Serial No. 5741

SIR No. 21118

T. C. No. PO 025-071-02

Date Issued 7-3-74

Map Date L

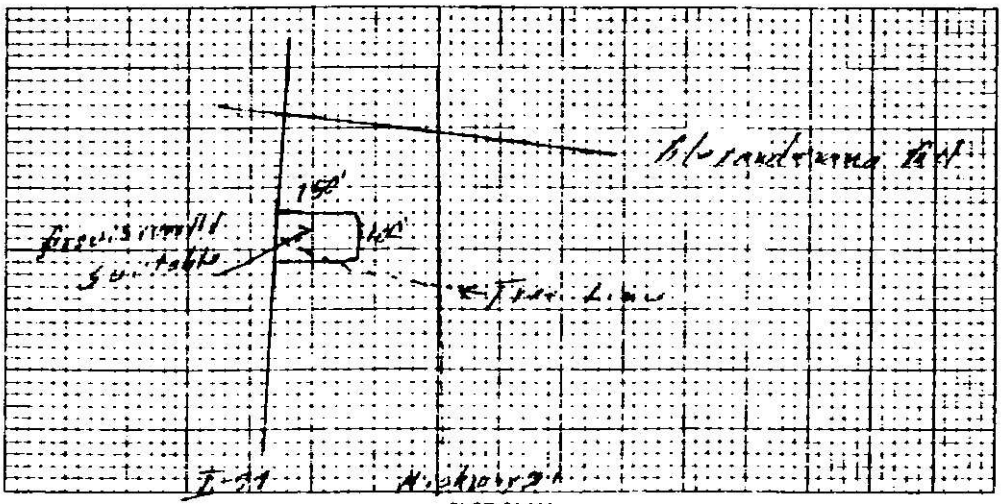
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Cortes, William H.
(LAST, FIRST, MIDDLE)

ADDRESS OF OWNER 327 S. Carson St., Charlotte, NC ZIP 28212

LOCATION OF PROPERTY Hwy 21 & Alexanderana Rd.
(STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO _____ BLOCK NO. _____



PLOT PLAN

This is to certify that a soil investigation and on-site investigation was made by the Mecklenburg County Department of Environmental Health on the lot described above. The said investigation was conducted on that portion of the lot as indicated on the above plot. PROVISIONALLY SUITABLE
The permeability rate determined by the investigation was _____. The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions:

1. A permit to install a private sewage treatment system may be obtained from the Mecklenburg County Department of Environmental Health prior to the beginning of any construction of buildings to be served by the wastewater treatment system on the said lot.
2. The septic tank capacity and wastewater treatment system which must be installed will be determined by the Mecklenburg County Department of Environmental Health prior to issuance of the permit at the rate obtained above and on the size and type of building constructed thereon.
3. This approval is for the type system indicated above only and is not to be construed as acceptable for system installation on the soil as a whole.
4. This approval is granted only after a plan of the proposed subdivision showing lot lines, roads, and proposed location of the Mecklenburg County Department of Environmental Health is satisfied that adequate area indicated on acceptable for system installation is available for the installation of individual sewage disposal systems.

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina Department of Human Resources, Division of Health Services and the Mecklenburg County Health Commission which were in effect on the date of issuance and is void if at any time in the future and prior to completion of the system, these laws, rules and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

Soil Scientist

Environmental Health Director or Authorized Section Head

EHD-S-76

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received 6-5-84

ICAR (S) Application No. 21118

P0025-071-02

T. C. No.

Map Date L

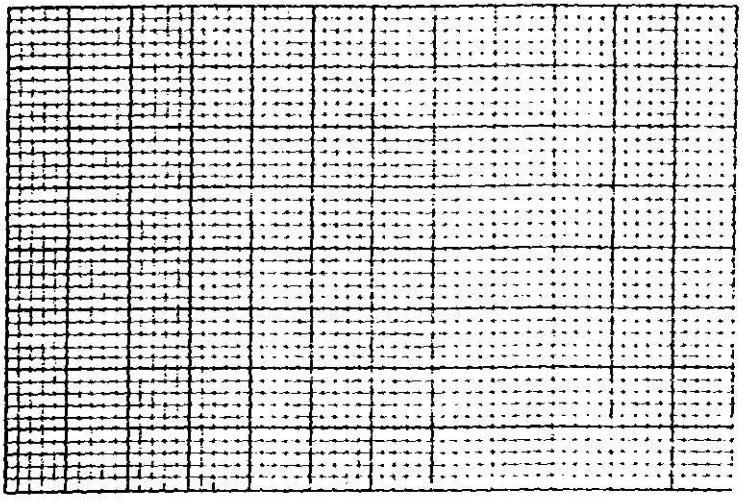
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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 Health Department 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)

4) No. of Bedrooms ____

5) Business Use ✓ Max No Employees 20

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 Cortes (LAST) William (FIRST) N (MIDDLE)

14) ADDRESS OF OWNER 327 South Carson Street Charlotte, N.C. 28202

15) PHONE NO. Home 375-9233 Office 527-1637

16) LOCATION OF SYSTEM 11510 Alex Intersection of S.R. 21 and Alexandriana Rd (STREET OR COUNTY ROAD)

17) SUBDIVISION ____ Lot No. ____ Block No. ____

Map Book No. 25 Page No. 07 Tract #2

18) DEED REFERENCE — DEED BOOK 3425 AT PAGE 179

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ____ NO DATE RUN May 15, 1984

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.

DATE OF APPLICATION ____ OWNER [signature]

FORM NO. E-4-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 7-6-.4

Serial No. 7661

SIR No. 21118

T. C. No. PO 025-071-02

Map Date L CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

IMPROVEMENT [illegible]

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Cortes, illiar [illegible]
LAST FIRST MIDDLE

ADDRESS OF OWNER 327 S. Carson St., Charlotte, NC ZIP 28202

LOCATION OF LOT ~~11311~~ 10711 Statesville Rd ~~Alexandriana~~ Road
STREET OR COUNTY ROAD

SUBDIVISION _____ LOT NO _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 21118. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered and/or repaired in the same area where the soil investigation was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altered, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

Ralph Millis
Environmentalist

[illegible signature]
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Issued 10-26-84

Serial No. 07673

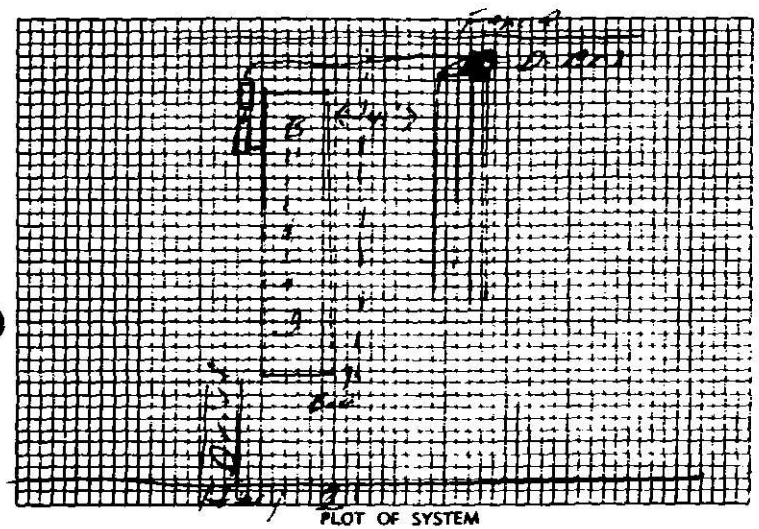
ICAR(S) Permit No. 21118

T. C. No. 05-071-02

Map Date L

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 21118, dated 6-5-84 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 11-26-84, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate IV

Liquid Capacity of Tank 1500 Gal 1000 Gal

Tank Construction PCC

Absorption and or Nitrification Lines

Total Line Length 416'

Number of Lines Four

Distance from House 5'

Distance from Property Line 10'

Distance from Well —

NAME OF OWNER [illegible]

LOCATION OF PROPERTY 10711 [illegible]

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.

Four Trench 104' x [illegible]

Comments:

[signature] Division or Section Head

[signature] Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a 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.

BHD-5-76

[illegible] Copy

C of A (s) No. 21118

Date Issued 11-2-84 **Serial** 7079 T. C. No 025-071-02 L CRT

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 Cantos (LAST) William (FIRST) (MIDDLE)

Location of Property ~~11510~~ 10711 ~~[illegible]~~ Statesville Rd

Application Number 21118 Permit Number 21118

Inspection Data:

Liquid Capacity of Tank 1500 gal 1000 gal L.S. Tank Material PCC

Total Length of Drain Tile 416' Number of Lines Four

Depth of Filter Material 12" Cover Depth 12" to 14"

Water Supply Source Gov. System Distance from Water Source —

Excavation Inspected 11-2-84 (DATE) Tank Inspected 11-2-84 (DATE)

Nitrification Field Inspected 11-2-84 (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

Jim Sevier
Environmentalist

EHD-5-76

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH

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: [redacted] 21118

TC:

SERIAL: № 13999 ☒ L ☒ CRT

JOB LOCATION

① ADDRESS: 10711 STATESVILLE RD (STREET NO / STREET) ② FILE:

③ JURISDICTION: HUNTERSVILLE (MECK COUNTY) ④ TAX PARCEL NO.: 025-071-02

⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: WILLIAM (FIRST) N (MIDDLE) CONTES (LAST)

⑨ MAILING ADDRESS: 10711 STATESVILLE RD

⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP:

⑬ PHONE: (WORK) 875-1025 ⑭ (HOME)

REQUEST

This request is for a(n):

⑮ ☐ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☒ Other (specify) WAREHOUSE ADDITION

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home ㉑ ☒ Business or place of public assembly

㉒ Number of bedrooms? ㉕ Type? AVIATION METAL SALES

㉓ Maximum occupancy? ㉖ Maximum number of employees? 12

㉔ Basement? ☐ yes ☐ no ㉗ Maximum number of seats? 3

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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Wm N Contes [signature]

Date: 7/9/87

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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 36 months from the date of issuance.

* USE EXISTING SYSTEM *

[signature] 7-15-87
Environmental Sanitarian Date

[signature] by BRF 7-15-87
Director or Authorized Section Head Date

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