
EXISTING WASTEWATER SYSTEMS ✓ YES __ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES __ NO
WELL, SPRINGS OR WATERLINES ✓ YES __ NO
DESIGNATED WETLANDS __ YES __ NO

Existing house on tract of land.

PROPERTY OWNER: Lenora J. Roberson

NAME: Roberson Lenora J
(LAST) (FIRST) (MI)

ADDRESS: 14000 E. Rocky River Rd

CITY: Davidson STATE: NC ZIP: 28036

DAYTIME PHONE: 704 892-0680

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Young Wanda R
(LAST) (FIRST) (MI)

DAYTIME PHONE: 704 892-0680 or 895-1316

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? March 23, 1971

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

SIGNED: Wanda R Young DATE: 7-3-98

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

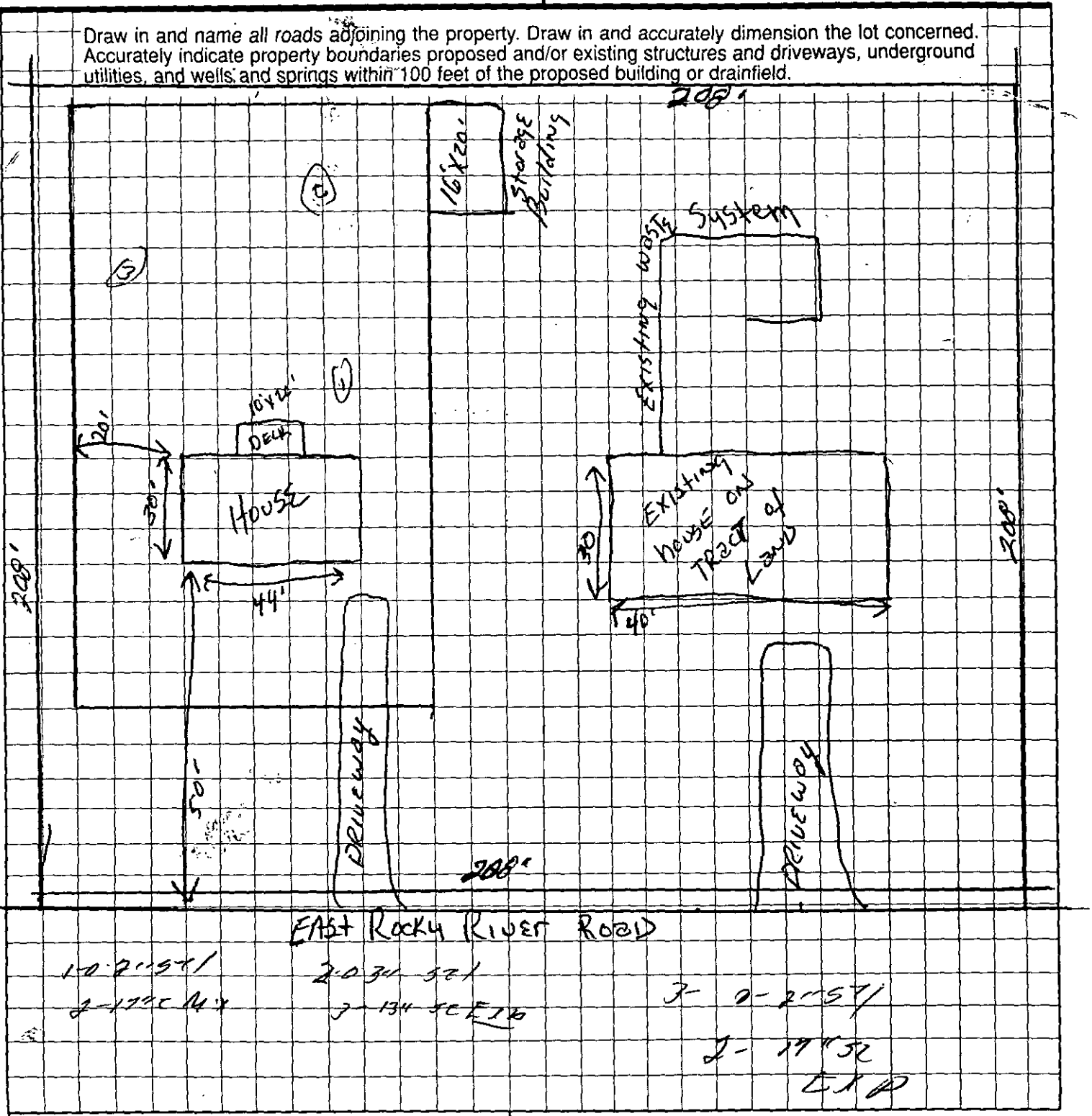
# PROPOSED PLOT PLAN

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

FILE: 6121A

TC: 007-271-06 PO

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.




Wanda R. Young
OWNER/AGENT SIGNATURE

DATE July 3, 1998

APPROVAL DATE _____

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

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

Sheet ___
PROPERTY ID #: P0002-27102
Lot # : ___
File # : 6121A

#3

# SOIL/SITE EVALUATION
## for ON-SITE WASTEWATER SYSTEM

OWNER: Tenora T. Roberson
APPLICANT: Wanda Young
ADDRESS: 14000 E Rocky River Rd Davidson
DATE EVALUATED: 7-9-98
PROPOSED FACILITY: residence
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: .5
LOCATION OF SITE: E Rocky River Rd
PROPERTY RECORDED: ___
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

| PROFILE # | 5-12% 3 poor .1940 LANDSCAPE POSITION/ SLOPE % | HORIZON DEPTH (IN.) | SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE | SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | OTHER PROFILE FACTORS .1943 SOIL DEPTH | OTHER PROFILE FACTORS .1956 SAPRO CLASS | OTHER PROFILE FACTORS .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | LS | 0-2" | gr/sl | Fr/SE XP/SS/SP | >17" TO soil wetness | 17" | N/A | None | US |
| | | 2-17" | SBK/L | Fi-VFi/M/VS/VP | | | | | |
| 2 | LS | 0-3" | gr/sl | Fr/SE XP/SS/SP | >13" TO soil wetness | 13" | N/A | None | US |
| | | 3-13" | SBK/sc | Fi-VFi/M/VS/VP | | | | | |
| 3 | LS | 0-2" | gr/sl | Fr/SE XP/SS/SP | >17" TO soil wetness | 17" | N/A | None | US |
| | | 2-17" | SBK/sc | Fi-VFi/M/VS/VP | | | | | |

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

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W. R. Mullis 7-10-98
OTHER(S) PRESENT: LSS

FILE # 61210

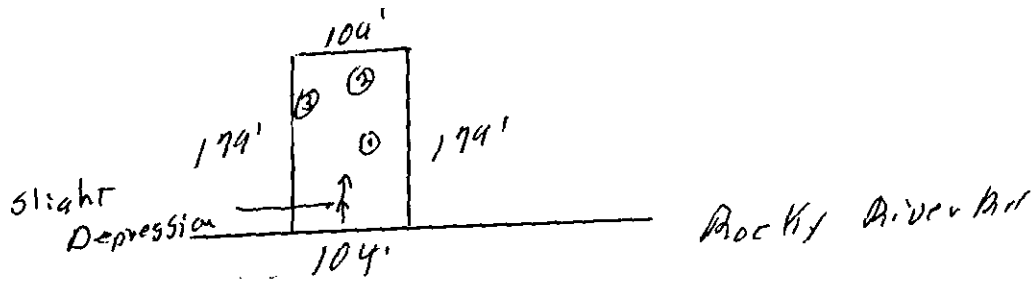
COMMENTS Rewall need 100% Repair

| LANDSCAPE POSITION | GROUP | TEXTURE | .1955 LTAR |
|---|---|---|---|
| R-RIDGE | I | S-SAND | 1.2-0.8 |
| S-SHOULDER SLOPE | | LS-LOAMY SAND | |
| L-LINEAR SLOPE | | | |
| FS-FOOT SLOPE | II | SL-SANDY LOAM | 0.8-0.6 |
| N-NOSE SLOPE | | L-LOAM | |
| H-HEAD SLOPE | | | |
| CC-CONCLAVE SLOPE | III | SI-SILT | 0.6-0.3 |
| CV-CONVEX SLOPE | | SICL-SILTY CLAY LOAM | |
| T-TERRACE | | CL-CLAY LOAM | |
| FP-FLOOD PLAIN | | SCL-SANDY CLAY LOAM | |
| | IV | SC-SANDY CLAY | 0.4-0.1 |
| | | SIC-SILTY CLAY | |
| | | O-ORGANIC | |

| CONSISTENCE | |
|---|---|
| MOIST | WET |
| VFR-VERY FRIABLE | NS-NON-STICKY |
| FR-FRIABLE | SS-SLIGHTLYSTICKY |
| FI-FIRM | S-STICKY |
| VFI-VERY FIRM | VS-VERY STICKY |
| EFI-EXTREMELY FIRM | NP-NON-PLASTIC |
| | SP-SLIGHTLYSTICKY |
| | P-PLASTIC |
| | VP-VERY PLASTIC |

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

| MINERALOGY |
|---|
| SLIGHTLY EXPANSIVE |
| EXPANSIVE |



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

Sheet ____

#3 400 PROPERTY ID #: P0002-27106

Lot # : ____

File # : 6121A

# SOIL/SITE EVALUATION
## for ON-SITE WASTEWATER SYSTEM

OWNER: Jenova J. Roberson APPLICANT: Wanda Young

ADDRESS: 14000 E. Rocky River Rd Davidson DATE EVALUATED: 7-9-98

PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 360 gpd PROPERTY SIZE: .5

LOCATION OF SITE: E. Rocky River Rd PROPERTY RECORDED: ____

WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other ____

EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut

TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

| PROFILE # | 5-12% slope .1940 LANDSCAPE POSITION/ SLOPE % | HORIZON DEPTH (IN.) | SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE | SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | LS | 0-2" | gr/scl | Fr/SEXP/SS/SP | >17" TO SOIL WETNESS | 17" | N/A | None | US |
| | | 2-17" | SBK/C | Fi-VFi/M/SS/VP | | | | | |
| 2 | LS | 0-3" | gr/scl | Fr/SEXP/SS/SP | >13" TO SOIL WETNESS | 13" | N/A | None | US |
| | | 3-13" | SBK/sc | Fi-VFi/M/SS/VP | | | | | |
| 3 | LS | 0-2" | gr/scl | Fr/SEXP/SS/SP | >17" TO SOIL WETNESS | 17" | N/A | None | US |
| | | 2-17" | SBK/sc | Fi-VFi/M/SS/VP | | | | | |
| | | | | | | | | | |

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

OTHER FACTORS (.1946): ____

SITE CLASSIFICATION (.1948): Unsuitable

EVALUATED BY: W. R. Marlin 7-10-98

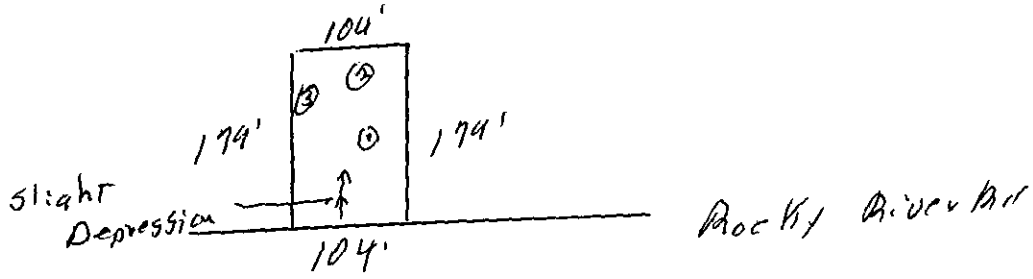
OTHER(S) PRESENT: LSS

FILE # 61210

**COMMENTS** Drywell needs 100% Repair

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

| STRUCTURE | MINERALOGY |
|---|---|
| SG-SINGLE GRAIN | SLIGHTLY EXPANSIVE |
| M-MASSIVE | |
| CR-CRUMB | EXPANSIVE |
| GR-GRANULAR | |
| SBK-SUBANGULAR BLOCKY | |
| ABK-ANGULAR BLOCKY | |
| PL-PLATY | |
| PR-PRISMATIC | |




N

262

# APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
SEP 1 1

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

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

(OFFICE USE ONLY)
FILE: 6121A
TC: _____
SERIAL: № 19144

ENVIRONMENTAL HEALTH DIVISION ☐ L ☐ CRT

**JOB LOCATION**

① ADDRESS: 14000 East Rocky River Rd, Davidson (STREET NO. / STREET) ② FILE: _____

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 002-271-06

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

**OWNER**

⑧ NAME: [redacted] Lenora (FIRST) J (MIDDLE) Roberson (LAST)

⑨ MAILING ADDRESS: 14000 East Rocky River Rd

⑩ CITY: Davidson ⑪ STATE: NC ⑫ ZIP: 28036

⑬ PHONE: (WORK) 892-3112 ⑭ (HOME) 892-0680

**REQUEST**

This request is for a(n):

⑮ ☐ New permit

⑯ ☑ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☐ Other (specify) _____

**DESIGN CRITERIA**

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home

㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 2

㉕ Type? _____

㉓ Maximum occupancy? 2

㉖ Maximum number of employees? _____

㉔ Basement? ☐ yes ☑ no

㉗ Maximum number of seats? _____

**WATER SUPPLY**

㉘ Water supply from (present or proposed):

A ☑ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the [redacted]KLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Lenora J Roberson

Date: 9-9-89

## IMPROVEMENT PERMIT

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

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

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

Environmentalist / Date

Director or Authorized Section Head / Date

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