CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 12707 DATE: 1-7-82

TC: 139.33 ☐ L ☑ CRT

SERIAL № 14003

Name of Owner William Powers Juris.:

Address of Property 14600 Coyle Brook Dr

Inspection Data:

Tank Material Poly

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth 24"

Water Supply Source Well

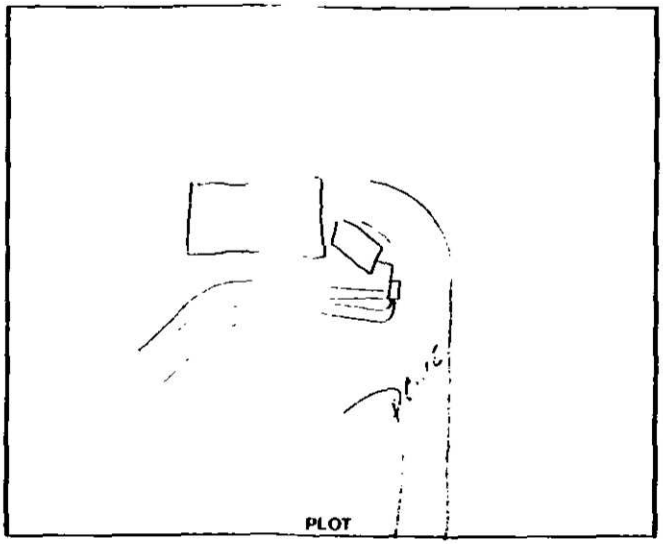
Distance to Water Source 200'

Excavation Inspected OK

Tank(s) Inspected OK

Wash Line Inspected -

High Water Alarm Inspected -



Design: Conventional w/ Subsurface Drip Irrigation CTR# 47

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: _____

4/14/82 IV

Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

FILE: 021707 DATE: 10-11-71

TC: 139-332-26 01

SERIAL Nº 13882

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 10-11-71. All work shall be completed on or before 10-11-71, 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 1000 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction Concrete

Absorption and/or Nitrification Lines:

Trench Width 24" feet

Total Line Length 400' feet

Number of Lines 5

Depth of Stone 18" inches

Distance from House 50' feet

Distance from Property Line 100' feet

Distance from Well 100' feet

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

Comments: [illegible]

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

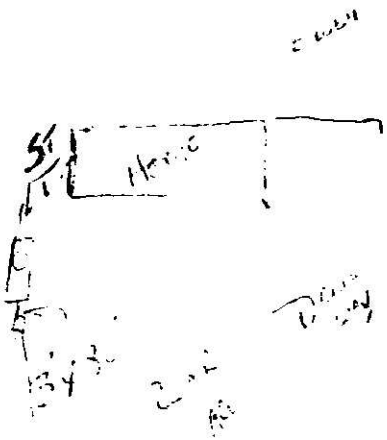
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 97737 DATE: 11-22-11

TC: 13-333.21c ☑ L

SERIAL Nº 13725

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 11-22-11. All work shall be completed on or before 12-4-11, 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 1000 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction [illegible]

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines [illegible]

Depth of Stone 12 inches

Distance from House 25 feet

Distance from Property Line [illegible] feet

Distance from Well 75 feet

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

Comments: [illegible]

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

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APPLICATION FOR AN IMPROVEMENT PERMIT

1464

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr 2nd Floor
700 N. Tryon Street
Charlotte, NC 28202

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

(OFFICE USE ONLY)
FILE: 21121
TC: 139-332-26
SERIAL: № 0019968

$200.00
10/09/91
☐ I ☑ CRT

JOB LOCATION

① ADDRESS: 14600 (STREET NO) Eaglebrook Dr (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: Clear Creek Estates II ⑥ LOT: 12 ⑦ BLOCK:

OWNER

⑧ NAME: William (FIRST) K (MIDDLE) Powers (LAST)
⑨ MAILING ADDRESS: 1926 Academy St
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28205
⑬ PHONE: (WORK) 347-1323 ⑭ (HOME) 333-2304

REQUEST

This request is for a(n):

⑮ ☒ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3
㉓ Maximum occupancy?
㉔ Basement? ☐ yes ☒ no
㉕ Type?
㉖ Maximum number of employees?
㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: William K Powers
Date: 10-8-91

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

... No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by this Department

... This permit is not transferable, and shall become null and void 60 months from the date of issuance.

Environmentalist — Date: 10-23-91

Director or Authorized Section Head — Date: 10-24-91

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

APPLICATION FOR AN IMPROVEMENT PERMIT

CK # 71927

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr 2nd Floor
700 N. Tryon Street
Charlotte, NC 28202

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

(OFFICE USE ONLY)
FILE: 21727
TC: 129-232-26
SERIAL: No 12956

7.20.91
10/09/91
☐ I ☑ CRT

JOB LOCATION

① ADDRESS: 14600 (STREET NO) Eaglebrook (STREET) Dr ② FILE:

③ JURISDICTION: ④ TAX PARCEL NO.:

⑤ SUBDIVISION: Eagle Point Estates II ⑥ LOT: 12 ⑦ BLOCK:

OWNER

⑧ NAME: William (FIRST) R (MIDDLE) Bowles (LAST)

⑨ MAILING ADDRESS: 1926 Academy St

⑩ CITY: Charlotte ⑪ STATE NC ⑫ ZIP: 28205

⑬ PHONE: (WORK) 347-1148 ⑭ (HOME) 332-3804

REQUEST

This request is for a(n).

⑮ ☑ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

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

㉒ Number of bedrooms? 3 ㉓ Type?

㉔ Maximum occupancy? ㉕ Maximum number of employees?

㉖ Basement? ☐ yes ☑ no ㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☐ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ [illegible]

㉙ [illegible] authorized agent of the property described above, the [illegible] hereby grant permission to the [illegible] and authorized agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property, for the purpose of processing this request.

Signed: [signature]

Date: 10-8-91

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by this Department.

This permit is not transferable and shall become null and void 60 months from the date of issuance.

[signature], Environmental Health Specialist, 10-23-91 Date

[signature], Director or Authorized Section Head, 10-23-91 Date

*This permit must be signed by the Director of Mecklenburg County Health

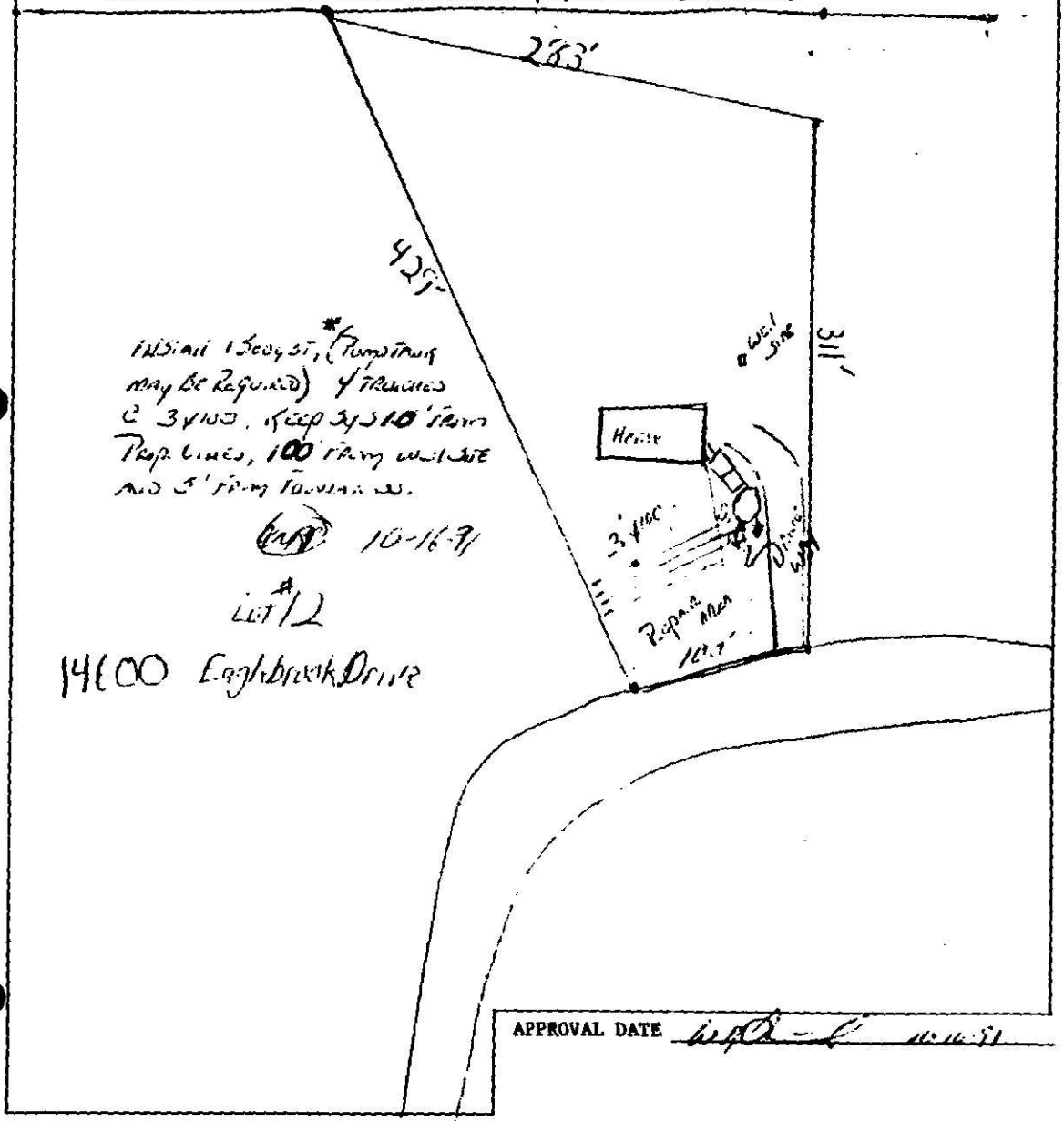
PROPOSED PLOT PLAN

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

FILE: 31 437

TC: 131-332-26

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.



Initial 1 bedroom ST, (Pump may be required) 4 trenches @ 3' x 100', keep 3' 10' from prop lines, 100' from well site and 5' from foundation.

10-16-91

LOT 12

14100 Eaglebrook Drive

APPROVAL DATE Sept 6 1991

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