

15236 MILLVIEW TRACE LN

13915209

6/22/2007

duponbj

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

COPY

FYI

Paid $85 check # 1261 12/4/02 JC

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Elvin and Carolyn Parnell
15236 Millview Trace Ln.
Charlotte, NC 28227

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
Elvin and Carolyn Parnell	15236 Millview Trace Ln.	13915209	7030A	IIIb
				Total Amount Due: $85.00

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

Name: Elvin F. + Carolyn Parnell

Site Address: 15236 Millview Trace Ln.
Charlotte, NC 28227

# of Bedrooms: 2 and small den/office

BILL INFORMATION

Billing Date: 10/29/02

Payment Due Date: 11/29/02

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

0743

MECKLENBURG COUNTY
Health Department

November 21, 2002

Elvin Parnell
15236 Millview Trace Ln.
Charlotte, NC 28227

Dear Mr. Parnell:

The State required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence located at 15236 Millview Trace Ln., Charlotte, North Carolina, was completed on 11/5/02. 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 positive for coliform bacteria. The presence of bacteria indicates a source of contamination. It is recommended that the well be chlorinated. The procedure for chlorination was delivered to your home on 11/7/02. An additional copy is enclosed. 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
Procedure For Well Chlorination
Septic System Owner's Guide
Inspection Invoice

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

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

MECKLENBURG COUNTY — Health Department
7030A — Permit/Project No.
15236 MILL VIEW TRACE LN. — Location
RESIDENCE — Name of Establishment / Type of Establishment
240 GPD — Design Flow
EWIN PARNELL — Owner/Agent
15236 MILL VIEW TRACE LN. CHARLOTTE — Address
Phone
N/A — Operator
Address
Phone
Remarks TYPE IIID

	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?	☐	☐	
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?	☐	☐	
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?	☐	☐	
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	
6. GROUND ABSORPTION FIELDS:			EVERYTHING LOOKS GOOD
No evidence of effluent surfacing/reaching surface waters?	☑	☐	
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?	☐	☐	
No effluent standing in lower laterals?	☐	☐	NA
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: 11/5/02 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 (*circle one*) your operation permit/certificate of completion (*circle one*) 60 days from this date for the following 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 (*circle one*) of your operation permit/certificate of completion (*circle one*) for the following violations:

_____
[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)

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

Field I.D.#: 209656 Dept.: INNS
Project: PME

Site Sampled: ELVIN PARNELL
Address: 15230 MILLVIEW TRACE LN.
Source Sampled: WELL HEAD ☒ Potable ☐ NonPotable
Source Treatment: ☐ Chlorinated ☒ Nonchlorinated ☐ Unknown
Sample Temperature: _____ °C

Sample Collected On:
Date: 11/5 Time: 10:30 ☒AM ☐PM
Collected By: _____ (Signature)

Relinquished to Lab On:
Date: 11/5 Time: 1200 ☐AM ☒PM
Relinquished By: _____ (Signature)

Lab I.D. #: 8287
Rec'd By: _____ (Signature)
Date Rec'd: 11-5-02
Time: 1336

Sample Condition:
Temperature: _____ °C
Remarks _____
Data Qualifiers ØN

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

Report Results To: DAVID L. CORNELIUS

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
J-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 # 192

SHADED AREA FOR LAB USE ONLY

Bacteriologicals
Total coliform ☒ Present 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: 11/7 RESULTS REPORTED BY PHONE - CHLORINATION PROCEDURE DELIVERED.

Date Completed: NOV 06 2002

Laboratory Director: for Terry

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 guidelines 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

INORGANIC CHEMICAL ANALYSIS - PRIVATE WATER SYSTEM

Name of System: Parnell, Elvin
Address: 15236 Millview Trace Ln.
Charlotte, NC **Zip:** 28227
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

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

Collected By: D.L. CORNELIUS **Date:** 11/5/02 **Time:** 10:30:00 AM
Location of sampling point: Well Head
Remarks:

Parameters	Results	Units	Date Analyzed:
Acidity as CaCO3	14	mg/l	11/7/02
Silver	<0.05	mg/l	11/7/02
Alkalinity as CaCO3	48	mg/l	11/7/02
Arsenic	<0.001	mg/l	11/7/02
Barium	<0.1	mg/l	11/7/02
Calcium	10.0	mg/l	11/7/02
Cadmium	<0.005	mg/l	11/7/02
Chloride	<5.0	mg/l	11/7/02
Chromium	<0.01	mg/l	11/7/02
Copper	<0.05	mg/l	11/7/02
Fluoride	<0.20	mg/l	11/7/02
Iron	<0.05	mg/l	11/7/02
Hardness as CaCO3 (Ca,Mg)	41	mg/l	11/7/02
Mercury	<0.0005	mg/l	11/7/02
Magnesium	4.0	mg/l	11/7/02
Manganese	<0.03	mg/l	11/7/02
Sodium	8	mg/l	11/7/02
Lead	<0.005	mg/l	11/7/02
pH	6.9	Std. unit	11/7/02
Selenium	<0.005	mg/l	11/7/02
Zinc	<0.05	mg/l	11/7/02

Date Received: 11/7/02 **Report Date:** 11/15/02 **Reported By:** DM
Today's Date: 11/18/02 **Ref:** 15367 **Login Batch:** 2110017 **Sample Number:** AA85207

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	0.05 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

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

INORGANIC CHEMICAL ANALYSIS - NITRATE ONLY

Name of System: Parnell, Elvin
Address: 15236 Millview Trace Ln.
Charlotte, NC **Zip:** 28227
County: MECKLENB

Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis: Nitrate
Category:

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

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

Collected By: D.L. CORNELIUS **Date:** 11/5/02 **Time:** 10:30:00 AM
Location of sampling point: Well Head
Remarks:

Parameters	Results	Units	Date Analyzed:
Nitrite as N	<0.10	mg/l	11/7/02
Nitrate as N	<1.0	mg/l	11/7/02

EXPLANATION OF RESULTS:

Foster/Therapeutic Homes: Nitrate-N level acceptable if less than or equal to 10 mg/l
Private Well Guidelines: Nitrite-N level should be ≤ 1.0 mg/l and Nitrate-N ≤ 10.0 mg/l

Sample Temperature on Receipt: 7.5 °C
Date Received: 11/7/02 **Report Date:** 11/15/02 **Reported By:** DM
Today's Date: 11/18/02 **Reference:** 15377 **Login Batch** 2110017 **Sample Number:** AA85217

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	0.05 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

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Elvin and Carolyn Parnell
15236 Millview Trace Ln.
Charlotte, NC 28227

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
Elvin and Carolyn Parnell	15236 Millview Trace Ln.	13915209	7030A	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: 10/29/02

Payment Due Date: 11/29/02

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

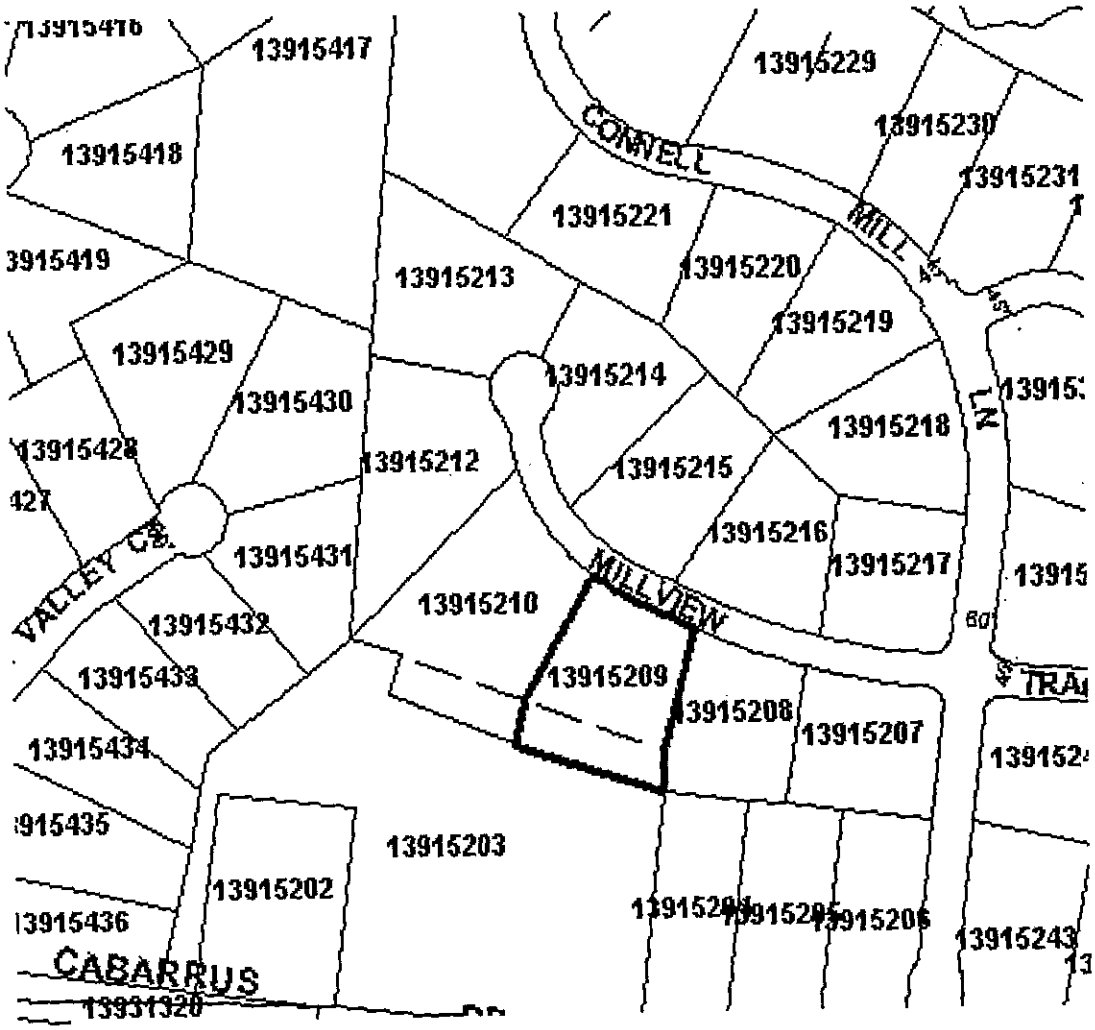
☐ *Please check if you have a well.*

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

DO NOT SEND CASH

10:00

Parcel-Id#: 13915209 GIS Map#: 13915209	Legal Desc.: L34 B2 M24-616
Account Type: INDIVIDUAL	Deed Book/Page: 08225/796 Date: 7/26/1995
Owner: PARNELL ELVIN E	Sales Price: $151000
Add. Owner: PARNELL CAROLYN H WF	Sales Date: 7/26/1995 Qualified Sale: Y
Mailing: 15236 MILLVIEW TRACE LN	Neighborhood Code: 13916
Address:	Historic Desig.: Farm Desig.:
City: CHARLOTTE	Deed Acreage: 0 Assessed Acreage: 1.125
State: NC ZIP: 282278439	Assessed Land Value: $24000
Location: 15236 MILLVIEW TRACE LN Get Directions	Total Assessed Value: $162250
Municipality: MINT HILL	Tax Bill Information: Click Here!



INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

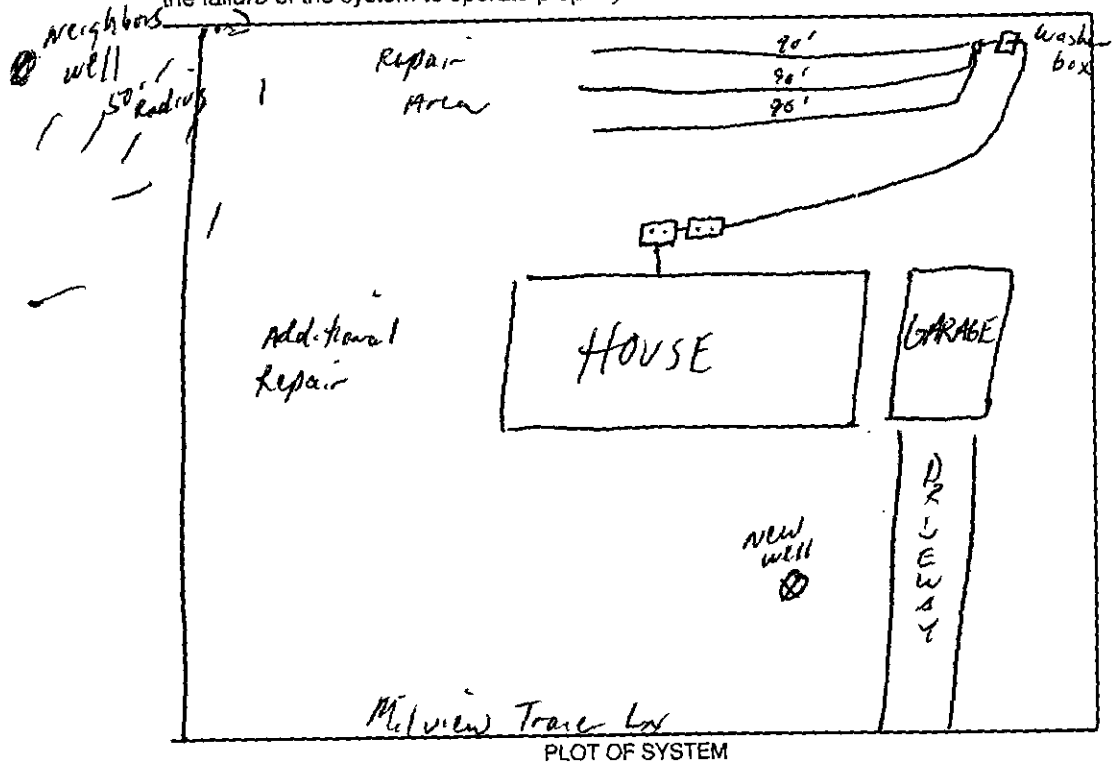
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7030 A DATE: 5/30/95

TC: 139 152 09 ☐ L

SERIAL Nº 16430

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 2/7/95. All work shall be completed on or before 6/30/95, 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 3

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous ✓

Total Line Length 270' feet

Number of Lines 3 (90')

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >100' feet
minimum 50'

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

NAME OF OWNER Eddie Haynes (Connell Mill Partners)

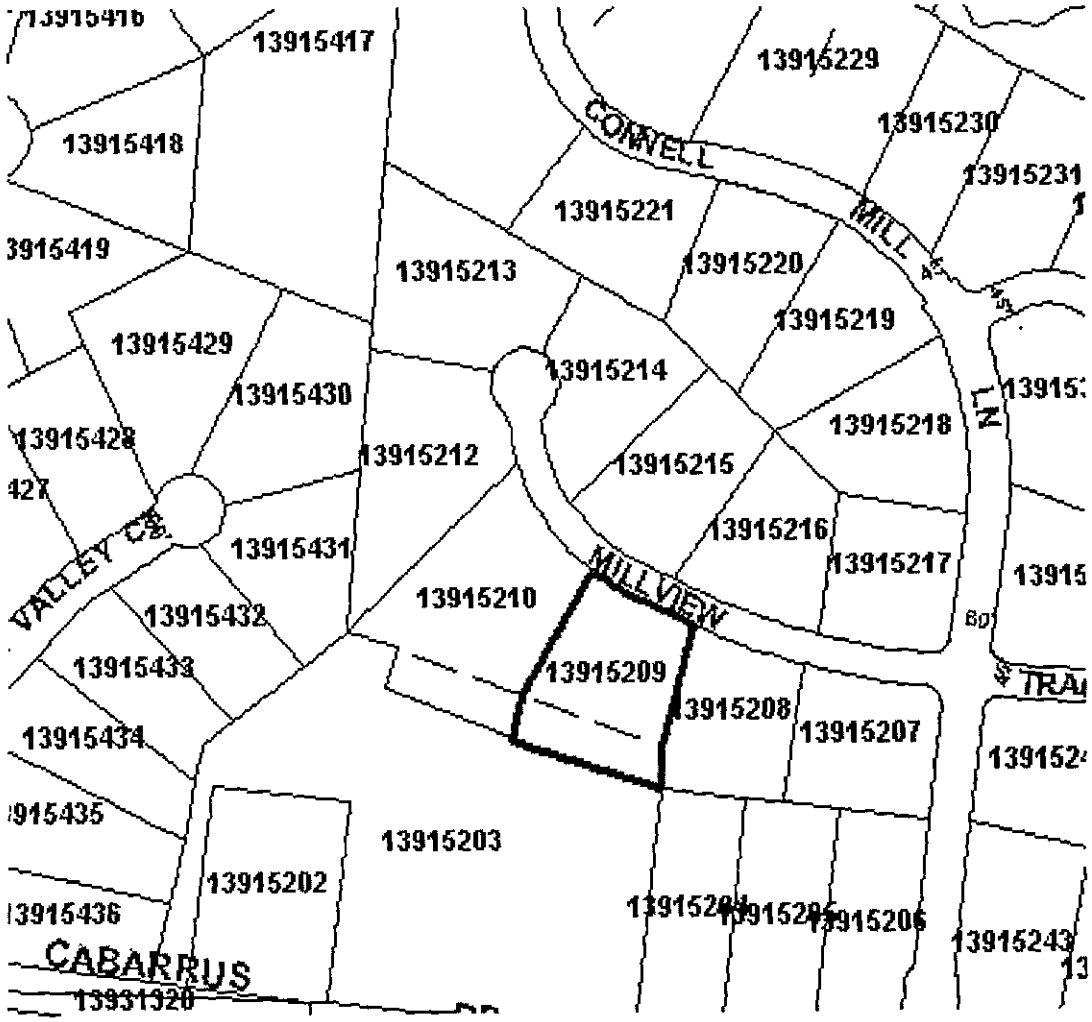
LOCATION OF PROPERTY 15236 Milview Trace Ln

Comments: 1500 ST, 1000 DT, Washer box, D-Box 3 lines x 90' long x 3' wide x 12" Stone / Keep Septic System > 50' from existing well and neighbors well / Keep lines on contour of land

Chairman for S Daniel, Program Chief 5/31/95 Phillip S. Walker R.S.
Environmental Health Specialist

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

Parcel-Id#: 13915209 GIS Map#: 13915209	Legal Desc.: L34 B2 M24-616
Account Type: INDIVIDUAL	Deed Book/Page: 08225/796 Date: 7/26/1995
Owner: PARNELL ELVIN E	Sales Price: $151000
Add. Owner: PARNELL CAROLYN H WF	Sales Date: 7/26/1995 Qualified Sale: Y
Mailing: 15236 MILLVIEW TRACE LN	Neighborhood Code: 13916
Address:	Historic Desig.: Farm Desig.:
City: CHARLOTTE	Deed Acreage: 0 Assessed Acreage: 1.125
State: NC ZIP: 282278439	Assessed Land Value: $24000
Location: 15236 MILLVIEW TRACE LN Get Directions	Total Assessed Value: $162250
Municipality: MINT HILL	Tax Bill Information: Click Here!



Mecklenburg County
Health Department

October 29, 2002

Elvin and Carolyn Parnell
15236 Millview Trace Ln.
Charlotte, NC 28227

Dear Mr. and Mrs. Parnell:

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 at 15236 Millview Trace Ln., Charlotte, 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 November 13, 2002 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

Elvin and Carolyn Parnell
15236 Millview Trace Ln.
Charlotte, NC 28227

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
Elvin and Carolyn Parnell	15236 Millview Trace Ln.	13915209	7030A	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: 10/29/02

Payment Due Date: 11/29/02

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

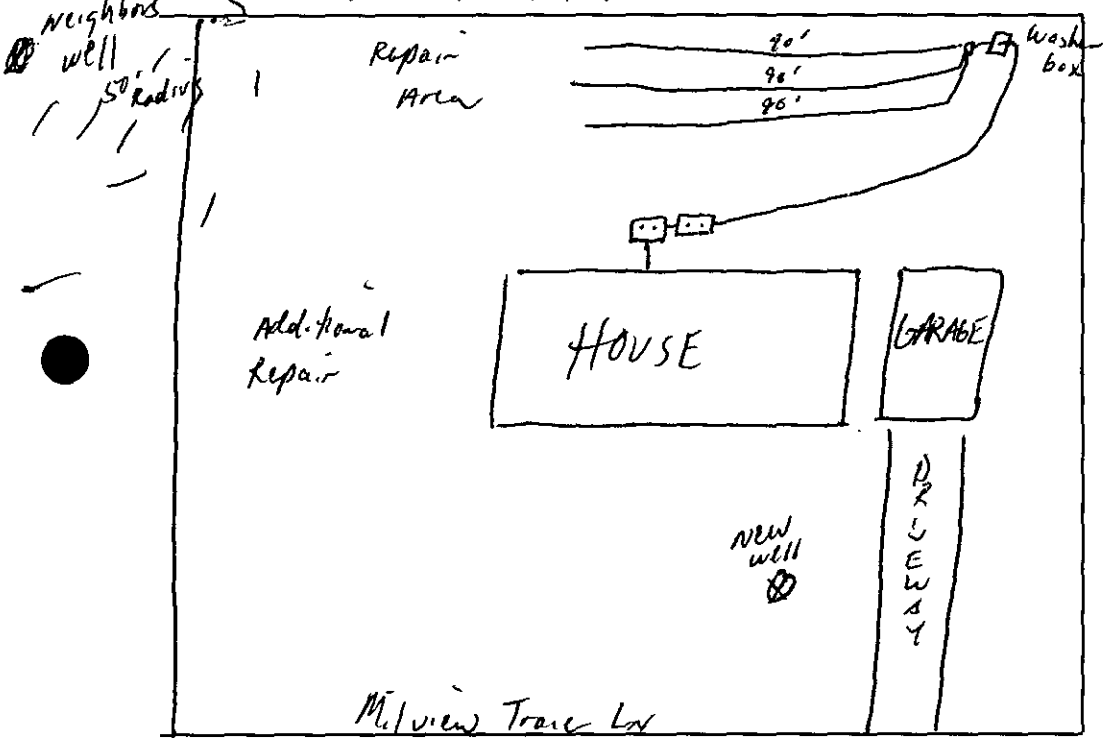
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7030 A DATE: 5/30/95

TC: 139152 09 ☐ L

SERIAL Nº 16430

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 2/7/95. All work shall be completed on or before 6/30/95, 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 3

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous ✓

Total Line Length 270' feet

Number of Lines 3 (90')

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >100' feet
Minimum 50'

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

NAME OF OWNER Eddie Haynes (Connell Mill Partners)

LOCATION OF PROPERTY 15236 Milview Trace Ln

Comments: 1500 ST, 1000 DT, washer box, D-Box 3 lines x 90' long x 3' wd x 12" stone / Keep septic system > 50' from existing well and neighbors well / Keep lines on contour of land

Spokesman for S Daniel, Program Chief 5/31/95 Phillip S. Walker R.S.

Environmental Health Specialist

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

P.W.r

10-22-96 INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES 7030A CRT

Co#7943 $50.00

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: PARNELL (last) ELVIN (first) E. (mi)

ADDRESS: 15236 MILLVIEW TR LN. PHONE: (704) 573-2719

CITY: CHARLOTTE STATE: N.C ZIPCODE: 28227

Date: 10-22-96

PROPERTY OWNER:

NAME: ✦ SAME AS ABOVE ✦ (last) (first) (mi)

ADDRESS: _____ PHONE: (___) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 139-152-09

STREET ADDRESS: 15236 MILLVIEW TRACE LN. CHARLOTTE, N.C 28227

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: CONNELL MILL, PHASE II

LOT NUMBER: 34 LOT SIZE (in acres): 1.10

TYPE APPLICATION (check one):

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Storage Bldg

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: 2 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 [X] 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: E.E. Parnell Jr. Date: 10-22-96

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

Storage Building Addition for

2 Bedroom residence

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

Philo A. Walker R.S. 10/29/96
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

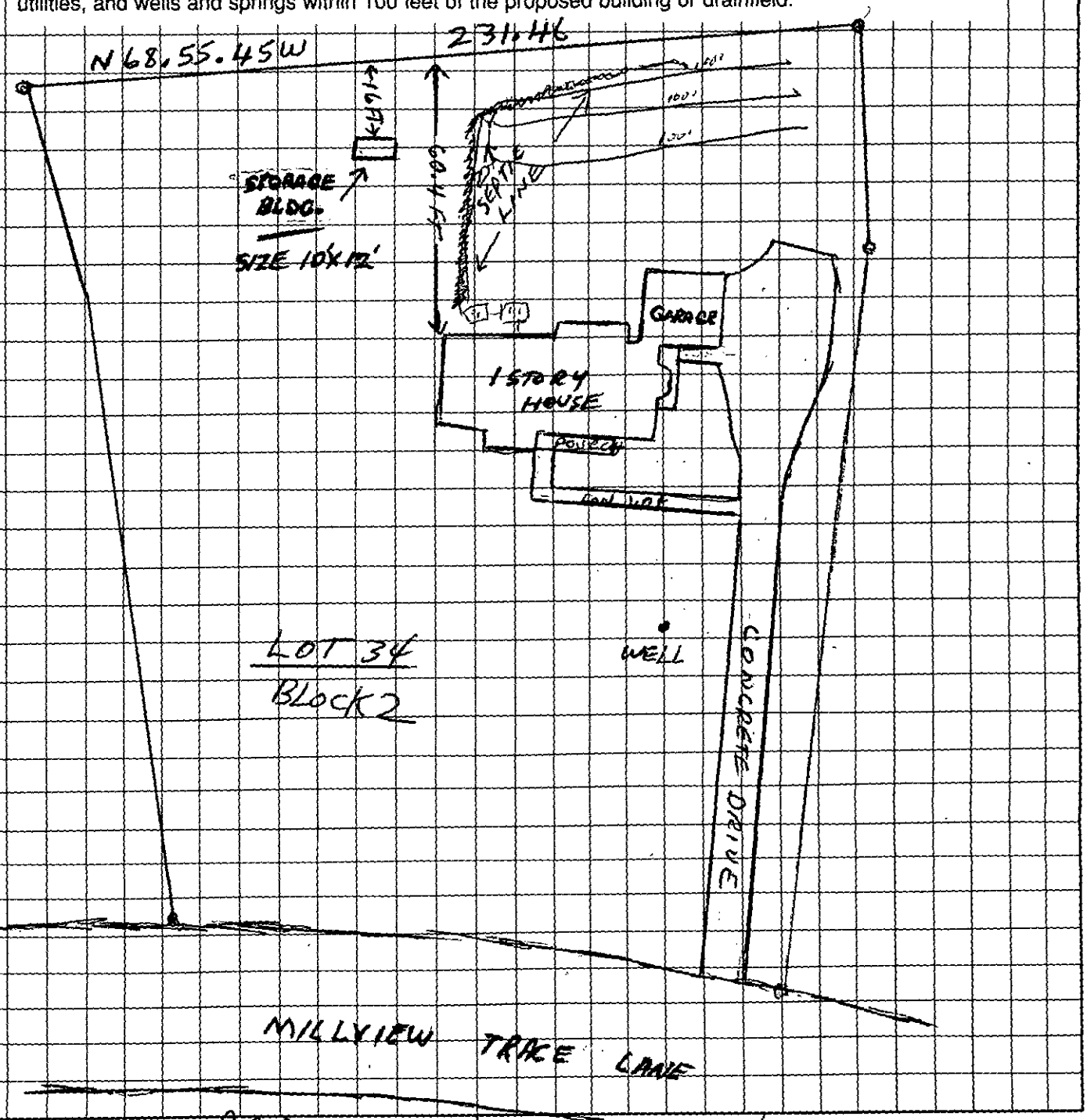
PROPOSED PLOT PLAN

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

FILE: 7030A

TC: 139-152-09

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.



E E Parnell Jr.
OWNER/AGENT SIGNATURE

DATE 10/

APPROVAL DATE RSW appr 10/29/96

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

CERTIFICATE OF COMPLETION/OPERATION PERMIT

D1600

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

FILE: 7030A DATE: 6/30/95

TC: 139 152 09 ☐ L ☐ CRT

SERIAL Nº 16297

Name of Owner Connell Mill Partners (Eddie Haynes) Juris.: _____

Address of Property 15236 Milview Trace Ln

Inspection Data:

Tank Material PCC

Total Length of Drainfield 300'

Number of Lines 3 @ 100

Cover Depth 10"

Water Supply Source well

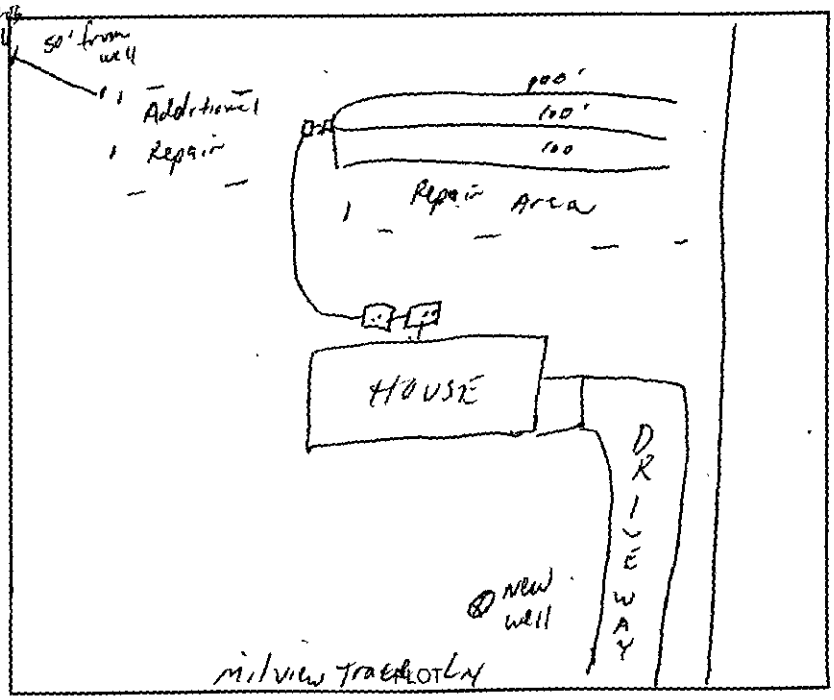
Distance to Water Source 100'+

Excavation Inspected 6/30/95

Tank(s) Inspected 6/30/95

Wash Line Inspected –

High Water Alarm Inspected 6/30/95



Design 1995, 1500 ST, 1000 DT, PI, conv, 888 SFT, 12" stone cecil CTR# W T Norwood 92

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

☒ installed or constructed ☐ altered or repaired

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

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

☐ Certificate of Completion ☒ Operation Permit

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

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

COMMENTS: Septic system designed for 2 bedroom residence

Type III-b

A Bateman for Daniel, Program Chief 7-3-95

Phillip S. Walker R.S.
Environmental Health Specialist

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

7030A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[X] 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: Haynes (last) Eddie (first) J (mi)
ADDRESS: 1805 Ruben Rd PHONE: (704) 764-3821
CITY: Monroe STATE: NC ZIPCODE: 28112

Date: JAN 11, 95

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 139-152-09
STREET ADDRESS: 15336 Millview Trace Lane Charlotte, NC 28227
ZONING:

PROPERTY OWNER
NAME: Connell Mill Partners (last) (first) (mi)
ADDRESS: 7103 Forest Ridge Dr PHONE: (704) 846-8124
CITY: Matthews STATE: NC ZIPCODE: 28105

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 34 LOT SIZE (in acres): 1.10

TYPE APPLICATION (check one):

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

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

NUMBER BEDROOMS: 2 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 (N) [ ] 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 [X] 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: E. Jane Haynes Date: 1/11/95

NOTICE:

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

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

...This permit is not transferable.

... System designed for 2 bedroom residence. Lift pump required

[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

Sheila S. Walker 2/7/95
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

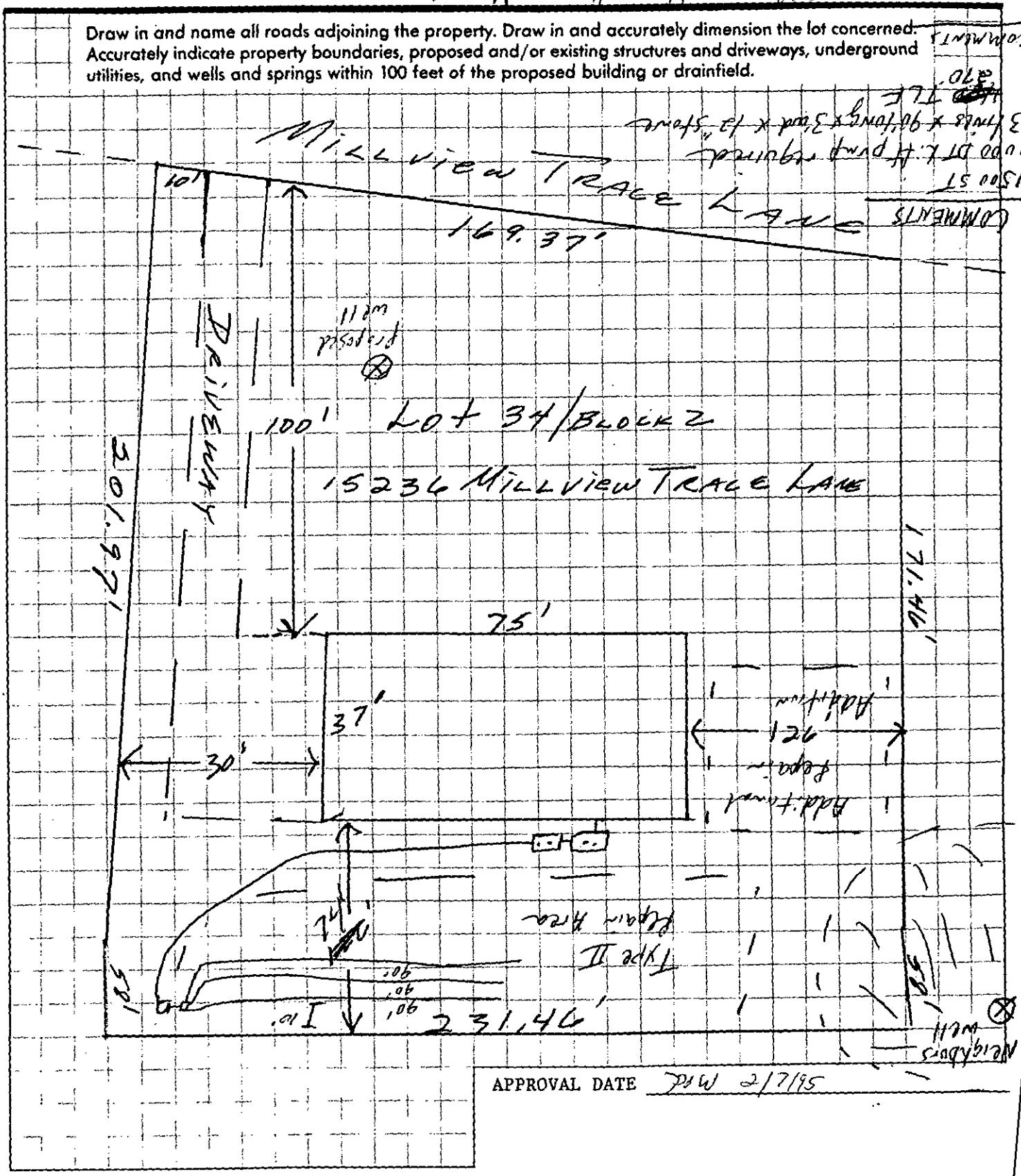
PROPOSED PLOT PLAN

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

FILE: 7030A

TC: 139-152-09

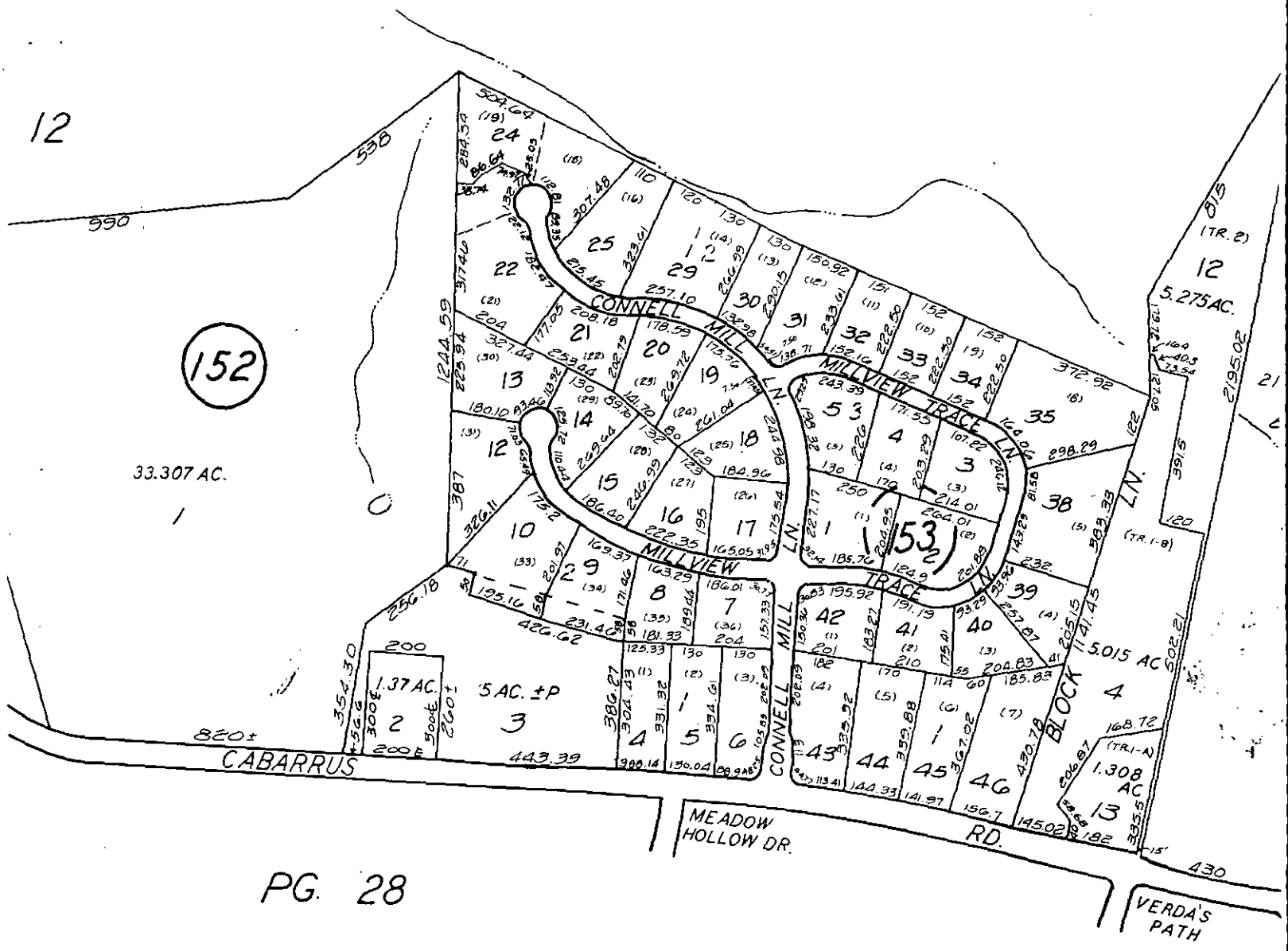
Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE DSW 2/7/95

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

PG. 33



PG. 28

PG. 31

FOR TAX PURPOSES ONLY

[redacted]

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 16683

File: 7030A Action 2

Parcel: PO 139-151-03 ☒ PC

Location: Millview Trace Lane

Subdivision:

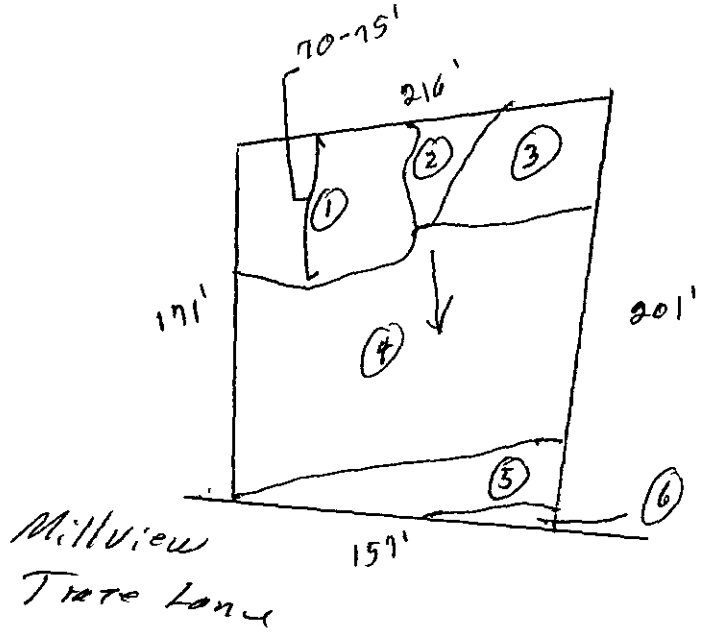
Lot: 34 Block: 2 Acres: .84

Owner:
Address:

Comments: 100% Repair

Described by: William R. Marlin

Date: 9-10-90



***** 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 6-12%	S PS (U) complex slopes	(S) PS U 6-12%	(S) PS U 2-8%	S PS (U) Depression	S PS U —
Texture	S (PS) U clay	S PS U —	S (PS) U clay	S PS (U) some 2-1 clay	S PS U —	S PS U —
Structure	S (PS) U Blocky	S PS U —	S (PS) U Blocky	S (PS) U Blocky	S PS U —	S PS U —
Drainage	S (PS) U >36" water	S PS U —	S (PS) U 36" to water	S PS (U) some perched water 30-36"	S PS U —	S PS U —
Depth	S (PS) U 36-38"	S PS U —	S PS (U) 32-36"	S (PS) U 36"+	S PS U —	S PS U —
Restrictive Horizons	S (PS) U >36"	S PS U —	S (PS) U >36"	S (PS) U >36"	S PS U —	S PS U —
Available Space	S PS (U) Restricted	S PS U	S PS (U) Restricted	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) Fill
Soil Group/Series	IV Cecil-Lilly	complex slopes	IV Appling-Lilly	Helena-Lilly	Depression	Fill
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS (U)

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 7030-A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Cabarrus Road

② SUBDIVISION: Connell Mill ③ LOT: 34 ④ BLOCK: 2

⑤ PARCEL REFERENCE: BOOK NO.: 139 PAGE NO.: 151 PARCEL NO.: 03P

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

OWNER

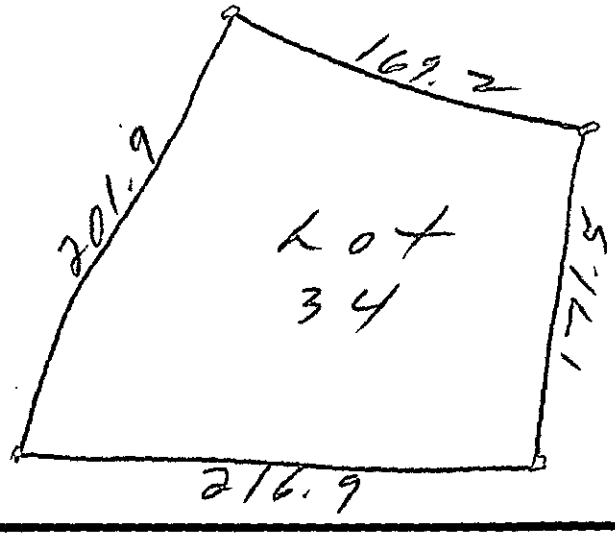
⑦ NAME: George (FIRST) P. (MIDDLE) Houston (LAST)

⑧ MAILING ADDRESS: 3733 Bon Rea Road

⑨ CITY: Charlotte ⑩ STATE: N C ⑪ ZIP: 28226

⑫ PHONE: (WORK) 541-2580 (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: [signature]

Date: 9/4/90

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

Mecklenburg County
Health Department

September 13th, 1990

Geoge P. Houston
3733 Bon Rea Rd.
Charlotte, NC 28226

RE: Property located at Millview Trace Lane 34/2
FILE: 7030A
PARCEL: 139-151-03PO

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 results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 16683) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, 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. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to call.

Very truly yours,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure (2)

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

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 1/11/95

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER # 139-152-09

ASSIGNED ADDRESS 15236 Millwire Trace Ln

EXISTING ADDRESS lot 34

PROJECT NAME Cornell Mill

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

		APPROVED	DISAPPROVED
1.	SUBDIVISION REGULATIONS		*
2.	FLOODWAY REGULATIONS		*
3.	EROSION CONTROL REGULATIONS		*
4.	PUBLIC UTILITY EASEMENT		*

		PRESENT	NOT PRESENT
5.	PUBLIC UTILITY EASEMENT	*	
6.	PROPERTY FRONTS ON THOROUGHFARE	*	
7.	DRIVEWAY PERMIT REQUIRED	*	

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Septic

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: [signature]

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

Mecklenburg County
Health Department

May 9th, 1991

Geoge P. Houston
3733 Bon Rea Rd.
Charlotte, NC 28226

RE: Property located at 15236 Millview Trace Lane 34/2
FILE: 7030A
PARCEL: PO 139-152-03

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 17199) 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 there are any questions concerning this matter, do not hesitate to contact me.

Sincerely,

GENE VAUGHAN SL

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure

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

7030-1990

KLENBURG COUNTY HEALTH DEPARTMENT
EVALUATION REPORT
SERIAL NUMBER 17199

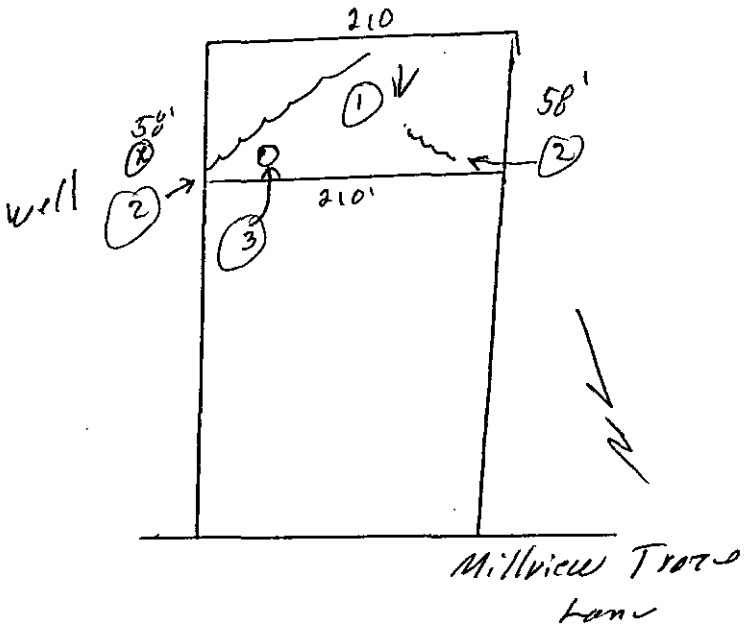
File: 7030-A Action 1
Parcel: PO 139-152-07 PC

Location: 15236 Millview Trail Lane
Subdivision: Connell Mill
Added To
Lot: 34 Block: 2 Acres: .27

Owner: George P. Houston
Address: 3733 Bon Aca Rd
Charlotte, N.C. 28226

Comments: added to lot 34, 100% Repair, pump probably needed

Described by: William B. Mundi
Date: 5-8-91



***** 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 2-6%	S PS (U) Old Terraces	S PS (U) Depression	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 Taunton 36"	S PS U —	S PS U —	S PS U	S PS U	S PS U
Depth	S (PS) U 40" +	S PS U —	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 40"	S PS U —	S PS U —	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	S PS U —	S PS U —	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	W Cecil/Lilo	Old Terraces	Depression			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

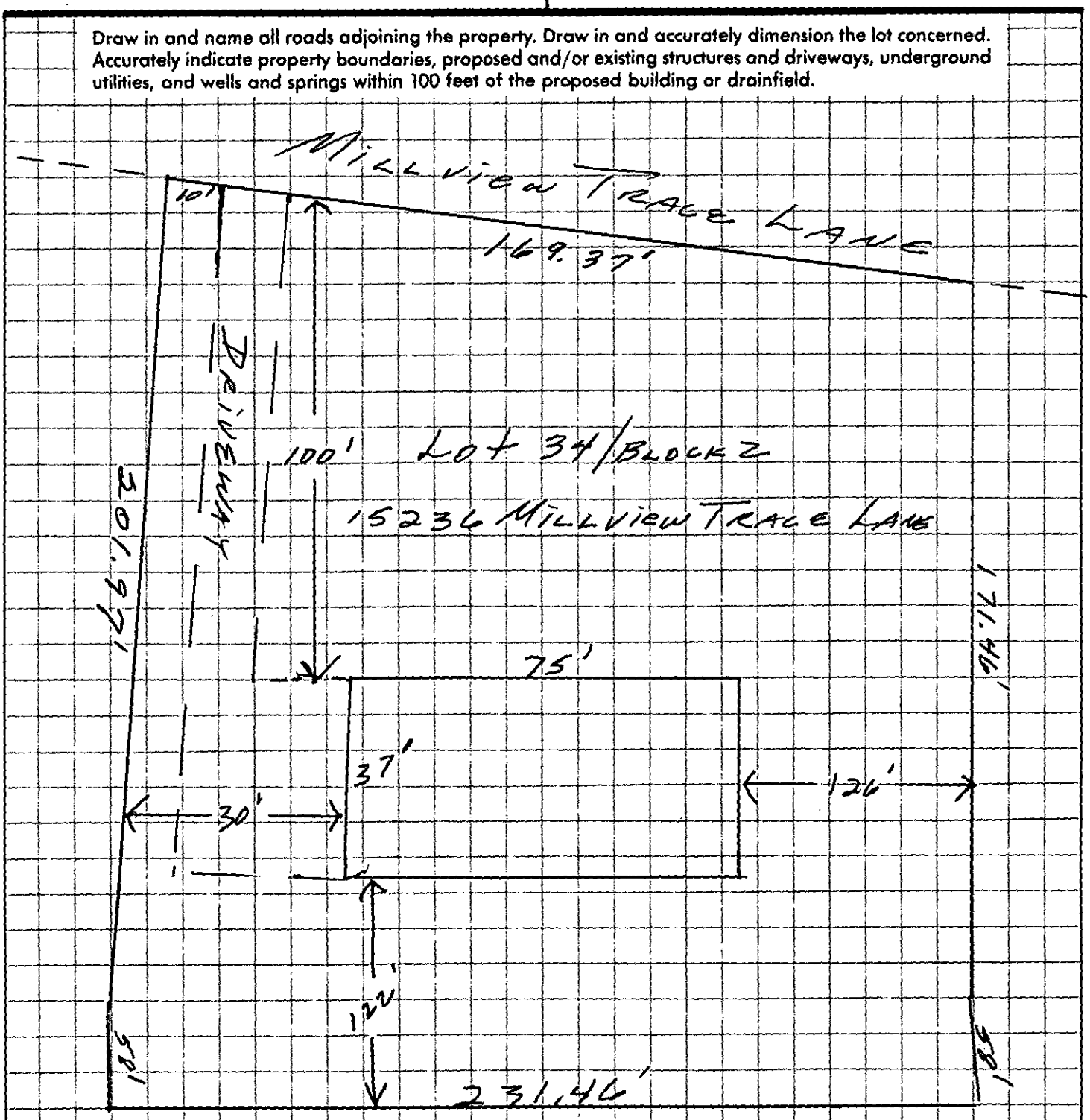
PROPOSED PLOT PLAN

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

FILE: 7030A

TC: 139-152-09

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

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 7030-A

TC: _____

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: 15236 Millview Trace Lane off Cabarrus Road

② SUBDIVISION: Connelly Mill ③ LOT: 34 ④ BLOCK: 07

⑤ PARCEL REFERENCE: BOOK NO.: 139 PAGE NO.: 151 PARCEL NO.: 03

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

OWNER

⑦ NAME: George P. Houston Jr.
(FIRST) (MIDDLE) (LAST)

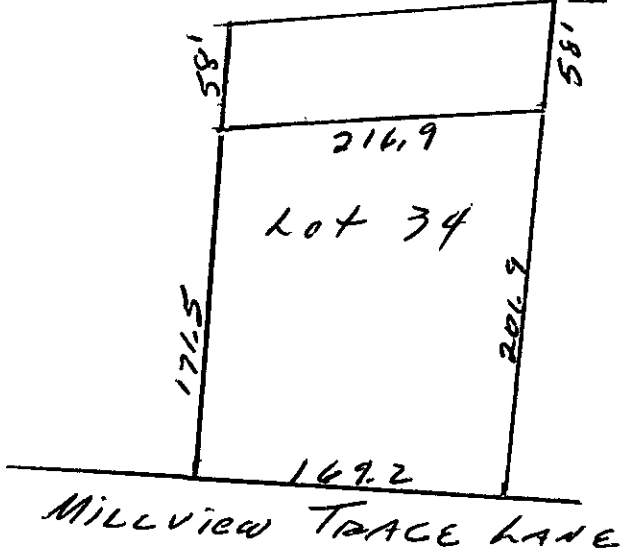
⑧ MAILING ADDRESS: 3733 Bon Rea Road

⑨ CITY: Charlotte, ~~NC~~ ⑩ STATE: NC ⑪ ZIP: 28226

⑫ PHONE: (WORK) 541-2580 (HOME) _____

⑬ Accurately diagram and dimension lot.

58' has been added to the lot and needs Testing



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: Vance E Sommerberg

Date: 5/2/91

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 5-2-91

Name/Company: Vance E. Sonnenberg

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Agg Soil Invest. (3 lots)

File: 7030A 15236 Millrea Trace Lane

7031A 15224 " " "

7032A 15216 " " "

Fee: $ 150.00 # 197

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Chris Brown
Completed by

E. Johnstone
Collected by

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 7030-A

TC: _____

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: Cabarrus Road

② SUBDIVISION: Connell Mill ③ LOT: 34 ④ BLOCK: 2

⑤ PARCEL REFERENCE: BOOK NO.: 139 PAGE NO.: 151 PARCEL NO.: 03P0

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

OWNER

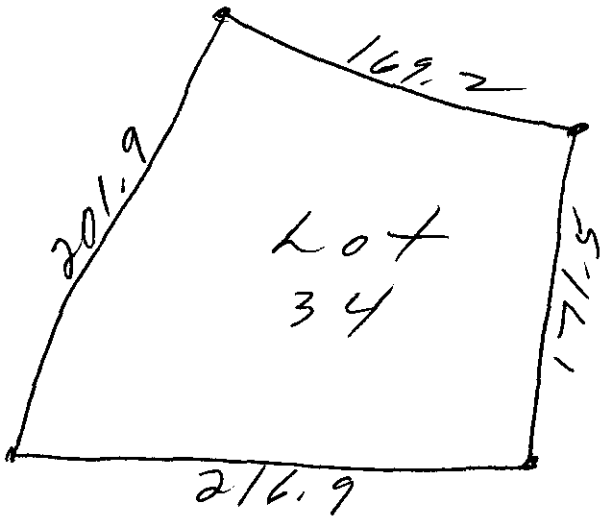
⑦ NAME: George P. Houston (FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 3733 Bon Rea Road

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28226

⑫ PHONE: (WORK) 541-2580 (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: David G. Houston

Date: 9/4/90

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 9-4-90

Name/Company: GEORGE P. HOUSTON

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: D/T
7030A - 7043A
CABARRUS Rd
TAX PAR# 139-151-03 (PO)

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

Fee: $ 700.00

SEP 4 1990

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Ck #155
700.00
SA

Completed by

Collected by