

3324 MINTWOOD DR

19504210

6/23/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007

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11556

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Division
Groundwater & Wastewater Services

Feburary 1, 2005

Robert & Tara Conner
3324 Mintwood Dr.
Charlotte, NC 28227

Dear Mr. and Mrs. Conner:

Re: Well Sample Results – Inorganic Chemical Analysis

Enclosed you should find the laboratory analysis for the well water samples that were collected at 3324 Mintwood Drive on January 19, 2005.

The laboratory analysis of the well water samples was reported to be within the recommended limits for drinking water. Please retain these reports for future reference. If you have questions regarding these reports please contact me at (704) 336-5568.

Thanks again for your cooperation with the septic inspection and well sampling program. If you have questions or need assistance with your on-site wastewater system or private well please contact our office.

Sincerely,

Trevor Thomason, R.S.I.
Managed Systems Program Coordinator
Groundwater & Wastewater Services

Enclosures (2):

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - PRIVATE WATER SYSTEM

Name of System: Conner Residence
Address: 3324 Mintwood Dr.
Charlotte, NC **Zip:** 28227

County: MECKLENB

Report To: Mecklenburg Co. Env. Health **ATTN:** Trevor Thomason
700 North Tryon Street (704) 336-5101
Charlotte, NC 28202
Courier: 05-16-21

Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis Private

Collected By: T. THOMASON **Date:** 1/19/05 **Time:** 2:40:00 PM

Location of sampling point: Kitchen Sink

Remarks:

Parameters	Results	Units	Date Analyzed:
Acidity as CaCO3	19	mg/l	1/21/05
Silver	<0.05	mg/l	1/21/05
Alkalinity as CaCO3	64	mg/l	1/21/05
Arsenic	<0.001	mg/l	1/21/05
Barium	<0.1	mg/l	1/21/05
Calcium	13.1	mg/l	1/21/05
Cadmium	<0.005	mg/l	1/21/05
Chloride IC	11	mg/l	1/21/05
Chromium	<0.01	mg/l	1/21/05
Copper	0.07	mg/l	1/21/05
Fluoride	<0.20	mg/l	1/21/05
Iron	<0.05	mg/l	1/21/05
Hardness as CaCO3 (Ca,Mg)	62	mg/l	1/21/05
Mercury	<0.0005	mg/l	1/21/05
Magnesium	7.2	mg/l	1/21/05
Manganese	<0.03	mg/l	1/21/05
Sodium	9	mg/l	1/21/05
Lead	<0.005	mg/l	1/21/05
pH	7.3	Std. unit	1/21/05
Selenium	<0.005	mg/l	1/21/05
Total Dissolved Solids	120	mg/l	1/21/05
Zinc	<0.05	mg/l	1/21/05

North Carolina Public Health
State Laboratory of Public Health

Date Received: 1/21/05 **Report Date:** 1/27/05 **Reported By:**
Today's Date: 1/27/05 **Ref:** 886 **Login Batch:** 0501004[illegible] **Sample Number:** AB22034

Explanations

Coliform Analysis:
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. coli (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Inorganic Analysis:
Recommended limits for drinking water. Sample should not exceed levels listed below.

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.01 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - NITRATE ONLY

Name of System: Conner Residence
Address: 3324 Mintwood Dr.
Charlotte, NC **Zip:** 28227
County: MECKLENB

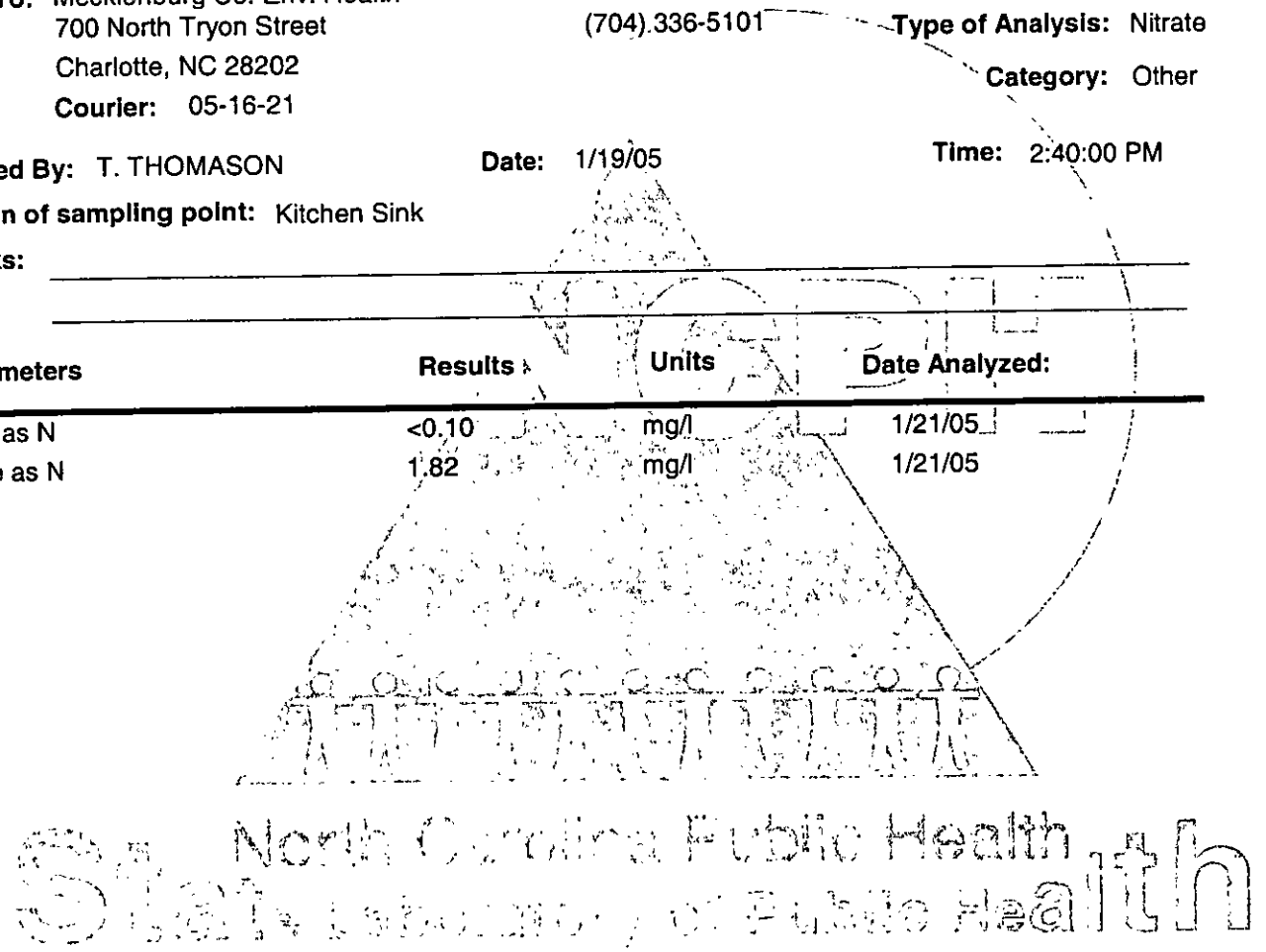
Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis: Nitrate
Category: Other

Report To: Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202
Courier: 05-16-21

ATTN: T.Thomason
(704).336-5101

Collected By: T. THOMASON **Date:** 1/19/05 **Time:** 2:40:00 PM
Location of sampling point: Kitchen Sink
Remarks:

Parameters	Results	Units	Date Analyzed:
Nitrite as N	<0.10	mg/l	1/21/05
Nitrate as N	1.82	mg/l	1/21/05



EXPLANATION OF RESULTS:

Foster/Therapeutic Homes: Nitrate-N level acceptable if less than or equal to 10 mg/l
Private Well Guidelines: Nitrite-N level should be ≤ 1.0 mg/l and Nitrate-N ≤ 10.0 mg/l

Sample Temperature on Receipt: 7.0 °C
Date Received: 1/21/05 **Report Date:** 1/27/05
Today's Date: 1/27/05 **Reference:** 897 **Login Batch** 05010047 **Sample Number:** AB22045
Reported By:

Explanations

Coliform Analysis:
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. coli (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Inorganic Analysis:
Recommended limits for drinking water. Sample should not exceed levels listed below.

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.01 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Division
Groundwater & Wastewater Services

January 26, 2005

Tara Conner
3324 Mintwood Dr.
Charlotte, NC 28227

Dear Mrs. Conner:

Re: Bacteriological Well Sample Results

Enclosed you should find a copy of the laboratory analysis of the well water sample that was collected at 3324 Mintwood Drive on January 19, 2005.

The laboratory analysis of the well water sample was reported to be NEGATIVE for total coliform bacteria.

The inorganic water sample results are not yet available. I will forward a copy of those results to you as soon as they are available from the laboratory.

Please contact me at (704) 336-5568 if you have any questions concerning this matter.

Sincerely,

Trevor Thomason, R.S.I.
Managed Systems Program Coordinator
Groundwater & Wastewater Services

Enclosures: (2)

11556

CHARLOTTE - MECKLENBURG UTILITIES

LABORATORY SERVICES DIVISION

ANALYSIS REPORT

REPORT DATE: 1/21/2005 01:24 PM
LOCATION: Well Sample- 3324
LOC ID: G-GWS
SAMPLE DATE-TIME: 1/19/2005 14:40
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB25380
CHAIN OF CUSTODY #: 05010311

	Parameter	Result	Units	RL	Method	Start Date/Time	Analyst
AB25380	**Total Coliform**	**Absent**	**P/A**		SM 9223B	1/20/2005 8:45	RDW
AB25380	**E. COLI-PA**	**Absent**	**P/A**		SM 9223B	1/20/2005 8:45	RDW

Comment:

Laboratory Supervisor: _____

Laboratory Certifications: McAlpine NC DENR No.148; Brookshire NC DENR No.162; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527

05010311

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

Hal Marshall Laboratory, 700 North Tryon St., Charlotte, NC 28202, 704/336-5460

CHAIN OF CUSTODY RECORD

COC#: PAGE 1 of 1

Sampled By (Print Name): Trevor Thomason

CLIENT: MECKLENBURG COUNTY, LUESA - Groundwater & Wastewater Services
FACILITY: Potable Water
PROJECT: Conner Residence
3324 Mintwood Drive

Send Report To: GWS / T. Thomason
700 N Tryon St. Suite 211
Charlotte, NC 28202

AB25380

SAMPLE ID	Sample Collector's Initials	Collection Date and Time	Chlorinated System	Collection Temp	Relinquished Temp	Receipt Temp	Sample Type: Depth Composite	Auto Composite	Hand Comp	Grab	Sample Containers: Plastic	Glass	# Containers	Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Chemical: BOD5	CBOD5	COD	TOC	TSS	TDS	TS	Nutrients	NOX	Nitrite	Alkalinity	Hardness	Turbidity	Lead	Total Coliform	Fecal Strep	Pest/PCB, EPA 608	Herb, EPA 8151	VOA, EPA 8260	Semis, EPA 8270	HEM 1164		
3324	TVC	1/19/2005 14:40	N		5.0					X	100 ml		1						X															X							

Form Revision 02; effective date 07/07/04

Relinquished By: (Signature)	Received By: (Signature)
	Date & Time: 1-20-05 0818
Relinquished By: (Signature)	Received By: (Signature)
	Date & Time
Relinquished By: (Signature)	Received By: (Signature)
	Date & Time
Relinquished By: (Signature)	Received By: (Signature)
	Date & Time

N.C. Department of Environment and Natural Resources
Division of Environmental Health

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County **Health Department**	Conner Residence **Name of Establishment**	11556 **Permit/Project No.**
3324 Mintwood Dr. Charlotte 28227 **Location**	3-Bedroom House **Type of Establishment**	360 GPD **Design Flow**
Robert & Tara Conner **Owner/Agent**	Same as location address **Address**	(704) 573-9963 **Phone**
N/A **Operator**	N/A **Address**	N/A **Phone**
IIIb **System Type**	1/30/2010 **Next Inspection Due**	

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☒	☐	☐	
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☒	☐	☐	
b. Tanks and access manholes structurally sound, watertight?	☒	☐	☐	
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	3.c. Septic tank not uncovered for
d. Tanks pumped, cleaned out as needed?.....	☒	☐	☐	inspection.
4. RAW SEWAGE LIFT STATION (if present):				
a. Required pumps present, operating, and cycling properly	☐	☐	☒	
b. High-water alarm present and operating properly?	☐	☐	☒	
c. Floats/pipe/valves/disconnects in good condition?	☐	☐	☒	
5. EFFLUENT DOSING SYSTEM:				
a. Effluent appears clear, free of excess solids?	☒	☐	☐	5.a. 3" of soilds measured in pump tank
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☒	☐	☐	
b. High-water alarm present and operating properly?	☐	☒	☐	5.A.b. Alarm not functioning.
c. Floats/pipe/valves/disconnects in good working condition?	☐	☒	☐	Alarm float not secured in pump tank.
d. Control panel enclosure/components in good condition?	☐	☒	☐	5.A.d. Plastic light on alarm box is
e. Elapsed time readings: _____ _____ _____ _____				broken.
B. SIPHON SYSTEMS:				
a. No evidence of overflow or siphon leakage?	☐	☐	☒	
b. Siphon(s) appear to be working/alternating properly?	☐	☐	☒	
c. Bells and vents free of debris and in good condition?	☐	☐	☒	

6. GROUND ABSORPTION FIELDS:

a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐
b. Minimal ponding in subsurface trenches?	☒	☐	☐
c. Surface water being effectively diverted away?	☒	☐	☐
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐
f. Protected from traffic, destructive uses?	☒	☐	☐
g. Distribution devices in good condition, working properly?	☒	☐	☐
h. Repair area properly reserved, maintained?	☒	☐	☐

A. LOW PRESSURE PIPE DRAIN FIELDS:

a. Turnups/cleanouts/valves intact and accessible?	☐	☐	☒
b. No effluent standing in lower laterals?	☐	☐	☒
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒
d. Pressure head is properly adjusted?	☐	☐	☒

OVERALL CONDITION AND OPERATION OF SYSTEM:

Pump and drain field inspection detected no problems with system operation.

No sewage observed on ground surface at time of inspection.

The high water alarm and control panel require repairs at this time.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

1. Repair high water alarm. Secure alarm float to float tree (supply line piping).
2. Repair/replace alarm light cover on top of control panel.

***REPAIR WITHIN 30 DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

The MCHD recommends having the septic tank pumped out every 3 to 5 years.

DATE: 1/19/05

SIGNED: _____, RSE AGENT

Division of Environmental Health

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

COPY

Receipt Information

Date:	01/19/05	**Amount:**	85.00
Receipt #:	30864	**Tendered:**	0.00
Check / Auth #:	VISA 070130	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #:	200000
Contractor:	CONNER TARA L
Attn:	
Address:	3324 MINTWOOD
Address:	
City/State/Zip:	CHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0743	Hmeownr Maint Inspec-Type IIIB 3324 MINTWOOD/FILE 11556		1	85.00	85.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 11556 DATE: 2-11-2000

TC: 195-042-10 ☐ L ☒ CRT

SERIAL Nº 18172

Name of Owner DAVID L. FARLEY Juris.: _____

Address of Property 3324 MINTWOOD DRIVE

Inspection Data:

Tank Material PCC

Total Length of Drainfield 510

Number of Lines 5 @ 102

Cover Depth 12"

Water Supply Source WELL

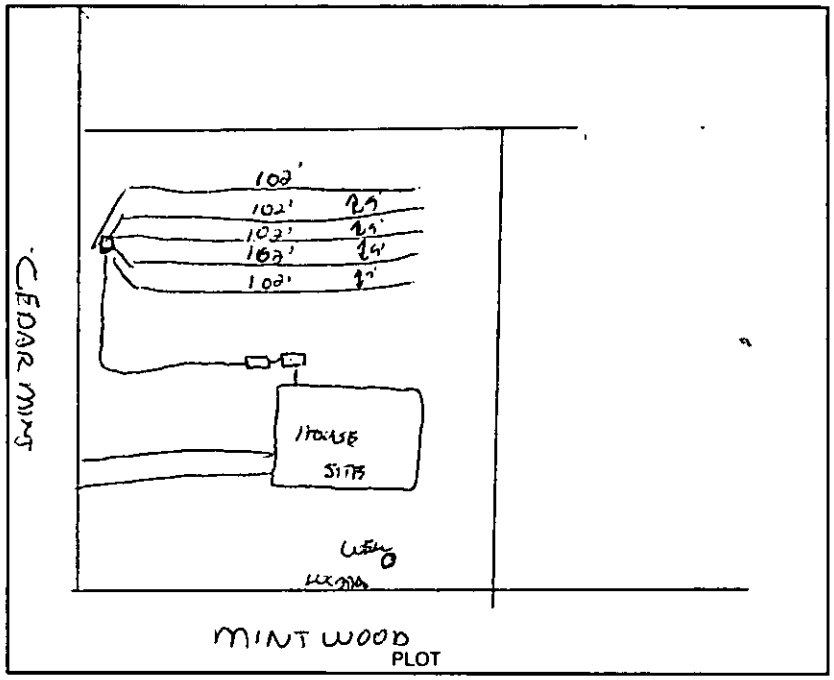
Distance to Water Source 95'

Excavation Inspected 2-11-2000

Tank(s) Inspected 2-11-2000

Wash Line Inspected —

High Water Alarm Inspected 2-11-2000



Design 1500 ST 1000 GT 1530 SFT 5 LNRS @102' 12G CTR# RCS

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

☐ installed or constructed ☐ altered or repaired

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

and meets the provisions of I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☑ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of I5A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: GOULDS WBO 311 M 1" PUMP INSTALLED W/ GATE VALVE LOCATED INSIDE RISER

TYPE III - R

E. Andrew Walker RS
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

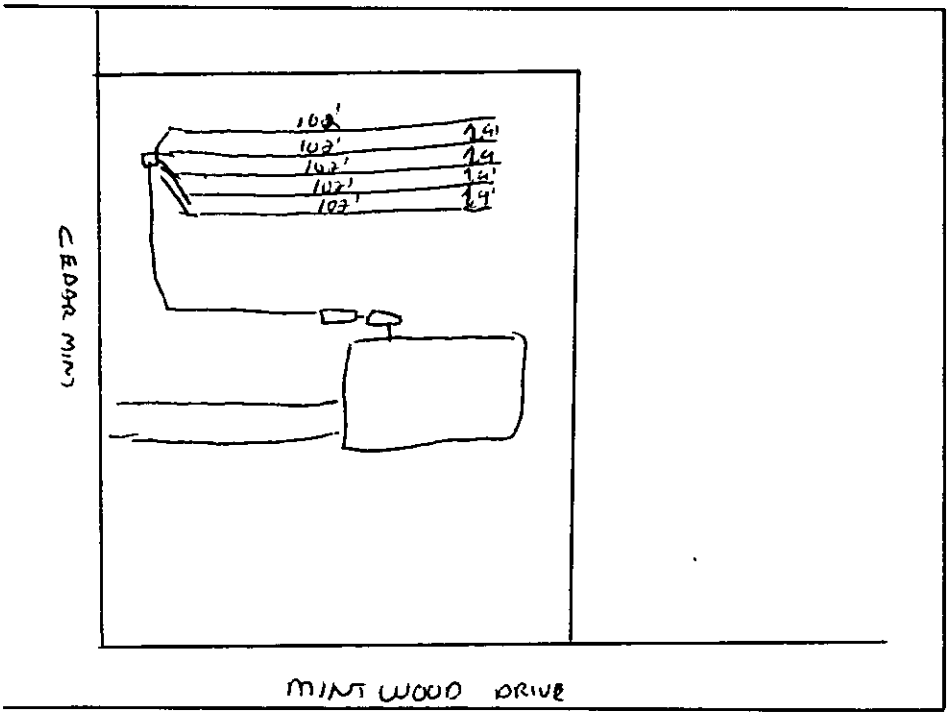
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 11556 DATE: 2-11-2000

TC: 195-042-10 (L)

SERIAL Nº 18356

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 2-1-96. All work shall be completed on or before _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A 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 PCL

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 510' feet

Number of Lines 5

Depth of Stone 12" inches

Distance from House 5' 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 DAVID L FARLEY

LOCATION OF PROPERTY 3324 MINT WOOD DRIVE

Comments: _____

Joshua R. Sellers R.S.
Environmental Health Specialist

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

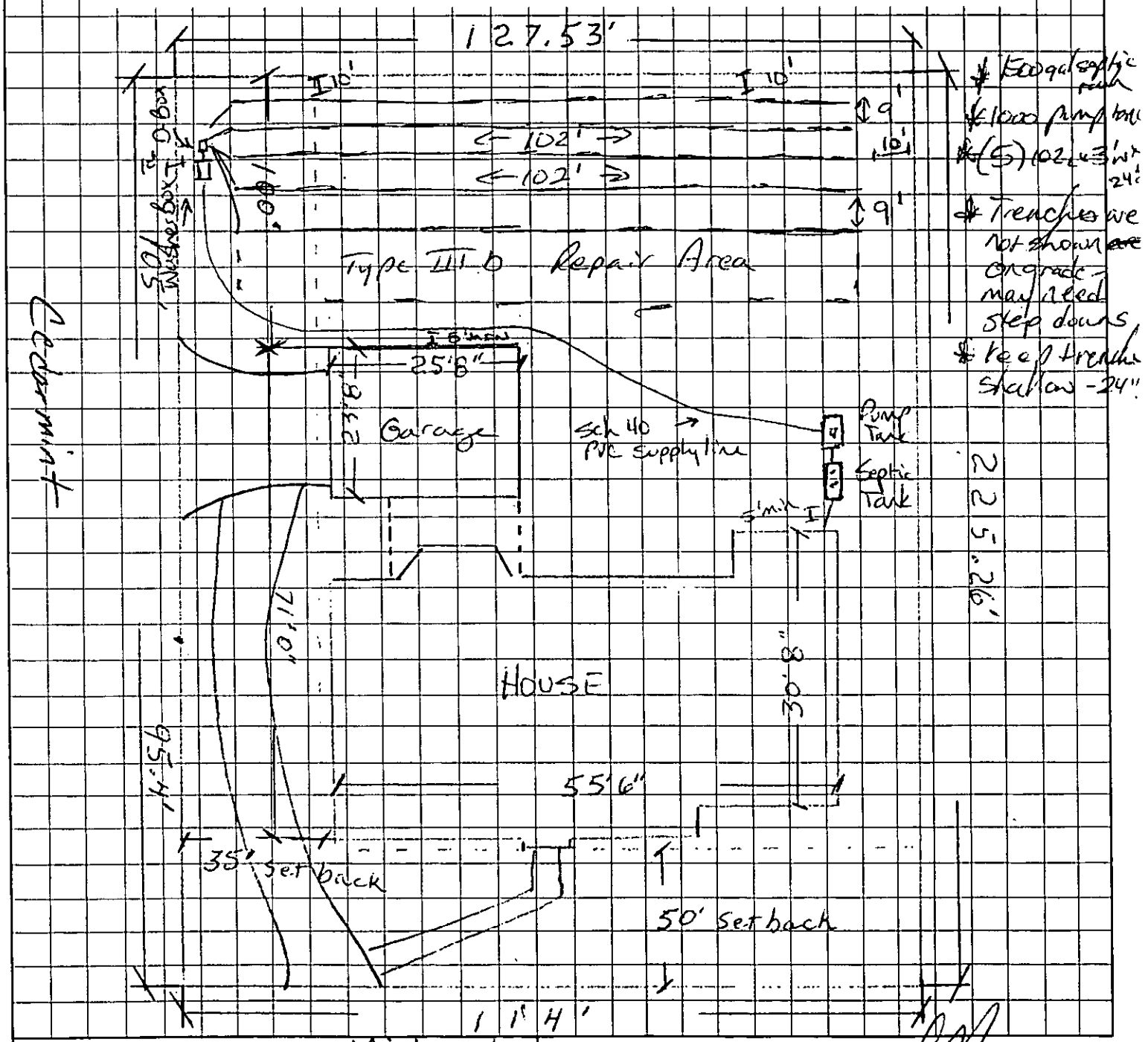
PROPOSED PLOT PLAN

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

FILE: 11556

TC: 195-042-10

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.



OWNER/AGENT SIGNATURE

DATE 5/14/96

APPROVAL DATE 5-14-96

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

NOTICE

THE INFORMATION CONTAINED IN THIS TELECOPY MAY BE PRIVILEGED AND/OR CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT (OR SUCH RECIPIENT'S EMPLOYEE OR AGENT), YOU ARE HEREBY NOTIFIED NOT TO READ, DISTRIBUTE OR COPY THE MATERIALS ATTACHED HERETO WITHOUT THE PRIOR WRITTEN CONSENT OF THE SENDER. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY THE SENDER BY TELEPHONE CALL AND RETURN THE ORIGINAL TELECOPY TO US BY MAIL AND WE WILL REIMBURSE YOU FOR THE REQUIRED POSTAGE. THANK YOU.

TO: Larry Laney TELECOPIER # 283-1629

FROM: Judy Kiser DATE 12/9/99

NUMBER OF PAGES TRANSMITTED: 2 (including cover sheet)

COMMENTS:
Call Larry Thompson for more details
And to obtain installation layout
before beginning construction of the
Septic System. Larry: 336.5568
Judy

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5102.

☐ Original will not follow ☐ Original will follow via:

☐ U.S. Mail ☐ Hand Delivery ☐ ____

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

2nd pd in full chk #501 SCRT

FEE: 200.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 10-27-97 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 5-14-96 PERMIT NO: 11556
PARCEL NO: 195-042-10

PROPERTY OWNER: David L. Farley
BUILDING CONTRACTOR: David L. Farley
JOB LOCATION ADDRESS: 3324 Whitwood Drive
SUBDIVISION NAME: Whitwood
AUTHORIZATION ISSUED BY: Larry D. Thompson Jr. R.S. DATE: 5-14-96
DEHNR/AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 11556, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUS BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: _____

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIO OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS F REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

David L Farley *5/14/96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 11556 — CONDITIONS OF IMPROVEMENT PERMIT — Tax Number: 195-042-10

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	✓ No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

235 Long-term acceptance rate	360 Max gallons/day wastewater flow	1530 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
Yes Serviced by private well	1500 Gallon septic tank	510 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	1000 Gallon pump tank	12" Depth of stone	

Any surface waters present: Type: Minimum separation distance:

Site modifications required:

Additional Conditions: Lot does not require 100% repair area - does not have 100% repair area.

Repair Area System Type Type (circle one): I II (III) IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

___ Absorption Area (Sq ft) ___ Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	24" Maximum Trench Depth

For existing system, enter the year originally installed:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for th Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effe 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 Departmen
- This Improvement permit is transferable.

Larry B. Thompson, R.S. 5-14-96
DEHNR Authorized Agent Date

Owner/Agent Signature 5/14/96
Date

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

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

IWWS:100195

FEE: 100 —
DATE: 2-1-96
cor # 1210

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

| | CRT

TYPE APPLICATION: ✓ NEW SYSTEM ___ EXPANSION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

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

FILE #: 11554

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 19504210 ~~001~~

STREET ADDRESS: 3324 Mintwood

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

TYPE OF BUILDING, (CHECK ONE)

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

HEATED SQUARE FOOTAGE: 2300

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
✓ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
___ MUNICIPAL (M)
✓ PRIVATE WELL (P)
___ SHARED WELL (S)
___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	___ YES ___ NO	WELL SPRINGS OR WATERLINES	___ YES ✓ NO
EXISTING WASTE WATER SYSTEMS	___ YES ✓ NO	DESIGNATED WETLANDS	___ YES ✓ NO
EASEMENTS OR RIGHT-OF-WAYS	✓ YES ___ NO		

PROPERTY OWNER:

NAME: Farley David L
(LAST) (FIRST) (MI)

ADDRESS: 307 S. College St

CITY: Monroe STATE: NC ZIP: 28110

DAYTIME PHONE: (704) 394-7356

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: David L. Farley DATE:

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

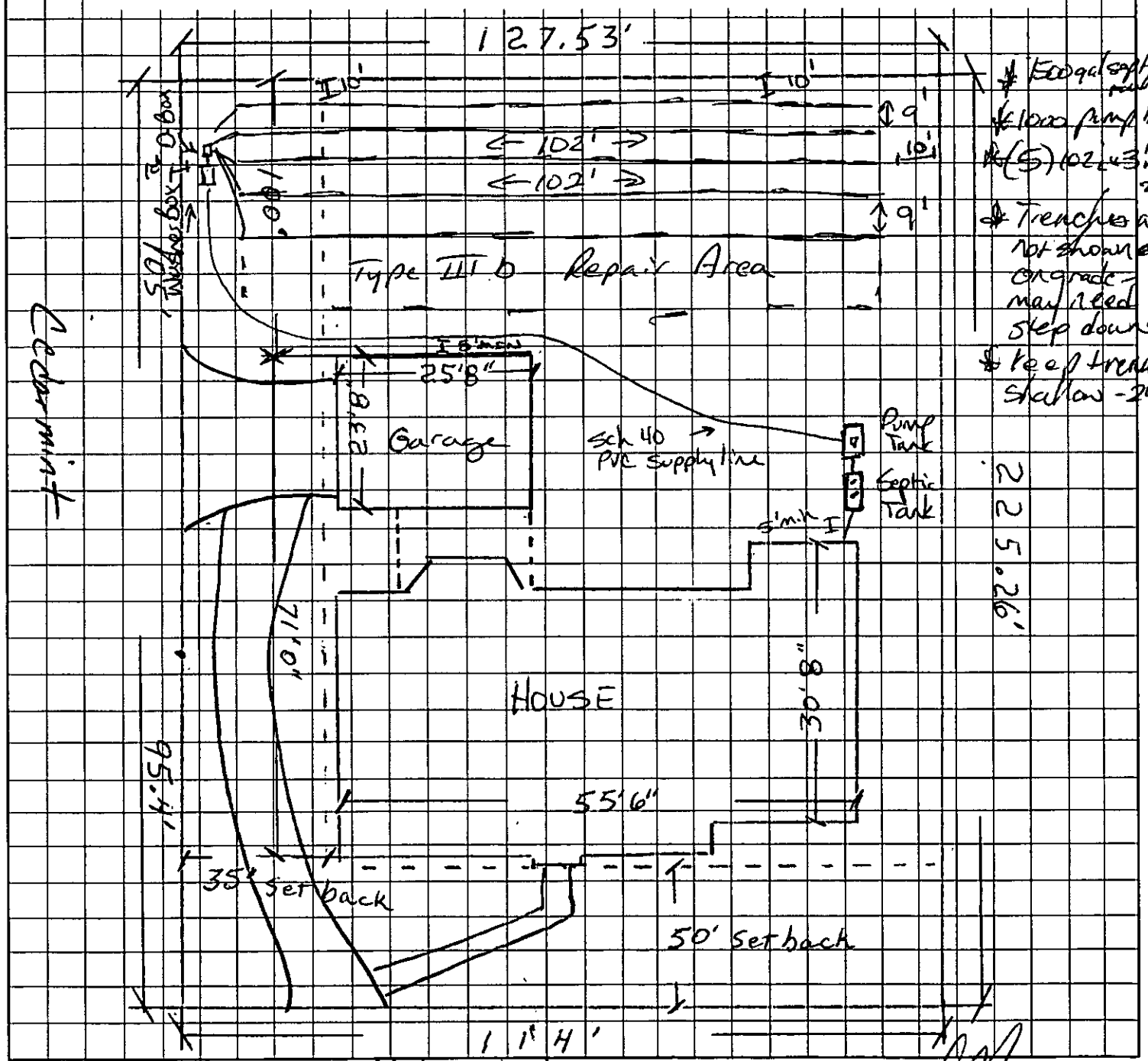
PROPOSED PLOT PLAN

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

FILE: 11556

TC: 195-042-10

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.



Mintwood

OWNER/AGENT SIGNATURE

DATE 5/14/96

APPROVAL DATE 5-14-96

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

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

DH00

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

2
11556
195-042-10

OWNER: David L. Fowler APPLICANT: ___
ADDRESS: 307 S. College St, Monroe APPLICATION DATE: ___ DATE EVALUATED: ___
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): ___ PROPERTY SIZE: .58
LOCATION OF SITE: 3324 Montwood Dr. PROPERTY RECORDED: ___
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS 1942 SOIL WETNESS/ COLOR	1943 SOIL DEPTH	1956 SAPRO CLASS	1944 RESTR HORIZ	PROFILE CLASS & LTAR
	5/10-5 4/6								
1	LS	0-8"	gr/C/	Fr/SEXP/SS/SP	7.5YR 5/2 to 10YR 5/6 2 mottles	42"	N/A	None	PS .22 gpd/ft² IV
		8-42"	SBK/C	Fr/SEXP/SP					
2	LS	0-4"	gr/C/	Fr/SEXP/SS/SP	7.5YR 5/2 to 10YR 5/6 2 mottles	48"	N/A	None	PS IV .25 gpd/ft²
		4-48"	SBK/C	FI/SEXP/SP					
3	LS	0-6"	gr/C/	Fr/SEXP/SS/SP	7.5YR 5/2 to 10YR 5/6 2	46"	N/A	None	PS IV .25 gpd/ft²
		6-46"	SBK/C	Fr/SE					
4	LS	0-10"	gr/C-C/	Fr/SEXP/SP	2.5YR 6/1 mottles @ 38"	40"	N/A	None	PS IV .22 gpd/ft²

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	45	
System Type(s)		

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: William R. Neal 4-19-96
OTHER(S) PRESENT: ___

OMMENTS: Would recommend surface septic diversion at the least

LEGEND

use the following standard abbreviations

ANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR	LPP .1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
(Drainage Way)					EXP (Expansive)	CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
S (Foot Slope)						ABK (Angular Blocky)
(Head Slope)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SICL (Silty Clay Loam)				PR (Prismatic)
(Nose Slope)		CL (Clay Loam)				
(Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
(Shoulder Slope)		SLC (Silt Loam Clay)				
(Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slighly Sticky)
		SIC (Silty Clay)			FI (Firm)	S (Sticky)
					VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None		EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

OTES

ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.

ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).

