

20801 ISLAND FOREST DR

00111415

8/13/08

marliwr

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

$400

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

17356 $50.00 CR#0676 9/14/95 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: Dick (last) John (first) R (mi)
ADDRESS: 20801 Island Forest Dr PHONE: (704) 892-6205
CITY: Davidson STATE: NC ZIPCODE: 28036

Date:

PROPERTY OWNER:
NAME: SAME (last) (first) (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-0114-15
STREET ADDRESS: 20801 Island Forest Drive Davidson, NC
ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres): 10/5/95 - See change on copy of application

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 > 6 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: 2 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: John K Dick Date: 9/12/95

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.

...10/5/95 Use existing system for living room extension, family room with bath. - under S. Daniels directive.

Note: Existing system designed to accommodate 2 bedroom residence ONLY. Family room + office SHALL NOT be utilized as bedrooms until connection to municipal sewer is complete. See letter from owner in file specifying house design/room use. Violation of this condition may result in revocation of permit. JBM

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

Lisa B. Mialik RS 10/5/95
Environmentalist Date

Director or Authorized Section Head Chief 10-17-95 Date

WATER : 2279

Retain as part of File #17356

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

17356

$50.00 9/14/95 CR#0676 CK

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
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TAX/PARCEL NUMBER: 001-0114-15
STREET ADDRESS: 20801 Island Forest Drive
Davidson, NC
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres): See comments

TYPE APPLICATION (check one):
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☐ 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) / left corner of pg
☒ ADDITION GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Bedroom 5 & Bath BR1 Bath
☐ 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: 2 NUMBER OCCUPANTS: 1

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 ☐ Bone
☐ 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.

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

...This permit is not transferable.

...John R Dick 10/5/95

change application to extend living room and add family room with bath.

☐ 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 22 [illegible]

* Expanding BRm to Bath

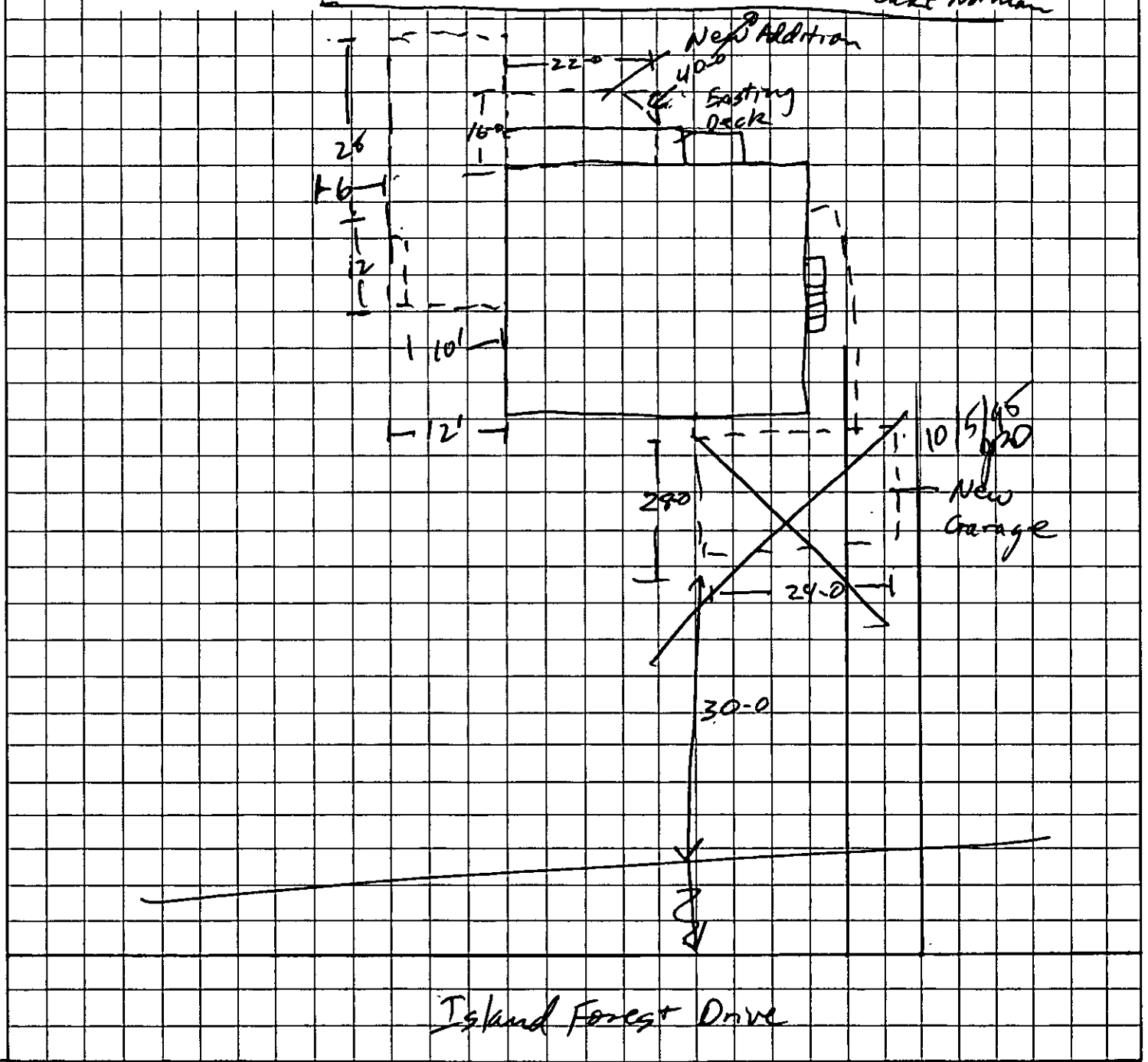
PROPOSED PLOT PLAN

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

FILE: 17356

TC: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



OWNER/AGENT SIGNATURE

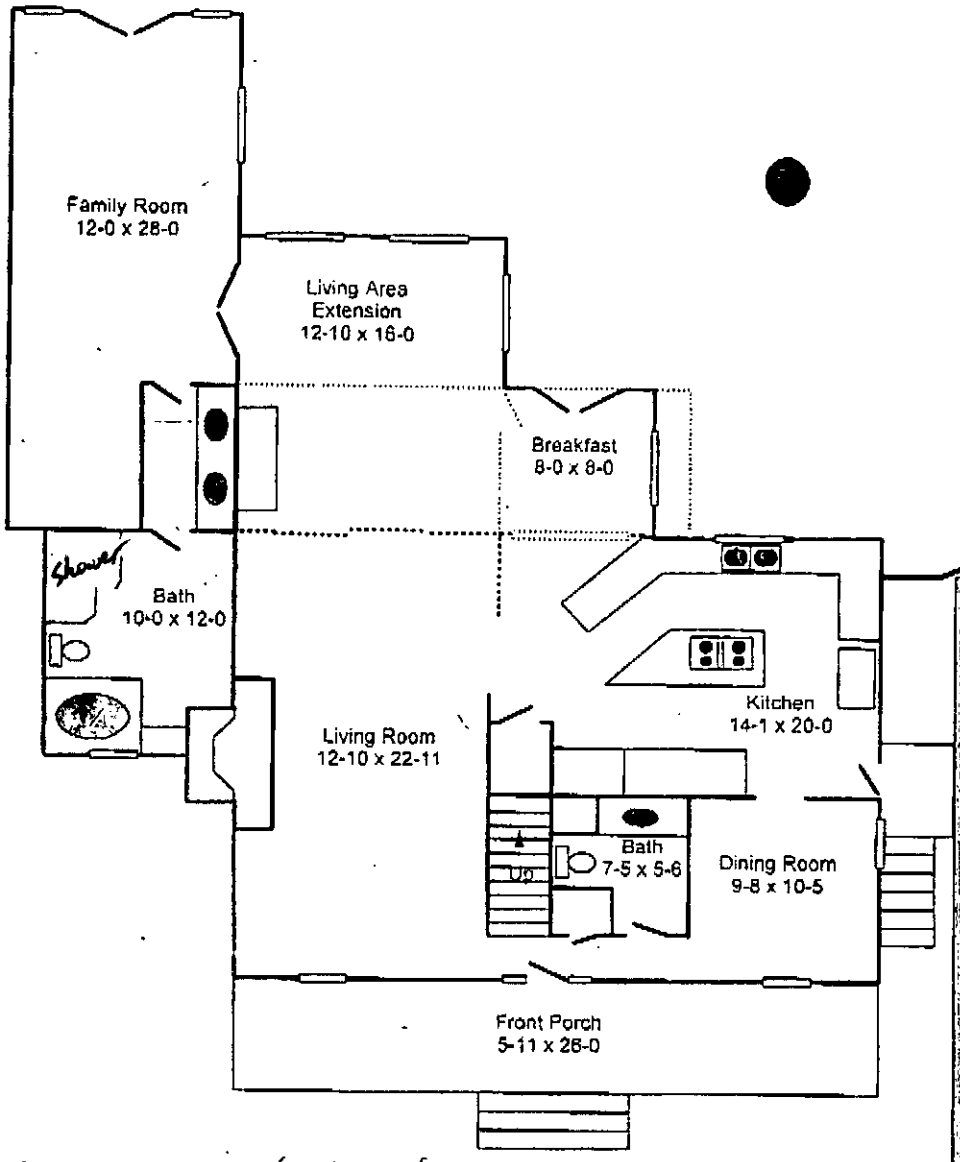
DATE

APPROVAL DATE Jron 10/5/96

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

1949

Revised Floorplan
First Floor



Under S. Daniels direction:
Existing system designed to accommodate 2 Bedroom residence ONLY. Family room and office SHALL NOT be utilized as bedrooms, until connection to municipal sewer is complete. See letter from owner in file specifying house design/room use. Violation of this condition may result in revocation of permit.

Proposed change 10/5/95

10/5/95 for

9/17/95

FAX

FIRST UNION

Date:
September 21, 1995

To:
Lisa Mailik
336-6894

Cover + 2 pages

From:
John R. Dick
Assistant Director
Automation

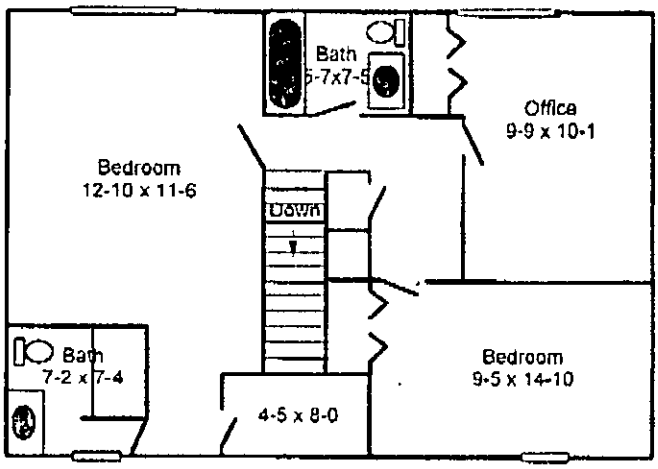
(704) 383-3151 (Phone)
(704) 383-3182 (Fax)

Re:

Message:

Attached plans as discussed. Hope to come by this afternoon to get the rest of the paperwork done if possible. Thanks for your help.

Existing Floorplan
Second Floor



Upper level to remain the same 10/5/95

9/17/95



FAX

FIRST UNION

Date:
September 18, 1995

To:
Lisa Mailik
336-6894

Cover + 2 pages

From:
John R. Dick
Assistant Director
Automation

(704) 383-3151 (Phone)
(704) 383-3182 (Fax)

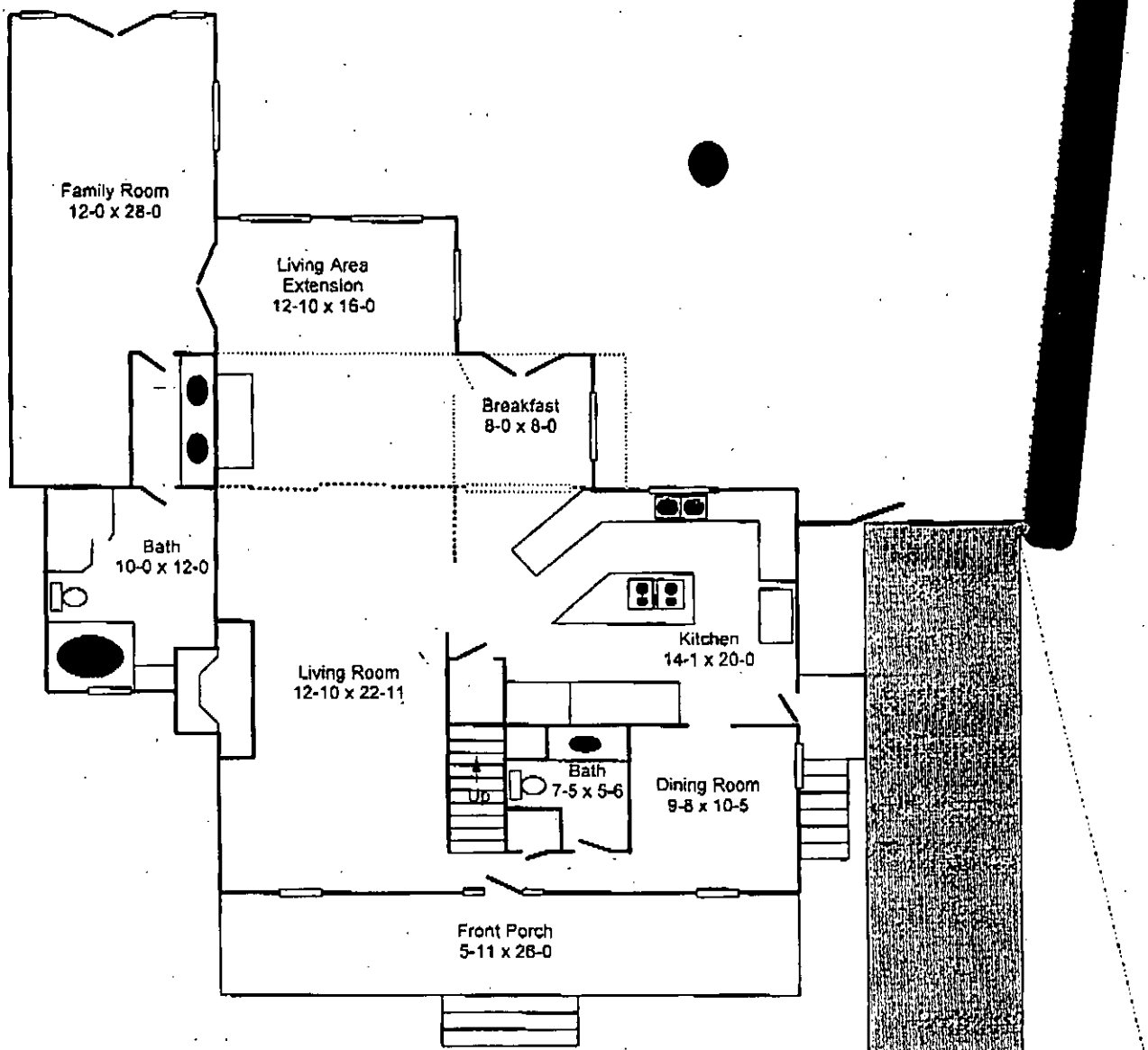
Re:

Message:

Attached plans as discussed.

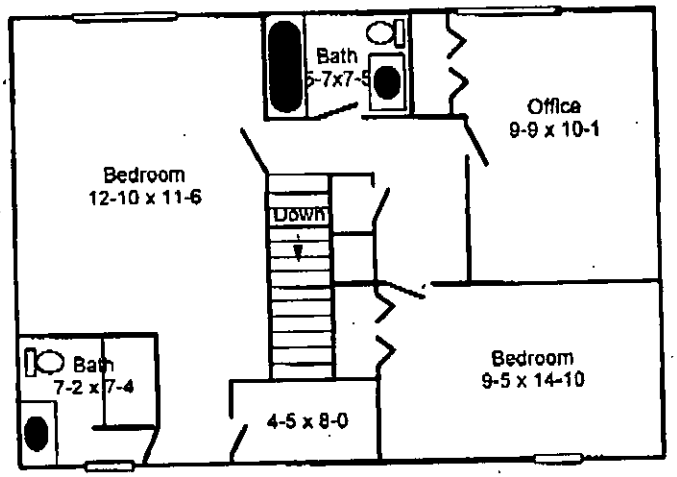
1949

Revised Floorplan
First Floor



9/17/95

Existing Floorplan
Second Floor



9/17/95

FAX

FIRST UNION

Date:
September 29, 1995

To:
Lisa Mailik
336-6894

Cover + 2 pages

From:
John R. Dick
Assistant Director
Automation

(704) 383-3151 (Phone)
(704) 383-3182 (Fax)

Re:

Message:

Letter attached

20801 Island Forest Drive
Davidson, NC 28036

September 29, 1995

TRANSMIT VIA FAX
(704) 336-6894

Ms. Lisa Mailik
Mecklenburg County
Charlotte, NC

Dear Ms. Mailik:

Thank you for returning my phone call regarding the status of approval for my addition. After we talked I had further information that I thought important to relay.

As you're aware, we met at my house September 20 to review a planned addition to my house. At that point it became obvious that due to the proximity of the septic system, expanding into the front yard as desired was not an option. Therefore we discussed alternatives and I revised the plans as we had sketched out that day with you.

The revised plans reflect the criteria outlined which were: 1) the septic system capacity is determined by the number of bedrooms, 2) bedrooms are defined as rooms with closets, and 3) bathrooms are an independent variable and can be added anywhere in the house.

I was unaware until today that there were additional issues. In your assessment I hope you will consider the following:

- My intent is to meet criteria regarding closets, bathrooms, etc.
- I did not realize that the size and layout of a bathroom had an impact on whether it was acceptable. If that is true, I will gladly alter the bathroom design to conform to regulations. The fact is, existing bathrooms are small and cramped and it appeared more practical and cost effective to add rather than reconfigure existing space. As an example I have always wanted a garden sized tub. That will not fit within any of the current bathrooms.
- I 'm surprised approval of a family room is an issue. The house does not have informal living space. Providing that space off the formal living room makes practical sense and is common in many of the other homes and plans I have reviewed. It is also common to have a bathroom in that type of space, particularly when the other facility will be at the opposite end of the house.
- Regarding the point of adding an armoire and making the family room a bedroom I don't fully understand the logic. The same argument could be made concerning the existing dining room and front bath.

I support your role, and concur with the importance to meet the spirit and intent of our

weigh the above in your decision and look forward to reaching agreement soon. As we discussed, I would be glad to make additional refinements to meet approval (e.g., reconfigured bath). I apologize for the amount of time this has taken on everyone's behalf and appreciate your help.

Sincerely,

John R. Dick

FAX

FIRST UNION

Date:
September 29, 1995

To:
Lisa Mailik
336-6894

Cover + 2 pages

From:
John R. Dick
Assistant Director
Automation

(704) 383-3151 (Phone)
(704) 383-3182 (Fax)

Re:

Message:

RESEND - part of previous letter attached missing. I'm out of town today. Will be back in Charlotte next week. Thanks.

20801 Island Forest Drive
Davidson, NC 28036

September 29, 1995

TRANSMIT VIA FAX
(704) 336 6894

Ms. Lisa Mailik
Mecklenburg County
Charlotte, NC

Dear Ms. Mailik:

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I support your role, and concur with the importance to meet the spirit and intent of our environmental regulations - that protects the value of my investment as well as the environment. I hope you will

weigh the above in your decision and look forward to reaching agreement soon. As we discussed, I would be glad to make additional refinements to meet approval (e.g., reconfigured bath) I apologize for the amount of time this has taken on everyone's behalf and appreciate your help

Sincerely,

John R. Dick

Cert A (st) No 12356

Serial 5101

T C No 6-71-4

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Mady Construction Co
LAST FIRST

Location of Property 10501 Island Point Lane

Application Number 12356 Permit Number 12356

Inspection Data:

Liquid Capacity of Tank 1500 & 100 gpd add Tank Material PE

Total Length of Drain Tile 100' Number of Lines 4 (3 100' 1 80')

Depth of Filter Material 12" Cover Depth 24"

Water Supply Source County Distance from Water Source —

Excavation Inspected 23 Sept 82 Tank Inspected 4 Nov 82
DATE DATE

Nitrification Field Inspected 22 Sept 82
DATE

Washing Machine Line Inspected, If Applicable — —
DATE

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

Comments Pump chamber tested 4 Nov 82

The office shall never to be used as a bedroom

Environmentalist

ENVIRONMENTAL HEALTH DEPARTMENT COPY

Date Issued 7/8/82

Serial No. 5565

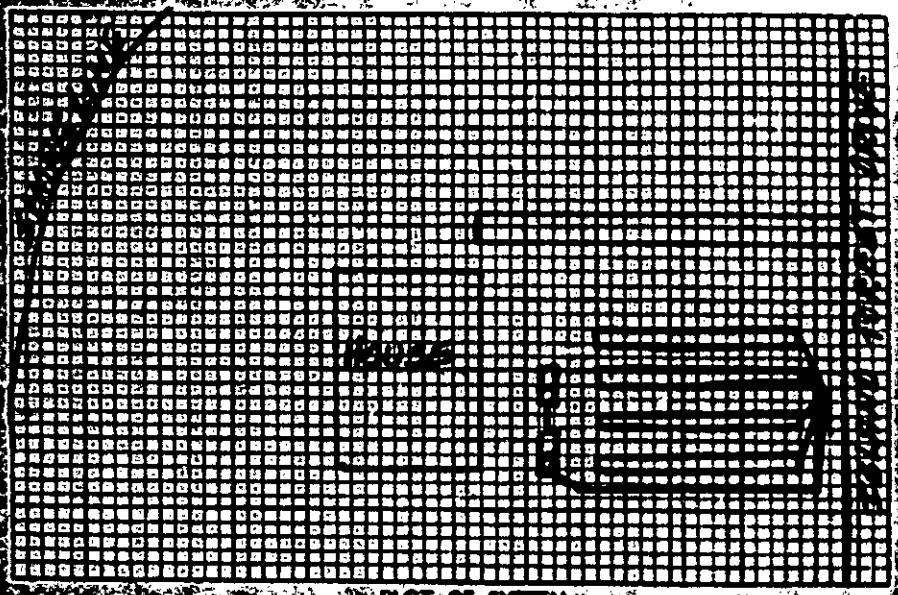
ICAR(S) Permit No. 17356

T. C. No. 001-114-15

Map Date

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

Permission is hereby given to ✓ Install or Construct, ____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 17356 dated 7/8/82 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 8/15/82, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P3

Liquid Capacity of Tank 1500gal+1100 gal LIFT STA.

Tank Construction precast

Absorption and/or Nitrification Lines:

Total Line Length 200'

Number of Lines 4

Distance from House >10'

Distance from Property Line >10'

Distance from Well >100' (COMMUNITY)

NAME OF OWNER Mady Construction Co.

LOCATION OF PROPERTY 20801 Island Forest Drive

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

4 LINES 3'X50'X12" of STONE

Comments:

Division or Section Head

Environmentalist Adam Wofford

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

SEE INSTRUCTIONS ON BACK

Date Received 7-8-92

ICAR(S) Application No. 17356

T. C. No. 001-114-15

Map Date

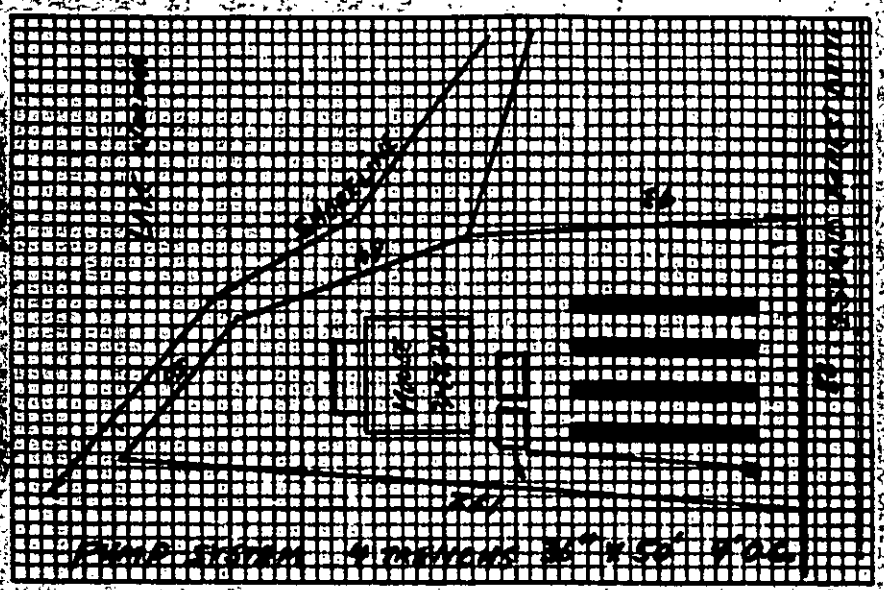
MECK COUNTY DEPARTMENT OF RECEIVED JUL 8 1992 ENVIRONMENTAL HEALTH

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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

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

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



3) PLOT PLAN (ACCURATELY DIMENSIONED)

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

13) NAME OF OWNER MADY CONSTRUCTION CO (LAST / FIRST / MIDDLE)

14) ADDRESS OF OWNER 20349 WALTER HENDERSON RD

15) PHONE NO. Home 568-7740 Office 892-5105

16) LOCATION OF SYSTEM 20801 ISLAND FOREST DRIVE (STREET OR COUNTY ROAD)

17) SUBDIVISION ISLAND FOREST Lot No. 29 Block No. ___

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

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

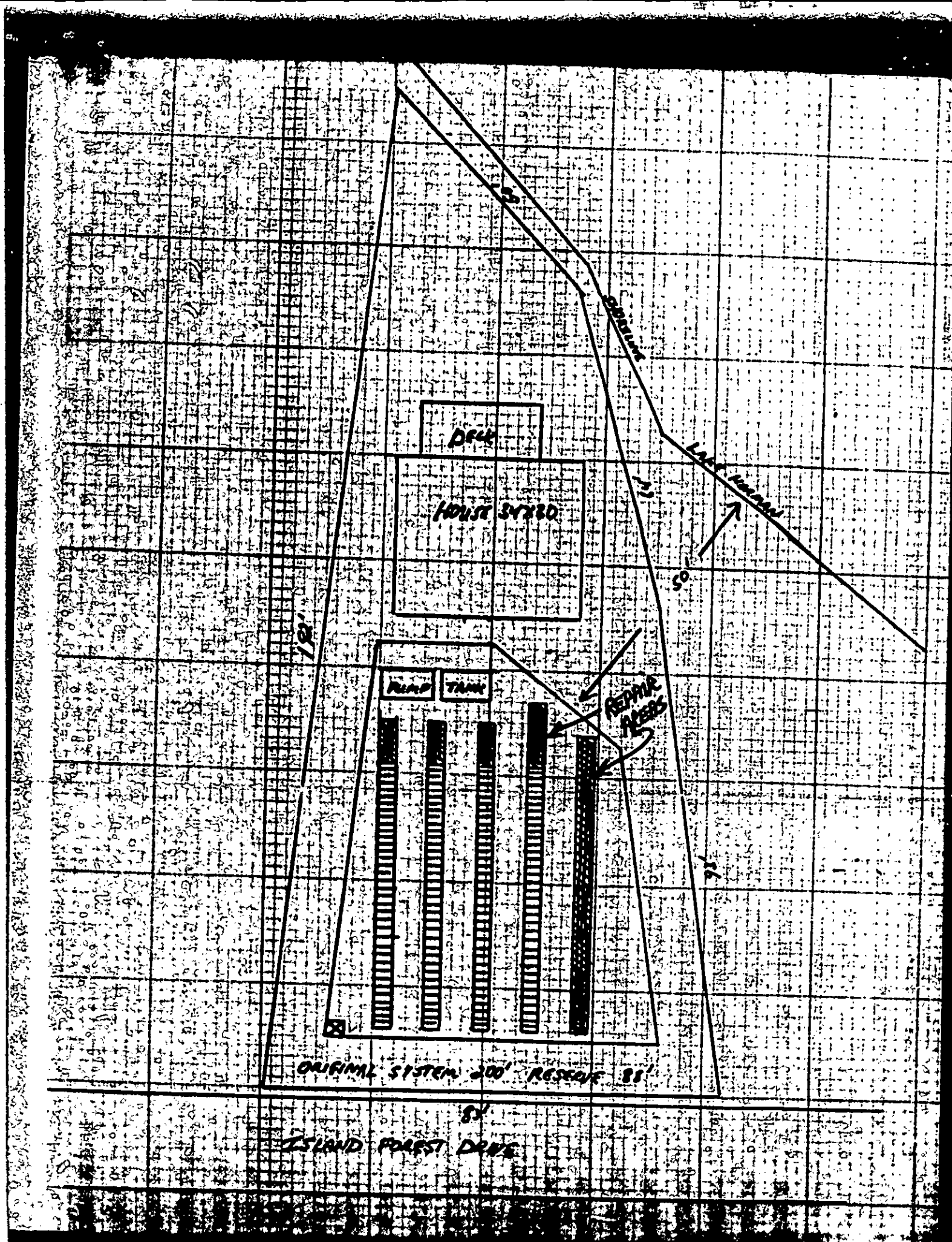
20) PTR NUMBER (See Instructions) 17356

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

7/8/92
DATE OF APPLICATION

Peter T Mady
OWNER

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY


DECK
HOUSE 34'X20'
PUMP
TANK
REPAIR REELS
50'
12'
ORIGINAL SYSTEM 200' RESERVE 88'
ISLAND FOREST DRIVE

NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES
RALEIGH, NORTH CAROLINA

APPENDIX B
SITE EVALUATION

S.I.R. No. 17356
T.C. No. 001-114-15

(Ground Absorption Sewage Disposal)

OWNER: ROBERT E. WITTE
ADDRESS: P.O. Box 657
COUNTY: DAVIDSON 27036
LOCATION OF SITE: ISLAND Forest DRIVE

DATE REQUESTED: 10-17-80
PLAT NO:
LOT SIZE: 11,869

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) 2-10 U	S PS U	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2:1 Clay)	S (PS) Clay U	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) Blocky U	S PS U	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) 48 U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (inches) (Impervious strata, Rock)	S (PS) None U	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) Adequate U	S PS U	S PS U	S PS U
7. SOIL PERMEABILITY (percolation rate)	S (PS) Mod. U	S PS U	S PS U	S PS U
8. OTHER (specify) Size	S PS ? U	S PS U	S PS U	S PS U
9. SITE CLASSIFICATION	P. Suitable			
10. SOIL SERIES	Cecil			

S - Suitable PS - Provisionally Suitable U - Unsuitable

** See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, walls, water bodies, slope)

Recommendations/Comments: Soil is very good. Size of lot may be a problem.

Recommended by: William B. Ramsey
Title: [illegible]
Date: 10-23-80

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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

S.I.R. # 17356

T.C. # 001-114-15

DATE Oct. 24, 1908

NAME OF OWNER Witte, Robert E. and Jane K.

ADDRESS OF OWNER PO Box 657, Davidson, NC 28036

LOCATION OF LOT Island Forest Drive, Lot 29, Island Forest Subdivision

As determined under the Rules and Regulations promulgated by the Commission for Health Services, Division of Health Services, North Carolina Department of Human Resources, Raleigh, North Carolina, the soils on the lot described above were found to be unsuitable for the installation of an individual septic tank - soil absorption system, due to the following reason:

Inadequate area

Please submit plot plans indicating location of proposed residence and septic tank drainfield.

John R. Adkisson

John R. Adkisson, Environmentalist

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 336-4603

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

(OFFICE USE ONLY)
FILE: 17356
IC: _____
SERIAL: № 18339

✓ ØL ØCR

JOB LOCATION

① ADDRESS: 2401 Lawyers Forest Drive (street no / street)
① FILE: -1735
① JURISDICTION: —
⑤ TAX PARCEL NO.: 001-114-15
⑤ SUBDIVISION: Lawyers Forest
⑤ LOT: 29
⑤ BLOCK: —

OWNER

① NAME: Gregory S. Greer (prev. / middle / last)
① MAILING ADDRESS: 2401 Lawyers Forest Drive
⑩ CITY: Lexington
⑪ STATE: NC
⑫ ZIP: 28036
⑬ PHONE: (WORK) 372-1647
⑭ (HOME) 892-5013

REQUEST

The request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☒ Other (specify) GARAGE / RECREATION

DESIGN CRITERIA

System will serve

⑲ ☑ Residence ⑳ ☐ Mobile home
㉑ Number of bedrooms? 3
㉒ Maximum occupancy? 2
㉓ Basement? ☐ yes ☑ no

㉔ ☐ Business or place of public assembly
㉕ Type? _____
㉖ Maximum number of employees? _____
㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☐ Individual well
B ☐ Municipal system
C ☐ Community well
D ☑ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: [signature]
Date: 6-12-89

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COU
HEALTH DEPARTMENT, certifies that the Department has approve
Request for the Job Location contained in this document. This appro
granted in accordance with the provisions of Laws And Rules For Sa
Sewage Collection, Treatment And Disposal in effect at the tim
issuance of the permit and is subject to the following provisions.

... No work shall be conducted on the septic tank system until a
Installation, Construction, Alteration and/or Repair permit is issued b
Department.

... This permit is not transferable, and shall become null and voi
months from the date of issuance.

[signature] RS 6/15/
Sanitarian Date

[signature] 6-15-8
Director or Authorized Section Head Date

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

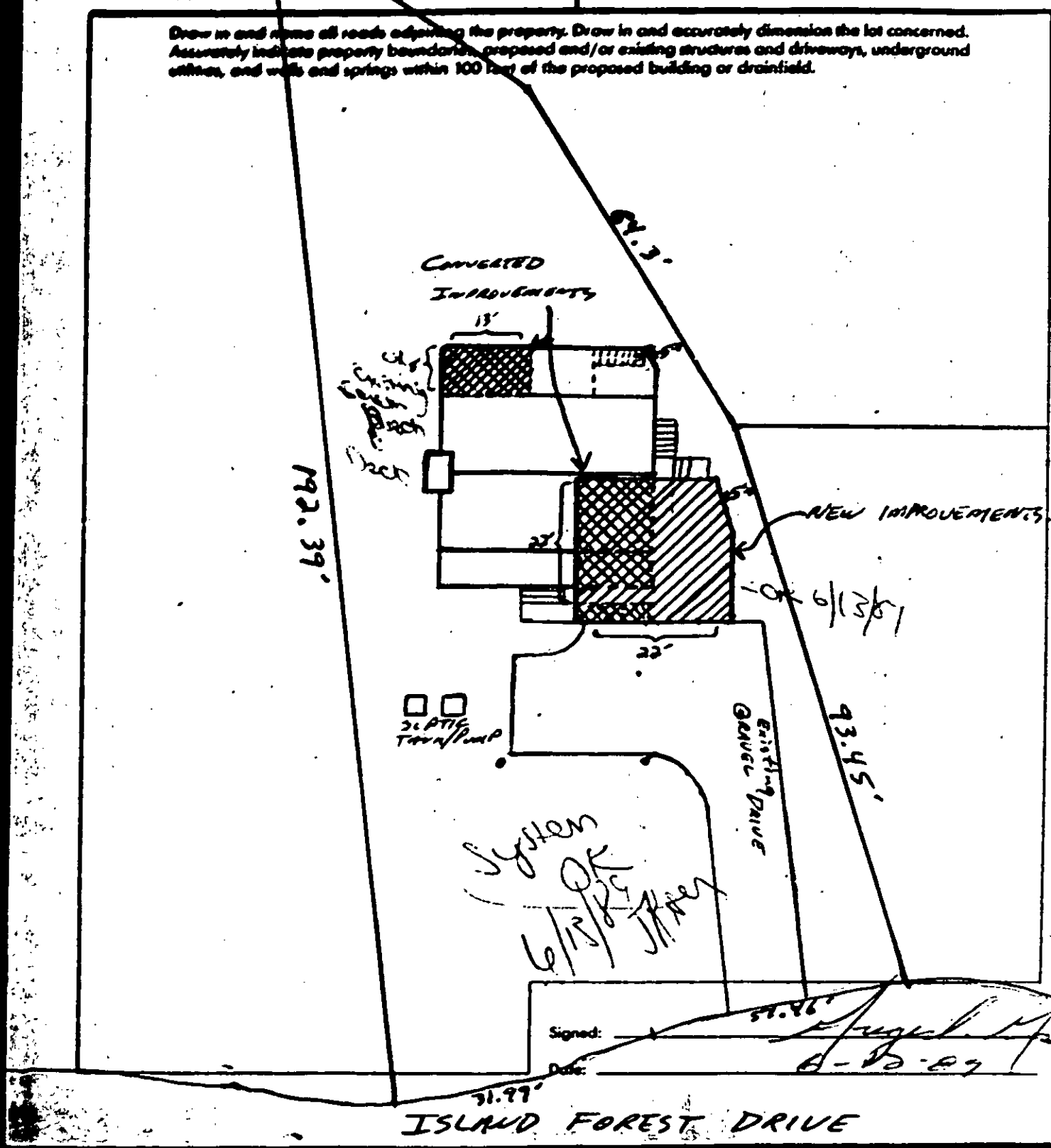
PROPOSED PLOT PLAN

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 336-4600

FILE: 17356

TC: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



Signed: _____

Date: 6-13-01