SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

☐ NEW SEPTIC ☐ REPAIR ☑ USE EXISTING ☐ MODIFIED PLOT PLAN ☐ ALTERATION

File Number: 15483

Assigned Inspector: Matt H.

☐ IP $250.00: _____ Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☐ CA & OP $400.00: _____ Initial/Date

☐ Alteration Fees $300: _____ Initial/Date

☐ Modified Plot Plan Fees $100.00: _____ Initial/Date

☑ Use Existing Fees $100.00: UP 4/20/23 Initial/Date

☒ Use Existing Approved ☐ Use Existing Denied

☐ Send IP permit for signature: _____ ☐ Signature received: _____

☐ Floor plans reviewed

☐ Generate CA ☐ Approve as Noted in Winchester

☐ This site is served by septic and well. Verify each is complete before final hold is released

☐ This septic system requires a certified operation contract before final hold is released

☐ Certified operator contract is on file: _____

☐ Septic file complete: _____

☐ Release final hold in Winchester: _____

Comments:

L20 M14-349

15483

13792

5 APR '23 PM 4:34

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: (●) SEPTIC ONLY ( ) WELL ONLY ( ) SEPTIC & WELL
( ) ADDITION OR RENOVATION WITH OCCUPANCY INCREASE
( ) ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE
(●) EXCHANGE MOBILE HOME (SAME # BEDROOMS)
( ) COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Oakwood Homes of Shelby, N.C.
ADDRESS: 1839 E. Dixon Blvd
CITY: Shelby
STATE: N.C. ZIP: 28152
PHONE: (704) 484-2211
ALTERNATE PHONE:
E-MAIL: spencer.owens@oakwoodhomes.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Vicki Castleberry RICHARD & David THRASHER
ADDRESS: 5003 ELCAR DR
CITY: Charlotte
STATE: N.C. ZIP: 28214
PHONE: (704) 303-4215
ALTERNATE PHONE:
E-MAIL: N/A

JOB LOCATION INFORMATION
TAX PARCEL #: 11339101
STREET ADDRESS: 5003 ELCAR DR
CITY: Charlotte
STATE: NC ZIP: 28214

SUBDIVISION OR MOBILE HOME PARK NAME: N/A
LOT #:

WATER SUPPLY:
(●) MUNICIPAL ( ) PRIVATE WELL ( ) PUBLIC WELL ( ) SHARED WELL ( ) OTHER

RESIDENTIAL PROPERTY TYPE: ( ) N/A
( ) HOUSE ( ) MODULAR HOME ( ) MULTIPLE FAMILY
( ) SINGLE MOBILE HOME (●) DOUBLE WIDE
( ) OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: ☐ N/A
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? ( ) YES ( ) NO
UNDERGROUND STORAGE TANKS? ( ) YES ( ) NO

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☐ OTHER

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature

4/5/23
Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

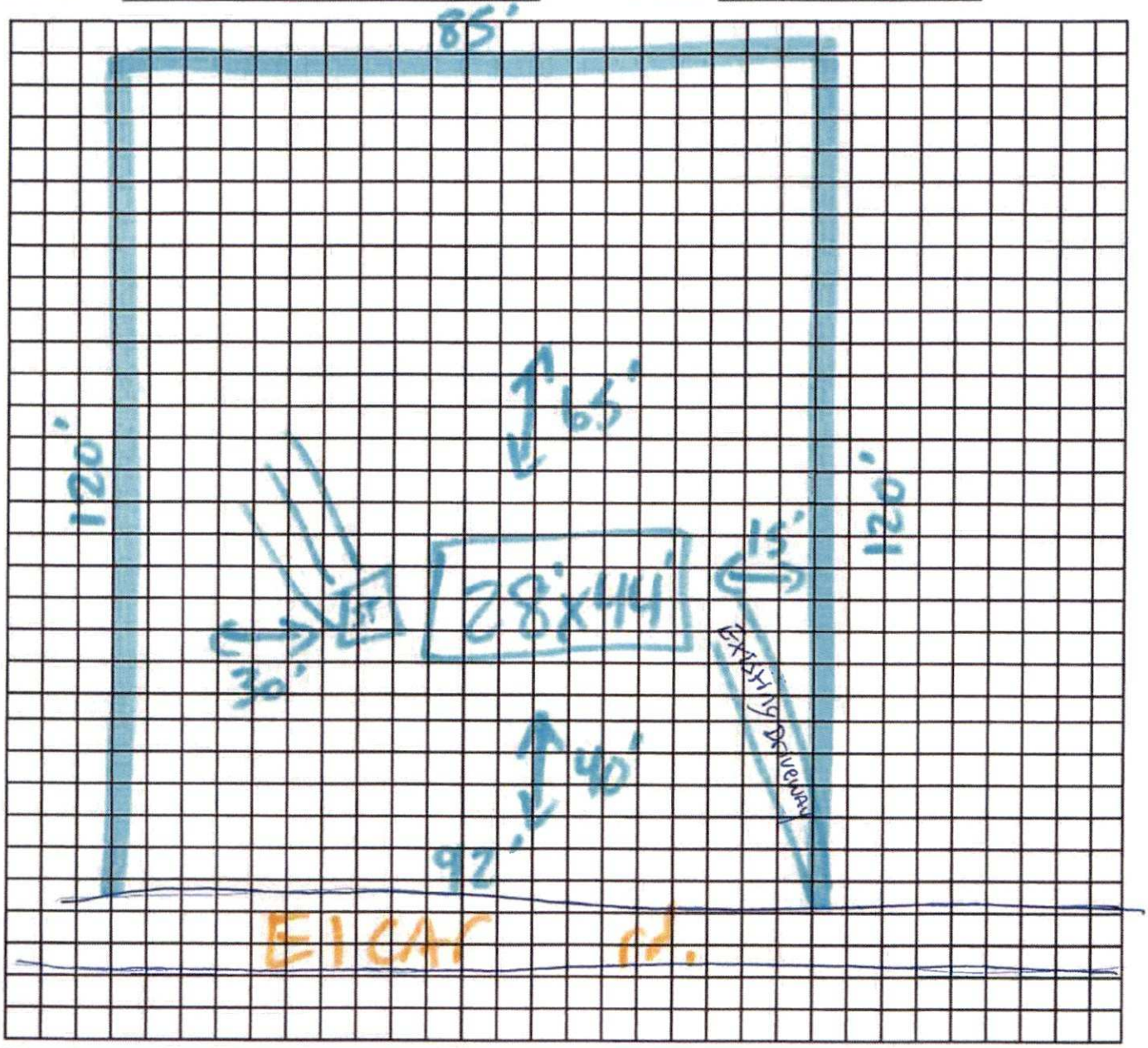
Revised on: 03/27/19

File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 5003 ELCAR DR CHARLOTTE, N.C. 28214 Tax Parcel #: 11339101



*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 and Water Supply Wells 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.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

Meets setbacks, ~~tank~~ maintain 5' separation from tank to crawlspace

Matt Hall 6/8/23

REHS Signature Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19

Polaris 3G Map – Mecklenburg County, North Carolina

Date Printed: 3/27/2023 10:08:30 AM



This map or report is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map or report are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	04/20/23	**Amount:**	100.00
Receipt #:	142185	**Tendered:**	100.00
Check / Auth #:	CHECK 2609	**Returned:**	0.00
Received By:	PLACILJ		

Account Information

Account #: 200000
Contractor: CHM HOMES, INC.
Attn:
Address: PO BOX 9790
Address:
City/State/Zip: MARYVILLE, TN 37802

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 5003 ELCAR DR		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
305.00					

DocuSign Envelope ID: C59FAC27-DC77-48DB-B139-5579466F27B7

MECKLENBURG COUNTY
Health Department

Raynard Washington, PhD, MPH
Health Director

(704) 336-4700

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.
2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.
3. I acknowledge that Oakwood homes is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

_____.
Number Street Town
(Or Parcel Number)

Quan Nguyen

Property Owner (print name)

DocuSigned by:
68DC9A31BCA343C...

Property Owner (signature)

4/20/2023

Date

ACKNOWLEDGMENT OF RECEIPT OF SETTLEMENT STATEMENT

Borrower: Quan Long Nguyen
Seller: Vicki Castleberry
Richard Thrasher
David Thrasher
Lender: CASH
Settlement Agent: Brena Huffman, Attorney at Law
(704)804-0853
Place of Settlement: 2201 East 7th Street
Charlotte, NC 28204
Settlement Date: November 30, 2022
Property Location: 5003 & 5011 Elcar Drive
Charlotte, NC 28214
Mecklenburg County, North Carolina

I have carefully reviewed the HUD-1 Settlement Statement and to the best of my knowledge and belief, it is a true and accurate statement of all receipts and disbursements made on my account or by me in this transaction. I further certify that I have received a copy of the HUD-1 Settlement Statement.

Quan Long Nguyen

Vicki Castleberry

Richard Thrasher by Vicki Castleberry as AIF
Richard Thrasher

David Thrasher by Vicki Castleberry as AIF
David Thrasher

To the best of my knowledge, the HUD-1 Settlement Statement which I have prepared is a true and accurate account of the funds which were received and have been or will be disbursed by the undersigned as part of the settlement of this transaction.

Brena Huffman, Attorney at Law
Settlement Agent

Date Received 4/26/79

APT No. 15483

T. C. No. 113-174-01

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER MAKNEY (LAST) JR. W. (FIRST) K. (MIDDLE)

2) ADDRESS OF OWNER P.O. BOX 628 KINGS MTN, N.C. ZIP 28086

3) PHONE NO. Home 399-3181 Office 399-3181

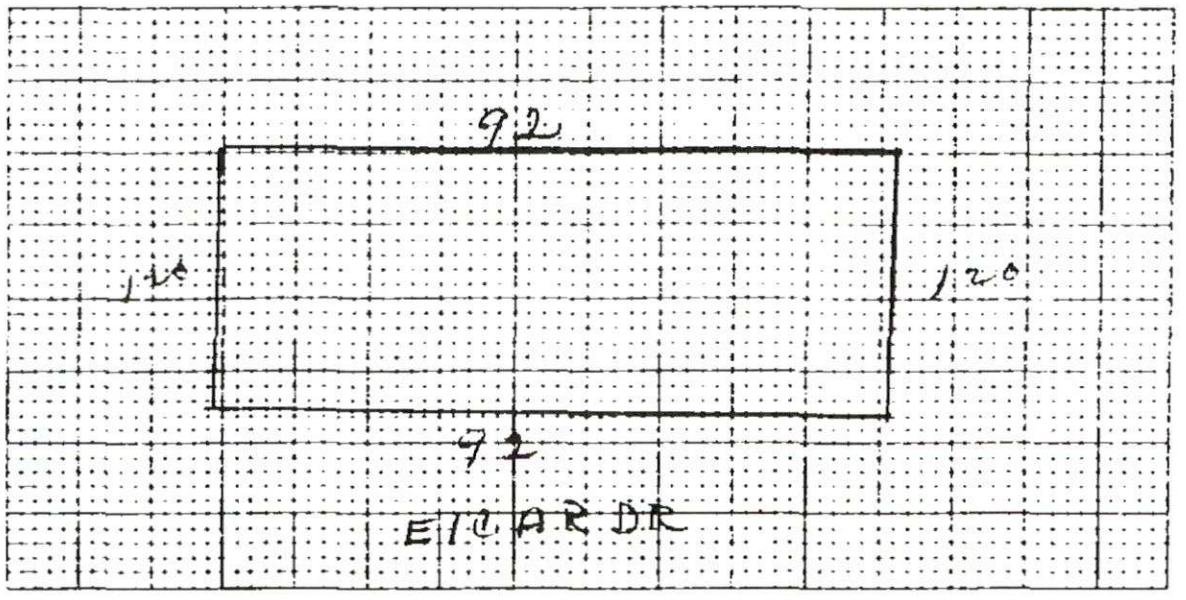
4) LOCATION OF PROPERTY EICAR DR (STREET OR COUNTY ROAD) CHARLOTTE N.C. 28214

5) SUBDIVISION WESTWOOD MOBILE PARK LOT NO #20 BLOCK NO. _____

MAP BOOK NO 349 PAGE NO 14

6) DEED REFERENCE DEED BOOK 2852569 PAGE NO

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



7) ACCURATELY DIAGRAM & DIMENSION LOT

W.K. Makney Jr.
OWNER

EHD-5-76

Environmental Health Department's Copy

NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES
RALEIGH, NORTH CAROLINA

APPENDIX H
SITE EVALUATION

APT 15 489

(Ground Absorption Sewage Disposal)

OWNER: W. K. Mauney, Jr. DATE REQUESTED: _____
ADDRESS: P. O. Box 638 PLAT NO.: 113-174-01 Lot 20
COUNTY: Wayne Mount Olive, N.C. 28365 LOT SIZE: 11,040
LOCATION OF SITE: Elcan Dr. - Westwood Hts. No. Part

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) 8-15% PS U	S PS Complex (U)	S PS U	S PS U +
2. SOIL TEXTURE (12-36 in.) (Sandy, loamy, clayey, Note 2:1, Clay)	S (PS) Clay U	S PS Mixed U	S PS U	S PS U
3. SOIL STRUCTURE (12.36 in.) (Clayey Soils)	S (PS) Blocky U	S PS Massive (U)	S PS U	S PS U
4. SOIL DEPTH (In.)	(S) 48" PS U	S Depth PS Variable (U)	S PS U	S PS U
5. RESTRICTIVE HORIZONS (In.) (Impervious Strata, Rock)	(S) None PS U	(S) None PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (External & Internal)	(S) >6' To ground PS U water	(S) >6' To ground PS U water	S PS U	S PS U
7. SOIL PERMEABILITY (Percolation Rate)	S (PS) Moderate U	S Slow PS Slow (U)	S PS U	S PS U
8. OTHER (Specify)	S Limited PS Area U	S PS U	S PS U	S PS U
9. SITE CLASSIFICATION	Provisionally Suitable	Unsuitable		
SOIL SERIES	Cecil	Cecil		

S - Suitable PS - Provisionally Suitable U - Unsuitable

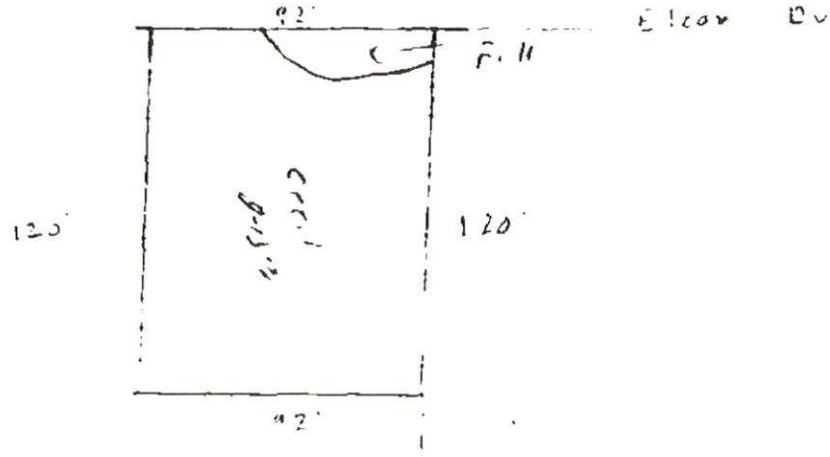
* See Diagram on Back (Include: Soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slope patterns, etc)

Recommendations/Comments: _____

Described By: William R. Mullen

Title: Soil Scientist Date: 5-22-79

DHS Form 2604 (2/77)
Sanitation


92'
F. H
120'
120'
92'

Serial No. 2811

PTR No 15483

T. C. No. 113-174-01

Date Issued May 23, 1979

Map Date

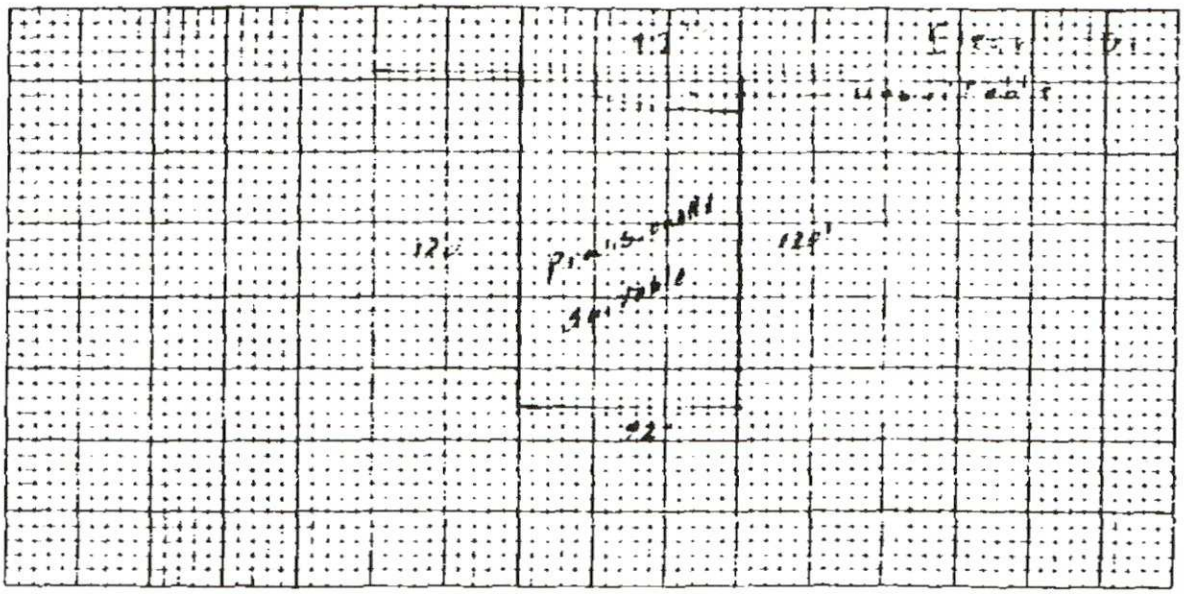
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Mauney, W. K. Jr.
(LAST, FIRST, MIDDLE)

ADDRESS OF OWNER PO Box 628, Kings Mt ZIP

LOCATION OF PROPERTY Elcar Drive
(STREET OR COUNTY ROAD)

SUBDIVISION Westwood MHP LOT NO #20 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.

The permeability rate determined by the investigation was **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.

William B. Marlin
Soil Scientist

John R. Atkinson
Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received 4/26/79

ICAR (S) Application No. 15483

T. C. No. 113-174-01

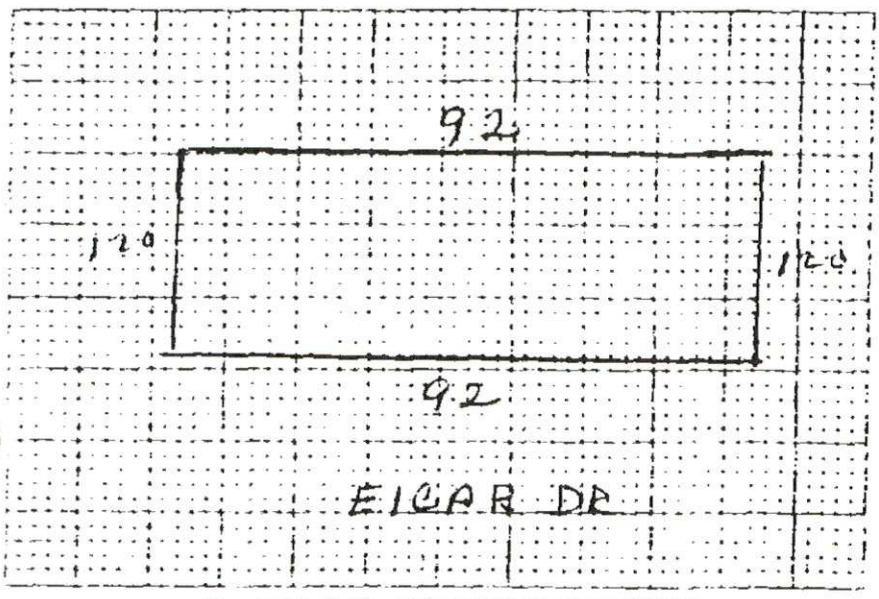
Map Date _____

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)

4) Mobile Home ✓ Yes ___ No
Residence ___ Yes ___ No
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) EHA Case No. _____
12) VA Case No. _____

13) NAME OF OWNER MAHONEY (LAST) JR W. (FIRST) K. (MIDDLE)

14) ADDRESS OF OWNER P.O. Box 422 KINGS MTN, N.C. 28086

15) PHONE NO Home 399-3181 Office 399-3181

16) LOCATION OF SYSTEM EICAR DR CHARLOTTE N.C. 28214
(STREET OR COUNTY ROAD)

17) SUBDIVISION WESTwood Mc-Me-Jan Lot No. # 20 Block No. _____

Map Book No. 349 Page No. 14

18) DEED REFERENCE — DEED BOOK 3975-569 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.

4-26-79
DATE OF APPLICATION

W. K. Mahoney Jr.
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Serial No. 3082

LA No. 15483

Date Issued May 23, 1979

T. C. No. 113-174-01

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

PERMANENT PERMIT

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

NAME OF OWNER Mauney, W.K. _____
LAST FIRST MIDDLE

ADDRESS OF OWNER PO Box 628, Kings Mtn, NC ZIP _____

LOCATION OF LOT Elcar Drive
STREET OR COUNTY ROAD

SUBDIVISION Westwood MHP LOT NO #20 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 15483. 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, 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 permits 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

John R Adkisson

Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Serial 3096

ICAR (S) Permit No 15483

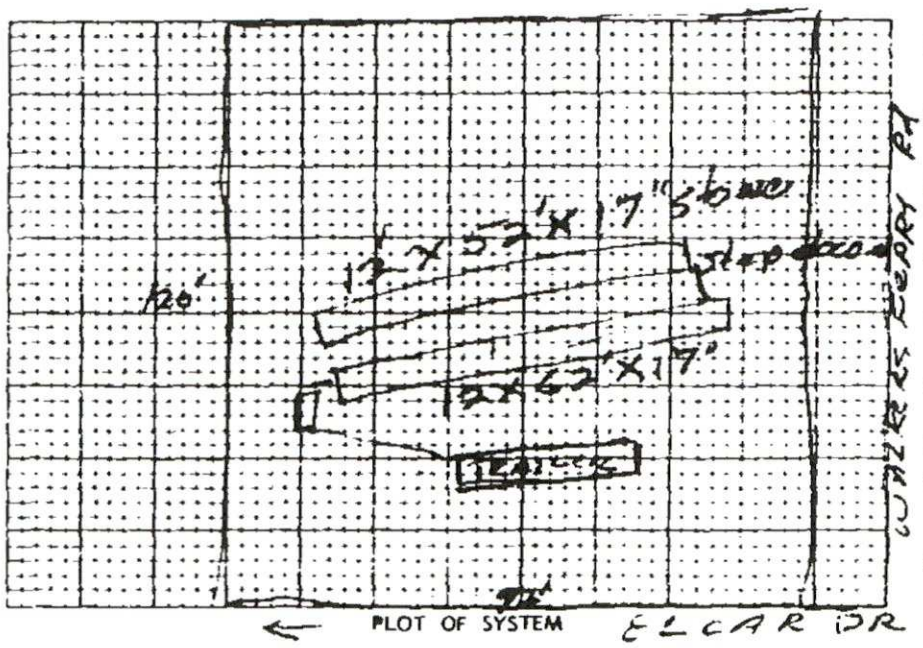
Date Issued 8-16-79

T. C. No 113-174-01

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 15483 dated 4-26-79 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 9-16-79, after which date this permit shall be null and void.



Permeability Rate P/S

Liquid Capacity of Tank 1500

Tank Construction P/C

Absorption and or Nitrification Lines

Total Line Length 455'

Number of Lines 4

Distance from House 10'+

Distance from Property Line 10'+

Distance from Well COMM WELL

NAME OF OWNER W. K. MAUNEY, JR.

LOCATION OF PROPERTY ELCAR DR. (off WALKER FERRY 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.

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.

_____ Marshall Edwards

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 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's Copy

Serial 3272

Date Issued 10-8-79

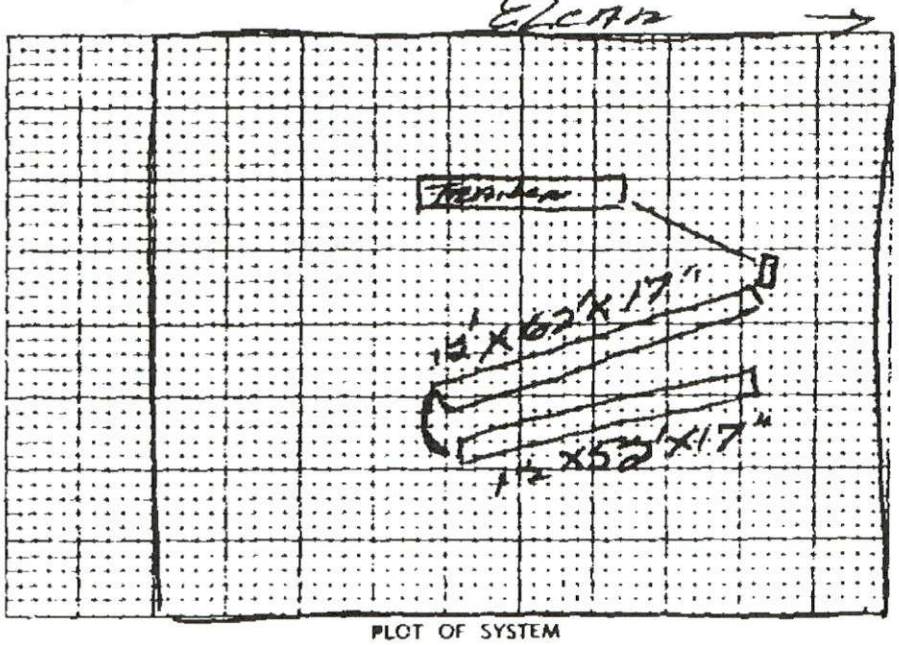
ICAR(S) Permit No. 15483

T. C. No. 13-174-01

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 15483, dated 4-26-79 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 11-8-79, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P/S

Liquid Capacity of Tank 1500

Tank Construction P/C

Absorption and/or Nitrification Lines

Total Line Length 455'

Number of Lines 4-4

Distance from House 10'+

Distance from Property Line 10'+

Distance from Well Comm Water

NAME OF OWNER W. K. Maxey, JR.

LOCATION OF PROPERTY Elcan DR.

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.

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 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's Copy

Date Issued 10-8-79 Serial 3094 C of A (s) No. 15483

T C. A13-17401

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

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

Name of Owner Mauney, Jr. W (LAST, FIRST) H (MIDDLE)

Location of Property Elcan DR.

Application Number 15483 Permit Number 15483

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 455 Number of Lines 4-4

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source Comm water Distance from Water Source 10'+

Excavation Inspected 10-8-79 (DATE) Tank Inspected 10-8-79 (DATE)

Nitrification Field Inspected 10-8-79 (DATE)

Washing Machine Line Inspected, if Applicable N.A. (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

Marshall Edwards
Environmentalist

EHD-5-76

Environmental Health Department's Copy