

7227 HIGH POINT CT

19940187

1/7/2008

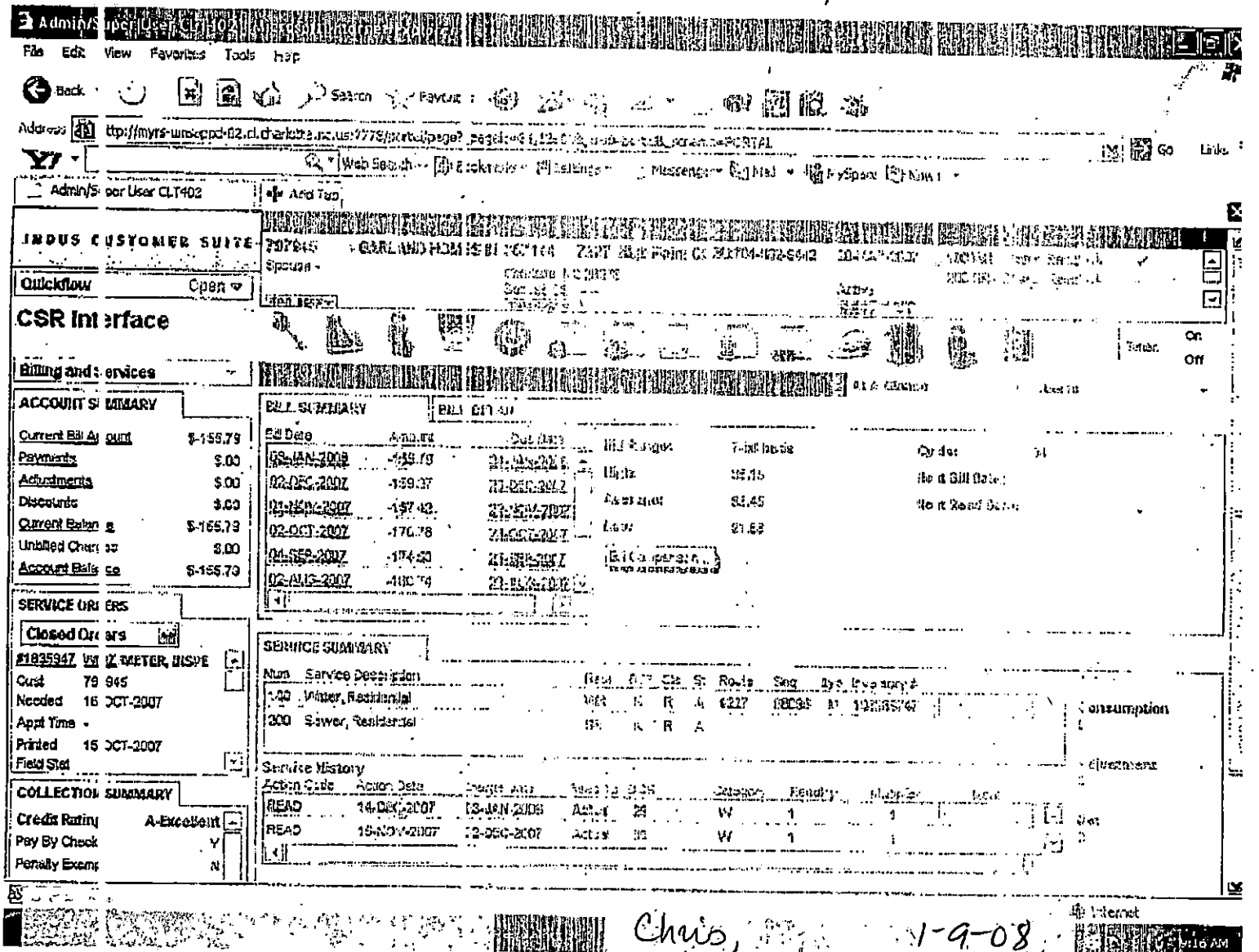
duponbj

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

1-9-08

An a phone call to CMUD New Service Connection @ 704. 399. 2221, CMUD staff verified water and sewer service to this address and faxed this documentation.

Shawna M Caldwell



Paul Kumor

704.375.2438

Chris, 1-9-08

This is that septic permit Trevor and I talked to you about. Let me know if you need anything else from Paula

Thanks!

Caldwell, Shawna W.

From: Kumor, Paul J. [pkumor@GFNET.com]
Sent: Wednesday, January 09, 2008 1:23 PM
To: Caldwell, Shawna W.
Subject: 7227 High Point Ct

Ms. Caldwell,

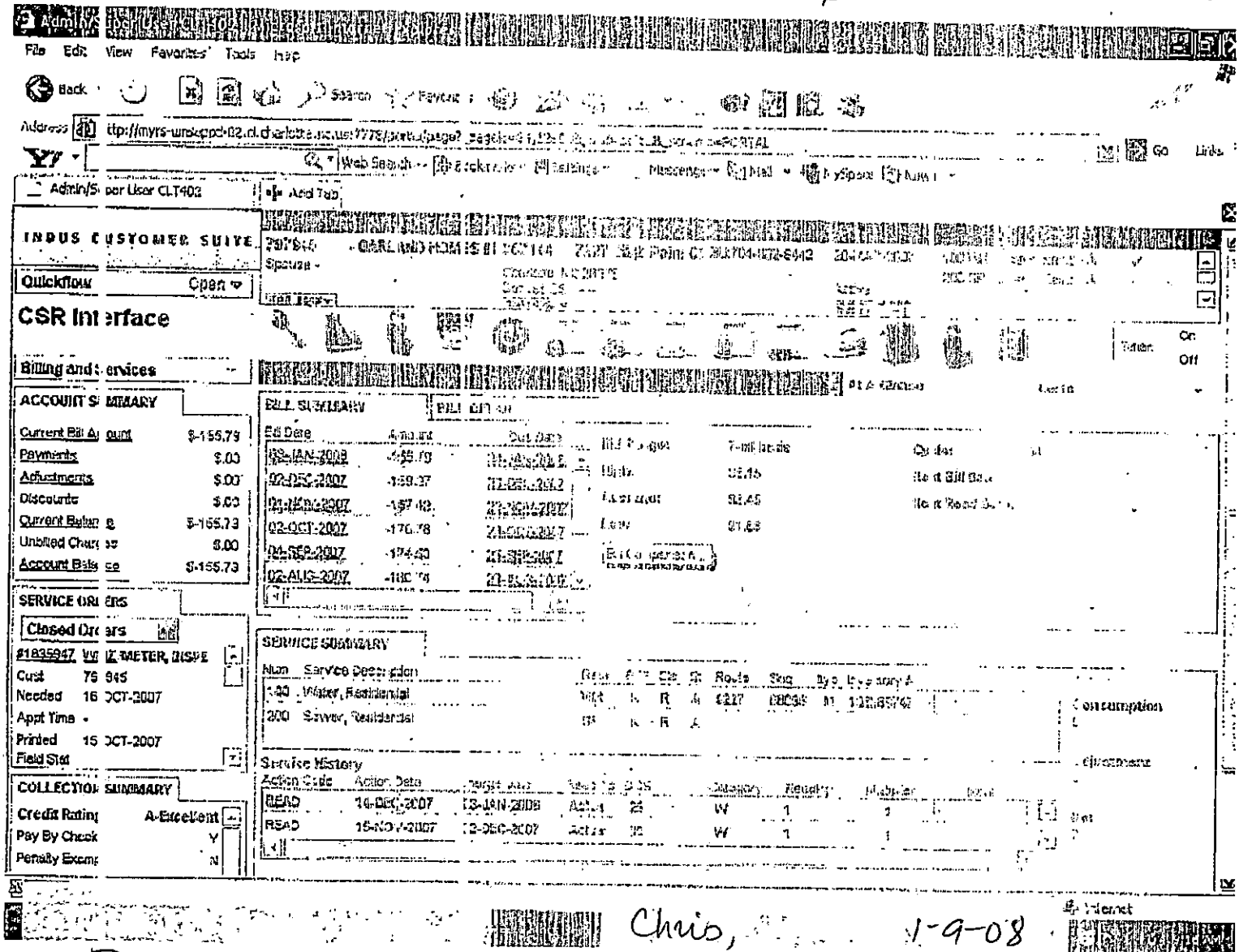
I am the property owner of 7227 High Point Ct. My contractor obtained a permit from your office to install a septic system for the aforementioned property, PID#199-401-87, GWS File#4601B. When I applied for the permit and installed the septic system, CMUD sewer was not available. Sewer is now available, so I no longer wish to utilize the septic system. The residence is now serviced by CMUD sewer and water as documented by a FAX from CMUD received in your office on Wed., Jan. 9, 2008. Therefore, I request that your office release the hold related to septic system approval, so that I can receive a CO for this residence. Please contact me if you need any additional information."

Paul Kumor

1-9-08

On a phone call to CMUD New Service Connection @ 704. 399. 2221, CMUD staff verified water and sewer service to this address and faxed this documentation.

Shawna M Caldwell



Chris, 1-9-08

Paul Kumor

704.375.2438

This is that septic permit Trevor and I talked to you about. Let me know if you need anything else from Paula

Thanks!

01/09/2008

Caldwell, Shawna W.

From: Kumor, Paul J. [pkumor@GFNET.com]
Sent: Wednesday, January 09, 2008 1:23 PM
To: Caldwell, Shawna W.
Subject: 7227 High Point Ct

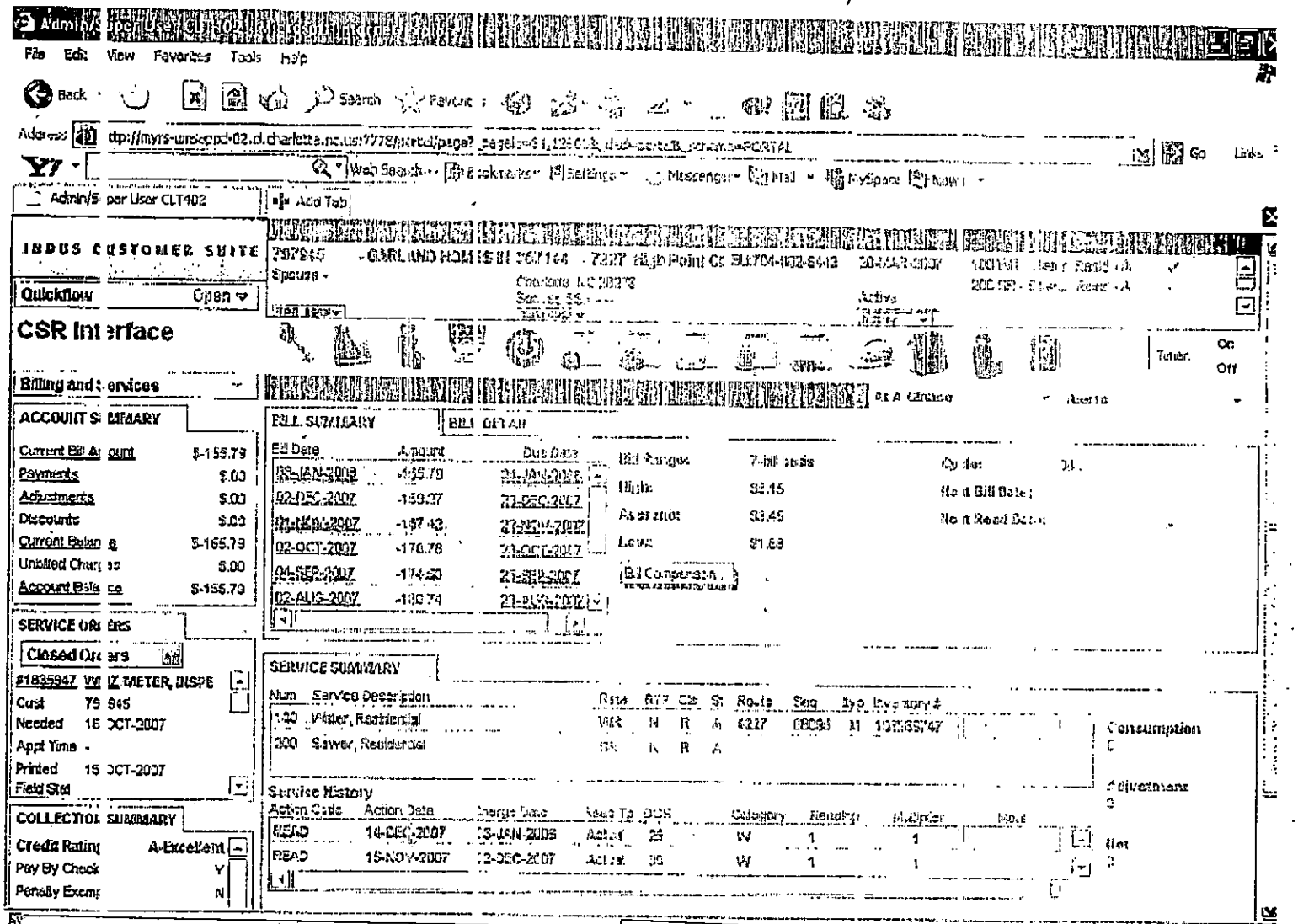
Ms. Caldwell,

I am the property owner of 7227 High Point Ct. My contractor obtained a permit from your office to install a septic system for the aforementioned property, PID#199-401-87, GWS File#4601B. When I applied for the permit and installed the septic system, CMUD sewer was not available. Sewer is now available, so I no longer wish to utilize the septic system. The residence is now serviced by CMUD sewer and water as documented by a FAX from CMUD received in your office on Wed., Jan. 9, 2008. Therefore, I request that your office release the hold related to septic system approval, so that I can receive a CO for this residence. Please contact me if you need any additional information."

Paul Kumor

1-9-08

On a phone call to CMUD New Service Connection @ 704. 399. 2221, CMUD staff verified water and sewer service to this address and faxed this documentation. Shawna M Caldwell



Paul Kumor

704. 375. 2438

Chris, 1-9-08

This is that septic permit I swore and I talked to you about. Let me know if you need anything else from Paula

Thanks!

01/09/2008

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

INSTALLATION APPROVAL for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 4601B Permit #: _____ Tax Parcel #: 199-401-68

Property Owner: _____

Job Location Address: 7227 HIGH POINT COURT

City: CHARLOTTE State: NC Zip Code: 28278-6526

Installation Approval Issuance Date: 8/23/06

Permission is hereby given to ☑ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 8/25/06, after which date this approval 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 granting this approval. 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 of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 360 GPD

Site LTAR: 0.275 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Drainfield Design ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 220 feet

# of Lines: 5 @ 220 feet

Depth of Media: 24 inches (Type) SAND

Distribution Device: GATE VALVE

Bed Design *(For Repair Installations ONLY.)* ☑ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☑ Municipal ☐ Private Well ☐ Community Well

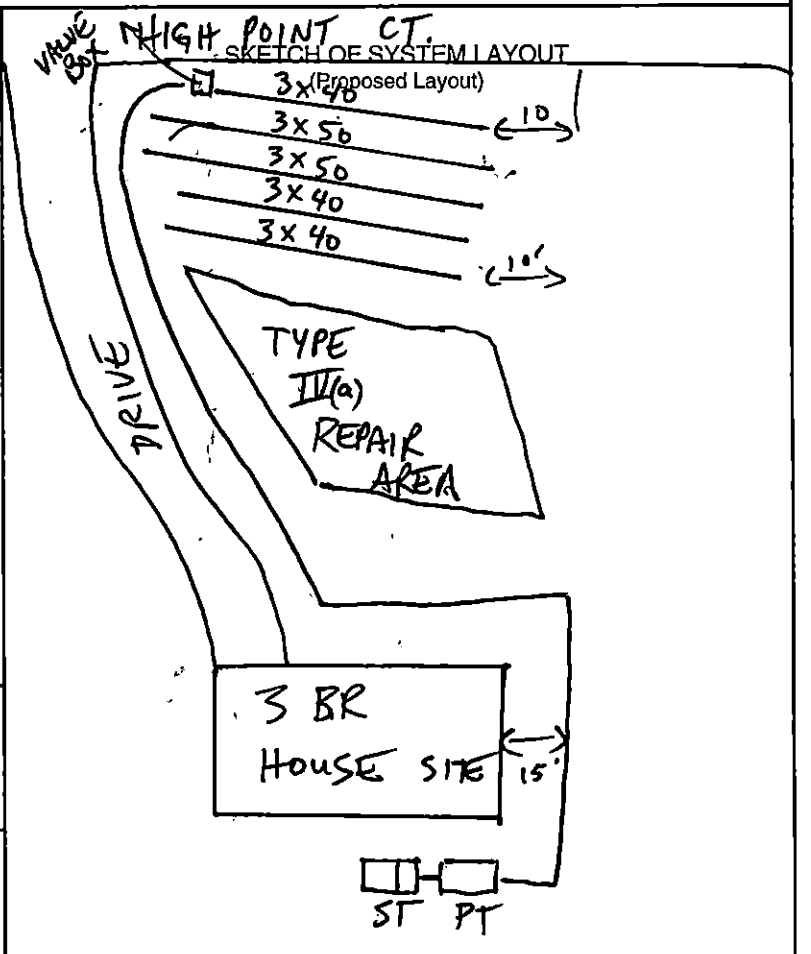
☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: 25 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet



Comments: System Classification & Type: TYPE III(a) PPBPS 50% REDUCTION + SAME FOR REPAIR; EFFLUENT FILTER REQUIRED FOR SUPPLY LINE; SEPTIC AREA MUST BE FENCED OFF UPON COMPLETION

DENR Authorized Agent: Chris Sherrill, RS, LSS Signature: _____

S&EC

Soil & Environmental Consultants, PA

236 LePhillip Court, Suite C • Concord, North Carolina 28025 • Phone: (704) 720-9405 • Fax: (704) 720-9406
www.SandEC.com

FACSIMILE SHEET
FAX NO. (704) 720-9406

DATE: 2/1/05 Project Number: 5-1507

TO: Name: Bill Marlin CC: _____

Company: Meck Co Health Dept _____

Fax Number: (704) 336-6894 _____

FROM: Wendell Overby SUBJECT: High Point Lane-Lake Wylie

The following items are being faxed. Number of pages including transmittal sheet: 3

_____ For Your Comments/Approval
x For Your Information
_____ Per Our Conversation
_____ Per Your Request
_____ Please Advise
_____ Please Call
_____ Would Like To Discuss
_____ Please Handle

HARD COPY SENT:

_____ US Regular Mail
_____ Hand Delivery
_____ Overnight
x No Hard Copy Sent

REMARKS: Bill: We visited this lot on Friday and "laid out" proposed drainlines. Some of the line placements were estimates due to the cut and large soil pile. However, if some smoothing of the surface and placement of soil cap is allowed in the cut area I propose using panel initial and repair systems. Its likely a .275 LTAR could work. The trenches could go on 8' centers. Let me know if we need to meet someone out there. My idea for shaping the lot is on the last page of the fax. Due to the depth of usable soil and quality saprolite I think there is some freedom to shape the lot and buck grade slightly if needed. Wendell

IF YOU HAVE ANY QUESTIONS OR PROBLEMS WITH THIS TRANSMISSION,

PLEASE CONTACT Wendell AT (704) 720-9405.

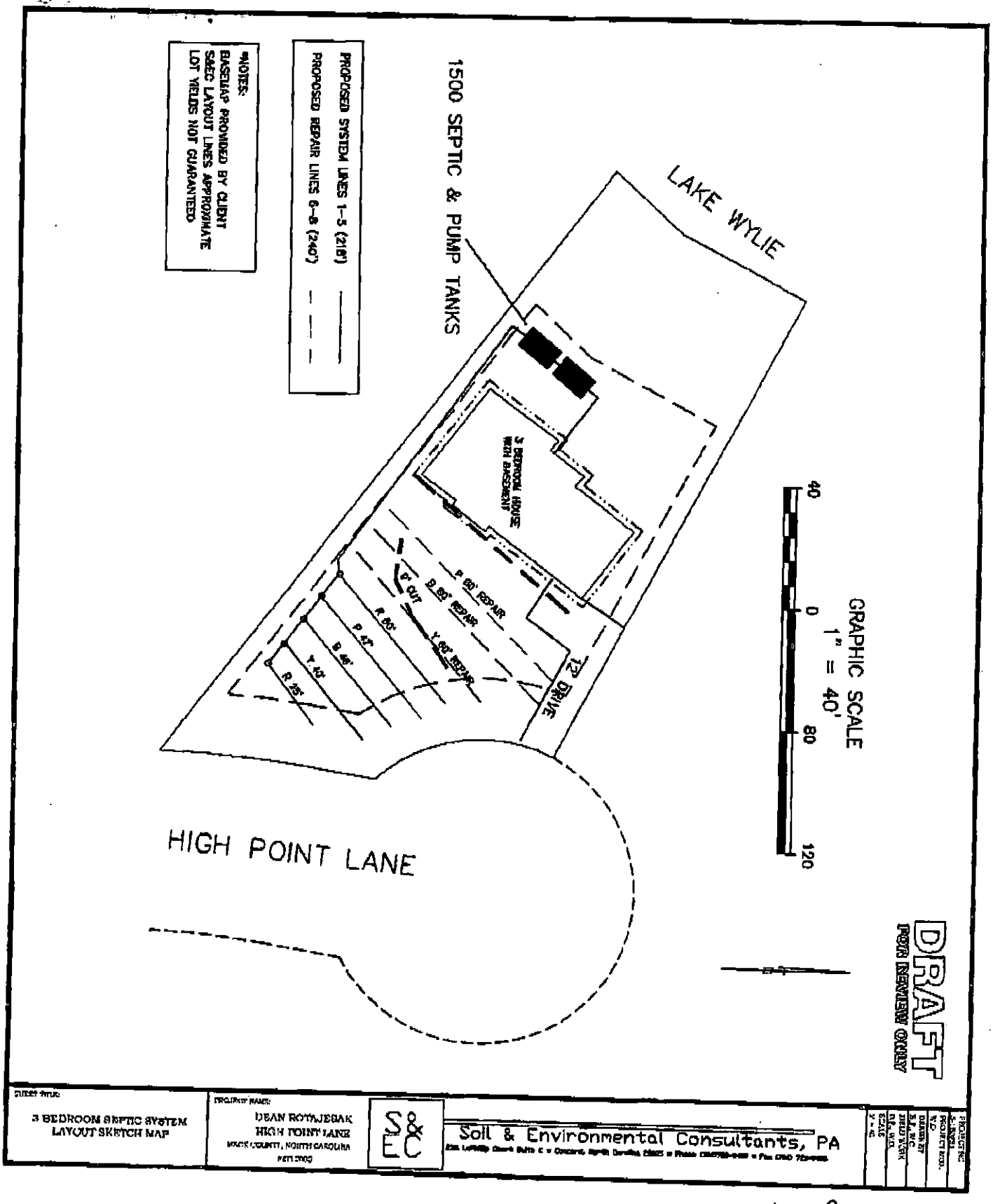
CONFIDENTIALITY NOTICE

This transmission is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged and confidential. If the reader of this message is not the intended recipient, you are hereby notified that any disclosure, distribution or copying of this information is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone and return the faxed documents to us at the above address via the United States Postal Service.

Greensboro Office:
3817-E Lawndale Drive
Greensboro, NC 27455
Phone: (336) 540-8234
Fax: (336) 540-8235

Hickory Area Office:
622 Coon Mountain Lane
Taylorsville, NC 28681
Phone: (828) 635-5820
Fax: (828) 635-5820

Raleigh Office:
11010 Raven Ridge Road
Raleigh, NC 27614
Phone (919) 846-5900
Fax: (919) 846-9467


NOTES:
BASEMAP PROVIDED BY CLIENT
S&EC LAYOUT LINES APPROXIMATE
LOT YIELDS NOT GUARANTEED
PROPOSED SYSTEM LINES 1-5 (215')
PROPOSED REPAIR LINES 6-8 (240')
1500 SEPTIC & PUMP TANKS
LAKE WYLIE
3 BEDROOM HOUSE WITH BASEMENT
HIGH POINT LANE
12' DRIVE
GRAPHIC SCALE
1" = 40'
40
0
80
120
DRAFT
FOR REVIEW ONLY
3 BEDROOM SEPTIC SYSTEM LAYOUT SKETCH MAP
DEAN ROYAJESAK
HIGH POINT LANE
S&EC
Soil & Environmental Consultants, PA

4601B
2/17/05

304.334.361

02/15/2005 08:45 7047209406 PAGE 03
S AND EC

DEAN ROTAJESAK - HIGH POINT LANE - MECK CO.

4601B
2/17/05

PPBPS Design Worksheet							File #:	4601B
							Tax #:	199-401-68
System Requirements							Address:	7227 High Point Ct.
Design Flow	360	gpd						Lot #7
LTAR	0.275	gpd/ft.^2					Consultant:	S&EC
Linear footage	436	ft. (conventional)					Phone:	704-720-9405
Linear footage	218	ft. (50% Reduction)						
							Reviewed By:	
Design Layout							Date:	
Laterals	Length (ft)	# Panels	Calculated					
Line # 1	40	9	9.23		T & J Panels			
Line # 2	50	11	11.54		Linear Feet	# Panels		
Line # 3	50	11	11.54		20	5		
Line # 4	40	9	9.23		30	7		
Line # 5	40	9	9.23		40	9		
Line # 6	0	0	0.00		50	11		
Line # 7	0	0	0.00		60	14		
Line # 8	0	0	0.00		70	16		
Totals	**220**	**49**	50.77					
Absorption Area								
Length (ft)	Width (ft)	Area (ft^2)						
220	3	660						
System Pressure Head	2	ft.	Value selected by system designer (must be between 2-5 ft.)					
Orifice Diameter	5/32	in.	Size selected by system designer (1/8 in. minimum)					
Flow Rate per Orifice	0.41	gpm	Determined from orifice flow design table (value dependent on pressure head & orifice diameter)					
Total System Flow Rate	20.09	gpm	Total number of panels required multiplied by the orifice flow rate					
System Dose Volume	176.40	gal.	Total number of panels required multipled by 3.6 gal./panel					
Pump Run Time	8.78	min.	System dose volume divided by the total system flow rate					
Pump Tank Drawdown	8.40	in.	1,000 gal. Pump tank, volume is approximately 21 gallons per inch					
Comments:								
1. Install system using 3 ft. wide trenches.								
2. Install drainlines on 9 ft. centers, level, and on contour.								
3. System design requires effluent pump for distribution.								
4. 100% repair area (PPBPS) required for property.								

FEE: 150.00
DATE: 8/18/01

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

PERMIT NUMBER: 4601B
PARCEL NUMBER: 199-401-68

JOB LOCATION ADDRESS: 7227 High Point Ct
PROPERTY OWNER: Paul J. Kumar
BUILDING CONTRACTOR: Dean Rotajesail
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: David Cornelius RS DATE: 02/17/05

David Cornelius, RS 2/17/05
DENR/DEH AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 4601B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN *INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL* MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH THE MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.

5. OTHER CONDITIONS:
   Install according to plans on file submitted by Soil and Environmental Consultants, 2/17/05.

CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Permit Number: **4601B** Tax Number: **199-401-68**

- 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

Primary Wastewater System

Type: ☐ 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:

0.275 Long-term acceptance rate (GPD/ft^2)	360 Max gallons/day wastewater flow	655 Absorption Area (ft^2)	8 Trench spacing (min. on centers) (ft)
Serviced by private well: ☒ Yes ☐ No	1500 Gallon septic tank	218 Total trench length (ft)	30 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
3 Bedrooms in residence	1000 Gallon pump tank	NA Depth of stone (in)	

Any surface water present: **Yes** Type: **Lake Wylie** Minimum separation distance (ft): **50**

Additional conditions: **Install according to plans on file submitted by Soil and Environmental Consultants 2/1/05.**

Repair Area System

Type: ☐ 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:

655 Absorption Area (ft^2) 240 Total trench length (ft)	NA Depth of stone (in)	8 Trench spacing (min. on centers) (ft)	30 Maximum trench depth (in)

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. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems 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 Improvement permit is transferable.

DENR Authorized Agent — Date 2/17/05

Owner/Agent Signature — Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE: (704) 336-5103
FAX: (704) 336-6894

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

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

#2 #9

Sheet: _____

Property ID: 00 149-401-[illegible] 66

Lot #: 7 Wilson

File #: 4601B

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Butch Honeycutt APPLICANT: Tim Middlebrooks

ADDRESS: 7235 High Point Ct, Charlotte DATE EVALUATED: 5-4-01

PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 4 bedroom PROPERTY SIZE: .47

LOCATION OF SITE: off High Point Road PROPERTY RECORDED: _____

WATER SUPPLY: ☒Private ☐Public ☐Well ☐Spring ☐Other _____

EVALUATION METHOD: ☒Augur Boring ☐Pit ☐Cut

TYPE OF WASTEWATER: ☒Sewage ☐Industrial Process ☐Mixed

PROFILE #	.1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR. HORIZ	PROFILE CLASS &LTAR
1	LS 15%	0-3"	gr/cl	Fr/SEXP/SS/SP	>48" to soil wetness	48"	N/A	None	PS .39/F2 IV
		3-48"	SBK/C	Fi/SEXP/S/D					
2	LS 30%	0-4"	gr/cl	Fr/SEXP/SS/SP	>48" to soil wetness	48"	N/A	None	PS .39/F2 IV
		4-35"	SBK/C	Fi/SEXP/S/P					
		35-48"	SBK/C	Fr/SEXP/SS/SP					
3	LS 32%	0-11"	gr/sc/	Fr/SEXP/SS/SP	>39" to soil wetness	39"	N/A	None	PS .39/F2 IV
		11-36"	SBK/C	Fi/SEXP/S/P					
		36-39"	SBK/C	Fr/SEXP/SS/SP					
4	LS 31%	0-3"	gr/cl	Fr/SEXP/SS/SP	>42" to soil wetness	42"	N/A	None	US .39/F2 IV
		3-31"	SBK/C	Fi/SEXP/S/D					
		31-42"	SBK/C	Fr/SEXP/SS/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	US	US
System Type(s)		
Site LTAR	.39/F2	.39/F2

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): Unsuitable

EVALUATED BY: W.A. Morlin - LSS 5-7-01

OTHER(S) PRESENT: _____

FILE # 46013

COMMENTS Well Repair, Well not pump

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

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

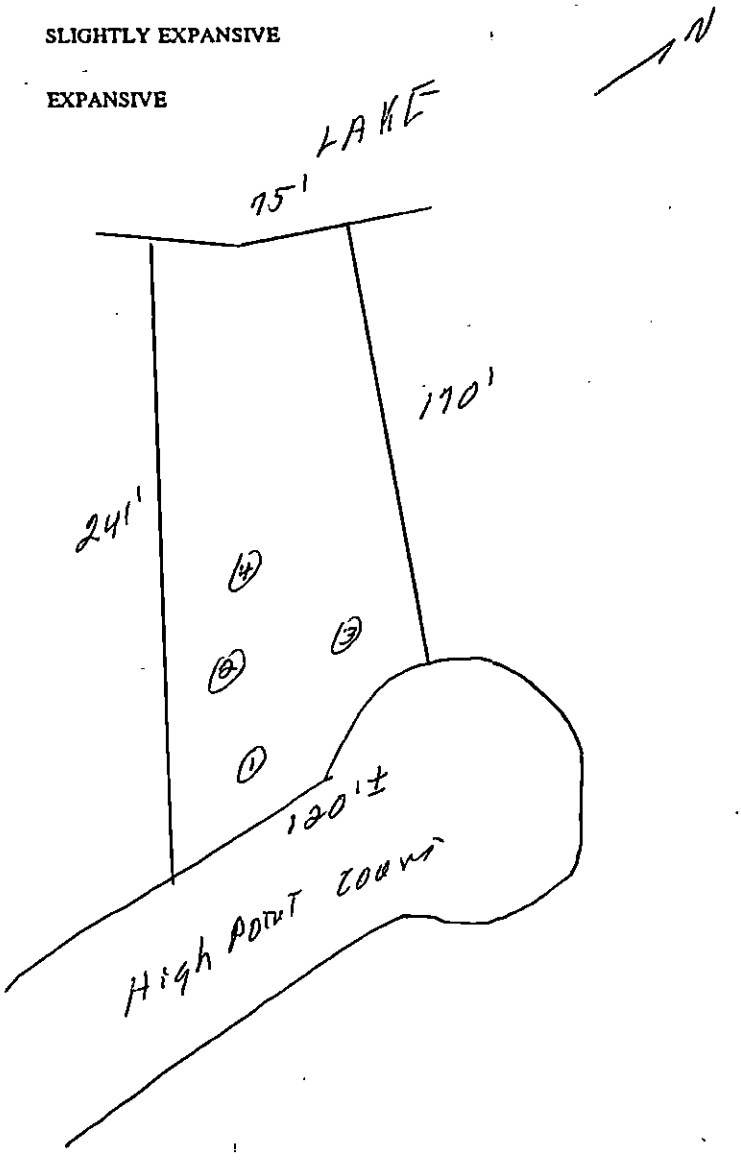
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



TRANSFER OF OWNERSHIP

Permit #: _____
Job Location Information:
Tax Parcel #: _____
Street Address: _____

An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change or if information submitted in this application is falsified or changed.

Property Owner Improvement Permit Originally Issued to:

Name: Hayworth Malcolm (last) (first) (mi) Date Issued: 8/8/01

Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: (704) ____-____

IMPROVEMENT PERMIT TRANSFERRED TO:

Name: Kumar Paul J. (last) (first) (mi)
Address: 5443 Moonlight Trail
City: Concord State: NC Zip: 28025
Daytime Phone: (704) 375-2438

The undersigned, owner or legal agent for the owner, of the property described as the "job location" in the original application dated ~~6/14/04~~ 4/20/01 has read the foregoing application and Improvement Permit, 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: _____ Date: 6/14/04

IMPROVEMENT PERMIT TRANSFERRED TO:

Name: Kumar Paul J. (last) (first) (mi)
Address: 5443 Moonlight Trail
City: Concord State: NC Zip: 28025
Daytime Phone: (704) 375-2438

The undersigned, owner or legal agent for the owner, of the property described as the "job location" in the original application dated 4/20/01 has read the foregoing application and Improvement Permit, 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: _____ Date: 6/14/04

FEE: 200.00 CK# 3246 Septic w/well

DATE: 11/21/05 JC

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

X 976

1 1 CRT

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

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

FILE #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 199-401-87

STREET ADDRESS: 7227 High Point Court, Charlott

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS:

NUMBER OF OCCUPANTS:

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT ON SLAB
___ CRAWL SPACE
X WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

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

New Construction

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

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
X SHARED WELL (S)
___ MUNICIPAL (M)
___ OTHER 'SPRINGS' (O)
___ PRIVATE WELL (P)

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

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

PROPERTY OWNER:

NAME: Kunar Paul J.
(LAST) (FIRST) (MI)

ADDRESS: 5443 Moonlight Trail

CITY: Concord STATE: NC ZIP 28075

DAYTIME PHONE: (704) 375-2438

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Ratajesak Dean A
(LAST) (FIRST) (MI)

DAYTIME PHONE: 704 305-0777

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: [signature] DATE: 6/14/07

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

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

FILE # 4601-B Lot 7
PARCEL # 199-401-68

The undersigned Malcolm Irving Heyworth + Linda K. Heyworth, owner of property located at 7227 High Point Court, (the "site") and described in an instrument recorded in Book 35 at Page 343, Mecklenburg Public Registry, hereby acknowledges that the undersigned 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 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 is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an 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 the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, 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 acknowledges that the following conditions will apply to the site:

- Any changes on the property may make the Improvement Permit Null and void and may make the Improvement Permit subject to revocation.

STAMPS
CLOCK
DATE
FILED FOR REGISTRATION
FILE COPY
JUDITH A. GIBSON, REGISTER OF DEEDS MECKLENBURG COUNTY, NC
REC FEE
PAGE
TIME
DOC. #

This instrument was prepared by: MR. Malcolm Heyworth
Mail after recording to: 7235 High Point Ct
Charlotte, NC 28278

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement 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.

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.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 8th day of June, ~~199~~ 2001

_____ (Corporate Name)

By: _____

_____ President

ATTEST:

_____

_____ Secretary

(Corporate Seal)

Malcolm I. Heywood (SEAL)

Linda K Heywood (SEAL)

_____ (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Michelle L. Edmonds, a Notary Public for said County and State, do hereby certify that Malcolm I. Heywood Linda K Heywood personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 8th day of June, 2001 ~~199~~.

Michelle L. Edmonds
Notary Public

My Commission Expires:
10-22-05

_____ (Corporate Name)

By: _____

_____ President

ATTEST:

_____

_____ Secretary

(Corporate Seal)

Malcolm I Heyworth (SEAL)

Linda K Heyworth (SEAL)

_____ (SEAL)

_____ (SEAL)

MICHELLE L. EDMONDS NOTARY PUBLIC CABARRUS COUNTY, NC

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Michelle L. Edmonds, a Notary Public for said County and State, do hereby certify that Malcolm I Heyworth & Linda K Heyworth personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 8th day of June, ~~199~~ 2001.

Michelle L. Edmonds
Notary Public

My Commission Expires:
10-22-05

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

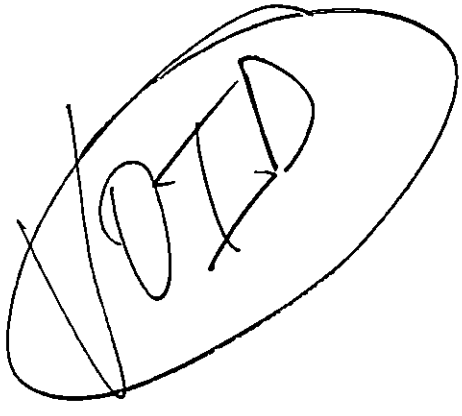
FILE: 4601B DATE: 3/3/05

TC: 199-401-68 ☐ L

SERIAL 19979

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 6/14/05. All work shall be completed on or before 3/1/05, 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 ACCORDING TO PLANS ON FILE SUBMITTED BY SOIL & ENVIRONMENTAL CONSULTANTS, 2/1/05. WENDELL O.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Y

Total Line Length 218 feet

Number of Lines 5

Depth of Stone N/A inches

Distance from House 75 feet

Distance from Property Line 710 feet

Distance from Well 750 feet

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

NAME OF OWNER PAUL KUMPF

LOCATION OF PROPERTY 7227 HIGH POINT CT.

Comments: PPBP SYSTEM, 50% REDUCTION; PLAN SUBMITTED BY WENDELL OVERBY, 1500 GST, 1000 GPT, KEEP ALL PARTS OF SYSTEM 710' FROM PROPERTY LINES, 75' FROM HOUSE FOUNDATION & 750' FROM WELL & LAKE

RS 3/3/05

Environmental Health Specialist

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

(4) Bdrm. Pumped (PPBPS) PANEL Block

MCHD
FILE: 4601-B
Lot 7

VOID
2/17/05

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

USE PLANS SUBMITTED BY S&EC

SPECIALIZED EQUIPMENT OR REQUIREMENTS:

DROP BOX	WELL ABANDONEMENT
DISTRIBUTION BOX	EASEMENT
DIPPER BOX	LOT COMBINATION/SURVEY
FLOW DIVIDER	EARTHEN SURFACE SWELL
WASH BOX	FRENCH/CURTAIN DRAINS
SPECIAL FITTINGS	GREASE INTERCEPTOR
PRESSURE MANIFOLD	PUMP TANK - 1,000 GAL
SIPHON	SAPROLITE TEST
MULTIPLE PUMPS	
OTHER: 1 Valve Box (4) gate valves	1,500 gal. Septic Tank

LINE	#PANELS PER LINE	#HOLES PER PANEL	HOLE SIZE	HOLE SPACING	LINE HEAD	LINE LENGTH	HOLE FLOW	PER MINUTE LINE FLOW	ELEV.
L1	16	1	5/32	4.3	3	70'	.50	8	107.3
L2	16	1	5/32	4.3	3	70'	.50	8	108.2
L3	16	1	5/32	4.3	3	70'	.50	8	109.1
L4	16	1	5/32	4.3	3	70'	.50	8	110.2
	64 panels					280'			

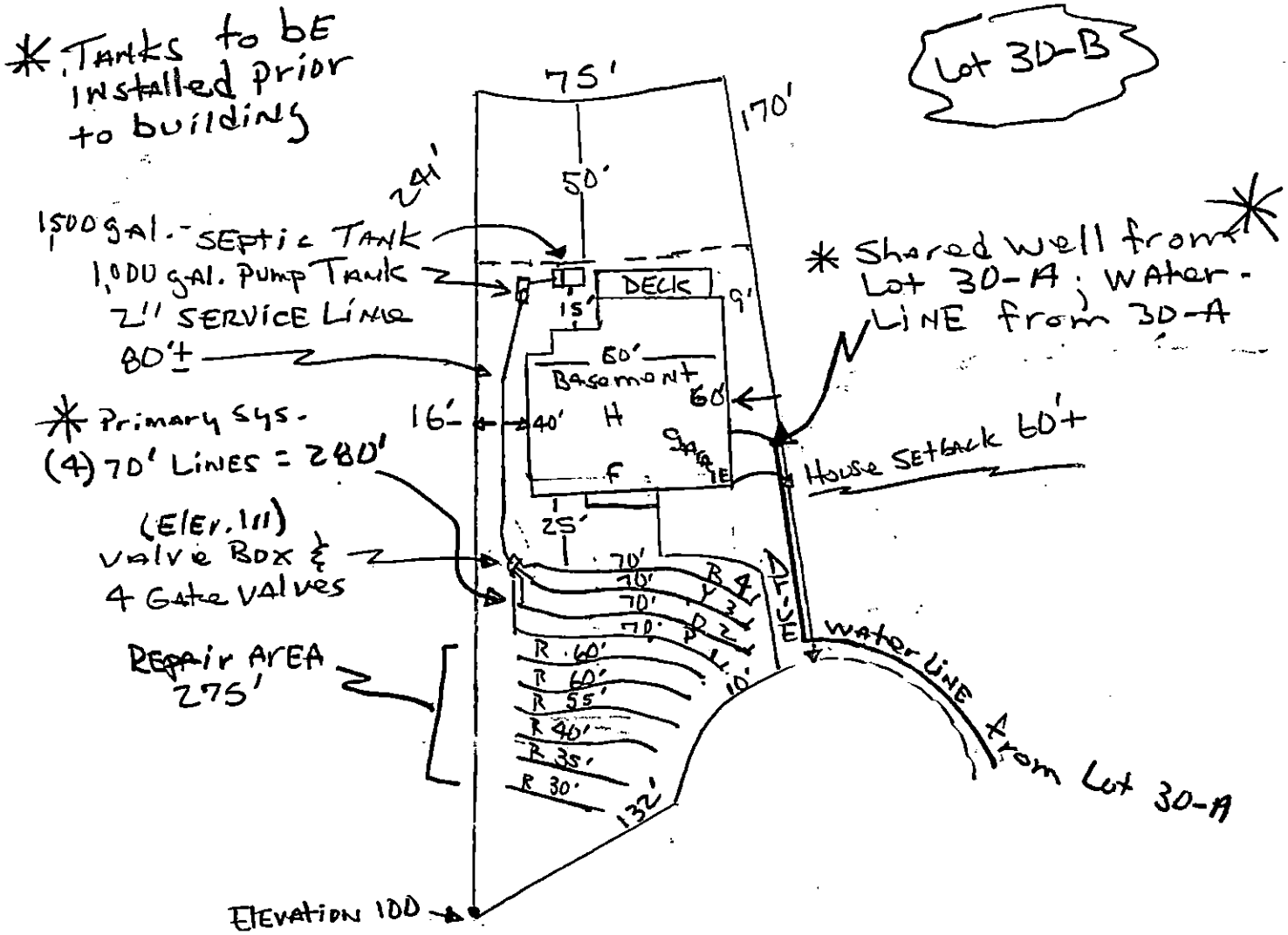
Repair AREA

275' PANEL As shown on PLAN.

T. W. Walker
866-9540

(4) Bedrm. Pumped (PPBPS) Panel Block & Repair Area.

MCHD
File: 4601-B
Lot 7



T. Whitaker
S/SD

File: 4601-B
Lot 7

(4) Bedrm. Pumped (PPBPS) Panel Block
& Repair Area.

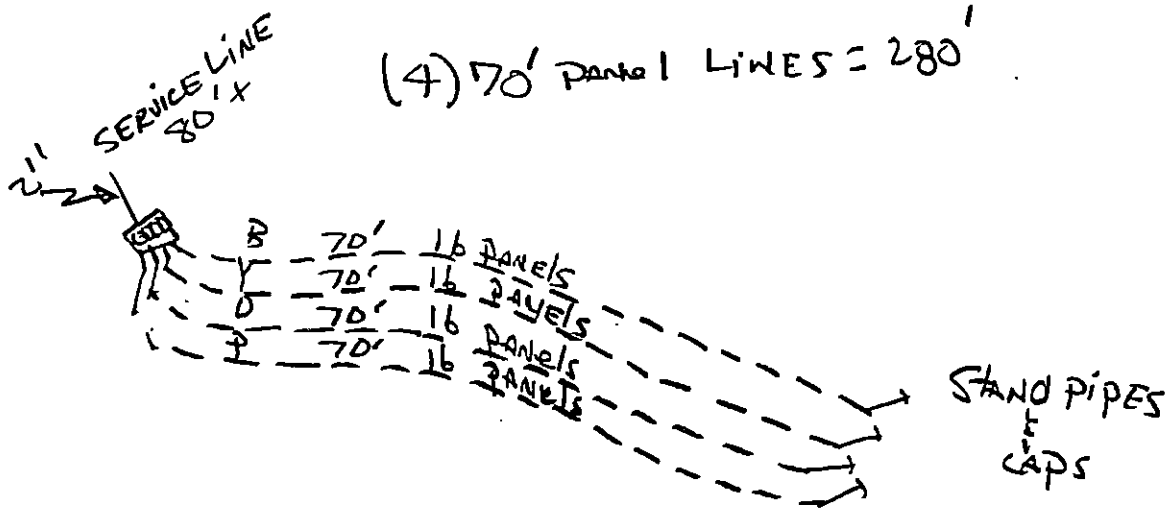
SPECS: Install per manufacturers specs.

* 1,500 gal. Septic Tank
  1,000 gal. Septic Tank
* Valve Box & (4) gate valves

  Pump Tank Elevation = 124.0
  Valve Box Elev. = 111.0

* TDH = 19 at 57.65 gpm
* Dosing Volume 200 gal. per dose cycle
* .5 Hp pump
* 10" Drawdown/pump Tank
* 3.5 minute pump cycle

(4) 70' panel lines = 280'



Permit Number 9601 P Tax Number 177-701-68

- 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

0.3 Long-term acceptance rate	480 Max gallons/day wastewater flow	560 Absorption Area (sq ft)	8' Trench spacing (min. on centers)
Shared well Serviced by private well	1500 Gallon septic tank	280' Total trench length (ft)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
4 Bedrooms in residence	1000 Gallon pump tank	NA Depth of stone	

Any surface waters present: Yes Type: Lake Wylie Minimum separation distance: 50'

Site modifications required:

Additional Conditions: - Tanks to be installed before construction
- Certified Operator on file before C.O. Release
- Pump to Panel Block system

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

560' Absorption Area (Sq ft) 280' Total Trench Length (Ft)	NA Depth of Stone Trench	8' Trench spacing (min. on centers)	30" 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 th 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 effec 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 Departmen
- This Improvement permit is transferable.

Jimmy Mullis 8/6/01
REHNR Authorized Agent Date

T. Whitaker 8/8/01
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

FEE: _____
DATE: _____

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

LD 84557 AGS

PERMIT NUMBER: 4601B
PARCEL NUMBER: 19940187

JOB LOCATION ADDRESS: 7227 High Point Court
PROPERTY OWNER: Paul J. Kumar
BUILDING CONTRACTOR:
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: Jeremy P. Michelone R.S. DATE: 06/15/04

Jeremy P. Michelone R.S.
DENR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 4601B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH THE MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS:

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITSAND AUTHORIZATION TO CONSTRUCT.

_____ _____
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

FEE: 150 pf
DATE: 8/1

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

AOS

DATE: _____ PERMIT NO: 4601B

JOB LOCATION ADDRESS: 7227 High Point Court - Lot #7 PARCEL NO: 199-401-62 87

PROPERTY OWNER: Malcolm Hepworth

BUILDING CONTRACTOR: Malcolm Hepworth

SUBDIVISION NAME: NA

AUTHORIZATION ISSUED BY: Jenny Mueble R.S. DATE: 8/6/01

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4601B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: Tanks to be installed before Construction
→ Shared well from lot 30-A
→ Certified Operator needed before C.O. Release
→ Agreement forms already on file

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

T— Whittaker 8/8/01

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

FEE: _____

DATE: _____

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

Paid 4/19/01 RB
Ck # 1419 200
[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM _ EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

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

FILE #: 4601B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: 199-401-68 PO

TAX/PARCEL NUMBER: 199-401-11 PO

STREET ADDRESS: High Point Ct.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: Lot 7 Proposed

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 3600+

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

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

CLOSING DATE _____

10521

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION: 8/8/01

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

WATER SUPPLY (CHECK ONE):

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

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: mob - 576-8124

NAME: Hayworth, Butch (LAST) (FIRST) (MI)

ADDRESS: 7235 High Pt. Ct.

CITY: Charlotte STATE: NC ZIP: 28278-6526

DAYTIME PHONE: ( ) 588-1663

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Whittaker, Tim (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) 866-9540

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: T. Whittaker for B-H. DATE: 4/20/01

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

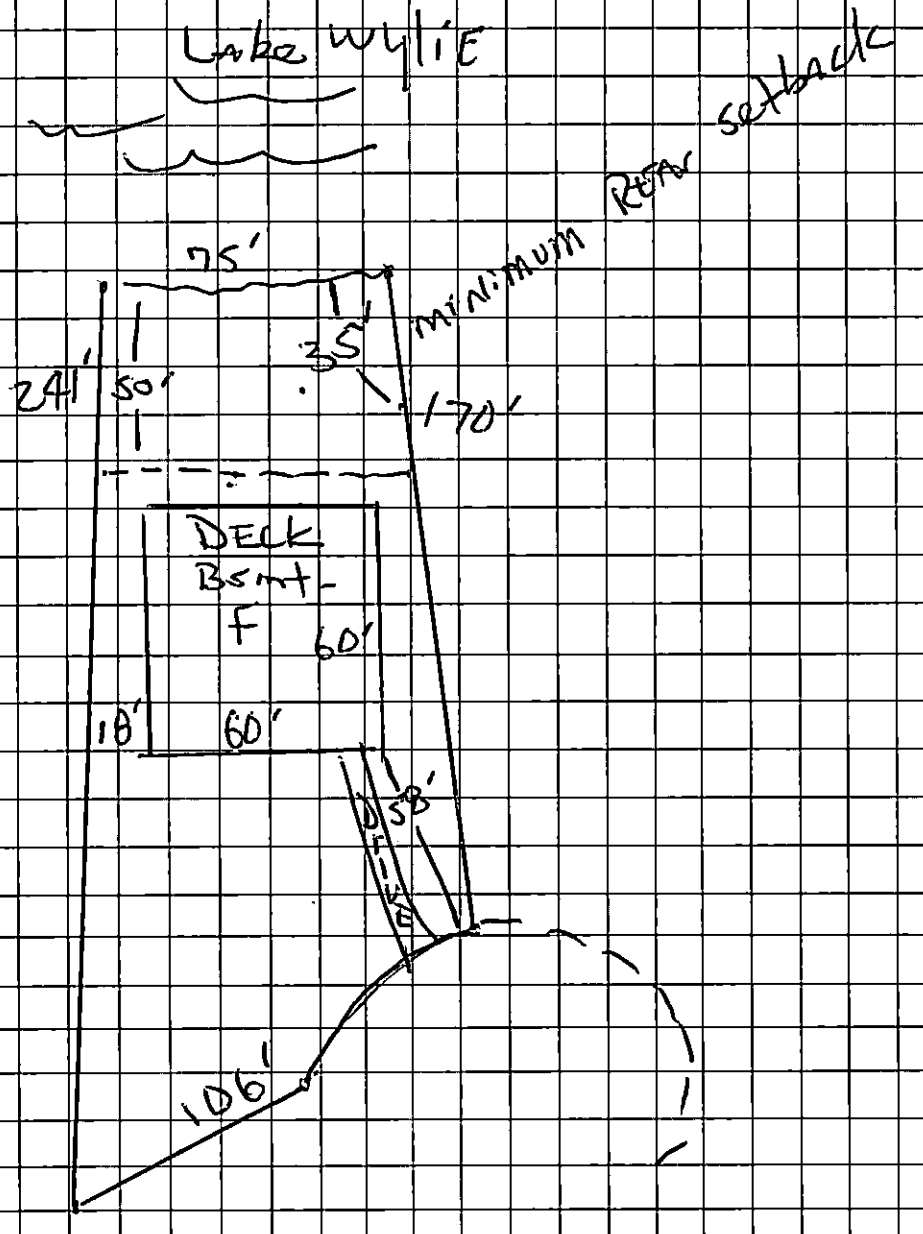
PROPOSED PLOT PLAN

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

FILE: 4601B

TC: 199-401-11 PO
Lot 7

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.



T. W. Rittaber
OWNER/AGENT SIGNATURE

DATE 4/20/01

APPROVAL DATE _____

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

44
62
10 R

NEED
- $150 FOR CO
- CERTIFIED OPERATOR CONTRACT
- SIGNATURE ON PERMIT (IP)