

13136 MAYES RD

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6/27/08

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Groundwater and Wastewater Services File Imaging Project
May 2007
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MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Water & Land Resources
Groundwater & Wastewater Services

September 2, 2005

Rodney Munday
13136 Mayes Road
Huntersville, NC 28078

Dear Mr. Munday:

Re: Bacteriological Well Sample Results

Enclosed you should find a copy of the laboratory analysis of the well water sample that was collected at 13136 Mayes Road on August 29, 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 Hygienist

Enclosures (3):

CHARLOTTE.

Laboratory Analysis Report
Report Date: 9/1/2005 04:30 PM

LABORATORY SERVICES DIVISION

LOCATION: GWS-13216
LOC ID: G-GWS
SAMPLE DATE-TIME: 8/29/2005 9:45
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB46883
CHAIN OF CUSTODY #: 05080493

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB46883	**E. COLI-PA**	**absent**	**P/A**		SM 9223B	8/30/2005 8:40	KEK
AB46883	**Total Coliform**	**present**	**P/A**		SM 9223B	8/30/2005 8:40	KEK

Comment:

Laboratory Supervisor: Keith Neal (NDE)

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

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

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

CHAIN OF CUSTODY RECORD

CLIENT: MECKLENBURG COUNTY, LUESA - GROUNDWATER AND WASTEWATER SERVICES

FACILITY: GROUNDWATER (Potable Water) - Munday Residence

LOCATION / ADDRESS: 13136 Mayes Road, Huntersville NC 28078

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#: 05080493

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	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform	Nitrate	Nitrite	Nitrate + Nitrite	Fluoride	Hardness	Metals	Fecal Coliform	Fecal Strep	Pest/PCB, EPA 608	Herb, EPA 8151	VOA, EPA 8260	Semis, EPA 8270
46883 GWS-13216	TO	8/29/05 9:45		N					X		100 ml		1						X		X												

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
	Rick Williams	8/29/05	1126
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	Munday Residence	12160
Health Department	**Name of Establishment**	**Permit/Project No.**
13136 Mayes Rd., Huntersville 28078	Single-family dwelling	360 GPD
Location	**Type of Establishment**	**Design Flow**
Rodney & Connie Munday	Same as location address	(704) 896-8253
Owner/Agent	**Address**	**Phone**
N/A	N/A	n/A
Operator	**Address**	**Phone**
IIIb	8/29/2005	August 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?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☒	☐	☐	
b. Tanks and access manholes structurally sound, watertight?	☒	☐	☐	
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	3.c. Sanitary tee not inspected.
d. Tanks pumped, cleaned out as needed?.....	☒	☐	☐	
4. RAW SEWAGE LIFT STATION (if present):				
a. Required pumps present, operating, and cycling properly	☐	☐	☒	
b. High-water alarm present and operating properly?	☐	☐	☒	
c. Floats/pipe/valves/disconnects in good condition?	☐	☐	☒	
5. EFFLUENT DOSING SYSTEM:				
a. Effluent appears clear, free of excess solids?	☐	☒	☐	5.a. Measured >6" of solids in the dosing tank.
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☒	☐	☐	
b. High-water alarm present and operating properly?	☒	☐	☐	5.A.b. Indoor alarm.
c. Floats/pipe/valves/disconnects in good working condition?	☒	☐	☐	
d. Control panel enclosure/components in good condition?	☒	☐	☐	
e. Elapsed time readings: _____ _____ _____ _____				
B. SIPHON SYSTEMS:				
a. No evidence of overflow or siphon leakage?	☐	☐	☒	
b. Siphon(s) appear to be working/alternating properly?	☐	☐	☒	
c. Bells and vents free of debris and in good condition?	☐	☐	☒	

6. GROUND ABSORPTION FIELDS:

a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐
b. Minimal ponding in subsurface trenches?	☒	☐	☐
c. Surface water being effectively diverted away?	☒	☐	☐
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐
f. Protected from traffic, destructive uses?	☒	☐	☐
g. Distribution devices in good condition, working properly?	☒	☐	☐
h. Repair area properly reserved, maintained?	☒	☐	☐

A. LOW PRESSURE PIPE DRAIN FIELDS:

a. Turnups/cleanouts/valves intact and accessible?	☐	☐	☒
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 observed on ground surface at the time of inspection.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

None

***REPAIR WITHIN 30 DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

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

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

1. Recommend lowering the pump control and alarm floats inside pump tank. Current setting allows minimal storage volume in the pump tank. Tank is holding approximately 30" of effluent at all times.
2. Recommend placing duct sealant inside the electrical conduit between the pump tank and the junction box.

DATE: 8/29/2005

SIGNED: _____ AGENT

Division of Environmental Health

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	08/17/05	**Amount:**	85.00
Receipt #:	36427	**Tendered:**	85.00
Check / Auth #:	CHECK 5203	**Returned:**	0.00
Received By:	AIDOOJK		

Account Information

Account #: 200000
Contractor: MUNDAY RODNEY D.
Attn:
Address: 13136 MAYES ROAD
Address:
City/State/Zip: HUNTERSVILLE, NC 28078

Item	Description	Permit#	Quantity	Unit Price	Total Price
0743	Hmeownr Maint Inspec-Type IIIB FILE # 12160/704-896-8253		1	85.00	85.00

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

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

MECKLENBURG COUNTY

Land Use and Environmental Services Agency

Groundwater and Wastewater Services

August 9, 2005

FINAL NOTICE

Munday, Connie C.

13136 Mayes Road

Huntersville NC 28078

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 purcased at our office.

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

13136 Mayes Road
Huntersville NC 28078
MCHD File Number: 12160

is due for inspection on: **8/14/2005**

An inspection notice was sent to you on June 29, 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 Hygienist

MECKLENBURG COUNTY
Health Department

February 21, 2002

Rob Munday
13216 Mayes Rd.
Huntersville, NC 28078

Dear Mr. Munday:

The State required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence located at 13136 Mayes Rd., Huntersville, North Carolina, was completed on 1/16/03. The results of this inspection are enclosed.

During our inspection a bacteriological as well as two inorganic water samples were taken of your private water supply. The laboratory analysis of the well water sample was reported to be negative for coliform bacteria. The results of the inorganic analysis were within the acceptable range for private wells.

Our records indicate that the $85.00 fee for this service has not been received. Please return the enclosed invoice with your payment.

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

Sincerely,

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

Enclosure: Inspection Report
Microbiological/Inorganic Analysis Results
Septic System Owner's Guide
Inspection Invoice

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

COPY

Field I.D.#: 209963 Dept.: ENV. HEALTH - INNS
Project: PME

Site Sampled: ROB MURDAY
Address: 13130 MAYES RD
Source Sampled: WELL HEAD ☒ Potable ☐ NonPotable
Source Treatment: ☐ Chlorinated ☒ Nonchlorinated ☐ Unknown
Sample Temperature: _____ °C

Sample Collected On:
Date: 1/16/03 Time: 1:30 ☐AM ☒PM
Collected By: _____ (Signature)

Relinquished to Lab On:
Date: 1/16/03 Time: 3:10 ☐AM ☒PM
Relinquished By: _____ (Signature)

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

Report Results To: DAVID CORNELIUS

Lab I.D. #: 8801
Rec'd By: _____ (Signature)
Date Rec'd: 01/16/03
Time: 1540
Sample Condition: 4
Temperature: _____ °C
Remarks: _____
Data Qualifiers: I N

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

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

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

Laboratory Certifications: N.C. DHHS Laboratory #37527 N.C. DENR Certificate #3192

SHADED AREA FOR LAB USE ONLY

Bacteriologicals
Total coliform ☒ Absent Colonies /100 mL
Fecal coliform ☐ _____ Colonies /100 mL
Fecal strep ☐ _____ Colonies /100 mL
E. Coli ☐ Absent Colonies/100 mL
Enterococci ☐ _____ Colonies/100 mL
E = Estimated

Miscellaneous
Asbestos ☐ _____ %
Chlorophyll a ☐ _____ ppb

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

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

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

Mineral Metals

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

Toxic Metals
TCLP Metals ☐

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

Remarks: _____

Date Completed: 1/21/03 Laboratory Director: for T Barry

SAMPLE DELIVERY PROCEDURES:

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

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

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

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

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

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

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

SAMPLE COLLECTION:

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

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

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

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

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

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

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

COPY

INORGANIC CHEMICAL ANALYSIS - PRIVATE WATER SYSTEM

Name of System: Monday, Rob
Address: 13136 Mayes Rd.
Huntersville, NC
Zip: 28078

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

County: MECKLENB

Report To: Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202
Courier: 05-16-21

ATTN: David L. Cornelius
(704) 336-5101

Collected By: D.L. CORNELIUS **Date:** 1/20/03 **Time:** 1:00:00 PM

Location of sampling point: Well Head

Remarks:

Parameters	Results	Units	Date Analyzed:
Acidity as CaCO3	4	mg/l	1/29/03
Alkalinity as CaCO3	22	mg/l	1/29/03
Arsenic	<0.001	mg/l	1/29/03
Calcium	5.4	mg/l	1/29/03
Chloride	<5.0	mg/l	1/29/03
Copper	<0.05	mg/l	1/29/03
Fluoride	<0.20	mg/l	1/29/03
Iron	<0.05	mg/l	1/29/03
Hardness as CaCO3 (Ca,Mg)	19	mg/l	1/29/03
Magnesium	1.3	mg/l	1/29/03
Manganese	<0.03	mg/l	1/29/03
Sodium	4	mg/l	1/29/03
Lead	<0.005	mg/l	1/29/03
pH	7.2	Std. unit	1/29/03
Zinc	0.21	mg/l	1/29/03

Date Received: 1/29/03 **Report Date:** 2/11/03 **Reported By:** DM
Today's Date: 2/11/03 **Ref:** 1147 **Login Batch:** 03010055 **Sample Number:** AA88684

Explanations

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

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

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.01 ~~0.05~~ mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l

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

COPY

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

MECKLENBURG COUNTY — Health Department
12160 — Permit/Project No.
13136 MAYES RD. — Location
RESIDENCE — Name of Establishment
Type of Establishment
Design Flow
ROB MUNDAY — Owner/Agent
13136 MAYES RD. HUNTERSVILLE, NC 28078 — Address
Phone
N/A — Operator
Address
Phone
Remarks TTT6

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

OVERALL CONDITION AND OPERATION OF SYSTEM: NO EFFLUENT SURFACING

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)

DATE: 1/16/03 SIGNED: _____ AGENT
Division of Environmental Health

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

– over –

SUMMARY OF IMPROVEMENTS NEEDED (cont.)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

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

violations: _____
[Law or Rule(s)]

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

IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

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

_____
[Law or Rule(s)]

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

This the _____ day of _____, 19 _____.

_____ Agent
DIVISION OF ENVIRONMENTAL HEALTH

INSTRUCTIONS

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

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

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

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

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

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

December 26, 2002

MECKLENBURG COUNTY
Health Department

Rodney D. and Connie C. Munday
13216 Mayes Rd.
Cornelius, NC 28031

Dear Mr. and Mrs. Munday:

The North Carolina Administrative Code requires routine maintenance and inspections of certain septic tank systems that utilize pumps. Our records indicate that the required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence located 13136 Mayes Rd., Cornelius, NC is due.

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

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

The inspection program and the water analysis are very important initiatives intended to protect the public's health while improving and preserving our groundwater resources. We highly recommend and prefer that you contact our office to make an appointment for the inspection of your system. If we have not heard from you by January 15, 2003 we will proceed with our inspection activities on your property. You will be apprised of our assessments and recommendations for the continued efficient operation of your septic tank system.

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

Sincerely,

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

Enclosure: Inspection Statement

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Rodney and Connie Munday
13216 Mayes Rd.
Cornelius, NC 28031

Please Make Check Payable To:

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

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Rodney and Connie Munday	13216 Mayes Rd.	01106211	12160	IIIb
				Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date: 12/27/02

Payment Due Date: 1/27/03

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

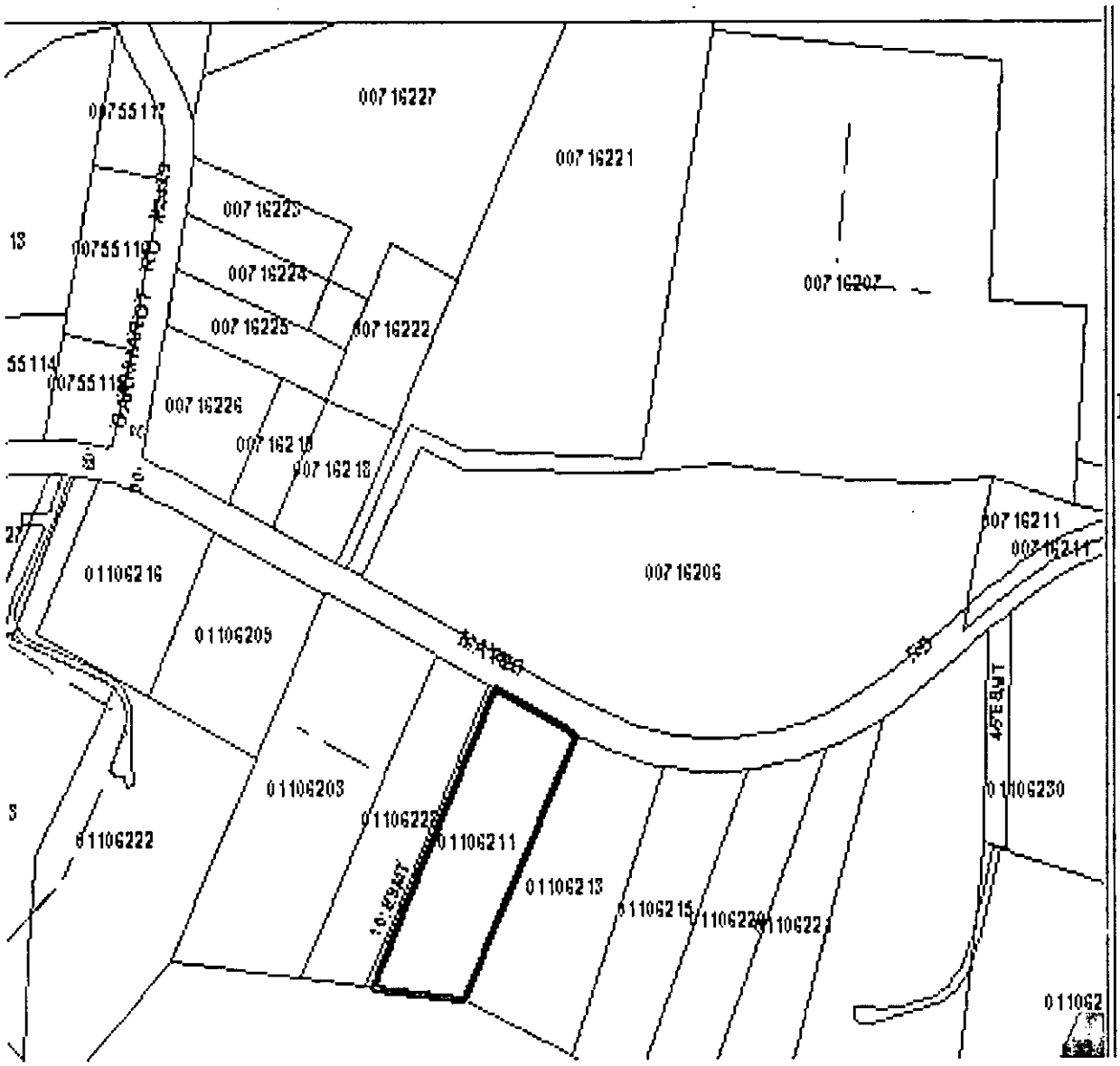
☐ *Please check if you have a well.*

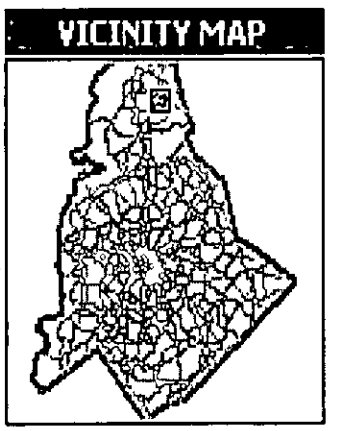
Make Check Payable To Mecklenburg County Health Department
Your Cancelled Check Is Your Receipt

DO NOT SEND CASH

Parcel-Id#: 01106211 GIS Map#: 01106211	Legal Desc.: NA
Account Type: INDIVIDUAL	Deed Book/Page: 07873/677 Date: 8/9/1994
Owner: MUNDAY CONNIE C	Sales Price: $0
Add. Owner: MUNDAY RODNEY D HSB	Sales Date: 8/9/1994 Qualified Sale: N
Mailing: 13216 MAYES RD	Neighborhood Code: 01101
Address:	Historic Desig.: Farm Desig.:
City: CORNELIUS	Deed Acreage: 2.412 Assessed Acreage: 2.41
State: NC ZIP: 28031	Assessed Land Value: $47740
Location: 13136 MAYES RD Get Directions	Total Assessed Value: $329040
Municipality: MECKLENBURG COUNTY	Tax Bill Information: Click Here!

Site Location Information





LEGEND

- ☑ County Bounda
- ☐ Jurisdictions
- ☐ Spheres of Influ
- ☑ Tax Parcels
- Historic Distric
- ☐ Parcel Dimensi
- ☐ Sales by Deed Y
- ☑ Railroad ROWs
- ☑ Utility ROWs
- ☑ Bodies of Water
- ☑ Streams

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 12160 DATE: 8/16/95

TC: 011 - 062 - 11 ☐ L ~~☐ ORT~~

SERIAL Nº 16369

Name of Owner Connie C. Munday Juris.:

Address of Property 13136 Mayes Road

Inspection Data:

Tank Material PCC

Total Length of Drainfield /

Number of Lines / @

Cover Depth /

Water Supply Source Well

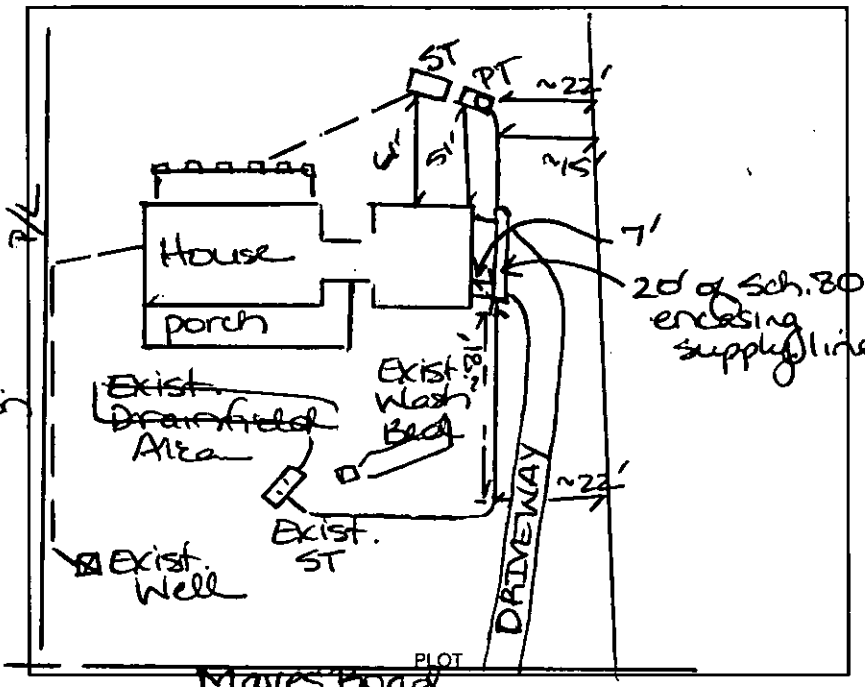
Distance to Water Source 75+ from alteration

Excavation Inspected /

Tank(s) Inspected 7/26/95

Wash Line Inspected /

High Water Alarm Inspected 8/16/95



Design 1995 Alteration, 1500 gST, 1000 gPT, P1, supply line to exist. ST CTR# 172 Mike Kidd

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 Myers MES05-11

☐ 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: Alteration to system due to plumbing changes - See files: 6/8/94 approval to use existing system by P. Walker. See file: 6/22/95 Memorandum by L. Mialik

Type III

Lisa B. Mialik, RS
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

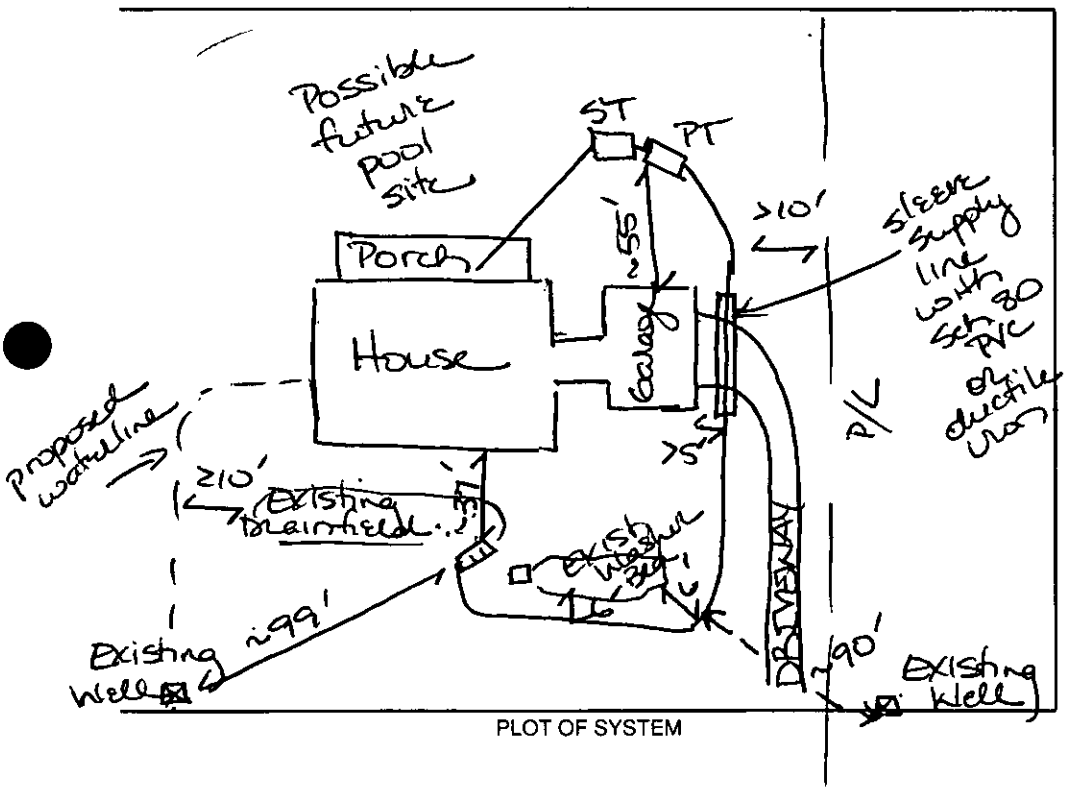
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 12160 DATE: 6/15/95

TC: 011-062-11 ☐ L

SERIAL Nº 16055

Permission is hereby given to VA T&T 6/16/95 Install or Construct, ✓ (Alter or) Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 6/13/95. All work shall be completed on or before 7/15/95, 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 NA

Absorption and/or Nitrification Lines: NA

Trench Width NA feet

Trench Walls Scored and Porous NA

Total Line Length NA feet

Number of Lines NA

Depth of Stone NA inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 75'(+) feet

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

NAME OF OWNER Rodney Munday

LOCATION OF PROPERTY 13130 Mayes Road

Comments: ① Alteration to system due to plumbing changes

② Advised property owner on 6/13/95 to contact Plumb. Dept. @ Building Standards regarding possible plumbing options if any to utilize existing washer hook.

③ Install pump, pump controls & alarm to current N.C Standards.

④ Recommend pumping both compartments of existing septic tank to remove all solids

Lisa B. Mialik
Environmental Health Specialist

⑤ See records on file

⑥ Sleeve supply line under driveway with Sch. 80 PVC or ductile iron.

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

Mecklenburg County
Health Department

MEMORANDUM

From: Lisa Miliak, R.S.
Re: 13136 Mayes Road
File: 12160
Parcel: 011-062-11
Date: June 22, 1995

06/06/95 Phone consultation with Mr. Rodney Munday, Mr. Munday stated he was unable get gravity flow to existing septic tank system and to existing D-Box of the washing machine bed (see 06/08/94 approval by Philo Walker to use existing system and 6/8/94 notation on survey by Philo Walker to utilize grinder pump in basement).

06/13/95 On-site visit with Judy Kiser, Mr. & Mrs. Rodney Munday and Mike Kidd, septic tank contractor, present. All fixtures plumbed to basement. Discussed that installation approval for septic tank and pump tank would be issued; however, flow could not be divided appropriately to utilize existing washer bed. Referred Mr. Munday to plumbing inspections Department of Building Standards regarding possible approved ways to get washing machine effluent to D-Box of washer bed. Advised Mr. Munday that further alterations to the existing drainfield in the form of additional nitrification lines will most likely be needed/required at a later date.

06/15/95 On-site visit with Judy Kiser for installation approval for septic tank, pump tank — issued to Mike Kidd.

cc: File 12160

Had credit of $50.00
toward attendance problem
therefore $150.00 - 50
and paid on 6/13/95

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

12160

P.I. $150 6/13/95 JM # 1311

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

(704)336-5102

PERSON FILING APPLICATION:
NAME: Munday (last) Rodney (first) D. (mi)
ADDRESS: 13136 Mayes Rd PHONE: (704) 896-8253
CITY: Huntersville STATE: NC ZIPCODE: 28078

Date:

PROPERTY OWNER:
NAME: Munday (last) Connie (first) C. (mi)
ADDRESS: 13136 Mayes Rd PHONE: (__) ____
CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 011-062-11
STREET ADDRESS: 13136 Mayes Rd
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[ ] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N) Alteration of syst
[ ] 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: 3 NUMBER OCCUPANTS: 2
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: Rodney D. Munday Date: 6-13-95

NOTICE:

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

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

...This permit is not transferable.

... Alteration needed to accommodate existing septic system use. See 4/8/94 approval by P. Walker to use existing system

[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

Lisa B. Mialk 6/15/95
Environmentalist Date

for Daniel Pearson Chief 6-28-95
Director or Authorized Section Head Date

WATER : 12279

* Constr # 1259-37092
Paid $125.00 - 4-21-94 — Refund $100.00 - on 6/22/95

keep w/
file

Mr Munday 892-6700
Credited $25 from 5115 Application

12/60
6539

PD 125.00 ck 11/21/94 pX

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

PERSON FILING APPLICATION:
NAME: Munday (last) Rodney (first) D. (mi)
ADDRESS: 13136 Mayes Rd PHONE: (704) 896-8253 596-8880 (2209) message pager 337
CITY: Huntersville STATE: NC ZIPCODE: 28078

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 011-062-11
STREET ADDRESS: 13136 Mayes Rd. Huntersville, NC 28078
ZONING:

PROPERTY OWNER:
NAME: Munday (last) Connie (first) C (mi)
ADDRESS: 13136 Mayes Rd. PHONE: (704) 896-8253
CITY: Huntersville STATE: NC ZIPCODE: 28078

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N) LXS
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N) w/basement
[] 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 (N) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2
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: Rodney D. Munday Date: 4-21-94

NOTICE:

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

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

...This permit is not transferable.

... Use existing system

Owner responsible for attaining gravity flow to tank.

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

Phila L. Walker 6/8/94
Environmentalist Date

Director or Authorized Section Head Date

WATER : 1227

4/6/94 Rec. V.M. message from Mr Munday. Advised to have ST contractor contact me for
6/6/94 PC w/Mr Munday. Advised to Install ~~Imp~~ Approval
Located file.
6/7/94 PC to Mr Munday. NC - LM or ors machine. Need clarification from

6/8/95 Rec. PC from Mr Munday: Plumber cannot obtain [redacted] to existing washer bed or septic tank - Advised that all plumbing discharges into septic tank + then to pump tank @ rear of house - cannot divide flows appropriately to washer bed - Will schedule OSV.

6/8/95 OSV w/ J. Kisiel. All plumb. appears to go below basement slab, ST + bed, D-Box + washer bed upslope from house.

6/9/95 Rec. PC from Mr Munday: Advised of OSV 6/8 w/ J. Kisiel. Discussed possible solutions - ① Ejector pumps, etc for washer + all other effluent (separate) to utilize existing drainfields ② Upgrading system to handle all effluent together ③ Soil scientist ④ Check for possible washer line to rear of house ⑤ Overcoming granty w/ washer to existing bed. Referred Mr Munday to P. Walker & possibly to S. Daniel regarding his concerns about prior clearance to use existing system.
Referred to Bldg Stds - plumbing dept. JGM

6/13/95 OSV w/ J. Kisiel. Mr + Mrs Munday + Mike Kidd present

6/15/95 OSV w/ J. Kisiel. Mike Kidd present. Bsmd. instal. approval for ST + PT. JGM

Credit for $ from 3/15 application

12/60
6539

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PD 125.00 ck # 11/21/94 DX CRT

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: Munday (last) Rodney (first) D. (mi)
ADDRESS: 13136 Mayes Rd PHONE: (704) 896-8253
CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 011-062-11
STREET ADDRESS: 13136 Mayes Rd. Huntersville, NC 28078
ZONING:

PROPERTY OWNER:
NAME: Munday (last) Connie (first) C (mi)
ADDRESS: 13136 Mayes Rd. PHONE: (704) 896-8253
CITY: Huntersville STATE: NC ZIPCODE: 28078

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N) LXS
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (M)
[] 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: 3 NUMBER OCCUPANTS: 2
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: Rodney D. Munday Date: 4-21-94

NOTICE:

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

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

...This permit is not transferable.

... Use existing system

owner responsible for attaining gravity flow to tank.

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

Philip L. Walker 6/8/94
Environmentalist Date

Director or Authorized Section Head Date

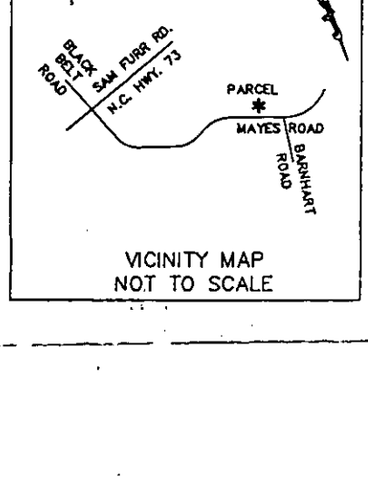
WATER : 122791

THIS IS TO CERTIFY THAT ON THE 31 DAY OF MAY 19 94 AN ACTUAL SURVEY WAS MADE UNDER MY SUPERVISION OF THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE BOUNDARY LINES AND THE IMPROVEMENTS, IF ANY, ARE AS SHOWN HEREON. THIS PLAT MEETS THE MINIMUM STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA, BOARD RULE .1600 (21 NCAC 56) AND THE ERROR OF CLOSURE FOR THIS PARCEL DOES NOT EXCEED ONE (1) FOOT PER 10,000 FEET OF PERIMETER SURVEYED NOR 20 SECONDS TIMES THE SQUARE ROOT OF THE NUMBER OF ANGLES TURNED.

SIGNED C. Clark Neilson

R. B. PHARR & ASSOCIATES, REGISTERED SURVEYORS
1900 EAST SEVENTH STREET
CHARLOTTE, N.C. 28204
TEL. (704) 376-2186

NORTH CAROLINA REGISTERED SEAL L-3212 LAND SURVEYOR C. CLARK NEILSON



VICINITY MAP
NOT TO SCALE



Use existing system plumbing from house to cross septic drainfield no deeper than 12" deep.
Grinder pump to be used in basement
Rodney Munday
6-8-94

T. M. WESTMORELAND
2441-167

N 86° 48' 14" W 191.44'

E.I.P.

140.73'

JEFFREY L. CHEEKS & WIFE, ROBIN
5378-255

337.99'

2.412 ACRES TOTAL
0.124 ACRE IN RD. R/W
2.288 ACRES NET

272.80'

JOHN ALLEN CHEEKS & WIFE, CAROLYN
3638-306

S 23° 5' 56" W 550.12'

N 23° 5' 56" E 617.23'

N.I.P. ON LINE

30.0'

54.77'

56.67'

SEE DETAIL

existing septic pond

37'

10'

existing water bed

192.55'

200.0'

194.47'

12.7'

8.75'

6.25

WELL HOUSE FRAME

2.3'

DRIVE

30.00'

E.I.P. ON LINE

L=16.48' 16.53' 1.4'

E.I.P. 132.33' E.I.P. ON LINE

R/W

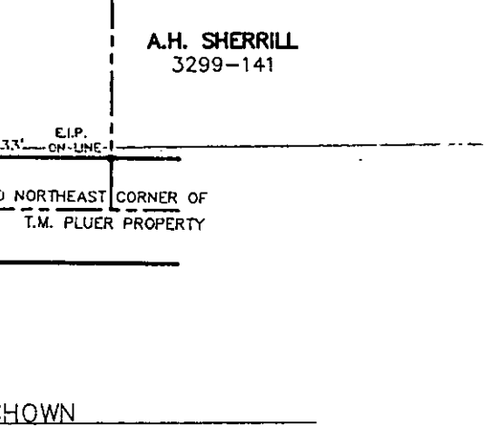
S 66° 13' 30" E R=679.80 CH=S 66° 55' 11" E 16.48'

L=16.13' 16.88' 30.00'

S 66° 13' 30" E R=649.80 CH=S 66° 56' 10" E 16.13'

382.33' TO NORTHEAST CORNER OF T.M. PLUER PROPERTY

A.H. SHERRILL
3299-141



DETAIL
SCALE: 1" = 40'

MAYES ROAD
S.R. # 2433

SURVEY OF:
2.412 ACRES PARCEL AS SHOWN

HUNTERSVILLE TOWNSHIP, MECKLENBURG COUNTY, N.C.

THE PROPERTY OF CONNIE MUNDAY AND HUSBAND, RODNEY MUNDAY

SCALE 1"=100'

MAP BOOK _____ PAGE _____

DEED BOOK 6006 PAGE 980

FLOOD CERTIFICATION

THIS IS TO CERTIFY THAT THE SUBJECT PROPERTY IS NOT LOCATED IN A SPECIAL FLOOD HAZARD AREA AS SHOWN ON MAPS PREPARED BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY, FEDERAL INSURANCE ADMINISTRATION, DATED FEBRUARY 3, 1993.

COUNTY COMMUNITY PANEL NUMBER 370158 0020 B ZONE X

33296

TAX NUMBER: 011-062-11

PROPOSED PLOT PLAN

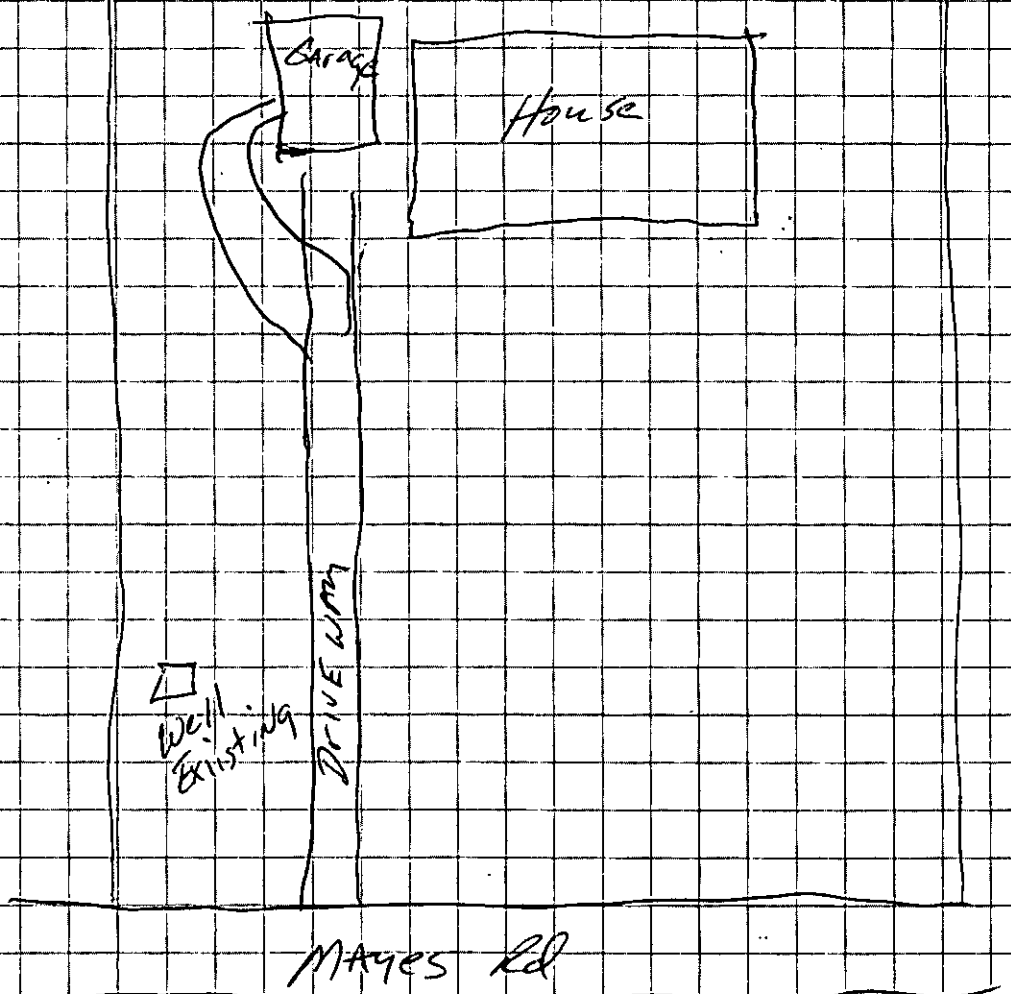
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

12160

FILE: ~~6539~~

TC: 011-063-11

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.



APPROVAL DATE _____

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

PROPOSED PLOT PLAN

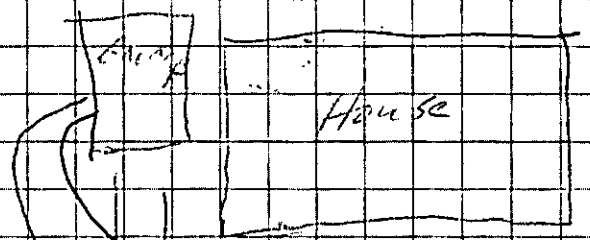
12160

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

FILE: ~~4539~~

TC: 011-063-11

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APPROVAL DATE _____

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

PROPOSED PLOT PLAN

12160

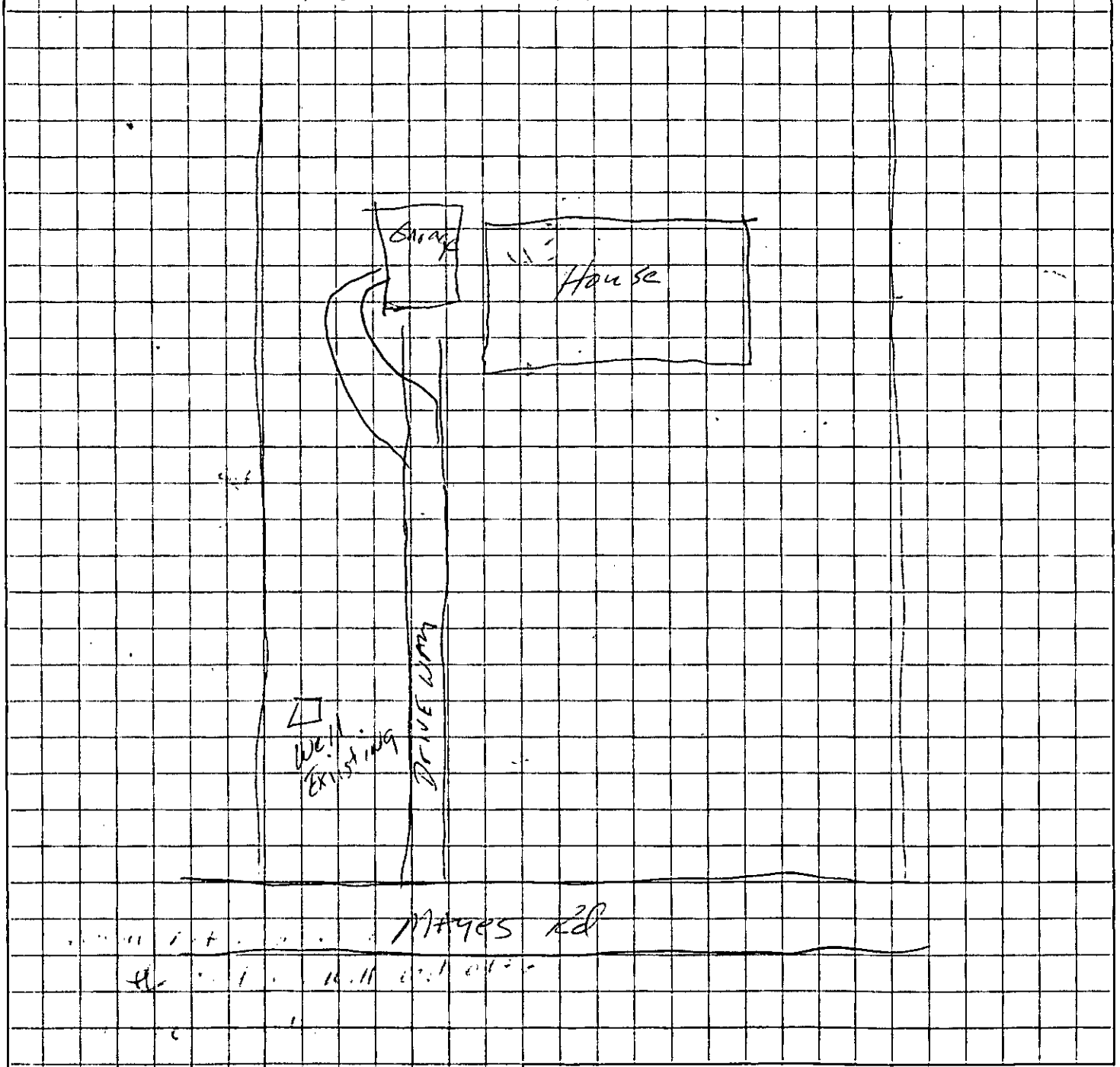
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

12160

FILE: ~~6539~~

TC: 011-063-11

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APPROVAL DATE _____

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

Serial No.0702

ICAR(S) Permit No. 12160

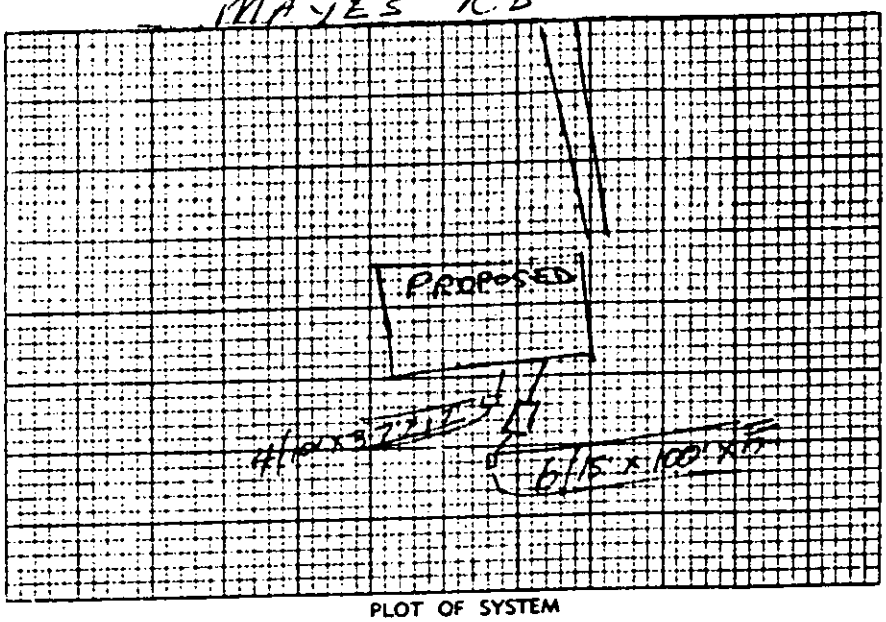
Date Issued 5/15/77

T. C. No 011-062-11

Map Date 1-14-77

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to X 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 application 12160, dated _____ and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 5/20/77, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Length 600 150

Number of Lines 6 4

Distance from House 10

Distance from Property Line 10'+

Distance from Well NOT IN 50'+

NAME OF OWNER ROBERT BROLIN

LOCATION OF PROPERTY MAYES RD.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. **The issuance of thie permit does not in any way guarantee that the system anticipate 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.**

Comments:

L R Brisson
Environmentalist

Division or Section Head

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

EHD-5-76

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received _____

ICAR(S) Application No. 12160

T. C. No. 11262.11

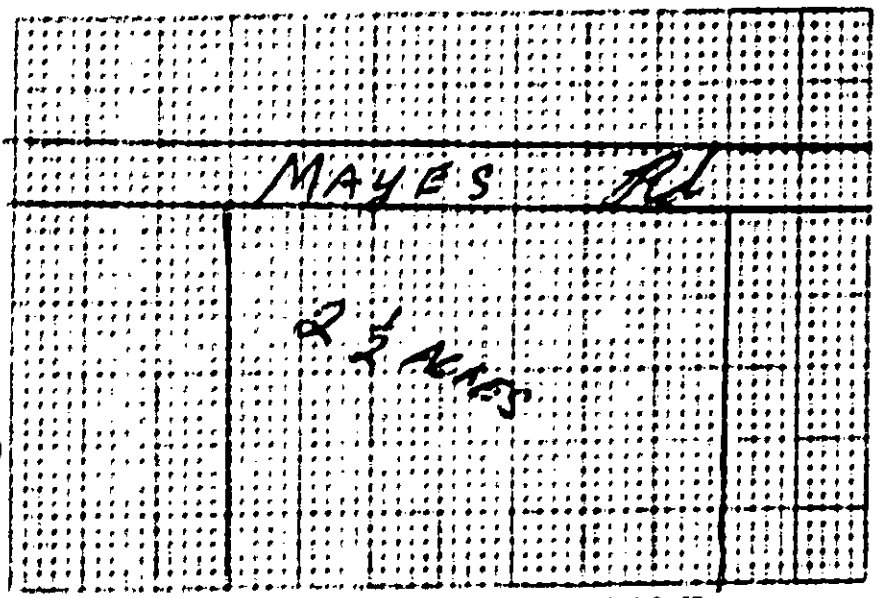
Map Date 1-14-77

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby, applies to the Mecklenburg County Department of Environmental Health for a permit to:

1) ✓ Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ____Yes____No
Residence ✓Yes____No

4) No of bedrooms 3

5) Business Use - Max No. Employees ____

6) Washing Machine ✓ Yes ____No

7) Garbage Disposal ✓Yes ____No

8) Dishwasher ✓Yes ____No

9) Water Supply:
A) Individual Well ✓
B) Governmental System ____
C) Community System:
1. Well source ____
2 Governmental source ____

10) Sewage System
House located within 200 feet of public sewer ____Yes ✓No
House located within 200 feet of community sewer ____Yes ✓No

11) FHA Case No ____

12) VA Case No. ____

13) NAME OF OWNER ~~Robert~~ Brolin (LAST) Robert (FIRST) Jay (MIDDLE)

14) ADDRESS OF OWNER P.O. Box 784

15) PHONE NO Home 875-1474 Office ____

16) LOCATION OF SYSTEM Mayes Rd. (STREET OR COUNTY ROAD)

17) SUBDIVISION ____ Lot No. ____ Block No. ____

Map Book No ____ Page No. ____

18) DEED REFERENCE — DEED BOOK 3589 AT PAGE 521

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ____ NO DATE RUN 4/22/77

20) PTR NUMBER (See Instructions) 12160

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

Mrs. R. J. Brolin
OWNER

_____
DATE OF APPLICATION

EHD-5-76

Environmental Health Department's Copy

Date Issued 5/15/77 Serial No. 0691 C of A Isl No. 12160

T. C. No. C-11-063-11

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF COMPLETION
CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner BROLIN (LAST) ROBERT (FIRST) JAY (MIDDLE)

Location of Property MAYES RD

Application Number 12160 Permit Number 12160

Inspection Data:

Liquid Capacity of Tank 1500gal Tank Material PC

Total Length of Drain Tile 600 150 Number of Lines 6 4

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source IND WELL Distance from Water Source NOT IN

Excavation Inspected 5/5/77 (DATE) Tank Inspected 5/5/77 (DATE)

Nitrification Field Inspected 5/5/77 (DATE)

Washing Machine Line Inspected, If Applicable 5/5/77 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been X installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Comments: _____

R.O.W.

L. B. Bridgeman
Environmentalist

EHD-5-76

Environmental Health Department's Copy

System already there, use 25.00 for consultation 25.00 transferred to Imp Permit

12160 3/16/94
30328194B3D CK# 2624 $50.00 [] CRT

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 6539

PERSON FILING APPLICATION:
NAME: Munday (last) Connie (first) Cheeks (mi)
ADDRESS: 9 Villa Lane PHONE: (704) 896-8253
CITY: Davidson STATE: NC ZIPCODE: 28036

Date:

PROPERTY OWNER:
NAME: Munday (last) Connie (first) Cheeks (mi)
ADDRESS: 9 Villa Lane PHONE: (704) 896-8253
CITY: Davidson STATE: NC ZIPCODE: 28036

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 011-062-11
STREET ADDRESS: 13136 Mayes Rd. Huntersville, NC 28078
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres): 2.288

TYPE APPLICATION (check one):

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

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:

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)
[] 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: Connie C. Munday Date: 3/15/94

NOTICE:

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

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

...This permit is not transferable.

...

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

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

" leave only "

PROPOSED PLOT PLAN

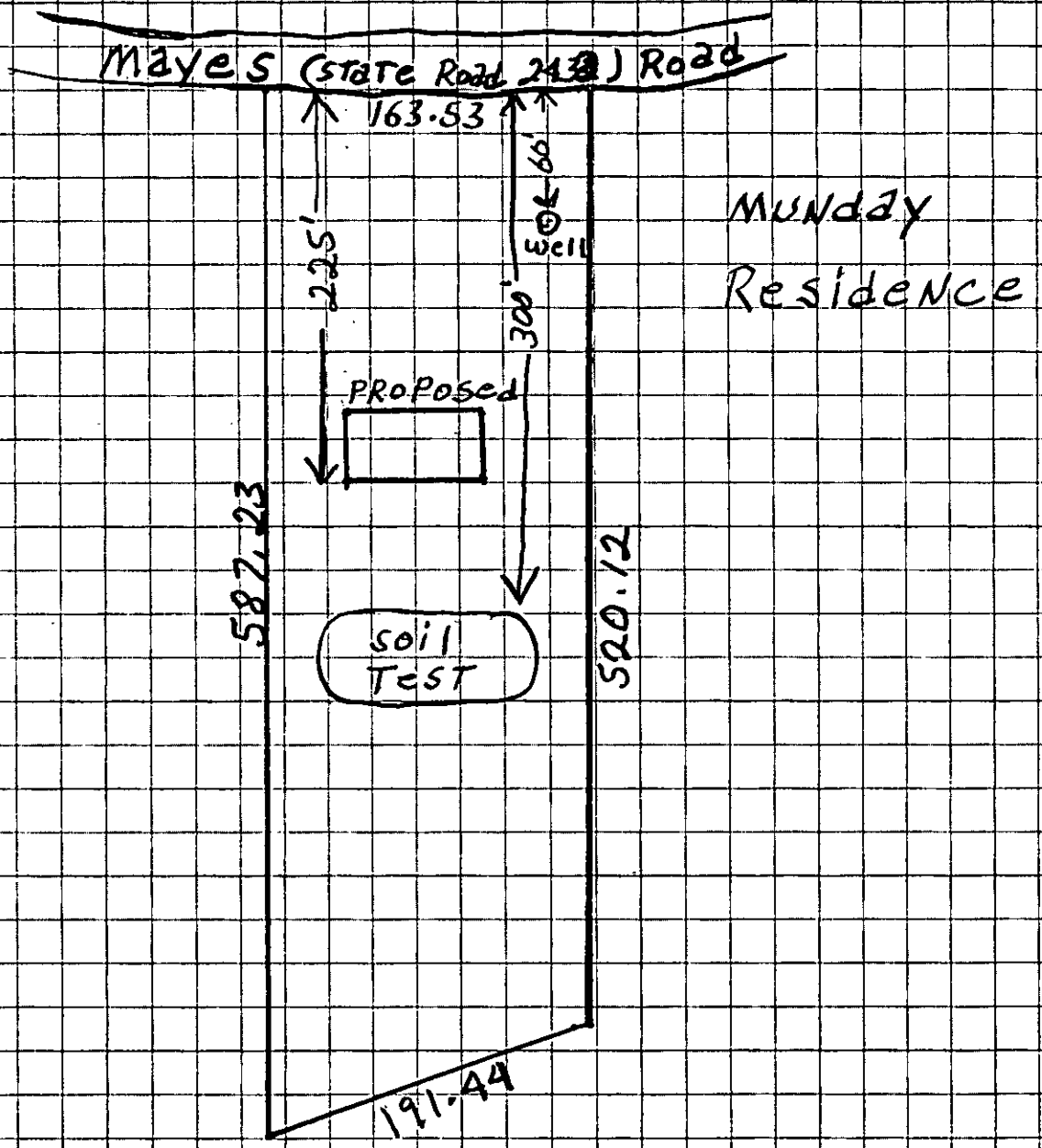
12160

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

FILE: ~~3032B/9403A~~

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.



APPROVAL DATE _____

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

COPY

PROPOSED PLOT PLAN

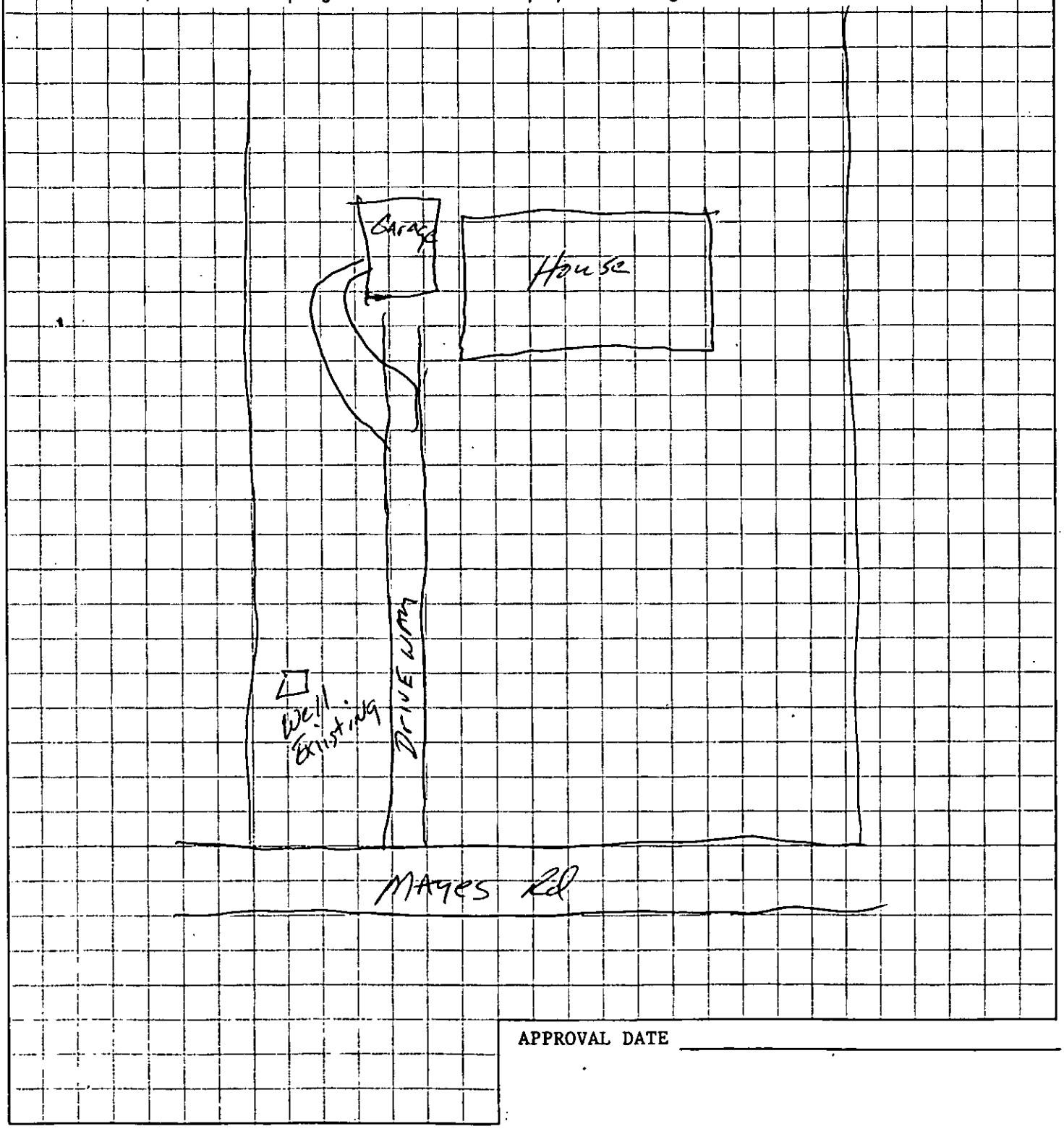
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

12160
6539

FILE: 6539

TC: 011-062-11

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.



APPROVAL DATE _____

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

TN

Recd 3-17-92

UPDATE COMPLETE

Applicant CHEEKS JEFFREY L Appl.Date 03/09/92 Updated 03/17/92
Mail Addr 13128 MAYES ROAD Phone 704 892-9751
City HUNTERSVILLE State NC Zipcode 28078
Prop Ownr CHEEKS CONNIE L
Mail Addr 13136 MAYES ROAD Phone 704 892-9751
City HUNTERSVILLE State NC Zipcode 28078 Township 0
Tax Map No. 01106211 Road 13136 MAYES ROAD Zoning
Sub/Mobil Sec Lot No. Lot Size 2.4
Type App Y Site Y or Tract Type Bldg System Classif NOT REQUIRED
Resident. Specif: No. Bedrooms 03 No. Occupants 3 Undgrnd. Stor. (Y/N)
Commercial/Industrial/Other Specifications:
Type No. Empl. No. Empl. per Shift
Industrial or Mfg. Wastes (Y/N) Underground Stor. Tank (Y/N)
Prop. Water Sup. P Proposed Sewage E Construct. Status P Sites 1
Planned Future Additions (Y/N) Fee 0000.00 EHS Assigned 17030
Directions: MOBILE HOME EXCHANGE

Date Appl. Recd. 03/09/92 Date Insp. Insp. Status
Date Letr. Sent Type Letr. Date Eval. Eval. Status
Date Perm. Date Cert.Iss. Disp.Code Followup
Denial Codes:
Repaired (Y/N) Rep. Date Perm. No. 12160 Operat. Permit (Y/N)
3/17/92 18:31:46
01-03 SA MW KS IM II S1 S1037498 KB

Viewed Prop. Zoning would allow mobile home with 05-1-92

3576
3575

Jack Schuetzt

Robert Brandow

336-35-67

Darrow Broom

* permit

use violation

3576

* use variance Board

overlay 98 CM planning commission

Pd $500 CK 1259
3-10-92 WPG

400 L 12160

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[ ] CRT

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

(704)336-5102

PERSON FILING APPLICATION:
NAME: Cheeks (last) Jeffrey (first) L (mi)
ADDRESS: 13128 Mayes Rd PHONE: (704) 892-9751
CITY: Huntersville STATE: NC ZIPCODE: 28078

Date:

PROPERTY OWNER:
NAME: Cheeks (last) Connie (first) L (mi)
ADDRESS: 13136 Mayes Rd PHONE: (__) 892-5519
CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION
(FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 011-062-11
STREET ADDRESS: 13136 Mayes Rd HUNT, NC 28078
ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 011-062-11 LOT SIZE (in acres): 2.412

TYPE APPLICATION (check one):
[ ] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[X] 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)
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[X] SINGLE MOBILE HOME (S) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3
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Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

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[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

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Signed: Jeffrey L Cheeks Connie R. Cheeks Date: 3/9/92

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 permit is issued by this Department.

...This permit is not transferable.

...

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

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WWATER : 112991

PROPOSED PLOT PLAN

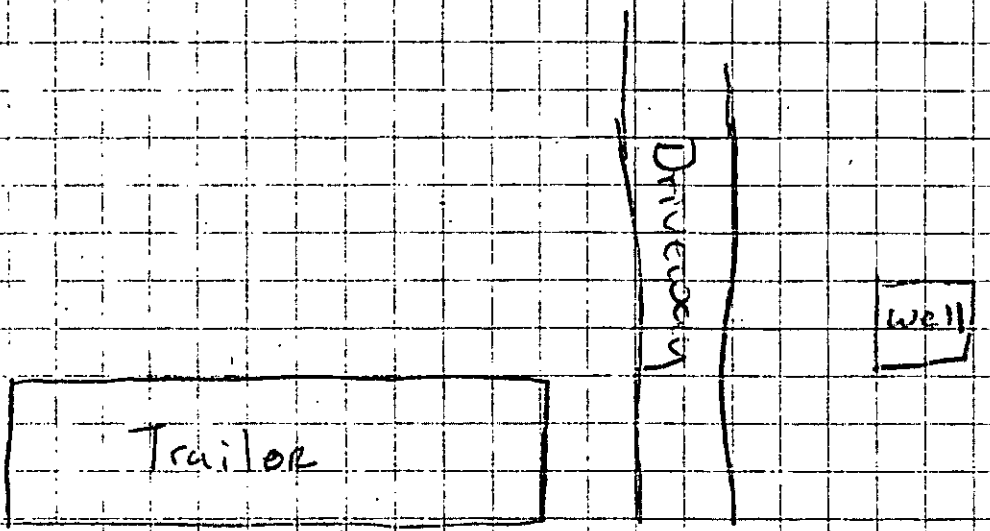
Paid #25.00

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

FILE: 12160

TC: _____

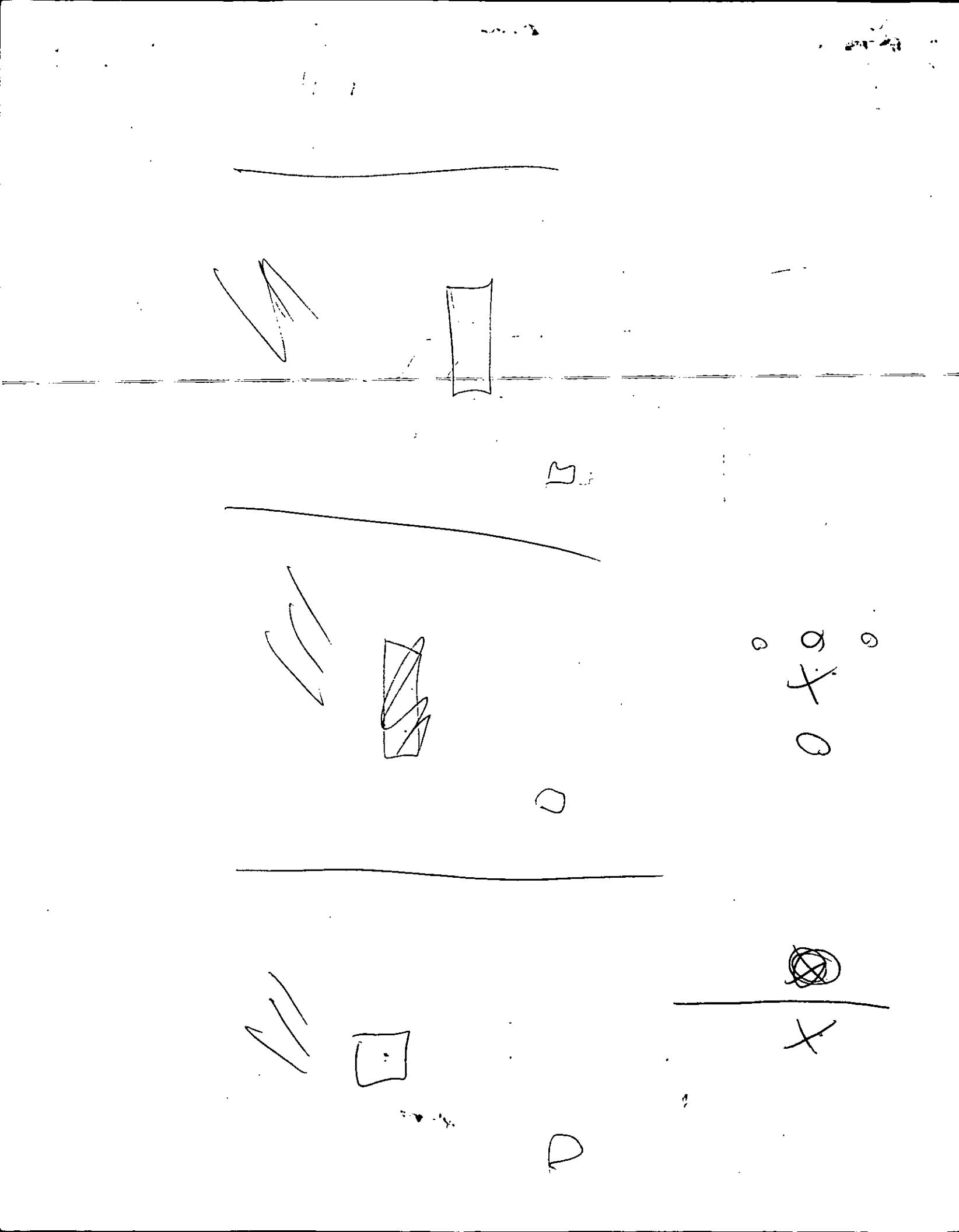
Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



lot not evaluated
9/3/92
T.W.

APPROVAL DATE _____

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



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

FILE: 12160

TC: _____

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#25

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.



APPROVAL DATE _____

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

Mecklenburg County

Health Department

Betty S. Snow, R.N., M.A.
Health Director

MEMORANDUM

TO: Susan Uzzell
Accountant II

FROM: Sylvia D. Daniel, R.S.
Program Chief

Date: June 22, 1994

Ref: File #12160/13135 Mayes Road

SUBJECT: Refund

(Mr./Mrs./Co.) _____ originally paid $125.00 (credit of $25.00 transferred from 3/15/94 application consultation only applies)

for Improvement Permit/change in system on April 21, 1994

_____.

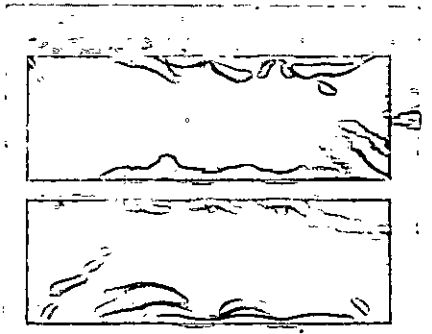
A refund should be issued for $100.00 because there was no change in the existing system. (fee for no change in septic system is $50.0).

Please make check payable to: Mr. Rodney D. Munday
13136 Mayes Road
Huntersville, NC 28078

APT. NO. 12160 YEAR 1992 ITEM 3 2 OF 2

TAX NO. 011-062-11

ST. ADDRESS 13136 MAYES RD.



MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Others
1265R Evanston, Ill. U. S. Pat. Nos 3,147,561; 3,220,133 U. K. Pat. No 935,479 Pending
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80
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