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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County	DAN AND MARILYN DIMICCO	834B
Health Department	**Name of Establishment**	**Permit/Project No.**
16100 HERMANCE DR	RESIDENCE	360
Location	**Type of Establishment**	**Design Flow**
DAN AND MARILYN DIMICCO	16100 HERMANCE DR	NA
Owner/Agent	**Address**	**Phone**
NA	CHARLOTTE NC 28278	NA
Operator	**Address**	**Phone**
IIIb	4/8/10	4/8/15
System Type	**Date of Inspection**	**Next Inspection Due**

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☒	☐	☐	
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☒	☐	☐	
b. Tanks and access manholes structurally sound, watertight?	☒	☐	☐	
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	3.c. Sanitary tee not inspected.
d. Tanks pumped, cleaned out as needed?.....	☐	☐	☒	
4. RAW SEWAGE LIFT STATION (if present):				
a. Required pumps present, operating, and cycling properly	☐	☐	☒	
b. High-water alarm present and operating properly?	☐	☐	☒	
c. Floats/pipe/valves/disconnects in good condition?	☐	☐	☒	
5. EFFLUENT DOSING SYSTEM:				
a. Effluent appears clear, free of excess solids?	☐	☐	☒	
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☐	☐	☒	INACCESSIBLE
b. High-water alarm present and operating properly?	☐	☐	☒	"
c. Floats/pipe/valves/disconnects in good working condition?	☐	☐	☒	"
d. Control panel enclosure/components in good condition?	☐	☐	☒	"
e. Elapsed time readings: _____ _____ _____ _____				
B. SIPHON SYSTEMS:				
a. No evidence of overflow or siphon leakage?	☐	☐	☒	
b. Siphon(s) appear to be working/alternating properly?	☐	☐	☒	
c. Bells and vents free of debris and in good condition?	☐	☐	☒	

	Yes	No	N/A	Comments:
6. GROUND ABSORPTION FIELDS:				
a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐	
b. Minimal ponding in subsurface trenches?	☒	☐	☐	
c. Surface water being effectively diverted away?	☒	☐	☐	
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐	
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐	
f. Protected from traffic, destructive uses?	☒	☐	☐	
g. Distribution devices in good condition, working properly?	☒	☐	☐	
h. Repair area properly reserved, maintained?	☒	☐	☐	
A. LOW PRESSURE PIPE DRAIN FIELDS:				
a. Turnups/cleanouts/valves intact and accessible?	☐	☐	☒	
b. No effluent standing in lower laterals?	☐	☐	☒	
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒	
d. Pressure head is properly adjusted?	☐	☐	☒	

OVERALL CONDITION AND OPERATION OF SYSTEM:
GOOD

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

***REPAIR WITHIN DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:
*The MCHD recommends having the tanks (septic & dosing) pumped out every 3 to 5 years to remove excess solids.
*Please visit http://groundwater.charmeck.org for additional information.

DATE: 4/8/10

SIGNED: Philo Walker RS AGENT
Division of Environmental Health

Printed Name: PHILO WALKER RS
Phone #: 704/336/5570

Mecklenburg County Health Department

APPLICATION FOR RESIDENTIAL POOL CONSTRUCTION

(All Sections of this Application Must Be Completed AND Signed for Processing)

Physical street address of installation: 16100 HERMANCE DR

Subdivision Name: — City: CHARLOTTE Zip Code: 28278

Owner: DAN + MARILYN DUNCAN Home Phone: 704-843-1423

Mailing Address: SAME Work Phone: 704-608-2464 c

City: _____ State: _____ Zip Code: _____

Contractor: BLUE HAVEN POOLS Phone: 704-889-1300

Mailing Address: 10020 INDUSTRIAL DR City: PINEVILLE State/Zip: NC

1. Type of Water Supply(check one): ☐ City (Municipal) ☐ Private utility (Community) ☑ Private Well
2. Type of Sewage Disposal (check one): ☐ City (Municipal) ☐ Private utility (Community) ☑ Septic system

3. **All outdoor residential swimming pools and spas in Mecklenburg County are required to be completely fenced or protected once the pool is holding water. The minimum fence/barrier required by APPENDIX G of the NC Residential Code is 48"(inches) with no opening greater than four(4) inches through the barrier or more than 2"(inches under the barrier. Gates, when provided, must be self-closing, self-latching, and, where applicable lockable. Other requirements may apply. NOTE-driveway gates, when installed as part of the fence above, must be installed w/ automatic self-closers.**

4. **Attach a scale drawing showing the proposed location of the pool and any buildings, wells, or septic tank systems within 100 feet of the proposed pool.**

MUST BE COMPLETED BY HOMEOWNER OR LEGAL(POWER OF ATTORNEY) REPRESENTATIVE

I Marilyn Duncan, owner of the property, agree to the following requirements: *(initials are required beside each item listed.)*

- I certify that the application and site drawing being submitted are accurate and complete. MD
- I hereby authorize agents of the Health Dept. to enter onto the above property to process this request and to conduct a fence and gate inspection of the pool, when requested or needed. MD
- I understand that the pool must be protected by a fence and gate(s) (or equivalent, if above ground) as specified in the NC Residential Code, APPENDIX G and the *Mecklenburg County Health Ordinance Rules Governing Residential Swimming Pools* and must be installed and completed once the pool is capable of holding water MD

Signed: _____ 12-10-09

Property Owner's Signature — Date

By signing in this block the contractor authorizes the processing fee for this request to be charged to their CUESA Contractor Account.

Kevin Bannema _____ 12-10-09

NAME(PRINT) — Signature — Date

This area for MCHD use only:

Amount Paid: $ 75.00 ☐ Cash ☐ Check ☒ Contractor Account

Check Number: _____ Date: 12/17/09 By: _____

Contractor Charge Account: _____

Request # 3459 Parcel ID#: _____ EHS: _____

Approved By: _____ Date: 2/24/10 CRT: _____

Disapproved By: _____ Date _____ Notify Date _____

Final Fencing Inspection By: _____ Date: _____

Signature on the "Approved By" line above by an employee of the MCHD indicates Health Department approval of this application and the accompanying site plan. All approvals are contingent upon the pool being operated in a manner that does not create a public health nuisance or hazard, and completion of the required pool barrier at the time the pool is capable of holding water.

Revised FEB 2008

Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
704-336-5103 Phone 704-336-6894 Fax

SERVICE REQUEST

File # 834B

Service Request Information

Request Number: **16995**
Request Type: **Resid Pool Approval**
Associated WO Number:
Date Initiated: 2/24/10 8:48:55 AM
Submitted To: JACKSON, JASON

Priority: **3**
Status: IP
Initiated By: CRAIG, GWENDOLYN
Dispatched To: JACKSON, JASON

Incident Location

Problem Address: **16100 HERMANCE DRIVE, CHARLOTTE, 28278**

Requesting Party Information

First Name	Last Name	Address		
DIMICCO	DAN & MARILYN	16100 HERMANCE DRIVE	CHARLOTTE	28278

Home Phone	Work Phone	Other Phone
(704) 843-1423	7046082464	

Question	Answer

Problem Details

Caller Details	Assigned to Jason as requested by same. Residential pool approval

Details (cont.)	Assigned to Jason as requested by same. Residential pool approval

Activity Details

Comments	

Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
704-336-5103 Phone 704-336-6894 Fax

SERVICE REQUEST

Service Request Information

Request Number: **16763**
Request Type: **Resid Pool Approval**
Associated WO Number:
Date Initiated: 12/18/09 9:34:29 AM
Submitted To: WALKER, PHILO

Priority: **3**
Status: IP
Initiated By: CRAIG, GWENDOLYN
Dispatched To: WALKER, PHILO

Incident Location

Problem Address: **16100 HERMANCE DRIVE, CHARLOTTE, 28278**

Requesting Party Information

First Name	Last Name	Address		
DAN & MARILYN	DIMICCO	16100 HERMANCE DRIVE	CHARLOTTE	28278

Home Phone	Work Phone	Other Phone
(704) 843-1423		(704) 608-2464

Question	Answer

Problem Details

Caller Details	left voice mail message at listed home # to call Philo Walker to let him know when pool site has been marked so that he can do a site visit. File # 834B, also 20881

Details (cont.)	left voice mail message at listed home # to call Philo Walker to let him know when pool site has been marked so that he can do a site visit. File # 834B, also 20881

Activity Details

Comments	

New Sq Ft 16955

Kevin → pool
704-778-7501

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

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

MECKLENBURG COUNTY — 834B
Health Department — Name of Establishment — Permit/Project No.

16100 HERMANCE DR. — RESIDENCE — 360 GPD
Location — Type of Establishment — Design Flow

TIMOTHY & GAIL BRADY — 16100 HERMANCE DR, CHARLOTTE, NC 28278 —
Owner/Agent — Address — Phone

TRI-COUNTY —
Operator — Address — Phone

Remarks: TRI

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

OVERALL CONDITION AND OPERATION OF SYSTEM: NO EFFLUENT ON SURFACE OF GROUND.

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)

DATE: 3/13/03 SIGNED: _____ AGENT
Division of Environmental Health

DENR 3702 (Revised 1/98)
On-Site Wastewater Section (Review 12/98)

– over –

January 2, 2003

MECKLENBURG COUNTY
Health Department

Timothy L. and Gail G. Brady
16100 Hermance Dr.
Charlotte, NC 28278

Dear Mr. and Mrs. Brady:

The North Carolina Administrative Code requires routine maintenance and inspections of certain septic tank systems that utilize pumps. Our records indicate that the required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence located at 16100 Hermance Dr., Charlotte, NC is due.

> In accordance with Section .1900 of the North Carolina Administrative Code, North Carolina Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, Subchapter 10A, Sanitation, states in part: " System management in accordance with Tables V(a) and V(b) of this Rule shall be required for all systems installed or repaired after July 1, 1992."

This department will be making inspections on all systems that fall under this requirement. The fee for this service is $85.00. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The water analysis will be performed at no additional cost.

The inspection program and the water analysis are very important initiatives intended to protect the public's health while improving and preserving our groundwater resources. We highly recommend and prefer that you contact our office to make an appointment for the inspection of your system. If we have not heard from you by January 20, 2003 we will proceed with our inspection activities on your property. You will be apprised of our assessments and recommendations for the continued efficient operation of your septic tank system.

To set up an appointment for an inspection, or if you should have any questions regarding this matter, please feel free to contact me at (704) 336-5571.

Sincerely,

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

Enclosure: Inspection Statement

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Timothy L. and Gail G. Brady
16100 Hermance Dr.
Charlotte, NC 28278

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
Timothy and Gail Brady	16100 Hermance St.	217-201-37	8705A	IIIb
[redacted]				**Total Amount Due: $85.00**

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

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date: 1/2/03

Payment Due Date: 2/2/03

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

834B/8705A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

834B / 8705A

pump 32° 200' 2/23/94 CRT

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

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: Smith (last) Henry (first) G.
ADDRESS: 518 West Park Dr PHONE: (H) 742-4719 (W) 663-3061
CITY: Siler City STATE: NC ZIPCODE: 27344

PROPERTY OWNER:
NAME: Smith (last) Henry (first) G.
ADDRESS: 518 West Park Drive PHONE: (H) 742-4719 (W) 663-3061
CITY: Siler City STATE: N.C ZIPCODE: 27344

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 21720139
STREET ADDRESS: 1610 Hurricane
ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 170-B LOT SIZE (in acres): .86

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

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION:

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

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

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

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

Signed: Henry G. Smith Date: 2-24-94

NOTICE:

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

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

...This permit is not transferable.

...Dyt Pump Required

100% Repair Area Required

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

Environmentalist 3/7/94 Date

P. Walker for S. Denil 4/5/94
Director or Authorized Section Head Date

WATER : 122791

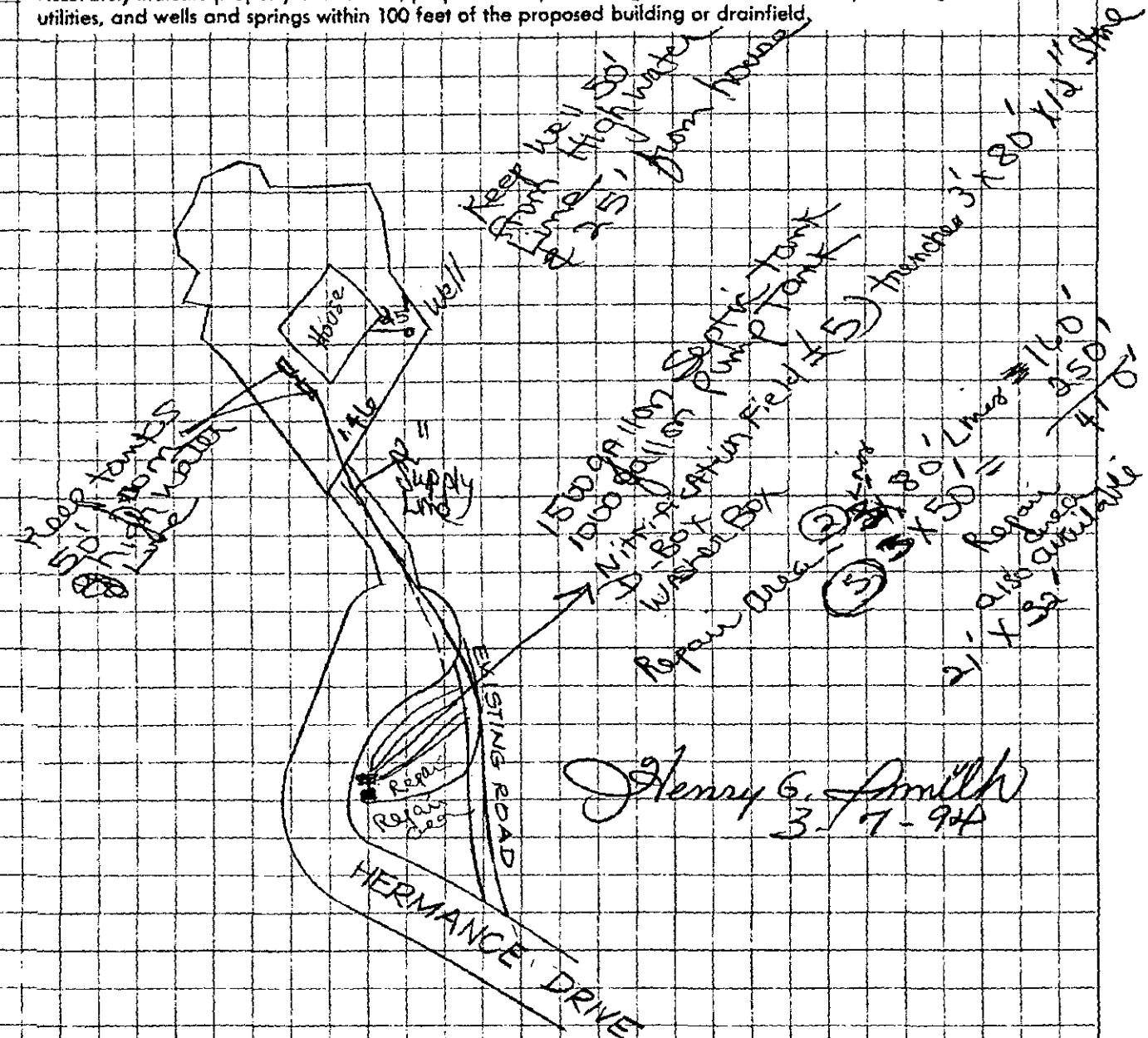
PROPOSED PLOT PLAN

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

FILE: 8340/97054

TC: 217-201-37

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



APPROVAL DATE 3/7/94

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

8348 | 8705A
2136B | 2308A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$150.00 PD 1/20/94 Rec. #27 14

[] CRT

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

(704)336-5102

PERSON FILING APPLICATION:

NAME: Crescent Resources, Inc. (Jim Short)
(last) (first) (mi)

ADDRESS: P. O. Box 1003 PHONE: (704) 382-1704

CITY: Charlotte STATE: NC ZIPCODE: 28201-1003

Date: January 14, 1994

PROPERTY OWNER:

NAME: Same
(last) (first) (mi)

ADDRESS: _____ PHONE: (___) _____

CITY: _____ STATE: _____ ZIPCODE: _____

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 217-201-39

STREET ADDRESS: Hermance Dr. and North Youngblood Road

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

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

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

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

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

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

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

Signed: Jim Short Date: 1/14/94

NOTICE:

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

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

...This permit is not transferable.

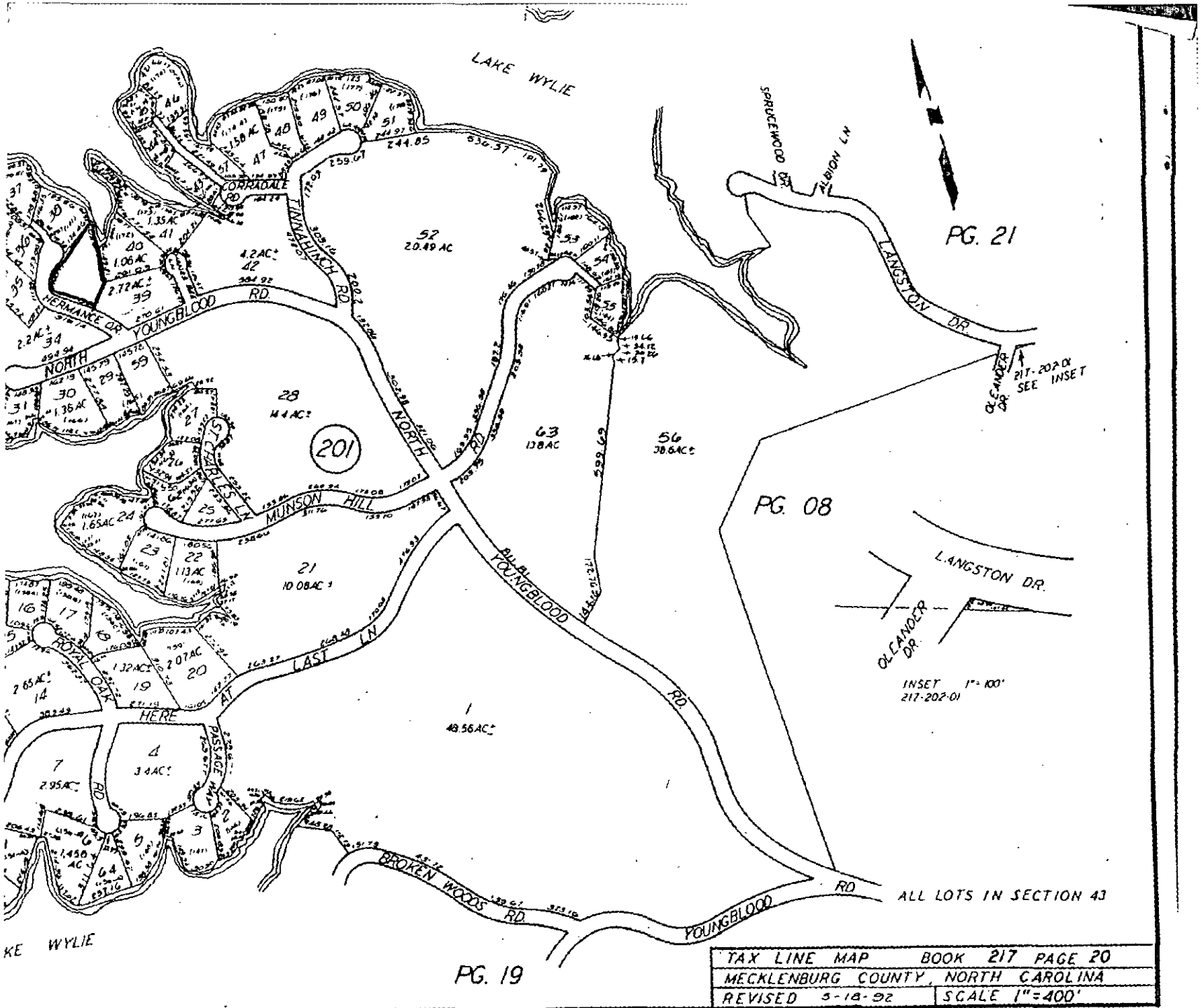
...

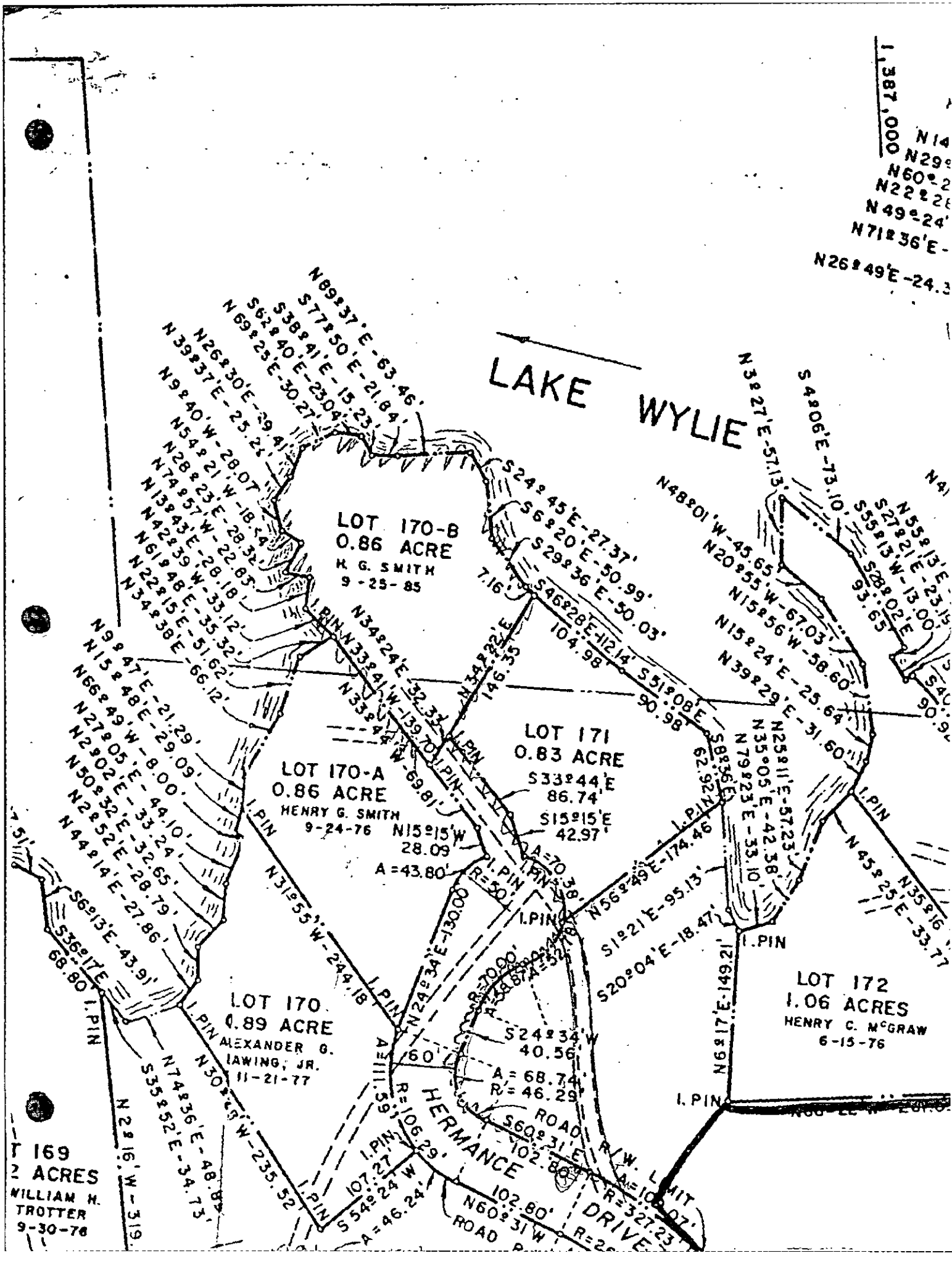
[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

_____
Environmentalist Date

_____
Director or Authorized Section Head Date

WATER : 122791


LAKE WYLIE
SPRUCEWOOD DR
ALBION LN
PG. 21
LANGSTON DR
217-202.01
SEE INSET
OLEANDER DR
CORRIADALE RD
TANNAHILL RD
HERMANCE DR
YOUNGBLOOD RD
NORTH
MARLES LN
MUNSON HILL
201
NORTH RD
BIG BL
YOUNGBLOOD RD
PG. 08
LANGSTON DR.
OLEANDER DR.
INSET 1"=100'
217-202-01
ROYAL OAK
LAST
AT
HERE
PASS AGE WAY
RD
BROKEN WOODS RD
YOUNGBLOOD RD
ALL LOTS IN SECTION 43
KE WYLIE
PG. 19
TAX LINE MAP BOOK 217 PAGE 20
MECKLENBURG COUNTY, NORTH CAROLINA
REVISED 5-18-92
SCALE 1"=400'


LAKE WYLIE
LOT 170-B
0.86 ACRE
H. G. SMITH
9-25-85
LOT 170-A
0.86 ACRE
HENRY G. SMITH
9-24-76
LOT 171
0.83 ACRE
LOT 170
0.89 ACRE
ALEXANDER G. LAWING, JR.
11-21-77
LOT 172
1.06 ACRES
HENRY C. McGRAW
6-15-76
T 169
2 ACRES
WILLIAM H. TROTTER
9-30-76
HERMANCE DRIVE
ROAD
I.PIN
N89°37'E-63.46'
S77°50'E-21.84'
S38°41'E-15.23'
S62°40'E-23.04'
N69°23'E-30.27'
N26°30'E-29.4'
N39°37'E-25.24'
N9°40'W-28.07'
N54°21'W-18.24'
N28°23'E-28.32'
N74°57'W-22.65'
N13°43'E-28.18'
N42°39'W-33.12'
N61°48'E-35.32'
N22°15'E-51.62'
N34°38'E-66.12'
N9°47'E-21.29'
N15°48'E-29.09'
N66°49'W-8.00'
N27°05'E-44.10'
N2°02'E-33.24'
N50°32'E-32.65'
N2°52'E-28.79'
N44°14'E-27.86'
S56°13'E-43.91'
S36°17'E
68.80
N74°36'E-48.84'
S35°52'E-34.73'
N2°16'W-319.
N31°55'W-244.18
N30°43'W-235.52
N33°24'W-139.70'
N34°22'E
146.35
N24°34'E-130.00
A=111.59'
R=106.29'
107.27'
S54°24'W
A=46.24'
S24°45'E-27.37'
S6°20'E-50.99'
S29°36'E-50.03'
7.16'
S46°28'E-112.14'
104.98'
S51°08'E
90.98'
S24°34'W
40.56'
A=68.74'
R=46.29'
S60°31'E
102.80'
N60°31'W
102.80'
R=327.23'
A=100.07'
R=70.00'
A=68.74'
N48°01'W-45.65'
N20°55'W-67.03'
N15°56'W-58.60'
N15°24'E-25.64'
N39°29'E-31.60'
N25°11'E-57.23'
N35°05'E-42.38'
N79°23'E-33.10'
S8°36'E
62.92'
N56°49'E-174.46
S1°21'E-95.13'
S20°04'E-18.47'
N69°17'E-149.21'
N45°25'E-33.77
N35°16'
N3°27'E-57.13'
S4°06'E-73.10'
N55°13'E-23.15'
S27°21'E-13.00'
S55°13'W-13.00'
S28°02'E
93.65'
S4
90.9
N15°23'W-69.81'
N33°24'
A=70.38'
R=50'
N15°15'W
28.09'
A=43.80'
S33°44'E
86.74'
S15°15'E
42.97'
60'

MECKLENBURG COUNTY HEALTH DEPARTMENT File: 83491/8705A Action 2
SITE EVALUATION REPORT *217-161-01 Pool Parcel: PO 217-161-01 ☐ PC
SERIAL NUMBER 20199

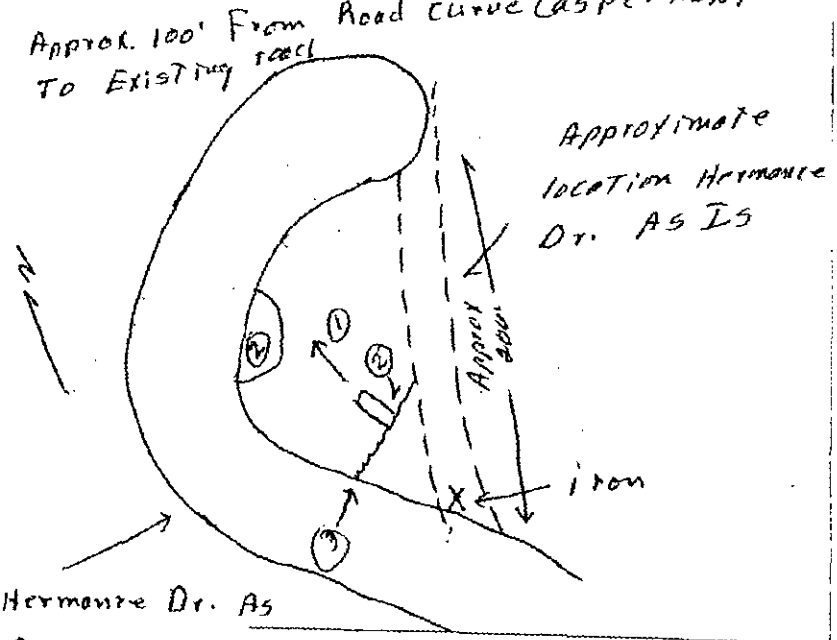
Location: Hermance Dr.
Subdivision:
Lot: Block: Acres: .25 ±

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

Comments: 100% Repair, prospective area for system for 217-201-37, 100% Repair, 3 gal/gpf/day LTAR

Described by: William A. Medlin
Date: 2-17-94

area investigated is between existing road and road as shown on tax map.



***** EVALUATION KEY *****
S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3			
Topography	(S) PS U 2-8%	S PS (U) Depression	S PS (U) Terrace			
Texture slight/y Expansive	S (PS) U clay	S PS U —	S PS U —			
Structure	S (PS) U Sub-Blocky	S PS U —	S PS U —			
Drainage	S (PS) U 7+0" TO WATER	S PS U —	S PS U —			
Depth	S (PS) U 40" +	S PS U —	S PS U —			
Restrictive Horizons	S (PS) U 7+0"	S PS U —	S PS U —	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Group/Series	III Cecil-Like	Depression	Terrace			
ssification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

Change Tax map no. of file 8348
To PO 217-161-01
~~Retap~~ release
2136B

Mecklenburg County

Health Department

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

February 24, 1994

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

RE: Property located at Hermance Drive
FILE: 834B/8705A
PARCEL: 217-161-01PO

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified **UNSUITABLE** for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 20199) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 15A NCAC 18A .1948 (d) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application For An Improvement Permit with an **ACCURATELY** dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

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

Sincerely,

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

KR:lw
Enclosure (2)

834B (8705A)

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

P&S 57.83 DT
CK# 57.83 1/5/93 CRT

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

(704)336-5102

PERSON FILING APPLICATION:

NAME: Smith (last) Henry (first) G. (mi)

ADDRESS: 518 West Park Road PHONE: (919) 663-3061

CITY: Siler City STATE: NC ZIPCODE: 27344

Date: December 15, 1992

PROPERTY OWNER:

NAME: Crescent Resources, Inc. (last) (first) (mi)

ADDRESS: P. O. Box 1003 PHONE: (704) 373-8422

CITY: Charlotte STATE: NC ZIPCODE: 28201-1003

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 217-201-39

STREET ADDRESS: Hermance Dr. and North Youngblood Rd.

ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

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

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

NUMBER BEDROOMS: 03 NUMBER OCCUPANTS: 03

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 [X] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

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

Signed: Ethelene L. Williams Date: December 15, 1992

NOTICE:

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

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

...This permit is not transferable.

...

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

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

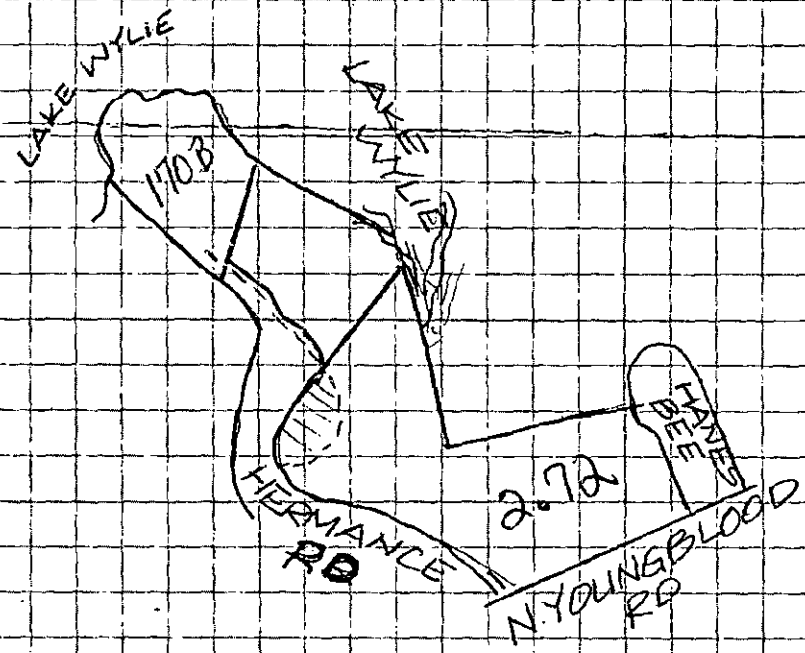
PROPOSED PLOT PLAN

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

FILE: 834B (8705A)

TC: 217-201-39

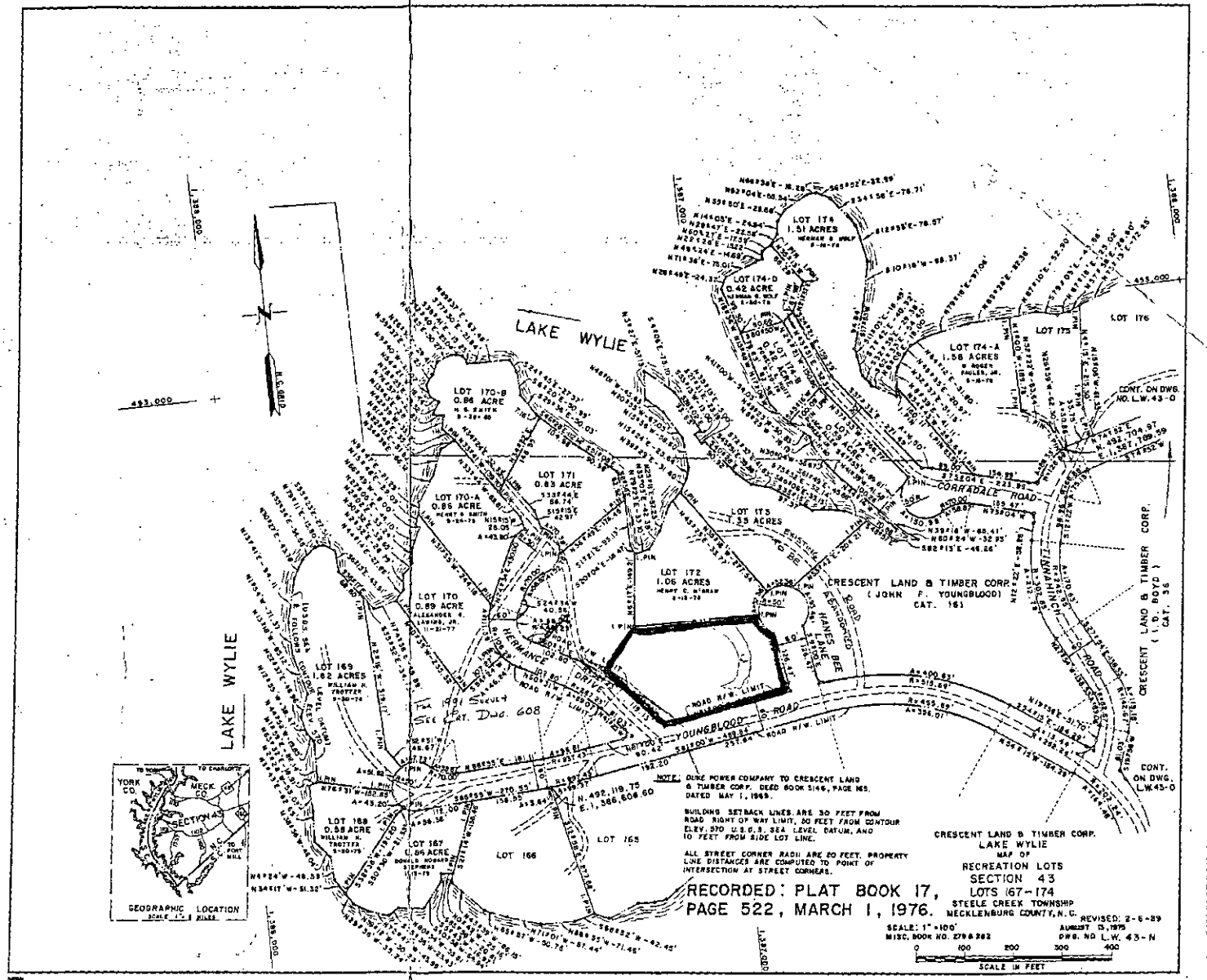
Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE _____

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

TAX MAP [redacted] 217 BLK 201


LAKE WYLIE
LOT 174
1.51 ACRES
LOT 174-D
0.42 ACRE
LOT 174-A
1.58 ACRES
LOT 173
LOT 176
LOT 170-B
0.86 ACRE
LOT 171
0.83 ACRE
LOT 170-A
0.86 ACRE
LOT 175
1.35 ACRES
LOT 172
1.06 ACRES
LOT 170
0.89 ACRE
LOT 169
1.82 ACRES
LOT 168
0.58 ACRE
LOT 167
0.86 ACRE
LOT 166
LOT 165
CORRADALE ROAD
YOUNGBLOOD ROAD
HAINES BEE LANE
CRESCENT LAND & TIMBER CORP.
(JOHN F. YOUNGBLOOD)
CAT. 161
CRESCENT LAND & TIMBER CORP.
(I. D. BOYD)
CAT. 36
CONT. ON DWG. NO. LW.43-0
CONT. ON DWG. LW.45-0
See Plat Book 608
NOTE: DUKE POWER COMPANY TO CRESCENT LAND & TIMBER CORP. DEED BOOK 5146, PAGE 165, DATED MAY 1, 1969.
BUILDING SETBACK LINES ARE 30 FEET FROM ROAD RIGHT OF WAY LIMIT, 20 FEET FROM CONTOUR ELEV. 570 U.S.G.S. SEA LEVEL DATUM, AND 10 FEET FROM SIDE LOT LINE.
ALL STREET CORNER RADII ARE 20 FEET. PROPERTY LINE DISTANCES ARE COMPUTED TO POINT OF INTERSECTION AT STREET CORNERS.
CRESCENT LAND & TIMBER CORP.
LAKE WYLIE
MAP OF
RECREATION LOTS
SECTION 43
LOTS 167-174
STEELE CREEK TOWNSHIP
MECKLENBURG COUNTY, N.C.
RECORDED: PLAT BOOK 17, PAGE 522, MARCH 1, 1976.
REVISED: 2-6-89
SCALE: 1" = 100'
AUGUST 13, 1975
MISC. BOOK NO. 279 & 282
DWG. NO. L.W. 43-N
SCALE IN FEET
GEOGRAPHIC LOCATION
SECTION 43
YORK CO.
MECK. CO.

Dear Bill, if you have any questions on this call me collect and I will meet you any time, if I have a little notice, reason I have not sent this it has so not, I didn't know if that made a difference Bill I do need this soon as you can possibly work it in Thanks so much for your help thanks Henry

919-663-3061 work
919-742-4719 Home

Call anytime either place

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH File: 8348/8705A Action 2
SITE EVALUATION REPORT
SERIAL NUMBER 12997 340 Parcel: PO 217-201-39 37 PC

Location: Hermanee Dr.

Subdivision:

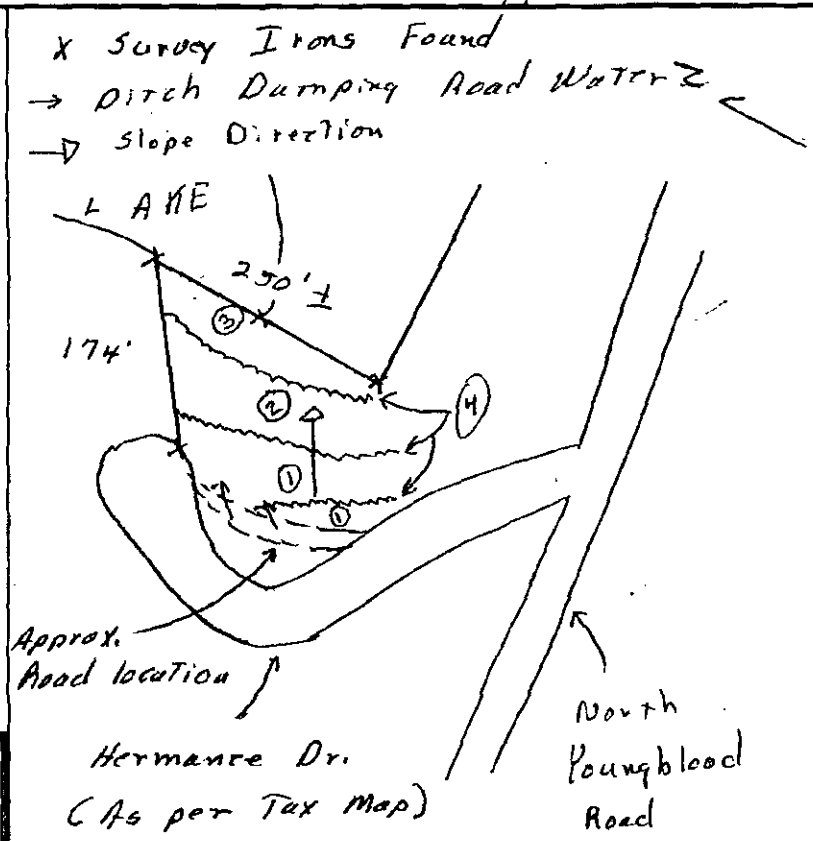
Lot: Block: Acres: 1.0

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

Comments: Proposed new for system on 217-201-37 would need pump, 100% Repair

Described by: William A. Marlin

Date: 2-11-93



***** EVALUATION KEY *****
S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 8-15%	S (PS) U 15-30%	S PS (U) >30%	S PS (U) Abrupt Slope changes	S PS U	S PS U
Texture	S (PS) U slightly Expansive clay	S (PS) U slightly Expansive clay	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U sub & Blocky	S (PS) U sub & Blocky	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U 7 48" to water	(S) PS U 7 48" to water	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 40"+	S (PS) U 38-40"	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 40"+	S (PS) U 7 40"	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Restrictive	S PS (U) Restrictive	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil-Lilo	IV Cecil-Lilo	>30% Slopes	Abrupt slope changes		
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

MECKLENBURG COUNTY
Health Department

March 14,2003

Timothy and Gail Brady
16100 Hermance Dr.
Charlotte, NC 28278

Dear Mr. and Mrs. Brady:

The State required inspection of the Type IVa septic system, which serves as the wastewater treatment and disposal system for the residence located at 16100 Hermance Dr., Charlotte, North Carolina, was completed on 3/13/03. The results of this inspection are enclosed.

Our records indicate that the $85.00 fee for this service has not been received. Please return the enclosed invoice with your payment.

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
Septic System Owner's Guide
Inspection Invoice

SUBSURFACE WASTEWATER DISPOSAL SYSTEM MONITORING REPORT FORM

834B

Name and Address of System Manager	Date of Inspection / Follow-up
TRI-COUNTY WASTEWATER P.O. Box 1830 Indian Trail, NC 28079 (704) 821-8841	2-16-05 ☐ 6 Mo. ☒ 12 Mo. ☐ Follow-up ☐ Service Call
	County: Mech System Classification & Type: 4 LPP
Name and Address of Owner: Timothy Brady 16100 Hermance Dr. Charlotte NC 28278	Location of System Lot # _____ Phase _____ Subdivision: _____

(✓=Satisfactory, M= Marginal, X=Unsatisfactory, N=Not Evalulated, NA= Not Applicable)

TANKAGE (septic tanks)

			Scum Level	Sludge Level
Tank risers accessible?	✓	Septic Tank	3	
Signs of infiltration?	✓	Water Depth		
Tanks and access structurally sound?	✓	Septic Tank Needs Pumping		
Sanitary tee(s) in good condition?	✓			
Effluent filter cleaned?	CAN'T	Bacteria Added: Pulp		
Effluent filter in good condition?		Reg.	6	

TANKAGE (grease traps)

			Scum Level	Sludge Level
Grease trap risers accessible?		Grease Trap		
Signs of infiltration?		Water Depth		
Grease trap and access structurally sound?		Grease Trap Needs Pumping		
Sanitary tee(s) in good condition?				
Effluent filter cleaned?				
Effluent filter in good condition?				

EFFLUENT DOSING STATION:

Tank Riser Height?	✓	Filter Cleaned	
Signs of Infiltration?	✓	Filter in Good Condition	
Required pumps present and operating properly?	✓	Elapsed Time Readings:	
High water alarm operating properly?	✓	Pump #1	
Floats, pipes, valves, disconnects in good condition?	✓	Pump #2	
Control panel enclosure/components in good condition?	✓	Pump #3	
Effluent appears clear and free of solids?	✓	Pump #4	

GROUND ABSORPTION FIELDS (general):

No evidence of effluent surfacing?	✓
Surface water being effectively diverted away?	✓
Line cover & vegetative cover maintained properly?	✓
Protected from traffic, destructive uses?	✓
Distribution devices in good working condition?	✓
Repair area properly reserved, maintained?	✓

PRESSURE MANIFOLD SYSTEM:

Manifold vault, valves, piping in good condition?		Corrected Today
Evidence of leakage, blockage in discharge lines?		Corrected Today
Pressure head is properly adjusted?		Corrected Today

LOW PRESSURE PIPE SYSTEM:

Turnups/cleanouts/valves intact and accessible?	✓	Corrected Today
Laterals free of excess solids?	✓	
Laterals flushed this inspection?	✓	
Pressure head is properly adjusted?	✓	Corrected Today

SWDSMR 3/99

SUBSURFACE WASTEWATER DISPOSAL SYSTEM
MONITORING REPORT FORM

Name and Address of System Manager	Date of Inspection / Type
TRI-COUNTY WASTEWATER P.O. Box 1830 Indian Trail, NC 28079 (704) 821-8841	2-16-05 ☐ 6 Mo. ☐ Follow-up ☒ 12 Mo. ☐ Service Call
	County: Union System Classification & Type: Sand filter
Name and Address of Owner: Timothy Brady	Location of System Lot # _____ Phase _____ Subdivision: _____

(✓=Satisfactory, M= Marginal, X=Unsatisfactory, N=Not Evalulated, NA= Not Applicable)

TANKAGE (septic tanks)

			Scum Level	Sludge Level
Tank risers accessible?	✓			
Signs of infiltration?	✓	Septic Tank		
Tanks and access structurally sound?	✓	Water Depth		
Sanitary tee(s) in good condition?	✓	Septic Tank Needs Pumping		
Effluent filter cleaned?	✓	Bacteria Added: Pulp		
Effluent filter in good condition?	✓	Reg.		

TANKAGE (grease traps)

			Scum Level	Sludge Level
Grease trap risers accessible?	✓			
Signs of infiltration?	✓	Grease Trap		
Grease trap and access structurally sound?	✓	Water Depth		
Sanitary tee(s) in good condition?	✓	Grease Trap Needs Pumping		
Effluent filter cleaned?	✓			
Effluent filter in good condition?	✓			

EFFLUENT DOSING STATION:

Tank Riser Height?	✓	Filter Cleaned _____
Signs of Infiltration?	✓	Filter in Good Condition _____
Required pumps present and operating properly?	✓	Elapsed Time Readings:
High water alarm operating properly?	✓	Pump #1 _____
Floats, pipes, valves, disconnects in good condition?	✓	Pump #2 _____
Control panel enclosure/components in good condition?	✓	Pump #3 _____
Effluent appears clear and free of solids?	✓	Pump #4 _____

GROUND ABSORPTION FIELDS (general):

No evidence of effluent surfacing?	✓	
Surface water being effectively diverted away?	✓	
Line cover & vegetative cover maintained properly?	✓	
Protected from traffic, destructive uses?	✓	
Distribution devices in good working condition?	✓	
Repair area properly reserved, maintained?	✓	

PRESSURE MANIFOLD SYSTEM:

Manifold vault, valves, piping in good condition?	✓	Corrected Today _____
Evidence of leakage, blockage in discharge lines?	✓	Corrected Today _____
Pressure head is properly adjusted?	✓	Corrected Today _____

LOW PRESSURE PIPE SYSTEM:

Turnups/cleanouts/valves intact and accessible?	✓	Corrected Today _____
Laterals free of excess solids?	✓	
Laterals flushed this inspection?	✓	
Pressure head is properly adjusted?	✓	Corrected Today _____

SUBSURFACE WASTEWATER INSPECTION FORM

834B

System Manager:
TCW Wastewater Management, Inc.
P.O. Box 1830, Indian Trail, NC 28079
Tele. 704.821.8841
Fx. 704.821.8892

Date of Inspection: 9/20/05
___ Initial ___ 6 month ✓ 12 month
___ Follow-up ___ Service call ___ Other

County	System Type	Drainfield
Meck	LPP w/sand Treat.	✓ On-site ___ Off-site

Time: 3:40 pm Initials TT

Name and Address of Owner:
Timothy Brady
16100 Hermance Dr.
Charlotte NC 28278

Location of System / Drainfield (off-site)
2 systems on site
Lot # ___ Phase ___ Subdivision ___

Compliance Status: ✓ Compliant ___ Non-Compliant ___ Malfunctioning
Copies: ✓ Homeowner ✓ DEH ___ Builder ___ Owner's Association ___ Developer

✓ = Satisfactory M = Marginal X = Unsatisfactory N = Not Evaluated NA = Not Applicable

Septic Tank: size: ___ gallons
Scum Level 3" Sludge Level ___"

Tank risers accessible?	✓
Signs of infiltration? Surface	✓
Subsurface	✓
Surface water being diverted away?	✓
Tanks and access structurally sound?	✓
Sanitary tee in good condition?	✓
Inlet Tee cleaned?	✓
Effluent Filter Cleaned?	CAST IN
Effluent Filter in good condition?	
Effluent Filter in snapped in place?	
Water level at proper level?	✓

Liquid Depth ___"
Septic Tank Needs Pumping Yes ___ No ✓

Bacteria:

	Added at inspection	Left with homeowner
Pulp	___ pks	___ pks
Regular	8 pks	___ pks
Bio-One	___	___

Effluent Dosing Station: size: ___ gallons
Sludge Level ___"

Tank Riser Height?	✓
Signs of Infiltration?	✓
Required pumps present & operating properly?	✓
High water alarm operating properly?	✓
Floats, pipes, valves, disconnects in good condition?	✓
Pump float is not resting on top of pump	✓
Control panel enclosure/components in good condition?	✓
TCW sticker placed on front door of Panel?	✓
Duct Seal present in all conduit openings?	✓
Effluent appears clear and free of solids?	
Telemetry / Dialer is working properly?	NA

Pump Tank Needs Pumping Yes ___ No ✓

Elapsed Time Readings:
Pump #1- C ___ - P ___ = Usage ___
Pump #2- C ___ - P ___ = Usage ___
Pump #1- CC ___ Pump #2 - CC ___

Filter Cleaned ___
Filter in good condition ___

Pressure Bell settings: Off 4", On 12"-15", Tele 18", Alarm 24"
Note: Draw down = "On" minus "Off" times GPI of tank size

Ground Absorption Fields:

No evidence of effluent surfacing?	✓	Surface water being diverted away?	✓
Vegetative cover maintained properly?	✓	No low areas or settling occurring?	✓
Protected from traffic, destructive uses?	✓	Line cover (soil) is adequate?	✓
Drop boxes used in lieu of Distribution box? Yes ___ No ___		Repair area properly reserved, maintained?	✓
Distribution box(es) in good condition?	___		
Distribution box(es) in proper adjustment?	___		

Pressure Manifold System:

Manifold vault, valves, piping in good condition?			
Evidence of leakage, blockage in discharge lines?	/	Corrected Today	___
Pressure head is properly adjusted?	/	Corrected Today	___

Low Pressure Pipe System:

Turn-ups/cleanouts/valves intact and accessible?	✓	Corrected Today	___
Laterals free of excess solids?	✓	Jetting required	___
Laterals flushed this inspection?	N		
Zone valves operating properly?	✓	Corrected Today	___
Pressure head is properly adjusted?	✓	Corrected Today	___
Turn-up buckets are dry inside?	✓		
Valve box or buckets are dry inside?	✓		

revised 8/15/05

SUBSURFACE WASTEWATER DISPOSAL SYSTEM
MONITORING REPORT FORM

834B

Name and Address of System Manager

TRI-COUNTY WASTEWATER
P.O. Box 1830
Indian Trail, NC 28079
(704) 821-8841

Date of Inspection: 9/16/04

☐ 6 Mo. ☐ Follow-up
☒ 12 Mo. ☐ Service Call

County: Mecklenburg

System Classification & Type: 4

Timothy Brady
16100 Hermance Drive
Charlotte NC 28278

Location of System

Lot # _____ Phase _____
Subdivision: _____

(✓=Satisfactory, M= Marginal, X=Unsatisfactory, N=Not Evaluated, NA= Not Applicable)

TANKAGE (septic tanks)

			Scum Level	Sludge Level
Tank risers accessible?	✓	Septic Tank	4½"	____
Signs of infiltration?	✓	Water Depth	____	
Tanks and access structurally sound?	✓	Septic Tank Needs Pumping	Check in 6mo.	
Sanitary tee(s) in good condition?	/	Bacteria Added: Pulp	10	
Effluent filter cleaned?	/	Reg.	____	
Effluent filter in good condition?	/			

TANKAGE (grease traps)

			Scum Level	Sludge Level
Grease trap risers accessible?		Grease Trap	____	____
Signs of infiltration?	/	Water Depth	____	
Grease trap and access structurally sound?	/	Grease Trap Needs Pumping	____	
Sanitary tee(s) in good condition?	/			
Effluent filter cleaned?	/			
Effluent filter in good condition?	/			

EFFLUENT DOSING STATION:

Tank Riser Height?	✓	Filter Cleaned	____
Signs of Infiltration?	✓	Filter in Good Condition	____
Required pumps present and operating properly?	✓	Elapsed Time Readings:	
High water alarm operating properly?	✓	Pump #1	____
Floats, pipes, valves, disconnects in good condition?	✓	Pump #2	____
Control panel enclosure/components in good condition?	✓	Pump #3	____
Effluent appears clear and free of solids?	✓	Pump #4	____

GROUND ABSORPTION FIELDS (general):

No evidence of effluent surfacing?	✓	
Surface water being effectively diverted away?	✓	
Line cover & vegetative cover maintained properly?	✓	
Protected from traffic, destructive uses?	✓	
Distribution devices in good working condition?	✓	
Repair area properly reserved, maintained?	✓	

PRESSURE MANIFOLD SYSTEM:

Manifold vault, valves, piping in good condition?	/	Corrected Today	____
Evidence of leakage, blockage in discharge lines?	/	Corrected Today	____
Pressure head is properly adjusted?	/	Corrected Today	____

LOW PRESSURE PIPE SYSTEM:

Turnups/cleanouts/valves intact and accessible?	✓	Corrected Today	____
Laterals free of excess solids?	✓		
Laterals flushed this inspection?	9-04		
Pressure head is properly adjusted?	✓	Corrected Today	____

SUBSURFACE WASTEWATER DISPOSAL SYSTEM
MONITORING REPORT FORM

Name and Address of System Manager

TRI-COUNTY WASTEWATER
P.O. Box 1830
Indian Trail, NC 28079
(704) 821-8841

Date of Inspection 9/16/04

☐ 6 Mo. ☐ Follow-up
☑ 12 Mo. ☐ Service Call

County Rock

System Classification & Type

Name and Address of Owner

Location of System SAND FILTER

Lot # _____ Phase _____
Subdivision: _____

(✓=Satisfactory, M=Marginal, X=Unsatisfactory, N=Not Evaluated, NA= Not Applicable)

TANKAGE (septic tanks)

			Scum Level	Sludge Level
Tank risers accessible?	✓	Septic Tank	____	____
Signs of infiltration?	✓	Water Depth	____	
Tanks and access structurally sound?	✓	Septic Tank Needs Pumping	____	
Sanitary tee(s) in good condition?	✓			
Effluent filter cleaned?	✓			
Effluent filter in good condition?	✓			

TANKAGE (grease traps)

			Scum Level	Sludge Level
Grease trap risers accessible?	✓	Grease Trap	____	____
Signs of infiltration?	✓	Water Depth	____	
Grease trap and access structurally sound?	✓	Grease Trap Needs Pumping	____	
Sanitary tee(s) in good condition?	✓			
Effluent filter cleaned?	✓			
Effluent filter in good condition?	✓			

EFFLUENT DOSING STATION:

Tank Riser Height?	✓	Filter Cleaned	____
Signs of Infiltration?	✓	Filter in Good Condition	____
Required pumps present and operating properly?	✓	Elapsed Time Readings:	
High water alarm operating properly?	✓	Pump #1	____
Floats, pipes, valves, disconnects in good condition?	✓	Pump #2	____
Control panel enclosure/components in good condition?	✓	Pump #3	____
Effluent appears clear and free of solids?	✓	Pump #4	____

GROUND ABSORPTION FIELDS (general):

No evidence of effluent surfacing?	✓
Surface water being effectively diverted away?	✓
Line cover & vegetative cover maintained properly?	✓
Protected from traffic, destructive uses?	✓
Distribution devices in good working condition?	✓
Repair area properly reserved, maintained?	✓

PRESSURE MANIFOLD SYSTEM:

Manifold vault, valves, piping in good condition?	✓	Corrected Today	____
Evidence of leakage, blockage in discharge lines?	✓	Corrected Today	____
Pressure head is properly adjusted?	✓	Corrected Today	____

LOW PRESSURE PIPE SYSTEM:

Turnups/cleanouts/valves intact and accessible?	✓	Corrected Today	____
Laterals free of excess solids?	✓		
Laterals flushed this inspection?	✓		
Pressure head is properly adjusted?	✓	Corrected Today	____

834B

Land Records Information System

Parcel Information

Return to Search Results Listing
Print Ownership and GIS Summary

Parcel ID #: **21720137** ***GIS ID #:*** **21720137**

Owner Name:	TIMOTHY L BRADY AND GAIL G BRADY
Mailing Address:	16100 HERMANCE DR CHARLOTTE, NC 28278

Property Characteristics

Legal Desc.:	L170B SEC 43 M17-522
Land Area:	1 WF
Fire District:	24-STEELE CREEK #2
Special District:	FIRE SERVICE A
Account Type:	INDIVIDUAL
Municipality:	0-MECKLENBURG COUNTY-UNINCORP.
Property Use:	SINGLE-FAM

Deed Reference(s) and Sales Price

08393-213 (12/11/1995) $250,000.00

Situs Addresses Tied to This Parcel

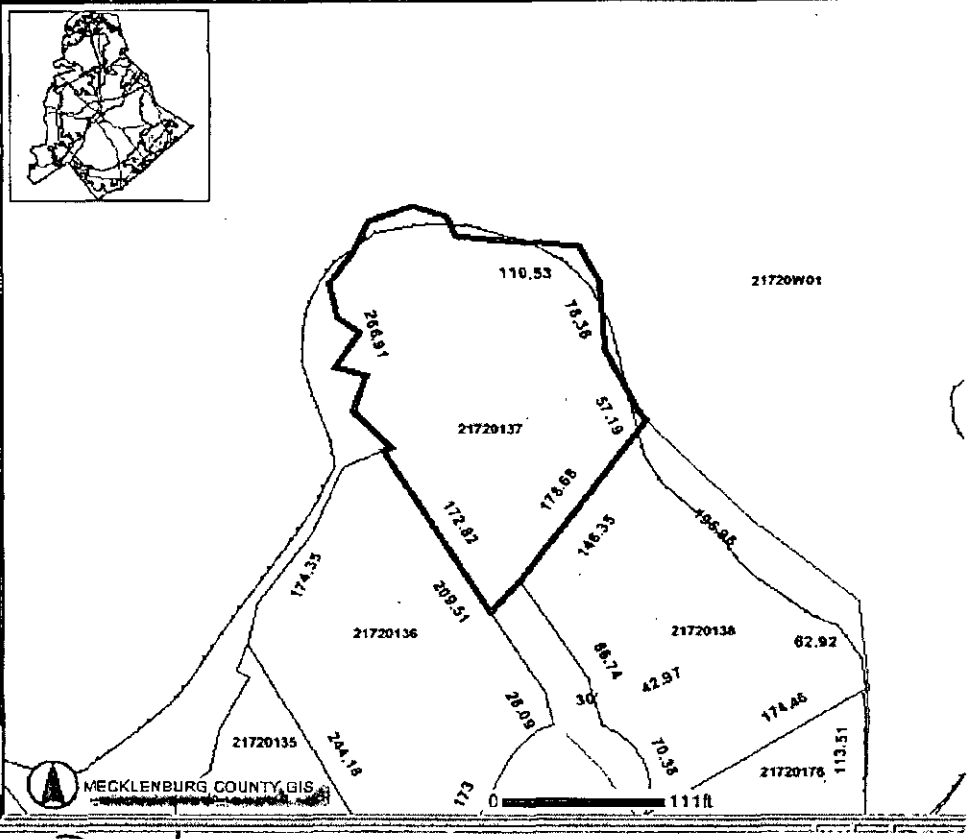
16100 HERMANCE DR

Choose an address from the list above and click on the links below for more information

Where to Go Vote | School Districts
Parks Within 3 Miles | Get Directions

Links to More Information

Building Photo(s)



NOTICE MAILED 1/2/03 (W) IIIb

Done 3/13 12'00
OK.

65R
(END of YOUNGBLOOD RD)

SERVICE REQUEST/WORK ORDER

Log No.:_____ Section: PHPM & ES Hazard? ( )Yes ( )No

Date: 12/17/09 Parcel: 217-201-37 <60 Days? ( )Yes ( )No

REQUESTING PERSON: Melinda PHONE NUMBER(S): 65545

PROPERTY CONCERNED: Name Dan Dimicco

ADDRESS: 16100 Hermance Drive CITY ZIP

SERVICE REQUESTED: Please check location of pool to the septic & well.

ASSIGNED TO/ AREA: Pilot COMPLETED BY: _____

DATE	ACTIVITY REPORT
	lot 170B Sec 43 1997
	File # 8348 also per file # 20881
	LM on VM 843# to let Mr Walker know when
	pool site was marked
12/18	SR # 16763
2/25/10	SR # 16995 GWS Not on LD, nothing
	to release at this time

NOTIFICATION TO REQUESTING PERSON: ( ) WRITTEN ( ) VERBAL ( ) NOT APPLICABLE

COMPLETED BY: Jason Jackson DATE 2/24/10

REVIEWED BY: Kelly Tidwell DATE 2-25-10

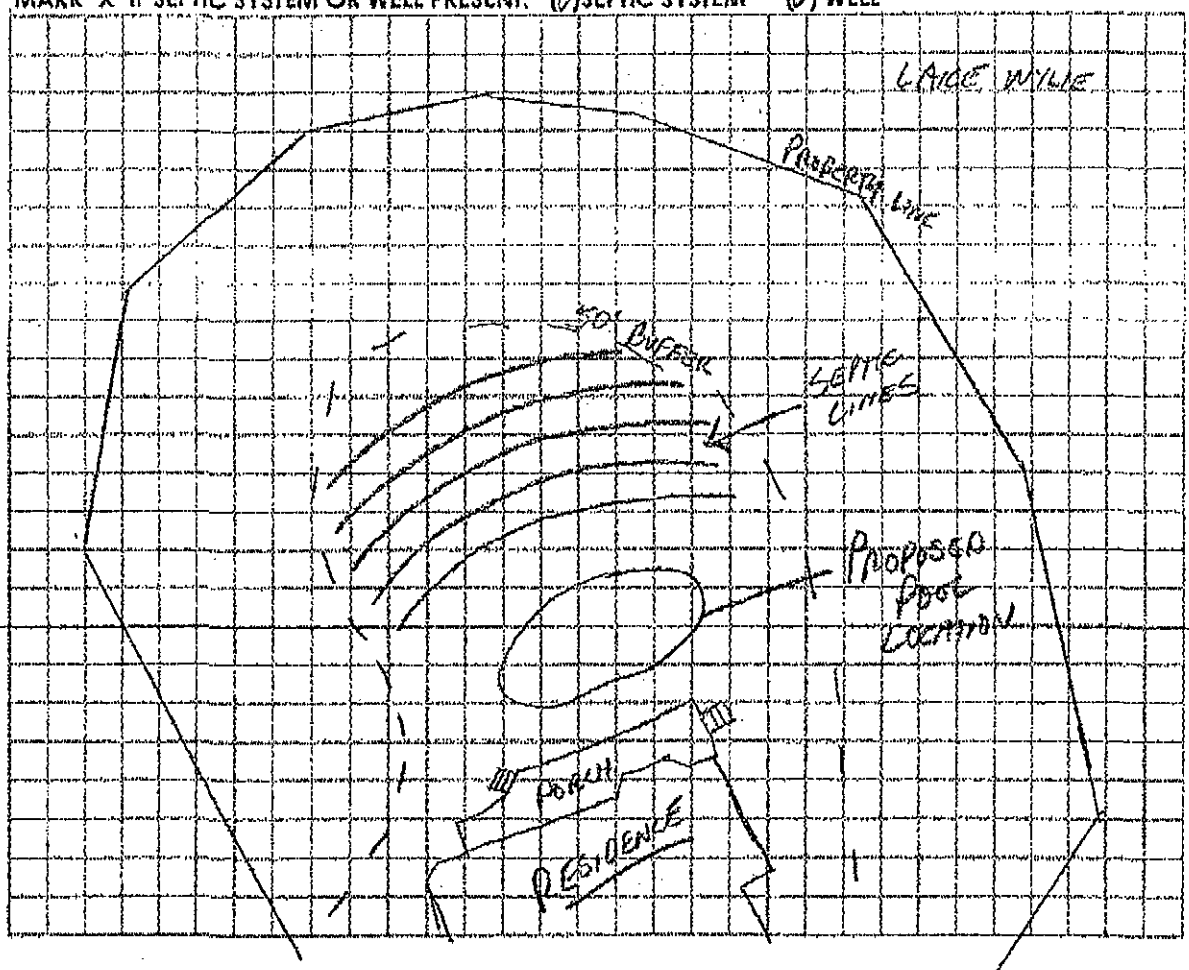
Mecklenburg County Health Department
700 N. Tryon Street, Suite 208
Charlotte, NC 28202
PHONE (704) 336-5101 FAX(704) 336-5306

PLOT PLAN FOR SWIMMING POOL INSTALLATION

ADDRESS: 16100 HERMANCE DR CHARLOTTE NC 28278

Draw in all proposed pool, property lines, address road, proposed or existing structures or driveways, underground storage tanks, wells (whether on same lot or not, if within 100 feet) , and septic system drainfields. Plot/draw all dimensions, distances, etc. as needed to accurately detail pool layout in relation to structures, property lines, septic systems, etc.

MARK "X" IF SEPTIC SYSTEM OR WELL PRESENT: (✓) SEPTIC SYSTEM (✓) WELL



I, MARCUS SPENCER (homeowner) hereby affirm that the drawing above is accurate and understand that any deviation in construction from the pool layout, as approved, may result in removal of the pool or revocation of this approval.

HOMEOWNER SIGNATURE

12-10-09
DATE

OFFICE USE ONLY:
HEALTH DEPT APPROVAL BY: DATE:

Mecklenburg County

Health Department

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

February 12, 1993

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

Re: Property located at Hermance Drive
File: 834B/8705A
Parcel: 217 201 39P0

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified **UNSUITABLE** for the installation of such a system. A copy of the site evaluation report (Serial No. 12997) is enclosed for your information.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 15A NCAC 18A .1957 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application for an Improvement Permit with an accurately dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If you need any assistance, please feel free to call Mr. Bill Marlin at 336-5574.

Sincerely,

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

KR:lw

Enclosure (2)