

14200 PEBWORTH CT

19519104

6/13/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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Philo

RESIDENTIAL WELL CONSTRUCTION RECORD

North Carolina Department of Environment and Natural Resources- Division of Water Quality

WELL CONTRACTOR CERTIFICATION # 3002

1. WELL CONTRACTOR:

Frankie L. Oliver
Well Contractor (Individual) Name

Carolina Well Drilling
Well Contractor Company Name

STREET ADDRESS 16014 Medlin Rd.

Monroe NC 28112
City or Town State Zip Code

(704) 764-8085
Area code- Phone number

2. WELL INFORMATION:

SITE WELL ID #(If applicable)

STATE WELL PERMIT#(If applicable)

DWQ or OTHER PERMIT #(If applicable) Mecn. Co. # 10000106

WELL USE (Check Applicable Box): Residential Water Supply ☑

DATE DRILLED 2-3-06

TIME COMPLETED 4:00 AM ☐ PM ☑

3. WELL LOCATION:

CITY: Mint Hill COUNTY Mecklenburg

14200 Pebworth Ct.
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:
☐ Slope ☐ Valley ☑ Flat ☐ Ridge ☐ Other
(check appropriate box)

LATITUDE 35° 08.163 N
LONGITUDE 80° 39.858 W

May be in degrees, minutes, seconds or in a decimal format

Latitude/longitude source: ☑ GPS ☐ Topographic map
(location of well must be shown on a USGS topo map and attached to this form if not using GPS)

4. WELL OWNER

OWNER'S NAME KT Homes

STREET ADDRESS 9307-D Monroe Rd.

Charlotte NC 28270
City or Town State Zip Code

(704) 361-7150
Area code - Phone number

5. WELL DETAILS:

a. TOTAL DEPTH: 200'

b. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑

c. WATER LEVEL Below Top of Casing: 35 FT.
(Use "+" if Above Top of Casing)

d. TOP OF CASING IS 1 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.

e. YIELD (gpm): 9 METHOD OF TEST AIR

f. DISINFECTION: Type 70% HTH Amount 16 oz.

g. WATER ZONES (depth):

From 93	To	From	To
From (118)	To	From	To
From	To	From	To

6. CASING:

	Depth		Diameter	Thickness/ Weight	Material
From 0	To 85	Ft.	6.25	SDR 21	PVC
From	To	Ft.			
From	To	Ft.			

7. GROUT:

	Depth		Material	Method
From 0	To 82	Ft.	Portland	Pour
From	To	Ft.		
From	To	Ft.		

8. SCREEN:

	Depth		Diameter	Slot Size	Material
From	To	Ft.	In.	In.	
From	To	Ft.	In.	In.	
From	To	Ft.	In.	In.	

9. SAND/GRAVEL PACK:

	Depth		Size	Material
From	To	Ft.		
From	To	Ft.		
From	To	Ft.		

10. DRILLING LOG

From	To	Formation Description
0	6	Red Clay
7	50	Brown Dirt
51	74	Granite / Shale Rock
75	200	Granite

11. REMARKS:

I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS; AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

SIGNATURE OF CERTIFIED WELL CONTRACTOR — DATE 2-4-06

Frankie L. Oliver
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit the original to the Division of Water Quality within 30 days. Attn: Information Mgt., 1617 Mail Service Center – Raleigh, NC 27699-1617 Phone No. (919) 733-7015 ext 568.

Form GW-1a
Rev. 7/05

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 6234A DATE: 2/6/06

TC: 195 19104 ☐ L ☑ ~~CRT~~

SERIAL 19701

Name of Owner Kati Homes Inc Juris.: _____

Address of Property 14200 Tebworth Ct

Inspection Data:

Tank Material PCC

Total Length of Drainfield septic 310' / washer 170'

Number of Lines Line lengths @ vary

Cover Depth 12"

Water Supply Source Well

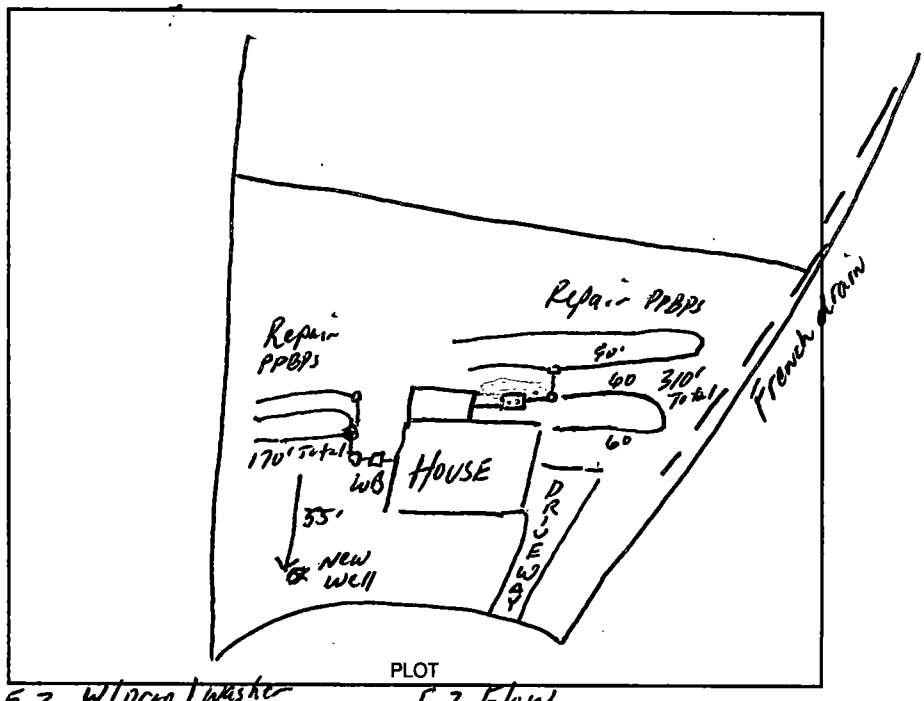
Distance to Water Source >50'

Excavation Inspected 2/3/06

Tank(s) Inspected 2/3/06

Wash Line Inspected 2/6/06 Josh Sellers

High Water Alarm Inspected N/A



Design 2006, 1500ST, INO / septic 310' EZ Flow w/Drop boxes / washer Washer box 170' EZ Flow w/Drop boxes CTR# Bobby McCarver

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: Septic System Designed for a 3 bedroom residence. Type IIIg System

Philip A-Walker RS

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

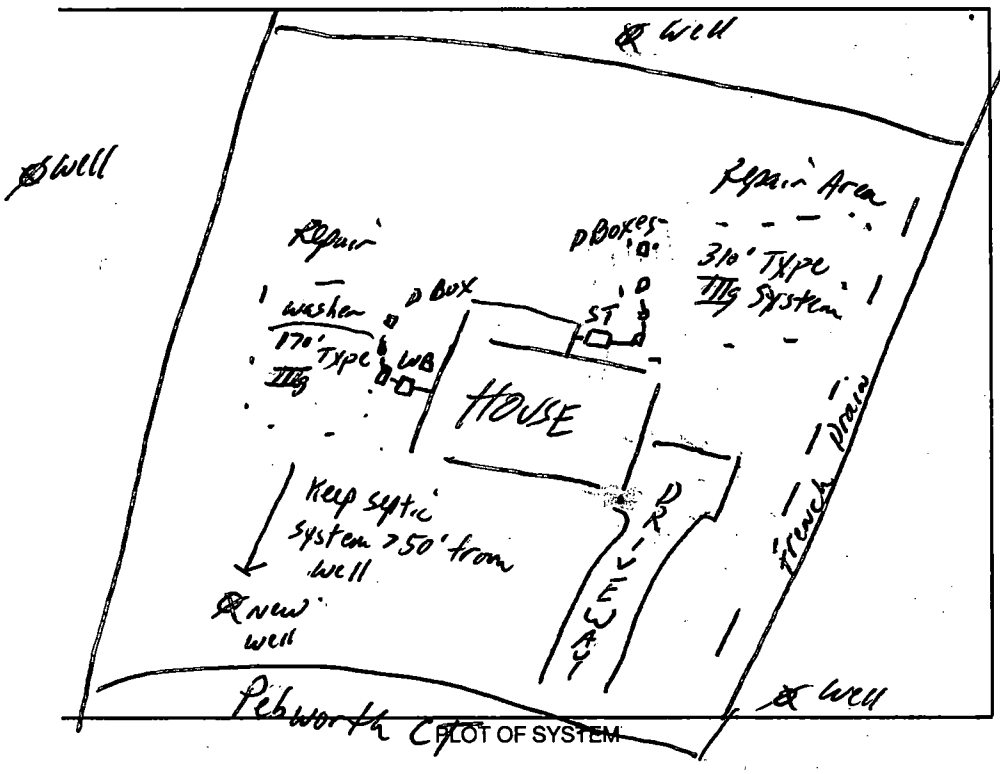
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 6234A DATE: 2/2/06

TC: 195 19104 ☐ L

SERIAL Nº 20072

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 3/16/05. All work shall be completed on or before 3/2/06, 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 1500 gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction PCC

Trench Depth 24

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length Septic 310' / Washer 170' feet

Number of Lines _____

Depth of Stone NA inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well >50' feet

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

NAME OF OWNER Kati Homes, INC

LOCATION OF PROPERTY 14200 Pebworth Ct

Comments: Septic Install 1500 ST, Drop boxes, 310' Innovative System

Washer Install Washer box, Drop boxes, 170' Innovative System

Keep the septic system > 50' from any wells

Thilo A. Walker RS
Environmental Health Specialist

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

FEE: 300.00 CK #4730
DATE: 7/23/05 SC

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

AGS D

PERMIT NUMBER: 6234A
PARCEL NUMBER: 195-191-04

JOB LOCATION ADDRESS: 14200 PEBWORTH COURT LOT 4
PROPERTY OWNER: KATI HOMES INC.
BUILDING CONTRACTOR: KATI HOMES
SUBDIVISION NAME: JONATHANS LANDING
AUTHORIZATION ISSUED BY: PHILO WALKER DATE: 07/19/05

Philo A. Walker RS
DENR/DEH AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 6234A, 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 THE 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 CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.

5. OTHER CONDITIONS:
AGREEMENT FORMS REQUIRED

CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Permit Number: **6234A** Tax Number: **195-191-04**

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

Basement: ☐ Yes ☒ No ☐ Partial Basement

Primary Wastewater System

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

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

.25 Long-term acceptance rate (GPD/ft^2)	360 Max gallons/day wastewater flow	1440 Absorption Area (ft^2)	9 Trench spacing (min. on centers) (ft)
Serviced by private well: ☒ Yes ☐ No	1500 Gallon septic tank	480 Total trench length (ft)	30 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
3 Bedrooms in residence	NA Gallon pump tank	NA Depth of stone (in)	

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

Additional conditions: **AGREEMENT FORMS TO BE RECORDED AND ON FILE PRIOR TO CONSTRUCTION AUTHORIZATION RELEASE, FRENCH DRAIN TO BE INSTALLED ALONG RIGHT PROPERTY LINE-APPR. 6' DEEP. PPBPS REPAIR AREA**

Repair Area System

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

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

480 Absorption Area (ft^2) 240 Total trench length (ft)	NA Depth of stone (in)	8 Trench spacing (min. on centers) (ft)	36 Maximum trench depth (in)

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

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

*** This Improvement permit is transferable.

Phillip L. Walker RS 7/19/05
DENR Authorized Agent Date

Francis M. Thomas 8-1-05
Owner/Agent Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE: (704) 336-5103
FAX: (704) 336-6894

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

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

File # 6234A
Approval Date_____

APPROVED PLOT PLAN

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

COMMENTS

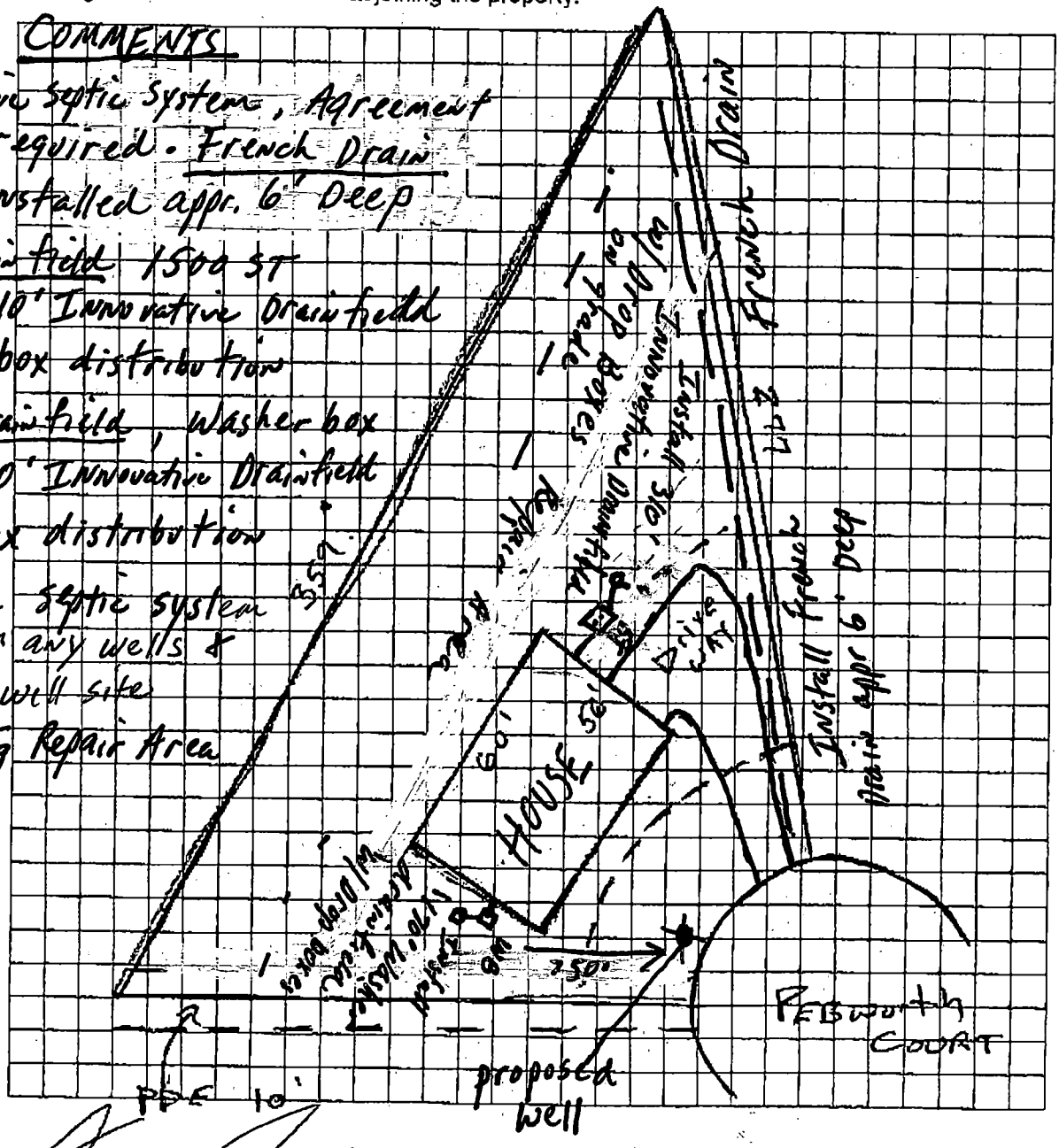
Innovative Septic System, Agreement forms required. French Drain to be installed appr. 6' Deep

Septic Drainfield 1500 SF
Install 310' Innovative Drainfield w/ Drop box distribution

Washer Drainfield Washer box
Install 170' Innovative Drainfield w/ Drop box distribution

Keep the septic system 75' from any wells & proposed well site

Type IIIg Repair Area



Owner/Agent Signature	Staff Signature
Date 7-11-05	Date

LBC 12/15/04

FEE: 300.00

DATE: 2/15/2006

CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

MECKLENBURG COUNTY

GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 6234A

PERMIT NUMBER: 30000333

PARCEL NUMBER: 19519104

JOB LOCATION INFORMATION

ADDRESS: 14200 PEBWORTH CT

CITY: CHARLOTTE **STATE: NC** **ZIP:** 28227

ISSUED TO: Kati Homes, Inc.

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 8/23/2005

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30000333, 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 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 THE 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 CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.
   *CONSTRUCTION AUTHORIZATION EXPIRATION DATE: 7/19/2010

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30000333** GWS File #: **6234A** Tax Parcel #: **195-191-04**

- This 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.

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 7/19/2010

Type of Installation: Residential - New System Lot Number: 4
Structure Type: HOUSE Size (ft^2): 2865 # Bedrooms: 3 # Occupants: 3
Building Foundation: Crawl Space Water Supply: Private Well

II. Initial System Type: Innovative or Experimental **System Classification:** IIIg

Initial System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.25	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1080	Total Trench Length (ft):	360
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

III. Repair System Type: PPBPS (pressurized) **System Classification:** IVa

Repair System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.25	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	0	Total Trench Length (ft):	0
Maximum Trench Depth (in):	0	Depth of Media (in):	N/A	Distribution Device:	Pressure Manifold		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic tank contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Philo Walker Owner/Legal Agent:_____
Print Name

Signature:_____ Signature:_____

Date Issued: 7/19/2005

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30000333** GWS File #: **6234A**

IV. Permit Conditions/Comments:

- Owner agreement forms for site reclassification shall be on file prior to issuance of Construction Authorization.
- All drainage improvements (swales, interceptor drains, etc.) noted on the plot plan must be inspected and approved prior to issuance of an Operation Permit.
- This type of repair system requires the installation of a pump tank and all associated components. This type of system will require routine inspections by our office. The system owner is responsible for all fees associated with these inspections.
- This type of repair system requires the property owner to obtain a contract with a Certified Operator to perform routine inspections and maintenance on the system.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic tank contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Philo Walker

Signature:_____

Date Issued: 7/19/2005

Owner/Legal Agent:_____
Print Name

Signature:_____

COPY

FILE COPY	
FILED FOR REGISTRATION	DOC. # 158128
DATE 8-17-05	TIME 10:00
BOOK 19196	PAGE 296
STAMPS	REC FEE 20-
JUDITH A. GIBSON, REGISTER OF DEEDS MECKLENBURG COUNTY, NC	

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 # 6234A
PARCEL # 195-191-04

The undersigned, Francis M. Tivnan, Jr., owner of property located at 17200 Pebworth Court, (the "site") and described in an instrument recorded in Book 23 at Page 332, 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:

This instrument was prepared by: Kellam Simpson & Loflin
Mail after recording to: Box 236

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

-- 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 theDepartment, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

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

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

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 16 day of August, 2005.

_____ (SEAL)

(Corporate Name)

By: _____ (SEAL)

Francis M. Tivnan, Jr.

President

_____ (SEAL)

_____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF _____

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

WITNESS my hand and notarial seal, this _____ day of _____, 20____.

_____
Notary Public

My Commission Expires:

_____

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, the undersigned, a Notary Public for said County and State, do hereby certify that Francis M. Tivnan, Jr. personally came before me this day and acknowledged that he is President ~~Secretary~~ of Kati Homes Inc., 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, ~~and witness its corporate seal, and attested by~~ ~~xxxx

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

Sheet: 1 of 2
Property ID: 195-191-04
Lot #: 4
File #: 6234A
Code: 2

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Jonathan's Landing Development
Applicant: Mark Walle
Address: 521 East Morehead St., Suite 340, Charlotte, N. C. 28202
Date Evaluated: 3/30/2005
Proposed Facility: Residence
Design Flow (.1949): 480gpd
Property Size: Approx .7a
Location of Site: 14200 Pebworth Ct.
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 6	0-6	GR/CL	FR/SEXP/SS/P	>40" TO SOIL WETNESS	40	N/A	NONE	PS, IV
		6-40	SBK/ABK/C	FI/SEXP/S/P					.25GPD/^{2}
2	"	0-4	GR/CL	FR/SEXP/SS/SP	>34" TO SOIL WETNESS	34	"	"	US, IV
		4-28	SBK/ABK/C	FI/SEXP/S/P					.25GPD/FT^2
		28-34	SBK/SCL	FR/SEXP/SS/SP					
3	"	0-6	GR/CL	FR/SEXP/SS/SP	2.5Y7/1 at 37"	38	"	"	PS, IV
		6-38	SBK/ABK/C	FI/SEXP/S/P					.25GPD/FT^2
4	"	0-6	GR/CL	FR/SEXP/SS/SP	>42" TO SOIL WETNESS	42	"	"	"
		6-42	SBK/ABK/C	FI/SEXP/S/P					

Description	Initial System	Repair System
Available Space (.1945)	US	US
System Type(s)		
Site LTAR	.25GPD/FT^2	.25GPD/FT^2

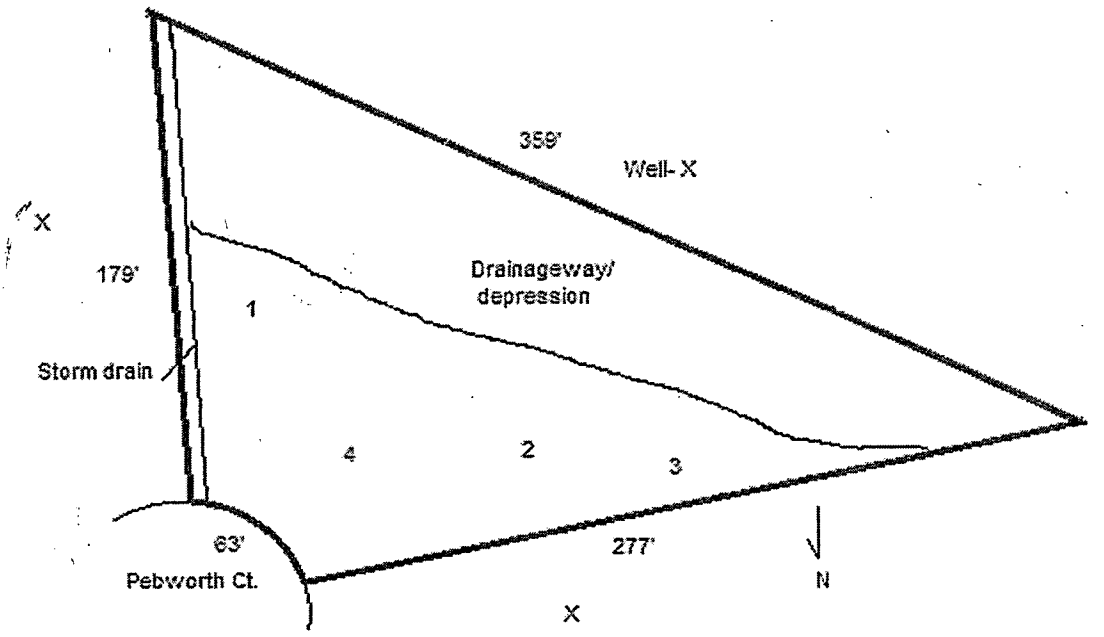
Other Factors (.1946):
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 3/31/2005, W. R. Marlin
Others Present:

COMMENTS:
100% repair

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

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

Sketch of Soil Evaluation Locations



Application #333 Wasp

GWS – RES. APP 12/04

SEPTIC FEE $ ____
DATE PAID ____
RECEIPT # ____

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

WELL FEE $ ____
DATE ____
RECEIPT # ____

FILE # 6234A

SEPTIC / TYPE APPLICATION: ☐ NONE ☑ NEW SYSTEM EXISTING SYSTEM: ☐ EXPANSION/ALTERATION ☐ REPAIR

WELL / TYPE APPLICATION: ☐ NONE ☑ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION:

TAX/PARCEL #:
STREET ADDRESS: 14200 Fosworth Court
CITY: Mint Hill
STATE: NC ZIP: 28227
SUBDIVISION OR MOBILE HOME PARK NAME: do
LOT #: 4
TOWNSHIP:

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

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☑ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE: 2865
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☑ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

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

NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☑ NO TYPE:

WATER SUPPLY:

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

PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☑ POTABLE ☐ GEOTHERMAL ☐ OTHER

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

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☑ NO	WELLS, SPRINGS, OR WATER LINES	☐ YES	☑ NO
EXISTING WASTEWATER SYSTEMS	☐ YES	☑ NO	DESIGNATED WETLANDS	☐ YES	☑ NO
EASEMENTS OR RIGHT-OF-WAYS	☑ YES	☐ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☑ NO

PROPERTY OWNER:

NAME: Kat Homes, Inc
ADDRESS: 9307-D Monroe Rd
CITY: Charlotte,
STATE: NC ZIP: 28270
HOME PHONE: WORK PHONE: 704-847-9434
MOBILE PHONE: FAX: 704-847-9463

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 9-14-89
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 7-29-05

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

Owner's/Agent's Signature 7-11-05 Date

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

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

Owner's/Agent's Signature 7-11-05 Date

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

VOID

CC
200.00 APP 074477

GWS – RES. APP 12/04

SEPTIC FEE
DATE
REC #
RIP

WELL FEE
DATE
REC #
PRINT

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

FILE # 6234A

SEPTIC / TYPE APPLICATION: ☐ NONE ☒ NEW SYSTEM EXISTING SYSTEM: ☐ EXPANSION/ALTERATION ☐ REPAIR

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 195 19 104
STREET ADDRESS: 14200 PEBWORTH CT
CITY: CHARLOTTE
STATE: NC ZIP: 28227
SUBDIVISION OR MOBILE HOME PARK NAME: JONATHANS LANDING
LOT #: 4
TOWNSHIP:

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

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☒ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE: 3000
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:
NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☒ NO TYPE:

WATER SUPPLY:

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

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

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

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☒ NO	WELLS, SPRINGS, OR WATER LINES	☐ YES	☒ NO
EXISTING WASTEWATER SYSTEMS	☐ YES	☒ NO	DESIGNATED WETLANDS	☐ YES	☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☒ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☒ NO

PROPERTY OWNER:

NAME: JONATHANS LANDING DEVELOPMENT
ADDRESS: TWO [illegible] INTERNATIONAL CTR #1500
CITY: CHARLOTTE
STATE: NC ZIP: 28202
HOME PHONE:
WORK PHONE: 704 372 4884
MOBILE PHONE:
FAX: 704 332 0585

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: MARK WALLE
ADDRESS: 13910 JONATHANS RIDGE RD
CITY: CHARLOTTE
STATE: NC ZIP: 28227
HOME PHONE:
WORK PHONE: 704 432 0819
MOBILE PHONE: 704 361 3706
FAX: 704 432 1789

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? SEP 14, 1989
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? N/A ~~APPLICANT BY~~

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

Owner's/Agent's Signature 3/16/05 Date

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION

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

Owner's/Agent's Signature 3/16/05 Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202

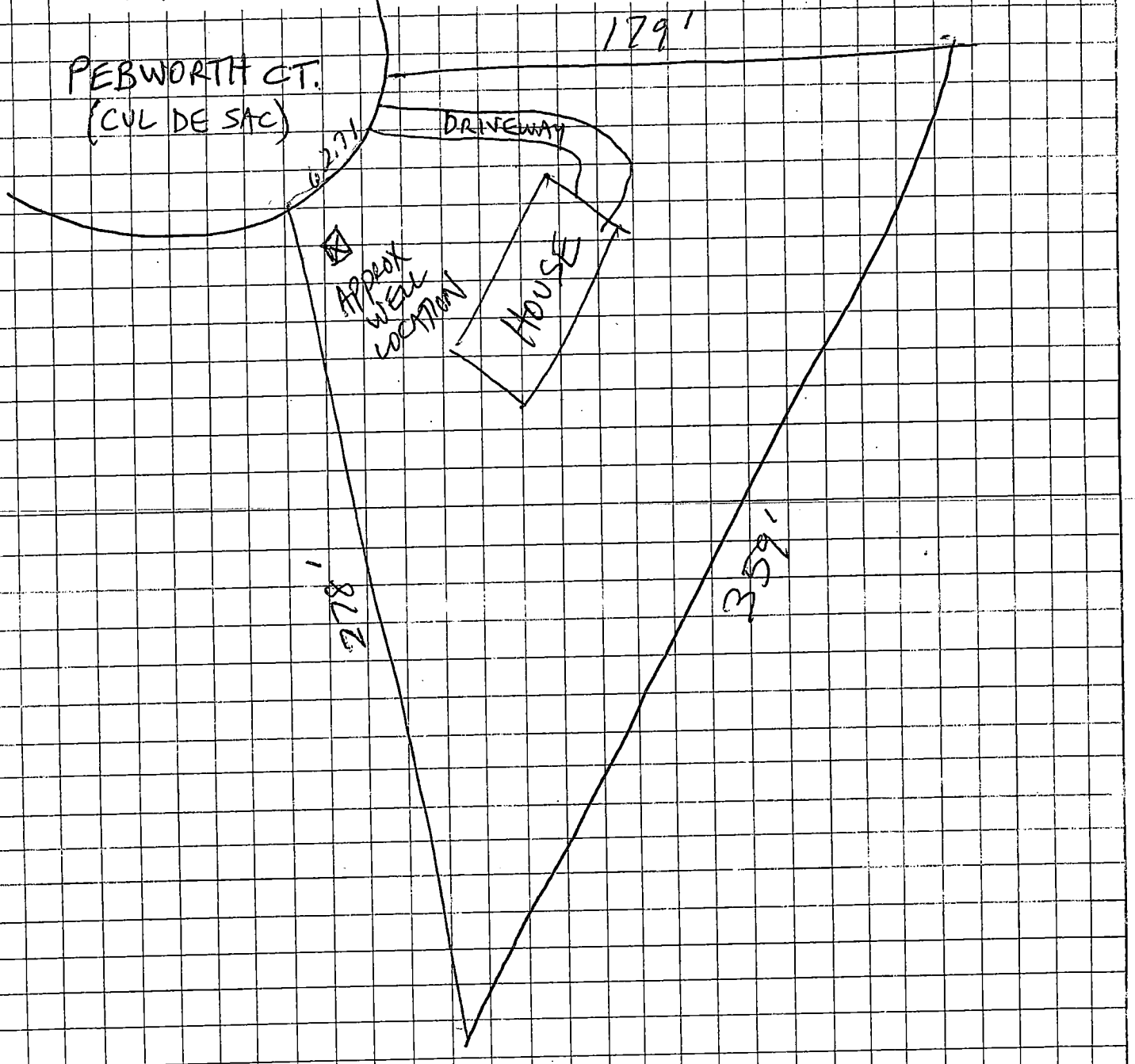
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 6234/A

TC: 195-191-04

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



OWNER/AGENT SIGNATURE

DATE 3/16/05

APPROVAL DATE _____

Canary - E.H.S. Copy

Pink - Owner's Copy

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	03/16/05	**Amount:**	200.00
Receipt #:	33282	**Tendered:**	0.00
Check / Auth #:	VISA 074477	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: 200000
Contractor: WALLE
Attn: MARK
Address: 13910 JONATHANS RIDGE RD
Address:
City/State/Zip: CHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 14200 PEBWORTH CT		1	200.00	200.00

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

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 16540

File: 6234A Action 2

Parcel: ~~Po 195-101-04~~ 195-191-04 NWMm 11-4-98 PC

Location: Pebworth Court

Subdivision:

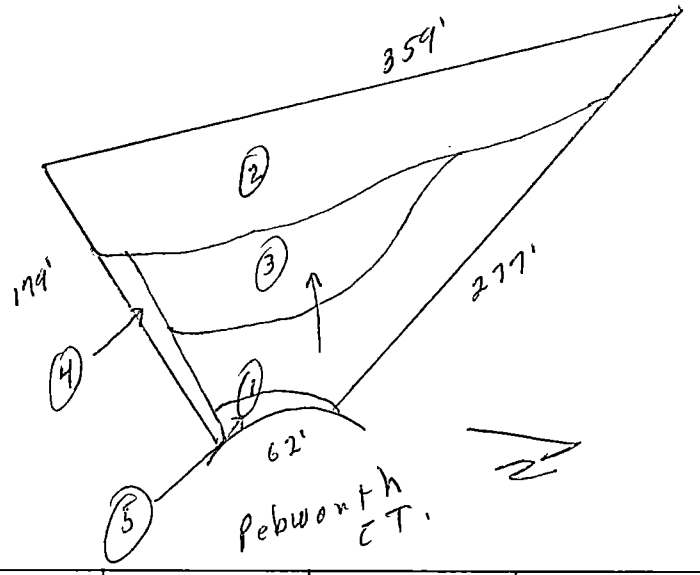
Lot: 4 Block: Acres: .75

Owner: Jonathan's Landing Development
Address: 2300 Two First Union Center
Charlotte, NC 28282

Comments: 100% Repair needed

Described by: William R. Marlin

Date: 1-21-98



***** 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 2-8%	S PS (U) Depression	(S) PS U 2-8%	S PS U —	S PS U —	S PS U
Texture	S (PS) U Clay	S PS U —	S PS (U) 2-1 Clay 29-30"	S PS U —	S PS U —	S PS U
Structure	S (PS) U Blocky	S PS U	S (PS) U Blocky	S PS U	S PS U	S PS U
Drainage	S (PS) U 7-36" to water	S PS U —	S PS (U) Perched water 30"	S PS U	S PS U	S PS U
Depth	S (PS) U 36"+	S PS U	S (PS) U 36"+	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-36"	S PS U —	S (PS) U 7-36"	S PS U —	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS U	S PS (U) Restricted	S PS U —	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS (U) Drainage pipe	S PS (U) Fill	S PS U
Soil Group/Series	III Cecil-like	Depression	Cecil/Helena Expansive Clay	Drainage pipe	Fill	
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS U

APPLICATION FOR SOIL INVESTIGATION

Lee 6231A

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

(OFFICE USE ONLY)

FILE: 6234A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 14200 Pebworth Court

② SUBDIVISION: Jonathan's Landing ③ LOT: 4 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: PO 195 PAGE NO.: 101 PARCEL NO.: 03, 04 & 05

⑥ DEED REFERENCE: BOOK NO.: DB 6001 PAGE NO.: 348

OWNER

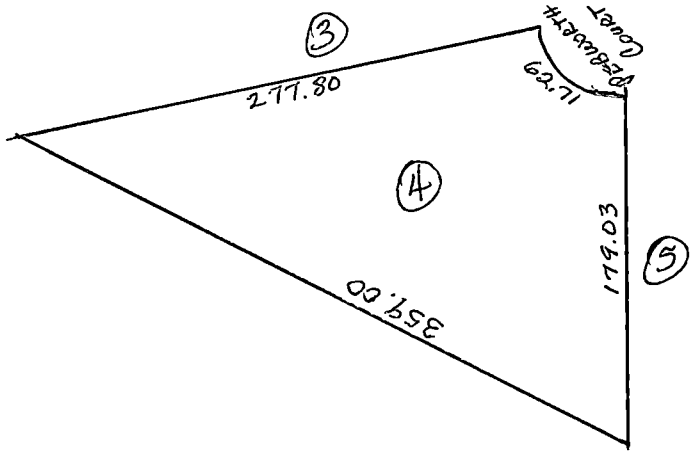
⑦ NAME: Jonathan's Landing Development, a North Carolina General Partnership
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 2300 Two First Union Center

⑨ CITY: Charlotte, ⑩ STATE: N.C. ⑪ ZIP: 28282

⑫ PHONE: (WORK) 704-372-4884 (HOME) 704-366-9509

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

Signed: H. PARKS HELMS, Partner

Date: 10/10/89

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

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

MECKLENBURG COUNTY
Health Department

April 13, 2005

JONATHANS LANDING DEVELOPMENT
521 EAST MOREHEAD,SUITE 346
CHARLOTTE, NC 28202

Re: Application for improvement permit for
Property Site: 14200 PEBWORTH CT
Health Department file number: **6234A**

Dear Property Owner or Owner's Agent:

The Mecklenburg County Health Department, Environmental Health Division on **April 06, 2005** evaluated the above-referenced property at the site designated on the site plan that accompanied your improvement permit application. According to your application the site is to serve a four-bedroom residence, with a design wastewater flow of 480 gallons per day. The evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 and related statutes and Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .l900 and related rules.

Based on the criteria set out in Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rules .1940 through .1948, the evaluation indicated that the site is **UNSUITABLE for** a ground absorption sewage system. Therefore, your request for an improvement permit is **DENIED.** A copy of the site evaluation is enclosed. The site is unsuitable based on the following:

- ☒ Unsuitable soil topography and/or landscape position (Rule .1940)
- ☒ Unsuitable soil characteristics (structure or clay mineralogy) (Rule .1941)
- ☐ Unsuitable soil wetness condition (Rule .1942)
- ☐ Unsuitable soil depth (Rule .1943)
- ☐ Presence of restrictive horizon (Rule .1944)
- ☒ Insufficient space for septic system and repair area (Rule .1945)
- ☒ Unsuitable for meeting required setbacks (Rule .1950)
- ☐ Other (Rule .1946)

These severe soil or site limitations could cause premature system failure, leading to the discharge of untreated sewage on the ground surface, into surface waters, directly to ground water or inside your structure.

The site evaluation included consideration of possible site modifications, and modified, innovative or alternative systems. However, the Health Department has determined that none of the above options will overcome the severe conditions on this site. A possible option might be a system designed to dispose of sewage to another area of suitable soil or off-site to additional property.

For the reasons set out above, the property is currently classified **UNSUITABLE,** and an improvement permit shall not be issued for this site in accordance with Rule .1948 (c).

However, the site classified as **UNSUITABLE** may be classified as **PROVISIONALLY SUITABLE** if written documentation is provided that meets the requirements of Rule .1948(d). A copy of this rule is enclosed. You may hire a consultant to assist you if you wish to try to develop a plan under which your site could be reclassified as **PROVISIONALLY SUITABLE.**

You have a right to an informal review of this decision. You may request an informal review by the soil scientist or environmental health supervisor at the local health department. You may also request an informal review by the
N. C. Department of Environment and Natural Resources regional soil specialist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Center, Raleigh, NC 27699-6714. To get a copy of a petition form, you may write the Office of Administrative Hearings or call the office at (919) 733-0926 or from the OAH web site at www.oah.state.nc.us/form.htm. The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. N. C. General Statue 130A-335(g) provides that your hearing would be held in the county where your property is located.

Please note: If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is **April 13, 2005**. Meeting the 30-day deadline is critical to your right to a formal appeal. Beginning a formal appeal within 30 days will not interfere with any informal review that you might request. Do not wait for the outcome of any informal review if you wish to file a formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (N.C. General Statute 150B-23) to send a copy of your petition to the North Carolina Department of Environment and Natural Resources. Send the copy to: Office of General Counsel, N. C. Department of Environment and Natural Resources, 1601 Mail Service Center, Raleigh, NC. 27699-1601. Do **NOT** send the copy of the petition to your local health department. Sending a copy of your petition to the local health department will **NOT** satisfy the legal requirement in N.C. General Statute 150B-23 that you send a copy to the Office of General Counsel, NCDENR.

You may call or write the local health department if you need any additional information or assistance.

Sincerely,

Philo A. Walker RS

Philo Walker, R.S.
Authorized Agent - DENR

Encl: (2)
CC: MARK WALLE

Mecklenburg County
Health Department

January 24th, 1990

Jonathan's Landing Development
2300 Two First Union Center
Charlotte, NC 28282

RE: Property located at Pebworth Court
FILE: 6234A
PARCEL: 19510103,04,05

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 16540) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to call.

Very truly yours,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure (2)