

19501 YOUNGBLOOD RD W

21719131

12/19/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

Determine if System can be altered

GWS – RES. APP 07/05

SEPTIC FEE: 100.00
DATE: 8/18/05
CRT [ ] Check 1130

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: _____
CRT [ ]

FILE # 9023

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☒ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

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

JOB LOCATION INFORMATION:
TAX/PARCEL #: 217-191-31
STREET ADDRESS: 19501 Youngblood Rd
CITY: Charlotte
STATE: NC ZIP: 28226
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
TOWNSHIP:
☒ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION:
TYPE OF BUILDING:
☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☒ HOUSE (H) ☐ OTHER
HEATED SQUARE FOOTAGE: 1800
NUMBER OF BEDROOMS: 3
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: 2 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 4
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: Tommy Queen
ADDRESS: 7301 Entwistle Ct
CITY: Charlotte
STATE: NC ZIP: 28226
HOME PHONE: 7047523686 WORK PHONE: 7043326884
MOBILE PHONE: 704 7799223 FAX: 704 391 6232

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? 1993
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

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.

Tommy Queen Aug 16-05
Owner's/Agent's Signature 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 Date

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

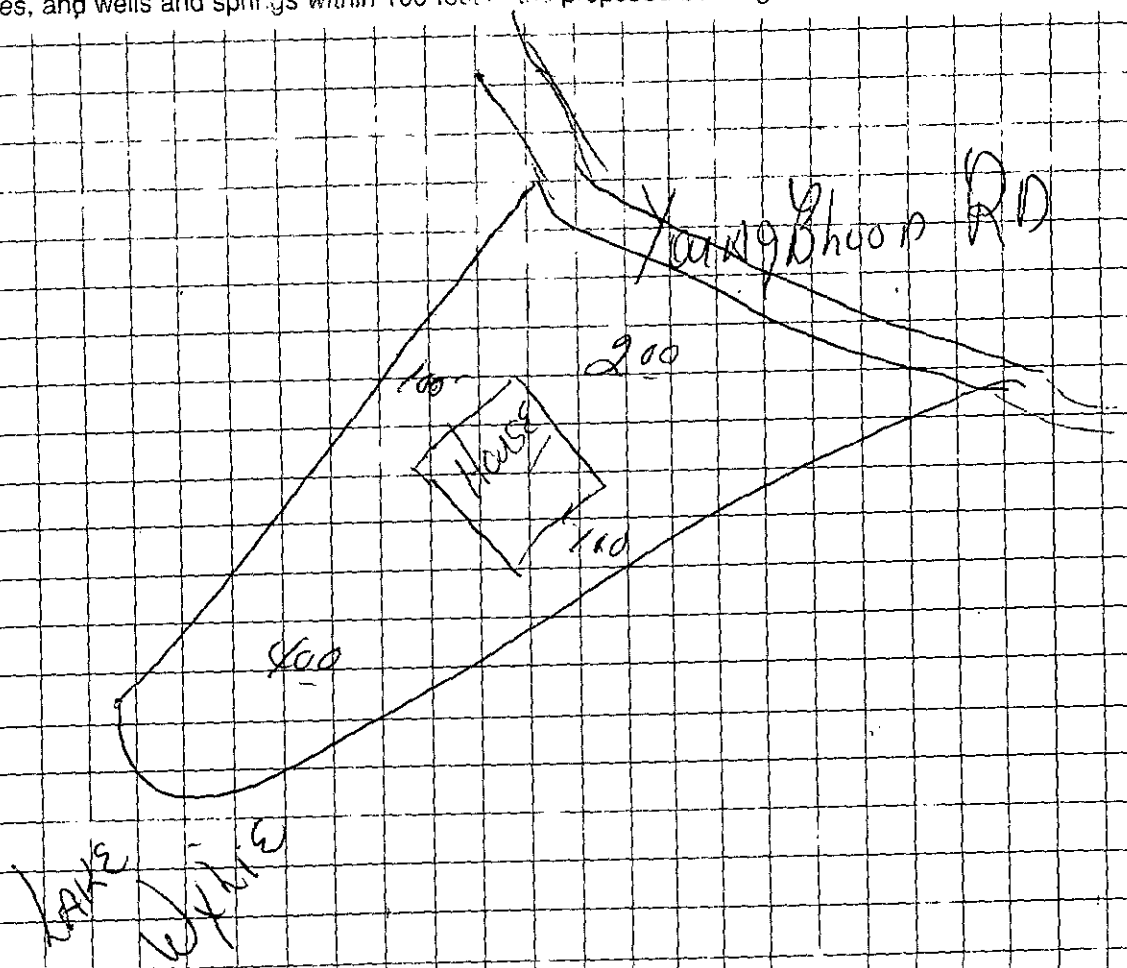
PROPOSED PLOT PLAN

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

FILE: 902B

TC: _____

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



APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	08/19/05	**Amount:**	100.00
Receipt #:	36493	**Tendered:**	100.00
Check / Auth #:	CHECK 1130	**Returned:**	0.00
Received By:	WALKEVA		

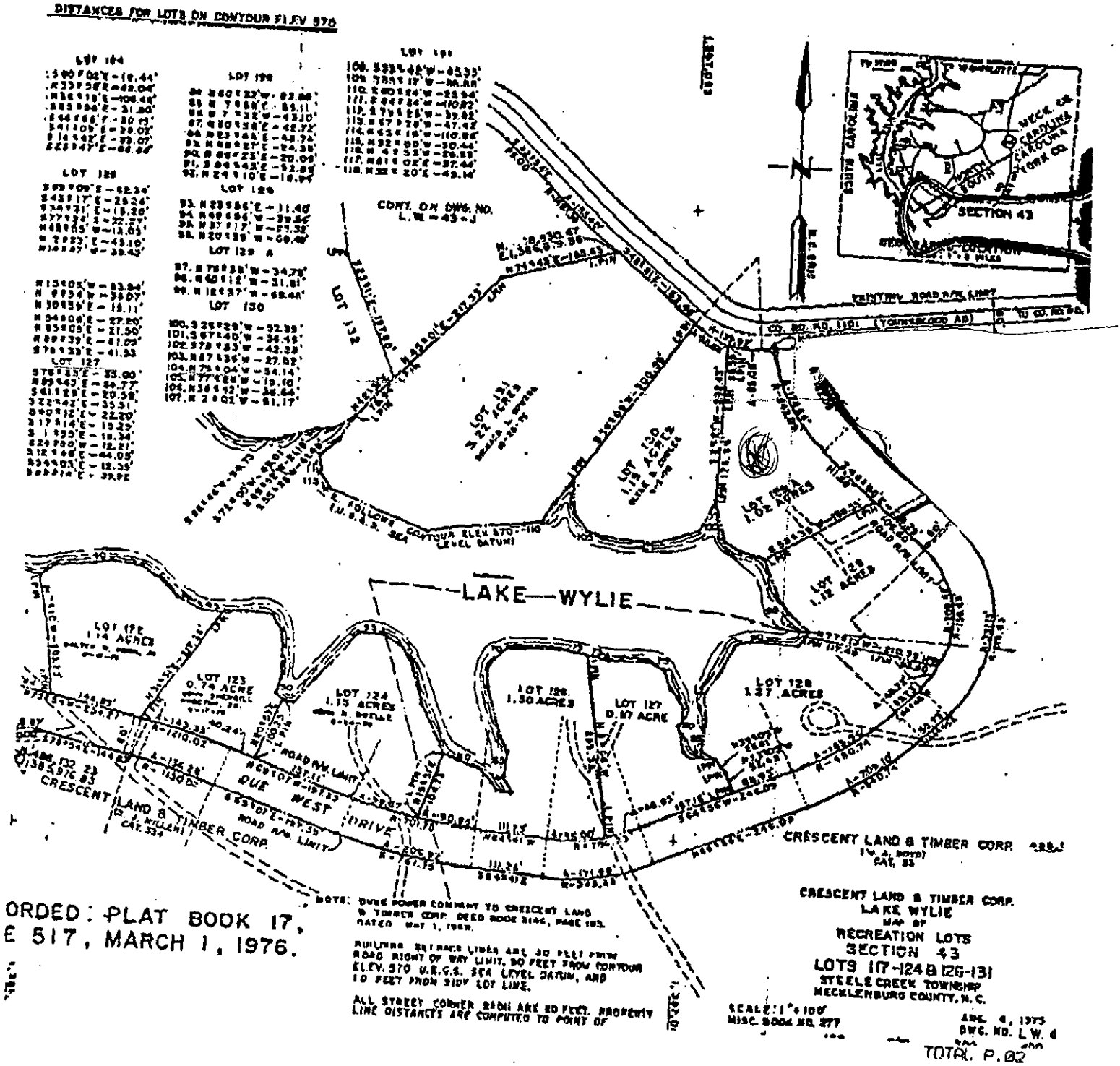
Account Information

Account #: 200000
Contractor: QUEEN TOMMY E.
Attn:
Address: 7301 ENTWHISTLE CT.
Address:
City/State/Zip: CHARLOTTE, NC 28226

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 19501 YOUNGBLOOD ROAD		1	100.00	100.00

Outstanding Balances

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



ORDED: PLAT BOOK 17,
E 517, MARCH 1, 1976.

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

DATE: 1-17-01 PERMIT NO: #902B 0773-A
PARCEL NO: 217191-31
JOB LOCATION ADDRESS: 19501 YOUNGBLOOD RD
PROPERTY OWNER: Edward Elam
BUILDING CONTRACTOR: Robert Roberts
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: Kelly Rule DATE: 1-17-01
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. #902B, 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 on file
use innovative system
125 build w/ plan on file

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.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Need to proceed

1. Auth to Const. to be issued + signed by EHS + Property Owner agent for

2. Fees due

$1,50 - Auth to Const
$1,50 Const + CD

$300 Total

1/17/01

Permit Number 902-B

Tax Number: 217-191-31

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: OFF SITE SYSTEM ___ Yes ___ No ___ Partial Basement

Type Primary Wastewater System
Type (circle one): I II (III) IV V VI

- ___ Conventional
- ___ Prefabricated, permeable block panel system
- ___ Shallow Placed Conventional
- ___ Low Pressure Pipe
- ___ Large Diameter Pipe
- ___ Fill
- ___ Other
- ✓ Innovative or Experimental:
  - ___ IWWS-93-1
  - ___ IWWS-93-2
  - ___ IWWS-94-1

.196 Long-term acceptance rate	360 Max gallons/day wastewater flow	1300 Absorption Area (sq ft)	9 Trench spacing (min. on centers)
SPI Serviced by private well	1500 Gallon septic tank	460 Total trench length (ft)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
___ Bedrooms in residence	1000 Gallon pump tank	N/A Depth of stone	

Any surface waters present: Type: Minimum separation distance:

Site modifications required:

Additional Conditions: agreement forms on file
Use innovative system
Install w/ plan on file

Repair Area System Type
Type (circle one): I II III IV V VI

- ___ Conventional
- ___ Prefabricated, permeable block panel system
- ___ Shallow Placed Conventional
- ✓ Low Pressure Pipe
- ___ Large Diameter Pipe
- ___ Fill
- ___ Other
- ___ Innovative or Experimental:
  - ___ IWWS-93-1
  - ___ IWWS-93-2
  - ___ IWWS-94-1

3600 Absorption Area (Sq ft) 220 Total Trench Length (Ft)	12" Depth of Stone Trench	5 Trench spacing (min. on centers)	24" 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.

1-17-01

DEHNR Authorized Agent Date

Owner/Agent Signature Date

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

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

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 902-B

Tax Number 217-191-31

- 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 OFFSITE ___ Yes ___ No ___ Partial Basement

Type Primary Wastewater System
Type (circle one): I II (III) IV V VI

___ Conventional
___ Prefabricated, permeable block panel system
___ Shallow Placed Conventional
___ Low Pressure Pipe
___ Large Diameter Pipe
___ Fill
___ Other
✓ Innovative or Experimental:
___ IWWS-93-1
___ IWWS-93-2
___ IWWS-94-1

.196 Long-term acceptance rate	360 Max gallons/day wastewater flow	1390 Absorption Area (sq ft)	9 Trench spacing (min. on centers)
YES Serviced by private well	1500 Gallon septic tank	460 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	N/A Depth of stone	

Any surface waters present: YES Type: Lake wylie Minimum separation distance: 50'

Site modifications required:

Additional Conditions: agreement forms on file
use innovative system

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 .1 LTAR
___ Large Diameter Pipe
___ Fill
___ Other
___ Innovative or Experimental:
___ IWWS-93-1
___ IWWS-93-2
___ IWWS-94-1

3600 Absorption Area (Sq ft) 720 Total Trench Length (Ft)	12" Depth of Stone Trench	5 Trench spacing (min. on centers)	24" 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.

[signature] 6-25-98
DEHNR Authorized Agent Date

[signature] 6/19/98
Owner/Agent Signature Date

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

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

DOSED GRAVITY INFILTRATOR SYSTEM (OFF-SITE)

LOT 31 - SECTION 43

19501 YOUNGBLOOD ROAD WEST

MECKLENBURG COUNTY - NORTH CAROLINA

MCHD FILE #902B/8773A TAX PARCEL 217-191-31

by

Toney C. Jacobs & Associates, Inc.
Consulting Soil Scientists
168 Broadbill Drive
Mooresville, N. C. 28115

ofc (704)663-6905
fax (704)662-9845
e-mail jacobs@i-america.net

January 29, 1998



Submitted to: ✓ Mr. Kelly Randall, R.S.
Mecklenburg County Health Dept.
Charlotte, N. C.

Ms. Susie Williams
Crescent Resources, Inc.
P. O. Box 1003
Charlotte, NC 28201-1003

Toney C. Jacobs, CPSS

Paul G. Penninger

RECEIVED

19501 Youngblood Road West

GRAVITY DISTRIBUTION INFILTRATOR SYSTEM

Design Considerations

The proposed system is for a 3-bedroom waterfront home on a 1.02 acre lot in a rural area of single family homes in southern Mecklenburg County. The lot will not support an on-site septic system/ therefore, the seller, Crescent Resources, Inc., has added a second parcel of 0.707 acres and will transfer this as a septic area (maps enclosed). This provisionally suitable area is approximately 650 feet from the lot and was the closest usable septic area. Because of soil quality, the LTAR for this parcel and system is 0.196, a conservative rate but applicable for this soil. The property was recorded prior to January 1983; however, because of the added septic the 100% repair area is required.

Soils were evaluated by both Mr. Kelly Randall of the Mecklenburg County Health Department and Toney C. Jacobs & Associates. The system layout was by Toney C. Jacobs & Associates. To best use the added easement the chambered system was considered as the best suited system for the tract. The chambers are for the initial system with the repair a Low Pressure Pipe because of a shallow depth soil. The septic system drainfield was flagged in the field as shown in Figure 1. The system will be pumped to a surge tank, gravity to d-box, and chambered system, using 4 x 115' lines. During construction and tree removal precautions should be taken to prevent damaging the system area. The pump supply line is on the easement supplied by CRI and utilizes no part of the DOT right-of-way.

Location

The lot is on the left of Youngblood Rd. West. The system adjoins Youngblood, but the house is off the road.

Reference

(1) *Laws and Rules for Ground Absorption Sewage Disposal Systems 15A NCAC 18A. 1900,* NCDEHNR-DEH.

(2) Infiltrator product information

Recommendation

Four hundred and sixty (460) lineal feet of dosed Infiltrator lines using gravity distribution.

(Product information sheet on Infiltrator System, Inc. enclosed)

Ownership Responsibility

Conservation measures should be undertaken in plumbing fixture specifications to minimize the volume of wastewater entering the disposal system, including, but not limited to the following precautions:

(a) Provide water conserving plumbing fixtures within the facility. Waterclosets must be 1.6 gal. flush (per code). Shower head should also have restrictions or be of low volume design.

(b) Develop conservative water use habits.

(c) Monitor and maintain the system as necessary for proper operation. An Operation Permit will not require a maintenance contract to be filed with the Mecklenburg County Health Department for the system.

System must be properly installed by a *qualified* and *competent* contractor following the requirements of the Mecklenburg County Department of Environmental Health, DEH, the N.C. Building Code, Plumbing Code, and the Electrical Code. This plan, as any, is a guide to a minimum standard, but cannot take the place of experience and common sense.

Components of System

1. Two compartment septic tank - 1500 gal.
2. Pump tank 1000 gallons
3. Supply pipe
4. Minimum 50 gal concrete surge tank
5. Speed lever box or D-box with speed levelers
6. 460' of chambers with sand backfill on the sides.

Construction Sequence

1. Lines have been flagged as noted on drawing and in specifications.

2. Clear the area of all organic material with minimum soil disturbance (do not grade). Backfill any low areas with clean sandy loam to natural compaction and look. This includes soil evaluation pits and stump holes. There is one minor terrace to be smoothed or removed in site preparation.

3. Install trenches per cited reference material and this plan.

4. Carefully backfill distribution trenches to grade with clean clay or clay loam soil fill material which is carefully placed and compacted.

5. The installation contractor shall stabilize the area of construction by planting with Kentucky 31 tall Fescue and mulching. Area to be limed and fertilized with 0.5 tons lime, 75 units of N, 150 units P, and 100 units of K per disturbed acre.

6. The septic tank shall consist of an approved 1500 gallon capacity reinforced, precast watertight, concrete tank with full baffle and shall have easy access to each chamber from ground level for inspection. The first chamber of the septic tank shall consist of 2/3 to 3/4 of the volume of the total tank and the baffle shall contain a horizontal opening across the tank at about midway . Locate the septic tank at such height as to provide approximately 8" of cover soil over top of the tank.

7. Final Landscaping: After the system is installed, the absorption field should be reshaped to shed rainwater and be free of low areas to insure that the system will not be overloaded with excess rainwater and run-on.

8. Supply pipe should have a metal locator tape or wire should it have to be located. This is a recommendation and not required. Where this pipe goes under the drive, it must be greater than 36" deep. It could be sleeved in metal, but deeper is better and less expensive.

9. The dosing tank shall consist of an approved 1000 gallon capacity, reinforced, precast, watertight concrete tank without baffle and shall have a concrete mounting pad (concrete blocks) for accommodating the pump. Test for leakage per regulations. Provide access for entry into the tank directly over the pump location, and extending 6" above final grade. Use a 30" diameter concrete well casing or equivalent and concrete well cap or other approved type cover. There must be a seal (masonry or seal rope) between well tile and top of tank.

10. All piping and fitting shall be SCH 40 PVC. Glue for all PVC pipe joints shall be as recommended by the pipe manufacturer.

11. Pump: The submerged pump shall be Model 186/4186 manufactured by Zoeller or equal, 115 or 230 v/l phase; capable of pumping 13 gallons per minute at 101' of head.

12. Pump controls and alarm to meet specifications of .1952, all being compatible.

13. A "Warning Sign" shall be located within the house to inform the occupants of action to take in case the "High Water Alarm" is activated. This sign shall contain the name, address, telephone number, and emergency telephone number of the person to contact upon malfunction of the system.

14. Pump and Controls: Details of pump installation are shown in the plan. The pump must be placed on concrete blocks on the bottom of the tank. This prevents the pumping of any solid particles which can clog the pipe system. A piece of nylon rope or other non-corrodible material should be attached to the pump and the outlet pipe for lifting the pump in and out of the chamber. Controls should be fastened to a "tree" or the outlet pipe with clamps or brackets supplied by the manufacturer. The lower level control or "pump-off" must be positioned above the pump, so that the pump remains submerged at all times. The level control "pump-on" is positioned to pump a specified volume of effluent. The high water control float is then mounted about 3" above the upper pump-on control. (Note: Care must be taken to insure that floats do not become fouled by other components in the tank, such as the electric power cord or the lifting rope. It is highly recommended that a telescoping "tree" be used for floats to facilitate adjustments.) The pump outlet pipe should be connected to the supply manifold with a threaded PVC union (or dresser coupling) to allow quick removal.

15. Electrical Connections: The pump and high water alarm must be placed on separate electrical circuits. (If the pump circuit fails, the alarm must still be able to operate). Follow the manufacturers recommendations for the proper fuses or circuit breakers. All electrical connections must be made outside the pumping chamber. Power cords from the pumps and controls should be plugged into a NEMA 4X approved outdoor receptacle. This must not be located inside the pumping chamber due to the corrosive and explosive gasses that may form from the sewage. This box must be a minimum of 1' above finished grade. Some level control switches have a box built into the housing, but are more expensive than the plug-in devices. Wiring between the pumping chamber and the station should meet State and local code requirements. A lightning arrester is recommended to protect the pump and controls from electrical surges.

16. Proper Operation Check: After all components have been installed and connected, the system should be checked for proper operation. With electrical power turned off, fill the pumping chamber with water from garden hose until the liquid rises to the level of the high-water alarm float. Turn on the electrical power. The alarm light should go on in the house, and the pump should start operating. The alarm light should go off when the liquid reaches the lowest float control. Be sure the pump is still completely submerged.

17. With someone at the surge tank, turn pump on and set gate valve at surge tank to deliver 13 gpm.

18. With an open end box and this pump size, the calculation for a pressure release valve indicator is not needed. Should an air lock occur, the valve can be added on the high point of the supply line.

Concluding Note:

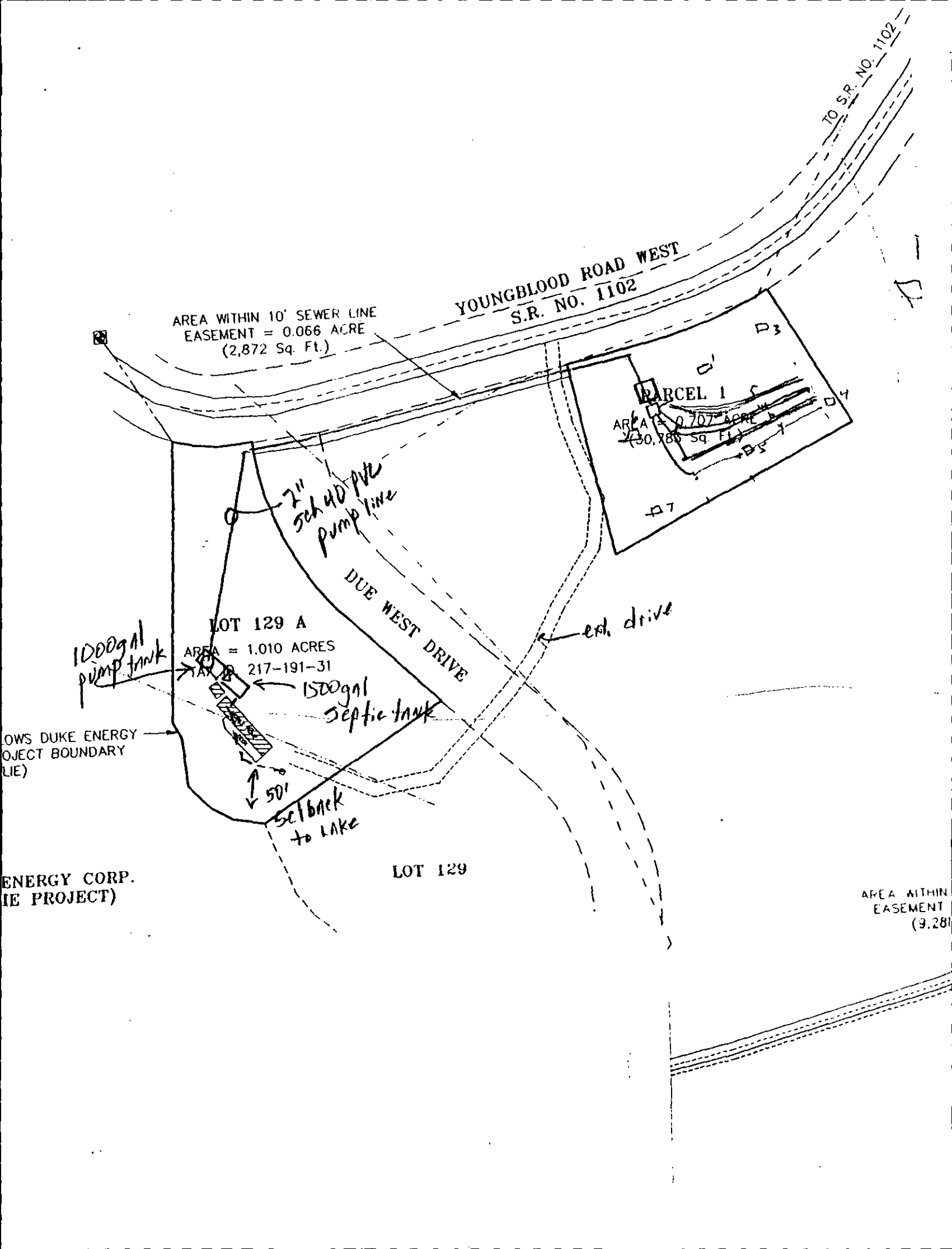
This plan was done to facilitate permitting by the Mecklenburg County Health Department by an agent of the seller (CRI). Because of the complexity of this system, a pre-installation meeting between Toney C. Jacobs & Associates and the installer is recommended if needed. This pre-construction meeting will be billed to the builder or client at current rates. At this time the pump size can be adjusted if necessary. Any additions, or additional requirement(s), or deletions to enhance design or workability which will facilitate a permit are welcomed and may be made by note on this plan without returning entire design. The designer realizes that a plan with as many details as this can be changed and/or improved upon. The installer must realize that this is an exact plan and must be followed and installed with exacting measurements. Should the installer desire a change, it must be approved by the health department in writing. Final inspection will also require more time and detail than a conventional system. If there are questions, please give me a call.

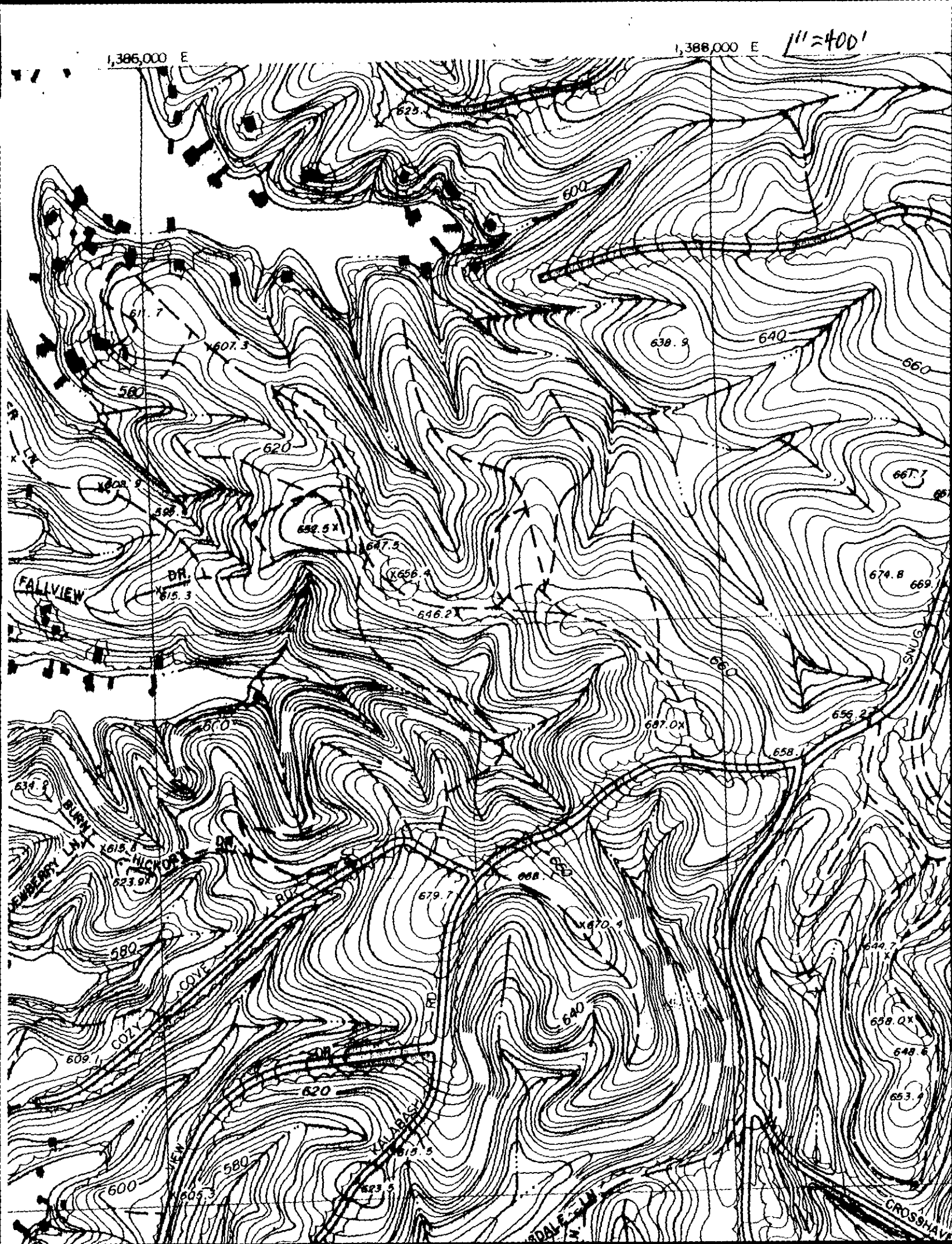
Design Specifications

19501 Youngblood Rd. West (Lot 31 – Section 43)

Daily design flow:	360gpd.
Septic tank size:	1500 gal. (2 compartments)
Pumping tank size:	1000 gal.
Effluent loading rate:	0.196gpd/sf initial system repair 0.1 LPP
Total length and diameter of supply manifold:	app. 650 lf-2" 40 PVC
Number and length of laterals:	4 @ 115' long
Speed lever control:	4 required
Flow rate through the system:	20 gpm capability
Elevation head:	77' *
Pressure head:	3.0'
Friction head:	8.0'
15% contingency	13.2'
Total head:	101.2'
Pump requirements:	13 gpm at 101.2' of head; use Zoeller 186/4186 1½hp pump or equivalent with compatible electrical
Dosing volume:	240 gal. – 1.5 doses/day at design flow
Depth of water pumped per dose:	calculated to specific tank by measure or dealer engineering specifications(1 cubic ft. of water equals 7.48 gals.)
Pump run per dose:	approx. 18.0 min. (run time control of dose
Check valve:	Yes
Siphon break hole:	No

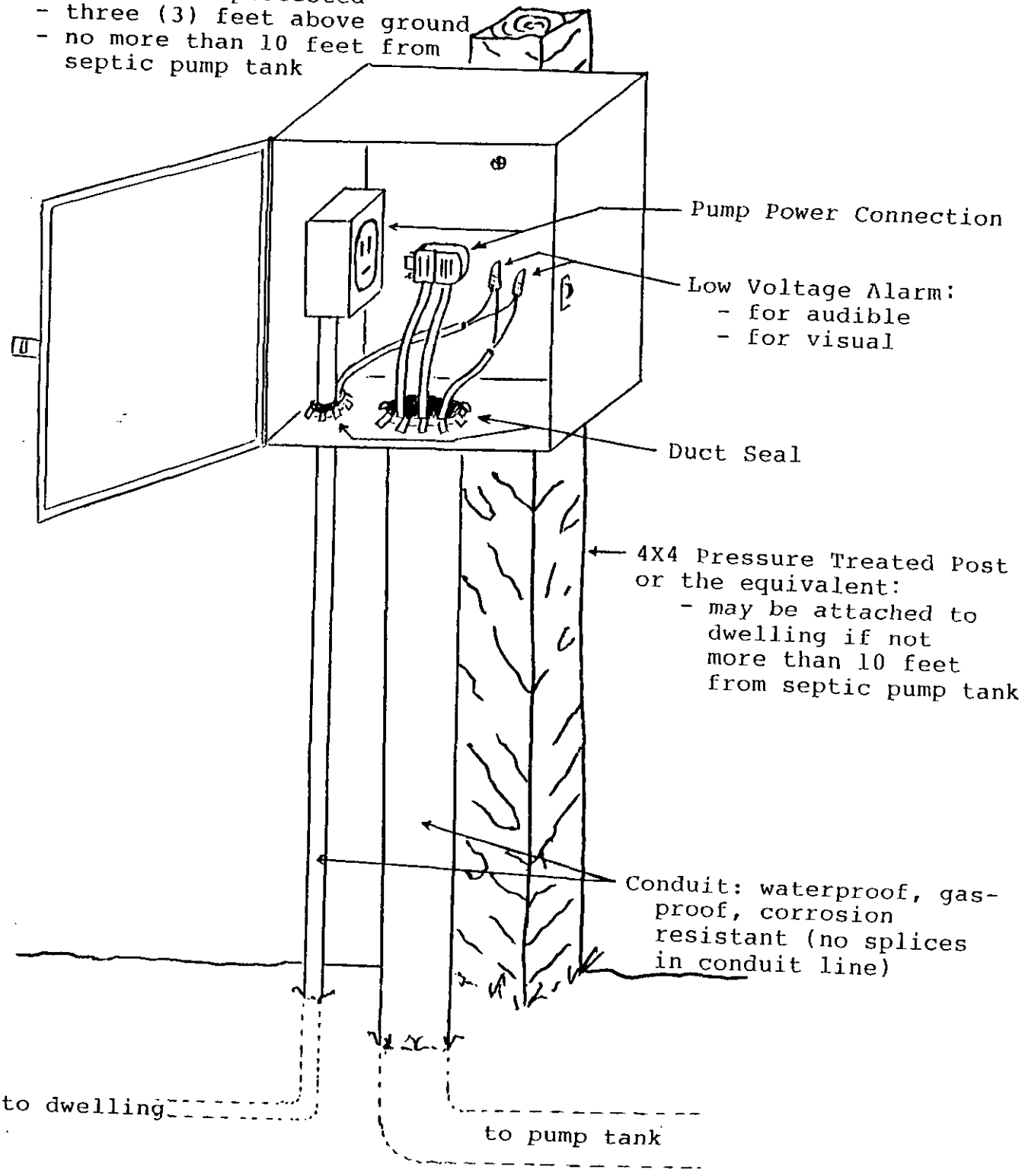
* This is lowest pump tank placement. If house and tank are back from lake, this could be reduced and require a smaller pump. (Mecklenburg County topo enclosed)


TO S.R. NO. 1102
YOUNGBLOOD ROAD WEST
S.R. NO. 1102
AREA WITHIN 10' SEWER LINE
EASEMENT = 0.066 ACRE
(2,872 Sq. Ft.)
PARCEL 1
AREA = 0.707 ACRE
(30,786 Sq. Ft.)
2" Sch 40 PVC pump line
DUE WEST DRIVE
end drive
LOT 129 A
AREA = 1.010 ACRES
TAX ID 217-191-31
1000gal pump tank
1500gal Septic tank
50' Setback to Lake
LOT 129
OWS DUKE ENERGY
OJECT BOUNDARY
LIE)
ENERGY CORP.
IE PROJECT)
AREA WITHIN
EASEMENT
(9.28

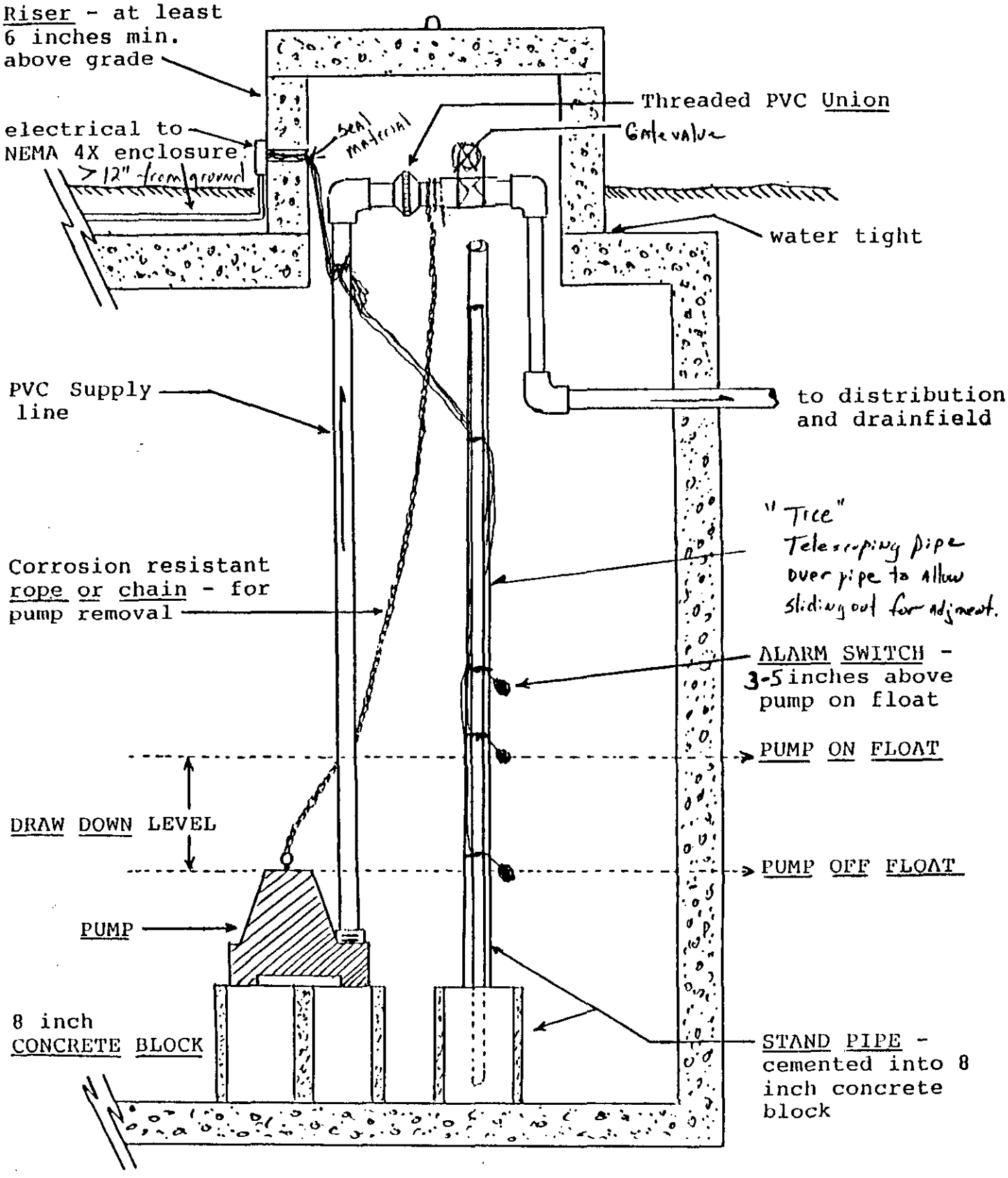

1,386,000 E
1,386,000 E
1"=400'
FALLVIEW
DR.
HICKORY
BURNT
COVE
COZY
CROSSHAVEN
SNUG
580
600
620
640
660

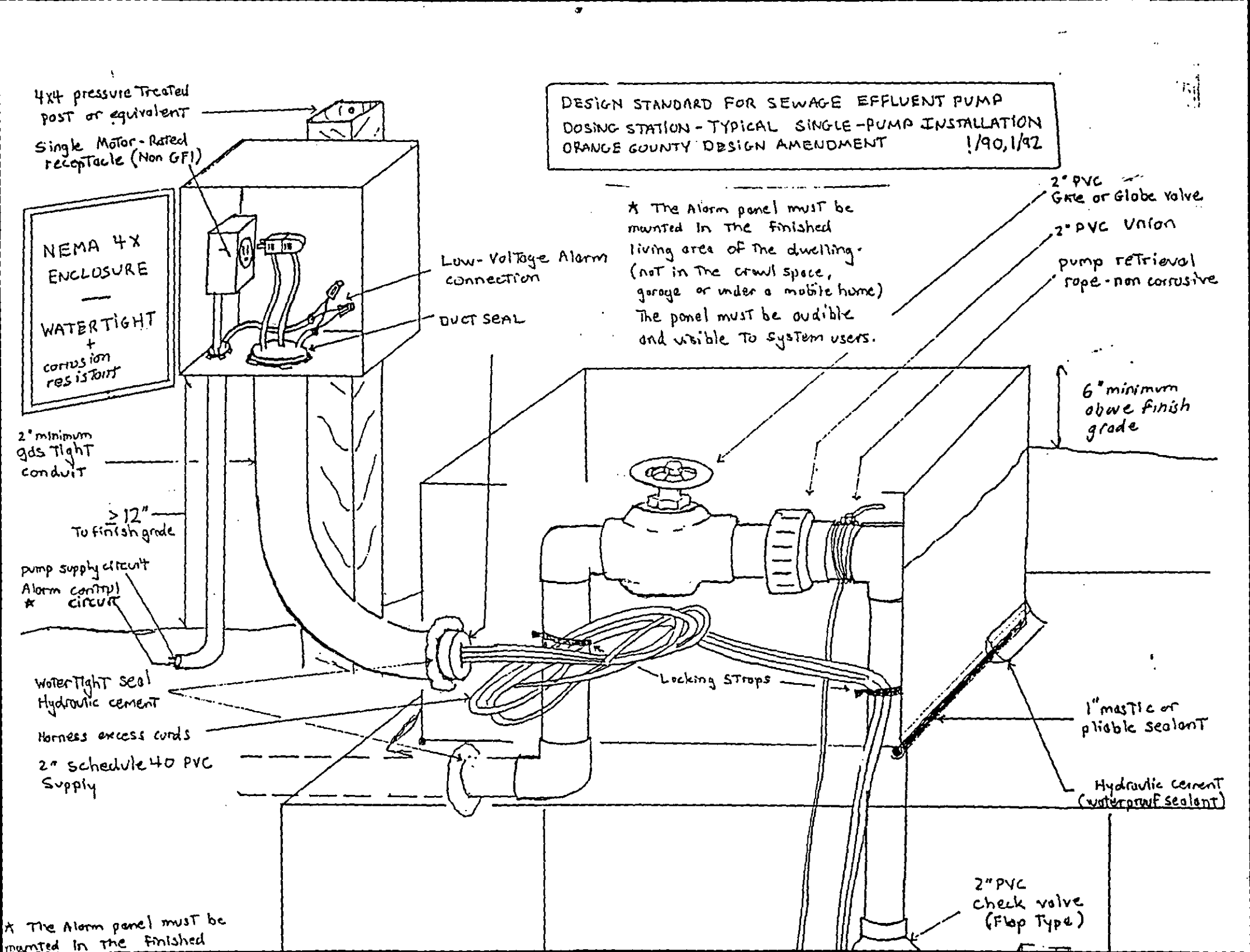
NEMA 4X ENCLOSURE must be:

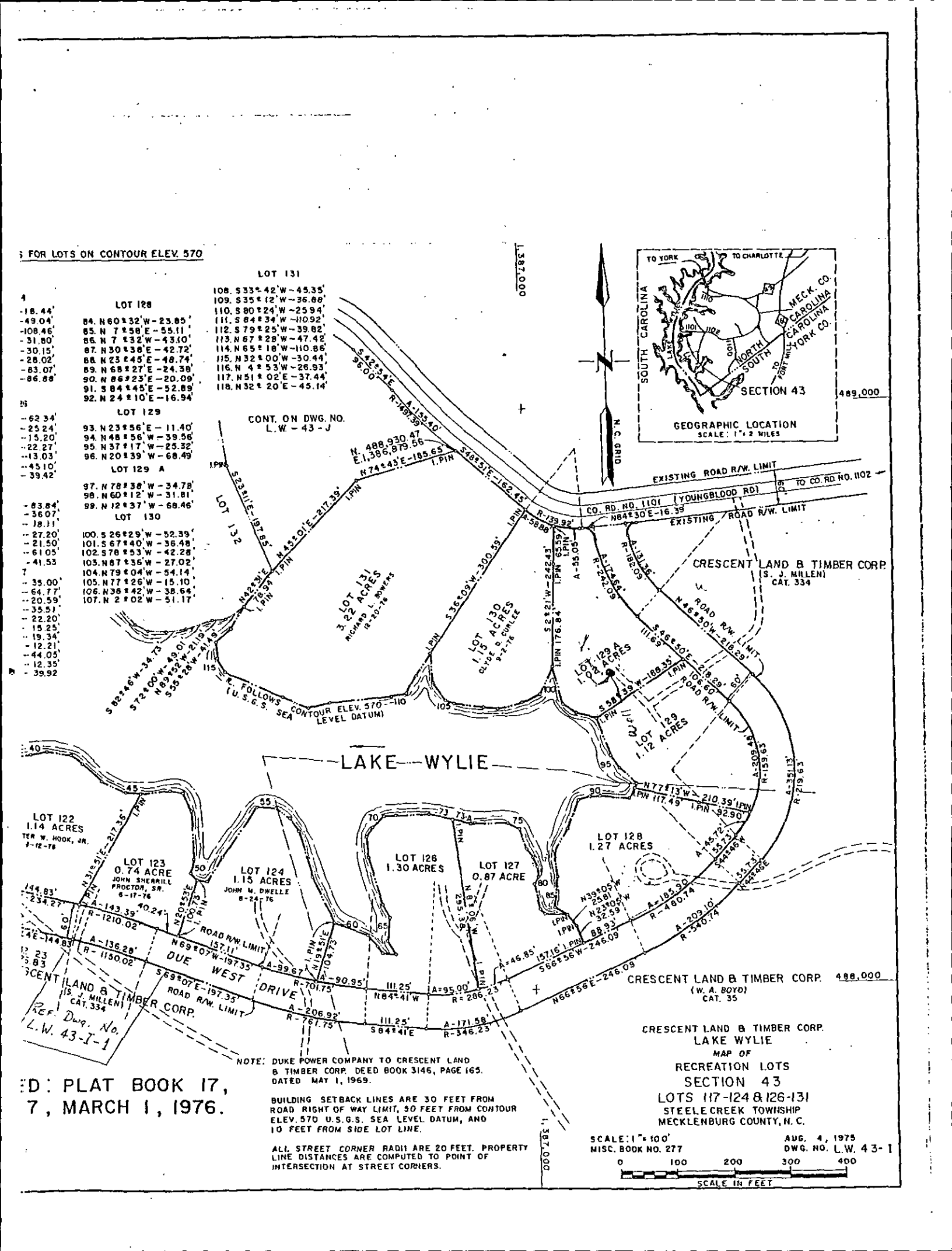
- water tight
- corrosion resistant
- solar heat protected
- three (3) feet above ground
- no more than 10 feet from septic pump tank



PUMP DIAGRAM




DESIGN STANDARD FOR SEWAGE EFFLUENT PUMP
DOSING STATION - TYPICAL SINGLE-PUMP INSTALLATION
ORANGE COUNTY DESIGN AMENDMENT 1/90, 1/92
4x4 pressure Treated post or equivalent
Single Motor-Rated receptacle (Non GFI)
NEMA 4X ENCLOSURE — WATERTIGHT + corrosion resistant
Low-Voltage Alarm connection
DUCT SEAL
* The Alarm panel must be mounted in the finished living area of the dwelling. (not in the crawl space, garage or under a mobile home) The panel must be audible and visible to system users.
2" PVC Gate or Globe valve
2" PVC Union
pump retrieval rope - non corrosive
6" minimum above finish grade
2" minimum gas tight conduit
≥ 12" To finish grade
pump supply circuit
Alarm control * circuit
Watertight seal Hydraulic cement
Harness excess cords
2" schedule 40 PVC Supply
Locking Straps
1" mastic or pliable sealant
Hydraulic cement (waterproof sealant)
2" PVC check valve (Flap Type)
* The Alarm panel must be mounted in the finished



D: PLAT BOOK 17,
7, MARCH 1, 1976.

TCJ CONSULTING

SITE / SOIL EVALUATION

JOB: Lot 31 Sect 43 Queen PHONE: DATE:

LOCATION: PIN: COUNTY: PROPERTY SIZE:

PROPOSED FACILITY: WATER SUPPLY: On-Site Well__ Community__ Public__ EVALUATION: Auger Boring__ Pit__ Cut__

WEATHER: ANTECEDENT MOISTURE: SURFACE WATER:

Very Wet

FACTORS	PROFILE 1	PROFILE 2	PROFILE 3	PROFILE 4
LANDSCAPE POSITION-%	L	L		L
HORIZON I DEPTH	0-7	0-20	US	0-7
Color - Munsell	bn	bn		bn sl
Texture	sl s	sl	<2/more ul	
Structure	gr	sg		
Consistence	fr	fr	sp 2 m sl	
Boundary				
HORIZON DEPTH II	7-21	20-31		7-48
Color - Munsell	rd	yel bn		mot yel
Texture	C	SC-C		C
Mottles	C yel bn	many		C yel bn 3
Structure	mm SBK/gr	fi sbk		mm SBK/sbk
Consistence	fr sp			fr sp
Boundary				
HORIZON III DEPTH	21-41	31+		
Color - Munsell	rd			
Texture	CL-C	US		
Mottles				
Structure	m. wk PR			
Consistence	fr sh/vs-s/c			
Boundary				
HORIZON IV DEPTH				
Color - Munsell				
Texture				
Mottles				
Structure				
Consistence				
Boundary				
SOIL WETNESS				
RESTRICTIVE HORIZON				
SAPROLITE				
LTAR	.3	.12		.2-.25
CLASSIFICATION	PS	LPC		PS

LEGEND

LANDSCAPE POSITION
R - Ridge Interfluve
S - Shoulder
L - Linear slope
S - Foot slope
N - Nose slope
H - Head slope
Cc - Concave slope
Cv - Convex slope
T - Terrace
P - Flood Plain

TEXTURE
s - sand
ls - loamy sand
sl - sandy loam
l - loam
si - silt
sil - silt loam
sicl - silty clay loam
cl - clay loam
scl - sandy clay loam
sc - sandy clay
sic - silty clay
c - clay

CONSISTENCE
MOIST / WET
Ns - non-sticky
Ss - slightly sticky
S - sticky
Vs - very sticky

Np - non-plastic
Sp - slightly plastic
P - plastic
Vp - very plastic

MOIST
vfr - very friable
fr - friable
fi - firm
vfi - very firm
efi - extremely firm

STRUCTURE
sg - single grain
m - massive
cr - crumb
gr - granular
sbk - subangular blocky
abk - angular blocky
pl - platy
pr - prismatic

TCJ CONSULTING

SITE / SOIL EVALUATION

JOB:_____ PHONE:_____ DATE:_____

LOCATION:_____ PIN:_____ COUNTY:_____ PROPERTY SIZE:_____

PROPOSED FACILITY:_____ WATER SUPPLY: On-Site Well__ Community__ Public__ EVALUATION: Auger Boring__ Pit__ Cut_____

WEATHER: _____ ANTECEDENT MOISTURE:_____ SURFACE WATER: _____

FACTORS	PROFILE_ 5	PROFILE_ 6	PROFILE_ 7	PROFILE_
LANDSCAPE POSITION-%	L/Tan	L		
HORIZON I DEPTH	0-5"	0-7	US Dkr	
Color - Munsell	10yr	10yr	C	
Texture	sl	sl		
Structure	gr		0221	
Consistence	fri			
Boundary				
HORIZON DEPTH II	5-42	7-33		
Color - Munsell	4yr 6/6			
Texture	A			
Mottles	Comm	SAm		
Structure	mmSAB	C l sbk		
Consistence	fi-fr/fe	mixed		
Boundary				
HORIZON III DEPTH		33+		
Color - Munsell		US		
Texture				
Mottles		SOP		
Structure				
Consistence				
Boundary				
HORIZON IV DEPTH				
Color - Munsell				
Texture				
Mottles				
Structure				
Consistence				
Boundary				
SOIL WETNESS				
RESTRICTIVE HORIZON				
SAPROLITE				
LTAR	~.25	~.22-.25		
CLASSIFICATION	PS	PS		

LEGEND

LANDSCAPE POSITION
R - Ridge Interfluve
S - Shoulder
L - Linear slope
S - Foot slope
N - Nose slope
H - Head slope
Cc - Concave slope
Cv - Convex slope
T - Terrace
P - Flood Plain

TEXTURE
s - sand
ls - loamy sand
sl - sandy loam
l - loam
si - silt
sil - silt loam
sicl - silty clay loam
cl - clay loam
scl - sandy clay loam
sc - sandy clay
sic - silty clay
c - clay

CONSISTENCE
Moist / Wet
WET
Ns - non-sticky
Ss - slightly sticky
S - sticky
Vs - very sticky

Np - non-plastic
Sp - slightly plastic
P - plastic
Vp - very plastic

MOIST
vfr - very friable
fr - friable
fi - firm
vfi - very firm
efi - extremely firm

STRUCTURE
sg - single grain
m - massive
cr - crumb
gr - granular
sab - subangular blocky
ab - angular blocky
pl - platy
pr - prismatic

SECTION: 2.20.060
FM0659
0296
Supersedes
0795

"Quality Pumps Since 1939"

Product information presented here reflects conditions at time of publication. Consult factory regarding discrepancies or inconsistencies.

MAIL TO: P.O. BOX 16347 • Louisville, KY 40256-0347
SHIP TO: 3649 Cane Run Road • Louisville, KY 40211-1961
(502) 778-2731 • 1 (800) 928-PUMP • FAX (502) 774-3624

"185" - "186" - "188" - "189" Single Seal Series
"4185" - "4186" - "4188" - "4189" Double Seal Series
"191" Single Seal Drip Pump

FOR SEPTIC TANK • LOW PRESSURE PIPE (LPP)
AND ENHANCED FLOW STEP SYSTEMS

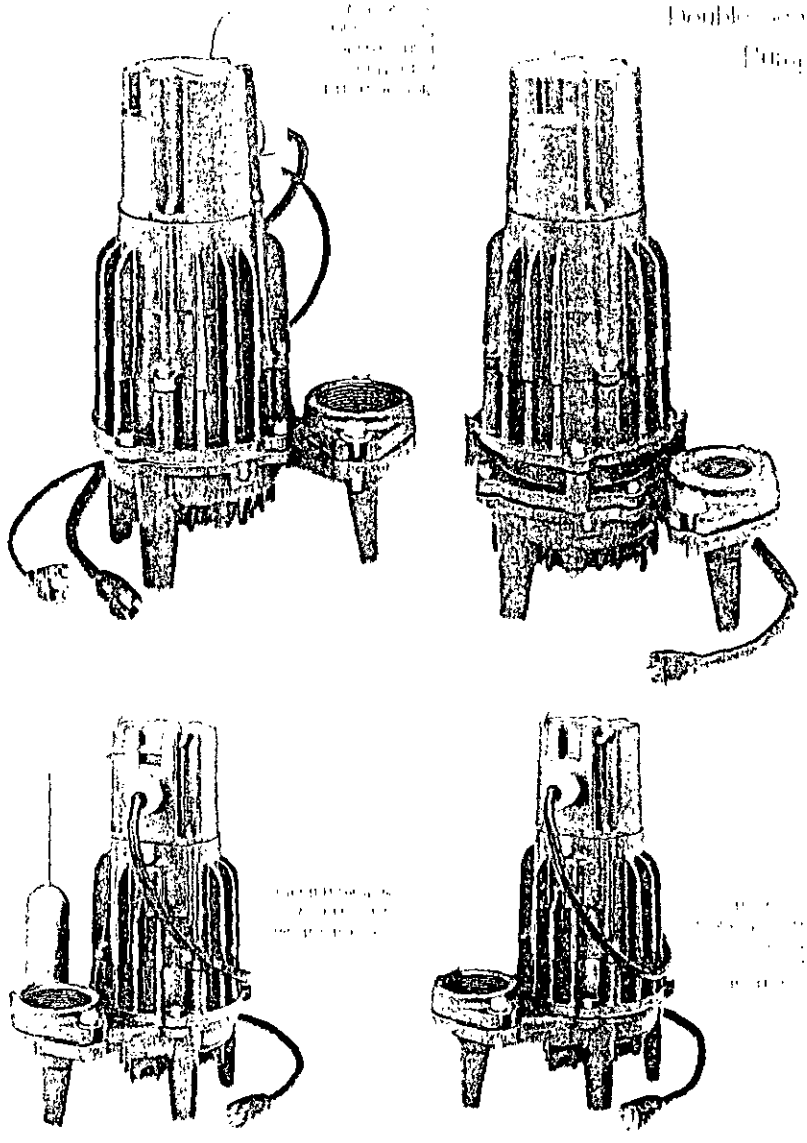
EFFLUENT

OR DEWATERING PUMP • SUBMERSIBLE

1½" NPT DISCHARGE STANDARD • 2" or 3" FLANGE AVAILABLE

SSPMA MEMBER

SSPMA Specification #SC-1225



COMPARE THESE FEATURES

- Non-clogging vortex impeller design bronze class 88-8-0-4 (180 Series).
  Closed impeller design (191 Series).
- Float operated, submersible (NEMA 6) 2 pole mechanical switch.
- Durable cast construction. Cast iron switch case, base, motor and pump housing. No sheet metal parts to rust or corrode.
- Stainless steel screws, bolts, float rod, handle, guard, arm and seal assembly.
- 20' UL-listed 3-wire neoprene cord and plug. Extra cord lengths available in 25-35-50 foot length only.
- Motor - 60 cycle, 3450 RPM, oil filled, hermetically sealed, automatic reset, thermal overload protected (1 PH only).
- Maximum temperature for effluent or dewatering 130° F. 54°. C.
- Variable level control systems available.

  Square Ring & Gasket - Neoprene.
- Shaft Seal - Stainless steel carbon & ceramic rotary.
- Upper sleeve bearing and lower ball bearing running in bath of oil.
- All 180/4180 series pass ¾-inch solids (sphere).
  Model 191 pump passes ⅝- inch solids (sphere).
- On point 14" • Off point 5" (automatic units).
- Major width 12¾" • Height 18 ⅞". (Single seal pumps)
- 1½" NPT discharge with 2" or 3" flange available. (Model 191 is not available with 3" flange)

DOUBLE SEAL (4185-4186-4188-4189)
DOUBLE SEAL PUMPS (non-cord only)

- Protects motor from seal leaks.

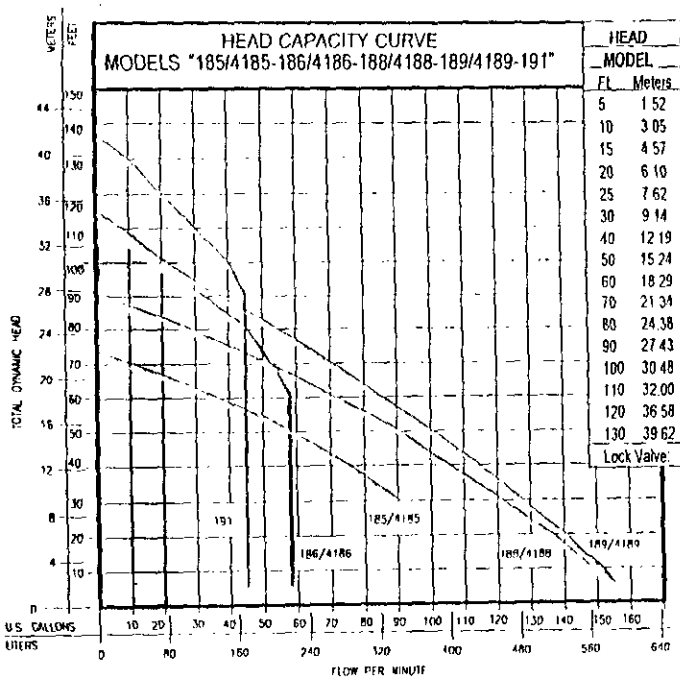
  Moisture sensors available for early warning of seal failure. (Optional)
- Improved bearing lubrication.
- Helps eliminate seal and bearing damage from dry runs.
- Major width 12 ¾". Height 20 $^{7}/_{16}$".

Note: The sizing of effluent systems normally requires variable level float(s) controls and properly sized basins to achieve required pumping cycles.

AUTOMATIC UNITS NOT RECOMMENDED FOR USE IN EFFLUENT SYSTEMS

*NOTE: No UL Listing for 200/208-1 Phase Pumps or Double Seal Series
See Back Page for UL & CSA Listings

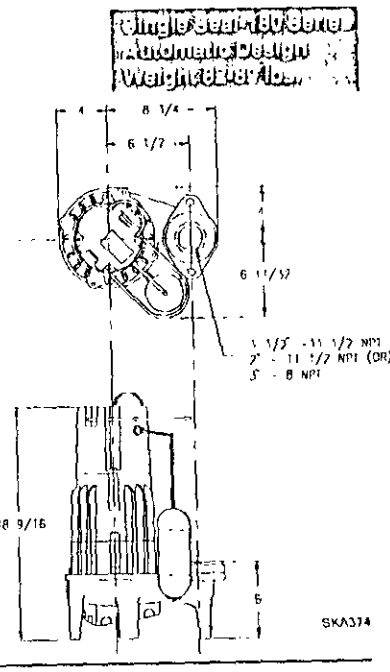
Non Automatic Model for variable level systems

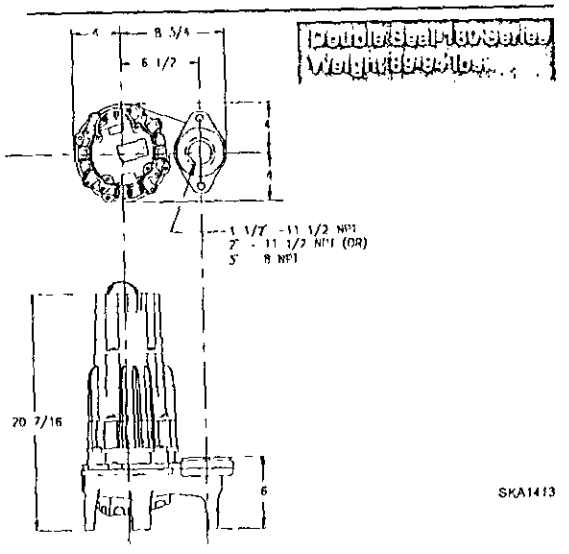


HEAD		CAPACITY UNITS/MIN							
MODEL		185/4185		186/4186		188/4188		189/4189		191	
Ft	Meters	Gal	Ltr	Gal	Ltr	Gal	Ltr	Gal	Ltr	Gal	Ltr
5	1 52			58	220	155	587	155	587	45	170
10	3 05			58	220	148	560	151	572	45	170
15	4 57			58	220	142	537	145	549	45	170
20	6 10			58	220	136	515	140	530	45	170
25	7 62			58	220	128	484	133	503	45	170
30	9 14	90	340	58	220	121	458	127	481	45	170
40	12 19	75	283	58	220	105	397	114	431	45	170
50	15 24	58	219	58	220	90	341	100	379	45	170
60	18 29	36	136	58	220	71	269	85	322	45	170
70	21 34	10	38	52	197	51	193	70	265	45	170
80	24 38			45	170	28	106	54	204	45	170
90	27 43			32	121	2	8	37	140	45	170
100	30 48			18	68			21	79	40	151
110	32 00			7	26			8	30	30	114
120	36 58									20	76
130	39 62									10	38
Lock Valve:		73'		115'		91'		112'		137'	

009903

WARNING: Model 185 should not be subjected to heads less than 30 feet TDH.





185 MODELS	4185 MODELS	Standard all models - 20 ft. cord - 1 H.P.			Control Selection			Listings***	
Single Seal	Double Seal**	Volts -	Ph	Mode	Amps	Simplex	Duplex	CSA	UL
D185	---	230	1	Auto	9.8	1 or 1 & 9		Y	Y
E185	E4185	230	1	Non	9.8	2 or 2 & 8	3 or 5 & 6	Y(2)	Y
* H185	---	200-208	1	Auto	11.5	1 or 1 & 9		N	N
* I185	* I4185	200-208	1	Non	11.5	2 & 8	3 or 5 & 6	N	N
* F185	* F4185	230	3	Non	7.4	2 & 4	3 & 4 or 5 & 6	Y	Y
* J185	* J4185	200-208	3	Non	7.5	2 & 4	3 & 4 or 5 & 6	Y	Y
* G185	* G4185	460	3	Non	3.7	2 & 4	3 & 4 or 5 & 6	Y	Y
* BA185	---	575	3	Non	3.3	2 & 4	3 & 4 or 5 & 6	Y	N

186 MODELS	4186 MODELS	Standard all models - 20 ft. cord - 1½ H.P.			Control Selection			Listings***	
Single Seal	Double Seal**	Volts -	Ph	Mode	Amps	Simplex	Duplex	CSA	UL
D186	---	230	1	Auto	13.7	1 or 1 & 9		N	N
E186	E4186	230	1	Non	13.7	2 or 2 & 8	3 or 5 & 6	N	N
* F186	* F4186	230	3	Non	8.6	2 & 4	3 & 4 or 5 & 6	N	N
* G186	* G4186	460	3	Non	4.6	2 & 4	3 & 4 or 5 & 6	N	N

188 MODELS	4188 MODELS	Standard all models - 20 ft. cord - 1½ H.P.			Control Selection			Listings***	
Single Seal	Double Seal**	Volts -	Ph	Mode	Amps	Simplex	Duplex	CSA	UL
D188	---	230	1	Auto	13.3	1 or 1 & 9		N	Y(1)
E188	E4188	230	1	Non	13.3	2 or 2 & 8	3 or 5 & 6	Y(2)	Y(1)
* H188	---	200-208	1	Auto	16.8	1 or 1 & 9		N	N
* I188	* I4188	200-208	1	Non	16.8	2 & 7	3 or 5 & 6	N	N
* F188	* F4188	230	3	Non	8.9	2 & 4	3 & 4 or 5 & 6	Y	Y
* J188	* J4188	200-208	3	Non	10.3	2 & 4	3 & 4 or 5 & 6	Y	Y
* G188	* G4188	460	3	Non	4.6	2 & 4	3 & 4 or 5 & 6	Y	Y
* BA188	---	575	3	Non	3.5	2 & 4	3 & 4 or 5 & 6	Y	N

189 MODELS	4189 MODELS	Standard all models - 20 ft. cord - 1½ H.P.			Control Selection			Listings***	
Single Seal	Double Seal**	Volts -	Ph	Mode	Amps	Simplex	Duplex	CSA	UL
(3) D189	---	230	1	Auto	16.6	1 or 1 & 9		N	Y(1)
(3) E189	(3) E4189	230	1	Non	16.6	2 & 7	3 or 5 & 6	Y(2)	Y(1)
(3) XE189	(3) XE4189	230	1	Auto	16.6	2 & 8		Y	Y
* H189	---	200-208	1	Auto	20.5	1 & 9		N	N
* I189	* I4189	200-208	1	Non	20.5	2 & 7	3 or 5 & 6	N	N
* F189	* F4189	230	3	Non	11.2	2 & 4	3 & 4 or 5 & 6	Y	Y
* J189	* J4189	200-208	3	Non	13.2	2 & 4	3 & 4 or 5 & 6	Y	Y
* G189	* G4189	460	3	Non	6.0	2 & 4	3 & 4 or 5 & 6	Y	Y
* BA189	---	575	3	Non	5.8	2 & 4	3 & 4 or 5 & 6	Y	N

191 MODEL	Standard all models - 20 ft. cord - 2 H.P.			Control Selection			Listings***	
Single Seal	Volts -	Ph	Mode	Amps	Simplex	Duplex	CSA	UL
E191	230	1	Non	14.5	2 or 2 & 8	3 or 5 & 6	N	N

* No Molded Plug
** Double Seal pumps are available with optional moisture sensors. Seal Fail indicator light available in NEMA 1 or NEMA 4X control panels
*** Currently no UL or CSA listing on Double Seal Pumps.
(1) UL Listed unit available with 20 Amp Plug
(2) CSA Approval without plug cap
(3) 20 Amp Outlet, P/N 10-0060 must be used

SELECTION GUIDE

1. Integral float operated mechanical switch, no external control required.
2. Single piggyback wide angle variable level switch, or double piggyback variable level switch. Refer to FM0477.
3. Mechanical alternator "M-Pak" 10-0072 or 10-0075
4. Combination starter. Refer to FM0514.
5. See FM0712 for correct model of Electrical Alternator "E-Pak".
6. Variable level control switch 10-0225 used as control activator with E-Pak duplex (3) or (4) float system.
7. See FM0486 for correct control panel model.
8. 4 hole "J-Pak", junction box, for watertight connection or wired-in simplex or 2 pump operation. P/N 10-0002.
9. 2 hole "J-Pak", junction box, for watertight connection or splice. P/N 10-0003.

CAUTION

All installation of controls, protection devices and wiring should be done by a qualified licensed electrician. All electrical and safety codes should be followed including the most recent National Electric Code (NEC) and the Occupational Safety and Health Act (OSHA).

For information on additional Zoeller products refer to catalog on Combination Starter, FM0514; Piggyback Variable Level Switches, FM0477, Electrical Alternator, FM0486, Mechanical Alternator, FM0495; Alarm Package, FM0513; Sump/Sewage Basins, FM0487, and Simplex Control Box, FM0732.

RESERVE POWERED DESIGN

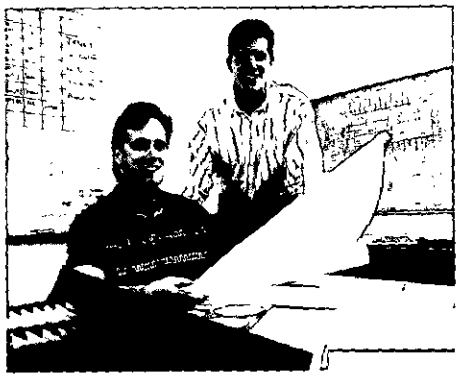
For unusual conditions a reserve safety factor is engineered into the design of every Zoeller pump

Infiltrator Systems Inc., the industry leader in septic and stormwater chamber system technology.

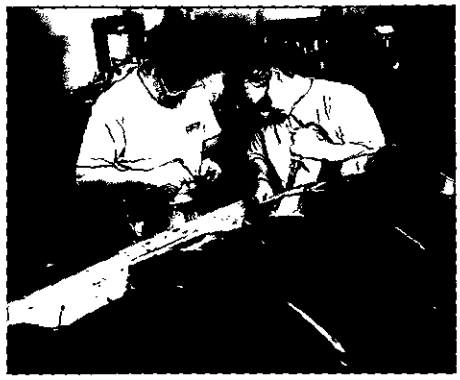
Five million chambers already in service.
In just ten years, the innovative leaching chambers of Infiltrator Systems have drastically changed the technology of on-site septic and stormwater disposal. Already, 5 million chambers have been installed in 46 states, Canada and other countries, forming over 90 million square feet of chamber systems with a success rate of 99.5%. And, we're expanding at the rate of 9,000 new systems a month.

Environmentally concerned company.
Infiltrator Systems devotes over $500,000 a year to research and development, creating new products that operate more and more efficiently and conserve natural resources. Besides using recycled resins, Infiltrator Systems' products take better care of the environment by avoiding the mining, crushing, grading, washing and hauling of stone, as well as the environmental impact and site disruption that stone causes. That's one of our "greener" ideas for septic and stormwater disposal that just makes sense.

Infiltrator stormwater management.
Besides our septic chamber systems, Infiltrator Systems is on the leading edge of the emerging stormwater management field. The subsurface Maximizer™ Chamber System, with its unmatched strength and practically 100% void volume, replaces ponds, large diameter pipe and stone, vaults, and dry wells. This system gives designers better solutions for both retention and detention projects, so they can fully utilize valuable above-ground land.







For a free copy of the septic installation instructions and video, call 1-800-221-4436.

Distributed By:

INFILTRATOR® SYSTEMS INC

Leading the way in septic and stormwater chamber systems℠

4 Business Park Road, P.O. Box 768
Old Saybrook, CT 06475
800-221-4436 860-388-6639 FAX 860-388-6810

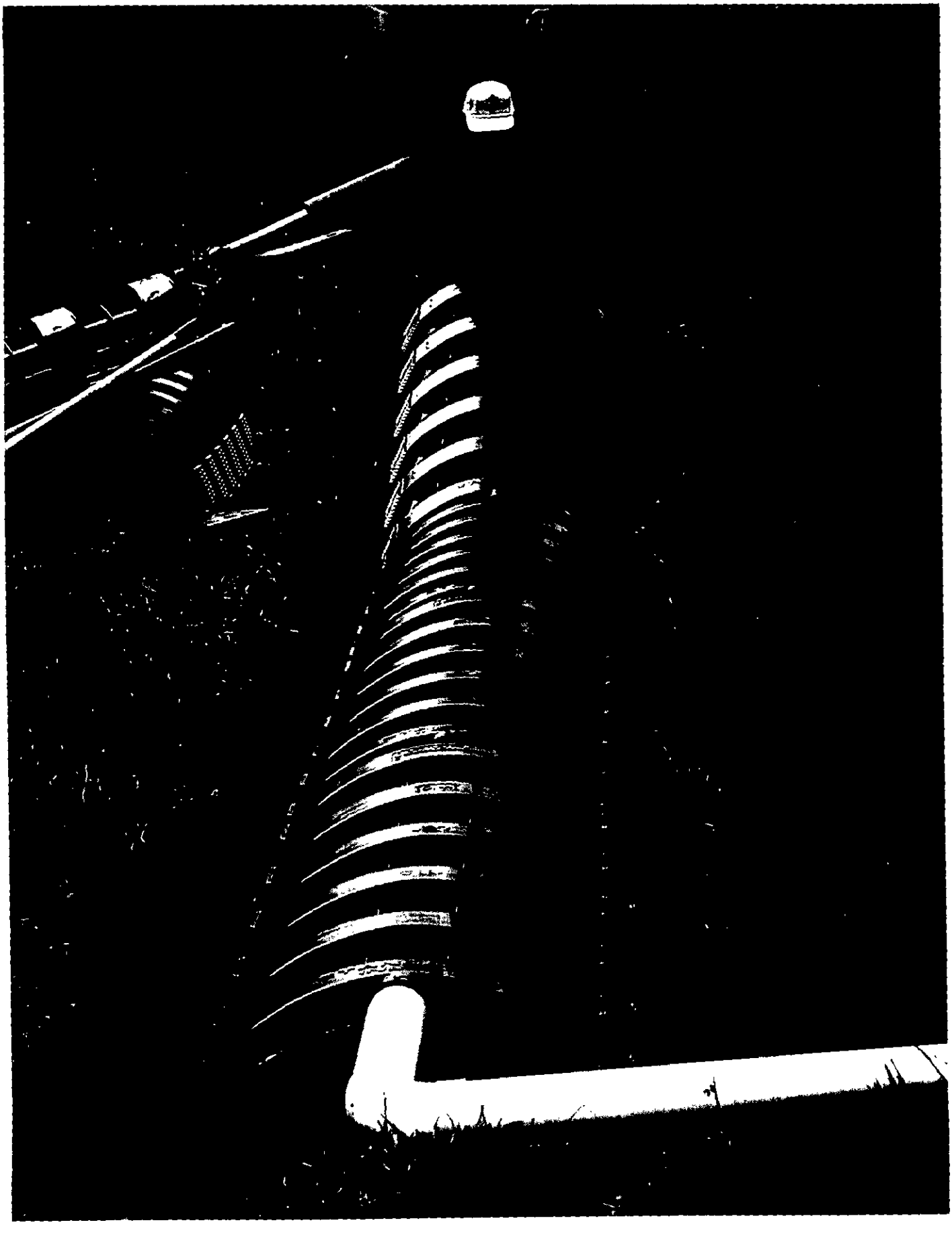
U.S. Patents: 4,759,661; 5,017,041; 5,156,488; 5,336,017; 5,401,116; 5,401,459; 5,511,903; 5,588,778; 1,815,925; 1,974,938; 1,729,383; 448,338
Canadian Patents: 1,329,959; 2,004,564 Other U.S., Canadian, and foreign patents pending.

Infiltrator, Equalizer, and SideWinder are registered trademarks and the following are trademarks of Infiltrator Systems Inc.: Contour, EQ, Maximizer, MaxWin, MicroLeaching, PolyTuff, PowerArch, and SnapLock.

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The Original Infiltrator® Chamber System for Septic Leachfields.

INFILTRATOR® SYSTEMS INC



BK: 09718 PG: 0885/0887 #:0396 12.35
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 06/04/98 13:37

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 # 902B/8773A
PARCEL # 217-191-31

The undersigned, Crescent Resources, Inc., owner of property located at 19501 Youngblood Rd. West, (the "site") and described in an instrument recorded in Book _____ at Page _____, 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: CRESCENT RESOURCES, INC.
Mail after recording to: Susie Williams, Crescent Resources, Inc.
P. O. Box 1003, Charlotte, NC 28201-1003

3

- 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 9th day of February, 1998.

CRESCENT RESOURCES, INC. _____ (SEAL)
(Corporate Name)

_____ (SEAL)

By: _____ _____ (SEAL)
James M. Short, Jr.

Vice President _____ (SEAL)

ATTEST:

_____
Assistant Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Linda Myers, a Notary Public for said County and State, do hereby certify that Ethelene G. Williams personally came before me this day and acknowledged that she is Assistant Secretary of CRESCENT RESOURCES, 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 Vice President, sealed with its corporate seal and attested by herself as its Assistant Secretary.

WITNESS my hand and notarial seal, this 9th day of February, 1998.

_____
Notary Public

LINDA MYERS NOTARY PUBLIC MECKLENBURG COUNTY, N.C. My Comm. Exp. February 12, 2002

My Commission Expires:
February 2, 2002

FEE: 100.00 Ck#10715

DATE: 11/12/97

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

100

1 1 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 #: 902B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 217-191-31

STREET ADDRESS: 19501 N. Youngblood Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 129A

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S)
/ DOUBLE WIDE (D)
___ HOUSE (H)
___ MODULAR HOME (M)
___ MULTIPLE FAMILY (U)
___ OTHER (O)

TOWNSHIP (CHECK ONE):

/ 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
___ 7 MINT HILL

HEATED SQUARE FOOTAGE: 3600

NUMBER OF BEDROOMS:

NUMBER OF OCCUPANTS:

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
___ CRAWL SPACE
/ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

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)
___ MUNICIPAL (M)
/ PRIVATE WELL (P)
___ SHARED WELL (S)
___ OTHER 'SPRINGS' (O)

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

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

PROPERTY OWNER:

NAME: Crescent Resources Inc
(LAST) (FIRST) (MI)

ADDRESS: PO Box 1003

CITY: Charlotte STATE: NC ZIP: 28201

DAYTIME PHONE: ( ) - 663-6905

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Jacobs Torey L
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) - 663-6905

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: Torey L Jacobs, OPS Agent DATE: 11/12/97

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

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

9028 B400

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___

#3 PO 217-191-31

SOIL/SITE EVALUATION *for* ON-SITE WASTEWATER SYSTEM additional lot

OWNER: Covenant Response APPLICANT: Tommy Q Allen
ADDRESS: Box 102, Hendersville, N.C. APPLICATION DATE: ___ DATE EVALUATED: ___
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): ___ PROPERTY SIZE: ___
LOCATION OF SITE: For lot on Owenwood PROPERTY RECORDED: ___
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LT
1	LS 12%	0-8"	SL/gr.	SEXP/Fr/NS/NP	No Chroma 2 observed	33"	N/A	None	US
		8-33"	SL/SBK, ABK	EXP/Fi/NS/UP					
2	LS 12%	0-16"	SL/LS/gr	SEXP/Fr/NS/NP	No Chroma 2 observed	34"	N/A	None	US
		16-34"	SL/SBK/ABK	EXP/Fi/NS/UP					
3									
4									

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

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W. A. Wells 11-10-95
OTHER(S) PRESENT: ___

OMMENTS: May be some platy structure present, extensive complex slopes present

LEGEND

use the following standard abbreviations

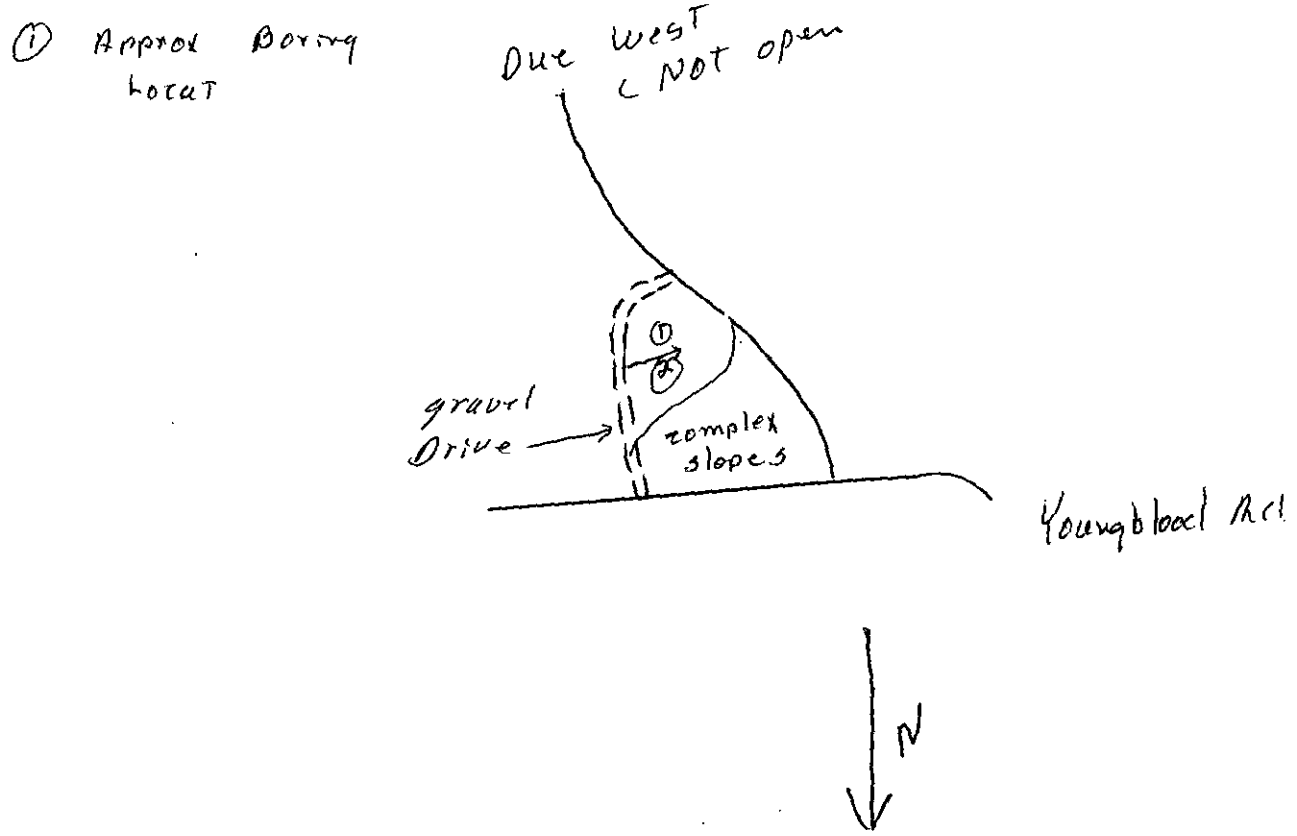
LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR	LPP .1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
(Drainage Way)					EXP (Expansive)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

OTES

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

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

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



2nd Soil Evaluation

10/2/95 Cleth 1622 11:15:00

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR ~~SERVICES~~ ADDITIONAL SITE INVESTIGATION [] CRT

902B

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:

NAME: Queen (last) Tommy (first) E (mi)

ADDRESS: 12219 Charing Grove Lane PHONE: (704) 588-8503

CITY: Charlotte STATE: NC ZIPCODE: 28273

Date: September 21, 1995

PROPERTY OWNER:

NAME: CRESCENT RESOURCES, INC. (last) (first) (mi)

ADDRESS: P. O. Box 1003 PHONE: (704) 382-8009

CITY: Charlotte STATE: NC ZIPCODE: 28201-1003

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: ~~217-19-191~~ 217-191-31

STREET ADDRESS: Youngblood Road
#1934 Wharf

ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME: Addition for Lot 129, Sec. 43

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

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

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

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

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

Signed: CRESCENT RESOURCES, INC. BY: Susan Williams Date: 9-21-95

NOTICE:

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

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

...This permit is not transferable.

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

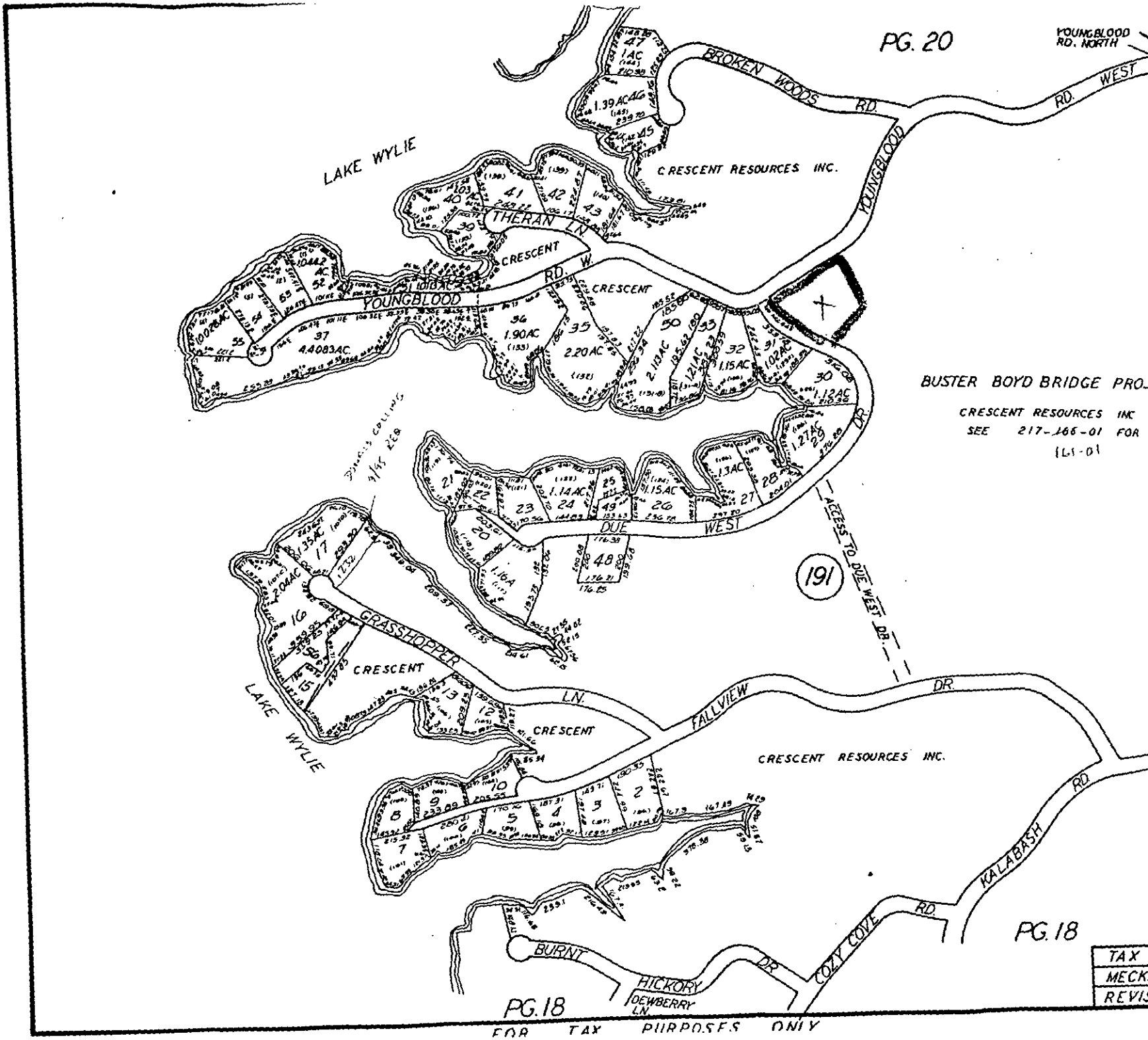
... _____ Date

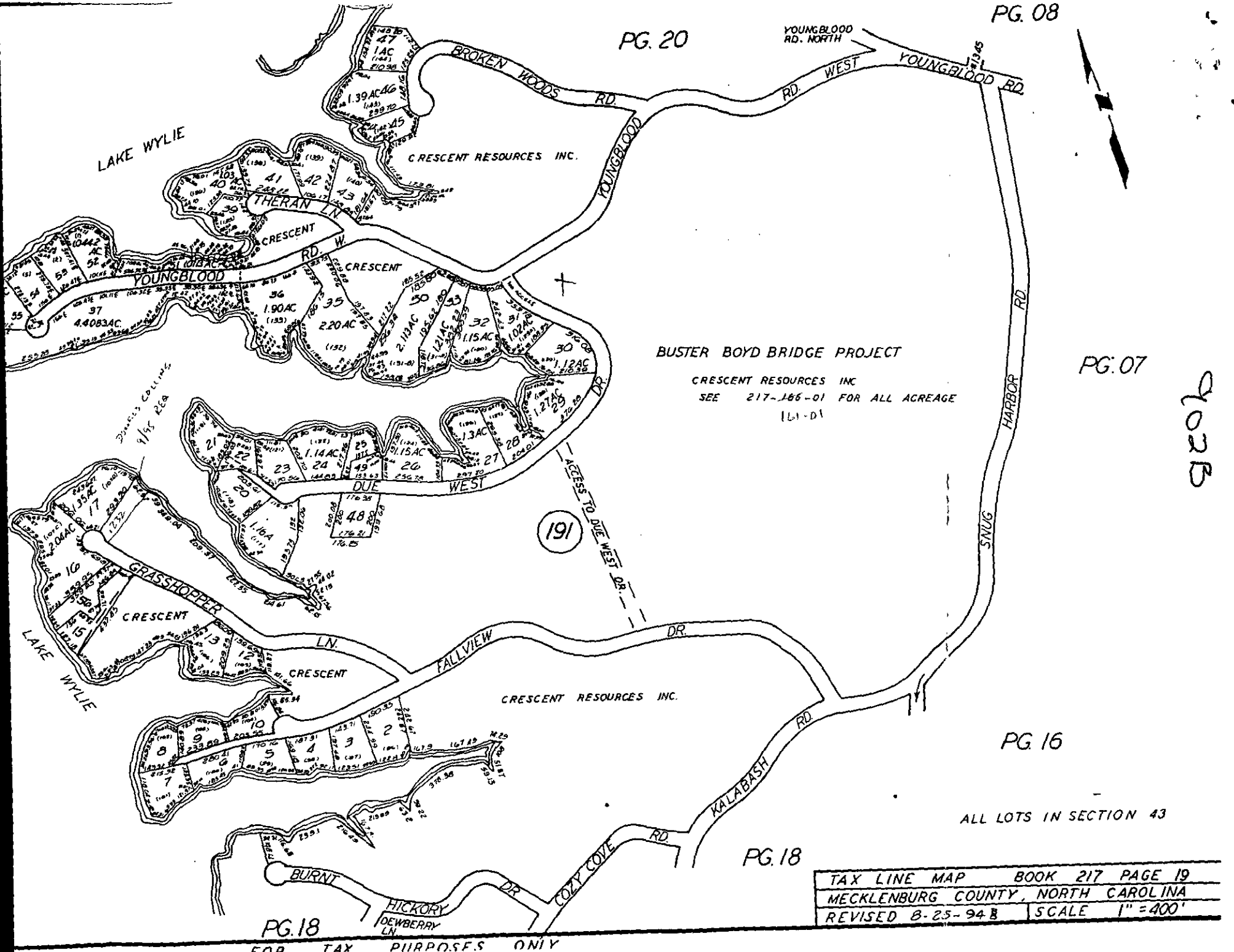
Environmentalist

_____ Date

Director or Authorized Section Head

WATER : 12


PG. 20
YOUNGBLOOD RD. NORTH
BROKEN WOODS RD.
YOUNGBLOOD RD. WEST
LAKE WYLIE
CRESCENT RESOURCES INC.
THERAN LN
CRESCENT
YOUNGBLOOD RD. W.
CRESCENT
BUSTER BOYD BRIDGE PRO
CRESCENT RESOURCES INC
SEE 217-166-01 FOR
166-01
DUE WEST DR
ACCESS TO DUE WEST DR.
191
GRASSHOPPER LN.
CRESCENT
LAKE WYLIE
FALLVIEW DR.
CRESCENT RESOURCES INC.
KALABASH RD.
COZY COVE RD.
BURNT HICKORY DR
HUCKLEBERRY LN.
PG. 18
PG. 18
TAX
MECK
REVIS
FOR TAX PURPOSES ONLY


PG. 08
PG. 20
YOUNGBLOOD RD. NORTH
BROKEN WOODS RD.
YOUNGBLOOD RD. WEST
YOUNGBLOOD RD.
#1345
LAKE WYLIE
CRESCENT RESOURCES INC.
THERAN LN
CRESCENT
YOUNGBLOOD
RD. W
BUSTER BOYD BRIDGE PROJECT
CRESCENT RESOURCES INC
SEE 217-166-01 FOR ALL ACREAGE
166-01
PG. 07
HARBOR RD
SNUG
DR
ACCESS TO DUE WEST DR.
DUE WEST
191
GRASSHOPPER LN.
CRESCENT
FALLVIEW DR.
CRESCENT RESOURCES INC.
LAKE WYLIE
PG. 16
KALABASH RD.
COZY COVE RD.
PG. 18
BURNT HICKORY DR
DEWBERRY LN
PG. 18
ALL LOTS IN SECTION 43
TAX LINE MAP BOOK 217 PAGE 19
MECKLENBURG COUNTY, NORTH CAROLINA
REVISED 8-25-94 B
SCALE 1" = 400'
FOR TAX PURPOSES ONLY

902 P1

8773A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$50.00 - 11/04/93 Cash 1440 CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date:

PERSON FILING APPLICATION:

NAME: Queen (last) Tommy (first) E. (mi)

ADDRESS: 1950 1 Youngblood Rd PHONE: (__) 588-2018

CITY: Charlotte N.C. STATE: N.C. ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 217-191-31

STREET ADDRESS: 1950 1-W. Youngblood Rd

ZONING:

PROPERTY OWNER:

NAME: Queen (last) Tommy (first) E. (mi)

ADDRESS: 1129 Charing Cross LANE PHONE: (__) 588-8503

CITY: Charlotte STATE: N.C. ZIPCODE: 28210

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 129A LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[X] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[X] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (H) [] OTHER _____ (O)

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 2

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ 0 Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

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

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

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

Signed: Tommy E. Queen Date: 11-3-93

NOTICE:

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

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

...This permit is not transferable.

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

...PERMIT CONDITIONS:

~~"USE EXISTING SYSTEM" APPROVAL IS FOR~~ BURNED MOBILE HOME PER NCAC .1962. Advise ~~securing repair area in the event of~~ failure or mobile home must be removed from site in the event of failure to abate public health hazard.

Judy J. Kuser R.S. 11/16/93
Environmentalist Date

Director or Authorized Section Head 11/16/93 Date

WWATER : 122791

PROPOSED PLOT PLAN

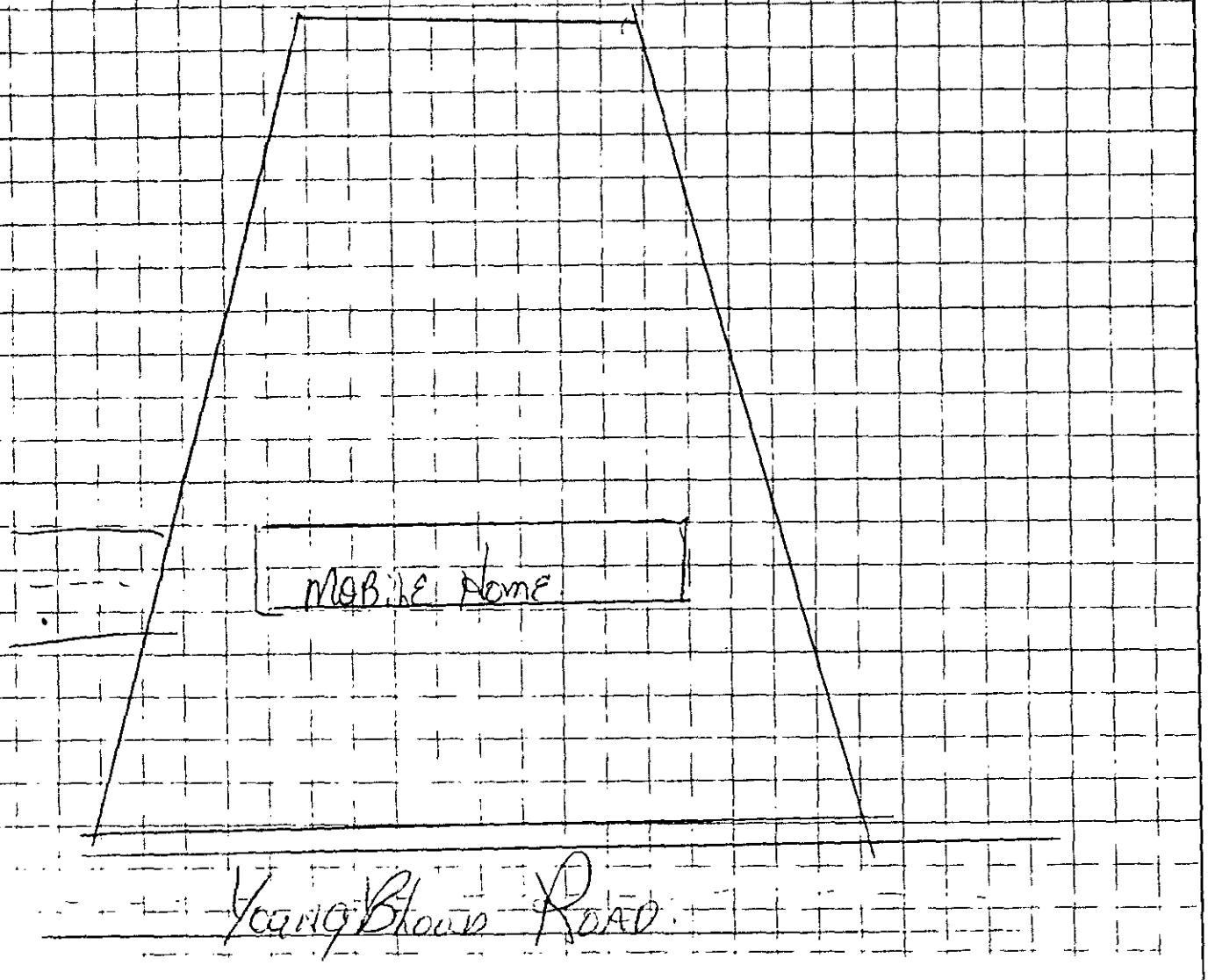
902B1

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

FILE: 8773A

TC: _____

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



APPROVAL DATE _____

PROPOSED PLOT PLAN

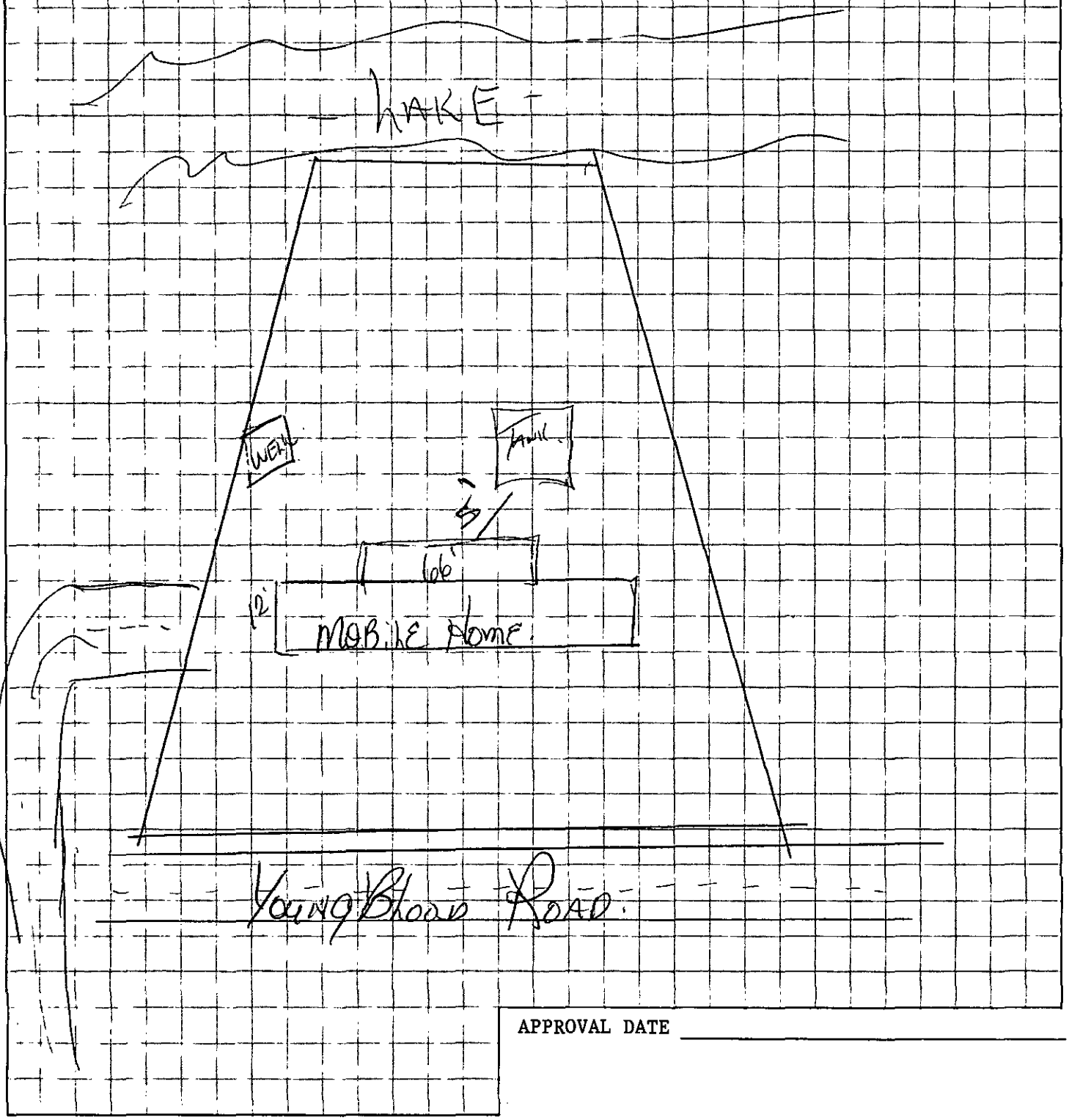
902B1

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

FILE: 8773A

TC: _____

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



APPROVAL DATE _____

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

1. June Mobile Home burned
12 x 66'

Lucy
Snipe

10.00
1st on
cut

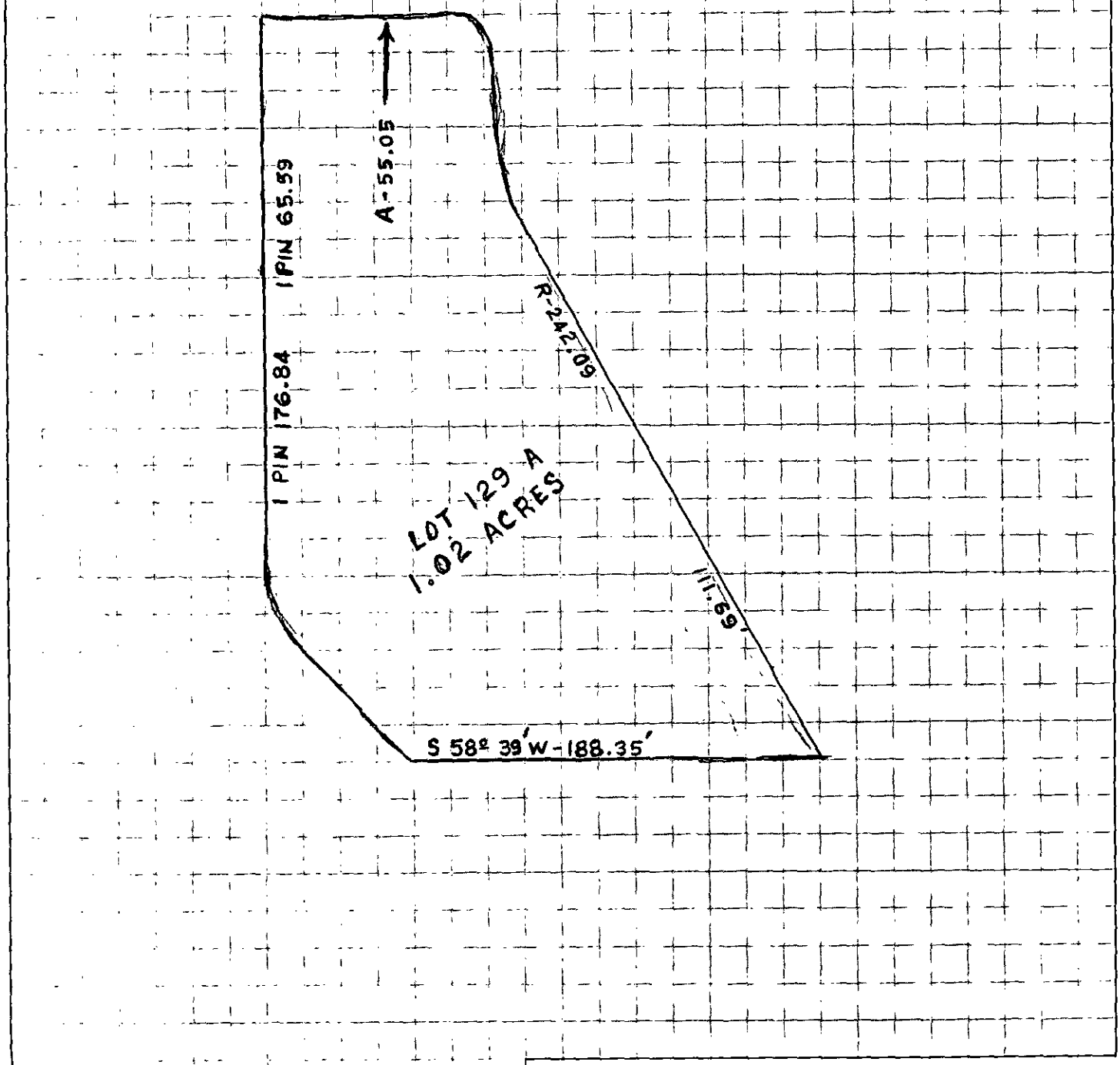
PROPOSED PLOT PLAN

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

FILE: 902B1877 3A

TC: 217-191-31

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



APPROVAL DATE _____

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

M E M O R A N D U M

DATE: November 15, 1993

TO: FILE 902B/8773A, Property located at 19501 W. Youngblood Road
Tax Parcel #217-191-31

FROM: Judy J. Kiser, R.S.

I contacted Susie Willis, with Cresent Resources, Inc. to discuss the above lot and confirm that the lot was a leased lot as Mr. Queen had stated and to discuss the requirements of Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A .1900

I advised Ms. Willis that Mr. Tommy Queen had applied for an improvement permit to replace a burned mobile home on the lot. The request was for a two bedroom home, which is what he stated was originally there before it burned. I also advised her that the improvement permit requires a property owners signature or that of a legal agent.

Ms. Willis stated this was a leased lot and the conditions on the lease allow the lessee to upgrade at their discretion. The current lease will expire in 2002. Mr. Queen does have the option currently to purchase the lot. The only other requirement by Cresent Resources is that the lot must be improved with water and sewer.

Since Cresent Resources allows the lessee to act on their own behalf, the improvement permit is being accepted from Mr. Queen asking to replace the burned mobile home.

I confirmed with Donnie Beard, Assistant Fire Marshall that a mobile home was there and had burned on July 25, 1993.

I researched the files prior to visiting the lot with Mr. Queen. I was unable to locate any records that would establish what type of system and the amount o of linear footage for field lines. On the lot, I did locate the tank; however, I was unable to probe the drainfield area due to very dry conditions and hard earth. Since the home was existing and occupied prior to the fire, the rule of Applicability, .1962 does apply.

I did discuss with Mr. Queen that I did not believe the size of the septic system to be very big with respect to total linear footage due to the topography and landscape position around the lake. I did advise him that if a failure does occur within the system, then it would be necessary to install a pump to repair. I also discussed with him the fact that the remaining soils had been tested recently, at their request, and I had noted the soils were found to be unsuitable I advised Mr. Queen that he might want to discuss the availability for additional land with Cresent Resources. He stated he had already done so and the only available land was down the road from his property and he was not interested in

pumping the system at all.

Ms. Willis was aware of the lot, the recent soils work conducted, the analysis on the soils and she stated they had offered to sell Mr. Queen other available land but he was not interested at this time.

Mr. Queen has been advised and pertinent information is denoted on the recent improvement permit signed on 11/16/93. A copy of this improvement permit has been mailed to Mr. Queen.

902B/8113A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3/1/93 $50.00 CK # 1249 [] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date: 2-22-93

PERSON FILING APPLICATION:

NAME: Queen (last) Tommy (first) E. (mi)

ADDRESS: 19501 W. Youngblood 2d PHONE: (704) 588-8503

CITY: Charlotte STATE: NC ZIPCODE: 28217

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 217-191-31

STREET ADDRESS: 19501 W. Youngblood Rd

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

PROPERTY OWNER:

NAME: CRESCENT RESOURCES, INC. (last) (first) (mi)

ADDRESS: P. O. Box 1003 PHONE: 704 373-3012

CITY: Charlotte, STATE: NC ZIPCODE: 28201-1003

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

LOT NUMBER: 129A LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

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

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

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

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

CRESCENT RESOURCES, INC.
Signed: By: Ethelene H. Williams Date: 2-22-93

NOTICE:

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

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

...This permit is not transferable.

...

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

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

Mecklenburg County

Health Department

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

April 2, 1993

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

RE: Property located at 19501 West Youngblood Road
FILE: 902B/8773A
PARCEL: 217-191-31

Dear Sir:

At your request a soils investigation was conducted on the property designated above. Results of this investigation showed the site to be classified as **UNSUITABLE** under criteria as set forth in 15A NCA 18A .1900 of Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal, August 1, 1991. Evaluation Report (Serial Number 19284) is enclosed.

The soil on this property is not suitable for use with any conventional, modified or alternative system of which I am aware. If you wish to exercise your right of appeal concerning the interpretation and enforcement of these rules you may do so in accordance with G.S. 150B-23.

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

Sincerely,

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

Enclosure

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19284

File: 902B/8773A Action 3

Parcel: 217-191-31 ☐PC

Location: 19501 W. Youngblood Rd

Subdivision:

Lot: 129A Block: Acres: 1.0

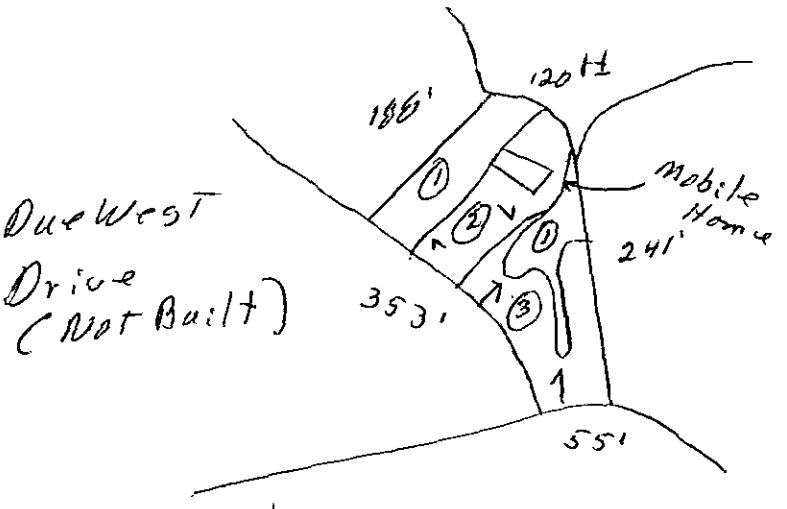
Owner: Crescent Resources, Inc.
Address: PO Box 1003
Charlotte, N.C. 28201-1003

Comments: _____

Described by: William B. Marks

Date: 3-26-93

⊗ well



***** 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) Drainageway/Depression	(S) PS U 6-15%	S (PS) U 15-30%	S PS U	S PS U	S PS U
Texture	S PS U —	S PS (U) Expansive clay	S PS (U) Expansive clay	S PS U	S PS U	S PS U
Structure	S PS U —	S (PS) U sub-blocky	S (PS) U sub-blocky	S PS U	S PS U	S PS U
Drainage	S PS U —	S (PS) U 736" to water	S (PS) U 736" to water	S PS U	S PS U	S PS U
Depth	S PS U —	S PS (U) 14-18"	S PS (U) 14-18"	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U —	S (PS) U 736"	S (PS) U 736"	S PS U	S PS U	S PS U
Available Space	S PS U —	S PS (U) Restricted	S (PS) U limited	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	Drainageway/ Depression	Series Not Determined	Series Not Determined			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19284

File: Action _____

Parcel: ☐ PC

Location:

Subdivision:

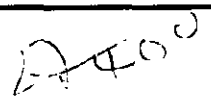
Lot: Block: Acres:

Owner:
Address:

Comments: _____

Described by: _____

Date: _____





***** 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	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series						
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

902B/8773A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3/1/93 #1249 $500 LK [] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:

NAME: Queen (last) Tommy (first) E. (mi)

ADDRESS: 19501 W. Youngblood 2d PHONE: (704) 588-8503

CITY: Charlotte STATE: NC ZIPCODE: 28217

Date: 2-22-93

PROPERTY OWNER:

NAME: CRESCENT RESOURCES, INC. (last) (first) (mi)

ADDRESS: P. O. Box 1003 PHONE: (704) 373-3012

CITY: Charlotte, STATE: NC ZIPCODE: 28201-1003

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 217-191-31

STREET ADDRESS: 19501 W. Youngblood Rd

ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 129A LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
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SYSTEM CLASSIFICATION:

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

WATER SUPPLY (check one):
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CRESCENT RESOURCES, INC.
Signed: By: Ethelene H. Williams Date: 2-22-93

NOTICE:

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

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

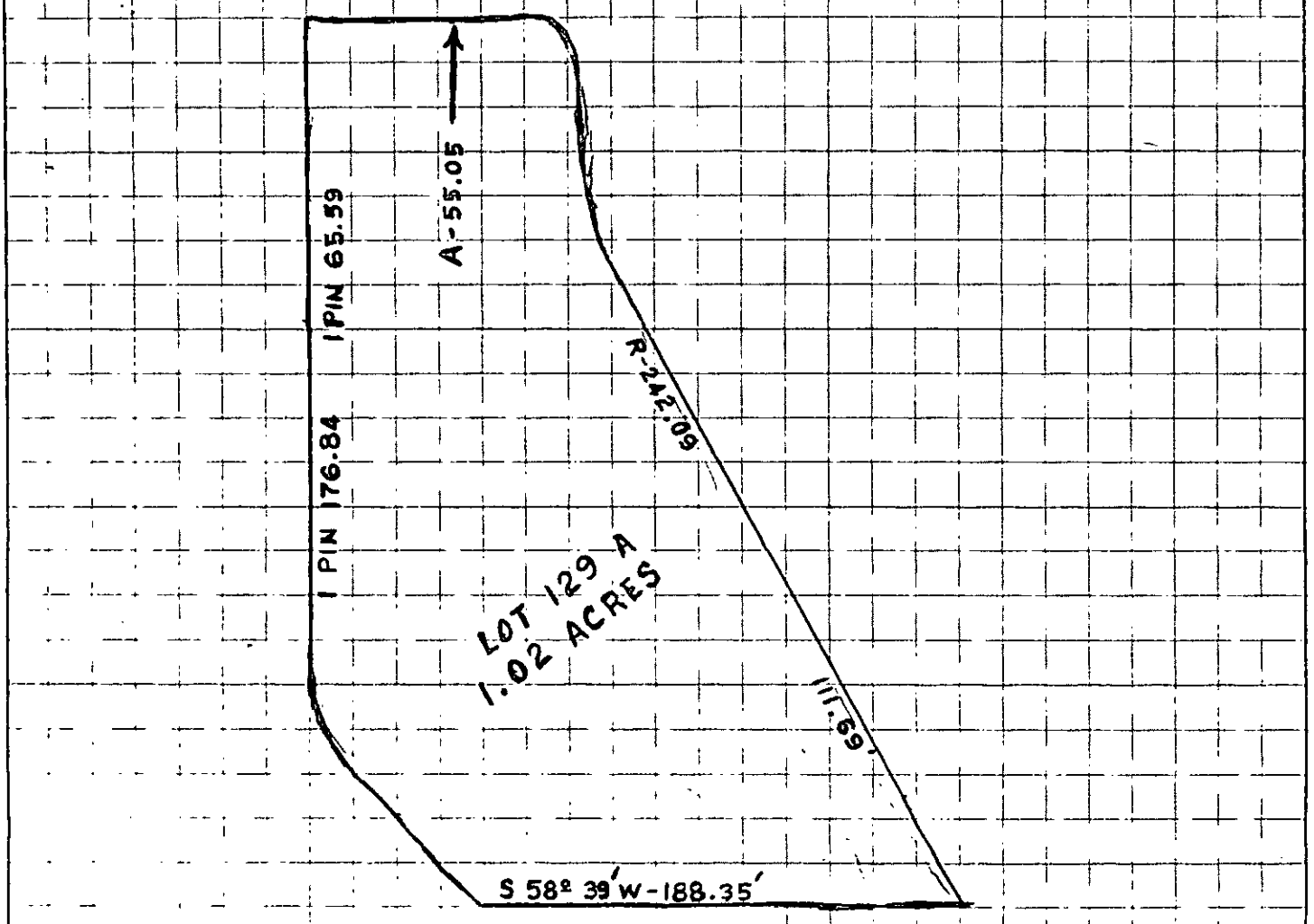
PROPOSED PLOT PLAN

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

FILE: 902B1873A

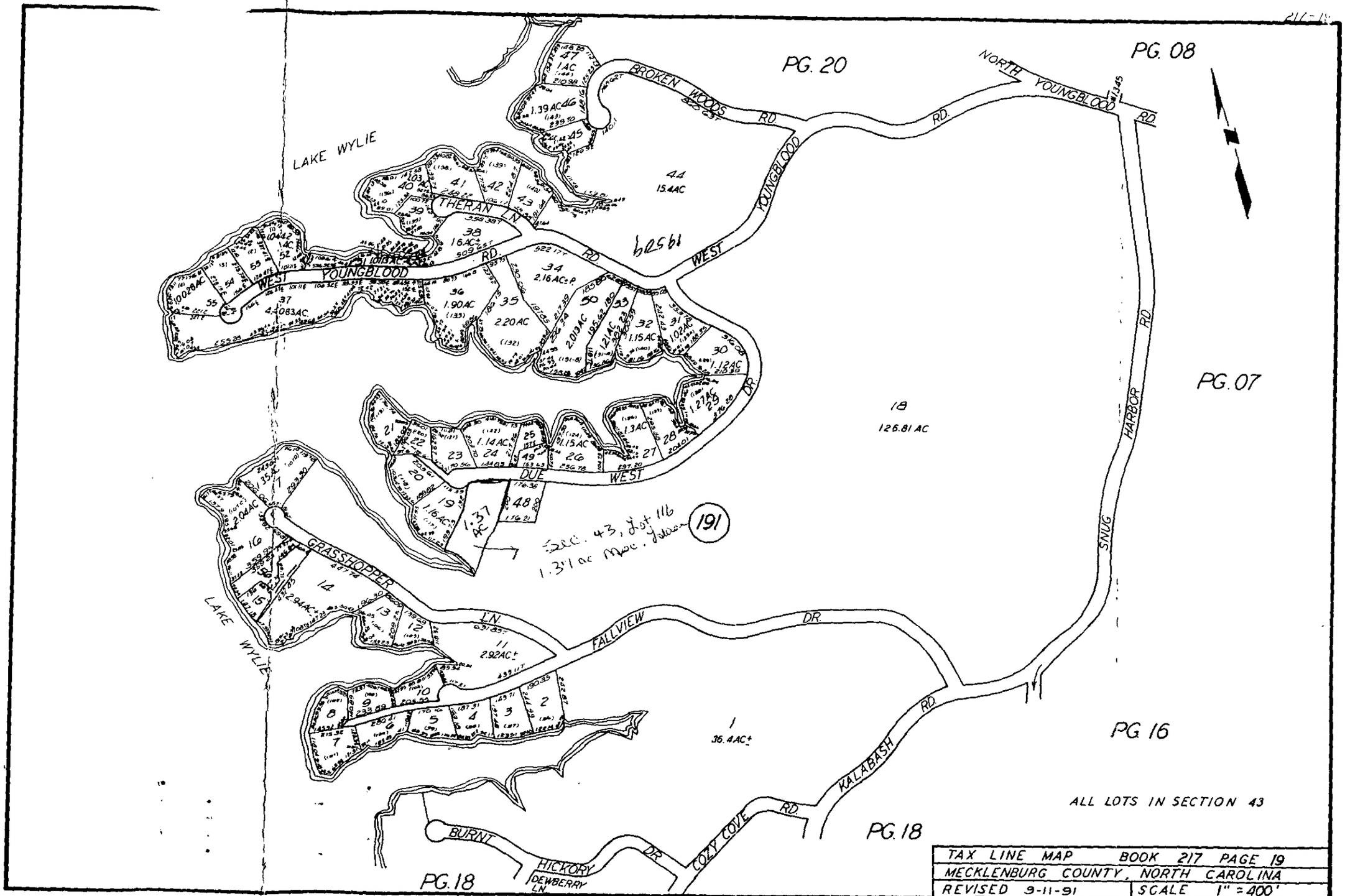
TC: 217-191-31

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



APPROVAL DATE _____

White – [illegible] Department's Copy Canary – Environmentalist's Copy Pink – Owner's Copy



ALL LOTS IN SECTION 43

TAX LINE MAP	BOOK 217 PAGE 19
MECKLENBURG COUNTY, NORTH CAROLINA	
REVISED 9-11-91	SCALE 1" = 400'

MEMO from the desk of

Jeff Rudisill

11-9-93

JUDY,

WE HAVE NOT RCD. ANY REFERRAL OR INSP. OF FIRE DAMAGED MOBILE HOME AT 19501 W. YOUNGBLOOD Rd. SOMETIMES, MOBILE HOME FIRES DO NOT GET REFERRED TO US.

ONE SOURCE ABOUT THIS FIRE WOULD BE DONNIE BEARD ASSIST. FIRE MARSHALL. DONNIE IS THE FIRE INVESTIGATOR. HIS # IS 3763

July 25
Weathered Place
~~he thought~~

Jeff Rudisill