

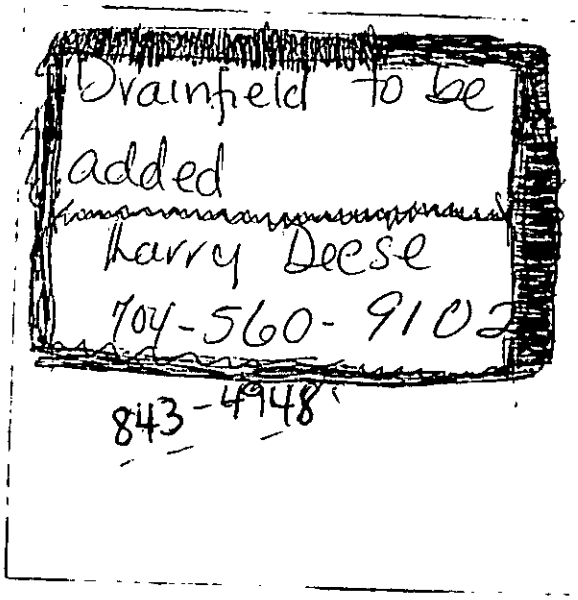
8511 DENBUR DR

11112246

5/30/08

marliwr

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


Drainfield to be
added
Harry Deese
704-560-9102
843-4948

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

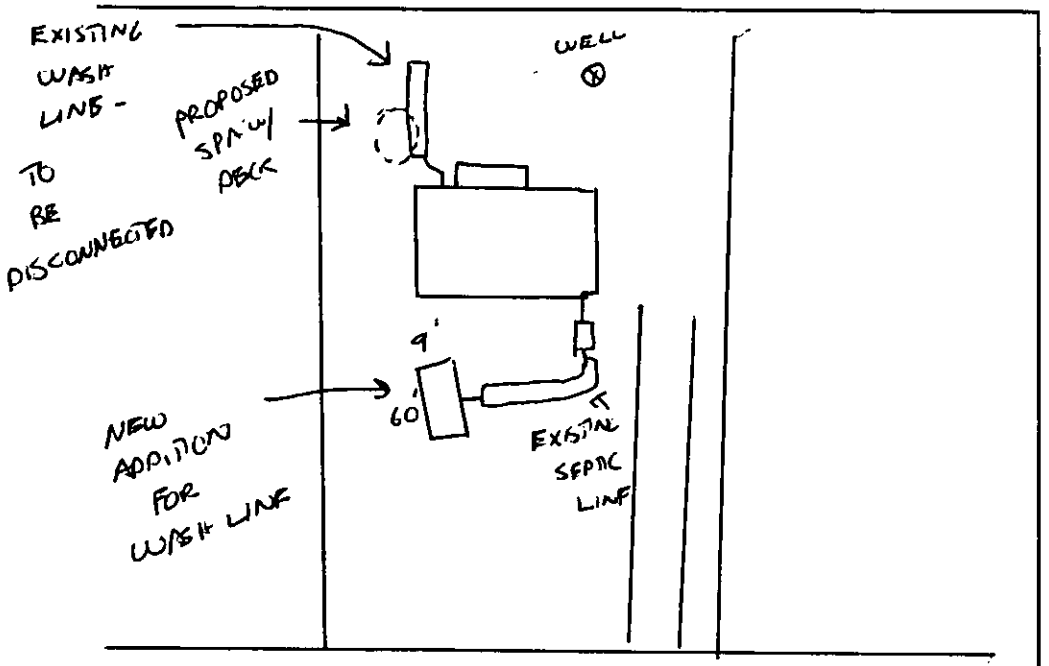
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7769 DATE: 4-5-04

TC: 111-122-46 ☐ L

SERIAL 19641

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 the application dated 3-30-04. All work shall be completed on or before _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank EXISTING gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction _____

Trench Depth _____

Absorption and/or Nitrification Lines:

Trench Width 9' x 60' feet

Trench Walls Scored and Porous YES

Total Line Length 168' feet

Number of Lines 1

Depth of Stone 18" inches

Distance from House _____ feet

Distance from Property Line 10' feet

Distance from Well >50 feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER LARRY OBESE

LOCATION OF PROPERTY 8511 OENBUR DRIVE.

Comments: (1) INSTALL SPILL OVER/ STEP DOWN TO A NEW BED 5'X 60' W/ 18" AGGREGATE

Environmental Health Specialist RS

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

*** NOTICE ***

THE INFORMATION CONTAINED IN THIS TELECOPY MAY BE PRIVILEGED AND/OR CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT (OR SUCH RECIPIENT'S EMPLOYEE OR AGENT), YOU ARE HEREBY NOTIFIED NOT TO READ, DISTRIBUTE OR COPY THE MATERIALS ATTACHED HERETO WITHOUT THE PRIOR WRITTEN CONSENT OF THE SENDER. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY THE SENDER BY TELEPHONE CALL AND RETURN THE ORIGINAL TELECOPY TO US BY MAIL AND WE WILL REIMBURSE YOU FOR THE REQUIRED POSTAGE. THANK YOU.

TO: LARRY DEBSP TELECOPIER # 704-921-2200

FROM: D. Cole DATE 4-12-04

NUMBER OF PAGES TRANSMITTED: _____ (including cover sheet)

COMMENTS:

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5103

☐ Original will not follow ☐ Original will follow via:

☐ U.S. Mail ☐ Hand Delivery ☐ _____

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

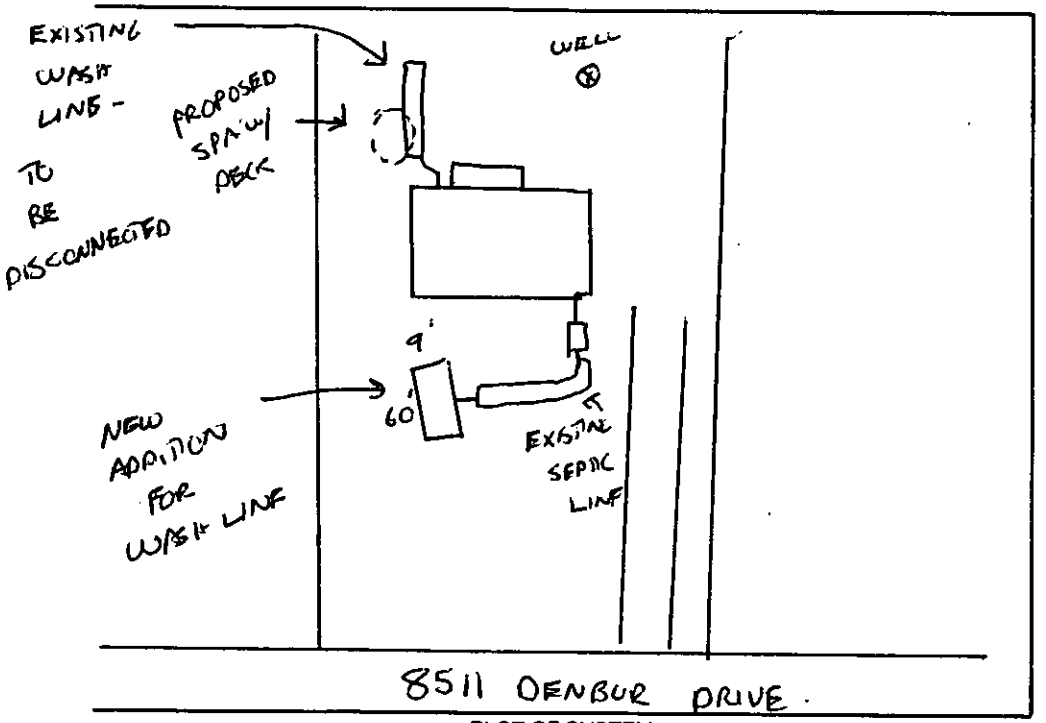
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7769 DATE: 4-5-04

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PLOT OF SYSTEM

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Tank Construction _____

Trench Depth _____

Absorption and/or Nitrification Lines:

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NAME OF OWNER LARRY OBESE

LOCATION OF PROPERTY 8511 OENBUR DRIVE.

Comments: (1) INSTALL SPILL OVER/ STEP DOWN TO A NEW BED 9' X 60' W/ 15" AGGREGATE

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

Drew COPY

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PD
B 100 cc 488 0308 4/6 1:4
3/3 D [] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102 7769

Date: 3-30-04

PERSON FILING APPLICATION:
NAME: DEESE (last) LARRY (first) K (mi)
ADDRESS: 8511 Denbur Dr PHONE: (704) 598-6710
CITY: Charlotte STATE: NC ZIPCODE: 28215

PROPERTY OWNER:
NAME: (SAme) (last) (first) (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: _____ STATE: _____ ZIPCODE: _____

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 111-12246
STREET ADDRESS: 8511 Denbur Dr
Charlotte NC 28215
ZONING: R-3

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 5 LOT SIZE (in acres):

TYPE APPLICATION (check one):

1975

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Storage Deck / Patio

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: NUMBER OCCUPANTS:

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)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [X] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [X] Storage Building [X] Deck/Patio [] Bedrooms [X] Other ADD HVAC To EXISTING BLDG

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: Larry K. Deese Date: 3-30-04

NOTICE:

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 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

FAX 704 921-2200

Environmentalist Date

WATER : 12279

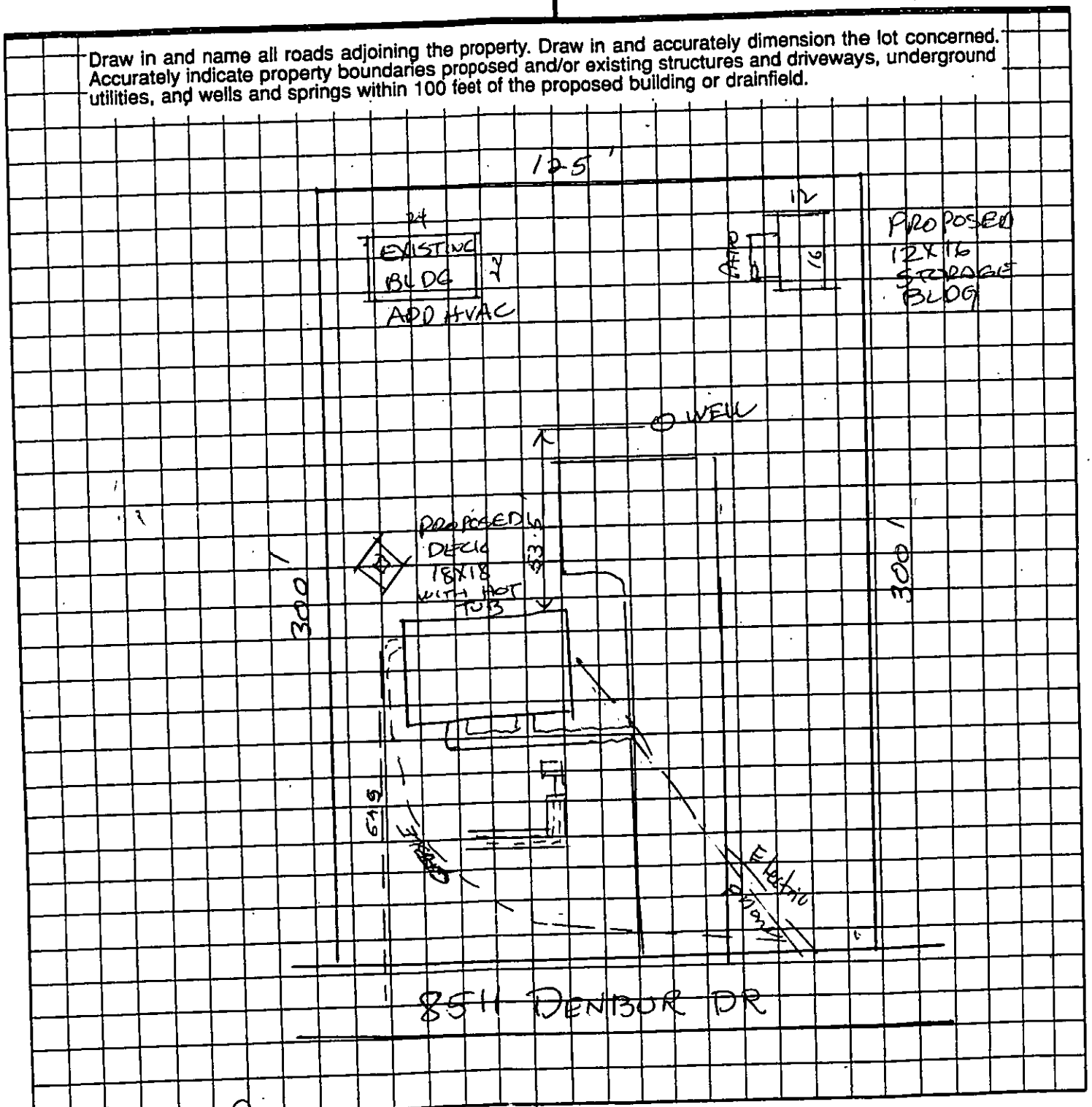
PROPOSED PLOT PLAN

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

FILE: 7769

TC: 111-122-46

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.



Larry K. Dere
OWNER/AGENT SIGNATURE

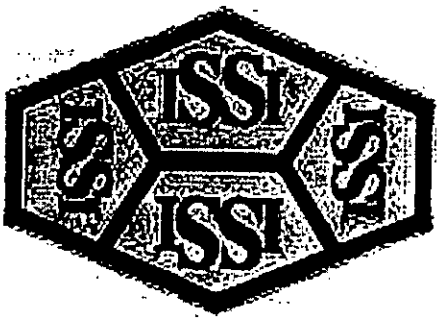
DATE 3-30-04

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy



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ISSI Operations Center Staff

Serial No.

Date Issued 20 OCT 1975

ICARUS Permit No. 7269

T C No. 111-132-26

Map Date

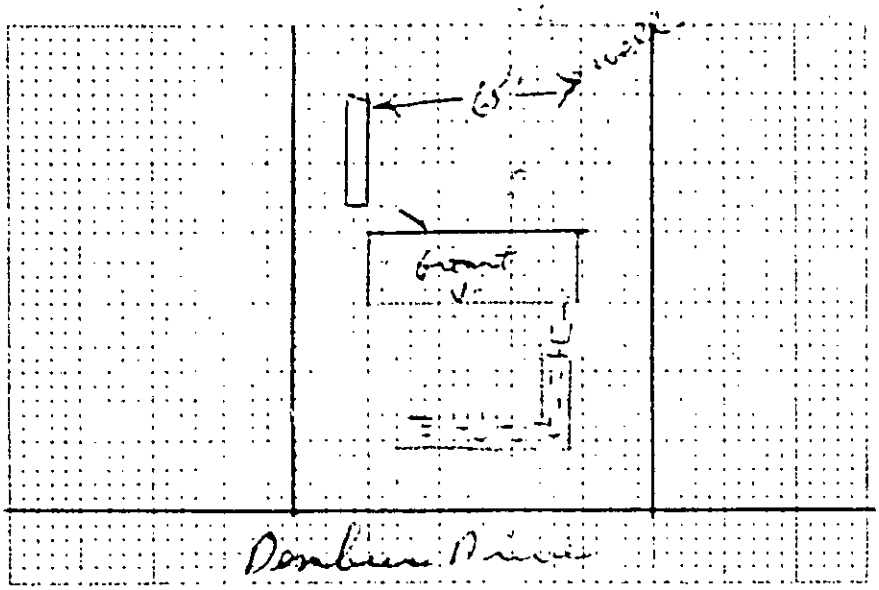
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby given to ~~Re~~ 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 7269, dated - 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 20 Apr 1976 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500

Type of System Sprinkler

Absorption and/or Distribution Lines

Total Line Length 900 200

Type and Size 6 4

Distance from House 10'

Distance from Property Lines 10'

Distance from Well 100'

NAME OF OWNER Helms Realty Inc

LOCATION OF PROPERTY 5511 Dunbar Point Lot 5

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments: bid is 1250 gallon tank - line doubled in depth due to ledge limitation - work line in bed (10'x50'x18") 17'

Division or Section Head

Environmentalist John R. Hanson

* 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 Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

REV. 5/1 E-5-9-1-72

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	04/06/04	**Amount:**	200.00
Receipt #:	24884	**Tendered:**	0.00
Check / Auth #:	MC 006075	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #:	200000
Contractor:	DEESE LARRY K
Attn:	
Address:	8515 GRIER ROAD
Address:	
City/State/Zip:	CHARLOTTE, NC 28215

Item	Description	Permit#	Quantity	Unit Price	Total Price
0706	MH Exc/Add/Repl w/System Mod 8511 DENBUR DRIVE/FILE 7769		1	200.00	200.00

----------Outstanding Balances----------

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

Drw

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102 7769

Date: 3-30-04

PERSON FILING APPLICATION:
NAME: DEESE (last) LARRY (first) K (mi)
ADDRESS: 8511 Denbur Dr PHONE: (704) 598-6710
CITY: Charlotte STATE: NC ZIPCODE: 28215

PROPERTY OWNER:
NAME: (SAme) (last) (first) (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
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STREET ADDRESS: 8511 Denbur Dr
Charlotte NC 28215
ZONING: R-3

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 5 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Storage Deck, Patio

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: NUMBER OCCUPANTS:
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)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [X] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [X] Storage Building [X] Deck/Patio [ ] Bedrooms [X] Other ADD HVAC To EXISTING BLDG

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Signed: Larry K. Deese Date: 3-30-04

NOTICE:

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...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

WATER : 122791

74059 - Deck ✓ LD 4/1/04
74060 - Storage Bldg ✓ LD

PROPOSED PLOT PLAN

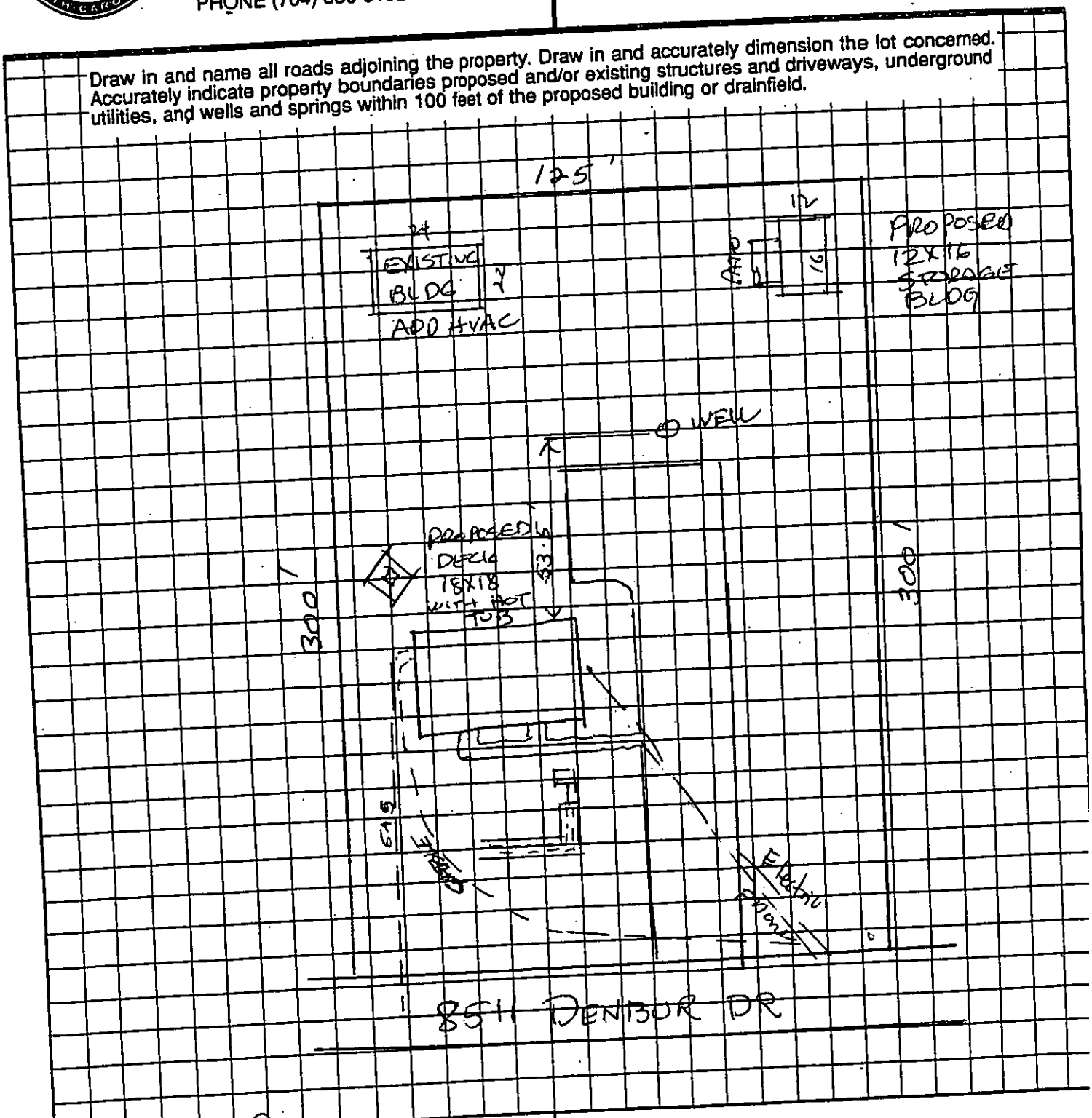
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7769

TC: 111-122-46

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.



Larry K. Deese
OWNER/AGENT SIGNATURE

DATE 3-30-04

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Co

ENVIRONMENTAL HEALTH
700 N TRYON ST #211
CHARLOTTE, NC 28203

BATCH: 301
S-A-L-E-S D-R-A-F-T
73822355
000500158410

REF: 0001
CD TYPE: MASTERCARD
TR TYPE: MAIL/PHONE
INV: 0502
DATE: APR 06, 04 16:23:27

AVS: EXACT MATCH
TOTAL $200.00*

ACCT: 5466470604296977 EXP: 11/05
AP: 006075

CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDMEMBER'S AGREEMENT WITH THE ISSUER

X ----------