APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 336-4603

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

(OFFICE USE ONLY)
FILE: 34X6A
TC:
SERIAL: № 20359 ☐ I ☐ CRT

1/8

JOB LOCATION

① ADDRESS: 21700 Mayhew Road (Mecklenburg Co.) (STREET NO.) (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 001 361 45
⑤ SUBDIVISION: Lake Norman MB 17, PG 610 ⑥ LOT: 467 ⑦ BLOCK: Sec. 6

OWNER

⑧ NAME: Don (FIRST) S. (MIDDLE) Carpenter, Jr. (LAST)
⑨ MAILING ADDRESS: Rt. 6, Box 701
⑩ CITY: Mooresville ⑪ STATE: NC ⑫ ZIP: 28115
⑬ PHONE: (WORK) 373-1835 ⑭ (HOME) 664-6547

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 ㉔ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 ㉕ Type?
㉓ Maximum occupancy? 1 Person Occupancy ㉖ Maximum number of employees?
㉔ Basement? ☒ yes ☐ no Crawl Space ㉗ Maximum number of seats?

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 on to the property for the purpose of processing this request.

Signed: Don S. Carpenter Jr.
Date: 2/27/90

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Jobs Location contained in the 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 this Department

. . . This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist — Date: 3/6/90

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.

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 336-4403

FILE: 2486 A DATE: 3/27/90

TC: 201 361 45 PL ☐ CRT

SERIAL № 13133

Name of Owner: DON S. Carpenter Juris.:

Address of Property: 27700 Mayhew Rd

Inspection Date:

Tank Material: -

Total Length of Drainfield: 100

Number of Lines: 2 @ 50'

Cover Depth: 16"

Water Supply Source: well

Distance to Water Source: 750

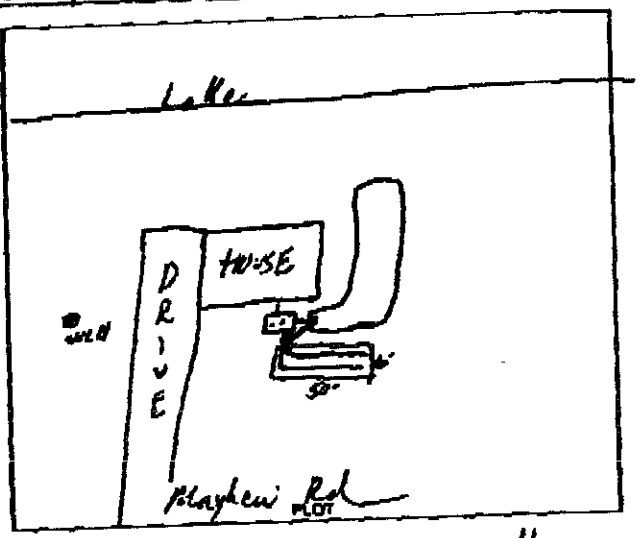
Excavation Inspected: 3/27/90

Tank(s) Inspected: -

Wash Line Inspected: -

High Water Alarm Inspected: -

Design: 1990 Repair CTR#: 11



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: Bed System installed because of system depth. 6" cover added to end of existing drainfield

Philo S. Walker R.S.
Environmentalist

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INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

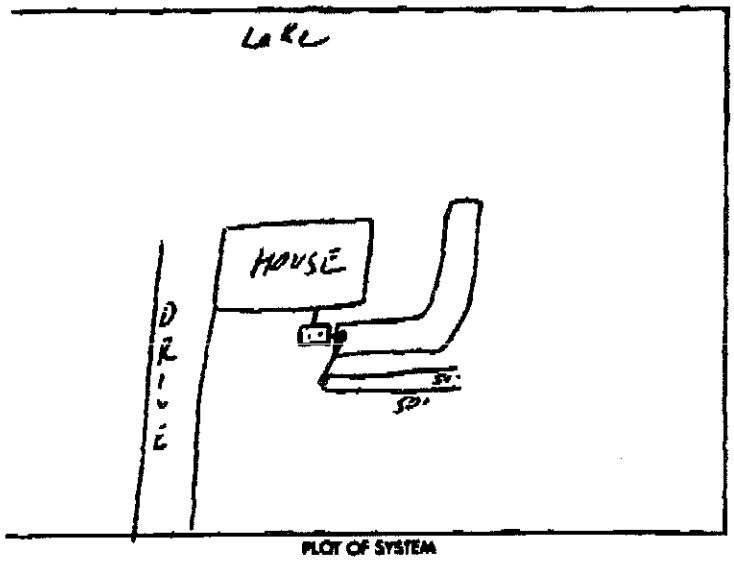
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 336-4803

FILE: 2486A DATE: 3/7/90

TC: 001 361 45 Q L

SERIAL

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 2/22/90. All work shall be completed on or before 3/7/91, 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 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 — gallons
Liquid Capacity of Dosing Tank — gallons
Tank Construction —

Absorption and/or Nitrification Lines:
Trench Width 3 feet
Total Line Length 100 feet
Number of Lines 2
Depth of Stone 12 inches
Distance from House 105 feet
Distance from Property Line 10' feet
Distance from Well >50 feet

NAME OF OWNER Don S. Carpenter

LOCATION OF PROPERTY 22700 Mayhew Rd

Comments: 2 Trenches x 50' long x 3' x 12' stone connected from existing D. Box. Put 6" cover on end of existing bed system

[signature] Division or Section Head

Phil J Walker R.S. Environmentalist

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

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