

3817 FOX VALLEY RD

11328117

6/1/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5508A DATE: 12-13-91

TC: 113-281-17 ☑ L ☑ CRT

SERIAL № 13973

Name of Owner LARRY W. GALLOWAY Juris.:

Address of Property 3817 FOXVALLEY RD.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 200

Number of Lines 5 @ 46'/31'/36'

Cover Depth 10" 34'/60'

Water Supply Source PWELL

Distance to Water Source >50

Excavation Inspected 12-13-91

Tank(s) Inspected 12-13-91

Wash Line Inspected N/A

High Water Alarm Inspected 12/13/91

SEE DIAGRAM

PLOT

Design: 1991, 1500 GT, 1000 PT, 200 L/F PANEL BLOCK, MODIFIED 345, CECIL LIKE CTR# 154

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:

Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

FILE: 5508-A DATE: 11-26-91

TC: 113-281-7 ☐ L

SERIAL Nº 13866

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 11-14-91. All work shall be completed on or before 12-26-91, 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.

Install per Approved Plan

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 2 feet

Total Line Length 207' feet

Number of Lines 5

Depth of ~~Stone~~ Sand 24 inches

Distance from House >10 feet

Distance from Property Line >10 feet

Distance from Well >50 feet

NAME OF OWNER Larry Wayne Galloway

LOCATION OF PROPERTY 3817 Fox Valley Road

Comments: See Approved Plan on File

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

Mecklenburg County
Health Department

November 26, 1991

Mr. Larry Wayne Galloway
3714 Statesville Avenue
Charlotte, NC 28206

Re: Property located at 3817 Fox Valley Road
Subject: Revised Resubmitted Plan
File: 5508A
Parcel: 113-281-17

Gentlemen:

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 toilets should be installed when constructing the residence.
- Occupants to utilize maximum water conservation measures wherever possible.
- Effectively rake and lime all trench sidewalls
- Landscaping of repair area to be undisturbed. No grading, shaping, or altering in anyway.
- If repair lines I and J are ever utilized they must be installed in original (non-fill soil material).
- Recommended erosion control along property roadside to prevent surface water runoff into system.

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

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

Sincerely,

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

GV:lw

Enclosures - 3 Septic Tank Agreement Forms

APPLICATION FOR AN IMPROVEMENT PERMIT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr 2nd Floor
700 N. Tryon Street
Charlotte, NC 28202

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

(OFFICE USE ONLY)

FILE: 5508A

TC: 113-281-17

SERIAL: № 0020740 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: Fox Valley Road 3817 (STREET NO. / STREET) ② FILE:

③ JURISDICTION: Charlotte NC 28208 ④ TAX PARCEL NO.:

⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Larry Wayne Galloway (FIRST / MIDDLE / LAST)

⑨ MAILING ADDRESS: 3714 Statesville Avenue

⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28206

⑬ PHONE: (WORK) 332-3205 ⑭ (HOME) 394-1304

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

Signed: Larry Wayne Galloway

Date: 11/14/91

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 60 months from the date of issuance.

Environmentalist / Date

Director or Authorized Section Head / Date

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

527-2475
392-9167

Date: Nov. 14, 1991

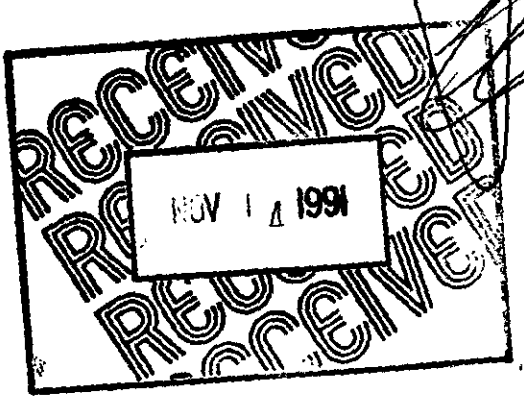
From: T J Systems
P.O. Box 73
Scotts, N.C. 28699

To: Larry Wayne Galloway
3714 Statesville Avenue
Charlotte, N.C. 28206
Phone 704- - w 704- - h

Subject: Portion of lot 9 Berryhill sec 36 Mecklenburg County
File # : 5508A
Parcel : 113 281 17

System type: 16 inch T & J Panel System with pressure distribution.

This system is designed for a three bedroom house at an application rate of .3 gpd. 360 ~~x 33~~ = ~~1200~~/3 = ~~400~~ LF of conventional drainfield multiplied by .5 = 200 LF of 16 inch T & J Panel System. This system shall be installed in accordance with all state and local rules and regulations and in compliance manufacturer's installation guidelines. Soil evaluation was supplied by the county.





TM 1009 Repair
End 10'

Line	# Panel	# Hole Per Panel	Size Hole	Line Head	Line Length	Hole Flow	Per Panel Line Flow min
A	11	one	5/32	3.0ft	46 '	.50	5.50
B	7	one	3/16	2.0ft	31 '	.59	4.13
C	8	one	5/32	3.0ft	36 '	.50	4.00
D	8	one	3/16	2.0ft	34 '	.59	4.72
E	14	one	5/32	3.0ft	60 '	.50	7.00
G		repair			30 '		
H		repair			20 '		
I	19.4	repair			30 '		
J	48 means	repair			65 '		
K	35.6	repair			38 '		
Totals	48				207 '		25.35

REPAIR WILL BE IN FILL

L POSS REPAIR LINE

CALCULATIONS FOR PUMPED SYSTEMS:

Head: Friction loss = 2.22
Total lift = 17.14 (93.00 + 2 - 77.86 = 17.14) elev.
TDH = 19.36
20% margin = 25 ft (19.36 / .8 = 24.20 = 25 ft)

Pump Size: 32 (25.35/.8) gallon per minute at 25 feet of head.

Pump cycle should be 6.1 min or 155 gallons. 177.8

Note: Each line shall have a globe valve at the start of the line for pressure adjustment. Each valve or gruop of valves shall be placed inside a plastic valve box with a lid at ground level. Turn ups shall be cut off just below ground surface and covered with a plastic cup and cover. The line shall be capped with a threaded fitting and plug. The ends that are used for setting the heads shall be marked as to the line that they go to and saved for future system adjustment. Mark each valve and turn up end with marker to show what valve goes with what turn up.

Friction loss:

supply line = 120 lf = 1.20 * 1.54 = 1.85

fittings = 1.85 * .2 = 0.37

total 2.22

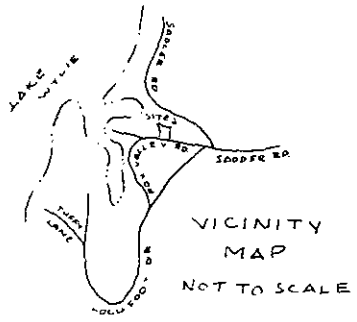
THIS IS TO CERTIFY THAT ON THE 9th DAY OF SEPTEMBER 19 91 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE PROPERTY LINES, WALLS AND BUILDINGS ARE AS SHOWN HEREON: THAT THE BUILDINGS LOCATED ON SAID LOT DO NOT ENCROACH OR PROJECT ON ADJACENT STREETS OR PROPERTY: AND THAT NO ADJACENT BUILDINGS OR WALLS ENCROACH OR PROJECT ON SAID PREMISES.

* SUBJECT TO UNDERGROUND UTILITIES *

RICHARD BOYD BROOKS

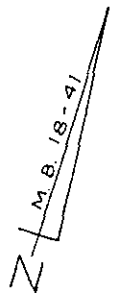
SIGNED _____

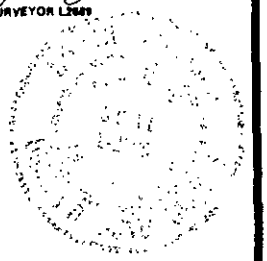
N.C. REGISTERED SURVEYOR L2469



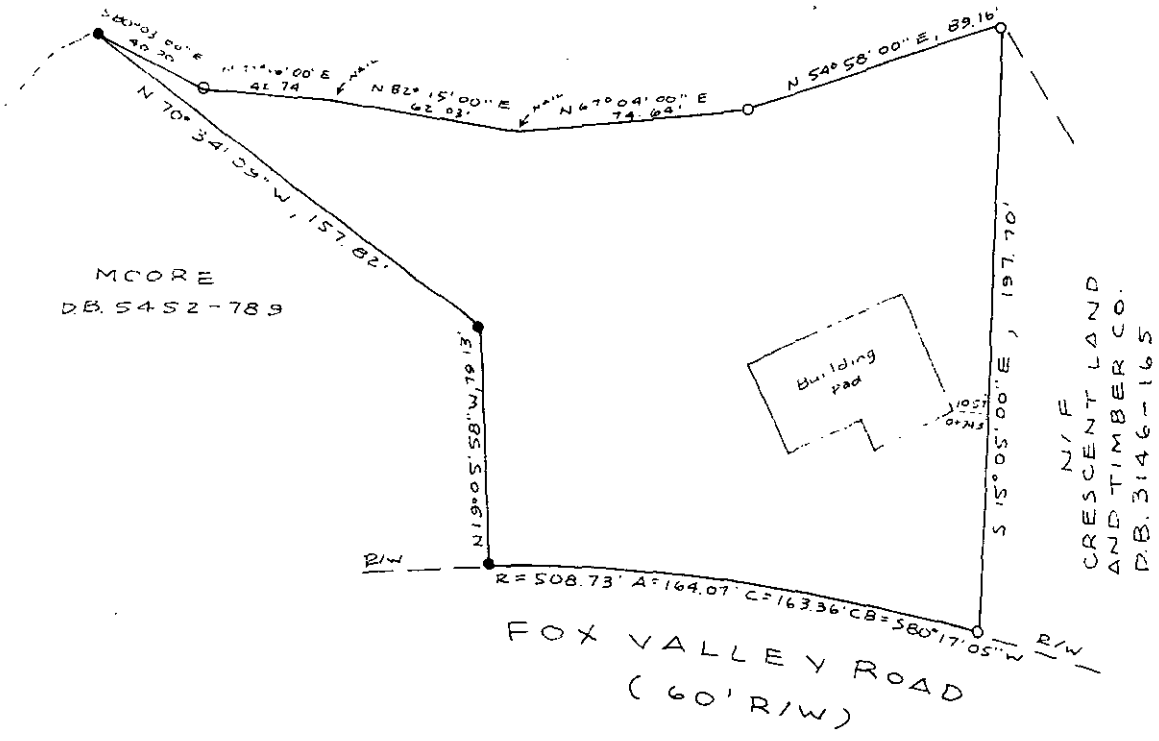
VICINITY MAP

NOT TO SCALE





LAKE WYLIE



Boundary Survey

OF

portion of lot 9, in Section 36

Berry Hill Twp., Mecklenburg Co., N.C.

PROPERTY OF

Larry Wayne and wf., Angela B. Galloway

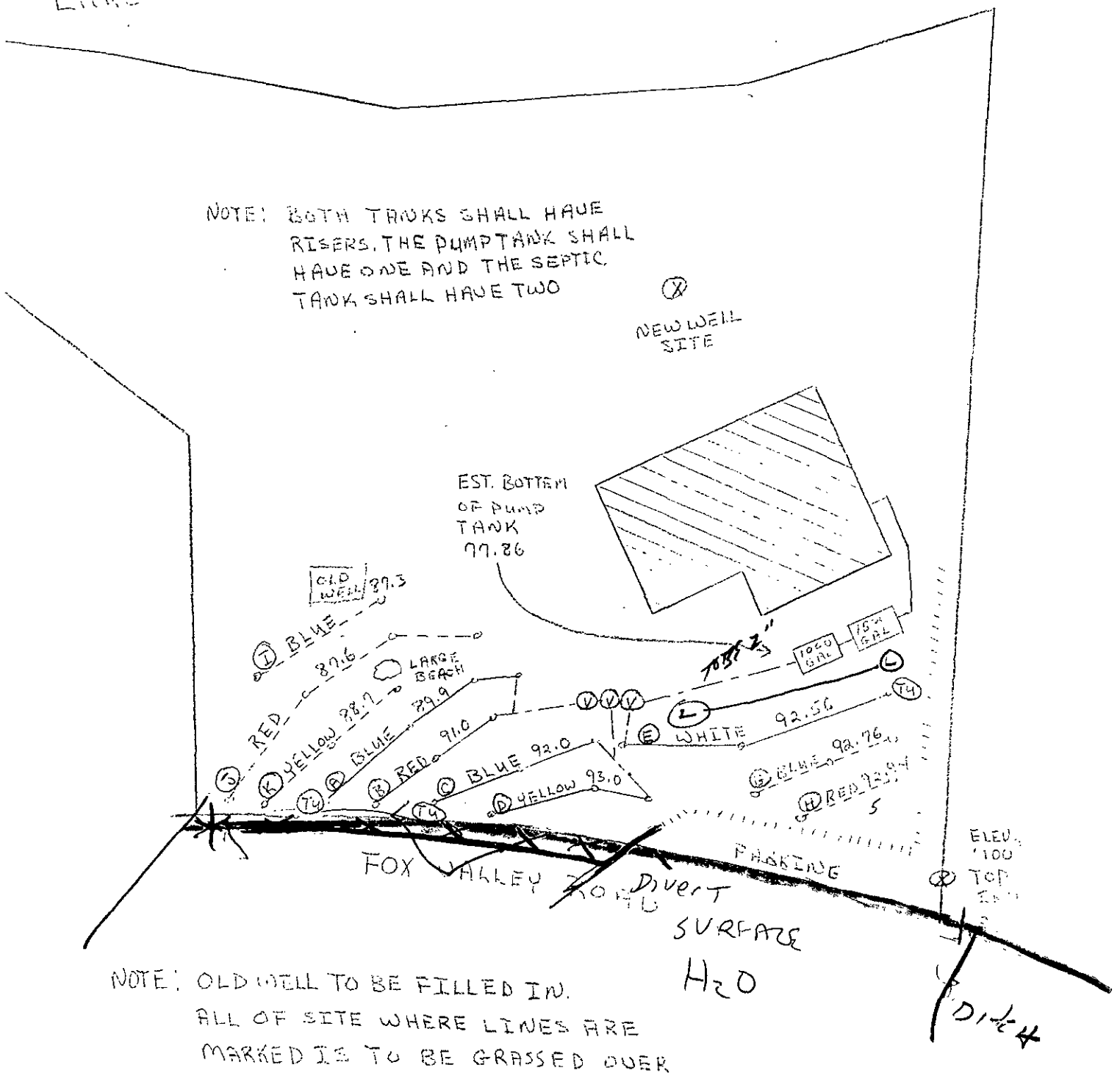
SCALE 1" = 50' DEED RECORDED 5985-427 MAP RECORDED M.B. 18-41

FIELD BOOK _____ JOB NO. 89030 ● = OLD IRON (E.I.P.) o = NEW IRON (N.I.P.)

MECKLENBURG COUNTY
FILE # 5508A
DATE 11-14-91
TC 113 2/1 17

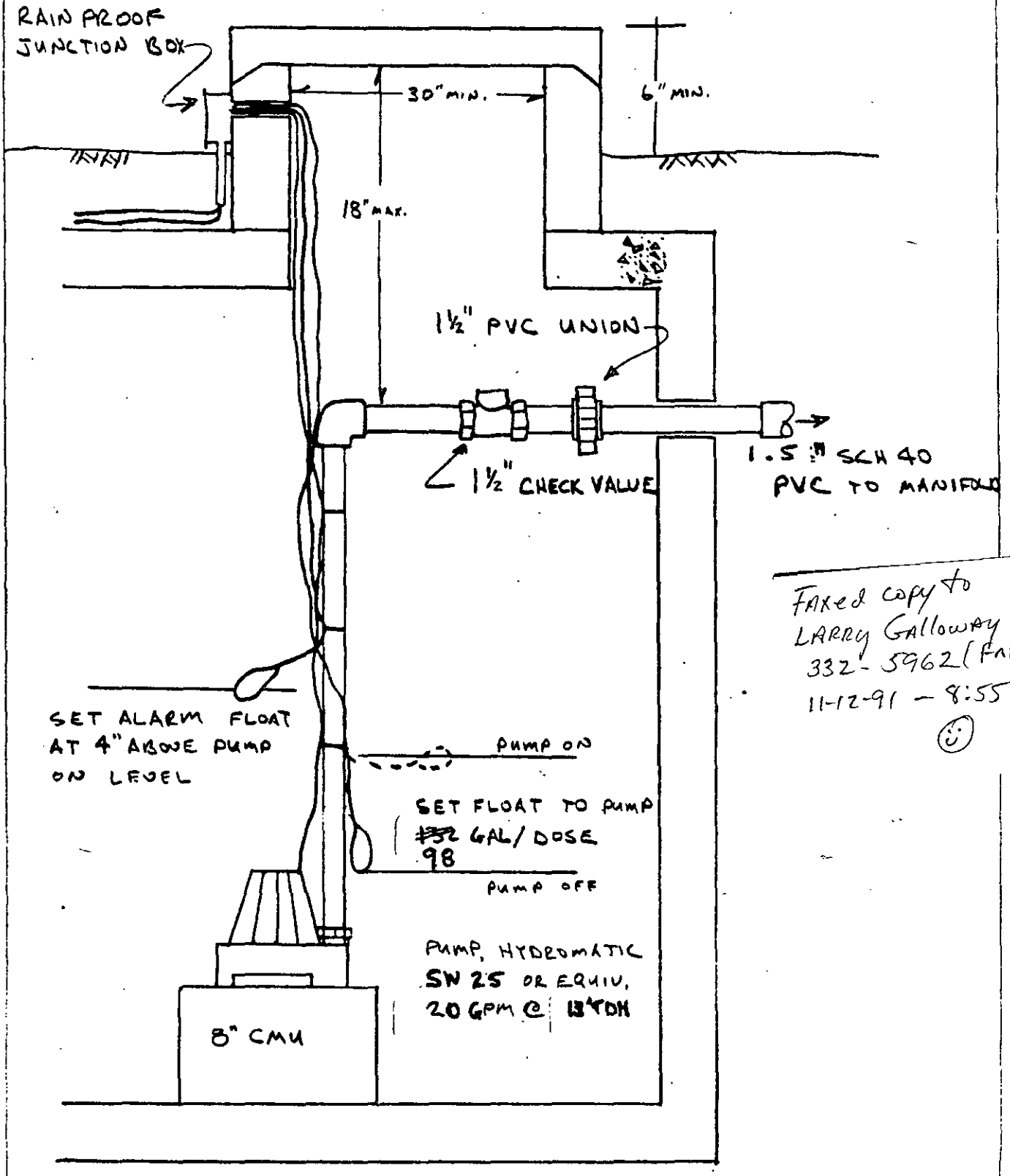
(DITCH)

LINE



NOTE: OLD WELL TO BE FILLED IN.
ALL OF SITE WHERE LINES ARE MARKED IS TO BE GRASSED OVER AND MAINTAINED AS TO NOT TO COLLECT SURFACE WATER. NO PARKING ON [illegible]

FILE: 5508A



Faxed copy to
LARRY GALLOWAY
332-5962 (FAX #)
11-12-91 – 8:55 A

PUMP TANK DETAIL

NTS

Mecklenburg County
Health Department

September 24, 1991

Mr. Larry Galloway
3714 Statesville Avenue
Charlotte, NC 28206

Re: Property located at 3817 Fox Valley Road
File: 5508A
Parcel: 113-281-17

Gentlemen:

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 toilets should be installed when constructing the residence.
- Occupants to utilize maximum water conservation measures wherever possible.
- Effectively rake and lime all trench sidewalls
- Landscaping of repair area to be undisturbed. No grading, shaping, or altering in anyway.

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

Sincerely,

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

GV:lw

Enclosures - 3 Septic Tank Agreement Forms

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

MECKLENBURG COUNTY REGISTER OF DEEDS
ANNE A. POWERS - REGISTER

CUSTOMER RECEIPT: 09/24/91

Date	Time	Inst #	Type	Book	Page	Trx	Amount
09/24/91	11:36	74	PERMIT	6638	866	FEE	6.00
09/24/91	11:36					TOT	6.00
09/24/91	11:36					PAID	6.00

BK: 06638 PG: 0866/0866 #:0074 6.00

REGISTERED SEP/24/1991 11:36AM ANNE A. POWERS REGISTER OF DEEDS MECK. CO. N.C.

FILE NO. 5508A

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, Angela Galloway

owner of property located at 3817 Fox Valley Rd

("the site") and described in an instrument recorded in Book 5985 at Page 427, 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 24 day of September, 1991.

Angela Galloway (SEAL)

(SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, ERNEST NEAL, a Notary Public for said County and State, do hereby certify that ANGELA GALLOWAY personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 24 day of SEPTEMBER, 1991

Ernest Neal
Notary Public

My Commission Expires July 27, 1996

My Commission Expires _____

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

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

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

_____
Notary Public

My Commission Expires _____

BK: 06638 PG: 0866/0866 #:0074 6.00
REGISTERED-SEP/24/1991 11:36AM ANNE A. POWERS REGISTER OF DEEDS MECK. CO. N.C.

FILE NO. 5508A

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

COPY

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The undersigned, Angela GALLOWAY

owner of property located at 3817 FOX VALLEY Rd.

("the site") and described in an instrument recorded in Book 3985 at Page 427, Mecklenburg Public Registry,

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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 24 day of September, 19 91.

Angela Galloway (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, ERNEST NEAL, a Notary Public for said County and State, do hereby certify that ANGELA GALLOWAY personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 24 day of SEPTEMBER, 19 1991.

Ernest Neal
Notary Public

My Commission Expires July 27, 1996

My Commission Expires _____

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

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

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

_____
Notary Public

My Commission Expires

North Carolina
Department of Environment, Health, and Natural Resources
Division of Environmental Management
P.O. Box 27687 - Raleigh, N.C. 27611

WELL ABANDONMENT RECORD

CONTRACTOR Lassiter Well Co. Inc. REG. NO.

1. WELL LOCATION: (Show a sketch of the location on back of form.)

Nearest Town: Charlotte County

Fox Valley Rd Quadrangle No.

(Road, Community, Subdivision, Lot No.)

2. OWNER: Larry Galloway

3. ADDRESS: 3817 Fox Valley Rd Charlotte N.C. 28208

4. TOPOGRAPHY: draw, slope, hilltop, valley, flat

5. USE OF WELL: Residential DATE: 11-21-91

6. TOTAL DEPTH: 70' DIAMETER: 2"

7. CASING REMOVED: None

feet	diameter

8. SEALING MATERIAL:

Neat cement		Sand cement	
bags of cement	4	bags of cement	
gals. of water	16	yds. of sand	
		gals. of water	

Other

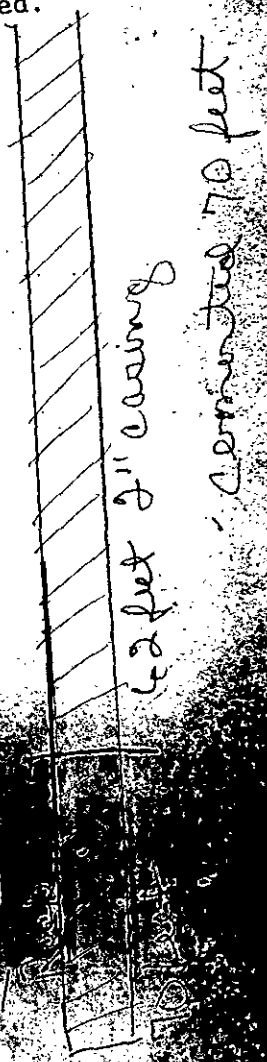
Type material

Amount

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL

Pour Rod

WELL DIAGRAM: Draw a detailed sketch of the well showing total depth, depth and diameter of screens remaining in the well, gravel interval, intervals of casing, perforations, and depths and types of fill materials used.



I do hereby certify that this well abandonment record is true and exact.

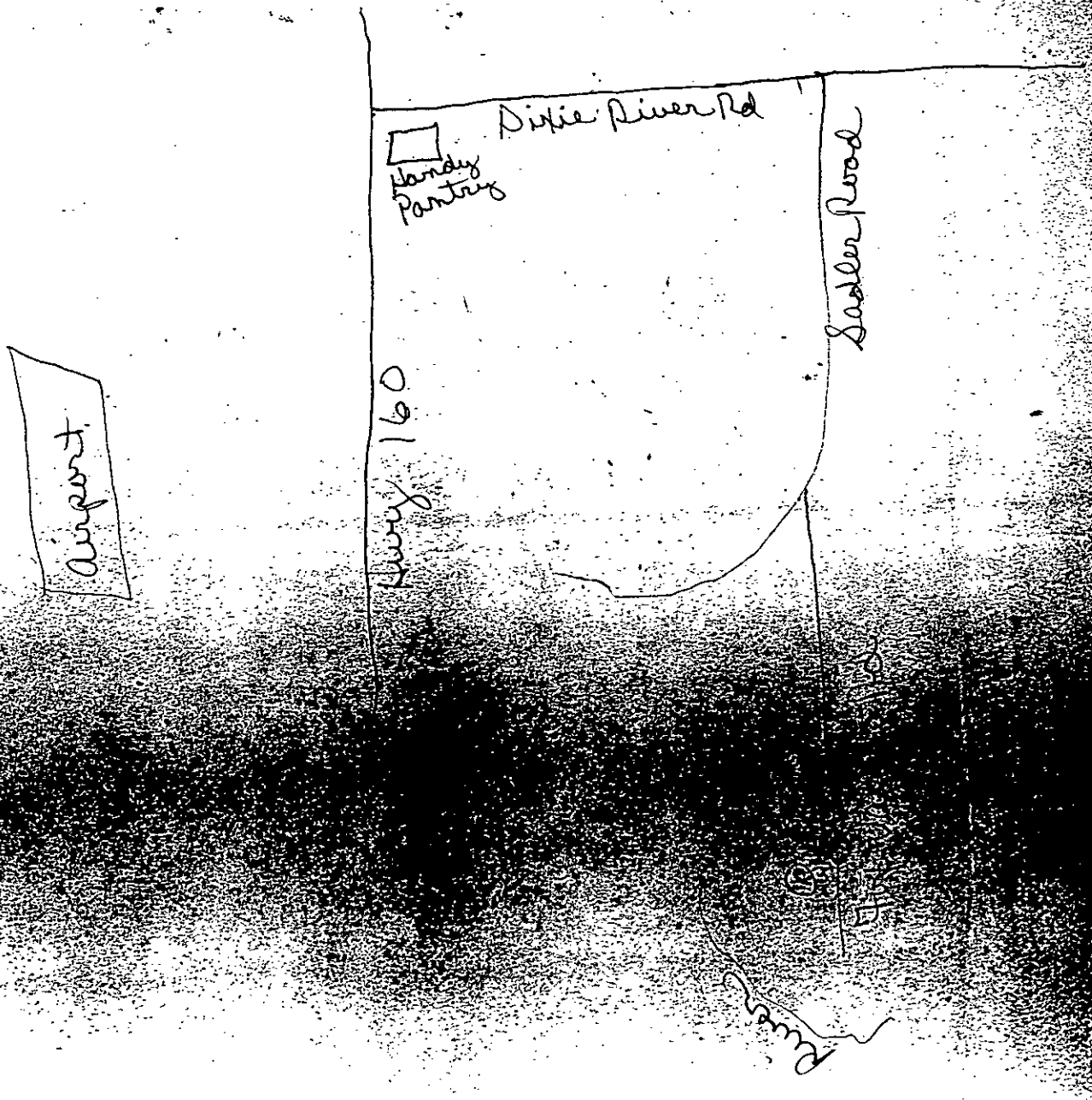
Vernon Lassiter 12-2-91

Signature of Contractor or Agent Date

Submit original to the Division of Environmental Management, one copy to the Driller, and one copy to the Owner.

GW-30 Revised 2/28/90

WELL LOCATION: Draw a location sketch showing the direction and distance of the well to at least two (2) nearby reference points such as roads, intersections and streams. Identify roads with State Highway road identification numbers.



DESIGN, INSTALLATION AND MAINTENANCE

OF THE

T & J PANEL WASTEWATER TREATMENT SYSTEM

FOR

SANITARIANS

AND

SEPTIC TANK INSTALLERS

Although this manual is sectioned for specific user groups, we at T & J Panel suggest that you familiarize yourself with the complete manual.

Sanitarians

In the early days of the T & J Panel System, when it was still considered an experimental system, the primary reason for permitting the Panel System was because of insufficient space for a conventional system. Now with inclusion in the Sewage Regulations(10NCAC 10A .1956(3)(a)(ii)), the Panel System should be considered when a quality effluent may be needed, space is limited, usable soil is limited, or there are indications that at some future time, space may be needed for other uses. When there is a trend for added development such as additions to homes, pools, or other special landscaping development the T & J Panel System may prevent insufficient space later. As an example, there was a subdivision where three of five homes in the same block added in-ground pools. Each of these pools impacted the existing nitrification lines. As a sanitarian, if you can foresee such a trend developing, discuss the Panel System with the home owner.

As noted in the regulations, the PPBPS is only permitted where soils are suitable for a conventional system, however, only one-half of the space is needed. The Panel System will allow the use of the best soils on the lot. This system may be gravity fed or pumped using the LP Panel System as described. Most of the concepts for a T & J Panel layout are the same as for a conventional system. The biggest differences are areal area needs and quality of effluent being introduced into the soil.

Conversion

A three bedroom house with a 0.4 gpd application rate. (First three steps are the same as the conventional line)

1) 120 gallons per bedroom x 3 bedrooms = 360 gallons per day design flow rate.

2) 360 flow rate/0.4 application rate = 900 sq. ft. of trench bottom.

3) 900 sq. ft./3 ft. wide trench = 300 lineal feet of conventional system.

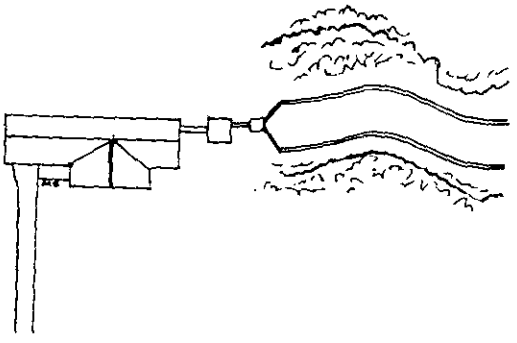
This conventional layout requires 2700 sq. ft. of area on the lot and equal space for repair for a total of 5400 sq. ft. of suitable and usable area. To calculate the T & J Panel System size, the above calculations must be made with an additional fourth step as described in 10NCAC 10A .1956 (3)(a)(ii)(B) for a PPBPS (the T & J Panel System)

4) 300 lineal feet of conventional system x 0.5 for a 16 inch high Panel System = 150 lineal feet of T & J Panel trench.

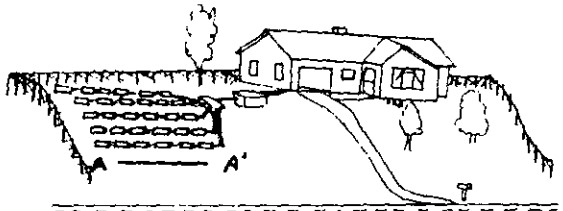
A Panel System requires only a 1200 sq. ft area on the lot for the system and equal area for repair. With the Panel System the installation and repair can go into the same space as the initial area required by a conventional gravel trench system.

Window Effect

Areal space should always be a consideration for any system, however, it is especially notable with the Panel System as with any system that reduces the size of the areal area drainfield. The following is a simplistic example of this concept.



RIGHT

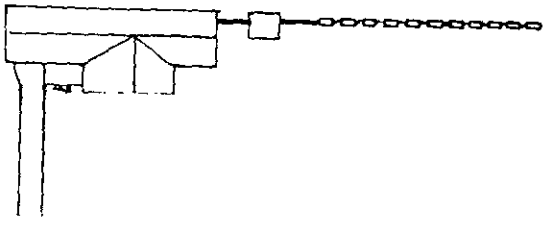


WRONG

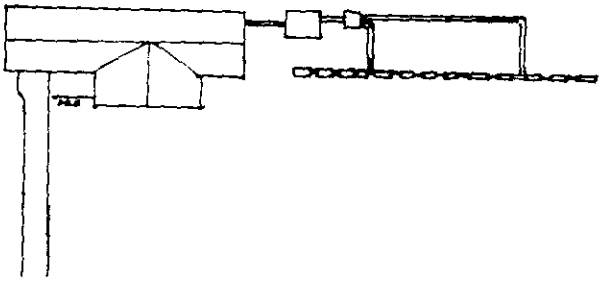
While both systems have the same lineal footage of trench the lower diagram is not a desireable design. The effluent must pass through the area A-A' which can cause a strain on that area and even a failure because of hydraulic overloading.

Distribution

Another extreme would be the use of a long single trench fed from only one end. In the first example, below the areal space is good and the chance of hydraulic overloading is greatly reduced. However downline distribution in the panel line will not give optimum treatment.



WRONG



RIGHT

In the lower example we see that the trench has been feed from multiple points. Because the Panel lines are put in as level as possible, never exceeding 1/4 inch of fall in 10 feet of run, they feed both ways equally. T & J recommends that no gravity line exceed 50 feet, unless it is fed from multiple points. In both of these examples, we are specifying the Panel System, but the logic applies to the conventional system as well.

COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-A Article 11)

OWNER OR CONTRACTOR _____ DATE _____ PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION _____

_____ S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____

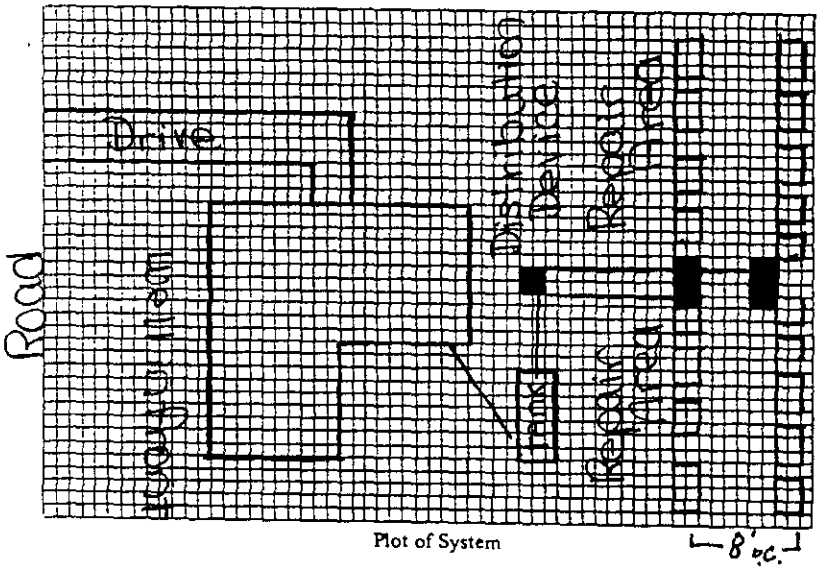
No. Bedrooms 3 No. Bathrooms 2 1/2

Garbage Disposal Unit N/A Yes ( ) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil clay loam over clay
Percolation Rate 0.4 gal/ft²/day
Topography 0-9% slope
Depth to Water Table > 60"
Rock or other impervious formations none

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines (2) 75' lines of
Sq. Ft. 900 Linear Ft. 150 panels
Depth of Stone in Lines 24" of sand
Water Supply: Individual (✓)
Public ( )

Installed by _____

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: 2 lines with 17 panels each line flow split by flow divider. 2' wide and 75' long each split in middle by D-box. 25 tons sand

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-A-Article 11)

OWNER OR CONTRACTOR _____ DATE _____ PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION _____

_____ S. R. No. _____

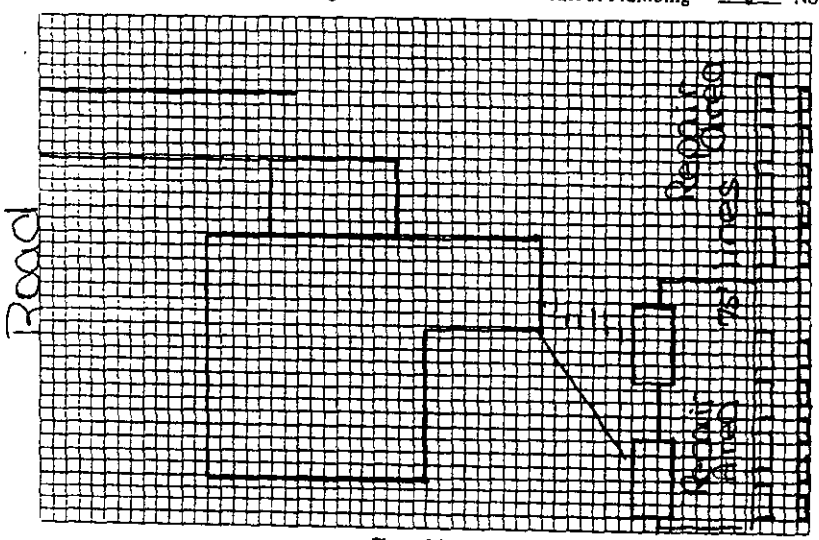
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2 1/2
Garbage Disposal Unit n/a Yes ( ) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 20,000

Character & Porosity of Soil clay loam over clay
Percolation Rate 0.4 gal ft² day
Topography low slope
Depth to Water Table ≥60"
Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing _✓_ No Basement Pressure Distribution



Plot of System

Size of Tank 1,000 septic / 1000 pump Gals.
Nitrification Field:
No. of Lines 2 (95') lines of T-5
Sq. Ft. 900 Linear Ft. 150
Depth of Stone in Lines 24" sand
Water Supply: Individual ( )
Public ( )

Installed by _____

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: pump sized by head 2-4' at turn up

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

How Many Panels Do You Need?

To calculate the number of 16 inch high panels needed for a 150 foot line, multiply 150'x 12" = 1800" then divide by 52" which is 46 inches for the panel and 6 inches for the space between the panels in the trench. 1800" /52" = 34.6 panels, so you would call for 34 panels. (A material order chart is included in the installer section of this manual.) If there is to be more than one trench, the sizing of the lines should be as equal as possible with as close to the same number of panels in each trench as is practical. A permit will normally show the panel as small blocks on the line. The following two pages are sample copies of permits for Panel systems.

Gravity or Pressure

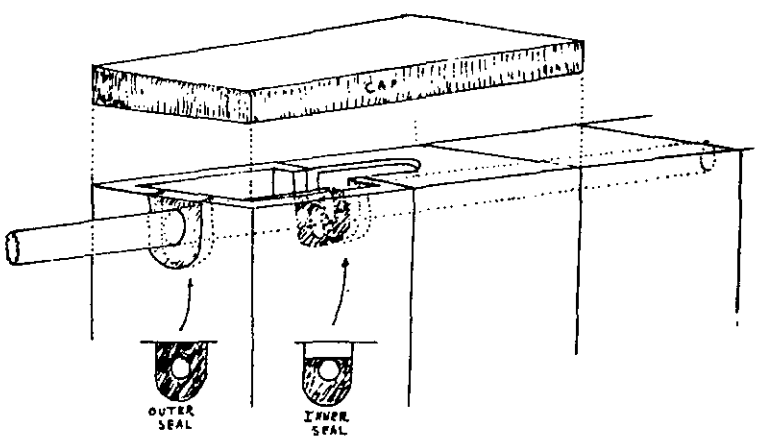
The T & J Panel System can be installed as either gravity or a low pressure distribution system. When designing a pressure system the principles of low pressure distribution are as described in the LPP manual. There is further discussion on pressure systems in the installer section of this manual. One of the attached permits is for a LP Panel drainfield.

Backfill

Backfill sand shall be a clean, washed, medium sand that is naturally occurring and falls within the gradation of ASTM C-33 specification. This specification is one that is used in the ready mix industry and is readily available in all areas. The second type of sand that you will need is a clean particle sand to coat the bottom of each panel's top chamber with a bed of sand one inch thick. This sand is a medium grade of sand blasting sand. Each one hundred pound bag should cover eight panels. Backfill sand calculations should be taken from the material sheet.

Tar Seals

The two drawings below illustrate the inner and outer seal. Note that while the outer seal is a complete seal, the inner seal is only up to the top of the connecting pipe. This is to allow for over flow of the effluent at peak use periods into the lower air chambers. At this point the air chambers become additional storage chambers for the effluent.



Trench Preparation

Trench grade should be established so that backfill cover will be four to six inches over the tops of the panels. (Note on severe slopes system depth should be adjusted to protect against brakeout of effluent) In clay type soils the trench side walls should be raked to bring slicked over areas back as near to original structure as possible. A light dusting of lime on the side walls is required to promote the soil structure.

Final Inspection

The following list of points are things that an inspector should look for before issuing an completion permit.

1) Is depth of the panels within guidelines?

2) Are drain lines level or less than 1/4 inch fall in ten feet?

3) Have seals been properly constructed?

4) Was the proper sand used in the trench backfill?

5) If in clay type soils were the side walls raked and limed?

(For Pumped Systems)

6) Have pump size, head pressure, and dose cycle been properly sized and set?

(Set dose cycle for 3.6 gallons per 16 inch high panel.)

Installer

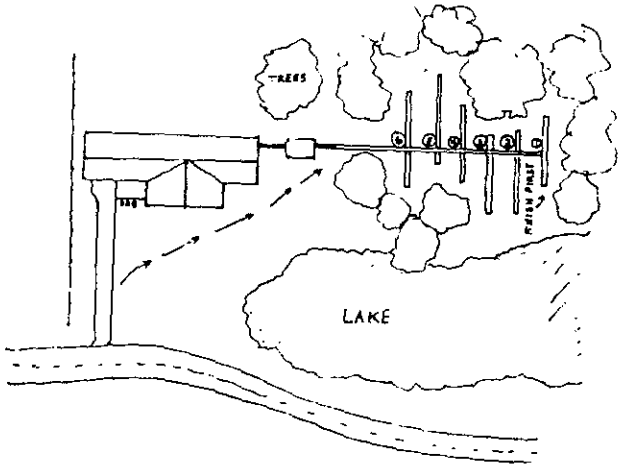
Generally, on level open land, a Panel System can be installed in about the same time as a conventional system; however, traditionally, Panel Systems have been installed where space and topography have restricted use of a conventional system. For this reason Panel System installations have required more time. Many installers enjoy the change of working with panels, not handling gravel, and the satisfaction of knowing a system is being installed where previously a conventional system was not possible.

Ordering Materials

Enclosed on following two pages you will find an order sheet for the T & J Panel System and a materials chart for 16 inch high Panel System. The distributor in your area will lead you through these sheets when ordering or pricing the system. For information on the distributor located closest to you call 1-800-222-2577 (inside N.C.) or 704-872-9566. After ordering, your panels will be shipped to the job site banded together on pallets.

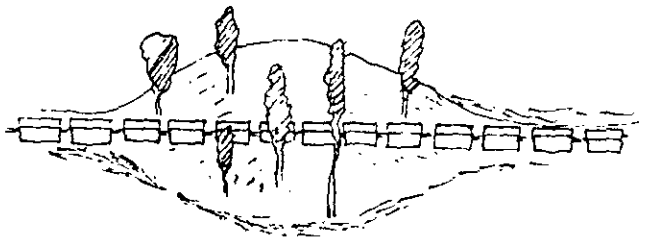
Installation Tips

Installation for multiple line systems should begin in the most confining area and be worked to the more open areas.

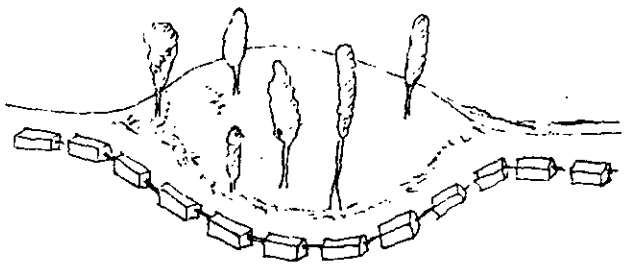


Above is an example of a multiple line installation. As you can see the installation should begin with the line marked 1 and proceed to 2, 3, then 4. This procedure will greatly ease material handling and backfilling. (Note sections of the drainlines should be left uncovered to allow for inspection of lines when area is confined and return access to lines is limited.)

On the following page are two examples of drain lines on sloping lots. The first drawing shows the drainline going through a slope making the center of the line deeper in the ground. This is not a desirable situation. The second drawing shows the drainline going around the slope keeping the trench depth and cover uniform for the entire length of the line. On slopes care should be given to avoid cutting away valuable top soil in an effort to make straight lines. Panel lines can be curved to almost any degree.



Wrong



Right

Digging The Trench

Start by shooting the grade and marking the contour. Then for a 16 inch panel add 28 inches to the shallowest or lowest grade that the trench must cross to obtain the trench bottom grade. Now dig the trench at the elevation derived, checking the grade frequently. The trench should be a minimum of two feet wide. With the trench open all sidewalls shall be raked to bring smeared areas back to their original structure before a light dusting of lime is applied. Now place a 6 inch layer of backfill sand in the trench and level to grade, then place a 1 x 4 or 6 inch board flat on it's side on top of the 6 inch layer of sand. Once more check the grade of the trench by shooting the top of the board. Once the grade boards have been set, the panels may be set into the ditch by hand or using the backhoe. Each panel weights about 155 pounds and placement by hand goes quickly. The panels should be placed about 6 inches apart in the trench to obtain equal spacing. Now place 10 to 12 pounds of clean particle sand (medium sand blasting sand) in the top chamber of each panel to form a bed of sand about one inch thick. Tar seal rope should be placed in the U outs to form seals as shown in earlier drawings. Once the tar rope is in place, a 24 inch section of two inch PR160 pipe is cut to span from the upper middle top chamber of the first panel to the upper middle chamber of the next panel. The tar seal rope that is used should be of tar or butyl that is soft and pliable to obtain a water tight seal. Now that the connection and sealing is complete a block cap is placed on each end of the panel covering all openings.(These will be delivered with the panels.) The cap block may well serve as an inspection port at some future date. The trench is ready to be backfilled to the top of the panel with the same backfill sand used in the trench bottom. With the sand to the top of the panel, trenches should be left for the sanitarian to inspect. Soil cover should be added after the final inspection.

Most Panel Systems are currently used due to space considerations and caution should be taken to preserve suitable soil structure and site conditions.

Materials Chart For 16 Inch Panels

Materials needed per panel:

- Three feet of half inch tar seal rope per panel.
- Two feet of two inch PR160 pipe per panel or same linear feet as line layout of pressure system of one and a quarter inch pipe. Add pipe for tie in of lines to tank and house.
- One hundred pounds of partical sand (sand blasting sand fine texture) per eight panels.
- Same linear feet of one by six boards as line length.
- Bag powder lime when in clay soils.

Panel and C-33 Sand fill

50 LF - 11 panels
8¼ tons sand

60 LF - 14 panels
10 tons sand

70 LF - 16 panels
11½ tons sand

80 LF - 18 panels
13¼ tons sand

90 LF - 21 panels
15 tons sand

100 LF - 23 panels
16½ tons sand

110 LF - 25 panels
18¼ tons sand

120 LF - 27 panels
20 tons sand

130 LF - 30 panels
21½ tons sand

140 LF - 32 panels
23 tons sand

150 LF - 34 panels
25 tons sand

160 LF - 37 panels
26½ tons sand

170 LF - 39 panels
28 tons sand

180 LF - 41 panels
30 tons sand

190 LF - 43 panels
31½ tons sand

200 LF - 46 panels
33 tons sand

T & J Panel Material Worksheet

Homeowner _____ County _____

Address _____

_____

Description of System _____

_____

_____

_____ T & J Panels _____ Inch (caps N/C) _____

_____ 2" Pipe _____

_____ 1 1/4" Pipe _____

_____ Fittings for Pipe _____

_____ Tar Seal Rope (3' per Panel) _____

_____ Bag Partical Sand (100 lbs per 8 Panels) _____

_____ Pallets (Returnable) _____

_____ Screened Creek Sand (FM 2.3 to 3.0) _____

_____ 1x4 or 1x6 Boards _____

_____ Power Lime _____

_____ Sep Tank _____ Gallon _____

_____ Tar Seal for Tank _____

_____ 4" PVC Pipe Schedule 40 _____

_____ Distrobution Box _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

Sub-total _____

Delivery Charge _____

Tax _____

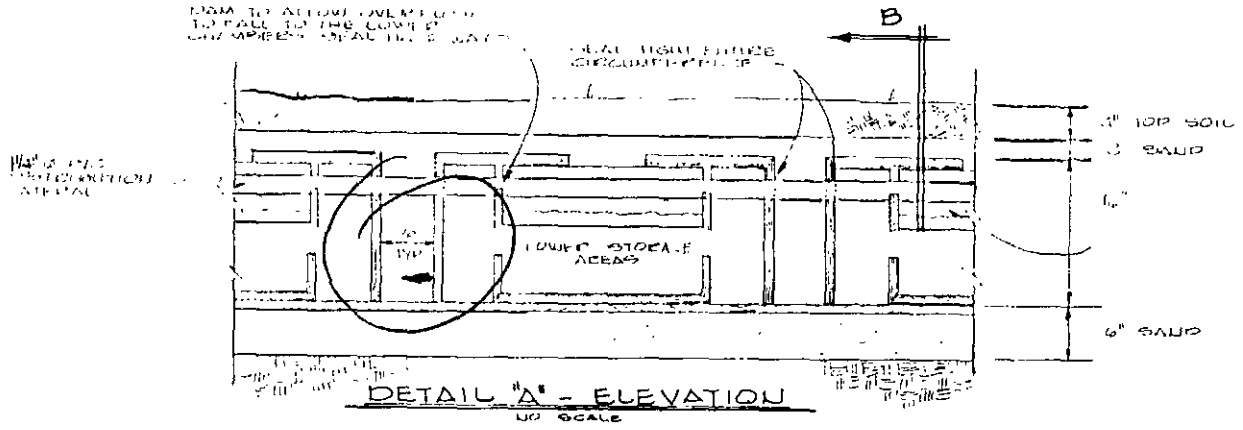
Total _____

Panels With Pressure Distribution

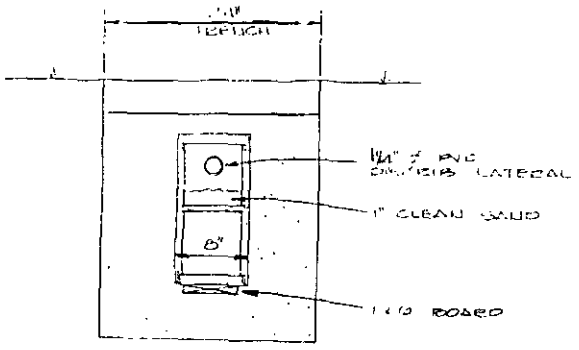
The LP Panel uses Technology similar to that of Low Pressure Pipe (LPP) System. The tables and distribution design described in the LPP manual are applicable to the pressure Panel System. The system should be used with two to four feet of head. In many respects an LP Panel is similar to an LPP with the holes discharging into the panels.

The dosing cycle for the Panel System is designed to pump enough effluent to fill the top chambers of all the panels in the system. The top chamber of a 16 inch panel holds 3.6 gallons. When the system has 34 panels and all the holes are the same size, then you would multiply 34 X 3.6 to get 122 gallon per dose cycle. The holes are drilled in the distribution pipe at the 10 and the 2 o'clock position. These are then placed so that the effluent is pumped into the top center chamber of the panel. If the hole sizing changes then the pump cycle is set by the hole that is discharging the fastest.

All valves and turn ups should be neatly capped, covered, and labled for future service. Pump tanks should be constructed as shown in drawing as to allow for service and or repairs.

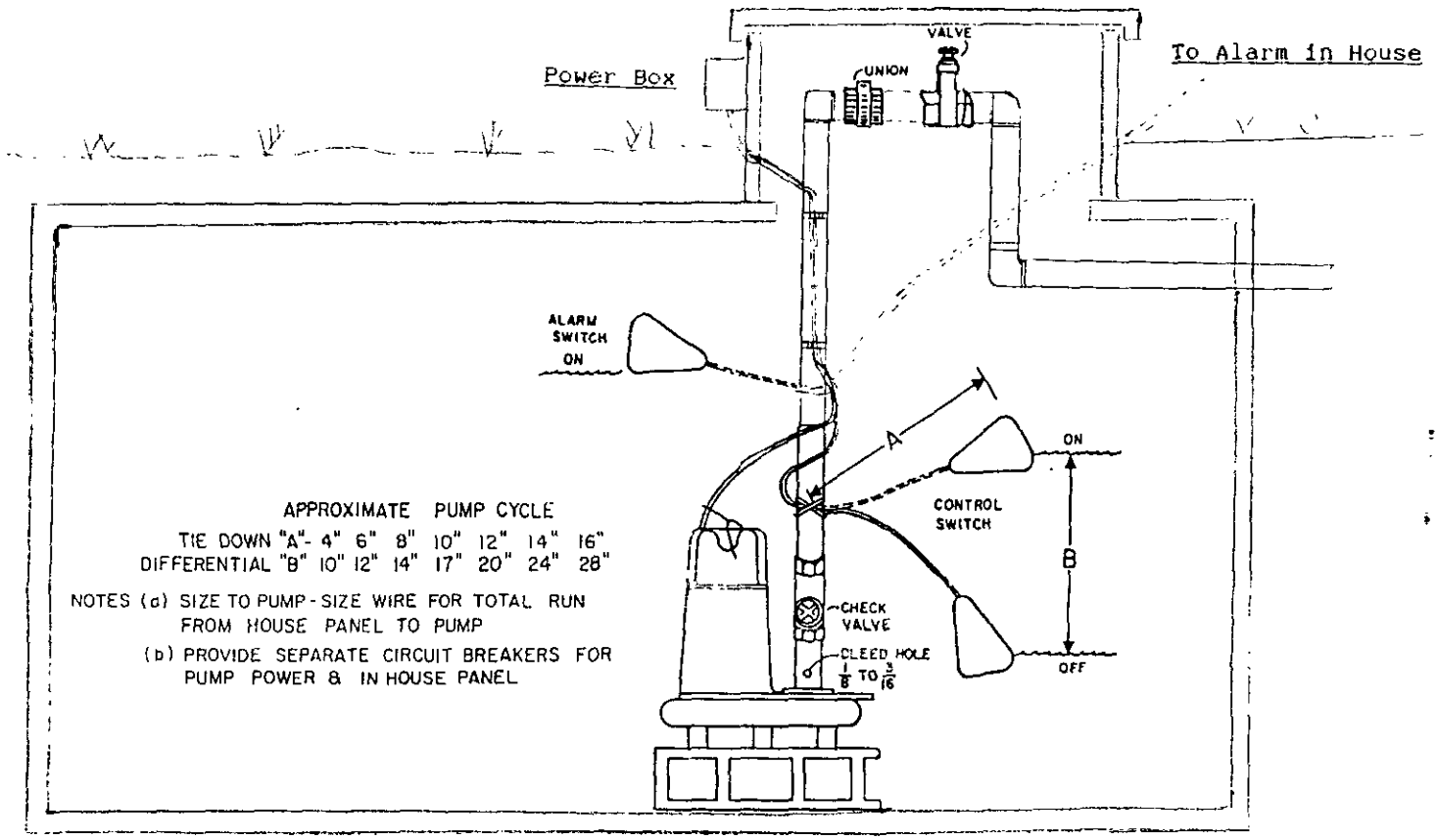


DETAIL "A" - ELEVATION
NO SCALE

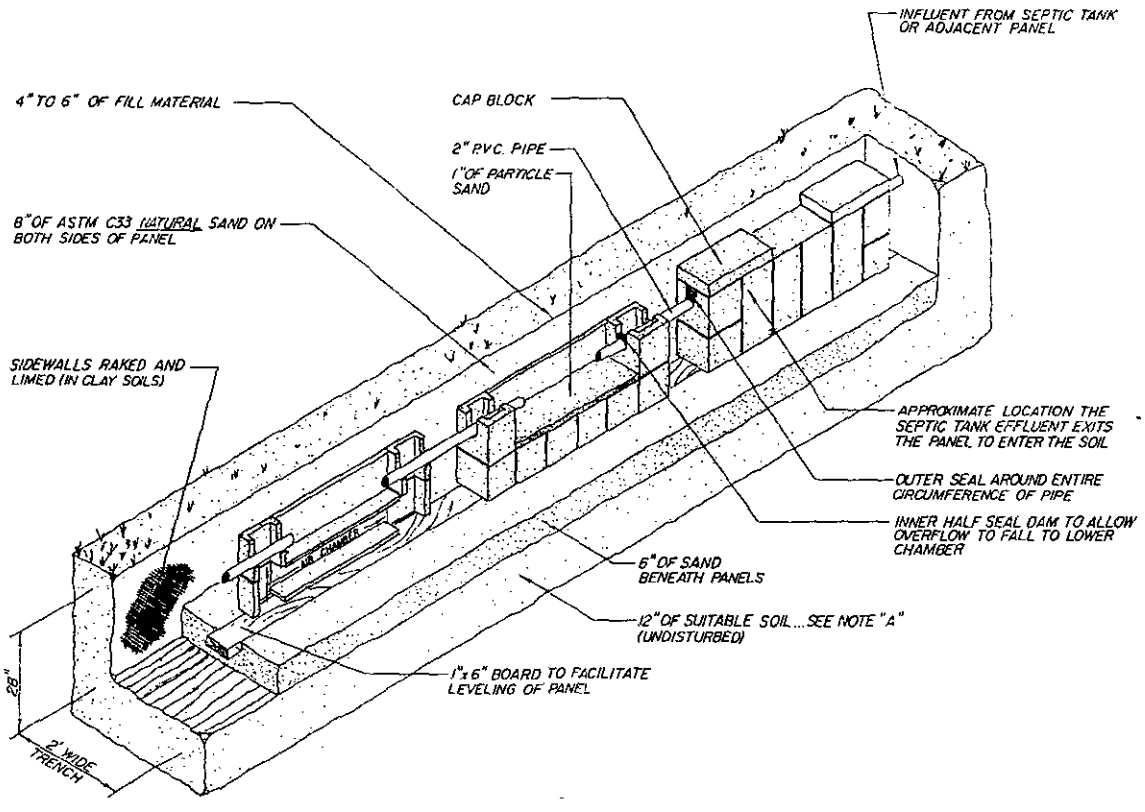


DETAIL "B" - SECTION
NO SCALE

Pump Tank Drawing



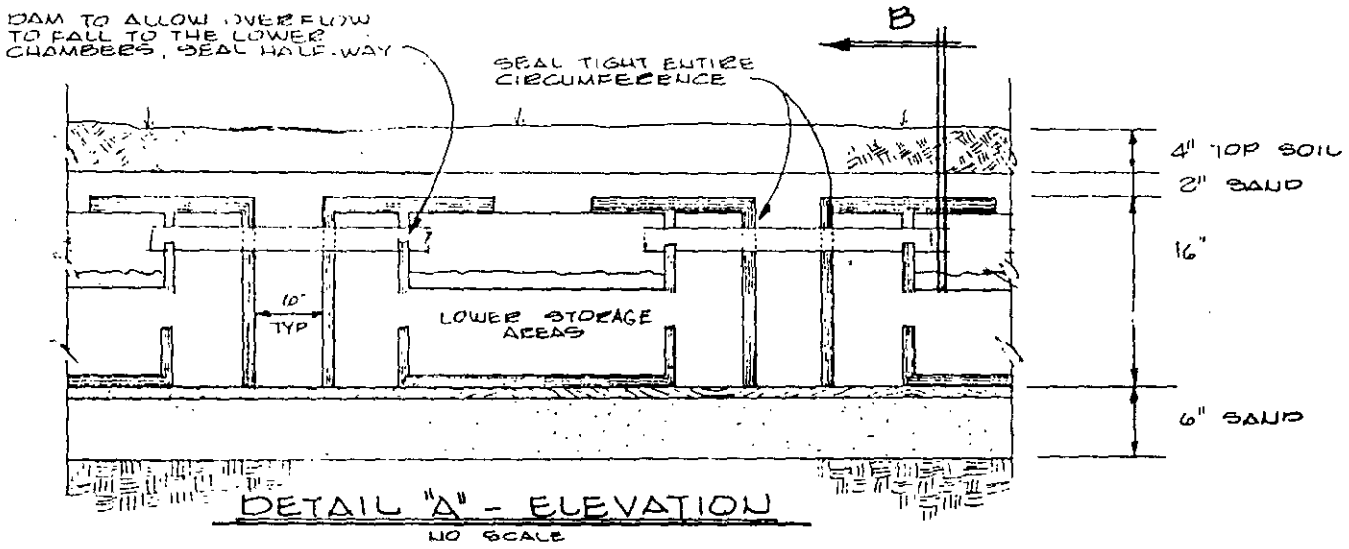
Isometric Drawing of a Segment of 16" T&J Panel Drainfield



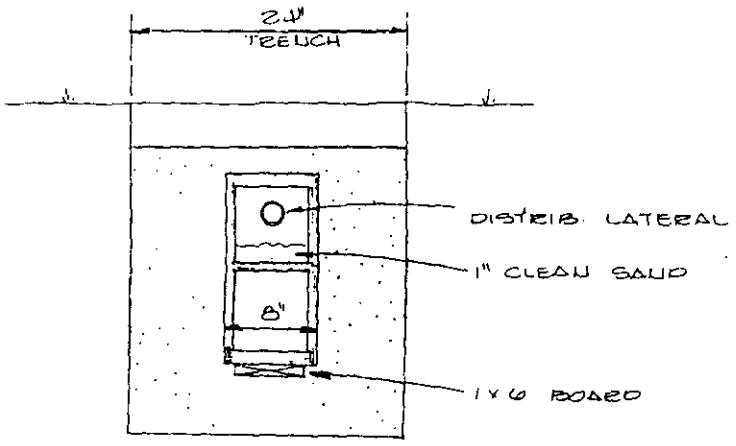
THE T. & J. PANEL
WASTE WATER TREATMENT SYSTEM

PATENT NUMBER 4013559

P.O. Box 288 • Statesville, North Carolina 28677
N.C. WATS 1-800-222-2577 • (704)872-9566



DETAIL "A" - ELEVATION
NO SCALE



DETAIL "B" - SECTION
NO SCALE

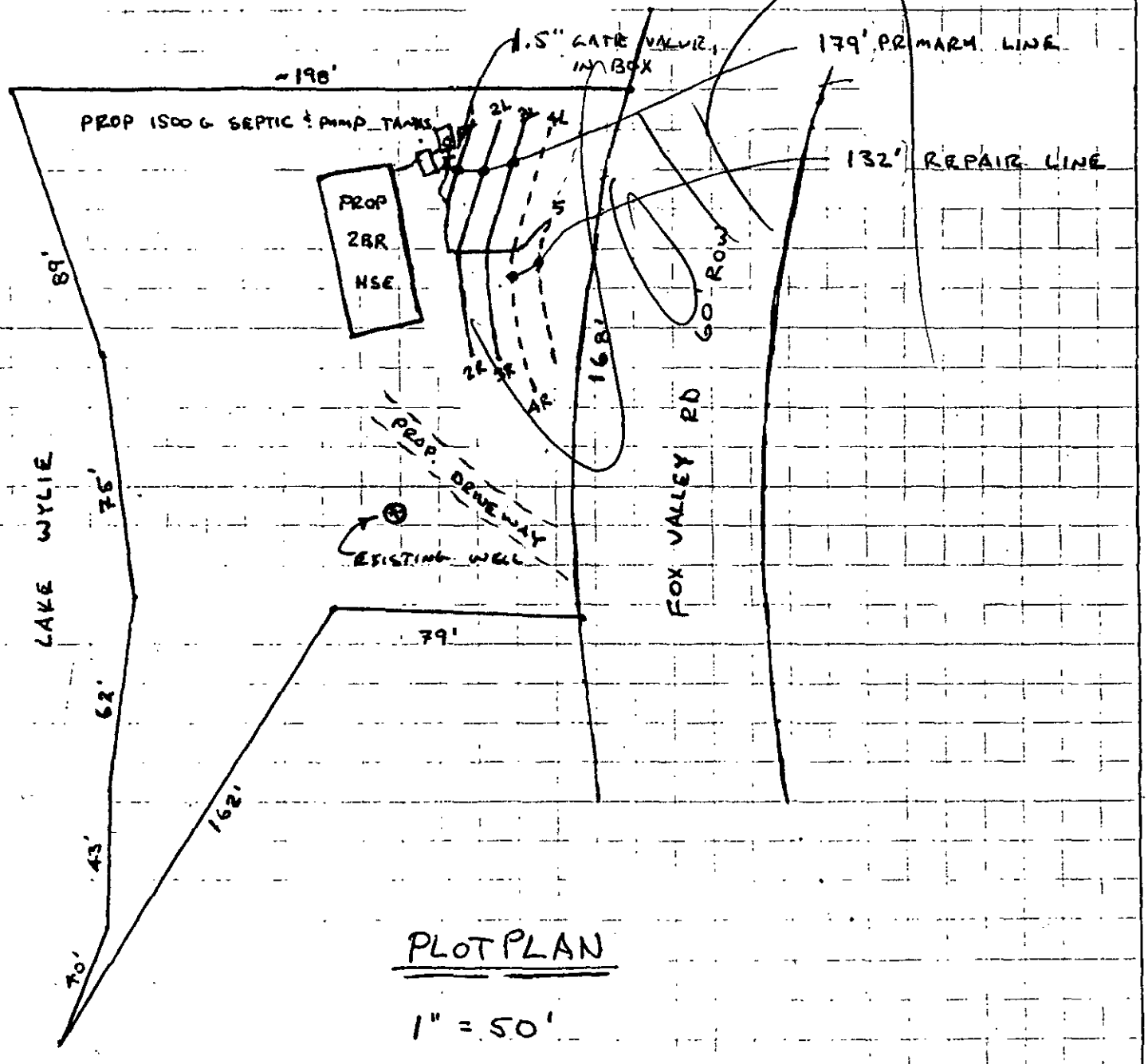
9-19-91 Revision Received
9-20-91 Calculations Approved
9-20-91 Layout Approved

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

FILE: 5508A

TC: 113 28117

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.



PLOT PLAN

1" = 50'

Signed: _____

Date: _____

LPP / PPBPS Specifications

Project 3817 Fox Valley Road
File # 5508A
Tax # 113-281-17

Daily Waste Flow	240 GPD	Lateral Diameter	1" SDR 26 PVC
Septic Tank Size	1500 G	Lateral Config.	Center Loaded
Pump Tank Size	1500 G	Supply Line Length	50'
Effl. Loading Rate*	0.3 G/SF D	Supply Line Diameter	1.5" Sch 40
Absorption Area*	800 SF	Manifold Placement	Center
Hole Placement	At center of each panel, at 30 degrees above horizontal center of pipe (10 or 2 o'clock)		

Lateral Data

Line #	Inv. Elev., Ft.**	Head, Ft.	Hole Size, In.	Line Lngth, Ft.	# Holes	Flow/ Hole, GPM	Flow/ Line, GPM
1	-4.92	4	1/8	27	6	0.36	2.16
2L	-3.33	2.41	5/32	44	10	0.44	4.4
2R	-4.42	3.5	5/32	32	7	0.53	3.71
3L	-3.16	2.24	5/32	42	9	0.43	3.87
3R	-3.92	3	3/16	34	7	0.71	4.97
Repair				179	Total Flow:		19.11
4L	-2.84	3.26	5/32	40	9	0.51	4.59
4R	-3.58	4	5/32	44	10	0.57	5.7
5	-2.5	2.92	3/16	48	11	0.7	7.7
				152	Total Flow:		17.99

* Before reductions for PPBPS
** Relative to top of nail in corner of wall

Elevation Head	7 Ft.	Storage In Supply	4.6 G
Friction Head	2 Ft.	Storage In Lat'ls	10.44 G
Pressure Head	4 Ft.	Total Line Storage	15.04 G
Total Head	13 Ft.	Dosing Volume	98 G
Check Valve	No	Dosing Duration	5.1 Minutes
Siphon Break Hole	No		
Pump Requirements	20 GPM @ 13 Ft. TDH, Goulds EP03, Hydromatic SW25, or Equivalent		

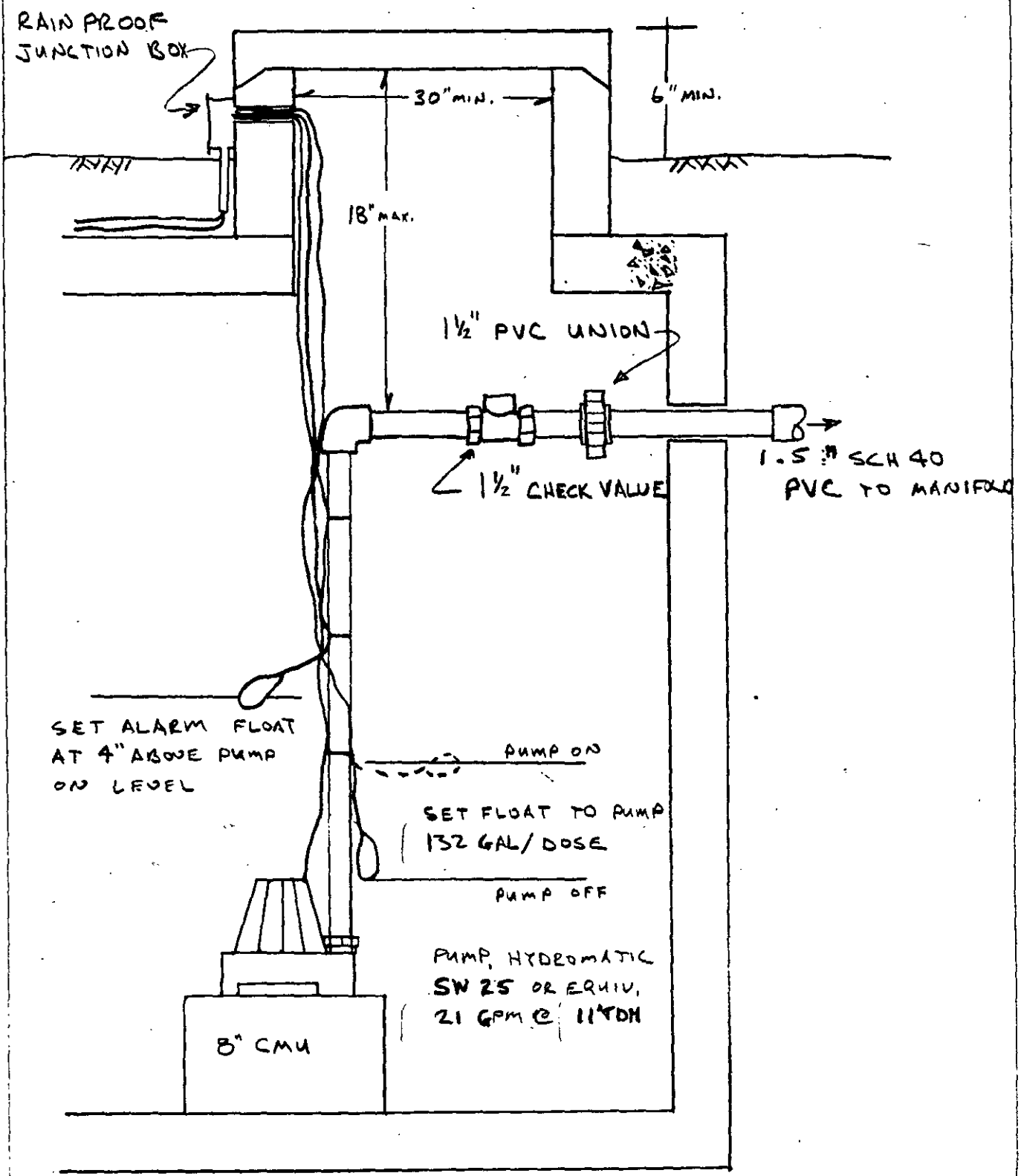
Dosing duration based on filling top tray of panel, 3.6 Gallons. Line length calculates at 133 Feet (800SF /3Ft * 0.5). Owner will install 179 Feet (with appropriate reduction in repair) to reduce chances of failure.

OK Vard

Note: Maximum effort made to assist Property owner. However prior to System Approval well Drilled, Deck Steps Constructed, Basement Dugout Served Restrictive options. Best Possible Attempt made to assist Homeowner

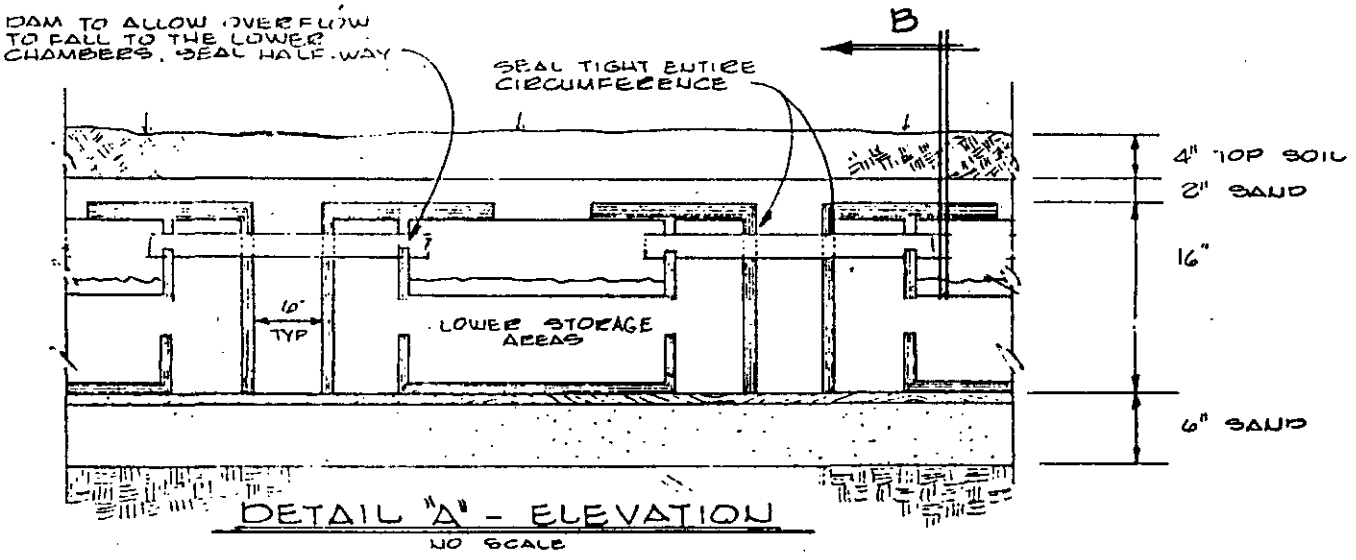
9-3-91 Balance plans & Calc. sheets. Awaits Verification
9-3-91 Calling Not Found
9-5-91 Awaiting Further Contact
9-6-91 Layout & Calculate Disapproval

9-10-91 Get Resubmittal By FAX
9-11-91 Awaiting Notification of Re Layout
9-11-91 Met w/ ~~Rodney~~ HHH Indicated How to relayout Awaiting resubmittal Drawings & Calculations



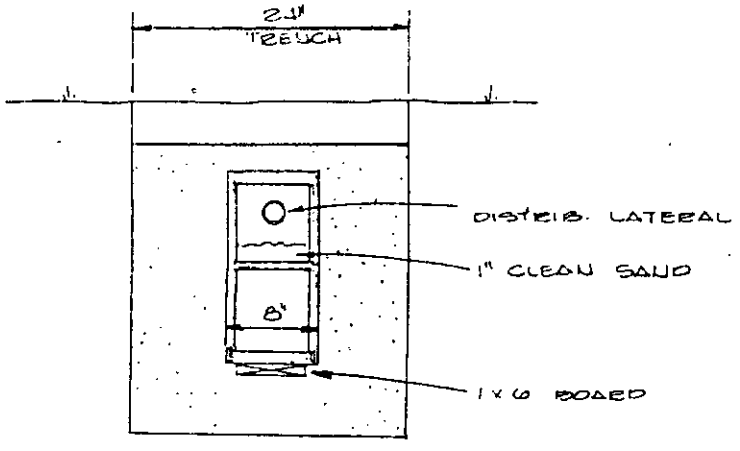
PUMP TANK DETAIL

NTS



DETAIL "A" - ELEVATION

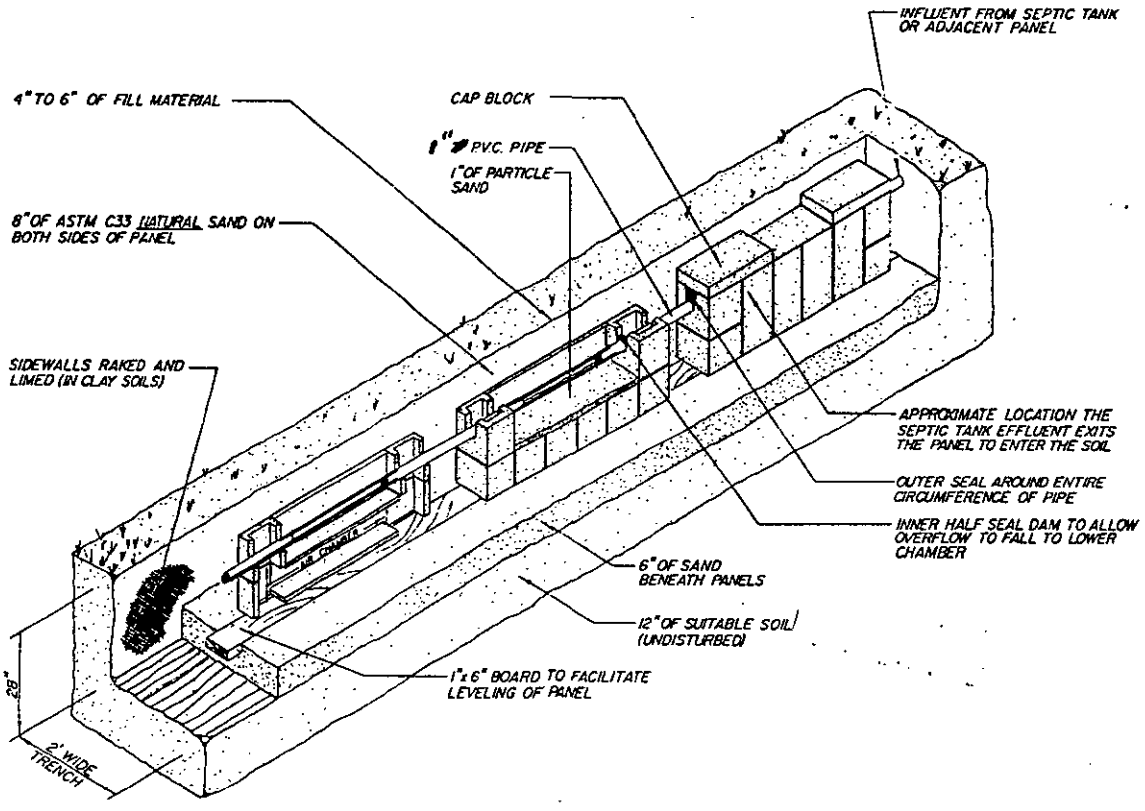
NO SCALE



DETAIL "B" - SECTION

NO SCALE

Isometric Drawing of a Segment of 16' T&J Panel Drainfield



TRENCH ISOMETRIC

N.T.S.

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH File: 530011 Action ____

SITE EVALUATION REPORT

SERIAL NUMBER 12008 Parcel: PO 113-281-16 ☐ PC

Location:

Subdivision:

Lot: Block: Acres: .69

Owner:
Address:

Comments: _____

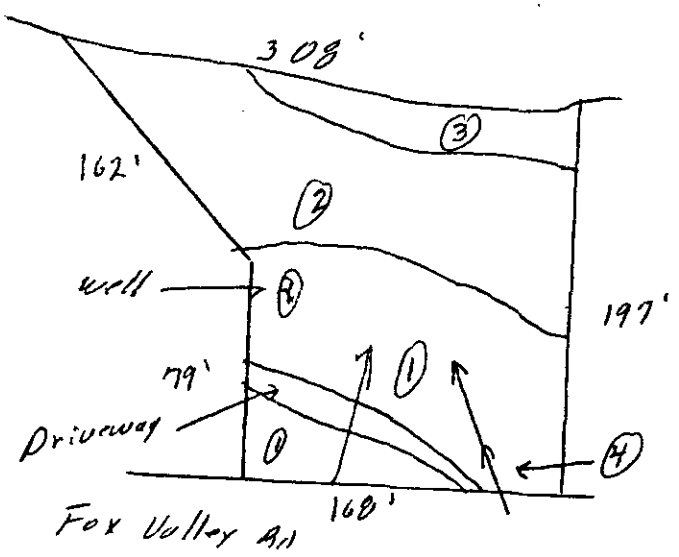
Described by: William R. Marlin

Date: 3-7-89

***** EVALUATION KEY *****

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

LAKE WYLIE



FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S (PS) U 15-30%	S PS (U) 30-45%	S PS (U) complex slopes	S PS (U) Ditch	S PS U	S PS U
Texture	S (PS) U clay	S (PS) U clay	S PS U —	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S (PS) U Blocky	S PS U —	S PS U	S PS U	S PS U
Drainage	(S) PS U 7+8" To water	(S) PS U 7+8" To water	S PS U —	S PS U	S PS U	S PS U
Depth	(S) PS U 48"+	(S) PS U 48"+	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 7+8"	(S) PS U 48"+	S PS U —	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IVA Cec:1-1:Ko	IVB Cec:1-1:Ko	Complex Slopes	Drain Ditch From Road		
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

MAIL BOXES ETC.®

MAIL BOXES ETC.®
Facsimile Transmittal Coversheet

Sender

To:
Recipient's Name GENE VAUGHN
FAX # 536-6894

From:
Sender's Name EDDIE BAUCOM
Phone FAX# 704 545 1940

IMPORTANT: SENDER MUST READ AND ACKNOWLEDGE THIS LIMITATION OF LIABILITY
Neither Mail Boxes Etc. USA, Inc., its franchise owners, officers, agents, nor employees can accept for delivery documents that must be kept confidential. Sender furthermore agrees that in the event of any delays, errors, or failure to transmit, Sender's sole and exclusive remedy shall be the refund of any service or delivery charges paid. In no event, however, whether the result of negligence or otherwise, shall Mail Boxes Etc. USA, Inc., its franchise owners, officers, agents, or employees be liable for consequential, incidental, or special damages of any type.

ACCEPTED BY SENDER: EB
Initials

MAIL BOXES ETC. USA
MINUTEMAIL
Public FAX/TELEX Service

[illegible]	Project	5819 [illegible] Valley Road	
Specifications	Title #	59056	
	Job #	119 261 [illegible]	

Daily Waste Flow	45 GPD	Lateral Diameter	1" SDR 35 PVC
Septic Tank Size	1500 G	Lateral Config.	Center Feed
Pump Tank Size	250 G	Supply Line Length	50'
Fill & Loading Rates	0.3 GPD/SF	Supply Line Diameter	1 1/2" Sch 40
Absorption Area	300 SF	Header and Manifold	Center
Water Treatment	At center of each panel, at 30 degrees above horizontal center of pipe - 10 or 2 orifices		

Lateral Data

Lateral #	Invert Elevation**	Head, Ft.	Hole Size, In.	Hole Depth, Ft.	# Holes	Flow Rate, GPM	Flow, GPM
1A	[illegible]	5.0	3/16"	4.0	42	0.58	24.3
1B	[illegible]	5.00	3/16"	4.0	42	0.58	24.3
2A	[illegible]	[illegible]	3/16"	4.0	42	0.58	24.3
Repair					126*	Lower	72.72
3A	[illegible]	[illegible]	3/16"	3.5	42	0.61	25.28
3B	[illegible]	[illegible]	3/16"	3.5	42	0.58	24.36
3C	[illegible]	[illegible]	3/16"	3.5	42	0.58	24.36
						Total Flow	169.66

* Reduce production for PIPEs
** Relative to top of wall in corner of well

Elevation Head	7 Ft.	Storage In Supply	4.6 G
Friction Head	3 Ft.	Storage In Laterals	8.7 G
Pressure Head	4 Ft.	Total Close Storage	13.3 G
Total Head	11 Ft.	Dosing Volume	13.2 G
Check Valve	No	Dosing Duration	4.7 Minutes
Siphon Break Hole	No		
Pump Requirements	[illegible] GPM @ 11 Ft. TDH, Sewage Effluent Submersible, Simplex, or Equivalent		

Dosing duration based on filling top two rows of pipes 5.6 Gallons. Line length calculates at 1425 Feet (@0.05 GPF * 0.5). Owner will install 1500 Feet of pipe. Appropriate reduction in capacity to remove chances of failure.

107
RR

DATE 7/31/91

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

113-281-17
PARCEL NUMBER

3817 Ivy Valley Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	**APPROVED**	**NOT APPROVED**
2. FLOODWAY REGULATIONS	**APPROVED**	**NOT APPROVED**
3. EROSION CONTROL REGULATIONS	**APPROVED**	**NOT APPROVED**
4. COMMERCIAL DRAINAGE PLAN	**APPROVED**	**NOT APPROVED**
5. PUBLIC UTILITY EASEMENT	**PRESENT**	**NOT PRESENT**
6. PROPERTY FRONTS ON THOROUGHFARE	**YES**	**NO**
7. DRIVEWAY PERMIT REQUIRED	**YES**	**NO**
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	**YES**	**NO**

REMARKS: for zoning letter

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

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: Rab

REVISED 1/91

Galloway - 3817 Fox Valley Road

Monitoring Revised System Layout

① Changes noted on Revised Plan

#5 Approval Letter

Non-o Format

Add Subject: Revised Plan Submittal

Contents

① Cover Letter

② No 100% PP

Add

③ If Riprap Lines I AND J ~~not utilized~~ are ever utilized they must be installed in original (non-fill soil material)

④ Drainage ditch to be enhanced along ~~Property~~ Roadside and extended past ~~Lower Property~~ Corner stabilized,

⑤ Pipe ~~Ditch Going~~ beneath Road on upper property Roadside Corner ~~to be~~ utilized to be Supported with Concrete

⑥ Under NO CIRCUMSTANCES shall ANY ~~Panel~~ VEHICULAR TRAFFIC Be PARKED OR DRIVEN OVER PANEL INSTALLATION OR REPAIR AREAS

(5) Recommend EROSION CONTROL ALONG property Roadside ~~property~~ ~~LOT~~ to prevent WATER Surface/~~Subsurface~~ Runoff onto System.

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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: 5508-A
TC: 1132817
SERIAL: 00064

P200.00
06/03/91
Cash
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 3817 (STREET NO.) Fox Valley Rd (STREET) ② FILE:

③ JURISDICTION: ④ TAX PARCEL NO.: ~~5908~~ 113-281-17

⑤ SUBDIVISION: ⑥ LOT: 10/K3 ⑦ BLOCK:

OWNER

⑧ NAME: LARRY (FIRST) WAYNE (MIDDLE) GALLOWAY (LAST)

⑨ MAILING ADDRESS: 2104-K Yeager Creek Dr

⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28273

⑬ PHONE: (WORK) 332-3205 ⑭ (HOME) 588-6137

REQUEST

This request is for a(n):

⑮ ☒ New permit

⑯ ☐ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home

㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 4 2 AM 1/31/91

㉓ Maximum occupancy? 4 2 AM 1/31/91

㉔ Basement? ☒ yes ☐ no

㉕ Type?

㉖ Maximum number of employees?

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

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void ~~36~~ 60 months from the date of issuance.

Environmentalist / Date

Director or Authorized Section Head / Date

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

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

Signed: Angela Galloway

Date: 6/3/91

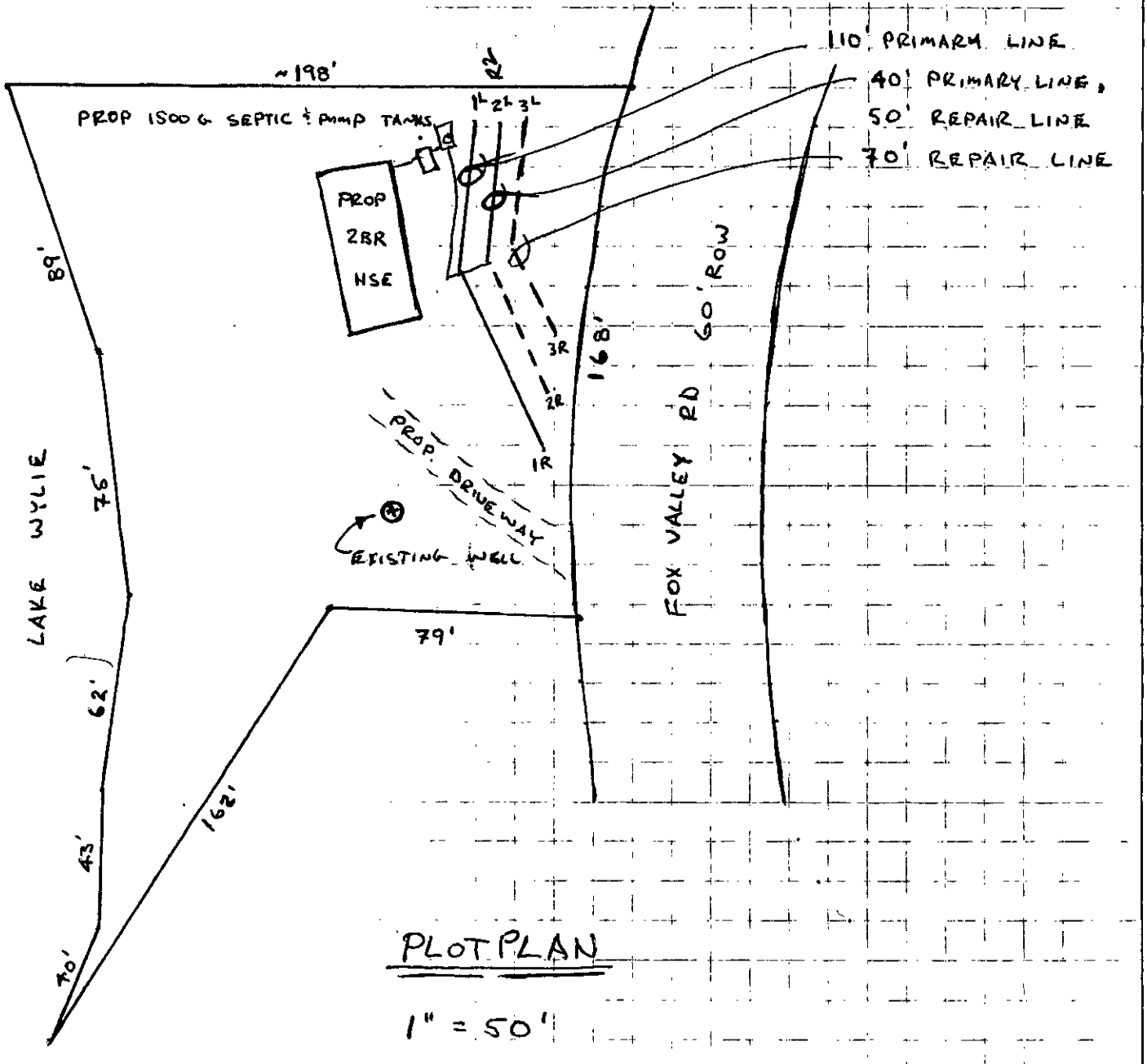
PROPOSED PLOT PLAN

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

FILE: 5508A

TC: 113 28117

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.



Signed: _____

Date: _____

Rec'd 8-23-91
Review 8-30-91
Calc Approved
Layout Approved

LPP / PPBPS Specifications

Project 3817 Fox Valley Road
File # 5508A
Tax # 113-281-17

See of record

Daily Waste Flow	240 GPD	Lateral Diameter	1" SDR 26 PVC OR 160
Septic Tank Size	1500 G OK VAUGHAN	Lateral Config.	Center Loaded
Pump Tank Size	1500 G	Supply Line Length	50'
Effl. Loading Rate*	0.3 G/SF D	Supply Line Diameter	1.5" Sch 40
Absorption Area*	800 SF	Manifold Placement	Center
Hole Placement	At center of each panel, at 30 degrees above horizontal center of pipe (10 or 2 o'clock)		

Lateral Data

Line #	Inv. Elev., Ft.**	Head, Ft.	Hole Size, In.	Line Lngth, Ft.	# Holes	Flow/ Hole, GPM	Flow/ Line, GPM
1L	-3.56	3.6	5/32	44	10	0.54	5.4
1R	-3.56	3.6	5/32	65	15	0.54	8.1
2L	-2.74	2.78	3/16	39	9	0.69	6.21
Repair					Total Flow:		19.71
2R	-2.74	2.78	3/16	52	12	0.69	8.28
3L	-2.46	2.5	3/16	39	9	0.65	5.85
3R	-2.46	2.5	3/16	31	~~11~~ 7	0.65	~~7.15~~ 4.55
					Total Flow:		~~21.20~~ 18.68

3.6 / .54 = 6.7

* Before reductions for PPBPS
** Relative to top of nail in corner of wall

Elevation Head	7 Ft.	Storage In Supply	4.6 G 9.2 * 50/100 =
Friction Head	2 Ft. 50/100 * 2.46 = 1.23	Storage In Lat'ls	8.7 G
Pressure Head	4 Ft.	Total Line Storage	13.3 G
Total Head	~~11~~ Ft. 13 FT	Dosing Volume	~~12~~ G
Check Valve	No	Dosing Duration	~~4.7~~ Minutes
Siphon Break Hole	No 13		
Pump Requirements	21 GPM @ ~~11~~ Ft. TDH, Goulds EP03, Hydromatic SW25, or Equivalent		

Dosing duration based on filling top tray of panel, 3.6 Gallons. Line length calculates at 133 Feet (800SF /3Ft * 0.5). Owner will install 150 Feet (with appropriate reduction in repair) to reduce chances of failure.

Comments: Obtain from Sabrie (Head, ET, Conversions): Lateral Pipe Schedules

S 508 A

MECKLENBURG COUNTY

Charlotte-Mecklenburg
Building Standards Department

July 31, 1991

Subject: ZONING VERIFICATION

Dear

The parcel of land located at 3817 Fox Valley Road
and further identified by tax parcel number 113-281-17
is zoned R-R, (Resort Residential District).

permitted uses include: Multi-section mobile home, principal building on a lot. The unit must be a minimum of 24 feet in width over a majority of its length when placed in an R-R zoned district and must meet the requirements of Section 3138 of the Mecklenburg County Zoning Ordinance (See attached)

If this office can be of any further assistance, please contact us.

Sincerely,

K. J. Young
Zoning Inspector

Attachment

Form B-150 NS
10/84 59/b

MOBILE HOME REVIEW FOR MECKLENBURG COUNTY
(Only One Principal Residential Building Per Lot Allowed)

[ ] 3213.9 Replacement ~~of existing~~ mobile homes ~~shall~~ meet requirements of Section 3138, except Subsection ~~3138.4.~~ Replacement mobile homes for mobile home parks existing on December 20, 1990, ~~are not~~ required to meet any of the standards of Section ~~3138~~, however, they must conform to ~~any~~ applicable North Carolina building code requirements.

[ ] 3138. Mobile Homes as a Principal Building on a Lot
Permitted (**in designated districts**) subject to the following requirements:

[ ] 3138.1 The home must meet construction standards of the U.S. Department of Housing and Urban Development and must be set up in accordance with the standards established by the N.C. Department of Insurance, and must include a continuous, permanent masonry wall, having the appearance of a conventional load-bearing foundation wall, unpierced except for required ventilation and access, under the perimeter of the home.

[ ] 3138.2 The home will have all wheels, transporting lights and towing apparatuses removed.

[ ] 3138.3 All roof structures will have a minimum nominal 3/12 pitch and must provide an eave projection of no less than 6 inches, which may include a gutter. The roof must be finished with a type of shingle commonly used in site-built residential construction.

[ ] 3138.4 The unit must be a minimum of 24 feet in width (multi-section) over a majority of its length when placed in a **Resort-Residential District** (R-R). This restriction shall not apply to units placed in the Rural District (RU) or Mobile Home District (R-MH).

[ ] 3138.5 Exterior wall materials and finishes must be comparable in composition, appearance and durability to those commonly used in standard residential construction. Vinyl and aluminum lap siding, wood, hardboard, stucco, brick and similar masonry materials may be used. Reflectivity shall not exceed that of gloss white paint.

[ ] 3138.6 All entrances and exits must be provided with permanent steps, porch or similar suitable permanent entry.

NOTE: Underpinning Requirements in Mobile Home Parks in R-MH Mobile Home Districts

The requirements of Subsection 3138.1 are modified per Section 3213.5.14 to allow skirting instead of a permanent masonry wall as underpinning. Such skirting must be of a product designed and sold for use as skirting. It must be installed in accordance with the manufacturer's specifications and must visually compliment the home.

ADDRESS: _____

PARCEL NO.: ____ ____ ____

Applicant acknowledges and agrees to comply with above provisions of Zoning Code.

Signature _____ Date _____

122-d-2/mc
rev. 12/31/90

08/23/91 Paid cash #100.00

APPLICATION FOR AN IMPROVEMENT PERMIT

06/03/91

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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: 5508A

TC: 113 281 17

SERIAL: No 18153

cash #200.00

☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 3817 (STREET NO.) Fox Valley Rd (STREET) ② FILE: 5508A

③ JURISDICTION: MECK ④ TAX PARCEL NO.: 113 281 17

⑤ SUBDIVISION: ? ⑥ LOT: 9 ⑦ BLOCK: 36

OWNER

⑧ NAME: LARRY (FIRST) (MIDDLE) GALLOWAY (LAST)

⑨ MAILING ADDRESS: 3714 Statesville Ave

⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28206

⑬ PHONE: (WORK) 332-3205 ⑭ (HOME) 588-6137

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

Signed: Larry Galloway 8/23/91

Date:

IMPROVEMENT PERMIT

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 permit is issued by this Department.

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

Environmentalist / Date

Director or Authorized Section Head 9-24-91 / Date

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

55081

DATE 5/30/91

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

113-281-17
PARCEL NUMBER

3817 Fox Valley Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	✓ APPROVED	NOT APPROVED
2. FLOODWAY REGULATIONS	✓ WRT 5/30/91 APPROVED	NOT APPROVED
3. EROSION CONTROL REGULATIONS	✓ APPROVED	NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	✓ APPROVED	NOT APPROVED
5. PUBLIC UTILITY EASEMENT	PRESENT	NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	YES	NO
7. DRIVEWAY PERMIT REQUIRED	YES	NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	YES	NO

REMARKS: S.F. Housing * NEED ELEVATION CERTIFICATE

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

ALL OTHER FORMS OBSOLETE

FLOODWAY

☐ NEW ADDRESS

ELEVATION CERTIFICATE REQUIRED

SIGNED: Rob

REVISED 1/91

Mecklenburg County
Health Department

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

March 8th, 1989

John Thomas Moore, Jr.
Rt. 4, Box 3811, Fox Valley Road
Charlotte, NC 28208

RE: Property located at Fox Valley Road
FILE: 5508A
PARCEL: 11328116

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 12008) 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,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure (2)

Mecklenburg County
Health Department

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

date

Mr Larry Gallman
3714 Statesville Ave
Charlotte NC 28206

Dear Sir

Subject: 3817 Fox Valley Rd
File 5508A Statesville Ave

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 10NCAC 10A, 1900, "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal". Our comments are listed below:

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,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

cc:

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12008

File: 55088 Action 2

Parcel: PO 113-281-16 ☐ PC

Location: Fox Valley Rd

Subdivision:

Lot: Block: Acres: .69

Owner:
Address:

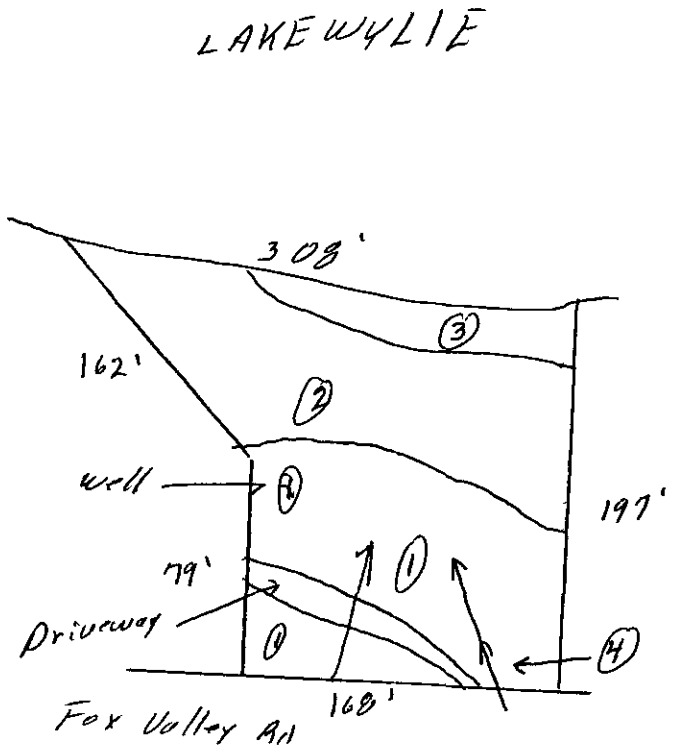
Comments: _____

Described by: William A. Marlin

Date: 3-7-89

***** 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 15-30%	S PS (U) 30-45%	S PS (U) complex slopes	S PS (U) Ditch	S PS U	S PS U
Texture	S (PS) U clay	S (PS) U clay	S PS U —	S PS U	S PS U	S PS U
Structure	S (PS) U blocky	S (PS) U blocky	S PS U —	S PS U	S PS U	S PS U
Drainage	(S) PS U 7-48" To water	(S) PS U 7-48" To water	S PS U —	S PS U	S PS U	S PS U
Depth	(S) PS U 48"+	(S) PS U 48"+	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 7-48"	(S) PS U 48"+	S PS U —	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IVA Cecil-Lilac	IVB Cecil-Lilac	complex slopes	Drain Ditch From 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: 5508A ~~Hoore~~

PO
TC: 113-281-16

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Rt. 4, Box 3811 Fox Valley Rd. CHAR. NC 28208 ~~28210~~

② SUBDIVISION: _____ ③ LOT: 9 Sec. 36 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 113-281-16 PAGE NO.: _____ PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: 5452 PAGE NO.: 0789

OWNER

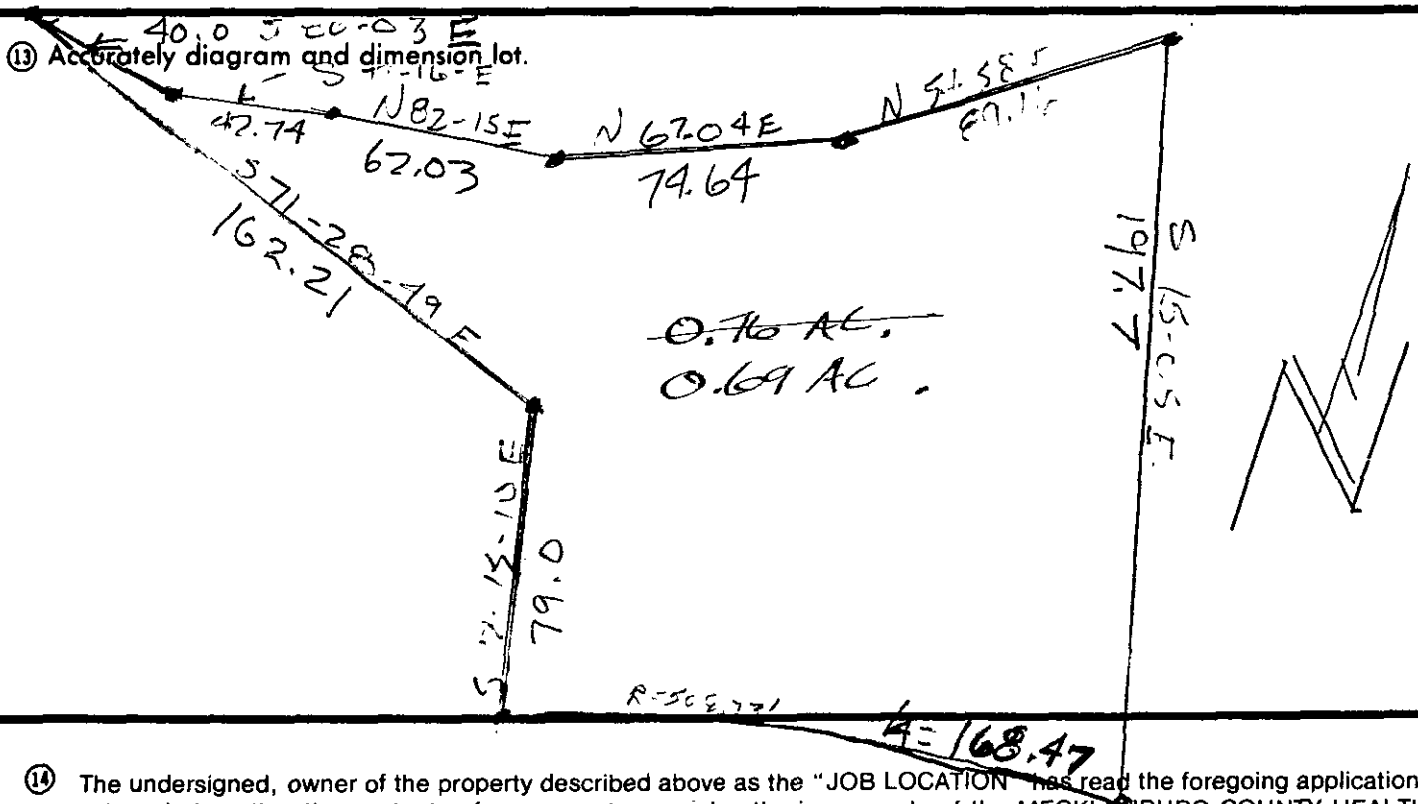
⑦ NAME: John (FIRST) Thomas (MIDDLE) Moore JR (LAST)

⑧ MAILING ADDRESS: Rt. 4 Box 3811 Fox Valley Rd.

⑨ CITY: Char. ⑩ STATE: N.C. ⑪ ZIP: 28208

⑫ PHONE: (WORK) 336-2699 (HOME) 394-6227

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: John Thomas Moore, Jr. RW

Date: 2-22-89

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
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 3/6/89

Name/Company John Moore

Sanitation ____
Vector Control ____
O.P.W.D. ✓

Service: Soil investigation
5508A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

MAR 6 1989

CK # 1113

Fee: $ 30.00 1130.00

Completed by

Collected by

Include under Comments

① Lines incorrectly marked on site & do not correspond w/ drawing

② Calculation Corrections needed For the following

④ Dosing volume
⑤ " Durock
⑥ Friction Head
⑦ total Head

③ Need storage volume Schedule 80 1" SDR 26 PVC

⑧ UNR 3R Panel # Correction