APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 21724
TC: _____
SERIAL: No 19792 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 14548 EAGLebrook DR. (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: M.C. ④ TAX PARCEL NO.: 139-332 29
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Ira F. (FIRST) (MIDDLE) Wilkins (LAST)
⑨ MAILING ADDRESS: 14548 EAGLebrook DR.
⑩ CITY: Charlotte ⑪ STATE: N.C ⑫ ZIP: 28227
⑬ PHONE: (WORK) 282-4143 ⑭ (HOME) 545 8224

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange PRESENT
⑱ ☐ Other (specify) Add on To Brick Room

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☑ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 2 ㉕ Type? _____
㉓ Maximum occupancy? 2 ㉖ Maximum number of employees? _____
㉔ 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 ☐ 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: Ira F Wilkins

Date: 2-26-90

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 36 months from the date of issuance.

Environmentalist / Date

Director or Authorized Section Head / Date

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 7/21/20

Name/Company:

Sanitation

Vector Control

O.P.W.D.

Service:

Fee: $ 25.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

[redacted] ROVEMENT PERMIT

OFFICE USE ONLY

E: [illegible]

[illegible]

ERIAL: [illegible]

Oly Cove
Add on
Studio
Single

☐ I ☐ CRT

JOB LOCATION

① ADDRESS: 1454 [redacted] DR (STREET NO. / STREET) ② FILE: _____

③ JURISDICTION: [illegible] ④ TAX PARCEL NO.: [illegible]

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: [illegible] (FIRST / MIDDLE / LAST)

⑨ MAILING ADDRESS: [illegible]

⑩ CITY: [illegible] ⑪ STATE: [illegible] ⑫ ZIP: [illegible]

⑬ PHONE: (WORK) [illegible] ⑭ (HOME) [illegible]

REQUEST

This request is for a(n):

⑮ ☐ New permit ⑰ ☐ Authorization for mobile home exchange PRESENT

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify) addition to Studio

DESIGN CRITERIA

System will serve:

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

㉒ Number of bedrooms? 2 ㉓ Type? _____

㉔ Maximum occupancy? 2 ㉖ Maximum number of employees? _____

㉔ 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 ☐ 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: [illegible]

Date: 2-26-[illegible]

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 36 months from the date of issuance.

Environmentalist / Date

Director or Authorized Section Head / Date

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

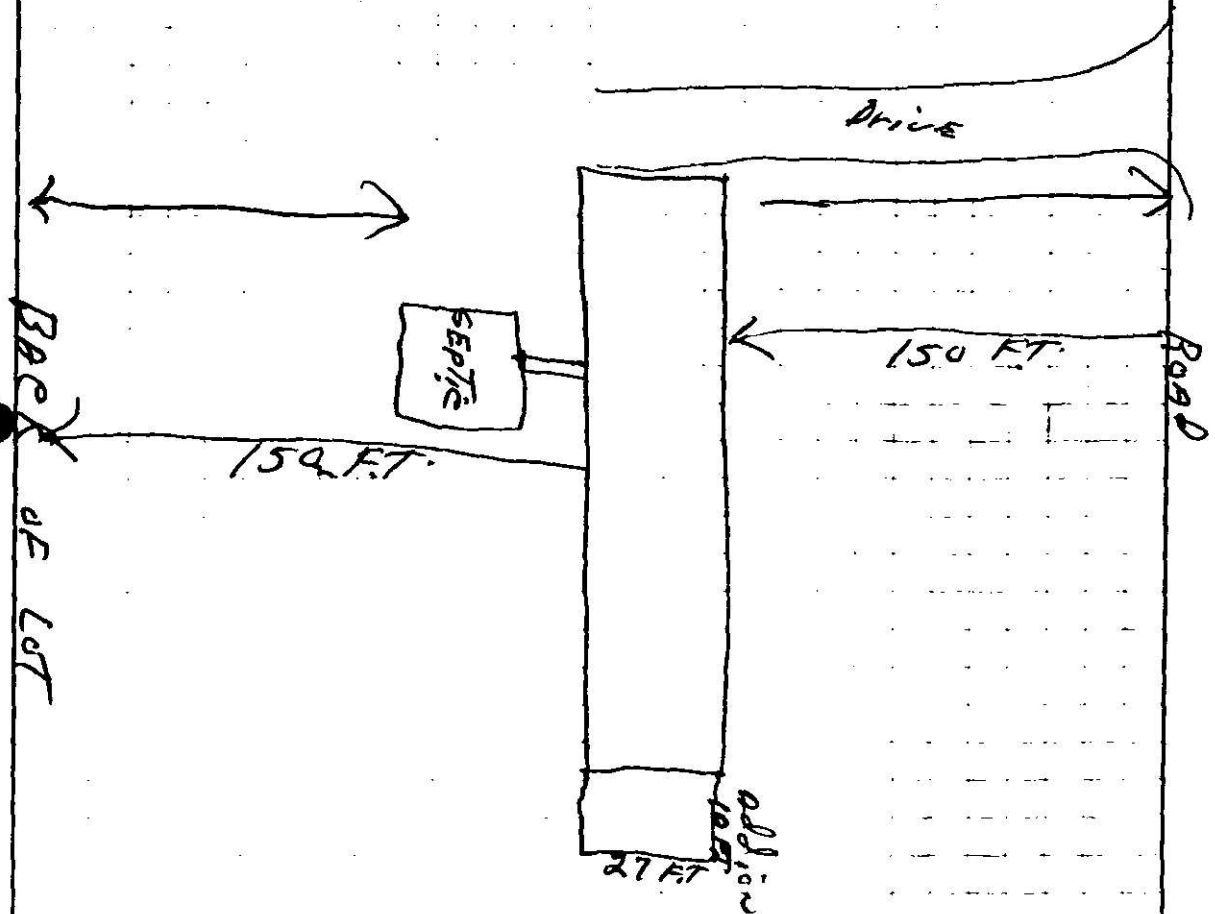
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 378-4603

FILE: 21724

TC: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE _____

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

Date Issued 8/27/85

Serial No. 08433

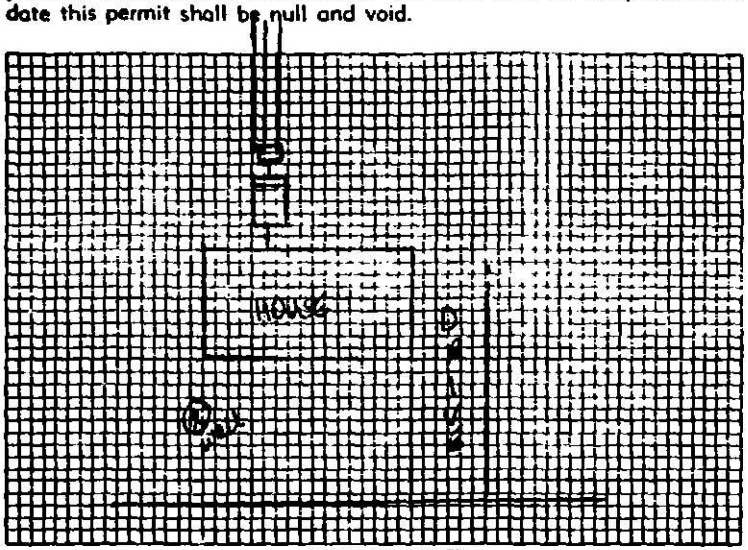
ICAR(S) Permit No. 21724

T. C. No. 129-151-01

Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ✓ Install or Construct, ___ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 21724, dated 4/15/85 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 9/27/85, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate FS

Liquid Capacity of Tank 1500 gal

Tank Construction PCC

Absorption and/or Nitrification Lines:

Total Line Length 270'

Number of Lines 3

Distance from House 5'

Distance from Property Line 10'

Distance from Well 65'

NAME OF OWNER Ira Wilkins

LOCATION OF PROPERTY 14548 Eaglebrook Drive

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.

3 Trenches 3'x90'x12" stone with grade boards, straw as cover

Comments:

Division or Section Head

Cynthia G. Lee
Environmentalist

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

BHD-S-76

Environmental Health Department's Copy

C of A (s) No. 21724

Date Issued 8/28/05 Serial 7806 T. C. No. 171-151-01 (PO) L CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

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

Name of Owner Wilkins (LAST) Ira (FIRST) (MIDDLE)

Location of Property 14548 Eaglebrook Drive

Application Number 21724 Permit Number 21724

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material PCC

Total Length of Drain Tile 270' Number of Lines 3

Depth of Filter Material 12" Cover Depth 6" - 10"

Water Supply Source well Distance from Water Source 65'

Excavation Inspected 8/28/05 (DATE) Tank Inspected 8/28/05 (DATE)

Nitrification Field Inspected 8/28/05 (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 1500ST, CON, 810SFT, 12G, CECIL-LIKE

Cynthia G. Bass
Environmentalist

EHD-5-76

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

DATE 7-26-90

FROM: COUNTY ENGINEERING DEPARTMENT

SED FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 139-332-29

ASSIGNED ADDRESS 14548 Eaglebrook Dr

EXISTING ADDRESS _____

PROJECT NAME Clear Creek Estate

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: addition

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: JON

OWNER 06-88

NEW ADDRESS / /*

FORM 190

C of A (s) No. 21724

Date Issued 8/26/85 **Serial** 7806 T. C. No. 131-151-01 LCRT

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 Watkins (LAST) Ira (FIRST) (MIDDLE)

Location of Property 14548 Eaglebrook Drive

Application Number 21724 Permit Number 21724

Inspection Data:

Liquid Capacity of Tank 1500gal Tank Material PCC

Total Length of Drain Tile 270' Number of Lines 3

Depth of Filter Material 12" Cover Depth 6"-10"

Water Supply Source well Distance from Water Source 65'

Excavation Inspected 8/26/85 (DATE) Tank Inspected 8/26/85 (DATE)

Nitrification Field Inspected 8/26/85 (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 1500GT, CLN, BKSET, 12G, CECIL-LIKE

Cynthia G Bass
Environmentalist

Serial No. 08433

Date Issued 8/27/85

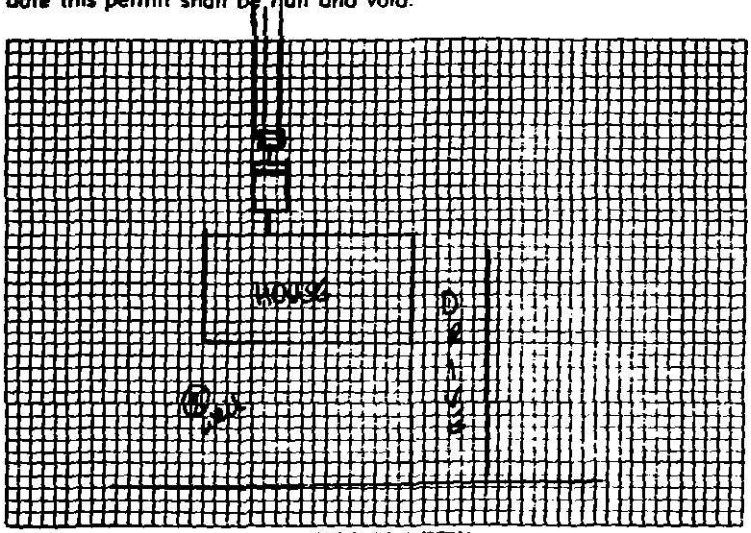
ICAR(S) Permit No 21724

T. C. No. 139-151-01

Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ✓ Install or Construct, ___ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 21724, dated 4/15/85 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 9/27/85, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P5

Liquid Capacity of Tank 1500 gal

Tank Construction PCC

Absorption and/or Nitrification Lines:

Total Line Length 270'

Number of Lines 3

Distance from House 5'

Distance from Property Line 10'

Distance from Well 65'

NAME OF OWNER Ira Wilkins

LOCATION OF PROPERTY 14548 Eaglebrook Drive

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.

3 Trenches 3'x90'x12" stone with gradeboards, shallow cover

Comments:

Division or Section Head

Cynthia G. Bass
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-74

Environmentalist's Copy

Date Issued 4-2-85

Serial No. 8357

SIR No. 21724

T. C. No. PO 139-151-06

Map Date L 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 Wilkins, (LAST) Ira (FIRST) F. (MIDDLE)

ADDRESS OF OWNER Rt. 6, Box 77, Charlotte, NC ZIP _____

LOCATION OF LOT 14548 Eaglebrook Drive (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 21724. 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.

Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-S-76

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received 4-2-85

ICAR (S) Application No. 21724

T. C. No 139-151-06

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 ✓ 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 ___
C) Community System
1 Well source ___
2 Governmental source ___
10) Sewage System
House located within 200 feet of public sewer ___ Yes ✓ No
House located within 200 feet of community sewer ___ Yes ✓ No
11) FHA Case No ___
12) VA Case No. ___

13) NAME OF OWNER ~~Em~~ Wilkins (LAST) Ira (FIRST) F. (MIDDLE)

14) ADDRESS OF OWNER Rt #6 Box 77 Concord, NC 28025

15) PHONE NO. Home 455 Office ___

16) LOCATION OF SYSTEM 11548 Englebrook Dr. (STREET OR COUNTY ROAD)

17) SUBDIVISION Clearcreek Lot No #9 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 1/24/85

20) PTR NUMBER (See Instructions) 21721

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.

4-2-'85
DATE OF APPLICATION

Ira F. Wilkins
OWNER

EHD-5-74

Serial No. 6007

SIR No. 21724

T. C. No. PO 139-151-06

Date Issued 1-8-84

Map Date L

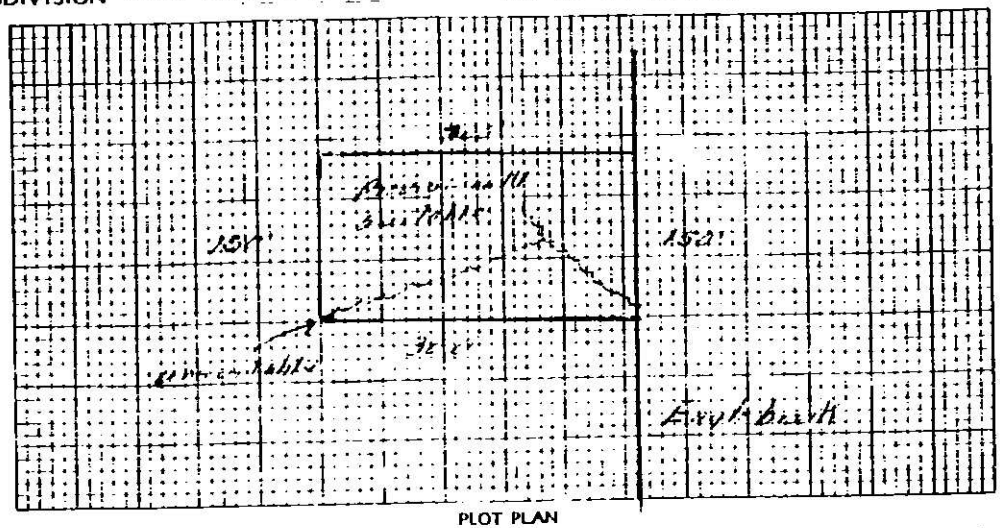
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Clear Creek Estates, Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 1740 E. Independence Blvd., Charlotte, NC ZIP 28205

LOCATION OF PROPERTY Coble Road
(STREET OR COUNTY ROAD)

SUBDIVISION Clear Creek Estates LOT NO 9 BLOCK NO. II



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. The said lot is approved PROVISIONALLY SUITABLE 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 septic system shall be obtained from the Mecklenburg County Department of Environmental Health prior to the beginning of any construction. Location of the wastewater treatment system on the site
2. The size of the septic tank, [illegible] shall be determined by the Mecklenburg County Department of Environmental Health [illegible] the permeability rate obtained above, and on the size and type of plumbing fixtures to be served.
3. This approval [illegible] in the above
4. This [illegible] in the [illegible] Mecklenburg County Department of Environmental Health prior to any [illegible] system installation, [illegible] and 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.

William S. Hardin
Soil Scientist

Dave D. Hendricks
Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 2114

T.C. NO. [illegible]

(Ground Absorption Sewage Disposal)

OWNER: [illegible] PLAT NO: [illegible]
ADDRESS: [illegible] LOT SIZE: [illegible]
LOCATION OF SITE: [illegible]

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S / PS 2-12 / U	S / PS complex slopes / U	S / PS / U	S / PS / U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S / PS clay / U	S / PS clay / U	S / PS / U	S / PS / U
3. SOIL STRUCTURE (12-36 inches)	S / PS Blocky / U	S / PS Blocky / U	S / PS / U	S / PS / U
4. SOIL DEPTH (inches)	S / PS 36 48" / U	S / PS ± 36" / U	S / PS / U	S / PS / U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S ± 36" / PS / U	S / PS ± 36" / U	S / PS / U	S / PS / U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S [illegible] / PS [illegible] / U [illegible]	S Eroded Brown Loam / PS / U [illegible]	S / PS / U	S / PS / U
7. OTHER (Specify)	S / PS / U	S / PS / U	S / PS / U	S / PS / U
8. SOIL GROUP	[illegible]	[illegible]		
9. SITE CLASSIFICATION	Provisionally Suitable	Unsuitable		
10. SOIL SERIES	[illegible]	[illegible]		

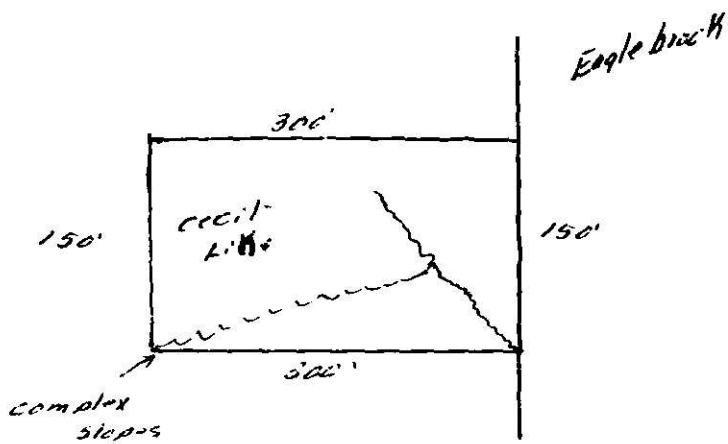
S - Suitable PS - Provisionally Suitable U - Unsuitable

**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: _____

Described by: [illegible]
Title: [illegible]

Date: 1-8-85


Eagle brick
300'
150'
cecil-
like
150'
300'
complex
slopes

Date Received 12-28-84

MECK CO[illegible]Y DEPARTMENT OF
RECEIVED
DEC 28 1984
ENVIRONMENTAL HEALTH

SIR No. 21724
T.P. No. 129-157-06
Map Date 12/6/83
L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Clear Creek Estates Inc. (LAST / FIRST / MIDDLE)

2) ADDRESS OF OWNER 1740 E. Independence Blvd. Charlotte, NC ZIP 28205

3) PHONE NO. Home — Office 372-2565

4) LOCATION OF PROPERTY Off Rd. approx. 1/2 mi. from NC #24-27 (STREET OR COUNTY ROAD)

5) SUBDIVISION Clear Creek Estates LOT NO. 9 BLOCK NO. II

MAP BOOK NO. _____ PAGE NO. _____

6) DEED REFERENCE: DEED BOOK 4738 PAGE NO. 0571

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge.

Please see attached plat

7) ACCURATELY DIAGRAM & DIMENSION LOT

T. P. Neumann
OWNER / Agent

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY