

9934 SAW MILL RD

19940184

1/2/2008

duponbj

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

FEE: _____
DATE: _____

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

PERMIT NUMBER: 2940B
PARCEL NUMBER: 199-401-10

JOB LOCATION ADDRESS: 9934 Saw Mill Rd. lot #1
PROPERTY OWNER: Malcolm Heyworth
BUILDING CONTRACTOR:
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: David Corn

DATE: 02/03/05

RS 2/3/05
ORIZED AGENT

ONS

1. WASTEWATER MUST MEET ALL CONDITIONS AND SPECIFICATION ER 2940B, AND THE ATTACHED SITE PLAN WITH SY LLATION MUST ALSO MEET ALL REQUIREMENTS S EWAGE COLLECTION, TREATMENT, AND DISPOSAL AND

2. AN *INSTALLATION, C REPAIR APPROVAL* MUST BE SECURED PRIOR TO INSTALLATIO HE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TAN ECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE TIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MOD USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIF HE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS CONSTRUCTION THORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.

5. OTHER CONDITIONS:
   See conditions of Improvement Permit.

CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Permit Number: 29408 Tax Number: 189-401-19

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement: ☒ Yes ☐ No ☐ Partial Basement

Primary Wastewater System

Type: ☐ I ☐ II ☐ III ☒ IV ☐ V ☐ VI

☐ Conventional
☒ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☐ Innovative or Experimental:

0.3 Long-term acceptance rate (GPD/ft^2)	480 Max gallons/day wastewater flow	660 Absorption Area (ft^2)	8 Trench spacing (min. on centers) (ft)
Serviced by private well: ☒ Yes ☐ No	1000 Gallon septic tank	280 Total trench length (ft)	36 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
4 Bedrooms in residence	1000 Gallon pump tank	NA Depth of stone (in)	

Any surface water present: Yes Type: Lake Wylie Minimum separation distance (ft): 50

Additional conditions: Agreement forms and maintenance contract with a certified operator required to be on file before operation permit will be issued.

Repair Area System

Type: ☐ I ☐ II ☐ III ☒ IV ☐ V ☐ VI

☐ Conventional
☒ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☐ Innovative or Experimental:

660 Absorption Area (ft^2) 280 Total trench length (ft)	NA Depth of stone (in)	8 Trench spacing (min. on centers) (ft)	36 Maximum trench depth (in)

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. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment and Disposal Systems in effect at the time of issuance of the permit and is subject to the following provisions:

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

*** This improvement permit is transferable.

DENR Authorized Agent Date 2/3/05

Owner/Agent Signature Date 2/3/05

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE: (704) 336-5103
FAX: (704) 336-6894

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

IWWS-100195

CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Permit Number: **2940B** Tax Number: **199-401-10**

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be **NO** grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
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- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement: ☒ Yes ☐ No ☐ Partial Basement

Primary Wastewater System

Type: ☐ I ☐ II ☐ III ☒ IV ☐ V ☐ VI

☐ Conventional
☒ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☐ Innovative or Experimental:

0.3 Long-term acceptance rate (GPD/ft^2)	480 Max gallons/day wastewater flow	560 Absorption Area (ft^2)	8 Trench spacing (min. on centers) (ft)
Serviced by private well: ☒ Yes ☐ No	1500 Gallon septic tank	280 Total trench length (ft)	36 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
4 Bedrooms in residence	1000 Gallon pump tank	NA Depth of stone (in)	

Any surface water present: **Yes** Type: **Lake Wylie** Minimum separation distance (ft): **50**

Additional conditions: **Agreement forms and maintenance contract with a certified operator required to be on file before operation permit will be issued.**

Repair Area System

Type: ☐ I ☐ II ☐ III ☒ IV ☐ V ☐ VI

☐ Conventional
☒ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☐ Innovative or Experimental:

540 Absorption Area (ft^2) 270 Total trench length (ft)	NA Depth of stone (in)	8 Trench spacing (min. on centers) (ft)	36 Maximum trench depth (in)

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. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems in effect at the time of issuance of the permit and is subject to the following provisions:

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DENR Authorized Agent Date 2/3/05

Owner/Agent Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE: (704) 336-5103
FAX: (704) 336-6894

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Permit Number: 2940B

Tax Number: 199-401-10 P

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	✓ Yes	___ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I II III (IV) V VI	___ Conventional ✓ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
3 Long-term acceptance rate	480 Max gallons/day wastewater flow	560 Absorption Area (sq ft)	8' Trench spacing (min. on centers)	
Yes Serviced by private well	1500 Gallon septic tank	280 Total trench length (ft)	36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
4 Bedrooms in residence	1000 Gallon pump tank	N/A Depth of stone Sand backfill		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: - Nemalk simplex control panel required - Certified Operator required - contract must be filed before Op. Permit can be issued - Agreement form required.				
Repair Area System Type Type (circle one): I II III (IV) V VI	___ Conventional ✓ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
540 Absorption Area (Sq ft) 270 Total Trench Length (Ft)	N/A Depth of Stone Trench Sand backfill	8' Trench spacing (min. on centers)	36" Maximum Trench Depth	
For existing system, enter the year originally installed:				

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

- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department
- This Improvement permit is transferable.

Larry L. Thompson J.S. 8-26-99

DEHNR Authorized Agent Date

T. Whitaker for B.H. 4/25/00

Owner/Agent Signature Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

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

CK# 1162 PD 00 8/27/04 Permit Renewal CK# 3136

FEE: 150 AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: 5/11/00 SC VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE A&S

DATE: 8-26-99 PERMIT NO: 2940B
PARCEL NO: 199-401-10 Po
JOB LOCATION ADDRESS: 9934 High Point Court Lot 1
PROPERTY OWNER: Malcolm Heyworth
BUILDING CONTRACTOR:
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: Larry B. Thompson DEHNR AUTHORIZED AGENT DATE: 8-26-99

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2940B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: See Conditions Of The Improvement Permit

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

T. W Whittaker for B.H. 4/25/00
SIGNATURE OF OWNER/~~OWNER'S~~ REPRESENTATIVE DATE

(4) Bedrm. Pumped PPBPS

File Copy

MCHD.

File: 2940-B

Lot I

9934 High Point Ct

SYSTEM TYPE:
- CONVENTIONAL
- CONVENTIONAL (SHALLOW PLACEMENT)
- 8-INCH PPBPS-GRAVITY DISTRIBUTION
- 8-INCH PPBPS-PRESSURE DISTRIBUTION
- 16-INCH PPBPS-GRAVITY DISTRIBUTION
- * 16-INCH PPBPS-PRESSURE DISTRIBUTION *
- LPPS
- OTHER

SPECIALIZED EQUIPMENT OR REQUIREMENTS:

DROP BOX	WELL ABANDONEMENT
DISTRIBUTION BOX	EASEMENT
DIPPER BOX	LOT COMBINATION/SURVEY
FLOW DIVIDER	EARTHEN SURFACE SWELL
WASH BOX	FRENCH/CURTAIN DRAINS
SPECIAL FITTINGS	GREASE INTERCEPTOR
PRESSURE MANIFOLD	PUMP TANK - 1,000 gal.
SIPHON	SAPROLITE TEST
MULTIPLE PUMPS	S.T. 1500 gal.
OTHER	Turn-Ups & Caps
Valve Box, Gatevalves	

LINE	#PANELS PER LINE	#HOLES PER PANEL	HOLE SIZE	HOLE SPACING	LINE HEAD	LINE LENGTH	HOLE FLOW	PER MINUTE LINE FLOW	ELEV.
L1	16	2	5/32	4.3	3	70'	.50	16	103.0
L2	16	2	5/32	4.3	3	70'	.50	16	103.8
L3	16	2	5/32	4.3	3	70'	.50	16	104.6
L4	16	2	5/32	4.3	3	70'	.50	16	105.4
	64					280'			

REPAIR AREA

A	25'
B	25'
C	25'
D	25'
E	35'
F	55'

L1 N/A
L2 10'
L3 30'
L4 40'

Total 270'

T. Whitaker 86-9540

(4) Bedrm. Pumped PPBPS

File Copy

MCHD.

File: 2940-B

Lot 1

9934 High Point Ct

SYSTEM TYPE:
- CONVENTIONAL
- CONVENTIONAL (SHALLOW PLACEMENT)
- 8-INCH PPBPS-GRAVITY DISTRIBUTION
- 8-INCH PPBPS-PRESSURE DISTRIBUTION
- 16-INCH PPBPS-GRAVITY DISTRIBUTION
- * 16-INCH PPBPS-PRESSURE DISTRIBUTION *
- LPPS
- OTHER

SPECIALIZED EQUIPMENT OR REQUIREMENTS:

DROP BOX	WELL ABANDONEMENT
DISTRIBUTION BOX	EASEMENT
DIPPER BOX	LOT COMBINATION/SURVEY
FLOW DIVIDER	EARTHEN SURFACE SWELL
WASH BOX	FRENCH/CURTAIN DRAINS
SPECIAL FITTINGS	GREASE INTERCEPTOR
PRESSURE MANIFOLD	PUMP TANK - 1,000 gal.
SIPHON	SAPROLITE TEST
MULTIPLE PUMPS	S.T. 1,500 gal.
OTHER	Turn-UPS & CAPS
VALVE BOX, gatevalves	

LINE	#PANELS PER LINE	#HOLES PER PANEL	HOLE SIZE	HOLE SPACING	LINE HEAD	LINE LENGTH	HOLE FLOW	PER MINUTE LINE FLOW	ELEV.
L1	16	2	5/32	4.3	3	70'	.50	16	102.0
L2	16	2	5/32	4.3	3	70'	.50	16	103.8
L3	16	2	5/32	4.3	3	70'	.50	16	104.6
L4	16	2	5/32	4.3	3	70'	.50	16	105.4
	64					280'			

REPAIR AREA

A	25'
B	25'
C	25'
D	25'
E	35'
F	55'

L1 N/A
L2 10'
L3 30'
L4 40'

Total 270'

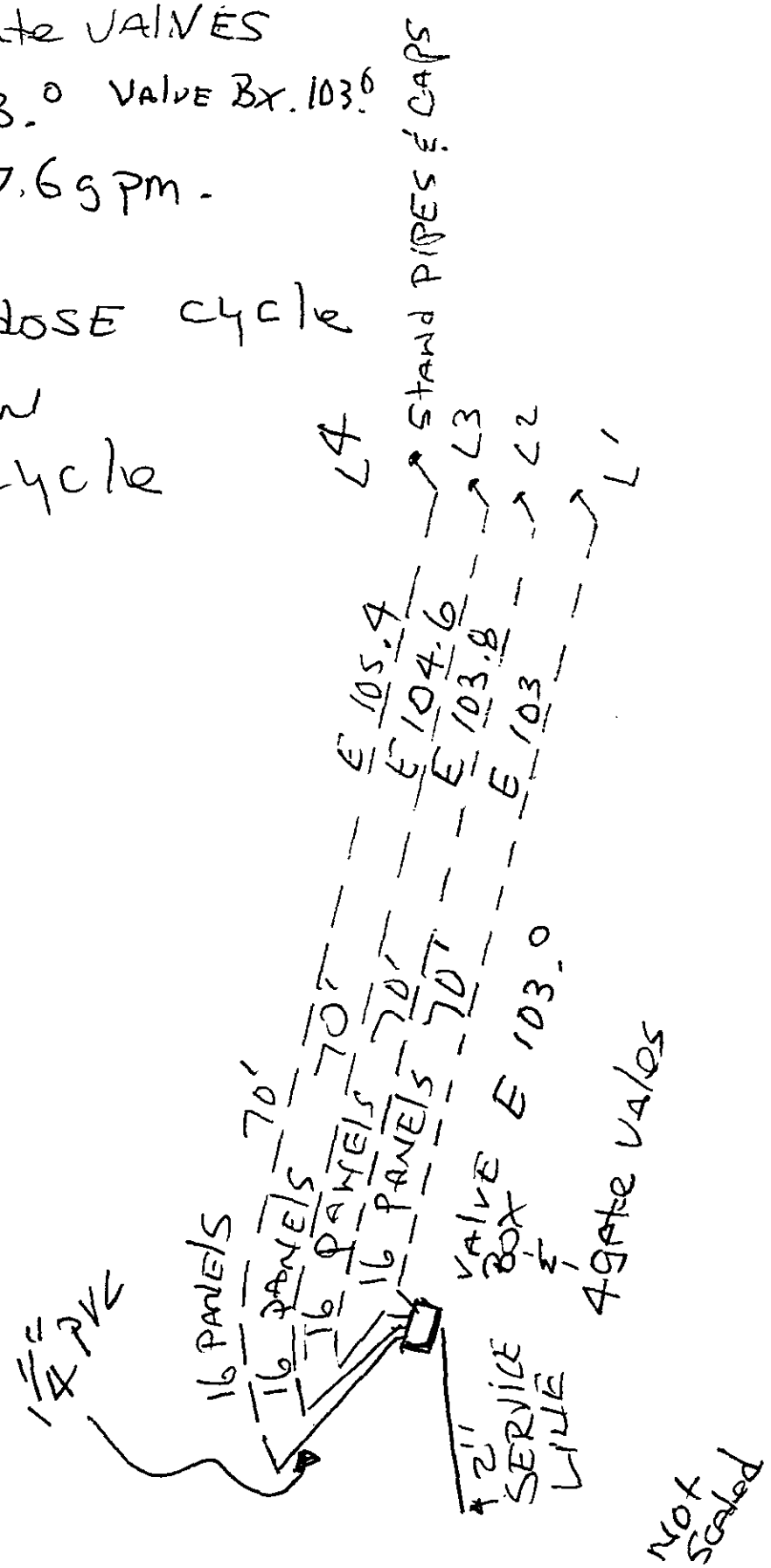
T. Whitaker
BC-9540

(4) Bedrm. Pumped PPBPS Lot 7

File; 2940-B

SPECS: Install per manufactures specs.

1,500 gal. S.T.
1,000 gal. P.T.
1 - Valve Box, 4 gate valves
P.T. Elevation 123.0 Valve Bx. 103.0
TDH = 29.12 @ 57.6 gpm.
.5 HP pump
230.4 gals. per dose cycle
11 inch drawdown
4 minute pump cycle

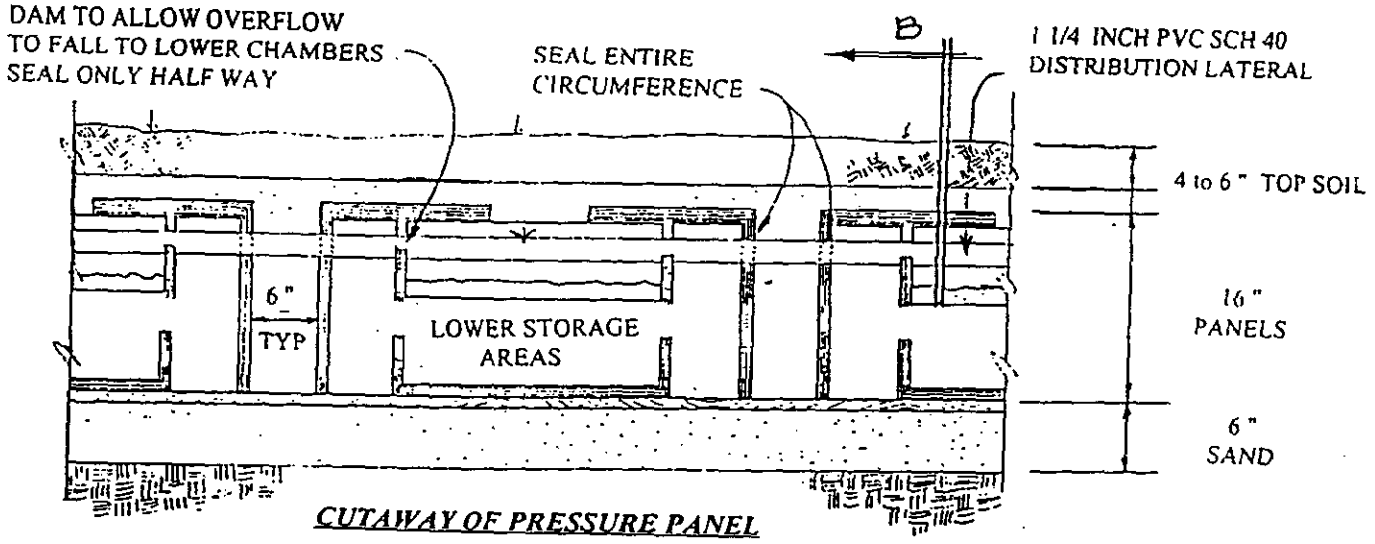


Panels With Pressure Distribution

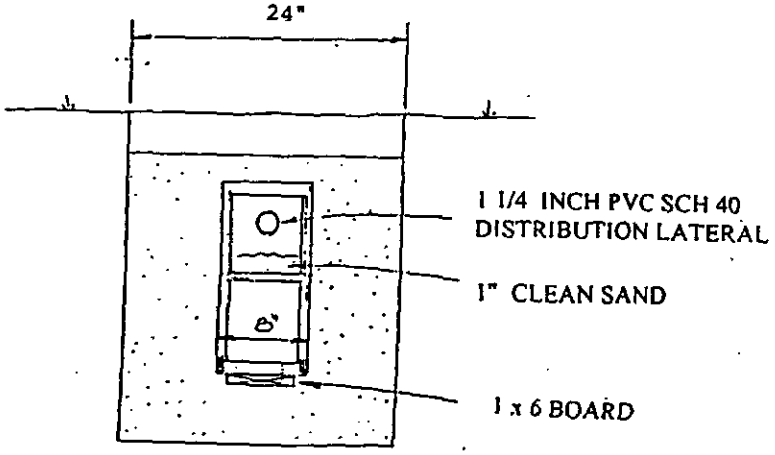
The LP Panel uses Technology similar to that of Low Pressure Pipe (LPP) System. The tables and distribution design described in the LPP manual is applicable to the pressure Panel System. The system should be used with two to four feet of head. In many respects a LP Panel is similar to a LPP with the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

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

All valves and turnups should be neatly capped, covered and labeled for future service. Pump tanks should be constructed as shown in the drawing as to allow for service and repairs.

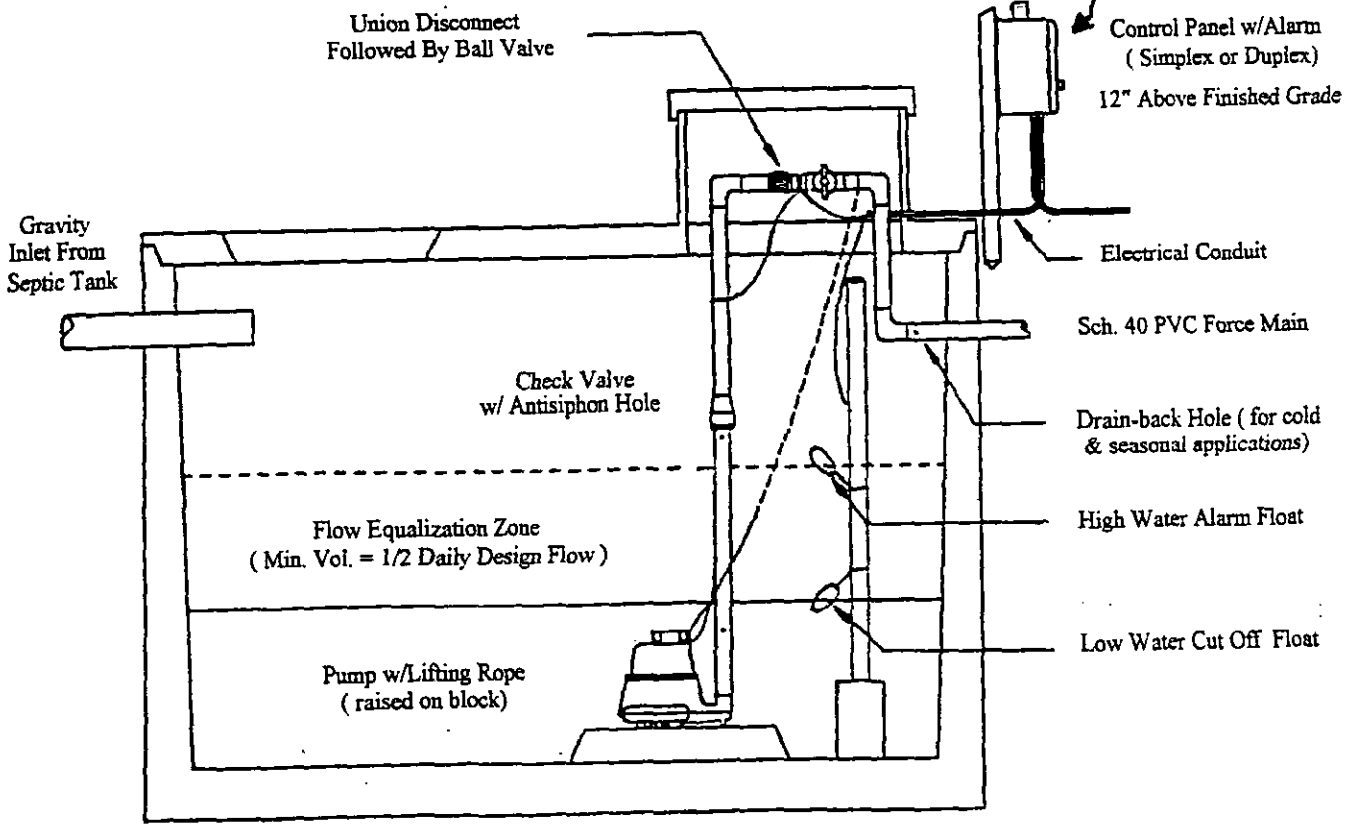


CUTAWAY OF PRESSURE PANEL

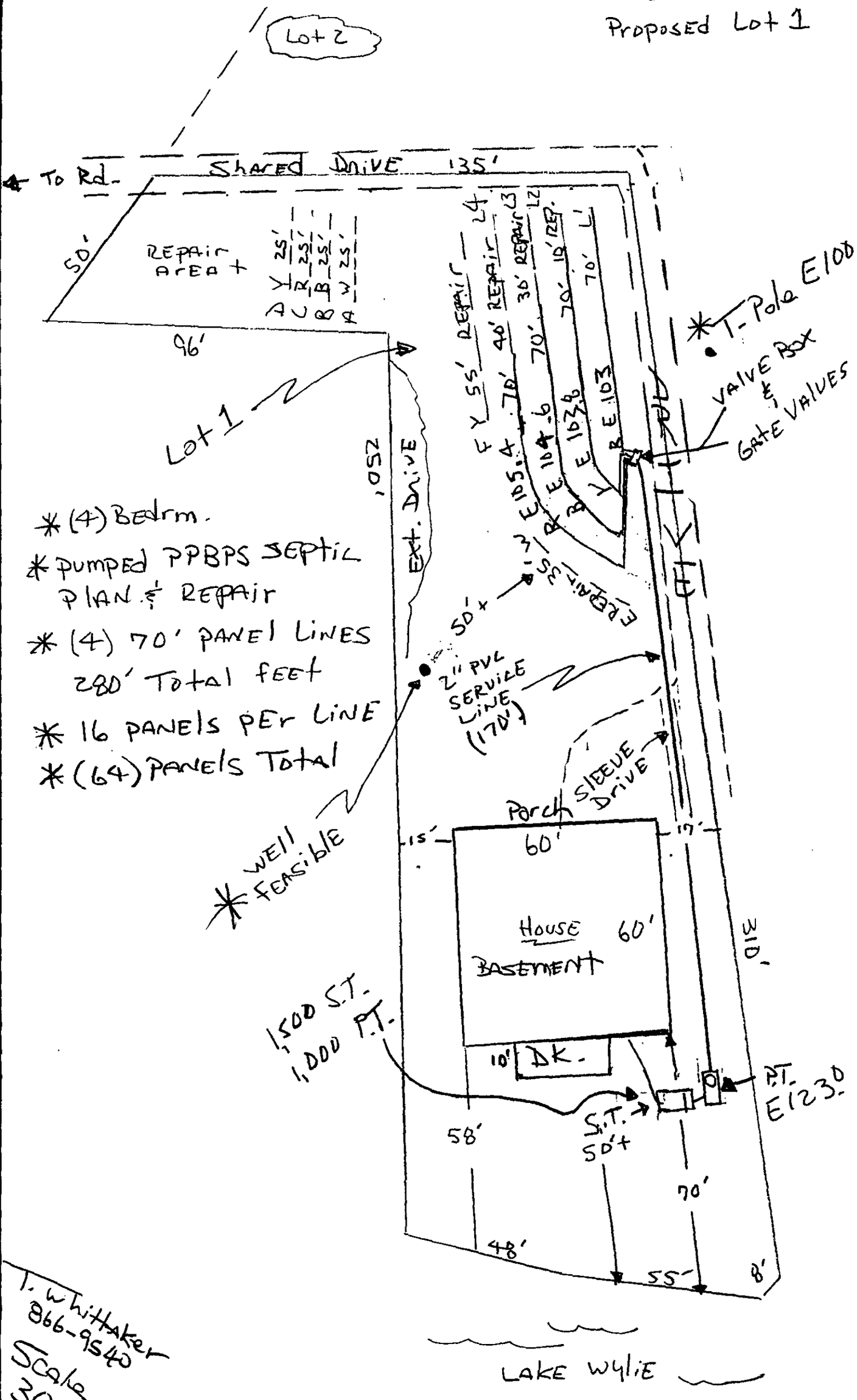


TYPICAL PUMP TANK DETAIL

1. Pump tank shall have an access manhole extending at least 6 inches above finished grade.
2. Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (NEMA 4X or equivalent) adjacent to the pump tank, securely mounted at least 12 inches above finished grade. The pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure through waterproof, gasproof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seal, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.
3. The pump tank shall have a properly functioning high-water alarm. The alarm circuit shall be supplied ahead of any pump overload and short circuit protective devices. The alarm shall be audible and visible by system users and included in the pump and control enclosure (Simplex or Duplex Control Panel).
4. Float switch for the high water alarm shall be set no more than 3 inches above the high water level of pump cycle.
5. Pump floats should be set so that level of water at end of pump cycle is above the top of the pump.
6. Float switch tie downs to be made of corrosion resistant material, no tape or metal hose clamps.
7. Pump discharge shall have a check valve.
8. Anti-siphon hole (three-sixteenth inch) is required between the pump and the check valve.
9. Watertight testing will be required on two piece pump tanks.
10. Riser & filter rule applies.



mCHD
File: 2940-B
Proposed Lot 1



* (4) Bedrm.
* pumped PPBPS septic plan & Repair
* (4) 70' panel lines 280' Total feet
* 16 panels per line
* (64) panels Total

T. Whittaker
866-9540

Scale
30

for David

COPY

8/3/04

Paid $50.00 CK # 2137 8/27/04 C

TO: M.C.H.D. - Environmental Health

ATTN: J

RE:

RE-NEW Lot 1, 9934 Sawmill Rd. (2940-B) 8-26-99

RE-NEW Lot 2, 9938 Saw Mill Rd. (2941-B) 8/27/99

RE-NEW Lot 3, 7230 High Point Ct. (2942-B) 8/27/99

RE-NEW Lot 4, 7200 High Point Ct. (4606-B) 8/6/01

Permit OK **Lot 5, 7215 High Point Ct. (4599-B) 60 9/11/03

Lot 6, 7221 High Point Ct. (4600-B) 8/6/01

Lot 7, 7227 High Point Ct. (4601-B) 6/15/04

RE-NEW Lot 30B 7233 High Point Ct. (4598-B) 8/6/01

J: We need the Expiration dates on the above improvement permits.

** Lot 5 (4599-B) has house & system built

Tim Whittaker
1112 Greensgate St.
Gastonia, NC 28054

Thanks,
Tim Whittaker
704 866-9540

The dates written beside each address is the issue dates, and they are good for five years.

Lot 5 has already been Completed J. 836-5103

0702

Mecklenburg County
Health Department
Conditions of Improvement Permit

File Number: 2940 B
Site Address: High Point Court Lot 1

1. The permitted system is a Type IVa, pressure dosed, prefabricated porous block panel system (PPBPS) wastewater treatment and disposal system and requires ongoing maintenance. A maintenance contract must be executed between the system owner and a private certified operator before an Operation Permit can be issued. It is a condition of the Operation Permit that a maintenance contract shall be in effect for as long as the system is in use. It is also a requirement that subsequent owners of the system shall execute such a contract.
2. The system will require a single phase, simplex control panel with alarm. The control panel must have a Nema 4x weather proof rating.
3. Septic and pump tanks must be installed in an area that is not subject to vehicular traffic. Final cover over both tanks must be less than 3 feet to prevent the need for State approved reinforced tanks.
4. Drain lines must be installed on contour. Trench bottoms shall be constructed as level as possible but in no case shall the fall in a single trench bottom exceed one-fourth inch in 10 feet.
5. Any changes in the site must be pre-approved by the Mecklenburg County Environmental Health Department.
6. The wastewater treatment and disposal drain field area, including the designated repair areas, shall not be used for any of the following:

    - Grading or filling
    - Parking or driving heavy equipment in the area or subjecting the site to possible soil compaction
    - Construction staging area
    - Installation of lawn irrigation components
    - Installation of underground utilities or cables of any type
    - Burial of any debris or material
    - Utilizing the area for gravesites
    - Diversion of storm water runoff into this area

7. Septic system installer must be registered with Mecklenburg County prior to meeting for the required pre-construction conference.
8. System installer will be required to operate the system at the time of the final inspection. Arrangements must be made to have the pump tank filled with water prior to the requested final inspection. The required pressure heads will be adjusted at the time of the final inspection.
9. The system owner shall have the contents of the septic tank checked, and the contents of the tank removed, periodically from all compartments, to ensure proper operation of the system. The contents of the septic tank shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.
10. All septic tank riser and effluent filter rules will apply to this system. It is strongly recommended that access risers be added to both ends of the septic tank, extending to at least finish grade. This will allow periodic inspection of the solids level in the tank as well as help facilitate the periodic cleaning of the effluent bio-filter.
11. The local Health Department is required, by the State, to perform system reviews of Type IVa systems at a minimum of once every 3 years. The owner of the system is responsible for paying any inspection fees, as determined by the Board of County Commissioners, at the time of the required inspection.

Owner/Agent Signature Tim Whitaker for B.H. **Date** 4/25/00

PEOPLE • PRIDE • PROGRESS

Environmental Health Division

700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

FILE # 2940B pp
PARCEL # 199-401-10

The undersigned, Malcolm Irwin Heyworth + Linda K. Heyworth, owner of property located at 9934 SAW mill RD. Lot 1, (the "site") and described in an instrument recorded in Book 28 at Page 596, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

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

The undersigned further acknowledges that the following conditions will apply to the site:

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

FILED FOR REGISTRATION | DOC. # | TIME | PAGE | REC FEE | DATE | BOOK | MPS | MONTH A. GUILLON REGISTER OF DEEDS MECKLENBURG COUNTY, N.C.

This instrument was prepared by: Linda K. Heyworth
Mail after recording to: 7235 High Point Ct Charlotte, NC 28278

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

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

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

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

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

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

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

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 21 day of March, ~~19~~ 2000

_____ (SEAL)
(Corporate Name)

By: _____

_____ President

ATTEST:

_____

_____ Secretary

(Corporate Seal)

Malat Irving Heyworth (SEAL)

Linda K. Heyworth (SEAL)

_____ (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Sharon K. Morris, a Notary Public for said County and State, do hereby certify that Malat Irving Heyworth & Linda K. Heyworth personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 21 day of March, ~~199~~ 2000.

Sharon K. Morris
Notary Public

My Commission Expires:
8-8-2003

Mecklenburg County
Health Department

May 21, 1999

Malcolm and Linda Heyworth
7235 High Point Court
Charlotte, NC 28278

Re: High Point Court Lot 1
File: 2940B
Parcel: 199-401-10 PO

Dear Mr. and Mrs. Heyworth:

Receipt of your Application for Improvement Permit for the above referenced property is acknowledged. A soil evaluation and a site visit have been conducted. The results of the evaluation indicated that the site is **UNSUITABLE** under Rules: .1945 **AVAILABLE SPACE**. For these reasons your Application for Improvement Permit is denied. A possible way to develop the site exists under Rule .1948(d) which reads as follows:

> A site classified as **UNSUITABLE** may be used for a ground absorption sewage treatment and disposal system specifically identified in Rules .1955, .1956, and or .1957 of this Section or a system approved under Rule .1969 if written documentation, including engineering, hydrogeologic, geologic or soil studies, indicates to the local health department that the proposed system can be expected to function satisfactorily. Such sites shall be reclassified a **PROVISIONALLY SUITABLE** if the local health department determines that the substantiating data indicate that:
>
> (1) a ground absorption system can be installed so that the effluent will be non-pathogenic, non-infectious, non-toxic, and non-hazardous;
> (2) the effluent will not contaminate ground or surface water; and
> (3) the effluent will not be exposed on the ground surface or be discharged to surface waters where it could come in contact with people, animals, or vectors.

The State shall review the substantiating data if requested by the local health department.

Please be advised that you have the right to an informal review by this department. You also have the right to appeal under G.S. 130A-24, and to have the appeal held in Mecklenburg County.

If you have any questions regarding this matter, please call me at 336-5568.

Sincerely,

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

Enclosure

cc: Tim Whittaker

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

(40) #2

Sheet: _____
Property ID: PD 199-401-10
Lot #: Lot #1
File #: 2940B

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Malcom Heywood
APPLICANT: Tim Whitlock
ADDRESS: 1235 High Point Ct, Shallotte
DATE EVALUATED: 3-16-99
PROPOSED FACILITY: res
PROPOSED DESIGN FLOW (.1949) 4BR@120 gpd
PROPERTY SIZE: .6
LOCATION OF SITE: High Point Ct
PROPERTY RECORDED: _____
WATER SUPPLY: ☑Private ☐Public ☐Well ☐Spring ☐Other _____
EVALUATION METHOD: ☑Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☑Sewage ☐Industrial Process ☐Mixed

PROFILE #	.1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS-10%	0-4"	gr|cl	FV|SE|SS|SP	7.5YR 48" to soil wetness	48"+	N/A	None	P3 .39 F2 LL
		4-48"	SBM|C	FI|SE|SS|P					
2	LS-15%	0-5"	gr|cl	FV|SE|SS|SP	7.5YR 48" to soil wetness	48"+	N/A	None	P3 .39 F2 LL
		5-48"	SBM|C	FI|SE|SS|P					

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W.R. Marlin - 5-20-99
OTHER(S) PRESENT: LSS

FILE # 29408

COMMENTS 100% Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	CONSISTENCE WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

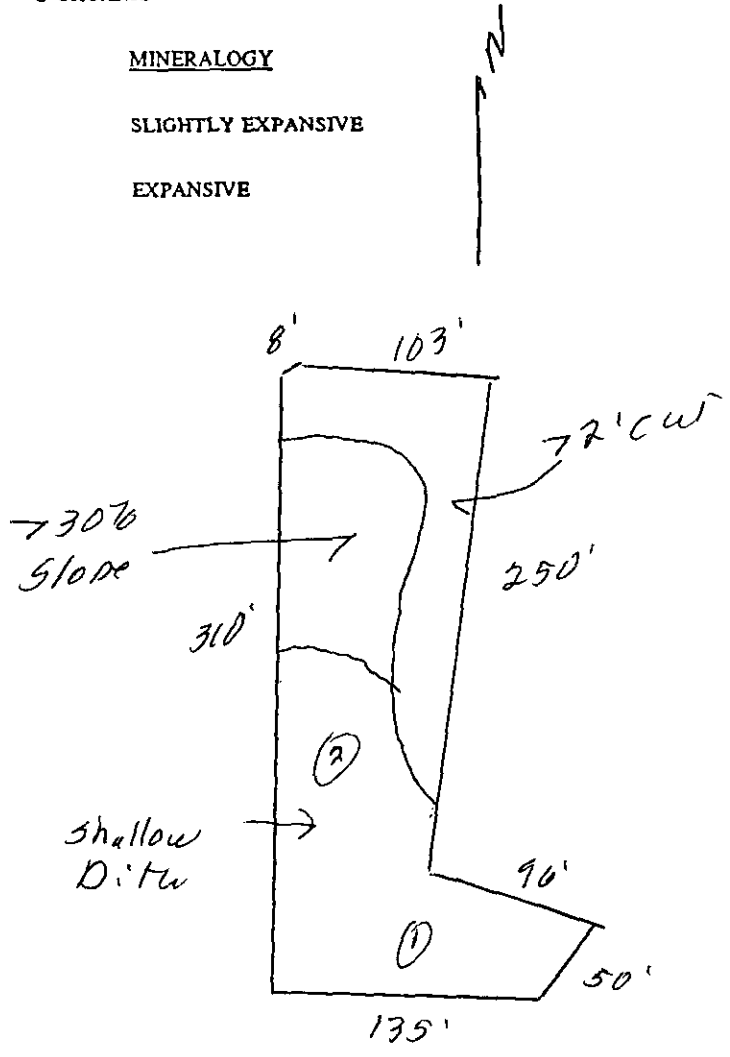
STRUCTURE

SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



High Point

Mecklenburg County
Health Department

May 21, 1999

Malcolm and Linda Heyworth
7235 High Point Court
Charlotte, NC 28278

Re: High Point Court Lot 1
File: 2940B
Parcel: 199-401-10 PO

Dear Mr. and Mrs. Heyworth:

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If you have any questions regarding this matter, please call me at 336-5568.

Sincerely,

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

Enclosure

cc: Tim Whittaker

TYPE: 120' Chain 14070

DATE: 4/22/1999

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

[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

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

FILE #: 2940B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 199-401-10 (Po Lot 31)

STREET ADDRESS: High Point CT

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: Lot 1

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 3000 +

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 8

CLOSING DATE: _____

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
___ CRAWL SPACE
✓ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
(X SHARED WELL (S) Exist.)
___ MUNICIPAL (M)
___ OTHER 'SPRINGS' (O)
✓ PRIVATE WELL (P)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES ___ YES ___ NO
EXISTING WASTEWATER SYSTEMS ___ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS ___ YES ___ NO
WELL, SPRINGS OR WATERLINES ✓ YES ___ NO
DESIGNATED WETLANDS ___ YES ___ NO

PROPERTY OWNER:

NAME: (LAST) Heyworth, (FIRST) Malcolm & Linda (MI)

ADDRESS: 7235 High Point Court

CITY: Charlotte STATE: NC ZIP: 28278

DAYTIME PHONE: ( ) 523-2696

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) Whittaker, (FIRST) Tim (MI)

DAYTIME PHONE: ( ) 866-9540

623-9992 Pg-

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1977

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: Tim Whittaker for M.H. DATE: 4/16/99

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

PROPOSED PLOT PLAN

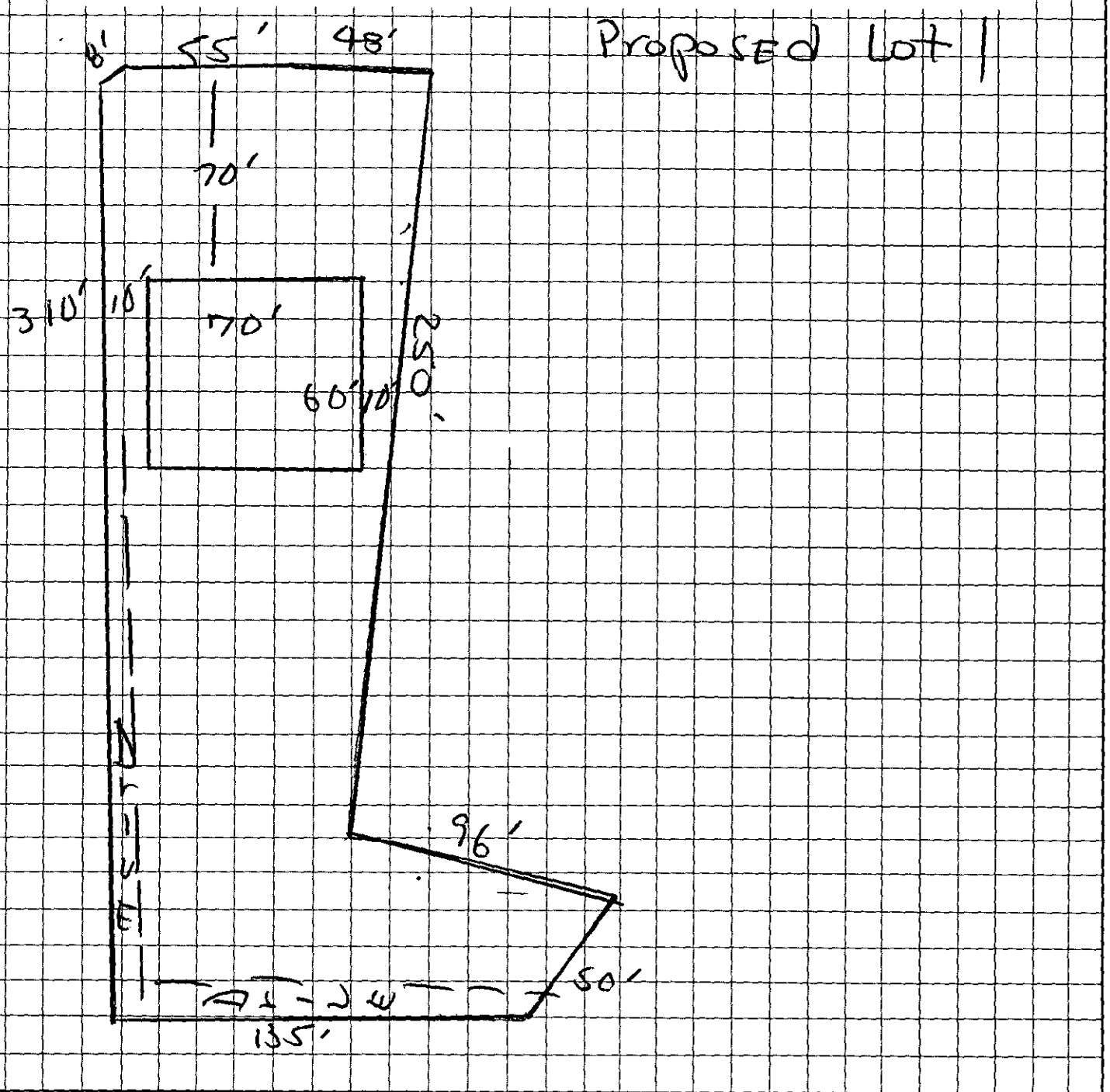
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2940B

TC: 199-401-10 PO

Lake

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.



Tim W Patterson

OWNER/AGENT SIGNATURE

DATE 4/16/99

APPROVAL DATE _____

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