

18311 SHEARWATER LN

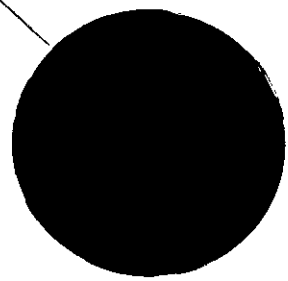
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Groundwater and Wastewater Services File Imaging Project
May 2007
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NOTICE



Mecklenburg County Health Department
Environmental Health Division

File #: 2096A Address: 18311 Shearwater Ln

Our Environmental Health Specialist visited today:
Date: 5-4-98 a.m. ____ p.m. 2:30

TYPE OF SERVICE:

Building _____	☐	**REAL ESTATE:**	
Addition	☐	Septic Request	☐
Pool	☐	Water Sample Collected	☐
Mobile Home Exchange	☐	Other _____	☐

☐ Approved
☐ Disapproved
☐ Not Applicable

Comments: _____

_____

Environmental Health Specialist:

_____

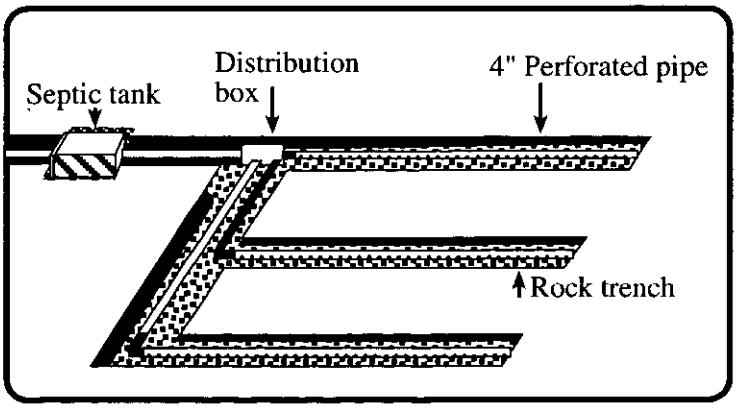
Please call if you have any questions.

House connected to municipal sewer.

TIPS FOR PROPER SEPTIC SYSTEM MAINTENANCE

- Have your septic tank pumped out every 3-5 years, more frequently if you have a garbage disposal.
- Pratice water conservation. Repair leaking toilets and dripping water fixtures.
- Redirect gutter downspouts and surface water away from the septic system area.
- Schedule laundry at intervals through the week to reduce the risk of overloading the system.
- Keep vehicles off the septic system's drainfield to avoid soil compaction and subsequent damage to the system.
- Keep all chemical and hazardous materials out of the septic system.
- Do not flush non-degradables such as grease, plastic or disposable diapers.

If you begin to experience septic system troubles, contact the Mecklenburg County Health Department at 336-5102 for advice. If a repair is needed to the system, a permit to repair from the Health Department is required. There is no charge for a permit to repair.



4.30.98

Called B. Mayhew and left message to let me know if he still holds a contract on this one.

LT

APPLICATION FOR AN IMPROVEMENT PERMIT

01/15/91

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

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

(OFFICE USE ONLY)
FILE: 2096A
TC: 001-091-58
SERIAL: 00078

JOB LOCATION

① ADDRESS: 18315 (STREET NO.) Harbor Lane (STREET) - Waterfront
② FILE:
③ JURISDICTION:
④ TAX PARCEL NO.: 001-091-55
⑤ SUBDIVISION: Shearwater Point
⑥ LOT: 7
⑦ BLOCK:

OWNER

⑧ NAME: Charles (FIRST) Raymond (MIDDLE) Fernandez (LAST)
⑨ MAILING ADDRESS: 2000 Climax Dr.
⑩ CITY: Charlotte
⑪ STATE: NC
⑫ ZIP: 28211
⑬ PHONE: (WORK) 704-342-5251
⑭ (HOME) 704-366-7557

REQUEST

This request is for a(n):

⑮ ☒ New permit — Refer to copies
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve: 2/10/92 change to bdrm

⑲ ☒ Residence
⑳ ☐ Mobile home 3
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? FOUR
㉓ Maximum occupancy? FOUR
㉔ Basement? ☒ yes ☐ no (possible)
㉕ Type?
㉖ Maximum number of employees?
㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☐ Individual well
B ☐ Municipal system
C ☒ Community well
D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Charles Raymond Fernandez
Date: 7/15/91

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 60 months from the date of issuance.

Tim Whitacker, Environmentalist — 12/11/92 (Date)

Director or Authorized Section Head* — 12-20-92 (Date)

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 2096A
TC: 001-091-58
SERIAL: 00078 PP 01 CRT

① ADDRESS: 18311 Shenbwater Lane (STREET NO. / STREET) Huntersville 770 ⑪ FILE: 91-249

③ JURISDICTION: Meck ④ TAX PARCEL NO.: _____

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

⑧ NAME: Charles Ray (FIRST / MIDDLE) Fernandez (LAST)

⑨ MAILING ADDRESS: 2000 Clematis Dr

⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28211

⑬ PHONE: (WORK) 704 342-8241 ⑭ (HOME) 704 366 7850

This request is for a(n):

⑮ ☐ New permit ⑯ ☐ Authorization for mobile home exchange

⑰ ☐ Repair or alteration permit ⑱ ☐ Other (specify) _____

System will serve: house request 3 bedroom.

⑲ ☐ Residence ⑳ ☐ Mobile home

㉑ Number of bedrooms? 3 — PM 1/8/92 — TBD 2/10/92

㉒ Maximum occupancy? _____

㉓ Basement? ☐ yes ☐ no

㉔ ☐ Business or place of public assembly

㉕ Type? _____

㉖ Maximum number of employees? _____

㉗ Maximum number of seats? _____

㉘ Water supply from (present or proposed):

A ☐ Individual well

B ☐ Municipal system MARGINAL FOR [illegible]

C ☐ Community well

D ☐ Community system

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

Signed: _____

Date: _____

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void [illegible] months from the date of issuance. STD 60

Tim Whitaker (Environmentalist) 12/11/92 (Date)

[signature] (Director of Mecklenburg County Health Department or Authorized Section Head) 12-11-92 (Date)

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 2096A DATE: 10/23/92

TC: 001 091 58 ☐ L ☑ CRT

SERIAL Nº 14196 400 J

Name of Owner Charles R. Fernandez Juris.:

Address of Property 18311 Shearwater Ln

Inspection Data:

Tank Material PCC

Total Length of Drainfield 200' PPBPS

Number of Lines 4 @ 50'

Cover Depth 4"

Water Supply Source Com well

Distance to Water Source > 100'

Excavation Inspected 10/15/93

Tank(s) Inspected 10/15/93

Wash Line Inspected -

High Water Alarm Inspected 10/15/93

PLOT

B. Hayden

Design: 1492, 1500ST, 1000DT, PI, MBD, 200' PPBPS ceil CTR# 74

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

☑ installed or constructed ☐ altered or repaired

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

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

☐ Certificate of Completion ☑ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: System designed for 3 bedroom house.

Type II

Phillip S. Walker R.S.
Environmentalist

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

2096A

STATE OF NORTH CAROLINA

COUNTY OF Mecklenburg

INSPECTION AND MAINTENANCE [redacted] AGREEMENT (rev. 3/91)

THIS AGREEMENT is made and entered into this 20th day of October 1992 by and between Charles Ray Fairchild (hereinafter the "Owner") and Bob Mathis (hereinafter the "Contractor").

WITNESSETH

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

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

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

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

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

1. The Contractor's Obligations. The Contractor shall perform the following services on the Owner's system located at 18311 Shoreline Lane

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

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

(1) [redacted] Check Pump Run Time, Switches, Alarm etc
(2) Check pressure settings
(3) Flush Lines
(4) Check [redacted] overall site conditions

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

CLT/1/92

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

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

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

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

2. The Owner's Obligations.

a. The Owner shall pay to the Contractor the sum of $ 150.00 per year for periodic inspections, routine maintenance procedures and periodic reports. The annual fee may be amended upon sixty (60) days advance notice to the Owner but may not be increased more than 10% percent per year. The Owner shall pay to the Contractor his normal and customary fees for any work performed on the system as a result of nonscheduled service or maintenance calls. All fees are due and payable within thirty (30) days of billing. Payments due to the Contractor and unpaid by the Owner after thirty (30) days shall accrue interest from the due date until paid at a rate of 1% percent per month.

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

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

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

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

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

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

d. Termination by the Contractor.

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

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

(b) failure of the Owner to provide to the Contractor authorization to complete needed repairs or satisfactory evidence that needed repairs to the system were completed by another entity within 10 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above. If said authorization to complete needed repairs or evidence of completion of said repairs is provided after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect;

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

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

4. Assignment.

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

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

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

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

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

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

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

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

To the Owner: RAY FERNANDEZ
1831 SCARBOROUGH LANE

To the Contractor: BOB MAYHEW P.O. BOX 219 CONCORD N.C. 28031

To the Local Health Department:

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

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

MARGINAL FOR MICROFILMING

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

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

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

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

(Owner)

Attest:

_____

(Contractor)

Attest:

_____

(dw:mecontract.grn)

The undersigned, GAIL CROWELL FERNANDEZ owner of property located at 1531 Shearwater Lane ("the site") and described in an instrument recorded in Book 6646 at Page 151 Mecklenburg Public Registry, hereby acknowledges that he applied to the Mecklenburg County Health Department (the Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested pursuant to 15A NCAC 18A .1957(c) that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned can reasonably be expected to function satisfactorily and thus that the findings specified in 15A NCAC 18A .1957(c)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system

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

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

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

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

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

This 14th day of October, 1992.

Drawn By Gail Crowell Fernandez (SEAL)

(SEAL)

mail to: Environmental Health

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, MARLENE WISE, a Notary Public for said County and State, do hereby certify that GAIL CROWELL FERNANDEZ personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 14TH day of OCTOBER, 1992.

Marlene Wise
Notary Public

My Commission Expires 3-15-93

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

MARGINAL FOR MICRO

PROPOSED PLOT PLAN

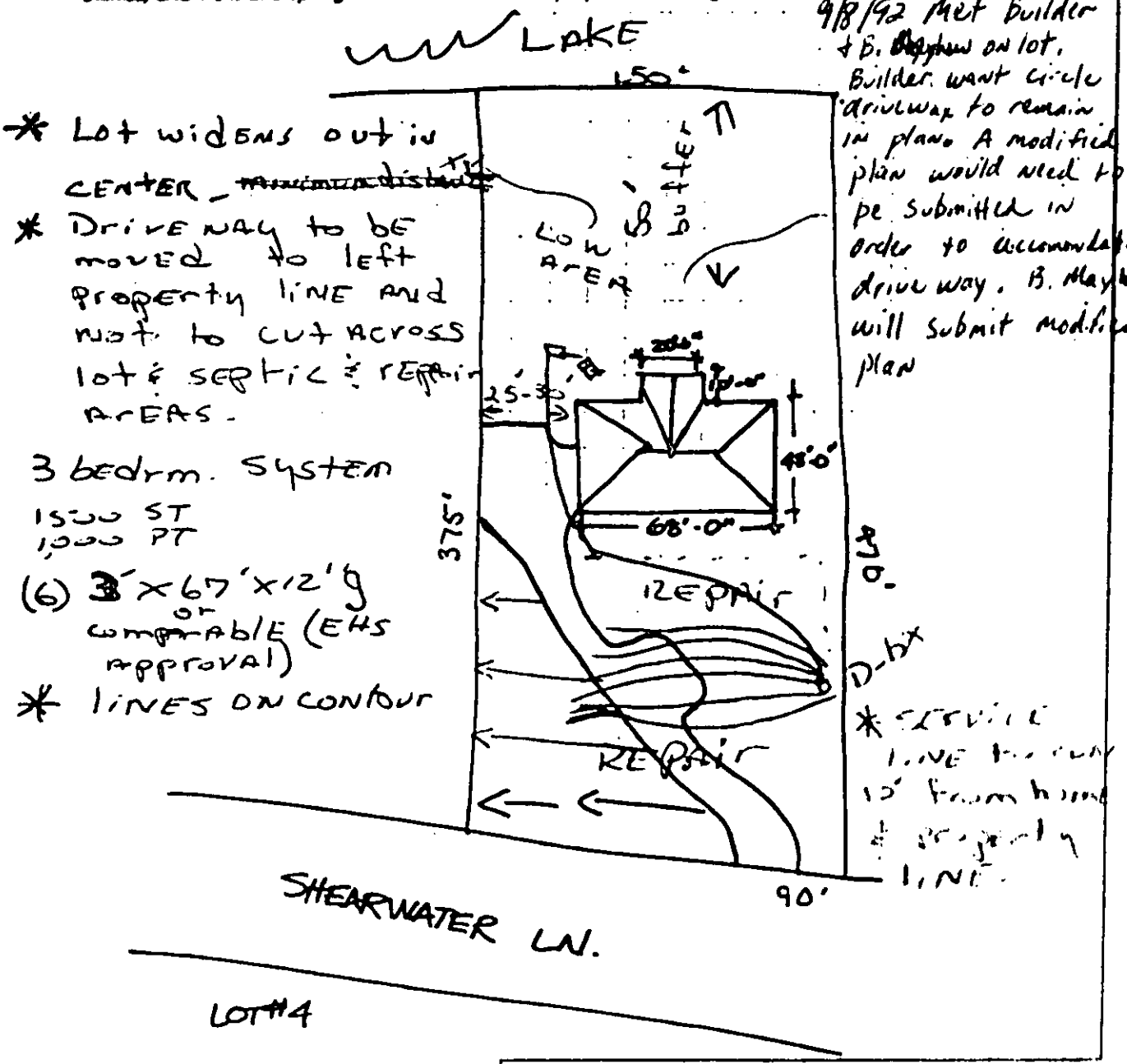
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 2096A

TC: 001-091-58

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.

9/8/92 Met Builder + B. Mayhew on lot. Builder want circle driveway to remain in plans A modified plan would need to be submitted in order to accomodate drive way. B. Mayhew will submit modified plan



Signed: Dick Polanka

Date: 2/10/92

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

FILE: 2096 A DATE: 9/29/92

TC: 001 091 58 ☐ L

SERIAL № 14393

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 2/11/92. All work shall be completed on or before 10/29/92, 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.

System to be installed in accord with approved plot plan. TAW

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 2' feet

Total Line Length 200' Panel feet

Number of Lines 4 (80')

Depth of Stone — inches

Distance from House 15' feet

Distance from Property Line 10 feet

Distance from Well Community well feet

PLOT OF SYSTEM

NAME OF OWNER Charles R. Fernandez

LOCATION OF PROPERTY 18311 Shearwater Ln

Comments: 200' panel system / keep system 710' from property lines

Division or Section Head

Phillip S. Walker R.S.
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.

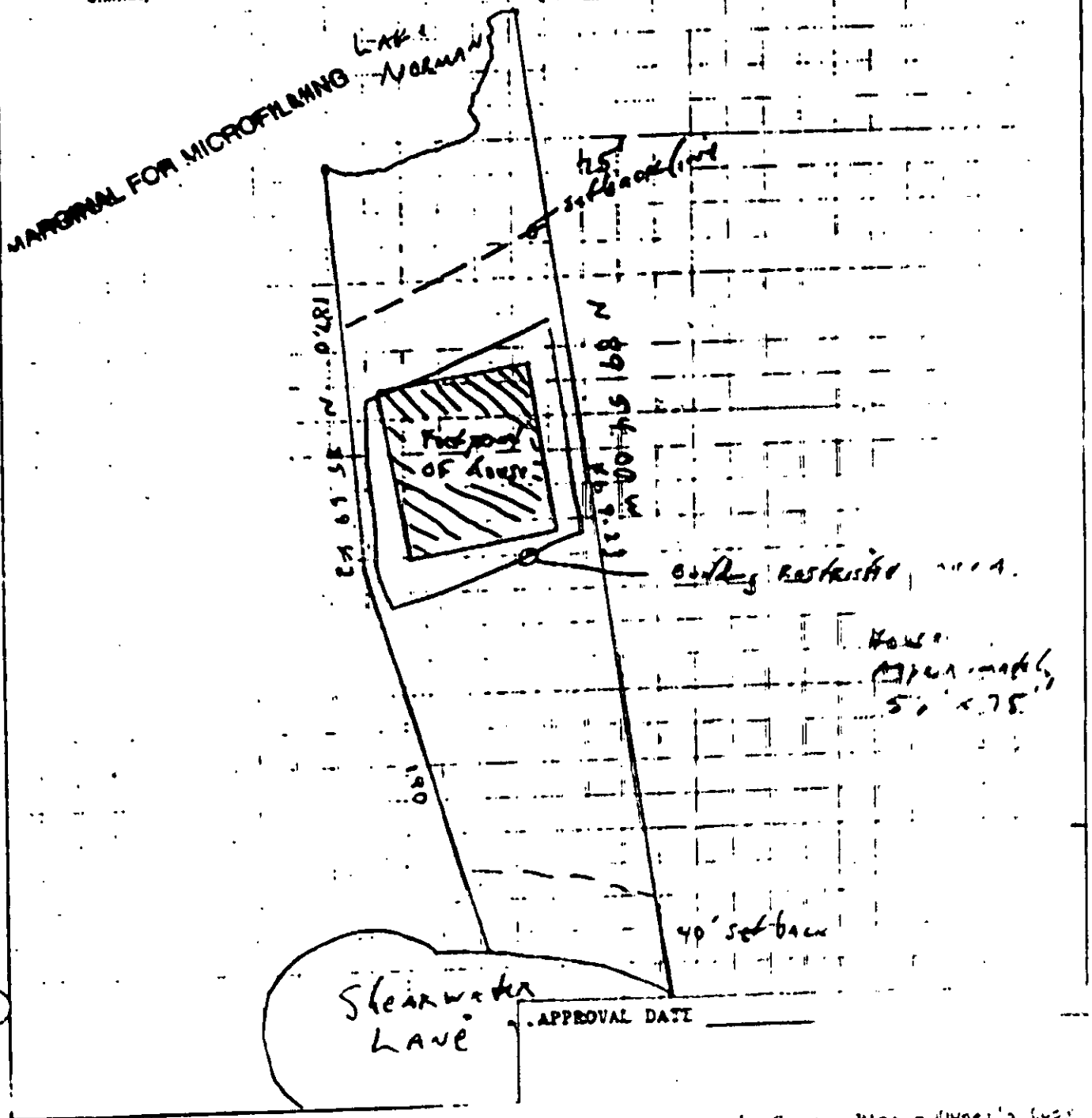
WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

PROPOSED PLOT PLAN

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

FILE: 2096 A
TC: 091-091-58

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 _____

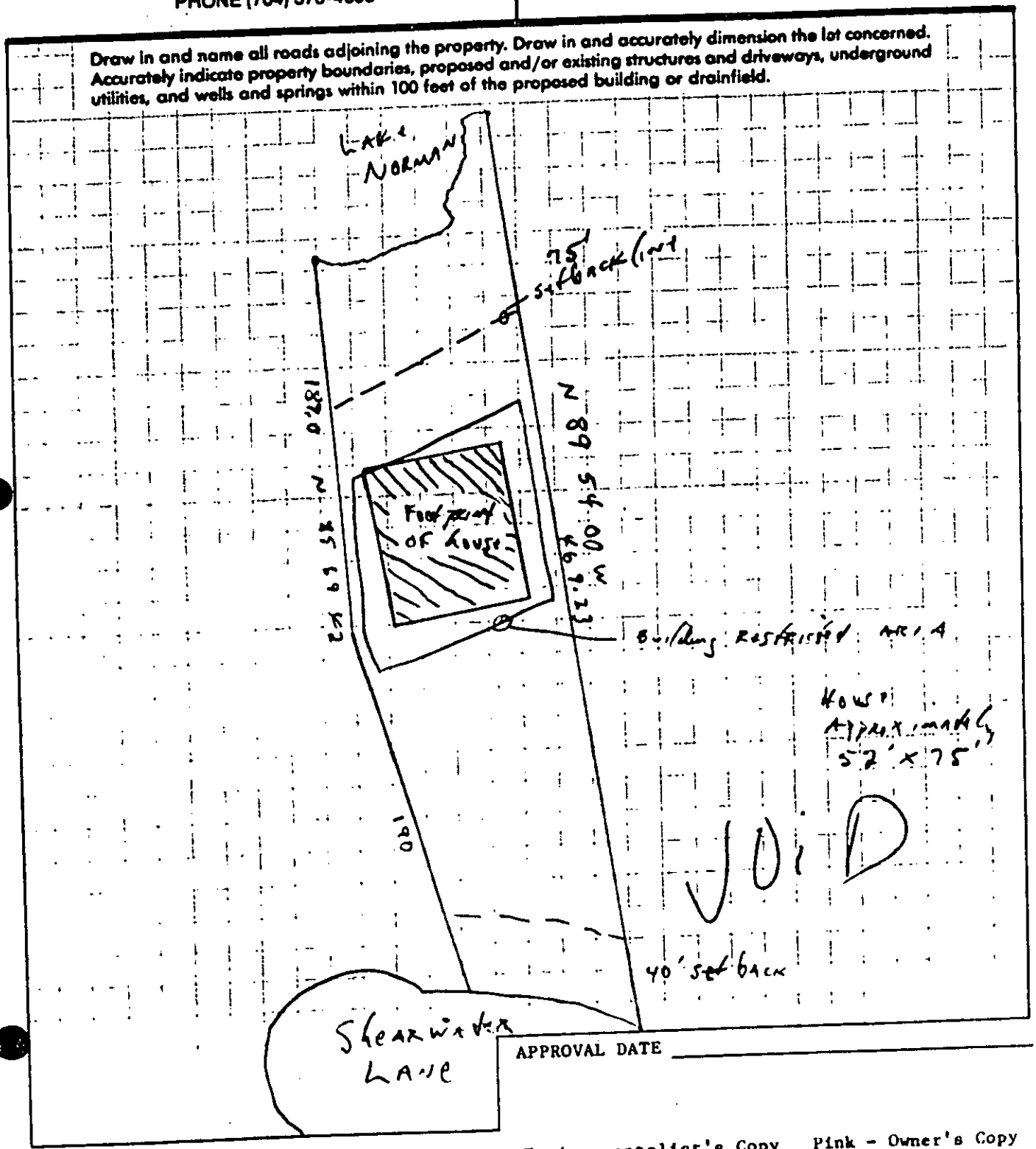
White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

PROPOSED PLOT PLAN

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

FILE: 2096 A
TC: 001-091-58

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.



VOID

APPROVAL DATE _____

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

MECKLENBURG COUNTY

Department of Environmental Health

July 30th, 1996

Martin Development Group, Inc.
One Tryon Center, Suite 1800
Charlotte, NC 28284

RE: Property located at Mata Road Lot
FILE: 2096A
PARCEL: 00109150 PO

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The 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 11289) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an accurately dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Sincerely,

John R. Adkisson
Environmental Health Supervisor

Enclosure

1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 11258

File: 2096-A Action 1

Parcel: 001-091-50 P0 ☐ PC

Location: Meta Road

Subdivision:

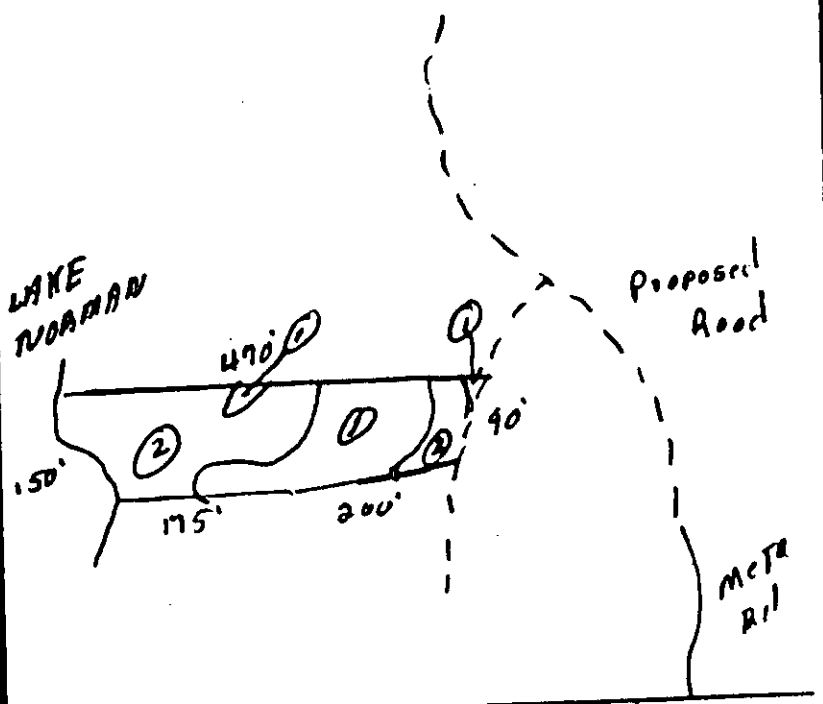
Lot: 4 Block: Acres: .90

Owner: Martin Development Group, Inc.
Address: One Tryon Centers, Suite 1800
Charlotte, N. C. 28284

Comments: All soils lines not marked may be some shift & delineation lines w/ additional markings

Described by: William A. Marlin

Date: 7-25-96



*** 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 2-10%	S PS (U) complex slope	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U blocky	S — U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 736' TO WATER	S PS (U) may channel runoff	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36"+	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 36"+	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U somewhat limited	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U moderate perc	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	10A Cecil 1-10%	Complex - slopes	-			
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH

MECK COUNTY DEPARTMENT OF
RECEIVED
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603
ENVIRONMENTAL HEALTH

(OFFICE USE ONLY)

FILE: ~~2096A~~ 2096A

TC:

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Off Meta Road

② SUBDIVISION: Shearwater Point ③ LOT: 4 ④ BLOCK:

⑤ PARCEL REFERENCE: BOOK NO.: 001 PAGE NO.: 091 PARCEL NO.: 50

⑥ DEED REFERENCE: BOOK NO.: PAGE NO.:

OWNER

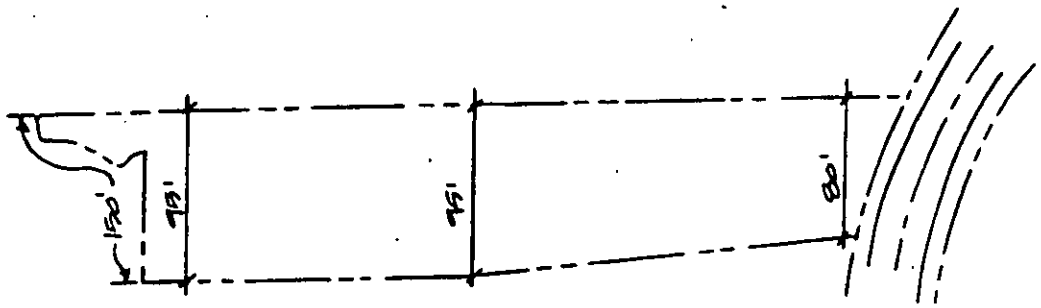
⑦ NAME: Martin Development Group, Inc. (FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: One Tryon Center, Suite 1800

⑨ CITY: Charlotte, ⑩ STATE: N.C. ⑪ ZIP: 28284

⑫ PHONE: (WORK) 332-1242 (HOME)

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed:

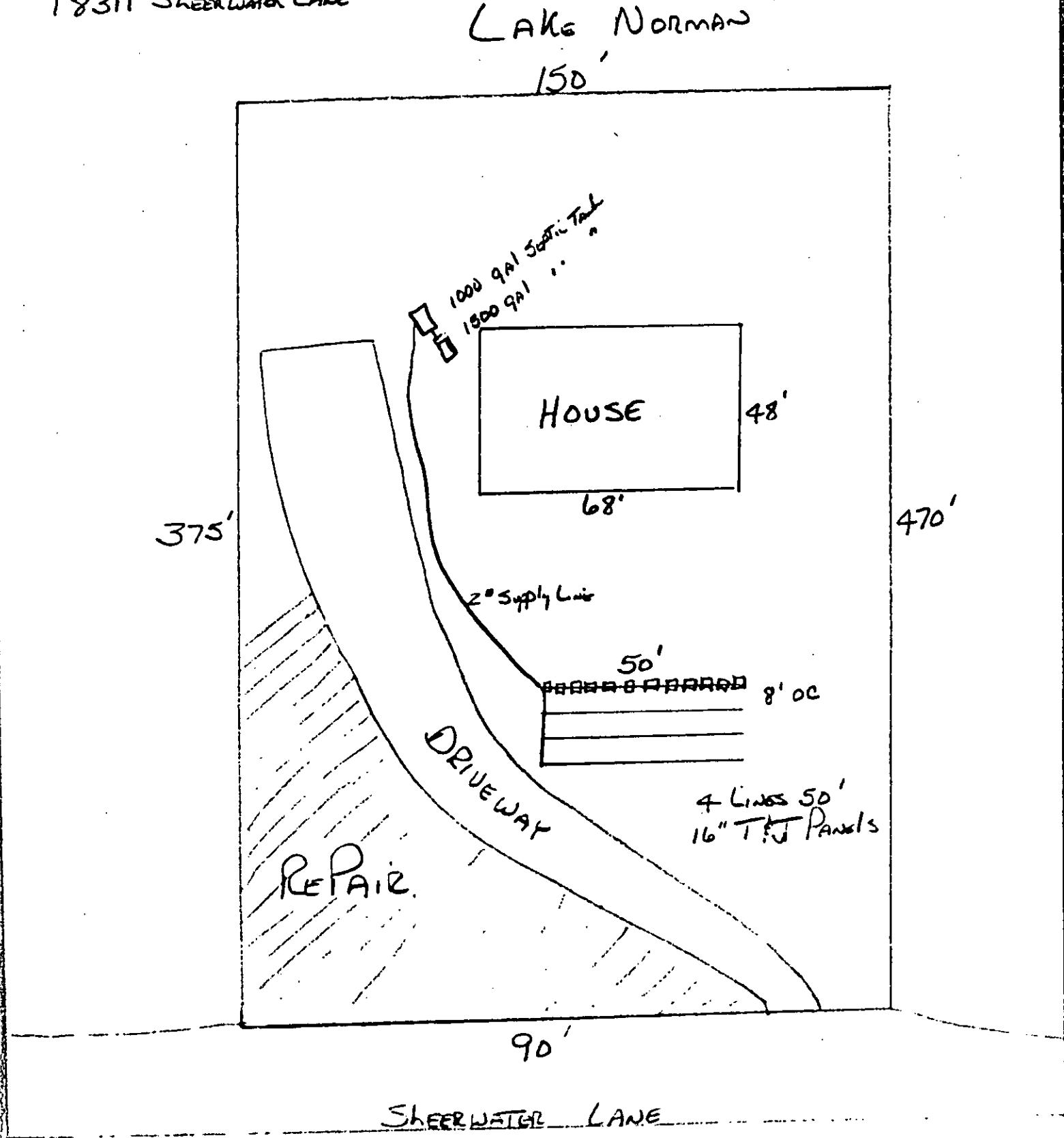
Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

Date: 6/12/86

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

Charles Ray Fernandez
18311 Sheerwater Lane

File # 2096 A
TC 001-091-58



Charles Ray Fernandez
18311 Shadowater Lane

F.16.# 2096 A
TC 001-091-58

DESIGN SPECIFICATIONS

Daily waste flow	360	gal.
Septic tank size	1500	gal.
Pumping tank size	1000	gal.
Effluent loading rate	.30	gal/ft²/day
Absorption area	1300	ft.
Total length of laterals	200	ft.
Lateral diameter	1½	in.
Lateral configuration	4 lines, 50'	No. and length of lines
Supply line length	150	ft.
Supply line diameter	2"	in.
Manifold placement		
Hole size*	5/32"	in.
Hole spacing	1 Per Panel	ft.
Number of holes	44	
Flow per hole	.41	gpm
Total flow	18	gpm
Elevation head	2	ft.
Friction head	1.1	ft.
Pressure head	2	ft.
Total head	11.1	ft.
Pump requirements	18	gpm @ 18 X 1.2 = 21.6 ft. of head
Storage volume in laterals	128	gal.
Storage volume in supply line	51	gal.
Total storage volume	64	gal.
Dosing volume	120	gal.
Dosing depth	7"	in.
Check valve needed ?	YES	

T&D
11 Panels/Line 44 Total

11' Junction Head

156

? SET TO TANK SPECS.

pump run time 3.6 gal / panel ÷ .41 gpm = 8.7 min

8.7 min × 18 gpm = 156 gal/dose

* Note: Data on hole size, spacing, pressure head and flow must be listed for each line for systems where lines are different (such as sloping lots).

Effluent Loading Rate for LPP Systems (.16) unless otherwise specified by this department.