SERVICE REQUEST/WORK ORDER

Log No.: 16018 Section: PHPM & ES Hazard? ( )Yes ( )No

Date: 5/26/09 Parcel: 199-381-32 <60 Days? ( )Yes ( )No

REQUESTING PERSON: Melinda PHONE NUMBER(S): 65545

PROPERTY CONCERNED: Name Dr. Schneider (704) 771-9829

ADDRESS: 10762 Quarry mere Ln CITY Charlotte ZIP 28278

SERVICE REQUESTED: Please check located well & septic to the proposed pool location.

ASSIGNED TO/ AREA: Jason COMPLETED BY:

DATE	ACTIVITY REPORT
5/26/09	lot 31 Sec 39 Blk 1994 File # 374B
	lm on voice mail to contact Jason when
	pool site is marked for site visit
5/27/09	Pool location must be >15' from any part of
	the septic system requirements. Approved for pool.
5/28/09	GWS Not on Project tree for LD-gC

NOTIFICATION TO REQUESTING PERSON: ( ) WRITTEN ( ) VERBAL ( ) NOT APPLICABLE

COMPLETED BY: Jason Jackson DATE 5/27/09

REVIEWED BY: [signature] DATE 5/28/09

Mecklenburg County Health Department

APPLICATION FOR RESIDENTIAL POOL CONSTRUCTION

(All Sections of this Application Must Be Completed AND Signed for Processing)

Gwen 5/26/09

Physical street address of installation: 10762 Traymore Ln

Subdivision Name: Sanctuary City: Zip Code:

Owner: Schneider Home Phone: 7047919829

Mailing Address: ~~#~~ 10317 Rutledge CT Work Phone: —

City: Waxhaw State: NC Zip Code: 28173

Contractor: Pools & Patios Phone: 704 7919829

Mailing Address: PO box 129 City: Waxhaw State/Zip: 28173

1. Type of Water Supply(check one): ☐ City (Municipal) ☐ Private utility (Community) ☑ Private Well
2. Type of Sewage Disposal (check one): ☐ City (Municipal) ☐ Private utility (Community) ☑ Septic system

3. All outdoor residential swimming pools and spas in Mecklenburg County are required to be completely fenced or protected once the pool is holding water. The minimum fence/barrier required by APPENDIX G of the NC Residential Code is 48"(inches) with no opening greater than four(4) inches through the barrier or more than 2"(inches under the barrier. Gates, when provided, must be self-closing, self-latching, and, where applicable lockable. Other requirements may apply. NOTE-driveway gates, when installed as part of the fence above, must be installed w/ automatic self-closers.

4. Attach a scale drawing showing the proposed location of the pool and any buildings, wells, or septic tank systems within 100 feet of the proposed pool.

MUST BE COMPLETED BY HOMEOWNER OR LEGAL(POWER OF ATTORNEY) REPRESENTATIVE

I Jen Schneider, owner of the property, agree to the following requirements: *(initials are required beside each item listed.)*

- I certify that the application and site drawing being submitted are accurate and complete. JS
- I hereby authorize agents of the Health Dept. to enter onto the above property to process this request and to conduct a fence and gate inspection of the pool, when requested or needed. JS
- I understand that the pool must be protected by a fence and gate(s) (or equivalent, if above ground) as specified in the NC Residential Code, APPENDIX G and the *Mecklenburg County Health Ordinance Rules Governing Residential Swimming Pools* and must be installed and **completed once the pool is capable of holding water** JS

Signed: JS 5/21/09

Property Owner's Signature Date

By signing in this block, the contractor authorizes the processing fee for this request to be charged to their LUESA Contractor Account.

Jeff Peterson JP 5/21/09

NAME(PRINT) Signature Date

This area for MCHD use only:

Amount Paid: $ 75.00 ☐ Cash ☐ Check ☐ Contractor Account VISA Payment

Check Number: Date: 5/22/09 By: Valeri Weeks

Contractor Charge Account:

Request #: 3354 Parcel ID#: EHS:

Approved By: John Ogden Date: 5/27/09 CRT:

Disapproved By: Date: Notify Date:

Final/Fencing Inspection By: Date:

Signature on the "Approved By" line above by an employee of the MCHD indicates Health Department approval of this application and the accompanying site plan. All approvals are contingent upon the pool being operated in a manner that does not create a public health nuisance or hazard, and completion of the required pool barrier at the time the pool is capable of holding water.

Revised FEB 2008

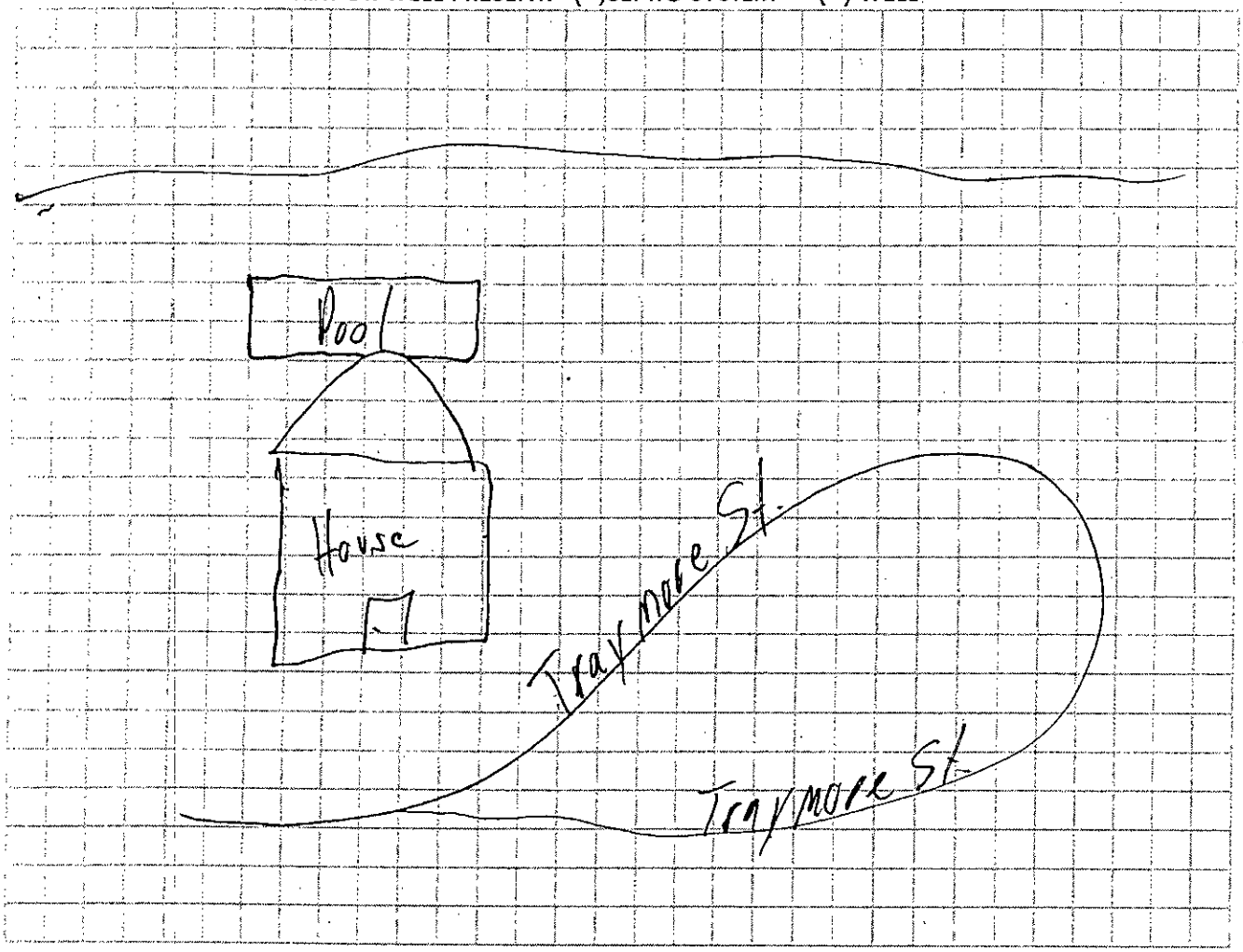
Mecklenburg County Health Department
700 N. Tryon Street, Suite 208
Charlotte, NC 28202
PHONE (704) 336-5101 FAX(704) 336-5306

PLOT PLAN FOR SWIMMING POOL INSTALLATION

ADDRESS: _____

Draw in all proposed pool, property lines, address road, proposed or existing structures or driveways, underground storage tanks, wells (whether on same lot or not, if within 100 feet) , and septic system drainfields. Plot/draw all dimensions, distances, etc. as needed to accurately detail pool layout in relation to structures, property lines, septic systems, etc.

MARK "X" IF SEPTIC SYSTEM OR WELL PRESENT: ( )SEPTIC SYSTEM ( ) WELL



I, _____(homeowner) hereby affirm that the drawing above is accurate and understand that any deviation in construction from the pool layout, as approved, may result in removal of the pool or revocation of this approval.

_____ 5/21/09
HOMEOWNER SIGNATURE DATE

OFFICE USE ONLY:
HEALTH DEPT APPROVAL BY: _____ DATE:

Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
704-336-5103 Phone 704-336-6894 Fax

SERVICE REQUEST

Service Request Information

Request Number: **16018**
Request Type: **Resid Pool Approval**
Associated WO Number:
Date Initiated: 5/26/09 4:45:29 PM
Submitted To: JACKSON, JASON

Priority: 3
Status: IP
Initiated By: CRAIG, GWENDOLYN
Dispatched To: JACKSON, JASON

Incident Location

Problem Address: 10762 TRAYMORE LANE, CHARLOTTE, 28278

Requesting Party Information

First Name	Last Name	Address		
	SCHNEIDER	10762 TRAYMORE LANE	CHARLOTTE	28278

Home Phone	Work Phone	Other Phone
7047719829		

Question	Answer

Problem Details

Caller Details	RESIDENTIAL POOL REQUEST, SEPTIC ON PROPERTY FILE # 374B, LEFT MESSAGE TO CALL JASON ONCE POOL SITE HAS BEEN MARKED

Details (cont.)	RESIDENTIAL POOL REQUEST, SEPTIC ON PROPERTY FILE # 374B, LEFT MESSAGE TO CALL JASON ONCE POOL SITE HAS BEEN MARKED

Activity Details

Comments	

3743

Attn: Jeremy

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES 4096

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. **SEPTIC / TYPE APPLICATION:** ☐ N/A ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☑ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ☐ N/A ☐ NEW WELL ☑ MAJOR REPAIR ☐ ABANDONMENT

3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: 19938132
STREET ADDRESS: 10762 TRAYMORE LN
CITY: CHARLOTTE
STATE: NC ZIP: 28278
SUBDIVISION NAME:
LOT #: 031 LOT SIZE (acres):
TOWNSHIP:

☐ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☑ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. **BUILDING INFORMATION:**

BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☑ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: 10630
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2
FOUNDATION TYPE:
☑ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☑ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. **WATER SUPPLY:** ☐ MUNICIPAL ☑ PRIVATE WELL ☐ PUBLIC WELL ☐ SHARED WELL ☐ OTHER _____

7. **PROPOSED USE OF WELL:** ☐ N/A ☐ IRRIGATION ☑ POTABLE (DRINKING WATER) ☐ OTHER _____

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED)*:

☐ N/A ☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☑ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. **RANK:** ____ ____ 1 ____ ____

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	☑ YES ☐ NO		GRADING/SOIL REMOVAL PERFORMED	☑ YES ☐ NO	
EXISTING WASTEWATER (SEPTIC) SYSTEMS	☑ YES ☐ NO		JURISDICTIONAL WETLANDS	☑ YES ☐ NO	
WELLS, SPRINGS, OR WATER LINES	☑ YES ☐ NO		APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES ☑ NO	
EASEMENTS OR RIGHT-OF-WAYS	☑ YES ☐ NO		WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES ☑ NO	
CHEMICAL/PETROLEUM STORAGE TANKS	☑ YES ☐ NO		KNOWN UNDERGROUND CONTAMINATION	☐ YES ☑ NO	
WASTE STORAGE	☐ YES ☑ NO		GROUNDWATER USE RESTRICTIONS/VARIANCES	☐ YES ☑ NO	

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** _____ ☑ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____ ☑ N/A

12. **PROPERTY OWNER:**

NAME: DR. STUART SCHNIDER
ADDRESS: 10762 TRAYMORE LN
CITY: CHARLOTTE
STATE: NC ZIP: 28278
HOME PHONE:
WORK PHONE:
MOBILE PHONE:
FAX:

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

NAME: Mann Builders
ADDRESS: 224 Foster Avenue, Suite A
CITY: Charlotte
STATE: NC ZIP: 28203
HOME PHONE: 704-527-6699
WORK PHONE:
MOBILE PHONE:
FAX: 704-527-8822

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 7/1/08

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted; complete site plan = 60 months, complete plat = non-expiring.

_____ (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below.

_____ _____

Property Owner's or Owner's Legal Representative Signature Date

---

OFFICE USE ONLY

☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEES RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEES RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 7/1/08

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

_____ (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below.

_____ 3/5/09

Property Owner's or Owner's Legal Representative Signature — Date

---

OFFICE USE ONLY

☑ SURVEY PLAT TO SCALE SUBMITTED ☑ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEES RECEIVED: $ 100 DATE FEE RECEIVED: 3/5/09

WELL APPLICATION FEES RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: 3748

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 7/1/08

CONDITIONS OF IMPROVEMENT PERMIT for an ALTERATION TO AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit Number: 374B Tax Number: 199-381-32

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement: ☒ Yes ☐ No ☐ Partial Basement

Primary Wastewater System

Type: ☐ I ☒ II ☐ III ☐ IV ☐ V ☐ VI

☒ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☐ Innovative or Experimental:

0.3 Long-term acceptance rate (GPD/ft^2)	360 Max gallons/day wastewater flow	1200 Absorption Area (ft^2)	9 Trench spacing (min. on centers) (ft)
Serviced by private well: ☒ Yes ☐ No	1500 Gallon septic tank	400 Total trench length (ft)	24 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
3 Bedrooms in residence	1500 Gallon pump tank	12 Depth of media (in)	

Any surface water present: yES Type: Lake Wylie Minimum separation distance (ft): 50

Additional conditions: **Install two 1500 gallon septic tanks with commercial grade filters and tie into existing septic system.**

Repair Area System

Type: ☐ I ☒ II ☐ III ☐ IV ☐ V ☐ VI

☒ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☐ Innovative or Experimental:

1200 Absorption Area (ft^2) 400 Total trench length (ft)	12 Depth of media (in)	9 Trench spacing (min. on centers) (ft)	24 Maximum trench depth (in)

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. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems 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 Approval is granted by this Department.

*** This Improvement permit is transferable.

DENR Authorized Agent Date 2/24/09

Owner/Agent Signature Date

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE: (704) 336-5103
FAX: (704) 336-6894

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE # 3748

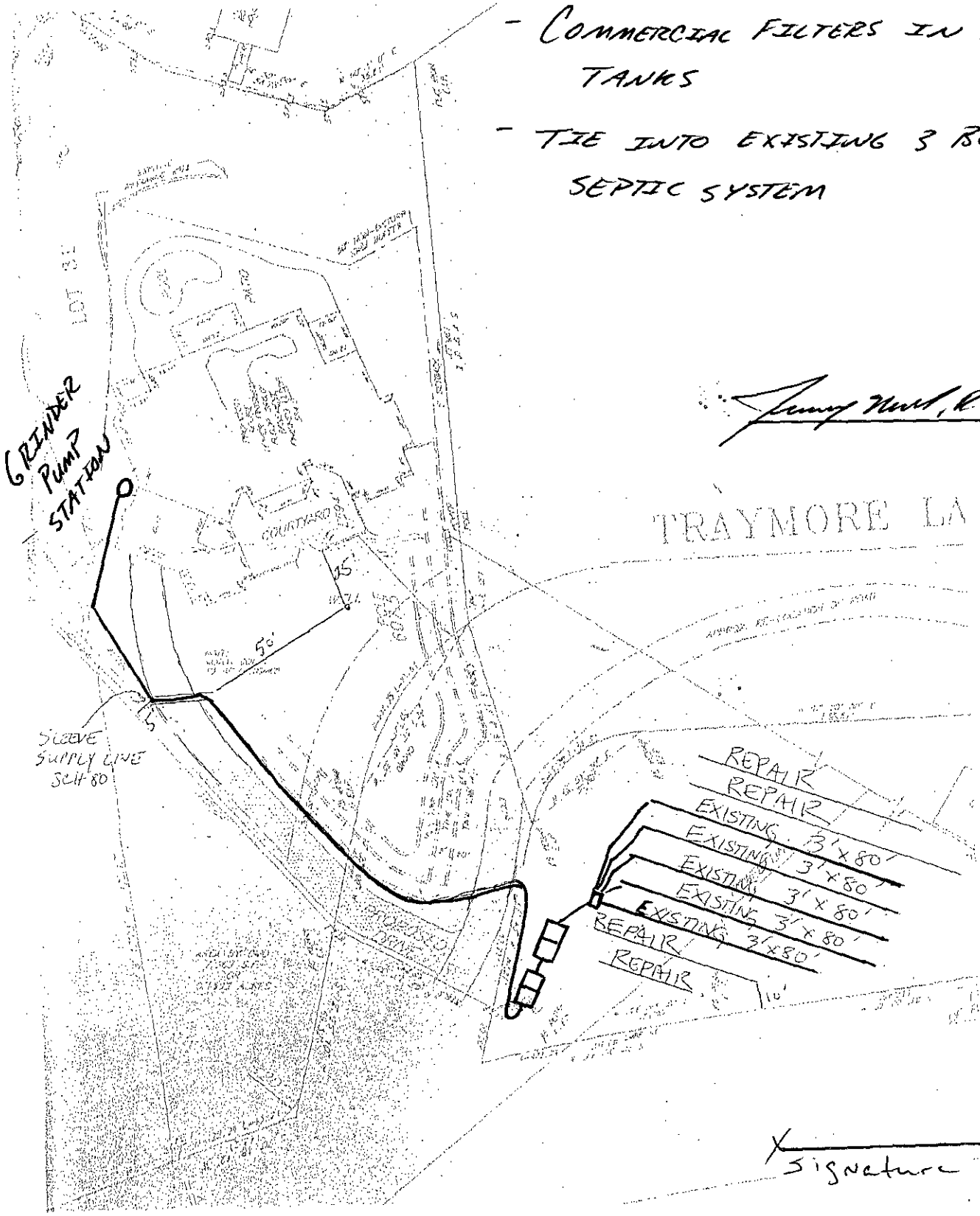
PERMIT # ~~3066~~ 4096

T.C. # 199-381-32

COMMENTS:

- THREE BEDROOM HOUSE
- GRINDER PUMP STATION
- (2) 1500 GALLON SEPTIC TANKS
- COMMERCIAC FILTERS IN BOTH TANKS
- TIE INTO EXISTING 3 BEDROOM SEPTIC SYSTEM

Jimmy Nunn, R.S. 2/24/09



X
Signature

ALTERATION TO AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit Number: 3748 Tax Number: 199-091-22

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement: ☒ Yes ☐ No ☐ Partial Basement

Primary Wastewater System

Type: ☐ I ☒ II ☐ III ☐ IV ☐ V ☐ VI

☒ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☐ Innovative or Experimental

0.3 Long-term acceptance rate (GPD/ft^2)	360 Max gallons/day wastewater flow	1200 Absorption Area (ft^2)	3 Trench spacing (min. on centers) (ft)
Serviced by private well: ☒ Yes ☐ No	1500 Gallon septic tank	400 Total trench length (ft)	24 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	1500 Gallon pump tank	12 Depth of media (in)	

Any surface water present: yES Type: Lake Wylie Minimum separation distance (ft): 50

Additional conditions: Install two 1500 gallon septic tanks with commercial grade filters and tie into existing septic system.

Repair Area System

Type: ☐ I ☒ II ☐ III ☐ IV ☐ V ☐ VI

☒ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☐ Innovative or Experimental

1200 Absorption Area (ft^2) 400 Total trench length (ft)	12 Depth of media (in)	3 Trench spacing (min. on centers) (ft)	24 Maximum trench depth (in)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Plot Plan for the Job Location contained in this document. The approval is granted in accordance with the provisions of Laws and Rules for Sewage Treatment and Disposal Systems 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 Approval is granted by this Department.

*** This Improvement permit is transferable.

Larry Mann RS 2/24/09
DENR Authorized Agent Date

Owner/Agent Signature 3/10/09
Date

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE: (704) 336-5103
FAX: (704) 336-6894

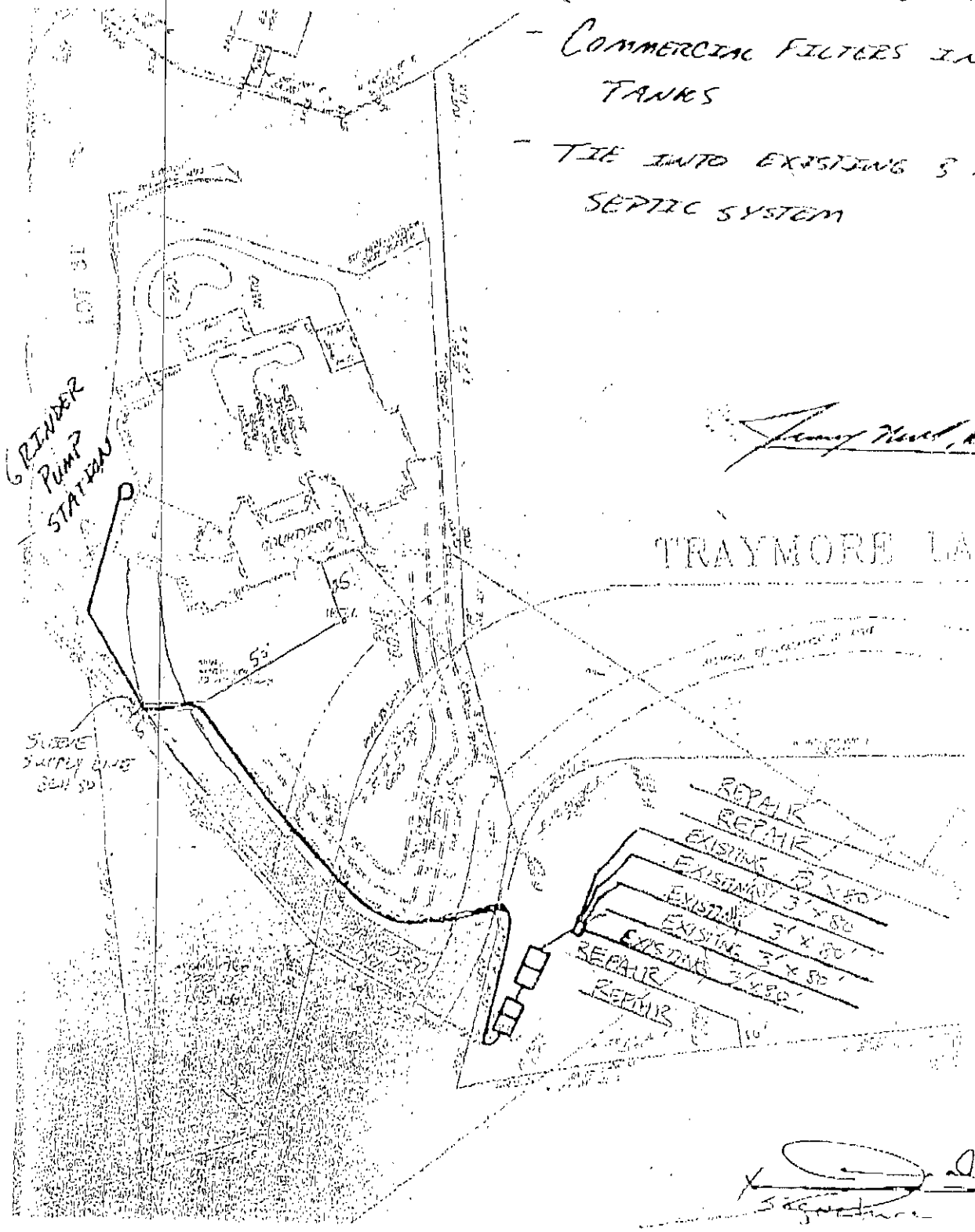
NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Permit ~~# 3066~~ 4096

T.C. # 199-381-52

Comments:

- THREE BEDROOM HOUSE
- GRINDER PUMP STATION
- (2) 1500 GALLON SEPTIC TANKS
- COMMERCIAL FILTERS IN ROOM TANKS
- TIE INTO EXISTING 3 BEDROOM SEPTIC SYSTEM



Jimmy Mann, P.E. 2/27/09

3/10/09

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

INSTALLATION APPROVAL for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 3748 Permit #: 4096 Tax Parcel #: 199-381-32

Property Owner: DR. STUART Schneider

Job Location Address: 10762 Traymore Lane

City: Charlotte State: NC Zip Code: 28278

Installation Approval Issuance Date: 4/7/09

Permission is hereby given to ☐ install ☒ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 5/7/09, after which date this approval 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 granting this approval. 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 of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 360 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Site LTAR: 0.3 GPD/ft² (For new installations only.)

Liquid Capacity of ~~Dosing~~ Tank: 1500 gallons

Drainfield Design ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Bed Design *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

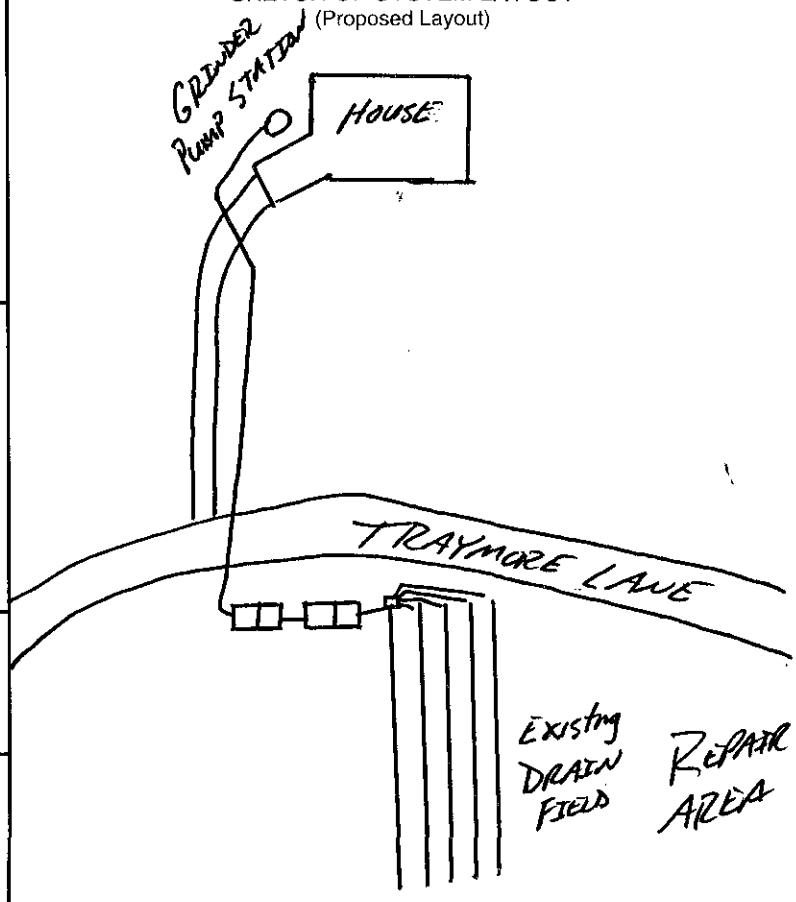
Minimum System Setbacks

Distance from Building Foundation: 75' feet

Distance from Property Line: 710' feet

Distance from Water Supply Source: >100' feet

SKETCH OF SYSTEM LAYOUT (Proposed Layout)



Comments: System Classification & Type: II-a Conventional System

Install 2 1500 gallon septic tanks w/ Commercial filters and tie into existing drainfield

DENR Authorized Agent: Jeremy Mickelson R.S. Signature: Jeremy Mickelson R.S.

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 3748 Permit #: 4096 Tax Parcel #: 199-381-37

Property Owner: Stuart Schnitzer

Job Location Address: 10762 Tramore Ln.

City: Charlotte State: NC Zip Code: 28278

Operation Permit Issuance Date: 4/21/09 Contractor Name: RCS

Permitted Design Flow: 360 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1500 gallons

Effluent Pump Model: Jets 1500, STB-112 Lake, SC

Drainfield Installation ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Bed Installation *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 5' feet

Distance from Property Line: >10' feet

Distance from Water Supply Source: >100' feet

Inspection Dates

Tank(s) Inspected: 4/21/09

Excavation Inspected: _____

Pump & Controls Inspected: _____

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

* Installed per installation Approval design layout.

The undersigned has inspected the Septic Tank System described above, and certifies it has been ☒ installed ☐ altered ☐ repaired ☐ as detailed in the plot above ☒ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this Operation Permit does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 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.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: Type IIa Conventional System

2, 1500 gal tanks w/ industrial type filters - to existing drainfield.

DENR Authorized Agent: Jason Jackson Signature: Jason Jackson

IIa, GTR, G, NA, NA

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 3748 Permit #: 4093 Tax Parcel #: 199-381-32

Property Owner: Stuart Schneider

Job Location Address: 10762 Tragmore Dr

City: Charlotte State: NC Zip Code: 28278

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: IIa

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☒

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☐ System does not require inspection by GWS on a routine frequency.

☒ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other:

Type IIa Conventional System, 2 1500 gal S. Tanks to existing drainfield

DENR Authorized Agent: Jason Jackson Date: 4/21/09

Signature: Jason Jackson

B70280

C Sherrill

FILE NUMBER: 374B

Revised On: August 31, 2007

APPLICATION NUMBER: 3631

SEPTIC FEE: 200.00
DATE: 6-24-08
Charged-B70280

MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES
APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

WELL FEE: _____
DATE: _____

1. SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☒ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ☒ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 19938182
STREET ADDRESS: 10962 Traymore Lane
CITY: Charlotte
STATE: NC ZIP: 28278
SUBDIVISION NAME:
LOT #: LOT SIZE (acres):
TOWNSHIP:
☒ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION:
BUILDING TYPE:
☐ SINGLE-MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: 10,630
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2
FOUNDATION TYPE:
☐ CONCRETE SLAB ☒ BASEMENT WITH PLUMBING
☐ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☐ N/A
NUMBER OF BEDROOMS TO BE ADDED: NEW HOME NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: NEW HOME

6. WATER SUPPLY: ☐ MUNICIPAL ☐ PUBLIC WELL ☒ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

7. PROPOSED USE OF WELL: ☒ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST DESIRED 5-LEAST DESIRED)*
☒ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____
8A. RANK: ____ ____ ____ ____ ____

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☒ NO	GRADING/SOIL REMOVAL PERFORMED	☒ YES	☐ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	☒ YES	☐ NO	JURISDICTIONAL WETLANDS	☐ YES	☒ NO
WELLS, SPRINGS, OR WATER LINES	☒ YES	☐ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES	☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☐ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES	☒ NO

10. PROPERTY OWNER:
NAME: Dr. Stuart Schnider
ADDRESS: 10962 Traymore Lane
CITY: Charlotte
STATE: NC ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: Mann Builders
ADDRESS: 224 Foster Ave Suite A
CITY: Charlotte
STATE: NC ZIP: 28203
~~HOME PHONE~~: 704-527-6699 WORK PHONE:
~~MOBILE PHONE~~: FAX: 704-527-8222

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? N/A
13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? N/A

14. SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:
If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either 60 months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

Kelly Van Donsel — 6/24/08
Property Owner's or Owner's Legal Representative Signature — Date

15. WELL PERMIT APPLICATION SIGNATURE SECTION:
If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of 12 months from the date of issuance.

Property Owner's or Owner's Legal Representative Signature — Date

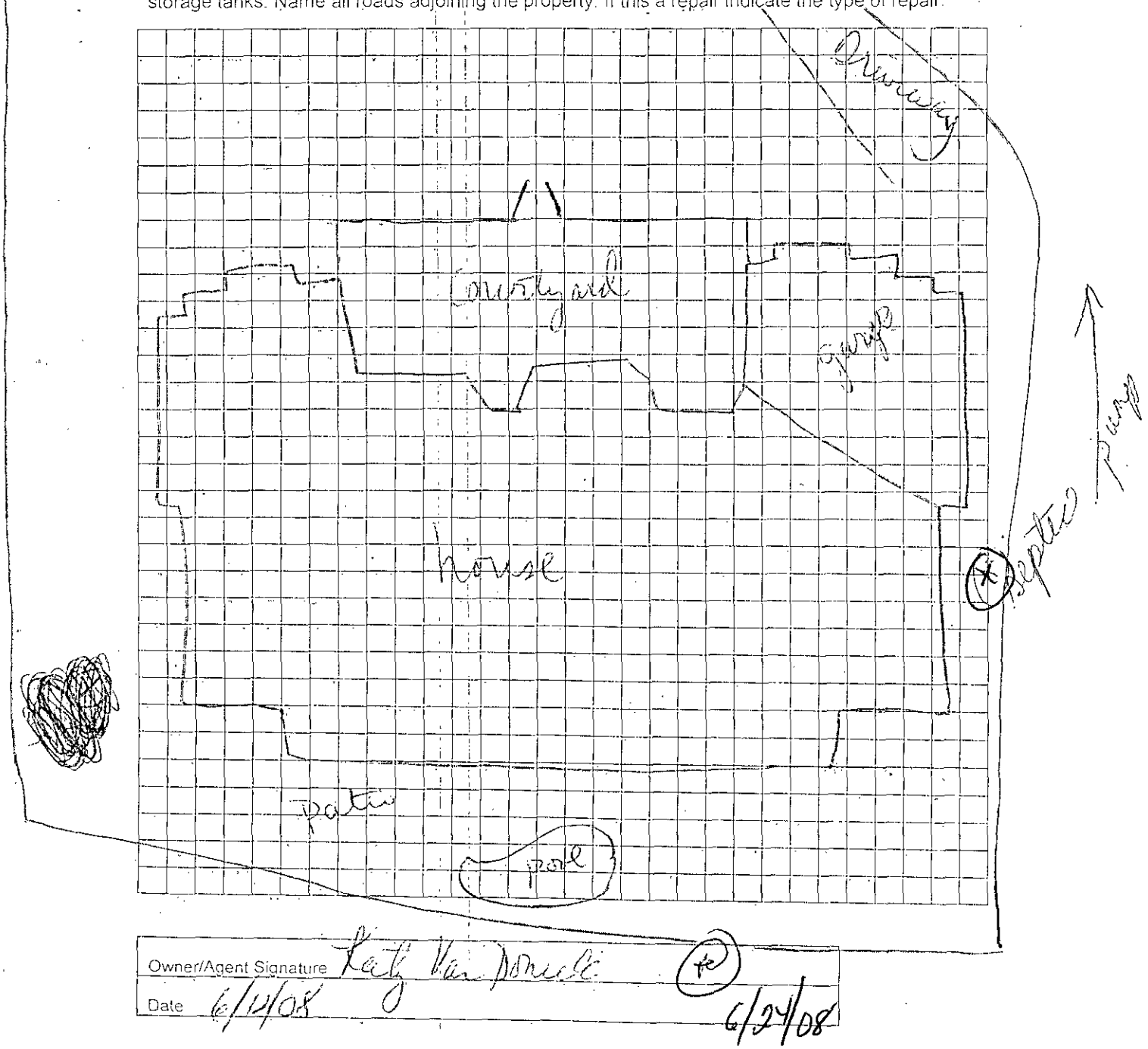
☐ SURVEY PLAT TO SCALE SUBMITTED ☒ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File #_____
Date_____

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature Kati Van Dorick (for)
Date 6/12/08 6/24/08

LBC 12/15/04

CONDITIONS OF IMPROVEMENT PERMIT for an ALTERATION TO AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit Number: 374B Tax Number: 19938132

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement: ☒ Yes ☐ No ☐ Partial Basement

Primary Wastewater System

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

☒ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☐ Innovative or Experimental:

.3 Long-term acceptance rate (GPD/ft^2)	360 Max gallons/day wastewater flow	1200 Absorption Area (ft^2)	9 Trench spacing (min. on centers) (ft)
Serviced by private well: ☒ Yes ☐ No	1500 Gallon septic tank	400 Total trench length (ft)	30 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
3 Bedrooms in residence	1000 Gallon pump tank	12 Depth of media (in)	

Any surface water present: NO Type: Minimum separation distance (ft):

Additional conditions: **WILL NEED TO SLEEVE SUPPLY LINE WHEN CROSSING DRIVEWAY.**

Repair Area System

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

☐ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☒ Innovative or Experimental:

900 Absorption Area (ft^2) 300 Total trench length (ft)	12 Depth of media (in)	9 Trench spacing (min. on centers) (ft)	30 Maximum trench depth (in)

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. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems 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 Approval is granted by this Department.

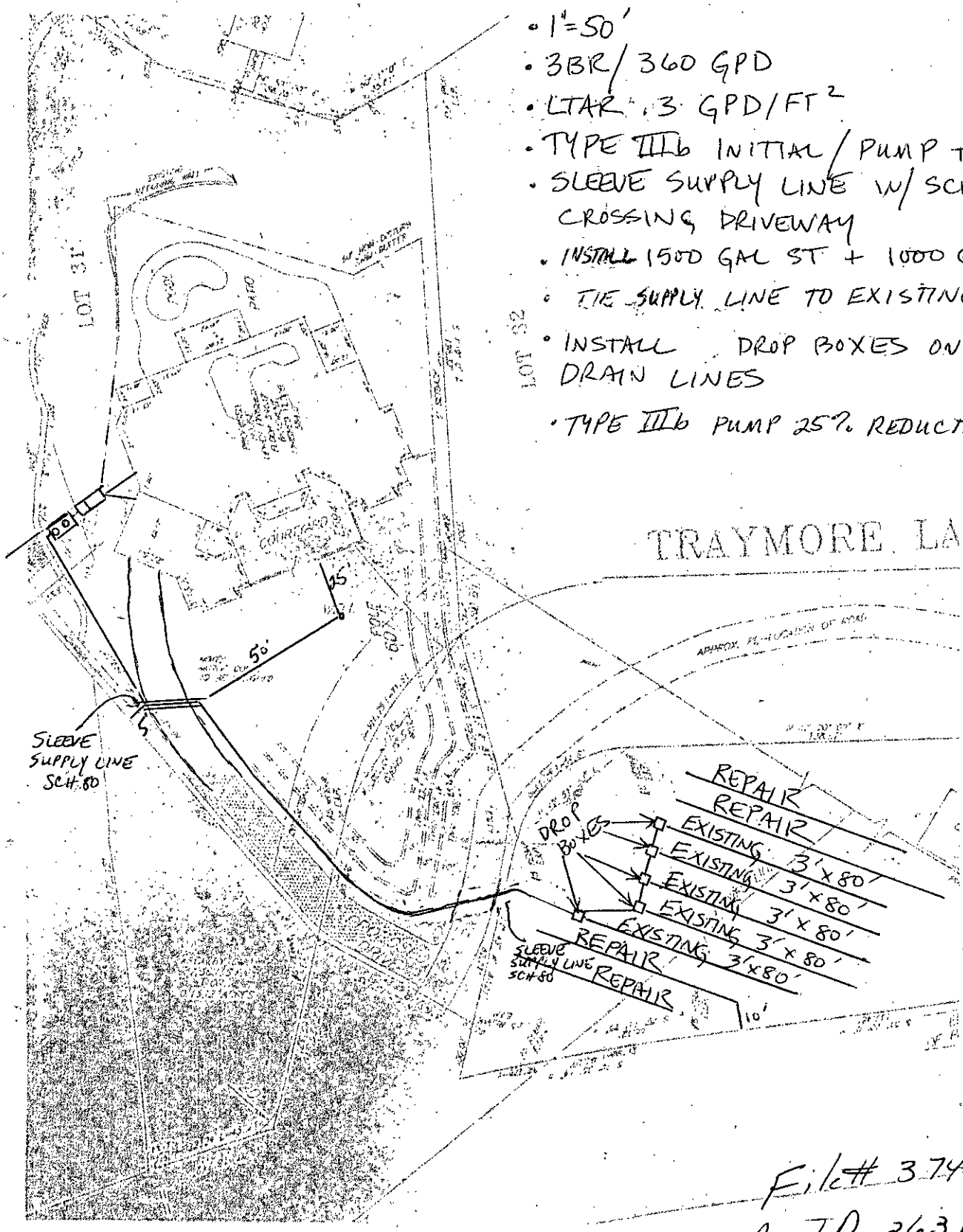
*** This Improvement permit is transferable.

7/3/08
DENR Authorized Agent Date

7/7/08
Owner/Agent Signature Date

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE: (704) 336-5103
FAX: (704) 336-6894

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION



- 1"=50'
- 3BR / 360 GPD
- LTAR .3 GPD/FT²
- TYPE IIIb INITIAL / PUMP TO CONVENTIONAL
- SLEEVE SUPPLY LINE W/ SCH 80 WHEN CROSSING DRIVEWAY
- INSTALL 1500 GAL ST + 1000 GAL PT
- TIE SUPPLY LINE TO EXISTING DRAINFIELD.
- INSTALL DROP BOXES ON EXISTING DRAIN LINES
- TYPE IIIb PUMP 25% REDUCTION REPAIR AREA

File # 374B
App ID 3631

Christopher Shinn 7/3/08

Katy Van Domelen 7/7/08

3596 C Sherrill

FEE: 100.00
DATE: 6-12-08
CRT I Charged-B70280

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 06/07

FILE #: 374B

TYPE APPLCATION: NEW HOME

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

PERSON FILING APPLICATION:
NAME: Katy Van Donsel
ADDRESS: 224 Foster Ave
CITY: Charlotte
STATE: NC ZIP: 28203
PHONE: 704-527-4699
ALTERNATE PHONE:

PROPERTY OWNER:
NAME: Dr. Schnider
ADDRESS: 10762 Traymore Ln.
CITY: Charlotte
STATE: NC ZIP:
PHONE: 704-504-5316
ALTERNATE PHONE:

JOB LOCATION INFORMATION
TAX/PARCEL #: 19938132
STREET ADDRESS: 10762 Traymore Ln
CITY: Charlotte
STATE: NC ZIP:
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

TOWNSHIP:
☐ 0-MECKLENBURG ☐ 4-PINEVILLE
☒ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

WATER SUPPLY:
☐ MUNICIPAL (M) ☐ COMMUNITY (C) ☒ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:
☒ HOUSE (H) ☐ MODULAR HOME (M) ☐ MULTIPLE FAMILY (U)
☐ SINGLE MOBILE HOME (S) ☐ DOUBLE WIDE (D)
☐ OTHER (O)

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? ☐ YES ☐ NO
UNDERGROUND STORAGE TANKS? ☐ YES ☐ NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☒ OTHER NEW HOME

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☒ OTHER NEW HOME

*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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Katy Van Donsel — Owner's/Agent's Signature
6/12/08 — Date

*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 y this Department.
- This permit is not transferable.

☐ ADDITION / RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE

USE EXISTING DENIED

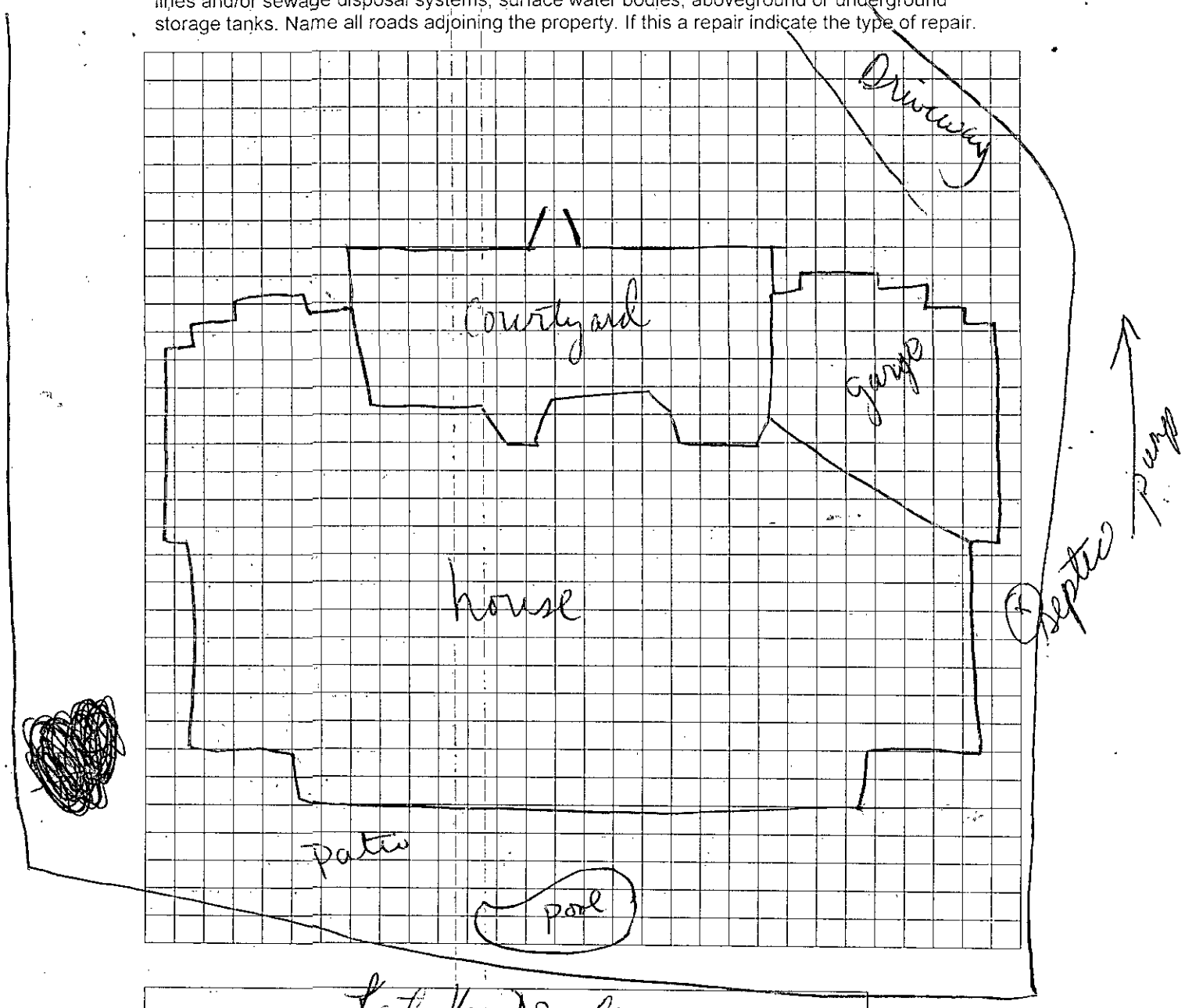
Christy M Shumate 11/18/08
EHS Signature — Date

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File #_____
Date_____

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature	Katy Van Dorne
Date	6/14/08

LBC 12/15/04

LD 5/21/08

FEE: _____
DATE: _____
CRT [ ]

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 06/07

FILE #: 3748 pw 262723

TYPE APPLCATION:

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

PERSON FILING APPLICATION:
NAME: McSpadden Custom Homes
ADDRESS: 3302 S. New Hope Rd., Ste 100-F
CITY: Gastonia
STATE: NC ZIP: 28056
PHONE: 704-825-7324
ALTERNATE PHONE: 704-361-0626 (Mike Jenkins)

PROPERTY OWNER: Schnider Group LLC
NAME: Stuart and Liz Schnider
ADDRESS: 1604 Jones Franklin Rds
CITY: Raleigh
STATE: NC ZIP: 27606
PHONE: 704-504-5316
ALTERNATE PHONE: 704-451-2352

JOB LOCATION INFORMATION
TAX/PARCEL #: 19938132
STREET ADDRESS: 10762 Traymore Lane
CITY: Charlotte
STATE: NC ZIP: 28278
SUBDIVISION OR MOBILE HOME PARK NAME: The Sanctuary
LOT #: 31

TOWNSHIP:

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

WATER SUPPLY:

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

RESIDENTIAL PROPERTY TYPE:

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

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? [ ] YES [ ] NO
UNDERGROUND STORAGE TANKS? [ ] YES [ ] NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:

- [ ] BEDROOM
- [ ] BATHROOM
- [ ] KITCHEN
- [ ] DINING ROOM
- [ ] LIVING ROOM
- [ ] DEN
- [ ] GARAGE
- [ ] SUNROOM
- [ ] PORCH
- [ ] DECK
- [ ] OTHER

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:

- [ ] DETACHED GARAGE
- [ ] DETACHED GARAGE WITH PLUMBING
- [ ] POOL HOUSE
- [ ] SHOP
- [ ] BARN
- [ ] STORAGE SHED
- [ ] DETACHED PORCH / DECK
- [X] OTHER Replacing with New House

*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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature _____ Date 5/21/08

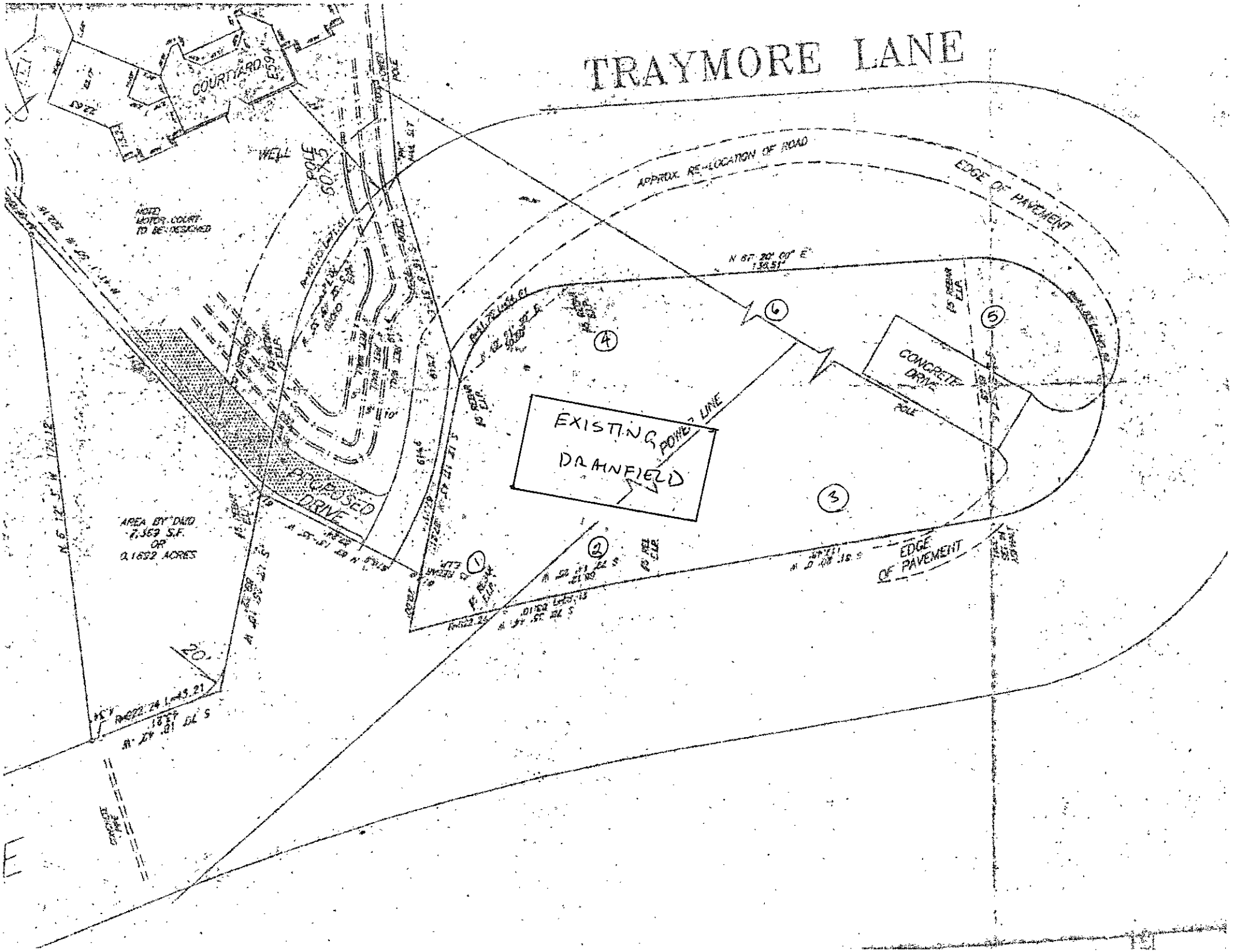
*The undersigned, an authorized agent of the Mecklenburg County Health Department, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules for Sanitary Sewage Collection, Treatment 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 y this Department.
- This permit is not transferable.

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

OK TO USE EXISTING SYSTEM.

EHS Signature _____ Date 5/21/08


TRAYMORE LANE
COURTYARD
WELL
POLE
NOTED MOTOR COURT TO BE REDESIGNED
APPROX. RE-LOCATION OF ROAD
EDGE OF PAVEMENT
N 67° 20' 00" E
130.51'
CONCRETE DRIVE
EXISTING DRAINFIELD
PROPOSED DRIVE
AREA BY DEED
7,369 S.F.
OR
0.1692 ACRES
EDGE OF PAVEMENT
1
2
3
4
5
6
20'

FAX TRANSMITTAL

MCSPADDEN CUSTOM HOMES
3302 S. NEW HOPE ROAD SUITE 100-F, GASTONIA, NC 28056
OFFICE-704-825-7324 FAX-704-823-1720
WEB SITE - McSpaddenHomes.Com

A division of McSpadden Development Corporation

CONTACT: Chris Sherrill

COMPANY: Mecklenburg County Groundwater/Wastewater

ADDRESS:

PHONE: 704-353-0139

FAX: 704-336-6894

FROM: Amanda Eldridge

CONTENT: Encroachment Agreement for 10762 Traymore Lane, Charlotte

DATE: 5/12/08

TIME: 8:49:54 AM

PAGES: 8 including cover letter

COMMENTS:

You had requested this document for right-of-way in order to release the hold on our building permit. Please let me know a.s.a.p. if anything else is required. We need to get our permit early this week.

Thank you.

NORTH CAROLINA MECKLENBURG COUNTY
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2008 MAY 07 03:40 PM
BK:24726 PG:431-437 FEE: $21.00
INSTRUMENT # 2008081049



2008081049

RETURNED TO CUSTOMER

Drawn by / Mail to:
C. Aviles
James, McElroy & Diehl, P.A.
600 S. College Street
Charlotte, NC 28202

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ENCROACHMENT AGREEMENT

THIS ENCROACHMENT AGREEMENT ("Agreement") is made and entered into this the 7th day of May, 2008, by and between THE SCHNIDER GROUP, LLC, a North Carolina limited liability company, for itself and its successors and assigns as owner(s) from time to time of all or any portion of the Benefitted Property, as hereinafter defined (individually and collectively "The Schnider Group") and CRESCENT RESOURCES, LLC, a Georgia limited liability company, successor to Crescent Resources, Inc., a Georgia corporation, and Crescent Land & Timber Corp., a South Carolina corporation, by merger and conversion of form of entity, for itself and its successors and assigns having interests from time to time in the Right of Way, as hereinafter defined (individually and collectively "Crescent").

WITNESSETH:

WHEREAS, The Schnider Group is the owner of that certain parcel of property described in Exhibit A attached hereto and made a part hereof ("Benefitted Property"); and

WHEREAS, Crescent does or may have interests in the sixty foot (60') right of way of Traymore Lane ("Right of Way") depicted on the plat of certain property now or formerly owned by Crescent recorded in Map Book 17, Page 648 in the Mecklenburg County Public Registry ("Plat"), which Right of Way crosses the Benefitted Property; and

WHEREAS, a septic line(s) and/or pipe(s) serving the Benefitted Property has or have heretofore been and hereafter will continue to be located within the Benefitted Property (including, without limitation, the portion thereof within the Right of Way) in areas not identified as of the date of this Agreement; and

WHEREAS, The Schnider Group desires to construct a driveway and retaining walls within the Benefitted Property, including within the Right of Way portion of the Benefitted Property in the locations generally depicted on the plat of survey entitled "Survey for Stuart L. Schnider, Lot 31, Section 39 by David W. Dickson, P.A." dated March 17, 2008 and revised April 16, 2008, a copy of which is attached hereto as Exhibit B and made a part hereof ("Right of Way Encroachment Area");

and

WHEREAS, The Schnider Group has requested Crescent to confirm and Crescent has agreed to confirm that Crescent does not object to use by The Schnider Group of the Right of Way Encroachment Area for the location of a septic line(s) and/or pipe(s) serving the Benefitted Property and, to the extent, if any, Crescent may legally do so, The Schnider Group has requested Crescent to consent and Crescent has agreed to consent to said use of the Right of Way Encroachment Area; and

WHEREAS, The Schnider Group has requested Crescent to confirm and Crescent has agreed to confirm that Crescent does not object to the use by The Schnider Group of the Right of Way Encroachment Area for the location of a driveway and retaining walls as depicted on Exhibit B hereto, and to the extent, if any, Crescent may legally do so, The Schnider Group has requested Crescent to consent and Crescent has agreed to consent to said use of the Right of Way Encroachment Area provided that The Schnider Group agrees to indemnify and hold Crescent harmless from any claim, liability, or expense arising from any and all uses by The Schnider Group of the Right of Way Encroachment Area and The Schnider Group agrees to remove from the Right of Way Encroachment Area the aforesaid driveway and/or retaining walls upon the request of Crescent and/or any other person or entity, having the legal right to require such removal; and

WHEREAS, The Schnider Group agreed to indemnify and hold Crescent harmless from any claim, liability, or expense arising from any and all uses of the Right of Way Encroachment Area and to remove the aforesaid driveway and/or retaining walls from the Right of Way Encroachment Area upon the request of Crescent and/or any other person or entity, having the legal right to require such removal.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, The Schnider Group and Crescent agree as follows:

1. To the extent, if any, Crescent may legally do so, Crescent consents to The Schnider Group's use, now and in the future, of the Right of Way Encroachment Area for the location of a septic line(s) and/or pipe(s) serving the Benefitted Property. Such consent to use shall include consent to use for ingress and egress and system operation, maintenance, monitoring, installation, replacement and repair. Such consent to use shall run with the land and remain valid for so long as the septic line(s) and/or pipe(s) are necessary to provide sewer facilities to the Benefitted Property. Notwithstanding the above, in the event public sewer or an alternate means of sewer disposal not requiring encroachment becomes available to the Benefitted Property, such consent to use shall continue in effect until The Schnider Group chooses to connect to public sewer or an alternate means of sewer disposal.

2. Crescent hereby confirms it does not object to use of the Right of Way Encroachment Area for the purposes described in paragraph 1 above.

3. To the extent, if any, Crescent may legally do so, Crescent consents to The Schnider

Group's use, now and in the future for so long as Crescent and/or any other person or entity having the legal right to require removal does not request removal, of the Right of Way Encroachment Area for the location of a driveway and retaining walls serving the Benefitted Property. Such consent to use shall run with the land and remain valid for so long as Crescent and/or any other person or entity having the legal right to require removal does not request removal.

4. Crescent hereby confirms it does not object to use of the Right of Way Encroachment Area for the purposes described in paragraph 3 above.

5. The Schnider Group agrees to indemnify and hold harmless Crescent from any claim, liability, or expense, including without limitation attorneys' fees, arising from any and all uses by it of the Right of Way Encroachment Area, and further agrees at its sole expense to remove said driveway and/or retaining walls from the Right of Way Encroachment Area and restore the Right of Way Encroachment Area, all in a good and workmanlike manner, upon the request of Crescent and/or any other person or entity having the legal right to require such removal.

6. This Agreement shall be enforceable by action at law or in equity.

7. This Agreement does not create any rights in the general public.

IN WITNESS WHEREOF, the parties have caused this Agreement to be duly executed the day and year first above written.

THE SCHNIDER GROUP, LLC

By: _____

Stuart L. Schnider, Member-Manager

CRESCENT RESOURCES, LLC

By: _____

~~James F. Martin, Vice President~~

A. Michael Burnett

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Charlene F. Aviles, a Notary Public for the above state and county certify that Stuart L. Schnider, being either being personally known to me or proven by satisfactory evidence (said evidence being NC Drivers License) personally came before me this day and acknowledged that he is Member-Manager of The Schnider Group, LLC, a North Carolina limited liability company, and that he, as Member-Manager, being authorized to do so, executed the foregoing on behalf of the limited liability company as its voluntary act and deed. Witness my hand and official seal, this the 7th day of May, 2008.

(Official seal)

Charlene F. Aviles

My commission expires 5-16-08

CHARLENE F. AVILES
NOTARY PUBLIC
Mecklenburg County, NC
Commission Expires 5-16-2009

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

A. Michael Burnett

I, Debra Jo Bauer, a Notary Public for the above state and county certify that ~~James F. Martin, being either~~ being personally known to me or ~~proven by satisfactory evidence (said evidence being~~ _____) personally came before me this day and acknowledged that he is Vice-President of Crescent Resources, LLC, a Georgia limited liability company, and that he, as Vice President, being authorized to do so, executed the foregoing on behalf of the limited liability company as its voluntary act and deed. Witness my hand and official seal, this the 6th day of May, 2008.

(Official seal)

Debra Jo Bauer

My commission expires 7/15/2011

DEBRA JO BAUER
NOTARY
PUBLIC
MECKLENBURG COUNTY, N. C.

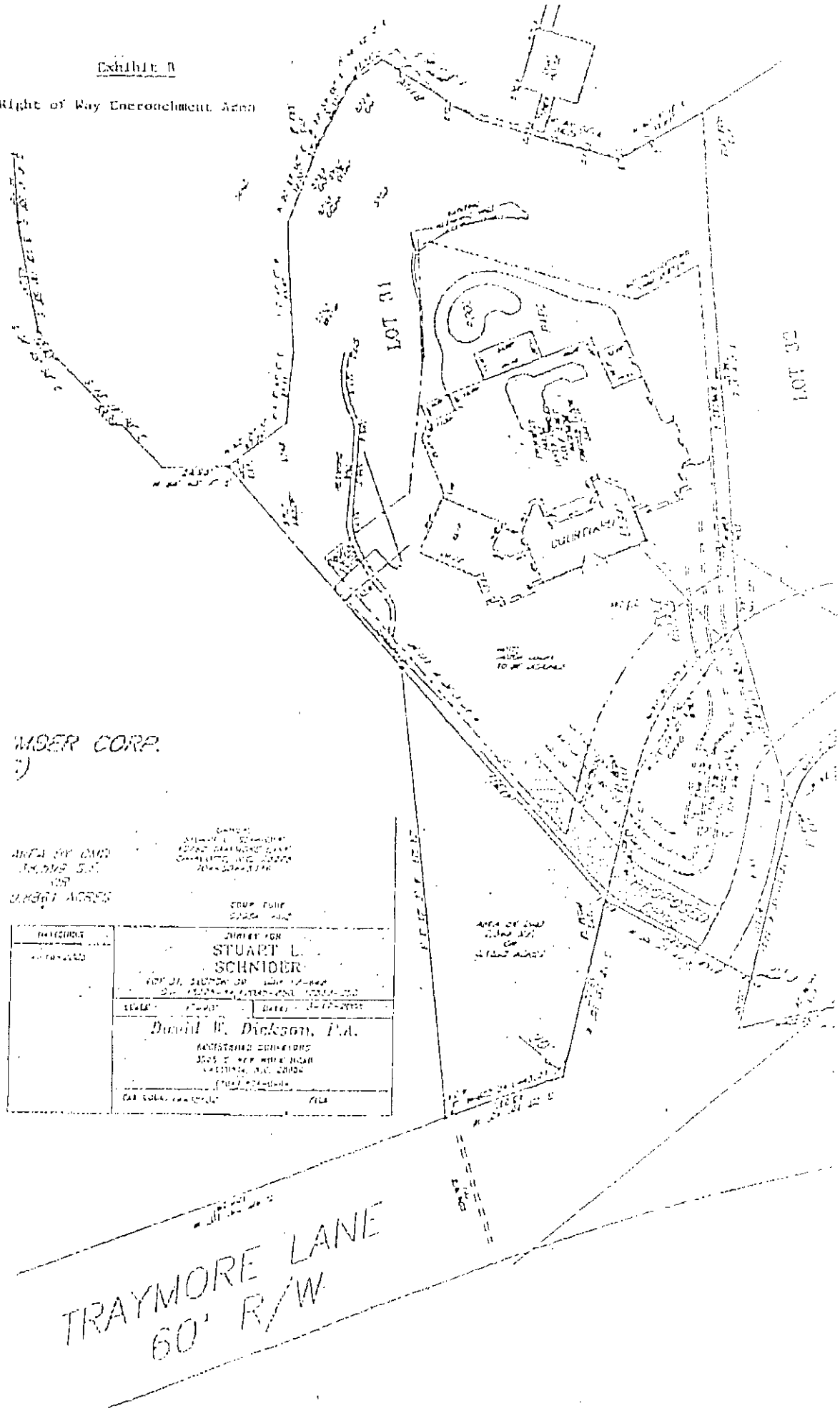
2387732-1

EXHIBIT A
Benefitted Property

BEING all of Lot 31 in Section 39 of Crescent Land and Timber Corporation recorded in Map Book 17 at Page 648 in the office of the Register of Deeds for Mecklenburg County, North Carolina, and specifically including that certain tract of parcel of land described in Deed Book 7108 at Page 509 in said Registry.

Exhibit B

Right of Way Encroachment Area



App. #: 3066

Septic Fee: 300.00

Date: 12/6/2007

CRT[ ]

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT FOR ONSITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

FILE # 374B

Well Fee: 0.00

Date:

CRT[ ]

SEPTIC / TYPE APPLICATION: ○ NONE ○ NEW SYSTEM ◉ ALTERATION ○ REPAIR ○ MODIFIED PLOT PLAN

WELL / TYPE APPLICATION: ◉ NONE ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

JOB LOCATION INFORMATION:

TAX / PARCEL #: 199-381-32 ☐ PO

STREET ADDRESS: 10762 TRAYMORE LN

CITY: Charlotte

STATE: NC ZIP: 28278

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 0

TOWNSHIP: 00

General Comments:

BUILDING INFORMATION:

TYPE OF BUILDING:

○ SINGLE MOBILE HOME (S) ○ MODULAR HOME (M)

○ DOUBLE WIDE (D) ○ MULTIPLE FAMILY (U)

◉ HOUSE (H) ○ OTHER

HEATED SQUARE FOOTAGE: 0

NUMBER OF BEDROOMS: 5

NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☑ BASEMENT WITH PLUMBING

☐ CRAWL SPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND / ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: 0

NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE?: ○ Yes ◉ No

TYPE:

WATER SUPPLY:

☐ MUNICIPAL (M) ☐ PUBLIC (C) ☑ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ◉ N/A ○ IRRIGATION ○ POTABLE ○ GEOTHERMAL ○ OTHER

PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST 5-LEAST DESIRED)*:

☑ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER

RANK: 0 0 0 0 0

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	○ Yes ◉ No	GRADING/SOIL REMOVAL PERFORMED	○ Yes ◉ No
EXISTING WASTEWATER SYSTEMS	◉ Yes ○ No	JURISDICTIONAL WETLANDS	○ Yes ◉ No
WELLS, SPRINGS, OR WATER LINES	◉ Yes ○ No	APPROVAL REQ'RD BY OTHER AGENCY	○ Yes ◉ No
EASEMENTS OR RIGHT-OF-WAYS	○ Yes ◉ No	WASTEWATER OTHER THAN DOM. SEWAGE	○ Yes ◉ No

PROPERTY OWNER:

NAME: STUART SCHNIDER

ADDRESS: 10762 TRAYMORE LN

CITY: CHARLOTTE

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: MCSPADDEN DEVELOPMENT CORP

ADDRESS: 3302 S. NEW HOPE RD,

CITY: GASTONIA

STATE: NORTH CAROLINA	ZIP: 28278	STATE: NORTH CAROLINA	ZIP: 28056
HOME PHONE:	WORK:	HOME PHONE:	WORK: 704-825-7324
MOBILE:	FAX:	MOBILE: 704-361-2259	FAX: 704-823-1720

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?	
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?	

PRINT Update Go to Front Counter Duplicate

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 of 2
Property ID: 199-381-32
Lot #:
File #: 374B
AppID: 3066

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Stuart Schneider
Applicant: McSpadden Development Corp
Address: 10762 Traymore Ln, Charlotte, NC 28278
Date Evaluated: 12/19/2007,1/9/08
Proposed Facility: Residence
Design Flow (.1949): 600 gpd
Property Size:
Location of Site: 10762 Traymore Ln
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS,10	0-8	GR/CL	FR/SS/SP/SEXP	>48" TO SOIL WETNESS	48	N/A	N/A	PS,IV
		8-48	SBK/C	FI/S/P/SEXP					.3 GPD/FT^2
2	"	0-3	GR/CL	FR/SS/SP/SEXP	"	"	"	"	"
		3-48	SBK/C	FI/S/P/SEXP					
3		0-3	GR/CL	FR/SS/SP/SEXP	>42" TO SOIL WETNESS	42	"	"	"
		3-42	SBK/C	FI/S/P/SEXP					
		42+	M/SAP						
4	"	0-5	GR/CL	FR/SS/SP/SEXP	>48" TO SOIL WETNESS	48	"	"	"
		5-48	SBK/C	FI/S/P/SEXP					
5	"	0-6	GR/CL	FR/SS/SP/SEXP	"	"	"	"	PS,IV
		6-48	SBK/ABK/C	FI/S/P/SEXP					.275 GPD/FT^2
6	"	0-4	GR/CL	FR/SS/SP/SEXP	"	"	"	"	PS,IV
		4-48	SBK/C	FI/S/P/SEXP					.3 GPD/FT
					SITE LTAR				.3 GPD/FT2

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	IIIb	IIIb
Site LTAR	.3 GPD/FT2	.3 GPD/FT2

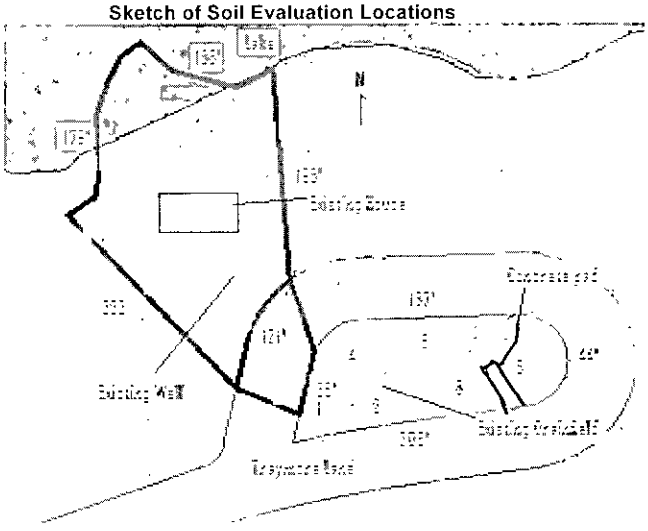
Other Factors (.1946):
Soil Evaluation By: C.Sherrill, RS, LSS
Others Present: M. Lindsay
Site Classification (.1948): PS
Site Evaluation By: C.Sherrill, RS, LSS
Others Present: None

COMMENTS: 100% Repair required.

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace				
FP-Flood Plain		CL-Clay Loam		
		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

Sketch of Soil Evaluation Locations



374B/826A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PD 2000 CK 10/26/93 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: JAS- AM INC (last) (first) (mi)

ADDRESS: 4305- QUAIL VIEW PHONE: (704) 541-0350

CITY: CHARLOTTE STATE: N C ZIPCODE: 28226

Date: 10/25/93

PROPERTY OWNER:

NAME: NASO STEPHEN. (last) (first) (mi)

ADDRESS: _____ PHONE: (___) _____

CITY: CHARLOTTE STATE: NC ZIPCODE: _____

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 199-38/-32

STREET ADDRESS: 10762 TRAYMORE LN.

ZONING: _____

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

SUBDIVISION OR MOBILE HOME PARK NAME: Lake WYLIE SEC 39

LOT NUMBER: 31 SECTION 3A LOT SIZE (in acres): .616

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: 2

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

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

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

Signed: Sayjan S Shah Date: 10/25/93

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.

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

...Permit Approved for 3 bedroom home with LPP pump design. All necessary easements / Dot Mgmt - Rt-Way must be established before the INSTALLATION APPROVAL service line to be installed under Road must be Sleeved.

Environmentalist 11/17/93 Date

Director or Authorized Section Head 11/17/93 Date

WWATER : 122791

M E M O R A N D U M

DATE: November 17, 1993

TO: File 374B/8266A, 10762 Traymore Lane

FROM: Judy Kiser, R.S.

RE: Duke Power Distribution Line Right-of-Way

Today I contacted Duke Power Company, Charlotte, North Carolina and spoke with Warren Creson, Customer Service Department at the office located on Harris Boulevard. The purpose of this call was to determine the type power line which crosses the property belonging to Stephen Naso, located on Traymore Lane, referenced Cat. 14, 3146-165 on the physical survey and shown as a part of Lot 31, Section 39.

This line is referred to as a distribution line and carries power to adjacent lots. According to Mr. Creson, this type line is located in a right-of-way. Duke Power Company does not require setbacks off this right-of-way; however, if the property owner elects to utilize the land underneath these lines for the purpose of installing nitrification field lines, then the property owner assumes liablity for any subsequent damage incurred by Duke Power during routine maintanence, or replacement of power lines.

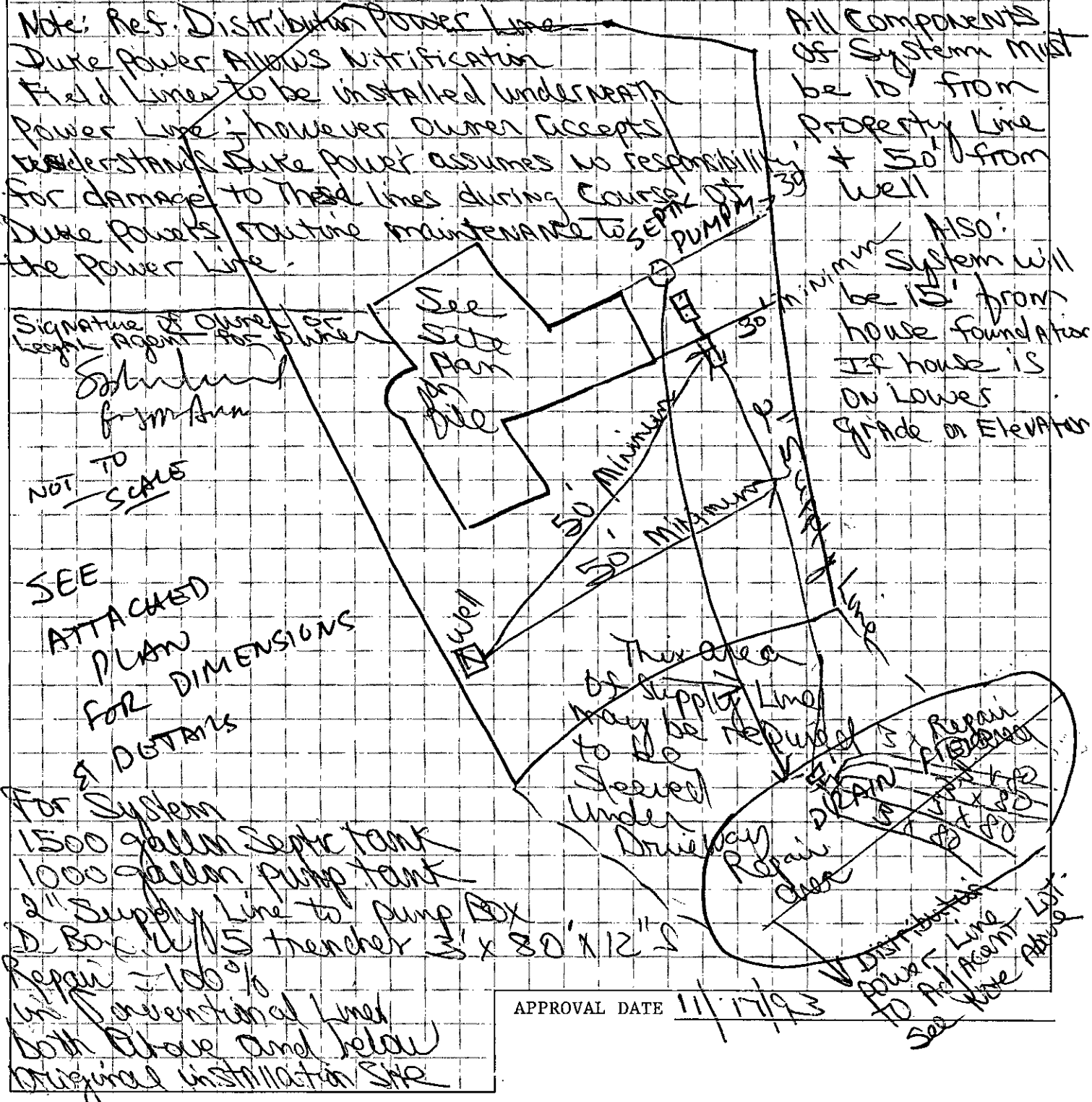
PROPOSED PLOT PLAN

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

FILE: 37B/B266A

TC: 199-31-32

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 11/17/93

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

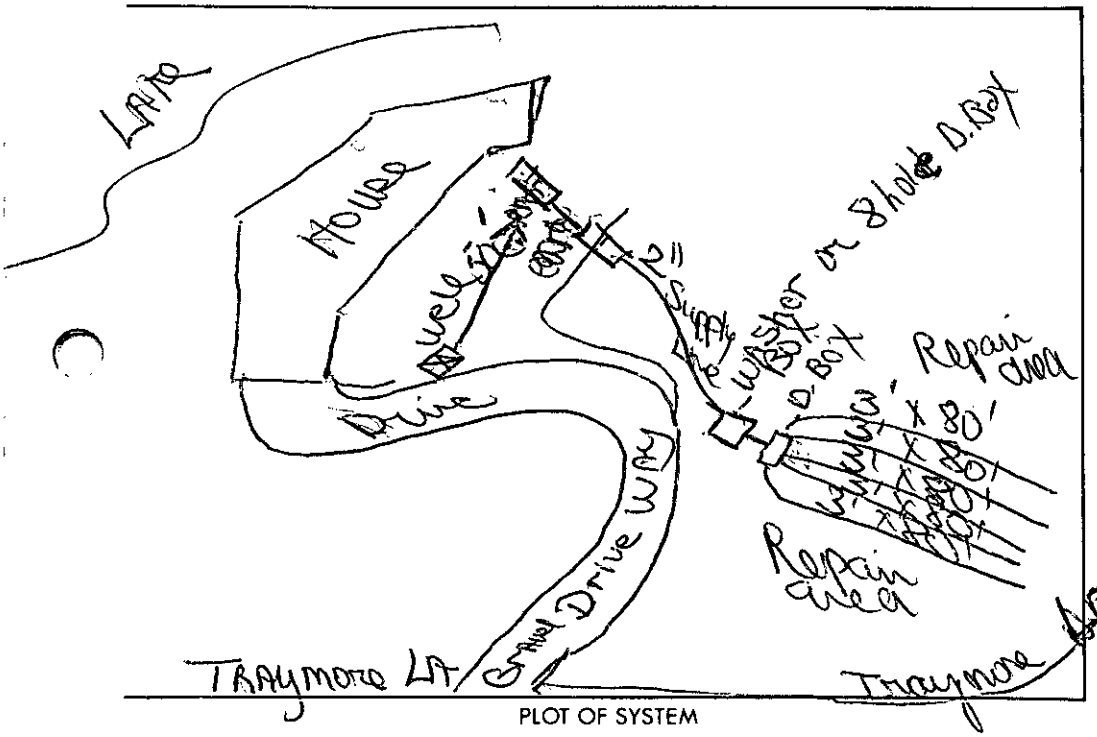
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 374 B 8266A DATE: 8/18/94

TC: 199-381-32 ☐ L

SERIAL Nº 15740

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 10/25/93. All work shall be completed on or before 9/18/94, 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.



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 3 feet

Total Line Length 400' feet

Number of Lines 5

Depth of Stone 12 inches

Distance from House 15 feet

Distance from Property Line 10' feet

Distance from Well 50' Minimum feet

NAME OF OWNER JAS-AM INC.

LOCATION OF PROPERTY 10762 Traymore Lane

Comments: Install for System: Septic tank, Pump Tank w/ Control Panel + Alarm, 40 gal. Wash box, 8 hole D. Box, 5 Trenches 3' x 80' x 12" Stone - Nitrification Trenches To run with natural Contours

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

APPROVAL

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR ~~PERMIT~~

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

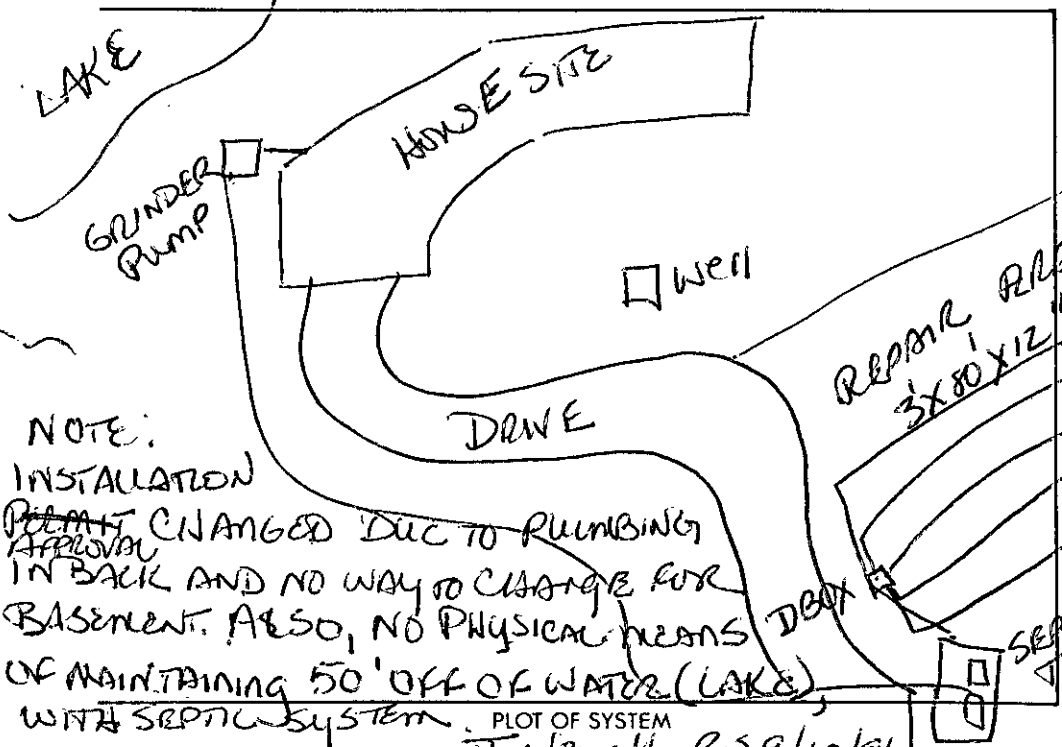
2400

FILE: 37B/8266A DATE: 9/12/94

TC: 199-381-32 ☐ L

SERIAL Nº 15833

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 10/25/93. All work shall be completed on or before 10/25/98, 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.



NOTE: INSTALLATION ~~PERMIT~~ APPROVAL CHANGED DUE TO PLUMBING IN BACK AND NO WAY TO CHANGE FOR BASEMENT. ALSO, NO PHYSICAL MEANS TO MAINTAINING 50' OFF OF WATER (LAKE) WITH SEPTIC SYSTEM.

PLOT OF SYSTEM
T Newell, RS 9/12/94
JAS-AM, INC.

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of ~~Dosing Tank~~ GRINDER PUMP TO TANK gallons

Tank Construction

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines 5

Depth of Stone 12 inches

Distance from House 15 feet

Distance from Property Line 10 feet

Distance from Well 50' MIN. feet

SEPTIC SYSTEM SUPPLY LINE MUST MEET PLUMBING CODE DISTANCES FROM WELL

NAME OF OWNER JAS-AM, INC.

LOCATION OF PROPERTY 10162 TRAYNORE LANE

Comments: Install for system: 1500 SEPTIC TANK - 4 HOLE DBOX - 5 TRENCHES 3'X80'X12" - Lines to run on contour & 10' off property lines. Grinder pump & supply line to meet plumbing standards.

T Newell for J Drum
Division or Section Head

T Newell, RS. 9-12-94
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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

400

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

FILE: 37B/8266A DATE: 10/6/94

TC: 199-381-32 ☐ L ☒ CRT

SERIAL № 12940

Name of Owner JAS AM INC Juris.:

Address of Property 10762 TRAYMORE LANE

Inspection Data:

Tank Material 1500

Total Length of Drainfield 400

Number of Lines 5 @ 80

Cover Depth ≥12"

Water Supply Source well

Distance to Water Source 50'

Excavation Inspected 10/5/94

Tank(s) Inspected 10/5/94

Wash Line Inspected N/A

High Water Alarm Inspected N/A

PLOT

Design: 1500 ST, 1200 SQFT, 12" G, CELL-LIKE (1) GRINDER/EJECTOR PUMP AT HOUSE CTR# RCS

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

- ☐ installed or constructed
- ☒ in accordance with the permit issued
- ☐ altered or repaired
- ☐ as detailed in the plot above

and meets the provisions of ~~10~~ 15A NCAC ~~10A~~ 18A .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~~ 15A NCAC ~~10A~~ 18A .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: Ejector Pump at house inspected by plumbing codes and supply line to tank.

David H Newell, RS
Environmentalist

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

(Combined with 374B) 198-381-39

File # 483B (8355A)

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

pd $50.00 7-2-92 BOE #421

[] 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: DR. STEPHEN NASO (last) (first) (mi)

ADDRESS: 7515 VALLEYBROOK PHONE: 704 375-3397

CITY: CHARLOTTE STATE: NC ZIPCODE: 28270

Date: JUNE 23. 92

PROPERTY OWNER: ATT. SUSIE WILLIAMS

NAME: CRESCENT RESOURCES (last) (first) (mi)

ADDRESS: PO BOX 1003 PHONE: (__) 373-8422

CITY: CHARLOTTE STATE: NC ZIPCODE: 28201-1003

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: ? 199-381-31+39

STREET ADDRESS: ? Traymore Ln

ZONING: ?

~~SUBDIVISION OR~~ MOBILE HOME PARK NAME: ?
NOT ASSIGNED ON MY MAP

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

LOT NUMBER: NOT ASSIGNED LOT SIZE (in acres): APPROX .5 (½ ACRE)

TYPE APPLICATION (check one):

(6)
[] 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) ON ADJACENT [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ____ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[] 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.

X Signed: Ethelene H Williams Date: June 30, 1992

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.

...

[] 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

Director or Authorized Section Head Date

WWATER : 122791

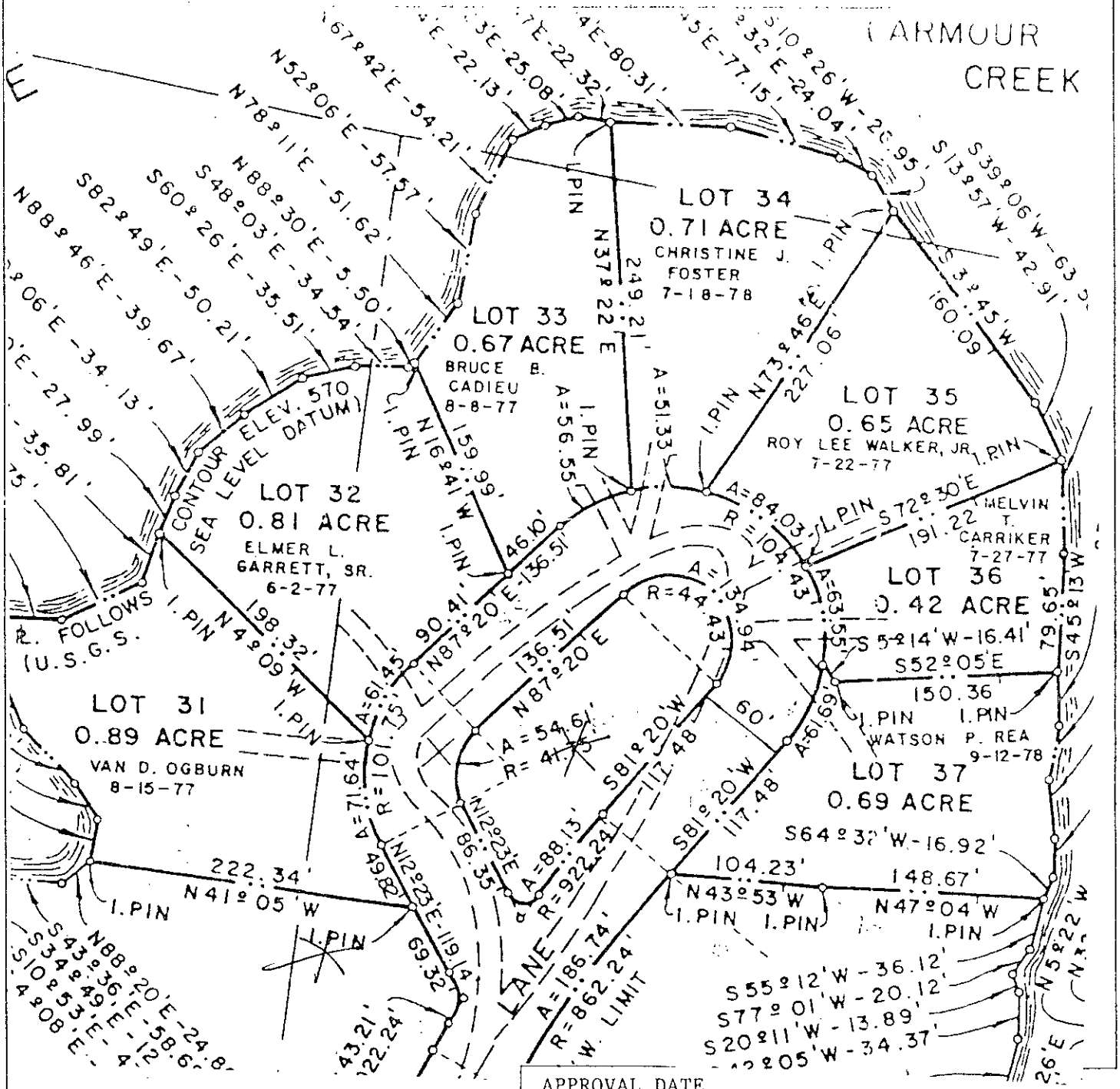
PROPOSED PLOT PLAN

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

FILE: (9355A) 483B

TC: 199-381-31

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



APPROVAL DATE _____

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12708

File: 4933/8355A Action 1

Parcel: 199-391-39

☐ PC

Location: Traymore Lane

Subdivision:

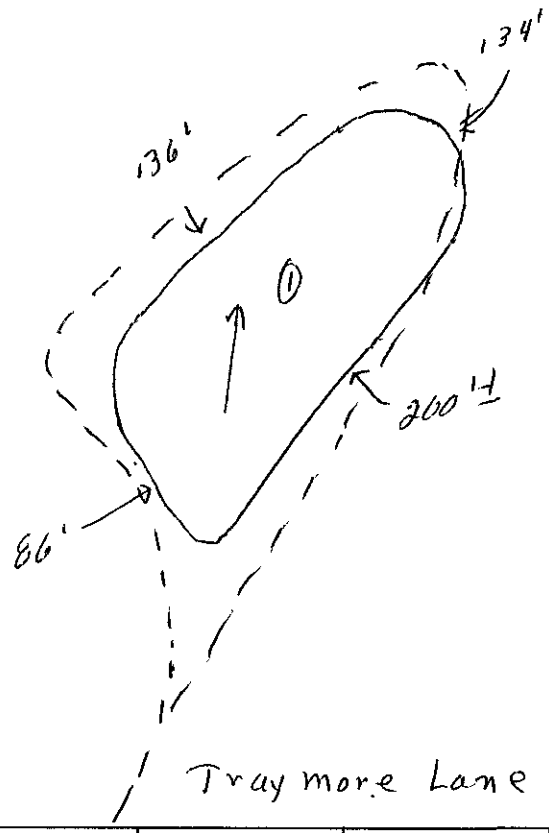
Lot: Block: Acres: ±0

Owner: Crescent Resources, Lvc.
Address: PO Box 1003
Charlotte, N.C. 28201-1003

Comments: Would serve as site for system on 199-391-32 Would need lift pump- possibly 100% Repair

Described by: William R. Marlin

Date: 7-7-92



***** EVALUATION KEY *****

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 6-12%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U slightly Expansive clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Sub & Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U >48" To water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U >49"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U >49"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV cecil-Lilo					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

Mecklenburg County

Health Department

July 7, 1992

Betty S. Snow, R.N., M.A.
Health Director

Crescent Resources, Inc.
P.O. Box 1003
Charlotte, NC 28201

RE: Property located on Traymore Lane
FILE: 8355A/483B
PARCEL: 199-381-39

Dear Sirs:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 12708) is enclosed for your information.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Our review process begins upon receipt of an Application for an Improvement Permit accompanied by a plot plan **drawn to scale with accurate dimensions indicated** detailing the location of **existing** well or type sewage disposal systems (if applicable), setbacks, and utility easements. Proposed buildings, etc. must be drawn on the plot plan to allow sufficient remaining space for the sewage disposal system and well. The well should be located 100 feet from any part of any sewage disposal system (including those located on adjacent properties).

Please note that this classification may be changed if any filling, grading or construction (including the drilling of a well) is performed on the lot which without **prior** approval from this Department. Current regulations in effect are "Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal: 15A NCAC 18A .1900, August, 1991". Changes in regulations may impact future approvals on this lot.

If there are any questions concerning this matter, please contact Bill Marlin at 336-5574.

Sincerely,

Sylvia D. Daniel for Kelly Randall

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems
KR/wpg

Enclosure

Pd STP 9/1# 3405

8266A (3748)

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

9 - 5-13-92

[] 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: NASO, JR. (last) STEPHEN (first) J. (mi)

ADDRESS: 7515 VALLEY BROOK RD PHONE: (704) 364-2014

CITY: CHARLOTTE, STATE: N.C. ZIPCODE: 28270

Date: 5/11/92

PROPERTY OWNER:

NAME: NASO, JR., STEPHEN J. & ANN E. (last) (first) (mi)

ADDRESS: 7515 VALLEY BROOK RD. PHONE: (704) 364-2014-Home
704, 375-3397-Work

CITY: CHARLOTTE, STATE: N.C. ZIPCODE: 28270

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 19938131

STREET ADDRESS: 10762 TRAYMORE LANE

CHARLOTTE, N.C. 28278

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[X] 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)
[] 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: 2

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ____ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[X] Private Well (P)

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

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

Signed: Mrs. Ann E. Naso Date: 5/11/92

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.

...

[] 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

_____ Director or Authorized Section Head Date

WWATER : 122791

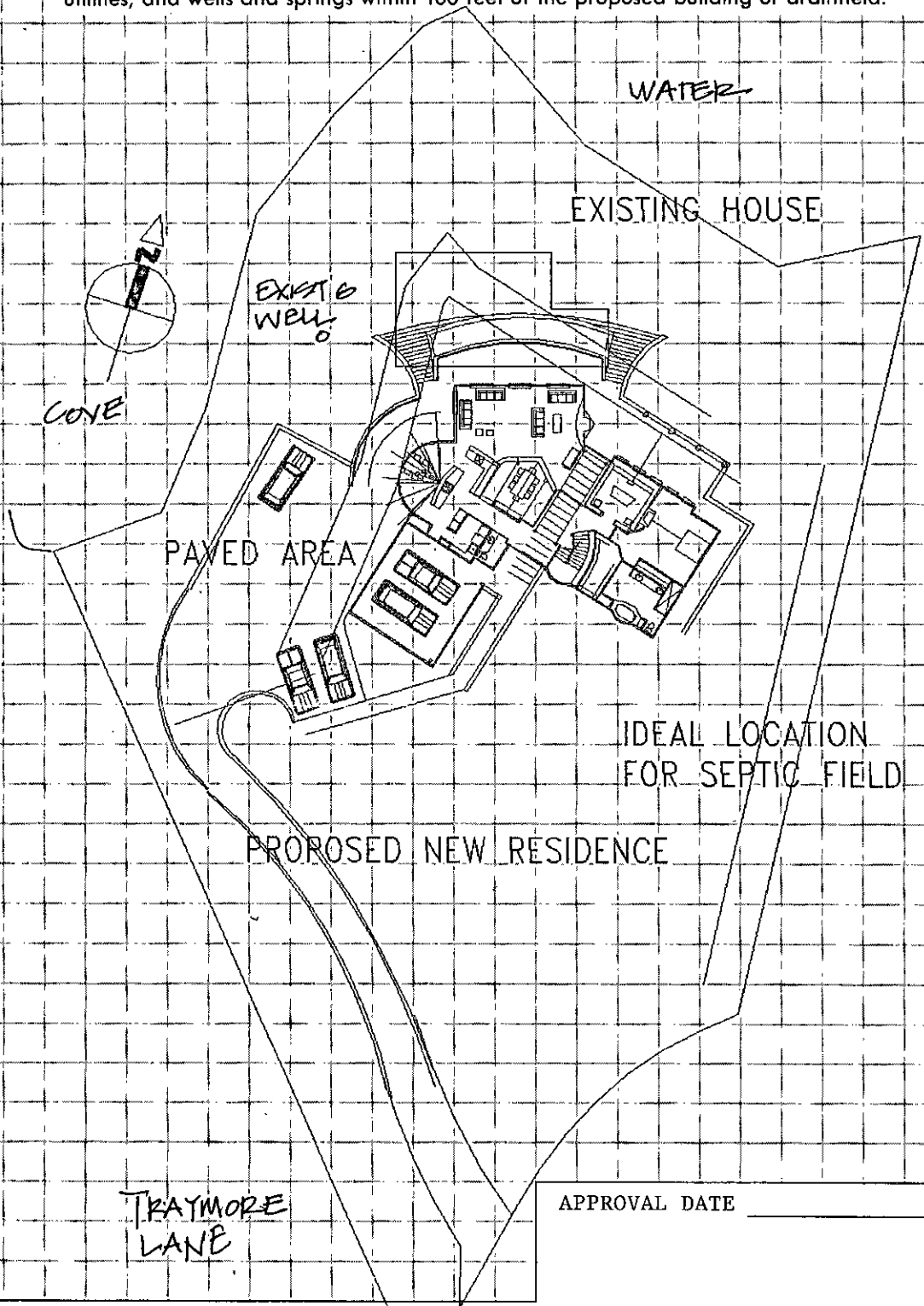
PROPOSED PLOT PLAN

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

FILE: _____

TC: _____

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



APPROVAL DATE _____

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH File: 3748/8266A Action 3
SITE EVALUATION REPORT
SERIAL NUMBER 12672 Parcel: 199-381-31 ☐ PC

Location: Traymore Lane

Subdivision:

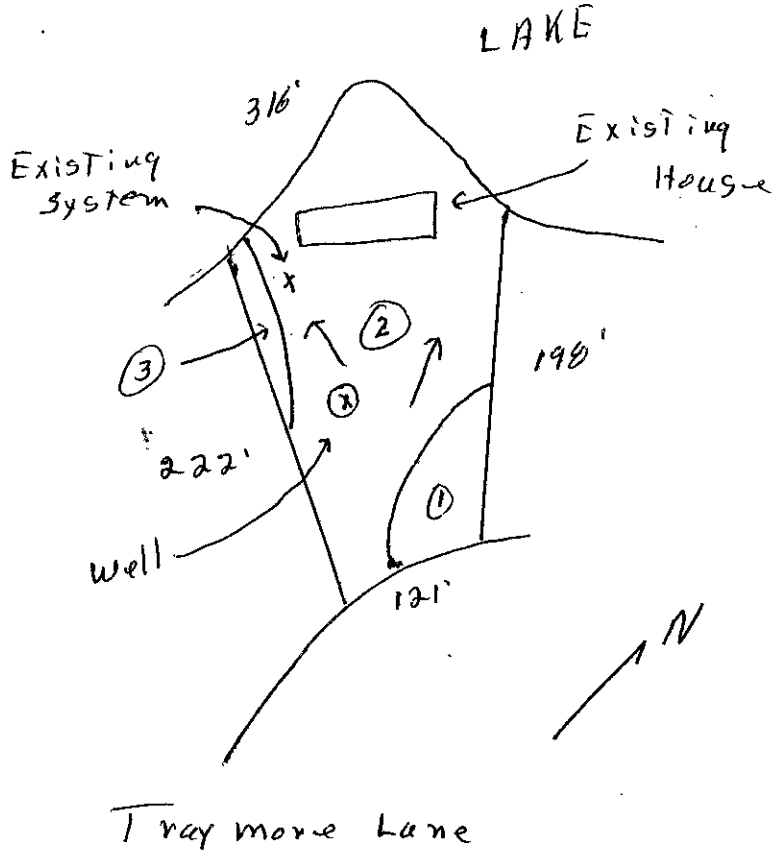
Lot: 31 Block: Acres: 7±

Owner: Stephen & Lenn Naso
Address: 7515 Valley Brook Road
Charlotte, N.C. 28270

Comments: _____

Described by: William R. Marlin

Date: 6-9-92



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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 6-15%	S (PS) U 15-30%	S PS (U) Depression	S PS U	S PS U	S PS U
Texture	S PS (U) Expansive clay	S PS (U) Expansive clay	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Sub ∠ Blocky	S (PS) U Sub ∠ Blocky	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" To water	S (PS) U >36" To water	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 18-22"	S PS (U) 19-22"	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS (U) Restricted	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	Mecklenburg-Like	Mecklenburg-Like	Depression.			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

Mecklenburg County

Health Department

Betty S. Snow, R.N., M.A.
Health Director

June 9, 1992

Stephen & Ann Naso
7515 Valley Brook Road
Charlotte, NC 28270

RE: Property located at Traymore Lane
FILE: 8266A/374B
PARCEL: 199-381-31

Dear Mr. & Mrs Naso:

At your request a soils investigation was conducted on the property designated above. Results of this investigation showed the site to be classified as **UNSUITABLE** under criteria as set forth in Section .1900 of the North Carolina Administrative Code, Title 10, Department of Human Resources, Chapter 10, Division of Health Services; Sanitary Engineering Section, Subchapter 10A, Sanitation. A copy of the Site Evaluation Report (Serial Number 12672) is enclosed.

The soil on this property is not suitable for use with any conventional, modified or alternative system of which I am aware. If you wish to exercise your right of appeal concerning the interpretation and enforcement of these rules you may do so in accordance with G.S. 150B and 10 NCAC 1B.

If there are any questions, please contact Bill Marlin at 336-5574.

Sincerely,

Kelly Randall FOR GENE VAUGHAN

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

Enclosure