

7234 BUCKLAND RD

11330255

1/3/2008

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: 3669B DATE: 11-12-97 12-15-97

TC: 113-302-5374 ☑ CRT

SERIAL Nº 17405

Name of Owner Robbie Kerns Juris.: _____

Address of Property 7234 Buckland Rd

Inspection Data:

Tank Material 1500

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth 12"=16"

Water Supply Source WELL

Distance to Water Source NOT INSPECTED YET

Excavation Inspected 11/12/97

Tank(s) Inspected 11/12/97

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design 1500 Septic tank, 1200 SQ FT, 12"G, CCIL-LIKE CTR# Hanley Septic

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 I5A 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 I5A 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: Type II - 3 bedroom

Jamie Higgins Denney R.S.
Environmental Health Specialist

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

CHARGE

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Charge Slip

Date: 12/16/97

Name/Company: Robbie Kerns

Sanitation _____

Vector Control _____

IWWS ✓

Service: Final Payment for Improvement Permit & Septic System Application

Fee: $ 50.00

1/2 mi Buckhead Rd

NOTICE:

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

Completed by _____ Collected by _____

12/16/97 50.00 cash

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

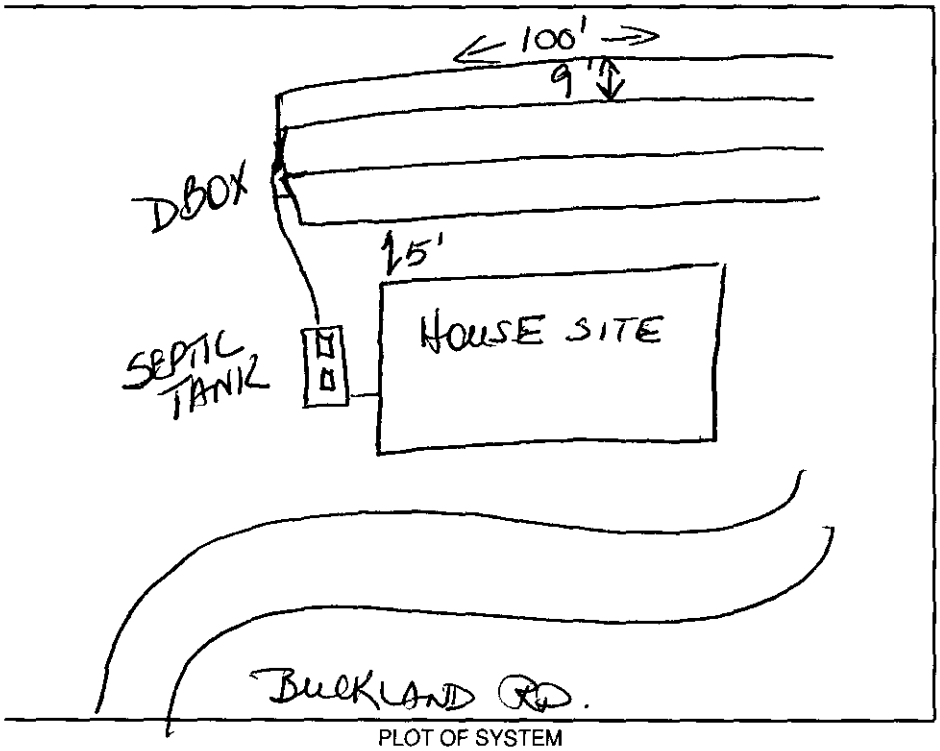
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3669B DATE: 12-15-97 11-13-97

TC: 113-302-55A ☒ L

SERIAL Nº 17472

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 12/15/97. All work shall be completed on or before 1/15/98, 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PCC

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width _____ feet

Trench Walls Scored and Porous yes

Total Line Length 400 feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 50' feet Minimum

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

NAME OF OWNER Robbie Kerns

LOCATION OF PROPERTY 7234 Buckland Rd.

Comments: 1500 ST, 1 DBOX, 4 LINES @ 3'X100'X12".

Joni Higgins Barney R.S.
Environmental Health Specialist

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

CHK # 1184 from 8/3/95
Fee transferred from file

Well ~~Well~~ A&O

FEE: _____ AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: _____ VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE CET

DATE: 7/29/97 PERMIT NO: 36696
PARCEL NO: 113-302-55A

JOB LOCATION ADDRESS: 7234 Buckland Rd.
PROPERTY OWNER: Robbie Kuss
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: Jori Higgins Bussey, RS. DATE: 7/29/97
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 36696, 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: ① Installation Approval Required.
② This permit is valid for 5 years from time of issuance.
③ Drainage improvements are required part of permit.

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.

X Terry L Pitts 7-30-97
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 3669B

Tax Number: 113-302-55A

- 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

.3 Long-term acceptance rate	360 Max gallons/day wastewater flow	~~1200~~ 1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
✓ Serviced by private well	1500 Gallon septic tank	400 Total trench length (ft)	36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	___ Gallon pump tank	12" Depth of stone	

Any surface waters present: NO Type: Minimum separation distance:

Site modifications required: DRAINAGE IMPROVEMENTS

Additional Conditions: (1) Well shall be required to be maintain a minimin 50 feet from any part of the septic tank.
(2) Drainage improvements are required as part of the installation and Improvement Permit.

Repair Area System Type Type (circle one): I II (III) IV V VI	✓ Conventional "Pump-To" ___ 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

1200 Absorption Area (Sq ft) 400 Total Trench Length (Ft)	12 Depth of Stone Trench	9 Trench spacing (min. on centers)	36 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 the 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 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.

Joni Higgins Bussey, R.S. 7/30/97
DEHNR Authorized Agent Date

X Terry Lofton 7-30-97
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

FEE: 100.00 (EW)
DATE: 6/25/97
Ck # 2431

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

I J CRT

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

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

FILE #: 3669B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: 55A

TAX/PARCEL NUMBER: 113-302-42,45

STREET ADDRESS: 7234 Buckland Rd

TYPE OF BUILDING (CHECK ONE):

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1600

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

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

CLOSING DATE _____

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

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

WATER SUPPLY (CHECK ONE): __ COMMUNITY (C) __ MUNICIPAL (M) ✓ PRIVATE WELL (P)
__ SHARED WELL (S) __ OTHER 'SPRINGS' (O)

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

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

PROPERTY OWNER:

NAME: KERNS ROBBIE
(LAST) (FIRST) (MI)

ADDRESS: 7234 BUCKLAND RD.

CITY: CHARLOTTE STATE: NC ZIP: 28278

DAYTIME PHONE: 704 824-5427

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: PILGRIM TERRY L
(LAST) (FIRST) (MI)

DAYTIME PHONE: (704 824-5427

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 11-13-96

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: Terry Pilgrim DATE: 6-24-97

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

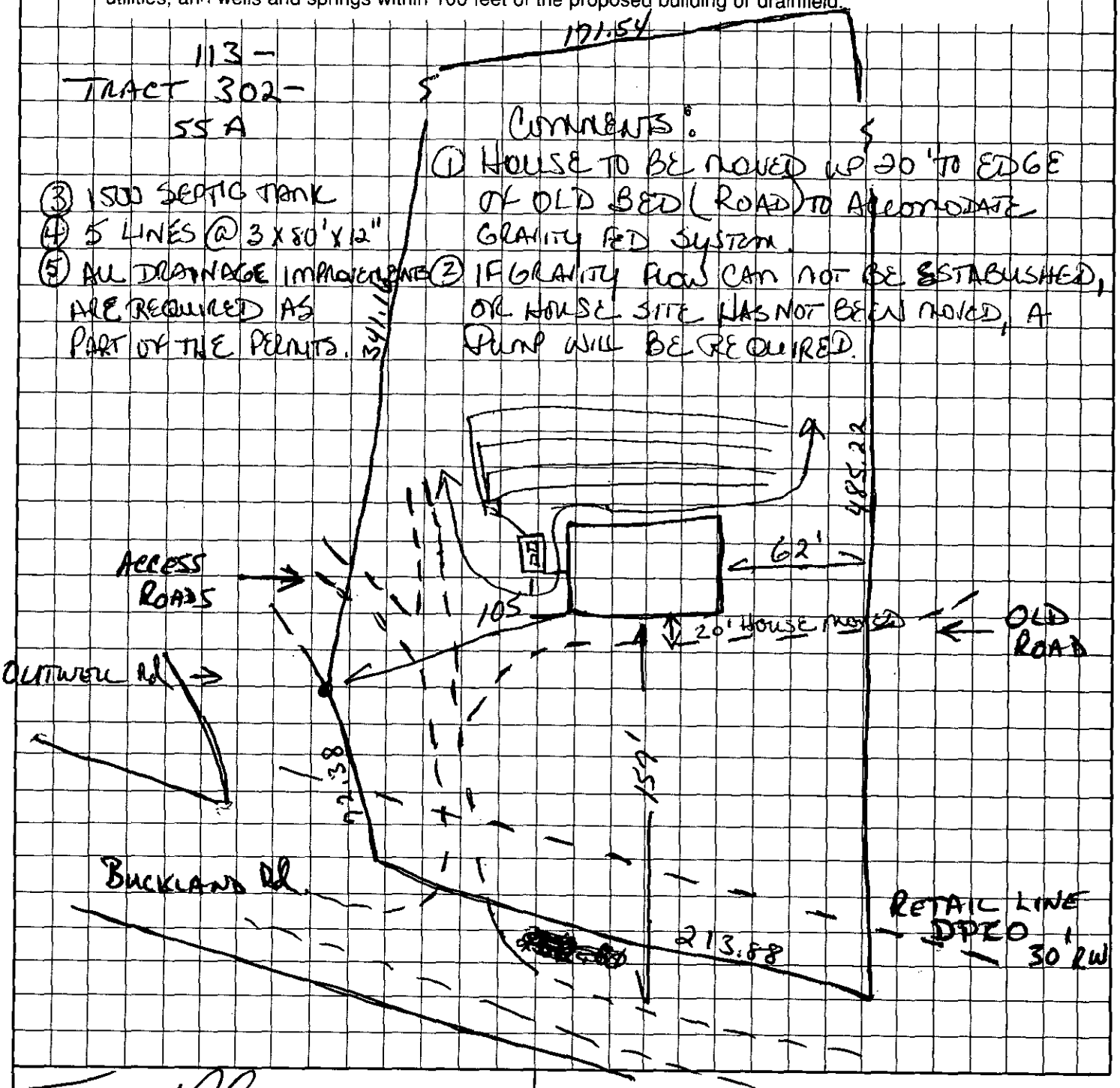
PROPOSED PLOT PLAN

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

FILE: 3669B

TC: 113-302 55A

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.



Terry Ball
OWNER/AGENT SIGNATURE

DATE 6-24-97

APPROVAL DATE _____

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

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

COUNTY: Lenoir

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

#1 366 YB
113-302-55

OWNER: Robbie Kerr
ADDRESS: 7234 Buckland Road Ste
PROPOSED FACILITY: residence
LOCATION OF SITE: Buckland Road

APPLICANT:
APPLICATION DATE:
PROPOSED DESIGN FLOW (.1949): 360gpd
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

DATE EVALUATED:
PROPERTY SIZE: 2.0
PROPERTY RECORDED:

PROFILE #	Slopes 5-12% .1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS	0-6"	gr/cl	Fr/SEXP/SS/SP	746" TO soil wetness	46"	N/A	None	I,3g/P2 IV PS
		6-48"	SBK/C	Fi/SEXP/SS/P					
2	R	0-3"	gr/cl	Fr/SEXP/SS/SP	746" TO soil wetness	46"	N/A	None	I,3g/P2 IV PS
		3-46"	SBK/C	Fi/SEXP/SS/P					
3	LS	0-12"	gr/cl	Fr/SEXP/SS/SP	746" TO soil wetness	48"	N/A	None	I,3g/P2 IV PS
		12-48"	SBK/C	Fi/SEXP/SS/P					
4	LS	0-14"	gr/cl	Fr/SEXP/SS/SP	745" TO soil wetness	45"	N/A	None	I,3g/P2 IV PS
		14-45"	SBK/C	Fi/SEXP/SS/P					
5	LS	0-8"	gr/cl	Fr/SEXP/SS/SP	746" TO soil wetness	46"	N/A	None	I,3g/P2 PS IV
		8-46"	SBK/C	Fi/SEXP/SS/P					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Provisionally suitable
EVALUATED BY: William R. Marlin 7-15-91
OTHER(S) PRESENT: LSS

COMMENTS: 100% Reserve

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR	LPP .1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
(Drainage Way)					EXP (Expansive)	CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
S (Foot Slope)						ABK (Angular Blocky)
(Head Slope)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SICL (Silty Clay Loam)				PR (Prismatic)
(Nose Slope)		CL (Clay Loam)				
(Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
(Shoulder Slope)		SLC (Silt Loam Clay)				
(Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SIC (Silty Clay)			FI (Firm)	S (Sticky)
					VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None		EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

OTES

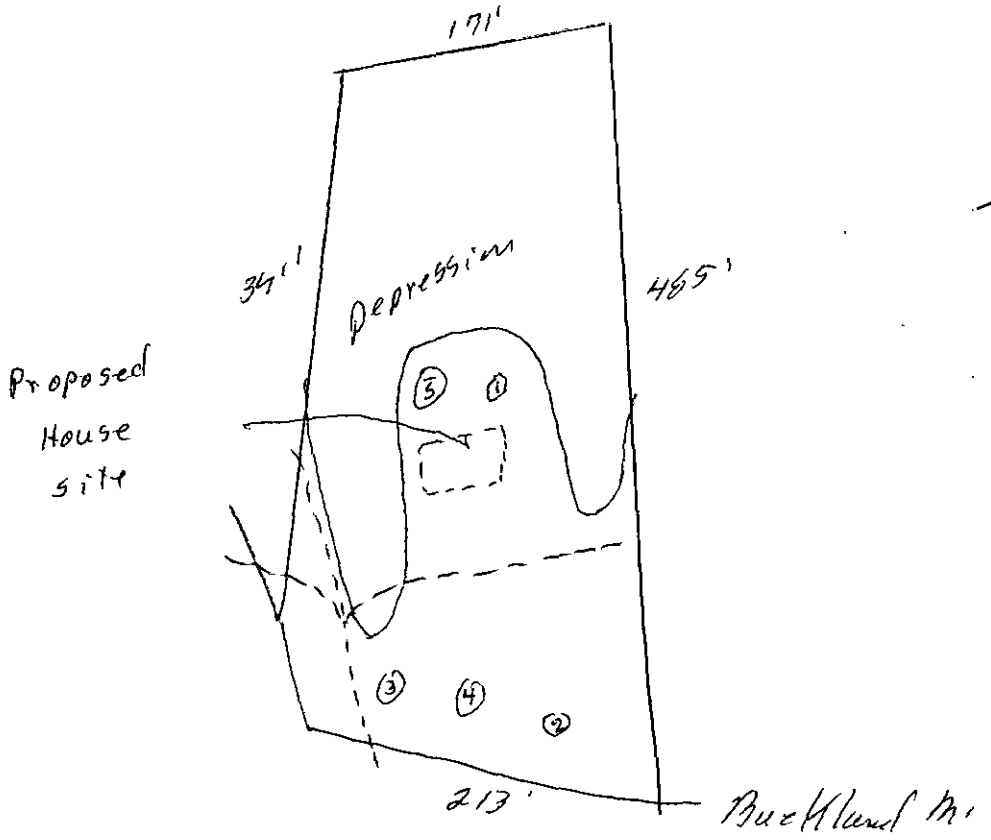
ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.

ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).

3669B



MECKLENBURG COUNTY HEALTH DEPARTMENT
700 NORTH TRYON STREET
CHARLOTTE, NORTH CAROLINA 28202
(704) 336-5102

REQUEST FOR TRANSFER OF SERVICE PAYMENT/INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

SERVICE: IMPROVEMENT PERMIT, SOIL TEST, E.G.

FILE NUMBER 3669B TAX NUMBER 113-302-55A

PROPERTY ADDRESS 7234 Buckland Road

NAME OF ORIGINAL APPLICANT Lake Wylie Partners LLC

NAME OF PERSON PURCHASING PROPERTY/TRANSFEROR TERRY L. PILGRIM

I UNDERSTAND THAT THE PERMIT TO CONSTRUCT AND UNUSED MONIES FOR INSPECTIONS ARE FULLY RELINQUISHED BY THIS DOCUMENT.

SIGNATURE OF ORIGINAL APPLICANT
Lake Wylie Partners, LLC
By: Dorothy M. Bliss DATE 7/17/97

AS BUYER OF THIS PROPERTY, I UNDERSTAND THAT THE PERMIT IS ONLY VALID WHEN USED EXACTLY AS ISSUED. SHOULD CHANGES BE DESIRED, THEY MUST BE REQUESTED AND APPROVED BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT ACCORDING TO CURRENT REGULATIONS AND FEES.

AN ORIGINAL COPY OF THIS REQUEST MUST BE PRESENTED AND ACKNOWLEDGED BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT TO BE VALIDATED.

SIGNATURE OF TRANSFEREE
Terry L Pilgrim DATE 7-30-97

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

8/3/95 pk

☐ CRT

36698

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: Whittaker, Tim
(last) (first) (mi)

ADDRESS: 1728 Armstrong Park Dr. PHONE: (704) 866-9540

CITY: GASTONIA, STATE: NC ZIPCODE: 28054

Date: 8/3/95

PROPERTY OWNER:

NAME: Lake Wylie Partners, LLC
(last) (first) (mi)

ADDRESS: 6401 Carmel Rd. Suite 105 PHONE: (704) 542-6607

CITY: Charlotte STATE: NC ZIPCODE: 28226

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 113-302-42

STREET ADDRESS: Buckland Rd.

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME: n/a

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

LOT NUMBER: ~~Lot 4~~ LOT SIZE (in acres): 2.5 AC. +

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 N)
☐ 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: 4 NUMBER OCCUPANTS: 8

SYSTEM CLASSIFICATION: CONVENTIONAL

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: Tim Whittaker Date: 8/3/95

NOTICE: Lot 4 L.W.P., LLC

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

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

...This permit is not transferable.

...

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

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WATER 12/94

PROPOSED PLOT PLAN

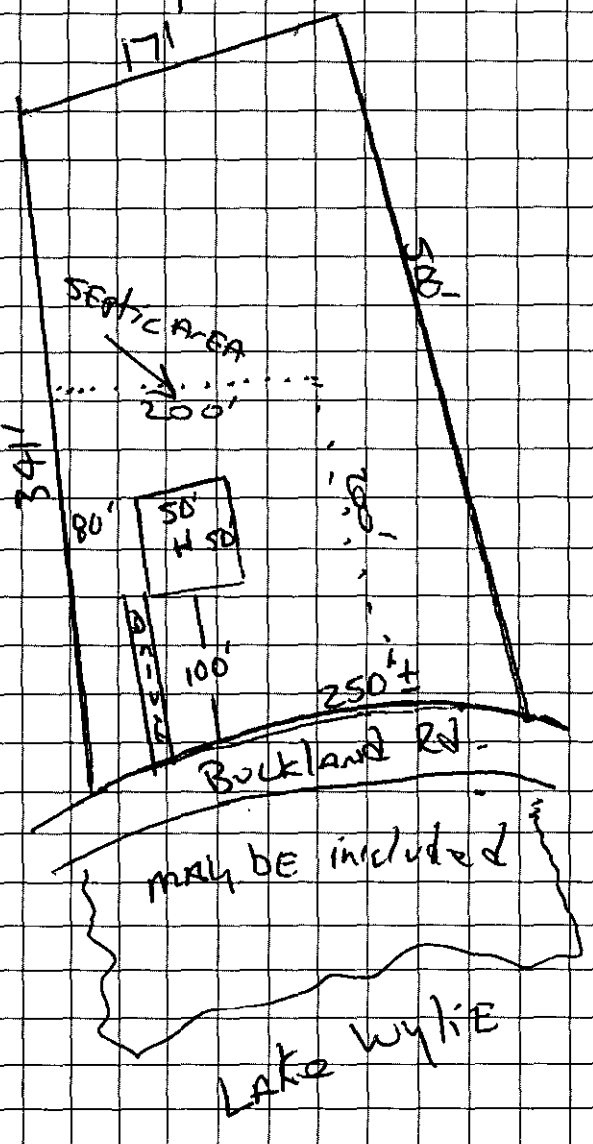
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 36698

TC: 113-302-42

~~Lot 4~~

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.



Tim Whittaker
OWNER/AGENT SIGNATURE

DATE 8/3/95

APPROVAL DATE _____

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

	FEE	PAYMENT	ADJUSTMENT	BALANCE	✓	PREVIOUS BALANCE	NAME	NUMBER	RECORD NUMBER
							◆ IF USING MORE THAN ONE PAGE TODAY ◆ PLACE PRECEEDING PAGE TOTALS ON THIS LINE		
Copies	1 00	1 00	0	0		0	Jim Whittaker	462	3327
New Improvement (2)	300 00	300 00	0	0		0	Lake Wylie Station Inc	462	3328
Well Insp.	15 00	15 00	-0-	-0-		-0-	Joe J. Henry	462	3329
Attic Insp.	15 00	15 00	-0-	-0-		-0-	Tom V. Nantz and M.	462	3330
Addition	50 00	50 00	0	0		0	Mark Lackey	462	3331
Barn Permit (Ref)	30 00	30 00	-0-	-0-		-0-	Hoke Farms	464	3332
Demo	50 00	50 00	-0-	-0-		-0-	Michael McKinney	463	3333
Day Care / Renewal	20 00	20 00	-0-	-0-		-0-	Deanna S. Nix	464	3334
Pool / Barn Demo	30 00	30 00	-0-	-0-		-0-	Susan Kirby	464	3335
Well Water Analysis	25 00	25 00	-0-	-0-		-0-	Ann H. Dutton	462	M
Day Care / Renewal	20 00	20 00	-0-	-0-		-0-	Christine R. Hadley	464	M
Day Care / Renewal	20 00	20 00	-0-	-0-		-0-	Rose G. Gunnerson	464	M
Day Care / Renewal	20 00	20 00	-0-	-0-		-0-	Catherine M. Dillman	464	M
Copy	25	25	-0-	-0-		-0-	Copy	462	—

			CASH	REFERENCE	7 CHECK AMOUNT
1	Copies	DT	1 00		
2	Buckland Rd (2)	DT		1184	300 00
3	11619 Bridge Rd.	MHH		1001	85 00
4	6811 Kemp St.	MH		170	85 00
5	6707 Beatty Ford	DT	50 00		
6	8237 Dixie Rd	CW		2317	30 00
7	6990 Ray Rednour Rd	MHH	50 00		
8	3017 Valleycrest Dr.	MH	1	192	20 00
9	4324 Satterwhite Lane	MHH		0920	30 00
10	22208 Country Club Cir.	MHH		1634	25 00
11	4036 Whitehurst Rd.	MHH		MOH 45-N407472	20 00
12	822 Silverleaf Rd.	MHH		703	20 00
13	712 Matheson Cir.	MHH		806	20 00
14	Copy		25		
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26			101 25		635 00
27					

DAILY ACCOUNTS RECEIVABLE CONTROL

Total A/R Balance (Previous Day)	
+ Today's Total Fees (Col. A)	
− Today's Total Payments (Col. B)	
− Today's Total Adjust (Col. C)	
= Today's Total A/R Balance	

THIS TOTAL A/R BALANCE FIGURE SHOULD EQUAL THE TOTAL OF A LEDGER CARD BALANCES AT END OF TODAY'S ACTIVITY.

MONTH-TO-DATE PROOF OF ACCOUNTS RECEIVABLE

* Total A/R Balance From Beginning of Month	
+ Month-To-Date Fees (Col. F)	
− Month-To-Date Payments (Col. G)	
− Month-To-Date Adjustments (Col. H)	
= Today's Total A/R Balance	

THIS TOTAL A/R BALANCE FIGURE SHOULD EQUAL THE TOTAL OF LEDGER CARD BALANCES AT END OF TODAY'S ACTIVITY.

* THIS FIGURE IS CARRY OVER SAME FIGURE THROUGHOUT THE M

CHANGE FUND CONTROL

Beginning Cash on Hand	
+ Payments Rec'd From Patients	
+ Other Income	
− Cash Paid Out	
− Deposits	
= Ending Cash on Hand	

CASH PAID OUT

DESCRIPTION	AMOUNT

OTHER INCOME

DESCRIPTION	AMOUNT

BANK DEPOSITS

6 35 00
101 25
7362

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DAY SHEET
RECORD OF CHARGES AND PAYMENTS

safeguard

Form No. AJHC-2-2

SAFEGUARD AMBASSADOR Inc
AJHC-2-2

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DAY Sunday 8/3 - 93