

11401 STATESVILLE RD 5

01704404

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marliwr

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

FEE: N/A
DATE:

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

[ ] 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 #: 0848

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: #017-044-04A

STREET ADDRESS: 11401 Statesville Rd

SUBDIVISION OR MOBILE HOME PARK NAME: Hunterville, N.C. 28078
Banks Mobile Home Park

LOT NUMBER: #5

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

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

CLOSING DATE _____

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	WELL, SPRINGS OR WATERLINES	__ YES __ NO
EXISTING WASTEWATER SYSTEMS	__ YES __ NO	DESIGNATED WETLANDS	__ YES __ NO
EASTMENTS OR RIGHT-OF-WAYS	__ YES __ NO		

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: ~~Jerry~~ Roberts Martha G. / McKenzie Jerry M (LAST) (FIRST) (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 601 Calvert St	DAYTIME PHONE: ( ) —
CITY: Charlotte STATE: N.C. ZIP: 2808	
DAYTIME PHONE: 704 375- 4333	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1994

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: Martha G. Roberts DATE: 2-25-98

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

Permit Number 6848

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 017-044-04A

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)	
N/A 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)	
___ Bedrooms in residence	___ Gallon pump tank	___ Depth of stone		

Any surface waters present: Type: Minimum separation distance:

Site modifications required:

Additional Conditions: Repair to existing system - replacing tank and adding (1) 9'w x 75'L x 24" stone. This system serves Lots 3, 4, & 5

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	
225 Absorption Area (Sq ft) 675 Total Trench Length (Ft)	24" Depth of Stone Trench	N/A Trench spacing (min. on centers)	___ Maximum Trench Depth as shallow as possible	

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 I 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.

Larry B. Thompson Jr., R.S. — DENR Authorized Agent — Date

x C. Monson — Owner/Agent Signature — 3-3-98 — 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

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

DATE: 3-3-98 PERMIT NO: 6848
PARCEL NO: 017044-04A

JOB LOCATION ADDRESS: 11401 Statesville Road
PROPERTY OWNER: Jerry McKenzie
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: Larry L. Thompson Jr. LE DATE: 3-3-98
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 6848, 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: 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.

X E. Morrison 3-3-98
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

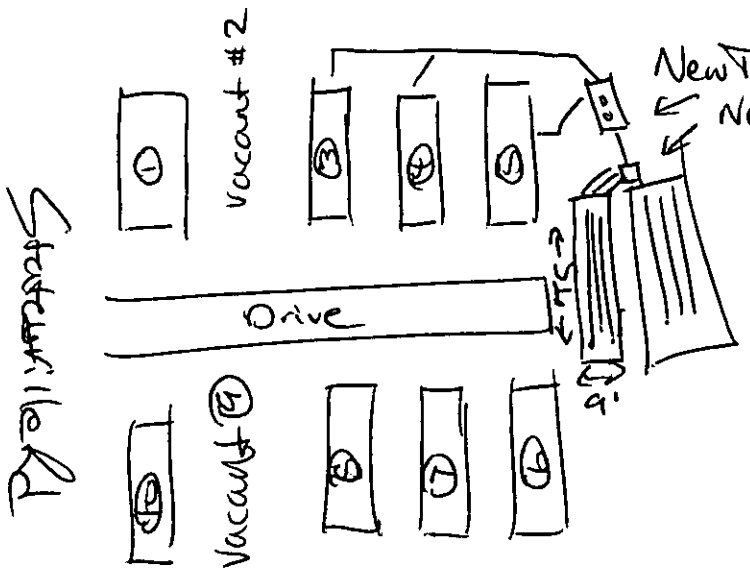
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 6848 DATE: 3-3-98

TC: 017-044-04 ✓

SERIAL Nº 17572

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 2-25-98. All work shall be completed on or before 4-3-98, 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 —

Trench Depth as shallow as possible

Absorption and/or Nitrification Lines:

Trench Width 9 feet

Trench Walls Scored and Porous Yes

Total Line Length 225 feet

Number of Lines 3 in 1

Depth of Stone 24 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well > 100 feet

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

NAME OF OWNER Jerry McKenzie

LOCATION OF PROPERTY 11401 Statesville Road LOTS 3,4,5

Comments: IIa repair 3 mobile homes
(1) 9'W x 75'L x 24" stone

Larry S. Thompson Jr. R.S.
Environmental Health Specialist

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 6848 DATE: 3-3-98

TC: 017-044-04 ☒ ☐ CRT

SERIAL № 16209

Name of Owner Jerry McKenzie Juris.:

Address of Property 11401 Statesville Road

Inspection Data:

Tank Material PCC

Total Length of Drainfield 225'

Number of Lines 3 in 1 @ 75'

Cover Depth 2'

Water Supply Source Community

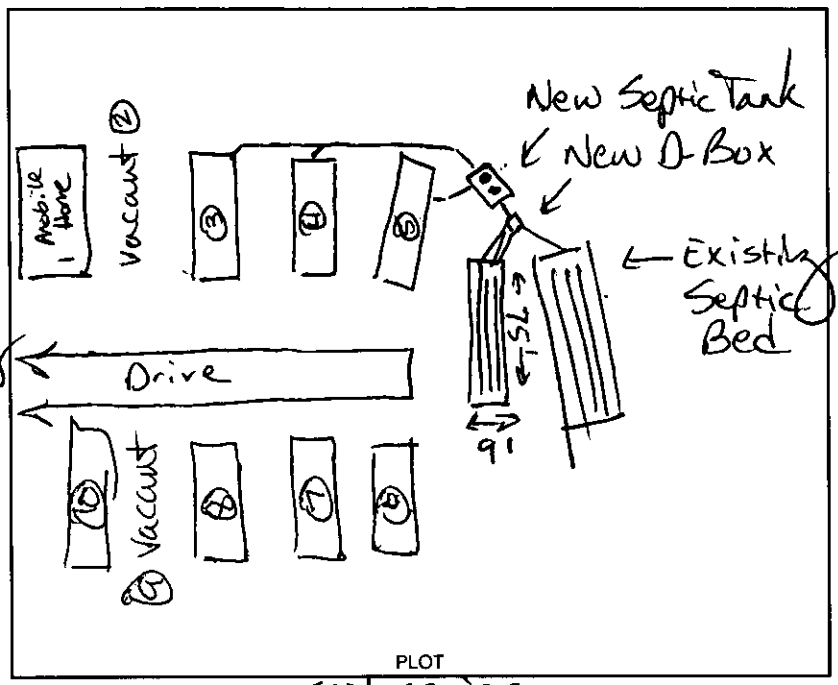
Distance to Water Source 7100'

Excavation Inspected 3-3

Tank(s) Inspected 3-2

Wash Line Inspected —

High Water Alarm Inspected —



Design 1500 ST, CON, 875 SF, B, 24G, soil series not determined CTR# 80

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 I5A 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 I5A 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. Lots 3,4&5

COMMENTS: Type IIa repair 3 mobile homes
(1) 9'w x 75'l x 24" stone

Larry B. Thompson Jr. R.S.
Environmental Health Specialist

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

Keep as part of file 6848 !

~~CERTIFICATE OF COMPLETION~~/OPERATION PERMIT

A 460

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

FILE: 6848 DATE: 5/20/96

TC: 017-044-04A ☐ L ☐ CRT

SERIAL № 16646

Name of Owner Jerry McKenzie & Martha Roberts Juris.:

Address of Property 11401 Statesville Rd Site #10

Inspection Data:

Tank Material Existing

Total Length of Drainfield 135'

Number of Lines 3 @ 45' each

Cover Depth 18"-22"

Water Supply Source municipal

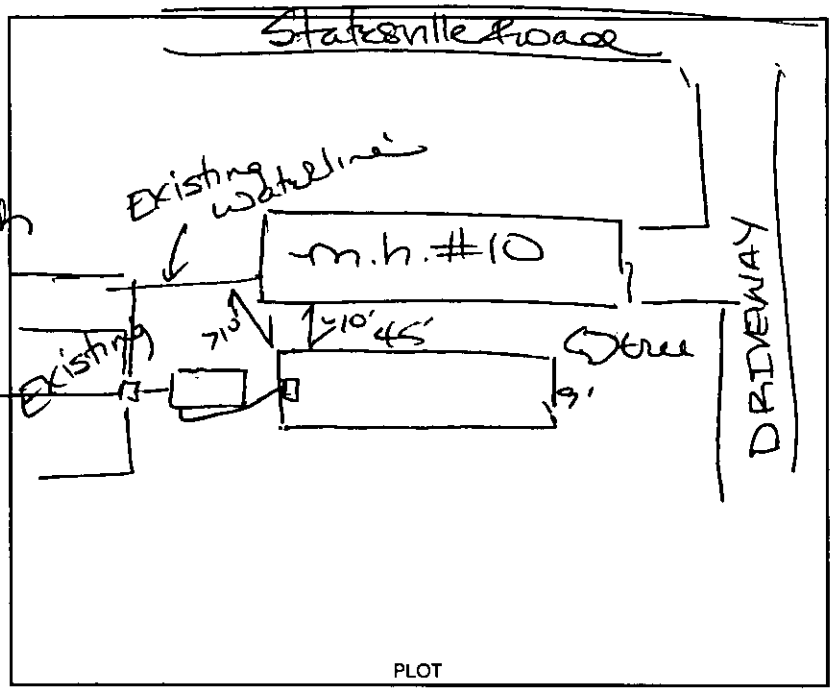
Distance to Water Source >10'

Excavation Inspected 5/17/96

Tank(s) Inspected NA

Wash Line Inspected NA

High Water Alarm Inspected NA



Design 1996 Repair, 9'x45' Bed, 405ft², 6"s, 18"G CTR# 80

The undersigned has inspected the Septic Tank System described above, and certifies it has been Claudia Morrison

☐ 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 Repair Bed

ODC 1985 (11/82)

Lisa B. Mialik, RS
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

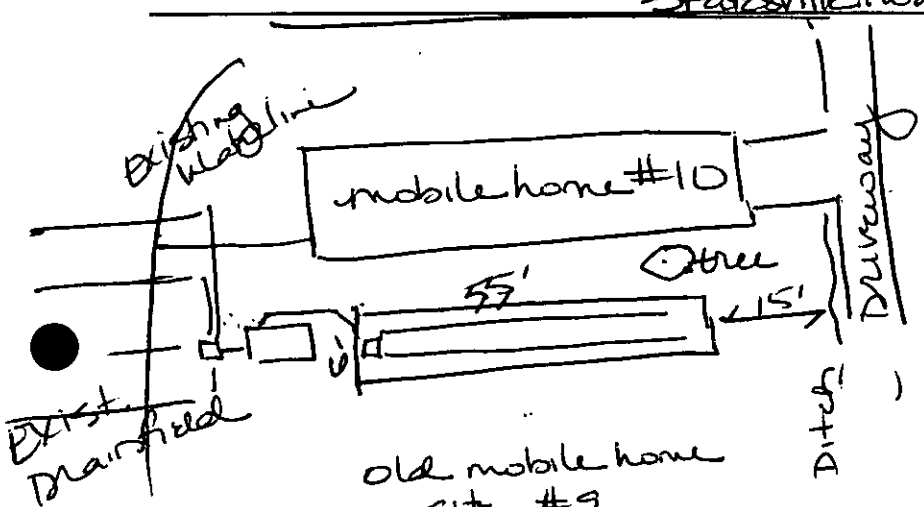
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 6848 DATE: 4/9/96

TC: 017-044-04A ☐ L

SERIAL Nº 16772

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 4/9/96. All work shall be completed on or before 5/9/96, 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 Existing gallons

Liquid Capacity of Dosing Tank ✓ gallons

Tank Construction ✓

Trench Depth as shallow as possible

Absorption and/or Nitrification Lines:

Trench Width 6' x 55' Bxd feet

Trench Walls Scored and Porous ✓

Total Line Length 110' feet

Number of Lines 2 @ 55' each

Depth of Stone 6" sand 18" gravel inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from ~~Well~~ 10' feet waterline

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

NAME OF OWNER Jerry McKenzie & Martha J. Roberts

LOCATION OF PROPERTY 11401 Statesville Road Site #10

Comments:

Install new sanitary tee @ septic tank to function as overflow into new 6' x 55' bxd with 18" gravel, 6" sand (@ trench bottom)

Waterline should be at least 10' minimum from any portion of the sewage disposal system

Lisa B. Mialik, RS
Environmental Health Specialist

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

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 6848 Site #10

Tax Number: 07-044-04A

- 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)
___ 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)
___ Bedrooms in residence	___ Gallon pump tank	___ Depth of stone	

Any surface waters present: Type: Minimum separation distance:

Site modifications required:

Additional Conditions: See repair approval

Install new sanitary tee @ septic tank to overflow into new bed 6' x 55', #6 6" sand & 18" gravel.

Repair Area System Type Type (circle one): I (II) III IV V VI 6' x 55' Bed	✓ 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

330 Absorption Area (Sq ft) 110 Total Trench Length (Ft)	18" Depth of Stone Trench 6" sand	✓ Trench spacing (min. on centers)	as shallow as possible Maximum Trench Depth

For existing system, enter the year originally installed: 1/13/83

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for th 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 effec 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 Departmen
- This Improvement permit is transferable.

Joan B. Mialik, RS 4/9/96
DEHNR Authorized Agent Date

Martha Roberts 4-9-96
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

exc

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

DATE: 4/9/96 PERMIT NO: 6848

PARCEL NO: 017-044-04A

JOB LOCATION ADDRESS: 11401 Statesville Rd. #10

PROPERTY OWNER: Martha Roberts & Jerry McKenzie

BUILDING CONTRACTOR: _____

SUBDIVISION NAME: _____

AUTHORIZATION ISSUED BY: Lisa Malik Lisa Malik DATE: 4-9-96

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. _____, 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: Must install according to repair approval.

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.

Martha Roberts 4-9-96

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

FEE: ____/____

DATE: ____/____

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

[ ] 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 #: 6848

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 017-044-04A

STREET ADDRESS: 11401 Statesville Rd.

SUBDIVISION OR MOBILE HOME PARK NAME: Banks Mobile Home Park

LOT NUMBER: #10

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 2 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	WELL, SPRINGS OR WATERLINES	✓ YES ___ NO
EXISTING WASTEWATER SYSTEMS	✓ YES ___ NO	DESIGNATED WETLANDS	___ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS	___ YES ___ NO		

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Jerry McKenzie & Martha Roberts (LAST) (FIRST) (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 601 Calvert St	DAYTIME PHONE: ( ) ---
CITY: Charlotte STATE: N. C. ZIP: 28208	
DAYTIME PHONE: (704) 375-4333 or 376-8401	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? Jan 1993

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: Martha Roberts Jerry L McKenzie DATE: 4-9-96

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

D60

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

FILE: 6848 DATE: 5/17/96

TC: 017-044-044A ☐ L ☐ CRT

SERIAL № 16648

Name of Owner Jerry McKenzie & Martha J. Roberts Juris.: _____

Address of Property 11401 Statesville Rd Lot #6, 7, 8

Inspection Data:

Tank Material Existing

Total Length of Drainfield 110'

Number of Lines 2 @ 55'

Cover Depth 7-17"

Water Supply Source Municipal

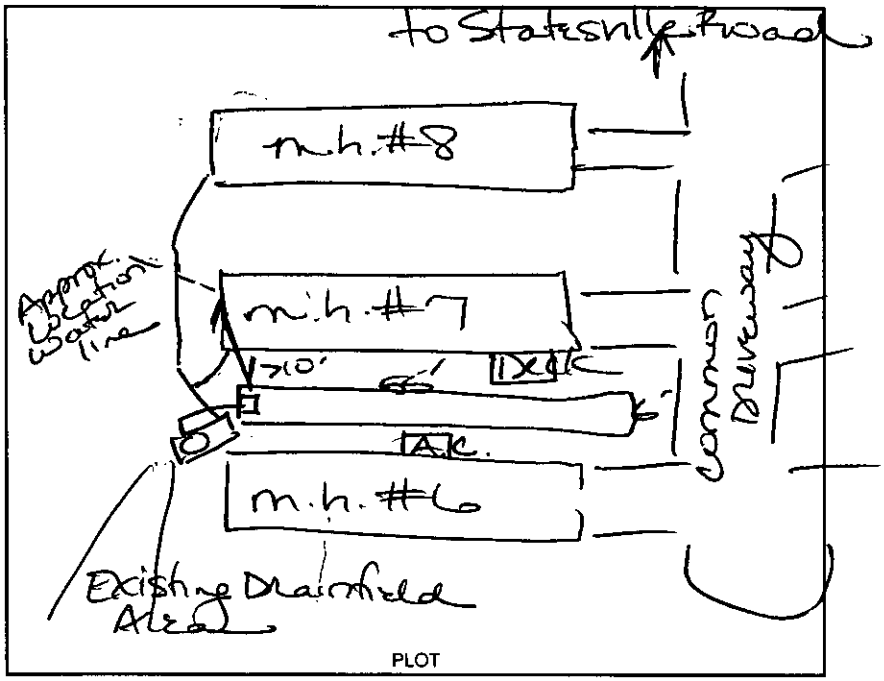
Distance to Water Source >10'

Excavation Inspected 5/17/96

Tank(s) Inspected Existing/NA

Wash Line Inspected NA

High Water Alarm Inspected NA



Design 1996 Repair, 6' x 55' Bed, 330 ft², 6"S, 48"G CTR# 80

Claudius Morrison

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 Repair Bed

OD 4985

Lisa B. Mial. K, RS
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

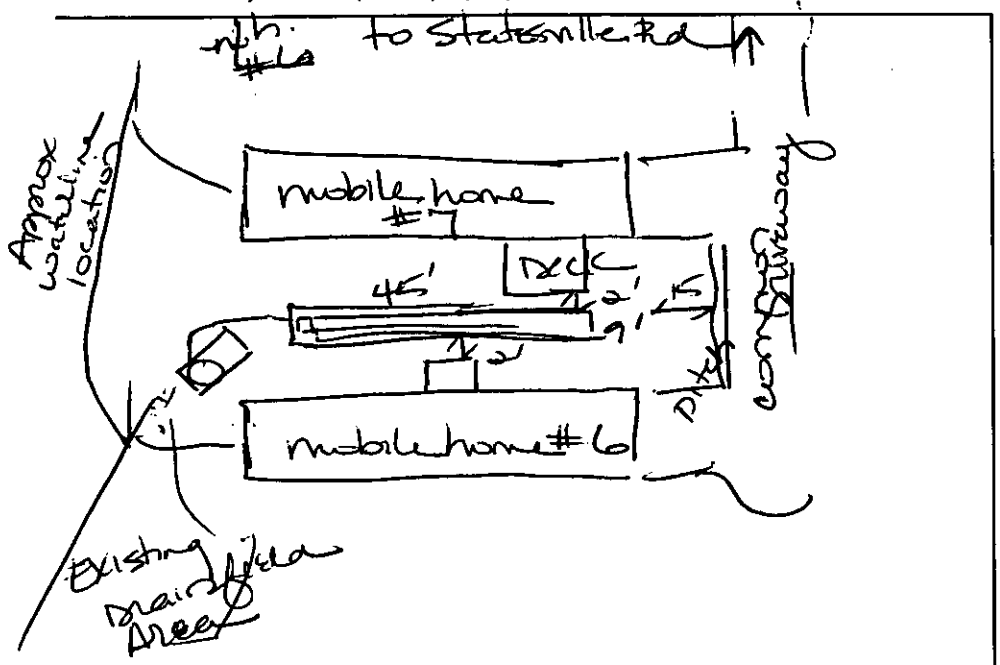
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 6848 DATE: 4/9/96

TC: 017-044-04A ☐ L

SERIAL No. 16771

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 4/9/96. All work shall be completed on or before 5/9/96, 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 Existing gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction ✓

Trench Depth as shallow as possible

Absorption and/or Nitrification Lines:

Trench Width 9' x 45' Bed feet

Trench Walls Scored and Porous ✓

Total Line Length 135 feet

Number of Lines 3 @ 45'

Depth of Stone 6" sand 18" gravel inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from ~~Well~~ waterline 10' feet

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

NAME OF OWNER Jerry McKenzie & Martha J. Roberts

LOCATION OF PROPERTY 11401 Statesville Rd Sites #6, 7, & 8

Comments:

Install new sanitary tee @ septic tank to function as overflow into new 9' x 45' bed, 6" sand + 18" gravel.

Keep 15' from ditch & 10' from waterline.

(Waterline should be 10' from septic system)

Lisa B. Mialik, RS
Environmental Health Specialist

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

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 6848 Sites #6, 7+8

017-044-04A
Tax Number: _____

- 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)
___ 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)
___ Bedrooms in residence	___ Gallon pump tank	___ Depth of stone	
Any surface waters present:	Type:	Minimum separation distance:	
Site modifications required:			
Additional Conditions: See repair approval			
Repair Area System Type Type (circle one): I (II) III IV V VI 9'x45'bed	___ 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
405 Absorption Area (Sq ft) 135 Total Trench Length (Ft)	18" Depth of Stone Trench 6" sand	✓ Trench spacing (min. on centers)	as shallow as possible Maximum Trench Depth
For existing system, enter the year originally installed: 1/13/83?			

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for th 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 effec 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.

Linda B. Malik, RS 4/9/96
DEHNR Authorized Agent Date

Martha Roberts 4-9-96
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

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

DATE: 4-9-96 PERMIT NO: 6848
PARCEL NO: 017-044-47A

JOB LOCATION ADDRESS: 11401 Statesville Rd. #6, 7, 8
PROPERTY OWNER: Martha Roberts, Jerry McKenzie
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: Banks mobile Home Park
AUTHORIZATION ISSUED BY: Lisa Malik Joe B. Pratt RS DATE: 4-9-96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 6848, 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: Must meet installation according to repair approval.

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.

Martha Roberts 4-9-96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

FEE: /

DATE: _____

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

[ ] 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 #: 6848

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: ~~00~~ 017-044-04A

STREET ADDRESS: 11401 Statesville Rd.

SUBDIVISION OR MOBILE HOME PARK NAME: Banks m.h Park

LOT NUMBER: #8, 7, 6

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: NUMBER OF OCCUPANTS: 5

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	WELL, SPRINGS OR WATERLINES	✓ YES ___ NO
EXISTING WASTEWATER SYSTEMS	✓ YES ___ NO	DESIGNATED WETLANDS	___ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS	___ YES ___ NO		

PROPERTY OWNER:

NAME: (LAST) McKenzie, Roberts (FIRST) Jerry, Martha (MI)

ADDRESS: 601 Calvert St

CITY: Charlotte STATE: N.C. ZIP: 28208

DAYTIME PHONE: (704) 375-4333 or 376-8401

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? Jan 1993

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: Martha Roberts Jerry L McKenzie DATE: 4-9-96

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

Bankmont Park

Serial No. 5890

ICAR(S) Permit No. 6848

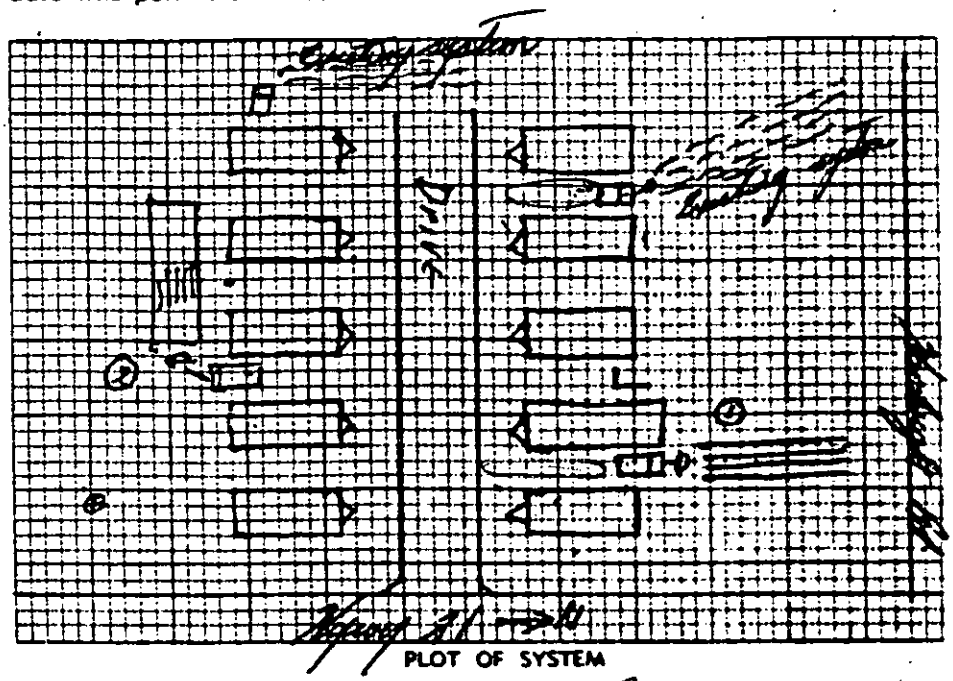
Date Issued 17 Nov 82

T. C. No. 011-044-04

Map Date _____

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 6848, dated 17 Nov 82 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 _____, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate _____

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines 0 (2)

Total Line Length 400' & 400'

Number of Lines 4 T & 5 (2-1)

Distance from House 25'

Distance from Property Line 10'

Distance from Well 225'

NAME OF OWNER Banks, Patricia 11401 Statesville Rd Lot 7

LOCATION OF PROPERTY Banks MHP Hwy 21-N at Highgate Rd

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 properl,

① 4 Trenches 3'x100'x12" inch 9" centers

Comments: ② Bed - 15'x80'x17" inch.

_____ Division or Section Head

T. R. Hefty 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.

EHD-S-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Issued 1-13-83 Serial 5566

C of A Is: No. 6848

T. C. No. 617-044-

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 Bank Patricia
LAST FIRST MIDDLE

Location of Property System #1 Bank MHP, 1140 Old Statesville [illegible]

Application Number 6848

Permit Number 6848

Inspection Data:

Liquid Capacity of Tank 1500 gal

Tank Material P/C concrete

Total Length of Drain Tile 400'

Number of Lines 4

Depth of Filter Material 12"

Cover Depth 2-3'

Water Supply Source Well

Distance from Water Source 210'

Excavation Inspected —
DATE

Tank Inspected 1-13-83
DATE

Nitrification Field Inspected 1-6-83 / 1-13-83
DATE

Washing Machine Line Inspected, If Applicable —
DATE

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption [illegible] fluent discharge as described above and it has been X installed or constructed, ✓ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg Coun[illegible] Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Ap[illegible] proval does not in any way guarantee that the system will operate properly or relieve any person now o[illegible] 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 condi[illegible] tions shown on the permit(s) in addition to those listed below under comments. This Certificate of Appro[illegible] 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: _____

EHD-5-76

[illegible]

C of A (s) No. 6848

Serial 5534

T. C. No. CLT-044-04-7

Date Issued 10 Dec 82

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION

Ten #2

CERTIFICATE OF APPROVAL

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

Name of Owner Brooks (LAST) Patricia (FIRST) 11401 Old Statesville Rd.

Location of Property Brooks MHP Hwy 21-N at Beatty Ford Rd.

Application Number 6848

Permit Number 6848

Inspection Data:

Liquid Capacity of Tank 1500 gal

Tank Material PC

Total Length of Drain Tile 400'

Number of Lines 5

Depth of Filter Material 12"

Cover Depth 18"

Water Supply Source Well

Distance from Water Source >100'

Excavation Inspected 10 Dec 82 (DATE)

Tank Inspected 10 Dec 82 (DATE)

Nitrification Field Inspected 10 Dec 82 (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: Bd (15'X80'X17")

M. L. Kelly
Environmentalist

EHD-S-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Bank m.h. Park

Date Issued 14 May 1984

Serial No. 6651

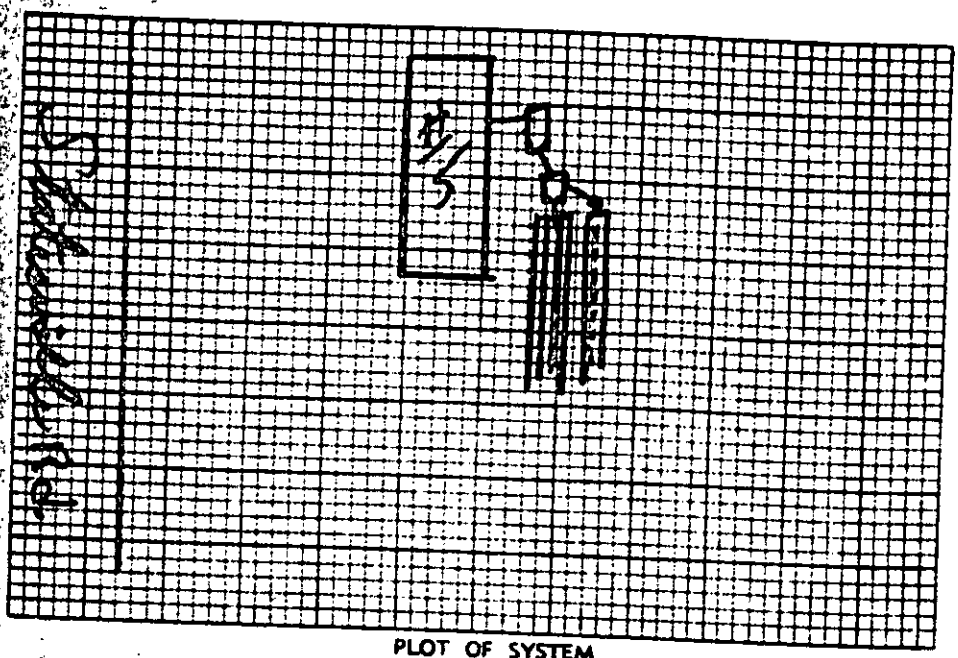
ICAR(S) Permit No. 19107

T. C. No. 017-044-0

Map Date

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 waste-water 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 —, dated — 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 1 June 84, after which date this permit shall be null and void.



PLOT OF SYSTEM

Soil
Permeability Rate IV B

Liquid Capacity of Tank

Tank Construction

Absorption and/or Nitrification Lines:

Total Line Length 100 g/ft

Number of Lines 3

Distance from House 10'+

Distance from Property Line 5'+

Distance from Well 100'+

NAME OF OWNER Banks, Patricia D.

LOCATION OF PROPERTY 11401 Statesville Rd. #5

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.

Comments: remove pipe draining into side ditch - tie repair into distribution box to be 9'x33'x17" stone

Division or Section Head

John R Robinson
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.

EHD-S-76

C of A (s) No. 19107

Date Issued 16 May 1984 Serial 6170 T. & No. 017-C-42-04 L.

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

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

Name of Owner Banks, Patricia M
LAST FIRST MIDDLE

Location of Property 11401 Statesville Rd

Application Number _____ Permit Number 19107

Repair Data only
Inspection Data:

Liquid Capacity of Tank / Tank Material /

Total Length of Drain Tile 100 l/ft Number of Lines 3

Depth of Filter Material 17" Cover Depth 18"-24"

Water Supply Source well Distance from Water Source 100'+

Excavation Inspected / Tank Inspected /
DATE DATE

Nitrification Field Inspected 16 May 1984
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: as permitted

John R Atkinson
Environmentalist

EHD-5-76

SEE INSTRUCTIONS ON BACK

Date Received 16 Nov 82

ICAR(S) Application No. [illegible] 19:0

T.C. No. C12-014-00-A

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

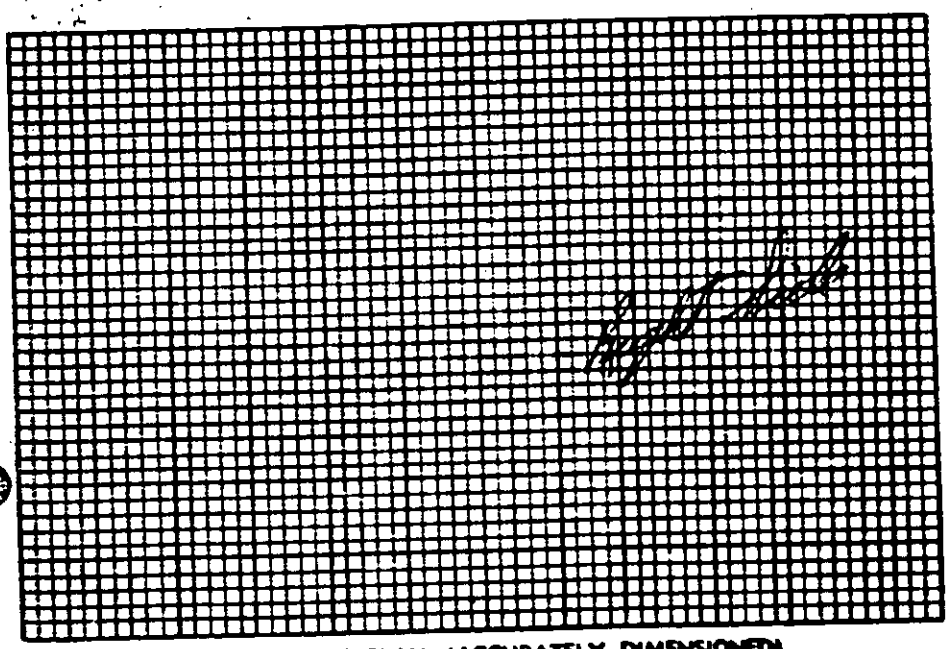
Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

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.

Mobile Home X Yes ___ No
Residence ___ Yes X No

4) No. of Bedrooms 2 per unit
5) Business Use — Max No Employees n/a
6) Washing Machine X Yes ___ No
7) Garbage Disposal X Yes ___ No
8) Dishwasher X Yes ___ No
9) Water Supply:
   A) Individual Well yes
   B) Governmental System No
   C) Community System:
      1. Well source No
      2. Governmental source No
10) Sewage System:
   House located within 200 feet of public sewer ___ Yes X No
   House located within 200 feet of community sewer ___ Yes X No
11) FHA Case No. _____
12) VA Case No. _____



3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Banks (LAST), Patricia (FIRST), _____ (MIDDLE)

14) ADDRESS OF OWNER 1432 Thomas Ave, Charlotte, NC

15) PHONE NO. Home 376-7183 Office —

16) LOCATION OF SYSTEM Banks MHP # 11401 Statesville Avenue (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. 1, 2, 3, 4, 5 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.

Nov. 16, 1982
DATE OF APPLICATION

Patricia Banks
OWNER

EHD-3-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Beaumont Park

Serial No. 4776

PTR No. 19121

T. C. No. PO 017-044-04A

Date Issued December 6, 1982

Map Date

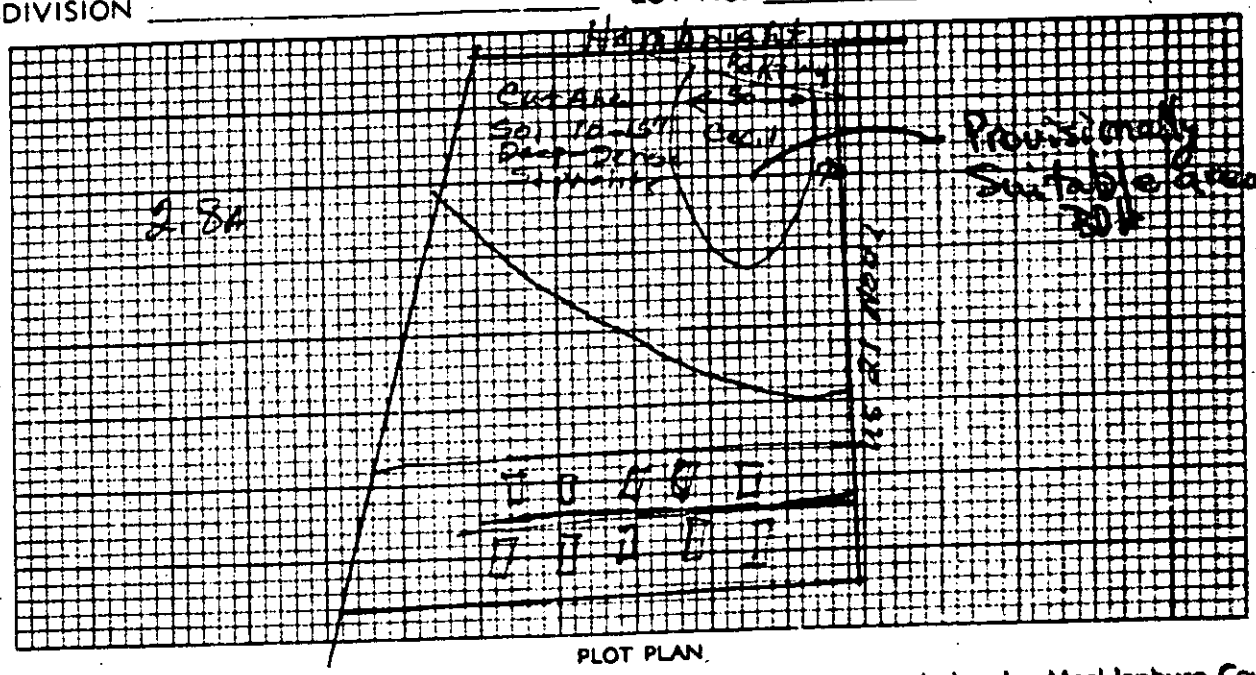
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Banks (LAST) Martha (FIRST) Patricia (MIDDLE)

ADDRESS OF OWNER 1432 Thomas Avenue, Charlotte, N. C. ZIP 28205

LOCATION OF PROPERTY (Highway 21-N at Hambright Road) 11401 Statesville Ave. (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 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, construct, alter, or repair the specific system shall be obtained from the Mecklenburg County Department of Environmental Health prior to the beginning of any construction of buildings, or of the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater treatment system which must be installed will be determined by the Mecklenburg County Department of Environmental Health prior to installation based on the permeability rate obtained above, and on the size and type of building constructed thereon.
3. This approval is valid only if the system is installed in the immediate area indicated as acceptable for system installation on the above plot.
4. This approval is void if any grading, filling, or construction (including the drilling of a well) is performed on the lot which, in the opinion of the Mecklenburg County Department of Environmental Health, renders the area indicated as acceptable for system installation unsuitable for installation, construction, alteration, and/or repair of such a system.

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, 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.

N. B. Ramsey
Soil Scientist

Mike Sutton
Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Bill No. 19108

Serial No. 8555

T. C. No. PO 017-044-04

e Issued 5-22-85

Map Date 1 CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

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

NAME OF OWNER Dickson, (LAST) Kenneth (FIRST) R. (MIDDLE)

ADDRESS OF OWNER Rt. 1, Box 349, Huntersville, NC ZIP 28078

LOCATION OF LOT 11626 Hambright Road (STREET OR COUNTY ROAD)

SUBDIVISION Banks MHP LOT NO 70 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_____. 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.

*** USE EXISTING SYSTEM ***

Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Received 5-14-85

MAY 14 1985
ENVIRONMENTAL HEALTH

(GARIS) Application No. 21.9108

T. C. No. PO 0170404 A

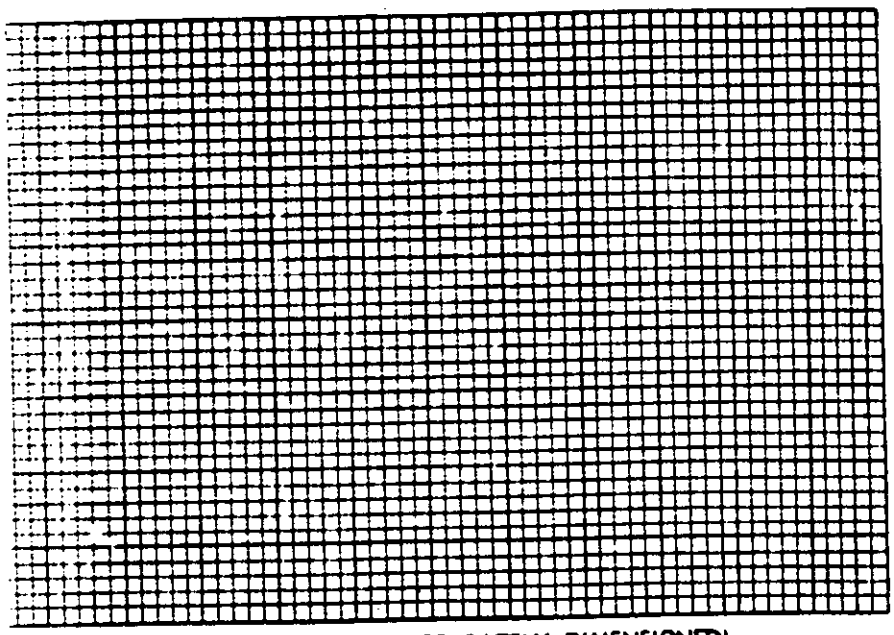
Map Date L

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)

owner of that property described hereinafter hereby applies to the Mecklenburg County Department of ronmental Health for a permit to: use existing system / Lot 10

_____ 1) Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treat- it system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ✓ Yes ___ No
Residence ___ Yes ___ No

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

1) NAME OF OWNER Dickson (LAST) Kenneth (FIRST) R (MIDDLE)

2) ADDRESS OF OWNER Rt 1 Box 349 Huntersville, NC. Lot 5

3) PHONE NO. Home 875-2809 mother Office 455-6427 Any questions call Bowatch & Assoc.

4) LOCATION OF SYSTEM 11401 Statesmen Ave Banks Mobile Home Park off Hwy. 21 Huntersville (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ Lot No. 10 Block No. _____

Map Book No. _____ Page No. _____

6) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

7) HAS A SOIL INVESTIGATION BEEN RUN? X YES ___ NO DATE RUN _____

8) PTR NUMBER (See Instructions) _____

The undersigned person hereby agrees that he has read the foregoing application and that the contents of some 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.

5-10-85
DATE OF APPLICATION

Mrs Banks
OWNER

HD-5-76

Environmental Health Department's Copy

SEE INSTRUCTIONS

Date Received 16 Nov 82

ICAR(S) Application No. [illegible] 19108

TP No. 012-044-04A

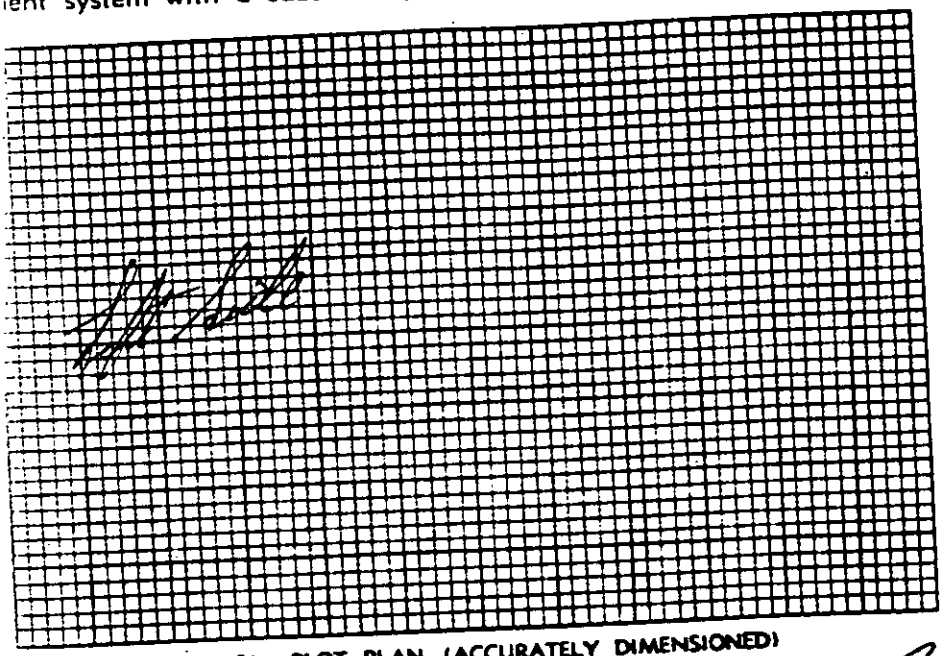
Map Date _____

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:

_____ 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 2 per unit — Mobile Home X Yes ___ No; Residence ___ Yes X No

5) Business Use — Max No Employees N/A

6) Washing Machine X Yes ___ No

7) Garbage Disposal X Yes ___ No

8) Dishwasher X Yes ___ No

9) Water Supply:
A) Individual Well Yes
B) Governmental System No
C) Community System:
1. Well source No
2. Governmental source No

10) Sewage System:
House located within 200 feet of public sewer ___ Yes X No
House located within 200 feet of community sewer ___ Yes X No

11) FHA Case No. _____

12) VA Case No. _____

13) NAME OF OWNER Banks (LAST) Patricia (FIRST) _____ (MIDDLE)

14) ADDRESS OF OWNER 1432 Thomas Ave

15) PHONE NO. Home 376-7183 Office —

16) LOCATION OF SYSTEM Banks MHP 11401 Statesville Avenue (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. 6, 7, 8, 9, 10 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.

Nov. 16, 1982
DATE OF APPLICATION

Patricia Banks
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

19107

Date Received 11/16/82

ICAR(S) Application No. [illegible] 1910

T.P. No. 017-044-04

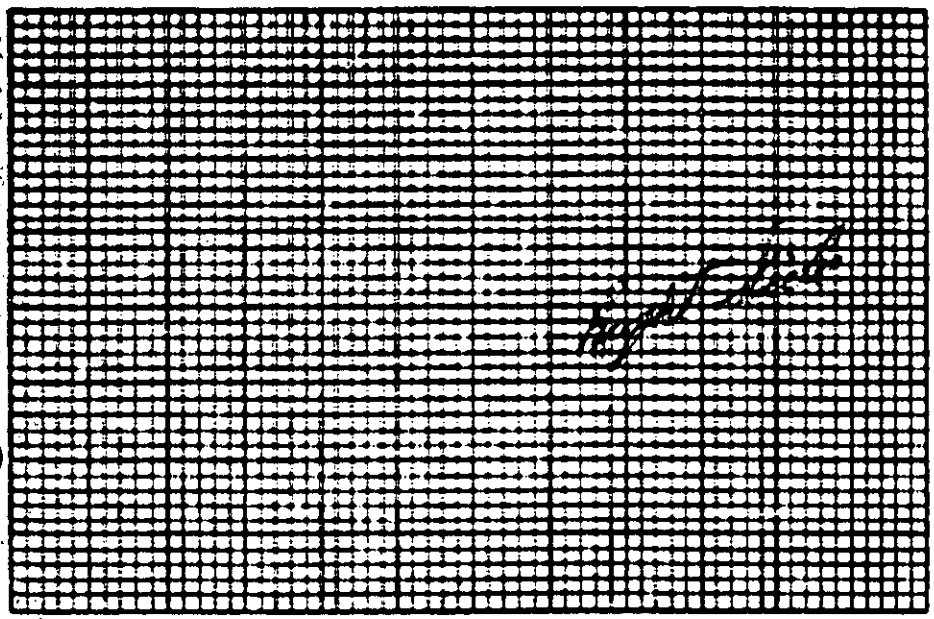
Map Date _____

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 X Yes ___ No
Residence ___ Yes X No

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

13) NAME OF OWNER Banks (LAST), Patricia (FIRST), _____ (MIDDLE)

14) ADDRESS OF OWNER 1432 Thomas Ave, Charlotte, N.C.

15) PHONE NO. Home 376-7183 Office —

16) LOCATION OF SYSTEM Banks MHP. # 11401 Statesville Avenue (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. 1, 2, 3, 4, +5 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.

Nov. 16, 1982
DATE OF APPLICATION

Patricia Banks
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Serial No. 6651

ICAR(S) Permit No. 19107

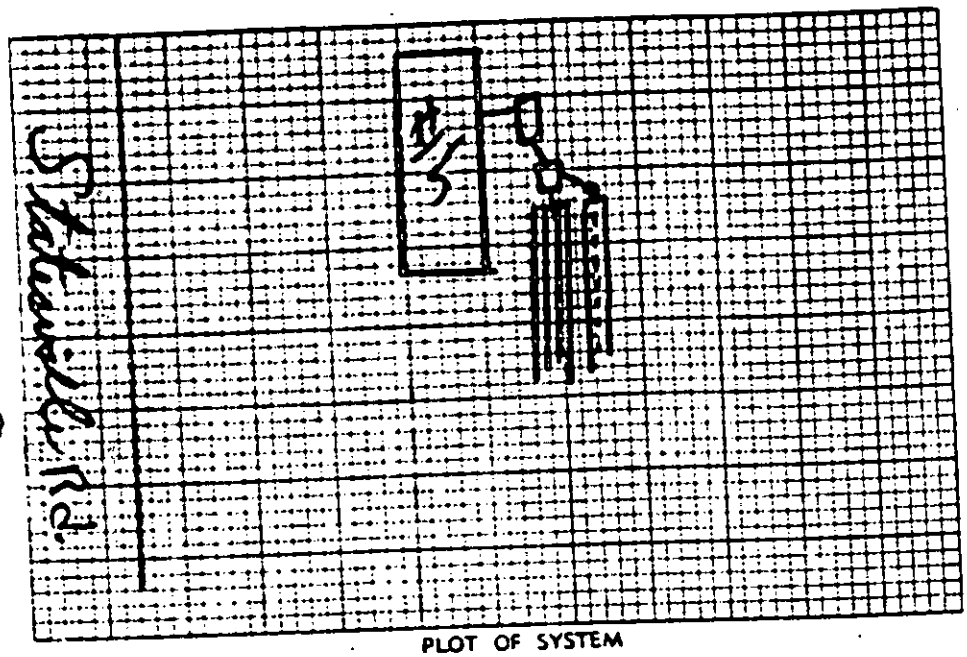
T. C. No. 017-044-04A

Date Issued 14 May 1984

Map Date _____

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 —, dated — 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 1 June 84, after which date this permit shall be null and void.



PLOT OF SYSTEM

Soil Permeability Rate TVB

Liquid Capacity of Tank _____

Tank Construction _____

Absorption and/or Nitrification Lines:

Total Line Length 100'/ft

Number of Lines 3

Distance from House 10'+

Distance from Property Line 5'+

Distance from Well 100'+

NAME OF OWNER Banks, Patricia M.

LOCATION OF PROPERTY 11401 Statesville Rd.

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.

Comments: remove pipe draining into side ditch - tie repair into distribution box to bed 9'x33'x17" stone

John R Adamson
Environmentalist

_____
Division or Section Head

* 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.

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT COPY

C of A (s) No. 19102

Date Issued 16 May 1984 Serial 6170 T. Pou 017-044-04 & L.

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

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

Name of Owner Banks, Patricia M
LAST FIRST MIDDLE

Location of Property 11401 Statesville Rd

Application Number _____ Permit Number 19102

Repair Data only
Inspection Data:

Liquid Capacity of Tank / Tank Material /

Total Length of Drain Tile 100 l/ft Number of Lines 3

Depth of Filter Material 17" Cover Depth 18"-24"

Water Supply Source well Distance from Water Source 100" +

Excavation Inspected / Tank Inspected /
DATE DATE

Nitrification Field Inspected 16 May 1984
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: as permitted

/

/

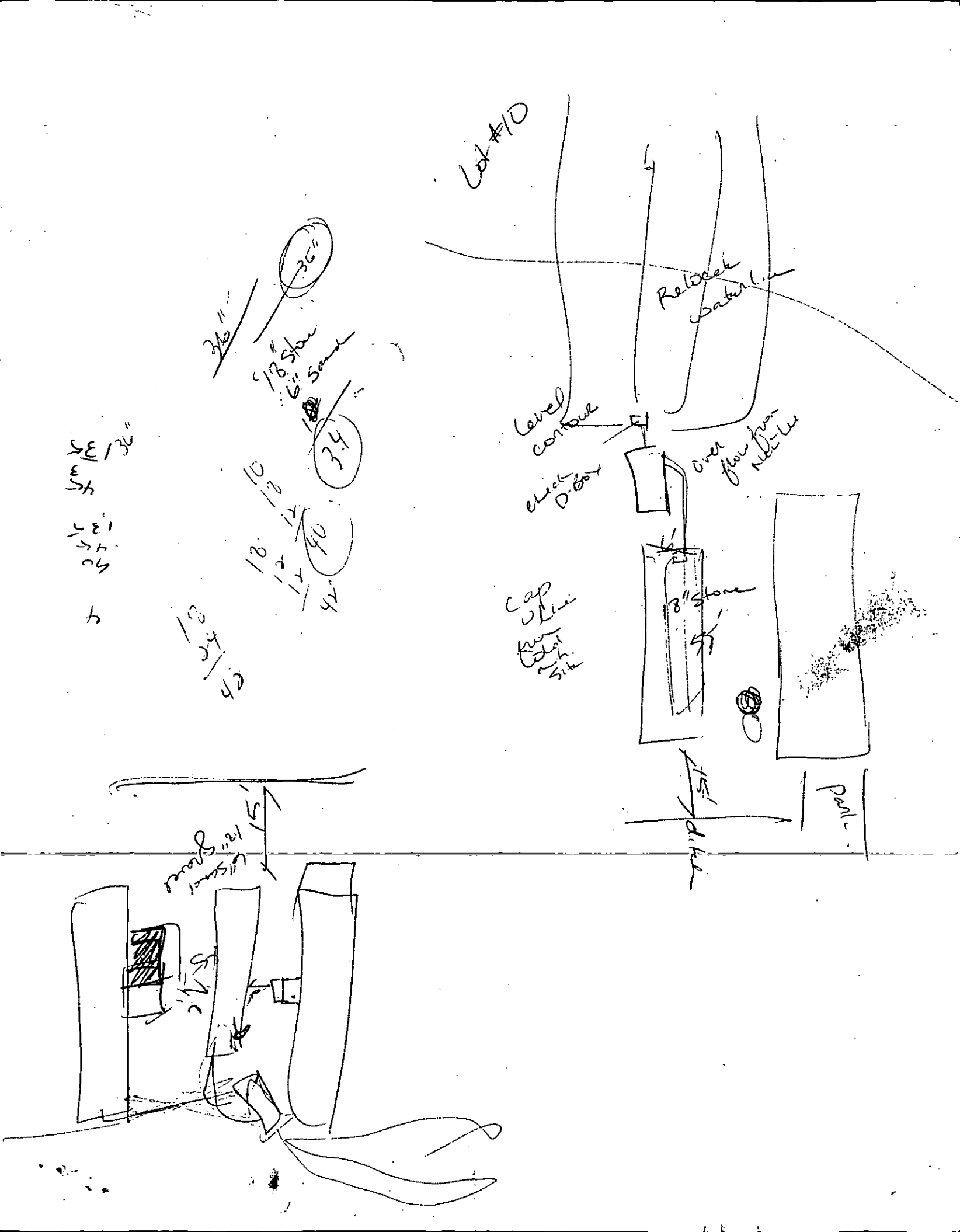
/

/

John R. Atkinson
(Environmentalist)

EHD-5-76

ENVIRONMENTAL HEALTH REPORTS - COPY


Lot #10
Relocate
Lateral
Level
contour
elevate
D-Box
over
flow
pipe
8" Stone
Cap
Line
Pond
12" Gravel
36"
6" Sand

Banks Smith Park

98

Date Issued 9-23-75 Serial No. C of A Ist No

John R Robinson

CERTIFICATE OF COMPLETION T C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner BANKS (LAST) ROSE (FIRST) S (MIDDLE)

Location of Property CNR US 21 (N) & HAMBRIGHT R

Application Number 9821 Permit Number 9321

Inspection Data:

Liquid Capacity of Tank 1000 GAL Tank Material AC

Total Length of Drain Tile 300 L/F Number of Lines 4

Depth of Filter Material 17" Cover Depth 2'

Water Supply Source IN> WELL Distance from Water Source 100 +

Excavation Inspected 9-5-75 (DATE) Tank Inspected 9-5-75 (DATE)

Nitrification Field Inspected 9-5-75 (DATE)

Washing Machine Line Inspected, If Applicable ~~9-5-75~~ (DATE) NA

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been X installed or constructed, altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health 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: CONTR. C. GOLWIN

FORM NO E-6-9-1-72

Environmentalist

Date Issued 8/25/75 Serial No. [illegible]

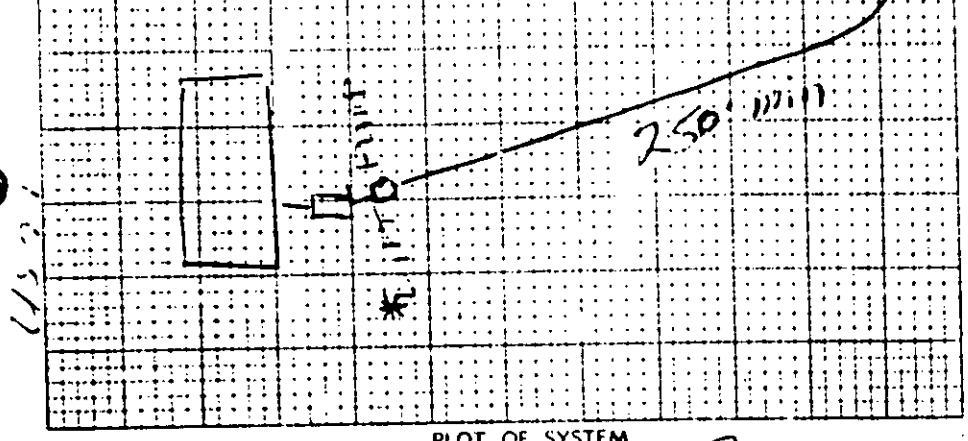
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby given to X Install or Construct, Alter or Repair the [illegible] to water treatment system with subsurface, soil absorption, effluent discharge as described here[illegible] scribed location. This permit is granted based upon the information supplied on application dated 8/12/75 and this permit shall be void and of no effect if the information supplied on application is not true or is erroneous. All work shall be completed on or before 1/25/76 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate [illegible]

Liquid Capacity of Tank 1000 gal

Tank Construction PC

Absorption Unit/or Trench Area Lines [illegible]

Total Line Length 300

Number of Lines [illegible]

Distance from House [illegible]

Distance from Property Line 10'

Distance from Well [illegible]

NAME OF OWNER Rose S. Banks

LOCATION OF PROPERTY US 21 @ Hambright Rd.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments: Pump to cycle at approx. 90 gal. Make: Model & Spec. of Pump to Furnished to H.D.

L. R. Bright
Environmentalist

Division or Section Head

If this permit is for the installation or construction of a new system, it must be signed by [illegible] section head of the Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required.

Col A (s) No. 6545

Serial 3849

T C. No. 917-02-4

Date Issued 29 Aug 73

Map Date 11 May 7?

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Banks (LAST) Charlie (FIRST) L. (MIDDLE) Banks Mobile Home Park

Location of Property Nyway 21-N

Application Number 6845

Permit Number 6845

Inspection Data:

Liquid Capacity of Tank 1500

Total Length of Drain Tile 600'

Depth of Filter Material 12"

Water Supply Source Individual Well

Excavation Inspected 28 Aug 73 (DATE)

Nitrification Field Inspected 28 Aug 73 (DATE)

Washing Machine Line Inspected, If Applicable _____ (DATE)

Attention

Tank Material PC

Number of Lines 6 @ 15 & 100' x 12"

Cover Depth 18"

Distance from Water Source 100'

Tank Inspected 29 Aug 73 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, fluent 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 Co Board of Health in effect on the date of issuance of the permit. The issuance of this Certificate of proval does not in any way guarantee that the system will operate properly or relieve any person no hereafter owning, controlling, or using such system from any liability resulting from the failure of system to operate properly. This Certificate of Approval is issued subject to those restrictions and c tions shown on the permit(s) in addition to those listed below under comments. This Certificate of App shall be null and void if any information contained in the application is untrue or if any addition made to the property which would increase the requirements for said system.

Comments: Claudius Mercer (Cont.)

W R Wiley

Sanitarian

FORM NO. E-6-4-1-71

HEALTH DEPARTMENT'S COPY

Serial No. 4205

ICARIS Permit No. 6845

T. C. No. 91.2-24

Map Date 11 May

Date Issued 23Aug73

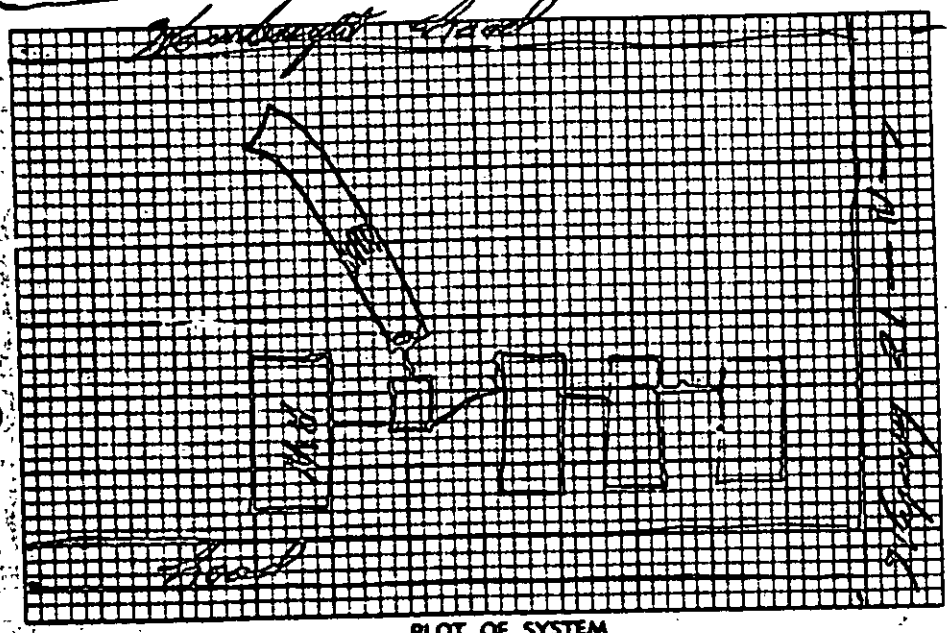
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby given to ____ Install or Construct, X 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 6848 dated 16Aug73 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 22Sep73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate ____

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Lenght 600'

Number of Lines 6(15'x100'x17")

Distance from House 20

Distance from Property Line 100'

Distance from Well 100'

NAME OF OWNER Beasley, Charles L.

LOCATION OF PROPERTY Hwy 21-N (Beasley MHP)

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments: Caroline Morrison (Contr.)

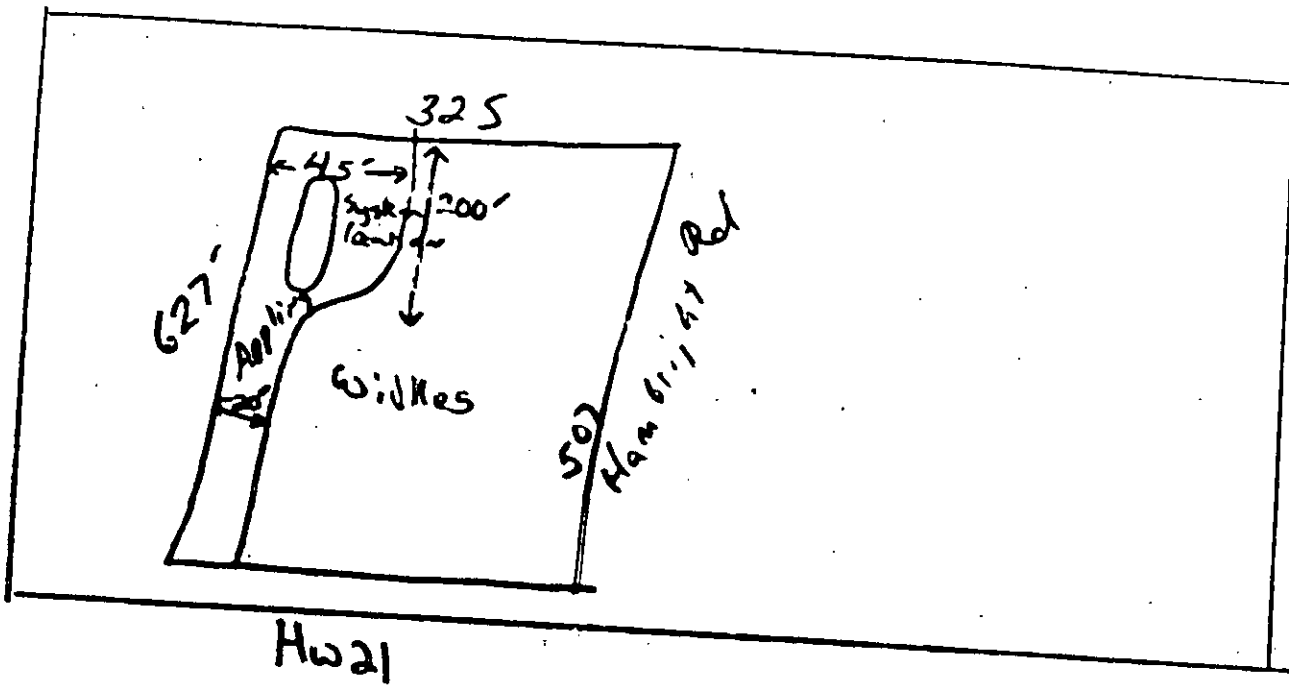
Environmentalist

Division or Section Head

* If this permit is for the installation or construction of a new system, it must be signed by the division or section head of the Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

FORM NO. E 5-4-1-71

DIAGRAM OF PROPERTY



3/18/75

EHD 539