

9637 HAYING PL

13721112

9/5/08

marliwr

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) 336-5102

FILE: 21441 DATE: 5/9/97

TC: 137 211 12 ~~CL~~ X CRT

SERIAL Nº 16909

Name of Owner John K. Epley Juris.: _____

Address of Property 9637 Haying Place

Inspection Data:

Tank Material PCC

Total Length of Drainfield 300'

Number of Lines 6 @ 50'

Cover Depth 12" Cover brought in

Water Supply Source well installed

Distance to Water Source >100'

Excavation Inspected 5/9/97

Tank(s) Inspected 5/9/97

Wash Line Inspected plumb to tank

High Water Alarm Inspected NA

PLOT

Design 1997, 1500ST, IND, 300' chamber system, drop boxes cecil CTR# Howell Grading

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

- ☒ installed or constructed
- ☒ in accordance with the permit issued
- ☐ altered or repaired
- ☐ as detailed in the plot above

and meets the provisions of I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

- ☐ Certificate of Completion
- ☒ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of I5A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

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

COMMENTS: Septic system designed for 3 bedroom residence Type III

Philo S. Walker
Environmental Health Specialist

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

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

DATE: 4/30/97 PERMIT NO: 21441
PARCEL NO: 137 211 12

JOB LOCATION ADDRESS: 9637 Haying Place
PROPERTY OWNER: John Kenneth Epley
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: Kemper Downs
AUTHORIZATION ISSUED BY: Philip S. Walker R.S. DATE: 4/30/97
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 21441, 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 to be filed before final COC Release. Type III Innovative system

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 K. Epley 4/30/97
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 21441 Tax Number: 137 211 12

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	
.13 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)	14" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3 Bedrooms in residence	NA Gallon pump tank	NA Depth of stone		
Any surface waters present: NO Type:		Minimum separation distance:		
Site modifications required: Appr 10" soil cover to be brought in to cover system				
Additional Conditions: Change plot plan to Type III Innovative System Approval because of space limitation on lot (house site altered). Agreement forms to be filed before CoC release. 100% Repair Area not required				
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	
450' Absorption Area (Sq ft) 150' Total Trench Length (Ft)	NA Depth of Stone Trench	9' Trench spacing (min. on centers)	14" 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.

Philo S. Walker P.S. 4/30/97
DEHNR Authorized Agent Date

× John K. Epley 4/30/97
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

COPY

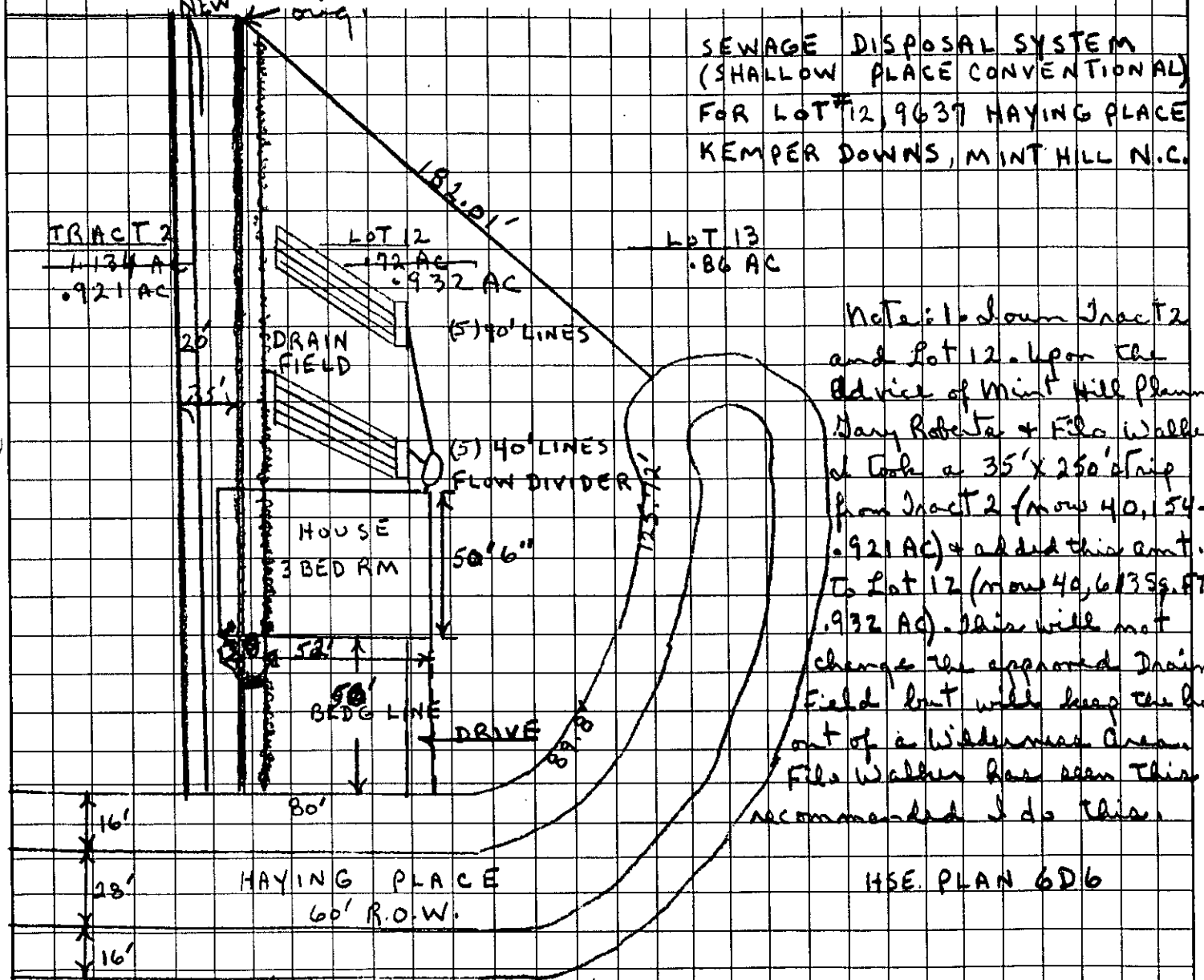
PROPOSED PLOT PLAN

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

FILE: 21441

TC: 137-211-12

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.



Note: I drew Tract 2 and Lot 12. Upon the advice of Mint Hill Planner Mary Roberts & Fike Walker I took a 35'x 250' strip from Tract 2 (now 40,154 - .921 AC) & added this amt. To Lot 12 (now 40,613 Sq. FT .932 AC). This will not change the approved Drain Field but will keep the house out of a wilderness area. Fike Walker have seen this & recommended I do this.

HSE. PLAN 6D6

Note: On 5/24/92 Kelly Randall (in presence of Joe Lyons, Bill Mullinax, Helen Swiger & others made a sketch on Proposed Lot Plan File 21441 TC 137-211-12; Kelly & Fike advised me to initiate an Improvement permit.

John K. Epley
OWNER/AGENT SIGNATURE

DATE 4/17/96

APPROVAL DATE _____

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

FEE: $100.00 ck#5913
DATE: 4/17/96 JC

APPLICATION FOR IMPROVEMENT PERMIT 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 #: 2141

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 137-211-12

STREET ADDRESS: 9637 HAYING PLACE

SUBDIVISION OR MOBILE HOME PARK NAME: KEMPER DOWNS MINT HILL, N.C.

LOT NUMBER: 12

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1731

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

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

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

NA

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: JOHN KENNETH EPLEY

NAME: EPLEY (LAST) JOHN (FIRST) K (MI)

ADDRESS: 4403 KEMPER LANE

CITY: CHARLOTTE STATE: NC ZIP: 28227

DAYTIME PHONE: 704, 545-1801

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: — (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 2/16/96

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: John Kenneth Epley DATE: 4/17/96

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

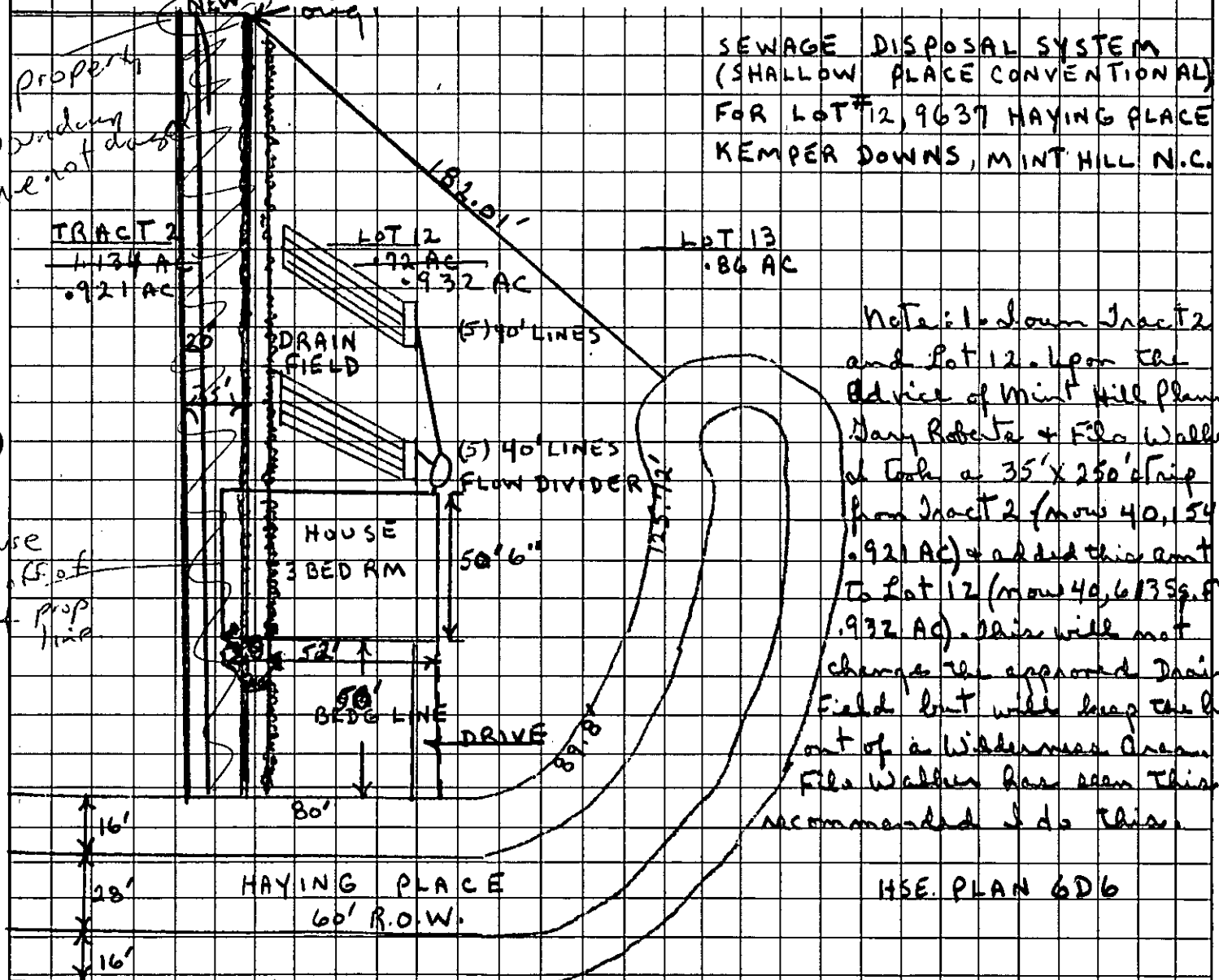
PROPOSED PLOT PLAN

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

FILE: 21441

TC: 137-211-12

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.



SEWAGE DISPOSAL SYSTEM
(SHALLOW PLACE CONVENTIONAL)
FOR LOT #12, 9637 HAYING PLACE
KEMPER DOWNS, MINT HILL N.C.

Note: I own Tract 2 and Lot 12. Upon the advice of Mint Hill Planner Mary Roberts & Fila Walker I took a 35'X 250' strip from Tract 2 (now 40,154-.921 AC) & added this amt. To Lot 12 (now 40,613 Sq. FT .932 AC). This will not change the approved Drain Field but will keep the house out of a Wilderness Area. Fila Walker has seen This & recommended I do this.

HSE. PLAN 6D6

Note: On 8/24/92 Kelly Randall (in presence of Joe Lynn, Bill Marlin, Helen Swicegood & others) made an Alt. Tech on Proposed Lot Plan File 21441 TC 137-211-12; Kelly & Fila advised me to initiate an Improvement permit

John K. Epley
OWNER/AGENT SIGNATURE

DATE 4/17/96

APPROVAL DATE Kelly Kel 6-5-96

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

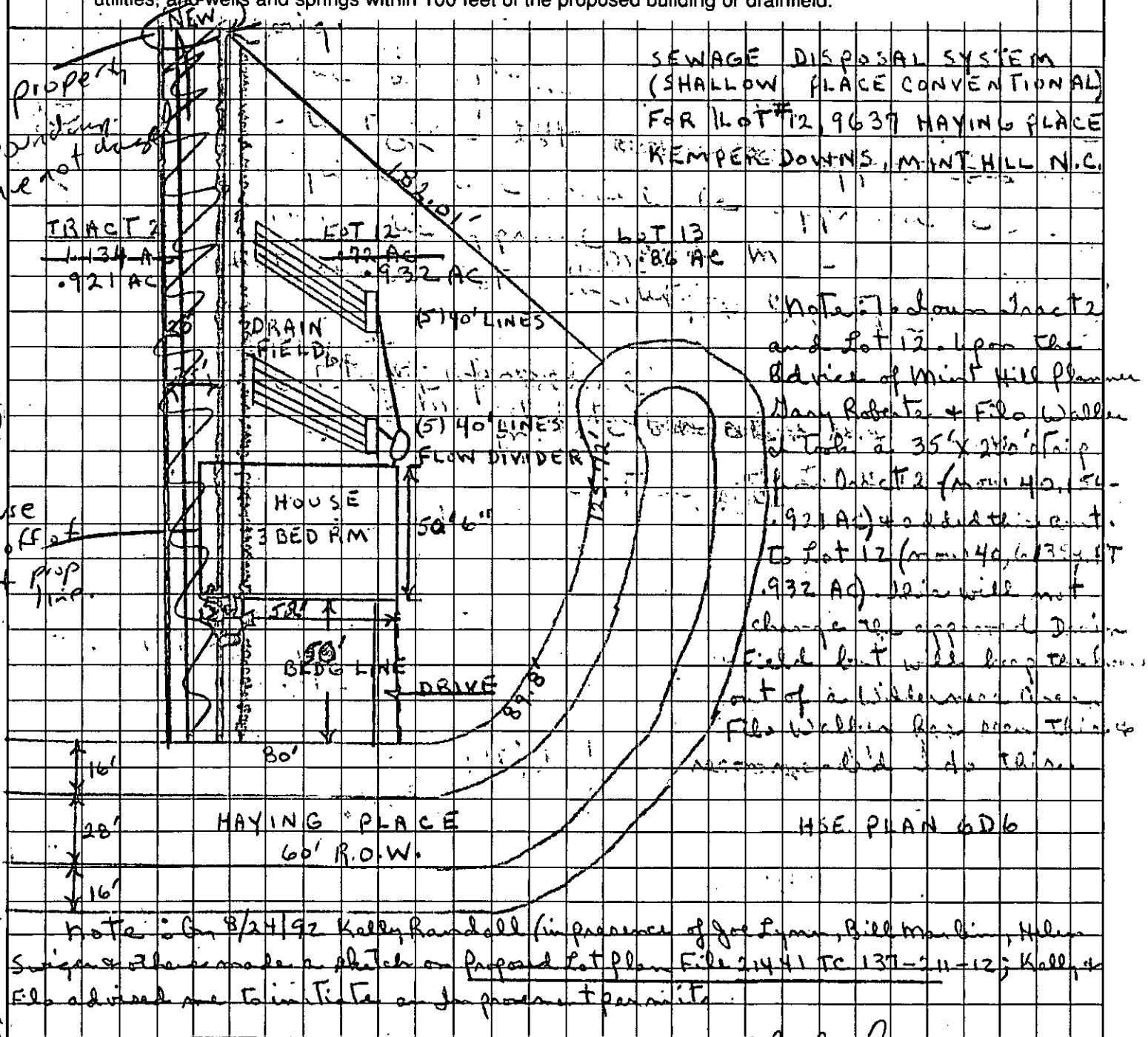
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ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
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PHONE (704) 336-5102

FILE: 21441

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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.



SEWAGE DISPOSAL SYSTEM
(SHALLOW PLACE CONVENTIONAL)
FOR LOT #12, 9637 HAYING PLACE
KEMPER DOWNS, MINT HILL N.C.

Note: The down Tract 2 and Lot 12. Upon the Advice of Mint Hill Planner Mary Roberts + Flo Walker a Test at 35'x 24'o' for Tract 2 (approx 40,134 sq ft .921 AC) and the entire Lot 12 (approx 40,613 sq ft .932 AC) has will not change the approved Drain Field but will be tested out of a Wilderness Area. Flo Walker Rep from this office accompanied me to this site.

HSE. PLAN 6D6

Note: On 8/24/92 Kelly Randall (in presence of Joe Lynn, Bill Maulin, Helen Swicegood) made a sketch on Proposed Lot Plan File 21441 TC 137-211-12; Kelly of Flo advised me to initiate an improvement permit.

John K. Epley
OWNER/AGENT SIGNATURE

DATE 4/17/96

APPROVAL DATE Kelly Kel 6-5-96

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

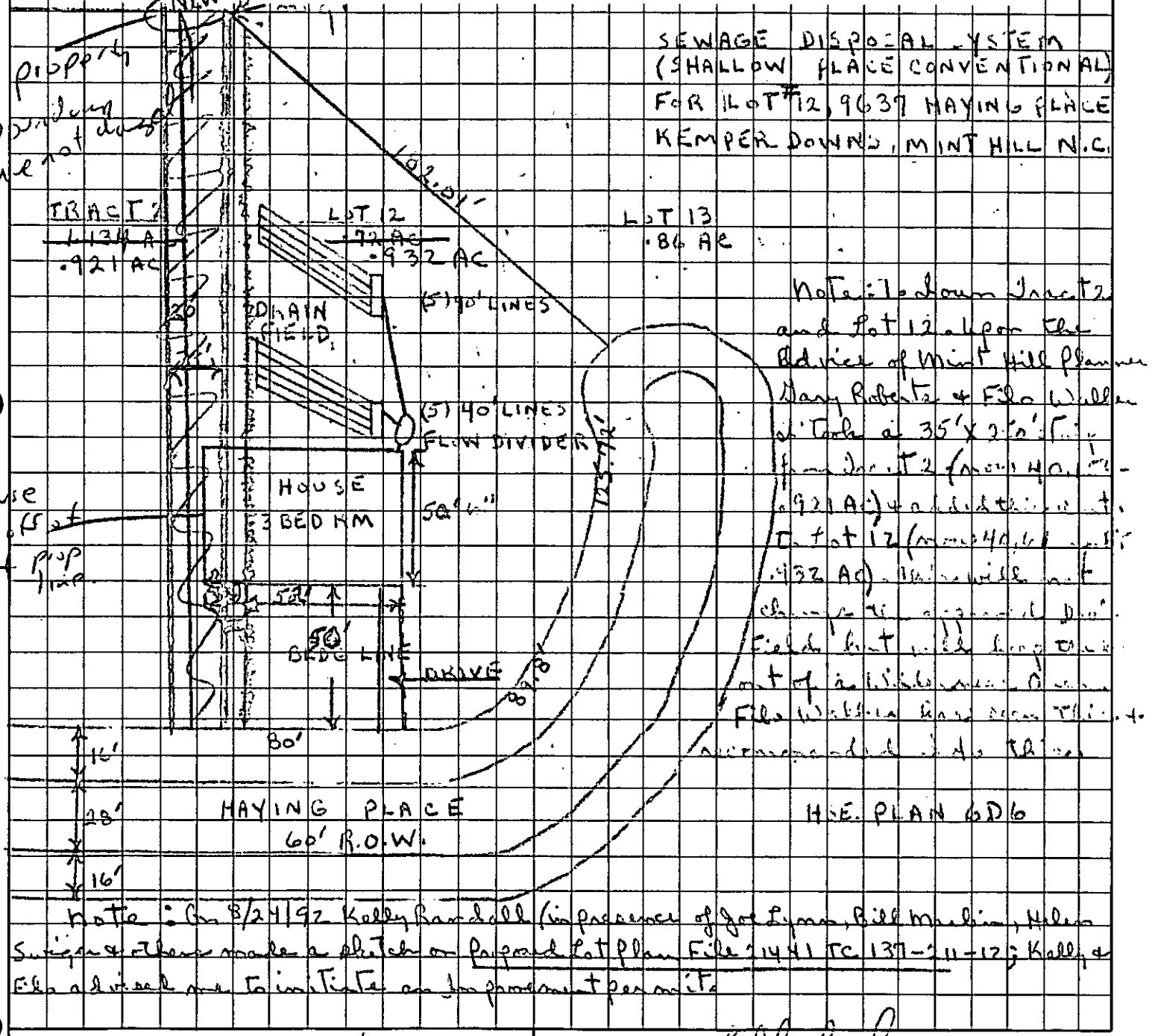
PROPOSED PLOT PLAN

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

FILE: 21441

TC: 137-211-12

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.



Note: On 8/24/92 Kelly Randall (in presence of Joe Lyman, Bill Mullin, Helen Swing & Steve made a sketch on Proposed Lot Plan File 21441 TC 137-211-12; Kelly & Ella advised me to initiate an improvement permit.

John K. Lyman
OWNER/AGENT SIGNATURE

DATE 4/17/96

APPROVAL DATE Kelly Randall

6 6 96

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

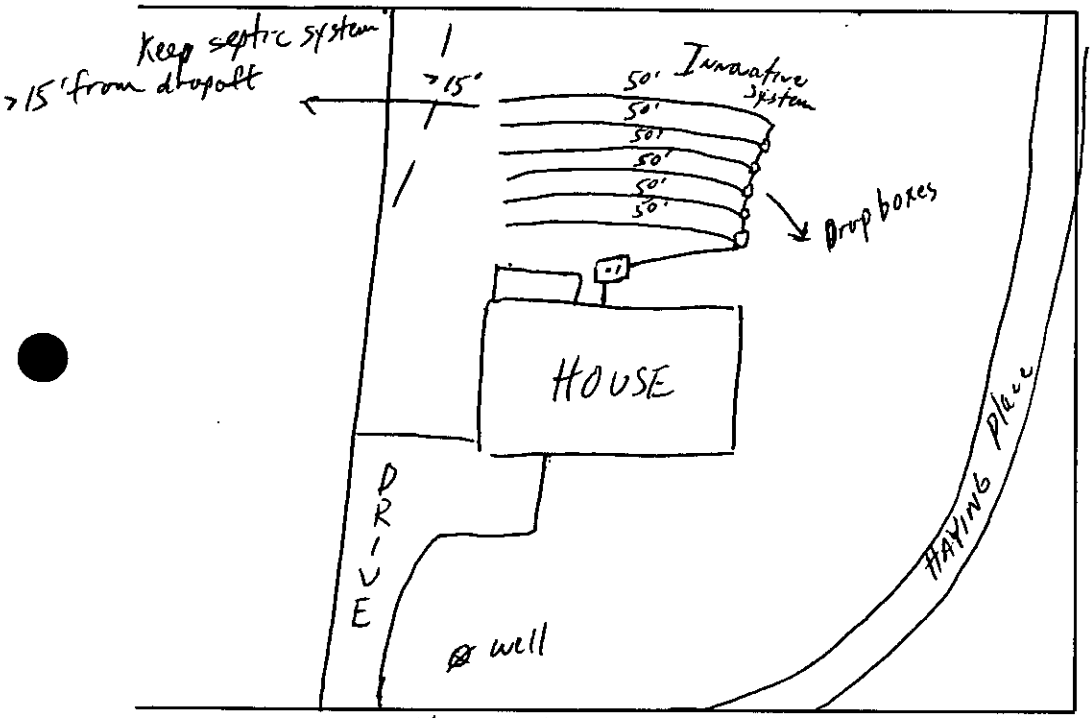
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 21441 DATE: 4/30/97

TC: 137 211 12 ☐ L

SERIAL Nº 17163

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 4/17/96. All work shall be completed on or before 5/17/97, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A 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.



Hayings Place PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction PCC

Trench Depth 14"

Absorption and/or Nitrification Lines:

Trench Width 36" feet

Trench Walls Scored and Porous yes

Total Line Length 300' feet

Number of Lines 6 (50')

Depth of Stone NA inches

Distance from House 5' feet

Distance from Property Line ~~10~~ 5' feet

Distance from Well >50' feet

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

NAME OF OWNER John K. Epley

LOCATION OF PROPERTY 9637 Haying Place

Comments: Shallow placed Innovative system Installation, Drop boxes, 6 lines x 50'long x 3'wd / Shallow placed installation 14" Trench Depth, 10" soil Cover to be brought in, Sand installed up to Louvers

Philo A. Walker R.S.
Environmental Health Specialist

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

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 # 21441
PARCEL # 137 211 12

The undersigned, JOHN KENNETH EPLEY, owner of property located at 9637 HAYING PLACE, CHARLOTTE NC, 28227, (the "site") and described in an instrument recorded in Book 08463 at Page 0731/0732, 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: Environmental Health
Mail after recording to: John K. Epley 9637 Haying place charlotte NC 28227

BK: 09040 PG: 0095/0098 #:0083 15.40
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 05/01/97 10:09

- 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 1 day of May, 1997.

John Kenneth Epley (SEAL)

_____ _____ (SEAL)
(Corporate Name)

_____ (SEAL)

By: _____ _____ (SEAL)

_____ President _____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

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

WITNESS my hand and notarial seal, this 1 day of May, 1997.

Mary M. James
Notary Public

My Commission Expires: 8-2-97

MARY M. JAMES NOTARY PUBLIC CABARRUS COUNTY, N.C.

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:

_____

Paid by Lee Construction Co 1400 DEHT

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

DATE: ~~21441~~ 6-5-96 PERMIT NO: 21441
PARCEL NO: 137-211-12

JOB LOCATION ADDRESS: 9637 HAYING PLACE
PROPERTY OWNER: KEN EPPLEY
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: KEMPER DOWNS
AUTHORIZATION ISSUED BY: Kelly Lovell DATE: 6-6-96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 21441, 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 form on file
Shallow place conventional system

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 John K. Epley 6/6/96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

4050

HELEN KEMPER SWIGER
3309 DAN HOOD RD. 847-9556
MATTHEWS, NC 28105

May 13 19 92 66-393/530 01

Pay to the Order of Mecklenburg County $ 400.00

Four Hundred & no/100 Dollars

BB&T
BRANCH BANKING AND TRUST COMPANY
CHARLOTTE, NORTH CAROLINA 28202

Elite Banking

Lot 11 & 12

memo Kemper Downs

Helen Kemper Swiger

⑈053003931⑈ 1563296530⑈ 4050 ⑈000004000⑈

(3)

F-2-A 2147 - 2 200.00

4087

HELEN KEMPER SWIGER
3309 DAN HOOD RD. 847-9556
MATTHEWS, NC 28105

8-28 19 92 66-393/530 01

Pay to the Order of Register of Deeds $ 6.00

Six & no/100 Dollars

BB&T
BRANCH BANKING AND TRUST COMPANY
CHARLOTTE, NORTH CAROLINA 28202

Elite Banking

memo

Helen Kemper Swiger

⑈053003931⑈ 1563296530⑈ 4087 ⑈000000600⑈

(5) (5A)

4024

HELEN KEMPER SWIGER
3309 DAN HOOD RD. 847-9556
MATTHEWS, NC 28105

3-10 19 92 66-393/530 01

Pay to the Order of Mecklenburg County $ 100.00

One Hundred & no/100 Dollars

BB&T
BRANCH BANKING AND TRUST COMPANY
CHARLOTTE, NORTH CAROLINA 28202

Elite Banking

memo Lot 6 & 10

Helen Kemper Swiger

⑈053003931⑈ 1563296530⑈ 4024 ⑈000010000⑈

4351

HELEN KEMPER SWIGER
3309 DAN HOOD RD. 847-9556
MATTHEWS, NC 28105

66-393/530 01

2-21 19 96

PAY to the order of Mecklenburg County Health Department $ 200.00

Two Hundred & no/100 Dollars

BB&T
BRANCH BANKING AND TRUST COMPANY
CHARLOTTE, NORTH CAROLINA 28202

Elite Banking

Memo Lot 6 & 13

Signature Helen Kemper Swiger

⑈053003931⑈ 1563296530⑈ 4351 ⑈000020000⑈

(B) K

MECKLENBURG COUNTY HEALTH DEPARTMENT
700 NORTH TRYON STREET
CHARLOTTE, NORTH CAROLINA 28202
(704) 336-5102

REQUEST FOR TRANSFER OF SERVICE PAYMENT/INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

SERVICE: Improvement Permit
IMPROVEMENT PERMIT, SOIL TEST, E.G.

FILE NUMBER 21491 TAX NUMBER 137-211-12

PROPERTY ADDRESS 9637 Haying Place

NAME OF ORIGINAL APPLICANT Helen K. Swiger

NAME OF PERSON PURCHASING PROPERTY/TRANSFEROR John K. Epley

I UNDERSTAND THAT THE PERMIT TO CONSTRUCT AND UNUSED MONIES FOR INSPECTIONS ARE FULLY RELINQUISHED BY THIS DOCUMENT.

SIGNATURE OF ORIGINAL APPLICANT

Helen K. Swiger DATE 4-20-96

AS BUYER OF THIS PROPERTY, I UNDERSTAND THAT THE PERMIT IS ONLY VALID WHEN USED EXACTLY AS ISSUED. SHOULD CHANGES BE DESIRED, THEY MUST BE REQUESTED AND APPROVED BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT ACCORDING TO CURRENT REGULATIONS AND FEES.

AN ORIGINAL COPY OF THIS REQUEST MUST BE PRESENTED AND ACKNOWLEDGED BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT TO BE VALIDATED.

SIGNATURE OF TRANSFEREE

John K. Epley DATE 4/20/96

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 21441

Tax Number: 137-211-12

- 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	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)	14" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	___ Gallon pump tank	___ Depth of stone	

Any surface waters present: Type: Minimum separation distance:

Site modifications required: Soil cover must be brought in to cover lines to 6" depth

Additional Conditions: agreement form on file.

Repair Area System Type Type (circle one): I (II) III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ✓ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

1200 Absorption Area (Sq ft) 400 Total Trench Length (Ft)	12" Depth of Stone Trench	9 Trench spacing (min. on centers)	14 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.

DEHNR Authorized Agent — Date: 6-5-94

Owner/Agent Signature: John K. Epley — Date: 6/6/96

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

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

IWWS-100195

PROPOSED PLOT PLAN

Lot #12

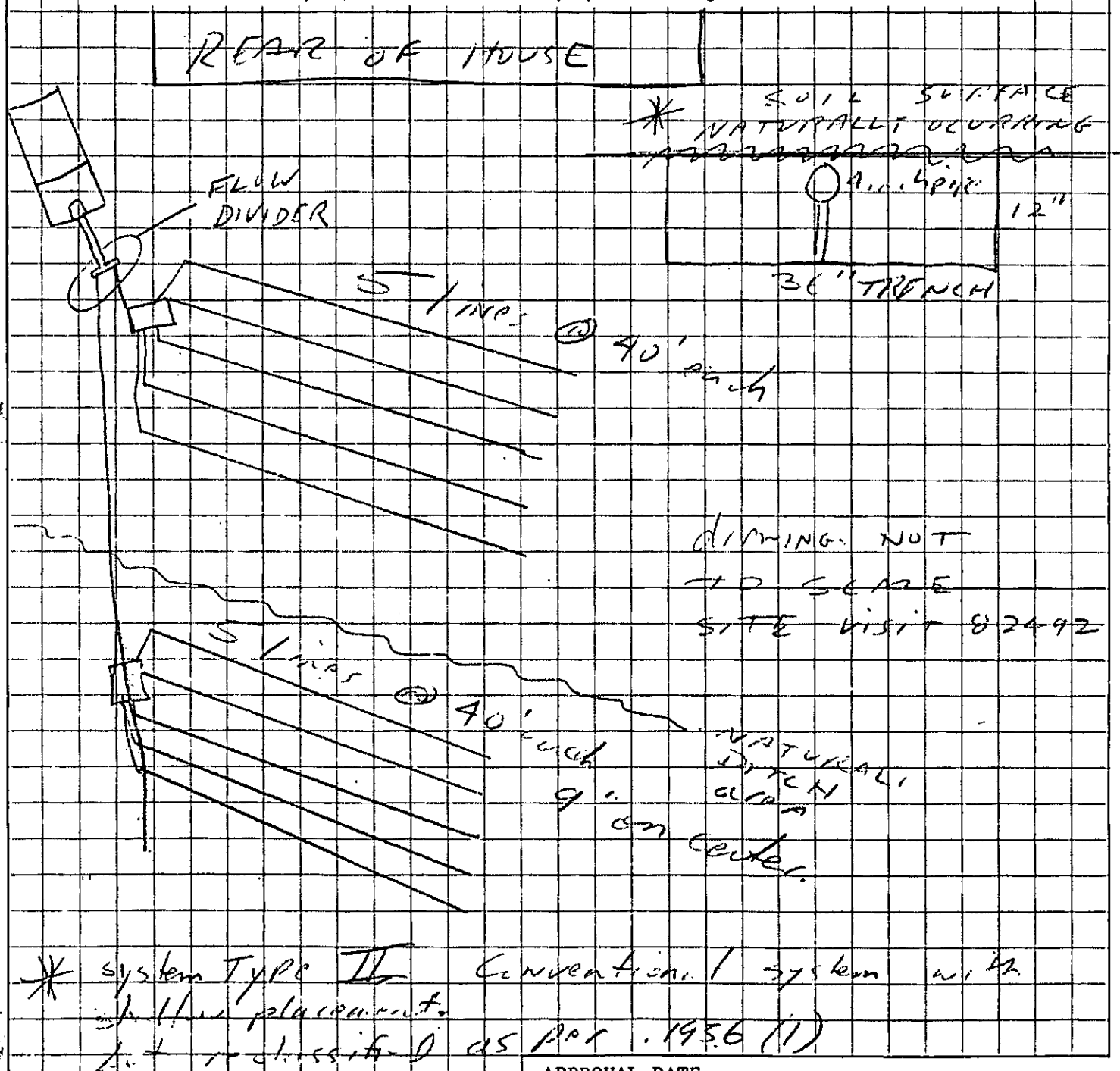
By Kelly Randall

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

FILE: 21441

TC: 137-211-12

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.



* System Type II Conventional system w/ AI
[illegible] placement.
[illegible] classified as per .1956 (1)

APPROVAL DATE _____

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

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 21441

T.C. NO. P0137-132-05

(Ground Absorption Sewage Disposal)

OWNER: JOHN KEMPER
ADDRESS: 3309 DAN HOOD RD
MATTHEWS 28215
LOCATION OF SITE: Lot 12 - Haying Place - Blair Rd -

PLAT NO:
LOT SIZE: ~~38,000± .88~~

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S / PS / U — Filled with Hyway Debris Such As soil, Rocks Concrete, Asphalt etc.	S / PS / U — Complex slope - Deep Valley	S / PS / U	S / PS / U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S / PS / U	S / PS / U	S / PS / U	S / PS / U
3. SOIL STRUCTURE (12-36 inches)	S / PS / U	S / PS / U	S / PS / U	S / PS / U
4. SOIL DEPTH (inches)	S / PS / U	S / PS / U	S / PS / U	S / PS / U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S / PS / U	S / PS / U	S / PS / U	S / PS / U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S / PS / U	S / PS / U	S / PS / U	S / PS / U
7. OTHER (Specify)	S / PS / U	S / PS / U	S / PS / U	S / PS / U
8. SOIL GROUP			AREA OF SOILS	
9. SITE CLASSIFICATION	Unsuitable	Unsuitable	FOUND SUFFICENT FOR SHALLOW PLACE CONV. SYSTEM (1982) IN area prev. marked complex slope	
10. SOIL SERIES				

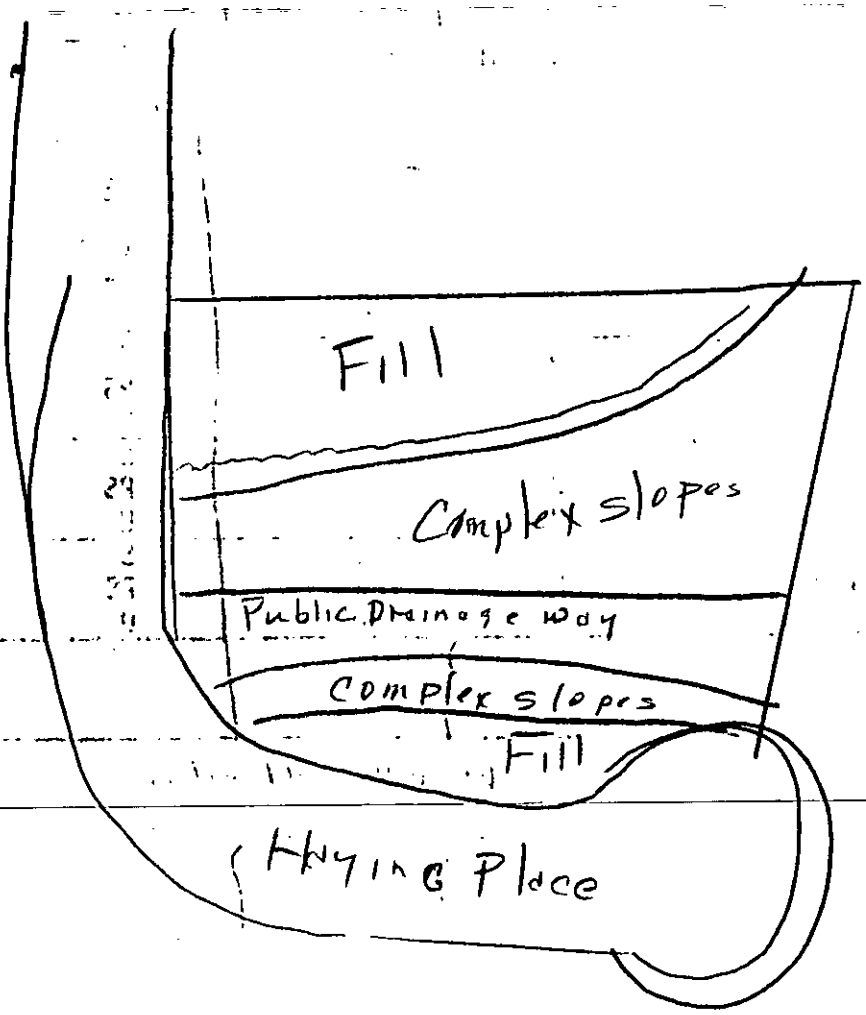
S - Suitable PS - Provisionally Suitable U - Unsuitable

**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments:

Described by: W. B. Ramsey
Title: SOIL SCIENTIST

Date: 11 - 23 84


Fill
Complex slopes
Public Drainage way
Complex slopes
Fill
Hwy in G Place

Lot 12

File # 21441 (6A)

BK: 06990 PG: 0343/0343 #:0151 6.00
REGISTERED AUG/28/1992 11:50AM ANNE A. POWERS REGISTER OF DEEDS MECK. CO. N.C.

Copy

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

COPY

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 15A NCAC 18A .1957(c)

The undersigned, Helen K. Swiger owner of property located at Kemper Downs ("the site") and described in an instrument recorded in Book 21 at Page 312, Mecklenburg Public Registry, hereby acknowledges that he 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 pursuant to 15A NCAC 18A .1957(c) 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 can reasonably be expected to function satisfactorily and thus that the findings specified in 15A NCAC 18A .1957(c)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally suitable" and issued on 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 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.

This 28th day of August, 1992.

X Helen K. Swiger (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

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

WITNESS my hand and notarial seal, this 28 day of August, 1992.

Edward A Brock
Notary Public

My Commission Expires May 24, 1995

My Commission Expires _____

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that

_____ personally came before me this day and acknowledged that he is

_____ of _____, 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 _____, sealed with its corporate seal and attested by _____.

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

_____
Notary Public

My Commission Expires _____

BK: 06990 PG: 0343/0345

REGISTERED AUG/28/1992 11:50AM ANNE A. POWERS REGISTER OF DEEDS MECK. CO. N.C.

2149

8/28/92 II-12-W

application for Alternative

542

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

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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.

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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.

This 28th day of August, 1992.

Helen K Swiger (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

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

WITNESS my hand and notarial seal, this 28 day of August, 1992.

Edward A Broch
Notary Public

My Commission Expires May 24, 1995

My Commission Expires _____

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally appeared before me this date and acknowledged that he is _____ of _____, and that by authority duly given and as the act of said corporation, the foregoing instrument was signed in its name by its _____, sealed with its corporate seal and attested by _____.

WITNESS my hand and notarial seal, this _____ day of _____, 19__.

_____
Notary Public

My Commission Expires _____

State of North Carolina, County of Mecklenburg
The foregoing Certificate(s) of Edward A. Broch

Notary(ies) Public is/are certified to be correct. This instrument and this certificate are duly registered at the date and time and in the Book and Page shown on the first page hereof.

ANNE A. POWERS, REGISTER OF DEEDS

By _____ Deputy - Register of Deeds

Mail Helen K. Swiger
3309 Dan Hood
Charlotte, Matthews, N.C. 28105