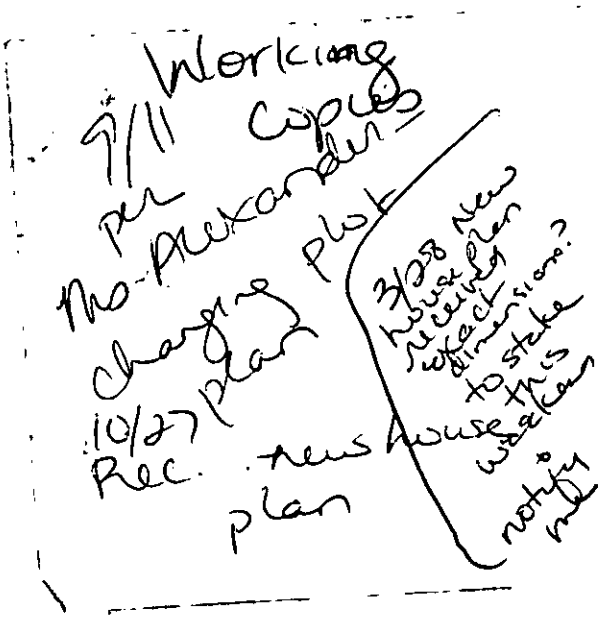


PROPERTY NOW A PART OF IREDELL COUNTY

9/4/08

marliwr

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


Working
9/11 copies
per
Mo-Alexander
charging plot
10/27 plan
Rec. new plan
3/28 new
House plan
received
with
dimensions?
to stake
this
with
&
notify
MC

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd #150 10/19/95 K.# 09235 ☐ CRT

2/215

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: ~~[illegible]~~ HYMAN, PARKER & DETCHEMENDY, DUTCH
NAME: (last) (first) (mi)
ADDRESS: C 21 HEATH 19300 STATESVILLE RD PHONE: 704 892 6556
CITY: DAVIDSON STATE: NC ZIPCODE: 28036

Date: 10/18/95

PROPERTY OWNER: LONG LINDELL A
NAME: TUTTEROW DONALD R
(last) (first) (mi)
ADDRESS: 244 N. PARAHAM RD PHONE: 803 831-0293
CITY: CLOVER STATE: SC ZIPCODE: 29710

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-382-71
STREET ADDRESS: 21639 CLAIBORNE DR
ZONING: CMECH NECH LA NORMAL R3

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres): .69139

TYPE APPLICATION (check one):
☐ 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) Daylight basement - Driveway to side of home
☐ 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) ☒ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 3

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)
☐ 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: [signature] Date: 10/18/95

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.

...11/9/95 OSV.
11/10/95 Pcubb Dutch. Basement w/ Sgar Daylight basement. Garage in basement - entry to side of other.
93 OSV w/Janet Faulkner Hymans - to notify me when they wish to pursue I.P.

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

N/C
Never came to sign for I.P. Agreement form on file. Need new Owners acknowledgement & new application

Environmentalist Date

Director or Authorized Section Head Date

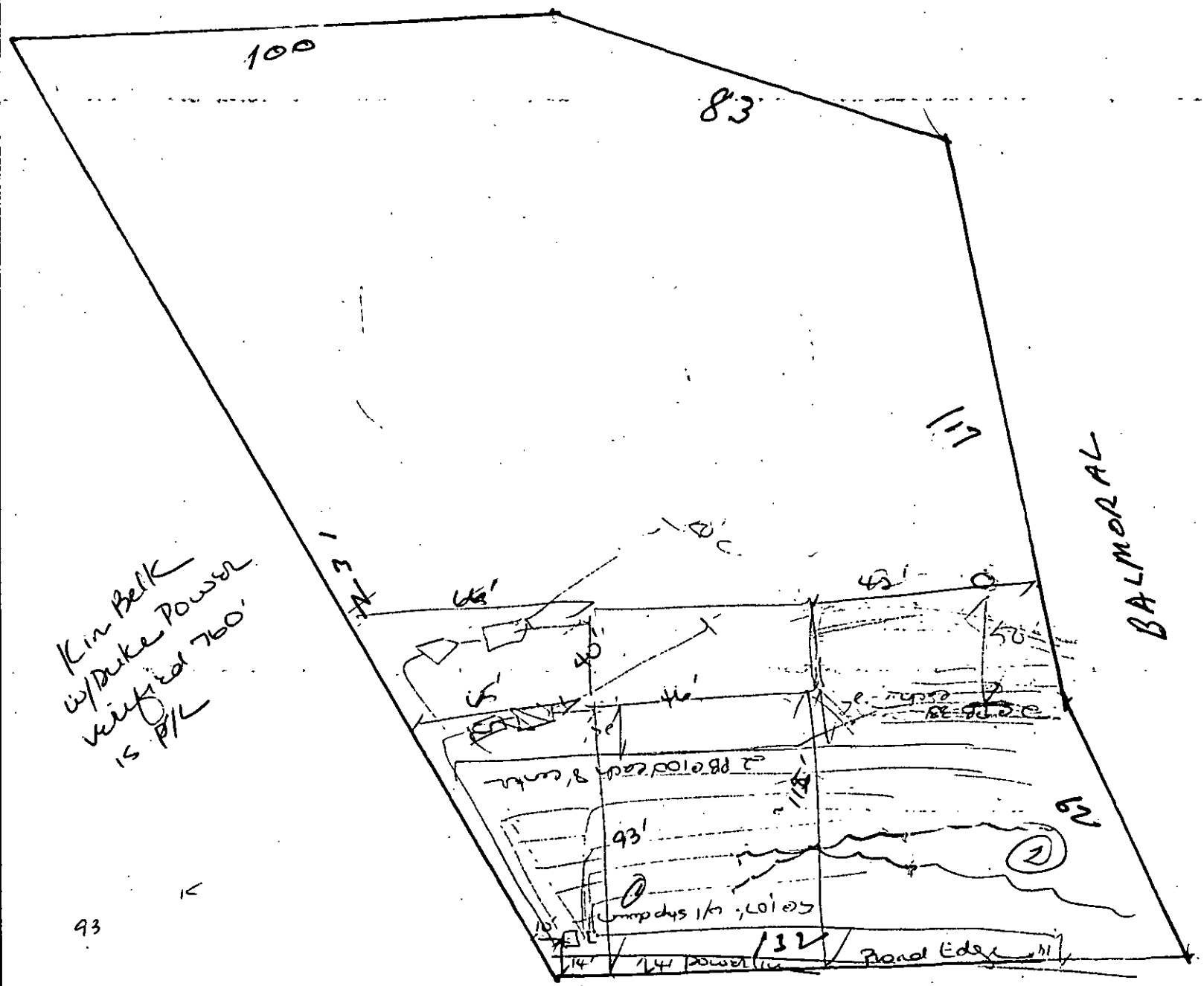
WATER 122791

left new application - owner advised for Use ON-SITE visit needed

File # 21215 COPY

001-382-71

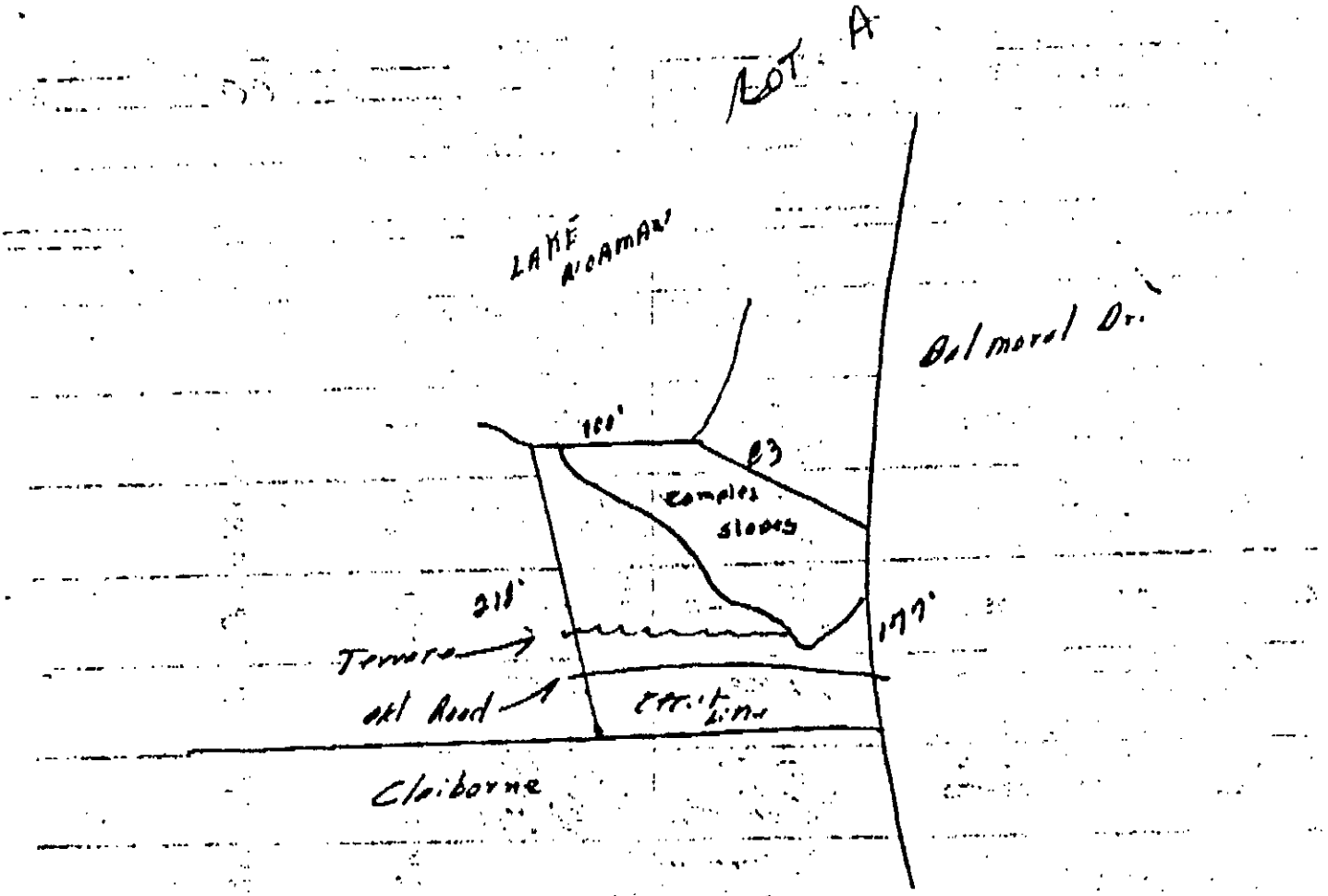
LANE NORMAN



001382-71

21639 CLAIBORNE DR

Bill - this old sketch may help



DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 21315

T.C. NO. PC 01-302-47

(Ground Absorption Sewage Disposal)

OWNER: Charles A. Austin
ADDRESS: 307 Coulwood Dr. Charlotte, N.C. 28214

PLAT NO: 2744 Sect. 6
LOT SIZE: 30,186 sq ft

LOCATION OF SITE: Chilhowee Dr. & Belmead

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S 2-10% PS U	S Complex PS slopes & Terraces 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 230" U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S PS 736" U	S PS 230" U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S 736" PS To ground water U	S Fairly PS Slow U	S PS U	S PS U
7. OTHER (Specify)	S Somewhat PS Limited U Area	S PS U	S PS U	S PS U
8. SOIL GROUP	IVA	IVA		
9. SITE CLASSIFICATION	Provisionally Suitable	unsuitable		
10. SOIL SERIES	Cecil Like	Pumpkin Slopes		

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: Somewhat limited area - recommend plans for pump system & well locations be submitted

Described by: William A. Mullin
Title: Soil Specialist

Date: 8-27-86

Limited area -
lot has good
Depth soils

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

File 21215 #1

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___
001-302-01

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Lindell Long, Donald Tuttrow APPLICANT: ___
ADDRESS: 244 N. Parham, Clover, SC APPLICATION DATE: ___ DATE EVALUATED: 11-3-4
PROPOSED FACILITY: Residence PROPOSED DESIGN FLOW (.1949): 480 gpd PROPERTY SIZE: .69
LOCATION OF SITE: 21639 Claiborne PROPERTY RECORDED: ___
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	1940 LAND-SCAPE POSITION/ SLOPE %	HORI-ZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROF CLA & LT
1	LS 4%	0-17"	sc1/sBK	SEXP/Fr/ss/SP	No Chroma 2 observed To 51"	51"	N/A	None	.39/ clay PS
		17-51"	C/sBK	SEXP/Fr-Fi/s/P					
2	LS 4-6%	0-50"	C/sBK	SEXP/Fr-Fi/s/P	No Chroma 2 observed To 50"	50"	N/A	None	.39/ clay LTR
			C/→ clay in	loam					
			17"						
3	old Acad	0-3"	sc/sc1/sBK	SEXP/Fr/ss/SP	No Chroma 2 observed To 45"	45"	N/A	None	.39/ clay LTR
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	limited	limited
System Type(s)		

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: W. R. Mauldin
OTHER(S) PRESENT: ___

OMMENTS:

LEGEND

use the following standard abbreviations

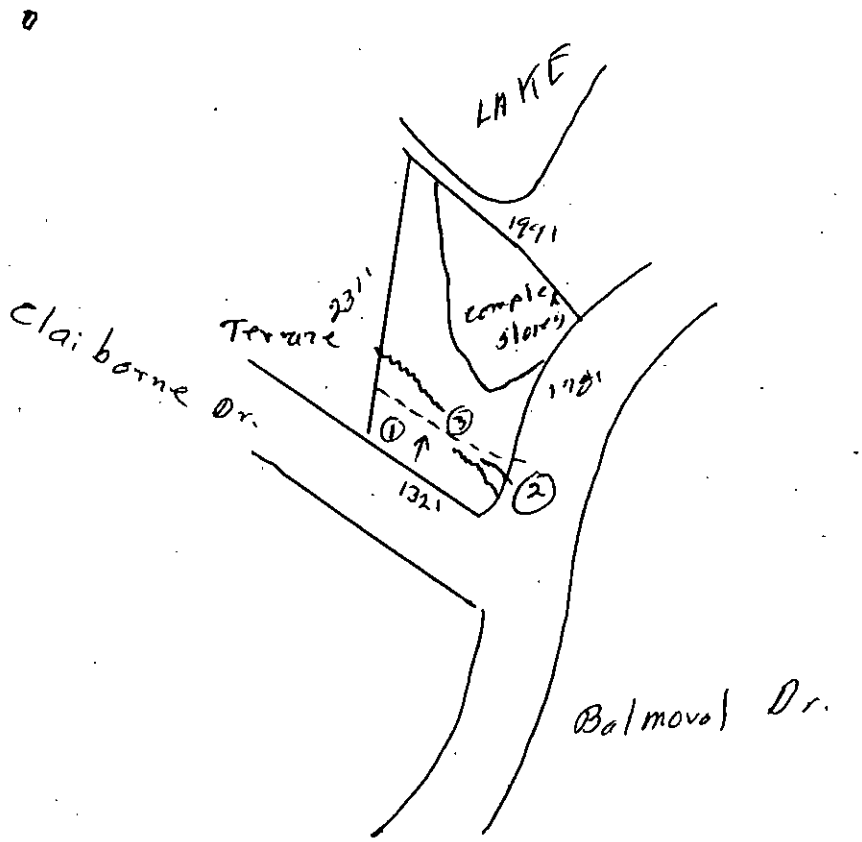
LANDSCAPE POSITION	GROUT	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
(Drainage Way)					EXP (Expansive)	CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
S (Foot Slope)						ABK (Angular Blocky)
(Head Slope)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SICL (Silty Clay Loam)				PR (Prismatic)
(Nose Slope)		CL (Clay Loam)			MOIST	WET
(Ridge)		SCL (Sandy Clay Loam)				
(Shoulder Slope)		SiC (Silt Loam Clay)			VFR (Very Friable)	NS (Non-sticky)
(Terrace)	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SIC (Silty Clay)			FI (Firm)	S (Sticky)
					VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None		EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

OTES

ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.
ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



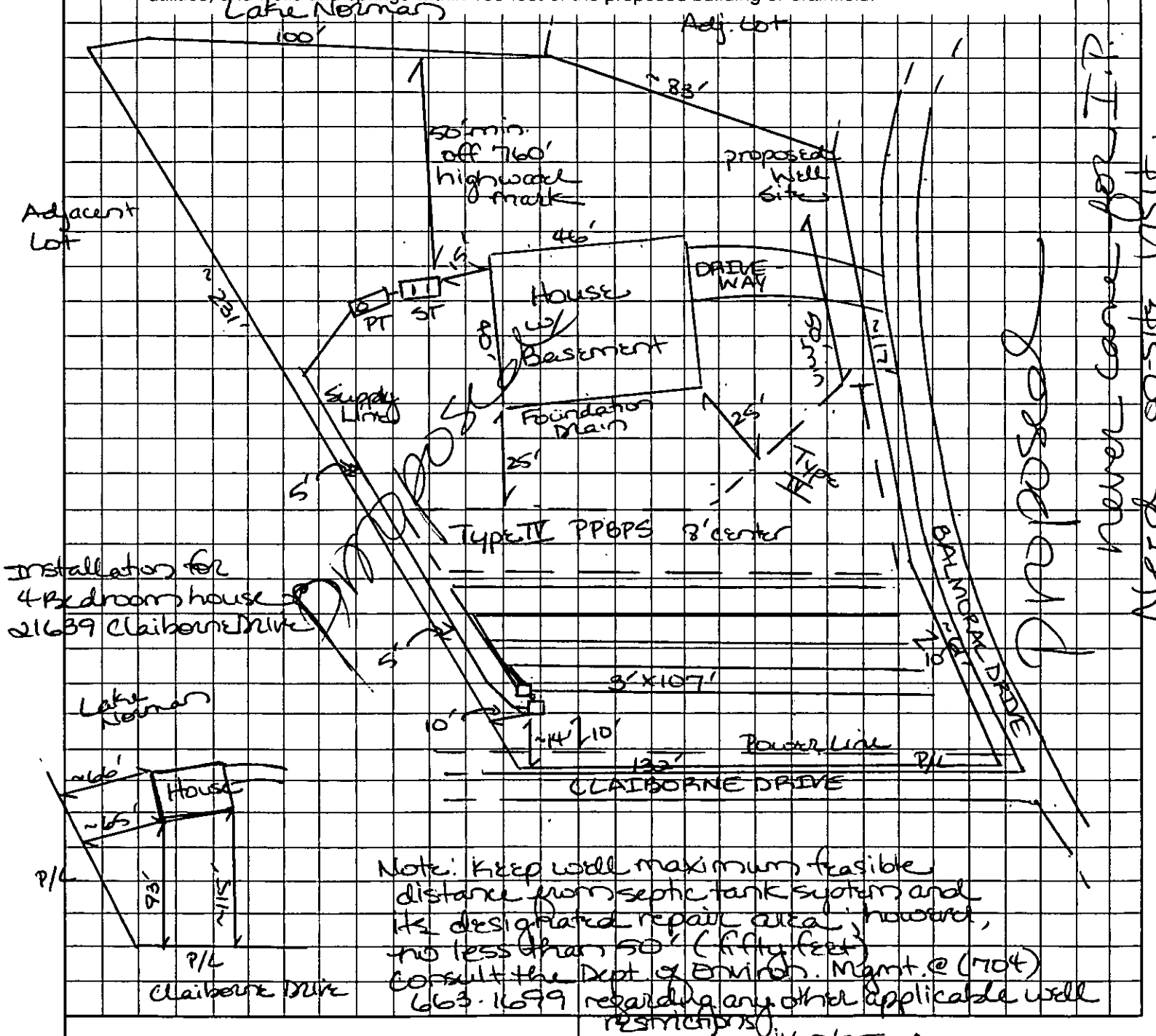
~~PROPOSED~~ PLOT PLAN

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

FILE: 21215

TC: 001-382-71

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.



OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE 11/27/95 jbm

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 2125 Tax Number: 001-382-71

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	✓ Yes	___ No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

3 Long-term acceptance rate	480 Max gallons/day wastewater flow	1605 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
yes Serviced by private well	1500 Gallon septic tank	535 Total trench length (ft)	38" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
4 Bedrooms in residence	1000 Gallon pump tank	12" Depth of stone	

Any surface waters present: yes Type: Lake Norman (R) Minimum separation distance: 50' off 760' high water mark

Site modifications required:

Additional Conditions: 100% repair. See classification form + owners ackno. on file. Do not disturb/grade area for septic system + its designated repair area. Well shall be maximum possible distance from septic tank system and its designated repair area; however, no less than fifty feet (50')

Repair Area System Type Type (circle one): I II III (IV) V VI	___ Conventional ✓ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	✓ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

798 Absorption Area (Sq ft) 266 Total Trench Length (Ft)	NA Depth of Stone Trench sand - per manufacturers specifications	8' Trench spacing (min. on centers)	33" Maximum Trench Depth

For existing system, enter the year originally installed: NA

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 Sewage, 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 Improvement permit is transferable.

proposed - never came for I.P.

DEHNR Authorized Agent Date Owner/Agent Signature Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Need on-site visit

IWWS:100195

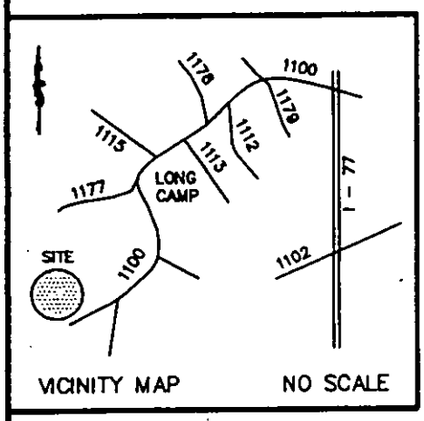
File 21215

DAS DON ALLEN & ASSOCIATES, P.A.
ENGINEERING • SURVEYING • PLANNING
933 Brawley School Rd. • Mooresville, N.C. 28115
(704) 664-7029 (704) 664-8041 Fax

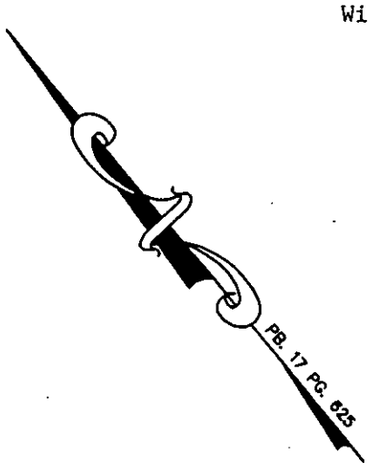
I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 5003, page 744, and/or plat book 17, page 625, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 27, day of NOVEMBER, A.D. 19 95.

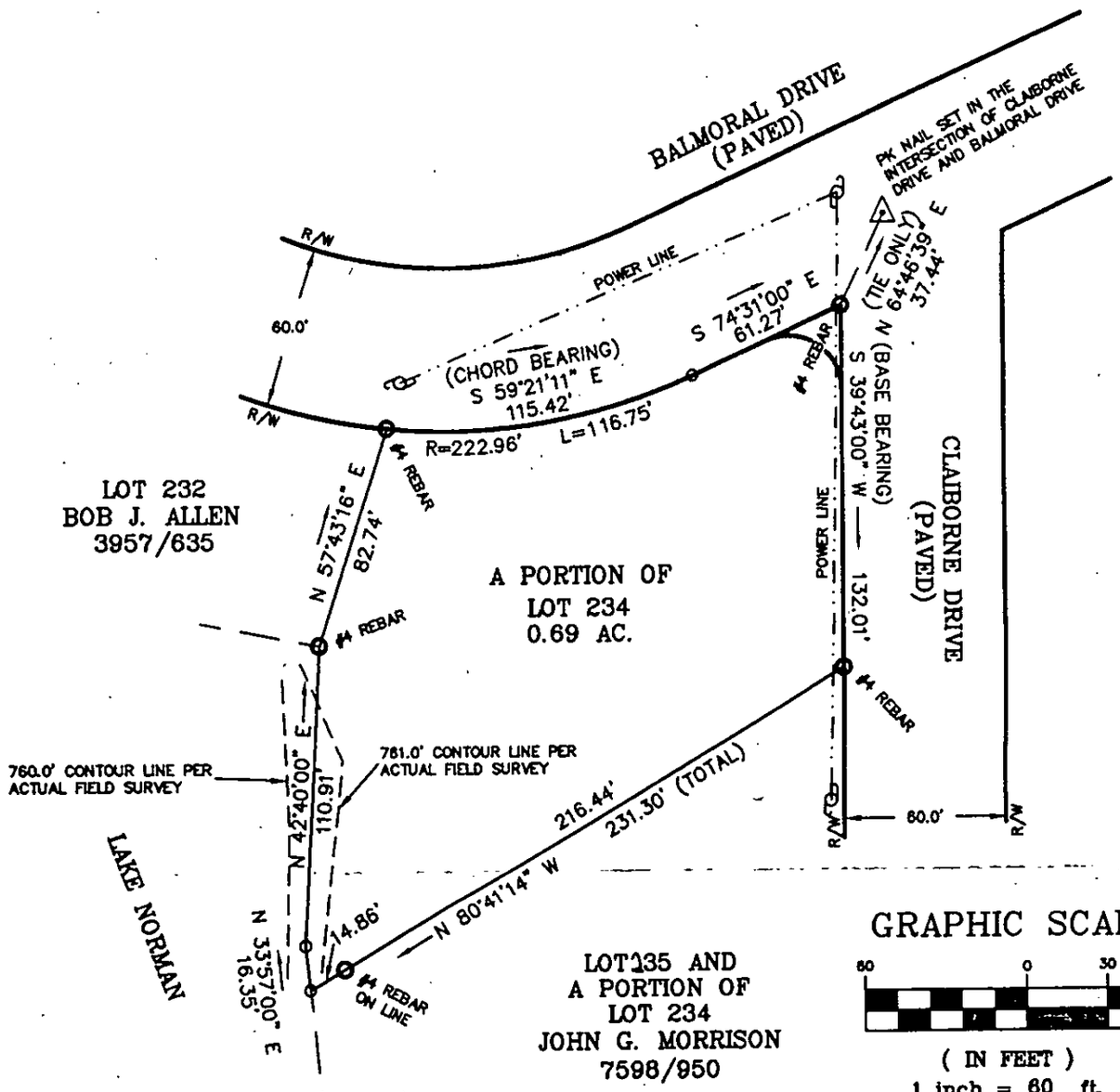
William M. Allen, PLS

NORTH CAROLINA REGISTERED SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN



VICINITY MAP NO SCALE





GRAPHIC SCALE

60 0 30 60

(IN FEET)

1 inch = 60 ft.

NOTES

1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENT AND/OR RIGHTS-OF WAYS OF RECORD.
2) AREA COMPUTED BY THE COORDINATE METHOD.
3) EXISTING 760 & 761 CONTOUR ELEVATION BASED ON LAKE NORMAN LAKE LEVEL AT COWAN'S FORD DAM (READING ON NOV. 22, 1995) ELEVATION: 757.1'

LEGEND
P.P. = POWER POLE
= DUKE POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
W = WELL

BOUNDARY SURVEY

OF
21639 CLAIBORNE DRIVE
A PORTION OF LOT 234 CRESCENT LAND & TIMBER CORP. (SECT. 6)
LEMLEY TWSP., MECKLENBURG CO., N.C.
EDWARD P. & REBECCA B. HYMAN

SCALE 1" = 60'
ACQUIRED BY:

FIELD BOOK: 105
FILE: 2364511
TAX MAP NO: 001-382-71

IREDELL COUNTY

MECKLENBURG COUNTY

LAKE NORMAN

LINCOLN COUNTY

MECKLENBURG COUNTY

OU - 382 - 46

16 119 Belmont 2057

591

591

1041 1041

LAKE NORMAN

SEE 001-271-14 FOR DUKE POWER CO. ACREAGE UNDER WATER.

PG. 35

MT. JOY LN

MISTY COVE

BLARNEY RD

LAUREL HEDGE LN

COTTAGE GROVE LN

CLAIBORNE DR

BALMORAL DR

BINNS RD

ROCKSPRING RD

TUSKAROORA TRAIL

ESTES R

ROAD # 2153

CHES

383

382

381

384

1.4AC (CA)

7.84 AC (CA)

7.6AC (CA)

ALL LOTS IN SECTION 6

TAX LINE MAP BOOK 01 PAGE 38

MECKLENBURG COUNTY, NORTH CAROLINA

REVISED 3-29-95 NS | SCALE 1"= 400'

IN SECTION 6

TAX LINE MAP BOOK 01 PAGE 39

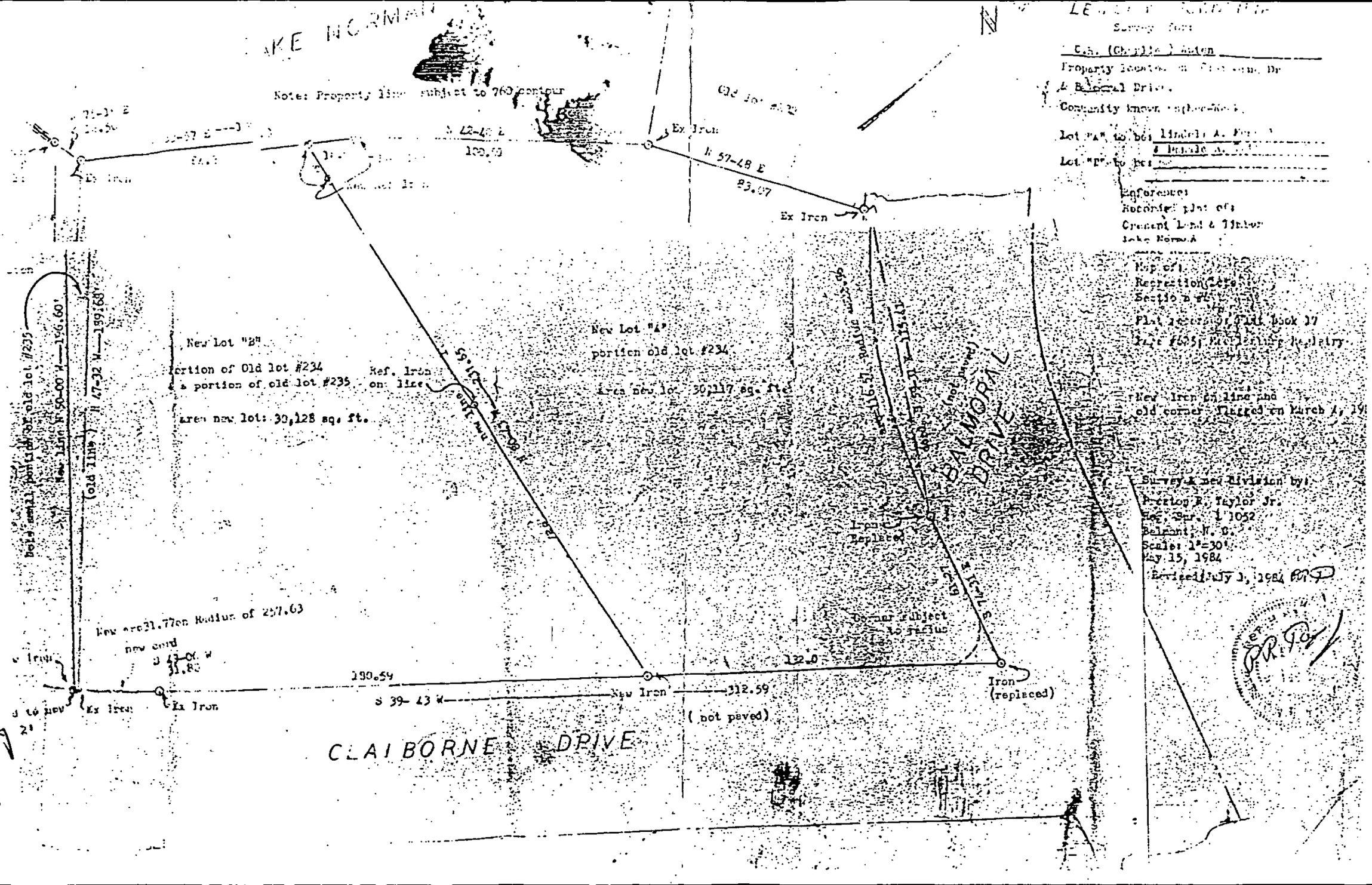
MECKLENBURG COUNTY, NORTH CAROLINA

REVISED 01-09-95 BK | SCALE 1" = 400'

PG. 39

FOR TAX PURPOSES ONLY

003


LAKE NORMAN
Note: Property line subject to 760 contour
Old lot #235
Old lot #234
Ex Iron
N 57-48 E
83.07
Ex Iron
S 42-48 E
100.00
New Lot "B"
portion of Old lot #234
& portion of old lot #235
Area new lot: 30,128 sq. ft.
Ref. Iron on line
New Lot "A"
portion old lot #234
Area new lot: 30,117 sq. ft.
Old line
New line N 50-00 W — 196.60'
N 47-32 W — 199.68'
Old small portion of old lot #235
59.15'
N 57-08 E
Iron Replaced
S 57-08 W
115.51'
BALMORAL DRIVE
(not paved)
New Iron on line and old corner flagged on March 1, 19
New arc 31.77 on Radius of 257.63
new cord
S 43-01 W
31.80
Do not subject to radius
132.0
190.54
S 39-43 W
New Iron
312.59
Iron (replaced)
Ex Iron
Ex Iron
(not paved)
CLAIBORNE DRIVE
Lot "A" to be Lindell A. [illegible]
& Pamela A. [illegible]
Lot "B" to be [illegible]
Reference:
Recorded plat of:
Crescent Land & Timber
Lake Norman
Map of
Recreation Area
Section [illegible]
Plat recorded in Plat book 17
Page [illegible] Mecklenburg Registry
Survey & new division by:
Preston R. Taylor Jr.
Reg. Sur. L 1052
Belmont, N. C.
Scale: 1"=30'
May 15, 1984
Revised July 3, 1984
PRT
PRT
TO JANET KNOTT

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

FILED FOR REGISTRATION 12/14/95 09:19
BK: 08395 PG: 0860/0863 $:0032 14.00

FILE # 21215
PARCEL # 001-382-71

The undersigned, Lindell Long and Donald R. Totterow, owner of property located at 21039 Claiborne Dr. Mooresville, NC, (the "site") and described in an instrument recorded in Book 5003 at Page 744, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following conditions will apply to the site:

- Any changes on the property may make the Improvement Permit Null and void and may make the Improvement Permit subject to revocation.

This instrument was prepared by: Mecklenburg County Health Dept.
Mail after recording to: THOMAS, GODLEY & CHILDERS
409 MAIN ST. - MOORESVILLE, NC 28115

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 8th day of December, 1995

_____ (Corporate Name)

By: _____

_____ President

ATTEST:

_____

_____ Secretary

(Corporate Seal)

Lindell Long (SEAL)
LINDELL LONG

_____ (SEAL)

Donald R. Tutterow (SEAL)
DONALD R. TUTTEROW

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF IREDELL

I, Gina M. Baker, a Notary Public for said County and State, do hereby certify that Lindell Long and Donald R. Tutterow personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 8th day of December, 1995.

Gina M. Baker
Notary Public

My Commission Expires:
11-12-97

GINA M. BAKER NOTARY PUBLIC IREDELL COUNTY, N.C.

RBCWM:24751_1/8-30-95

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day and acknowledged that he is _____ Secretary of _____ _____, a North Carolina corporation, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal and attested by _____ as its _____ Secretary.

WITNESS my hand and notarial seal, this _____ day of _____, 199__.

_____
Notary Public

My Commission Expires:

_____

State of North Carolina, County of Mecklenburg

The foregoing certificate(s) of Gina M. Baker

Notary(ies) Public is/are certified to be correct.

This 14th day of December, 19 95.

JUDITH A. GIBSON, REGISTER OF DEEDS

By: _____ Deputy Register of Deeds

RBCWM:24751_1/8-30-95

TRANSFER OF OWNERSHIP

Permit #:_____
Job Location Information:
Tax Parcel #:_____
Street Address:_____
_____

An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change or if information submitted in this application is falsified or changed.

Property Owner Improvement Permit Originally Issued to:

Name:_____ Date Issued:_____
(last) (first) (mi)

Address:_____
City:_____ State:_____ Zip:_____
Daytime Phone: ( )____-_____

IMPROVEMENT PERMIT TRANSFERRED TO:

Name:_____
(last) (first) (mi)

Address:_____
City:_____ State:_____ Zip:_____
Daytime Phone: ( )____-_____

The undersigned, owner or legal agent for the owner, of the property described as the "job location" in the original application dated _____ has read the foregoing application and Improvement Permit, 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:_____ Date:_____

IMPROVEMENT PERMIT TRANSFERRED TO:

Name:_____
(last) (first) (mi)

Address:_____
City:_____ State:_____ Zip:_____
Daytime Phone: ( )____-_____

The undersigned, owner or legal agent for the owner, of the property described as the "job location" in the original application dated _____ has read the foregoing application and Improvement Permit, 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:_____ Date:_____

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

OWNER'S ACKNOWLEDGMENT OF MODIFIED/ALTERNATIVE REPLACEMENT SYSTEM REQUIREMENT

Site Address: 21639 CLAIBORNE DR MOORESVILLE NC

File Number: 21215

Parcel Number: 001-382-71

~~Owner~~/Agent Name: DUTCH DETCHEMENDY
(Please print)

Date: _____ Number of Bedrooms: 4

Receipt of the plan and specifications for a conventional system of sewage disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15A NCAC 18A .1900 - "Sewage Treatment and Disposal Systems." The plan as submitted is disapproved because there is not sufficient available space for a repair area for a conventional replacement system.

This site may be developed if the repair area is found to be acceptable for either a modified system (Rule .1956) or an alternative system (Rule .1957) for the replacement system as allowed by the following Rule 15A NCAC 18A .1945(b).

(b) Sites shall have sufficient available space for a repair area separate from the area determined in Paragraph (a) of this Rule. The repair area shall be based upon the area of the nitrification field required to accommodate the installation of a replacement system as specified in Rule .1955, .1956, or .1957 of this Section. Prior to issuance of the initial Improvement Permit for a site, the local health department shall designate on the permit the original system layout, the repair area, and the type of replacement system.

Please be advised that you have the right of an informal review by this Department and the right of appeal under G.S. 130A-335(g) and 130A-24, which appeal can be held in Mecklenburg County.

By signing this form, and signing and recording in the Mecklenburg County Register of Deeds Office the attached reclassification form entitled, **WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c), or .1969,** you the property owner, understand and acknowledge your option to develop this site initially with a

conventional sewage system and when needed, subsequently to repair or replace said system with a modified or alternative system as described in Rules .1956 "Modification to Septic Tank Systems," or .1957(a), (b), or (c) "Design Criteria for Design of Alternative Sewage Systems." The completed reclassification form must be approved by this office before it can be recorded.

In addition, you the property owner, also understand that the following conditions will apply:

- Any changes on the property may make the Improvement Permit null and void and may make the Improvement Permit subject to revocation.

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

_____ _____

Environmental Health Specialist Date

I have reviewed this document and understand its provisions and implications concerning the issuance of the Improvement Permit for the above-referenced site.

X Donald R Cutler 11-20-95

X _____ 11/26/95

Property Owner Signature Date

Need new owners to

700 North Tryon Street, Suite 211, Charlotte, North Carolina 28202,
(704) 336-5102

complete when I.P. issued.

Use

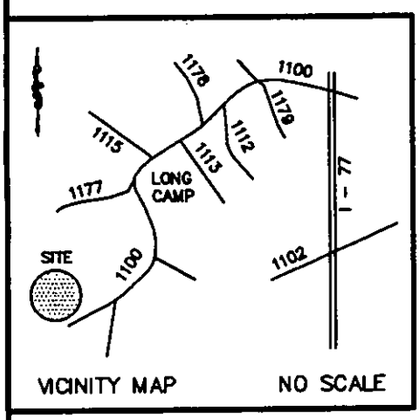
File 21245

DAS DON ALLEN & ASSOCIATES, P.A.
ENGINEERING * SURVEYING * PLANNING
933 Brawley School Rd. * Mooresville, N.C. 28115
(704) 664-7029 (704) 664-8041 Fax

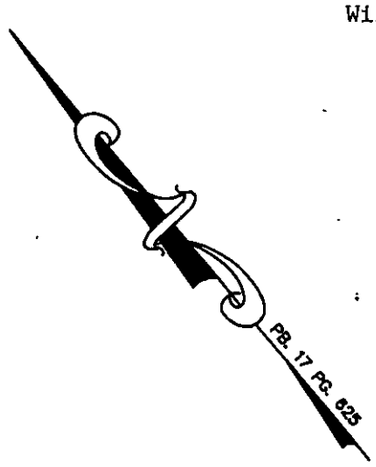
I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 5003, page 744, and/or plat book 17, page 625, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 27, day of NOVEMBER, A.D. 19 95.

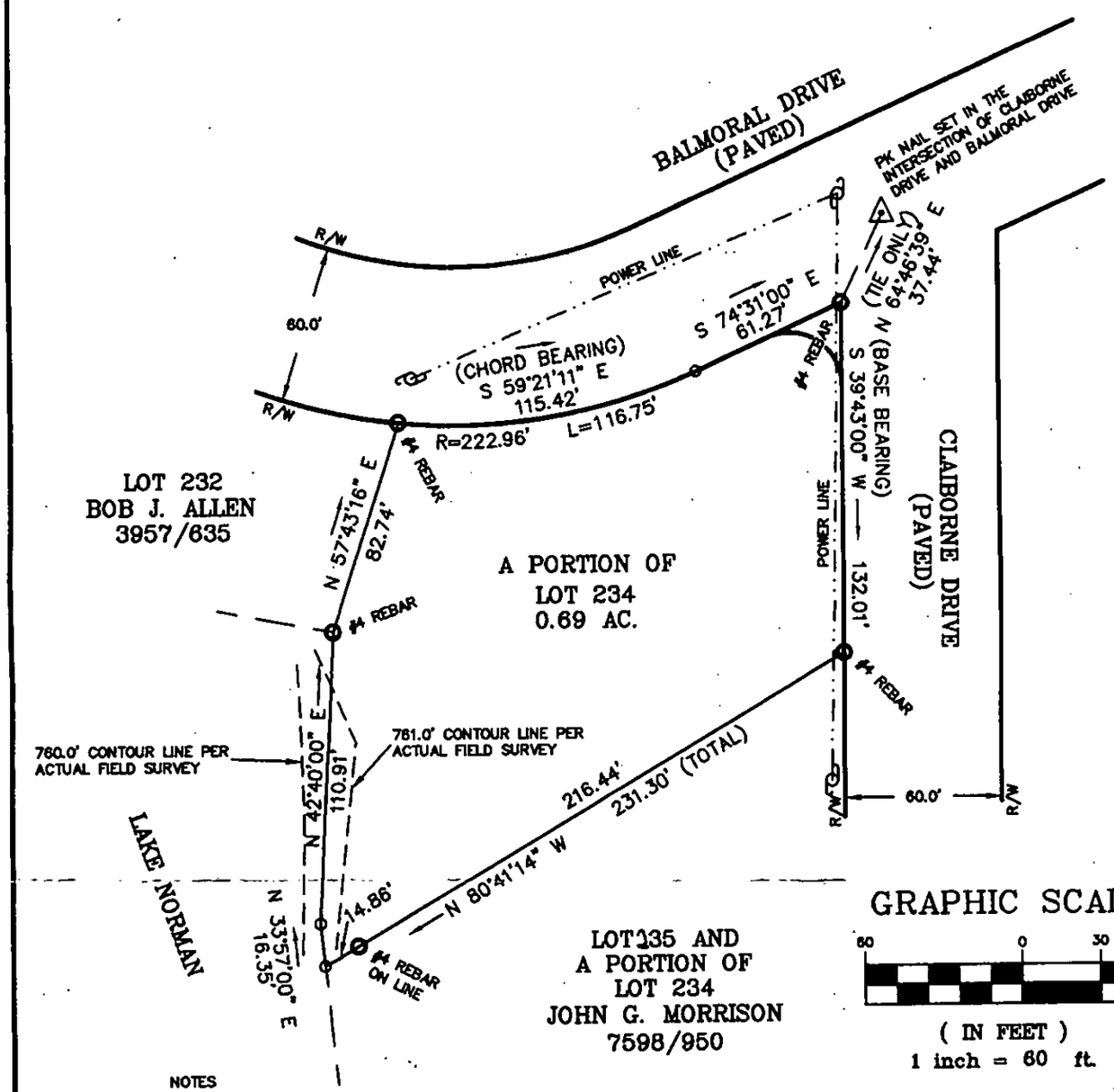
William M. Allen

NORTH CAROLINA REGISTERED SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN



VICINITY MAP NO SCALE





GRAPHIC SCALE

60 0 30 60

(IN FEET)
1 inch = 60 ft.

NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENT AND/OR RIGHTS-OF WAYS OF RECORD.
2) AREA COMPUTED BY THE COORDINATE METHOD.
3) EXISTING 760 & 761 CONTOUR ELEVATION BASED ON LAKE NORMAN LAKE LEVEL AT COWAN'S FORD DAM (READING ON NOV. 22, 1995) ELEVATION: 757.1'

LEGEND
P.P. = POWER POLE
DUKE POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
W = WELL

BOUNDARY SURVEY

OF
21639 CLAIBORNE DRIVE
A PORTION OF LOT 234 CRESCENT LAND & TIMBER CORP. (SECT. 6)
LEMLEY TWSP., MECKLENBURG CO., N.C.

SCALE 1" = 60'
ACQUIRED BY: EDWARD P. & REBECCA B. HYMAN

FIELD BOOK: 105
FILE: 2364511
TAX MAP NO: 001-382-71

JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 12/14/95 09:19
BK: 08395 PG: 0860/0863 #:0032 14.00

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

FILE # 21215
PARCEL # 001-382-71

The undersigned, Lindell Long and Donald R. Totterow, owner of property located at 21639 Clarke Dr. Mooresville, NC, (the "site") and described in an instrument recorded in Book 5003 at Page 744, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following conditions will apply to the site:

- Any changes on the property may make the Improvement Permit Null and void and may make the Improvement Permit subject to revocation.

This instrument was prepared by: Mecklenburg County Health Dept.
Mail after recording to: THOMAS, GODLEY & CHILDERS
408 MAIN ST. - MOORESVILLE, NC 28115

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 8th day of December, 1995

_____ (Corporate Name)

By: _____

_____ President

ATTEST:

_____

_____ Secretary

(Corporate Seal)

Lindell Long (SEAL)
LINDELL LONG

_____ (SEAL)

Donald R. Tutterow (SEAL)
DONALD R. TUTTEROW

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF IREDELL

I, Gina M. Baker, a Notary Public for said County and State, do hereby certify that Lindell Long and Donald R. Tutterow personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 8th day of December, 1995.

Gina M Baker
Notary Public

My Commission Expires:
11-12-97

G. M. BAKER NOTARY PUBLIC IREDELL COUNTY, N. C.


NOTARY PUBLIC

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day and acknowledged that he is _____ Secretary of _____ _____, a North Carolina corporation, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal and attested by _____ as its _____ Secretary.

WITNESS my hand and notarial seal, this _____ day of _____, 199__.

_____
Notary Public

My Commission Expires:

_____

State of North Carolina, County of Mecklenburg

The foregoing certificate(s) of Gina M. Baker

_____

_____

Notary(ies) Public is/are certified to be correct.

This 14th day of December, 19 95.

JUDITH A. GIBSON, REGISTER OF DEEDS

By: _____ Deputy Register of Deeds

RBCWM:24751_1/8-30-95

THOMAS, GODLEY & CHILDERS PLLC
ATTORNEYS AT LAW
408 N. Main Street • Mooresville, NC 28115

CHARLOTTE N.C. 282 1 MAR 1996 PM
MOORESVILLE N.C. 28115 03/01/96 MAR-1'96
PB METER 5421941 U.S. POSTAGE

Mecklenburg Co. Health Dept.
Attn: Lisa Mialik
700 N. Tryon Street - Suite 211
Charlotte, N.C. 28202

28202-2236 ii

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

File 21215 #1 $400

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___
001-382-01

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Lindell Long, Donald Tutterow APPLICANT: ___
ADDRESS: 244 N. Parham Clover, SC APPLICATION DATE: ___ DATE EVALUATED: 11-3-95
PROPOSED FACILITY: Residence PROPOSED DESIGN FLOW (.1949): 460 gpd PROPERTY SIZE: .69
LOCATION OF SITE: 21639 Claiborne PROPERTY RECORDED: ___
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTA
1	LS 4%	0-17"	sc1/sBK	SEXP/Fr/ss/SP	No Chroma 2 observed To 51"	51"	N/A	None	.39/FH clay P3
		17-51"	c/sBK	SEXP/Fr-Fi/s/P					
2	LS 4-6%	0-50"	c/sBK	SEXP/Fr-Fi/s/P	No Chroma 2 observed To 30"	50"	N/A	None	.39/FH clay LTAA
			c/→clay in 12"	lower					
3	old Road	0-3"	sc/sc1/sBK	SEXP/Fr/ss/SP	No Chroma 2 observed To 45"	45"	N/A	None	.39/FH clay LTAA
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	limited	limited
System Type(s)		

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): P3
EVALUATED BY: W. R. Mauldin
OTHER(S) PRESENT: ___

OMMENTS:

LEGEND

use the following standard abbreviations

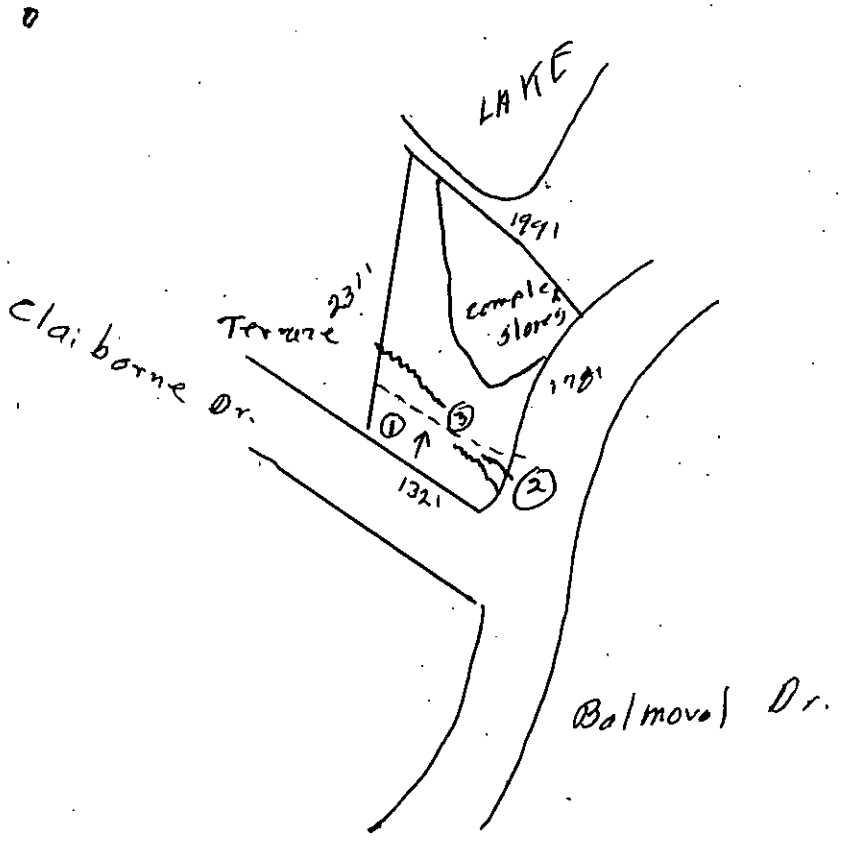
ANDSCAPE POSITION	GROUT	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
(Drainage Way)					EXP (Expansive)	CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
S (Foot Slope)						ABK (Angular Blocky)
(Head Slope)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SICL (Silty Clay Loam)				PR (Prismatic)
(Nose Slope)		CL (Clay Loam)			MOIST	WET
(Ridge)		SCL (Sandy Clay Loam)				
(Shoulder Slope)		SUC (Silt Loam Clay)			VFR (Very Friable)	NS (Non-sticky)
(Terrace)					FR (Friable)	SS (Slightly Sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FI (Firm)	S (Sticky)
		SIC (Silty Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None		EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

OTES

ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.
ong-term Acceptance Rate (LTAR): gal/day/ft²

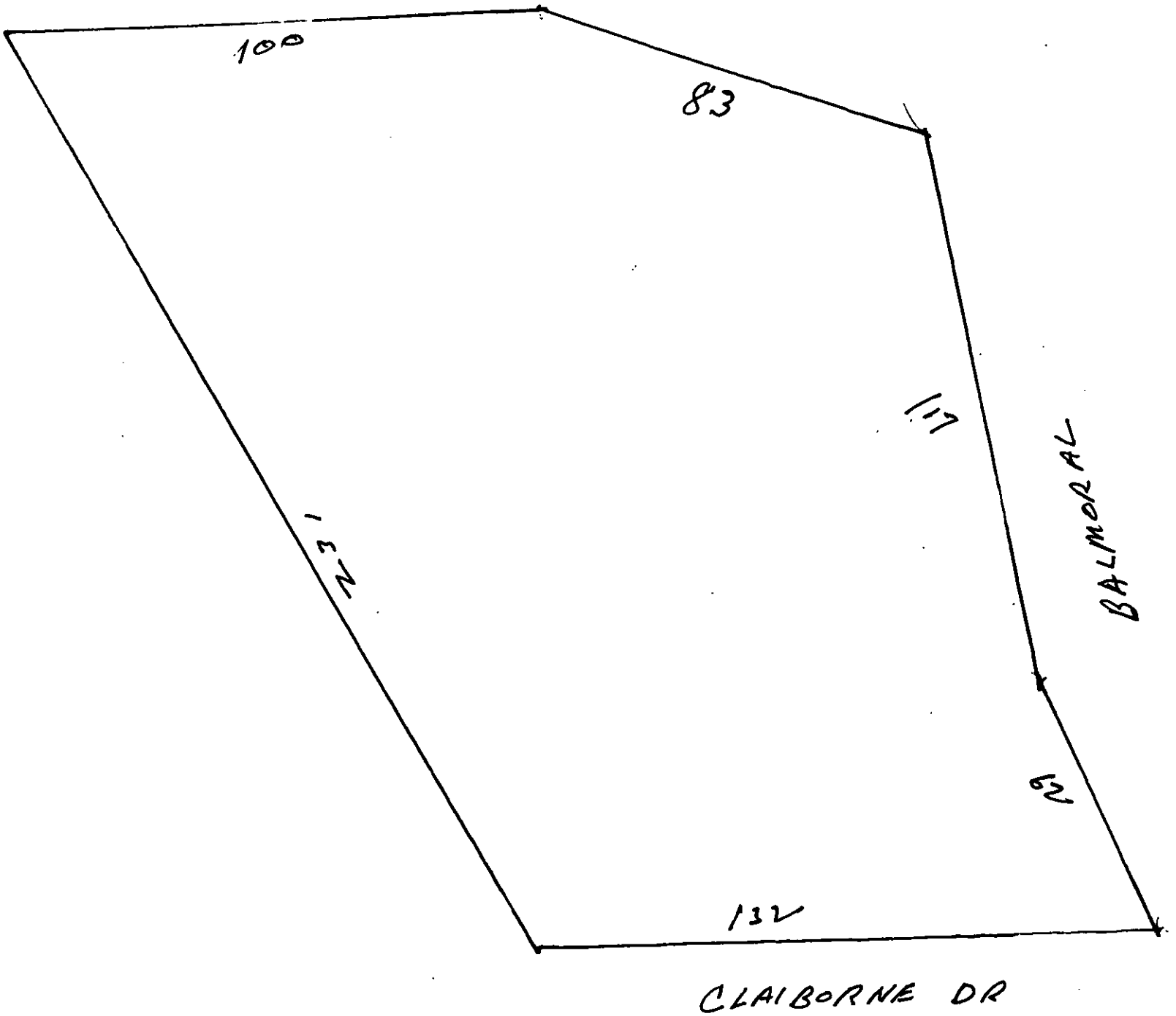
Show profile locations and other site features (dimensions, reference or benchmark, and North).



File # 21215

001-382-71

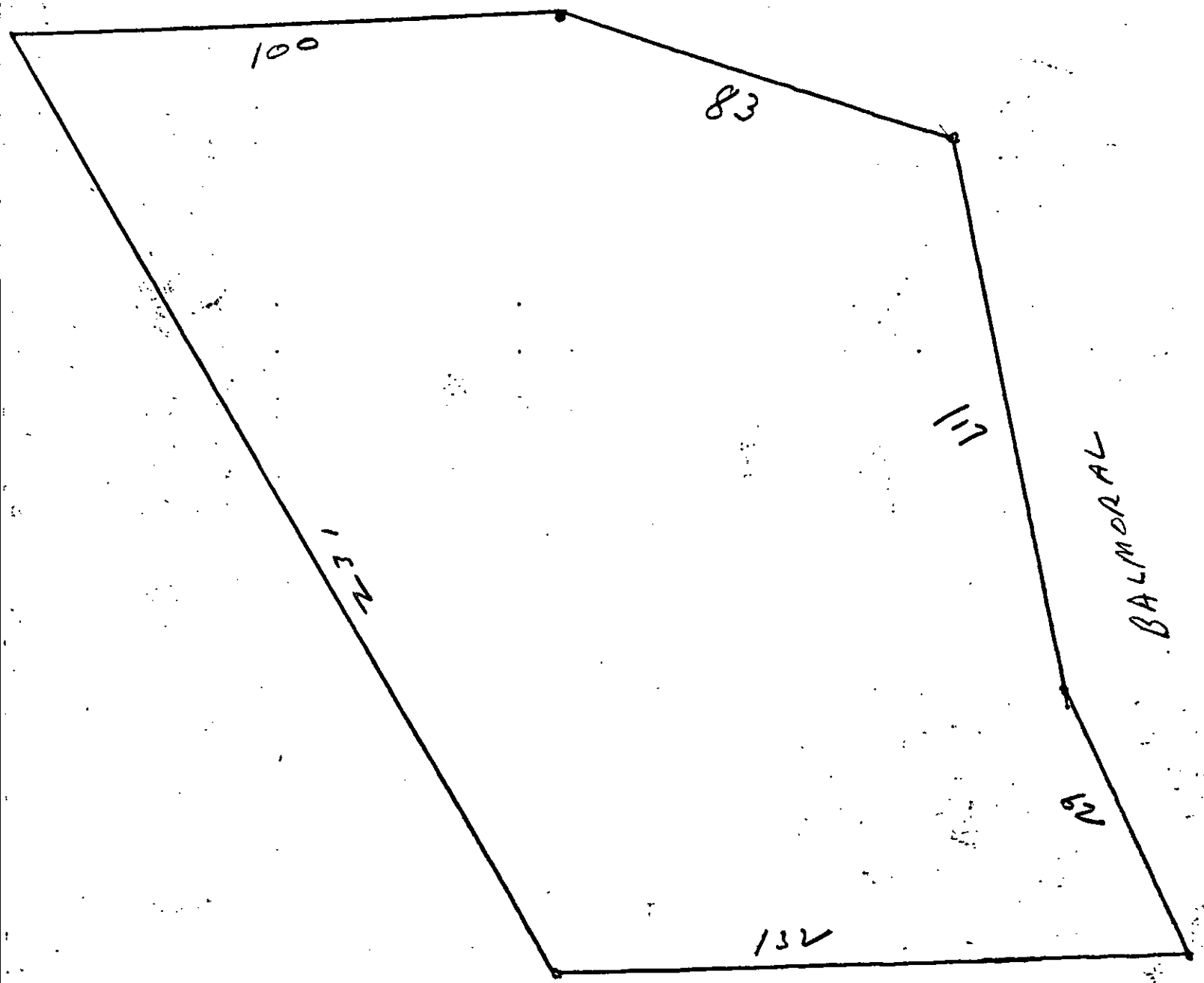
LANE NORMAN



001382-71

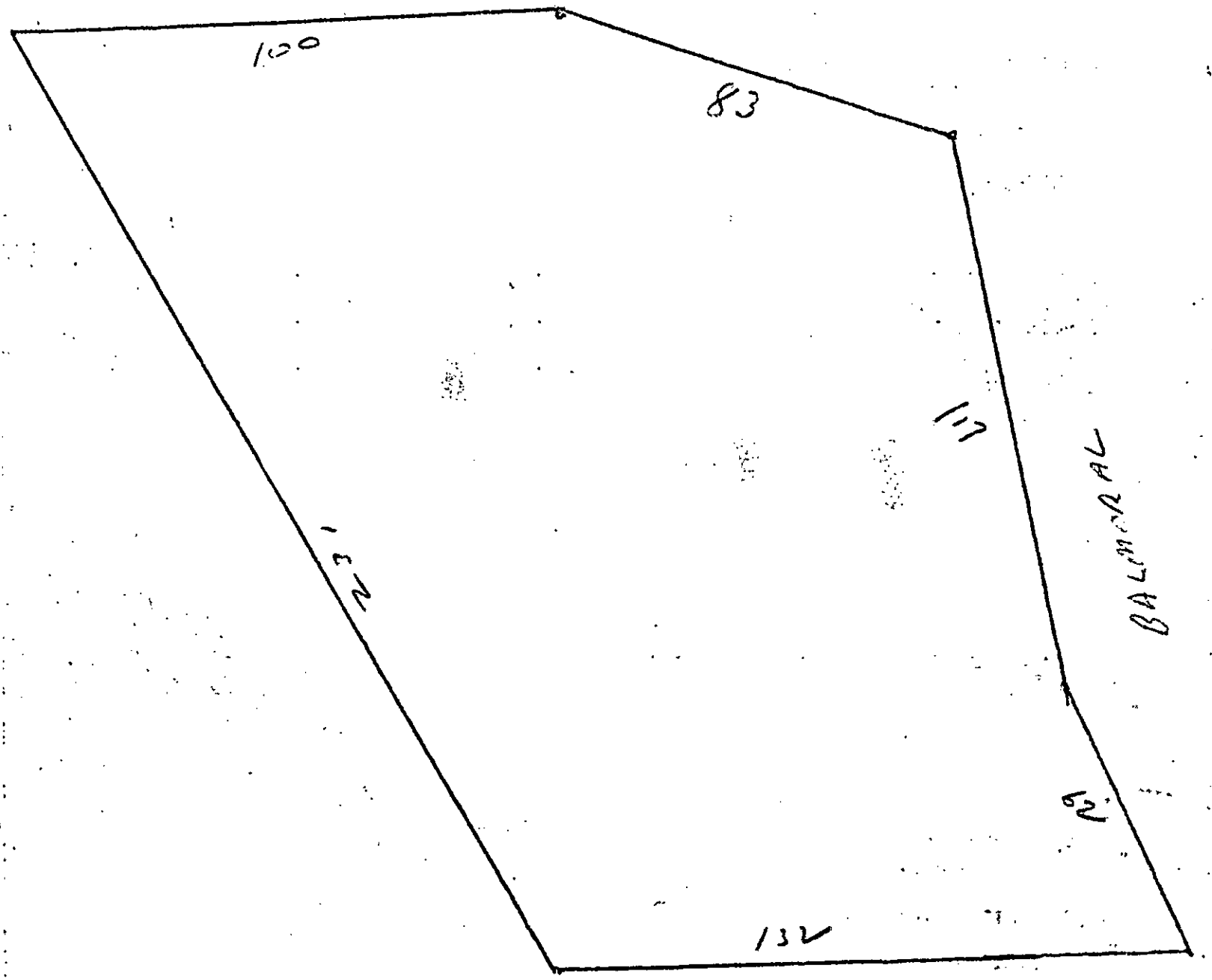
21639 CLAIBORNE DR

File # 21215
001-382-71
LANE NORMAN

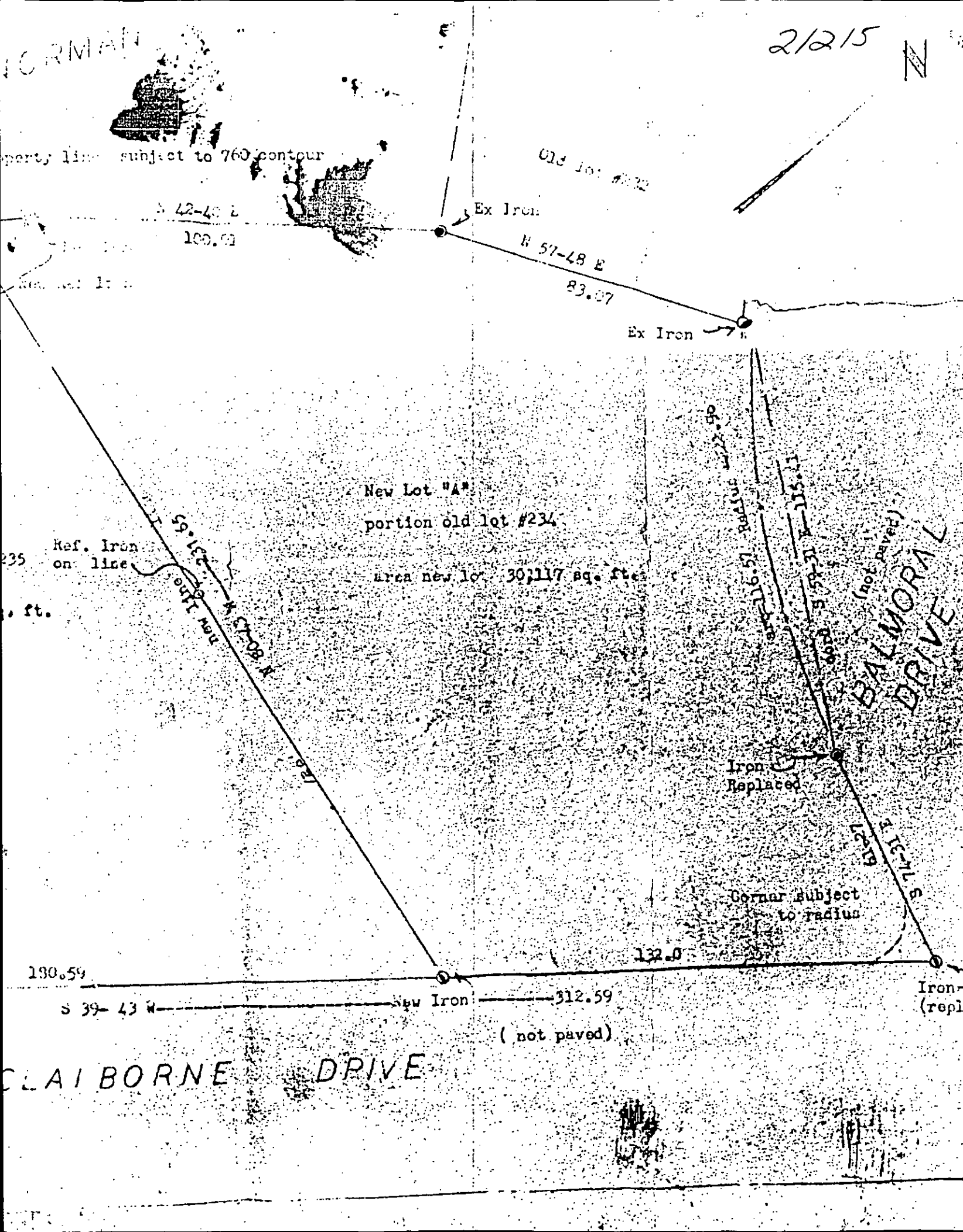


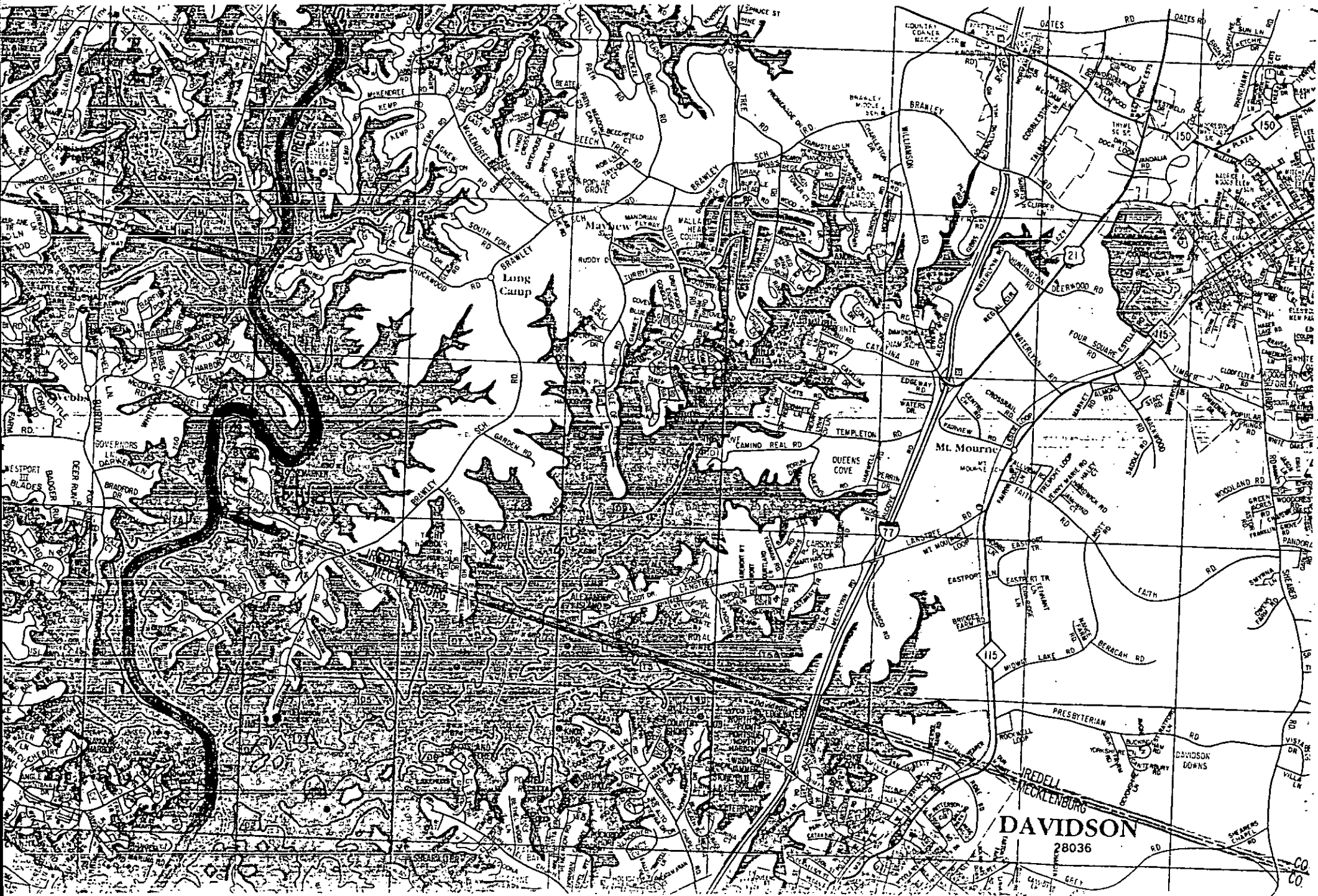
001382-71
21639 CLAIBORNE DR

F.I.C. 21215
001-382-71
LANE NORMAN



001-382-71
21639 CLAIBORNE DR


2125
N
property line subject to 760 contour
Old lot #232
S 42-48 E
100.00
Ex Iron
N 57-48 E
83.07
Ex Iron
New Lot "A"
portion old lot #234
Area new lot 30,117 sq. ft.
Ref. Iron
on line
235
. ft.
New Line
N 57-08 W
231.65
Iron
Replaced
Radius 16.57
S 75-55 E 115.11
S 14-31 E
61.21
Corner subject
to radius
132.0
130.59
S 39-43 W
New Iron
312.59
(not paved)
BALMORAL DRIVE
CLAIBORNE DRIVE


Long Camp
Mt. Mourne
DAVIDSON
28036
IREDELL
MECKLENBURG
BRAWLEY
SOUTH FORK RD
GARDEN RD
TEMPLETON
QUEENS COVE
EASTPORT
FAITH
DAVIDSON DOWNS
PRESBYTERIAN
BERACAH RD
MIDWAY LAKE RD
DEER RUN RD
WATERLYNN RD
OATES RD
BRAMLEY
77
115
21
150

Pd #150 10/19/95 K.# 0923 [] CRT

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

2125

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: ~~[redacted]~~ HYMAN, PARKER & DETCHEMENDY, DUTCH
NAME: (last) (first) (mi)
ADDRESS: C 21 HEIGHT 19300 STATESVILLE RD PHONE: 704 892 6556
CITY: DAVIDSON STATE: NC ZIPCODE: 28036

Date: 10/18/95

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-382-71
STREET ADDRESS: 21639 CLAIBORNE DR
ZONING: CMECK NECK LANDING R3

PROPERTY OWNER: LONG LINDELL A
NAME: TUTTEROW DONALD R
(last) (first) (mi)
ADDRESS: 244 N. PARAHAM RD PHONE: 803 831-0293
CITY: CLOVER STATE: SC ZIPCODE: 29710

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): .69139

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 (M)
[] 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: 4 NUMBER OCCUPANTS: 3
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)
[] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [X] 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: [signature] Date: 10/18/95

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