

9510 EDWARD`S PL

13723133

7/11/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County **Health Department**	Brady Residence **Name of Establishment**	7718A **Permit/Project No.**
9510 Edwards Pl., Charlotte NC 28227 **Location**	3-Bedroom House **Type of Establishment**	360 GPD **Design Flow**
James Brady **Owner/Agent**	Same as location address **Address**	(704) 573-9050 **Phone**
N/A **Operator**	N/A **Address**	N/A **Phone**
IIIb **System Type**	3/27/2010 **Next Inspection Due**	

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☒	☐	☐	1.a. Constant trickle into pump tank. Check for leaking toilets in house.
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☒	☐	☐	
b. Tanks and access manholes structurally sound, watertight?	☒	☐	☐	
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	3.c. Sanitary tee not inspected.
d. Tanks pumped, cleaned out as needed?.....	☒	☐	☐	3.d. <3" of solids in septic tank.
4. RAW SEWAGE LIFT STATION (if present):				
a. Required pumps present, operating, and cycling properly	☐	☐	☒	
b. High-water alarm present and operating properly?	☐	☐	☒	
c. Floats/pipe/valves/disconnects in good condition?	☐	☐	☒	
5. EFFLUENT DOSING SYSTEM:				
a. Effluent appears clear, free of excess solids?	☐	☒	☐	5.a. Measured 10" of solids in pump tank.
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☒	☐	☐	
b. High-water alarm present and operating properly?	☒	☐	☐	
c. Floats/pipe/valves/disconnects in good working condition?	☐	☒	☐	5.A.c. High water alarm float not
d. Control panel enclosure/components in good condition?	☒	☐	☐	secured in pump tank.
e. Elapsed time readings: _____ _____ _____ _____				
B. SIPHON SYSTEMS:				
a. No evidence of overflow or siphon leakage?	☐	☐	☒	
b. Siphon(s) appear to be working/alternating properly?	☐	☐	☒	
c. Bells and vents free of debris and in good condition?	☐	☐	☒	

6. GROUND ABSORPTION FIELDS:

a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐	
b. Minimal ponding in subsurface trenches?	☒	☐	☐	6.b. Some ponding in
c. Surface water being effectively diverted away?	☒	☐	☐	upper line for washer drain field.
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐	
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐	
f. Protected from traffic, destructive uses?	☒	☐	☐	
g. Distribution devices in good condition, working properly?	☒	☐	☐	
h. Repair area properly reserved, maintained?	☒	☐	☐	

A. LOW PRESSURE PIPE DRAIN FIELDS:

a. Turnups/cleanouts/valves intact and accessible?	☐	☐	☒
b. No effluent standing in lower laterals?	☐	☐	☒
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒
d. Pressure head is properly adjusted?	☐	☐	☒

OVERALL CONDITION AND OPERATION OF SYSTEM:

No problems detected with system operation at time of inspection.

No sewage observed on ground surface at time of inspection.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

1. Secure high water alarm float in pump tank.
2. Check for leaking toilets in house and repair as necessary.

***REPAIR WITHIN 30 DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

1. Pump out dosing (pump) tank to remove excess solids.

DATE: 3/21/2005

SIGNED: _____ RSE AGENT

Division of Environmental Health

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 03/07/05
Receipt #: 33030
Check / Auth #: CHECK 9071
Received By: AIDOOJK

Amount: 85.00
Tendered: 85.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: BRADY JAMES
Attn:
Address: 9510 EDWARDS PLACE
Address:
City/State/Zip: CHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0743	Hmeownr Maint Inspec-Type IIIB 7718A/NO TELEPHONE # LISTED		1	85.00	85.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

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

INSPECTION OF ENGINEERED SUBSURFACE SEWAGE SYSTEM

Mecklenburg — 7718 A
Health Department — Name of Establishment — Permit/Project No.

9510 Edward's Place — residence — 360 gpd
Location — Type of Establishment — Design Flow

James M. Brady — 9510 Edward's Place, Charlotte, NC
Owner/Agent — Address — Phone

N/A
Operator — Address — Phone

Remarks: III b

	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?	☐	☐	recommended pumping septic tank
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?	☑	☐	
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: Looks Good!

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)

DATE: 3-29-99 SIGNED: Larry B. Thompson, 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)

pd. 85~
ck#3078
VIW
3-26-99

MAINTENANCE INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

James M. & Rita F. Brady
9510 Edward's Place
Charlotte, NC 28227

Please Make Check Payable To

Mecklenburg County Health Department
700 N. Tryon Street, Ste 211
Charlotte, NC 28202

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
James M. & Rita F. Brady	9510 Edward's Place	137-231-33	7718A	IIIB
[redacted]			**Total Amount Due: $85.00**	

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

Name _____

Site Address _____

_____

# of Bedrooms _____

3.29.99
Inspected, looks very good. Owed folder

BILL INFORMATION

Billing Date	Payment Due Date
2/2/99	3/2/99

Direct Questions Concerning This Bill To ..... (704) 336-5102

☐ *Please check if you have a well.*

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

DO NOT SEND CASH

Mecklenburg County
Health Department

February 2, 1999

James M. and Rita F. Brady
9510 Edwards Place
Charlotte, NC 28227

Dear Mr. and Mrs. Brady:

This letter is being sent to all home/business owners in Mecklenburg County with septic tank systems that utilize pumps. In 1992 the North Carolina Administrative Code governing septic tank systems was amended to require routine maintenance and inspection of certain septic tank systems. Research conducted on septic tank systems has shown that properly maintained systems perform better and protect the home/business owner's investment. These State rule changes required local health departments to perform additional inspections without additional resources. During the 1998-99 budget hearings, the Mecklenburg County Board of County Commissioners (BOCC) approved user fees to offset costs and to allow the local health department to comply with mandatory enforcement requirements in the State regulations.

Since you have a pump system, these new rules and fee requirements affect you. The fee is $85.00 and is due upon receipt of this notice. Your $85.00 will be used to establish an automated file system, create a geographical information system link, and more importantly, redirect our services for the greater good of the community. We will visit your property and make assessments and recommendations for the continued efficient operation of your septic tank system. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The process, including fee assessment, will be repeated every five (5) years. The fee amount may change in the future.

We are excited about the interest and support demonstrated by the BOCC. Past performance in this area was more enforcement oriented rather than supportive. One of our goals is to establish our department as a resource to you to aid and assist you with this and related public health concerns. The inspection program and the water analysis are important to the health of you and your family. This is a very important initiative intended to protect the public's health while improving and preserving our groundwater resources.

Your prompt fee payment will activate our inspection process. Your comments and questions regarding this matter are encouraged and welcomed.

Sincerely,

Larry B. Thompson, Jr., R.S.

Larry B. Thompson, Jr., R.S.
Environmental Health Specialist
Individual Water and Wastewater Systems

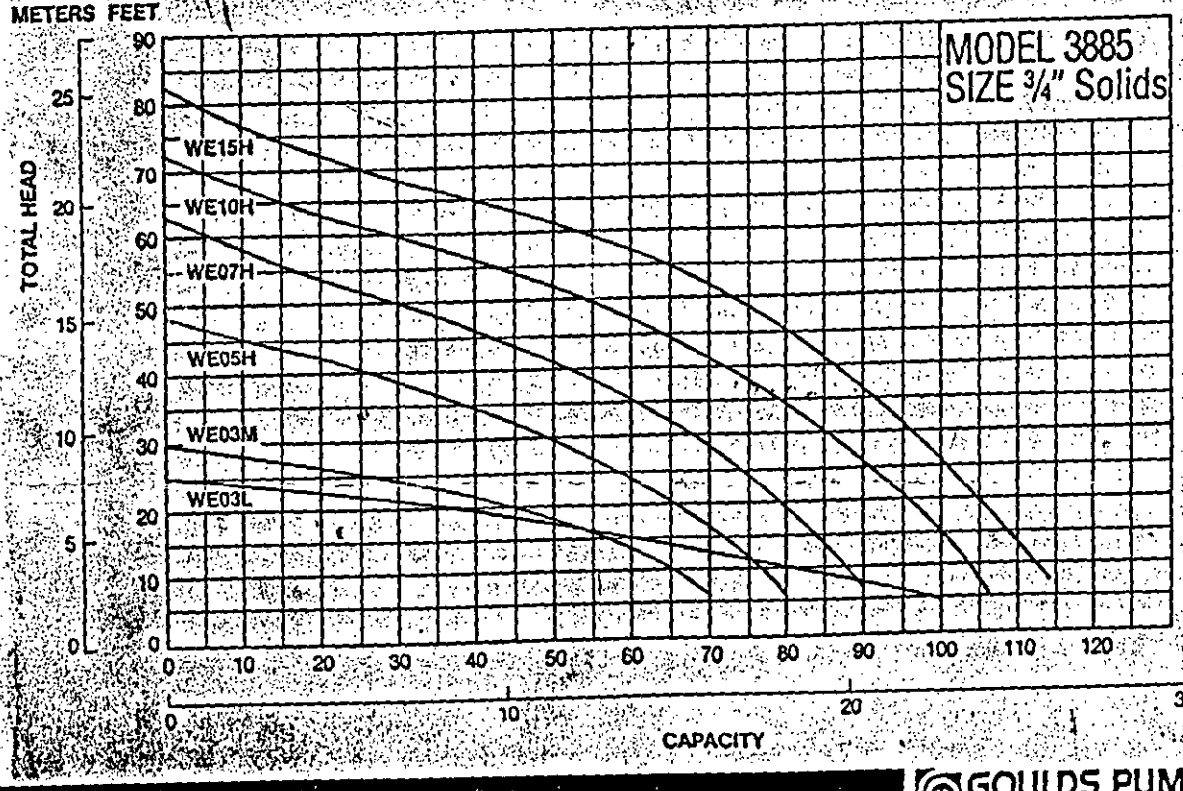
Enclosure

cc: Fiscal Services Manager, HMHCS

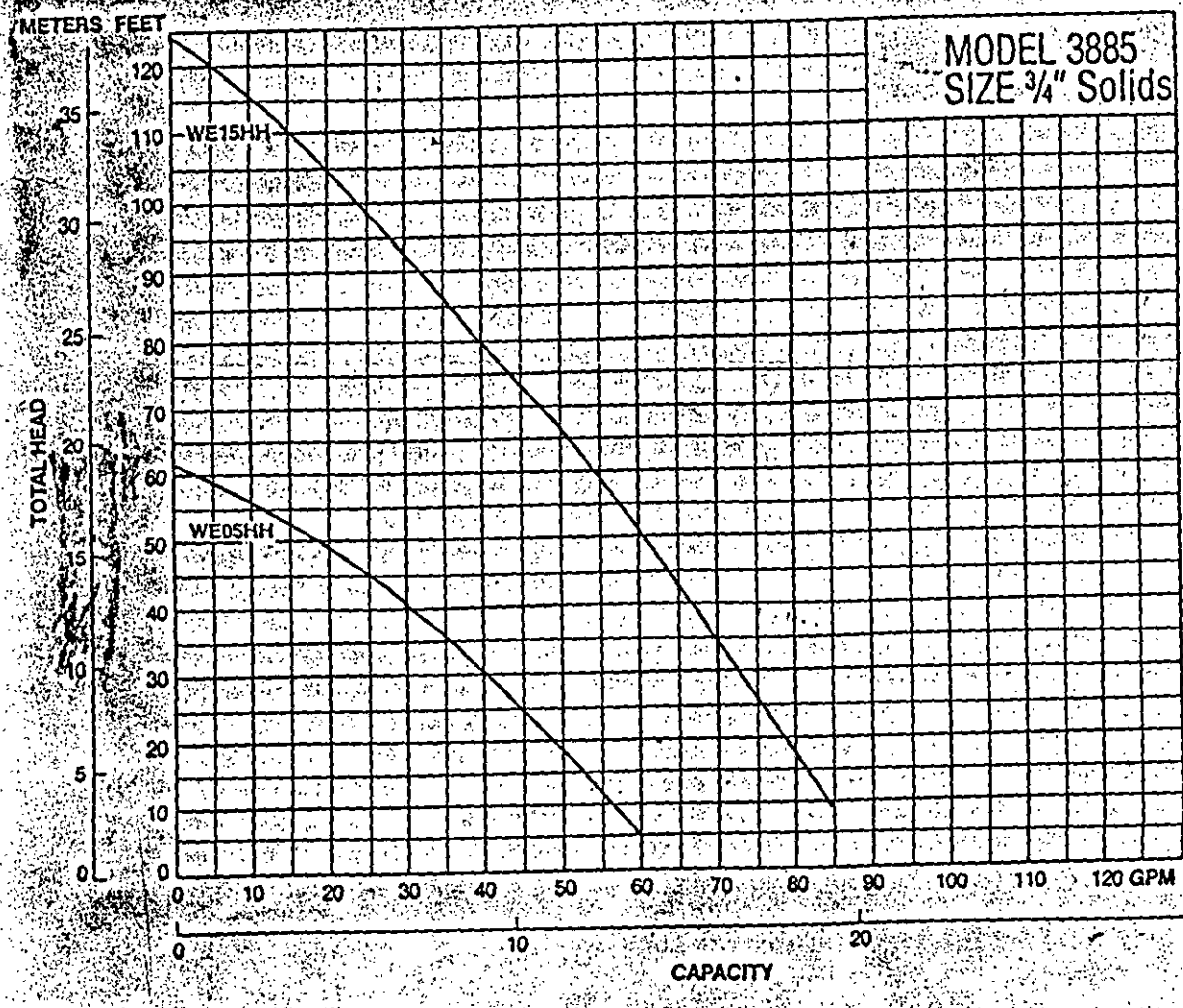
Performance Curves

Submersible Effluent Pumps

File 7718A



GOULDS PUMPS, INC.
SENECA FALLS, NEW YORK 13148



©1985 Goulds Pumps, Inc.

Effective July, 1985
C3885

4007

7718A
~~7018A~~

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

pd 100.00 2/11/93 ck. #200 [ ] 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: Greene (last) Bobby (first) C (mi)
ADDRESS: 2063 Eaton Rd PHONE: (__) 537-3295
CITY: Char STATE: NC ZIPCODE: 28205

Date: 12-23-92

PROPERTY OWNER:
NAME: Greene (last) Bobby (first) C (mi)
ADDRESS: 2063 Eaton Rd PHONE: (__) 537-3295
CITY: Char STATE: NC ZIPCODE: 28205

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 137-231-33
STREET ADDRESS: 9510 Edwards Pl
ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 33 LOT SIZE (in acres): 1.08

TYPE APPLICATION (check one):
[ ] 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):
[X] SINGLE MOBILE HOME (S) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION:

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

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

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

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

Signed: Bobby Greene Date: 12-23-92

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.

... AGREEMENT FORM ON FILE

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

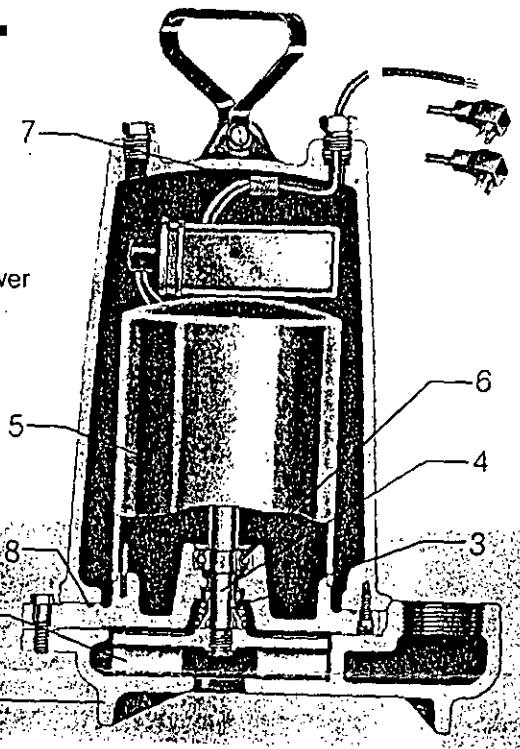
Environmentalist Date

Director or Authorized Section Head 4-8-93 Date

WWATER : 122791

FEATURES

1. Impeller
2. Casing
3. Mechanical Seal
4. Shaft
5. Motor
6. Bearings — Upper & Lower
7. Power cable
8. O-Ring



Goulds

Submersible Effluent Pumps

MODEL

3885

MODELS

Series	HP	Volts	Phase	Max. Amp.	RPM	Solids	Wt.
WE0311L	½	115	1	9.4	1750	½"	56
WE0312L		230		4.7			
WE0311M		115		9.4			
WE0312M		230		4.7			
WE0511H	¾	115		13.0			60
WE0512H		230		6.5			
WE0532H		208/230	3	3.4			
WE0534H		460		1.7			
WE0511HH	½	115	1	13.0			
WE0512HH		230		6.5			
WE0532HH		208/230	3	3.3			
WE0534HH		460		1.65			
WE0712H	1	230	1	10.0	3500	¾"	70
WE0732H		208/230	3	5.4			
WE0734H		460		2.7			
WE1012H	1½	230	1	12.5			
WE1032H		208/230	3	7.0			
WE1034H		460		3.5			
WE1512H	2	230	1	15.0			
WE1532H		208/230	3	9.2			
WE1534H		460		4.6			
WE1512HH	2	230	1	15.0		1½"	80
WE1532HH		208/230	3	9.2			
WE1534HH		460		4.6			

PERFORMANCE RATINGS (Gallons Per Minute)

Series No.	WE0311L WE0312L	WE0311M WE0312M	WE0511H WE0512H WE0532H WE0534H	WE0712H WE0732H WE0734H	WE1012H WE1032H WE1034H	WE1512H WE1532H WE1534H	WE0511HH WE0512HH WE0532HH WE0534HH
HP	⅓	½	½	¾	1	1½	½
RPM	1750	1750	3500	3500	3500	3500	3500
5	100	70	80	90	106	—	60
10	80	65	76	87	102	112	56
15	60	57	72	84	100	108	53
20	36	45	65	79	95	105	48
25		25	59	74	91	100	45
30			50	67	85	96	40
35			40	61	79	92	35
40			26	52	72	86	30
45			10	43	64	80	25
50				30	54	73	18
55				17	42	65	12
60				6	30	54	3
65					16	40	
70					5	26	
75						14	
80						4	
90							
100							
110							
120							

Total Head Feet of Water

EFFLUENT EJECTOR SYSTEM

Effluent ejector system offers ease of ordering and installation. A single ordering number specifies a complete system designed for most residential and commercial sump and effluent pump applications.

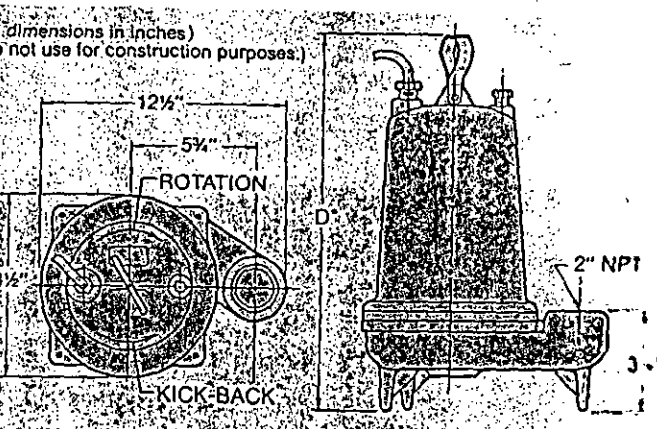


Package Includes:

- Submersible Effluent Pump, WE0311L, 12L or WE0311M, 12M, WE0511HH, 12HH
- Mercury Level Control Switch A2-5 (115V), A2-6 (230V)
- Basin A7-1601S
- Basin Cover A8-1822
- Check Valve A9-2P
- Order No. SWE0311L, SWE0312L, SWE0311M, SWE0312M, SWE0511HH, SWE0512HH

DIMENSIONS

(All dimensions in inches)
(Do not use for construction purposes.)



D: ⅓, ½, ¾ and 1 HP = 15" except for model WE0712H & WE1012H = 18"
1½ HP = 18"

Available Certifications: CSA Canadian Standards Association; ETL Testing Laboratories

GOULDS PUMPS, INC. SENECA FALLS, NEW YORK 13148

SPECIFICATIONS ARE SUBJECT TO CHANGE WITHOUT NOTICE.

PRINTED IN U.S.A.

Goulds Pumps, Inc.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

FILE: 7718 A DATE: 8-24-93

TC: 137-231-33

SERIAL Nº 15559

Permission is hereby given to X 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 8-24-93. All work shall be completed on or before 9-24-93, 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 plan on file with exception that lift station added near septic tank

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction RC

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 400' feet

Number of Lines washing machine drainfield to be 2 lines at 70' each ~~septic tank drainfield 5 lines~~ at 50' each

Depth of Stone 12" inches

Distance from House 5' min feet

Distance from Property Line 10' min feet

Distance from Well Comm. Well 100'+ feet

NAME OF OWNER Bobby Greene

LOCATION OF PROPERTY 9510 Edwards Place

Comments: Pump, controls + alarm to be installed according to NC State Regs
Washer box w/ sanitary tee to feed to distribution box for washer drainfield, 12 inches soil cover only.
Install as per plan on file. Keep water line min 10' from any part of system or repair area

Division or Section Head

Environmentalist

* 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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7718 A DATE: 10-27-93

TC: 137-231-33 ☒ L ☐ CRT

SERIAL Nº 15719

Name of Owner Bobby Greene Juris.:

Address of Property 9510 Edwards Place

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 5 at 52' & 2 at 70'

Cover Depth 6-12"

Water Supply Source Comm. well

Distance to Water Source 100'+

Excavation Inspected 8-31-93

Tank(s) Inspected 8-31-93

Wash Line Inspected 8-31-93
washer box with tee installed

High Water Alarm Inspected ~~Finished~~ 10-27-93

PLOT

Design: A93, 1500 g st, 1000 g pt, 1200 sq ft drainfield at 5 lines at 3'x52'x12" stone CTR# RCS 90
and 2 lines at 3'x70'x12" stone each, cecil-like, perked-like ~~finished~~ exact all checks 10-27-93

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: 3 bedroom house, Type III b

Environmentalist

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

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

DATE: 12/23/92

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Mint

PARCEL NUMBER 137-231-33

ASSIGNED ADDRESS 9510 Edwards Pl

EXISTING ADDRESS lot 33

PROJECT NAME Bainbridge 2

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

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

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

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

REMARKS: Septic tank

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

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

SIGNED: Rob

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

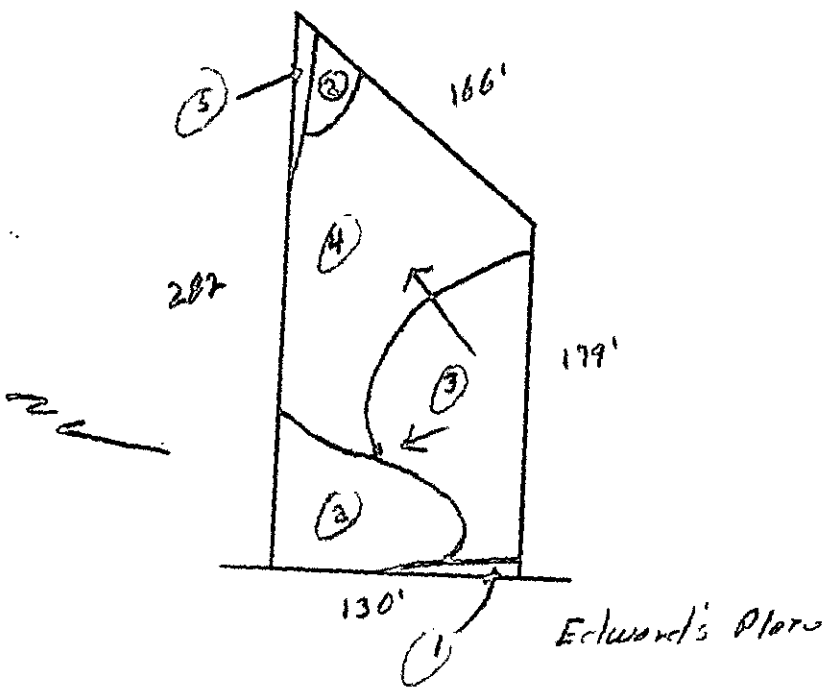
MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19783

File: 7719-A Action 2

Parcel: 137-231-33 ☑ PC

Location: 1516 Edwards Place
Subdivision: Bainbridge II
Lot: 33 Block: Acres: .79
Owner: Brown & Williams Const. Corp.
Address: 7421 Morgan Mill Rd
Monroe, N.C. 28110
Comments: 100% Repair

Described by: William R. Marlin
Date: 9-19-91



*** 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) >2' cut	S PS (U) complex slopes	(S) PS U 6-10%	(S) PS U 6-15%	S PS (U) old Road	S PS U
Texture	S PS U	S PS U	S (PS) U Clay	S (PS) U Clay	S PS U	S PS U
Structure	S PS U	S PS U	S (PS) U Blocky	S (PS) U Blocky	S PS U	S PS U
Drainage	S PS U	S PS U	S (PS) U >40" to water	S (PS) U >36" to water	S PS U	S PS U
Depth	S PS U	S PS U	S (PS) U >40"	S PS (U) 30-36"	S PS U	S PS U
Restrictive Horizons	S PS U	S PS U	S (PS) U >40"	S (PS) U >36"	S PS U	S PS U
Available Space	S PS U	S PS U	S PS (U) Restricted	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	>2' cut	Complex slopes	III Enon-L.Mc	III Pacolet-L.Mc	old Road	
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS U

PROPOSED PLOT PLAN

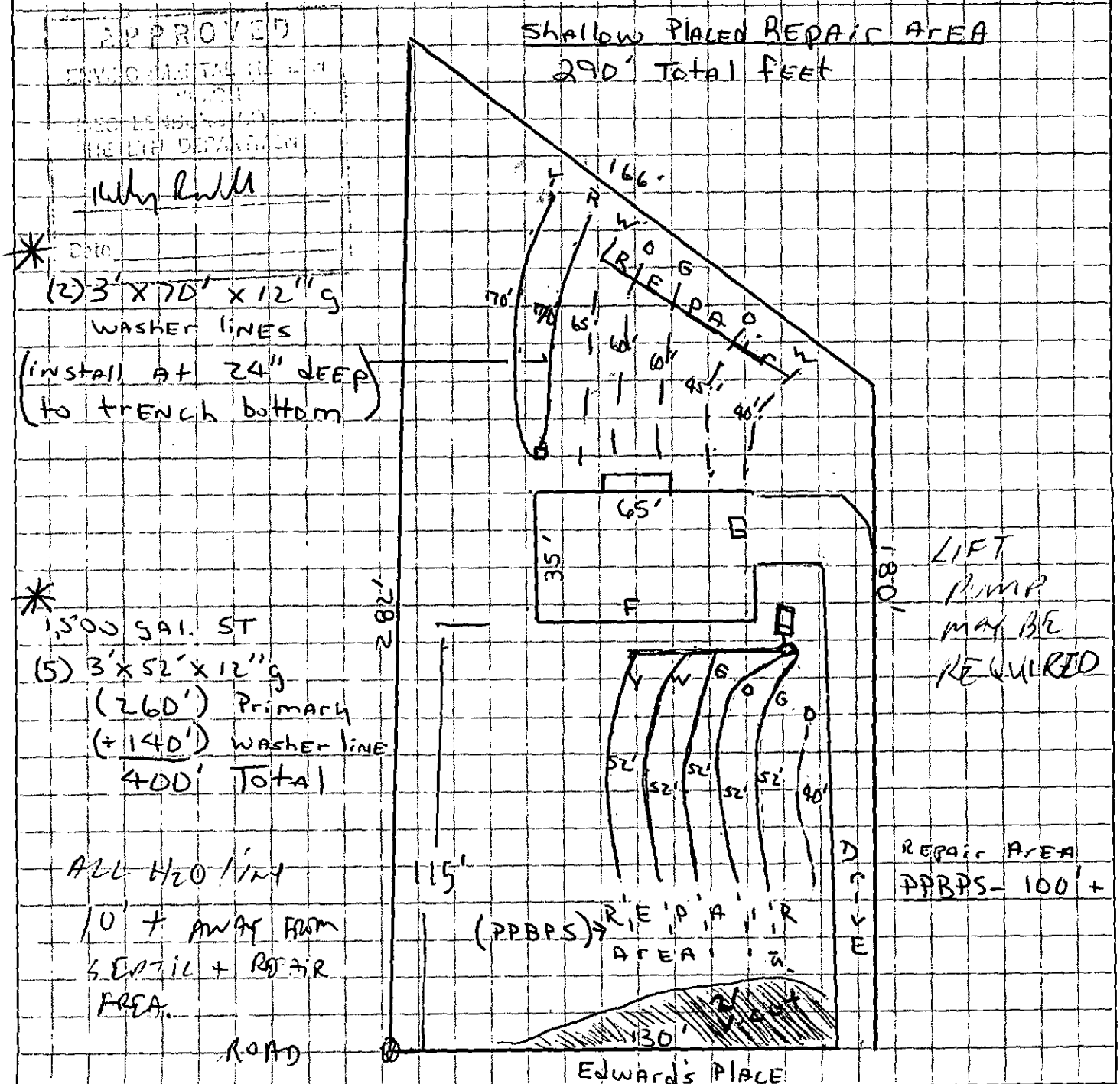
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7718-A

TC: 137-231-33

Lot 33 Rainbridge II

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



APPROVAL DATE _____

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

PROPOSED PLOT PLAN

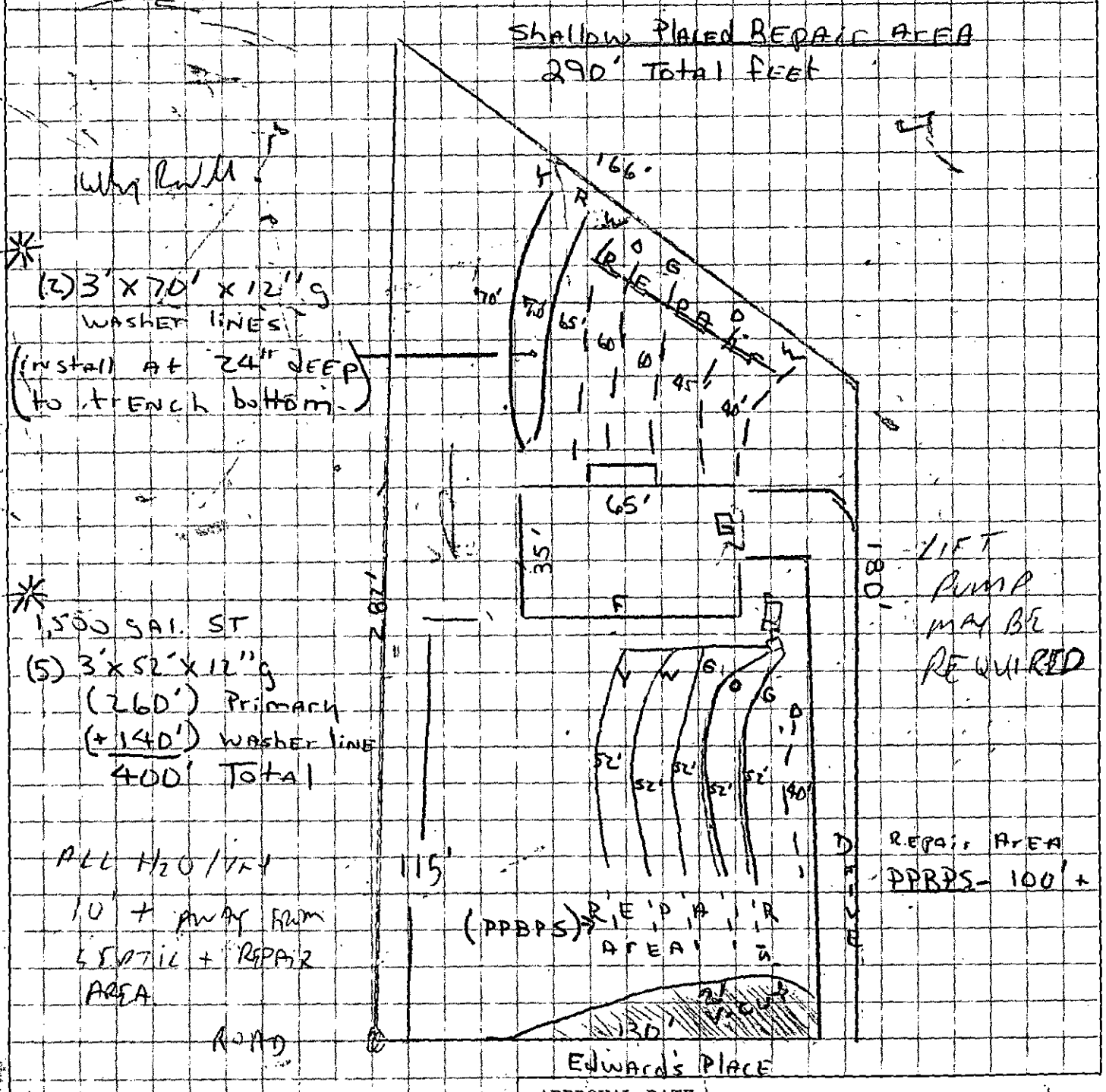
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7718-A

TC: 137-231-33

Lot 33 RAINBRIDGE II

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



APPROVAL DATE _____

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

BK: 07253 PG: 0402/0403 #:0151 6.00
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 04/07/93 12:27

FILE NO. 7718-A
Parcel 137-231-33

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, Greene & Williams Development, Inc.

owner of property located at 9510 Edward's Place Lot 33

("the site") and described in an instrument recorded in Book 6192 at Page 769, 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 19 day of March, 1993.

mail to: Environmental Health - IWWS
700 N. Tryon St
Charlotte NC

Drawn By — Bobby C Greene (SEAL)
NCDL 231886

(SEAL)

STATE OF NORTH CAROLINA
COUNTY OF ~~MECKLENBURG~~

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

WITNESS my hand and notarial seal, this 19th day of March, 1993.

Wanda Bascom
Notary Public

My Commission Expires November 11, 1994

My Commission Expires

Bk: 7253 Pg. 403

State of North Carolina, County of Mecklenburg

The foregoing certificate(s) of Wanda Baucom

Notary(ies) Public is/are certified to be correct.

This 7th day of April, 19 93.

JUDITH A. GIBSON, REGISTER OF DEEDS

By: _____ Deputy Register of Deeds

1.00
500
6004

BK: 07253 PG: 0402/0403 $:0151 6.00
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 04/07/93 12:27

COPY

FILE NO. 7718-A
Parcel 137-231-33

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, Greene & Williams Development, Inc.,

owner of property located at 9510 Edward's Place Lot 33,

("the site") and described in an instrument recorded in Book 6192 at Page 769, 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 19 day of March, 1993.

Bobby C Greene (SEAL)

(SEAL)

STATE OF NORTH CAROLINA
COUNTY OF ~~MECKLENBURG~~ Union

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

WITNESS my hand and notarial seal, this 19th day of March, 1993.

Wanda Barnes
Notary Public

My Commission Expires: My Commission Expires November 11, 1994

4/7/93

Kelly: This should be in order now. Could you please sign-off.

Thanks,
Tim W.

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19783

File: 7718-A Action 2

Parcel: 137-231-33 PC

Change tax map no. in file - new TC is on report

Location: 9510 Edwards Place

Subdivision: Bainbridge II

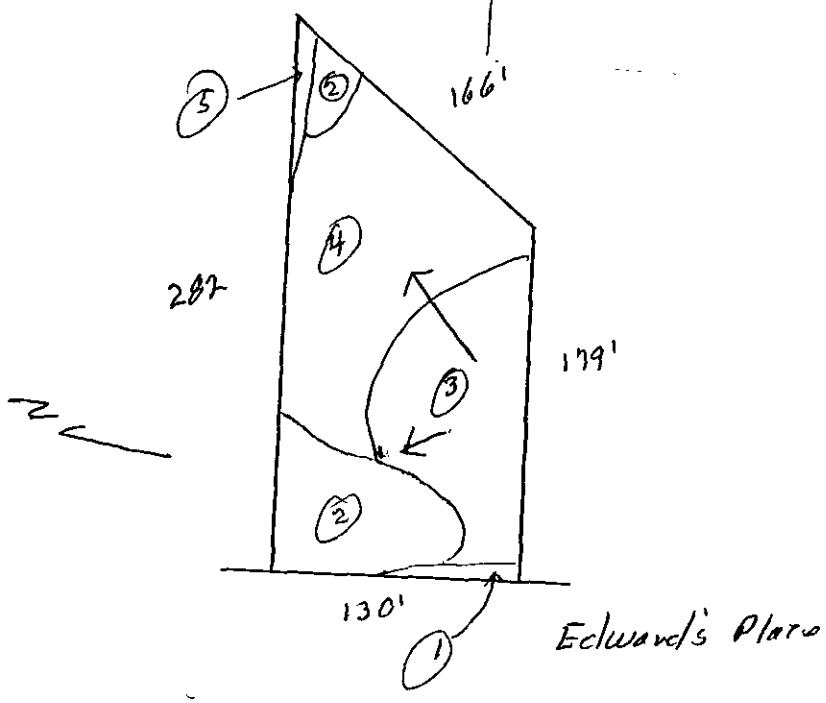
Lot: 33 Block: Acres: .78

Owner: Greene & Williams Dev. Inc.
Address: 7421 Morgan Mill Rd
Monroe, N.C. 28110

Comments: 100% Repair

Described by: William R. Marlin

Date: 7-19-91



***** 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) >2' cut	S PS (U) complex slopes	(S) PS U 6-10%	(S) PS U 6-15%	S PS (U) old Road	S PS U
Texture	S PS U	S PS U	S (PS) U Clay	S (PS) U ~~Block~~ Clay	S PS U	S PS U
Structure	S PS U	S PS U	S (PS) U Blocky	S (PS) U Blocky	S PS U	S PS U
Drainage	S PS U	S PS U	S (PS) U >~~40~~ 40" To water	S (PS) U 736" To water	S PS U	S PS U
Depth	S PS U	S PS U	S (PS) U >40"	S PS (U) 30-36"	S PS U	S PS U
Restrictive Horizons	S PS U	S PS U	S (PS) U >40"	S (PS) U >36"	S PS U	S PS U
Available Space	S PS U	S PS U	S PS (U) Restricted	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	>2' cut	Complex Slopes	III Cecil-L:Ho	III Parolet-L:Ho	Old Road	
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS U

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 7718-A

TO:

☑ PC ☐ REPT

ck 1053
50.00
8-28-91
IPR

JOB LOCATION

① ADDRESS: 9510 Edward's Place

② SUBDIVISION: Bainbridge II ③ LOT: 33 ④ BLOCK:

⑤ PARCEL REFERENCE: BOOK NO.: PAGE NO.: PARCEL NO.: 90-137-123-05

⑥ DEED REFERENCE: BOOK NO.: PAGE NO.:

OWNER

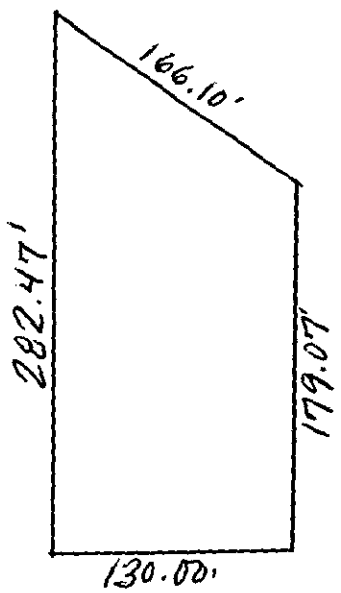
⑦ NAME: Greene & Williams Development INC.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 7421 Morgan Mill Rd.

⑨ CITY: Monroe ⑩ STATE: NC ⑪ ZIP: 28110

⑫ PHONE: (WORK) 704-574-7168 (HOME) 704-753-1333

⑬ Accurately diagram and dimension lot.



⑭ 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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: C R Williams

Date: 5-16-91

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

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

Mecklenburg County
Health Department

September 24th, 1991 .

Greene & Williams Development, Inc.
7421 Morgan Mill Road
Monroe, NC 28110

RE: Property located at 9510 Edward's Place 33
FILE: 7718A
PARCEL: 137-231-33

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 19783) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

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

If I may be of any assistance, please feel free to call.

Very truly yours,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure (2)

Mecklenburg County
Health Department

March 15, 1993

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

Mr. Bobby C. Greene
2063 Eaton Road
Charlotte, NC 28205

Dear Mr. Greene:

Subject: 9510 Edward's Place
File 7718A

Receipt of the plans and specifications for a modified system of sewage disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15NCAC 18A, 1900, "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal". Our comments are listed below:

There is not sufficient available space for the septic tank system as per the submitted plan. Rule .1945 (a) states that; sites shall have sufficient available space to permit the installation and proper functioning of ground absorption sewage treatment and disposal systems, based upon the square footage of nitrification field required for the long term acceptance rate determined in accordance with these **Rules.**

The repair area for this system on the submitted plan is shown in soils which are unsuitable as to depth. Rule .1956 (3) (a) (ii) (A) states that the soil and site criteria of this section shall be met. The soil must be thirty (36) inches deep to receive a provisionally suitable designation.

There is no scale on the plan. Please provide a scale drawing of the purposed residence and site. Please include all features such as driveways, walkways, decks, utility lines (water, gas, cable, electric, etc) on the drawing.

For these reasons, the plans as submitted are disapproved. If you have any questions regarding these matters, please do not hesitate to contact me.

Sincerely,

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

PROPOSED PLOT PLAN

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

FILE: 7718-A

TC: 137-231-33

Lot 33, Bainbridge II

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.

	PP BPS		REPAIR
4A-Y	70'	E	11.3
4B-R	70'	E	10.5
4C-W	60'	E	9.5
4D-O	55'	E	8.5
4E-G	55'	E	7.5
4F-O	40'	E	4.8
4G-W	35'	E	3.8
	385'	Total	

DISTANCE 282'

166'

180'

115'

130'

65'

30'

35'

70' 70' 60' 55' 55' 40' 35'

A B C D E F G

Y R W O G O W

ST

DRIVE

Primary SYS.
1,500 ST
(6) 3' x 67' x 12" g
402' Total

SEP LTR March 15th

Edward's Place

APPROVAL DATE _____

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

PROPOSED PLOT PLAN

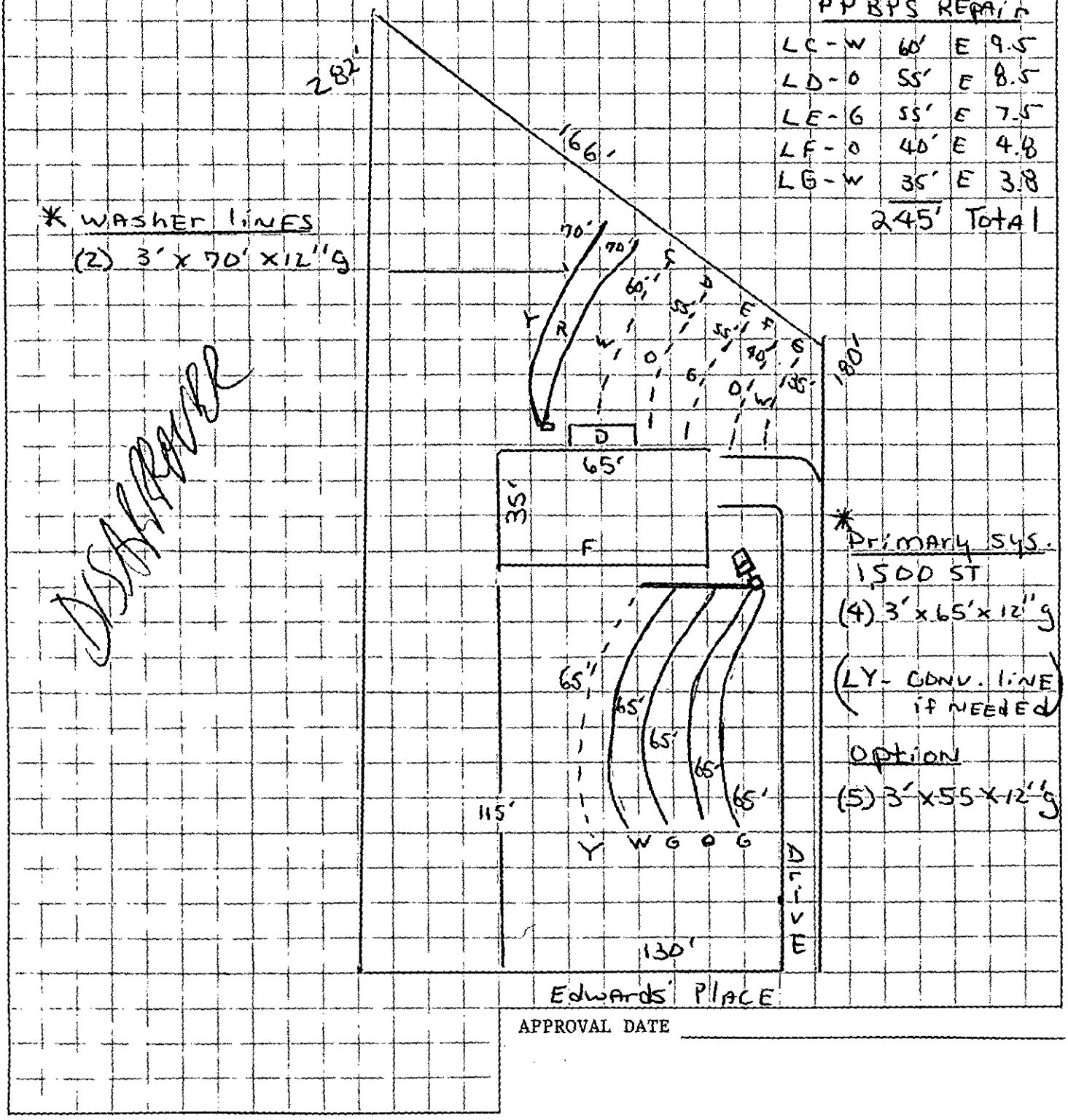
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7718-A

TC: 137-231-33

Lot 33, Bainbridge II

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



APPROVAL DATE _____

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

PROPOSED PLOT PLAN

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

FILE: 7718-A

TC: 137-231-33

Lot 33, Bainbridge II

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.

PPBPS REPAIR

LA-W, 42' E 6.10
LB-G, 45' E 5.6
LC-O, 66' E 4.6
LD-G, 60' E 4.8
LE-O, 20' E 3.2
LF-W, 11' E 2.2
LG-O, 40' E 4.8
LH-W, 33' E 5.8
Total 317' PPBPS

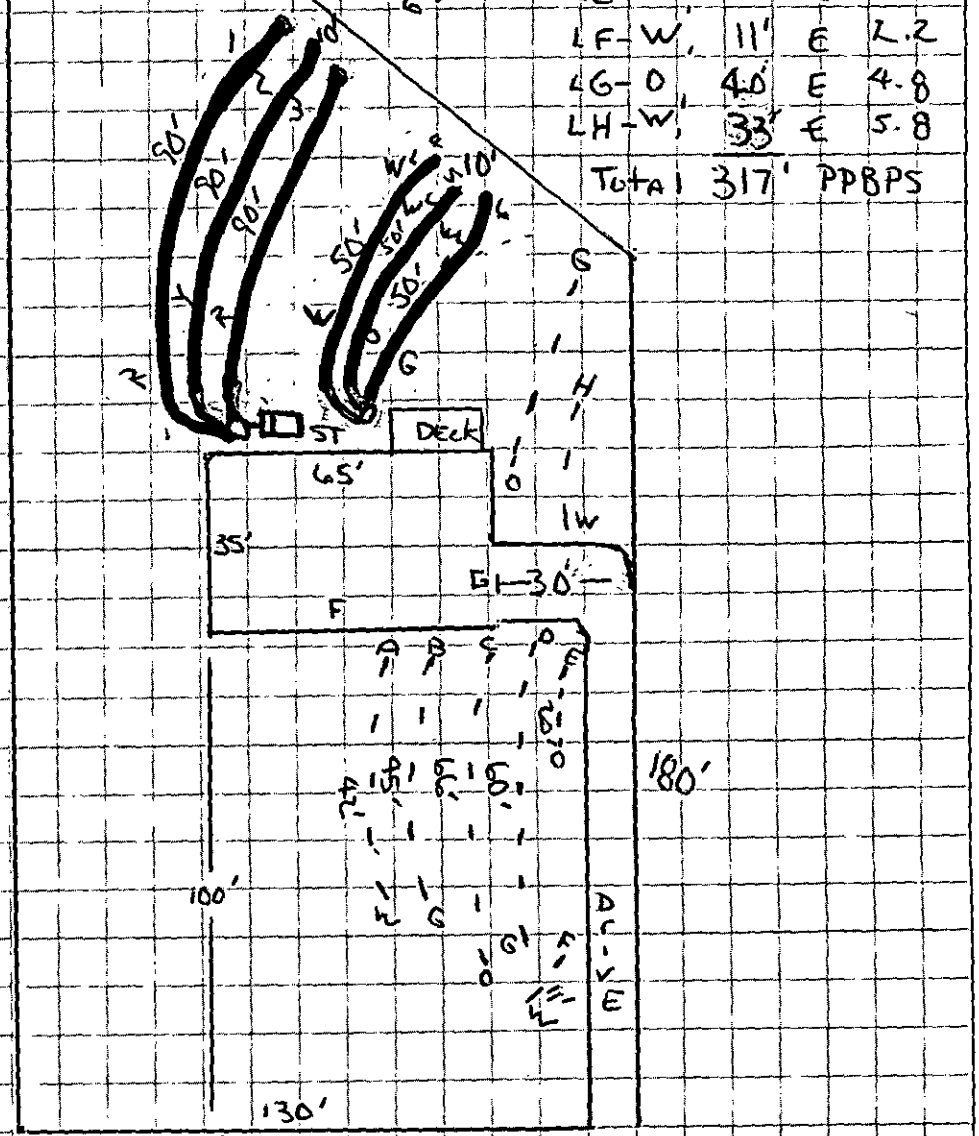
Primary - SPC
(3) 3'x90'x12"s
(3) 3'x50'x12"s
Total 420'

TRENCH PROFILE
12" Backfill
12" 4" 8" 2"
3' Bkfld 4"

Primary
L1-R, 90' E 12.9
L2-Y, 90' E 11.3
L3-R, 90' E 10.5

WL-Primary
L4-W, 50' E 9.5
L5-O 50' E 8.5
L6-G 50' E 7.5

Primary SPC - 420'
REPAIR - PPBPS - 317'



APPROVAL DATE _____

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