


3716 BOUNTY CT

23111203

8/26/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
*Barcode Font = IDAutomationHC39M*

MCHD File #: 20709

| Yes | No | Unknown | |
|---|---|---|---|
| ☑ | ☐ | ☐ | Property Connected to Municipal Sewer |
| ☑ | ☐ | ☐ | Property Connected to Municipal Water |
| ☑ | ☐ | ☐ | Septic System Properly Abandoned |
| ☐ | ☐ | ☑ | Well Properly Abandoned |

Date: January 2, 2007

Trevor Thomason, R.S.

3716 BOUNTY CT

MATTHEWS NC 28105

REMOVED FROM PME DB ON 1-2-07.

TCT




Imaging Solutions and Services, Inc

The following is a

# Poor Original

*The following document has been identified as a poor quality original (insufficient contrast, inadequate definition, obscured information, etc.) Prior to final document capture, every manual, hardware and software effort has been applied (extra document preparation, modification of document capture device set-up paramenters and/or copying of the original) to obtain the highest possible image quality from this original.*

*ISSI Operations Center Staff*

20709

To: 704-336-6894
ATTN: TREVOR THOMPSON

From: June Lewis

City of Charlotte / Mecklenburg County

CHARLOTTE.

## Services Bill

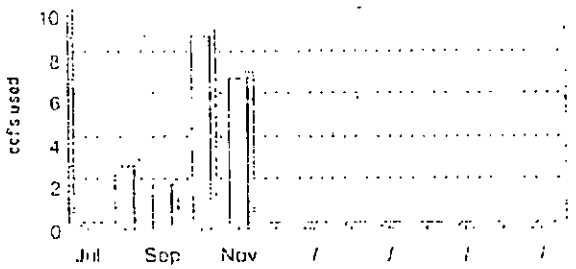
### Bill Summary

| | |
|---|---|
| Bill Date | 11/21/06 |
| Amount Due | $39.99 |
| Past Due Date | |
| Past Due Amount | |
| New Charges Due Date | 12/12/06 |
| New Charges Amount | $39.99 |

| | |
|---|---|
| Name | JUNE LEWIS |
| Mailing Address | 3716 BOUNTY CT<br>MATTHEWS NC 28104 |
| Service Address | 3716 BOUNTY CT<br>MATTHEWS NC 28105 |

| Account Number | Parcel |
|---|---|
| 229221 301012 | 231-113-03 |

Water Usage for 13 Months




| | | |
|---|---|---|
| PREVIOUS BALANCE | | $49.33 |
| PAYMENTS | | -49.33 |
| NEW CHARGES | | |
| Water (Includes a $1.80 Fixed Charge) | 10.76 | |
| Sewer (Includes a $1.80 Fixed Charge) | 22.66 | |
| Storm Water | 6.57 | |
| TOTAL NEW CHARGES | | 39.99 |
| AMOUNT DUE | | $39.99 |

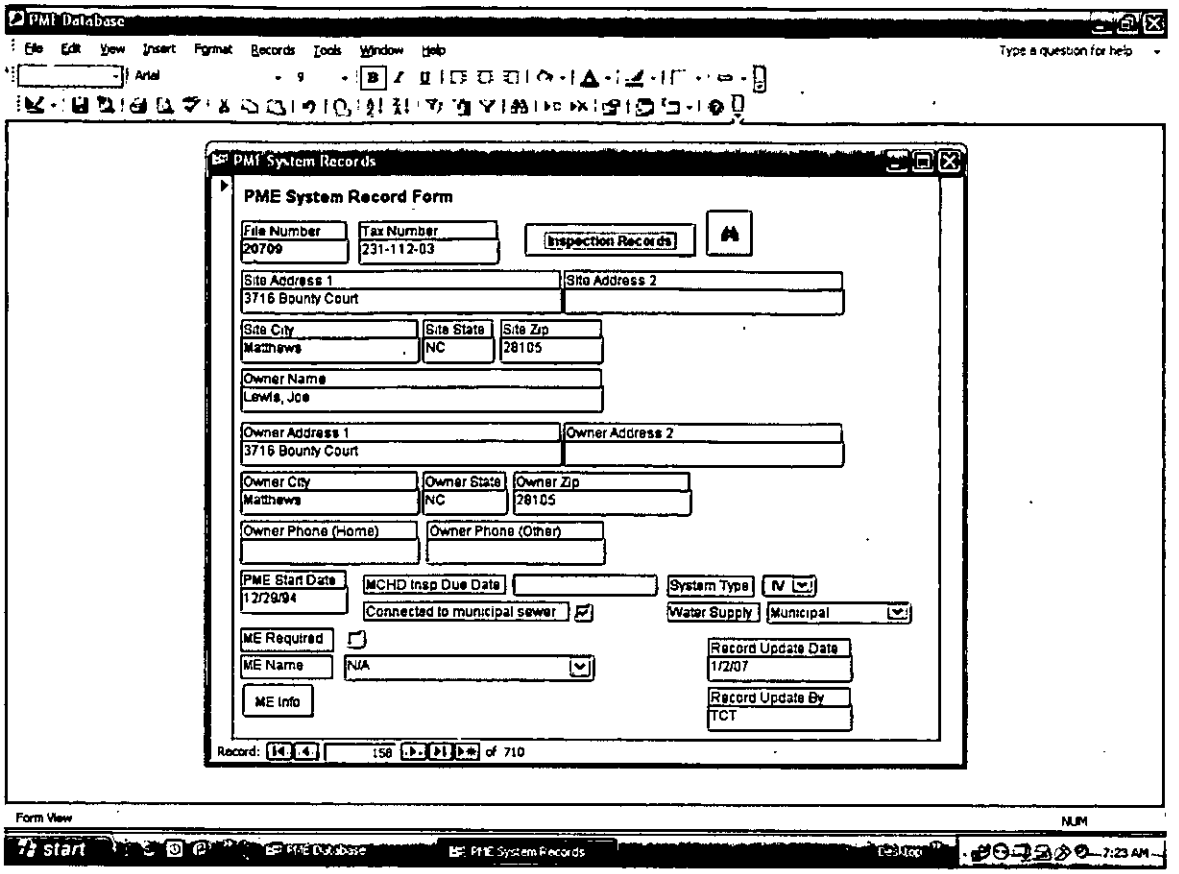
Impervious Area for Storm Water: 2,000 or more square feet
Billing period for Storm Water: 10/24/06 - 11/21/06 - 28 Days.

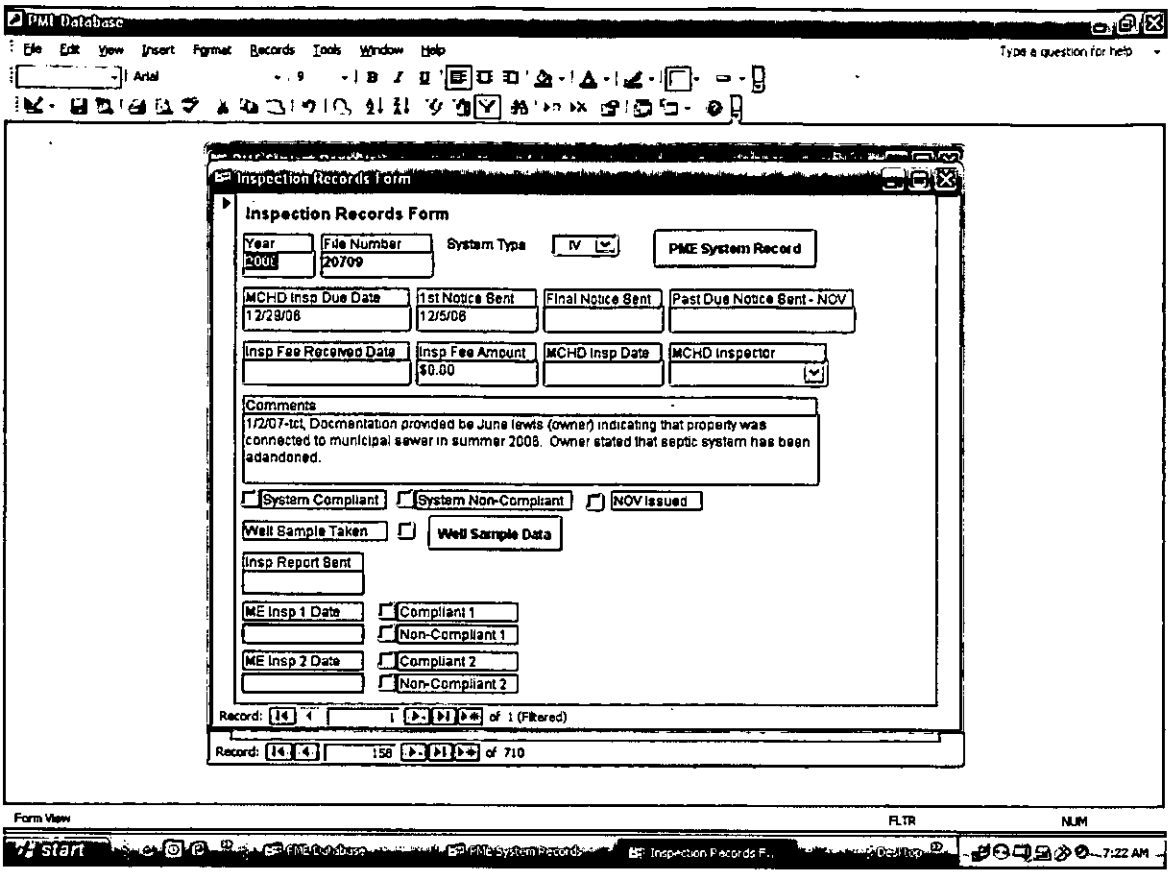
Meter Readings — Usage Days of

| Meter No | Current Read | | Previous Read | | (ccf) | Service |
|---|---|---|---|---|---|---|
| 105426255 | Nov 01 | 21 | Oct 02 | 14 | 7 | 30 |

Your water usage for this period that is subject to conservation rates.

| Rate Tiers: | 1-11 ccf | 12-22 ccf | over 22 ccf | Total Usage | |
|---|---|---|---|---|---|
| Rates per ccf | $1.28 | $2.10 | $4.14 | ccf | Gallons |
| Water | 7 | | | 7 | 5,236 |


PME Database
File Edit View Insert Format Records Tools Window Help
Type a question for help
Arial
PME System Records
PME System Record Form
File Number
20709
Tax Number
231-112-03
Inspection Records
Site Address 1
3716 Bounty Court
Site Address 2
Site City
Matthews
Site State
NC
Site Zip
28105
Owner Name
Lewis, Joe
Owner Address 1
3716 Bounty Court
Owner Address 2
Owner City
Matthews
Owner State
NC
Owner Zip
28105
Owner Phone (Home)
Owner Phone (Other)
PME Start Date
12/29/94
MCHD Insp Due Date
System Type
IV
Connected to municipal sewer
Water Supply
Municipal
ME Required
ME Name
N/A
ME Info
Record Update Date
1/2/07
Record Update By
TCT
Record: 158 of 710
Form View
NUM
start
PME Database
PME System Records
Desktop
7:23 AM


PME Database
File Edit View Insert Format Records Tools Window Help
Type a question for help
Arial
Inspection Records Form
Inspection Records Form
Year
2008
File Number
20709
System Type
IV
PME System Record
MCHD Insp Due Date
12/28/06
1st Notice Sent
12/5/06
Final Notice Sent
Past Due Notice Sent - NOV
Insp Fee Received Date
Insp Fee Amount
$0.00
MCHD Insp Date
MCHD Inspector
Comments
1/2/07-tct, Documentation provided be June lewis (owner) indicating that property was connected to municipal sewer in summer 2006. Owner stated that septic system has been adandoned.
System Compliant
System Non-Compliant
NOV Issued
Well Sample Taken
Well Sample Data
Insp Report Sent
ME Insp 1 Date
Compliant 1
Non-Compliant 1
ME Insp 2 Date
Compliant 2
Non-Compliant 2
Record: 1 of 1 (Filtered)
Record: 158 of 710
Form View
FLTR
NUM
start
PME Database
PME System Records
Inspection Records F...
Desktop
7:22 AM

# Mecklenburg County
## Health Department

June 12, 2002

Joe Lewis
3716 Bounty Court
Matthews, NC 28105

Dear Mr. Lewis:

The State required inspection of the Type IVa septic system, which serves as the wastewater treatment and disposal system for the residence located at 3716 Bounty Court, Matthews, North Carolina, was completed on 5/23/02. The results of this inspection are enclosed.

During our inspection a bacteriological as well as two inorganic water samples were taken of your private water supply. The laboratory analysis of the well water sample was reported to be negative for coliform bacteria. The results of the inorganic samples were within the acceptable guidelines for private wells.

Thank you for your time and cooperation. If you have any further questions you can contact me at (704) 336-5571.

Sincerely,

David Cornelius, R.S.I, Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure: Inspection Report
Microbiological/ Inorganic Analysis Results
Septic System Owner's Guide
Payment Information

# INSPECTION STATEMENT
# MECKLENBURG COUNTY HEALTH DEPARTMENT

**Joe Lewis**
**3716 Bounty Court**
**Matthews, NC 28105**

Please Make Check Payable To:

Mecklenburg County Health Department
700 N. Tryon Street Suite 211
Charlotte, NC 28202

***Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!***

DESCRIPTION OF PROPERTY

| Name | Site Address | Tax Parcel | File Number | System Type |
|---|---|---|---|---|
| Joe Lewis | 3716 Bounty Court | 2311120 | 20709 | IVa |
| | | | | **Total Amount Due: $85.00** |

Please use the following space below, to make any corrections to property information.

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date: 4/2/02

Payment Due Date: PAST DUE 5/2/02

***Direct Questions Concerning This Bill to .....(704) 336-5571***

☐ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
Your Cancelled Check Is Your Receipt

***DO NOT SEND CASH***

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

# INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

| | | |
|---|---|---|
| MECKLENBURG | | 20709 |
| Health Department | Name of Establishment | Permit/Project No. |
| 3716 BOUNTY COURT | | 360 GPD |
| Location | Type of Establishment | Design Flow |
| JOE LEWIS 3716 BOUNTY COURT, MATTHEWS, NC 28105 | | |
| Owner/Agent | Address | Phone |
| RCS | | |
| Operator | Address | Phone |

Remarks TNA

| | Yes | No | REMARKS |
|---|---|---|---|
| 1. ESTABLISHMENT: | | | |
| Type, size, and sewage flow in accordance with permit? | ☑ | ☐ | |
| 2. COLLECTION SYSTEM: | | | |
| No evidence of leaks into or out from sewer lines/manholes? | ☐ | ☐ | |
| Free of blockages/solids buildup in lines or manholes? | ☐ | ☐ | |
| 3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks): | | | |
| Tank risers accessible and surface water diverted? | ☑ | ☐ | |
| Tanks and access manholes structurally sound, watertight? | ☑ | ☐ | |
| Sanitary tee(s) in good working condition? | ☐ | ☐ | |
| Tanks pumped, cleaned out as needed? | ☐ | ☐ | |
| 4. RAW SEWAGE LIFT STATION (if present): | | | |
| Required pumps present, operating, and cycling properly? | ☐ | ☐ | |
| High-water alarm present and operating properly? | ☐ | ☐ | |
| Floats/pipe/valves/disconnects in good working condition? | ☐ | ☐ | |
| Control panel enclosure/components in good condition? | ☐ | ☐ | |
| 5. EFFLUENT DOSING SYSTEM: | | | |
| Effluent appears clear, free of excess solids? | ☑ | ☐ | HIGH WATER ALARM DID NOT SOUND AT FIRST WHEN TRIGGERED MANUALLY, ONLY LIGHT CAME ON. CONTROL PANEL MAY NEED REPAIR, SOUNDS LIKE THERE MAY BE A BAD CONNECTION. |
| PUMP SYSTEMS: | | | |
| Required pumps present, operating, and cycling properly? | ☑ | ☐ | |
| High-water alarm present and operating properly? | ☐ | ☑ | |
| Floats/pipe/valves/disconnects in good working condition? | ☑ | ☐ | |
| Control panel enclosure/components in good condition? | ☐ | ☑ | |
| Elapsed time readings: _____ _____ _____ _____ | | | |
| SIPHON SYSTEMS: | | | |
| No evidence of overflow or siphon leakage? | ☐ | ☐ | |
| Siphon(s) appear to be working/alternating properly? | ☐ | ☐ | |
| Bells and vents free of debris and in good condition? | ☐ | ☐ | |
| 6. GROUND ABSORPTION FIELDS: | | | |
| No evidence of effluent surfacing/reaching surface waters? | ☑ | ☐ | |
| Minimal ponding in subsurface trenches? | ☑ | ☐ | |
| Surface water being effectively diverted away? | ☑ | ☐ | |
| Diversions/ditches/swales/tile drains properly maintained? | ☐ | ☑ | MINIMAL AMOUNT OF VEGETATION. MR. LEWIS WILL REMOVE TWO CHERRY TREES & PLANT GRASS. |
| Line cover/vegetation adequate/maintained as needed? | ☑ | ☐ | |
| Protected from traffic, destructive uses? | ☑ | ☐ | |
| Distribution devices in good condition, working properly? | ☑ | ☐ | |
| Repair area properly reserved, maintained? | ☑ | ☐ | |
| LOW-PRESSURE PIPE DRAIN FIELDS: | | | |
| Turnups/cleanouts/valves intact and accessible? | ☑ | ☐ | |
| No effluent standing in lower laterals? | ☑ | ☐ | |
| Laterals free of excess solids, cleaned out as needed? | ☑ | ☐ | |
| Pressure head is properly adjusted? | ☑ | ☐ | |

OVERALL CONDITION AND OPERATION OF SYSTEM: NO EFFLUENT SURFACING.

SUMMARY OF IMPROVEMENTS NEEDED:

| Improvement | Repair Within (Days) |
|---|---|
| WATER SAMPLES TAKEN FROM WELL | |

DATE: 5/23/02 SIGNED: [signature] RSI AGENT

Division of Environmental Health

DENR 3702 (Revised 3/98)
On-Site Wastewater Section (Review 12/98)

– over –

SUMMARY OF IMPROVEMENTS NEEDED (cont.)

| Improvement | Repair Within (Days) |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

## INTENT TO SUSPEND OR REVOKE PERMIT

This is to notify you of intent to suspend/revoke your operation permit/certificate of completion 60 days from this date for the following
*(circle one)* *(circle one)*

violations: _____
*[Law or Rule(s)]*

If suspended, the operation permit or certificate of completion remains suspended until violations are corrected. A hearing will be held prior to suspension or revocation if you file a petition for a hearing with the Office of Administrative Hearings, P. O. Drawer 27447, Raleigh, NC 27611-7447, in writing within the number of days specified above of your intent to attend the hearing. If you do not petition the Office of Administrative Hearings, the operation permit or certificate of completion will be suspended or revoked.

## IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

This is to notify you of immediate suspension/revocation of your operation permit/certificate of completion for the following violations:
*(circle one)* *(circle one)*

_____
*[Law or Rule(s)]*

If suspended, the permit or certificate remains suspended until the violations are corrected. You will be notified of the day and location of a hearing on this suspension or revocation by a hearing officer from the Office of Administrative Hearings.

This the _____ day of _____, 19 _____.

_____ Agent
DIVISION OF ENVIRONMENTAL HEALTH

### INSTRUCTIONS

Purpose: Article 11 of Chapter 130A requires the Commission for Health Services to adopt rules governing the design, construction, and operation of on-site wastewater systems. 15A NCAC 18A .1937 specifies that the local health department shall determine whether systems with an Operation Permit are operating properly at a frequency specified in Rule .1961, Table V(a), and that systems which exceed 3,000 gallons per day and other systems which are required to be designed by a professional engineer shall be reinspected annually. This form is developed to be used in making inspections of engineered subsurface wastewater systems.

Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for:

1. Original to be left with the responsible person.
2. Copy for the local health department.
3. Copy for the On-Site Wastewater Section, Division of Environmental Health.

In the event the permit is suspended or revoked, complete the portion above.

Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the *Records Disposition Schedule* published by the N.C. Division of Archives and History.

Additional forms may be ordered from: On-Site Wastewater Section
Division of Environmental Health
P. O. Box 29594
Raleigh, NC 27626-0594
(Courier 52-01-00)

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

# INORGANIC CHEMICAL ANALYSIS - PRIVATE WATER SYSTEM

**Name of System:** Lewis, Joe
**Address:** 3716 Bounty Court
Matthews, NC
**Zip:** 28105
**County:** MECKLENB
**Report To:** Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202
**Courier:** 05-16-21
**ATTN:** David L. Cornelius
(704) 336-5101

**Source of Water:** Ground
**Source of Sample:**
**Type of Sample:** Raw
**Type of Treatment:** None
**Type of Analysis** Private

**Collected By:** D.L. CORNELIUS **Date:** 5/23/02 **Time:** 10:15:00 AM
**Location of sampling point:** Well Head
**Remarks:**

| Parameters | Results | Units | Date Analyzed: |
|---|---|---|---|
| Acidity as CaCO3 | 17 | mg/l | 5/28/02 |
| Silver | <0.05 | mg/l | 5/28/02 |
| Alkalinity as CaCO3 | 26 | mg/l | 5/28/02 |
| Arsenic | <0.001 | mg/l | 5/28/02 |
| Barium | <0.1 | mg/l | 5/28/02 |
| Calcium | 4.3 | mg/l | 5/28/02 |
| Cadmium | <0.005 | mg/l | 5/28/02 |
| Chloride | <5 | mg/l | 5/28/02 |
| Chromium | <0.01 | mg/l | 5/28/02 |
| Copper | <0.05 | mg/l | 5/28/02 |
| Fluoride | <0.20 | mg/l | 5/28/02 |
| Iron | <0.05 | mg/l | 5/28/02 |
| Hardness as CaCO3 (Ca,Mg) | 56 | mg/l | 5/28/02 |
| Mercury | <0.0005 | mg/l | 5/28/02 |
| Magnesium | 11.0 | mg/l | 5/28/02 |
| Manganese | <0.03 | mg/l | 5/28/02 |
| Sodium | 7 | mg/l | 5/28/02 |
| Lead | <0.005 | mg/l | 5/28/02 |
| pH | 6.6 | Std. unit | 5/28/02 |
| Selenium | <0.005 | mg/l | 5/28/02 |
| Zinc | <0.05 | mg/l | 5/28/02 |

**Date Received:** 5/28/02 **Report Date:** 6/6/02 **Reported By:** DJM
**Today's Date:** 6/7/02 **Ref:** 7261 **Login Batch:** 02050064 **Sample Number:** AA77191

# Mecklenburg County Health Department Laboratory

**Environmental Health Section**

249 Billingsley Road • Charlotte, NC 28211

## Microbiological Analyses

Owner, System, or Establishment: JOE LEWIS

Address: 3716 BOONTY COURT

MATTHEWS, NC Zip:

Collected By: DAVID L. CORNELIUS

Date Collected: 5/23/02 Time: 10:15 (AM)/PM

Delivered To Lab By: DAVID L. CORNELIUS

Date Delivered To Lab: 5/23/02 Time: 1:55 AM/(PM)

Sample Contains Sodium Thiosulfate

☐ This is a compliance sample and the data will be reported to:

***Treatment:***

☒ Initial Sample ☐ Chlorinated ☒ Nonchlorinated

☐ Recheck (Chlorinated) ☐ Recheck (Nonchlorinated) ☐ Other (Specify)

***Type of Sample:***

*Potable Water*

☒ Individual Well ☐ Community

☐ Non-community ☐ City

☐ Other (Specify)

*Nonpotable Water*

☐ Surface ☐ Monitoring Well

☐ Storm ☐ Other (Specify)

Temp Upon Collection: °C Initials

Temp Upon Receipt In Lab: °C Initials

***Analysis Requested:***

☒ Total Coliform ☐ Fecal Coliform ☐ Fecal Strep ☐ Enterococcus

☐ Sulfate Reducing Bacteria ☐ Pseudomonas aeruginosa ☐ Other (Specify)

Comments:

## Laboratory Analysis Report

***Method:*** Membrane Filter Colilert ✓

Total Coliform Absent /100 ml

Fecal Coliform Absent /100 ml

Fecal Strep /100 ml

Enterococcus /100 ml

Plate Count /gm or ml

Pseudomonas aeruginosa /100 ml

***Laboratory Comments:***

Date Received: 5/23/02

Date Reported: 5/24/02

Received By: NG

Analyst: NG Lab #: 381

Laboratory Idendification #: 37518 DEHNR

#: 449 DWQ

Rev. 2/01 White—Lab Report Copy Yellow—Lab File Copy

Paid $85 check # 1579 4/26/02 gc

# INSPECTION STATEMENT
# MECKLENBURG COUNTY HEALTH DEPARTMENT

Joe Lewis
3716 Bounty Court
Matthews, NC ~~28105~~ 28104

Please Make Check Payable To:

Mecklenburg County Health Department
700 N. Tryon Street Suite 211
Charlotte, NC 28202

***Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!***

DESCRIPTION OF PROPERTY

| Name | Site Address | Tax Parcel | File Number | System Type |
|---|---|---|---|---|
| Joe Lewis | 3716 Bounty Court | 2311120 | 20709 | IVa |
| | | | | Total Amount Due: $85.00 |

Please use the following space below, to make any corrections to property information.

Name _____

Site Address _____

Zip Code Should be 28104

# of Bedrooms _____

Pd Ck #1579 4/23/02 gc

BILL INFORMATION

Billing Date: 4/2/02

Payment Due Date: 5/2/02

***Direct Questions Concerning This Bill to .....(704) 336-5571***

☑ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
Your Cancelled Check Is Your Receipt

***DO NOT SEND CASH***

COPY

074

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

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

FILE: 20709 DATE: 10/31/94

TC: 231-112-03 ☐ L

SERIAL Nº 16041

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 5/5/94. All work shall be completed on or before 11/1/94, 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.

See Approved Plan on File

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth ~~24"~~ Install per

Absorption and/or ~~Nitrification Lines~~:

Trench Width ~~24"~~ Plan Specifications feet

Trench Walls Scored and Porous ✓

Total Line Length 200 ppbs feet

Number of Lines 4

Depth of Stone ~~24"~~ per plan inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well Not Installed 50' Minimum

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

NAME OF OWNER June M. Lewis

LOCATION OF PROPERTY 3716 Bounty Court

Comments: Install Panel Block System per Approved Plan

Newell for S. David Judy J. Kuss RS

Environmental Health Specialist

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

# R. C. S., Inc.

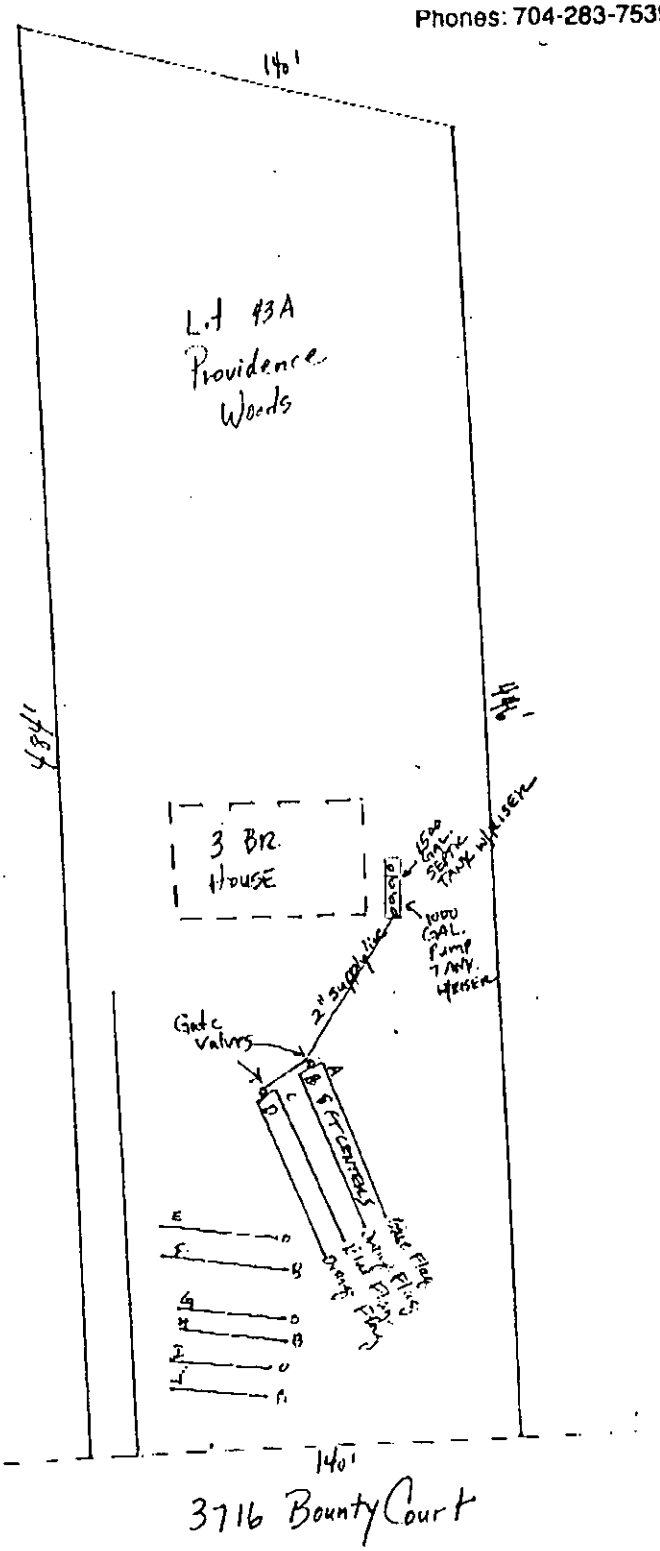
*Septic Tank Installation & Service*

Stafford Street
Post Office Box 708
Monroe, North Carolina 28111
Phones: 704-283-7539 or 376-9359

3716 Bounty Court
Lot 43A Providence Woods

John Kalna
Southeast Building Specialists

1" = 60'



# LPP/Mound Inspection Sheet

Name of Owner Joe Lewis
Address 3716 Bounty Ct.
Phone # Matthews
Subdivision Prov. Woods Lot# _____
Tax Code _____

Date of Inspection 6-18-99
System Type ___ LPP or Mound FTJ panel
System Class _____
Name of Cert.Cont. R.C.S. Inc.
Address Cert.Cont. P.O. Box 708
Monroe,NC 28111

Last Date Visited _____
Current Contract Exp. _____

Sewage Permit# _____ Date Installed _____ Contractor _____
Repair Permit# _____ Date Installed _____ Contractor _____

## Septic Tank

| | |
|---|---|
| Risers | NO |
| Sanitary Tee | yes |
| Surface Water | OK |
| Sludge Level | OK |
| Landscape | yes |

## Pump Tank

| | |
|---|---|
| Riser | yes |
| Required Pump | yes |
| Operating Properly | yes |
| High Water Alarm | yes |
| Floats | yes |
| Nema 4X Box | yes |
| Man. Disc. | yes |
| Landscape | [redacted] yes |
| Surface Water | OK |
| Scum Level | OK |

## Nitrification Lines

| | |
|---|---|
| Proper Surface Diversions | yes |
| Proper Landscaping | NO |
| Grass Cover | NO |
| Gate Valve | yes |
| Gate Valve Covers | yes |
| Clean Outs | NO |

| Line | Design Pressure | Observed Pressure | Adjusted Pressure |
|---|---|---|---|
| 1 | 3 FT | 3 | 3 |
| 2 | 3 FT | 3 | 3 |
| 3 | 3 FT | 3 | 3 |
| 4 | 3 FT | 3 | 3 |
| 5 | 3 FT | | |
| 6 | 3 FT | | |

# LPP/Mound Inspection Sheet

| | | | |
|---|---|---|---|
| | 3 FT | | |
| 8 | 3 FT | | |
| 9 | 3 FT | | |
| 10 | 3 FT | | |

Lines Show Excessive Solids NO

Pressure Set Properly yes

General Comments

Recommendations To Owner

Compliance Status Compliant Non-Compliance

1
2
3
4
5
6

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pulled off of 100% reserve B66610 10/19/99 QC 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 20709

Date: 10/19/99

PERSON FILING APPLICATION:
NAME: JOHN J. KALNA (last) (first) (mi)
ADDRESS: 3724 BOUNTY CT. PHONE: 704 846-8187
CITY: MATTHEWS STATE: N.C. ZIPCODE: 28105

PROPERTY OWNER:
NAME: JOE & JUNE LEWIS (last) (first) (mi)
ADDRESS: 3716 BOUNTY CT. PHONE: 704 849-8604
CITY: MATTHEWS STATE: N.C. ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 231-112-03
STREET ADDRESS: 3716 Bounty Ct
ZONING:

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: P43A LOT SIZE (in acres):

TYPE APPLICATION (check one):
[redacted]
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[redacted] 1994
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) N/A
[redacted]

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

NUMBER BEDROOMS: N/A 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)
[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: John Kalna Date: 10/19/99

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.

... OK To Use Existing System For Deck Addition

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

Joshua R. Sellers R.S. 10-21-99
Environmentalist Date

WATER : 122791

231-112-03

# PLOT PLAN FOR PERMIT APPLICATION
## ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

COPY

FILE 20709

**LOCATION**

STREET # (N,S,E,W) 3716 STREET NAME BOUNTY CT. (AV,RD,ST, etc.)

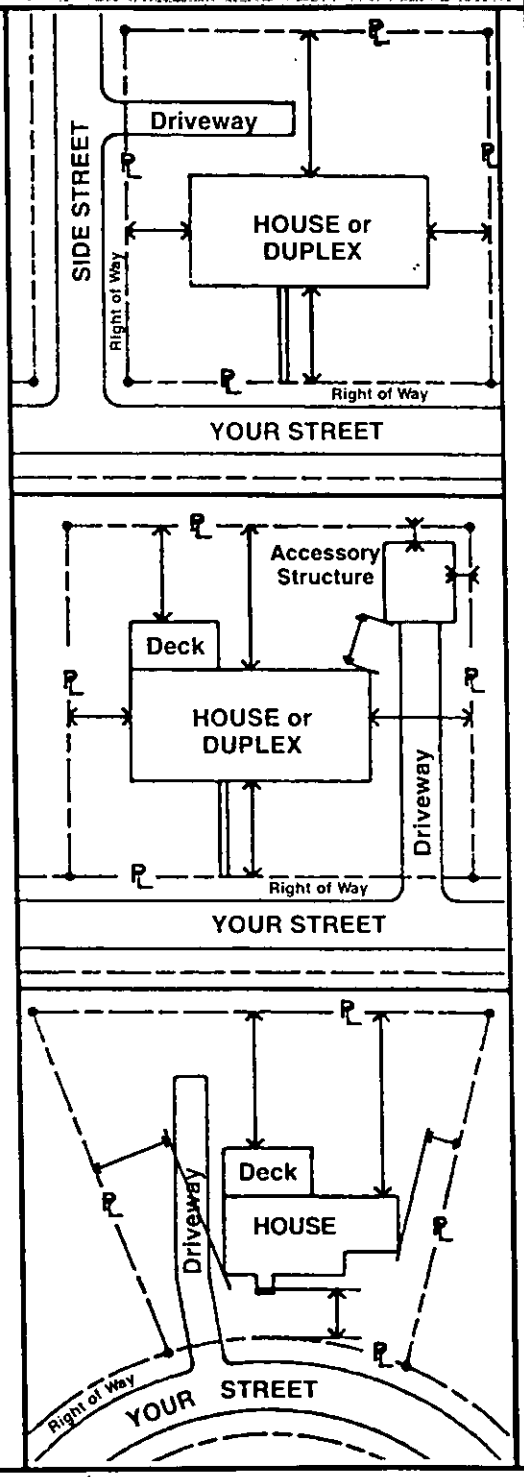
SUITE/UNIT(S): MATTHEWS, N.C. 28105

PERMIT #

TAX JURISDICTION: (Check One)
☒ 0 - Mecklenburg ☐ 1 - Charlotte ☐ 2 - Davidson ☐ 3 - Cornelius
☐ 4 - Pineville ☐ 5 - Matthews ☐ 6 - Huntersville ☐ 7 - Mint Hill

TAX PARCEL # JOB #

**EXAMPLES/PLOT PLAN**

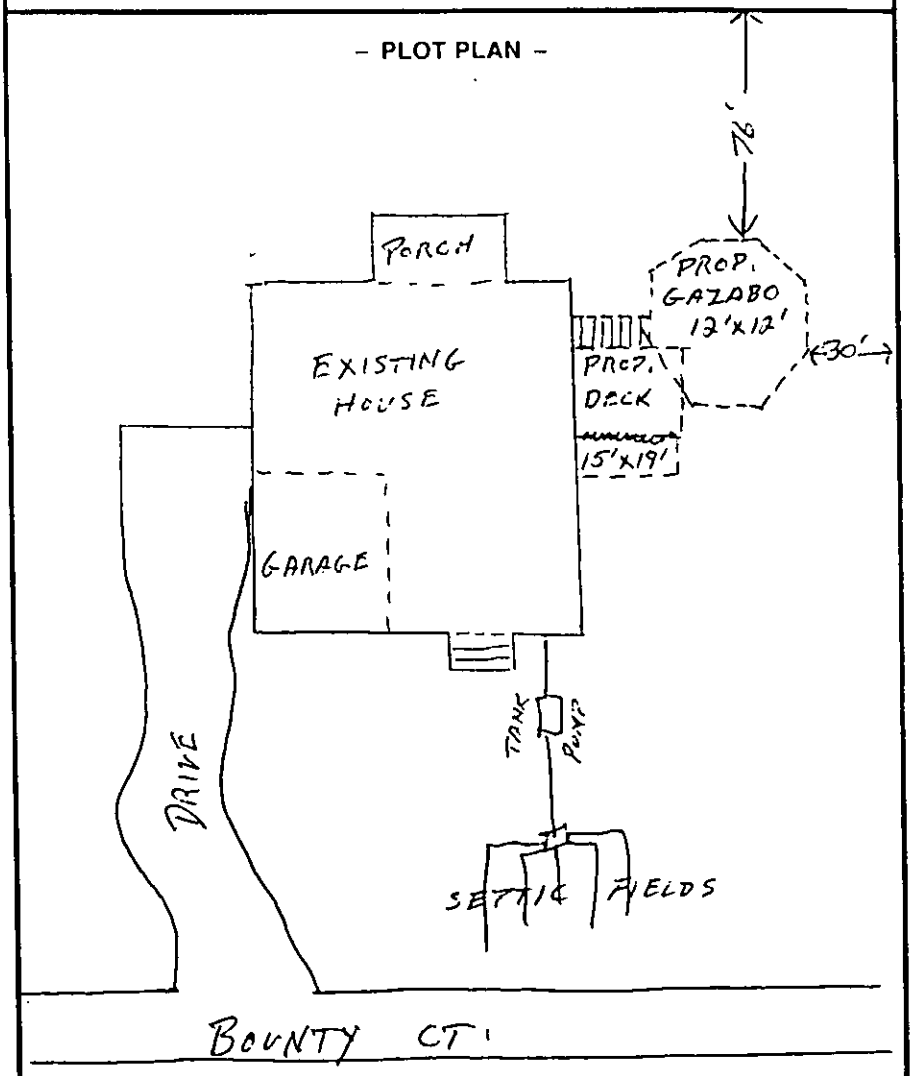



### – INSTRUCTIONS –

In the space provided below, draw plot plan as neatly and accurately as possible, from survey if available.

1. Draw street(s) and right-of-way(s).
2. Draw property lines with dimensions.
3. Draw proposed and existing buildings showing any attached porch(es), deck(s), chimney(s), carport(s), or garage(s), etc.
4. Show distances of buildings from property lines or other structures.
5. Separate application and plot plan required for each building.

### – PLOT PLAN –




ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED.

John J. Kalna 10/19/99 JOHN J. KALNA

APPLICANT'S SIGNATURE DATE PRINT APPLICANT'S NAME

APPROVED BY

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

P-82

# MECKLENBURG COUNTY
# ENGINEERING & BUILDING STANDARDS DEPARTMENT

## Miscellaneous Fees

| Requestor (Please print): X JOHN KALNA | Phone #: 846-8187 | Date Requested: 10/19/99 | Date Filled: |
|---|---|---|---|
| Account Name: X JOHN J. KALNA | ☐ Cash ☒ Charge | | Account No.: B66100 |

I certify that I am authorized to charge this account for this service.

Signature: X John J. Kalna Printed Name: X JOHN J. KALNA Date: 10/19/99

### Fee or Charge

| T.C. | Qty. | Type | Unit Cost | Total Cost |
|---|---|---|---|---|
| 021 | | Single Lot Grading Permit (Please list address below) | | |
| 112 | | Zoning Board of Adjustment<br>☐ Residential Variance Request ☐ Commercial Variance Request<br>☐ Residential Interpretation ☐ Commercial Interpretation | | |
| 113 | | Zoning Citation(s) # _____ | | |
| | | ☐ 117: Certificate of Compliance* ☐ 118: Certificate of Occupancy* (original is free) | $10.00 ea. | |
| 119 | | Change of Contractor* | $10.00 ea. | |
| 121 | | Letters of Certification/Verification | $10.00 ea. | |
| 122 | | Monthly Statistical Reports | $10.00 ea. | |
| 124 | | Research & Retrieval of Documents | | |
| 125 | | Temporary Utilities/Occupancy* | $30.00/insp. | |
| | | Local License Card/Exam<br>☐ 128: Mechanical ☐ 129: Plumbing ☐ 132: Electrical | | |
| | | Development Activities Plan Review<br>☐ 002: Commercial Drainage ☐ 005: Erosion Control<br>☐ 016: Subdivision ☐ 006: Final Plat Review | | |
| 425 | | City of Charlotte Fire - Plan Review | | |
| ~~0705~~ | ~~1~~ | Map Sales | | |
| 0705 | 1 | Other: 11 X 5 | 100 00 | 100 00 |
| | | Other: | | |
| Payment received by: Gwendolyn Craig Date: 10/19/99 By: GC | | | Total: | 100 00 |

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

| | | |
|---|---|---|
| 3716 Bounty Ct | | |
| | | |
| | | |

B-216NS 8/95

DIVISION

# R. C. S., Inc.

*Septic Tank Installation & Service*

Stafford Street
Post Office Box 708
Monroe, North Carolina 28111
Phones: 704-283-7539 or 376-9359

To: KELLY RANDALL

FROM: CATHY HUDSON, R.C.S., INC.

NUMBER OF PAGES TO FOLLOW: 2

# R. C. S., Inc.

*Septic Tank Installation & Service*

Stafford Street
Post Office Box 708
Monroe, North Carolina 28111
Phones: 704-283-7539 or 376-9359

3716 Bounty Court
Lot 43 A Providence Woods
John Kalna, Southeast Building Specialists

| LINE | LINE LENGTH | # OF PANELS | # HOLES/ PANEL | SIZE HOLE | LINE HEAD | HOLE FLOW | LINE FLOW |
|---|---|---|---|---|---|---|---|
| A | 50' | 11 | one | 5/32 | 2' | .41 | 4.51 |
| B | 50' | 11 | one | 5/32 | 2'3" | .43 | 4.73 |
| C | 50' | 11 | one | 5/32 | 2'6" | .46 | 5.06 |
| D | 50' | 11 | one | 5/32 | 2'7" | .46 | 5.06 |
| | | 44 | | | | | 19.36 |

Repair

| | |
|---|---|
| E | 42' |
| F | 42' |
| G | 35' |
| H | 35' |
| I | 35' |
| J | 35' |

Pipe Friction $(^{80}/_{100})$ = .8 x .74 = .592 x 1.2 = .71 FT.

Total Head : .71 + 3 + 7.5 = 11.2 FT.

Pump Specifications : 19.36 gpm @ 11.2 FT. of Head

Pump Cycle : 44 x 3.6 = 158.4 gallons

$\frac{3.6}{.46}$ = 7.8 mins. x 19.36 = 151.0 gals./dose

25 gal./inch swing ; float switch 6 inches swing

# R. C. S., Inc.

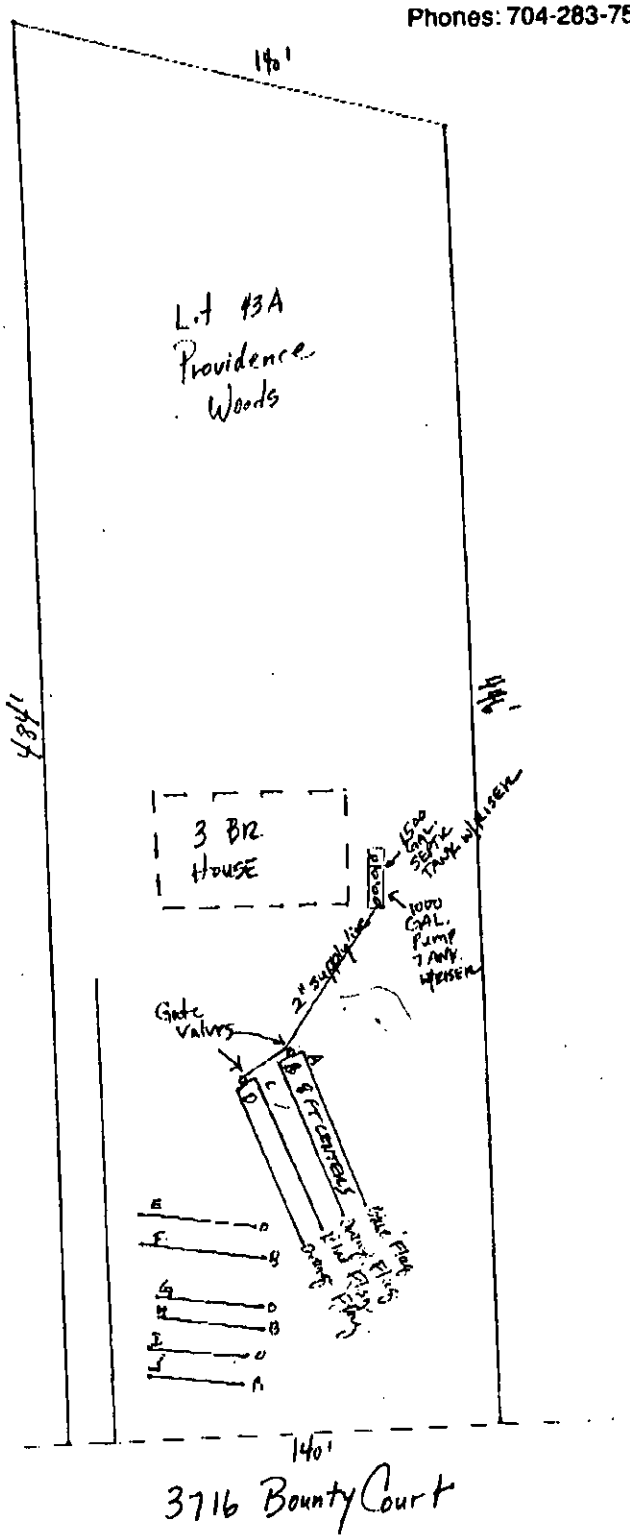
*Septic Tank Installation & Service*

Stafford Street
Post Office Box 708
Monroe, North Carolina 28111
Phones: 704-283-7539 or 376-9359

3716 Bounty Court
Lot 43A Providence Woods

John Kalna
Southeast Building Specialists

1" = 60'



N. C. DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

# INSPECTION OF ENGINEERED SUBSURFACE SEWAGE SYSTEM

Mecklenburg — Health Department
June M. Lewis — Name of Establishment
20709 — Permit/Project No.
3716 Bounty Court — Location
residential — Type of Establishment
360 — Design Flow
June M. Lewis — Owner/Agent
3716 Bounty Court — Address
Phone
RCS Inc. - Joe Hudson — Operator
P.O. Box 708, Monroe, N.C. — Address
Phone

Remarks

| | Yes | No | REMARKS |
|---|---|---|---|
| 1. ESTABLISHMENT: | | | |
| Type, size, and sewage flow in accordance with permit? | ☐ | ☐ | |
| 2. COLLECTION SYSTEM: | | | |
| No evidence of leaks into or out from sewer lines/manholes? | ☐ | ☐ | |
| Free of blockages/solids buildup in lines or manholes? | ☐ | ☐ | |
| 3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks): | | | |
| Tank risers accessible and surface water diverted? | ☐ | ☐ | |
| Tanks and access manholes structurally sound, watertight? | ☐ | ☐ | |
| Sanitary tee(s) in good working condition? | ☐ | ☐ | |
| Tanks pumped, cleaned out as needed? | ☐ | ☐ | |
| 4. RAW SEWAGE LIFT STATION (If Present): | | | |
| Required pumps present, operating, and cycling properly? | ☐ | ☐ | |
| High-water alarm present and operating properly? | ☐ | ☐ | |
| Floats/pipe/valves/disconnects in good working condition? | ☐ | ☐ | |
| Control panel enclosure/components in good condition? | ☐ | ☐ | - control panel mounted at grade |
| 5. EFFLUENT DOSING SYSTEM: | | | |
| Effluent appears clear, free of excess solids? | ☐ | ☐ | |
| PUMP SYSTEMS: | | | |
| Required pumps present, operating, and cycling properly? | ☐ | ☐ | |
| High-water alarm present and operating properly? | ☐ | ☐ | |
| Floats/pipe/valves/disconnects in good working condition? | ☐ | ☐ | |
| Control panel enclosure/components in good condition? | ☐ | ☐ | |
| Elapsed time readings: _____ _____ _____ _____ | | | |
| SIPHON SYSTEMS: | | | |
| No evidence of overflow or siphon leakage? | ☐ | ☐ | |
| Siphon(s) appear to be working/alternating properly? | ☐ | ☐ | |
| Bells and vents free of debris and in good condition? | ☐ | ☐ | |
| 6. GROUND ABSORPTION FIELDS: | | | |
| No evidence of effluent surfacing/reaching surface waters? | ☐ | ☐ | |
| Minimal ponding in subsurface trenches? | ☐ | ☐ | |
| Surface water being effectively diverted away? | ☐ | ☐ | |
| Diversions/ditches/swales/tile drains properly maintained? | ☐ | ☐ | |
| Line cover/vegetation adequate/maintained as needed? | ☐ | ☒ | - drainfield used as garden area - minimum vegetative cover |
| Protected from traffic, destructive uses? | ☐ | ☐ | |
| Distribution devices in good condition, working properly? | ☐ | ☐ | |
| Repair area properly reserved, maintained? | ☐ | ☐ | |
| LOW-PRESSURE PIPE DRAIN FIELDS: | | | |
| Turnups/cleanouts/valves intact and accessible? | ☐ | ☐ | - turnups accessible but have no valve boxes |
| No effluent standing in lower laterals? | ☐ | ☐ | |
| Laterals free of excess solids, cleaned out as needed? | ☐ | ☐ | |
| Pressure head is properly adjusted? | ☐ | ☐ | |

OVERALL CONDITION AND OPERATION OF SYSTEM:

SUMMARY OF IMPROVEMENTS NEEDED:

| Improvement | Repair Within (Days) |
|---|---|
| | |
| | |
| | |
| | |
| | |

DATE: 4-29-98 SIGNED: Larry B. Thompson, Jr., R.S. AGENT
Division of Environmental Health

DEHNR 3702 (Revised 9/91)
Environmental Health Services Section (Review 9/95)

## SUMMARY OF IMPROVEMENTS NEEDED (*Continued*)

| Improvement | Repair Within (Days) |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

## INTENT TO SUSPEND OR REVOKE PERMIT

This is to notify you of intent to suspend/revoke your operation permit/certificate of completion 60 days from this date
*(circle one)* *(circle one)*

for the following violations:

_____

*[Law or Rule(s)]*

If suspended, the operation permit or certificate of completion remains suspended until violations are corrected. A hearing will be held prior to suspension or revocation if you file a petition for a hearing with the Office of Administrative Hearings, P. O. Drawer 27447, Raleigh, NC 27611-7447, in writing within the number of days specified above of your intent to attend the hearing. If you do not petition the Office of Administrative Hearings, the operation permit or certificate of completion will be suspended or revoked.

## IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

This is to notify you of immediate suspension/revocation of your operation permit/certificate of completion for the
*(circle one)* *(circle one)*

following violations: _____

*[Law or Rule(s)]*

If suspended, the permit or certificate remains suspended until the violations are corrected. You will be notified of the day and location of a hearing on this suspension or revocation by a hearing officer from the Office of Administrative Hearings.

This the _____ day of _____, 19 ____

_____ Agent
DIVISION OF ENVIRONMENTAL HEALTH

## INSTRUCTIONS

**Purpose:** Article 11 of Chapter 130A requires the Commission for Health Services to adopt rules governing the design, construction, and operation of sanitary sewage systems. 15A NCAC 18A .1937 specifies that the local health department shall determine whether systems with an Operation Permit are operating properly at a frequency specified in Rule .1961, Table V(a), and that systems which exceed 3,000 gallons per day and other systems which are required to be designed by a professional engineer shall be reinspected annually. This form is developed to be used in making inspections of engineered subsurface sewage systems.

**Preparation:** Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for:

1. Original to be left with the responsible person.
2. Copy for the local health department.
3. Copy for the Environmental Health Services Section, Division of Environmental Health.

In the event the permit is suspended or revoked, complete the portion above.

**Disposition:** This form may be destroyed in accordance with Standard 7, Inspection Records, of the *Records Disposition Schedule* published by the N. C. Division of Archives and History.

**Additional forms may be ordered from:**

Environmental Health Services Section
Division of Environmental Health
P. O. Box 27687
Raleigh, NC 27611-7687
(Courier 52-01-00)

# SERVICE OIL & PROPANE

527 EAST FRANKLIN ST. • P.O. BOX 766 • MONROE, NORTH CAROLINA 28111-0766
704-283-4517 FAX: 704-289-6139

**QUALITY PETROLEUM PRODUCTS**

1.30.98

Kelly, 3716 Bonny Ct 28709

Here's a copy of inspection for Lewis on Bonny Ct. I know we've done more at this residence but I can't find copies. We've sent a letter to Dr. Funderburke in Mint Hill. Call me if you have questions.

Cathy

**GASOLINE**
**DIESEL FUEL**
**HOME HEATING OIL**
**K-1 KEROSENE**

CITGO PETROLEUM PRODUCTS

**PROPANE GAS FOR HOME, FARM, COMMERCIAL**
**MOTOR OILS AND LUBRICANTS**

**LPP/MOUND INSPECTION SHEET** mech.

NAME OF OWNER Joe Lewis

ADDRESS 3716 Bounty Ct.

PHONE # _____

SUBDIVISION Providence Woods LOT # ___

TAX CODE _____

DATE OF INSPECTION 9-24-97

SYSTEM TYPE LPP OR TJ MOUND

SYSTEM CLASS _____

NAME OF CERT. CONT. R.C.S. INC

ADDRESS OF CERT. CONT. PO. Box 708 Monroe

LAST DATE VISITED _____

CURRENT CONTRACT EXP. _____

SEWAGE PERMIT # _____ DATE INSTALLED 2/95 CONTRACTOR _____

REPAIR PERMIT # _____ DATE INSTALLED _____ CONTRACTOR _____

SEPTIC TANK

| | |
|---|---|
| RISERS | ✓ |
| SANITARY TEE | ✓ |
| SURFACE WATER | ✓ |
| SLUDGE LEVEL | ✓ |
| LANDSCAPE | ✓ |

PUMP TANK

| | |
|---|---|
| RISER | ✓ |
| REQUIRED PUMP | ✓ |
| OPERATING PROPERLY | ✓ |
| HIGH WATER ALARM | ✓ |
| FLOATS | ✓ |
| NEMA 4X BOX | ✓ |
| MAN. DISC. | ✓ |
| LANDSCAPE | ✓ |
| SURFACE WATER | ✓ |
| SCUM LEVEL | ✓ |

## NITRIFICATION LINES

PROPER SURFACE DIVERSIONS: yes

PROPER LANDSCAPING: yes

GRASS COVER: yes

GATE VALVE: yes

GATE VALVE COVERS: yes

CLEAN OUTS: yes

| LINE | DESIGN PRESSURE | OBSERVED PRESSURE | ADJUSTED PRESSURE |
|---|---|---|---|
| 1 | 3 FT. | 3 | 3 |
| 2 | 3 FT. | 3 | 3 |
| 3 | 3 FT. | 3 | 3 |
| 4 | 3 FT. | 3 | |
| 5 | 3 FT. | | |
| 6 | 3 FT. | | |
| 7 | 3 FT. | | |
| 8 | 3 FT. | | |
| 9 | 3 FT. | | |
| 10 | 3 FT. | | |

LINES SHOW EXCESSIVE SOLIDS: NO

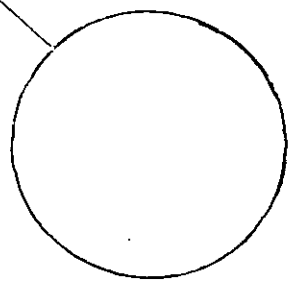
PRESSURE SET PROPERLY: yes

GENERAL COMMENTS: _____

RECOMMENDATIONS TO OWNER: _____

COMPLIANCE STATUS  COMPLAINT  NON-COMPLAINT

# NOTICE



**Mecklenburg County Health Department**
**Environmental Health Division**

File #: 20709 Address: 3716 County Cart

Our Environmental Health Specialist visited today:
Date: 4-29-98 a.m. ____ p.m. ____

**TYPE OF SERVICE:**

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

❑ Approved
❑ Disapproved
❑ Not Applicable

Comments: _____

_____

Environmental Health Specialist:

_____

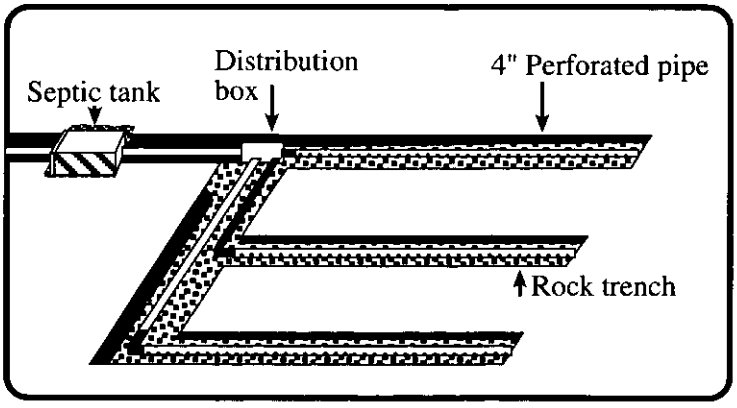
*Please call if you have any questions.*

- Alarm mounted at grounds surface.
- No gate valve boxes at the stand pipes
- Drainfield is not grassed but is being used as a garden.

## TIPS FOR PROPER SEPTIC SYSTEM MAINTENANCE

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

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



# CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 20709 DATE: 12/29/94

TC: 231-112-03 ☐ L ☒ ORT

SERIAL № 16135

Name of Owner: June M. Lewis Juris.:

Address of Property: 3716 Bounty Court

**Inspection Data:**

Tank Material: PCC

Total Length of Drainfield: 200' ppbs

Number of Lines: 4 @ 50'

Cover Depth: 6"

Water Supply Source: > 60' well

Distance to Water Source: > 60'

Excavation Inspected: 11/23/94

Tank(s) Inspected: 12/29/94

Wash Line Inspected: N/A

High Water Alarm Inspected: 12/29/94

PLOT

Design: 1994, 1500 ST 1000 or pl 4 ppbs 6" Sand Fed CTR# Res #90

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

☑ installed or constructed ☐ altered or repaired

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

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

☐ Certificate of Completion ☑ Operation Permit

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

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

COMMENTS: Type IV System. System Design 3/2/3 bedroom home - Maintenance Contract W Res

Judy S. Kissi R.S.
Environmental Health Specialist

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

20709

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

THIS AGREEMENT is made and entered into this 10 day of February, 1996, by and between Joan J. Jovel Lewis (hereinafter the "Owner") and R.C.S., INC. (hereinafter the "Contractor").

WITNESSETH

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

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

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

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

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

1. The Contractor's Obligations. The Contractor shall perform the following services on the Owner's system located at 3716 BOUNTY CT. 43A PROVIDENCE WOODS

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

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

(1) [from operation permit]
(2)
(3)

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

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

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

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

g. The Contractor shall respond to a request for a nonscheduled service or maintenance call within 24-48 hours after receipt of such request. depending on the urgency of the request.

2. The Owner's Obligations.

a. The Owner shall pay to the Contractor the sum of $ 250.00 per year for periodic inspections, routine maintenance procedures and periodic reports. The annual fee may be amended upon sixty (60) days advance notice to the Owner but may not be increased more than 20 percent per year. The Owner shall pay to the Contractor his normal and customary fees for any work performed on the system as a result of nonscheduled service or maintenance calls. All fees are due and payable within thirty (30) days of billing. Payments due to the Contractor and unpaid by the Owner after thirty (30) days shall accrue interest from the due date until paid at a rate of 15 percent per month.

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

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

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

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

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

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

d. Termination by the Contractor.

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

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

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

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

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

4. Assignment.

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

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

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

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

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

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

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

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

To the Owner:
Joe D. and Joyce M. Lewis
3716 Bounty Court, Matthews, N.C. 28105

To the Contractor:
R.C.S., INC.
P.O. Box 708 Monroe NC 28111

To the Local Health Department:
Mecklenburg Enviromental Health
700 North Tryon St. Charlotte NC 28202

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

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

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

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

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

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

Joe Lewis
(Owner)

Attest:

John Kahra

(Contractor)

Attest:

Cathy Gordon

(hr:mecontract.gm)

# Mecklenburg County
## Health Department

January 17, 1995

Mrs. June Lewis
110 Oak Creek Drive
Charlotte, NC 28270

Re: 3716 Bounty Court
File: 20709
Parcel: 231-112-03

Dear Mrs. Lewis:

In accordance with the provisions of our letter of approval dated May 23, 1994 granting approval for a Prefabricated, Permeable Block Panel System (PPBPS) wastewater treatment system to be installed for the above mentioned property, a contractual agreement for periodic maintenance between the property owner and a certified operator was required.

A copy of this contract has not be received for our records.

The system has been installed on site; however a Certificate of Operation shall not be issued until this document is received. No releases for final power shall be released until our records are complete.

Enclosed is a copy of the above mentioned letter for your review.

If you have any questions concerning this matter, you may reach me at 336-5571 or Kelly Randall at 336-5574.

Sincerely,

Judy J. Kiser, R.S.
Individual Water and Wastewater Systems

Enclosure (1)

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

# MECKLENBURG COUNTY REGISTER OF DEEDS
## JUDITH A. GIBSON - REGISTER

CUSTOMER RECEIPT: 05/03/94

| Date | Time | Inst # | Type | Book | Page | Trx | Amount |
|---|---|---|---|---|---|---|---|
| 05/03/94 | 04:30 | 568 | PERMIT | 7765 | 302 | FEE | 12.00 |
| 05/03/94 | 04:30 | | | | | TOT | 12.00 |
| 05/03/94 | 04:30 | | | | | CASH | 20.00 |
| 05/03/94 | 04:30 | | | | | CHNG | 8.00 |

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

**ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM *"UNSUITABLE" TO "PROVISIONALLY SUITABLE"* UNDER 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c)**

JUDITH A GIBSON-REG OF DEEDS MECK NC
FILED FOR REGISTRATION 05/03/94 16:30
BK: 07765 PG: 0302/0304 #:0568 12.00

**FILE #** 20709
**PARCEL #** 231-112-03

The undersigned, June Lewis, owner of property located at 3716 Bounty Court, (the "site") and described in an instrument recorded in Book 6387 at Page 858, 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 his responsibility and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further 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:* _____
*Mail after recording to:* ~~Joe~~ Toni Newell, Environmental Health Supt



RBCWM:2662_1/3-14-94

- 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.

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

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

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

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 3 day of May, 1994.

N/A
(Corporate Name)

By: June Lewis

N/A President

ATTEST:

N/A

Secretary

(Corporate Seal)

June Lewis (SEAL)

(SEAL)

(SEAL)

(SEAL)

STATE OF NORTH CAROLINA
COUNTY OF North Carolina

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

WITNESS my hand and notarial seal, this 3rd day of May, 1994.

Mary Sillery Duffy
Notary Public

My Commission Expires:
6/28/95



RBCWM:2662_1/3-14-94

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day and acknowledged that _he is _____ Secretary of _____ _____, 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, sealed with its corporate seal and attested by _____ as its _____ Secretary.

WITNESS my hand and notarial seal, this _____ day of _____, 199__.

_____
Notary Public

My Commission Expires:

_____

# Mecklenburg County

## Health Department

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

May 23, 1994

Mrs. June Lewis
110 Oak Creek Drive
Charlotte, NC 28270

Re: 3716 Bounty Court
File : 20709
Parcel: 231-112-03

Dear Mrs. Lewis:

Receipt of your plans for a modified waste disposal system for the above referenced property is acknowledged.

The plans as submitted are approved with the following comments:

-Water saving plumbing devices and low flush toilets should be installed when constructing the residence.

-Effectively rake and lime all trench sidewalls.

-Landscaping of original system area and the repair area is prohibited. No grading, shaping, or altering in any way.

-The well should be located 100 feet, but in no case less than 50 feet from the sewage system and repair area.

-This is a Type 4 sewage disposal system. A contract must be executed for periodic maintenance between the property owner and a certified operator prior to the issuance of an operation permit (final).

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

Sincerely,

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

KR:gf

# Mecklenburg County
## Health Department

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

~~June 3rd 1993~~

~~Mr. Steve Schreiner~~ MRS. JUNE LEWIS
~~Crescent Resources, Inc.~~ ~~3~~ 110 OAK CREEK DRIVE
~~P.O. Box 1003~~ CHARLOTTE, NC 28270
~~Charlotte, North Carolina~~ 28201-1003

Re: Clarendon Pointe Ct.
File: -B/ -A

Dear Mr. Schreiner,

Receipt of your plans for a modified waste disposal system for the above referenced property is acknowledged.

The plans as submitted are qapproved with the following comments:

- Water saving plumbing devices and low flush toilets should be installed when constucting the residence.

- Effectively rake and lime all trench sidewalls.

- Landscaping of original system area and the repair area is prohibited. No grading, shaping, or altering in any way.

- The well should be located 100 feet, but in no case less than 50 feet from the sewage system and repair area.

- This is a Type 4 sewage disposal system. A contract must be executed for periodic maintenance between the property owner and a certified operator prior to the issuance of an operation permit (final).

~~Upon execution and recording of the enclosed "Septic Tank Agreement~~ Form" ~~an improvement permit can be issued by this Department.~~

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

Sincerly,
Kelly Randall R.S.

Enclosures

100.00 additional # 2126 5/4/94 (2) 400

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3/7/94 ck# 2056 $200.00 CRT

20709

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: 3-8-94

PERSON FILING APPLICATION:
NAME: Lewis (last) JUNE (first) M. (mi)
ADDRESS: 110 OAK CREEK DR. PHONE: (704) 364-5594
CITY: Charlotte STATE: NC ZIPCODE: 28270

PROPERTY OWNER:
NAME: SAME (last) (first) (mi)
ADDRESS: PHONE: (__)
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 231-112-03
STREET ADDRESS: 3716 BOUNTY COURT MATTHEWS, N.C
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: PROVIDENCE Woods

LOT NUMBER: 43A LOT SIZE (in acres): 1.05 MECK. CTY .990 UNION CTY

TYPE APPLICATION (check one):

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[X] 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) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2
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)
[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 [X] 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: June M. Lewis Date: 3/8/94

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.

...Agreement Form on File

PPBPS TYPE II

CERTIFIED OPERATOR REQUIRED

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

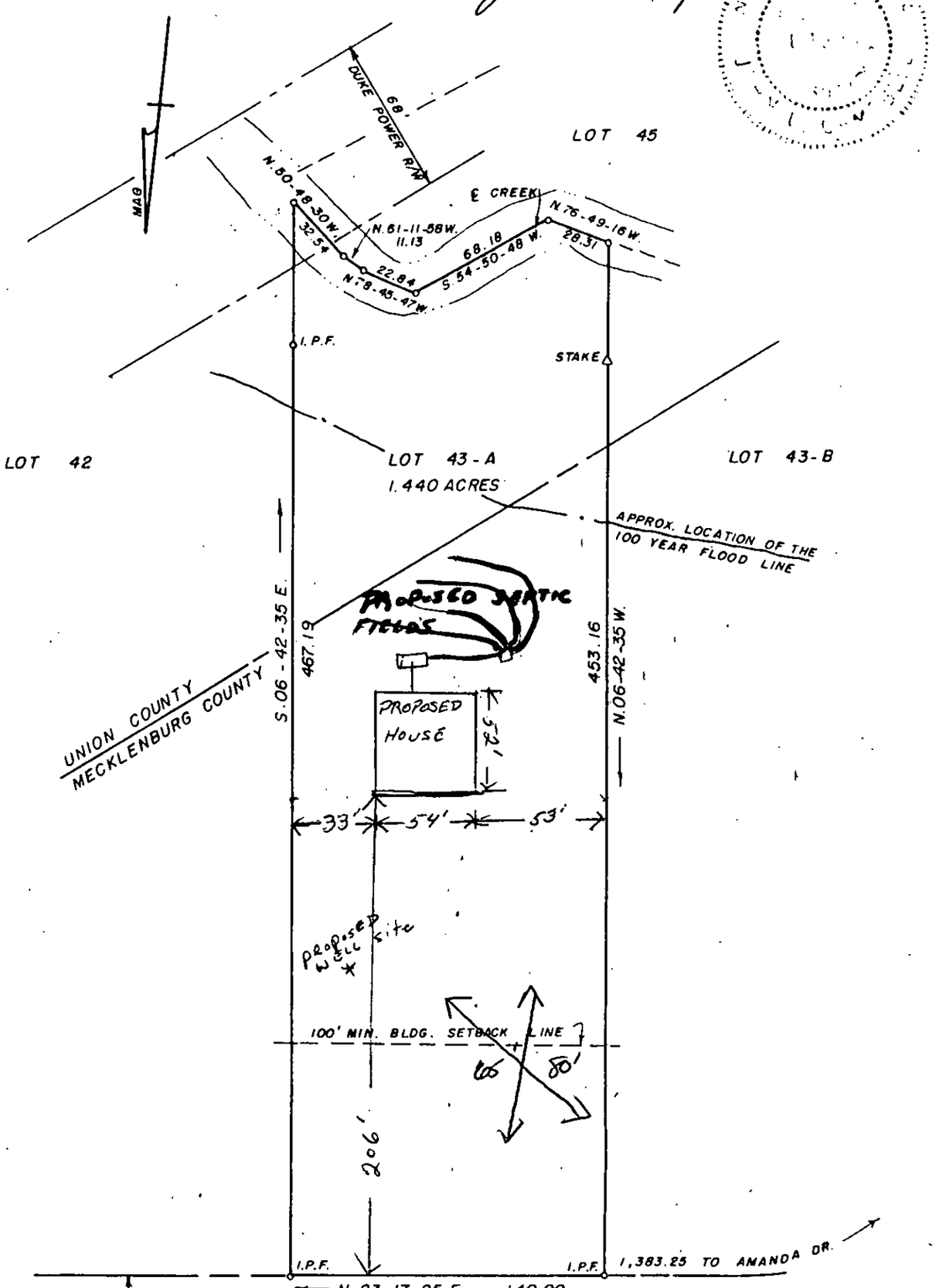
Environmentalist: Paul L Newell R.S. Date: 5/5/94

Director or Authorized Section Head: [signature] Date: 5-5-94

WWATER : 122791

THIS IS TO CERTIFY THAT ON THE 3rd DAY OF OCTOBER 19 90. I SURVEYED THE PROPERTY SHOWN ON THIS PLAT. AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY. ARE AS SHOWN HEREON.

SIGNED John Deamphill
REGISTERED SURVEYOR




BOUNDARY SURVEY
OF

LOT 43-A, PROVIDENCE WOODS, PHASE 5, MAP 2

PROVIDENCE TOWNSHIP, MECKLENBURG COUNTY, N.C. AND UNION COUNTY, N.C.

SURVEY FOR [redacted] June Lewis / Joe Lewis

MAP RECORDED IN BOOK 22 AT PAGE 343 DEED RECORDED IN BOOK ____ PAGE ____

SCALE 1" = 60' DRAWN BY CINDI FIELD WORK R.F.B. FIELD BOOK # 860

PARCEL I.D. NO. PT 231-112-03 I.R.F. = IRON PIN FOUND I.P.S. = IRON PIN SET

from microfilm

**MECKLENBURG COUNTY**
**DEPARTMENT OF ENVIRONMENTAL HEALTH**
1200 BLYTHE BOULEVARD
CHARLOTTE, NORTH CAROLINA 28203

SIR. NO. 20709
T.C. NO. PO 231-111-04
DATE: 7-6-84

Providence Woods, Inc.
1740 E. Independence Boulevard
Charlotte, NC 28205

RE: Property located at County Court. Lot 43. Sec. 5

Dear Sirs:

At your request, a field investigation was conducted on the property designated above and was classified unsuitable for the installation of a ground absorption sewage disposal system. A copy of the site evaluation report is enclosed for your information.

Sites classified as unsuitable may be utilized for soil absorption disposal systems provided engineering, hydrogeologic, soil and environmental studies indicate that a suitable septic tank system or a suitable alternate system can be reasonably expected to function satisfactorily.

Should you desire to file for permission to install an alternate system, plans and specifications prepared by a person with a demonstrated knowledge of ground absorption sewage treatment disposal systems, soil and rock characteristics, groundwater hydrology and drainage systems should be submitted to this office. They will be reviewed and if it is found that the system may be reasonably expected to function satisfactorily, approval will be given upon the execution by you of "Septic Tank Agreemnt Form" provided by this office.

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

Sincerely,

Bill D. Hardister, Jr.
Environmental Health Supervisor

BDH/kbg

Enclosure