Date Received 5-7-84

SIR No. 21041

T. C. No. PO 155-251-22425

Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Bob McLemore Co INC
(LAST FIRST MIDDLE)

2) ADDRESS OF OWNER PO Box 25746 Charlotte NC ZIP 28212

3) PHONE NO. Home ——— Office 545-6111

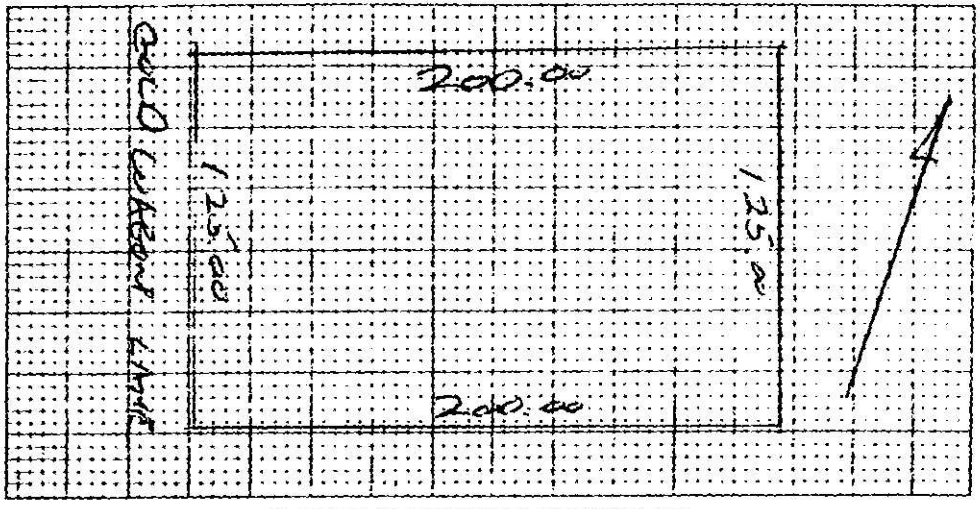
4) LOCATION OF PROPERTY 6110 Cold Wagon Lane
(STREET OR COUNTY ROAD)

5) SUBDIVISION Farmwood Sec 2 LOT NO 42 BLOCK NO W

MAP BOOK NO ___ PAGE NO ___

6) DEED REFERENCE DEED BOOK ___ 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

OWNER Bob McLemore Co. INC.

EHD-S-76

ENVIRONMENTAL HEALTH DEPARTMENT

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 21041

T.C. NO. PO 135-211-2325

(Ground Absorption Sewage Disposal)

OWNER: Bob McLemore Co., Inc.
ADDRESS: P.O. Box 25746
Charlotte, NC 28217

PLAT NO: 42 W
LOT SIZE: 25 Acre

LOCATION OF SITE: 6110 Old Wagon Lane

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S 2-10% PS U	S 2-10% PS U	S complex slopes PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S some PS 2-1 U Clay	S 2-1 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 19-24" PS U	S 19-24" PS U	S PS — U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S <36" PS U	S <36" PS U	S PS — U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S >36" to PS ground U water	S >36" to PS ground U water	S Max channel PS runoff U	S PS U
7. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
8. SOIL GROUP	10A	10B	—	
9. SITE CLASSIFICATION	unsuitable	unsuitable	unsuitable	
10. SOIL SERIES	Pocalet - Wilkes	Wilkes - Lime	complex slopes	

S - Suitable PS - Provisionally Suitable U - Unsuitable

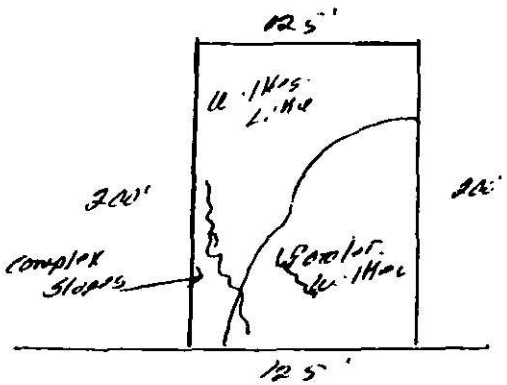
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments:

Described by: William R. Martin
Title: Soil Scientist

Date: 9-13-84

24


125'
200'
complex slopes
Gold Wagon Lane

SEE INSTRUCTIONS ON REVERSE

Date Received 11-20-84

MECKLENBURG COUNTY DEPARTMENT OF
RECEIVED
NOV 19 1984
ENVIRONMENTAL HEALTH

CLEAR(S) Application No 21041

T C No 135-391-99

Map Date L

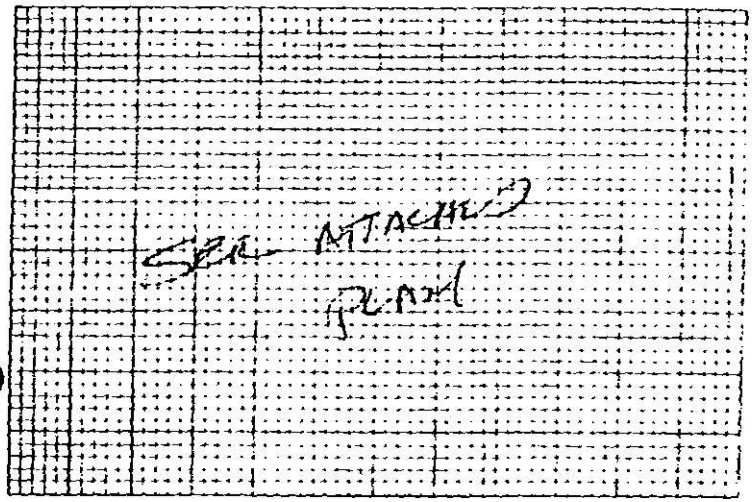
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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

SEE ATTACHED PLAN



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ___ Yes ✓ No
Residence ✓ Yes ___ No

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 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 BOB McLEMORE Co INC.
LAST FIRST MIDDLE

14) ADDRESS OF OWNER PO BOX 25746

15) PHONE NO. Home — Office 545-6111

16) LOCATION OF SYSTEM 6110 GOLDWAGON LANE
STREET OR COUNTY ROAD

17) SUBDIVISION FARMWOOD SECT 20 Lot No 42 Block No. W

Map Book No 20 Page No. 612

18) DEED REFERENCE — DEED BOOK ___ 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.

DATE OF APPLICATION

BOB McLEMORE Co INC.
OWNER

EHD-5-76

MECKLENBURG COUNTY
Department of Environmental Health

FILE NO. 21041

DATE 10-31-84

Bob McLemore Company, Inc.
P. O. Box 25746
Charlotte, NC 28212

Re: Property located at 6110 Gold Wagon Lane

Dear Sir:

At your request a soils investigation was conducted on the property designated above. Results of this investigation, showed the site to be classified unsuitable for the installation of a ground absorption sewage disposal system. A copy of the site evaluation report is enclosed for your information.

North Carolina General Statute 130A-335 and 10 NCAC 10A .1948 (c) provides that:

> Sites originally classified as **UNSUITABLE** may be used for soil absorption disposal systems, provided engineering, hydrogeologic, and soil studies indicate to the local health department that a suitable septic tank system or a suitable alternate system can reasonably be expected to function satisfactorily. Such sites may be reclassified as **PROVISIONALLY SUITABLE** upon submission to the local health department and when requested by the local health department to the state agency of the following:
>
> (1) Adequate substantiating data to indicate that a ground absorption system can be installed so that the effluent will receive adequate treatment;
>
> (2) Adequate substantiating data to indicate that the effluent will not contaminate any drinking water supply, ground water used for drinking water, or any surface water;
>
> (3) Adequate substantiating data to indicate that the effluent will not be exposed on the ground surface or be discharged to surface waters where it could come in contact with people, animals, or vectors.

Upon receipt of a request for reclassification as provided for above, the submission of plans and specifications for an applicable sewerage treatment system, and the approval of such system as submitted, the department will issue the appropriate permits.

If I may be of any assistance, please feel free to call.

Sincerely,

Bill D. Hardister, Jr.

Bill D. Hardister, Jr.
Environmental Health Supervisor

Enclosure

PRESENTED
FOR
REGISTRATION

Jan 2 4 39 PM '85

CHARLES E GROMDER
REGISTER OF DEEDS
MECKLENBURG CO. N C

FILE NO. 21041

COPY

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 10 NCAC 10A .1948(c)

The undersigned, Robert V. McLemore, President, Bob McLemore & Co., Inc.,

owner of property located at 6110 Gold Wagon Lane, Lot #42-W, Farmwood, Section #20,

("the site") and described in an instrument recorded in Book 4647 at Page 937, Mecklenburg Public Registry, hereby acknowledges that he applied to the Mecklenburg County Department of Environmental Health ("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 at 10 NCAC 10A .1934 et seq; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested pursuant to 10 NCAC 10A .1948(c) 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 can reasonably be expected to function satisfactorily and thus that the findings specified in 10 NCAC 10A .1948(c)(1), (2), and (3) can be made; 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 his responsibility 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 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.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

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 names 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.

This 28th day of December, 19 84

ATTESTED BY:

Billy E. Coggins
Asst. Secretary

Robert V. McLemore, President
Bob McLemore & Co., Inc.

(SEAL)

(SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this _____ day of _____, 1984.

_____
Notary Public

My Commission Expires: _____

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG UNION

I, Kristy McLemore(Carriker), a Notary Public for said County and State, do hereby certify that Robert V. McLemore personally came before me this day and acknowledged that he is President of Bob McLemore & Co., Inc., 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 Billy E. Coggins, Asst. Secretary.

WITNESS my hand and notarial seal, this 28th day of December, 1984.

Kristy McLemore (Carriker)
Notary Public

My Commission Expires: 12/08/87

SIR No. 21041

Serial No. 8089

Date Issued 1-3-85

T C. No. 135-391-99

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 Bob McLemore Co., Inc.
LAST FIRST MIDDLE

ADDRESS OF OWNER P.O. Box 25746, Charlotte, NC ZIP 28212

LOCATION OF LOT 6110 Gold Wagon Lane
STREET OR COUNTY ROAD

SUBDIVISION _____ LOT NO 42 BLOCK NO. W

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 21041. 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.

*** AGREEMENT FORM ON FILE ***

Cynthia C. Buss
Environmentalist

Site reclassified Provisionally Suitable pursuant to 10 NCAC 1A [illegible] Departmental policy regarding alternate septic tank system installation.

Bill D. Hardister
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. _____

T.C. NO. _____

(Ground Absorption Sewage Disposal)

OWNER: _____ PLAT NO: _____

ADDRESS: _____ LOT SIZE: _____

LOCATION OF SITE: _____

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S PS U	S PS U	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S PS U	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S PS U	S PS U	S PS U	S PS U
4. SOIL DEPTH (inches)	S PS U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S PS U	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S PS U	S PS U	S PS U	S PS U
7. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
8. SOIL GROUP				
9. SITE CLASSIFICATION				
10. SOIL SERIES				

S - Suitable PS - Provisionally Suitable U - Unsuitable

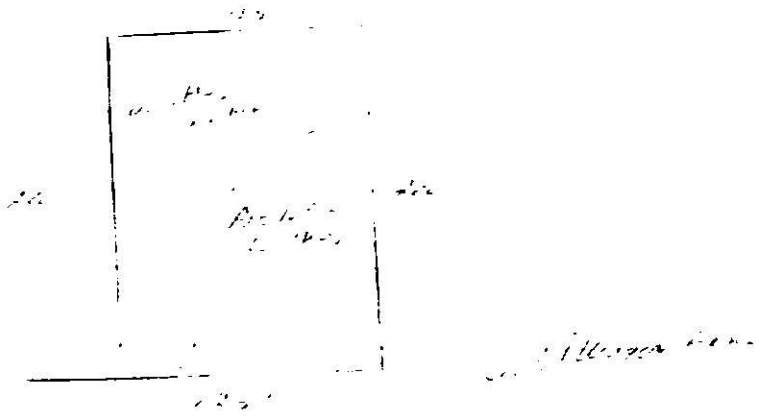
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: _____

Described by: _____

Title: _____ Date: _____

EH



Serial No. 07909

ICAR (S) Permit No. 21041

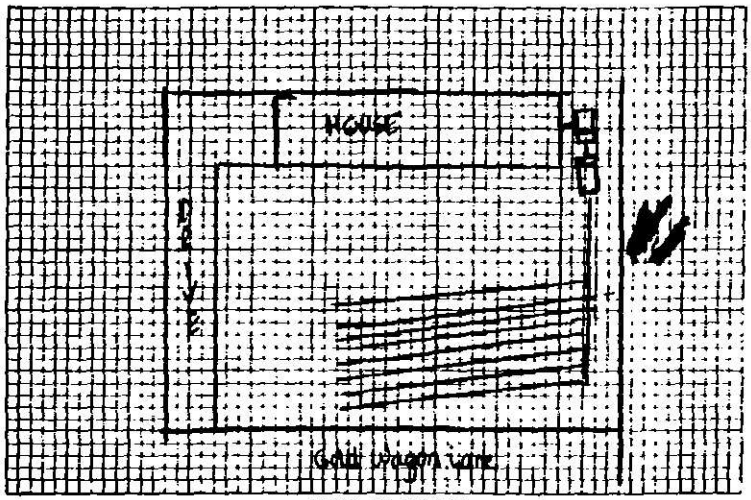
Date Issued 2/28/85

T. C. No. 135-391-99

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 21041, dated 11/20/84 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 3/28/85, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS

Liquid Capacity of Tank 1500 gal + 1000

Tank Construction PCC

Absorption and or Nitrification Lines

Total Line Length 600'

Number of Lines 8X75'

Distance from House 5'

Distance from Property Line 10'

Distance from Well >100'

NAME OF OWNER Bob McLemore Company

LOCATION OF PROPERTY 6110 Gold Wagon Lane

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.

Install in accordance with plans on file

Comments:

B. [illegible]
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-5-76

C of A (s) No. 21041

Date Issued 5/20/85 **Serial** 7520 T C. No 135-311-99 L CET

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

OPERATION PERMIT

CERTIFICATE OF APPROVAL

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

Name of Owner Bob (LAST) McIlmore (FIRST) (MIDDLE)

Location of Property 6110 Cold Wagon Lane

Application Number 21041 Permit Number 21041

Inspection Data:

Liquid Capacity of Tank 1500+1000 Tank Material PCC

Total Length of Drain Tile 600' Number of Lines 8 X 15'

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

Water Supply Source community Distance from Water Source >100'

Excavation Inspected 5/20/85 (DATE) Tank Inspected 5/20/85 (DATE)

Nitrification Field Inspected 5/20/85 (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 Installed as permitted

Cynthia G Bass
Environmentalist

EHO-5-76

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: 21041
TC: 135 391-99
SERIAL: № 16157 ☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 6110 (STREET NO) Gold Wagon Ln (STREET), Charlotte 28212 ② FILE:
③ JURISDICTION: Mint Hill ④ TAX PARCEL NO.:
⑤ SUBDIVISION Farmwood ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Patrick (FIRST) Joseph (MIDDLE) Mulcrone (LAST)
⑨ MAILING ADDRESS: 6110 Gold Wagen Ln.
⑩ CITY: Charlotte (Mint Hill) ⑪ STATE: NC ⑫ ZIP: 28212
⑬ PHONE: (WORK) ⑭ (HOME)

REQUEST

This request is for a(n):

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

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 4
㉕ Type?
㉓ Maximum occupancy?
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 on the property for the purpose of processing this request.

Signed: Patrick J. Mulcrone
Date: 10/28/88

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.

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: 21041

TC: 135-394-08

SERIAL: № 17955

RECEIVED
MECKLENBURG COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIVISION

☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 6110 (STREET NO) Gold Wagon Ln (STREET) ② FILE:

③ JURISDICTION: Mint Hill ④ TAX PARCEL NO.:

⑤ SUBDIVISION: Farmwood ⑥ LOT: 72 W ⑦ BLOCK:

OWNER

⑧ NAME: Patrick (FIRST) Joseph (MIDDLE) Melcrone (LAST)

⑨ MAILING ADDRESS: 6110 Gold Wagon Ln

⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP:

⑬ PHONE: (WORK) 374-7057 ⑭ (HOME) 545 7745

REQUEST

This request is for a(n):

⑮ ☐ New permit ⑰ ☐ Authorization for mobile home exchange

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

DESIGN CRITERIA

System will serve:

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

㉒ Number of bedrooms? 4 ㉕ Type?

㉓ Maximum occupancy? 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: Patrick J Melcrone

Date: 3/20/89

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.

Error JAE 5-5-89 ~~USE~~ Existing System

Environmentalist Date

Error JAE 5-5-89 5-5-89

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.