

324 BUBBLING WELL RD

22702755

6/12/2007

duponbj

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Division
Groundwater & Wastewater Services

April 18, 2005

Scott Garner
324 Bubbling Well Rd.
Matthews, NC 28105

Dear Mr. Garner:

Re: Bacteriological Well Sample Results

Enclosed you should find a copy of the laboratory analysis of the well water sample that was collected at 324 Bubbling Well Road on April 12, 2005.

The laboratory analysis of the well water sample was reported to be POSITIVE for total coliform bacteria.

At this time it is recommended that you chlorinate your well and then contact our office to have the well resampled. I am enclosing information for your review that outlines well chlorination procedures. There is no additional fee for resampling your well, one time, for total and fecal coliform bacteria.

A copy of the septic system inspection report is also being included for your review.

Please contact me at (704) 336-5568 if you have any questions concerning this matter.

Sincerely,

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

Enclosures (3):

CHARLOTTE.
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date: 4/14/2005 04:45 PM

LABORATORY SERVICES DIVISION

LOCATION: 6202A - 324 Bubbling Well Rd
LOC ID: G-PME
SAMPLE DATE-TIME: 4/12/2005 15:30
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB33155
CHAIN OF CUSTODY #: 05040236

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB33155	**E. COLI-PA**	**Absent**	**P/A**		SM 9223B	4/13/2005 9:28	RDW
AB33155	**Total Coliform**	**Present**	**P/A**		SM 9223B	4/13/2005 9:28	RDW

Comment:

Laboratory Supervisor: WKJWell

Laboratory Certifications: McAlpine NC DENR No.148; Brookshire NC DENR No.162; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

Hal Marshall Laboratory, 700 North Tryon St., Charlotte, NC 28202, 704/336-5460

CHAIN OF CUSTODY RECORD

CLIENT: MECKLENBURG COUNTY, LUESA - GROUNDWATER AND WASTEWATER SERVICES

FACILITY: GROUNDWATER (Potable Water)

LOCATION / ADDRESS: 324 Bubbling Well Rd., Matthews NC 28105

LAB CODE (circle one): REAL PRIV NEW TNC MPL (PME) OTHER

Send Report To: Trevor Thomason, 700N Tryon St. Ste. 205, Charlotte, NC 28202

COC#: 05040236

Sampled By (Print Name): Trevor Thomason

AB 33155

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System	Sample Temperature: Collection Temp	Sample Temperature: Receipt Temp	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform	Nitrate	Nitrite	Nitrate + Nitrite	Fluoride	Hardness	Metals	Fecal Coliform	Fecal Strep	Pest/PCB, EPA 608	Herb, EPA 8151	VOA, EPA 8260	Semis, EPA 8270
6202A	TC	15:30	4/12/2005	N		9.8				X	100 ml		1						X	X	X											
				N																												
				N																												
				N																												
				N																												

NOTES: Complete yellow shaded sections; each "X" needs to be circled.

Itemize requested Metals here:

COMMENTS: ****3-DAY TAT REQUESTED****

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
[signature]	[signature]	4-13-05	800
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

Form Revision 05; effective 03/15/2005

CODES: **REAL**=REAL ESTATE TRANSACTION **PRIV**=PRIVATE WELL SAMPLING BY REQUEST OR FOR REPAIR **NEW**=NEW WELL (PERMIT)

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County **Health Department**	Garner Residence **Name of Establishment**	6202A **Permit/Project No.**
324 Bubbling Well Rd., Matthews 28105 **Location**	4-Bedroom House **Type of Establishment**	480 GPD **Design Flow**
Scott & Allison Garner **Owner/Agent**	Same as location address **Address**	(704) 847-7831 **Phone**
Unknown CO **Operator**	N/A **Address**	N/A **Phone**
IV **System Type**	4/21/2008 **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 pump tank.
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☒	☐	☐	
b. High-water alarm present and operating properly?	☐	☒	☐	5.A.b. Alarm box mounted inside
c. Floats/pipe/valves/disconnects in good working condition?	☒	☐	☐	house. Alarm float is not secured
d. Control panel enclosure/components in good condition?	☒	☐	☐	in pump tank.
e. Elapsed time readings: _____ _____ _____ _____				
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?	☐	☐	☒	

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?	☒	☐	☐	
h. Repair area properly reserved, maintained?	☒	☐	☐	

A. LOW PRESSURE PIPE DRAIN FIELDS:

a. Turnups/cleanouts/valves intact and accessible?	☒	☐	☐	6.A.a. Observed damaged
b. No effluent standing in lower laterals?	☒	☐	☐	valve boxes.
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒	6.A.c.d. Services to be performed
d. Pressure head is properly adjusted?	☐	☐	☒	by a Certified Operator.

OVERALL CONDITION AND OPERATION OF SYSTEM:

No problems detected with system operation at the time of inspection.

No effluent observed on the ground surface at the time of inspection.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

1. Properly secure high water alarm in pump tank.
2. Pump both tanks (septic & pump) to remove excess solids.

***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.

1. Replace damaged valve boxes as needed.
2. Certified Operator is required to conduct system inspections two times per year. Reports should be provided to the property owner and the MCHD.

DATE: 4/13/2005

SIGNED: _____ RSI AGENT

Division of Environmental Health

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Division
Groundwater and Wastewater Services

February 28, 2005

Garner, Scott L. and Allison

324 Bubbling Well Road

Matthews NC 28105

Dear Property Owner:

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

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

324 Bubbling Well Road
Matthews NC 28105
MCHD File Number: 6202A

is due for inspection on: **4/21/2005**

The fee for this inspection is $85.00. Your payment should be received in our office no later than March 18, 2005. The system inspection will not be scheduled until payment is received in our office. Failure to comply with these requirements may result in legal action being taken against you.

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

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

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

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

Sincerely,

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	03/10/05	**Amount:**	85.00
Receipt #:	33175	**Tendered:**	85.00
Check / Auth #:	CHECK 6510	**Returned:**	0.00
Received By:	AIDOOJK		

Account Information

Account #: 200000
Contractor: GARNER SCOTT
Attn:
Address: 324 BUBBLEING WELL ROAD
Address:
City/State/Zip: MATTHEWS, NC 28105

Item	Description	Permit#	Quantity	Unit Price	Total Price
0743	Hmeownr Maint Inspec-Type IIIB FILE 6202A/704-847-7831		1	85.00	85.00

----------Outstanding Balances----------

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

Mecklenburg County
Health Department

July 5, 2002

Scott and Allison Garner
324 Bubbling Well Road
Matthews, NC 28105

Dear Mr. and Mrs. Garner:

The State required inspection of the Type IVa septic system, which serves as the wastewater treatment and disposal system for the residence located at 324 Bubbling Well Rd., Matthews, North Carolina, was completed on 6/5/02. 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 of contamination. It is recommended that the well be chlorinated. The procedure for chlorination of a well is enclosed. The results of the inorganic samples are not yet available; these results will be mailed to you as soon as they are received from the State Laboratory.

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 Analysis Results
Well Chlorination Procedure
Septic System Owner's Guide

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)

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

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

MECKLENBURG COUNTY — Health Department
Name of Establishment: RESIDENCE
6202A — Permit/Project No.

324 BUBBLING WELL ROAD — Location
Type of Establishment
480 GPD — Design Flow

SCOTT & ALLISON GARNER — Owner/Agent
324 BUBBLING WELL RD. MATTHEWS, NC 28105 — Address
Phone

BOBBY MCCARVER — Operator
Address
Phone

Remarks: N/A

	Yes	No	REMARKS
1. ESTABLISHMENT:			
Type, size, and sewage flow in accordance with permit?	☑	☐	
2. COLLECTION SYSTEM:			
No evidence of leaks into or out from sewer lines/manholes?	☐	☐	
Free of blockages/solids buildup in lines or manholes?	☐	☐	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):			
Tank risers accessible and surface water diverted?	☑	☐	
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?	☐	☐	
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?	☑	☐	
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?	☐	☐	
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?	☑	☐	REPLACE MISSING TURN-UP VALVE COVERS
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?	☐	☐	
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)

DATE: 6/5/02 SIGNED: [signature] RSI AGENT
Division of Environmental Health

DENR 3702 (Revised 3/98)
On-Site Wastewater Section (Review 12/98)

– over –

Mecklenburg County Health Department Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, NC 28211

Microbiological Analyses

Owner, System, or Establishment: SCOTT GARDNER

Address: 324 BUBBLING WELL RD

MATTHEWS, NC Zip: 28105

Collected By: DAVID L. CORNELIUS
WELLHEAD

Date Collected: 5/28/02 Time: 11:27 (AM)/PM

Delivered To Lab By: DAVID L. CORNELIUS

Date Delivered To Lab: 5/29/02 Time: 8:53 (AM)/PM

Sample Contains Sodium Thiosulfate

☐ This is a compliance sample and the data will be reported to:

_____

Treatment:

☒ Initial Sample ☐ Chlorinated ☒ Nonchlorinated

☐ Recheck (Chlorinated) ☐ Recheck (Nonchlorinated) ☐ Other (Specify)_____

Type of Sample:

Potable Water

☒ Individual Well ☐ Community

☐ Non-community ☐ City

☐ Other (Specify)_____

Nonpotable Water

☐ Surface ☐ Monitoring Well

☐ Storm ☐ Other (Specify)_____

Temp Upon Collection:_____ °C Initials_____

Temp Upon Receipt In Lab:_____ °C Initials_____

Analysis Requested:

☒ Total Coliform ☐ Fecal Coliform ☐ Fecal Strep ☐ Enterococcus

☐ Sulfate Reducing Bacteria ☐ Pseudomonas aeruginosa ☐ Other (Specify)_____

Comments:_____

Laboratory Analysis Report

Method: Membrane Filter_____ Colilert ✓

Total Coliform PRESENT /100 ml

Fecal Coliform ~~ABSENT~~ /100 ml

Fecal Strep_____ /100 ml

Enterococcus_____ /100 ml

Plate Count_____ /gm or ml

Pseudomonas aeruginosa_____ /100 ml

Laboratory Comments:

Date Received: 5/29/02

Date Reported: 5-30-02

Received By: NCP

Analyst: NCB/DMS Lab #: 422

Laboratory Idendification #: 37518 DEHNR

#: 449 DWQ

Rev. 2/01 **White—Lab Report Copy** **Yellow—Lab File Copy**

COPY

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Scott and Allison Garner
324 Bubbling Well Road
Matthews, NC 28105

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
Scot and Allison Garner	324 Bubbling Well Road	22703109	6202A	IVa
				Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

# of Bedrooms 4

pd $85 CHK 5/21/02 SC

BILL INFORMATION

Billing Date: 4/3/02

Payment Due Date: 5/3/02

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

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

ON-SITE WASTEWATER VIOLATION NOTICE

Owner SCOTT L. GARNER

Mailing Address 324 BUBBLING WELL ROAD, MATTHEWS, NC 2810[illegible]

Occupant _____

Location SAME

☒ Residence ☐ Business ☐ Other TAX PARCEL # 227-031-02

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number 336-5102/336-5568.

☐ Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

☐ Eliminate wastewater discharge and connect to an approved wastewater system.

☐ Pit Privy must be repaired/constructed.

☐ Other Repairs (*specify*) _____

☒ Perform Maintenance (*specify*) SUBMIT COPY OF VALID MAINTENA CONTRACT WITH A CERTIFIED OPERATOR. CONTRACT MUS ~~BE SUBMITTED TO THIS OFFICE BY COMPLIANCE~~ DATE.

If the wastewater violation is not brought into compliance by FEBRUARY 11, 1999, appropriate legal action will be taken.

Notice Issued ~~JANUARY 15, 1999~~ Date Signed LARRY B. THOMPSON, JR., R.S. Division of Environmental Health Agent

Compliance _____ Date Signed _____ Division of Environmental Health Agent

DEHNR 1108 (Revised 10/96)
On-Site Wastewater Section (Review 10/98)

"FINAL NOTICE"

1-28-99 (mailing date) LBT (initials)

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

INSPECTION OF ENGINEERED SUBSURFACE SEWAGE SYSTEM

Mecklenburg County — 6202 A
Health Department — Permit/Project No.

324 Bubbling Well Road — Residence — 480 gpd
Location — Type of Establishment — Design Flow

Scott L. Garner/wf Allison — 324 Bubbling Well Road, Matthews
Owner/Agent — Address — Phone

Operator — Address — Phone

Remarks: Bob McCarver was original operator - has not followed through

	Yes	No	REMARKS
1. ESTABLISHMENT:			
Type, size, and sewage flow in accordance with permit?	☑	☐	
2. COLLECTION SYSTEM:			
No evidence of leaks into or out from sewer lines/manholes?	☐	☐	
Free of blockages/solids buildup in lines or manholes?	☐	☐	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):			
Tank risers accessible and surface water diverted?	☑	☐	
Tanks and access manholes structurally sound, watertight?	☑	☐	
Sanitary tee(s) in good working condition?	☐	☐	Did not verify
Tanks pumped, cleaned out as needed?	☐	☐	Cannot determine
4. RAW SEWAGE LIFT STATION (If Present):			
Required pumps present, operating, and cycling properly?	☐	☐	
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☐	☐	
PUMP SYSTEMS:			
Required pumps present, operating, and cycling properly?	☑	☐	
High-water alarm present and operating properly?	☐	☐	Did not observe
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?	☐	☐	
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?	☑	☐	
Laterals free of excess solids, cleaned out as needed?	☐	☐	? This probably has not been performed
Pressure head is properly adjusted?	☐	☐	

OVERALL CONDITION AND OPERATION OF SYSTEM: No effluent surfacing

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)
New Maintenance Contract/Inspection	30

DATE: 12-3-98 SIGNED: Larry B. Thompson, Jr., R.S. AGENT
Division of Environmental Health

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

SUMMARY OF IMPROVEMENTS NEEDED (*Continued*)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

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

_____

[Law or Rule(s)]

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

IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

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

[Law or Rule(s)]

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

This the _____ day of _____, 19 ____.

_____ Agent
DIVISION OF ENVIRONMENTAL HEALTH

INSTRUCTIONS

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

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

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

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

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

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

McCarver Construction Company
14450 Cabarrus Station Road
Midland, NC 28107
Ph. 704-573-2805

Operational Agreement for LPP System

This agreement is made and entered into this 30 day of Jan. 1999 by and between Scott Garner, "owner" and McCarver Construction Company, "contractor".

The contractors obligations:

The contractor shall perform the following services on the Owners system located at:

Scott Garner
324 Bubbling Well
Matthews ~~Charlotte~~, N.C 28105

1. Check pump
   Float Switch
   Alarm System
   Visual ground inspection

2. Give written reports to the Owner and Health Department within 48 hours if there is a malfunction.

3. Check system twice per year. Submit written reports to Health Department once per year.

4. Any and all requirements by Health Department.

Owner Scott Garner

Contractor Bobby McCarver
(McCarver Construction Company)

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

ON-SITE WASTEWATER VIOLATION NOTICE

Owner SCOTT L. GARNER Mailing Address 324 BUBBLING WELL ROAD, MATTHEWS, NC 2810

Occupant _____ Location SAME

☒ Residence ☐ Business ☐ Other TAX PARCEL # 227-031-02

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number 336-5102/336-5568.

☐ Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

☐ Eliminate wastewater discharge and connect to an approved wastewater system.

☐ Pit Privy must be repaired/constructed.

☐ Other Repairs (*specify*) _____

☒ Perform Maintenance (*specify*) SUBMIT COPY OF VALID MAINTENA CONTRACT WITH A CERTIFIED OPERATOR. CONTRACT MUS ~~BE SUBMITTED TO THIS OFFICE BY COMPLIANCE~~ DATE.

If the wastewater violation is not brought into compliance by FEBRUARY 11, 1999, appropriate legal action will be taken.

Notice Issued ~~JANUARY 15, 1999~~ (Date) Signed LARRY B. THOMPSON, JR., R.S. (Division of Environmental Health) Agent

Compliance _____ (Date) Signed _____ (Division of Environmental Health) Agent

DEHNR 1108 (Revised 10/96)
On-Site Wastewater Section (Review 10/98)

Mecklenburg County
Health Department

December 4, 1998

Mr. Scott L. Garner
324 Bubbling Well Road
Matthews, NC 28105

Re: 324 Bubbling Well Road

Dear Mr. Garner:

A required inspection was recently made of the Type IV septic system which serves as the wastewater treatment and disposal system for the residence located at 324 Bubbling Well Road, Matthews, North Carolina.

A review of our files reveals that the required maintenance contract for this system has expired. Periodic maintenance of this type wastewater system is an important factor in extending the life of the drainfield as well as a requirement found in the General Statutes of North Carolina to protect public health. Section .1900 of the North Carolina Administrative Code, North Carolina Department of Environment, Health, and Natural Resources, Divisions 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."

Enclosed is a copy of the information we have on file. Please submit a new contract with a certified operator to our office by January 12, 1998.

A list of certified operators in the immediate vicinity of Mecklenburg County is attached. If I can be of further assistance in this matter please feel free to contact me at (704)336-5568 between 8:00 - 9:00 am, Monday through Friday, or leave a message on my voice mail.

Sincerely,

Larry B. Thompson, Jr., R.S.

Larry B. Thompson, Jr., R.S.
Environmental Health Specialist

Enclosure: Certified Operators List
Maintenance Contract

Certified Operators Mecklenburg County & Vicinity

Name	County	Phone #
Ernest C. Brock	Cabarrus	704/788-8510
William Edward Cook, Jr.	Cabarrus	704/436-9612
T. Mark Fowler	Cabarrus	704/786-6161
Bobby Dale Howell	Cabarrus	704/589-4428
Rob Lane McCarver	Cabarrus	704/573-2805
Bobby L. McCarver, Sr.	Cabarrus	919/573-2805
Rick Sehorn	Cabarrus	704/782-8428
Larry W. Tucker	Cabarrus	704/932-6369
Wayne Allen Baumgarner	Gaston	704/867-9812
James M. Byers	Gaston	704/864-4644
Laurence C. Fletcher, Jr.	Gaston	704/827-0730
Wray E. Glenn	Gaston	704/864-3245
Clarence Hill, Sr.	Gaston	704/842-5482
Randy D. Hudson	Gaston	704/854-3298
Jim R. Lanier	Gaston	704/263-8186
Mervin R. Ratchford	Gaston	
Benjamin D. Simpson	Gaston	704/366-5132
Jon A. Watts	Gaston	704/827-6789
David E. Watts	Gaston	704/864-5583
Darrell Williamson	Gaston	704/866-6144
Scott V. Wilson	Gaston	704/853-5230
Richard F. Abernathy	Iredell	
Timothy Wayne Ammons	Iredell	704/663-7631
Larry E. Beam, Sr.	Iredell	704/664-2090
Curt Dunning	Iredell	704/664-7522
James Thurman Home	Iredell	704/282-1533
Lenwood F. Hudson, Jr.	Iredell	704/878-3438
Toney C. Jacobs	Iredell	704/663-6905
Timothy H. Johnson	Iredell	704/872-9566
Steven L. Lambert	Iredell	704/878-3438
Delbert Henry Likins	Iredell	704/478-2785
Danny R. Mason	Iredell	704/873-3755
Clayton Daniel Muller	Iredell	704/662-8840
Stephen T. Overcash	Iredell	704/478-2785
Sammy Reavis	Iredell	704/546-2424
Kelly Richard Sheeks	Iredell	704/878-5358
David R. Yountz	Iredell	
Tim Bannister	Mecklenburg	704/545-1711
Mike Goodnight	Mecklenburg	704-545-1711
Francis R. Hale	Mecklenburg	704/343-6040
John G. Harris	Mecklenburg	704/545-9048
Mark Richard Haver	Mecklenburg	704/525-7990
Rodney H. Lang	Mecklenburg	704/824-9526
Martin J. Lashua	Mecklenburg	704/525-7990

Certified Operators con't

Bob Mahew	Mecklenburg	704/892-5943
Clayton Thomas Oaks	Mecklenburg	704/588-2392
Robert C. Slusser	Mecklenburg	704/633-5689
Jerome V. Varick	Mecklenburg	704/542-0736
Charles P. Wilson	Mecklenburg	
A. Lynn Aldridge	Rowan	704/642-2000
J.H. Bivens	Rowan	704/639-3016
Steve Cannon	Rowan	704/642-2000
Mark Christopher Elmore	Rowan	704/639-3016
George H. Hirkpatrick	Rowan	704/633-2412
John E. Lesley	Rowan	704/663-1699
Jeff L. Link	Rowan	704/633-0411
Randy Lee Melton	Rowan	704/857-6426
Benny D. Myers	Rowan	704/633-3962
Rusty Orbison	Rowan	704/663-4745
William R. Roberts	Rowan	704/633-0411
Scott A. Trexler	Rowan	704/638-5378
Steven P. Frazier	Union	704/282-6551
Max Mason High	Union	704/764-7137
Joe Hudson	Union	704/283-7539
Dwight David Jordan	Union	704/283-5748
Douglas Kiker	Union	704/753-1867
Jimmy Ray Lowery	Union	704/296-3160
Ross Montgomery	Union	704/283-8945
Tommy Norwood	Union	704/843-3298
James Dennis Rape	Union	704/283-4823
Larry B. Thompson, Jr.	Union	704/336-5568
Ray E. Vaughan, Jr.	Union	

400 ☑

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 6202-A DATE: 4-21-93

TC: 227-031-09 ☐ L ☑ CRT

SERIAL № 15201

Name of Owner SCOTT GARNER Juris.:

Address of Property 324 BUBBLING WELL RD

Inspection Data:

Tank Material PCC

Total Length of Drainfield 250

Number of Lines 8 @ VARIOUS SEE PLAN

Cover Depth 6"

Water Supply Source well

Distance to Water Source 100'+/50 to neighbor

Excavation Inspected 4-8 93

Tank(s) Inspected 4-8-93

Wash Line Inspected —

High Water Alarm Inspected 4-8-93

PLOT

Design: 1493 1500 ST 1000 DT mod pl 245 PRBS CECIC CTR# 117

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

☑ installed or constructed ☐ altered or repaired

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

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

☐ Certificate of Completion ☑ Operation Permit

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

COMMENTS: TYPE IV

Kelly Rowell
Environmentalist

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

STATE OF NORTH CAROLINA

COUNTY OF Mecklenburg

INSPECTION AND MAINTENANCE
~~SAMPLE~~ AGREEMENT (rev. 3/91)

THIS AGREEMENT is made and entered into this 8th day of April, 19__, by and between Scott Gardner (hereinafter the "Owner") and Bobby McCarver (hereinafter the "Contractor").

WITNESSETH

WHEREAS, the Owner owns or controls the property upon which a ground absorption sewage treatment system (hereinafter "system") is installed, such system being designated a Type LPP system under the Rules for Sanitary Sewage Collection, Treatment and Disposal found at 15A N.C. Admin. Code 18A.1900 et seq.; and

WHEREAS, 15A N.C. Admin. Code 18A.1961 requires a contract to be executed between the system owner and a management entity prior to the issuance of an Operation Permit for said system; and

WHEREAS, 15A N.C. Admin. Code 18A.1961 requires that a condition of the Operation Permit for said system be that a properly executed contract between the system owner and a management entity shall be in effect for as long as the system is in use; and

WHEREAS, the Contractor is a management entity of a type authorized by 15A N.C. Admin. Code 18A.1961 to manage a Type LPP system.

NOW THEREFORE, in consideration of the premises and of the mutual covenants and promises contained in this Agreement, it is hereby agreed by and between the Owner and the Contractor as stipulated below.

1. The Contractor's Obligations. The Contractor shall perform the following services on the Owner's system located at 324 Bubbling Well Rd Matthews, N.C.

a. The Contractor shall inspect the system at least at the frequency required in Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type LPP System.

b. The Contractor shall perform the following routine maintenance procedures in accordance with the conditions of the Operation Permit:

(1) [from operation permit]
(2)
(3)

c. The Contractor shall report the results of its inspections to the local health department at the frequency specified in Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type LPP System.

d. If an inspection indicates the need for system repairs, the Contractor shall notify the local health department within 48 hours of the inspection.

e. The Contractor shall notify the Owner of needed repairs which are outside of the scope of routine maintenance described in subparagraph (b) above. The Contractor shall perform necessary repairs to the system at the request of the Owner and shall be entitled to payment therefor at the Contractor's normal charge for services and materials.

f. The Contractor[4] shall employ or shall contract with a certified operator(s) if required by Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type LPP System.

g. The Contractor shall respond to a request for a nonscheduled service or maintenance call within 48 hours after receipt of such request.

2. The Owner's Obligations.

a. The Owner shall pay to the Contractor the sum of $250.00 per year for periodic inspections, routine maintenance procedures and periodic reports. The annual fee may be amended upon sixty (60) days advance notice to the Owner but may not be increased more than 5 percent per year. The Owner shall pay to the Contractor his normal and customary fees for any work performed on the system as a result of nonscheduled service or maintenance calls. All fees are due and payable within thirty (30) days of billing. Payments due to the Contractor and unpaid by the Owner after thirty (30) days shall accrue interest from the due date until paid at a rate of 1.5 percent per month.

b. Within 30 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above, the Owner shall request the Contractor to complete needed repairs or shall provide to the Contractor evidence that the needed repairs were satisfactorily completed by another entity.

c. The Owner shall provide the Contractor with such access to the system as is reasonably necessary for the Contractor to comply with the terms of this Agreement.

3. Term. This Agreement shall remain in effect until terminated.

a. Automatic Termination.
This agreement shall automatically terminate if the Operation Permit for the system is revoked and all appeals of the revocation are exhausted or time for taking an appeal has passed.

b. Termination by Mutual Consent.
The Parties may mutually agree to terminate this Agreement by giving written notice of termination by mutual consent to the local health department thirty (30) days in advance of the date of termination.

c. Termination by the Owner.
The Owner may terminate this Agreement by giving notice to the Contractor and to the local health department thirty (30) days in advance of the date of termination.

d. Termination by the Contractor.

(1) The Contractor may terminate this Agreement for cause by giving written notice of intent to terminate this Agreement to the Owner and to the local health department thirty (30) days in advance of the date of termination. Cause shall be defined as:

(a) failure to remit payment for any bill for services performed under and in accordance with this Agreement if said bill is not paid within thirty (30) days of receipt by the Owner of the bill. If said bill is paid after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect; or

(b) failure of the Owner to provide to the Contractor authorization to complete needed repairs or satisfactory evidence that needed repairs to the system were completed by another entity within 30 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above. If said authorization to complete needed repairs or evidence of completion of said repairs is provided after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect;

(c) failure of the Owner to allow the Contractor such access to the system as is reasonably necessary in order for the Contractor to comply with the terms of this Agreement.

(2) The Contractor may not terminate this Agreement without cause, but may assign its rights and duties under this Agreement as provided in paragraph 4, below.

4. Assignment.

a. Assignment by the Owner. The Owner shall notify the Contractor of the name and address of any purchaser of the property on which the system is located. The Owner shall also notify any purchaser of the property on which the system is located of the existence of this Agreement and shall assign all rights and duties under this Agreement to said purchaser.

b. Assignment by the Contractor. The Contractor may assign its rights and duties under this Agreement to another management entity which is qualified pursuant to 15A N.C. Admin. Code 18A.1961 to manage a Type

___ system upon thirty (30) days written notice to the Owner and to the local health department.

5. Use of Subcontractors. The Contractor may subcontract with such manufacturers, suppliers and contractors as it deems desirable to perform any of the Contractor's duties under this Agreement. The Contractor shall at all times remain responsible for the performance of and payment for all work performed by all subcontractors.

6. Representations. The Parties represent to each other that each has the power, authority and legal right to enter into and perform its obligations as set forth in this Agreement.

7. Regulatory Amendments. References in this Agreement to sections of the Administrative Code shall include such rules as they may be amended in the future.

8. No Implied Waiver. The waiver by either Party of a default or a breach by the other Party of any provision of this Agreement shall not operate or be construed to operate as a waiver of any subsequent default or breach. The failure at any time of either Party to enforce any provision of this Agreement (a) shall not be construed to be a waiver of such provisions, or of any other provision; and (b) shall not in any way affect the validity of this Agreement, or any part of this Agreement, or the right of either Party thereafter to enforce each and every provision of this Agreement.

9. Notice. Every notice required under this Agreement shall be in writing and shall be deemed sufficiently given if delivered in person or sent by certified or registered mail, return receipt requested, postage prepaid to the Party to be notified and addressed as follows:

To the Owner: Scott Gardner

To the Contractor: Bobby McCarver

To the Local Health Department: Charlotte

The date of any Notice shall be the date of personal delivery or the date shown on the return receipt as the date of delivery or attempted delivery, as the case may be. Changes in the respective addresses to which notice may be directed may be made from time to time by either Party by notice to the other party.

10. Place of Agreement. This Agreement and any questions concerning its validity, construction or performance shall be governed by the laws of the State

of North Carolina, notwithstanding the place of execution, or the order in which the signatures of the Parties are affixed.

11. Entire Agreement and Amendment. This Agreement supersedes all prior negotiations, agreements and understandings between the Parties with respect to the subject matter hereof and constitutes the entire Agreement between the Parties with respect to the subject matter hereof. To be effective, any amendment or modification to this Agreement must be in writing and must be signed by the Parties.

12. Severability. In the event that any provision of this Agreement shall, for any reason, be determined to be invalid, illegal or unenforceable in any respect, the Parties shall negotiate in good faith and agree to such amendments, modifications or supplements of or to this Agreement or such other appropriate actions as shall, to the maximum extent practicable in light of such determination, implement and give effect to the intentions of the Parties as reflected in this Agreement, and the other provisions of this Agreement shall, as so amended, modified, supplemented or otherwise affected by such action, remain in full force and effect.

IN TESTIMONY WHEREOF, the Parties hereto have executed this Agreement in duplicate originals, one of which is retained by each of the Parties, the day and year first above written.

Scott Gann
(Owner)

Attest:

Natalie Hoyt Healy

Bobby L. McCarver
(Contractor)

Attest:

Kathy T. Goldman

(hr:mecontract.gm)

Date: Dec. 2, 1991

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

To: Scott Garner
1718 East Boulevard
Charlotte, N.C. 28203
Phone 704-333-1051 w 704- - h

Subject: 324 Bubbling Well Road Matthews, N.C.
File # : 6202A
Parcel : 227-031-09

System type: 16 inch T & J Panel System with pressure distribution.

This system is designed for a four bedroom house at an application rate of .32 gpd. 480/.32 = 1500/3 = 500 LF of conventional drainfield multiplied by .5 = 250 LF of 16 inch T & J Panel System. This system shall be installed in accordance with all state and local rules and regulations and in compliance manufacturer's installation guidelines. Soil evaluation was supplied by the county.

Revision rec 12-23-91

Line		# Panel	# Hole Per Panel	Size Hole	Line Head	Line Length	Hole Flow	Per Panel Line Flow min
A	v1	8	one	3/16	2.0ft	35 '	.59	4.72
B	v1	7	one	3/16	2.0ft	30 '	.59	4.13
C	v1	7	one	3/16	2.3ft	31 '	.62	4.34
D	v2	8	one	3/16	2.0ft	33 '	.59	4.72
E	v2	7	one	3/16	2.0ft	32 '	.59	4.13
F	v3	7	one	5/32	3.0ft	32 '	.50	3.50
G	v3	6	one	5/32	3.0ft	25 '	.50	3.00
H	v3	7	one	5/32	3.3ft	32 '	.53	3.71
I		repair	NOTE:			19 '		
J		repair	Only 41%			20 '		
K		repair	repair			32 '		
L		repair	space available.			32 '		
Totals		57				250 '		32.25

CALCULATIONS FOR PUMPED SYSTEMS:

Head: Friction loss = 6.40
Total lift = 20.80 (99.40 + 2 - 80.60 = 20.80) elev.

TDH = 27.20
20% margin = 34 ft (27.20 / .8 = 34.00 = 34 ft)

Pump Size: 41 (32.25/.8) gallon per minute at 34 feet of head.

Pump cycle should be 5.8 min or 187 gallons.

Note: Each line shall have a globe valve at the start of the line for pressure adjustment. Each valve or gruop of valves shall be placed inside a plastic valve box with a lid at ground level. Turn ups shall be cut off just below ground surface and covered with a plastic cup and cover. The line shall be capped with a threaded fitting and plug. The ends that are used for setting the heads shall be marked as to the line that they go to and saved for future system adjustment. Mark each valve and turn up end with marker to show what valve goes with what turn up.

Friction loss:

supply line = 260 lf = 2.60 * 2.05 = 5.33

fittings = 5.33 * .2 = 1.07

total 6.40

BK: 06734 PG: 0238/0238 #:0214 6.00
REGISTERED JAN/10/1992 03:55PM ANNE A. POWERS REGISTER OF DEEDS MECK. CO. N.C.

FILE NO. 6202A

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, LONZO S. GARNER JR & ALLISON L GARNER,
owner of property located at 324 BUBBLING WELL ROAD
("the site") and described in an instrument recorded in Book 2342 at Page 154, 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 10 th day of Jan, 1992. Prepared By:

Allison L. Garner (SEAL)

Lonzo S. Garner Jr (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Patti B. Pegram, a Notary Public for said County and State, do hereby certify that Allison L. Garner / Lonzo S. Garner, Jr. personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 10 day of January, 1992.

Patti B. Pegram
Notary Public

My Commission Expires: 2/14/95

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that

Allison L. Garner (SEAL)

Lonzo S. Garner, Jr. (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Patti B. Pegram, a Notary Public for said County and State, do hereby certify that Allison L. Garner / Lonzo S. Garner, Jr. personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 10 day of January, 1992.

Patti B. Pegram
Notary Public

My Commission Expires: 2/14/95

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that

_____

of _____,

Instrument was signed in its name by its _____

seal and attested by _____

WITNESS my hand and notarial seal, this __

State of North Carolina, County of Mecklenburg
The foregoing Certificate(s) of Patti B. Pegram

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 Karen Ayers Deputy - Register of Deeds

Mail To:
Enviromental Health

0000 6734 0038

2

1000
5000

MECK COUNTY DEPARTMENT OF
RECEIVED
FEB 0 7 1992
ENVIRONMENTAL PROTECTION

400 LT

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: 6202A
TC:
SERIAL: № 17282

Ck#2 12/03/91 $300.00

☒ L ☐ CRT

JOB LOCATION

① ADDRESS: 324 (STREET NO.) BUBBLING WELL ROAD (STREET) ② FILE: 6202A

③ JURISDICTION: ④ TAX PARCEL NO.: 227-031-09

⑤ SUBDIVISION: SARDIS GROVE ⑥ LOT: 12 ⑦ BLOCK: B

OWNER

⑧ NAME: LONZO (FIRST) SCOTT (MIDDLE) GARNER JR (LAST)

⑨ MAILING ADDRESS: PO BOX 2252

⑩ CITY: MATTHEWS ⑪ STATE: NC ⑫ ZIP: 28106

⑬ PHONE: (WORK) 333-1051 ⑭ (HOME) 847-7831

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? 4 ㉕ Type?

㉓ Maximum occupancy? 8 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: Scott Garner

Date: 4 DEC '91

IMPROVEMENT PERMIT

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

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

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

Environmentalist — Date

Director or Authorized Section Head: Wall Rowell — Date: 1-6-92

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

Received.
12-04-91

Date: Dec. 2, 1991

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

To: Scott Garner
1718 East Boulevard
Charlotte, N.C. 28203
Phone 704-333-1051 w 704- - h

Subject: 324 Bubbling Well Road Matthews, N.C.
File # : 6202A
Parcel : 227-031-09

System type: 16 inch T & J Panel System with pressure distribution.

This system is designed for a four bedroom house at an application rate of .32 gpd. 480/.32 = 1500/3 = 500 LF of conventional drainfield multiplied by .5 = 250 LF of 16 inch T & J Panel System. This system shall be installed in accordance with all state and local rules and regulations and in compliance manufacturer's installation guidelines. Soil evaluation was supplied by the county.

Accurately indicate property boundaries, proposed and/or existing structures, and the property. Draw in and accurately dimension the lot concerned.

SITE EVALUATION REPORT
SERIAL NUMBER 16505

Parcel: 22703109

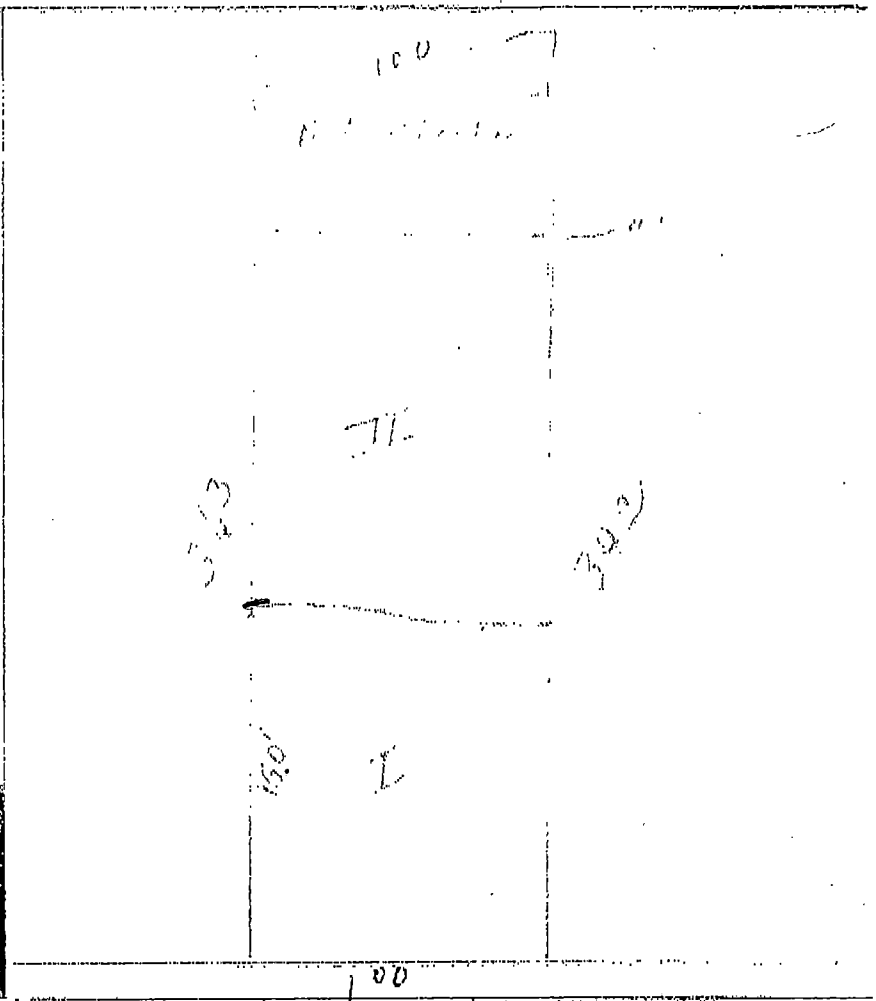
Location: Bubbling Well Road
Subdivision:

Lot: Block: Acres: .83

Owner: Nancy Donahue
Address: 1366 E. Morehead St.
Charlotte, NC 28204

Comments: Agent had trouble digging...
Agent said that Lot was very...
old Apple...

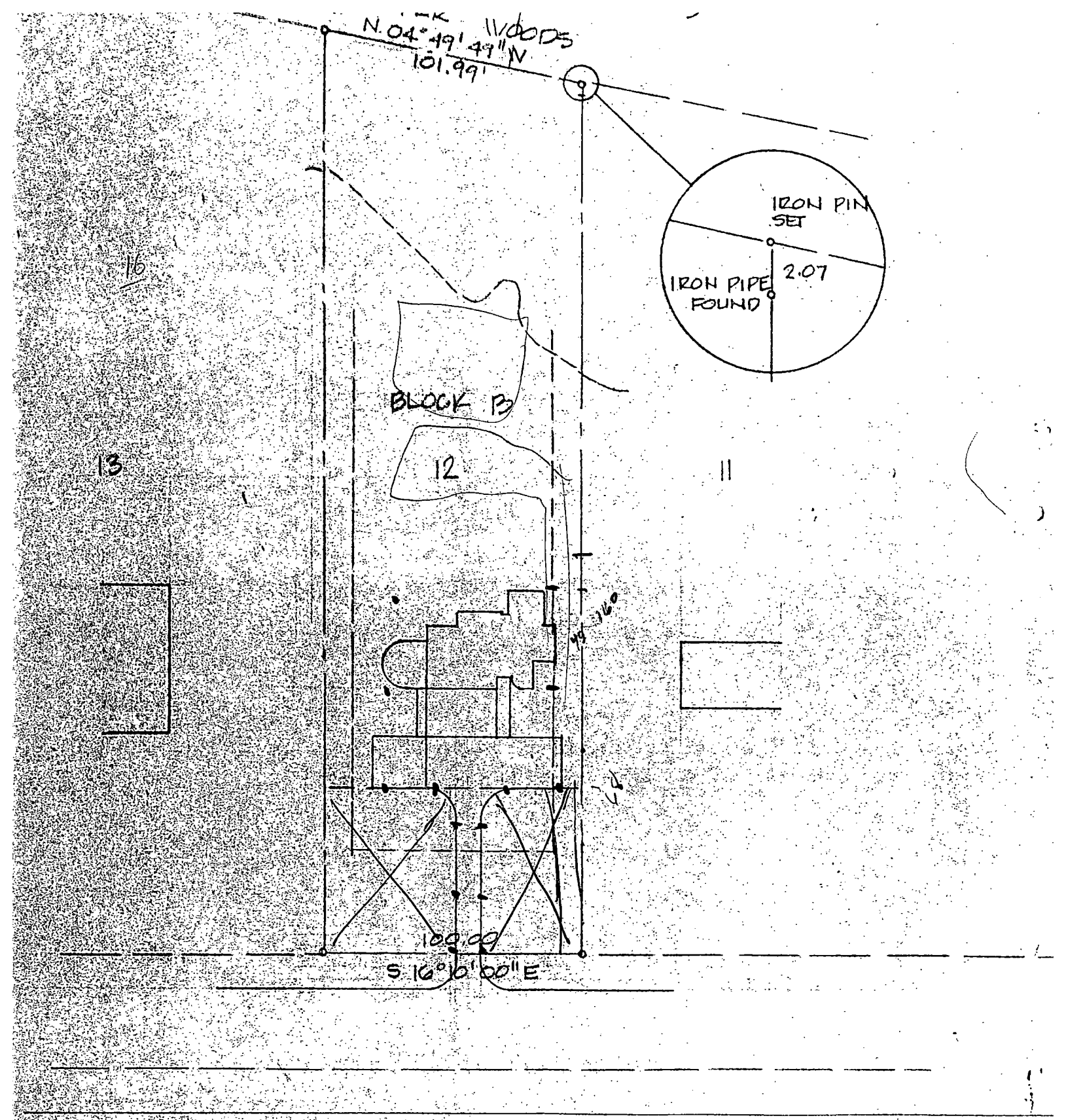
Described by: W. B. Ramsey
Date: 10-18-89



*** EVALUATION KEY ***

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S (PS) U 2-5	S (PS) U 2-5	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U	S PS (U) Mixed Clay	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U	S PS (U) H2O at 24" or Less	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36-48	S PS (U) 24-36	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IVa Cecil	IVa Cecil-Helena				



TAX MAP W HOUSES ADDED
1" = 50'-0"

Line		# Panel	# Hole Per Panel	Size Hole	Line Head	Line Length	Hole Flow	Per Panel Line Flow min
A	v1	8	one	1/16	2.0ft	35	.59	4.72
B	v1	7	one	1/16	2.0ft	30	.59	4.13
C	v1	7	one	1/16	2.3ft	31	.62	4.34
D	v2	8	one	1/16	2.0ft	33	.59	4.72
E	v2	7	one	1/16	2.0ft	32	.59	4.13
F	v3	7	one	5/32	3.0ft	32	.50	3.50
G	v3	6	one	5/32	3.0ft	25	.50	3.00
H	v3	7	one	5/32	3.3ft	32	.53	3.71
I		repair	NOTE:			19		
J		repair	Only 41%			20		
K		repair	repair			32		
L		repair	space			32		
			available.					
Totals		57				250		32.25

CALCULATIONS FOR PUMPED SYSTEMS:

Head: Friction loss = 6.40
Total lift = 20.80 (99.40 + 2 - 80.60 = 20.80) elev.
TDH = 27.20
20% margin = 34 ft (27.20 / .8 = 34.00 = 34 ft)

Pump Size: 41 (32.25/.8) gallon per minute at 34 feet of head.

Pump cycle should be 5.8 min or 187 gallons.

Note: Each line shall have a globe valve at the start of the line for pressure adjustment. Each valve or gruop of valves shall be placed inside a plastic valve box with a lid at ground level. Turn ups shall be cut off just below ground surface and covered with a plastic cup and cover. The line shall be capped with a threaded fitting and plug. The ends that are used for setting the heads shall be marked as to the line that they go to and saved for future system adjustment. Mark each valve and turn up end with marker to show what valve goes with what turn up.

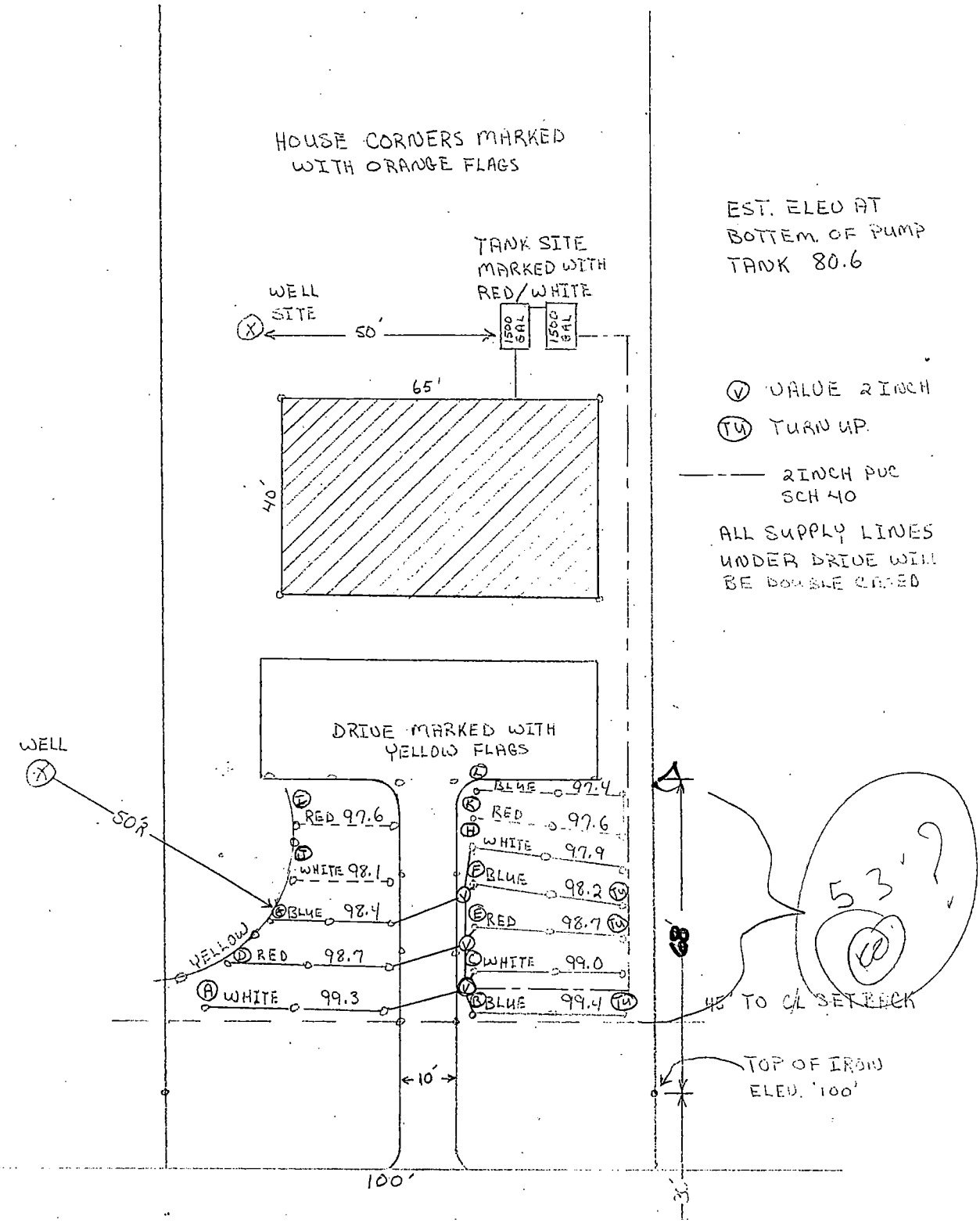
Friction loss:

supply line = 260 lf = 2.60 * 2.05 = 5.33

fittings = 5.33 * .2 = 1.07

total 6.40

MECKLENBURG COUNTY
624 BUBBLING WELL ROAD
MATTHEWS, NC.
FILE = 6202A.



COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-A Article 11)

OWNER OR CONTRACTOR _____ DATE _____ PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION _____

_____ S. R. No. _____

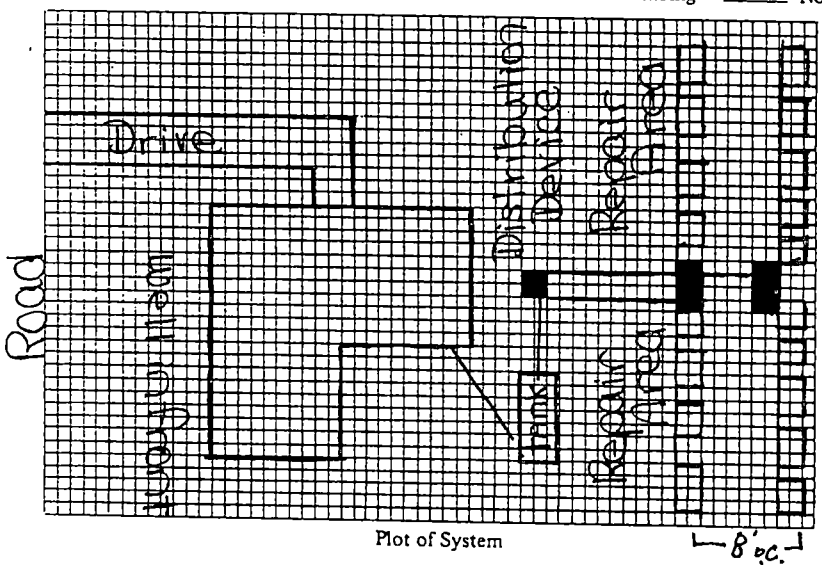
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2 1/2
Garbage Disposal Unit N/A Yes ( ) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area _____

Character & Porosity of Soil clay loam over clay
Percolation Rate 8.4 gal/ft²/day
Topography 6% slope
Depth to Water Table > 60"
Rock or other impervious formations none

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines (2) 75' lines of
Sq. Ft. 900 Linear Ft. 150 panels
Depth of Stone in Lines 24" of Sand
Water Supply: Individual (✓)
Public ( )

Installed by _____

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: 2 lines with 17 panels each line. flow split by flow divider. 2' wide and 75' long each split in middle by D-box. 25 tons sand

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-A Article 11)

OWNER OR CONTRACTOR _____ DATE _____ PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION _____

_____ S. R. No. _____

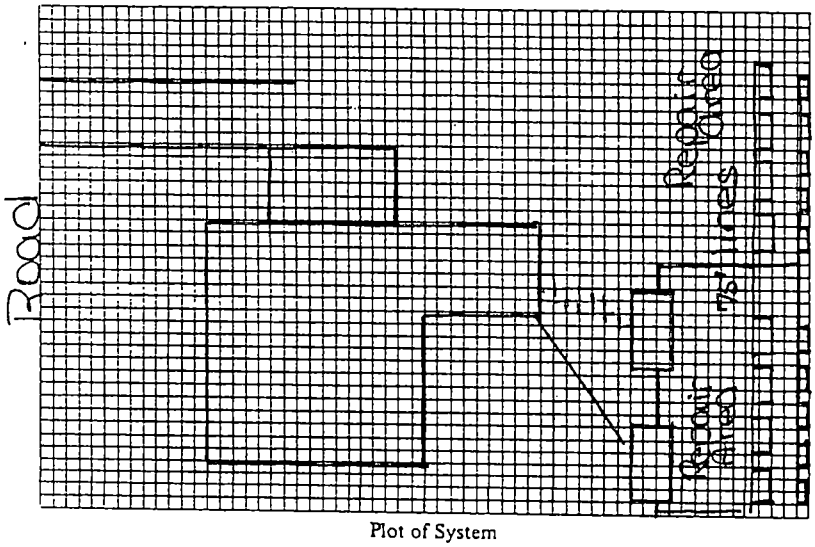
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2 1/2
Garbage Disposal Unit N/A Yes ( ) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 20,000

Character & Porosity of Soil clay loam over clay
Percolation Rate 0.4 gal/ft²/day
Topography 6% Slope
Depth to Water Table >60"
Rock or other impervious formations _____

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



Plot of System

Size of Tank 1,000 septic / Gals.
Nitrification Field: 1000 pump
No. of Lines 2 (75') lines of T&J
Sq. Ft. 900 Linear Ft. 150
Depth of Stone in Lines 24" Sand
Water Supply: Individual ( )
Public ( )

Installed by _____

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: pump sized by head 2-4' at turn up

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

FILE: 6202-A DATE: 11-20-92

TC: 227-031-09 ☐ L

SERIAL Nº 13505

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 4-12-91. All work shall be completed on or before 12-20-92, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

SEE PLAN DATED 12-23-91

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PLC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 250' feet

Number of Lines SEE PLAN

Depth of ~~Stone~~ SAND 24 inches

Distance from House 5'+ feet

Distance from Property Line 10'+ feet

Distance from Well 50'+ feet

NAME OF OWNER SCOTT GARNER

LOCATION OF PROPERTY 324 BUBBLING WELL RD

Comments: INSTALL IN ACCORDANCE W/ PLAN

Division or Section Head

Environmentalist

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

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

Mecklenburg County
Health Department

January 13, 1991

Lonzo Scott Garnor, Jr.
P. O. Box 2252
Matthews, NC 28106

Re: Property located at Bubbling Well Road
File: 6202A
Parcel: 227-031-09

Dear Mr. Garnor:

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.

Although the 100% repair area is not required, the maximum feasible remaining area, as determined by this department, shall be allocated for system repair.

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

Sincerely,

Kelly Randall, R.S.
Individual Water and Wastewater Systems

GV:hb

Enclosures - 3 Septic Tank Agreement Forms - Already received & released HB

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

Mecklenburg County
Health Department

January 3, 1991

Nancy Donahue
1366 E. Morehead Street
Charlotte, NC 28204

Re: Property located at Bubbling Well Road
File: [redacted]
Parcel: 227-031-09

Ms. Donahue:

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
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Sincerely,

Kelly Randall

Kelly Randall, R.S.
Soil Scientist
Individual Water and Wastewater Systems

KR/hb

Enclosures - 3 Septic Tank Agreement Forms

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

PROPOSED PLOT PLAN

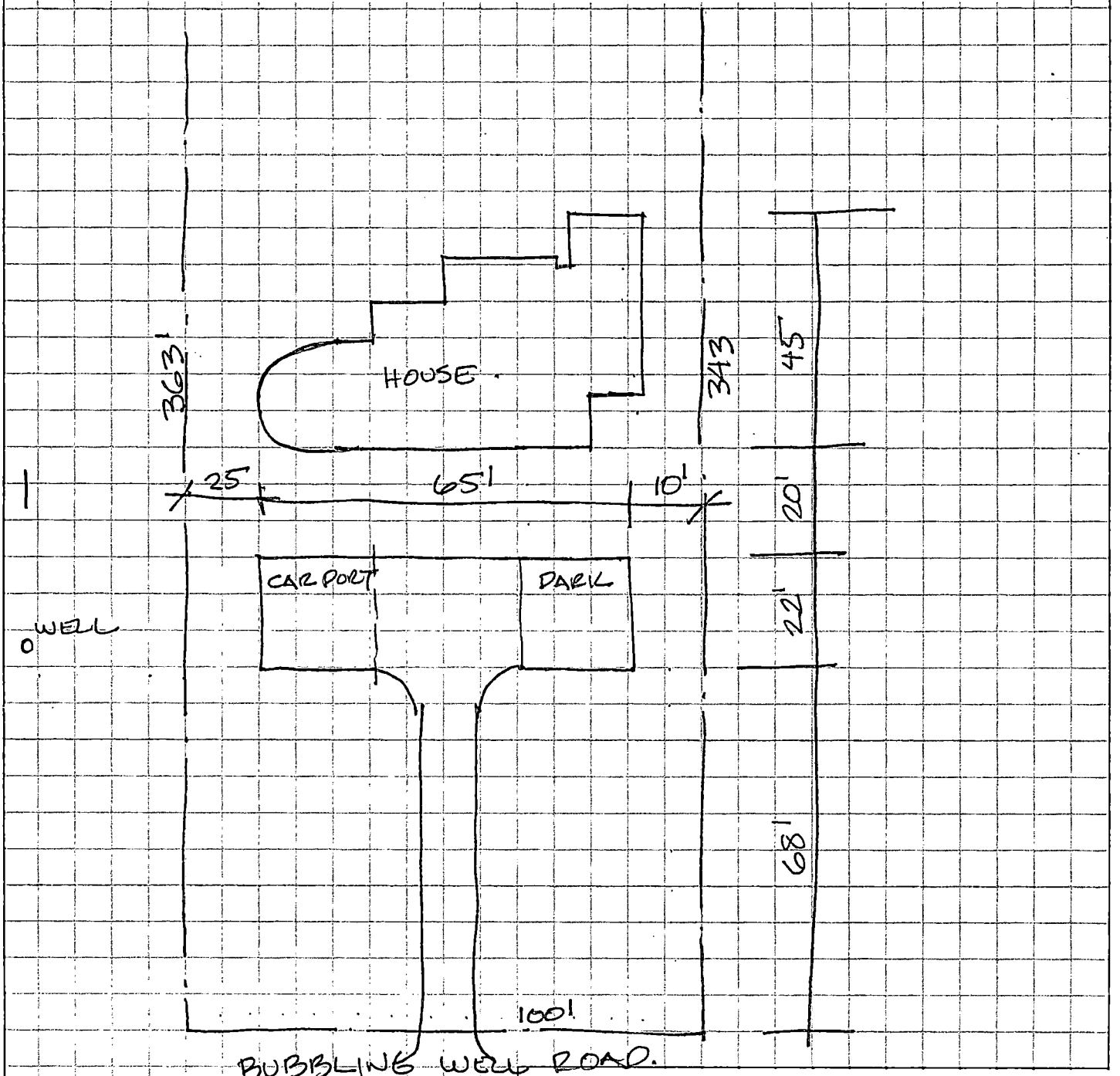
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

FILE: 6202A

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.



Signed: _____

Date: _____

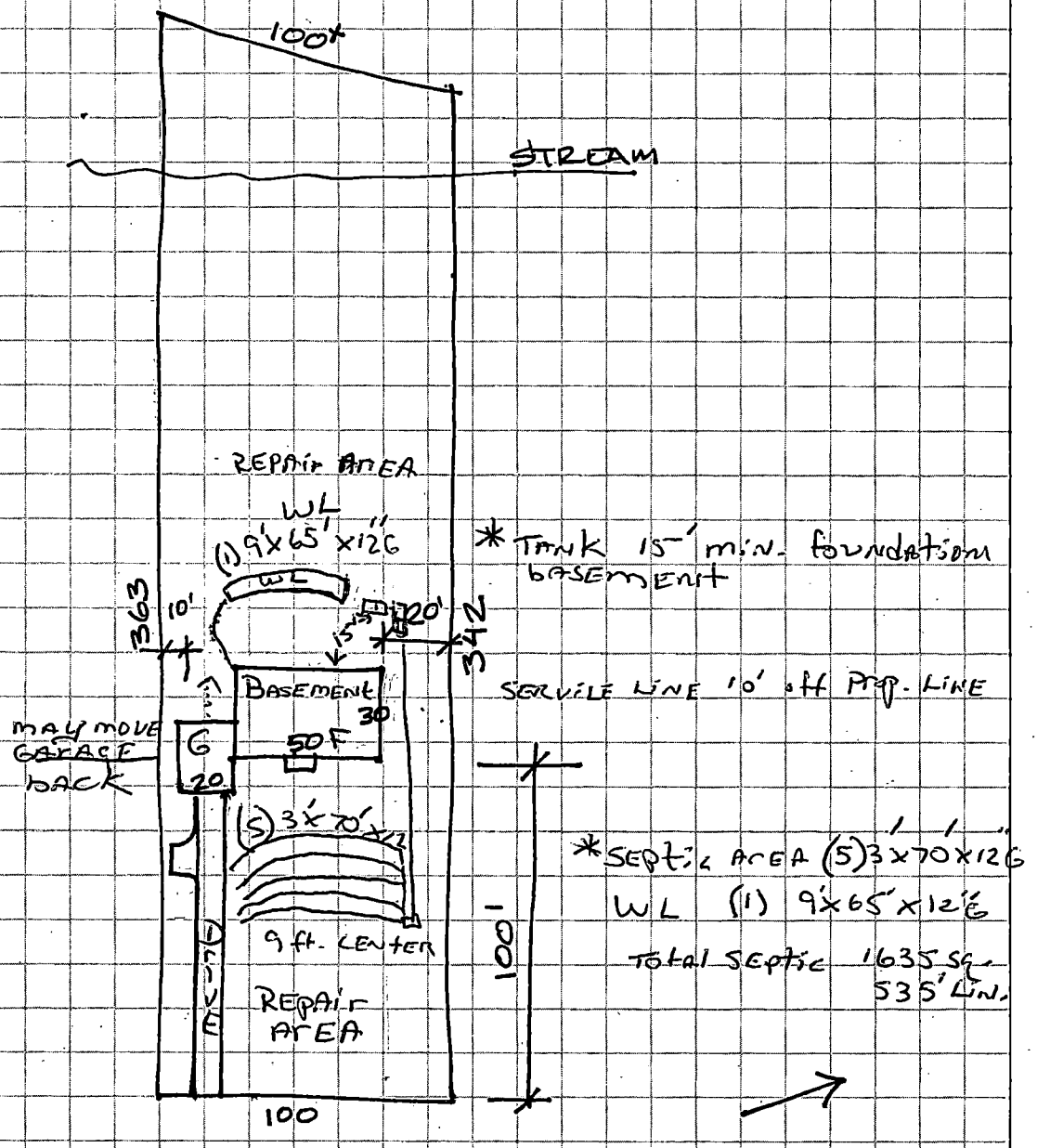
PROPOSED PLOT PLAN

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

FILE: 6202A

TC: 227 031 09

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.



Signed: Scott Yarbrough T.W.

Date: 8 NOV 89 11/14/89

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

DATE: 11/10/89

NAME/COMPANY: Scott Davis

Sanitation _____

Vector Control _____

OPWD ✓

SERVICE: Upg - New
6207A

MECK
HEALTH D
ENVIRONMENTAL HEALTH DIVISION
PAID

NOV 10 1989

FEE: 200.00

Completed By

Collected By

CK # 3111
200.00

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: 6202A
TC: 227-031-09
SERIAL: № 19448
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 324 (STREET NO.) BUBBLING WELL (STREET) ② FILE: 6202A
③ JURISDICTION: MATTHEWS NC ④ TAX PARCEL NO.: 227.031.09
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: LONZO (FIRST) SCOTT (MIDDLE) GARNER (LAST) JR
⑨ MAILING ADDRESS: PO BOX 2252
⑩ CITY: MATTHEWS ⑪ STATE: NC ⑫ ZIP: 28106
⑬ PHONE: (WORK) 333 1051 ⑭ (HOME) 847-7831

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? 4 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: Scott Garner
Date: 8 NOV 89.

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:
... No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by this Department.
... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Tim Whittaker, Environmentalist, 11/14/89 (Date)
Director or Authorized Section Head, 11-15-89 (Date)

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

DATE: 11/10/89

TO: HEALTH DEPARTMENT - ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE 6202A JURISDICTION CODE MAH

PARCEL NUMBER 227 031 09 Rwb

ASSIGNED ADDRESS 324 Bubbling Well Rd

EXISTING ADDRESS

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	NOT APPROVED
1. SUBDIVISION REGULATIONS	☐	☐ *
2. FLOODWAY REGULATIONS	☐	☐ *
3. EROSION CONTROL REGULATIONS	☐	☐ *
4. COMMERCIAL DRAINAGE PLAN	☐	☐ *
	PRESENT	**NOT PRESENT**
5. PUBLIC UTILITY EASEMENT	☐ *	☐
	YES	**NO**
6. PROPERTY FRONTS ON THOROUGHFARE	☐ *	☐
	YES	**NO**
7. DRIVEWAY PERMIT REQUIRED	☐ *	☐

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

REMARKS: Septic tank

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

SIGNED: Rwb

OPWEAR 02/86

NV Nos. Addres

Mecklenburg County
Health Department

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

October 19th, 1989

Nancy Donahue
1366 E. Morehead St.
Charlotte, 28204

RE: Property located at Bubbling Well Road
FILE: 6202A
PARCEL: 22703109

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 16505) 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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 16505

File: 6202A Action 1

Parcel: 22703109 ☐ PC

Location: Bubbling Well Road

Subdivision:

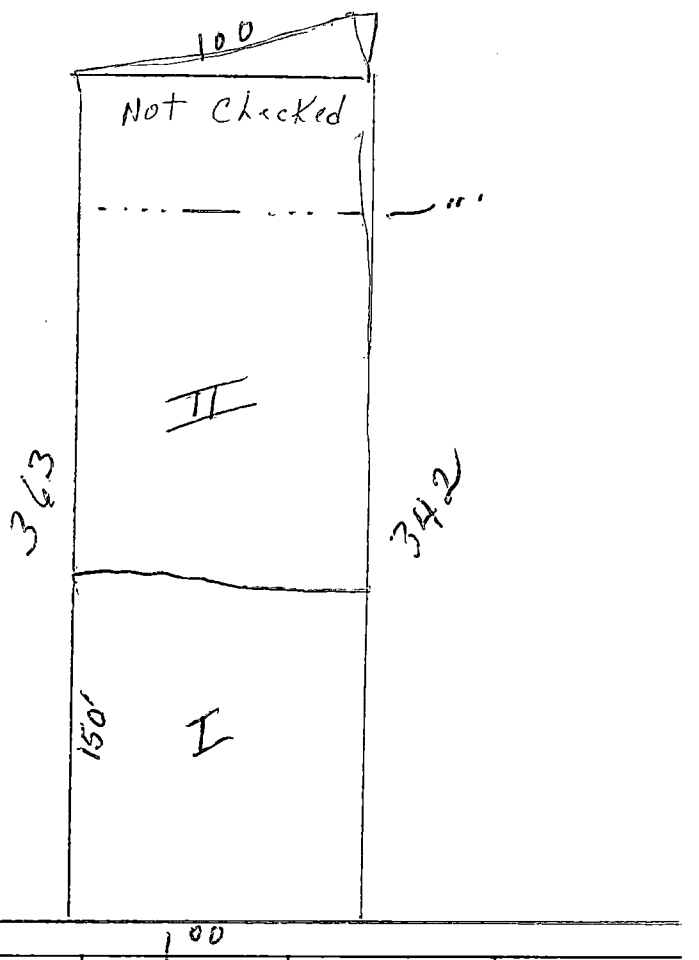
Lot: Block: Acres: .83

Owner:
Address: Nancy Donahue
1366 E. Morehead St.
Charlotte, NC 28204

Comments: Age of Lot Unknown - Agent Said That Lot was 80 years old Alley Way

Described by: W. B. Ramsey

Date: 10-18-89



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

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S (PS) U 2-5	S (PS) U 2-5	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U	S PS (U) Mixed Clay	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U	S PS (U) H2O At 24" Or Less	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36-45	S PS (U) 24-36	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	~~IVa~~ Cecil	~~IVc~~ Cecil-Helena				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

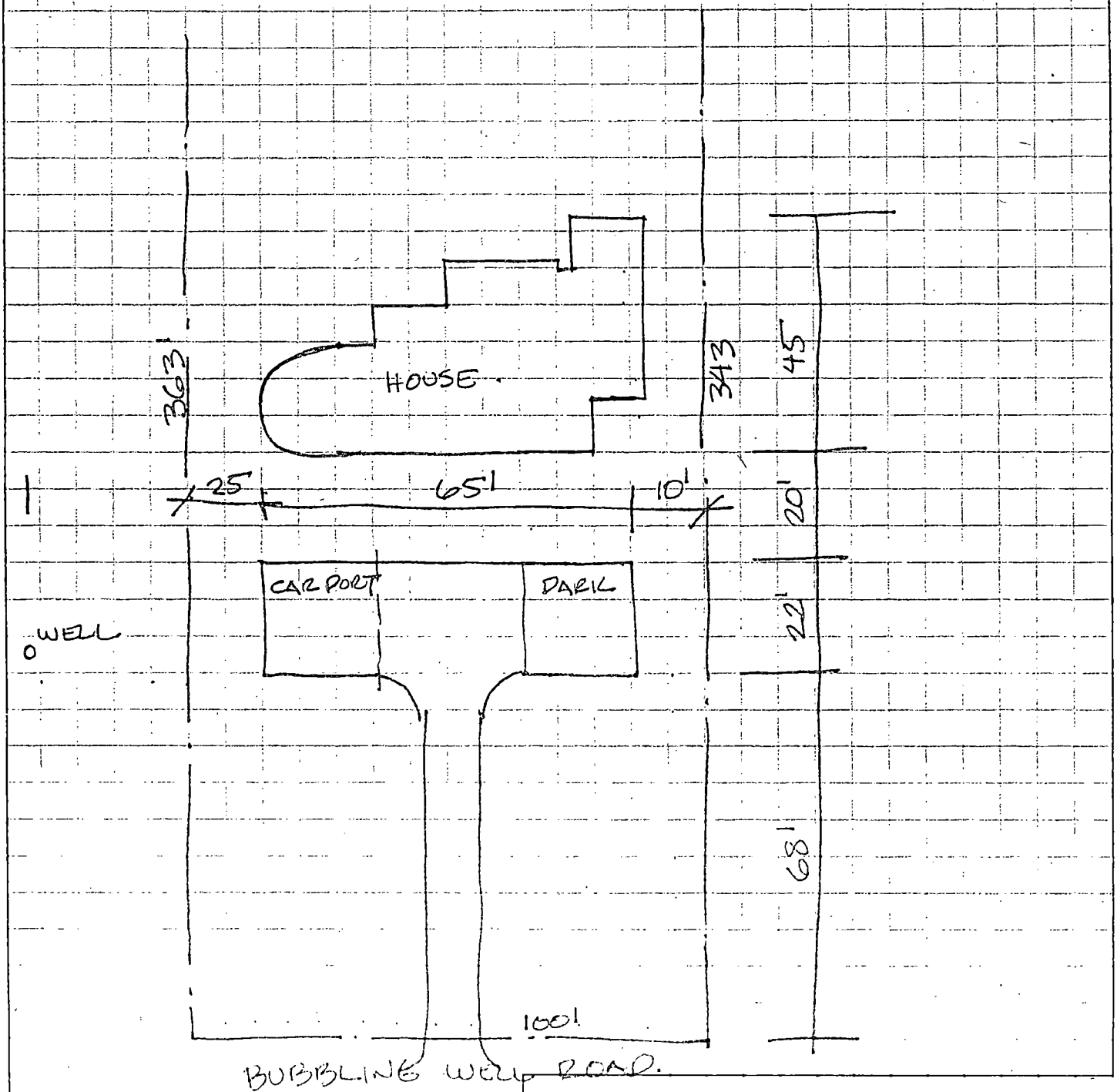
PROPOSED PLOT PLAN

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

FILE: 6202A

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.



Signed: _____

Date: _____

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 6202A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Bubbling Well Road

② SUBDIVISION: 227 ③ LOT: 031 ④ BLOCK: 09

⑤ PARCEL REFERENCE: BOOK NO.: 227 PAGE NO.: 031 PARCEL NO.: 09

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

OWNER

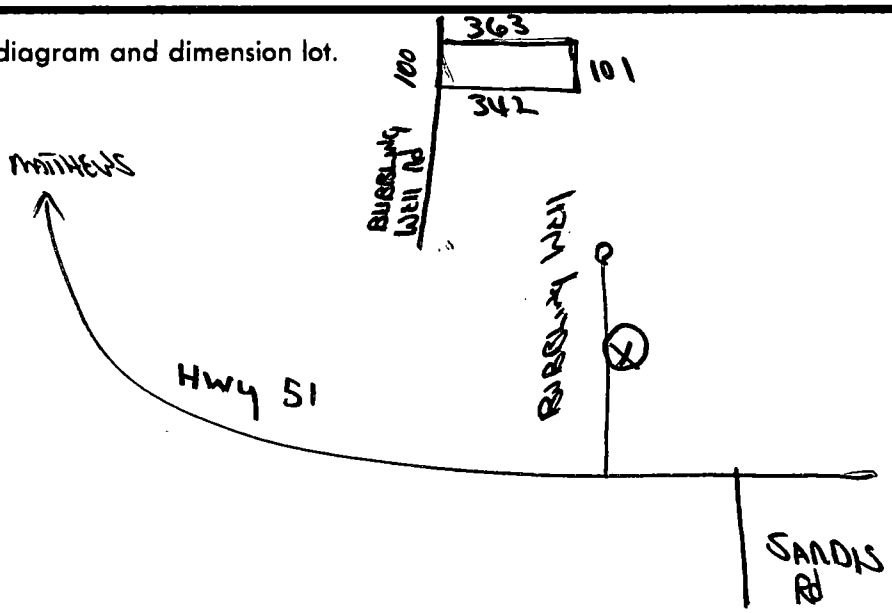
⑦ NAME: NANCY (FIRST) X (MIDDLE) DONAHUE (LAST)

⑧ MAILING ADDRESS: 1366 EAST MOREHEAD ST

⑨ CITY: CHARLOTTE ⑩ STATE: NC ⑪ ZIP: 28204

⑫ PHONE: (WORK) 377-9000 (HOME) 366-7660

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: Ernest L Wohlbrick

Date: 9-27-89

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 9-27-89

Name/Company: First Charlotte Properties

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: S/T -
Bubbling Well Rd
3/4 Acre

MECKLENBURG COUNTY
HEALTH DEPARTMENT 6202A
ENVIRONMENTAL HEALTH DIVISION
PAID
SEP 27 1989

CK # 3871
$40.00

Fee $ 40.00

NOTICE:

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

Jackie Abernathy
Completed by

Collected by

BILLING — WHITE