FEE: 200.00 CHK # 9129
DATE: 8/2/02

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

[ ] CRT

TYPE APPLICATION: [X] 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 #: 4322B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 13905736

STREET ADDRESS: 9604 BROOKGREEN DRIVE

SUBDIVISION OR MOBILE HOME PARK NAME: GLENCROFT

LOT NUMBER: #12

TOWNSHIP (CHECK ONE):

[ ] 0 MECKLENBURG [ ] 4 PINEVILLE
[ ] 1 CHARLOTTE [ ] 5 MATTHEWS
[ ] 2 DAVIDSON [ ] 6 HUNTERSVILLE
[ ] 3 CORNELIUS [X] 7 MINT HILL

CLOSING DATE: 8/15/2002

TYPE OF BUILDING (CHECK ONE):

[ ] SINGLE MOBILE HOME(S) [ ] MODULAR HOME (M)
[ ] DOUBLE WIDE (D) [ ] MULTIPLE FAMILY (U)
[X] HOUSE (H) [ ] OTHER (O)

HEATED SQUARE FOOTAGE: 1865

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

[ ] WITHOUT BASEMENT ON SLAB
[X] CRAWL SPACE
[ ] WITH BASEMENT /PLUMBING
[ ] WITH BASEMENT /NO PLUMBING

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

N/A

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: [ ] YES [X] NO TYPE:

WATER SUPPLY (CHECK ONE): [X] COMMUNITY (C) [ ] MUNICIPAL (M) [ ] PRIVATE WELL (P) [ ] SHARED WELL (S) [ ] OTHER 'SPRINGS' (O)

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

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

PROPERTY OWNER: PURCHASER

NAME: MYERS (LAST) DAVID (FIRST) W (MI)

ADDRESS: 7230 COBBLECREEK DRIVE

CITY: WEDDINGTON STATE: NC ZIP: 28104

DAYTIME PHONE: 704 634-3086

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: THOMAS (LAST) R. C. (FIRST) (MI)

DAYTIME PHONE: 704 545-1196 (REAL ESTATE LISTING AGENT)

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? U/K

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: Carolyn Myers DATE: 7-31-02

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

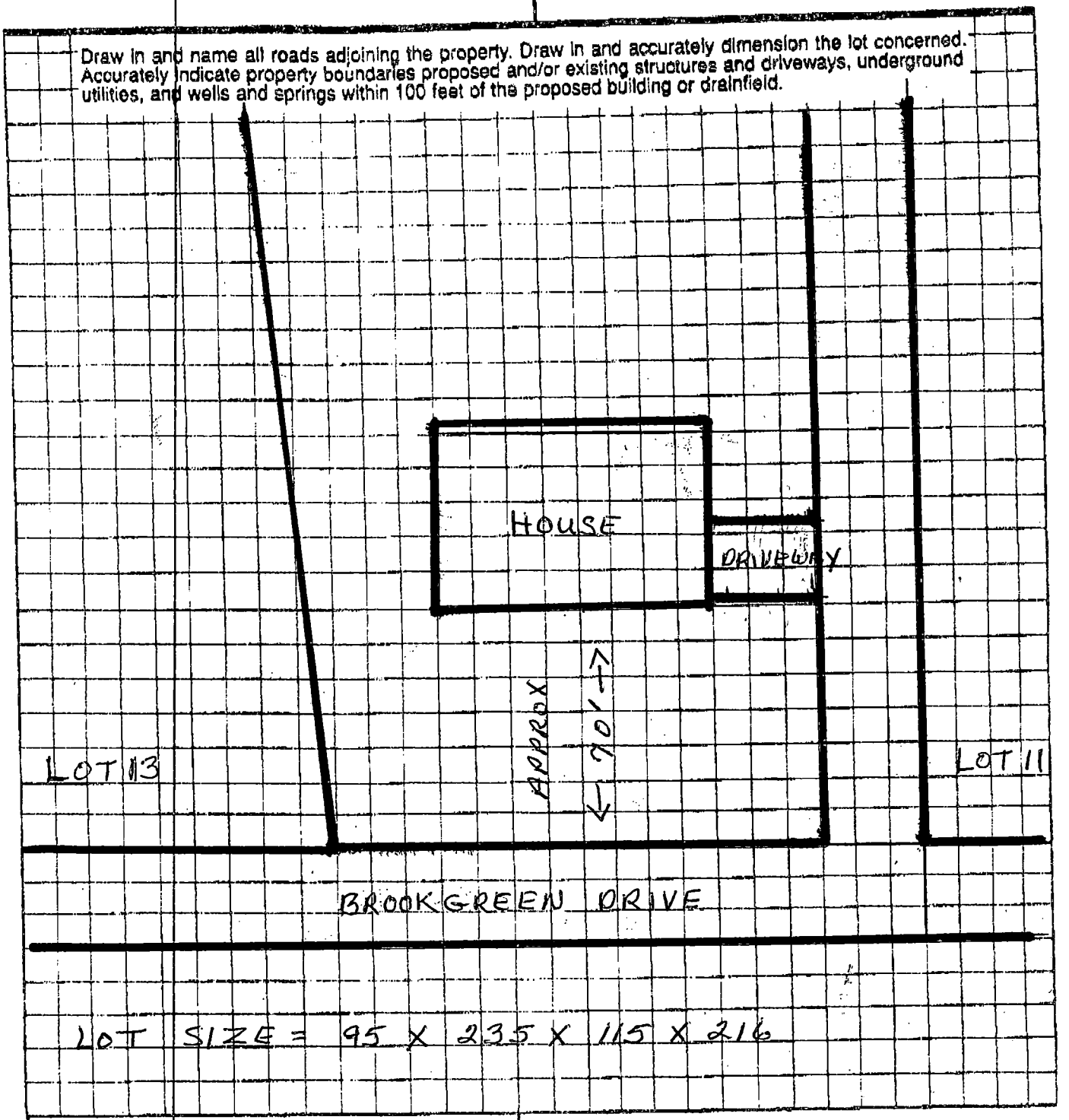
PROPOSED PLOT PLAN

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

FILE: 4322B

TO: _____

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.



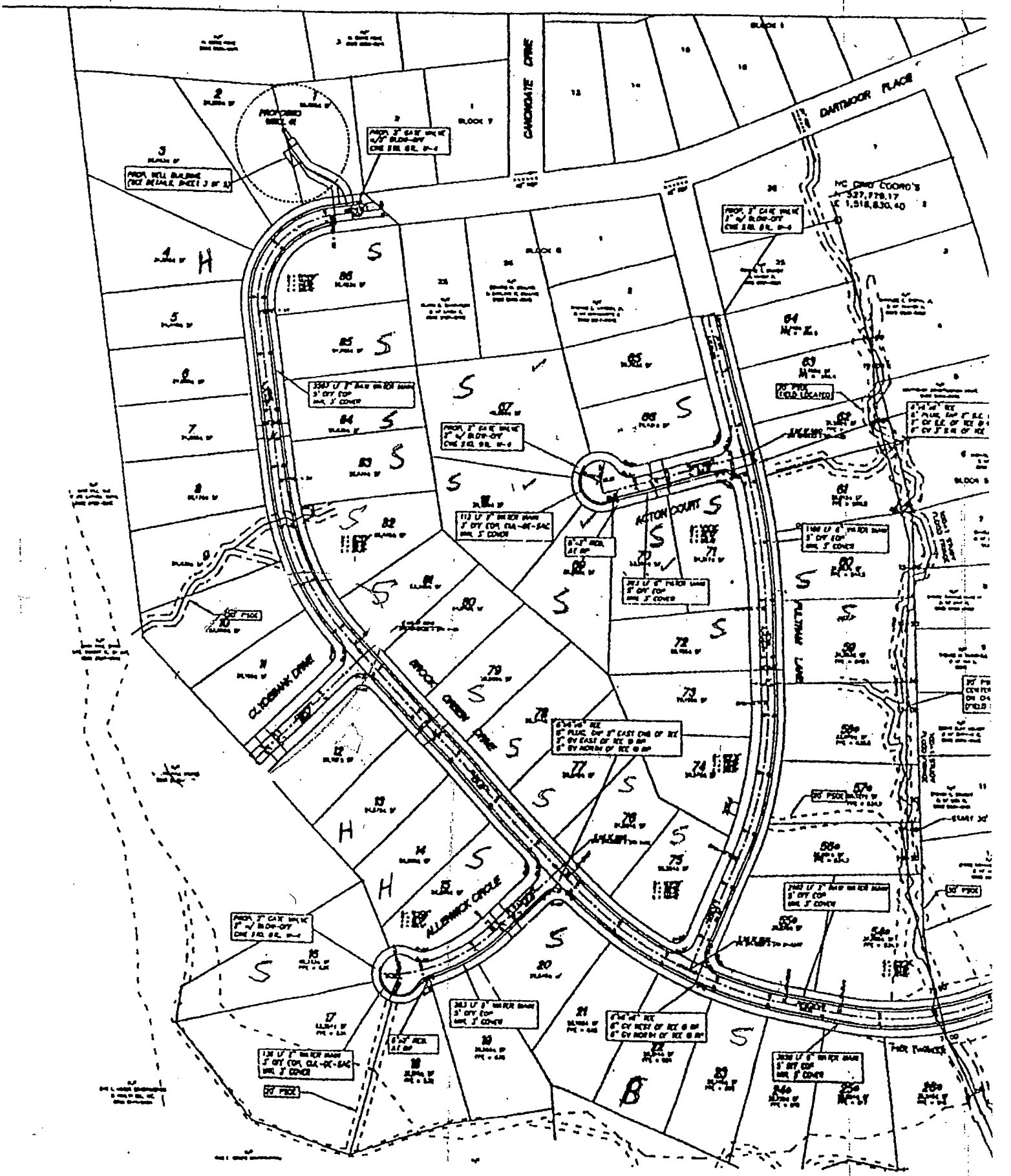
LOT SIZE = 95 X 235 X 115 X 216

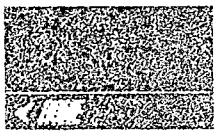
Carolyn Myers
OWNER/AGENT SIGNATURE

DATE 7-31-02

APPROVAL DATE _____

Pink - Owner's Copy


DARTMOOR PLACE
CANONGATE DRIVE
ACTON COURT
CLYDESDALE DRIVE
BROOK CREEK DRIVE
ALLENWICK CIRCLE
FULLERTON LANE
PROVIDED WELL BUILDING
NC GRID COORD'S
N 527,778.17
E 1,518,830.40
* LOTS
UPON



The Real Estate LINK



Photo Available

Address: 8604 BROOKGREEN DR, MINT HILL, NC

List Price: $36,900 **MLS No.** 123870

County: MECKLENBURG **Area:**

Apx Acreage: 0.610

Apx Size / Dimension: 95 x 235 x 115 x 216

Subdivision: GLENCROFT

Water & Sewer: Community Well

Misc.: Wooded

Additional Info: Tax information

Restrictions: Mobile Home Not Allowed, Modular Not Allowed, Archit

Finance:

Courtesy of Fran Harris Real Estate, Inc.

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BRS Programing and Hosting Provided by

OFFER TO PURCHASE AND CONTRACT

DAVID AND CAROLYN MYERS, as Buyer, hereby offers to purchase and GLENCROFT ASSOC., INC, as Seller, upon acceptance of said offer, agrees to sell and convey, all of that plot, piece or parcel of land described below, together with all improvements located thereon and such fixtures and personal property as listed below (collectively referred to as the "Property") on the following terms and conditions:

1. **REAL PROPERTY:** Located in the City of CHARLOTTE, County of MECKLENBURG, State of North Carolina, being known as and more particularly described as Street Address 9604 ~~9646 BROOKGREEN DR. LOT 24~~ LOT 12 Zip 28227 Legal Description: L12 M23-329 ~~L21 M32-389~~ TAX CODE 13905727004 139 05736 (☒ All ☐ A portion of the property in Deed Reference: Book 10895, Page No. 256, MECKLENBURG County.)

NOTE: Prior to signing this Offer to Purchase and Contract, Buyer is advised to review Restrictive Covenants, if any, which may limit the use of the Property, and to read the Declaration of Restrictive Covenants, By-Laws, Articles of Incorporation, Rules and Regulations, and other governing documents of the owners' association and/or the subdivision, if applicable.

2. **FIXTURES:** The following items, if any, are included in the purchase price free of liens: any built-in appliances, light fixtures, ceiling fans, attached floor coverings, blinds, shades, drapery rods and curtain rods, brackets and all related hardware, window and door screens, storm windows, combination doors, awnings, antennas, satellite dishes and receivers, burglar/fire/smoke alarms, pool and spa equipment, solar energy systems, attached fireplace screens, gas logs, fireplace inserts, electric garage door openers with controls, outdoor plants and trees (other than in movable containers), basketball goals, storage sheds, mailboxes, wall and/or door mirrors, and any other items attached or affixed to the Property. EXCEPT the following items: _____

3. **PERSONAL PROPERTY:** The following personal property is included in the purchase price: _____

4. **PURCHASE PRICE:** The purchase price is $ ~~35,000~~ 36,900 and shall be paid as follows:
(a) $ 1,000.00, EARNEST MONEY DEPOSIT with this offer by ☐ cash ☒ personal check ☐ bank check ☐ certified check ☐ other: _____ to be deposited and held in escrow by QUEENSTOWNE REALTY, INC. ("Escrow Agent") until the sale is closed, at which time it will be credited to Buyer, or until this contract is otherwise terminated. In the event: (1) this offer is not accepted; or (2) any of the conditions hereto are not satisfied, then all earnest monies shall be returned to Buyer. In the event of breach of this contract by Seller, upon Buyer's request, all earnest monies shall be returned to Buyer, but such return shall not affect any other remedies available to Buyer for such breach. In the event this offer is accepted and Buyer breaches this contract, then all earnest monies shall be forfeited upon Seller's request, but receipt of such forfeited earnest monies shall not affect any other remedies available to Seller for such breach. NOTE: In the event of a dispute between Seller and Buyer over the return or forfeiture of earnest money held in escrow by a broker, the broker is required by state law to retain said earnest money in the broker's trust or escrow account until a written release from the parties consenting to its disposition has been obtained or until disbursement is ordered by a court of competent jurisdiction.
(b) $ _____, ADDITIONAL EARNEST MONEY DEPOSIT to be paid to Escrow Agent no later than _____, TIME BEING OF THE ESSENCE WITH REGARD TO SAID DATE.
(c) $ _____, BY ASSUMPTION of the unpaid principal balance and all obligations of Seller on the existing loan(s) secured by a deed of trust on the Property in accordance with the attached Loan Assumption Addendum.
(d) $ 35900, BY SELLER FINANCING in accordance with the attached Seller Financing Addendum.
(e) $ ~~34,000.00~~, BALANCE of the purchase price in cash at Closing.

5. **CONDITIONS:** (State N/A in each blank that is not a condition to this contract.)
(a) Buyer must be able to obtain a ☐ FHA ☐ VA (attach FHA/VA Financing Addendum) ☐ Conventional ☒ Other: Part of const. loan loan at a ☐ Fixed Rate ☐ Adjustable Rate in the principal amount of 36,900 ~~35,000~~ (plus any financed VA Funding Fee or FHA MIP) for a term of ___ year(s), at an initial interest rate not to exceed _____% per annum, with mortgage loan discount points not to exceed _____% of the loan amount. Buyer shall apply for said loan within ___ days of the Effective Date of this contract. Buyer shall use Buyer's best efforts to secure the lender's customary loan commitment letter on or before August 15, 2002 and to satisfy all terms and conditions of the loan commitment letter by Closing. After the above letter date, Seller may request in writing from Buyer a copy of the loan commitment letter. If Buyer fails to provide Seller a copy of the loan commitment letter or a written waiver of this loan condition within five days of receipt of Seller's request, Seller may terminate this contract by written notice to Buyer at any time thereafter, provided Seller has not then received a copy of the letter or the waiver. Buyer shall be responsible for all costs with respect to any loan obtained by Buyer, except if Seller is to pay any of the Buyer's Closing costs (including loan discount points), those costs are as follows: ~~a total of $500.00 toward closing costs~~
(b) There must be no restriction, easement, zoning or other governmental regulation that would prevent the reasonable use of the Property for residential purposes.
(c) The Property must be in substantially the same or better condition at Closing as on the date of this offer, reasonable wear and tear excepted.
(d) All deeds of trust, liens and other charges against the Property, not assumed by Buyer, must be paid and satisfied by Seller prior to or at Closing such that cancellation may be promptly obtained following Closing. Seller shall remain obligated to obtain any such cancellations following Closing.
(e) Title must be delivered at closing by GENERAL WARRANTY DEED unless otherwise stated herein, and must be fee simple marketable title, free of all encumbrances except: ad valorem taxes for the current year (prorated through the date of Closing); utility easements and unviolated restrictive covenants that do not materially affect the value of the Property; and such other encumbrances as may be assumed or specifically approved by Buyer. The Property must have legal access to a public right of way.

6. **SPECIAL ASSESSMENTS:** Seller warrants that there are no pending or confirmed governmental special assessments for sidewalk, paving, water, sewer, or other improvements on or adjoining the Property, and no pending or confirmed owners' association special assessments, except as follows: none
(Insert "None" or the identification of such assessments, if any.) Seller shall pay all owners' association assessments and all governmental assessments confirmed through the time of Closing, if any, and Buyer shall take title subject to all pending assessments, if any, unless otherwise agreed as follows: none

7. **PRORATIONS AND ADJUSTMENTS:** Unless otherwise provided, the following items shall be prorated and either adjusted between the parties or paid at Closing: (a) Ad valorem taxes on real property shall be prorated on a calendar year basis through the date of Closing. (b) Ad valorem taxes on personal property for the entire year shall be paid by the Seller unless the personal property is conveyed to the Buyer, in which case, the personal property taxes shall be prorated on a calendar year basis through the date of Closing; (c) All late listing penalties, if any, shall be paid by Seller; (d) Rents, if any, for the Property shall be prorated through the date of Closing; (e) Owners' association dues and other like charges shall be prorated through the date of Closing. Seller represents that the regular owners association dues, if any, are $ _____ per _____.

8. **CLOSING EXPENSES:** Seller shall pay for preparation of a deed and all other documents necessary to perform Seller's obligations under this agreement, and for excise tax (revenue stamps) required by law. Buyer shall pay for recording the deed and for preparation and recording of all instruments required to secure the balance of the purchase price unpaid at Closing.

9. **FUEL:** Buyer agrees to purchase from Seller the fuel, if any, situated in any tank on the Property at the prevailing rate with the cost of measurement thereof, if any, being paid by Seller.

10. **EVIDENCE OF TITLE:** Seller agrees to use his best efforts to deliver to Buyer as soon as reasonably possible after the Effective Date of this contract, copies of all title information in possession of or available to Seller, including but not limited to: title insurance policies, attorney's opinions on title, surveys, covenants, deeds, notes and deeds of trust and easements relating to the Property.

11. **LABOR AND MATERIAL:** Seller shall furnish at Closing an affidavit and indemnification agreement in form satisfactory to Buyer showing that all labor and materials, if any, furnished to the Property within 120 days prior to the date of Closing have been paid for and agreeing to indemnify Buyer against all loss from any cause or claim arising therefrom.

FEE: 200 7/4/02 2:39 ACS

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 8/20/02

PERMIT NO: 4332B
PARCEL NO: 139-057-36

JOB LOCATION ADDRESS: 8604 BROOKGREEN DRIVE
PROPERTY OWNER: DAVID MYERS
BUILDING CONTRACTOR: DAVID MYERS
SUBDIVISION NAME: GLENGROFF LOT # 12
AUTHORIZATION ISSUED BY: _____ DATE: 8/20/02
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4332B, 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: _____

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.

_____ 9-18-02
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CONDITIONS OF THIS PERMIT

Tax Number: 139-057-36

Permit Number: 4322B

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	X 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	X Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
3 Long-term acceptance rate	360 Max gallons/day wastewater flow	200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
ND Serviced by private well	1500 Gallon septic tank	300 Total trench length (ft)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3 Bedrooms in residence	___ Gallon pump tank	NA Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: (1) REQUIRES AGREEMENT FORMS				

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	X Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
1200 Absorption Area (Sq ft) 300 Total Trench Length (Ft)	NA Depth of Stone Trench	9' Trench spacing (min. on centers)	30" 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 t
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 effe
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 Departme
- This Improvement permit is transferable.

DEHNR Authorized Agent — Date 5/20/02

Owner/Agent Signature — Date 9-18-02

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

PROPOSED PLOT PLAN

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

FILE: 4322B

TC: 139-051-36

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.

PERMIT FOR

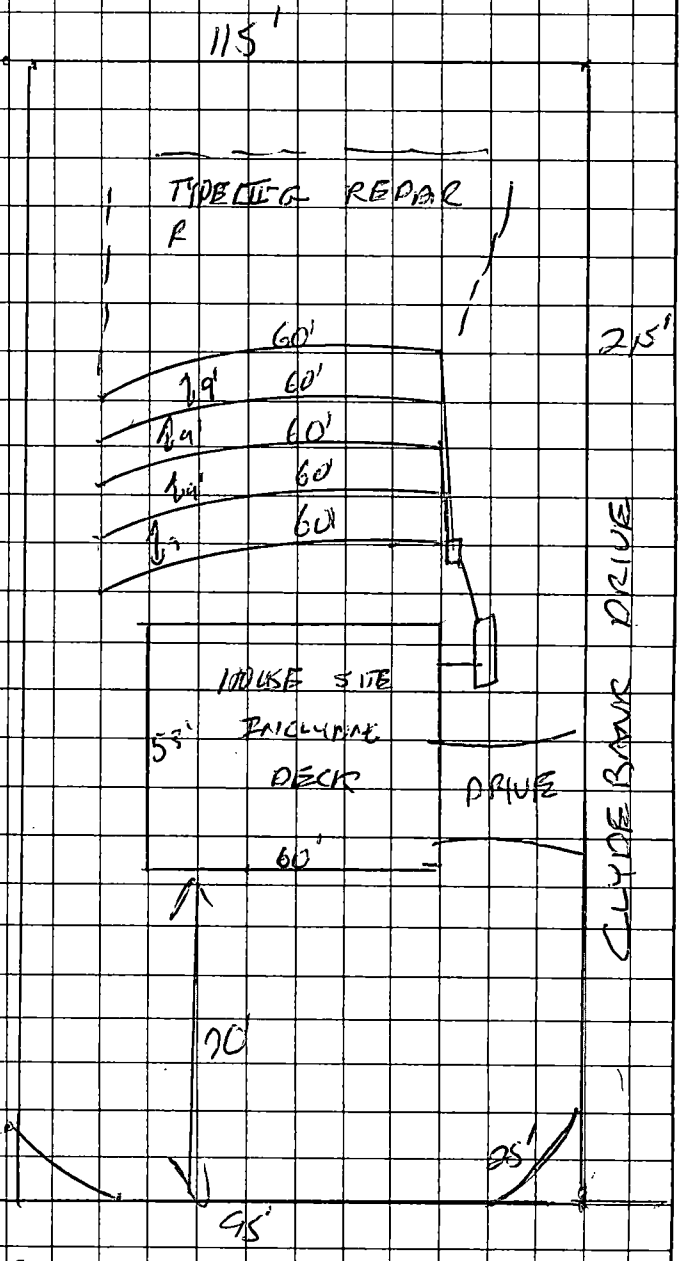
8604 BROOKGREEN DRIVE.

SCALE 1" = 40'

(1) INSTALL PERIMETERS SIMILAR (30") AND ON CONTOUR.

(2) THIS PERMIT DESIGN IS FOR A TYPE III-G INNOVATIVE INSTALLATION THAT ALLOWS FOR A 25% REDUCTION IN TOTAL LINEAR FEET

(3) REQUIRES AGREEMENT FORMS.



8604 BROOKGREEN DRIVE

OWNER/AGENT SIGNATURE

DATE 9-18-02

APPROVAL DATE 6/20/02

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Fees

Requestor (please print): Hans Construction Co. Inc.	Phone #:	Date Requested: 7/14/00	Date Filled:
Account Name:	Cash Charge	Account No.:	
I certify that I am authorized to charge this account for this service:			
Signature:	Printed Name:		Date:

T.C.	Qty	Description	Unit Cost	Total Cost
0701		Improvement Permit Application - Residential	$ 200.00	
0735		Improvement Permit Application - Commercial	$ 400.00	
0702		Optional Site Evaluations	$ 100.00	
0703	/	Installation and Final Approval	$ 150.00	150-
0704		Change in Plot Plan	$ 100.00	
0705		MH Exc/Add/Repl without System Modification	$ 100.00	
0706		MH Exc/Add/Repl with System Modification	$ 300.00	
0707		Site Consultation Visit	$ 100.00	
0734	/	Authorization for Wastewater System Construction	$ 150.00	150-
0708		Realty Closing - Conventional	$ 85.00	
0709		Realty Closing - FHA with water	$ 135.00	
0710		Additional Trips	$ 65.00	
0711		Well Water Analysis-Bacteriological with regular parameters	$ 50.00	
0712		Well Water Analysis -Nitrates and Nitrites	$ 15.00	
0714		Well Water Analysis - Organic Analysis	$ 200.00	
0715		Admin. Fee - Field Activity Letter	$ 25.00	
0718		Residential Pool Permit	$ 50.00	
0719		Public Pool Permit - operating	$ 240.00	
0720		Seasonal Pool Permit - operating	$ 120.00	
0736		Pool Late Fee	$ 120.00	
0733		Permit to Construct a Public Pool	$ 200.00	
0721		Home Day Care Evaluation and Permit	$ 70.00	
0722		Home Day Care Evaluation and Annual Fee	$ 40.00	
0723		Eval and Report Non-Permit Facility	$ 50.00	
0724		Private Pool Testing	$ 15.00	
0731		Garbage Hauler Permit - (1-9 vehicles)	$ 30.00	
0736		Garbage Hauler Permit - (each over 9)	$ 20.00	
0725		Document Copies	$ 0.05	

Payment received by: [illegible] Date: 7 14 00 Total: 300-

Brook Green Dr

8604

4320

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION

CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PAYMENT RECEIPT

RECEIPT INFORMATION

DATE: 07/14/2000 **RECEIPT #:** 165535 **PERMIT #:**

CHECK #: 004239 **MAILED:** NO **RECEIVED BY:** RM

TENDERED: 0.00 **AMOUNT:** 300.00CR **RETURNED:** 0.00

COMMENTS: 8604 BROOK GREEN DR

ACCOUNT INFORMATION

ACCOUNT #: 100000
CONTRACTOR: CASH CUSTOMER-SEE REMARKS
ADDRESS: SEE ABOVE

CITY: SEE ABO **STATE:** NC **ZIP:** 99999 0000

DELINQUENT			CURRENT			
30 DAYS	60 DAYS	90 DAYS	CHARGES	PAYMENTS	ADJUSTMENTS	BALANCE
0.00	0.00	0.00	0.00	0.00	0.00	0.00

43220

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Fees

Requestor (please print): Hans Construction Co. Inc. Phone #: Date Requested: 7/14/00 Date Filled:

Account Name: Cash Charge Account No.:

I certify that I am authorized to charge this account for this service:

Signature: Printed Name: Date:

T.C.	Qty	Description	Unit Cost	Total Cost
0701		Improvement Permit Application - Residential	$ 200.00	
0735		Improvement Permit Application - Commercial	$ 400.00	
0702		Optional Site Evaluations	$ 100.00	
0703	/	Installation and Final Approval	$ 150.00	150-
0704		Change in Plot Plan	$ 100.00	
0705		MH Exc/Add/Repl without System Modification	$ 100.00	
0706		MH Exc/Add/Repl with System Modification	$ 300.00	
0707		Site Consultation Visit	$ 100.00	
0734	/	Authorization for Wastewater System Construction	$ 150.00	150-
0708		Realty Closing - Conventional	$ 85.00	
0709		Realty Closing - FHA with water	$ 135.00	
0710		Additional Trips	$ 65.00	
0711		Well Water Analysis-Bacteriological with regular parameters	$ 50.00	
0712		Well Water Analysis -Nitrates and Nitrites	$ 15.00	
0714		Well Water Analysis - Organic Analysis	$ 200.00	
0715		Admin. Fee - Field Activity Letter	$ 25.00	
0718		Residential Pool Permit	$ 50.00	
0719		Public Pool Permit - operating	$ 240.00	
0720		Seasonal Pool Permit - operating	$ 120.00	
0736		Pool Late Fee	$ 120.00	
0733		Permit to Construct a Public Pool	$ 200.00	
0721		Home Day Care Evaluation and Permit	$ 70.00	
0722		Home Day Care Evaluation and Annual Fee	$ 40.00	
0723		Eval and Report Non-Permit Facility	$ 50.00	
0724		Private Pool Testing	$ 15.00	
0731		Garbage Hauler Permit - (1-9 vehicles)	$ 30.00	
0736		Garbage Hauler Permit - (each over 9)	$ 20.00	
0725		Document Copies	$ 0.05	

Payment received by: RM Date: 7-14-00 Total: 300-

Brook Green Dr

8604

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	08/02/02	**Amount:**	200.00
Receipt #:	9683	**Tendered:**	200.00
Check / Auth #:	CHECK 9129	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: 200000
Contractor: MYERS CAROLYN
Attn:
Address: 7230 COBBLECREEK DRIVE
Address:
City/State/Zip: MATTHEWS, NC 28104

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 8604 BROOKGREEN DRIVE		1	200.00	200.00

4/32RB

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

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

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

#2

Sheet: _____

Property ID: PO 139-052-07

Lot #: 12

File #: 4322B

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Jim Wm Lee

APPLICANT: _____

ADDRESS: 6604 Brook Green Dr, Mint Hill

DATE EVALUATED: 6-19-00

PROPOSED FACILITY: residence

PROPOSED DESIGN FLOW (.1949) 480gpd

PROPERTY SIZE: .61

LOCATION OF SITE: 6604 Brook Green Dr.

PROPERTY RECORDED: _____

WATER SUPPLY: ☐Private ☐Public ☐Well ☐Spring ☒Other Commercial

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 5-12%	0-3"	gr/sdl	Fr/SEXPl SS/SP	7 30" TO Soil wetness	30"	N/A	None	US .25@1 Fz IV
		3-22"	SBK/c	Fi/SEXPl S/P					
		22-30"	SBK/cl	Fr/SEXPl SS/SP					
2	LS	0-3"	gr/sdl	Fr/SEXPl SS	7 25" To Soil wetness	25"	N/A	None	US .125 @Fz IV (LPP)
		3-18"	SBK/c	Fi/SEXPl S/P					
		18-25"	SBK/cl	Fr/SEXPl SS/SP					
3	LS	0-4"	gr/sl	Fr/SEXPl SS/SP	7 40" To Soil wetness	40"	N/A	None	PS .39@Fz IV
		4-31"	SBK/c	Fi/SEXPl S/P					
		31-40"	SBK/cl	Fr/SEXPl SS/SP					

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

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): Unsuitable

EVALUATED BY: W. R. Martin LSS 6-21-00

OTHER(S) PRESENT: _____

FILE # 47228

COMMENTS 106 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	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

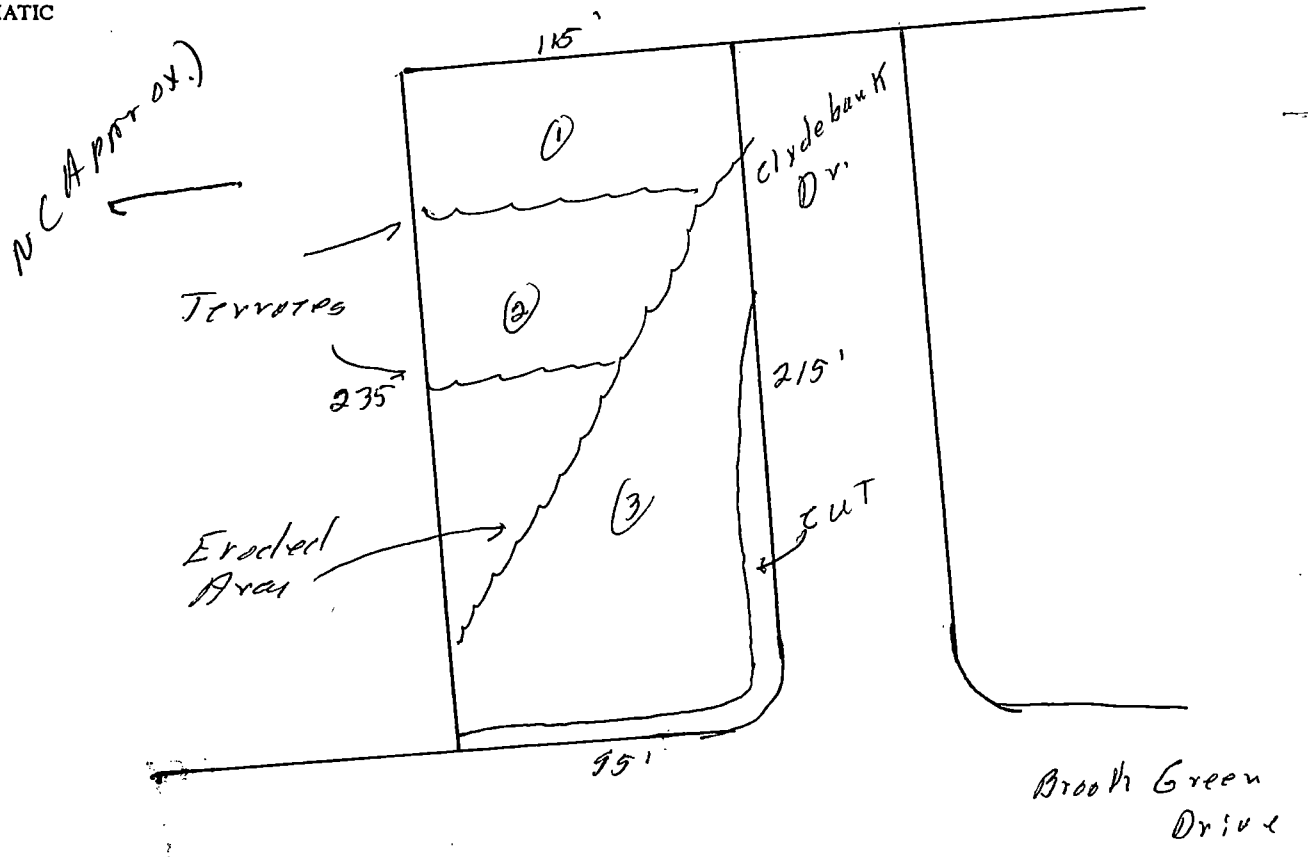
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



Mecklenburg County
Health Department

March 20, 2001

Jin Woo Lee
270-D Unionville Indian Trail Road
Indian Trail, NC 28079

Re: Application for improvement permit for Jin Woo Lee
Property Site: 8604 Brook Green Drive
Health Department file no. 4322B

Dear Property Owner or Owner's Agent:

The Mecklenburg County Health Department, Environmental Health Division on June 19, 2000 evaluated the above-referenced property at the site designated on the plat/site plan that accompanied your improvement permit application. According to your application the site is to serve a 4-bedroom residence, with a design wastewater flow of ___480___gallons per day. The evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 and related statutes and Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .1900 and related rules.

Based on the criteria set out in Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rules .1940 through .1948, the evaluation indicated that the site is **UNSUITABLE for** a ground absorption sewage system. Therefore, your request for an improvement permit is **DENIED.** A copy of the site evaluation is enclosed. The site is unsuitable based on the following:

_____Unsuitable soil topography and/or landscape position (Rule .1940)
_____Unsuitable soil characteristics (structure or clay mineralogy) (Rule .1941)
___X___Unsuitable soil wetness condition (Rule .1942)
___X___Unsuitable soil depth (Rule .1943)
_____Presence of restrictive horizon (Rule .1944)
___X___Insufficient space for septic system and repair area (Rule .1945)
_____Unsuitable for meeting required setbacks (Rule .1950)
_____Other (Rule .1946)

For the reasons set out above, the property is currently classified **UNSUITABLE,** and an improvement permit shall not be issued for this site in accordance with Rule .1948 (c).

However, the site classified as **UNSUITABLE** may be classified as **PROVISIONALLY SUITABLE** if written documentation is provided that meets the requirements of Rule .1948(d). A copy of this rule is enclosed. You may hire a consultant to assist you if you wish to try to develop a plan under which your site could be reclassified as **PROVISIONALLY SUITABLE.**

You have a right to an informal review of this decision. You may request an informal review by the soil scientist or environmental health supervisor at the local health department. You may also request an informal review by the N. C. Department of Environment and Natural Resources regional soil specialist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Center, Raleigh, NC 27699-6714. To get a copy of a petition form, you may write the Office of Administrative Hearings or call the office at (919) 733-0926. The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. N. C. General Statue 130A-335(g) provides that your hearing would be held in the county where your property is located.

Please note: If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is March 20, 2001, Meeting the 30-day deadline is critical to your right to a formal appeal. Beginning a formal appeal within 30 days will not interfere with any informal review that you might request. Do no wait for the outcome of any informal review if you wish to file a formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (N.C. General Statute 150B-23) to send a copy of your petition to the North Carolina Department of Environment and Natural Resources. Send the copy to: Office of General Counsel, N. C. Department of Environment and Natural Resources, 1601 Mail Service Center, Raleigh, NC. 27699-1601. Do **NOT** send the copy of the petition to your local health department. Sending a copy of your petition to the local health department will **NOT** satisfy the legal requirement in N.C. General Statute 150B-23 that you send a copy to the Office of General Counsel, NCDENR.

You may call or write the local health department if you need any additional information or assistance.

Sincerely,

J. Andrew Walker, R.S.
Authorized Agent - DENR

Encl: (2)

Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

NOTICE

THE INFORMATION CONTAINED IN THIS TELECOPY MAY BE PRIVILEGED AND/OR CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT (OR SUCH RECIPIENT'S EMPLOYEE OR AGENT), YOU ARE HEREBY NOTIFIED NOT TO READ, DISTRIBUTE OR COPY THE MATERIALS ATTACHED HERETO WITHOUT THE PRIOR WRITTEN CONSENT OF THE SENDER. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY THE SENDER BY TELEPHONE CALL AND RETURN THE ORIGINAL TELECOPY TO US BY MAIL AND WE WILL REIMBURSE YOU FOR THE REQUIRED POSTAGE. THANK YOU.

TO: DAVE MYERS TELECOPIER # 821-4618

FROM: D. Clark DATE 8/28/02

NUMBER OF PAGES TRANSMITTED: 3 (including cover sheet)

COMMENTS:

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5103

☐ Original will not follow ☐ Original will follow via:

☐ U.S. Mail ☐ Hand Delivery ☐ _____

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

PROPOSED PLOT PLAN

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

FILE: 4322B

TC: 139-051-36

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.

PERMIT FOR

8604 BROOKGREEN DRIVE.

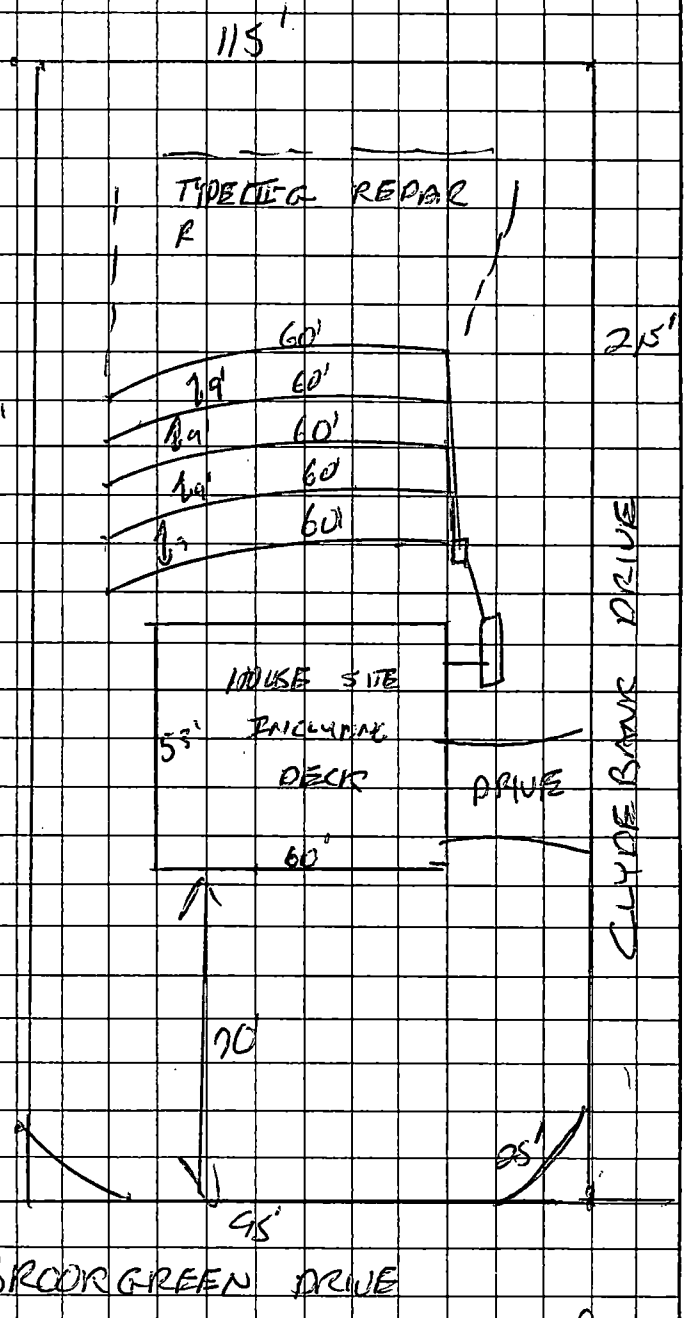
SCALE 1" = 40'

(1) INSTALL TRENCHES SHALLOW (30") AND ON CONTOUR.

(2) THIS PERMIT DESIGN IS FOR A TYPE III-G INNOVATIVE INSTALLATION THAT ALLOWS FOR A 25% REDUCTION IN TOTAL LINEAR FEET

(3) REQUIRES AGREEMENT FORMS

(4) NO GRADING TO TAKE PLACE IN AREA OF DRAINFIELD.



APPROVAL DATE 6/20/02

OWNER/AGENT SIGNATURE

DATE

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

Permit Number: 4322B

Tax Number: 139-052-36

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	X 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	X Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
3 Long-term acceptance rate	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
ND Serviced by private well	1500 Gallon septic tank	300 Total trench length (ft)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3 Bedrooms in residence	___ Gallon pump tank	NA Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: (1) REQUIRES AGREEMENT FORMS				
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	X Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
1200 Absorption Area (Sq ft) 300 Total Trench Length (Ft)	NA Depth of Stone Trench	9' Trench spacing (min. on centers)	30" 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 t 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 effe 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 Departme
- This Improvement permit is transferable.

DEHNR Authorized Agent — Date 5/20/02

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Fees

Requestor (please print): HANS Construction	Phone #:	Date Requested: 5.9.00	Date Filled:
Account Name:	Cash	Charge	Account No.:
I certify that I am authorized to charge this account for this service:			
Signature:	Printed Name:		Date:

T.C.	Qty	Description	Unit Cost	Total Cost
0701	1	Improvement Permit Application - Residential	$ 200.00	200 -
0735		Improvement Permit Application - Commercial	$ 400.00	
0702		Optional Site Evaluations	$ 100.00	
0703		Installation and Final Approval	$ 150.00	
0704		Change in Plot Plan	$ 100.00	
0705		MH Exc/Add/Repl without System Modification	$ 100.00	
0706		MH Exc/Add/Repl with System Modification	$ 300.00	
0707		Site Consultation Visit	$ 100.00	
0734		Authorization for Wastewater System Construction	$ 150.00	
0708		Realty Closing - Conventional	$ 85.00	
0709		Realty Closing - FHA with water	$ 135.00	
0710		Additional Trips	$ 65.00	
0711		Well Water Analysis-Bacteriological with regular parameters	$ 50.00	
0712		Well Water Analysis -Nitrates and Nitrites	$ 15.00	
0714		Well Water Analysis - Organic Analysis	$ 200.00	
0715		Admin. Fee - Field Activity Letter	$ 25.00	
0718		Residential Pool Permit	$ 50.00	
0719		Public Pool Permit - operating	$ 240.00	
0720		Seasonal Pool Permit - operating	$ 120.00	
0736		Pool Late Fee	$ 120.00	
0733		Permit to Construct a Public Pool	$ 200.00	
0721		Home Day Care Evaluation and Permit	$ 70.00	
0722		Home Day Care Evaluation and Annual Fee	$ 40.00	
0723		Eval and Report Non-Permit Facility	$ 50.00	
0724		Private Pool Testing	$ 15.00	
0731		Garbage Hauler Permit - (1-9 vehicles)	$ 30.00	
0736		Garbage Hauler Permit - (each over 9)	$ 20.00	
0725		Document Copies	$ 0.05	

Payment received by: [signature] Date: 5/9/00 Total: 200 -

5604 Brook Green Dr.

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION

FEE: 300
DATE: 5/9/00 Rec'd Ell

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

1 1 CRT

TYPE APPLICATION: X 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 #: 43228

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: 137-05-1-03 PP

TAX/PARCEL NUMBER: ~~NOT YET ASSIGNED~~

STREET ADDRESS: 8604 BROOK GREEN DR.

SUBDIVISION OR MOBILE HOME PARK NAME: GLEN CROFT

LOT NUMBER: 12

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
X 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
X 7 MINT HILL

HEATED SQUARE FOOTAGE: 2163 Sq ft.

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 2

CLOSING DATE 4/27/00

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
X CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

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

N/A

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES X NO TYPE: _____

WATER SUPPLY (CHECK ONE):

X COMMUNITY (C)
__ MUNICIPAL (M)
__ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

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

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

PROPERTY OWNER:

NAME: (LAST) LEE (FIRST) JIN (MI) WOO

ADDRESS: ~~8604 BROOK GREEN DR.~~ 276-D Unionville Indian Trail Rd

CITY: MINT HILL STATE: ~~NC~~ ZIP: ~~28211~~ Indian Trail 28079

DAYTIME PHONE: (704) 363 - 6728

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 4/27/00.

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: [signature] DATE: 5/3/00

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4322 B DATE: 5-8-03

TC: 139-057-36 ☐ L ☐ CRT

SERIAL 19196

Name of Owner DAVID MYERS Juris.:

Address of Property 8604 BROOKGREEN DRIVE

Inspection Data:

Tank Material 1500 gal pcc

Total Length of Drainfield 30

Number of Lines 5 @ 60

Cover Depth 12"

Water Supply Source MUNICIPAL

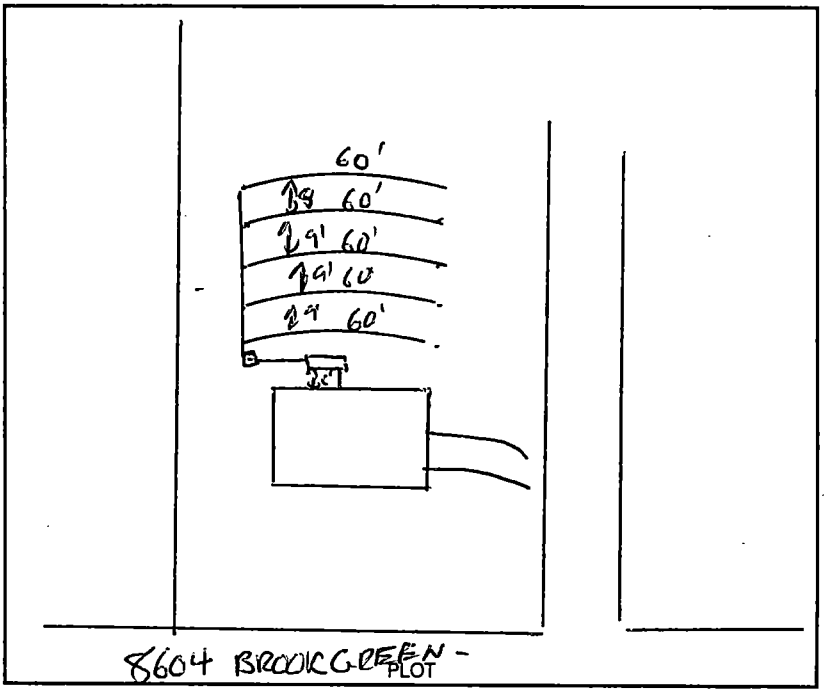
Distance to Water Source >10'

Excavation Inspected 5-8-03

Tank(s) Inspected 5-8-03

Wash Line Inspected —

High Water Alarm Inspected —



Design 1500 ST 1200 SFT INNOVATIVE EZE222 FLOW CTR# RCS

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

☑ installed or constructed ☐ altered or repaired

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

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

☐ Certificate of Completion ☑ Operation Permit

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

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

COMMENTS: TYPE II-G

Environmental Health Specialist

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

File # 4322B

COMPLIANCE NOTICE FOR EROSION AND SEDIMENT CONTROL ON INDIVIDUAL SINGLE-FAMILY RESIDENTIAL LOTS

A building permit WILL NOT be issued until this form is filled out correctly.

LOCATION

STREET #	(N,S,E, W)	STREET NAME	LOT #
8604		BROOK GREEN DR MINT HILL, NC 28211	12

SUBDIVISION: GLENCROFT

ANTICIPATED STARTING DATE OF CONSTRUCTION: 6/1/00

TAX JURISDICTION: (Check ONLY one)
☐ 0 - Mecklenburg ☐ 1 - Charlotte ☐ 2 - Davidson ☐ 3- Cornelius
☐ 4 - Pineville ☐ 5- Matthews ☐ 6 - Huntersville ☒ 7 - Mint Hill

Is property located within the Charlotte ETJ? ☒ Yes ☐ No

PLEASE READ THE BACK SIDE BEFORE COMPLETING

For single-family and two-family residential sites, choose one of the following approaches:

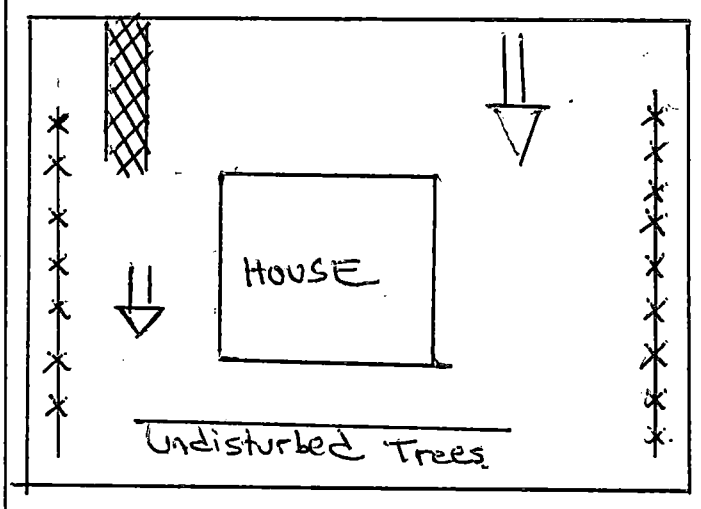
☐ The most appropriate option from the back of this notice is option _____ or a combination of options _____ and _____.

☒ The sediment control is as drawn in the space to the right.

Does site have stream buffer requirements?
☐ Yes ☒ No

If yes, pick the total width of the buffer from top of creek bank:
☐ 35 feet ☐ 50 feet
☐ 100 feet plus 50 % of floodway fringe

EROSION CONTROL PLAN



PERSON(S) AND FIRM(S) WHO ARE FINANCIALLY RESPONSIBLE FOR THIS LAND DISTURBING ACTIVITY:

COMPANY NAME: HAN'S CONSTRUCTION CO, INC
COMPANY PRESIDENT: SANG YUL KANG
ADDRESS: 270-D UNIONVILLE INDIAN TRAIL RD INDIAN TRAIL, NC 28079
CONSTRUCTION MANAGER: KEITH ORR

FIELD OFFICE TELEPHONE: (704) 821-0704
FIELD OFFICE FAX NUMBER: (704) 821-0705
HOME OFFICE TELEPHONE: _____
HOME OFFICE FAX NUMBER: _____

THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE HAS READ THE INFORMATION ON THE BACK OF THIS FORM AND IS AWARE OF THE STATED REQUIREMENTS OF THE SOIL EROSION AND SEDIMENTATION CONTROL, AND S.W.I.M. STREAM BUFFER ORDINANCES. THE OWNER MUST COMPLY WITH THE PROVISIONS OF BOTH OF THESE ORDINANCES.

APPLICANT'S SIGNATURE	DATE	PRINT APPLICANT'S NAME
	5/3/00	Jin Woo Lee

ORIGINAL - WHITE SITE COPY - BLUE APPLICANT'S COPY - YELLOW

EROSION CONTROL PLAN OPTIONS
FOR ONE/TWO FAMILY HOMES

The Soil Erosion and Sedimentation Control Ordinance requires that anyone conducting land-disturbing activity control sediment from leaving the disturbed site. Furthermore, anyone conducting land-disturbing activity of one acre or more must obtain a grading permit prior to conducting the land-disturbing activity. In cases where fill is required or material is wasted, the area that material is coming from or going to must be added to the total area disturbed. Land-disturbing activities include demolition and land clearing. Erosion Control measures must be installed per details found in Section 30 of the *Charlotte/Mecklenburg Land Development Standards Manual*.

Failure to install or maintain erosion control measures may result in penalties of up to $5000 per day.

In addition, all properties must comply with the S.W.I.M. Stream Buffer Ordinance. To identify the buffer requirements for any lot or parcel of land, access the website: www.co.mecklenburg.nc.us/coenv/inside.htm, select SWIM then follow the instructions.

EROSION CONTROL OPTIONS

INSTRUCTIONS: IDENTIFY ONE OR ANY COMBINATION OF LETTERS FOR THE SCHEMATIC THAT BEST DESCRIBES THE EROSION CONTROL MEASURES THAT WILL BE USED DURING CONSTRUCTION.

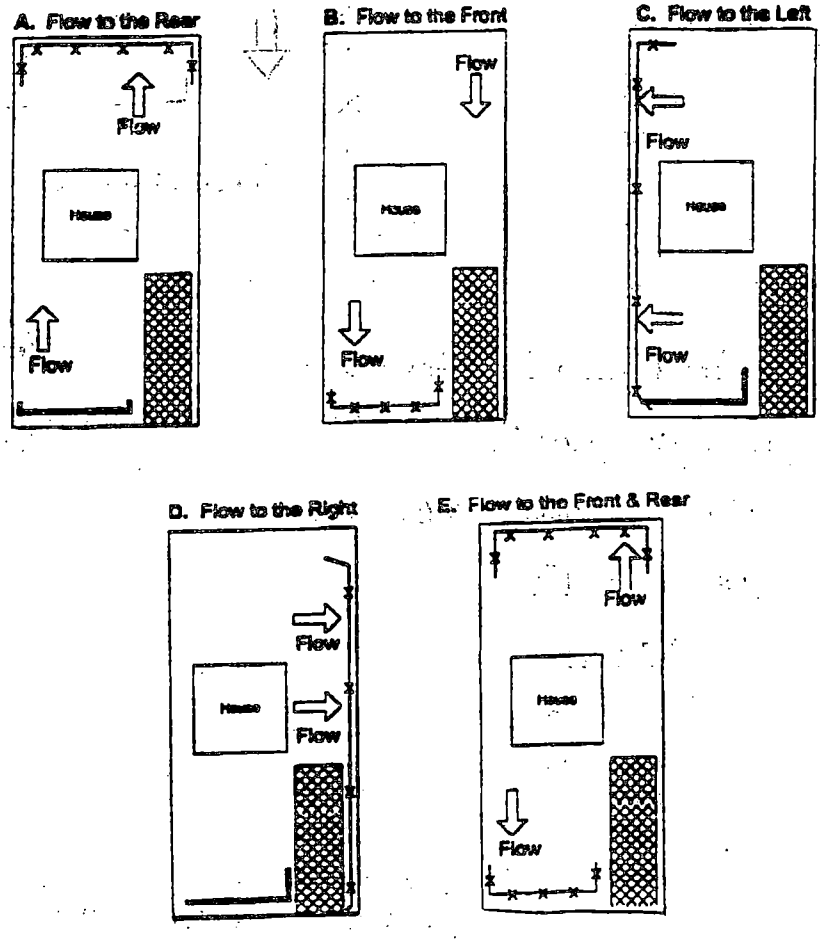
LEGEND

SILT FENCE

CONSTRUCTION ENTRANCE

DIRECTION OF FLOW (POINT DOWNHILL)

BARRICADE (SUCH AS SILT FENCE, TREE PROTECTION BARRIER, ETC.)



File
4322B

COMPLIANCE NOTICE FOR EROSION AND SEDIMENT CONTROL ON INDIVIDUAL SINGLE-FAMILY RESIDENTIAL LOTS

A building permit WILL NOT be issued until this form is filled out correctly.

LOCATION

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SUBDIVISION: GLENCROFT

ANTICIPATED STARTING DATE OF CONSTRUCTION: 6/1/00

TAX JURISDICTION: (Check ONLY one)
☐ 0 - Mecklenburg ☐ 1 - Charlotte ☐ 2 - Davidson ☐ 3- Cornelius
☐ 4 - Pineville ☐ 5- Matthews ☐ 6 - Huntersville ☒ 7 - Mint Hill

Is property located within the Charlotte ETJ? ☒ Yes ☐ No

PLEASE READ THE BACK SIDE BEFORE COMPLETING

For single-family and two-family residential sites, choose one of the following approaches:

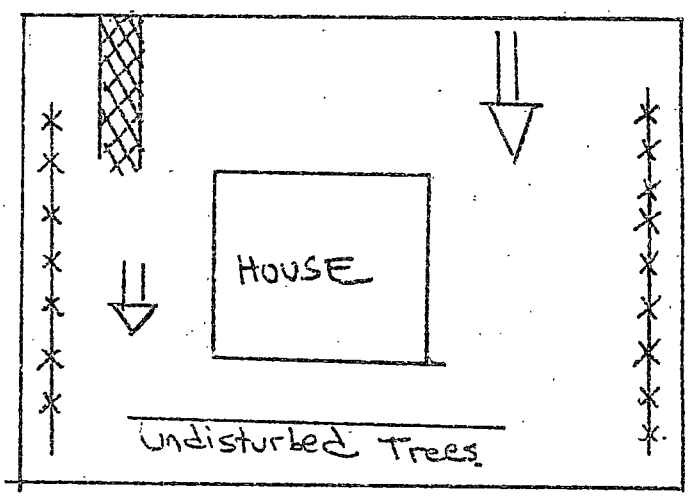
☐ The most appropriate option from the back of this notice is option _____ or a combination of options _____ and _____.

☒ The sediment control is as drawn in the space to the right.

Does site have stream buffer requirements?
☐ Yes ☒ No

If yes, pick the total width of the buffer from top of creek bank:
☐ 35 feet ☐ 50 feet
☐ 100 feet plus 50 % of floodway fringe

EROSION CONTROL PLAN



PERSON(S) AND FIRM(S) WHO ARE FINANCIALLY RESPONSIBLE FOR THIS LAND DISTURBING ACTIVITY:

COMPANY NAME: HAN'S CONSTRUCTION CO. INC.
COMPANY PRESIDENT: SANG YUL KANG
ADDRESS: 270-D UNIONVILLE INDIAN TRAIL RD INDIAN TRAIL, NC 28079
CONSTRUCTION MANAGER: KEITH ORR

FIELD OFFICE TELEPHONE: (704) 821-0704
FIELD OFFICE FAX NUMBER: (704) 821-0705
HOME OFFICE TELEPHONE: _____
HOME OFFICE FAX NUMBER: _____

THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE HAS READ THE INFORMATION ON THE BACK OF THIS FORM AND IS AWARE OF THE STATED REQUIREMENTS OF THE SOIL EROSION AND SEDIMENTATION CONTROL, AND S.W.I.M. STREAM BUFFER ORDINANCES. THE OWNER MUST COMPLY WITH THE PROVISIONS OF BOTH OF THESE ORDINANCES.

APPLICANT'S SIGNATURE	DATE	PRINT APPLICANT'S NAME
	5/3/00	Jin Woo Lee

ORIGINAL - WHITE SITE COPY - BLUE APPLICANT'S COPY - YELLOW

EROSION CONTROL PLAN OPTIONS
FOR ONE/TWO FAMILY HOMES

The Soil Erosion and Sedimentation Control Ordinance requires that anyone conducting land-disturbing activity control sediment from leaving the disturbed site. Furthermore, anyone conducting land-disturbing activity of one acre or more must obtain a grading permit prior to conducting the land-disturbing activity. In cases where fill is required or material is wasted, the area that material is coming from or going to must be added to the total area disturbed. Land-disturbing activities include demolition and land clearing. Erosion Control measures must be installed per details found in Section 30 of the *Charlotte/Mecklenburg Land Development Standards Manual*.

Failure to install or maintain erosion control measures may result in penalties of up to $5000 per day.

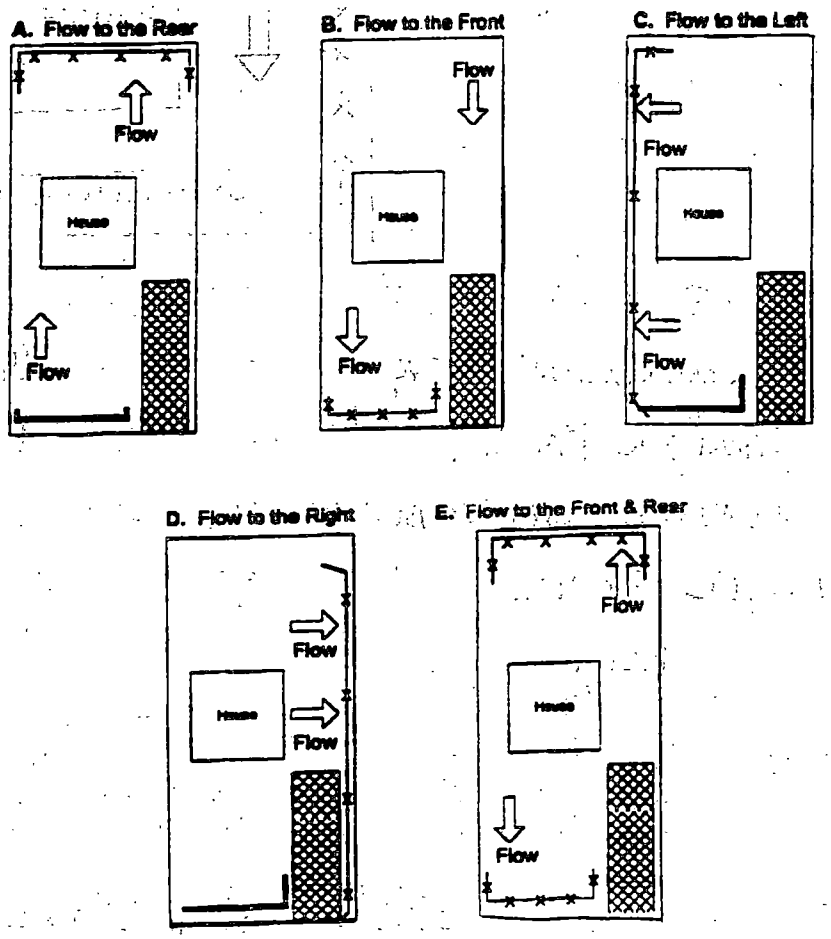
In addition, all properties must comply with the S.W.I.M. Stream Buffer Ordinance. To identify the buffer requirements for any lot or parcel of land, access the website: www.co.mecklenburg.nc.us/coenv/inside.htm, select SWIM then follow the instructions.

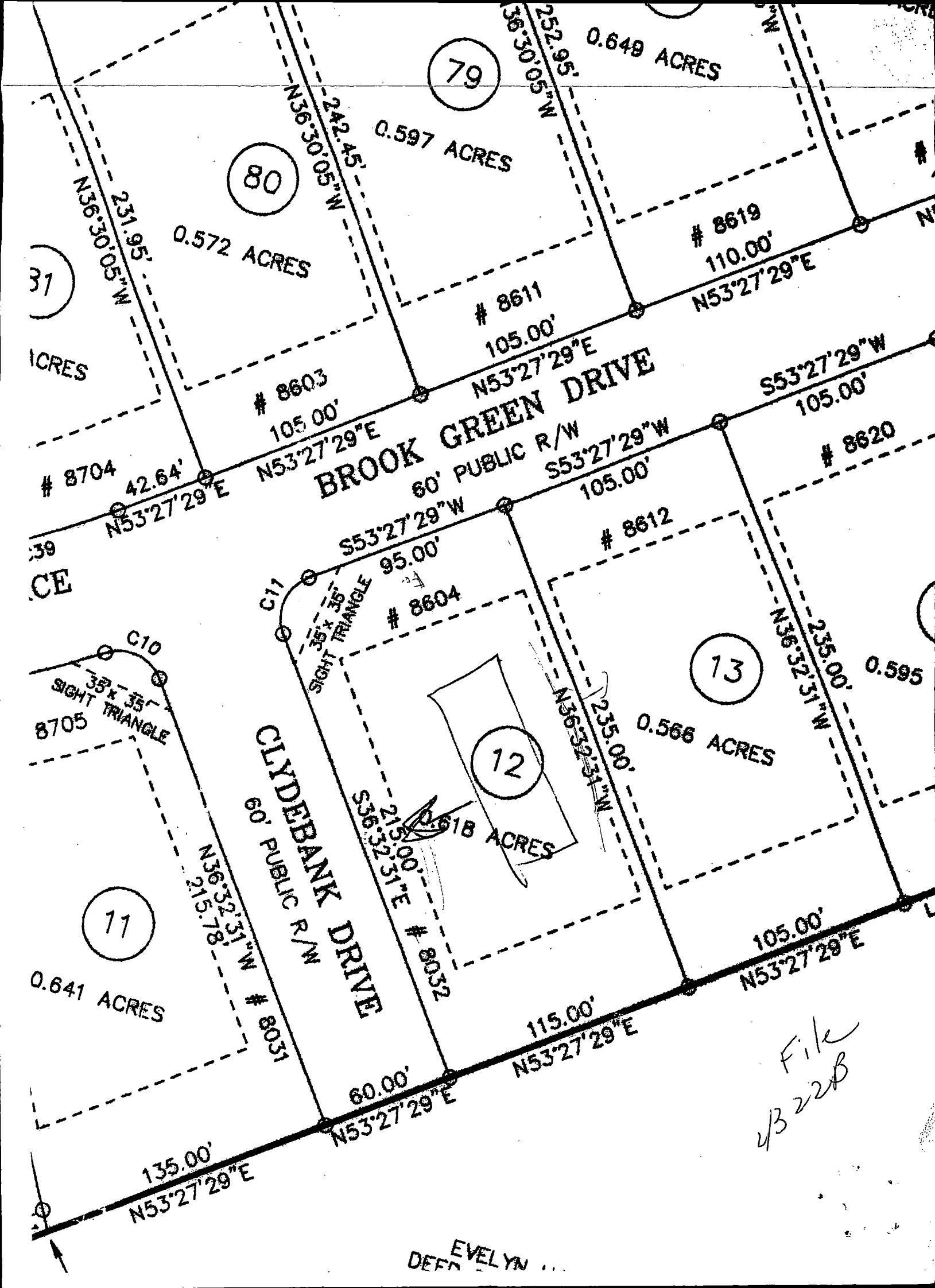
EROSION CONTROL OPTIONS

INSTRUCTIONS: IDENTIFY ONE OR ANY COMBINATION OF LETTERS FOR THE SCHEMATIC THAT BEST DESCRIBES THE EROSION CONTROL MEASURES THAT WILL BE USED DURING CONSTRUCTION.

LEGEND

- SILT FENCE
- CONSTRUCTION ENTRANCE
- DIRECTION OF FLOW (POINT DOWNHILL)
- BARRICADE (SUCH AS SILT FENCE, TREE PROTECTION BARRIER, ETC.)




79
0.649 ACRES
0.597 ACRES
80
0.572 ACRES
N36°30'05"W 252.95'
N36°30'05"W 242.45'
N36°30'05"W 231.95'
8619
110.00'
N53°27'29"E
8611
105.00'
N53°27'29"E
8603
105.00'
N53°27'29"E
8704
42.64'
N53°27'29"E
BROOK GREEN DRIVE
60' PUBLIC R/W
S53°27'29"W 105.00'
S53°27'29"W 105.00'
8620
8612
S53°27'29"W 95.00'
C11
35' x 35' SIGHT TRIANGLE
8604
C10
35' x 35' SIGHT TRIANGLE
8705
13
0.566 ACRES
N36°32'31"W 235.00'
N36°32'31"W 235.00'
0.595
12
0.618 ACRES
S36°32'31"E 215.00'
8032
CLYDEBANK DRIVE
60' PUBLIC R/W
N36°32'31"W 215.78'
8031
11
0.641 ACRES
105.00'
N53°27'29"E
115.00'
N53°27'29"E
60.00'
N53°27'29"E
135.00'
N53°27'29"E
EVELYN ...

File
4/3 22B



8604 BROOKGREEN DR

13905736

1/4/2008

duponbj

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

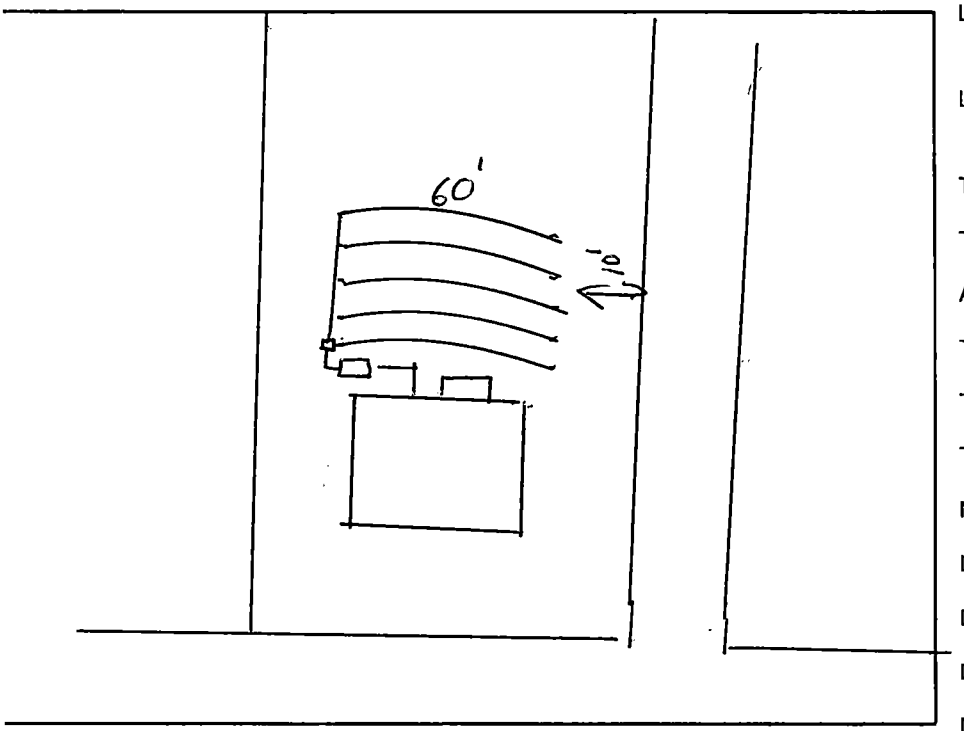
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4322-B DATE: 4-17-03

TC: 134-051-36 L

SERIAL 19353

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 2-31-02. All work shall be completed on or before _____, 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 _____ 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

Depth of Stone NA inches

Distance from House 5' feet

Distance from Property Line 46' feet

Distance from Well >50 feet

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

NAME OF OWNER DAVID MYERS

LOCATION OF PROPERTY 8604 BROOKGREEN DRIVE

Comments: (1) REQUIRES TYPE III-C INNOVATIVE INSTALLATION (2) INSIDE ORDINANCES SHOULDN (24") AND AT LEAST 10' FROM ANY CUT [2/1] OR GREATER.

Environmental Health Specialist

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