

8621 FAIRVIEW RD

13901206

5/6/08

marliwr

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3298 A DATE: 6/8/04

TC: 139-012-06 ☒ L ☐ CRT

SERIAL 19556

Name of Owner BRENT VANDERPORT Juris.: _____

Address of Property 8621 FAIRVIEW RD. MINT HILL, NC

Inspection Data:

Tank Material PCC (1/23/04)

Total Length of Drainfield 166'

Number of Lines 2 @ 83'

Cover Depth 16"

Water Supply Source MUNICIPAL

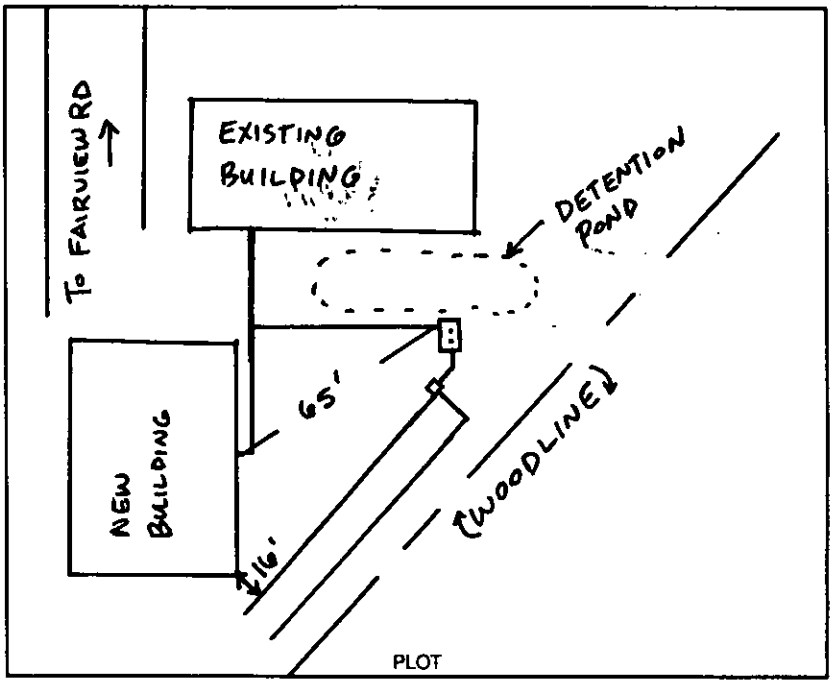
Distance to Water Source NA

Excavation Inspected 6/8/04

Tank(s) Inspected 6/8/04

Wash Line Inspected NA

High Water Alarm Inspected NA



Design 1500 ST / 498 S.F.T. / CONV. / 12" STONE CTR# RCS

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☒ installed or constructed ☐ altered or repaired

☐ in accordance with the permit issued ☒ as detailed in the plot above

and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☒ Operation Permit

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 document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: DESIGN FLOW = 150 GPD

2 LINES AT 83' x 3' x 12" STONE

TYPE II a (CONVENTIONAL SEPTIC SYSTEM)

Environmental Health Specialist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

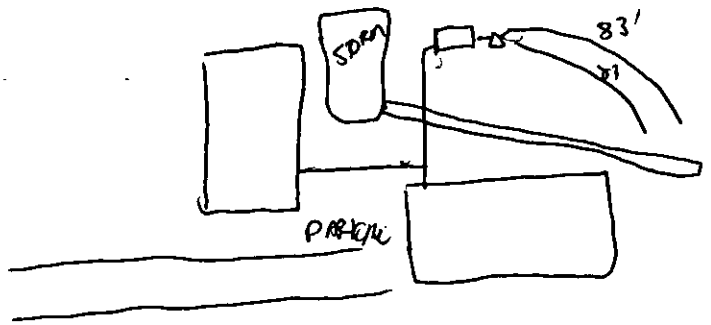
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3298A DATE: 6-4-04

TC: 139-012-06 ☒ L

SERIAL 19616

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 2-17-04. 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 1000 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous _____

Total Line Length 167 feet

Number of Lines 3

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line >1 feet

Distance from Well >50' feet

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

NAME OF OWNER BRENT VANDERPORT

LOCATION OF PROPERTY 8621 FAIRVIEW ROAD

Comments: _____

Environmental Health Specialist

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

FEE: 300.00
DATE: 6/2/04
Check 2039 JKA

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

ACS
LD

PERMIT NUMBER: 3298-A
PARCEL NUMBER: 139-012-06

JOB LOCATION ADDRESS: 8621 Fairview Road
PROPERTY OWNER: Brent Vanderport
BUILDING CONTRACTOR:
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: J. Andrew Walker RS DATE: 05/12/04

DENR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER _____, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH THE MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS:

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITSAND AUTHORIZATION TO CONSTRUCT.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE

05 29-04
DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 3298-A

Tax Number: 139-012-06

- The IMPROVEMNET 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

Primary Wastewater System

Type: ☐ 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:

.3 Long-term acceptance rate (GPD/ft^2)	150 Max gallons/day wastewater flow	500 Absorption Area (ft^2)	9 Trench spacing (min. on centers) (ft)
Serviced by private well: ☐ Yes ☒ No	1500 Gallon septic tank	166 Total trench length (ft)	30 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
na Bedrooms in residence	____ Gallon pump tank	12 Depth of stone (in)	

Any surface water present: Type: Minimum separation distance (ft):

Additional conditions: **See Improvement Permit**

Repair Area System

Type: ☐ 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:

500 Absorption Area (ft^2) 166 Total trench length (ft)	12 Depth of stone (in)	9 Trench spacing (min. on centers) (ft)	30 Maximum trench depth (in)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HELTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. The 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.

5-13-04
DENR Authorized Agent Date

05-29-04
Owner/Agent Signature Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, NC 28202
(704) 336-5103

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

PROPOSED PLOT PLAN

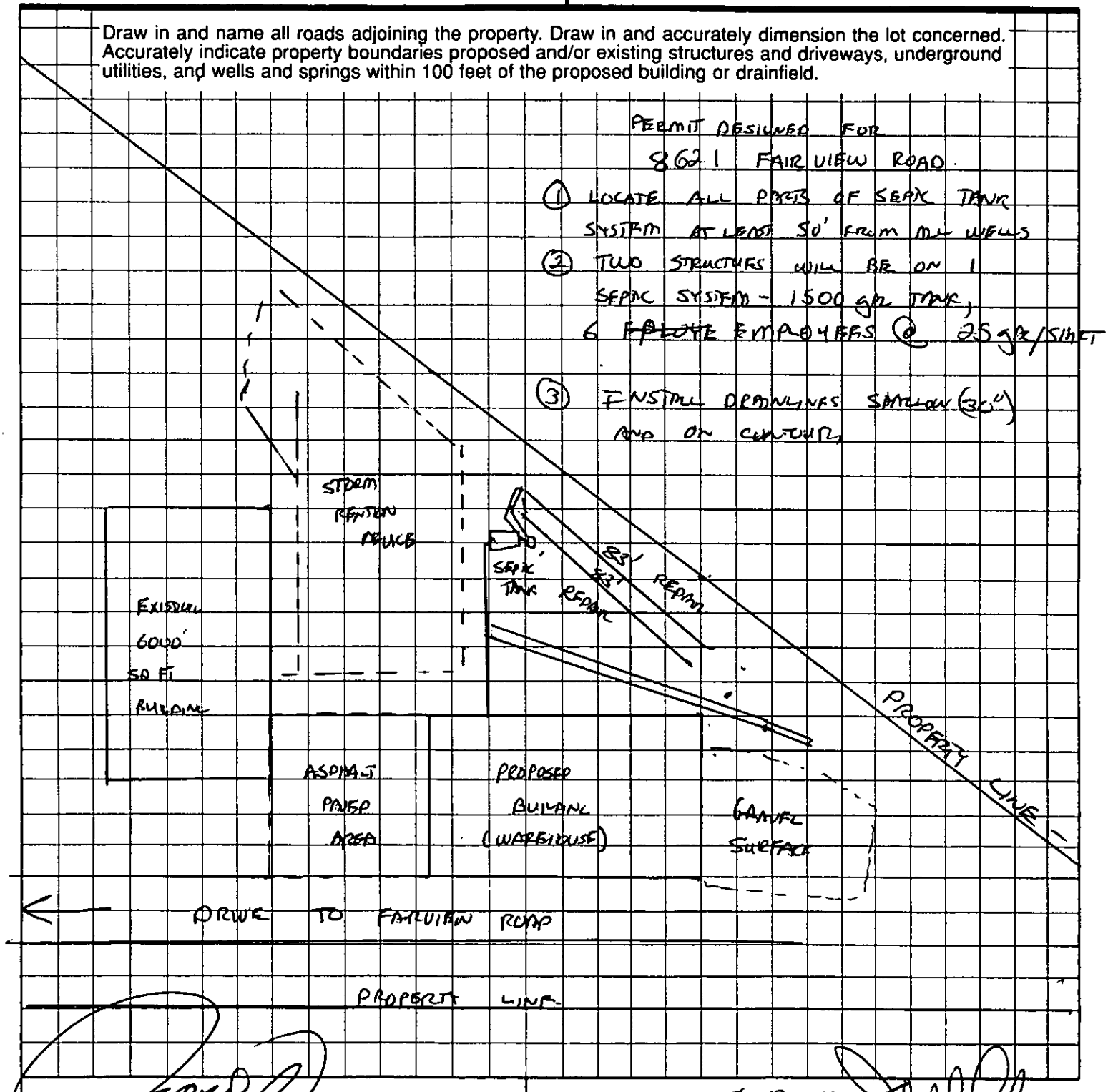
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

3298-A

FILE: ~~3598-A~~

TC: 134-012-06

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 05-29-04

APPROVAL DATE 5-12-04

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1
Property ID: PO 139-012-06
Lot #:
File #: 3298A
Code: 2

PCS

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Brent Vanderport
Applicant:
Address: 8621 Fairview Road, Mint Hill, N. C. 28227
Date Evaluated: 04/05/2004
Proposed Facility: Commercial bldg. Design Flow (.1949): 150gpd
Property Size: .1a inv.
Location of Site: 8621 Fairview Road
Property Recorded:
Water Supply: [ ] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 6	CUT	SAPROLITE 2	6"					US
2	"	0-6	DISTURBED		>38" TO SOIL WETNESS	38	N/A	NONE	PS, IV
		6-38	SBK/C	FI/SEXP/S/P					.275GPD/FT^2
3	"	0-12	DISTURBED		>26" TO SOIL WETNESS	26	"	"	US, IV
		12-26	SBK/ABK/C	FI/SEXP/S/P					.137GPD/FT^2
									LPP
4	"	0-5	GR/SCL	FR/SEXP/SS/SP	>39" TO SOIL WETNESS	39	"	"	PS, IV
		5-39	SBK/ABK/C	FI/SEXP/S/P					.275GPD/FT^2
5	"	0-6	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	"	"	PS, IV
		6-48	SBK/C	FI/SEXP/S/P					.3GPD/FT^2

Description	Initial System	Repair System
Available Space (.1945)	US	
System Type(s)		
Site LTAR	.275GPD/FT^2	

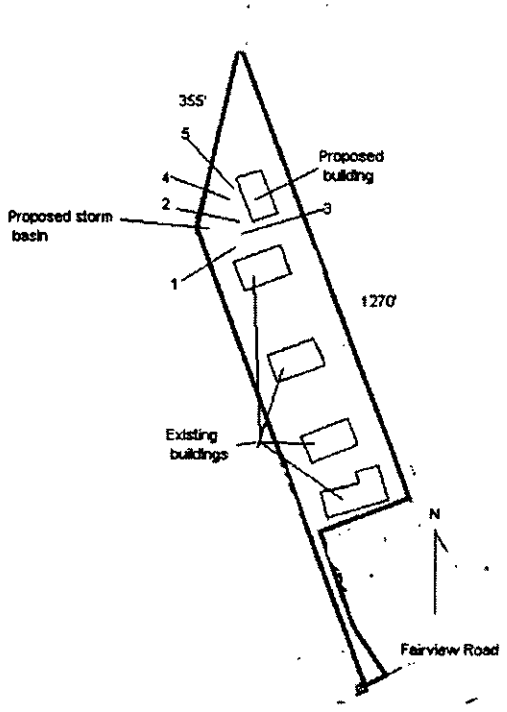
Other Factors (.1946): _____
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 4/6/2004, W. R. Marlin
Others Present: D. Walker

FILE #3298A

COMMENTS: Not sure if 100% repair applies

LANDSCAPE POSITIONS	GROUP	TEXTURES	.1955 LTAR	CONSISTENCE MOIST	WET
R-RIDGE	I	S-SAND	1.2 - 0.8		
S-SHOULDER SLOPE		LS-LOAMY SAND		VFR-VERY FRIABLE	NS-NON-STICKY
L-LINEAR SLOPE				FR-FRIABLE	SS-SLIGHTLY STICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8 – 0.6	FI-FIRM	S-STICKY
N-NOSE SLOPE		L-LOAM		VFI-VERY FIRM	VS-VERY STICKY
H-HEAD SLOPE				EFI-EXTREMELY FIRM	NP-NON-PLASTIC
CC-CONCLAVE SLOPE	III	SI-SILT-	0.6 – 0.3		SP-SLIGHTLY STICKY
CV-CONVEX SLOPE		SIL-SILT LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAN		SCL-SANDY CLAY LOAM			
		SICL-SILTY CLAY LOAM			
	IV	SIC-SILTY CLAY	0.4 – 0.1		
		C-CLAY			
		SC-SANDY CLAY			

STRUCTURE	MINERALOGY
SG-SINGLE GRAIN	SLIGHTLY EXPANSIVE
M-MASSIVE	
CR-CRUMB	EXPANSIVE
GR-GRANULAR	
SBK-SUBANGULAR BLOCKY	
ABK-ANGULAR BLOCKY	
PL-PLATY	
PR-PRISMATIC	



FEE: 400.00 Ck# 810

DATE: 2/19/04 qc

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR IMPROVEMENT PERMIT FOR COMMERCIAL/INDUSTRIAL SITE

[redacted] | | CRT

TYPE APPLICATION: X NEW SYSTEM ___ EXPANSION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

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

FILE #: 3298A

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139-012-06

STREET ADDRESS: 8621 FAIRVIEW RD. MINT HILL NC- 28227

LOT NUMBER:

___ COMMERICAL ___ INDUSTRIAL

DESCRIBE TYPE OF BUSINESS:
6.000. SF. SPEC BUILDING
Square Footage of Facility: COMMERCIAL

NUMBER OF EMPLOYEES: _____ PER SHIFT: ___ ___ ___

TOWNSHIP (CHECK ONE):

___ 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
✓ 7 MINT HILL

HOW WILL WATER BE USED IN THE FACILITY:

___ TOLIETS/URINALS
___ HANDSINK
___ SHOWERS
___ FLOOR DRAINS

OTHER, PLEASE DESCRIBE:

TYPE OF WASTEWATER:
___ SEWAGE
___ INDUSTRIAL PROCESS WASTE WATER

An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change.

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:
SEE SITE PLAN

WATER SUPPLY (CHECK ONE): ___ COMMUNITY (C) ___ MUNICIPAL (M) ___ PRIVATE WELL (P) ___ SHARED WELL (S) ___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES ___ YES ___ NO
EXISTING WASTE WATER SYSTEMS ___ YES ___ NO
EASEMENTS OR RIGHT-OF-WAYS ___ YES ___ NO
WELL SPRINGS OR WATERLINES ___ YES ___ NO
DESIGNATED WETLANDS ___ YES ___ NO

BUILDING PLANS TO INCLUDE ALL PLUMBING, FLOOR DRAINS AND ALL SOURCES OF WASTEWATER DISCHARGE AND GRADING PLANS MAY BE REQUIRED DURING THE EVALUATION STAGE.

PROPERTY OWNER: BRENT VANDERPORT

NAME: VANDERPORT (LAST) BRENT (FIRST) (MI)

ADDRESS: 8621 FAIRVIEW RD

CITY: MINT HILL STATE: NC ZIP: 28227

DAYTIME PHONE: (704 366-8142

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: MORALES (LAST) JOSE (FIRST) (MI)

DAYTIME PHONE: (704 542-4105

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: 02-17-04

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	02/19/04	**Amount:**	400.00
Receipt #:	23335	**Tendered:**	400.00
Check / Auth #:	CHECK 910	**Returned:**	0.00
Received By:	CRAIGGY		

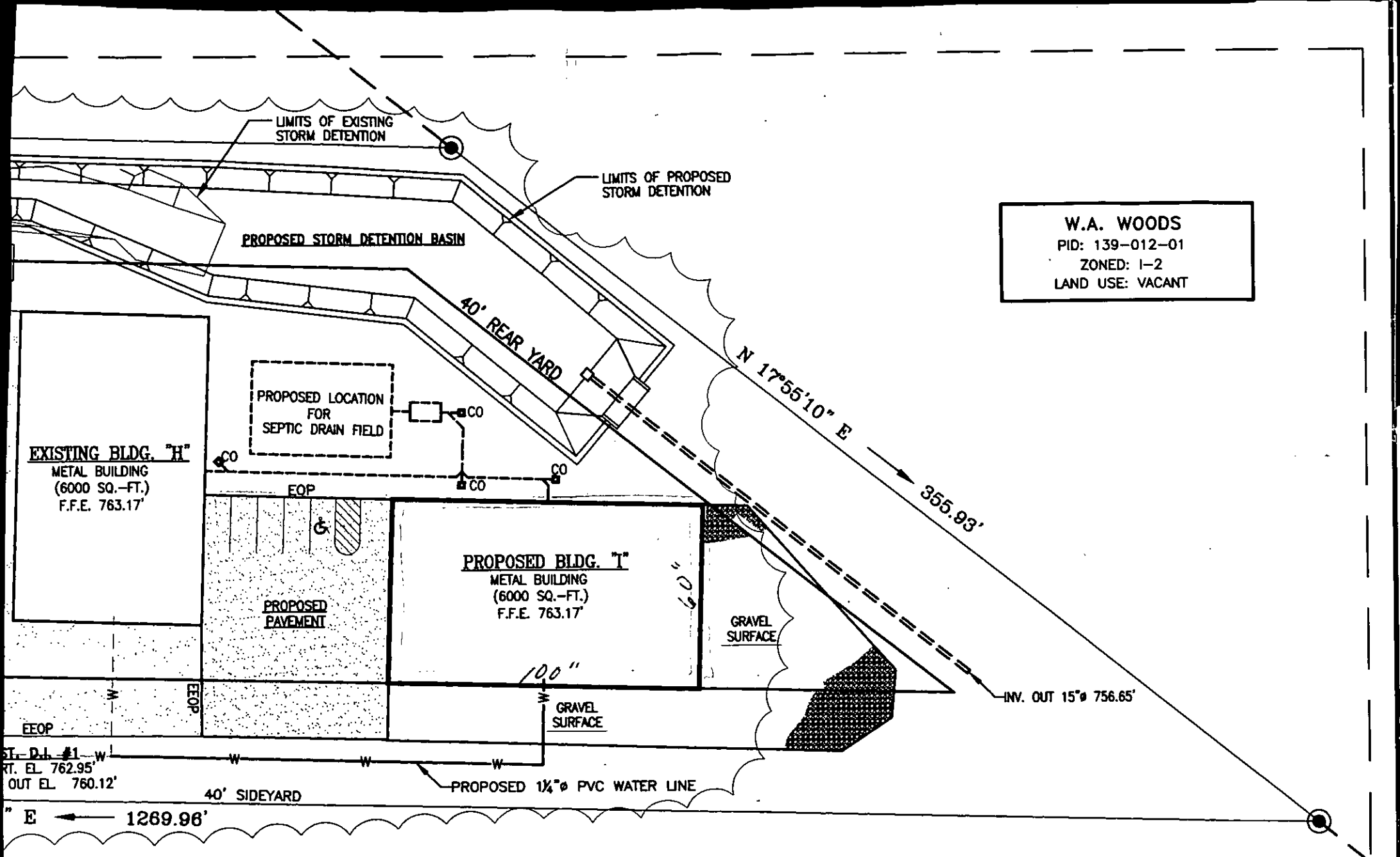
Account Information

Account #: 200000
Contractor: VANDERVORT BRENT K
Attn:
Address: 2637 SAM NEWELL ROAD
Address:
City/State/Zip: MATTHEWS, NC 28105

Item	Description	Permit#	Quantity	Unit Price	Total Price
0735	Improv Permit Appl-Comm 8621 FAIRVIEW RD		1	400.00	400.00

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

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



ENLARGED PLAN AREA SHOWN ON SHEETS C-2, C-3 & C-4

File # 3298A

139-012-06

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

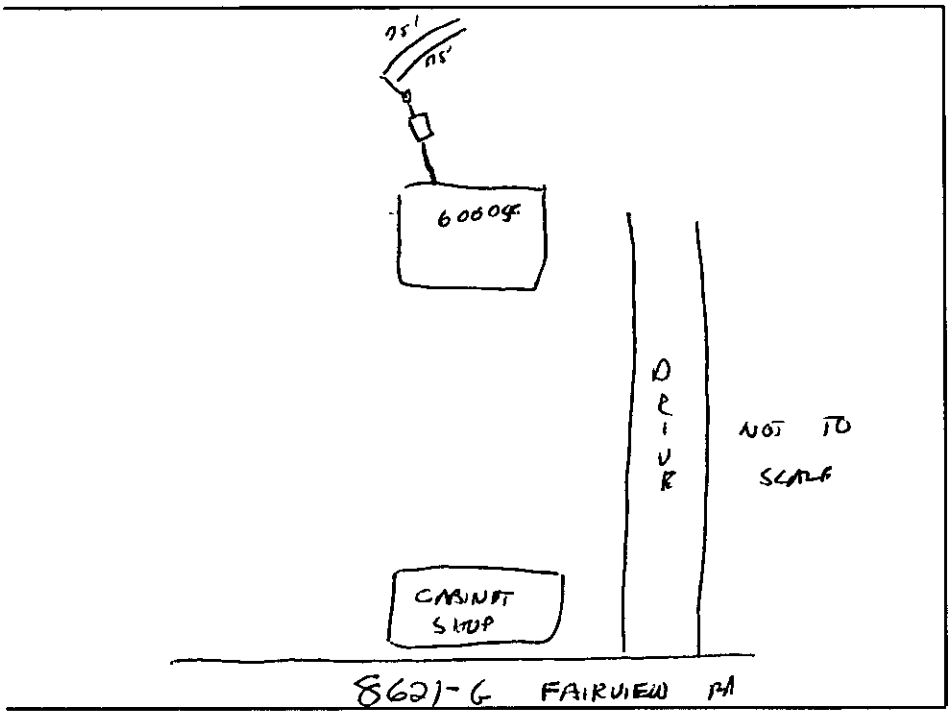
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3298A DATE: 7-6-99

TC: 39012-06 ☐ L

SERIAL Nº 18088

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 5-4-99. All work shall be completed on or before 9-6-99, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A 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 1060 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 36" feet

Trench Walls Scored and Porous YES

Total Line Length 150 feet

Number of Lines 2

Depth of Stone 12" inches

Distance from ~~House~~ BUILDING 30' feet

Distance from Property Line 10 feet

Distance from Well 100' feet

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

NAME OF OWNER BRENT VANDERVOLT

LOCATION OF PROPERTY 8621-C FAIRVIEW RD

Comments: _____

Environmental Health Specialist

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

CK # 5308

FEE: 200.00 AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: 6-15-99 VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 6/11/99 PERMIT NO: 3298A

PARCEL NO: 139-012-06

JOB LOCATION ADDRESS: 8621-G FAIRVIEW ROAD

PROPERTY OWNER: BRENT VANDERVORT

BUILDING CONTRACTOR: BOB FAGAN

SUBDIVISION NAME:

AUTHORIZATION ISSUED BY: _____ PE DATE: 6-11-99

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3298A, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

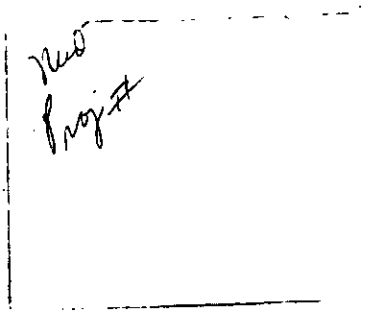
4. OTHER CONDITIONS: _____

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

B. FAGAN 6/15/99

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE


Red
Proj #

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 3298A

Tax Number: 139-612-06

- 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	X No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I (II) III IV V VI	X 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

~~225~~ Long-term acceptance rate	100 Max gallons/day wastewater flow	450 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
NO Serviced by private well	1000 Gallon septic tank	150 Total trench length (ft)	30' Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
___ Bedrooms in residence 4 EMPLOYEES	___ Gallon pump tank	12" Depth of stone	

Any surface waters present: Type: Minimum separation distance:

Site modifications required:

Additional Conditions:

Repair Area System Type Type (circle one): I (II) III IV V VI	X 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

450 Absorption Area (Sq ft) 150 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	30' Maximum Trench Depth

For existing system, enter the year originally installed:

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.

DEHNR Authorized Agent — Date: 6-11-99

Owner/Agent Signature — Date: 6/15/99

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

PROPOSED PLOT PLAN

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

FILE: 3298A

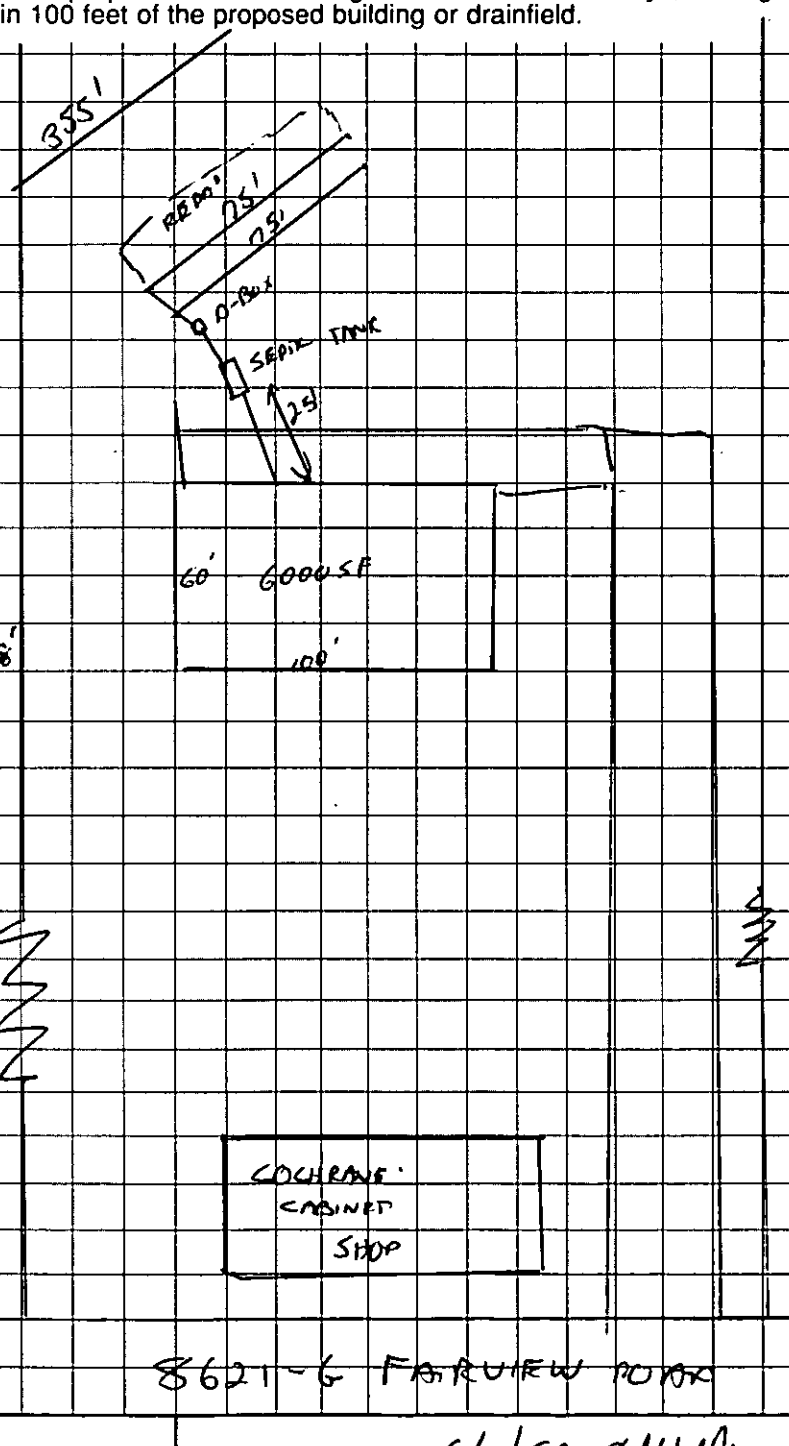
TC: 139-012-06

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.

SCALE 1" = 60'

(1) DESIGN IS FOR A WAREHOUSE W/ MAXIMUM OF 4 EMPLOYEES 150' OF DRAINLINE.

(2) INSTALL DRAINLINES SHALLOW (30") AND ON CONTOUR.



8621-G FAIRVIEW ROAD

B. [illegible]
OWNER/AGENT SIGNATURE

DATE 6/15/99

APPROVAL DATE 6/11/99 [illegible]

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

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

(400) #1

Sheet: _____
Property ID: 139-012-06
Lot #: G
File #: 3296 A

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Brent Vanderwort
APPLICANT: _____
ADDRESS: 8621 C Fairview Road, Mint Hill
DATE EVALUATED: 5-21-99
PROPOSED FACILITY: Manage
PROPOSED DESIGN FLOW (.1949) Est. 200 g/d
PROPERTY SIZE: .25
LOCATION OF SITE: 8621 G Fairview Rd
PROPERTY RECORDED: _____
WATER SUPPLY: ☐Private ☐Public ☐Well ☐Spring ☒Other Shared Well
EVALUATION METHOD: ☒Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☒Sewage ☐Industrial Process ☐Mixed

PROFILE #	1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) 1941 STRUCTURE/ TEXTURE	1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS 1942 SOIL WETNESS/ COLOR	1943 SOIL DEPTH	1956 SAPRO CLASS	1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-5"	gr/sl	Fr/SE/PL/NS/NP	>30" TO 30:1 wetness	30"	N/A	None	PS .275/F2 IV
		5-30"	SBK/C	F:/SE/PL/SP					
2	LS	0-4"	gr/sl	Fr/SE/PL/NS/NP	>46" TO 30:1 wetness	46"	N/A	None	PS .391/F2 IV
		4-46"	SBK/C	F:/SE/PL/SP					
3	LS	0-4"	gr/sl	Fr/SE/PL/NS/NP	>46" TO 30:1 wetness	46"	N/A	None	PS .391/F2 IV
		4-46"	SBK/C	F:/SE/PL/SP					
4	LS	0-3"	gr/sl	Fr/SE/PL/NS/NP	>47" TO 30:1 wetness	47"	N/A	None	PS .391/F2 IV
		3-47"	SBK/C	F:/SE/PL/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: W.A. Wells LSS 5-26-99
OTHER(S) PRESENT: _____

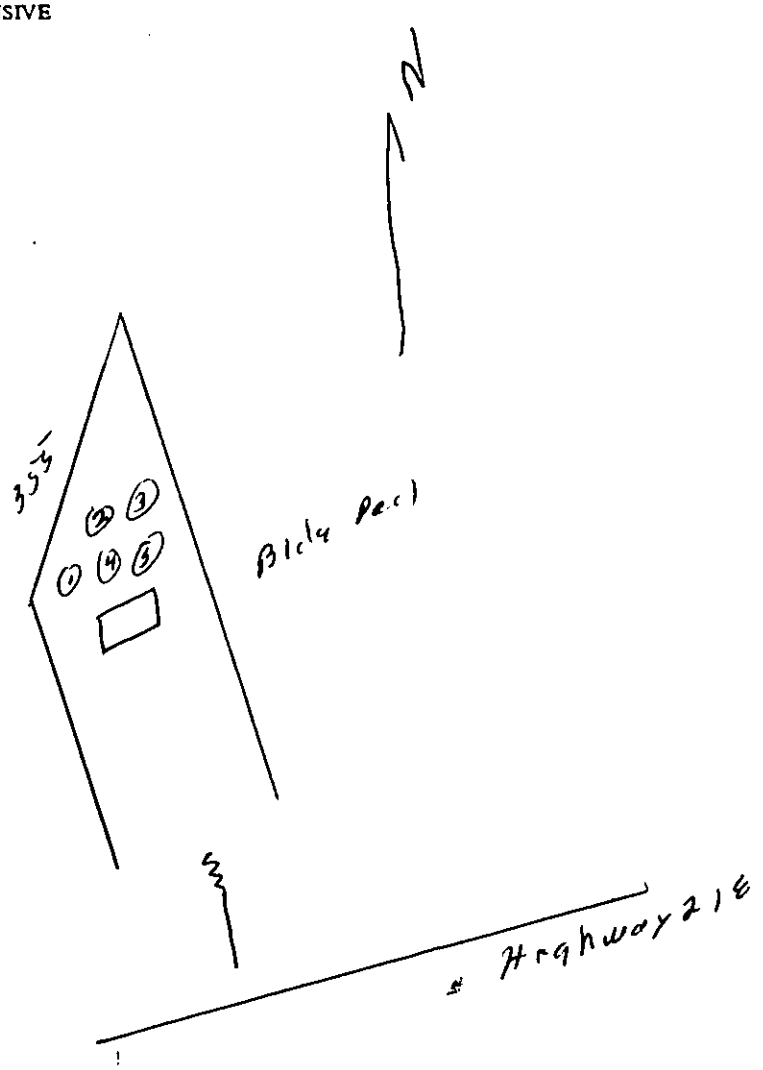
FILE # -3296A

COMMENTS Not sure of 100% Aspect

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	CONSISTENCE WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

STRUCTURE	MINERALOGY
SG-SINGLE GRAIN	SLIGHTLY EXPANSIVE
M-MASSIVE	
CR-CRUMB	EXPANSIVE
GR-GRANULAR	
SBK-SUBANGULAR BLOCKY	
ABK-ANGULAR BLOCKY	
PL-PLATY	
PR-PRISMATIC	



FEE: 100.00 CHK #
DATE: 5/4/99 BC

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR IMPROVEMENT PERMIT
FOR COMMERCIAL/INDUSTRIAL SITE



[ ] CRT

TYPE APPLICATION: [X] NEW SYSTEM [ ] EXPANSION OF EXISTING SYSTEM [ ] REPAIR OF EXISTING SYSTEM

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

FILE #: 3298A

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139-012-06

STREET ADDRESS: 8621 "C" Fairview Rd

LOT NUMBER: "C"

[ ] COMMERICAL [ ] INDUSTRIAL

DESCRIBE TYPE OF BUSINESS:
STORAGE
Square Footage of Facility:

NUMBER OF EMPLOYEES: _____
PER SHIFT: ____ ____ ____

TOWNSHIP (CHECK ONE):

[ ] 0 MECKLENBURG
[ ] 1 CHARLOTTE
[ ] 2 DAVIDSON
[ ] 3 CORNELIUS
[ ] 4 PINEVILLE
[ ] 5 MATTHEWS
[ ] 6 HUNTERSVILLE
[X] 7 MINT HILL

HOW WILL WATER BE USED IN THE FACILITY:

[X] TOILETS/URINALS
[X] HANDSINK
[ ] SHOWERS
[ ] FLOOR DRAINS

OTHER, PLEASE DESCRIBE:

An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change.

TYPE OF WASTEWATER:
[ ] SEWAGE
[ ] INDUSTRIAL PROCESS WASTE WATER

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

WATER SUPPLY (CHECK ONE):
[ ] COMMUNITY (C)
[X] SHARED WELL (S)
[ ] MUNICIPAL (M)
[ ] OTHER 'SPRINGS' (O)
[ ] PRIVATE WELL (P)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	[ ] YES [X] NO	WELL SPRINGS OR WATERLINES	[X] YES [ ] NO
EXISTING WASTE WATER SYSTEMS	[X] YES [ ] NO	DESIGNATED WETLANDS	[ ] YES [X] NO
EASEMENTS OR RIGHT-OF-WAYS	[ ] YES [X] NO		

BUILDING PLANS TO INCLUDE ALL PLUMBING, FLOOR DRAINS AND ALL SOURCES OF WASTEWATER DISCHARGE AND GRADING PLANS MAY BE REQUIRED DURING THE EVALUATION STAGE.

PROPERTY OWNER:
NAME: VANDEVOLT (LAST) BRENT (FIRST) (MI)
ADDRESS: 8621 "C" Fairview Rd
CITY: Mint Hill STATE: ZIP: 28227
DAYTIME PHONE: ( ) —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: FAGAN (LAST) BOB (FIRST) (MI)
DAYTIME PHONE: 704 518-9238 (Pager)

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: Bob Fagan DATE: 5/4/99

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

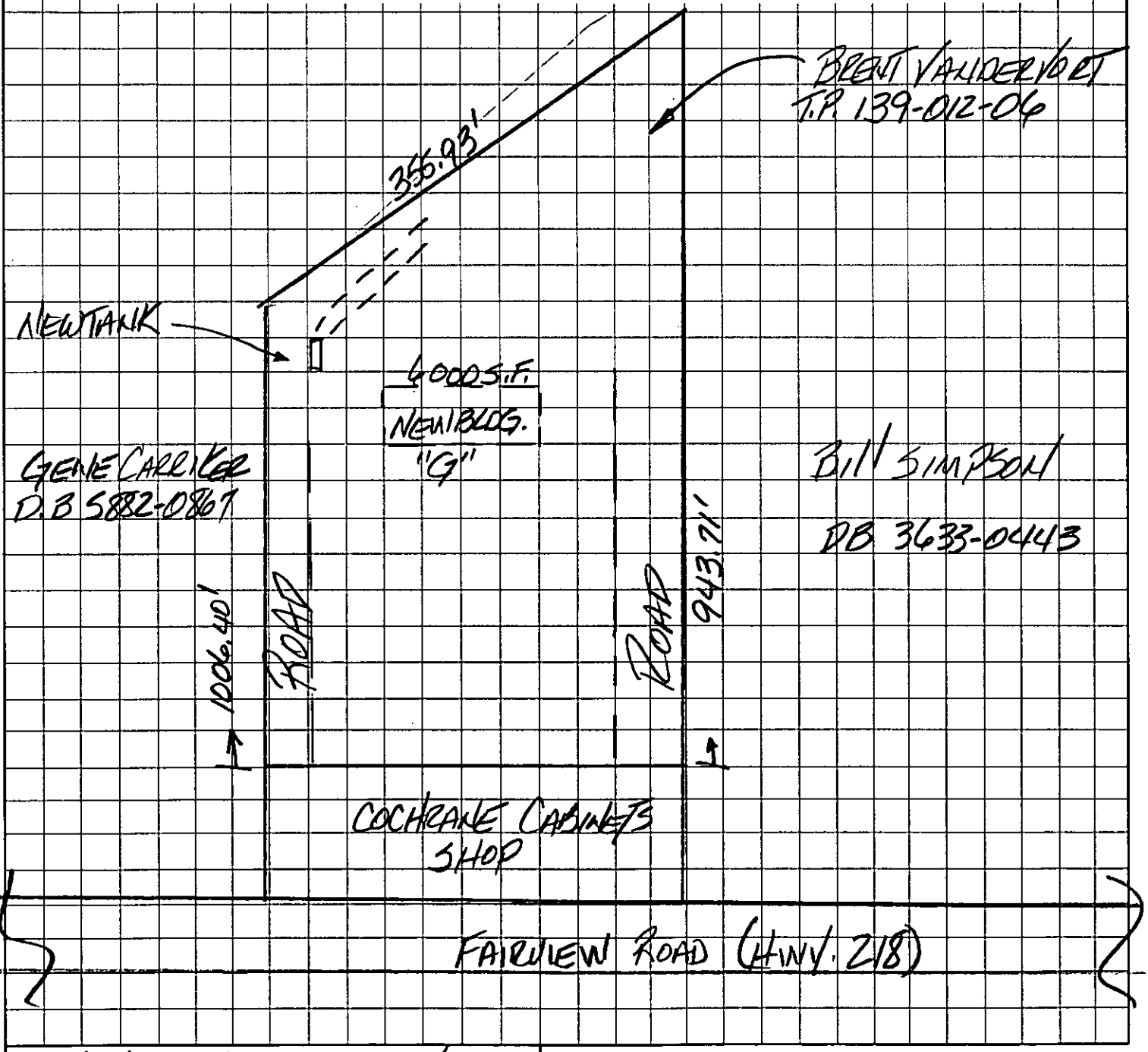
PROPOSED PLOT PLAN

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

FILE: 3298A

TC: 139-012-06

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.



FAGAN KENNINGTON - BOB FAGAN
OWNER/AGENT SIGNATURE

DATE 5/4/99

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

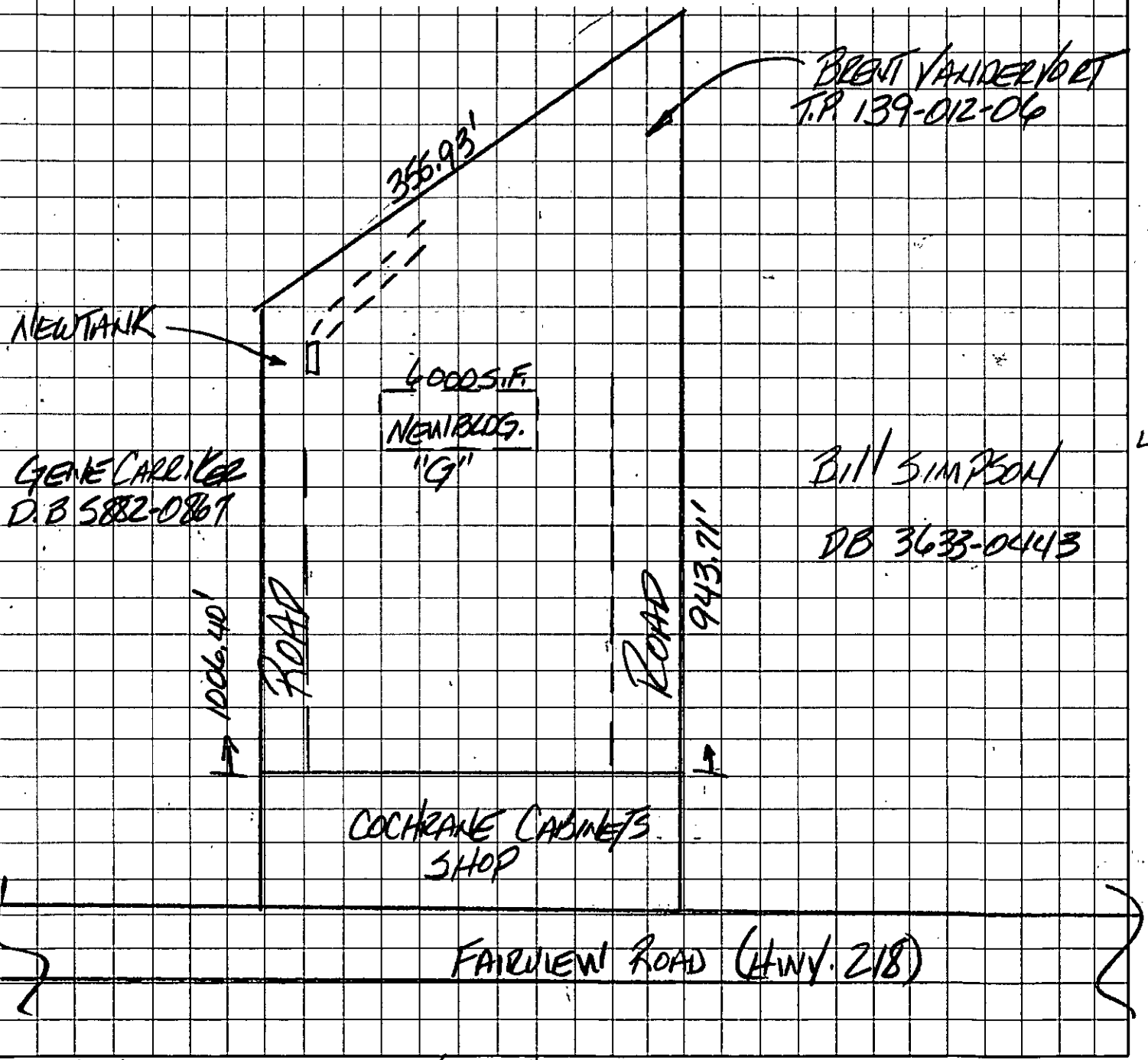
PROPOSED PLOT PLAN

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

FILE: 3298A

TC: 139-012-06

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.



FAGAN KENNINGTON - BOB FAGAN
OWNER/AGENT SIGNATURE

DATE 5/4/99

APPROVAL DATE

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

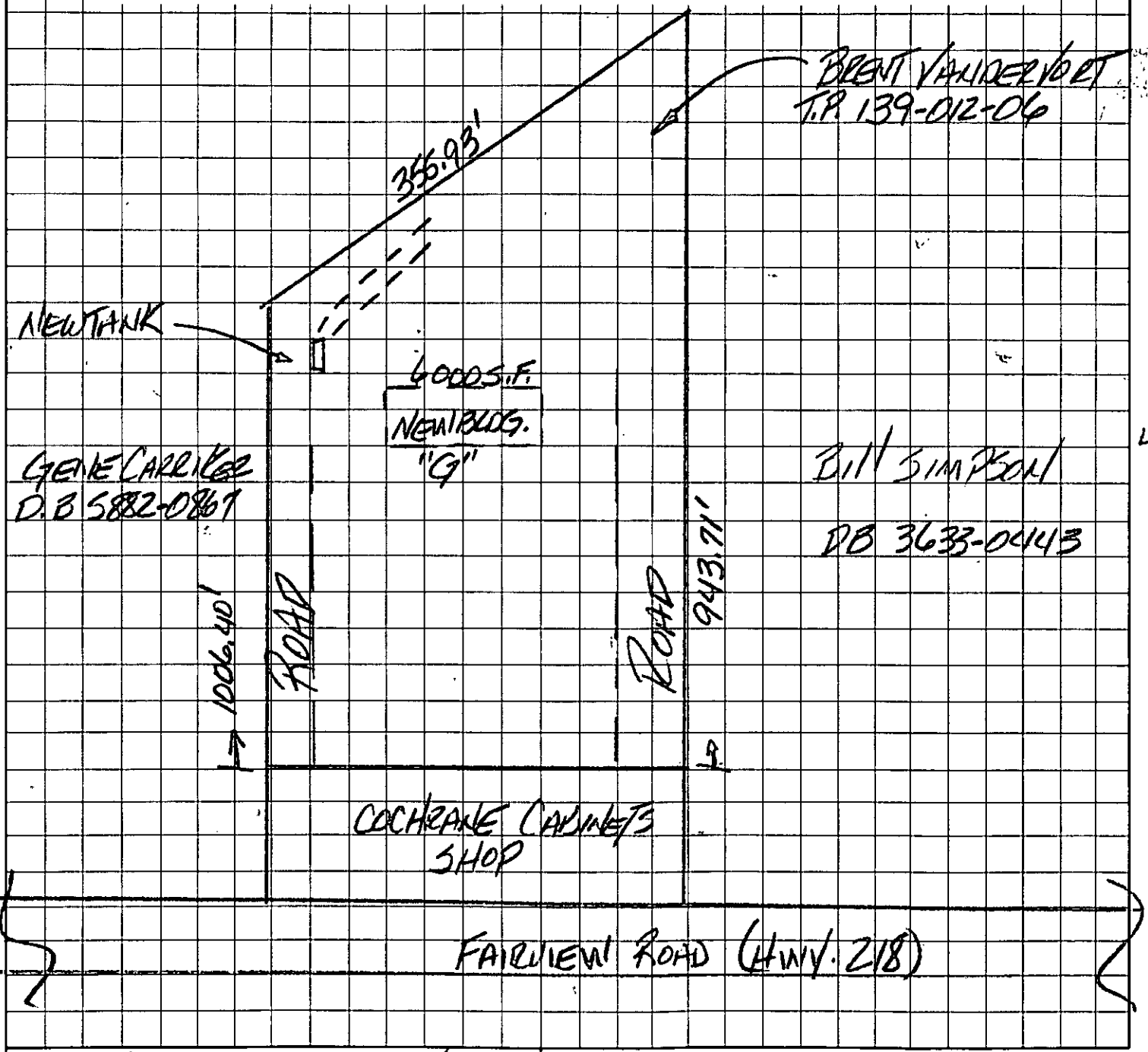
PROPOSED PLOT PLAN

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

FILE: 3298A

TC: 139-012-06

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.



FAGAN KENNINGTON - BOB FAGAN
OWNER/AGENT SIGNATURE

DATE 5/4/99

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3298A DATE: 8/28/97
TC: 139 012 06 ☒ L ☒ CRT
SERIAL № 17172

Name of Owner Brent Vandervon Juris.: _____

Address of Property 8621 Fairview Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 150'

Number of Lines 2 @ 75'

Cover Depth 40"

Water Supply Source well

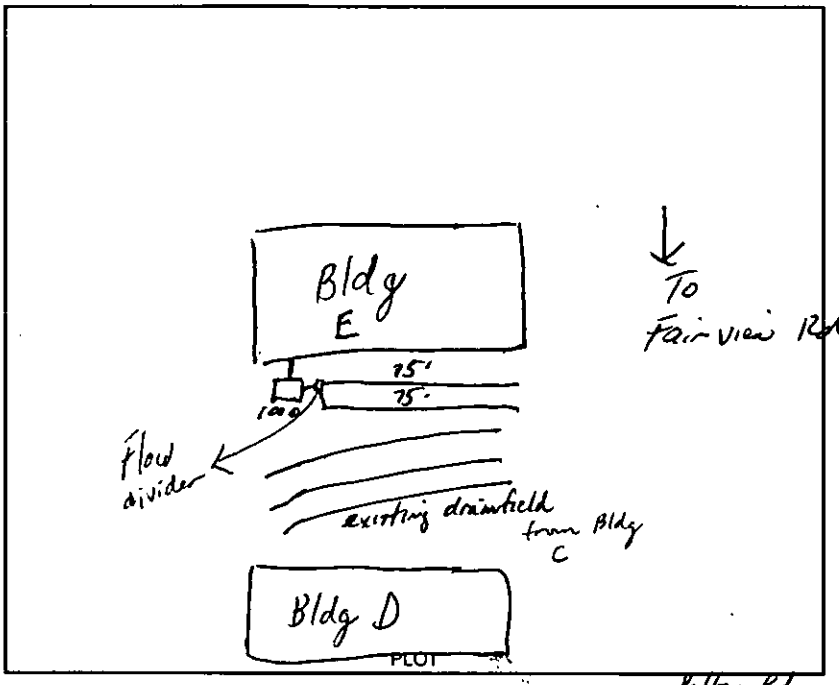
Distance to Water Source > 100'

Excavation Inspected 8/28/97

Tank(s) Inspected 8/28/97

Wash Line Inspected NA

High Water Alarm Inspected NA



Design 1997, 1000ST, CON, 300SFT, 12"stone Cecil CTR# _____

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☒ installed or constructed ☐ altered or repaired
☐ in accordance with the permit issued ☒ as detailed in the plot above

and meets the provisions of I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☒ Operation Permit

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 document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of I5A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Septic system designed for 4 employee shop. Plumbing installed Appr 3' below foundation, System installed deep Appr 50". Type IIa

Philip A. Walker R.S.
Environmental Health Specialist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

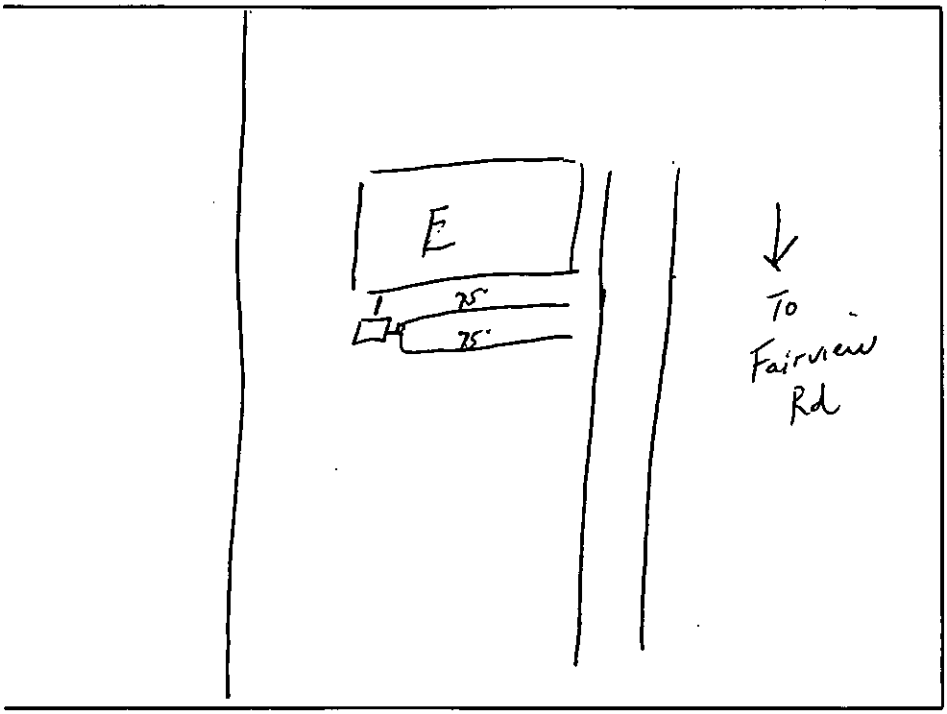
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3298A DATE: 9/26/97

TC: 139 01206 ☒ L

SERIAL Nº 17360

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 9/26/97. All work shall be completed on or before 9/28/97, 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 1000 gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction PCC

Trench Depth 40"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 150' feet

Number of Lines 2 (75')

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well > 100' feet

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

NAME OF OWNER Brent Vandervon

LOCATION OF PROPERTY 8621 Fairview Rd

Comments: Application changed 8/25/97 from 10 employees to 4 employee / System designed changed to accomodate 4 employees / 1000 ST, 2 lines x 75' long x 3' wd x 12" stone

Phila S. Walker R.S.
Environmental Health Specialist

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

FEE: 200.00 CK# 4182
DATE: 1/21/97 BC

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR IMPROVEMENT PERMIT FOR COMMERCIAL/INDUSTRIAL SITE

[redacted]

| | CRT

TYPE APPLICATION: ___ NEW SYSTEM X EXPANSION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

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

FILE #: 3298A

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139-012-06

STREET ADDRESS: 8621 FAIRVIEW RD

✓ COMMERICAL ___ INDUSTRIAL

DESCRIBE TYPE OF BUSINESS:

Storage Future of facility

NUMBER OF EMPLOYEES: 4 8/25/97 DF
PER SHIFT: ___ ___ ___

LOT NUMBER:

TOWNSHIP (CHECK ONE):

✓ 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
___ 7 MINT HILL

HOW WILL WATER BE USED IN THE FACILITY:

✓ TOILETS/URINALS
✓ HANDSINK
✓ SHOWERS
___ FLOOR DRAINS

OTHER, PLEASE DESCRIBE:

An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change.

TYPE OF WASTEWATER:
✓ SEWAGE
___ INDUSTRIAL PROCESS WASTE WATER

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

WAREHOUSE / WORKSHOP

WATER SUPPLY (CHECK ONE):
___ COMMUNITY (C)
___ MUNICIPAL (M)
___ PRIVATE WELL (P)
✓ SHARED WELL (S)
___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES ___ YES X NO
EXISTING WASTE WATER SYSTEMS ✓ YES ___ NO
EASEMENTS OR RIGHT-OF-WAYS ___ YES X NO
WELL SPRINGS OR WATERLINES ___ YES X NO
DESIGNATED WETLANDS ___ YES X NO

BUILDING PLANS TO INCLUDE ALL PLUMBING, FLOOR DRAINS AND ALL SOURCES OF WASTEWATER DISCHARGE AND GRADING PLANS MAY BE REQUIRED DURING THE EVALUATION STAGE.

PROPERTY OWNER: BRENT VANDERVOTT

NAME: (LAST) (FIRST) (MI)

ADDRESS: SAM NEWELL RD.

CITY: MATTHEWS STATE: NC ZIP: 28105

DAYTIME PHONE: 704 545-0724

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) ---

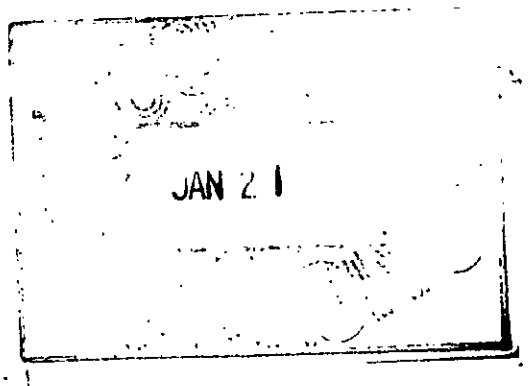
WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? ___ / ___ / ___

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: Bob Teague

DATE: 1/21/97

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


JAN 2 1

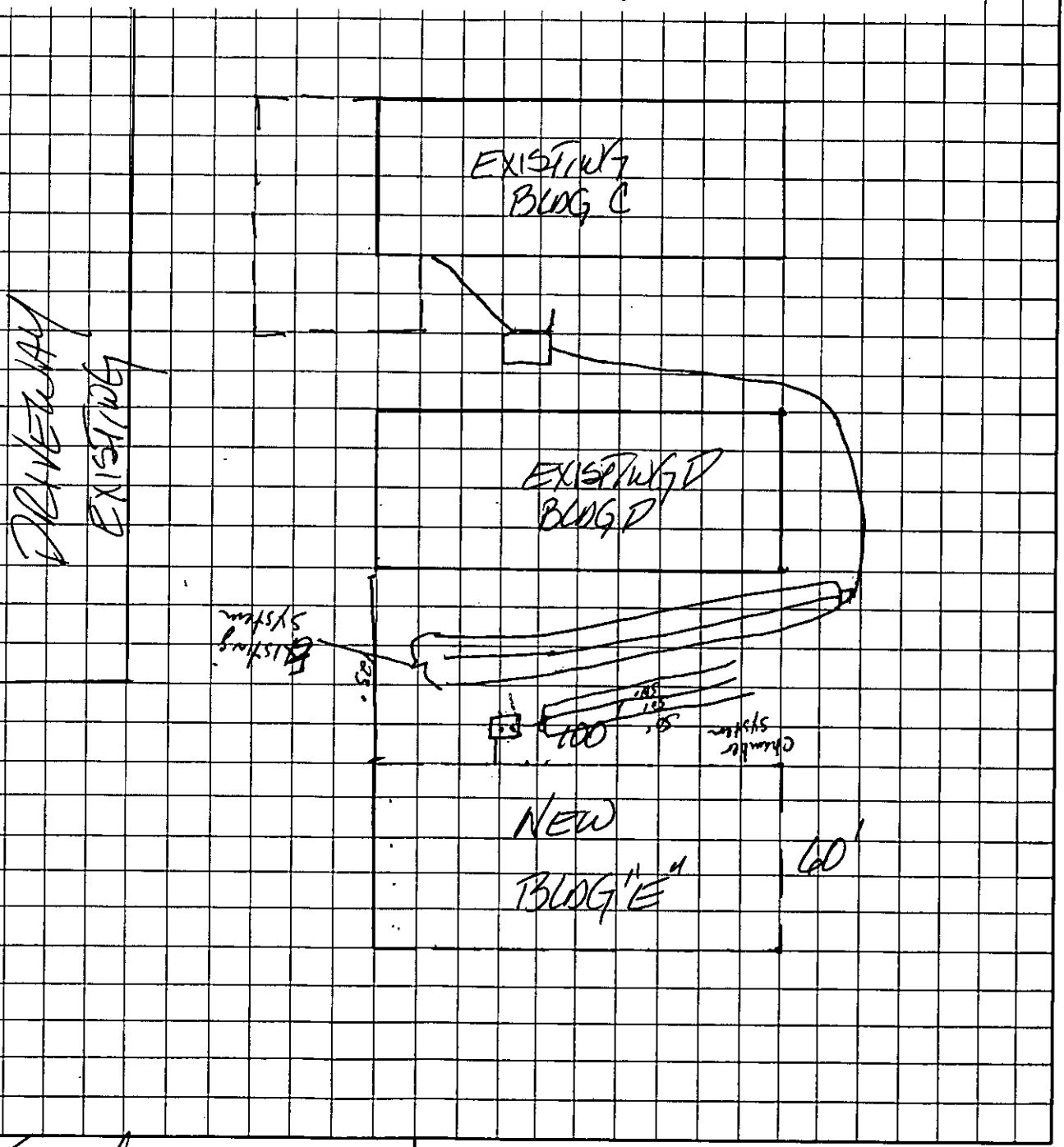
PROPOSED PLOT PLAN

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

FILE: 3298A

TC: 139-010-06

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.



Bob Fagan
OWNER/AGENT SIGNATURE

DATE 1/21/99

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3298 A DATE: 3-24-94

TC: 139-012-06 ☒ L ☐ CRT

SERIAL № 15815

Name of Owner Jim Rogers Juris.:

Address of Property 8621 Fairview Rd, Bldg C

Inspection Data:

Tank Material PCC - Existing

Total Length of Drainfield 270'

Number of Lines 3 @ 90'

Cover Depth 12"-24"

Water Supply Source well

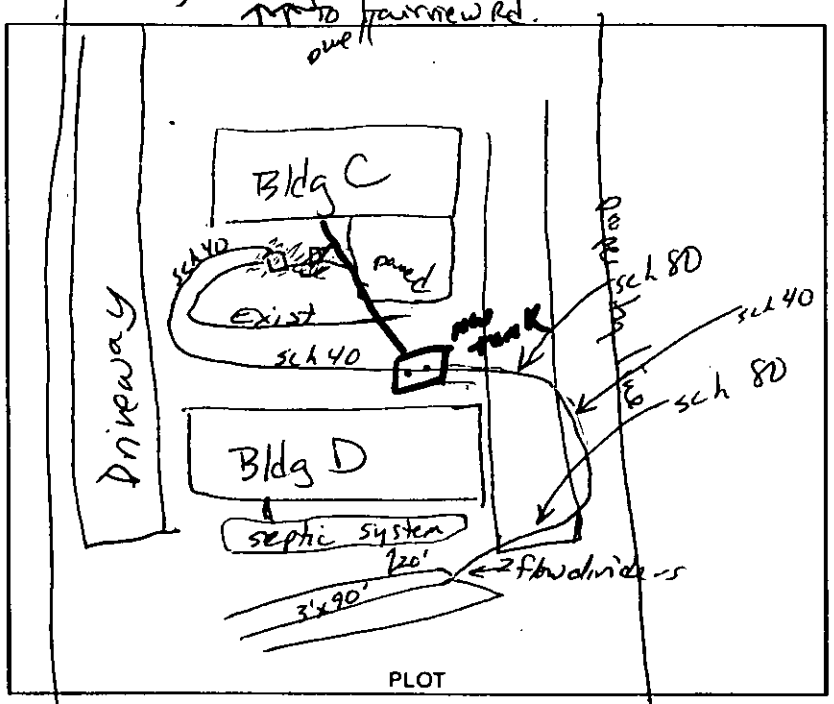
Distance to Water Source ≈80'

Excavation Inspected 3-24-94

Tank(s) Inspected —

Wash Line Inspected —

High Water Alarm Inspected —



Design: 1994 Repair, 810 sq ft drainfield at 3 at 3'x90'x12" stone, 20' min CTR# 167 off Bldg D system.

The undersigned has inspected the Septic Tank System described above and certifies it has been

☐ installed or constructed ☒ altered or repaired

☐ in accordance with the permit issued ☒ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☒ Certificate of Completion ☐ Operation Permit

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 document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document 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: No industrial type wastewater — domestic type wastewater only! Recommend well be min 100' from any wastewater disposal system. Do not drive or pave over septic system. Check with DEM regarding # of connections to well (663-1699). P. Walker for J. Daniel 4/13/94 Recommend capping off floordrains

Environmentalist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3298 A DATE: 3-24-94

TC: 139-012-06 ☒ L ☐ CRT

SERIAL № 15815

Name of Owner Jim Rogers Juris.:

Address of Property 8621 Farmew Rd, Bldg C

Inspection Data:

Tank Material PCC - Existing

Total Length of Drainfield 270'

Number of Lines 3 @ 90'

Cover Depth 12"-24"

Water Supply Source well

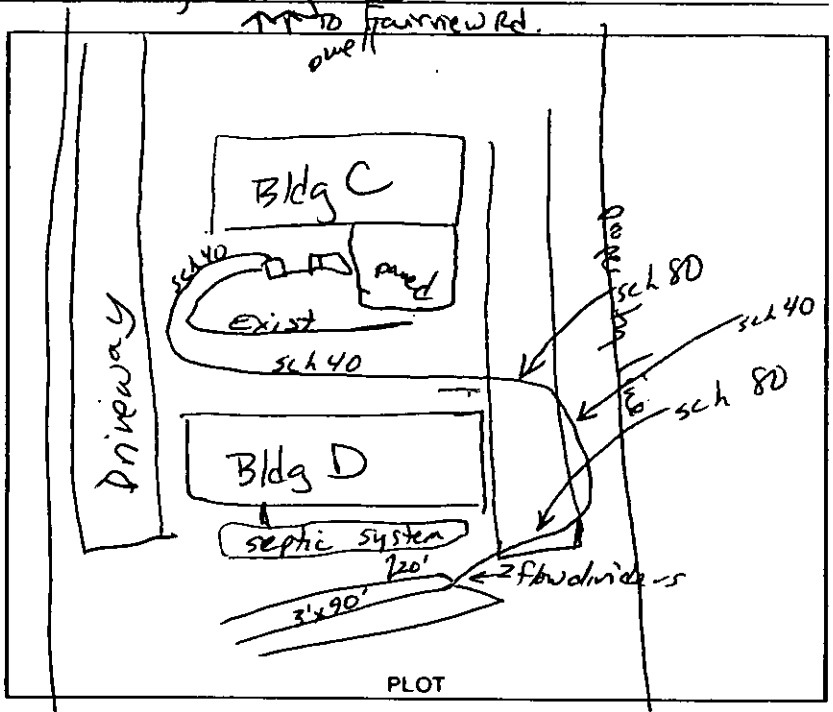
Distance to Water Source ≈80'

Excavation Inspected 3-24-94

Tank(s) Inspected —

Wash Line Inspected —

High Water Alarm Inspected —



Design: 1994 Repair, 810 sq ft drainfield w/ 3 at 3'x90'x12" stone, 20' min off Bldg D system. CTR# 167 single

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☒ altered or repaired

☐ in accordance with the permit issued ☒ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☒ Certificate of Completion ☐ Operation Permit

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 document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document 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: No industrial type wastewater — domestic type wastewater only! Recommend well be min 100' from any wastewater disposal system. Do not drive or pave over septic system. Check with DEM regarding # of connections to well. (663-1699). per Walter Prof. Daniel 4/13/94 Recommend capping off floordrains

Jason Salem
Environmentalist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

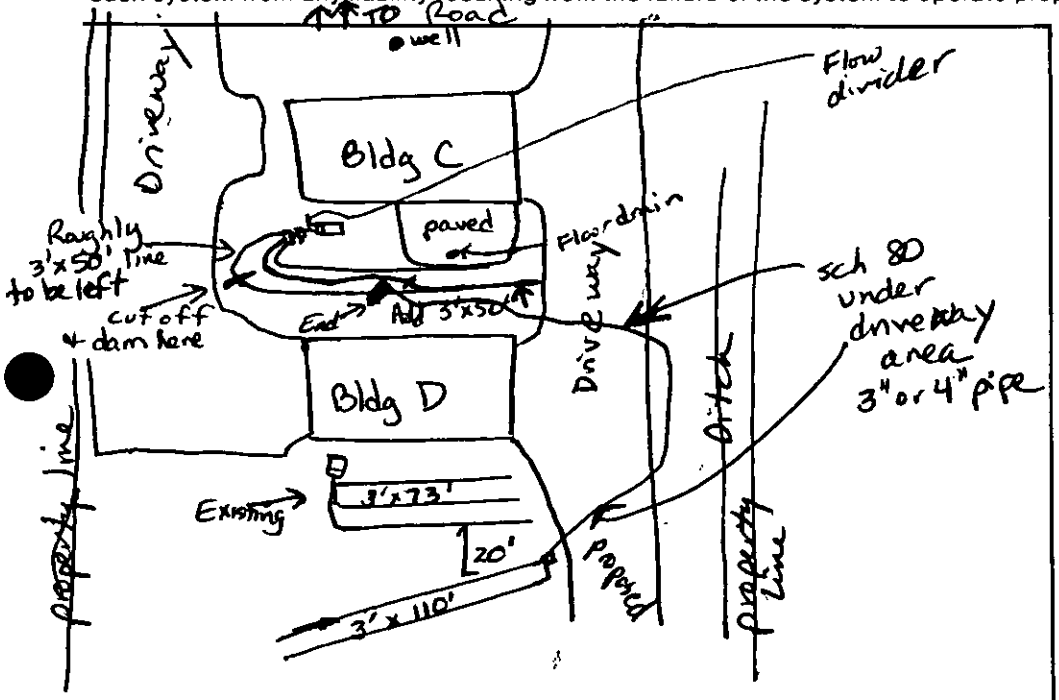
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3298-A DATE: 3-4-94

TC: 139-012-06 ~~0~~

SERIAL Nº 15694

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 3-4-94. All work shall be completed on or before 4-13-94, after which date this permit shall be null and void. The system shall meet all of the construction requirements of ~~10~~ 15A NCAC ~~10~~ 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 Exist 1500 gallons

Liquid Capacity of Dosing Tank ____ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 270' feet

Number of Lines 3 (2 at 110' each, 1 at 50')

Depth of Stone 12" inches

Distance from House >5' feet

Distance from Property Line >10' feet

Distance from Well Drainfield New - 100'+ feet

Floor drain piping to be relocated away from septic system area.

Divert surface water runoff away from drainfield areas.

NAME OF OWNER Jim Rogers

LOCATION OF PROPERTY 8621 Fairview Rd, Bldg C

Comments: Domestic Type Wastewater Only! No industrial wastewater to discharge into sewage disposal system. Existing system is less than 100' from well - Recommend min 100' separation. Min 20' separation between Bldg D's septic system and Additional drainlines for Bldg C.

T. Walker for A. Daniel 3/15/94
Division or Section Head

Susan Bateman
Environmentalist

Do not drive or pave over drainfield areas.

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

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

Mecklenburg County Public Health Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

Microbiological Analyses

Owner, System or Establishment: Jimmy Rogers

Address: 8621 Fairview Rd Bldg C

Zip

Collected By: S Bateman

Date Collected: 2-21-94 Time: 12:30 AM (PM)

Sample Source: surface of ground — Septic system area

Date Delvd. to Lab: 2-21-94 Time: 4:20 AM (PM)

Delivered By: S Bateman

Type of Sample

Potable Water

☐ Individual Well ☐ Non-Community

☐ Community ☐ City

☒ Other (specify) Surface water on ground

Treatment: ☐ chlorinated ☐ nonchlorinated

☐ Initial Sample ☐ Recheck (chlorinated)

☐ Recheck (nonchlorinated)

☐ Other (specify)

Food (specify):

Analysis Requested: ☐ Total Coliform ☒ Fecal Coliform ☒ Fecal Strep Enterococcus

☐ Sulfate Reducing Bacteria ☐ Giardia lamblia (contact laboratory for instructions)

☐ Food Quality Survey ☐ Other (specify)

☐ Foodborne Investigation (specify)

COPY

Comments:

Laboratory Analysis Report

Method: ✓ Membrane Filter _____ Colilert

Total Coliform _____ /100 ml. Non-Coliform _____ /100 ml.

Fecal Coliform > 6000 ECFU /100 ml. Plate Count _____ /gm. or ml.

Fecal Strep > 6,000 ECFU /100 ml. Coliform Count _____ /gm. or ml.

Positive for Enterococcus

Laboratory Comments:

Date Received: 2/21/94 Date Reported: 3/23/94

Received By: SW Analyst: SW/TP Lab #: 748

Laboratory Identification #: 37518

L 1.14 1/92

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Repair

[] CRT

3298 A

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:

NAME: Rogers (last) Jim (first) 5 (mi)

ADDRESS: P.O. Box 23416 PHONE: 704 545-8735

CITY: Mint Hill STATE: N.C ZIPCODE: 28227

Date:

PROPERTY OWNER:

NAME: SAME AS ABOVE (last) (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 139-012-06

STREET ADDRESS: 8624 Fairview Rd

ZONING: Bldg. C

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres): 5.64 Ac.

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)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[X] 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: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY: X
Type Business Machine Shop # Employees 16 Per Shift ___ ___ ___
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) N Type ___

WATER SUPPLY (check one): X
[] 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): X
[] 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: X [signature] Date: X 3-1-94

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.

... Repair permit issued.

No industrial type wastewater to discharge into septic tank system. Domestic-type wastewater only!

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

[signature] 3-4-94
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

Mecklenburg County

This page is left in the original file as a placeholder. The following item(s) were removed from the original file prior to scanning and returned post scanning:

- **Large-format Drawings**

Original File Number: 3298A / 13901206

Box Number: 3

Number of pages associated with file: 1

General Comments: _____

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