Date Received 10-26-81

CHECK ... DEPARTMENT OF ... PAID ... 1981 ... DIVISION OF HEALTH

SIR No. 20208

T. C. No. 099-221-05

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER PRESNELL, JACKSON T
(LAST, FIRST, MIDDLE)

2) ADDRESS OF OWNER 2600 WEATHERSFORD RD ZIP 28212

3) PHONE NO. Home 545-6925 Office 568-6454

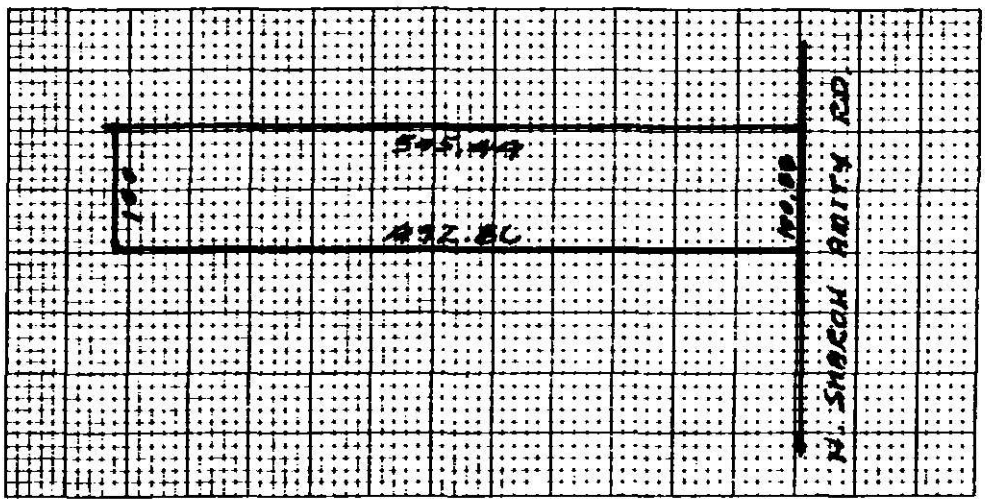
4) LOCATION OF PROPERTY 5621 N. SHARON AMITY RD.
(STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO _____ PAGE NO. _____

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

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge



7) ACCURATELY DIAGRAM & DIMENSION LOT

J. T. Presnell
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Received 10-26-83

[illegible] DEPARTMENT OF [illegible] ICAR(S) Application No. 20208

T. C. No 099-22L-05

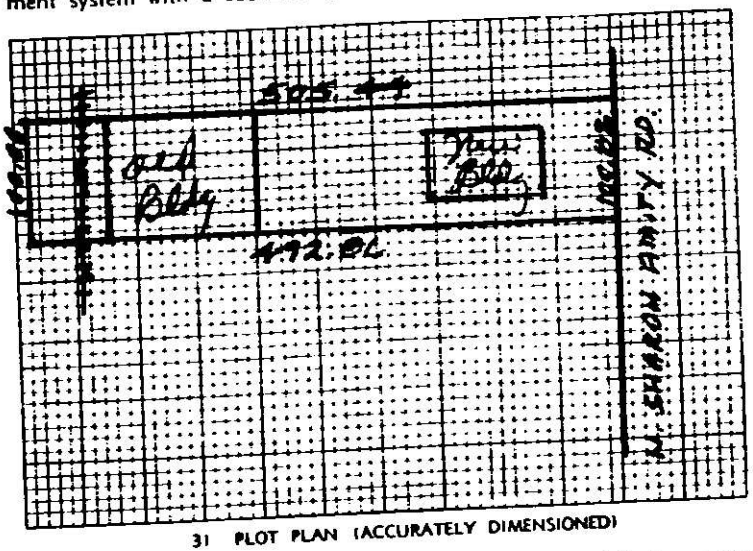
Map Date _____

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) ✓ 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 ✓No
Residence ____Yes ✓No

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

13) NAME OF OWNER PRESHELL (LAST), JACKSON (FIRST) T. (MIDDLE)

14) ADDRESS OF OWNER 2600 WEATHERSFORD CT.

15) PHONE NO. Home 545-6925 Office 568-6454

16) LOCATION OF SYSTEM 5021 N SHARON AMITY RD (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. _____ Block No. _____

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A SOIL INVESTIGATION BEEN RUN? ____ YES ____ NO DATE RUN _____

20) PTR NUMBER (See Instructions) _____

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.

10-26-83
DATE OF APPLICATION

J.T. Preshell
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

SEPTIC TANK AGREEMENT 20208

The undersigned, JACKSON T. PRESNELL, owner of property located at 5621 N. SHARON AMITY RD, ("the site") and described in instrument recorded in Book 4046 at Page 380, Mecklenburg Public Registry, hereby acknowledges that he applied to the Department of Environmental Health for a permit to install a septic tank sewage disposal system on the site; the Department evaluated the site for suitability for such a system in accord with the regulations promulgated by the North Carolina Commission for Health Services as 10 NCAC 10A .1900 et seq; that the Department classified the site as unsuitable and an appropriate permit was issued by the Department.

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

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.

And the undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department and its successors, as well as Mecklenburg County, 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.

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

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

This 2 day of NOV, 1983.

Jackson T. Presnell (Seal)
(Seal)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, ERNEST NEAL, a Notary Public for said County and State, do hereby certify that JACKSON T. PRESNELL personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 2ND day of November, 1983.

Ernest Neal
Notary Public My Commission Expires July 27, 1986
My Commission Expires: _____

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day and acknowledged that he is _____ of _____, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____, sealed with its corporate seal and attested by _____.

WITNESS my hand and notarial seal, this _____ day of _____, 19 ___.

_____
Notary Public
My Commission Expires: _____

BE-12-29-83

C of A (s) No. 20208

Date Issued 21 Dec 83 **Serial** 6343 T C. No. 099-221-05

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

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

Name of Owner Russell, Jackie (LAST, FIRST, MIDDLE)

Location of Property 5621 W. Brown Cindy Rd.

Application Number _____ Permit Number _____

Inspection Data:

Liquid Capacity of Tank 500+1000 Tank Material PC

Total Length of Drain Tile 210' Number of Lines 4

Depth of Filter Material 12" Cover Depth 12-18"

Water Supply Source Well Distance from Water Source _____

Excavation Inspected 16 Dec 83 (DATE) Tank Inspected 16 Dec 83 (DATE)

Nitrification Field Inspected 21 Dec 83 (DATE)

Washing Machine Line Inspected, If Applicable _____ (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, 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 or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This Certificate of Approval is issued subject to those 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 _____

M. N. Cody
Environmentalist

EHD-5-76