APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 7465A 037/35
TC: 03718419 PD
SERIAL: 00084 6-17-91
$200.00 ☐ CRT

JOB LOCATION

① ADDRESS: 5301 (STREET NO.) DAYAN DR (STREET) Charlotte, N.C. ② FILE:
③ JURISDICTION: City of Charlotte ④ TAX PARCEL NO.: 037-184-19
⑤ SUBDIVISION: HAVANA PARK ⑥ LOT: 7 ⑦ BLOCK:

OWNER

⑧ NAME: Bob McLemore & Co. (FIRST) (MIDDLE) (LAST)
⑨ MAILING ADDRESS: P.O. Box 25746
⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28229
⑬ PHONE: (WORK) 545-3114 ⑭ (HOME)

REQUEST

This request is for a(n):

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

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 ㉕ Type?
㉓ Maximum occupancy? 5 ㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☒ no ㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

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

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

Signed: James S. Elder
Date: 6/10/91

IMPROVEMENT PERMIT

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

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

... This permit is not transferable, and shall become null and void ~~180~~ 60 months from the date of issuance.

Tim Whittecker, 6/26/91
Environmentalist Date

[signature], 6-28-91
Director or Authorized Section Head Date

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

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

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Signed: James G. Elder
Date: 6/10/91

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... This permit is not transferable, and shall become null and void ~~60~~ 60 months from the date of issuance.

Tim Whittaker, 6/26/91
Environmentalist — Date

Director or Authorized Section Head, 6-28-91
Date

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

Mecklenburg County
Health Department

May 31st, 1991

Bob McLemore and Co.
P.O. Box 25746
Charlotte, NC 28229

RE: Property located at 5301 Dayan Drive Lot 7
FILE: 7465A
PARCEL: 037-184-19

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 17238) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If there are any questions concerning this matter, do not hesitate to contact me.

Sincerely,

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

Enclosure

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT 7465A
SERIAL NUMBER 17238

File: 037-184-19

Action 1

Parcel:

☐ PC

Location:

Subdivision: 5301 Dayan Drive

Lot: Lot 7 Block: Acres: .46

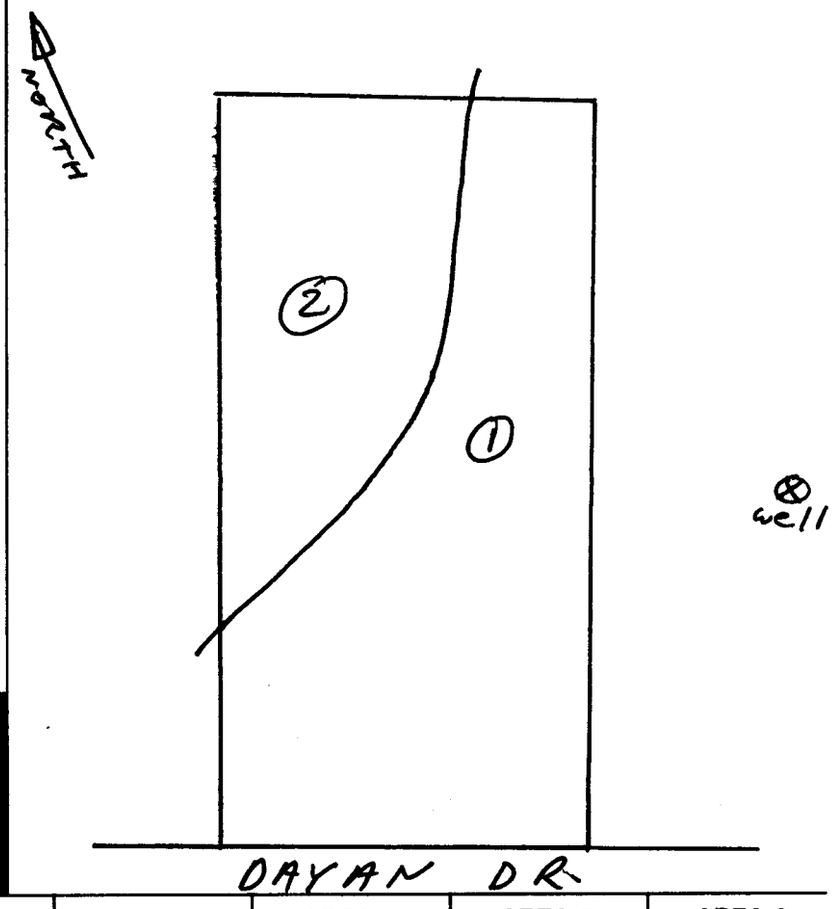
Owner:

Address: Bob McLemore and Co.
P.O. Box 25746
Charlotte, NC 28229

Comments: _____

Described by: Kelly Randall

Date: 5-29-91



***** EVALUATION KEY *****

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-4%	S PS (U) SLIGHT DEPRESSION	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U CLAY	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U SUB ANG BLOCK	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U >40"	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 46"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U NONE	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U LIMITED	S PS U —	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U NONE	S PS U —	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	CECIL LIKE	SLIGHT DEPRESSION / MAY HOLD H2O FOR SHORT PERIODS				
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17238

File: 74658 037-134-10

Action 1

Parcel:

☐ PC

Location:

Subdivision: 5301 Bayan Drive

Lot: Lot 7 Block: Acres:

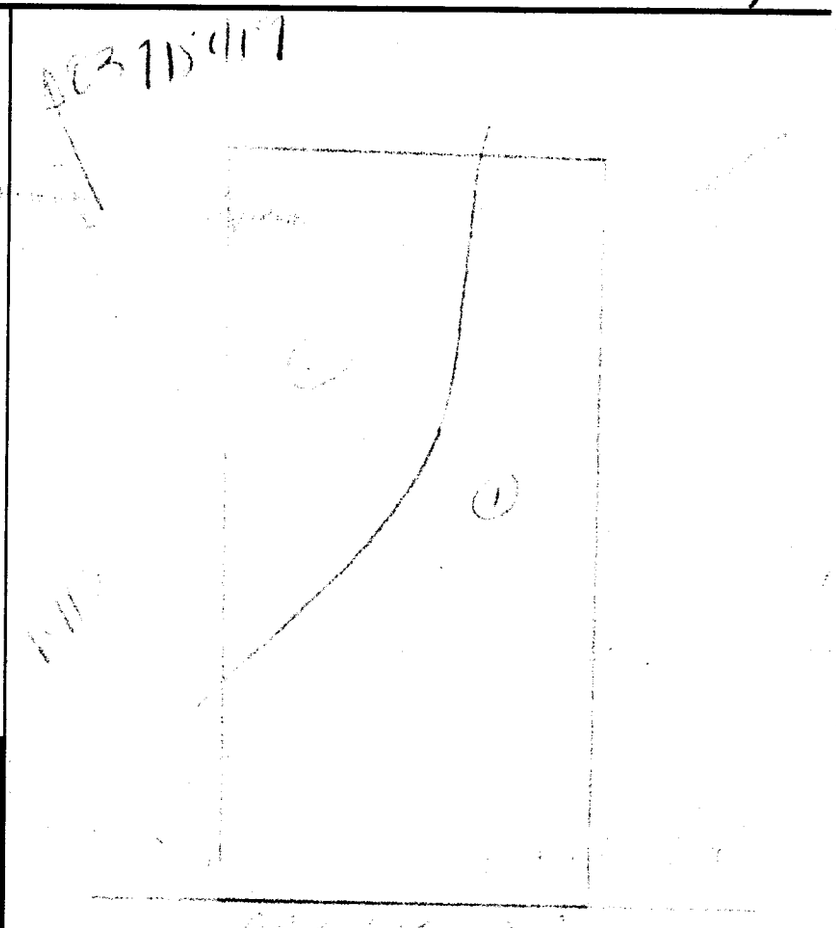
Owner:

Address: Bob McLemore and Co.
P.O. Box 25746
Charlotte, NC 28229

Comments: _____

Described by: _____

Date: _____



***** EVALUATION KEY *****

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Topography	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series						
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

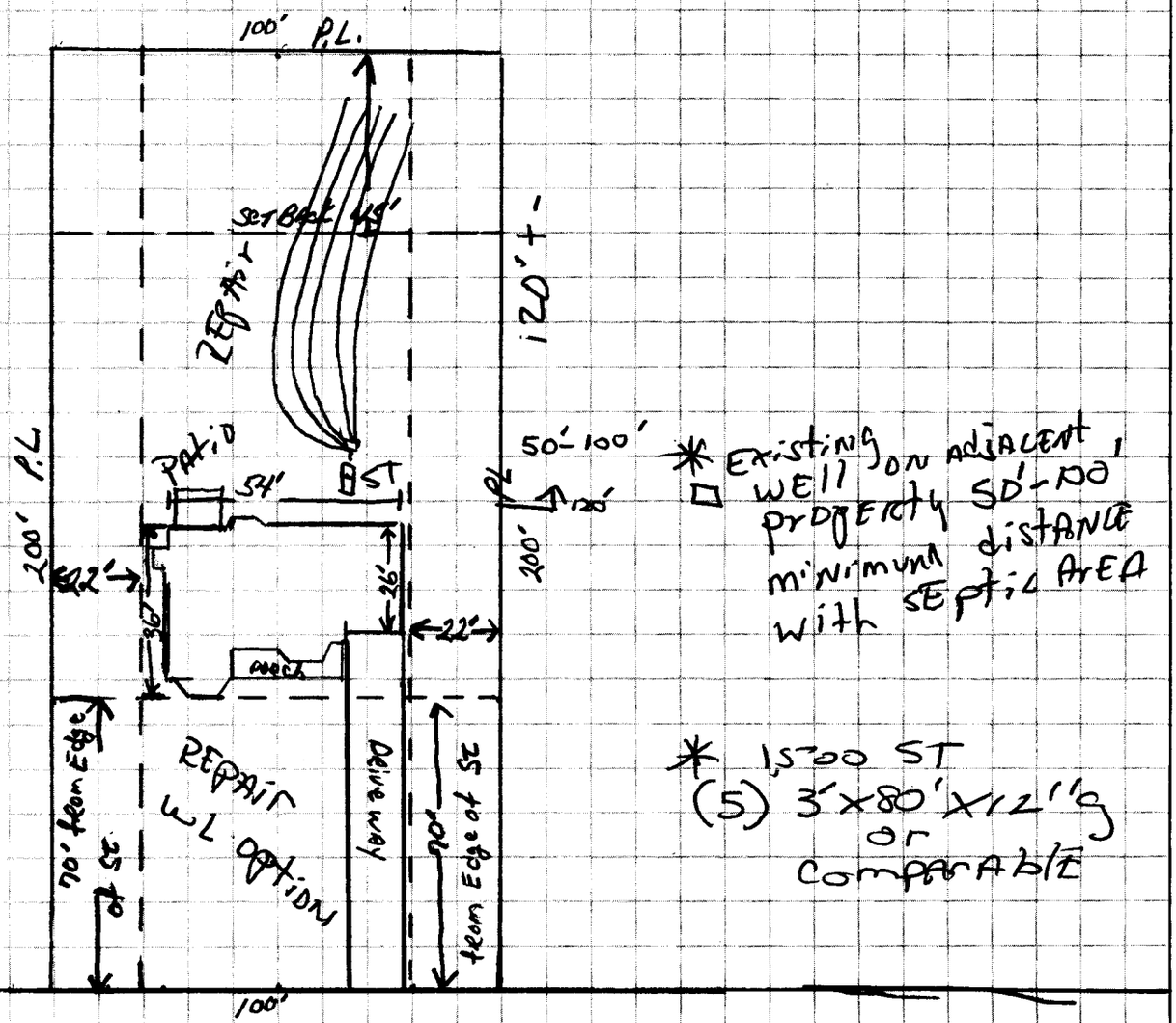
PROPOSED PLOT PLAN

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

FILE: 7465A

TC: 03718419

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.



* Existing ☐ well on adjacent property 50'-100' minimum distance with septic area

* 1,500 SF (5) 3'x80'x12"g or comparable

APPROVAL DATE TW- 6/26/91

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 7465A

TC: _____

☒ PC ☐ REPT

JOB LOCATION

① ADDRESS: 5301 DAYAN Dr. CHARLOTTE, N.C.

② SUBDIVISION: HAVANA PARK ③ LOT: 7 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 037-184-19

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

OWNER

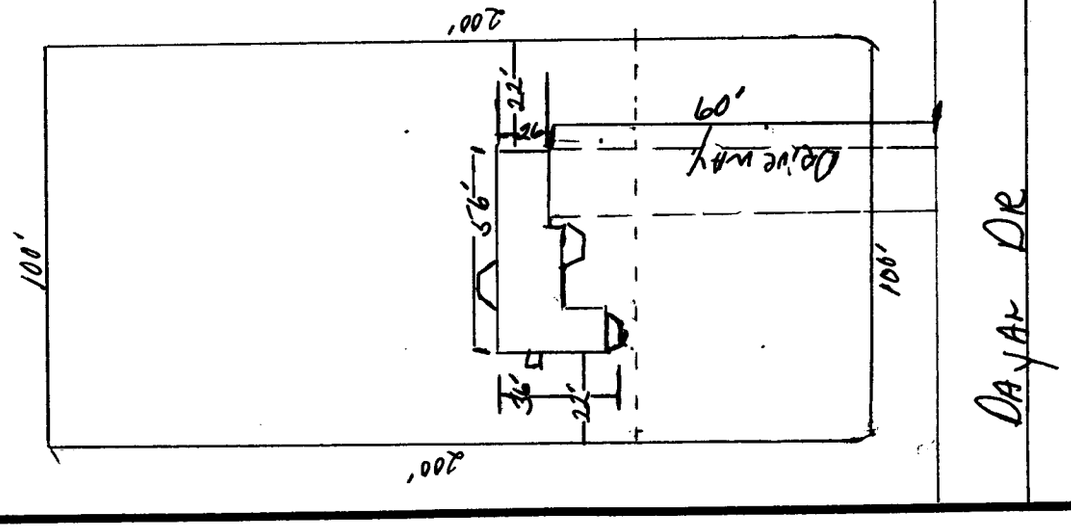
⑦ NAME: Bob McLemore & Co.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: P.O Box 25746

⑨ CITY: Charlotte, ⑩ STATE: N.C. ⑪ ZIP: 28229

⑫ PHONE: (WORK) 545-3114 (HOME) _____

⑬ Accurately diagram and dimension lot.



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Signed: James F. Elder

Date: 5-21-91

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 5-21-91

Name/Company: ~~Bob~~ Apple Homes Inc.
(James Elder)

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: ~~App. Imp. Permit~~
5301 Dagan Drive
TP: 037-184-19
File: 7465A

Paid 5/21/91

Fee: $ 50.00

Ck # 03617
$ 50.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by