

5115 MINTRIDGE RD

19503133

4/14/08

marliwr

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: 731A DATE: 11-08-00
TC: 195-031-33 ☒ L ☒ CRT
SERIAL Nº 18366

Name of Owner Byard O. Coleman Juris.: _____
Address of Property 5115 Mintridge Road

Inspection Data:

Tank Material PCC
Total Length of Drainfield 210
Number of Lines 4 @ 2@65' 2@40'
Cover Depth 6" AVG
Water Supply Source _____
Distance to Water Source _____
Excavation Inspected 6-14
Tank(s) Inspected 6-14
Wash Line Inspected —
French Drain 6-15
High Water Alarm Inspected _____

System installed according to original plans, approved 5-29-92.

— Nema 4x Simplex Control Panel w/alarm

PLOT

Design 2000, 1500ST, 1000DT, PI, PPBRS, 410SF, Type IV CTR# CAW Grading

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 IV PPBRS
(2) 2'W x 40'L x 30" d
(2) 2'W x 65'L x 30" d

Joshua K. Sellers R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

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

FILE: 731A DATE: 1-11-00

TC: 195-031-33 ☒ L

SERIAL Nº 18045

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 7-7-99. All work shall be completed on or before 3-11-00, 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.

Install according to approved plans.

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction RC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 2 feet

Trench Walls Scored and Porous Yes

Total Line Length 210 feet

Number of Lines 4

Depth of Stone N/A inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 750 feet

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

NAME OF OWNER Byard D. Coleman

LOCATION OF PROPERTY ~~5110~~ 5115 Mintridge Road

Comments: Type IV 3bedrooms

(2) 2'w x 40'l x 30"deep → sand backfill

(2) 2'w x 65'l x 30"deep

E. Thompson, Jr. R.S.

Environmental Health Specialist

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

Dept

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PSKEP INC. 1650 to 100/30/00 to Clear call ☒ 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 73/A

PERSON FILING APPLICATION:
NAME: Schepers (last) Phil (first) B. (mi)
ADDRESS: 8008 Broadmoor PHONE: (704) 827-6691
CITY: Stanly STATE: NC ZIPCODE: 28167

Date: 10-30-00

PROPERTY OWNER:
NAME: Dixon (last) Corey (first) (mi)
ADDRESS: 5115 Montridge PHONE: (__) _____
CITY: Charlotte STATE: NC ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 195-031-33
STREET ADDRESS: 5115 Montridge Dr.
ZONING: Res.

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

SUBDIVISION OR MOBILE HOME PARK NAME: Montridge

LOT NUMBER: 2 LOT SIZE (in acres): ~~.56~~ 1.0

TYPE APPLICATION (check one):

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) 160 ± more of Deck.

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: _____ Date: 10-30-00.

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

... OK To Use Existing System for Deck Addition

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

Joshua R. Sellers R.S. 11-08-00
Environmentalist Date

WATER : 122791

PROPOSED PLOT PLAN

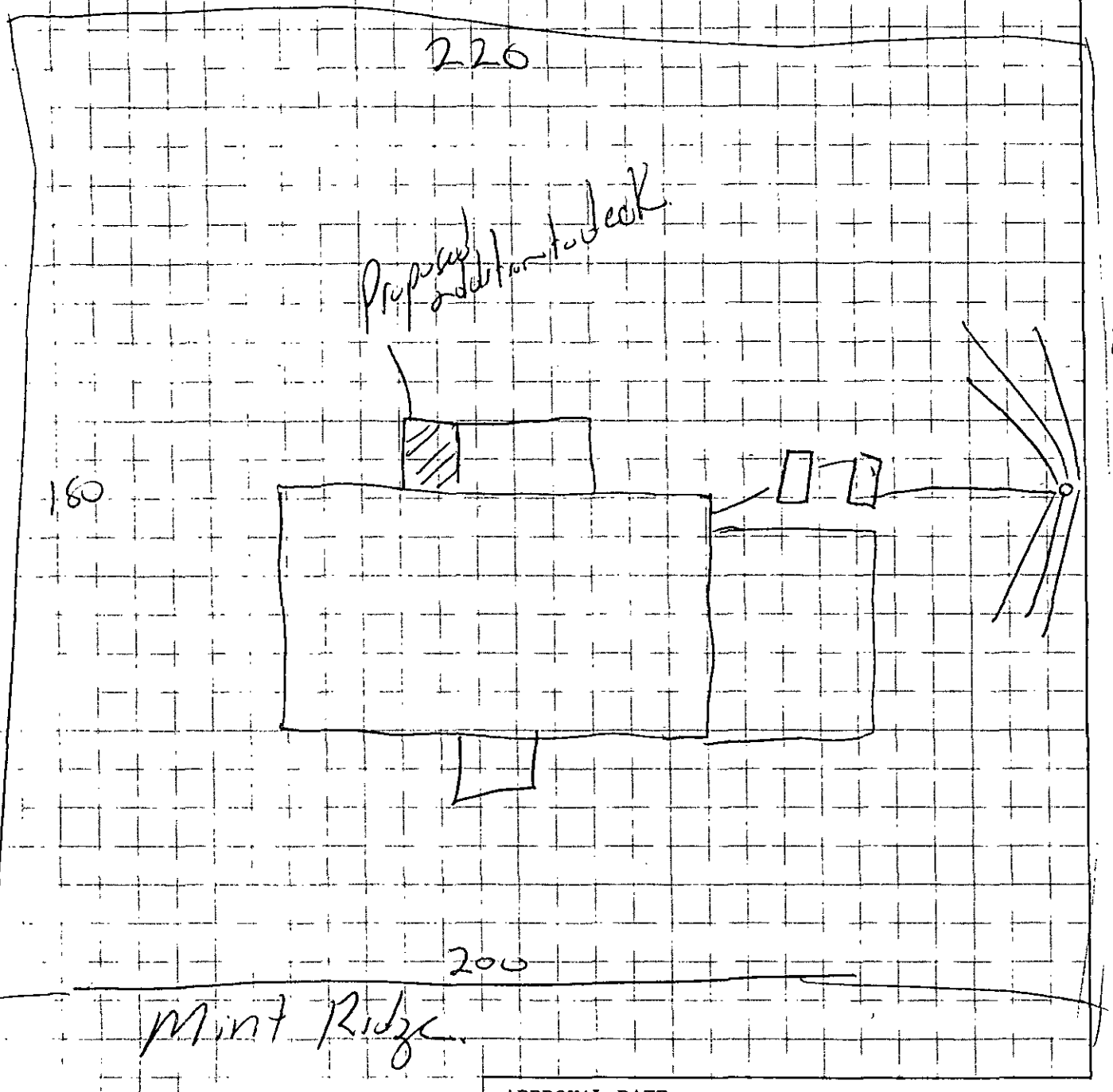
COPY

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

FILE: 731A

TC: 195-03133

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Fees

Requestor (please print):	Phone #:	Date Requested: 10/30/03	Date Filled:
Account Name:	Cash Charge	Account No.: X 3158	
I certify that I am authorized to charge this account for this service:			
Signature:	Printed Name: M. B Schnars		Date: 10-30-03

T.C.	Qty	Description	Unit Cost	Total Cost
0701		Improvement Permit Application - Residential	$ 200.00	
0735		Improvement Permit Application - Commercial	$ 400.00	
0702		Optional Site Evaluations	$ 100.00	
0703		Installation and Final Approval	$ 150.00	
0704		Change in Plot Plan	$ 100.00	
0705	1	MH Exc/Add/Repl without System Modification	$ 100.00	100
0706		MH Exc/Add/Repl with System Modification	$ 300.00	
0707		Site Consultation Visit	$ 100.00	
0734		Authorization for Wastewater System Construction	$ 150.00	
0708		Realty Closing - Conventional	$ 85.00	
0709		Realty Closing - FHA with water	$ 135.00	
0710		Additional Trips	$ 65.00	
0711		Well Water Analysis-Bacteriological with regular parameters	$ 50.00	
0712		Well Water Analysis -Nitrates and Nitrites	$ 15.00	
0714		Well Water Analysis - Organic Analysis	$ 200.00	
0715		Admin. Fee - Field Activity Letter	$ 25.00	
0718		Residential Pool Permit	$ 50.00	
0719		Public Pool Permit - operating	$ 240.00	
0720		Seasonal Pool Permit - operating	$ 120.00	
0736		Pool Late Fee	$ 120.00	
0733		Permit to Construct a Public Pool	$ 200.00	
0721		Home Day Care Evaluation and Permit	$ 70.00	
0722		Home Day Care Evaluation and Annual Fee	$ 40.00	
0723		Eval and Report Non-Permit Facility	$ 50.00	
0724		Private Pool Testing	$ 15.00	
0731		Garbage Hauler Permit - (1-9 vehicles)	$ 30.00	
0736		Garbage Hauler Permit - (each over 9)	$ 20.00	
0725		Document Copies	$ 0.05	
Payment received by: PM		Date: 10 30 03	Total:	100

5115 MINTRIDGE DR.

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION

Mecklenburg County
Health Department

June 19, 2000

Corey L. Dixon
7909 Calibre Crossing Drive #204
Charlotte, NC 28227

Re: 5115 Mintridge Road
File: 731A
Parcel: 195-031-33

Dear Property Owner:

At your request an inspection was made at the above referenced property to facilitate the issuance of an Operation Permit for the Sewage Treatment and Disposal System. During the inspection it was found that the following items did not meet the regulations set forth in the "Laws and Rules for Sewage Treatment and Disposal Systems, 15 A NCAC 18A .1900; .1952 Septic Tank, Dosing Tank and Lift Station Design." Our comments follow:

1. (6) Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (NEMA 4X or equivalent) adjacent to the pump tank, securely mounted at least 12 inches above the finished grade. The pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure through waterproof, gasproof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seal, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.

2. (9) The pump tank shall have a properly functioning high-water alarm. The alarm circuit shall be supplied ahead of any pump overload and short circuit protective devices. The alarm shall be audible and visible by system users and weatherproof if installed outdoors in an enclosure (NEMA 4X or equivalent).

3. Mecklenburg County Individual Water and Wastewater Systems policy requires that a simplex or duplex control panel (pump controls and high water alarm in one unit) be installed in order to meet the aforementioned regulations.

The above mentioned items must be installed and inspected prior to the Operation Permit being issued. The Operation Permit is required for the Certificate of Occupancy and the permanent electric hook-ups. There is a $100.00 extra trip fee required for this inspection which is due before the Operation Permit can issued. Please schedule the inspections at least five (5) working days in advance to ensure no delays in the Operation Permit issuance.

Please call me at 336-5568 to discuss any question you may have concerning this matter.

Sincerely,

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

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

MECKLENBURG COUNTY
ENGINEERING & BUILDING STANDARDS DEPARTMENT

Miscellaneous Fees

Requestor (Please print):	Phone #	Date Requested:	Date Filled:
Account Name:	☐ Cash ☑ Charge		Account No.:

I certify that I am authorized to charge this account for this service.

Signature: Printed Name: Date:

Fee or Charge

T.C.	Qty.	Type	Unit Cost	Total Cost
021		Single Lot Grading Permit (Please list address below)		
112		Zoning Board of Adjustment ☐ Residential Variance Request ☐ Commercial Variance Request ☐ Residential Interpretation ☐ Commercial Interpretation		
113		Zoning Citation(s) # _____		
		☐ 117: Certificate of Compliance* ☐ 118: Certificate of Occupancy* (original is free)	$10.00 ea.	
119		Change of Contractor*	$10.00 ea.	
121		Letters of Certification/Verification	$10.00 ea.	
122		Monthly Statistical Reports	$10.00 ea.	
124		Research & Retrieval of Documents		
125		Temporary Utilities/Occupancy*	$30.00/insp.	
		Local License Card/Exam ☐ 128: Mechanical ☐ 129: Plumbing ☐ 132: Electrical		
		Development Activities Plan Review ☐ 002: Commercial Drainage ☐ 005: Erosion Control ☐ 016: Subdivision ☐ 006: Final Plat Review		
425		City of Charlotte Fire - Plan Review		
		Map Sales		
0792	1	Other:	100	100
		Other:		
Payment received by:		Date:	By:	Total: 100

* Please list all permit numbers/addresses that relate to your request. A request for temporary utilities (gas and electric) would require two permit numbers.

5115 Nations Ford Rd		
Suite 731#		

B-216NS 8/95

WHITE – AUDIT CANARY – CUSTOMER PINK – DIVISION

Chk# 1070 A25

FEE: 360.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 2/17/64 JC **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE** X

DATE: 11-11-99 **PERMIT NO:** 731A
PARCEL NO: 195-031-33

JOB LOCATION ADDRESS: 5115 Montridge Road
PROPERTY OWNER: Stephanie Spencer
BUILDING CONTRACTOR:
SUBDIVISION NAME: Montwood Place
AUTHORIZATION ISSUED BY: Tony D. Thompson, R.S. **DATE:** 11-11-99
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 731A, 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 MECKLENBURG COUNTY HEALTH DEPARTMENT.

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

4. OTHER CONDITIONS: See conditions of improvement permit.

OWNER CERTIFICATION

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

x Stephanie Spencer 11/11/99
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

C+W Grading
Keith Caldwell
876-2601
902-0881

Sammy Shoemaker
902-2039

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
1999 NOV 10 04:37 PM
BOOK: 10894 PAGE: 216-219 FEE: $12.00
INSTRUMENT # 1999201924

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

FILE # 7731A
PARCEL # 193-031-33

5115 MintRidge Rd.

The undersigned, COREY L. DIXON and STEPHANIE Y. SPENCER, owner of property located at LOT 213 at MintWood PLACE #, (the "site") and described in an instrument recorded in Book 16 at Page 368, 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:

- Any changes on the property may make the Improvement Permit Null and void and may make the Improvement Permit subject to revocation.

This instrument was prepared by: _____
Mail after recording to: Stephanie SPENCER
7909-204 Calibre Crossing Dr, Charlotte NC 28227

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

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

FILE: _____ DATE: _____

TC: _____ ☐ L

SERIAL No. 19045

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 _____ *feet*

Trench Walls Scored and Porous _____

Total Line Length _____ feet

Number of Lines _____

Depth of Stone _____ inches

Distance from House _____ feet

Distance from Property Line _____ feet

Distance from Well _____ feet

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

NAME OF OWNER _____

LOCATION OF PROPERTY _____

Comments: _____

_____

_____

_____ _____

Environmental Health Specialist

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

Mecklenburg County
Health Department

Conditions of Improvement Permit

File Number: 731 A
Site Address: 5115 Mintridge Road

1. The permitted system is a Type IVa PPBPS wastewater treatment and disposal system and requires ongoing maintenance. A maintenance contract must be executed between the system owner and a private certified operator before an Operation Permit can be issued. It is a condition of the Operation Permit that a maintenance contract shall be in effect for as long as the system is in use. It is also a requirement that subsequent owners of the system shall execute such a contract.
2. The system will require a single phase, simplex control panel with alarm. The control panel must have a Nema 4x weather proof rating.
3. Septic and pump tanks must be installed in an area that is not subject to vehicular traffic. Final cover over both tanks must be less than 3 feet to prevent the need for State approved reinforced tanks.
4. Drain lines must be installed on contour. Trench bottoms shall be constructed as level as possible but in no case shall the fall in a single trench bottom exceed one-fourth inch in 10 feet.
5. Any changes in the site must be pre-approved by the Mecklenburg County Environmental Health Department.
6. The wastewater treatment and disposal drain field area, including the designated repair areas, shall not be used for any of the following:

    - Grading or filling
    - Parking or driving heavy equipment in the area or subjecting the site to possible soil compaction
    - Construction staging area
    - Installation of lawn irrigation components
    - Installation of underground utilities or cables of any type
    - Burial of any debris or material
    - Utilizing the area for gravesites
    - Diversion of storm water runoff into this area

7. Septic system installer must be registered with Mecklenburg County prior to meeting for the required pre-construction conference.
8. System installer will be required to operate the system at the time of the final inspection. Arrangements must be made to have the pump tank filled with water prior to the requested final inspection. The required pressure heads will be adjusted at the time of the final inspection.
9. The system owner shall have the contents of the septic tank checked, and the contents of the tank removed, periodically from all compartments, to ensure proper operation of the system. The contents of the septic tank shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.
10. All septic tank riser and effluent filter rules will apply to this system. It is strongly recommended that access risers be added to both ends of the septic tank, extending to at least finish grade. This will allow periodic inspection of the solids level in the tank as well as help facilitate the periodic cleaning of the effluent bio-filter.
11. The local Health Department is required, by the State, to perform system reviews of Type IVa systems at a minimum of once every 3 years. The owner of the system is responsible for paying any inspection fees, as determined by the Board of County Commissioners, at the time of the required inspection.

Owner/Agent Signature_____ **Date**_____

Permit Number: 1214

Tax Number: 175-031-35

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

Basement	___ Yes	✓ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I II III (IV) V VI	___ Conventional ✓ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
.3 Long-term acceptance rate	360 Max gallons/day wastewater flow	420 Absorption Area (sq ft)	8' Trench spacing (min. on centers)	
Yes Serviced by private well	1500 Gallon septic tank	210 Total trench length (ft)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3 Bedrooms in residence	1000 Gallon pump tank	N/A Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: - Simplex control panel (Nema 4x rated) with alarm required. - Maintenance contract w/ management entity (certified operator) required before operation permit will be issued. - French drain required above drain field area. ~~- Easement required if lots are not combined.~~				
Repair Area System Type Type (circle one): I II III (IV) V VI	___ Conventional ✓ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
429 Absorption Area (Sq ft) 217 Total Trench Length (Ft)	N/A Depth of Stone Trench	8' Trench spacing (min. on centers)	30" Maximum Trench Depth	
For existing system, enter the year originally installed:				

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for th Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effe at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Departme
- This Improvement permit is transferable.

Larry B. Thompson R.S. 8.10.99

DEHNR Authorized Agent Date

Owner/Agent Signature Date

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

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

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 8-10-99 PERMIT NO: 731A
PARCEL NO: 195-031-33

JOB LOCATION ADDRESS: 5115 Mt. Ridge Road
PROPERTY OWNER: Byard O. Coleman
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: Mt. Ridge Place Lots 2 & 3
AUTHORIZATION ISSUED BY: James B. Thompson, Jr. L.S. DATE: 8-10-99
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 731A, 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 MECKLENBURG COUNTY HEALTH DEPARTMENT.

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

4. OTHER CONDITIONS: See Conditions of Improvement Permit.

OWNER CERTIFICATION

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

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

FEE: 200 Chk# 8519
DATE: 7/6/99 gc

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

731A
732A #2
1 CRT

TYPE APPLICATION: ✓ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

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

COPY

FILE #: 731A + 732A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 195-031-~~20~~ 29 33, 34

STREET ADDRESS: MINTRIDGE Rd (5115 AND 5129)

SUBDIVISION OR MOBILE HOME PARK NAME: MINTPLACE

LOT NUMBER: Lot # 2 AND Lot # 3

TOWNSHIP (CHECK ONE):

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

CLOSING DATE _____

Use epsilon report
WAM 6-5-99

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2,400

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: (2 adults)

FOUNDATION FOR RESIDENCE:

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

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

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

WATER SUPPLY (CHECK ONE):

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

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

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES __ NO
EXISTING WASTEWATER SYSTEMS __ YES __ NO
EASTMENTS OR RIGHT-OF-WAYS ✓ YES __ NO DRAINAGE
WELL, SPRINGS OR WATERLINES __ YES __ NO
DESIGNATED WETLANDS __ YES __ NO

PROPERTY OWNER:

NAME: COLEMAN BUARD D.
(LAST) (FIRST) (MI)

ADDRESS: 5101 MINTRIDGE ROAD

CITY: CHAROTTE STATE: NC ZIP:

DAYTIME PHONE: (704) 573-3816 WORK 11-7
HOME - 345-2250 6AM TO 8AM

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1986

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 agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: [signature] DATE: 7-7-99

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

PROPOSED PLOT PLAN

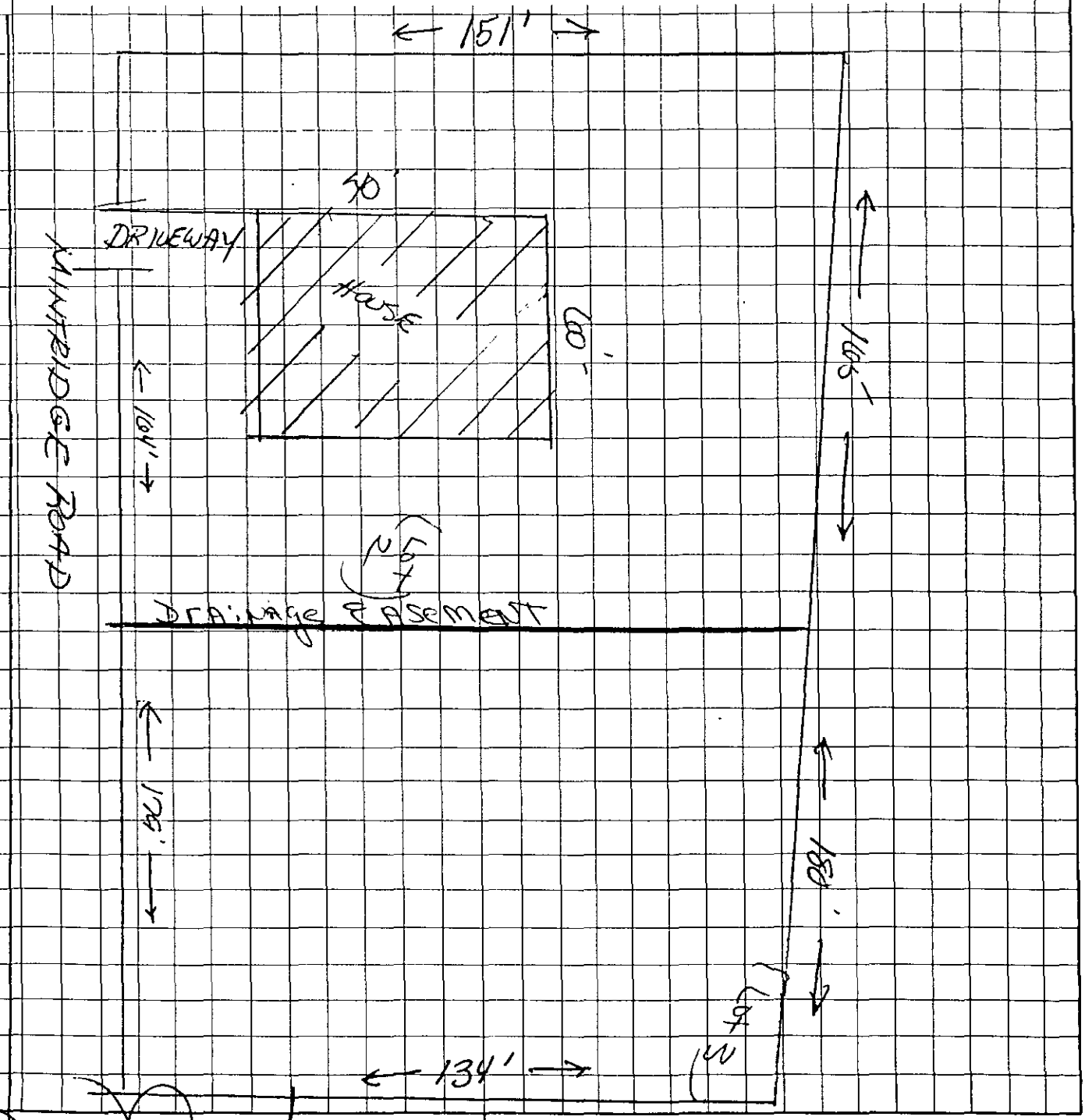
COPY

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

FILE: 731A & 732A

TC: 195-031-33, 34

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.

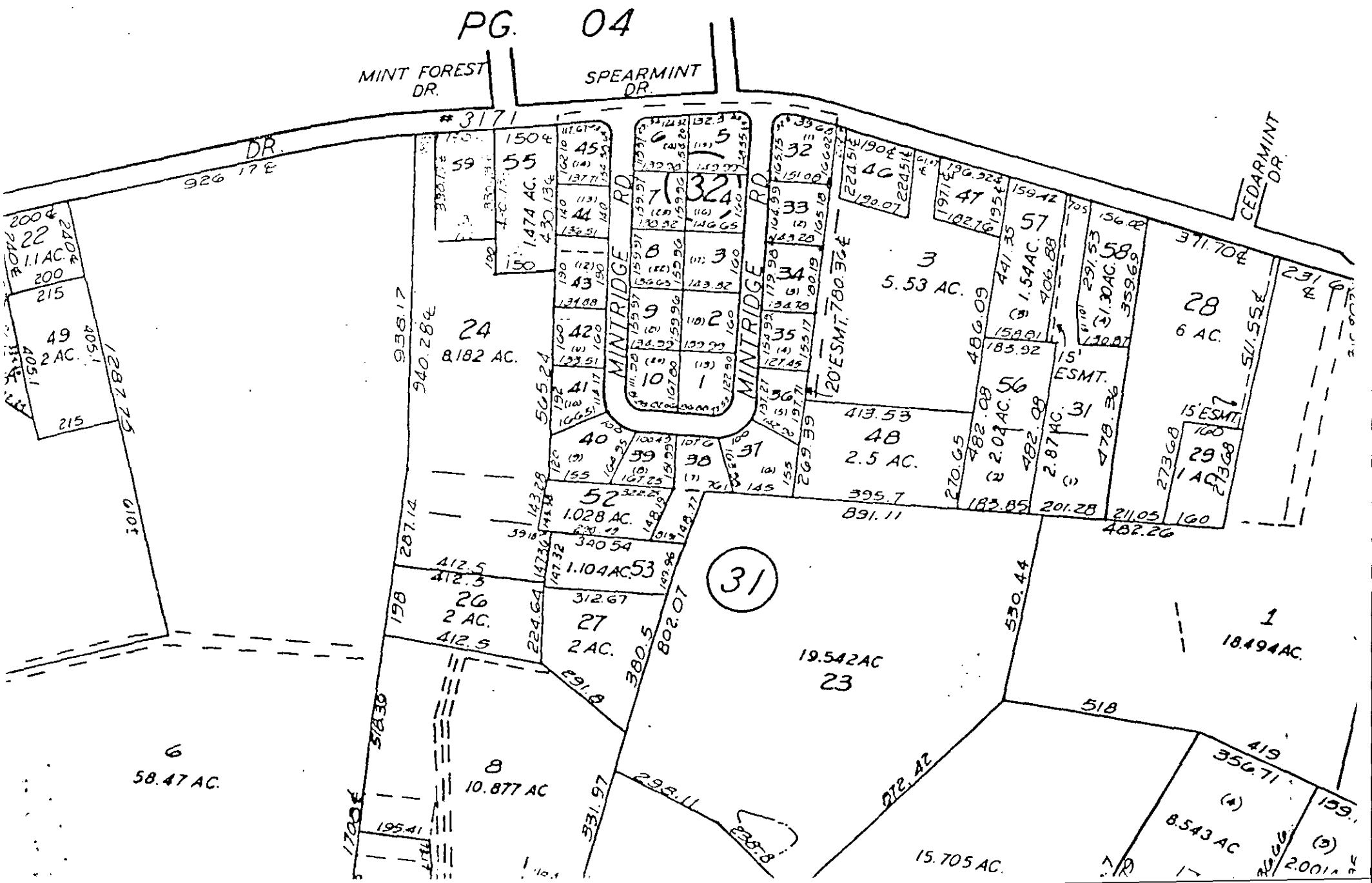


OWNER/AGENT SIGNATURE

DATE 2-7-99

APPROVAL DATE _____

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


PG. 04
MINT FOREST DR.
SPEARMINT DR.
#3171
DR.
926 17 E
CEDARMINT DR.
MINTRIDGE RD
MINTRIDGE RD
20' ESMT.
780.36'
15' ESMT.
15' ESMT.
22
1.1 AC.
49
2 AC.
24
8.182 AC.
55
1.474 AC.
430.13'
45
44
43
42
41
40
39
38
37
36
35
34
33
32
1
2
3
4
5
6
7
8
9
10
59
57
1.54 AC.
58
2.30 AC.
3
5.53 AC.
28
6 AC.
29
1 AC.
56
2.04 AC.
31
2.87 AC.
48
2.5 AC.
52
1.028 AC.
53
1.104 AC.
26
2 AC.
27
2 AC.
31
19.542 AC
23
1
18.494 AC.
6
58.47 AC.
8
10.877 AC
15.705 AC.
8.543 AC
(4)
(3)
2.001 AC
938.17
940.28'
565.24
287.14
412.5
412.3
224.64
691.8
380.5
802.07
530.44
518
419
356.71
272.42
294.11
931.97
518.30
1700'
195.41
371.70'
511.55'
486.09
441.35
406.88
482.08
482.08
478.36
413.53
269.39
270.65
395.7
891.11
182.85
201.28
211.05
482.26
273.68
293.68
1010'
1221.25
1051'
240'
200'
215
198
150
100
140
130
120
155
145
160
180
190
200
215
1474 AC.
430.13'

Date: March 18, 1992

From: T J Systems
P.O. Box 73
Scotts, N.C. 28699

To: Commercial Credit Corp.
901 D N Wendover Road
Charlotte, N.C. 28211
Attn: Dick Wickstrom

Subject: Lot 2 & 3 Mintwood Place Mecklenburg County
File # : 731A & 732A
Parcel : 195 031 26,27

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

This system is designed for a three bedroom house at an application rate of .3 gpd. 360/.3 = 1200/3 = 400 LF of conventional drainfield multiplied by .5 = 200 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.

3BR (195-031-33-0
195-031-34

3-13-92 3pm P.C to Dick Wickstrom - he will either combine Lots into 1 distinct parcel or get easement for Lots

APPROVED
ENVIRONMENTAL [illegible]
DIVISION
MECKLENBURG [illegible]
HEALTH DEPT.
Date 5-22-92

Line	# Panel	# Hole Per Panel	Size Hole	Line Head	Line Length	Hole Flow	Per Panel Line Flow min
A	15	one	3/16	2.0ft	65	.59	8.85 ✓
B	15	one	3/16	2.0ft	65	.59	8.85 ✓
C	9	one	3/16	2.0ft	40	.59	5.31 ✓
D	9	one	3/16	2.0ft	40	.59	5.31 ✓
					50		
E		repair			40		
F		repair			28		
G		repair			54		
H		repair			23		
I		repair			22		
J					27 ✓		
Totals	48				210 ✓		28.32 ✓

CALCULATIONS FOR PUMPED SYSTEMS:

Head: Friction loss = 3.52 ✓
Total lift = 21.72 (98.20 + 2 - 82.00 = 21.72) elev.

TDH = 25.24 ✓
20% margin = 32 ft (25.24 / .8 = 31.55 = 32 ft) ✓

Pump Size: 35.4 (28.32/.8) gallon per minute at 32 feet of head. ✓

Pump cycle should be 6.1 min or 173 gallons.

Note: Each line shall have a globe valve at the start of the line for pressure adjustment. Each valve or gruop of valves shall be placed inside a plastic valve box with a lid at ground level. Turn ups shall be cut off just below ground surface and covered with a plastic cup and cover. The line shall be capped with a threaded fitting and plug. The ends that are used for setting the heads shall be marked as to the line that they go to and saved for future system adjustment. Mark each valve and turn up end with marker to show what valve goes with what turn up.

Friction loss:

supply line = 190 lf = 1.90 * 1.54 = 2.93 ✓

fittings = 2.93 * .2 = 0.59 ✓

total 3.52 ✓

COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System - G. S. Chapter 130-A-Article 11)

OWNER OR CONTRACTOR _____ DATE _____ PERMIT NO. _____

PHONE Business _____ Home _____

LOCATION _____ S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____

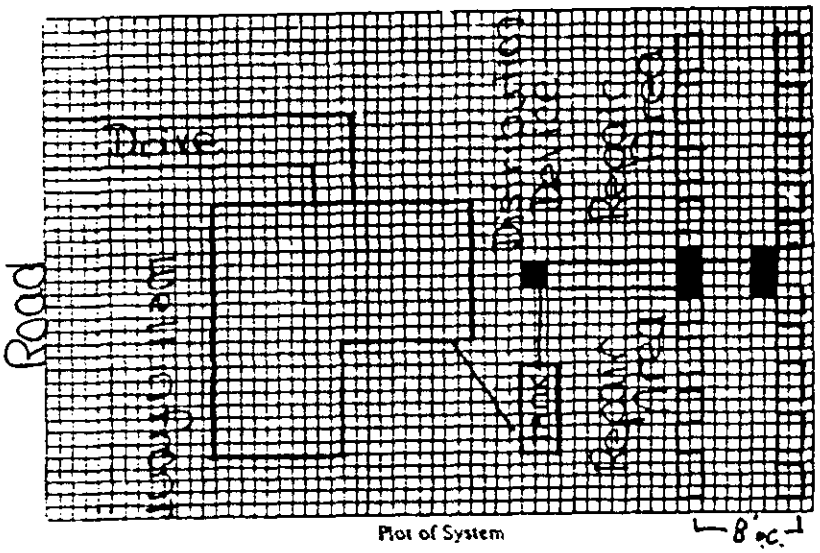
No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit	N/A	Yes ( )	No ( )
Auto. Dishwasher		Yes (✓)	No ( )
Auto. Wash Machine		Yes (✓)	No ( )
Site Suitable		Yes (✓)	No ( )

Character & Porosity of Soil clay loam over clay
Percolation Rate 0.4 gal/ft²/day
Topography 6% slope
Depth to Water Table > 60"
Rock or other impervious formations none

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines (2) 75' lines of
Sq. Ft. 900 Linear Ft. 150 panels
Depth of Stone in Lines 24" of sand
Water Supply: Individual (✓)
Public ( )

Installed by _____

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS 2 lines with 17 panels each line flow split by flow divider 2' wide and 75' long each split in middle by D-box. 25 tons sand

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit

Health Dept. Copy White Inspection Dept. Copy Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System - G. S. Chapter 130-A-Article 11)

DATE _____ PERMIT NO. _____

OWNER OR CONTRACTOR _____

PROPOSED Business _____ Home _____

LOCATION _____ S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

SUBDIVISION NAME _____

✓ Residence ( ) Business ( ) Other _____

Bedrooms 3 Bathrooms 2½

Proposed Units 2/3 Yes ( ) No ( )

Automatic Dishwasher Yes (✓) No ( )

Automatic Washing Machine Yes (✓) No ( )

Garbage Grinder Yes (✓) No ( )

Character & Porosity of Soil clay loam over clay

Percolation Rate 0.4 gal/ft²/day

Topography 690 stage

Depth to Water Table >60"

Rock or other impervious formations _____

Size of Lot Area 20000

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

Pressure Distributn

Size of Tank 1000 septic/ Gals. 1000 pump

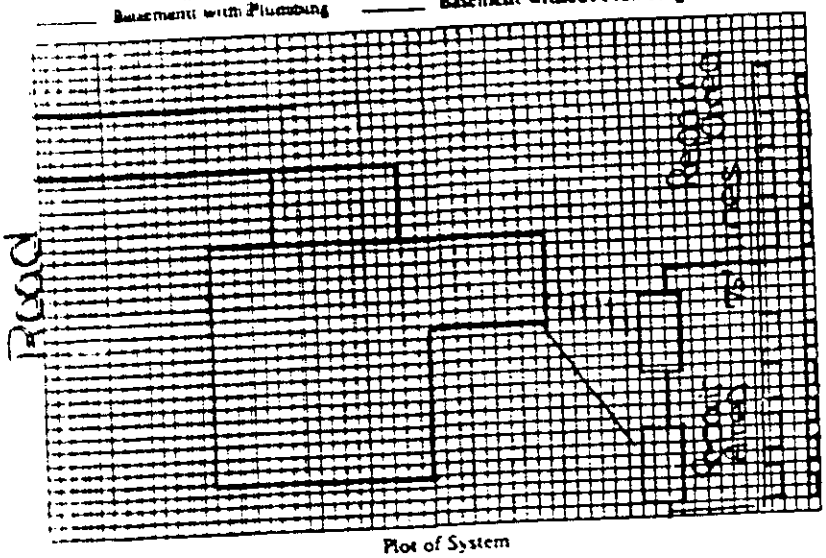
Nitrification Field:

No. of Lines 3 (as) lines of T-J

Sq. Ft. 900 Linear Ft. 150

Depth of Stone in Lines 24" Sand

Water Supply: Individual ( )
Public ( )



Plot of System

Installed by _____

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

SUPERVISION PERMITTED BY _____

COMMENTS pump sized by head 2-4' at turn up

_____ DATE _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and or if any false information is supplied in making Improvements Permit

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

3/31/92 COMM 3324000157

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

7311A - (Roth 732A

By Dick Wicker

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: Commercial Credit (last) (first) (mi)
ADDRESS: Box 222098 PHONE: (704) 366 1716
CITY: Charlotte STATE: NC ZIPCODE: 28222

Date: 3/31/92

PROPERTY OWNER:
NAME: SAME AS ABOVE (last) (first) (mi)
ADDRESS: PHONE: (__) __
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 195 03 126 12
STREET ADDRESS: Mintridge RD 5115 & 5129 Mintridge Rd
ZONING: R-40 Hill

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

SUBDIVISION OR MOBILE HOME PARK NAME: N/A

LOT NUMBER: 2 & 3 LOT SIZE (in acres):

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
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS
[ ] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[X] Swimming Pool [X] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[X] Garage [X] Storage Building [X] 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 HEAL DEPARTMENT to enter onto the property for the purpose of processing this request.

Signature: Commercial Credit Loans, Inc Date: 3/31/92

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of and Rules for Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is s 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.

...

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

Environmentalist

Director or Authorized Section Head 5-29-

WATER

Soil attached Tax ID Description

Mecklenburg County
Health Department

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

June 12, 1992

Commercial Credit
Box 222098
Charlotte, NC 28222

Re: Property located at 5115 & 5129 Mintridge Road
File: 731A
Parcel: 19503126,27

Sir:

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

Your plans for the modified system for the above property as submitted ar approved with the following comments:

- The Well should be located 100 feet or no less than 50 feet away from any part of the sewage disposal system and repair area.
- 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, o altering in anyway.

Please obtain an address sheet verification form from the Mecklenburg County Engineering Department in order to facilitate the approval of your Improvement Permit.

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

Sincerely,

Kelly R. Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems

KR:lw

Enclosures - 3 Septic Tank Agreement Forms

HICKS, HODGE AND CRANFORD, P. A.
ATTORNEYS AT LAW
1306 EAST FOURTH STREET
CHARLOTTE, NORTH CAROLINA 28204

AREA CODE 704
TELEPHONE 377-0971
TELECOPIER 372-2723

FRED A. HICKS
JOHN E. HODGE, JR.
CHARLES H. CRANFORD
MICHAEL F. SCHULTZE
EDWARD P. HAUSLE
CHRISTY T. MANN
R. GREGORY TOMCHIN
TERRI L. YOUNG
CINDY CHRIST

May 22, 1992

Kelly Randall, R.S.
Mecklenburg County Health Department
700 North Tryon Street, Suite 211
Charlotte, NC 28202-2236

Re: Lots 2 and 3 (Mintwood Place)
File No. 731-A and 732-A
Parcels 195-031-26, 27

Dear Mr. Randall:

The undersigned licensed North Carolina attorney hereby certifies that the enclosed Septic Tank Drain Field Easement Agreement ("Easement") is recorded in Book 6885 at page 359 in the Mecklenburg County Public Registry, that all parties who would be required to execute or consent to the Easement in order for it be a valid and effective grant of easement rights have executed or consented to the execution and recordation of the Easement, and that there are no mortgages, deeds of trust, or other instruments of record affecting the status of title of the above-referenced parcel on which the Easement has been created, which, if foreclosed or otherwise exercised, would result in the extinguishment of said Easement.

Sincerely,

R. Gregory Tomchin

RGT/cce
2918.96

Enclosure

cc: R. A. Wickstrom

MECKLENBURG COUNTY

FILE #'s 731A + 732A

DATE: MARCH 18, 1992

510 FRONTAGE

MINTWOOD DRIVE ← 343 →

SIDE WALK

25'

100'

164'

151'

40'

DRIVE

60'

1500 GAL SEPTIC

1000 GAL PUMP

EST. ELEV. AT BOTTOM OF PUMP TANK '82.0'

143'

165'

LOT 4

← 345 →

DOUBLE CASE 30' SECTION UNDER CREEK

DRAINAGE WAY

180'

LOT 3

134'

TOP OF IRON ELEV. '100'

~~SURFACE~~ French DRAIN AROUND SYSTEM

A. RED 92.7

B. WHITE 93.8

E. YELLOW 94.8

F. BLUE 95.9

G. BLUE 91.4

H. RED 92.2

C. WHITE 93.6

D. YELLOW 95.1

I. BLUE 96.8

J. RED 98.2

⊗ GLOBE VALVE

o FLAG MARKER

— — — 2" PVC SCH 40 SUPPLY LINE

Application - 2nd floor - 329 sq ft

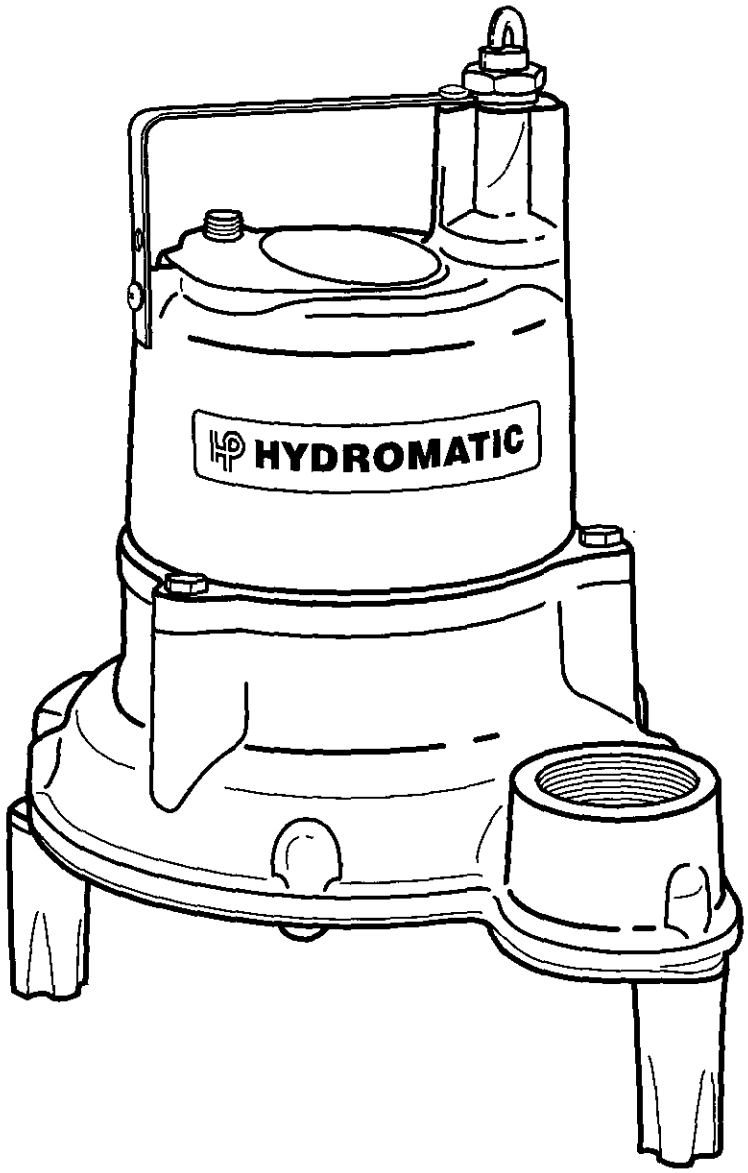
PLOT PLAN - EASEMENT - 200 sq ft

45,960 sq ft

Installation and Service Manual

HYDROMATIC® SHEF40

Submersible /Effluent Pump



NOTE! To the installer: Please make sure you provide this manual to the owner of the pumping equipment or to the responsible party who maintains the system.

HYDROMATIC®

PENTAIR PUMP GROUP

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Installation	3
Typical Installation	4
Service	5
Parts List	6
Performance & Dimensional Data	7
Warranty	8

1 Introduction

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

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

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

Warning: All labels must meet CSA standards for warnings. To reduce risk of electrical shock or severe personal injury:

1. This pump has not been investigated for use in swimming pool areas.
2. Connect only to a properly grounded, grounding-type receptacle.
3. Septic tank to be vented in accordance with local plumbing codes.
4. Do not smoke or use sparkable electrical devices or flame in a septic (gaseous) or possible septic sump.
5. A septic sump condition may exist and if entry into sump is necessary, then 1) provide proper safety precautions per OSHA requirements and 2) do not enter sump until these precautions are strictly adhered to.
6. Do not install pump in location classified as hazardous per N.E.C., ANSI/NFPA 70 - 1999.

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

2 Installation

These important instructions must be followed for satisfactory performance of your pump. Before installation, check your local electrical and plumbing codes.

1. Provide proper sump.

Minimum Sump Diameter	
SHEF40	18"

Approx. Turn-On Level	
SHEF40	11-1/2"

Approx. Turn-Off Level	
SHEF40	3-1/2"

2. Make sure float (Model SHEF40) hangs free. It should not come into contact with side or bottom of sump.
3. Make sure sump is free of string, cloth, nails, gravel, etc. before installing pump.
4. Do not set pump directly on the bottom of sump if it is not solid. Raise the pump by using bricks or concrete blocks underneath it.
5. Use steel or plastic pipe for all connecting lines between pump and sewer outlet.

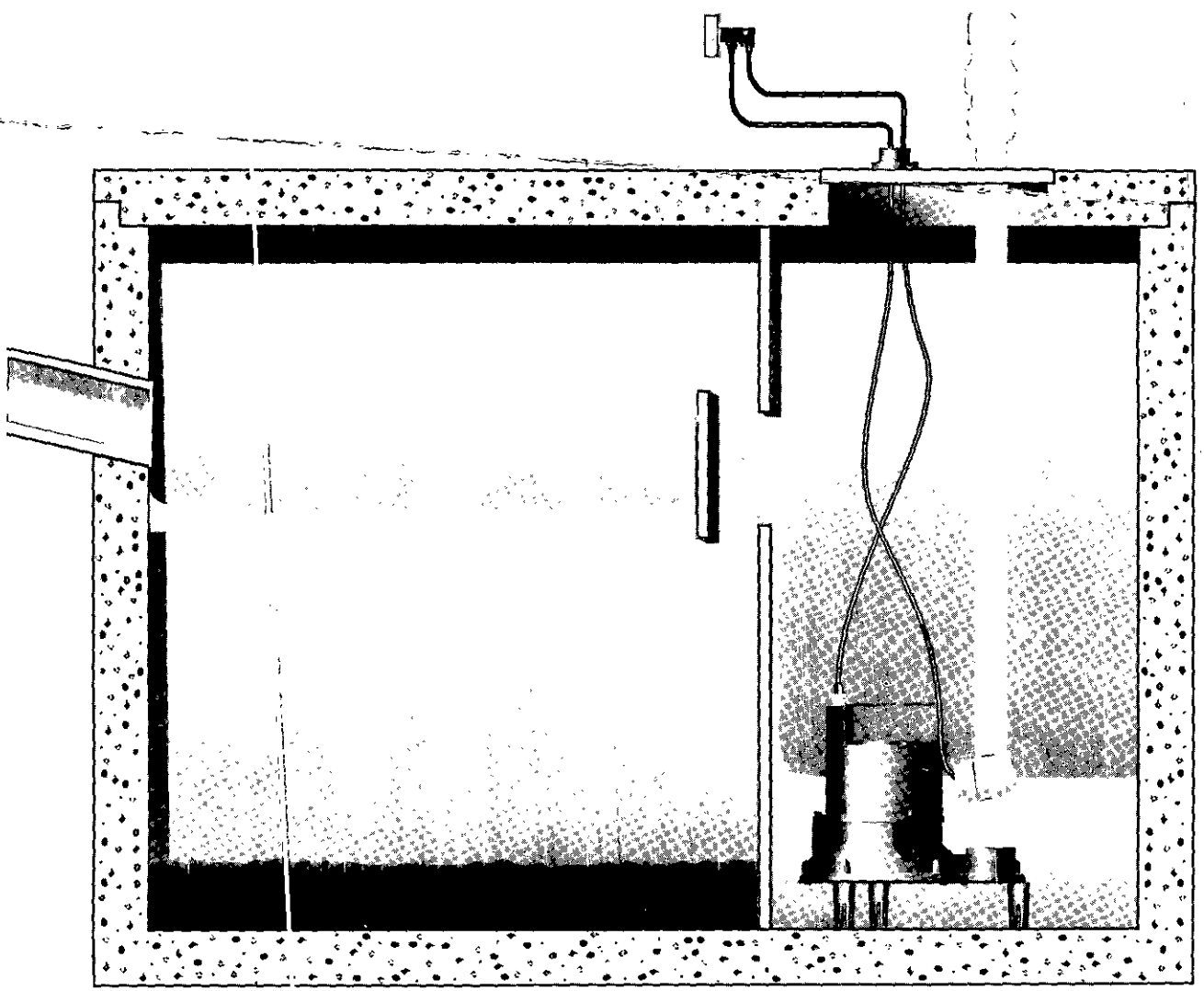
   Note: Some city regulations do not allow installing a pump with plastic pipe. Check local regulations.
6. Hydromatic check valve should be installed in discharge pipe, at least twelve inches above the discharge outlet of the pump.
7. Connect to power source using 3-prong grounded 115 volt AC receptacle. Do not remove ground pin from electrical plug. Do not use an extension cord.
8. For proper automatic operation make sure the pump power cord is plugged into the back of the "piggyback" receptacle on the switch cord.
9. Use pump submerged for pumping waterlike liquids (temperature to 120° F).

   Warning: Risk of Electrical Shock – This pump has not been investigated for use in swimming pool areas.
10. **Caution:** Do not pump flammable liquids, strong chemicals or salt water.
11. In applications where the pump may sit idle for months at a time, it is recommended that the pump(s) be cycled every month to insure pumping system is working properly when needed.
12. An audible alarm system such as the Q Alert for high water conditions should be installed for additional protection against high water conditions.

    Note: The Q Alert alarm panel is for indoor use only. For applications and products contact your Hydromatic distributor.

Servicing should be performed only by knowledgable pump service contractors or authorized Hydromatic service facilities or centers.

3 Typical Installation



SHEF40 TYPICAL INSTALLATION

4 Service

1. **Warning:** Always disconnect the pump from power source before handling or making any adjustments. Always wear rubber boots when there is water on the floor and you must unplug the pump. Electrical shock hazard!

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

3. **Note:** Automatic thermal overload protects the sealed-in-oil motor. Running dry will overheat the motor and activate the overload protector until the unit cools.

4. If the unit is being operated by the optional float control switch, unplug the pump from the "piggyback" receptacle and plug the pump directly into the power source. If the pump starts each time it is plugged directly into the receptacle and does not start each time when plugged into the piggyback switch with the float raised up to a start position, replace the complete piggyback switch assembly and retest with new assembly.

5. If pump fails the above two steps, unplug and pull the pump from the sump by the handle. Sandblast, if possible, any dirt or trash from the outside of the pump before proceeding.

6. Check for an obstruction in the impeller cavity by laying the pump on its side and removing the 3 legs (18), 4 screws (20) and metal base plate (19). If the impeller does not rotate freely, clear the impeller and cavity walls before reassembling the base. Repeat Step 4.

7. **Air Locking:** A sump pump is said to be air locked if air traps in the pump and it cannot get out, thus preventing pump from operation. Hydromatic sump pumps have a small air vent hole in the impeller cavity to let out trapped air. If the hole becomes plugged, pump may air lock. To break the air lock, use a small screwdriver to clear the hole in the impeller cavity. As a secondary precaution in installations of this type – 1/8" hole should be drilled in the discharge pipe below the check valve. The check valve should be 12 to 18 inches above pump discharge. Do not put check valve directly into pump discharge opening.

   Note: In sumps where the pump is operating daily, air locking rarely occurs.

8. If the above tests have not resolved the problem, the problem may be in the electrical components of the pump. Starting with the power cord, inspect for cuts or nicks in the insulation. If the cord is damaged, it must be replaced!

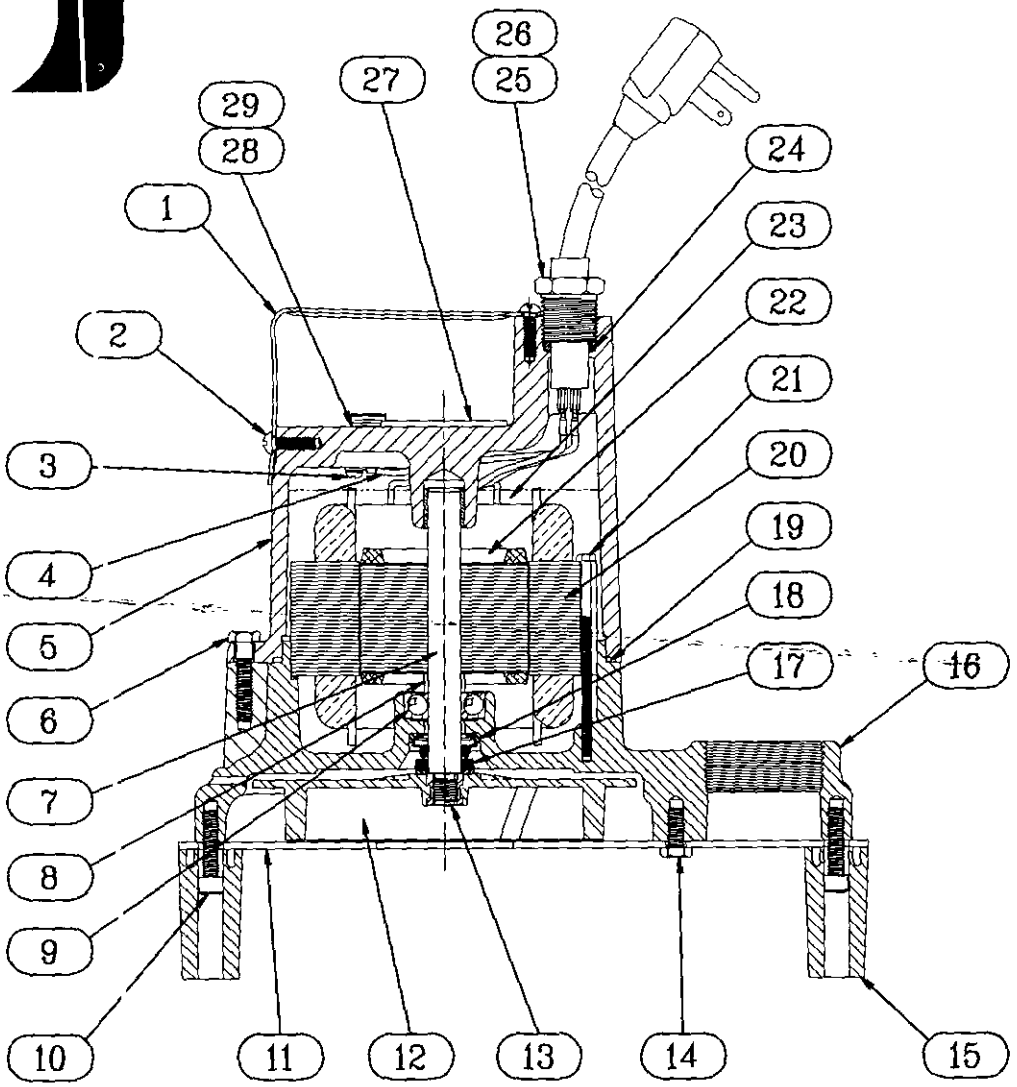
9. Using the ohmmeter, check the resistance of the motor windings by connecting one lead clip to each electric "flat" prong on the power cord plug. The ohmmeter should be on R x 1 setting. Normal reading is as follows:

   1/4 HP, 115V 1Ø – 1.10/1.27
   1/4 HP, 230V 1Ø – 8/1.1

   To check for ground, place the ohmmeter on R x 100k, connect one lead clip to the "round" ground prong on the power cord and touch the other lead clip to each "flat" prong individually. If the reading is other than infinity (∞ on the ohmmeter scale), a leakage through stator insulation or moisture in the windings is occuring and the pump must be replaced. Return pump to authorized Hydromatic distributor, service center, or place of purchase.

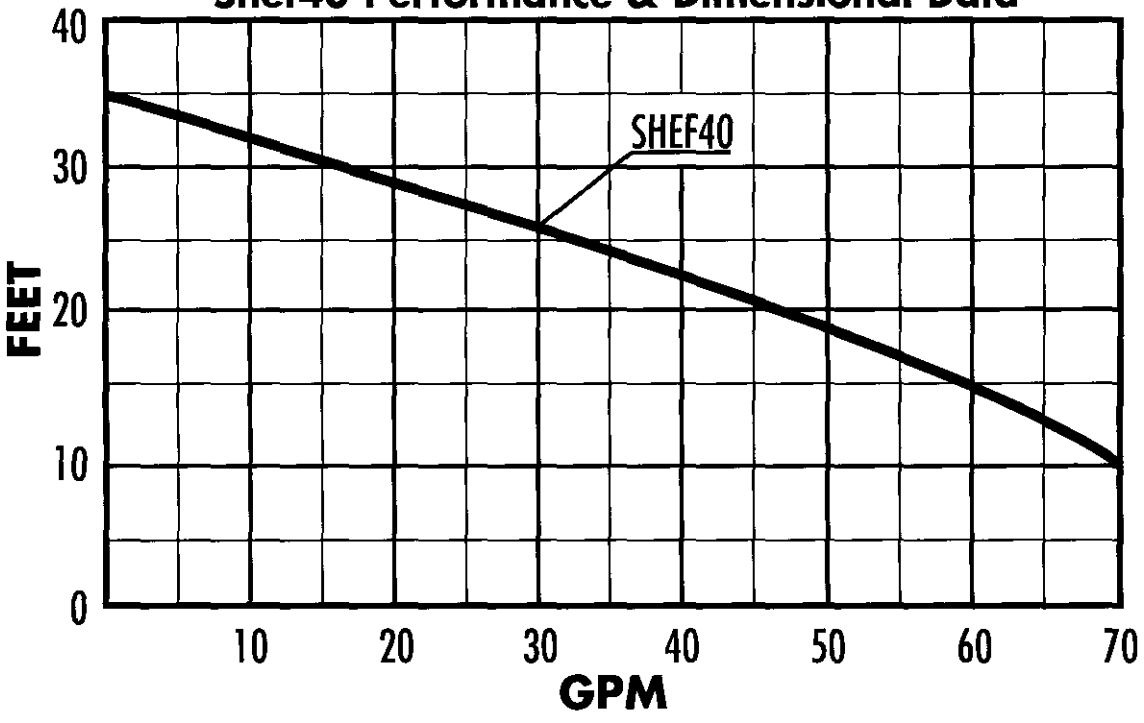
Service Notes: _____

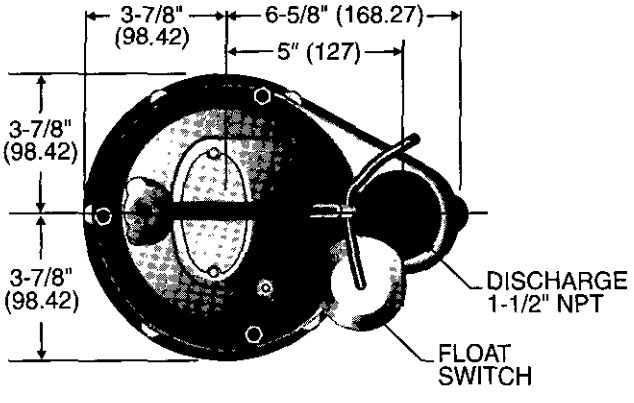
Parts List



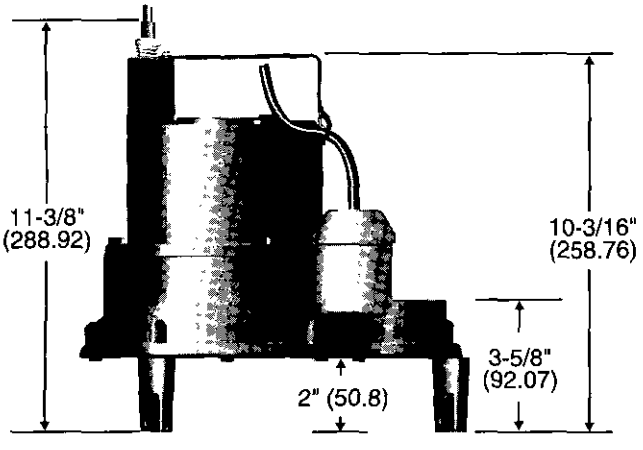
Ref. No.	Part No.	Description	Qty.	Ref. No.	Part No.	Description	Qty.
1	8522-006-3	PUMP HANDLE	1	17	5484-003-1	STATIONARY SHAFT SEAL	1
2	13439-000-1	MACHINE SCREW	2	18	5484-001-1	ROTATING SHAFT SEAL	1
3	13439-006-1	MACHINE SCREW	1	19	149-001-1	O-RING	1
4	6000-053-5	WIRE w/ TERMINAL	1	20	14591-001-1	STATOR-115V 1 PHASE	1
5	8507-013-5	MOTOR HOUSING ASS'Y	1		14591-002-1	STATOR-230V 1 PHASE	1
6	176-005-1	HEX HEAD CAP SCREW 1/4-20	3	21	145-009-1	HEX HEAD MACH. SCREW #8-32	2
7	5482-001-1	SHAFT	1	22	14591-010-1	ROTOR-115V	1
8	8922-000-1	SPACER	1		14591-011-1	ROTOR-230V	1
9	65-024-1	BALL BEARING	1	23	5617-000-1	PARRIFINIC OIL	0.19
10	517-007-1	HEX SOC. HEAD SCREW 1/4-20	3	24	139-014-1	RING-SEAL	1
11	8521-006-1	BOTTOM PLATE	1	25	75-004-1	CORD NUT	1
12	14577-000-1	IMPELLER	1	26	6072-001-1	CORD GRIP SEALANT	0.01
13	1754-000-1	RED LOCTITE	0.02	27	13425-062-1	NAMEPLATE	1
14	176-015-1	HEX HEAD CAP SCREW 1/4-20	4	28	14077-000-1	PIPE PLUG	1
15	13507-001-1	LEGS	3	29	6072-002-1	PIPE PLUG SEALANT	0.01
16	8504-005-2	VOLUTE CASE	1				

Shef40 Performance & Dimensional Data





1. All dimensions in inches. (Metric for international use).
2. Component dimensions may vary ± 1/8 inch.
3. Not for construction purpose unless certified.
4. Dimensions and weights are approximate.
5. We reserve the right to make revisions to our product and their specifications without notice.



HYDROMATIC®
PENTAIR PUMP GROUP

Warranty

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

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

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

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

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

NOTE:
PUMP MUST BE REPAIRED BY AUTHORIZED HYDROMATIC REPAIR CENTER OR WARRANTY WILL BE VOID. IF REPAIR CENTER IS NOT AVAILABLE, RETURN PUMP TO PLACE OF PURCHASE.

HYDROMATIC®

PENTAIR PUMP GROUP

1840 BANEY ROAD
ASHLAND, OHIO 44805 U.S.A.
Tel: (419) 289-3042
Tel: (419) 289-8224 (Parts Distribution Center)
Fax: (419) 289-8058 (Parts Distribution Center)
Web Site: www.pentairpump.com

- Your Local Authorized Distributor -

Item #: W-03-408 699 10M

Part #: 5625-408-1

Single Phase Simplex

SJE-Rhombus® Type 115

Installation Instructions and Operation/Troubleshooting Manual

⚠ WARNING!

ELECTRICAL SHOCK HAZARD
Disconnect all power sources before servicing. Failure to do so could result in serious injury or death.

This control panel must be installed and serviced by a licensed electrician in accordance with the National Electric Code NFPA-70, state and local electrical codes.

All conduit running from the sump or tank to the control panel must be sealed with conduit sealant to prevent moisture or gases from entering the panel. **NEMA 1 enclosures are for indoor use only,** primarily to provide a degree of protection against contact with enclosed equipment. Cable connectors are not required to be liquid-tight in NEMA 1 enclosures. **Do not use NEMA 1 enclosures if subjected to rain, splashing water or hose-directed water. NEMA 4X enclosures are for indoor or outdoor use,** primarily to provide a degree of protection against corrosion, windblown dust and rain, splashing water and hose-directed water. **Cable connectors must be liquid-tight in NEMA 4X enclosures.**

Installation

Standard Type 115 panels are designed to operate with two floats. These floats operate the pump and high level alarm functions. Wide angle pump switch and SJE Double Float™ applications are illustrated on next page.

NOTE: Options ordered may affect the number of floats and their functions. Please reference the schematic provided with the control panel for proper installation.

Installation of Floats

CAUTION: If control switch cables are not wired and mounted in the correct order, the pump system will not function properly.

WARNING: Turn off all power before installing floats in pump chamber. Failure to do so could result in serious or fatal electrical shock.

1. Use float label kit to label floats for specific operation (stop, lead, lag, alarm, etc.). See schematic for float options.
2. Determine your normal operating level, as illustrated in **Figures 1 & 2.**
3. Mount float switches at appropriate levels as illustrated in **Figure 3.** Be sure that floats have free range of motion without touching each other or other equipment in the basin.
4. For mounting clamp installation: place the cord into the clamp as shown in **Figure 3.** Locate the clamp at the desired activation level and secure the clamp to the discharge pipe as shown in **Figure 3.**

   NOTE: Do not install cord under hose clamp.
5. Tighten the hose clamp using a screwdriver. Over tightening may result in damage to the plastic clamp. Make sure the float cable is not allowed to touch the excess hose clamp band during operation.

   NOTE: All hose clamp components are made of 18-8 stainless steel material. See your SJE-Rhombus® supplier for replacements.

Warranty void if panel is modified.

Call factory with servicing questions:

1-800-RHOMBUS

(1-800-746-6287)

Manufactured by:

SJE-Rhombus® CONTROLS
SJ Electro Systems, Inc.

22650 County Highway 6 ■ P.O. Box 1708
Detroit Lakes, Minnesota 56502 USA
1-888-DIAL-SJE (1-888-342-5753)
Phone: 218-847-1317 ■ Fax: 218-847-4617
E-mail: sje@sjerhombus.com
Website: www.sjerhombus.com

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Printed in USA
PN1008706A • Rev 03/00

Installation Instructions

Mounting the Control Panel

1. Determine mounting location for panel. If distance exceeds the length of either the float switch cables or the pump power cables, splicing will be required. For outdoor or wet installation, we recommend the use of an SJE-Rhombus® liquid-tight junction box with liquid-tight connectors to make required connections. **You must use conduit sealant to prevent moisture or gases from entering the panel.**

2. Mount control panel (mounting flanges are furnished with control panel).

3. Determine conduit entrance locations on control panel. Check local codes and schematic for the number of power circuits required.

   NOTE: Be sure the proper power supply voltage, and phase are the same as the pump motor being installed. If in doubt, see the pump identification plate for electrical requirements.

4. Drill proper size holes for type of connectors being used.

   NOTE: If using conduit, be sure that it is of adequate size to pull the pump and switch cables through. **You must use conduit sealant to prevent moisture or gases from entering the panel.**

5. Attach cable connectors and/or conduit connectors to control panel.

FOR INSTALLATION WITHOUT A SPLICE, GO TO STEP 11; FOR INSTALLATION REQUIRING A SPLICE, FOLLOW STEPS 6-10.

6. Determine location for mounting junction box according to local code requirements. **Do not** mount the junction box inside the sump or basin.

7. Mount junction box to proper support.

8. Run conduit to junction box. Drill proper size holes for the type of conduit used. Attach connectors to junction box.

9. Identify and label each wire before pulling through conduit into control panel and junction box. Pull pump power cables and control switch cables through connectors into junction box. Make wire splice connections at junction box.

10. Firmly tighten all fittings on junction box. Insure all cable connectors are liquid-tight and sealed.

11. If a junction box is not required, identify and label cables on both float and stripped ends.

12. Connect pump and float wires to proper position on terminals. See schematic inside control panel for terminal connections.

13. Connect alarm and pump power conductors to proper position on terminals. See schematic inside control panel for terminal connections.

VERIFY CORRECT OPERATION OF CONTROL PANEL AFTER INSTALLATION IS COMPLETE.

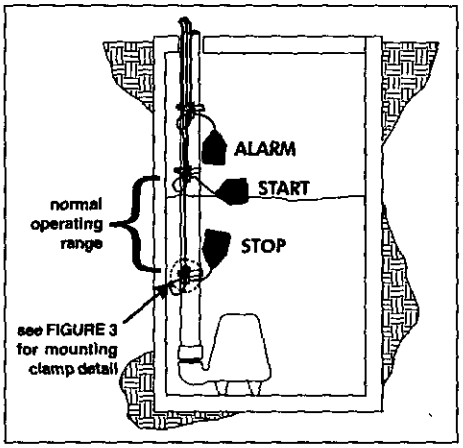


FIGURE 1
SJE Double Float™ system

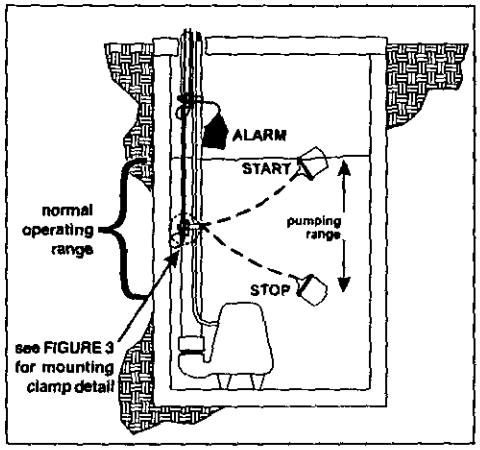


FIGURE 2
SJE wide angle* float system

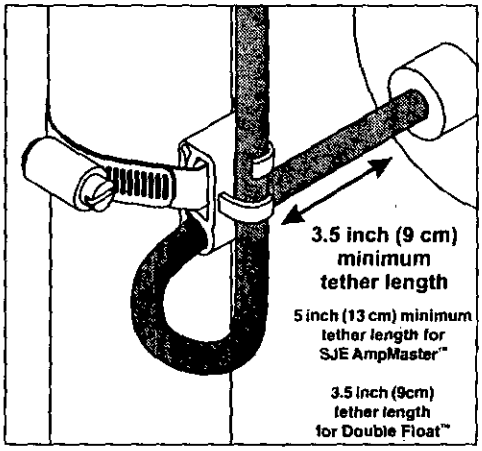


FIGURE 3
Mounting clamp detail

Super Single®, SJE PumpMaster® Plus, or SJE AmpMaster™
(See chart on next page to determine pumping range)

NOTE: Double float voltage must match pump voltage.

Operations

SJE-Rhombus® Type 115 control panels are single phase simplex panels designed for use with wide angle pump switches, or an SJE Double Float™ and an alarm switch. When all floats are open or in the OFF position, the panel is inactive. As the liquid level changes and closes the pump switch, the pump will start, providing the HOA switch is in the AUTOMATIC mode and the power is ON. If a Double Float™ is used, both floats must be in the ON position before the pump will start. The pump will remain ON until both floats are returned to the OFF position. If the liquid level travels beyond the pump switch or Double Float™ and reaches the alarm float, the audio/visual alarm will be activated. The alarm horn can be silenced by moving the test/normal/silence switch to the silence position.

Alarm System (Horn and Indicator)

When an alarm condition occurs, a red light and a horn will be activated. If the test/normal/silence switch is moved to the silence position, the horn will be silenced. When the alarm condition is cleared, the alarm system is reset. The alarm system can be tested by moving the test/normal/silence switch to the test position.

Alarm Fuse

The alarm circuit contains a bayonett-style fuse disconnect. When the fuse is removed, power is cut off and the alarm circuit is inoperable.

HOA Switch

A hand-off-automatic switch is provided for the pump. In the hand mode, the pump will turn on unless other safety features are employed. In the automatic mode, the pump will turn on from commands by the float switches.

Pump Run Light

The run light will be ON in either the hand or the automatic mode when the pump is called to run.

Circuit Breaker (optional)

The pump circuit has a thermal-magnetic circuit breaker which provides pump disconnect and branch circuit protection.

Dry Auxiliary Contacts (optional)

Normally Open - Contacts are open under normal condictions and closed when alarm conditions is present.

Normally Closed - Contacts are closed under normal conditions and open when alarm condition is present.

Both types automatically reset once alarm condition is cleared.

DETERMINING PUMPING RANGE (IN INCHES)

Super Single® pumping range

tether length	3.5	5	7	9	11	13	15
pumping range	6.5	7.5	8.5	10	11	12.5	13.5

SJE PumpMaster Plus® pumping range

tether length	3.5	6	10	14	18	22	24
pumping range	7	10	16	22	28	33	36

SJE AmpMaster™ pumping range

tether length	5	10	14	18	22
pumping range	9	13	17	21	24

Use only as a guide. Pumping ranges are based on testing in non-turbulent conditions. Range may vary due to water temperature and cord shape. **Note:** As the tether length increases, so does the variance of the pumping range.

For information regarding the operations of options not listed here or servicing questions, please call a SJE-Rhombus® customer service technician at

1-800-RHOMBUS

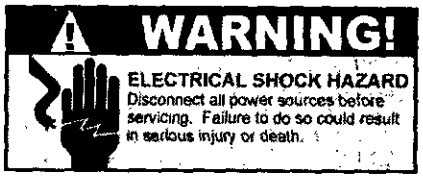
(1-800-746-6287)

Warranty void if panel is modified.

Troubleshooting

Alarm Horn

Moving the test/normal/silence switch to the test position or activating the alarm float should turn on the alarm horn. If the horn does not sound, replace horn with same type.



Alarm Light

Moving the test/normal/silence switch to the test position or activating the alarm float should turn on the alarm light. If the light does not activate, replace bulb with same type.

Circuit Breaker (optional)

Check each pole of the circuit breaker for proper resistance reading using the following procedure.

WARNING: Disconnect incoming power to panel.

1. Isolate the circuit breaker by disconnecting either line side or load side wires.
2. Place the ohmmeter leads across the corresponding line and load terminals of each pole.
3. With the ohmmeter on the R X 1 scale and the breaker in the OFF position, the reading should be infinity (very high resistance). With the breaker in the ON position, the reading should be nearly zero ohms (very low resistance). If the readings are not as stated, replace the circuit breaker with one of the same ratings.

NOTE: Readings may vary slightly depending on the accuracy of the measuring device.

Float Controls

Check the floats during their entire range of operation. Clean, adjust, or replace damaged floats.

Checking the float resistance - The float resistance can be measured to determine if the float is operating correctly or is defective. Use the following procedure to measure the float resistance.

WARNING: Disconnect incoming power to panel.

1. Isolate the float by disconnecting one or both of the float leads from the float terminals.
2. Place one ohmmeter lead on one of the float wires, and the other ohmmeter lead on the other float wire.
3. Place the ohmmeter dial to read ohms and place on the R X 1 scale. With the float in the "off" position, the scale should read infinity (high resistance). Replace the float if you do not get this reading. With the float in the ON position, the scale should read nearly zero (very low resistance). Replace the float if you do not get this reading.

NOTE: Readings may vary depending on the length of wire and accuracy of the measuring device.

Fuses

Check the continuity of the fuse. With power OFF, pull the fuse out of the fuse block. With the ohmmeter on the R X 1 scale, measure resistance. A reading of infinity indicates a blown fuse and must be replaced. Replace fuse with same type, voltage and amp rating.

Indicator Light

If defective, replace all indicator lights with same type.

SJE-Rhombus® Three-Year Limited Warranty

SJE-RHOMBUS® warrants to the original consumer that this product shall be free of manufacturing defects for three years after the date of consumer purchase. During that time period and subject to the conditions set forth below, **SJE-RHOMBUS®** will repair or replace, for the original consumer, any component which proves to be defective due to defective materials or workmanship of **SJE-RHOMBUS®**.

ELECTRICAL WIRING AND SERVICING OF THIS PRODUCT MUST BE PERFORMED BY A LICENSED ELECTRICIAN.

THIS WARRANTY DOES NOT APPLY: (A) to damage due to lightning or conditions beyond the control of **SJE-RHOMBUS®**; **(B)** to defects or malfunctions resulting from failure to properly install, operate or maintain the unit in accordance with printed instructions provided; **(C)** to failures resulting from abuse, misuse, accident, or negligence; **(D)** to units which are not installed in accordance with applicable local codes, ordinances, or accepted trade practices, and **(E)** to units repaired and/or modified without prior authorization from **SJE-RHOMBUS®**.

Some states do not allow limitations on how long an implied warranty lasts, so the above limitation may not apply to you. Some states do not allow the exclusion or limitation of incidental or consequential damages, so the above limitation or exclusion may not apply to you. This warranty gives you specific legal rights, and you may also have other rights which vary from state to state.

TO OBTAIN WARRANTY SERVICE: The consumer shall assume all responsibility and expense for removal, reinstallation, and freight. Any item to be repaired or replaced under this warranty must be returned to **SJE-RHOMBUS®**, or such place as designated by **SJE-RHOMBUS®**.

ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS ARE LIMITED TO THE DURATION OF THIS WRITTEN WARRANTY. SJE-RHOMBUS® SHALL NOT, IN ANY MANNER, BE LIABLE FOR ANY INCIDENTAL OR CONSEQUENTIAL DAMAGES AS A RESULT OF A BREACH OF THIS WRITTEN WARRANTY OR ANY IMPLIED WARRANTY.

TRANSFER OF OWNERSHIP

Permit #: 731A
Job Location Information:
Tax Parcel #: 195-031-33
Street Address: Mintridge Lot 263

An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change or if information submitted in this application is falsified or changed.

Property Owner Improvement Permit Originally Issued to:

Name: Coleman Byard D (last) (first) (mi) Date Issued: _____

Address: 514 Mintridge Road
City: Charlotte State: NC Zip: _____
Daytime Phone: (704) 573-3844

IMPROVEMENT PERMIT TRANSFERRED TO:

Name: DIXON COREY LENEIL & SPENCER, STEPHANIE, YVONNE (last) (first) (mi)

Address: 7909 Calibre Crossing Dr #204
City: Charlotte State: NC Zip: 28227
Daytime Phone: (704) 537-8117

The undersigned, owner or legal agent for the owner, of the property described as the "job location" in the original application dated _____ has read the foregoing application and Improvement Permit, 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: Stephanie Spencer; Corey DK Date: 10/11/99

IMPROVEMENT PERMIT TRANSFERRED TO:

Name: _____ (last) (first) (mi)

Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: ( ) ___ - _____

The undersigned, owner or legal agent for the owner, of the property described as the "job location" in the original application dated _____ has read the foregoing application and Improvement Permit, 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: _____ Date: _____

FEE: 200.00 CK# 1515
DATE: 7/9/99-QC

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

731 A
732 A
[ ] CRT

TYPE APPLICATION: ✓ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

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

FILE #: 731A + 732A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 195-031-~~20~~ 29 33, 34

STREET ADDRESS: MINTRIDGE Rd (5115 AND 5129)

TYPE OF BUILDING (CHECK ONE):

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

SUBDIVISION OR MOBILE HOME PARK NAME: MINTPLACE

LOT NUMBER: Lot # 2 AND Lot # 3

HEATED SQUARE FOOTAGE: 2,400

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: (2-ACCESS)

TOWNSHIP (CHECK ONE):

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

FOUNDATION FOR RESIDENCE:

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

CLOSING DATE_____

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

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

WATER SUPPLY (CHECK ONE):

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

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

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES __ NO
EXISTING WASTEWATER SYSTEMS __ YES __ NO
EASTMENTS OR RIGHT-OF-WAYS ✓ YES __ NO DRAINAGE
WELL, SPRINGS OR WATERLINES __ YES __ NO
DESIGNATED WETLANDS __ YES __ NO

PROPERTY OWNER:

NAME: COLEMAN BUARD D.
(LAST) (FIRST) (MI)

ADDRESS: 5101 MINTRIDGE ROAD

CITY: CHAROTTE STATE: NC ZIP:

DAYTIME PHONE: (704) 573-3816 WORK 11-7
HOME - 545-2290 6AM TO 8AM

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1986

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 agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: [signature] DATE: 7-7-99

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

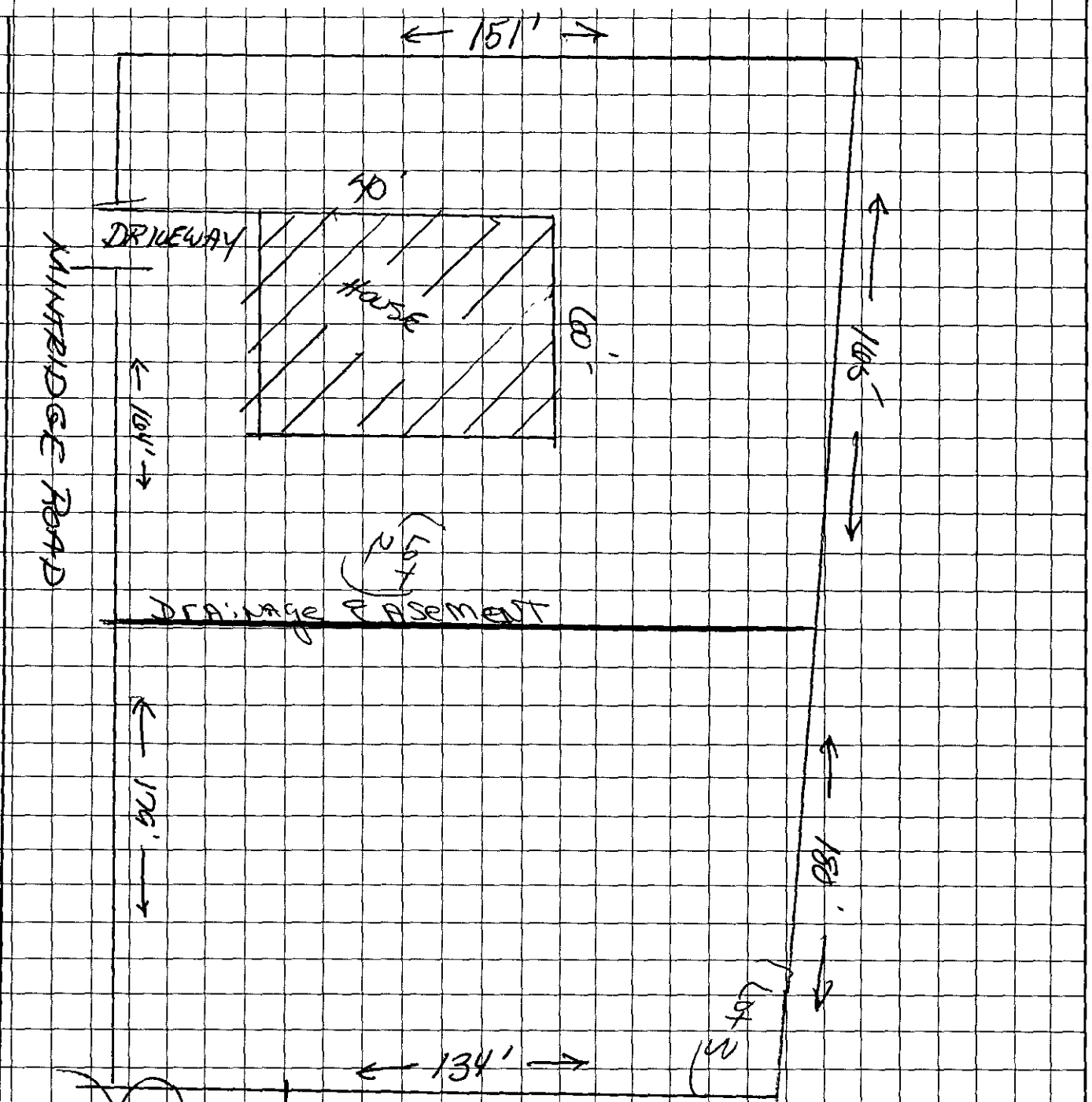
PROPOSED PLOT PLAN

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

FILE: 731A & 732A

TC: 195-031-33, 34

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



OWNER/AGENT SIGNATURE

DATE 2-7-99

APPROVAL DATE _____

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

FEE: 200.00 CK# 1519

DATE: 7/7/99 gc

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

731A
732A #2

1 CRT

TYPE APPLICATION: X NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

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

COPY

FILE #: 731A + 732A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 195-031-~~28~~, 29 33, 34

STREET ADDRESS: MINTRIDGE Rd (5115 AND 5129)

SUBDIVISION OR MOBILE HOME PARK NAME: MINTPLACE

LOT NUMBER: Lot # 2 AND Lot # 3

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

Use epilein repairs
WAM 6-5-99

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2,400

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 6 or less

FOUNDATION FOR RESIDENCE:

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

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

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

WATER SUPPLY (CHECK ONE):
___ COMMUNITY (C)
___ MUNICIPAL (M)
✓ PRIVATE WELL (P)
___ SHARED WELL (S)
___ OTHER 'SPRINGS' (O)

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

BURIED CABLES, LANDFILLS, STUMPHOLES ___ YES ___ NO
EXISTING WASTEWATER SYSTEMS ___ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS ✓ YES ___ NO DRAINAGE
WELL, SPRINGS OR WATERLINES ___ YES ___ NO
DESIGNATED WETLANDS ___ YES ___ NO

PROPERTY OWNER:

NAME: COLEMAN BUARD D.
(LAST) (FIRST) (MI)

ADDRESS: 5101 MINTRIDGE ROAD

CITY: CHAROTTE STATE: NC ZIP:

DAYTIME PHONE: (704) 573-3816 WORK 11-7
HOME - 545.2250 6AM TO 8AM

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1988

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 agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: [signature] DATE: 7-7-99

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

Mecklenburg County
Health Department

Conditions of Improvement Permit

File Number: 731 A
Site Address: 5115 Mintridge Road

1. The permitted system is a Type IVa PPBPS wastewater treatment and disposal system and requires ongoing maintenance. A maintenance contract must be executed between the system owner and a private certified operator before an Operation Permit can be issued. It is a condition of the Operation Permit that a maintenance contract shall be in effect for as long as the system is in use. It is also a requirement that subsequent owners of the system shall execute such a contract.
2. The system will require a single phase, simplex control panel with alarm. The control panel must have a Nema 4x weather proof rating.
3. Septic and pump tanks must be installed in an area that is not subject to vehicular traffic. Final cover over both tanks must be less than 3 feet to prevent the need for State approved reinforced tanks.
4. Drain lines must be installed on contour. Trench bottoms shall be constructed as level as possible but in no case shall the fall in a single trench bottom exceed one-fourth inch in 10 feet.
5. Any changes in the site must be pre-approved by the Mecklenburg County Environmental Health Department.
6. The wastewater treatment and disposal drain field area, including the designated repair areas, shall not be used for any of the following:

   - Grading or filling
   - Parking or driving heavy equipment in the area or subjecting the site to possible soil compaction
   - Construction staging area
   - Installation of lawn irrigation components
   - Installation of underground utilities or cables of any type
   - Burial of any debris or material
   - Utilizing the area for gravesites
   - Diversion of storm water runoff into this area

7. Septic system installer must be registered with Mecklenburg County prior to meeting for the required pre-construction conference.
8. System installer will be required to operate the system at the time of the final inspection. Arrangements must be made to have the pump tank filled with water prior to the requested final inspection. The required pressure heads will be adjusted at the time of the final inspection.
9. The system owner shall have the contents of the septic tank checked, and the contents of the tank removed, periodically from all compartments, to ensure proper operation of the system. The contents of the septic tank shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.
10. All septic tank riser and effluent filter rules will apply to this system. It is strongly recommended that access risers be added to both ends of the septic tank, extending to at least finish grade. This will allow periodic inspection of the solids level in the tank as well as help facilitate the periodic cleaning of the effluent bio-filter.
11. The local Health Department is required, by the State, to perform system reviews of Type IVa systems at a minimum of once every 3 years. The owner of the system is responsible for paying any inspection fees, as determined by the Board of County Commissioners, at the time of the required inspection.

Owner/Agent Signature Stephanie Spencer **Date** 11/11/99

PEOPLE • PRIDE • PROGRESS

Environmental Health Division

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

Permit Number: 731A

Tax Number: 195-031-33

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

Basement	___ Yes	✓ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I II III (IV) V VI	___ Conventional ✓ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
.3 Long-term acceptance rate	360 Max gallons/day wastewater flow	420 Absorption Area (sq ft)	8' Trench spacing (min. on centers)	
Yes Serviced by private well	1500 Gallon septic tank	210 Total trench length (ft)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3 Bedrooms in residence	1000 Gallon pump tank	N/A Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: - Simplex control panel (Nema4x rated) with alarm required. - Maintenance contract w/ management entity (certified operator) required before operation Permit will be issued. - French drain required above drain field area, ~~- Easement required if lots are Not Combined.~~				
Repair Area System Type Type (circle one): I II III (IV) V VI	___ Conventional ✓ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
429 Absorption Area (Sq ft) 217 Total Trench Length (Ft)	N/A Depth of Stone Trench	8' Trench spacing (min. on centers)	30" Maximum Trench Depth	
For existing system, enter the year originally installed:				

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

Larry B. Thompson R.S. 8.10.99
DEHNR Authorized Agent Date

X Stephanie Spencer 11/11/99
Owner/Agent Signature Date

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

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

IWWS-100195

BK: D6885 PG: 0359/0361 #:0005 10.00

REGISTERED MAY/22/1992 08:20AM ANNE A. POWERS REGISTER OF DEEDS MECK. CO. N.C.

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

SEPTIC TANK DRAIN FIELD EASEMENT AGREEMENT

THIS EASEMENT is made this 30th day of April, 1992, by and between

GRANTOR	GRANTEE
COMMERCIAL CREDIT LOANS, INC., a corporation P.O. Box 222098 Charlotte, NC 28222	COMMERCIAL CREDIT LOANS, INC., a corporation P.O. Box 222098 Charlotte, NC 28222

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee an easement as hereinafter described, to run with the land, upon that certain lot or parcel of land owned by Grantor and located in the City of Charlotte, Mecklenburg County, North Carolina, and more particularly described as follows:

BEING all of Lot 3 as shown upon a map of MINTWOOD PLACE recorded in the Mecklenburg Public Registry in Map Book 16, at page 368, to which map reference is hereby made for a more particular description.

Mecklenburg Tax Parcel No. 195-031-34.

Grantor hereby imposes said easement for the benefit of Grantee as the present owner and for the benefit of future owners of the following lot or parcel of land, situated in the City of Charlotte, Mecklenburg County, North Carolina, and more particularly described as follows:

BEING all of Lot 2 as shown upon a map of MINTWOOD PLACE recorded in the Mecklenburg Public Registry in Map Book 16, at page 368, to which map reference is hereby made for a more particular description.

Mecklenburg Tax Parcel No. 195-031-33.

Said easement shall enable the Grantee to place, if, as and when needed, such need to be determined by the Grantee in his sole discretion, a septic tank and drain field or portions thereof, upon the Septic Tank Drain Field Easement Area on the Easement Parcel and to inspect, maintain, repair and replace the components of said septic tank and drain field at any time and from time to time. If the Easement Area also includes a connector strip for ingress and egress, Grantee shall have the right to use said connector strip for access as needed. This Easement shall automatically expire should Grantee ever hook up the structure located or to be located on the Benefitted Parcel to a public or community sanitary sewage system but shall otherwise be perpetual.

This instrument was prepared by: R. Gregory Tomchin

Mail after recording to: R. Gregory Tomchin
Hicks, Hodge and Cranford, P.A.
1308 East Fourth Street
Charlotte, NC 28204
Box 66

This document is not to be recorded until approved by the Mecklenburg County Health Department.

APPROVED AS TO THE SEPTIC REPAIR AREA REQUIREMENTS

MECKLENBURG COUNTY HEALTH DEPARTMENT

BY: Kelly Randall DATE: 5-13-92

KELLY RANDALL
(print name)

Approval by the Mecklenburg County Health Department does not certify or extend to matters of title. The purchaser of property subject to or affected by this easement is responsible for ascertaining all matters affecting the validity and enforceability of this instrument.

State of North Carolina, County of Mecklenburg
The foregoing Certificate(s) of Carol B. Smith

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 Hazel L. Elmore Deputy Register of Deeds

731A

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
1999 OCT 05 02:20 PM
BOOK 10814 PAGE:30-40 FEE:$10.00
NC REAL ESTATE EXCISE TAX:$60.00
INSTRUMENT # 1999180533

Excise Tax 60.00 | Recording Time, Book and Page

Tax Lot No. ..... Parcel Identifier No. 195-031-33 & 195-031-34

Verified by ..... County on the ..... day of .....,

by .....

Mail after recording to ..... GRANTEE .....

This instrument was prepared by ANTHONY G. YOUNG

Brief description for the Index

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this 27th day of SEPTEMBER, 99, by and between

GRANTOR	GRANTEE
BYARD D. COLEMAN and WIFE DONNA M. COLEMAN DMC	COREY L. DIXON and STEPHANIE Y. SPENCER
5101 MINTRIDGE ROAD CHARLOTTE, NC 28227	7909 CALIBRE CROSSING DRIVE #204 CHARLOTTE, NC 28227

Enter in appropriate block for each party: name, address, and, if appropriate, character of entity, e.g. corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that ~~MECKLENBURG~~ CHARLOTTE parcel of land situated in the City of ..... Township, ... County, North Carolina and more particularly described as follows:

BEING all of Lot 2 & 3 of MINTWOOD PLACE subdivision as same is shown on map thereof recorded in Map Book 16 page 368, MECKLENBURG Public Registry, reference to which is hereby made for a more particular description.

N. C. Bar Assoc. Form No. 3 © 1976, Revised © 1977 — James Williams & Co., Inc., Box 127, Yadkinville, N. C. 27055
Printed by Agreement with the N. C. Bar Assoc. — 1981

60.00

JUDITH A. GIBSON
REGISTER OF DEEDS , MECKLENBURG COUNTY
COUNTY & COURTS OFFICE BUILDING
720 EAST FOURTH STREET
CHARLOTTE NC 28202

****

Filed For Registration:	**10/05/1999 02:20 PM**
Book:	**RE 10814 Page: 38-40**
Document No.:	**1999180533**
	DEED 3 PGS $10.00
NC REAL ESTATE EXCISE TAX:	**$60.00**
Recorder:	**SERENA ROSS**

****

State of North Carolina, County of Mecklenburg

The foregoing certificate of ANTHONY G. YOUNG Notary is certified to be correct. This 5TH of October 1999

JUDITH A. GIBSON, REGISTER OF DEEDS By: Serena M. Ross
Deputy/Assistant Register of Deeds

****

1999180533

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 8-10-99 PERMIT NO: 731A
PARCEL NO: 195-031-33

JOB LOCATION ADDRESS: 5115 N. Tryon Road
PROPERTY OWNER: Byard O. Coleman
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: Mobile Acres 2nd
AUTHORIZATION ISSUED BY: Larry B. Thompson, R.E.H.S. DATE: 8-10-99
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 731A, 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 MECKLENBURG COUNTY HEALTH DEPARTMENT.

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

4. OTHER CONDITIONS: See Conditions of Improvement Permit.

OWNER CERTIFICATION

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

X _____
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

File copy

Date: March 18, 1992

From: T J Systems
P.O. Box 73
Scotts, N.C. 28699

To: Commercial Credit Corp.
901 D N Wendover Road
Charlotte, N.C. 28211
Attn: Dick Wickstrom

Subject: Lot 2 & 3 Mintwood Place Mecklenburg County
File # : 731A & 732A
Parcel : 195 031 26,27

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

This system is designed for a three bedroom house at an application rate of .3 gpd. 360/.3 = 1200/3 = 400 LF of conventional drainfield multiplied by .5 = 200 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.

3BR (195-031-33-0
195-031-34

3-13-92 3pm P.C to Dick Wickstrom - he will either combine Lots into 1 distinct parcel or get easement for Lots

APPROVED
ENVIRONMENTAL HEALTH
DIVISION
MECKLENBURG CO.
HEALTH DEPARTMENT
Date 5-29-92

Line	# Panel	# Hole Per Panel	Size Hole	Line Head	Line Length	Hole Flow	Per Panel Line Flow min
A	15	one	3/16	2.0ft	65	.59	8.85 ✓
B	15	one	3/16	2.0ft	65	.59	8.85 ✓
C	9	one	3/16	2.0ft	40	.59	5.31 ✓
D	9	one	3/16	2.0ft	40	.59	5.31 ✓
E		repair			50		
F		repair			40		
G		repair			28		
H		repair			54		
I		repair			23		
J		repair			22		
					20 ✓		
Totals	48				210 ✓		28.32 ✓

CALCULATIONS FOR PUMPED SYSTEMS:

Head: Friction loss = 3.52 ✓
Total lift = 21.72 (98.20 + 2 - 82.00 = 21.72) elev.
TDH = 25.24 ✓
20% margin = 32 ft (25.24 / .8 = 31.55 = 32 ft) ✓

Pump Size: 35.4 (28.32/.8) gallon per minute at 32 feet of head. ✓

Pump cycle should be 6.1 min or 173 gallons.

Note: Each line shall have a globe valve at the start of the line for pressure adjustment. Each valve or gruop of valves shall be placed inside a plastic valve box with a lid at ground level. Turn ups shall be cut off just below ground surface and covered with a plastic cup and cover. The line shall be capped with a threaded fitting and plug. The ends that are used for setting the heads shall be marked as to the line that they go to and saved for future system adjustment. Mark each valve and turn up end with marker to show what valve goes with what turn up.

Friction loss:
supply line = 190 lf = 1.90 * 1.54 = 2.93 ✓
fittings = 2.93 * .2 = 0.59 ✓
total 3.52 ✓

COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System - G. S. Chapter 130-A-Article 11)

OWNER OR CONTRACTOR _____ DATE _____ PERMIT NO. _____

PHONE. Business _____ Home _____

LOCATION _____

_____ S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____

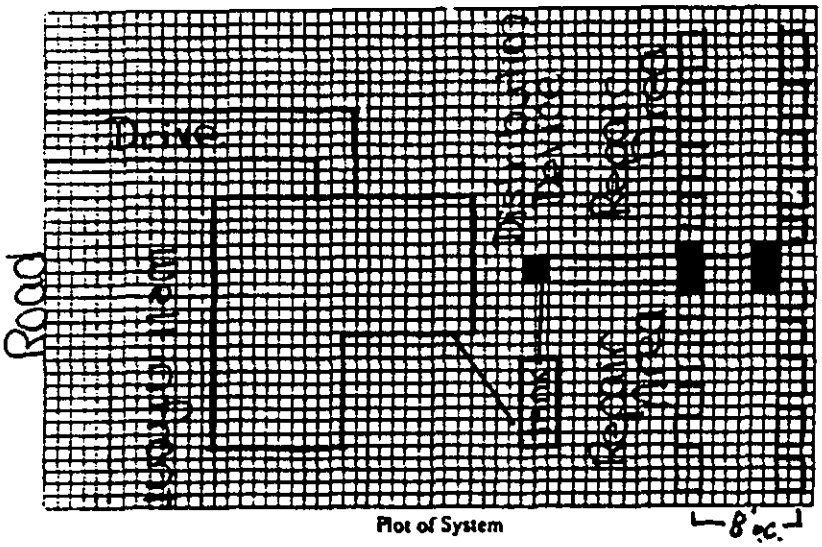
No. Bedrooms 3 No. Bathrooms 2 1/2

Garbage Disposal Unit N/A Yes ( ) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil clay loam over clay
Percolation Rate 0.4 gal/ft²/day
Topography 6% slope
Depth to Water Table > 60"
Rock or other impervious formations none

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines (2) 75' lines of
Sq. Ft. 900 Linear Ft. 150 Feet
Depth of Stone in Lines 24" of Stone
Water Supply: Individual (✓)
Public ( )

Installed by _____

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS 2 lines with 17 panels each line flow split by flow divider. 2' wide and 75' long each split in middle by D-box. 25 tons sand

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-A-Article 11)

DATE _____ PERMIT NO. _____

OWNER OR CONTRACTOR _____

PROPOSED Business _____ Home _____

LOCATION _____ S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

Dwelling (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2½

Character & Porosity of Soil clay loam over clay

Percolation Rate 60 min/in

Topography 60% slope

Depth to Water Table >60"

Rock or other impervious formations _____

Garbage Disposal Unit n/a Yes ( ) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash Machine Yes (✓) No ( )

Size Appliance Yes (✓) No ( )

Soil Area 20,000

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

Pressure Distribution

Size of Tank 1,000 septic / 1000 pump Gals.

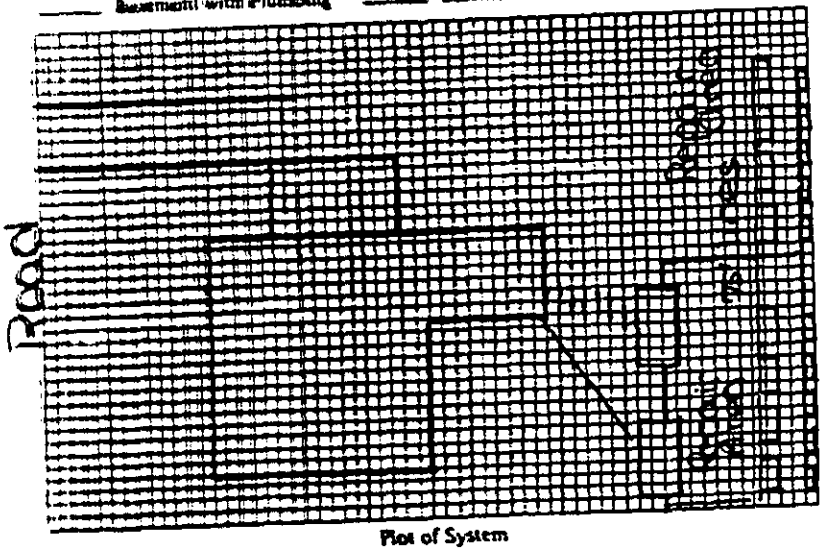
Nitrification Field:

No. of Lines 3 (5) lines of T-5

Sq. Ft. 900 Linear Ft. 150

Depth of Stone in Lines 24" sand

Water Supply: Individual ( )
Public ( )



Plot of System

Installed by _____

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS pump sized by head 2-4' at turn up

_____ DATE _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

MECKLENBURG COUNTY

FILE #'s 731A + 732A

DATE: MARCH 18, 1992

5'10 FRONTAGE

MINTWOOD DRIVE ←343→

151'

DRIVE

40'

60'

164'

165'

LOT 4

1500 GAL SEPTIC

1000 GAL PUMP

EST. ELEV. AT BOTTOM OF PUMP TANK '82.0'

←345→

143'

DOUBLE CASE 30' SECTION UNDER CREEK

DRAINAGE WAY

48,990 SQ FT

SIDE WALK

29'

100'

180'

LOT 3

A

B WHITE 93.8

C RED 92.7

G BLUE 91.4

H RED 92.2

F YELLOW 94.8

E BLUE 95.9

V

C WHITE 93.6

D YELLOW 95.1

I BLUE 96.8

J RED 98.2

134'

TOP OF IRON ELEV. 100'

~~SURFACE~~ French DRAIN AROUND SYSTEM

48,990 SQ FT

APPROXIMATE PLOT PLAN - FOR MEMO

206 N. KING ST

225 2nd FLOOR

$200.00

3/31/92 CERT# 33210 00739 P2

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

By Dick Wicker

7317 - (Rpl#7332A

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: Commercial Credit (last) (first) (mi)
ADDRESS: Box 222098 PHONE: (704) 3366714
CITY: Charlotte STATE: NC ZIPCODE: 28222

Date: 3/31/92

PROPERTY OWNER:
NAME: SAME AS ABOVE (last) (first) (mi)
ADDRESS: PHONE: ( )
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 19503126127
STREET ADDRESS: Mintridge RD
5115 & 5129 Mintridge Rd
ZONING: M-U-H-II

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 2 & 3 LOT SIZE (in acres):

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 N)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (
[ ] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[X] Swimming Pool [X] Accssr! [ ] Stable/Barn [ ] Workshop [ ] None
[X] Garage [X] Storage Building [X] 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 upon the property for the purpose of processing this request.

Signed: Commercial Credit Loan, Inc Date: 3/31/92

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Law 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.

...

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

Environmentalist: _____ Date

Director or Authorized Section Head: _____ Date 5-29-9

WATER : 12

Soil attached To Original Application

Mecklenburg County
Health Department

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

June 12, 1992

Commercial Credit
Box 222098
Charlotte, NC 28222

Re: Property located at 5115 & 5129 Mintridge Road
File: 731A
Parcel: 19503126,27

Sir:

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:

- The Well should be located 100 feet or no less than 50 feet away from any part of the sewage disposal system and repair area.
- 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.

Please obtain an address sheet verification form from the Mecklenburg County Engineering Department in order to facilitate the approval of your Improvement Permit.

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

Sincerely,

Kelly R. Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems

KR:lw

Enclosures - 3 Septic Tank Agreement Forms

HICKS, HODGE AND CRANFORD, P. A.
ATTORNEYS AT LAW
1308 EAST FOURTH STREET
CHARLOTTE, NORTH CAROLINA 28204

AREA CODE 704
TELEPHONE 377-0711
TELECOPIER 372-4723

FRED A. HICKS
JOHN E. HODGE, JR.
CHARLES H. CRANFORD
MICHAEL F. SCHULTZE
EDWARD P. HAUSLE
CHRISTY T. MANN
R. GREGORY TOMCHIN
TERRI L. YOUNG
CINDY CHRIST

May 22, 1992

Kelly Randall, R.S.
Mecklenburg County Health Department
700 North Tryon Street, Suite 211
Charlotte, NC 28202-2236

Re: Lots 2 and 3 (Mintwood Place)
File No. 731-A and 732-A
Parcels 195-031-26, 27

Dear Mr. Randall:

The undersigned licensed North Carolina attorney hereby certifies that the enclosed Septic Tank Drain Field Easement Agreement ("Easement") is recorded in Book 6885 at page 359 in the Mecklenburg County Public Registry, that all parties who would be required to execute or consent to the Easement in order for it be a valid and effective grant of easement rights have executed or consented to the execution and recordation of the Easement, and that there are no mortgages, deeds of trust, or other instruments of record affecting the status of title of the above-referenced parcel on which the Easement has been created, which, if foreclosed or otherwise exercised, would result in the extinguishment of said Easement.

Sincerely,

R. Gregory Tomchin

RGT/cce
2918.96

Enclosure

cc: R. A. Wickstrom