

11119 CHESTNUT HILL DR

23112322

8/22/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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RECEIVED
APR 15 1983
ENVIRONMENTAL HEALTH

Date Received 4-15-83

SIR No. 19565

T. C. No. 231-123-22

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Jenkins (LAST) Joseph (FIRST) Jackson (MIDDLE)

2) ADDRESS OF OWNER 4224 Tilley-Morris Rd ZIP 28105

3) PHONE NO. Home 842-9224 Office 364-9111

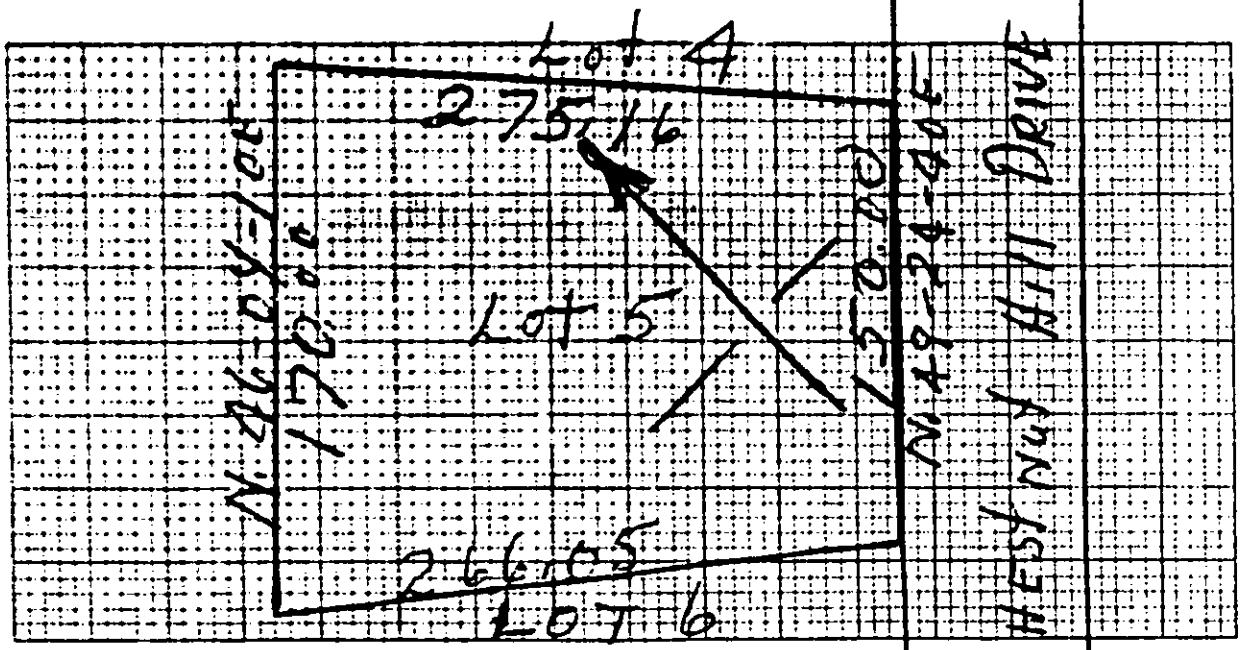
4) LOCATION OF PROPERTY 1119 Chestnut Hill Rd. (STREET OR COUNTY ROAD)

5) SUBDIVISION Chestnut Hills LOT NO. 5 BLOCK NO. 5

MAP BOOK NO. 19 PAGE NO. 166

6) DEED REFERENCE. DEED BOOK 231 PAGE NO. 123 . Lot - 22

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge.



7) ACCURATELY DIAGRAM & DIMENSION LOT

Joe J. Jenkins
OWNER

EHD-5-76

Environmental Health Department Copy

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 19565 DATE: 7-8-97

TC: 231-123-22 ☐ L ☒ CRT

SERIAL Nº 17202

Name of Owner RANDY GODFREY Juris.: _____

Address of Property 7119 CHESTNUT HILLS DR

Inspection Data:

Tank Material PLL

Total Length of Drainfield 420

Number of Lines 3 + 50 6x45 @ _____

Cover Depth ~ 12"

Water Supply Source well

Distance to Water Source ~ 75'

Excavation Inspected 7-8-97

Tank(s) Inspected 7-8-97

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design _____ CTR# _____

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

☒ installed or constructed ☐ altered or repaired

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

and meets the provisions of I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☒ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of I5A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

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

COMMENTS: _____

Environmental Health Specialist

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

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 19565

Tax Number: 231-123-22

- 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	
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
.3 Long-term acceptance rate	480 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9 Trench spacing (min. on centers)	
N/O Serviced by private well	1500 Gallon septic tank	400 Total trench length (ft)	36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
4 Bedrooms in residence	N/A Gallon pump tank	N/A Depth of stone		
Any surface waters present: No	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: Agreement form on file use innovative system - lift pump may be required. 1000 gallon ST for wash line				
Repair Area System Type Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
4200 Absorption Area (Sq ft) 400 Total Trench Length (Ft)	___ Depth of Stone Trench	9 Trench spacing (min. on centers)	56 Maximum Trench Depth	
For existing system, enter the year originally installed:				

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

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

Kelly Rundell
DEHNR Authorized Agent — Date

X Charles R Hodges 1/31/97
Owner/Agent Signature — 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

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

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: 19565 DATE: 7-2-97

TC: 231-123-22 ☒ L

SERIAL Nº 17388

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 4-26 95. All work shall be completed on or before 9-2-97, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A 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.

INSTALL w/ PLAN ON FILE

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 up / 1000 down gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length see plan feet

Number of Lines see plan

Depth of Stone _____ inches

Distance from House 25' + feet

Distance from Property Line 10' + feet

Distance from Well 50' + feet

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

NAME OF OWNER Charles R Godfrey

LOCATION OF PROPERTY 11119 Chestnut Hill Dr

Comments: install w/ plan on file

Environmental Health Specialist

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

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: 19565 DATE: 7-2-97

TC: 231-123-22 L

SERIAL Nº 17388

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Environmental Health Specialist

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

DCRT

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** 1760
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 1-7-96 **PERMIT NO:** 19565
PARCEL NO: 231-123-22

JOB LOCATION ADDRESS: 11114 Chesnut Hills Dr
PROPERTY OWNER: Randy Godfrey
BUILDING CONTRACTOR: " "
SUBDIVISION NAME: Chesnut Hills
AUTHORIZATION ISSUED BY: Kelly Russell **DATE:** 1-7-96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 19565, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

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

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

4. OTHER CONDITIONS: agreement form on file
use innovative system
1 Ft. pump may be required
1000 gallon S.T. for washlines

OWNER CERTIFICATION

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

Charles R Godfrey 1/31/97
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

19565

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$150.00 9/26/95 Rct#3987

~~3749.B~~

☐ 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

COPY

PERSON FILING APPLICATION:
NAME: Godfrey (last) Charles (first) R. (mi)
ADDRESS: 11111 Kingfisher Dr PHONE: (704) 541-0010
CITY: Charlotte STATE: NC ZIPCODE: 28226

Date:

PROPERTY OWNER:
NAME: TYSON (last) DAVID (first) A. (mi)
ADDRESS: 3718 SELWYN AVE PHONE: (704) 523-6521
CITY: CHARLOTTE STATE: NC ZIPCODE: 28209

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 231-123-22
STREET ADDRESS: 9119 Chestnut Hill Dr.
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: Chestnut Hills

LOT NUMBER: #5/B5 LOT SIZE (in acres): 1

TYPE APPLICATION (check one):
☐ 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) ☒ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 4 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)
☒ 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: [signature] Date: 9-26-95

NOTICE:

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

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

...This permit is not transferable.

...

☐ 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

WATER - 22 "91

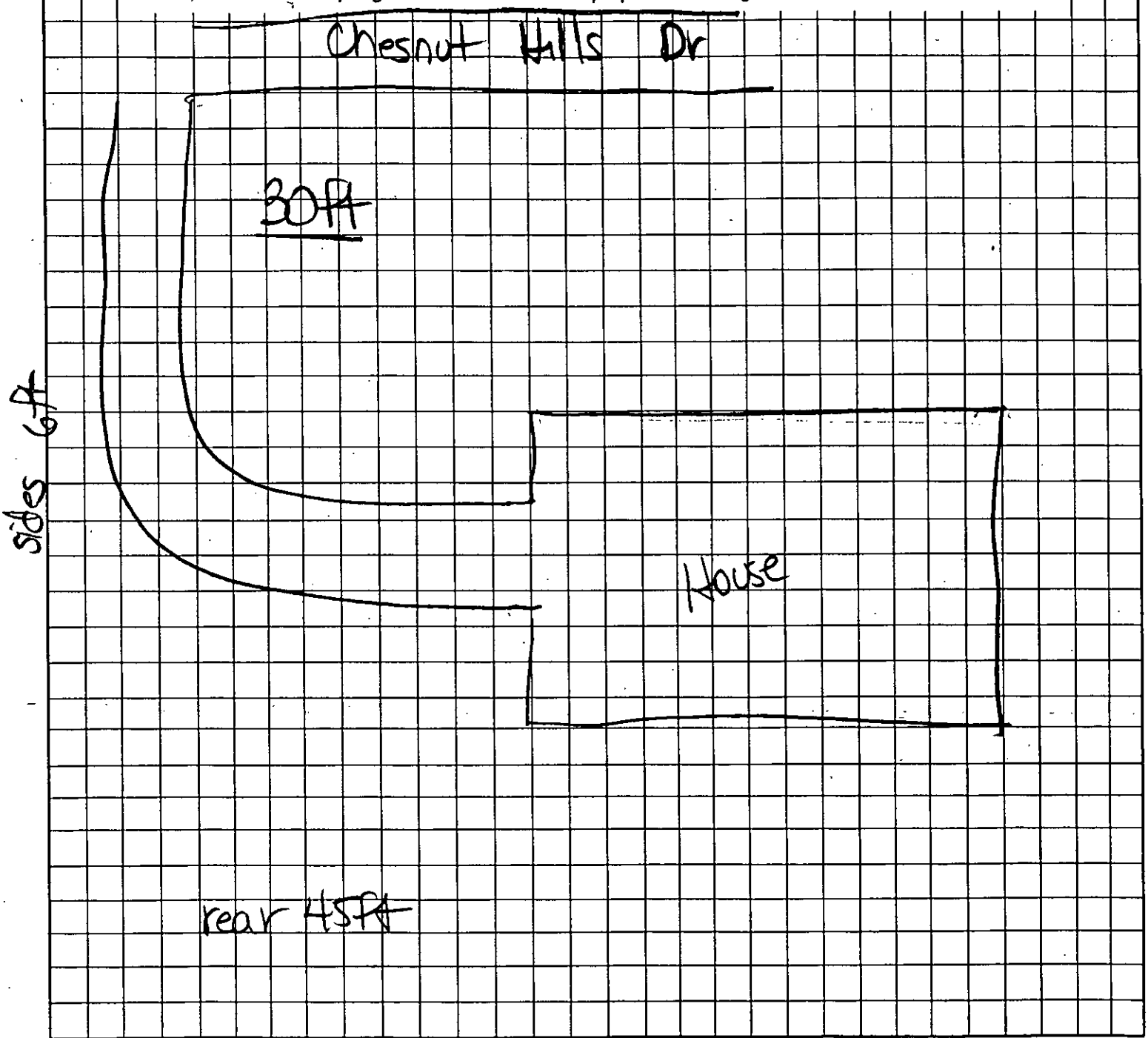
PROPOSED PLOT PLAN

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

FILE: 37149B

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.



OWNER/AGENT SIGNATURE

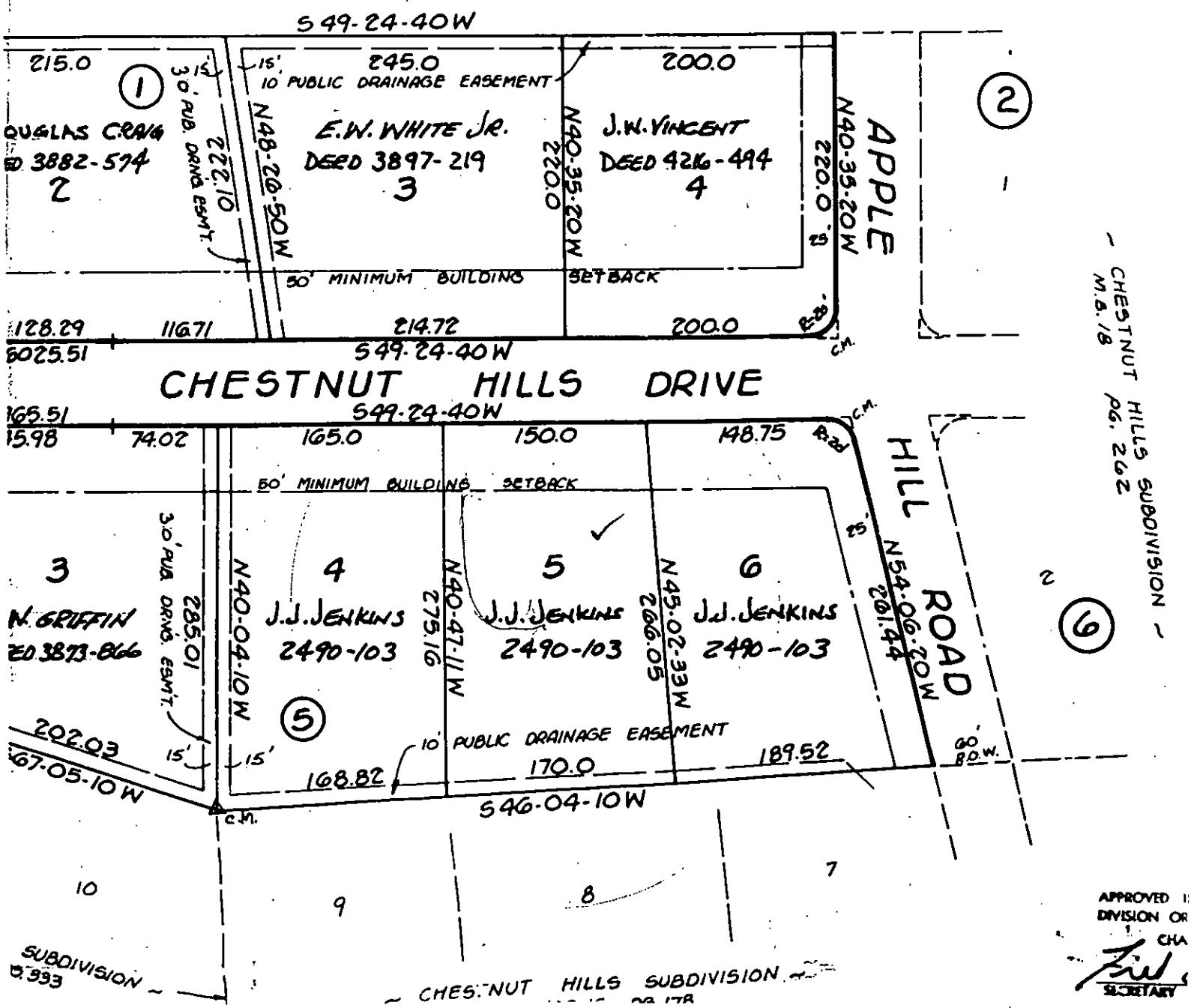
DATE

APPROVAL DATE _____

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

PRES
F
REGIS
'79 Nov 19
CHARLES
REGISTER
MECKLENBU

~ R.A. GRIER ~
2905-528



APPROVED
DIVISION OF
CHA
SECRETARY

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

File 19565

Sheet ___ of ___
PROPERTY ID #: 231-12
COUNTY: Mec K.

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: David A. Tyson APPLICANT: Charles R. Wolfrey
ADDRESS: 9716 Selwyn Ave Chtte APPLICATION DATE: ___ DATE EVALUATED: 10/6/95
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): ___ PROPERTY SIZE: 1.0
LOCATION OF SITE: 1111 9 Chestnut Hill Dr. PROPERTY RECORDED: ___
WATER SUPPLY: ☐ Private ☑ Public ☑ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	1940 LAND-SCAPE POSITION/ SLOPE %	HORI-ZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFI CLAS & LTA
1	linear slope 17%	0-38"	sbk, clay	sexp/s-p,f	2.5YR 4/6	>48"	N/A	>48"	PS .39al/ FT/cla
		38-51"	sbk - cl	sexp/s-p/ f;	"				
2	linear slope 17%	0-2"	scl, gr	sexp/fr	7.5YR 3/1	>48"	N/A	>48"	PS .39al/ FT/cla
		2-15"	sc, sbk	fr/sexp s,p	5YR 4/4				
		15-50"	c/sbk	fi/sexp, s, p	2.5YR 4/6				
3	LS 8%	0-20"	scl/sbk	fr/sexp/s/p	5YR 4/4	>48"	N/A	>46	PS/ .3
		20-49"	c/sbk	fi/sexp/s/p	2.5YR 4/6				
4									

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

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): US
EVALUATED BY: W.A. Marlin
OTHER(S) PRESENT: ___

MMENTS: Soils in unexcaded areas have RPRBPS system depth- Area of these soils is very limited, it does not appear To Be 100% Acres

LEGEND

use the following standard abbreviations

ANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR	LPP .1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
) (Drainage Way)					EXP (Expansive)	CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
S (Foot Slope)						ABK (Angular Blocky)
I (Head Slope)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SICL (Silty Clay Loam)				PR (Prismatic)
(Nose Slope)		CL (Clay Loam)				
(Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
(Shoulder Slope)		SUC (Silt Loam Clay)				
(Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SIC (Silty Clay)			FI (Firm)	S (Sticky)
					VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None		EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

OTES

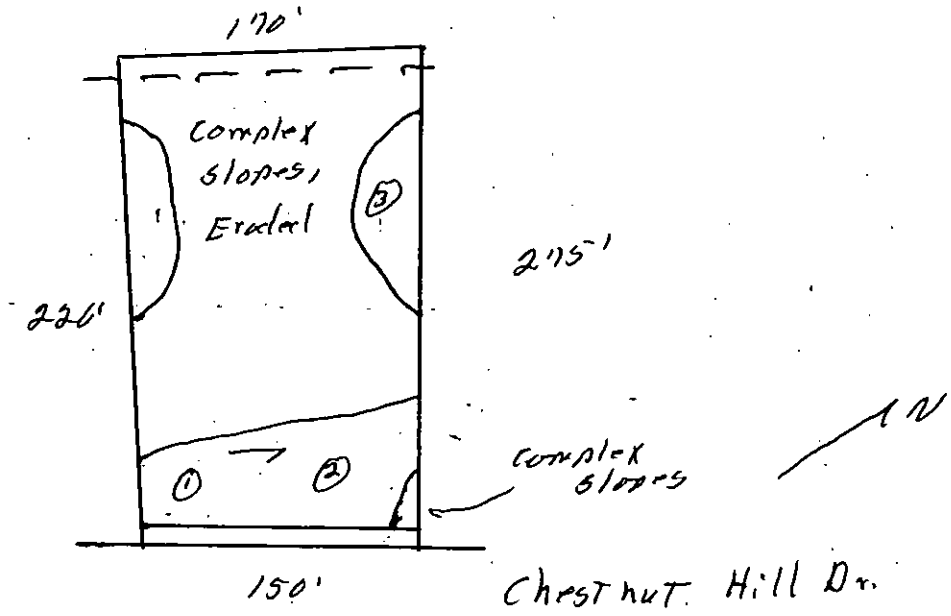
ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.
ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).

① Boring locations

→ Slope Direction

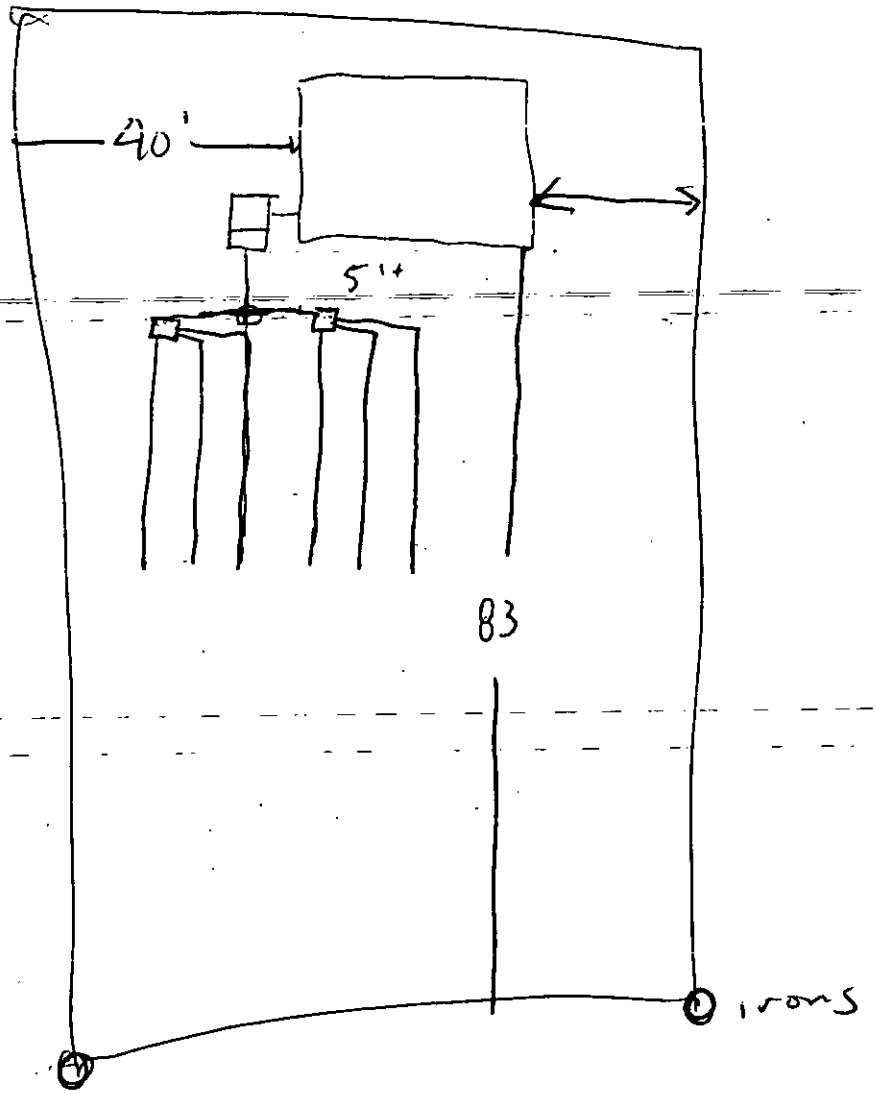


house now 73 from irons

need to set 83' from iron

where is driveway

where is well



Fax Transmittal

EDWARDS LUMBER COMPANY
DIVISION OF CAROLINA BUILDERS CORPORATION
P. O. BOX 1016
Matthews, N. C. 28106

704/535-6940
704/535-3757 Fax

DATE: Oct 24th

TO: Kelly Randall 336-6894

FROM: Randy Godfrey

RE: Septic System

PAGES TO FOLLOW: 1



Imaging Solutions and Services, Inc.

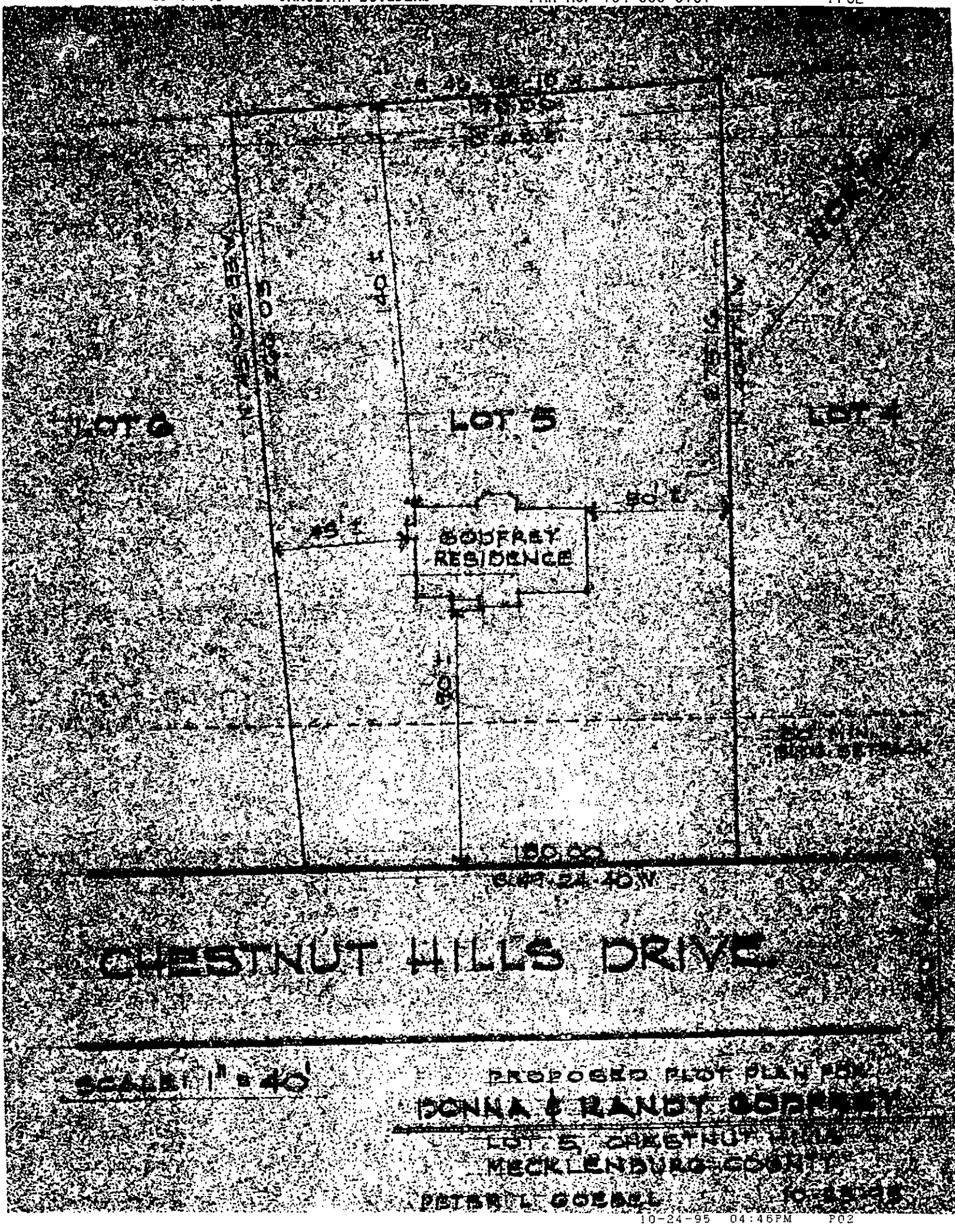
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ISSI Operations Center Staff

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LOT 6
LOT 5
LOT 4
GODFREY RESIDENCE
CHESTNUT HILLS DRIVE
SCALE: 1" = 40'
PROPOSED PLOT PLAN FOR
DONNA & RANDY GODFREY
LOT 5, CHESTNUT HILLS
MECKLENBURG COUNTY
PETER L. GOEBEL

Fax Transmittal

EDWARDS LUMBER COMPANY
DIVISION OF CAROLINA BUILDERS CORPORATION
P. O. BOX 1016
Matthews, N. C. 28106

704/535-6940
704/535-3757 Fax

DATE: Oct 24th

TO: Kelly Randall 336-689-4

FROM: Randy Godfrey

RE: Septic System

PAGES TO FOLLOW: 1

Mecklenburg County
Health Department

November 8, 1995

Mr. Charles R. Godfrey
11111 Kingfisher Drive
Charlotte, North Carolina 28226

Re: 11119 Chestnut Hill Drive
File: 19565
Parcel: 231-123-22

Dear Mr. Godfrey:

Receipt of your Application for Improvement Permit for the above referenced property is acknowledged. A soil evaluation and site visit have been conducted. The results of the evaluation indicated the site is **UNSUITABLE** under Rule .1945 **AVAILABLE SPACE** for a conventional wastewater treatment and disposal system. However, modifications to septic tank systems may be utilized to overcome selected soil and site limitations. Our site evaluation determined that this lot can be reclassified to **PROVISIONALLY SUITABLE** under Rule .1956 **MODIFICATIONS TO SEPTIC TANK SYSTEMS (3) (ii)**. An innovative plan was prepared on site and a copy is enclosed for your records. The classification for this septic tank system is Type III.

The following provisions shall apply for the issuance of the Improvement Permit:

- The Well should be located 100 feet, but in no case less than 50 feet from the sewage system and repair area.
- Water saving plumbing, devices and low flush toilets should be installed when constructing the residence.
- Landscaping of original system area and repair area is prohibited. Grading, shaping, or altering the lot may void the permit.

Upon execution and recording of the enclosed form **"WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c) or .1969."**

If you have any questions concerning this matter please contact me at 336-5575.

Sincerely,

Kelly Randall

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

Enclosure(s)

19565

~~3749~~

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$150.00 Rct#3987 9/26/95

☐ 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: Godfrey (last) Charles (first) R. (mi)

ADDRESS: 11111 Kingfisher Dr PHONE: (704) 541-0010

CITY: Charlotte STATE: NC ZIPCODE: 28226

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 231-123-22

STREET ADDRESS: 11119 Chestnut Hill Dr.

ZONING:

PROPERTY OWNER:

NAME: TYSON (last) DAVIS (first) A. (mi)

ADDRESS: 3718 SELWYN AVE PHONE: (704) 523-6521

CITY: CHARLOTTE STATE: NC ZIPCODE: 28209

SUBDIVISION OR MOBILE HOME PARK NAME: Chestnut Hills

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

LOT NUMBER: #5/B5 LOT SIZE (in acres): 1

TYPE APPLICATION (check one):

☐ 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 N)
☐ 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) ☒ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 4 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)
☒ 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: [signature] Date: 9-26-95

NOTICE:

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

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

...This permit is not transferable.

...

☐ 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

WATER - 2270

19565

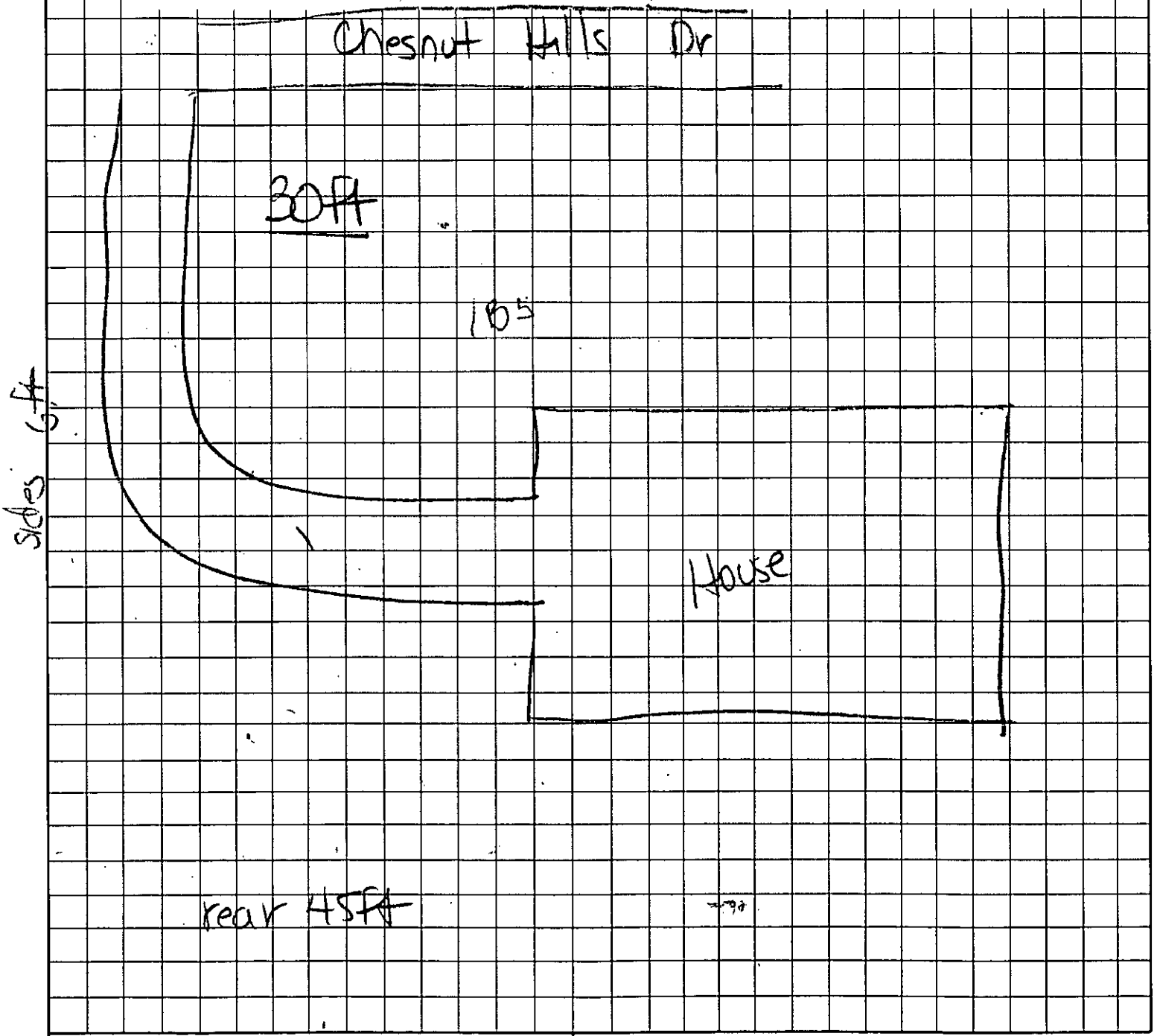
PROPOSED PLOT PLAN

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

FILE: ~~3[illegible]B~~ 19565

TC: 231-123-22

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



OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

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

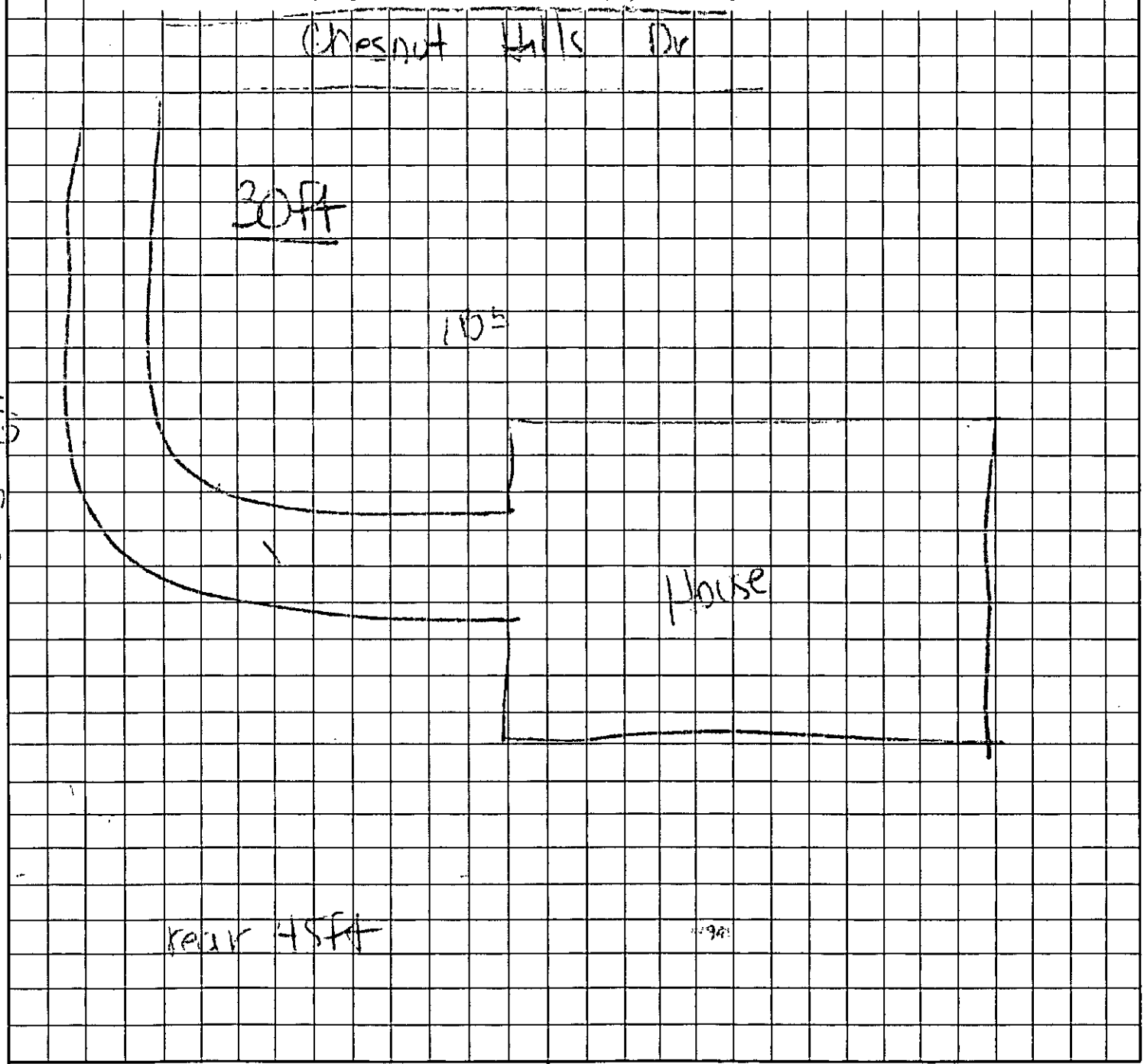
PROPOSED PLOT PLAN

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

FILE: ~~3[illegible]~~ 1153

TC: 231-123-22

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



OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE

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

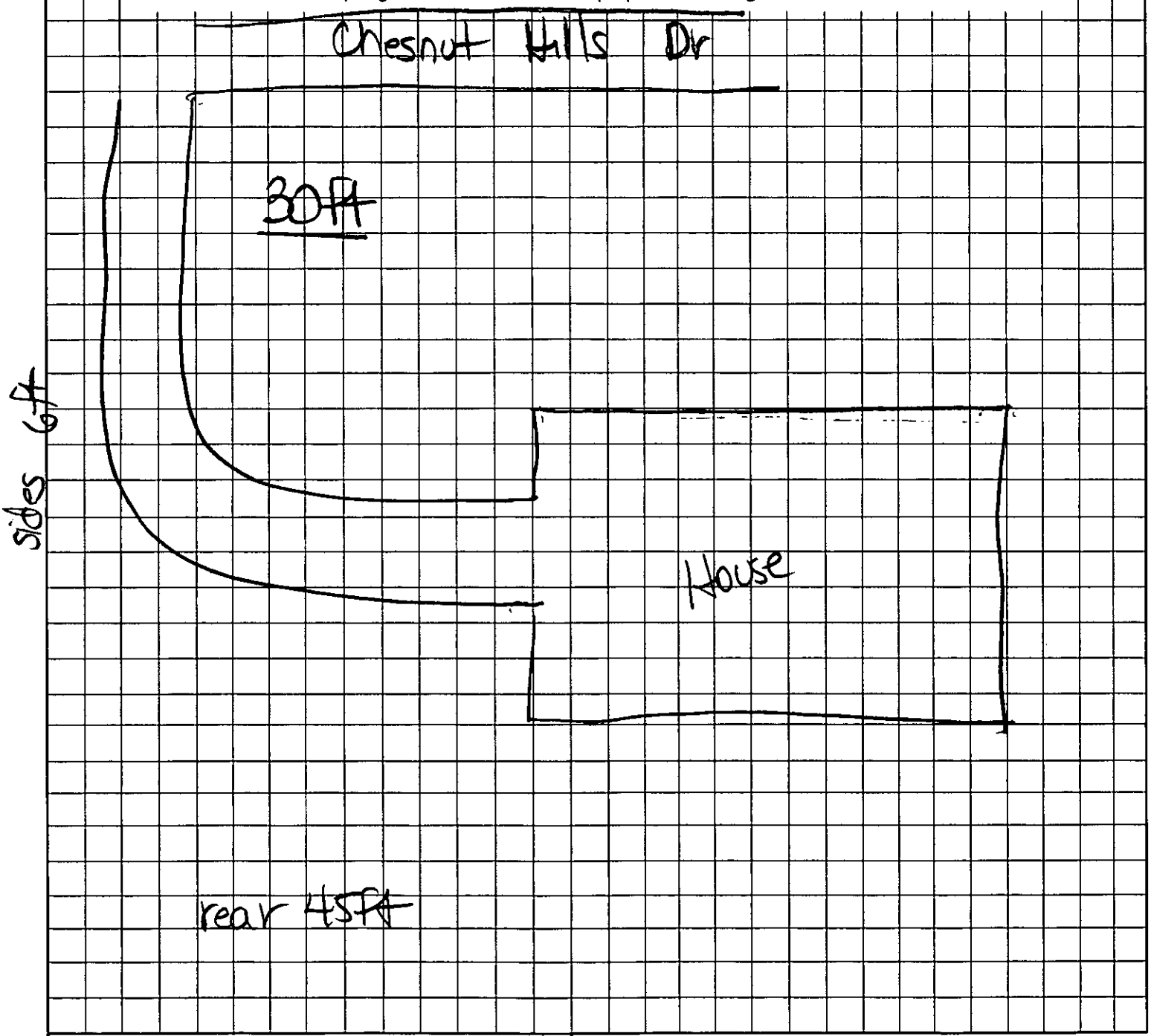
PROPOSED PLOT PLAN

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

FILE: ~~[illegible]~~ 19565

TC: 231-123-22

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 _____

OWNER/AGENT SIGNATURE

DATE

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

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

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

FILE # 19565
PARCEL # 231-123-22 Lot 5

The undersigned, Charles Randolph Godfrey & Donna Hobgood Godfrey, owner of property located at 11119 Chesnut Hills Dr, matthews, NC, (the "site") and described in an instrument recorded in Book 8371 at Page 832, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

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FILED FOR REGISTRATION
DATE
BOOK
STAMPS
DOC. #
TIME
PAGE
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[illegible]

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

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

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

This instrument was prepared by: Randy Godfrey
Mail after recording to: 11111 Livingston Dr
Charlotte NC 28226

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

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

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

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

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

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

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

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 16 day of December, 1996.

(Corporate Name)

By: _____

_____ President

ATTEST:

_____ Secretary

(Corporate Seal)

x Charles Randolph Godfrey (SEAL)

x Donna Holroyd Godfrey (SEAL)

_____ (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Leona S. Johnson, a Notary Public for said County and State, do hereby certify that Charles R. Godfrey + Donna Holroyd Godfrey personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 16 day of December 1996

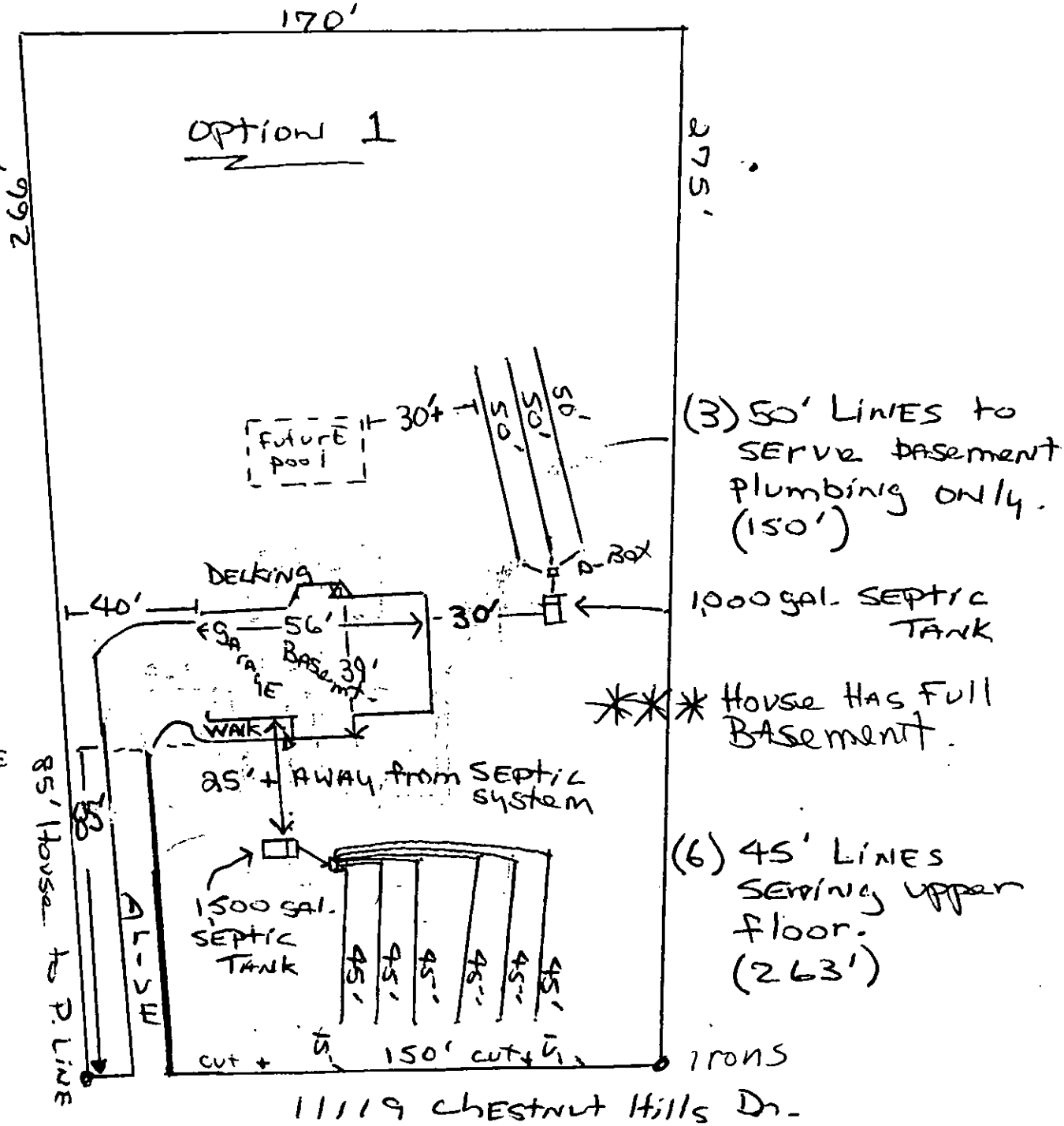
Leona S. Johnson
Notary Public

My Commission Expires:

My Commission Expires January 5, 2001

(4) Bedrm. Chamber / Gravity Septic System. Split plan (413 ft.)
(66) Chambers Total

MCHD
File: 19565
TC: 231-123-22
Lot 5, Chestnut Hills



(1) 1,500 gal. Septic Tank
(1) 1,000 gal. " "
(2) D-Boxes
Spread level as required.
** Bld. Contractor is responsible for gravity feed to tanks.

Whittaker
Lic. #26695
Scale 1" = 40'

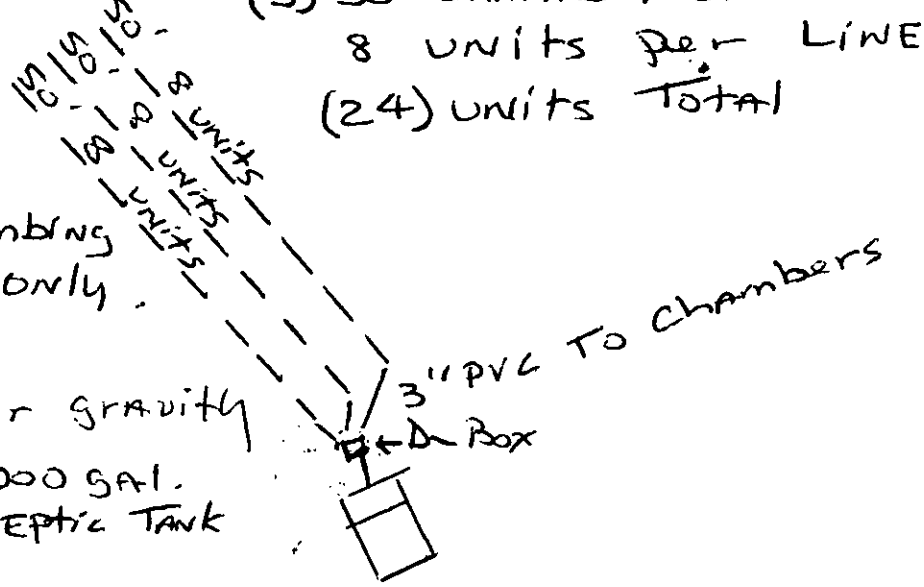
Option 1

MCHD
File: 19565

(4) Bedrm. Chamber / Gravity Septic System. Split Plan.

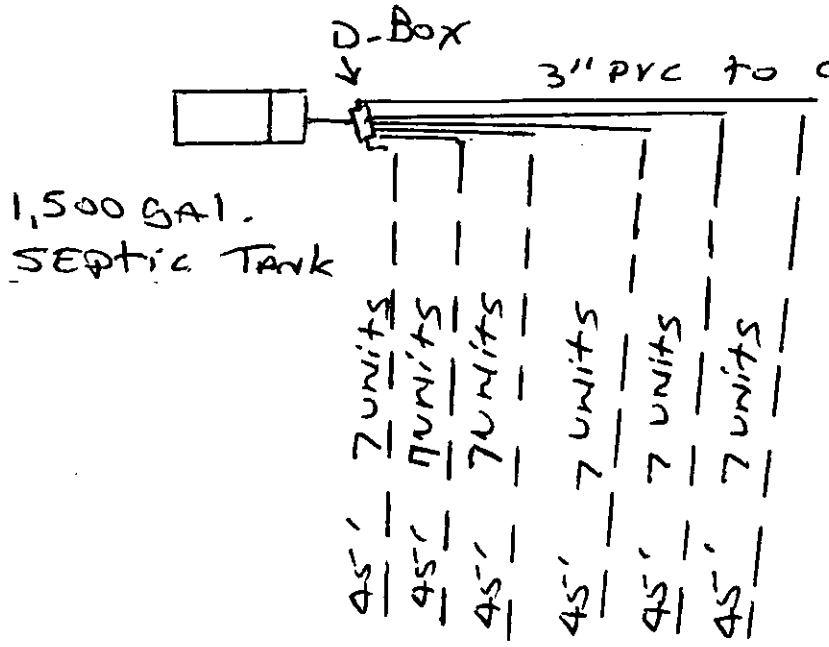
SPECS: Basement

(3) 50' chamber LINES = 150'
8 units per LINE
(24) units Total



* This system to SERVE plumbing in basement only.
* Contractor is Responsible for gravity feed to tanks.

SPECS: upper floors



(6) 45' LINES = 262.5'
(7) units per line
(42) units total

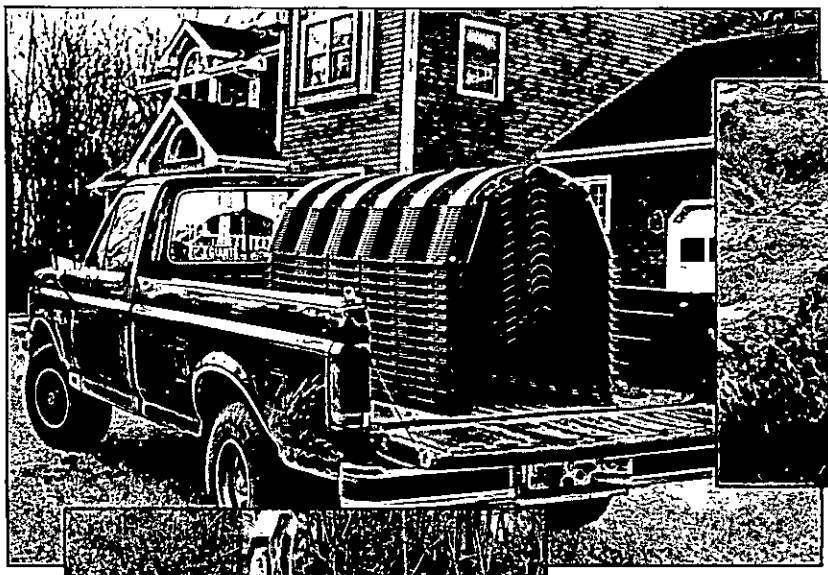
* Bld. Contractor is Responsible for gravity feed to TANKS.

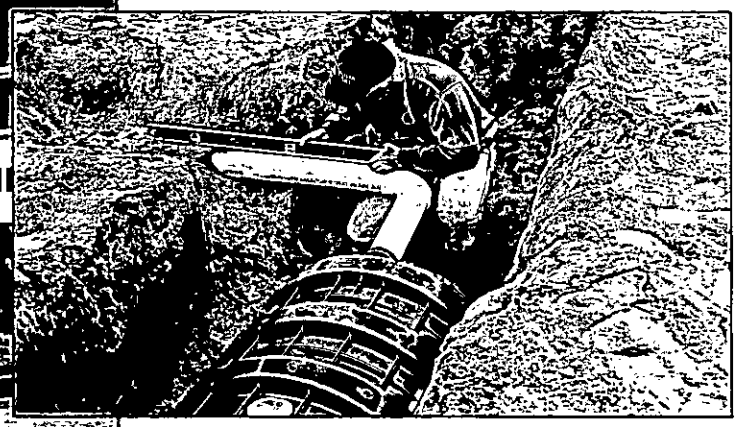
NO Scale

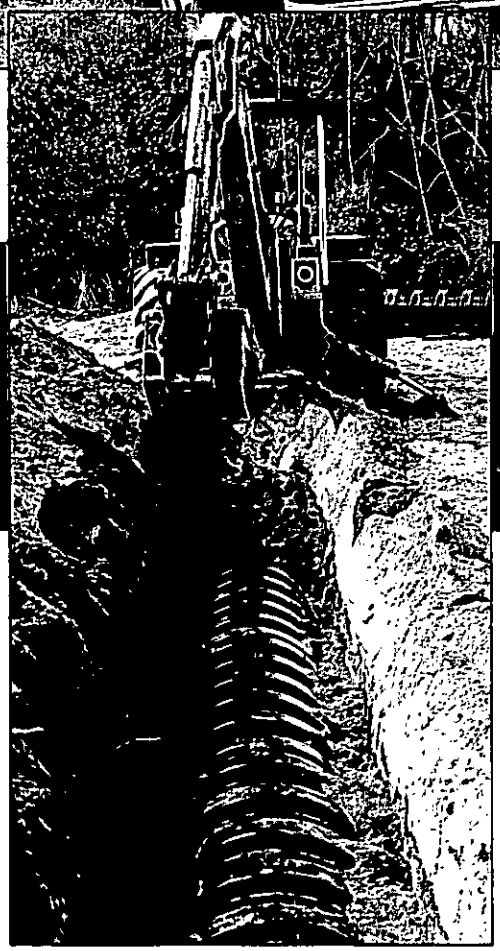
IT'S TIME TO COME OUT OF THE STONE AGE!

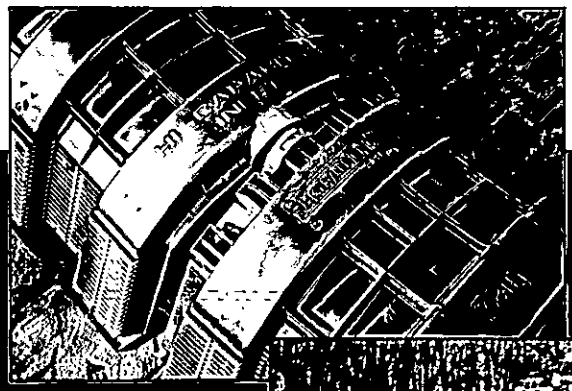
THE INFILTRATOR®

The Chamber Leach Field System Engineered for Excellence





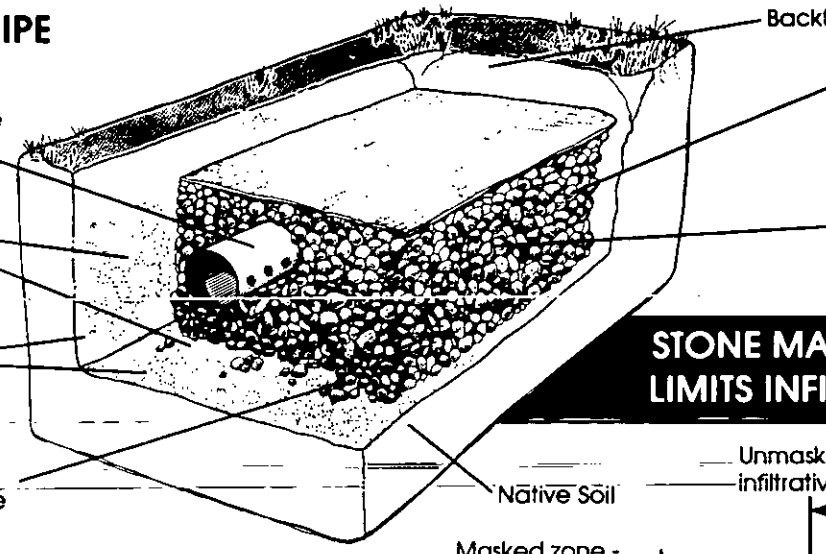




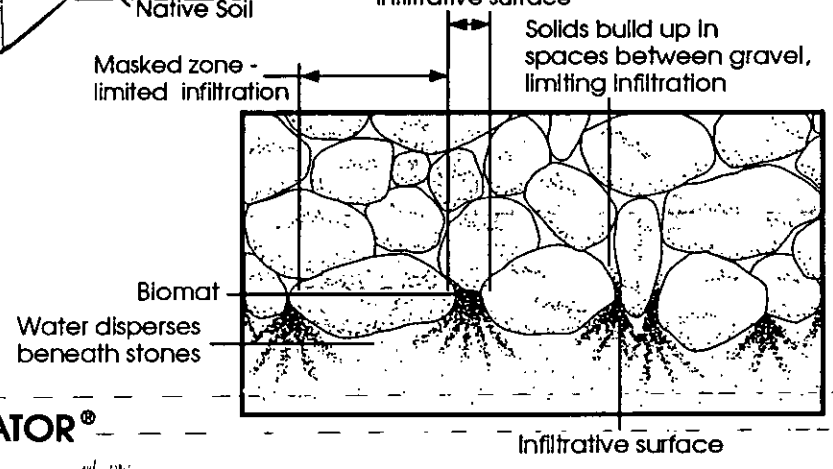


COMPARE THE ADVANTAGES - CHOOSE THE INFILTRATOR®

GRAVEL AND PIPE



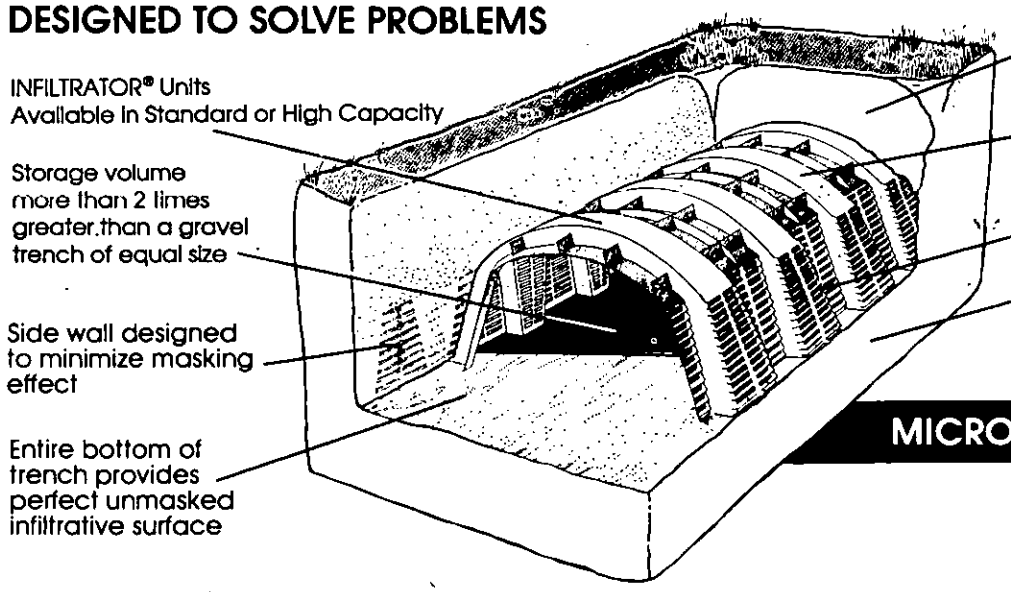
STONE MASKING- LIMITS INFILTRATIVE CAPACITY



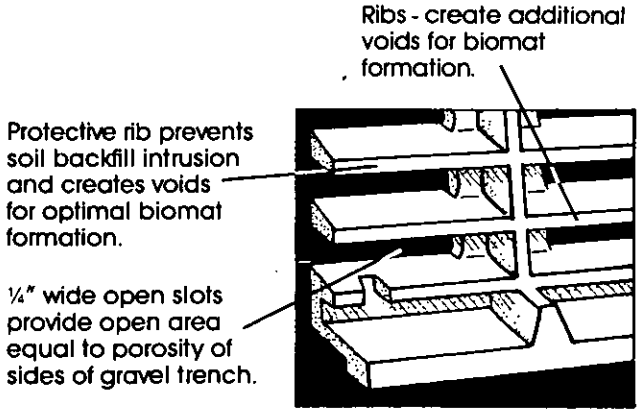
PROBLEMS WITH GRAVEL:

- Reduces infiltration rate 50% to 60% according to experts
- Handling and waste
- Site damage
- Cost

THERE IS A BETTER WAY .... THE INFILTRATOR® DESIGNED TO SOLVE PROBLEMS



MICRO-LEACHING CHAMBERS®



SPECIFICATIONS	STANDARD INFILTRATOR®	HIGH CAPACITY INFILTRATOR®
SIZE	3' x 6.25' x 1'	3' x 6.25' x 1.33'
WEIGHT	25 lbs.	30 lbs.
STORAGE	10.3ft.^{3} (77 gal.)	16.3 ft.^{3} (122 gal.)

THE INFILTRATOR®

SEPTIC SYSTEM INSTALLATION INSTRUCTIONS

1. Excavate and level 3' wide trenches.

2. Prepare trench bottom and sides in accordance with state and local regulations. (Infiltrator Systems recommends raking sidewall and bottom infiltrative surfaces to eliminate smearing.)

3. Screw splash plate on bottom of open end plate.

4. Screw open end plate into inlet end (without interlocks) of first INFILTRATOR® chamber with splash plate extending into unit.



5. Place first unit in the inlet end of trench with interlocks downstream.

6. Run distribution pipe through inlet opening in end plate but not beyond splash plate. Single screw may be used to hold in place. **Pipe does not normally run the length of system.**



7. Connect INFILTRATOR® units together, fully engaging interlocks to form desired trench length.

   a. The joints may be screwed together for ease in construction.

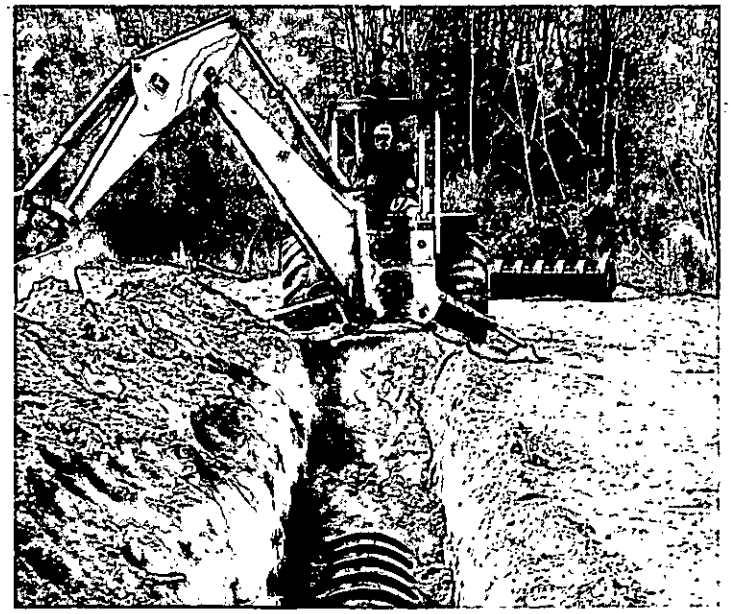
   b. Trench grade should be checked with a level or surveying equipment.

8. Screw closed end plate in downstream end of last unit to hold in place. **NOTE:** For serial distribution, or to loop the trenches together, use an open end plate at the downstream end of the trench, and run a pipe from the opening to the next trench.

9. Fill side wall area to top of slots with native soil. "Walk" fill into place to give proper support of sides. **THIS IS VERY IMPORTANT TO ACHIEVE FULL STRENGTH.**



10. Backfill to a minimum of 12" of cover after compaction and settling for H-10 units and 18" for H-20 units. Avoid large rocks in the backfill material. **CAUTION:** Avoid vehicle traffic on system during construction since soil has not settled. This is particularly important in sand, since loose sand offers very little structural support. Most states advise avoiding vehicle traffic to prevent compaction of the infiltrative surface. (After proper depth of cover is compacted and settled, INFILTRATOR® leaching chambers will then support vehicle weight not to exceed 16,000 lbs. per axle for H-10 units and 32,000 lbs. per axle for H-20 units.)



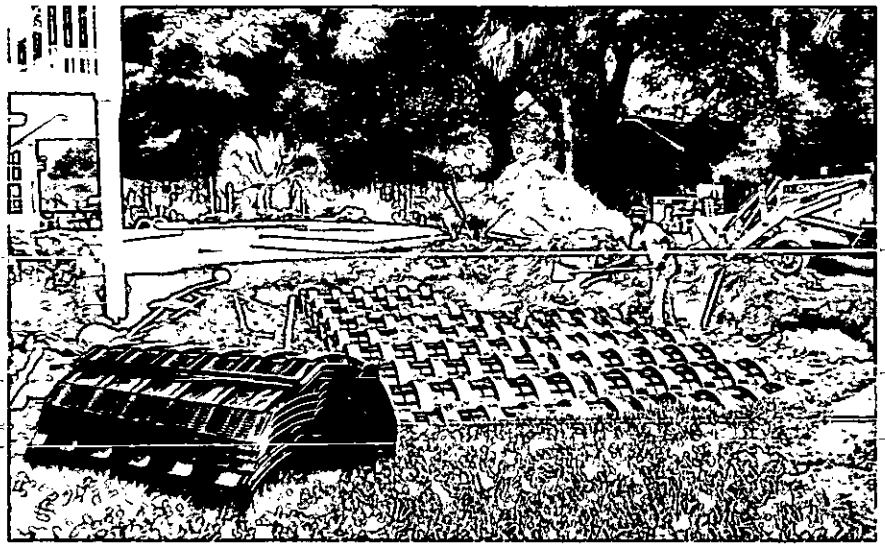
INFILTRATOR® is a registered trademark of Infiltrator Systems, Inc.

BED SYSTEMS

1 Excavate and level desired bed area. Rake soil surface to eliminate smearing. Follow steps 3 through 8 on the other side.

2 Place rows of INFILTRATOR® chambers next to each other to achieve desired bed area.

3 Fill side wall area around perimeter and between rows of units with native material up to the top of slots and "walk" in place to give proper support to sides.



4 Being careful not to shift units, backfill to a minimum of 12" of compacted, settled cover for H-10 units and 18" for H-20 units. Avoid large rocks in backfill material. For a large bed that cannot be filled from the sides, use a light tracked vehicle and be sure to maintain the proper minimum of compacted cover beneath tracks at all times. **DO NOT USE WHEELED VEHICLES ON THE BED DURING CONSTRUCTION.**

PRESSURE DISTRIBUTION

INFILTRATOR® chambers are easily adapted to pressure distribution. Simply suspend a predrilled pressure pipe in the top of the units with simple, foolproof plastic pipe straps. Supplemental installation instructions, with complete details for pressure distribution are available.

LIMITED WARRANTY

a. The structural integrity of each INFILTRATOR® unit, when installed in accordance with manufacturer's instructions, is warranted to the original purchaser against defective materials and workmanship for one year from date of manufacture. Should a defect appear within the warranty period, purchaser must inform Infiltrator Systems, Inc. of the defect within fifteen (15) days. Infiltrator Systems will supply a replacement unit. Infiltrator Systems' liability specifically excludes the cost of removal and/or installation of the units.

b. THE WARRANTY IN SUBPARAGRAPH (a) IS EXCLUSIVE. THERE ARE NO OTHER WARRANTIES WITH RESPECT TO THE UNITS, INCLUDING NO WARRANTIES OF MERCHANTABILITY OR OF FITNESS FOR A PARTICULAR PURPOSE. THE WARRANTY DOES NOT EXTEND TO INCIDENTAL, CONSEQUENTIAL, SPECIAL OR INDIRECT DAMAGES. THE COMPANY SHALL NOT BE LIABLE FOR PENALTIES OR LIQUIDATED DAMAGES, INCLUDING LOSS OF PRODUCTION AND PROFITS, LABOR AND MATERIALS, OVERHEAD COSTS, OR OTHER LOSS OR EXPENSE INCURRED BY BUYER. SPECIFICALLY EXCLUDED FROM WARRANTY COVERAGE ARE DAMAGE TO THE UNITS DUE TO ORDINARY WEAR AND TEAR, ALTERATION, ACCIDENT, MISUSE, ABUSE OR NEGLECT OF THE UNITS; THE UNITS BEING SUBJECTED TO STRESSES GREATER THAN THOSE PRESCRIBED IN THE INSTALLATION INSTRUCTIONS; THE PLACEMENT BY BUYER OF IMPROPER MATERIALS INTO BUYER'S SYSTEM; OR ANY OTHER EVENT NOT CAUSED BY THE COMPANY.

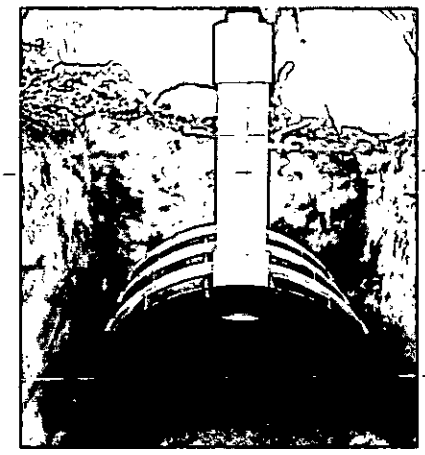
FURTHERMORE, IN NO EVENT SHALL THE COMPANY BE RESPONSIBLE FOR ANY LOSS OR DAMAGE TO THE BUYER, THE UNITS OR ANY THIRD PARTY RESULTING FROM ITS INSTALLATION OR SHIPMENT. BUYER SHALL BE SOLELY RESPONSIBLE FOR ENSURING THAT INSTALLATION OF THE SYSTEM IS COMPLETED IN ACCORDANCE WITH ALL APPLICABLE LAWS, CODES, RULES AND REGULATIONS.

c. NO REPRESENTATIVE OF THE COMPANY HAS THE AUTHORITY TO CHANGE THIS WARRANTY IN ANY MANNER WHATSOEVER, OR TO EXTEND THIS WARRANTY. NO WARRANTY APPLIES TO ANY PARTY OTHER THAN TO THE ORIGINAL BUYER.

If you have special problems or questions call INFILTRATOR SYSTEMS INC or your local distributor.

ACCESS PORT

Access port at the top center of each unit may be cut out and used for venting, inspection or manifold connection. Insert 4" pipe through hole and use a coupling ring as shown to keep the pipe from dropping into the chamber.



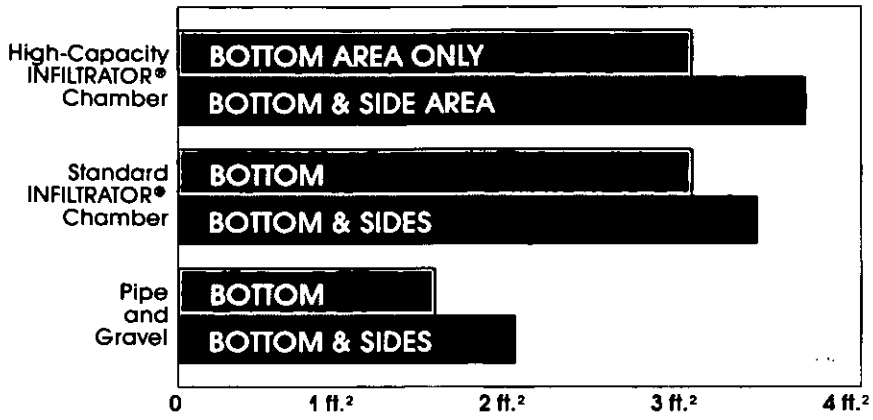
Distributed by

INFILTRATOR® SYSTEMS INC.

4 Business Park Drive □ P.O. Box 768 □ Old Saybrook, CT 06475 □ 203•388•6639 □ 800•221•4436 □ FAX 203•388•6810

PAT. NOS. 4759661, 5017041 and 5156488 Canadian and other patents pending. ©1994 Infiltrator Systems Inc. SSI #0594

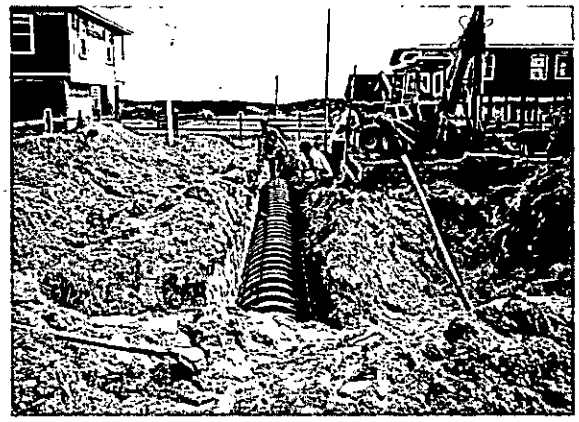
COMPARE THE UNMASKED INFILTRATIVE AREA



UNMASKED INFILTRATIVE AREA ft.²/linear ft.

Documented research has clearly demonstrated that the INFILTRATOR® chamber provides an optimum infiltrative surface for leaching systems. Many states have already recognized this and granted system size reductions accordingly.

The graph shows that INFILTRATOR® chambers have twice the effective infiltrative surface area per linear foot. This is based on a 36" wide trench with 6" of gravel below the pipe assuming 50% gravel masking, compared to Standard and. High Capacity INFILTRATOR® chambers with 50% masking for INFILTRATOR® sidewall, and no bottom masking.



INSTALLATION WAS NEVER EASIER!

1. Excavate 3' wide trenches and prepare infiltrative surface.
2. Screw the end plates in place and slip INFILTRATOR® units together to form desired trench length.
3. Run inlet pipe thru inlet end plate (pipe does not extend the entire length of the system), and backfill with native material (18" depth for H-20 and 12" for H-10).

(Detailed instructions available.)

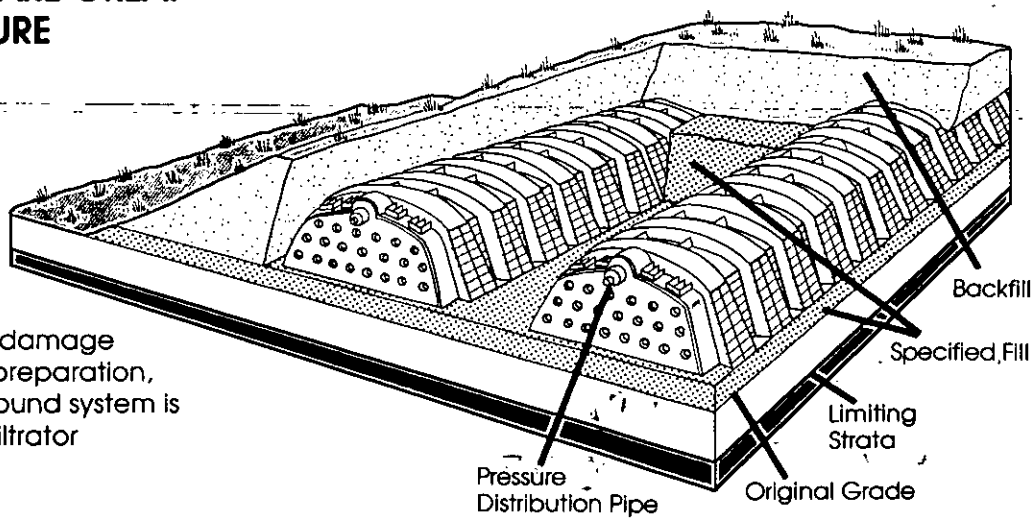
ALTERNATIVE INSTALLATIONS

INFILTRATOR® CHAMBERS ARE GREAT FOR MOUNDS AND PRESSURE DISTRIBUTION TOO!

MOUNDS

INFILTRATORS® can easily replace the gravel in mound or fill systems, in either a trench or bed configuration.

Installation is much easier with no damage to the infiltrative surface. The site preparation, design and construction of the mound system is prescribed by state code, and Infiltrator Systems' installation instructions.

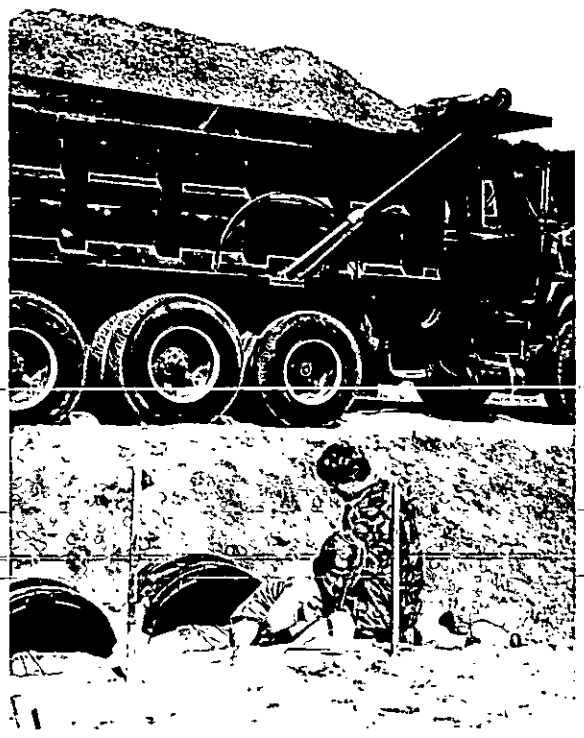


PRESSURE DISTRIBUTION

INFILTRATOR® chambers are easily adapted to pressure distribution. Simply suspend a predrilled pressure pipe in the top of the units with simple, foolproof plastic pipe hangers. Supplemental installation instructions are available for complete details.

INFILTRATORS® ARE ENGINEERED AND TESTED FOR INCREDIBLE STRENGTH

INFILTRATOR® chambers are molded from a high density polyethelene and are impervious to all components of wastewater. They have been structurally tested by a Registered Professional Engineer and are available with an AASHTO rating of H-10 (16,000 lbs./axle with 12" of compacted cover) or H-20 (32,000 lbs./axle with 18" of cover).



THE INFILTRATOR® SYSTEM HAS ADVANTAGES FOR EVERYONE

- A high performance, state-of-the-art system.
- Double the unmasked soil interface area compared to gravel systems.
- Complete system delivered in one pickup truck.
- Fast & easy installation.
- Reduced labor & machine costs.
- Eliminates compaction, shadow effect and mess caused from gravel.
- Easy inspection.
- Structurally strong, H-10 and H-20 load ratings.
- Approved by U.S. Department of Housing and Urban Development — Federal Housing Authority.
- Complete technical back-up information is available.

STORMWATER MANAGEMENT- THE INFILTRATOR® ADVANTAGE

The INFILTRATOR® is a complete systems approach to stormwater management that gives the engineer tremendous design freedom to meet the needs of the individual site. The engineer can use units combined with stone for shallow or deep systems that meet any requirement for storage and treatment, require no heavy equipment except a backhoe for installation, and are highly cost effective. A detailed stormwater brochure is available upon request.

If you have special problems or questions call INFILTRATOR SYSTEMS or your local distributor.

LIMITED WARRANTY

(a) The structural integrity of each INFILTRATOR® unit, when installed in accordance with manufacturer's instructions, is warranted to the original purchaser against defective materials and workmanship for one year from date of manufacture. Should a defect appear within the warranty period, purchaser must inform Infiltrator Systems Inc. of the defect within fifteen (15) days. Infiltrator Systems will supply a replacement unit. Infiltrator Systems' liability specifically excludes the cost of removal and/or installation of the units.

(b) THE WARRANTY IN SUBPARAGRAPH (a) IS EXCLUSIVE. THERE ARE NO OTHER WARRANTIES WITH RESPECT TO THE UNITS, INCLUDING NO WARRANTIES OF MERCHANTABILITY OR OF FITNESS FOR A PARTICULAR PURPOSE. THE WARRANTY DOES NOT EXTEND TO INCIDENTAL, CONSEQUENTIAL, SPECIAL OR, INDIRECT DAMAGES. THE COMPANY SHALL NOT BE LIABLE FOR PENALTIES OR LIQUIDATED DAMAGES, INCLUDING LOSS OF PRODUCTION AND PROFITS, LABOR AND MATERIALS, OVERHEAD COSTS, OR OTHER LOSS OR EXPENSE INCURRED BY BUYER. SPECIFICALLY EXCLUDED FROM WARRANTY COVERAGE ARE: DAMAGE TO THE UNITS DUE TO ORDINARY WEAR AND TEAR; ALTERATION, ACCIDENT, MISUSE, ABUSE OR NEGLECT OF THE UNITS; THE UNITS BEING SUBJECTED TO STRESSES GREATER THAN THOSE PRESCRIBED IN THE INSTALLATION INSTRUCTIONS; THE PLACEMENT BY BUYER OF IMPROPER MATERIALS INTO BUYER'S SYSTEM; OR ANY OTHER EVENT NOT CAUSED BY THE COMPANY.

FURTHERMORE, IN NO EVENT SHALL THE COMPANY BE RESPONSIBLE FOR ANY LOSS OR DAMAGE TO THE BUYER, THE UNITS OR ANY THIRD PARTY RESULTING FROM ITS INSTALLATION OR SHIPMENT. BUYER SHALL BE SOLELY RESPONSIBLE FOR ENSURING THAT INSTALLATION OF THE SYSTEM IS COMPLETED IN ACCORDANCE WITH ALL APPLICABLE LAWS, CODES, RULES AND REGULATIONS.

(c) NO REPRESENTATIVE OF THE COMPANY HAS THE AUTHORITY TO CHANGE THIS WARRANTY IN ANY MANNER WHATSOEVER, OR TO EXTEND THIS WARRANTY. NO WARRANTY APPLIES TO ANY PARTY OTHER THAN TO THE ORIGINAL BUYER.

Distributed by

INFILTRATOR® SYSTEMS INC.

4 Business Park Drive ■ Old Saybrook, CT 06475 ■ 203•388•6639 ■ 800•221•4436 ■ FAX 203•388•6810

PAT. NOS. 4759661, 5017041 and 5156488 Canadian and other patents pending. © 1993 Infiltrator Systems Inc. ISI #0193

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

File 19565

Sheet ___ of ___
PROPERTY ID #: 231-123-2
COUNTY: Mech.

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

(2)

OWNER: David A. Tryon
APPLICANT: Charles R. Goldfarb
ADDRESS: 3716 Selwyn Ave Chlte
APPLICATION DATE: ___
DATE EVALUATED: 10/6/95
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): ___
PROPERTY SIZE: 1.0
LOCATION OF SITE: 1119 Chestnut Hills Dr.
PROPERTY RECORDED: ___
WATER SUPPLY: ☐ Private ☑ Public ☑ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	linear slope 17%	0-38"	SBK, clay	SEXP/S-P,F	2.5YR 4/6	>48"	N/A	>48"	PS .39all FT/clay
		38-51"	SBK-CL	SEXP/S-P/F	"				
2	linear slope 17%	0-2"	SCL, gr	SEXP/FR	7.5YR 3/1	>48"	N/A	>48"	PS .39all FT/clay
		2-15"	SC, SBK	FR/SEXP S,P	5YR 4/4				
		15-50"	C/SBK	FI/SEXP S,P	2.5YR 4/6				
3	LS 0%	0-20"	SCL/SBK	FR/SEXP/S/P	5YR 4/4	>48"	N/A	>48	PS/ .3
		20-49"	C/SBK	FI/SEXP/S/P	2.5YR 4/6				
4									

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

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): LS
EVALUATED BY: W.A. Marlin
OTHER(S) PRESENT: ___

OMMENTS: Soils in unexcaded areas have PPBPS system depth- Area of these soils is very limited, but does not appear To Be 100% Acain

LEGEND

use the following standard abbreviations

ANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR	LPP .1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
(Drainage Way)					EXP (Expansive)	CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
S (Foot Slope)						ABK (Angular Blocky)
(Head Slope)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SICL (Silty Clay Loam)				PR (Prismatic)
(Nose Slope)		CL (Clay Loam)				
(Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
(Shoulder Slope)		SLC (Silt Loam Clay)				
(Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SIC (Silty Clay)			FI (Firm)	S (Sticky)
					VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None		EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

OTES

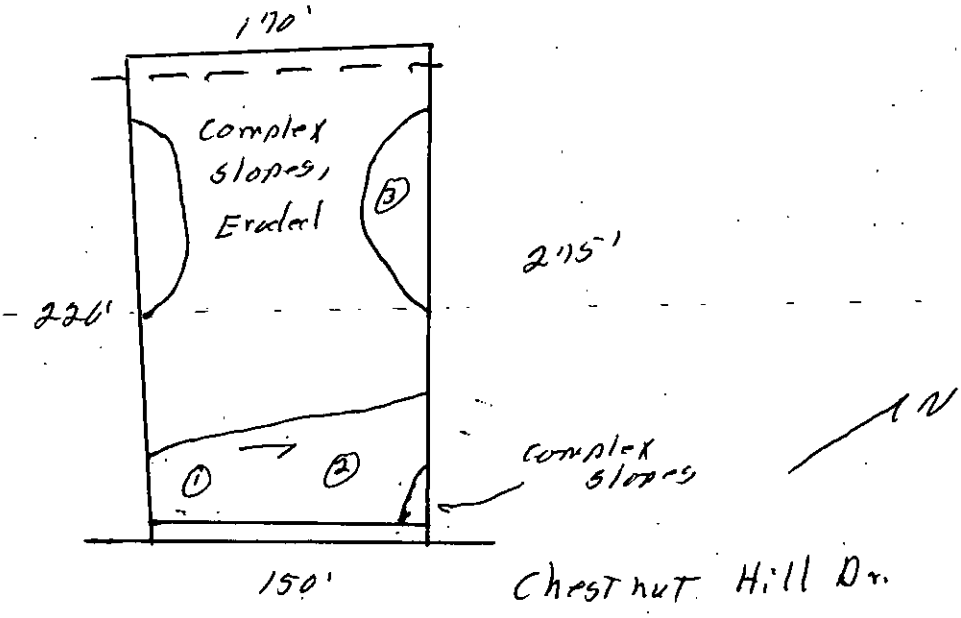
ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
IPROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.
ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).

① Boring locations

→ Slope Direction



19565 cash

3749B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$150.00 9/26/95 Rct# 3987

☐ 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

COPY

PERSON FILING APPLICATION:
NAME: Godfrey (last) Charles (first) R. (mi)
ADDRESS: 11111 Kingfisher Dr PHONE: (704) 541-0010
CITY: Charlotte STATE: NC ZIPCODE: 28226

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 231-123-22
STREET ADDRESS: 9119 Chestnut Hill Dr.
ZONING:

PROPERTY OWNER:
NAME: TYSON (last) DAVIS (first) A. (mi)
ADDRESS: 3718 SELWYN AVE PHONE: (704) 523-6521
CITY: CHARLOTTE STATE: NC ZIPCODE: 28209

SUBDIVISION OR MOBILE HOME PARK NAME: Chestnut Hills

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: #5/B5 LOT SIZE (in acres): 1

☐ SOIL TEST - INDIVIDUAL LOT (O)
☑ 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) ☒ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 4 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)
☒ 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: [signature] Date: 9-26-95

NOTICE:

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

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

...This permit is not transferable.

...

☐ 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

WATER 22 "G"

SCALE: 1" = 40'

PROPOSED PLOT PLAN FOR:

DONNA & RANDY GODFREY

LOT 6, CHESTNUT HILLS

MECKLENBURG COUNTY

PETER L. GOSSEL 10-23-95