

14120 LEA POINT CT

01314134

1/7/2008

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5036B DATE: 10/26/05

TC: 013-141-34 ☒ L ☐ CRT

SERIAL Nº 20038

Name of Owner RION HOMES, INC. Juris.: _____

Address of Property 14120 LEA POINT COURT

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 3 @ 133'

Cover Depth 12"

Water Supply Source MUNICIPAL

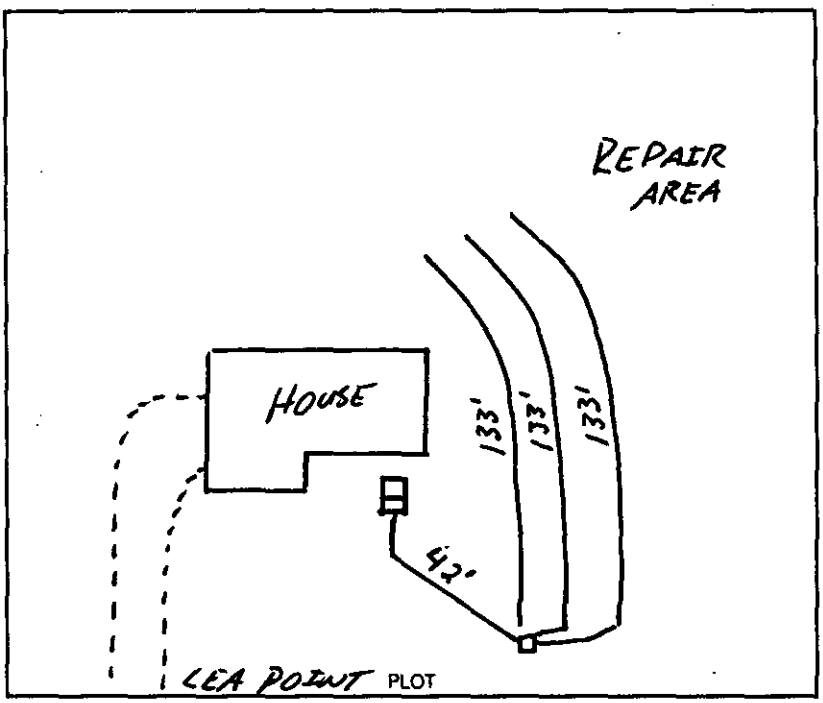
Distance to Water Source NA

Excavation Inspected 10/26/05

Tank(s) Inspected 10/26/05

Wash Line Inspected —

High Water Alarm Inspected —



Design 1500 ST, 1200 SFT, INV, CHAMBERS CTR# JOE THOMPSON

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. 1900 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: FOUR BEDROOM HOUSE
3 lines x 133' x 3'
TYPE IIIg INNOVATIVE SYSTEM

Tommy Medlin, 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

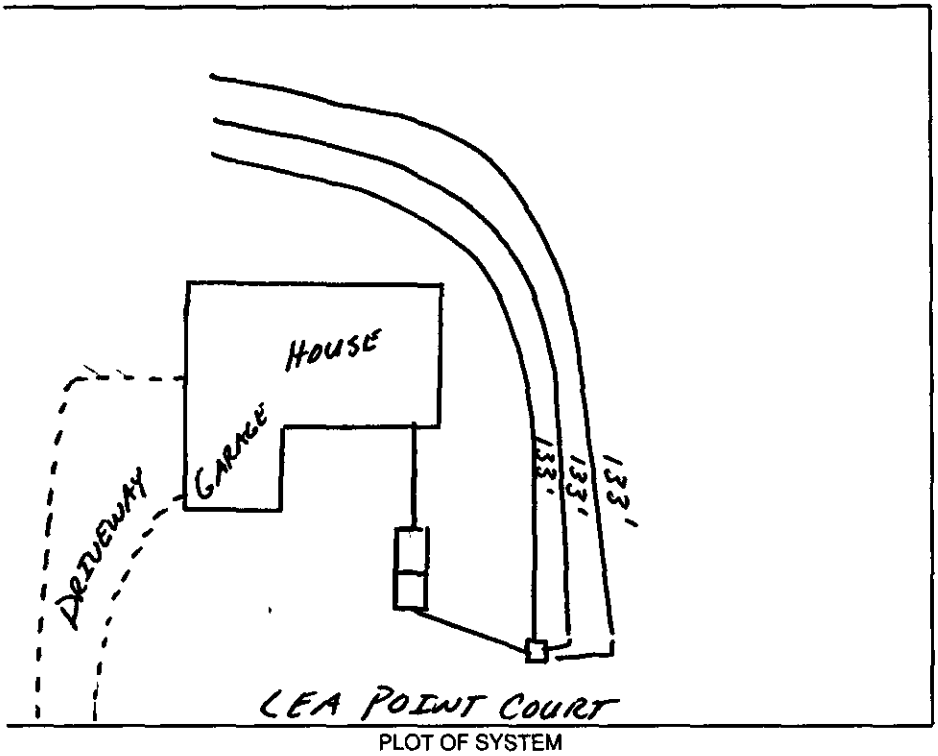
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 5036B DATE: 10/25/05

TC: 013-141-34 ☒ L

SERIAL Nº 20283

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 4-8-05. All work shall be completed on or before 11/25/05, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 400' feet

Number of Lines 3 x 133'

Depth of Stone — inches

Distance from House >5' feet

Distance from Property Line >10' feet

Distance from Well >100' feet

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

NAME OF OWNER RDW Homes, Inc.

LOCATION OF PROPERTY 14120 Lea Point Court

Comments: Four Bedroom House

Install 3 Lines x 133' x 3'

Type IIIg Innovative System & Repair

Tommy Mack, R.S.
Environmental Health Specialist

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

FEE: 300.00 CK 1063
DATE: 4/11/05 JC

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

ACS

PERMIT NUMBER: 5036B
PARCEL NUMBER: 01314134

JOB LOCATION ADDRESS: 14120 Lea Point Court
PROPERTY OWNER: Rion Homes, Inc.
BUILDING CONTRACTOR: Rion Homes, Inc.
SUBDIVISION NAME: Lea Woods
AUTHORIZATION ISSUED BY: Jeremy Michelone, R.S. DATE: 05/26/05

Jeremy Michelone, R.S.
DENR/DEH AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 5036B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN *INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL* MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH THE MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

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

5. OTHER CONDITIONS:

Permit Number: 5036B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: ~~013-141-04~~ 013-141-34

- 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	
0.5 Long-term acceptance rate	480 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
Yes Serviced by private well	1500 Gallon septic tank	400' Total trench length (ft)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
4 Bedrooms in residence	N/A Gallon pump tank	N/A Depth of stone		

Any surface waters present: NO Type: Minimum separation distance:

Site modifications required:

Additional Conditions: Agreement forms on file before C.I. Release

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	
1200 Absorption Area (Sq ft) 400' Total Trench Length (Ft)	N/A Depth of Stone Trench	9' Trench spacing (min. on centers)	30" Maximum Trench Depth	

For existing system, enter the year originally installed:

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

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

Larry Medlin R.S. 9/3/02
DEHNR Authorized Agent Date

Michael C. Bentley 9-4-02
Owner/Agent Signature Date

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

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

IWWS-100195

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2005 APR 11 11:09 AM
BK:18588 PG:537-540 FEE:$20.00

INSTRUMENT # 2005063868

2005063868

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 # 5036B
PARCEL # 013 141 04

The undersigned, Rion Homes, Inc., owner of property located at 14120 Lea Point Ct, Huntersville NC 28078 (the "site") and described in an instrument recorded in Book 19 at Page 631, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

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

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

This instrument was prepared by: Nicole R Goolsby
Mail after recording to: 19730 Charles Towne Ln
Cornelius NC 28031

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

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless theDepartment, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

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

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

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 8 day of April, 2005.

Rion Homes, Inc. _____ (SEAL)
(Corporate Name)

_____ (SEAL)

By: Nicole R Hobbey _____ (SEAL)

President _____ (SEAL)

ATTEST:

Nicole R Goolsby

_____ Secretary

(Corporate Seal)

Rion Homes, Inc. Corporate Seal

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

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

WITNESS my hand and notarial seal, this 8 day of April, 2005.

Jennifer L. Dillon
Notary Public

My Commission Expires:

6.2.2008

JENNIFER L DILLON NOTARY PUBLIC MECKLENBURG COUNTY, NC

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Jennifer L. Dillon, a Notary Public for said County and State, do hereby certify that Nicole R Goolsby personally came before me this day and acknowledged that she is _____ Secretary of Rion Homes, Inc., a North Carolina corporation, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal, and attested by Nicole R. Goolsby as its _____ Secretary.

WITNESS my hand and notarial seal, this 8 day of April, 2005.

Jennifer L. Dillon
Notary Public

My Commission Expires:

6.2.2008

JENNIFER L DILLON NOTARY PUBLIC MECKLENBURG COUNTY, NC

REVISED 8-13-02

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

PLEASE RETAIN YELLOW TRAILER PAGE

It is part of the recorded document, and must be submitted with original for re-recording and/or cancellation.

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Filed For Registration: 04/11/2005 11:09 AM

Book: RE 18588 Page: 537-540

Document No.: 2005063868

PRMIT 4 PGS $20.00

Recorder: SERENA ROSS

****

State of North Carolina, County of Mecklenburg

The foregoing certificate of JENNIFER L. DILLON Notary is certified to be correct. This 11TH of April 2005

JUDITH A. GIBSON, REGISTER OF DEEDS By: Serena M. Ross
Deputy/Assistant Register of Deeds

****

2005063868

dlr 1063

GWS – RES. APP 12/04

SEPTIC FEE: 300.00
DATE: 4/11/05
CRT [ ]: QC

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

WELL FEE:
DATE:
CRT [ ]:

FILE # 50360

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

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

JOB LOCATION INFORMATION: New Owner
TAX/PARCEL #: 013-141-34
STREET ADDRESS: 14120 Lea Point Ct
CITY: Huntersville
STATE: NC **ZIP:** 28078
SUBDIVISION OR MOBILE HOME PARK NAME: Lea Woods
LOT #: 2
TOWNSHIP:

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

BUILDING INFORMATION:
TYPE OF BUILDING:

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

HEATED SQUARE FOOTAGE: 2994
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

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

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

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

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

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

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

PROPERTY OWNER:
NAME: RionHomes, Inc.
ADDRESS: 19730 Charles Towne Ln
CITY: Cornelius
STATE: NC ZIP: 28031
HOME PHONE: [redacted] WORK PHONE: 704-895-1255
MOBILE PHONE: 704-634-1488 FAX: 704-895-8204

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?
WHAT IS THE ANTICIPATED CLOSING DATE OF THIS PROPERTY?

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

Nicole L Rolsby 4/8/05
Owner's/Agent's Signature Date

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

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

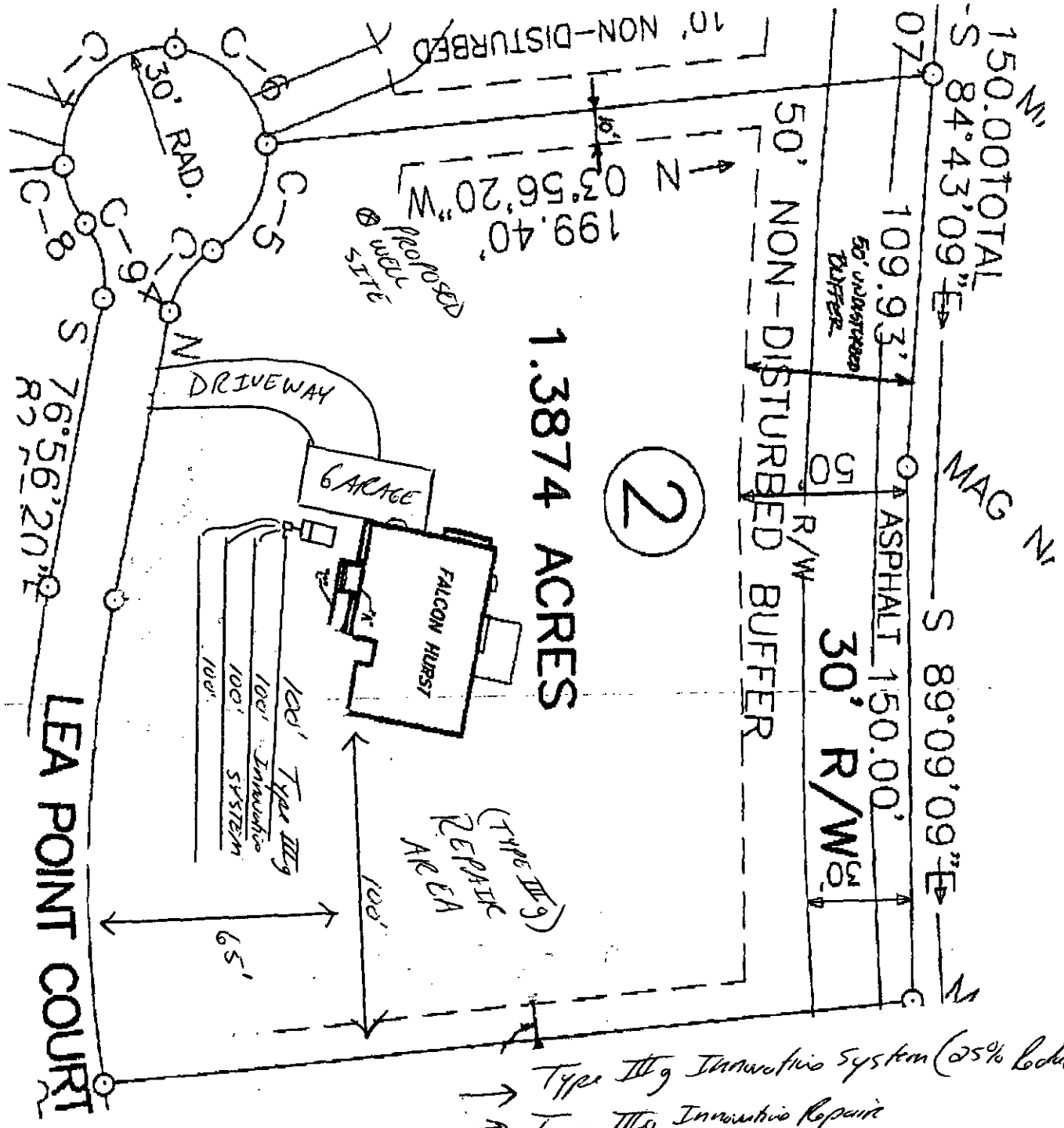
Owner's/Agent's Signature Date

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

08/06/02 LEA WOODS - LOT 2 1"=40'

MIN. SETBACKS: FRONT - 40'
SIDE - 5'
SIDE STREET - 17.5'
REAR - 25'

5036B
013.141.04B0



COMMENTS:

→ Four Bedroom Residence
→ House located 65' off front and 100' off right property line.

Michael C. Benton 9-4-02

→ Type IIIg Innovative System (25% Reduction)
→ Type IIIg Innovative Repair
→ Install 4 lines x 100' x 3' (400 TLF)
→ Keep all parts of septic system the minimum distances from the following:
- > 5' from foundation
- > 10' from property line
- > 100' from any wells

Jerry Mull L.S. 9/5/02

00 CHK 1063

FEE: 300 AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: 4/11/05 VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: _____ PERMIT NO: 5036B

PARCEL NO: 013-141-04 ~~00~~ 34

JOB LOCATION ADDRESS: Lea Point Court
PROPERTY OWNER: Michael C. Bunting
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: Lea Woods
AUTHORIZATION ISSUED BY: Tommy Mullis R.S. DATE: 9/3/02
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 5036B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: Agreement forms on file before C.A. Release

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.

X Nicole R Robb 4/11/05
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

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

Sheet:
Property ID: 013-141-04PO
Lot #: 2
File #: 5036B
Code: 1

ACS

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Dwight Houser
Address: 3708 PortlandCt.
Proposed Facility: Residence
Design Flow (.1949): 480 GPD
Location of Site: Lea Point Court (proposed)

Applicant: Michael C. Bunting
Date Evaluated: 8/20/2002
Property Size: 1.3874 acres
Property Recorded:

Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY 1941 1941 Structure/ Texture	1941 Consistence Mineralogy	OTHER PROFILE FACTORS 1942 Soil Wetness/ Color	1943 Soil Depth (IN.)	1956 Sapro Class	1944 Restr. Horiz	Profile Class & LTAR
1	LS, 5	0-3	GR/SCL	FR/SS/SP/SEXP	> 48" to soil wetness	48"	N/A	None	PS, IV 0.3 GPD/FT^2
		3-36	SBK/C	FI/S/P/SEXP					
		36-48	SBK/SCL	FI/SS/SP/SEXP					
2	LS, 5	0-6	GR/SCL	FR/SS/SP/SEXP	> 48" to soil wetness	48"	N/A	None	PS, IV 0.3 GPD/FT^2
		6-24	SBK/C	FI/S/P/SEXP					
		24-48	SBK/SCL	FI/SS/SP/SEXP					
3	LS, 7	0-5	GR/SCL	FR/SS/SP/SEXP	> 48" to soil wetness	48"	N/A	None	PS, IV 0.3 GPD/FT^2
		5-34	SBK/C	FI/S/P/SEXP					
		34-48	SBK/SCL	FI/SS/SP/SEXP					
4	LS, 10	0-8	GR/SCL	FR/SS/SP/SEXP	> 48" to soil wetness	48"	N/A	None	PS, IV 0.3 GPD/FT^2
		8-26	SBK/C	FI/S/P/SEXP					
		26-48	SBK/SCL	FI/SS/SP/SEXP					
5	LS, 7	0-5	GR/SCL	FR/SS/SP/SEXP	> 48" to soil wetness	48"	N/A	None	PS, IV 0.3 GPD/FT^2
		5-30	SBK/C	FI/S/P/SEXP					
		30-48	SBK/SCL	FI/SS/SP/SEXP					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	Conventional	25% Reduction System
Site LTAR	0.3 GPD/FT^2	0.3 GPD/FT^2

Other Factors (.1946): _____
Site Classification (.1948): Provisionally Suitable
Evaluated By: David L. Cornelius, RSI
Others Present:

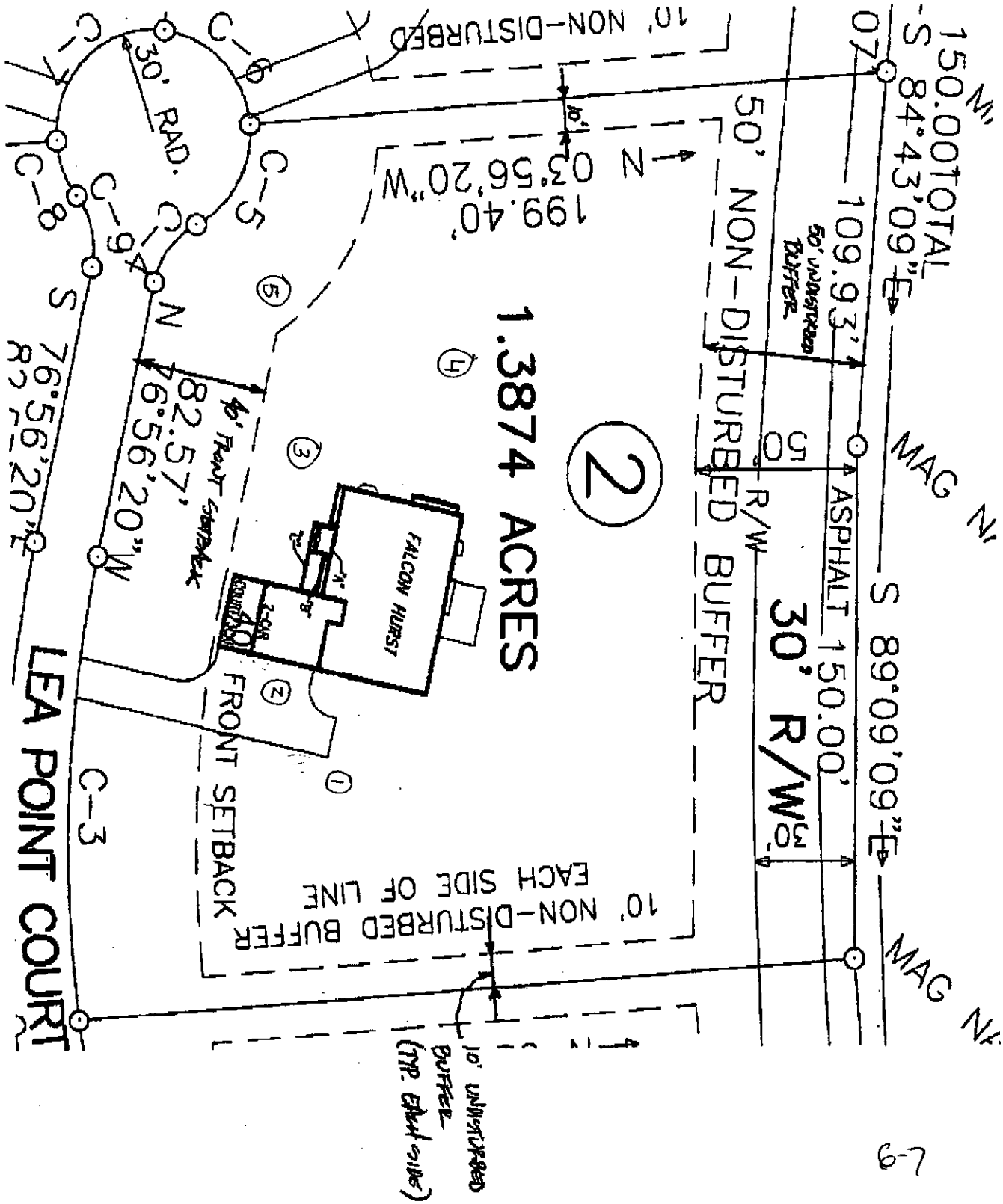
David L. Cornelius, RSI
8/20/02

1/02 LEA WOODS - LOT 2 1"=40'

MIN. SETBACKS: FRONT - 40'
SIDE - 5'
SIDE STREET - 17.5'
REAR - 25'

COPY

5036B
013-141-04B0



6-7

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

Sheet:
Property ID: 013-141-04PO
Lot #: 2
File #: 5036B
Code: 1

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Dwight Houser
Address: 3708 PortlandCt.
Applicant: Michael C. Bunting
Date Evaluated: 8/20/2002
Proposed Facility: Residence
Design Flow (.1949): 480 GPD
Property Size: 1.3874 acres
Location of Site: Lea Point Court (proposed)
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 5	0-3	GR/SCL	FR/SS/SP/SEXP	> 48" to soil wetness	48"	N/A	None	PS, IV
		3-36	SBK/C	FI/S/P/SEXP					0.3 GPD/FT^2
		36-48	SBK/SCL	FI/SS/SP/SEXP					
2	LS, 5	0-6	GR/SCL	FR/SS/SP/SEXP	> 48" to soil wetness	48"	N/A	None	PS, IV
		6-24	SBK/C	FI/S/P/SEXP					0.3 GPD/FT^2
		24-48	SBK/SCL	FI/SS/SP/SEXP					
3	LS, 7	0-5	GR/SCL	FR/SS/SP/SEXP	> 48" to soil wetness	48"	N/A	None	PS, IV
		5-34	SBK/C	FI/S/P/SEXP					0.3 GPD/FT^2
		34-48	SBK/SCL	FI/SS/SP/SEXP					
4	LS, 10	0-8	GR/SCL	FR/SS/SP/SEXP	> 48" to soil wetness	48"	N/A	None	PS, IV
		8-26	SBK/C	FI/S/P/SEXP					0.3 GPD/FT^2
		26-48	SBK/SCL	FI/SS/SP/SEXP					
5	LS, 7	0-5	GR/SCL	FR/SS/SP/SEXP	> 48" to soil wetness	48"	N/A	None	PS, IV
		5-30	SBK/C	FI/S/P/SEXP					0.3 GPD/FT^2
		30-48	SBK/SCL	FI/SS/SP/SEXP					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	Conventional	25% Reduction System
Site LTAR	0.3 GPD/FT^2	0.3 GPD/FT^2

Other Factors (.1946): _____
Site Classification (.1948): Provisionally Suitable
Evaluated By: David L. Cornelius, RSI
Others Present:

David L. Cornelius, RSI
8/20/02

DATE: 8-6-02 Paid 206 8/6/02

FOR RESIDENTIAL SITE / INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

[ ] CRT

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

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

FILE #: 5036B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 01314104 Po

STREET ADDRESS: Hubbard Rd SR 2134

SUBDIVISION OR MOBILE HOME PARK NAME: Lea Woods

LOT NUMBER: # 2

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 3,200

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 5

FOUNDATION FOR RESIDENCE:

✓ WITHOUT BASEMENT __ WITH BASEMENT /PLUMBING
__ ON SLAB
__ CRAWL SPACE __ WITH BASEMENT /NO PLUMBING

TOWNSHIP (CHECK ONE):

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

CLOSING DATE 9-6-02

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

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

WATER SUPPLY (CHECK ONE): __ COMMUNITY (C) __ MUNICIPAL (M) ✓ PRIVATE WELL (P)
__ SHARED WELL (S) __ OTHER 'SPRINGS' (O)

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

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

PROPERTY OWNER:

NAME: Houser Dwight (LAST) (FIRST) (MI)

ADDRESS: 3708 Portland Ct.

CITY: Marietta STATE: GA ZIP: 30062

DAYTIME PHONE: ( ) 770 - 973 - 1444

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Bunting Michael C (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) 704 - 875 - 1040

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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

SIGNED: Michael C. Bunting DATE: 8-6-02

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

8/7/02 7:45A Plat with Bills Lot #2

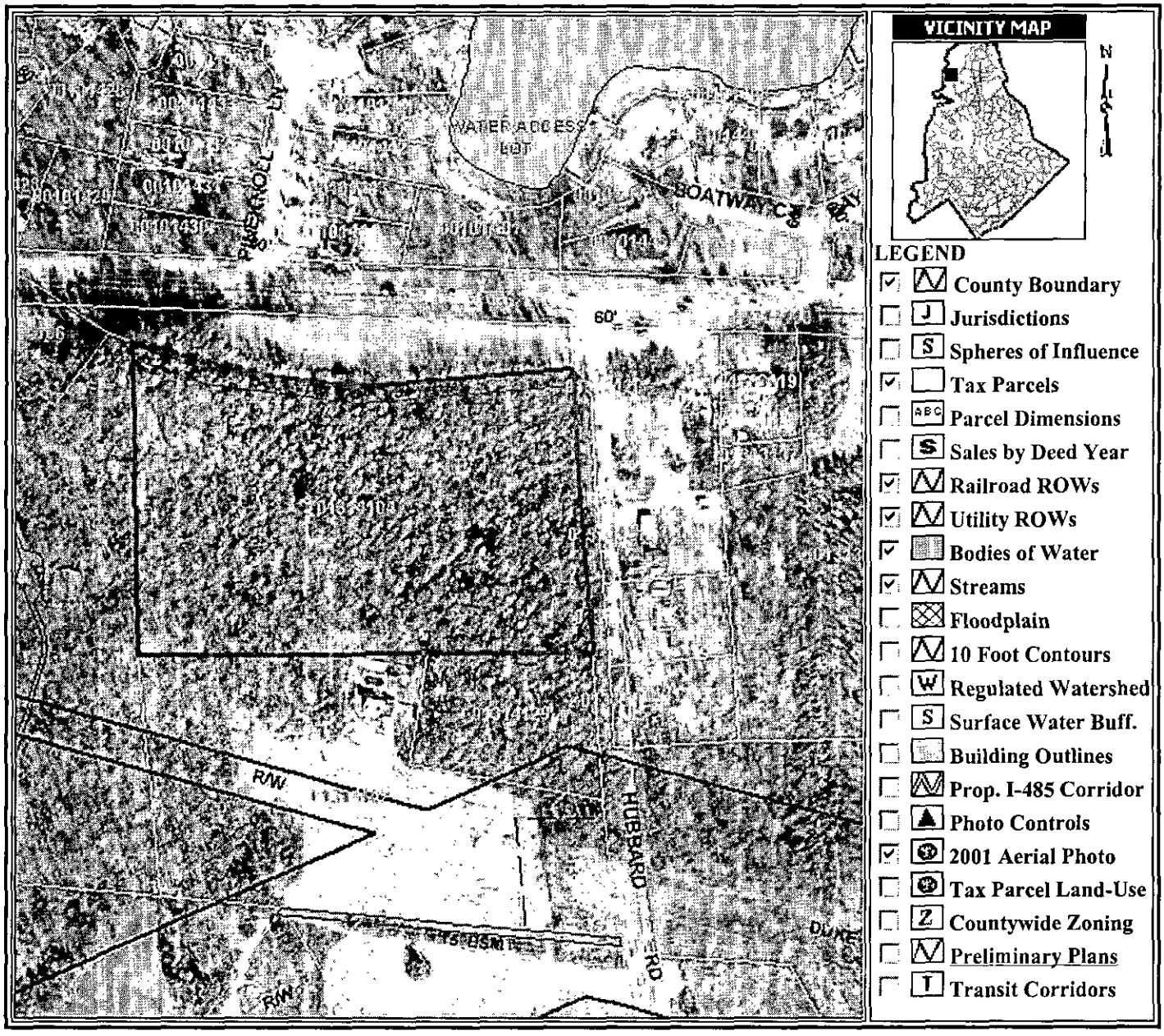
Zoning Enforcement System

Mecklenburg County, NC Geographic Information Systems

Tax Parcel & Map Sheet Search | Road Name & Intersection Search | Market Analysis Search Menu
Return to Full Map Extent | How to Use the System | Return to GIS Homepage

Click on Map to Perform Operation

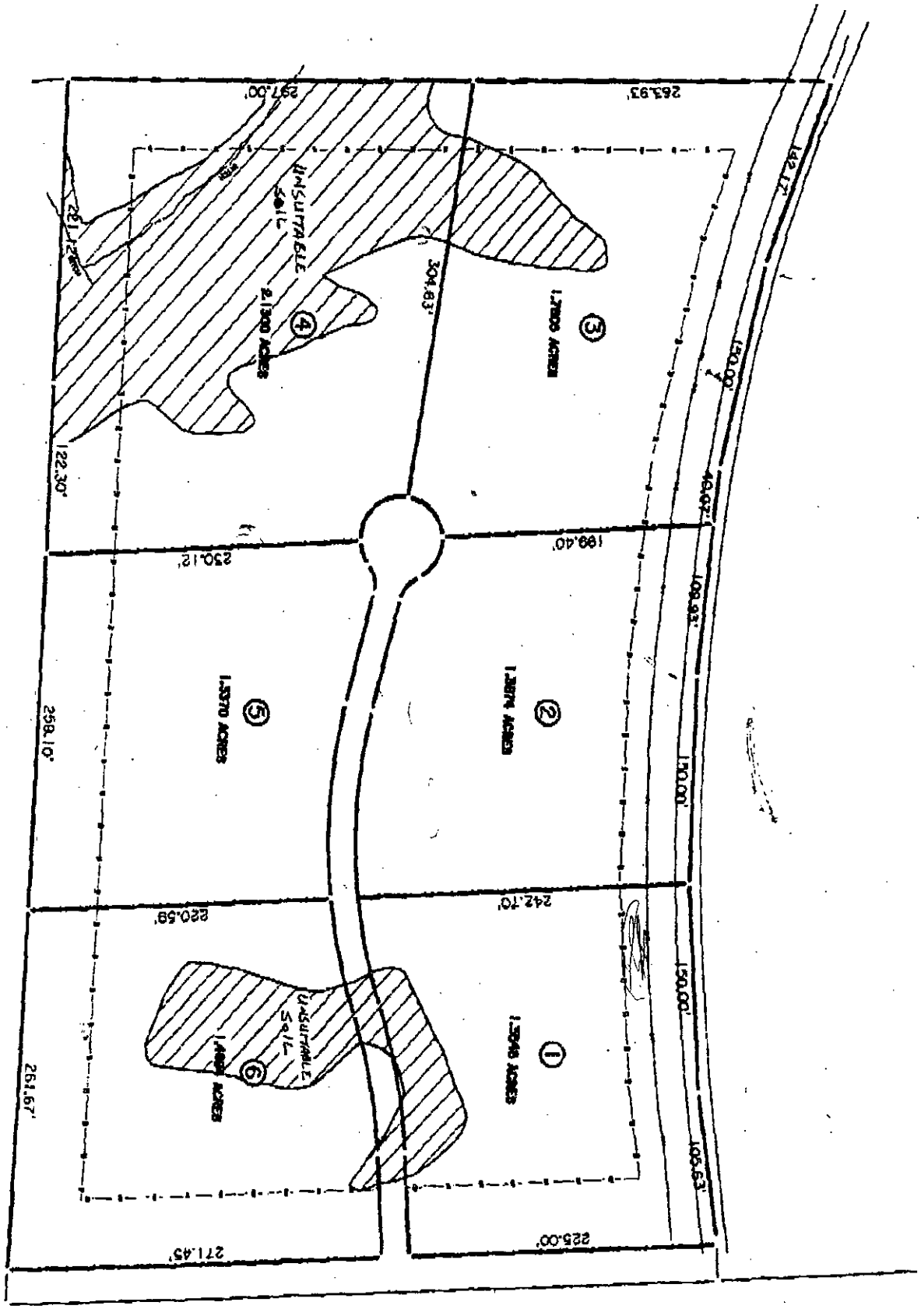
○ Refresh Map ○ Pan ○ Zoom In ◉ Zoom Out Zoom Factor [1X] ○ Identify [Parcels] ○ Surveyor's Report
○ Adjoining Owner's Report within [10 FEET] ○ Measure [Start Line] Label Parcels by: [Parcel-Id(PID)]



Click here to submit questions or comments about the information shown on this page.

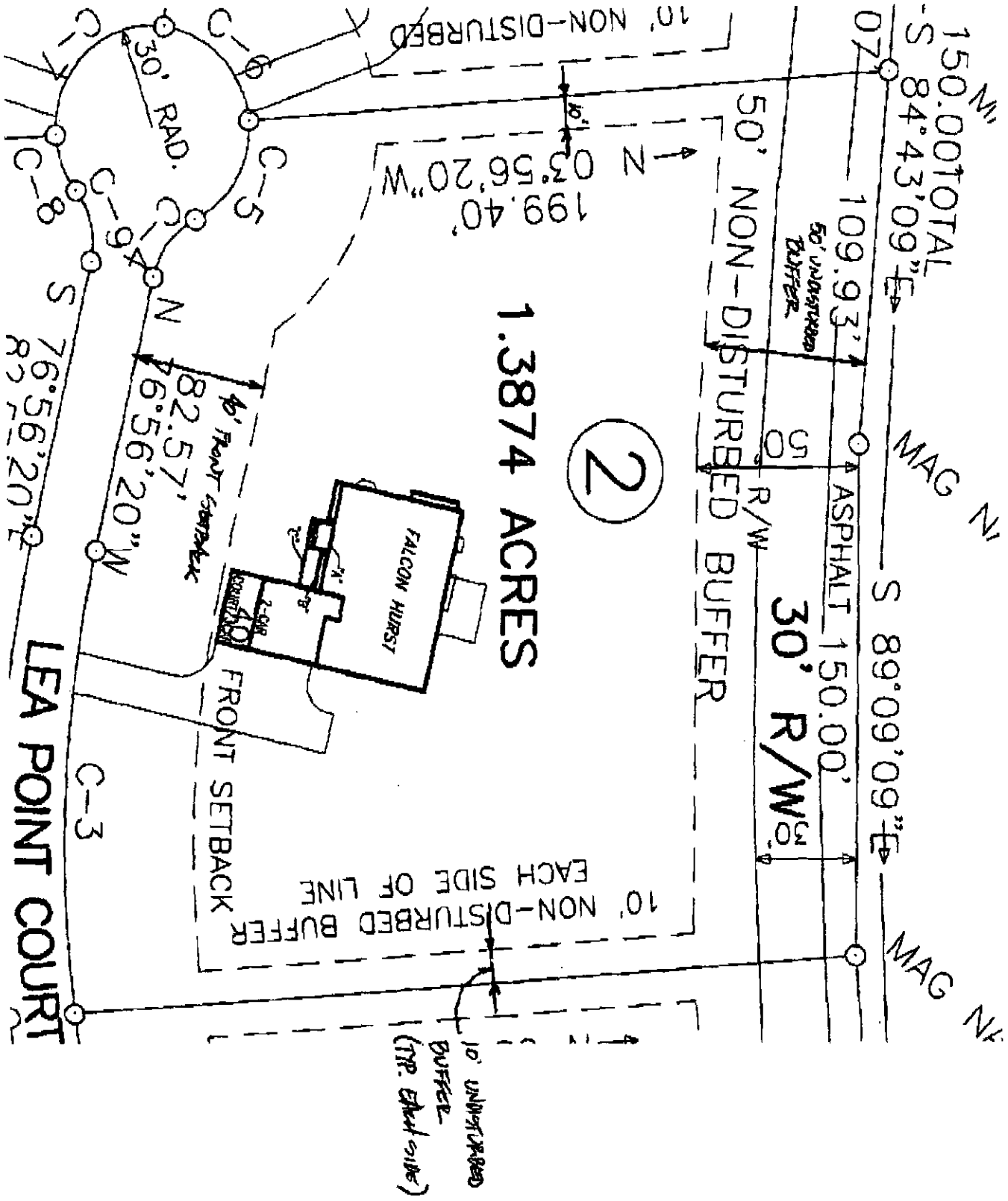
Additional Tax Information (Tax Bills, Real and Personal Property, etc.) is available through the:

Tax Information System


N
297.00'
263.93'
UNSUITABLE SOILS
2.1300 ACRES
304.83'
1.7800 ACRES
122.30'
199.40'
230.12'
1.3370 ACRES
1.3674 ACRES
258.10'
220.59'
242.70'
1.3548 ACRES
1.4900 ACRES
261.67'
271.45'
225.00'
150.00'
109.63'

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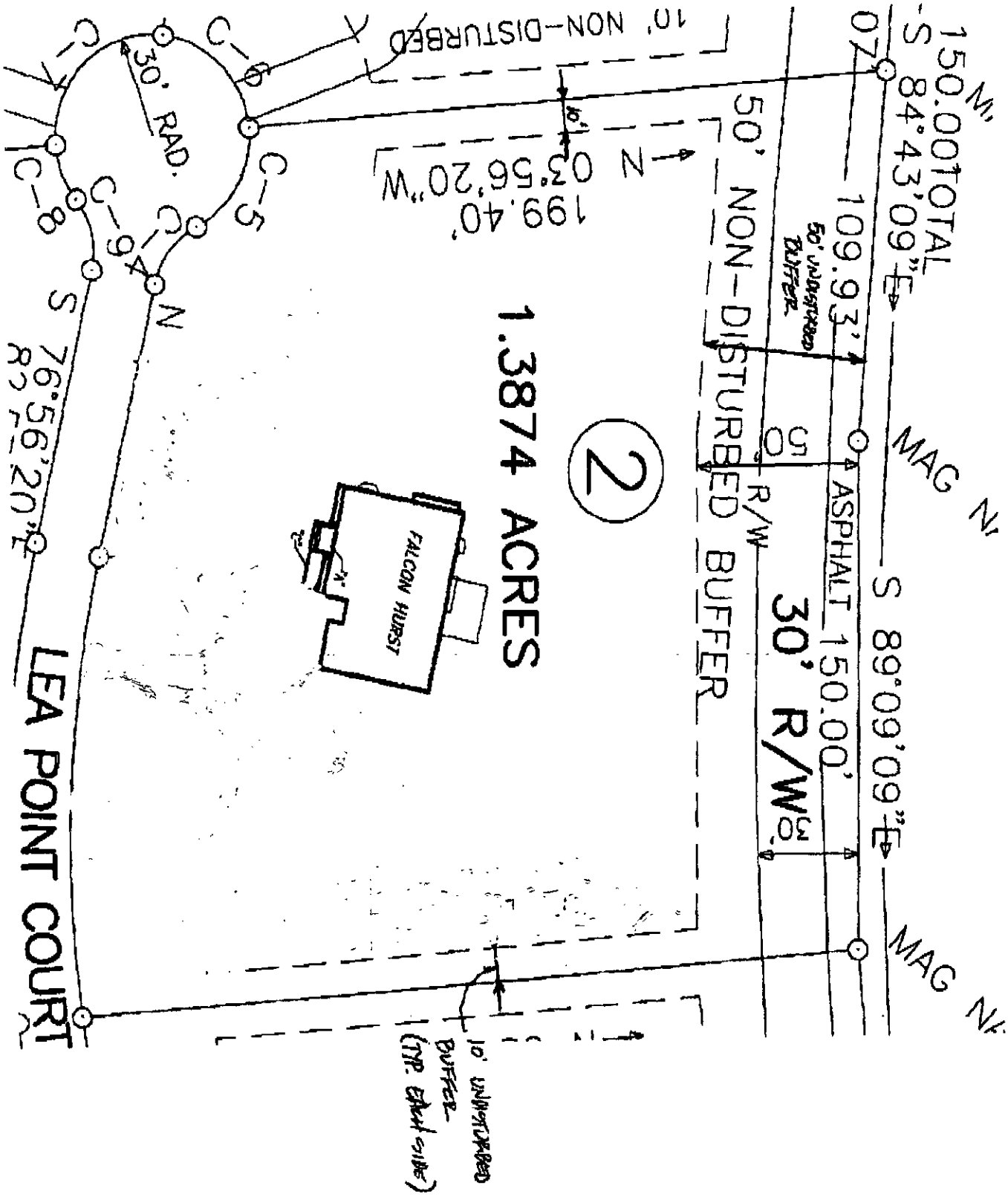


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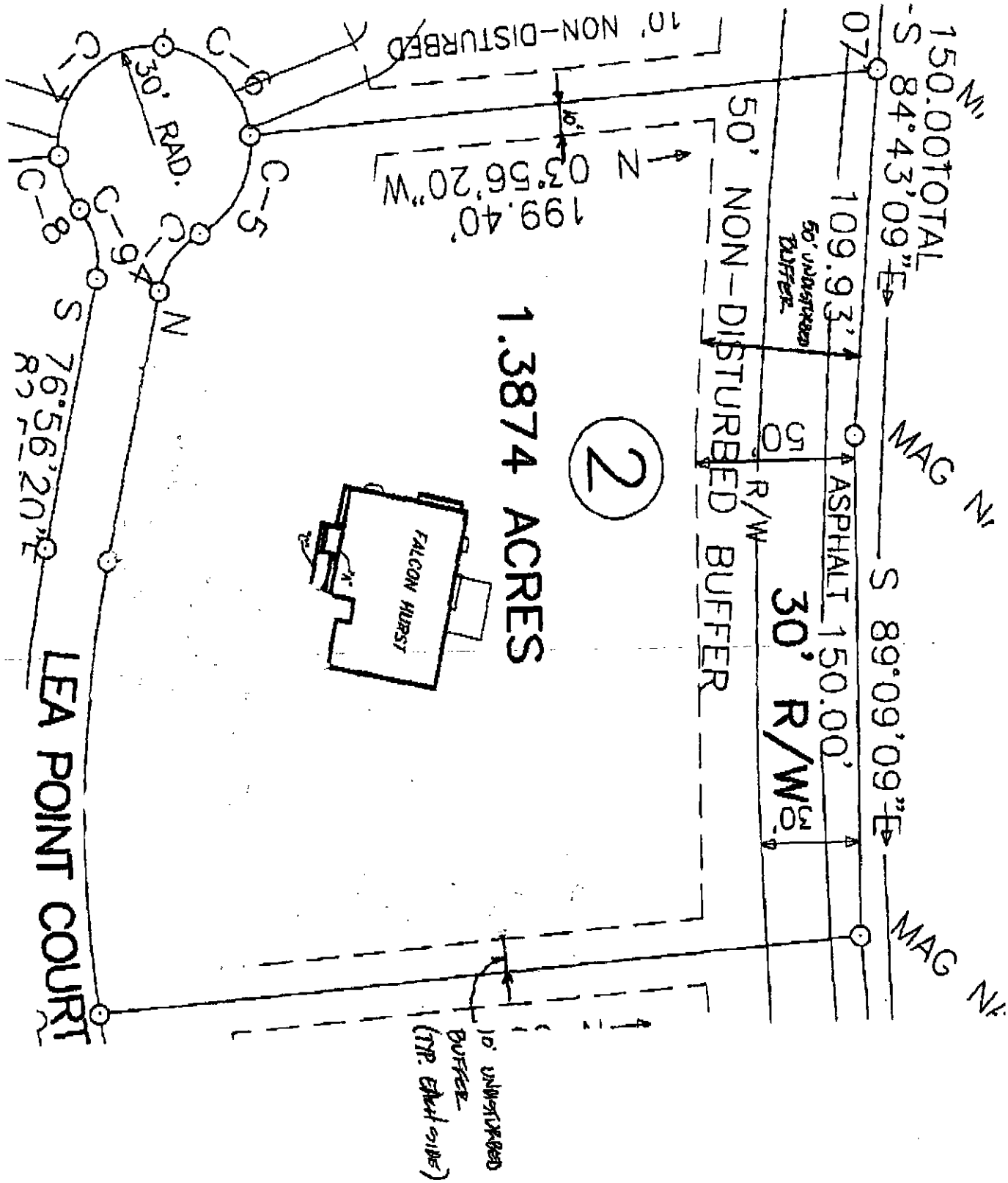
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