

17835 MCKEE RD

21727111

1/7/2008

duponbj

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

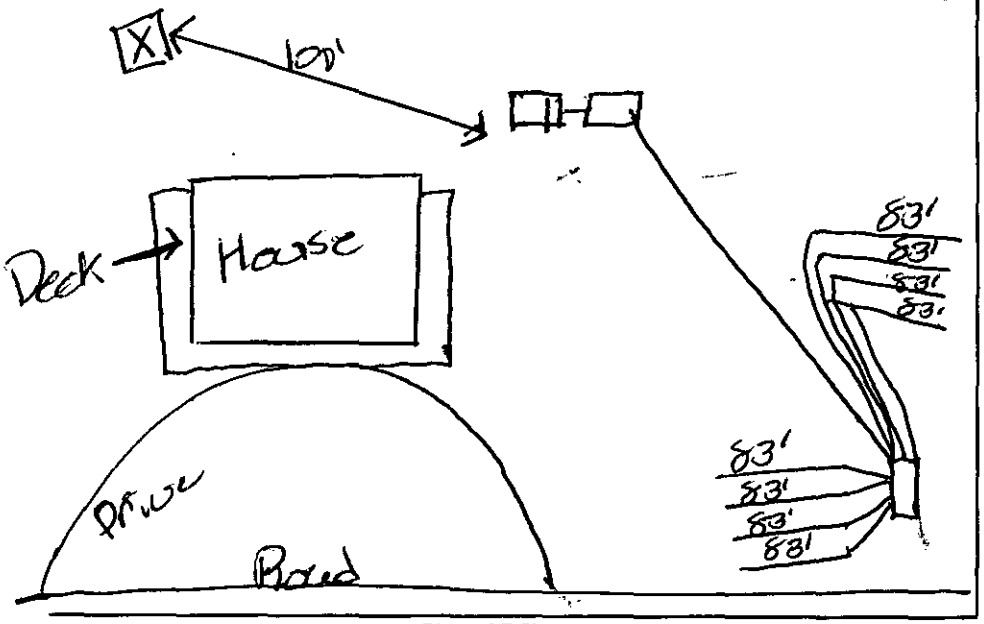
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4615B DATE: 3/11/03

TC: 217-27-102 ☐ L

SERIAL 19219

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 _____. 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 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction RC

Trench Depth ~~18~~ 24"-36"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 667' feet

Number of Lines 8

Depth of Stone 12" inches

Distance from House >10' 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 Daniel Call

LOCATION OF PROPERTY McKee Road 17835

Comments: _____

Environmental Health Specialist

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

FEE: 300 AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: 7/16/01 VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 6/18/01 PERMIT NO: 4615 B
PARCEL NO: 217-271-02 P0

JOB LOCATION ADDRESS: 1783 Mckee Road
PROPERTY OWNER: Don Call
BUILDING CONTRACTOR: —
SUBDIVISION NAME: —
AUTHORIZATION ISSUED BY: Jenny P. Mackie RS DATE: 6/18/01
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4615 B, 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: See Conditions of I.P.

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.

Don E. Call 7/16/01
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 4615 B

Tax Number: 27-271-02 PO

The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.

CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.

Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	✓ Yes	___ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
0.3 Long-term acceptance rate	600 Max gallons/day wastewater flow	2000 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
yes Serviced by private well	1500 Gallon septic tank	667' Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
5 Bedrooms in residence	1000 Gallon pump tank	12" Depth of stone		
Any surface waters present: NO Type:		Minimum separation distance:		
Site modifications required:				
Additional Conditions: Install 7 lines x 95' x 3' x 12" Stone Type #6 pump to Conventional system				
Repair Area System Type Type (circle one): I II (III) IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
2000 Absorption Area (Sq ft) 667 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	24" 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.

Jeremy F. Medlin RS 6/18/01
DEHNR Authorized Agent — Date

Owner/Agent Signature — 7/16/01 Date

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

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

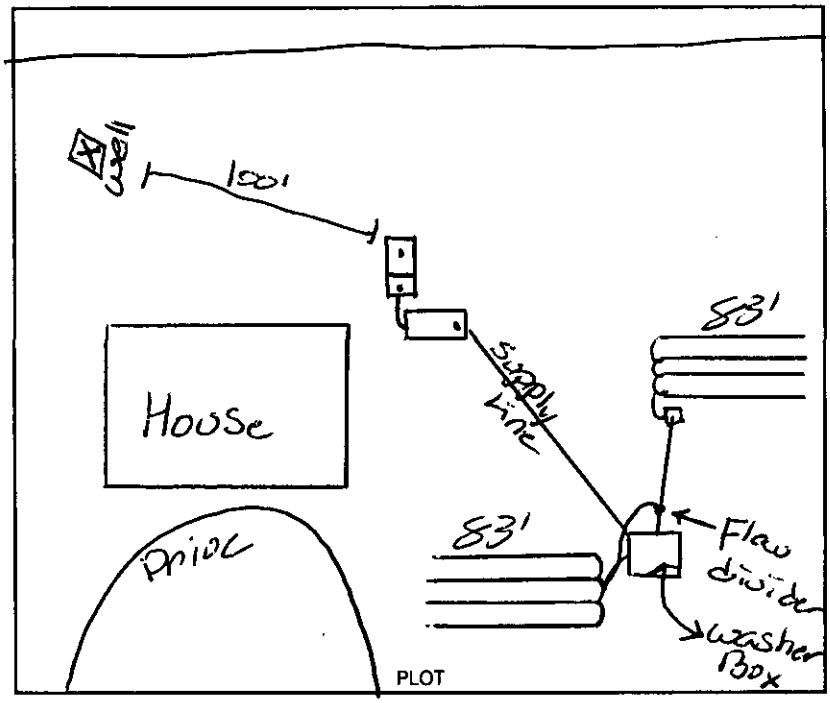
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4615B DATE: 3/27/03
TC: 217-27-102 ☒ L ☒ CRT
SERIAL 19116

Name of Owner Daniel Call Juris.:
Address of Property 17835 McKee Road

Inspection Data:

Tank Material PCC
Total Length of Drainfield 667'
Number of Lines 8 @ 83'
Cover Depth 18"-24"
Water Supply Source Well
Distance to Water Source >100'
Excavation Inspected 3/26-3/27
Tank(s) Inspected 3/26/03
Wash Line Inspected N/A
High Water Alarm Inspected 3/27



Design 2003, Type III-b, P1, 12" Stone, 1500 ST, 1000 PT 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 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:

RS
Environmental Health Specialist

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

PROPOSED PLOT PLAN

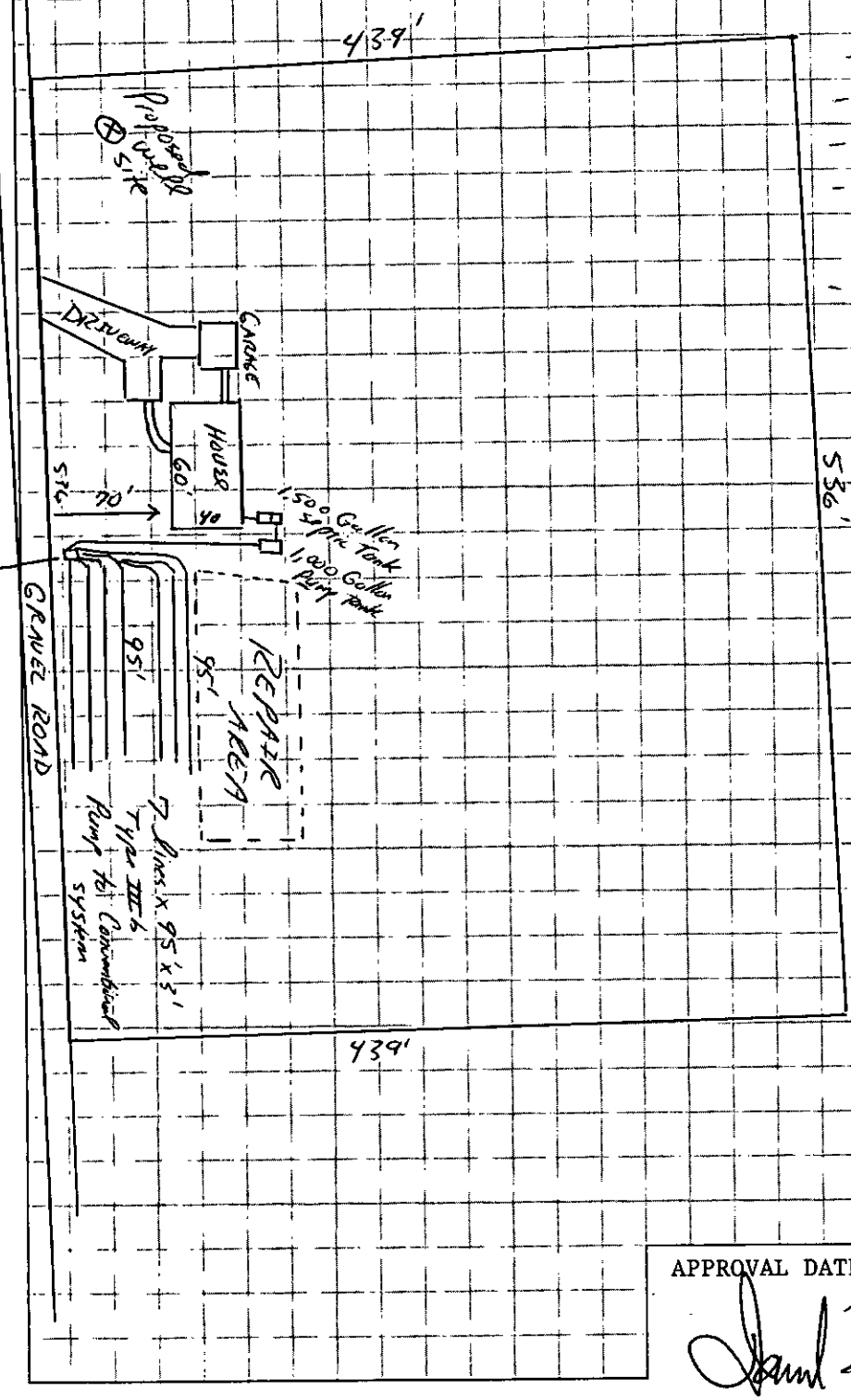
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4615B

TC: 217-27/-02 PO

To Mckee Road →

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.



Comments

- Scale = 1" = 100'
- 5 Bedroom House
- Install 7 lines x 95' x 3' x 12"
- Type III b Pump to Conventional (667 TLF)
- Keep well 100' from all parts of septic system.
- Keep lines level and on contour of land
- Pressure Manifold to be installed.

APPROVAL DATE Tammy P. Nichols RS 6/18/01

David S Call 7/16/01

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

4615B

DATE: 8/9/2001

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION: MECK

217-271-02

PARCEL NUMBER

17835 MCKEE RD

ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

N/A

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A

PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	_____ APPROVED	____NOT APPROVED
2. FLOODWAY REGULATIONS	_____ APPROVED	____NOT APPROVED
3. WATERSHED PROTECTION	_____ APPROVED	____NOT APPROVED
4. COMERCIAL DRAINAGE PLAN	_____ APPROVED	____NOT APPROVED
5. PUBLIC UTILITY EASEMENT	_____ PRESENT	____NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	_____ YES	____NO
7. DRIVEWAY PERMIT REQUIRED	_____ YES	____NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	_____ YES	____NO

Remarks:

NEW PARCEL TO BE A NEW SINGLE FAMILY RESIDENCE

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMAS OBSOLETE
NEW ADDRESS
REVISED 1/91

SIGNED: _____

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

AS #2

Sheet: _____
Property ID: PO 817-271-02
Lot #: _____
File #: 46153

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: RD Enterprises / C/O of Clifford Austin APPLICANT: Daniel E. Call
ADDRESS: 3391 Blue Jay Point DATE EVALUATED: 5-17-01
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 600gpd PROPERTY SIZE: 2.0
LOCATION OF SITE: Mc Nee Road PROPERTY RECORDED: _____
WATER SUPPLY: ☑Private ☐Public ☐Well ☐Spring ☐Other _____
EVALUATION METHOD: ☑Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☑Sewage ☐Industrial Process ☐Mixed

PROFILE #	Slope 5-15% / .1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .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/SEXP/NS/NP	>38" TO soil wetness	38"	N/A	None	PS .39/F2 IV
		5-38"	SBK/SC	Fi/SEXP/S/P					
2	LS	0-12"	gr/sl	Fr/SEXP/NS/NP	>48" TO soil wetness	45"	N/A	None	PS .39/F2 IV
		12-15"	SBK/SCl	Fr/SEXP/SS/SP					
		15-24"	SBK/SC	Fi/SEXP/S/P					
		29-45"	SBK/SCl	Fr/SEXP/SS/SP					
3	LS	0-4"	gr/sl	Fr/SEXP/NS/NP	>39" TO soil wetness	39"	N/A	None	PS .39/F2 IV
		4-23"	SBK/C	Fi/SEXP/S/P					
		23-39"	SBK/SCl	Fr/SEXP/SS/SP					
4	LS	0-6"	gr/scl	Fr/SEXP/NS/NP	>38" TO soil wetness	38"	N/A	None	PS .39/F2 IV
		6-9"	SBK/SCl	Fr/SEXP/SS/SP					
		9-27"	SBK/C	Fi/SEXP/S/P					
		27-38"	SBK/SCl	Fr/SEXP/SS/SP					
5	LS	0-10"	gr/sl	Fr/SEXP/NS/NP	>26" TO soil wetness	26"	N/A	None	US IV
		10-13"	SBK/SCl	Fr/SEXP/SS/SP					
		13-26"	SBK/SC possible platy	Fi/SEXP/S/P					
6	LS	0-6"	gr/sl	Fr/SEXP/NS/NP	>32" TO soil wetness	32"	N/A	None	US IV
		6-32"	SBK/SC w/ platy	Fi/SEXP/S/P					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	US
System Type(s)		
Site LTAR	.39/F2	.39/F2

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W.R. Mewlin LSS 5-18-01
OTHER(S) PRESENT: _____

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

Sheet: 2

Property ID: _____

Lot #: _____

File #: 4615 B

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICANT: _____

ADDRESS: _____ DATE EVALUATED: _____

PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949) _____ PROPERTY SIZE: _____

LOCATION OF SITE: _____ PROPERTY RECORDED: _____

WATER SUPPLY: ☐Private ☐Public ☐Well ☐Spring ☐Other _____

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
7	LS	0-7"	gr/sl	Fr/SE XP/NS/NP	>24" TO soil wetness	24"	N/A	None	US IV
		7-10"	SBK/sl	Fr/SE XP/SS/SP					
		10-24"	SBK/sc						
			ploty						
8	LS	0-5"	gr/scl	Fr/SE XP/SS/SC	>25" TO soil wetness	25"	N/A	None	US IV .15gl Fx LPP
		5-23"	SBK/sc	Fi/SE XP/SP					
		23-25"	SBK/scl	Fr/SE XP/SS/SP					
9	LS	0-5"	gr/sl	Fr/SE XP/NS/NP	>48" TO soil wetness	46"	N/A	None	PS .39l Fx IV
		5-11"	SBK/scl	Fr/SE XP/SS/SP					
		11-35"	SBK/sc	Fi/SE XP/SP					
		35-48"	SBK/scl	Fr/SE XP/SS/SP					
10	LS	0-6"	gr/sl	Fr/SE XP/SS/SP	>40" TO soil wetness	40"	N/A	None	PS .39l Fx IV
		6-40"	SBK/sc	Fi/SE XP/SP					
11	LS	0-10"	gr/sl	Fr/SE XP/NS/NP	>34" TO soil wetness	34"	N/A	None	US .39l Fx IV
		10-34"	SBK/sc	Fi/SE XP/SP					
12	LS	0-6"	gr/sl	Fr/SE XP/NS/NP	>28" TO soil wetness	28"	N/A	None	US .15gl Fx LL
		6-10"	SBK/scl	Fr/SE XP/SS/SP					
		10-28"	SBK/sc	Fi/SE XP/SP					

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

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____

OTHER(S) PRESENT: _____

FILE # 4615B

COMMENTS 100% Reuse well probably need pump

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	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

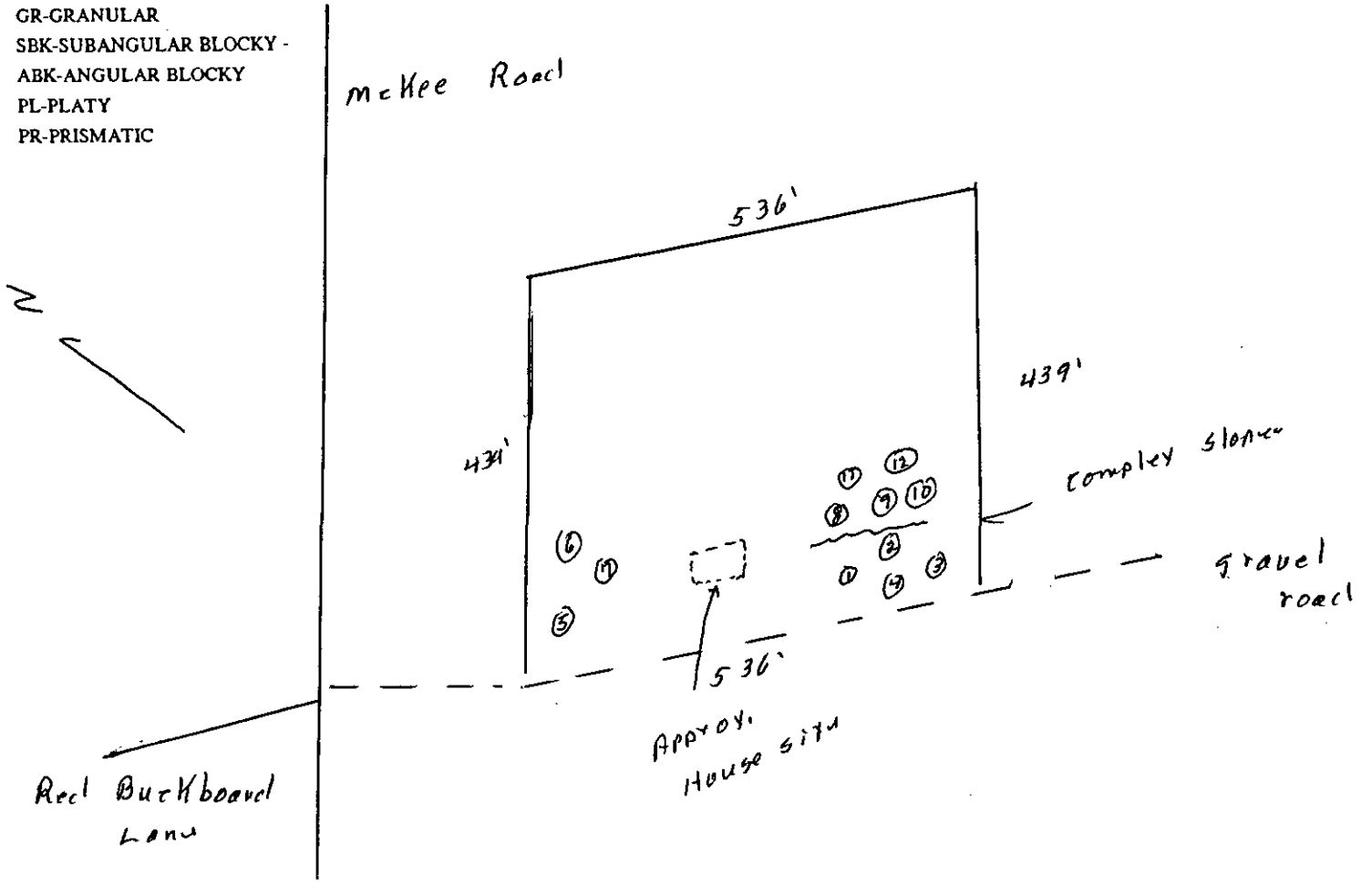
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



FEE: _____

DATE: _____

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

Rec'd 5/4/01 pf 2nd
CK# 3342
[ ] CRT

TYPE APPLICATION: X NEW SYSTEM __ EXPANSION/ ALTERATION 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 #: 4615B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: PO 217-27-02

TAX/PARCEL NUMBER: PO 217-062-01

STREET ADDRESS: McKee Road (Across from Rod-Buckboard Lane)

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
X HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 3000 ±

NUMBER OF BEDROOMS: 5 NUMBER OF OCCUPANTS: 4

CLOSING DATE Contingent upon successful Soil Test (Approx. 06/2001)

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
__ CRAWL SPACE
X WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES X NO TYPE: _____

WATER SUPPLY (CHECK ONE):
__ COMMUNITY (C)
__ MUNICIPAL (M)
X 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 WASTEWATER SYSTEMS __ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES ✓ NO
WELL, SPRINGS OR WATERLINES __ YES ✓ NO
DESIGNATED WETLANDS __ YES ✓ NO

PROPERTY OWNER:	~~LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:~~ Buyer
NAME: 80 ENTERPRISES, A NC PARTNERSHIP % Clifford Austin (LAST) (FIRST) (MI)	NAME: CALL, DANIEL E. (LAST) (FIRST) (MI)
ADDRESS: 3391 Blue Jay Pass	DAYTIME PHONE: (803) 888-240-5674 OR 704-583-0700
CITY: Fort Mill STATE: SC ZIP: 29708	
DAYTIME PHONE: (803) 547-5121	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1970

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: 80 ENTERPRISES BY: Clifford Austin, PARTNER DATE: 05/03/2001

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

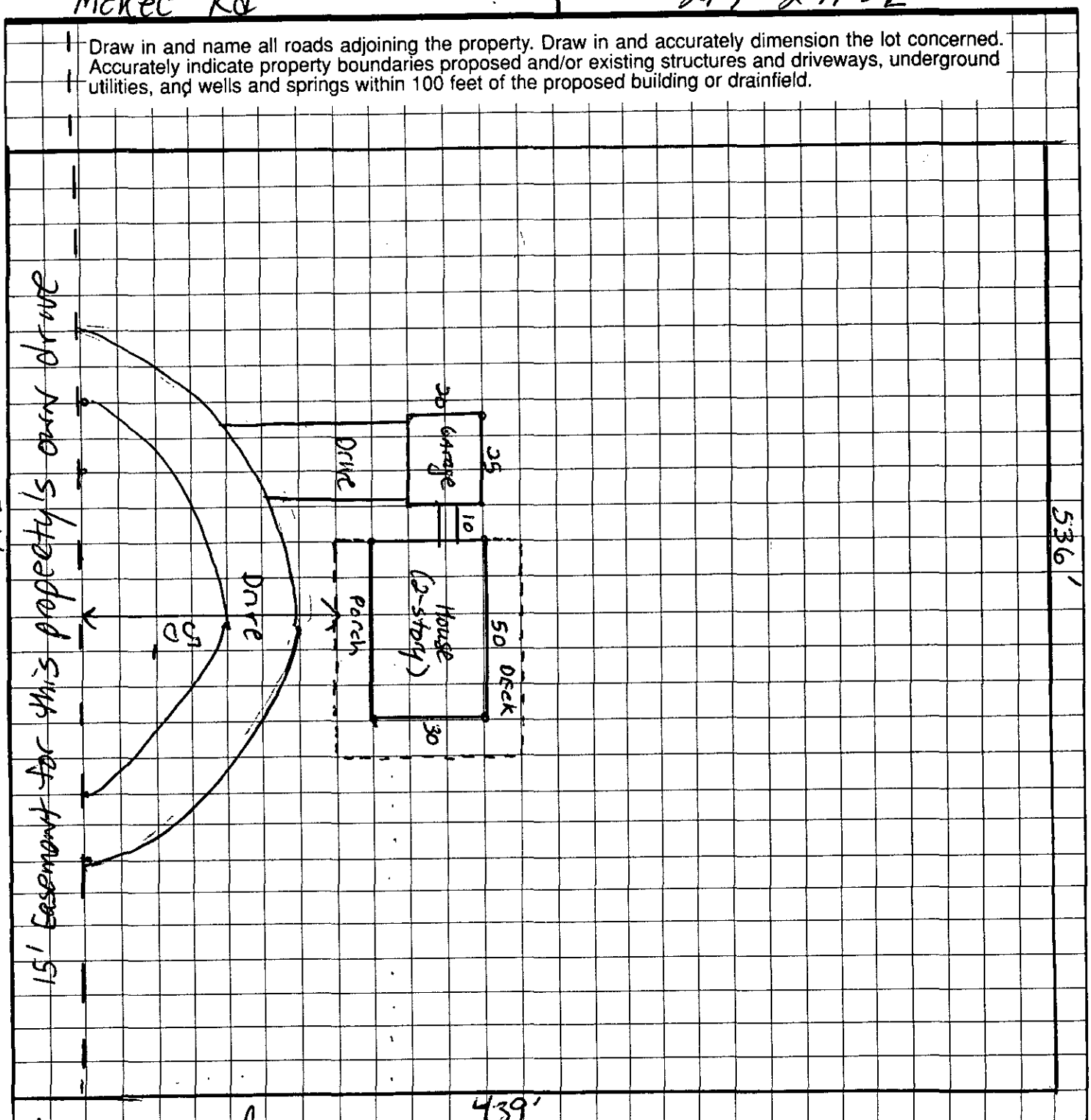
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: P.O
TC: ~~217-202-01~~ 217-271-02

Red Buckboard Lane

McKee Rd

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.



Daniel S Call
OWNER/AGENT SIGNATURE

DATE 05/03/2021

APPROVAL DATE _____

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