INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

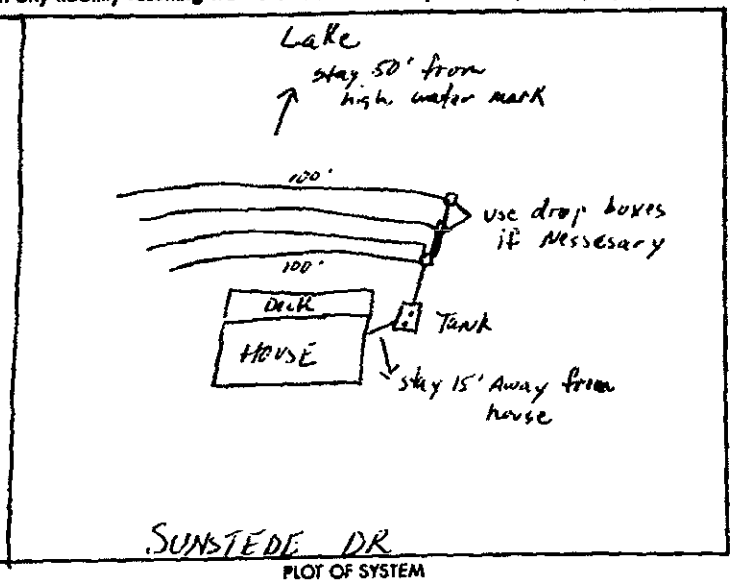
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 10939 DATE: 8/31/89

TC: 001 391 12 ☐ L

SERIAL № 12938

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 8/11/89. All work shall be completed on or before 9/31/89, 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

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 400' feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 15 feet

Distance from Property Line 10' feet

Distance from Well 750 feet

NAME OF OWNER Robert Sinyard

LOCATION OF PROPERTY 16233 Sunstede Dr (Mack Nick)

Comments: 4 Trenches x 100' x 3' x 12" D

Stay 50' from high water mark, stay 15' from foundation

Division or Section Head 9-1-89

Environmentalist Phillip S. Walker

* 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

4614749951 L274 164 Sunstead Dr.

Date Received 5/6/76

APT No. 10939

T. C. No. 001-281-49

Map Date 2/21/75

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Sinyard (LAST) Robert (FIRST) Radford (MIDDLE)

2) ADDRESS OF OWNER 1714 Aster Lane Gastonia ZIP 28052

3) PHONE NO. Home 865-6172 Office 394-3176

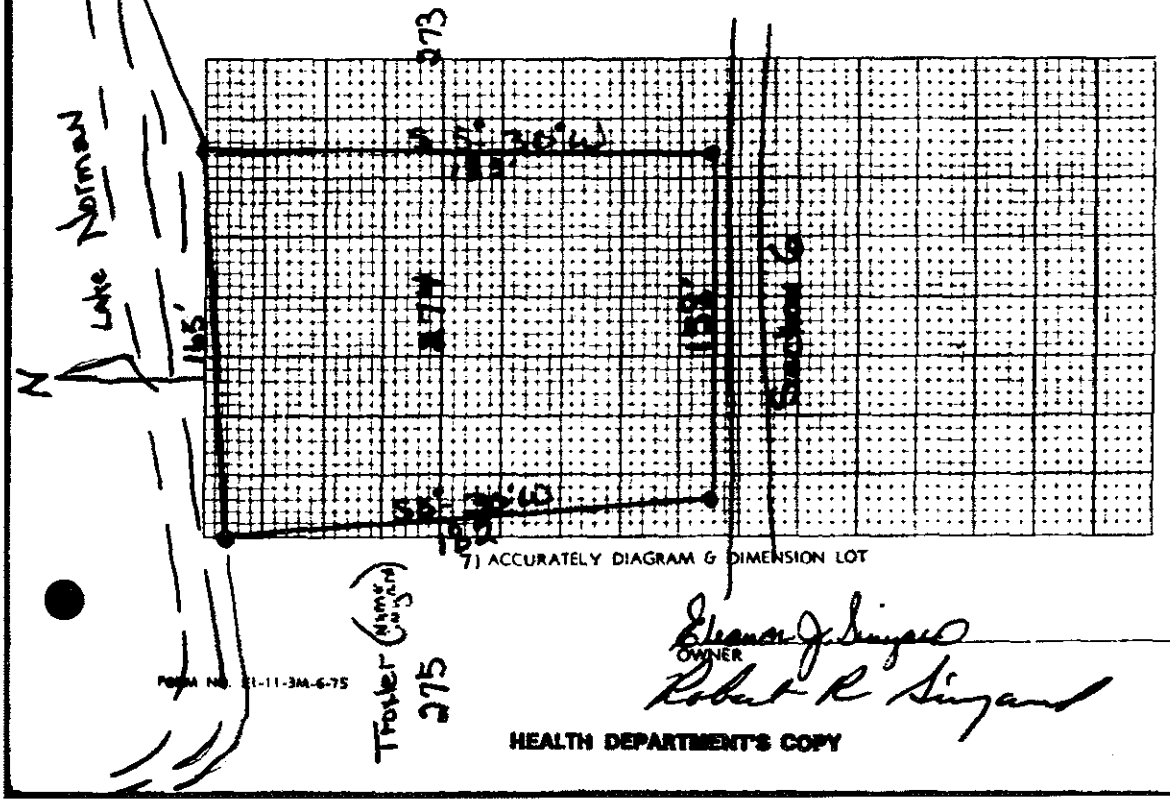
4) LOCATION OF PROPERTY 1100 Brantley School Rd Right on Mecklenburg Neck Right on Tuskarora Trail - 3rd st. Right after gravel part (STREET OR COUNTY ROAD)

5) SUBDIVISION Section 6 LOT NO 274 BLOCK NO.

MAP BOOK NO PAGE NO.

6) DEED REFERENCE DEED BOOK PAGE NO.

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test and on 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

Eleanor J. Sinyard
OWNER
Robert R. Sinyard

FORM NO. EH-11-3M-6-75

HEALTH DEPARTMENT'S COPY

Date Issued 1 June 1976

Serial No. 7590

ICAR'S Permit No. 10939

T C No 001-281-42

Map Date 2-21-75

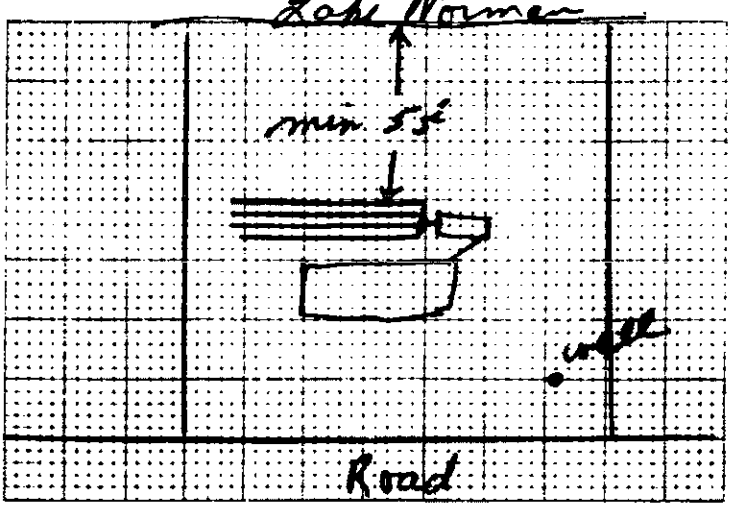
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 10939, dated 6-2-76 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 12 July 76 after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500

Tank Construction pre cast

Absorption and/or Nitrification Lines

Total Line Length 450

Number of Lines 5

Distance from House 10'

Distance from Property Line 10'+

Distance from Well 50'+

NAME OF OWNER Vineyard, Robert R.

LOCATION OF PROPERTY Tuskarora Trail Lot 224

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: in bed 12½' x 45' x 36" # 10 stone

John R. Kluttz

Division or Section Head

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.

FORM NO. E-5-4-2M-6-75

HEALTH DEPARTMENT COPY

Date Received 5/7/76

ICAR(S) Application No. 10939

T C No. 001-28-49

Map Date 2.21.75

1,500.00
60.00
1,560.00

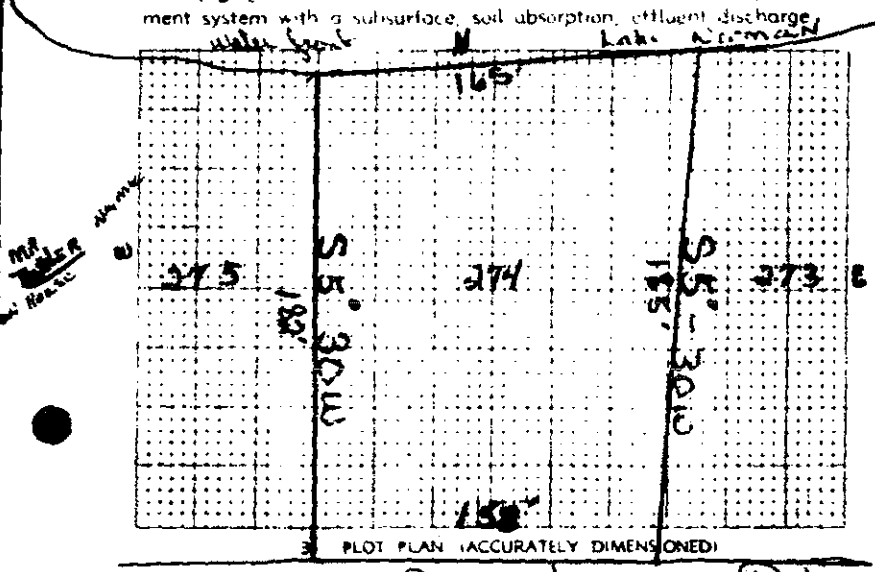
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



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 Sinyard (LAST) Robert (FIRST) Radford (MIDDLE)

14) ADDRESS OF OWNER 1714 Aster Lane Gastonia 28052

15) PHONE NO. Home 865-6172 Office 394-3176

16) LOCATION OF PROPERTY Mecklenburg Nash #100 Brawley School Rd to Tuskarora Trail - (after pavement ends - 3rd street to the right)
Approx. 5mi
STREET OR COUNTY ROAD

17) SUBDIVISION Section 6 Lot No 274 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 5/6/76

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.

4-26-76
DATE OF APPLICATION

Eleanor J. Sinyard
OWNER
Robert R. Sinyard

FORM NO E-4-4-2M-6-75

HEALTH DEPARTMENT'S COPY

PERMIT # 158071 PIN # 4614747151

IREDELL COUNTY HEALTH DEPARTMENT – *Environmental Health Division*

Statesville Office 704-878-5305 Mooresville Office 704-660-3625

PRIVATE DRINKING WATER WELL PERMIT

Type of Permit (circle one) (New) Repair Abandonment

APPLICANT INFORMATION

Kenneth Booker (Mike Kistler Home) 1454 Brawley School Rd Mtville, NC 704 363-8900

Name Full Address Telephone #

PROPERTY INFORMATION

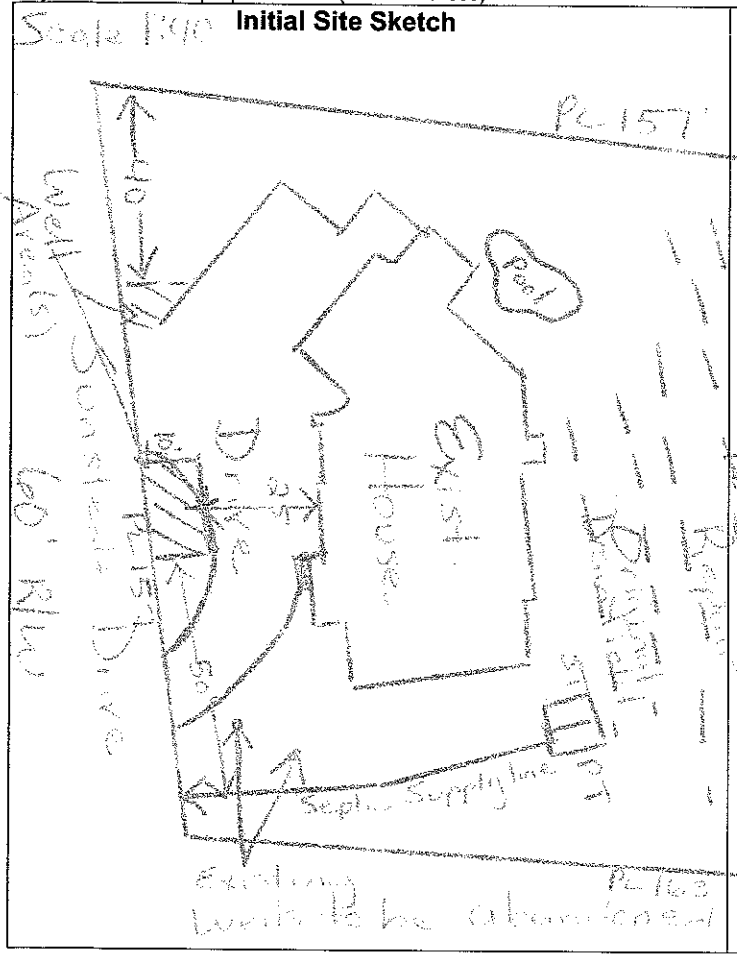
Brawley School Rd TR Turn onto TR Sunstate property on rt

Directions to Site

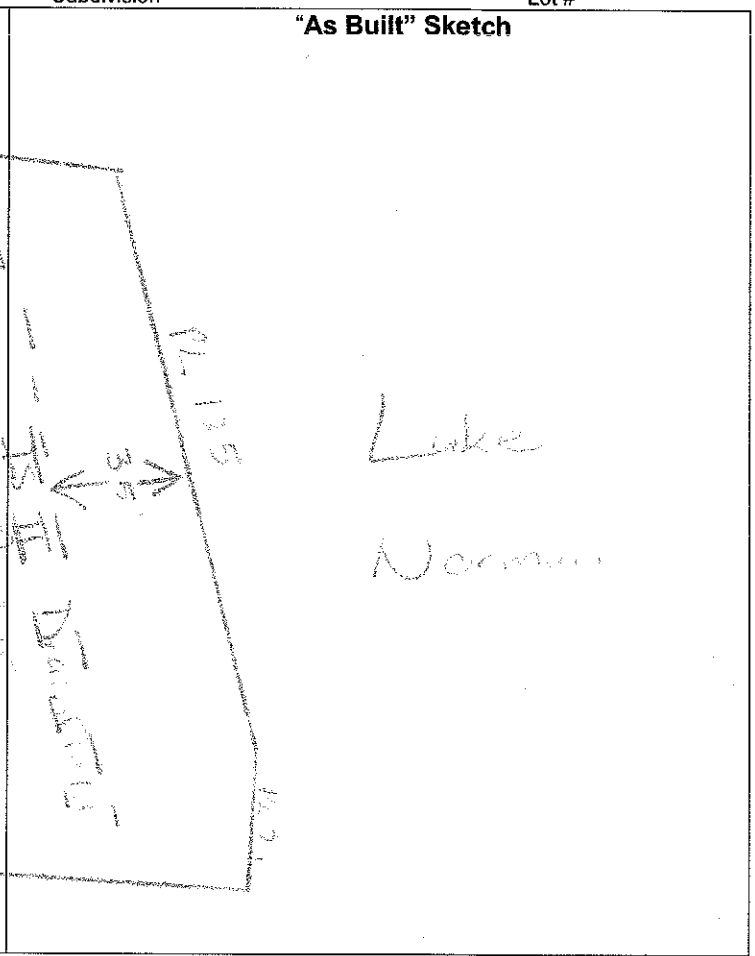
1641 Sunstate Ct Lot to 27 J

Physical location of proposed well (street address) Subdivision Lot #

Initial Site Sketch



"As Built" Sketch



Permit Conditions/ Comments: Must keep well at least 25ft from House & 50ft from Septic Supply line

Well Permit Issued By: Daniel Hall REHS **Date:** 11/27/2011

(Permit is valid for 5 years from date issued. This permit may be revoked if it is determined there has been a material change in any fact or circumstance upon which the permit is issued. Actions of the employees of the Iredell County Health Department shall in no way be taken as a guarantee that this well will produce water of any particular quantity or quality or for any amount of time. Employees of the Iredell County Health Department assume no liability for any damages, either direct or consequential which may be caused by this well.)

Well GPS Coordinates Lat:_____ **Long:** _____ **Well Contractor** _____ **Contractor Cert #** _____

Grout Inspection By: _____ **Date:** _____ **or Certification for Grouting Not Witnessed by Dept**_____ **Date:** _____

Well Head Inspection (check when completed) Grout to Ground Surface ☐ Well Contractor ID Plate ☐ Pump Installer ID Plate ☐ Sample Port ☐ Access Port / Vent ☐ Well Seal ☐ Well Head 12 inches / Pit less Adaptor 8 inches above grade ☐

Well Head Inspection By: _____ **Date:** _____

Certificate of Completion by:_____ **Date:**_____ **Water Samples By:**_____ **Date:**_____

Attachments: Form GW-1a (***required except for abandonment***) ☐ Form GW 30 ☐ Water Sample Results ☐ Plat ☐

Health Dept. Copy - White Applicant Certificate of Completion - Yellow Applicant Well Construction Permit - Pink

PERMIT # _____ PIN # 4614749951

IREDELL COUNTY HEALTH DEPARTMENT – *Environmental Health Division*

Statesville Office 704-878-5305 Mooresville Office 704-660-3625

PRIVATE DRINKING WATER WELL PERMIT

Type of Permit (circle one) New Repair (Abandonment)

APPLICANT INFORMATION

Kenneth Beaver Homes | 1454 Brawley School Rd | 704 363-8900

Name | Full Address | Telephone #

PROPERTY INFORMATION

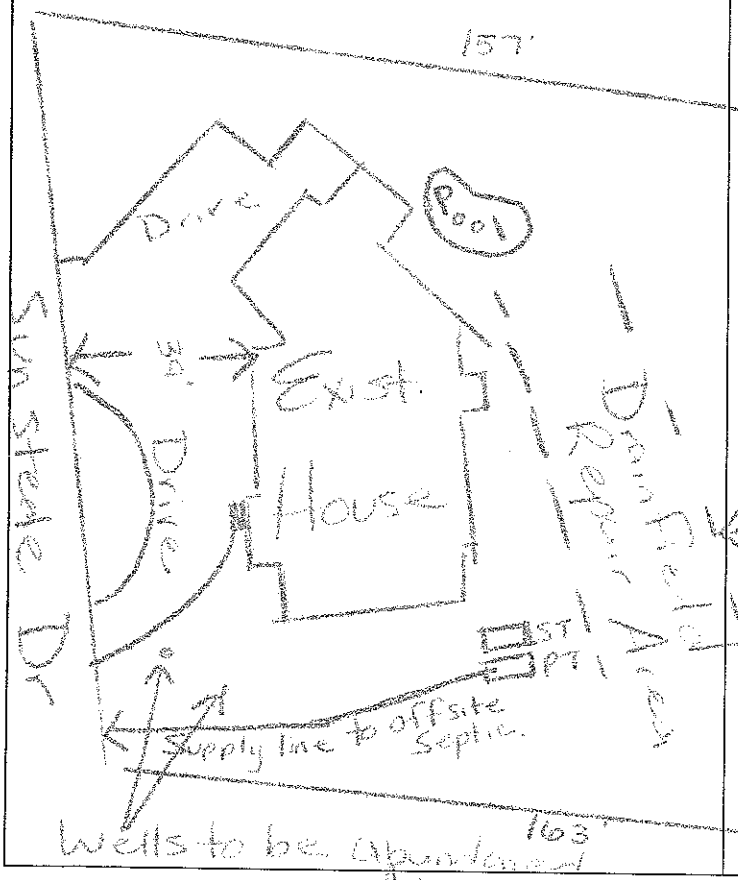
Brawley School Rd TR Tuskaroora Ln TR Sunstate on right

Directions to Site

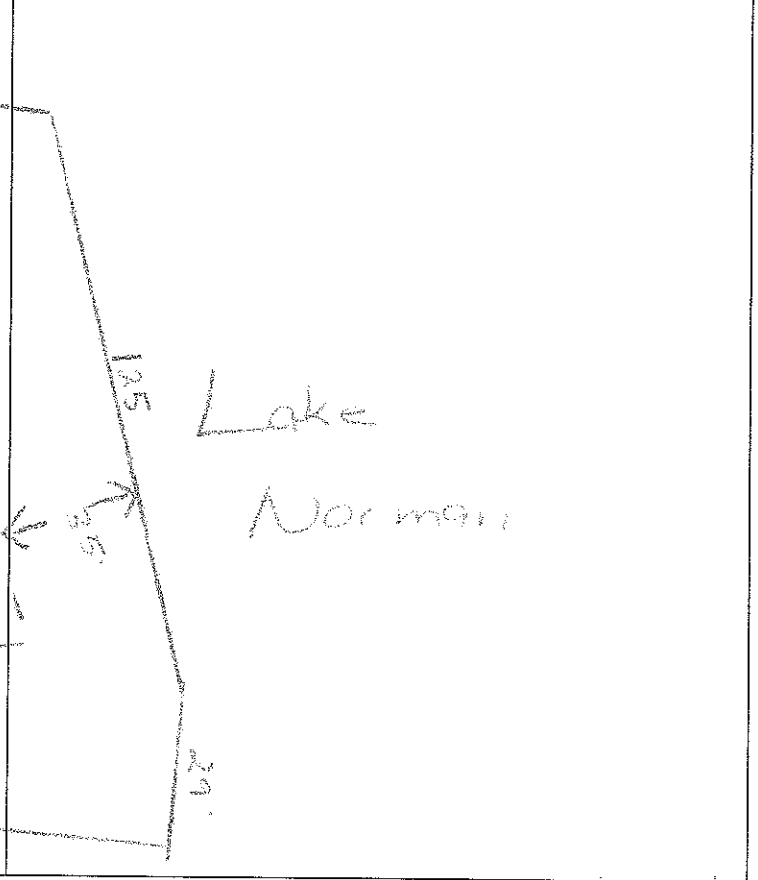
1164 Sunstate | Lot 6 | #274

Physical location of proposed well (street address) | Subdivision | Lot #

Scale 1:40 **Initial Site Sketch**



"As Built" Sketch



Permit Conditions/ Comments: Abandon to Hooper N.C. Standards

Well Permit Issued By: Marie Latham **Date:** 4/26/2011

(Permit is valid for 5 years from date issued. This permit may be revoked if it is determined there has been a material change in any fact or circumstance upon which the permit is issued. Actions of the employees of the Iredell County Health Department shall in no way be taken as a guarantee that this well will produce water of any particular quantity or quality or for any amount of time. Employees of the Iredell County Health Department assume no liability for any damages, either direct or consequential which may be caused by this well.)

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Well Head Inspection By: _____ **Date:** _____

Certificate of Completion by:_____ **Date:**_____ **Water Samples By:**_____ **Date:**_____

Attachments: Form GW-1a (***required except for abandonment***) ☐ Form GW 30 ☐ Water Sample Results ☐ Plat ☐

Health Dept. Copy - White Applicant Certificate of Completion - Yellow Applicant Well Construction Permit - Pink