

11121 ASBURY CHAPEL RD

01917129

1/2/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

LD 96805

FEE: $100.00
DATE: 8.31.06
CRT [illegible]

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 01/05

FILE #: 32463

TYPE APPLCATION:

☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
☐ ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ COMMERCIAL OR INDUSTRIAL (N)

PERSON FILING APPLICATION:

NAME: Denise Terminii
ADDRESS: 11121 Asbury Chapel Rd
CITY: Huntersville
STATE: NC ZIP: 28078
PHONE: (704) 948-0038
ALTERNATE PHONE: (704) 650-2666

PROPERTY OWNER:

NAME: SAme
ADDRESS:
CITY:
STATE: ZIP:
PHONE: (704) SAme
ALTERNATE PHONE:

JOB LOCATION INFORMATION

TAX/PARCEL #: 01917129
STREET ADDRESS:
CITY: SAme
STATE: NC **ZIP:**
SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #:

TOWNSHIP:

☐ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☒ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

WATER SUPPLY:

☐ MUNICIPAL (M) ☐ COMMUNITY (C) ☒ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:

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

NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:

TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:

INDUSTRIAL WASTES? ☐ YES ☐ NO
UNDERGROUND STORAGE TANKS? ☐ YES ☐ NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:

☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☐ OTHER

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:

☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☒ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Denise Terminii — 8/31/06
Owner's/Agent's Signature — Date

*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 y this Department.
- This permit is not transferable.

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

Approved for use existing septic system for addition of horse barn.

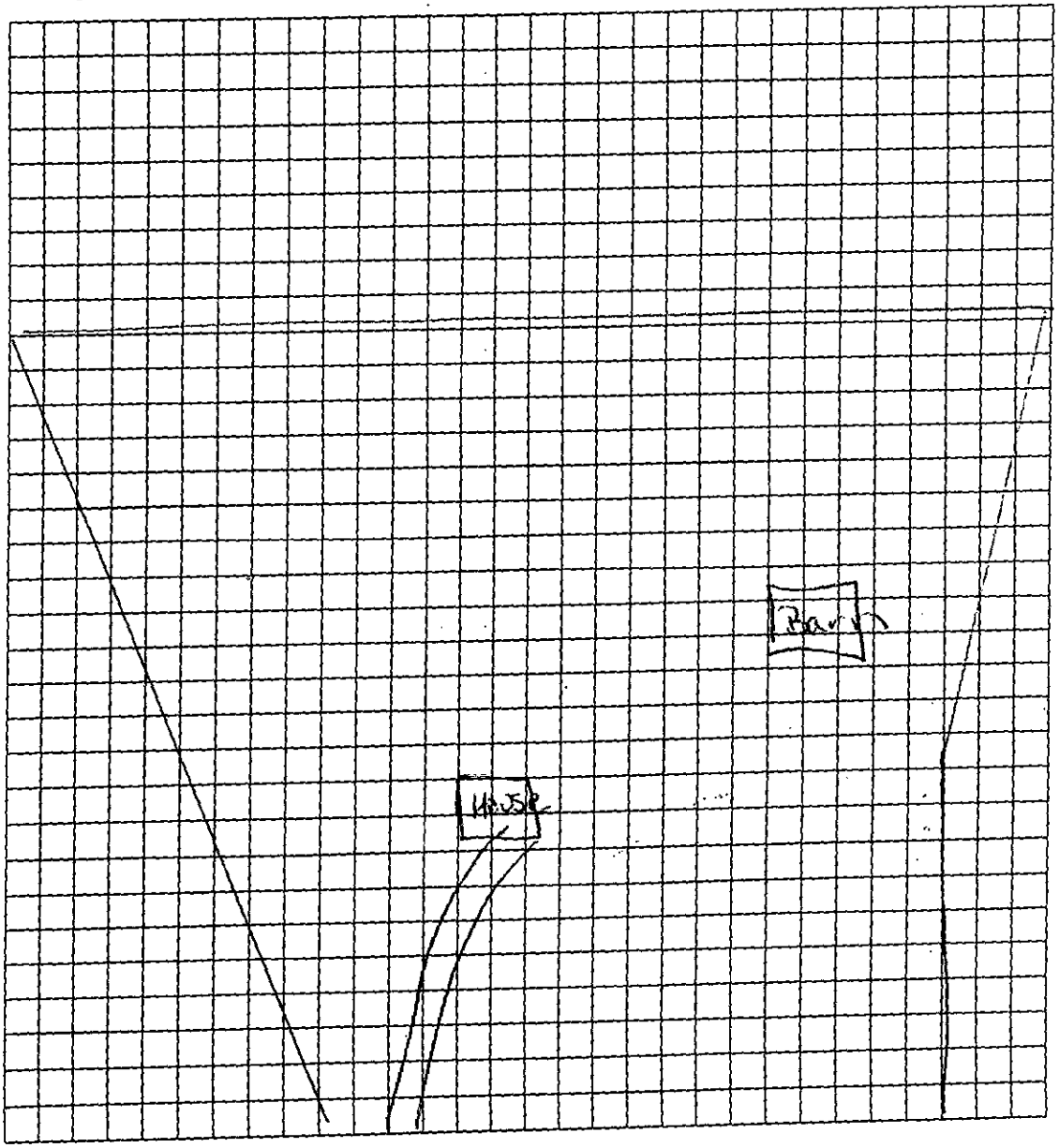
EHS Signature — Date
Gina Buchanan — 9/7/06

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File # 32461B
Date_____

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature: [signature]

Date 8-31-06

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

March 6, 2006

Denise Termini
11121 Asbury Chapel Road
Huntersville, NC 28078

Dear Mrs. Termini:

Re: Bacteriological Well Resample Results

Enclosed you should find a copy of the laboratory analysis of the well water sample that was collected at 11121 Asbury Chapel Road on Feburary 15, 2006. The laboratory analysis of the well water sample was reported to be **ABSENT** for Total Coliform and E. COLI-PA bacteria. It is recommended that you perform an annual bacteriological analysis for your private well.

I am also including a copy of the septic system inspection report for your review. Please review the report carefully and address any items that require attention.

Thanks again for your cooperation with the septic inspection and well sampling programs. If you have questions or need assistance with your septic system or private well please contact our office at (704) 336-5103.

Sincerely,

Trevor Thomason, R.S.
Sr. Environmental Specialist

Enclosures (2):

700 North Tryon Street • Suite 211• Charlotte, North Carolina 28202 • (704) 336-5103 • Fax (704) 336-6894
http://groundwater.charmeck.org

Close Print

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P.O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, NC 27611-8047

COLIFORM ANALYSIS - PRIVATE WATER SYSTEM

Name of Owner/Tenant: PNE
Address: 11121 Asbury Chapel Rd.
Huntersville, NC 28078

Source of Sample: Well
Type of Sampling Point: Spigot @ house
Type of Analysis: Private

County: MECKLENB
Report To: Mecklenburg Co. Env. Health
700 North Tryon St., Suite 208
Charlotte, NC 28202

Attn: Garrett, Kim
(704) 336-5101
Courier: 05-16-21

Signed By: Garrett, Kim
Collected By: KG **Date:** 2/15/2006 **Time:** 11:29:00 AM
Comments:

Bacteriologic Analysis

Contaminants	Result
Total Coliform (ColilertRoutine)	Absent

Date Received: 2/16/2006 **Report Date:** 2/17/2006 **Reported By:**
Today's Date: 3/6/2006 **Login Batch:** 06020015 **Sample Number:** AA92457

N.C. Department of Environment and Natural Resources
Division of Environmental Health

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County	Termini Residence	3246B
Health Department	**Name of Establishment**	**Permit/Project No.**
11121 Asbury Chapel Rd., Huntersville NC	3-Bedroom House	360 GPD
Location	**Type of Establishment**	**Design Flow**
Tony & Denise Termini	Same as location address	
Owner/Agent	**Address**	**Phone**
N/A	N/A	N/A
Operator	**Address**	**Phone**
IIIb	02/07/2006	January 2011
System Type	**Date of Inspection**	**Next Inspection Due**

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☒	☐	☐	
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☒	☐	☐	
b. Tanks and access manholes structurally sound, watertight?	☒	☐	☐	
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	3.c. Sanitary tee not inspected.
d. Tanks pumped, cleaned out as needed?.....	☐	☒	☐	
4. RAW SEWAGE LIFT STATION (if present):				
a. Required pumps present, operating, and cycling properly	☐	☐	☒	
b. High-water alarm present and operating properly?	☐	☐	☒	
c. Floats/pipe/valves/disconnects in good condition?	☐	☐	☒	
5. EFFLUENT DOSING SYSTEM:				
a. Effluent appears clear, free of excess solids?	☐	☒	☐	5.a. Measured > 6" of solids in the dosing tank.
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☒	☐	☐	
b. High-water alarm present and operating properly?	☐	☒	☐	5.A.b. Alarm float not secured
c. Floats/pipe/valves/disconnects in good working condition?	☐	☒	☐	in pump tank.
d. Control panel enclosure/components in good condition?	☒	☐	☐	5.A.c. Leaking pipe inside
e. Elapsed time readings: _____ _____ _____ _____				pump tank.
B. SIPHON SYSTEMS:				
a. No evidence of overflow or siphon leakage?	☐	☐	☒	
b. Siphon(s) appear to be working/alternating properly?	☐	☐	☒	
c. Bells and vents free of debris and in good condition?	☐	☐	☒	

	Yes	No	N/A	Comments:
6. GROUND ABSORPTION FIELDS:				
a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐	
b. Minimal ponding in subsurface trenches?	☒	☐	☐	
c. Surface water being effectively diverted away?	☒	☐	☐	
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐	
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐	
f. Protected from traffic, destructive uses?	☒	☐	☐	
g. Distribution devices in good condition, working properly?	☐	☒	☐	6.g. Distribution box filled with
h. Repair area properly reserved, maintained?	☒	☐	☐	tree roots.
A. LOW PRESSURE PIPE DRAIN FIELDS:				
a. Turnups/cleanouts/valves intact and accessible?	☐	☐	☒	
b. No effluent standing in lower laterals?	☐	☐	☒	
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒	
d. Pressure head is properly adjusted?	☐	☐	☒	

OVERALL CONDITION AND OPERATION OF SYSTEM:

1. System requires service by a septic contractor at this time.
2. No sewage on ground surface at the time of inspection.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

1. Pump both tanks (septic & dosing) to remove excess solids.
2. Remove efflent pump, clean and inspect for proper operation.
3. Repair leaking supply pipe inside pump tank. (Leak observed at union)
4. Install float tree in pump tank and attach both floats at proper levels.
5. Remove roots from d-box, clean, and check for level. Adjust speed levels after repair.

***REPAIR WITHIN 30 DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

*The MCHD recommends having the tanks (septic & dosing) pumped out every 3 to 5 years to remove excess solids.

*Please visit http://groundwater.charmeck.org for additional information.

Comments: 120V effluent pump, measured RLA = 12.2 amps

DATE: 02/08/2006

SIGNED: _____, R.S. AGENT

Division of Environmental Health

Trevor Thomason

Mecklenburg County, North Carolina
POLARIS
Parcel Ownership and GIS Summary

3246B

Date and Time: 12/16/2005 8:27:00 AM

Parcel ID #: 01917129 GIS ID #: 01917129	
Owner Name:	TONY TERMINI AND DENISE TERMINI
Mailing Address:	11121 ASBURY CHAPEL RD HUNTERSVILLE, NC 28078
Property Characteristics	
Legal Desc.:	L5 M26-136
Land Area:	5.093AC
Fire District:	18-HUNTERSVILLE / CRAIGHEAD
Special District:	FIRE SERVICE D
Account Type:	INDIVIDUAL
Municipality:	0-MECKLENBURG COUNTY-UNINCORPORATED
Property Use:	SINGLE-FAM
Deed Reference(s) and Sales Price	
18954-488 (6/29/2005) $322,000.00 08065-666 (2/24/1995) $43,500.00	
Situs Addresses Tied to This Parcel	
11121 ASBURY CHAPEL RD	
Site Location Information	
Zoning Boundaries:	Contact Appropriate Planning Department or See Map.
ETJ Area: HUNTERSVILLE	
Charlotte Historic Districts: NO	
Within Charlotte 6/30/2005 Annexation Area: NO	
Census Tract #: 63.02	
Parcel Falls Inside SWIM Buffer?: NO	
FEMA Flood Information	
FEMA Panel #:	370478087E
FEMA Flood Zone:	OUT
FEMA Panel Date:	02/04/2004
Regulated Watershed Information	
Watershed Name:	CLARKE
Watershed Class:	

Building Photography

PHOTO #1

Location: 11121 ASBURY CHAPEL RD



01917129 001

Information contained within this photo may be used as a visual aid and to generally locate, identify, and inventory parcels in Mecklenburg County, North Carolina. There are inherent errors and limitations associated with this type of electronic medium. Mecklenburg County cannot warrant or guarantee the information contained herein including but not limited to its accuracy or completeness.

Powered by

Mecklenburg County GIS
Geographic Information Systems

The information provided by this program is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, and other public records and data. Users of this map data are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	01/10/06	**Amount:**	85.00
Receipt #:	39917	**Tendered:**	85.00
Check / Auth #:	CHECK 3355	**Returned:**	0.00
Received By:	AIDOOJK		

Account Information

Account #: 200000
Contractor: TERMINI TONY L.
Attn:
Address: 12215 WILLINGDON ROAD
Address:
City/State/Zip: HUNTERSVILLE, NC

Item	Description	Permit#	Quantity	Unit Price	Total Price
0743	Hmeownr Maint Inspec-Type IIIB FILE 3246B/NO NUMBER		1	85.00	85.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

① ALARM FLOAT NOT ATTACHED

② PT BACKED UP (INSTALL FLOAT TREE)

③ LEAK AT UNION

④ PUMP TANKS > 6" SOLIDS IN PT

⑤ ROOTS IN D-BOX

MECKLENBURG COUNTY
Health Department

December 19, 2002

Gordon L. and Kuniko S. Barber
11121 Asbury Chapel Rd.
Huntersville, NC 28078

Dear Mr. and Mrs. Barber:

The State required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence located at 11121 Asbury Chapel Rd., Huntersville, North Carolina, was completed on 11/20/02. The results of this inspection are enclosed.

During our inspection a bacteriological as well as two inorganic water samples were taken of your private water supply. The laboratory analysis of the well water sample was reported to be positive for coliform bacteria. The presence of bacteria indicates a source of contamination. It is recommended that the well be chlorinated. The procedure for chlorination is enclosed. The results of the inorganic analysis were within the acceptable range for private wells.

Thank you for your time and cooperation. If you have any further questions you can contact me at (704) 336-5571.

Sincerely,

David Cornelius, R.S.I, Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure: Inspection Report
Microbiological/Inorganic Analysis Results
Procedure For Well Chlorination
Septic System Owner's Guide

N. C. Department of Environment and Natural Resources
Division of Environmental Health

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

MECKLENBURG COUNTY		32468
Health Department	Name of Establishment	Permit/Project No.
11121 ASBURY CHAPEL RD	RESIDENCE	360 GPD
Location	Type of Establishment	Design Flow
GORDON & KUNIKO BARBER	11121 ASBURY CHAPEL RD., HUNTERSVILLE	
Owner/Agent	Address	Phone
N/A		
Operator	Address	Phone

Remarks TYPE IIIB

	Yes	No	REMARKS
1. ESTABLISHMENT: Type, size, and sewage flow in accordance with permit?	☑	☐	
2. COLLECTION SYSTEM: No evidence of leaks into or out from sewer lines/manholes?	☐	☐	N/A
Free of blockages/solids buildup in lines or manholes?	☐	☐	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks): Tank risers accessible and surface water diverted?	☑	☐	
Tanks and access manholes structurally sound, watertight?	☑	☐	
Sanitary tee(s) in good working condition?	☑	☐	
Tanks pumped, cleaned out as needed?	☑	☐	
4. RAW SEWAGE LIFT STATION (if present): Required pumps present, operating, and cycling properly?	☐	☐	N/A
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	
5. EFFLUENT DOSING SYSTEM: Effluent appears clear, free of excess solids?	☑	☐	
PUMP SYSTEMS: Required pumps present, operating, and cycling properly?	☑	☐	THE HIGH WATER ALARM FLOAT NEEDS TO BE RE-ATTACHED. IT SHOULD BE SET TO ACTIVATE WITHIN SIX INCHES OF THE PUMP ON LEVEL.
High-water alarm present and operating properly?	☐	☑	
Floats/pipe/valves/disconnects in good working condition?	☐	☑	
Control panel enclosure/components in good condition?	☑	☐	
Elapsed time readings: _____ _____ _____ _____			
SIPHON SYSTEMS: No evidence of overflow or siphon leakage?	☐	☐	
Siphon(s) appear to be working/alternating properly?	☐	☐	N/A
Bells and vents free of debris and in good condition?	☐	☐	
6. GROUND ABSORPTION FIELDS: No evidence of effluent surfacing/reaching surface waters?	☑	☐	
Minimal ponding in subsurface trenches?	☑	☐	
Surface water being effectively diverted away?	☑	☐	
Diversions/ditches/swales/tile drains properly maintained?	☑	☐	
Line cover/vegetation adequate/maintained as needed?	☑	☐	
Protected from traffic, destructive uses?	☑	☐	
Distribution devices in good condition, working properly?	☑	☐	
Repair area properly reserved, maintained?	☑	☐	
LOW-PRESSURE PIPE DRAIN FIELDS: Turnups/cleanouts/valves intact and accessible?	☐	☐	
No effluent standing in lower laterals?	☐	☐	N/A
Laterals free of excess solids, cleaned out as needed?	☐	☐	
Pressure head is properly adjusted?	☐	☐	

OVERALL CONDITION AND OPERATION OF SYSTEM: NO EFFLUENT SURFACING

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)
RE-ATTACH HIGH WATER ALARM FLOAT.	

DATE: 11/20/02 SIGNED: _____ AGENT

Division of Environmental Health

– over –

DENR 3702 (Revised 8/98)
On-Site Wastewater Section (Review 12/98)

SUMMARY OF IMPROVEMENTS NEEDED (cont.)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

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

violations: _____
[Law or Rule(s)]

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

IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

This is to notify you of immediate suspension/revocation of your operation permit/certificate of completion for the following violations:
(circle one) *(circle one)*

_____
[Law or Rule(s)]

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

This the _____ day of _____, 19 _____.

_____ Agent

DIVISION OF ENVIRONMENTAL HEALTH

INSTRUCTIONS

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

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

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

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

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

Additional forms may be ordered from: On-Site Wastewater Section
Division of Environmental Health
P. O. Box 29594
Raleigh, NC 27626-0594
(Courier 52-01-00)

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES AGENCY
ENVIRONMENTAL LABORATORY
SAMPLE FIELD DATA SHEET/CHAIN OF CUSTODY

Field I.D.#: 209543 Dept.: INNS Project: PME

Lab I.D. #: 8393

Rec d By: Kunkel (Signature)

Site Sampled: GORDON & KUNIKO BARBER

Address: 11121 ASBURY CHAPEL RD.

Date Rec d: 11/20/02

Time: 1455

Source Sampled: WELLHEAD ☒ Potable ☐ NonPotable

Source Treatment: ☐ Chlorinated ☒ Nonchlorinated ☐ Unknown

Sample Temperature: ____ °C

Sample Collected On: Date: 11/20/02 Time: 10:00 ☒AM ☐PM

Collected By: (Signature)

Relinquished to Lab On: Date: 11/20/02 Time: 2:45 ☐AM ☒PM

Relinquished By: (Signature)

Sample Condition: Temperature: 2 °C

Remarks ____

Data Qualifiers N

☐ Compliance Sample: Appropriate reporting forms must be completed, see laboratory.

Report Results To: DAVID CORNELIUS

ALL FIELD INFORMATION MUST BE RECORDED TO MAINTAIN CHAIN OF CUSTODY AND TO QUALITY ASSURE DATA

Analytical Data Qualifiers:
- A-Quality Control Measure for Method Blank failed
- B-Quality Control Measure for Method Detection Limit Standard failed
- C-Quality Control Measure for External Standard failed
- D-Quality Control Measure for Method Precision failed
- E-Quality Control Measure for Method Accuracy failed
- F-Daily Seed Blank did not recover within method limits
- G-Daily Standard did not recover within method limits
- H-Quality Control Measure for Surrogate Standards failed
- J-Analysis conducted outside of Parameter holding time

Chain of Custody Data Qualifiers:
- N-Field temperature of sample not documented
- O-Chain of custody incomplete
- P-Sample containers incomplete
- Q-Sample containers overfilled
- R-Parameter holding time exceeded upon receipt
- S-Sample submitted with headspace
- T-Preservative flushed from vial
- U-Sample not dechlorinated in field
- V-Sample Rejected
- W-Insufficient Sample volume, data may not be valid.
- X-Sample container not closed, data may not be valid.

Laboratory Certifications: N.C. DHHS Laboratory # 37527, N.C. DENR Certificate # 192

SHADED AREA FOR LAB USE ONLY

Bacteriologicals
- Total coliform ☒ Present Colonies /100 mL
- Fecal coliform ☐ ____ Colonies /100 mL
- Fecal strep ☐ ____ Colonies /100 mL
- E. Coli ☐ Absent Colonies/100 mL
- Enterococci ☐ ____ Colonies/100 mL

E = Estimated

Miscellaneous
- Asbestos ☐ ____ %
- Chlorophyll a ☐ ____ ppb

Aggregate Organics
- BOD_5 ☐ ____ ppm
- COD ☐ ____ ppm
- Oil and Grease ☐ ____ ppm
- Phenol ☐ ____ ppm
- Surfactant ☐ ____ ppm
- TOC ☐ ____ ppm
- TOX ☐ ____ ppb

Organics
- Acid Herbicide ☐ See Report
- PCB ☐ See Report
- Pesticide ☐ See Report
- Semivolatile ☐ See Report
- TPH:
  - Diesel ☐ ____ ppm
  - Gas ☐ ____ ppm
- VOC ☐ See Report

Inorganic Non Metals
- Acidity ☐ ____ ppm
- Alkalinity ☐ ____ ppm
- Chloride ☐ ____ ppm
- Color ☐ ____ units
- Cyanide, Total ☐ ____ ppm
- Fluoride ☐ ____ ppm
- Hardness ☐ ____ ppm
- Nitrogen, Ammonia ☐ ____ ppm
- Nitrogen, Nitrate + Nitrite ☐ ____ ppm
- Nitrogen, Nitrate ☐ ____ ppm
- Nitrogen, Nitrite ☐ ____ ppm
- Nitrogen, Total Kjeldahl ☐ ____ ppm
- pH ☐ ____ units
- Phosphorus, Ortho ☐ ____ ppm
- Phosphorus, Total ☐ ____ ppm
- Residue, Filterable ☐ ____ ppm
- Residue, Suspended ☐ ____ ppm
- Residue, Total ☐ ____ ppm
- Specific Conductance ☐ ____ µmho/cm
- Sulfate ☐ ____ ppm
- Sulfide ☐ ____ ppm
- Turbidity ☐ ____ NTU

Mineral Metals

Al ☐	____ ppm	____ ppb
Ca ☐	____ ppm	____ ppb
Cu ☐	____ ppm	____ ppb
Fe ☐	____ ppm	____ ppb
Mg ☐	____ ppm	____ ppb
Mn ☐	____ ppm	____ ppb
K ☐	____ ppm	____ ppb
Si ☐	____ ppm	____ ppb
Na ☐	____ ppm	____ ppb
Zn ☐	____ ppm	____ ppb

Toxic Metals

TCLP Metals ☐

Sb ☐	____ ppb	____ ppm
As ☐	____ ppb	____ ppm
Ba ☐	____ ppb	____ ppm
Be ☐	____ ppb	____ ppm
Cd ☐	____ ppb	____ ppm
Cr ☐	____ ppb	____ ppm
Co ☐	____ ppb	____ ppm
Pb ☐	____ ppb	____ ppm
Hg ☐	____ ppb	____ ppm
Ni ☐	____ ppb	____ ppm
Se ☐	____ ppb	____ ppm
Ag ☐	____ ppb	____ ppm
Tl ☐	____ ppb	____ ppm
V ☐	____ ppb	____ ppm

Remarks: 11/26 NOTIFIED MRS. KUNIKO OF RESULTS BY PHONE

Date Completed: NOV 25 2002

Laboratory Director: for J Berry

SAMPLE DELIVERY PROCEDURES:

-The following are procedures for submitting samples to the LUESA, Environmental Laboratory. The responsibility for adhering to these procedures lies with the individual(s) collecting and delivering the samples for analysis. North Carolina Administrative Code laboratory regulations specify sample collection, documentation, and delivery procedures to be utilized. In order to maintain our certification licenses with N.C. DENR we must comply with these regulations. Samples submitted to the lab that do not meet all these cited requirements will be qualified or will be rejected.

-All samples submitted to the Lab must be properly labeled and accompanied by a completed Field Data Sheet. All *field information* on the Field Data Sheet must be completed. The Field ID # must be written on each bottle submitted. The parameters requested for each site sampled are indicated by checking the appropriate block(s).

-All samples must be cooled (using ice) between the time of collection and submittal to the Lab.

-All samples must be collected in the bottles provided. Select the correct container from the "container type" column based on the parameters requested. Collect sufficient volume of sample as indicated in the "minimum volume to collect" column based on the parameters requested. With the exception of the 40 ML vials (see note B), fill all containers to 90% full-Do not overfill.

-Samples to be submitted for bacteriologicals must be arranged with laboratory staff by calling (704) 336-5599 prior to delivery. Samples for bacteriologicals can not be accepted on Fridays except in the event of emergencies.

-All samples must be submitted to the Lab as soon as possible and within the time limits indicated in the "holding time" column. Samples must be delivered to the Lab no later than 4:00 pm each day. Samples received later will be dated as received the next day and rejected if the holding time is exceeded. ALL samples with a 48 hour holding time must be submitted to the Lab no later than 12:00 noon on Fridays. In the case of *emergency field situations* or any situation requiring sample delivery outside of these time frames sample delivery must be coordinated through John Barry or Keith O'Neal.

-Samples are submitted to the Lab through the door to the walk-in cooler. Place samples (glass bottles must be cushioned) along with their respective data sheet(s) into the sample crate(s) provided and slide them down the roller rack.

SAMPLE COLLECTION:

For all types of samples: Drinking Water, Surface Water, Nondrinking Groundwater, Wastewater, Soils, Spills, Hazardous Waste-Use these bottles as specified.

PARAMETER	MINIMUM VOLUME TO COLLECT	HOLDING TIME	CONTAINER TYPE
ACIDITY	100 ML	28 DAYS	1000 ML-BLUE CAP
ALKALINITY	100 ML	28 DAYS	1000 ML-BLUE CAP
BACTERIOLOGICALS:			
FECAL COLIFORM-C	100 ML	6 HOURS	100 ML SNAP CAP
FECAL STREP-C	100 ML	6 HOURS	100 ML SNAP CAP
TOTAL COLIFORM-C	100 ML	28 HOURS	100 ML SNAP CAP
E. COLI-C	100 ML	28 HOURS	100 ML SNAP CAP
ENTEROCOCCI-C	100 ML	28 HOURS	100 ML SNAP CAP
BOD	1000 ML	48 HOURS	1000 ML-BLUE CAP
CHLORIDE	35 ML	28 DAYS	1000 ML-BLUE CAP
CHLORINATED PHENOXY ACID HERBICIDE	1000 ML	14 DAYS	1 LITER AMBER GLASS
CHLOROPHYLL A	250 ML	14 DAYS	PLASTIC-LC
COD	30 ML	28 DAYS	250 ML-ORANGE CAP
COLOR	50 ML	48 HOURS	1000 ML-BLUE CAP
CONDUCTIVITY	250 ML	28 DAYS	1000 ML-BLUE CAP
CYANIDE	1000 ML	14 DAYS	1000 ML-BLUE CAP
ETHYLENE GLYCOL-B	40 ML	7 DAYS	GLASS-LC
FLUORIDE	50 ML	28 DAYS	1000 ML-BLUE CAP
HARDNESS	30 ML	28 DAYS	250 ML-RED CAP
METALS:			
ALUMINUM	20 ML	6 MONTHS	500 ML-WHITE CAP
ARSENIC	20 ML	6 MONTHS	500 ML-WHITE CAP
BARIUM	20 ML	6 MONTHS	500 ML-WHITE CAP
CADMIUM	20 ML	6 MONTHS	500 ML-WHITE CAP
CHROMIUM	20 ML	6 MONTHS	500 ML-WHITE CAP
COPPER	20 ML	6 MONTHS	500 ML-WHITE CAP
IRON	20 ML	6 MONTHS	500 ML-WHITE CAP
LEAD	20 ML	6 MONTHS	500 ML-WHITE CAP
MAGNESIUM	20 ML	6 MONTHS	500 ML-WHITE CAP
MANGANESE	20 ML	6 MONTHS	500 ML-WHITE CAP
MERCURY	100 ML	28 DAYS	500 ML-WHITE CAP
NICKEL	20 ML	6 MONTHS	500 ML-WHITE CAP
POTASSIUM	20 ML	6 MONTHS	500 ML-WHITE CAP
SELENIUM	20 ML	6 MONTHS	500 ML-WHITE CAP
SILVER	20 ML	6 MONTHS	500 ML-WHITE CAP
SODIUM	20 ML	6 MONTHS	500 ML-WHITE CAP
ZINC	20 ML	6 MONTHS	500 ML-WHITE CAP
NITROGEN,AMMONIA-A	30 ML	28 DAYS	250 ML-ORANGE CAP
NITROGEN,NITRITE	30 ML	48 HOURS	250 ML-ORANGE CAP
NITROGEN,NITRATE+	30 ML	28 DAYS	250 ML-ORANGE CAP
NITROGEN,KJELDAHL	30 ML	28 DAYS	250 ML-ORANGE CAP
OIL AND GREASE	2500 ML	28 DAYS	2 ½ LITER AMBER GLASS
PCB/PESTICIDES	2000 ML	7 DAYS/40 DAYS	1 LITER AMBER GLASS
PH	100 ML	FIELD ANALYSIS	1000 ML-BLUE CAP
PHENOL	500 ML	28 DAYS	GLASS-LC
PHOSPHORUS,ORTHO	30 ML	48 HOURS	250 ML-ORANGE CAP
SEMIVOLATILES	2000 ML	7 DAYS/40 DAYS	1 LITER AMBER GLASS
SOLIDS,DISSOLVED	250 ML	7 DAYS	1000 ML-BLUE CAP
SOLIDS,SUSPENDED	250 ML	7 DAYS	1000 ML-BLUE CAP
SOLIDS,TOTAL	100 ML	7 DAYS	1000 ML-BLUE CAP
SULFATE	100 ML	28 DAYS	1000 ML-BLUE CAP
SULFIDE	100 ML	7 DAYS	1000 ML-BLUE CAP
SURFACTANT	500 ML	48 HOURS	1 LITER AMBER GLASS
TCLP METALS	250 ML	6 MONTHS	500 ML-WHITE CAP
TPH:			
DIESEL FRACTION	2000 ML	14 DAYS	1 LITER AMBER GLASS
GASOLINE-B	40 ML	14 DAYS	GLASS-LC
TURBIDITY	100 ML	48 HOURS	1000 ML-BLUE CAP
VOC-B	(2) 40 ML	14 DAYS	GLASS-LC

A=For this parameter, residual chlorine MUST be destroyed at time of collection. Samples received that contain residual chlorine will be rejected.

B=VOC samples, Ethylene glycol, and TPH: Gasoline Fraction are to be collected in duplicate, collect two (2) 40 ML round glass vials for each sample. Collect VOC samples with no air headspace above sample. The teflon side of the cap MUST face the sample.

C=Bacteriological samples ONLY. These are sterile containers that contain a sodium thiosulfate tablet for neutralizing residual chlorine. DO NOT flush the tablet from the container.

LC=Labeled Container. Use only the containers specifically prepared for these analyses.

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - PRIVATE WATER SYSTEM

Name of System: Barber, Gordon & Kuniko
Address: 11121 Asbury Chapel Rd.
Huntersville, NC **Zip:** 28078

County: MECKLENB

Report To: Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202
ATTN: David L. Cornelius
(704) 336-5101
Courier: 05-16-21

Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis Private

Collected By: D.L. CORNELIUS **Date:** 11/20/02 **Time:** 10:00:00 AM

Location of sampling point: Well Head

Remarks:

Parameters	Results	Units	Date Analyzed:
Acidity as CaCO3	28	mg/l	11/22/02
Silver	<0.05	mg/l	11/22/02
Alkalinity as CaCO3	52	mg/l	11/22/02
Arsenic	<0.001	mg/l	11/22/02
Barium	<0.1	mg/l	11/22/02
Calcium	10.2	mg/l	11/22/02
Cadmium	<0.005	mg/l	11/22/02
Chloride	<5.0	mg/l	11/22/02
Chromium	0.018	mg/l	11/22/02
Copper	<0.05	mg/l	11/22/02
Fluoride	<0.20	mg/l	11/22/02
Iron	1.40	mg/l	11/22/02
Hardness as CaCO3 (Ca,Mg)	43	mg/l	11/22/02
Mercury	<0.0005	mg/l	11/22/02
Magnesium	4.2	mg/l	11/22/02
Manganese	<0.03	mg/l	11/22/02
Sodium	9	mg/l	11/22/02
Lead	0.005	mg/l	11/22/02
pH	6.6	Std. unit	11/22/02
Selenium	<0.005	mg/l	11/22/02
Zinc	<0.05	mg/l	11/22/02

Date Received: 11/22/02 **Report Date:** 12/10/02 **Reported By:** DJM
Today's Date: 12/11/02 **Ref:** 16085 **Login Batch:** 02110046 **Sample Number:** AA85874

Explanations

Coliform Analysis:
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. *coli* (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Inorganic Analysis:
Recommended limits for drinking water. Sample should not exceed levels listed below:

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.05 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - NITRATE ONLY

Name of System: Barber, Gordon & Kuniko
Address: 11121 Asbury Chapel Rd.
Huntersville, NC **Zip:** 28078
County: MECKLENB
Report To: Mecklenburg Co. Env. Health **ATTN:** David L. Corneliu
700 North Tryon Street (704) 336-5101
Charlotte, NC 28202
Courier: 05-16-21

Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis: Nitrate
Category:

Collected By: D.L. CORNELIUS **Date:** 11/20/02 **Time:** 10:00:00 AM
Location of sampling point: Well Head
Remarks:

Parameters	Results	Units	Date Analyzed:
Nitrite as N	<0.10	mg/l	11/22/02
Nitrate as N	<1.0	mg/l	11/22/02

EXPLANATION OF RESULTS:

Foster/Therapeutic Homes: Nitrate-N level acceptable if less than or equal to 10 mg/l
Private Well Guidelines: Nitrite-N level should be ≤ 1.0 mg/l and Nitrate-N ≤ 10.0 mg/l

Sample Temperature on Receipt: 3 °C
Date Received: 11/22/02 **Report Date:** 12/11/02 **Reported By:**
Today's Date: 12/11/02 **Reference:** 16095 **Login Batch** 02110046 **Sample Number:** AA86884

Explanations

Coliform Analysis:
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. *coli* (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Inorganic Analysis:
Recommended limits for drinking water. Sample should not exceed levels listed below:

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.05 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l

FYI COPY

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Paid $85 CK# 2323 11/13/02 gc

Gordon Lewis Barber
11121 Asbury Chapel Rd.
Huntersville, NC 28078

Please Make Check Payable To:

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

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Gordon Lewis Barber	11121 Asbury Chapel Rd.	01917129	3246B	IIIb
				Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date: 11/4/02

Payment Due Date: 11/18/02

Direct Questions Concerning This Bill to .....(704) 336-5571

☒ *Please check if you have a well.*

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

DO NOT SEND CASH

074

November 4, 2002

MECKLENBURG COUNTY
Health Department

Gordon Lewis Barber
11121 Asbury Chapel Rd.
Huntersville, NC 28078

Dear Mr. Barber:

The North Carolina Administrative Code requires routine maintenance and inspections of certain septic tank systems that utilize pumps. Our records indicate that the required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence located 11121 Asbury Chapel Rd., Huntersville, NC is due.

> In accordance with Section .1900 of the North Carolina Administrative Code, North Carolina Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, Subchapter 10A, Sanitation, states in part: " System management in accordance with Tables V(a) and V(b) of this Rule shall be required for all systems installed or repaired after July 1, 1992."

This department will be making inspections on all systems that fall under this requirement. The fee for this service is $85.00. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The water analysis will be performed at no additional cost.

The inspection program and the water analysis are very important initiatives intended to protect the public's health while improving and preserving our groundwater resources. We highly recommend and prefer that you contact our office to make an appointment for the inspection of your system. If we have not heard from you by November 18, 2002 we will proceed with our inspection activities on your property. You will be apprised of our assessments and recommendations for the continued efficient operation of your septic tank system.

To set up an appointment for an inspection, or if you should have any questions regarding this matter, please feel free to contact me at (704) 336-5571.

Sincerely,

David Cornelius, R.S.I., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure: Inspection Statement

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Gordon Lewis Barber
11121 Asbury Chapel Rd.
Huntersville, NC 28078

Please Make Check Payable To:

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

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Gordon Lewis Barber	11121 Asbury Chapel Rd.	01917129	3246B	IIIb
				Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date: 11/4/02

Payment Due Date: 11/18/02

Direct Questions Concerning This Bill to .....(704) 336-5571

☐ *Please check if you have a well.*

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

DO NOT SEND CASH

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3246B DATE: 1/25/96

TC: 019-163-03PU ☐ L ☒ CRT

SERIAL Nº 16494

Name of Owner Borden Barber Juris.:

Address of Property 11121 Asbury Chapel Rd

Inspection Data:

Tank Material PCE

Total Length of Drainfield 400'

Number of Lines 4 @ 100' (1 stepdown per line)

Cover Depth 10-18"

Water Supply Source Well

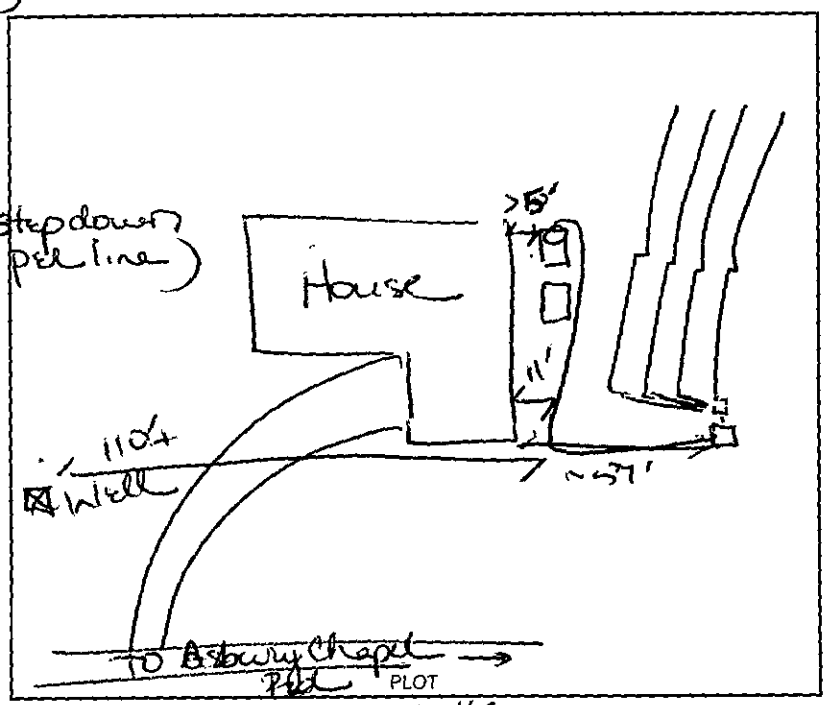
Distance to Water Source >100'

Excavation Inspected 1/25/96

Tank(s) Inspected 1/25/96

Wash Line Inspected NA

High Water Alarm Inspected 1/25/96



Design 1996 CON, 1500g ST, 1000g PT, P, 1200 ft², 12" 6 cecil-like CTR# RCS

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 Bonds WEO 311

☐ 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: Type III(b), 3 bedroom residence

Joan B. Miaik, RS
Environmental Health Specialist

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

$400

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

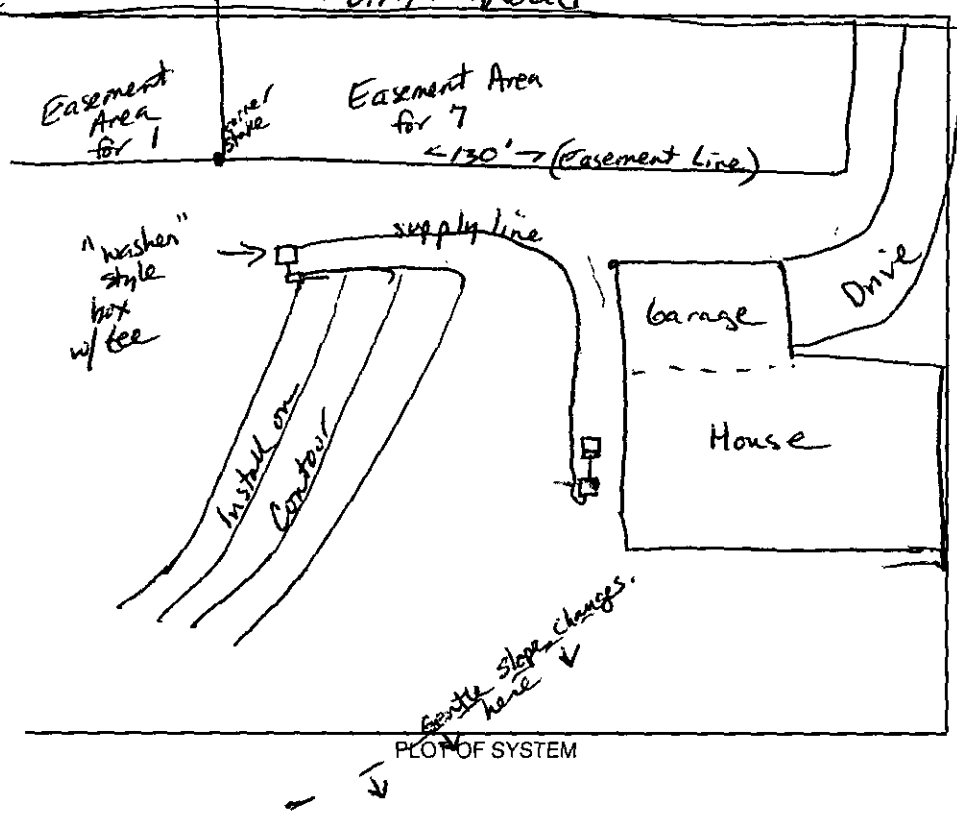
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3246 B DATE: 12-15-95

TC: 019-163-03 PO ☐ L
s/d lot 5

SERIAL No 16627

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 6-25-95. All work shall be completed on or before 1-15-96, 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.



Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC & well

Trench Depth 24"-36"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 400' feet

Number of Lines 4 at 100'

Depth of Stone 12" inches

Distance from House 5' min feet

Distance from Property Line 10' min feet, off easement line

Distance from Well 100' preferred feet

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

NAME OF OWNER Gordon Barber

LOCATION OF PROPERTY 11121 Asbury Chapel Road

Comments: Install pump, pump controls & alarm according to current NC State Regulations.

Susan Bateman
Environmental Health Specialist

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$150.00 7/26/94 [] CRT

3246B Ck#1171

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: Ferrell, Margaret S. (last) (first) (mi)
ADDRESS: 11125 Asbury Chapel Rd. PHONE: 704 875-2423
CITY: Huntersville, STATE: N.C. ZIPCODE: 28078-4626

Date:

PROPERTY OWNER:
NAME: Same (last) (first) (mi)
ADDRESS: _____ PHONE: (___) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 019-163-03
STREET ADDRESS: 11125 Asbury Chapel Rd
ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 5 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: 3 NUMBER OCCUPANTS: 4

SYSTEM CLASSIFICATION:

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

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

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

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

Signed: Date:

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

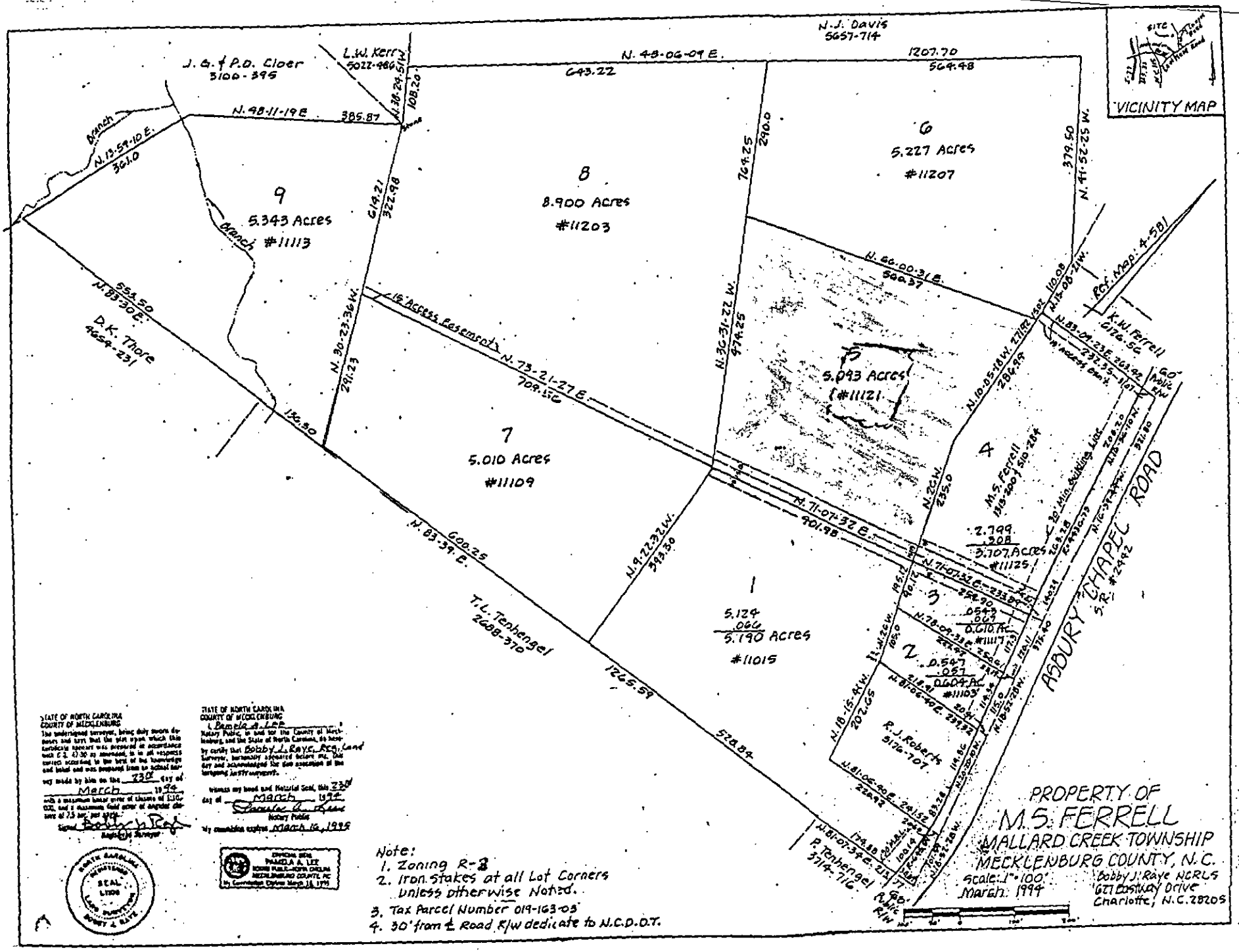
Environmentalist Date

Director or Authorized Section Head Date

Ted Lee 1/25/95

WATER : 122791

* Received application and fee transferred from 1/25/95
* Additional fee - transferred to land application on Tuesday - 1-26-95



STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

The undersigned surveyor, being duly sworn deposes and says that the plat upon which this certificate appears was prepared in accordance with G.S. 47-30 as amended, to the best of his knowledge correct according to the best of his knowledge and belief and was prepared from an actual survey made by him on the 23rd day of March 1994 with a maximum linear error of closure of 1:10,000, and a maximum field error of angular closure of 7.5 sec. per angle.

Signed Bobby J. Raye
Registered Surveyor

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Pamela A. Lee, a Notary Public, in and for the County of Mecklenburg, and the State of North Carolina, do hereby certify that Bobby J. Raye, Reg. Land Surveyor, personally appeared before me, this day and acknowledged the due execution of the foregoing certificate.

Witness my hand and Notarial Seal, this 23rd day of March 1994.

Pamela A. Lee
Notary Public

My commission expires March 16, 1999

NORTH CAROLINA MECKLENBURG SURVEY & RATE SEAL L-1506 LAND SURVEYOR

OFFICIAL SEAL PAMELA A. LEE NOTARY PUBLIC-NORTH CAROLINA MECKLENBURG COUNTY, NC My Commission Expires March 16, 1999

Note:
1. Zoning R-3
2. Iron Stakes at all Lot Corners Unless otherwise Noted.
3. Tax Parcel Number 019-163-03
4. 30' from ℄ Road R/w dedicate to N.C.D.O.T.

PROPOSED PLOT PLAN

Lot #5

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

FILE: 3246B

TC: 019-163-03

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

See Attached

APPROVAL DATE _____

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

2400

3246B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Transferred from 7/26/94 Or - 1011 #150.00 CBT

2-13296 Jan 13259 #150.00

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

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: BARBER (last), GORDON (first) (mi)
ADDRESS: 303 HILLCREST PHONE: (704 455-5729
CITY: HARRISBURG STATE: NC ZIPCODE: 28075

PROPERTY OWNER:
NAME: BARBER (last), GORDON (first) Lewis (mi)
ADDRESS: 303 HILLCREST DR. PHONE: (704 455-5729
CITY: HARRISBURG STATE: NC ZIPCODE: 28075

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 019-163-03 10 PD
STREET ADDRESS: OFF Hts Bun Chapel
11121
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 5 LOT SIZE (in acres):

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3

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

SYSTEM CLASSIFICATION:

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

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

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] 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: Gordon Lewis Barber Date: June 25, 1995

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.

... may require lift station

[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 Eatman 3-13-95
Environmentalist Date

Director or Authorized Section Head Date

WATER : 12279

MECKLENBURG COUNTY HEALTH DEPARTMENT
700 NORTH TRYON STREET
CHARLOTTE, NORTH CAROLINA 28202
(704) 336-5102

REQUEST FOR TRANSFER OF SERVICE PAYMENT/INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

SERVICE: Improvement Permit
IMPROVEMENT PERMIT, SOIL TEST, E.G.

FILE NUMBER 3246B TAX NUMBER 049-163-03 PO

PROPERTY ADDRESS 855 Asbury Chapel Road Lot #5

NAME OF ORIGINAL APPLICANT Margaret Ferrell

NAME OF PERSON PURCHASING PROPERTY/TRANSFEROR Louis Barber

I UNDERSTAND THAT THE PERMIT TO CONSTRUCT AND UNUSED MONIES FOR INSPECTIONS ARE FULLY RELINQUISHED BY THIS DOCUMENT.

SIGNATURE OF ORIGINAL APPLICANT
Louis Barber DATE Jan 25, 1995

AS BUYER OF THIS PROPERTY, I UNDERSTAND THAT THE PERMIT IS ONLY VALID WHEN USED EXACTLY AS ISSUED. SHOULD CHANGES BE DESIRED, THEY MUST BE REQUESTED AND APPROVED BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT ACCORDING TO CURRENT REGULATIONS AND FEES.

AN ORIGINAL COPY OF THIS REQUEST MUST BE PRESENTED AND ACKNOWLEDGED BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT TO BE VALIDATED.

SIGNATURE OF TRANSFEREE
Margaret S. Ferrell DATE 1/25/95

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

DATE: 8/23/95

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 019-163-03p0

ASSIGNED ADDRESS 11121 Asbury Chapel Rd

EXISTING ADDRESS lot 5

PROJECT NAME N/A

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: Leslie

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

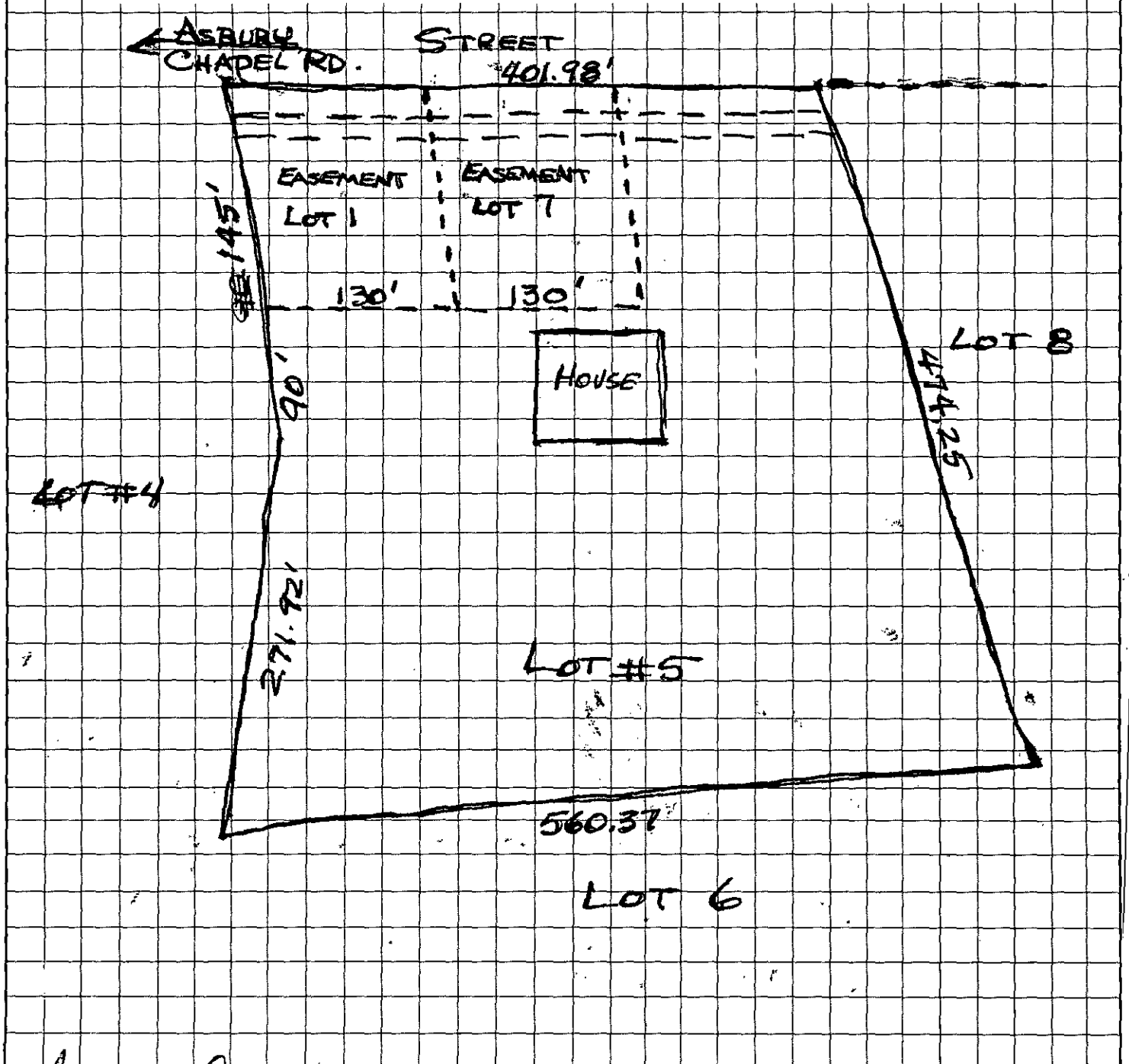
PROPOSED PLOT PLAN

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

FILE: 3246B

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.



Gordon Lewis Barbour
OWNER/AGENT SIGNATURE

DATE January 25, 1995

APPROVAL DATE _____

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20589

File: 32460 DHO Action 1

Parcel: PC 019-163-03 ☐ PC

Location: off Ashbury Chapel Road

Subdivision:

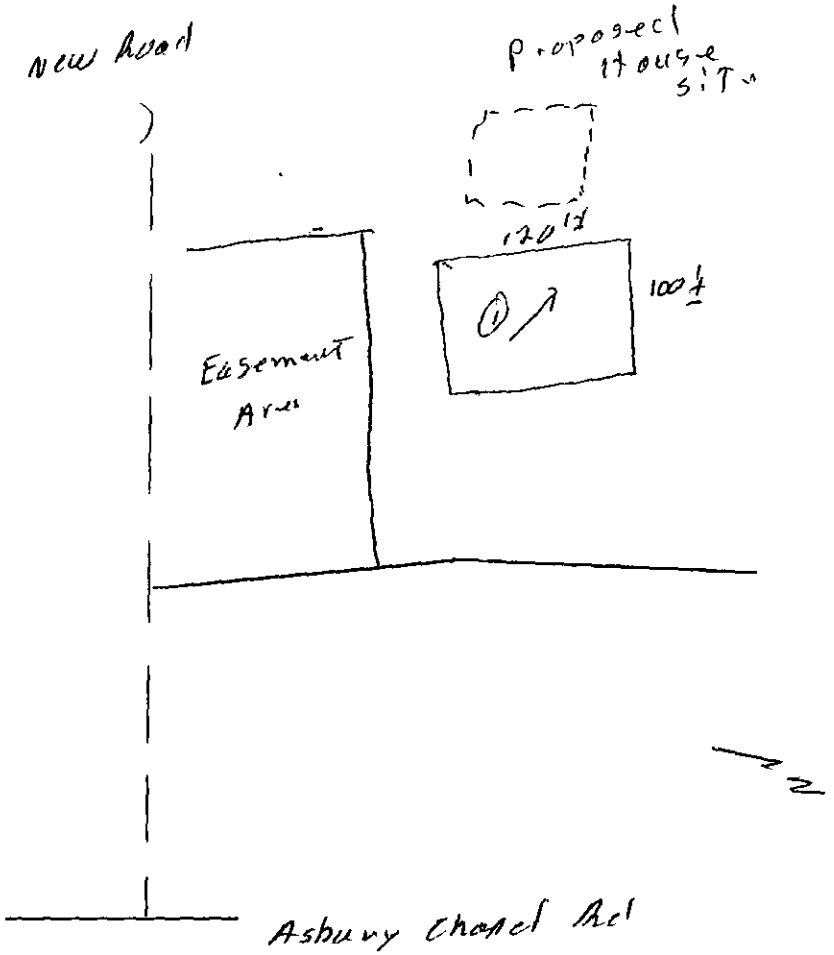
Lot: 5 Block: Acres: Approx 1.27

Owner: Gordon L. Barber
Address: 303 Hillcrest Dr.
Harrisburg, N.C. 28075

Comments: 100% Repair, 3 gal/day LTAR, May need pump

Described by: William A. Mauldin

Date: 2-9-95



***** 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 2-6%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U slightly Expansive 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 >48" restrictive	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U 48"+	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U >48"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	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	IV Cecil-like					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

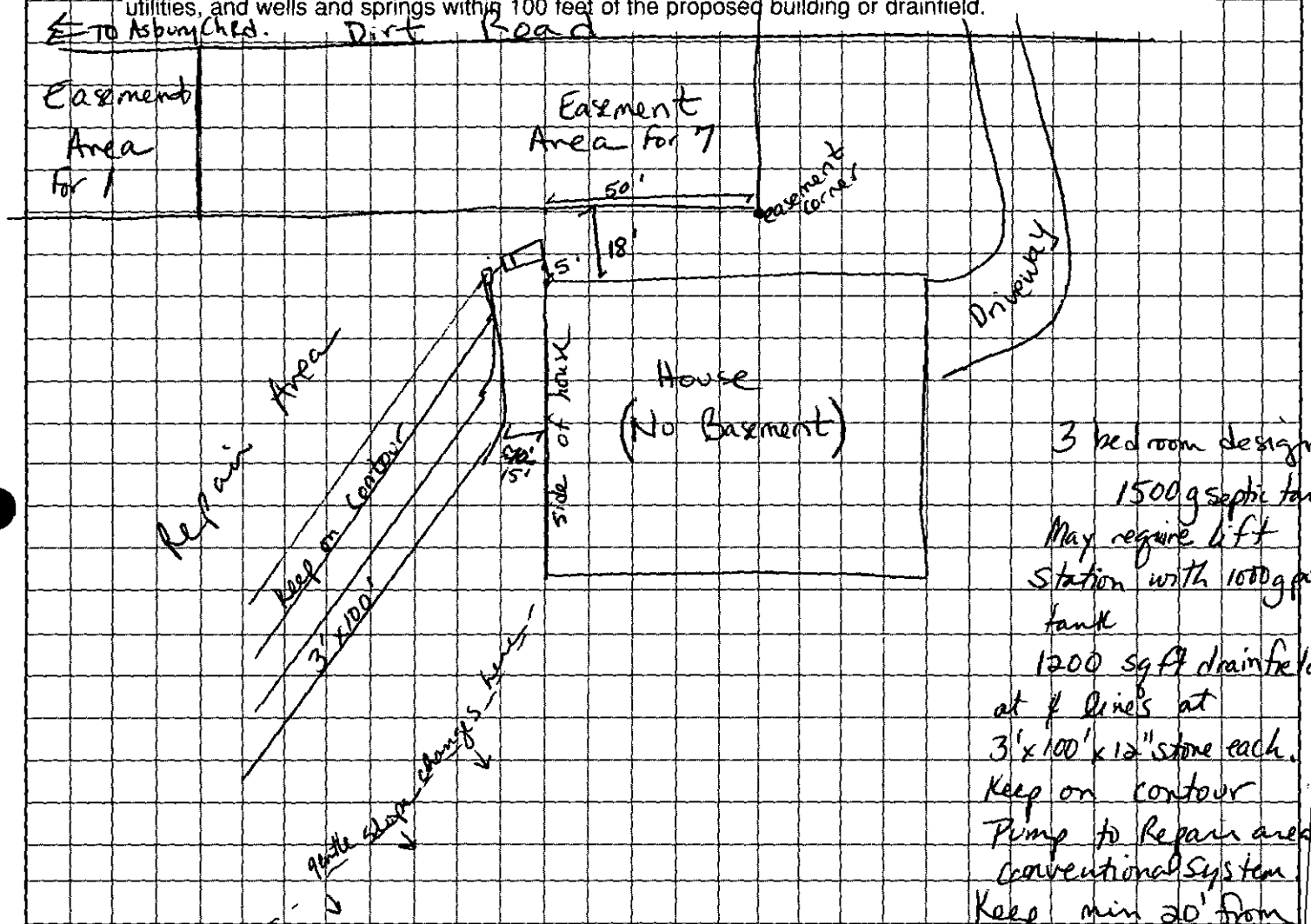
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FILE: 3246 B

TC: 019-163-03 PO
s/d Lot 5

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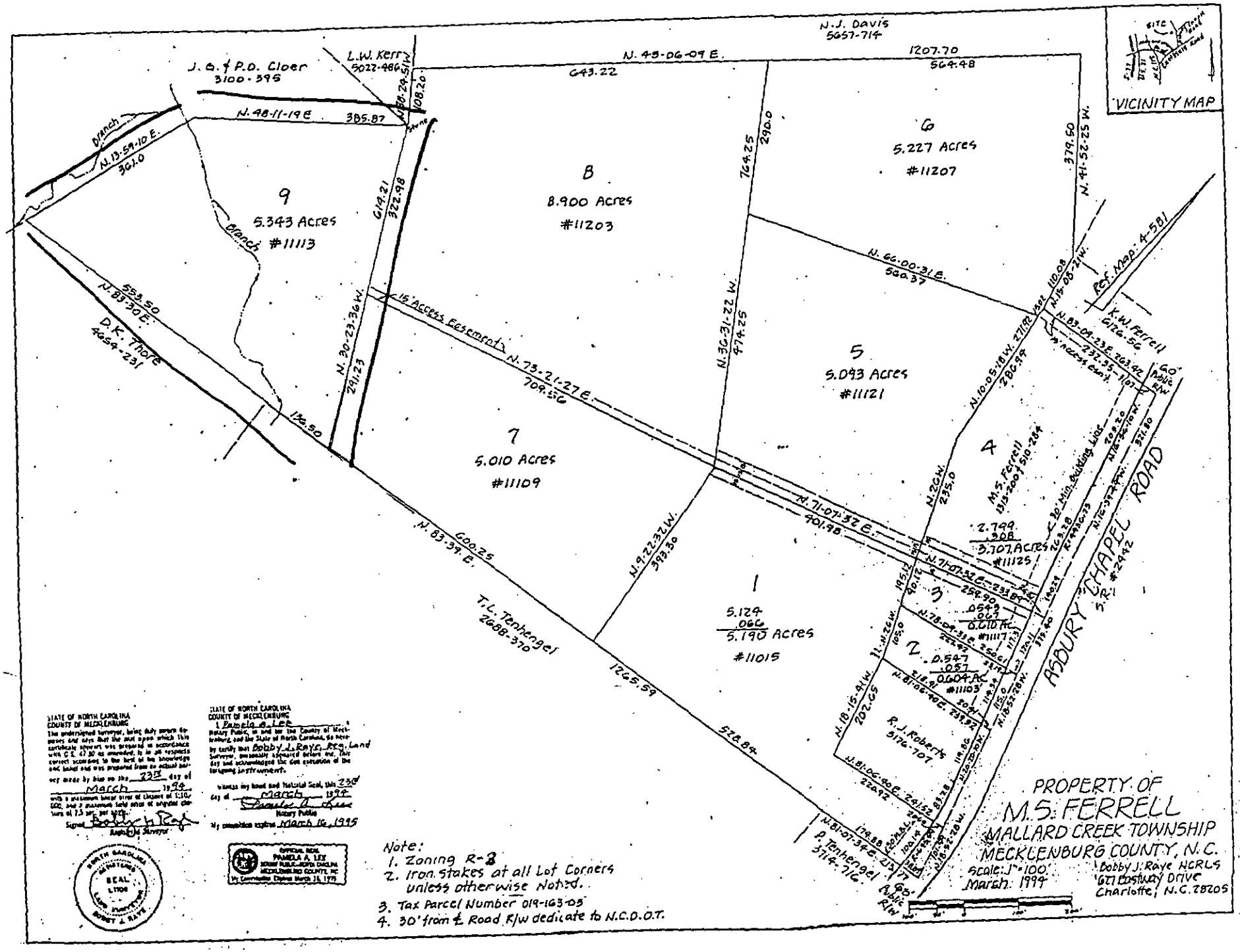


3 bedroom design
1500 g septic tank
May require lift station with 1000 g pump tank
1200 sq ft drainfield at 4 lines at 3'x100'x12" stone each.
Keep on contour
Pump to Repair area Conventional System.
Keep min 20' from any other septic system.
12"-24" soil cover on trenches.
Do not disturb or remove soil in area of septic system and its repair area.
Any changes may void permit.
Keep well min 100' from any part of Septic System or its repair area.

March 9, 1995
OWNER/AGENT SIGNATURE
DATE

APPROVAL DATE 2-24-95

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



STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

The undersigned Surveyor, being duly sworn do swears and says that the plat upon which this certificate appears was prepared in accordance with G.S. 47-30 as amended, to all respects correct according to the best of his knowledge and belief and was prepared from an actual survey made by him on the 23rd day of March 1994 with a maximum linear error of closure of 1:10,000, and a maximum total error of angular closure of 15 sec. per angle.

Signed Bobby J. Raye
Registered Surveyor

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I Pamela A. Lee, Notary Public for the County of Mecklenburg and the State of North Carolina, do hereby certify that Bobby J. Raye, Reg. Land Surveyor, personally appeared before me, this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and Notarial Seal, this 23rd day of March 1994

Pamela A. Lee
Notary Public

My commission expires March 16, 1995

OFFICIAL SEAL
PAMELA A. LEE
NOTARY PUBLIC-NORTH CAROLINA
MECKLENBURG COUNTY, NC
My Commission Expires March 16, 1995

SEAL L-1700 BOBBY J. RAYE SURVEYOR