


4928 TROJAN DRIVE

19924134

9/5/08

marliwr

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

This page not microfiched

**MECKLENBURG COUNTY ENVIRONMENTAL HEALTH**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 12577

File: 21542 Action 1

Parcel: PO 199-241-34 ☐PC

Location: 4948 Trojan Drive

Subdivision:

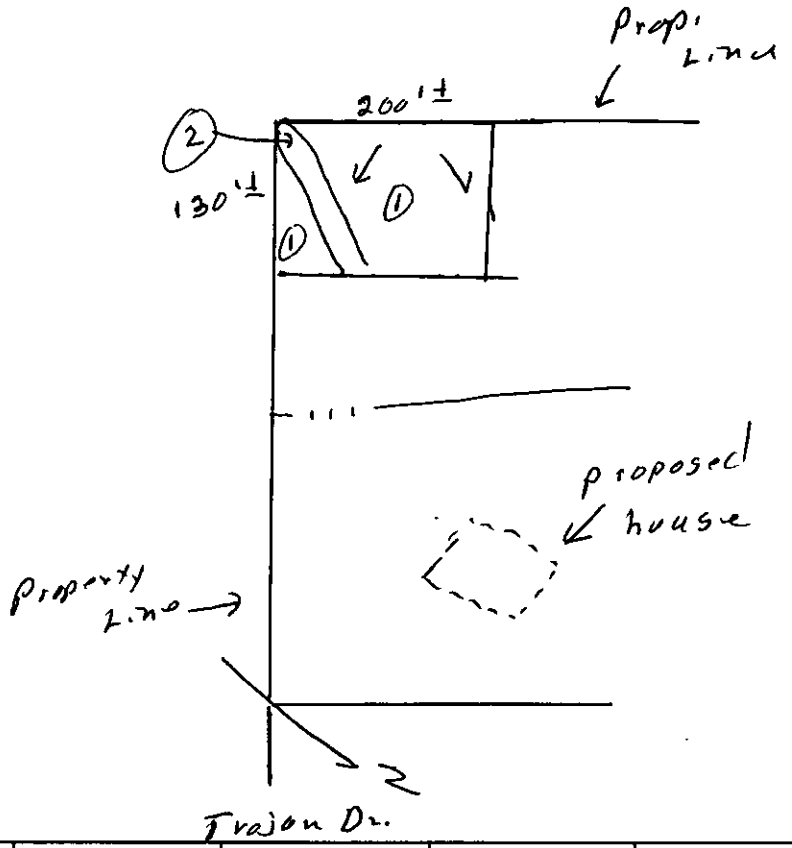
Lot: Block: Acres: .6

Owner: David F. Moody
Address: 7729 Old Dowd Road
Charlotte, N.C. 28214

Comments: System would need pump - Use loading rate of .25 gpd/sq.ft. Recommend subsurface interceptor drain

Described by: William R. Martin

Date: 3-12-92




***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

| FACTORS | AREA 1 | AREA 2 | AREA 3 | AREA 4 | AREA 5 | AREA 6 |
|---|---|---|---|---|---|---|
| Topography | (S) PS U 2-8% | S PS (U) Slight Depression | S PS U | S PS U | S PS U | S PS U |
| Texture | S (PS) U Slight Expansive clay | S PS U — | S PS U | S PS U | S PS U | S PS U |
| Structure | S (PS) U subsoil blocky | S PS U — | S PS U | S PS U | S PS U | S PS U |
| Drainage | S (PS) U 7-40" to water | S PS U — | S PS U | S PS U | S PS U | S PS U |
| Depth | S (PS) U 7-40" | S PS U — | S PS U | S PS U | S PS U | S PS U |
| Restrictive Horizons | S (PS) U 7-40" | S PS U — | S PS U | S PS U | S PS U | S PS U |
| Available Space | S (PS) U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Other (specify) see Note | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Soil Group/Series | IV Cullen-Lloyd | Slight Depression | | | | |
| Area Classification | S (PS) U | S PS (U) | S PS U | S PS U | S PS U | S PS U |

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

4948

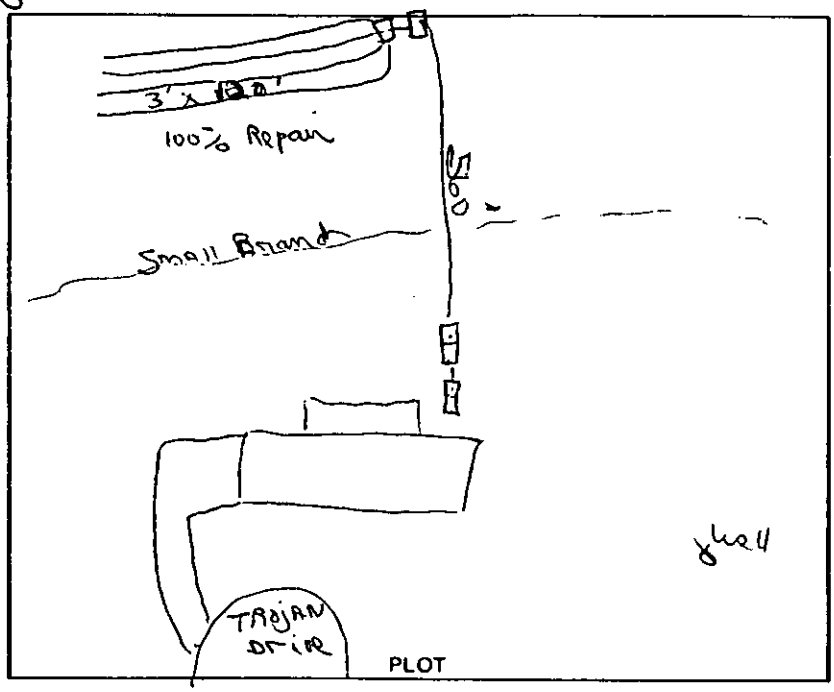
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 21542 DATE: 9/3/92
TC: 199241-34 P6 ☐ L ☐ CRT
SERIAL Nº 15473

Name of Owner DAVID Mooly Juris.:
Address of Property 4948 Trojan Drive

**Inspection Data:**

Tank Material PCC
Total Length of Drainfield 480'
Number of Lines 4 @120'
Cover Depth 24"
Water Supply Source Well
Distance to Water Source ≥50
Excavation Inspected 8/31/92
Tank(s) Inspected 9/3/92
Wash Line Inspected
High Water Alarm Inspected 9/3/92




Design: 1992, 1500 SF Con. 1400 SFT, 12"G, Rock Inlet Mark CTR# 182

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 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The 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 10 NCAC 10A .1900 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.

COMMENTS: System designed for 3 bedroom home
System: 4 Trenches 3'x 120'; .25 dosing rates due to Soils.
100% repair not required. 1500 Tanks

Judy A Rusin R.S.
Environmentalist

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

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

CHEO

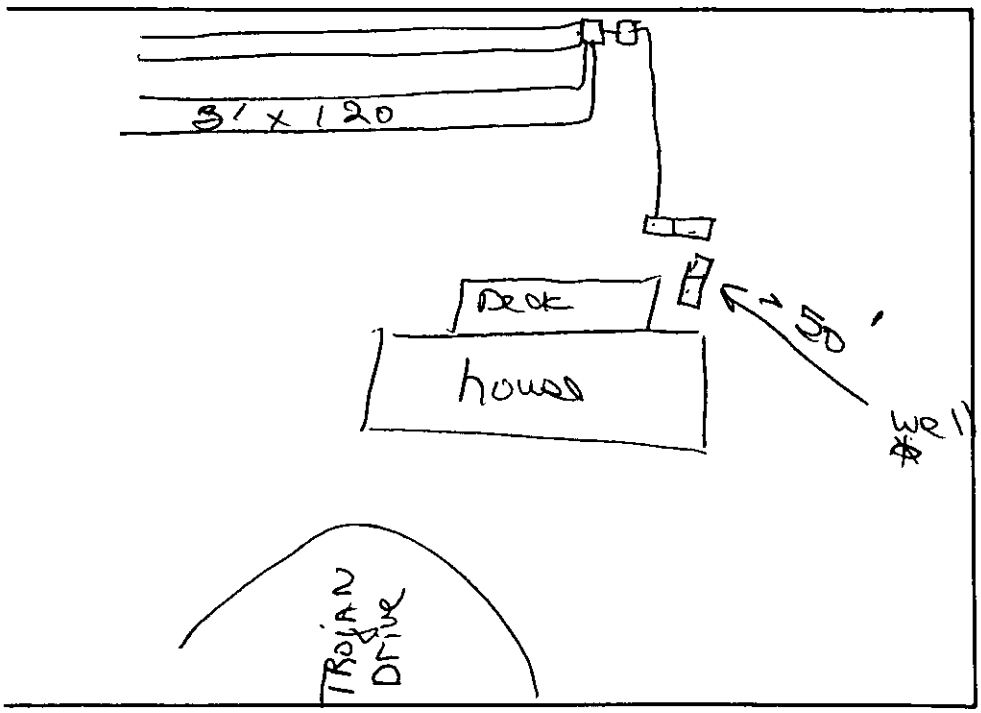
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 21542 DATE: 8/18/92

TC: 199-241-34 PO ☐ L

SERIAL № 14431

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 8/23/92. All work shall be completed on or before 9/18/92, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 480 feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House _____ feet

Distance from Property Line 10 feet

Distance from Well > 50' feet

NAME OF OWNER David Moody

LOCATION OF PROPERTY 4948 Trojan Drive

Comments: Install 4 trenched 3' x 120', 12" Stone
Pump Tank & 2 Distribution boxes

Division or Section Head

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 Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

David

$40.00 3/3/92 CK#2931 #50

FILE 21542

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: Smith (last) Wm. (first) Paul, Jr. (mi)
ADDRESS: 6201 Cory-Bret Ln PHONE: 704 588-6856
CITY: Charlotte STATE: N.C. ZIPCODE: 28278

Date: 3-3-92

PROPERTY OWNER:
NAME: Moody (last) David (first) F (mi)
ADDRESS: 7729 Old Dowd Rd. PHONE: 704 393-1693
CITY: Charlotte STATE: N.C. ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 199-241-34
STREET ADDRESS: 4948 Trojan Dr.
ZONING: R-3

Township (check one):
[X] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres): 1

TYPE APPLICATION (check one):
[X] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] 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 agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: David F. Moody Date: 3-3-92

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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 by this Department.

...This permit is not transferable.

...

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WATER : 122791

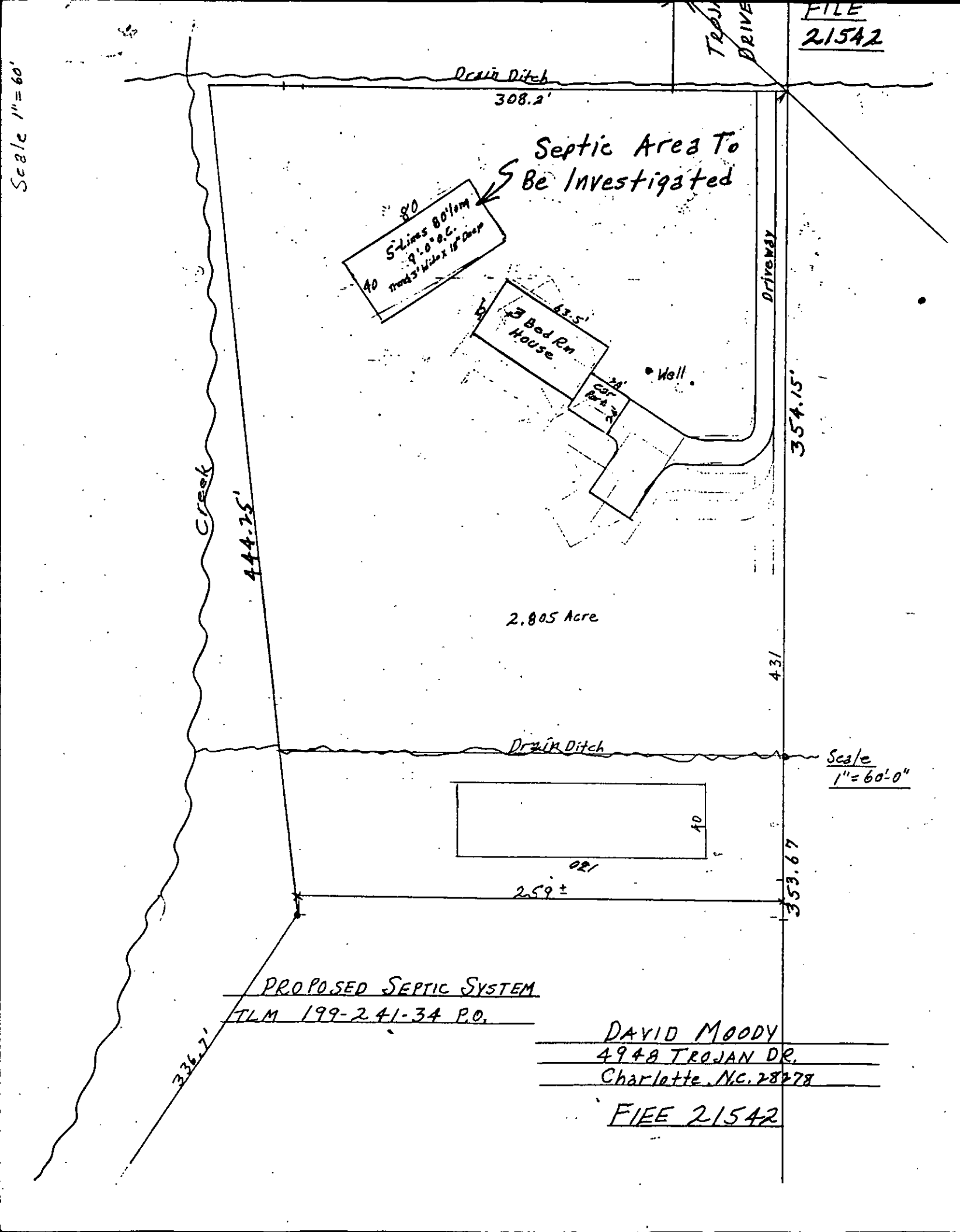
Name: DAVID MOODY
File 21542
T.C. 199-241-34 P.O.

By W. P. Smith Jr.
588-6856

Daily waste flow 3 Bed Room @ 120 GPD/B.R. = 360 GPD
Septic tank size 1500 gal
Pumping tank size 1500 gal
Effluent loading rate .2
Absorption area 1800 Sq. Ft.
Total length of laterals 360'
Lateral diameter 1¼
Lateral configuration Rectangular
Supply line length 250'
Supply line diameter 2"
Manifold placement End
Hole size* ~~See Plan~~ 5/32"
Hole spacing See Plan
Number of holes See plan
Pressure head 2
Flow per hole See plan
Total flow 30 GPM
Elevation head 12'
Friction head 2.5 X 1.54 = 3.85 + 50% Fitting = 5.78'
Pressure head 2'
Total head 20'
Pump requirements 30 GPM @ 20'
Storage volume in laterals 3.60 X 6.4 = 23.4
Storage volume in supply line 2.5 X 16.2 = 40.5
Total storage volume 63.9
Dosing volume 40.5 + 5(23.4) = 157.5 Use 180 Gal. per Dose.
Dosing depth 180 ÷ 29 Gal. per Inch 1500 Gal. Tank = 6.2" Use 8"
Check valve needed? No
Use Auros/Hydromatic Pump SP40M2-230V-1Ph 30 GPM @ 22' Head

*Data on hole size, spacing, pressure head and flow must be listed for each line for systems where lines are different (such as sloping lots).

| Line No. | Ground Elevation | Hole Size | # Holes | Head Pressure | Flow/Hole | Hole Spacing* | Length of Line | Flow/Line Gal/Line | Gal/Lin |
|---|---|---|---|---|---|---|---|---|---|
| 1 | | 5/32 | | 2' | .41 | 5' | 60' | 4.92 | .08 |
| 2 | | | | | | | 60' | | |
| 3 | | | | | | | 60' | | |
| 4 | | | | | | | 60' | | |
| 5 | | | | | | | 60' | | |
| 6 | | | | | | | 60' | | |




PROPOSED SEPTIC SYSTEM
TLM 199-241-34 P.O.

DAVID MOODY
4948 TROJAN DR.
Charlotte, N.C. 28278

FIEE 21542

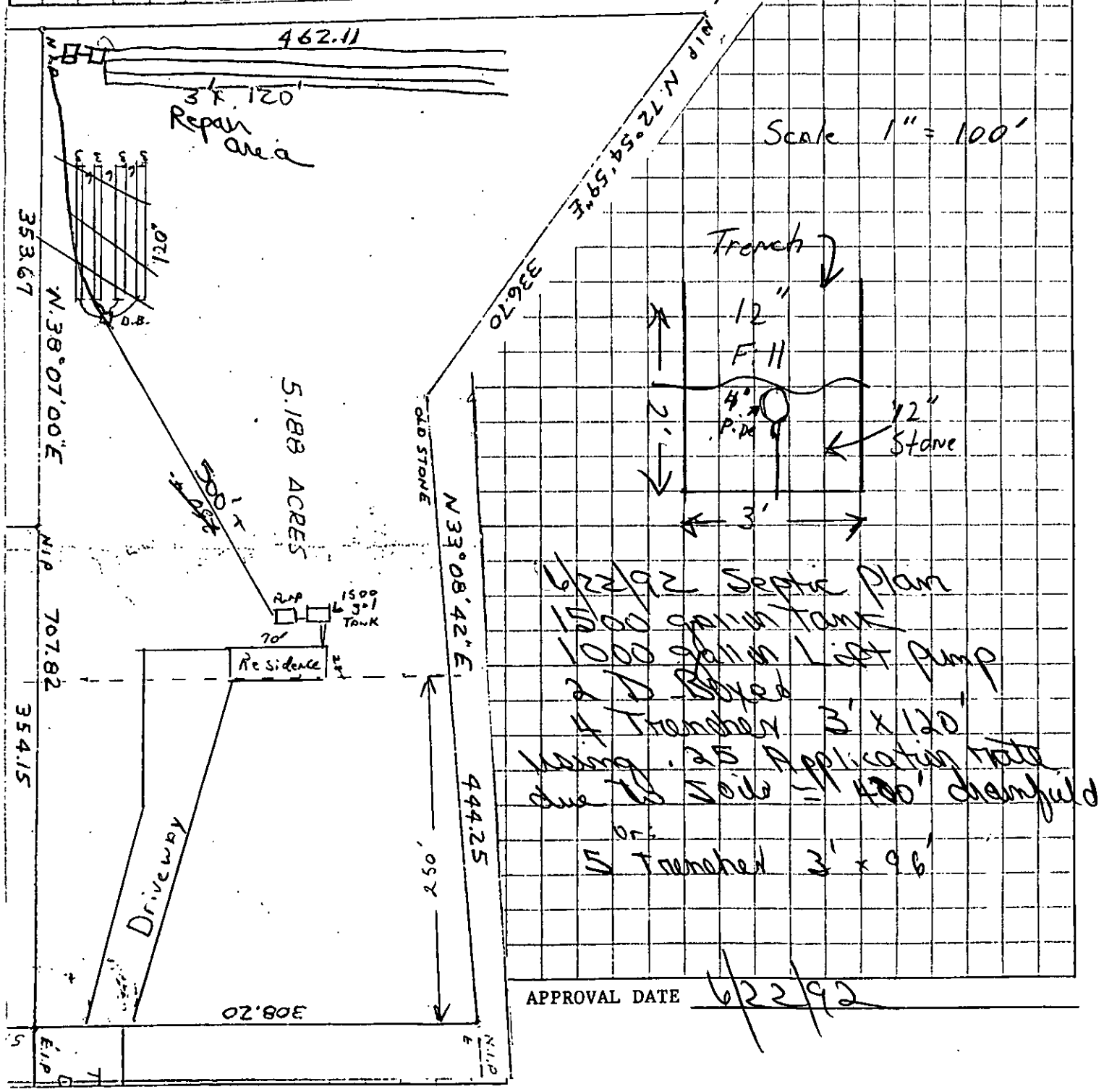
# PROPOSED PLOT PLAN

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

FILE: 2154 2

TC: 199 - 241 - 34

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.




6/22/92 Septic Plan
1500 gallon Tank
1000 gallon Lift Pump
2 D-Boxes
4 Trenches 3' x 120'
Using .25 Application rate
due to Soils 1,400' drainfield
or
5 Trenches 3' x 96'

APPROVAL DATE 6/22/92

White - Health Department's Copy  Canary - Environmentalist's Copy  Pink - Owner's Copy

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:

NAME: Banks (last) Michael (first) L. (mi)

ADDRESS: 7105 Pleasant Grove Rd. PHONE: (704) 394-3292

CITY: Charlotte STATE: N.C. ZIPCODE: 28216

Date: June 22 1992

PROPERTY OWNER:

NAME: Moody (last) David (first) F. (mi)

ADDRESS: 7229 Old Dowd Rd. PHONE: (704) 393-1643

CITY: Charlotte STATE: N. C. ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 199-241-34

STREET ADDRESS: 4928 Trojan Dr

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[X] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 6

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] 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 agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Michael L. Banks Date: June 22, 1992

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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 by this Department.

...This permit is not transferable.

...

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

# Mecklenburg County
# Health Department

March 17, 1992

David F. Moody
7729 Old Dowd Road
Charlotte, NC 28214

RE: Property located on 4948 Trojan Drive
FILE: 21542
PARCEL: 199-241-34P0

Dear Mr. Moody:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 12577) is enclosed for your information.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Specific plan approval will be provided upon submission of an Application for an Improvement Permit with an **ACCURATELY** dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems and determination that the area is adequate to accommodate the proposed construction.

Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this department renders any area previously designated suitable for system installation, unsuitable. Furthermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

If there are any questions concerning this matter, please contact Bill Marlin at 336-5574.

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

GW:lw
Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

# Mecklenburg County
# Health Department

March 17, 1992

David F. Moody
7729 Old Dowd Road
Charlotte, NC 28214

RE: Property located on 4948 Trojan Drive
FILE: 21542
PARCEL: 199-241-34P0

Dear Mr. Moody:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 12577) is enclosed for your information.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Specific plan approval will be provided upon submission of an Application for an Improvement Permit with an **ACCURATELY** dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems and determination that the area is adequate to accommodate the proposed construction.

Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this department renders any area previously designated suitable for system installation, unsuitable. Furthermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

If there are any questions concerning this matter, please contact Bill Marlin at 336-5574.

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

GW:lw
Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

3/20/92 $300.00
Paid Ck# 0340

FILE 21542

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[ ] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: Smith, Jr. (last) Wm (first) Paul (mi)
ADDRESS: 6701 Cory-Bret Ln PHONE: (704) 588-6856
CITY: Charlotte STATE: NC ZIPCODE: 28278

Date: 3-18-92

PROPERTY OWNER:
NAME: Moody (last) David (first) F (mi)
ADDRESS: 7729 Old Dowd Rd. PHONE: (704) 393-1643
CITY: Charlotte STATE: N.C. ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 199-241-34
STREET ADDRESS: 4948 Trojan Dr. 4928
ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[X] 0 Mecklenburg County [ ] 1 Charlotte [ ] 2 Davidson [ ] 3 Cornelius [ ] 4 Pineville [ ] 5 Matthews [ ] 6 Huntersville [ ] 7 Mint Hill

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[ ] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (N) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] 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 agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: David F. Moody Date: 3-18-92

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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 by this Department.

...This permit is not transferable.

...Sept Pump required

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Judy J. Kwiz R.S. 6/22/92
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

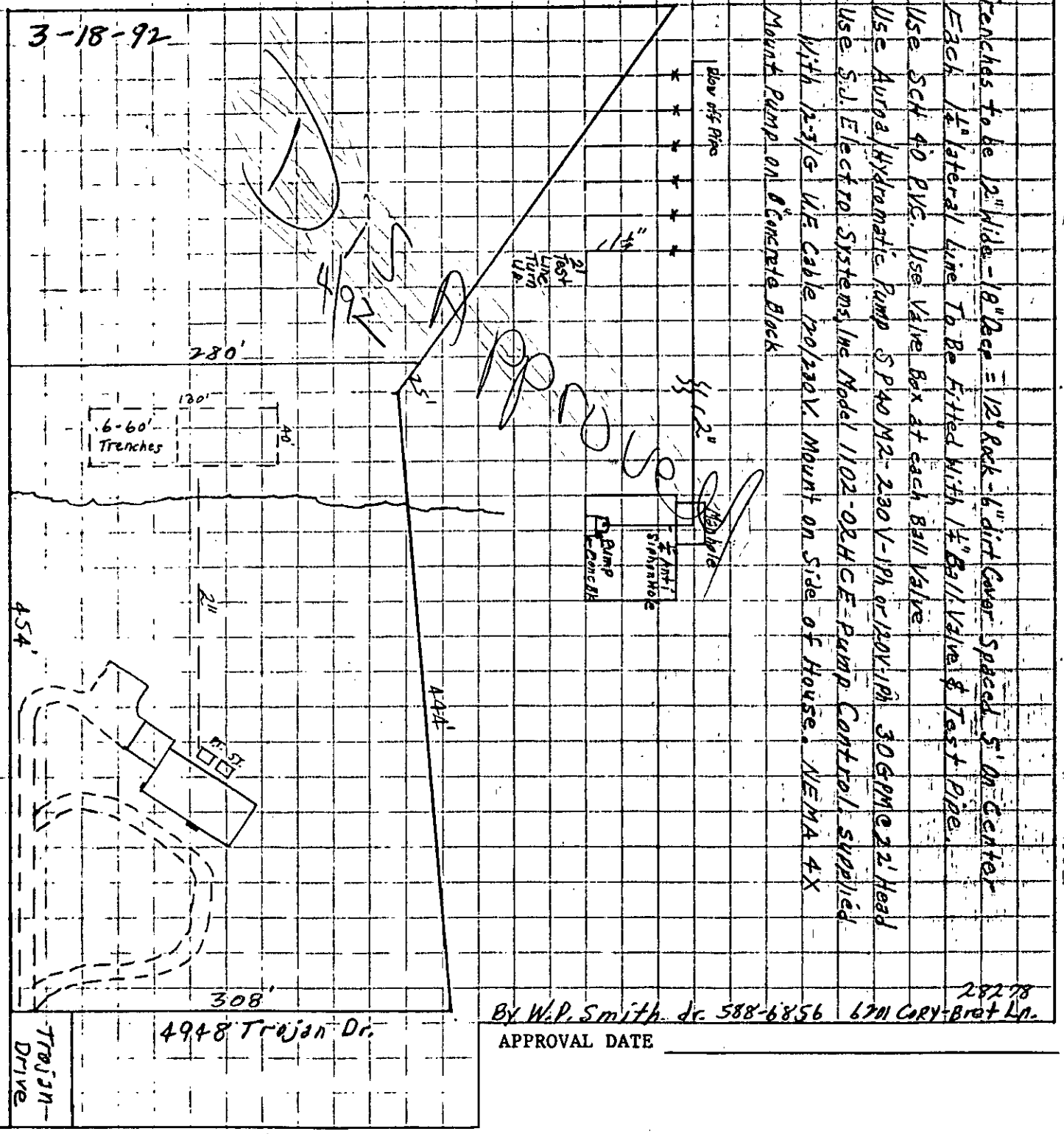
# PROPOSED PLOT PLAN

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

FILE: 21542

TC: 199-241-34 PD.

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.




By W.P. Smith Jr. 588-6856 6701 Cory Brae Ln. 28278

APPROVAL DATE _____

White - Health Department's Copy, Canary - Environmentalist's Copy Pink - Owner's Copy

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE 6/17/92

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER # 199-241-34

ASSIGNED ADDRESS 4928 Trojan Dr

EXISTING ADDRESS _____

PROJECT NAME LA

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

| | APPROVED | | DISAPPROVED | |
|---|---|---|---|---|
| 1. SUBDIVISION REGULATIONS | / | / | / | /* |
| 2. FLOODWAY REGULATIONS | / | / | / | /* |
| 3. EROSION CONTROL REGULATIONS | / | / | / | /* |
| 4. PUBLIC UTILITY EASEMENT | / | / | / | /* |

| | PRESENT | | NOT PRESENT | |
|---|---|---|---|---|
| 5. PUBLIC UTILITY EASEMENT | / | /* | / | / |
| 6. PROPERTY FRONTS ON THOROUGHFARE | / | /* | / | / |
| 7. DRIVEWAY PERMIT REQUIRED | / | /* | / | / |

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Address Verified

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

SIGNED: _____

OPWEAR 06-88

NEW ADDRESS /✓/*

FORM 100