

9801 UNIVERSITY CITY BV

05133202

6/3/08

marliwr

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

Mecklenburg County
Health Department

April 23, 2002

Larry G. Jordan
9801 University City Blvd.
Charlotte, NC 28262

Dear Mr. Jordan:

The North Carolina Administrative Code requires routine maintenance and inspections of certain septic tank systems that utilize pumps. Our records indicate that the required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence at 9801 University City Blvd., Charlotte, NC is due.

> In accordance with Section .1900 of the North Carolina Administrative Code, North Carolina Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, Subchapter 10A, Sanitation, states in part: " System management in accordance with Tables V(a) and V(b) of this Rule shall be required for all systems installed or repaired after July 1, 1992."

This department will be making inspections on all systems that fall under this requirement. The fee for this service is $85.00. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The water analysis will be performed at no additional cost.

The inspection program and the water analysis are very important initiatives intended to protect the public's health while improving and preserving our groundwater resources. We highly recommend and prefer that you contact our office to make an appointment for the inspection of your system. If we have not heard from you by May 7, 2002 we will proceed with our inspection activities on your property. You will be apprised of our assessments and recommendations for the continued efficient operation of your septic tank system.

To set up an appointment for an inspection, or if you should have any questions regarding this matter, please feel free to contact me at (704) 336-5571.

Sincerely,

David Cornelius, R.S.I., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Larry Jordan
9801 University City Blvd.
Charlotte, NC 28262

Please Make Check Payable To:

Mecklenburg County Health Department
700 N. Tryon Street Suite 211
Charlotte, NC 28202

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Larry G. Jordan	9801 University City Blvd.	05101111	7911	IIIb
				Total Amount Due: $85.00

Please use the following space below, to make any corrections to property information.

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date: 4/23/02

Payment Due Date: 5/23/02

Direct Questions Concerning This Bill to .....(704) 336-5571

☐ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
Your Cancelled Check Is Your Receipt

DO NOT SEND CASH

Mecklenburg County
Health Department

April 5, 2001

Larry G. Jordan
9801 University City Blvd
Charlotte, NC 28262

Dear Mr. Jordan:

This letter is being sent to all home/business owners in Mecklenburg County with septic tank systems that utilize pumps. In 1990 the North Carolina Administrative Code governing septic tank systems was amended to require routine maintenance and inspection of certain septic tank systems. Research conducted on septic tank systems has shown that properly maintained systems perform better and protect the home/business owner's investment. The State rule changes required local health departments to perform additional inspections without additional resources. During the 1998-99 budget hearings, the Mecklenburg County Board of County Commissioners (BOCC) approved user fees to offset costs and to allow the local health department to comply with mandatory enforcement requirements in the State regulations.

Since you have a pump system, these new rules and fee requirements affect you. The fee is $85.00 and is due upon receipt of this notice. We will visit your property and make assessments and recommendations for the continued efficient operation of your septic system. In addition, if you have a well, bacterial and inorganic samples will be collected to help assess the quality of your water supply source. The process, including fee assessment, will be repeated every five (5) years. The fee amount may change in the future.

We are excited about the interest and support demonstrated by the BOCC. Past performance in this area was more enforcement oriented rather than supportive. One of our goals is to establish our department as a resource to you to aid and assist you with this and related public health concerns. The inspection program and the water analysis are important to the health of you and your family. This is a very important initiative intended to protect the public's health while improving and preserving our groundwater resources.

Your prompt fee payment will activate our inspection process. Your comments and questions regarding this matter are encouraged and welcomed.

Sincerely,

Kelly H, Randall, R.S., Supervisor
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure

cc: Fiscal Services Manager, HMHCS

INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

Larry G. Jordan
9801 University City Blvd.
Charlotte, NC 28262

Please Make Checks Payable To:

Mecklenburg County Health Department
700 N. Tryon Street, Ste 211
Charlotte, NC 28202

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Larry G. Jordan	9801 University City Blvd.	051-011-11 PO	7911	IIIB

Total Amount Due: $85.00

Please use the space below, to make any corrections to property information.

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date	Payment Due Date
4/05/2001	5/7/01

Direct Questions Concerning This Bill To ..... (704) 336-5102

☐ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
Your Canceled Check Is Your Receipt

DO NOT SEND CASH

CERTIFICATE OF COMPLETION/OPERATION PERMIT

LL4500

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

FILE: 7911 DATE: 3/23/95

TC: 051 011 11 20 ☐ L ☐ CRT

SERIAL № 14287

Name of Owner Larry Jordan Juris.:

Address of Property 9801 University City Blvd

Inspection Data:

Tank Material PCC

Total Length of Drainfield pump to existing drainfield

Number of Lines - @ -

Cover Depth -

Water Supply Source ≤50' well

Distance to Water Source ≤50

Excavation Inspected -

Tank(s) Inspected 10/25/94

Wash Line Inspected -

High Water Alarm Inspected 3/23/95

PLOT

Design: 1995 Alteration CTR# Richard Abernathy

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: Installed 1500ST, 1000DT, pump to existing drainfield

Philip S. Walker R.S.
Environmentalist

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: 7911 DATE: 10/25/94

TC: 051 011 11 P0 ☐ L

SERIAL Nº 16009

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 4/14/94. All work shall be completed on or before 11/25/94, 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 pcc

Trench Depth —

Absorption and/or Nitrification Lines:

Trench Width — feet

Trench Walls Scored and Porous —

Total Line Length — feet

Number of Lines —

Depth of Stone — inches

Distance from House 215' 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 Jordan

LOCATION OF PROPERTY 9801 University City Blvd

Comments: Install 1500 ST, 1000 DT, Pump to old existing septic system

R. Jewell for S. Dowd

Phila S. Walker R.S.
Environmental Health Specialist

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

W460

7911 3,B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

04/14/94

CR# 0931 $150.00 - 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

Date:

PERSON FILING APPLICATION:

NAME: Jordan (last) Harry (first) G (mi)

ADDRESS: 9801 University City Blvd PHONE: (704) 549-4638

CITY: Charlotte STATE: NC ZIPCODE: 28213

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 051-011-1120

STREET ADDRESS: 9801 University City Blvd

ZONING:

PROPERTY OWNER:

NAME: Same (last) (first) (mi)

ADDRESS: PHONE: (___) ___

CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M) (A)
[] COMMERCIAL OR INDUSTRIAL (N) MOVE NURSE BACK
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER ___ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3

SYSTEM CLASSIFICATION:

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

WATER SUPPLY (check one):
[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):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Harry G Jordan Date: 4/14/94

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.

... Pump to existing system. No washing machine allowed unless connected to CMUD sewer line.

[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

Susan Patterson 5-12-94
Environmentalist Date

Robert L. Walker 6/8/94
Director or Authorized Section Head Date

WWATER : 122791

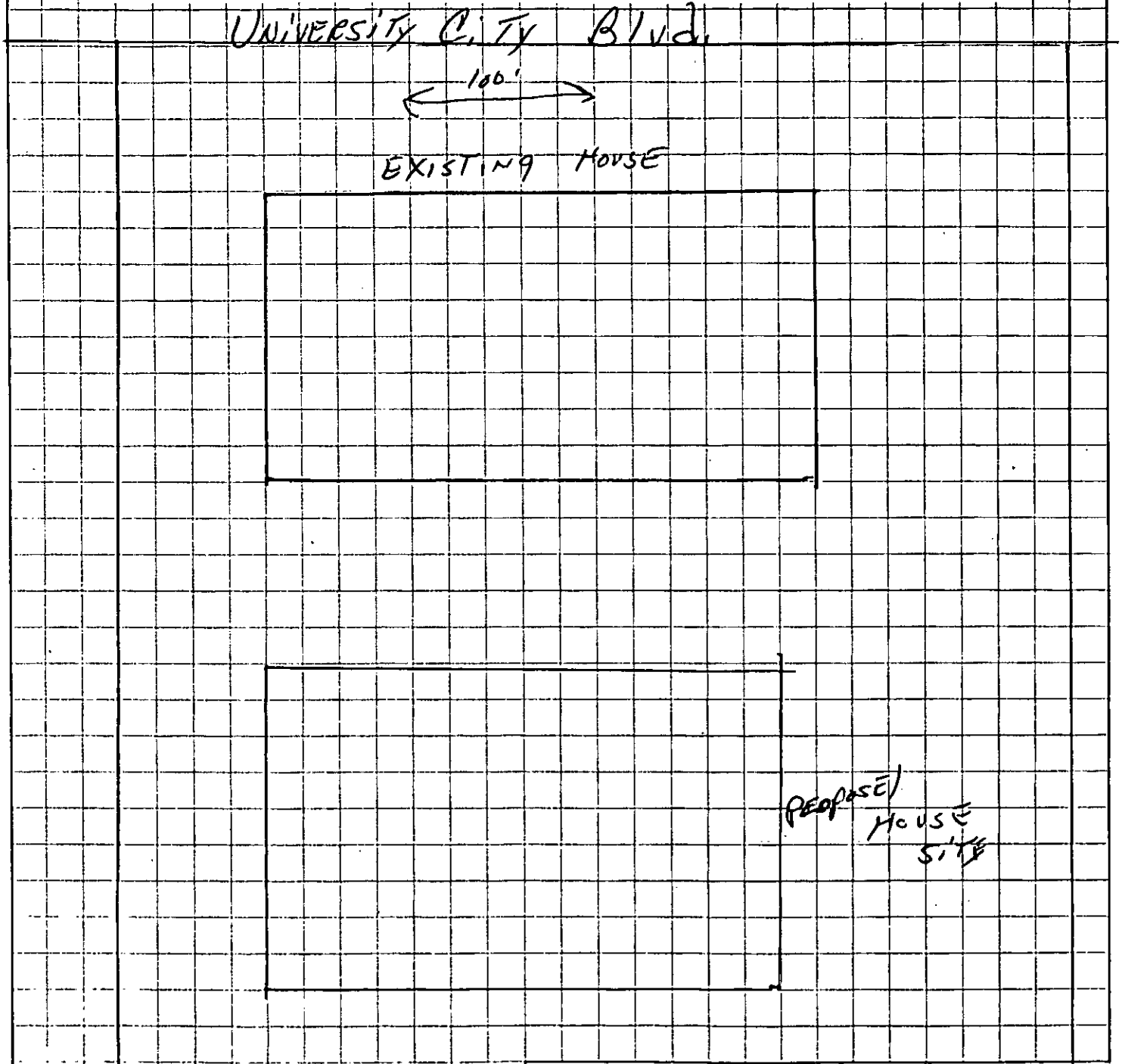
PROPOSED PLOT PLAN

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

FILE: 7911

TC: 051-011-11

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.



APPROVAL DATE _____

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

Mecklenburg County
Health Department

October 27, 1994

Mr. Larry Jordan
9801 University City Blvd.
Charlotte, North Carolina 28213

Re: 9801 University City Blvd.
File: 7911 (Tax Parcel No. 051-011-11PO)

Dear Mr. Jordan:

At your request an inspection was made at the above referenced property to facilitate the issuance of an Operation Permit for the On-Site Sanitary System of Sewage Treatment and Disposal. During the inspection it was found that the following items did not meet the regulations set fourth in the " Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal 15A NCAC 18A .1900; .1952 Septic Tank, Dosing Tank and Lift Station Design." Our Comments follow:

1). (6) Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (NEMA 4x or equivalent) adjacent to the pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure through waterproof, gasproof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seal, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.

2). (9) The pump tank shall have a properly functioning high-water alarm. The alarm circuit shall be supplied ahead of any pump overload and short circuit protective devices. The alarm shall be audible and visible by system users and weatherproof if installed outdoors in an enclosure (NEMA 4x or equivalent)

The above mentioned items must be installed and inspected prior to the Operation Permit being issued. The Operation Permit is required for the Certificate of Occupancy and the permanent electric hook-ups. Please schedule the inspections at least five (5) working days in advance to ensure no delays in the Operation Permit issuance.

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

Please call me at 336-5570 to discuss any question you may have concerning this matter.

Sincerely,

Philo S. Walker R.S.

Philo S. Walker, R.S.
Individual Water and Wastewater Systems

PW:gf

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: 7911 DATE: 10/25/94

TC: 051 011 11 P0 ☐ L

SERIAL № 16009

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 4/14/94. All work shall be completed on or before 11/25/94, 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.

Inspected Tanks 10/26/94
need elec inspection.

P/s mail
OP 2 Letter
Larry Jordon
9801 Univ

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth —

Absorption and/or Nitrification Lines:

Trench Width — feet

Trench Walls Scored and Porous —

Total Line Length — feet

Number of Lines —

Depth of Stone — inches

Distance from House 215' 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 Jordan

LOCATION OF PROPERTY 9801 University City Blvd

Comments: Install 1500 ST, 1000 DT, Pump to old existing septic system

Phyllis S. Walker R.S.
Environmental Health Specialist

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

04/14/94
CR# 0931 $150.00 [] 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 COPY

PERSON FILING APPLICATION:
NAME: Jordan (last) Harry (first) G (mi)
ADDRESS: 9801 University City Blvd PHONE: (704) 549-4638
CITY: Charlotte STATE: NC ZIPCODE: 28213

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 051-011-1120
STREET ADDRESS: 9801 University City Blvd
ZONING: Bus

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

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
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[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

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[] COMMERCIAL OR INDUSTRIAL (N) move house BACK
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3
SYSTEM CLASSIFICATION:

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

WATER SUPPLY (check one):
[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):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Harry G Jordan Date: 4/14/94

NOTICE:

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...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.

... no washing machine

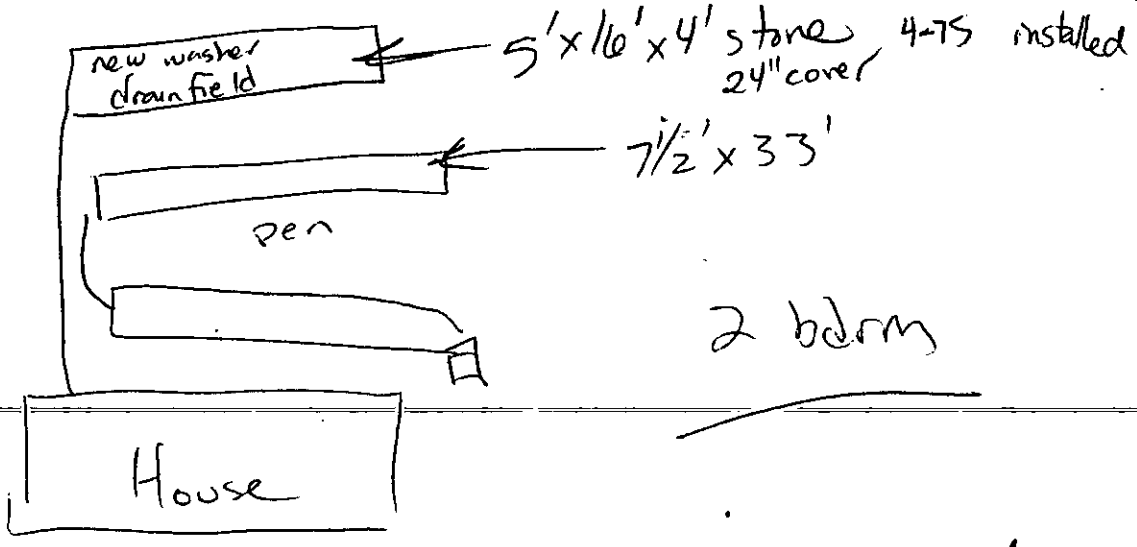
[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

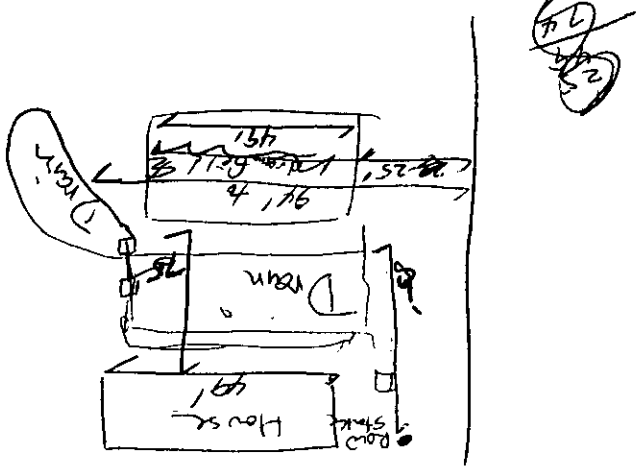
WATER : 122791

4-26 waiting for new survey info. in mail box for signing



original repair application dated 4-9-74 listed 2 bdrms, no washer, no garbage disposal + no dishwasher.

Add 2 rooms approved 4-25-75
(still listed 2 bdrm on appl.)



PG. 02

PG. 04

PG. 05

BK. 49

PG. 33

PG. 12

PG. 13

RIW

POWER

DUKE

900.22¢

5.96 AC

327.5¢

318.22¢

TWP.

CHURCH

RD.

ORCHARD

CRAB

CITY CREEK

MALLARD

CHARLOTTE

UNIVERSITY

E.

#2833

CITY

BLVD.

OLD CONCORD RD.

CRAB ORCHARD TWP.

MARLYNN DR.

HARRIS HOUSTON

RD. #2800

(N.C. HWY. 49)

BACK CHURCH CREEK RD.

CRAB ORCHARD TWP.

403.26

219.15

219.05

421.31

420.89

951.73

782.84¢

771.98¢

1.78AC.

28

5

12.2 AC±P.

35.02 AC. ±

14

3AC±

25

4

18.83 AC.

18

45.677 AC.

11

12

2.4AC.

10

9

2.45AC.

1.47AC.

15

28 AC.

19

585 AC.

20

2.36AC.

29

25.46AC

23.188AC

21

56.16 AC.

11

1672.93¢

706.99

2045.03

1054.66

667.066

83.03¢

136.67¢

988.58¢

1400.93

825.51

1350¢

514¢

388.78

FOR TAX PURPOSES ONLY

TAX LINE MAP	BOOK 51 PAGE 01
MECKLENBURG COUNTY, NORTH CAROLINA	
REVISED 8-16-93	SCALE 1" = 400'

053

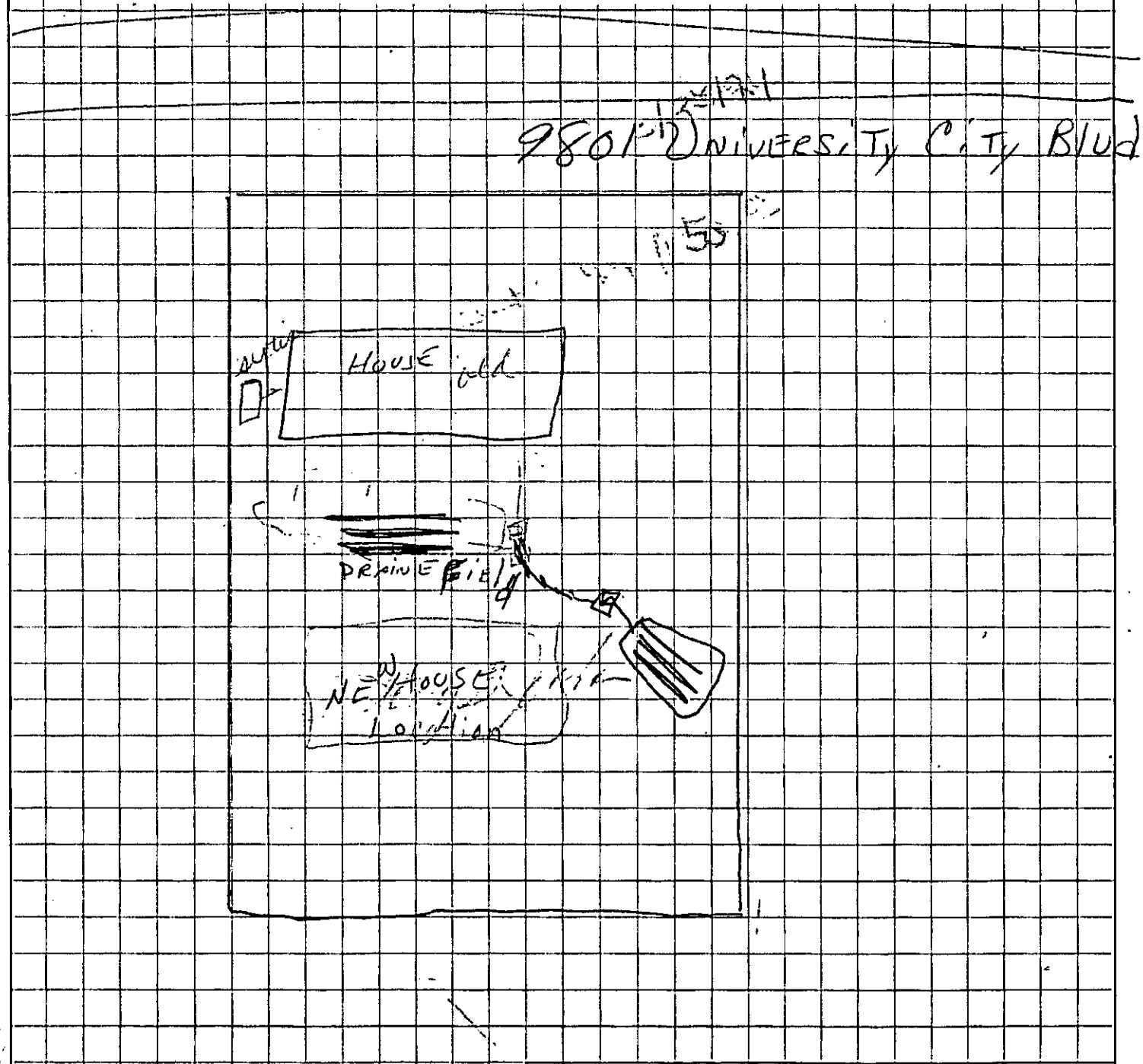
PROPOSED PLOT PLAN

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

FILE: 7911

TC: 051-011-011

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.



APPROVAL DATE _____

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

URG COUNTY HEALTH DEPARTMENT
UATION REPORT
UMBER 20289

File: 7911 Action 3

Parcel: pt 051-111-11 ☐ PC

ion: 7601 University City Blvd.

Subdivision:

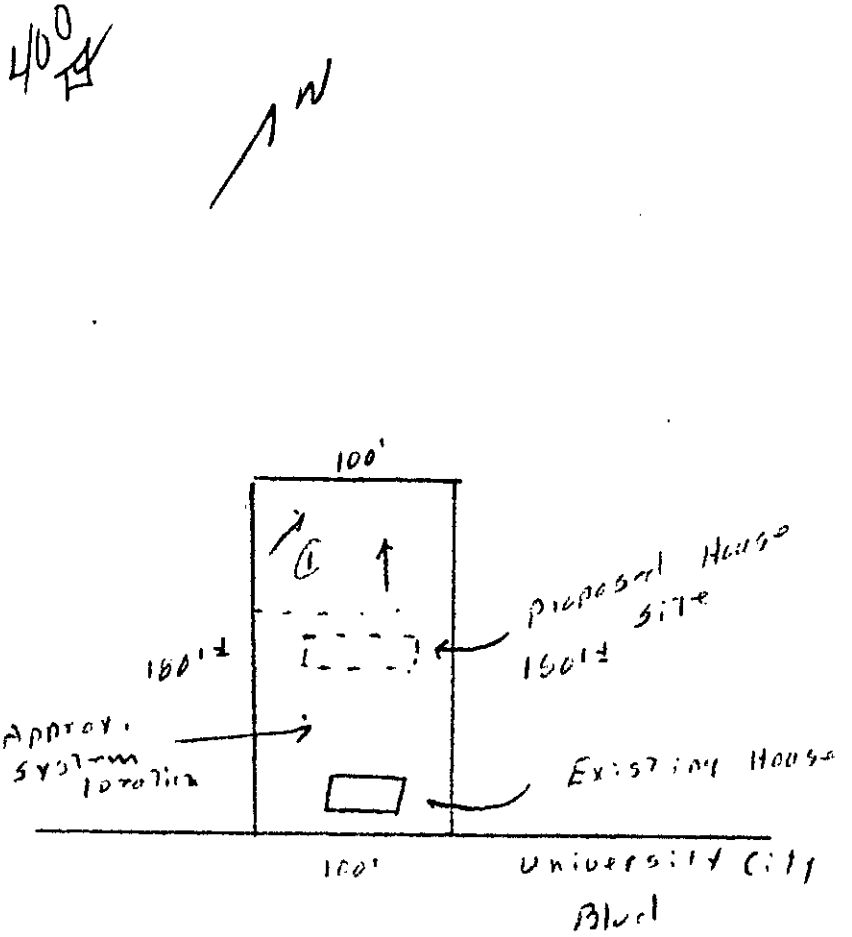
Lot: Block: Acres: .25 ±

Owner: Jerry J. Jordan
Address: 7601 University City Blvd
Charlotte, N.C. 28213

Comments: Soil investigation for septic tank system location (DOT)

Described by: William R. Marks

Date: 4-4-91



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S PS (U) Depression	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS (U) Expansive clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Subangular Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS (U) Seasonal water 18"	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36"+	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U ~31"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	Helena/ Depression					
Area Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U

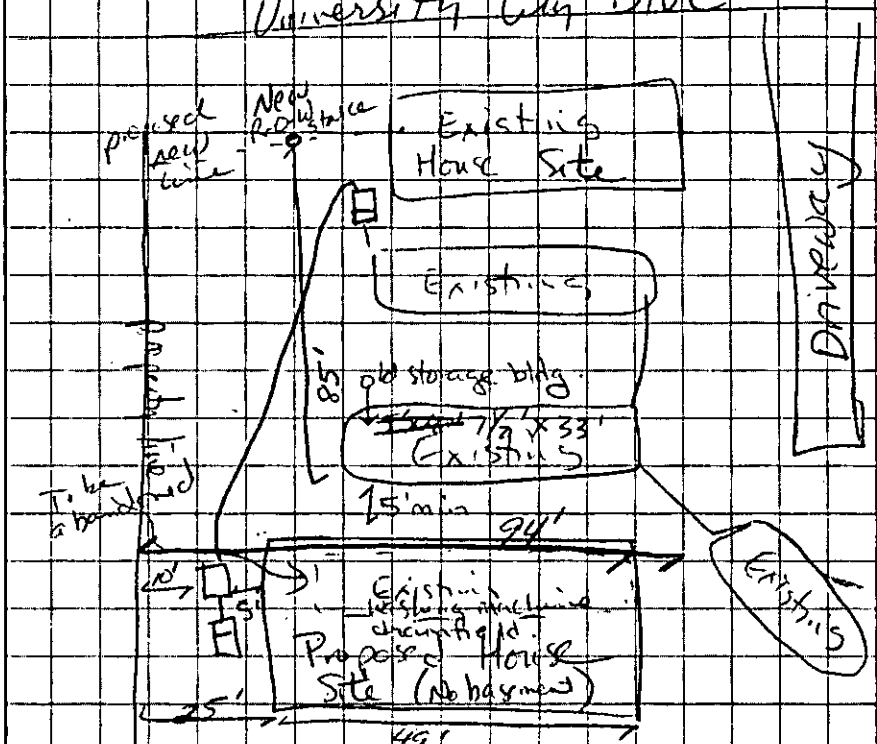
PROPOSED PLOT PLAN

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

FILE: 7911

TC: 051-011-11 PO

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.



2 bedroom house.

1500 g septic tank
1000 g pump tank
Run about existing tank
Supply line to go to existing septic tank.

No washing machine allowed unless house connects to C.M.U.D. sewer line.

Do not drive or pave over any portion of septic tank system.

Keep house (bldg. foundation) min 5' from any part of septic tank system.

Install pump, pump control/ float & alarm according to NC State Regs.

Old storage bldg must be removed off of system.

Lots to be combined or easement given

Same property owner for entire property as shown in survey plat dated 3/11/94. Before installation plan will be issued.

Refer to original improvement permits on file.

Ronnie B Jordan 5/12/94
Reviewing Sanitarian's Signature Date

APPROVAL DATE S Batten 5-12-94

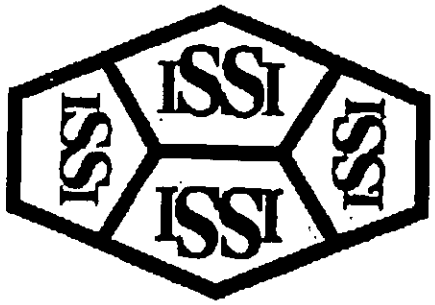
White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

septic tank system put in 2 / yr ago

Tax Parcel
05L-011-11
another ½ acre from parent
will be getting

9801 University City Blvd.

file 7911



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ISSI Operations Center Staff

C of A 1st No 7911

Serial No.

I C No 051-011-11

Date Issued 13 Apr 75

Map Date 12-21-74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner JORDAN, Larry G.
LAST FIRST MIDDLE

Location of Property Hwy #49

Application Number 7911

Permit Number 7911

Inspection Data:

Liquid Capacity of Tank ———

Tank Material ———

Total Length of Drain Tile 100 ft

Number of Lines @ 5' x 16' x 4' stone

Depth of Filter Material 4'

Cover Depth 24"

Water Supply Source well

Distance from Water Source 100'

Excavation Inspected 13 Apr 75
DATE

Tank Inspected ———
DATE

Nitrification Field Inspected 13 Apr 75
DATE

Working Water Line Inspected If Applicable 13 Apr 75
DATE

[illegible] Individual Septic Tank System [illegible] surface [illegible] ✓ [illegible] and has been [illegible] constructed [illegible] with the permit issued and the regulations of the Mecklenburg [illegible] date of issuance of the permit. The undersigned [illegible] Certificate of Approval certifies that the system will operate properly and [illegible] sewage and the system from any failure resulting from the [illegible] Certificate of Approval issued subject to the restrictions [illegible] listed below under Comments. This Certificate of Approval [illegible] information contained in the application. Any additions [illegible] would increase the requirements for said system.

Comments: new drainfield for washer line

R. McReynolds
Environmentalist

e Issued 13Apr75 Serial No. ICAR (Septic) Permit No. 7911

T C No 051-011-11

Map Date 12-21-74

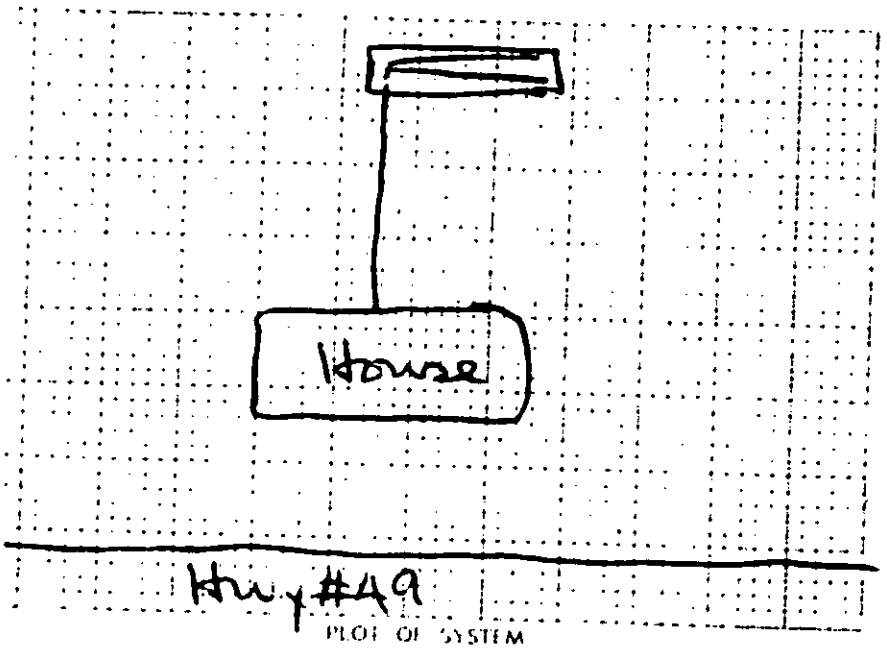
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

...is hereby given to ✓ Install or Construct, After or Repair the individual septic tank waste or treatment system with subsurface, soil absorption, effluent discharge as operated herein at the described location. This permit is granted based upon the information supplied in application 7911, dated 5-9-74 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 13May75, after which this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate —

Liquid Capacity of Tank —

Tank Construction —

Absorption and/or Distribution Lines

Total Line Length 100 ft

Number & Size ② 5'x16'x4' stone

Distance from House 10' +

Distance from Property Line 10 +

Distance from Well 100'

...E OF OWNER JORDAN, Larry G.

...TION OF PROPERTY Hwy #49.

...ation shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg ...y 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 untenable or can be used.

...ments: new washer drain field

...ed by

E. M. Reynolds
Environmentalist

...Failure to construct ... as shown above may be required by the division or a ... Health Department ... the signature of the Environmentalist. ... existing system is being altered or repaired.

E 5-9-1-72

Date Issued 29May74 Serial 4843

C of A (s) No. 7911

T C No. 051-011-11

Map Date 21 Dec 74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Jordan, Larry Glen (LAST, FIRST, MIDDLE)

Location of Property Hwy #49

Application Number 7911 Permit Number 7911

Inspection Data:

Liquid Capacity of Tank —

Total Length of Drain Tile 100ft

Depth of Filter Material 17"

Water Supply Source well

Excavation Inspected 29May74 (DATE)

Nitrification Field Inspected 29May74 (DATE)

Washing Machine Line Inspected, If Applicable — (DATE)

Tank Material —

Number of Lines (3) 7½'x33'

Cover Depth 12"

Distance from Water Source 100'

Tank Inspected — (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 Board of Health 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

B M Reynolds
Environmentalist

FORM NO E S-4-1 71

HEALTH DEPARTMENT'S COPY

Date Issued 21 May 74 Serial No

ICAR (S) Permit No 7911
T C No C 51-C11-T
Map Date 21 Dec 74

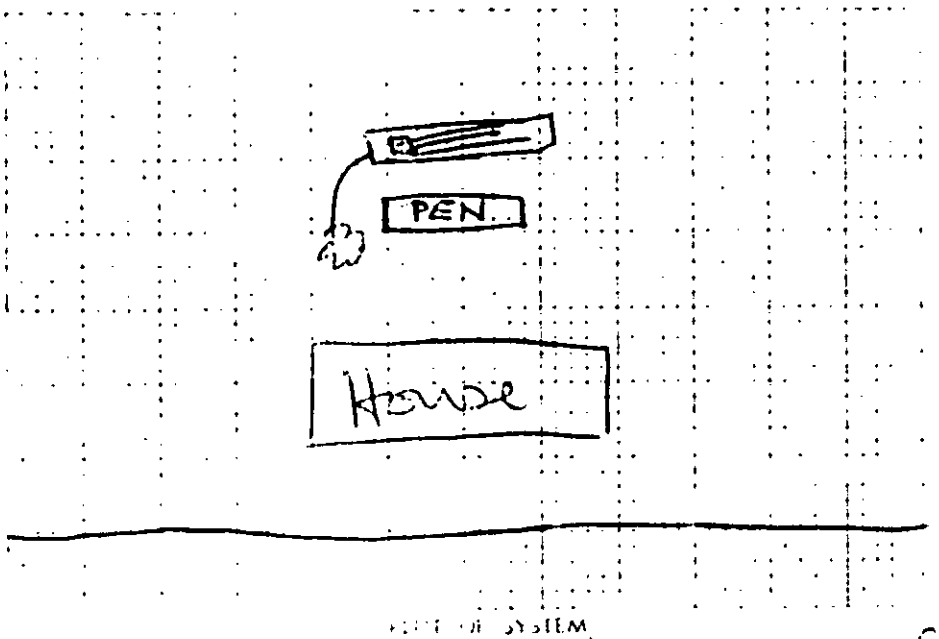
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby granted to Install or Construct ✓ Alter or Repair the following described septic tank sewage treatment and disposal system, soil absorption effluent disposal facility or other device as described below and located as indicated based upon the information supplied in application dated 5/9/74 7911 This permit shall be void and of no effect if the work authorized by the approved application is not completed on or before 21 June 74 after which date this permit must be renewed and approved.



Property Line

Edge of pavement or Curb

Edge of Ditch

Approximate and/or Estimated Lot Lines

Nearest water supply 100 ft

Septic tank (3) 750 gal 7½' x 3½'

Distance from Septic tank 10'

Distance from Building 10'

Distance from Well

SKETCH OF SYSTEM

NAME OF OWNER Jordan, Larry Glenn

LOCATION OF PROPERTY Hwy #49 Rt #10 Box 375-A

This permit is issued subject to the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health 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, used or otherwise rendered unavailable for inspection.

Comments:

R. M. Reynolds
Environmentalist

Any change or construction not shown on this permit must be approved by the division or the Mecklenburg County Health Director and be so noted on this permit with the signature of the Environmentalist. Any existing system is being altered or repaired

E-5-9 1-77

Date Received 5-13-74

SEE INSTRUCTIONS ON BACK

MECK COUNTY HEALTH DEPT
RECEIVED
MAY 13 1974
ENVIRONMENTAL HEALTH DIVISION

CAR(S) Application No 1911

T C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

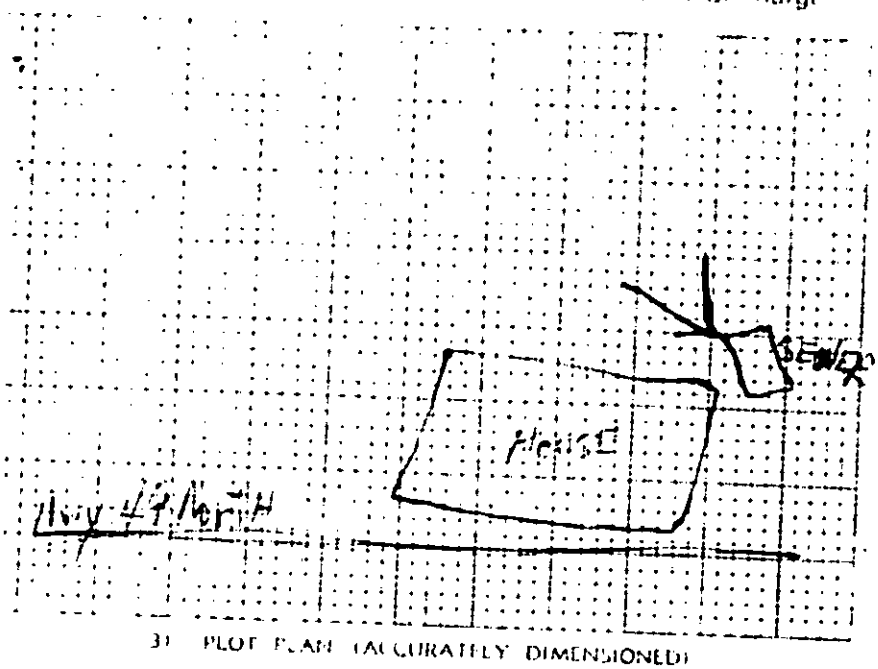
Application for an

Installation, Construction, Alteration, and/or Repair Permit

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

[illegible] hereby applies to the Mecklenburg County Health Department for a permit to

[illegible] ✓ Alter or Repair an individual septic tank sewage [illegible] system with [illegible] soil absorption effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) [illegible] 2

5) [illegible] Well [illegible] No

6) [illegible] Yes No

7) FHA Case No

8) VA Case No

NAME OF OWNER Jordan LAST Lacy FIRST Glenn MIDDLE

ADDRESS OF OWNER Rt 10 Box 325-P Charlotte, NC 28213

PHONE NO Home 596-8253 Office

LOCATION OF SYSTEM Hwy 49 North STREET OR COUNTY ROAD

SUBDIVISION Lot No Block No

Map Book No ~~2247~~ Page No. ~~592~~

DEED REFERENCE - DEED BOOK 2347 AT PAGE 592

HAS A PERCOLATION TEST BEEN RUN? ✓ YES NO DATE RUN 1961

PER NUMBER [illegible] indicated

[illegible] that I have read the foregoing application and that the contents [illegible] any permit applied for hereon shall be void and of no effect if any of [illegible]

5/9/74 DATE

OWNER Glenn Lacy

HEALTH DEPARTMENT'S COPY

Mecklenburg County
Health Department

August 18, 1994

Mr. Larry Jordan
9801 University City Boulevard
Charlotte, NC 28213

Re: 9801 University City Boulevard
File: 7911
Parcel: 051-011-11

Dear Mr. Jordan:

On May 12, 1994 an Improvement Permit was issued for an alteration to the sewage treatment and disposal system at the above address. The Improvement Permit allows the addition of a septic tank and lift station for the proposed relocation of the house. The nitrification field will remain undisturbed.

In 1975 an Improvement Permit was issued to accommodate a three bedroom house without a washing machine. Although the sewage flow has not changed, it is recommended you conserve water usage. This hopefully will help to maintain the system, however, the system is very old and failure may occur anyway. If this does occur, you will be responsible for repairing the system or connecting to the Charlotte-Mecklenburg Utility Department sewer line, if available, within 30 days.

If you have any questions, please contact me at 336-5569.

Sincerely,

Susan Bateman, R.S.
Environmental Health Specialist

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

Mecklenburg County
Health Department

~~July 14~~, 1994

Mr. Larry Jordan
9801 University City Boulevard
Charlotte, North Carolina 28213

Dear Mr. Jordan:

RE: 9801 University City Boulevard
File: 7911
Tax Parcel: 051-011-11

On May 12, 1994 an Improvement Permit was issued for an alteration to the sewage treatment and disposal system at the above address. The Improvement Permit allows the addition of a septic tank and lift station for the proposed relocation of the house. The nitrification field will remain undisturbed.

In 1975 an Improvement Permit was issued to accomodate a ~~two~~ three bedroom house ~~without~~ a washing machine. Although the sewage flow has not changed, ~~you may wish to consider pumping the system of solids~~. This hopefully will help to maintain the system, however, the system is very old and failure may occur anyway. If this does occur, you will be responsible for repairing the system or connecting to the Charlotte-Mecklenburg Utility Department sewer line, if available, within 30 days.

recommended you conserve water as USual

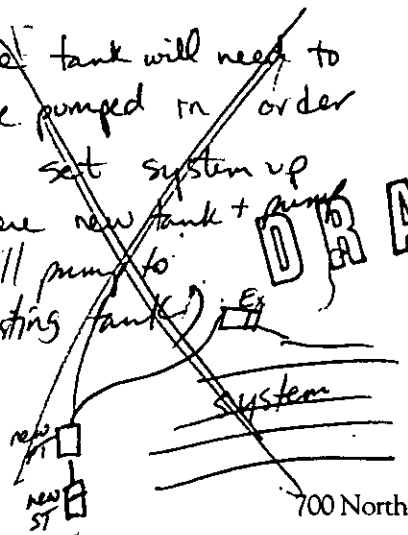
it is

If you have any questions, please contact me at 336-5569.

Sincerely,

Susan Bateman, R.S.
Environmental Health Specialist

The tank will need to be pumped in order to set system up where new tank + pump will pump to existing tank(s) ; E



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

Mr. Larry Jordan
9801 University City Blvd.
Charlotte, NC 28213

Dear Mr Jordan:
Re: 9801 University City Blvd.
File: 7911
Tax parcel: 051-011-11 PD

On May 12, 1994 an improvement permit was issued for an alteration to a bed sewage treatment and disposal system. The improvement permit allows the addition of a septic tank and lift station for the proposed addition. The existing house may be relocated, and the existing septic tank system will remain undisturbed. This improvement permit was approved for use by a two bedroom home.

The improvement permit was issued in 1975 and indicated that this will accomodate a two bedroom house without a washing machine. Although the sewage flows has not changed, you may wish to consider pumping of solids.

There is a discrepancy in the application for an addition on this house was filed in April 1975 and the addition was subsequently approved by our Dept. The paperwork does not appear to clearly state what the "two rooms" being added to the house refer to and therefore our Dept will allow you to relocate the same house without a washing machine, to utilize the existing septic tank system. This hopefully will help to maintain the system, however the system is very old and failure may occur

Please be aware that the property owner is responsible for ensuring that the septic tank system does not malfunction. If it does malfunction, you will be responsible for repairing the system, or connecting this

Charlotte-Mecklenburg Utility Dept.

to the C.M.U.D. sewer line, if available, within 30 days.

16/40

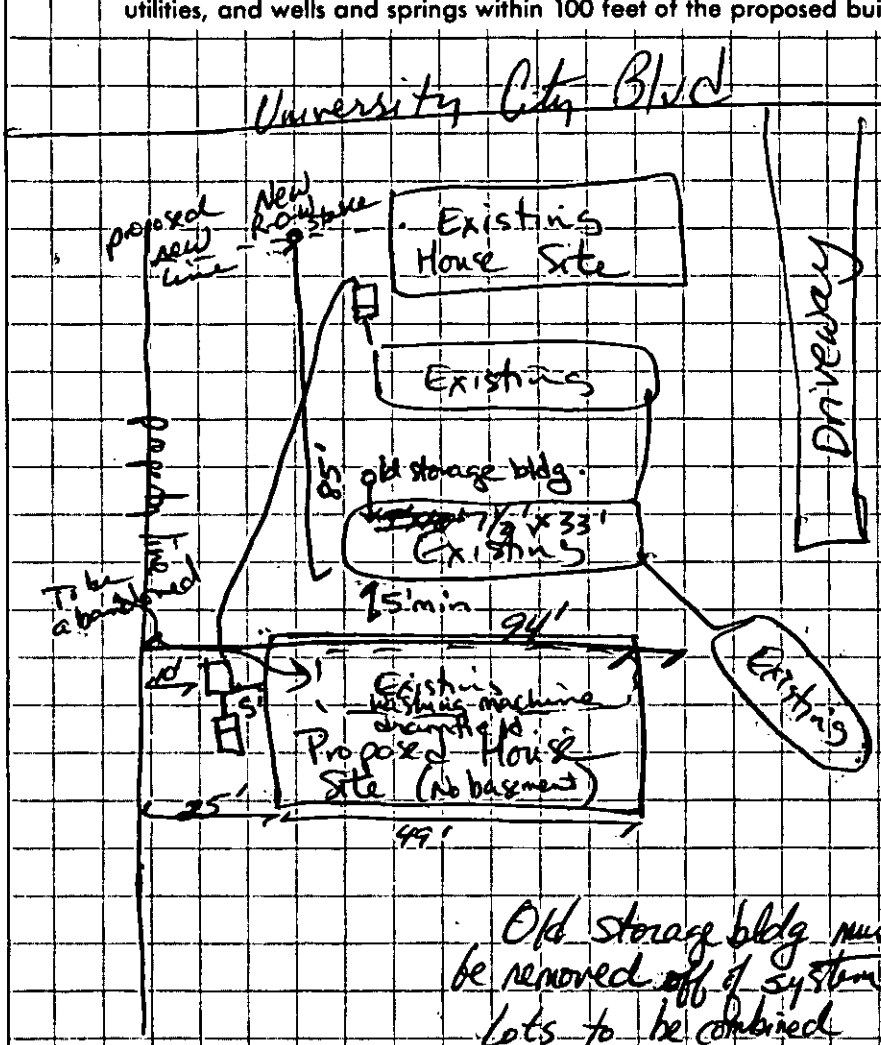
PROPOSED PLOT PLAN

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

FILE: 7911

TC: 051-011-11 PO

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.



1500 g septic tank
1000 g pump tank
Pump out existing tank
Supply line to go to existing septic tank.

No washing machine allowed unless house connects to C.M.U.D. sewer line.

Do not drive or pave over any portion of septic tank system.

Keep house (bldg. foundation) min 5' from any part of septic tank system.

Install pump, pump control/s + float + alarm according to NC State Regs.

Old storage bldg must be removed off of system.

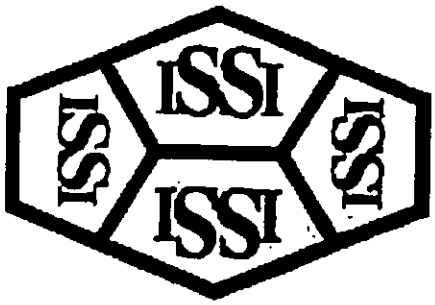
Lots to be combined or easement given Same property owner for entire property as shown in survey plot dated 3/11/94. before installation plan will be issued.

Refer to original improvement permits on file.

Lewis M Gordon 5/12/94
property owner sign + date

APPROVAL DATE S Boston 5-12-94

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



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ISSI Operations Center Staff

Date Issued April 25, 1975 Serial No. 4849 LA No 7911

T C M 051-011-11

Map Date 12-21-7..

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Jordan (LAST) Larry (FIRST) G (MIDDLE)

ADDRESS OF OWNER Route 10, Box 375-A (ZIP)

LOCATION OF LOT Highway 49 (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

The above specified lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the percolation test results which yielded a percolation rate of * _____, 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 7911. 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 percolation test 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, altred, 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.

* Ty use existing system.

R.M. Reynolds
Environmentalist

John R. Adkisson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received 25 Apr 75

SEE INSTRUCTIONS ON BACK

ICAR(S) Application No. 7911

T C Map Book

Map Book

MECKLENBURG COUNTY HEALTH DEPARTMENT

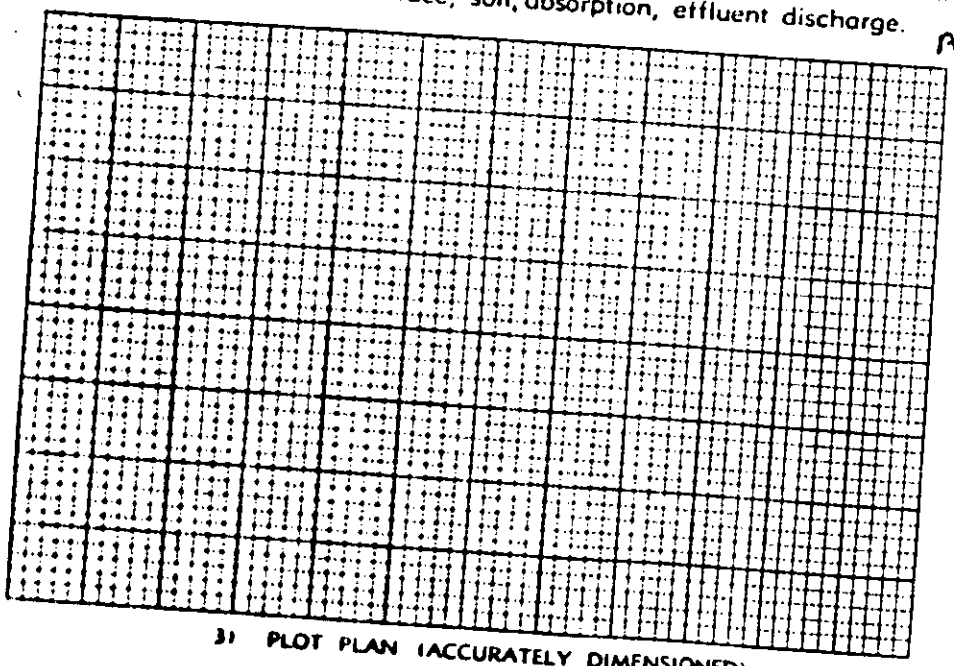
ENVIRONMENTAL HEALTH DIVISION

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 Health Department 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.

ADD TWO ROOMS



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms 3

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 JORDAN (LAST) Larry G. (FIRST) (MIDDLE)

14) ADDRESS OF OWNER Rt #10 Box 375-A

15) PHONE NO. Home 596-8253 Office _____

16) LOCATION OF SYSTEM Hwy 49 (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. _____ Block No. _____

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A PERCOLATION TEST BEEN RUN? _____ YES _____ NO DATE RUN [illegible]

20) PTR NUMBER (See Instructions) 7911

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.

25 Apr 75
DATE OF APPLICATION

OWNER Larry Glenn Jordan

FORM NO. E-4-4-1-71

HEALTH DEPARTMENT'S COPY

PERMIT NO.

ICAR (S) Permit No. 7911

L.E. No. 051-C 11-11

Map Date 12-21 7-

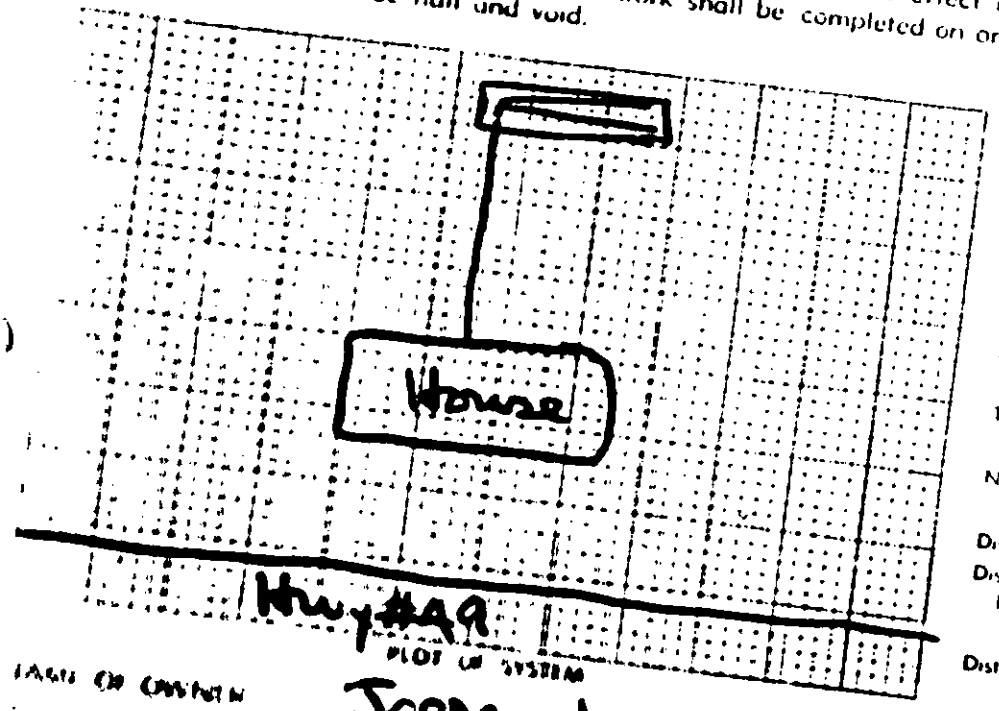
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ✓ Install or Construct, ___ Alter or Repair the individual septic tank waste water 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 7911 dated 5-4-74 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 13 May 75 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate —

Liquid Capacity of Tank —

Tank Construction —

Absorption and/or Nitrification Lines

Total Line Lenght 100 ft

Number of Lines 2 5'x16'x4'stone

Distance from House 10' +

Distance from Property Line 10 +

Distance from Well 100'

NAME OF OWNER Soden, Larry G.

OWNER'S MAILING ADDRESS Hwy #49

Applicant shall comply with 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 unusable.

REMARKS New washer drainfield

Environmentalist E.M. Reynolds

Prior to the installation or construction of a new system, it must be signed by the division or a representative of 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.

HEALTH DEPARTMENT'S COPY

Date Issued 29May74 Serial 4843

Cert Issued No. 7911

T C No. [illegible]

Map Date 21 Dec 74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner JORDAN, Larry Glen
LAST FIRST MIDDLE

Location of Property Hwy #49

Application Number 7911

Permit Number 7911

Inspection Data:

Liquid Capacity of Tank —

Tank Material —

Total Length of Drain Tile 100'

Number of Lines (3) 7½' 433'

Depth of Filter Material 17"

Cover Depth 17"

Water Supply Source well

Distance from Water Source 100'

Excavation Inspected 29May74
DATE

Tank Inspected —
DATE

Nitrification Field Inspected 29May74
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 Board of Health 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: _____

B M Reynolds
Environmentalist

RM NO. E-6-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 21 May 74 Serial No.

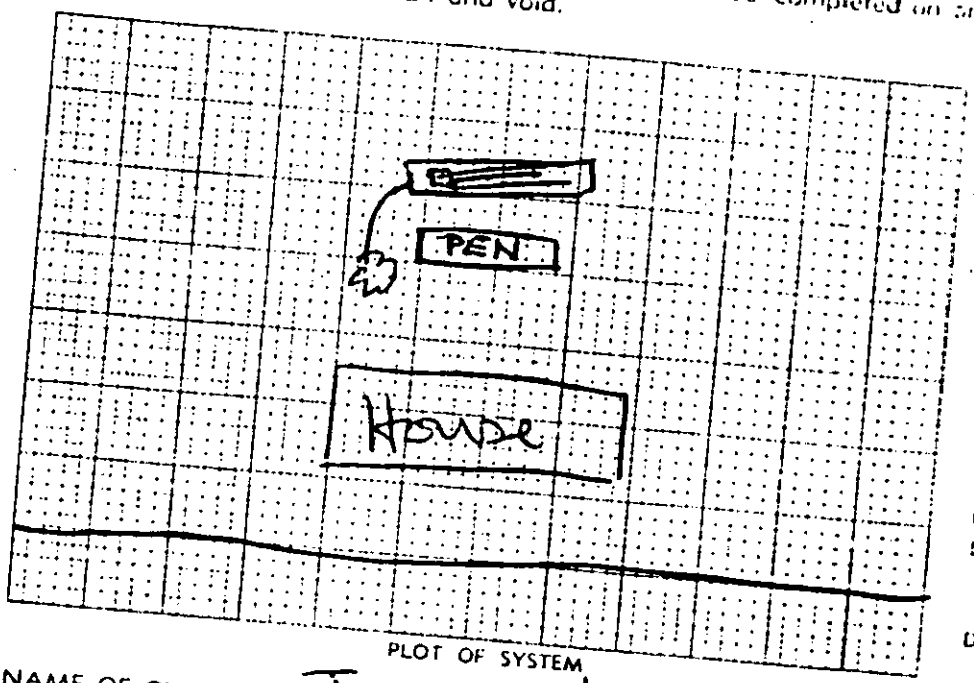
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ... Install or Construct, ✓ Alter or Repair the ... water treatment system with subsurface, soil absorption, effluent discharge ... scribed location. This permit is granted based upon the information supplied ... dated 5/9/74 and this permit shall be void and of no effect if the ... plication is not true or is erroneous. All work shall be completed on or before 21 June 74 ... date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate ---

Liquid Capacity of Tank ---

Tank Construction ---

Absorption and/or Nitrification Lines

Total Line Length 100 ft

Number of Lines (3) 75' x 33'

Distance from House 10'

Distance from Property Line 10'

Distance from Well ---

NAME OF OWNER JORDAN, Larry Glenn

LOCATION OF PROPERTY Hwy #49 Rt #10 Box 375-A

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: ---

Division or Section Head ---

G. M. Reynolds
Environmentalist

If this permit is for the installation or construction of a new system it must be signed by the division or 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.

E-5-9-1-72

HEALTH DEPARTMENT'S COPY

R

Date Received 5-13-74

SEE INSTRUCTIONS ON BACK

MECK COUNTY HEALTH DEPT. RECEIVED MAY 13 1974 ENVIRONMENTAL HEALTH DIVISION

Application No. 7911

T C No.

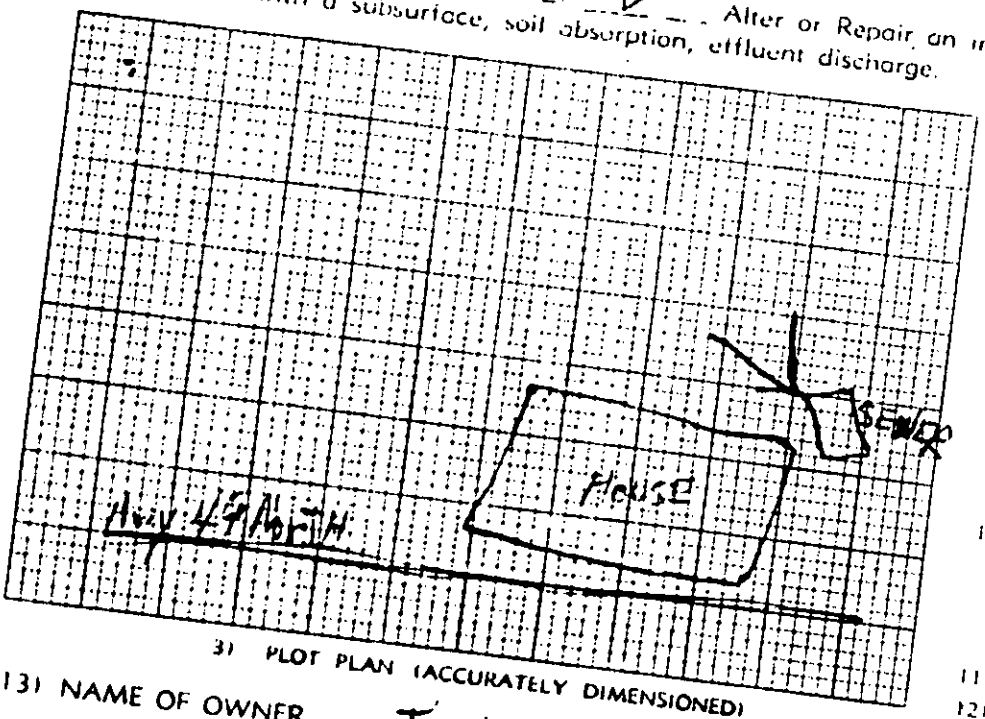
Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

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 Health Department for a permit to:

1) ____ Install or Construct 2) ✓ Alter or Repair an individual septic tank sewage system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Beds or ____
5) Business Use ____ No. Employees ____
6) Washing Machine ____
7) Garbage Disposal ____
8) Dishwasher ____
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 Jordan (LAST) Larry (FIRST) Glenn (MIDDLE)

14) ADDRESS OF OWNER Rt 10 Box 325-B Charlotte, NC 28213

15) PHONE NO. Home 596-8253 Office ____

16) LOCATION OF SYSTEM Hwy 49 North (STREET OR COUNTY ROAD)

17) SUBDIVISION ____ Lot No. ____ Block No. ____

Map Book No. 2347 Page No. 592

18) DEED REFERENCE — DEED BOOK 2347 AT PAGE 592

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ____ NO DATE RUN 1961

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.

5/9/74
DATE OF APPLICATION

OWNER Larry Glenn Jordan

HEALTH DEPARTMENT'S COPY

126

Printed and Sold by Pound & Moore Co., Charlotte, N. C.
FORM N. D. 825

STATE OF NORTH CAROLINA

MECKLENBURG County.

This Deed

Made this 23rd day of March, A. D. 1973, by and between

EDWARD JORDAN and wife, IZORA JORDAN

of the County of Mecklenburg and State of North Carolina parties of the first part, and

LARRY GLENN JORDAN and wife SANDRA M. JORDAN

of the County of Mecklenburg and State of North Carolina parties of the second part:

WITNESSETH, that the said parties of the first part, in consideration of ONE HUNDRED DOLLARS AND OTHER VALUABLE CONSIDERATIONS Dollars to them paid by the parties of the second part, the receipt of which is hereby acknowledged, have bargained and sold, and by these present do grant, bargain, sell and convey unto the said parties of the second part and their heirs, all that certain parcel of land, situate, lying and being in Crab Orchard Township, Mecklenburg County, State of North Carolina, and more particularly described and defined as follows:

BEGINNING at a tack in the center line of N. C. Highway No. 49, said point of beginning being located N. 85-30 W. 303.10 feet from an old tack in the center line of U. S. Highway No. 29-A, which tack is in the line of W. H. Brinkley and is the North-easterly corner of the lands of R. F. McKay; thence from said point or place of beginning with the center of N. C. Highway no. 49 S. 65-26 W. 100 feet to a tack in the center of said highway; thence N. 24-34 W. 248.70 feet to an iron; thence N. 65-26 E. 100 feet to an iron; thence S. 24-34 E. 248.70 feet to the point or place of beginning in the center of N. C. Highway No. 49.

Being the same property shown on a plat of survey of the Larry G. Jordan and wife, Sandra M. Jordan property made by E. L. Faires on October 3, 1961, reference to which is hereby made.

Being the same property conveyed to the parties of the first part herein by deed dated October 2, 1961, from R. F. McKay and wife Grace McKay; said deed being recorded in Book 2247 at Page 592 in the Mecklenburg County (N. C.) Public Registry.

STATE OF NORTH CAROLINA
County of MECKLENBURG } SS.

I, A Notary Public for said County and State do hereby certify that Howard Herron and Mary Herron, his wife, personally appeared before me this day and acknowledged the due execution of the foregoing (or annexed) instrument.

Let the instrument with the certificate be registered.

WITNESS my hand and notarial seal, this 26th day of March A. D. 19 73

Notary Public
My commission expires: 2-12-74

STATE OF
County of } SS.

I,
for said County and State do hereby certify that
and
wife, personally appeared before me this day and acknowledged the due execution of the foregoing (or annexed) instrument.

Let the instrument and the certificate be registered.

WITNESS my hand and seal, this day of , A. D. 19

INDIVIDUAL

HOWARD HERRON and wife,
MARY HERRON
TO
DELMAR CORPORATION
Mailing Address

RECORDED IN BOOK
OF DEEDS ON PAGE
Register Of Deeds

STATE OF North Carolina
County of Mecklenburg } SS.

The foregoing (or annexed) certificate of Glenda S. Watts, a Notary Public for said County and State

is certified to be correct.

This 26th day of March, A. D. 19 73

Charles E. Crowder, Register of Deeds
BY Deputy

Recorded in Book 3547 Page 123
and Verified

125

BOYCE, ALEXANDER AND HORD
ATTORNEYS AT LAW

Drawn By:

Post-it™ brand Fax Transmittal Memo 7672

To Susan Bateman | No. of Pages 1 | Today's Date 4/27 | Time

Company | From Pat Allen

Location | Company

Fax # | Telephone # | Location | Dept. Charge | Fax # | Telephone #

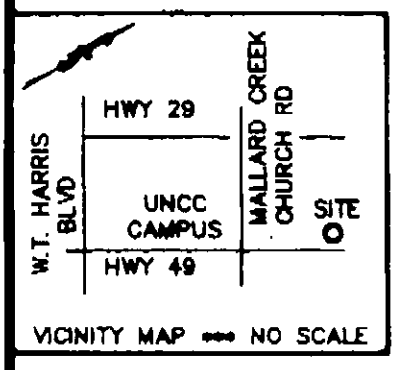
Comments | Original Disposition ☐ Destroy ☐ Return ☐ Call for pickup

DAS DON ALLEN & ASSOCIATES, P.A.

ENGINEERING • SURVEYING • PLANNING
Rt 7 BOX 293 • MOORESVILLE, N.C. 28115 • (704) 664-7028

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 3547, page 126, and/or plat book_____, page_____, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 11, day of MARCH, A.D. 19 94

WILLIAM H. ALLEN RLS



VICINITY MAP ••• NO SCALE

LINE	DIRECTION	DISTANCE
L1	S 65°26'00" W	100.00'
L2	S 24°34'00" E	143.70'
L3	S 65°26'00" W	11.21'
L4	N 24°34'00" W	75.00'
L5	N 24°34'00" W	25.00'

HWY 49 (PAVED)

CURVE	RADIUS	LENGTH	CHORD	BEARING
C1	3702.80'	17.56'	17.56'	S 83°21'24" W

LEGEND
- P.P. = POWER POLE
- = DRIVE POWER TRANS.
- C.I.P. = CONCRETE IRON FOUND
- I.P.S. = 5/8 REBAR SET
- R/W = RIGHT-OF-WAY
- = WELL

NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER

PHYSICAL SURVEY

OF

LARRY G. JORDAN PROPERTY & A PORTION OF GRACE M. McKAY PROP.

SCALE 1"=50' | CRAB ORCHARD TWSP., MECK. CO., N.C.

ACQUIRED BY: LARRY G. JORDAN

FILE: E:229-402

TAX MAP NO: 051-011-11

COPY

BK: 07772 PG: 0515/0517 #:0343 12.00
**** NC EXCISE TAX: 2.00 ***
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 05/10/94 15:46

out Excise Tax $2.00 | Recording Time, Book and Page

Tax Lot No. 051-011-10 Parcel Identifier No. .....
Verified by ..... County on the ..... day of ....., 19.....
By .....

Mail after recording to Mary Kay Baynard, JAMES, McELROY & DIEHL, P.A. (Box 50)
600 South College Street, Charlotte, NC 28202

This instrument was prepared by Mary Kay Baynard

Brief description for the Index

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this ..... day of May, 19 94, by and between

GRANTOR	GRANTEE
Grace M. McKay, unmarried a resident of Mecklenburg County	Larry G. Jordan and wife, Sandra M. Jordan, residents of Mecklenburg County

Enter in appropriate block for each party: name, address, and, if appropriate, character of entity, e.g. corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in the City of Charlotte, ... Township, Mecklenburg County, North Carolina and more particularly described as follows:

SEE ATTACHED EXHIBIT A

N.C. Bar Assoc. Form No. 3 © 1976, Revised © 1977
Printed by Agreement with the N.C. Bar Association — 1981. • Long Printing Co. • P.O. Box 58693 • Raleigh, NC 27658-8693

Folio 7911

The property hereinabove described was acquired by Grantor by instrument recorded in .....

.....

A map showing the above described property is recorded in Plat Book ..... page.....

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever except for the exceptions hereinafter stated. Title to the property hereinabove described is subject to the following exceptions:

all easements, conditions, covenants and restrictions of record, any applicable zoning ordinances and the lien for the current year's real estate ad valorem taxes.

IN WITNESS WHEREOF, the Grantor has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, the day and year first above written.

(Corporate Name)

By: ----------

----------President

ATTEST:

----------Secretary (Corporate Seal)

USE BLACK INK ONLY

Grace M. McKay by Daryl McKay attorney in fact (SEAL)
Grace M. McKay

----------(SEAL)

----------(SEAL)

----------(SEAL)

SEAL-STAMP

Use Black Ink

NORTH CAROLINA, ----MECKLENBURG---------County.

I, a Notary Public of the County and State aforesaid, certify that ----------

------Grace M. McKay---------- Grantor,

personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 10th day of ----------May----------, 19-94.

My commission expires: 12.9.95 Dwanie D. Wilson Notary Public

---

SEAL-STAMP

Use Black Ink

NORTH CAROLINA, ----------County.

I, a Notary Public of the County and State aforesaid, certify that ----------,

personally came before me this day and acknowledged that ---- he is ---------- Secretary of ---------- a North Carolina corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its ---------- President, sealed with its corporate seal and attested by ---------- as its ---------- Secretary.

Witness my hand and official stamp or seal, this -------day of ----------, 19---------

My commission expires: ---------- Notary Public

The foregoing Certificate(s) of .....

.....

.....

is/are certified to be correct. This instrument and this certificate are duly registered at the date and time and in the Book and Page shown on the first page hereof.

----------REGISTER OF DEEDS FOR----------COUNTY

By ----------Deputy/Assistant - Register of Deeds

N. C. Bar Assoc. Form No. 3 © 1976, Revised © 1977
Printed by Agreement with the N.C. Bar Association — 1981. • Long Printing Co. • P.O. Box 58693 • Raleigh, NC 27658-8693

EXHIBIT A

BEGINNING at an existing 3/4" pipe, said pipe also marking the northeasterly corner of a .33 acre tract of Larry G. Jordan on Highway 49, said pipe also being North 24 degrees 34 minutes 00 seconds West 143.70 feet from a set number 4 rebar marking the proposed new right-of-way of Highway 49, and also being in the property line of Clifford W. Honeycutt (now or formerly) as described in the instrument recorded in Book 3257 at Page 175 of the Mecklenburg County Registry and from said point of beginning South 65 degrees 26 minutes 0 seconds West 100 feet to an existing number 4 rebar, the northwesterly corner of the property of Larry G. Jordan, thence South 24 degrees 34 minutes 0 seconds East 143.70 feet to a set number 4 rebar, thence South 65 degrees 26 minutes 0 seconds West 11.21 feet to a point, thence with the arc of a curve to the left having a radius of 3,702.80 feet and an arc distance of 17.56 feet to a set number 4 rebar, thence North 50 degrees 43 minutes 46 seconds West 191.11 feet to a set number 4 rebar, thence North 44 degrees 21 minutes 5 seconds East 189.19 feet to a set number 4 rebar in the aforesaid property line of Clifford W. Honeycutt (now or formerly), thence South 45 degrees 31 minutes 54 seconds East 102.00 feet to the point and place of Beginning and containing approximately 0.50 acres as shown on the survey of William M. Allen, R.L.S., dated March 11, 1994.

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

April 5, 1994

Larry G. Jordan
9801 University City Boulevard
Charlotte, NC 28213

RE: Property located 9801 University City Blvd
FILE: 7911
PARCEL: 051-011-11PO

Dear Mr. Jordan:

At your request a soils investigation was conducted on the property designated above. Results of this investigation showed the site to be classified as **UNSUITABLE** under criteria as set forth in 15A NCA 18A .1900 of Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal, August 1, 1991. Evaluation Report (Serial Number 20289) is enclosed.

The soil on this property is not suitable for use with any conventional, modified or alternative system of which I am aware. If you wish to exercise your right of appeal concerning the interpretation and enforcement of these rules you may do so in accordance with G.S. 150B-23.

If there are any questions, please contact Bill Marlin at 336-5574.

Sincerely,

Kelly Randall

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems

Enclosure

KR:lw

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20289

File: 7911 Action 3

Parcel: PO 051-011-11 ☐ PC

Location: 9801 University City Blvd.

Subdivision:

Lot: Block: Acres: .25 ±

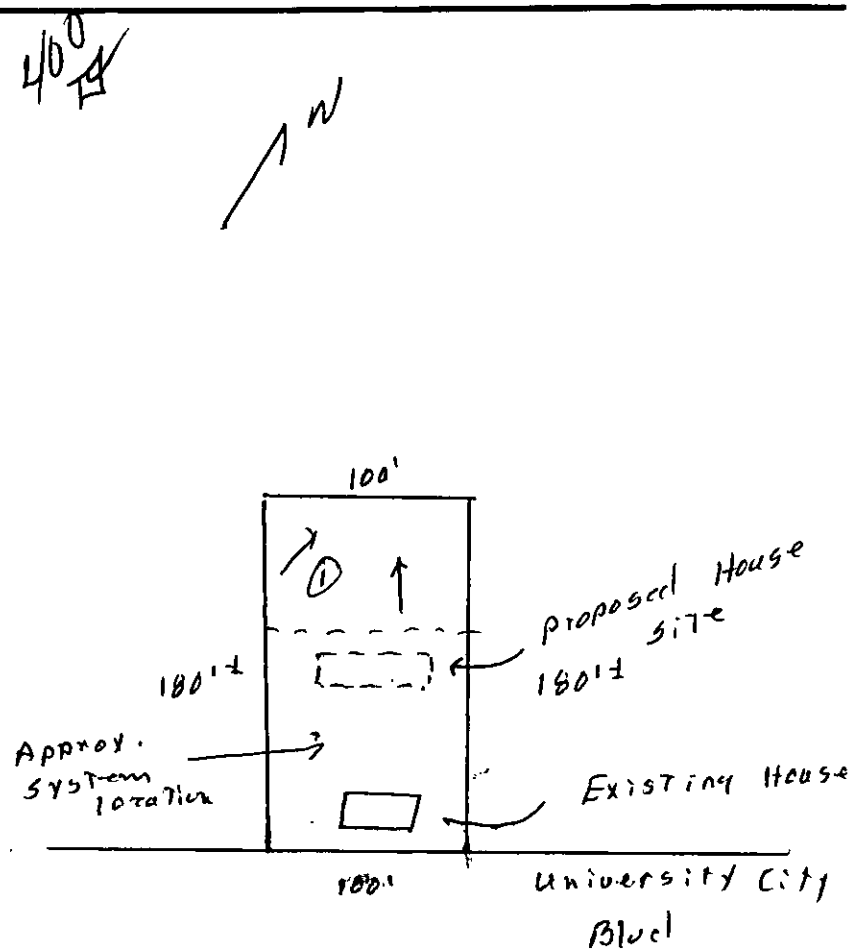
Owner: Jerry D. Gordon
Address: 9801 University City Blvd
Charlotte, N.C. 28213

Comments: Soil investigation for potential system relocation (DOT)

Described by: William R. Marlin

Date: 4-4-94

*** EVALUATION KEY ***
S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.



FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U
Depression						
Texture	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U
Expansive clay						
Structure	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Sub-Blocky						
Drainage	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U
Seasonal water 19'						
Depth	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
36"+						
Restrictive Horizons	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
>36"						
Available Space	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	Helena/ Depression					
Area Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U

1:30 / 1:00-2:00

7911

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES 3/25/94 CK#0844 $50.00

[] 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

COPY

PERSON FILING APPLICATION:
NAME: Jordan (last) Larry (first) G. (mi)
ADDRESS: 9801 University City Blvd. PHONE: (__) 549-4638
CITY: Charlotte STATE: N.C. ZIPCODE: 28213

Date:

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

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 051-011-11
STREET ADDRESS: 9801 University City Blvd.
ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[X] 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)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3

SYSTEM CLASSIFICATION:

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

WATER SUPPLY (check one):
[] Community (C) [X] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[X] Private Well (P) 5

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

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: X Larry G Jordan Date: X 3-25-94

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.

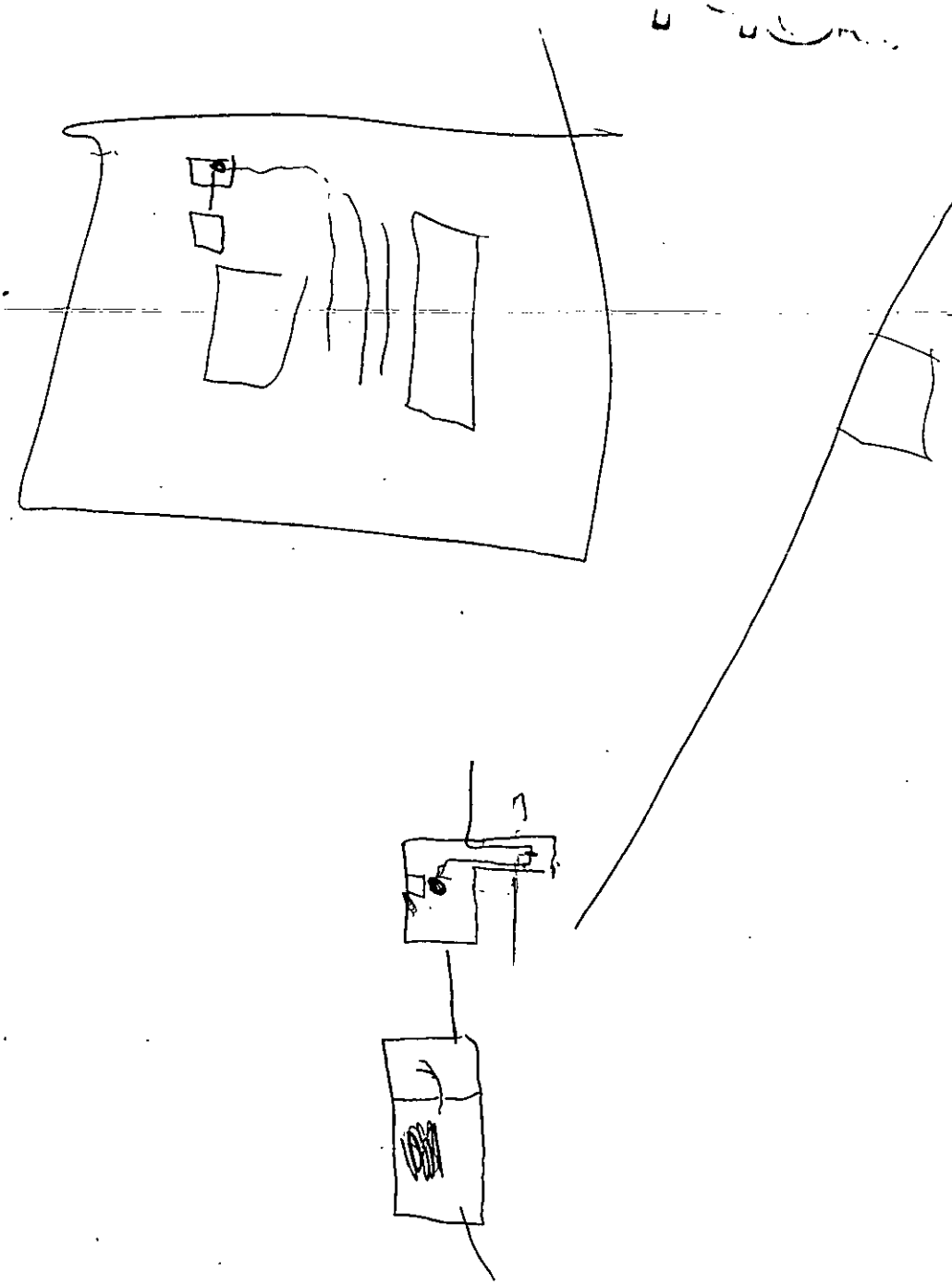
...

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

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WATER : 122791



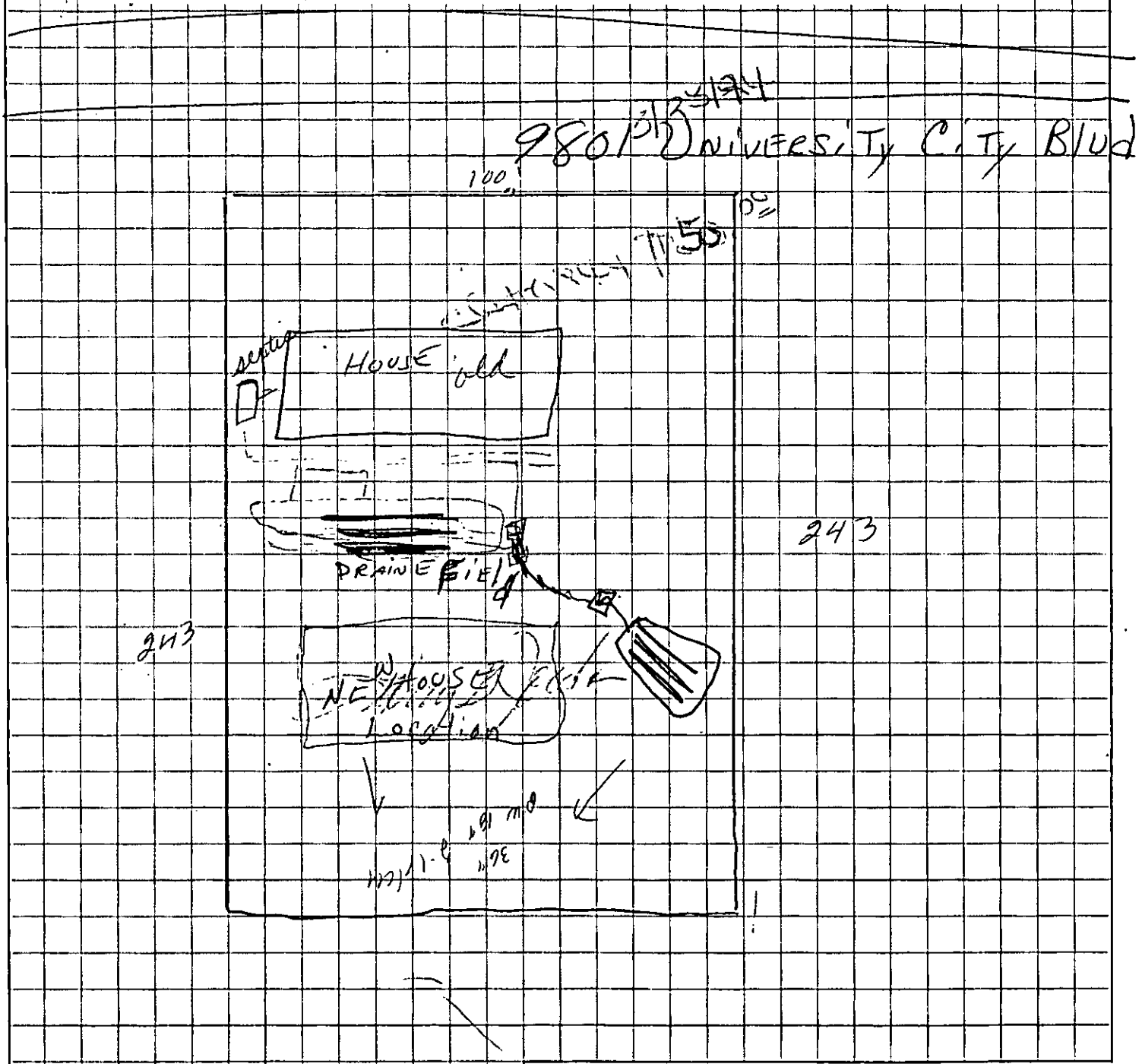
PROPOSED PLOT PLAN

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

FILE: 7911

TC: 051-011-8811

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.



APPROVAL DATE _____

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

7911

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3/25/94
CK#0844 $50.00

[] 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

PERSON FILING APPLICATION:
NAME: Jordan (last) Larry (first) G. (mi)
ADDRESS: 9801 University City Blvd. PHONE: (__) 549-4638
CITY: Charlotte STATE: N.C. ZIPCODE: 28213

Date:

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

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 051-011-11
STREET ADDRESS: 9801 University City Blvd.
ZONING: _____

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[X] 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)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3

SYSTEM CLASSIFICATION:

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

WATER SUPPLY (check one):
[] Community (C) [X] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[] Private Well (P)

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

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: X Larry G. Jordan Date: X 3-25-94

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.

...

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

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

50

150

200

200 or 250

PROPOSED PLOT PLAN

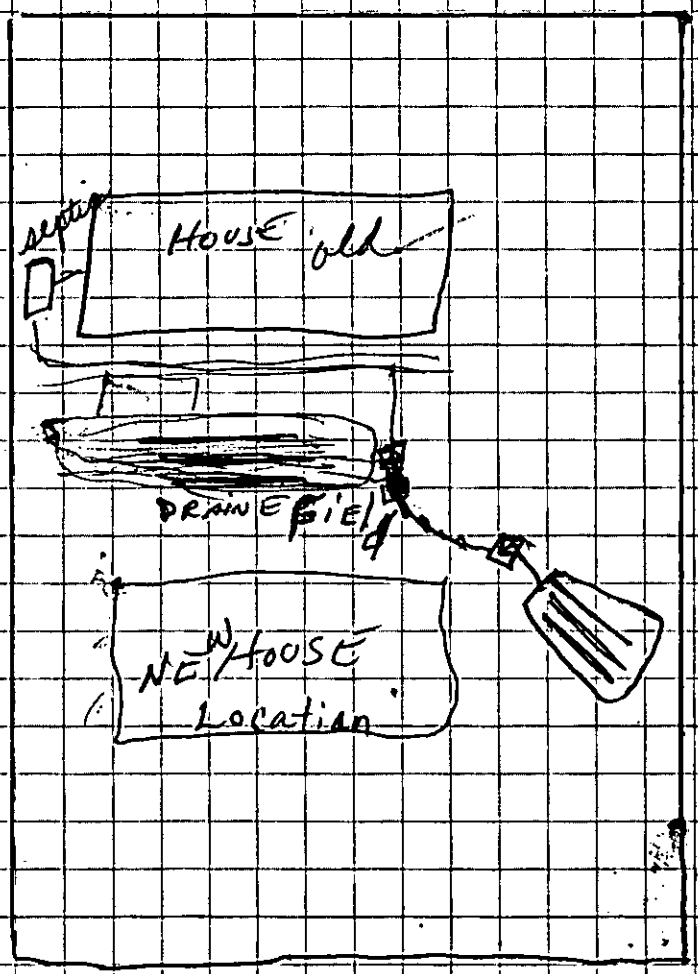
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7911

TC: 05-011-011

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.

9801 University City Blvd



APPROVAL DATE _____

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