SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

☐ NEW SEPTIC ☐ REPAIR ☒ USE EXISTING ☐ MODIFIED PLOT PLAN ☐ ALTERATION

File Number: 105621 / 15308

Assigned Inspector: Heather

☐ IP $250.00: _____Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☐ CA & OP $400.00: _____ Initial/Date

☐ Alteration Fees $300: _____Initial/Date

☐ Modified Plot Plan Fees $100.00: _____Initial/Date

☒ Use Existing Fees $100.00: MN 2/27/25 Initial/Date

☐ Use Existing Approved ☐ Use Existing Denied

☐ Send IP permit for signature: _____ ☐ Signature received: _____

☐ Floor plans reviewed.

☐ Generate CA ☐ Approve as Noted in Winchester

☐ This site is served by septic and well. Verify each is complete before final hold is released.

☐ This septic system requires a certified operation contract before final hold is released.

☐ Certified operator contract is on file: _____

☐ Septic file complete: _____

☐ Release final hold in Winchester: _____

Comments:

Affidavit emailed 3/4/25

105562 / 15308

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: ○ SEPTIC ONLY ○ WELL ONLY ✓ SEPTIC & WELL
○ ADDITION OR RENOVATION WITH OCCUPANCY INCREASE ○ EXCHANGE MOBILE HOME (SAME # BEDROOMS)
○ ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE ○ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Fred L Winchester
ADDRESS: 7523 Hambright rd
CITY: Huntersville
STATE: NC ZIP: 28078
PHONE: 7044492330
ALTERNATE PHONE: _____
E-MAIL: Bluetail531@gmail.com

PROPERTY OWNER: ✓ SAME AS PERSON FILING APPLICATION
NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
PHONE: _____
ALTERNATE PHONE: _____
E-MAIL: _____

JOB LOCATION INFORMATION
TAX PARCEL #: 015-143-60
STREET ADDRESS: 7523 Hambright rd
CITY: Huntersville
STATE: NC/NC **ZIP:** 28078

SUBDIVISION OR MOBILE HOME PARK NAME: _____
LOT #: _____

WATER SUPPLY:
○ MUNICIPAL ✓ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

RESIDENTIAL PROPERTY TYPE: ○ N/A
✓ HOUSE ○ MODULAR HOME ○ MULTIPLE FAMILY
○ SINGLE MOBILE HOME ○ DOUBLE WIDE
○ OTHER _____

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 2
NUMBER OF OCCUPANTS: _____

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: ☐ N/A
TYPE OF BUSINESS: _____
EMPLOYEES PER SHIFT: _____
OF SHIFTS: _____
INDUSTRIAL WASTES? ○ YES ○ NO
UNDERGROUND STORAGE TANKS? ○ YES ○ NO

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
✓ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☐ OTHER _____

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
✓ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ OTHER _____

*The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Fred Winchester
Owner's/Agent's Signature

2-27-25
Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

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

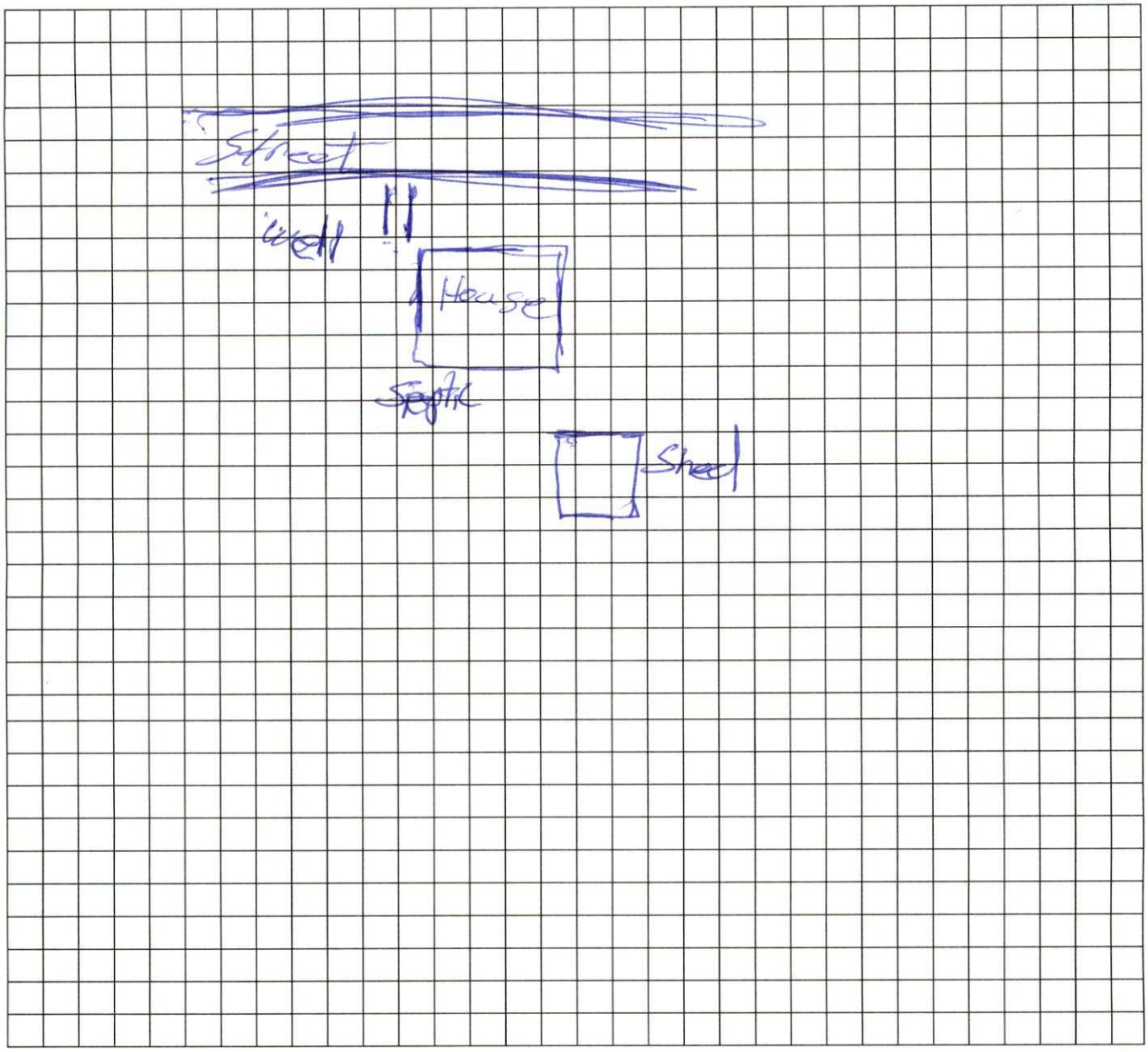
Revised on: 01/03/11

File #: lot 2

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 7523 Hambright rd Tax Parcel #: 015-143-60



*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 and Water Supply Wells 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.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

REHS Signature Date

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

Revised on: 01/03/11

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	02/27/25	**Amount:**	100.00
Receipt #:	153835	**Tendered:**	100.00
Check / Auth #:	VISA 000501	**Returned:**	0.00
Received By:	ORTIZMP		

Account Information

Account #: 200000
Contractor: FRED WINCHESTER
Attn:
Address: 7523 HAMBRIGHT RD
Address:
City/State/Zip: HUNTERSVILLE, NC 28078

Item	Description	Quantity	Unit Price	Total Price
0705	Use Existing System 7523 HAMBRIGHT RD	1	100.00	100.00

Permit#

----------**Outstanding Balances**----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
		507.50		3,317.50	

APPENDIX H

AFFIDAVIT OF ON-SITE WASTEWATER EXISTING SYSTEM PUSUANT TO N.C.G.S. §160D-1110(h1)

[This form is only required with a permit application if the permit applicant is applying for exemption as allowed by N.C.G.S. § 160D-1110(h1)]

STATE OF NORTH CAROLINA

COUNTY OF Mecklenburg

Septic / Well Inspection Department

Address and Parcel Identification of Real Property Where Building is to be Constructed or Altered:

7523 Hambright Rd

Huntersville, NC 28078

I, Fred Lee Winchester,

(Print Full Name)

owner of the property, do hereby under penalties of perjury affirm that the proposed building construction will meet local and State on-site wastewater system setback requirements pursuant to N.C.G.S. § 130A-335. Additionally, the proposed construction shall not increase the design daily flow or wastewater strength of the existing system and thereby absolves the State, Inspection Department, and Local Health Department of any responsibility or liability regarding the existing wastewater system.

The property owner may, at his or her discretion, consult with an authorized on-site wastewater evaluator certified by the North Carolina On-Site Wastewater Contractors and Inspectors Certification Board or an inspector, as defined in N.C.G.S. § 90A-71(5), to locate the on-site wastewater existing system and verify setbacks requirements prior to executing this affidavit.

Fred Lee Winchester 3-5-25

(Signature of Affiant) Date

Sworn to (or affirmed) and Subscribed before me this the 5 day of March, 2025

Signature of Notary Public

Kurt Engelhardt

Printed Name of Notary Public

My Commission Expires: 12/01/2029 (Notary Stamp or Seal)

KURT ENGELHARDT
NOTARY PUBLIC
IREDELL COUNTY, NC
My Commission Expires 12-01-2029

Date Issued 12/7/76

Serial No. 0342

LA No. 10562

T. C. No. 015-143-60 & 61

Map Date 9-9-74

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

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

NAME OF OWNER Morrison (LAST) Claudius (FIRST) (MIDDLE)

ADDRESS OF OWNER Route 3, Box 240, Huntersville, N. C. ZIP

LOCATION OF LOT Hambright Road, Norman Park 2 (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 69 - 70 BLOCK NO. E

MAP BOOK NO 11 PAGE NO 63

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number _____. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered and/or repaired in the same area where the soil investigation was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit

*Agreement card signed and presented for recording on 12/3/76

Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

APT [redacted] 10562

FOR REGISTRATION

1976 Dec 3 AM 11 29

REGISTER OF DEEDS
MECKLENBURG CO. N.C.

Drawn By Mail To.

MECKLENBURG COUNTY
ENVIRONMENTAL HEALTH DEPARTMENT

SEPTIC TANK AGREEMENT

DATE 12-3-76 32

BOOK [redacted] 3901 0283

I acknowledge that I have been informed by the Mecklenburg County Environmental Health Department that the property located at

Hambright Road, Norman Park 2, Lot No. 69-70, Block E

Parcel No. 015-143-60 & 61

is not a recommended site for the installation of a septic tank and nitrification system for the reason or reasons listed below. I agree to immediately abate any nuisance which occurs from a septic tank installed at this location for as long as I am the owner. I also agree to inform any person, firm or corporation buying or accepting transfer of this property from me of this agreement.

Unsuitable Soil

Percolation rate in excess of
200 Min./In.

Owner Claudius Morrison

MECK COUNTY DEPARTMENT OF
RECEIVED
DEC 9 1976
ENVIRONMENTAL HEALTH

State of North Carolina
County of Mecklenburg

I, Glenda White a notary public in and for said
County and State, do hereby certify that Claudius Morrison
personally appeared before me this day and being duly sworn signed the
foregoing instrument.

Glenda White
Notary Public

My commission expires March 25, 1979

EHD 506
Revised 12/17/75

State of North Carolina, County of Mecklenburg
The foregoing certificate(s) of
Glenda White.
a Notary Public of said County and State
is certified to be correct. This 3 day of December, 19 76
Charles E. Crowder, Register of Deeds, By: Claudius Nelson
DEPUTY

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: 10562
TC: 015-143-60
SERIAL: No 17164
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 7523 Hawkright Rd Huntersville NC 28078 (STREET NO. / STREET) ② FILE:
③ JURISDICTION: ⑧ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: 69 70 ⑦ BLOCK: E

OWNER

⑨ NAME: Claudius (FIRST) (MIDDLE) Marrison (LAST)
⑨ MAILING ADDRESS: 7509 Huntersville NC 28078
⑩ CITY: Huntersville NC ⑪ STATE: N.C. ⑫ ZIP: 28078
⑬ PHONE: (WORK) 875 2425 ⑭ (HOME) 875 2425

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? 3 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: Claudius Marrison
Date: 10-31-88

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. Use Existing

Septic

Darlin W Johnson B 11/1/88
Environmentalist Date

Director or Authorized Section Head 11/2/88 Date

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 11/1/88

Name/Company [illegible]

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: [illegible]

MECKLENBURG CO.
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

NOV 3 1988

Fee: $ [illegible]

[illegible]
Completed by

[illegible]
Collected by

MECKLENBURG COUNTY
Department of Public Health
1200 Blythe Boulevard
Charlotte, North Carolina 28203

DATE ISSUED
1. 2/6/76
2. _____
3. _____

SITE INVESTIGATION REPORT
INDIVIDUAL SEPTIC TANK SYSTEM
WITH SUBSURFACE,
SOIL ABSORPTION,
EFFLUENT DISCHARGE

SIP NO. 10562
T.C. NO 015-143-60 & 61
MAP DATE 9-9-74

NAME OF OWNER: Morrison, Claudius

ADDRESS OF OWNER: Route 3, Box 240, Huntersville, N. C.

LOCATION OF LOT: Hambright Road, Lot 69 & 70

The lot described above is not recommended for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge due to the following:

Unsuitable Soil

Percolation rate in excess of 200 min./in.

John R. Adkisson

John R. Adkisson, Environmentalist
On Premises Waste Disposal Branch
Environmental Health Department

JRA:jjk

(Stencil No.)
EHD 359
8/74

FORM NO.
E-19-8-21-74

SEE INSTRUCTIONS ON BACK

Date Received 1-23-76

ICAR(S) Application No 10562

T C No D15-143-61

Map Date 9-9-74

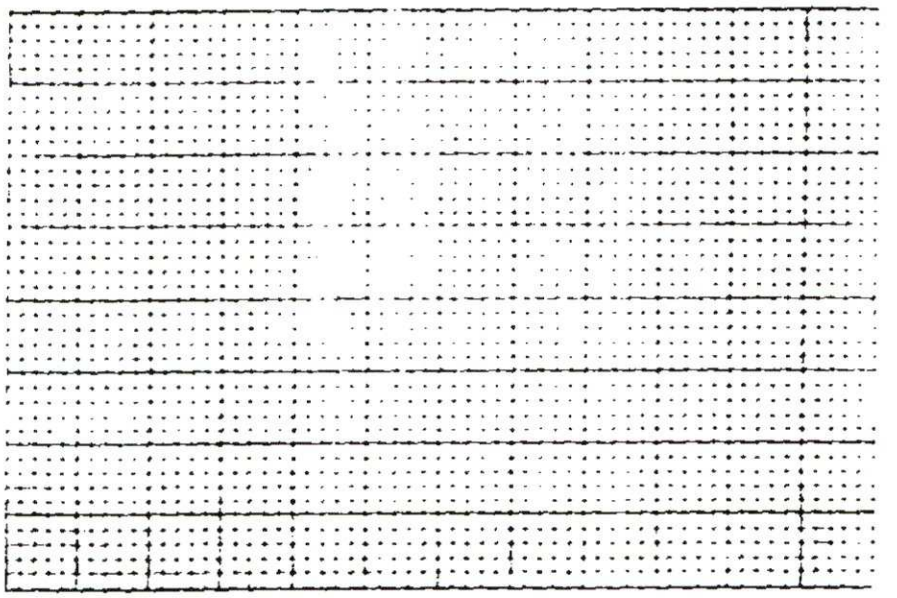
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge

The owner of that property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to

1) X Install or Construct 2) ___ Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption, effluent discharge



4) No. of Bedrooms 3

5) Business Use — Max. No. Employees ___

6) Washing Machine ___ ✓ No

7) Garbage Disposal ___ ✓ No

8) Dishwasher ___ ✓ No

9) Water Supply
A) Individual Well ___
B) Government ___
C) Community System ___
Well ___
Government ___

Sewage System
Private ___
Is property located ___ ✓ No
Private ___
community sewer ___ Yes ✓ No

11) FHA Case No ___

12) VA Case No ___

13) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER McKRISON (LAST) Claudius (FIRST) ___ (MIDDLE)

14) ADDRESS OF OWNER Rt 3 Box 240 Huntersville NC

15) PHONE NO. Home 875-2425 Office ___

16) LOCATION OF SYSTEM Hambright Rd. Norman park 2 (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. 69-70 Block No. K E

Map Book No. 11 Page No. 63

18) DEED REFERENCE — DEED BOOK 3808 AT PAGE 0343

19) HAS A PERCOLATION TEST BEEN RUN? ___ YES ✓ NO DATE RUN ___

20) PTR NUMBER (See Instructions) ___

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

DATE OF APPLICATION ___

Claudius Mckrison
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

SOIL INVESTIGATION REPORT

Date of Investigation FEBURARY 6, APT NO. 10562

Owner C. Morrison

Location of Property Hambright Rd. lot No. 69-70 Tax Code No. 015-143-60

Soil Suitability Ratings

Soil Properties	Soil 1	Soil 2	Soil 3	Soil 4
1. Soil Series	Wilkes			
2. Soil Slope	acceptable 2-8%			
3. Soil Depth	unacceptable <20"			
4. Soil Texture	unacceptable 2:1 Expanding clay			
5. Soil Structure	unacceptable massive			
6. Restrictive Horizons	—			
7. Soil Drainage	acceptable water table >6'			
8. Soil Permeability (Percolation Rate)	unacceptable >200min/in			
9. Other	potential exists for contamination of the ground water table through rock fractures			
10. Overall Rating	unacceptable			

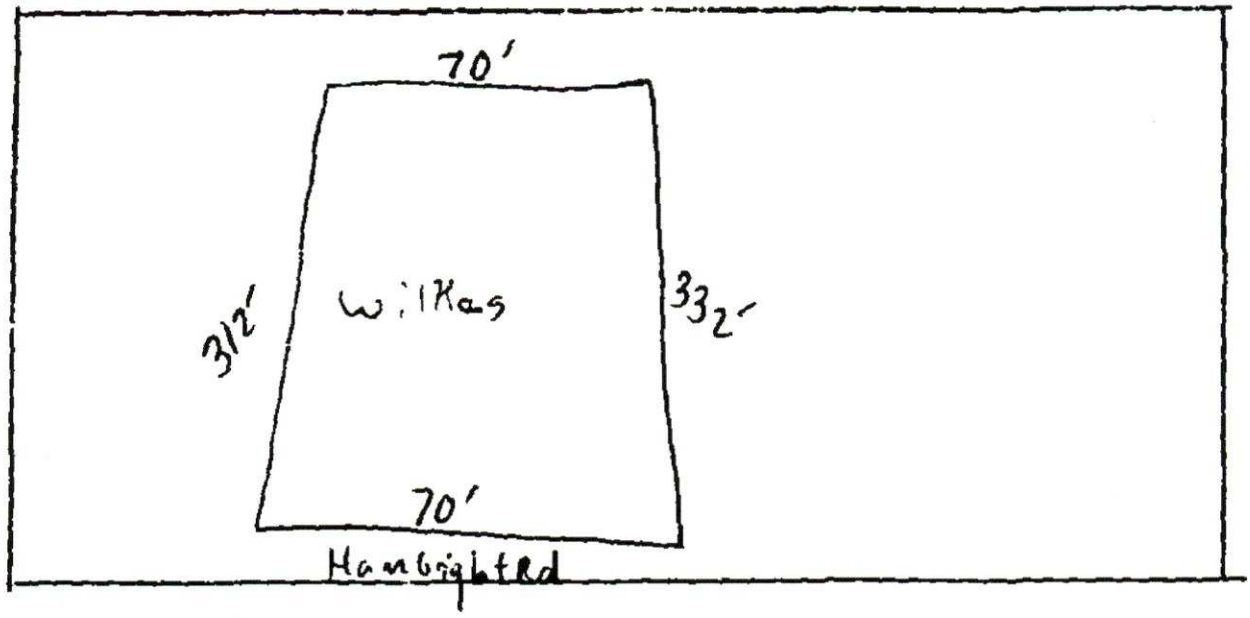
Recommendations Based on this investigation, the lot is not recommended for approval for installation of a septic tank system.

See diagram on back

W. Edward Casmant
Soil Scientist

wa
3/18/75
HHD 539

DIAGRAM OF PROPERTY



3/18/75

END 539

B 4513

C of A (s) No. 10562

Date Issued 5-4-83 **Serial** 6034 T C. No. 015-143-6061

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION
CERTIFICATE OF APPROVAL
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Morrison, Claudius
LAST FIRST MIDDLE

Location of Property 7523 Hambright Rd.

Application Number 10562 Permit Number 10562

Inspection Data:

Liquid Capacity of Tank 1500gal Tank Material pc Concrete

Total Length of Drain Tile 500' Number of Lines 5

Depth of Filter Material 17" + 6" Cover Depth 2'-3'

Water Supply Source well Distance from Water Source 50'+

Excavation Inspected — DATE Tank Inspected 5-4-83 DATE

Nitrification Field Inspected 5-4-83 DATE

Washing Machine Line Inspected, If Applicable — DATE

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, ____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Comments: _____

R P Phelps
Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Issued 7-18-83

Serial No. 6400

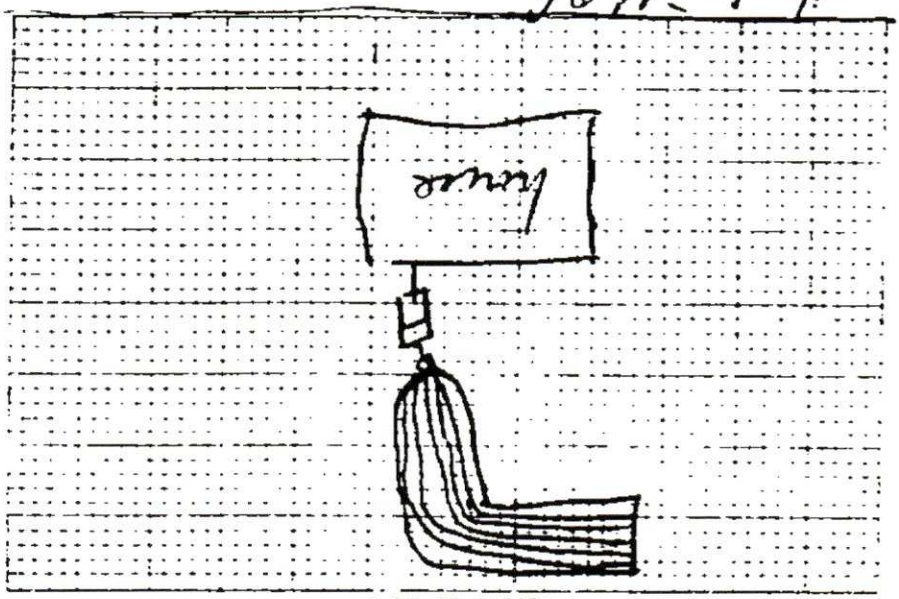
ICAR (S) Permit No. 1056 2

T. C No 015-143-60,

Map Date 61

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ✓ Install or Construct, ___ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied on application 10562 dated 5-31-83 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 8-18-83, after which date this permit shall be null and void. PP Phillips



PLOT OF SYSTEM

Permeability Rate U.S.

Liquid Capacity of Tank 1500 gal

Tank Construction P/C Concrete

Absorption Field or Nitrification Line:

Total Line Length 500'

Number of Lines 5

Distance from House 75'

Distance from Property Line 710'

Distance from Well 750'

NAME OF OWNER Claudius Morrison

LOCATION OF PROPERTY Hambright Rd.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

Comments: Septic Bed – 15 ft wide X 100 ft long X 17" Stone and 6" Sand.

Division or Section Head

Environmentalist P P Phillips

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Received 5-31-83

MECK COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
RECEIVED
MAY 1983

Application No. 10562

T. C. No 015-143-60 61

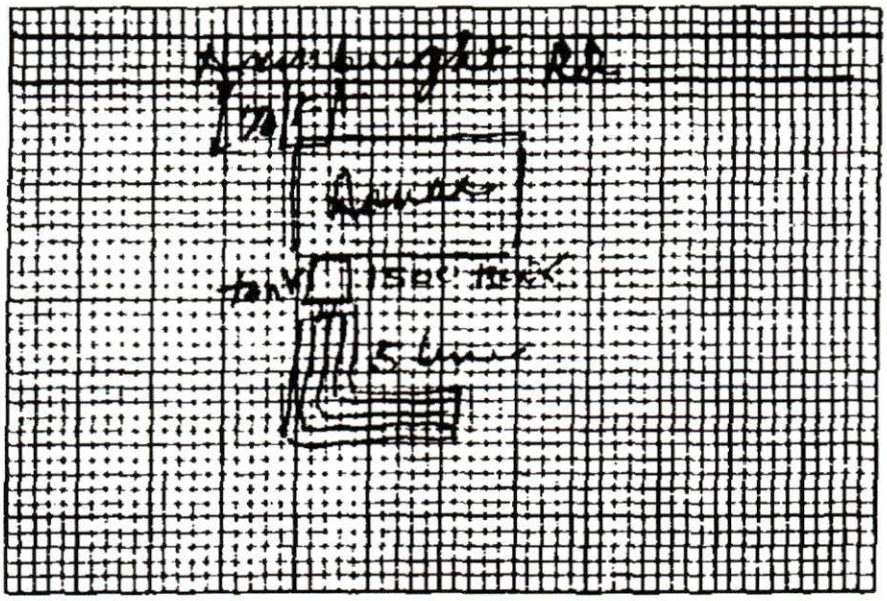
Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

1) ✓ Install or Construct 2) __ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ___Yes ✓No
Residence ___Yes ✓No
4) No. of Bedrooms 3
5) Business Use — Max No Employees NO
6) Washing Machine ___Yes ✓No
7) Garbage Disposal ___Yes ✓No
8) Dishwasher ___Yes ✓No
9) Water Supply:
A) Individual Well ✓
B) Governmental System ___
C) Community System:
1. Well source ___
2. Governmental source ___
10) Sewage System:
House located within 200 feet of public sewer ___Yes ✓No
House located within 200 feet of community sewer ___Yes ✓No
11) FHA Case No. NO
12) VA Case No. NO

13) NAME OF OWNER Morrison (LAST) C Lawrence (FIRST) (MIDDLE)

14) ADDRESS OF OWNER Rt 3 Box 810 Huntersville NC 28078

15) PHONE NO. Home 875-2425 Office 875-2425

16) LOCATION OF SYSTEM Hambright Rd. (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. 69-70 Block No. 11

Map Book No. _____ Page No. 63

18) DEED REFERENCE — DEED BOOK 3808 AT PAGE 0343

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ___ NO DATE RUN 76

20) PTR NUMBER (See Instructions) _____

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

5-31-83
DATE OF APPLICATION

C Lawrence Morrison
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

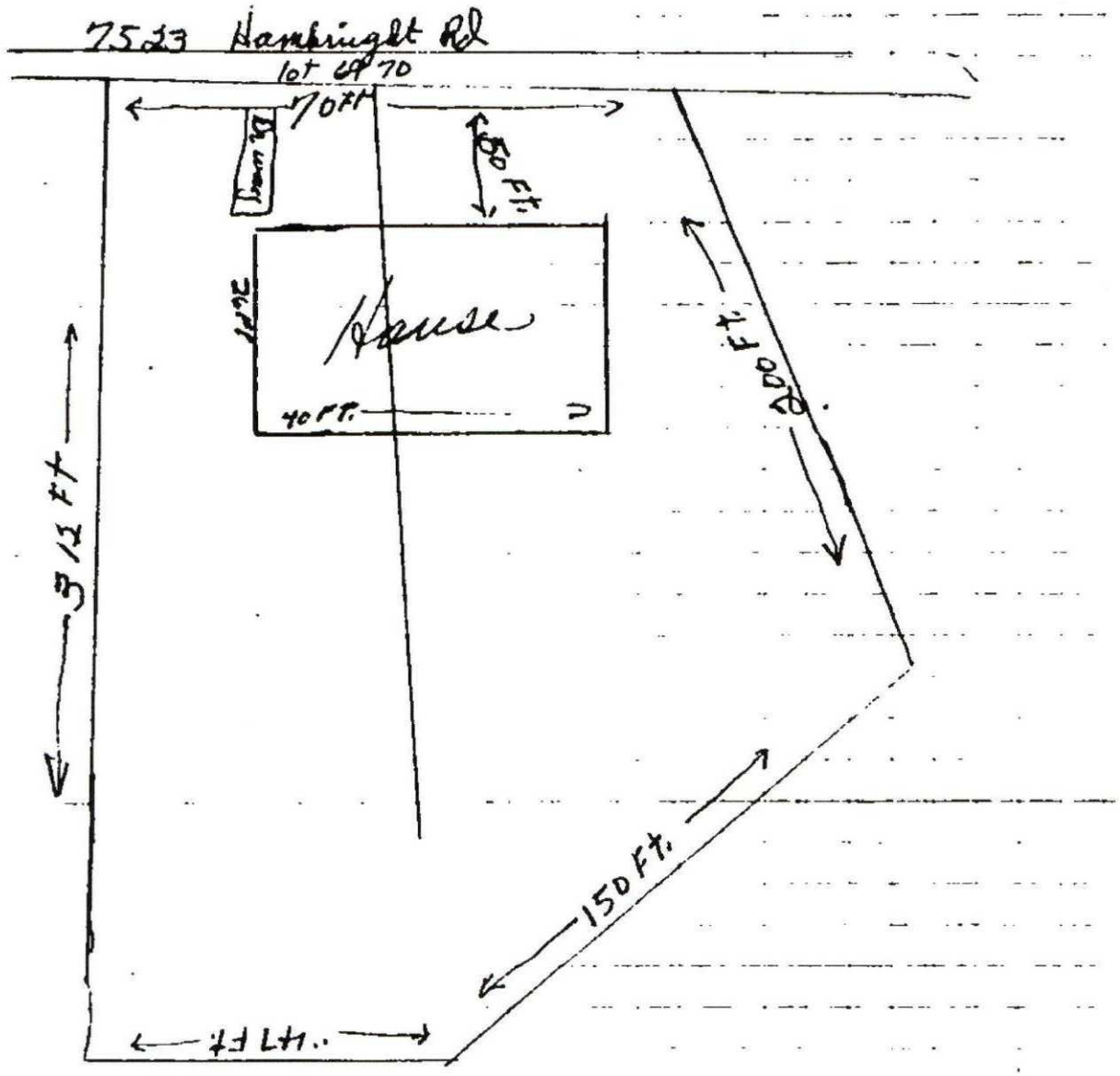
PROPOSED PLOT PLAN

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

FILE: 10562

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.



Signed: Claudius Morrison

Date: 10-31-88

Date Received 1-23-76

APT No. 10562

T. C. No. 015-143-60 61

Map Date 9/9/74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER [illegible] (Claudius) [illegible] (LAST / FIRST / MIDDLE)

2) ADDRESS OF OWNER Rt 3 Box 240 Huntersville ZIP

3) PHONE NO. Home 875 2405 Office

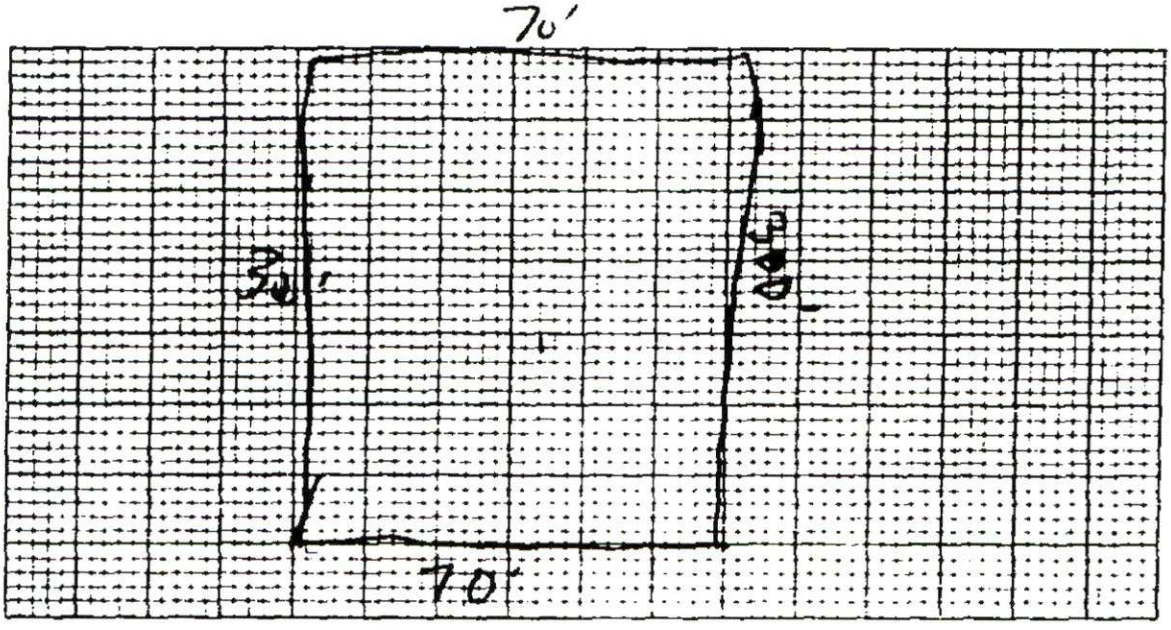
4) LOCATION OF PROPERTY Humbright Rd (STREET OR COUNTY ROAD)

5) SUBDIVISION Norman Park LOT NO. 69-70 BLOCK NO.

MAP BOOK NO. 14 PAGE NO. [redacted]63

6) DEED REFERENCE DEED BOOK 3809 PAGE NO. 0343

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge



7) ACCURATELY DIAGRAM & DIMENSION LOT

Claudius Marvin
OWNER

FORM NO. EI-11-3M-5-75

HEALTH DEPARTMENT'S COPY