

9115 MORGAN GLENN DR

13904161

12/21/2007

duponbj

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] 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: Designers-Choice, Inc

NAME: Biggs (last) Thomas (first) (mi)

ADDRESS: 8301 Woodbine Ln PHONE: (__) 28210

CITY: Charlotte STATE: NC ZIPCODE: 28210

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: _____

STREET ADDRESS: _____

ZONING:

PROPERTY OWNER:

NAME: Marc + Susan Magda (last) (first) (mi)

ADDRESS: 9115 Morgan Glen Dr PHONE: (704) 573-7181

CITY: Charlotte STATE: NC ZIPCODE: 28227

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 17 LOT SIZE (in acres): .720

TYPE APPLICATION (check one):

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

RESIDENTIAL PROPERTY (Type Building - check one):
[] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [X] OTHER Screen Porch (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: Thomas Biggs Date: 4/7/03

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.

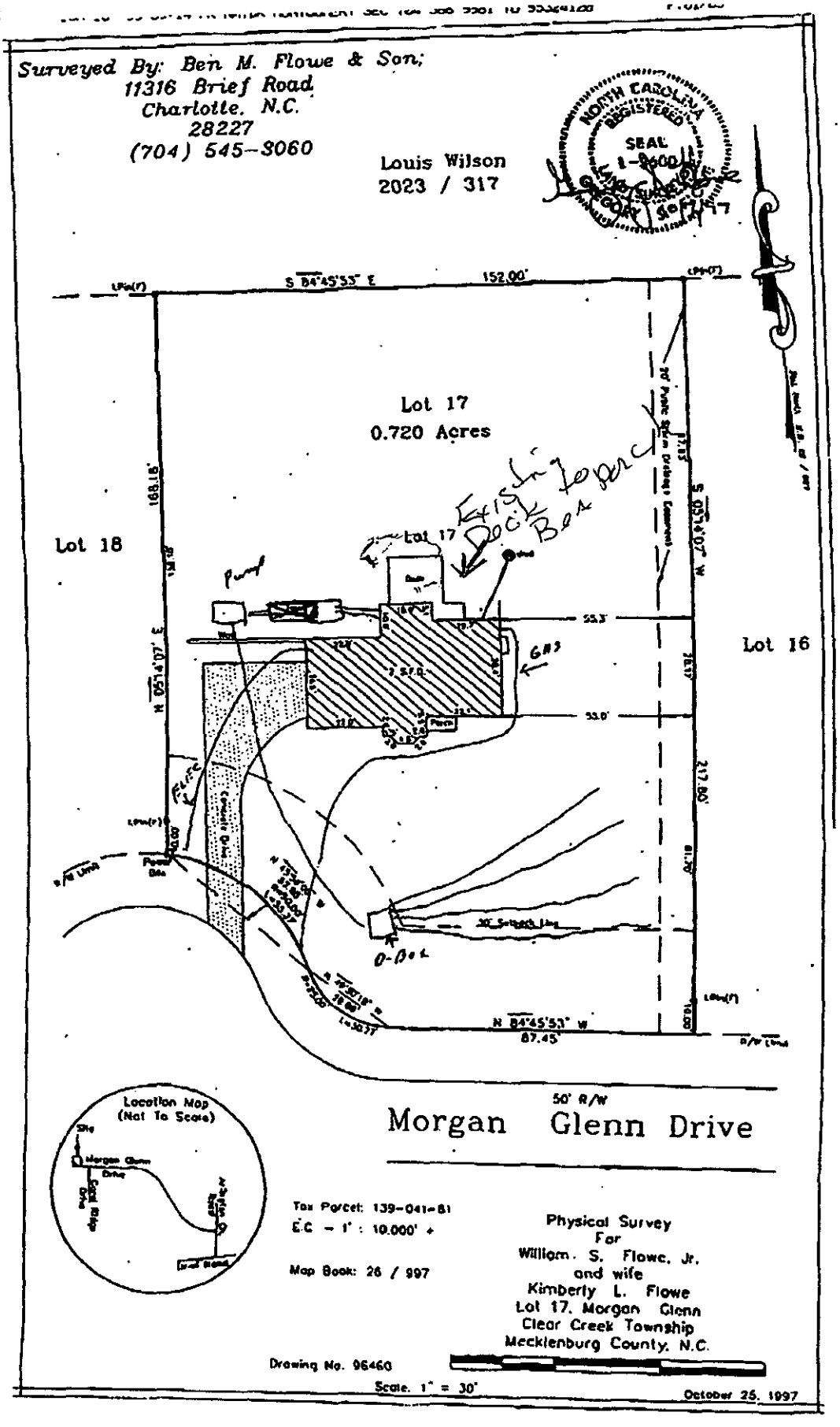
...This permit is not transferable.

...4/8/03 OK TO USE

[] 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 4/8/03 Date

WATER : 122791


Surveyed By: Ben M. Flowe & Son;
11316 Brief Road
Charlotte, N.C.
28227
(704) 545-3060
Louis Wilson
2023 / 317
NORTH CAROLINA REGISTERED SEAL L-2600 LAND SURVEYOR
S 84°45'53" E 152.00'
Lot 17
0.720 Acres
Lot 18
Lot 16
Existing Dock
Lot 17
Pump
Gas
Pool
Patio
Deck
Porch
Fence
168.18'
N 05°14'07" E
S 05°14'07" W 217.80'
N 84°45'53" W 87.45'
50' R/W
Morgan Glenn Drive
Location Map
(Not To Scale)
Site
Morgan Glenn Drive
Tax Parcel: 139-041-81
E.C - 1" : 10.000' +
Map Book: 26 / 997
Physical Survey
For
William. S. Flowe, Jr.
and wife
Kimberly L. Flowe
Lot 17, Morgan Glenn
Clear Creek Township
Mecklenburg County, N.C.
Drawing No. 96460
Scale. 1" = 30'
October 25, 1997

9115
167673

PROPOSED PLOT PLAN

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

FILE: _____

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.

Cover deck area
to screen Porch.
Same sq footage
as existing Deck
16' x 14' = 244 sq ft

Thomas Biggs
OWNER/AGENT SIGNATURE

DATE 4/7/03

APPROVAL DATE _____

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

MECKLENBURG COUNTY
Health Department

April 3, 2003

Marc and Susan Migdal
9115 Morgan Glenn Drive
Charlotte, NC 28227

Dear Mr. and Mrs. Migdal:

The State required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence located at 9115 Morgan Glenn Drive, Charlotte, North Carolina, was completed on 3/18/03. 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 positive for coliform bacteria. The presence of bacteria indicates a source of contamination. It is recommended that the well be chlorinated. The procedure for chlorination is enclosed. The results of the Nitrate/Nitrite analysis were within the acceptable range for private wells. For your information, this office routinely samples for other regular parameters, to date, those results are not in, upon receipt, a copy of the lab reports for the other parameters sampled will be mailed to you.

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/Nitrate/Nitrite Analysis Results
Procedure For Well Chlorination
Septic System Owner's Guide

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

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

Mecklenburg County Health Department
9115 Morgan Glenn Dr.
Location
Marc and Susan Migdal
Owner/Agent
N/A
Operator
IIIb
Type System

Name of Establishment
Residence
Type of Establishment
9115 Morgan Glenn Drive, Charlotte, NC 28227
Address

Address
5 years
Next Inspection Due

1452B
Permit/Project No.
360 GPD
Design Flow

Phone

Phone

	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	☐	☐	N/A
High-water alarm present and operating properly?	☐	☐	N/A
Floats/pipe/valves/disconnects in good condition?	☐	☐	N/A
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?	☐	☒	High Water Alarm Not Functioning
Floats/pipe/valves/disconnects in good working condition?	☐	☒	One Float Disconnected.
Control panel enclosure/components in good condition?	☒	☐	
Elapsed time readings: _____ _____ _____ _____			
SIPHON SYSTEMS:			
No evidence of overflow or siphon leakage?	☐	☐	N/A
Siphon(s) appear to be working/alternating properly?	☐	☐	N/A
Bells and vents free of debris and in good condition?	☐	☐	N/A
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/tiles drains properly maintained?	☒	☐	
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?	☐	☐	N/A
No effluent standing in lower laterals?	☐	☐	N/A
Laterals free of excess solids, cleaned out as needed?	☐	☐	N/A
Pressure head is properly adjusted?	☐	☐	N/A

OVERALL CONDITION AND OPERATION OF SYSTEM No effluent surfacing

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)
Contact Septic contractor for items above	

DATE: 3/18/03 SIGNED: _____ AGEN
Division of Environmental Health

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

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 - NITRATE ONLY

Name of System: Migdal
Address: 9115 Morgan Glenn Dr.
Charlotte, NC **Zip:** 28227
County: MECKLENB

Report To: Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202
Courier: 05-16-21

ATTN: David Cornelius
(704) 336-5101

Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis: Nitrate
Category:

Collected By: D. CORNELIUS **Date:** 3/18/03 **Time:** 2:00:00 PM
Location of sampling point: Well Head
Remarks:

Parameters	Results	Units	Date Analyzed:
Nitrite as N	<0.10	mg/l	3/20/03
Nitrate as N	<1.0	mg/l	3/20/03

EXPLANATION OF RESULTS:

Foster/Therapeutic Homes: Nitrate-N level acceptable if less than or equal to 10 mg/l
Private Well Guidelines: Nitrite-N level should be ≤ 1.0 mg/l and Nitrate-N ≤ 10.0 mg/l

Sample Temperature on Receipt: 4.0 °C
Date Received: 3/20/03 **Report Date:** 3/26/03 **Reported By:** DM
Today's Date: 3/26/03 **Reference:** 3548 **Login Batch** 03201400 **Sample Number:** AA91088

Explanations

Coliform Analysis:
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. *coli* (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Inorganic Analysis:
Recommended limits for drinking water. Sample should not exceed levels listed below.

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.01 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES AGENCY
ENVIRONMENTAL LABORATORY
SAMPLE FIELD DATA SHEET/CHAIN OF CUSTODY

Field I.D.#: 210504 Dept.: IWNS Project: DME

Lab I.D. #: 9132

Rec'd By: DWR (Signature)

Site Sampled: MIGDAL

Address: 9115 MORGAN GLEN DR.

Date Rec'd: 3-19-03

Time: 910

Source Sampled: WELL HEAD ☒ Potable ☐ NonPotable

Source Treatment: ☐ Chlorinated ☒ Nonchlorinated ☐ Unknown

Sample Temperature: 6 °C

Sample Collected On: Date: 3/18/03 Time: 2:00 ☐AM ☒PM

Collected By: (Signature)

Relinquished to Lab On: Date: 3/18/03 Time: 4:00 ☐AM ☒PM

Relinquished By: (Signature)

Sample Condition: 6 Temperature: °C

Remarks

Data Qualifiers N

☐ Compliance Sample: Appropriate reporting forms must be completed, see laboratory.

Report Results To: DAVID CORNELIUS

Data Entry: ☐No ☐Yes

Identifier

ALL FIELD INFORMATION MUST BE RECORDED TO MAINTAIN CHAIN OF CUSTODY AND TO QUALITY ASSURE DATA

Laboratory Certifications: N.C. DHHS Laboratory # 37527, N.C. DENR Certificate # 192

Analytical Data Qualifiers (Indicates data may not be valid):
- A-Quality Control Measure for Method Blank failed
- B-Quality Control Measure for Method Detection Limit Standard failed
- C-Quality Control Measure for External Standard failed
- D-Quality Control Measure for Method Precision failed
- E-Quality Control Measure for Method Accuracy failed
- F-Daily Seed Blank did not recover within method limits
- G-Daily GGA Standard did not recover within method limits
- H-Quality Control Measure for Surrogate Standards failed
- J-Analysis conducted outside of Parameter holding time
- K-Lab Equipment Failure

Chain of Custody Data Qualifiers (Indicates data may not be valid):
- N-Field temperature of sample not documented
- O-Chain of custody incomplete
- P-Sample containers incomplete
- R-Parameter holding time exceeded upon receipt
- S-Sample submitted with headspace
- T-Preservative flushed from container
- U-Sample not dechlorinated in field
- V-Sample Rejected
- W-Insufficient Sample volume
- X-Sample container not sealed

SHADED AREA FOR LAB USE ONLY

Bacteriologicals

Total coliform ☒ Present In 100 mL Sample

E. Coli Absent In 100 mL Sample

Fecal coliform ☐ _____ Colonies /100 mL

Fecal strep ☐ _____ Colonies /100 mL

E. Coli ☐ _____ MPN/100 mL

Enterococci ☐ _____ MPN/100 mL

E = Estimated

Miscellaneous

Asbestos ☐ _____ %

Chlorophyll a ☐ _____ ppb

Aggregate Organics

BOD_5 ☐ _____ ppm

COD ☐ _____ ppm

Oil and Grease ☐ _____ ppm

Phenol ☐ _____ ppm

Surfactant ☐ _____ ppm

TOC ☐ _____ ppm

TOX ☐ _____ ppb

Organics

Acid Herbicide ☐ See Report

PCB ☐ See Report

Pesticide ☐ See Report

Semivolatile ☐ See Report

TPH:

Diesel ☐ _____ ppm

Gas ☐ _____ ppm

VOC ☐ See Report

Inorganic Non Metals

Acidity ☐ _____ ppm

Alkalinity ☐ _____ ppm

Chloride ☐ _____ ppm

Color ☐ _____ units

Cyanide, Total ☐ _____ ppm

Fluoride ☐ _____ ppm

Hardness ☐ _____ ppm

Nitrogen, Ammonia ☐ _____ ppm

Nitrogen, Nitrate + Nitrite ☐ _____ ppm

Nitrogen, Nitrate ☐ _____ ppm

Nitrogen, Nitrite ☐ _____ ppm

Nitrogen, Total Kjeldahl ☐ _____ ppm

pH ☐ _____ units

Phosphorus, Ortho ☐ _____ ppm

Phosphorus, Total ☐ _____ ppm

Residue, Filterable ☐ _____ ppm

Residue, Suspended ☐ _____ ppm

Residue, Total ☐ _____ ppm

Specific Conductance ☐ _____ µS/cm

Sulfate ☐ _____ ppm

Sulfide ☐ _____ ppm

Turbidity ☐ _____ NTU

Mineral Metals

Al ☐ _____ ppb

Ca ☐ _____ ppb

Cu ☐ _____ ppb

Fe ☐ _____ ppb

Mg ☐ _____ ppb

Mn ☐ _____ ppb

K ☐ _____ ppb

Si ☐ _____ ppb

Na ☐ _____ ppb

Zn ☐ _____ ppb

Toxic Metals

TCLP Metals ☐

Sb ☐ _____ ppb

As ☐ _____ ppb

Ba ☐ _____ ppb

Be ☐ _____ ppb

Cd ☐ _____ ppb

Cr ☐ _____ ppb

Co ☐ _____ ppb

Pb ☐ _____ ppb

Hg ☐ _____ ppb

Ni ☐ _____ ppb

Se ☐ _____ ppb

Ag ☐ _____ ppb

Tl ☐ _____ ppb

V ☐ _____ ppb

Remarks:

Date Completed: MAR 25 2003

Laboratory Director: for J Barry

SAMPLE COLLECTION AND DELIVERY PROCEDURES:

-The following are procedures for submitting samples to the LUESA, Environmental Laboratory. The responsibility for adhering to these procedures lies with the individual(s) collecting and delivering the samples for analysis. North Carolina Administrative Code laboratory regulations specify sample collection, documentation, and delivery procedures to be utilized. In order to maintain our certification licenses with N.C. DENR and N.C. DHHS we must comply with these regulations. Samples submitted to the lab that do not meet all these cited requirements will be qualified or will be rejected.

-All samples submitted to the Lab must be properly labeled and accompanied by a completed Field Data Sheet. All *field information* (the unshaded area) on the Field Data Sheet must be completed. The Field ID # must be written on each bottle submitted. The parameters requested for each site sampled are indicated by checking the appropriate block(s).

-All samples must be cooled (using ice) between the time of collection and submittal to the Lab.

-All samples must be collected in the bottles provided. Select the correct container from the "container type" column based on the parameters requested. Collect sufficient volume of sample as indicated in the "minimum volume to collect" column based on the parameters requested. With the exception of the 40 ML vials (see note B), fill all containers to 90% full. Do not overfill containers and do not pre-rinse containers before filling, this will flush the acid preservatives from the containers and invalidate the samples.

-Samples to be submitted for bacteriologicals must be arranged with laboratory staff by calling (704) 336-5599 prior to delivery. Samples for bacteriologicals can not be accepted on Fridays except in the event of emergencies.

-All samples must be submitted to the Lab as soon as possible and within the time limits indicated in the "holding time" column. Samples must be delivered to the Lab no later than 4:00 pm each day. Samples received later will be dated as received the next day and rejected if the holding time is exceeded. ALL samples with a 48 hour holding time must be submitted to the Lab no later than 12:00 noon on Fridays. In the case of *emergency field situations* or any situation requiring sample delivery outside of these time frames sample delivery must be coordinated through John Barry or Keith O'Neal.

-Samples are submitted to the Lab through the door to the walk-in cooler. Place samples (glass bottles must be cushioned) along with their respective data sheet(s) into the sample crate(s) provided and slide them down the roller rack.

PARAMETER	MINIMUM VOLUME TO COLLECT	HOLDING TIME	☞ CONTAINER TYPE
ACIDITY	100 ML	14 DAYS	1000 ML
ACID HERBICIDE	1000 ML	14 DAYS	1 LITER AMBER GLASS
ALKALINITY	100 ML	14 DAYS	1000 ML
BACTERIOLOGICALS:			
FECAL COLIFORM-C	125 ML	6 HOURS	100 ML SNAP CAP
FECAL STREP-C	125 ML	6 HOURS	100 ML SNAP CAP
TOTAL COLIFORM-C	125ML	28 HOURS	100 Ml SNAP CAP
E. COLI-C	125 ML	6 HOURS	100 MLSNAP CAP
ENTEROCOCCI-C	125 ML	6 HOURS	100 ML SNAP CAP
BOD	1000 ML	48 HOURS	1000 ML
CHLORIDE	35 ML	28 DAYS	1000 ML
CHLOROPHYLL A	25 ML	14 DAYS	PLASTIC-LC
COD	30 ML	28 DAYS	250 ML
COLOR	50 ML	48 HOURS	1000 ML
CONDUCTIVITY	250 ML	28 DAYS	1000 ML
CYANIDE	1000 ML	14 DAYS	1000 ML
ETHYLENE GLYCOL-B	40 ML	7 DAYS	GLASS-LC
FLUORIDE	50 ML	28 DAYS	1000 ML
HARDNESS	30 ML	28 DAYS	500 ML
METALS:			
ALUMINUM	20 ML	6 MONTHS	500 ML
ARSENIC	20 ML	6 MONTHS	500 ML
BARIUM	20 ML	6 MONTHS	500 ML
CADMIUM	20 ML	6 MONTHS	500 ML
CHROMIUM	20 ML	6 MONTHS	500 ML
COPPER	20 ML	6 MONTHS	500 ML
IRON	20 ML	6 MONTHS	500 ML
LEAD	20 ML	6 MONTHS	500 ML
MAGNESIUM	20 ML	6 MONTHS	500 ML
MANGANESE	20 ML	6 MONTHS	500 ML
MERCURY	100 ML	28 DAYS	500 ML
NICKEL	20 ML	6 MONTHS	500 ML
POTASSIUM	20 ML	6 MONTHS	500 ML
SELENIUM	20 ML	6 MONTHS	500 ML
SILVER	20 ML	6 MONTHS	500 ML
SODIUM	20 ML	6 MONTHS	500 ML
ZINC	20 ML	6 MONTHS	500 ML
NITROGEN,AMMONIA-A	30 ML	28 DAYS	250 ML
NITROGEN, NITRATE	30 ML	48 HOURS	125 ML
NITROGEN, NITRITE	30 ML	48 HOURS	125 ML
NITROGEN, NITRATE+NITRITE	30 ML	28 DAYS	250 ML
NITROGEN, KJELDAHL	30 ML	28 DAYS	250 ML
OIL AND GREASE	2500 ML	28 DAYS	2 ½ LITER AMBER GLASS
PCB/PESTICIDES	2000 ML	7 DAYS/40 DAYS	1 LITER AMBER GLASS
PH	100 ML	FIELD ANALYSIS	1000 ML
PHENOL	500 ML	28 DAYS	GLASS-LC
PHOSPHORUS,ORTHO	30 ML	48 HOURS	125 ML
SEMIVOLATILES	2000 ML	7 DAYS/40 DAYS	1 LITER AMBER GLASS
SOLIDS, DISSOLVED	100 ML	7 DAYS	1000 ML
SOLIDS, SUSPENDED	250 ML	7 DAYS	1000 ML
SOLIDS, TOTAL	100 ML	7 DAYS	1000 ML
SULFATE	100 ML	28 DAYS	1000 ML
SULFIDE	100 ML	7 DAYS	1000 ML
SURFACTANT	500 ML	48 HOURS	1 LITER AMBER GLASS
TCLP METALS	250 ML	6 MONTHS	500 ML
TPH:			
DIESEL FRACTION	2000 ML	14 DAYS	1 LITER AMBER GLASS
GASOLINE-B FRACTION	40 ML	14 DAYS	GLASS-LC
TURBIDITY	100 ML	48 HOURS	1000 ML
VOC-B	(2) 40 ML	14 DAYS	GLASS-LC

A= For this parameter, residual chlorine MUST be destroyed at time of collection. Samples received that contain residual chlorine will be rejected.

B= VOC samples, Ethylene glycol, and TPH: Gasoline Fraction are to be collected in duplicate, collect two (2) 40 ML round glass vials for each sample. Collect VOC samples with no air headspace above sample. The teflon side of the cap MUST face the sample.

C= Bacteriological samples ONLY. These are sterile containers that contain a sodium thiosulfate tablet for neutralizing residual chlorine. DO NOT flush the tablet from the container.

LC= Labeled Container. Use only the containers specifically prepared for these analyses.

☞ The 250 mL bottles contain 1.0 mL of 1:1 sulfuric acid; the 500 mL bottles contain 2.0 ML of 1:1 Nitric acid; and the 40 mL VOC vials contain 0.5 mL of 1:1 Hydrochloric acid. Use caution and handle appropriately. MSDS sheets for these chemicals are available from the lab.

COPY

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Paid $85 Chk# 5026 3/25/03 SC

Marc L. and Susan W. Migdal
9115 Morgan Glenn Dr.
Charlotte, NC 28227

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
Marc and Susan Migdal	9115 Morgan Glenn Dr.	13904161	1452B	IIIb
				Total Amount Due: $85.00

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

Name Marc L + Susan W. Migdal

Site Address _____

_____

# of Bedrooms 4

BILL INFORMATION

Billing Date: 2/13/03

Payment Due Date: 3/13/03

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

0743

1452B

Parcel Ownership Summary

Parcel ID #: 13904161 GIS ID #: 13904161

Owner Name: MARC L MIGDAL AND SUSAN W MIGDAL

Mailing Address: 9115 MORGAN GLENN DR
CHARLOTTE, NC 28227

Property Characteristics

Legal Desc.: L17 M26-997

Land Area: 0.72AC

Fire District: 10-MINT HILL

Special District: FIRE SERVICE F

Account Type: INDIVIDUAL

Municipality: 0-MECKLENBURG COUNTY-UNINCORP.

Property Use: SINGLE-FAM

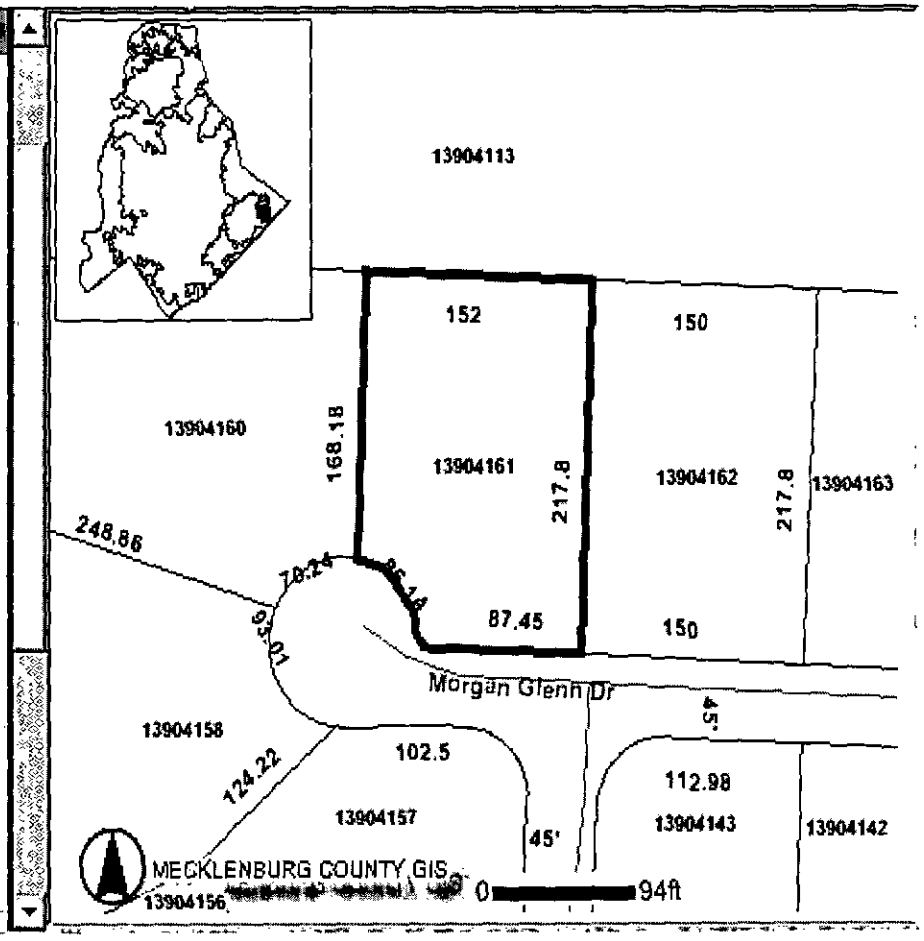
Deed Reference(s) and Sales Price

14324-606 (10/31/2002) $220,000.00

10593-441 (7/2/1999) $216,000.00

09297-941 (10/13/1997) $195,000.00

08733-473 (9/10/1996) $0.00



CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 1452B DATE: 2/7/1997

TC: 139 04161 ☒ L ☐ CRT

SERIAL Nº 16597

Name of Owner Dublin Homes Juris.:

Address of Property 9115 Morgan Glenn Dr

Inspection Data:

Tank Material PCC

Total Length of Drainfield 300'

Number of Lines 4 @ 75'

Cover Depth 12"

Water Supply Source well

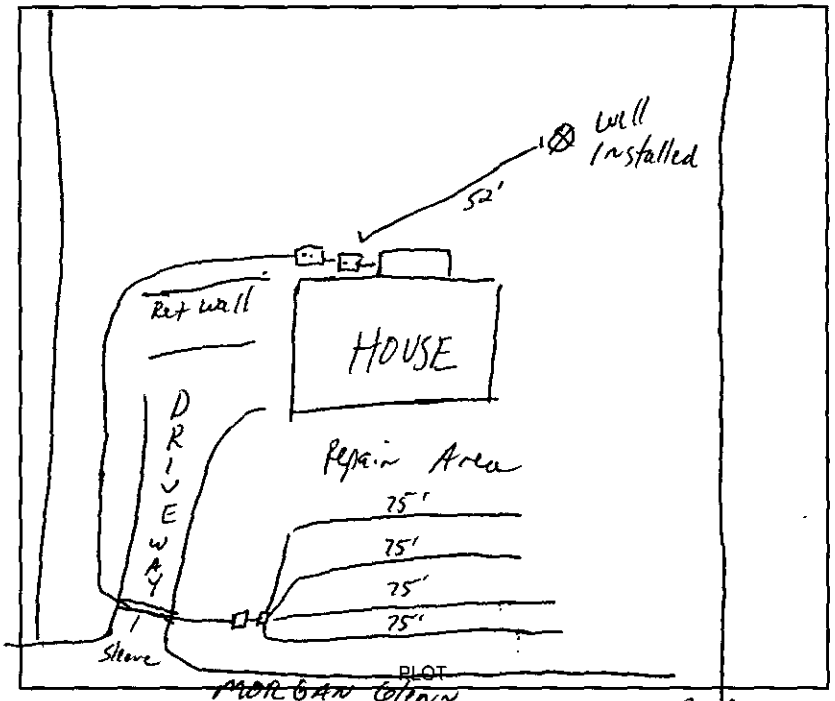
Distance to Water Source 55'

Excavation Inspected 2/7/97

Tank(s) Inspected 2/7/97

Wash Line Inspected plumb to tank

High Water Alarm Inspected 2/7/97



Design 1997, 1500 ST, 1000 DT, PI, INOV 300' chamber system Ceil CTR# RCS

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: Septic system designed for 3 bedroom residence
Type III Chamber system Installation
System designed altered because of well installation after Inst Approval granted

Phila S. Walker R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

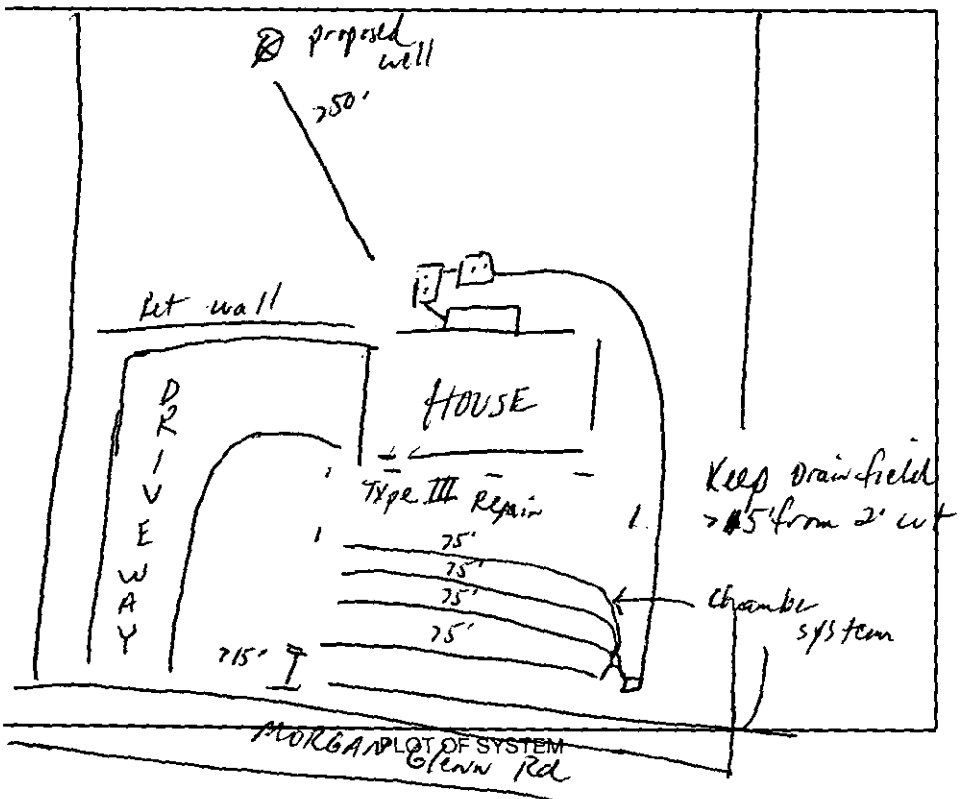
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1452B DATE: 1/8/97

TC: 139 041 61 ☐ L

SERIAL No 17074

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 7/16/96. All work shall be completed on or before 2/8/97, 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.



Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 36" feet

Trench Walls Scored and Porous yes

Total Line Length 300 feet

Number of Lines 4 (75')

Depth of Stone NA inches

Distance from House 5 feet

Distance from Property Line 10' feet

Distance from Well >100' feet
50' min

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

NAME OF OWNER Dublin Homes

LOCATION OF PROPERTY 9115 Morgan Glenn Dr

Comments: 1500 ST, 1000 DT, PI, Chamber system 4 lines x 75' long x 3' wd
Keep septic system > 50' from proposed well / Keep drainfield >15' from 2' cut

Phila S. Walker R.S.
Environmental Health Specialist

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

Permit Number: 1452B

Tax Number: 139 041 61

The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.

CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.

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

Basement	___ Yes	✓ No	___ Partial Basement	
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	
.3 Long-term acceptance rate	360 Max gallons/day wastewater flow	900' Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
Yes Serviced by private well	1500 Gallon septic tank	300' Total trench length (ft)	24" 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	NA Depth of stone		
Any surface waters present: ~~Yes~~ Type:		Minimum separation distance:		
Site modifications required:				
Additional Conditions: Type III Innovative System Approval. Keep septic system >15' from 2' cut. Keep well >50' from any septic systems (Lot 16 system also)				
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	
900' Absorption Area (Sq ft) 300' Total Trench Length (Ft)	NA Depth of Stone Trench	9' 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.

Phila A. Walker
DEHNR Authorized Agent — Date

Owner/Agent Signature — 7-16-96
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

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

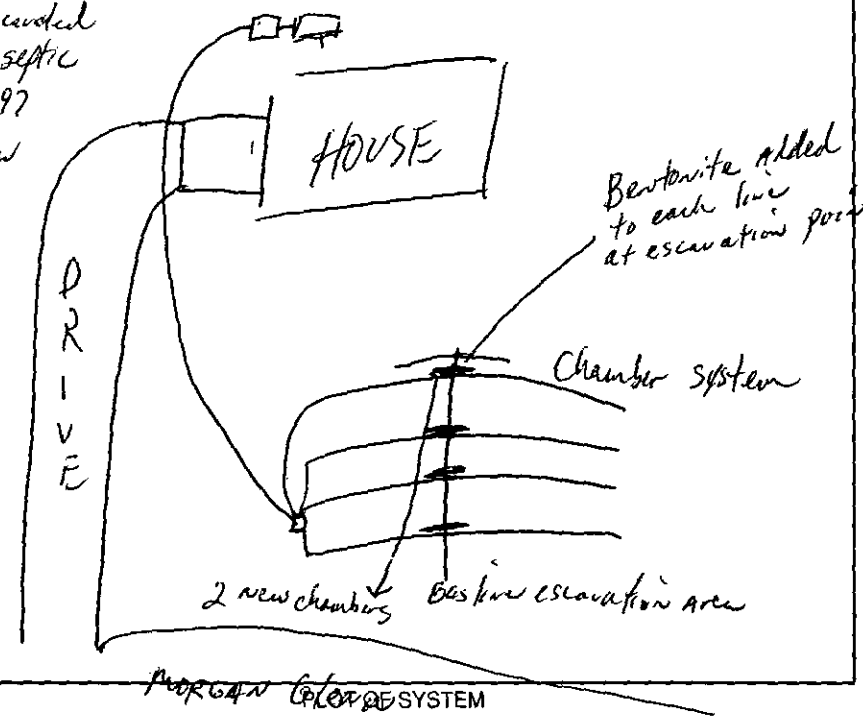
FILE: 1452B DATE: 3/6/97

TC: 139 041 61 ☐ L

SERIAL Nº 16869

Permission is hereby given to _____ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated _____. All work shall be completed on or before _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

Gas company excavated chamber system septic drainfield 2/10/97 PMW



SKETCH OF SYSTEM

Liquid Capacity of Septic Tank – gallons

Liquid Capacity of Dosing Tank – gallons

Tank Construction –

Trench Depth –

Absorption and/or Nitrification Lines:

Trench Width – feet

Trench Walls Scored and Porous _____

Total Line Length 2 chambers to each line (replaced) feet

Number of Lines _____

Depth of Stone NA inches

Distance from House – feet

Distance from Property Line _____ feet

Distance from Well – feet

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

NAME OF OWNER Dublin Homes

LOCATION OF PROPERTY 9115 Morgan Glenn Dr

Comments: Gas lines was escavated through newly installed chamber septic system. Repair requires 1) Gas line to be removed 2) 2 chambers to be replaced in each line 3) Escavated area to be sealed with bentonite

Mike A. Walker R.S.
Environmental Health Specialist

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

Repair

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

FILE: 1452B DATE: 3/7/97

TC: 139 04 61 ☐ L ☐ CRT

SERIAL Nº 16902

Name of Owner Dublin Homes Juris.: _____

Address of Property 9115 Morgan Glenn Dr

Inspection Data:

Tank Material —

Total Length of Drainfield —

Number of Lines _____ @ _____

Cover Depth —

Water Supply Source —

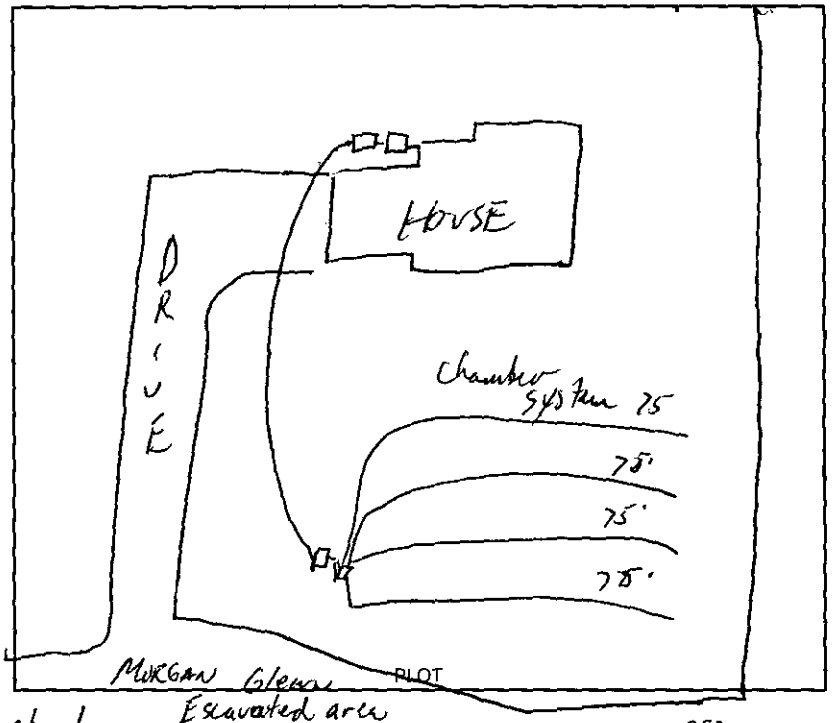
Distance to Water Source —

Excavation Inspected —

Tank(s) Inspected —

Wash Line Inspected —

High Water Alarm Inspected —



Design 1997, Repair, Replaced 2 chambers, sealed with bentonite in each line CTR# RCS

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: Chamber septic system Repair All requirements of Repair Approval met.

Phila A. Walker
Environmental Health Specialist

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

17MG

PROPOSED PLOT PLAN

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

FILE: 14528

TC: 139-041-01

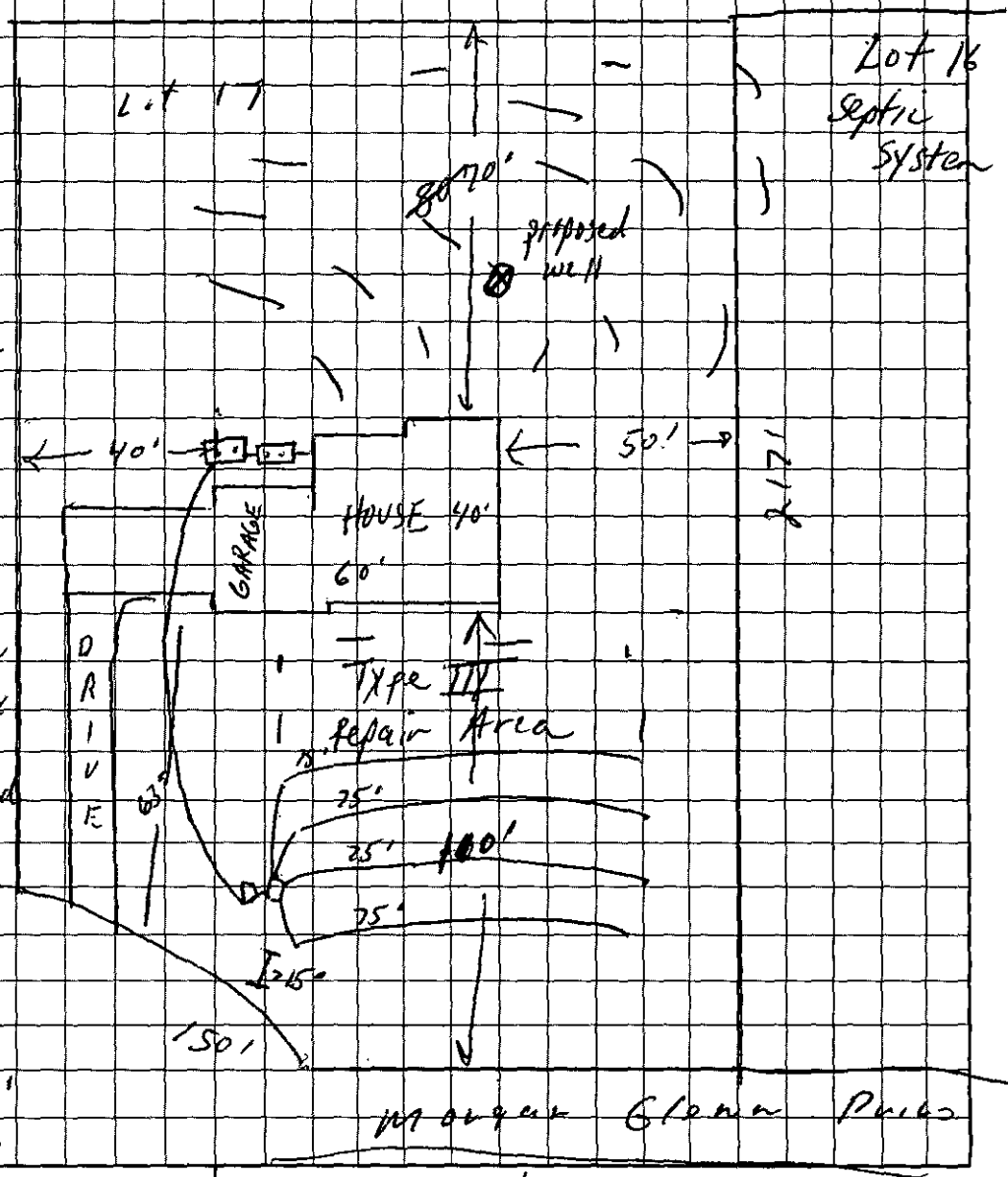
Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.

COMMENTS 3 Bedroom Residence LOT 17 MORGAN GLENN

1500 ST Lift pump required
1000 DT
Type III Innovative System Approval 1521

4 lines X 75'/lng
x 3' wd
300 TLF

Keep proposed well > 50' from any part of septic system and Lot 16 septic area
Keep septic lines 75' from 2' cut
63' from front left house corner to front property line
50' from back right house corner to right property line
110' from front right property line to front property line
Sch 80 pipe to be installed or supply line to be > 30" under driveway.



John C McKenna
7-16-96

OWNER/AGENT SIGNATURE

DATE 6/7/96

APPROVAL DATE 7/16/96

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

FEE: 100.00 ck#8326 PD 100.00 ck# 8916 12/13/96 gc

DATE: 7/2/96

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 7/16/96

PERMIT NO: 1452B

PARCEL NO: 139 041 61

JOB LOCATION ADDRESS: 9115 Morgan Glenn Dr

PROPERTY OWNER: John McManus Dublin Homes

BUILDING CONTRACTOR: John McManus

SUBDIVISION NAME: Morgan Glenn

AUTHORIZATION ISSUED BY: Philo L. Walton R.S. DATE: 7/16/96

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1452B, 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: Type III Innovative System Approval

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.

John McManus 7-16-96

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

MECKLENBURG COUNTY REGISTER OF DEEDS
JUDITH A. GIBSON - REGISTER

CUSTOMER RECEIPT: 07/19/96

Date	Time	Inst #	Type	Book	Page	Trx	Amount
07/19/96	03:49	326	PERMIT	8665	219	FEE	14.00
07/19/96	03:49					TOT	14.00
07/19/96	03:49					CHCK	14.00

COPY 17116

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 # 1452 B
PARCEL # Out of 139-041-04 & 139-041-22

The undersigned, THE DUBLIN BUILDING GROUP, LTD., owner of property located at 9115 MORGAN GLENN DRIVE, (the "site") and described in an instrument recorded in Book 5228 at Page 280, 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: THE DUBLIN BUILDING GROUP, LTD.
Mail after recording to: THE DUBLIN BUILDING GROUP, LTD.
1221 IVERLEIGH TRAIL, CHARLOTTE, NC 28270

BK: 08665 PG: 0219/0222 #:0326 14.00
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 07/19/96 15:49

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:

_____

RBCWM:24751_1/8-30-95

FEE: 100.00 CK# 8086 — 17MG

DATE: 6/7/96 JC

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

[ ] CRT

TYPE APPLICATION: [X] NEW SYSTEM [ ] EXPANSION 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 #: 14528

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139-041-61

STREET ADDRESS: 9115 MORGAN GLEN DRIVE

SUBDIVISION OR MOBILE HOME PARK NAME: MORGAN GLEN

LOT NUMBER: 17

TOWNSHIP (CHECK ONE):

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

TYPE OF BUILDING, (CHECK ONE)

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

HEATED SQUARE FOOTAGE: 2500

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

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

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

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

WATER SUPPLY (CHECK ONE):

- [ ] COMMUNITY (C)
- [ ] MUNICIPAL (M)
- [X] 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	WELL SPRINGS OR WATERLINES	[ ] YES [X] NO
EXISTING WASTE WATER SYSTEMS	[ ] YES [X] NO	DESIGNATED WETLANDS	[ ] YES [X] NO
EASEMENTS OR RIGHT-OF-WAYS	[ ] YES [X] NO		

PROPERTY OWNER:

NAME: (LAST) DUBLIN (FIRST) HOMES (MI)

ADDRESS: 1221 IVERLEIGH TRAIL

CITY: CHARLOTTE STATE: NC ZIP 28270

DAYTIME PHONE: 704 846 - 6706

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) McNANIE (FIRST) JOHN (MI) C.

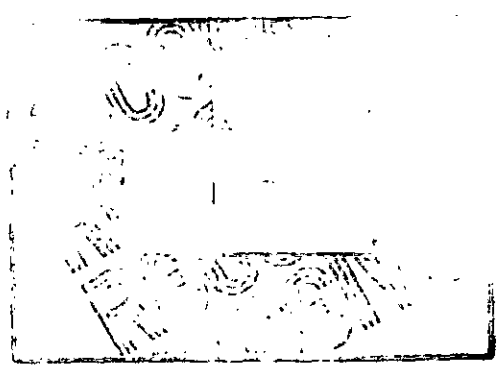
DAYTIME PHONE: 704) 846-6706 / 391-1100 pager

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? SEPT 1995

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 C McNanie DATE: 6/7/96

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

WXC00

Sheet
PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

#2

1452 B
139-041-61
L 17

OWNER: Dublin Homes
APPLICANT:
ADDRESS: 1221 Overleigh Ln, Charlotte
APPLICATION DATE:
DATE EVALUATED:
PROPOSED FACILITY: residence
PROPOSED DESIGN FLOW (.1949):
PROPERTY SIZE:
LOCATION OF SITE: 9115 Morgan Glenn Dr.
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 % (Slopes 8-15%)	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 & LTAR
1	LS	0-6"	gr/cl	Fr/SEXP/OS/SP	>36" TO chroma 2 colors	36"	N/A	None	PS .39/P2 LL
		6-36"	SBK/C	F:/SEXP/S/P					
2	LS	0-4"	gr/cl	Fr/SEXP/SS/SP	>48" TO chroma 2 colors	48"	N/A	None	PS .32/P2 LL
		4-48"	SBK/C	F:/SEXP/S/P					
3	LS	0-6"	gr/cl	Fr/SEXP/SS/SP	>46" TO Chroma 2 colors	46"	N/A	None	PS .39/P2 LL
		6-46"	SBK/C	F:/SEXP/S/P					
4	LS	0-6"	gr/cl	Fr/SEXP/SS/SP	>42" TO chroma 2 colors	42"	N/A	None	PS .39/P2 LL
		6-32"	SBK/C	F:/SEXP/S/P					
		32-42"	SBK/cl	Fr/SEXP/SS/SP					

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: William A. Marlin 7-10-96
OTHER(S) PRESENT:

OMMENTS: 1002 Repair

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)			MOIST	WET
(Ridge)		SCL (Sandy Clay Loam)				
(Shoulder Slope)		SLC (Silt Loam Clay)			VFR (Very Friable)	NS (Non-sticky)
(Terrace)					FR (Friable)	SS (Slightly Sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FI (Firm)	S (Sticky)
		SIC (Silty Clay)			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

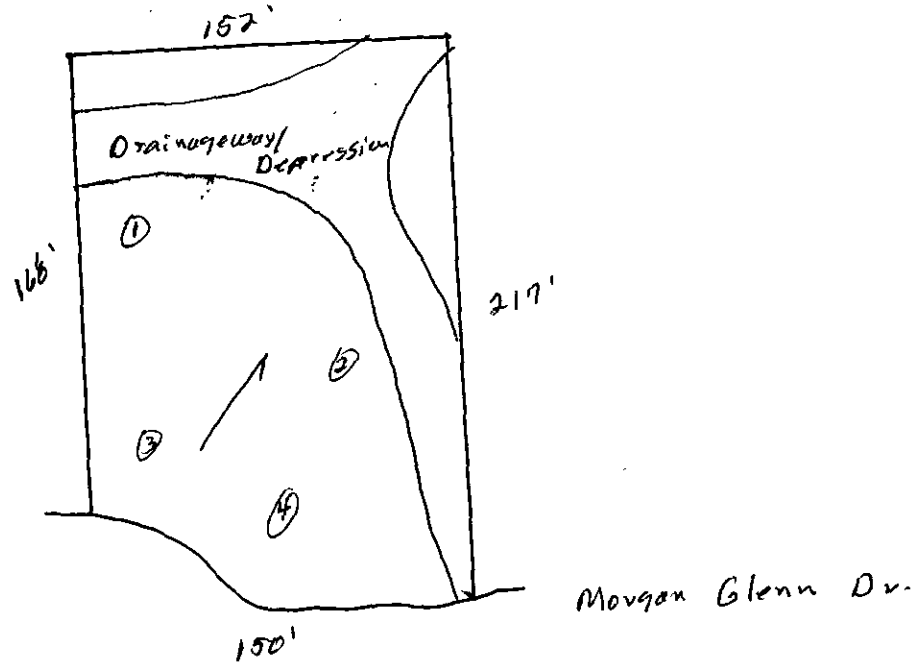
ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - 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).

1452 B



TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 6/7/96

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 139-041-61

ASSIGNED ADDRESS 9115 Morgan Glenn Dr

EXISTING ADDRESS lot 17

PROJECT NAME Morgan Glenn

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	DISAPPROVED
1. SUBDIVISION REGULATIONS		*
2. FLOODWAY REGULATIONS		*
3. EROSION CONTROL REGULATIONS		*
4. PUBLIC UTILITY EASEMENT		*

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	✓ *	
6. PROPERTY FRONTS ON THOROUGHFARE	*	✓
7. DRIVEWAY PERMIT REQUIRED	*	

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Septic tank

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: [signature]

OPWEAR 06-88

NEW ADDRESS ____ - ____*

FORM 100

- 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 _____ day of _____, 199__.

THE DUBLIN BUILDING GROUP, LTD.
(Corporate Name)

By: _____

John C. McNanie President

ATTEST:

_____

Susan McNanie Secretary

(Corporate Seal)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF _____

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

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

_____
Notary Public

My Commission Expires:

_____

RBCWM:24751_1/8-30-95