

11126 BROKEN PEBBLE LN

13912989

12/20/2007

duponbj

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

Memorandum

To: Sylvia Daniel

CC: File

From: Kelly Randall

Date: 02/23/99

Re: 11126 Broken Pebble Lane

A site visit was made to the above referenced address on February 22nd, 1999. The purpose of the visit was to ascertain damages to the septic tank system recently installed on the property. It seems a sub-contractor hired by Duke Energy Company cut through the nitrification lines while trenching the underground electric utility lines. Four (4) out of the five (5) nitrification lines had been damaged. The system is a type 3 innovative EEE ZZZ lay drainfield.

Larry Norwood (septic contractor), Wendy Turner (property owner), the general contractor, Larry Thompson, and myself were present. Mr. Norwood checked the damages and indicated that his company could repair the damages. He said because of the system design he could attach new couplers where the lines were cut and downline effluent dispersal could continue. The general contractor gave Mr. Norwood the go ahead to complete the work as soon as possible.

I had contacted Duke Energy in an effort to have them on site during my visit. No one from their office was on site during our visit. Ms. Turner had indicated that she had also spoke with Duke Energy reps and they were processing her claim for damages.

Mr. Norwood was instructed to contact the Environmental Health department to arrange for the repairs to be inspected in the usual manner.

5/~~28~~/97
3/25/97 REPAIR COMPLETED BY W.T. NORWOOD

10/22/99 I CHECKED WITH LARRY THOMPSON & KELLY RANDLE. BOTH ADVISED THEY COULD NOT REMEMBER OUTBUILDING ONSITE; WHEN SEPTIC TANK SYSTEM WAS PUMPED BY DUKE POWER. THEREFORE IT WILL BE NECESSARY TO MAKE AN ONSITE VISIT TO OBTAIN A PERMIT. I CALLED MS TURNER AND ADVISED HER BY LEAVING A MESSAGE ON HER ANSWERING MACHINE

D. Wall

LARRY, DO YOU REMEMBER AN OUTBUILDING ON THIS PROPERTY?

DEEN - NO OUTBUILDING

D

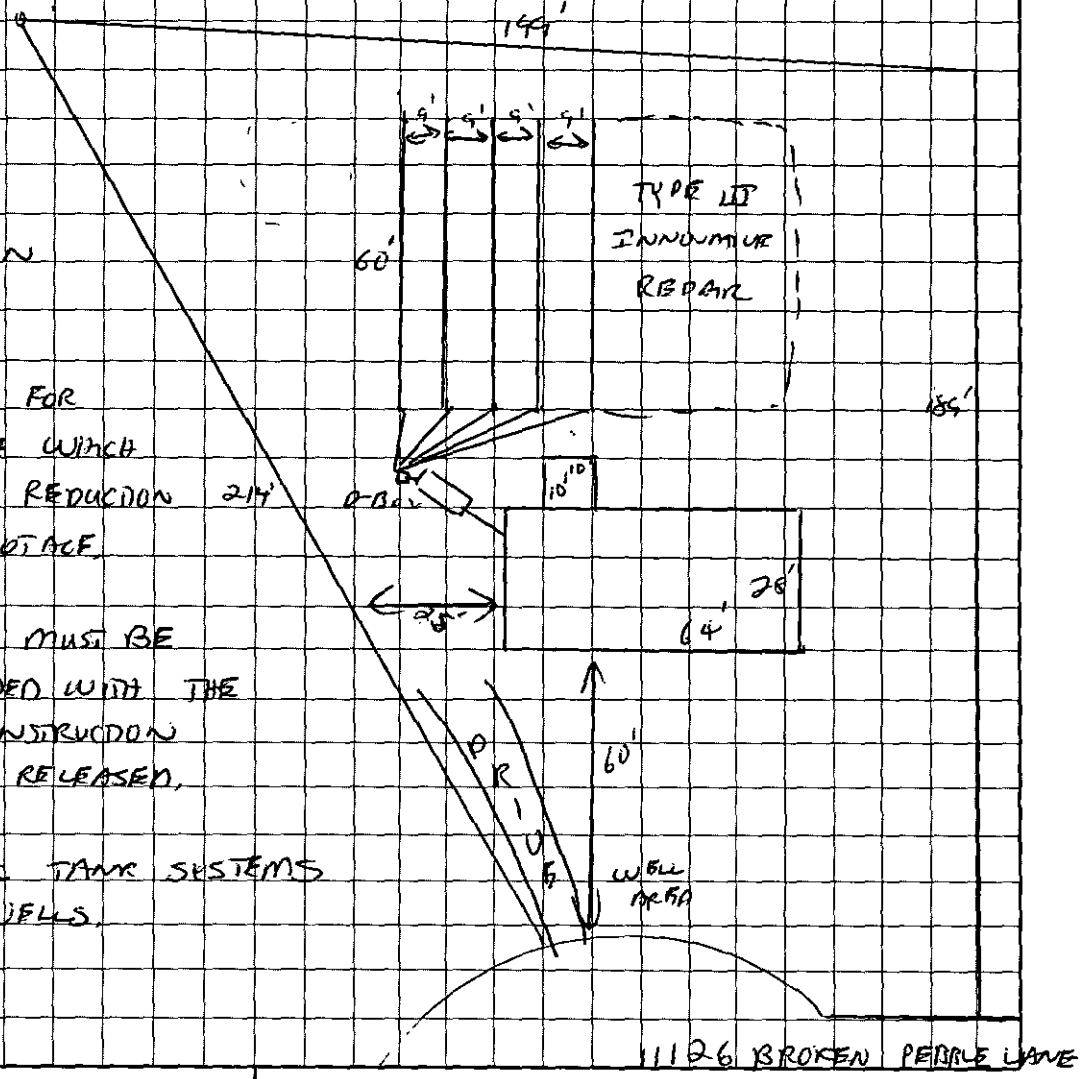
PROPOSED PLOT PLAN

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

FILE: 12258
139-129-89
TC: ~~139-135-01 PO~~

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.

CLEAR CREEK ESTATES
LOT #26
11126 BROKEN PEBBLE LANE



1. INITIAL DRAINLINES SHALLOW 24" AND ON CONTOUR
2. SYSTEM DESIGN IS FOR TYPE III INNOVATIVE WHICH ALLOWS A 25% REDUCTION IN TOTAL LINEAR FOOTAGE.
3. AGREEMENT FORM MUST BE SIGNED AND RECORDED WITH THE DEED BEFORE CONSTRUCTION AUTHORIZATION IS RELEASED.
4. INSTALL ALL SEPTIC TANK SYSTEMS 50' FROM ALL WELLS.

OWNER/AGENT SIGNATURE

DATE 12-21-98

APPROVAL DATE 12-14-98

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 1223B DATE: 1-25-99

TC: 139-129-89 ☒ L ☐ CRT

SERIAL Nº 17906

Name of Owner WENDY TURNER Juris.:

Address of Property 11126 BROKEN PEBBLE LANE

Inspection Data:

Tank Material PCC 1500

Total Length of Drainfield 300

Number of Lines 5 @ 60'

Cover Depth

Water Supply Source WELL

Distance to Water Source NOT INSTALLED

Excavation Inspected 1-29-99

Tank(s) Inspected 1-29-99

Wash Line Inspected NA

High Water Alarm Inspected NA

SEE INSTALLATION PERMIT

PLOT

Design 1500S INNOVATIVE 1200 SF "EZEE LAY" TYPE CTR# W.T. NORWOOD

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 15A 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 15A 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: (1) SYSTEM IS A TYPE III-G INNOVATIVE SYSTEM "EZEE LAY"

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: 1225B DATE: 1-12-99

TC: 139-129-89 ☒ L

SERIAL No 18000

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 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.

* FOLLOW PLOT PLAN

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 300 feet

Number of Lines 5

Depth of Stone NA inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 250' feet

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

NAME OF OWNER WENDY TURNER

LOCATION OF PROPERTY 1126 BROKEN PEBBLE LANE

Comments: (1) CONTRACTOR PROPOSES TO USE EZ 2 LAY 11"

Environmental Health Specialist

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

ck # 3781 Paid in full

FEE: 100.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** 40.00 X
DATE: 12/21/98 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 12-14-98 PERMIT NO: ~~08 12255~~ 08 12228

PARCEL NO: 135-133-01P2

JOB LOCATION ADDRESS: 11126 BROKEN PEBBLE LANE 137-129-89

PROPERTY OWNER: WENDY TURNER

BUILDING CONTRACTOR: _____

SUBDIVISION NAME: CLEAR CREEK ESTATES LOT 26

AUTHORIZATION ISSUED BY: _____ DATE: 12-14-98

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 12228, 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: _____

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 _____ 12-21-98

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 12255

Tax Number: 39-193-01 90
139-12-89

- 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 INNOVATIVE	___ Conventional ___ Prefabricated, permeable block panel system X Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	X Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
.3 Long-term acceptance rate	960 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
YES Serviced by private well	1500 Gallon septic tank	300 Total trench length (ft)	24" 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	NA Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: * INNOVATIVE DESIGN				
Repair Area System Type 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	X Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
1200 Absorption Area (Sq ft) 300 Total Trench Length (Ft)	NA Depth of Stone Trench	9' Trench spacing (min. on centers)	24" 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: 12-14-98

Owner/Agent Signature — Date: 12-21-98

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: 205.00 CK# 3811

DATE: 11/30/98 JC

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

[ ] 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 #: 2775 - 1228

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 135-133-01 [illegible]

STREET ADDRESS: 11126 Broken Pebble Lane

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 26

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1706 sq-ft

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

CLOSING DATE

Jan Cheeks 12-7-98
We initial upon
WAM - 12-8-98

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
WELL, SPRINGS OR WATERLINES __ YES ✓ NO
DESIGNATED WETLANDS __ YES ✓ NO

PROPERTY OWNER:

NAME: Turner (LAST) Wendy (FIRST) C (MI)

ADDRESS: 10313 Cairnsmore Pl

CITY Charlotte STATE: NC ZIP: 28277

DAYTIME PHONE: 704) 563 - 3343

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Thomas (LAST) Crystal (FIRST) S. (MI)

DAYTIME PHONE: 704) 629 - 9870

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

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: Crystal Thomas DATE: 11-30-98

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

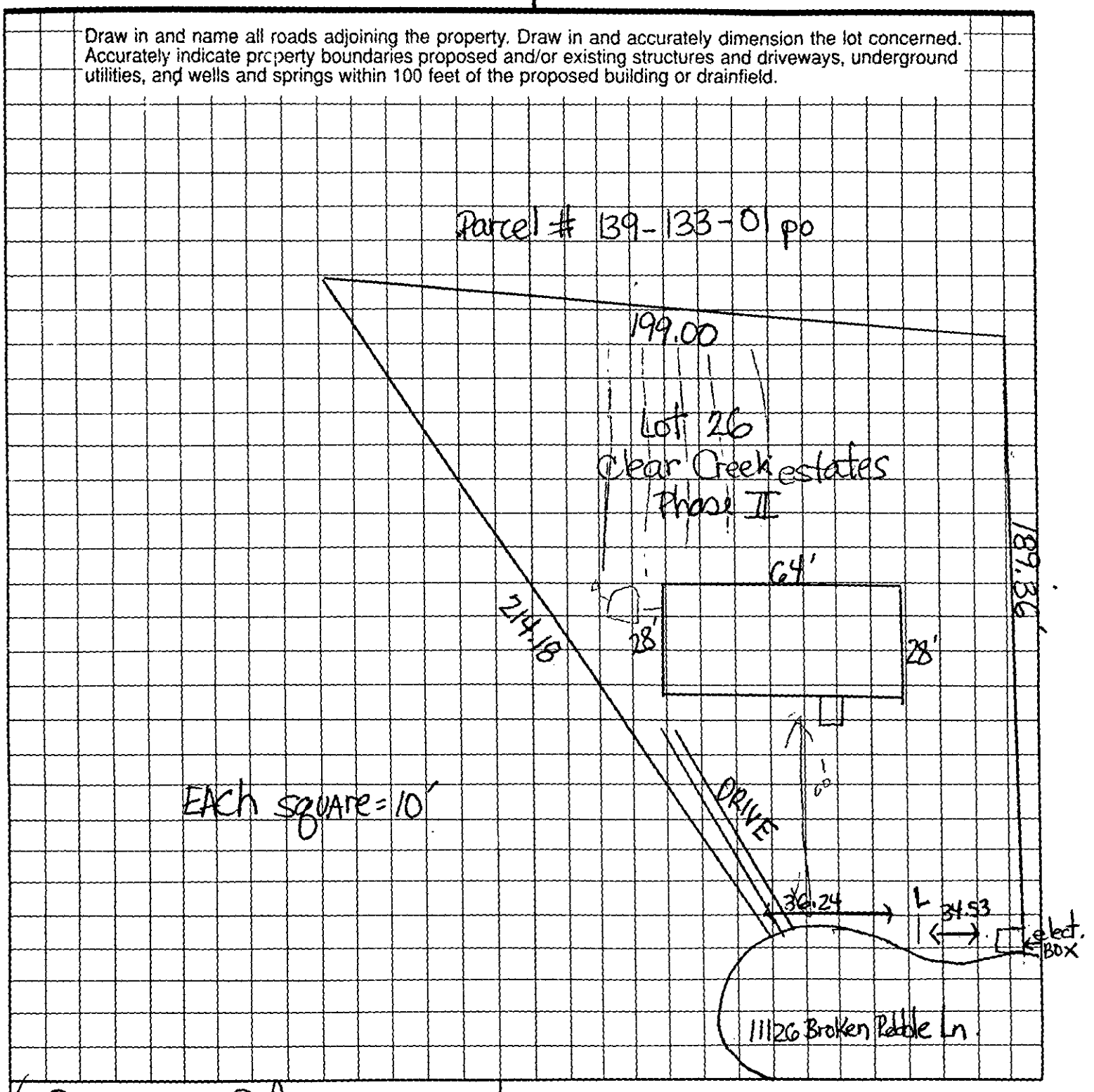
12258

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

FILE: ~~2777B~~

TC: 139-133-01 pc

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.



Crystal Thomas
OWNER/AGENT SIGNATURE

DATE 11-30-98

APPROVAL DATE _____

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

DATE 11/17/98

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION MECK

139-133-01 PO
PARCEL NUMBER

11126 BROKEN PEBBLE LN.
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

N/A LOT 26
EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS — APPROVED / NOT APPROVED
2. FLOODWAY REGULATIONS — APPROVED / NOT APPROVED
3. WATERSHED PROTECTION — APPROVED / NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN — APPROVED / NOT APPROVED
5. PUBLIC UTILITY EASEMENT — PRESENT / NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE — YES / NO
7. DRIVEWAY PERMIT REQUIRED — YES / NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT? — YES / NO

REMARKS: VERIFICATION FOR SF BLDG PERMIT

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

SIGNED: Brandon Cole

☐ NEW ADDRESS

REVISED 1/91

Drawn By Betty Crowston
10313 Cairnsmore
Charlotte, N.C. 28227

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 # 1225 B
PARCEL # 139-133-01 Po.

The undersigned, Wendy Turner & Betty Crowston, owner of property located at 11126 Bucklan Ridge Lane, (the "site") and described in an instrument recorded in Book 28 at Page 634, 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: _____
_____

FOR REGISTRATION JUDITH A GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
1998 DEC 21 03:30 PM
BOOK: 10130 PAGE 159-163 FEE $14 00
INSTRUMENT # 1998199905

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

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

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

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

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 18th day of Dec, 1998.

_____ (Corporate Name)

By: _____

_____ President

ATTEST:

_____

_____ Secretary

(Corporate Seal)

Wendy Turner (SEAL)

Betty Cranston (SEAL)

_____ (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF Gaston

I, Johnny D. Freeman, a Notary Public for said County and State, do hereby certify that Wendy Turner, Betty Cranston personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 18th day of Dec, 1998.

JOHNNY D. FREEMAN NOTARY PUBLIC GASTON COUNTY, N.C.

Johnny D. Freeman
Notary Public

My Commission Expires:
Oct 6, 2002

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day and acknowledged that _he is _____ Secretary of _____ _____, a North Carolina corporation, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal and attested by _____ as its _____ Secretary.

WITNESS my hand and notarial seal, this _____ day of _____, 199__.

_____
Notary Public

My Commission Expires:

_____

PROPOSED PLOT PLAN

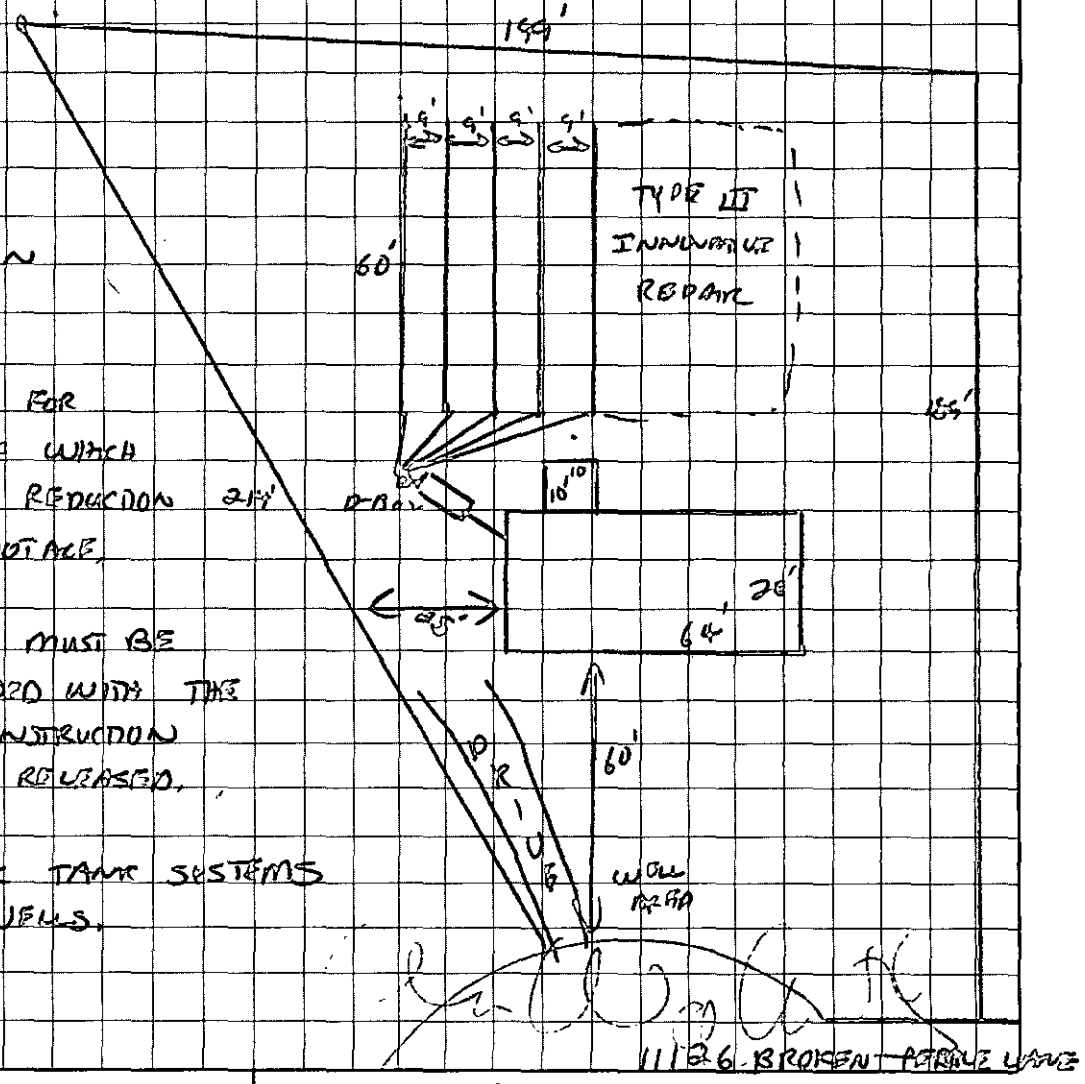
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 12258

TC: 139-129 ~~139-155-0140~~

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.

CLEAR CREEK ESTATES
LOT #26
1126 BROKEN PEBBLE LANE



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2. ____ DESIGN IS FOR ____ III INNOVATIVE WHICH ALLOWS A 25% REDUCTION IN TOTAL LINEAR FOOTAGE.
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4. INSTALL ALL SEPTIC TANK SYSTEMS 50' FROM ALL WELLS.

OWNER/AGENT SIGNATURE

DATE 12-21-98

APPROVAL DATE 12-14-98

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

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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION *for* ON-SITE WASTEWATER SYSTEM

#1 1225B.
pg 137-139-62
L 26

OWNER: Darrell Avery Jr. APPLICANT: ___
ADDRESS: 4200 Brookside Blvd Acton, APPLICATION DATE: ___ DATE EVALUATED: ___
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 360gpd PROPERTY SIZE: .63
LOCATION OF SITE: Brookside Pebble Trail crossroad PROPERTY RECORDED: ___
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 4%	0-6"	SBK/cl	Fr/SExP/SS/SP	>46" To Chroma 2 Mottles	>46"	N/A	None	IV PS .35/ft²
		6-36"	SBK/c	Fr-Fi/SExP/SP					
		36-48"	SBK/cl	Fr/SExP/SS/SP					
2	LS 6%	0-6"	SBK/cl	Fr/SExP/SS/SP	>43" To Chroma 2 Mottles	43"	N/A	None	IV PS .35/ft²
		6-38"	SBK/c	Fr-Fi/SExP/SP					
		38-43"	SBK/cl	Fr/SExP/SS/SP					
3	LS 5%	0-8"	SBK/cl	Fr/SExP/SS/SP	>47" To Chroma 2 Mottles	47"	N/A	None	IV PS .35/ft²
		8-36"	SBK/c	Fr-Fi/SExP/SP					
		36-47"	SBK/cl	Fr/SExP/SS/SP					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS Limited	PS Limited
System Type(s)		

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: William R. Mundis
OTHER(S) PRESENT: ___

use to repair

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR	LPP .1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
(Drainage Way)					EXP (Expansive)	CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
S (Foot Slope)						ABK (Angular Blocky)
(Head Slope)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SICL (Silty Clay Loam)				PR (Prismatic)
(Nose Slope)		CL (Clay Loam)				
(Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
(Shoulder Slope)		SLC (Silt Loam Clay)				
(Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SIC (Silty Clay)			FI (Firm)	S (Sticky)
					VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None		EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

OTES

ORIZON DEPTH In inches below natural soil surface

EPTH OF FILL In inches from land surface

ESTRICTIVE HORIZON Thickness and depth from land surface

IPROLITE S(suitable) or U(unsuitable)

OIL WETNESS Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

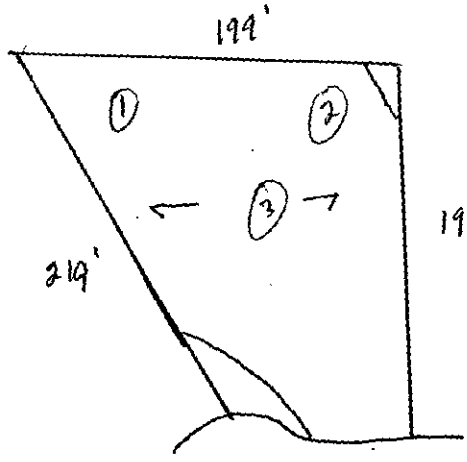
LASSIFICATION S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.

ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).

1225B



Broken Pebble Lane
(Proposed)

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

Sheet ___ of ___
PROPERTY ID #: #1 1225B
COUNTY: PD 139-129-62 L 26

SOIL/SITE EVALUATION *for* ON-SITE WASTEWATER SYSTEM

OWNER: Darrell Avery Jr. APPLICANT: ___
ADDRESS: 4200 Brookshire Blvd, Chas. APPLICATION DATE: ___ DATE EVALUATED: ___
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 360gpd PROPERTY SIZE: .67
LOCATION OF SITE: Brahm Pebble Jane (proposed) PROPERTY RECORDED: ___
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 4%	0-6"	SBK/cl	Fr/SExP/SS/SP	>46" To Chroma 2 Mottles	>46"	N/A	None	IV PS .39ft²
		6-36"	SBK/c	Fr-Fi/SExP/SP					
		36-48"	SBK/cl	Fr/SExP/SS/SP					
2	LS 6%	0-6"	SBK/cl	Fr/SExP/SS/SP	>43" To Chroma 2 Mottles	43"	N/A	None	IV PS .39ft²
		6-38"	SBK/c	Fr-Fi/SExP/SP					
		38-43"	SBK/cl	Fr/SExP/SS/SP					
3	LS 5%	0-8"	SBK/cl	Fr/SExP/SS/SP	>47" To Chroma 2 Mottles	47"	N/A	None	IV PS .39ft²
		8-36"	SBK/c	Fr-Fi/SExP/SP					
		36-47"	SBK/cl	Fr/SExP/SS/SP					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS Limited	PS Limited
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: William R. Merlin
OTHER(S) PRESENT: ___

OMMENTS: Lot To Repair

LEGEND

use the following standard abbreviations

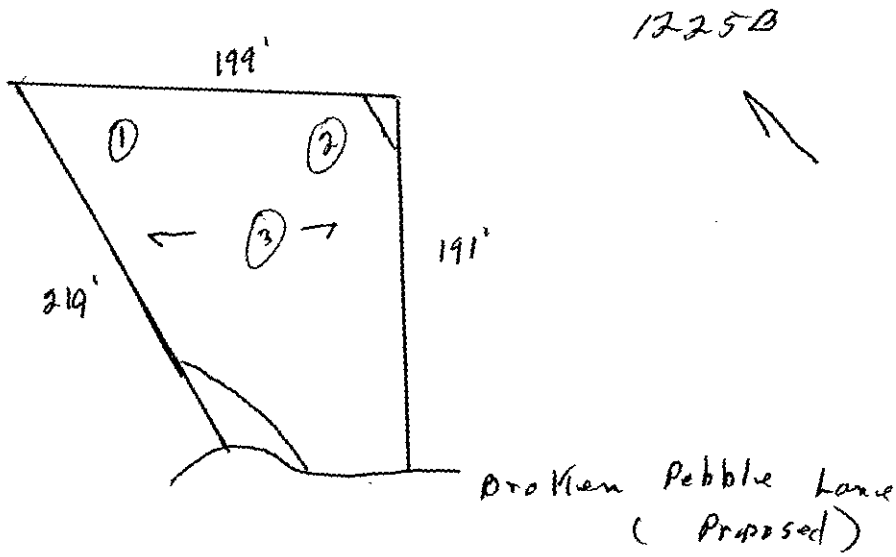
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C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
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(Nose Slope)		CL (Clay Loam)				
(Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
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		SIC (Silty Clay)			FI (Firm)	S (Sticky)
					VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
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OTES

ORIZON DEPTH	In inches below natural soil surface
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IPROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.
ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



FEE: 100.00 Chk#3211

DATE: 11/30/98 JC

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

[ ] 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 #: 2775-12253

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139-133-01[illegible]

STREET ADDRESS: 11126 Broken Pebble Lane

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 26

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: 1706 sq-ft

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
✓ 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
__ 7 MINT HILL

CLOSING DATE _____

Jat checked 12-7-98
use initial agent
WM M - 12-8-98

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
WELL, SPRINGS OR WATERLINES __ YES ✓ NO
DESIGNATED WETLANDS __ YES ✓ NO

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Turner (LAST) Wendy (FIRST) C (MI)	NAME: Thomas (LAST) Crystal S. (FIRST) (MI)
ADDRESS: 10313 ~~Ere~~ Cairnsmore Pl	DAYTIME PHONE: 704) 629 - 9870
CITY Charlotte STATE: NC ZIP: 28277	
DAYTIME PHONE: 704) 563 - 3343	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: Crystal Thomas DATE: 11-30-98

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

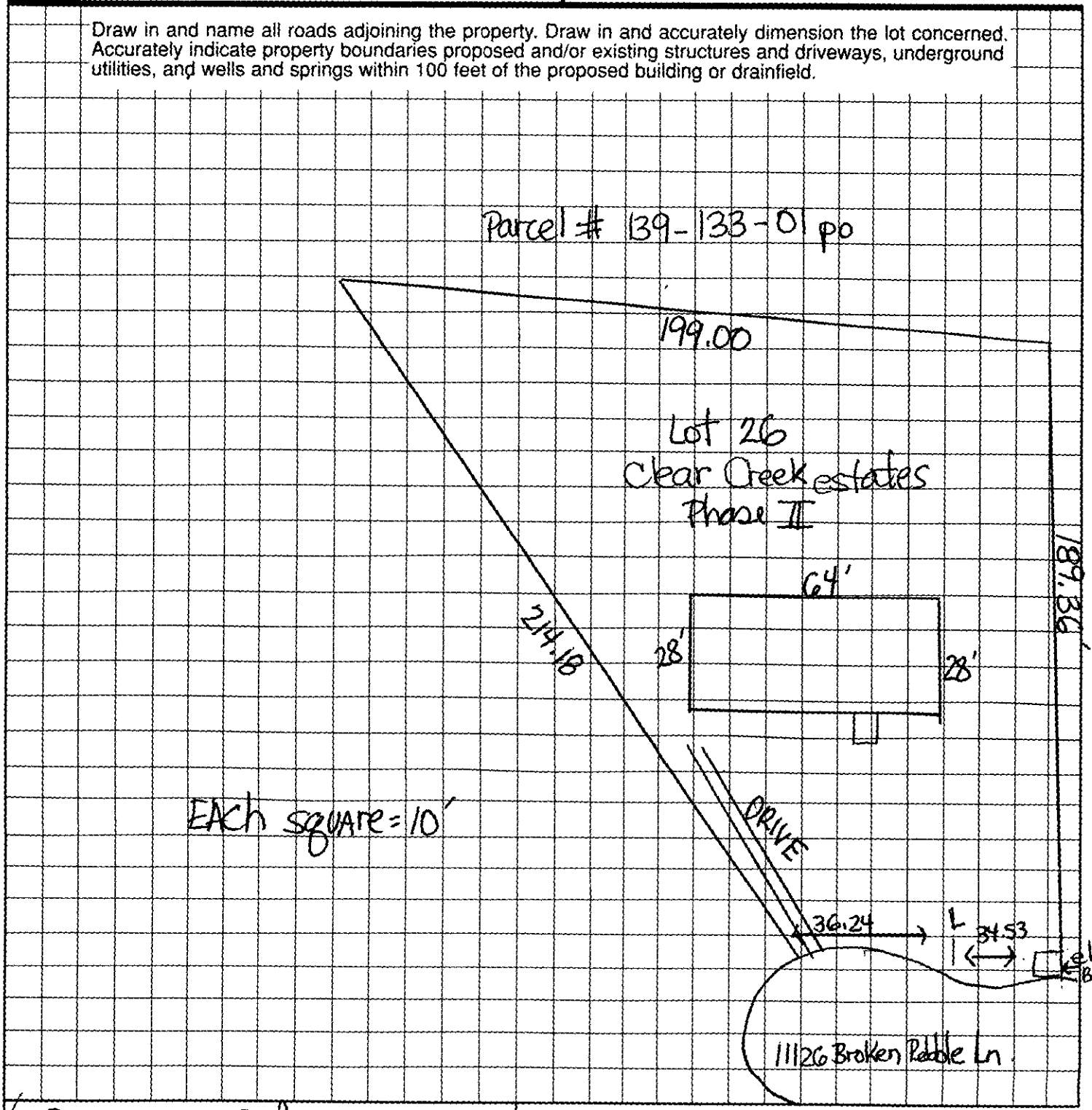
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

1225B

FILE: 2777B

TC: 139-133-01 pc

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.



Crystal Thomas
OWNER/AGENT SIGNATURE

DATE 11-30-98

APPROVAL DATE _____

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

DATE 11/17/98

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION MECK

139-133-01 po
PARCEL NUMBER

11126 BROKEN PEBBLE LN.
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

N/A LOT 26
EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	APPROVED	NOT APPROVED
2. FLOODWAY REGULATIONS	APPROVED	NOT APPROVED
3. WATERSHED PROTECTION	APPROVED	NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	APPROVED	NOT APPROVED
5. PUBLIC UTILITY EASEMENT	PRESENT	NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	YES	NO
7. DRIVEWAY PERMIT REQUIRED	YES	NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	YES	NO

REMARKS: VERIFICATION FOR SF BLDG. PERMIT

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: Brandon Gill

REVISED 1/91

FEE: 110.00 CK 7107
DATE: 1/25/96 SC

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 #: 1225B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: PO 13912562

STREET ADDRESS: Cable Road

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 26

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

- [ ] 0 MECKLENBURG
- [ ] 1 CHARLOTTE
- [ ] 2 DAVIDSON
- [ ] 3 CORNELIUS
- [ ] 4 *PINEVILLE*
- [ ] 5 MATTHEWS
- [ ] 6 HUNTERSVILLE
- [X] 7 MINT HILL

HEATED SQUARE FOOTAGE: 1846

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

- [ ] WITHOUT BASEMENT
- [ ] ON SLAB
- [ ] CRAWL SPACE
- [X] Footings
- [ ] WITH BASEMENT /PLUMBING
- [ ] WITH BASEMENT /NO PLUMBING

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):

- [ ] COMMUNITY (C)
- [ ] MUNICIPAL (M)
- [X] 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	WELL, SPRINGS OR WATERLINES	[ ] YES [X] NO
EXISTING WASTEWATER SYSTEMS	[ ] YES [X] NO	DESIGNATED WETLANDS	[ ] YES [X] NO
EASTMENTS OR RIGHT-OF-WAYS	[ ] YES [X] NO		

PROPERTY OWNER:

NAME: (LAST) Avery Sr (FIRST) Darrell (MI) L.

ADDRESS: 4200 Woodshire Ave

CITY: Charlotte STATE: NC ZIP: 28216

DAYTIME PHONE: 704 392-4200

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) –

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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SIGNED: X Darrell Avery DATE: 1-25-96

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

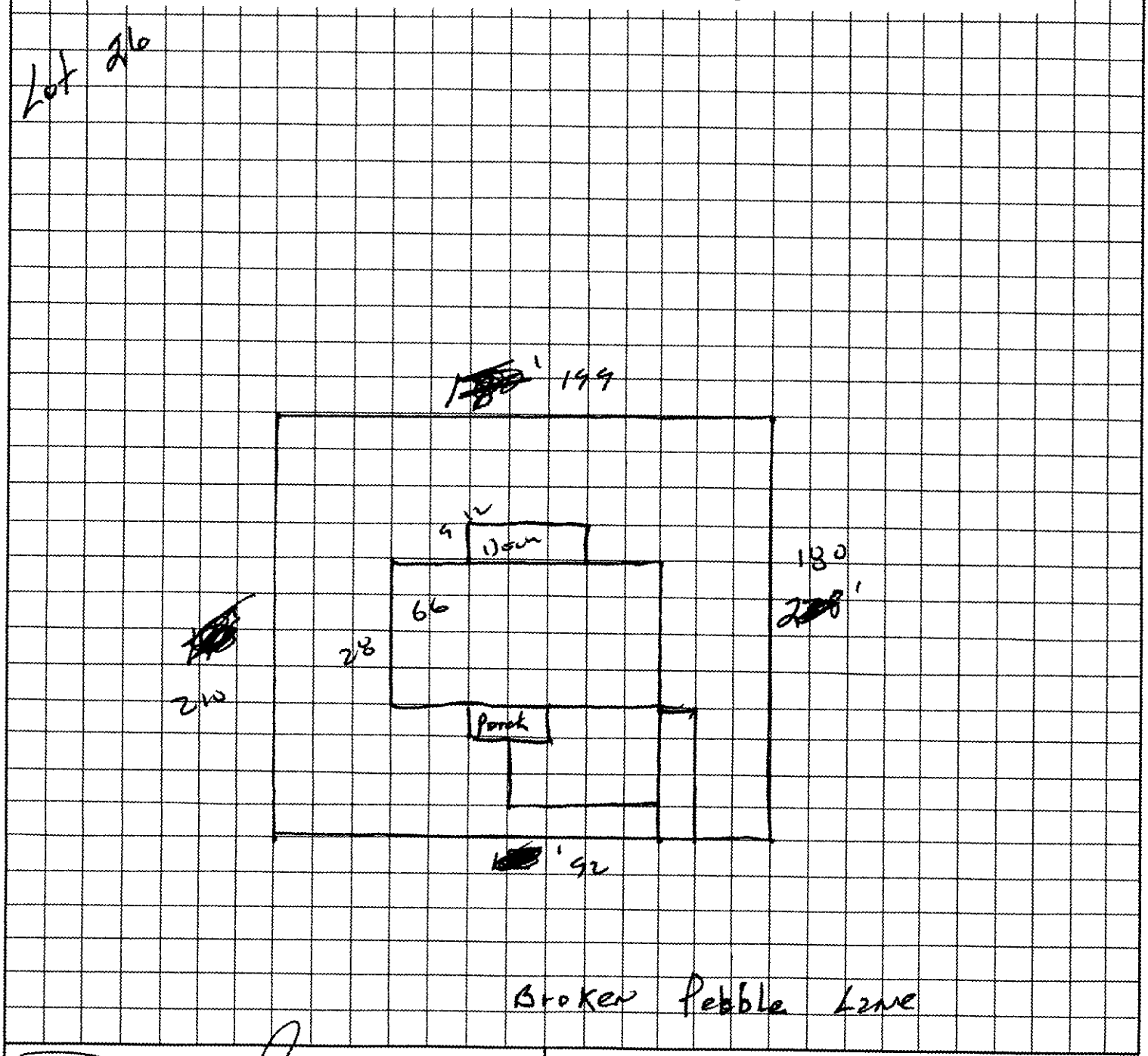
PROPOSED PLOT PLAN

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

FILE: 1225B

TC: P0.135125(2

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 1-25-96

APPROVAL DATE

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy