

GREYFRIARS ROAD

6/15/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

File # 6480A

Hampton Homes

August 8,
1995

To: Kelly Randall

Re: Septic Capacity Lot Requirement

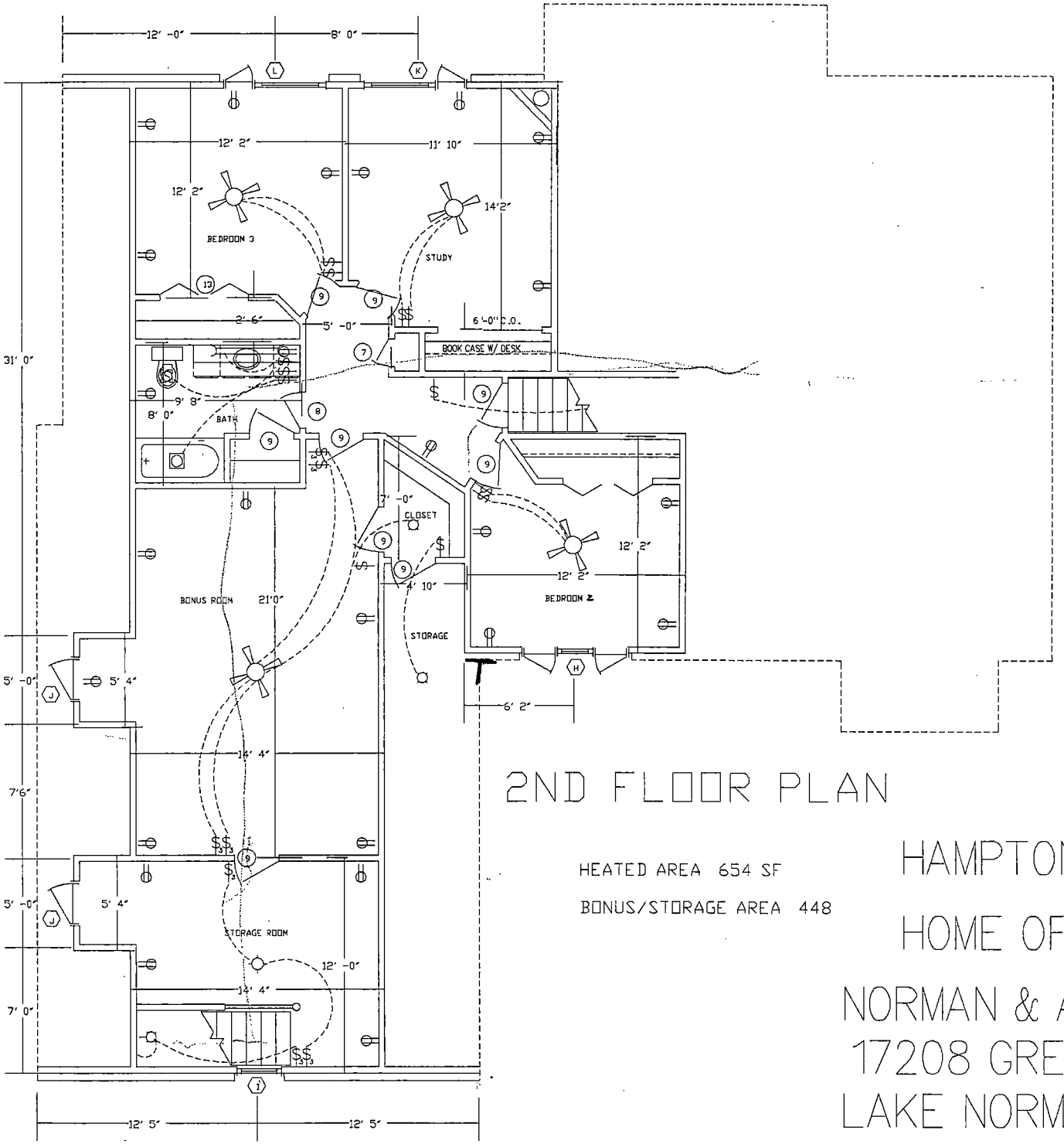
Please find enclosed a copy of the plan of second floor of the Goelzer residence in Greyfriars. Bedroom 2 has been changed according to your conversation with John Howie and Norman Goelzer to a Study with a cased opening with book shelves. I hope these changes a satisfactory, but if you have any more questions or comments please call.

Cordially,

Chad L. Howie

Enclosures:

8206 Providence Rd. Suite 1200-359. Charlotte N.C. 28277 704-531-7500



2ND FLOOR PLAN

HEATED AREA 654 SF

BONUS/STORAGE AREA 448

HAMPTON HOMES

HOME OF

NORMAN & ANN GOELZEF

17208 GREYFRIARS RD

LAKE NORMAN

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

OWNER'S ACKNOWLEDGMENT OF MODIFIED/ALTERNATIVE REPLACEMENT SYSTEM REQUIREMENT

Site Address: 17208 Greyfriars Rd, Huntersville NC 28078 Lot #4

File Number: 6480A

Parcel Number: 001-353-58

Owner/Agent Name: Norman E & Doloris A Goelzer
(Please print)

Date: 8-8-95 Number of Bedrooms: 3

Mail to: Ann Goelzer (Box 72) Drawn by: Meck Co Health Dept

Receipt of the plan and specifications for a conventional system of sewage disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15A NCAC 18A .1900 - "Sewage Treatment and Disposal Systems." The plan as submitted is disapproved because there is not sufficient available space for a repair area for a conventional replacement system.

This site may be developed if the repair area is found to be acceptable for either a modified system (Rule .1956) or an alternative system (Rule .1957) for the replacement system as allowed by the following Rule 15A NCAC 18A .1945(b).

(b) Sites shall have sufficient available space for a repair area separate from the area determined in Paragraph (a) of this Rule. The repair area shall be based upon the area of the nitrification field required to accommodate the installation of a replacement system as specified in Rule .1955, .1956, or .1957 of this Section. Prior to issuance of the initial Improvement Permit for a site, the local health department shall designate on the permit the original system layout, the repair area, and the type of replacement system.

Please be advised that you have the right of an informal review by this Department and the right of appeal under G.S. 130A-335(g) and 130A-24, which appeal can be held in Mecklenburg County.

By signing this form, and signing and recording in the Mecklenburg County Register of Deeds Office the attached reclassification form entitled, **"ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM *"UNSUITABLE" TO "PROVISIONALLY SUITABLE"* UNDER 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c)**, you, the property owner,

understand and acknowledge your option to develop this site initially with a conventional sewage system and when needed, subsequently to repair or replace said system with a modified or alternative system as described in Rules .1956 "Modification to Septic Tank Systems," or .1957(a), (b), or (c) "Design Criteria for Design of Alternative Sewage Systems." The completed reclassification form must be approved by this office before it can be recorded.

In addition, you the property owner, also understand that the following conditions will apply:

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

- 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.

Joan B. Mialik, RS — 8/17/95

Environmental Health Specialist — Date

I have reviewed this document and understand its provisions and implications concerning the issuance of the Improvement Permit for the above-referenced site.

Norman E. Koelzer
Delores Ann Koelzer — 8-8-95
8/8/95

Property Owner Signature — Date

700 North Tryon Street, Suite 211, Charlotte, North Carolina 28202,
(704) 336-5102

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM *"UNSUITABLE" TO "PROVISIONALLY SUITABLE"* UNDER 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c)

FILE # 64480 A for 8/17/95
PARCEL # 001-353-58 for 8/17/95

The undersigned, Norman E & Deloris A Goelzer, owner of property located at 17208 Greyfriars Rd Huntersville, NC 28078 (the "site") and described in an instrument recorded in Book 3792 at Page 827 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 dispos… …uitability for such a system… …rolina Commission for He… …ent originally classif… …he regulations; that the un… …ovisionally suitable" in ligh… …l; that the Department consid… …o the Department that the se… …ules; and that the Depar… …l issued an approp…

MECKLENBURG COUNTY REGISTER OF DEEDS
JUDITH A. GIBSON - REGISTER

CUSTOMER RECEIPT: 08/10/95

Date	Time	Inst #	Type	Book	Page	Trx	Amount
08/10/95	10:36	46	PERMIT	8247	755	FEE	12.00
08/10/95	10:36					TOT	12.00
08/10/95	10:36					CHCK	12.00

The u… …ion, operation and maint… …ither the Department nor it… …d system installed pursu… …factory manner for any g… …es or agents assume any li… …nay be caused, by a malfu…

The u… …ll apply to the site:

…rmit Null …revocation.

This …upR.
Mail

BK: 08247 PG: 0755/0757 #:0046 12.00
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 08/10/95 10:36

- 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.

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

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

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

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 9 day of Aug, 1995.

_____ _____ (SEAL)

(Corporate Name)

_____ (SEAL)

By: Norman E. Goelzer _____ (SEAL)
Delores Ann Goelzer

_____ President _____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Winona Ann Pilkington, a Notary Public for said County and State, do hereby certify that NORMAN E. GOELZER & DELORES ANN GOELZER personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 10th day of August, 1995.

Winona Ann Pilkington
Notary Public

My Commission Expires:
10-17-97

6480A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

fd # 152 9E 10/14/ Ok # 1349 GRT

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

(704)336-5102

PERSON FILING APPLICATION:
NAME: CHAD L. HOWIE (last) (first) (mi)
ADDRESS: 8206 PROVIDENCE RD SUITE 1200 -359 PHONE: (704) 531 7500
CITY: CHARLOTTE STATE: NC ZIPCODE: 28277

Date: 6-1-95

PROPERTY OWNER:
NAME: ~~[illegible]~~ GOELZER, NORMAN (last) (first) (mi)
ADDRESS: 162 HUNTING CT. PHONE: 704 662 9592
CITY: MOORESVILLE STATE: NC ZIPCODE: 28115

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-353-58
STREET ADDRESS: 17208 GREYFRIARS RD
ZONING: R-3

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

SUBDIVISION OR MOBILE HOME PARK NAME: GREYFRIARS

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
☐ SOIL TEST - INDIVIDUAL LOT (D)
☒ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or N)
☐ COMMERCIAL OR INDUSTRIAL (N)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 2
SYSTEM CLASSIFICATION:

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

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

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

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

Signed: [signature] Date: 6-1-95

NOTICE:

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

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

...This permit is not transferable.

...

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

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

6480A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$ # 150 10/19/95 Ck # 1344

☐ CRT

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

(704)336-5102

PERSON FILING APPLICATION:
NAME: CHAD L. HOWIE (last) (first) (mi)
ADDRESS: 8206 PROVIDENCE RD SUITE 1200-359 PHONE: (704) 531 7500
CITY: CHARLOTTE STATE: NC ZIPCODE: 28277

Date: 6-1-95

PROPERTY OWNER:
NAME: ~~ALEXANDER~~ GOELZER NORMAN (last) (first) (mi)
ADDRESS: 162 HUNTING CT. PHONE: (704) 662 9592
CITY: MOORESVILLE STATE: NC ZIPCODE: 28115

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-353-58
STREET ADDRESS: 17208 GREYFRIARS RD
ZONING: R-3

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

SUBDIVISION OR MOBILE HOME PARK NAME: GREYFRIARS

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
☐ SOIL TEST - INDIVIDUAL LOT (D)
☒ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (N)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 2

SYSTEM CLASSIFICATION:

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

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

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

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

Signed: [signature] Date: 6-1-95

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☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
☐ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WATER 12279

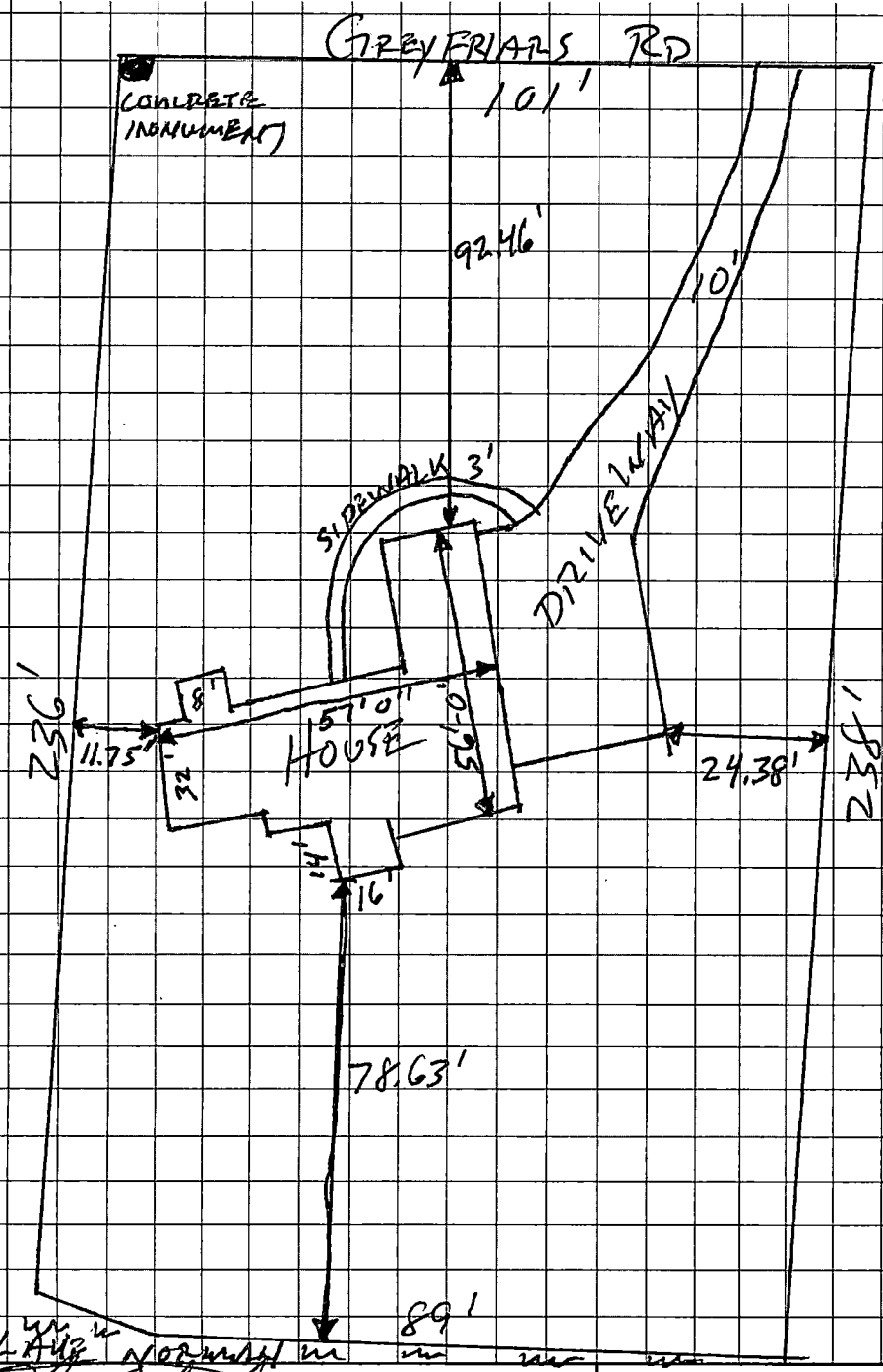
PROPOSED PLOT PLAN

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

FILE: 6480A

TC: 001-353-58

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 6-1-95

APPROVAL DATE _____

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

Mecklenburg County
Health Department

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

M E M O R A N D U M

TO: Susan Uzzell
Accountant II

FROM: Sylvia D. Daniel, R.S.
Program Chief

Date: September 23, 1994

Ref: File 6480A/17208 Greyfriars Rd.

SUBJECT: Refund

(Mr./Mrs./Co.) Mr. Toney Jacobs originally paid $200.00

for an improvement permit(new) on April 16, 1990

.

A refund should be issued for $100.00 because

Applicant did not follow through with the installation of the system

before the application expired, that portion of the fee was $100.00 .

Please make check payable to: Toney C. Jacobs

168 Broadbill Drive

Mooresville, NC 28115

6480A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

#180 9/9/94 Ck.# 217

[] CRT

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

(704)336-5102

COP

PERSON FILING APPLICATION:
NAME: Crescent Resources Inc. (last) (first) (mi)
ADDRESS: PO Box 1003 PHONE: 704 663-1405
CITY: Charlotte STATE: NC ZIPCODE: 28201-1003

Date: 9/9/94

PROPERTY OWNER:
NAME: " As Above " (last) (first) (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: #001-353-58
STREET ADDRESS: 17208 Greyfriars Rd
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME: Greyfriars Cove

LOT NUMBER: 4 LOT SIZE (in acres): 0.56 Ac

TYPE APPLICATION (check one):
[] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 6
SYSTEM CLASSIFICATION: Pumped Conventional

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

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

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

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

Signed: Tracy C. Hunter, CPSS Date: 9/8/94

NOTICE:

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

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

...This permit is not transferable.

...

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

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

COPY

PROPOSED PLOT PLAN

Lot 4

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

FILE: 6480A

TC: 001-353-58

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.

Conventional System

6 lines 3'w x 67' long w/12" stone bottom level

Pump to speed level box equal distribution to each line

Repair 5@67
2@33-split

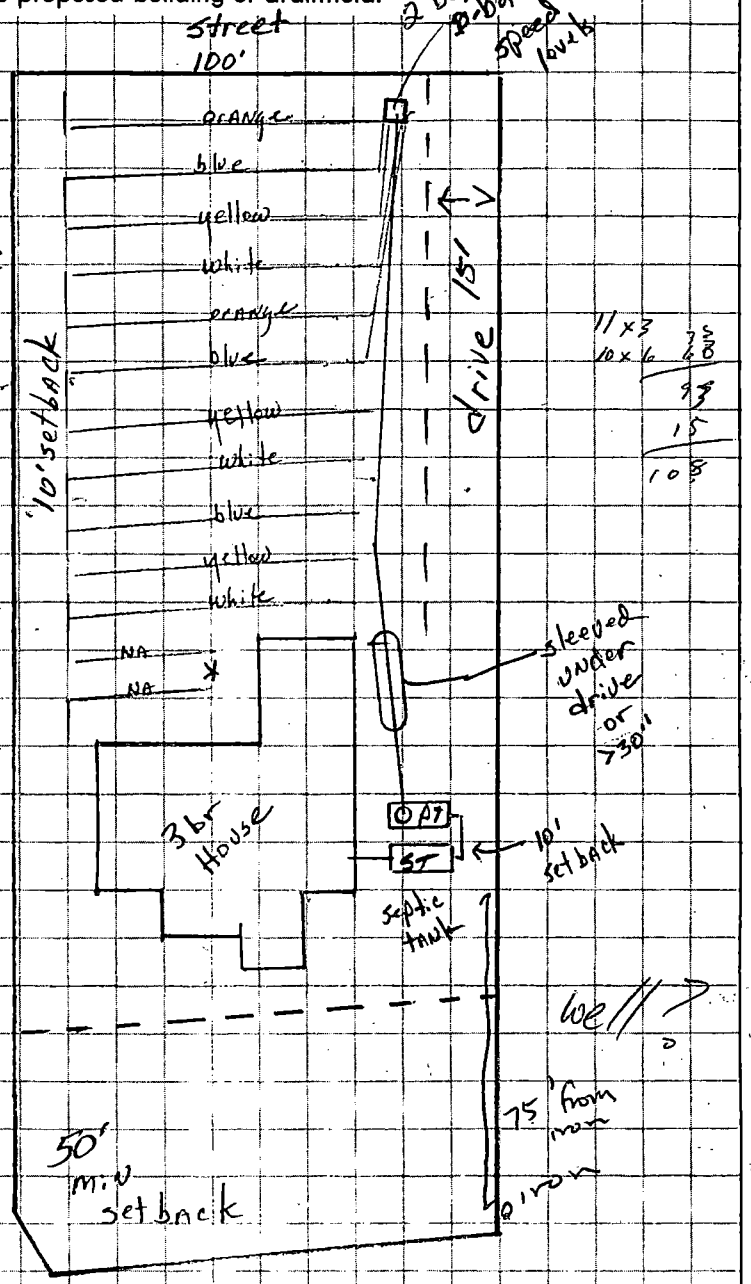
*Tyson flow divider with repair

1500 ~~1000~~ gal septic tank

1000 gal pump tank

Pump ME40 Myers or equal

30 gal at 20' head



APPROVAL DATE _____

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

State of North Carolina
Department of Environment,
Health and Natural Resources
Division of Environmental Management

James B. Hunt, Jr., Governor
Jonathan B. Howes, Secretary
A. Preston Howard, Jr., P.E., Director

DEHNR

NJR 64804

August 22, 1994

Mr. Wilson Martin
Air Drilling Company
2736 Commerce Boulevard
Statesville, North Carolina 28677

Subject: Request for Variance - NORTH CAROLINA WELL CONSTRUCTION STANDARDS
Rule 15A NCAC 2C.0107(a)(2)(N)- Required Separation of Well from Surface Water Body
Crescent Resources, Inc : Lot #4, GreyFriar's Cove
Mecklenburg County, North Carolina

Dear Mr. Wilson:

This is in response to your letters of August 12, 1994, requesting approval of a variance from the referenced Rule, which requires a 50 foot separation between water wells and surface water bodies. You stated in a related letter dated June 20, 1994 that the subject well was one of a series of wells that could not be constructed in accordance with that Rule because:

(a) of limited space on the lot for the location of a well that would meet other regulatory requirements for location of a residential structure and septic tank waste disposal facility; and

(b) the platting of the lot for the well, the house and the septic tank was made prior to the December 1, 1992 effective date of the referenced Rule.

Factors which would act to mitigate any potential problems which could adversely affect human health and/or the effective operation of this well, as a result of not meeting the regulatory requirements, are as follows:

1. Galvanized casing will be used;

2. The casing will be seated at least twenty (20) feet down into consolidated rock;

3. The bottommost length of casing shall be provided with a drive shoe meeting the specifications of Rule 15A NCAC 2C.0107(d)(1)(F);

4. Prior to any disinfection of the completed well, a sample of the supply water shall be collected and analyzed for the presence of harmful bacteria. If the water analysis indicates the presence of harmful bacteria, the well can not be considered to be complete or in accordance with 15A NCAC 2C until a demonstration is made to indicate that the aquifer was not already adversely impacted by contamination from adjacent septic tanks or the surface water body. Any such demonstration can not rely solely on the analytical results of samples that show evidence of residual disinfection.

5. A copy of this variance and of the laboratory analysis of the well water shall be attached to the required WELL CONSTRUCTION RECORD (Form GW-1, copy attached).

Based on my review of the available information and recommendations by our staff, it is my finding that the combination of factors specified above is sufficient to satisfy the conditions for approval of a variance as defined in 15A NCAC 2C.0118.

On that basis, and with the additional requirement that you notify the Mooresville Regional Office, at 704/ 663-1699, at least 24 hours prior to completion of well construction activities, the requested variance is hereby granted.

The granting of this variance does not affect any of the other requirements of the WELL CONSTRUCTION STANDARDS or of the requirements of any other applicable laws or rules.

Sincerely,

Ted L. Bush, Jr., Assistant Chief
Groundwater Section

Attachment

CC: Mr. Stephen M. Schreiner
Barbara Christian, Mooresville Regional Office
Environmental Health, Mecklenburg County Health Department
Groundwater Section files

\airdril 2.var

North Carolina - Department of Environment, Health, and Natural Resources
Division of Environmental Management - Groundwater Section
P.O. Box 29535 - Raleigh, N.C. 27626-0535
Phone (919) 733-3221

FOR OFFICE USE ONLY
QUAD. NO. SERIAL NO.
Lat. Long. RO
Minor Basin
Basin Code
Header Ent. GW-1 Ent.

WELL CONSTRUCTION RECORD

DRILLING CONTRACTOR: _____

STATE WELL CONSTRUCTION PERMIT NUMBER: _____

DRILLER REGISTRATION NUMBER: _____

1. WELL LOCATION: (Show sketch of the location below)
   Nearest Town: _____ County: _____
   _____
   (Road, Community, or Subdivision and Lot No.)
2. OWNER _____
   ADDRESS _____
   (Street or Route No.)
   _____
   City or Town State Zip Code
3. DATE DRILLED _____ USE OF WELL _____
4. TOTAL DEPTH _____
5. CUTTINGS COLLECTED YES ☐ NO ☐
6. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☐
7. STATIC WATER LEVEL Below Top of Casing: _____ FT.
   (Use "+" if Above Top of Casing)
8. TOP OF CASING IS _____ FT. Above Land Surface*

*** Casing Terminated at/or below land surface is illegal unless a variance is issued in accordance with 15A NCAC 2C .0118**

9. YIELD (gpm): _____ METHOD OF TEST _____
10. WATER ZONES (depth): _____
    _____
11. CHLORINATION: Type _____ Amount _____
12. CASING:

	Depth		Diameter	Wall Thickness or Weight/Ft.	Material
From	_____	To _____ Ft.	_____	_____	_____
From	_____	To _____ Ft.	_____	_____	_____
From	_____	To _____ Ft.	_____	_____	_____

13. GROUT:

	Depth		Material	Method
From	_____	To _____ Ft.	_____	_____
From	_____	To _____ Ft.	_____	_____

14. SCREEN:

	Depth		Diameter	Slot Size	Material
From	_____	To _____ Ft	_____ in.	_____ in.	_____
From	_____	To _____ Ft.	_____ in.	_____ in.	_____
From	_____	To _____ Ft.	_____ in.	_____ in.	_____

15. SAND/GRAVEL PACK:

	Depth		Size	Material
From	_____	To _____ Ft.	_____	_____
From	_____	To _____ Ft.	_____	_____

16. REMARKS: _____

DEPTH From	DEPTH To	DRILLING LOG Formation Description

If additional space is needed use back of form

LOCATION SKETCH

(Show direction and distance from at least two State Roads, or other map reference points)

I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

SIGNATURE OF CONTRACTOR OR AGENT DATE

GW-1 REV. 9/91

Submit original to Division of Environmental Management and copy to well owner.

AIR DRILLING CO.

AIR ROTARY WELL DRILLING • SUBMERSIBLE PUMP SALES & SERVICE

2736 Commerce Blvd. • Statesville, North Carolina 28677

(704) 872-7614

(800) 422-7614

Date 3-12-94

RECEIVED/EHNR
DEM. GROUND WATER SEC.
91 AUG 12 PM 1:18

Robert B Cheek, P.G., Supervisor
Permits and Compliance
Division of Environmental Management
512 N. Salisbury Street
Raleigh, N.C. 27604
Phone: (919) 733-3221
Fax: (919) 715-0588

Ref: Request for Variance - NC WELL CONSTRUCTION STANDARDS Rule 15A NCAC 2C.0107(a)(2)(N) - 50 Feet Separation of Well from Surface Water Body.

OWNERS NAME Crescent Resources, Inc.
LOT # 4
Development Name: Greyfriars Cove
County Mecklenburg

Dear Mr. Cheek:

We are requesting a variance for the above lot with the understanding we will do the following:

1. All variances will be on a well by well basis.
2. Galvanized casing will be used in all wells.
3. The casing will be seated 20' into bedrock.
4. A drive shoe will be placed on the end of the casing.
5. A water sample will be taken to insure there is no bacteria present.
6. A map showing the location of the home and the septic tank will be furnished.

We appreciate your consideration on these matters.

Sincerely

Wilson Martin
Owner, Air Drilling Company

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: _____

TC: _____

SERIAL: № 20505 ☐ L ☐ CRT

① ADDRESS: _____ (STREET NO.) (STREET) ② FILE: _____

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 001-35-340

⑤ SUBDIVISION: _____ ⑥ LOT: 4 ⑦ BLOCK: _____

⑧ NAME: Crescent Resources (FIRST) (MIDDLE) INC. (LAST)

⑨ MAILING ADDRESS: PO Box 30847

⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28230

⑬ PHONE: (WORK) 382-2410 ⑭ (HOME) _____

This request is for a(n):

⑮ ☒ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify) _____

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? _____

㉘ Water supply from (present or proposed):

A ☒ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

The undersigned, owner of the property described above as the "LOCATION" has read the foregoing application, acknowledges 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: Wayne C Gwaltney, CPSS

Date: 3-23-90

IMPROVEMENT PERMIT

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

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

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

Environmentalist _____ Date _____

Director or Authorized Section Head _____ Date _____

*This permit must be signed by the Director of Mecklenburg County Health

PROPOSED PLOT PLAN

Lot 4

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

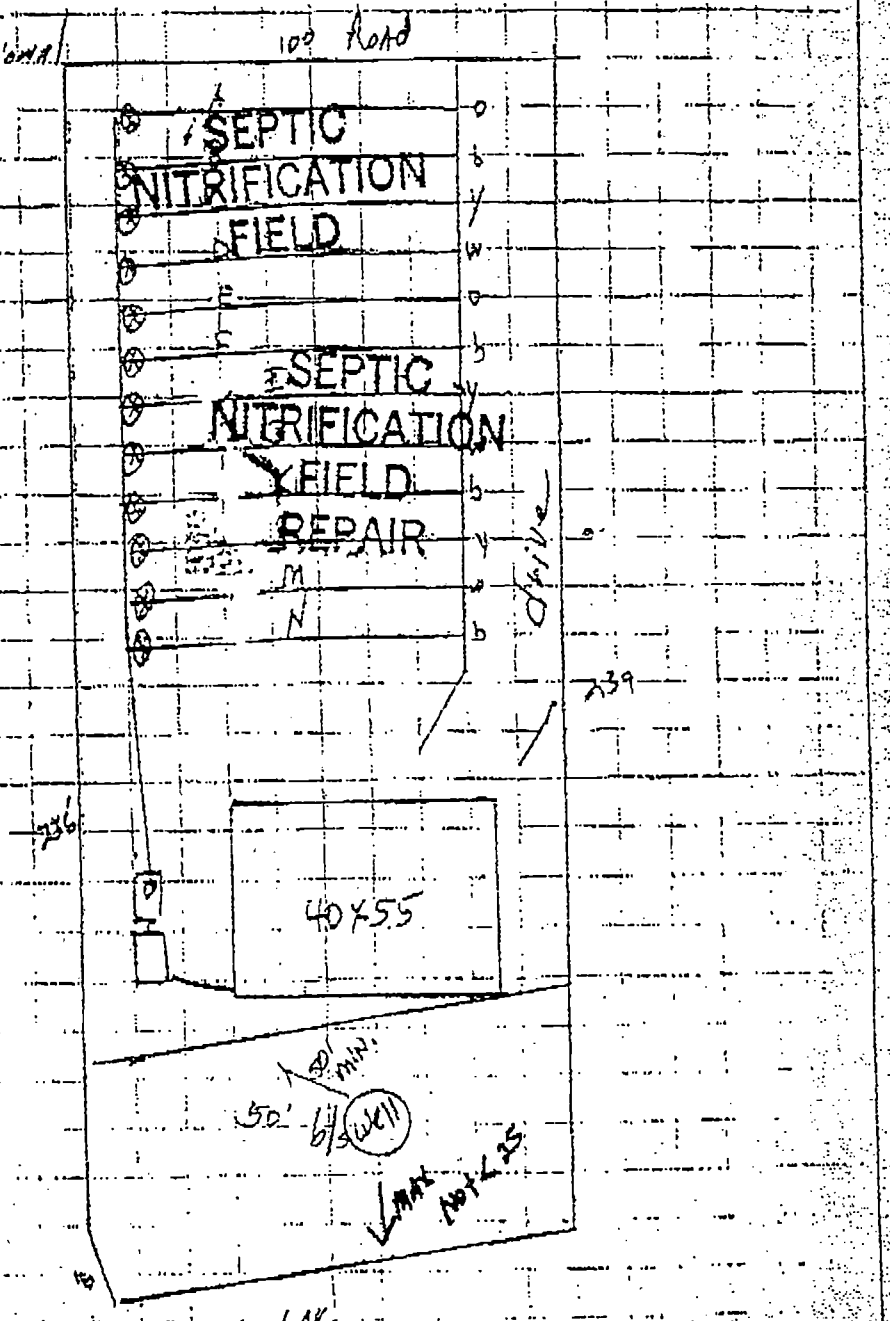
FILE: _____

TC: _____

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

Pressure Distribution Conventional

.8	X	X
1.6	X	X
2.0	2.4	1.5
2.4	2.6	2.1
2.9	2.8	2.5
3.2	3.4	3.1
3.5	3.6	2.6
4.2	4.1	3.9
4.6	4.5	4.3
4.9	4.8	4.7
5.5	5.1	5.1
5.9	5.4	5.5



Bottom of trenches to be level!

APPROVAL DATE _____

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

PROPOSED PLOT PLAN

Lot 4

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

FILE: 6480A

TC: 001-353-58

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.

001-353-58

3 bdrm design #2
1008 Gray Fibrous Rd

Conventional System

6 lines 3'w X 67' long w/12" stone
bottom level

Pump to speed level box
equal distribution to
each line

Repair 5@67
2@33-split

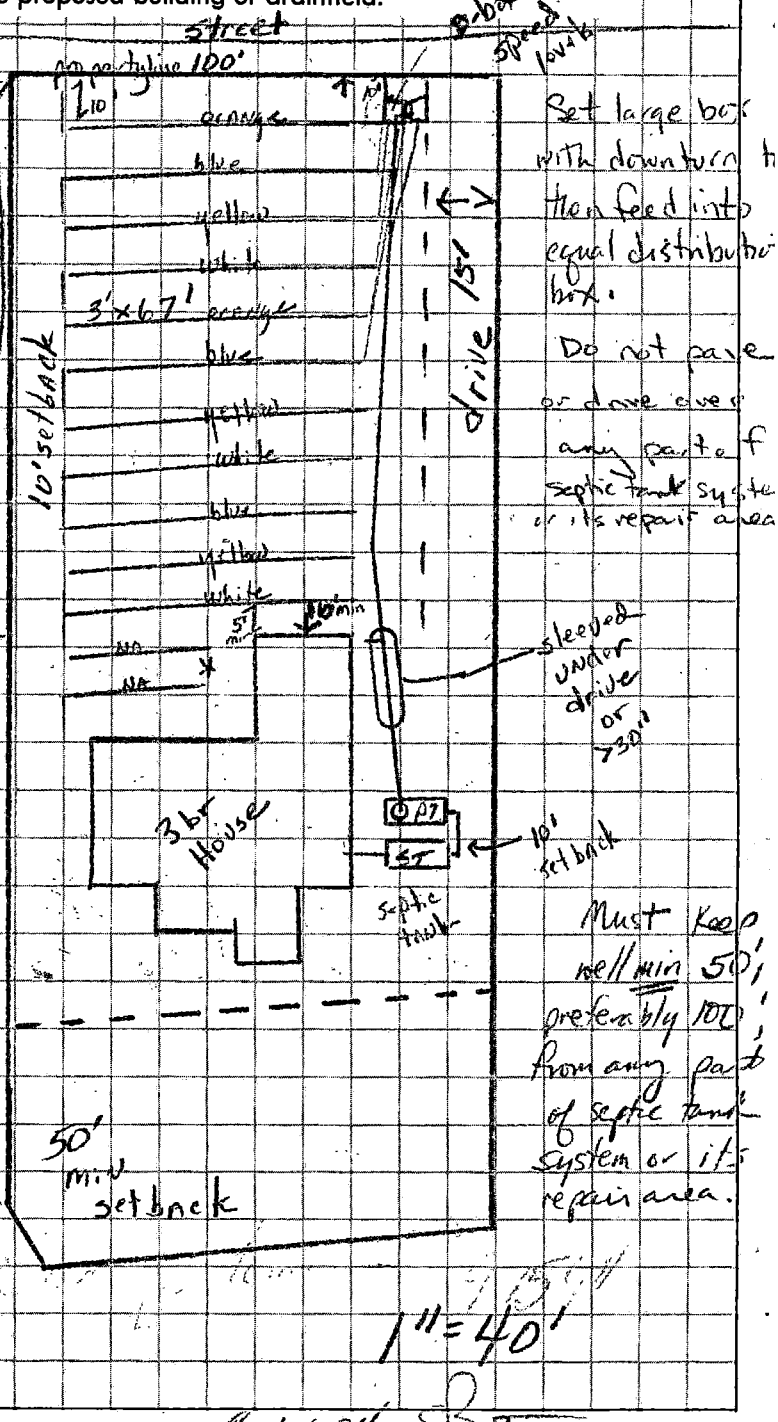
* Tyson flow divider with repair

1500
1000 gal septic tank

1000 gal pump tank

Pump ME40 Myers X
or equal

30 gal at 20' head



APPROVAL DATE 9-15-94

See DEM variance concerning well

Tracy C. Parker, EHS (agent) 9/19/94
Environmental Health Specialist

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

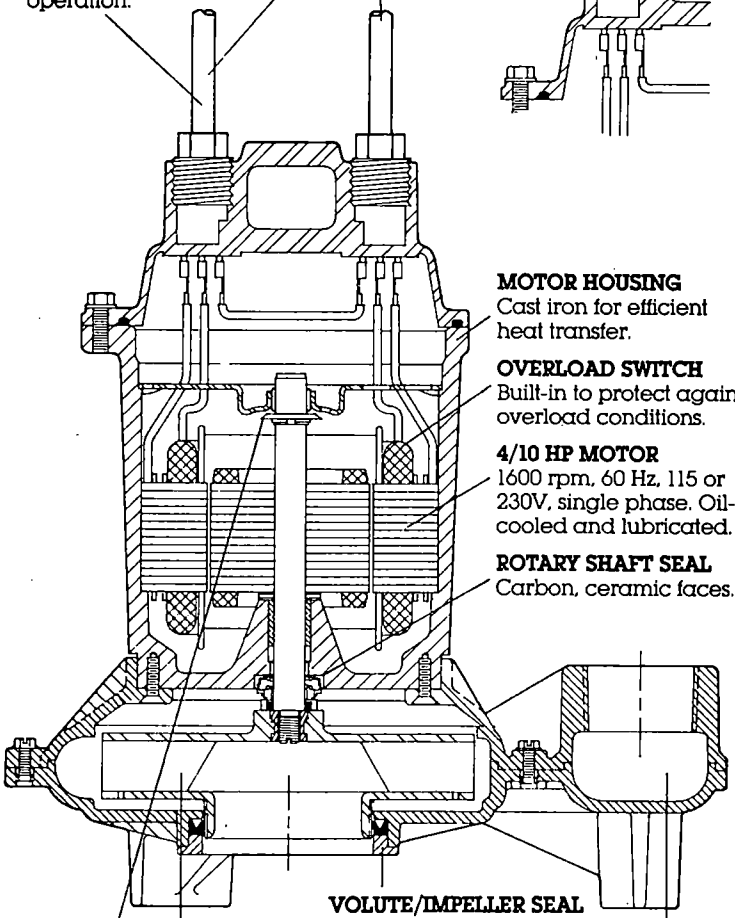
ME40 SERIES

4/10 HP Effluent
and Drain Water Pumps

POWER & FLOAT CORDS
Quick-connect, watertight fittings are interchangeable, replaceable from pump exterior.

PLUG
Replaces switch assembly for manual operation.

MECHANICAL FLOAT SWITCH
Mercury-free, 90° angle operation.



MOTOR HOUSING
Cast iron for efficient heat transfer.

OVERLOAD SWITCH
Built-in to protect against overload conditions.

4/10 HP MOTOR
1600 rpm, 60 Hz, 115 or 230V, single phase. Oil-cooled and lubricated.

ROTARY SHAFT SEAL
Carbon, ceramic faces.

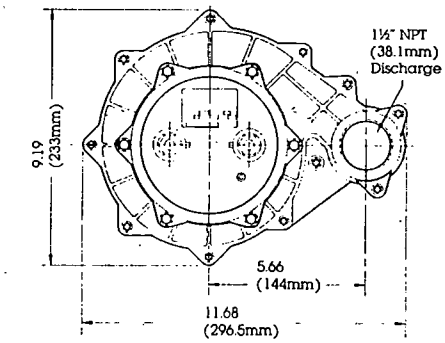
VOLUTE/IMPELLER SEAL RING
Maintains high efficiency and reduces recirculation, replaceable.

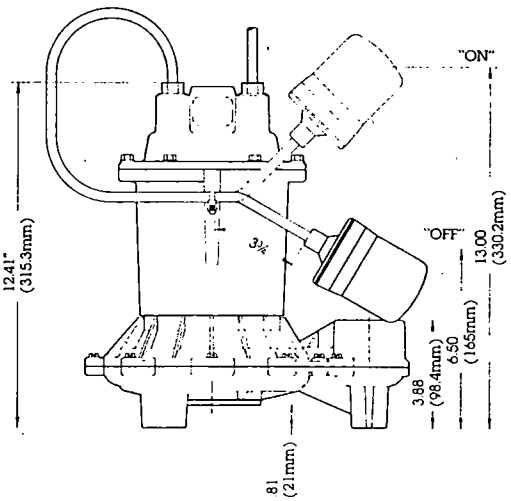
ENCLOSED TWO VANE IMPELLER
High efficiency, passes ¾" spherical solids, with stainless steel wear ring.

HIGH EFFICIENCY ABS VOLUTE
Corrosion resistant. Passes ¾" spherical solids. 1½" NPT discharge.

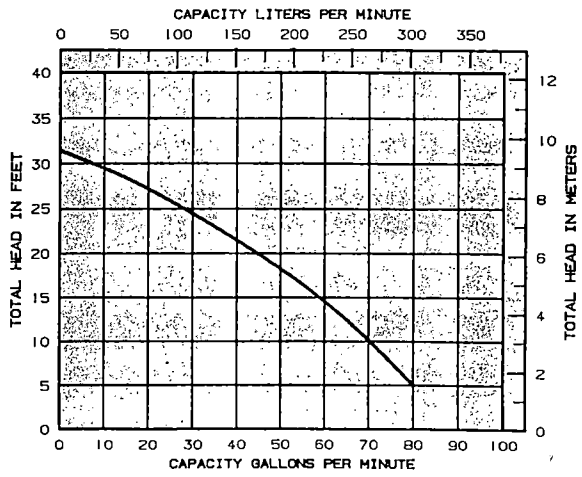
THRUST WASHER, SLEEVE BEARINGS
Enhance smooth operation and extend pump life.

DIMENSIONS





PERFORMANCE CURVE



K3319 5/92
Printed in U.S.A.

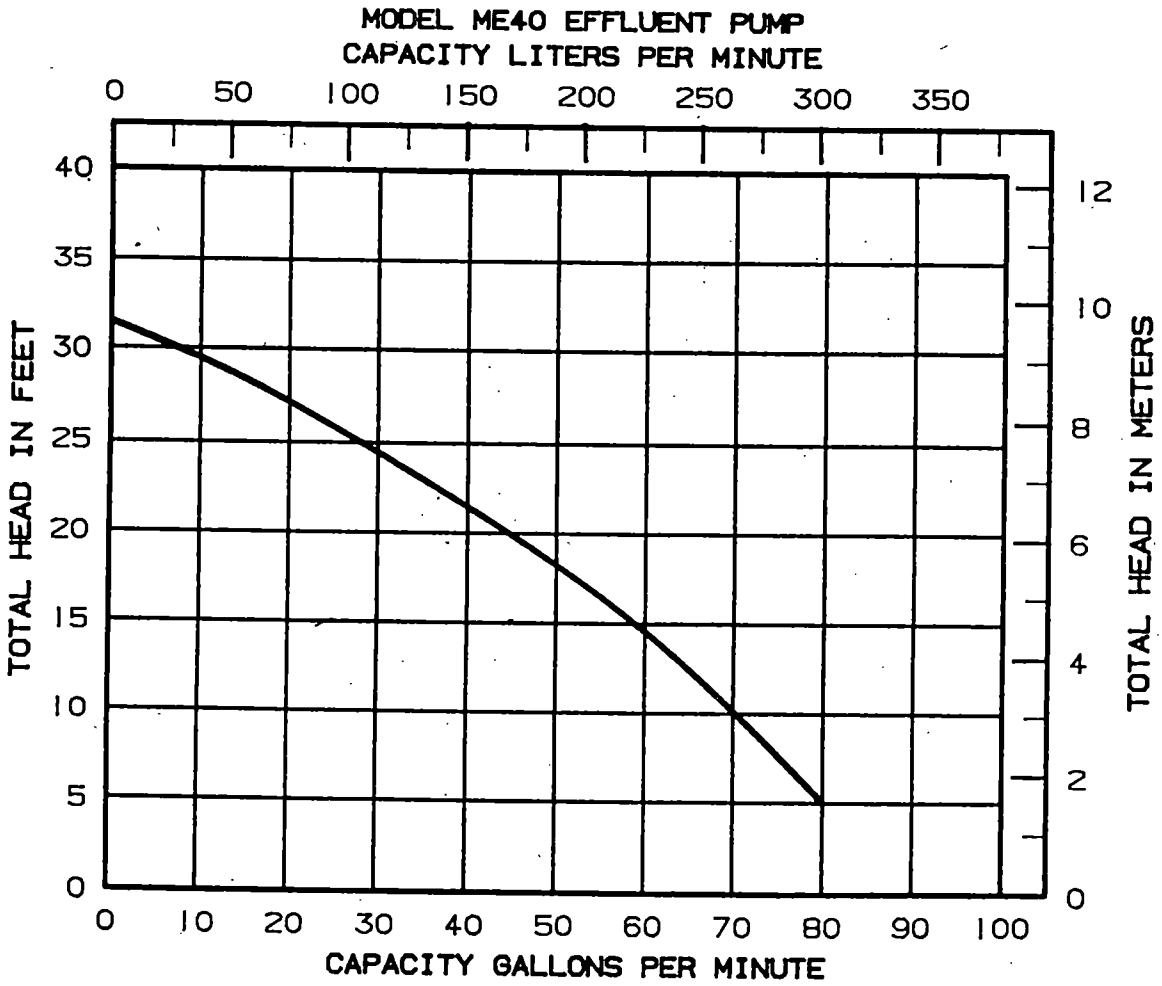
Myers®

F. E. Myers, A Pentair Company
1101 Myers Parkway
Ashland, Ohio 44805-1923

419/289-1144
FAX: 419/289-6658, TLX: 98-7443

ME40 Series 4/10 HP Effluent and Drain Water Pumps Performance Curve

Myers®



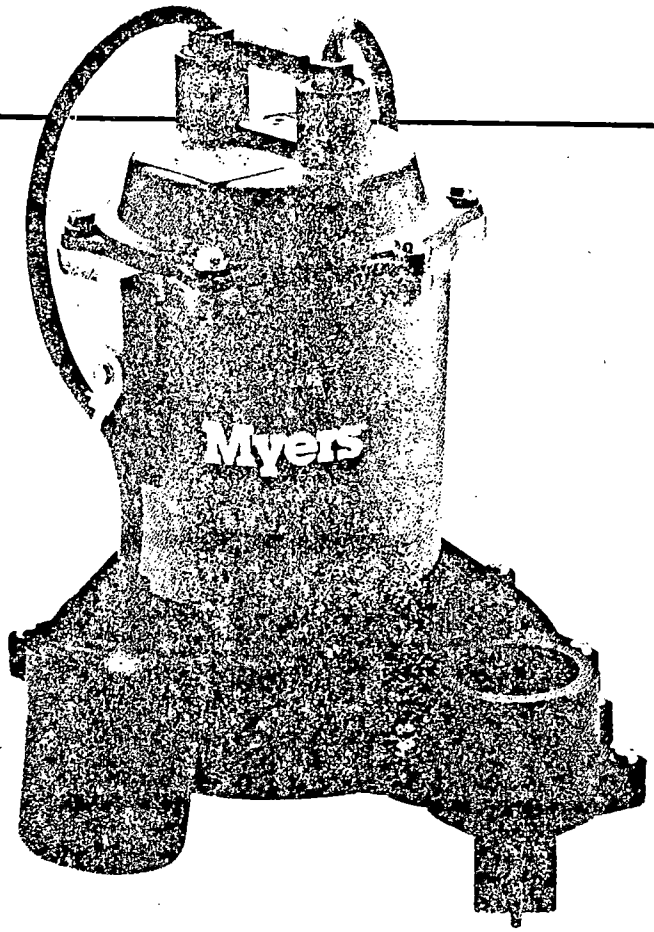
F.E. Myers, A Pentair Company • 1101 Myers Parkway, Ashland, Ohio 44805-1923
419/289-1144 FAX 419/289-6658 Telex 98-7443

K3326 7/91

Printed in U.S.A.

ME40 SERIES

4/10 HP Effluent
and Drain Water Pumps



THE MYERS ME40 SERIES EFFLUENT PUMPS ARE ONE OF THE MOST EFFICIENT 4/10 HP EFFLUENT PUMPS ON THE MARKET TODAY. The enclosed two vane impeller provides the flow and head required for today's dosing systems and the many tough drainage applications. The ME40 is constructed of only the highest quality corrosion resistant materials — like cast iron, stainless steel and thermoplastics — for many years of service in the harsh effluent environment. The ME40 is available in automatic models with built-in mechanical float switch or manual models for use with external controls for precise dosing. For more information, call your Myers distributor today or the Myers Ashland, Ohio sales office at 419/289-1144.

ADVANTAGES BY DESIGN

TWO VANE IMPELLER DESIGN PROVIDES MAXIMUM DOSING EFFICIENCY

- Enclosed design for high efficiency pumping.
- Eliminates possibility of jamming between impeller and volute.
- Passes a full ¾ inch solid.
- Original performance can be restored if wear occurs by replacing volute seal ring.

DURABLE MOTOR WILL DELIVER MANY YEARS OF RELIABLE SERVICE

- Oil-filled motor for maximum heat dissipation and continuous bearing lubrication.
- Overload protected, shaded pole motor eliminates starting switches and relays which are prone to fail.

THE ME40 IS DESIGNED FOR MANY YEARS OF MAINTENANCE FREE OPERATION

- Positive sealing, quick connect float and switch cords make replacement simple if service is ever necessary.
- Field tested, wide angle, mercury-free mechanical float switch provides maximum draw down. (Automatic models only.)

PRODUCT CAPABILITIES

Capacities To	60 GPM	227 LPM
Heads To	32 ft.	9.75 m
Max. Spherical Solids	¾ in.	19 mm
Liquids Handling	domestic effluent & drain water	
Intermittent Liquid Temp.	up to 140° F	up to 60° C
Motor Electrical Data	4/10 hp, 1600 rpm shaded pole, oil-filled 115 volts, 11.5 amps, 1 ph, 60 Hz 230 volts, 5.8 amps, 1 ph, 60 Hz	
Third Party Approvals	Pending	
Acceptable pH Range	6-9	
Specific Gravity	.9-1.1	
Viscosity	28-35 SSU	
Discharge, NPT	1½ in.	38.1 mm
Min. Sump Dia. Simplex Duplex	24 in. 36 in.	61 cm 91.4 cm

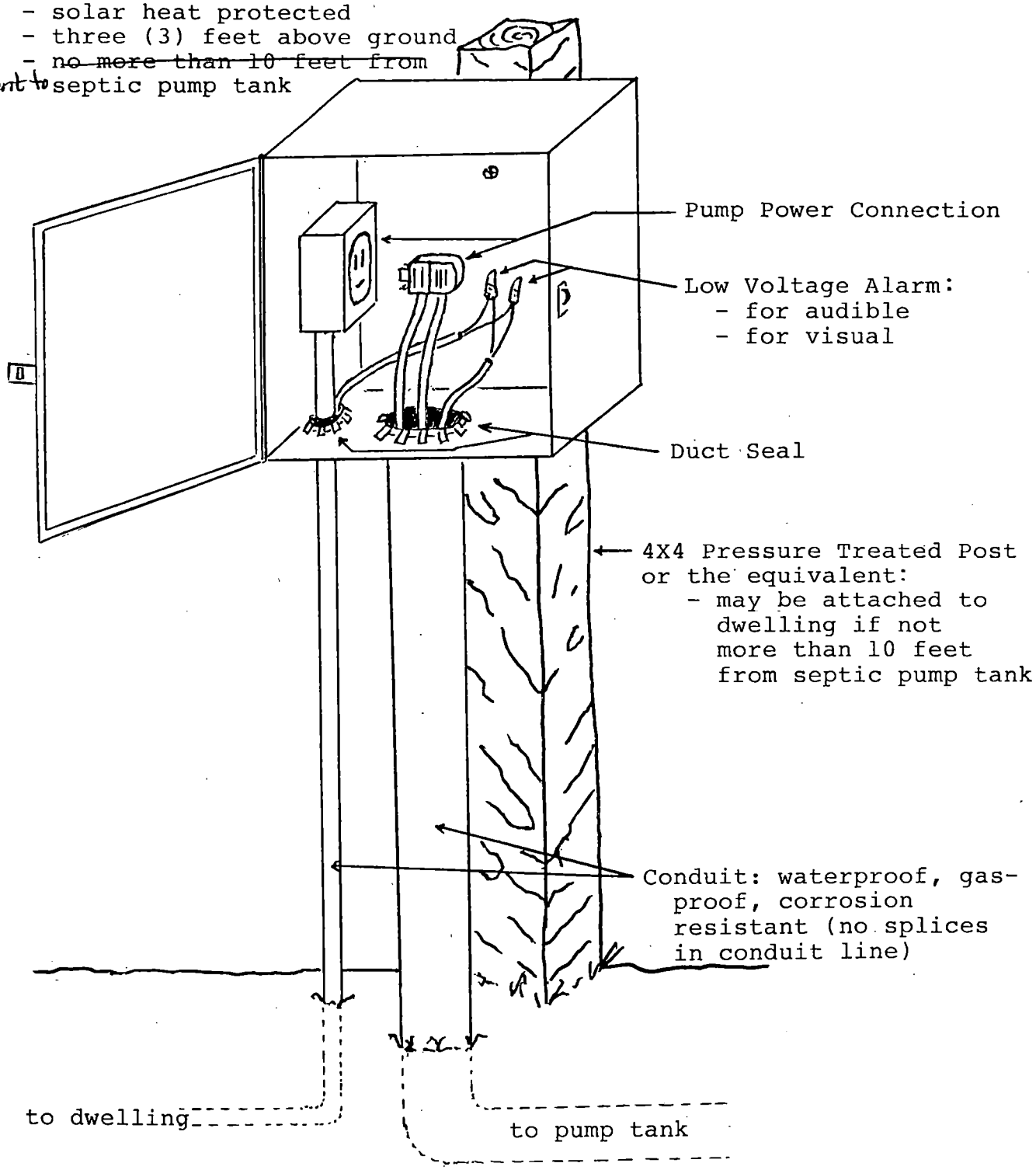
Construction Materials	
Motor Housing	cast iron, Class 30, ASTM A48-76
Impeller	enclosed, engineered thermoplastic
Impeller Wear Ring	304 SST
Volute	thermoplastic
Volute Sealing Ring	Buna-N
Power Cord	10 or 20 ft. 16/3 SJOW/SJOW-A
Mechanical Shaft Seals	carbon & ceramic
Fasteners	300 Series SST

WHERE INNOVATION MEETS TRADITION

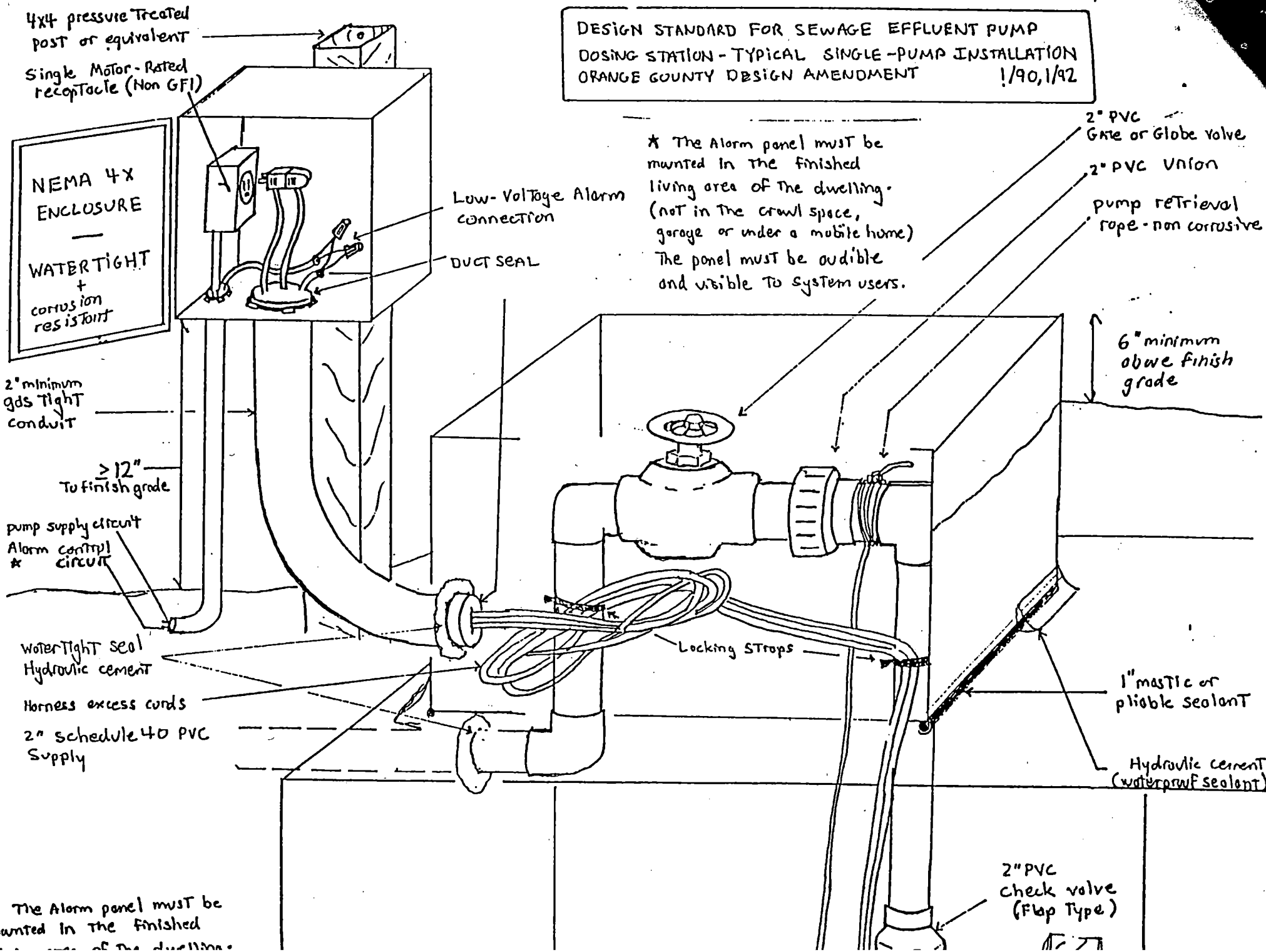
Myers®

NEMA 4X ENCLOSURE must be:

- water tight
- corrosion resistant
- solar heat protected
- three (3) feet above ground
- ~~no more than 10 feet from~~ Adjacent to septic pump tank



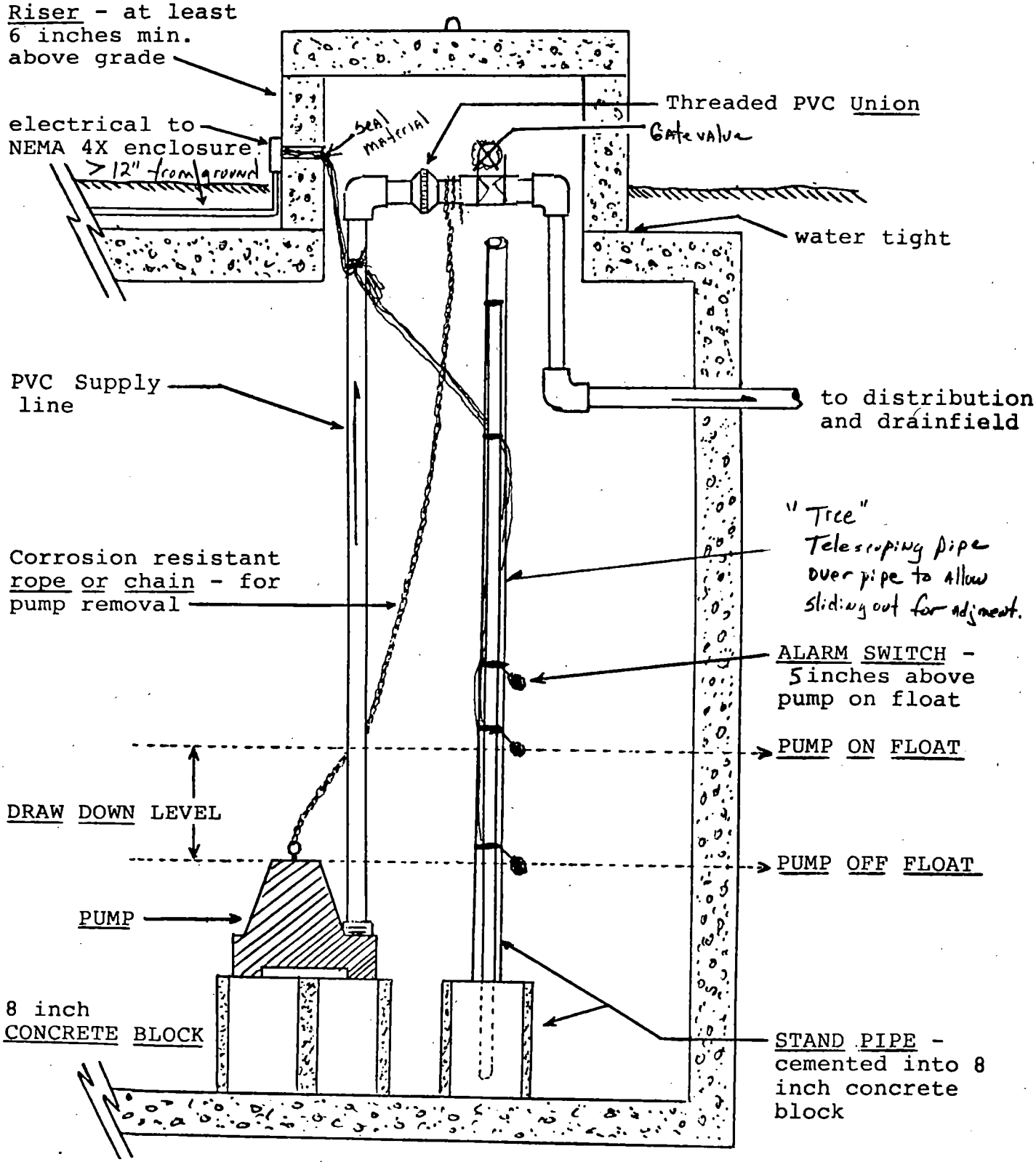
DESIGN STANDARD FOR SEWAGE EFFLUENT PUMP
DOSING STATION - TYPICAL SINGLE-PUMP INSTALLATION
ORANGE COUNTY DESIGN AMENDMENT 1/90, 1/92



* The Alarm panel must be mounted in the finished

File 6480A

PUMP DIAGRAM



PROPOSED PLOT PLAN

Lot 4

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

FILE: 6480A

TC: 001-353-58

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.

3 bdrm design

Conventional System

6 lines 3'w X 67' long w/12" stone bottom level

Pump to speed level box equal distribution to each line

Repair 5@67
2@33-split

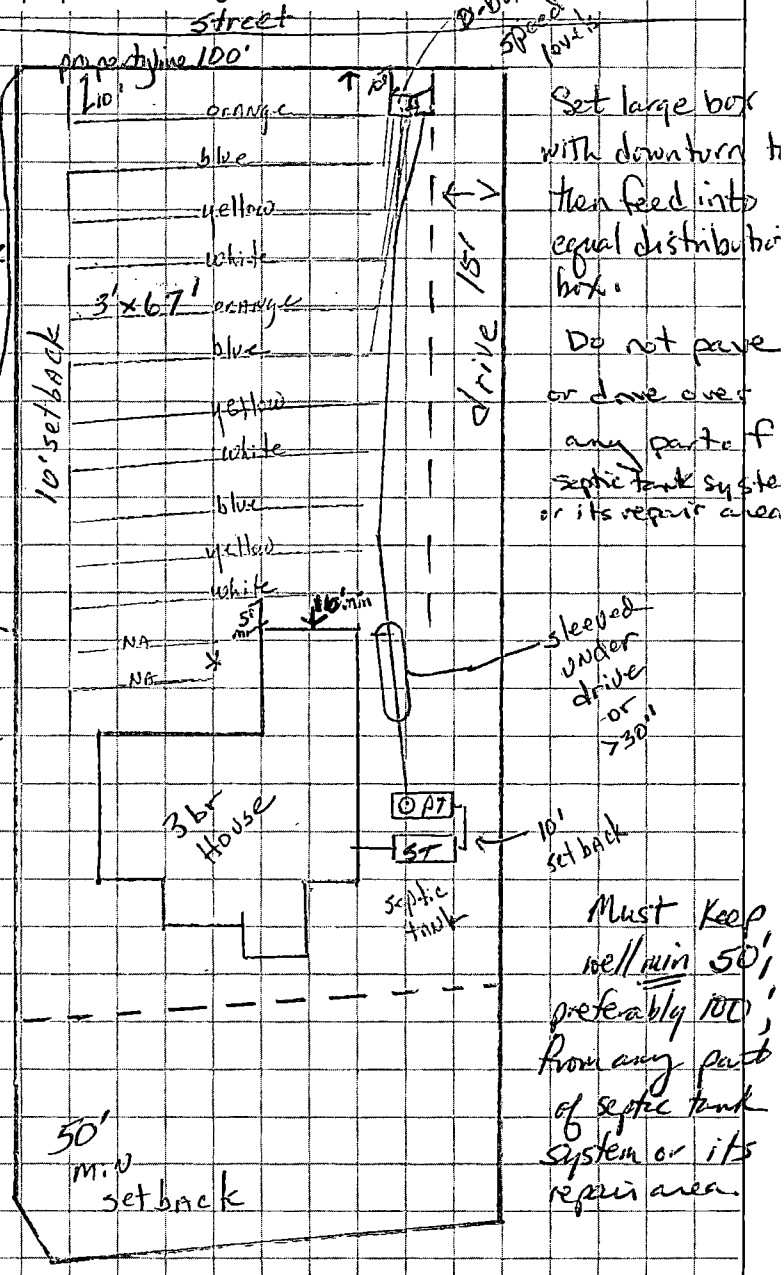
*Tyson flow dividers with repair

1500 1000 gal septic tank

1,000 gal pump tank

Pump ME40 Myers or equal

30 gal at 20' head



See 1991 variance concerning well.

Tracy Chandler, CPS (agent) 9/19/94
Owner/Agent Signature Date

APPROVAL DATE 9-15-94

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

#160 K

6480A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

fl. #150 9/9/94 Cr. #217

X CRT

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

(704)336-5102

PERSON FILING APPLICATION:

NAME: Crescent Resources Inc. (last) (first) (mi)

ADDRESS: PO Box 1003 PHONE: 704 663-6905

CITY: Charlotte STATE: NC ZIPCODE: 28201-1003

Date: 9/9/94

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: #001-353-58

STREET ADDRESS: 17208 Greyfriars Rd

ZONING:

PROPERTY OWNER:

NAME: " As Above " (last) (first) (mi)

ADDRESS: _____ PHONE: (___) _____

CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME: Greyfriars Cove

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

LOT NUMBER: 4 LOT SIZE (in acres): 0.56 Ac

TYPE APPLICATION (check one):

[] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 6

SYSTEM CLASSIFICATION: Pumped Conventional

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

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

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

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

Signed: Jenny C. Parker, CPSS Date: 9/8/94

NOTICE:

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

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

...This permit is not transferable.

... lift station required. See variance issued by DEM in reference to well.

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

Susan Bateman 9/8/94
Environmentalist Date

D Newell R.S. 9/20/94
Director or Authorized Section Head Date
for BDowd

WWATER : 122791

MR 6480A

State of North Carolina
Department of Environment,
Health and Natural Resources
Division of Environmental Management

James B. Hunt, Jr., Governor
Jonathan B. Howes, Secretary
A. Preston Howard, Jr., P.E., Director

DEHNR

August 22, 1994

Mr. Wilson Martin
Air Drilling Company
2736 Commerce Boulevard
Statesville, North Carolina 28677

Subject: Request for Variance - NORTH CAROLINA WELL CONSTRUCTION STANDARDS
Rule 15A NCAC 2C.0107(a)(2)(N)- Required Separation of Well from Surface Water Body
Crescent Resources, Inc : Lot #4, GreyFriar's Cove
Mecklenburg County, North Carolina

Dear Mr. Wilson:

This is in response to your letters of August 12, 1994, requesting approval of a variance from the referenced Rule, which requires a 50 foot separation between water wells and surface water bodies. You stated in a related letter dated June 20, 1994 that the subject well was one of a series of wells that could not be constructed in accordance with that Rule because:

(a) of limited space on the lot for the location of a well that would meet other regulatory requirements for location of a residential structure and septic tank waste disposal facility; and

(b) the platting of the lot for the well, the house and the septic tank was made prior to the December 1, 1992 effective date of the referenced Rule.

Factors which would act to mitigate any potential problems which could adversely affect human health and/or the effective operation of this well, as a result of not meeting the regulatory requirements, are as follows:

1. Galvanized casing will be used;

2. The casing will be seated at least twenty (20) feet down into consolidated rock;

3. The bottommost length of casing shall be provided with a drive shoe meeting the specifications of Rule 15A NCAC 2C.0107(d)(1)(F);

4. **Prior to any disinfection of the completed well,** a sample of the supply water shall be collected and analyzed for the presence of harmful bacteria. If the water analysis indicates the presence of harmful bacteria, the well can not be considered to be complete or in accordance with 15A NCAC 2C until a demonstration is made to indicate that the aquifer was not already adversely impacted by contamination from adjacent septic tanks or the surface water body. Any such demonstration can not rely solely on the analytical results of samples that show evidence of residual disinfection.

5. A copy of this variance and of the laboratory analysis of the well water shall be attached to the required WELL CONSTRUCTION RECORD (Form GW-1, copy attached).

Based on my review of the available information and recommendations by our staff, it is my finding that the combination of factors specified above is sufficient to satisfy the conditions for approval of a variance as defined in 15A NCAC 2C.0118.

On that basis, and with the additional requirement that you notify the Mooresville Regional Office, at 704/ 663-1699, at least 24 hours prior to completion of well construction activities, the requested variance is hereby granted.

The granting of this variance does not affect any of the other requirements of the WELL CONSTRUCTION STANDARDS or of the requirements of any other applicable laws or rules.

Sincerely,

Ted L. Bush, Jr., Assistant Chief
Groundwater Section

Attachment

CC: Mr. Stephen M. Schreiner
Barbara Christian, Mooresville Regional Office
Environmental Health, Mecklenburg County Health Department
Groundwater Section files

\airdril 2.var

North Carolina - Department of Environment, Health, and Natural Resources
Division of Environmental Management - Groundwater Section
P.O. Box 29535 - Raleigh, N.C. 27626-0535
Phone (919) 733-3221

FOR OFFICE USE ONLY
QUAD. NO. _____ SERIAL NO. _____
Lat. _____ Long. _____ RO _____
Minor Basin _____
Basin Code _____
Header Ent. _____ GW-1 Ent. _____

WELL CONSTRUCTION RECORD

DRILLING CONTRACTOR: _____

STATE WELL CONSTRUCTION
DRILLER REGISTRATION NUMBER: _____ PERMIT NUMBER: _____

1. WELL LOCATION: (Show sketch of the location below)
   Nearest Town: _____ County: _____

   _____
   (Road, Community, or Subdivision and Lot No.)

2. OWNER _____
   ADDRESS _____
   (Street or Route No.)

   _____
   City or Town State Zip Code

3. DATE DRILLED _____ USE OF WELL _____
4. TOTAL DEPTH _____
5. CUTTINGS COLLECTED YES ☐ NO ☐
6. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☐
7. STATIC WATER LEVEL Below Top of Casing: _____ FT.
   (Use "+" if Above Top of Casing)
8. TOP OF CASING IS _____ FT. Above Land Surface*

*** Casing Terminated at/or below land surface is illegal unless a variance is issued in accordance with 15A NCAC 2C .0118**

9. YIELD (gpm): _____ METHOD OF TEST _____
10. WATER ZONES (depth): _____

    _____
11. CHLORINATION: Type _____ Amount _____
12. CASING:

	Depth	Diameter	Wall Thickness or Weight/Ft.	Material
From	To Ft.			
From	To Ft.			
From	To Ft.			

13. GROUT:

	Depth	Material	Method
From	To Ft.		
From	To Ft.		

14. SCREEN:

	Depth	Diameter	Slot Size	Material
From	To Ft	in.	in.	
From	To Ft.	in.	in.	
From	To Ft.	in.	in.	

15. SAND/GRAVEL PACK:

	Depth	Size	Material
From	To Ft.		
From	To Ft.		

16. REMARKS: _____

DEPTH From	DEPTH To	DRILLING LOG Formation Description

If additional space is needed use back of form

LOCATION SKETCH
(Show direction and distance from at least two State Roads, or other map reference points)

I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

_____
SIGNATURE OF CONTRACTOR OR AGENT DATE

GW-1 REV. 9/91

Submit original to Division of Environmental Management and copy to well owner.

AIR DRILLING CO.

AIR ROTARY WELL DRILLING • SUBMERSIBLE PUMP SALES & SERVICE

2736 Commerce Blvd. • Statesville, North Carolina 28677

(704) 872-7614

(800) 422-7614

Date 8-12-94

RECEIVED/EHNR
DEM. GROUND WATER SEC.
94 AUG 12 PM 1:18

Robert B Cheek, P.G., Supervisor
Permits and Compliance
Division of Environmental Management
512 N. Salisbury Street
Raleigh, N.C. 27604
Phone: (919) 733-3221
Fax: (919) 715-0588

Ref: Request for Variance - NC WELL CONSTRUCTION STANDARDS Rule 15A NCAC 2C.0107(a)(2)(N) - 50 Feet Separation of Well from Surface Water Body.

OWNERS NAME Crescent Resources, Inc.
LOT # 4
Development Name: Greyfriars Cove
County Mecklenburg

Dear Mr. Cheek:

We are requesting a variance for the above lot with the understanding we will do the following:

1. All variances will be on a well by well basis.
2. Galvanized casing will be used in all wells.
3. The casing will be seated 20' into bedrock.
4. A drive shoe will be placed on the end of the casing.
5. A water sample will be taken to insure there is no bacteria present.
6. A map showing the location of the home and the septic tank will be furnished.

We appreciate your consideration on these matters.

Sincerely

Wilson Martin
Owner, Air Drilling Company

$10

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: _____

TC: _____

SERIAL: № 20505 ☐ L ☐ CRT

① ADDRESS: _____ (STREET NO.) (STREET) ② FILE: _____

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 001-35-340

⑤ SUBDIVISION: _____ ⑥ LOT: 4 ⑦ BLOCK: _____

⑧ NAME: Crescent Resources (FIRST) INC. (MIDDLE) (LAST)

⑨ MAILING ADDRESS: PO Box 30817

⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28230

⑬ PHONE: (WORK) 382-2410 ⑭ (HOME) _____

This request is for a(n):

⑮ ☑ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify) _____

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? _____

㉘ Water supply from (present or proposed):

A ☑ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

The undersigned, owner of the property described above as the "LOCATION" has read the foregoing application, acknowledges 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: Bruce L Gramley, CPSS

Date: 3-23-90

IMPROVEMENT PERMIT

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

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

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

Environmentalist / Date

Director or Authorized Section Head / Date

*This permit must be signed by the Director of Mecklenburg County Health

PROPOSED PLOT PLAN

Lot 4

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

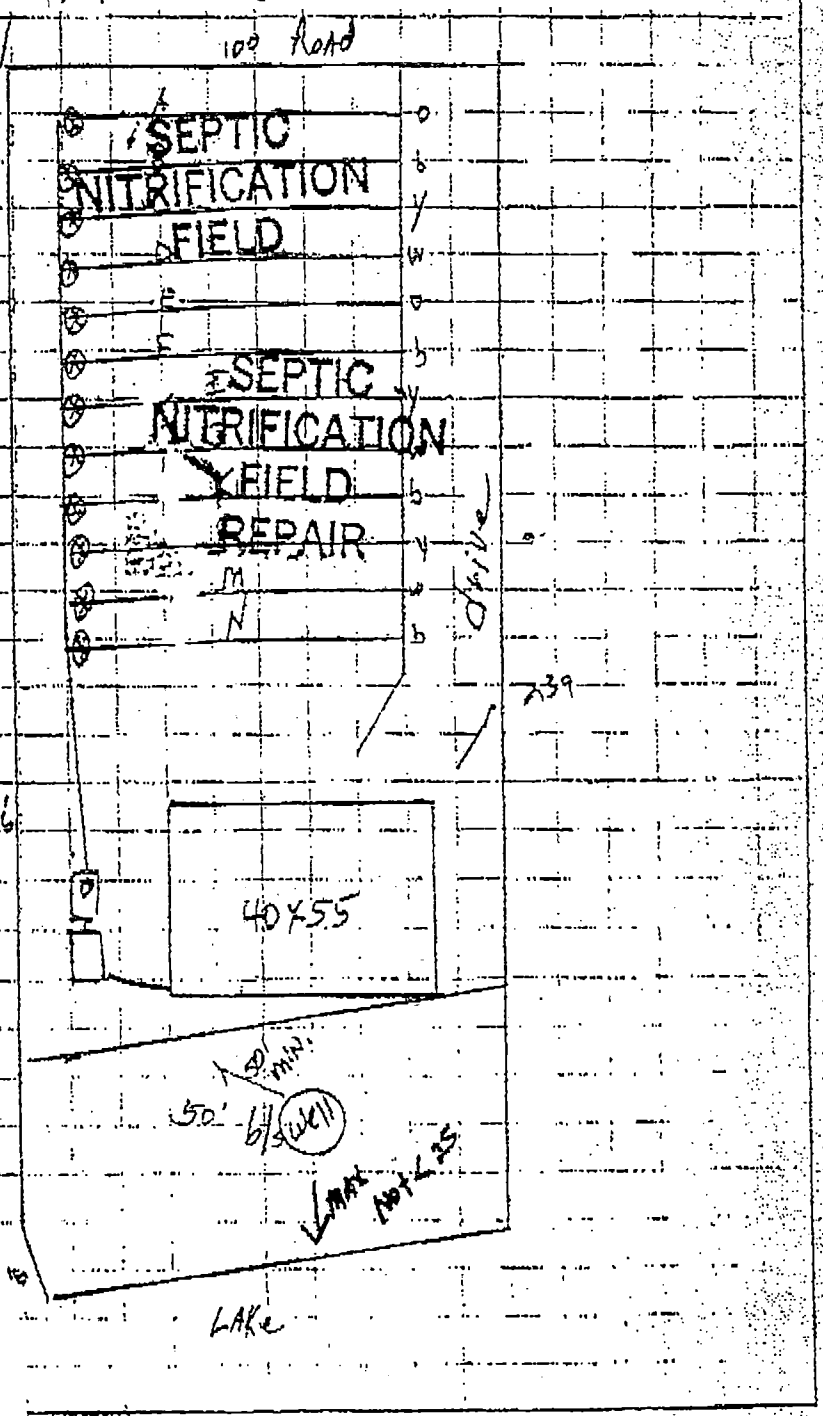
FILE: _____

TC: _____

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

Pressure Distribution Conventional

.8	x	x
1.6	x	x
2.0	2.4	1.5
2.4	2.6	2.1
2.9	2.8	2.5
3.2	3.4	3.1
3.8	3.6	2.6
4.2	4.1	3.9
4.6	4.5	4.3
4.9	4.8	4.7
5.5	5.1	5.1
5.9	5.4	5.5



Bottom of trenches to be level!

APPROVAL DATE _____

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

TOTAL P.04

Drawn By: Crescent Resources
Mail To: Environmental Health Dept.

REAL ESTATE
PRESENTED FOR REGISTRATION
90 JUN 26 PM 3:40
ANNE A. POWERS
REGISTER OF DEEDS
MECKLENBURG CO., N.C.

000301

6301 0308

PAGE

FILE NO. 6480A/
Parcel: 001-353-40

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, Crescent Resources, Inc.,

owner of property located at 17208 Greyfriars Road

("the site") and described in an instrument recorded in Book 3822 at Page 289, Mecklenburg Public Registry, hereby acknowledges that he applied to the Mecklenburg County Department of Environmental Health ("the Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 10 NCAC 10A .1934 et seq; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested pursuant to 10 NCAC 10A .1948(c) that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data and other information which indicate to the Department that the septic tank system proposed by the undersigned can reasonably be expected to function satisfactorily and thus that the findings specified in 10 NCAC 10A .1948(c)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

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

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

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

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

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

This 22nd day of June, 1990.

Attest:
Estelene G. Williams
Assistant Secretary

Crescent Resources, Inc. (SEAL)

By: R. B. Dienst (SEAL)
Vice President

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

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

WITNESS my hand and notarial seal, this _____ day of _____, 1990.

Notary Public

8.00
8.00
CASH
8.00
23:15 #0111 000
06/90

I, Sharon C. Arrowood, a Notary Public for said County and State, do hereby certify that Ethelene G. Williams personally came before me this day and acknowledged that he is Asst. Secretary of Crescent Resources, Inc., and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its Vice President, ~~Robert~~ B. Dienst, sealed with its corporate seal and attested by Assistant Secretary.

WITNESS my hand and notarial seal, this 22nd day of June, ~~XXX~~ 1990

Sharon C. Arrowood
Notary Public

My Commission Expires: 10/13/93

State of North Carolina, County of Mecklenburg

The foregoing Certificate(s) of Sharon C. Arrowood

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

ANNE A. POWERS, REGISTER OF DEEDS

By _____ Deputy - Register of Deeds

REAL ESTATE
BOOK PAGE
6301 0309

88 100

Mecklenburg County
Health Department

May 10, 1990

Crescent Resources, Inc.
PO Box 30818
Charlotte, NC 28230

RE: Property located at 17208 Greyfriars
FILE: 6480A
PARCEL: 001-353-40

Gentlemen:

A site visit revealed that the property cannot accommodate a conventional system for a three bedroom residence.

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

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

- The well should be located 100 feet or no less than 50 feet away from any part of the sewage disposal system and repair area.
- Water saving plumbing devices and low flush toilets should be installed when constructing the residence.
- Occupants to utilize maximum water conservation measures wherever possible.
- Effectively rake and lime all trench sidewalls
- Landscaping of repair area to be undisturbed. No grading, shaping, or altering in anyway.

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

Sincerely,

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

GV/kat

Enclosures - 3 Septic Tank Agreement Forms

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

PROPOSED PLOT PLAN

Lot 4

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

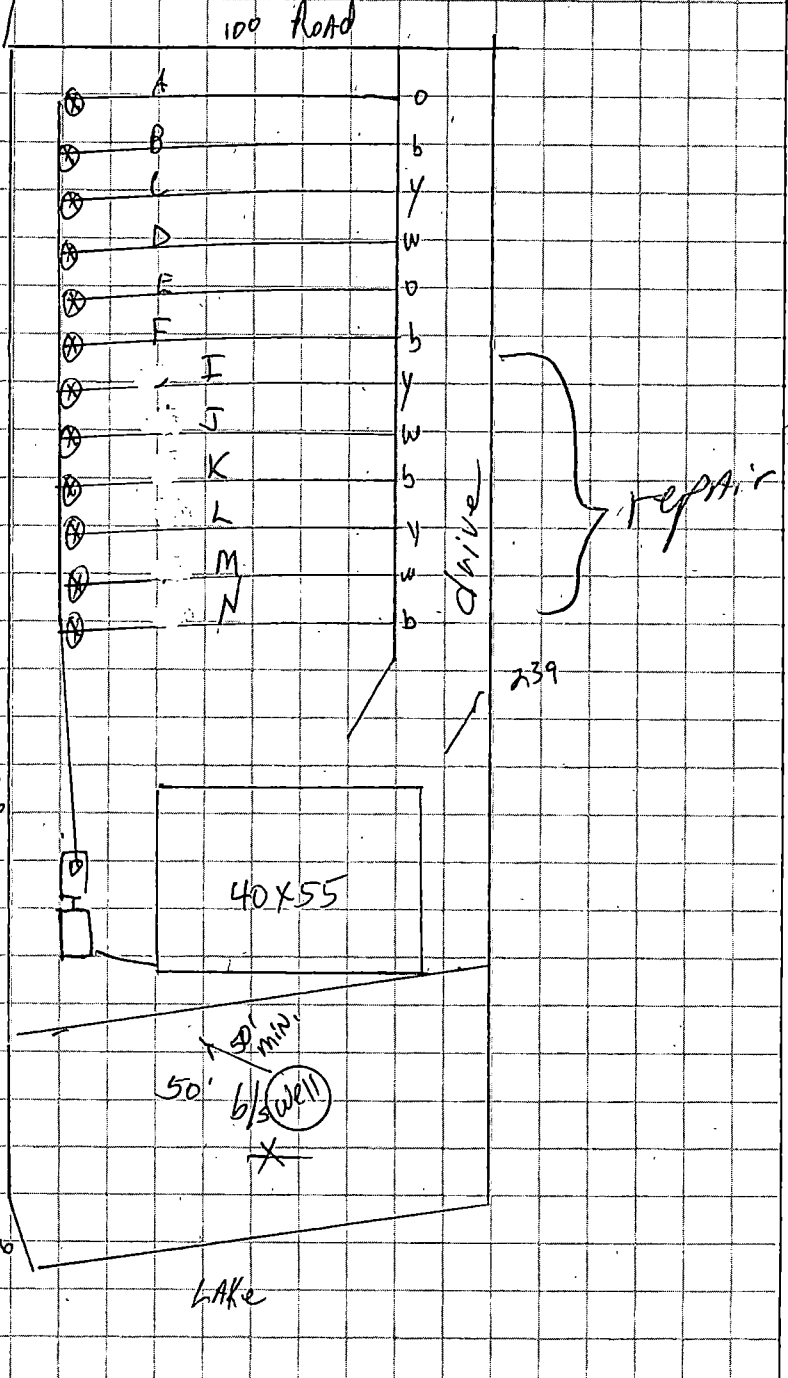
FILE: _____

TC: _____

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

Pressure Distribution Conventional

.8	.8	X
1.6	X	X
2.0	2.1	1.5
2.4	2.6	2.1
2.9	2.8	2.5
3.2	3.4	3.1
3.8	3.6	3.6
4.2	4.1	3.9
4.6	4.5	4.3
4.9	4.8	4.7
5.5	5.1	5.1
5.9	5.4	5.5



Bottom of trenches to be level.

* CRI requires 40' sideline setback

APPROVAL DATE _____

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

Date: 3/26/90

DESIGN SPECIFICATIONS FOR ON-SITE WASTE SYSTEM

Address: Lot 4 Greyfriars Cove

General Description: Pressure Distribution Conventional

Daily design waste flow: 360 gpd
Effluent loading rate: 0.3 gpd/sf
Square footage: 1200
Septic tank size: 1500 gal. (2 compartments)
Pumping tank size: 1000 gal.

Initial Installation

Line	# ~~Panels~~	# Hole(s) ~~Per Panel~~	Size Hole	Line Head	Line Length	Hole Flow	Line Flow
A ✓	NA	8	5/32	3.0	67	0.5	4.0
B ✓					"		
C ✓					"		
D ✓					"		
E ✓					"		
F ✓	"	8			"	"	"
G					"		
H							
Totals					400		24
Required 100% Repair							
I ✓	"	8	5/32	3.0	67	0.5	4.0
J ✓							
K ✓							
L ✓							
M ✓							
N ✓	"	"	"	"	"	"	"
O							
P							
Totals					400		24

CALCULATIONS FOR PUMPED SYSTEMS:

Friction loss: supply line = 180 LF of 2 inch x 4.0 loss/100 = 7.2 ✓
lateral line = 67 LF of 1/4 inch x .25 loss/100 = .2 ✓
fittings = x .2 = 1.5 ✓
total 8.9

Head: 29.16 Supply 25.7 Lateral
pressure head = 3.0 ✓
friction head = 8.9 ✓
elevational head = 16.2 ✓
TDH = 28.1 ✓
20% margin = (28.1 / .8 = = 35.1 ft.) ✓
TOTAL DESIGN HEAD = 35.1 ✓

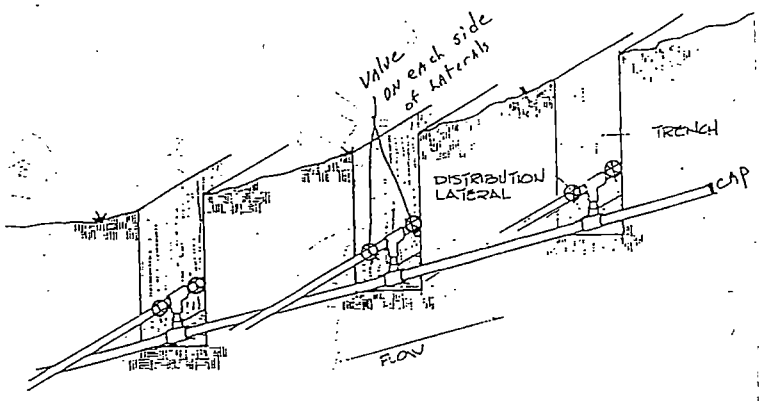
A UL or SSPMA listed effluent or sewage pump sized to deliver a minimum of 48 gallons per minute at 35.1 feet of head.
Pump size for system PD Pump size for system and repair yes
Dosing volume ~~or time:~~ ~~180~~ gal 157.8 / .789 @ 9.49" Dosing Depth
Check valve: yes
Syphon break hole: NO
Note: Each line shall have a globe or gate valve at the start of the line for pressure adjustment. "Noted ⊗ "

TW

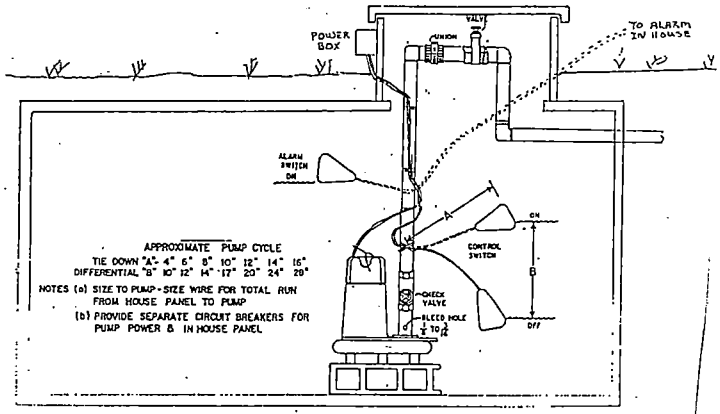
DESIGN SPECIFICS OF THIS SYSTEM MAY BE FOUND IN:

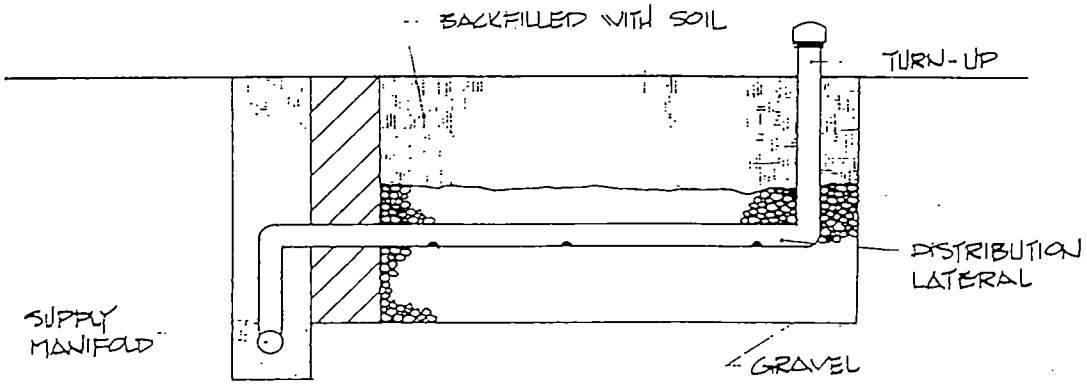
DESIGN AND INSTALLATION OF LOW-PRESSURE PIPE WASTE TREATMENT SYSTEMS by: Craig Cogger; Bobby L. Carlisle; Dennis Osborne; Ed Holland. Published by: UNC Sea Grant Pub. UNC-SC-82-03. May, 1982.

DESIGN DETAILS



A PUMPING UPHILL





Date: 3/23/90

From: Toney C. Jacobs
Consulting Soil Scientist
Rt. 2 Box 280
Troutman, N. C. 28166

To: Crescent Resources, Inc.
P.O. Box 30817
Charlotte, N. C. 28230

Subject: Lot 4 Greyfriars Rd.

System type: Conventional Gravel trench with pressure distribution

This system is designed for a three bedroom house at an application rate of 0.3 gpd. 360/.3 - 1200/3 = 400 LF of conventional drainfield. This system shall be installed in accordance with all state and local rules and regulations. Installer should have a thorough working knowledge of Design and Installation of Low-Pressure Pipe Waste Treatment Systems by Cogger, et. al. - UNC Sea Grant Publication - UNC SG-8203.

The house representation is for septic calculations only, and corners should not be considered for actual construction.

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: 6480A

TC: 001-353-40

SERIAL: № 20505 ☒L ☑CRT

JOB LOCATION

① ADDRESS: 17208 (STREET NO.) Coreyfarms (STREET) RD ② FILE:

③ JURISDICTION: ④ TAX PARCEL NO.: 001-35-340

⑤ SUBDIVISION: ⑥ LOT: 4 ⑦ BLOCK:

OWNER

⑧ NAME: Crescent (FIRST) Resources (MIDDLE) Inc. (LAST)

⑨ MAILING ADDRESS: PO Box 30817

⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28230

⑬ PHONE: (WORK) 382-2410 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: Tony C Jones, LPSS

Date: 3-23-90

IMPROVEMENT PERMIT

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

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

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

Environmentalist

Director or Authorized Section Head 6-28-90 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

February 9th, 1990

Crescent Resources, Inc.
PO Box 30817
Charlotte, NC 28230

RE: Property located at Greyfriars Rd.
FILE: 6480A
PARCEL: 00135340

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 17591) is enclosed for your information.

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

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

Very truly yours,

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

Enclosure

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17591

File: 6480A
Parcel: 00135340
Action 1
PC

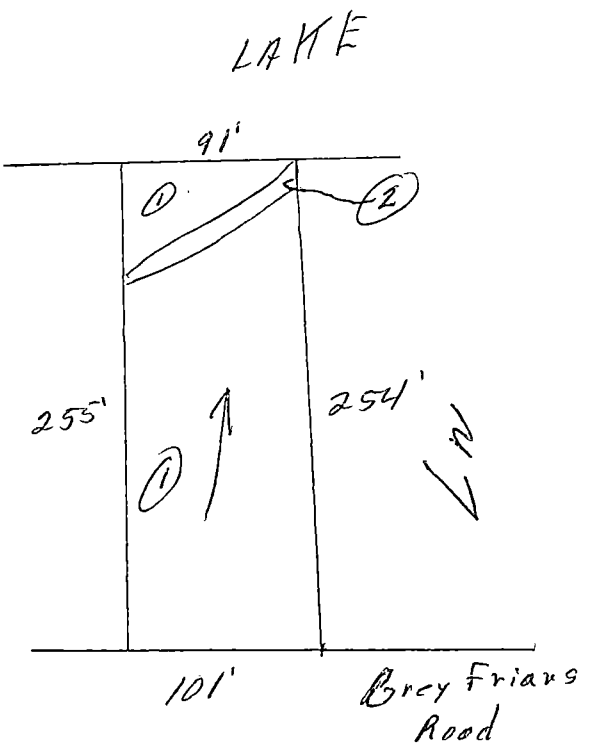
Location: Greyfriars Rd.
Subdivision:

Lot: H-4 Block: Acres: .56

Owner:
Address: Crescent Resources, Inc.
PO Box 30817
Charlotte, NC 28230

Comments: 100% Repair

Described by: William R. Mullis
Date: 2-8-90



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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-12%	S PS (U) old Road complex slope	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U 7-48" To water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 7-36"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 7-48"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U 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	III Cecil-Lilla	Complex slope				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 6480A

TC: _____

☑ PC ☐ REPT

See 6477A for charge slip

JOB LOCATION

① ADDRESS: Greyfriars Road - Meck Neck

② SUBDIVISION: N/A ③ LOT: #4 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 01-353-4

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

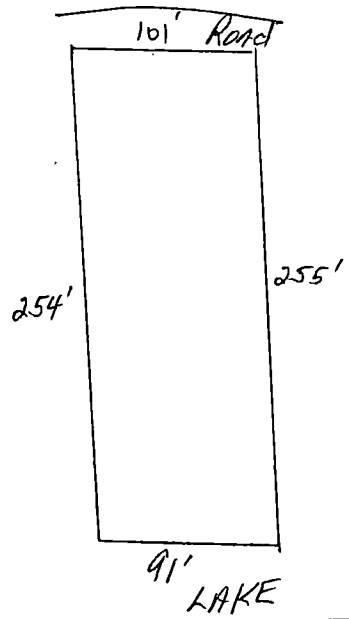
⑦ NAME: CRESCENT RESOURCES, INC
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: PO Box 30817

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28230

⑫ PHONE: (WORK) 372-3012 (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: Tony C. Jarrett, LPSS

Date: 11-2-90

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

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

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: 6480-A DATE: 9-5-95

TC: 001-353 50 ☐ L

SERIAL Nº 16096 7-6-95 release on computer

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 9-8-94. All work shall be completed on or before 10-5-95, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



GREYFRIARS RD PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 400 feet

Number of Lines 6

~~Depth of Stone~~ IWWS 93-2-R1 inches

Distance from House 5' + feet

Distance from Property Line 10'+ feet

Distance from Well 100' ✓ feet

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

NAME OF OWNER NORM GOUSHER

LOCATION OF PROPERTY 17208 GREYFRIARS RD

Comments: 1500 ST 1000 DT P1 IWWS-93-2-R1 6 LINES @ 67' x 3' wide

SYSTEM DESIGN PER OWNER IWWS 93-2-R 4 BDRM. @ 9-5-95

Environmental Health Specialist

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 9/9/94

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Mark

PARCEL NUMBER #001-353-58

ASSIGNED ADDRESS 17208 Greyfriars Rd

EXISTING ADDRESS Lot 4

PROJECT NAME Greyfriars Cove

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

		APPROVED	DISAPPROVED
1.	SUBDIVISION REGULATIONS		*
2.	FLOODWAY REGULATIONS		*
3.	EROSION CONTROL REGULATIONS		*
4.	PUBLIC UTILITY EASEMENT		*

		PRESENT	NOT PRESENT
5.	PUBLIC UTILITY EASEMENT	*	
6.	PROPERTY FRONTS ON THOROUGHFARE	*	
7.	DRIVEWAY PERMIT REQUIRED	*	

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Septic

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: Grace

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100