

12048 CANTER LN

19724150

1/9/2008

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 60468 DATE: 1/3/06

TC: 197-241-50 ☑ L ☑ CRT

SERIAL 19906

Name of Owner NVR, INC. Juris.: _____

Address of Property 12048 CANTER LANE

Inspection Data:

Tank Material PCC

Total Length of Drainfield 666'

Number of Lines 6 @ 111'

Cover Depth 12"

Water Supply Source MUNICIPAL

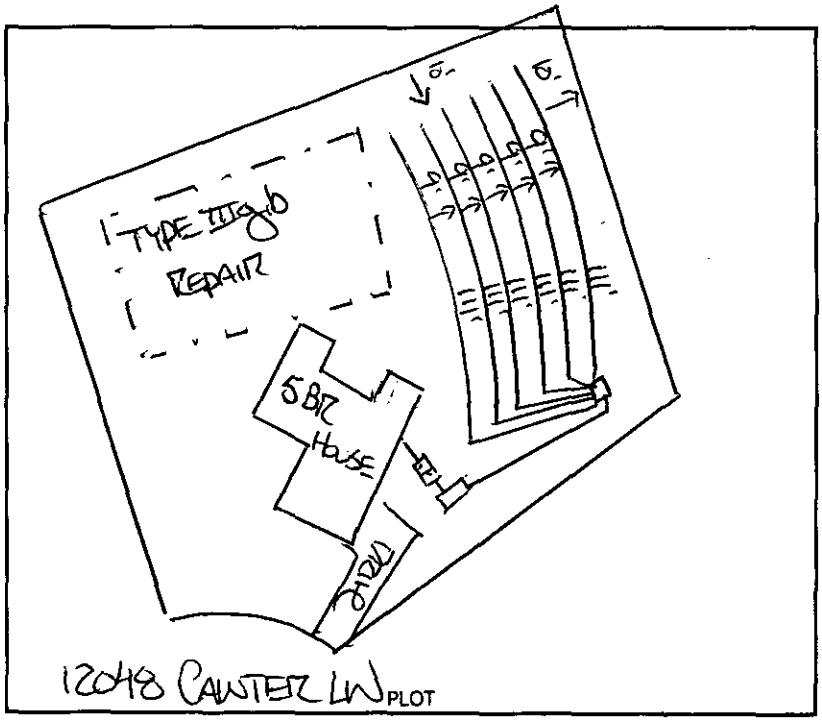
Distance to Water Source 7100'

Excavation Inspected 1/3/06

Tank(s) Inspected 1/3/06

Wash Line Inspected N/A

High Water Alarm Inspected _____



12048 CANTER LN PLOT

Design 2006, Conv, 1999SF, 1500ST, 1000PT, T CTR# RCS

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

☒ installed or constructed ☐ altered or repaired

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

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

☐ Certificate of Completion ☒ Operation Permit

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

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

COMMENTS: TYPE IIIBg, CONVENTIONAL, 6 LINES @ 111', 1500ST, 1000DT
PRESSURE MANIFOLD, 75' FROM HOUSE, 710' FROM PROPERTY LINE.

TYPE IIIBg

_____, RS
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

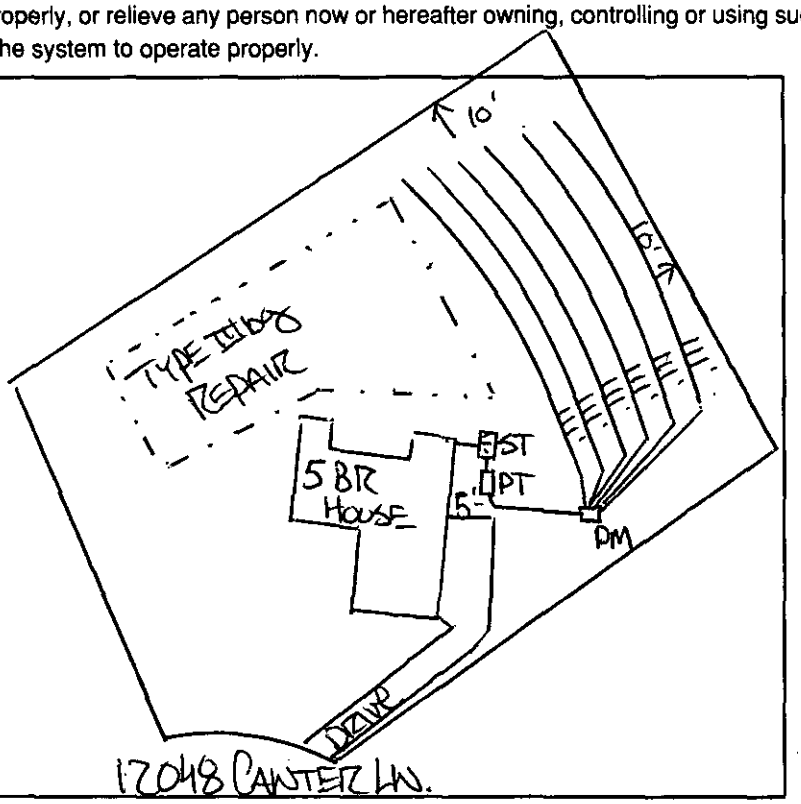
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 60468 DATE: 12/22/05

TC: 197-241-50 ☑ L

SERIAL Nº 20412

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 6/21/05. All work shall be completed on or before 1/10/06, 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PLC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous YES

Total Line Length 666 feet

Number of Lines 6@111'

Depth of Stone 12 inches

Distance from House 75 feet

Distance from Property Line 710 feet

Distance from Well 7100 feet

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

NAME OF OWNER NUR, INC.

LOCATION OF PROPERTY 12048 CANTER LANE

Comments: TYPE II CONVENTIONAL; INSTALL 6 LINES @ 111'; 1500 ST 1000 PT, PRESSURE MANIFOLD; SETBACKS: 75' FROM HOUSE FOUNDATION, 710' FROM PROPERTY LINE

_____ _____ 12/22/05

Environmental Health Specialist

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

X33575

FEE: 300.00
DATE: 9/6/05 JKH

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

LD 144985

ACS

PERMIT NUMBER: 6046B
PARCEL NUMBER: ~~197-241-16PO~~ 197-241-50

12048

JOB LOCATION ADDRESS: CANTER LANE
PROPERTY OWNER: NVR,INC.
BUILDING CONTRACTOR: RYAN HAMES
SUBDIVISION NAME: MEADOWS OF MINT HILL
AUTHORIZATION ISSUED BY: PHILO WALKER DATE: 09/06/05

Philo S. Walker RS 9/6/05
DENR/DEH AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 6046B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

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

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

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.

5. OTHER CONDITIONS:

CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

241-50

Permit Number: **6046B**

Tax Number: **197-241-16PO**

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

Basement: ☐ Yes ☒ No ☐ Partial Basement

Primary Wastewater System

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

☒ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☐ Innovative or Experimental:

.3 Long-term acceptance rate (GPD/ft^2)	600 Max gallons/day wastewater flow	2000 Absorption Area (ft^2)	9 Trench spacing (min. on centers) (ft)
Serviced by private well: ☐ Yes ☒ No	1500 Gallon septic tank	667 Total trench length (ft)	30 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
5 Bedrooms in residence	1000 Gallon pump tank	12 Depth of stone (in)	

Any surface water present: **NO** Type: Minimum separation distance (ft):

Additional conditions:

Repair Area System

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

☐ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☒ Innovative or Experimental:

1500 Absorption Area (ft^2) 500 Total trench length (ft)	NA Depth of stone (in)	9 Trench spacing (min. on centers) (ft)	30 Maximum trench depth (in)

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. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems 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 Improvement permit is transferable.

Phillip J. Walker PJW 9/6/05
DENR Authorized Agent Date

Patricia Garner 9/6/05
Owner/Agent Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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

PROPOSED MODEL FIT

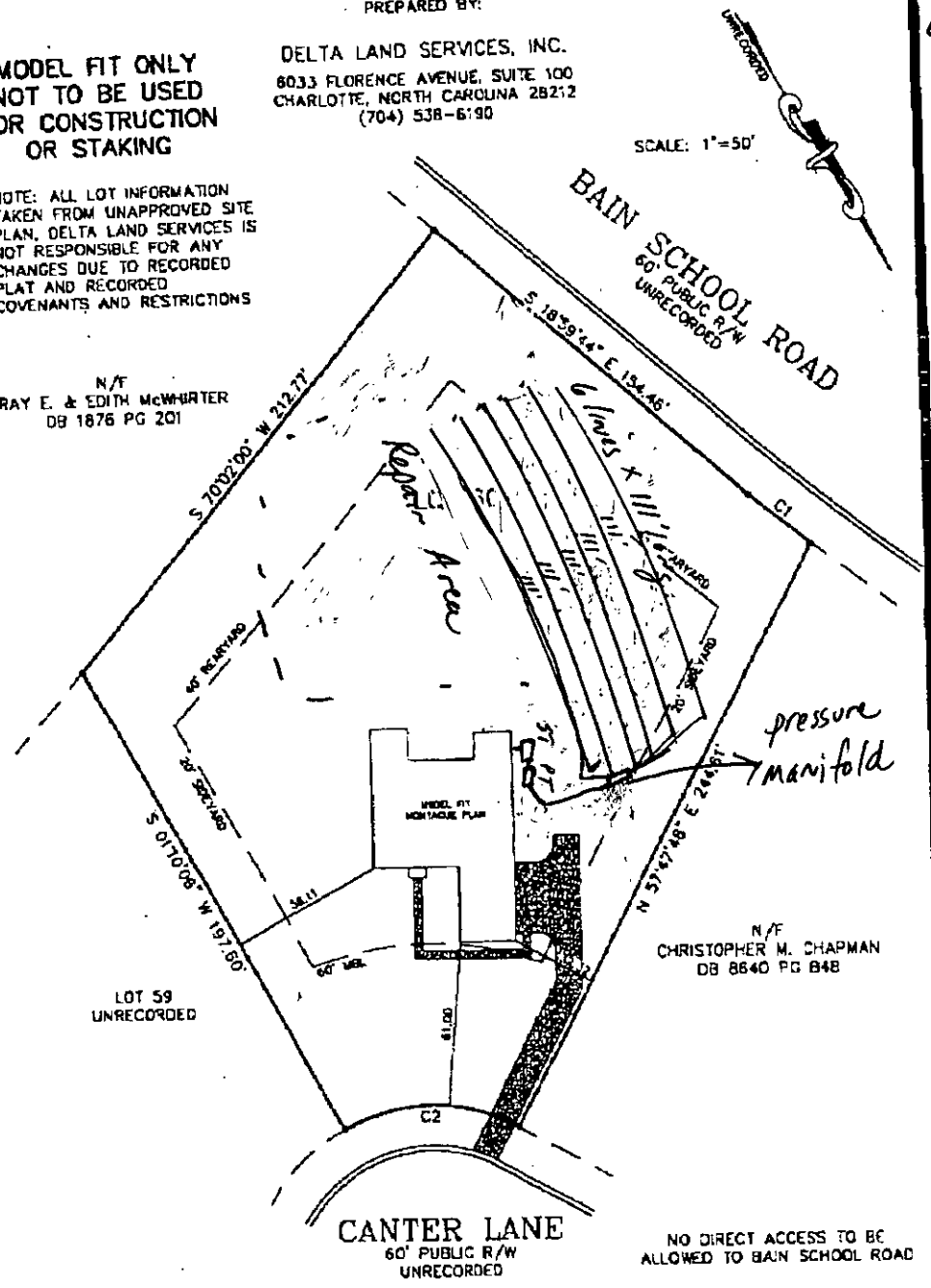
PREPARED BY:

DELTA LAND SERVICES, INC.
6033 FLORENCE AVENUE, SUITE 100
CHARLOTTE, NORTH CAROLINA 28212
(704) 538-6190

MODEL FIT ONLY NOT TO BE USED FOR CONSTRUCTION OR STAKING

NOTE: ALL LOT INFORMATION TAKEN FROM UNAPPROVED SITE PLAN. DELTA LAND SERVICES IS NOT RESPONSIBLE FOR ANY CHANGES DUE TO RECORDED PLAT AND RECORDED COVENANTS AND RESTRICTIONS

SCALE: 1"=50'



NO DIRECT ACCESS TO BE ALLOWED TO BAIN SCHOOL ROAD

ESTIMATED DRIVEWAY AREA = 1678.8 SQ.FT.±

CURVE TABLE					
CURVE	RADIUS	LENGTH	CHORD	BEARING	DELTA
C1	1308.00	29.31	29.31	N21°54'43"W	01°17'02"
C2	70.00	70.01	67.13	S80°10'42"E	57°18'24"

STAKEOUT

NOT FOR RECORDATION, CONVEYANCES OR SALES

Subdivision THE MEADOWS AT MINT HILL (UNRECORDED) County MECKLENBURG
Address CANTER LANE Owner RYAN HOMES
Lot 60 Block ___ Plan MONTAGUE Elevation A Drive (Left) ___ (Right) SIDE (Courtyard) ___ Deck ___
Patio ___ Fireplace ___ Garage (1 Car) ___ (2 Car) ___ (3 Car) X Brick FRONT Basement ___ Curtain Wall ___ X
Crawl ___ Slab ___ Other MORNING ROOM, SITTING ROOM

REVISED: DWN: CHL CKD: DATE: 06/ 10/ 05

Q:\MEADOWS\MM-0060.DWG - CHL

COMMENTS

5 Bedroom House
Conventional System
1500 ST lift pump
1000 DT required
pressure manifold
Install 6 lines
x 111' long x 3' wd
x 12" Stone 667 LF
Type IIIb Repair
Area
MUNICIPAL Water

Patrick Garner

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 of 2
Property ID # PO 197-241-~~16~~ 50
Lot #: 60
File #: 6046B
Code: 1

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: NVR, Inc.
Applicant: Kim Stanley
Address: 10815 David Taylor Drive, Ste 100, Charlotte, N. C. 28262
Date Evaluated: 8/9/2005
Proposed Facility: Residence
Design Flow (.1949): 600gpd
Property Size: .92a
Location of Site: Canter Lane
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 8	0-7	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	N/A	NONE	PS, IV
		7-48	SBK/C	FI/SEXP/S/P					.3GPD/FT^2
2	"	0-4	GR/CL	FR/SEXP/SS/SP	>41" TO SOIL WETNESS	41	"	"	"
		4-29	SBK/CL	"					
		29-41	SBK/C	FI/SEXP/S/P					
		BORING	TERMINATED	@41", FLOATER ROCK					
3	"	0-4	GR/CL	FR/SEXP/SS/SP	>49" TO SOIL WETNESS	49	"	"	"
		4-20	SBK/CL	"					
		20-49	SBK/C	FI/SEXP/S/P					
4	"	0-5	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	"	"	"
		5-48	SBK/C	FI/SEXP/S/P					
5	"	0-6	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	"	"	"	"
		6-48	SBK/C	FI/SEXP/S/P					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.3GPD/FT^2	.3GPD/FT^2

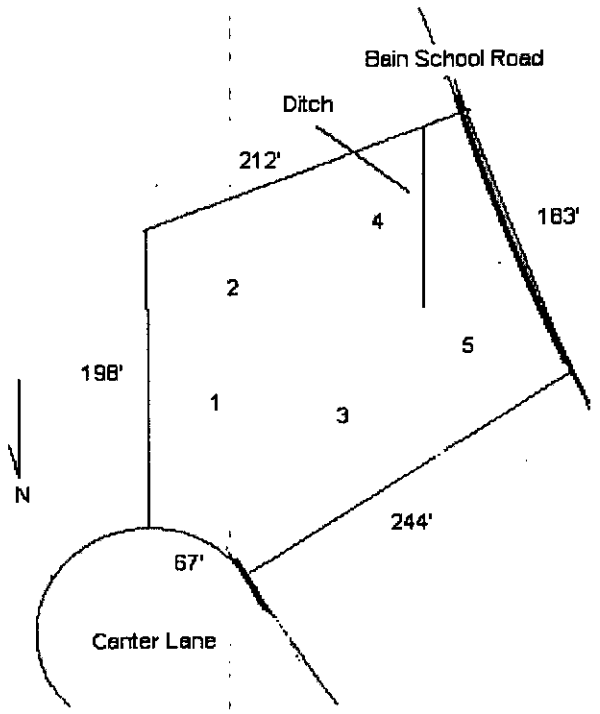
Other Factors (.1946):
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 8/12/2005. W. R. Marlin
Others Present:

COMMENTS:
100% repair, will probably need pump

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Food Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace		CL-Clay Loam		
FP-Flood Plain		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

Sketch of Soil Evaluation Locations



X33575
SEPTIC FEE: $2000
DATE: 6/23/05
CRT [ ] VAW

GWS – RES. APP 12/04

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

WELL FEE: _____
DATE: _____
CRT [ ]

FILE # 600468

SEPTIC / TYPE APPLICATION: ☐ NONE ☒ NEW SYSTEM EXISTING SYSTEM: ☐ EXPANSION/ALTERATION ☐ REPAIR

WELL / TYPE APPLICATION: ☒ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION:

TAX/PARCEL #: 19724116 PO
STREET ADDRESS: Canter Lane
CITY: Mint Hill
STATE: NC ZIP:
SUBDIVISION OR MOBILE HOME PARK NAME: Meadows of Mint Hill
LOT #: 60
TOWNSHIP:

☐ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☒ 7-MINT HILL

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☒ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE: 3,500
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☐ NO TYPE:

WATER SUPPLY:

☒ MUNICIPAL (M) ☐ PUBLIC (C) ☐ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☒ N/A ☐ IRRIGATION ☐ POTABLE ☐ GECTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☒ NO	WELLS, SPRINGS, OR WATER LINES	☐ YES	☒ NO
EXISTING WASTEWATER SYSTEMS	☐ YES	☒ NO	DESIGNATED WETLANDS	☐ YES	☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☒ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☒ NO

PROPERTY OWNER:

NAME: NVR, INC.
ADDRESS: 10815 David Taylor Dr., Ste 100
CITY: Charlotte
STATE: NC ZIP: 28262
HOME PHONE: WORK PHONE: 548-3534
MOBILE PHONE: FAX: 503-4516

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Kim Stanley
ADDRESS: PO Box 176
CITY: Stanfield
STATE: NC ZIP: 28163
HOME PHONE: WORK PHONE: 792-9639
MOBILE PHONE: FAX: 785-8721

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? Oct. 2005

*An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Kim Stanley 6/21/05
Owner's/Agent's Signature Date

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

*A Well Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
704-336-5103 / FAX: 704-336-6894

FROM :DELTA LAND SERVICES FAX NO. :704+568+8060 Jun. 28 2005 04:26PM P1

PROPOSED MODEL FIT

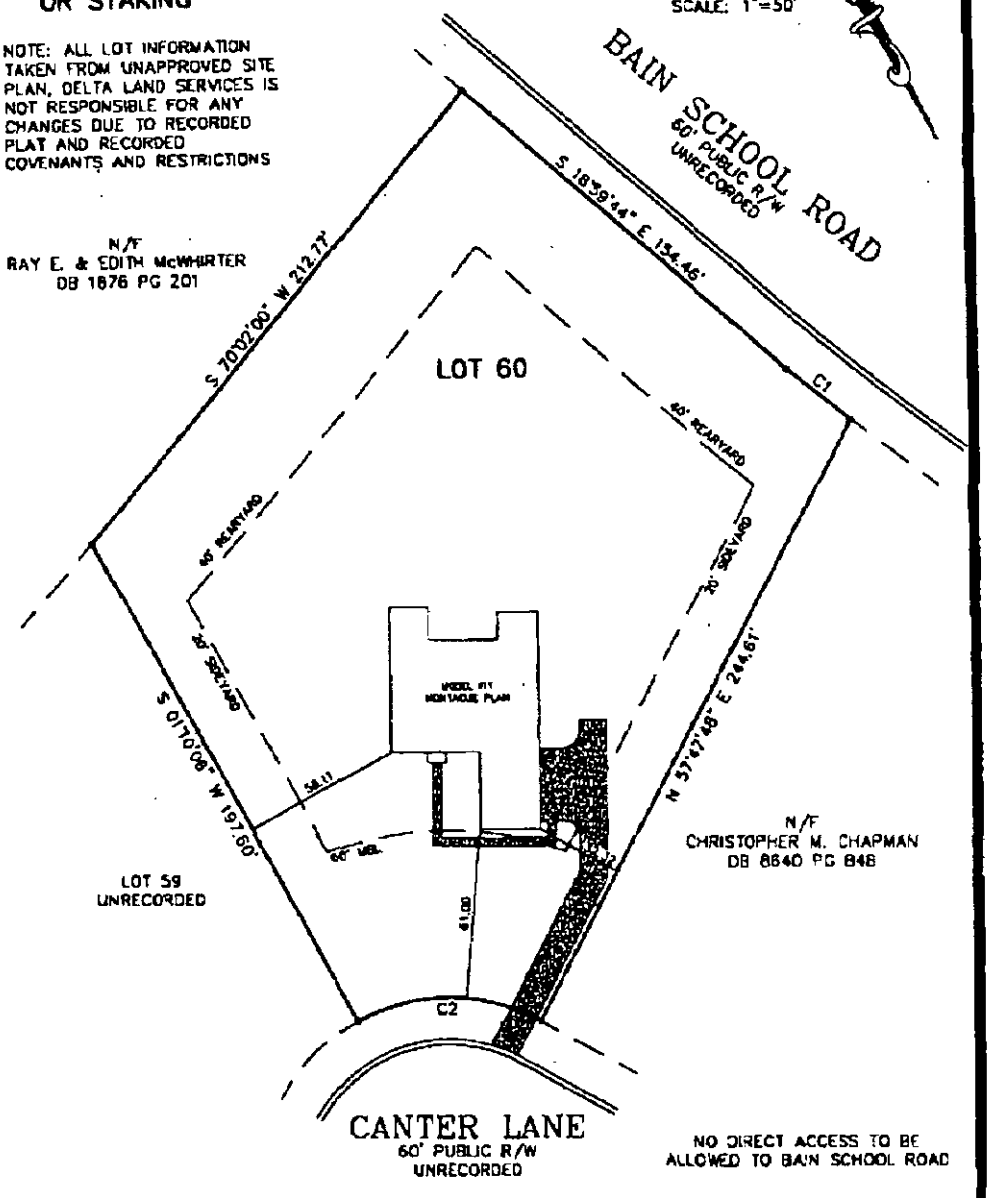
PREPARED BY:

DELTA LAND SERVICES, INC.
6033 FLORENCE AVENUE, SUITE 100
CHARLOTTE, NORTH CAROLINA 28212
(704) 538-6190

MODEL FIT ONLY NOT TO BE USED FOR CONSTRUCTION OR STAKING

NOTE: ALL LOT INFORMATION TAKEN FROM UNAPPROVED SITE PLAN, DELTA LAND SERVICES IS NOT RESPONSIBLE FOR ANY CHANGES DUE TO RECORDED PLAT AND RECORDED COVENANTS AND RESTRICTIONS

SCALE: 1"=50'



NO DIRECT ACCESS TO BE ALLOWED TO BAIN SCHOOL ROAD

CURVE TABLE					
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STAKEOUT ☐

NOT FOR RECORDATION, CONVEYANCES OR SALES

Subdivision THE MEADOWS AT MINT HILL (UNRECORDED) County MECKLENBURG
Address CANTER LANE Owner RYAN HOMES
Lot 60 Block ___ Plan MONTAGUE Elevation A Drive (Left) ___ (Right) SIDE (Courtyard) ___ Deck ___
Patio ___ Fireplace ___ Garage (1 Car) ___ (2 Car) ___ (3 Car) X Brick FRONT Basement ___ Curtain Wall X
Crawl ___ Slab ___ Other MORNING ROOM, SITTING ROOM

REVISED: DWN: GHL CKD: MB DATE: 06/ 10/ 05

G:\MEADOWS\MM-0060.DWG - GHL

Project No. 144985

FILE COPY	
FILED FOR REGISTRATION	DOC. # 864556
DATE 9/2/05	TIME 9:18 am
BOOK 19289	PAGE 155
STAMPS	REC FEE
JUDITH A. GIBSON REGISTER OF DEEDS MECKLENBURG COUNTY, NC	

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

MA 1060

FILE # 60460B

PARCEL # 19-224150

The undersigned, NVR INC DBA Ryan Homes, owner of property located at 12048 Canter Lane, (the "site") and described in an instrument recorded in Book _____ at Page _____, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (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 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested 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 is allowed by the rules; 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 the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, 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 acknowledges that the following conditions will apply to the site:

This instrument was prepared by: NVR INC DBA Ryan Homes

Mail after recording to: 10815 David Taylor Dr
Charlotte NC 28262

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	06/23/05	**Amount:**	200.00
Receipt #:	35344	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	WALKEVA		

Account Information

Account #: X33575
Contractor: NVR INC (EAST)
Attn:
Address: 10815 DAVID TAYLOR DR 100
Address:
City/State/Zip: CHARLOTTE, NC 28262

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen CANTER LANE PARCEL#19724116		1	200.00	200.00

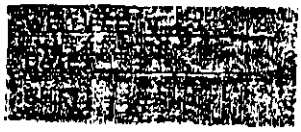
Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
14,049.49					

GWS - RES. APP 12/04



PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES



FILE # _____

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM EXISTING SYSTEM: ☐ EXPANSION/ALTERATION ☒ REPAIR

WELL / TYPE APPLICATION: ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION:

TAX/PARCEL #: 111-261-04
STREET ADDRESS: 13120 Rocky River Ch. Rd.
CITY: Charlotte
STATE: NC ZIP:
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
TOWNSHIP:

☒ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☒ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS:
NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☐ NO TYPE:

WATER SUPPLY:

☐ MUNICIPAL (M) ☐ PUBLIC (C) ☒ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☒ NO	WELLS, SPRINGS, OR WATER LINES	☒ YES	☐ NO
EXISTING WASTEWATER SYSTEMS	☐ YES	☒ NO	DESIGNATED WETLANDS	☐ YES	☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☒ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☒ NO

PROPERTY OWNER:

NAME: Jerry + Nelson R. Hardister
ADDRESS: 5275 Blackwelder Rd
CITY: Concord
STATE: NC ZIP: 28027
HOME PHONE: 704-721-0332 WORK PHONE:
MOBILE PHONE: 704-461-7057 FAX: 704-788-8639

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

*An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Nelson R. Hardister 6/1/05
Jerry B. Hardister 6/1/05
Owner's/Agent's Signature Date

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE

*A Well Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202

PO Box 280
Harrisburg, NC 28075
Phone: (704) 721-0332
Fax: (704) 788-8639

Fax

To: Andrew Walker From: Joyce B. Hardister

Fax: 704 336 6894 Date: 6-1-05

Phone: Pages:

Re: 13120 Rocky River Church CC:

☐ Urgent ☑ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

•Comments:

Attached Permit Application

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 6047 B DATE: 6-1-05

TC: 111-261-04 ☑ L ☐ CRT

SERIAL 19823

Name of Owner JOYCE AND NELSON HARPISTEN Juris.: _____

Address of Property 13100 ROCKY RIVER CHURCH RUN

Inspection Data:

Tank Material —

Total Length of Drainfield —

Number of Lines — @ —

Cover Depth —

Water Supply Source WELL

Distance to Water Source > 50'

Excavation Inspected —

Tank(s) Inspected —

Wash Line Inspected 6'x25' (36")

High Water Alarm Inspected —

SEE INSTALLATION

PLOT

Design REPAIR TO WASH LINE 6'x25', 36" STONE - CTR# HOMEOWNER

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

☑ installed or constructed ☐ altered or repaired

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

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

☐ Certificate of Completion ☑ Operation Permit

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

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

COMMENTS: TYPE II

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

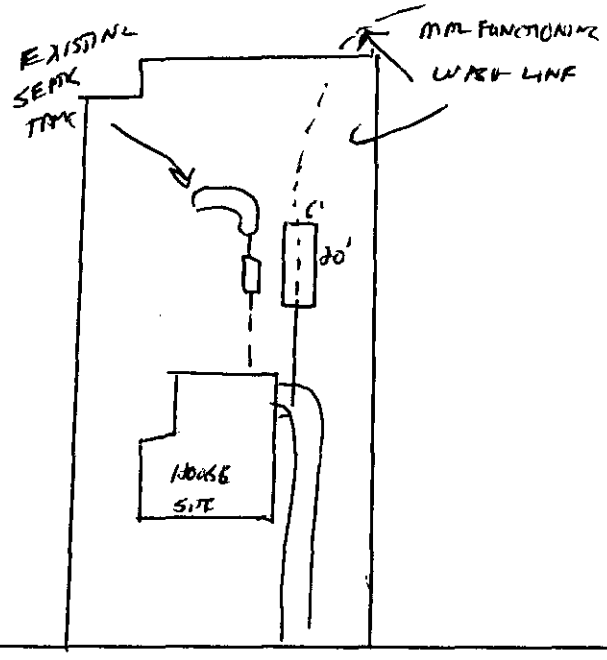
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 60478 DATE: 5-31-05

TC: 111-261-04 ☑L

SERIAL Nº 20030

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 _____. All work shall be completed on or before _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank _____ gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction _____

Trench Depth _____

Absorption and/or Nitrification Lines:

Trench Width 6'x20' feet

Trench Walls Scored and Porous YES

Total Line Length 60 feet

Number of Lines 1

Depth of Stone 24" inches

Distance from House 5' feet

Distance from Property Line 5' feet

Distance from Well 50' feet

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

NAME OF OWNER NELSON HARDISTER

LOCATION OF PROPERTY 13120 ROCKY RIVER CHURCH ROAD

Comments: THIS IS A REPAIR TO WASHING MACHINE LINE

① INSTALL BED 6'x 20' 24" STONE FOR A 2 BEDROOM HOUSE

② DIG 36" DEEP.

Environmental Health Specialist

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

Log No: _____ Page _____ of _____

SERVICE REQUEST / WORK ORDER

Request Taken By: vaw Date: 05/31/05 Section: _____

Hazard: Yes ☒ No ☐ Parcel #: 11126104

Requesting Person: Nelson Hardister

Phone #: _____

Address: _____

City: _____ State: __ Zip: _____

Property Requiring Service and/or Investigation:

Facility Name: _____

Address: 13120 Rocky River Church Road

City: _____ State: __ Zip: _____

Service Requested:
Septic Tank was overflowing. Waste Water flowing into neighbor's yard.

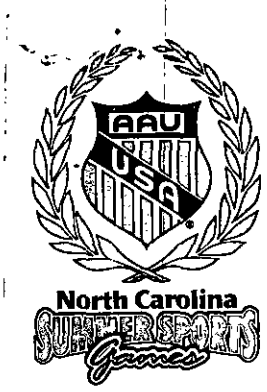
Assigned To: Drew Walker

Date	Activity Report Log
5-31-05	OSJ MR. HARDISTER PRESENT. THIS IS AN OLD HOUSE W/
	ST MALFUNCTIONING INSP LINE. 2 BRM HOUSE. HOUSED
	MR. HARDISTER TO INSTALL 6 x 20 BED 24" STONE.
	THIS IS ALL THE ROOM AVAILABLE.
	PERMIT ISSUED
6-1-05	REPAIR INSTALLED.

Notification of Final Disposition to Requesting Person:

[signature] / 6-1-05 Written ✓ Verbal ____
Environmental Health Specialist Signature Date

Reviewed By: _____ / _____ Recall Date: _____
Section Head's Signature Date



Nelson Hardister
NCAAU District Governor
Life Member 1595
Website:www.ncaau.org

(704) 786-6264
Fax: (704) 788-8639
P.O. Box 280
Harrisburg, NC 28075
e-mail:nhardister@carolina.rr.com

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Water & Land Resources
Groundwater & Wastewater Services

Fax Coversheet

****NOTICE****

The information contained in this fax may be privileged and/or confidential and is intended only for the use of the person to who it is addressed. If the reader of this message is not the intended recipient (or such recipient's employee or agent), you are hereby notified not to read, distribute, or copy the materials attached hereto without the prior written consent of the sender. If you have received this fax in error, please notify the sender by telephone call and return the original to us by mail and you will be reimbursed for the required postage. Thank you.

To: NELSON HARDISTER

Fax #: 704-788-8239

Phone #: 467-7054

From: D. WALKER

Date: 6/1/05

Number of pages transmitted: 3 (including coversheet)

Comments:

① FILL OUT ENCLOSED APPLICATION & FAX BACK [JUST NAME, ADDRESS, PHONE # & SIGNATURE]

② I CALLED "PETE" & LEFT A MESSAGE FOR HIM TO CALL BACK.

If you do not receive all pages of this fax please call (704) 336-5103.

☐ Original will not follow

☐ Original will follow via: ☐ U.S. Mail ☐ Hand Delivery ☐ _____

700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236
Office #: (704) 336-5103 • Fax #: (704) 336-6894

2005 Registered Septic Contractor List **Created: 3/17/2005**

Mecklenburg County, Groundwater & Wastewater Services

Company	Contact	Office	Fax	Mobile
A.H. Stewart Landscaping	A.H. Stewart	704-455-5010		
A-1 Backhoe Service, Inc.	Dennis Galliher	704-539-4544	704-539-4544	704-902-4015
Allied Resources USA, Ltd.	Larry Foxworth	704-947-7502	704-947-7503	704-634-5472
Autry Concrete Products, Inc.	Steve Autry	704-357-1250	704-357-9727	704-363-0524
Bud Lee Paving & Grading Inc.	Steve Lee	704-392-1001	704-392-2251	704-361-7902
BW Christenbury Septic Tank & Grading Co.	Willie Christenbury	704-392-6032	704-392-6032	704-363-0155
C. Wayne Orbison & Sons, Inc.	Rusty Orbison	704-663-4745	704-662-8795	704-309-4114
Carlton's Backhoe, Grading, & Excavation Co.	Carol Carlton	704-788-8374	704-788-8374	
Cherry Hill Development Co., Inc.	Len Matti	704-489-8977	704-483-4642	704-400-2520
Cherryville Grading Inc.	Bobby Fuller Jr.	704435-4139	704-445-4271	704-913-4109
Curt Dunning Construction Inc.	Curt Dunning	704-664-7522	704-664-0200	704-634-5823
D.D. Jordan Plbg. & Septic, Inc.	David Jordan	704-283-5748	704-283-0798	704-506-1690
Dennis Willis Septic Service	Bryson Willis	704-435-2326	704-435-5997	704-472-9105
Empire Plumbing Company, Inc.	Karl Yetter	704-262-7925	704-262-7927	704-622-9435
FJ Ervin Construction Company	FJ Ervin	704-664-5418	704-663-5870	704-664-5418
G&M Enterprises	Gary Miller	704-538-8846	704-538-8856	704-692-8156
Gerald Tucker Septic Tank Service	Gerald Tucker	704-932-5188	704-933-4423	704-791-2309
Howell Grading	Bobby Howell	704-888-4282	704-888-0138	704-622-6102
Iredell Backhoe & Septic	Sammy Shumaker	704-902-6878	704-876-3469	704-876-1023
Joye Enterprises	Dennis Joye	704-399-0973		
J.W.H. Utility	Jesse Hinerman	704-239-5209	704-892-8391	704-239-5209
Larry E Beam Grading, Inc.	Larry Beam	704-664-2090	704-664-1476	704-634-5246
Liquid Waste, Inc.	Ronnie Oaks	704-391-2392	704-391-2311	
MacLeod Construction, Inc.	Bob MacLeod	704-483-3580	704-483-3570	
Mayhew Septic Service	Bob Mayhew	704-892-5943		
McCarver Construction Company	Bobby McCarver	704-573-2805	704-573-2805	704-634-6735
Myers Septic Tank Company	Benny Myers	704-633-3962	704-633-7524	704-633-3962
Osborne Backhoe	Nathan Osborne	704-485-4803		980-521-6076
Perry Laney Septic Tank	Perry Laney	704-283-6629	704-764-8804	704-363-7150
Ray's	Robbie Ray	704-913-2900	704-913-7800	
RCS, Inc.	Joe Hudson	704-376-9359	704-289-5560	704-622-8064
Reade Eudy	Reade Eudy	704-786-1031	704-786-1031	704-201-7039
Robert Laney Landscaping & Septic Tank	Robert Laney	704-289-2249	702-292-9022	
Stanley Septic Service, Inc.	Jim Lanier	704-268-8186	704-263-1477	704-860-5534
The Eubie Company	Eugene Chapman	803-322-6332		
TW Ammons Septic Service, Inc.	Tim Ammons	704-663-7631		
United Construction Co.	Art Motameni	704-679-9229	704-679-9271	
WT Norwood, Inc.	Larry Norwood	704-843-3298	704-843-1750	704-507-8227