

8627 BROOKGREEN DR

13905610

1/4/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4324B DATE: 2-9-01

TC: 139-052-03 ☒ L ☒ CRT

SERIAL Nº 18559

Name of Owner CHOL WOO LEE Juris.:

Address of Property 8627 BROOK GREEN DRIVE

Inspection Data:

Tank Material 1500 PCL

Total Length of Drainfield 400

Number of Lines 5 @ 80

Cover Depth 6"

Water Supply Source MUNIAR

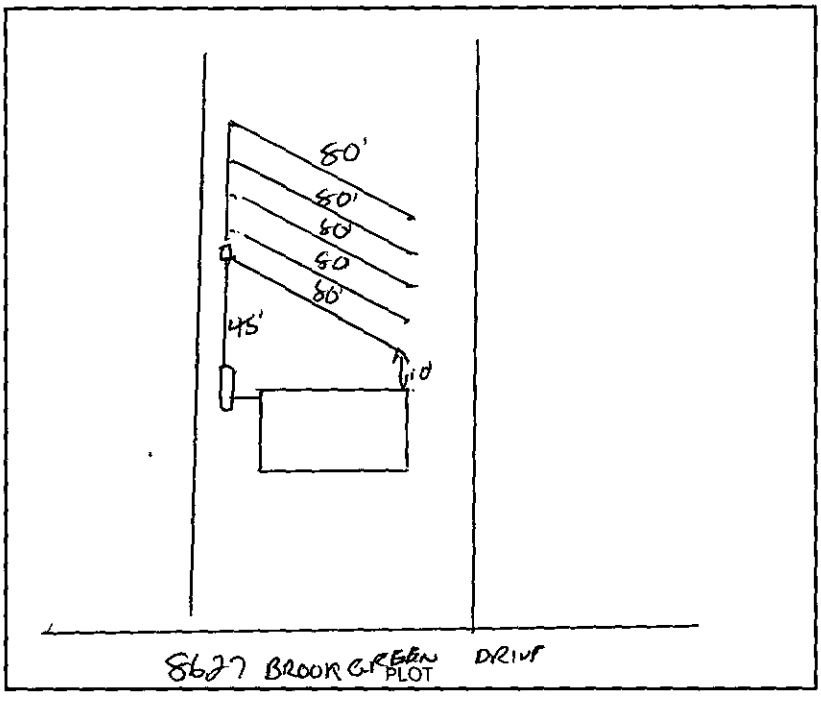
Distance to Water Source >10

Excavation Inspected 2-9-01

Tank(s) Inspected

Wash Line Inspected 2-9-01

High Water Alarm Inspected —



Design 1500 ST 1200SFT CON 12-6 CTR# EMPIRE PLUMB

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

☐ installed or constructed ☐ altered or repaired

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

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

☐ Certificate of Completion ☒ Operation Permit

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

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

COMMENTS: TYPE II-C

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

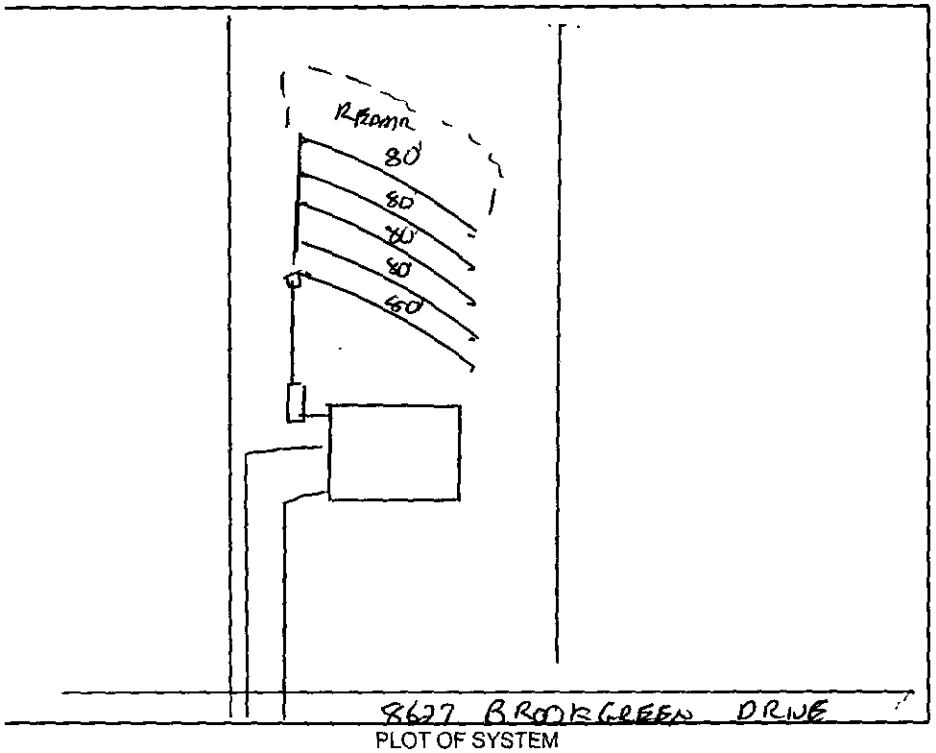
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4324B DATE: 1-31-01

TC: 139-052-03 X L

SERIAL No 18677

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 5-3-00. All work shall be completed on or before 3-31-01, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous YES

Total Line Length 400 feet

Number of Lines 5

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well NA feet

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

NAME OF OWNER CHOL WOO LEE

LOCATION OF PROPERTY 8627 BROOK GREEN DRIVE

Comments: (1)

Environmental Health Specialist

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

FEE: 14.00
DATE: 300.00

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 7-12-00 PERMIT NO: 4324B

PARCEL NO: 139-052-03

JOB LOCATION ADDRESS: 8627 BROOKGREEN DRIVE

PROPERTY OWNER: CHOL WOO LEE

BUILDING CONTRACTOR:

SUBDIVISION NAME: GLENCROFT LOT #77

AUTHORIZATION ISSUED BY: [signature] DATE: 7-12-00

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4324-B, 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: (1) REQUIRES AGREEMENT FORMS TO BE FILED W/ REGISTER OF DEEDS BEFOR IP IS ESSUED.

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.

Sharon Lee 7/14/00

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PAYMENT RECEIPT

RECEIPT INFORMATION

DATE: 07/14/2000 **RECEIPT #:** 165534 **PERMIT #:**

CHECK #: 004238 **MAILED:** NO **RECEIVED BY:** RM

TENDERED: 0.00 **AMOUNT:** 300.00CR **RETURNED:** 0.00

COMMENTS: 8624 BROOK GREEN DR

ACCOUNT INFORMATION

ACCOUNT #: 100000
CONTRACTOR: CASH CUSTOMER-SEE REMARKS
ADDRESS: SEE ABOVE

CITY: SEE ABO **STATE:** NC **ZIP:** 99999 0000

DELINQUENT			CURRENT			
30 DAYS	60 DAYS	90 DAYS	CHARGES	PAYMENTS	ADJUSTMENTS	BALANCE
0.00	0.00	0.00	0.00	0.00	0.00	0.00

MECKLENBURG COUNTY HEALTH DEPART
Environmental Health Fees

Requestor (please print): HANS CONSTRUCTION CO. INC Phone #: Date Requested: 7/14/00 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:

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	1	Installation and Final Approval	$ 150.00	150
0704		Change in Plot Plan	$ 100.00	
0705		MH Exc/Add/Repl without System Modification	$ 100.00	
0706		MH Exc/Add/Repl with System Modification	$ 300.00	
0707		Site Consultation Visit	$ 100.00	
0734	1	Authorization for Wastewater System Construction	$ 150.00	150
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: YM Date: 7.14.00 Total: 300

8627 Brook Green Dr

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Fees

Requestor (please print): HANS CONSTRUCTION CO. INC	Phone #:	Date Requested: 7/14/00	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:	

T.C.	Qty	Description	Unit Cost	Total Cost
0701		Improvement Permit Application - Residential	$ 200.00	
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0725		Document Copies	$ 0.05	
Payment received by: HM		Date: 7.14.00	Total:	300

8627 Brook Green Dr

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION

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

AC/ #2

Sheet: _____
Property ID: PO 139-052-03
Lot #: 77
File #: 43248

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Mel Wm Lee
APPLICANT: _____
ADDRESS: 8627 Brook Green Dr. Mint Hill
DATE EVALUATED: 5-25-00
PROPOSED FACILITY: residence
PROPOSED DESIGN FLOW (.1949) _____
PROPERTY SIZE: .58
LOCATION OF SITE: 8627 Brook Green Dr
PROPERTY RECORDED: _____

WATER SUPPLY: ☐Private ☐Public ☐Well ☐Spring ☒Other Community
EVALUATION METHOD: ☑Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☑Sewage ☐Industrial Process ☐Mixed

PROFILE #	Slopes 5-12% .1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR. HORIZ	PROFILE CLASS &LTAR
1	LS	0-4"	gr/scl	Fr/SEXPl SS/SP	42" to soil wetness	42"	N/A	None	PS .39/F2 IV
		4-42"	SBK/c	Fi/SEXPl S/P					
2	LS	0-3"	gr/cl	Fr/SEXPl SS/SP	48" to soil wetness	48"	N/A	None	PS .39 F2 IV
		3-45"	SBK/c	Fi/SEXPl S/P					
		45-48"	SBK/cl	Fr/SEXPl SS/SP					
3	LS	0-4"	gr/scl	Fr/SEXPl SS/SP	48" to soil wetness	48"	N/A	None	PS .39/F2 IV
		4-48"	SBK/c	Fi/SEXPl S/P					
4	LS	0-5"	gr/scl	Fr/SEXPl SS/SP	48" to soil wetness	48"	N/A	None	PS .39/F2 IV
		5-48"	SBK/c	Fi/SEXPl S/P					
5	LS	0-2"	gr/scl	Fr/SEXPl SS/SP	48" to soil wetness	48"	N/A	None	PS .39/F2 IV
		2-48"	SBK/c	Fi/SEXPl S/P					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	US
System Type(s)		
Site LTAR	.39/F2	.39/F2

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W.A. Maulin LSS 5-26-00
OTHER(S) PRESENT: _____

FILE # 43248

COMMENTS 1169 Depressi

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE	
MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

STRUCTURE	MINERALOGY
SG-SINGLE GRAIN	SLIGHTLY EXPANSIVE
M-MASSIVE	
CR-CRUMB	EXPANSIVE
GR-GRANULAR	
SBK-SUBANGULAR BLOCKY	
ABK-ANGULAR BLOCKY	
PL-PLATY	
PR-PRISMATIC	

FEE: $200
DATE: 5-9-00 Cash + Check

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

[ ] 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

FILE #: 43216

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: 135-05-03-08

TAX/PARCEL NUMBER: ~~NOT ASSIGNED YET~~

STREET ADDRESS: 8627 BROOK GREEN DR.

SUBDIVISION OR MOBILE HOME PARK NAME: GLENCROFT

LOT NUMBER: 77

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 4

NUMBER OF OCCUPANTS: 1

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

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

CLOSING DATE 4/27/00

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

N/A

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

WATER SUPPLY (CHECK ONE):

X 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 X NO
EXISTING WASTEWATER SYSTEMS __ YES X NO
EASTMENTS OR RIGHT-OF-WAYS __ YES X NO
WELL, SPRINGS OR WATERLINES __ YES X NO
DESIGNATED WETLANDS __ YES X NO

PROPERTY OWNER:

NAME: (LAST) LEE (FIRST) CHOL (MI) WOO

ADDRESS: 8627 BROOK GREEN DR

CITY: MINT HILL STATE: NC ZIP: 28211

DAYTIME PHONE: (704) 363 - 6725

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 4/27/00

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: Chol Woo Lee DATE: 5/3/00

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
Environmental Health Fees

Requestor (please print): HANS CONSTRUC Phone #: Date Requested: 5.9.00 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:

T.C.	Qty	Description	Unit Cost	Total Cost
0701	1	Improvement Permit Application - Residential	$ 200.00	200
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		MH Exc/Add/Repl without System Modification	$ 100.00	
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0736		Garbage Hauler Permit - (each over 9)	$ 20.00	
0725		Document Copies	$ 0.05	

Payment received by: T.M.E Date: 5/9/00 Total: 200

8627 Brook Green Dr.

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION

File 4/324B

COMPLIANCE NOTICE FOR EROSION AND SEDIMENT CONTROL ON INDIVIDUAL SINGLE-FAMILY RESIDENTIAL LOTS

A building permit WILL NOT be issued until this form is filled out correctly.

LOCATION

STREET # (N,S,E, W) STREET NAME LOT #

8627 BROOK GREEN DR MINT HILL, NC 28211 # 77

SUBDIVISION: GLENCROFT

ANTICIPATED STARTING DATE OF CONSTRUCTION: _____

TAX JURISDICTION: (Check ONLY one)
☐ 0 - Mecklenburg ☐ 1 - Charlotte ☐ 2 - Davidson ☐ 3- Cornelius
☐ 4 - Pineville ☐ 5- Matthews ☐ 6 - Huntersville ☒ 7 - Mint Hill

Is property located within the Charlotte ETJ? ☒ Yes ☐ No

PLEASE READ THE BACK SIDE BEFORE COMPLETING

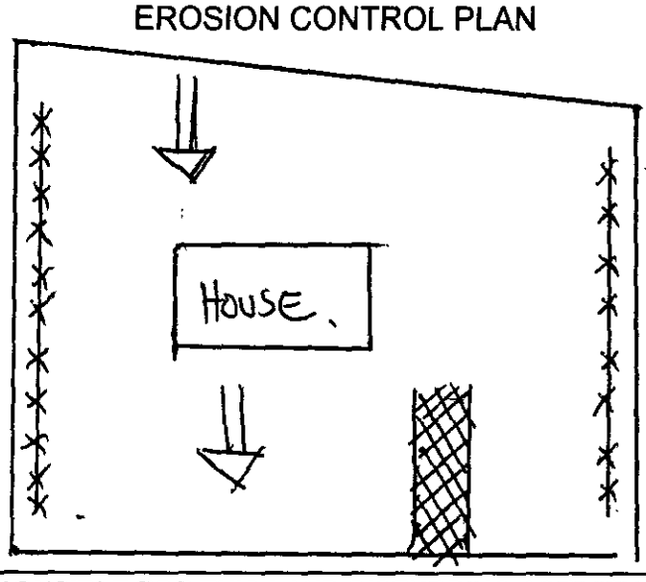
For single-family and two-family residential sites, choose one of the following approaches:

☐ The most appropriate option from the back of this notice is option _____ or a combination of options _____ and _____.

☒ The sediment control is as drawn in the space to the right.

Does site have stream buffer requirements?
☐ Yes ☒ No
If yes, pick the total width of the buffer from top of creek bank:
☐ 35 feet ☐ 50 feet
☐ 100 feet plus 50 % of floodway fringe

EROSION CONTROL PLAN



PERSON(S) AND FIRM(S) WHO ARE FINANCIALLY RESPONSIBLE FOR THIS LAND DISTURBING ACTIVITY:

COMPANY NAME HAN'S CONSTRUCTION CO. INC
COMPANY PRESIDENT SANG YUL KANG
ADDRESS 270-D UNIONVILLE INDIAN TRAIL RD, INDIAN TRAIL, NC 28079
CONSTRUCTION MANAGER KEITH ORR

FIELD OFFICE TELEPHONE 704-821-0704
FIELD OFFICE FAX NUMBER 704-821-0705
HOME OFFICE TELEPHONE _____
HOME OFFICE FAX NUMBER _____

THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE HAS READ THE INFORMATION ON THE BACK OF THIS FORM AND IS AWARE OF THE STATED REQUIREMENTS OF THE SOIL EROSION AND SEDIMENTATION CONTROL, AND S.W.I.M. STREAM BUFFER ORDINANCES. THE OWNER MUST COMPLY WITH THE PROVISIONS OF BOTH OF THESE ORDINANCES.

Chol Woo Lee 5/3/00 CHOL WOO LEE
APPLICANT'S SIGNATURE DATE PRINT APPLICANT'S NAME

ORIGINAL - WHITE SITE COPY - BLUE APPLICANT'S COPY - YELLOW

EROSION CONTROL PLAN OPTIONS
FOR ONE/TWO FAMILY HOMES

The Soil Erosion and Sedimentation Control Ordinance requires that anyone conducting land-disturbing activity control sediment from leaving the disturbed site. Furthermore, anyone conducting land-disturbing activity of one acre or more must obtain a grading permit prior to conducting the land-disturbing activity. In cases where fill is required or material is wasted, the area that material is coming from or going to must be added to the total area disturbed. Land-disturbing activities include demolition and land clearing. Erosion Control measures must be installed per details found in Section 30 of the *Charlotte/Mecklenburg Land Development Standards Manual.*

Failure to install or maintain erosion control measures may result in penalties of up to $5000 per day.

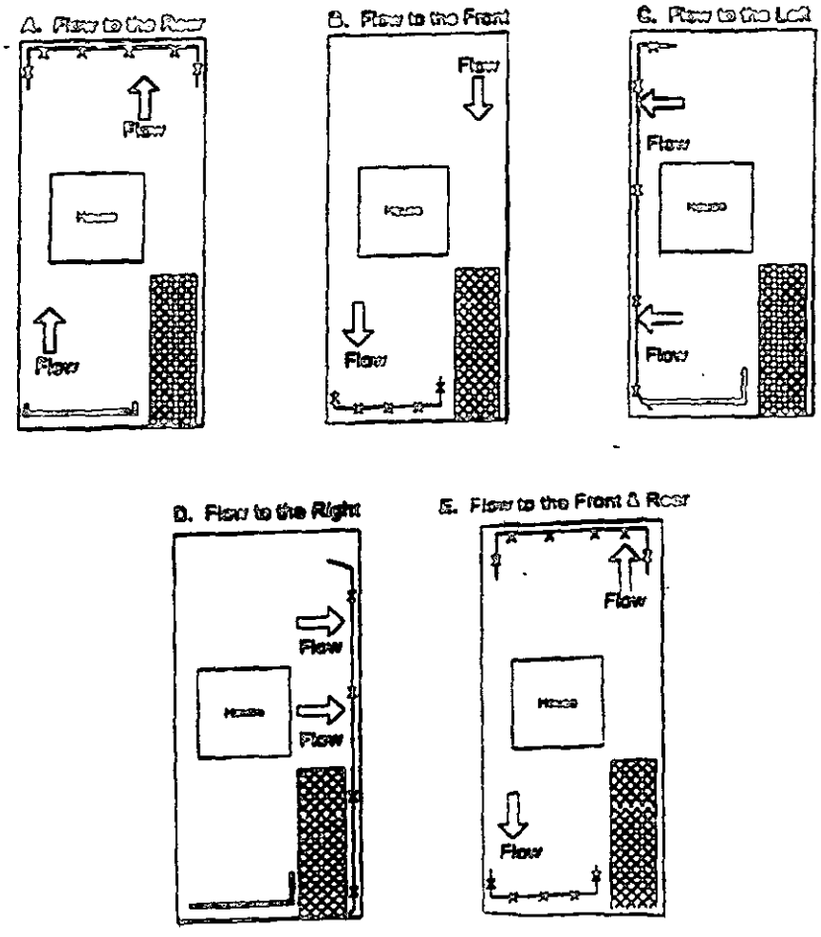
In addition, all properties must comply with the S.W.I.M. Stream Buffer Ordinance. To identify the buffer requirements for any lot or parcel of land, access the website: www.co.mecklenburg.nc.us/coenv/inside.htm, select SWIM then follow the instructions.

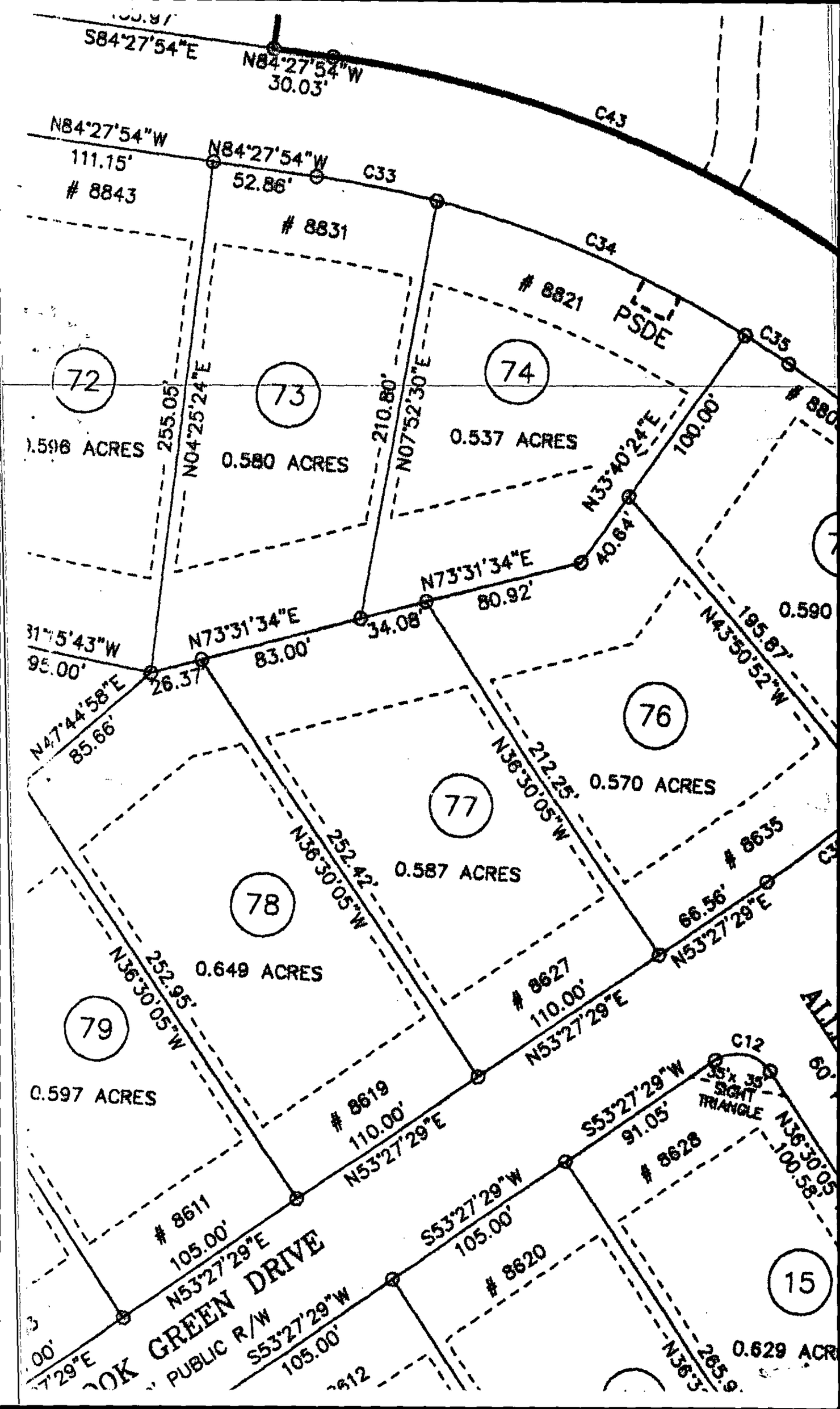
EROSION CONTROL OPTIONS

INSTRUCTIONS: IDENTIFY ONE OR ANY COMBINATION OF LETTERS FOR THE SCHEMATIC THAT BEST DESCRIBES THE EROSION CONTROL MEASURES THAT WILL BE USED DURING CONSTRUCTION.

LEGEND

- SILT FENCE
- CONSTRUCTION ENTRANCE
- DIRECTION OF FLOW (POINT DOWNHILL)
- BARRICADE (SUCH AS SILT FENCE, TREE PROTECTION BARRIER, ETC.)




S84°27'54"E
N84°27'54"W
30.03'
C43
N84°27'54"W
111.15'
8843
N84°27'54"W
52.86'
C33
8831
C34
8821
PSDE
C35
72
0.596 ACRES
255.05'
N04°25'24"E
73
0.580 ACRES
210.80'
N07°52'30"E
74
0.537 ACRES
N33°40'24"E
100.00'
40.64'
N73°31'34"E
80.92'
N73°31'34"E
83.00'
34.08'
26.37'
N47°44'58"E
85.66'
N43°50'52"W
195.87'
0.590
76
0.570 ACRES
N36°30'05"W
212.25'
77
0.587 ACRES
N36°30'05"W
252.42'
8635
66.56'
N53°27'29"E
78
0.649 ACRES
N36°30'05"W
252.95'
8627
110.00'
N53°27'29"E
79
0.597 ACRES
C12
35' x 35' SIGHT TRIANGLE
S53°27'29"W
91.05'
8619
110.00'
N53°27'29"E
8628
N36°30'05"W
100.58'
8611
105.00'
N53°27'29"E
S53°27'29"W
105.00'
8620
15
0.629 ACRE
OK GREEN DRIVE
PUBLIC R/W
S53°27'29"W
105.00'

Permit Number 43248 Tax Number 139-052-03

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	X No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I (II) III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system X 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	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
MUNICIPAL Serviced by private well	1500 Gallon septic tank	400 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	— Gallon pump tank	12" Depth of stone	

Any surface waters present: Type: Minimum separation distance:

Site modifications required:

Additional Conditions: (1) REQUIRES TYPE III-G INNOVATIVE REPAIR.
(2) AGREEMENT FORMS TO BE FILED W/REGISTER OF DEEDS OFFICE

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	X Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

1200 Absorption Area (Sq ft) 300 Total Trench Length (Ft)	N/A Depth of Stone Trench	9' 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.

DEHNR Authorized Agent Date 7/12/00

Owner/Agent Signature Date 7/14/00

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

PROPOSED PLOT PLAN

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

FILE: 4324B

TC: 139-052-03

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.

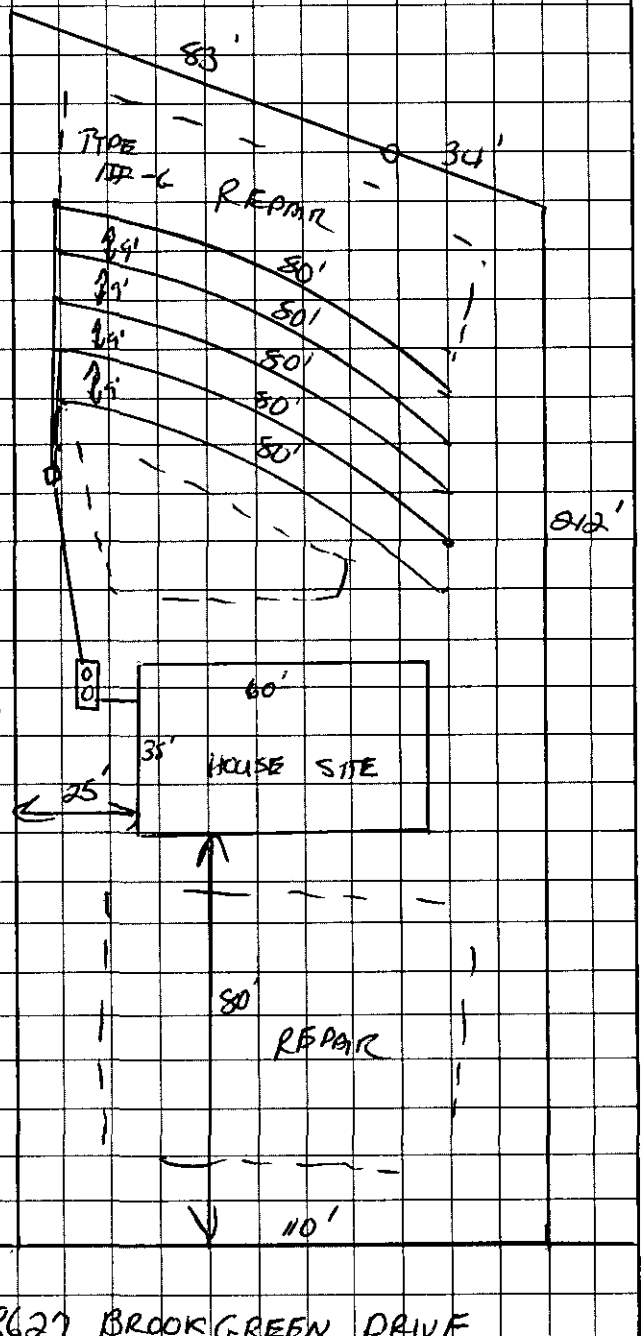
GLENCROFT SUBDIVISION
LOT 77
8627 BROOKGREEN DRIVE

SCALE 1" = 40'

(1) DESIGN IS FOR A THREE BEDROOM RESIDENCE, AS OPPOSED TO 4 BEDROOM ON ORIGINAL APPLICATION. OWNER TO SUBMIT AN UPDATED APPLICATION

(2) INSTALL DRAINLINES SHALLOW 24"-30" AND ON CONTOUR.

(3) REQUIRES TYPE III-C INNOVATIVE REPAIR, WHICH WILL REQUIRE AGREEMENT FORMS TO BE FILED FILE W/ REGISTER OF DEEDS OFFICE.



APPROVAL DATE 7-13-00

OWNER/AGENT SIGNATURE

DATE

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