

7716 ELLENCROFT LN

10802155

6/13/2007

duponbj

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

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

December 29, 2005

Christopher Said
7716 Ellencroft Lane
Charlotte, NC 28215

Dear Mr. Said:

Re: Bacteriological Well Sample Results

Enclosed you should find a copy of the laboratory analysis of the well water sample that was collected at 7716 Ellencroft Lane on December 20, 2005.

The laboratory analysis of the well water sample was reported to be **PRESENT** for *Total Coliform* and **ABSENT** for *E. COLI-PA.*

At this time it is recommended that you chlorinate your well and contact our office to have the well resampled. Information outlining proper well chlorination procedures is included for your review. Please note that there is no additional fee for resampling your well.

I am also enclosing a copy of the septic system inspection report for your review.

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

Sincerely,

Trevor Thomason, R.S.I.
Sr. Environmental Health Specialist

Enclosures (3):

CHARLOTTE

Laboratory Analysis Report
Report Date: 12/28/2005 09:34 AM

LABORATORY SERVICES DIVISION

LOCATION: 6273A
LOC ID: G-PME
SAMPLE DATE-TIME: 12/20/2005 15:05
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB58038
CHAIN OF CUSTODY #: 05120394

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB58038	**E. COLI-PA**	**absent**	**P/A**		SM 9223B	12/21/2005 9:25	KGB
AB58038	**Total Coliform**	**present**	**P/A**		SM 9223B	12/21/2005 9:25	KGB

Comment:

Laboratory Supervisor: _____

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

CHAIN-OF-CUSTODY RECORD

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

PAGE 1 OF 1

CLIENT: MECKLENBURG COUNTY, LUESA - GROUNDWATER AND WASTEWATER SERVICES

FACILITY: GROUNDWATER (Potable Water)

LOCATION / ADDRESS: 7716 Ellencroft Lane, Charlotte NC 28215

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#: 05120394

Sampled By (Print Name): Trevor Thomason

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	Chemical Preservative: HNO3	Chemical Preservative: H2SO4	Chemical Preservative: NaOH	Chemical Preservative: HCl	Chemical Preservative: Na2S2O3	Chemical Preservative: pH Correct	Analyses Requested: Total Coliform	Analyses Requested: Nitrate	Analyses Requested: Nitrite	Analyses Requested: Nitrate + Nitrite	Analyses Requested: Fluoride	Analyses Requested: Hardness	Analyses Requested: Metals	Analyses Requested: Fecal Coliform	Analyses Requested: Fecal Strep	Analyses Requested: Pest/PCB, EPA 608	Analyses Requested: Herb, EPA 8151	Analyses Requested: VOA, EPA 8260	Analyses Requested: Semis, EPA 8270
580398 GWS-6273A	TCT	12/20/05 15:05		N	N/A	16.4				X	100 ml		1						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
		12/21/05	0830
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	Haid Residence	6273A
Health Department	**Name of Establishment**	**Permit/Project No.**
7716 Ellencroft Ln., Charlotte NC 28215	3-Bedroom House	360 GPD
Location	**Type of Establishment**	**Design Flow**
Christopher Said	Same as location address	(336) 255-5433
Owner/Agent	**Address**	**Phone**
N/A	N/A	N/A
Operator	**Address**	**Phone**
IIIb	12/20/2005	December 2010
System Type	**Date of Inspection**	**Next Inspection Due**

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☒	☐	☐	
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☐	☒	☐	2.a. Observed groundwater entering
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	dosing tank.
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☒	☐	☐	3.a. Replace rusted bolts on riser lid.
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 ave. of 4-6" of solids in the dosing tank.
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☒	☐	☐	5.A. Recommend installing a
b. High-water alarm present and operating properly?	☒	☐	☐	float tree in pump tank.
c. Floats/pipe/valves/disconnects in good working condition?	☒	☐	☐	5.A.b. Recommend raising pump
d. Control panel enclosure/components in good condition?	☒	☐	☐	control float in doing tank.
e. Elapsed time readings: _____				5.A.b. Alarm mounted indoors.
B. SIPHON SYSTEMS:				
a. No evidence of overflow or siphon leakage?	☐	☐	☒	
b. Siphon(s) appear to be working/alternating properly?	☐	☐	☒	
c. Bells and vents free of debris and in good condition?	☐	☐	☒	

	Yes	No	N/A	Comments:
6. GROUND ABSORPTION FIELDS:				
a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐	
b. Minimal ponding in subsurface trenches?	☒	☐	☐	6.b. Observed some
c. Surface water being effectively diverted away?	☒	☐	☐	ponding in lower 2 drain lines.
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐	6.c. Recommend filling in depressional
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐	areas of drainfield with soil.
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?	☐	☐	☒	
b. No effluent standing in lower laterals?	☐	☐	☒	
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒	
d. Pressure head is properly adjusted?	☐	☐	☒	

OVERALL CONDITION AND OPERATION OF SYSTEM:

1. No problems detected with system operation at the time of inspection.
2. No sewage on ground surface at the time of inspection.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

None

***REPAIR WITHIN N/A DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

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

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

1. Raise pump control float to maintain a minimum of 12" of effluent in the dosing tank at all times.
2. Fill in depressional areas of drainfield to prevent surface water from ponding in the low areas.
3. Repalce rusted riser lid bolts with stainless steel bolts.

DATE: 12/21/2005

SIGNED: _____ AGENT
Division of Environmental Health

Trevor Thomason

Mecklenburg County, North Carolina
POLARIS
Parcel Ownership and GIS Summary

6273A
6237A

Date and Time: 11/4/2005 12:30:03 PM

Parcel ID #: 10802155 GIS ID #: 10802155

Owner Name:	CHRISTOPHER P HAID
Mailing Address:	7716 ELLENCROFT LANE CHARLOTTE, NC 28215

Property Characteristics

Legal Desc.:	L7 M23-193
Land Area:	0.89 AC
Fire District:	12-ROBINSON
Special District:	FIRE SERVICE A
Account Type:	INDIVIDUAL
Municipality:	0-MECKLENBURG COUNTY-UNINCORPORATED
Property Use:	SINGLE-FAM

Deed Reference(s) and Sales Price

17210-312 (5/18/2004) $0.00
14579-569 (12/20/2002) $173,500.00
10615-566 (7/14/1999) $164,000.00
08417-556 (1/2/1996) $157,000.00

Situs Addresses Tied to This Parcel

7716 ELLENCROFT LN

Site Location Information

Zoning Boundaries:	Contact Appropriate Planning Department or See Map.

ETJ Area: CHARLOTTE
Charlotte Historic Districts: NO
Within Charlotte 6/30/2005 Annexation Area: NO
Census Tract #: 56.08
Parcel Falls Inside SWIM Buffer?: NO

FEMA Flood Information

FEMA Panel #:	3701590190E
FEMA Flood Zone:	OUT
FEMA Panel Date:	02/04/2004

Regulated Watershed Information

Watershed Name:	REEDY
Watershed Class:	

Building Photography

PHOTO #1
Location: 7716 ELLENCROFT LN



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

Powered by

Mecklenburg County GIS
Geographic Information Systems

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

MECKLENBURG COUNTY

Land Use and Environmental Services Agency
Groundwater and Wastewater Services

December 6, 2005

FINAL NOTICE / PAYMENT PAST DUE

Haid, Christopher

7716 Ellencroft Lane

Charlotte NC 28215

COPY

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. You may obtain a copy of the regulations by visiting our web site at http://groundwater.charmeck.org. A copy of the regulations may also be purchased at our office.

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

7716 Ellencroft Lane
Charlotte NC 28215
MCHD File Number: 6237A

is due for inspection on: **12/25/05**

An inspection notice was sent to you on November 7, 2005. At this time, no payment has been received in our office for the required inspection. The fee for this inspection is $85.00. Failure to submit payment for the required inspection 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. Please include your phone number and the MCHD File Number listed above on the check. Do not mail CASH payment.

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.
Sr. Environmental Health Specialist

1743

✓ ① GW ENTERING PT

✓ ② AVE 4-6" SOLIDS IN PT

③ RAISE PUMP CONTROL FLOAT (12" MIN)

✓ ④ ALARM INDOORS

✓ ⑤ PT LID BOLTS RUSTED / REPLACE W/ (SS)

✓ ⑥ - LOWER DRAIN LINES ARE PONDING
- FILL DEPRESSIONAL AREAS ON D-FIELD.

LAURA
(704) 489-2153 M
~~(704) 336-253~~
336-255-5433 M

WELL

#346
5/8/95
210' T.D.
165' C.D.
6" DRILLED
20' S.W.L.
6 GPM

210
- 20
190'

0.6 GAL

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 6037A DATE: 12-27-95

TC: 108-021-55 ☐ L ☒ CRT

SERIAL Nº 16520

Name of Owner John J. Mancino Juris.: _____

Address of Property 7716 Ellencroft Lane

Inspection Data:

Tank Material PCC

Total Length of Drainfield 300'

Number of Lines 5 @ 60'

Cover Depth 12"

Water Supply Source well

Distance to Water Source 7100'

Excavation Inspected 12-27

Tank(s) Inspected 12-22

Wash Line Inspected N/A

High Water Alarm Inspected 12-28

PLOT

Design 1995, 1500ST, 1000PT, INWS93-2, 900SF, T, Cecil-like CTR# 140

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

☒ installed or constructed ☐ altered or repaired

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

and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☒ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: INWS93-2 installed according to plans for a new 3 bedroom house (5) 3'w x 60' infiltrator lines - utilizing pump

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

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

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

FILE: 6273A DATE: 11/14/95

TC: 108 021 55 ☐ L

SERIAL Nº 16327

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 3/22/95. All work shall be completed on or before 12/14/95, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 300' feet

Number of Lines 5 (60')

Depth of Stone NA inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well > 100' feet (50' min)

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

NAME OF OWNER John J. Mancino

LOCATION OF PROPERTY 7716 Ellencroft Ln

Comments: Septic system to be installed in accordance with approved plot plan. Infiltrator Type III system

Statement for Daniel Morgan Chief 11-5-95

Philo A. Walker R.S.
Environmental Health Specialist

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

(3) Bedrm. / Pumped / Infiltrator

INSTALLED 12/27/95

MCHD
FILE: 6273-A
TC: 108-021-55
Lot 7, Ellenwood

DOMESTIC WASTE DISPOSAL SYSTEM
CONTINUED

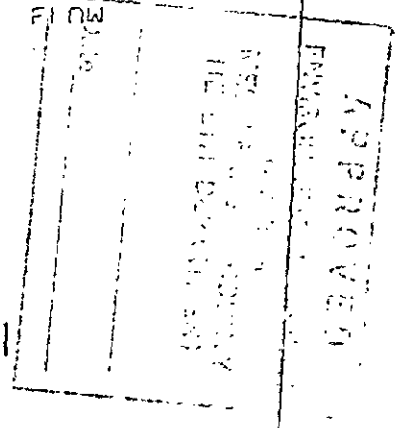
SYSTEM TYPE:
- CONVENTIONAL
- CONVENTIONAL (SHALLOW PLACEMENT)
- 8-INCH PPBPS-GRAVITY DISTRIBUTION
- 8-INCH PPBPS-PRESSURE DISTRIBUTION
- 16-INCH PPBPS-GRAVITY DISTRIBUTION
- 16-INCH PPBPS-PRESSURE DISTRIBUTION
- LPPS
- OTHER - Infiltrator

SPECIALIZED EQUIPMENT OR REQUIREMENTS:

DROP BOX	WELL ABANDONEMENT
✓ DISTRIBUTION BOX (1)	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 Pump Tank
SIPHON	SAPROLITE TEST
MULTIPLE PUMPS	✓ Septic Tank - 1500 gal.
OTHER	

Primary System

LINE	~~#PANELS~~ units PER LINE	#HOLES PER PANEL	HOLE SIZE	HOLE SPACING	LINE HEAD	LINE LENGTH	HOLE FLOW	PER MINUTE LINE FLOW
L1	10					60'		
L2	10					60'		
L3	10					60'		
L4	10					60'		
L5	10					60'		
	50 units					300' Total		



Repair Area
300' Infiltrator

*Identified front of Lot & Additional repair lines in back of lot

T. Whittaker

(3) Bedrm. / Pumped / Infiltrator

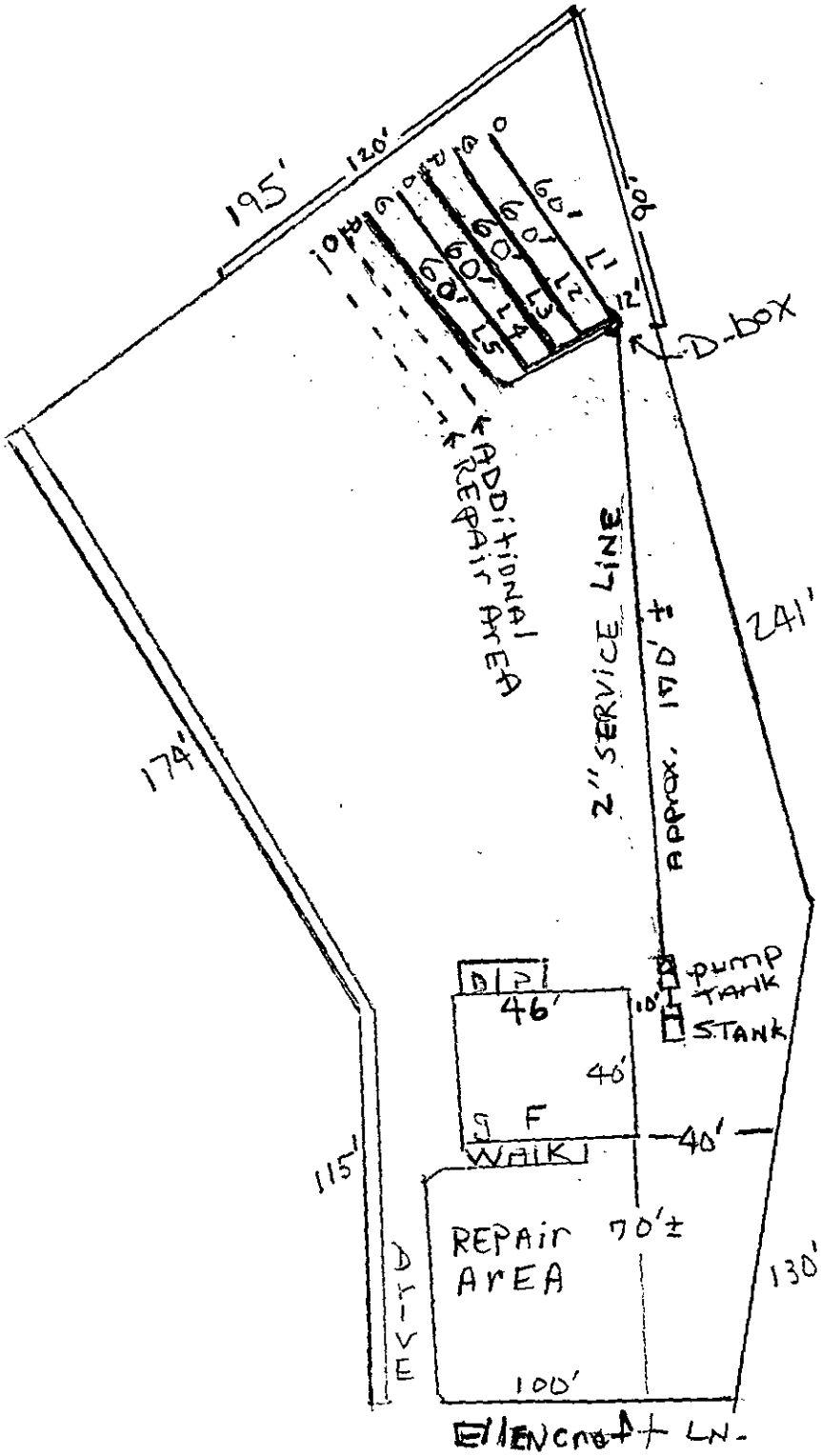
Infiltrator Repair AREA

MCHD

File: 6273-A

TC: 108-021-55

Lot 7, Ellencroft



* 1,500 gal. Septic Tank
1,000 gal. Pump Tank

(5) 60' Lines

300' Total

L. Whitaker

Scale

50

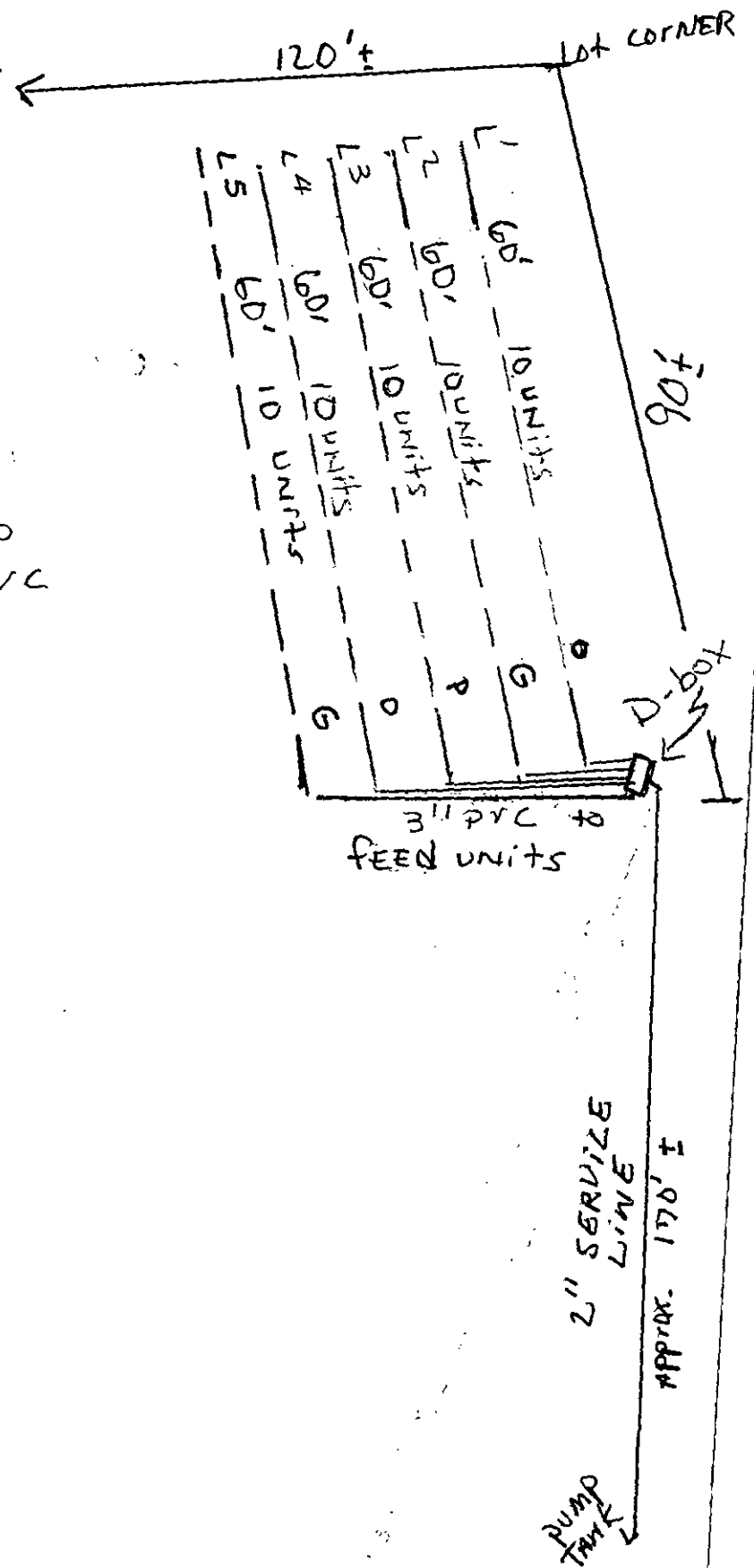
3 Bedrm. | Pumped / Infiltrator

MCHD
FILE: 6273-A

*SPECS

1,500 gal. septic Tank
1,000 gal. pump Tank
(5) 60' LINES
(10) UNITS PER LINE
50 UNITS TOTAL
Total: 300' LINE

* Pump TO D-box, gravity feed to LINES with 3" PVC



THE INFILTRATOR™

SEPTIC SYSTEM INSTALLATION INSTRUCTIONS

1 Excavate and level 3' wide trenches.

2 Prepare trench bottom and sides in accordance with state and local regulations. (Infiltrator Systems recommends raking sidewall and bottom infiltrative surfaces to eliminate smearing.)

3 Screw splash plate on bottom of open end plate.

4 Screw open end plate into inlet end (without interlocks) of first INFILTRATOR™ chamber with splash plate extending into unit.



5 Place first unit in the inlet end of trench with interlocks downstream.

6 Run distribution pipe through inlet opening in end plate but not beyond splash plate. Single screw may be used to hold in place. **Pipe does not normally run the length of system.**



7 Connect INFILTRATOR™ units together, fully engaging interlocks to form desired trench length.

a. The joints may be screwed together for ease in construction.

b. Trench grade should be checked with a level or surveying equipment.

8 Screw closed end plate in downstream end of last unit to hold in place. **NOTE:** For serial distribution, or to loop the trenches together, use an open end plate at the downstream end of the trench, and run a pipe from the opening to the next trench.

9 Fill side wall area to top of slots with native soil. "Walk" fill into place to give proper support of sides. **THIS IS VERY IMPORTANT TO ACHIEVE FULL STRENGTH.**



10 Backfill to a minimum of 12" of cover after compaction and settling for H-10 units and 18" for H-20 units. Avoid large rocks in the backfill material. **CAUTION:** Avoid vehicle traffic on system during construction since soil has not settled. This is particularly important in sand, since loose sand offers very little structural support. Most states advise avoiding vehicle traffic to prevent compaction of the infiltrative surface. (After proper depth of cover is compacted and settled, INFILTRATOR™ leaching chambers will then support vehicle weight not to exceed 16,000 lbs. per axle for H-10 units and 32,000 lbs. per axle for H-20 units.)



INFILTRATOR™ is a trademark of Infiltrator Systems, Inc.

(3) Bedrm. Pumped (PPBPS)

MCHD
FILE: 6273-A
TC; 108-021-55
Lot 7, ELLENGROFT

VOID
ON-SITE WASTE DISPOSAL SYSTEM
CONTINUED

INSTALLED TYPE IIIb,g SEPTIC SYSTEM. (INFILTRATOR)

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 — 3 Bedrm.
- LPPS
- OTHER

SPECIALIZED EQUIPMENT OR REQUIREMENTS:
- DROP BOX
- DISTRIBUTION BOX
- DIPPER BOX
- FLOW DIVIDER
- WASH BOX
- SPECIAL FITTINGS
- PRESSURE MANIFOLD
- SIPHON
- MULTIPLE PUMPS
- OTHER (4) Globe valves (4) valve boxes
- WELL ABANDONEMENT
- EASEMENT
- * LOT COMBINATION/SURVEY
- EARTHEN SURFACE SWELL
- FRENCH/CURTAIN DRAINS
- GREASE INTERCEPTOR
- PUMP TANK — 1,000 GAL. 5' FLOAT TREE
- SAPROLITE TEST
- 1,500 GAL. Septic TANK

Primary Sys.

LINE	#PANELS PER LINE	#HOLES PER PANEL	HOLE SIZE	HOLE SPACING	LINE HEAD	LINE LENGTH	HOLE FLOW	PER MINUTE LINE FLOW
L1	12	1	5/32	4.3	3	50'	.50	6
L2	12	1	5/32	4.3	3	50'	.50	6
L3	12	1	5/32	4.3	3	50'	.50	6
L4	12	1	5/32	4.3	3	50'	.50	6
Total	48					200'		24 gpm

Repair

L1	15'
L2	15'
L3	15'
L4	10
L5	50
L6	45
L7	45
L8	35
L9	35
	265'

Whitaker 6-95

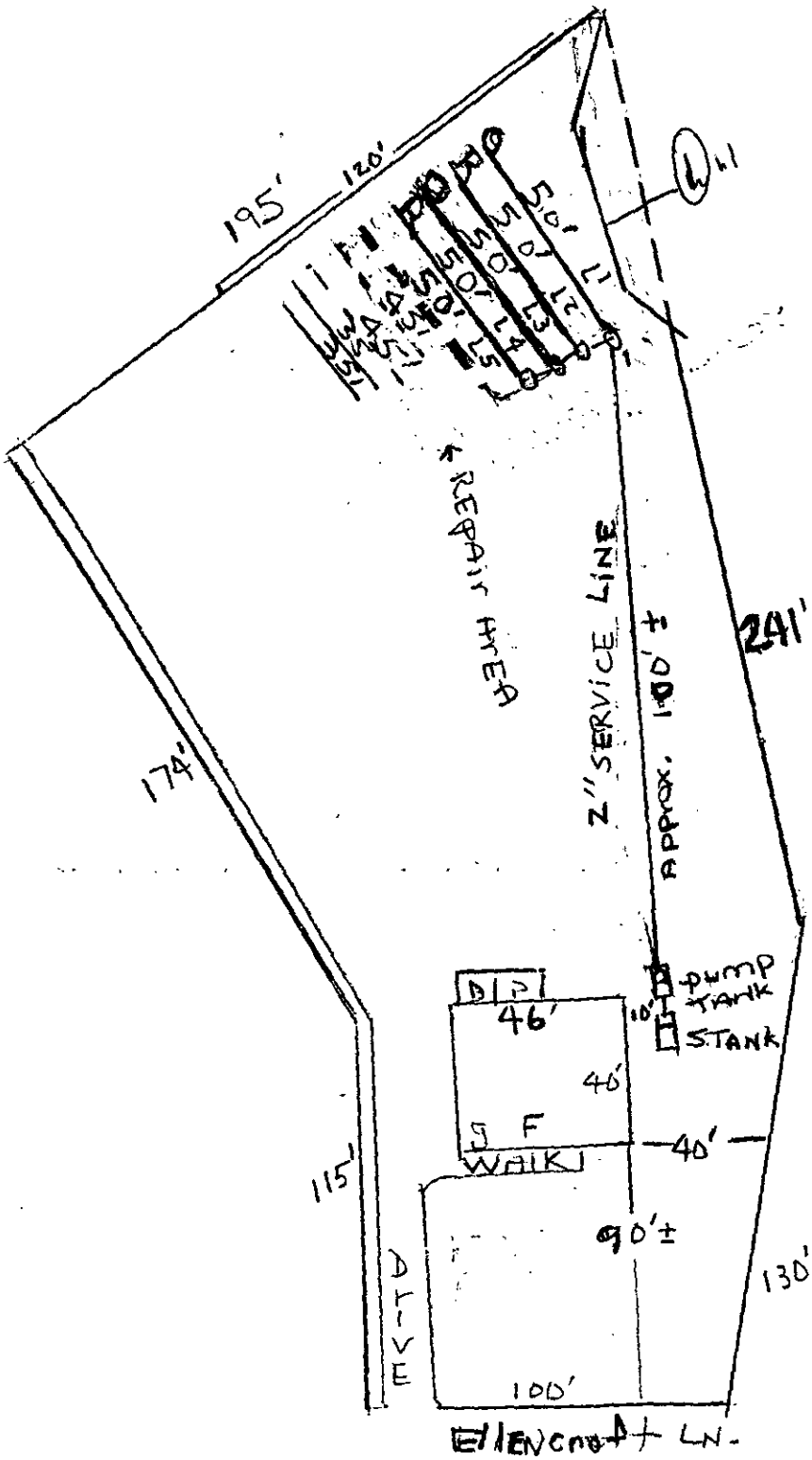
MCHD
File: 6273-A

DESIGN SPECIFICATIONS

Daily waste flow	360	gal.
Septic tank size	1,500	gal.
Pumping tank size	1,000	gal.
Effluent loading rate	.3	gal/ft²/day
Absorption area	1,200	ft.
Total length of laterals	200	ft.
Lateral diameter	1 1/4	in.
Lateral configuration	(4) 50'	No. and length of lines
Supply line length	120	ft.
Supply line diameter	2	in.
Manifold placement	End	
Hole size*	5/32	in.
Hole spacing	4.3	ft.
Number of holes	48	
Flow per hole	.50	gpm
Total flow	24	gpm
Elevation head	8	ft.
Friction head	4	ft.
Pressure head	3	ft.
Total head	15	ft.
Pump requirements - 1/10 HP	24	gpm @ 15 ft. of head
Storage volume in laterals	172.8	gal.
Storage volume in supply line	16.2	gal.
Total storage volume	189	gal.
Dosing volume	200	gal.
Dosing depth	8	in.
Check valve needed ?	NO	
Pump Cycle	8.3	min.

(3) Bedrm. / Pumped / PPBPS for ~~EXPANSION~~ REPAIR AREA

MCHD
FILE: 6273-A
TC: 108-021-55
Lot 7, Ellencroft

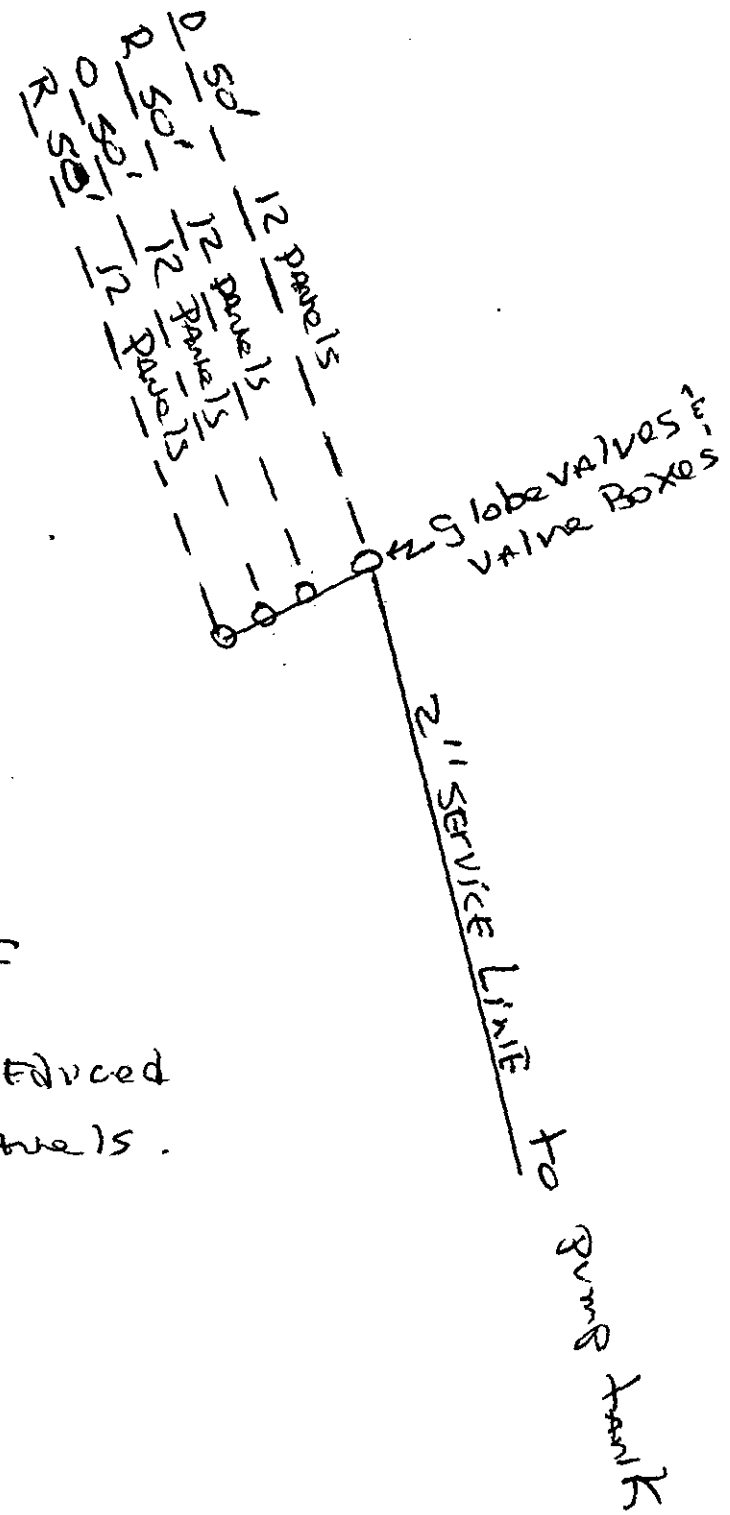


* 1,500 gal. Septic Tk
1,000 gal. Pump Tank
(4) 50' LINES
200' Total

L. Whitaker
SCALE
50

MCHD
FILE: 6273-1

3 Bedrm. PPBPS pumped



1,500 GAL. S.T
1,000 GAL. Pump TANK

(4) 50' LINES

(12) PANELS PER LINE

2" SERVICE LINE REDUCED to 1¼ to Serve PANELS.

JUDITH A GIBSON REG OF DEEDS MECK NC
BK: 08089 PG: 0204/0206 #:0325 12.00
FILED FOR REGISTRATION 03/21/95 15:00

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

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

FILE # 6273-A
PARCEL # 108-021-55

The undersigned, JOHN J MANCINO, owner of property located at 7716 ELLENCROFT LN., (the "site") and described in an instrument recorded in Book 6366 at Page 0095, 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 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 acknowledges that the following conditions will apply to the site:

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

This instrument was prepared by: JOHN J MANCINO
Mail after recording to: JOHN MANCINO 3623 KNARRAE LN
CHARLOTTE, NC 28226

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

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

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

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

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

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

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

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

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 21 day of MARCH, 1995.

_____ (SEAL)
~~(Corporate Name)~~

_____ (SEAL)

By: _____ _____ (SEAL)

_____ President _____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

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

WITNESS my hand and notarial seal, this 21st day of March, 1995.

Susan Esquivel
Notary Public

My Commission Expires:
10-23-96

6273 A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: Potter (last) Jim (first) T (mi)
ADDRESS: 8312 Caldwell Rd PHONE: (704) 455 6572
CITY: Harrisburg STATE: NC ZIPCODE: 28075

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 108-021-55
STREET ADDRESS: 7716 Ellenwood Ln
ZONING:

PROPERTY OWNER:
NAME: Mancino (last) John (first) T (mi)
ADDRESS: 3623 Knappwell PHONE: (704) 366 5967
CITY: Charlotte STATE: NC ZIPCODE: 28226

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 17 LOT SIZE (in acres):

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

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

NUMBER BEDROOMS: 4 (3 KR) NUMBER OCCUPANTS: 5

SYSTEM CLASSIFICATION:

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

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

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

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

Signed: [signature] Date: 1/23/95

NOTICE:

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

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

...This permit is not transferable.

... INFILTRATOR TYPE III (B)

AGREEMENT FORM ON FILE

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

Environmentalist Date

[signature] 3-22-95
Director or Authorized Section Head Date

WATER : 122791

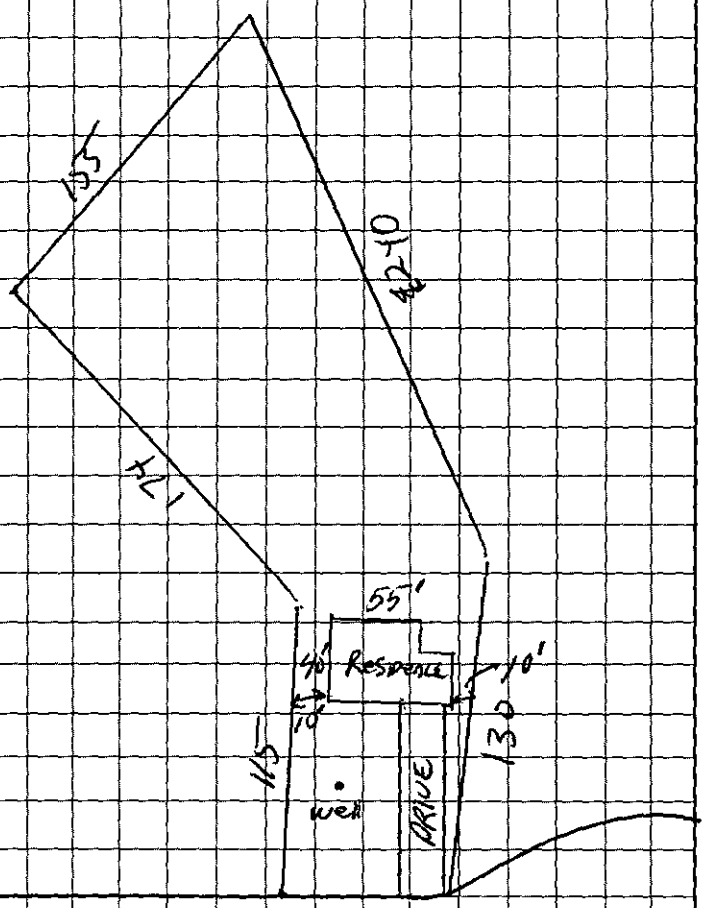
PROPOSED PLOT PLAN

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

FILE: 6273A

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.



7716 ELLENCROFT LN 1/8" = 10'

OWNER/AGENT SIGNATURE

DATE 1/23/95

APPROVAL DATE _____

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

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

DATE: 11/28/89

NAME/COMPANY: ELLENCROFT PARTNERSHIP

Sanitation _____

Vector Control _____

OPWD X

SERVICE: (SOIL TEST) POSTED 10/20/89 CHECK #103 NSF $40.00

PAYMENT FOR THE ABOVE CHECK $40.00

PLUS PROCESSING FEE FOR NSF 15.00

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
NOV 28 1989

FILE #6273A

MO#246 702316
$55.00

FEE: $55.00

Completed By

Collected By

ELLENCROFT PARTNERSHIP
PH. 563-9311
4801 E INDEPENDENCE BLVD., SUITE 1033
CHARLOTTE, NC 28212

103

~~NOT~~ PAID 0-31-89 005 13 0025 5

PAY TO THE ORDER OF Health Dept — PRESENTED TWICE FOR PAYMENT DO NOT REDEPOSIT

INSUFFICIENT FUNDS 10/20/1989

66-1137 / 530

Forty dollars and [illegible] — PAYMENT STOPPED — $ 40.00

UNCOLLECTED FUNDS

ENDORSEMENT MISSING 005 13 0025 DOLLARS

NOT AS DRAWN

OTHER

FOR LOT 7

"00000103" "053011376" "0000004000"

C/A in name of ELLENCROFT Partnership

Sanitation _____

Vector Control _____

O.P.W.D. —

Service: Soil Test Cover

6213A

ENVIRONMENTAL HEALTH DIVISION
PAID

OCT 20 1989

Fee $ 40.00

CK # 103
$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.

Completed by

Collected by

BILLING — WHITE [redacted]

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20578 PW

File: 6273 A Action 2

Parcel: 108-021-55 ☐ PC

Location: 7716 Ellenwood Lane

Subdivision:

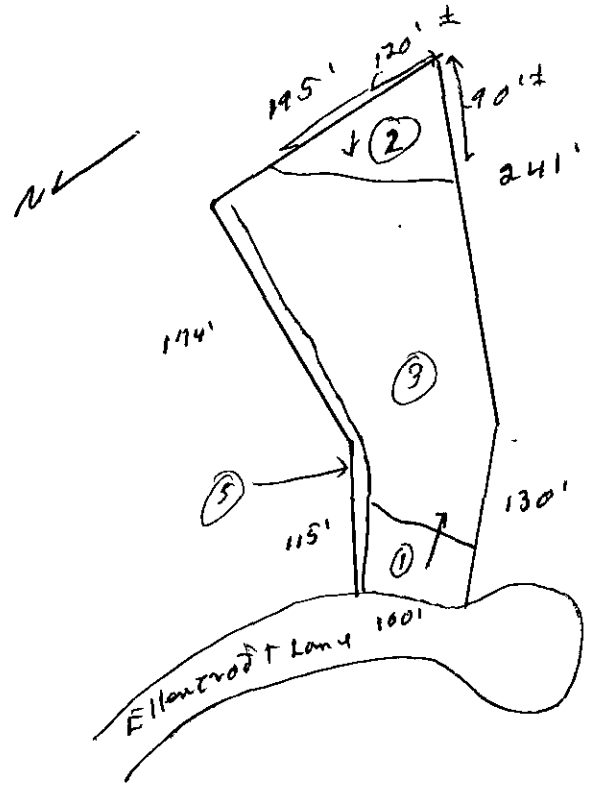
Lot: 7 Block: Acres: .95

Owner: John J. Mancino
Address: 3623 Knapdale
Charlotte, N.C. 28226

Comments: 100% Repair, 13 gal/ft/day

Described by: William R. Mauldin

Date: 2-15-95



*** EVALUATION KEY ***

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-8%	S (PS) U 2-8%	S PS (U) Drainageway - Depressia	S PS U	S PS (U) Drainage Eqsement	S PS U
Texture	S (PS) U slightly Expansive clay	S (PS) U slightly Ex. clay	S PS (U) Expansive clay	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S (PS) U Blocky	S (PS) U Blocky	S PS U	S PS U	S PS U
Drainage soil	S (PS) U 36" TO Wetness	(S) PS U 45" TO Soil Wetness	S PS (U) Soil Wetness 24"	S PS U	S PS U	S PS U
Depth	S (PS) U 36-38"	S (PS) U 45"+	S PS (U) 26-30"	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S (PS) U > 45"	S (PS) U > 36"	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS (U) Restricted	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
Group/Series	IIe Cecil Like	IIe Cecil Like	Drainageway/ Depression		Drainage Easement	
Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS (U)	S PS U

Mecklenburg County
Health Department

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

November 2nd, 1989

Robert C. Economos
4801 E. Independence Blvd.
Charlotte, NC 28212

RE: Property located at Ellencroft Ln.
FILE: 6273A
PARCEL: 10802123PO

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 17381) is enclosed for your information.

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

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

Very truly yours,

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

Enclosure

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17381

File: 6273A Action 1

Parcel: 10802123PO ☐ PC

Location: Ellencroft Ln.

Subdivision:

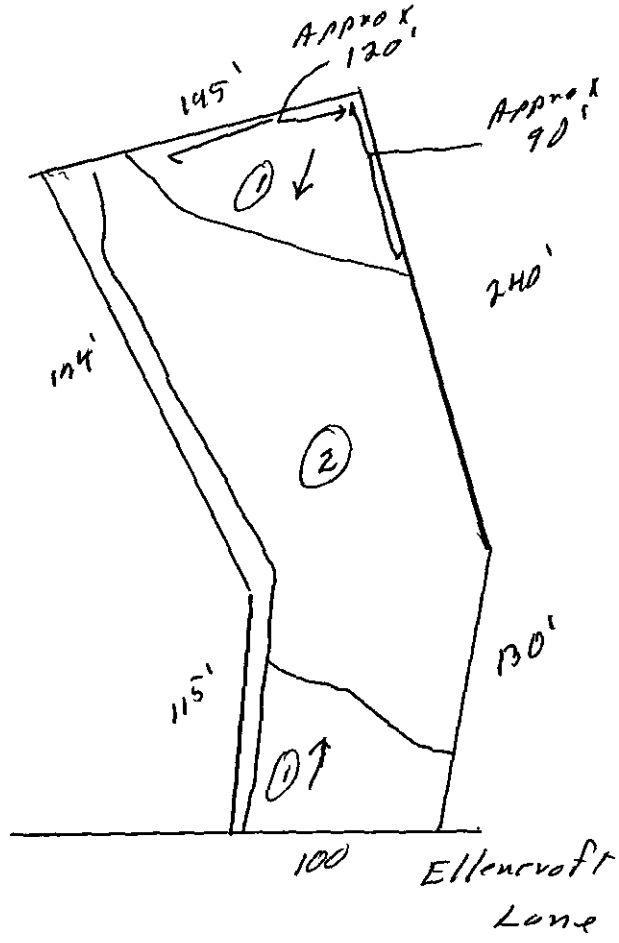
Lot: 17 Block: Acres: Approx 1.0

Owner:
Address: Robert C. Economos
4801 E. Independence Blvd.
Charlotte, NC 28212

Comments: _____

Described by: William R. Marks

Date: 11-1-89



***** 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 2-8%	S PS (U) Drainageway Depression	S PS (U) Drainageway Easement	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S PS U —	S PS U —	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U —	S PS U	S PS U	S PS U
Drainage	S (PS) U 7-36" To water	S PS U —	S PS U —	S PS U	S PS U	S PS U
Depth	S (PS) U 7-36"	S PS U —	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-36"	S PS U —	S PS U —	S PS U	S PS U	S PS U
Available Space	S (PS) U Very limited	S PS U —	S PS U —	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IVA Enoti-like	Drainageway Depression	Drainageway Easement			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

7

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 10-20-89

Name/Company: Robert C. Economos

CR in name of ELLENCroft Partnership

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil Test

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

OCT. 20 1989

CR # 103
$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.

Completed by

Collected by

BILLING — WHITE CUSTOMER COPY — YELLOW

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 6273A

TC: 108-021-23 PO

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: 7716 ELLENCROFT LN.

② SUBDIVISION: ELLENWOOD ③ LOT: 7 ④ BLOCK: 1

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 108-021-23B

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

OWNER

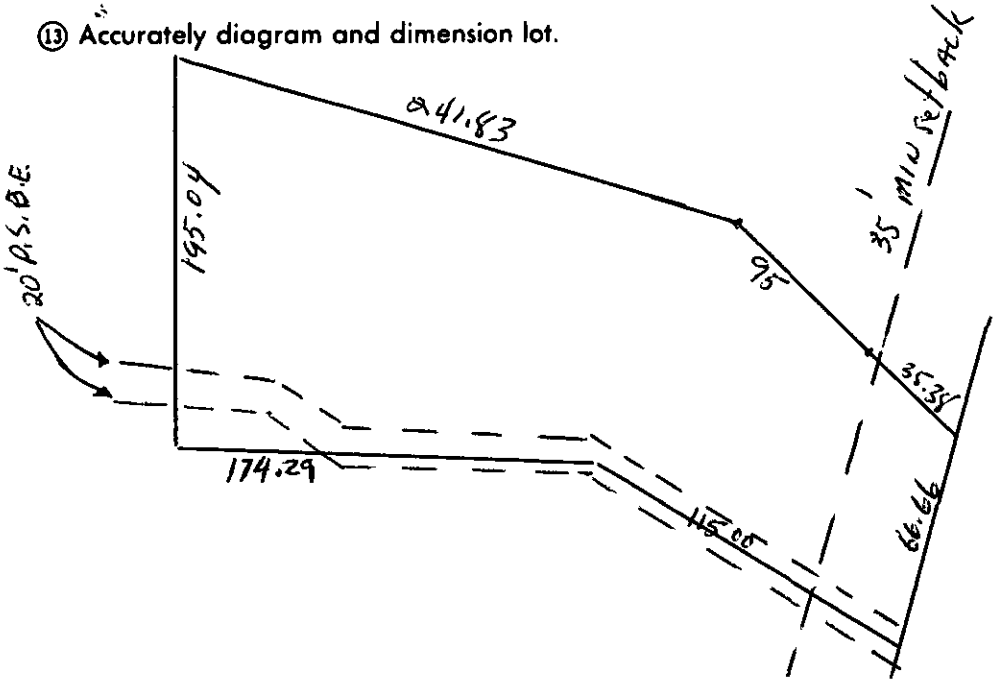
⑦ NAME: Robert (FIRST) C. (MIDDLE) Economos (LAST)

⑧ MAILING ADDRESS: 4801 E. INDEPENDENCE BLVD.

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28212

⑫ PHONE: (WORK) 704-563-9311 (HOME) 704-846-2670

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: _____

Date: 10/20/89

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