DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 26123

T.C. NO. 053-MH-03

(Ground Absorption Sewage Disposal)

OWNER: David J. Bayne
ADDRESS: PO Box 3895 Charlotte NC.
PLAT NO:
LOT SIZE: Approx 1½ acre
LOCATION OF SITE: 3501 Performance Road

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) 3-8% U	S PS U	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) clay U	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) Blocky U	S PS U	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) 36-40" U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) >36" U	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) 40" Seasonal U Water	S PS U	S PS U	S PS U
7. OTHER (Specify)	S PS Soil Note U	S PS U	S PS U	S PS U
8. SOIL GROUP	IIA			
9. SITE CLASSIFICATION	provisionally Suitable			
10. SOIL SERIES	Cecil Like			

S - Suitable PS - Provisionally Suitable U - Unsuitable

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

Recommendations/Comments: Needs Loam for proposed system installation

Described by: William A. Martin
Title: Soil Scientist

Date: 2-15-83

EHD 539 (Revised: 6/82)

SEE INSTRUCTIONS ON BACK

Date Received _____ ICAR (S) Application No. 20023

T. C. No. 053-141-03

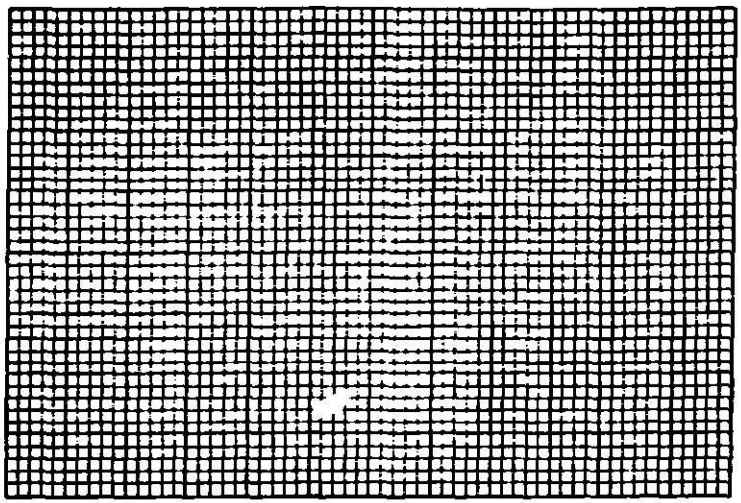
Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

1) _____ Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ____Yes____No
Residence ____Yes____No

4) No. of Bedrooms _____
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 _____ (LAST / FIRST / MIDDLE)

14) ADDRESS OF OWNER _____

15) PHONE NO. Home _____ Office _____

16) LOCATION OF SYSTEM 3501 Performance Rd. (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 SOIL INVESTIGATION BEEN RUN? ✓ YES _____ NO DATE RUN 9/83 US

20) PTR NUMBER (See Instructions) 20023

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.

_____ David L Bayne
DATE OF APPLICATION OWNER

EHR-5-74

Serial No. 6917

SIR No. 2003[illegible]

Date Issued [illegible]

T. C. No. 353-[illegible]

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

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

NAME OF OWNER [illegible] (LAST) David (FIRST) Lee (MIDDLE)

ADDRESS OF OWNER P.O. Box 3995, Gastonia, NC ZIP 28052

LOCATION OF LOT 3501 Performance Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 20323. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered and/or repaired in the same area where the soil investigation was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altered, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

Randy C Poole RS
Environmentalist

Bill D. Hunter
Environmental Health Director, or Authorized Section Head

EHB-5-76

Date Received 9-9-83

MECK COUNTY DEPARTMENT OF
RECEIVED
SEP 1983
ENVIRONMENTAL HEALTH

SIR No. 20023

T. C. No. 053-141-03

Map Date 3-21-75

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Bayne (LAST) David (FIRST) Lee (MIDDLE)

2) ADDRESS OF OWNER P.O. Box 3995 Gastonia, N.C. ZIP 28052

3) PHONE NO. Home 865-4665 Office 704-376-7491

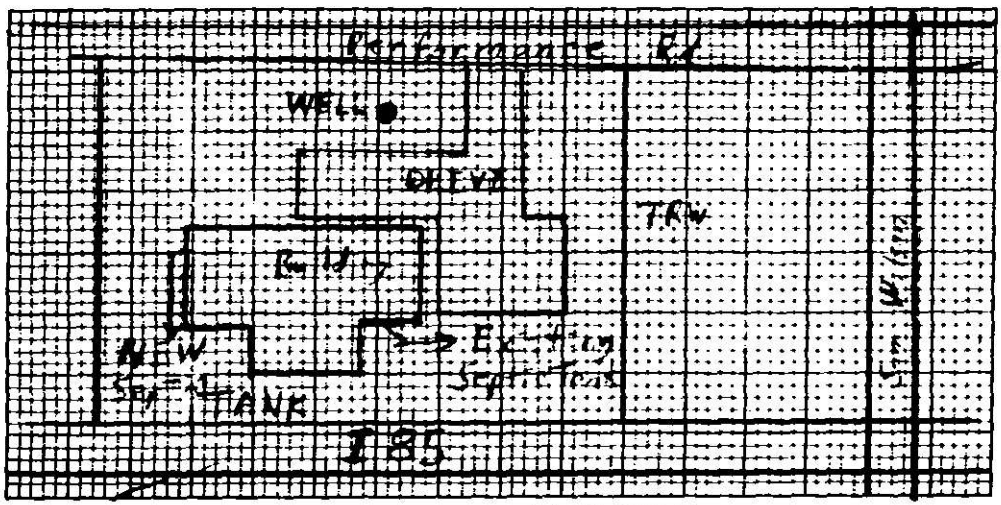
4) LOCATION OF PROPERTY 3501 Performance Rd. (STREET OR COUNTY ROAD)

5) SUBDIVISION N/A LOT NO. N/A BLOCK NO. N/A

MAP BOOK NO N/A PAGE NO. N/A 9.85 Acers

6) DEED REFERENCE: DEED BOOK 4551-029 PAGE NO.

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge.



7) ACCURATELY DIAGRAM & DIMENSION LOT

David L Bayne
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

DEPARTMENT OF ENVIRONMENTAL HEALTH
1888 BLYTHE BOULEVARD
CHARLOTTE, NORTH CAROLINA 28203

SIR. NO. 20023
T.C. NO. 053-141-03
DATE: 9-20-83

Mr. David L. Baine
P.O. Box 3995
Gastonia, NC 28052

Re: Property located at 3501 Performance Road

Dear Mr. Baine:

At your request, a field investigation was conducted on the property designated above. The soils on the property were found to contain a limited area of provisionally suitable soil for the installation of a ground absorption sewage disposal system. A copy of the site evaluation report is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit plot plans for the proposed construction, well, and ground absorption sewage disposal system to this office. They will be reviewed and if it is found that there is an adequate area of provisionally suitable soil to accommodate the proposed installation, an Improvements Permit will be issued by this office.

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

Sincerely,

Bill D. Hardister, Jr.
Environmental Health Supervisor

BDH/kbg

Enclosure

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 20023

T.C. NO. 053-141-03

(Ground Absorption Sewage Disposal)

OWNER: David J. Bayne
ADDRESS: P.O. Box 3943 Huntersville, N.C.
PLAT NO:
LOT SIZE: Approx 1 Acre
LOCATION OF SITE: 3501 Performance Road

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U 2-8%	S PS U	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) U Clay	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U Blocky	S PS U	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) U 36-40"	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) U >36"	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	(S) PS U 40" Topsoil Limit	S PS U	S PS U	S PS U
7. OTHER (Specify)	S (PS) U See Note	S PS U	S PS U	S PS U
8. SOIL GROUP	IIA			
9. SITE CLASSIFICATION	Provisionally Suitable			
10. SOIL SERIES	Cecil Lloyd			

S - Suitable PS - Provisionally Suitable U - Unsuitable

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

Recommendations/Comments: Need plans for proposed system installation

Described by: William A. Mauldin
Title: Soil Scientist

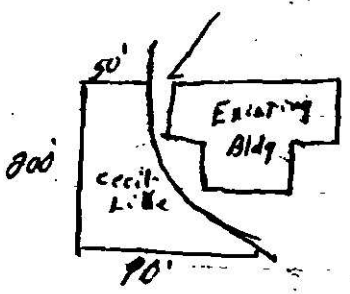
Date: 9-15-83

EHD 539 (Revised: 6/82)

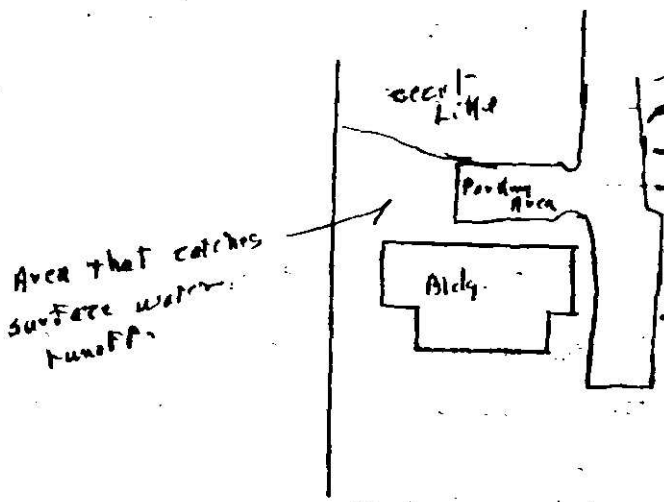
14

Performance Rd

Fill That Building is on



(X) with I-95



Area in front of building checked W-2305 portion where parking area unsuitable due to runoff. Relocation of system would need lift pump. Area of suitable soil is between parking area and Performance Road.

W. H. Hazlip
Soil Scientist

4

SEE INSTRUCTIONS ON BACK

Date Received 9-9-83

MECK COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
RECEIVED
SEP 9 1983

CAR(S) Application No. 20023

T. C. No. 053-141-03

Map Date 3-21-75

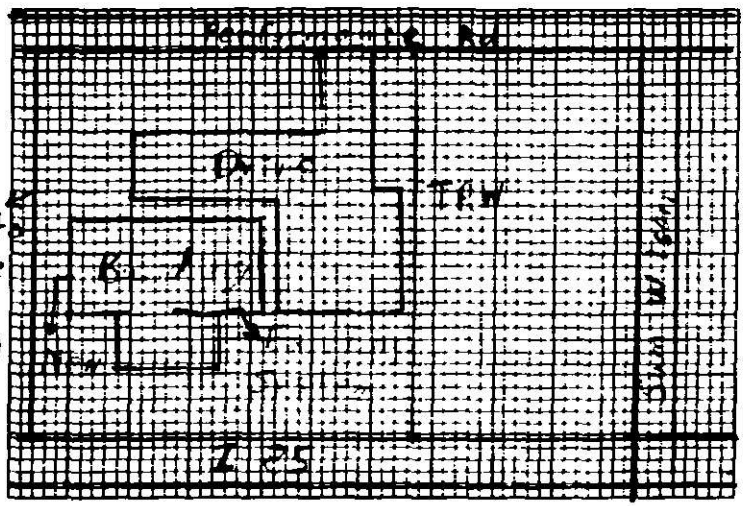
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

For [redacted] ADDITIONAL AREA OF OFFICE SPACE

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

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



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ____ Yes X No
Residence ____ Yes X No
4) No of Bedrooms N/A
5) Business Use — Employees 30 + 15 additional
6) Washing Machine X Yes ____ No
7) Garbage Disposal ____ Yes X No
8) Dishwasher X Yes ____ No
9) Water Supply
A) Individual Well X
B) Governmental System ____
C) Community System
1 Well source ____
2 Governmental source ____
10) Sewage System
House located within 200 feet of public sewer ____ Yes X No
House located within 200 feet of community sewer ____ Yes X No
11) FHA Case No N/A
12) VA Case No. N/A

13) NAME OF OWNER Layne (LAST) David. (FIRST) Lee (MIDDLE)

14) ADDRESS OF OWNER [illegible] Gastonia, N.C. 28052

15) PHONE NO. Home 865-4665 Office 704-922-7491

16) LOCATION OF SYSTEM 3501 Performance Rd (STREET OR COUNTY ROAD)

17) SUBDIVISION N/A Lot No. N/A Block No. N/A

Map Book No. N/A Page No. N/A 2.85 Acres

18) DEED REFERENCE — DEED BOOK 4555-029 AT PAGE ____

19) HAS A SOIL INVESTIGATION BEEN RUN? ____ YES X NO DATE RUN ____

20) PTR NUMBER (See Instructions) N/A

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.

9-9-83
DATE OF APPLICATION

David L Layne
OWNER

BHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Ai 10-5-83

SIR No. 20023

Serial No. 6816

Date Issued 10-5-83

T. C. No. 053-141-03

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

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

NAME OF OWNER Bayne, (LAST) David (FIRST) Lee (MIDDLE)

ADDRESS OF OWNER P.O. Box 3995, Gastonia, NC ZIP 28052

LOCATION OF LOT 3501 Performance Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 20023. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered and/or repaired in the same area where the soil investigation was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altered, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

Randy C Poole RS
Environmentalist

Eric D. Hardesty
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Issued 10/4/83

Serial No. 6692

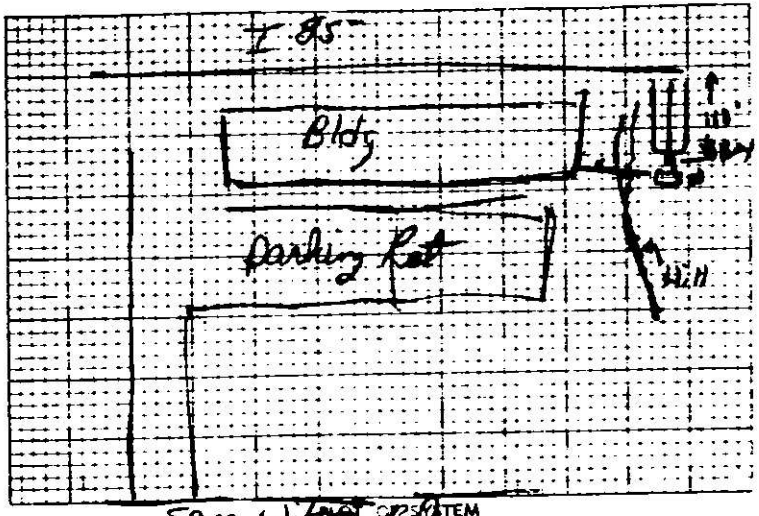
ICAR(S) Permit No. 20023

T C No. 053-141-03

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ✓ Install or Construct, ___ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 20023, dated 9/9/83 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 11/4/83, after which date this permit shall be null and void.



Permeability Rate P. Suitable

Liquid Capacity of Tank 1500

Tank Construction PC concrete

Absorption and/or Nitrification Lines

Total Line Length 330'

Number of Lines 3

Distance from House ≥ 5'

Distance from Property Line ≥ 10'

Distance from Well ≥ 100'

NAME OF OWNER Bayne, David

LOCATION OF PROPERTY 3501 Performance Dr RS.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

Comments: 3 3'wide 110' long 12" Stone Level trench 4" pipe 2' optimum cover Straw cover for stone

B Hardesty
Division or Section Head

Randy Cook RS
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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

BHD-S-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

BP 10-10-83

C of A (s) No. 20023

Date Issued 10/7/83 **Serial 6198** T. C. No. 053-141-03

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

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

Name of Owner Bayne (LAST) David (FIRST) (MIDDLE)

Location of Property 3501 Performance Rd

Application Number 20023 Permit Number 20023

Inspection Data:

Liquid Capacity of Tank 100 Tank Material PC concrete

Total Length of Drain Tile 330' Number of Lines 3

Depth of Filter Material 12" Cover Depth 2'

Water Supply Source well Distance from Water Source > 100'

Excavation Inspected 10/7/83 (DATE) Tank Inspected 10/7/83 (DATE)

Nitrification Field Inspected 10/7/83 (DATE)

Washing Machine Line Inspected, If Applicable N/A (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Comments 2 Step downs in each line

Randy C. Poole RS
Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 20023

TC: 053-141-03

JOB LOCATION

① ADDRESS: 3501 (STREET NO.) Performance (STREET) Road ② FILE: 20023

③ CITY: Charlotte, N C. ④ TAX PARCEL NO.: 053-141-03

⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: David L. (FIRST) Bayne & (MIDDLE) Peggy I Bayne (LAST)

⑨ MAILING ADDRESS: P.O. Box 3995

⑩ CITY: Gastonia ⑪ STATE: N C ⑫ ZIP: 28053

⑬ PHONE: (WORK) 394-6614 ⑭ (HOME) 704-867-6821

REQUEST

This request is for a(n):

⑮ ☐ New installation permit

⑯ ☒ Repair or alteration permit

⑰ ☐ Autherization for mobile home exchange

⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home

㉑ ☒ Business or place of public assembly

㉒ Number of bedrooms?

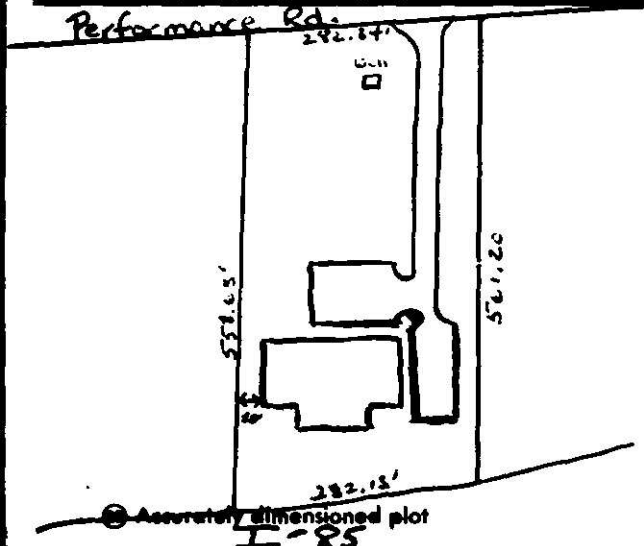
㉓ Maximum occupancy?

㉔ Basement? ☐ yes ☐ no

㉕ Type? Office Building

㉖ Maximum number of employees? 15

㉗ Maximum number of seats? 3



㉘ Accurately dimensioned plot

WATER SUPPLY

㉙ Water supply from (present or proposed):

A ☒ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉚ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Peggy I Bayne

Date: October 22, 1985

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
MAY 4 19[illegible]
ENVIRONMENTAL HEALTH
DIVISION

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

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

(OFFICE USE ONLY)
FILE: 20023
TC: _____
SERIAL: № 16037

☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 3501 (STREET NO.) PERFORMANCE DR (STREET) ② FILE: _____

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 053-141-03

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: WJZY-TV (FIRST) (MIDDLE) (LAST)

⑨ MAILING ADDRESS: PO Box 668400

⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28266 8400

⑬ PHONE: (WORK) 398-0046 ⑭ (HOME) _____

REQUEST

This request is for a(n):

⑮ ☐ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☒ Repair or alteration permit ⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

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

㉒ Number of bedrooms? _____ ㉕ Type? BROADCAST - TV

㉓ Maximum occupancy? _____ ㉖ Maximum number of employees? 45

㉔ Basement? ☐ yes ☐ no ㉗ Maximum number of seats? 6

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: [signature]

Date: 5/2/[illegible]

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

... No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by the Department.

... This permit is not transferable, and shall become null and void 5[illegible] months from the date of issuance.

_____ / _____
Environmentalist* Date

_____ / _____
Director or Authorized Section Head* Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

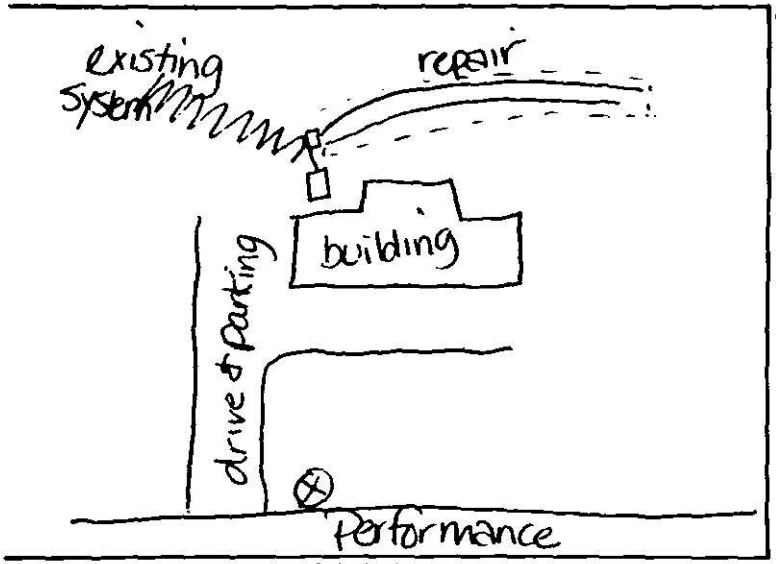
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 20023 DATE: 6/8/88

TC: 053-141-03 X L

SERIAL № 11959

Permission is hereby given to ____ Install or Construct, ✓ Alter or Repair the individual septic tank wastewater treatment system with subsurface soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 2/2/88. All work shall be completed on or before 6/22/88, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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 Department of Environmental Health 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

Repair

Liquid Capacity of Septic Tank ____ gallons

Liquid Capacity of Dosing Tank ____ gallons

Tank Construction ____

Absorption and/or Nitrification Lines:

Trench Width 6 feet

Total Line Length 200 feet

Number of Lines 2

Depth of Stone 17 inches

Distance from House >5 feet

Distance from Property Line >10 feet

Distance from Well >50 feet

NAME OF OWNER WJZY-TV

LOCATION OF PROPERTY 3501 Performance Dr

Comments: 1 bed 6' x 100' x 17" Stone; tie into existing distribution box

Division or Section Head

Environmentalist Darla W Johnson, R.S.

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

CERTIFICATE OF COMPLETION/OPERATION PERMIT

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 336-4603

FILE: 20023 DATE: 6/17/88

TC: 053-141-03 ☒ L ☐ CRT

SERIAL № 11243

Name of Owner WJZY-TV Juris.:

Address of Property 3501 Performance Dr

Inspection Data Repair

Tank Material —

Total Length of Drainfield 200'

Number of Lines 2@100'

Cover Depth 30"

Water Supply Source well

Distance to Water Source > 100'

Excavation Inspected 6/17/88

Tank(s) Inspected —

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1986, repair CTR#

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

☐ installed or constructed ☒ altered or repaired

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

and meets the provisions of 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:

Linda W Johnson, RS
Environmentalist

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