

17517 YOUNGBLOOD RD

21707129

5/30/2007

duponbj

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

CS AD

[X] 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 5106A

PERSON FILING APPLICATION:
NAME: Flamino Duncan L
(last) (first) (mi)
ADDRESS: 17517 Youngblood Rd PHONE: (704) 588-8455
CITY: Charlotte STATE: NC ZIPCODE: 28278

Date: 2/25/00

PROPERTY OWNER:
NAME: Flamino Duncan L
(last) (first) (mi)
ADDRESS: 17517 Youngblood Rd PHONE: (704) 588-8455
CITY: Charlotte STATE: NC ZIPCODE: 28278

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 21707125
STREET ADDRESS: 17517 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: N/A

LOT NUMBER: LOT SIZE (in acres): 1992

TYPE APPLICATION (check one):

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

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: 4

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: [signature] Date: 2/25/00

NOTICE:

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

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

...This permit is not transferable.

... Use existing system for detached carport

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

[signature] 2/29/00
Environmentalist Date

WWATER : 122791

PROPOSED PLOT PLAN

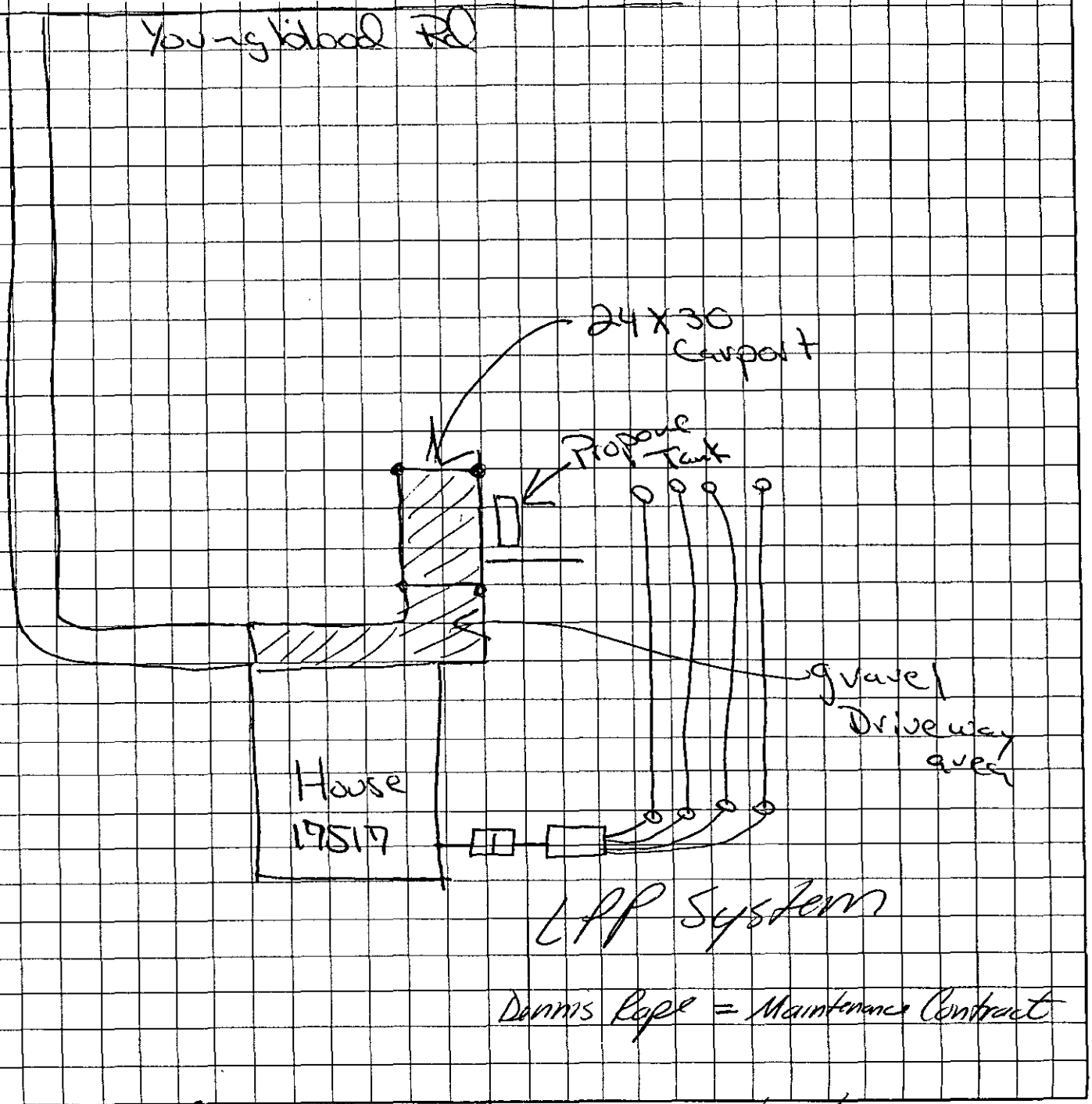
COPY

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

FILE: 5106A

TC: 217-07-29

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.



OWNER/AGENT SIGNATURE

DATE 2/25/00

APPROVAL DATE 2/29/00

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

STATE OF NORTH CAROLINA MONITORING AGREEMENT

[redacted]

THIS AGREEMENT is made and entered into this **16th** day of **March , 1996**, by and between **Duncan Flamino** (hereinafter the "Owner") and **James Dennis Rape** (hereinafter the "Contractor").

WITNESSETH

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

WHEREAS, 15A N.C. Admin Code 18A.l961 requires a contract to be executed between the system owner and a management entity prior to the issuance of an Operation Permit for said system; and

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

WHEREAS, the Contractor is a management entity of a type authorized by l5A N.C. Admin Code 18A.1961 to manage a Type IVA system.

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

I. The Contractor's Obligations. The Contractor shall perform the following services on the Owner's system located at **17517 Youngblood Rd., Charlotte, NC 28278**

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

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

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

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

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

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

f. The Contractor shall employ or shall contract with a certified operator(s) if required by Table V(b) of l5A N.C. Admin. Code l8A.l96l(b) for a Type IV-A System.

g. The Contractor shall respond to a request for a nonscheduled service or

maintenance call within 48 hours after receipt of such request.

2. The Owner's Obligations.

a. The Owner shall pay to the Contractor the sum of **$150.00** per year for periodic inspections, routine maintenance procedures and periodic reports. The annual fee may be amended upon sixty (60) days advance notice to the Owner but may not be increased more than 5 percent per year. The Owner shall pay to the Contractor his normal and customary fees for any work performed on the system as a result of nonscheduled service or maintenance calls. All fees are due and payable within (30) days of billing. Payments due to the Contractor and unpaid by the Owner after thirty (30) days shall accrue interest from the due date until paid at a rate of one (1) percent per month.

b. Within seven (7) days of receipt of notice of needed repairs pursuant to paragraph i.e. above, the Owner shall request the Contractor to complete needed repairs or shall provide to the Contractor evidence that the needed repairs were satisfactorily completed by another entity.

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

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

a. Automatic Termination

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

b. Termination by Mutual Consent.

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

c. Termination by the Owner

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

d. Termination by the Contractor.

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

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

(b) failure of the Owner to provide to the Contractor authorization to complete needed repairs or satisfactory evidence that needed repairs to the system were completed by another entity within 2 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above. If said authorization to complete needed repairs or evidence of completion of said repairs is provided after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect;

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

the terms of this Agreement.

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

4. Assignment.

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

b. Assignment by the Contractor. The Contractor may assign its rights and duties under this Agreement to another management entity which is qualified pursuant to 15A N.C. Admin. Code 18A.1961 to manage a Type_IVA_ system upon thirty (30) days written notice to the Owner and to the local health department.

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

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

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

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

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

To The Owner:
17517 Youngblood Road, Charlotte, NC 28278

To the Contractor:
1113 Zeb Helms Rd., Monroe, NC 28112

To the Local Health Department:

Governmental Complex, Charlotte, NC

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

10. Place of Agreement. This Agreement and any questions concerning its validity, construction or performance shall be governed by the laws of the State of North Carolina, notwithstanding the place of execution, or the order in which the signatures of the Parties are affixed.

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

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

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

(704) 588-8459 Owner

License # 11930 (Contractor)

(704) 283-4823

STATE OF NORTH CAROLINA
COUNTY OF UNION

MONITORING AGREEMENT

THIS AGREEMENT is made and entered into this **16th** day of **March , 1996**, by and between **Duncan Flamino** (hereinafter the "Owner") and **James Dennis Rape** (hereinafter the "Contractor").

WITNESSETH

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

WHEREAS, 15A N.C. Admin Code 18A.l961 requires a contract to be executed between the system owner and a management entity prior to the issuance of an Operation Permit for said system; and

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

WHEREAS, the Contractor is a management entity of a type authorized by l5A N.C. Admin Code 18A.1961 to manage a Type _IVA_ system.

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

I. The Contractor's Obligations. The Contractor shall perform the following services on the Owner's system located at **_17517 Youngblood Rd., Charlotte, NC 28278**

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

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

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

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

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

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

f. The Contractor shall employ or shall contract with a certified operator(s) if required by Table V(b) of l5A N.C. Admin. Code l8A.l96l(b) for a Type IV-A_ System.

g. The Contractor shall respond to a request for a nonscheduled service or

maintenance call within 48 hours after receipt of such request.

2. The Owner's Obligations.

a. The Owner shall pay to the Contractor the sum of **$150.00** per year for periodic inspections, routine maintenance procedures and periodic reports. The annual fee may be amended upon sixty (60) days advance notice to the Owner but may not be increased more than 5 percent per year. The Owner shall pay to the Contractor his normal and customary fees for any work performed on the system as a result of nonscheduled service or maintenance calls. All fees are due and payable within (30) days of billing. Payments due to the Contractor and unpaid by the Owner after thirty (30) days shall accrue interest from the due date until paid at a rate of one (1) percent per month.

b. Within seven (7) days of receipt of notice of needed repairs pursuant to paragraph i.e. above, the Owner shall request the Contractor to complete needed repairs or shall provide to the Contractor evidence that the needed repairs were satisfactorily completed by another entity.

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

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

(b) failure of the Owner to provide to the Contractor authorization to complete needed repairs or satisfactory evidence that needed repairs to the system were completed by another entity within _2_ days of receipt of notice of needed repairs pursuant to paragraph 1.e. above. If said authorization to complete needed repairs or evidence of completion of said repairs is provided after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect;

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

the terms of this Agreement.

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

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b. Assignment by the Contractor. The Contractor may assign its rights and duties under this Agreement to another management entity which is qualified pursuant to 15A N.C. Admin. Code 18A.1961 to manage a Type_IVA_ system upon thirty (30) days written notice to the Owner and to the local health department.

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

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

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

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

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

To The Owner:
17517 Youngblood Road, Charlotte, NC 28278

To the Contractor:
1113 Zeb Helms Rd., Monroe, NC 28112

To the Local Health Department:
Governmental Complex, Charlotte, NC

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

10. Place of Agreement. This Agreement and any questions concerning its validity, construction or performance shall be governed by the laws of the State of North Carolina, notwithstanding the place of execution, or the order in which the signatures of the Parties are affixed.

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

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

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

(704) 588-8459 Owner

License # 11930 (Contractor)

(704) 283-4823

(392-2311)

Mecklenburg County
Health Department

July 5, 2002

Duncan Flamino
17517 Youngblood Rd.
Charlotte, NC 28278

Dear Mr. Flamino:

The State required inspection of the Type IVa septic system, which serves as the wastewater treatment and disposal system for the residence located at 17517 Youngblood Rd., Charlotte, North Carolina, was completed on 6/4/02. The results of this inspection are enclosed.

During our inspection a bacteriological as well as two inorganic water samples were taken of your private water supply. The laboratory analysis of the well water sample was reported to be positive for coliform bacteria. These lab results as well as the procedure for well chlorination were given to you during the second visit to your property. The results of the inorganic samples are not yet available; these results will be mailed to you as soon as they are received from the State Laboratory.

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

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

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

MECKLENBURG COUNTY — Health Department
5106A — Permit/Project No.
17517 YOUNGBLOOD RD. — Location
RESIDENCE — Name of Establishment
360GPD — Type of Establishment / Design Flow
DUNCAN FLAMINO — Owner/Agent
17517 YOUNGBLOOD RD. CHARLOTTE, NC — Address
(704) 996-5368 — Phone
CLAY OAKS — Operator
Address
Phone
Remarks NOC

	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?	☑	☐	REPLACE ANY DAMAGED VALVE COVERS.
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?	☑	☐	
Laterals free of excess solids, cleaned out as needed?	☐	☐	
Pressure head is properly adjusted?	☐	☐	

OVERALL CONDITION AND OPERATION OF SYSTEM: NO EFFLUENT SURFACING

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)

DATE: 6/4/02 SIGNED: [signature] RSI AGENT
Division of Environmental Health

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

– over –

SUMMARY OF IMPROVEMENTS NEEDED (cont.)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

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

violations: _____
[Law or Rule(s)]

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

IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

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

_____
[Law or Rule(s)]

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

This the _____ day of _____, 19 _____.

_____ Agent
DIVISION OF ENVIRONMENTAL HEALTH

INSTRUCTIONS

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

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

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

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

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

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

Recd $85 chk # 5266 4/23/02 GC

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Duncan Flamino
17517 Youngblood Road
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
Duncan Flamino	17517 Youngblood Road	21707106	5106A	IVa
				Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date: 4/2/02

Payment Due Date: 5/2/02

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

☒ *Please check if you have a well.*

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

DO NOT SEND CASH

COPY

0743

Mecklenburg County Health Department Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, NC 28211

Microbiological Analyses

Owner, System, or Establishment: DUNCAN FLAMINO

Address: 17517 YOUNGBLOOD RD.

CHARLOTTE, NC Zip: 28278

Collected By: DAVID L. CORNELIUS

WELLHEAD

Date Collected: 5/28/02 Time: 3:35 AM/PM

Delivered To Lab By: DAVID L. CORNELIUS

Date Delivered To Lab: 5/29/02 Time: 8:53 AM/PM

Sample Contains Sodium Thiosulfate

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

_____

Treatment:

☒ Initial Sample ☐ Chlorinated ☒ Nonchlorinated

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

Type of Sample:

Potable Water

☒ Individual Well ☐ Community

☐ Non-community ☐ City

☐ Other (Specify)_____

Nonpotable Water

☐ Surface ☐ Monitoring Well

☐ Storm ☐ Other (Specify)_____

Temp Upon Collection:_____ °C Initials_____

Temp Upon Receipt In Lab:_____ °C Initials_____

Analysis Requested:

☒ Total Coliform ☐ Fecal Coliform ☐ Fecal Strep ☐ Enterococcus

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

Comments:_____

Laboratory Analysis Report

Method: Membrane Filter_____ Colilert ✓

Total Coliform PRESENT /100 ml

Fecal Coliform ABSENT /100 ml

Fecal Strep_____ /100 ml

Enterococcus_____ /100 ml

Plate Count_____ /gm or ml

Pseudomonas aeruginosa_____ /100 ml

Laboratory Comments:

Date Received: 5/29/02

Date Reported:_____

Received By: MCB

Analyst: RCB/TOMS Lab #: 424

Laboratory Idendification #: 37518 DEHNR

#: 449 DWQ

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

CLAY'S WASTEWATER SERVICES
INSPECTION OF ENGINEERED SUBSURFACE SEWAGE SYSTEM

5106 A

Name of Establishment **Permit/Project No.**

Location Duncan Flamingo **Type of Establishment** 1717 Kuney Blvd 88 **Address** **Phone**

Owner CLAY OAKS

Operator

	YES	NO
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 blockage/solids buildup in lines or manholes?	✓	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):		
Tank rises 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 panels enclosure/ components in good condition?		
Elapsed time readings: ____ ____ ____ ____		
SIPHON SYSTEM:		
No evidence of overflow or siphon leakage?		
Siphon(s) appear to be working/ alternating properly?		
Bells and vents free of debris and in good condition?		
6. GROUND ABSORPTION FIELDS:		
No evidence of effluent surfacing/ reaching surface waters?	✓	
Minimal ponding in subsurface trenches?	✓	
Surface water being effectively diverted away?	✓	
Diversions/ ditches/ swales/ tile drains properly maintained?	✓	
Line cover/ vegetation adequate/ maintained as needed?	✓	
Protected from traffic, destructive uses?	✓	
Distribution devices in good condition, working properly?	✓	
Repair area properly reserved, maintained?	✓	
LOW-PRESSURE PIPE DRAIN FIELDS:		
Turnups/ cleanouts/ valves intact and accessible?	✓	
No effluent standing in lower laterals?	✓	
Laterals free of excess solids, cleaned out as needed?	✓	
Pressure head is properly adjusted?	✓	

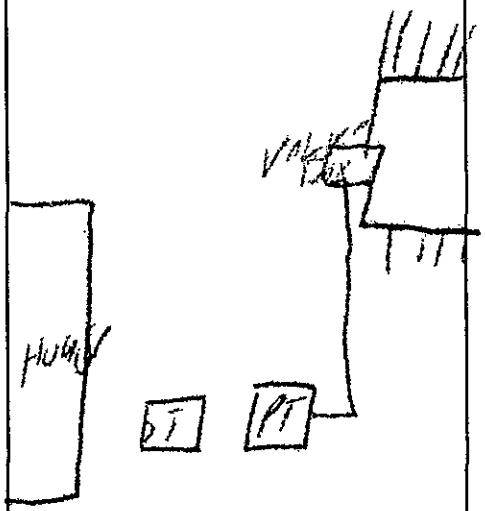
INSPECTION FREQUENCY

Annual Quarterly

(Bi-Annual) Yearly

Other

SITE LOCATION MAP



OVERALL CONDITION AND OPERATION OF SYSTEM: COMPLIANT

IMPROVEMENT: NEED TO PUMP TANKS NOTIFIED MR. FRANCO CTO

DATE: 6-11-01 **SIGNED:**

TRI-COUNTY WASTEWATER

MEMORANDUM

Date: May 23, 2000

TO: Larry Thompson
Mecklenburg County D.E.H.

FROM: Vicki Davis Vicki

RE: 17517 Youngblood Rd., Charlotte, 28278

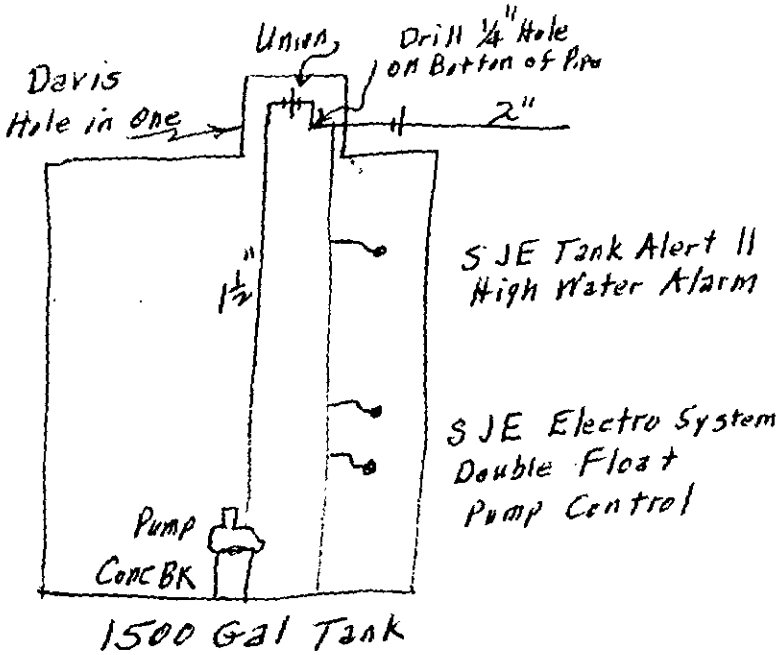
05/06A

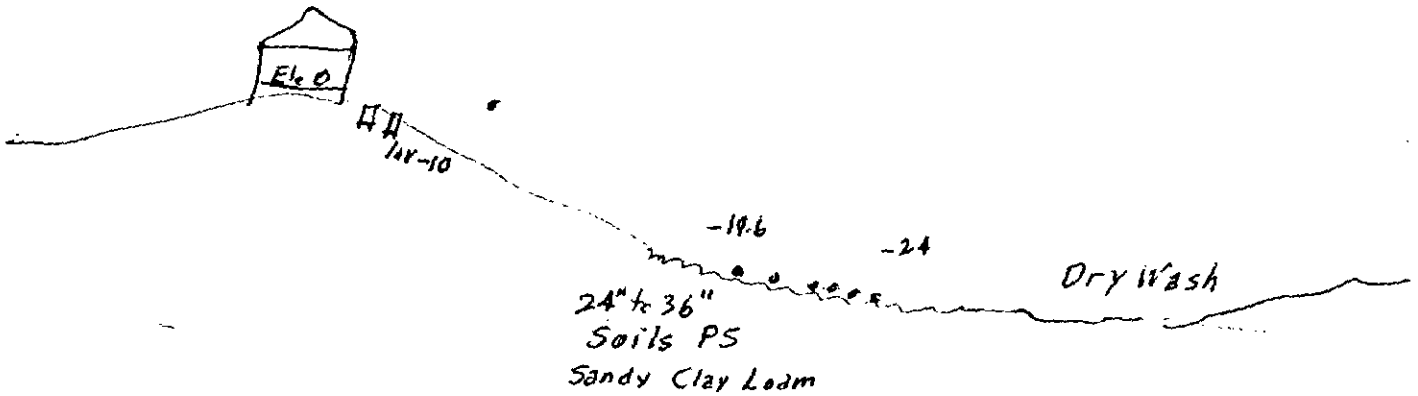
Please be advised that the above address is not under contract with Tri-County Wastewater. We sent the owner, Duncan Flamino, contracts on 3/24/00, but have been unable to get payment and contracts returned after following up on 4/27/00. We are closing our files as of today on this address. If anything should change, we will let you know.

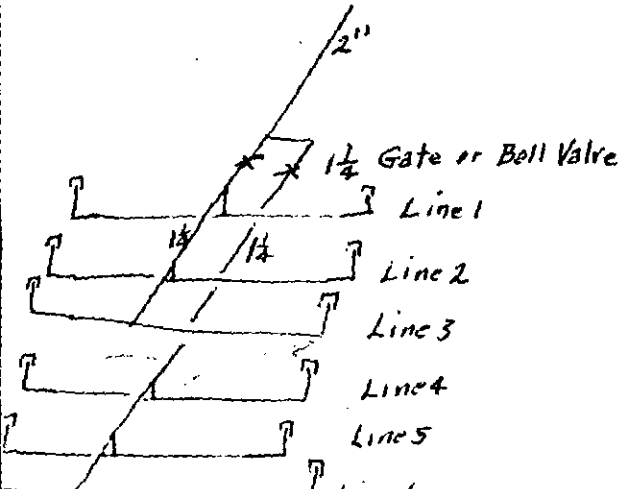
P. O. Box 1830
Indian Trail, NC 28079

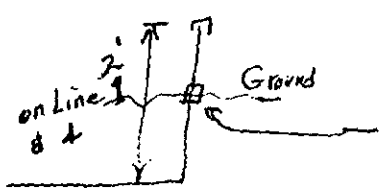
704.545.1711
800.448.1298
Fax: 704.545.1765
E-Mail: wwm@
interlink-cafe.com

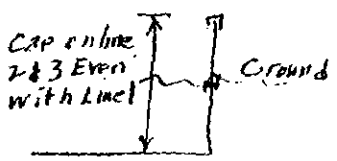
THE THERRELL Co.
17517 Youngblood Rd
Lot 6
T.C. 21707106 PO
File 5106 A

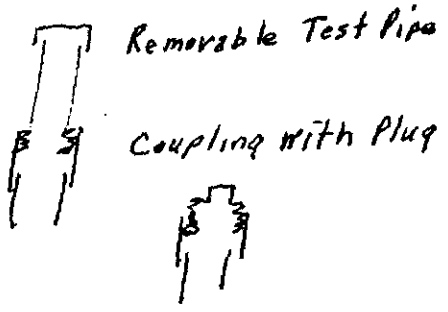












Designed By

PROPOSED PLOT PLAN

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

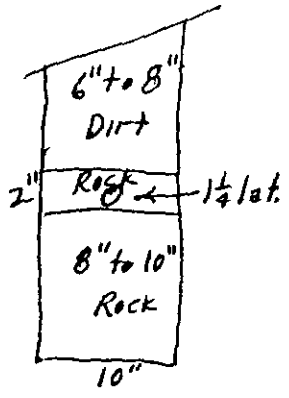
5106 A

FILE: ~~3183-A~~

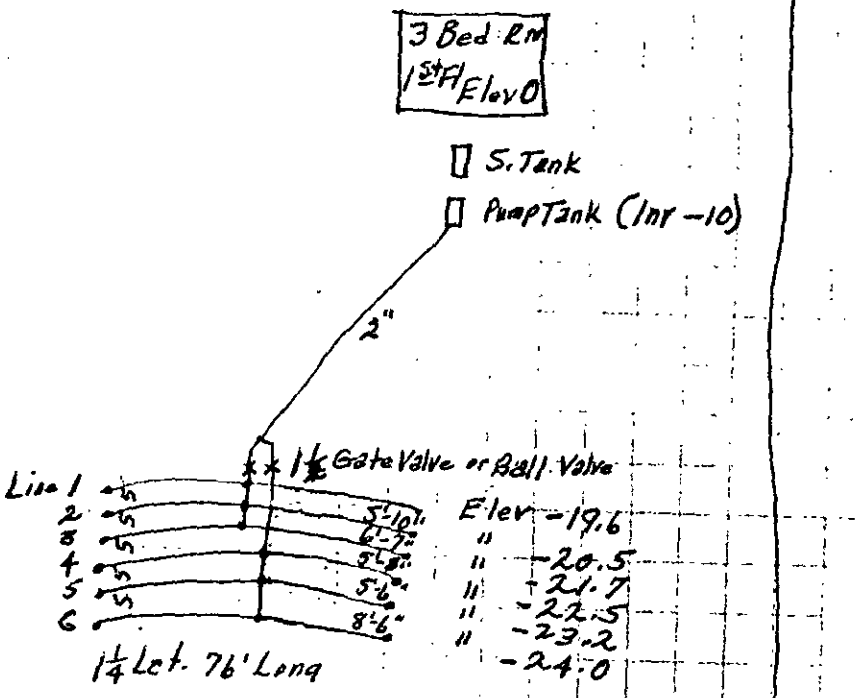
TC: 21707106 80

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.

THE THERRELL Co.
17517 Youngblood Rd.
Lot 6



Trench
18" Deep
10" Wide



2+ Acre lot.

All Pipe Sch 40 PVC

Follow Ground Contures With 1¼ Laterals

Designed By W.P Smith Jr 588-6856

Signed: W P Smith Jr

Date: 10/13/88

Daily waste flow 3 Bed Room @ 120 GPD/Bedrm = 360 G.P.D.
Septic tank size 1500 Gal
Pumping tank size 1500 Gal
Effluent loading rate .16
Absorption area 2250 ft
Total length of laterals 450
Lateral diameter 1¼"
Lateral configuration See plan
Supply line length 75'
Supply line diameter 2
Manifold placement Center
Hole size* 5/32"
Hole spacing See Plan
Number of holes 92
Pressure head 2
Flow per hole See plan
Total flow 43
Elevation head 5'
Friction head 3'
Pressure head 0
Total head 8'
Pump requirements 43 GPM @ 8'
Storage volume in laterals 450' @ 6.4/100' = 28.8
Storage volume in supply line 75' @ 16.2/100' = 12.1
Total storage volume 41
Dosing volume Min (5x28.8) + 12.1 = 156.1 = Use 360 GPD ÷ 2 = 180
Dosing depth 6" to 10"
Check valve needed? No

THE THERRELL CO.
17517 Youngblood Rd
Lot 6
T.C. 21707106 PO
File 5106A

*Data on hole size, spacing, pressure head and flow must be listed for each line for systems where lines are different (such as sloping lots).

Line No.	Hole Size	# Holes	Head Pressure	Flow/Hole	Hole Spacing*	Flow/Line
1	5/32"	18	2'	.41	4'-2⅝"	7.38
2	5/32"	14	3'	.50	5'-5"	7.00
3	5/32"	12	4'	.58	6'-4"	6.96
4	5/32"	18	2'	.41	4'-2⅝"	7.38
5	5/32"	14	2.5'	.55	4'-9"	7.28
6	5/32"	12	3'	(.50)	5'-5"	7.00
7.		92				43.00

360 G.P. Dose ÷ 2 dosing/day = 180 GPD ÷ 29 Gal Per Inch of 1500 Gal Tank = 6.2" dosing depth

Note. 12" Dose depth would flow 29 x 12 = 348 Gal Per Dose or .77 Gal Per Ft of lateral Per dose or about one dose per day

Min Gallon/dose = (5 x 28.8) + 12.1 = 156.1 156.1 ÷ 29 Gal/inch = 5.4" dosing depth

Use Hydromatic SK50M2 1550 RPM ¾ HP 6 Amp 230V 60Cy 50 GPM @ 15' Head

Holes to be bench Drilled in Bottom of 1¼" Laterals

Designed By
W. P. Smith Jr
588-6851

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

INSPECTION OF ENGINEERED SUBSURFACE SEWAGE SYSTEM

Mecklenburg	Duncan Flamino	5106A
Health Department	Name of Establishment	Permit/Project No.
17517 Youngblood Rd.	residential	3606PD
Location	Type of Establishment	Design Flow
Duncan Flamino	17517 Youngblood Rd. Charlotte, NC	
Owner/Agent SEE BELOW	Address	Phone
Operator	Address	Phone

Remarks

	Yes	No	REMARKS
1. ESTABLISHMENT:			
Type, size, and sewage flow in accordance with permit?	☑	☐	
2. COLLECTION SYSTEM:			
No evidence of leaks into or out from sewer lines/manholes?	☐	☐	
Free of blockages/solids buildup in lines or manholes?	☐	☐	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):			
Tank risers accessible and surface water diverted?	☑	☐	
Tanks and access manholes structurally sound, watertight?	☑	☐	
Sanitary tee(s) in good working condition?	☐	☐	UNACCESSIBLE, PUMP TANK LOOKS GOOD
Tanks pumped, cleaned out as needed?	☐	☐	NOT AWARE OF PUMPING RECORDS
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?	☑	☐	ON/OFF FOR PUMP
High-water alarm present and operating properly?	☑	☑	
Floats/pipe/valves/disconnects in good working condition?	☑	☑	
Control panel enclosure/components in good condition?	☑	☐	
Elapsed time readings: _____ _____ _____ _____			
SIPHON SYSTEMS:			
No evidence of overflow or siphon leakage?	☐	☐	
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	
6. GROUND ABSORPTION FIELDS:			
No evidence of effluent surfacing/reaching surface waters?	☐	☐	
Minimal ponding in subsurface trenches?	☐	☐	
Surface water being effectively diverted away?	☐	☐	
Diversions/ditches/swales/tile drains properly maintained?	☐	☐	
Line cover/vegetation adequate/maintained as needed?	☐	☐	
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?	☑	☐	DONE BY OPERATOR(S)
Laterals free of excess solids, cleaned out as needed?	☐	☑	DID NOT FLUSH LATERALS, END
Pressure head is properly adjusted?	☐	☑	DID NOT SET PRESSURE, NO LEAKAGE AT ENDS

OVERALL CONDITION AND OPERATION OF SYSTEM: System appeared to be in good working condition. I was unable to test pump due to wiring in NEMAX did not have a manual disconnect or on/off switch. Contacted operator for further info.

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)
Dennis Pape CURRENT OPERATOR THRU MARCH 1998	
1113 Zeb Helms Rd.	
Monroe NC 28112	
283-4823	

DATE: 12/15/97 SIGNED: Tom Higgins Burney, R.S. AGENT
Division of Environmental Health

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

SUMMARY OF IMPROVEMENTS NEEDED (Continued)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

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

_____
[Law or Rule(s)]

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

IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

This is to notify you of immediate suspension/revocation (circle one) of your operation permit/certificate of completion (circle one) for the following violations: _____
[Law or Rule(s)]

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

This the _____ day of _____, 19 ____

_____ Agent
DIVISION OF ENVIRONMENTAL HEALTH

INSTRUCTIONS

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

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

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

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

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

Additional forms may be ordered from:
Environmental Health Services Section
Division of Environmental Health
P. O. Box 27687
Raleigh, NC 27611-7687
(Courier 52-01-00)

N.C. Department of Human Resources
Division of Health Services
Inspection of Engineered Subsurface Sewage System
by James Dennis Rape

Duncan Flamingo 17577 Youngblood Rd, Charlotte
Name *Address* *City* *State* *Zip* 28278

SFD LPP 360 gpd
location *Type of Establishment* *Design Flow*

Owner/Agent *Customer Address Here* *Phone ###*

1. ***Establishment:***
Type,size, and sewage flow in accordance with perment? YES NO

2. ***Collection System:***
No evidence of leaks into or out from sewer lines/manholes? NO YES
Free of blockages/solids buildup in lines or manholes? YES No

3. ***Tankage(Septic/Dosing Tanks):***
Tank risers accessible and surface water diverted? YES NO
Tank and access manholes structurally sound, watertight? YES NO
Sanitary tee(s) in good working condition? YES NO

4. ***Effluent Dosing System:***
Effluent appears clear, free of solids? YES NO
Pump Systems:
Required pump present,operating,& cycling properly? YES NO
High Water Alarm Present and Working Properly? YES NO
Floats/pipe/valves/disconnects in good working order? YES NO
Control panel enclosure/components in good condition? YES NO

5. ***Ground Absorption Fields:***
No evidence of overflow or siphon leakage? NO YES
Minimal ponding in subsurface trenches? YES NO
Surface water being effectively diverted away? YES NO
Diversions/ditches/swales/tile drains properly maintained? YES NO
Line cover/vegetation adequate/maintained as needed? YES NO
Protected from traffic,destructive uses? YES NO
Distribution devices in good conditon, working properly? YES NO
Repair area properly reserved, maintained? YES NO
Low-Pressure Pipe Drain Fields:
Turnups/cleanouts/valves intact and accessible? YES NO
No effluent standing in lower laterals? YES YES
Laterals free of excess solids, cleaned out as needed? YES NO
Pressure head is properly adjusted? YES NO

System in Best condition of any monitored.

Summary of Improvements Needed: None

Repair within ___ ***days.***

Date: 5/1/99 ***Signed:*** J. Dennis Rape

Monitoring Agent

License #11930 h704-283-4823 282-6114

LARRY,
Sometime in Nov. would be good for me to insp. I teach school so maybe around 4:00 p.m. Call me & let me know

Dennis

Mecklenburg County
Health Department

September 3, 1999

Duncan L. and Debra A. Flamino
10212 Vista Camino
Lakeside, CA 92040

Re: 17517 Youngblood Road

Dear Mr. and Mrs. Flamino:

Enclosed you will find copies of two letters written to James Dennis Rape regarding the maintenance of the Type IVa septic system that serves the residence located at 17517 Youngblood Road, Charlotte, NC. To date, Mr. Rape has not submitted any of the required inspection reports for the biannual inspections that are to be performed on this septic system.

Periodic maintenance of this type wastewater system is an important factor in extending the life of the drain field as well as a requirement found in the General Statutes of North Carolina to protect public Health. 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."

At the present you do not have a valid maintenance contract filed with this office. Normally we would send a Notice of Violation to you, the property owner, asking for a new contract within 30 days. You will notice in my letter to Mr. Rape that I have requested that he provide this office with the requested information by September 16, 1999. I would like to ask that you to please contact Mr. Rape and encourage him to comply with the State requirements or obtain a new maintenance contract with a Certified Operator from the list that I have enclosed

If you have any questions regarding this matter I can be contacted at (704) 336-5568.

Sincerely,

L. B. Thompson, Jr., R.S.

Larry B. Thompson, Jr., R.S., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosures

PRESENTED FOR REGISTRATION

88 DEC -1 PM 3:18 FILE NO. 5106-A

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 10 NCAC 10A .1948(c)

The undersigned, The Therrell Co., Inc.,

owner of property located at 17517 Youngblood Road Charlotte, N.C. 28217

("the site") and described in an instrument recorded in Book 5899 at Page 766, Mecklenburg Public Registry, hereby acknowledges that he applied to the Mecklenburg County Department of Environmental Health ("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 10 NCAC 10A .1934 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 10 NCAC 10A .1948(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 10 NCAC 10A .1948(c)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

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

The undersigned further 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 1st day of December, 1988.

Tommy L. Therrell President (SEAL)

Vivian Ann Taylor (asst Secretary)

Marie Therrell (Treasurer) (SEAL)

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 the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this _____ day of _____, 198__.

_____
Notary Public

My Commission Expires: _____

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, John Lloyd Hovis, a Notary Public for said County and State, do hereby certify that Tommy L. Therrell personally came before me this day and acknowledged that he is President of The Therrell Co., Inc., 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 Vivian Ann Taylor (asst. Secretary).

WITNESS my hand and notarial seal, this 1st day of December, 1988.

John Lloyd Hovis
Notary Public

My Commission Expires: 8/27/91

Inspection #4

LPP System Monitoring Report Form
Mecklenburg County

FILE NO: 5106A TAX MAP NO: 21707106PO

OWNER: Duncan Flamino ADDRESS: 17517 Youngblood Rd., Charlotte, NC 28278 PHONE NO: (704)588-8459

OPERATOR: Rodney H. Lang CERT.NO: SS 0246 ADDRESS: 6146 Donna Drive, Charlotte, NC 28213 PHONE NO: (704)597-7162

SEPTIC TANK: RISER PRESENT/ABOVE GRADE yes / yes SCUM/SLUDGE 6" / 8" EFFL.DEPTH/QUAL 4' / good WATERTIGHT yes

PUMP TANK: RISER PRESENT/ABOVE GRADE yes / yes SLUDGE <1" EFFL.DEPTH/QUAL OK / good WATERTIGHT yes

GREASE TRAP: RISER PRESENT/ABOVE GRADE NA / NA GREASE LEVEL NA EFFL.DEPTH/QUAL NA / NA WATERTIGHT NA

PUMP SET-UP: VENT HOLE yes UNION yes CHECK VALVE: PRESENT/FUNC no / — ALARM: PRESENT/FUNC yes / — LOCATION garage closet

ISOLATION VALVE: PRESENT/TYPE/FUNC no / / — LOCATION — PUMPS(S): #/TYPE/FUNC 1 / .4 HP / yes

CONTROL FLOAT: TYPE/FUNC differential yes LOCATION P.T. TETHER LENGTH/GALS. DOSED 8" / 208

ELECTRICAL CONTROLS: ACCESSIBLE yes TYPE simple switch FUNC/CONDITION yes OK

ELAPSED TIME METER(S): PRESENT/#/FUNC/READING NA / / / — / —

EVENT CYCLE COUNTER(S): PRESENT/#/FUNC/READING NA / / / — / —

SIPHON(S): #/FUNC/CONDITION NA / —

DRAINFIELD: VALVES: #/TYPE/LOCATION 2 / gate / value boxes in center of field ACCESSIBLE/CONDITION yes / OK

LATERALS/END CAPS: LOCATED/NUMBERED yes / — CONDITION OK

EFFLUENT SURFACING no SETTLING no VEGETATION: TYPE/CONDITION grass/Mulch excellent

SITE DRAINAGE good DAMAGE no

REPAIR AREA: AVAILABLE/COMMENTS yes / not designated

PERFORMANCE: (Top / Bottom)

DESIGN HEAD	1 / 2'	2 / 3'	3 / 4'	4 / 2'	5 / 2.5'	6 / 3'	DESIGNED GPM 43	FLOAT OFF 44	PUMP OFF —
ADJUST HEAD	1 / —	2 / —	3 / —	4 / —	5 / —	6 / —	MEASURED GPM 26.5	FLOAT ON 37	PUMP ON —
LEFT HEAD AT	1 / 19"	2 / 35"	3 / 35"	4 / 19"	5 / 36"	6 / 50"	7 min 49 sec 7"		

COMMENTS: Pulled pump and replaced gasket which had blown out. Returned 10-28-94 to reset pressure. Flushed lines.

RECOMMENDATIONS: Turbulance in P.T. indicates a problem with Pump. Probably a broken line.

DATE: 9-28-94 SIGNED: Rodney H Lang

Inspection #3

LPP System Monitoring Report Form
Mecklenburg County

FILE NO: 5106A TAX MAP NO: 21707106PO

OWNER: Duncan Flamino ADDRESS: 17517 Youngblood Rd., Charlotte, NC 28278 PHONE NO: (704)588-8459

OPERATOR: Rodney H. Lang CERT.NO: SS 0246 ADDRESS: 6146 Donna Drive, Charlotte, NC 28213 PHONE NO: (704)597-7162

SEPTIC TANK: RISER PRESENT/ABOVE GRADE yes/yes SCUM/SLUDGE 2"/2" EFFL.DEPTH/QUAL — / good WATERTIGHT yes

PUMP TANK: RISER PRESENT/ABOVE GRADE yes/yes SLUDGE <1" EFFL.DEPTH/QUAL — / good WATERTIGHT yes

GREASE TRAP: RISER PRESENT/ABOVE GRADE NA — GREASE LEVEL — EFFL.DEPTH/QUAL — / — WATERTIGHT —

PUMP SET-UP: VENT HOLE yes UNION yes CHECK VALVE: PRESENT/FUNC no/— ALARM: PRESENT/FUNC yes/yes LOCATION garage closet

ISOLATION VALVE: PRESENT/TYPE/FUNC no/—/— LOCATION — PUMPS(S): #/TYPE/FUNC 1/.4 HP/yes

CONTROL FLOAT: TYPE/FUNC differential yes LOCATION Pump Tank TETHER LENGTH/GALS. DOSED 8" / 232

ELECTRICAL CONTROLS: ACCESSIBLE yes TYPE Simple Switch FUNC/CONDITION yes OK Need to Protection Switch from accidental Switch off

ELAPSED TIME METER(S): PRESENT/#/FUNC/READING NA/—/— # — # —

EVENT CYCLE COUNTER(S): PRESENT/#/FUNC/READING NA/—/— # — # —

SIPHON(S): #/FUNC/CONDITION NA —/—

DRAINFIELD: VALVES: #/TYPE/LOCATION 2/Gate/Center of Field ACCESSIBLE/CONDITION yes OK

LATERALS/END CAPS: LOCATED/NUMBERED yes no CONDITION OK

EFFLUENT SURFACING see note below SETTLING no VEGETATION: TYPE/CONDITION grass/Mulch good

SITE DRAINAGE good DAMAGE no

REPAIR AREA: AVAILABLE/COMMENTS yes

PERFORMANCE: DESIGN HEAD #1/2' (top) #2/3' #3/4" #4/2' (Bottom) #5/25' #6/3" DESIGNED GPM 43 FLOAT OFF 44" PUMP OFF 49"

ADJUST HEAD #1/— #2/— #3/— #4/— #5/— #6/— MEASURED GPM 23.3 FLOAT ON 36" PUMP ON 40"

LEFT HEAD AT #1/2'4" #2/2'3" #3/4'4" #4/2'10" #5/2'7" #6/3'2" 8" 4"

5 min.

COMMENTS: Found Broken line in Center of Field - Repaired

Flushed lines

Septic Tank Riser has been installed

RECOMMENDATIONS:

DATE: 3-30-94 SIGNED: Rodney H Long

Inspection #1

LPP System Monitoring Report Form
Mecklenburg County

FILE NO: 5106A TAX MAP NO: 21707106PO

OWNER: Duncan Flamino ADDRESS: 17512 Youngblood Rd., Charlotte, NC 28278 PHONE NO: (704)588-8459

OPERATOR: Rodney H. Lang CERT.NO: SS 0246 ADDRESS: 6146 Donna Drive, Charlotte, NC 28213 PHONE NO: (704)597-7162

SEPTIC TANK: RISER PRESENT/ABOVE GRADE no / N/A SCUM/SLUDGE — / — EFFL.DEPTH/QUAL — / — WATERTIGHT yes (see note below)

PUMP TANK: RISER PRESENT/ABOVE GRADE yes / yes SLUDGE < 1" EFFL.DEPTH/QUAL — / cloudy WATERTIGHT yes

GREASE TRAP: RISER PRESENT/ABOVE GRADE N/A / N/A GREASE LEVEL N/A EFFL.DEPTH/QUAL N/A / N/A WATERTIGHT N/A

PUMP SET-UP: VENT HOLE yes UNION yes CHECK VALVE: PRESENT/FUNC no / N/A ALARM: PRESENT/FUNC yes / yes LOCATION garage closet

ISOLATION VALVE: PRESENT/TYPE/FUNC no / N/A / N/A LOCATION N/A PUMPS(S): #/TYPE/FUNC 1 / 0.4 HP 120 V / yes (75 × 9.3 × 4.8 × 0.)

CONTROL FLOAT: TYPE/FUNC differential (single) / yes LOCATION pump tank TETHER LENGTH/GALS. DOSED 8 inch / 234

ELECTRICAL CONTROLS: ACCESSIBLE yes TYPE switch (simple) FUNC/CONDITION yes OK

ELAPSED TIME METER(S): PRESENT/#/FUNC/READING no / N/A / N/A ; N/A ; N/A

EVENT CYCLE COUNTER(S): PRESENT/#/FUNC/READING no / N/A / N/A ; N/A ; N/A

SIPHON(S): #/FUNC/CONDITION N/A / N/A / N/A

DRAINFIELD: VALVES: #/TYPE/LOCATION 2 / 1¼" Gate / Valve boxes ACCESSIBLE/CONDITION yes / OK

LATERALS/END CAPS: LOCATED/NUMBERED yes (6) / yes CONDITION #2 at NE found broken (made repair)

EFFLUENT SURFACING no SETTLING no VEGETATION: TYPE/CONDITION fescue / OK

SITE DRAINAGE OK DAMAGE none

REPAIR AREA: AVAILABLE/COMMENTS yes / not designated

PERFORMANCE: DESIGN HEAD # 1 / 1' 2" # 2 / 3' # 3 / 4' # 4 / 2' # 5 / 2.5' # 6 / 3' DESIGNED GPM 43 FLOAT OFF 43 PUMP OFF —
head at time of inspection off due to broken line

ADJUST HEAD # — / — # — / — # — / — # — / — # — / — # — / — DESIGNED GPM — FLOAT ON 40 PUMP ON —

LEFT HEAD AT # 1 / 1'2" # 2 / 3'5" # 3 / 4'8" # 4 / 2'-7" # 5 / 2'6" # 6 / 3'8" OR 22.6 gpm 3 IN 3.6 MIN

COMMENTS: Did not check solids in septic tank due to hard ground and no risers. Located tanks for owner who will install risers before next inspection. Lower Measured gpm is due to the smaller pump that was used by the installer

RECOMMENDATIONS: Install risers on septic tank, Cut off pipe at end of laterals and add capped or plugged fittings. Install valve boxes.

DATE: 3-31-93 SIGNED: Rodney H Lang

Note: regarding
Pump size - Please
See Engineers'
letter ~~of~~ Certification
7/31/92
J Tiley

Inspection #2

MECKLENBURG COUNTY

SUBSURFACE WASTEWATER DISPOSAL SYSTEM
MONITORING REPORT FORM

NAME AND LOCATION OF SYSTEM
Residential
17517 Youngblood Rd.

DATE OF INSPECTION 9-23-93
~~PERMIT~~ File NO. 5106A
Tax Map No. 21707106PO
COUNTY SYSTEM CLASSIFICATION IV a

NAME AND ADDRESS OF "ORC"
Rodney H. Lang
6146 Donna Drive
Charlotte, NC 28213
PHONE NO. ( ) 597-7162

NAME AND ADDRESS OF OWNER
Duncan Flamino
17517 Youngblood Rd
Charlotte, NC 28278
PHONE NO. ( ) 588 8459

AREAS EVALUATED DURING INSPECTION
S - SATISFACTORY, M - MARGINAL, U - UNSATISFACTORY
N - NOT EVALUATED, NA - NOT APPLICABLE

COLLECTION SYSTEM

Manhole and collection basins accessible	NA
Manhole and collection basins clean	NA
Pipework clear of debris	NA

RAW SEWAGE LIFT STATIONS

Pump present and operating properly	NA
Highwater alarm operating properly	NA
Pipework in good condition	NA
Control panel in good condition	NA

TANKAGE (GREASE TRAP, SEPTIC AND PUMP TANKS)

Risers accessible	M septic tank uncovered riser to be installed
Signs of infiltration	S
Structurally sound	S
Tees in good condition	S

	scum level	sludge level
Grease trap	NA in.	NA in.
1500 gal Septic tank	2 in.	2 in.
1500 gal Pump tank 44.6 sq.ft.	0 in.	<1 in.

EFFLUENT PUMP STATION

Pumps present and oprating properly: S

Elapsed time reading
draw down 3" in 3 min

____ Pump 1	43 design GPM	28 actual GPM
____ Pump 2	____ design GPM	____ actual GPM
____ Pump 3	____ design GPM	____ actual GPM
____ Pump 4	____ design GPM	____ actual GPM

Highwater alarm operating properly	S
Pipework in good condition	S
Control panel in good condition	S
Control floats operating properly	S
Effluent free and clear of solids	S

SIPHON SYSTEM

No evidence of overflow or leakage	NA
Siphon(s) operating properly	NA
Bells and vents clean and free of solids	NA

SAND FILTER

Surface appears free of vegetation	NA

Ponding — NA
Walls, boxes, and pipes in good condition — NA
Effluent free and clear of solids — NA

DRAINFIELDS

No effluent surfacing — S
Surface water diverted — S
Line cover maintained properly — S
Protected from traffic — S
Distribution devices working properly — S
Repair area reserved — S

PRESSURE MANIFOLD

Vault, valves, and pipework in good condition — S
Leakage or blockage of discharge lines — S
Pressure Head Adjustment, manifold no. 1 ____ Design ____ Actual ____ Adjusted Head / see below
manifold no. 2 ____ Design ____ Actual ____ Adjusted Head

LOW PRESSURE PIPE SYSTEM

Turnups, cleanouts, valves — M
Laterals free of excess solids — S
Laterals flushed yes — S
Zone valves operating properly — S
Pressure Head — S

Manifold	design head			observed actual head			left at adjusted head		
top section Valve 1	2'	3'	4'	1'	2'	3'	2.5'	3.5'	4.5'
lower section Valve 2	2'	2.5'	3'	4'	4.5'	5'	2'	2.5'	3'
Valve 3									
Valve 4									
Valve 5									

COMMENTS: 1. Turnups need to be cut off at ground level and covered with valve boxes.
2. Riser should be installed over septic tank.
3. Dosing rate less than design could be result of using smaller pump than was called for.

RECOMMENDATIONS:

REQUIREMENTS(HEALTH DEPT. ONLY)

COMPLIANT; X NONCOMPLIANT; ____
SIGNATURE: Rodney H Lang
DATE 9/23/93

Rod Lang & Associates
6146 Donna Drive
Charlotte, NC 28213
(704) 597-7162

5106A

November 9, 1993

Mr. Kelly Randall, R.S.
Mecklenburg Co. Health Dept.
700 North Tryon St., Ste.211
Charlotte, NC 28202-2236

Dear Mr. Randall:

Enclosed you will find two inspection reports for the low pressure pipe system located at 17517 Youngblood Rd., owned by Mr. Duncan Flamino. These inspections were conducted in March and September 1994.

If you should have any questions regarding these reports or comments regarding the format I have chosen to use, please do not hesitate to contact me.

Sincerely,

Rodney H Lang

Rodney M. Lang

Enclosures

cc: Mr. Duncan Flamino

Rod Lang & Associates
6146 Donna Drive
Charlotte, NC 28213
(704) 597-7162

October 11, 1993

Mr. Kelly Randall, R.S.
Mecklenburg Co. Health Dept.
700 North Tryon St., Ste.211
Charlotte, NC 28202-2236

Dear Mr. Randall:

Enclosed you will find two inspection reports for the low pressure pipe system located at 17517 Youngblood Rd. As you will see I am now using the report format this was suggested by Catawba County.

If you should have any questions regarding these reports or comments regarding the format I have chosen to use, please do not hesitate to contact me.

Sincerely,

Rodney H Lang

Rodney H. Lang

Enclosures

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5106A DATE: 7/27/92

TC: 27-071-06 P.O. ☐ L

SERIAL Nº 14410

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 10/13/88 Apd 6/92. All work shall be completed on or before 8-27-92, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department *before any system can be covered up or placed into service.* The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

See Attached Plan

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1500 gallons

Tank Construction PCC.

Absorption and/or Nitrification Lines:

Trench Width See feet

Total Line Length plan feet

Number of Lines LPP

Depth of Stone _____ inches

Distance from House Approved feet

Distance from Property Line _____ feet

Distance from Well _____ feet

NAME OF OWNER The Thrift Company

LOCATION OF PROPERTY 17515 Youngblood Rd

Comments: INSTALL Lpp plan as Approved 10/13/88 — re-Checked and Approved 5/92

Division or Section Head

Environmentalist Judy J. Rossi R.S.

* *If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.*

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

File 5106A

Inspection and Maintenance Agreement

THIS AGREEMENT is made and entered into this 21st day of September, 1992, by and between **Duncan Flamino** (hereinafter the "Owner") and **Rodney H. Lang** (hereinafter the "Contractor").

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

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

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

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

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

1. The Contractors Obligations.

a. The Contractor shall perform the following services on the Owners Type IV system located at 17517 Youngblood Road, Mecklenburg County, North Carolina.

b. The Contractor shall obtain a schematic with specifications of the system for future reference.

c. The Contractor shall inspect the system on a semi-annual basis.

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

e. The Contractor shall report the results of the inspections to the Mecklenburg County Health Department annually.

f. If an inspection indicates the need for system repairs, the Contractor shall notify the Mecklenburg County Health Department within 48 hours of the inspection.

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

h. The Contractor shall maintain certification as a North Carolina Subsurface System Operator, Grade I.

i. The Contractor shall respond to a request for a nonscheduled service or maintenance call within 30 hours after receipt of such request.

2. The Owners Obligations

a. The owner shall pay to the Contractor the sum of $95.00 per visit or $190.00 per year for periodic inspections, routine maintenance procedures and periodic reports. This fee may be amended upon sixty (60) days notice to the Owner. The Owner shall pay to the Contractor his normal and customary fees ($45.00 per hour) for any work performed on the system as a result of nonscheduled service or maintenance calls. All fees are due and payable to the Contractor within thirty (30)) days of billing.

b. Within five (5) days of receipt of notice of needed repairs pursuant to paragraph 1.g. above, the owner shall request the Contractor to complete needed repairs or shall provide to the Contractor evidence that the needed repairs were satisfactorily completed by another entity.

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

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

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

b. Termination by Mutual Consent.
The parties may mutually agree to terminate this Agreement by giving written notice of termination by mutual consent to the Mecklenburg County Health Department thirty (30) days in advance of the date of termination.

c. Termination by the Owner.
The Owner may terminate this Agreement by giving notice to the Contractor and to the Mecklenburg County Health Department thirty (30) days in advance of the date of termination.

d. Termination by the Contractor

(1) The contractor may terminate this Agreement for cause by giving written notice of intent to terminate this Agreement to the Owner and to the Mecklenburg County Health Department thirty (30) days in advance of the date of termination. Cause shall be defined as:

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

(b) failure of the Owner to provide to the Contractor authorization to complete needed repairs or satisfactory evidence that needed repairs to the system were completed by another entity within five (5) days of receipt of notice of needed repairs pursuant to paragraph 1.g. above. If said authorization to complete needed repairs or evidence of completion of said repairs is provided after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect;

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

(2) The Contractor may not terminate this Agreement without cause, but may assign it's rights and duties

under this Agreement as provided in paragraph 4 below.

4. Assignment.

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

b. Assignment by the Contractor. The Contractor may assign it's rights and duties under this Agreement to another management entity which is qualified pursuant to 15A N.C. Admin. Code 18A.1961 to manage a Type IV system upon thirty (30) days written notice to the Owner and to the Mecklenburg County Health Department.

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

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

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

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

9. Notice. Every notice required under this Agreement shall be in writing and shall be deemed sufficiently given if

delivered in person or sent by certified or registered mail, return receipt requested, postage prepaid to the Party to be notified and addressed as follows:

To the Owner:	Duncan Flamino 17517 Youngblood Road Charlotte, North Carolina 28278
To the Contractor:	Rodney H. Lang Rod Lang & Associates 6146 Donna Drive Charlotte, NC 28213
To the Health Department:	Mecklenburg Co. Health Dept. 700 North Tryon Street, Suite 211 Charlotte, NC 28202-2236

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

10. Place of Agreement. This Agreement and any questions concerning it's validity, construction or performance shall be governed by the laws of the State of North Carolina, notwithstanding the place of execution, or the order in which the signatures of the Parties are affixed.

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

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

shall, as so amended, modified, supplemented or otherwise affected by such action, remain in full force and effect.

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

Duncan Flamino
(Owner)

Rodney H. Lang
(Contractor)

6X

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

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

(OFFICE USE ONLY)

FILE: ~~3183A~~ 5106A

TC: 21707106 P.O.

SERIAL: № 14278

☐ L ☑ CRT

see file 3183A for Charge Slip

JOB LOCATION

① ADDRESS: 17517 (STREET NO.) Youngblood Rd. (STREET) ② FILE: 5106A ~~3183A~~

③ JURISDICTION: NA ④ TAX PARCEL NO.: 21707106 PO

⑤ SUBDIVISION: NA ⑥ LOT: # 6 ⑦ BLOCK: NA

OWNER

⑧ NAME: The Therrell Co. (FIRST) (MIDDLE) (LAST)

⑨ MAILING ADDRESS: Box 373

⑩ CITY: Pineville, N.C. ⑪ STATE: ⑫ ZIP: 28134

⑬ PHONE: (WORK) 588-6822 ⑭ (HOME)

REQUEST

This request is for a(n):

⑮ ☒ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 3 ㉕ Type?

㉓ Maximum occupancy? 4 ㉖ Maximum number of employees?

㉔ Basement? ☐ yes ☒ no ㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉙ The undersigned, 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Jonny L. Therell President

Date: Oct 13 88

IMPROVEMENT PERMIT

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

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

. . . This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Wilard B. Ramsey (Environmentalist) 11-4-88 (Date)

Sylvia D. Daniel, RS (Director or Authorized Section Head) 11-7-88 (Date)

*This permit must be signed by the Director of Environmental Health or an authorized section head in order to be valid.

The certificate of completion will not be issued until Mr. Swift certifies to this department that the system was installed in accordance with the

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 10-14-88

Name/Company The Thorvall Co.

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Improvement Permit

~~3107A~~ duplicate/ Fund

5106A 17517 Youngblood Rd

Lot #86...

MECK
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
OCT 14 1988

CK 1770

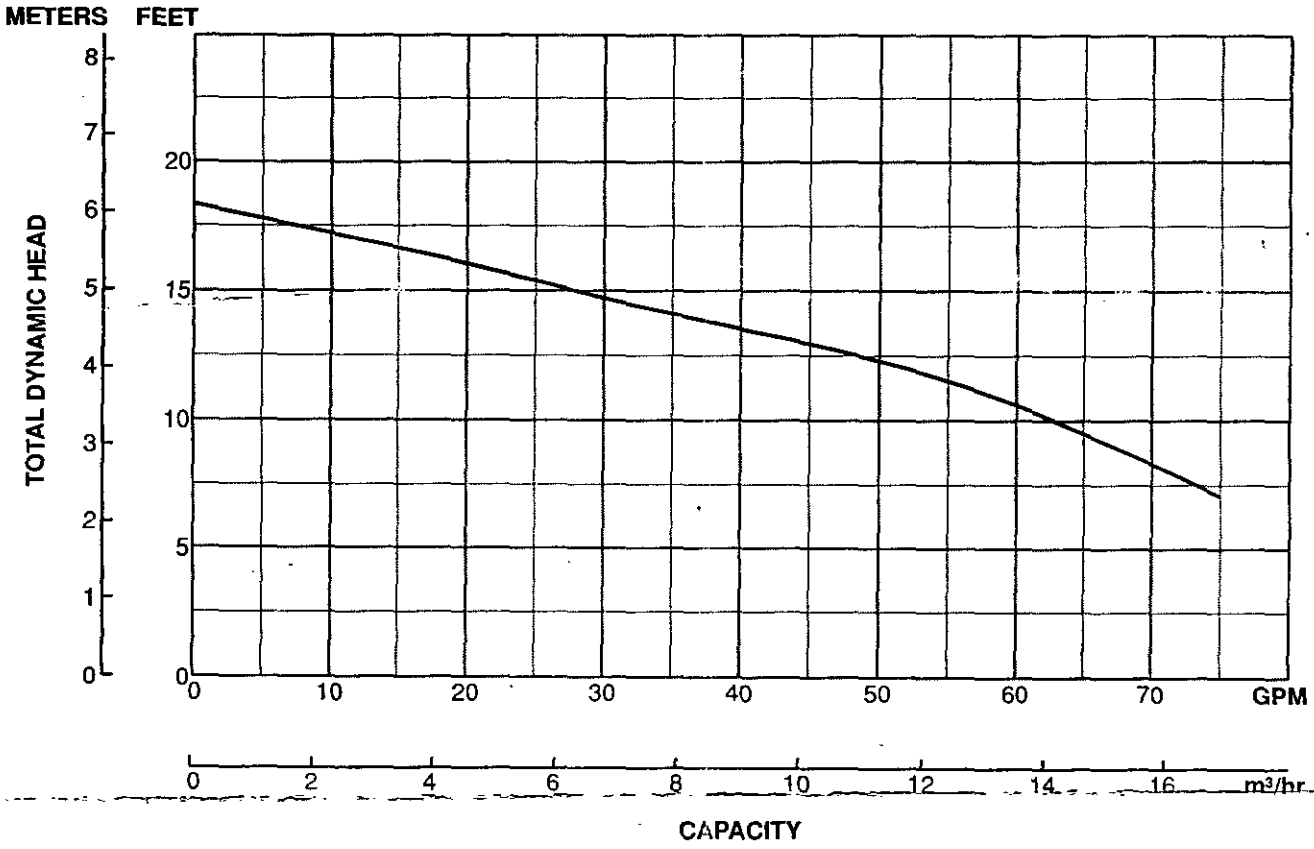
Fee: $ 150.00 ck # 1770 $150.00

WRM
Completed by

Collected by

Submersible Sewage Pump

MODEL: 3872
SIZE: 2" SOLIDS
RPM: 1550
HP: 0.5



GOULDS PUMPS, INC.
SENECA FALLS, NEW YORK 13148

5106A

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SPECIFICATIONS ARE SUBJECT TO CHANGE WITHOUT NOTICE.

Effective January, 1991
PRINTED IN U.S.A.
C3872

Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

NOTICE

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TO: David Watts TELECOPIER # 867-6493

FROM: Larry Thompson DATE 3-7-00
336-5568

NUMBER OF PAGES TRANSMITTED: 5 (including cover sheet)

COMMENTS: Duncan Flamino Property - Mech Co.

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5102.

☐ Original will not follow ☐ Original will follow via:

☐ U.S. Mail ☐ Hand Delivery ☐ _____

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

SMITH & SMITH

6201 Cory-Bret Lane
Charlotte, North Carolina 28278

July 31, 1992

The Therrell Company
P. O. Box 373
Pineville, North Carolina 28134

Attention: Mr. Tommy Therrell

RE: Septic System Inspection
File 5106A
17517 Youngblood Road

Dear Tommy:

At your request, we inspected the Low Pressure Septic System as it was being installed by Mr. Joesph Laney and his crew. Four inspections were made, two while under installation, one when Judy Kiser, the Sanitarian, was making her inspection, and one after the site was final back-filled by Mr. Laney's crew.

We found the workmen to be knowledgable of the system and how it should perform, very cooperative, and eager to do the job per the plans.

In our opinion, the system was installed as per the plans, the effluent flow at all stand pipes was proper, and the flow balancing valves were taped in position so no one could easily change the flow. The septic and pump tanks were back-filled and the area of the field properly graded. The effluent pump is slightly smaller than the one specified, but is fully capable of properly handling the job. A single float pump switch was used in lieu of the double float pump control specified. The double float control allows easier dosing depth adjustment. The float switches, from visual inspection, appeared to be properly set and well fastened to the float switch stand pipe.

No electric work had been done. All electric work must be installed to meet all applicable codes and verified so installed by the Electrical Inspector from the Charlotte-Mecklenburg Building Standards Board. Electrical work should also comply with Section .1952 (5) & (b) of Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal, 15A NCAC 18A.1900 of the North Carolina Department

of Environmental Health Dated August 1, 1991, or later revisions.

It is our opinion, the Low Pressure Septic System has, except for the uncompleted electrical work, been installed within the intent of the Design dated October 13, 1988, as prepared by W. P. Smith, Jr.

As a footnote to this report, we would like to suggest that the Owner have a swell graded into the final yard work to catch all surface water run-off, and route it around the septic field. This would reduce the chances of the field failing because of an overload of water. Were we to design the system today, we would also recommend for additional protection, that a 48" deep by 12" wide french drain filled to within 6" of the finish grade with #5 rock and 4" drain tile in the bottom, be installed five feet above the highest drain line. The 4" tile installed to open on grade beyond the opening of the swell out fall. This would be an added protection to the septic field loading up with ground water.

We are enclosing an extra copy of this report for you to send to Judy Kiser at the Mecklenburg County Environmental Health Department.

Yours Truly,

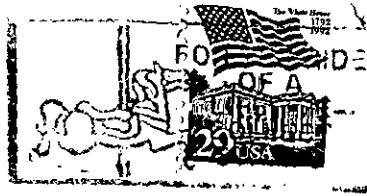
SMITH & SMITH

By: W. P. Smith, Jr. P.E.

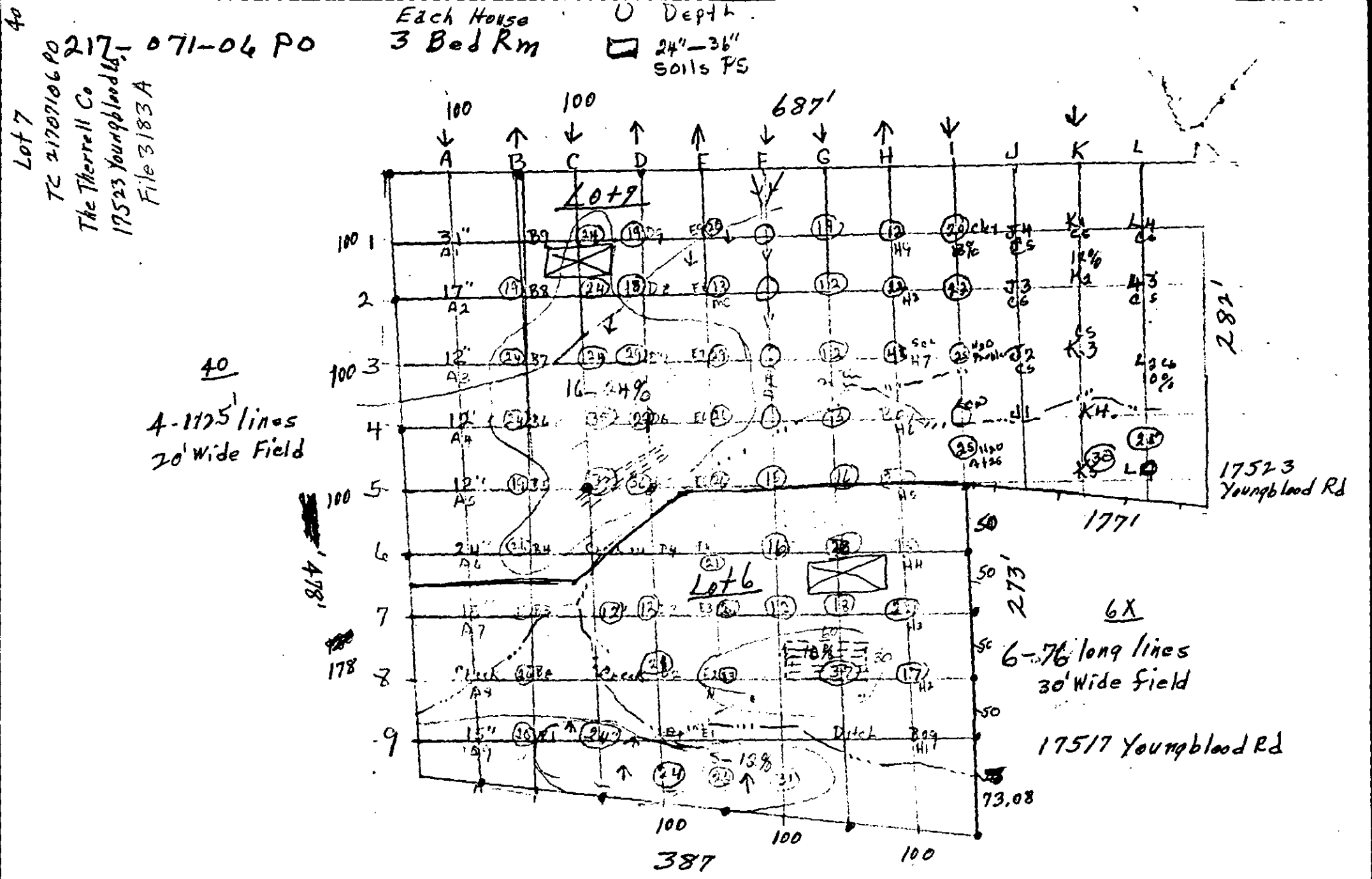
Enclosure:
WPS/ms

W.P. Smith, Jr. P.E.
6201 Cory-Bret Lane
Charlotte, N.C. 28278

CHARLOTTE, NC 282
PM
23 SEP
1992



Silvia Daniels
700 N Tryon St
Charlotte, N.C. 28202


Each House
3 Bed Rm
Depth
24"–36"
Soils PS
217-071-04 PO
Lot 7
TC 2170706 PO
The Thorrell Co
17523 Youngblood Rd
File 3183A
687'
282'
Lot 9
Lot 6
16-24%
40
4-1125' lines
20' Wide Field
17523
Youngblood Rd
1771
273'
6X
6-76' long lines
30' Wide Field
17517 Youngblood Rd
73.08
387
178'
178
S=12%

Mecklenburg County
Health Department

Basil G. Deltas, M.D., M.P.H.
Health Director

November 23, 1988

The Therrell Company
Box 373
Pineville, NC 28134

Dear Sir:

RE: Property located at 17517 Youngblood Road
FILE: 5106A
PARCEL: 217-071-06 PO

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

Your plans for the modified system for the above property as submitted are approved with the following comments:

- The well should be located 100 feet or no less than 50 feet away from any part of the sewage disposal system and repair area.
- Water saving plumbing devices and low flush or microflush toilets must be installed when constructing the residence.

Upon execution and recording with the Register of Deeds Office, Mecklenburg County, of the enclosed "Septic Tank Agreement Form", an Improvements Permit may be issued by this office.

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

SDD/ir

Enclosures - 3 Septic Tank Agreement Forms
Copy of Plans

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 11906

File: 3183A 5182A
Parcel:

Action 2

☐ PC

Location:

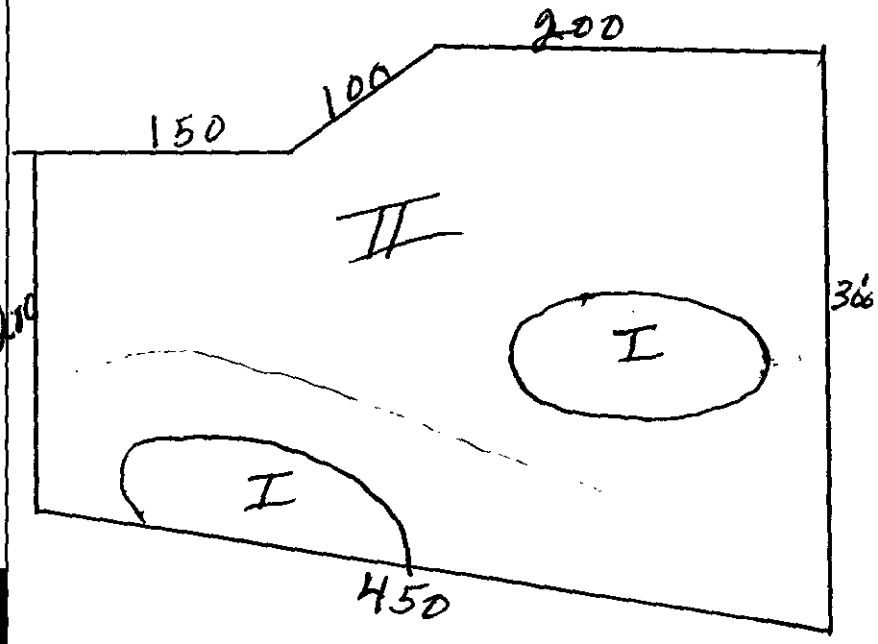
Subdivision:

Lot: 6 Block: Acres: 3A±

Owner:
Address:

Comments: See original Survey For location of Area I And Streams location

Described by: W. B. Ramsey
Date: 10-14-88



*** 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 10-15	S (PS) U 6-15	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 24-37	S PS (U) 12-17"	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	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
Soil Group/Series	IVc Applin	IVa Appling Eroded with Streams at Drainage				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

Mecklenburg County
Health Department

Basil G. Deltas, M.D., M.P.H.
Health Director

LPP System Design File 5106A

Line No.	Hole Size	(Conv)	No. Holes	Head Press.	Flow/ Hole	Hole Spacing	Flow/ Line	Flow/ Foot	Line Length
1	5/32	0.16	18	2.0	0.41	4.1	7.33	0.096	76
2	5/32	0.16	14	3.0	0.50	5.5	6.98	0.092	76
3	5/32	0.16	12	4.0	0.58	6.6	6.91	0.091	76
4	5/32	0.16	18	2.0	0.41	4.1	7.33	0.096	76
5	5/32	0.16	14	2.5	0.46	5.5	6.37	0.084	76
6	5/32	0.16	12	3.0	0.50	6.6	5.98	0.079	76
			88				40.896		456

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

(Brief)

Lot 6 is the only one we have a proposal for. The other Lot will not be developed at this time.

File No. got crossed up and I believe I have them corrected (in pencil) Lot 6&7 was once Lot 6.

Both systems are staked out on the property.

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH File [redacted] Action 2

SITE EVALUATION REPORT

SERIAL NUMBER [redacted] Parcel 217-07K-PL 50 PC

Location: Youngblood Road

Subdivision:

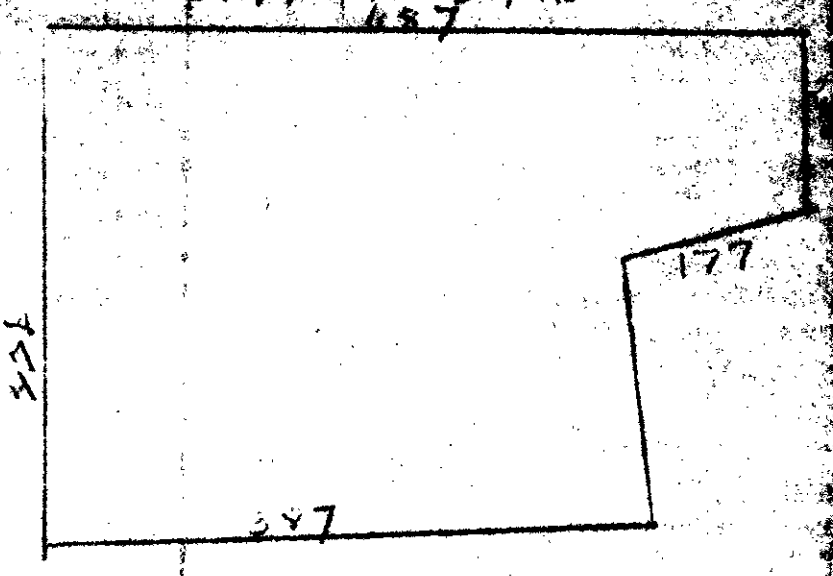
Lot: Block: Acres: 2.5

Owner: The Thorrell Co., Inc.
Address: P. O. Box 373
Pineville, N. C. 28134

Comments: See Detail Soil Survey Attached, Completely Within Limits of Brain Complete

Described by: W. R. Ramsey

Date:



*** 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	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS U	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
Soil Group/Series						
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

Stream Area

Soils on

Iva Hours From Granite Rock

400 ☑ Pd 300.00 CK#5348 5-5-92.

File 5106A LL 400

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

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

(704)336-5102

PERSON FILING APPLICATION:

NAME: THE THERRELL CO. INC (last) (first) (mi)

ADDRESS: PO BOX 373 PHONE: (704) 8892055

CITY: PINEVILLE STATE: NC ZIPCODE: 28134

Date: 5-5-92

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 217-071-06 PO

STREET ADDRESS: 17517 YOUNG BLOOD RD.

ZONING:

PROPERTY OWNER:

NAME: DUNCAN ELIMINO (last) (first) (mi)

ADDRESS: 17517 YOUNGBLOOD RD PHONE: (__) _____

CITY: CHARLOTTE STATE: NC ZIPCODE: 28278

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: 6 LOT SIZE (in acres): 2.586

[] SOIL TEST - INDIVIDUAL LOT (O)
[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: 4

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: [signature] Date: 5-5-92

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

WWATER : 122791

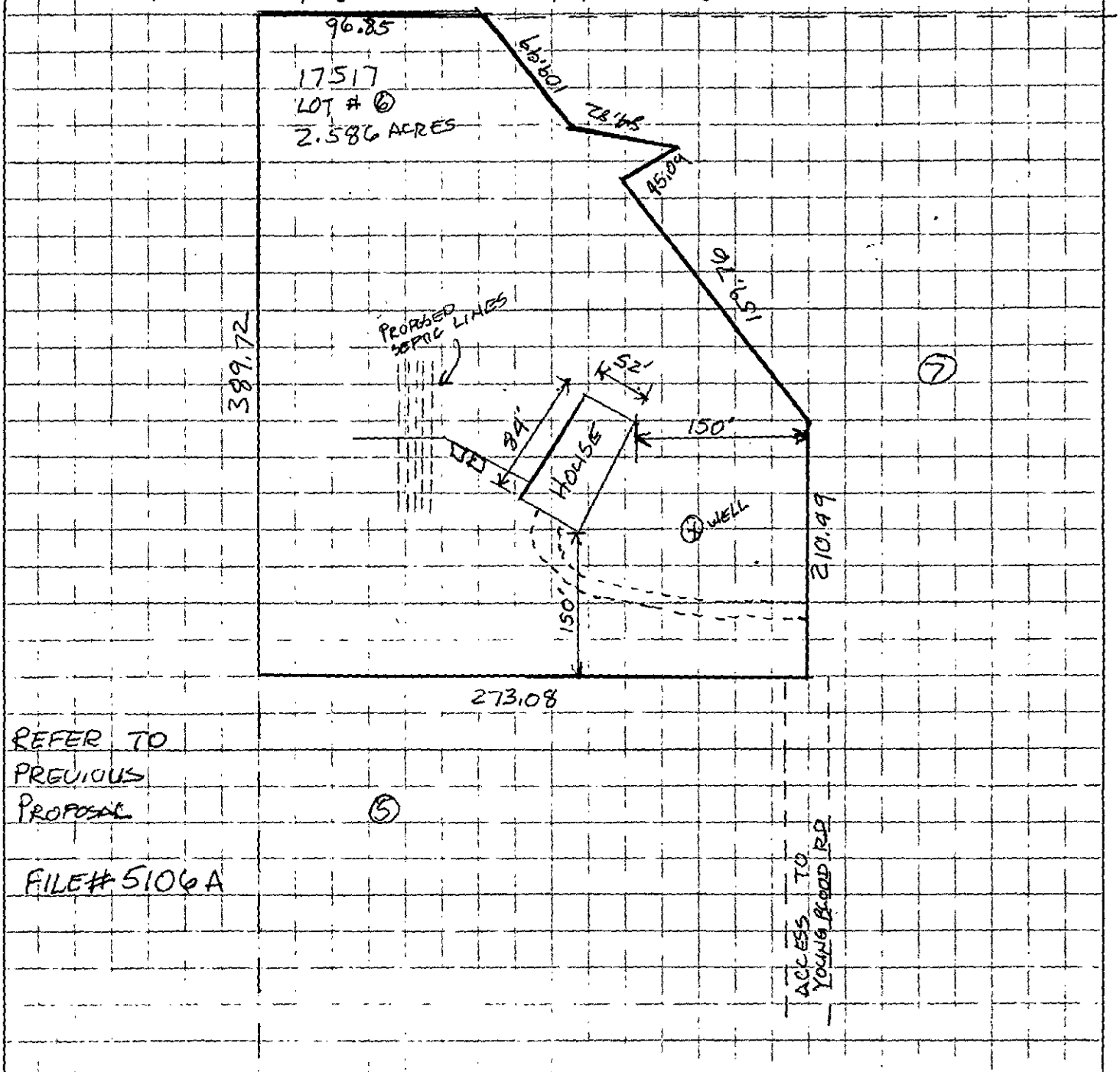
PROPOSED PLOT PLAN

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5106A

TC: 217-071-06 PO

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.



REFER TO PREVIOUS PROPOSAL

FILE# 5106A

Signed: Scott Thrift

Date: 5-5-92

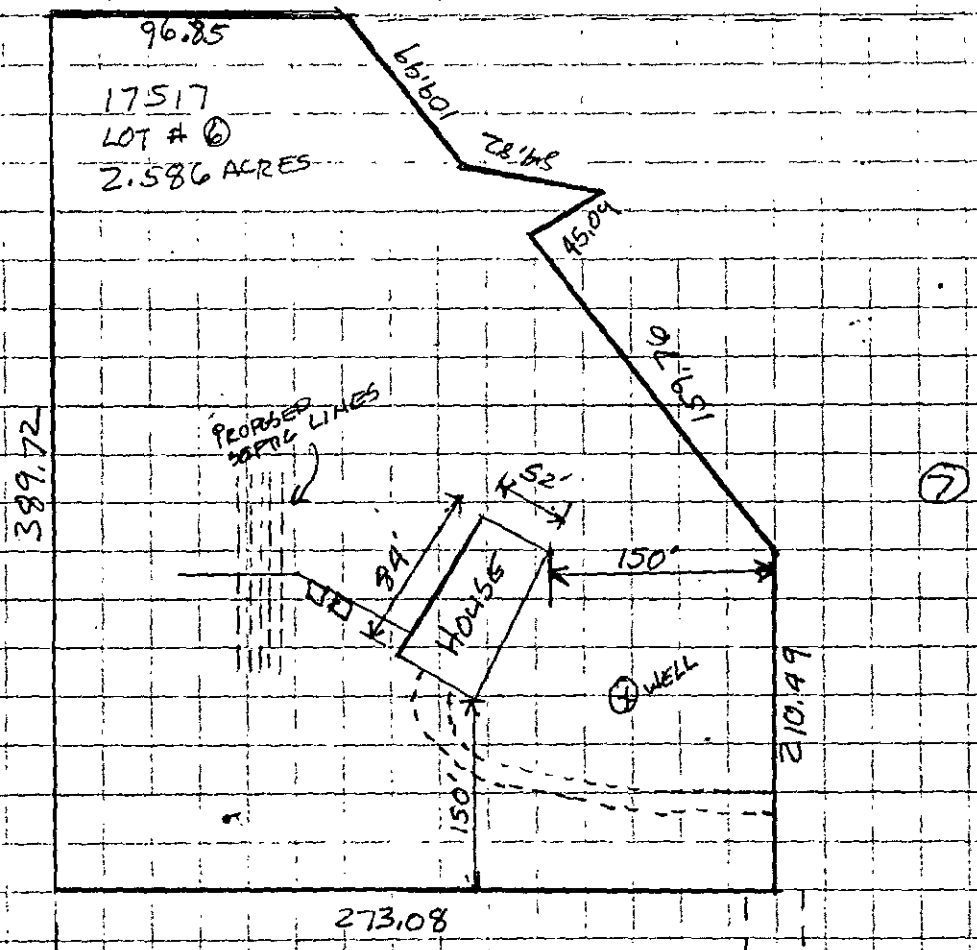
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5106A

TC: 217-071-06 PO

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.



REFER TO PREVIOUS PROPOSAL

FILE# 5106A

Signed: Scott Thrift

Date: 5-5-92

6X

5106A

DATE: 6/5/07

TO: ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 217-071-06 p/o

ASSIGNED ADDRESS 17517 Youngblood Rd

EXISTING ADDRESS lot 6

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	NOT APPROVED
1. SUBDIVISION REGULATIONS	☒	☐ *
2. FLOODWAY REGULATIONS	☒	☐ *
3. EROSION CONTROL REGULATIONS	☒	☐ *
4. COMMERCIAL DRAINAGE PLAN	☒	☐ *

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	☐ *	☒
	YES	NO
6. PROPERTY FRONTS ON THOROUGHFARE	☐ *	☒
	YES	NO
7. DRIVEWAY PERMIT REQUIRED	☐ *	☒

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

REMARKS: S. F house

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.
A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: _____

OPWEAR 02/86

Daily waste flow 3 Bed Room @ 120 GPD/Bed Rm = 360 G.P.D.
Septic tank size 1500 Gal
Pumping tank size 1500 Gal
Effluent loading rate .16
Absorption area 2250 ϕ
Total length of laterals ~~450~~ 450
Lateral diameter 1¼"
Lateral configuration See plan
Supply line length 75'
Supply line diameter 2
Manifold placement " Center
Hole size* 5/32"
Hole spacing See Plan
Number of holes 92
Pressure head 2
Flow per hole See plan
Total flow 43
Elevation head 5'
Friction head 3'
Pressure head 0
Total head 8'
Pump requirements 43 GPM @ 8'
Storage volume in laterals 450' @ 6.4/100' = 28.8
Storage volume in supply line 75' @ 16.2/100' = 12.1
Total storage volume 41
Dosing volume Min (5x28.8) + 12.1 = 156.1 = Use 360 GPD ÷ 2 = 180
Dosing depth 6" to 10"
Check valve needed? No

THE THERRELL CO.
17517 Youngblood Rd
Lot 6
T.C. 21707106 PO
File 5106A

*Data on hole size, spacing, pressure head and flow must be listed for each line for systems where lines are different (such as sloping lots).

Line No.	Hole Size	# Holes	Head Pressure	Flow/Hole	Hole Spacing*	Flow/Line
1	5/32"	18	2'	.41	4'-2⅝"	7.38
2	5/32"	14	3'	.50	5'-5"	7.00
3	5/32"	12	4'	.58	6'-4"	6.96
4	5/32"	18	2'	.41	4'-2⅝"	7.38
5	5/32"	14	2.5'	.455	4'-9"	7.28
7. 6	5/32"	12	3'	(.50)	5'-5"	7.00
		92				43.00

360 G.P. Dose ÷ 2 dosing/day = 180 GPD ÷ 29 Gal Per Inch of 1500 Gal Tank = 6-2" dosing depth

Note. 12" Dose depth would flow 29 x 12 = 348 Gal Per Dose or .77 Gal Per Ft of lateral per dose or about one dose per day

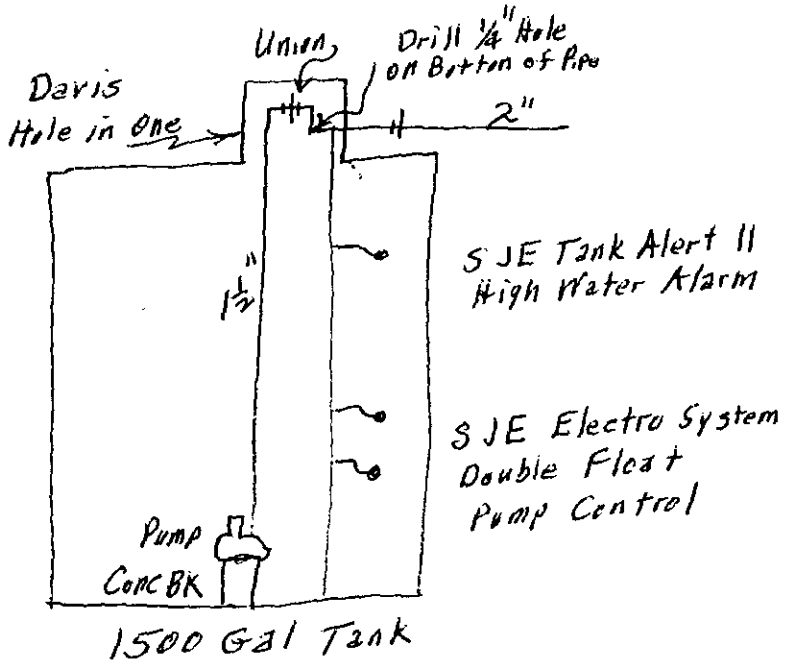
Min Gallon/dose = (5 x 28.5) + 12.1 = 156.1 156.1 ÷ 29 Gal/inch = 5.4" dosing depth

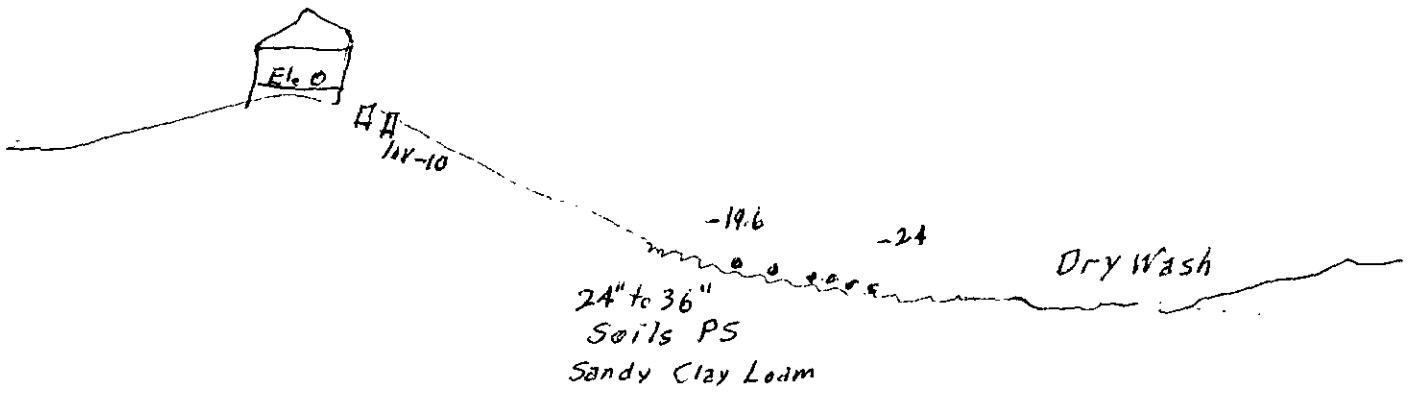
Use Hydromatic SK50M2 1550 RPM ¾ HP 6 Amp 230V 60Cy 50 GPM @ 15' Head

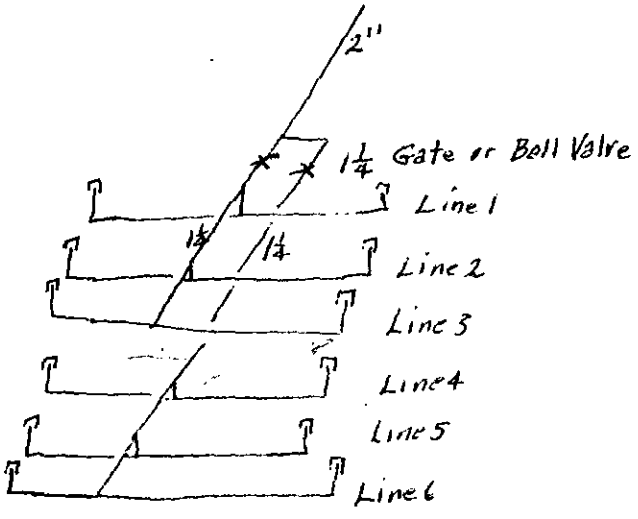
Holes to be bench Drilled in Batter of 1¼" Laterals

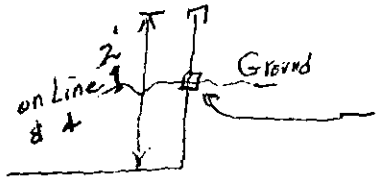
Designed By
W. P. Smith Jr
583-6856

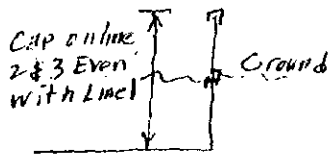
THE THERRELL Co.
17517 Youngblood Rd
Lot 6
T.C. 21707106 PO
File 5106 A



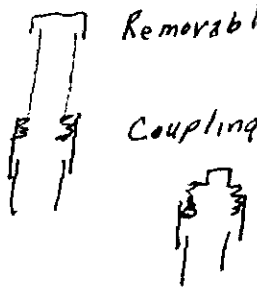








Cap on line 5 & 6 Even with line 4



Designed By
W. P. Smith, Jr.
588-6856

6 X

PROPOSED PLOT PLAN

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

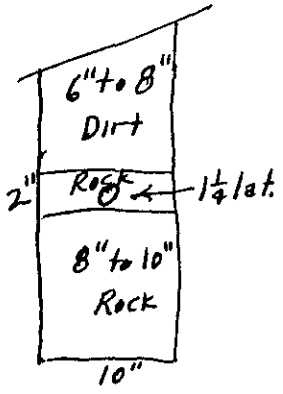
5106 A

FILE: ~~3183-A~~

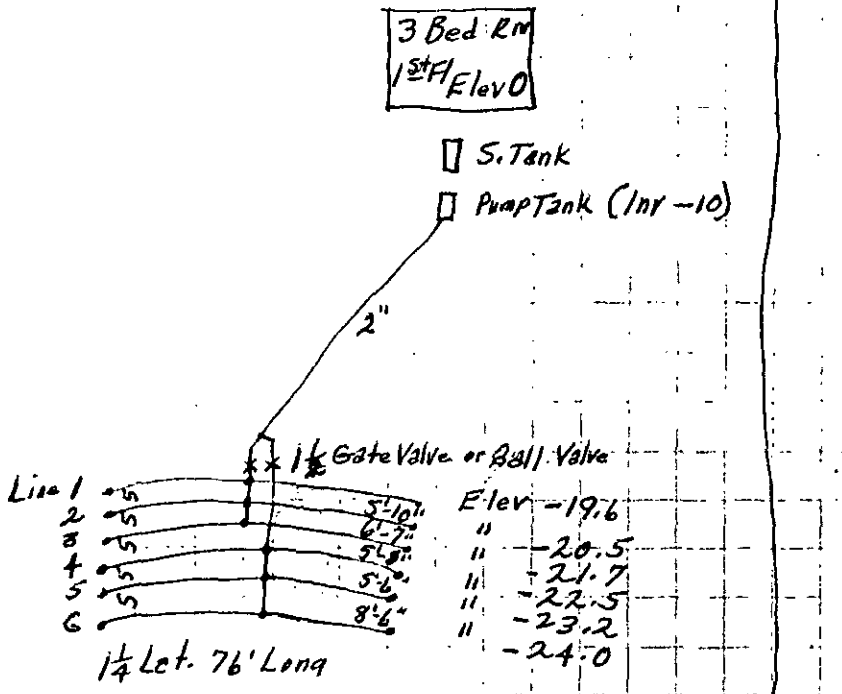
TC: 2170706 PO

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.

THE THERRELL Co.
17517 Youngblood Rd.
Lot 6



Trench
18" Deep
10" Wide



2+ Acre lot.

All Pipe Sch 40 PVC

Follow Ground Contures With 1¼ Laterals

Designed By W. P Smith Jr 588-6856

Signed: W P Smith Jr

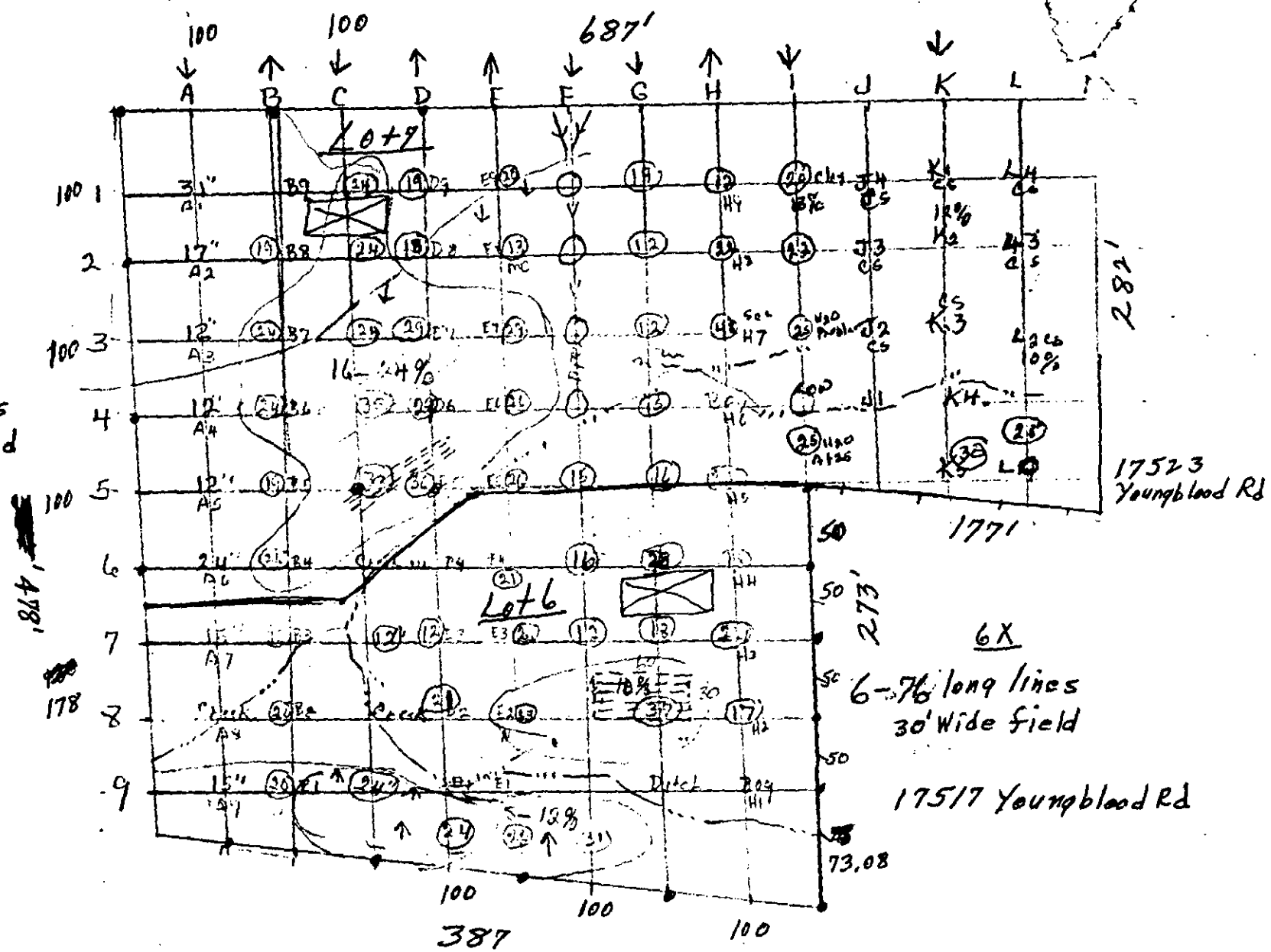
Date: 10/13/88

6X
Lot 6
T.C. 21707106 P.D.
The Therrell Co.
17517 Youngblood Rd
File 5106A

217-071-04 PO

Each House
3 Bed Rm

Depth
24"–36"
Soils FS



40

4-1125' lines
20' Wide Field

6X

6-76' long lines
30' Wide field

17517 Youngblood Rd

4200

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5106 A DATE: 9/22/92

TC: 217-071-06 80 ☐ L ☑ CRT

SERIAL № 13957

Name of Owner The Harrell Company Juris.:

Address of Property 17513 Youngblood Rd

Inspection Data:

Tank Material 1500

Total Length of Drainfield 1500

Number of Lines 6 @ 76

Cover Depth 6" - 8"

Water Supply Source well

Distance to Water Source > 50'

Excavation Inspected 7/28/92

Tank(s) Inspected 7/28/92

Wash Line Inspected

High Water Alarm Inspected 7/28/92

PLOT

Design: 1992, 1500 ST, 1500 DT, 1000 GPD, 2250 SFT, 8" G, Applying CTR# 162

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

☐ installed or constructed ☐ altered or repaired

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

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The 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 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: LPP plan for 3 bedroom home.
See Engineers letter of Certification on file
TYPE II

Judy J. Kuei R.S.
Environmentalist

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