

GREYFRIARS ROAD

6/15/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

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Drawn By: Crescent Resources, Inc.

REAL ESTATE TO BE PRESENTED FOR Environmental Health Dept.
BOOK PAGE REGISTRATION

000302

6301 0310 90 JUN 26 PM 3:40

FILE NO. 6482A

Parcel: 001-353-40

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

ANNE A. POWERS
REGISTER OF DEEDS
MECKLENBURG CO., N.C.

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 10 NCAC 10A .1948(c)

The undersigned, Crescent Resources, Inc.,

owner of property located at 17224 Greyfriars Road .

("the site") and described in an instrument recorded in Book 3822 at Page 289, Mecklenburg Public Registry, hereby acknowledges that he applied to the Mecklenburg County Department of Environmental Health ("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 10 NCAC 10A .1934 et seq; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested pursuant to 10 NCAC 10A .1948(c) 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 can reasonably be expected to function satisfactorily and thus that the findings specified in 10 NCAC 10A .1948(c)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

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

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

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

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

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

This 22nd day of June, 19 90.

Attest:

Ethelene G. Williams
Assistant Secretary

Crescent Resources, Inc (SEAL)

By: R. B. Dienst (SEAL)
Vice President

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

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

WITNESS my hand and notarial seal, this _____ day of _____, 19_____.

23:15 #0117 000
06/26/90

_____
Notary Public

8.00
8.00
8.00

My Commission Expires: _____

I, Sharon C. Arrowood, a Notary Public for said County and State, do hereby certify that Ethelene G. Williams personally came before me this day and acknowledged that he is Asst. Secretary of Crescent Resources, Inc., 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 Vice President, ~~Robert~~ B. Dienst, sealed with its corporate seal and attested by Assistant Secretary.

WITNESS my hand and notarial seal, this 22nd day of June, ~~19~~ 1990.

Sharon C. Arrowood
Notary Public

My Commission Expires: 10/13/93

State of North Carolina, County of Mecklenburg
The foregoing Certificate(s) of Sharon C. Arrowood

Notary(ies) Public is/are certified to be correct. This instrument and this certificate are duly registered at the date and time and in the Book and Page shown on the first page hereof.

ANNE A. POWERS, REGISTER OF DEEDS

By _____ Deputy - Register of Deeds

REAL ESTATE
BOOK PAGE
6301 0311

188
7/20

Mecklenburg County
Health Department

May 10, 1990

Crescent Resources, Inc.
PO Box 30818
Charlotte, NC 28230

RE: Property located at 17224 Greyfriars
FILE: 6482A
PARCEL: 001-353-40

Gentlemen:

Receipt of your plans for a modified conventional waste disposal system for the property referenced above is acknowledged.

Your plans for the modified conventional system for the above property as submitted are approved with the following comments:

- The well should be located 100 feet or no less than 50 feet away from any part of the sewage disposal system and repair area.
- Water saving plumbing devices and low flush toilets should be installed when constructing the residence.
- Occupants to utilize maximum water conservation measures wherever possible.
- Effectively rake and lime all trench sidewalls
- Landscaping of repair area to be undisturbed. No grading, shaping, or altering in anyway.

Upon execution and recording with the Register of Deeds Office, Mecklenburg County, of the enclosed "Septic Tank Agreement Form", an Improvements Permit may be issued by this office.

Sincerely,

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

GV/kat

Enclosures - 3 Septic Tank Agreement Forms

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)

FILE: 6482A

TC: 001-353-40

SERIAL: № 20507

☑ L ☐ CRT

JOB LOCATION

① ADDRESS: ~~1227~~ (STREET NO.) Coney Crossing RD (STREET) ② FILE:

③ JURISDICTION: 17224 ④ TAX PARCEL NO.: 001-35-340

⑤ SUBDIVISION: ⑥ LOT: 6 ⑦ BLOCK:

OWNER

⑧ NAME: Crescent Resources (FIRST) Inc. (MIDDLE) (LAST)

⑨ MAILING ADDRESS: PO Box 28230

⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28230

⑬ PHONE: (WORK) 362-2410 ⑭ (HOME)

REQUEST

This request is for a(n):

⑮ ☑ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 3 ㉕ Type?

㉓ Maximum occupancy? 6 ㉖ Maximum number of employees?

㉔ Basement? ☑ yes ☐ no ㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☑ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Tracy C. Jarvis, CPSS

Date: 3-23-90

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist Date 3-28-90

Director or Authorized Section Head Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

APPLICATION FOR SOIL INVESTIGATION

See 6477A for charge slip

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

(OFFICE USE ONLY)

FILE: 6482A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Greyfriars Road - Meck Neck

② SUBDIVISION: _____ ③ LOT: H-6 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

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

OWNER

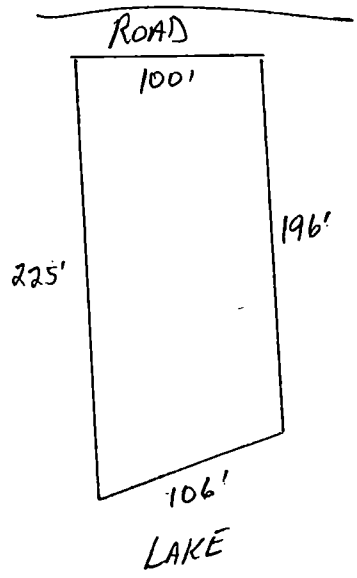
⑦ NAME: CRESCENT (FIRST) RESOURCES (MIDDLE), INC (LAST)

⑧ MAILING ADDRESS: PO Box 30817

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28230

⑫ PHONE: (WORK) 372-3012 (HOME) _____

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Tommy C Jarvis CPSS

Date: 1-22-90

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

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

PROPOSED PLOT PLAN Lot 6

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

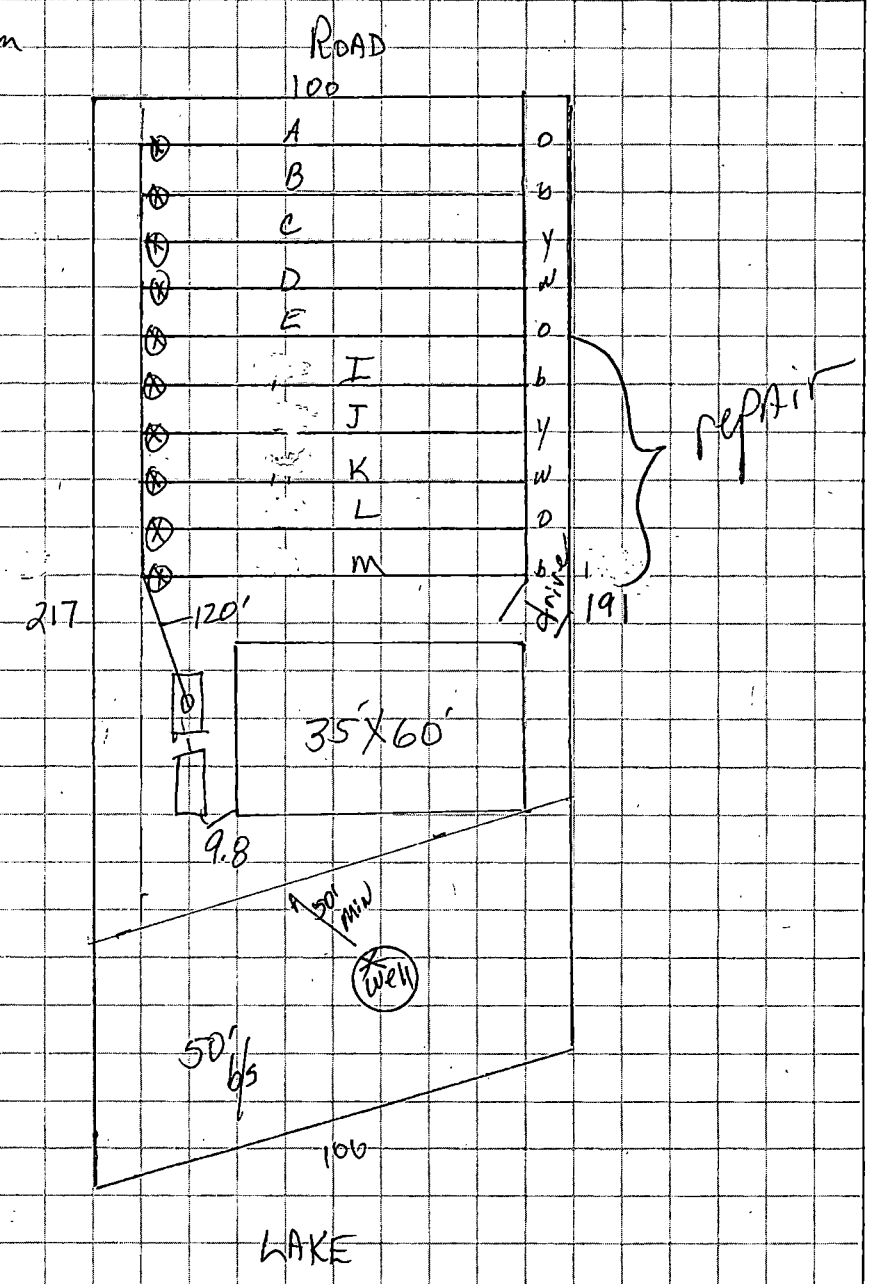
FILE: _____

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.

Pressure Conventional System
- Elevations -

0.2	0.5	0.8
1.0	1.3	1.6
1.4	1.9	2.1
2.1	2.5	X
2.8	3.1	3.1
3.4	3.8	3.8
3.9	4.3	4.2
4.5	X	5.0
5.2	5.5	5.9
5.8	5.9	6.5



bottom of trenches to be level!

* CRI requires A 40' sideline setback

1"=40'

APPROVAL DATE _____

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

Date: 3/26/90

DESIGN SPECIFICATIONS FOR ON-SITE WASTE SYSTEM

Address: Lot 6 Greyfriars Cove

General Description: Pressure Conventional System

Daily design waste flow:	360	gpd
Effluent loading rate:	0.3	gpd/sf
Square footage:	1200	
Septic tank size:	1500	gal. (2 compartments)
Pumping tank size:	1000	gal.

Initial Installation

Line	# ~~Panels~~	# Hole(s) ~~Per Panel~~	Size Hole	Line Head	Line Length	Hole Flow	Line Flow
A ✓	NA	8	5/32	3.0	80	0.5	4.0
B ✓							
C ✓							
D ✓							
E ✓	"	"	"	"	"	"	"
F							
G							
H							
Totals					200		20
Required 100% Repair							
I ✓							
J ✓							
K ✓	"	"	"	"	"	"	"
L ✓							
M ✓							
N							
O							
P							
Totals					200		20

CALCULATIONS FOR PUMPED SYSTEMS:

Friction loss: supply line = 120 LF of 2 inch x 2.6 loss/100 = 3.1 ✓
lateral line = 80 LF of 1¼ inch x .125 loss/100 = .2
fittings = x .2 = .7 ✓
total 4.0 ✓

Head: 19.4 Supply Laterals 25.6

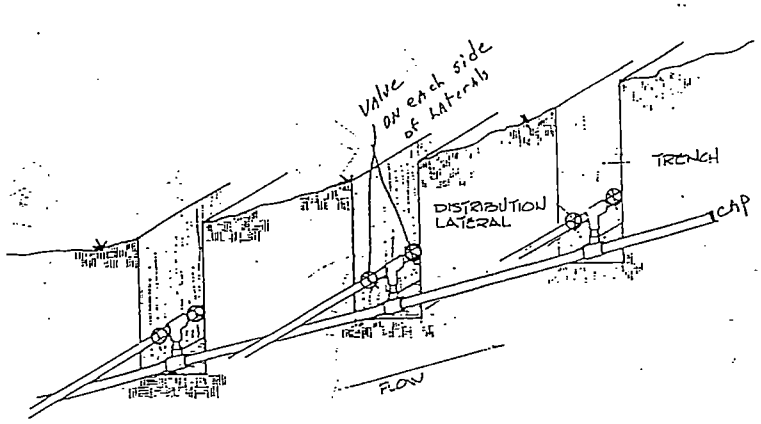
pressure head	= 3.0 ✓
friction head	= 4.0 ✓
elevational head	= 14.6 ✓
TDH	= 21.6 ✓
20% margin	= (21.6 / .8 = = 27.0 ft.) ✓
TOTAL DESIGN HEAD=	27.0

A UL or SSPMA listed effluent or sewage pump sized to deliver a minimum of 40 ✓ gallons per minute at 27.0 ✓ feet of head.
Pump size for system NO Pump size for system and repair yes
Dosing volume ~~or time~~: 180 gal. 147.4 .737 8.8" Dosing Depth
Check valve: yes
Syphon break hole: NO
Note: Each line shall have a globe or gate valve at the start of the line for pressure adjustment. "Noted ⊗ "

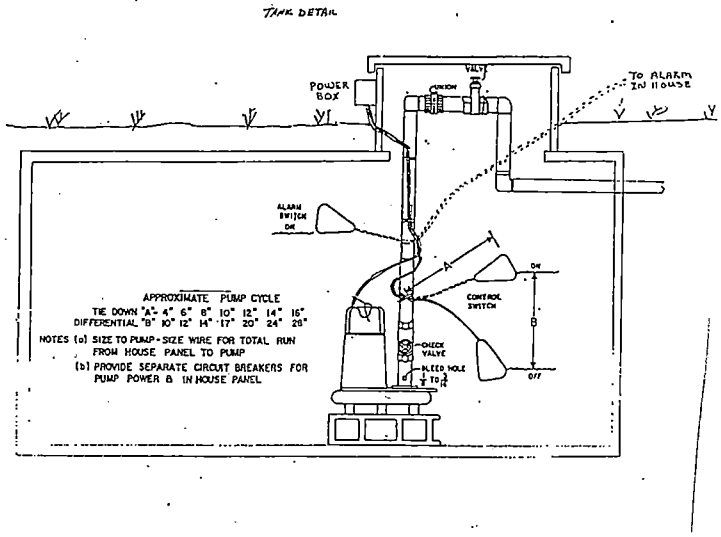
DESIGN SPECIFICS OF THIS SYSTEM MAY BE FOUND IN:

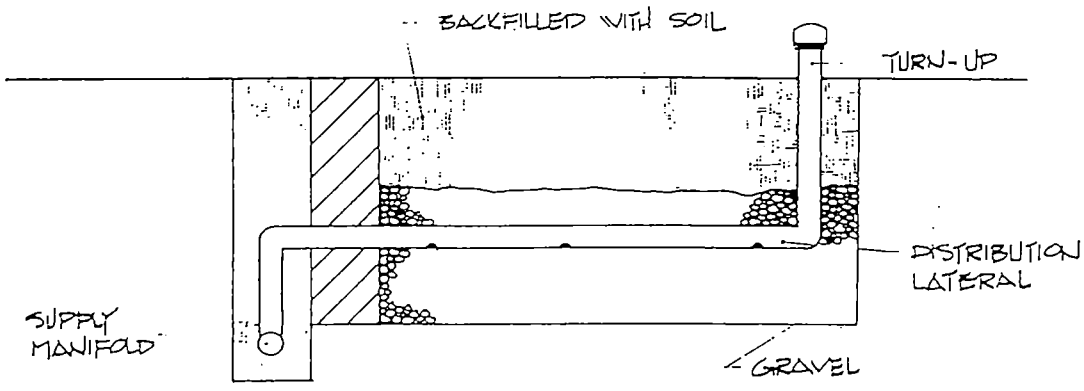
DESIGN AND INSTALLATION OF LOW-PRESSURE PIPE WASTE TREATMENT SYSTEMS by: Craig Cogger; Bobby L. Carlisle; Dennis Osborne; Ed Holland. Published by: UNC Sea Grant Pub. UNC-SC-82-03. May, 1982.

DESIGN DETAILS



A PUMPING UPHILL





Date: 3/23/90

From: Toney C. Jacobs
Consulting Soil Scientist
Rt. 2 Box 280
Troutman, N. C. 28166

To: Crescent Resources, Inc.
P.O. Box 30817
Charlotte, N. C. 28230

Subject: Lot 6 Greyfriars Rd.

System type: Conventional Gravel trench with pressure distribution

This system is designed for a three bedroom house at an application rate of 0.3 gpd. 360/.3 - 1200/3 = 400 LF of conventional drainfield. This system shall be installed in accordance with all state and local rules and regulations. Installer should have a thorough working knowledge of Design and Installation of Low-Pressure Pipe Waste Treatment Systems by Cogger, et. al. - UNC Sea Grant Publication - UNC SG-8203.

The house representation is for septic calculations only, and corners should not be considered for actual construction.

Mecklenburg County
Health Department

February 9th, 1990

Crescent Resources, Inc.
PO Box 30817
Charlotte, NC 28230

RE: Property located at Greyfriars Rd.
FILE: 6482A
PARCEL: 00135340

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 17593) is enclosed for your information.

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

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

Very truly yours,

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

Enclosure

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17593

File: 6482A

Parcel: 00135340

Action 1

PC

Location: Greyfriars Rd.

Subdivision:

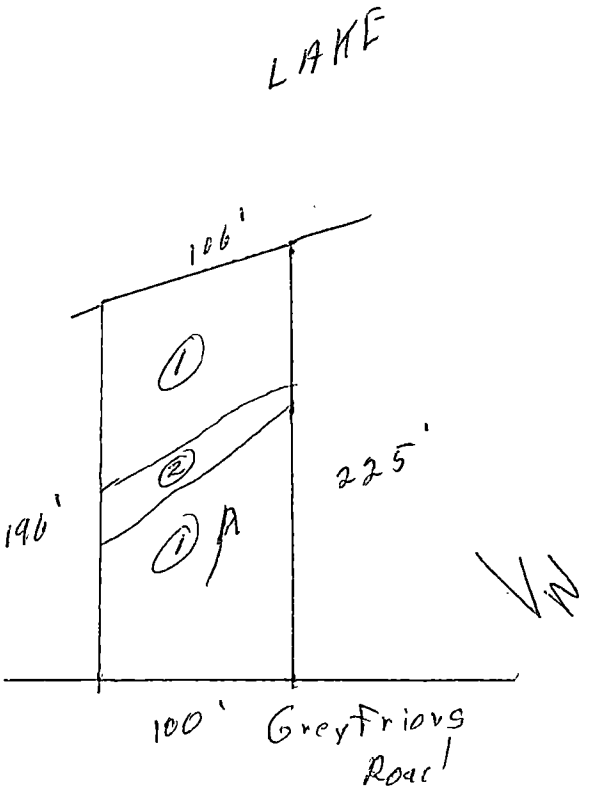
Lot: H-6 Block: Acres: .49

Owner:
Address: Crescent Resources, Inc.
PO Box 30817
Charlotte, NC 28230

Comments: 100% Repair

Described by: William R. Marti

Date: 2-9-90



*** EVALUATION KEY ***

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-12%	S PS (U) Depression old Road	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U 7-48" To Water	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 7-36"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 7-48"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U —	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil-Lilly	old Road				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U