

15150 MARSHALL VALLEY CT

13915430

12/31/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 2800B DATE: 7/22/02

TC: 139-154-30 X L ☐ CRT X

SERIAL 19043

Name of Owner ANTWAN ALEXANDER Juris.: _____

Address of Property 15150 MARSHALL VALLEY COURT, LOT #7

Inspection Data:

Tank Material PCC

Total Length of Drainfield 425'

Number of Lines 5 @ 85'

Cover Depth 12"

Water Supply Source M

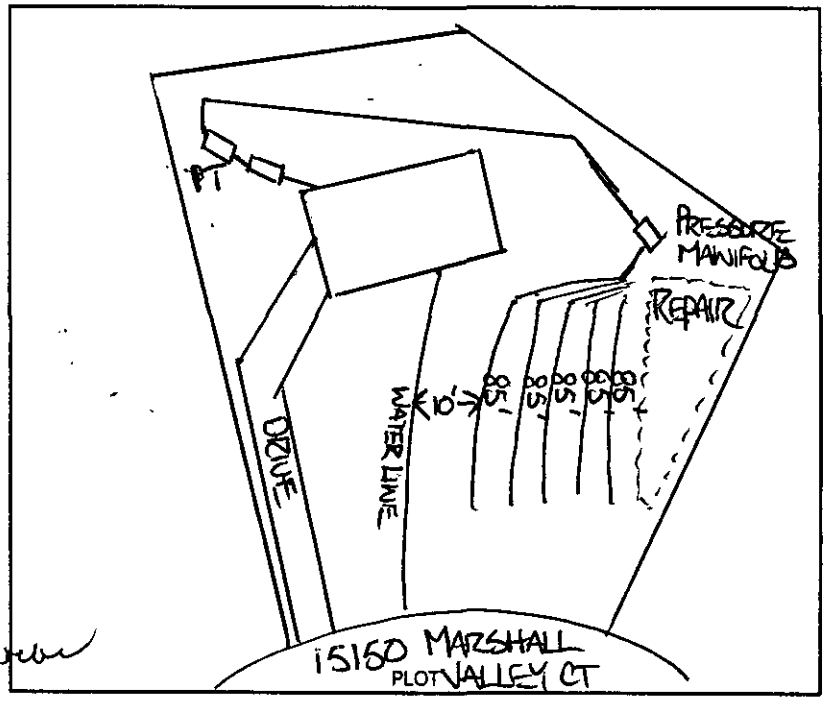
Distance to Water Source 750'

Excavation Inspected Y 7/22

Tank(s) Inspected Y

Wash Line Inspected N/A

High Water Alarm Inspected ≠ 12/30/02



Design 2002, 1500ST, 1000DT, PI, TYPE IIIBINN, 1275SF CTR# McCARVER

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

- X installed or constructed
- X in accordance with the permit issued
- ☐ altered or repaired
- ☐ 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
- X 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: TYPE IIIb, 6 INNOVATIVE, 5 LINES @ 85'

12/30/02 PUMP/ NEMA 4X OK

RSI

Environmental Health Specialist

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

MECKLENBURG COUNTY
Health Department

December 11, 2002

Antwan Alexander
5301 Snow White Lane
Charlotte, NC 28213

Re: 15150 Marshall Valley Court
File: 2800B (tax parcel # 139-154-30)

Dear Property Owner or Agent:

At your request an inspection was made at the above referenced property to facilitate the issuance of an Operation Permit for the sewage treatment and disposal System. During the inspection it was found that the following items did not meet the regulations set forth in the "Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A .1900; .1952 Septic Tank, Dosing Tank and Lift Station Design." Our comments follow:

1) (6) Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (NEMA 4X or equivalent) adjacent to the pump tank, securely mounted at least 12 inches above the finished grade. The pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure though the water proof, gas proof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seal, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.

2) (9) The pump tank shall have a properly functioning high-water alarm. The alarm circuit shall be supplied ahead of any pump overload and short circuit protective devices. The alarm shall be audible and visible by system users and weather proof if installed outdoors in an enclosure (NEMA 4X or equivalent).

The above mentioned items must be installed and inspected prior to the Operation Permit being issued. The Operation Permit is required for the Certificate of Occupancy and the permanent electric hook-ups. Please schedule the inspections at least five (5) working days in advance to ensure no delays in the Operation Permit issuance.

Please call me at 336-5573 to discuss any question you may have concerning this matter.

Sincerely,

J. Andrew Walker, R.S.
Individual Water and Wastewater Systems

JAW:gc

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

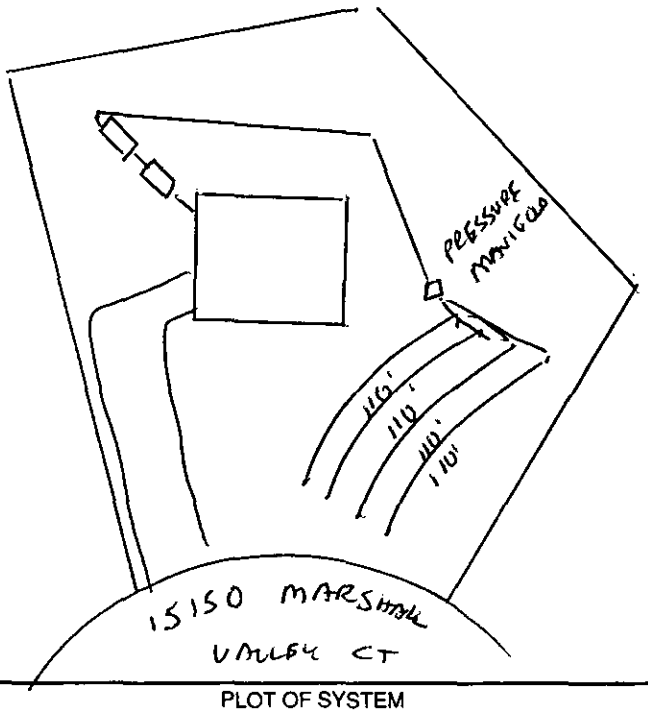
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 28005 DATE: 6-26-02

TC: 139-154-30

SERIAL 19072

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 12-28-98. All work shall be completed on or before _____, 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 30"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 440 feet

Number of Lines 4

Depth of Stone NA inches

Distance from House 25' feet

Distance from Property Line 10' feet

Distance from Well 250 feet

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

NAME OF OWNER ANTWAN ALEXANDER

LOCATION OF PROPERTY 15150 MARSHAL VALLEY COURT, LOT #7

Comments: (1) SYSTEM IS A: TYPE III-B G INNOVATIVE.

(2) FOLLOW PLAN ON FILE EXCEPT * SUPPLY LINE TO RUN BEHIND HOUSE.

Environmental Health Specialist

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

TRANSFER OF OWNERSHIP

Permit #: 2800B
Job Location Information:
Tax Parcel #: 139-154-30
Street Address: 15150 Marshall Valley Ct

An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change or if information submitted in this application is falsified or changed.

Property Owner Improvement Permit Originally Issued to:

Name: Helms (last) Jerry (first) (mi) Date Issued: 12/21/01

Address: 3932 Ayrshire Place
City: Charlotte State: NC Zip: 28210
Daytime Phone: (704) 609-5263

X IMPROVEMENT PERMIT TRANSFERRED TO:

Name: Alexander (last) Antwan (first) D (mi)

Address: 5301 Snow White Ln
City: Char State: NC Zip: 28213
Daytime Phone: (704) 451-8508

The undersigned, owner or legal agent for the owner, of the property described as the "job location" in the original application dated 12/5/01 has read the foregoing application and Improvement Permit, 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: Antwan D. Alexander Date: 3/7/02

IMPROVEMENT PERMIT TRANSFERRED TO:

Name: _____ (last) _____ (first) _____ (mi)

Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: ( ) ___-_____

The undersigned, owner or legal agent for the owner, of the property described as the "job location" in the original application dated _____ has read the foregoing application and Improvement Permit, 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: _____

ck chk # 4758 ACS

FEE: 150 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 3/7/02 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 3-11-02 **PERMIT NO:** 28008
PARCEL NO: 133-154-30

JOB LOCATION ADDRESS: 15150 Marshall Valley Ct.
PROPERTY OWNER: Antwan Alexander
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: Lemmond Acres
AUTHORIZATION ISSUED BY: _____ **DATE:** 3-11-02
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

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

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

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

4. OTHER CONDITIONS: _____

OWNER CERTIFICATION

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

X Antwan D. Alexander — 3/7/02
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE — DATE

Permit Number 2800-B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 13975430

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

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

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

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

.225 Long-term acceptance rate	480 Max gallons/day wastewater flow	1245 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
NO Serviced by private well	1500 Gallon septic tank	440 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
4 Bedrooms in residence	1000 Gallon pump tank	___ Depth of stone	

Any surface waters present: Type: Minimum separation distance:

Site modifications required:

Additional Conditions: ① THIS IS A PUMP SYSTEM THAT IS REQUIRED BY STATE LAW TO BE INSPECTED AT LEAST ONCE EVERY 5 YEARS BY THE LOCAL HEALTH DEPT. WITH THE PROPERTY OWNER RESPONSIBLE FOR ANY FEES, CURRENTLY $85.00

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

1245 Absorption Area (Sq ft) 440 Total Trench Length (Ft)	NA Depth of Stone Trench	9' Trench spacing (min. on centers)	24 Maximum Trench Depth

For existing system, enter the year originally installed:

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

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

DEHNR Authorized Agent — Date 12-21-01

Owner/Agent Signature — Date 12/20/01

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

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

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

FILE COPY

FILED FOR REGISTRATION	DOC. #
DATE 12/27/01	TIME 15:59
BOOK 13078	PAGE 670
2001230353	FEE $ 13.00

JUDITH A. GIBSON, REGISTER OF DEEDS, MECKLENBURG COUNTY, NC

PARCEL # 139-152-01

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

P.O.

Tax Parcel # 139-129-62

The undersigned, Jerry N. Helms / PRO Realty & Dev., owner of property located at 15150 Marshall Valley Ct., (the "site") Lot #7 and described in an instrument recorded in Book 8501 at Page 376, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

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

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

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

This instrument was prepared by: Jerry N. Helms/Pres. PRO Realty & Dev. INC.
Mail after recording to: 3932 Ayrshire Place
Charlotte, N.C. 28210

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

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

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

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

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

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

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

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 26th day of Dec, ~~199~~ 2001.

PRO Realty & Dev. Inc. _____ (SEAL)
(Corporate Name)

_____ (SEAL)

By: Jerry N. Helms _____ (SEAL)

_____ President _____ (SEAL)

ATTEST:

Margaret Sue Helms
_____ Secretary

(Corporate Seal)

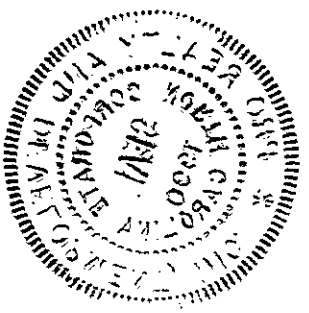
STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

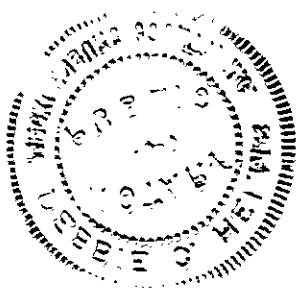
I, Debbie C. Helms, a Notary Public for said County and State, do hereby certify that Jerry N. Helms and Margaret S. Helms personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 26th day of December 2001.

Debbie C. Helms
Notary Public

My Commission Expires:
Nov. 23, 2003





STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Debbie C. Helms, a Notary Public for said County and State, do hereby certify that Margaret Sue E. Helms personally came before me this day and acknowledged that she is active Secretary of Pro Realty and Development, Inc., a North Carolina corporation, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its active President, sealed with its corporate seal and attested by her as its _____ Secretary.

WITNESS my hand and notarial seal, this 21st day of December 2001.

Debbie C. Helms
Notary Public

My Commission Expires:
Nov. 23, 2003

RBCWM:24751_1/8-30-95

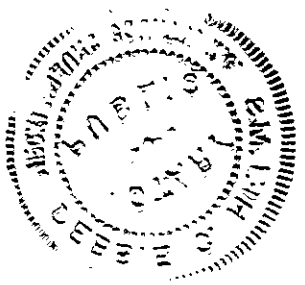
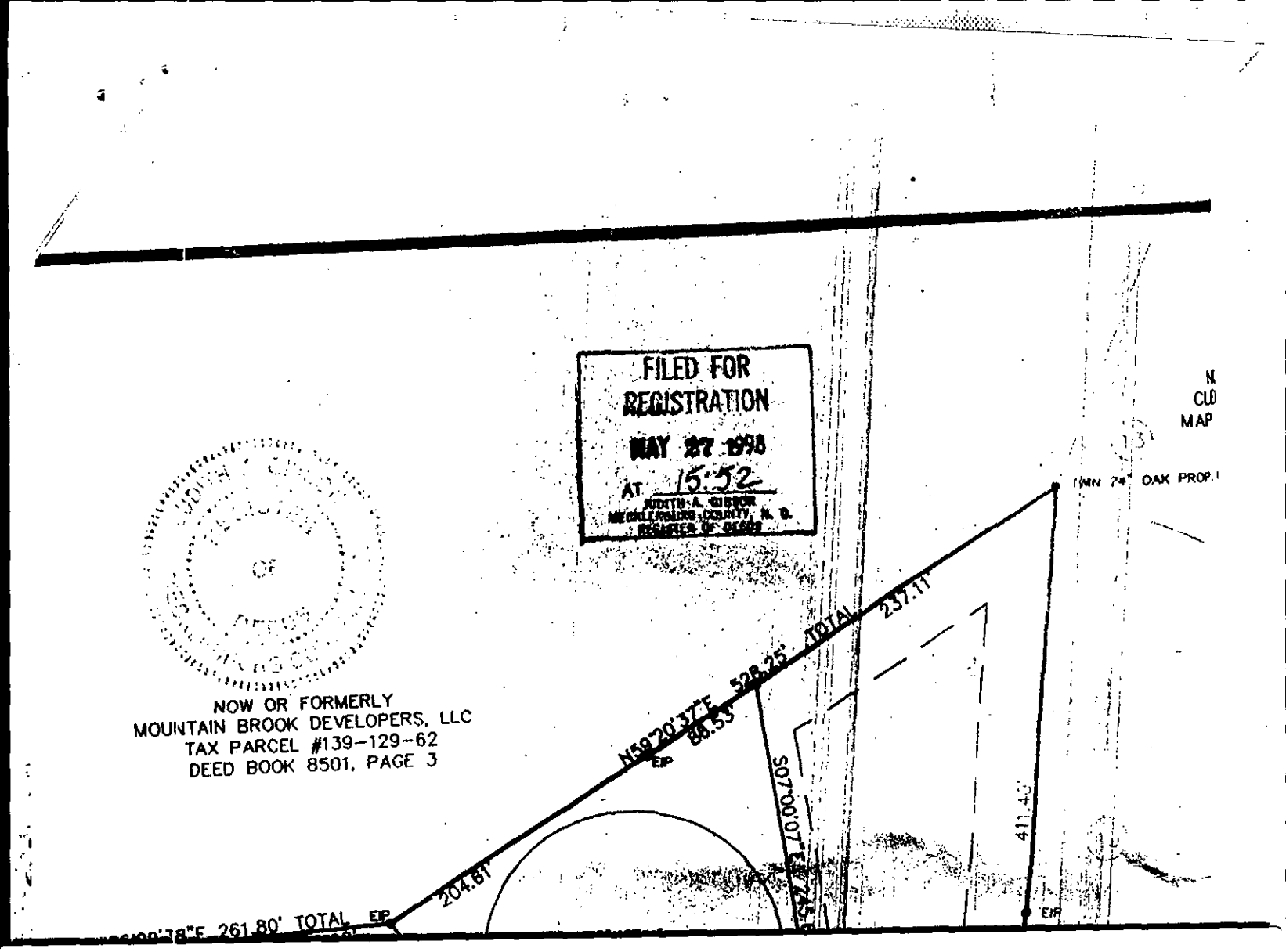


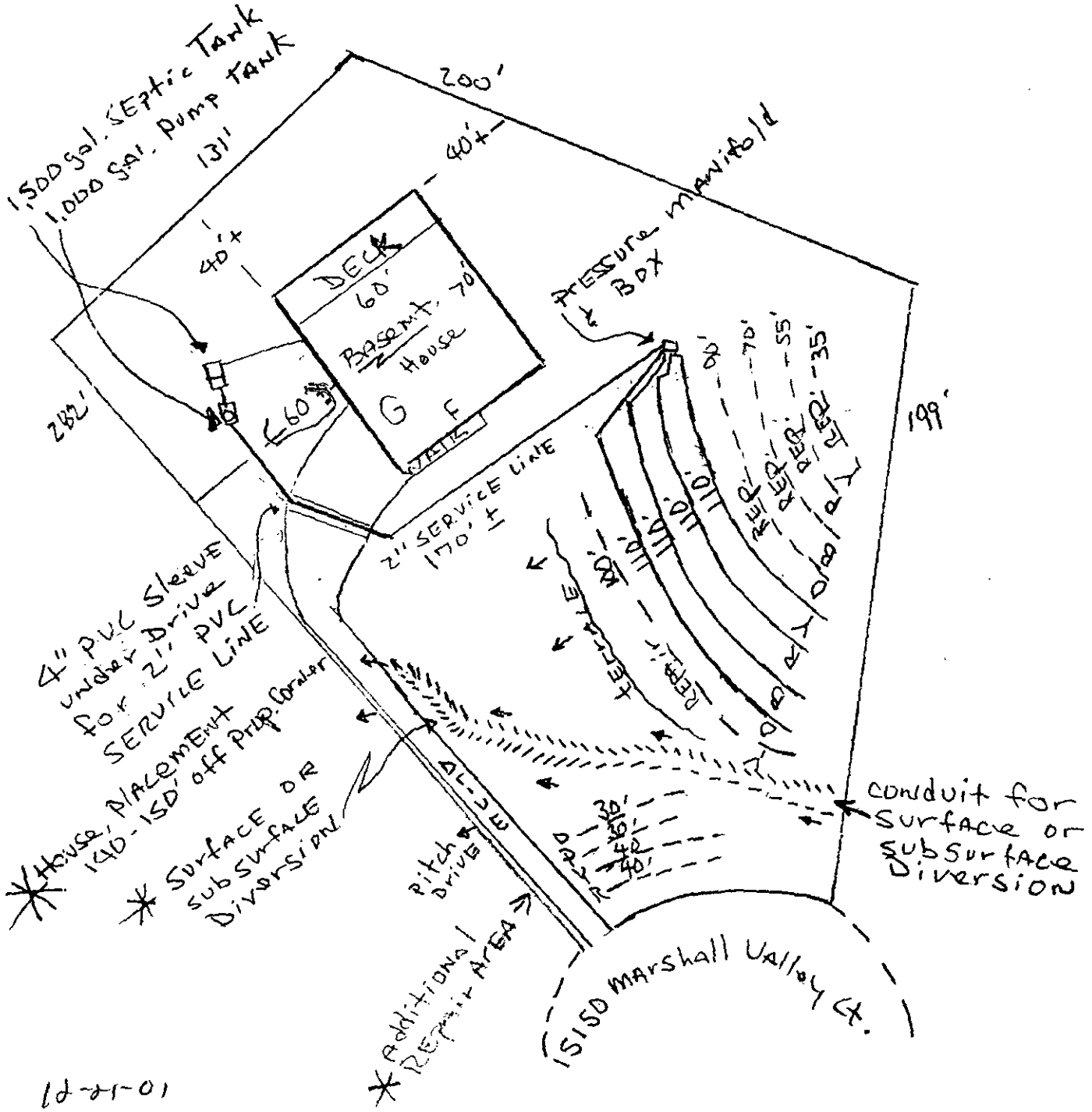
EXHIBIT A
[Lot 7]

BEING all of Lot 7 of LEMMOND ACRES Subdivision, as shown on plat recorded in Map Book 29 at Page 276 of the Mecklenburg County Public Registry.


FILED FOR
REGISTRATION
MAY 27 1998
AT 15:52
JUDITH A. GIBSON
MECKLENBURG COUNTY, N. C.
REGISTER OF DEEDS
NOW OR FORMERLY
MOUNTAIN BROOK DEVELOPERS, LLC
TAX PARCEL #139-129-62
DEED BOOK 8501, PAGE 3
N
CLD
MAP
OAK PROP.
TOTAL 237.11'
528.25'
N59°20'37"E
88.53'
EIP
S07°00'07"E 454.73'
411.45'
EIP
204.61'
TOTAL EIP

* (4) Bedrm. Pumped (EASY flow Chamber)
Pressure manifold
(4) 110' EASY Flow Chamber LINES
440' Total
(11) units PER LINE: 44 units

MCHD
File: 2800-B
Lot 17
LEMMOND ACRES

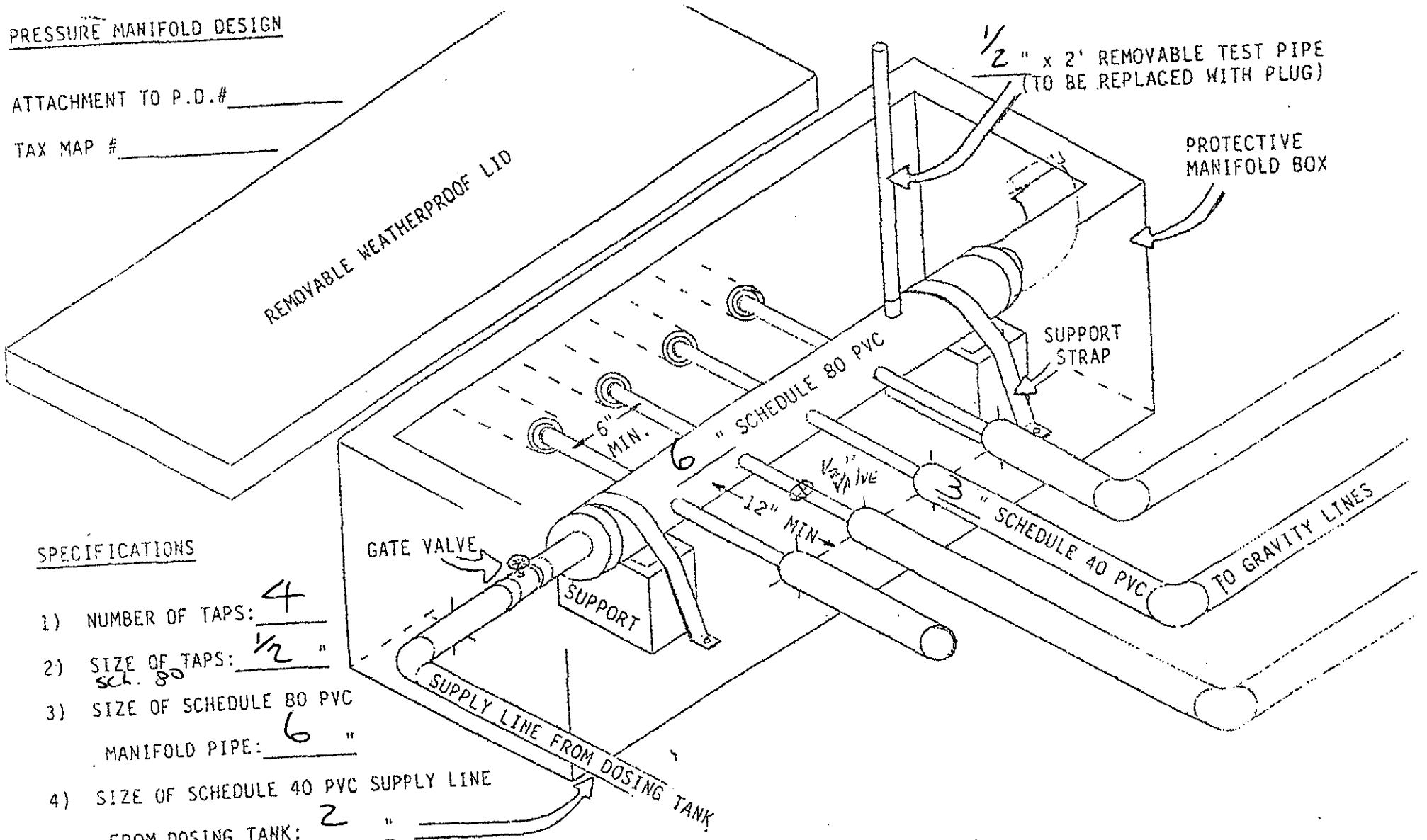

1,500 Gal. Septic Tank
1,000 Gal. Pump Tank
131'
200'
40'+
40'+
DECK
60'
Basement
House
70'
G F
60'
282'
PRESSURE MANIFOLD
& BOX
199'
2" SERVICE LINE
170' ±
4" PVC Sleeve
under Drive
for 2" PVC
SERVICE LINE
SERVICE LINE
80'
110'
110'
110'
110'
110'
80'
70'
55'
35'
PROPERTY
PROPERTY
PROPERTY

Example: contractors choice per approval M.C.H.D.

PRESSURE MANIFOLD DESIGN

ATTACHMENT TO P.D.#_____

TAX MAP #_____



SPECIFICATIONS

1) NUMBER OF TAPS: 4

2) SIZE OF TAPS: 1/2 " sch. 80

3) SIZE OF SCHEDULE 80 PVC MANIFOLD PIPE: 6 "

4) SIZE OF SCHEDULE 40 PVC SUPPLY LINE FROM DOSING TANK: 2 "

I.C.H.D.

MCHD
File: 2800-B

(4) Bedrm. (EASY Flow Chamber) Septic Sys. Chamber REPair AREA

SPECS:

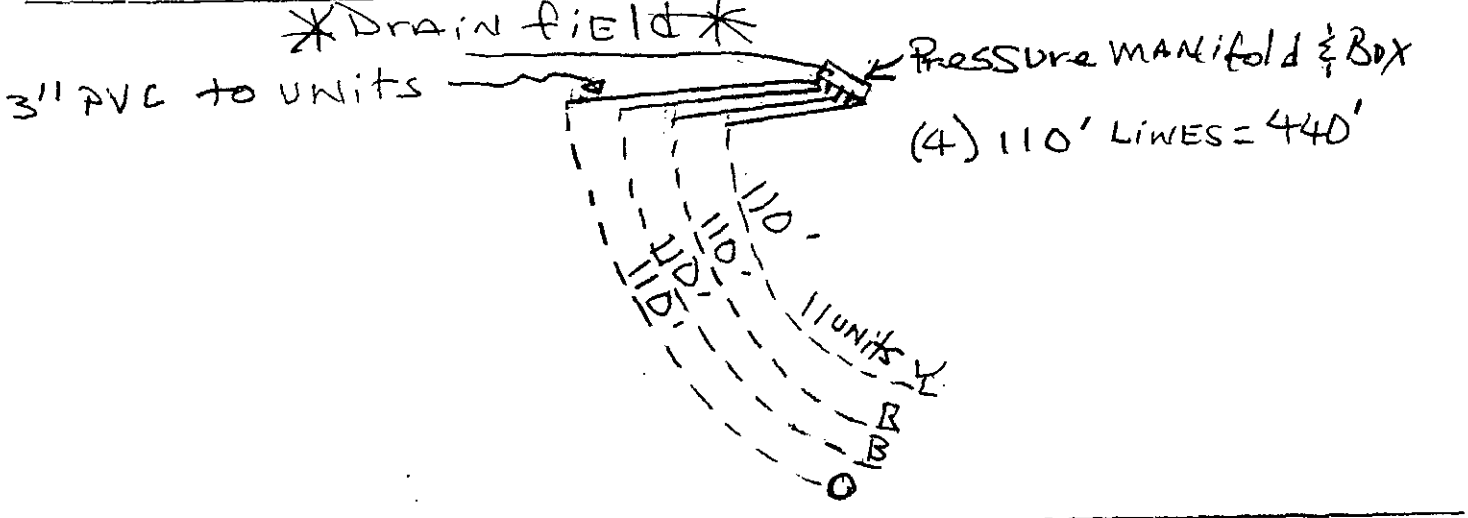
* 1,500 gal. Septic Tank, * 1,000gal. Pump Tank, Riser/filter NEMA 4
* pressure MANifold & BOX (SEE SPEC Sheet)
(4) 110' EASY Flow LINES = 440' (.275 LTAR)
* Pressure MANifold & Flow RATE SPECS:

TDH = 16.4 @ 26.8 gpm.

- 4 HP PUMP
9" drawdown float control, 200gal. dosing vol.
7 minute pump cycle

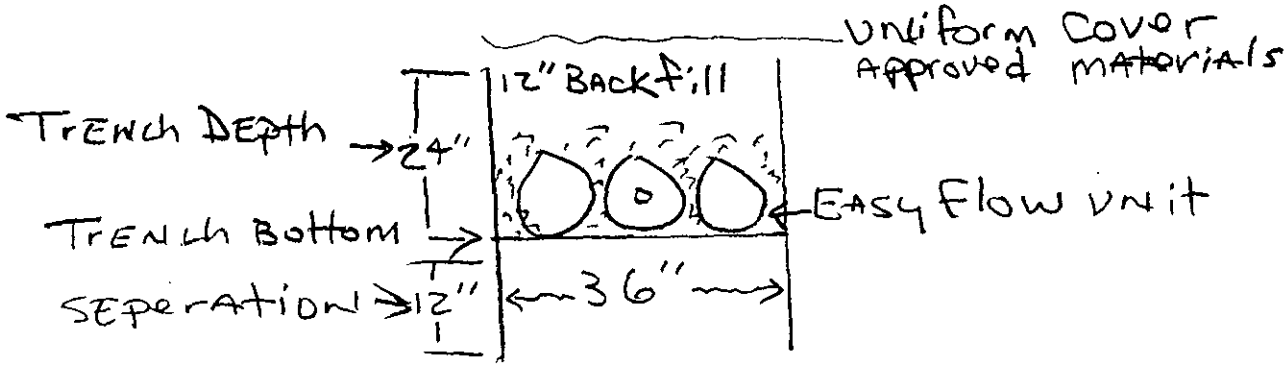
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* Drain field *



---

* TRENCH Profile *



INSTALL per MANUFACTURES SPECS.

NO/SCALE

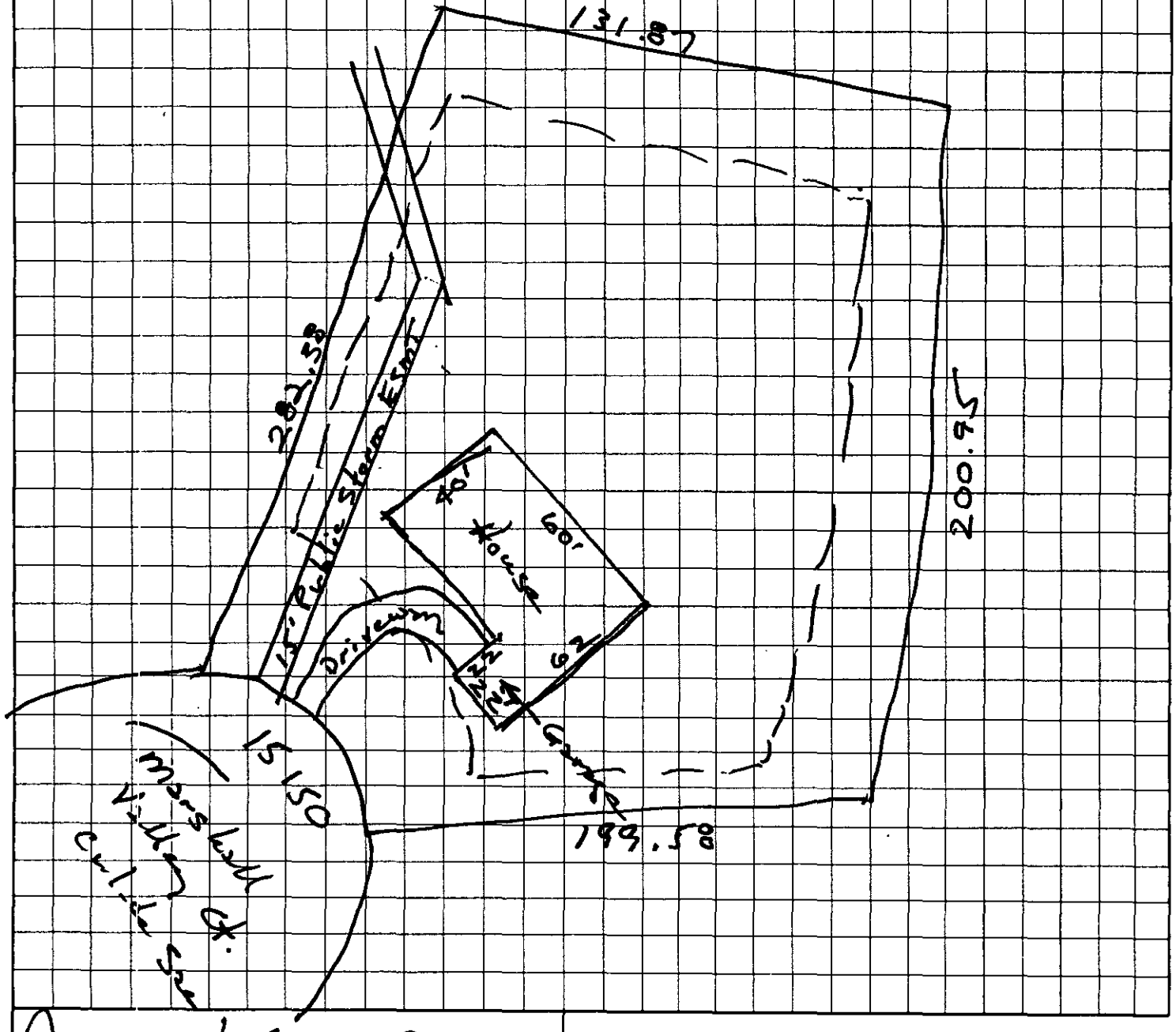
PROPOSED PLOT PLAN

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

FILE: ~~4806 B~~ 2800B

TC: ~~139.129.62~~ 139.154.30

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



OWNER/AGENT SIGNATURE Dawn N. Helms - Pres. PRO Realty & Dev. Inc.

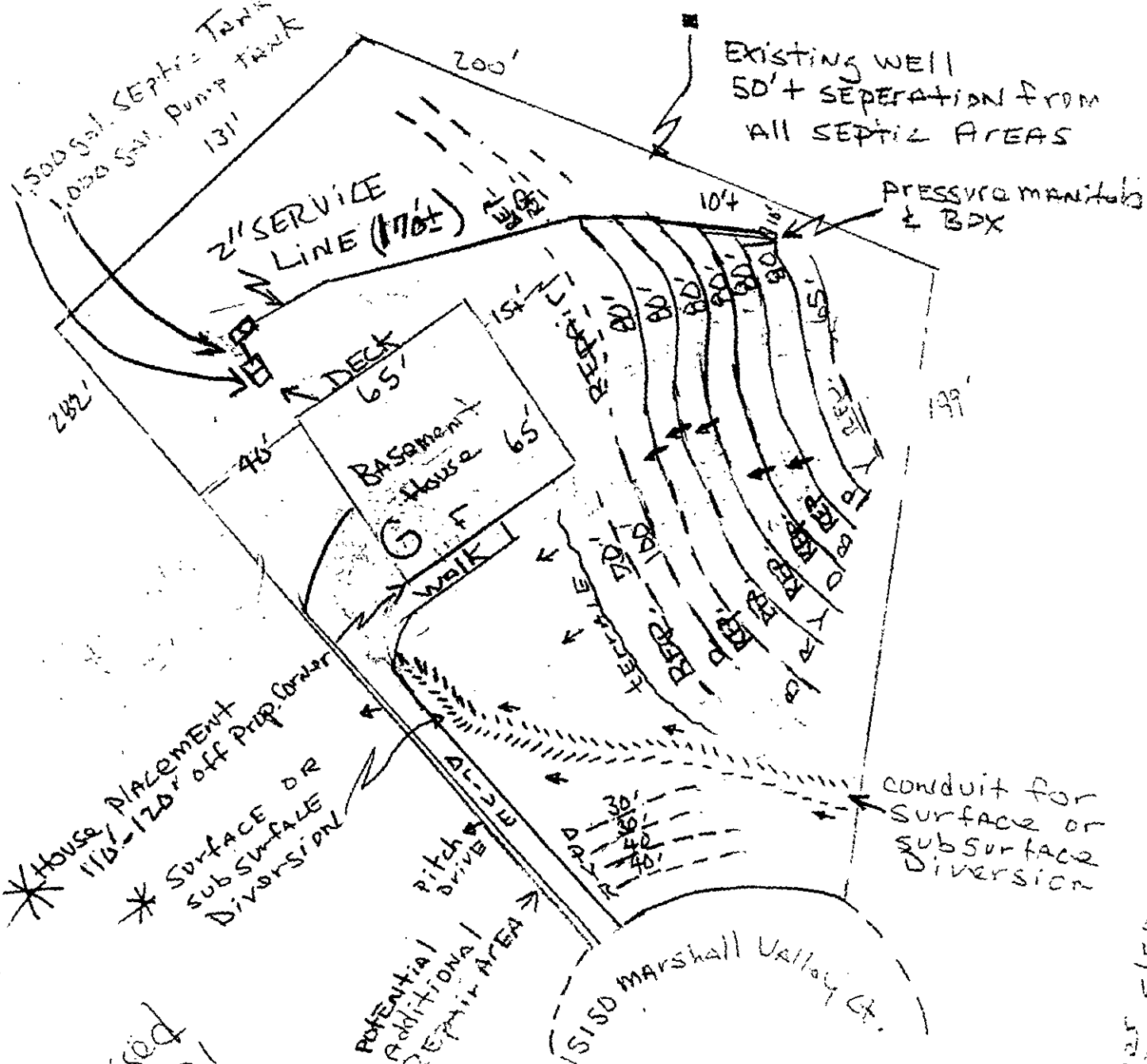
DATE 12/5/01

APPROVAL DATE _____

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

* (4) Pressrm. Pumped (EASY flow Chamber) pressure manifold Distribution.
(6) 80' EASY Flow Chamber LINES
480' Total
(8) UNITS PER LINE: 48 units

MCHD
File: 2800-B
Lot 17
LEMMON'S ACRES



REVISED
12/27/01
[illegible]

12/29/2001

Twhittaker
866-9540 5/50

MCHD
File: 2800-B

(4) Bedrm. (EASY Flow Chamber) Septic Sys. Chamber REPAIR AREA

SPECS:

*1,500 gal. SEPTIC TANK, *1,000gal. Pump Tank, Riser/Filter

*pressure MANIFOLD & BOX (SEE SPEC sheet) MENT 4

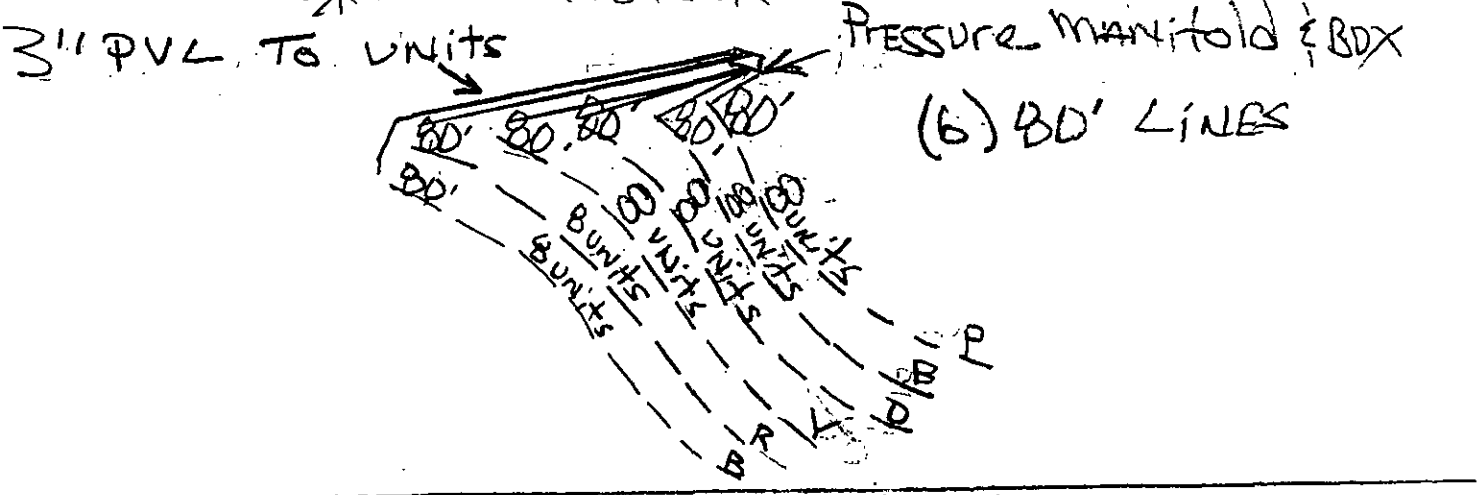
(6) 80' EASY Flow LINES = 480' (.25 LTAR)

*Pressure MANIFOLD & Flow RATE SPECS:

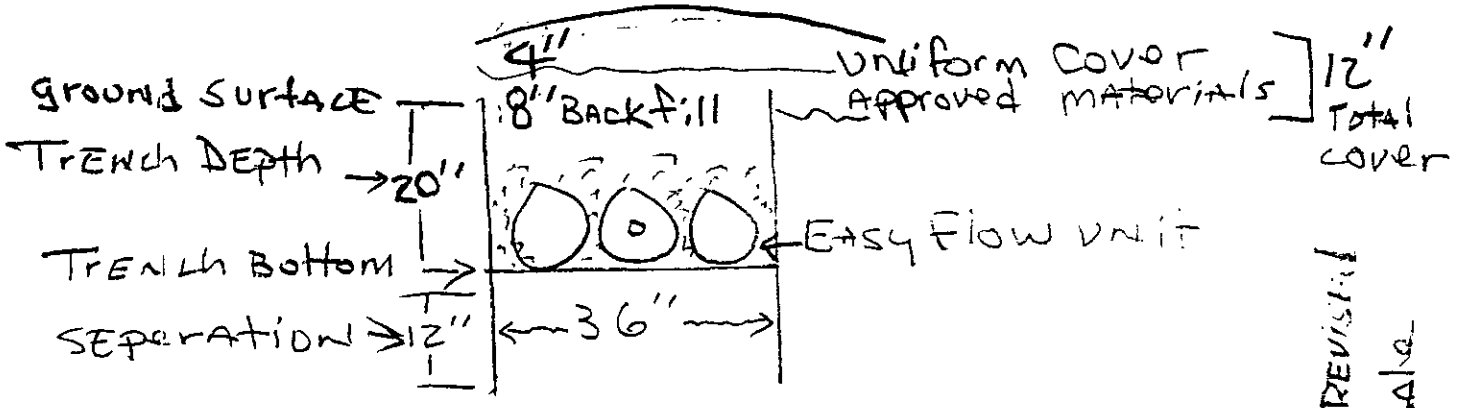
TDH = 16.4 @ 40.26 GPM.

- .4 HP PUMP
- 9" drawdown float control, 200gal. dosing vol.
- 5 minute pump cycle

Drain field



* TRENCH Profile *



INSTALL per MANUFACTURES SPECS.

T.W. REVISED NO SCALE

FEE: _____

DATE: _____

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

$320 12/5/01 CK [ ] CRT

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

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

FILE #: 48066-28003

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: 139-154-30

TAX/PARCEL NUMBER: 139-129-62

STREET ADDRESS: 15150 Marshall Valley Ct

SUBDIVISION OR MOBILE HOME PARK NAME: Lemmond Acres

LOT NUMBER: 7

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2,400

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 2

CLOSING DATE 2/20/02

FOUNDATION FOR RESIDENCE:

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

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

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

WATER SUPPLY (CHECK ONE):

↘ COMMUNITY (C)
__ MUNICIPAL (M)
__ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

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

BURIED CABLES, LANDFILLS, STUMPHOLES	__ YES __ NO	WELL, SPRINGS OR WATERLINES	__ YES __ NO
EXISTING WASTEWATER SYSTEMS	__ YES __ NO	DESIGNATED WETLANDS	__ YES __ NO
EASTMENTS OR RIGHT-OF-WAYS	↘ YES __ NO		

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: HELMS Jerry N. (LAST) (FIRST) (MI)	NAME: PRO Realty & Dev. INC. (LAST) (FIRST) (MI)
ADDRESS: 3932 Ayrshire Place	DAYTIME PHONE: (704 609-5263
CITY: Charlotte STATE: N.C. ZIP: 28210	
DAYTIME PHONE: ( ) —	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: Jerry N. Helms DATE: 12/5/01

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

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

#2 400

Sheet: _____
Property ID: 00 139-15201
Lot #: 7
File #: 2800 B

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Cox Realty & Dev. APPLICANT: _____
ADDRESS: 11901 Albemarle Road, Charlotte DATE EVALUATED: 2-10-97
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 450 gpd / PROPERTY SIZE: 1.0 ±
LOCATION OF SITE: Marshall Valley Cr. PROPERTY RECORDED: _____
WATER SUPPLY: ☐Private ☐Public ☐Well ☐Spring ☒Other Community
EVALUATION METHOD: ☒Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☐Sewage ☐Industrial Process ☐Mixed

PROFILE #	.1940 Landscape Position/ Slope % (Slopes 6-12%)	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-8"	gr/sl	Fr/SEXP/SS/NP	2.5Y 7/1 @ 31"	40"	N/A	None	US
		8-30"	SBK/SCl	Fr/SEXP/SP					
		30-40"	SBK/SC	VFi/Mixed/VS/VP					
2	LS	0-9"	gr/scl	Fr/SEXP/SS/SP	2.5Y 7/1 @ 19"	26"	N/A	None	US
		9-26"	SBK/C	VFi/Mixed/VS/VP					
3	LS	0-3"	gr/cl	Fr/SEXP/SS/SP	7.5YR 5/8 TO 50:1 wetness	48"	N/A	None	US IV
		3-48"	SBK/C	Fi/SEXP/SP					
			Apparent Platy structure						
			TO 36"±						
4	LS	0-2"	gr/cl	Fr/SEXP/SS/SP	7.5YR 5/8 TO 50:1 wetness	32"	N/A	None	US IV
		2-32"	SBK/C	Fi/SEXP/SP					
			Apparent Platy structure						
			TO 29-30"						
5	LS	0-2"	gr/l	Fr/SEXP/NS/NP	7.5YR 5/8 TO 50:1 wetness	37"	N/A	None	PS IV .2757
		2-4"	gr/scl	Fr/SEXP/SS/SP					
		4-37"	SBK/SC	Fi/SEXP/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	US	US
System Type(s)		
Site LTAR		

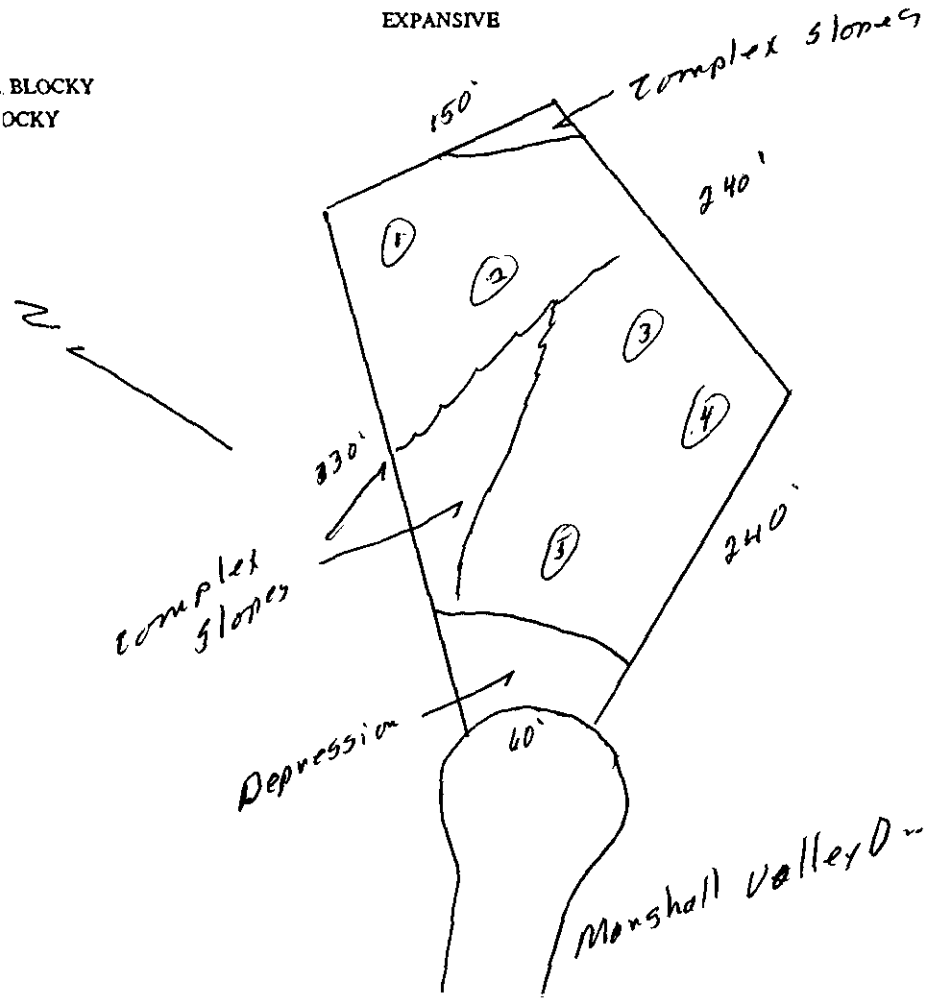
OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W. A. Martin 2-18-97
OTHER(S) PRESENT: LSS

FILE # 2800B

COMMENTS 1002 Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR	CONSISTENCE MOIST	CONSISTENCE WET
R-RIDGE	I	S-SAND	1.2-0.8		
S-SHOULDER SLOPE		LS-LOAMY SAND		VFR-VERY FRIABLE	NS-NON-STICKY
L-LINEAR SLOPE				FR-FRIABLE	SS-SLIGHTLYSTICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6	FI-FIRM	S-STICKY
N-NOSE SLOPE		L-LOAM		VFI-VERY FIRM	VS-VERY STICKY
H-HEAD SLOPE				EFI-EXTREMELY FIRM	NP-NON-PLASTIC
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3		SP-SLIGHTLYSTICKY
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM			
	IV	SC-SANDY CLAY	0.4-0.1		
		SIC-SILTY CLAY			
		O-ORGANIC			

STRUCTURE	MINERALOGY
SG-SINGLE GRAIN	SLIGHTLY EXPANSIVE
M-MASSIVE	
CR-CRUMB	EXPANSIVE
GR-GRANULAR	
SBK-SUBANGULAR BLOCKY	
ABK-ANGULAR BLOCKY	
PL-PLATY	
PR-PRISMATIC	



FEE: 100.00 CK #1170
DATE: 12/28/98 VM

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

1 1 CRT

TYPE APPLICATION: X NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

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

FILE #: 2808

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: 139-15430

TAX/PARCEL NUMBER: 139-15~~9-01~~P007

STREET ADDRESS:

SUBDIVISION OR MOBILE HOME PARK NAME: LEMMOND ACRES

LOT NUMBER: 7

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: N/A

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

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

CLOSING DATE _____

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

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

WATER SUPPLY (CHECK ONE):

X COMMUNITY (C)
__ MUNICIPAL (M)
__ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

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

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES X NO
EXISTING WASTEWATER SYSTEMS __ YES X NO
EASTMENTS OR RIGHT-OF-WAYS X YES __ NO
WELL, SPRINGS OR WATERLINES __ YES X NO
DESIGNATED WETLANDS __ YES X NO

PROPERTY OWNER:

NAME: (LAST) PRO REALTY & DEVELOPMENT (FIRST) BRIAN (MI) HELMS

ADDRESS: 11901 ALBEMARLE RD

CITY: CHLT STATE: NC ZIP: 28227

DAYTIME PHONE: (704) 309 - 4286

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) --

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1998

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: _____ DATE: 12/28/98

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

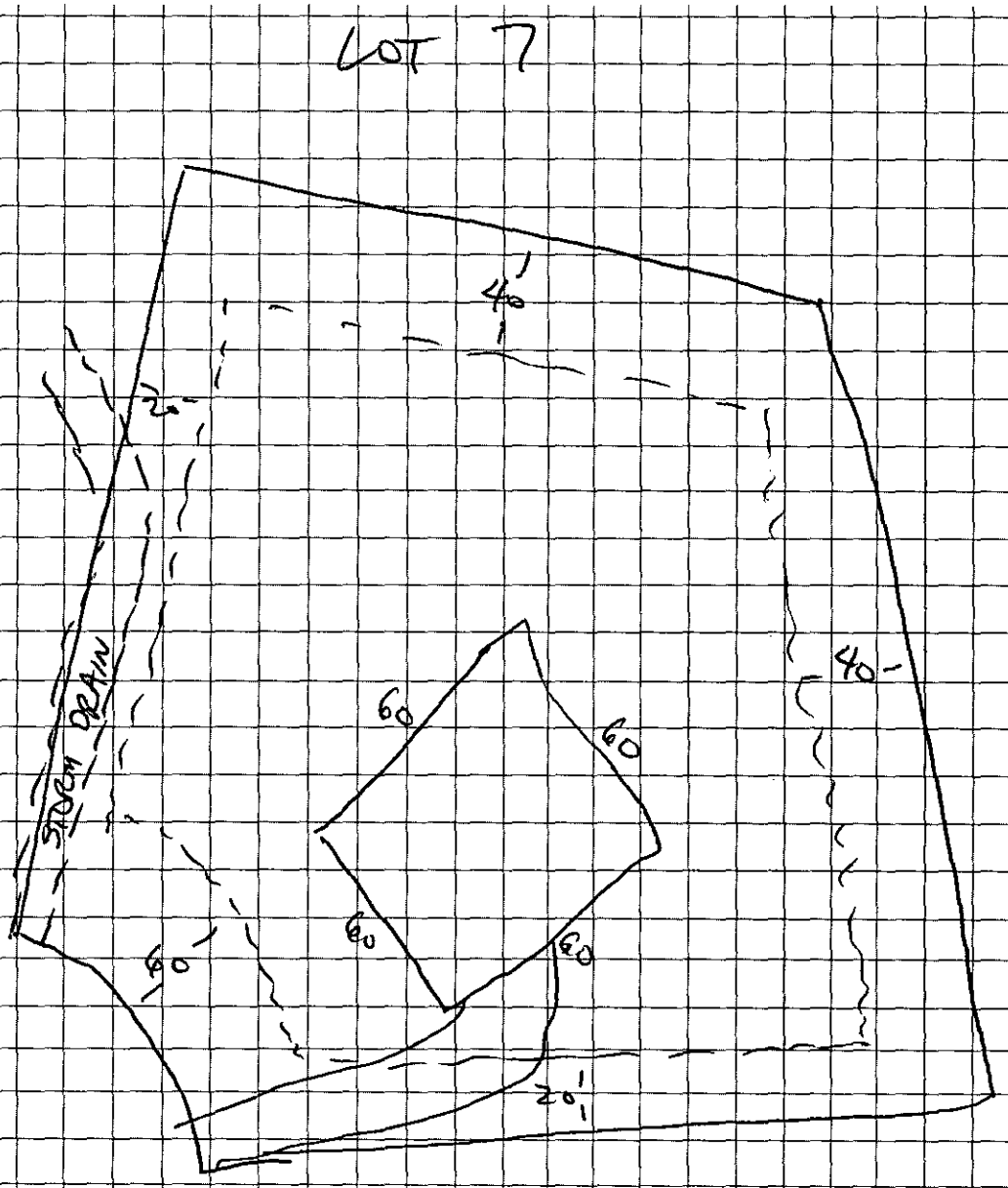
PROPOSED PLOT PLAN

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

FILE: 2800B

TC: 139-152-01 POD 7

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



OWNER/AGENT SIGNATURE

DATE 12/28/98

APPROVAL DATE _____

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

