

20348 CHRISTOFLE DR

00160132

7/12/2007

duponbj

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

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County	Brust Residence	7793A
Health Department	**Name of Establishment**	**Permit/Project No.**
20348 Christolfe Dr., Cornelius NC 28031	3-Bedroom House	360 GPD
Location	**Type of Establishment**	**Design Flow**
Philip Brust	Same as location address	(704) 655-9436
Owner/Agent	**Address**	**Phone**
None Required		
Operator	**Address**	**Phone**
IIIb	9/20/2005	July 2010
System Type	**Date of Inspection**	**Next Inspection Due**

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☒	☐	☐	
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☒	☐	☐	
b. Tanks and access manholes structurally sound, watertight?	☒	☐	☐	
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	3.c. Sanitary tee not inspected.
d. Tanks pumped, cleaned out as needed?.....	☒	☐	☐	
4. RAW SEWAGE LIFT STATION (if present):				
a. Required pumps present, operating, and cycling properly	☒	☐	☐	
b. High-water alarm present and operating properly?	☒	☐	☐	
c. Floats/pipe/valves/disconnects in good condition?	☒	☐	☐	
5. EFFLUENT DOSING SYSTEM:				
a. Effluent appears clear, free of excess solids?	☒	☐	☐	5.a. Measured <6" of solids in the dosing tank.
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☒	☐	☐	
b. High-water alarm present and operating properly?	☒	☒	☐	
c. Floats/pipe/valves/disconnects in good working condition?	☒	☒	☐	
d. Control panel enclosure/components in good condition?	☒	☐	☐	
e. Elapsed time readings: _____ _____ _____ _____				
B. SIPHON SYSTEMS:				
a. No evidence of overflow or siphon leakage?	☐	☐	☒	
b. Siphon(s) appear to be working/alternating properly?	☐	☐	☒	
c. Bells and vents free of debris and in good condition?	☐	☐	☒	

6. GROUND ABSORPTION FIELDS:

a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐	6. Drainfield is in good condition.
b. Minimal ponding in subsurface trenches?	☒	☐	☐	
c. Surface water being effectively diverted away?	☒	☐	☐	
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐	
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐	
f. Protected from traffic, destructive uses?	☒	☐	☐	
g. Distribution devices in good condition, working properly?	☒	☐	☐	
h. Repair area properly reserved, maintained?	☒	☐	☐	

A. LOW PRESSURE PIPE DRAIN FIELDS:

a. Turnups/cleanouts/valves intact and accessible?	☐	☐	☒
b. No effluent standing in lower laterals?	☐	☐	☒
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒
d. Pressure head is properly adjusted?	☐	☐	☒

OVERALL CONDITION AND OPERATION OF SYSTEM:

No problems detected with system operation at the time of inspection.

No sewage observed on the ground surface at the time of inspection.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

None

***REPAIR WITHIN N/A DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

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

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

1. Recommend having the tanks (septic & dosing) pumped out within the next year to remove excess solids.
2. Removed rusted bolts on riser lid and replaced with new bolts during inspection.

DATE: 9/20/2005

SIGNED: _____ AGENT

Division of Environmental Health

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	06/14/05	**Amount:**	85.00
Receipt #:	35151	**Tendered:**	85.00
Check / Auth #:	CHECK 3093	**Returned:**	0.00
Received By:	AIDOOJK		

Account Information

Account #: 200000
Contractor: BURST PHILIP J
Attn:
Address: 20348 CHRISTOFLE DRIVE
Address:
City/State/Zip: CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
0743	Hmeownr Maint Inspec-Type IIIB FILE # 7793A/704-655-9436		1	85.00	85.00

7/29/05

Outstanding Balances

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

Mecklenburg County
Health Department

June 25, 2002

Donald D. Doggett
20348 Christofle Drive
Cornelius, NC 28031

Dear Mr. Doggett:

The State required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence located at 20348 Christofle Drive, Cornelius, North Carolina, was completed on 6/24/02. The results of this inspection are enclosed.

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
Septic System Owner's Guide

Mecklenburg County
Health Department

April 12, 2002

Donald D. Doggett
20348 Christofle Dr.
Cornelius, NC 28031

Dear Mr. Doggett:

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 at 20348 Christofle Dr., Cornelius, NC is due.

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

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

The inspection program and the water analysis are very important initiatives intended to protect the public's health while improving and preserving our groundwater resources. We highly recommend and prefer that you contact our office to make an appointment for the inspection of your system. If we have not heard from you by April 26, 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

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Donald D. Doggett
20348 Christofle Drive
Cornelius, NC 28031

Please Make Check Payable To:

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

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Donald D. Doggett	20345 Christofle Dr.	00160132	7793A	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: 4/12/02

Payment Due Date: 5/12/02

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

Rec'd $85 Chk # 4008 5/15/02

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Donald D. Doggett
20348 Christofle Drive
Cornelius, NC 28031

Please Make Check Payable To:

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

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Donald D. Doggett	20345 Christofle Dr.	00160132	7793A	IIIb
				Total Amount Due: $85.00

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

Name DOUG DOGGETT

Site Address 20348 CHRISTOFLE DR. CORNELIUS, NC 28031

# of Bedrooms 4

BILL INFORMATION

Billing Date: 4/12/02

Payment Due Date: 5/12/02

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

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

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

MECKLENBURG COUNTY — Health Department
7793A — Permit/Project No.
20348 CHRISTOFLE DR. — Location
RESIDENCE — Name of Establishment / Type of Establishment
360 GPD — Design Flow
DONALD D. DOGGETT 20348 CHRISTOFLE DR. CORNELIUS NC 28031 — Owner/Agent / Address
Phone
N/A — Operator
Address
Phone
Remarks TYPE III b

	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?	☑	☐	SUGGEST REPLACING RUSTED BOLTS ON RISER LID WITH STAINLESS STEEL.
Tanks and access manholes structurally sound, watertight?	☑	☐	
Sanitary tee(s) in good working condition?	☐	☐	
Tanks pumped, cleaned out as needed?	☐	☑	PUMP TANK SHOULD BE PUMPED OUT EVERY 3-5 YRS.
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?	☐	☐	*COULD NOT DETERMINE IF HIGH WATER ALARM FUNCTIONS PROPERLY WHEN TRIGGERED FROM INSIDE OF TANK.
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:			
No evidence of effluent surfacing/reaching surface waters?	☑	☐	DRAINFIELD LOOKS GOOD!
Minimal ponding in subsurface trenches?	☑	☐	
Surface water being effectively diverted away?	☑	☐	
Diversions/ditches/swales/tile drains properly maintained?	☑	☐	
Line cover/vegetation adequate/maintained as needed?	☑	☐	
Protected from traffic, destructive uses?	☑	☐	
Distribution devices in good condition, working properly?	☑	☐	
Repair area properly reserved, maintained?	☑	☐	
LOW-PRESSURE PIPE DRAIN FIELDS:			
Turnups/cleanouts/valves intact and accessible?	☐	☐	
No effluent standing in lower laterals?	☐	☐	
Laterals free of excess solids, cleaned out as needed?	☐	☐	
Pressure head is properly adjusted?	☐	☐	

OVERALL CONDITION AND OPERATION OF SYSTEM: NO EFFLUENT SURFACING.

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)

DATE: 6/24/02 SIGNED: [signature] RSI AGENT
Division of Environmental Health

DENR 3702 (Revised 8/98)
On-Site Wastewater Section (Review 12/98)

– over –

SUMMARY OF IMPROVEMENTS NEEDED (cont.)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

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

violations: _____
[Law or Rule(s)]

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

IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

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

_____
[Law or Rule(s)]

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

This the _____ day of _____, 19 _____.

_____ Agent
DIVISION OF ENVIRONMENTAL HEALTH

INSTRUCTIONS

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

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

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

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

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

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7793A DATE: 7/31/95

TC: 001-601-32 ☐ L ☐ CBT

SERIAL Nº 16363

Name of Owner Donald D. Doggett Juris.: _____

Address of Property 20348 Christofle Drive

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100' each

Cover Depth 12-28"

Water Supply Source municipal

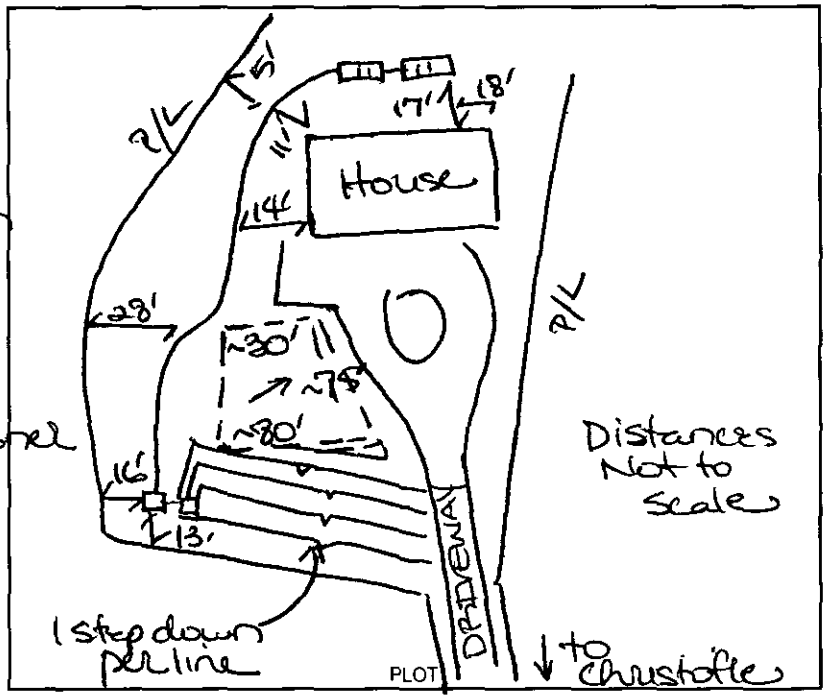
Distance to Water Source ≥10'-see letter on file signed by owner

Excavation Inspected 6/28/95

Tank(s) Inspected 6/28/95

Wash Line Inspected NA

High Water Alarm Inspected 7/28/95



Design 1995 Pump to CON, 1200g ST, 1000g DT P, 1200ft², 12" G cul-like CTR# 52 F.J. Ernn

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 Goulds WE0 511 H

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: Type III installation for 3 bedroom residence. Due to the fact that the driveway was not relocated towards the right property line as specified on 6/28/95 - see reclassification form + modified replacement system form in file.

Lisa B. Mialik
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

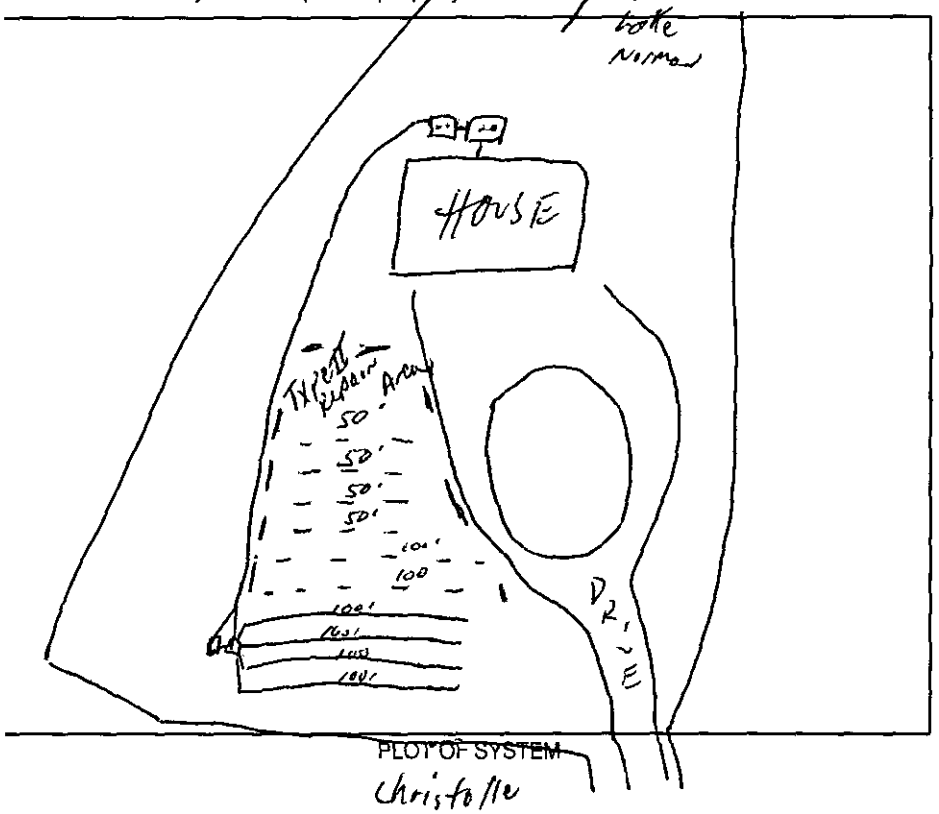
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7793A DATE: 6/6/95

TC: 001 601 32 L

SERIAL Nº 16433

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 ~~7/6/95~~ 8/29/94. All work shall be completed on or before 7/6/95, 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.



Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 2.5'

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous –

Total Line Length 400' feet

Number of Lines 4 (100')

Depth of Stone 12 inches

Distance from House 15 feet

Distance from Property Line 10 feet

Distance from Well CMUD feet

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

NAME OF OWNER Donald D. Doggett

LOCATION OF PROPERTY 20348 Christofle Dr

Comments: 1500ST, 1000DT, 4 lines x 100'long x 3'wd x 12"stone with stepdowns. Keep septic system > 15' from foundation | CMUD water Lift pump required. Repair as designated on installation permit
Keep septic system > 50' from high water mark

Authorized Signature, Program Chief, 6-12-95

Phillip S. Walker R.S.
Environmental Health Specialist

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

FILE COPY

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM *"UNSUITABLE" TO "PROVISIONALLY SUITABLE"* UNDER 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c)

FILE # 7793A
PARCEL # 001-601-32

The undersigned, DONALD DOUGLAS DOGGETT, owner of property located at 20348 CHRISTOFLE DR. CORNELIUS, (the "site") and described in an instrument recorded in Book 6902 at Page 0751, 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 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 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: DONALD DOUGLAS DOGGETT
Mail after recording to: 2409 EUCLID AVE
CHARLOTTE, N.C. 28203

RBCWM:2662_1/3-14-94

BK: 08231 PG: 0853/0855 $:0420 13:05
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 07/31/95 13:37

- 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.

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.

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 31ST day of JULY, 1998.

_____ (SEAL)
(Corporate Name)

_____ (SEAL)

By: _____ _____ (SEAL)

_____ President _____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

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

WITNESS my hand and notarial seal, this 31ST day of JULY, 1995.



Debra A. Saunders
Notary Public

My Commission Expires:
PUBLIC

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

OWNER'S ACKNOWLEDGMENT OF MODIFIED/ALTERNATIVE REPLACEMENT SYSTEM REQUIREMENT

Site Address: 20348 Christofk Drive

File Number: 7793A

Parcel Number: 001-601-32

Owner/Agent Name: DONALD DOUGLAS DOGGETT
(Please print)

Date: 7/31/95 Number of Bedrooms: 3

Receipt of the plan and specifications for a conventional system of sewage disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15A NCAC 18A .1900 - "Sewage Treatment and Disposal Systems." The plan as submitted is disapproved because there is not sufficient available space for a repair area for a conventional replacement system.

This site may be developed if the repair area is found to be acceptable for either a modified system (Rule .1956) or an alternative system (Rule .1957) for the replacement system as allowed by the following Rule 15A NCAC 18A .1945(b).

(b) Sites shall have sufficient available space for a repair area separate from the area determined in Paragraph (a) of this Rule. The repair area shall be based upon the area of the nitrification field required to accommodate the installation of a replacement system as specified in Rule .1955, .1956, or .1957 of this Section. Prior to issuance of the initial Improvement Permit for a site, the local health department shall designate on the permit the original system layout, the repair area, and the type of replacement system.

Please be advised that you have the right of an informal review by this Department and the right of appeal under G.S. 130A-335(g) and 130A-24, which appeal can be held in Mecklenburg County.

By signing this form, and signing and recording in the Mecklenburg County Register of Deeds Office the attached reclassification form entitled, "**ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM *"UNSUITABLE" TO "PROVISIONALLY SUITABLE"* UNDER 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c)**, you, the property owner,

D793A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PA #200 6/24/94 Ck. #3274 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

Date: 6-21-94

PERSON FILING APPLICATION:
NAME: DOGGETT (last) DONALD (first) D (mi)
ADDRESS: 2409 EUCLID AVE PHONE: 704 525-5068
CITY: CHARLOTTE STATE: NC ZIPCODE: 28203

PROPERTY OWNER:
NAME: DOGGETT (last) DONALD (first) D (mi)
ADDRESS: 2409 EUCLID AVE PHONE: 704 _____
CITY: CHARLOTTE STATE: NC ZIPCODE: 28203

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-601-32
STREET ADDRESS: 20348 CHRISTOFLEX
ZONING: _____

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

SUBDIVISION OR MOBILE HOME PARK NAME: CATARINA BAY

LOT NUMBER: 8 LOT SIZE (in acres): .91

TYPE APPLICATION (check one):
[ ] SOIL TEST - INDIVIDUAL LOT (O)
[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: 3 NUMBER OCCUPANTS: 3

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

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [X] 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: _____ Date: 6/2/94

NOTICE:

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

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

...This permit is not transferable.

...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

Philo S. Walker P.S. 8/30/94
Environmentalist Date

Newell for S. Daniel 8/31/94
Director or Authorized Section Head Date

WATER : 122791

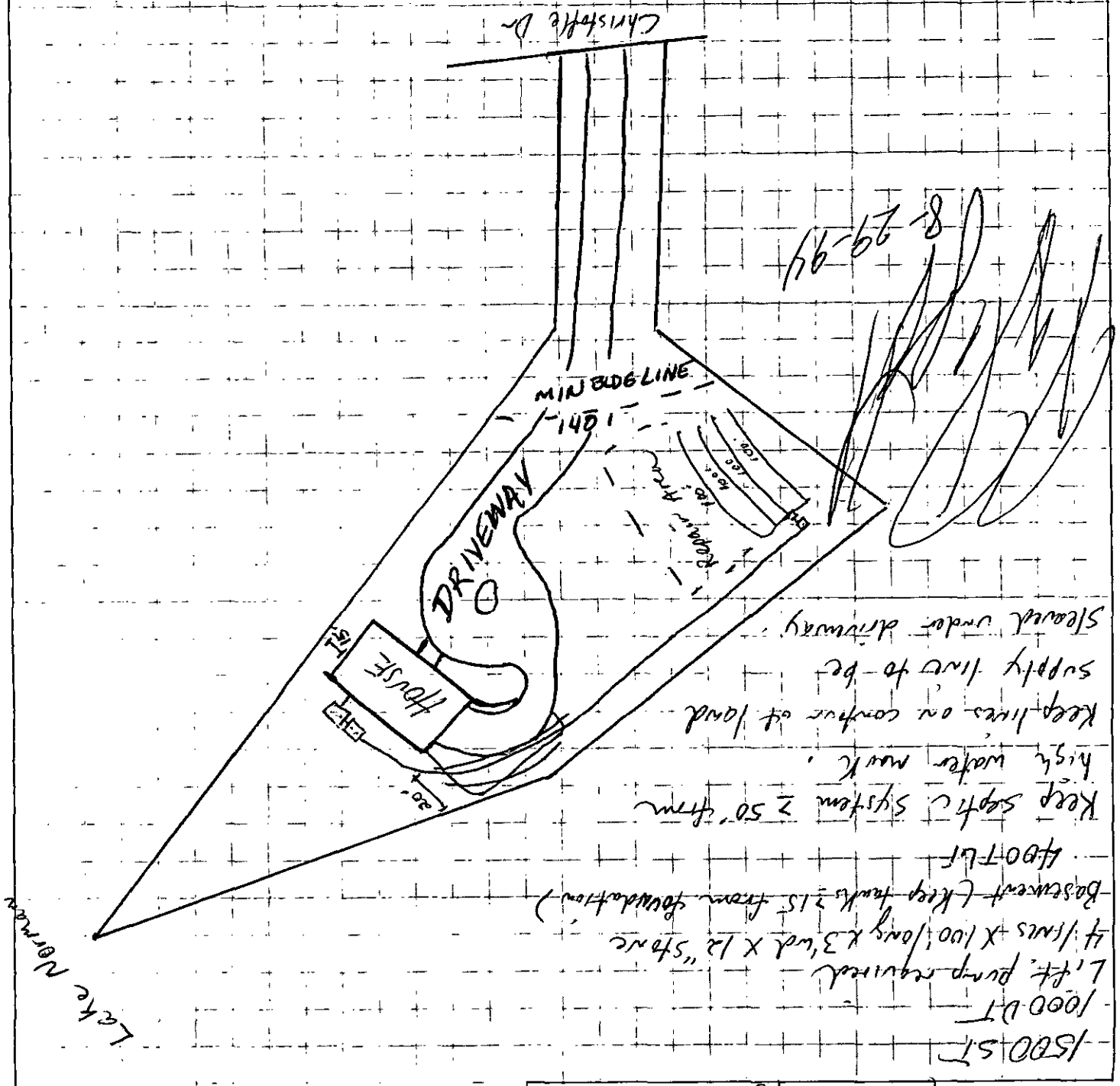
PROPOSED PLOT PLAN

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

FILE: 7793A

TC: _____

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



APPROVAL DATE 8/30/94 MAP

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

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

DATE: 6-2-94

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Coun

PARCEL NUMBER 001-601-32

ASSIGNED ADDRESS 20348 Christofle Dr

EXISTING ADDRESS lot 8

PROJECT NAME Catarina Bay

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 Tank

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: _____

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12302

File: 7793-A Action 1

Parcel: 001-601-32 ☒ PC

Location: 29348 CHRISTOFLE DRIVE

Subdivision: CATTARINA BAY

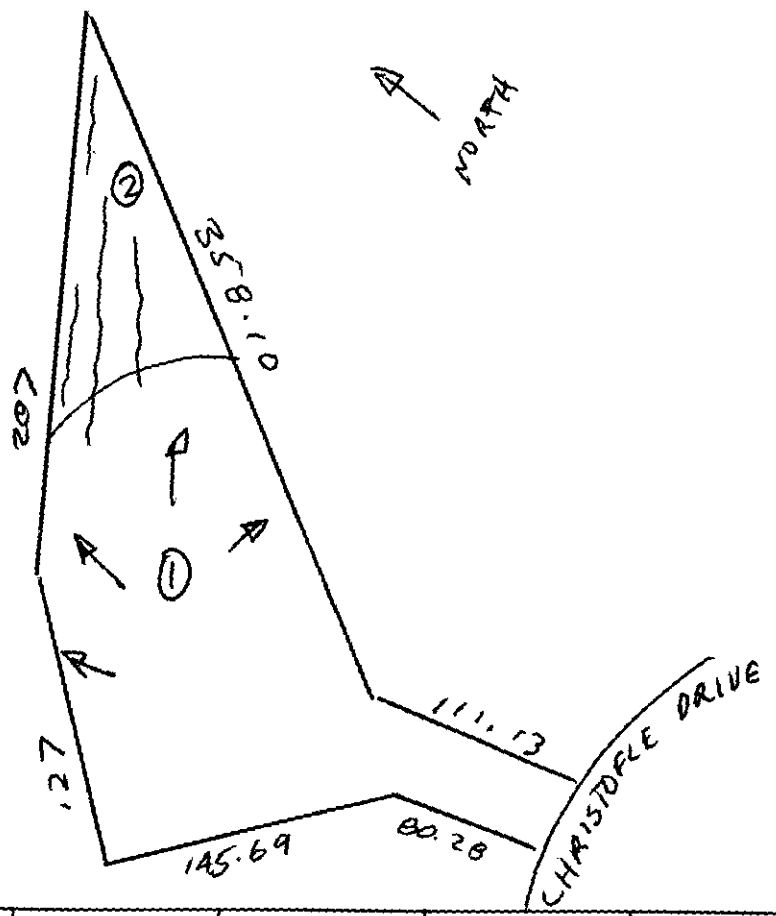
Lot: B Block: Acres: ≈ 1.0

Owner: FUTRELLE/DUNNE INC
Address: 1515 ELIZABETH AVE
CHARLOTTE NC 28204

Comments: 100% REPAIR

Described by: Kelly Rambo

Date: 10-15-91



***** 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	S PS (U) COMPLEX SLOPE	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 740"	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	(S) ~~PS~~ U 740"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U NONE	~~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	CECIL LICE	COMPLEX SLOPE				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

Mecklenburg County
Health Department

October 21st. 1991

Futrelle/Dunne, Inc.
1515 Elizabeth Avenue
Charlotte, NC 28204

RE: Property located at 20348 Christofle Drive
FILE: [illegible]
PARCEL: 001-601-32

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 12302) 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, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 7793-A

TC: 001-601-32

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: 29348 Christofle Dr. , Cornelius, N. C.

② SUBDIVISION: Catarina Bay ③ LOT: 8 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 001-601-32

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

OWNER

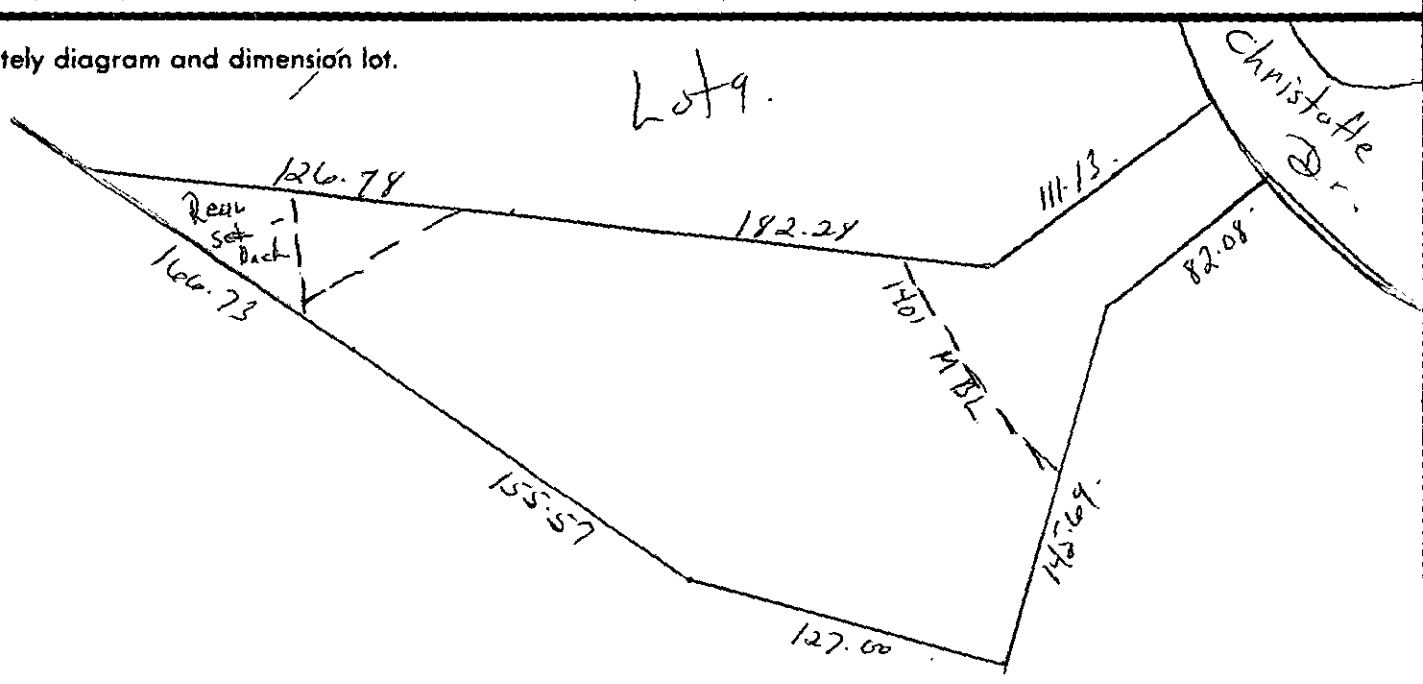
⑦ NAME: Futrelle/Dunne, Inc.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 1515 Elizabeth Ave.,

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28204

⑫ PHONE: (WORK) 704-338-1515 (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: Judith A Reese

Date: 10/10/91

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

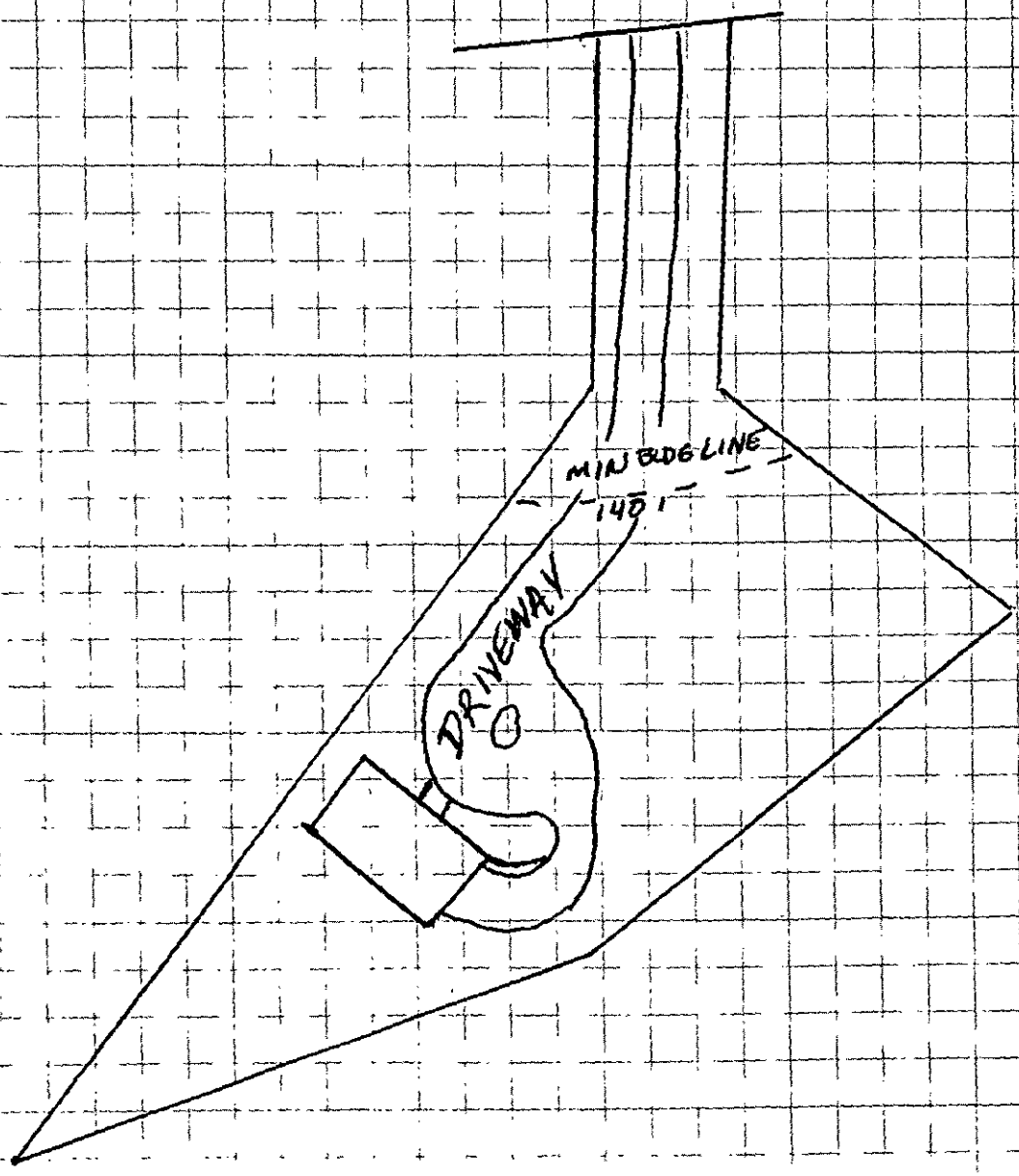
PROPOSED PLOT PLAN

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

FILE: 7793A

TC: _____

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



APPROVAL DATE _____

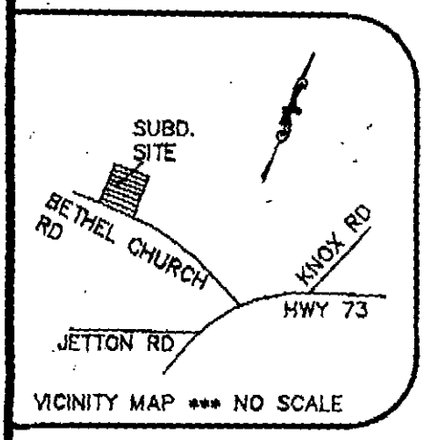
White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

DAS DON ALLEN SURVEYORS, INC.
Rt 7 BOX 283 • MOORESVILLE, N.C. 28115 • (704) 664-7029

I, Donald Ray Allen, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book _____, page _____, and/or plat book 24, page 440, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 4, day of JUNE, A.D. 19 92

Donald Ray Allen L-1131

NORTH CAROLINA SEAL L-1131 LAND SURVEYOR DONALD RAY ALLEN



VICINITY MAP *** NO SCALE

LINE	DIRECTION	DISTANCE
L1	S 76°25'52" E	18.98'
L2	N 88°59'45" E	10.22'

760 CONTOUR PER ACTUAL FIELD SURVEY

(NOW OR FORMERLY) TIME ASSOCIATES 5042/774

EXISTING PIPE 1"

(BASE BEARING) N 52°19'21" E 155.46'

N 51°06'42" E 131.62' TOTAL (87.85')

(63.77') L1 L2 (49.02') IPS IPS

761 CONTOUR

28' SETBACK LINE FROM 760

EXISTING #4 REBAR

N 32°43'52" E 127.16'

(126.77') S 25°19'45" W 175.79' TOTAL

LOT 8
0.91 ACRES TOTAL

EXISTING #4 REBAR

N 56°15'49" W

140' MIN. BLDG. LINE

182.31'

S 22°40'15" W

LOT 9
PLAT BK. 24 PG. 440

PLAT BK. 23 PG. 573 DATED NOV. 1989

145.70'

LOT 7
PLAT BK. 23 PG. 573

EXISTING #4 REBAR

EXISTING #4 REBAR

N 20°57'44" W 82.04'

S 18°18'54" E 111.08'

EXISTING #4 REBAR

EXISTING #4 REBAR

R=220.00'

L=36.50'

(CHORD) S 73°43'36" W 36.46'

R/W

CHRISTOFLE DR. (PAVED) 40' R/W

(TIE ONLY) S 20°16'39" W 67.46'

P.K. NAIL SET

To:
Philo Walker

From
Doug Doggett

NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENT AND/OR RIGHTS-OF WAYS OF RECORD.
2) AREA COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER
4) _____ TITLE INSURANCE CO.
5) EXISTING 760 & 761 CONTOUR ELEVATION BASED ON LAKE NORMAN LAKE LEVEL AT COWAN'S FORD DAM (READING ON 6/3/92 1992,) ELEVATION= 758.5'

BOUNDARY SURVEY

OF

20348 CHRISTOFLE DR.

LOT 8 CATARINA BAY

SCALE 1"=50' TOWN OF CORNELIUS., MECK. CO., N.C.

ACQUIRED BY: DONALD D. DOGGETT

understand and acknowledge your option to develop this site initially with a conventional sewage system and when needed, subsequently to repair or replace said system with a modified or alternative system as described in Rules .1956 "Modification to Septic Tank Systems," or .1957(a), (b), or (c) "Design Criteria for Design of Alternative Sewage Systems." The completed reclassification form must be approved by this office before it can be recorded.

In addition, you the property owner, also understand that the following conditions will apply:

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

- 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.

Lisa Mirlik by Sylvia Daniel — 7/31/95

Environmental Health Specialist — Date

I have reviewed this document and understand its provisions and implications concerning the issuance of the Improvement Permit for the above-referenced site.

[signature] — 7/31/95

Property Owner Signature — Date

700 North Tryon Street, Suite 211, Charlotte, North Carolina 28202,
(704) 336-5102

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 10/11/91

Name/Company: ~~Estelle Duling, Inc.~~

Check # 1351

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil Test 1 A
061-601-32 TC
29348 Christelle Dr
Lot 8
7793-A

Fee: $ 50.00 1351

NOTICE:

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

Completed by

Collected by Elizabeth Johnstone

572-0645

Please call Donald Doggett

Call received from Willie Brock on 5-8 requesting info on lot — advised of public record policy - informed of limitations

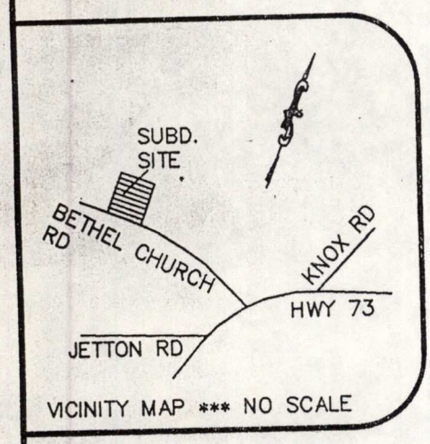
5/11/92

DAS DON ALLEN SURVEYORS, INC.
Rt 7 BOX 293 * MOORESVILLE, N.C. 28115 * (704) 664-7029

8041

I, Donald Ray Allen, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book_____, page_____, and/or plat book 23, page 573, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 20, day of JUNE, A.D. 19 94.

Donald Ray Allen L-1131



NOTES

1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENT AND/OR RIGHTS-OF WAYS OF RECORD.
2) AREA COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER
4) _____ TITLE INSURANCE CO.
5) EXISTING 760 & 761 CONTOUR ELEVATION BASED ON LAKE NORMAN LAKE LEVEL AT COWAN'S FORD DAM (READING ON 6/3/92 1992,) ELEVATION= 758.5'

PLOT PLAN SURVEY

OF

20348 CHRISTOFLE DR.

LOT 8 CATARINA BAY

SCALE 1"=50' TOWN OF CORNELIUS., MECK. CO., N.C. FILE: PHY1\92-211

ACQUIRED BY: DONALD D. DOGGETT TAX MAP NO:

July 31, 1995

Lisa Mialik
Mecklenburg County Health Department
700 North Tryon Street
Suite 211
Charlotte, North Carolina 28202

Dear Ms. Mialik:

Re: Water Line Location

This letter is to certify that the water line installed on the lot at 20348 Christofle Drive, File # 7793A meets the minimum setback requirements from the wastewater treatment and disposal system as required by the North Carolina Administrative Code governing sewage systems. The water line is located under the paved driveway and is located at least 10 feet from the ends of the sewage system nitrification lines.

Thank you.

Sincerely,

Donald D. Doggett