

21212 ISLAND FOREST DR

00111201

6/23/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 11373 DATE: 10/30/00

TC: 001-112-01 ☒ L ☒ CRT

SERIAL Nº 18364

Name of Owner Lee Thurman Juris.: _____

Address of Property 21212 Island Forest Drive

Inspection Data:

Tank Material PCC

Total Length of Drainfield 320'

Number of Lines 8 @ 4x50' 4x30'

Cover Depth 12"

Water Supply Source Municipal

Distance to Water Source NA

Excavation Inspected 10/30/00

Tank(s) Inspected 10/30/00

Wash Line Inspected 10/30/00

High Water Alarm Inspected NA

sel Installation Permit

PLOT

Design 2000, 1500ST, 756WR, 600SFT, 360SFT, INV CTR# Forest Shutford

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 I5A 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 I5A 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: 3 Bedroom House

4 lines x 50' x 3' septic system Type III-g INV. System

4 lines x 30' x 3' Washer system

Jerry P. Mickle

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

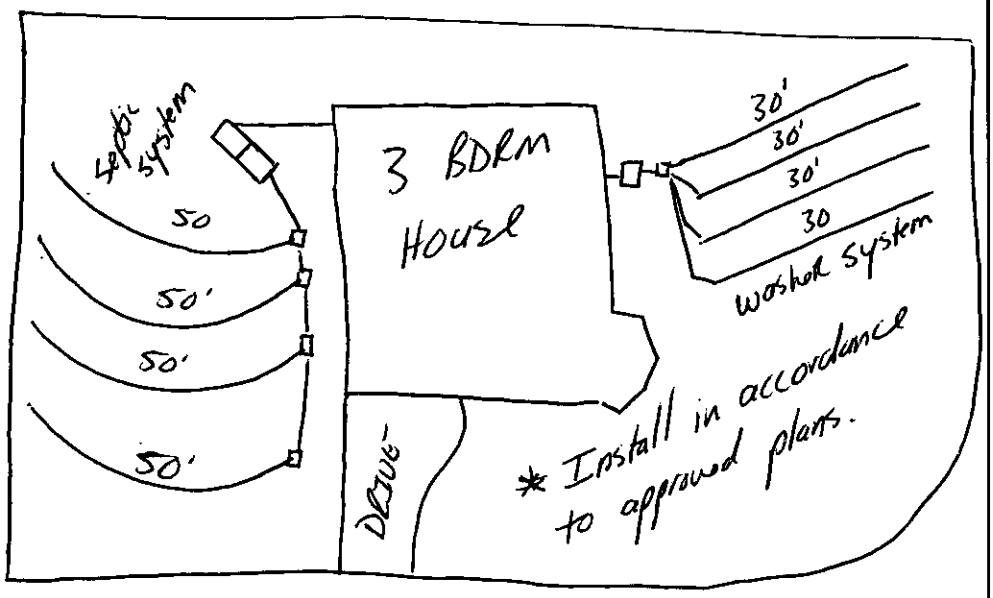
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 11373 DATE: 10/23/00

TC: 001-112-01 ☐ Y

SERIAL Nº 18561 X

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 10-1-99. All work shall be completed on or before 11/23/00, 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 NA gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 200 Septic 120 Washer feet

Number of Lines 8 lines (4 septic, 4 washer)

Depth of Stone NA inches

Distance from House >5' feet

Distance from Property Line >10' feet

Distance from Well NA feet

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

NAME OF OWNER Lee Thurman

LOCATION OF PROPERTY 2212 Island Forest Drive

Comments: 3 Bedroom House

Install 4 lines x 50' x 3' (Septic System)

Install 4 lines x 30' x 3' (Washer System)

Type III g Innovative System

Jimmy P. Michalove
Environmental Health Specialist

* (3) Bedrm. Gravity EEE-222 LAY
chamber (2012)

* Split washer LINE SYSTEM.

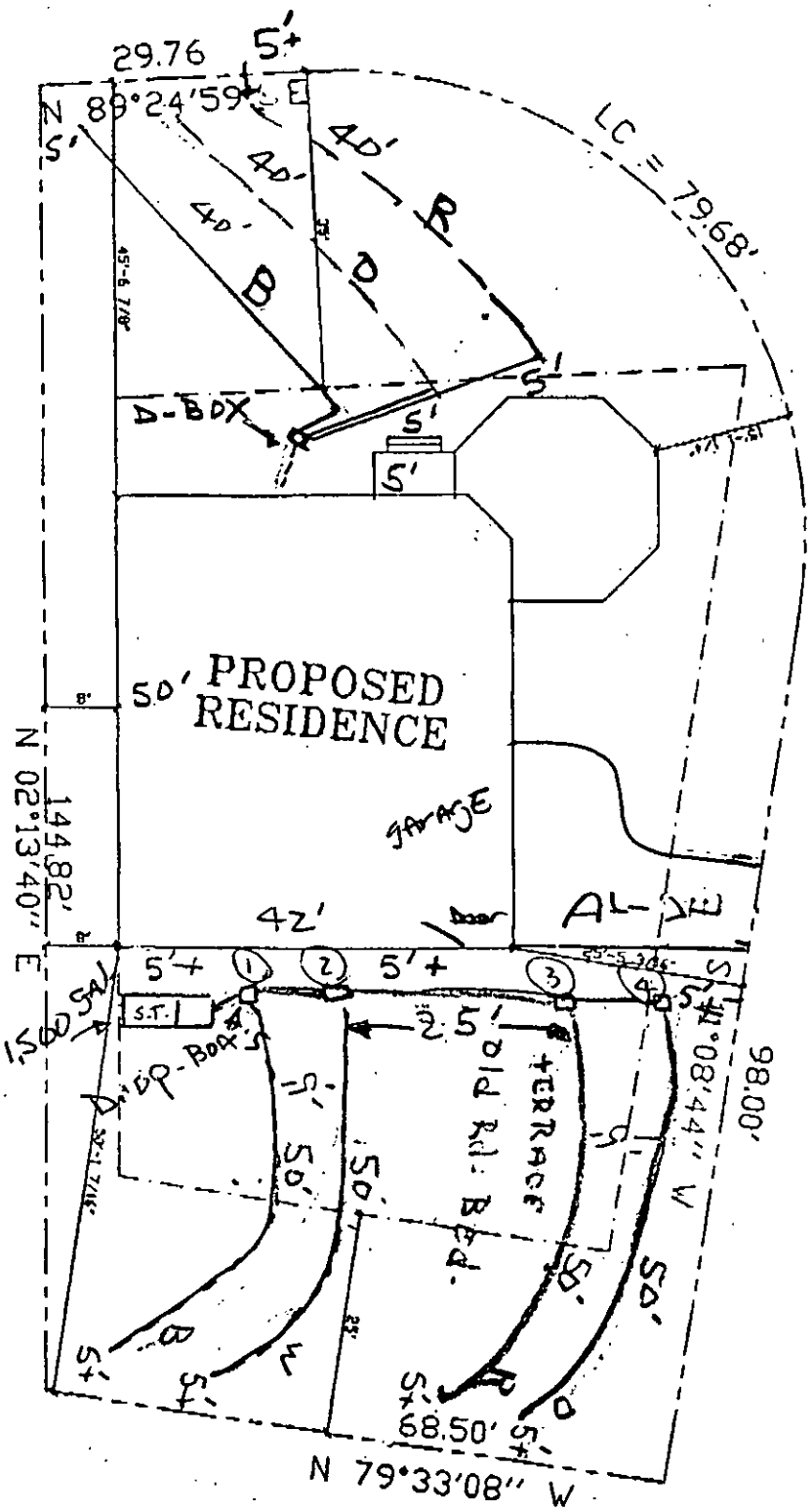
ISLAND FOREST DR.

MCHD

File: 11373

12-31-99 CT

FileCopy



Revised
12/29/99
T. Whitaker
866-9540

20.

File 11373

(3) Bedrm. Gravity EEE-222 Lay Chamber (2012) split Plan:

1,500 gal. Septic Tank
(4) Drop Boxes to serve E-2 Lay Lines
(4) 50' E-2 Lay Lines = 200'
(5) Units per Line = 20' E-2 Lay Units
3" PVC to serve Drop Boxes

Split Washer Lines

(3) 40' E-2 Lay Lines = 120'
(1) D-Box - Drop Boxes not necessary
(4) E-2 Lay Units per Line = 12 Units.

Totals

Primary = 200'
Wash Line = 120
Total 320'

E-2 Lay Units = 32 Total

T.W. 06-9540

CC

FEE: 390 AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: 1/13/00 gc VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 1.4.00 2/2/2 PERMIT NO: 11373
PARCEL NO: 001-112-01

JOB LOCATION ADDRESS: 11225 Island Forest Drive
PROPERTY OWNER: Malcolm Lee Thurman
BUILDING CONTRACTOR:
SUBDIVISION NAME: Island Forest Lot #93
AUTHORIZATION ISSUED BY: FB Thompson Jr, R.S. DATE: 1-4-00
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 11373, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

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

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

4. OTHER CONDITIONS: See Conditions of Improvement Permit.

OWNER CERTIFICATION

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

X [signature] 13 JAN 00

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Mecklenburg County
Health Department

Conditions of Improvement Permit

File Number: 11373
Site Address: 21225 Island Forest Drive

1. The wastewater treatment and disposal system permitted is an innovative system designed by Tim Whittaker. The septic system must be installed as designed and approved.
2. Nitrification trenches shall be constructed as level as possible but in no case shall the fall in a single trench bottom exceed one-fourth inch in 10 feet as determined by an engineer's level or equivalent.
3. Any changes in the site must be pre-approved by the Mecklenburg County Environmental Health Department.
4. The wastewater treatment and disposal drain field area, including the designated repair areas, shall not be used for any of the following:

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

5. Septic system installer must be registered with Mecklenburg County prior to meeting for the required pre-construction conference.
6. System installer will be required to water level the distribution device prior to final system approval.
7. The system owner shall have the contents of the septic tank checked, and the contents of the tank removed, periodically from all compartments, to ensure proper operation of the system. The contents of the septic tank shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.
8. All septic tank riser and effluent filter rules will apply to this system. It is strongly recommended that access risers be added to both ends of the septic tank, extending to at least finish grade. This will allow periodic inspection of the solids level in the tank as well as help facilitate the periodic cleaning of the effluent bio-filter.

Owner/Agent Signature X _____ **Date** 13 JAN 00

Permit Number: 11373 Tax Number: 001-112-01

The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.

CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.

Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	✓ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I II III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
.3 Long-term acceptance rate	360 Max gallons/day wastewater flow	600 septic 360 washer Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
N/A Serviced by private well	1500 Gallon septic tank	300 septic 120 Washer 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	N/A Gallon pump tank	N/A Depth of stone Innovative		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: - Group I, II or III backfill required. - Approval based upon plans submitted by Tim Whittaker - any variation in house or site plans may be grounds to revoke the Improvement Permit.				
Repair Area System Type Type (circle one): I II III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
___ Absorption Area (Sq ft) ___ Total Trench Length (Ft)	___ Depth of Stone Trench	___ Trench spacing (min. on centers)	___ Maximum Trench Depth	
For existing system, enter the year originally installed:				

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

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

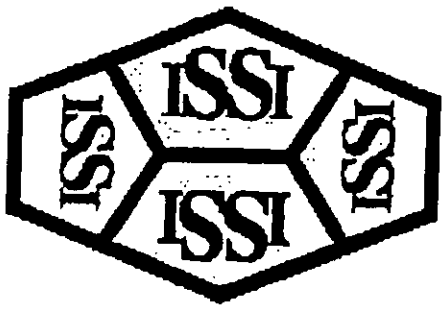
R B Thompson J.r.E.S. 1-4-00
DEHNR Authorized Agent Date

X Lee 13 JAN 00
Owner/Agent Signature Date

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

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

IWWS-100195



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ISSI Operations Center Staff

DATE: February 7, 00 Ok to EV appr.

5107

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Comm

001-112-01
PARCEL NUMBER

2212 Island Forest Dr
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	✓ APPROVED	___ NOT APPROVED
2. FLOODWAY REGULATIONS	✓ APPROVED	___ NOT APPROVED
3. WATERSHED PROTECTION	✓ APPROVED	___ NOT APPROVED
4. COMERCIAL DRAINAGE PLAN	✓ APPROVED	___ NOT APPROVED
5. PUBLIC UTILITY EASEMENT	✓ PRESENT	___ NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	___ YES	✓ NO
7. DRIVEWAY PERMIT REQUIRED	___ YES	✓ NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	___ YES	✓ NO

REMARKS: Mod SF Residence

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

ALL OTHER FORMS OBSOLETE

NEW ADDRESS
REVISED 1/01

SIGNED: Nicole Thomas

TOTAL P.02

PROPOSED PLOT PLAN

21212 Island Forest Dr

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

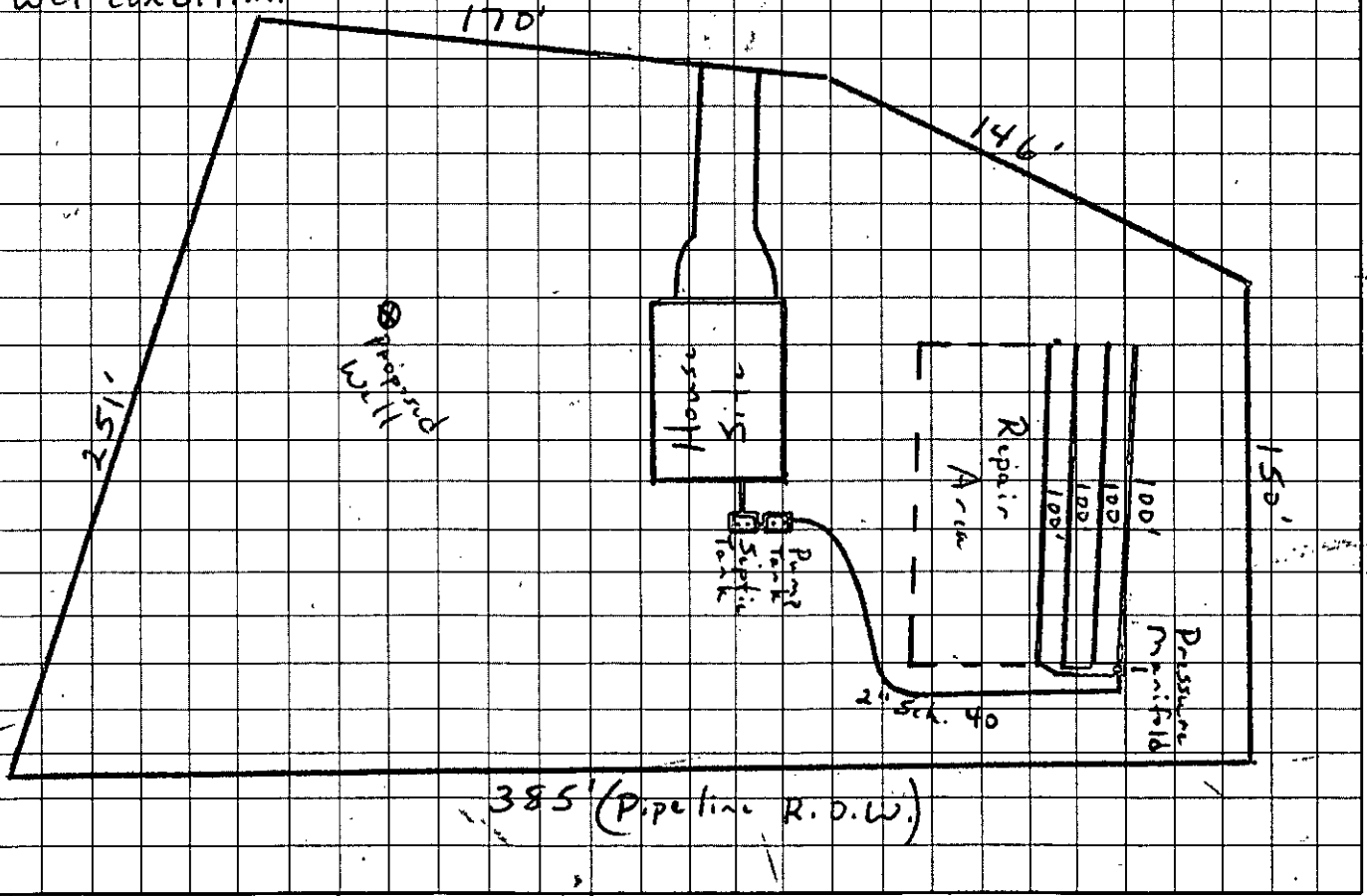
FILE: 2788 B

TC: 007-192-01

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.

Comments

1) Scale 1" = 60'
2) Keep lines level and on contour of land
3) Keep trenches shallow - 34" maximum depth.
4) Keep all parts of septic system at least 100 ft from any well.
5) Keep all parts of septic system at least 10 ft. from any property line.
6) Keep all parts of septic system at least 5 ft from any building foundation.
7) No construction of septic system shall take place while soil is in a wet condition.



X Michael J. Dickens
OWNER/AGENT SIGNATURE

DATE 4/9/97

APPROVAL DATE _____

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

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2000 JAN 13 03:42 PM
BOOK:11028 PAGE:703-707 FEE:$14.00
INSTRUMENT # 2000005167

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

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

FILE # 11373
PARCEL # 00111301

The undersigned, Malcolm L. Thurman & Jeanne H. Thurman, owner of property located at 21225 Island Forrest Dr Cornelius NC (the "site") and described in an instrument recorded in Book 8806 at Page 987, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

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

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

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

This instrument was prepared by: LEE THURMAN
Mail after recording to: 20225 Biscayne Dr
Cornelius NC 28031

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

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

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

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

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

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

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

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this _____ day of _____, 199__.

_____ (SEAL)
(Corporate Name)

By: _____

_____ President

ATTEST:

_____

_____ Secretary

(Corporate Seal)

Malcolm L Thurman (SEAL)

Jeanne H Thurman (SEAL)

_____ (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF mecklenburg

I, Charlene D Scott, a Notary Public for said County and State, do hereby certify that Malcolm L. Thurman + Jeanne H. Thurman personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 13th day of January, ~~199~~ 2000

Charlene D Scott
Notary Public

My Commission Expires:
12/10/03

CHARLENE D. SCOTT NOTARY PUBLIC N.C.

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day and acknowledged that _he is _____ Secretary of _____ _____, a North Carolina corporation, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal and attested by _____ as its _____ Secretary.

WITNESS my hand and notarial seal, this _____ day of _____, 199__.

_____
Notary Public

My Commission Expires:

_____

JUDITH A. GIBSON
REGISTER OF DEEDS , MECKLENBURG COUNTY
COUNTY & COURTS OFFICE BUILDING
720 EAST FOURTH STREET
CHARLOTTE NC 28202

****

Filed For Registration:	**01/13/2000 03:42 PM**
Book:	**RE 11028 Page: 703-707**
Document No.:	**2000005167**
	PRMIT 5 PGS $14.00
Recorder:	**ROBIN CANADY**

****

State of North Carolina, County of Mecklenburg

The foregoing certificate of CHARLENE D SCOTT Notary is certified to be correct. This 13TH of January 2000

JUDITH A. GIBSON, REGISTER OF DEEDS By: Robin Canady
Deputy/Assistant Register of Deeds

****

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2000005167

FEE: 100.00 City of plet
DATE: 10/1/99 JC

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

COPY

Change in plot plan

FILE #: 11373

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 001-112-01

STREET ADDRESS: 21225 Island Forest Drive

SUBDIVISION OR MOBILE HOME PARK NAME: Island Forest

LOT NUMBER: 93

TOWNSHIP (CHECK ONE): Cornelius

TYPE OF BUILDING (CHECK ONE):

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

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

CLOSING DATE _____

HEATED SQUARE FOOTAGE: 2800

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 4

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:

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

WATER SUPPLY (CHECK ONE): __ COMMUNITY (C) X 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	WELL, SPRINGS OR WATERLINES	__ YES X NO
EXISTING WASTEWATER SYSTEMS	__ YES X NO	DESIGNATED WETLANDS	__ YES X NO
EASTMENTS OR RIGHT-OF-WAYS	__ YES X NO		

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Thurman Malcolm Lee (LAST) (FIRST) (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 20225 Biscayne Drive	DAYTIME PHONE: ( ) -
CITY: Cornelius STATE: NC ZIP: 28031	
DAYTIME PHONE: (704) 356 - 5498	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: Lee Thurman DATE: 10-1-99

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

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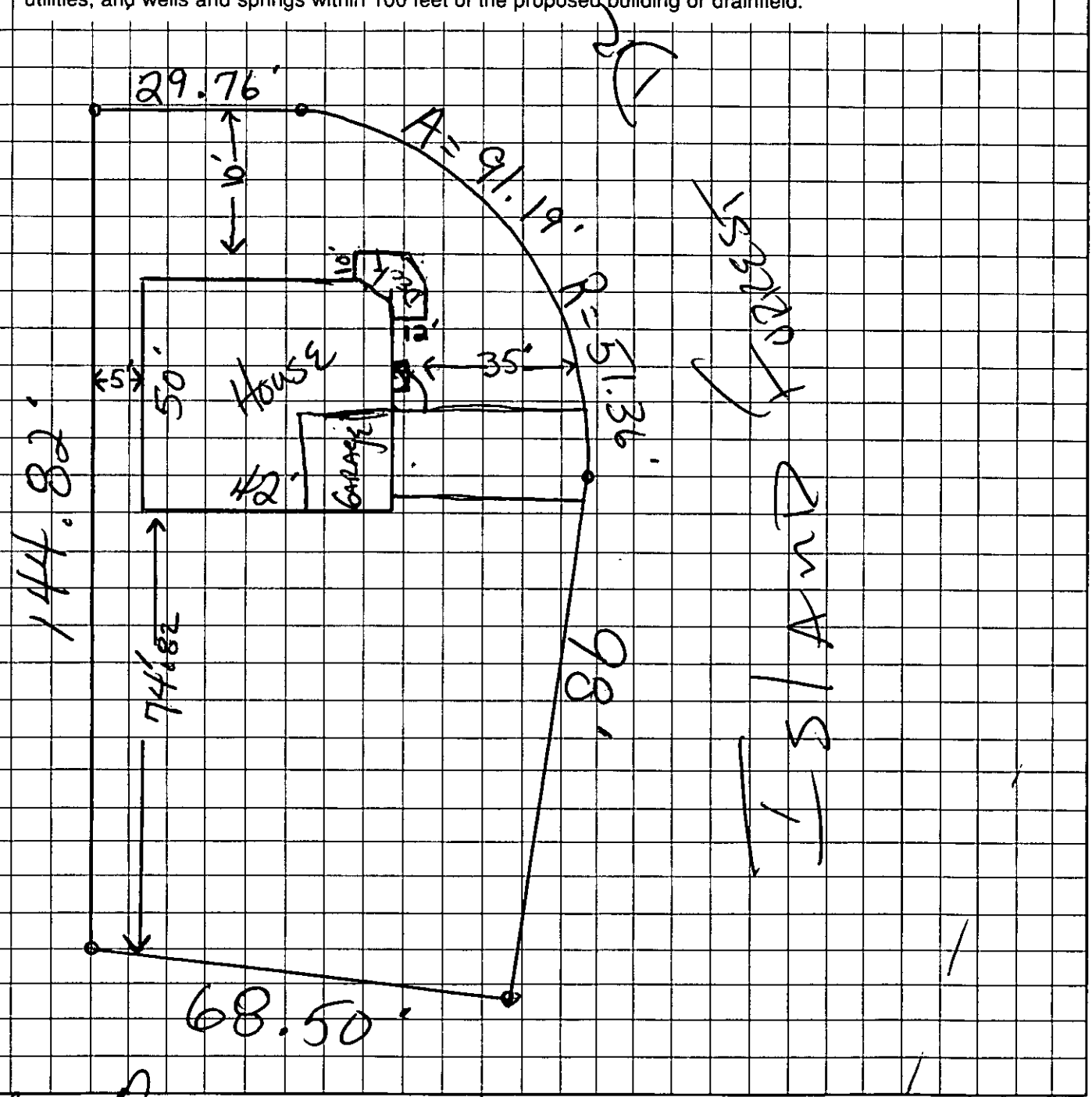
PROPOSED PLOT PLAN

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

FILE: 11373

TC: 001-112-01

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.



OWNER/AGENT SIGNATURE

DATE 10-1-99

APPROVAL DATE _____

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

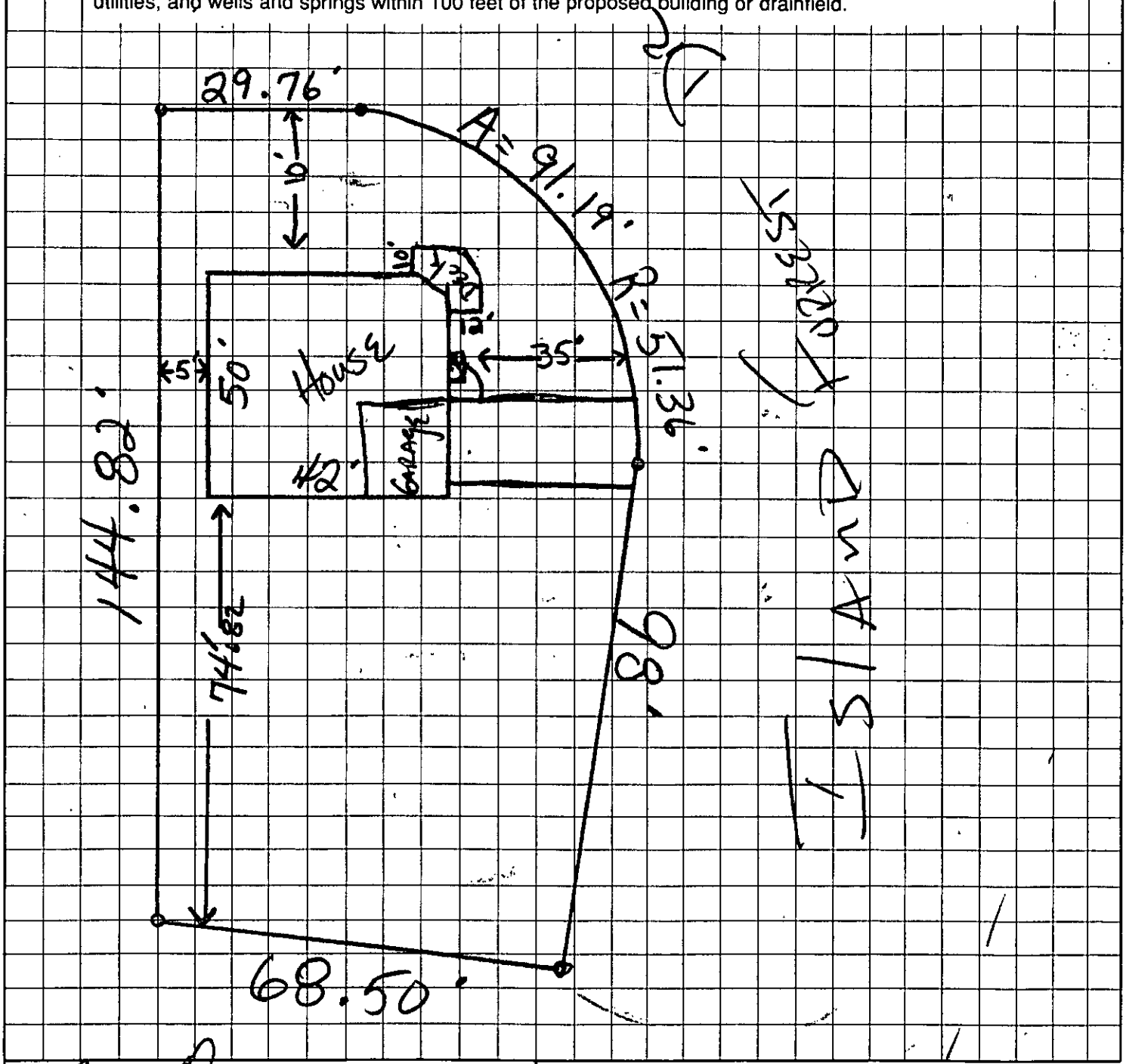
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ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

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OWNER/AGENT SIGNATURE

DATE 10-1-99

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

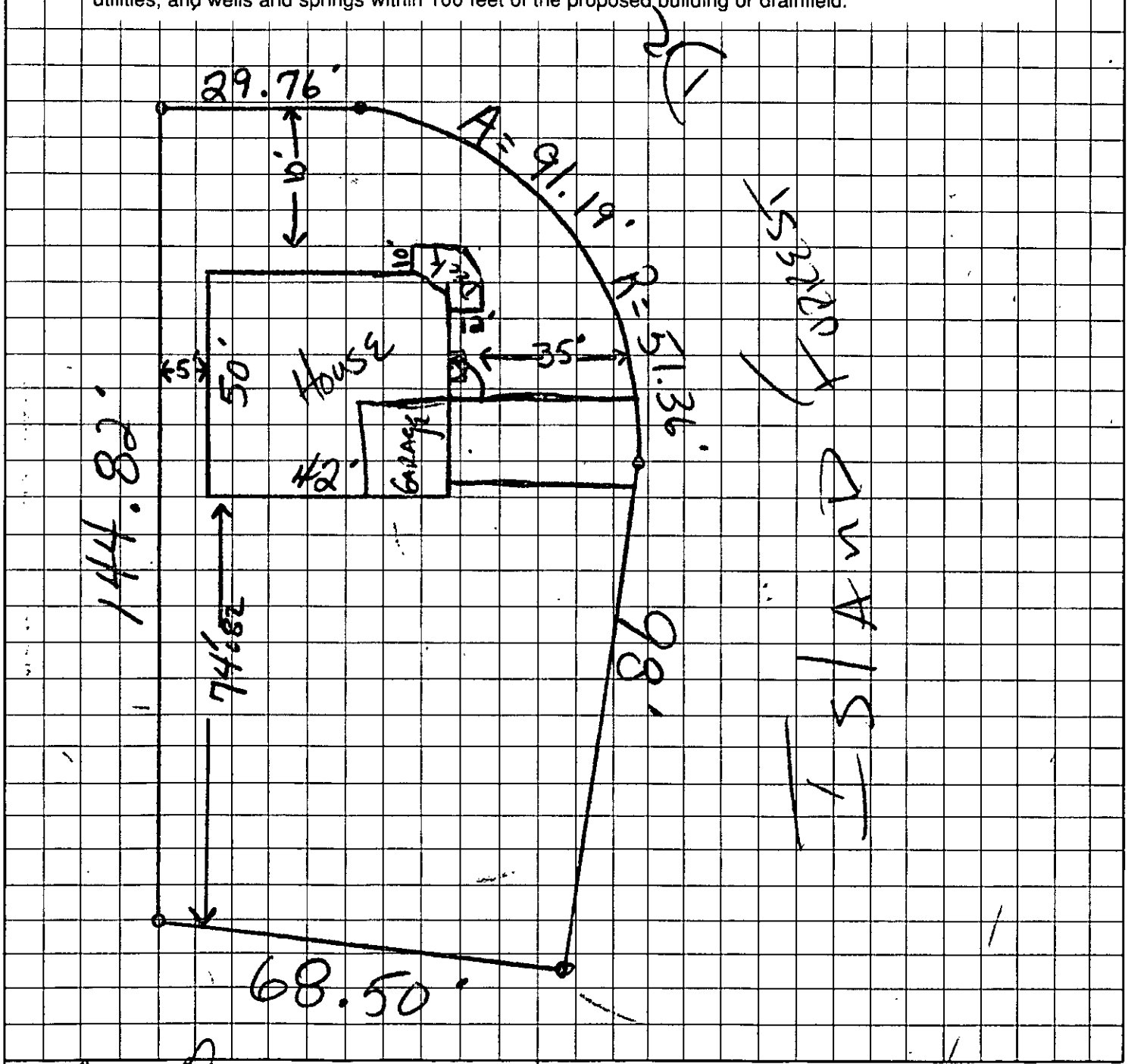
PROPOSED PLOT PLAN

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

FILE: 11373

TC: 001-112-01

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.



Lea Rhem
OWNER/AGENT SIGNATURE

DATE 10-1-99

APPROVAL DATE _____

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

FAX

Date 12-07-99

Number of pages including cover sheet 1

TO: TIM WHITAKER
LARRY THOMPSON

Phone 336-5569
Fax Phone 336-6894

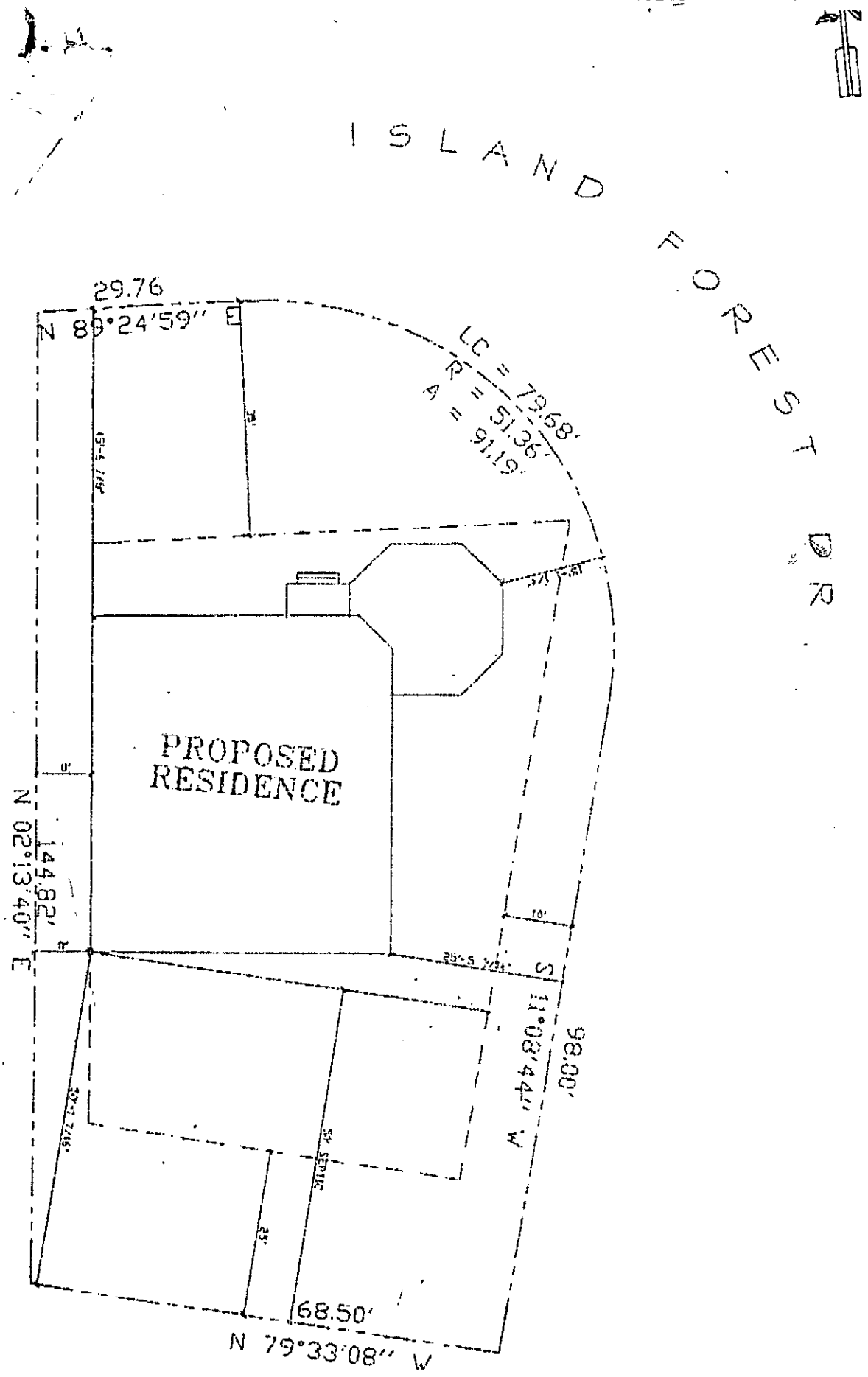
FROM: Lee Thurman
Bank of America
NC1-002-LL-05
101 South Tryon St
Charlotte,NC 28255
PAGER 1800-946-4646
PIN #170-0436
Phone 704-386-5498
Fax Phone 704-386-9928

CC:

REMARKS: ☐ Urgent ☒ For your review ☐ Reply ASAP ☐ Please Comment

THIS IS FOR LARRY THOMPSON AND TIM WHITAKER. REFERENCE PERMIT #11373

PLOT PLAN FOR THURMAN RESIDENCE IN ISLAND FORREST COMMUNITY, CORNELIUS NORTH CARLOINA, MECKLENBURG COUNTY


ISLAND FOREST RD
29.76
N 89°24'59" E
LC = 79.68'
R = 51.36'
Δ = 91.19'
PROPOSED RESIDENCE
N 02°13'40" E
144.82'
N 11°08'44" W
98.00'
68.50'
N 79°33'08" W

File: 11373

Innovators in Drainage and On-Site Sewage Technology

DRAINAGE WITH AN EEE ZZZ LAY DRAIN CO. ATTITUDE

Modern Solutions to Ancient Problems

CALL NOW FOR YOUR ATTITUDE ADJUSTMENT
1.800.649.0253

NORTH CAROLINA

Submitted 12-1-99
(Denied approval)

EEE ZZZ Lay Drain Co., Inc.
PO Box 867 • Pisgah Forest, NC 28768

THE MOST COST-EFFECTIVE DRAINFIELD SYSTEM AVAILABLE

- **Warranties Available**
- **No Stone Required**
- **Reduce Site Damage**

Tired of labor-intensive, profit-robbing stone? Frustrated with inflexible and expensive chamber systems?

NOT IF YOU USE EEE ZZZ LAY DRAINS
FOR
Subsurface • Trenches • Beds • Mounds
Fill Sites • Pressure Distribution

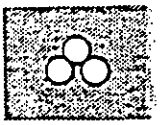
COMPARE AND SAVE

Conventional Stone Systems: Require trucks, fuel, insurance, CDL driver, and double the labor force

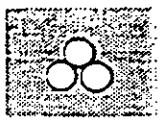
Chamber Systems: Inflexible. Requires additional hardware and soil compaction for installation. No evapotransporation. No aggregate to filter effluent. Reduced sidewall area.

The EEE ZZZ Alternative:

- **FLEXIBLE** - Designed to meet any site restrictions
- **CONSISTENT** - Contains pre-specified amount of aggregate for more infiltrative area providing filtering and holding capacity equal to or greater than loose stone.
- **REDUCES**: Installation time, compaction of soils, clogging fines, bottom masking and shadowing, inspection process, and overhead expenses.
- **INCREASES**: Sidewall area, longevity, and the dependability of the entire system

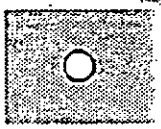


The 2003 Triangular System in a 2-foot wide trench replaces gravel on a foot-for-foot basis. Minimum excavated trench spacing - 7.5 feet.

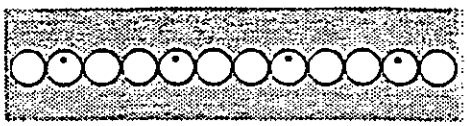


The 2012 Triangular System This system is the most effective and reliable system available. Installs in a 30" wide trench with a minimum depth of 24."

_____ sq. ft. x .24 = _____ linear ft.

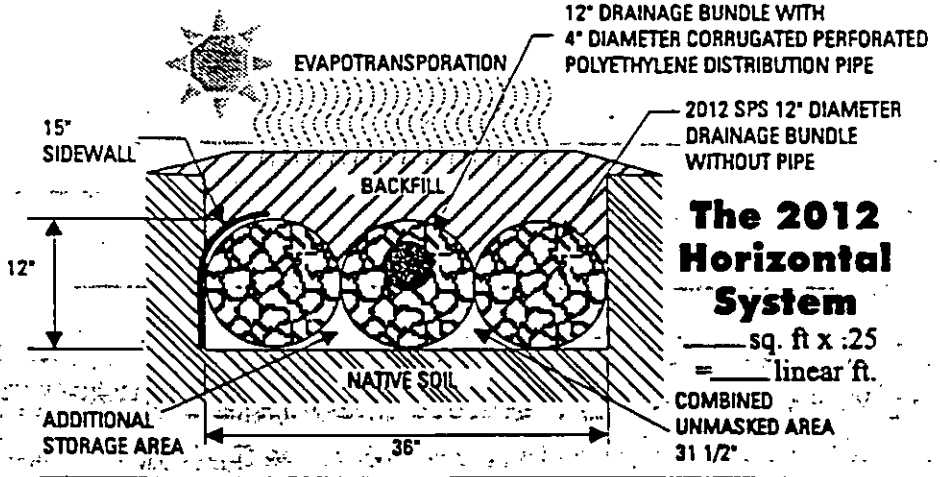


The 2012 LPP System designed by the State Health Department to replace the conventional method. This system may be used to run low pressure PVC pipe, allowing uniformity as well as consistency throughout the installation process.



The 2012 Horizontal Drainfield System may be used in a Bed System with three cylinder bundles placed in a row next to each other. This system will replace the conventional method at a ratio of one to one.

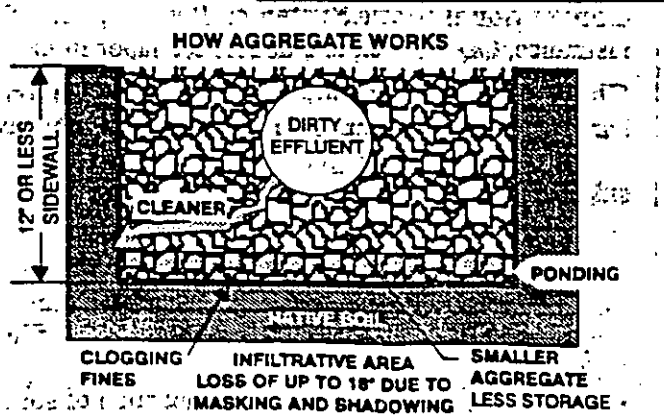
ONE ON ONE - REAL COMPARISONS

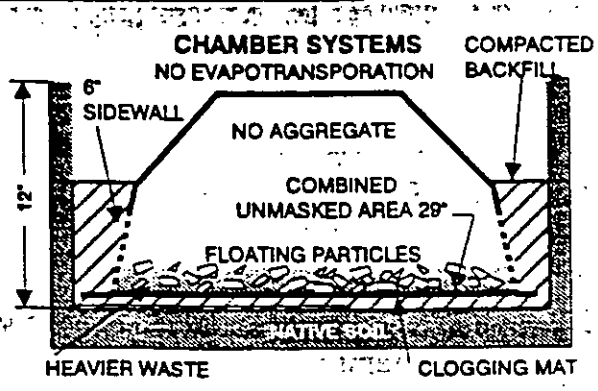


The 2012 Horizontal System

_____sq. ft x .25
=_____linear ft.

AGGREGATE CUBES DESIGNED FOR SAFE, EFFECIENT, RELIABLE REPLACEMENT FOR GRAVEL. RECYCLED, CLEAN, UNIFORM, LIGHTWEIGHT, AND EARTH FRIENDLY...FOREVER!





QUESTIONS?

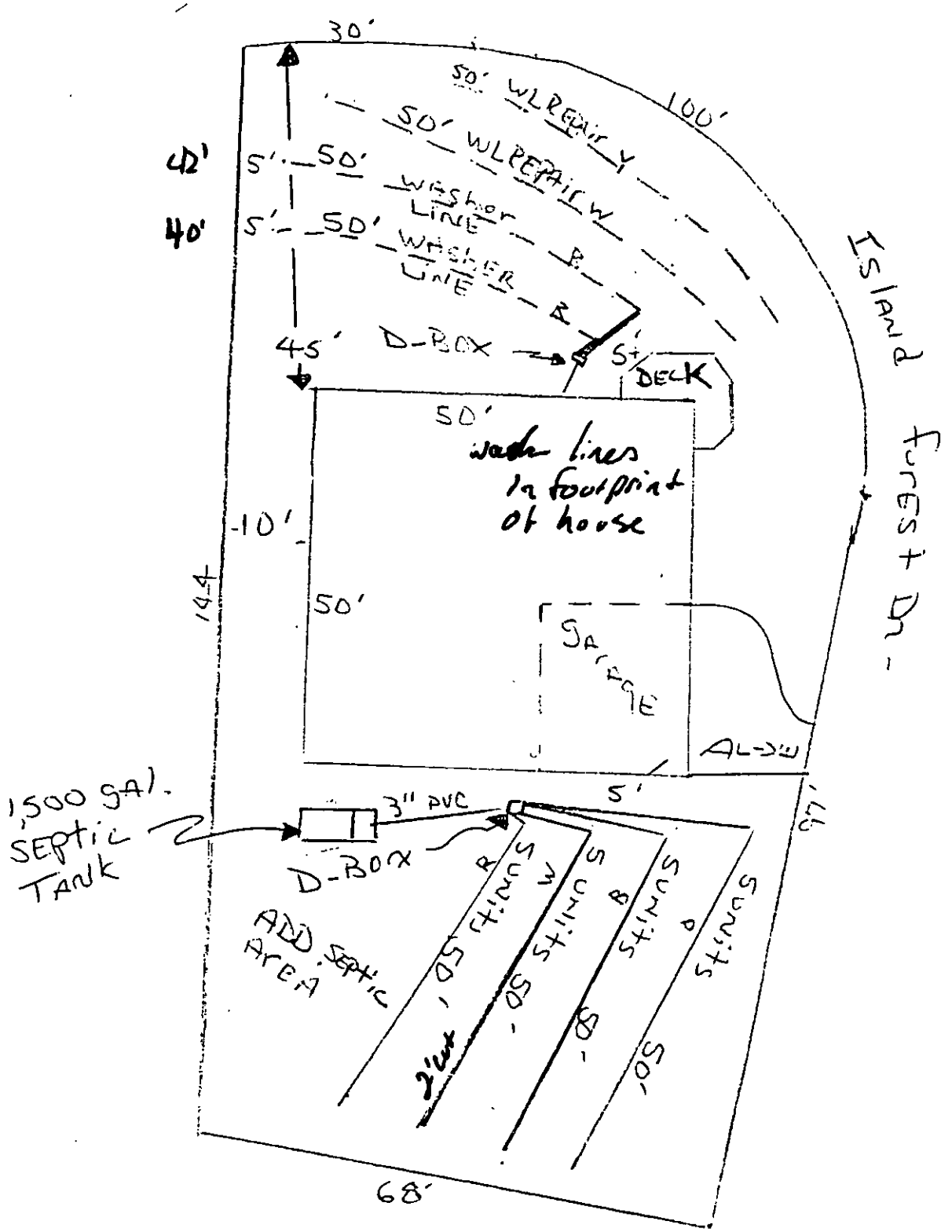
NEED HELP ESTIMATING? GIVE US A CALL. WE'RE HERE FOR YOU!

North Carolina (704) 883-2130 • Toll Free 1-800-649-0253

(3) Bedrm. EEE-222 LAY
SEPTIC PLAN.

MC.H.D.

File: 11373



T. Whittaker
866-9540

File: 11373

(3) Bedrm. Gravity EEE-ZZZ LAY Chamber (2012)

Split WASHER LINE PLAN.

1,500 gal. SEPTIC TANK
(2) D-BOXES
(4) 50' LINES = 200' 20 UNITS
(2) 50' WASHER LINES = 100' 10 UNITS
(30) EEE-ZZZ LAY UNITS

* CONVENTIONAL INSTALLMENT DEPTH APPLIES AT 24" to 30" TRENCH Bottom depth.

INSTALL PER MANUFACTURERS SPECS.

Filter RULE APPLIES.

GRAVITY DOSED T&J PANEL SYSTEM PLAN

LOT 93 - ISLAND FOREST DRIVE

MECKLENBURG COUNTY - NORTH CAROLINA

by
Toney C. Jacobs & Associates, Inc.
Consulting Soil Scientists
168 Broadbill Drive
Mooresville, N. C. 28115

October 28,1996

Submitted to: Mr. Kelly Randall, R. S.
Mecklenburg County Health Dept.
Charlotte, N. C.

Mr. Sid Carpenter
4332 Butterwick Lane
Charlotte, N. C. 28212

Paul G. Penninger

Toney C. Jacobs

Lot #93 - Island Forest Drive

GRAVITY DISTRIBUTION T & J PANEL SYSTEM

Design Considerations

The proposed system is for a 3 - bedroom home in a subdivision of single family homes in Mecklenburg County. The lots are generally less than ½ acre with medium sized homes. Lot 100 is approximately 0.25 acre and has > 40" of provisionally suitable soil across the lot. The lot was recorded prior to January 1983, and 100% repair area is not required.

Soils were evaluated by Mr. Bill Marlin of the Mecklenburg County Health Department and the system layout was by Toney C. Jacobs & Associates. Because of space limitations, the panel block system was considered as the best suited system for the lot. By using the T & J panel block system, there is ≈ 100' of repair area left on the lot. The septic system drainfield was flagged in the field as shown in Figure 1. The system will be a gravity dosed panel block system. There is only limited area on the lot for the proposed system. During construction extreme precautions should be taken to prevent damaging the system area. Flagging or fencing the system area would keep traffic and equipment off the area during construction. If the area is damaged beyond repair, the lot will be deemed unsuitable for a septic system.

Location

The ≈ 0.25 acre building lot is at the corner of Island Forest Drive, past Pinecrest Place.

Reference

[1 *Laws and Rules for Ground Absorption Sewage Disposal Systems 15A NCAC 18A. 1900,* NCDEHNR-DEH.

[2 *Design, Installation and Maintenance of the T & J Panel Wastewater Treatment System for Sanitarians and Septic Tank Installers,* 1988.

Recommendation

Two hundred[200] lineal feet of gravity T & J lines using gravity distribution.

Ownership Responsibility

Conservation measures should be undertaken in plumbing fixture specifications to minimize the volume of wastewater entering the disposal system, including, but not limited to the following precautions:

(a) Provide water conserving plumbing fixtures within the facility. Waterclosets must be 1.6 gal. flush (per code). Shower head should also have restrictions or be of low volume design.

(b) Develop conservative water use habits.

(c) Monitor and maintain the system as necessary for proper operation. An Operation Permit will not require a maintenance contract to be filed with the Mecklenburg County Health Department for the system.

System must be properly installed by a *qualified* and *competent* contractor following the requirements of the Mecklenburg County Department of Environmental Health, DEH, the N.C. Building Code, Plumbing Code, and the Electrical Code. This plan, as any, is a guide to a minimum standard, but cannot take the place of experience and common sense.

Components of System

1. Two compartment septic tank - 1000 gal.
2. Supply pipe
3. Flow dividers
4. T & J Panels in ground absorption trenches, 2 feet wide, level end to end. If the installer does not understand this or its importance, he should not begin construction until certain of all requirements.

Construction Sequence

1. Lines have been flagged as noted on drawing and in specifications.
2. Clear the area of all organic material with minimum soil disturbance [do not grade]. There is an area of yard waste [leaves grass clippings, etc.] which must be removed prior to system installation. Backfill any low areas with clean sandy loam to natural compaction and look. This includes soil evaluation pits and stump holes.
3. Install trenches per cited reference material and this plan.
4. Carefully backfill distribution trenches to grade with clean clay or clay loam soil fill material which is carefully placed and compacted.
5. The installation contractor shall stabilize the area of construction by planting with Kentucky 31 tall Fescue and mulching. Area to be limed and fertilized with 0.5 tons lime, 75 units of N, 150 units P, and 100 units of K per disturbed acre.
6. The septic tank shall consist of an approved 1000 gallon capacity reinforced, precast watertight, concrete tank with full baffle and shall have easy access to each chamber from ground level for inspection. The first chamber of the septic tank shall consist of 2/3 to 3/4 of the volume of the total tank and the baffle shall contain a horizontal opening across the tank at about midway . Locate the septic tank at such height as to provide approximately 8" of cover soil over top of the tank.
7. All piping and fitting shall be SCH 40 PVC. Glue for all PVC pipe joints shall be as recommended by the pipe manufacturer.

8. Final Landscaping: After the system is installed, the absorption field should be reshaped to shed rainwater and be free of low areas to insure that the system will not be overloaded with excess rainwater and run-on.

Concluding Note:

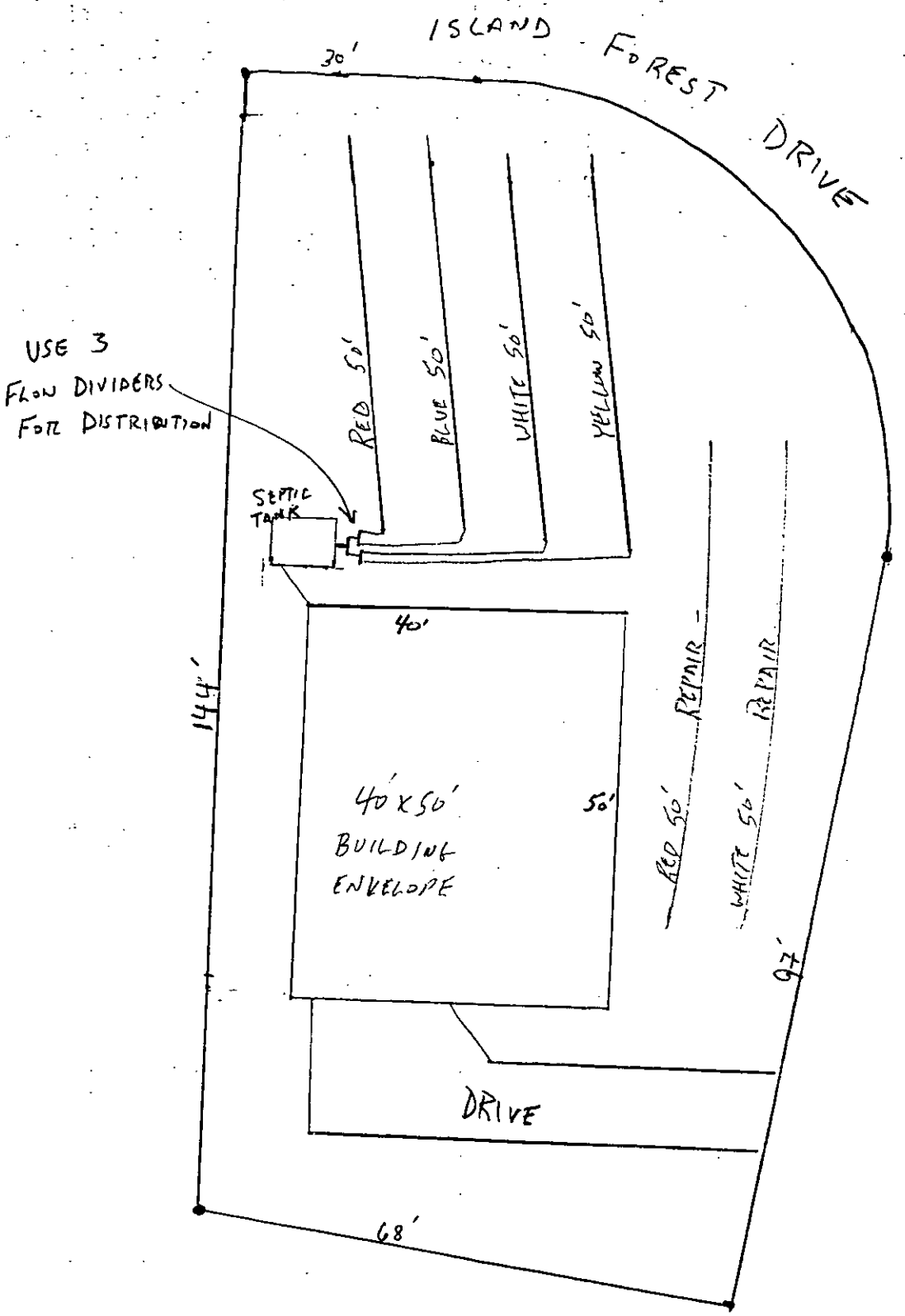
This plan was done to facilitate permitting by the Mecklenburg County Health Department by an agent of the owner. Any additions, or additional requirement[s], or deletions to enhance design or workability which will facilitate a permit are welcomed and may be made by note on this plan without returning entire design. The designer realizes that a plan with as many details as this can be changed and/or improved upon. The installer must realize that this is an exact plan and must be installed with exacting measurements. Should the installer desire a change, it must be approved by the health department in writing. Final inspection will also require more time and detail than a conventional system. If there are questions, please give me a call.

Design Specifications

93 Island Forest Drive

Daily design flow:		360 gpd. - 3 bedroom house
Septic tank size;	1500	~~1000~~ gal. (2 compartments)
Effluent loading rate:		0.3 gpd/sf
Number and length of laterals:		4 @50' using T & J Panels
Number of panels:		11 per trench = total of 44 panels

Lot 93


ISLAND FOREST DRIVE
30'
USE 3
FLOW DIVIDERS
FOR DISTRIBUTION
SEPTIC TANK
RED 50'
BLUE 50'
WHITE 50'
YELLOW 50'
40'
144'
40'X50'
BUILDING
ENVELOPE
50'
RED 50' REPAIR
WHITE 50' REPAIR
97'
DRIVE
68'

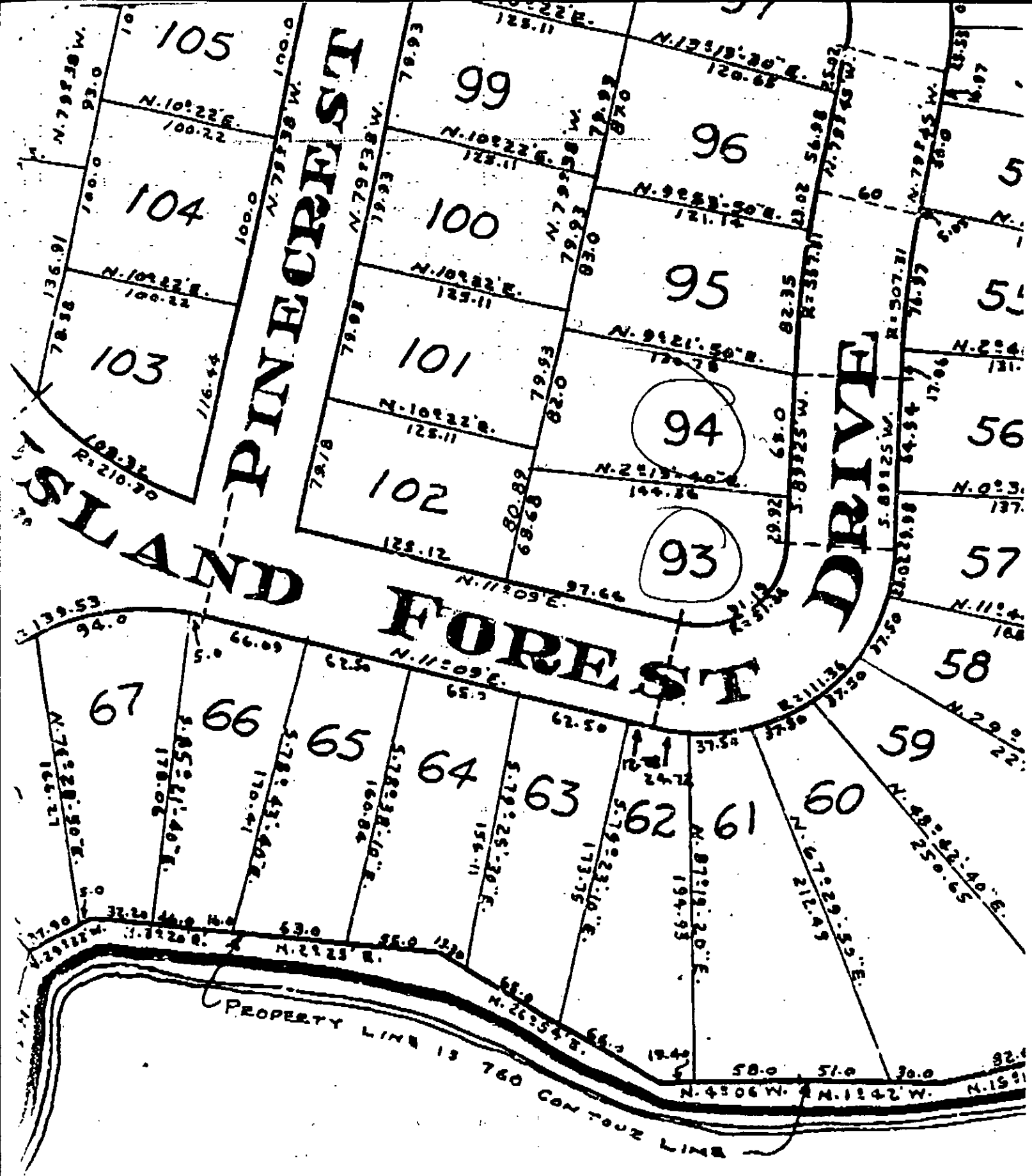
Lot 93 ISLAND FOREST

SID CARPENTER

Sta.	B.S.	H.I.	F.S. or Grade Rod	Elev. or Planned Elev.	
IRON		104.45	4.45	100.0	
~~RED~~			4.5	99.95	
~~BLUE~~			4.9	99.55	
WHITE			5.6	98.85	
YELLOW			5.9	98.65	
RED			6.2	98.25	
WHITE			9.6	95.85	
IRON			3.5	100.95	

SCS-29 (3-60)

GPO : 1960 O-550816


PINECREST
ISLAND FOREST DRIVE
105
104
103
99
100
101
102
96
95
94
93
67
66
65
64
63
62
61
60
59
58
57
56
PROPERTY LINE IS 760 CONTOUR LINE

FEE: 100.00 Chg in plot DATE: 10/1/99 JC Ck # 1358

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

Change in plot plan

FILE #: 11373

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 001-112-01

STREET ADDRESS: 21225 Island Forest Drive

SUBDIVISION OR MOBILE HOME PARK NAME: Island Forest

LOT NUMBER: 93

TOWNSHIP (CHECK ONE): Cornelius

TYPE OF BUILDING (CHECK ONE):

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

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

HEATED SQUARE FOOTAGE: 2800

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

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

CLOSING DATE

10-4-99 called and left message for M. Thurman

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

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

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

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

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES 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: Thurman Malcolm LEE
(LAST) (FIRST) (MI)

ADDRESS: 20225 Biscayne Drive

CITY: Cornelius STATE: NC ZIP: 28031

DAYTIME PHONE: (704) 386 - 5498

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

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: Lee Thurman DATE: 10-1-99

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

PROPOSED PLOT PLAN

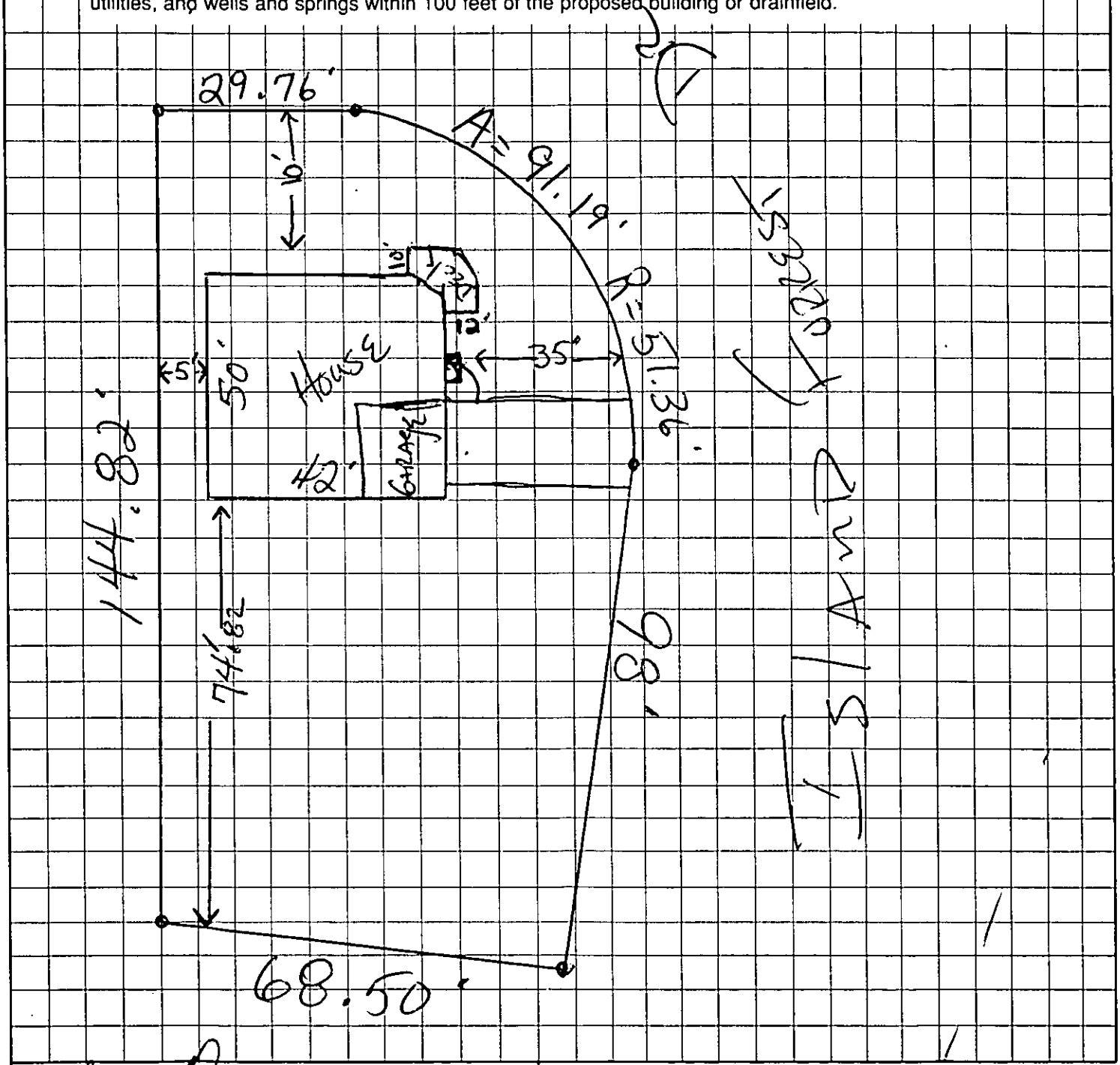
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

COPY

FILE: 11373

TC: 501-112-01

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.



OWNER/AGENT SIGNATURE

DATE 10-1-99

APPROVAL DATE _____

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

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

DATE: 10-31-96 **PERMIT NO:** 11373
PARCEL NO: 001-112-01

JOB LOCATION ADDRESS: 21225 Island Forest Dr
PROPERTY OWNER: Sidney Carpenter
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: Island Forest
AUTHORIZATION ISSUED BY: Kelly Randall **DATE:** 10-31-96
DEHNR ~~AUTHORIZED~~ AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 11373, 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: agreement form must be recorded prior to installation approval

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.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE — DATE 10/31/96

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 11373 Tax Number: 001-112-01

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

Basement	___ Yes	✓ No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	___ Conventional ✓ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

3 Long-term acceptance rate	360 Max gallons/day wastewater flow	400 Absorption Area (sq ft)	8 Trench spacing (min. on centers)
NO Serviced by private well	1500 Gallon septic tank	200 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	___ Depth of ~~stone~~ SAND	

Any surface waters present: NO Type: Minimum separation distance:

Site modifications required: a

Additional Conditions: agreement form ~~on file~~ must be recorded prior to installation approval
PPBPS TYPE III system

Repair Area System Type Type (circle one): I II III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

___ Absorption Area (Sq ft) ___ Total Trench Length (Ft)	___ Depth of Stone Trench	___ Trench spacing (min. on centers)	___ Maximum Trench Depth

For existing system, enter the year originally installed:

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

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

Kelly Caudell 10-31-96
DEHNR Authorized Agent Date

X [signature] 10/31/96
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

Lt 93

FILE COPY

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

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

FILE # 11373
PARCEL # 001-112-01

The undersigned, Sidney Allen Carpenter, owner of property located at Lot 93 - 21225 Island Forest Dr., (the "site") and described in an instrument recorded in Book 3423 at Page 395, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

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

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

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

This instrument was prepared by: S. A. Carpenter
Mail after recording to: 4632 Buttonwick Ln
Charlotte, NC. 28212

BK: 08801 PG: 0339/0341 #:0177 13.05
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 10/31/96 10:33

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

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

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

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

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

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

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

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 31 day of October, 1996.

(Corporate Name)

By: _____

_____ President

ATTEST:

_____

_____ Secretary

(Corporate Seal)

Sidney A. Carpenter (SEAL)
OWNER

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Rachelle G. Sidway, a Notary Public for said County and State, do hereby certify that Sidney A. Carpenter personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 31 day of October, 1996.

Rachelle G. Sidway
Notary Public

My Commission Expires:
6-21-97

RACHELLE G. SIDWAY NOTARY PUBLIC MECKLENBURG COUNTY, N.C.

FEE: 102.00
DATE: 9/6/96
C/I # 3401

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

( ) CRT

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

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

COPY

FILE #: 11373

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 001-112-01

STREET ADDRESS: 21225 Island Forest Dr

SUBDIVISION OR MOBILE HOME PARK NAME: Island Forest Dr.

LOT NUMBER: Lot 93 M 12-341

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2800 ±

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 4

CLOSING DATE 9/30/96

FOUNDATION FOR RESIDENCE:

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

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

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

WATER SUPPLY (CHECK ONE):

✓ COMMUNITY (C)
___ 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 ✓ NO
EXISTING WASTEWATER SYSTEMS ___ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS ___ YES ✓ NO
WELL, SPRINGS OR WATERLINES ___ YES ✓ NO
DESIGNATED WETLANDS ___ YES ✓ NO

PROPERTY OWNER:

NAME: Carpenter, Sidney Allen
(LAST) (FIRST) (MI)

ADDRESS: 4632 Butterwick Ln.

CITY: Charlotte STATE: NC ZIP: 28212

DAYTIME PHONE: (704) 597-2223

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( )

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1970's

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: Sidney Carpenter DATE: 9/6/96

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

COPY

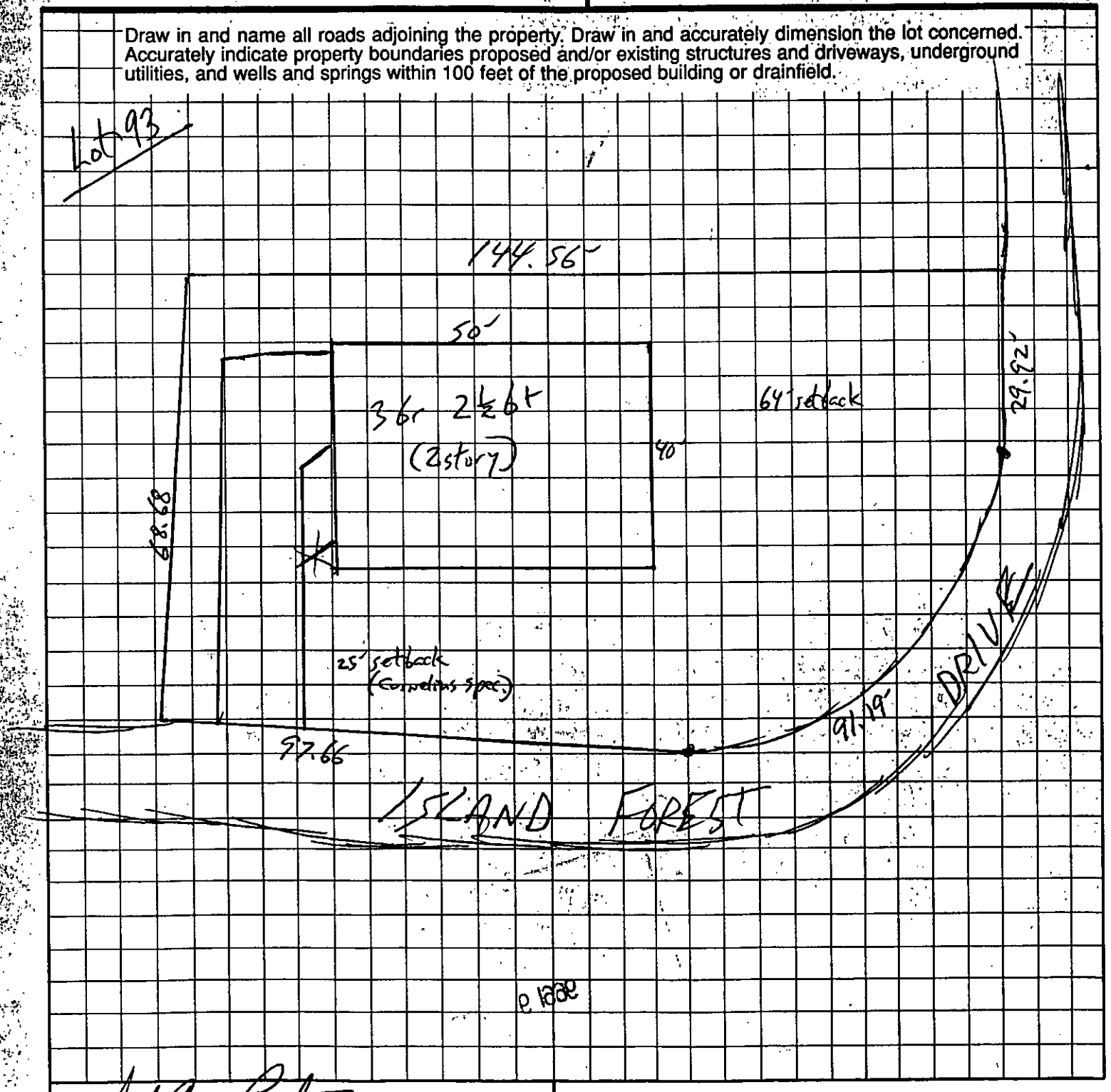
PROPOSED PLOT PLAN

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

FILE: 11373

TC: 001-112-01

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.



OWNER/AGENT SIGNATURE

DATE 9/6/96

APPROVAL DATE _____

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

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

Sheet
PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION *for* ON-SITE WASTEWATER SYSTEM

#2 [redacted]1
11373
001-112-01

OWNER: Sidney A. Carpenter
ADDRESS: 4632 Bittersweet Lane Clem
APPLICANT:
APPLICATION DATE:
DATE EVALUATED:
PROPOSED FACILITY: residence
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: .23
LOCATION OF SITE: 21225
PROPERTY RECORDED:
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFIL CLASS & LTA
1	LS Slopes 5-10%	0-3"	gr | cl	Fr | s EXP | ss | sp	> 46" to Chroma 2 Colors	46"	N/A	None	PS .39 | P; IV
		3-46"	sbk | c	Fr-Fi | s EXP | ss | p					
2	LS	0-4"	gr | c |	Fr | s EXP | ss | sp	> 46" to Chroma 2 Colors	46"	N/A	None	PS .39 | P; IV
		4-46"	sbk | c	Fr-Fi | s EXP | ss | p					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	46	

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Unsuitable

MMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope) V (Convex Slope) (Drainage Way) S (Debris Slump) P (Flood Plain) S (Foot Slope) (Head Slope) (Linear Slope) (Nose Slope) (Ridge) (Shoulder Slope) (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	SI (Silt) SICL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SLC (Silt Loam Clay)	0.6 - 0.3	0.3 - 0.15		
					MOIST	WET
	IV	SC (Sandy Clay) SIC (Silty Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		O (Organic)	None			

OTES

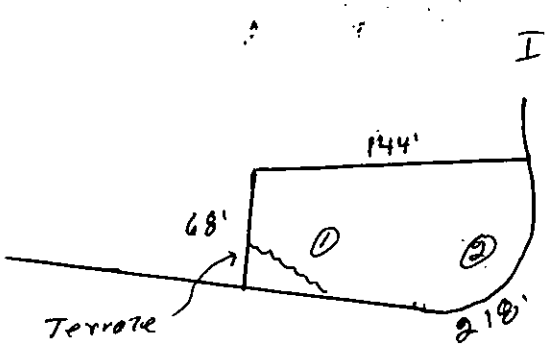
ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRUCTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
IL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.

ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).

11373



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

D400

Sheet
PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION *for* ON-SITE WASTEWATER SYSTEM

#2 [redacted]1
11313
001-11201

OWNER: Sidney A. Carpenter APPLICANT: _____
ADDRESS: 4632 Butterwick Lane Clem APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 360gpd PROPERTY SIZE: .23
LOCATION OF SITE: 21225 PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	Slopes 5-10% 1940 LAND-SCAPE 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	0-3"	gr | cl	Fr | SS EXP | SS/SP	> 46" to Chroma 2 Colors	48"	N/A	None	PS .39 | Pr IV
		3-46"	SBK | C	Fr-Fi | SS EXP | SS/P					
2	LS	0-4"	gr | c	Fr | SS EXP | SS/SP	> 46" to Chroma 2 Colors	48"	N/A	None	PS .39 | Pr IV
		4-46"	SBK | C	Fr-Fi | SS EXP | SS/P					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Ug	
System Type(s)		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W.R. Marlin 9-13-94
OTHER(S) PRESENT: _____

OMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope) V (Convex Slope) (Drainage Way) S (Debris Slump) P (Flood Plain) S (Foot Slope) (Head Slope) (Linear Slope) (Nose Slope) (Ridge) (Shoulder Slope) (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	SI (Silt) SICL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SUC (Silt Loam Clay)	0.6 - 0.3	0.3 - 0.15		
					MOIST	WET
	IV	SC (Sandy Clay) SIC (Silty Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		O (Organic)	None			

OTES

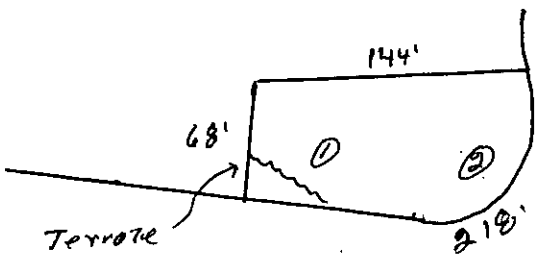
ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRUCTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.

ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).

11373



FEE: 100.00
DATE: 9/6/96
C.K. # 3401

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

1 1 CRT

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

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

FILE #: 11373

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 001-112-01

STREET ADDRESS: 21225 Island Forest Dr.

SUBDIVISION OR MOBILE HOME PARK NAME: Island Forest Dr.

LOT NUMBER: Lot 93 M 12-341

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2800 ±

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

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

CLOSING DATE 9/30/96

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

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

WATER SUPPLY (CHECK ONE):

✓ COMMUNITY (C)
___ 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 ✓ NO
EXISTING WASTEWATER SYSTEMS ___ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS ___ YES ✓ NO
WELL, SPRINGS OR WATERLINES ___ YES ✓ NO
DESIGNATED WETLANDS ___ YES ✓ NO

PROPERTY OWNER:

NAME: Carpenter, Sidney Allen
(LAST) (FIRST) (MI)

ADDRESS: 4632 Butterwick Ln.

CITY: Charlotte STATE: NC ZIP: 28212

DAYTIME PHONE: 704 593-2223

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

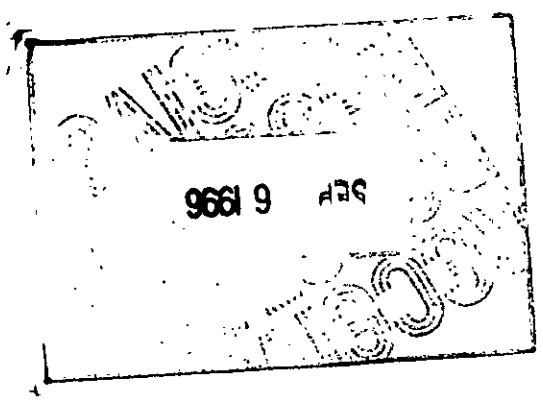
DAYTIME PHONE: ( )

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1970's

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: 9/6/96

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


SEP 6 1996

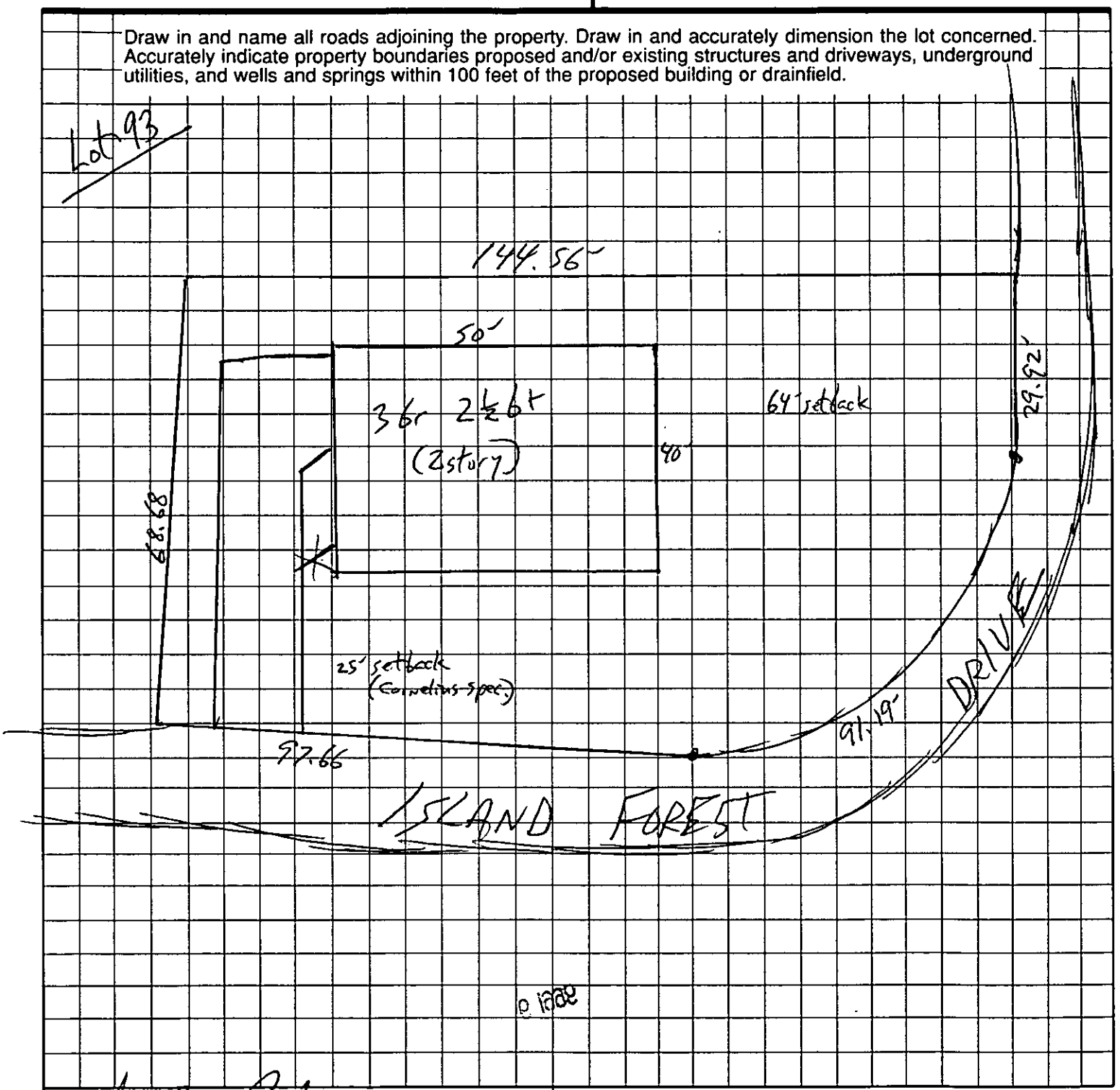
PROPOSED PLOT PLAN

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

FILE: 11373

TC: 001-112-01

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.

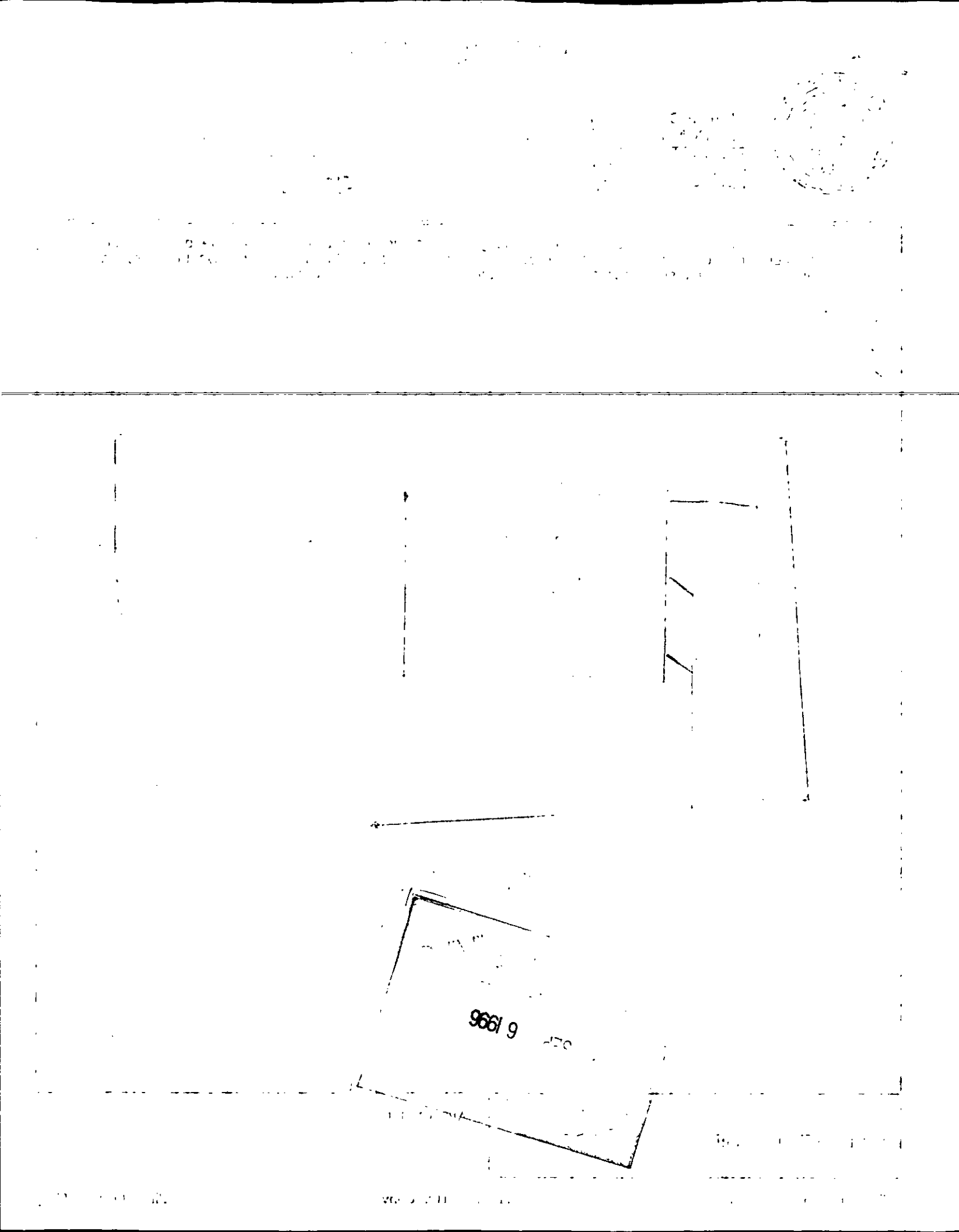


OWNER/AGENT SIGNATURE

DATE 9/6/96

APPROVAL DATE _____

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



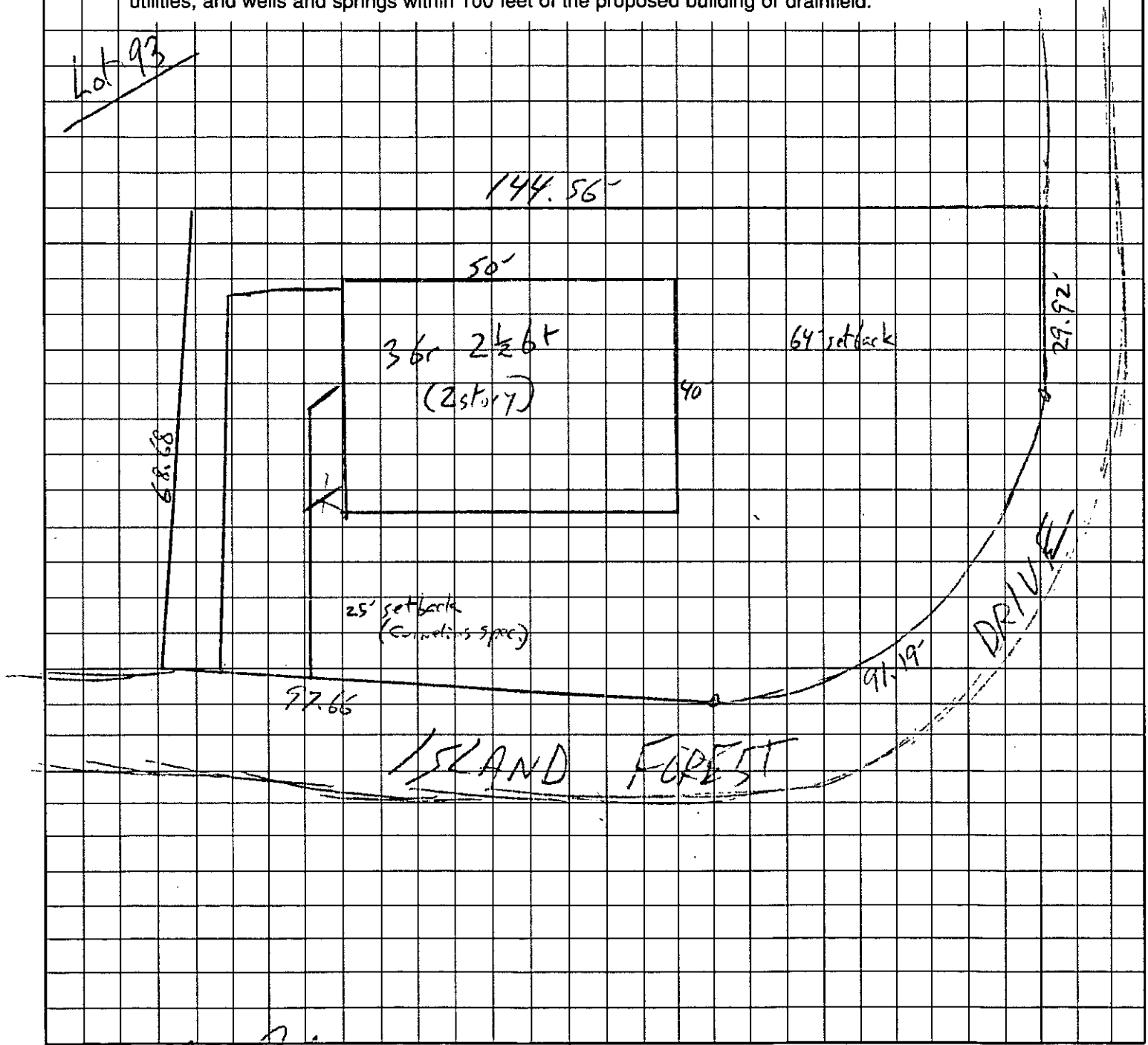
PROPOSED PLOT PLAN

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

FILE: 11373

TC: 001-112-01

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.



OWNER/AGENT SIGNATURE

DATE 9/6/96

APPROVAL DATE _____

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

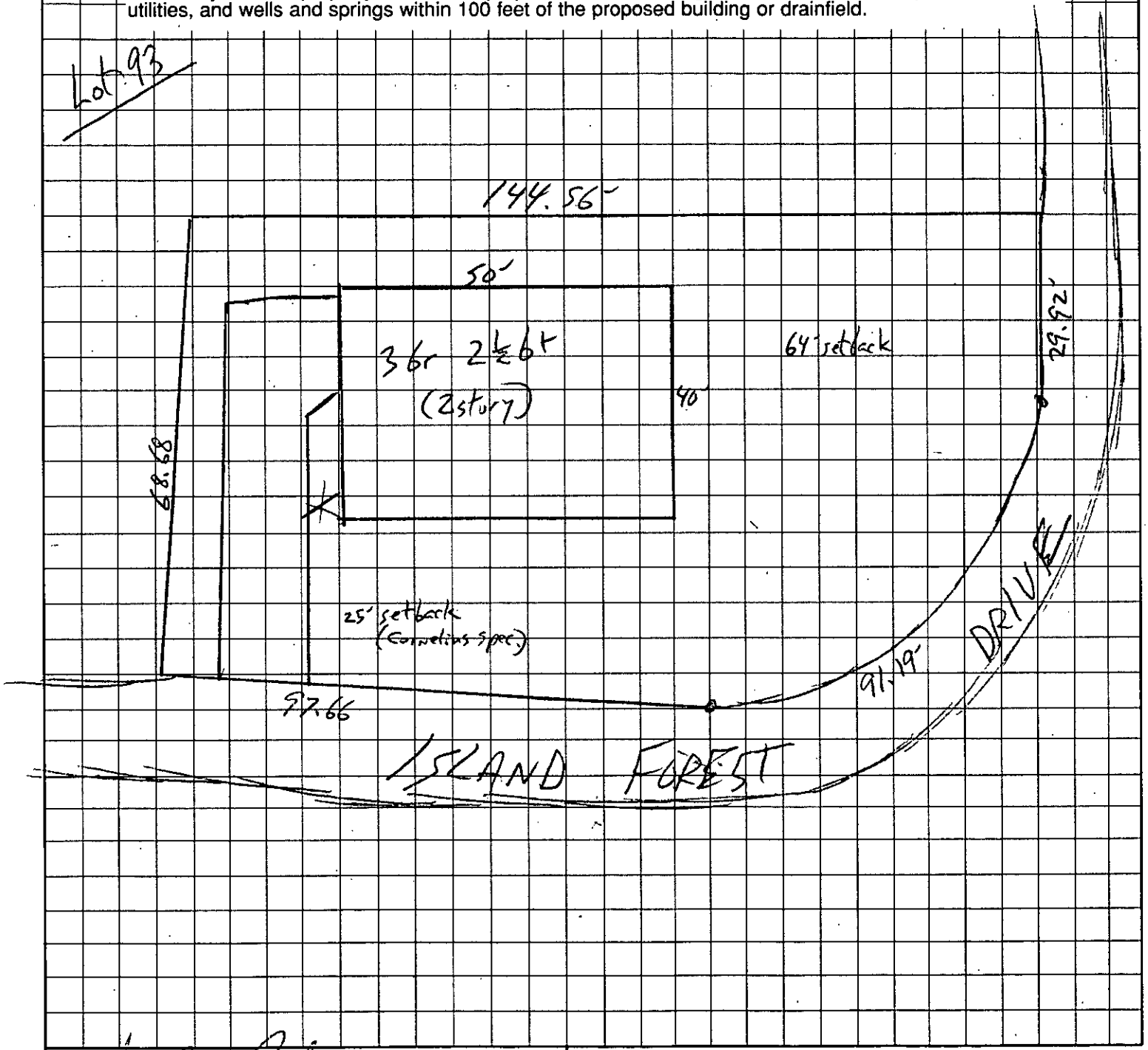
PROPOSED PLOT PLAN

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

FILE: 11/26/96 11873

TC: 001-112-01

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.

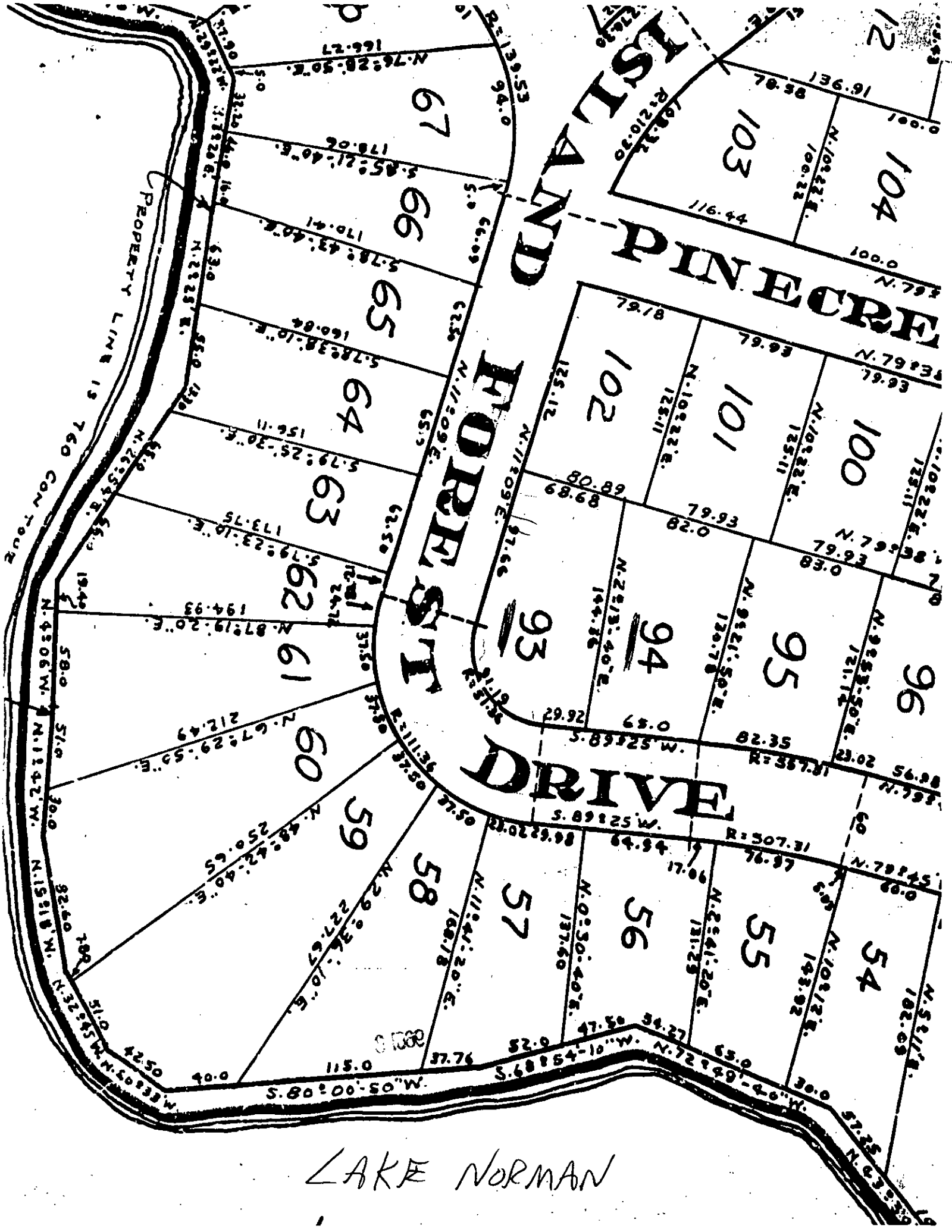


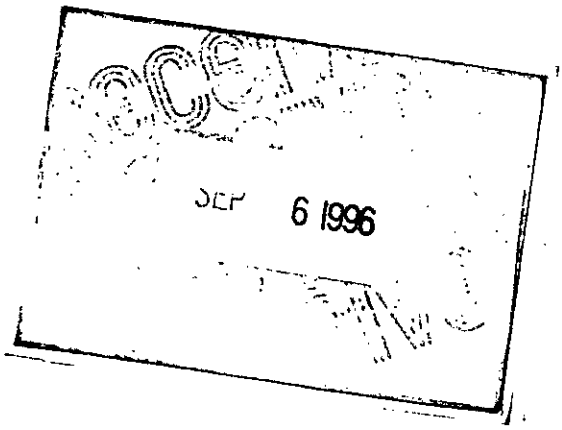
OWNER/AGENT SIGNATURE Neil A. Cate

DATE 9/6/96

APPROVAL DATE _____

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


PINECREST DRIVE
HORSE ISLAND
PROPERTY LINE IS 760 CONTOUR
LAKE NORMAN
67
66
65
64
63
62
61
60
59
58
57
56
55
54
93
94
95
96
102
101
100
103
104
S.89°25'W.
R=307.31
R=357.31
S.80°00'50"W.
S.68°54'10"W.
N.72°49'40"W.


SEP 6 1996

Mecklenburg County
Health Department

October 2, 1996

Sidney Allen Carpenter
4332 Butterwick Lane
Charlotte, NC 28212

Re: 21225 Island Forest Drive
File: 11373
Parcel: 001-112-01

Dear Mr. Carpenter:

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

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

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

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

If you have any questions regarding this matter, please call me at 336-5575.

Sincerely,

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

Mecklenburg County
Health Department

Sidney Allen Carpenter
4332 Buttermilk Lane
Charlotte NC 28212

Re: 21225 Island Forest Dr
File: 11373
Parcel: 001-112-01

Receipt of your Application for Improvement Permit for the above referenced property is acknowledged. A soil evaluation and a site visit have been conducted. The results of the evaluation indicated that the site is UNSUITABLE under Rules

.1950

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