Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 3732A Permit #: _____ Tax Parcel #: 023-122-07

Property Owner: Wells Fargo Bank

Job Location Address: 11310 Tema Circle

City: Charlotte State: NC Zip Code: 28216

Operation Permit Issuance Date: 6/30/14 Contractor Name: Stanley

Permitted Design Flow: 360 GPD Liquid Capacity of Dosing Tank: — gallons

Liquid Capacity of Septic Tank: 1500 gallons Effluent Pump Model: —

Drainfield Installation ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Bed Installation *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source - OUT OF Service well

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: >5' feet

Distance from Property Line: >10' feet

Distance from Water Supply Source: >50' feet

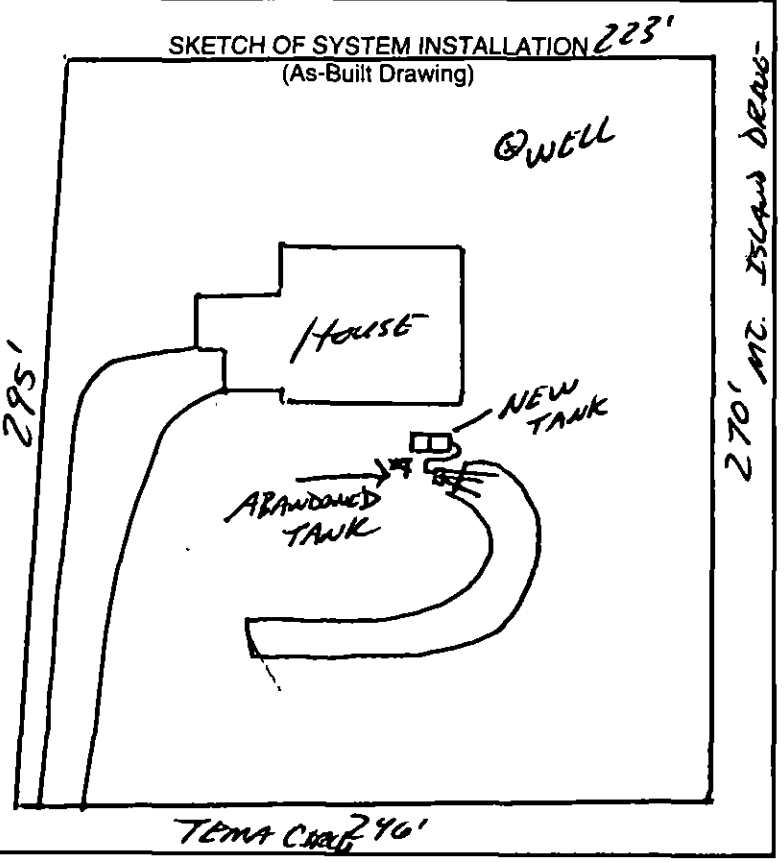
Inspection Dates

Tank(s) Inspected: 6/30/14

Excavation Inspected: —

Pump & Controls Inspected: —

SKETCH OF SYSTEM INSTALLATION (As-Built Drawing)



The undersigned has inspected the Septic Tank System described above, and certifies it has been ☐ installed ☐ altered ☒ repaired ☒ as detailed in the plot above ☐ in accordance with the permit issued 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. The issuance of this 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. 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.*

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: IIa, GTR, GRAVITY, NA, NA

DAMAGED SEPTIC TANK REPLACED

DENR Authorized Agent: Jeremy Nicholas, REHS Signature: Jeremy Nicholas, REHS

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

INSTALLATION APPROVAL for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 37324 Permit #: _____ Tax Parcel #: 023-122-07

Property Owner: WELLS FARGO Bank

Job Location Address: 11310 TEMA CIRCLE

City: CHARLOTTE State: NC Zip Code: 28216

Installation Approval Issuance Date: 6/16/14

Permission is hereby given to ☐ install ☐ alter ☒ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before _____, after which date this approval 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 granting this approval. 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 of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 360 GPD

Site LTAR: N/A GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: NA gallons

Drainfield Design ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Bed Design *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☒ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

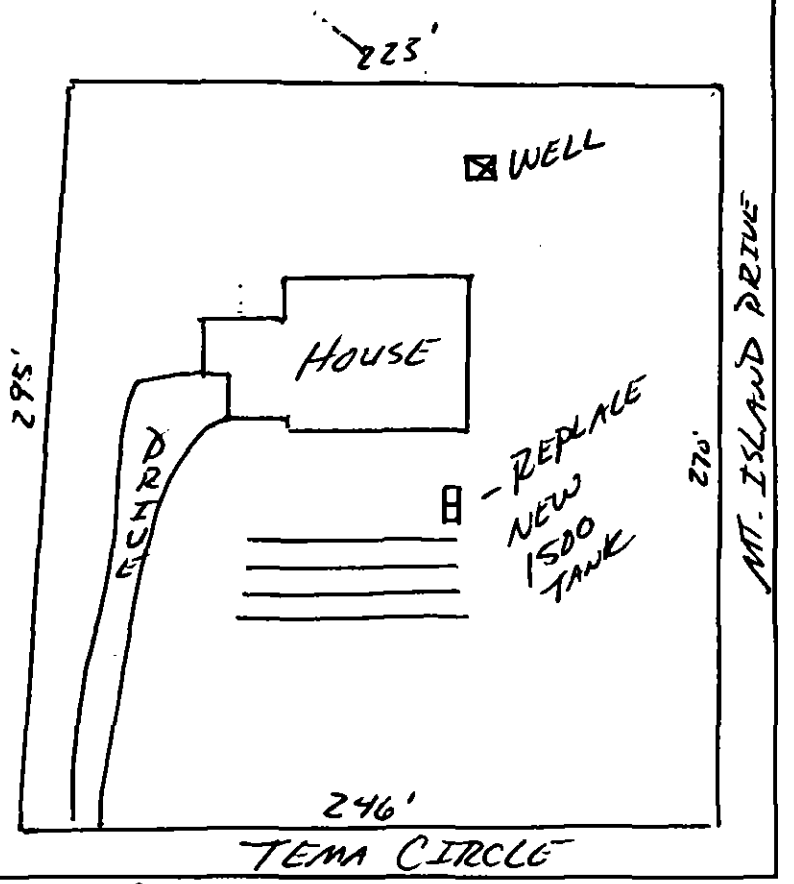
Minimum System Setbacks

Distance from Building Foundation: >5' feet

Distance from Property Line: >10' feet

Distance from Water Supply Source: >50' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: IIa Conventional System

PROPERLY ABANDON EXISTING DAMAGED SEPTIC TANK

DENR Authorized Agent: Jeremy Nicholas, REHS Signature: Jeremy Nicholas REHS

3732A

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. **SEPTIC / TYPE APPLICATION:** ☐ N/A ☐ NEW SYSTEM ☐ ALTERATION ☒ REPAIR ☐ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ☐ N/A ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. **JOB LOCATION INFORMATION:**
TAX PARCEL NUMBER: 023-122-07
STREET ADDRESS: 11310 TEMA CIRCLE
CITY: CHARLOTTE
STATE: NC ZIP: 28214
SUBDIVISION NAME: C Clark Nielsen (per tax records)
LOT #: LOT SIZE (acres): 1.51
TOWNSHIP:
☐ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☒ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. **BUILDING INFORMATION:**
BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: 2704
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS:
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☒ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. **WATER SUPPLY:** ☒ MUNICIPAL ☐ PRIVATE WELL ☐ PUBLIC WELL ☐ SHARED WELL ☐ OTHER _____

7. **PROPOSED USE OF WELL:** ☐ N/A ☐ IRRIGATION ☐ POTABLE (DRINKING WATER) ☐ OTHER _____

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED):*

☐ N/A ☐ ANY TYPE ☒ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. **RANK:** ____ ____ ____ ____ ____

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☒ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☒ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	☒ YES	☐ NO	JURISDICTIONAL WETLANDS	☐ YES	☒ NO
WELLS, SPRINGS, OR WATER LINES	☒ YES	☐ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES	☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☒ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES	☒ NO
CHEMICAL/PETROLEUM STORAGE TANKS	☐ YES	☒ NO	KNOWN UNDERGROUND CONTAMINATION	☐ YES	☒ NO
WASTE STORAGE	☐ YES	☒ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	☐ YES	☒ NO

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** _____ ☒ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____ ☒ N/A

12. **PROPERTY OWNER:**
NAME: Wells Fargo Bank Mac X2303-033 3rd Fl
ADDRESS: 1 Home Campus
CITY: DES MOINES
STATE: IA ZIP: 50328
HOME PHONE:
WORK PHONE:
MOBILE PHONE:
FAX:

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
NAME: JENNIFER FRONTERA
ADDRESS: 4920 MONROE RD
CITY: CHARLOTTE,
STATE: NC ZIP: 28205
HOME PHONE: 704.408.6016
WORK PHONE: 704.366.6667
MOBILE PHONE: 704.408.6016
FAX: 704.366.9814

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6984

Revised on: 7/1/08

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 3732A Permit #: _____ Tax Parcel #: 023-122-07

Property Owner: Wells Fargo Bank

Job Location Address: 11310 Tama Circle

City: Charlotte State: NC Zip Code: 28216

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: Type

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☒

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☒ System does not require inspection by GWS on a routine frequency.

☐ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other: 2014 Repair

DENR Authorized Agent: Jeremy Mickley REHS Date: 6/30/14

Signature: Jeremy Mick REHS

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

_____ (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below.

Jennifer Frontera Digitally signed by Jennifer Frontera DN: cn=Jennifer Frontera, o=Wanda Smith & Associates, ou=EIO Specialist, email=jfrontera@wsa.com, c=US Date: 2014.06.30 12:12:40 -04'00'

Property Owner's or Owner's Legal Representative Signature

06/30/2014
Date

OFFICE USE ONLY

☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEES RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEES RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: lwr

GWS FILE NUMBER ASSIGNED: 3732A

APPLICATION ID NUMBER ASSIGNED: 10925

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6984

Revised on: 7/1/08

Polaris 3G Map – Mecklenburg County, North Carolina

~~3708A~~ 37324

Date Printed: 6/16/2014 8:32:48 AM



This map or report is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map or report are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

MECKLENBURG COUNTY, North Carolina

POLARIS 3G PARCEL OWNERSHIP AND GIS SUMMARY

Date Printed: 06/16/2014

Identity	
Parcel ID	GIS ID
02312207	02312207

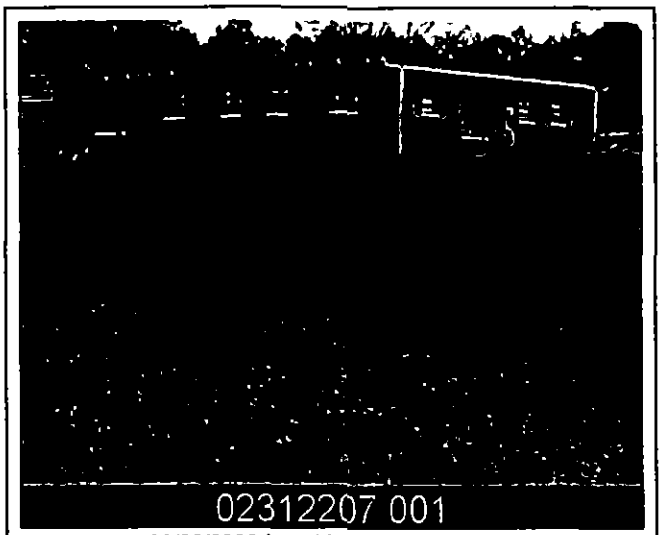
Property Characteristics	
Legal desc	M1923-239
Land Area	1.51 AC
Fire District	COOKS
Special District	FIRE SERVICE A
Account Type	NON-NC CORP
Municipality	MECKLENBURG COUNTY-UNINCORPORATED
Property Use	SINGLE FAMILY RESIDENTIAL

Zoning
Contact appropriate Planning Department or see Map.

Water Quality Buffer	
Parcel Inside Water Quality Buffer	No

FEMA and Community Floodplain	
FEMA Panel#	3710451800K
FEMA Panel Date	03/02/2009
FEMA Flood Zone	OUT:VIEW FEMA FLOODPLAIN TO VERIFY
Community Flood Zone	OUT:VIEW COMMUNITY FLOODPLAIN TO VERIFY

Situs Addresses Tied to Parcel
11310 TEMA CR UNINC



09/22/2000 from Mecklenburg County

Ownership	
Owner Name	Mailing Address
WELLS FARGO BANK	1 HOME CAMPUS MAC X2303-033 3RD FL DES MOINES IA 50328-0001

Deed Reference(s) and Sale Price		
Deed	Sale Date	Sale Price
27644-745	09/11/2012	
11792-400	12/15/2000	$85,000.00

Site Location	
ETJ Area	Charlotte
Charlotte Histroic District	No
Charlotte 6/30/2011 Annexation Area	No
Census Tract #	61.01

Post Construction District	
Jurisdiction	Charlotte
District	Western Catawba

Watershed Districts	
Watershed Name	LOWER MTN ISLAND
Watershed Class	PA

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Real Estate Lookup

Print Close

Parcel Information

Parcel ID	Account	Parent	Previous
02312207	NON-NC CORP		

Owner(s)

Owner Name	Mailing Address		City/State
WELLS FARGO BANK	1 HOME CAMPUS	MAC X2303-033 3RD FL	DES MOINES IA 50328-0001

Legal Information

Legal	Municipality	Date Annexed	Special District	Fire District	Acreage
M1923-239	MECKLENBURG COUNTY-UNINCORPORATED		FIRE SERVICE A	COOKS	1.51

Total Parcel Assessment

Building	Land	Features	Total
Under Reval Review			

Exemptions

Exemption	Year Approved	Review Date	Amount

Sales Information

Sale	Price	Stamps	Qualify	VI	Type	Legal Ref.	Grantor
Sep 11 2012			FORECLOSURE	IMP	FORECLOSURE	27644-745	COOMBS,PHILLIP A
Dec 15 2000	85000		FORCED	IMP	DEED STAMPS	11792-400	MCGINNIS JAMES LEE &

Land Use

Use	Units	Type	Neighborhood	Assessment
R100	1.51	AC	C301	

Building Information

Bldg	Description	Type	Year	Property Location
1	Single-Fam	RES	1960	11310 TEMA CR UNINC

Bldg	Story	Units	Total SqFt	Heated SqFt	Foundation	Ext. Wall	Grade	Value
1	1 STORY	1	5818	4104	SLAB-RES	WOOD ON SHTG -	AVERAGE 03	

Bldg	Heat	Fuel	Fire Place	AC	Fixtures	Bedrooms	Full Baths	3/4 Baths	1/2 Baths
1	HEAT PUMP	ELECTRIC		AC-CENTRAL		3	2		2

Sub Area

Bldg	Description	Size
1	PORCH - OPEN - FINISHED	290
1	PORCH - ENCLOSED - UNFINISHED (NO HEAT)	120
1	CARPORT - UNFINISHED	690
1	BASE (FIRST FLOOR)	3208
1	GARAGE - UNFINISHED	504
1	PORCH - OPEN - FINISHED	110
1	UPPER STORY - FINISHED	896

Depreciation

Bldg	Physical	Functional	Economic	Special	Override
1	AV - 21.00%				

Special Features & Yard Items

Bldg	Built	Type	Quantity	Units	Value
1	1990	DECK	1	10x10	

Notes

Tax Year	Notes	Note Date
2011	Informal Review Request Received	04/18/2011

Value Changes

Notice Date	Tax Year	Reason	Changed To	Deferred
Apr 15 2014	2014	Remodeled and/or New Addition	258400	0
Apr 15 2014	2014	Remodeled Improvements and/or New Additi	258400	0
Feb 8 2011	2011	Countywide Revaluation	226200	0
Jan 17 2003	2003	Countywide Revaluation	160600	0
Sep 13 1999	1999	Equalization of Value	90020	
Apr 18 1998	1998	Reviewed - No change in value	90440	
Jan 5 1998	1998	Countywide Revaluation	90440	
May 22 1991	1991	Equalization of Value	58960	
Jan 2 1991	1991	Countywide Revaluation	83180	

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

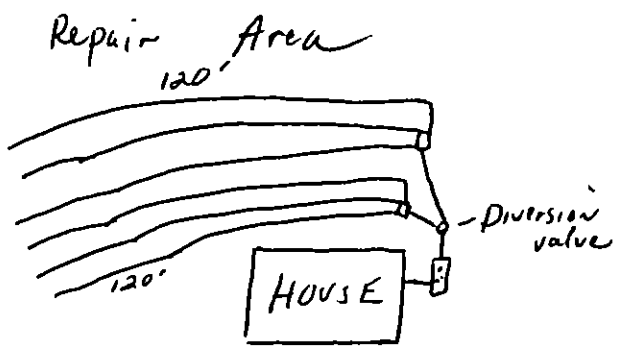
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3732A DATE: 10/23/89

TC: 023-122-07 PO ☒ L

SERIAL Nº 13039

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 6/28/89. All work shall be completed on or before 11/23/89, 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 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.



Mt Island Dr

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank - gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 720 feet

Number of Lines 6

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10' feet

Distance from Well 750 feet

NAME OF OWNER Lowell Forest Burris

LOCATION OF PROPERTY 4425 Mountain Island Dr

Comments: 1 Diversion valve (Dual alternating fields)
6 Trenches x 120 long x 3' x 12" stone x 6" sand
2 D-boxes 40' x 200 Repair Area

Division or Section Head

Philo S. Walker
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

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

(OFFICE USE ONLY)

FILE: 3732A

TC: _____

☐ PC ☐ REPT

MECK COUNTY DEPARTMENT OF
RECEIVED
JUL 20 1987
ENVIRONMENTAL HEALTH

JOB LOCATION

① ADDRESS: 11310 TEMA CIRCLE Charlotte N.C 28214

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

⑤ PARCEL REFERENCE: BOOK NO.: 023 PAGE NO.: 122 PARCEL NO.: 07

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

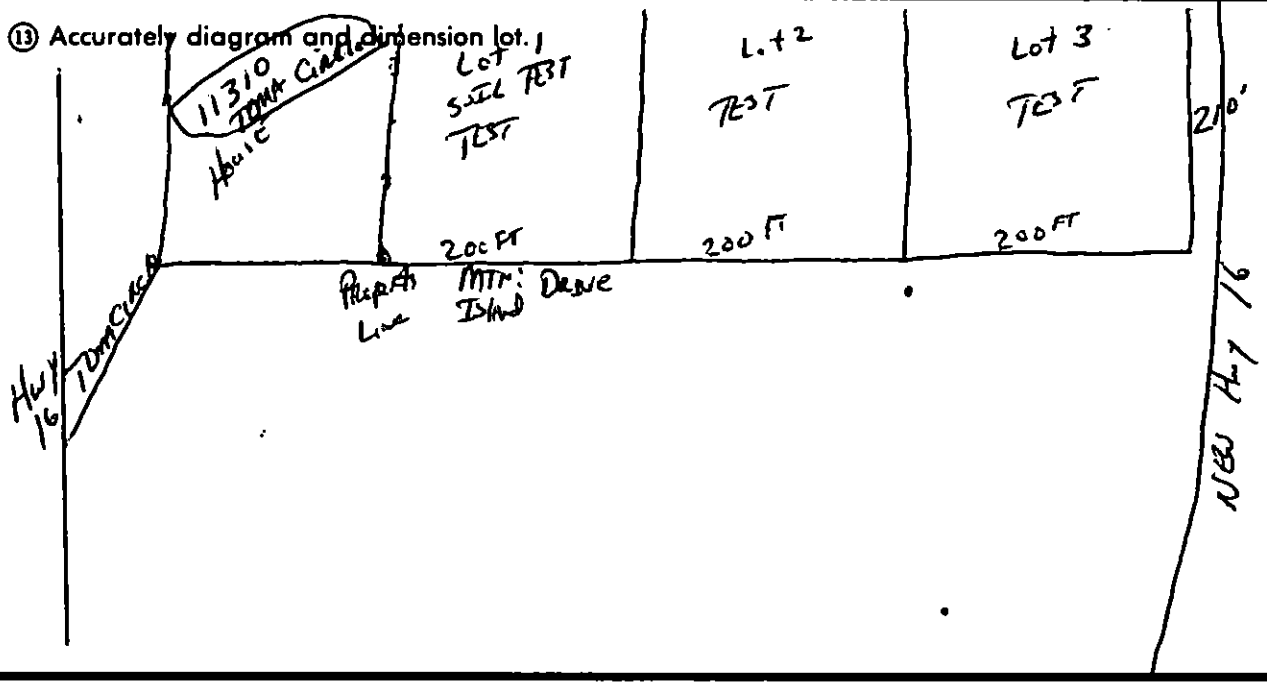
⑦ NAME: MARK (FIRST) ALAN (MIDDLE) Hatfield (LAST)

⑧ MAILING ADDRESS: RT 14 Box 2810 Highworth Ln

⑨ CITY: Charlotte ⑩ STATE: N.C ⑪ ZIP: 28214

⑫ PHONE: (WORK) 523-8063 (HOME) 393-5689

⑬ Accurately diagram and dimension lot.



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: Mark Hatfield

Date: 7/20/87

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

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



4425 MOUNTAIN ISLAND DR

02312226

5/9/2007

duponbj

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

COPY

PRESENTED FOR REGISTRATION
SEP 10 8 11 AM '87
CHARLES I. CROWDER
REGISTER OF DEEDS
MECKLENBURG CO. N.C.

FILE NO. 3782A

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 10 NCAC 10A .1948(c)

The undersigned, Nancy-Coe T Haigler,
owner of property located at 4425 Mountain Island Drive,
("the site") and described in an instrument recorded in Book 2096 at Page 573, Mecklenburg Public Registry,
hereby acknowledges that he applied to the Mecklenburg County Department of Environmental Health ("the Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 10 NCAC 10A .1934 et seq; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested pursuant to 10 NCAC 10A .1948(c) that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data and other information which indicate to the Department that the septic tank system proposed by the undersigned can reasonably be expected to function satisfactorily and thus that the findings specified in 10 NCAC 10A .1948(c)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is his responsibility and that neither the Department nor its officials, employees or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

This 9 day of September, 1987.

Nancy-Coe T Haigler (SEAL)

(SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, LeJean L. Barker, a Notary Public for said County and State, do hereby certify that Nancy-Coe T. Haigler personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 9th day of September, 1987.

LeJean L. Barker
Notary Public

My Commission Expires: Oct. 13, 1990

Return To: Enviromental Health Dept. 1200 Blythe Blvd. Charlotte, NC 28203

REAL ESTATE BOOK PAGE

PRESENTED FOR REGISTRATION

SEP 10 8 11 AM '87

CHARLES F. CROWDER REGISTER OF DEEDS MECKLENBURG CO. N.C.

5595 0009

6

FILE NO. 3732A ~~3708~~A

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 10 NCAC 10A .1948(c)

The undersigned, Nancy-Coe T Haigler

owner of property located at 4425 Mountain Island Drive

("the site") and described in an instrument recorded in Book 2096 at Page 573, Mecklenburg Public Registry, hereby acknowledges that he applied to the Mecklenburg County Department of Environmental Health ("the Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 10 NCAC 10A .1934 et seq; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested pursuant to 10 NCAC 10A .1948(c) that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data and other information which indicate to the Department that the septic tank system proposed by the undersigned can reasonably be expected to function satisfactorily and thus that the findings specified in 10 NCAC 10A .1948(c)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is his responsibility and that neither the Department nor its officials, employees or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

FEE 5.00

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

CASH 5.00

17:24 #9074 000

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

This 9 day of September, 1987.

Nancy-Coe T Haigler (SEAL)

(SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Le Jean L. Barker, a Notary Public for said County and State, do hereby certify that Nancy-Coe T. Haigler personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 9th day of September, 1987.

Le Jean L. Barker
Notary Public

My Commission Expires: Oct. 13, 1990

Date: 7-5-89

MECKLENBURG COUNTY

Department of Environmental Health

September 8, 1987

Nancy Coe Teeter Hagler
11310 Tema Circle
Charlotte, NC 28214

Dear Ms. Hagler:

RE: Property located at 4425 Mountain Island Drive
FILE: 3782A
PARCEL: 023-122-07 PO

Receipt of your plans for a modified waste disposal system for the property referenced above is acknowledged.

Your plans for the modified system for the above property as submitted are approved. However, water conservation methods must be employed to avoid undue stress on the system.

Upon execution and recording with the Register of Deeds Office, Mecklenburg County, of the enclosed "Septic Tank Agreement Form", an Improvements Permit may be issued by this office.

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

SDD/ir

Enclosures - 3 Septic Tank Agreement Forms
Copy of Plans

PROPOSED PLOT PLAN

Lot 1

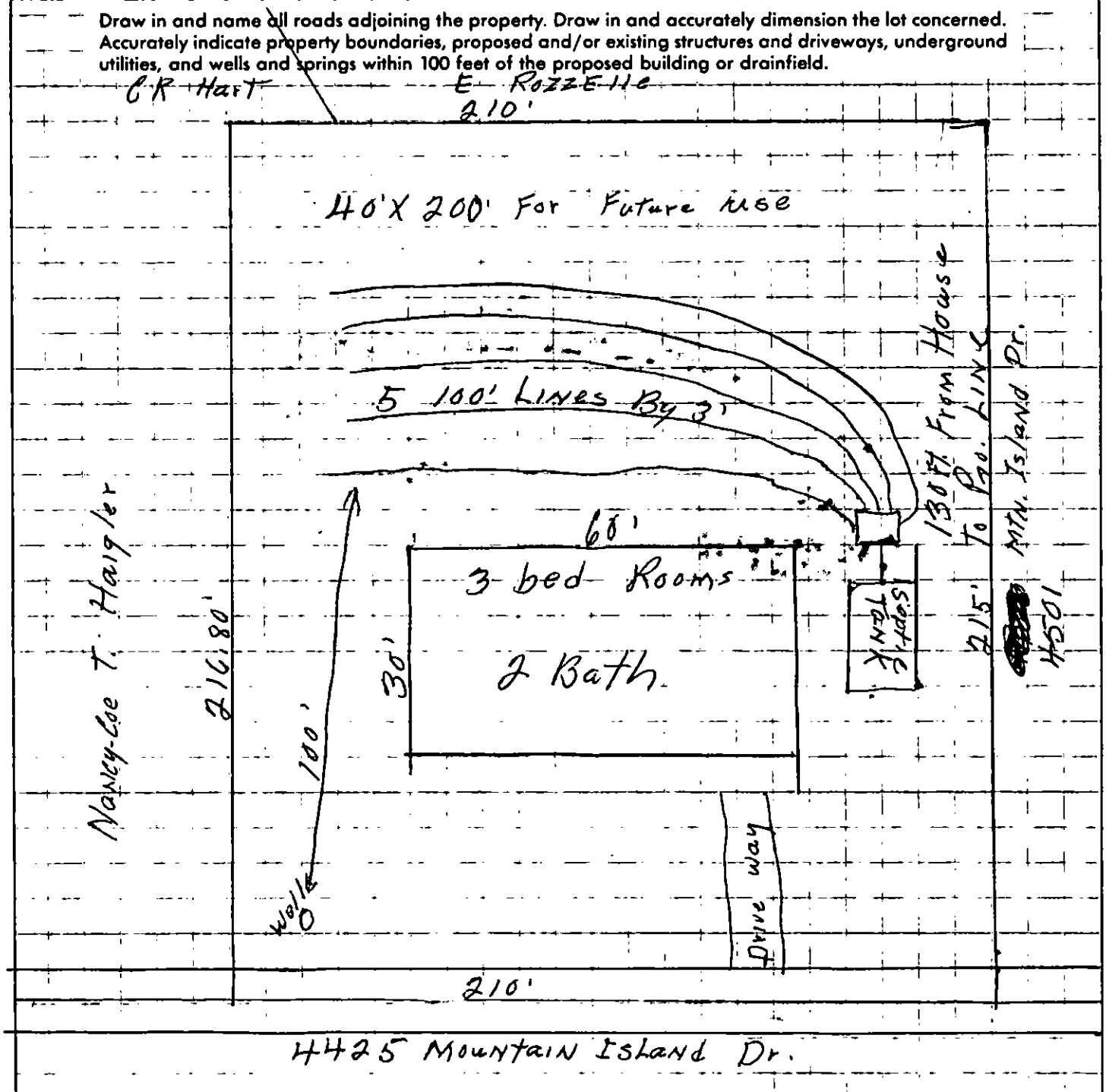
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

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.



Signed: Nancy-Lee T. Haigler

Date: Aug 13- 1987

MECKLENBURG COUNTY
Department of Environmental Health

July 27th, 1987

Mark Alan Hatfield
Rt. 14 Box 2810, Highworth Lane
Charlotte, NC 28214

RE: Property located at 11310 Tema Circle
FILE: 3732A
PARCEL: 02312207

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 results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 11663) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, 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. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

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

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

Enclosure (2)

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 11663

File: 3732A

Action 2

Parcel: 023-122-07

☐ PC

Location: 11310 Tema Circle

Subdivision:

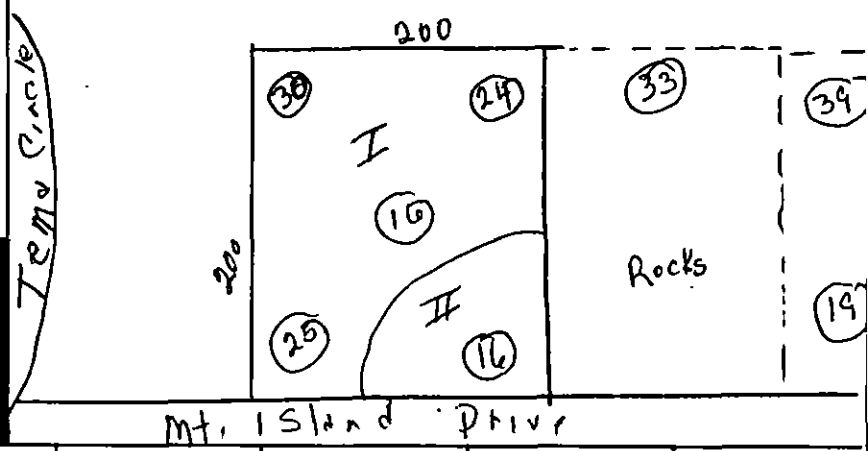
Lot: Block: Acres: 1 A

Owner: Mark Alan Hatfield
Address: Rt. 14, Box 2810 Highworth Lane
Charlotte, N. C. 28214

Comments: _____

Described by: W. B. Ramsey

Date: 7-24-87



***** 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 2-4	S (PS) U 2-4	S PS U	S PS U	S PS U	S PS U
Texture	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U
Structure	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U
Drainage	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 16-30	S PS (U) 16	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U	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) Cut Area	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IVe ENON	IVe ENON				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3732A DATE: 11/9/89

TC: 023-122-0710 ☑ L ☐ CRT

SERIAL № 12255

Name of Owner Lowell Forest Burris Juris.:

Address of Property 4425 Mt Island Dr

Inspection Data:

Tank Material PCC

Total Length of Drainfield 720

Number of Lines 6 @ 120

Cover Depth 8"

Water Supply Source well

Distance to Water Source > 50

Excavation Inspected 11/9/89

Tank(s) Inspected 11/9/89

Wash Line Inspected NA

High Water Alarm Inspected NA

REPAIR AREA
Pool added 3/26/92
no Nitrification added.
SEIf contained filtration



PLOT

Design: 1989 1500ST, DV, MOD, 2160SFT, 12"G ENDIV CTR# 48

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: System designed for 3 bedroom house

Philo S. Walker
Environmentalist

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