

20346 CHRISTOFLE DR

00160133

6/14/2007

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**	Jeffery and Carole May **Name of Establishment**	6392A **Permit/Project No.**
20346 Christofle Dr **Location**	Residence **Type of Establishment**	480 GPD **Design Flow**
Jeffery and Carole May **Owner/Agent**	20346 Christofle Dr. **Address**	**Phone**
NA **Operator**	NA **Address**	**Phone**
IIIb **System Type**	2/2010 **Next Inspection Due**	

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☒	☐	☐	
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☒	☐	☐	
b. Tanks and access manholes structurally sound, watertight?	☒	☐	☐	
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	3.c Septic tank not uncovered to inspect
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 4" solids in pump tank, recommend pumping tanks.
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?	☒	☐	☐
c. Surface water being effectively diverted away?	☒	☐	☐
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐
f. Protected from traffic, destructive uses?	☒	☐	☐
g. Distribution devices in good condition, working properly?	☒	☐	☐
h. Repair area properly reserved, maintained?	☒	☐	☐

A. LOW PRESSURE PIPE DRAIN FIELDS:

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

OVERALL CONDITION AND OPERATION OF SYSTEM:

No problems detected with system operation at the time of inspection.

No sewage observed on the ground surface at the time of inspection.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

1. Pump out both the septic & pump tanks to remove solids.

***REPAIR WITHIN DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

DATE: 2/23/05

SIGNED: _____ 2/23/05 AGENT

Division of Environmental Health

Mecklenburg County
Health Department

March 11, 2002

Steven W. Paynter
20346 Christofle Dr.
Cornelius, NC 28031

(H) 704-892-8517

Dear Mr. and Mrs. Paynter:

A required inspection of the type IVa septic system, which serves as the wastewater treatment and disposal system for the residence located at 20346 Christofle Dr., Cornelius, North Carolina, is past due.

A review of our files indicates that the required maintenance contract for this system has expired. Periodic maintenance of this type wastewater system is an important factor in extending the life of the drain field as well as a requirement found in the General Statutes of North Carolina to protect public health. 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."

Please submit a new contract with a certified operator to our office by April 10, 2002.

A list of certified operators in the immediate vicinity of Mecklenburg County is attached. If I can be of further assistance in this matter please feel free to contact me at (704) 336-5571.

Sincerely,

David Cornelius RSI

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

Enclosure: Certified Operators List

CALLED - LEFT MESSAGE
4/22/02
(H) 704-892-8517

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

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

Mecklenburg — Health Department
Name of Establishment — 6392A — Permit/Project No.
20346 Christoffe Drive — Location
Residence — Type of Establishment
480gpd — Design Flow
Steve Paynter 20346 Christoffe Drive, Cornelius, NC — Owner/Agent — Address — Phone
Mary Signon — Operator — Address — Phone
Remarks

	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?	☐	☑	Tanks need pumping at this time
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:			
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?	☑	☐	Drain lines were saturated - recent rains could have impacted this.
Repair area properly reserved, maintained?	☑	☐	
LOW-PRESSURE PIPE DRAIN FIELDS:			
Turnups/cleanouts/valves intact and accessible?	☐	☑	Turnups covered over.
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: System slightly saturated, otherwise working well

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)
Pump both septic and pump tanks	30

DATE: 12-22-99 SIGNED: L B Thompson J., R.S. 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)

4-26-90 Called Kitty OK Vaughn Grading

Date: April 08, 1990

From: T J Systems
Rt 2 Box 207
Stony Point, N.C. 28678

To: RCS Setic Tank Service

Monroe, N.C.
Attn. Cathy Hudson

Subject: Lot 9
File # : 8392 A
Parcel : 00111157 PO

System type: 16 inch T & J Panel System with pressure distribution.

This system is designed for a four bedroom house at an application rate of .3 gpd. 480/.3 = 1600/3 = 533 LF of conventional drainfield multiplied by .5 = 267 LF of 16 inch T & J Panel System. This system shall be installed in accordance with all state and local rules and regulations and in compliance manufacturer's installation guidelines. Soil evaluation was supplied by the county.

Line	# Panel	# Hole Per Panel	Size Hole	Line Head	Line Length	Hole Flow	Per min Line Flow
A	10	one	5/32	2ft	45 '	.41	4.10
B	10	one	5/32	2ft	45 '	.41	4.10
C	10	one	5/32	2ft	45 '	.41	4.10
D	10	one	5/32	2ft	45 '	.41	4.10
E	11	one	3/16	2ft	50 '	.59	6.49
F	11	one	3/16	2ft	50 '	.59	6.49
G	repair				48 '		
H	repair				93 '		
I	repair				75 '		
J	repair				40 '		
K	repair				35 '		
Totals	62				280'		29.38

CALCULATIONS FOR PUMPED SYSTEMS:

Head: Friction loss = 2.95
Total lift = 30.00 (104.2 + 2 - 74.20 = 30.00) elev.
TDH = 32.95
20% margin = 42 ft (32.95 / .8 = 41.19 = 42 ft)

Pump Size: 37 gallon per minute at 42 feet of head.

Pump cycle should be 6.1 min or 179 gallons.

Note: Each line shall have a globe valve at the start of the line for pressure adjustment.

Friction loss:

supply line =	160 lf = 1.60 * 1.54	=	2.46
fittings =	2.46 * .2	=	.49
total			2.95

ENBURG COUNTY HEALTH DEPARTMENT
EVALUATION REPORT

IAL NUMBER 17489

File: [illegible] Action 1

Parcel: 00111157 PC

Location: 20346 Christoffle Drive
Cornelius Bay
Catarina Bay

Subdivision:

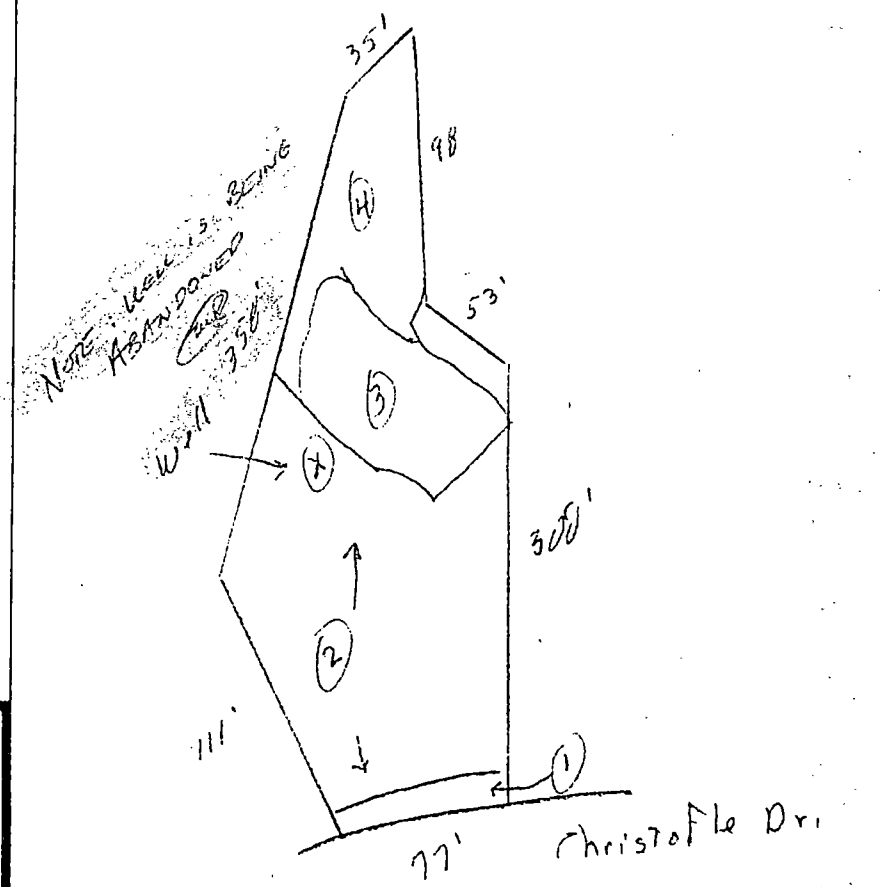
Lot: 9 Block: Acres: .93

Owner:
Address: Futrelle/Dunne, Inc.
1515 Elizabeth Ave.
Charlotte, NC 28204

Comments: Not Recommended

Described by: William A. Mackie

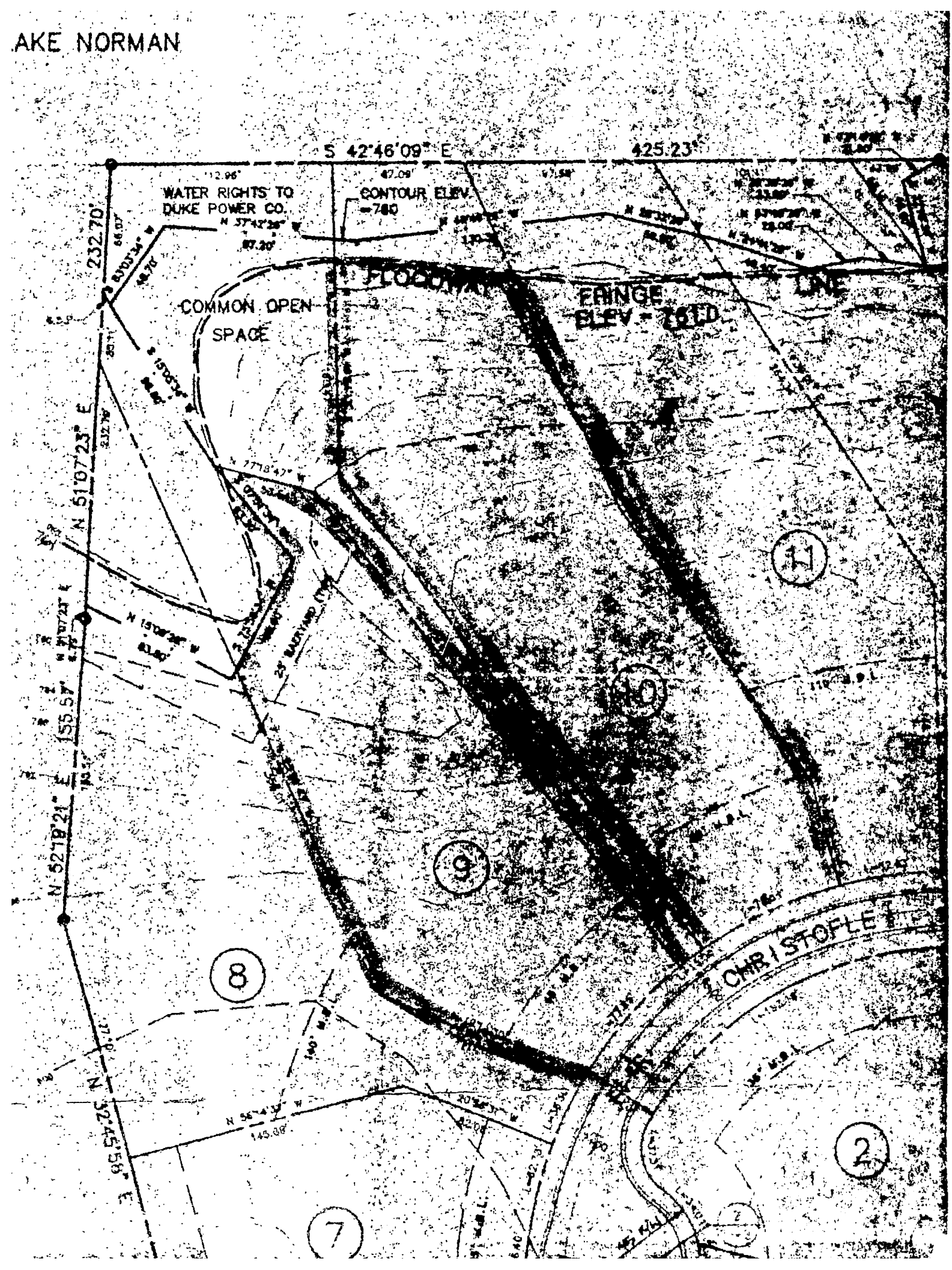
Date: 1-5-90

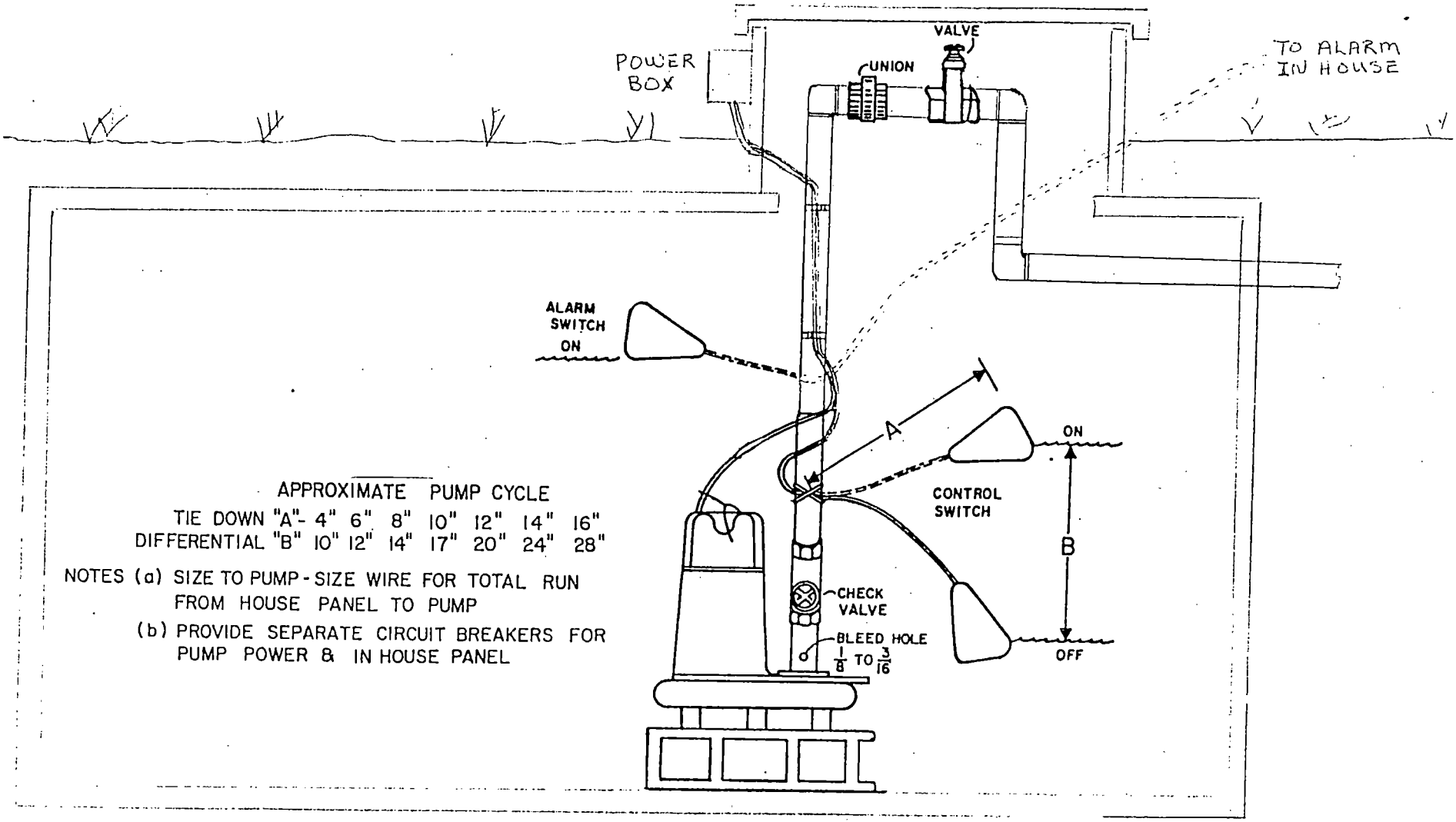


*** EVALUATION KEY ***

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) 72' Cut	(S) PS U 6-15%	S PS U —	S PS (U) Complex Slopes/Fill	S PS U	S PS U
Texture	S PS U —	S (PS) U slightly Expansive Clay	S PS U —	S PS U —	S PS U	S PS U
Structure	S PS U —	S (PS) U Blocky	S PS (U) comported	S PS U —	S PS U	S PS U
Drainage	S PS U —	S (PS) U >36" to water	S PS U —	S PS U —	S PS U	S PS U
Depth	S — U	S (PS) U >36"	S PS U —	S PS U —	S PS U	S PS U
Restrictive Horizons	S PS U —	S (PS) U >36"	S PS U —	S PS U —	S PS U	S PS U
Available Space	S PS U	S (PS) U Very limited	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	72' Cut	III Coastal Hills	Fill	Complex Slopes/Fill		
Area Classification	S PS (U)	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U


AKE NORMAN
S 42°46'09" E
425.23'
WATER RIGHTS TO DUKE POWER CO.
CONTOUR ELEV. =780
FLOODWAY
FRINGE
ELEV. = 780
LINE
COMMON OPEN SPACE
232.70'
N 51°07'23" E
155.57'
N 52°19'21" E
N 85°45'58" E
25' BACKYARD
11
10
9
8
7
2
CHRISTOFLE

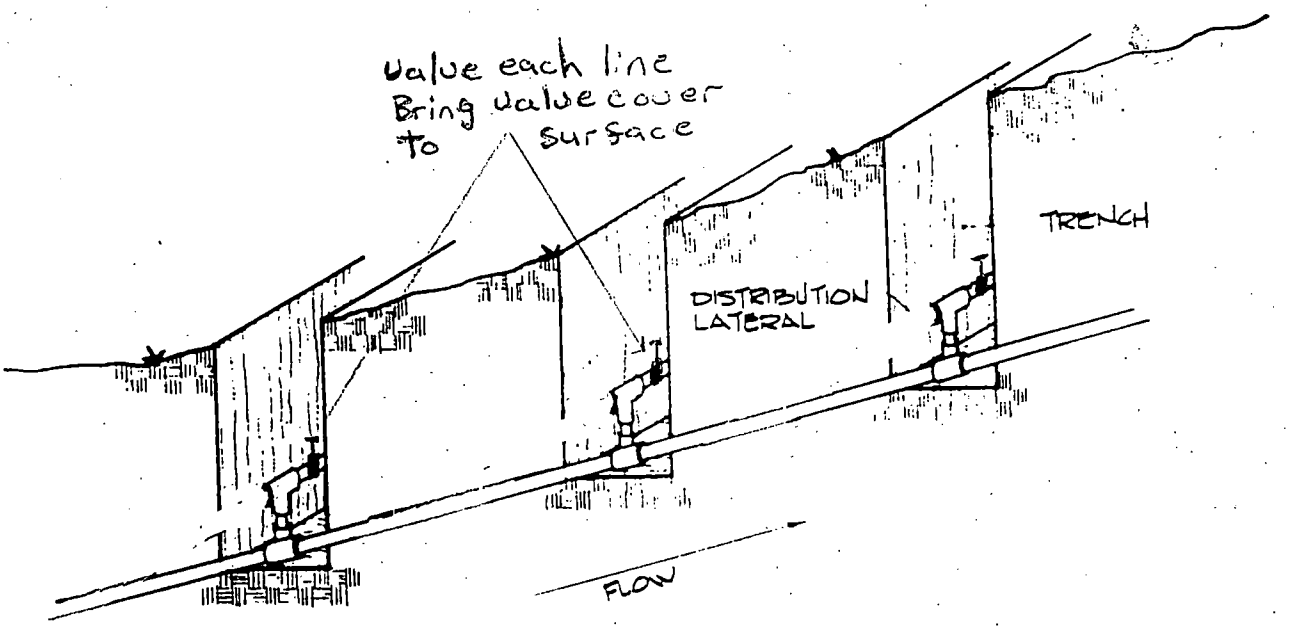


APPROXIMATE PUMP CYCLE

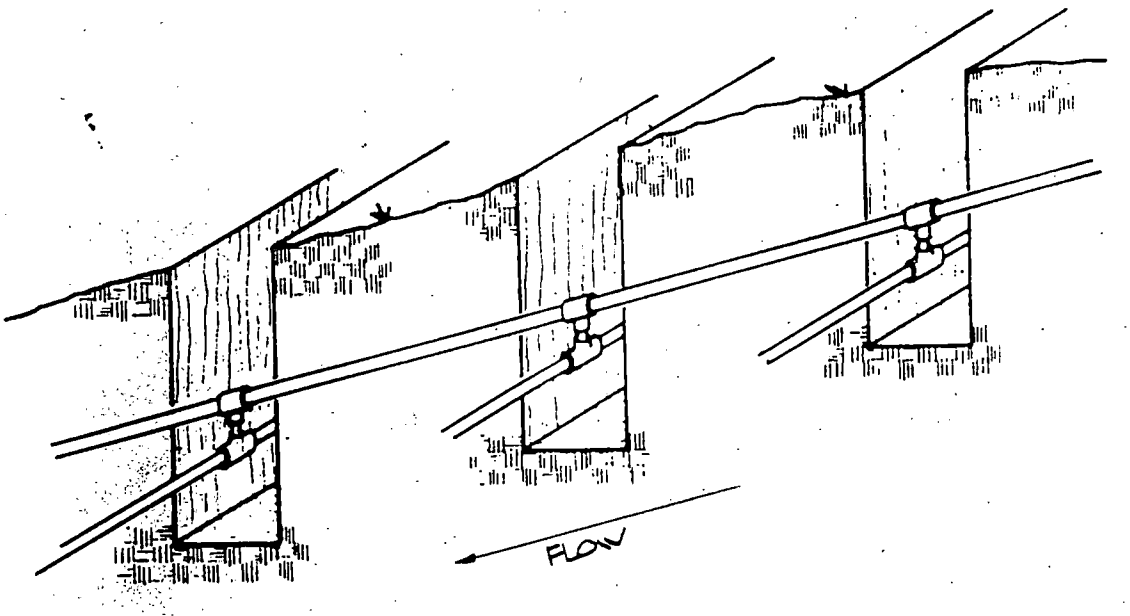
TIE DOWN "A"- 4" 6" 8" 10" 12" 14" 16"
DIFFERENTIAL "B" 10" 12" 14" 17" 20" 24" 28"

NOTES (a) SIZE TO PUMP - SIZE WIRE FOR TOTAL RUN FROM HOUSE PANEL TO PUMP

(b) PROVIDE SEPARATE CIRCUIT BREAKERS FOR PUMP POWER & IN HOUSE PANEL



A. PUMPING UPHILL



B. PUMPING DOWNHILL

Figure 10. Manifold placement on slopes

B. SIGMON CONSTRUCTION

625 Bell Farm Road • Statesville, North Carolina 28677 • (704) 873-8954

INSPECTION OF ENGINEERED SUBSURFACE SEWAGE SYSTEM

Mecklenburg County Health Dept att: Larry Thompson
Health Department | Name of Establishment | Permit/Project No.

20346 Christofle Rd Residental Home
Location | Type of Establishment | Design Flow

Steve Painter — 20346 Christofle Dr Cornelius — 892-854
Owner / Agent | Address | Phone

Barry D Sigmon — 625 Bell Farm Rd Statesville NC — 873-6968
Operator | Address | Phone

WORK 873-8954

Remarks

	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?	☐	☑	need to be pumped as was Recommen
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:			
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: Good at present time

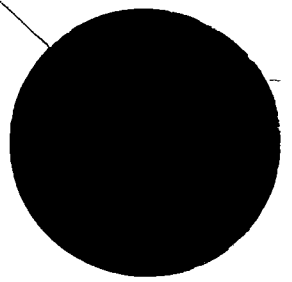
SUMMARY OF IMPROVEMENTS NEEDED

Improvement	Repair Within (Days)

DATE: 8/18/98 SIGNED: Barry D Sigmon AGENT

B. SIGMON CONSTRUCTION

NOTICE



Mecklenburg County Health Department
Environmental Health Division

File #: 6392A Address: 20346 Christopher Dr

Our Environmental Health Specialist visited today:
Date: 4-2-98 a.m. ____ p.m. ____

TYPE OF SERVICE:

Building
_____ ☐
Addition ☐
Pool ☐
Mobile Home
Exchange ☐

REAL ESTATE:
Septic Request ☐
Water Sample
Collected ☐
Other ☐
_____

☐ Approved
☐ Disapproved
☐ Not Applicable

Comments: _____

_____

Environmental Health Specialist:

_____

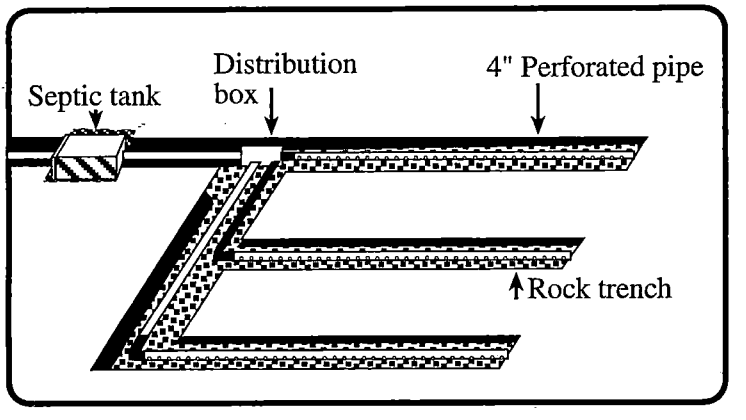
Please call if you have any questions.

OSV - still using septic system. No contract for maintenance was ever submitted. CP

TIPS FOR PROPER SEPTIC SYSTEM MAINTENANCE

- Have your septic tank pumped out every 3-5 years, more frequently if you have a garbage disposal.
- Pratice water conservation. Repair leaking toilets and dripping water fixtures.
- Redirect gutter downspouts and surface water away from the septic system area.
- Schedule laundry at intervals through the week to reduce the risk of overloading the system.
- Keep vehicles off the septic system's drainfield to avoid soil compaction and subsequent damage to the system.
- Keep all chemical and hazardous materials out of the septic system.
- Do not flush non-degradables such as grease, plastic or disposable diapers.

If you begin to experience septic system troubles, contact the Mecklenburg County Health Department at 336-5102 for advice. If a repair is needed to the system, a permit to repair from the Health Department is required. There is no charge for a permit to repair.



N. C. DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

INSPECTION OF ENGINEERED SUBSURFACE SEWAGE SYSTEM

Mecklenburg County — Health Department
6392 A — Permit/Project No.
Name of Establishment
20346 Christofle Dr. — Location
480 gpd — Design Flow
Type of Establishment
Steve Painter — Owner/Agent
Address
Phone
Signon Environmental — Operator
Address
Phone
Remarks System w/out operator since '92

	Yes	No	REMARKS
1. ESTABLISHMENT:			
Type, size, and sewage flow in accordance with permit?	☑	☐	Did not verify # of bedrooms
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?	☐	☐	could not verify alarm present/working
Floats/pipe/valves/disconnects in good working condition?	☑	☐	
Control panel enclosure/components in good condition?	☐	☑	Needs screws - sealing
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:			
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?	☐	☑	Contractor still needs to locate 1 line
No effluent standing in lower laterals?	☑	☐	No, needs flushing
Laterals free of excess solids, cleaned out as needed?	☐	☑	Need to find all lines + regulate
Pressure head is properly adjusted?	☐	☑	

OVERALL CONDITION AND OPERATION OF SYSTEM: No effluent surfacing - needs to be flushed out and regulated
8-5-98 Met w/Signon on-site - located all lines. Signon to flush & regulate

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)

DATE: 7-28-98 SIGNED: Larry B. Thompson Jr., R.S. AGENT
Division of Environmental Health

DEHNR 3702 (Revised 9/91)
Environmental Health Services Section (Review 9/95)

SUMMARY OF IMPROVEMENTS NEEDED (Continued)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

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

[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 sanitary sewage 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 sewage 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 Environmental Health Services 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: Environmental Health Services Section
Division of Environmental Health
P. O. Box 27687
Raleigh, NC 27611-7687
(Courier 52-01-00)

22400

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

FILE: 6392A DATE: 12/15/92

TC: 001 111 57 ☒ L

SERIAL Nº 13596

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 4/24/90. All work shall be completed on or before 1/15/93, 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.

System to be installed in accord with approved plot plan. Alterations to be made on site.

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 2' feet

Total Line Length 280 PPBPS feet

Number of Lines 0 -

Depth of Stone — inches

Distance from House 15 feet

Distance from Property Line 70 feet

Distance from Well ± com well feet

NAME OF OWNER —

LOCATION OF PROPERTY 20346 Christofle Dr

Comments: System to be ~~[illegible]~~ installed in accord with approved plot plan. Alterations to be made on site

Division or Section Head

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 6392 A DATE: 2/24/93

TC: 001 ~~H-57~~ 601-33 ☐ L ☐ CRT

SERIAL Nº 15495

Name of Owner Donald C. Neal Juris.:

Address of Property 20346 Christofle Dr

Inspection Data:

Tank Material PCC

Total Length of Drainfield 280 PPBPS

Number of Lines — @ —

Cover Depth 8"

Water Supply Source com well

Distance to Water Source >100'

Excavation Inspected 2/8/93

Tank(s) Inspected 2/8/93

Wash Line Inspected —

High Water Alarm Inspected 2/8/93

PLOT

Design: 1993, 1500ST, 1000DT, MOD, PI, 280 PPBPS ceil CTR# 67

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 4 bedroom house

No alterations necessary on plot plan

Type IV

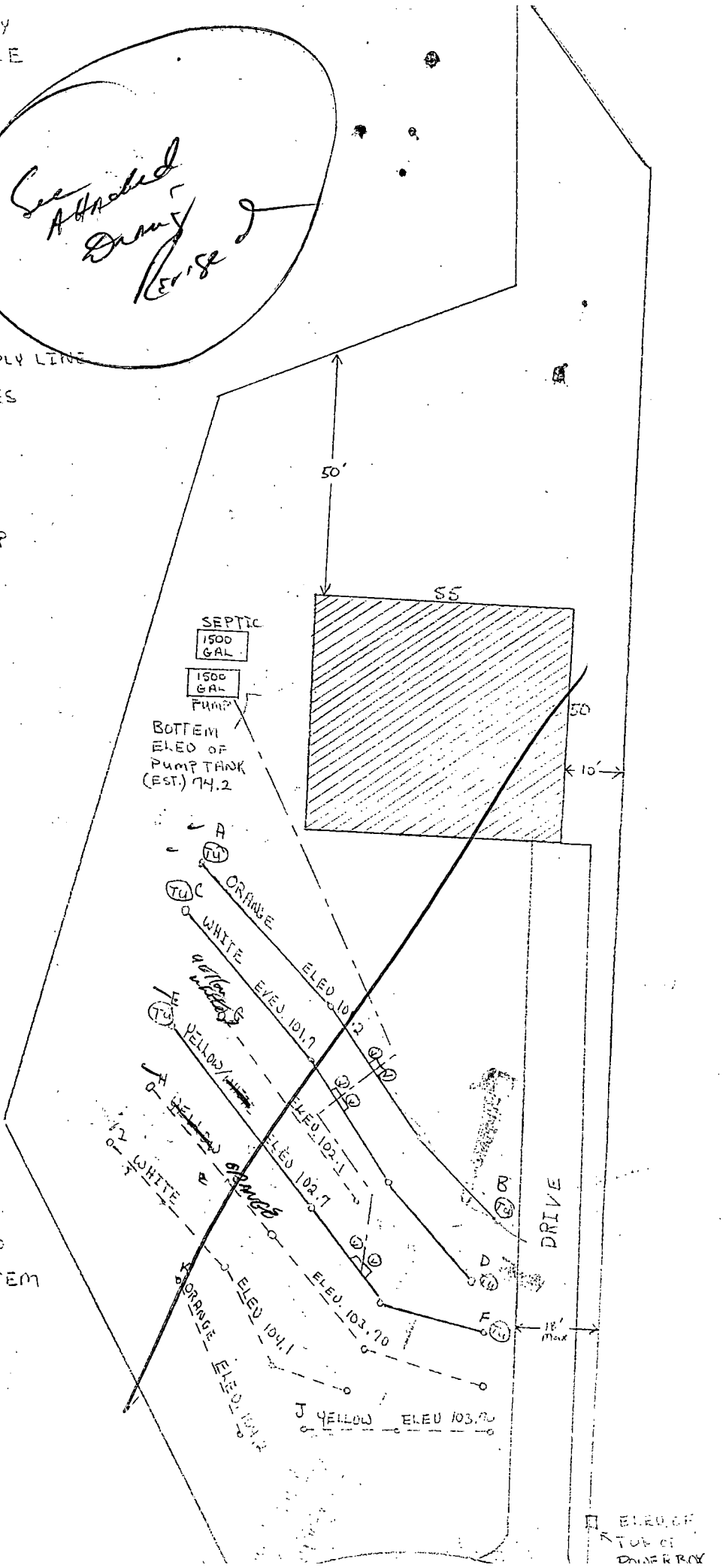
Philo A. Walker R.S.
Environmentalist

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

MECKLENBURG COUNTY
LOT 9 CHRISTOFLE
FILE # 8392H
DATE 4-9-90

See Attached Survey Revised

2" PVC SCH40 SUPPLY LINE
ORIGINAL LINES
REPAIR LINES
FLAG MARKERS
V VALVE
TU 2' HEAD TURN UP



FLAGS SHALL REMAIN IN PLACE UNTILL SYSTEM GOES IN

SIGMON ENVIRONMENTAL, INC.
P.O. BOX 6415
STATESVILLE, NC 28687

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

INSPECTION AND MAINTENCE AGREEMENT

this agreement is made and entered into this 7 day of May ,1998 ,by and between Steve Painter (hereinafter the "owner") and Sigmon Environmental, Inc (hereinafter the contractor").

WITNESSETH

WHEREAS, the owner own or controls the property upon which ground absorption sewage treatment system (herein system) is installed, such system being designated a type I+4 system under the rules for Sanitary Sewage collection, treatment and disposal found at 15A N.C Adm. Code 18A. 1900 et seq.; and

WHEREAS, 15A N.C Adim. code 18A, 1961 reqiuires a contract to be executed between the system owner and a management entity prior to the issuance of an operation permit for said system; and

WHEREAS15A N.C. Admin code 18A. 1961 requires that a condition of the operation permit for said system be that a properly executed contract between the system owner and a management entity shall be in effect for as long as the system is in use; and

WHERAS, the contractor is a management entity of a type of authorized by 15A N.C. Admin, code 18A, 1961 to manage a Type I+4 system.

NOW THEREFORE, in consideration of the premises and of the mutual covenants and promises contained in this Agreement, it is hereby agreed by and between the owner and the contractor as stipulated below.

1. The Contractor's Obligations. The contractor shall perform the following services on the owner's system located at
Clean out lateral lines: re-set head pressure on Valve Boxes, sludge in pump tank, floats, wiring, alarm + water proof box

a. The contractor shall inspect the system at least at the frequency required in table V (b) of 15A N.C. code 18A, 1961 (b) for a Type I+4 system.

b. The contractor shall perform the following routine maintentance procedures in accordance with the condition of the Operation Permit:

(1) [from operation permit]
(2) Clean lateral lines
(3) re-set head pressure on Valve Boxes, sludge in pump tank, floats, wiring, alarm + water proof box

SIGMON ENVIRONMENTAL, INC.
P.O. BOX 6415
STATESVILLE, NC 28687

c. The contractor shall report the results of its inspection to the local health department at the frequency specified in table V(b) of 15A N.C. Admin, code 18A.1961(b) for a type I+C system.

d. If an inspection indicates the need for system repairs, the contractor shall notify the local health department within 48 hours of the inspection.

e. The contractor shall notify the owner of needed repairs which are outside of the scope of routine maintenance described in subparagraph (b) above. The contractors shall perform necessary repairs to the system at the request of the owner and shall be entitled to payment therefor at the contractor's normals charge for services and materials.

f. The contractor shall employ or shall contract with a certified operator(s) if required by table V(b) of 15A N.C. Admin, code 18A, 1961 (b) for a type I+C system.

g. The contractor shall respond to a request for a nonscheduled service or maintenance call within 24 hours after receipt of such request.

2. The Owner shall pay to the contractor the sum of $ 350.00 per year for periodic inspections, routine maintenance procedures and periodic reports. The annual fee may be amended upon sixty (60) days advance notice to the owner but may not be incresded more than 10 per cent per year. The owner shall pay to the Contractor his normal and customary fees for any work performed on the system as a result of nonscheduled service or maintenance calls. All fees are due and payable within thirty (30) days of billing. Payments due to the contractor and unpaid by the Owner after thirty (30) days shall accure interest from the due date until paid at a rate of 1.5 percent per month.

b. Within 30 days of receipt of notice of neded repairs pursuant to paragraph 1.e.above, the Owner shall request the Contractor to complete needed repairs or shall provide to the Contractor evidence that the needed repairs were satisfactorily completed by another enity.

c. The Owner shall provide the Contractor with such access to the system as is reasonably necessary for the Contractor to comply with the terms of this Agreement.

3. Terms. This Agreement shall remain in effect until terminated.

a. Automatic Termination.

SIGMON ENVIRONMENTAL, INC.
P.O. BOX 6415
STATESVILLE, NC 28687

This agreement shall automatically terminate if the Operation Permit for the system is revoked and all appeals of the revocation are exhausted or time for taking as appeal has passed.

b.Termination by Mutual Consent.
The Parties may mutually agree to terminate this agreement by giving writtne notice of termination by mutual consent to the local health department thirty (30) days in advance of the date of termination.

c.Termination by the Owner.
The Owner may terminate this Agreement by giving notice to the Contractor and to the local health department thirty (30) days in advance of the date of termination.

d. Termination by the contractor.

(1) The Contractor may terminate this Agreement for cause by giving written notice of intent to terminate this Agreement to the Owner and to the local health department thirty (30) days in advance of the date of termination.cause shall be defined as;

(a) failure to remit for any bill for services performed under and in accordance with this Agreement if said bill is not paid within thirty (30) days of receipt by the Owner of the bill. If said bill is paid after notice of termination of this Agreement, the Agreement shall continue in effect; or

(b) failure of the owner to provide to the Contractor authorazation to complete needed repairs or satisfactory evidence that needed repairs to the system were completed by another enity within 45 days of receipt of notice of neede repairs pursuant to paragraph 1.e. above, If said authorization to complete needed repairs or evidence of completion of said repairs is provided after notice of termination of this Agreement, this Agreement shall continue in effect;

(c) f ailure of the owner to allow the Contrator such access to the system as is reasonably necassary in order for the Contractor to comply with the terms of this Agreement.

(2) The Contractor may not terminate this Agreement without cause, but may assign its rights and duties under this Agreement as provided in paragragh 4, below.

4. Assignment

a. Assignment by the owner . The owner shall notify the Contractor of the name and address of any purchaser of the property on which the system is located . The owner shall also notify any purchaser of the property on which the system is located of the existence of

SIGMON ENVIRONMENTAL, INC.
P.O. BOX 6415
STATESVILLE, NC 28687

thisAthis Agreement and shall assign all rights and duties under this Agreement to said purchaser.

b. Assignment by the Contractor. The Contracter may assign its rights and duties under this Agreement to another management entity which is qualified pursuant to 15A N.C Admin, Code 18A, 1961 to manage a type I+C system upon thirty (30) days written notice to the owner and to the local health department.

5.Use of Subcontractors. The Contractor may subcontractor with such manufactures , suppliers and contractors as it deems desirable to perform any of the Contractor 's duties under this Agreement. The Contractor shall at all times remain responsible for the performance of and payment for all work performed by all subcontractors.

6.Representations. The Parties represent to each other that each has the power, authority and legal right to enter into and perform its obligations as set forth in this Agreement.

7.Regulatory Amendments. References in this Agreement to sections of the Administrative code shall include such rules as they may be amended in the future.

8. No Implied Waiver . The waiver by either Party of the default or a breach by the other party of any provision of this Agreement shall not operate or be constued to operate as a waiver of any subsequent default or breach. The failure at any time of either party to enforce any provision of this Agreement (a) shall not be contrued to be a waiver of such provisions, or of any other provisions; and (b) shall not in any way affect the validity of this Agreement, or any part of this Agreement, or the right of either party thereafter to enforce each and every provision of this Agreement.

9.Notice. Every notice required under this Agreement shall be in writing and shall be deemed sufficiently given if delivered in person or sent by certified or registered mail, return receipt requested, postage prepaid to the party to be notified and addressed as follows;

To the owner;

Steve Painter
20346 Christopher Dr. Cornelius, NC.

To the Contractor;

Sigmon Environmental, Inc
Barry D Sigmon Certified Operator
PO Box 6415
Statesville NC 28687

SIGMON ENVIRONMENTAL, INC.
P.O. BOX 6415
STATESVILLE, NC 28687

To the Local Health Department;

Mecklenburg Environmental Health 700 N. Tryon
Larry Thompson R.S. Suite 241
Charlotte, NC
28202

The date of any Notice shall be the date of personal delivery or the date shown on the return receipt as the date of delivery or attempted deliver, as the case may be. Changes in the respective addresses to which notice may be directed may be made from time to time by either Party by notice to the other party.

10. Place of Agreement. This Agreement and any questions concerning its validity, contruction or performance shall be governed by the laws of the State 0f North Carolina. notwithstanding the place of execution, or the order in which the signatures of the parties are affixed.

11. Entire Agreement and Amendment. This Agreement supersedes all prior negotiations, agreements and understandings between the Parties with respect to the subject matter hereof and constitutes the entire Agreement between the Parties with respect to the subject matter hereof. To be effective, any amendment or modification to this Agreement must be in writing and must be signed by the Parties.

12. Severability. In the event that any provision of this Agreement shall negotiate in good faith and agree to such amendments, modifications or supplements of or to this Agreement or such other appropiate actions as shall, to the maximum practicable in light of such deterermination,implement and give effect to the intentions of the Parties as reflected in this Agreement, and the other provisionsof this Agreement shall, as so amended, modified, supplemented or otherwise affected by such actions, remain in full force and effect.

IN TESTIMONY WHEREOF, the parties hereto have executed this Agreement in duplicate originals, one of which is retained by each of the Parties, the day and year first above written.

X_____
(Owner)

Attest:

28202

The date of any Notice shall be the date of personal delivery or the date shown on the return receipt as the date of delivery or attempted deliver, as the case may be. Changes in the respective addresses to which notice may be directed may be made from time to time by either Party by notice to the other party.

10. Place of Agreement. This Agreement and any questions concerning its validity, contruction or performance shall be governed by the laws of the State Of North Carolina. notwithstanding the place of execution, or the order in which the signatures of the parties are affixed.

11. Entire Agreement and Amendment. This Agreement supersedes all prior negotiations, agreements and understandings between the Parties with respect to the subject matter hereof and constitutes the entire Agreement between the Parties with respect to the subject matter hereof. To be effective, any amendment or modification to this Agreement must be in writing and must be signed by the Parties.

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IN TESTIMONY WHEREOF, the parties hereto have executed this Agreement in duplicate originals, one of which is retained by each of the Parties, the day and year first above written.

X Marion K Paynter
(Owner)

Attest:

(Work 892 8547)

SIGMON ENVIRONMENTAL, INC.
P.O. BOX 6415
STATESVILLE, NC 28687

Sigmon Environmental, Inc

Barry D. Sigmon Certified Operator
(Contractor)

SIGMON ENVIRONMENTAL, INC.
P.O. BOX 6415
STATESVILLE, NC 28687

Sigmon Environmental, Inc

Barry D. Sigmon Certified operator
(Contractor)

Attest:

Mary Sigmon President
704-528-6321
Fax 704 528-1028

FAX COVER SHEET

SIGMON ENVIRONMENTAL, INC.
1268 EUFOLA RD.
P.O. BOX 6415
STATESVILLE, NC 28687

704-873-8954
704-528-1028

SEND TO	
Attention: Terry Thompson	From: Mary Sigmon
Office location: Mecklenburg	Date: 5/9/98
Fax number: 336-6894	Office location: 1268 EUFOLA RD. STATESVILLE
	Phone number: 528-6321

☐ Urgent ☐ Reply ASAP ☐ Please comment ☐ Please review ☒ For your information

Total pages, including cover: 7

COMMENTS

Terry - I will follow up with a hard copy of you have any questions please call

Thank you

Mary Sigmon

SIGMON ENVIRONMENTAL, INC.
P.O. BOX 6415
STATESVILLE, NC 28687

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

INSPECTION AND MAINTENCE AGREEMENT

this agreement is made and entered into this 7 day of May, 1998, by and between Steve Painter (hereinafter the "owner") and Sigmon Environmental, Inc. (hereinafter the contractor").

WITNESSETH

WHEREAS, the owner own or controls the property upon which ground absorption sewage treatment system (herein system) is installed, such system being designated a type I+4 system under the rules for Sanitary Sewage collection, treatment and disposal found at 15A N.C Adm. Code 18A. 1900 et seq.; and

WHEREAS, 15A N.C Adim. code 18A, 1961 reqiuires a contract to be executed between the system owner and a management entity prior to the issuance of an operation permit for said system; and

WHEREAS15A N.C. Admin code 18A. 1961 requires that a condition of the operation permit for said system be that a properly executed contract between the system owner and a management entity shall be in effect for as long as the system is in use; and

WHERAS, the contractor is a management entity of a type of authorized by 15A N.C. Admin, code 18A, 1961 to manage a Type I+4 system.

NOW THEREFORE, in consideration of the premises and of the mutual covenants and promises contained in this Agreement, it is hereby agreed by and between the owner and the contractor as stipulated below.

1. The Contractor's Obligations. The contractor shall perform the following services on the owner's system located at
Clean out lateral lines; re-set head pressure o/k valve Box, sludge in pump tank, floats, wiring, alarm + water proof Box

a. The contractor shall inspect the system at least at the frequency required in table V (b) of 15A N.C. code 18A, 1961 (b) for a Type I+4 system.

b. The contractor shall perform the following routine maintentance procedures in accordance with the condition of the Operation Permit:

(1) [from operation permit]
(2) Clean lateral lines
(3) re-set head pressure
o/k valve Box, sludge in pump tank, floats, wiring, alarm + water proof box

SIGMON ENVIRONMENTAL, INC.
P.O. BOX 6415
STATESVILLE, NC 28687

c. The contractor shall report the results of its inspection to the local health department at the frequency specified in table V(b) of 15A N.C. Admin, code 18A.1961(b) for a type I+C system.

d. If an inspection indicates the need for system repairs, the contractor shall notify the local health department within 48 hours of the inspection.

e. The contractor shall notify the owner of needed repairs which are outside of the scope of routine maintenance described in subparagraph (b) above. The contractors shall perform needed repairs to the system at the request of the owner and shall be entitled to payment at the contractor's normals charge for services and materials.

f. The contractor shall employ or shall contract with a certified operator(s) if required by rule of 15A N.C. Admin, code 18A, 1961 (b) for a type I+C system.

g. The contractor shall respond to a request for a nonscheduled service or maintenance call within 24 hours after receipt of such request.

2. The Owner shall pay to the contractor the sum of $ 250.00 per year for periodic inspections, routine maintenance procedures and periodic reports. The annual fee may be amended upon sixty (60) days advance notice to the owner but may not be incresded more than 10 per cent per year. The owner shall pay to the Contractor his normal and customary fees for any work performed on the system as a result of nonscheduled service or maintenance calls. All fees are due and payable within thirty (30) days of billing. Payments due to the contractor and unpaid by the Owner after thirty (30) days shall accure interest from the due date until paid at a rate of 1.5 percent per month.

b. Within 20 days of receipt of notice of neded repairs pursuant to paragraph 1.e.above, the Owner shall request the Contractor to complete needed repairs or shall provide to the Contractor evidence that the needed repairs were satisfactorily completed by another enity.

c. The Owner shall rpovide the Contractor with such access to the system as is reasonably necessary for the Contractor to comply with the terms of this Agreement.

3. Terms. This Agreement shall remain in effect until terminated.

SIGMON ENVIRONMENTAL, INC.
P.O. BOX 6415
STATESVILLE, NC 28687

This agreement shall automatically terminate if the Operation Permit for the system is revoked and all appeals of the revocation are exhausted or time for taking as appeal has passed.

b. Termination by Mutual Consent.

The Parties may mutually agree to terminate this agreement by giving writtne notice of

TEL:

Sep 25'03 1:53 No.003 P.01

28202

The date of any Notice shall be the date of personal delivery or the date shown on the return receipt as the date of delivery or attempted deliver, as the case may be. Changes in the respective addresses to which notice may be directed may be made from time to time by either Party by notice to the other party.

10. Place of Agreement. This Agreement and any questions concerning its validity, contruction or performance shall be governed by the laws of the State of North Carolina. notwithstanding the place of execution, or the order in which the signatures of the parties are affixed.

11. Entire Agreement and Amendment. This Agreement supersedes all prior negotiations, agreements and understandings between the Parties with respect to the subject matter hereof and constitutes the entire Agreement between the Parties with respect to the subject matter hereof. To be effective, any amendment or modification to this Agreement must be in writing and must be signed by the Parties.

12. Severability. In the event that any provision of this Agreement shall negotiate in good faith and agree to such amendments, modifications or supplements of or to this Agreement or such other appropiate actions as shall, to the maximum practicable in light of such deterermination, implement and give effect to the intentions of the Parties as reflected in this Agreement, and the other provisionsof this Agreement shall, as so amended, modified, supplemented or otherwise affected by such actions, remain in full force and effect.

IN TESTIMONY WHEREOF, the parties hereto have executed this Agreement in duplicate originals, one of which is retained by each of the Parties, the day and year first above written.

X Marion K Paynter
(Owner)

Attest:

(Work 892 8547)

SIGMON ENVIRONMENTAL, INC.
P.O. BOX 6415
STATESVILLE, NC 28687

Sigmon Environmental, Inc

(Contractor)

SIGMON ENVIRONMENTAL, INC.
P.O. BOX 6415
STATESVILLE, NC 28687

thisAthis Agreement and shall assign all rights and duties under this Agreement to said purchaser.

b. Assignment by the Contractor. The Contracter may assign its rights and duties under this Agreement to another management entity which is qualified pursuant to 15A N.C Admin, Code 18A, 1961 to manage a type I-C system upon thirty (30) days written notice to the owner and to the local health department.

5.Use of Subcontractors. The Contractor may subcontractor with such manufactures , suppliers and contractors as it deems desirable to perform any of the Contractor 's duties under this Agreement. The Contractor shall at all times remain responsible for the performance of and payment for all work performed by all subcontractors.

6.Representations. The Parties represent to each other that each has the power, authority and legal right to enter into and perform its obligations as set forth in this Agreement.

7.Regulatory Amendments. References in this Agreement to sections of the Administrative code shall include such rules as they may be amended in the future.

8. No Implied Waiver . The waiver by either Party of the default or a breach by the other party of any provision of this Agreement shall not operate or be constued to operate as a waiver of any subsequent default or breach. The failure at any time of either party to enforce any provision of this Agreement (a) shall not be contrued to be a waiver of such provisions, or of any other provisions; and (b) shall not in any way affect the validity of this Agreement, or any part of this Agreement, or the right of either party thereafter to enforce each and every provision of this Agreement.

9.Notice. Every notice required under this Agreement shall be in writing and shall be deemed sufficiently given if delivered in person or sent by certified or registered mail, return receipt requested, postage prepaid to the party to be notified and addressed as follows;

To the owner;

Steve Painter
20346 Aristotle Dr. Cornelius, NC.

To the Contractor;

Sigmon Environmental, Inc
Barry D Sigmon Certified operator
PO Box 6415
Statesville NC 28687

SIGMON ENVIRONMENTAL, INC.
P.O. BOX 6415
STATESVILLE, NC 28687

Sigmon Environmental, Inc

Barry D. Sigmon Certified operator
(Contractor)

Attest:

Mary Sigmon President
704-528-6321
Day 704 528-1028

N. C. Department of Environment, Health, and Natural Resources

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER STEVEN W. & MARION PAYNTER MAILING ADDRESS 20346 Christofle Drive, Cornelius

OCCUPANT same LOCATION same

☒ RESIDENCE ☐ BUSINESS ☐ OTHER Tax Parcel #001-601-33

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number 336-5568/336-5102.

☐ Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

☐ Other Repairs *(specify)* _____

☐ Eliminate wastewater discharge and connect to an approved wastewater system.

☒ Perform Maintenance *(specify)* Provide this office with a copy of a valid maintenance contract with a certified operator in accordance with Article Chapter 130A, 15A NCAC 18A.1961(B) of General Statutes

☐ Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by May 6, 1998, appropriate legal action will be taken.

Notice Issued April 3, 1998 (Date) Signed Larry B. Thompson Jr., R.S. Agent
Division of Environmental Health

Compliance (Date) Signed _____ Agent
Division of Environmental Health

DEHNR 1108 (Revised 9/92)
On-Site Wastewater Section (Review 10/94)

N. C. Department of Environment, Health, and Natural Resources

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER STEVEN W. & MARION PAYNTER

MAILING ADDRESS 20346 Christofle Drive, Cornelius

OCCUPANT same

LOCATION same

☒ RESIDENCE ☐ BUSINESS ☐ OTHER Tax Parcel #001-601-33

"FINAL NOTICE"

4-21-98 LBT

mailing date initials

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number 336-5568/336-5102.

☐ Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

☐ Other Repairs (*specify*) _____

☐ Eliminate wastewater discharge and connect to an approved wastewater system.

☒ Perform Maintenance (*specify*) Provide this office with a copy of a valid maintenance contract with a certified operator in accordance with Article Chapter 130A, 15A NCAC 18A.1961(B) of General Statutes

☐ Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by May 6, 1998, appropriate legal action will be taken.

Notice Issued April 3, 1998 (Date) Signed Larry B. Thompson Jr., R.S. (Agent) Division of Environmental Health

Compliance _____ (Date) Signed _____ (Agent) Division of Environmental Health

DEHNR 1108 (Revised 9/92)
On-Site Wastewater Section (Review 10/94)

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

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER STEVEN W. & MARION PAYNTER MAILING ADDRESS 20346 Christofle Drive, Cornelius

OCCUPANT same LOCATION same

☒ RESIDENCE ☐ BUSINESS ☐ OTHER Tax Parcel #001-601-33

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number 336-5568/336-5102.

☐ Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

☐ Other Repairs *(specify)* _____

☐ Eliminate wastewater discharge and connect to an approved wastewater system.

☒ Perform Maintenance *(specify)* Provide this office with a copy of a valid maintenance contract with a a certified operator in accordance with Article Chapter 130A, 15A NCAC 18A.1961(B) of General Statutes

☐ Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by May 6, 1998, appropriate legal action will be taken.

Notice Issued April 3, 1998 (Date) Signed Larry B Thompson Jr., R.S. (Division of Environmental Health) Agent

Compliance _____ (Date) Signed _____ (Division of Environmental Health) Agent

DEHNR 1108 (Revised 9/92)
On-Site Wastewater Section (Review 10/94)

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

TELECOPIER TRANSMITTAL COVER SHEET

NOTICE

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

TO: Marion Paynter TELECOPIER # 335-8209

FROM: T WWS DATE 4/4/94

NUMBER OF PAGES TRANSMITTED: 3 (including cover sheet)

COMMENTS: per request

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

[✓] Original will not follow [ ] Original will follow via:

[ ] U.S. Mail [ ] Hand Delivery [ ] ____

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

6392A

Mecklenburg County
Health Department

August 06, 1993

Health Director

Carolina Savings Bank
P.O. Box 328
Concord, NC 28026

Dear Sirs:

During a recent investigation of your records at 20346 Christofle Drive (tax map # 011-111-57) it was found that a Public Management Entity with a certified operator had not been obtained for maintenance of the septic system on this property.

NCAC .1961 MAINTENANCE OF SEWAGE SYSTEMS states:

(a) Any person owning or controlling the property upon which a ground absorption sewage treatment and disposal system is installed shall be responsible for the following items regarding the maintenance of the system.

(b) 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. After July 1, 1992, system management in accordance with Tables V(a) and V(b) shall be required for all existing TYPE V and Type VI systems.

(1) After July 1, 1992, no Improvement Permit shall be issued for Type IV, Type V, or Type VI systems, unless a management entity of the type specified in Table V(b) is specifically authorized, funded, and operational to carry out this management program in the service area where the proposed system is to be located.

(3) A contract shall be executed between the system owner and a management entity prior to the issuance of an Operation Permit for a system required to be maintained by a public or private management entity. The contract shall include the specific requirements for maintenance and operation, responsibilities of the owner and system operator, provisions that the contract shall be in effect for as long as system is in use, and other requirements for the continued proper performance of the system. It shall also be condition of the Operation Permit that subsequent owners of the system execute such a contact.

You are hereby directed to provide this department with a copy of valid contract with a certified operator by September 13, 1993.

For your information, I have included a current list of certified operators located in Mecklenburg County. If you have further questions regarding this matter, please contact me at 336-5570.

Sincerely,

Philo S. Walker R.S.

Philo S. Walker, R.S.
Individual Water and Wastewater Systems

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 6392A

TC: 09-111-57

☑ PC ☐ REPT

see 6391A for chg. Sketch

JOB LOCATION

① ADDRESS: 20346 Christofle Drive, Cornelius, N. C.

② SUBDIVISION: Catarina Bay ③ LOT: 9 ④ BLOCK:

⑤ PARCEL REFERENCE: BOOK NO.: PO 001 PAGE NO.: 111 ~~011~~ PARCEL NO.: 57

⑥ DEED REFERENCE: BOOK NO.: 5992 PAGE NO.: 0432

OWNER

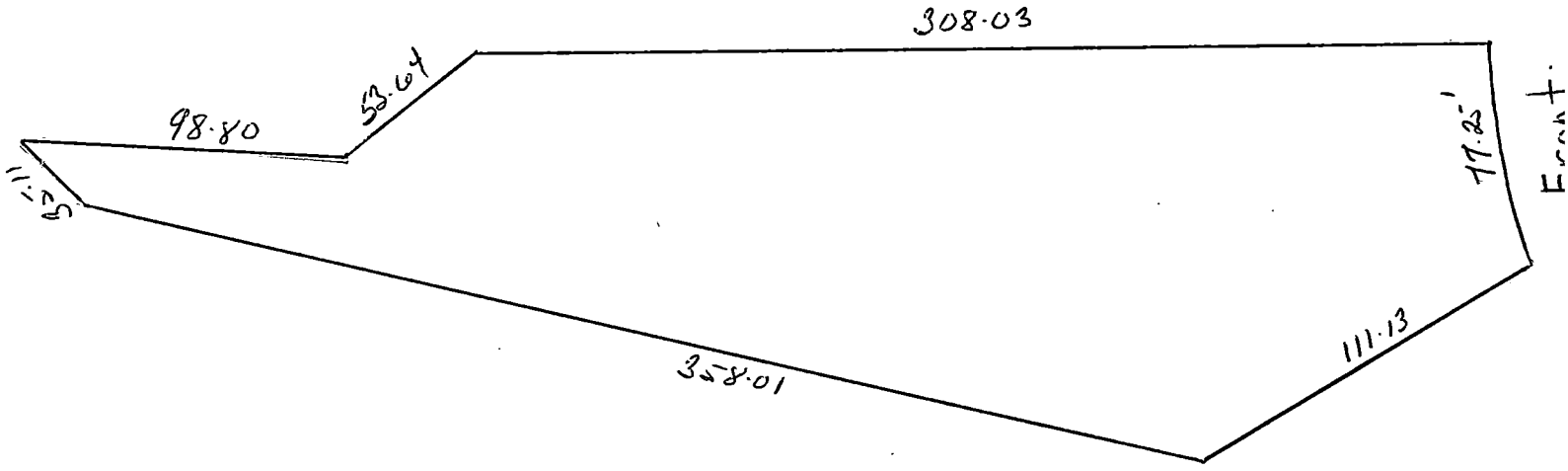
⑦ NAME: Futrelle/Dunne, Inc. (Mr. Gary Dunne)
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 1515 Elizabeth Ave., Charlotte, N. C. 28204

⑨ CITY: Charlotte ⑩ STATE: N. C. ⑪ ZIP: 28204

⑫ PHONE: (WORK) 338-1515 (HOME)

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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Gary Dunne, V.P. Futrelle/Dunne, Inc.

Date: 12-11-89

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

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

File # 6392A.

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] 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: 11-12-92

PERSON FILING APPLICATION:
NAME: NEAL (last) DONALD (first) C. (mi)
ADDRESS: P.O. Box 248547 PHONE: 704 523-7569
CITY: CHARLOTTE STATE: NC ZIPCODE: 28224

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-111-57
STREET ADDRESS: 20346 CHRISTOFLE DR
CORNELIUS, N.C.
ZONING:

PROPERTY OWNER:
NAME: CAROLINA (last) SAVINGS (first) BANK (mi)
ADDRESS: P.O. Box 328 PHONE: 704 782-1193
CITY: CONCORD STATE: NC ZIPCODE: 28026

SUBDIVISION OR MOBILE HOME PARK NAME: CATAWBA

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

LOT NUMBER: 9 LOT SIZE (in acres): .70

TYPE APPLICATION (check one):
[] SOIL TEST - INDIVIDUAL LOT (D)
[X] 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)
D Complex EXISTING
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[X] SINGLE MOBILE HOME (S) [] 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):
[X] 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 onto the property for the purpose of processing this request.

Signed: Donald C. Neal Date: 11/12/92

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

WWATER : 122791

Mecklenburg County
Health Department

June 27, 1990

Futrelle Dunne, Inc.
1515 Elizabeth Ave.
Charlotte, NC 28204

RE: Property located at 20346 Christofle Dr.
FILE: 6392A
PARCEL: 001-111-57

Gentlemen:

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 with the following comments:

- Water saving plumbing devices and low flush toilets should be installed when constructing the residence.
- Occupants to utilize maximum water conservation measures wherever possible.
- Effectively rake and lime all trench sidewalls
- Landscaping of repair area to be undisturbed. No grading, shaping, or altering in anyway.

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,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

GV/kat

Enclosures - 3 Septic Tank Agreement Forms

COPY

PRESENTED FOR REGISTRATION
90 JUL -6 AM 10:22
ANNE A. POWERS
REGISTER OF DEEDS
MECKLENBURG CO., N.C.

FILE NO. 6392A

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, Futrelle/Dunne, Inc.

owner of property located at 20346 Christofle Drive - Lot 9

("the site") and described in an instrument recorded in Book 5992 at Page 0432, 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 3rd day of July, 1990.

PREPARED BY:
FUTRELLE/DUNNE, INC.

_____ (SEAL)
President

_____ (SEAL)
Attested By: Assistant Secretary

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this _____ day of _____, 198___.

_____
Notary Public

My Commission Expires: _____

STATE OF NORTH CAROLINA
COUNTY OF ~~XXXXXXXX~~ GASTON

I, Terri J. Davis, a Notary Public for said County and State, do hereby certify that M. T. Futrelle, Jr. personally came before me this day and acknowledged that he is President of Futrelle/Dunne, Inc., and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its President, sealed with its corporate seal and attested by Gary R. Dunne, Assistant Secretary.

WITNESS my hand and notarial seal, this 3rd day of July, 1990.

Terri J. Davis
Notary Public

My Commission Expires: 7-30-94

REAL ESTATE
BOOK PAGE
6310 0200

000078

FILE NO. 6392A

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, Futrelle/Dunne, Inc.,

owner of property located at 20346 Christofle Drive - Lot 9,

("the site") and described in an instrument recorded in Book 5992 at Page 0432, 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 3rd day of July, 1990.

PREPARED BY:
FUTRELLE/DUNNE, INC.

Mail: Environmental Health

_____ (SEAL)
President

_____ (SEAL)
Attested By: Assistant Secretary

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this _____ day of _____, 198__.

_____
Notary Public

My Commission Expires: _____

PRESENTED FOR REGISTRATION
90 JUL -6 AM 10:12
MECKLENBURG REGISTER OF DEEDS

FEES
CASH 8.00

2:38 #3077.000
07/06/90

I, Terri J. Davis, a Notary Public for said County and State, do hereby certify that M. T. Futrelle, Jr. personally came before me this day and acknowledged that he is President of Futrelle/Dunne, Inc., and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its President, sealed with its corporate seal and attested by Gary R. Dunne, Assistant Secretary.

WITNESS my hand and notarial seal, this 3rd day of July, 1990.

Terri J. Davis
Notary Public

My Commission Expires: 7-30-94

State of North Carolina, County of Mecklenburg

The foregoing Certificate(s) of Terri J. Davis

Notary(ies) Public is/are certified to be correct. This instrument and this certificate are duly registered at the date and time and in the Book and Page shown on the first page hereof.

ANNE A. POWERS, REGISTER OF DEEDS

By _____ Deputy - Register of Deeds

REAL ESTATE
BOOK PAGE

6310 0201

DATE 4/24/90

ATTN: Jackie
6392 A

FROM: [illegible] ASSIGNMENT CODE: Con

PROJECT #: DOI-111-57

PROJECT NAME: 20341 Christofle Dr

LOCATION: Cedar Bay

[illegible] SATISFACTION [illegible] CONDITIONS:

	APPROVED	DISAPPROVED
[illegible]	/	
[illegible]		
[illegible]		
[illegible]		

[illegible]

FORM 380

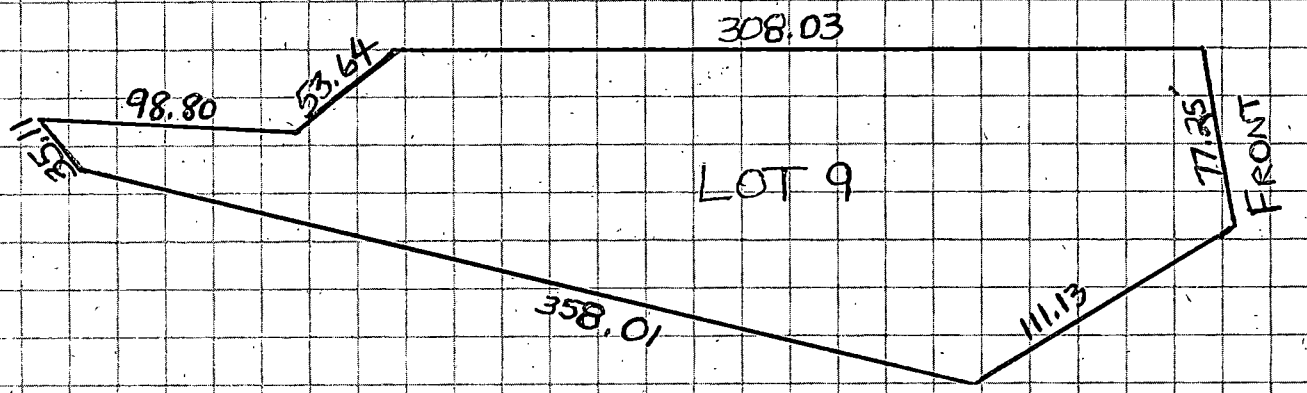
PROPOSED PLOT PLAN

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

FILE: 6392A

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.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

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: 6392A
TC:
SERIAL: № 20739

Sep 6391A

~~L~~ ~~CRT~~

JOB LOCATION

① ADDRESS: 20346 Christofle Drive (STREET NO. / STREET) ② FILE: 6392 A
③ JURISDICTION: Cornelius, N.C. ④ TAX PARCEL NO.: 001-111-57
⑤ SUBDIVISION: Catarina Bay ⑥ LOT: 9 ⑦ BLOCK:

OWNER

⑧ NAME: Futrelle/Dunne, Inc. (Mr. Gary Dunne) (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: 1515 Elizabeth Avenue
⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28204
⑬ PHONE: (WORK) 338-1515 ⑭ (HOME) 892-1192

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
㉓ Maximum occupancy? Speculative Property
㉔ Basement? ☒ yes ☐ no
㉕ Type?
㉖ Maximum number of employees?
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: Clarence D. Francis
Date: 4-24-90

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.

Environmentalist — Date 5-21-90

Director or Authorized Section Head — Date 5-10-90

Signed in Reverse

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid. 7-10-90

Futrelle/Dunne

4-27-90
F/Mgs Dave Lawyer
Re Lot 9 & 10
when Contact Tab

April 17, 1990

Charlotte-Mecklenburg County
Environmental Health Department
Attn: Septic Tank Division
1200 Blythe Blvd.
Charlotte, N.C. 28203

RE: LOTS 9 AND 10
CATARINA BAY

To whom it may concern:

Enclosed please find two septic tank systems that have been chosen for the Catarina Bay project.

Cathy Hudson of RCS, Inc. Septic Tank Service informed us that these would have to be submitted to the Environmental Health Dept. for approval before we could get our project underway.

Please review and advise us of your findings as soon as possible.

If you have any questions please do not hesitate to call me at 338-1515 between the hours of 8:00 - 5:00.

Yours truly,

FUTRELLE/DUNNE, INC.

Chaniese

Chaniese S. Francis
Secretary to Mr. Futrelle

CSF/csf

Enclosures

Mecklenburg County
Health Department

January 5th, 1990

Futrelle/Dunne, Inc.
1515 Elizabeth Ave.
Charlotte, NC 28204

RE: Property located at Catarina Bay
FILE: 6392A
PARCEL: 00111157

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 17489) 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,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17489

File: 6392A Action 1

Parcel: 00111157 PC

Location: 20346 Christofile Drive
Cornelius Bay
Catarina Bay

Subdivision:

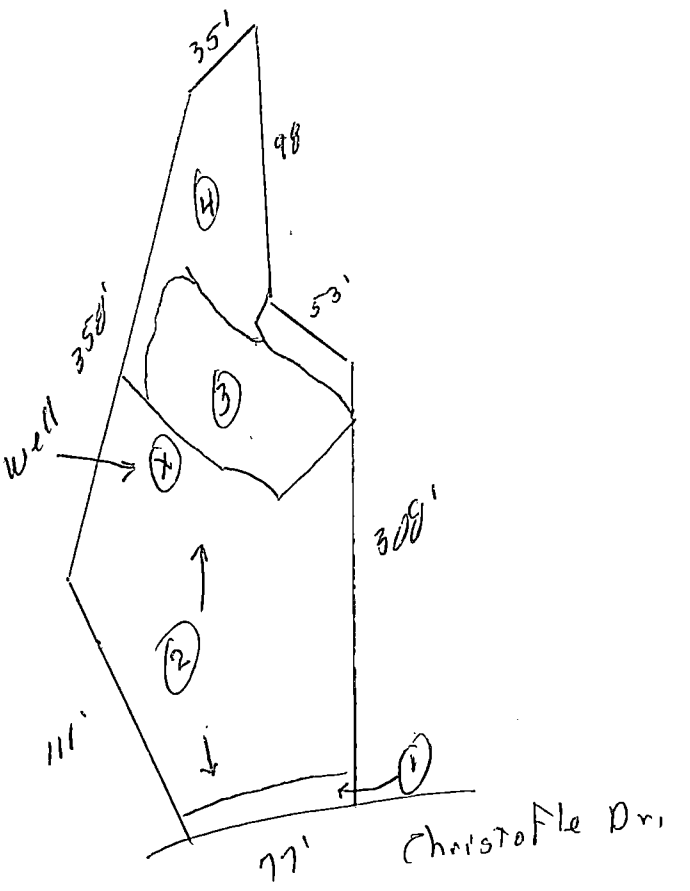
Lot: 9 Block: Acres: .83

Owner:
Address: Futrelle/Dunne, Inc.
1515 Elizabeth Ave.
Charlotte, NC 28204

Comments: 100% Repair needed

Described by: William R. Marlin

Date: 1-5-90



***** 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) 72' Cut	(S) PS U 6-15%	S PS U —	S PS (U) Complex Slopes / Fill	S PS U	S PS U
Texture	S PS U —	S (PS) U slightly Expansive Clay	S PS U —	S PS U —	S PS U	S PS U
Structure	S PS U —	S (PS) U Blocky	S PS (U) compacted	S PS U —	S PS U	S PS U
Drainage	S PS U —	S (PS) U >36" to water	S PS U —	S PS U —	S PS U	S PS U
Depth	S PS U —	S (PS) U >36" to	S PS U —	S PS U —	S PS U	S PS U
Restrictive Horizons	S PS U —	S (PS) U >36"	S PS U —	S PS U —	S PS U	S PS U
Available Space	S PS U —	S (PS) U Very limited	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	72' Cut	IV Cecil-Lloyd	Fill	Complex Slopes / Fill		
Area Classification	S PS (U)	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U