

6111 AMOS SMITH RD

11308207

6/18/2007

duponbj

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

Mecklenburg County
Health Department

June 23, 1999

Dorothy Joanne Akers
6111 Amos Smith Road
Charlotte, NC 28214

Dear Ms. Akers:

This letter is being sent to all home/business owners in Mecklenburg County with septic tank systems that utilize pumps. In 1990 the North Carolina Administrative Code governing septic tank systems was amended to require routine maintenance and inspection of certain septic tank systems. Research conducted on septic tank systems has shown that properly maintained systems perform better and protect the home/business owner's investment. These State rule changes required local health departments to perform additional inspections without additional resources. During the 1998-99 budget hearings, the Mecklenburg County Board of County Commissioners (BOCC) approved user fees to offset costs and to allow the local health department to comply with mandatory enforcement requirements in the State regulations.

Since you have a pump system, these new rules and fee requirements affect you. The fee is $85.00 and is due upon receipt of this notice. We will visit your property and make assessments and recommendations for the continued efficient operation of your septic tank system. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The process, including fee assessment, will be repeated every five (5) years. The fee amount may change in the future.

We are excited about the interest and support demonstrated by the BOCC. Past performance in this area was more enforcement oriented rather than supportive. One of our goals is to establish our department as a resource to you to aid and assist you with this and related public health concerns. The inspection program and the water analysis are important to the health of you and your family. This is a very important initiative intended to protect the public's health while improving and preserving our groundwater resources.

Your prompt fee payment will activate our inspection process. Your comments and questions regarding this matter are encouraged and welcomed.

Sincerely,

Larry B. Thompson, Jr., R.S.

Larry B. Thompson, Jr., R.S., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure

cc: Fiscal Services Manager, HMHCS

Mecklenburg County
Health Department
February 27, 1995

Joanne D. Akers
6111 Amos Smith Road
Charlotte, NC 28214

Dear Mrs. Akers:

An inspection was made at the property located at 6111 Amos Smith Rd, Charlotte, N.C. to facilitate the issuance of an Operation Permit for the sewage treatment and disposal system. During the inspection it was found that the following items did not meet the regulations set forth in the "Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A .1900; 1952 Septic Tank, Dosing, Dosing Tank and Lift Station Design." Our comments follow:

1. (6)Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (NEMA 4X or equivalent) adjacent to the pump tank, securely mounted at least 12 inches above the finished grade. The pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure through water proof, gas proof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seals, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.

2. (9) The pump tank shall have a properly functioning high-water alarm. The alarm circuit shall be supplied ahead of any pump overload and short circuit protective devices. The alarm shall be audible and visible by system users and weatherproof if installed outdoors in an enclosure (NEMA 4X or equivalent).

The above mentioned items must be installed and inspected prior to the Operation Permit being issued. The Operation Permit is <u>required</u> for the Certificate of Occupancy and the permanent electric hook-ups. Please schedule inspections at least five (5) working days in advance to ensure there are no delays in the Operation Permit issuance.

Please call me at 336-5571 to discuss any questions you may have concerning this matter.

Sincerely,

Judy J. Kiser, R.S.
Individual Water and Wastewater Systems

MAINTENANCE INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

Dorothy Joanne Akers
6111 Amos Smith Road
Charlotte, NC 28214

Please Make Check Payable To

Mecklenburg County Health Department
700 N. Tryon Street, Ste 211
Charlotte, NC 28202

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File #	#Bedrooms	System Type
Dorothy Joanne Akers	6111 Amos Smith Road	113-082-07	6611A	4	IVA

Total Amount Due: $85.00

Please use the space below, to make any corrections to property information.

Name _____

Site Address _____

_____

Bedrooms _____

BILL INFORMATION

Billing Date	Payment Due Date
6/24/99	7/26/99

Direct Questions Concerning This Bill To ..... (704) 336-5102

☐ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
Your Canceled Check Is Your Receipt

DO NOT SEND CASH

N. C. Department of Environment and Natural Resources
Division of Environmental Health

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

Mecklenburg — Health Department
Name of Establishment: Residence
66114 — Permit/Project No.
6111 Amos Smith Road — Location
Type of Establishment
Design Flow
Dorothy Joanne Akers, 6111 Amos Smith Road, Charlotte 28214 — Owner/Agent, Address, Phone
N/A — Operator, Address, Phone
Remarks: 111b

	Yes	No	REMARKS
1. ESTABLISHMENT:			
Type, size, and sewage flow in accordance with permit?	☑	☐	
2. COLLECTION SYSTEM:			
No evidence of leaks into or out from sewer lines/manholes?	☐	☐	
Free of blockages/solids buildup in lines or manholes?	☐	☐	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):			
Tank risers accessible and surface water diverted?	☑	☐	
Tanks and access manholes structurally sound, watertight?	☑	☐	
Sanitary tee(s) in good working condition?	☑	☐	
Tanks pumped, cleaned out as needed?	☐	☐	We recommend pumping the septic tank at 3-5 year intervals
4. RAW SEWAGE LIFT STATION (if present):			
Required pumps present, operating, and cycling properly?	☐	☐	
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☐	☐	
PUMP SYSTEMS:			
Required pumps present, operating, and cycling properly?	☑	☐	* Indoor Alarm – mounted outside in SK enclosure
High-water alarm present and operating properly?	☑	☐	
Floats/pipe/valves/disconnects in good working condition?	☑	☐	
Control panel enclosure/components in good condition?	☑	☐	
Elapsed time readings: _____ _____			
SIPHON SYSTEMS:			
No evidence of overflow or siphon leakage?	☐	☐	
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	
6. GROUND ABSORPTION FIELDS:			
No evidence of effluent surfacing/reaching surface waters?	☑	☐	* System has a diversion valve between the septic tank and pump tank. Valve is currently set to feed original drainfield. Valve should be switched every 3 months so that both drainfields can be utilized and allow a "resting period".
Minimal ponding in subsurface trenches?	☑	☐	
Surface water being effectively diverted away?	☑	☐	
Diversions/ditches/swales/tile drains properly maintained?	☑	☐	
Line cover/vegetation adequate/maintained as needed?	☑	☐	
Protected from traffic, destructive uses?	☑	☐	
Distribution devices in good condition, working properly?	☑	☐	
Repair area properly reserved, maintained?	☑	☐	
LOW-PRESSURE PIPE DRAIN FIELDS:			
Turnups/cleanouts/valves intact and accessible?	☐	☐	
No effluent standing in lower laterals?	☐	☐	
Laterals free of excess solids, cleaned out as needed?	☐	☐	
Pressure head is properly adjusted?	☐	☐	

OVERALL CONDITION AND OPERATION OF SYSTEM: No sewage surfacing. Alarm should be mounted inside of house rather than outside. Diversion Valve should be utilized.

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Day

DATE: 7-15-99 SIGNED: Larry B. Thompson Jr. R.S. AGEN
Division of Environmental Health

DENR 3702 (Revised 3/98)
On-Site Wastewater Section (Review 12/98)

– over –

SUMMARY OF IMPROVEMENTS NEEDED (cont.)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

This is to notify you of intent to suspend/revoke *(circle one)* your operation permit/certificate of completion *(circle one)* 60 days from this date for the following violations: _____
[Law or Rule(s)]

If suspended, the operation permit or certificate of completion remains suspended until violations are corrected. A hearing will be held prior to suspension or revocation if you file a petition for a hearing with the Office of Administrative Hearings, P. O. Drawer 27447, Raleigh, NC 27611-7447, in writing within the number of days specified above of your intent to attend the hearing. If you do not petition the Office of Administrative Hearings, the operation permit or certificate of completion will be suspended or revoked.

IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

This is to notify you of immediate suspension/revocation *(circle one)* of your operation permit/certificate of completion *(circle one)* for the following violations:

_____
[Law or Rule(s)]

If suspended, the permit or certificate remains suspended until the violations are corrected. You will be notified of the day and location of a hearing on this suspension or revocation by a hearing officer from the Office of Administrative Hearings.

This the _____ day of _____, 19 _____.

_____ Agent
DIVISION OF ENVIRONMENTAL HEALTH

INSTRUCTIONS

Purpose: Article 11 of Chapter 130A requires the Commission for Health Services to adopt rules governing the design, construction, and operation of on-site wastewater systems. 15A NCAC 18A .1937 specifies that the local health department shall determine whether systems with an Operation Permit are operating properly at a frequency specified in Rule .1961, Table V(a), and that systems which exceed 3,000 gallons per day and other systems which are required to be designed by a professional engineer shall be reinspected annually. This form is developed to be used in making inspections of engineered subsurface wastewater systems.

Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for:

1. Original to be left with the responsible person.
2. Copy for the local health department.
3. Copy for the On-Site Wastewater Section, Division of Environmental Health.

In the event the permit is suspended or revoked, complete the portion above.

Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the *Records Disposition Schedule* published by the N.C. Division of Archives and History.

Additional forms may be ordered from: On-Site Wastewater Section
Division of Environmental Health
P. O. Box 29594
Raleigh, NC 27626-0594
(Courier 52-01-00)

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

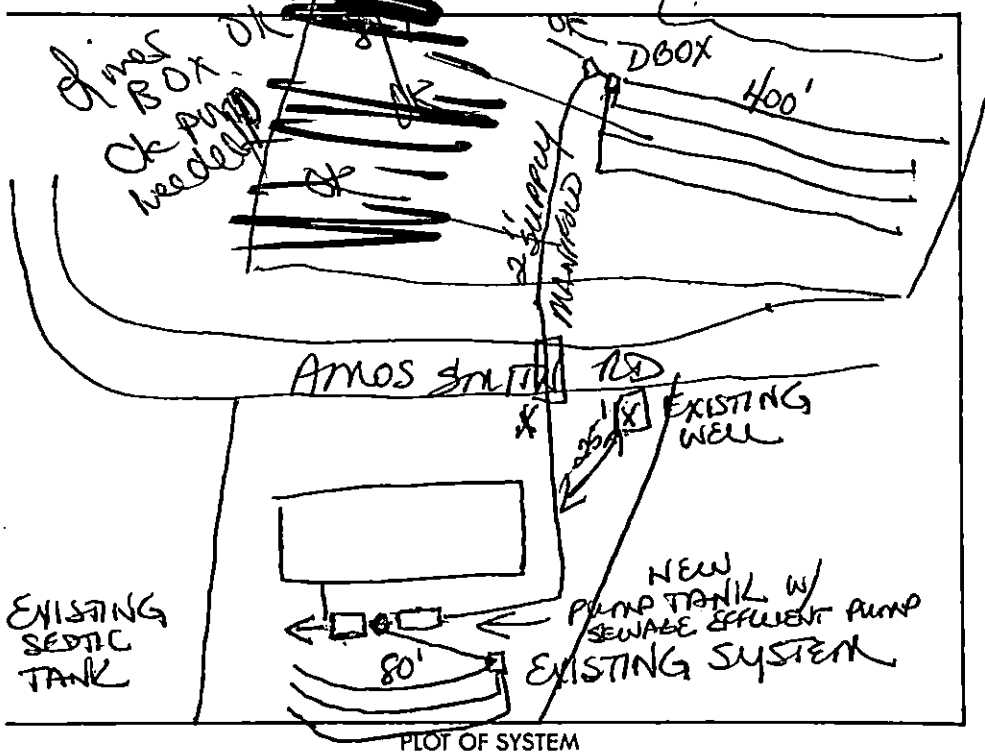
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6611A DATE: 6/24/93

TC: 113-082-07 ☒ L

SERIAL Nº 15545

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 6/24/93. All work shall be completed on or before ____, 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 ____ gallons

Liquid Capacity of Dosing Tank ____ gallons

Tank Construction ____

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 — feet

Distance from Property Line 10' feet

Distance from Well SYSTEM 60' feet

SUPPLY LINE - 25' OR GREATER (SCH 80 SLEEVING)

NAME OF OWNER JoAnn AKERS

LOCATION OF PROPERTY 6111 Amos Smith Rd.

Comments: 1 diversion valve - 4 lines @ 100'X12'X3'
6 - 100 gallon Boxes w/ will be brought down BY HAND slope. The slope ~~is~~ exceeds any way to utilize tank truck to area. All codes must be met by DOT & NC Sewage Rules for going under State Road.

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

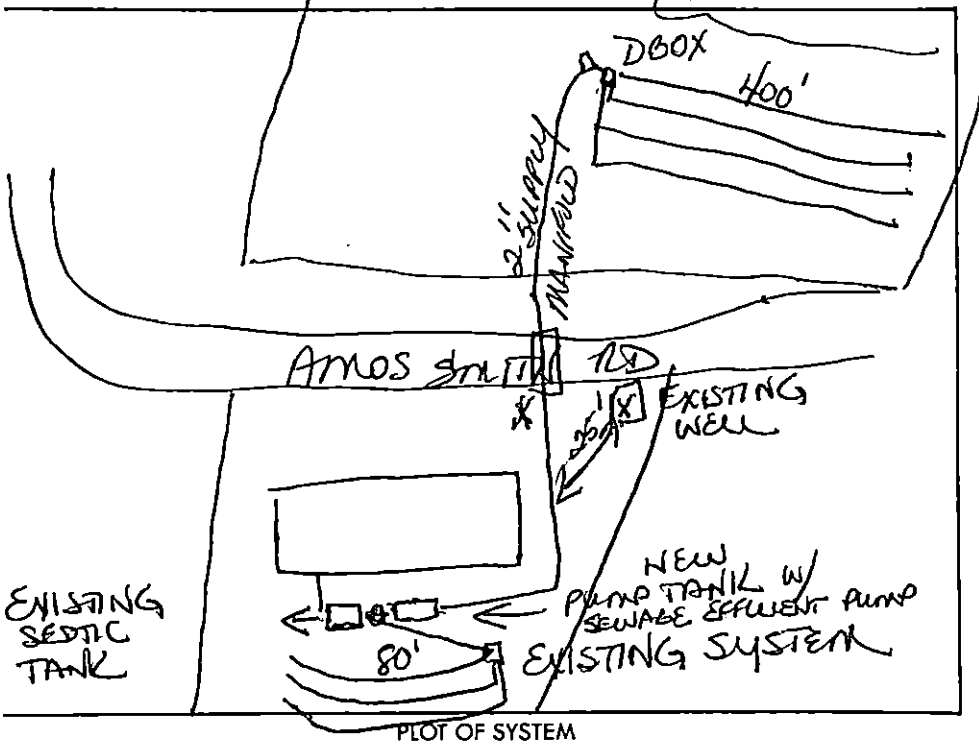
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
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FILE: 6611A DATE: 6/24/93

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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 ____ feet

Distance from Property Line 10' feet

Distance from Well SYSTEM 60' SUPPLY LINE-25' OR GREATER feet (SCH 80' SLEEVING)

NAME OF OWNER JoAnn AKERS

LOCATION OF PROPERTY 6111 Amos Smith Rd.

Comments: 1 diversion valve - 4 lines @ 100'X12'X3' 6-100 GALLON BOXES W/WILL BE BROUGHT DOWN SLOPE BY HAND. THE SLOPE ~~EXCEEDS~~ EXCEEDS ANY WAY TO UTILIZE TANK TRUCK TO AREA. ALL CODES MUST BE MET BY DOT & NC SEWAGE RULES FOR GOING UNDER STATE ROAD.

Division or Section Head

Environmentalist

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JK

Lot 10 & 11

6611A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PD 150.00 ck 5/21/93 DJ [ ] 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: Akers (last) Joanne (first) D. (mi)

ADDRESS: 6111 Amos Smith Rd PHONE: 704 394-9818

CITY: Charlotte, N.C. STATE: N.C ZIPCODE: 28214

Date: May 01, 1993

PROPERTY OWNER:

NAME: Akers (last) Joanne (first) D (mi)

ADDRESS: same PHONE: ( )

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 113-082-07

STREET ADDRESS: 6111 Amos Smith Rd.
Charlotte, N.C. 28214

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):

TYPE APPLICATION (check one):

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[x] 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) [x] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 2 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 [x] Bedrooms [ ] Other enclosing existing deck underneath to build bedroo

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: Joanne Akers Date: 5/01/93

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 Approved to Add Additional Unfurnished Bedroom to System. See TCAT DN Filed 6/24/93

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

Judy J Kwiz RS. 6/24/93
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

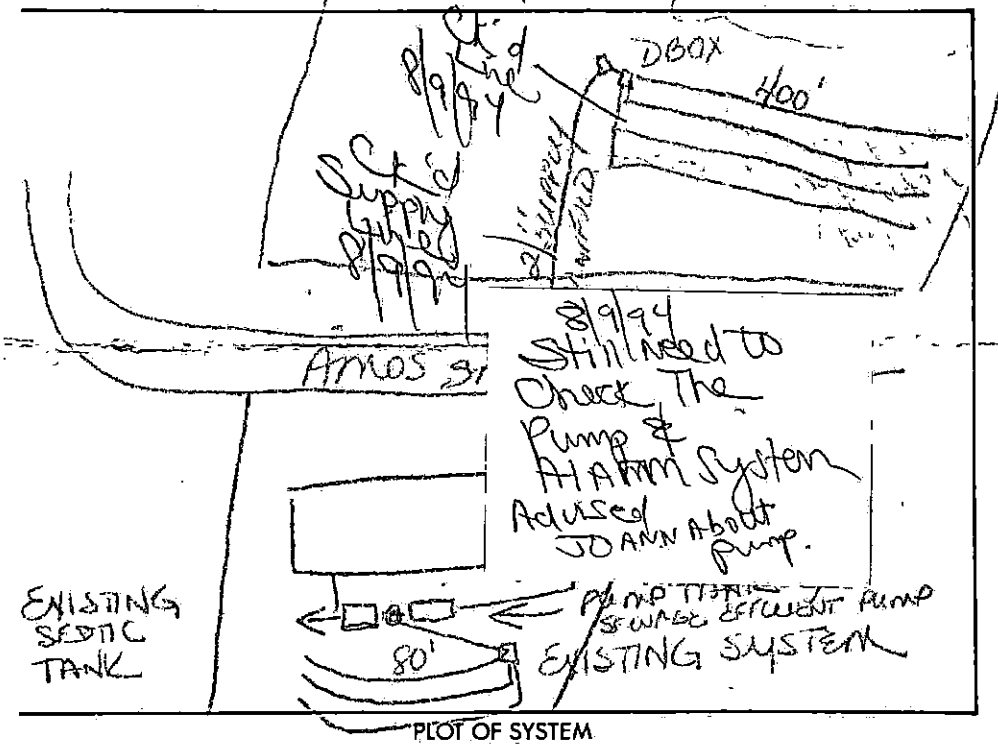
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ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6611A DATE: 6/24/93

TC: 113-182-07 ☐ L

SERIAL № 15545

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Tank Construction ____

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 ____ feet

Distance from Property Line 10' feet
SYSTEM 50'

Distance from Well ____ feet
SUPPLY LINE - 25' (IN QUARTERS) (SCH 80' SLEEVING)

NAME OF OWNER JoAnn AKERS

LOCATION OF PROPERTY 6111 Amos Smith Rd.

Comments: 1 diversion valve; - 4 lines @ 100' X 12' x 3' (BY HAND) 6 - 100 gallon BOXES W/ WILL BE BROUGHT DOWN SLOPE. TANK SLOPE ~~SEE~~ EXCEEDS ANY WAY TO UTILIZE TANK TRUCK TO AREA. ALL CODES MUST BE MET BY DOT & NC SEWAGE RULES FOR GOING UNDER STATE ROAD.

Division or Section Head

Environmentalist

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file # 6611A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

pd 50.00 6/15/93 chk 5974 D.T [ ] 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: Akers Joanne D.
(last) (first) (mi)

ADDRESS: 6111 Amos Smith Rd PHONE: (704) 394-9818

CITY: Charlotte, N.C. STATE: N.C ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 6111 Amos Smith Rd

STREET ADDRESS: 113-081.06

ZONING:

PROPERTY OWNER:

NAME: same
(last) (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: 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): 2 acres

[X] SOIL TEST - INDIVIDUAL LOT (D) To Accomodate Building Addition to home
[ ] 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)
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[ ] REPAIR TO SYSTEM (R)

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[ ] SINGLE MOBILE HOME (S) [X] 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)
[ ] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [X] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [X] 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: Joanne Akers Date: June 15, 1993

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.

...

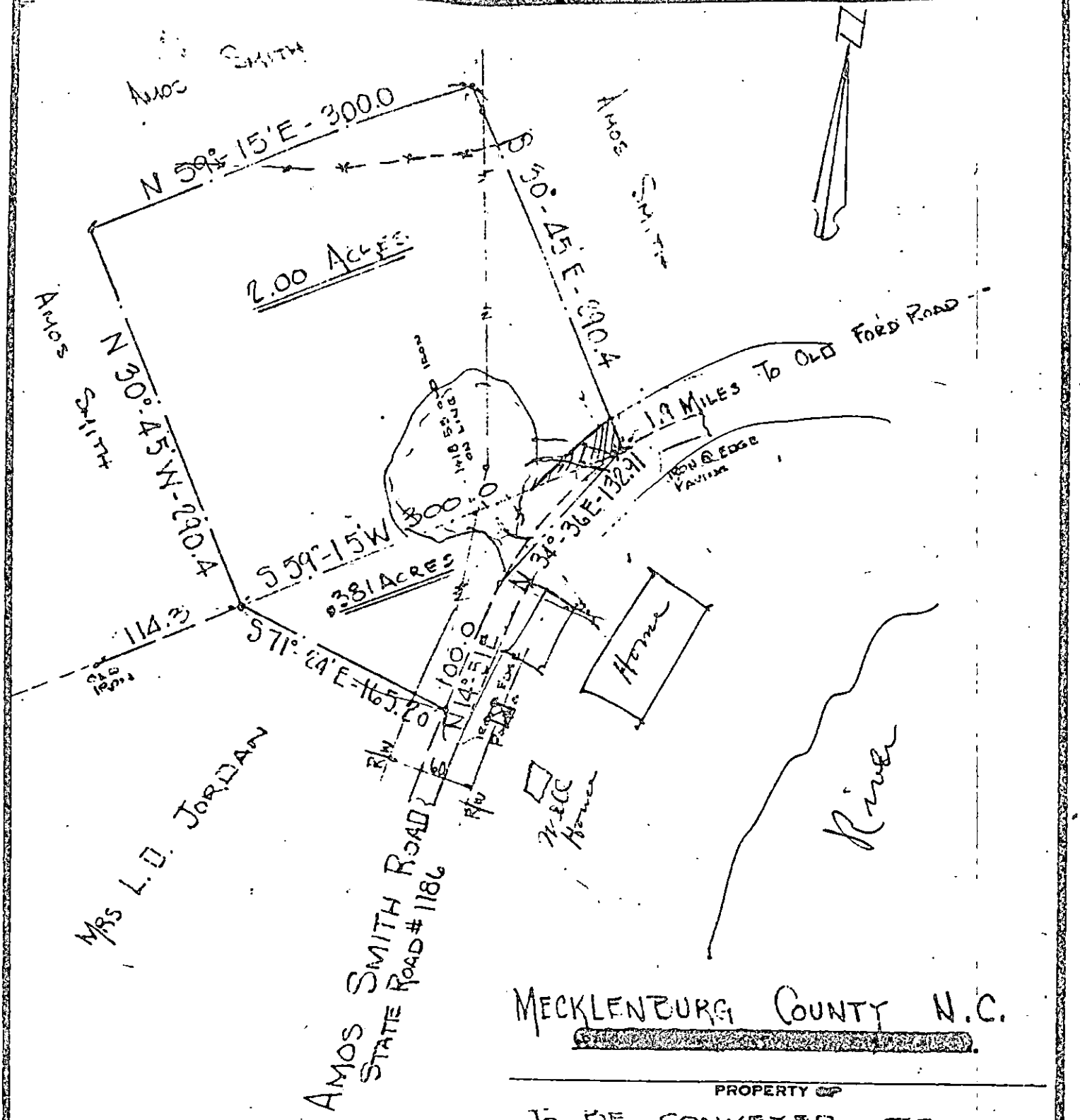
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[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WWATER : 122791

COPY



MECKLENBURG COUNTY N.C.

PROPERTY OF

TO BE CONVEYED TO

AKERS MOTOR LINES

SCALE 1" = 100 DATE June 24, 1966

SURVEY BY

FINDLAY, WITHERS & McCONNAUGHEY CO. INC.

REG. SURV.

206 WEST 3RD STREET — GASTONIA, N. C.

D. B. _____ P. _____ LOTS _____ BL _____

SUBD _____ P. B. _____ P. _____

6611A

Dear Judy,

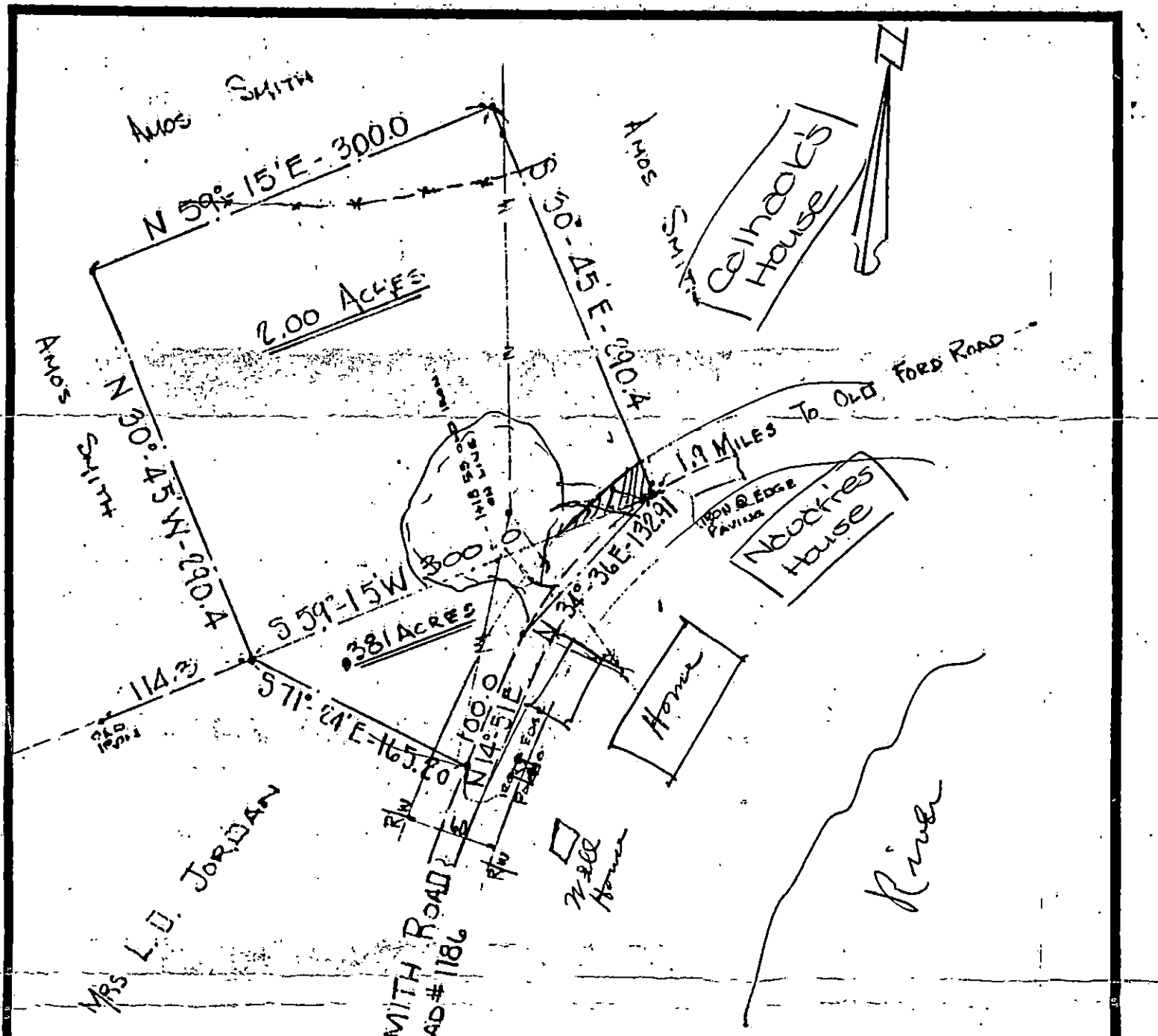
As I explained to you on your answering machine - there is a stake in the ground with orange streamers on past my carport in the next door neighbors (the Long's) gravel parking area (which is really my land). That goes way to the right of my well house all the way down to the river.

Since you said you would have the soil testing person with you, I wanted you to have a diagram of my 2 acres across the street. There are streamers on the trees to the right (next to Calhoun's house fence) and left (between my house (across street) and the Long's). And there are stakes in the road next to the grass to point out boundries. If you leave my house take a right, walk down the hill slightly and take a left across from the Navarre's carport that's where my land begins. There are streamers on the Calhoun's fence to show where the land ends.

Hope we can add what we need to the land next door to my house and not have to go to the extremes of pumping across the street. Hope you find these land areas. Talk soon.

-Jeanne Akers

66 11 A



MECKLENBURG COUNTY N.C.

[redacted]

PROPERTY OF

TO BE CONVEYED TO

AKERS MOTOR LINES

SCALE 1" = 100 DATE June 24, 1966

SURVEY BY

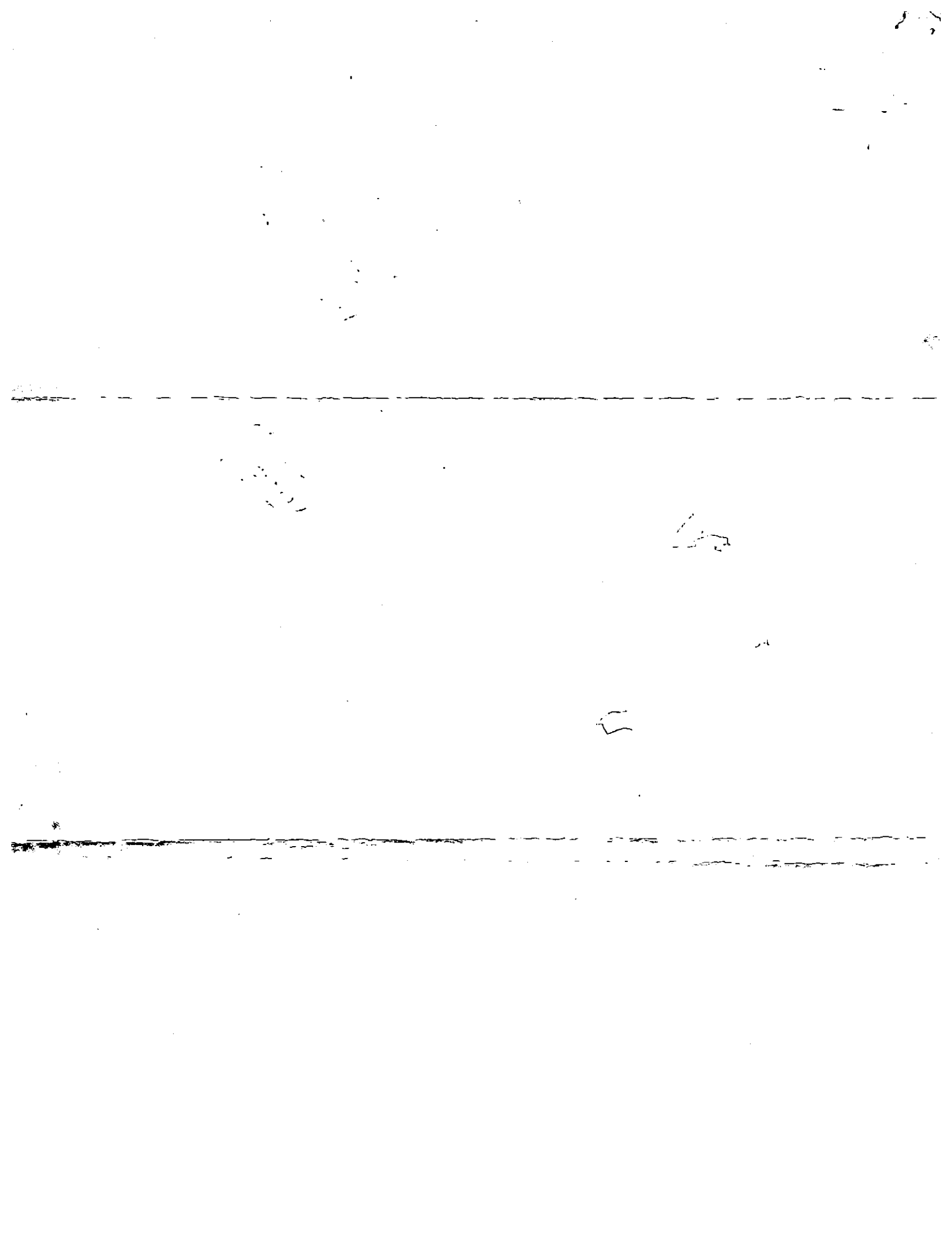
FINDLAY, WITHERS & McCONNAUGHEY CO. INC.

REG. SURS.

208 WEST 3RD STREET — GASTONIA, N. C.

D. B. _____ P. _____ LOTS _____ BL. _____

SUBD. _____ P. B. _____ P. _____



PROPOSED PLOT PLAN

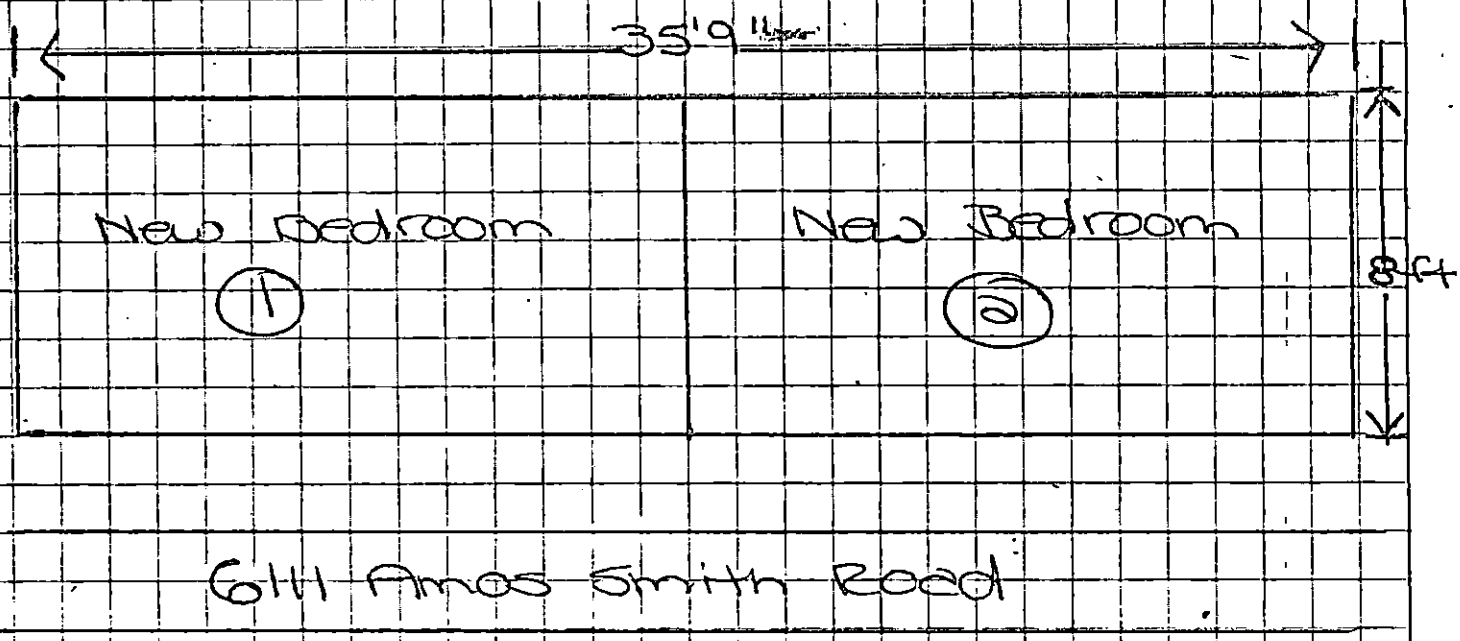
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

COPY

FILE: 6611A

TC: 113-082-07

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 _____

6611A

STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION
DIVISION OF HIGHWAYS

JAMES B. HUNT, JR.
GOVERNOR

R. SAMUEL HUNT III
SECRETARY

716 WEST MAIN STREET
ALBEMARLE, NC 28001
June 24, 1994

DIVISION 10
DISTRICT 2

Ms. Dorothy Joanne Akers
6111 Amos Smith Road
Charlotte, North Carolina 28214

SUBJECT: ENCROACHMENT CONTRACT - DOROTHY JOANNE AKERS - INSTALL 2" SANITARY SEWER PVC BY BORE AND ENCASEMENT ACROSS SR 1186 (AMOS SMITH ROAD) IN MECKLENBURG COUNTY

ENCROACHMENT NUMBER: 94-289-M

Dear Ms. Akers:

Enclosed is an executed copy of the subject encroachment contract. This encroachment is approved subject to the attached provisions.

Very truly yours,

BG Payne

BENTON G. PAYNE, P. E.
DIVISION ENGINEER

BGP/DGS/alw
enclosure
cc: Mr. John B. Williamson, Manager of Right of Way
Mr. Donald W. Spence, P. E., District Engineer
Mr. Sidney U. Farrar
File

SPECIAL PROVISIONS

1. YOU MUST NOTIFY MR. DONALD W. SPENCE, OR MR. DOUG SOSSAMON (704) 596-6900 IN MECKLENBURG COUNTY, AT LEAST 24 HOURS PRIOR TO CONSTRUCTION.

2. CONTACT THE APPROPRIATE UTILITY COMPANIES INVOLVED PRIOR TO CONSTRUCTION.

3. GRASS COVER TO BE ESTABLISHED ON ALL DISTURBED AREAS IN ACCORDANCE WITH RECOMMENDATIONS OF THE DIVISION ROADSIDE ENVIRONMENTAL ENGINEER.

AUGUST 1 - JUNE 1	MAY 1 - SEPT. 1
100# KY 31 TALL FESCUE OR ALTA FALL FESCUE	100# KY 31 TALL FESCUE OR ALTA TALL FESCUE
15# KENBLUE BLUEGRASS	15# KENBLUE BLUEGRASS
15# RELIANT HARD FESCUE	15# RELIANT HARD FESCUE
500# FERTILIZER	25# KOBE OR KOREAN LESPEDEZA
4000# LIMESTONE	500# FERTILIZER
	4000# LIMESTONE

ON CUT AND FILL SLOPES 2:1 OR STEEPER ADD 25# RYE GRAIN NOVEMBER 1 - MARCH 1.

ON CUT AND FILL SLOPES 2:1 OR STEEPER ADD 30# SERICEA LESPEDEZA JANUARY 1 - DECEMBER 31.

FERTILIZER SHALL BE 10-20-20 ANALYSIS. UPON WRITTEN APPROVAL OF THE ENGINEER, A DIFFERENT ANALYSIS OF FERTILIZER MAY BE USED PROVIDED THE 1-2-2- RATIO IS MAINTAINED AND THE RATE OF APPLICATION ADJUSTED TO PROVIDE THE SAME AMOUNT OF PLANT FOOD AS A 10-20-20 ANALYSIS.

4. MATERIALS AND WORKMANSHIP SHALL CONFORM TO NORTH CAROLINA DEPARTMENT OF TRANSPORTATION'S SPECIFICATIONS MANUAL.

5. ANY DRAINAGE STRUCTURE DISTURBED OR DAMAGED SHALL BE RESTORED TO ORIGINAL CONDITION AS DIRECTED BY THE DISTRICT ENGINEER.

6. ALL FILL AREAS BE COMPACTED TO 95% DENSITY IN ACCORDANCE WITH AASHTO T-99 AS MODIFIED BY THE NORTH CAROLINA DEPARTMENT OF TRANSPORTATION.

7. PROPER TRAFFIC CONTROL DEVICES, SIGNS, ETC. BE INSTALLED TO ENSURE PUBLIC SAFETY IN ACCORDANCE WITH THE LATEST EDITION OF THE MANUAL ON UNIFORM TRAFFIC CONTROL DEVICES AND ANY SUPPLEMENTS THERETO.

8. NO TRENCHES ARE TO BE LEFT OVERNIGHT.

9. TRAFFIC WILL BE MAINTAINED AT ALL TIMES..

10. STRICT COMPLIANCE WITH THE POLICIES AND PROCEDURES FOR ACCOMMODATING UTILITIES ON HIGHWAY RIGHT OF WAY MANUAL SHALL BE REQUIRED.

11. DURING NON-WORKING HOURS, EQUIPMENT IS TO BE PARKED AS CLOSE TO THE RIGHT OF WAY LINE AS POSSIBLE AND BE PROPERLY BARRICADED IN ORDER NOT TO HAVE ANY EQUIPMENT OBSTRUCTION WITHIN THE TRAVEL LANE.

12. A $200.00 BOND MUST BE POSTED WITH THE DISTRICT OFFICE.

13. ALL AASHTO GUIDE LINES FOR SAFETY DURING PIPE LINE INSTALLATION ARE TO BE ADHERED TO.

14. THE CONTRACTOR MUST BEGIN THE CONSTRUCTION ONLY AFTER THE TRAFFIC CONTROLS AND EROSION CONTROL HAVE BEEN INSTALLED TO THE SATISFACTION OF THE ENGINEER.

15. ALL SUBCONTRACTORS DOING WORK WITHIN STATE RIGHT OF WAY ARE TO HAVE A COPY OF THESE PLANS AND SPECIAL PROVISIONS ON JOB SITE.

16. UPON COMPLETION THE INSTALLATION, YOU MUST NOTIFY THE CHARLOTTE DISTRICT OFFICE, MR. DONALD W. SPENCE, DISTRICT ENGINEER, P. O. BOX 190, NEWELL, N. C. 28126 IN WRITING SO THAT AN INSPECTION CAN BE MADE.

94 289

ROUTE _____ PROJECT _____ STATE OF NORTH CAROLINA

RECEIVED JUN 16 1994 COUNTY OF _____

DEPARTMENT OF TRANSPORTATION RIGHT OF WAY ENCROACHMENT AGREEMENT

DEPARTMENT OF TRANSPORTATION
DISTRICT ENGINEER
DIVISION 10

-AND- PRIMARY AND SECONDARY HIGHWAYS

Dorothy Joanne Akers

6111 Amos Smith Road

Charlotte, N.C. 28214

THIS AGREEMENT, made and entered into this the 24 day of JUNE, 1994, by and between the Department of Transportation, party of the first part; and Dorothy Joanne Akers party of the second part,

W I T N E S S E T H:

THAT WHEREAS, the party of the second part desires to encroach on the right of way of the public road designated as Route # 1186, located 1.80 miles to Old Ford Road with the construction and/or erection of 2 inch PVC sewer line to be bored and encased under Amos Smith Road : see attached plans for more details

WHEREAS, it is to the material advantage of the party of the second part to effect this encroachment, and the party of the first part in the exercise of authority conferred upon it by statute, is willing to permit the encroachment within the limits of the right of way as indicated, subject to the conditions of this agreement;

NOW, THEREFORE, IT IS AGREED that the party of the first part hereby grants to the party of the second part the right and privilege to make this encroachment as shown on attached plan sheet (s), specifications and special provisions which are made a part hereof upon the following conditions, to wit:

That the installation, operation, and maintenance of the above described facility will be accomplished in accordance with the party of the first part's latest POLICIES AND PROCEDURES FOR ACCOMMODATING UTILITIES ON HIGHWAY RIGHTS-OF-WAY, and such revisions and amendments thereto as may be in effect at the date of this agreement. Information as to these policies and procedures may be obtained from the Division Engineer or State Utility Agent of the party of the first part.

That the said party of the second part binds and obligates himself to install and maintain the encroaching facility in such safe and proper condition that it will not interfere with or endanger travel upon said highway, nor obstruct nor interfere with the proper maintenance thereof, to reimburse the party of the first part for the cost incurred for any repairs or maintenance to its roadways and structures necessary due to the installation and existence of the facilities of the party of the second part, and if at any time the party of the first part shall require the removal of or changes in the location of the said facilities, that the said party of the second part binds himself, his successors and assigns, to promptly remove or alter the said facilities, in order to conform to the said requirement, without any cost to the party of the first part.

That the party of the second part agrees to provide during construction and any subsequent maintenance proper signs, signal lights, flagmen and other warning devices for the protection of traffic in conformance with the latest Manual on Uniform Traffic Control Devices for Streets and Highways and Amendments or Supplements thereto. Information as to the above rules and regulations may be obtained from the Division Engineer of the party of the first part.

That the party of the second part hereby agrees to indemnify and save harmless the party of the first part from all damages and claims for damage that may arise by reason of the installation and maintenance of this encroachment.

That the party of the second part agrees to restore all areas disturbed during installation and maintenance to the satisfaction of the Division Engineer of the party of the first part. The party of the second part agrees to exercise every reasonable precaution during construction and maintenance to prevent eroding of soil; silting or pollution of rivers, streams, lakes, reservoirs, other water impoundments, ground surfaces or other property; or pollution of the air. There shall be compliance with applicable rules and regulations of the North Carolina Division of Environmental Management, North Carolina Sedimentation Control Commission, and with ordinances and regulations of various counties, municipalities and other official agencies relating to pollution prevention and control. When any installation or maintenance operation disturbs the ground surface and the existing ground cover, the party of the second part agrees to remove and replace the sod or otherwise reestablish the grass cover to meet the satisfaction of the Division Engineer of the party of the first part.

That the party of the second part agrees to assume the actual cost of any inspection of the work considered to be necessary by the Division Engineer of the party of the first part.

That the party of the second part agrees to have available at the construction site, at all times during construction, a copy of this agreement showing evidence of approval by the party of the first part. The party of the first part reserves the right to stop all work unless evidence of approval can be shown.

Provided the work contained in this agreement is being performed on a completed highway open to traffic; the party of the second part agrees to give written notice to the Division Engineer of the party of the first part when all work contained herein has been completed. Unless specifically requested by the party of the first part,

b. Nondiscrimination: The contractor, with regard to the work performed by it during the contract, shall not discriminate on the grounds of race, color, or national origin in the selection and retention of subcontractors, including procurements of materials and leases of equipment. The contractor shall not participate either directly or indirectly in the discrimination prohibited by Section 21.5 of the Regulations, including employment practices when the contract covers a program set forth in Appendix B of the Regulations.

c. Solicitations for Subcontracts, Including Procurements of Materials and Equipment: In all solicitations either by competitive bidding or negotiation made by the contractor for work to be performed under a subcontract, including procurements of materials or leases of equipment, each potential subcontractor or supplier shall be notified by the contractor of the contractor's obligations under this contract and the Regulations relative to nondiscrimination on the grounds of race, color, or national origin.

d. Information and Reports: The contractor shall provide all information and reports required by the Regulations, or directives issued pursuant thereto, and shall permit access to its books, records, accounts, other sources of information, and its facilities as may be determined by the Department of Transportation or the Federal Highway Administration to be pertinent to ascertain compliance with such Regulations or directives. Where any information required of a contractor is in the exclusive possession of another who fails or refuses to furnish this information, the contractor shall so certify to the Department of Transportation, or the Federal Highway Administration as appropriate, and shall set forth what efforts it has made to obtain the information.

e. Sanctions for Noncompliance: In the event of the contractor's noncompliance with the nondiscrimination provisions of this contract the Department of Transportation shall impose such contract sanctions as it or the Federal Highway Administration may determine to be appropriate, including, but not limited to,

(1) withholding of payments to the contractor under the contract until the contractor complies, and/or

(2) cancellation, termination or suspension of the contract, in whole or in part.

f. Incorporation of Provisions: The contractor shall include the provisions of paragraphs "a" through "f" in every subcontract, including procurements of materials and leases of equipment, unless exempt by the Regulations, or directives issued pursuant thereto. The contractor shall take such action with respect to any subcontract or procurement as the Department of Transportation or the Federal Highway Administration may direct as a means of enforcing such provisions including sanctions for noncompliance: Provided, however, that, in the event a contractor becomes involved in, or is threatened with, litigation with a subcontractor or supplier as a result of such direction, the contractor may request the Department of Transportation to enter into such litigation to protect the interests of the State, and, in addition, the contractor may request the United States to enter into such litigation to protect the interests of the United States.

IN WITNESS WHEREOF, each of the parties to this agreement has caused the same to be executed in the day and year first above written.

DEPARTMENT OF TRANSPORTATION

BY: B S Moore

~~DIVISION ENGINEER~~

DIVISION MAINTENANCE ENGINEER

ATTEST OR WITNESS:

Steve Autry

Dorothy Joanne Abernathy

Second Party

INSTRUCTIONS

When the applicant is a corporation or a municipality, this agreement must have the corporate sea; amd be attested by the corporation secretary or by the empowered city official, unless a waiver or corporate seal and attestation by the secretary or by the empowered City official is on file in he Raleigh office of the Manager of Right of Way. In the space provided in this agreement for execution, the name of the corporation or municipality shall be typed above the name and title of all persons signing the agreement should be typed directly below their signature.

This agreement must be accompanied, in the form of an attachment, by plans or drawings showing the following applicable information:

1. All roadways and ramps
2. Right of way lines and where applicable, the control of access lines
3. Location of the existing and/or proposed encroachment
4. Length, size and type of encroachment
5. Method of installation
6. Dimensions showing the distance from the encroachment to edge of pavement, shoulders, structures, etc.
7. Location by highway survey station number. If station number cannot be obtained, location should be shown by dis-distance from some identifiable point, such as a bridge, road, intersection, etc. (To assist in preparation of the encroachment plan, the Department's roadway plans may be seen at the various Highway Division Offices, or at the Raleigh office.)
8. Drainage structures or bridges if affected by encroachment (show vertical and horizontal dimensions from encroachment to nearest part of structure)
9. Method of attachment to drainage structures or bridges.
10. Manhole design -
11. On underground utilities, the depth of bury under all traveled lanes, shoulders, ditches, sidewalks, etc.
12. Length, size and type of encasement where required.
13. On underground crossings, notation as to method of crossing - boring and jacking, open cut, etc.
14. Location of vents

Prepared by: Stott, Hollowell, Palmer & Windham

NORTH CAROLINA,

MECKLENBURG COUNTY.

EASEMENT FOR SEWER LINE

THIS DEED OF EASEMENT, made this 24 day of August, 1993, by and between F. A. Mitchell and wife, Susan Mitchell, parties of the first part; and Dorothy Joanne Akers, party of the second part; all of Mecklenburg County, North Carolina;

W I T N E S S E T H:

THAT WHEREAS, said parties of the first part are the owners of a certain lot of land located on Amos Smith Road (S.R. 1186), in Mecklenburg County, North Carolina, the same being the land conveyed to them by deed recorded in Book 6969 at Page 668 in the Mecklenburg County Public Registry; and

WHEREAS, said party of the second part is the owner of two (2) tracts of land located on Amos Smith Road, one of said tracts of land lying on the opposite side of Amos Smith Road from the property of the parties of the first part but being adjacent to and southeast of said property of the parties of the first part; and, the second of said tracts lying immediately adjacent to and northwest of the property of the parties of the first part; said two tracts of land being conveyed to the party of the second part by deed recorded in Book 1190 at Page 554 in the Mecklenburg County Public Registry; and

WHEREAS, the party of the second part, desires to erect a dwelling upon her land which lies southeast of the property of the parties of the first part, and to connect the same with a sewage drain field to be located on the tract of land owned by the party of the second part which lies northeast of the property of the parties of the first part, said tract of land consisting of 1.9948 acres as shown on a survey attached hereto as Exhibit "A"; and it is necessary that in so doing the party of the second part lay a pipeline for said sewage across the lands of the parties of the first part; and

WHEREAS, the parties of the first part have consented to this upon certain conditions to which the party of the second part has agreed;

NOW, THEREFORE, said parties of the first part, for and in consideration of the sum of One Dollar ($1.00), and other good and valuable consideration, including the covenants stated herein, the receipt and sufficiency of which are hereby acknowledged, do hereby give, grant, and convey unto the party of the second part, her heirs, successors and assigns, a perpetual right and easement to construct, and maintain across and upon said land of the parties of the first part, a sanitary sewer line within an easement area ten (10) feet in width, the centerline of said easement being more particularly described as follows:

To locate the beginning point of the centerline of said ten (10) foot wide easement begin at an iron pin set in the paving of Amos Smith Road, said iron pin being the northeastern most corner of the property of the parties of the first part as above referenced, said iron pin being further located 1.80 miles along Amos Smith Road from Old Ford Road; and runs thence with a common line of the parties hereto and within the pavement of said right of way South 34 degrees 36 minutes 00 seconds West 96.77 feet to a point, THE POINT AND PLACE OF BEGINNING OF THIS DESCRIPTION. Running thence from said point of Beginning North 16 degrees 05 minutes 56 seconds West 41.72 feet to an iron pin set in the northern property line of the parties of the first part, as above referenced; all as shown on a survey by Tanner and McConnaughey, P.A. dated July 21, 1992 and revised August 6, 1993, which survey is attached hereto as Exhibit "A" and incorporated herein by reference.

The party of the second part, her heirs, successors and assigns is hereby granted the perpetual right to go upon the property of the parties of the first part whenever the same is reasonably necessary for the purpose of inspecting, maintaining and repairing said sewer line.

The foregoing rights and easements are granted subject to the following conditions:

1. That all cost of installation, repair and maintenance of said sewer line shall be borne by the party of the second part, her heirs, successors or assigns.

2. That any damage caused by the construction, repair or maintenance of said sewer line shall be repaired by the party of the second part and the property of the parties of the first part shall be returned as nearly as possible to its original condition prior to said repair or maintenance.

TO HAVE AND TO HOLD said rights and easements to the party of the second part, her heirs, successors and assigns forever; it being agreed that the right and easement hereby granted is appurtenant to and runs with the land now owned by the party of the second part, herein above referred to.

IN TESTIMONY WHEREOF, said parties have hereunto set their hands and seals the day and year first above written.

F. A. Mitchell (SEAL)

Susan Mitchell (SEAL)

NORTH CAROLINA

Mecklenburg COUNTY,

I, James L. Mitchell, Jr., a Notary Public, do hereby certify that F. A. Mitchell and Susan Mitchell, personally appeared before me this day and acknowledged the execution of the foregoing instrument.

Witness my hand and notarial seal, this 24th day of August, 1993.

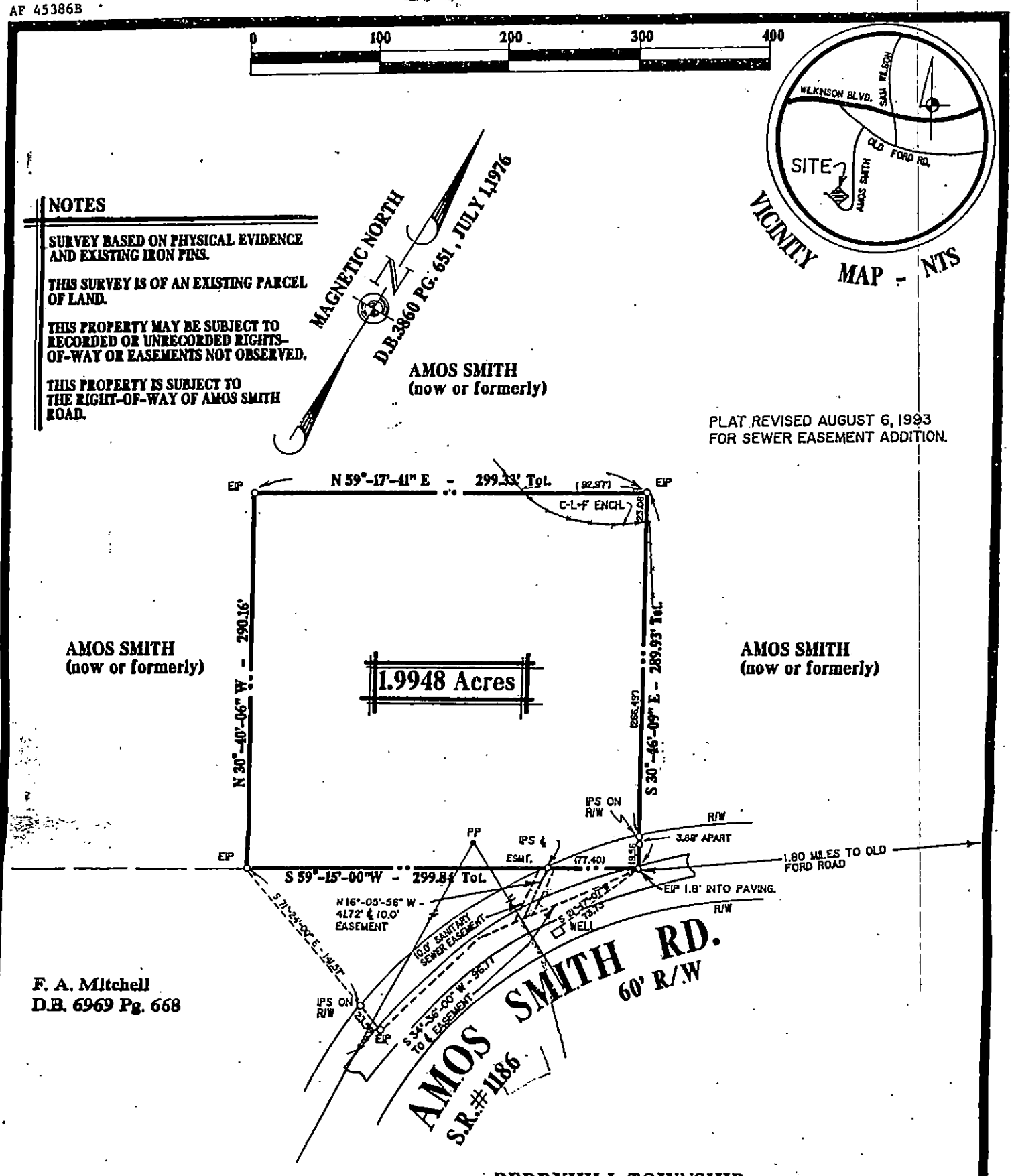
James L. Mitchell, Jr.
NOTARY PUBLIC

My Commission Expires: 7-21-97

EXHIBIT "A"

94 289

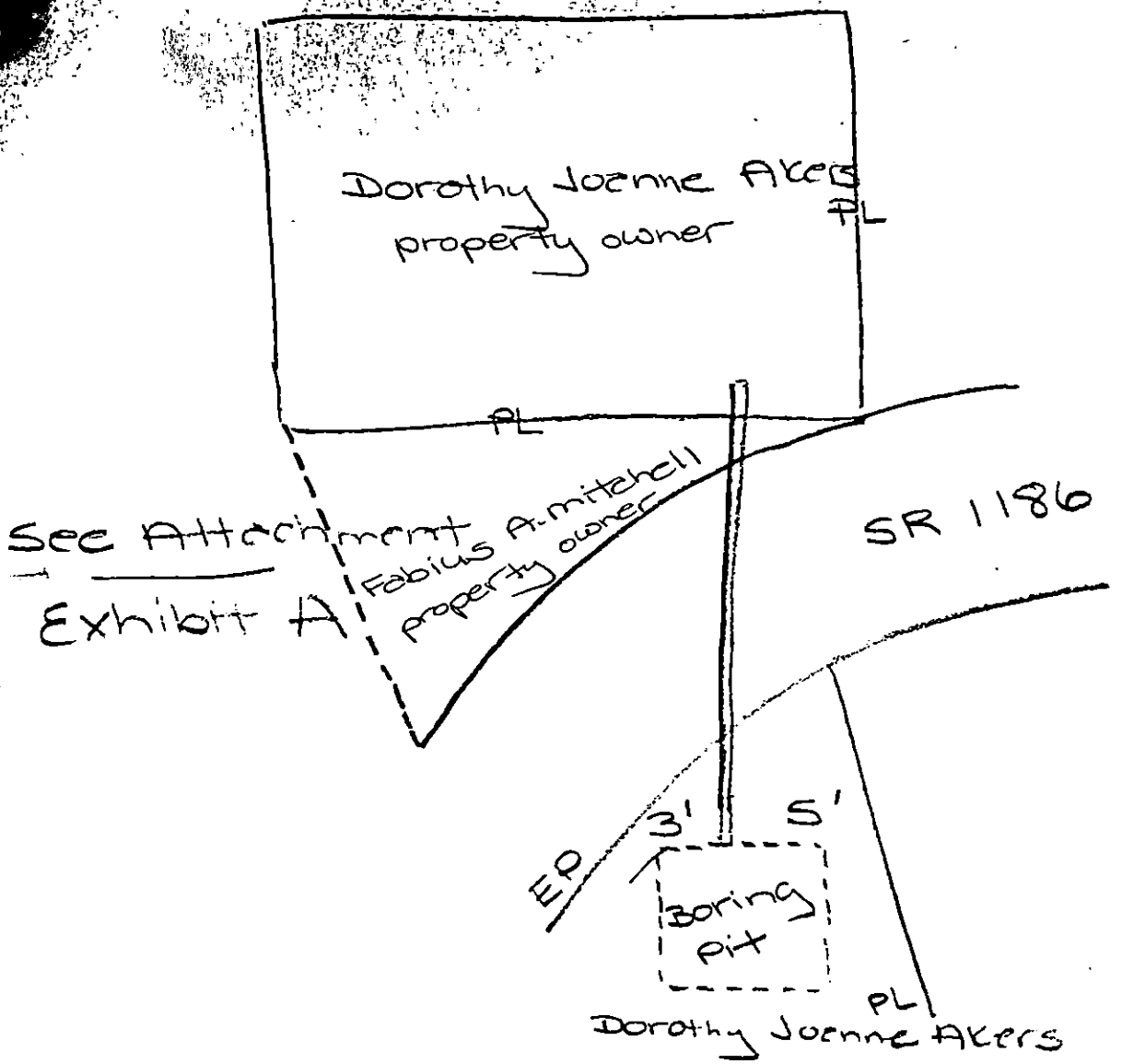
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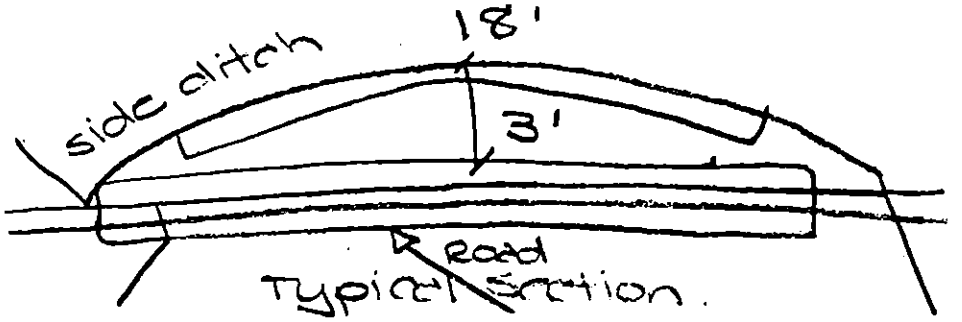


I HEREBY CERTIFY THAT THE SUBJECT STRUCTURE ( ) IS (X) NOT LOCATED IN A SPECIAL FLOOD HAZARD AREA AS DETERMINED BY THE DEPARTMENT OF

BERRYHILL TOWNSHIP
MECKLENBURG COUNTY, N.C.

Survey made at the request of





2" diameter 4" PVC - Sch 80
slip joints
PVC Sewer Line

APPLICATION FOR AN IMPROVEMENT PERMIT

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: 66 11 A

TC: _____

SERIAL: № 20169 ☑ L ☑ CRT

JOB LOCATION

① ADDRESS: 611 (STREET NO.) Amos Smith Rd (STREET) ② FILE: _____

③ JURISDICTION: Mec. ④ TAX PARCEL NO.: 113-062-07

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

OWNER

⑧ NAME: Warthey (FIRST) Akers (MIDDLE) (LAST)

⑨ MAILING ADDRESS: 611 Amos Smith Rd

⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: _____

⑬ PHONE: (WORK) _____ ⑭ (HOME) _____

REQUEST

This request is for a(n):

⑮ ☐ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☑ Other (specify) Add Bedroom

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? _____ 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 t[illegible]e contents of same are true, and authorizes agents of the M[illegible]LENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Lindsey D. Stinson

Date: Nov 29 1990

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. May use existing system.

Judy J. Irwin R.S. 3/29/90
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.

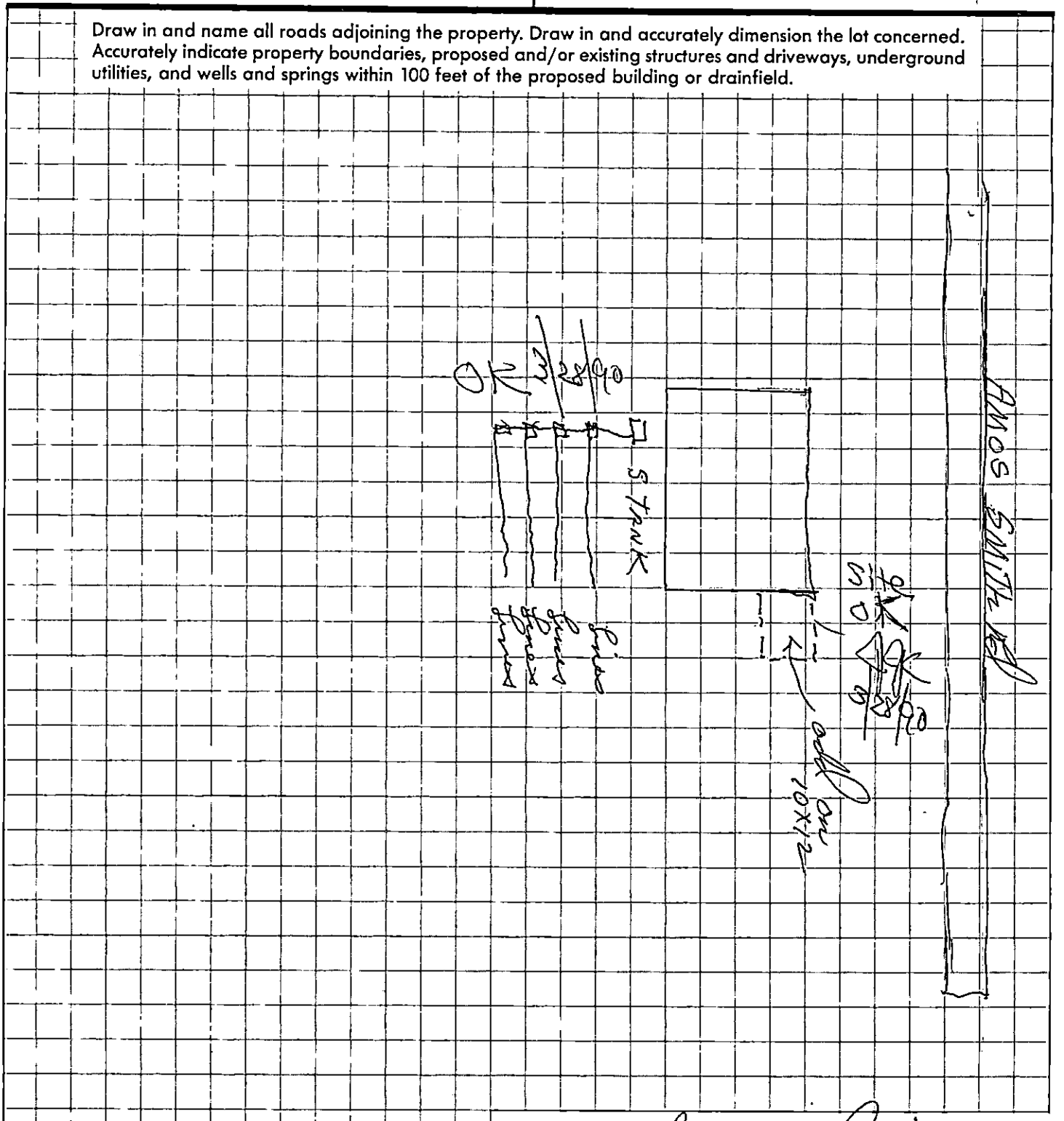
PROPOSED PLOT PLAN

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

FILE: 6611A

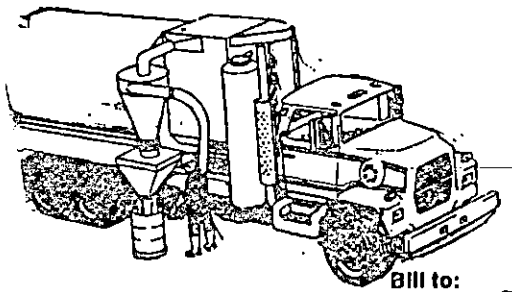
TC: 113-082-07

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.



Signed: Emfrey P Robinson

Date: Mar 27, 1990



McMICHAEL INC. ENVIRONMENTAL SERVICES

C- 0559

1845 Parker Drive • Charlotte, North Carolina 28208
(704) 331-0508 • IN GEORGIA 1-800-273-6003

DATE 1/25/91
DATE ORDERED / /
DATE SCHEDULED / /

Bill to: Sabre AIRCRAFT

NAME 6111 EXPLORER SMITH RD
STREET Charlotte NC
CITY STATE ZIP
PHONE 394 9818 CUSTOMER D.O. NO.

Location of Work:

NAME
STREET
CITY STATE ZIP
PHONE

DESCRIPTION OF WORK	SERVICE
COMMENTS	
PUMP 1000 GALLON TANK	
Add 64 oz of CCS	
Pd By CK # 5155	
clean every 4 years	

TERMS

NET 30 DAYS FINANCE CHARGE 1½% PER MONTH
(18% PER ANNUM)

I HAVE THE AUTHORITY TO ORDER THE ABOVE AND DO SO ORDER AS OUTLINED ABOVE.

X [signature]

ABOVE ORDERED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY.

X _____ PRINT NAME _____ / / DATE

LABOR CHARGES HRS. @ /HR. =
TECHNICIAN SIGNATURE [signature] TOTAL OTHER CHARGES

TRAVEL TIME
TIME ARRIVED
TIME DEPARTED
TRAVEL TIME

PARTS WARRANTY
All parts as recorded are warranted as per manufacturer specifications.

We do not, of course, guaranty other parts than those we install. If repairs later become necessary due to other defective parts, they will be charged separately.

SUB-TOTAL	195.00
TRIP CHARGE	
TAX	
TOTAL AMOUNT DUE	195.00

6611A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

P&L 150' clc 5/21/93 DJ [] 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: Akers (last) Joanne (first) D. (mi)

ADDRESS: 6111 Amos Smith Rd PHONE: (704) 394-9818

CITY: Charlotte, N.C. STATE: N.C ZIPCODE: 28214

Date: May 01, 1993

PROPERTY OWNER:

NAME: Akers (last) Joanne (first) D (mi)

ADDRESS: same PHONE: (__) ____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 113-082-07

STREET ADDRESS: 6111 Amos Smith Rd. Charlotte, N.C. 28214

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

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)
[x] 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) [x] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER ____ (O)

NUMBER BEDROOMS: 0 NUMBER OCCUPANTS: 0

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 [x] Bedrooms [] Other enclosing existing deck underneath to build bedroo

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: Joanne Akers Date: 5/21/93

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

WWATER : 122791

Mecklenburg County

Health Department

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

June 22, 1993

Ms. Joanne D. Akers
6111 Amos Smith Road
Charlotte, NC 28214

RE: Property located on 6111 Amos Smith Road
FILE: 6611A
PARCEL: 113-081-06P0

Dear Ms. Akers:

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 19383) 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. Specific plan approval will be provided upon submission of 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 and determination that the area is adequate to accommodate the proposed construction.

Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this department renders any area previously designated suitable for system installation, unsuitable. Furthermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

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

Sincerely,

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

Enclosure

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19383

File: 6611A Action 1

Parcel: PO 113-691-06 ☐ PC

Location: 6111 Amos Smith Road

Subdivision:

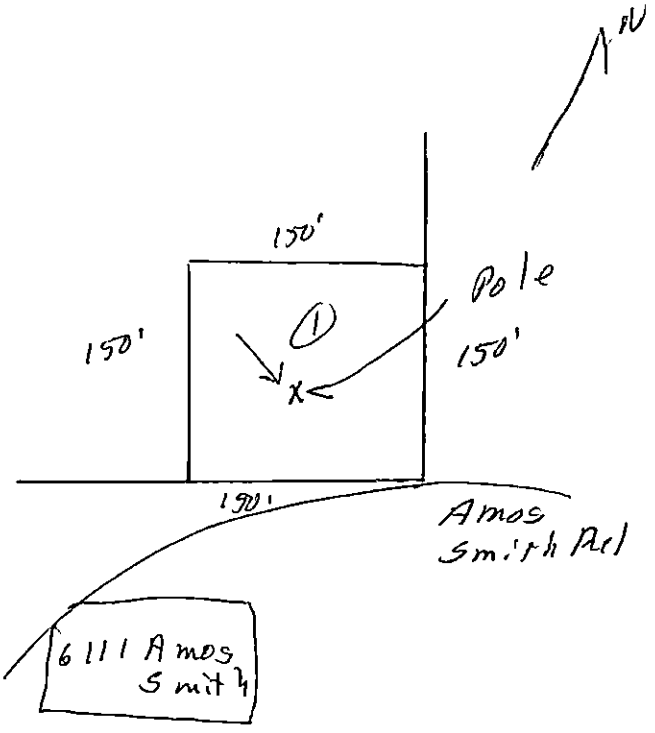
Lot: Block: Acres: .5±

Owner: Joanne D. Akers
Address: 6111 Amos Smith Rd
Charlotte, N.C. 28214

Comments: .3 gal/ft2/day LTAR
To be used for drainfield
for three access road

Described by: William R. Medlin

Date: 6-21-93



***** 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 6-12%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	(S) PS U slight/ly Expansive Clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Sub Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U 7+49" to water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U 7+49" to water	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 7+49"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	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	IV Cecil-Urban					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

96111

COPY

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

P&L 50° 6/15/93
Chrysty D.T. [ ] 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: Akers Joanne D.
(last) (first) (mi)

ADDRESS: 611 Amos Smith Rd PHONE: (704) 394-9818

CITY: Charlotte, N.C. STATE: NC ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: Amos Smith Rd
STREET ADDRESS: 113-08-106

ZONING:

PROPERTY OWNER:

NAME: same
(last) (first) (mi)

ADDRESS: _____ PHONE: (___) _____

CITY: STATE: 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 Hint Hill

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres): 9 acres

[X] SOIL TEST - INDIVIDUAL LOT (D) To Accomodate Building Addition to Home
[ ] 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) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] MOBILE HOME (O) [ ] 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)
[ ] 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 [X] 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: Joanne Akers Date: June 15, 1993

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.

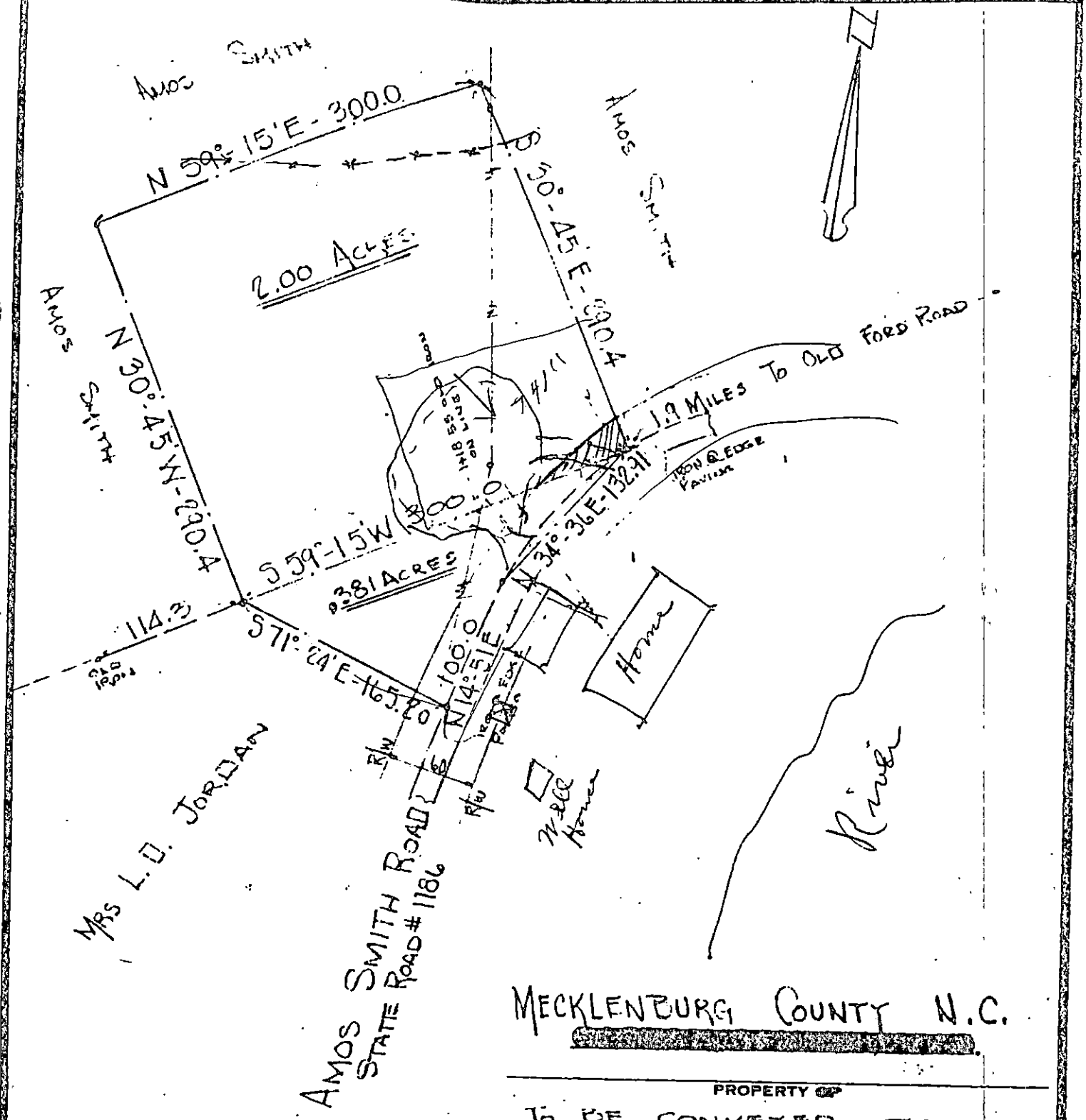
...

[ ] 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

WWATER : 122791



MECKLENBURG COUNTY N.C.

PROPERTY OF

TO BE CONVEYED TO

AKERS MOTOR LINES

SCALE 1" = 100 DATE June 24, 1966

SURVEY BY

FINDLAY, WITHERS & McCONNAUGHEY CO. INC.

REG. SURS.

208 WEST 3RD STREET — GASTONIA, N. C.

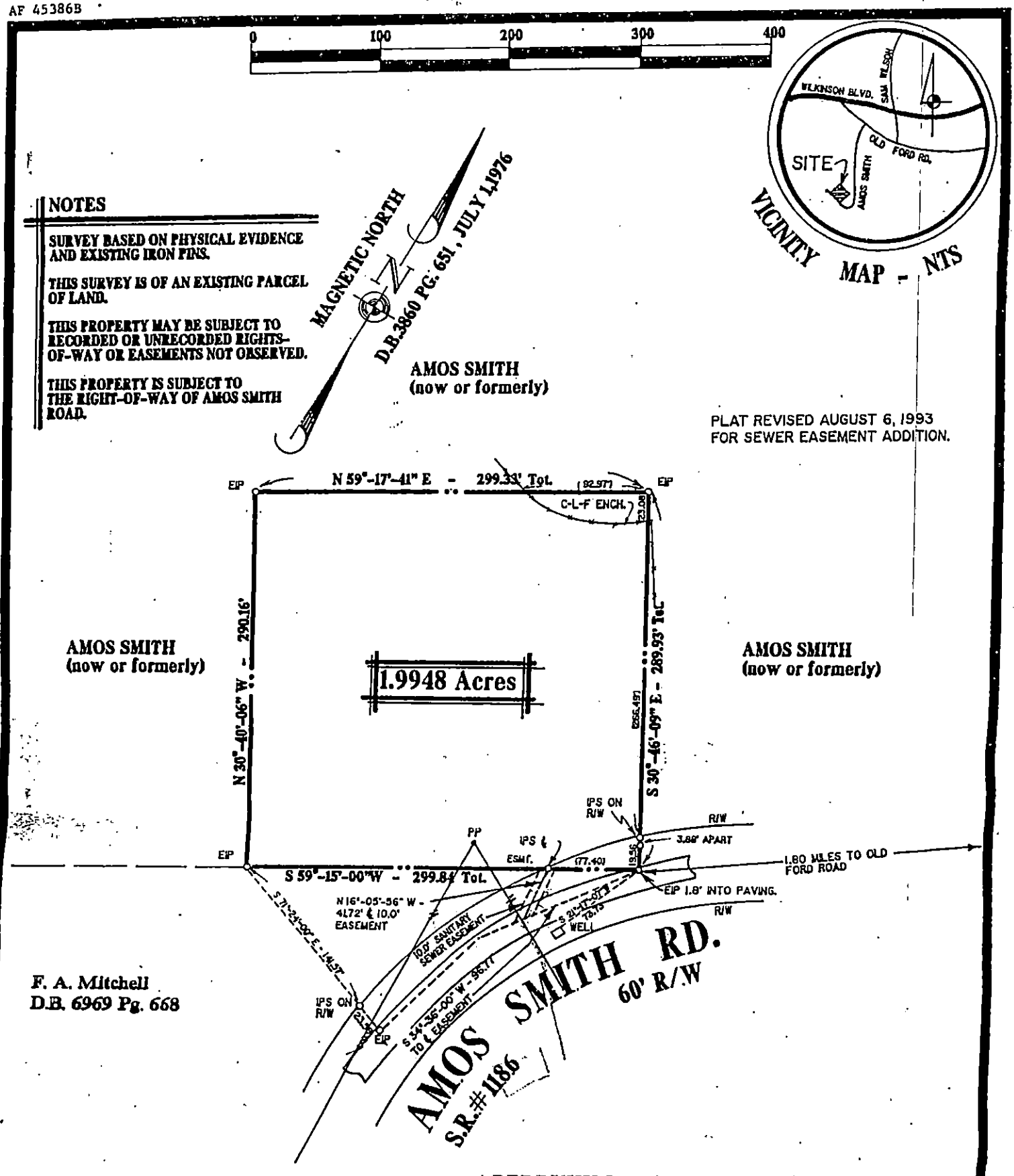
D. B. _____ P. _____ LOTS _____ BL. _____

SUBD. _____ P. B. _____ P. _____

EXHIBIT "A"

94 289

AF 45386B



NOTES

SURVEY BASED ON PHYSICAL EVIDENCE AND EXISTING IRON PINS.

THIS SURVEY IS OF AN EXISTING PARCEL OF LAND.

THIS PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS-OF-WAY OR EASEMENTS NOT OBSERVED.

THIS PROPERTY IS SUBJECT TO THE RIGHT-OF-WAY OF AMOS SMITH ROAD.

I HEREBY CERTIFY THAT THE SUBJECT STRUCTURE ( ) IS (X) NOT LOCATED IN A SPECIAL FLOOD HAZARD AREA AS DETERMINED BY THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT.

I, FRANKLIN E. TANNER, HEREBY CERTIFY THAT THIS MAP WAS DRAWN FROM AN ACTUAL FIELD SURVEY MADE UNDER MY SUPERVISION AND DEED DESCRIPTION(S) AS SHOWN, THAT THE RATIO OF PRECISION AS CALCULATED BY LATITUDES AND DEPARTURES IS 1 : 50,000..... AND THE

BERRYHILL TOWNSHIP
MECKLENBURG COUNTY, N.C.

Survey made at the request of

JOHN M. AKERS

PROPOSED PLOT PLAN

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

FILE: _____

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.

See attached form for land diagram

APPROVAL DATE _____

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

JK 230

6611A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd 150.00 ck 5/21/93 MJ [ ] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 213
700 N. Tryon St.
Charlotte, NC 28202

COPY

(704)336-5102

PERSON FILING APPLICATION:

NAME: Akers (last) Joanne (first) D. (mi)

ADDRESS: 6111 Amos Smith Rd PHONE: 704 394-9818

CITY: Charlotte, N.C. STATE: N.C ZIPCODE: 28214

Date: May 01, 1993

PROPERTY OWNER:

NAME: Akers (last) Joanne (first) D (mi)

ADDRESS: same PHONE: (__) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 113082-07

STREET ADDRESS: 6111 Amos Smith Rd.

Charlotte, N.C. 28214

ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] 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) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 0

SYSTEM CLASSIFICATION:

MERCIAL/INDUSTRIAL PROPERTY:
e 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 [X] Bedrooms [ ] Other enclosing existing deck underneath to build bedroo

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: Joanne Akers Date: 5/01/93

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.

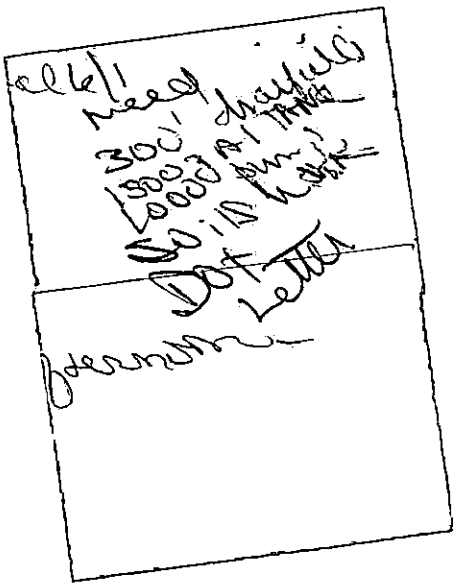
...

[ ] 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


Need
DOT Letter

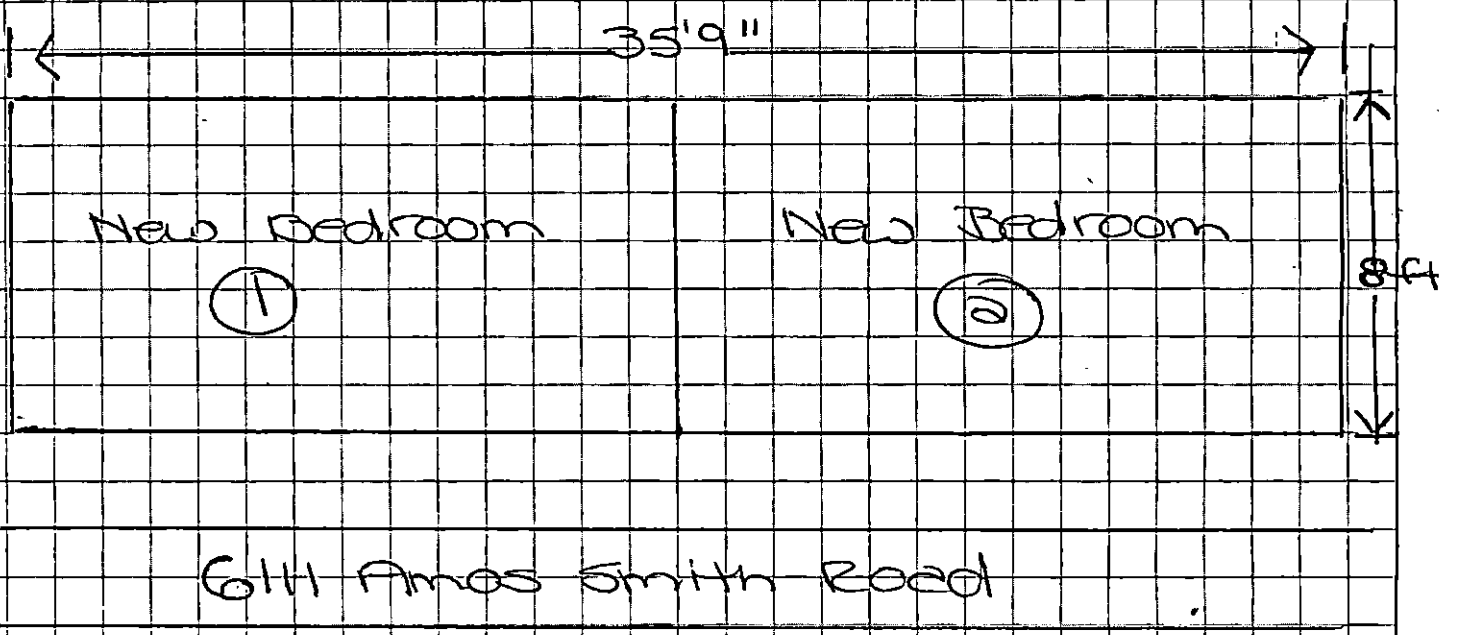
PROPOSED PLOT PLAN

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

FILE: 6611A

TC: 113-052-07

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

APPLICATION FOR AN IMPROVEMENT PERMIT

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: 66 11 A

TC: _____

SERIAL: № 20169

☑ L ☑ CRT

JOB LOCATION

① ADDRESS: 611 (STREET NO.) Amos Smith Rd (STREET) ② FILE: _____

③ JURISDICTION: Mec ④ TAX PARCEL NO.: 113-062 07

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

OWNER

⑧ NAME: Marthey (FIRST) Akers (LAST)

⑨ MAILING ADDRESS: 611 Amos Smith Rd

⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: _____

⑬ PHONE: (WORK) _____ ⑭ (HOME) _____

REQUEST

This request is for a(n):

⑮ ☐ New permit

☐ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☑ Other (specify) Add Bedroom

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? _____

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 MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Marthey D Akers

Date: Mar 27 1990

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. May use existing system.

Environmentalist R.L. 3/29/90 Date

Director or Authorized Section Head _____ Date

*This permit must be signed by the Director of Mecklenburg County Health

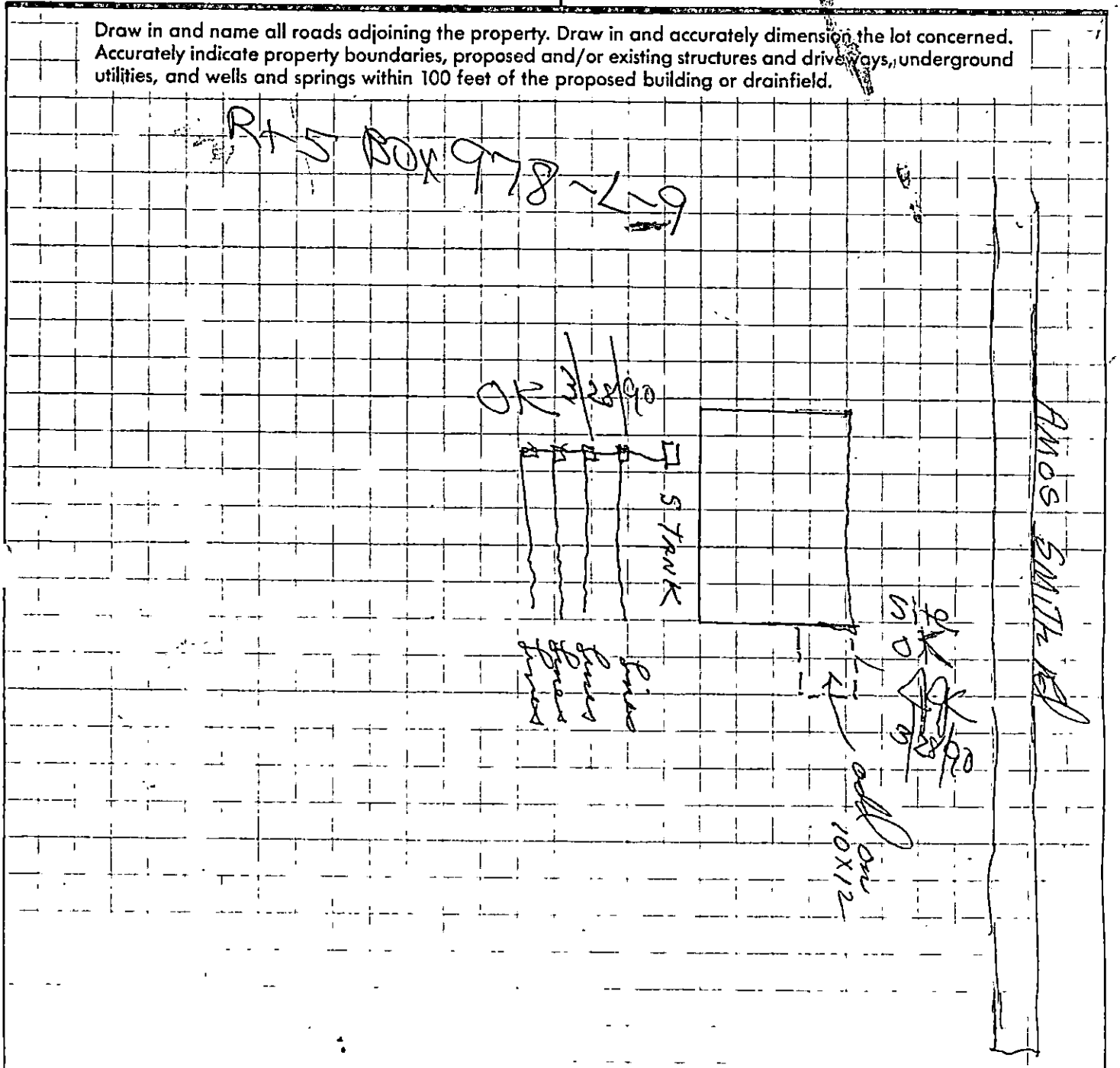
PROPOSED PLOT PLAN

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

FILE: 6611A

TC: 113-082-07

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.



Signed: Embrey P. Robinson

Date: Mar 27, 1990

SEWAGE DISPOSAL RECORD

Wake County Health Department

Name of Occupant Alice Moore Lindsey W ✓ C Location of Building Amos Smith Rd. Just past 2nd sharp turn on Lake Shore

Name of Owner Same W ✓ C Date of Installation

Type of Privy Constructed Number New or Repaired

Septic Tank **4" block (concrete, ~~metal etc.~~) Date Inspected 11-12-57 Permit No. 651 BE

Number of Users Summer Weekends 10 Capacity 1000 gal. F.H.A. Case Yes No X Type Secondary Treatment Beds 5'x80' & single 80'

Source of Water Supply well not property

Contractor or Plumber Self Address

Approved by R. L. Ballentine

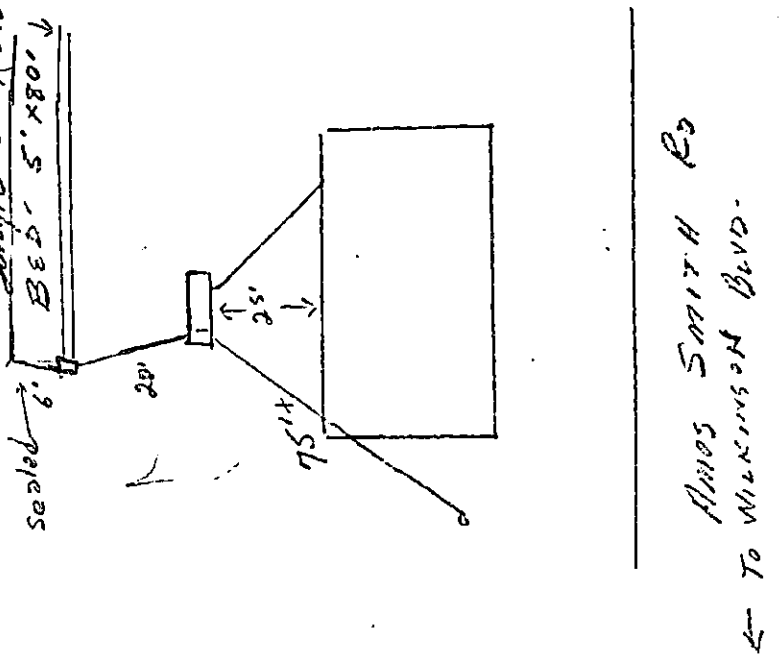
Remarks Not Approved for WM + BE 6.0 (Over)

N. C. STATE BOARD OF HEALTH

Form No. 473 (formerly #207)

PERC RATE 40 min/in

NOTE: Make sketch of installation showing location of house, septic tanks, privies, water supplies on adjacent property, etc. Write in measurements in order that installations may be located at later date.



MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 3-27-90

Name/Company: Embry Robinson

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Applicant for Treatment

Room 4

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

MAR 27 1990

File # 661-A

Fee: $ 25.00

Ck#1471
D25

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

GMB

Completed by

Collected by

SEWAGE DISPOSAL RECORD

Meck County Health Department

Name of Occupant Alexellmore Luns W ✓ C Location of Building Amos Smith Rd. Just past 2nd slab turn on Lake Shore

Name of Owner same W ✓ C Date of Installation

Type of Privy Constructed Number New or Repaired

Septic Tank 4" block (concrete, ~~metal, etc.~~) Date Inspected 11-12-57 Permit No. 651 BE

Number of Users Summer weekends 10 Capacity 1000 gal. F.H.A. Case Yes No ✓

Source of Water Supply well not property Type Secondary Treatment Beds 5'x80 & single 80'

Contractor or Plumber self Address

Approved by L. R. Brittain

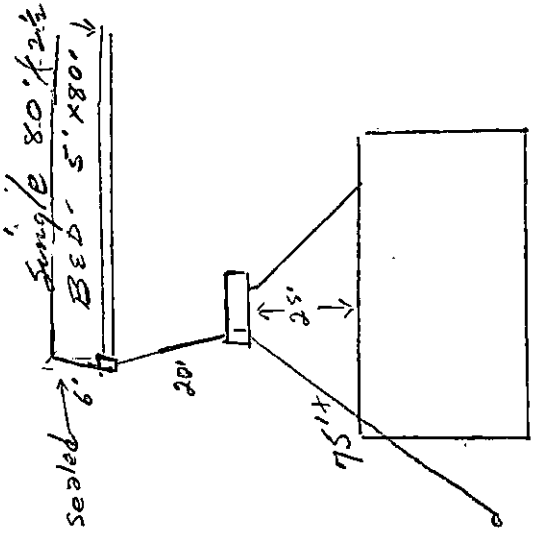
Remarks Not Approved for Water & G.D. (Over)

N. C. STATE BOARD OF HEALTH

Form No. 473 (formerly #207)

PERC RATE 40 min/in

NOTE: Make sketch of installation showing location of house, septic tanks, privies, water supplies on adjacent property, etc. Write in measurements in order that installations may be located at later date.



Ames Smith Rd
To Wilkinson Blvd.