Date Received 9/8/75

Application No. 6876

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER MORNINGSTAR REALTY, INC.
(LAST FIRST MIDDLE)

ADDRESS OF OWNER 14400 SPRINGWATER DR. ZIP 28105

PHONE NO. Home ——— Office 847-6127

LOCATION OF PROPERTY 14055 HORSEBACK CIR.
(STREET OR COUNTY RAOD)

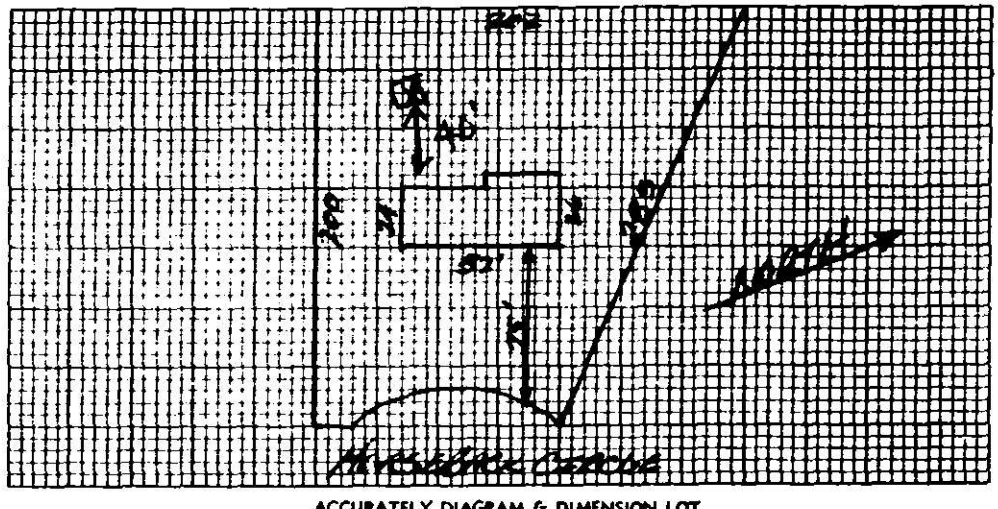
SUBDIVISION SPRINGWATER LOT NO. 30 BLOCK NO. B

MAP BOOK NO. 17 PAGE NO. 207

DEED REFERENCE: DEED BOOK 3326 PAGE NO. 459

WELL CONTRACTOR CAROLINA (EXPERT) LICENSE NO.

Application is hereby made to the Mecklenburg County Health Department for a permit to drill a water well on the hereinabove described lot to be used as a source of ✓ individual, _____ semi public, or _____ public water supply:



ACCURATELY DIAGRAM & DIMENSION LOT

9/8/75
DATE OF APPLICATION

MORNINGSTAR REALTY, INC.
By: [signature]
OWNER

Application approved and permit hereby granted

Permit No:

[signature]
ENVIRONMENTALIST

FORM NO. E-20-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received 8-20-13 APT No. 6876

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Morningstar Realty, Inc.
(LAST / FIRST / MIDDLE)

2) ADDRESS OF OWNER 14400 Springwater Drive, Matthews NC ZIP 28105

3) PHONE NO. Home Office 847-6127

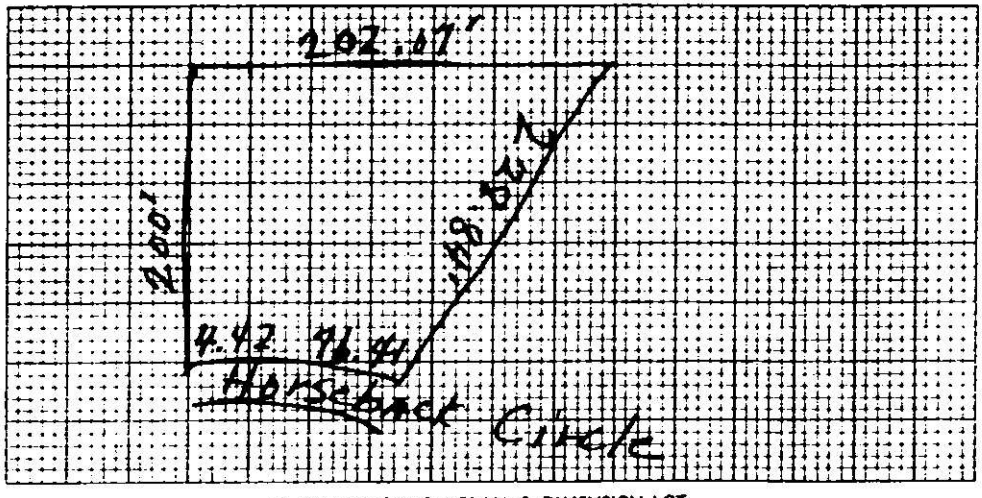
4) LOCATION OF PROPERTY Horseback Circle
(STREET OR COUNTY ROAD)

5) SUBDIVISION Springwater LOT NO. 30 BLOCK NO. B

MAP BOOK NO. PAGE NO.

6) DEED REFERENCE: DEED BOOK 3326 PAGE NO 459

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test 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



7) ACCURATELY DIAGRAM & DIMENSION LOT

Morningstar Realty, Inc.
By:
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3525

PTR No. 6076 [illegible]

Date Issued August 23, 1973

T C No. ~~[illegible]~~ 215-151-62

Map Date ~~[illegible]~~ 6-10-74

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

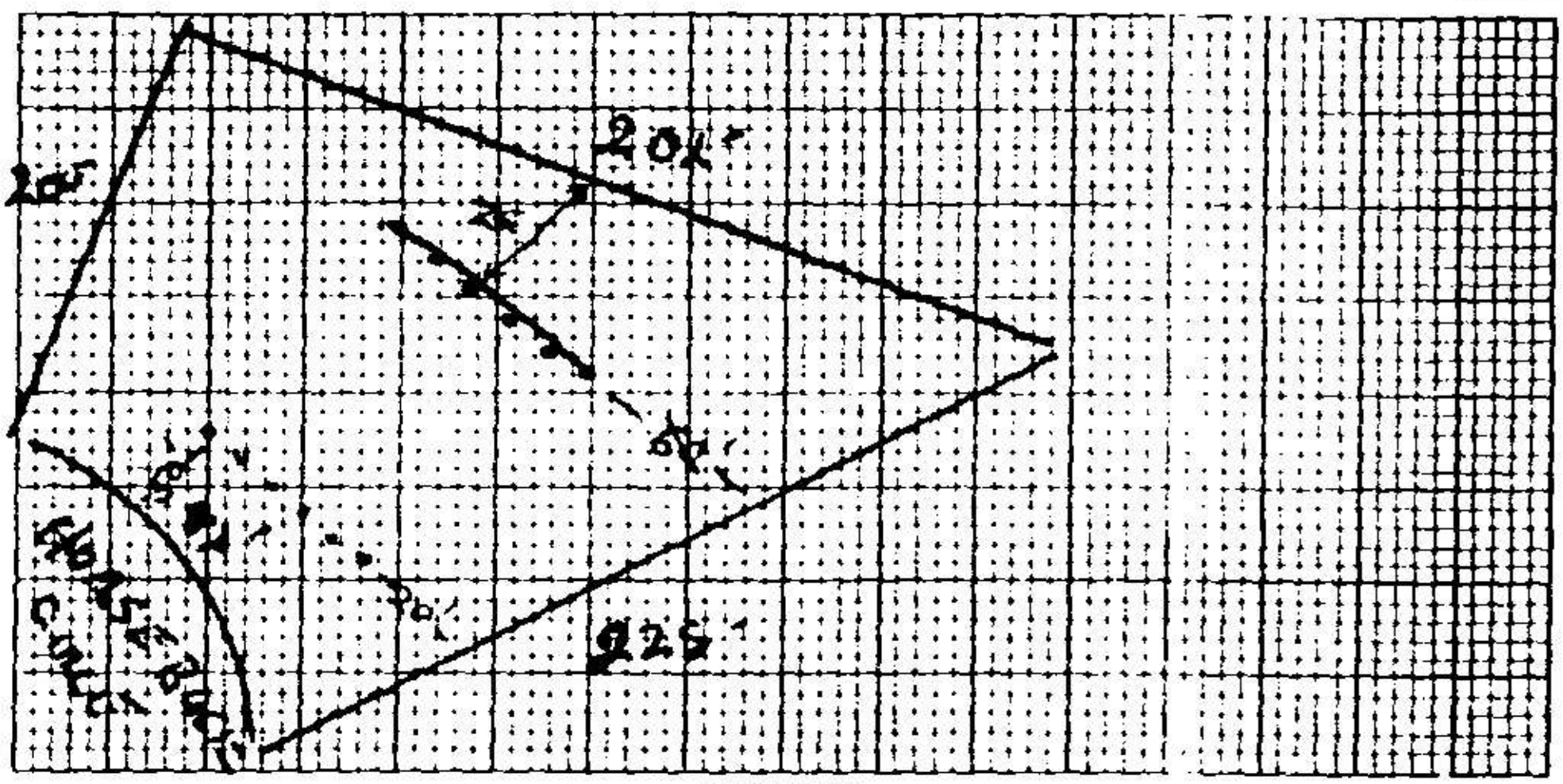
PERCOLATION TEST REPORT

NAME OF OWNER Morningstar Realty, Inc.
LAST FIRST MIDDLE

ADDRESS OF OWNER 14400 Springwater Dr., Matthews, N.C. ZIP 28105

LOCATION OF PROPERTY Horseback Circle
STREET OR COUNTY ROAD

SUBDIVISION Springwater LOT NO. 30 BLOCK NO. B



PLOT PLAN

This is to certify that a percolation test has been run and an on-site inspection made by the Mecklenburg County Health Department on the lot described above. The said test was conducted on that portion of the lot as indicated on above plot.

The percolation rate determined by the test was 60 min/in 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 Health Department 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 teratment system which must be installed will be determined by the Health Department prior to installation based on the percolation 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 where the percolation test was run.
4. The 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 Health Department renders the area where the percolation test was run unsuitable for the 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 State Board of Health and the Mecklenburg County Board of Health which were in effect on the date of issuance and is void if at any time in the future, prior to the 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.

John R. Atkinson

Director, Environmental Health Division or
Authorized Section Head

FORM NO. E 2 4-1-71

HEALTH DEPARTMENT'S COPY

Date Received 8-13-74

RECEIVED
AUG 1974
ENVIRONMENTAL HEALTH DIVISION

ICAR(S) Application No 6876
T C No 215-151-62
Map Date 2-11-73

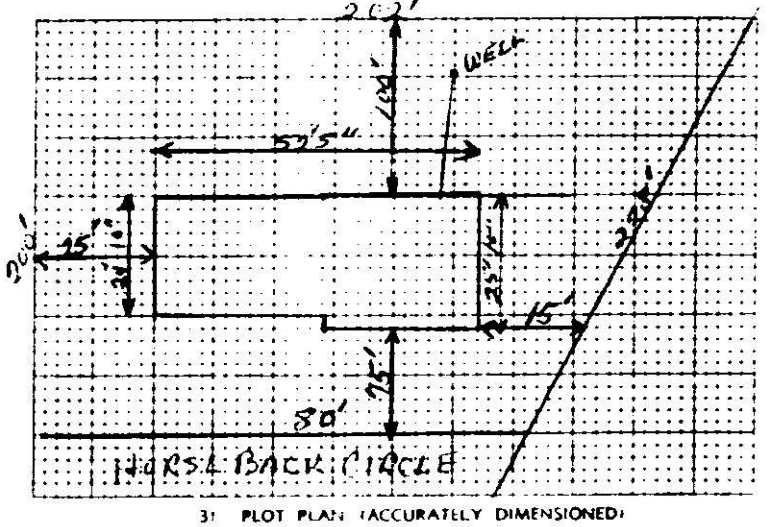
MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

215-151-62
6 10 74

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

The owner of that property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to

1) ✓ Install or Construct 2) ____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption, effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No of Bedrooms 4
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 Government System
C Community System
1 Well source
2 Government
10) Sewage System
House located within ____ feet of public sewer Yes ✓ No
House located within ____ feet of community sewer Yes ✓ No
11) FHA Case No
12) VA Case No

13) NAME OF OWNER McKINGSTAR REALTY, INC. (LAST, FIRST, MIDDLE)
14) ADDRESS OF OWNER 1403 Springwater Drive
15) PHONE NO Home ____ Office 847-6137
16) LOCATION OF SYSTEM 1403 Horseback Circle (STREET OR COUNTY ROAD)
17) SUBDIVISION Springwater Lot No 30 Block No 6
Map Book No 17 Page No. 207
18) DEED REFERENCE — DEED BOOK 3326 AT PAGE 459
19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ____ NO DATE RUN 8-22-73 & 6-10-74
20) PTR NUMBER (See Instructions) 6876

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.

8-9-74
DATE OF APPLICATION

McKINGSTAR REALTY INC.
By David V. Simpson, Pres.
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 4370

LA No. 6876

Date Issued August 14, 1974

T. C. No. 215-151-62

IMPROVEMENTS PERMIT

Map Date 6-10-74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

TO THE BUILDING INSPECTION DEPARTMENT

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

NAME OF OWNER Morningstar Realty, Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 14400 Springwater Dr., Matthews, N.C ZIP 28105

LOCATION OF LOT 14055 Horseback Circle
(STREET OR COUNTY ROAD)

SUBDIVISION Springwater LOT NO. 30 BLOCK NO. B

MAP BOOK NO _____ PAGE NO _____

The above specified lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the percolation test results which yielded a percolation rate of 60 min/in 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 6876. 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 percolation test 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, altred, 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

M. L. Kirby
Environmentalist

John R. Adamson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-8-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 4/7/75

MECKLENBURG COUNTY HEALTH DEPT. RECEIVED

Application No. 6876

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

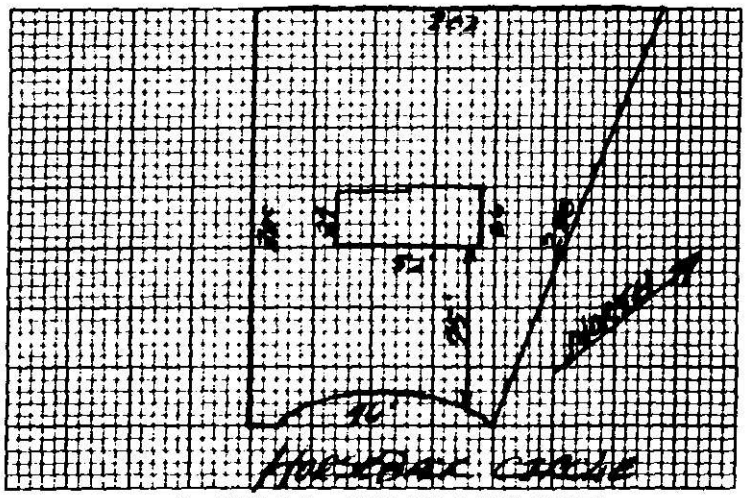
Application for an

Installation, Construction, Alteration, and/or Repair Permit

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

The owner of that property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to:

1) ✓ Install or Construct 2) ____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms 3

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 MORNINGSTAR (LAST) REALTY, (FIRST) INC. (MIDDLE)

14) ADDRESS OF OWNER 14400 SPRINGWATER DR. MATTHEWS, N.C.

15) PHONE NO. Home ____ Office 847-6127

16) LOCATION OF SYSTEM 14055 HORSEBACK CIRCLE (STREET OR COUNTY ROAD)

17) SUBDIVISION SPRINGWATER Lot No. 30 Block No. B

Map Book No 17 Page No. 207

18) DEED REFERENCE — DEED BOOK 3326 AT PAGE 459

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ____ NO DATE RUN 8-22-73

20) PTR NUMBER (See Instructions) 6876

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.

4-4-75
DATE OF APPLICATION

MORNINGSTAR REALTY, INC.
By: Jack A. Simpson V.P.
OWNER

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

HEALTH DEPARTMENT'S COPY

Date Issued 9-2-75 Serial No. 6796 ICAR(S)-Permit No. 6876

T C No 915-151-62

Map Date 6-10-75

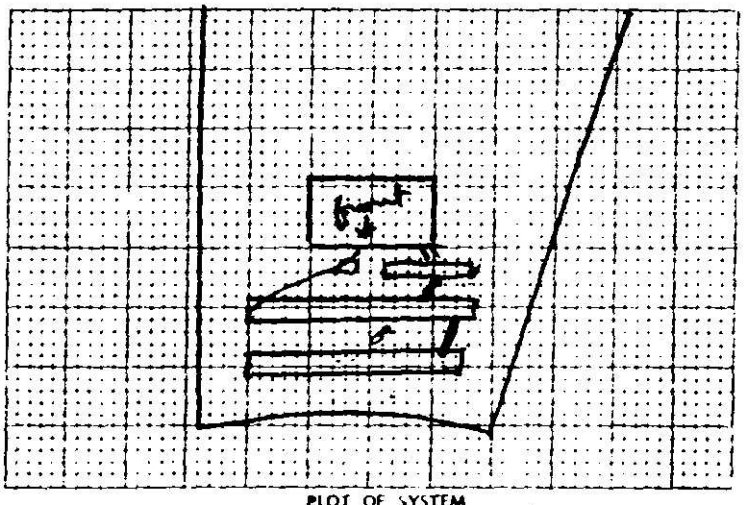
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ✓ 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 6876, dated 4-4-75 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 10-1-75, after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500

Tank Construction precast

Absorption and/or Nitrification Lines

Total Line Lenght 600;150

Number of Lines

Distance from House 10

Distance from Property Line 10

Distance from Well —

NAME OF OWNER Morningstar Realty, Inc

LOCATION OF PROPERTY 14055 Horseback Circle (30-E)

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: wash line in bed 10'x30'x3'

John R Robinson

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 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 E-5-9-1-72

Date Issued 3 Sept 1975 Serial No. 6181

C of A (s) No. 6876

T C No. 215-151-62

Map Date 6-10-75

John A Johnson

CERTIFICATE OF COMPLETION

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Morningstar Realty Inc (LAST / FIRST / MIDDLE)

Location of Property 14055 Horseback Circle

Application Number ~~6800~~ 6876 Permit Number 6876

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material pre cast

Total Length of Drain Tile 600 ; 150 Number of Lines * 6

Depth of Filter Material * 12" + Cover Depth 18"

Water Supply Source well Distance from Water Source proposed

Excavation Inspected — (DATE) Tank Inspected 9-3-75 (DATE)

Nitrification Field Inspected 9-3-75 (DATE)

Washing Machine Line Inspected, If Applicable 9-3-75 (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 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 or using land 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 and 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 size of beds changed to limitations imposed by gas line, driveway etc. wash line in bed 10 x 19 x 24" - line in one bed 15 x 30 x 12" - second bed in 12½ x 45 x 12"

John A Johnson

Environmentalist

FORM NO. E-6-8-1-72

HEALTH DEPARTMENT'S COPY