

11510 CHESTNUT HILL DR

23118408

6/1/2007

duponbj

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

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County **Health Department**	Hostak Residence **Name of Establishment**	5593A **Permit/Project No.**
11510 Chesnut Hills Dr., Matthews 28105 **Location**	4-Bedroom House **Type of Establishment**	480 GPD **Design Flow**
Mark & Rita Hostak **Owner/Agent**	Same as location address **Address**	**Phone**
N/A **Operator**	N/A **Address**	N/A **Phone**
IIIb **System Type**	2/6/2010 **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. Did not inspect sanitary tee.
d. Tanks pumped, cleaned out as needed?.....	☒	☐	☐	
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. Measured 2" of solids in pump tank.
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☒	☐	☐	
b. High-water alarm present and operating properly?	☒	☐	☐	
c. Floats/pipe/valves/disconnects in good working condition?	☒	☐	☐	
d. Control panel enclosure/components in good condition?	☒	☐	☐	
e. Elapsed time readings: _____ _____ _____ _____				
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?	☐	☒	☐	6.b. Probing indicated
c. Surface water being effectively diverted away?	☒	☐	☐	effluent ponding in trenches. May be
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐	result of recent rainfall.
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:

1. No problems detected with system operation at the time of inspection.
2. No effluent observed on ground surface at the time of inspection.

System COMPLIANT.

*Ground disturbed over septic tank. Indicates that the tank may have been serviced/inspected recently.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

None

***REPAIR WITHIN N/A DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

1. Pump both tanks (septic & pump) on a routine basis to remove excess solids.

*The MCHD recommends pumping the tanks every 3 to 5 years.

2. Please review the 'Septic System Use & Maintenance' information included with this report.

DATE: 2/25/2005

SIGNED: Tim Thomas RSE AGENT
Division of Environmental Health

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

COPY

Receipt Information

Date: 02/23/05
Receipt #: 32420
Check / Auth #: CHECK 9070
Received By: CRAIGGY

Amount: 85.00
Tendered: 85.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: HOSTAK RITA
Attn:
Address: 11510 CHESTNUT HILL DR
Address:
City/State/Zip: MATTHEWS, NC 28105

Item	Description	Permit#	Quantity	Unit Price	Total Price
0743	Hmeownr Maint Inspec-Type IIIB FILE 5593A		1	85.00	85.00

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

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

231-184-08

Rita S. Alexander
11510 Chestnut Hill Dr.
Matthews, NC 28105

4 bedroom

MECKLENBURG COUNTY
Health Department

February 11, 2002

Mark and Rita Hostak
11510 Chestnut Hill Dr.
Matthews, NC 28105

Dear Mr. and Mrs. Hostak:

The State required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence located at 11510 Chestnut Hill Dr., North Carolina, was completed on 9/9/02.

Our records indicate that the $85.00 fee for this service has not been received. Please return the enclosed invoice with your payment by 3/11/03.

Thank you for your time and cooperation. If you have any further questions you can contact me at (704) 336-5571.

Sincerely,

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

Enclosure: Inspection Report
Septic System Owner's Guide

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Payment Past Due

Mark and Rita Hostak
11510 Chestnut Hill Dr.
Matthews, NC 28105

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
Mark and Rita Hostak	11510 Chestnut Hill Dr.	23118408	5593A	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: 4/25/02

Payment Due Date: 3/10/03 **Past Due**

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

September 10, 2002

Mark and Rita Hostak
11510 Chestnut Hill Dr.
Matthews, NC 28105

Dear Mr. and Mrs. Hostak:

The State required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence located at 11510 Chestnut Hill Dr., North Carolina, was completed on 9/10/02. The results of this inspection are enclosed.

Thank you for your time and cooperation. If you have any further questions you can contact me at (704) 336-5571.

Sincerely,

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

Enclosure: Inspection Report
Septic System Owner's Guide

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

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

MECKLENBURG COUNTY — Health Department
5593A — Permit/Project No.
Name of Establishment: RESIDENCE — Type of Establishment
480 GPD — Design Flow
11510 CHESTNUT HILL DR. — Location
MARK & RITA HOSTAK — Owner/Agent
11510 CHESTNUT HILL DR. MATTHEWS, NC 28105 — Address
Phone
N/A — Operator
Address
Phone
Remarks TTTb

	Yes	No	REMARKS
1. ESTABLISHMENT:			
Type, size, and sewage flow in accordance with permit?	☑	☐	
2. COLLECTION SYSTEM:			
No evidence of leaks into or out from sewer lines/manholes?	☐	☐	
Free of blockages/solids buildup in lines or manholes?	☐	☐	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):			
Tank risers accessible and surface water diverted?	☑	☐	
Tanks and access manholes structurally sound, watertight?	☑	☐	
Sanitary tee(s) in good working condition?	☑	☐	
Tanks pumped, cleaned out as needed?	☑	☐	
4. RAW SEWAGE LIFT STATION (if present):			
Required pumps present, operating, and cycling properly?	☐	☐	
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☑	☐	
PUMP SYSTEMS:			
Required pumps present, operating, and cycling properly?	☑	☐	
High-water alarm present and operating properly?	☑	☐	
Floats/pipe/valves/disconnects in good working condition?	☑	☐	
Control panel enclosure/components in good condition?	☑	☐	
Elapsed time readings: _____ _____ _____ _____			
SIPHON SYSTEMS:			
No evidence of overflow or siphon leakage?	☐	☐	
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	
6. GROUND ABSORPTION FIELDS:			EVERYTHING LOOKS GOOD!
No evidence of effluent surfacing/reaching surface waters?	☑	☐	
Minimal ponding in subsurface trenches?	☑	☐	
Surface water being effectively diverted away?	☑	☐	
Diversions/ditches/swales/tile drains properly maintained?	☑	☐	
Line cover/vegetation adequate/maintained as needed?	☑	☐	
Protected from traffic, destructive uses?	☑	☐	
Distribution devices in good condition, working properly?	☑	☐	
Repair area properly reserved, maintained?	☑	☐	
LOW-PRESSURE PIPE DRAIN FIELDS:			
Turnups/cleanouts/valves intact and accessible?	☐	☐	
No effluent standing in lower laterals?	☐	☐	
Laterals free of excess solids, cleaned out as needed?	☐	☐	
Pressure head is properly adjusted?	☐	☐	

OVERALL CONDITION AND OPERATION OF SYSTEM: NO EFFLUENT SURFACING

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)

DATE: 9/10/02 SIGNED: RSI AGENT
Division of Environmental Health

DENR 3702 (Revised 3/98)
On-Site Wastewater Section (Review 12/98)

– over –

SUMMARY OF IMPROVEMENTS NEEDED (cont.)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

This is to notify you of intent to suspend/revoke your operation permit/certificate of completion 60 days from this date for the following
(circle one) *(circle one)*

violations: _____
[Law or Rule(s)]

If suspended, the operation permit or certificate of completion remains suspended until violations are corrected. A hearing will be held prior to suspension or revocation if you file a petition for a hearing with the Office of Administrative Hearings, P. O. Drawer 27447, Raleigh, NC 27611-7447, in writing within the number of days specified above of your intent to attend the hearing. If you do not petition the Office of Administrative Hearings, the operation permit or certificate of completion will be suspended or revoked.

IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

This is to notify you of immediate suspension/revocation of your operation permit/certificate of completion for the following violations:
(circle one) *(circle one)*

_____
[Law or Rule(s)]

If suspended, the permit or certificate remains suspended until the violations are corrected. You will be notified of the day and location of a hearing on this suspension or revocation by a hearing officer from the Office of Administrative Hearings.

This the _____ day of _____, 19 _____.

_____ Agent
DIVISION OF ENVIRONMENTAL HEALTH

INSTRUCTIONS

Purpose: Article 11 of Chapter 130A requires the Commission for Health Services to adopt rules governing the design, construction, and operation of on-site wastewater systems. 15A NCAC 18A .1937 specifies that the local health department shall determine whether systems with an Operation Permit are operating properly at a frequency specified in Rule .1961, Table V(a), and that systems which exceed 3,000 gallons per day and other systems which are required to be designed by a professional engineer shall be reinspected annually. This form is developed to be used in making inspections of engineered subsurface wastewater systems.

Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for:

1. Original to be left with the responsible person.
2. Copy for the local health department.
3. Copy for the On-Site Wastewater Section, Division of Environmental Health.

In the event the permit is suspended or revoked, complete the portion above.

Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the *Records Disposition Schedule* published by the N.C. Division of Archives and History.

Additional forms may be ordered from: On-Site Wastewater Section
Division of Environmental Health
P. O. Box 29594
Raleigh, NC 27626-0594
(Courier 52-01-00)

Mecklenburg County
Health Department

June 13, 2002

Rita S. Alexander
11510 Chestnut Hill Drive
Matthews, NC 28105

Dear Ms. Alexander:

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 11510 Chestnut Hill Drive, Matthews, NC is past 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 has been 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.

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

PAYMENT PAST DUE

Rita S. Alexander
11510 Chestnut Hill Drive
Matthews, NC 28105

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
Rita S. Alexander	11510 Chestnut Hill Drive	23118408	5593A	IIIb
				Total Amount Due: $85.00

BILL INFORMATION

Billing Date: 4/25/02

Payment Due Date: PAST DUE

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

March 22, 2000

Rita S. Alexander
11510 Chestnut Hill Drive
Matthews, NC 28105

Dear Ms. Alexander:

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. These 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 tank 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,

L. B. Thompson, Jr., R.S.

Larry B. Thompson, Jr., R.S./Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure

cc: Fiscal Services Manager, HMHCS

INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

PAST DUE NOTICE

Rita S. Alexander
11510 Chestnut Hill Drive
Matthews, NC 28105

Please Make Check 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
Rita S. Alexander	11510 Chestnut Hill Drive	231-184-08	5593A	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
3-23-00	4-21-00 ***PAST DUE***

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

INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

Rita S. Alexander
11510 Chestnut Hill Drive
Matthews, NC 28105

Please Make Check 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
Rita S. Alexander	11510 Chestnut Hill Drive	231-184-08	5593 A	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
3/23/00	4/21/00

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

Josh

COPY

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

fax 3/6/01 ~~$400~~ CK# 2867 ACS

[1] 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

File # ~~341A~~ 5593A

PERSON FILING APPLICATION:
NAME: Hostak (last) Mark (first) L. (mi)
ADDRESS: 11510 Chestnut Hill Dr. PHONE: (704) 846-4096
CITY: Mathews STATE: NC ZIPCODE: 28105

Date: March 6, 2001

PROPERTY OWNER:
NAME: Alexander (last) Rita (first) (mi)
ADDRESS: 11510 Chestnut Hill Dr. PHONE: (704) 846-4096
CITY: Mathews STATE: NC ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 23118408
STREET ADDRESS:
ZONING:

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

LOT NUMBER: 8 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[redacted] 1989

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)

[redacted]

[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Screened Porch

[redacted]

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: 4 NUMBER OCCUPANTS:

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) [ ] Shared Well (S)
[X] 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 on the property for the purpose of processing this request.

Signed: [signature] Date: 3-6-2001

NOTICE:

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 approval is granted by this Department.

...This permit is not transferable.

... OK to Use Existing System

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

Joshua R. Sellers R.S.
Environmentalist

03-14-01
Date

WWATER : 122791

5593A

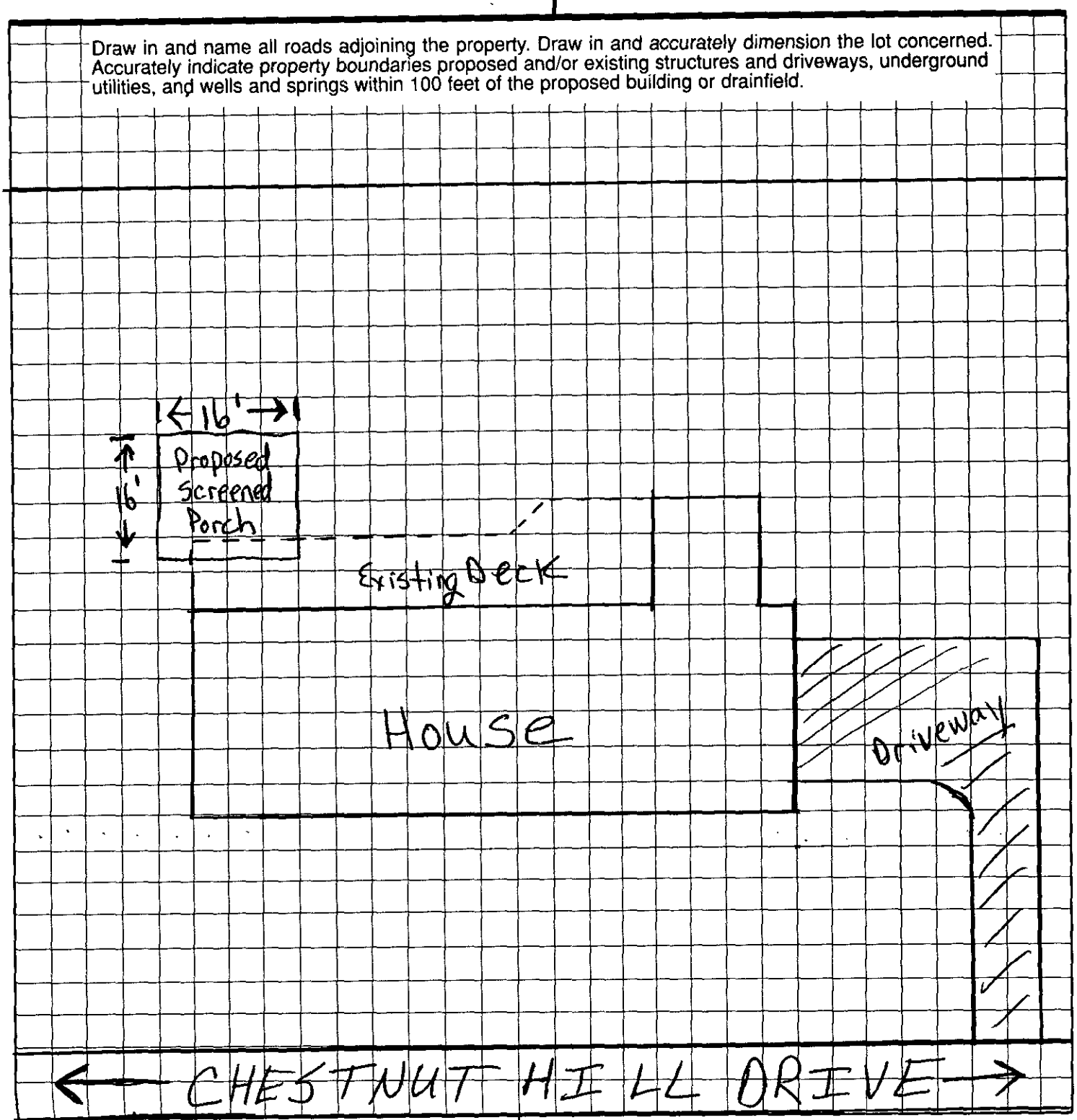
PROPOSED PLOT PLAN

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

FILE: _____

TC: _____

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 Mark L Mathews

DATE March 6, 2001

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5593A DATE: 2-6-95

TC: 231-184-08 ☐ L ☒ CRT

SERIAL Nº 16085

Name of Owner Rita Alexander Juris.: _____

Address of Property 11510 Chestnut Hill Drive

Inspection Data:

Tank Material PCC

Total Length of Drainfield N/A

Number of Lines N/A @ _____

Cover Depth N/A

Water Supply Source Community

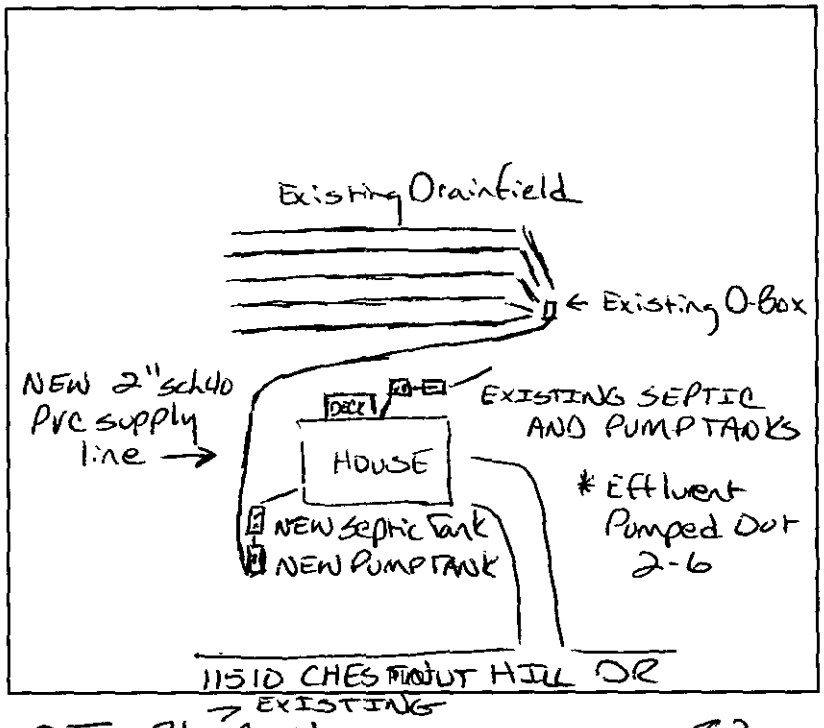
Distance to Water Source > 50'

Excavation Inspected N/A

Tank(s) Inspected 2-6

Wash Line Inspected N/A

High Water Alarm Inspected 2-6



Design 1995 1500 ST, 1000 DT, PI, CON CTR# 82

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 15A 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 15A 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: Alteration on 1989 installation for 4 bedroom house. Permit for septic tank, pump tank, and new supply line.
*Disconnected pump tank must be filled in prior to construction of addition. LT

Randy B. Thompson, Jr. L.S.
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

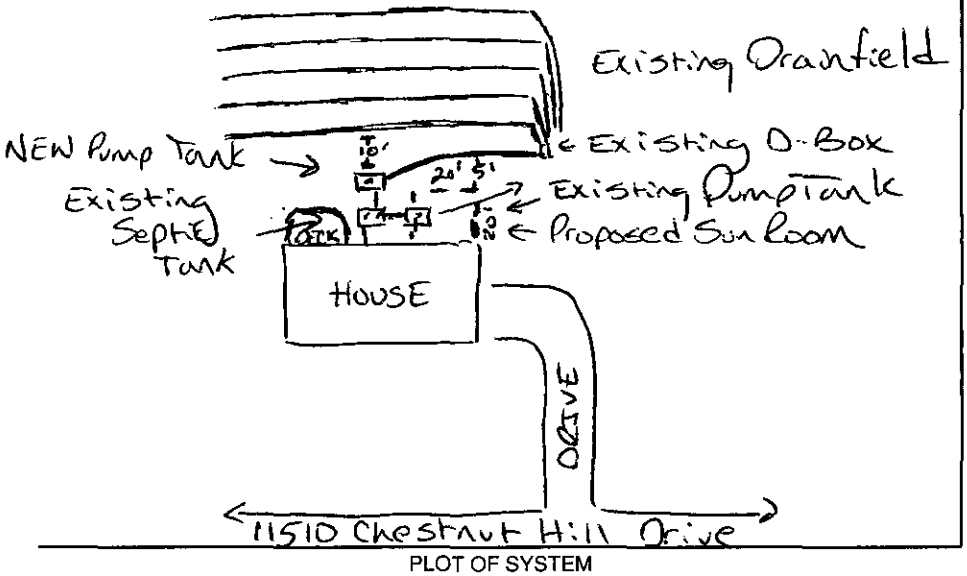
FILE: 5593 A DATE: 1-27-95

TC: 231-184-08 ☐ L

SERIAL Nº 16116

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 1-23-95. All work shall be completed on or before 2-27-95, 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.

* Any power, telephone, or cable lines to be moved must be routed around septic system
* Existing pump tank must be pumped down and then filled in.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank EXISTING gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth N/A

Absorption and/or Nitrification Lines:

Trench Width N/A feet

Trench Walls Scored and Porous N/A

Total Line Length N/A feet

Number of Lines N/A

Depth of Stone N/A inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 7100 feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Rita Alexander

LOCATION OF PROPERTY 11510 Chestnut Hill Drive

Comments: Alteration to 1989 installation for 4 bedroom house. Alteration for addition of pump tank and supply line only.
* Riser for pump tank 6" above grade * Power, Pump Floats, etc. must be housed in a Nema 4x ~~box~~ enclosure
* High water alarm required

Larry B. Thompson, J., R.S.
Environmental Health Specialist

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

5593 A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PD 200.00 CK 1098 1/23/95 BA ☐ 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: 1/23/95

PERSON FILING APPLICATION:
NAME: Bowers (last) Robert (first) J (mi)
ADDRESS: 7800 Arboretum Dr PHONE: (704) 541-9966
CITY: Char STATE: N.C. ZIPCODE: 28708

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 231-184-08
STREET ADDRESS: 11510 Chestnut Hill Dr
Char, N.C.
ZONING:

PROPERTY OWNER:
NAME: Alexander (last) Rita (first) (mi)
ADDRESS: 11510 Chestnut Hill PHONE: (704) 541-9966
CITY: Matthews STATE: N.C. ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
☐ 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) Sunroom
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 4 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) ☐ 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: Robert J Bowers Date: 1/23/95

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 : 12/94

PROPOSED PLOT PLAN

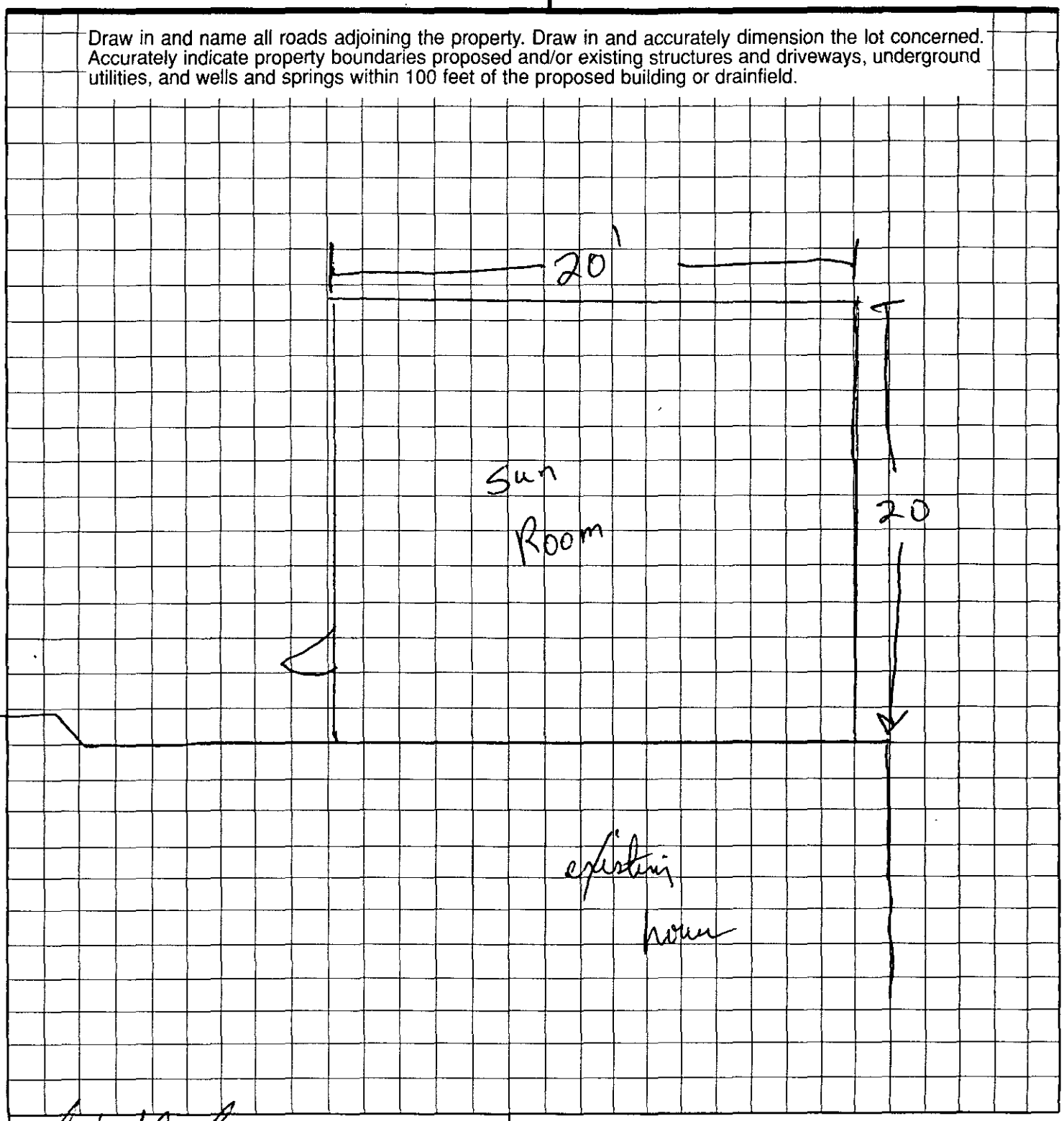
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5593A

TC: 231-184-08

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.

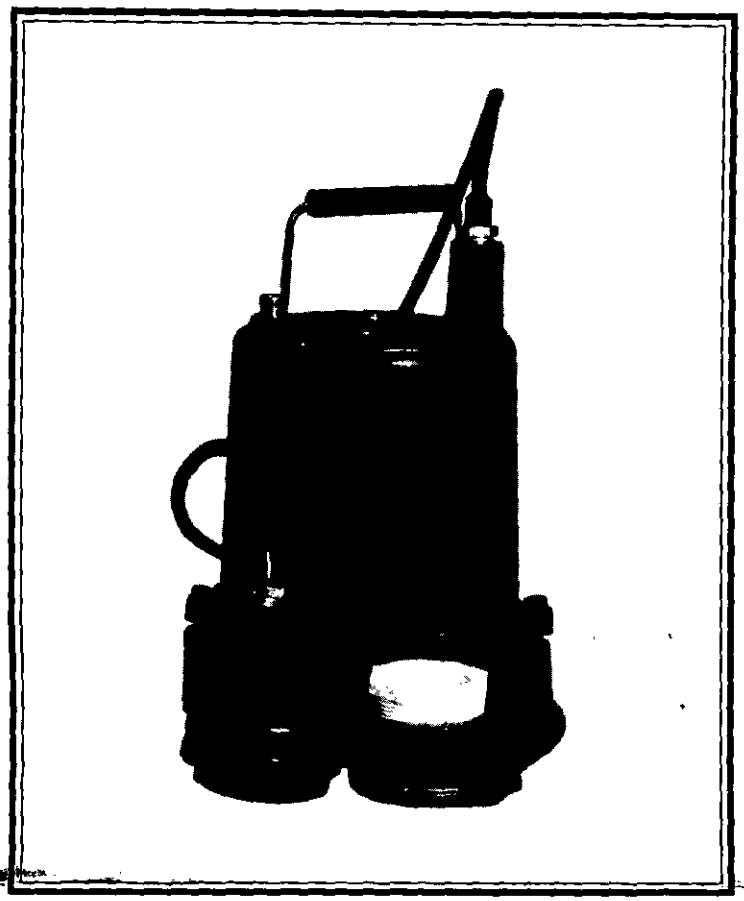


Robert J Bow
OWNER/AGENT SIGNATURE

DATE 1/23/95

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy



OSP33 SUBMERSIBLE SUMP/EFFLUENT PUMP

INSTALLATION & SERVICE MANUAL

HYDROMATIC PUMPS

Before operation, read the following instructions carefully. Reasonable care and safe methods should be practiced. Check local codes and requirements before installation. Servicing should be performed by knowledgeable pump service contractors or authorized service stations.

WARNING: Read all instructions before starting any operation on pump.

Always disconnect the pump and controls from its power source before handling or making any adjustments. Always wear rubber boots when there is water on the floor and you must unplug the pump or make any adjustments.

WARNING:
TO REDUCE RISK OF ELECTRICAL SHOCK:

1) RISK OF ELECTRICAL SHOCK — This pump has **NOT** been investigated for use in swimming pool areas.

2) RISK OF ELECTRICAL SHOCK — Connect only to a **PROPERLY** grounded, grounding-type receptacle.

Septic tank to be vented in accordance with local plumbing codes.

Do not smoke or use sparkable electrical devices or flame in a septic (gaseous) or possible septic sump.

A septic sump condition may exist and if entry into sump is necessary, then 1) provide proper safety precautions per OSHA requirements and 2) do not enter sump until these precautions are strictly adhered to.

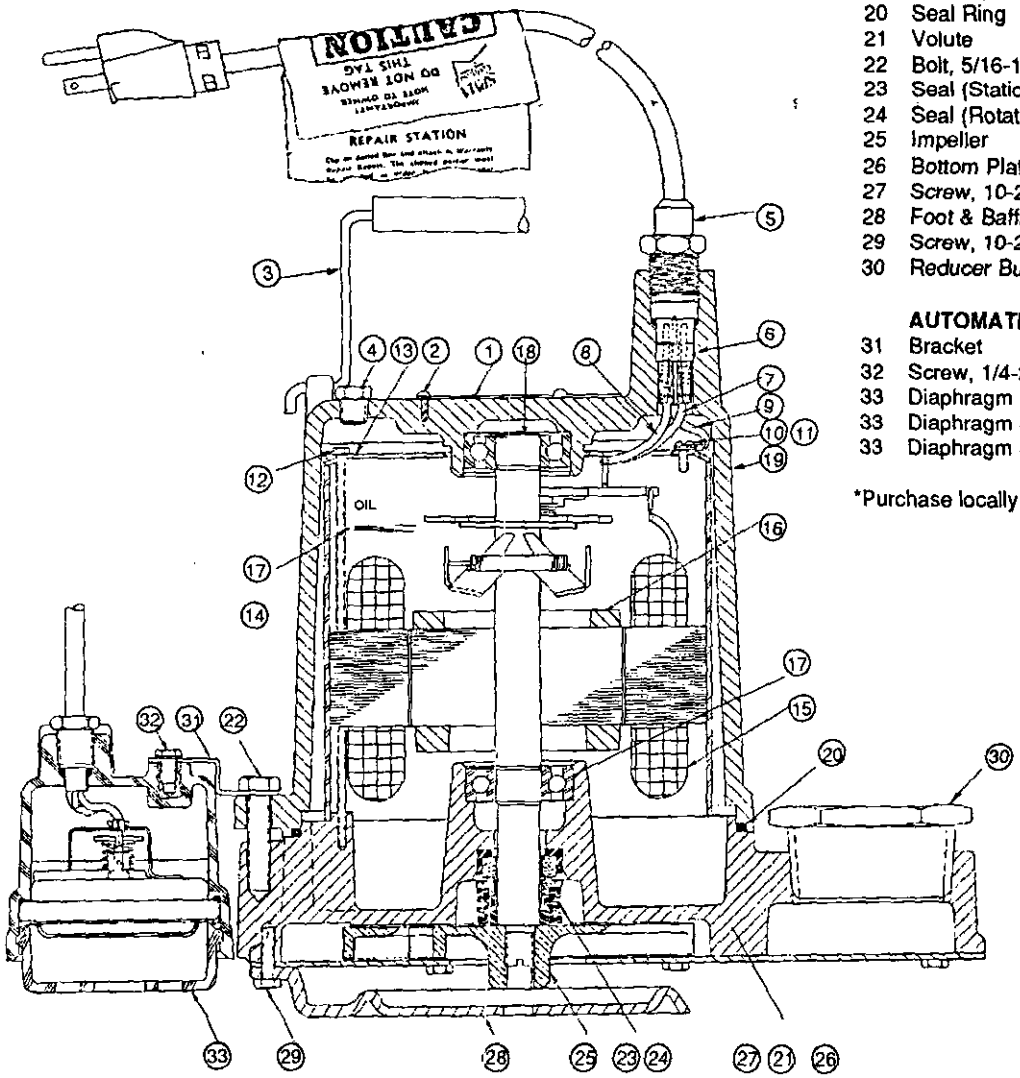
Do not install pump in location classified as hazardous per N.E.C., ANSI/NFPA 70 - 1984.

Failure to heed above cautions could result in injury or death.

Installation Instructions

THESE IMPORTANT INSTRUCTIONS MUST BE FOLLOWED FOR SATISFACTORY PERFORMANCE OF YOUR PUMP:

1) Provide proper sump (minimum sump diameter of 12").
2) DO NOT set pump directly on the bottom of sump if it is NOT solid. Raise the pump by using bricks or concrete blocks underneath it.
3) MAKE SURE SUMP IS FREE OF STRING, CLOTH, NAILS, GRAVEL, ETC. BEFORE INSTALLING PUMP.
4) Risk of electrical shock - connect only to a PROPERLY grounded, grounding-type receptacle.
5) DO NOT remove ground pin from electrical plug.
6) DO NOT use an extension cord.
7) For proper automatic operation, make sure the pump power cord is plugged into the "piggy-back" receptacle on the diaphragm switch cord.
8) Connect to separate electrical circuit taken directly from main switch.
9) Use steel or plastic pipe for all connecting lines between pump and sewer outlet.
   (NOTE: Some city regulations do not allow installing a pump with plastic pipe. Check local regulations.)
10) Hydromatic check valve should be installed in discharge pipe.



Parts List
OSP33 Submersible Sump/Effluent Pump

Ref. No.	Description	Quantity
1	Nameplate, 115V	1
1	Nameplate, 230V	1
2	Drivescrew	2
3	Handle	1
4	Pipe Plug	1
5	Power Cord Assembly, 115V-10'	1
5	Power Cord Assembly, 115V-20'	1
5	Power Cord Assembly, 230V-20'	1
6	Connector Assembly	1
7	Lead Wire/Terminal Assembly (Black, 5")	1
8	Lead Wire/Terminal Assembly (Black, 6-1/4")	1
9	Ground Wire/Terminal Assembly (Green, 5")	1
10	Screw, #6 x 3/8 Lg.	1
11	Lockwasher, #6	1
12	Bolt, Stator - 8-32 x 55/8" Lg.	4
13	Plate, Stator	1
*14	Oil	.38 gal.
15	Stator, 115V	1
15	Stator, 230V	1
16	Rotor & Shaft w/Bearings	1
17	Bearing	2
18	Load Spring	1
19	Housing, Motor	1
20	Seal Ring	1
21	Volute	1
22	Bolt, 5/16-18 x 1" Lg.	4
23	Seal (Stationary Seat)	1
24	Seal (Rotating Seat)	1
25	Impeller	1
26	Bottom Plate	1
27	Screw, 10-24 x 3/8" Lg.	5
28	Foot & Baffle Plate	1
29	Screw, 10-24 x 5/8" Lg.	3
30	Reducer Bushing, 2" x 1-1/2"	1
	AUTOMATIC MODELS	
31	Bracket	1
32	Screw, 1/4-20 x 3/8" Lg.	1
33	Diaphragm Switch (6-1/2" Range), 115V-10'	1
33	Diaphragm Switch (6-1/2" Range), 115V-20'	1
33	Diaphragm Switch (6-1/2" Range), 230V-20'	1

*Purchase locally.

SERVICE INSTRUCTIONS

SERVICING SHOULD BE PERFORMED ONLY BY KNOWLEDGEABLE PUMP SERVICE CONTRACTORS OR AUTHORIZED SERVICE STATIONS.

1) REMOVE PUMP FROM SUMP. Before removing pump from sump for repair, check if the trouble could simply be a blown fuse, tripped circuit breaker, or a power cord not completely inserted into the receptacle.

2) CHECK DIAPHRAGM SWITCH. If the unit is being operated by the automatic diaphragm switch, unplug the pump from the "piggyback" receptacle and plug the pump directly into the power source. If the pump starts each time it is plugged directly into the receptacle and does not start each time when plugged into the piggyback switch with the diaphragm switch pressed into a start position, replace the complete piggyback switch assembly and retest with new assembly.

3) CHECK FOR IMPELLER BLOCKAGE. Check for an obstruction in the impeller cavity by laying the pump on its side and inserting a screwdriver through the hole in the foot and baffle plate (28) and the bottom plate (26) and turning the rotor and shaft (16). It should turn freely. If the impeller hangs up or there is an indication of impeller blockage, the foot and baffle plate must be removed by removing the three hex head cap screws (29) and the bottom plate removed by removing the five hex head cap screws (27). Clear the impeller of its obstruction and clean the impeller cavity walls before reassembly. If you have determined there is no impeller blockage or have cleared the blockage and the pump still will not operate properly, the following steps should be followed to find the cause of the problem and remedy it.

4) CHECK POWER CORD. Check the power cord (5) for brittleness or for any cuts or nicks in the insulation. Using an ohmmeter, check the continuity of the power cord.

5) CHECK THE OIL. Remove the pipe plug (4) in the top of the motor cover and drain oil into a clean, dry container. A milky appearance to the oil indicates that water has entered through either worn out or damaged seals (23,24) or seal ring (20).

6) REMOVE THE MOTOR COVER. Remove the four hex head cap screws (22). Use a screwdriver to pry the motor cover (19) from the volute case (21) at the fastening ears, being careful not to cut the seal ring (20) with the screwdriver or crack the motor cover. Lift the motor cover until it clears the stator (15).

7) CHECK FOR SHORT. Disconnect the stator leads (7, 8, 9) from the connector (6). Use an ohmmeter to check the continuity of the stator. If stator fails to pass the continuity test, it must be replaced.

8) REMOVE THE STATOR. To remove the stator, remove the four hex head screws (12) and the stator plate (13). Lift the stator off the volute case (21) and set aside.

9) REMOVE THE IMPELLER. To remove the impeller (25), hold the rotor (16) in your hand and tap the impeller with a plastic or rubber mallet so as to turn the impeller counter clockwise.

10) CHECK THE SEAL. Remove the rotating portion of seal (24) from shaft by inserting a screwdriver under the edge of the seal and lifting it off. Inspect the seal face for any nicks or an uneven seating of seal face. If any are present, replace the seal. (See Step 14).

11) REMOVE ROTOR AND SHAFT. Tap the rotor shaft (16) at the impeller end of the shaft with a plastic mallet to remove the rotor and shaft. Inspect the bearings (17). If they do not rotate freely and smoothly, they should be replaced. When new bearings are ready to be added onto the shaft, DO NOT PUSH ON OUTER RACE OF BEARINGS. This will damage bearings. If a rotor and shaft is ordered from HYDROMATIC, the bearings will be supplied already pressed on the shaft.

12) REMOVE SEAL. Remove the old stationary portion of the seal (23) from the case (21) by inserting a screwdriver into the seal housing of the case from the top of the case and tapping lightly with a hammer. Clean the seal area of the case with a clean cloth.

13) REINSTALL THE ROTOR AND SHAFT ASSEMBLY. Push on outer race to seat bearing in volute case.

14) REINSTALL SEAL. Apply a good lubricant to the new stationary portion of the seal (23) and press into the case (21). Coat the new rotating portion of seal with lubricant and press into place on the rotor shaft with the rubber ring facing the impeller.

15) REINSTALL IMPELLER. Add a drop of Locktite 222 to the shaft and screw the impeller on hand tight. The impeller will force the rotating portion of seal into position.

16) REPLACE SEAL RING. Remove the old square seal ring (20) from the volute and stretch on a new ring coated with O-ring lube. DO NOT ROLL THE RING ONTO THE VOLUTE OR IMPROPER SEATING AND WATER LEAKAGE INTO THE MOTOR HOUSING WILL RESULT.

17) REINSTALL THE STATOR. Place the stator (15) in the volute case (21) so the stator bolt holes line up. Lay the stator plate (13) on the stator (15) and line up with stator bolt holes. Put in the stator bolts (12) and tighten evenly to prevent cocking of the stator. Push the connectors of the power cord onto the stator terminals.

18) REINSTALL MOTOR HOUSING. Tighten down the four hex head cap screws (22) evenly to prevent cocking of motor housing and achieving an uneven seal on the seal ring (20).

19) OIL. Fill the motor cap with high grade transformer oil such as Sohio Factopure SE40 oil or equivalent to at least 1/4" over motor windings (.38 gallon). DO NOT FILL THE MOTOR HOUSING COMPLETELY—ALLOW AIRSPACE FOR OIL EXPANSION.

20) REINSTALL OIL PIPE PLUG. Coat pipe threads with thread sealant before installing.

21) CHECK PUMP. Plug the power cord into a grounded outlet and start pump by applying pressure to the switch diaphragm (automatic only - manual should start when power is applied). Motor should run smoothly, be free of vibration and stop when pressure is removed.

Your Pump Warranty Is Void

If . . . • Power cord has been cut or spliced.

If . . . • Pump has been used to pump mud, cement, mortar, plaster, heavy oils, grease, tar, abrasives or chemicals.

If . . . • Pump has been used for continous pumping of hot water (above 140° F).

If . . . • Pump has been dismantled by customer. (Knowledgeable pump service contractors or authorized service stations only can dismantle pump for field service.)

Limited Warranty

The Hydromatic Pump Company warrants to the original purchaser of each of The Hydromatic Pump Company's product(s) that any part thereof which proves to be effective in material or workmanship within one year from date of installation or 18 months from manufacture date, whichever comes first, will be replaced at no charge with a new or remanufactured part, F.O.B. factory. Purchaser shall assume all responsibility and expenser for removal, reinstallation and freight. Any item(s) designated as *manufactured by others shall* be covered only by the express warranty of the manufacturer thereof. This warranty does not apply to damage resulting from accident, alteration, design, misuse or abuse.

If the material furnished to the Buyer shall fail to conform to this contractor or to any of the terms of this written warranty, The Hydromatic Pump Company shall replace such nonconforming material at the original point of delivery and shall furnish instruction for its disposition. *Any transportation charges involved in such disposition* shall be for the Buyer's account. The Buyer's exclusive and sole remedy on account or in respect to the furnishing of material that does not conform to this contract, or to this written warranty, shall be to secure replacement thereof as aforesaid. The Hydromatic Pump Company shall not in any event be liable for the cost of any labor expended on any such material or for any incidental or consequential damages to anyone by reason of the fact that such material does not conform to this contract or to this written warranty.

ALL IMPLIED WARRANTIES, INCLUDING THE IMPLIED WARRANTY OF MERCHANTABILITY AND THE IMPLIED WARRANTY OF FITNESS FOR A PARTICULAR PURPOSE, ARE LIMITED IN DURATION TO THE SAME EXTENT AS THE EXPRESS WARRANTY CONTAINED HEREIN. Some states do not allow limitations on how long an implied warranty lasts, so the above limitation may not apply to you.

MANUFACTURER EXPRESSLY DISCLAIMS AND EXLUDES ANY LIABILITY FOR CONSEQUENTIAL OR INCIDENTAL DAMAGES FOR BREACH OF ANY EXPRESS OR IMPLIED WARRANTY ARISING IN CONNECTIONS WITH THIS PRODUCT, INCLUDING WITHOUT LIMITATION, WHETHER IN TORT, NEGLIGENCE, STRICT LIABILITY CONTRACT OR OTHERWISE. Some states do not allow the exclusion or limitation of incidental or consequential damages, so the above limitation or exclusion may not apply to you.

This warranty gives you specific legal rights, and you may *also have other rights which vary from State to State.*

Bulletin HW-105.1
New 9/88 (Replaces 118.6)
Printed in U.S.A.

HYDROMATIC PUMPS
1840 Baney Road • Ashland, OH 44805 • 419/289-3042

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5593A DATE: 9/18/89

TC: 231 044 02 ☐ L ☐ CRT

SERIAL Nº 12150

Name of Owner Princetone Properties, Inc. Juris.: Char.

Address of Property 11510 Chestnut Hill Dr. Lot 8

Inspection Data:

Tank Material PCC

Total Length of Drainfield 535

Number of Lines 5 @ 107'

Cover Depth 12"

Water Supply Source com. well

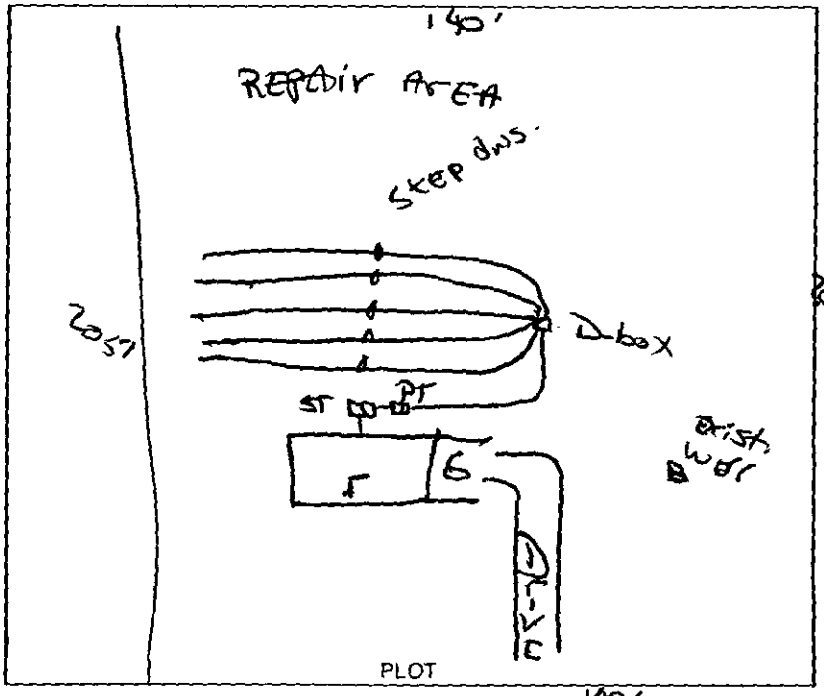
Distance to Water Source >50

Excavation Inspected Y

Tank(s) Inspected ST Y / Y PT

Wash Line Inspected —

High Water Alarm Inspected YES



Design: 1,500 ST, 1,000 PT, PI, CON. 1605 SFT, 12"G CEC'I CTR# 90

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: 4 bedrm. System, (5) 3'x107'x12"G Hydromatic Pump (DSP33), notice Existing well.

Tim Whittaker, R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

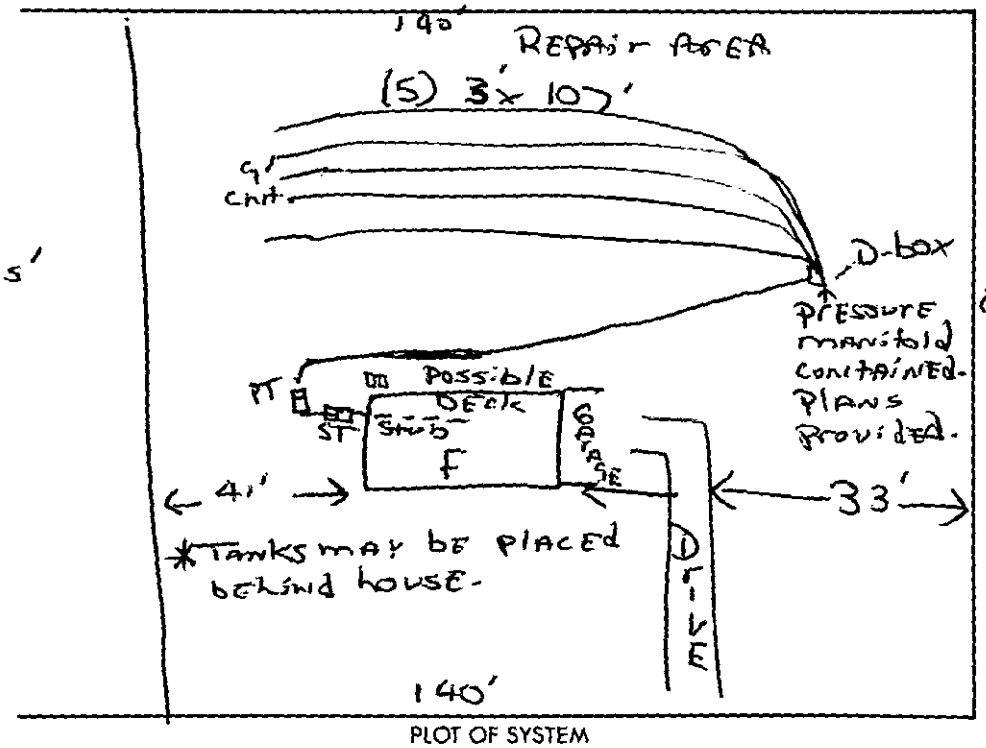
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5593A DATE: 9/6/89

TC: 231-044-02 ☐ L

SERIAL Nº 12885

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 4/12/89. All work shall be completed on or before 10/6/89, 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 1,500 gallons

Liquid Capacity of Dosing Tank 1,000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 535 feet

Number of Lines 5 x 107'

Depth of Stone 12" inches

Distance from House 10 feet

Distance from Property Line 10 feet

Distance from Well >50 feet
Com. WATER

NAME OF OWNER Princeton Properties, Inc.

LOCATION OF PROPERTY 11510 Chestnut Hill Dr.

Comments: (5) 3'x107', ST, PT, PRESSURE manifold to be contained in box. PRESSURE manifold to be installed according to plans provided to them. (CONTRACTOR)

Division or Section Head

Tim Whittaker, 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 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.

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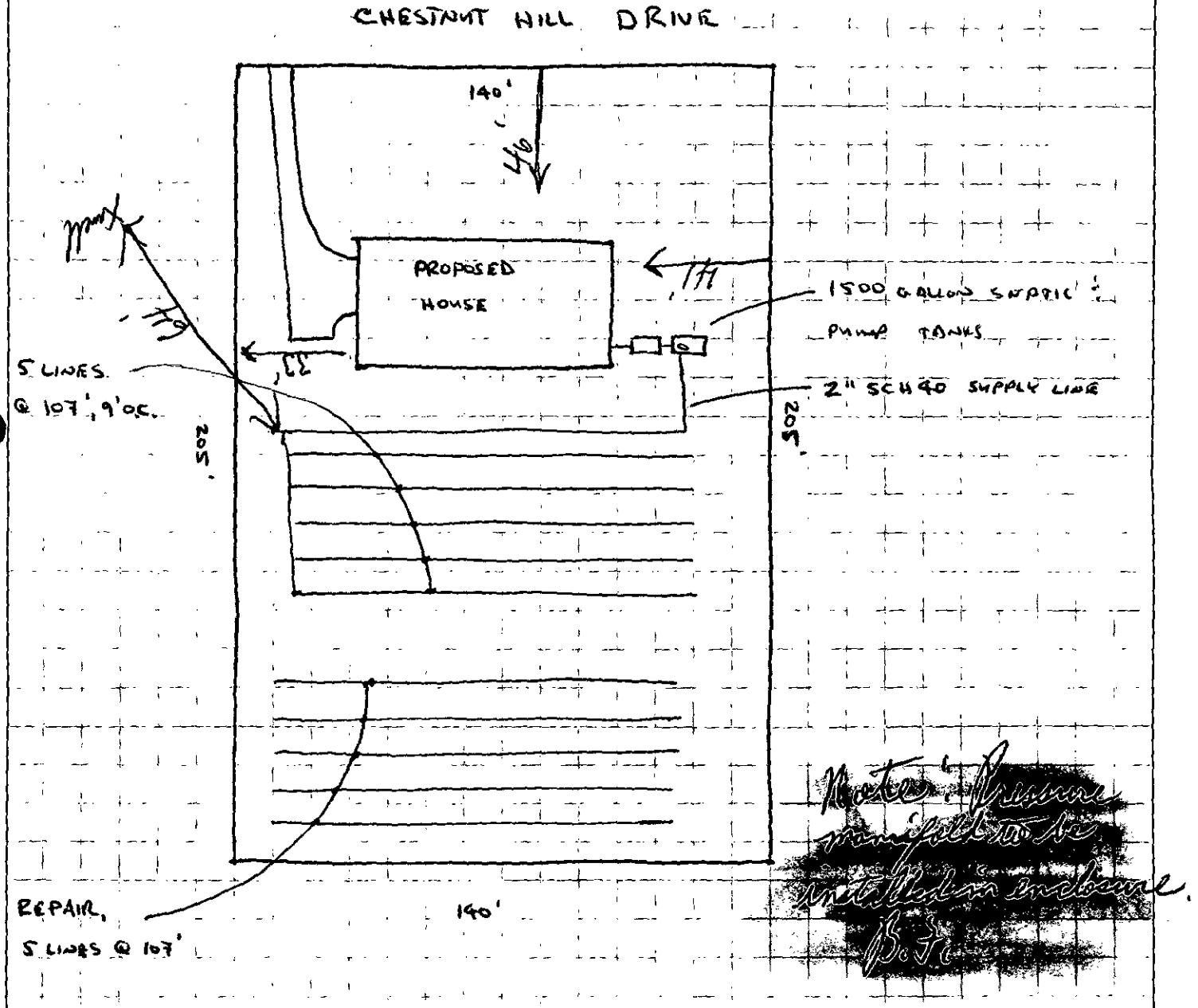
PROPOSED PLOT PLAN

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

FILE: 5593 A

TC: 231 04 402

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.



Signed: [signature] AN AGENT

Date: 4/20/89

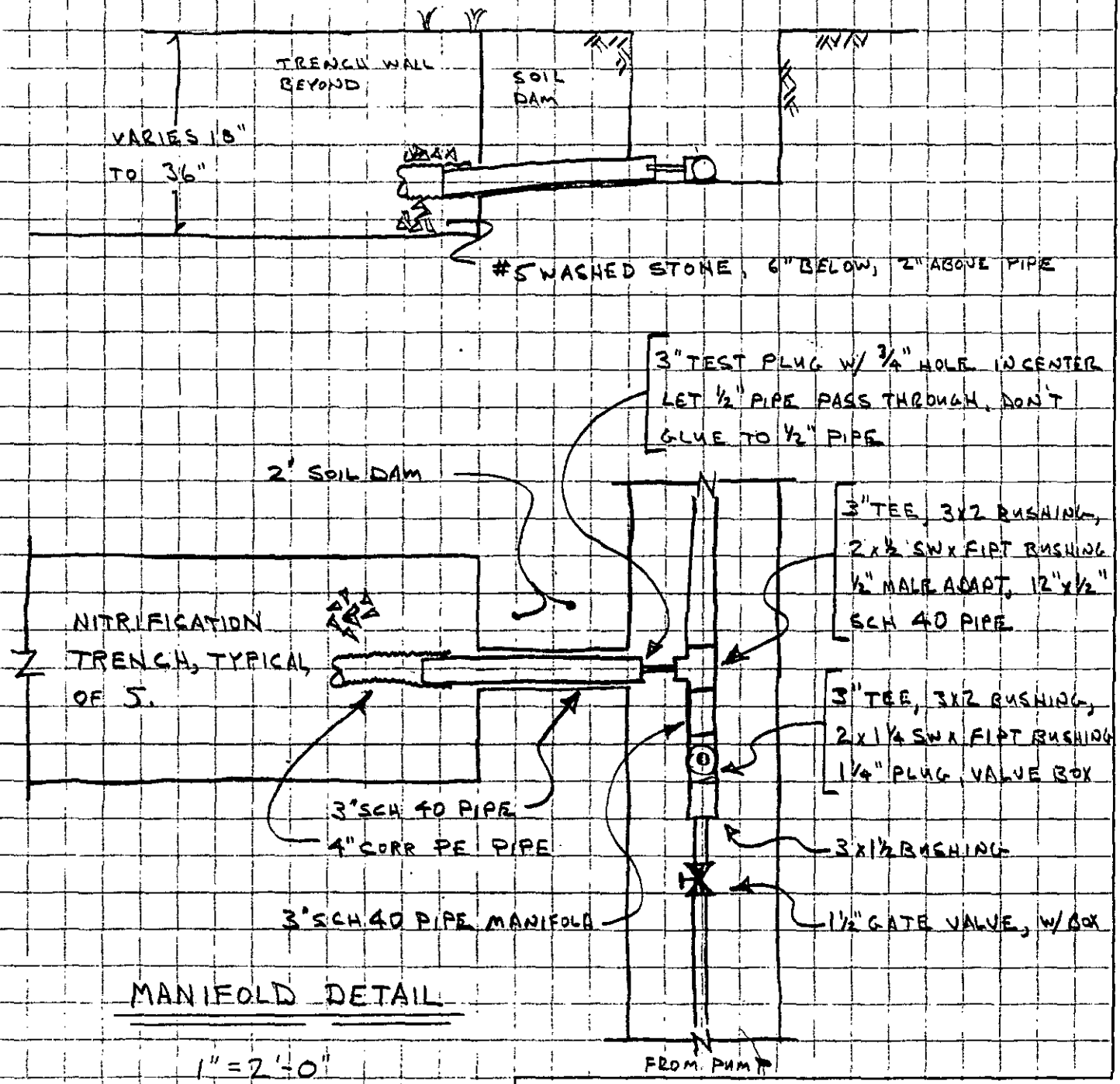
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

PROPOSED PLOT PLAN

FILE: 5593 A

TC: 231 04 402

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.



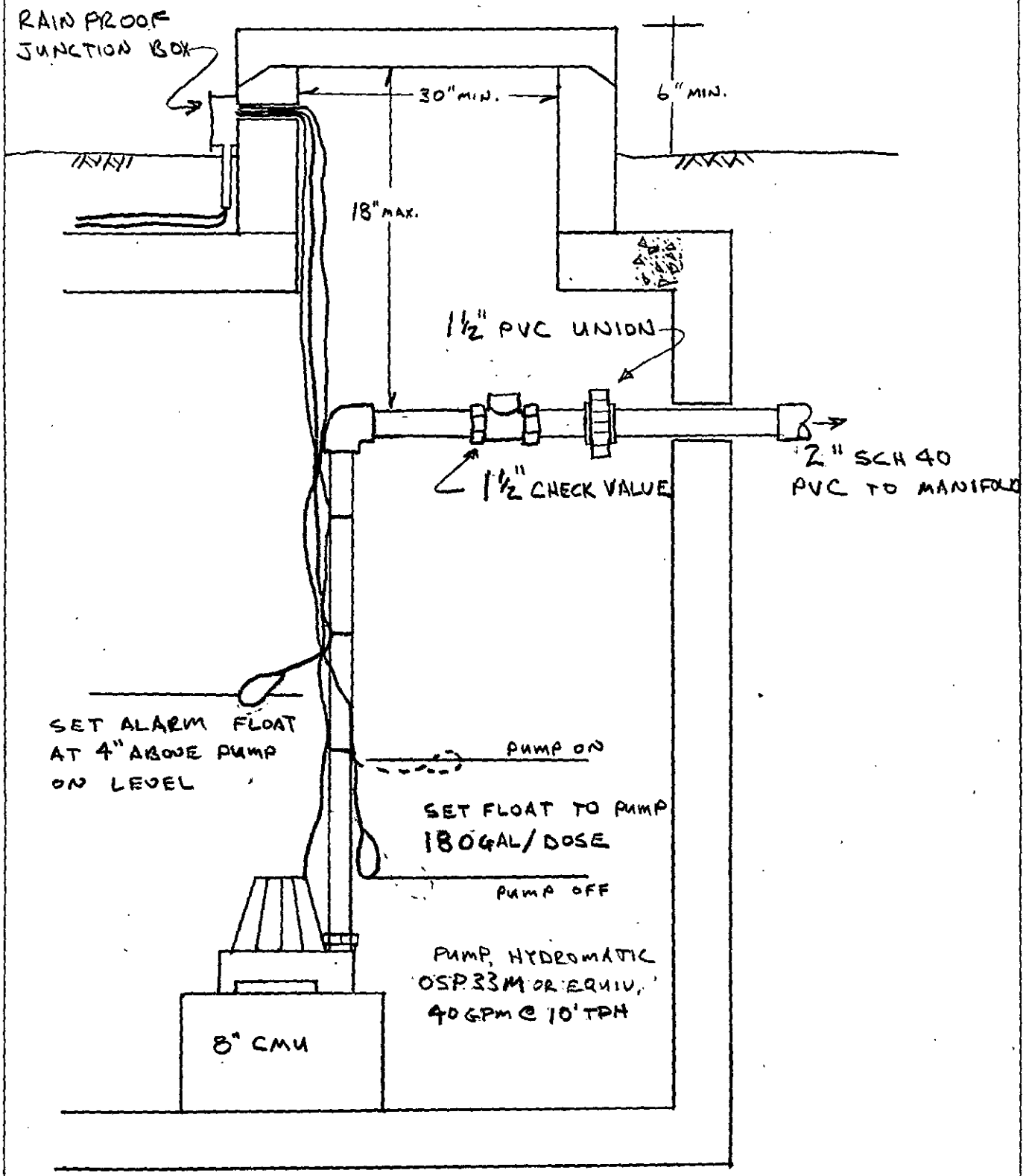
MANIFOLD DETAIL

1" = 2'-0"

Signed: [signature] AS AGENT

Date: 4/20/89

FILE: 5593A



PUMP TANK DETAIL

NTS

AS AGENT
4/20/89

Mecklenburg County
Health Department

Basil G. Deltu, M.D., M.P.H.
Health Director

April 17th, 1989

Princeton Properties, Inc.
2901 Providence Rd. Suite B
Charlotte, NC 28211

RE: Property located at Chestnut Hill Drive
FILE: 5593A
PARCEL: 23104402

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the Site Evaluation Report (Serial Number 12046) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12046

File: 5593A Action 1

Parcel: PO 231-044-02 ☐ PC

Location: 11510 Chestnut Hill Drive

Subdivision:

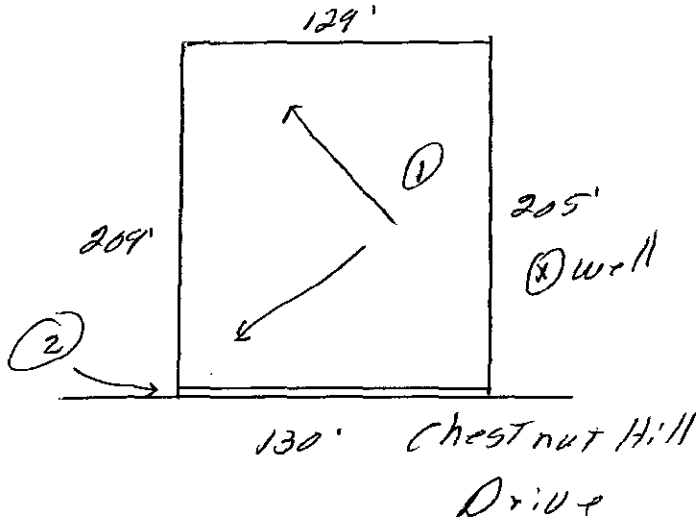
Lot: Block: Acres: .62

Owner: Princeton Properties, Inc.
Address: 2901 Providence Road, Suite B
Charlotte, N. C. 28211

Comments: _____

Described by: William R. Marsh

Date: 4-17-89



***** 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 2-12%	S PS (U) 72' cut	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 736" to water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 44-48"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 736"	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	IVA Cecil-like	72' cut				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR AN IMPROVEMENT PERMIT

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: ~~3635A~~ 5593A
TC: _____
SERIAL: Nº 18140 ☑ L ☑ CRT

JOB LOCATION

① ADDRESS: 11510 CHESTNUT HILL DRIVE (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: MECK ④ TAX PARCEL NO.: _____
⑤ SUBDIVISION: ROXBURY ⑥ LOT: 8 ⑦ BLOCK: _____

OWNER

⑧ NAME: PRINCETON PROPERTIES, INC / PRINCETON BUILDERS, INC. (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: 2901 PROVIDENCE RD SUITE B
⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28211
⑬ PHONE: (WORK) 704/362-2266 ⑭ (HOME) _____

REQUEST

This request is for a(n):

⑮ ☑ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization 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? 4
㉕ Type? _____
㉓ Maximum occupancy? 8
㉖ Maximum number of employees? _____
㉔ Basement? ☐ yes ☑ no
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 onto the property for the purpose of processing this request.

Signed: _____ AS AGENT
Date: 4/12/89

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 this Department.
... This permit is not transferable, and shall become null and void 36 months from the date of issuance. Lift station required

D. R. Ferguson — Environmentalist — 5-1-89 — Date
_____ — Director or Authorized Section Head — 5-2-89 — Date

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

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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: 5593A ✓

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 11510 CHESTNUT HILL DRIVE

② SUBDIVISION: Roxbury ③ LOT: 8 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 231 PAGE NO.: 04 PARCEL NO.: 402

⑥ DEED REFERENCE: BOOK NO.: 5383 PAGE NO.: 236

OWNER

⑦ NAME: PRINCETON PROPERTIES, INC. / PRINCETON BUILDERS, INC.
(FIRST) (MIDDLE) (LAST)

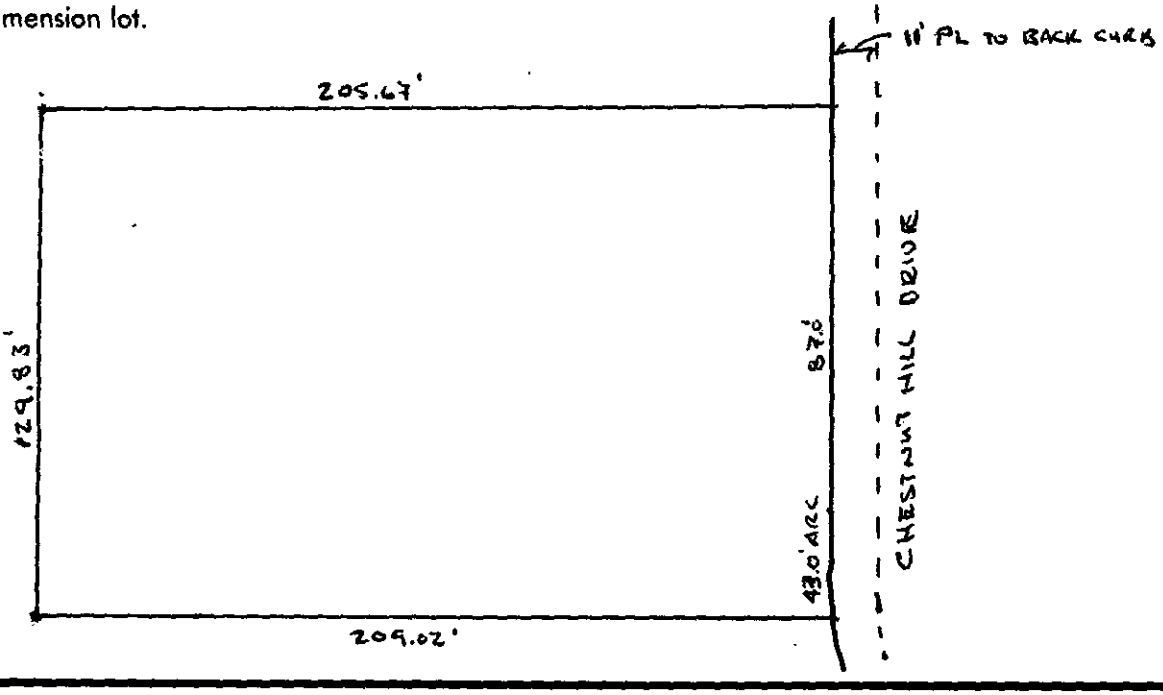
⑧ MAILING ADDRESS: 2901 PROVIDENCE RD. SUITE B

⑨ CITY: CHARLOTTE ⑩ STATE: NC ⑪ ZIP: 28211

⑫ PHONE: (WORK) 704/ 362-2266 (HOME) _____

⑬ Accurately diagram and dimension lot.

PLEASE TEST FOR 4BR HOUSE, 5 LINES @ 107' BEHIND HOUSE.



⑭ 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: _____ AS AGENT

Date: 4/7/89

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 4/7/89

Name/Company Princeton Properties

Sanitation _____

Vector Control ✓

O.P.W.D. _____

Service: Soil investigation
5593A

MECK[illegible] COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

APR 7 1989

C529
7-30-00

Fee: $ 30.00

K Daniels E Wilson