

10600 WOOD MEADOW DR

13927554

7/11/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7700A DATE: 10/14/97

TC: 139 275 54 ☒ L ☐ CRT

SERIAL Nº 17349

Name of Owner John Brown Juris.: _____

Address of Property 10600 Woodmeadow Dr

Inspection Data:

Tank Material Existing

Total Length of Drainfield 90'

Number of Lines Bed 2 @ 45'

Cover Depth 12"

Water Supply Source Community well

Distance to Water Source >100'

Excavation Inspected 10/14/97

Tank(s) Inspected Tee Inspected 10/14/97

Wash Line Inspected NA

High Water Alarm Inspected NA

PLOT

Design 1997, Repair, INNOV, New Tee, 90' Chamber System Bed, ccc.1 CTR# 117

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☒ altered or repaired

☒ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☒ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Repair to Existing System

Phillip A. Walker R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

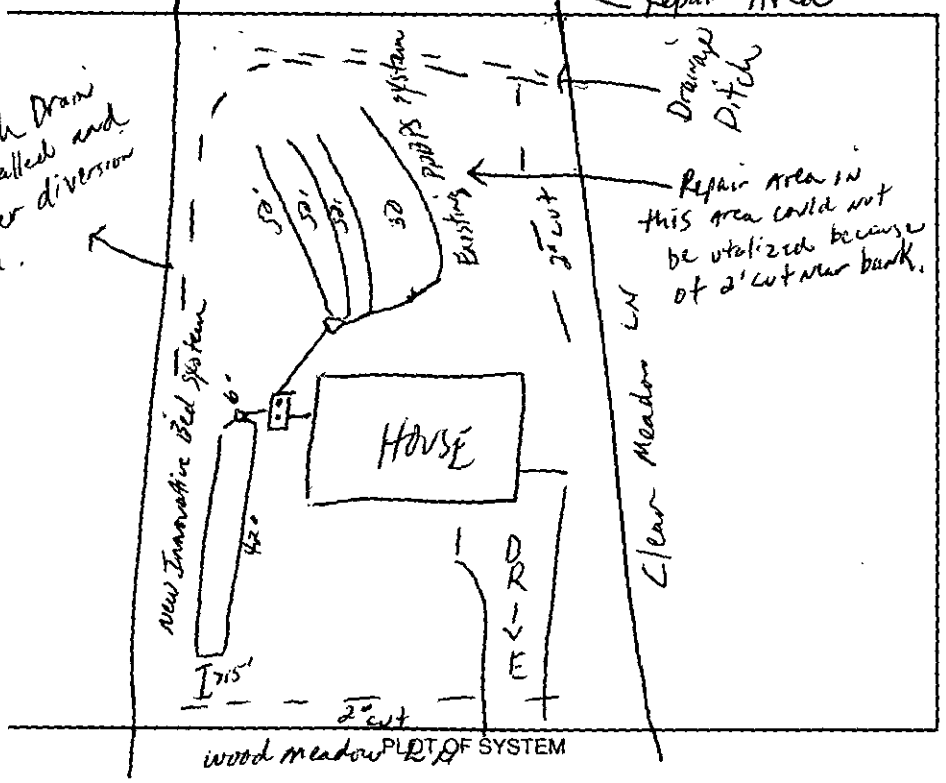
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7700A DATE: 9/26/97

TC: 139 275 54

SERIAL Nº 17364

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 9/26/97. All work shall be completed on or before 10/26/97, after which date this permit shall be null and void. The system shall meet all of the construction requirements of ~~15A NCAC~~ 18A .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.



Liquid Capacity of Existing Septic Tank _____ gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction Existing

Trench Depth 24"

Absorption and/or Nitrification Lines:

Bed Trench Width 6' feet

Trench Walls Scored and Porous yes

Bed Total Line Length 84' feet

Bed Number of Lines 2 (42')

Depth of Stone NA inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well >100' feet
Com well

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER John Brown

LOCATION OF PROPERTY 10600 Wood meadow Dr

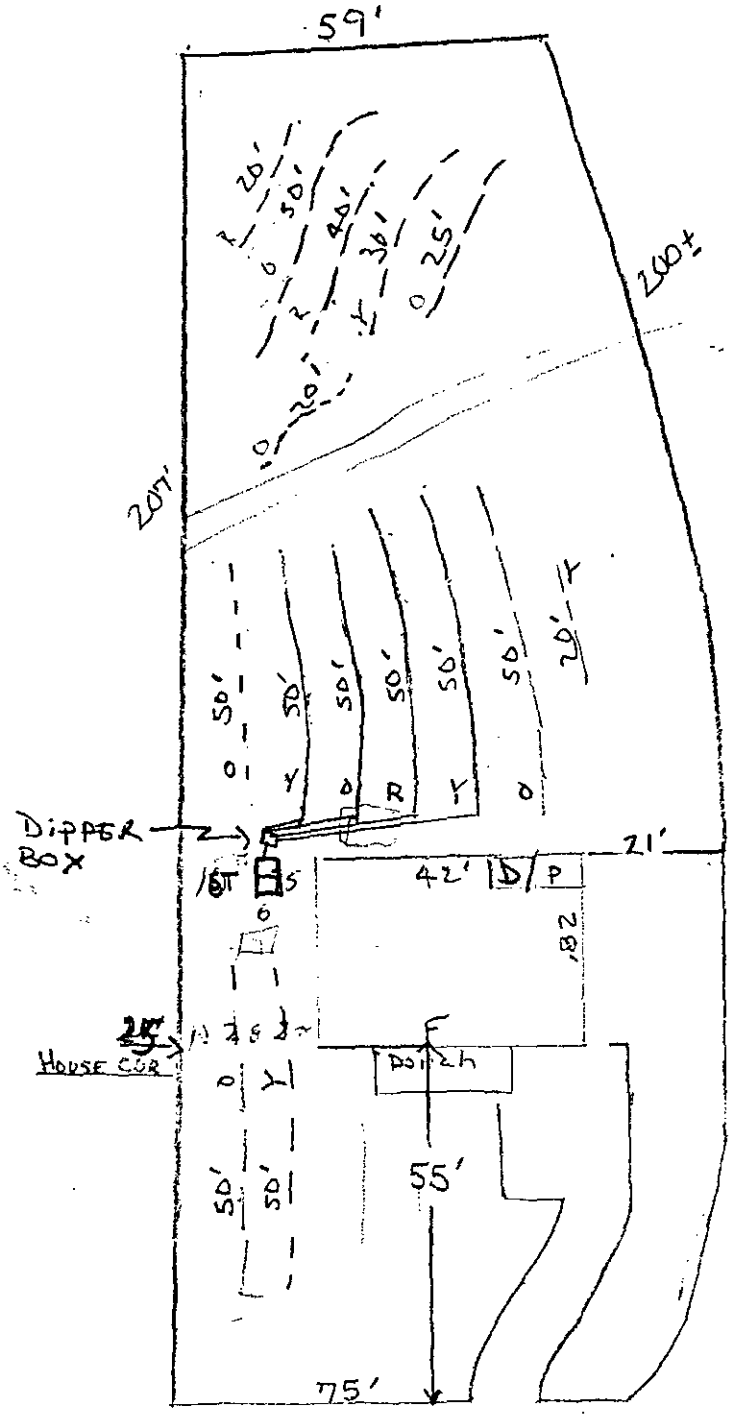
Comments: (1) Bed System, Innovative 6'wd x 42"long
Install French drain and divert surface water away from
septic system

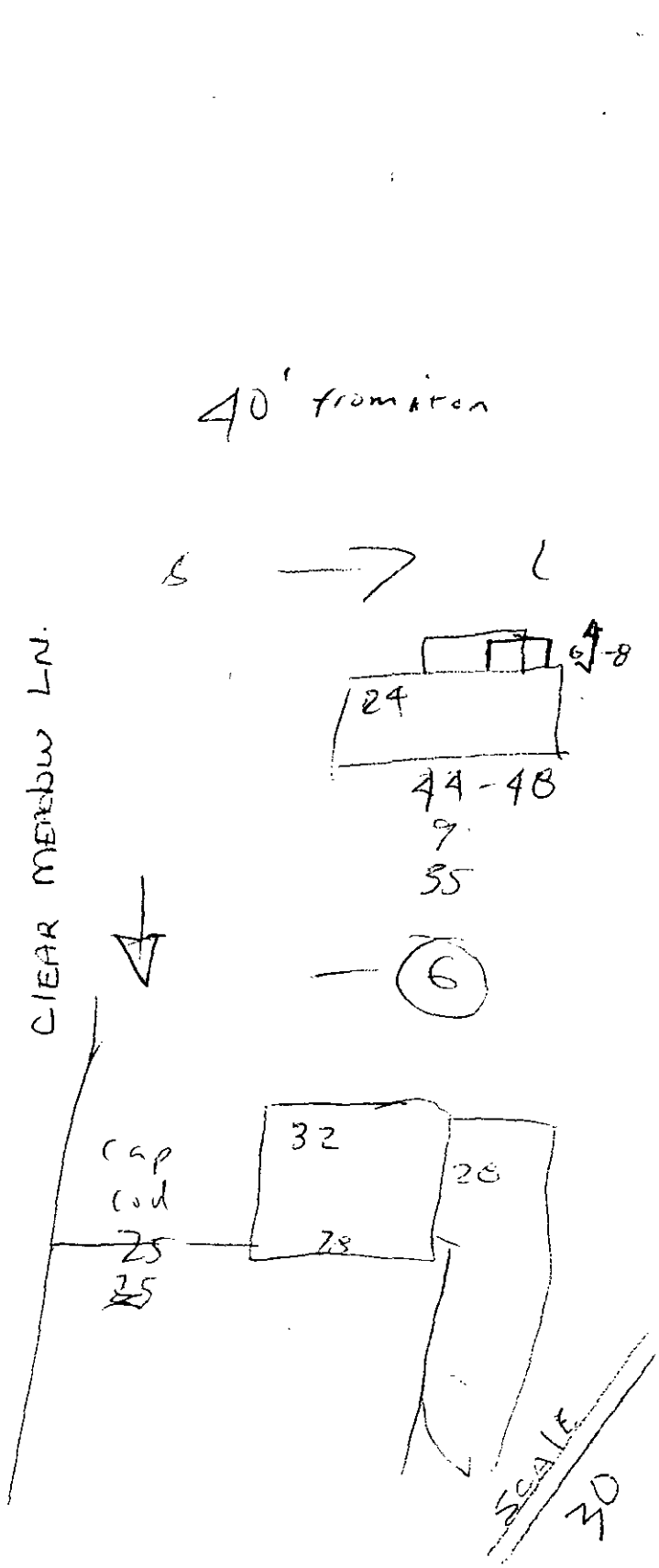
Thilo S. Walker R.S.
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

(3) Bedroom Plan
Primary- PPBPS/ Gravity
Repair- PPBPS/ Gravity pumped

MCHD
File: 7700-A
TC: 139-275-12
Lot 26A, Clear Meadow





CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7700-A DATE: 4/18/96

TC: 139 275 54 ☐ L ☐ CRT

SERIAL Nº 16548

Name of Owner Clay Hucks Juris.: _____

Address of Property 10600 Wood Meadow Ln

Inspection Data:

Tank Material PCC

Total Length of Drainfield 200 PPBPS

Number of Lines 4 @ 50'

Cover Depth 12"

Water Supply Source Com well

Distance to Water Source 7100'

Excavation Inspected 4/17/96

Tank(s) Inspected 4/17/96

Wash Line Inspected Plumb to tank

High Water Alarm Inspected NA

PLOT

Design 1996, 1500ST, MOD, ~~600~~ 200' PPBPS Cecil CTR# B-McConnell 117

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☒ installed or constructed ☐ altered or repaired

☒ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☒ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Septic system designed for 3 bedroom residence PPBPS Installed, Type III

Philo A. Walker E.S.
Environmental Health Specialist

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MCHD
FILE: 7700-A
TC: 139-275-12
Lot 26A, CLEAR MEADOW
10600 Wood Meadow Ln

L\WORKS\WORDS\DES2P

DESIGN SPECIFICATIONS
FOR 3 Bedroom
ON-SITE WASTE DISPOSAL SYSTEM
CONTINUED

SYSTEM TYPE:
- CONVENTIONAL
- CONVENTIONAL (SHALLOW PLACEMENT)
- 8-INCH PPBPS-GRAVITY DISTRIBUTION
- 8-INCH PPBPS-PRESSURE DISTRIBUTION
- ✓16-INCH PPBPS-GRAVITY DISTRIBUTION (3) Bedroom
- 16-INCH PPBPS-PRESSURE DISTRIBUTION
- LPPS
- OTHER

SPECIALIZED EQUIPMENT OR REQUIREMENTS:

DROP BOX	WELL ABANDONEMENT
DISTRIBUTION BOX	EASEMENT
✓DIPPER BOX (1)	LOT COMBINATION/SURVEY
FLOW DIVIDER	EARTHEN SURFACE SWELL
WASH BOX	FRENCH/CURTAIN DRAINS
SPECIAL FITTINGS	GREASE INTERCEPTOR
PRESSURE MANIFOLD	PUMP TANK
SIPHON	SAPROLITE TEST
MULTIPLE PUMPS	1,500 Septic TANK
OTHER	

Primary

LINE	#PANELS PER LINE	#HOLES PER PANEL	HOLE SIZE	HOLE SPACING	LINE HEAD	LINE LENGTH	HOLE FLOW	PER MINUTE LINE FLOW
L^1	11					50'		
L^2	11					50'		
L^3	11					50'		
L^4	11					50'		
Total	44 panels					200'		

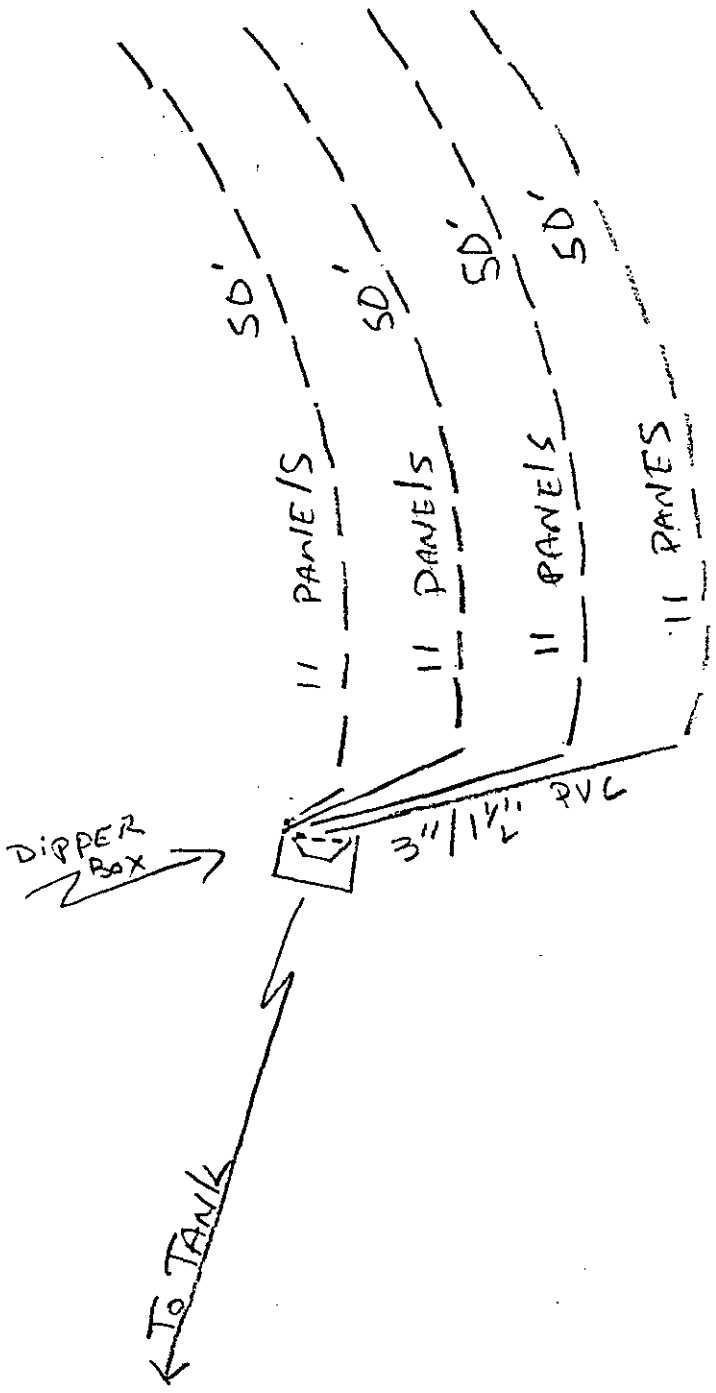
Repair

405' Total Repair

APPROVED
ENVIRONMENTAL HEALTH
DIVISION
MECKLENBURG COUNTY
HEALTH DEPARTMENT
Date 6-2-88

SPECS: 3 Bedroom / Gravity / PPBPS

MCHD
File: 7700-A
TC: 139-275-12
Lot 26A, Clear Meadow



T. Whittaker
866-9540

FEE: N/A

DATE: _____

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

REPAIR

[X] CRT

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

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

FILE #: 7700A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: ✓ 139-275-54

STREET ADDRESS: ✓ 10600 Woodmeadow Dr

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: ✓ 3

NUMBER OF OCCUPANTS: ✓ 3

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

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

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

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

WATER SUPPLY (CHECK ONE):

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

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

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

✓ PROPERTY OWNER:

NAME: Brown (LAST) John (FIRST) (MI)

ADDRESS: 10600 Woodmeadow Dr

CITY: Charlotte STATE: NC 28227 ZIP:

DAYTIME PHONE: ( ) —

✓ LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Hucks (LAST) Clay (FIRST) (MI)

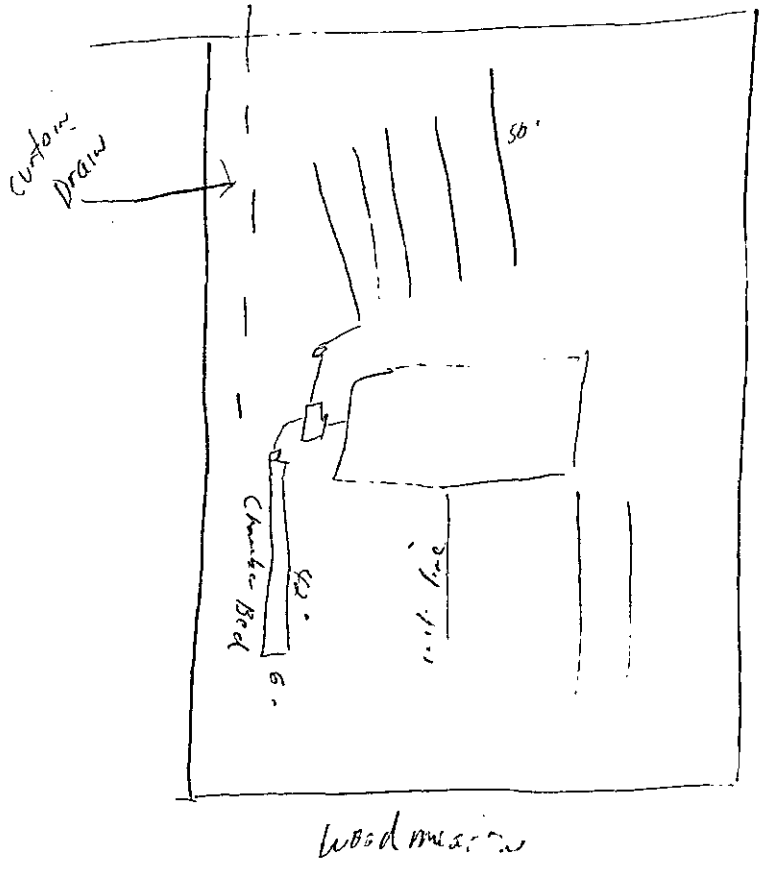
DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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

SIGNED: ✓ Clay Hucks DATE: 9-26-97

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


Custom Drain
50'
Chamber Bed
Woodmansee

Permit Number: 7700A

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number 139 275 54

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	___ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	___ Conventional ✓ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
___ Long-term acceptance rate	___ Max gallons/day wastewater flow	___ Absorption Area (sq ft)	___ Trench spacing (min. on centers)	
___ Serviced by private well	___ Gallon septic tank	___ Total trench length (ft)	___ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
___ Bedrooms in residence	___ Gallon pump tank	___ Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: Repair to Existing system. Innovative System Repair requested by builder (1) Bed system 6'wd x 42'long. Divert surface water away from septic system. Install French drain				
Repair Area System Type Type (circle one): I II III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
252' Absorption Area (Sq ft) 84' Total Trench Length (Ft)	NA Depth of Stone Trench	NA Trench spacing (min. on centers)	24" Maximum Trench Depth	
For existing system, enter the year originally installed:				

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for t Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effe 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 Departme
- This Improvement permit is transferable.

Philo S. Walker RS 9/26/97
DEHNR Authorized Agent Date

x Clay Hinds 10-14-97
Owner/Agent Signature Date

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

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

IWWS-100195

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

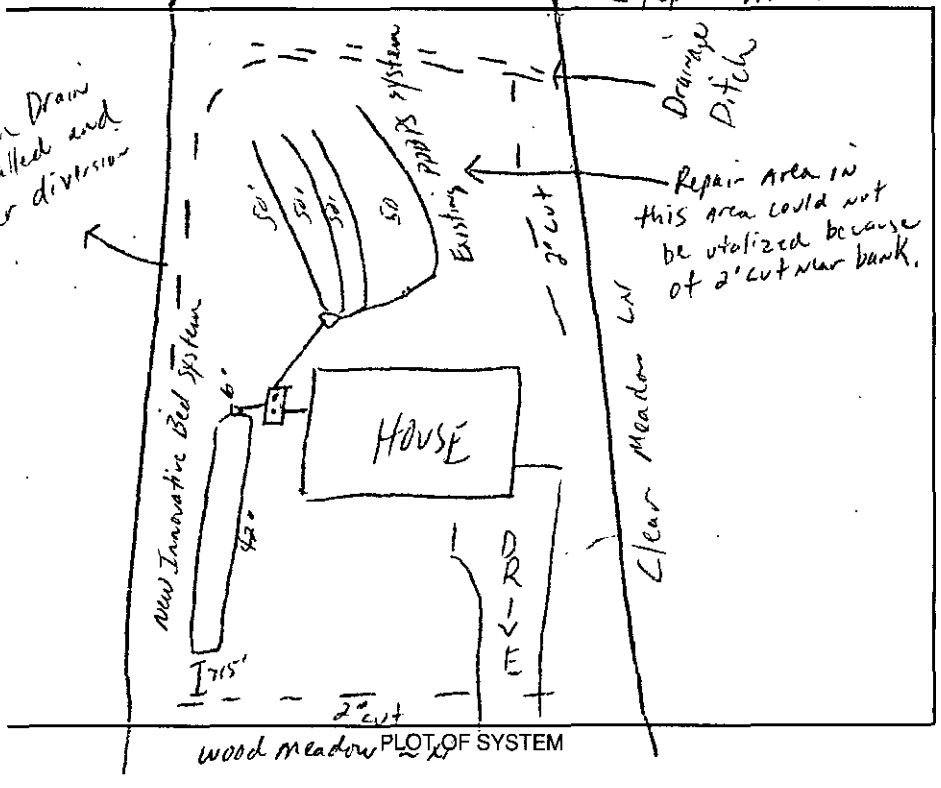
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7700A DATE: 9/26/97

TC: 139 275 54 ☐ L

SERIAL Nº 17364

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 9/26/97. All work shall be completed on or before 10/26/97, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 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.



Liquid Capacity of Existing Septic Tank _____ gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction Existing

Trench Depth 24"

Absorption and/or Nitrification Lines:

Bed Trench Width 6' feet

Trench Walls Scored and Porous yes

Bed Total Line Length 84' feet

Bed Number of Lines 2 (42')

Depth of Stone NA inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well > 100' feet
Com well

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER John Brown

LOCATION OF PROPERTY 10600 Wood meadow Dr

Comments: (1) Bed System, Innovative 6'wd x 42"long
Install French drain and divert surface water away from
septic system

Philo S. Walker R.S.
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

D400

Pd. $40.00 5/25/95 Ck. #2561

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

TP# 139-275-54 File # 7700A

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: 5-25-95

PERSON FILING APPLICATION:
NAME: Hucks (last) Clay (first) E (mi)
ADDRESS: 10927 S. Hampton PHONE: (704) 545-0167
CITY: Charlotte STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 139-275-54 ~~139-275-13~~
STREET ADDRESS: 10600 Woodmeadow Drive
ZONING: Res.

PROPERTY OWNER:
NAME: Hucks (last) Clay (first) E (mi)
~~ADDRESS~~: 10927 S. Hampton PHONE: (704) 545-0167
CITY: Charlotte STATE: NC ZIPCODE: 28227

SUBDIVISION OR MOBILE HOME PARK NAME: Brief Meadow

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

LOT NUMBER: 26A LOT SIZE (in acres): .37

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)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (N)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 3 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 ☐ 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: Clay E Hucks Date: 5-25-95

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.

... PPBS TYPE III

ASSESSMENT FORM ON FILE

☒ 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

Kelly Rull 6-2-95

Director or Authorized Section Head Date

WATER : 22791

9/5/97 Met Clay Hucks on lot. B McCraw adjustments to speed levels Appeared to have repaired system.

DL400

Pd. 300.00 5/25/95 Ck. #2561

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

TP# 139-275-54 File # 7700A

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: Hucks (last) Clay (first) E (mi)
ADDRESS: 10927 S. Hampton PHONE: (704) 545-0167
CITY: Charlotte STATE: NC ZIPCODE: 28227

Date: 5-25-95

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 139-275-54 ~~139-275-13~~
STREET ADDRESS: 10600 Woodmeadow Drive
ZONING: Res.

PROPERTY OWNER:
NAME: Hucks (last) Clay (first) E (mi)
ADDRESS: 10927 S. Hampton PHONE: 704 545-0167
CITY: Charlotte STATE: NC ZIPCODE: 28227

SUBDIVISION OR MOBILE HOME PARK NAME: Brief Meadow

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

TYPE APPLICATION (check one):
LOT NUMBER: 26A LOT SIZE (in acres): .37

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

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION:

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

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

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

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

Signed: Clay E. Hucks Date: 5-25-95

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...This permit is not transferable.

... PPBPS TYPE III

AGREEMENT FORM ON FILE

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

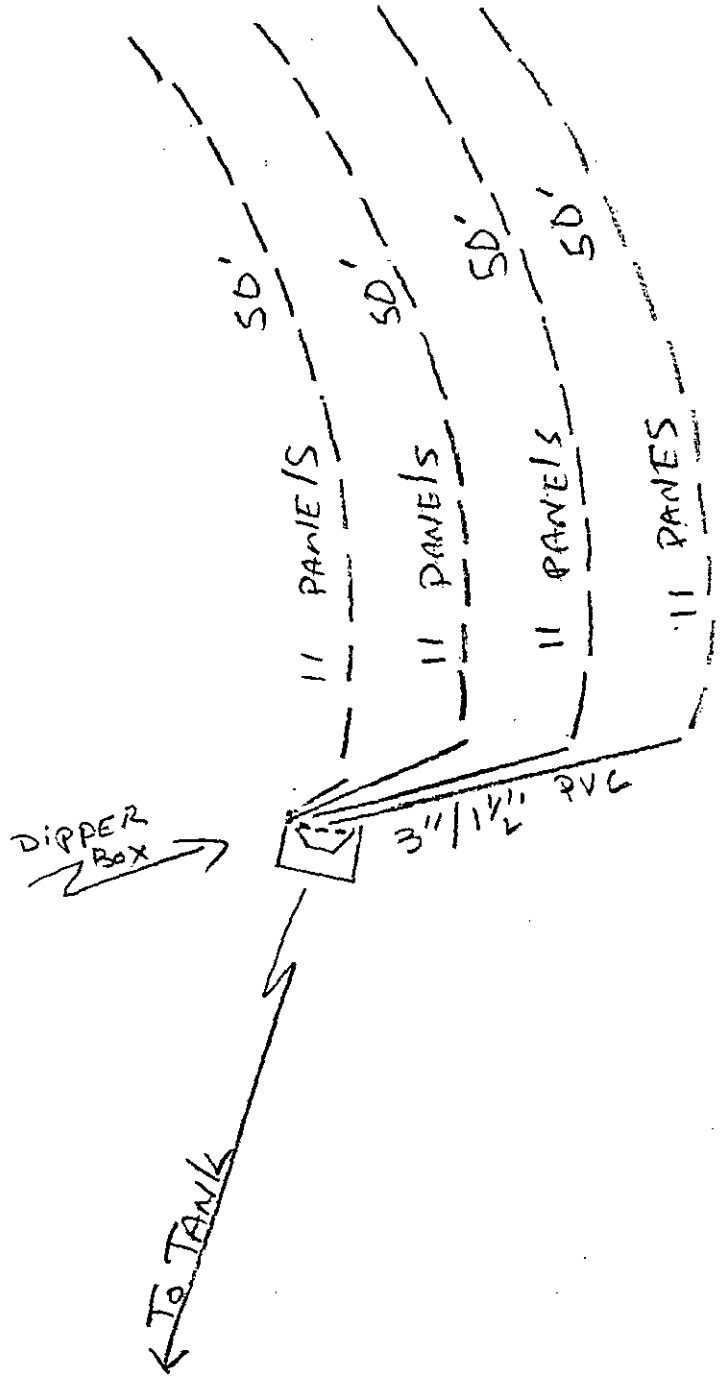
Environmentalist Date

Kelly Rudd 6-2-95
Director or Authorized Section Head Date

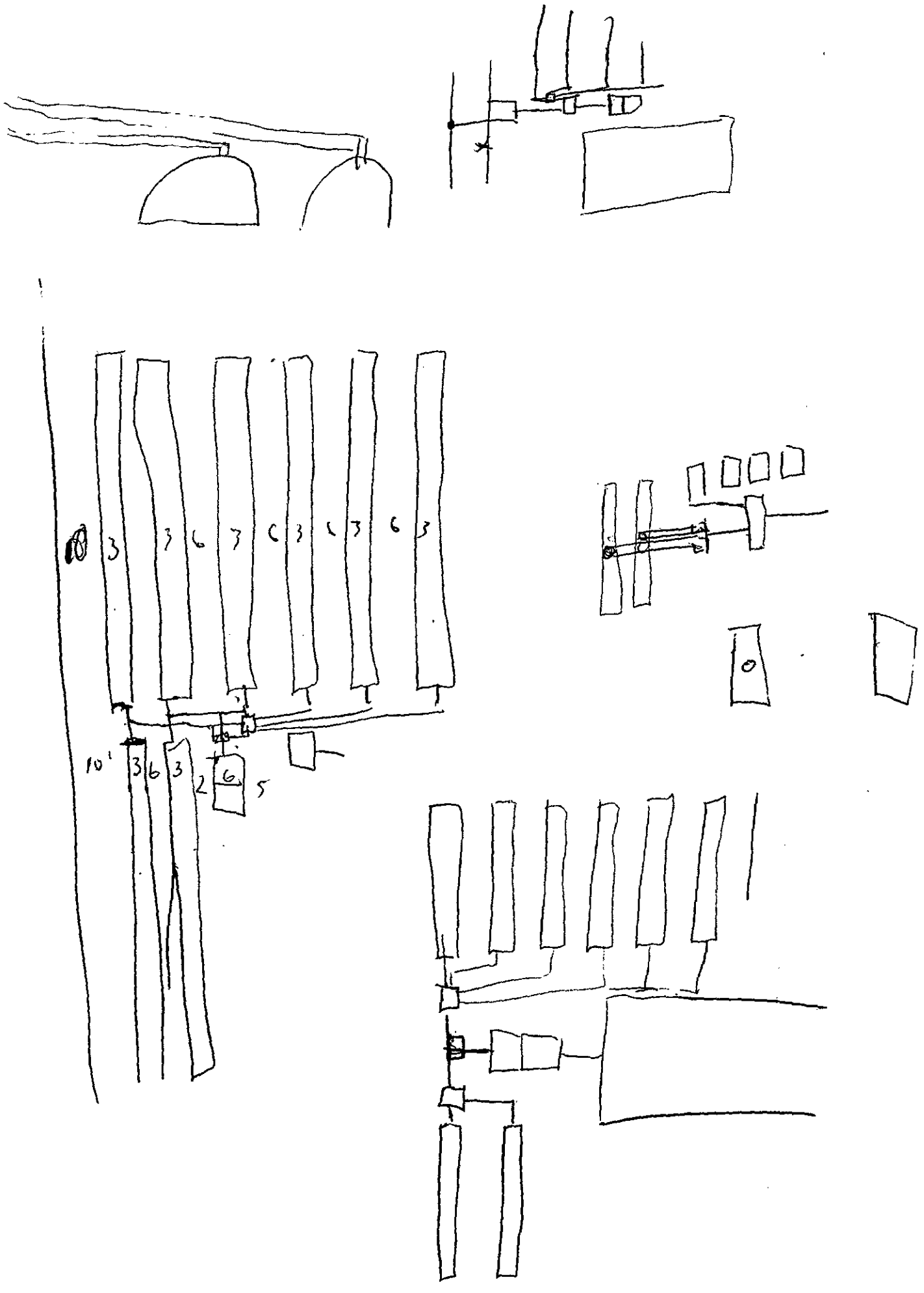
WATER : 12/94

SPECS: 3 Bedroom / Gravity / PPBPS

MCHD
File: 7700-A
TC: 139-275-12
Lot 26A, Clear Meadow



T. WHITAKER
866-9540


10'
3
6
3
2
6
5

240 X CRT

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7700-A DATE: 3-22-96

TC: 09-275-54 ☐ L

SERIAL Nº 16737

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 5 25 95. All work shall be completed on or before 4-22-96, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 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.

INSTALL W/ PLAN ON FILE

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank ✓ gallons

Tank Construction PC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 2 feet

Trench Walls Scored and Porous yes

Total Line Length 200 feet

Number of Lines 4 x 50

Depth of Stone 5 and 30" inches

Distance from House 5+ feet

Distance from Property Line 10+ feet

Distance from Well CMUD feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER CLAY HACKS

LOCATION OF PROPERTY 10600 GLENWOOD MEADOW ~~LANE~~ Drive

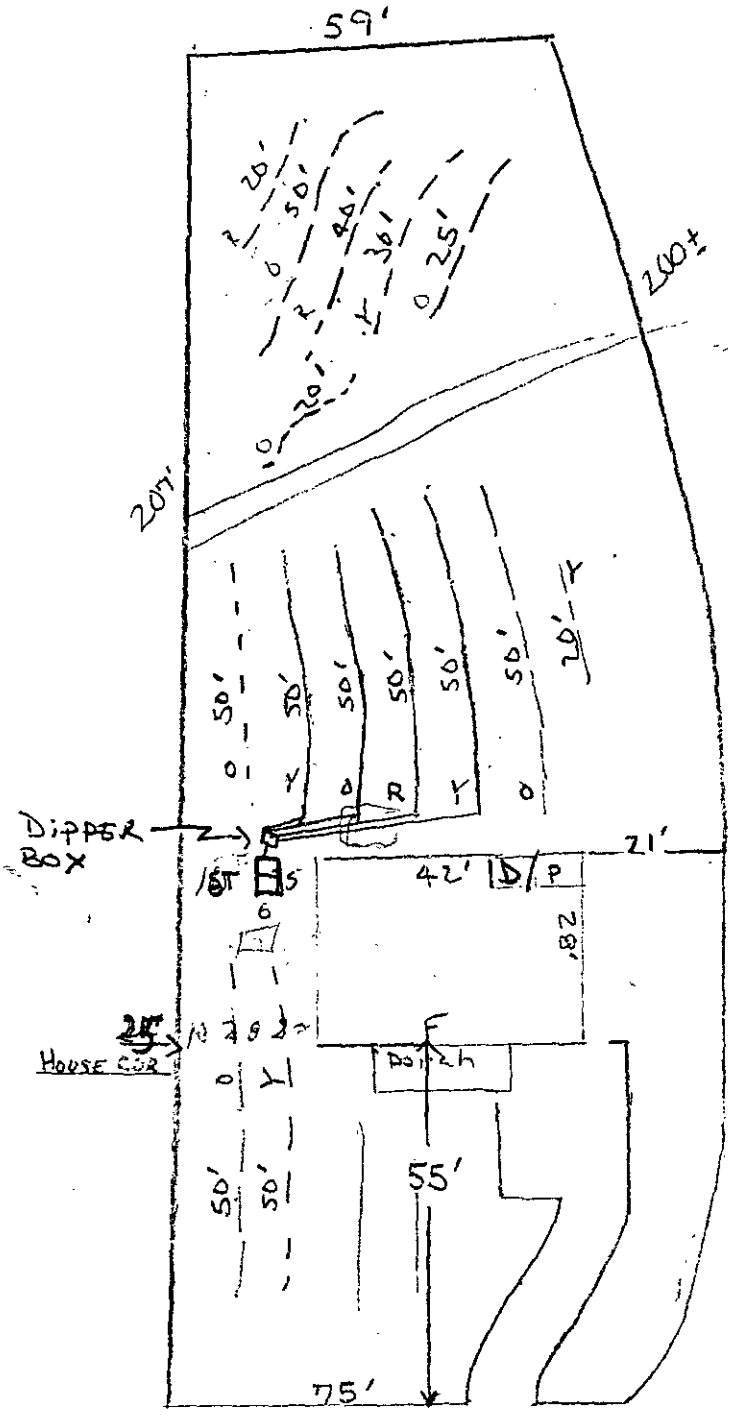
Comments: INSTALL W PLAN ON FILE

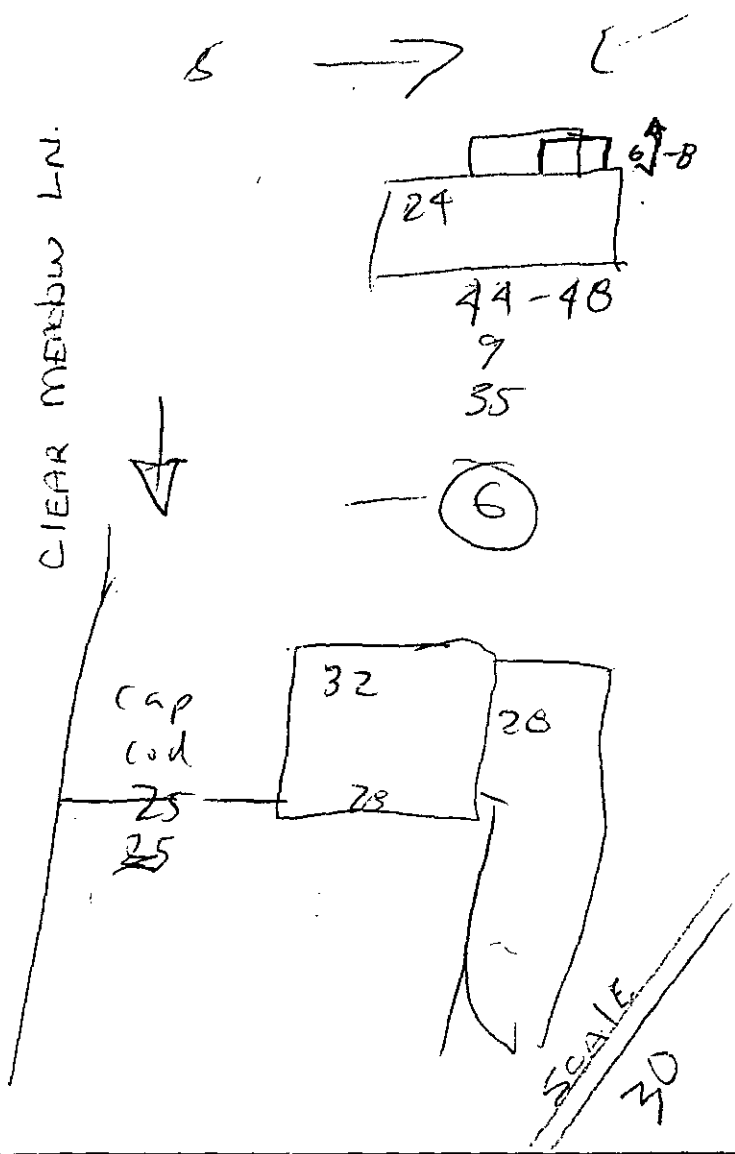
S Patterson for Sanitarian Program Chief 4-3-96

Environmental Health Specialist

(3) Bedroom Plan
Primary- PPBPS/ Gravity
Repair- PPBPS/ Gravity pumped

MCHD
File: 7700-A
TC: 139-275-12
Lot 26A, Clear Meadow





CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7700-A DATE: 4/18/96

TC: 139 275 54 ☐ L ☐ CRT

SERIAL Nº 16548

Name of Owner Clay Hucks Juris.: _____

Address of Property 10600 Wood Meadow Ln

Inspection Data:

Tank Material PCC

Total Length of Drainfield 200 PPBPS

Number of Lines 4 @ 50'

Cover Depth 12"

Water Supply Source Com well

Distance to Water Source 700'

Excavation Inspected 4/17/96

Tank(s) Inspected 4/17/96

Wash Line Inspected Plumb to tank

High Water Alarm Inspected NA

PLOT

Design 1996, 1500ST, MOD, ~~600~~ 200' PPBPS Cecil CTR# B. McCarver 117

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☒ installed or constructed ☐ altered or repaired

☒ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☒ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Septic system designed for 3 bedroom residence

PPBPS Installed, Type III

Philip A. Walker R.S.

Environmental Health Specialist

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

MCHD
FILE: 7700-A
TC: 139-275-12
Lot 26A, CLEAR MEADOW
10600 Wood Meadow Ln

L:\WORK\WORDS\DES2P

DESIGN SPECIFICATIONS
FOR 3 Bedroom
DOMESTIC WASTE DISPOSAL SYSTEM
CONTINUED

SYSTEM TYPE:
- CONVENTIONAL
- CONVENTIONAL (SHALLOW PLACEMENT)
- 8-INCH PPBPS-GRAVITY DISTRIBUTION
- 8-INCH PPBPS-PRESSURE DISTRIBUTION
- ✓16-INCH PPBPS-GRAVITY DISTRIBUTION (3) Bedroom
- 16-INCH PPBPS-PRESSURE DISTRIBUTION
- LPPS
- OTHER

SPECIALIZED EQUIPMENT OR REQUIREMENTS:

DROP BOX	WELL ABANDONEMENT
DISTRIBUTION BOX	EASEMENT
✓DIPPER BOX (1)	LOT COMBINATION/SURVEY
FLOW DIVIDER	EARTHEN SURFACE SWELL
WASH BOX	FRENCH/CURTAIN DRAINS
SPECIAL FITTINGS	GREASE INTERCEPTOR
PRESSURE MANIFOLD	PUMP TANK
SIPHON	SAPROLITE TEST
MULTIPLE PUMPS	1,500 Septic TANK
OTHER	

LINE	#PANELS PER LINE	#HOLES PER PANEL	HOLE SIZE	HOLE SPACING	LINE HEAD	LINE LENGTH	HOLE FLOW	PER MINUTE LINE FLOW
				Primary				
L^1	11					50'		
L^2	11					50'		
L^3	11					50'		
L^4	11					50'		
Total	44 panels					200'		

Repair

405' Total Repair

APPROVED
ENVIRONMENTAL HEALTH
DIVISION
MECKLENBURG COUNTY
HEALTH DEPARTMENT
Date 6-2-95

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19738

File: 7700A
Parcel: 139-275-12
Action: 12
☑ PC

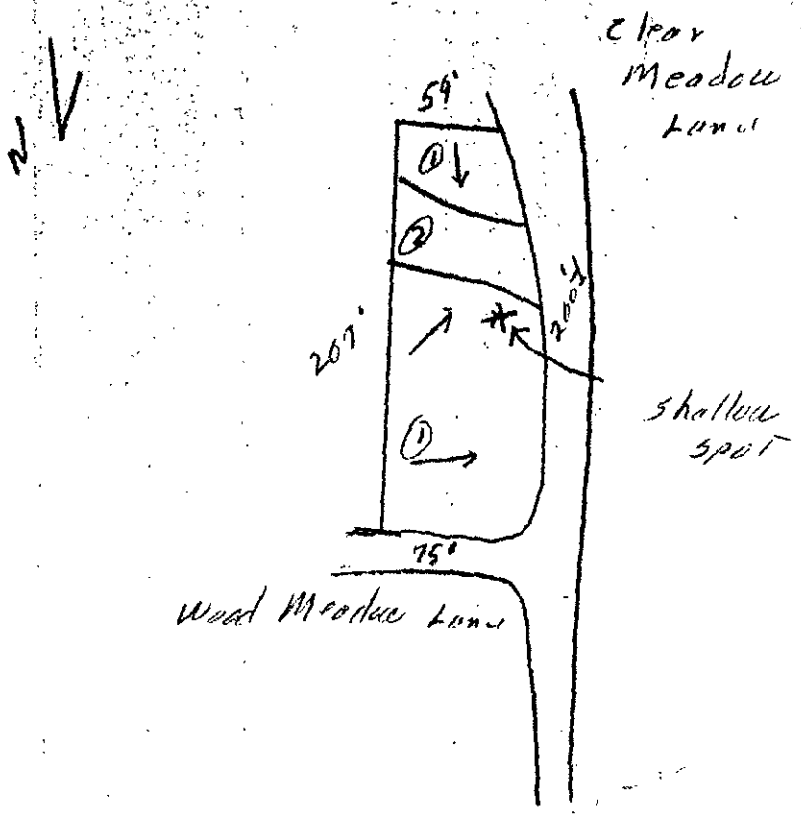
Location:
10600 Wood Meadow Lane
Subdivision:

Lot: 26 Block: Acres: .37

Owner:
Address: E. Reece Gibson
P. O. Box 10497
Charlotte, NC 28212

Comments: 1 shallow boring * 29" marked on map

Described by: William R. Marlin
Date: 9-4-91



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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-8%	S PS (U) Depression	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >40" Towards	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 40"H	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >40"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	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 Cor. 1-1.45	Depression				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

*****OPWD--RECORD OF ACTIVITIES*****

File Number: 7700A_ Parcel Number: 139-255-17

Job Location: 10600 Wood Meadow Lane

Lot/Block: 26 Print cross-reference cards?

*******Soil Investigation Data*******

Owners Name: E. Reece Gibson
Mailing Address: 3701 Beulah Church Road
City: Charlotte State: NC Zip: 28105
Attention:

Date Request Received: 08-22-1991

Described by: Marlin Issue Date: 09-05-1991 Serial No.: 19738
Acres Described: .37 Classification(S,P,U#): 2H

CHANGE ========== Rec. No. 7700 ==========
F1--prev. page F2--next page
F3--copy remainder of entry F4--back-up F8--abort F9--date F10--done

Mecklenburg County
Health Department

September 5th, 1991

E. Reece Gibson
P. O. Box 10497
Charlotte, NC 28212

RE: Property located at 10600 Wood Meadow Lane 26
FILE: 7700A
PARCEL: 139-275-12

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 19738) is enclosed.

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

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

If I may be of any assistance, please feel free to call.

Very truly yours,

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

Enclosure (2)

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

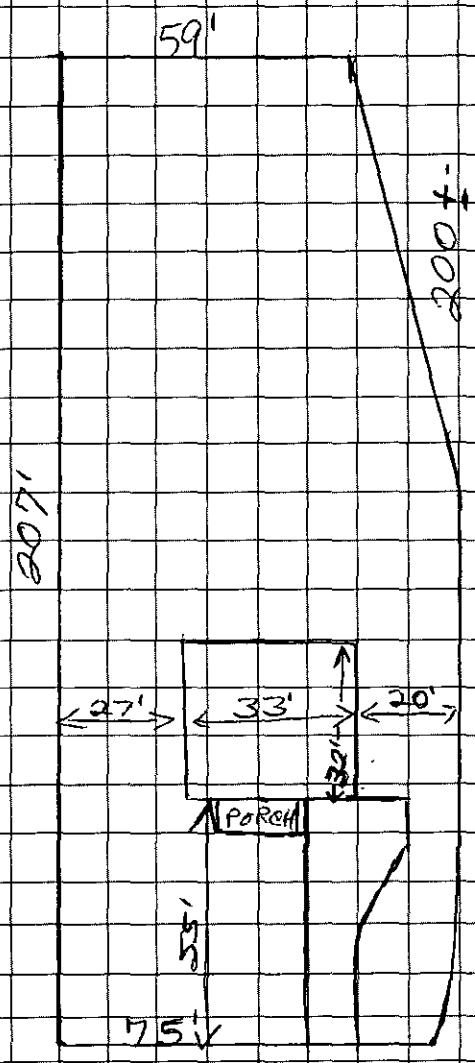
PROPOSED PLOT PLAN

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

FILE: 7700-A

TC: 139-275-54

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.



Clay E. Nichols
OWNER/AGENT SIGNATURE

DATE 12-7-95

APPROVAL DATE _____

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

7700-A

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 15A NCAC 18A .1956, .1957, OR .1969 OF THIS SECTION.

The undersigned, Elmer Reece Gibson owner of property located at 10606 Wood Meadow, ("the site") and described in an instrument recorded in Book 5769 at Page 628, Mecklenburg Public Registry, hereby acknowledges that he applied to the Mecklenburg County Health Department (the Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested pursuant to 15A NCAC 18A .1948(d) that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned can reasonably be expected to function satisfactorily and thus that the findings specified in 15A NCAC 18A .1958(d)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally suitable" and issued on appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is his responsibility and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit falls to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

This 19 day of 5 sept, 1993.

Elmer Reece Gibson (SEAL)

(SEAL)

Drawn by Elmer Reece Gibson
1300 East Blvd, Charlotte, N.C. 28203

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Jeff L Conder Sr, a Notary Public for said County and State, do hereby certify that Elmer Reece Gibson personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 19 day of September, 1993.

Jeff L Conder Sr
Notary Public

My Commission Expires My Commission Expires December 17, 1994

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that

_____ personally came before me this day and acknowledged that he is

_____ of _____, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____, sealed with its corporate seal and attested by _____.

WITNESS my hand and notarial seal, this _____ day of _____, 199_____.

_____
Notary Public

My Commission Expires _____

Amended 07/93

BK: 07829 PG: 0603/0603 $:0214 8.00
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 06/30/94 11:39

Mecklenburg County

Health Department

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

December 3, 1993

Mr. Tim Whittaker
512 South Street
Gastonia, NC 28052

Re: 10600 Wood Meadow Drive
File: 7700A
Parcel: 139-275-12

Dear Mr. Whittaker:

Receipt of the plans for a system of sewage disposal for the above referenced property is hereby acknowledged.

Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plans as submitted are approved upon the following conditions being met.

1 - The application for improvement permit must be applied for by the property owner or authorized agent. Our records do not indicate the present ownership situation clearly. Please be advised that additional fees may be required for transfer of this application. You may contact Ms. Lorraine Whitaker at 336-5102 to discuss any additional fees which may be required.

2 - Water saving plumbing devices and low flush toilets should be installed when constructing the residence.

3 - Landscaping of original system area and the repair area is prohibited. No grading, shaping, or altering in any way.

4 - The well should be located 100 feet, but in no case less than 50 feet from the sewage system and repair area.

Upon execution and recording of the enclosed "Septic Tank Agreement Forms" an improvement permit can be issued by this department.

If you have any questions concerning this matter please contact me at 336-5575.

Sincerely,

Kelly Randall

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

Mecklenburg County
Health Department

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

December 3, 1993

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Sincerely,

Kelly Randall

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

APPLICATION FOR SOIL INVESTIGATION

Pd. 50.00
CK # 2045
8-22-91
NB

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

(OFFICE USE ONLY)

FILE: 7700 A

TC: /

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: 10600 Wood Meadow Ln

② SUBDIVISION: Wood Meadow VII ③ LOT: 26 ④ BLOCK: A

⑤ PARCEL REFERENCE: BOOK NO.: 139 PAGE NO.: 275 PARCEL NO.: 12

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

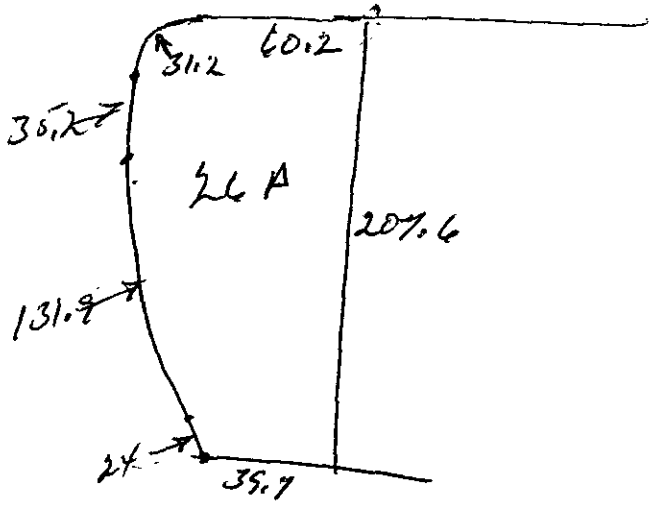
⑦ NAME: E (FIRST) Reece (MIDDLE) Gibson (LAST)

⑧ MAILING ADDRESS: PO Box 10457

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28212

⑫ PHONE: (WORK) 334-3508 (HOME) 525-0013

⑬ Accurately diagram and dimension lot.



⑭ 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: Reece Gibson

Date: 8-22-91

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

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

Mecklenburg County
Health Department

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

M E M O R A N D U M

TO: Susan Uzzell
Accountant II

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

Date: May 25, 1995

Ref: File #7700A/10600 Wood Meadow Lane

SUBJECT: Refund

(Mr./Mrs./Co.) Jones & Kerns, Inc. originally paid $200.00

for Improvement Permit/Modified /Alternative System on 02/11/93 check #342, the additional fee of $100. was paid on 2/16/93 Check #3425.

A refund should be issued for $300.00 because the application was cancelled and no service was performed.

Please make check payable to: Jones & Kerns, Inc.
49329 Spicewood Drive
Charlotte, North Carolina 28227

pd 10.00 ck 5/12 2/11/93 DK.

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

FILE# 77004 260.00 pd ck#3424 2/11/93 YY [ ] 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: JONES (last) EVERETTE (first) M (mi)

ADDRESS: 5404 WILLOWOAK MINT HILL RD PHONE: (__) 533 1754

CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28227

Date: 2/8/93

PROPERTY OWNER:

NAME: JONES + KEARNS, INC. (last) (first) (mi)

ADDRESS: 4932 SPICEWOOD DR PHONE: (__) 545 0414

CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 139-255-17

STREET ADDRESS: 10 600 WOOD MEADOW DR

ZONING: RES

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

SUBDIVISION OR MOBILE HOME PARK NAME: CLEAR MEADOW

LOT NUMBER: 26 LOT SIZE (in acres): 0.37

TYPE APPLICATION (check one):

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

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

NUMBER BEDROOMS: 3 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):
[X] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[ ] Private Well (P)

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

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

Signed: Emmette M. Jones Date: 2/8/93

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

Lot 26A 10600

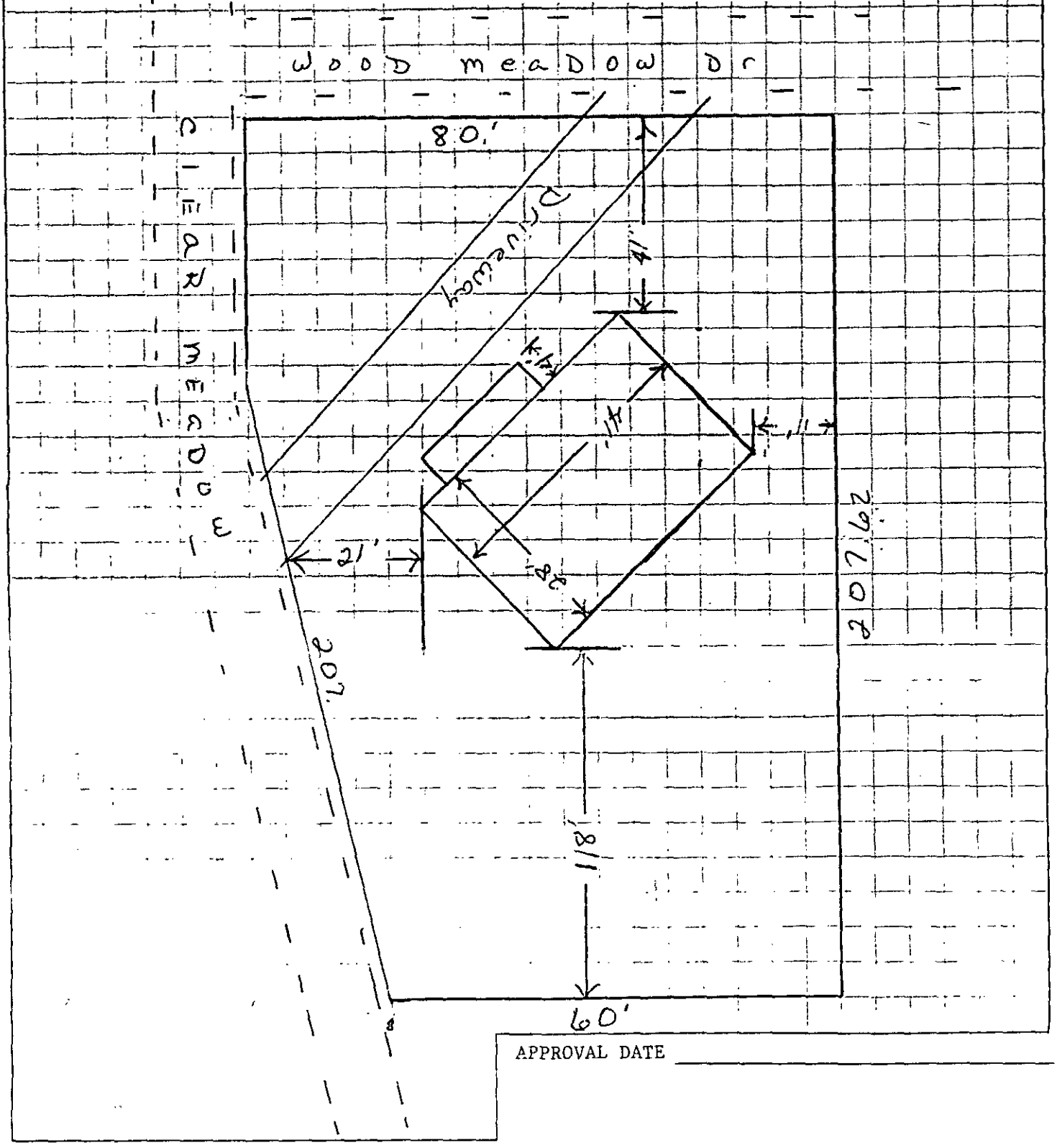
PROPOSED PLOT PLAN

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

FILE: 7700A

TC: 139-255-17

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 _____