

4001 CHERRYBROOK DR

13935131

5/21/2007

duponbj

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

Mecklenburg County
Health Department

September 10, 2002

Gregory and Trista Leonard
4001 Cherrybrook Ln.
Charlotte, NC 28227

Dear Mr. and Mrs. Leonard:

The State required inspection of the Type IVa septic system, which serves as the wastewater treatment and disposal system for the residence located at 4001 Cherrybrook Ln., Charlotte, North Carolina, was completed on 9/10/02. 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

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

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

MECKLENBURG COUNTY — Health Department
4606-A — Permit/Project No.
Name of Establishment
RESIDENCE — Type of Establishment
360 GPD — Design Flow
4001 CHEECKBROOK LN. — Location
GREGORY & TRISTA LEONARD — Owner/Agent
4001 CHEECKBROOK DR., CHARLOTTE, NC 28227 — Address
Phone
CLAY OAKS — Operator
Address
Phone
Remarks TYPE IIIA

	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?	☑	☐	SLUDGE BUILD UP IN PUMP TANK, WE SUGGEST HAVING TANKS PUMPED EVERY 3-5 YEARS.
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: 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: 9/10/02 SIGNED: [signature] RST AGENT
Division of Environmental Health

DENR 3702 (Revised 3/98)
On-Site Wastewater Section (Review 12/98)

– over –

Mecklenburg County
Health Department

August 26, 2002

Gregory and Trista Leonard
4001 Cherrybrook Drive
Charlotte, NC 28227

Dear Mr. and Mrs. Leonard:

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 IVa septic system, which serves as the wastewater treatment and disposal system for the residence located at 4001 Cherrybrook Drive, 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 September 9, 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,

RSI

David Cornelius, R.S.I., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Gregory and Trista Leonard
4001 Cherrybrook Drive
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
Gregory and Trista Leonard	4001 Cherrybrook Dr.	13935131	4060A	IVa
				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: 8/26/02

Payment Due Date: 9/26/02

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

CLAY'S WASTEWATER SERVICES
INSPECTION OF ENGINEERED SUBSURFACE SEWAGE SYSTEM

4606-A

Name of Establishment: RESIDENTIAL — Permit/Project No.

Location: 9001 MCK — Type of Establishment

Owner: GREG/JAMES LEONARD — Address: 9001 CHERRY DRIVE DR — Phone: (704)549-9544

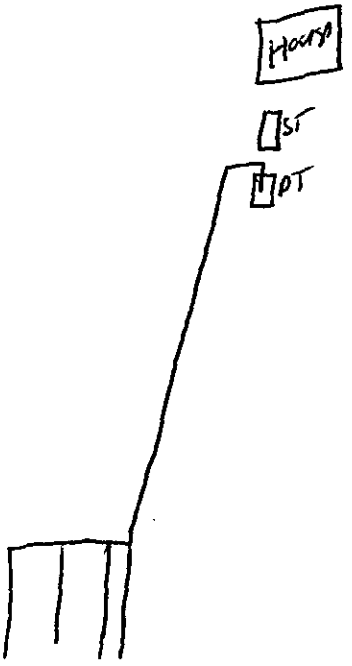
Operator: CLAY OAKS PHONE # 513-2393

	YES	NO
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 blockage/solids buildup in lines or manholes?	✓	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):	✓	
Tank rises 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?	✓	7/99
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 panels enclosure/ components in good condition?		
Elapsed time readings: ____ ____ ____ ____		
SIPHON SYSTEM:		
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?	✓	
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?	✓	

INSPECTION FREQUENCY

Annual — Quarterly — (Bi-Annual) — Yearly — Other

SITE LOCATION MAP



OVERALL CONDITION AND OPERATION OF SYSTEM:

IMPROVEMENT:

DATE: 10-22-01 **SIGNED:** Clay Oaks

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

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

Mecklenburg — Health Department
Name of Establishment: residence
4606A — Permit/Project No.
4001 Cherrybrook Lane — Location
Type of Establishment
360 gpd — Design Flow
Gregory & Trista Leonard, 4001 Cherrybrook Drive, Charlotte 28227 — Owner/Agent, Address, Phone
Tommy Norwood — Operator, Address, Phone
Remarks: Type IVa

	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?	☑	☐	Sludge level 8" – looks good
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?	☐	☑	Pump is not delivering required head pressure
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:			
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?	☑	☐	
Laterals free of excess solids, cleaned out as needed?	☑	☐	
Pressure head is properly adjusted?	☐	☑	Unable to regulate head pressures due to pump

OVERALL CONDITION AND OPERATION OF SYSTEM: Drainfield and Septic Tank condition are very good. Recommend replacing effluent pump.

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)

DATE: 7-13-99 SIGNED: Larry B. Thompson, Jr., R.S. 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 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)

FEE: _____

DATE: _____

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

[ ] CRT

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

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

FILE #: 4606-A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139-021-12

STREET ADDRESS:

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS:

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:

NAME: Leonard Gregory & Trista
(LAST) (FIRST) (MI)

ADDRESS: 4001 Cherrybrook Drive

CITY: Charlotte STATE: NC ZIP: 28227

DAYTIME PHONE: ( ) –

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) –

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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

SIGNED: _____ DATE:

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

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: 4606A DATE: 8-4-99

TC: 139-021-12 ☐ L

SERIAL Nº 18180

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 8-4-99. All work shall be completed on or before 9-4-99, 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.

"Pump Replacement Only"

22gpm at 11.5 feet of head
minimum

Goulds ½ HP 8-27-99

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction _____

Trench Depth _____

Absorption and/or Nitrification Lines:

Trench Width _____ feet

Trench Walls Scored and Porous _____

Total Line Length _____ feet

Number of Lines _____

Depth of Stone _____ inches

Distance from House _____ feet

Distance from Property Line _____ feet

Distance from Well _____ feet

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

NAME OF OWNER Gregory and Trista Leonard

LOCATION OF PROPERTY 4001 Cherrybrook Drive

Comments: Pump replacement only

Larry B. Thompson, Jr., R.S.
Environmental Health Specialist

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

STATE OF NORTH CAROLINA

COUNTY OF MECK

INSPECTION AND MAINTENANCE AGREEMENT (rev. 3/91)

this agreement is made and entered into this 26 day of AUGUST, 1999, by and between TRISTA LEONARD (hereinafter the "Owner") and CLAY OAKS (hereinafter the "Contractor").

WITNESSETH

WHEREAS, the Owner owns or controls the property upon which a ground absorption sewage treatment system (hereinafter "system") is installed, such system being designated a Type IIA system under the Rules for Sanitary Sewage Collection, Treatment and Disposal found at 15A N.C. Adm. Code 18A.1900 et seq.; and

WHEREAS, 15A N.C. Admin. Code 18A.1961 requires a contract to be executed between the system owner and a management entity prior to the issuance of an Operation Permit for said system; and

WHEREAS, 15A N.C. Admin Code 18A.1961 requires that a condition of the Operation Permit for said system be that a properly executed contract between the system owner and a management entity shall be in effect for as long as the system is in use; and

WHEREAS, the Contractor is a management entity of a type authorized by 15A N.C. Admin. Code 18A.1961 to manage a Type IIA system.

NOW THEREFORE, in consideration of the premises and of the mutual covenants and promises contained in this Agreement, it is hereby agreed by and between the Owner and the Contractor as stipulated below.

1. The Contractor's Obligations. The Contractor shall perform the following services on the Owner's system located at 4001 CHERRY BROOK DR MINT HILL NC

a. The contractor shall inspect the system at least at the frequency required in Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type IIA System.

b. The Contractor shall perform the following routine maintenance procedures in accordance with the conditions of the Operation Permit:

(1) [from operation permit]
(2) INSPECT & PUMP 2 x PER YR. TO MIN
(3)

c. The Contractor shall report the results of its inspections to the local health department at the frequency specified in Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type IIA System.

d. If an inspection indicates the need for system repairs, the Contractor shall notify the local health department within 48 hours of the inspection.

e. The Contractor shall notify the Owner of needed repairs which are outside of the scope of routine maintenance described in subparagraph (b) above. The Contractors shall perform necessary repairs to the system at the request of the Owner and shall be entitled to payment therefor at the Contractor's normal charge for services and materials.

f. The Contractors shall employ or shall contract with a certified operator(s) if required by Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type IE/A System.

g. The Contractor shall respond to a request for a nonscheduled service or maintenance call within 24 hours after receipt of such request.

2. The Owner's Obligations.

a. The Owner shall pay to the Contractor the sum of $200.00 per year for periodic inspections, routine maintenance procedures and periodic reports. The annual fee may be amended upon sixty (60) days advance notice to the Owner but may not be increased more than 10% percent per year. The Owner shall pay to the Contractor his normal and customary fees for any work performed on the system as a result of nonscheduled service or maintenance calls. All fees are due and payable within thirty (30) days of billing. Payments due to the Contractor and unpaid by the Owner after thirty (30) days shall accrue interest from the due date until paid at a rate of 1% percent per month.

b. Within 10 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above, the Owner shall request the Contractor to complete needed repairs or shall provide to the Contractor evidence that the needed repairs were satisfactorily completed by another entity.

c. The Owner shall provide the Contractor with such access to the system as is reasonably necessary for the Contractor to comply with the terms of this Agreement.

3. Term. This Agreement shall remain in effect until terminated.

a. Automatic Termination.
This agreement shall automatically terminate if the Operation Permit for the system is revoked and all appeals of the revocation are exhausted or time for taking an appeal has passed.

b. Termination by Mutual Consent.
The Parties may mutually agree to terminate this Agreement by giving written notice of termination by mutual consent to the local health department thirty (30) days in advance of the date of termination.

c. Termination by the Owner.

The Owner may terminate this Agreement by giving notice to the Contractor and to the local health department thirty (30) days in advance of the date of termination.

d. Termination by the Contractor.

(1) The Contractor may terminate this Agreement for cause by giving written notice of intent to terminate this Agreement to the Owner and to the local health department thirty (30) days in advance of the date of termination. Cause shall be defined as:

(a) failure to remit payment for any bill for services performed under and in accordance with this Agreement if said bill is not paid within thirty (30) days of receipt by the Owner of the bill. If said bill is paid after notice of termination of this Agreement, the Agreement shall continue in effect; or

(b) failure of the Owner to provide to the Contractor authorization to complete needed repairs or satisfactory evidence that needed repairs to the system were completed by another entity within 30 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above. If said authorization to complete needed repairs or evidence of completion of said repairs is provided after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect;

(c) failure of the Owner to allow the Contractor such access to the system as is reasonably necessary in order for the Contractor to comply with the terms of this Agreement.

(2) The Contractor may not terminate this Agreement without cause, but may assign its rights and duties under this Agreement as provided in paragraph 4, below.

4. Assignment.

a. Assignment by the Owner. The Owner shall notify the Contractor of the name and address of any purchaser of the property on which the system is located. The Owner shall also notify any purchaser of the property on which the system is located of the existence of this Agreement and shall assign all rights and duties under this Agreement to said purchaser.

b. Assignment by the Contractor. The Contractor may assign its rights and duties under this Agreement to another management entity which is qualified pursuant to 15A N.C. Admin. Code 18A.1961 to manage a Type IV A system upon thirty (30) days written notice to the Owner and to the local health department.

5. Use of Subcontractors. The Contractor may subcontract with such manufacturers, suppliers and contractors as it deems desirable to perform any of the Contractor's duties under this Agreement. The Contractor shall at all times remain responsible for the performance of and payment for all work performed by all subcontractors.

6. Representations. The Parties represent to each other that each has the power, authority and legal right to enter into and perform its obligations as set forth in this Agreement.

7. Regulatory Amendments. References in this Agreement to sections of the Administrative Code shall include such rules as they may be amended in the future.

8. No Implied Waiver. The waiver by either Party of the default or a breach by the other Party of any provision of this Agreement shall not operate or be construed to operate as a waiver of any subsequent default or breach. The failure at any time of either Party to enforce any provision of this Agreement (a) shall not be construed to be a waiver of such provisions, or of any other provision; and (b) shall not in any way affect the validity of this Agreement, or any part of this Agreement, or the right of either Party thereafter to enforce each and every provision of this Agreement.

9. Notice. Every notice required under this Agreement shall be in writing and shall be deemed sufficiently given if delivered in person or sent by certified or registered mail, return receipt requested, postage prepaid to the Party to be notified and addressed as follows:

To the Owner: CLYDE TRISTA LEONARD
4081 CHILLY BROOK DR

To the Contractor: CLAY OAKS
9001 SINGING PINE RD
CHAR NC 28214

To the Local Health Department: CMHD
700 E. TRYON ST
CHAR NC 28202

The date of any Notice shall be the date of personal delivery or the date shown on the return receipt as the date of delivery or attempted deliver, as the case may be. Changes in the respective addresses to which notice may be directed may be made from time to time by either Party by notice to the other party.

10. Place of Agreement. This Agreement and any questions concerning its validity, construction or performance shall be governed by the laws of the State of North Carolina.

notwithstanding the place of execution, or the order in which the signatures of the Parties are affixed.

11. Entire Agreement and Amendment. This Agreement supersedes all prior negotiations, agreements and understandings between the Parties with respect to the subject matter hereof and constitutes the entire Agreement between the Parties with respect to the subject matter hereof. To be effective, any amendment or modification to this Agreement must be in writing and must be signed by the Parties.

12. Severability. In the event that any provision of this Agreement shall, for any reason, be determined to be invalid, illegal or unenforceable in any respect, the Parties shall negotiate in good faith and agree to such amendments, modifications or supplements of or to this Agreement or such other appropriate actions as shall, to the maximum practicable in light of such determination, implement and give effect to the intentions of the Parties as reflected in this Agreement, and the other provisions of this Agreement shall, as so amended, modified, supplemented or otherwise affected by such actions, remain in full force and effect.

IN TESTIMONY WHEREOF, the Parties hereto have executed this Agreement in duplicate originals, one of which is retained by each of the Parties, the day and year first above written.

Trista Leonard 8-26-99
(Owner)

Attest:

Contract Terms (Check one)

	Begin Date/End Date
( ) 1 Year	
(X) 3 Years	8-26-99 8-26-2002
( ) 5 Years	
( ) Other	

(Contractor)

Attest:

SUBSURFACE WASTEWATER DISPOSAL SYSTEM
MONITORING REPORT FORM

TRISTA LEONARD — 8-25-99

Name and Location — Date of Inspection — Permit No.

6 TO 900 SISSONS MILL RD CHAR ~C 28214 — MECK — TANK — County — System Classification

Name and Address of ORC — Name and Address of Owner

Phone No. 704 545-5475

	YES	NO
LIFT STATION (if present):		
Required pumps present & operating properly?	✓	✓
High water alarm operating properly?	✓	—
Floats, pipes, valves, disconnects in good condition?	✓	—
Control panel enclosure/components in good condition?	✓	—
EFFLUENT DOSING STATION:		
Required pumps present & operating properly	—	—
High water alarm operating properly?	—	—
Floats, pipes, valves, disconnects in good condition?	—	—
Control panel enclosure/components in good condition?	—	—
Effluent appears clear and free of solids?	—	—
Zone valve sequencer operating properly?	—	—
GROUND ABSORPTION FIELDS (general):		
Evidence of effluent surfacing?	—	✓
Surface water being effectively diverted away?	✓	—
Vegetative cover maintained properly?	✓	—
Protected from traffic, destructive uses?	✓	—
Distribution devices in good working condition? (manual valves, manifolds, etc.)	✓	—
Repair area properly reserved, maintained?	✓	—
Field free of settled or low areas?	✓	—
LOW PRESSURE PIPE SYSTEM:		
Turnups/cleanouts/valves intact and accessible?	✓	—
Laterals free of excess solids?	—	✓
Laterals flushed this inspection?	✓	—
Pressure head is properly adjusted?	—	✓

SPECIAL CONDITIONS:

COMMENTS: SYSTEM NEEDS LARGER PUMP SUGGEST ½ HP

*COULD BE CRUSHED OR BROKEN SUPPLY LINE. OJO

COMPLIANCE STATUS: compliant ✓ NON-COMPLIANT ____

✓ CHECK IF PRESSURE HEAD EVALUATION

DATE: 8 25 99 SIGNATURE OF "ORC": [signature]

LPP WASTEWATER DISPOSAL SYSTEM

PRESSURE HEAD EVALUATION SHEET

SYSTEM NAME: T Lowrey

TYPE IV A DESIGN FLOW: _____ gpm

DOSING TANK CAPACITY: 1000 200 gallons per inch depth

	Water Level Measurement		Time	
DRAINBACK	17	inches	_____	minutes
END:	24	inches	4 ½	minutes
STEADY STATE:	_____	inches	_____	minutes
BEGIN:	36	inches		

Average Flow: 519 gmp

Steady State Flow: _____ gmp

Drainback Amount: 208 gallons

Line #	Design Head	Observed Head	Adjusted Head	Line#	Design Head	Observed Head	Adjusted Head
1	3	1	N/A				
2	3	1	EQUAL NOT				
3	3	1	ADJUST				
4	3	1	LINES (C-V)				

REMARKS:

Evaluation By: CITY OAKS Date: 5-5-17

Checked by: CJ Ohr Date: 5-5-17

ORC

MCHD
FILE: 4606-A
TC: 139-021-12
Lot: 8 Forestbrook

L:\WORKS\WORDX\DESIGN

3 Bedroom

DESIGN SPECIFICATIONS
FOR
ON-SITE WASTE DISPOSAL SYSTEM
CONTINUED

MCHD

SYSTEM TYPE:
- CONVENTIONAL
- CONVENTIONAL (SHALLOW PLACEMENT)
- 8-INCH PPBPS-GRAVITY DISTRIBUTION
- 8-INCH PPBPS-PRESSURE DISTRIBUTION
- 16-INCH PPBPS-GRAVITY DISTRIBUTION
- ✓16-INCH PPBPS-PRESSURE DISTRIBUTION — 3 Bedroom
- LPPS
- OTHER

SPECIALIZED EQUIPMENT OR REQUIREMENTS:

DROP BOX	WELL ABANDONEMENT
DISTRIBUTION BOX	✓EASEMENT
DIPPER BOX	LOT COMBINATION/SURVEY
FLOW DIVIDER	EARTHEN SURFACE SWELL
WASH BOX	FRENCH/CURTAIN DRAINS
✓SPECIAL FITTINGS	GREASE INTERCEPTOR
PRESSURE MANIFOLD	✓PUMP TANK - 1,000 gal.
SIPHON	SAPROLITE TEST
MULTIPLE PUMPS	1,500 ST
OTHER	

APPROVED
ENVIRONMENTAL HEALTH
DIVISION
MECKLENBURG COUNTY
HEALTH DEPARTMENT
Date _____

LINE	#PANELS PER LINE	#HOLES PER PANEL	HOLE SIZE	HOLE SPACING (Primary)	LINE HEAD	LINE LENGTH	HOLE FLOW	PER MINUTE LINE FLOW
L^A	11	1	5/32	5	3	50'	.50	5.5
L^B	11	1	5/32	5	3	50'	.50	5.5
L^C	11	1	5/32	5	3	50'	.50	5.5
L^D	11	1	5/32	5	3	50'	.50	5.5
TOTAL	44 panels					200'		

Repair 400'+ 22. GPM

11.79 : (.143) 1.7

DESIGNATED ON PLAN.

T. Wheelocker
866-9540

MCHD
FILE: 4606-M

DESIGN SPECIFICATIONS

Daily waste flow		360	gal.
Septic tank size		1500	gal.
Pumping tank size		1,000	gal.
Effluent loading rate		.30	gal/ft²/day
Absorption area		1200	ft.
Total length of laterals		200	ft.
Lateral diameter		1¼	in. ✓
Lateral configuration		(4) 50'	No. and length of lines
Supply line length		160	ft. ✓
Supply line diameter		2	in.
Manifold placement	TW-END ⇒	SIDE	end ?
Hole size*		5/32	in.
Hole spacing	3/19/94 (1)	PER PANEL	ft. (4.3)
Number of holes		44	
Flow per hole		.50	gpm ✓
Total flow		2.2	gpm ✓
Elevation head		6	ft.
Friction head	1.92 X .20%	2.12	ft.
Pressure head		3	ft.
Total head		11.12	ft.
Pump requirements	.25 horse	22	gpm @ 11.12 ft. of head
Storage volume in laterals		12.8	gal.
Storage volume in supply line		25.92	gal.
Total storage volume		77.12	gal.
Dosing volume (minimum x 2)(2 cycles) (79.2)		158.4	gal. 158 gallon
Dosing depth		4/8	in. 44 x 3.6 = 158.4 TW-
Check valve needed ?		NO	3/19/94

how many swing in?

to r 158 gpm

Which end to take

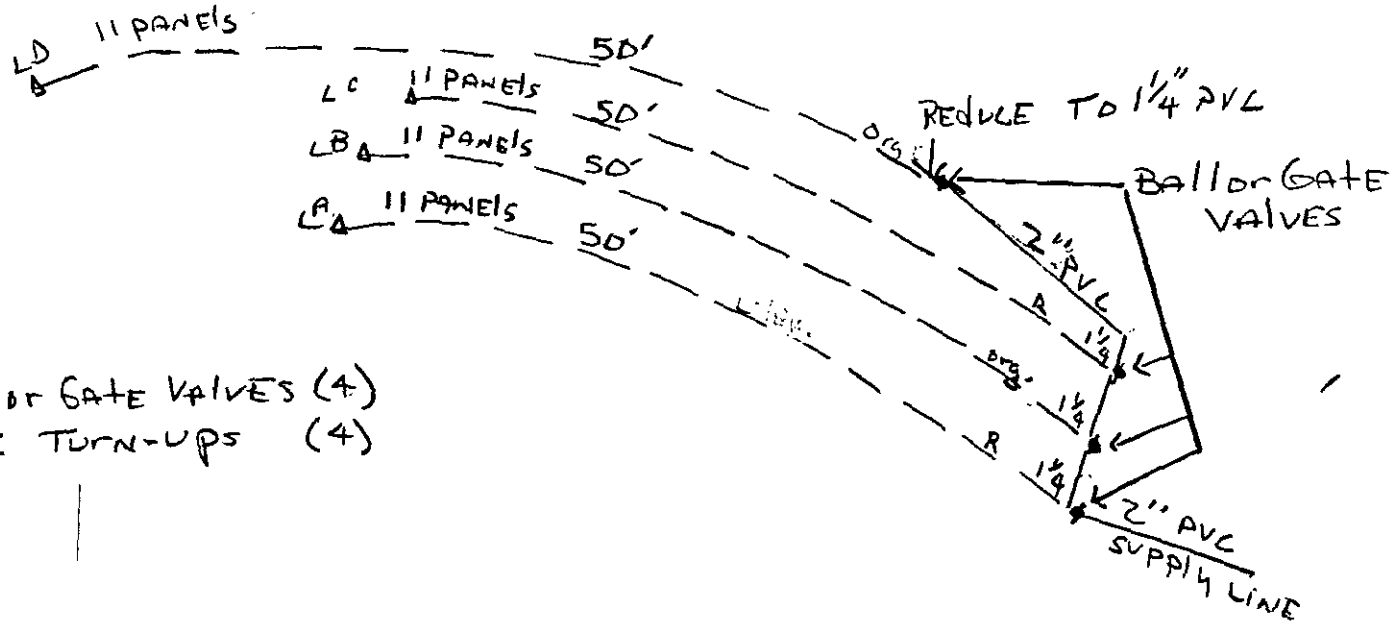
h x w x d ?

MCHD
FILE: 4606 A
TC: 139-021-12
Lot: 8 Forestbrook

PPBPS - 3 Bedroom / Pressure

Type	Size	Quantity	Description
PVC	4 in.	*PRN	Connects septic tank to pumping tank
PVC	2 in.	160' / PRN	Supply manifold
PVC	1½ in.	PRN	Connects pump to supply manifold
PVC	1¼ in.	PRN	Laterals plus extra length for turn-ups
Tee*	2 x 2 x 1¼ in.	PRN	For joining manifold to laterals
Elbow	2 x 1¼ in.		For joining manifold to last lateral
Elbow	1¼ in.		for joining laterals to manifold for turn-ups
Male adapter	1¼ in.	PRN	For turn-ups
Threaded cap	1¼ in.	PRN	For turn-ups
Male adapter**	1½ in.		*1 for pump outlet *2 for gate valve
Elbow	1½ in.		For pump to supply line connection
Bushing	1½ x 2 in.		For pump to supply line connection
Threaded union	1½ in.		For quick removal of pump
Gate valve	1½ in.		PVC or brass
PVC glue	1 qt		
PVC primer	1 qt		

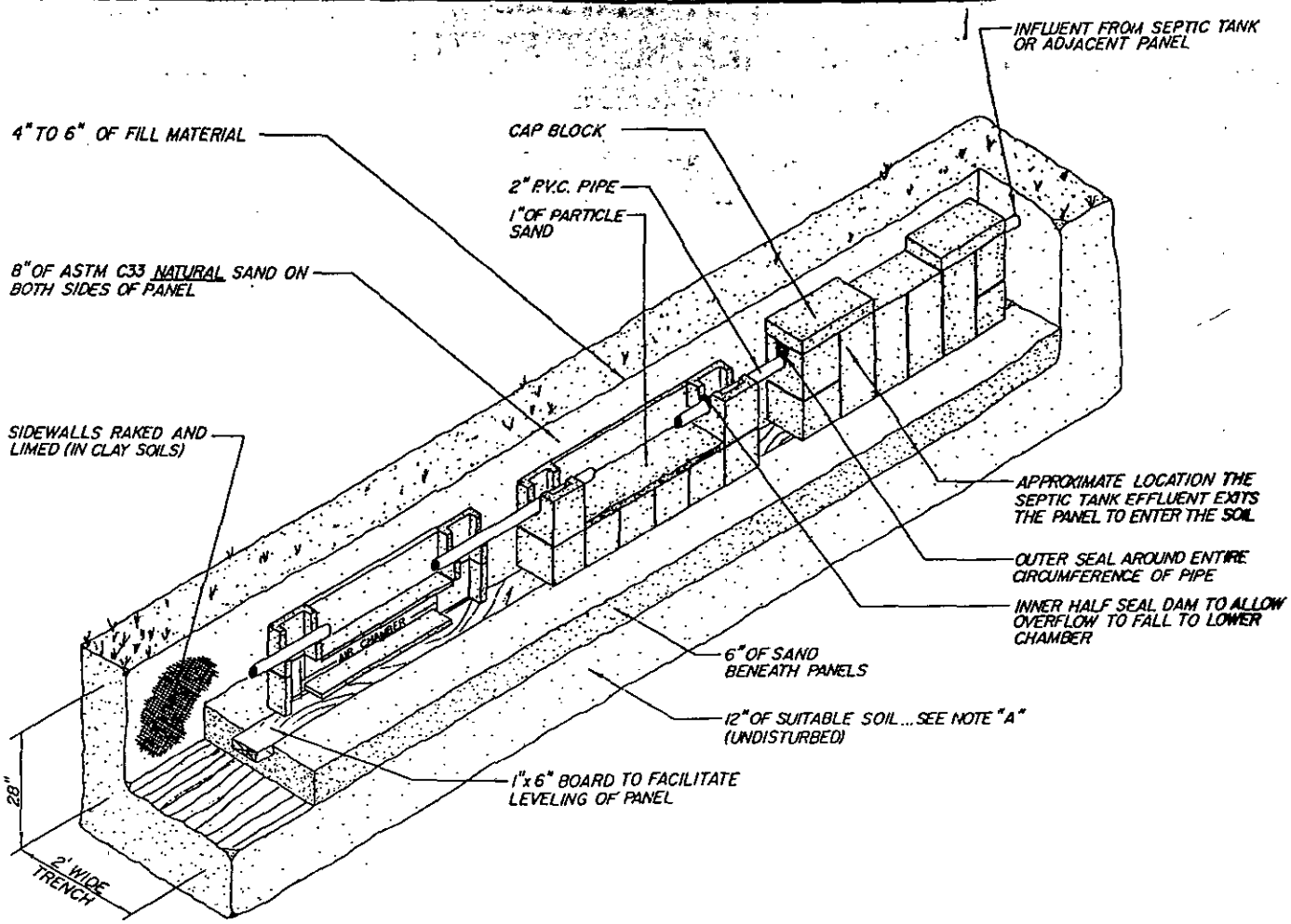
* PRN - AS NEEDED



* Ball or Gate Valves (4)
Δ PVC Turn-ups (4)

* PRN - AS NEEDED

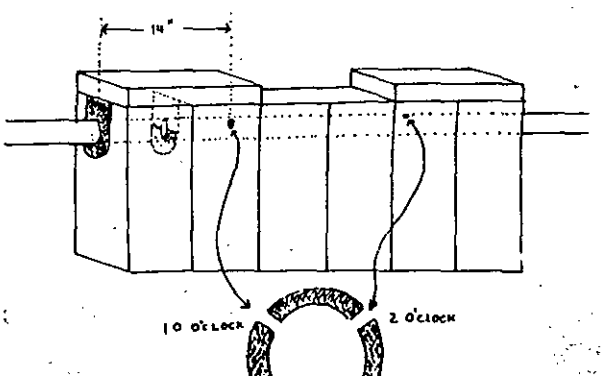
Isometric Drawing of a Segment of 16" T&J Panel Drainfield



Panels With Pressure Distribution

The LP Panel uses Technology similar to that of Low Pressure Pipe (LPP) System. The tables and distribution design described in the LPP manual are applicable to the pressure Panel System. The system should be used with two to four feet of head. In many respects an LP Panel is similar to an LPP with the holes discharging into the panels.

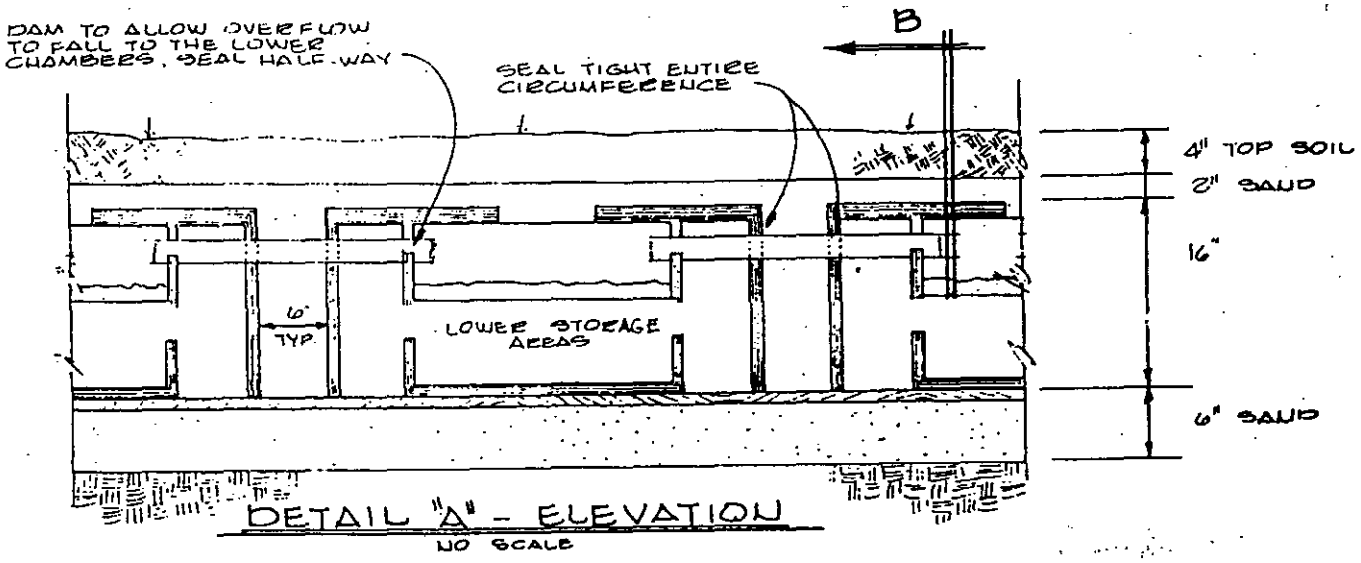
The dosing cycle for the Panel System is designed to pump enough effluent to fill the top chambers of all the panels in the system. The top chamber of a 16 inch panel holds 3.6 gallons. If the system has 34 panels in trenches, then you would multiply 34 X 3.6 to get 122 gallon per dose cycle. Two holes are drilled in the distribution pipe. One at the 10 and one at the 2 o'clock position. These are then placed so that the effluent is pumped into the top center chamber of the panel with each hole approximately 4 inches from opposite ends of the chamber.



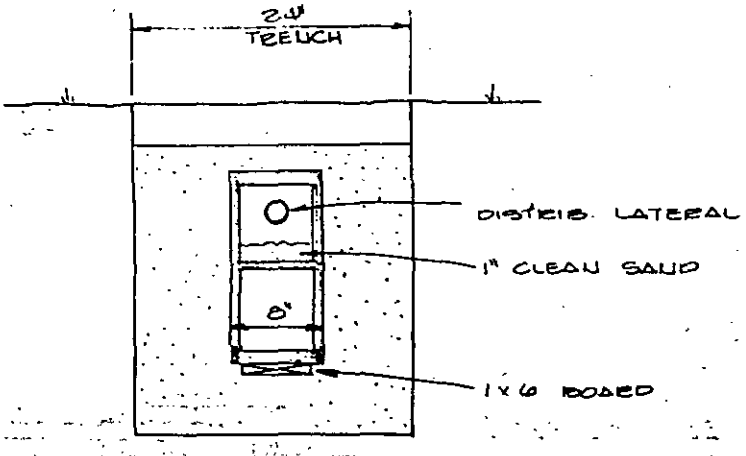
THE T. & J. PANEL
WASTE WATER TREATMENT SYSTEM

PATENT NUMBER 4013559

P.O. Box 288 • Statesville, North Carolina 28677
N.C. WATS 1-800-222-2577 • (704)872-9566



DETAIL "A" - ELEVATION
NO SCALE



DETAIL "B" - SECTION
NO SCALE

ON-SITE SEWAGE DISPOSAL MONTHLY REPORT

Facility Gregory Leonard & Trisha Reitz
4001 Cherrybrook Dr.
Mint Hill NC 28227

Tax Map _____

10-8-98 current date

2-26-98 date of previous reading

_____ no. days in period

Well Water Meters	Main water meter			=	
	Meter #1			=	
	Meter #2			=	
	Meter #3			=	
	Meter #4			=	
Septic System	Pump #1	hours		=	
		events		=	
	Pump #2	hours		=	
		events		=	
	Pump #3	hours		=	
		events		=	
	Pump #4	hours		=	
		events		=	

	Y	N	Comments
Pumps Operating?	✓		
Alarms Operating?	✓		
Drainfields vegetation maintained	✓		
no effluent surfacing, leaking pipes		✓	
Tanks/Lift Stations pumps operating	✓		
alarm operating	✓		
tanks pumped out this period		✓	spaces

Other comments _____

This report is to be submitted on the 1st of each month to: County Health Dept.

Any other problems must be reported immediately to the Health Department.

This report submitted by [signature]

LOW PRESSURE PIPE SYSTEM:

Turnups/cleanouts/valves intact and accessible? YES
Laterals free of excess solids?
Laterals flushed this inspection? YES
Zone valves operating properly? YES
Pressure head is properly adjusted? YES ** attach evaluation sheet if pressure head is checked.

SPECIAL CONDITIONS:

COMMENTS: _____

RECOMMENDATIONS TO OWNER: _____

COMPLIANCE STATUS: COMPLIANT___ NON-COMPLIANT___

__ CHECK IF PRESSURE HEAD EVALUATION SHEET IS ATTACHED.

DATE: __/__/__ SIGNATURE OF "ORC": Tommy Thomas

ON-SITE SEWAGE DISPOSAL MONTHLY REPORT

Facility Gregory Leonard & Trisha Reitz **Tax Map** _____

4001 Cherry Brook Dr. 2-26-98 (current date) 8-1-97 (date of previous reading) _____ (no. days in period)
Mint Hill NC 28227

Well Water Meters	Main water meter			=	
	Meter #1			=	
	Meter #2			=	
	Meter #3			=	
	Meter #4			=	
Septic System	Pump #1	hours		=	
		events		=	
	Pump #2	hours		=	
		events		=	
	Pump #3	hours		=	
		events		=	
	Pump #4	hours		=	
		events		=	

	Y	N	Comments
Pumps Operating?	✓		
Alarms Operating?	✓		
Drainfields vegetation maintained	✓		
no effluent surfacing, leaking pipes		✓	
Tanks/Lift Stations pumps operating	✓		
alarm operating	✓		
tanks pumped out this period		✓	spaces

Other comments _____

This report is to be submitted on the 1st of each month to: County Health Dept.

Any other problems must be reported immediately to the Health Department.

This report submitted by: Gregory Leonard

LOW PRESSURE PIPE SYSTEM:

Turnups/cleanouts/valves intact and accessible? WS
Laterals free of excess solids?
Laterals flushed this inspection? WS
Zone valves operating properly? WS
Pressure head is properly adjusted? WS ** attach evaluation sheet if pressure head is checked.

SPECIAL CONDITIONS:

COMMENTS: _____

RECOMMENDATIONS TO OWNER: _____

COMPLIANCE STATUS: COMPLIANT___ NON-COMPLIANT___

__ CHECK IF PRESSURE HEAD EVALUATION SHEET IS ATTACHED.

DATE: __/__/__ SIGNATURE OF "ORC": _____

N. C. DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

INSPECTION OF ENGINEERED SUBSURFACE SEWAGE SYSTEM

Mecklenburg County — Health Department
Name of Establishment — residence
4606A — Permit/Project No.
4001 Cherrybrook Drive — Location
Type of Establishment
360GPD — Design Flow
Leonard G. Smith — Owner/Agent
Address — same
Phone
W.T. Norwood, Inc. — Operator
Address
Phone
Remarks

	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:			
No evidence of effluent surfacing/reaching surface waters?	☐	☐	Did not have access to the drainfield area - will need to meet operator on-site at the next inspection date.
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: looks good from a distance -

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)

DATE: 9-15-98 SIGNED: Larry B. Thompson, J. R.S. AGENT
Division of Environmental Health

DEHNR 3702 (Revised 9/91)
Environmental Health Services Section (Review 9/95)

SUMMARY OF IMPROVEMENTS NEEDED (*Continued*)

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 sanitary sewage 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 sewage 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 Environmental Health Services 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:
Environmental Health Services Section
Division of Environmental Health
P. O. Box 27687
Raleigh, NC 27611-7687
(Courier 52-01-00)

TO Kelly

FROM ANNIE at WT NORWOOD INC

Kelly,
I AM faxing you The last 4 pages of 2 MAINTENACE CONTRACTS
As SOON as I get the last page signed I will Fax IT to you.
THANKS
Annee

704-351-31

Leonard Gregory Seth
Trista M
4001 Cherrybrook Dr
Charlotte NC 28227

STATE OF NORTH CAROLINA

COUNTY OF Union

THIS AGREEMENT is made and entered into this 26 day of August, 19 94 by and between Jeff & Tammy Willis (hereinafter the "Owner") and W T Norwood Inc. (hereinafter the "Contractor").

WITNESSETH

WHEREAS, the Owner owns or controls the property upon which a ground absorption sewage treatment system (hereinafter "system") is installed, such system being designated a Type LPP system under the Rules for Sanitary Sewage Collection, Treatment and Disposal found at 15A N.C. Admin. Code 18A.1900 et seq.; and

WHEREAS, 15A N.C. Admin. Code 18A.1961 requires a contract to be executed between the system owner and a management entity prior to the issuance of an Operation Permit for said system; and

WHEREAS, 15A N.C. Admin. Code 18A.1961 requires that a condition of the Operation Permit for said system be that a properly executed contract between the system owner and a management entity shall be in effect for as long as the system is in use; and

WHEREAS, the Contractor is a management entity of a type authorized by 15A N.C. Admin. Code 18A.1961 to manage a Type LPP system.

NOW THEREFORE, in consideration of the premises and of the mutual covenants and promises contained in this Agreement, it is hereby agreed by and between the Owner and the Contractor as stipulated below.

1. The Contractor's Obligations. The Contractor shall perform the following services on the Owner's system located at 7001 Hollow Oak Drive Mint Hill NC 28227

a. The Contractor shall inspect the system at least at the frequency required in Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type LPP System.

b. The Contractor shall perform the following routine maintenance procedures in accordance with the conditions of the Operation Permit:

(1) [from operation permit]
(2)
(3)

c. The Contractor shall report the results of its inspections to the local health department at the frequency specified in Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type LPP System.

d. If an inspection indicates the need for system repairs, the Contractor shall notify the local health department within 48 hours of the inspection.

e. The Contractor shall notify the Owner of needed repairs which are outside of the scope of routine maintenance described in subparagraph (b) above. The Contractor shall perform necessary repairs to the system at the request of the Owner and shall be entitled to payment therefor at the Contractor's normal charge for services and materials.

f. The Contractor shall employ or shall contract with a certified operator(s) if required by Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type LPP System.

g. The Contractor shall respond to a request for a nonscheduled service or maintenance call within 48 hours after receipt of such request.

2. The Owner's Obligations.

a. The Owner shall pay to the Contractor the sum of $ 200.00 per year for periodic inspections, routine maintenance procedures and periodic reports. The annual fee may be amended upon sixty (60) days advance notice to the Owner but may not be increased more than 5 percent per year. The Owner shall pay to the Contractor his normal and customary fees for any work performed on the system as a result of nonscheduled service or maintenance calls. All fees are due and payable within thirty (30) days of billing. Payments due to the Contractor and unpaid by the Owner after thirty (30) days shall accrue interest from the due date until paid at a rate of 1½ percent per month.

b. Within 3-5 working days of receipt of notice of needed repairs pursuant to paragraph 1.e. above, the Owner shall request the Contractor to complete needed repairs or shall provide to the Contractor evidence that the needed repairs were satisfactorily completed by another entity.

c. The Owner shall provide the Contractor with such access to the system as is reasonably necessary for the Contractor to comply with the terms of this Agreement.

3. Term. This Agreement shall remain in effect until terminated.

a. Automatic Termination.
This agreement shall automatically terminate if the Operation Permit for the system is revoked and all appeals of the revocation are exhausted or time for taking an appeal has passed.

b. Termination by Mutual Consent.
The Parties may mutually agree to terminate this Agreement by giving written notice of termination by mutual consent to the local health department thirty (30) days in advance of the date of termination.

c. Termination by the Owner.
The Owner may terminate this Agreement by giving notice to the Contractor and to the local health department thirty (30) days in advance of the date of termination.

d. Termination by the Contractor.

(1) The Contractor may terminate this Agreement for cause by giving written notice of intent to terminate this Agreement to the Owner and to the local health department thirty (30) days in advance of the date of termination. Cause shall be defined as:

(a) failure to remit payment for any bill for services performed under and in accordance with this Agreement if said bill is not paid within thirty (30) days of receipt by the Owner of the bill. If said bill is paid after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect; or

(b) failure of the Owner to provide to the Contractor authorization to complete needed repairs or satisfactory evidence that needed repairs to the system were completed by another entity within 5 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above. If said authorization to complete needed repairs or evidence of completion of said repairs is provided after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect;

(c) failure of the Owner to allow the Contractor such access to the system as is reasonably necessary in order for the Contractor to comply with the terms of this Agreement.

(2) The Contractor may not terminate this Agreement without cause, but may assign its rights and duties under this Agreement as provided in paragraph 4, below.

4. Assignment.

a. Assignment by the Owner. The Owner shall notify the Contractor of the name and address of any purchaser of the property on which the system is located. The Owner shall also notify any purchaser of the property on which the system is located of the existence of this Agreement and shall assign all rights and duties under this Agreement to said purchaser.

b. Assignment by the Contractor. The Contractor may assign its rights and duties under this Agreement to another management entity which is qualified pursuant to 15A N.C. Admin. Code 18A.1961 to manage a Type

LPP system upon thirty (30) days written notice to the Owner and to the local health department.

5. Use of Subcontractors. The Contractor may subcontract with such manufacturers, suppliers and contractors as it deems desirable to perform any of the Contractor's duties under this Agreement. The Contractor shall at all times remain responsible for the performance of and payment for all work performed by all subcontractors.

6. Representations. The Parties represent to each other that each has the power, authority and legal right to enter into and perform its obligations as set forth in this Agreement.

7. Regulatory Amendments. References in this Agreement to sections of the Administrative Code shall include such rules as they may be amended in the future.

8. No Implied Waiver. The waiver by either Party of a default or a breach by the other Party of any provision of this Agreement shall not operate or be construed to operate as a waiver of any subsequent default or breach. The failure at any time of either Party to enforce any provision of this Agreement (a) shall not be construed to be a waiver of such provisions, or of any other provision; and (b) shall not in any way affect the validity of this Agreement, or any part of this Agreement, or the right of either Party thereafter to enforce each and every provision of this Agreement.

9. Notice. Every notice required under this Agreement shall be in writing and shall be deemed sufficiently given if delivered in person or sent by certified or registered mail, return receipt requested, postage prepaid to the Party to be notified and addressed as follows:

To the Owner:

Jeff & Tammy Willis

To the Contractor:

W T Norwood Inc.

To the Local Health Department:

Union County

The date of any Notice shall be the date of personal delivery or the date shown on the return receipt as the date of delivery or attempted delivery, as the case may be. Changes in the respective addresses to which notice may be directed may be made from time to time by either Party by notice to the other party.

10. Place of Agreement. This Agreement and any questions concerning its validity, construction or performance shall be governed by the laws of the State

STATE OF NORTH CAROLINA

COUNTY OF Union

THIS AGREEMENT is made and entered into this 24 day of August, 1994, by and between Gregory Leonard & Trista Reitz (hereinafter the "Owner") and W T Norwood Inc. (hereinafter the "Contractor").

WITNESSETH

WHEREAS, the Owner owns or controls the property upon which a ground absorption sewage treatment system (hereinafter "system") is installed, such system being designated a Type LPP system under the Rules for Sanitary Sewage Collection, Treatment and Disposal found at 15A N.C. Admin. Code 18A.1900 et seq.; and

WHEREAS, 15A N.C. Admin. Code 18A.1961 requires a contract to be executed between the system owner and a management entity prior to the issuance of an Operation Permit for said system; and

WHEREAS, 15A N.C. Admin. Code 18A.1961 requires that a condition of the Operation Permit for said system be that a properly executed contract between the system owner and a management entity shall be in effect for as long as the system is in use; and

WHEREAS, the Contractor is a management entity of a type authorized by 15A N.C. Admin. Code 18A.1961 to manage a Type LPP system.

NOW THEREFORE, in consideration of the premises and of the mutual covenants and promises contained in this Agreement, it is hereby agreed by and between the Owner and the Contractor as stipulated below.

1. The Contractor's Obligations. The Contractor shall perform the following services on the Owner's system located at 4001 Cherrybrook Drive Mint Hill N C 28227

a. The Contractor shall inspect the system at least at the frequency required in Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type LPP System.

b. The Contractor shall perform the following routine maintenance procedures in accordance with the conditions of the Operation Permit:

(1) [from operation permit]
(2)
(3)

c. The Contractor shall report the results of its inspections to the local health department at the frequency specified in Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type LPP System.

d. If an inspection indicates the need for system repairs, the Contractor shall notify the local health department within 48 hours of the inspection.

e. The Contractor shall notify the Owner of needed repairs which are outside of the scope of routine maintenance described in subparagraph (b) above. The Contractor shall perform necessary repairs to the system at the request of the Owner and shall be entitled to payment therefor at the Contractor's normal charge for services and materials.

f. The Contractor shall employ or shall contract with a certified operator(s) if required by Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type LPP System.

g. The Contractor shall respond to a request for a nonscheduled service or maintenance call within 48 hours after receipt of such request.

2. The Owner's Obligations.

a. The Owner shall pay to the Contractor the sum of $ 200.00 per year for periodic inspections, routine maintenance procedures and periodic reports. The annual fee may be amended upon sixty (60) days advance notice to the Owner but may not be increased more than 5 percent per year. The Owner shall pay to the Contractor his normal and customary fees for any work performed on the system as a result of [illegible] due to the Contractor and unpaid by the Owner after thirty (30) days shall accrue interest from the due date until paid at a rate of 1½ percent per month.

b. Within 3-5 working days of receipt of notice of needed repairs pursuant to paragraph 1.e. above, the Owner shall request the Contractor to complete needed repairs or shall provide to the Contractor evidence that the needed repairs were satisfactorily completed by another entity.

c. The Owner shall provide the Contractor with such access to the system as is reasonably necessary for the Contractor to comply with the terms of this Agreement.

3. Term. This Agreement shall remain in effect until terminated.

a. Automatic Termination.
This agreement shall automatically terminate if the Operation Permit for the system is revoked and all appeals of the revocation are exhausted or

b. Termination by Mutual Consent.
The Parties may mutually agree to terminate this Agreement by giving written notice of termination by mutual consent to the local health department thirty (30) days in advance of the date of termination.

c. Termination by the Owner.

The Owner may terminate this Agreement by giving notice to the Contractor and to the local health department thirty (30) days in advance of the date of termination.

d. Termination by the Contractor.

(1) The Contractor may terminate this Agreement for cause by giving written notice of intent to terminate this Agreement to the Owner and to the local health department thirty (30) days in advance of the date of termination. Cause shall be defined as:

(a) failure to remit payment for any bill for services performed under and in accordance with this Agreement if said bill is not paid within thirty (30) days of receipt by the Owner of the bill. If said bill is paid after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect; or

(b) failure of the Owner to provide to the Contractor authorization to complete needed repairs or satisfactory evidence that needed repairs to the system were completed by another entity within 5 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above. If said authorization to complete needed repairs or evidence of completion of said repairs is provided after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect;

(c) failure of the Owner to allow the Contractor such access to the system as is reasonably necessary in order for the Contractor to comply with the terms of this Agreement.

(2) The Contractor may not terminate this Agreement without cause, but may assign its rights and duties under this Agreement as provided in paragraph 4, below.

4. Assignment.

a. Assignment by the Owner. The Owner shall notify the Contractor of the name and address of any purchaser of the property on which the system is located. The Owner shall also notify any purchaser of the property on which the system is located of the existence of this Agreement and shall assign all rights and duties under this Agreement to said purchaser.

b. Assignment by the Contractor. The Contractor may assign its rights and duties under this Agreement to another management entity which is qualified pursuant to 15A N.C. Admin. Code 18A.1961 to manage a Type

LPP system upon thirty (30) days written notice to the Owner and to the local health department.

5. Use of Subcontractors. The Contractor may subcontract with such manufacturers, suppliers and contractors as it deems desirable to perform any of the Contractor's duties under this Agreement. The Contractor shall at all times remain responsible for the performance of and payment for all work performed by all subcontractors.

6. Representations. The Parties represent to each other that each has the power, authority and legal right to enter into and perform its obligations as set forth in this Agreement.

7. Regulatory Amendments. References in this Agreement to sections of the Administrative Code shall include such rules as they may be amended in the future.

8. No Implied Waiver. The waiver by either Party of a default or a breach by the other Party of any provision of this Agreement shall not operate or be construed to operate as a waiver of any subsequent default or breach. The failure at any time of either Party to enforce any provision of this Agreement (a) shall not be construed to be a waiver of such provisions, or of any other provision; and (b) shall not in any way affect the validity of this Agreement, or any part of this Agreement, or the right of either Party thereafter to enforce each and every provision of this Agreement.

9. Notice. Every notice required under this Agreement shall be in writing and shall be deemed sufficiently given if delivered in person or sent by certified or registered mail, return receipt requested, postage prepaid to the Party to be notified and addressed as follows:

To the Owner:

Gregory Leonard and Trista Reitz

To the Contractor:

W T Norwood Inc.

To the Local Health Department:

Union County

The date of any Notice shall be the date of personal delivery or the date shown on the return receipt as the date of delivery or attempted delivery, as the case may be. Changes in the respective addresses to which notice may be directed may be made from time to time by either Party by notice to the other party.

10. Place of Agreement. This Agreement and any questions concerning its validity, construction or performance shall be governed by the laws of the State

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4606-A DATE: 6 24 99

TC: 139-351-31 ☐ L ☒ CRT

SERIAL Nº 14257

Name of Owner CHERRY HOMES INC Juris.:

Address of Property 4001 CHERRY BROOK DR

Inspection Data:

Tank Material PCC

Total Length of Drainfield 200

Number of Lines 4 @ 50

Cover Depth 6"

Water Supply Source comm well

Distance to Water Source ~~60~~ 100'+

Excavation Inspected 6-24-99

Tank(s) Inspected 6-24-99

Wash Line Inspected —

High Water Alarm Inspected 6 24 99

PLOT

Design: 1994 1500 ST 1000 DT PI 400 SFT 305 CECIC CTR# WT Norwood

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 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The 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 10 NCAC 10A .1900 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.

COMMENTS:

Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

FILE: 4606-A DATE: 5-9-94

TC: 139-351-31 ☐ L

SERIAL Nº 15758

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 1-7-94. All work shall be completed on or before 7-9-94, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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.

INSTALL
W/ PLAN ON FILE

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 2 feet

Total Line Length 200 feet

Number of Lines 4

Depth of ~~Stone~~ Soil 30" inches

Distance from House 5'+ feet

Distance from Property Line 10'+ feet

Distance from Well 100'+ feet

NAME OF OWNER CHERRY HOMES

LOCATION OF PROPERTY 4001 CHERRY BROOK DR

Comments: INSTALL W/ PLAN ON FILE
AGREEMENT FORM ON EASEMENT ON FILE

Division or Section Head

Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

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

4606A

BK: 07701 PG: 0263/0268 #:0269 18.00
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 03/14/94 13:57

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

SEPTIC TANK DRAIN FIELD EASEMENT DECLARATION AND AGREEMENT

This DECLARATION AND EASEMENT made this 11th day of MARCH, 1994, by and between CHERRY HOMES, INC., ("Declarant"), and any and all persons, firms or corporations hereafter acquiring any of the lots referred to herein.

COPY

WITNESSETH:

WHEREAS, Declarant is the owner of the Easement Parcel and the Benefitted Parcel, as described herein; and

WHEREAS, Declarant wishes to create a Septic Tank Drain Field Easement to control the development and the use of the Easement Parcel and the Benefitted Parcel for the protection of the owner of the Benefitted Parcel and the future owners thereof.

NOW, THEREFORE, Declarant hereby declares that the Easement Parcel and the Benefitted Parcel, as hereinafter defined, shall be held, sold and conveyed subject to the following Easement, which shall run with such parcels and be binding on all parties having any right, title or interest in such parcels, their heirs, successors and assigns, and shall be binding upon each owner thereof.

Declarant hereby creates an Easement as hereinafter described, to run with the land, upon that certain lot or parcel of land owned by Declarant, referred to herein as the "Easement Parcel", and located in the City of MINT HILL, _____ Township, Mecklenburg County, North Carolina, and more particularly described as follows:

Mecklenburg Tax Parcel No. 139-351-30, as shown on a page of the County Tax Map attached hereto as Exhibit A
Lot 9 Block _____ of FORESTBROOK recorded in Map Book 22 Page 703 (if applicable)

See the plat attached hereto as Exhibit B for the legal description of the parcel labeled thereon as the "Easement Parcel" and of the Septic Tank Drain Field Easement Area located thereon.

Declarant hereby imposes said Easement for the benefit of itself as the present owner and for the benefit of future owners of the following lot or parcel of land, referred to herein as the "Benefitted Parcel", situated in the City of MINT HILL, _____ Township, Mecklenburg County, North Carolina, and more particularly described as follows:

Mecklenburg Tax Parcel No. 139-351-31, as shown on a page of the County Tax Map attached hereto as Exhibit A
Lot 8 Block _____ of FORESTBROOK recorded in Map Book 22 Page 703 (if applicable)

See the plat attached hereto as Exhibit B for the legal description of the parcel labelled thereon as the "Benefitted Parcel".

This instrument was prepared by: CATHERINE C. HUNTER
Mail after recording to: CATHERINE C. HUNTER, 1515 ELIZABETH AVENUE, CHARLOTTE, NC 28204

RBCWM:2626_1/3-11-94

WARREN, CARTER & HUNTER
Attorneys at Law
1515 Elizabeth Avenue
Charlotte, North Carolina 28204

Telephone 704 377-3637
Telecopier 704 377-3693

John D. Warren
James H. Carter
Catherine C. Hunter

March 11, 1994

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 North Tryon Street, Suite 211
Charlotte, North Carolina 28202

ATTN: ON PREMISES DISPOSAL AND WATER SUPPLY

RE: Septic Tank Drain Field Easement on Mecklenburg
Tax Parcels **139-351-30 and 139-351-31**

The undersigned licensed North Carolina attorney hereby certifies that the enclosed Septic Tank Drain Field Easement (the "Easement") is recorded in Book _____ at Page _____ in the Mecklenburg County Public Registry; that all parties who would be required to execute or consent to the Easement in order for it to be a valid and effective grant of easement rights have executed or consented to the execution and recordation of the Easement; and that there are no mortgages, deeds of trust, or other instruments of record affecting the status of title of the above-referenced parcel on which the Easement has been created which, if foreclosed or otherwise sold, would result in the extinguishment of said Septic Tank Drain Field Easement.

Catherine C. Hunter

CATHERINE C. HUNTER

CCH:adv

1/20/94 #2614 ck# 110 # 100.

TR 4400

46064

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

1/7/94 ck# 2597 #200.00 [ ] 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: CHERRY HOMES INC (last) (first) (mi)
ADDRESS: 11407 E. INDEPENDENCE BVD PHONE: (704) 8478300
CITY: MATTHEWS STATE: NC ZIPCODE: 28105

Date:

PROPERTY OWNER:
NAME: SAME (last) (first) (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 139-357-31
STREET ADDRESS: 4001 CHERRYBROOK DR.
MINT HILL, NC
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME: FOREST BROOK

LOT NUMBER: 8 LOT SIZE (in acres): 3/4

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: 3 NUMBER OCCUPANTS: 4

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):
[X] Community (C) [ ] Shared Well (S)
[ ] 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 [ ] 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: Alex Ellis Date: 1-7-94

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.

... AGREEMENT FORM + EASEMENT

AGREEMENT ON FILE

PPBPS TYPE IV. CERTIFIED OPERATOR REQUIRED

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

Environmentalist Date
Kelly Rudd 3-16-94
Director or Authorized Section Head Date

WATER : 122791

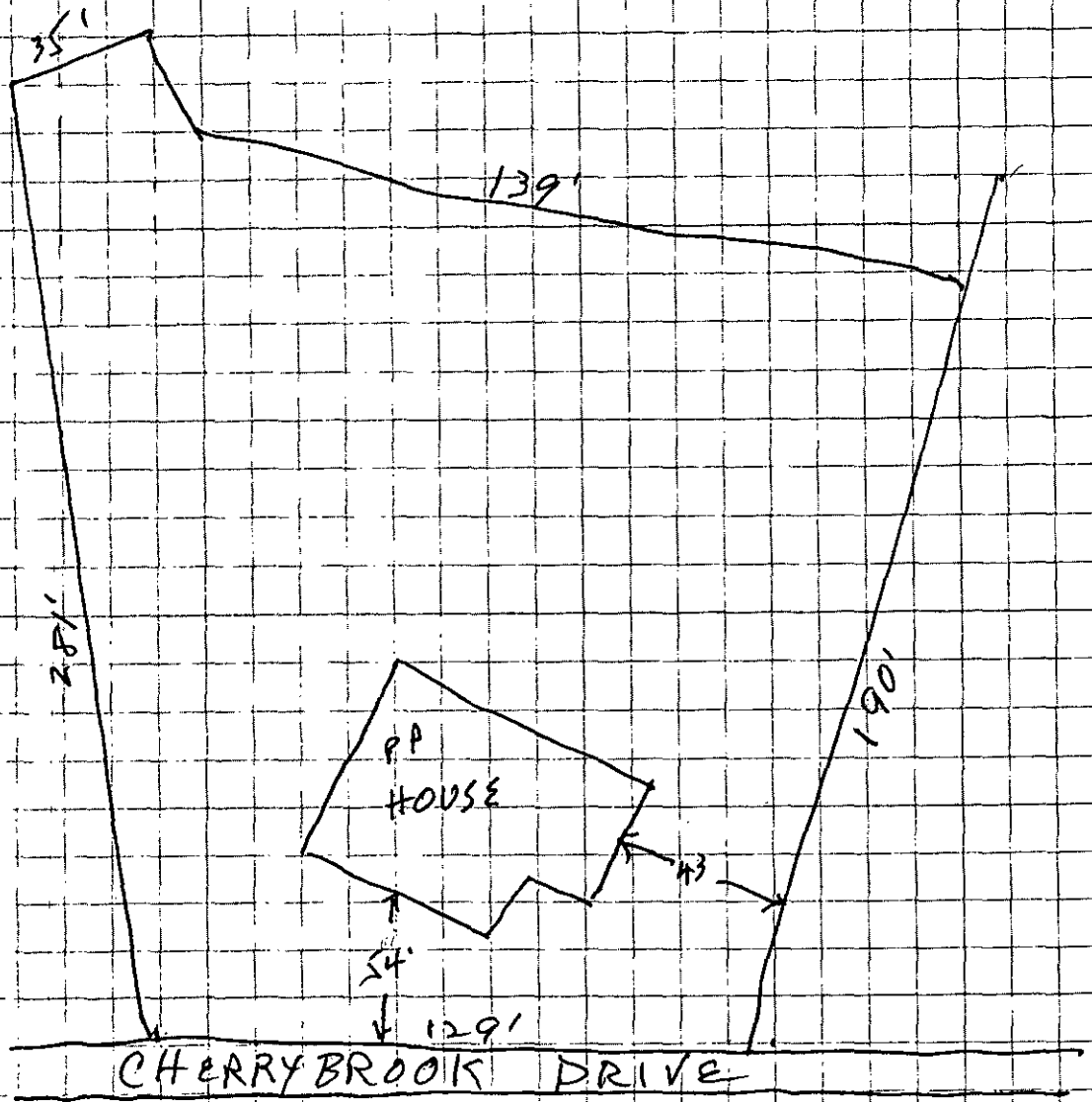
PROPOSED PLOT PLAN

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

FILE: 4606A

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 1-7-94

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

BK: 07620 PG: 0353/0354 #:0136 10.00
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 01/05/94 10:06

File 4606A

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 .1956, .1957, OR .1969 OF THIS SECTION.

The undersigned, Cherry Homes, Inc. owner of property located at 4001 Cherrybrook Dr. ("the site") and described in an instrument recorded in Book 07347 at Page 0911/0915 Mecklenburg Public Registry, hereby acknowledges that he 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 pursuant to 15A NCAC 18A .1948(d) that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned can reasonably be expected to function satisfactorily and thus that the findings specified in 15A NCAC 18A .1958(d)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally suitable" and issued on appropriate permit for such proposed septic tank system.

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

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

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit falls 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 immedintely.

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

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

This 30th day of December, 1993.

Cherry Homes, Inc. Thomas Lewis, VP (SEAL)

Cherry Homes, Inc. Lorie L Pressley, Sec. (SEAL)

Cherry Homes, Inc. Corporate Seal North Carolina

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that

_____ personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this _____ day of _____, 1993.

_____
Notary Public

My Commission Expires _____

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Debra F. Honeycutt, a Notary Public for said County and State, do hereby certify that Thomas Lewis personally came before me this day and acknowledged that he is Vice President of Cherry Homes, Inc., and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its Vice President, sealed with its corporate seal and attested by Lorie L. Pressley, Secretary.

WITNESS my hand and notarial seal, this 30th day of December, 1993.

Debra F. Honeycutt
Notary Public

NOTARY PUBLIC MECKLENBURG COUNTY, N.C.

My Commission Expires January 31, 1996

Amended 07/93

Deed prepared by: Bobby D. Hinson Esq.

Grantor: Colonial Central Savings Bank Grantee: Cherry Homes, Inc.

Mail to: Cherry Homes Inc. 4120 E. Independence Blvd. Matthews, NC 28105

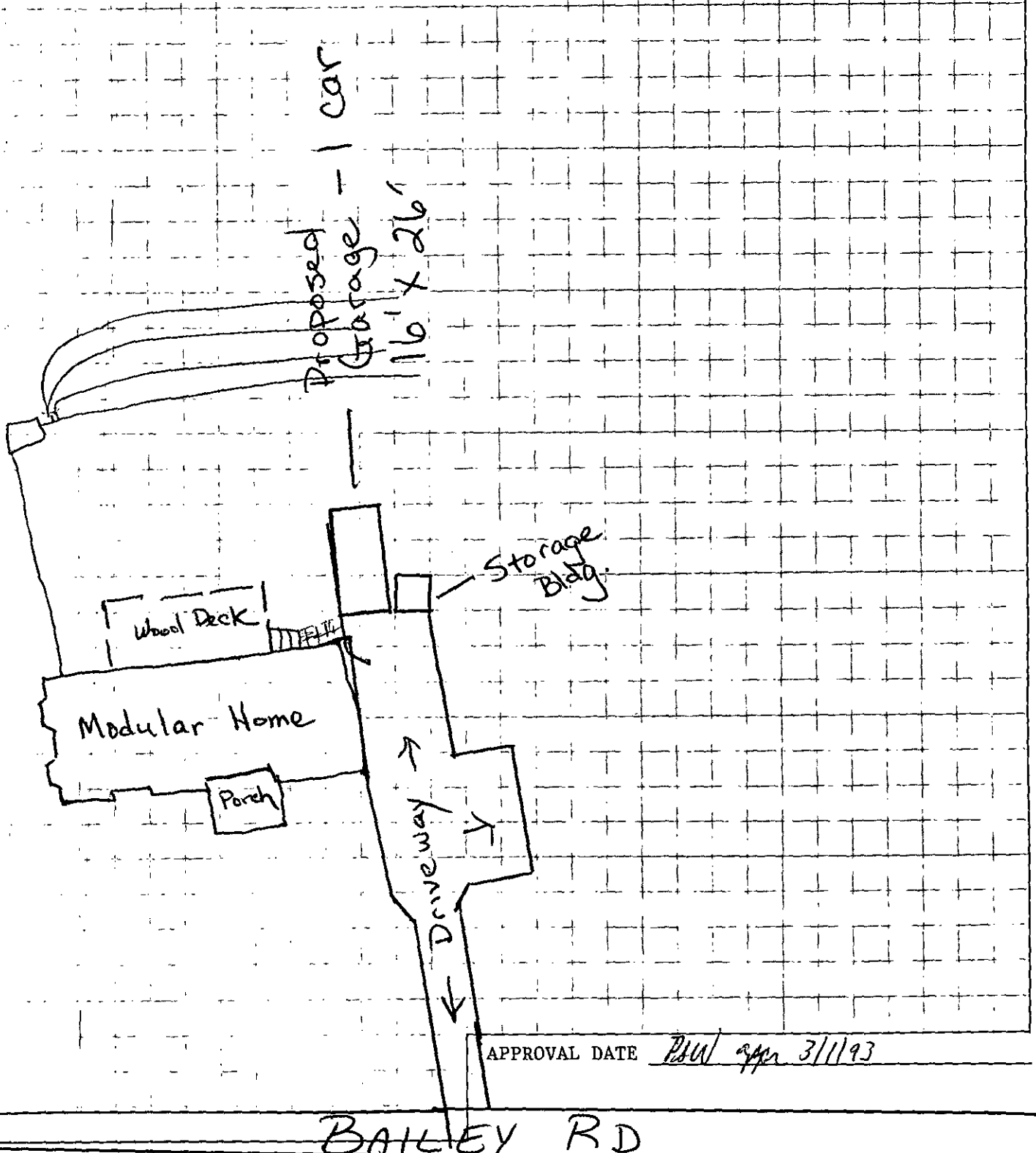
PROPOSED PLOT PLAN

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

FILE: 4601A

TC: 005-22-05

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 PSW appr 3/11/93

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PD 50.00 CHK 521 2/25/93 EFT CERT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102 460/A

Date: 2-25-93

PERSON FILING APPLICATION:

NAME: MEATYARD (last) DEBRA (first) Q (mi)

ADDRESS: 10601 BAILEY RD PHONE: (704) 892-1931

CITY: HUNTERSVILLE STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 005-221-05

STREET ADDRESS: 10601 BAILEY RD

ZONING: _____

PROPERTY OWNER:

NAME: MEATYARD (last) MICHAEL M & DEBRA Q (first) (mi)

ADDRESS: 10601 BAILEY RD PHONE: (704) 892-1931

CITY: HUNTERSVILLE STATE: NC ZIPCODE: 28078

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[] SOIL TEST - INDIVIDUAL LOT (D)
[] 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)
[X] 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) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [X] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4

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
[X] 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: Debra Q Meatyard Date: 2-25-93

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.

...

Use existing system

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

Phila A. Walker R.S. 3/1/93
Environmentalist Date

Judy A. Knox R.S. 3/2/93
Director or Authorized Section Head Date

WATER : 122791

TO: ENVIRONMENTAL HEALTH DEPT. DATE: 1-7-94
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Mint

PARCEL NUMBER 139-351-31

ASSIGNED ADDRESS 4001 Cherrybrook Dr

EXISTING ADDRESS Lot 8

PROJECT NAME Forestbrook 2 Forest Brook/

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 Well

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
Health Department

Basil G. Delta, M.D., M.P.H.
Health Director

June 28th, 1988

Interstate Development Corp.
5936 Monroe Road
Charlotte, NC 28212

RE: Property located at Cherrybrook Drive 8
FILE: 4606A
PARCEL: 13902112 PO

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 15258) 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.

Sincerely,

Sylvia D Daniel/gm

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

Enclosure (2)

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15258

File: 4606A

Action 2

Parcel: 13902112 PO

☐ PC

Location: Cherrybrook Drive

Subdivision:

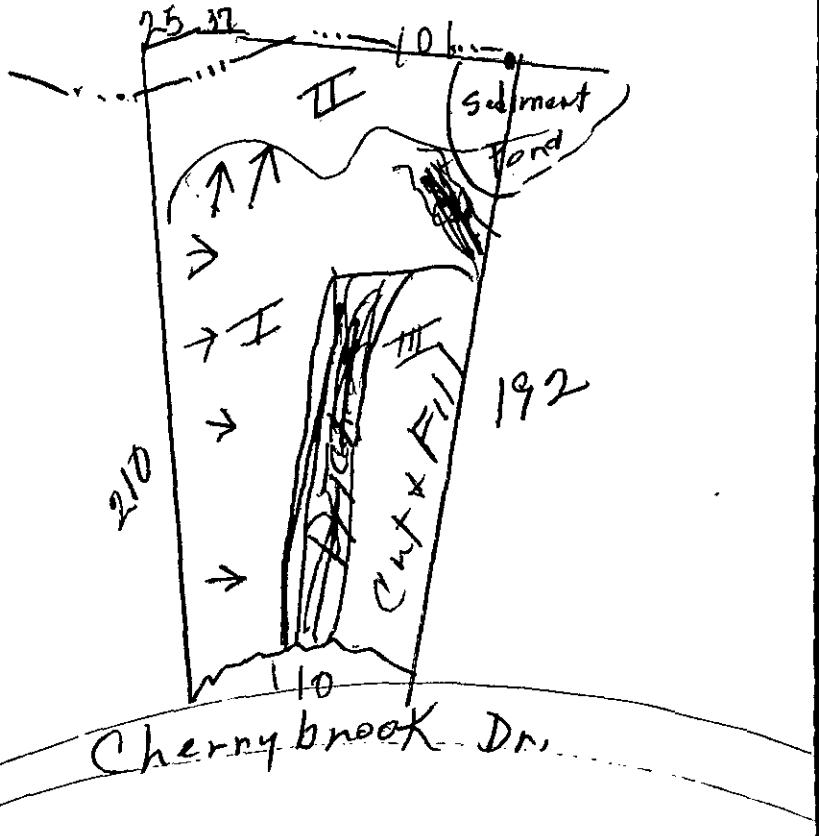
Lot: 8 Block: Acres: .51

Owner: Interstate Development Corp.
Address: 5936 Monroe Road
Charlotte, NC 28212

Comments: _____

Described by: W. B. Ramsey

Date: 6-27-88



*** 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) Ditched w/	S (PS) U Riverslope 2–6	S PS (U)	S PS U	S PS U	S PS U
Texture	S PS (U)	S (PS) U	S PS (U)	S PS U	S PS U	S PS U
Structure	S PS (U)	S (PS) U	S PS (U)	S PS U	S PS U	S PS U
Drainage	S PS (U)	S (PS) U	S PS (U)	S PS U	S PS U	S PS U
Depth	S PS (U) 20–30	S PS (U) 25–30	S PS (U) Varies	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U	S (PS) U	S (PS) U	S PS U	S PS U	S PS U
Available Space	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U Cut&Fill	S PS U	S PS U	S PS U
Soil Group/Series	IVa Eroded Cecil saprolite	IVa Shallow Cecil	Mixture of Soils			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

6/2/88 PD CK# 0284 EW

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 4606A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: LOT 8 CHERRYBROOK DR.

② SUBDIVISION: FOREST BROOK ③ LOT: 8 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: PO 139 PAGE NO.: 021 PARCEL NO.: 12

⑥ DEED REFERENCE: BOOK NO.: 5597 PAGE NO.: 403

OWNER

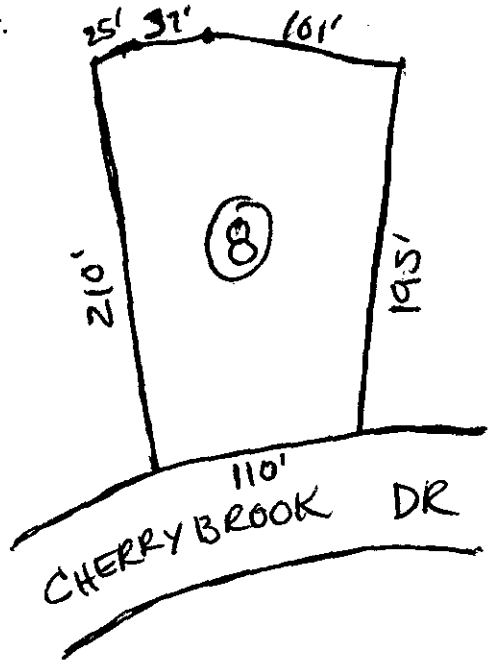
⑦ NAME: INTERSTATE DEV. CORP. - MARK MADDALON - PRES.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 5936 MONROE RD.

⑨ CITY: CHARLOTTE ⑩ STATE: NC ⑪ ZIP: 28212

⑫ PHONE: (WORK) 537-3847 (HOME) 364-7789

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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Mark Maddalon - Pres.

Date: 5-26-88

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

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

File: 4606-A
TC: 139-021-12
Lot 8, Forestbrook

LWORKS\WORDOC\DFSGP

DESIGN SPECIFICATIONS
FOR (3) BEdroom
FOR ONSITE WASTE DISPOSAL SYSTEM
CONTINUED

SYSTEM TYPE:
- CONVENTIONAL
- CONVENTIONAL (SHALLOW PLACEMENT)
- 8-INCH PPBPS-GRAVITY DISTRIBUTION
- 8-INCH PPBPS-PRESSURE DISTRIBUTION
- ✓ 16-INCH PPBPS-GRAVITY DISTRIBUTION - 3 bedroom
- 16-INCH PPBPS-PRESSURE DISTRIBUTION
- LPPS
- OTHER

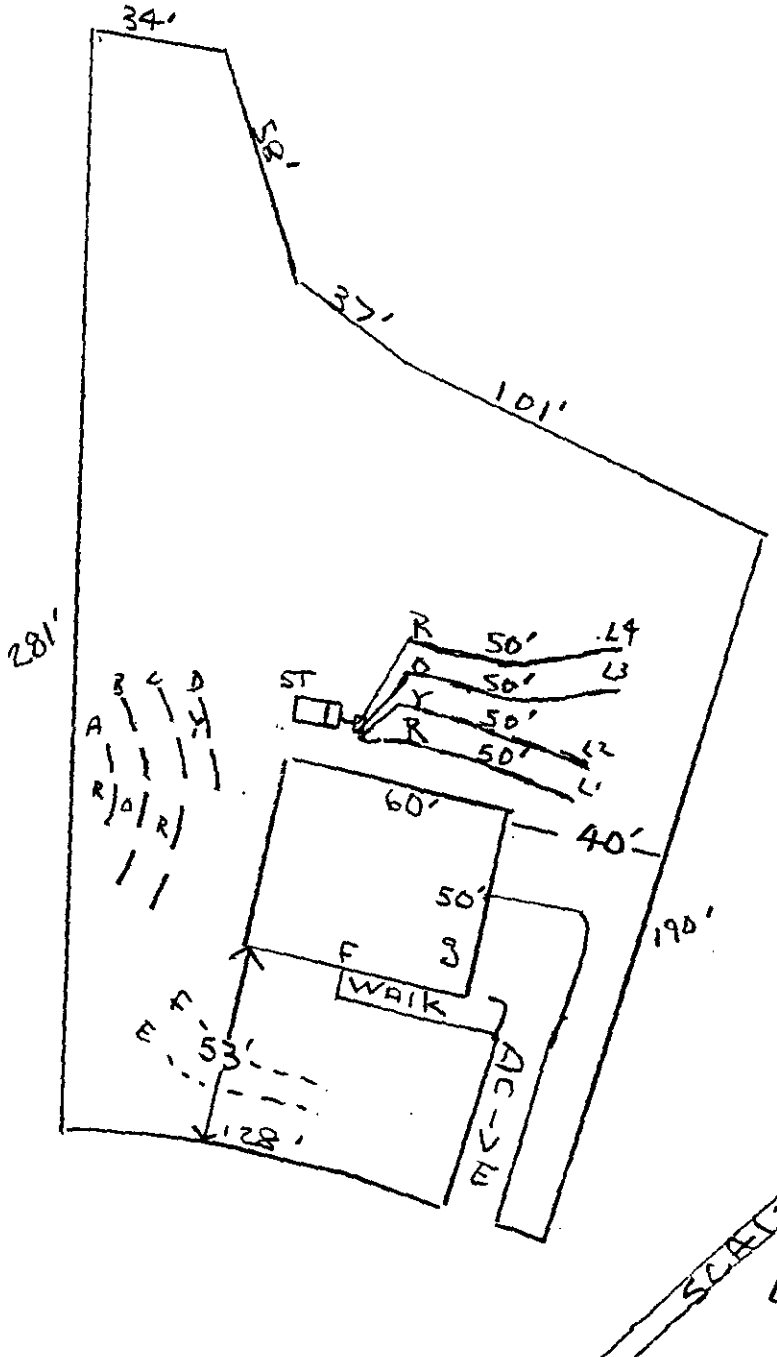
SPECIALIZED EQUIPMENT OR REQUIREMENTS:

DROP BOX	WELL ABANDONEMENT
DISTRIBUTION BOX	EASEMENT
✓ DIPPER BOX (1)	LOT COMBINATION/SURVEY
FLOW DIVIDER	EARTHEN SURFACE SWELL
WASH BOX	FRENCH/CURTAIN DRAINS
SPECIAL FITTINGS	GREASE INTERCEPTOR
PRESSURE MANIFOLD	PUMP TANK
SIPHON	SAPROLITE TEST
MULTIPLE PUMPS	
OTHER	✓ 1,500 gal. Septic Tank

LINE	#PANELS PER LINE	#HOLES PER PANEL	HOLE SIZE	HOLE SPACING	LINE HEAD	LINE LENGTH	HOLE FLOW	PER MINUTE LINE FLOW
			Primary					
L1	11	1				50'		
L2	11	1				50'		
L3	11	1				50'		
L4	11	1				50'		
Total	44 panels					200'		
			Repair					
A						20'		
B						50'		
C						50'		
D						20'		
E						32'		
F						35'		
						207'		

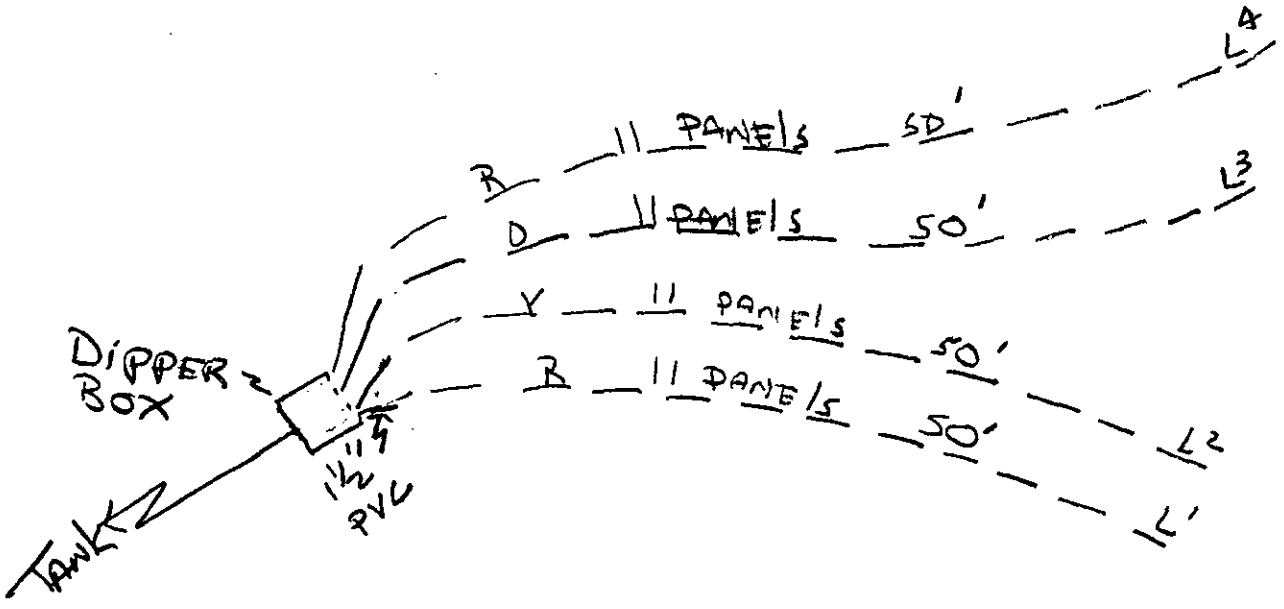
MCHD
FILE: 4606-A
TC: 139-021-12
Lot 8, forestbrook

* 1,500 ST
(4) 50' PANEL LINES



File: 4606-A

3 Bedroom PPBPS / Gravity System



T. Whitaker
866-9540