

1000 MCCORKLE RD

05309310

12/20/2007

duponbj

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

FEE: $100.00
DATE: 2/13/06 V/W
CRT I 1 X37798

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 01/05

FILE #: application #344 1330B

TYPE APPLCATION:

- ☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
- ☑ ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
- ☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- ☐ COMMERCIAL OR INDUSTRIAL (N)

PERSON FILING APPLICATION:

NAME: Betty Love
ADDRESS: 12113 Susanna DR.
CITY: Charlotte
STATE: NC ZIP: 28214
PHONE: 704-394-4132
ALTERNATE PHONE: 980-721-4940 (Johnny Love)

PROPERTY OWNER:

Project # 166567
NAME: William Gardner
ADDRESS: 1000 McCorkle Rd.
CITY: Charlotte
STATE: NC ZIP: 28214
PHONE: 704-393-2485
ALTERNATE PHONE: 704-201-4802

JOB LOCATION INFORMATION

TAX/PARCEL #: 053-093-10
STREET ADDRESS: 1000 McCorkle Rd
CITY: Charlotte
STATE: NC ZIP: 28214
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

TOWNSHIP:

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

WATER SUPPLY:

- ☐ MUNICIPAL (M)
- ☐ COMMUNITY (C)
- ☑ PRIVATE WELL (P)
- ☐ SHARED WELL (S)
- ☐ OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:

- ☑ HOUSE (H)
- ☐ MODULAR HOME (M)
- ☐ MULTIPLE FAMILY (U)
- ☐ SINGLE MOBILE HOME (S)
- ☐ DOUBLE WIDE (D)
- ☐ OTHER (O)

NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 3

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:

TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:

INDUSTRIAL WASTES? ☐ YES ☐ NO
UNDERGROUND STORAGE TANKS? ☐ YES ☐ NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:

- ☐ BEDROOM
- ☐ BATHROOM
- ☐ KITCHEN
- ☐ DINING ROOM
- ☐ LIVING ROOM
- ☐ DEN
- ☐ GARAGE
- ☐ SUNROOM
- ☐ PORCH
- ☐ DECK
- ☐ OTHER

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:

- ☑ DETACHED GARAGE
- ☐ DETACHED GARAGE WITH PLUMBING
- ☐ POOL HOUSE
- ☐ SHOP
- ☐ BARN
- ☐ STORAGE SHED
- ☐ DETACHED PORCH / DECK
- ☐ 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Betty L. Love — 02/13/06
Owner's/Agent's Signature — Date

*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 approval is granted y this Department.
- This permit is not transferable.

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

Septic OK. OK for Garage
Robert J. Peter — 2/23/06
EHS Signature — Date

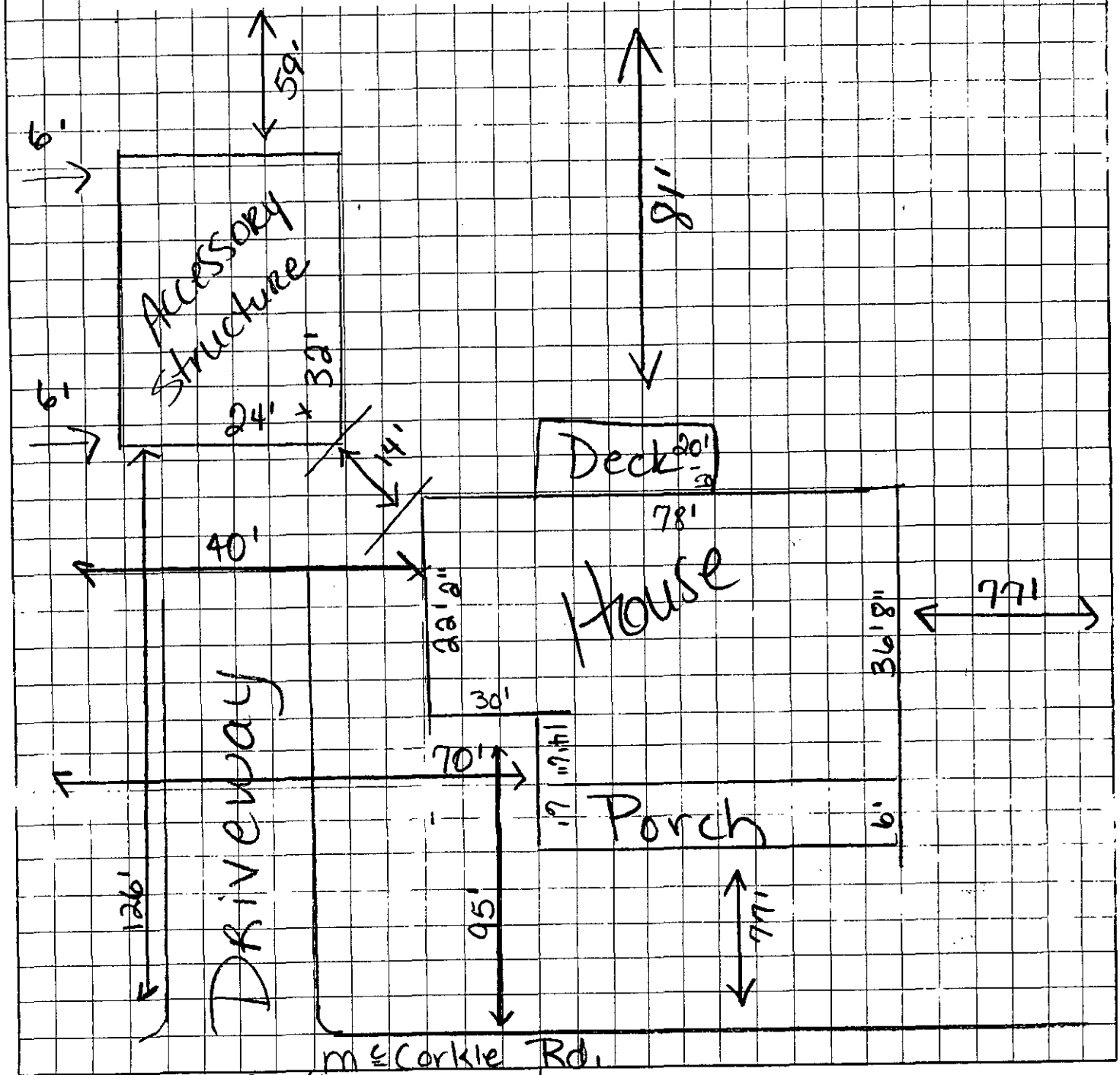
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 1330B

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.



Betty L. Lane
OWNER/AGENT SIGNATURE

DATE 02/13/06

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

Paid Sept 400

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

DATE: 7-8-96 PERMIT NO: 1330B
PARCEL NO: 053-093-10P0

JOB LOCATION ADDRESS: 1000 McConkle Rd.
PROPERTY OWNER: Bill Gardner
BUILDING CONTRACTOR: Randy McCurry
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: Joni Huggins Bunney DATE: 7-8-96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1330B, 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: Installation approval required.

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.

Joni Huggins Randy McCurry 7-8-96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	02/13/06	**Amount:**	100.00
Receipt #:	41204	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	WALKEVA		

Account Information

Account #: X37798
Contractor: LOVE HOME IMPROVEMENT
Attn:
Address: 12113 SUSANNA DR
Address:
City/State/Zip: CHARLOTTE, NC 28214

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod ~~12112 SUSANNA DRIVE~~ 1000 McCorkle Road (Accidentally used wrong address) V.W.		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
100.00					

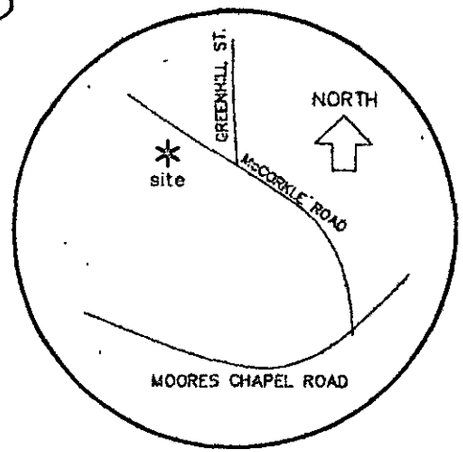
Map Book 27 Page 575

CCORDANCE WITH THE PROVISIONS
SION ORDINANCE OF MECKLENBURG
CAROLINA.

CKLENBURG PLANNING COMMISSION

B. Yokley 6/10/96

COMMISSION STAFF DATE

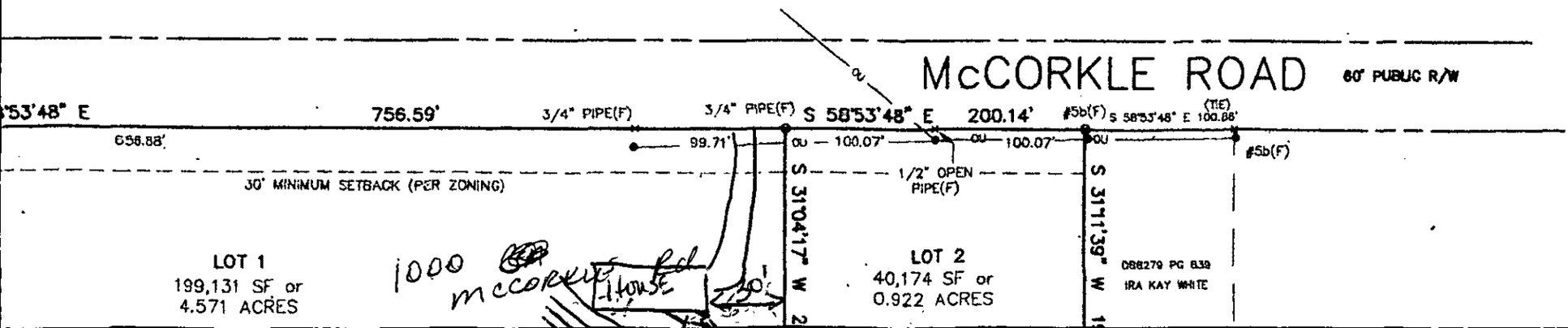


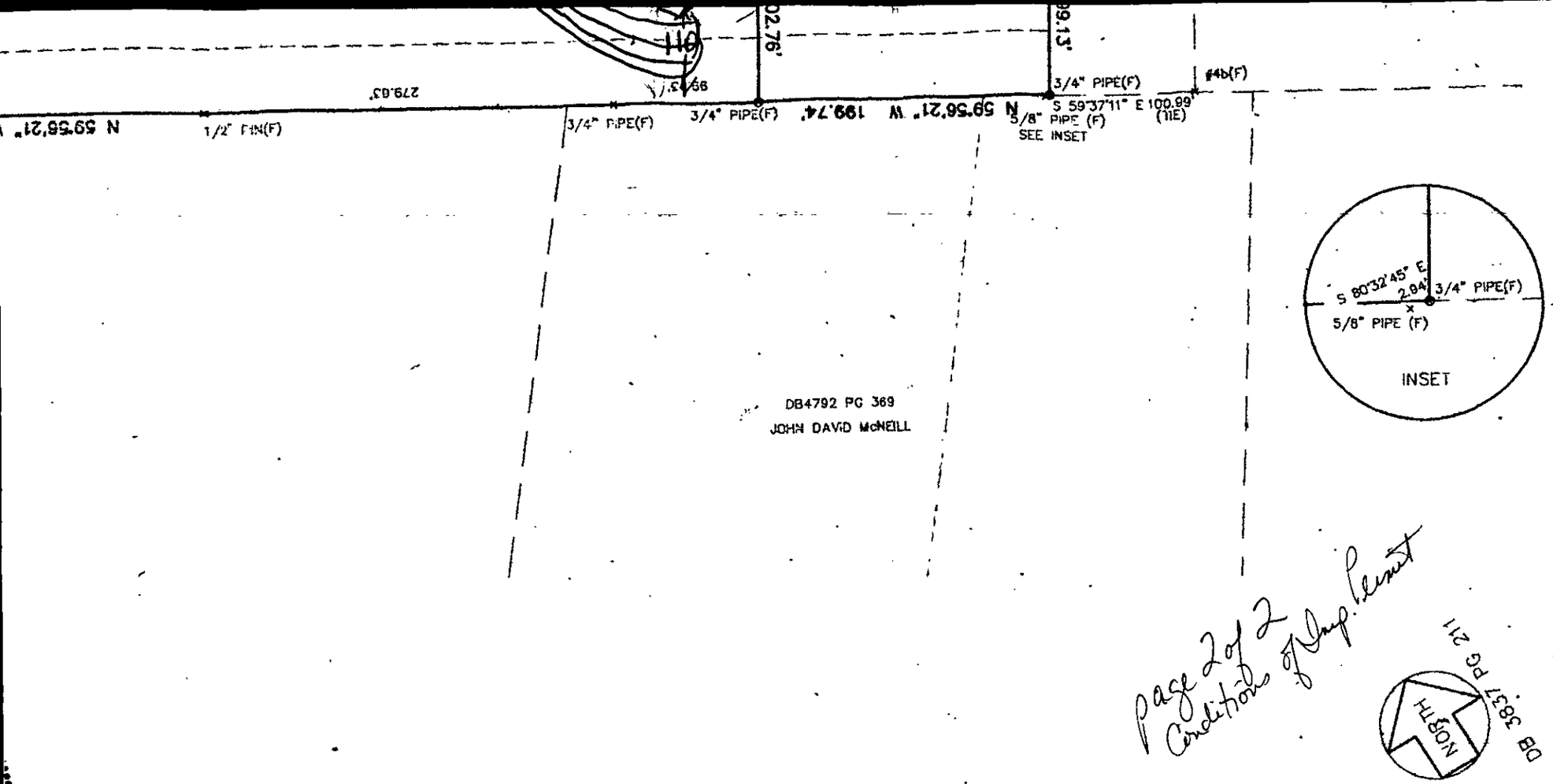
VICINITY MAP
n.t.s.

FILED FOR REGISTRATION
JUN 20 1996
AT 14:15

APPROVED IN ACCORDANCE WITH THE ENGINEERING REQUIREMENTS OF THE SUBDIVISION ORDINANCE OF MECKLENBURG COUNTY, NORTH CAROLINA.
MECKLENBURG COUNTY ENGINEERING DEPARTMENT

Beverly Lawing 6/4/96
COUNTY ENGINEER DATE





Page 2 of 2
Conditions of Approval

400

LEGEND

O	PROPERTY CORNER
F	FOUND
S	SET
x	EVIDENCE
#4b	No. 4 REBAR
#5b	No. 5 REBAR
R/W	RIGHT OF WAY

Lucas-Forman Incorporated

Land Surveying
Planning & Engineering

4000 Stuart Andrew Boulevard
Charlotte, North Carolina 28217
P.O. Box 11386 28220-0386
(704) 527-6626 Fax 527-9640

SUBDIVISION PLAT
MILDRED H. MILLER PROPERTY, MAP I
1200 McCORKLE ROAD

PAW CREEK TOWNSHIP, MECKLENBURG COUNTY, NC.
OWNER: MILDRED H. MILLER

SURVEYED BY	DESIGNED BY	DRAWN BY	DATE
CH HODGE		LJ WHITAKER	5-08-98
CHECKED BY	JOB NUMBER	FILE NUMBER	SHEET
M.S. MILLER	98177	254	1 OF 1

I, MICHAEL S. MILLER, REGISTERED LAND SURVEYOR, CERTIFY TO ONE OR MORE OF THE FOLLOWING:

A. THAT THIS PLAT IS OF A SURVEY THAT CREATES A SUBDIVISION OF LAND WITHIN THE AREA OF A COUNTY OR MUNICIPALITY THAT HAS AN ORDINANCE THAT REGULATES PARCELS OF LAND;

B. THAT THIS PLAT IS OF A SURVEY THAT IS LOCATED IN SUCH PORTION OF A COUNTY OR MUNICIPALITY THAT IS UNREGULATED AS TO AN ORDINANCE THAT REGULATES PARCELS OF LAND;

C. THAT THIS PLAT IS OF A SURVEY OF AN EXISTING PARCEL OR PARCELS OF LAND;

D. THAT THIS PLAT IS OF A SURVEY OF ANOTHER CATEGORY, SUCH AS THE RECOMBINATION OF EXISTING PARCELS, A COURT-ORDERED SURVEY OR OTHER EXCEPTION TO THE DEFINITION OF SUBDIVISION;

E. THAT THE INFORMATION AVAILABLE TO THIS SURVEYOR IS SUCH THAT I AM UNABLE TO MAKE A DETERMINATION TO THE BEST OF MY PROFESSIONAL ABILITY AS TO PROVISIONS CONTAINED IN (A) THOUGH (D) ABOVE.

I, MICHAEL S. MILLER, certify that this plat was drawn under my supervision from an actual survey made under my supervision; that the boundaries not surveyed are clearly indicated as drawn with dashed lines; that the ratio of precision does not exceed 1:10000; that this plat was prepared in accordance with G.S. 47-30, as amended. Witness my original signature, registration number and seal this 9th day of May, 1996

NORTH CAROLINA REGISTERED SEAL L-3677 LAND SURVEYOR MICHAEL S. MILLER

L-3677

North Carolina, Mecklenburg County
I, a Notary Public of the County and State aforesaid, certify that MICHAEL S. MILLER, Registered Land Surveyor, personally appeared before me this day and acknowledged the execution of the foregoing instrument.
Witness my hand and official stamp or seal, this 9th day of May, 1996.

KATHARINE L. MONK NOTARY PUBLIC MECKLENBURG CO. NC

Notary Public

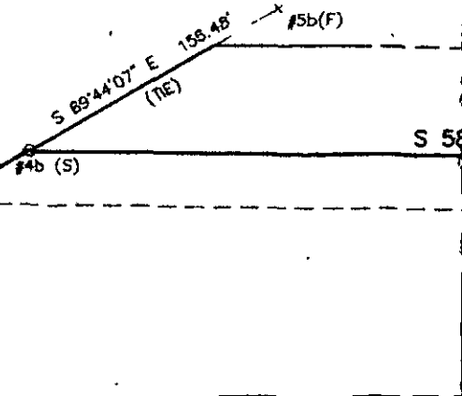
My Commission Expires Nov. 7, 2000

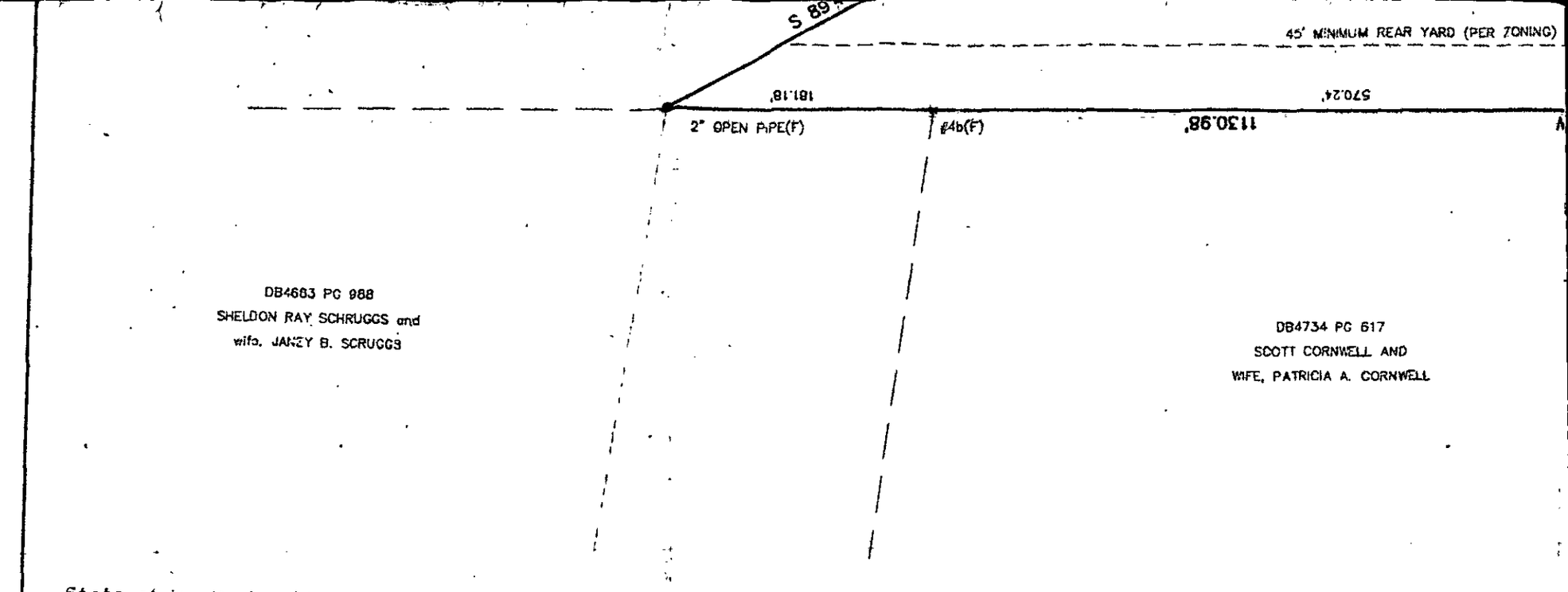
APPROVED IN
OF THE SUBDI
COUNTY, NORT

CHARLOTTE-ME

PLANNING

DB5054 PG 344
SANDOZ CHEMICAL CORP





State of North Carolina, County of Mecklenburg
The foregoing certificate(s) of
Katherine L. Monk
a Notary(s) (ies) Public (is) (are) certified to be correct.
This 10th day of June 1996
Judith A. Gibson, Register of Deeds
By: Carolyn W. Mayzak Deputy

CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE PLAT RECORDED IN BOOK 27 PAGE 525.
DATE: 6-10-96
JUDITH A. GIBSON, REGISTER OF DEEDS
BY: Carolyn W. Mayzak DEPUTY

JUDITH A. GIBSON REGISTER OF DEEDS MECKLENBURG COUNTY, N.C.

REFERENCES

DEED 3837 PAGE 211
DEED 8279 PAGE 839
DEED 4683 PAGE 988
DEED 4734 PAGE 617
DEED 4792 PAGE 369
DEED 5054 PAGE 344

FLOOD STATEMENT

THIS IS TO CERTIFY THAT THE LOCATION OF THE SUBJECT PROPERTY HAS BEEN CHECKED AGAINST AREA FEMA/FIRM MAPS AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS NOT LOCATED IN A SPECIAL FLOOD HAZARD AREA A OR B.

NOTES:

TAX PARCEL No. 053-093-10
ZONING R-3 (LAKE WYLIE WATERSHED P.A.)

THIS PROPERTY MAY BE SUBJECT TO EASEMENTS AND OR RIGHTS-OF-WAY EITHER RECORDED OR IMPLIED.

F.E.M.A.- F.I.R.M. INFORMATION

COMMUNITY-PANEL NUMBER 370158 0070 B
ZONE X
MAP REVISED: FEBRUARY 3 1993

GRAPHIC SCALE

100 0 50 100 200

(IN FEET)
1 inch = 100 ft.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

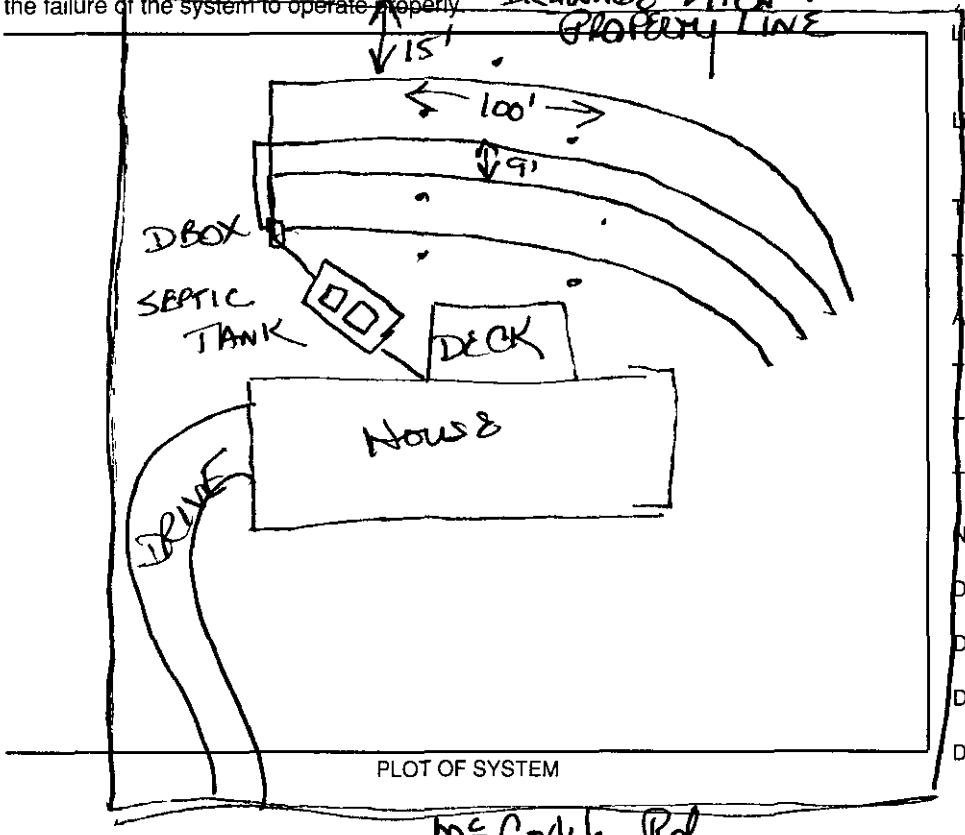
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1330B DATE: 8/19/96

TC: 053-093-10 ☐ L

SERIAL Nº 16947

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 8/19/96. All work shall be completed on or before _____, 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 24"

Absorption and/or Nitrification Lines:

Trench Width 3 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 5 feet

Distance from Well min 50' feet

NOT INSTALLED

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

NAME OF OWNER Randy McCurry

LOCATION OF PROPERTY 1000 McCorkle Rd.

Comments: 1500 SEPTIC TANK (W) 4 @ 3'X100'X12"
INSTALLED ON CONTOUR.

S Batchman for S Daniel, Program Chief 8-23-96

Davi Heggie Burney, R.S.
Environmental Health Specialist

off Moores Chapel Rd

SERVICE REQUEST/WORK ORDER

1330B

Log No.: _____ Section: _____ Hazard? [ ] Yes [ ] No

Date: 12/14/98 Parcel: 053 093 10 <60 Days? [ ] Yes [ ] No

REQUESTING PERSON: Debbie Gardner Phone 393 2485

Address 1000 McCorkle Rd City Charlotte NC Zip _____

PROPERTY CONCERNED: Facility Name same as above

Address _____ City _____ Zip _____

SERVICE REQUESTED: Homeowner request, septic system failure

ASSIGNED TO: _____ TAKEN BY: _____

DATE	ACTIVITY REPORT
12/17/98	OSV made to investigate septic system failure requested by the property. Observed the septic system failing at the end of the drainfield lines. Sugestions are made on the back of this paper. I left a card for a return call regarding the septic system with the ~~McCorkles~~ Gardners.
12/18/98	Debbie Gardner called regarding my note. I told her about my sugestions. She stated that she would have a septic contrator contact me regarding a repair the the existing system.

NOTIFICATION TO REQUESTING PERSON: ( ) Written ( ) Verbal ( ) Not Applic

COMPLETED BY: _____ /

REVIEWED BY: _____ /

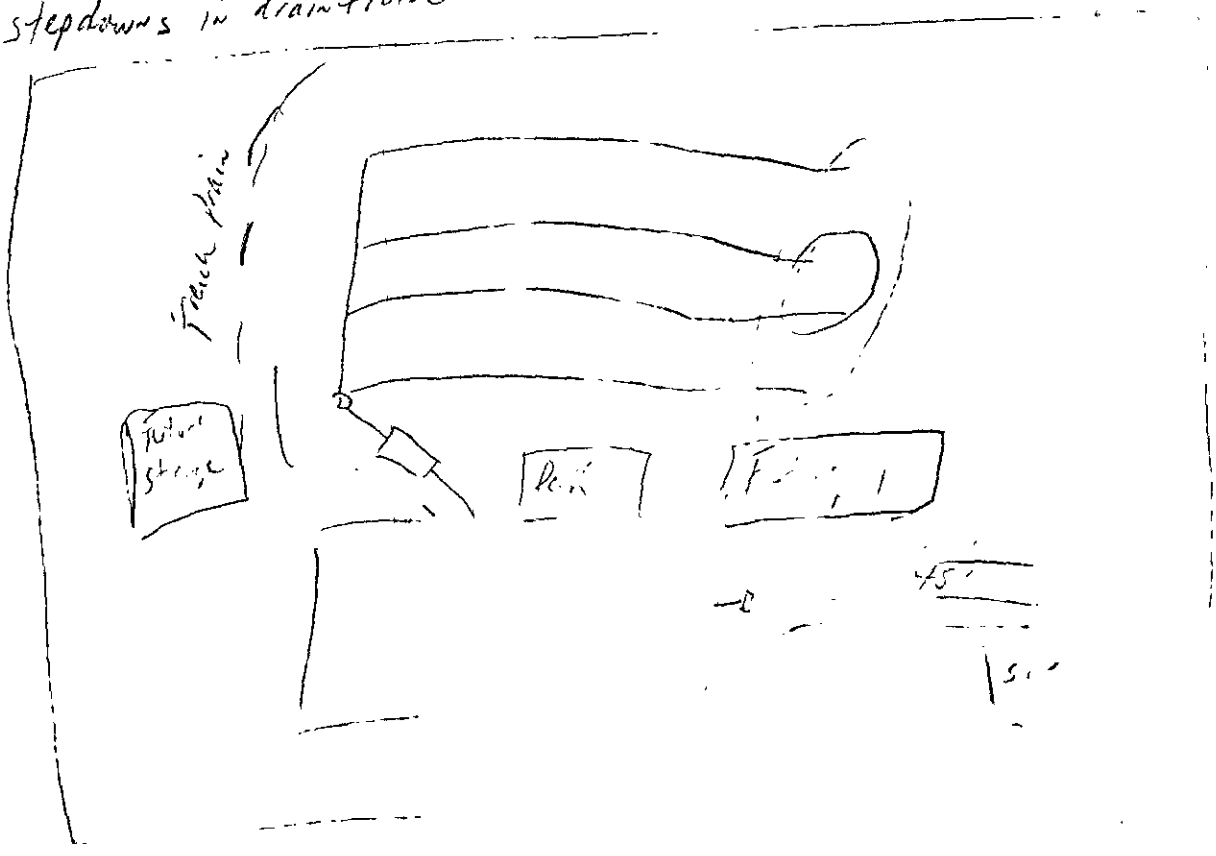
Divert surface water from system

Add french drain above drainfield

check D Box for levelness

[illegible] drainfield lines

check stepdowns in drainfield



Permit Number: 1330B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 053 093 10

- 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

___ Long-term acceptance rate	___ Max gallons/day wastewater flow	___ Absorption Area (sq ft)	___ Trench spacing (min. on centers)
Yes Serviced by private well	___ Gallon septic tank	___ Total trench length (ft)	___ 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	___ Depth of stone	

Any surface waters present: Type: Minimum separation distance:

Site modifications required:

Additional Conditions: Repair to the existing system, Washer box, 3 lines x 50' long x 3' wd x 12" stone New washer line installed

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

450' Absorption Area (Sq ft) 150' Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	24" 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 t 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 effe 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 Departme
- This Improvement permit is transferable.

Phila S. Walker RS. 1/8/99
DEHNR Authorized Agent Date

Owner/Agent Signature Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 214
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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 13308 DATE: 9/10/96

TC: 053-093-10 ☐ L ☒ CRT

SERIAL Nº 16815

Name of Owner Randy McCurry Juris.:

Address of Property 1000 McCorkle Rd.

Inspection Data:

Tank Material 1500

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth 12"-15

Water Supply Source Well

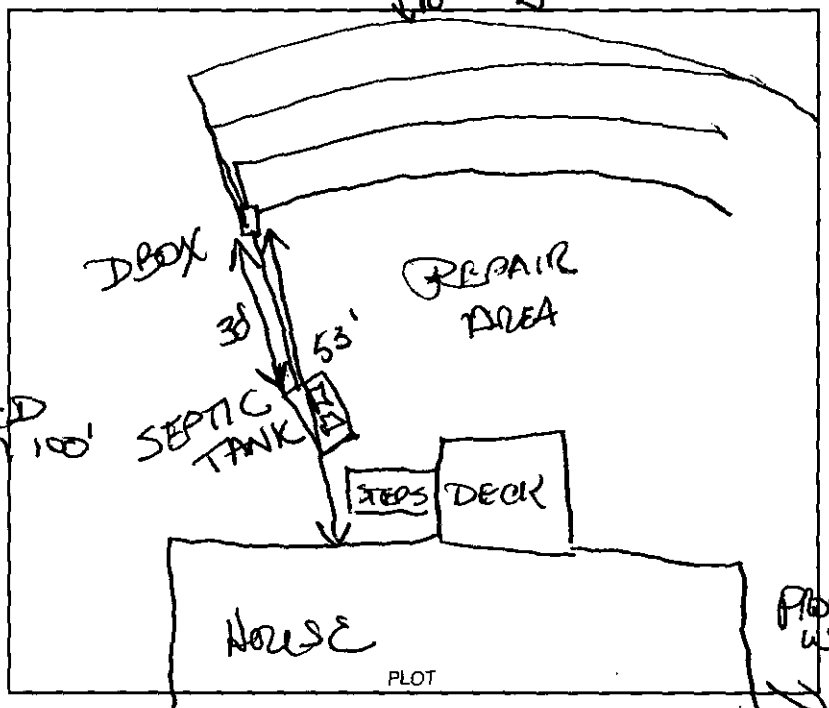
Distance to Water Source NOT INSTALLED GREATER THAN 100'

Excavation Inspected 9/10/96

Tank(s) Inspected 9/10/96

Wash Line Inspected —

High Water Alarm Inspected —



Design 1500 ST, [redacted], 1200 SQFT, 12"G, CE CIL CTR# Willie Christenbury

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

Toni Haynie Bunn R.S.
Environmental Health Specialist

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 1330B DATE: 3/25/99

TC: 053093 10 ☒ L ☐ CRT

SERIAL Nº 17826 (NO)

Name of Owner Debbie Gardner Juris.: _____

Address of Property 1000 McLorkle Rd

Inspection Data:

Tank Material –

Total Length of Drainfield 130'

Number of Lines 3 @ 50'

Cover Depth 12"

Water Supply Source Existing well

Distance to Water Source 54'

Excavation Inspected 3/25/99

Tank(s) Inspected NA

Wash Line Inspected 3/25/99

High Water Alarm Inspected NA

PLOT

Design 1999 Repair, Washer Box, CON, 450 SFT, 12" Stone CTR# B W Christenbury

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

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Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Repair to the existing system, Installed seperate washer line, Checked septic D Box (Ok). Owner elected not to install the french drain. Appr 4" soil added over existing drainfield.

DD 1996

Phillip A. Walker RS

Environmental Health Specialist

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

FEE: 100.00
DATE: 4/1/96
#1846

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

$200.00 ✓ 1/5/96 ck # 3119 ( ) 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 #: 1330B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 053-093-10 P.O.

STREET ADDRESS: ~~1605~~ 1090 MCCORKLE RD

SUBDIVISION OR MOBILE HOME PARK NAME: Willaura Hills

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1950 ±

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

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

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: (LAST) Miller (FIRST) Mildred (MI) H

ADDRESS: 2421 Mary Anne Dr

CITY: Char STATE: NC ZIP: 28214

DAYTIME PHONE: ( ) —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Springsteed Realty, Inc. (LAST) Nobles (FIRST) Lisa (MI) G

DAYTIME PHONE: (704) 393 - 0777

HM 393 1239

Mobile 619 7649

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: Lisa G. Nobles DATE: 4/1/96

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: 130B

TC: 053-093-10P0

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.



Bill - The owner is taking 250' from the beginning of parcel, as indicated on map enclosed.
Also Randy McCurry will be the builder - his # 398 9007

APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

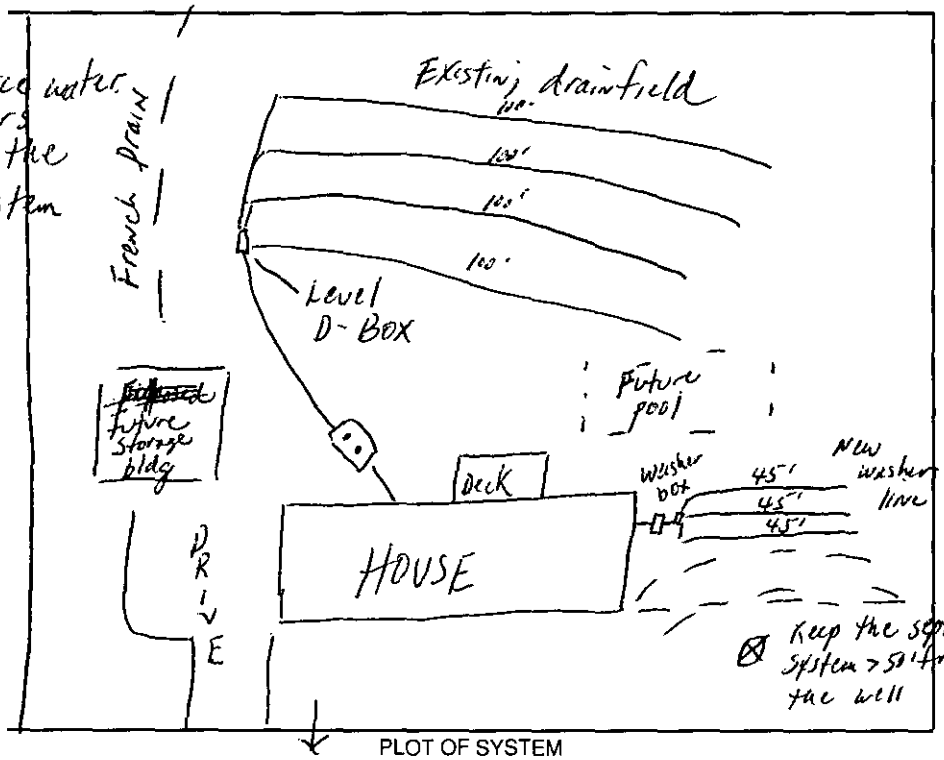
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1330B DATE: 1/8/99

TC: 053 093 10 ☒ L

SERIAL Nº 17235

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 1/7/99. All work shall be completed on or before 2/8/99, 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.



Liquid Capacity of Septic Tank Existing gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction Existing

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 135' feet

Number of Lines 3 (45')

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well > 50' feet

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

NAME OF OWNER Debbie Gardner

LOCATION OF PROPERTY 1000 McCorkle Rd Divert gutter and surface water away from the septic system

Comments: Install french drain above the drainfield, Install Washer line, w/washer box 3 lines x 45' long x 3' wid x 12" stone | 1st drainfield line would need to be partially cut off if future pool installed | Keep septic system >50' from the existing well

Philo S. Walker ZB.
Environmental Health Specialist

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

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

DATE: 1/8/99 PERMIT NO: 1330B

PARCEL NO: 053 093 10

JOB LOCATION ADDRESS: 1000 McClorkle Rd

PROPERTY OWNER: Debbie Gardner

BUILDING CONTRACTOR: —

SUBDIVISION NAME: —

AUTHORIZATION ISSUED BY: Phila S Walker RS DATE: 1/8/99

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1330B, 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: _____

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.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

NOTE: Please call b/4 going out.

SERVICE REQUEST/WORK ORDER

Log No.: _____ Section: _____ Hazard? ( ) yes ( ) no

Date: 10-13-00 Parcel: 053-093-10

REQUESTING PERSON: William & Debbie Gardner Phone 393-2485

Address 1000 McCorkle Road City Charlotte Zip 28214

PROPERTY CONCERNED: Facility Name Same as Above

Address _____ City _____ Zip _____

SERVICE REQUESTED: Raw sewage on surface of ground. Major problems

ASSIGNED TO: Jeremy Michelone TAKEN BY: Kathy

DATE	ACTIVITY REPORT
10/16/00	Phone Conversation with Debbie
10/16/00	O.S.V. Met with Debbie about Septic Problems
10/24/00	N.O.V. Issued I explained we could put a repair system on the other side of the fence away from her dog, if she chose so. I also issued an N.O.V. to see if she could connect to sewer.
11-10-00	PC left message to call me (D)
11-13-00	PC left message to call me (D)

NOTIFICATION OF FINAL DISPOSITION TO REQUESTING PERSON:

_____ / _____ WRITTEN ___ VERBAL ___
Environmentalist's Signature Date

REVIEWED BY: _____ / _____ RECALL DATE: _____
Section Head's Signature Date

Permit Number: 1330 B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 053-093-1090

- 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	~~1000~~ 360 Max gallons/day wastewater flow	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:			
Additional Conditions: ① IP - Good for only 5 years. ② WELL SHALL BE 100' FROM ANY PART OF SEPTIC SYSTEM.			
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
1200 Absorption Area (Sq ft) 400 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	42 Maximum Trench Depth 36"
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 Bunn RS 7/10/96 — Randy McCurry 7-8-96

DEHNR Authorized Agent — Date — Owner/Agent Signature — Date

see survey map for septic drainfield area

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
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NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

DATE 7/5/96

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

053-093-10p0
PARCEL NUMBER

1000 McCorkle Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

NA
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	APPROVED	NOT APPROVED
2. FLOODWAY REGULATIONS	APPROVED	NOT APPROVED
3. WATERSHED PROTECTION	APPROVED	NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	APPROVED	NOT APPROVED
5. PUBLIC UTILITY EASEMENT	PRESENT	NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	YES	NO
7. DRIVEWAY PERMIT REQUIRED	YES	NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	YES	NO

REMARKS: Sidewalk

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: [signature]

REVISED 1/91