

4331 OLDE ROXBURY DR

23118111

1/2/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County **Health Department**	N/A **Name of Establishment**	2964B **Permit/Project No.**
4020 Wild Nursery Ct. Charlotte, NC **Location**	4-Bedroom House **Type of Establishment**	480 GPD **Design Flow**
Chul Yi & Sung Kum Soon **Owner/Agent**	Same as location address **Address**	704-509-6227 **Phone**
N/A **Operator**	N/A **Address**	N/A **Phone**
IIIb **System Type**	12/7/2009 **Next Inspection Due**	

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☒	☐	☐	
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☒	☐	☐	
b. Tanks and access manholes structurally sound, watertight?	☒	☐	☐	3.c. Septic tank not uncovered for
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	inspection. Sanitary tee not observed.
d. Tanks pumped, cleaned out as needed?.....	☒	☐	☐	See comment for 5. a.
4. RAW SEWAGE LIFT STATION (if present):				
a. Required pumps present, operating, and cycling properly	☐	☐	☒	
b. High-water alarm present and operating properly?	☐	☐	☒	
c. Floats/pipe/valves/disconnects in good condition?	☐	☐	☒	
5. EFFLUENT DOSING SYSTEM:				
a. Effluent appears clear, free of excess solids?	☒	☐	☐	5.a. Measured 4" of solids in pump tank
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☒	☐	☐	
b. High-water alarm present and operating properly?	☒	☐	☐	
c. Floats/pipe/valves/disconnects in good working condition?	☒	☐	☐	
d. Control panel enclosure/components in good condition?	☒	☐	☐	
e. Elapsed time readings: _____ _____ _____ _____				
B. SIPHON SYSTEMS:				
a. No evidence of overflow or siphon leakage?	☐	☐	☒	
b. Siphon(s) appear to be working/alternating properly?	☐	☐	☒	
c. Bells and vents free of debris and in good condition?	☐	☐	☒	

6. GROUND ABSORPTION FIELDS:

a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐
b. Minimal ponding in subsurface trenches?	☒	☐	☐
c. Surface water being effectively diverted away?	☒	☐	☐
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐
f. Protected from traffic, destructive uses?	☒	☐	☐
g. Distribution devices in good condition, working properly?	☒	☐	☐
h. Repair area properly reserved, maintained?	☒	☐	☐

A. LOW PRESSURE PIPE DRAIN FIELDS:

a. Turnups/cleanouts/valves intact and accessible?	☐	☐	☒
b. No effluent standing in lower laterals?	☐	☐	☒
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒
d. Pressure head is properly adjusted?	☐	☐	☒

OVERALL CONDITION AND OPERATION OF SYSTEM:

No effluent observed on ground surface at time of inspection.

No problems detected with system operation at time of inspection.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

None

***REPAIR WITHIN N/A DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

Recommend pumping septic tank to remove solids. Owner stated that septic tank has not been pumped in 5 years.

DATE: 12/8/2004

SIGNED: _____, RST AGENT

Division of Environmental Health

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 2964B DATE: 12-9-99

TC: 105 - 153-35 ☒ L ☐ CRT

SERIAL Nº 18244

Name of Owner MIKE MONROE CONSTRUCTION Juris.: _____

Address of Property 4020 WILD NURSERY COURT

Inspection Data:

Tank Material EXISTING 1500

Total Length of Drainfield 400

Number of Lines 4 @ 25
1 @ 100

Cover Depth 12"

Water Supply Source MUNICIPAL

Distance to Water Source _____

Excavation Inspected 12-9-99

Tank(s) Inspected —

Wash Line Inspected —

High Water Alarm Inspected _____

SEE INSTALLATION

PLOT

Design ALTERATION TO UPGRADE CTR# BOB McCARTER

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: TYPE III - B

DESIGN ALTERED TO UPGRADE TO 4 BRM CAPACITY

Environmental Health Specialist

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 2964B DATE: ~~10~~ 11-16-99

TC: 105-153-39 ☑ L ☐ CRT

SERIAL Nº 18212 (18)

Name of Owner Doug Stumes Juris.:

Address of Property 4020 Wild Nursery Court

Inspection Data:

Tank Material PCC

Total Length of Drainfield 300

Number of Lines 4 @ 75'

Cover Depth 18" AVG

Water Supply Source Municipal

Distance to Water Source 10' off any H2O line

Excavation Inspected 11-16

Tank(s) Inspected 11-5 BJAW

Wash Line Inspected —

High Water Alarm Inspected 11-16

Goulds WE0511 ht (pump)

PLOT

Design 1999, 1500ST, 1000GT, INNOV, 900SF,T, Group IV CTR# McCarver 98

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

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

COMMENTS: Type III b 3 bedrooms

(4) 3'w x 75' x 30" deep EEE-222 Lay drain field used

Larry B. Thompson, Jr. R.S.

Environmental Health Specialist

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

MECKLENBURG COUNTY
ENGINEERING & BUILDING STANDARDS DEPARTMENT

Miscellaneous Fees

Requestor (Please print): Michael Monroe	Phone #: 336-2893	Date Requested: 12/21/99	Date Filled: 12/21/99
Account Name: Monroe Construction	☐ Cash ☐ Charge	Account No.: B98135	
I certify that I am authorized to charge this account for this service.			
Signature: On File	Printed Name:	Date:	

Fee or Charge

T.C.	Qty.	Type	Unit Cost	Total Cost
021		Single Lot Grading Permit (Please list address below)		
112		Zoning Board of Adjustment ☐ Residential Variance Request ☐ Commercial Variance Request ☐ Residential Interpretation ☐ Commercial Interpretation		
113		Zoning Citation(s) # _____		
		☐ 117: Certificate of Compliance* ☐ 118: Certificate of Occupancy* (original is free)	$10.00 ea.	
119		Change of Contractor*	$10.00 ea.	
121		Letters of Certification/Verification	$10.00 ea.	
122		Monthly Statistical Reports	$10.00 ea.	
124		Research & Retrieval of Documents		
125		Temporary Utilities/Occupancy*	$30.00/insp.	
		Local License Card/Exam ☐ 128: Mechanical ☐ 129: Plumbing ☐ 132: Electrical		
		Development Activities Plan Review ☐ 002: Commercial Drainage ☐ 005: Erosion Control ☐ 016: Subdivision ☐ 006: Final Plat Review		
425		City of Charlotte Fire - Plan Review		
		Map Sales		
078	1	Other: Install & Final	300.00	300.00
		Other:		
Payment received by: V. L. Watters		Date: 12/21/99 By: VLW	Total:	300.00

* Please list all permit numbers/addresses that relate to your request. A request for temporary utilities (gas and electric) would require two permit numbers.

4030 Wild Nursery Court		

B-216NS 8/95

DIVISION

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

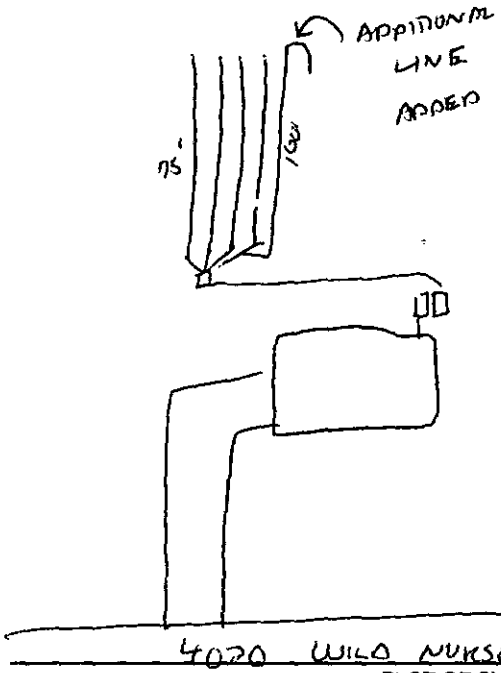
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2964-B DATE: 12-8-99

TC: 105-153-39 ☒ L

SERIAL No 18309

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 _____. All work shall be completed on or before _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Trench Depth —

Absorption and/or Nitrification Lines:

Trench Width — feet

Trench Walls Scored and Porous —

Total Line Length 100' feet

Number of Lines —

Depth of Stone — inches

Distance from House — feet

Distance from Property Line — feet

Distance from Well — feet

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

NAME OF OWNER MIKE MONROE (CONTRACTOR

LOCATION OF PROPERTY 4020 WILD NURSERY COURT

Comments: (1) 1 ADDITIONAL 100' OF LINE ADDED TO UPGRADE SYSTEM TO A 4BRM DESIGN. SEE -222 W/ DESIGN

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

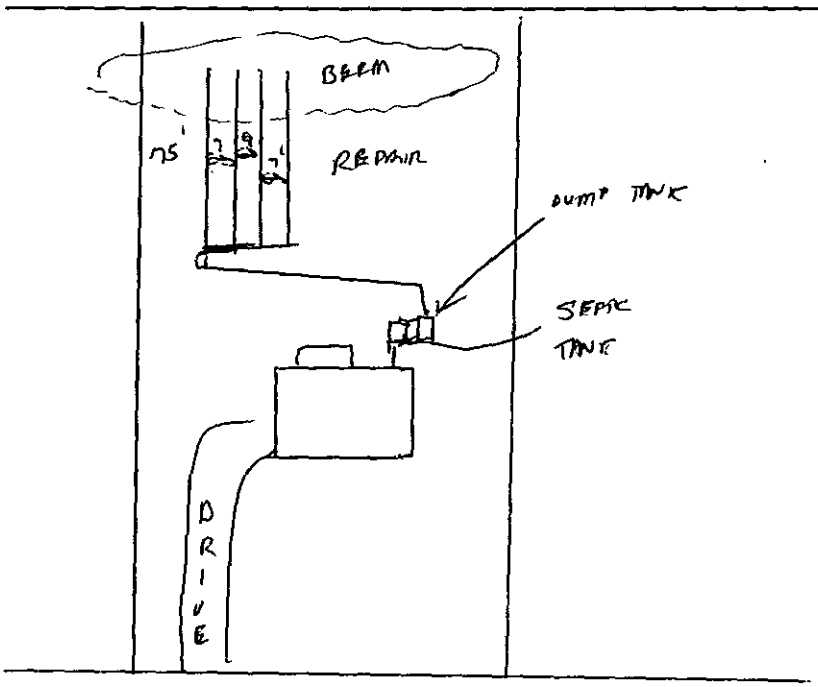
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 29648 DATE: 10/21/99

TC: 105-153-39 ☐ L

SERIAL Nº 18249

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 5/10/99. All work shall be completed on or before _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



4020 WILD NURSERY COURT
PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 30'

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous YES

Total Line Length 300' feet

Number of Lines 4

Depth of Stone N/A inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 100' feet

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

NAME OF OWNER DOUG STARNES

LOCATION OF PROPERTY 4020 WILD NURSERY CT

Comments: (1) TYPE III-G INNOVATIVE DESIGN.

(2) EARTH BERM @ BACK LINE MUST BE REMOVED.

Environmental Health Specialist

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

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

DATE: 1-2-99 PERMIT NO: 2964B

PARCEL NO: 105-153-39

JOB LOCATION ADDRESS: 4020 WILD NURSERY CT

PROPERTY OWNER: DOUG STARNES

BUILDING CONTRACTOR: _____

SUBDIVISION NAME: PRESTON FOREST LOT #3

AUTHORIZATION ISSUED BY: John C Wells DATE: 1-2-99

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2964B, 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 FORMS TO BE COMPLETED BEFORE ISSUING CONSTRUCTION AUTHORIZATION

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.

Doug Starnes 7/28/99

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 2964B

Tax Number: 105-153-39

- 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.

(18)

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

3 Long-term acceptance rate	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
NO Serviced by private well	1500 Gallon septic tank	300 Total trench length (ft)	30 Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	1000 Gallon pump tank	___ Depth of stone	

Any surface waters present: Type: Minimum separation distance:

Site modifications required:

Additional Conditions: (1) THE LOCAL HEALTH DEPT IS REQUIRED BY THE STATE TO PERFORM TYPE III-B INSPECTIONS EVERY 5 YEARS; OWNER IS RESPONSIBLE FOR ANY FEES AS DETERMINED BY THE COUNTY COMMISSIONERS.

(2) REQUIRES AGREEMENT FORMS RECORDED W/ REGISTER OF DEEDS OFFICE,

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

1200 Absorption Area (Sq ft) 300 Total Trench Length (Ft)	30" Depth of Stone Trench	9' Trench spacing (min. on centers)	30" Maximum Trench Depth

For existing system, enter the year originally installed:

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

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

DEHNR Authorized Agent — Date: 7-2-99

Owner/Agent Signature — Date: 7/28/99

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

PROPOSED PLOT PLAN

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

FILE: 29648

TC: 105-153-39

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.

SCALE 1" = 40'

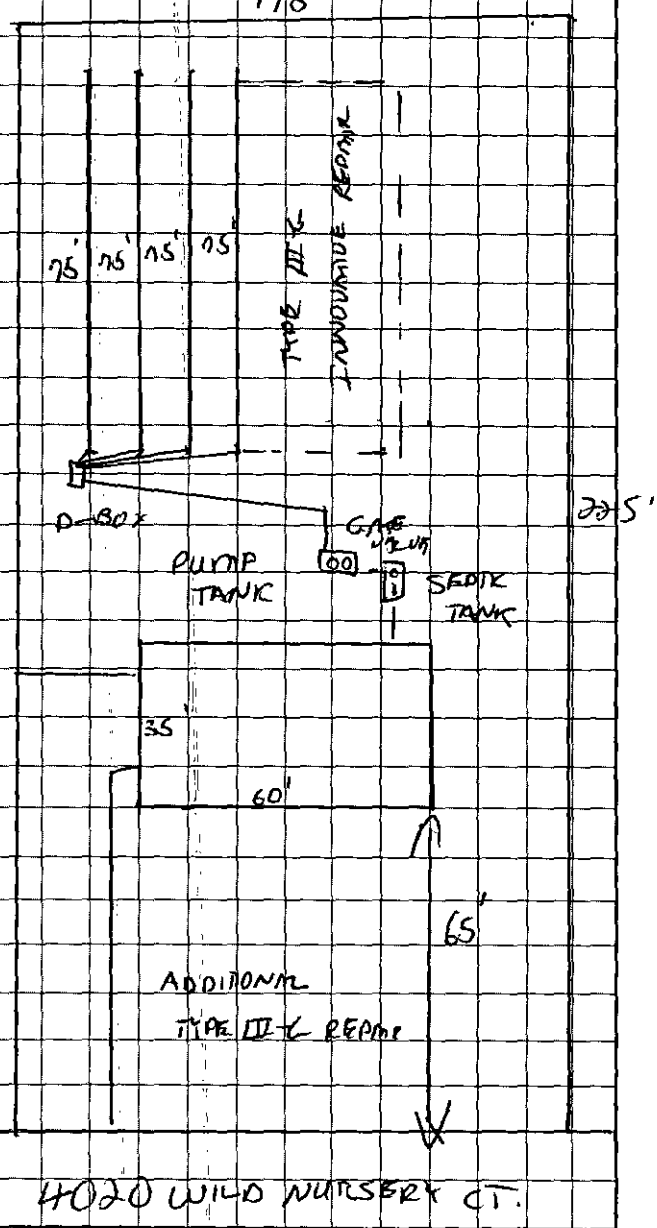
PRESTON FOREST
LOT #3

1. DESIGN IS FOR A 3 BEDROOM RESIDENCE [PER POOL STIRNES REQUEST] WITH AN INNOVATIVE TYPE III-C INSTALLATION, THIS REQUIRES AN AGREEMENT FORM TO BE RECORDED W/ REGISTER OF DEEDS OFFICE.

2. THIS DESIGN REQUIRES A PUMP, WHICH WILL NEED TO BE INSPECTED ~~ANNUALLY~~ EVERY 5 YEARS AND WILL REQUIRE A OWNER PM INSPECTION FEE, PER N.C. STATE REGULATIONS AND MECK. COUNTY BOARD OF COMMISSIONERS.

3. INSTALL DRAINLINES SHALLOW (30") AND ON CONTOUR OF LAND.

4. GATE VALVE TO BE INSTALLED ON 2" LINE BETWEEN PUMP & D-BOX.



4020 WILD NURSERY CT.

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE 7/2/99

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

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
1999 AUG 09 11:59 AM
BOOK:10675 PAGE:592-596 FEE:$14 00
INSTRUMENT # 1999141107

#3

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 # 29648
PARCEL # 105-153-39

The undersigned, William D Stamm, owner of property located at 4020 Wild Nursery Ct, (the "site") and described in an instrument recorded in Book 9590 at Page 223, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

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

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

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

This instrument was prepared by: William D Stamm
Mail after recording to: 3925 Bellingham Ln
Charlotte N.C. 28215

- 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 9 day of Aug, 1997.

W. D. Starnes & Sons
(Corporate Name)

By: _____

_____ President

ATTEST:

_____

_____ Secretary

(Corporate Seal)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, MARSHA H. FISTER, a Notary Public for said County and State, do hereby certify that W.D. STARNES personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 9th day of August, 1999.

_____
Notary Public

My Commission Expires:
January 9, 2002

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, MARSHA H. FISTER, a Notary Public for said County and State, do hereby certify that Donna Starnes personally came before me this day and acknowledged that she is Secretary Secretary of W. D. Starnes and Sons, a North Carolina corporation, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its President President, sealed with its corporate seal and attested by Donna Starnes as its Secretary Secretary.

WITNESS my hand and notarial seal, this 9 day of August, 1999.

Marsha H. Fister
Notary Public

My Commission Expires:
January 9, 2002

MARSHA H. FISTER NOTARY PUBLIC CABARRUS COUNTY, N.C.

JUDITH A. GIBSON
REGISTER OF DEEDS , MECKLENBURG COUNTY
COUNTY & COURTS OFFICE BUILDING
720 EAST FOURTH STREET
CHARLOTTE NC 28202

****

Filed For Registration: 08/09/1999 11:59 AM

Book: RE 10675 Page: 592-596

Document No.: 1999141107

PRMIT 5 PGS $14.00

Recorder: ROBIN CANADY

****

State of North Carolina, County of Mecklenburg

The foregoing certificate of MARSHA H FISTER Notary is certified to be correct. This 9TH of August 1999

JUDITH A. GIBSON, REGISTER OF DEEDS By: Robin Canady
Deputy/Assistant Register of Deeds

****

1999141107

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

(400)
#2

Sheet: _____
Property ID: 105-153-39
Lot #: 3
File #: 2964B

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: William D. Skinner APPLICANT: _____
ADDRESS: 3925 Rollingtown Loop Charlotte DATE EVALUATED: 4-21-99
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 480gpd PROPERTY SIZE: .6
LOCATION OF SITE: 4020 Wilkinson Nursery Cr. PROPERTY RECORDED: _____
WATER SUPPLY: ☐Private ☐~~Public~~ ☐Well ☐Spring ☐Other _____
EVALUATION METHOD: ☐~~Augur~~ Boring ☐~~Pit~~ ☐Cut
TYPE OF WASTEWATER: ☐~~Sewage~~ ☐Industrial Process ☐Mixed

PROFILE #	6-15% .1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-5"	gr|cl	Fr|SE XP| SS|SP	7.46" TO soil wetness	46"	N/A	None	PS .39|Fa
		5-31"	SBK|C	F:|SE XP| S|P					
		31-46"	SBK|C 1	Fr|SE XP| SS|SP					
2	LS	0-4"	gr|cl	Fr|SE XP| SS|SP	7.30" TO soil wetness	30"	N/A	None	US .21|gl|Fa IV
		4-30"	SBK|C	F:|SE XP| S|P					
3	LS	0-3"	gr|cl	Fr|SE XP| SS|SP	7.24" TO soil wetness	24"	N/A	None	US .12|gl|Fa IV (LPP)
		3-24"	SBK|C	F:|SE XP| S|P					
4	LS	0-4"	gr|cl	Fr|SE XP	7.26" TO soil wetness	26"	N/A	None	US
		4-26"	SBK|C	VF:|Mixed||VS|P					
5	LS	0-4"	gr|scl	Fr|SE XP|SS|SP	7.46" TO soil wetness	46"	N/A	None	PS .39|Fa IV
		4-30"	SBK|C	F:|SE XP| S|P					
		30-46"	SBK|scl	Fr|SE XP|SS|SP					
6	LS	0-15"	gr|s	F r|SE VP|NS|NP	7.46" TO soil wetness	46"	N/A	None	PS .39|Fa IV
		15-46"	SBK|C	F:|SE XP| S|P					

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W. R. Marlin 5-26-99
OTHER(S) PRESENT: LSS

FILE # 2964 B

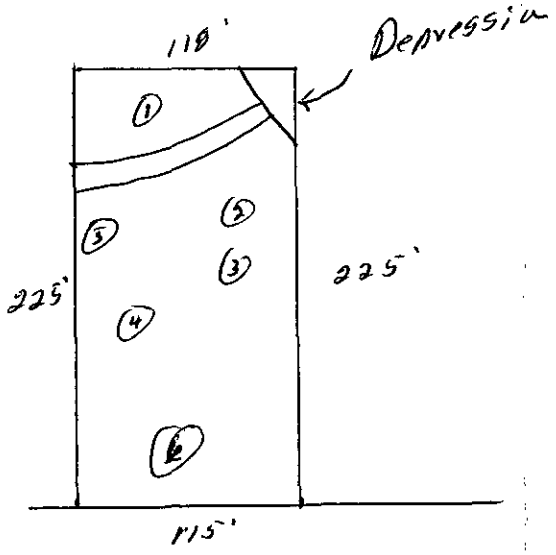
COMMENTS

100% Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE	
MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

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



Wild Nursery

FEE: 200.00 CK# 2203

DATE: 5/10/99 SC

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

[ ] CRT

TYPE APPLICATION: [✓] NEW SYSTEM [ ] EXPANSION/ ALTERATION OF EXISTING SYSTEM [ ] REPAIR OF EXISTING SYSTEM

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

FILE #: 2964B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 105-153-39

STREET ADDRESS: 4020 Wild Nursery Ct

SUBDIVISION OR MOBILE HOME PARK NAME: Preston Forest

LOT NUMBER: #3

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 3000

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

- [ ] WITHOUT BASEMENT
- [ ] ON SLAB
- [✓] CRAWL SPACE
- [ ] WITH BASEMENT /PLUMBING
- [ ] WITH BASEMENT /NO PLUMBING

TOWNSHIP (CHECK ONE):

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

CLOSING DATE 5/24/99

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

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: [ ] YES [✓] NO TYPE: _____

WATER SUPPLY (CHECK ONE):

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

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

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

PROPERTY OWNER: W. D. Starnes

NAME: STARNES William D
(LAST) (FIRST) (MI)

ADDRESS: 3925 Bellingham Ln

CITY: Charlotte STATE: NC ZIP: 28215

DAYTIME PHONE: ( ) 704- 5915391

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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

SIGNED: Doug Starnes DATE: 5/10/99

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

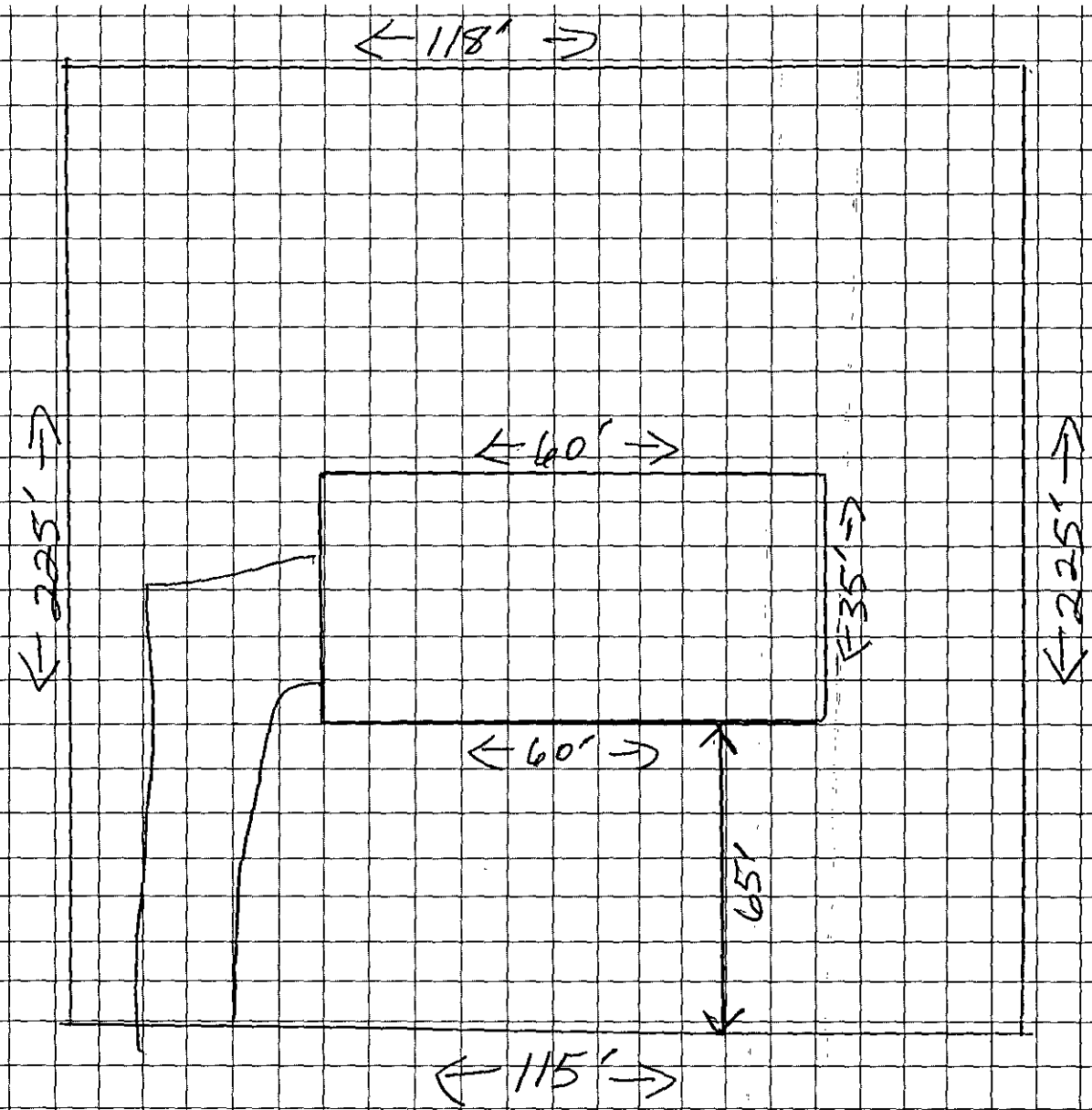
PROPOSED PLOT PLAN

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

FILE: 2964B

TC: 105-153-39

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 Doug Stanner

DATE 5/10/99

APPROVAL DATE _____

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

2964B

MECKLENBURG COUNTY
HEALTH DEPARTMENT

App # 7205

APPLICATION FOR APPROVAL TO USE AN EXISTING
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: (●) SEPTIC ONLY ( ) WELL ONLY ( ) SEPTIC & WELL
( ) ADDITION OR RENOVATION WITH OCCUPANCY INCREASE ( ) EXCHANGE MOBILE HOME (SAME # BEDROOMS)
(●) ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE ( ) COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Raymond E. Trahan Jr.
ADDRESS: 4020 Wild Nursery Ct
CITY: Charlotte
STATE: NC ZIP: 28215
PHONE: (614) 266-4785
ALTERNATE PHONE:
E-MAIL: raytrahan@earthlink.net

PROPERTY OWNER: [☑] SAME AS PERSON FILING APPLICATION
NAME:
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 10515339
STREET ADDRESS: 4020 Wild Nursery Ct.
CITY: Charlotte
STATE: NC **ZIP:** 28215

SUBDIVISION OR MOBILE HOME PARK NAME:
Preston Forrest
LOT #: 3

WATER SUPPLY:
(●) MUNICIPAL ( ) PRIVATE WELL ( ) PUBLIC WELL ( ) SHARED WELL ( ) OTHER

RESIDENTIAL PROPERTY TYPE: ( ) N/A
(●) HOUSE ( ) MODULAR HOME ( ) MULTIPLE FAMILY
( ) SINGLE MOBILE HOME ( ) DOUBLE WIDE
( ) OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 2

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

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
[ ] BEDROOM [ ] BATHROOM [ ] KITCHEN [ ] DINING ROOM [ ] LIVING ROOM [ ] DEN
[ ] GARAGE [ ] SUNROOM [ ] PORCH [ ] DECK [ ] OTHER

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
[■] DETACHED GARAGE [ ] DETACHED GARAGE WITH PLUMBING [ ] POOL HOUSE [ ] SHOP [ ] BARN
[ ] STORAGE SHED [ ] DETACHED PORCH / DECK [ ] 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature

12/8/14
Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

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

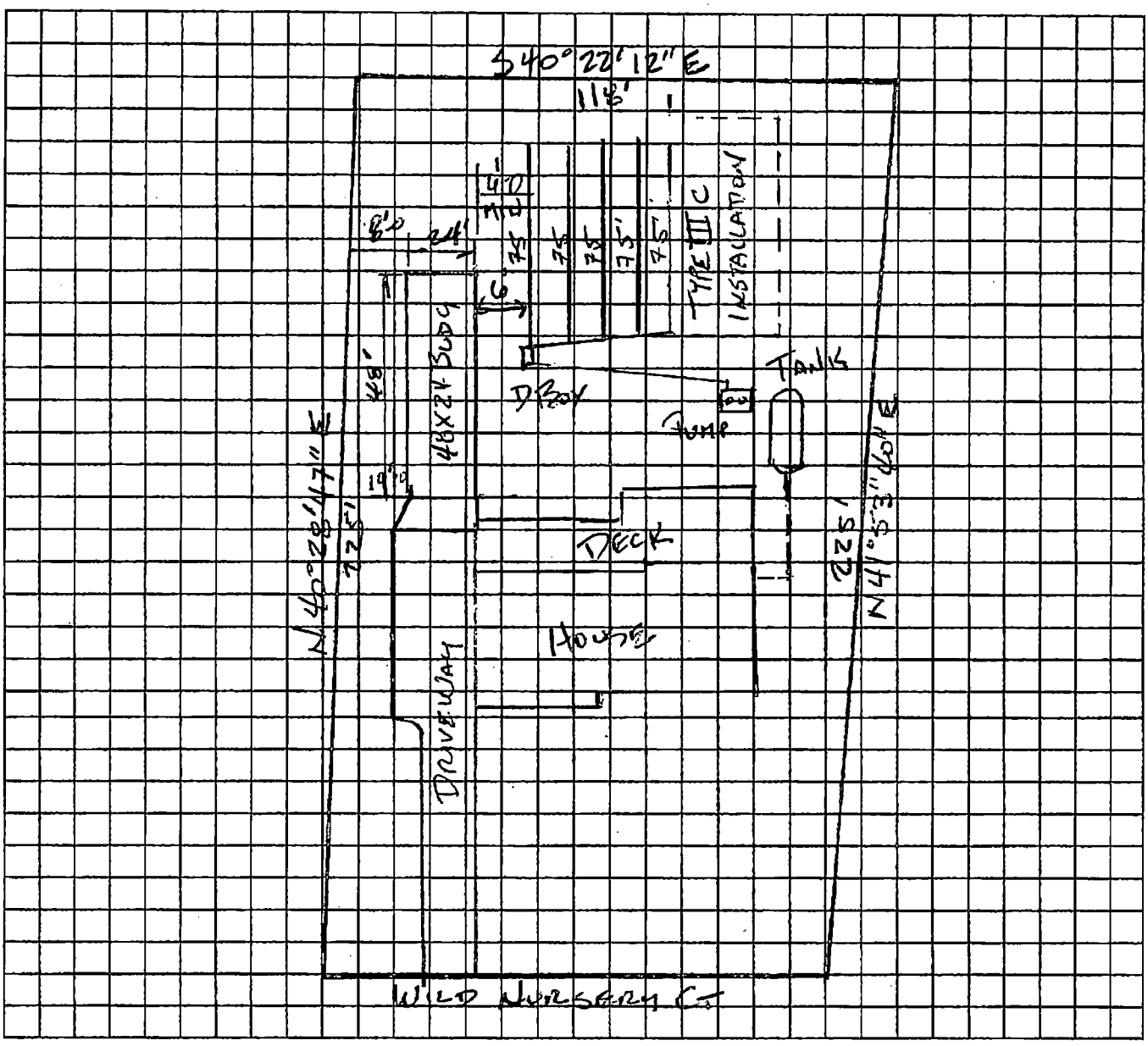
Revised on: 01/03/11

File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage; driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 4020 Wild Nursery Ct Tax Parcel #: 10515339



*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 and Water Supply Wells 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.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

UES approved for detached garage.

Shelley Ledford 12/17/14
REHS Signature Date

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

Revised on: 01/03/11

COPY

2964B

MECKLENBURG COUNTY
HEALTH DEPARTMENT

App # 7205

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PROPERTY OWNER: [☑] SAME AS PERSON FILING APPLICATION
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CITY:
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PHONE:
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E-MAIL:

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(◉) MUNICIPAL ( ) PRIVATE WELL ( ) PUBLIC WELL ( ) SHARED WELL ( ) OTHER

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( ) SINGLE MOBILE HOME ( ) DOUBLE WIDE
( ) OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 2

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

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
[ ] BEDROOM [ ] BATHROOM [ ] KITCHEN [ ] DINING ROOM [ ] LIVING ROOM [ ] DEN
[ ] GARAGE [ ] SUNROOM [ ] PORCH [ ] DECK [ ] OTHER

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
[☒] DETACHED GARAGE [ ] DETACHED GARAGE WITH PLUMBING [ ] POOL HOUSE [ ] SHOP [ ] BARN
[ ] STORAGE SHED [ ] DETACHED PORCH / DECK [ ] 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature

12/8/14
Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

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

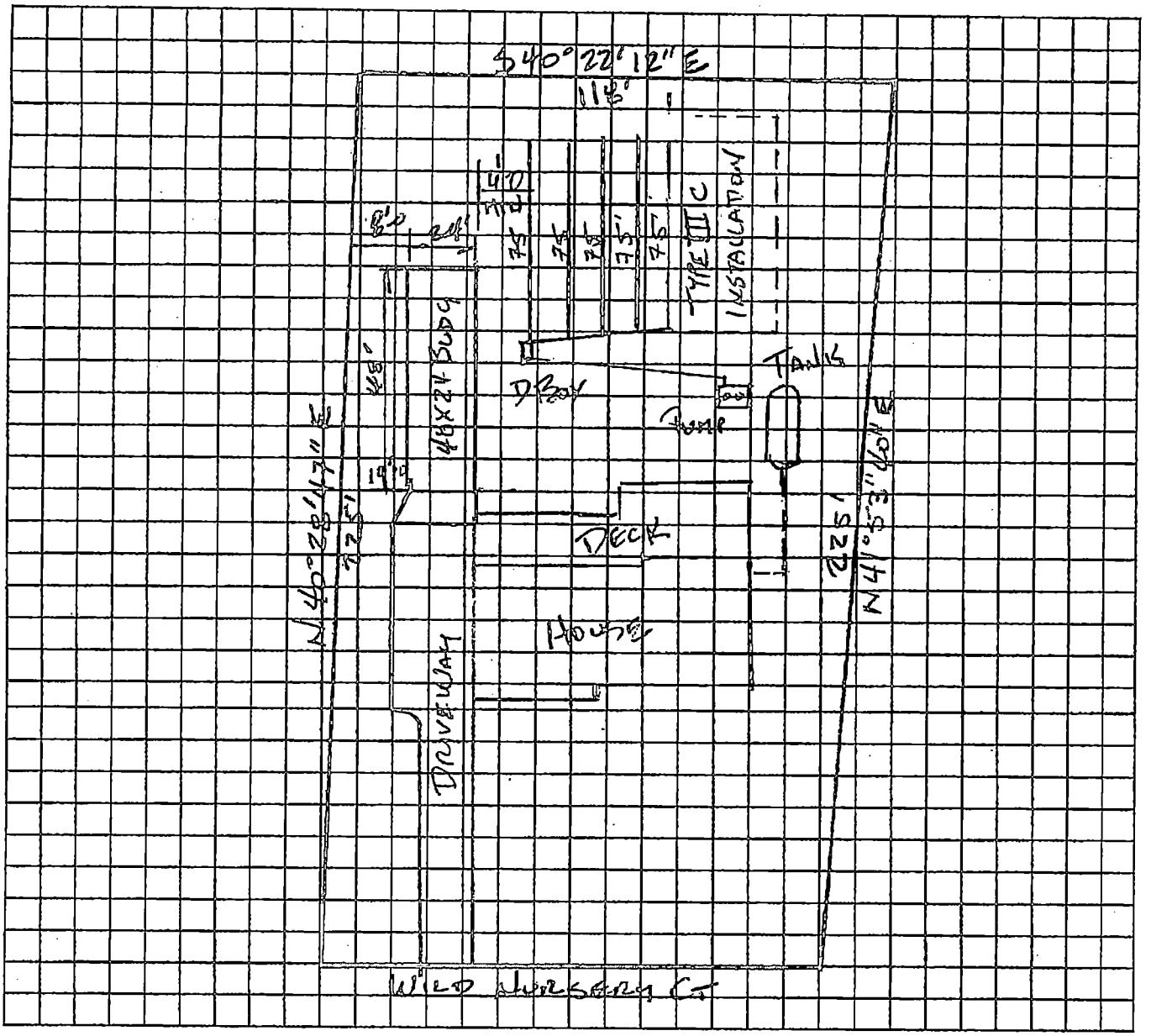
Revised on: 01/03/11

File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage; driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 4020 Wild Nursery Ct Tax Parcel #: 10515339



*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 and Water Supply Wells 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.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

WES Approved for detached garage

REHS Signature

12/16/14
Date

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

Revised on: 01/03/11

2964B

Supervisor/Administrative Professional Checklist

New Septic ☐ **New Well** ☐ **Use Existing** ☑ **Alteration** ☐ **Modified Plot Plan** ☐

New Septic Fees Paid:

IP ($250.00) _____ Initials/Date

CA ($200.00) _____ Initials/Date

OP ($200.00) _____ Initials/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 lws 12/8/10 Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid)_____ Initials/Date

Modified Plot Plan Fee Paid: $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☐ Reviewed ☐ ____

This site is served by septic and well. Verify each is complete before final hold is released. ☐

Septic file completed. ☐ _____ Well file completed. ☐ _____

Send permit for signature. ☐ Signature received. ☐ _____

This septic system requires a certified operator contract before final hold is released. ☐

Certified operator contract is on file. ☐ _____

Summary of Findings:

Is the location of the septic tank acceptable? ☑ yes ☐ no
If no, please explain:

Is the septic tank (including the baffles and/or tees) in satisfactory condition? ☑ yes ☐ no
If no, please explain:

Tank(s) pumped? ☐ yes ☒ no water Level Low due to vacancy
If no, please explain:

Is the holding tank in satisfactory condition (including baffles and/or tees)? ☑ yes ☐ no ☐ N/A
If no, please explain:

Is the pump in satisfactory condition (including control box and/or alarm floats)?
☐ yes ☒ no ☐ N/A If no, please explain:
Alarm does not function properly

Is the effluent filter in satisfactory condition? ☑ yes ☐ no ☐ N/A
If no, please explain:

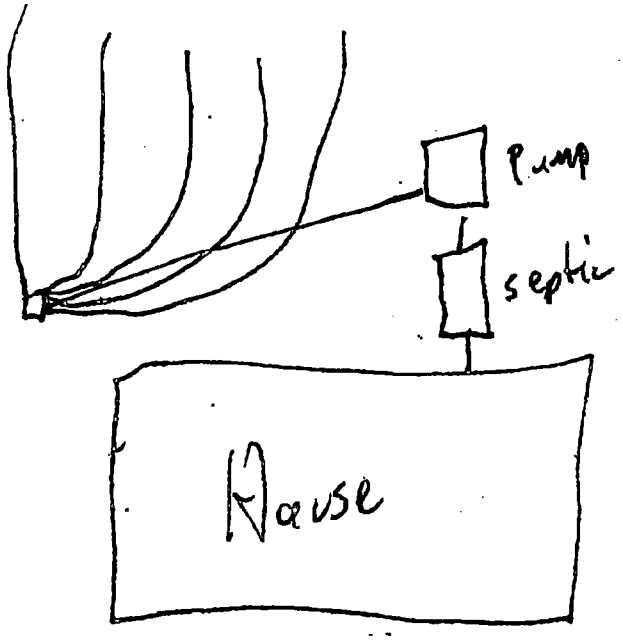
Is the distribution box in satisfactory condition? ☐ yes ☐ no ☒ N/A
If no, please explain: Could not locate

Is the absorption area in satisfactory condition? ☑ yes ☐ no ☐ N/A
If no, please explain: lines are dry due to lack of use

Summary of all repairs and/or actions needed:
Alarm needs repaired

Client should contact County Environmental Health and/or a certified on-site wastewater contractor.

Inspector Name: Autry's Certification # 10151



Road

AUIKI 5
1309 CULP RD
PINEVILLE N.C. 28134
INP.# 10151

Suggested minimum onsite wastewater inspection

No representation, warranties or opinions are hereby given, written or expressed otherwise, as to the future performance of onsite wastewater system described herein. This onsite wastewater system inspection is a presentation of system facts in place on date of inspection.

Address of Property 4020 Wild Nursery Ct
Street
Charlotte NC
City St Zip

Current owner of Record _____

Inspection requested by: ☐ Owner of record
☑ Other Name Julie Zwemke + Raymond Trahan
Company Erika White agent buyers
Phone 704 451 0234

Date of Inspection: 10/10/2014

☑ Copy of Operations permit from Mecklenburg County Environmental Health Attached
☐ Operations permit not available
Type of water sPage 1 of 2upply ☐ Well ☒ Public Water ☐ Community Water
Location of Septic Tank and septic tank details:

- 10 ft from house or structure
- ____ ft from well if applicable
- ____ ft from water line if applicable
- 30 ft. from property line
- 2' approximate distance from surface to top of tank
- ____ Access riser(s) ☒ yes ☐ no Describe 1½' below surface
- ____ Tank lids intact ☒ yes ☐ no
- ____ Tank has baffle wall ☒ yes ☐ no
- ✓ Inflow to tank is noted as sufficient
- ____ Inflow to tank is noted as insufficient or blocked
- ____ Outlet has filter ☒ yes ☐ no
- ____ Outlet T is present ☒ yes ☐ no
- ? Effluent leaves the outlet ☐ yes ☐ no vacant Home
- ____ Roots present in tank ☐ yes ☒ no
- ____ Evidence of infiltration into tank of surface water ☐ yes ☒ no
- No Evidence of tank leakage noted
- ____ Unable to locate tank. System inspection cannot be completed until tank is located

Date tank was last pumped _____ ☑ Unknown
Percentage of sludge detected in tank _____ %

Client requesting this inspection has been advised that for a complete inspection to be performed the tank needs to be pumped. Client has declined to have the tank pumped at inspection and hereby acknowledges they have so declined.

Client Signature _____ Date _____

Does system have pump tank? ☑ yes (complete blanks below) ☐ no

25 ft from house or structure
____ ft from well if applicable
____ ft from water line if applicable
30 ft. from property line
~~3'~~ ✓ Approximate distance from surface to top of tank
✓ Access risers in place ☒ yes ☐ no
5 ft from septic tank
Location of control panel: Beside riser
yes Electrical connections are in place and properly grounded
No Alarm working
yes Pump working
____ Dosing volume correct ☒ yes ☐ no
____ Unable to operate pump due to lack of electricity at site at time of inspection

System requires a subsurface operator ☐ yes ☒ no
If yes, Operator Name _____ Phone _____
Copy of most recent operator report attached

Drainfield: Located 25 ft. from property line
30 ft from septic/pump tank
5 # of lines located
~ 80' length of lines

Type of system: ☒ Conventional ☐ Accepted ☐ Innovative ☐ Experimental ☐ Controlled Demonstration

☐ Pretreatment; Type of Pretreatment _____

Brief Description of System Type pump to gravity

No Evidence of past or current surfacing at time of inspection
Briefly describe: _____

No Large trees or other vegetation noted over drainfield area

No Evidence of traffic over drainfield
Briefly describe: _____

Other pertinent facts noted during inspection: Alarm light works but buzzer does not & dome over light is broken. Structure has been vacant and water level in tank is low.

Inspector Name: Autry's Certification # 10151
Address 1309 Cula road Pineville, N.C. 28134
Phone 704-504-8830
Inspector Signature: [signature] Date Oct 10, 2014

Permit Number: 2964R Tax Number: 125-153-39

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.

(13)

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

Basement	___ Yes	X No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	X Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
3 Long-term acceptance rate	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
NO Serviced by private well	1500 Gallon septic tank	300 Total trench length (ft)	30 Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	1000 Gallon pump tank	___ Depth of stone	
Any surface waters present:	Type:	Minimum separation distance:	
Site modifications required:			
Additional Conditions: (1) THE LOCAL HEALTH DEPT IS REQUIRED BY THE STATE TO PERFORM TYPE III-B INSPECTIONS EVERY 5 YEARS; OWNER IS RESPONSIBLE FOR INSP FEES AS DETERMINED BY THE COUNTY COMMISSIONERS. (2) REQUIRES AGREEMENT FORMS RECORDED W/ REGISTER OF DEEDS OFFICE,			
Repair Area System Type: Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	X Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
1200 Absorption Area (Sq ft) 300 Total Trench Length (Ft)	30" Depth of Stone Trench	9' Trench spacing (min. on centers)	50" 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.

DENR Authorized Agent — Date 7-2-99

Owner/Agent Signature — Date 7/28/99

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

PROPOSED PLOT PLAN

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

FILE: 29648

TC: 105-153-39

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.

SCALE 1" = 40'

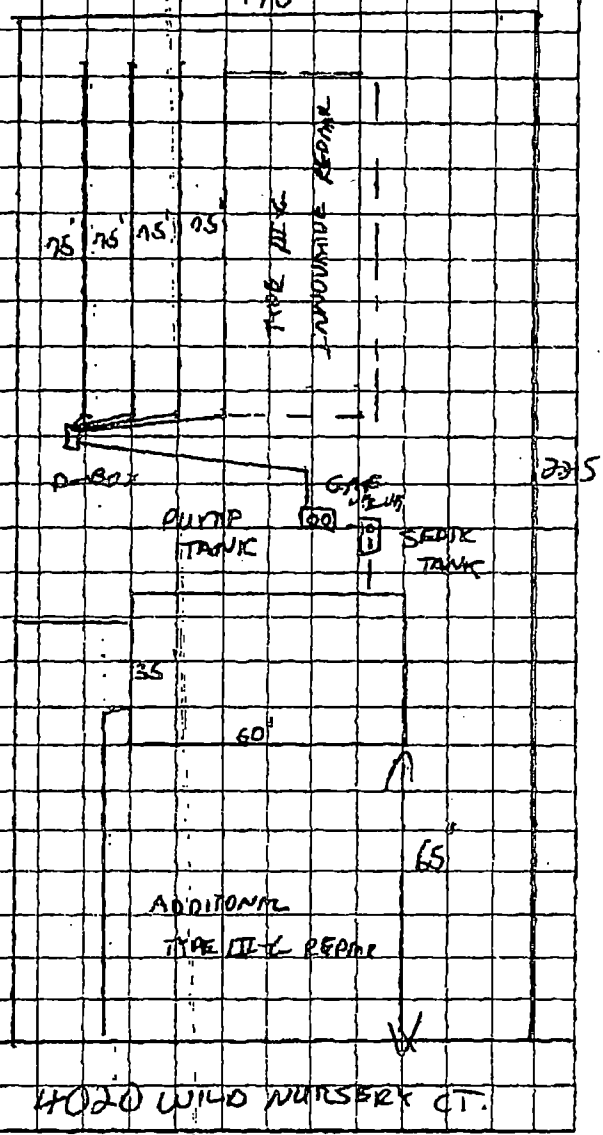
PRESTON FOREST
LOT #23

1. DESIGN IS FOR A 3 BEDROOM RESIDENCE [PER DON STEVENS REQUEST] WITH AN INNOVATIVE TYPE III-C INSTALLATION, THIS REQUIRES AN AGREEMENT FORM TO BE RECORDED W/ REGISTER OF DEEDS OFFICE.

2. THIS DESIGN REQUIRES A PUMP, WHICH WILL NEED TO BE INSPECTED EVERY 5 YEARS ANNUALLY AND WILL REQUIRE A OWNER PM INSPECTION FEE, PER N.C. STATE REGULATIONS AND MECK. COUNTY BOARD OF COMMISSIONERS.

3. INSTALL DRAINLINES SHALLOW (30") AND ON CONTOUR OF LAND.

4. GATE VALVE TO BE INSTALLED ON 2" LINE BETWEEN PUMP & D-BOX.



OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE 7/2/99

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

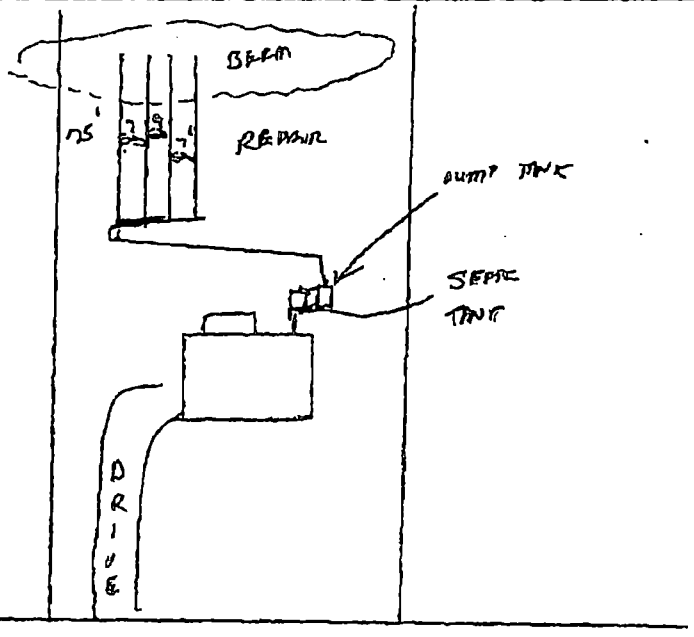
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2964B DATE: 10/21/99

TC: 105-153-39 ☐ L

SERIAL No 18249

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 5/10/99. All work shall be completed on or before ___, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



4020 WILD NURSERY COURT
PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons
Liquid Capacity of Dosing Tank 1000 gallons
Tank Construction PCC
Trench Depth 30'
Absorption and/or Nitrification Lines:
Trench Width 3 feet
Trench Walls Scored and Porous YES
Total Line Length 300' feet
Number of Lines 4
Depth of Stone N/A inches
Distance from House 5' feet
Distance from Property Line 10' feet
Distance from Well 100' feet

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

NAME OF OWNER DOUG STARNES

LOCATION OF PROPERTY 4020 WILD NURSERY CT.

Comments: (1) TYPE III-C INNOVATIVE DESIGN.
(2) EARTH BERM @ BACK LINE MUST BE REMOVED.

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's 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: 2964B DATE: ~~10~~ 11-16-99

TC: 105-153-39 ☒ , ☒ CRT

SERIAL Nº 18212

Name of Owner Doug Stumes Juris.:

Address of Property 4020 Wild Nursery Court

Inspection Data:

Tank Material Acc

Total Length of Drainfield 300

Number of Lines 4 @ 75'

Cover Depth 18" Avg

Water Supply Source Municipal

Distance to Water Source 10' off any H2O line

Excavation Inspected 11-16

Tank(s) Inspected 11-5 BJAW

Wash Line Inspected —

High Water Alarm Inspected 11-16

Goulds WE0511 (pump)

PLOT

Design 1999, 1500ST, 1000GT, TWOV, 900SF, T, Group IV CTR# McCarver 28

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 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☑ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

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

COMMENTS: Type III b 3 bedrooms

(4) 3'w x 75' x 30" deep EEE-222 Low Drain Field used

Larry B. Thompson, Jr. L.S.

Environmental Health Specialist

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

Permit Number: 2964B Tax Number: 105-153-39

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. (13)

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

Basement	___ Yes	X No		___ Partial Basement
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	X Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
3 Long-term acceptance rate	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
NO Serviced by private well	1500 Gallon septic tank	300 Total trench length (ft)	30 Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3 Bedrooms in residence	1000 Gallon pump tank	___ Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: (1) THE LOCAL HEALTH DEPT IS REQUIRED BY THE STATE TO PERFORM TYPE III-B INSPECTIONS EVERY 5 YEARS; OWNER IS RESPONSIBLE FOR ANY FEES AS DETERMINED BY THE COUNTY COMMISSIONERS. (2) REQUIRES AGREEMENT FORMS RECORDED W/ REGISTER OF DEEDS OFFICE,				
Repair Area System Type Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	X Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
1200 Absorption Area (Sq ft) 300 Total Trench Length (Ft)	30" Depth of Stone Trench	9' Trench spacing (min. on centers)	50" Maximum Trench Depth	
For existing system, enter the year originally installed:				

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

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

DEHNR Authorized Agent — Date 7-2-99

Owner/Agent Signature — Date 7/28/99

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

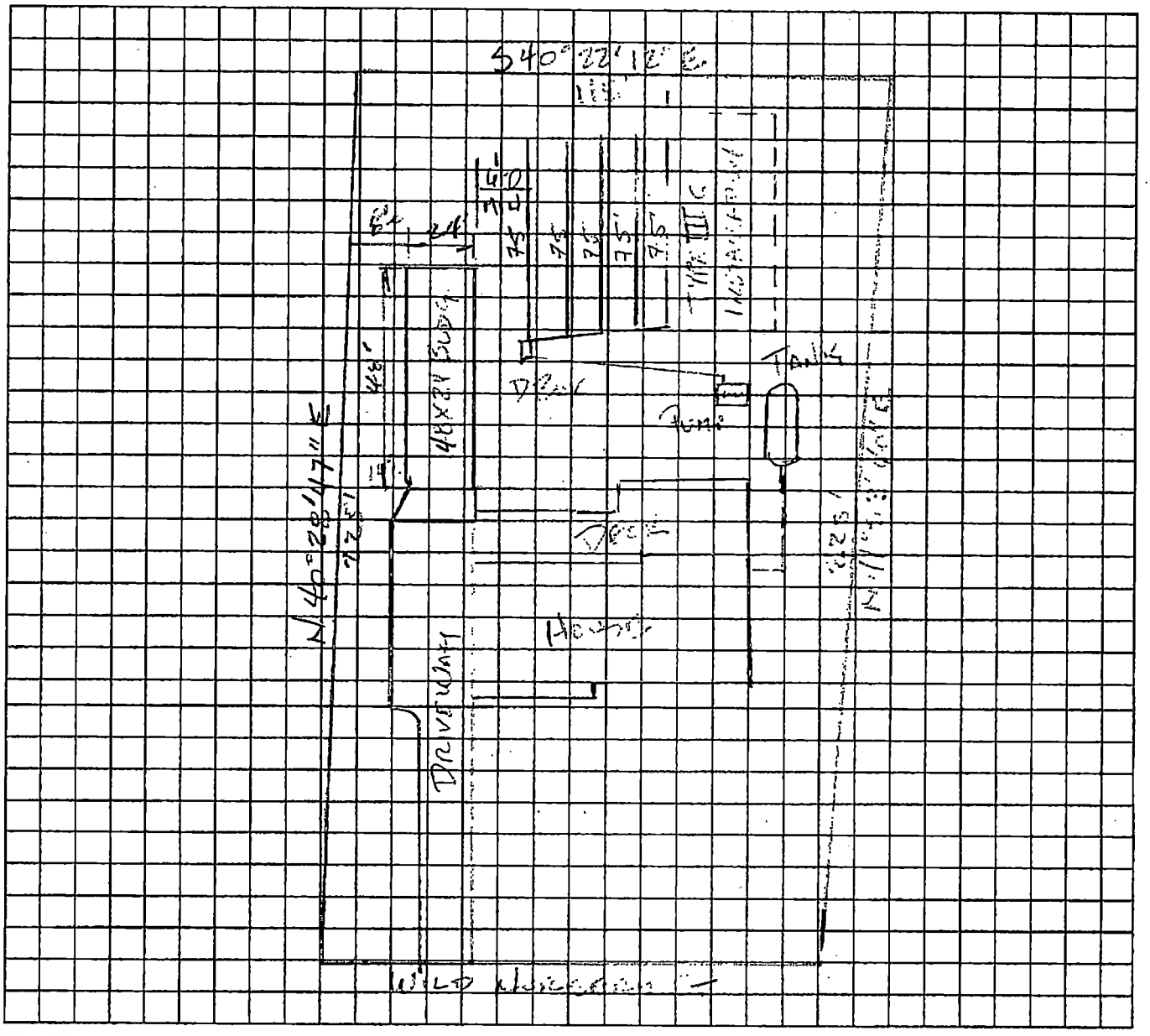
NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 4020 Wild Nursery Ct Tax Parcel #: 10515339



*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 and Water Supply Wells 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.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

_____

_____

_____ _____

REHS Signature Date

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

Revised on: 01/03/11

Summary of Findings:

Is the location of the septic tank acceptable? ☑ yes ☐ no
If no, please explain:

Is the septic tank (including the baffles and/or tees) in satisfactory condition? ☑ yes ☐ no
If no, please explain:

Tank(s) pumped? ☐ yes ☒ no Water Level low due to vacancy
If no, please explain:

Is the holding tank in satisfactory condition (including baffles and/or tees)? ☑ yes ☐ no ☐ N/A
If no, please explain:

Is the pump in satisfactory condition (including control box and/or alarm floats)?
☐ yes ☑ no ☐ N/A If no, please explain: Alarm does not function properly

Is the effluent filter in satisfactory condition? ☑ yes ☐ no ☐ N/A
If no, please explain:

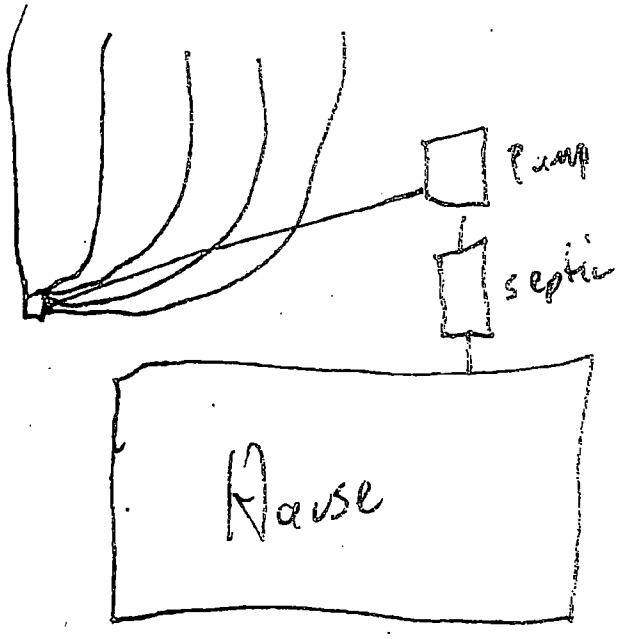
Is the distribution box in satisfactory condition? ☐ yes ☐ no ☒ N/A
If no, please explain: Could not locate

Is the absorption area in satisfactory condition? ☑ yes ☐ no ☐ N/A
If no, please explain: lines are dry due to lack of use

Summary of all repairs and/or actions needed:
Alarm needs repaired

Client should contact County Environmental Health and/or a certified on-site wastewater contractor.

Inspector Name: Autry's Certification # 10151



Road

AUIKI S
1309 CULP RD
PINEVILLE N.C. 28134
INP.# 10151

Suggested minimum onsite wastewater inspection

No representation, warranties or opinions are hereby given, written or expressed otherwise, as to the future performance of onsite wastewater system described herein. This onsite wastewater system inspection is a presentation of system facts in place on date of inspection.

Address of Property 4020 Wild Nursery CT
Street
Charlotte NC
City St Zip

Current owner of Record _____

Inspection requested by: ☐ Owner of record
☒ Other Name Julie Zwemke + Raymond Trahan
Company Erika White agent buyers
Phone 704 451 0234

Date of Inspection: 10/10/2014

☑ Copy of Operations permit from Mecklenburg County Environmental Health Attached
☐ Operations permit not available
Type of water sPage 1 of 2upply ☐ Well ☒ Public Water ☐ Community Water
Location of Septic Tank and septic tank details:

- 10 ft from house or structure
- ____ ft from well if applicable
- ____ ft from water line if applicable
- 30 ft. from property line
- 2' approximate distance from surface to top of tank
- ____ Access riser(s) ☒ yes ☐ no Describe 1½' below surface
- ____ Tank lids intact ☒ yes ☐ no
- ____ Tank has baffle wall ☒ yes ☐ no
- ✓ Inflow to tank is noted as sufficient
- ____ Inflow to tank is noted as insufficient or blocked
- ____ Outlet has filter ☒ yes ☐ no
- ____ Outlet T is present ☒ yes ☐ no
- ? Effluent leaves the outlet ☐ yes ☐ no vacant Home
- ____ Roots present in tank ☐ yes ☒ no
- ____ Evidence of infiltration into tank of surface water ☐ yes ☒ no
- No Evidence of tank leakage noted
- ____ Unable to locate tank. System inspection cannot be completed until tank is located

Date tank was last pumped _____ ☑ unknown
Percentage of sludge detected in tank _____ %

Client requesting this inspection has been advised that for a complete inspection to be performed the tank needs to be pumped. Client has declined to have the tank pumped at inspection and hereby acknowledges they have so declined.

Client Signature _____ Date _____

Does system have pump tank? ☑ yes (complete blanks below) ☐ no

25 ft from house or structure
____ ft from well if applicable
____ ft from water line if applicable
30 ft. from property line
3' Approximate distance from surface to top of tank
✓ Access risers in place ☒ yes ☐ no
5 ft from septic tank
Location of control panel: Beside riser
yes Electrical connections are in place and properly grounded
No Alarm working
yes Pump working
____ Dosing volume correct ☒ yes ☐ no
____ Unable to operate pump due to lack of electricity at site at time of inspection

System requires a subsurface operator ☐ yes ☒ no
If yes, Operator Name _____ Phone _____
Copy of most recent operator report attached

Drainfield: Located 25 ft. from property line
30 ft from septic/pump tank
5 # of lines located
~90' length of lines

Type of system: ☒ Conventional ☐ Accepted ☐ Innovative ☐ Experimental ☐ Controlled Demonstration

☐ Pretreatment; Type of Pretreatment _____

Brief Description of System Type pump to gravity

No Evidence of past or current surfacing at time of inspection
Briefly describe: _____

No Large trees or other vegetation noted over drainfield area

No Evidence of traffic over drainfield
Briefly describe: _____

Other pertinent facts noted during inspection: Alarm light works but buzzer does not & alarm over light is broken. Structure has been vacant and water level in tank is low.

Inspector Name: Autry's Certification # 10151
Address 1309 Culp road Pineville, N.C. 28134
Phone 704-504-8830
Inspector Signature: [signature] Date Oct 10, 2014

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	12/08/14	**Amount:**	100.00
Receipt #:	91876	**Tendered:**	100.00
Check / Auth #:	VISA 05053A	**Returned:**	0.00
Received By:	SADERLW		

Account Information

Account #: 200000
Contractor: TRAHAN RAYMOND
Attn:
Address: 4020 WILD NURSERY CT
Address:
City/State/Zip: CHARLOTTE, NC 28215

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System		1	100.00	100.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance