

6800 NORMAN ISLAND DR

00103219

6/6/2007

duponbj

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

MECKLENBURG COUNTY

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

May 17, 2005

Elizabeth P. Godfrey
6800 Norman Island Drive
Cornelius, NC 28031

Dear Ms. Godfrey:

Subject: Septic System Inspection for 6800 Norman Island Drive, Cornelius NC 28031

After reviewing your letter dated May 11, 2005 it has been determined that the septic system serving the property located at 6800 Norman Island Drive was put into service on July 12, 1991. Based on this information your system is exempt from the required inspections and you are not required to contract with a certified operator to perform system maintenance.

It is recommended that you contract with a certified operator to maintain and service your Type IVa (Panel-Block) septic system. Experience has proven that these types of systems require routine inspections and service in order to ensure that they continue to function properly.

I apologize for the error in our records. Please disregard the inspection notice that was mailed to you on May 2, 2005. In the future, if you have questions or need assistance with your septic system please contact me at (704) 336-5568.

Sincerely,

Trevor Thomason, R.S.I.
Environmental Health Specialist

cc: MCHD File 5910A

700 North Tryon Street • Suite 211 • Charlotte, NC 28202
Phone (704) 336-5103 • Fax (704) 336-6894

Elizabeth P. Hassen Godfrey
6800 Norman Island Drive
Cornelius, NC 28031
704-892-3220

May 11, 2005

Mecklenburg County Health Department
700 North Tryon St., Suite 211
Charlotte, NC 28202

Re: Septic Inspection
6800 Norman Island Drive
MCHD File Number 5910A

Gentlemen:

The above mentioned inspection does not apply to my property. The septic system was installed in the Summer of 1991 and the house was occupied in October of 1991. This was prior to your regulations becoming effective on July 1, 1992.

Sincerely

Elizabeth P. Godfrey

Elizabeth P. Godfrey
(Elizabeth P. Hassen)

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Division
Groundwater and Wastewater Services

May 2, 2005

Hassen, Elizabeth P.

6800 Norman Island Drive

Cornelius NC 28031

Dear Property Owner:

The North Carolina Administrative Code [G.S. 130A-335(a) 15A NCAC 18A .1961(a)(2)(b)(j)] requires the Mecklenburg County Health Department to conduct routine inspections for all Type IIIb, IV, V, and VI septic systems installed or repaired, in Mecklenburg County, after July 1, 1992. Copies of the regulations are available in our office. You may also obtain a copy of the regulations by visiting:
http://www.deh.enr.state.nc.us/oww/Rulelaw/june2003Rules.pdf

Our records indicate that the Type **IIIb** septic system serving the property located at:

6800 Norman Island Drive
Cornelius NC 28031
MCHD File Number: 5910A

was due for inspection on: **6/5/2004**

The fee for this inspection is $85.00. Your payment should be received in our office no later than May 23, 2005. The system inspection will not be scheduled until payment is received in our office. Failure to comply with these requirements may result in legal action being taken against you.

Please mail payment or present in person to:
Mecklenburg County Health Department, 700 N. Tryon Street, Suite 211, Charlotte, NC 28202
Make checks payable to the Mecklenburg County Health Department. Include your phone number and the MCHD File Number listed above on the check. Do not mail CASH payment.

Once payment is received in our office, I will contact you to schedule an inspection time. If possible, I encourage you to be present during the inspection. This will allow an opportunity for you to observe the inspection process, receive information regarding your septic system, and ask any questions you may have about your system. System inspections take approximately one hour to perform.

Upon completion of the inspection you will be supplied with a copy of the inspection report. The report will include an assessment of the system's operation and recommendations to ensure your septic system operates in a safe and efficient manner. In addition, if you are served by a private well, a bacteriological sample will be collected and analyzed to assess the quality of your water supply source. The water analysis will be performed at no additional cost.

The septic system inspection and private well sampling programs are important initiatives intended to protect the public's health and groundwater resources in our community. Your cooperation in these efforts is greatly appreciated. Please contact me at (704) 336-5568 if you have any questions regarding this matter.

Sincerely,

Trevor Thomason, R.S.I.
Managed Systems Program Coordinator
Groundwater and Wastewater Services

PANEL Block

CERTIFICATE OF COMPLETION/OPERATION PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

FILE: 5910-A DATE: 7/12/91

TC: 001-032-18 ☐ L ☑ CRT

SERIAL № 12446

Name of Owner Elizabeth Hassen Juris.:

Address of Property 6800 Norman Island Dr.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 210'

Number of Lines 3 @ 70'

Cover Depth 6"

Water Supply Source CMUD

Distance to Water Source >50'

Excavation Inspected Y

Tank(s) Inspected Y, Y

Wash Line Inspected —

High Water Alarm Inspected installed

PLOT

Design: 1500 ST, 1000 PT, PI, mod 4245F PANEL, 24" SAND (LECI) CTR# 138

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

☑ Installed or constructed ☐ altered or repaired

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

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☐ Certificate of Completion ☑ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: 3 bedrm. PANEL Block sys. (3) 2'x70x24" sand.
Repair front of home. 3/4 hrs. Liberty pump.

Tim Whitlock, R.S.
Environmentalist

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

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 5910A
TC: PO 001 032 18
SERIAL: № 21586
☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 6800 Norman Island DR (STREET NO. / STREET) ② FILE: 5910A
③ JURISDICTION: Mecklenburg ④ TAX PARCEL NO.: PO 001 032 18
⑤ SUBDIVISION: Norman Island ⑥ LOT: 19B ⑦ BLOCK: D

OWNER

⑧ NAME: Elizabeth (FIRST) (MIDDLE) Hassen (LAST)
⑨ MAILING ADDRESS: 3427 Providence Rd
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28211
⑬ PHONE: (WORK) ⑭ (HOME) 366-8677

REQUEST

This request is for a(n):

⑮ ☑ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3
㉕ Type?
㉓ Maximum occupancy? 6
㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☑ no
㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☐ Individual well
B ☑ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Ronald H. Haldron
Date: 2/8/91

IMPROVEMENT PERMIT

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

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

... This permit is not transferable, and shall become null and void 60 months from the date of issuance.

Environmentalist / Date

Director or Authorized Section Head 3-13-91 Date

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

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

INSPECTION OF ENGINEERED SUBSURFACE SEWAGE SYSTEM

Mecklenburg — Health Department
Name of Establishment — 5910 A — Permit/Project No.
6800 Norman Island Drive — residence — 360 — Design Flow
Location — Type of Establishment
Elizabeth P. Hassen 3427 Providence Road, Charlotte, 28211
Owner/Agent — Address — Phone
None at the present (see note below) system installed 7-12-91
Operator — Address — Phone
Remarks Type IVa systems require: certified operator if installed after 7-1-9

	Yes	No	REMARKS
1. ESTABLISHMENT:			
Type, size, and sewage flow in accordance with permit?	☑	☐	
2. COLLECTION SYSTEM:			
No evidence of leaks into or out from sewer lines/manholes?	☐	☐	
Free of blockages/solids buildup in lines or manholes?	☐	☐	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):			
Tank risers accessible and surface water diverted?	☐	☑	Riser lid covered - did not remove
Tanks and access manholes structurally sound, watertight?	☐	☐	
Sanitary tee(s) in good working condition?	☐	☐	
Tanks pumped, cleaned out as needed?	☐	☐	Recommend pumping septic tank out to remove accumulated solids. We recommend pumping every 3-5 year
4. RAW SEWAGE LIFT STATION (If Present):			
Required pumps present, operating, and cycling properly?	☐	☐	
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☐	☐	
PUMP SYSTEMS:			
Required pumps present, operating, and cycling properly?	☑	☐	Did not verify whether or not alarm wa working.
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☑	Could not verify condition of floats/ pipe/valves etc. due to riser lid being covered.
Control panel enclosure/components in good condition?	☑	☐	
Elapsed time readings: _____ _____ _____ _____			
SIPHON SYSTEMS:			
No evidence of overflow or siphon leakage?	☐	☐	
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	
6. GROUND ABSORPTION FIELDS:			
No evidence of effluent surfacing/reaching surface waters?	☑	☐	This is a low pressure pipe panel syste
Minimal ponding in subsurface trenches?	☑	☐	I would recommend that the drain
Surface water being effectively diverted away?	☑	☐	lines be flushed and regulated
Diversions/ditches/swales/tile drains properly maintained?	☑	☐	every 6 months (this is a state
Line cover/vegetation adequate/maintained as needed?	☑	☐	requirement on newer systems).
Protected from traffic, destructive uses?	☑	☐	This will help extend the life of
Distribution devices in good condition, working properly?	☑	☐	the drainfield. I am enclosing
Repair area properly reserved, maintained?	☑	☐	a certified operators list - these
LOW-PRESSURE PIPE DRAIN FIELDS:			operators are certified by the State
Turnups/cleanouts/valves intact and accessible?	☐	☑	and maintain systems like yours
No effluent standing in lower laterals?	☑	☐	
Laterals free of excess solids, cleaned out as needed?	☐	☑	
Pressure head is properly adjusted?	☐	☑	

OVERALL CONDITION AND OPERATION OF SYSTEM: System looks good at the present t
I will re-inspect pump/floats/valves etc if riser lid is uncovered.

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)

DATE: 6-7-99 SIGNED: Larry B. Thompson, R.S. AGENT
Division of Environmental Health

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

SUMMARY OF IMPROVEMENTS NEEDED (*Continued*)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

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

_____
[Law or Rule(s)]

If suspended, the operation permit or certificate of completion remains suspended until violations are corrected. A hearing will be held prior to suspension or revocation if you file a petition for a hearing with the Office of Administrative Hearings, P. O. Drawer 27447, Raleigh, NC 27611-7447, in writing within the number of days specified above of your intent to attend the hearing. If you do not petition the Office of Administrative Hearings, the operation permit or certificate of completion will be suspended or revoked.

IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

This is to notify you of immediate suspension/revocation *(circle one)* of your operation permit/certificate of completion *(circle one)* for the following violations: _____
[Law or Rule(s)]

If suspended, the permit or certificate remains suspended until the violations are corrected. You will be notified of the day and location of a hearing on this suspension or revocation by a hearing officer from the Office of Administrative Hearings.

This the _____ day of _____, 19____

_____ Agent
DIVISION OF ENVIRONMENTAL HEALTH

INSTRUCTIONS

Purpose: Article 11 of Chapter 130A requires the Commission for Health Services to adopt rules governing the design, construction, and operation of sanitary sewage systems. 15A NCAC 18A .1937 specifies that the local health department shall determine whether systems with an Operation Permit are operating properly at a frequency specified in Rule .1961, Table V(a), and that systems which exceed 3,000 gallons per day and other systems which are required to be designed by a professional engineer shall be reinspected annually. This form is developed to be used in making inspections of engineered subsurface sewage systems.

Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for:

1. Original to be left with the responsible person.
2. Copy for the local health department.
3. Copy for the Environmental Health Services Section, Division of Environmental Health.

In the event the permit is suspended or revoked, complete the portion above.

Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the *Records Disposition Schedule* published by the N. C. Division of Archives and History.

Additional forms may be ordered from:
Environmental Health Services Section
Division of Environmental Health
P. O. Box 27687
Raleigh, NC 27611-7687
(Courier 52-01-00)

MAINTENANCE INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

PAST DUE NOTICE

Elizabeth P. Hassen
3427 Providence Road
Charlotte, NC 28211

Please Make Check Payable To:

Mecklenburg County Health Department
700 N. Tryon Street, Ste 211
Charlotte, NC 28202

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

6800 Norman Island

Name	Site Address	Tax Parcel	File #	# Bedroom	System Type
Elizabeth P. Hassen	~~3427 Providence Road~~	001-032-19	5910A	3	IIIB

Total Amount Due: $85.00

Please use the space below, to make any corrections to property information.

Name _____

Site Address _____

_____

Bedrooms _____

Recd
85.00
chk #
4258
6/3/99
6-7-99

BILL INFORMATION

Current Date	Billing Date	Payment Past Due Date
5/20/99	4/19/99	5/19/99

Direct Questions Concerning This Bill To ..... (704) 336-5102

☐ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
Your Canceled Check Is Your Receipt

DO NOT SEND CASH

BK: 06476 PG: 0177/0177 #:0036 6.00
REGISTERED MAR/13/1991 10:33AM ANNE A. POWERS REGISTER OF DEEDS MECK. CO. N.C.

FILE NO. 7910A

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

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

The undersigned, Ronald H. Waldron

wner of property located at 6800 Norman Island Dr

the site") and described in an instrument recorded in Book 6312 at Page 363, Mecklenburg Public Registry,

reby acknowledges that he applied to the Mecklenburg County Department of Environmental Health ("the Department") for a permit to stall a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordnce with the regulations promulgated by the North Carolina Commission for Health Services as 10 NCAC 10A .1934 et seq; that the epartment originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requeste ssuant to 10 NCAC 10A .1948(c) that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank ystem proposed by the undersigned; that the Department considered various studies, data and other information which indicate to the Depa ent that the septic tank system proposed by the undersigned can reasonably be expected to function satisfactorily and thus that the findin ecified in 10 NCAC 10A .1948(c)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally itable" and issued an appropriate permit for such proposed septic tank system.

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

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

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

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

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

This 12 day of MARCH, 1991.

Mecklenburg County Health Dept.
1200 Blythe Blvd.
Charlotte, NC 28203

Ronald H. Waldron (SEAL)

(SEAL)

TE OF NORTH CAROLINA
UNTY OF MECKLENBURG

I, Sharon J. Hubbard, a Notary Public for said County and State, do hereby certify that Ronald H. Waldron personally appeared before me this date and acknowledged the execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 12th day of March, 1991.

Sharon J. Hubbard
Notary Public

My Commission Expires July 5, 1995

Commission Expires

TE OF NORTH CAROLINA

...or said County and State, do hereby certify that

State of North Carolina, County of Mecklenburg

his day and acknowledged that he is

The foregoing Certificate(s) of Sharon J. Hubbard

I as the act and deed of said corporation, the foregoing

, sealed with its corporate

, 198 .

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 Robin M. Jamerson Deputy - Register of Deeds

Notary Public

Commission Expires

0000 6475 0177

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
MAR 27 1991
ENVIRONMENTAL HEALTH
DIVISION

7/5-

Mecklenburg County
Health Department

April 19, 1999

Elizabeth P. Hassen
3427 Providence Road
Charlotte, NC 28211

RE: 6800 Norman Island Drive

Dear Ms. Hassen:

This letter is being sent to all home/business owners in Mecklenburg County with septic tank systems that utilize pumps. In 1990 the North Carolina Administrative Code governing septic tank systems was amended to require routine maintenance and inspection of certain septic tank systems. Research conducted on septic tank systems has shown that properly maintained systems perform better and protect the home/business owner's investment. These State rule changes required local health departments to perform additional inspections without additional resources. During the 1998-99 budget hearings, the Mecklenburg County Board of County Commissioners (BOCC) approved user fees to offset costs and to allow the local health department to comply with mandatory enforcement requirements in the State regulations.

Since you have a pump system, these new rules and fee requirements affect you. The fee is $85.00 and is due upon receipt of this notice. We will visit your property and make assessments and recommendations for the continued efficient operation of your septic tank system. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The process, including fee assessment, will be repeated every five (5) years. The fee amount may change in the future.

We are excited about the interest and support demonstrated by the BOCC. Past performance in this area was more enforcement oriented rather than supportive. One of our goals is to establish our department as a resource to you to aid and assist you with this and related public health concerns. The inspection program and the water analysis are important to the health of you and your family. This is a very important initiative intended to protect the public's health while improving and preserving our groundwater resources.

Your prompt fee payment will activate our inspection process. Your comments and questions regarding this matter are encouraged and welcomed.

Sincerely,

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

Enclosure

cc: Fiscal Services Manager, HMHCS

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

FILE: 5910A DATE: 7/2/91

TC: P.O. 001-032-18 ☐ L

SERIAL Nº 15000

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 2/8/91. All work shall be completed on or before 8/2/91, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

System to be installed in accordance with approved plott plan.

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1500 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 2' feet

Total Line Length 210' TJJ Panel feet

Number of Lines 3 (70')

Depth of Stone - inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well > 50 feet

PLOT OF SYSTEM

NAME OF OWNER Elizabeth Hassen

LOCATION OF PROPERTY 6800 Norman Island Dr

Comments: 210' Panel Block System
System to be installed in accordance with approved plott plan

Division or Section Head

Phila S. Walker R.S.
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

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

Date: Febuary 18, 1991

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

Calculations Approved 3-7-91
Layout Approved 3-8-91

To: Ronald H. Waldron
Rt. 2 Box 5HD
Mooresville, N.C. 28115
Phone 704-664-1490 w

Subject: Lot 19 B Norman Island Drive Mecklenburg County
File # : 5910A
Parcel :

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 .30 gpd. 360/.30 = 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.

Line	# Panel	# Hole Per Panel	Size Hole	Line Head	Line Length	Hole Flow	Per Panel Line Flow min
A	16	one	3/16	2.0ft	70 '	.59	9.44
B	16	one	3/16	2.0ft	70 '	.59	9.44
C	16	one	3/16	2.0ft	70 '	.59	9.44
E		repair			35 '		
F		repair			59 '		
G		repair			105 '		
					199		
Totals	48				210 '		28.32

CALCULATIONS FOR PUMPED SYSTEMS:

Head: Friction loss = 1.85 (100%)
Total lift = 11.30 (99.60 + 2 - 90.30 = 11.30) elev.
TDH = 13.15
20% margin = 17 ft (13.15 / .8 = 16.44 = 17 ft)

Pump Size: 36 (28.32/.8) gallon per minute at 17 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 group 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 = 100 lf = 1.00 * 1.54 = 1.54

fittings = 1.54 * .2 = 0.31

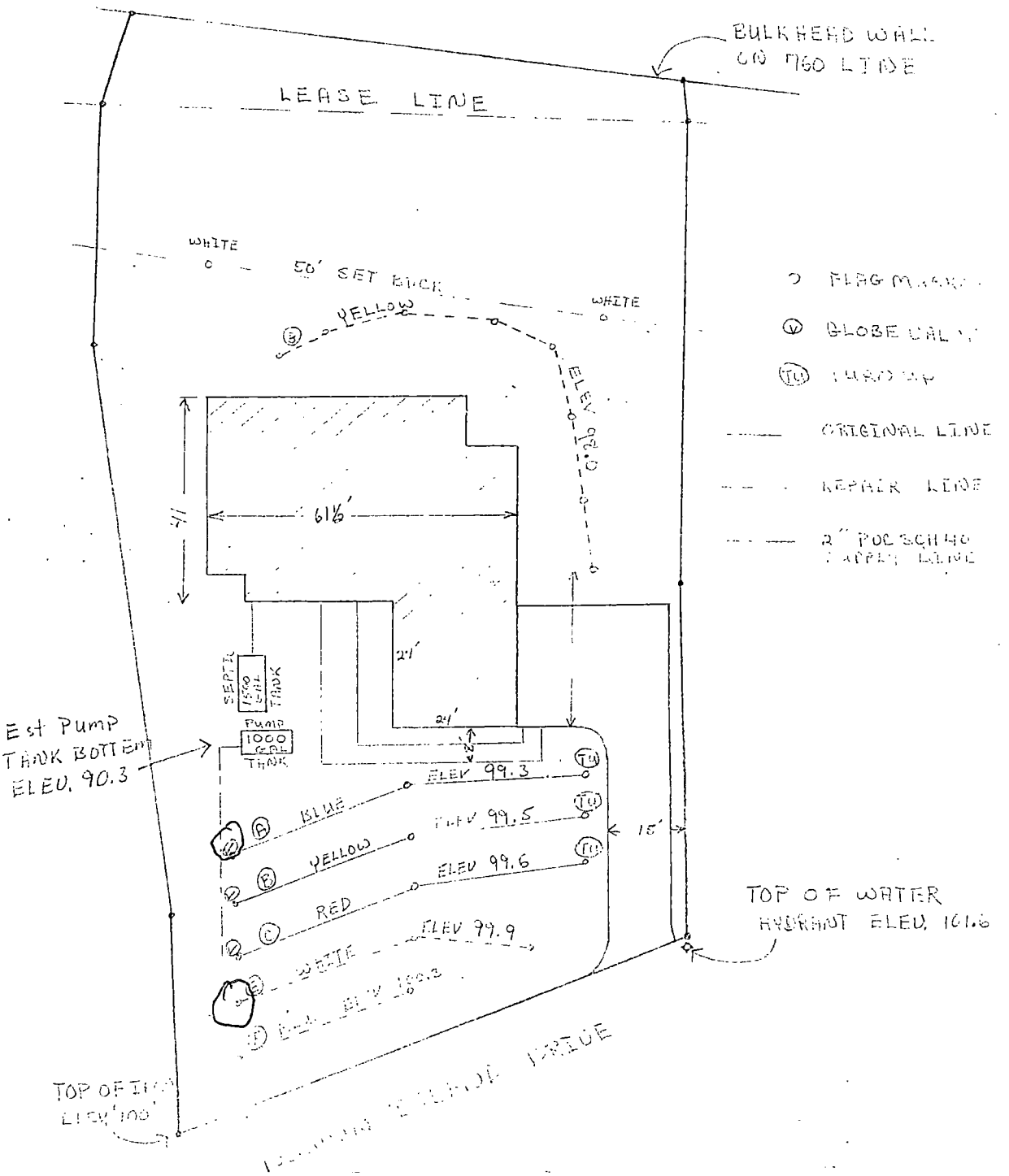
total 1.85

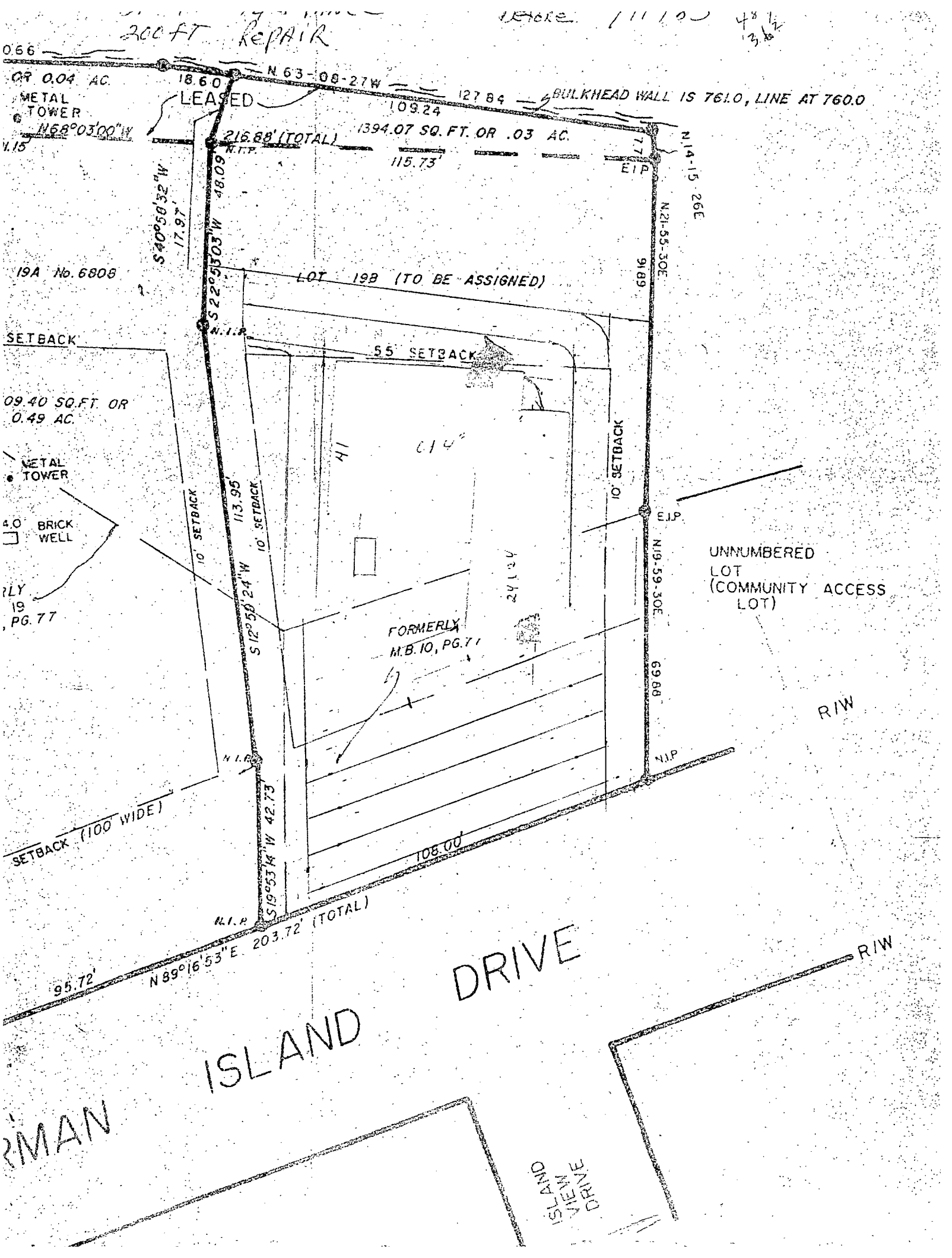
MECKLENBURG COUNTY

LOT 198 TOORMAN TOWNLAND DRIVE

FILE # 5910A

LAKE NORMAN




300 ft REPAIR
0.66
OR 0.04 AC.
METAL TOWER
N68°03'00"W
18.60
LEASED
N 63-08-27W
127.84
BULKHEAD WALL IS 761.0, LINE AT 760.0
109.24
1394.07 SQ. FT. OR .03 AC.
216.88' (TOTAL)
N.I.P.
115.73'
E.I.P.
N.14-15 26E
S40°58'32"W
17.97'
48.09
S22°53'03"W
N.21-55-30E
69.16
19A No. 6808
LOT 198 (TO BE ASSIGNED)
N.I.P.
SETBACK
55' SETBACK
09.40 SQ.FT. OR
0.49 AC.
METAL TOWER
4.0 BRICK WELL
10' SETBACK
113.95'
10' SETBACK
S12°50'24"W
24.12'
10' SETBACK
E.I.P.
N.19-59-30E
UNNUMBERED LOT (COMMUNITY ACCESS LOT)
FORMERLY M.B. 10, PG. 77
69.88
R/W
N.I.P.
N.I.P.
SETBACK (100' WIDE)
S19°53'14"W 42.73'
108.00'
N.I.P.
95.72'
N89°16'53"E 203.72' (TOTAL)
ISLAND DRIVE
R/W
ISLAND VIEW DRIVE

DESIGN, INSTALLATION AND MAINTENANCE

OF THE

T & J PANEL WASTEWATER TREATMENT SYSTEM

FOR

SANITARIANS

AND

SEPTIC TANK INSTALLERS

Although this manual is sectioned for specific user groups, we at T & J Panel suggest that you familiarize yourself with the complete manual.

Sanitarians

In the early days of the T & J Panel System, when it was still considered an experimental system, the primary reason for permitting the Panel System was because of insufficient space for a conventional system. Now with inclusion in the Sewage Regulations(10NCAC 10A .1956(3)(a)(ii)), the Panel System should be considered when a quality effluent may be needed, space is limited, usable soil is limited, or there are indications that at some future time, space may be needed for other uses. When there is a trend for added development such as additions to homes, pools, or other special landscaping development the T & J Panel System may prevent insufficient space later. As an example, there was a subdivision where three of five homes in the same block added in-ground pools. Each of these pools impacted the existing nitrification lines. As a sanitarian, if you can foresee such a trend developing, discuss the Panel System with the home owner.

As noted in the regulations, the PPBPS is only permitted where soils are suitable for a conventional system, however, only one-half of the space is needed. The Panel System will allow the use of the best soils on the lot. This system may be gravity fed or pumped using the LP Panel System as described. Most of the concepts for a T & J Panel layout are the same as for a conventional system. The biggest differences are areal area needs and quality of effluent being introduced into the soil.

Conversion

A three bedroom house with a 0.4 gpd application rate. (First three steps are the same as the conventional line)

1) 120 gallons per bedroom x 3 bedrooms = 360 gallons per day design flow rate.

2) 360 flow rate/0.4 application rate = 900 sq. ft. of trench bottom.

3) 900 sq. ft./3 ft. wide trench = 300 lineal feet of conventional system.

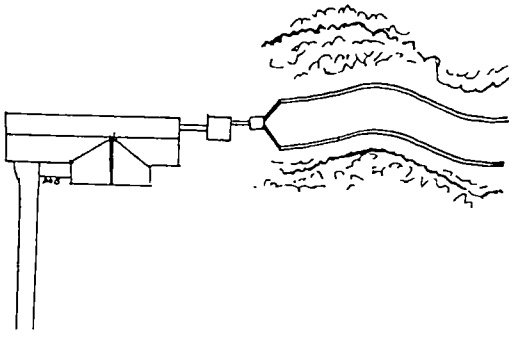
This conventional layout requires 2700 sq. ft. of area on the lot and equal space for repair for a total of 5400 sq. ft. of suitable and usable area. To calculate the T & J Panel System size, the above calculations must be made with an additional fourth step as described in 10NCAC 10A .1956 (3)(a)(ii)(B) for a PPBPS (the T & J Panel System)

4) 300 lineal feet of conventional system x 0.5 for a 16 inch high Panel System = 150 lineal feet of T & J Panel trench.

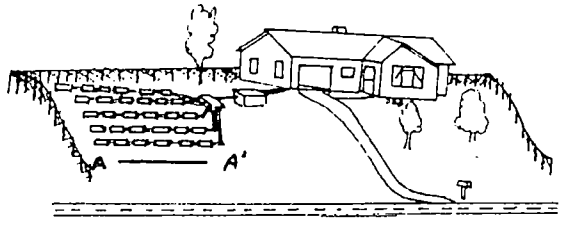
A Panel System requires only a 1200 sq. ft area on the lot for the system and equal area for repair. With the Panel System the installation and repair can go into the same space as the initial area required by a conventional gravel trench system.

Window Effect

Areal space should always be a consideration for any system, however, it is especially notable with the Panel System as with any system that reduces the size of the areal area drainfield. The following is a simplistic example of this concept.



RIGHT

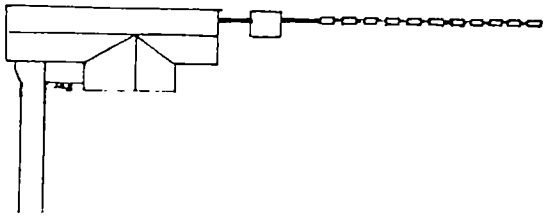


WRONG

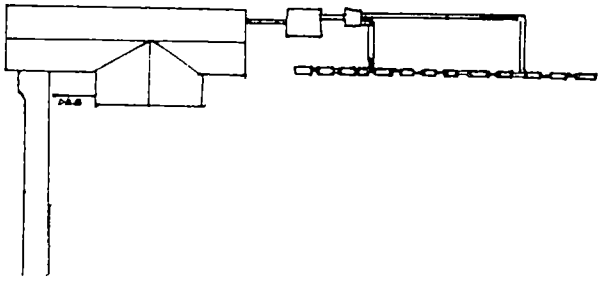
While both systems have the same lineal footage of trench the lower diagram is not a desireable design. The effluent must pass through the area A-A' which can cause a strain on that area and even a failure because of hydraulic overloading.

Distribution

Another extreme would be the use of a long single trench fed from only one end. In the first example, below the areal space is good and the chance of hydraulic overloading is greatly reduced. However downline distribution in the panel line will not give optimum treatment.



WRONG



RIGHT

In the lower example we see that the trench has been feed from multiple points. Because the Panel lines are put in as level as possible, never exceeding 1/4 inch of fall in 10 feet of run, they feed both ways equally. T & J recommends that no gravity line exceed 50 feet, unless it is fed from multiple points. In both of these examples, we are specifying the Panel System, but the logic applies to the conventional system as well.

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 _____

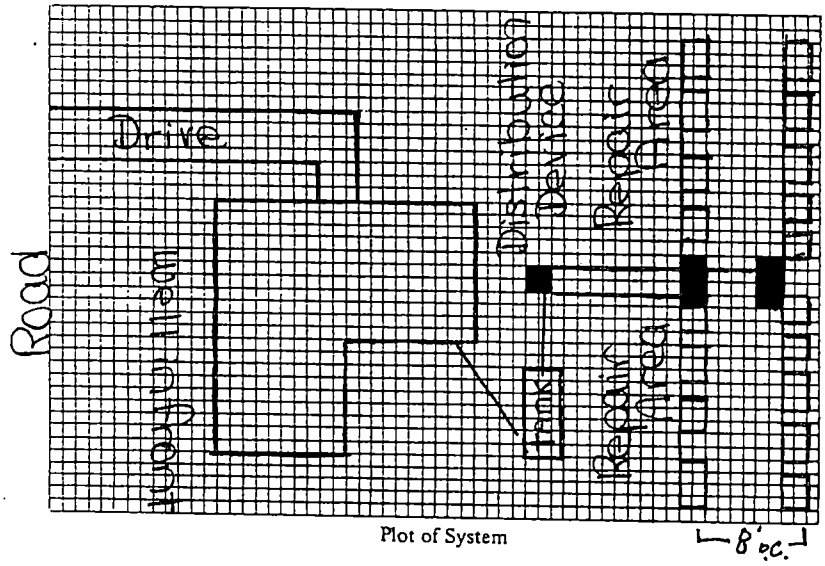
No. Bedrooms 3 No. Bathrooms 2 1/2

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



Plot of System

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)

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 ( )

Lot Area 20,000

Character & Porosity of Soil clay loam over clay

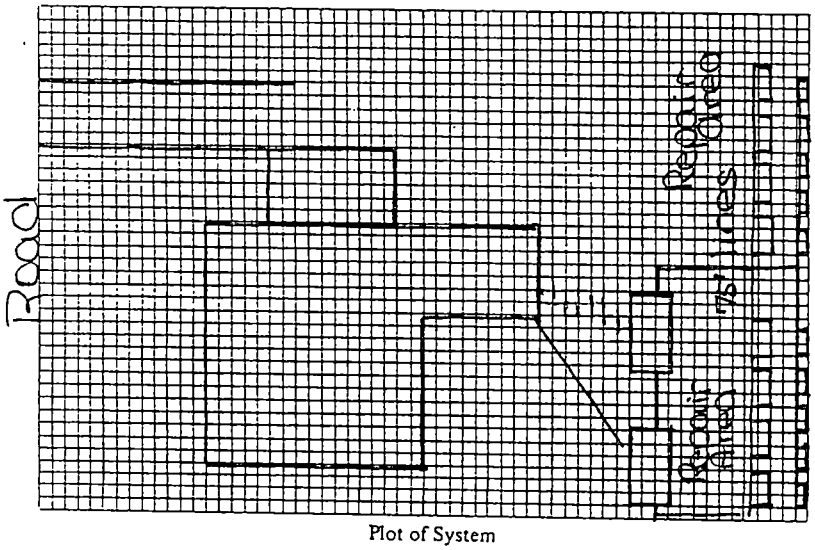
Percolation Rate 0.4 gal/ft²/day

Topography 6% slope

Depth to Water Table >100"

Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing _✓_ No Basement Pressure Distribution



Plot of System

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

Nitrification Field:

No. of Lines 2 (75') lines of T&J

Sq. Ft. 900 Linear Ft. 150

Depth of Stone in Lines 24" 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: pump sized by head 2-4' at turn up

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

How Many Panels Do You Need?

To calculate the number of 16 inch high panels needed for a 150 foot line, multiply 150'x 12" = 1800" then divide by 52" which is 46 inches for the panel and 6 inches for the space between the panels in the trench. 1800" /52" = 34.6 panels, so you would call for 34 panels. (A material order chart is included in the installer section of this manual.) If there is to be more than one trench, the sizing of the lines should be as equal as possible with as close to the same number of panels in each trench as is practical. A permit will normally show the panel as small blocks on the line. The following two pages are sample copies of permits for Panel systems.

Gravity or Pressure

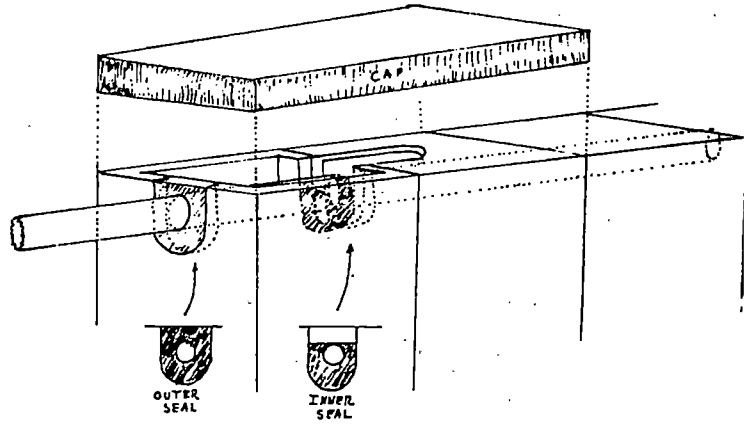
The T & J Panel System can be installed as either gravity or a low pressure distribution system. When designing a pressure system the principles of low pressure distribution are as described in the LPP manual. There is further discussion on pressure systems in the installer section of this manual. One of the attached permits is for a LP Panel drainfield.

Backfill

Backfill sand shall be a clean, washed, medium sand that is naturally occurring and falls within the gradation of ASTM C-33 specification. This specification is one that is used in the ready mix industry and is readily available in all areas. The second type of sand that you will need is a clean particle sand to coat the bottom of each panel's top chamber with a bed of sand one inch thick. This sand is a medium grade of sand blasting sand. Each one hundred pound bag should cover eight panels. Backfill sand calculations should be taken from the material sheet.

Tar Seals

The two drawings below illustrate the inner and outer seal. Note that while the outer seal is a complete seal, the inner seal is only up to the top of the connecting pipe. This is to allow for over flow of the effluent at peak use periods into the lower air chambers. At this point the air chambers become additional storage chambers for the effluent.



Trench Preparation

Trench grade should be established so that backfill cover will be four to six inches over the tops of the panels. (Note on severe slopes system depth should be adjusted to protect against brakeout of effluent) In clay type soils the trench side walls should be raked to bring slicked over areas back as near to original structure as possible. A light dusting of lime on the side walls is required to promote the soil structure.

Final Inspection

The following list of points are things that an inspector should look for before issuing an completion permit.

1) Is depth of the panels within guidelines?

2) Are drain lines level or less than 1/4 inch fall in ten feet?

3) Have seals been properly constructed?

4) Was the proper sand used in the trench backfill?

5) If in clay type soils were the side walls raked and limed?

(For Pumped Systems)

6) Have pump size, head pressure, and dose cycle been properly sized and set?

(Set dose cycle for 3.6 gallons per 16 inch high panel.)

Installer

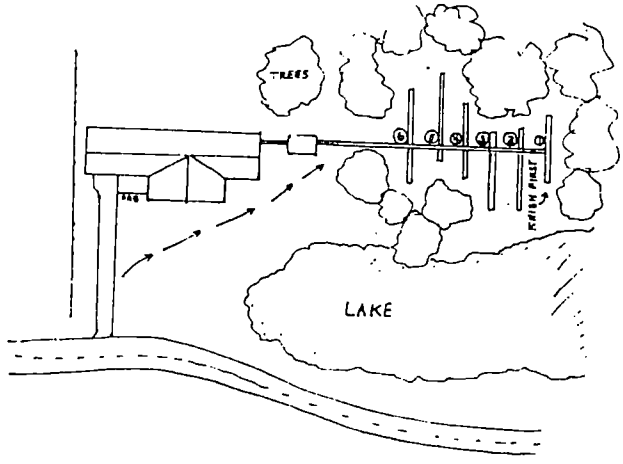
Generally, on level open land, a Panel System can be installed in about the same time as a conventional system; however, traditionally, Panel Systems have been installed where space and topography have restricted use of a conventional system. For this reason Panel System installations have required more time. Many installers enjoy the change of working with panels, not handling gravel, and the satisfaction of knowing a system is being installed where previously a conventional system was not possible.

Ordering Materials

Enclosed on following two pages you will find an order sheet for the T & J Panel System and a materials chart for 16 inch high Panel System. The distributor in your area will lead you through these sheets when ordering or pricing the system. For information on the distributor located closest to you call 1-800-222-2577 (inside N.C.) or 704-872-9566. After ordering, your panels will be shipped to the job site banded together on pallets.

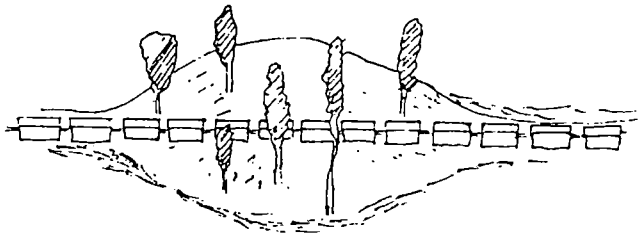
Installation Tips

Installation for multiple line systems should begin in the most confining area and be worked to the more open areas.

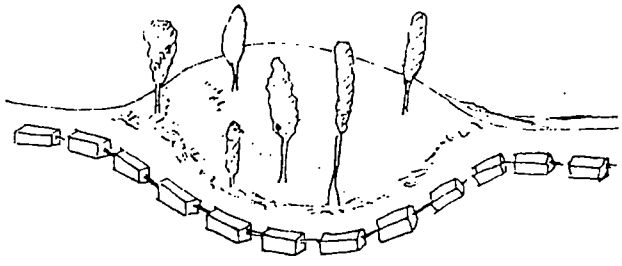


Above is an example of a multiple line installation. As you can see the installation should begin with the line marked 1 and proceed to 2, 3, then 4. This procedure will greatly ease material handling and backfilling. (Note sections of the drainlines should be left uncovered to allow for inspection of lines when area is confined and return access to lines is limited.)

On the following page are two examples of drain lines on sloping lots. The first drawing shows the drainline going through a slope making the center of the line deeper in the ground. This is not a desirable situation. The second drawing shows the drainline going around the slope keeping the trench depth and cover uniform for the entire length of the line. On slopes care should be given to avoid cutting away valuable top soil in an effort to make straight lines. Panel lines can be curved to almost any degree.



Wrong



Right

Digging The Trench

Start by shooting the grade and marking the contour. Then for a 16 inch panel add 28 inches to the shallowest or lowest grade that the trench must cross to obtain the trench bottom grade. Now dig the trench at the elevation derived, checking the grade frequently. The trench should be a minimum of two feet wide. With the trench open all sidewalls shall be raked to bring smeared areas back to their original structure before a light dusting of lime is applied. Now place a 6 inch layer of backfill sand in the trench and level to grade, then place a 1 x 4 or 6 inch board flat on it's side on top of the 6 inch layer of sand. Once more check the grade of the trench by shooting the top of the board. Once the grade boards have been set, the panels may be set into the ditch by hand or using the backhoe. Each panel weights about 155 pounds and placement by hand goes quickly. The panels should be placed about 6 inches apart in the trench to obtain equal spacing. Now place 10 to 12 pounds of clean particle sand (medium sand blasting sand) in the top chamber of each panel to form a bed of sand about one inch thick. Tar seal rope should be placed in the U outs to form seals as shown in earlier drawings. Once the tar rope is in place, a 24 inch section of two inch PR160 pipe is cut to span from the upper middle top chamber of the first panel to the upper middle chamber of the next panel. The tar seal rope that is used should be of tar or butyl that is soft and pliable to obtain a water tight seal. Now that the connection and sealing is complete a block cap is placed on each end of the panel covering all openings.(These will be delivered with the panels.) The cap block may well serve as an inspection port at some future date. The trench is ready to be backfilled to the top of the panel with the same backfill sand used in the trench bottom. With the sand to the top of the panel, trenches should be left for the sanitarian to inspect. Soil cover should be added after the final inspection.

Most Panel Systems are currently used due to space considerations and caution should be taken to preserve suitable soil structure and site conditions.

Materials Chart For 16 Inch Panels

Materials needed per panel:

- Three feet of half inch tar seal rope per panel.
- Two feet of two inch PR160 pipe per panel or same linear feet as line layout of pressure system of one and a quarter inch pipe. Add pipe for tie in of lines to tank and house.
- One hundred pounds of partical sand (sand blasting sand fine texture) per eight panels.
- Same linear feet of one by six boards as line length.
- Bag powder lime when in clay soils.

Panel and C-33 Sand fill

50 LF - 11 panels
8¼ tons sand

60 LF - 14 panels
10 tons sand

70 LF - 16 panels
11½ tons sand

80 LF - 18 panels
13¼ tons sand

90 LF - 21 panels
15 tons sand

100 LF - 23 panels
16½ tons sand

110 LF - 25 panels
18¼ tons sand

120 LF - 27 panels
20 tons sand

130 LF - 30 panels
21½ tons sand

140 LF - 32 panels
23 tons sand

150 LF - 34 panels
25 tons sand

160 LF - 37 panels
26½ tons sand

170 LF - 39 panels
28 tons sand

180 LF - 41 panels
30 tons sand

190 LF - 43 panels
31½ tons sand

200 LF - 46 panels
33 tons sand

T & J Panel Material Worksheet

Homeowner _____ County _____

Address _____

_____

Description of System _____

_____

_____

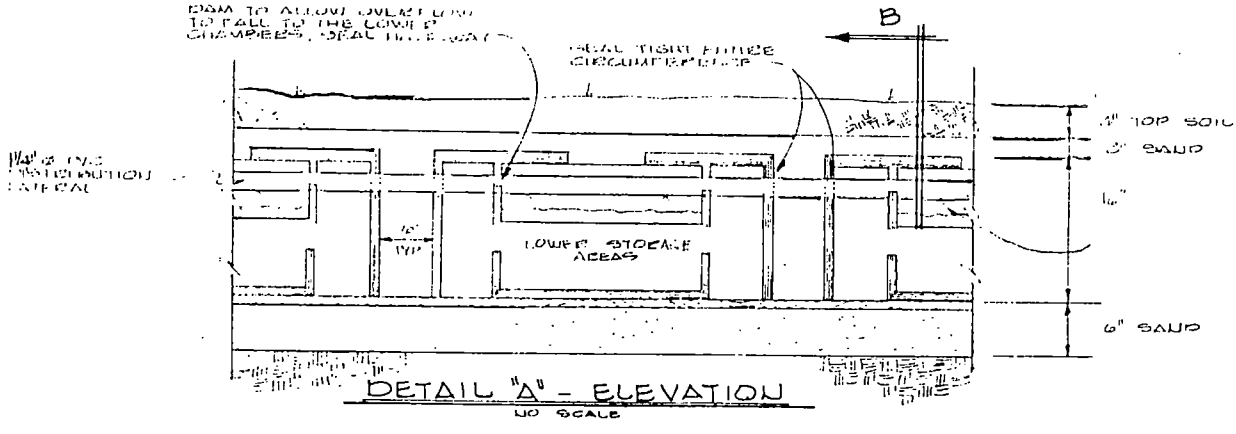
_____	T & J Panels _____ Inch (caps N/C)	_____
_____	2" Pipe	_____
_____	1 1/4" Pipe	_____
_____	Fittings for Pipe	_____
_____	Tar Seal Rope (3' per Panel)	_____
_____	Bag Partical Sand (100 lbs per 8 Panels)	_____
_____	Pallets (Returnable)	_____
_____	Screened Creek Sand (FM 2.3 to 3.0)	_____
_____	1x4 or 1x6 Boards	_____
_____	Power Lime	_____
_____	Sep Tank _____ Gallon	_____
_____	Tar Seal for Tank	_____
_____	4" PVC Pipe Schedule 40	_____
_____	Distrobution Box	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Sub-total	_____
	Delivery Charge	_____
	Tax	_____
	Total	_____

Panels With Pressure Distribution

The LP Panel uses Technology similar to that of Low Pressure Pipe (LPP) System. The tables and distribution design described in the LPP manual are applicable to the pressure Panel System. The system should be used with two to four feet of head. In many respects an LP Panel is similar to an LPP with the holes discharging into the panels.

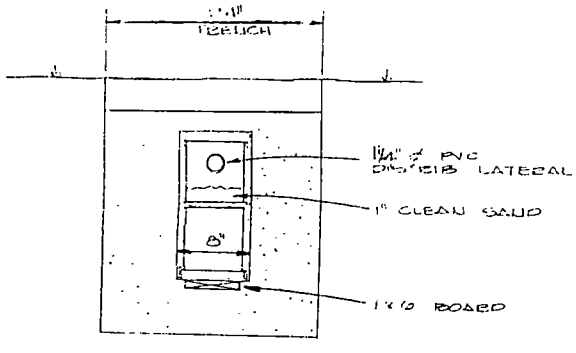
The dosing cycle for the Panel System is designed to pump enough effluent to fill the top chambers of all the panels in the system. The top chamber of a 16 inch panel holds 3.6 gallons. When the system has 34 panels and all the holes are the same size, then you would multiply 34 X 3.6 to get 122 gallon per dose cycle. The holes are drilled in the distribution pipe at the 10 and the 2 o'clock position. These are then placed so that the effluent is pumped into the top center chamber of the panel. If the hole sizing changes then the pump cycle is set by the hole that is discharging the fastest.

All valves and turn ups should be neatly capped, covered, and labled for future service. Pump tanks should be constructed as shown in drawing as to allow for service and or repairs.



DETAIL "A" - ELEVATION

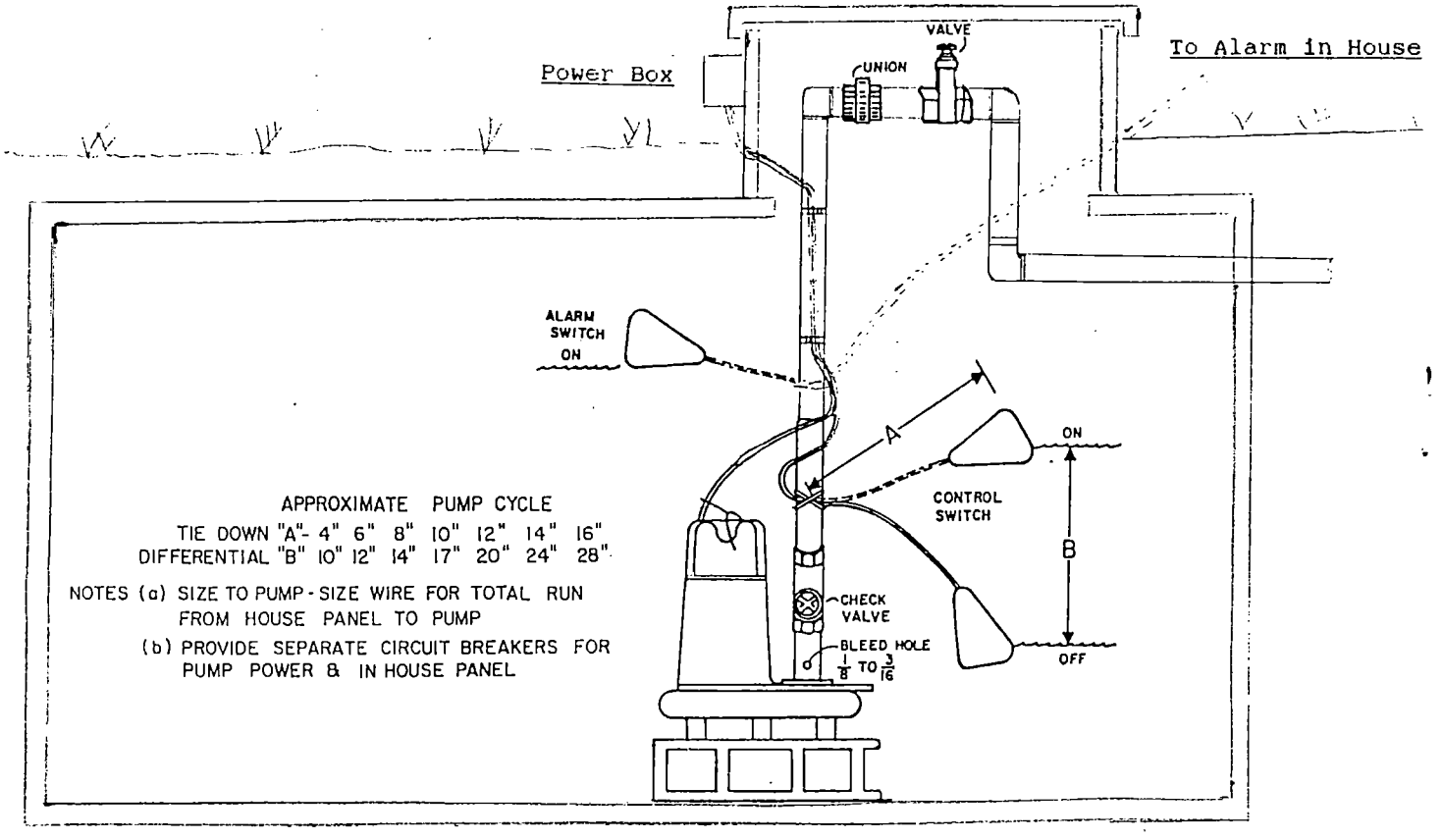
NO SCALE



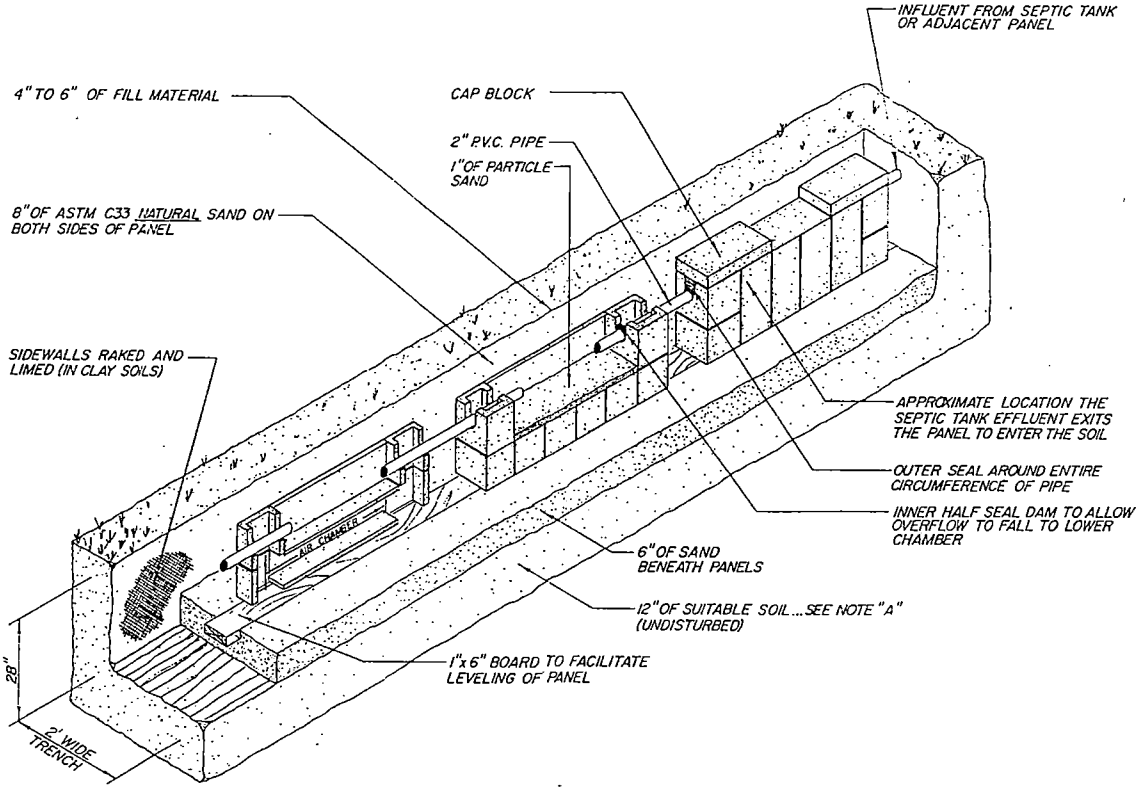
DETAIL "B" - SECTION

NO SCALE

Pump Tank Drawing

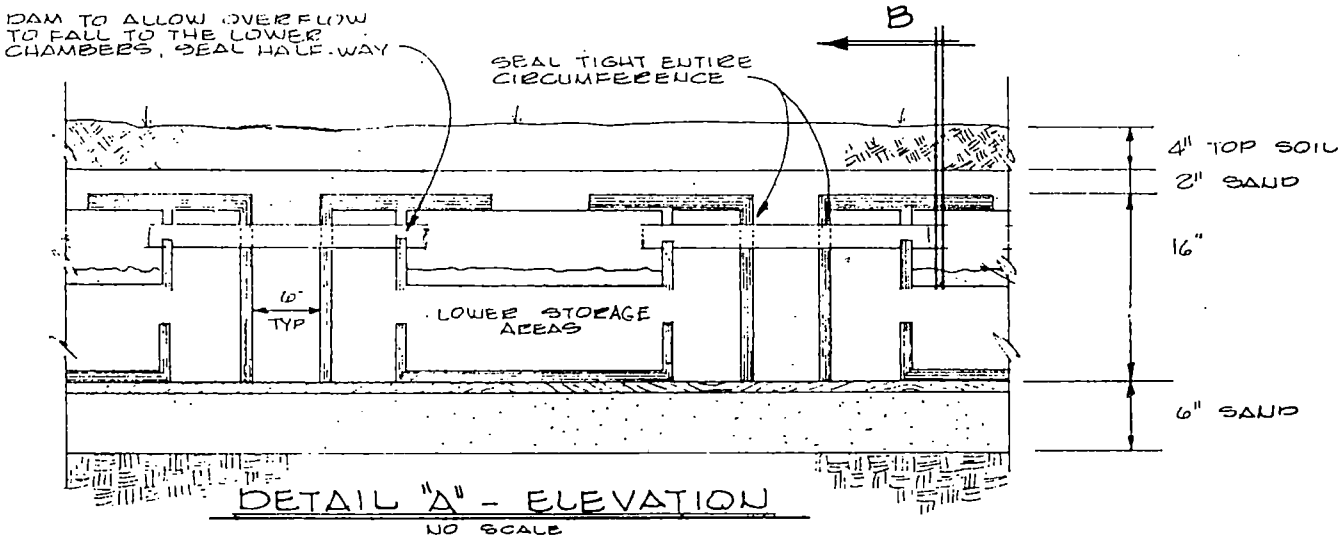


Isometric Drawing of a Segment of 16" T&J Panel Drainfield

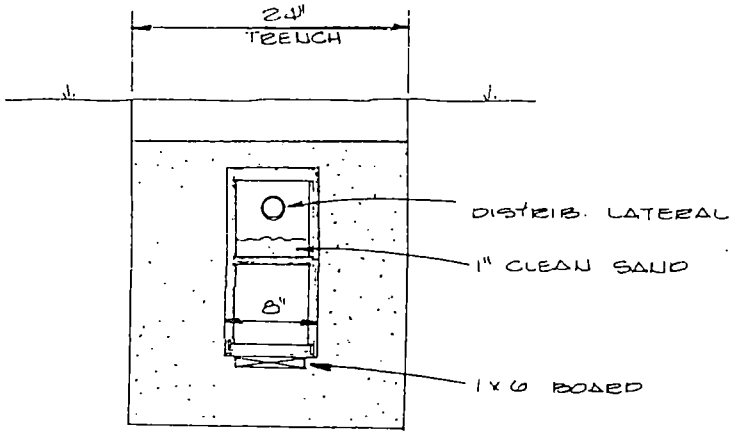


THE T. & J. PANEL
WASTE WATER TREATMENT SYSTEM
PATENT NUMBER 4013559

P.O. Box 288 • Statesville, North Carolina 28677
N.C. WATS 1-800-222-2577 • (704)872-9566



DETAIL "A" - ELEVATION
NO SCALE



DETAIL "B" - SECTION
NO SCALE

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 2-6-91

Name/Company: Gerald N. Waldron

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
FEB 8 1991

Sanitation _____

Vector Control _____

O.P.W.D. X

Service: Encroachment Permit
6800 Norman Island
Or
FILE # 5910-A
AMEND PLOT PLAN / NEW OWNER

Fee: $ 200.00

CK 390
$100.00
Overpaid
for mobile
Refund
Linda
Pruett

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by _____

Collected by _____

Mecklenburg County
Health Department

March 12, 1991

Ronald H. Waldron
Route #2, Box 5HD
Mooresville, N. C. 28115

RE: Property located at 6800 Norman Island Drive
FILE: 5910A
PARCEL: 001-032-18

Gentlemen:

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

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

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

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

Sincerely,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

GV/kjb

Enclosures - 3 Septic Tank Agreement Forms

WANDA SMITH & ASSOCIATES
REALTORS

February 15, 1991

I, Wanda Smith, transfer all monies applied for previous septic system permit for Lot B, 6800 Norman Island Drive.

Wanda Smith

Wanda Smith

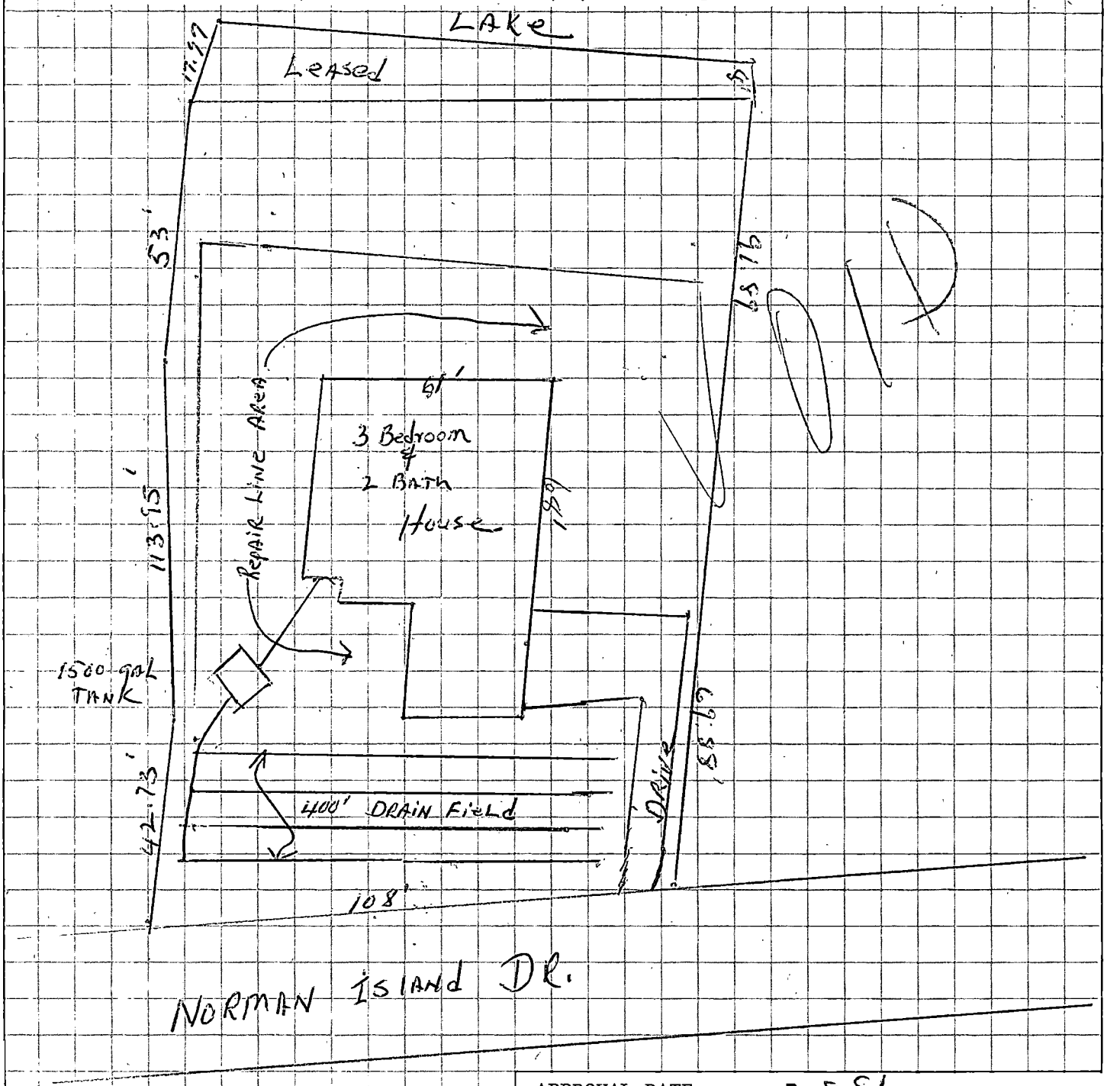
PROPOSED PLOT PLAN

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

FILE: 5910 A

TC: PO 001 032 18

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 2-8-91

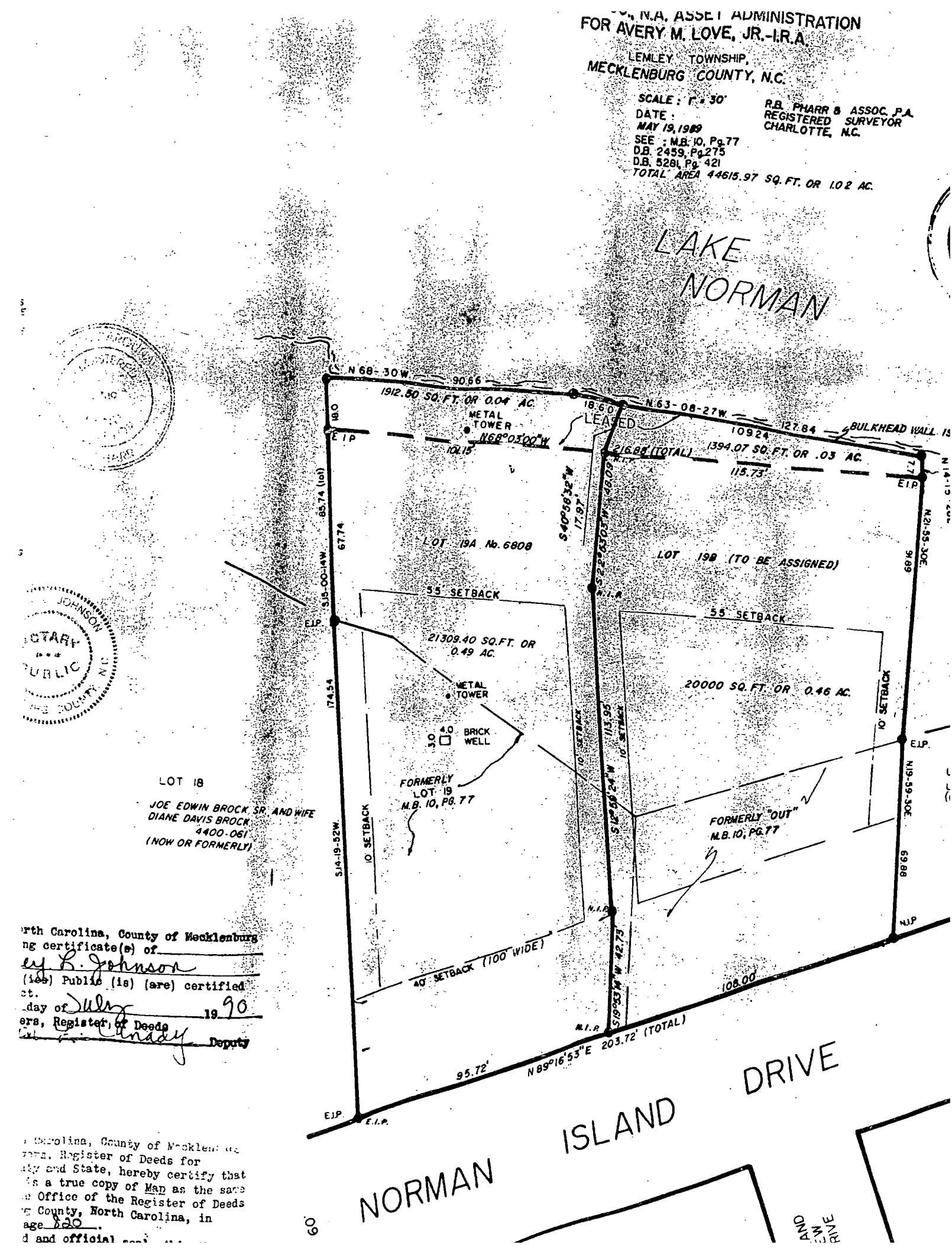
White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

...N.A. ASSET ADMINISTRATION
FOR AVERY M. LOVE, JR.-I.R.A.

LEMLEY TOWNSHIP,
MECKLENBURG COUNTY, N.C.

SCALE : 1" = 30'
DATE : MAY 19, 1989
SEE : M.B. 10, Pg. 77
D.B. 2459, Pg. 275
D.B. 5281, Pg. 421
TOTAL AREA 44615.97 SQ. FT. OR 1.02 AC.

R.B. PHARR & ASSOC. P.A.
REGISTERED SURVEYOR
CHARLOTTE, N.C.



...rth Carolina, County of Mecklenburg
...ng certificate(s) of
...ey B. Johnson
...(ies) Public (is) (are) certified
...ct.
...day of July 1990
...ers, Register of Deeds
...Deputy

...Carolina, County of Mecklenburg
...ers, Register of Deeds for
...ty and State, hereby certify that
...is a true copy of Map as the same
...Office of the Register of Deeds
...County, North Carolina, in
...age 220.
...d and official seal

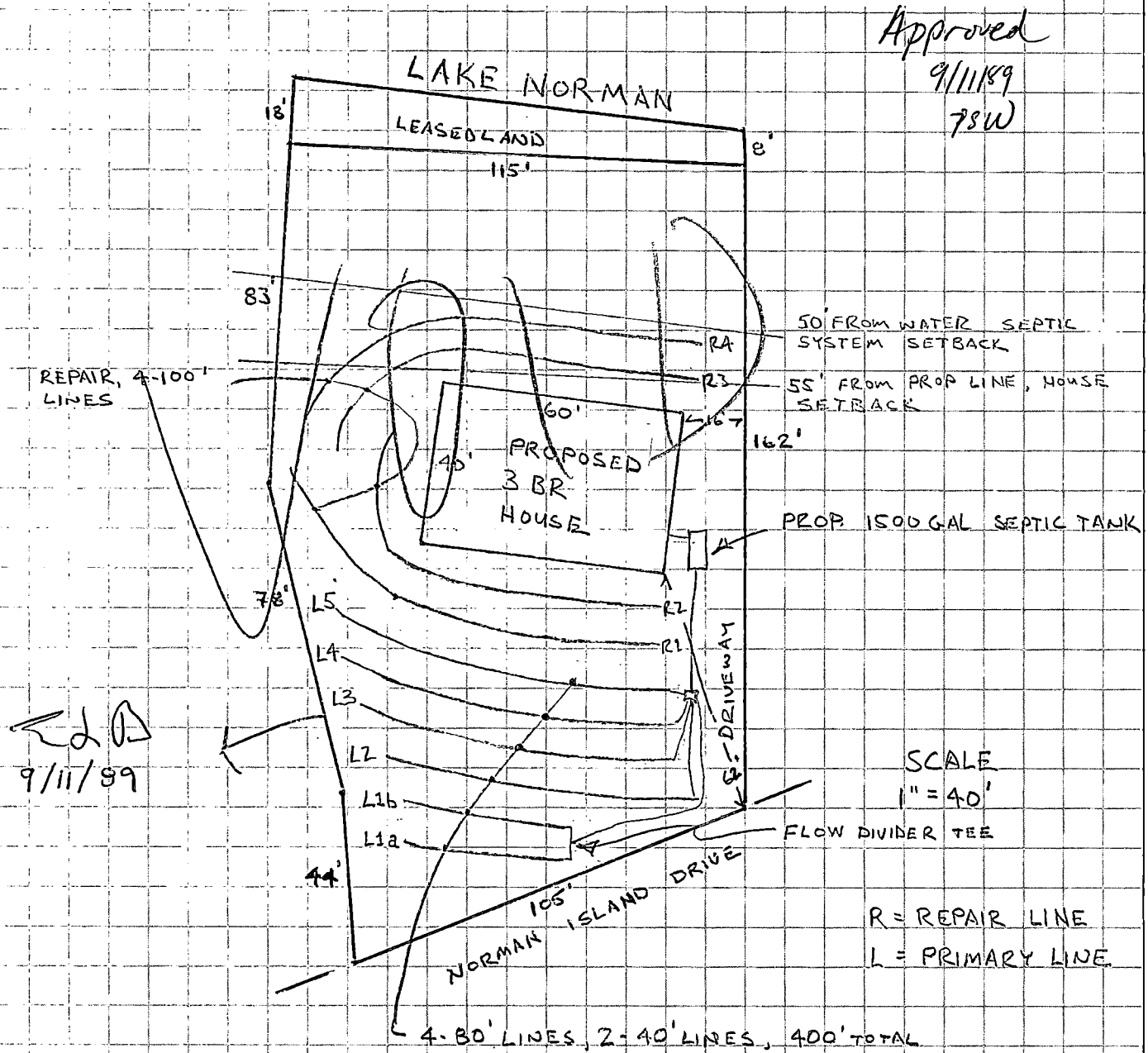
PROPOSED PLOT PLAN

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

FILE: 5910A

TC: PO 001 032 18

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.



Approved
Philo S. Walker
9/11/89

Signed: [signature]

Date: 9/6/89

2000

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 5910A
TC: _____
SERIAL: No. 18144
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 6800 (STREET NO.) NORMAN ISLAND DRIVE (STREET) ② FILE: 5910A
③ JURISDICTION: MECK ④ TAX PARCEL NO.: PO 001 037 18
⑤ SUBDIVISION: NORMAN ISLAND ⑥ LOT: 19B ⑦ BLOCK: D

OWNER

⑧ NAME: AVERY (FIRST) M (MIDDLE) LOVE (LAST)
⑨ MAILING ADDRESS: 423 S. SHARON AMITY ROAD
⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28211
⑬ PHONE: (WORK) 704 366-6667 ⑭ (HOME) _____

REQUEST

This request is for a(n):

⑮ ☑ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3
㉕ Type? _____
㉓ Maximum occupancy? 6
㉖ Maximum number of employees? _____
㉔ Basement? ☐ yes ☑ no
㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☐ Individual well
B ☐ Municipal system
C ☑ Community well
D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: _____

Date: 9/6/89

IMPROVEMENT PERMIT

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

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

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Philo S. Walker, 9/11/89
Environmentalist — Date

_____, 9-12-89
Director or Authorized Section Head — Date

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 9/6/89

Name/Company: Wanda Smith

Sanitation _____

Vector Control _____

O.P.W.D. /

Service: Upgrade 5910A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

SEP 6 1989

Fee: $ 200.00

Transferred $100.00 to Repair Account per Mark

CR # 2514
$ 200.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

BILLING — WHITE [redacted]

Mecklenburg County
Health Department

Basil G. Delta, M.D., M.P.H.
Health Director

August 9th, 1989

Avery M. Love, Jr.
423 S. Sharon Amity Road
Charlotte, NC

RE: Property located at 6800 Norman Island Drive 19B
FILE: 5910A
PARCEL: 00103218 Po

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the Site Evaluation Report (Serial Number 12157) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Jim Ericson, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12157

File: 5910A Action SE 1

Parcel: [redacted] 001-032-18P0 ☐ PC

Location: Norman Island Drive

Subdivision:

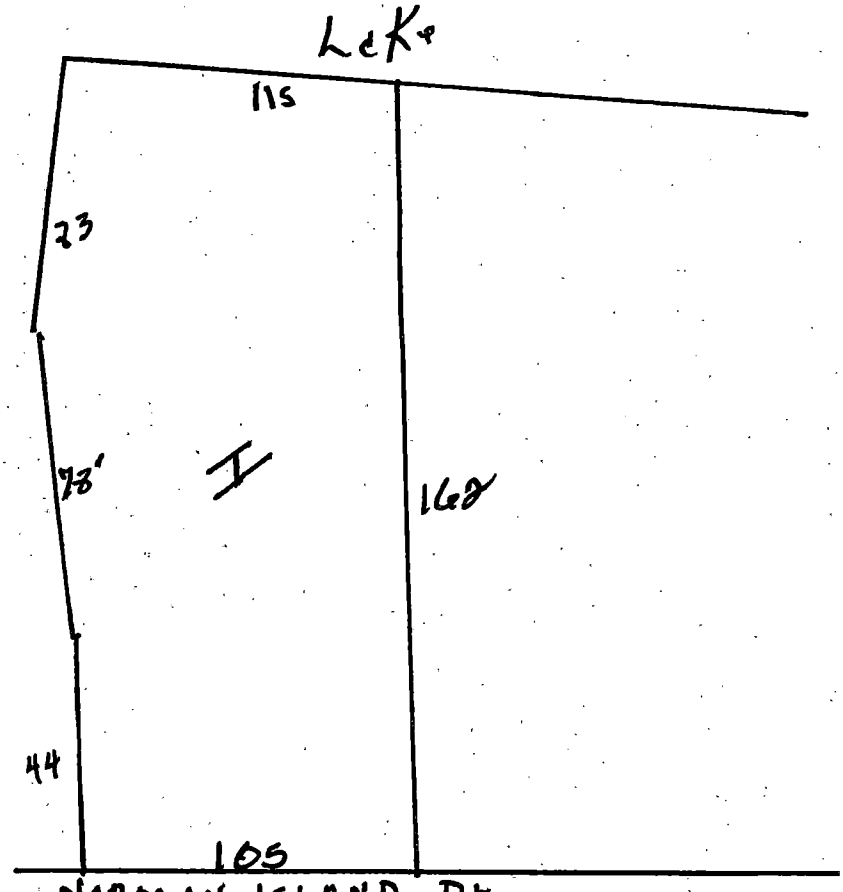
Lot: Block: Acres: .43

Owner: Avery Love, Jr.
Address: 423 S. Sharon Amity Rd.
Charlotte, NC

Comments:

Described by: W. B. Ramsey

Date: 8-8-89



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S (PS) U 2-4	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 48	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U Very Limited *	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IVa Cecil					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

Mecklenburg County
Health Department

Basil G. Delta, M.D., M.P.H.
Health Director

July 25th, 1989

Avery M. Love, Jr.
423 S. Sharon Amity Road
Charlotte, NC

RE: Property located at 6800 Norman Island Drive 19B
FILE: 5910A
PARCEL: 00103218 Po

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the Site Evaluation Report (Serial Number 16267) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Jim Ericson, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 16267

File: 5910A Action 1
Parcel: 00103218 Po ☐ PC

Location: 6800 Norman Island Drive

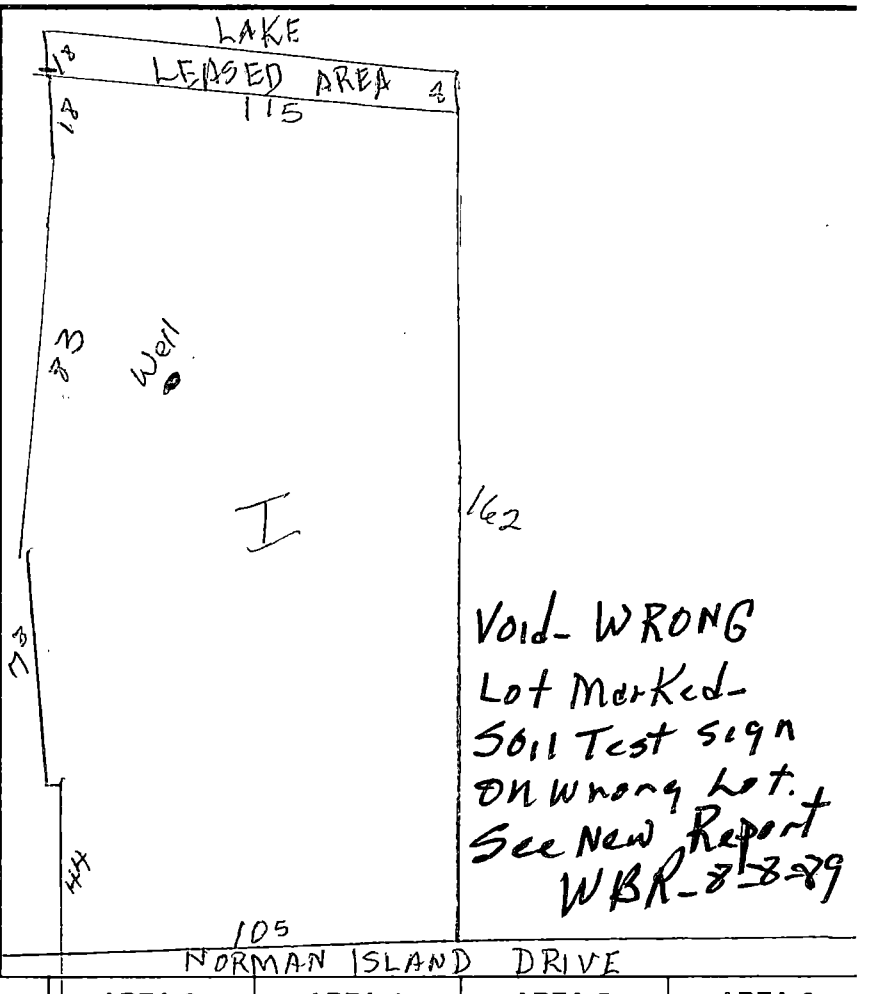
Subdivision:

Lot: 19B Block: Acres: ~~1.43~~ 3+

Owner: Avery M. Love, Jr.
Address: 423 S. Sharon Amity Road
Charlotte, NC

Comments:

Described by: W. B Ramsey
Date: 7-24-89



Void- WRONG Lot Marked- Soil Test sign on Wrong Lot. See New Report WBR-8-3-89

***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S (PS) U 2-4	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 48	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U * Very Limited	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IVa Cecil					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

12166

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 5910A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 6800 NORMAN ISLAND DRIVE

② SUBDIVISION: NORMAN ISLAND ③ LOT: 19B ④ BLOCK: D

⑤ PARCEL REFERENCE: BOOK NO.: P0 001 PAGE NO.: 032 PARCEL NO.: 18

⑥ DEED REFERENCE: BOOK NO.: 2459 PAGE NO.: 275

OWNER

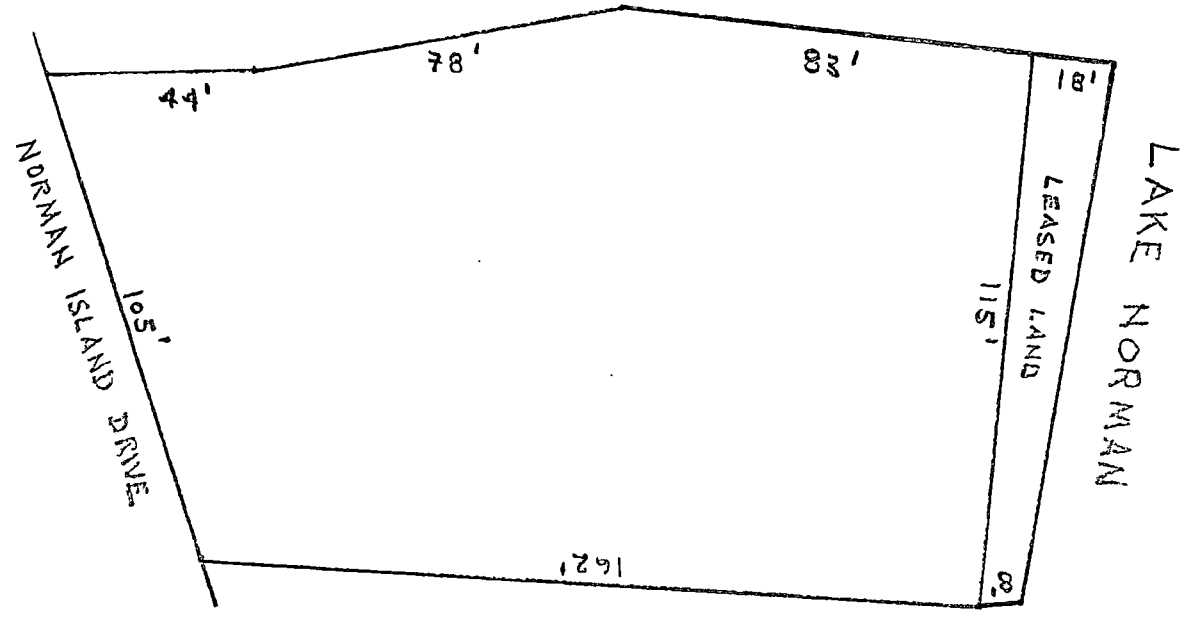
⑦ NAME: AVERY (FIRST) M. (MIDDLE) LOVE, JR. (LAST)

⑧ MAILING ADDRESS: 423 S. SHARON AMITY ROAD

⑨ CITY: CHARLOTTE ⑩ STATE: NC ⑪ ZIP: 282

⑫ PHONE: (WORK) 704/366-6667 (HOME) _____

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: _____

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

Date: 7/18/89

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

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

DATE: July 17, 1989

NAME/COMPANY: Wanda Smith

Sanitation _____

Vector Control _____

OPWD ✓

SERVICE: Soil Test

#5910A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

JUL 18 1989

FEE: 40 —

CSH 2461
$40.00

Completed By

Collected By