

11517 MCCORD RD

01102113

1/3/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3848B DATE: 3/25/96

TC: 011-021-13 ☐ L ☐ CRT

SERIAL Nº 16497

Name of Owner James McConnell Juris.: _____

Address of Property 11517 McCord Road

Inspection Data:

Tank Material PEC

Total Length of Drainfield ~220'

Number of Lines 2 @ 110' each

Cover Depth 6"-12"

Water Supply Source municipal waterline

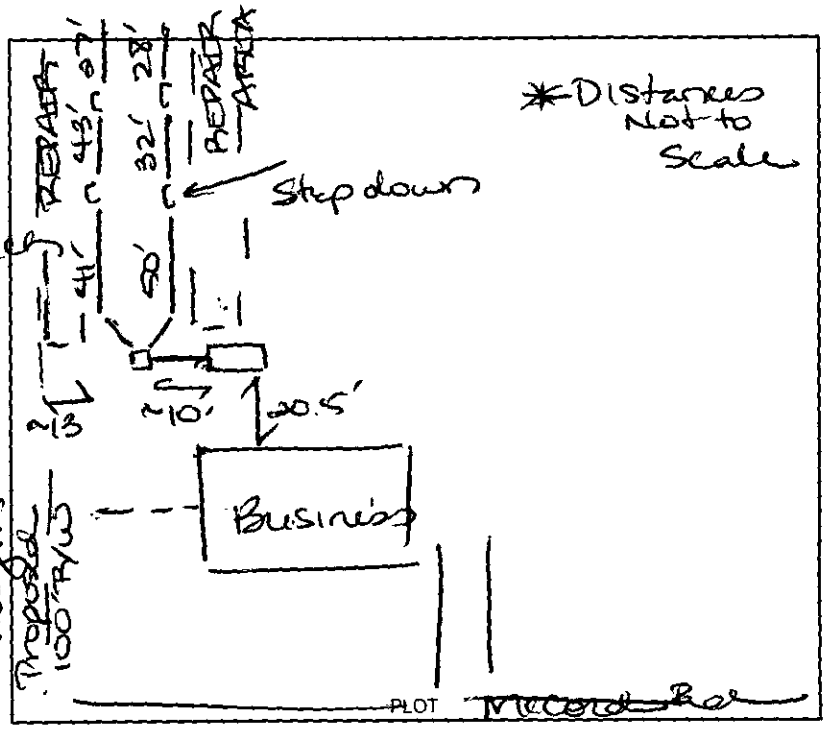
Distance to Water Source >25'

Excavation Inspected 3/25/96

Tank(s) Inspected 3/25/96

Wash Line Inspected NA

High Water Alarm Inspected NA



Design 1996 Con, 1500gST, D-Box, 660ft², 12"G, cecil-like CTR# _____ Jack Stuart

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 15A 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 15A 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

Business - Domestic Wastewater ONLY.

Do not drive or park over any portion of the sewage disposal system & its designated repair areas.

John B. Mialik
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

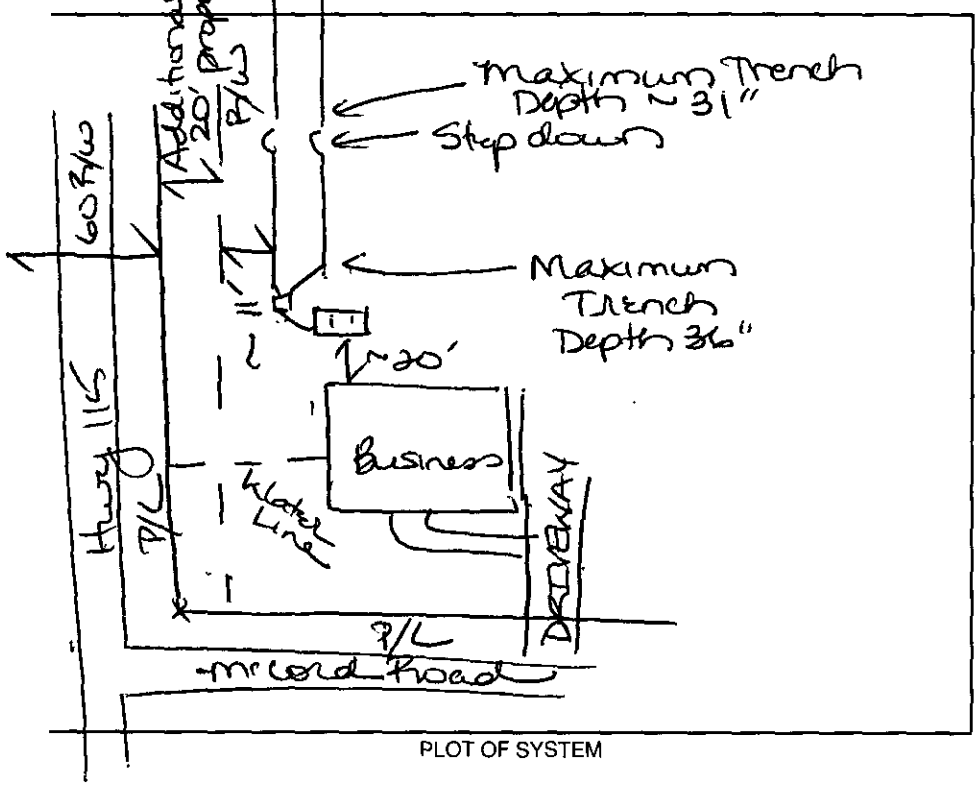
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3848B DATE: 3/22/96

TC: 011-021-13 ☐ L

SERIAL Nº 16736

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 12/20/95. All work shall be completed on or before 4/22/96, 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 NA gallons

Tank Construction PCC

Trench Depth 36" upslope End ~31" midpoint

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous ✓

Total Line Length 200 feet

Number of Lines 2 @ 100' each not including step down

Depth of Stone 12" inches

Distance from House >5 feet

Distance from Property Line 10' feet

Distance from Well Municipal feet >10' from waterline

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

NAME OF OWNER James McConnell

LOCATION OF PROPERTY 11517 McCord Road

Comments: Domestic Wastewater ONLY.

- System layout @ installation of contour at the request of owner in order to conserve space.

- Additional soil cover shall be required at the end of each line in order to meet the minimum 6" soil cover.

Lora B. Mialik, RS
Environmental Health Specialist

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

Well Tree SW/ DCFT DHEP

FEE: 200.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 1/11/96 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

(C.C. #9797)

DATE: 1/5/96 **PERMIT NO:** 3848B
PARCEL NO: 011-021-13

JOB LOCATION ADDRESS: 11517 McCord Road
PROPERTY OWNER: James O. McConnell
BUILDING CONTRACTOR:
SUBDIVISION NAME: NA
AUTHORIZATION ISSUED BY: Lora B. Mialik, RS **DATE:** 1/5/96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3848B, 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: Domestic Wastewater ONLY

See "Conditions of Improvement 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.

Jim McConnell 1-11-96

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 3848B

Tax Number: 011-021-13

- 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	<180 Max gallons/day wastewater flow	603 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
NO Municipal Serviced by private well	1500 Gallon septic tank	201 Total trench length (ft)	25" Maximum trench depth (At least 12" of provisionally suitable soil *must remain* between trench bottom and unsuitable soil conditions)
___ Bedrooms in residence Business 5 employees/1 shift	NA Gallon pump tank	12" Depth of stone	

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

Site modifications required:

Additional Conditions: Domestic Wastewater ONLY
Keep septic system & its designated repair area 10' minimum from any waterline, 100' from any well

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

603 Absorption Area (Sq ft) 201 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	25" 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*.

Lisa B. Mialik 1/5/96
DEHNR Authorized Agent Date

Jim McConnell 1-11-96
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

IWWS:100195

File 3848B correct survey.

PHYSICAL SURVEY FOR

JAMES O. AND DIANE D. McCONNELL

11517 McCORD ROAD
CITY OF HUNTERSVILLE
MECKLENBURG COUNTY, N.C.
LOCUS DEED: BK-7635 PG-392
TAX PARCEL: 011-021-13

80' 0' 80' 160'

SCALE 1" = 80'

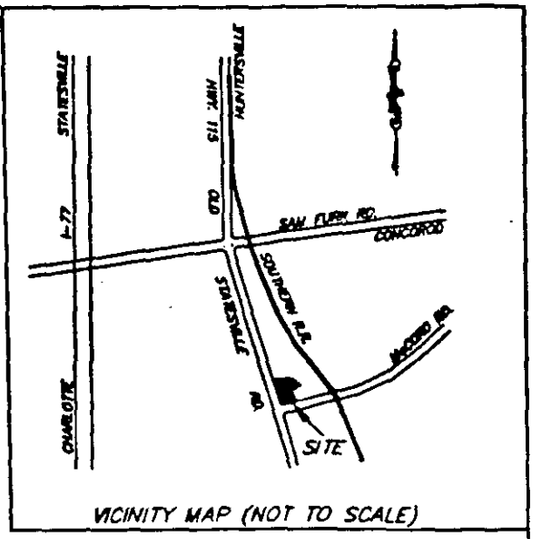
I, STEPHEN S. DYER HEREBY CERTIFY THAT ON 3-18 1996 I SURVEYED, OR A SURVEY WAS PERFORMED UNDER MY SUPERVISION OF THE PROPERTY SHOWN ON THIS PLAT; THAT THE PROPERTY LINES AND LOCATION OF ALL STRUCTURES ARE ACCURATELY SHOWN HEREON; THAT NO STRUCTURE LOCATED ON THIS PROPERTY ENCROACHES ON ANY ADJACENT STREET OR PROPERTY, AND THAT NO STRUCTURE ON ADJACENT PROPERTY ENCROACHES ON THE PREMISES SURVEYED EXCEPT AS SHOWN.

STEPHEN S. DYER RLS L-3509

POINT
NIP
N66°43'41"W 284.96'
EIP
N51°15'45"W 121.60'
EIP
S78°15'09"W 91.46'
EIP
N/F
LAND OF
CONCRETE SUPPLY CO.
BK-2639 PG-501
TAX PARCEL 011-021-11
OLD STATESVILLE ROAD
142.15'
N07°49'34"W
S07°49'34"E 23.00'
POINT
POINT
TRACT "2"
TRACT "1"
POINT
POINT
60' PUBLIC R.O.W.
496.77' TOTAL DEED
274.62'
448.19' TOTAL
N.C. 115
S00°39'08"E 168.50' TOTAL
138.50'
WATER VALVE
46.30'
1 STORY BRICK & FRAME
BACKFLOW PREVENTOR
52.0'
NIP
GATE POST
S78°18'35"W 268.61'
POINT
30.40'
OH ELEC.
LIGHT POLE
EIP
OH ELEC.
LIGHT POLE
S78°18'31"W 293.47' DEED
(60' PUBLIC R.O.W.)
SR#2427
McCORD ROAD
POINT
UTILITY POLE
TIE TO END 15" RCP S70°11'15"W 108.57'

AREA TRACT 1 & 2
NET 103,534.648 SQ.FT. 2.875 AC.
R.O.W. 21,689.744 SQ.FT. 0.498 AC.
TOTAL 125,224.392 SQ.FT. 3.373 AC.

N/F
LAND OF
CONCRETE SUPPLY CO.
BK-5098 PG-874
TAX PARCEL [illegible]



VICINITY MAP (NOT TO SCALE)

REGISTERED LAND SURVEYOR
STEPHEN S. DYER
L # 3509
NORTH CAROLINA

NOTES:
1) THIS PROPERTY DOES NOT FALL IN THE FLOOD PLAIN PER F.I.R.M. MAP 370158-00358 DATED FEB. 03, 1993.
2) DOES NOT CONFORM TO GENERAL STATUTE 87-30 AS AMMENDED, AND IS NOT INTENDED FOR RECORDATION.

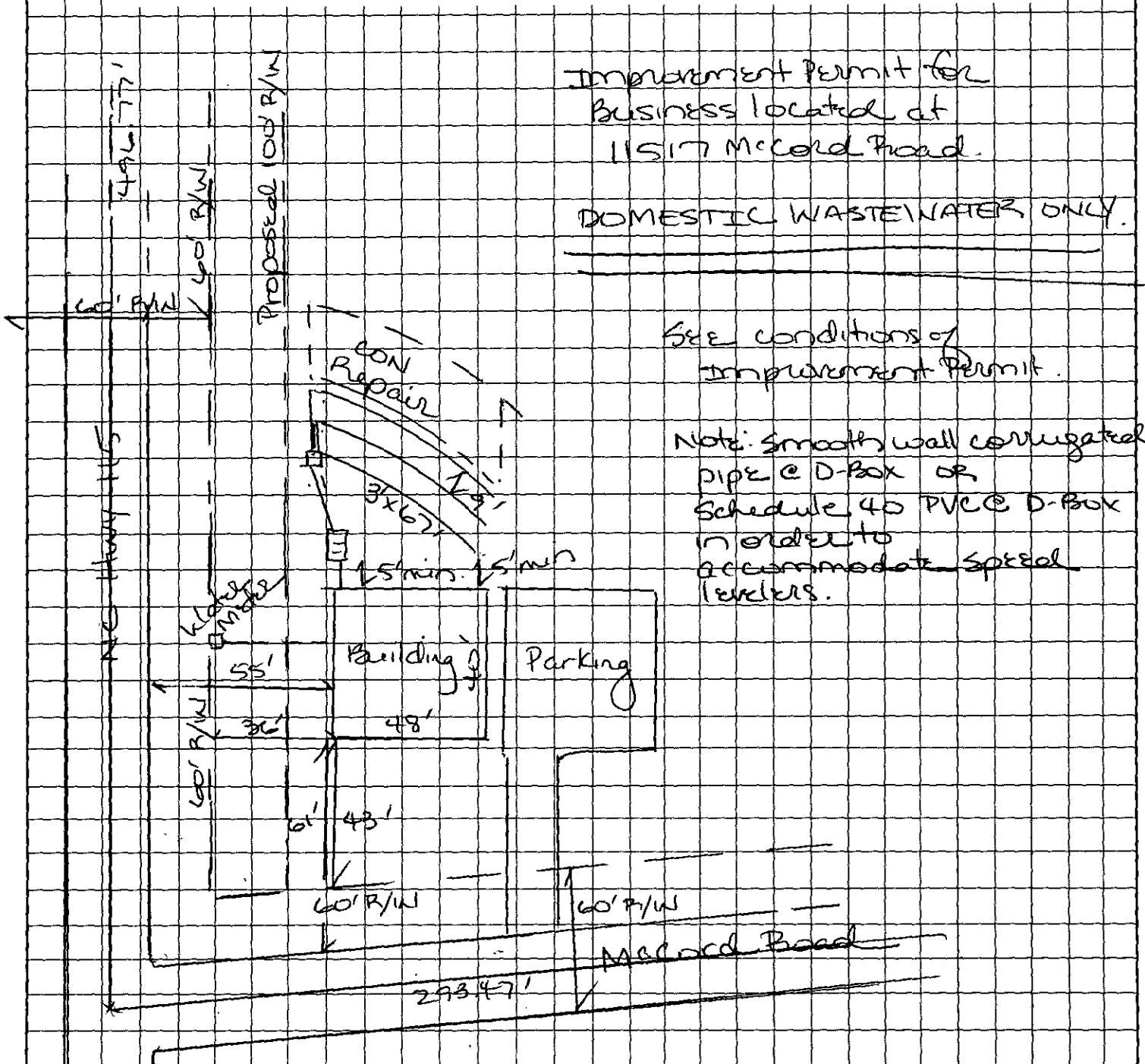
PROPOSED PLOT PLAN

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

FILE: 3848B

TC: 011-021-13

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 McConnell
OWNER/AGENT SIGNATURE

DATE 1-11-96

APPROVAL DATE 1/5/96 Jane B. Mial

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

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

#1

Sheet ___ of
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

39 48 B
PO 011-021-13

OWNER: James O. McConnell
APPLICANT: ___
ADDRESS: 14525 Black Farm Rd, Huntersville / APPLICATION DATE: ___
DATE EVALUATED: ___
PROPOSED FACILITY: Office
PROPOSED DESIGN FLOW (.1949): ___
PROPERTY SIZE: ___
LOCATION OF SITE: 11517 McCord Rd
PROPERTY RECORDED: ___
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☑ Auger 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	PROD CL & L
1	LS 5%	0-6"	sBK/~~sCl~~ sCl	Fr/sEXP/SS/SP	7 49" TO Chroma 2	48"	N/A	None	.37/ F4/ 4 IC
		6-48"	sBK/sC/C	Fr/sEXP/S~~P~~ P					
2	LS 5%	0-7"	Fill Comporital/sCl	FR/sEXP/SS/SP	7 ~~0~~ 43" TO Chroma 2	43"	N/A	None	.37/ F2/ 4 IC
		7-10"	sBK/sCl	Fr/sEXP/SS/SP					
		10-43"	sBK/sC	Fr/sEXP/S/P					
3	LS 5%	0-6"	sBK/sCl	FR/sEXP/SS/SP	7 45" TO Chroma 2	45"	N/A	None	.35/ F4/ 4 IC
		~~6-37"~~	sBK/C/	Fr/sEXP/S/P					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	05	05
System Type(s)		

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: William R. Marks
OTHER(S) PRESENT: ___

COMMENTS: 100% Repair - Denver Asphalt Mix

LEGEND

3846B

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)			MOIST	WET
(Ridge)		SCL (Sandy Clay Loam)				
(Shoulder Slope)		SLC (Silt Loam Clay)			VFR (Very Friable)	NS (Non-sticky)
(Terrace)					FR (Friable)	SS (Slightly Sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FI (Firm)	S (Sticky)
		SIC (Silty Clay)			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)

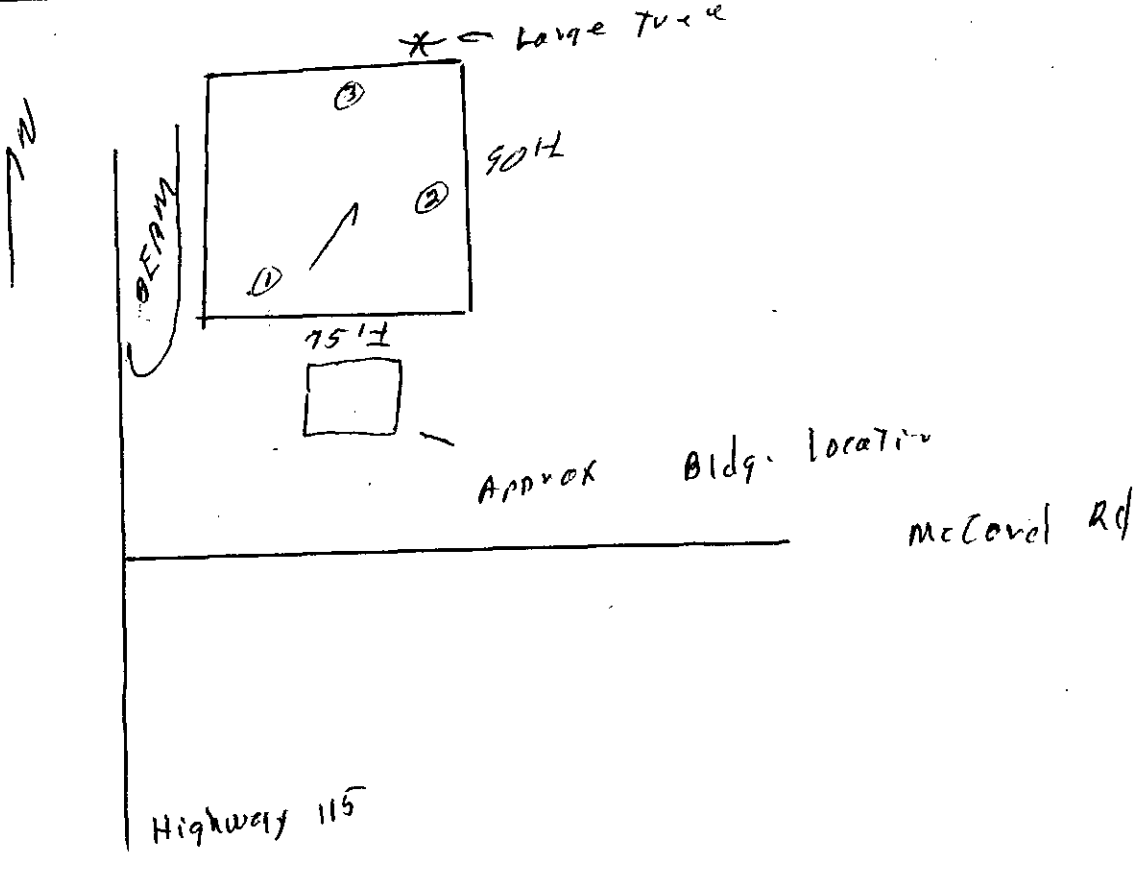
OTES

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).



FEE: 100.00 cash
DATE: 12-20-95

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR IMPROVEMENT PERMIT FOR COMMERCIAL/INDUSTRIAL SITE

[ ] CRT

TYPE APPLICATION: ✓ NEW SYSTEM ___ EXPANSION 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 #: 3848B

PROJECT TRACKING #: 909-984987

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: 11517 McCord Road

TAX/PARCEL NUMBER: 011-021-13

✓ COMMERICAL ___ INDUSTRIAL

STREET ADDRESS: 11517 McCord Rd Huntersville NC

DESCRIBE TYPE OF BUSINESS: OFFICE

LOT NUMBER:

Square footage of facility: 1200

TOWNSHIP (CHECK ONE):

NUMBER OF EMPLOYEES: 5
PER SHIFT: ___ ___ ___

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

HOW WILL WATER BE USED IN THE FACILITY:

✓ TOLIETS/URINALS
___ HANDSINK
___ SHOWERS
___ FLOOR DRAINS

OTHER, PLEASE DESCRIBE:

An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change.

TYPE OF WASTEWATER:
✓ SEWAGE
___ INDUSTRIAL PROCESS WASTE WATER

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

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	WELL SPRINGS OR WATERLINES	___ YES	✓ NO
EXISTING WASTE WATER SYSTEMS	___ YES	___ NO	DESIGNATED WETLANDS	___ YES	✓ NO
EASEMENTS OR RIGHT-OF-WAYS	___ YES	___ NO			

BUILDING PLANS TO INCLUDE ALL PLUMBING, FLOOR DRAINS AND ALL SOURCES OF WASTEWATER DISCHARGE AND GRADING PLANS MAY BE REQUIRED DURING THE EVALUATION STAGE.

PROPERTY OWNER: James O'Connell

NAME: (LAST) (FIRST) (MI)

ADDRESS: 14525 Black Farm Rd

CITY: Huntersville STATE: NC ZIP: 28078

DAYTIME PHONE: ( ) 8752696

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) ---

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: Jim McConnell

DATE: 12-20-95

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

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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.

SEE Attached Plan's

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE

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

3848B

CHARLOTTE-MECKLENBURG BUILDING STANDARDS **PAGE:** 1
PROJECT REVIEW DISCIPLINES

PROJECT INFORMATION

PROJECT NUMBER: 909-984987 **SUBMITTED DATE:** 12/20/95
PROJECT NAME: MCCONNEL GRADING OFF **PHS:** ICE **SEC:** **TIME:** 08:55 AM

CONTACT NAME: JAMES **PHONE #:** (704) 875-1142
TITLE: CONT **TYPE OF PERMIT:** FULL

COMMENTS: 11517 MCCORD RD / HUNTERS/ NEW OFFICE BLDG/SEPTIC

REVIEW DISCIPLINES

AGENCY	DISCIPLINE	CONTACT	PHONE	INITIALS
BUILDING STANDARDS	BUILDING	MICHAEL BURKHARD	336-3836	
	ELECTRICAL	MICHAEL BURKHARD	336-3836	
	MECHANICAL	MICHAEL BURKHARD	336-3836	
	PLUMBING	MICHAEL BURKHARD	336-3836	
	ZONING	MICHAEL BURKHARD	336-3836	
	COUNTY-FIRE	MICHAEL BURKHARD	336-3836	
ENVIRONMENTAL HEALTH	SEPTIC TANKS	SYLVIA DANIEL	336-5565	

NOTICE

OTHER APPROVALS/PERMITS MAY BE REQUIRED SUCH AS GRADING PERMITS, STORM WATER RETENTION, DETENTION AND COMMERCIAL DRAINAGE APPROVAL. PLEASE CHECK WITH THE ASSOCIATED ENGINEERING DEPARTMENT FOR ADDITIONAL INFORMATION.

YOU WILL BE NOTIFIED OF THE DISPOSITION OF YOUR PROJECT WITHIN 10 TO 15 WORKING DAYS. IF YOU MUST CALL CONCERNING THE STATUS OF A PROJECT, CALL 336-3836 AND ASK FOR APPROVAL STATUS OF THE PROJECT NUMBER ABOVE

ALL INDIVIDUALS SECURING BUILDING PERMITS MUST BE BONDED WITH MECKLENBURG COUNTY. PLEASE CONTACT THE ACCOUNTING DEPARTMENT AT 336-4317 FOR BOND REQUIREMENTS AND FURTHER INFORMATION.

CONTACT	DATE	COMMENTS	INITIALS