

10023 SAW MILL RD

19940121

12/19/2007

duponbj

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

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - NITRATE ONLY

Name of System: Fogle, Fred&Patricia
Address: 10023 Saw Mill Rd.
Charlotte, NC **Zip:** 28278
County: MECKLENB

Report To: Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202
Courier: 05-16-21
ATTN: Larry Thompson
(704) 336-5101

Source of Water: ground
Source of Sample: house tap
Type of Sample: raw
Type of Treatment: none
Type of Analysis: Nitrate
Category: other

Collected By: L THOMPSON **Date:** 7/22/99 **Time:** 2:30:00 PM
Location of sampling point: kitchen
Remarks:

Parameters	Results	Units	Date Analyzed:
Nitrite as N	<0.10	mg/l	7/26/99
Nitrate as N	<1.0	mg/l	7/26/99

EXPLANATION OF RESULTS:

Foster/Therapeutic Homes: Nitrate-N level acceptable if less than or equal to 10 mg/l
Private Well Guidelines: Nitrite-N level should be ≤ 1.0 mg/ml and Nitrate-N ≤ 10.0 mg/ml

Date Received: 7/26/99 **Report Date:** 7/29/99 **Reported By:**
Today's Date: 7/29/99 **Reference:** 10854 **Sample Number:** AA19776

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - PRIVATE WATER SYSTEM

Name of System: Fogle, Fred&Patricia
Address: 10023 Saw Mill Rd.
Charlotte, NC **Zip:** 28278

County: MECKLENB

Report To: Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202
Courier: 05-16-21

ATTN: Larry Thompson
(704) 336-5101

Source of Water: ground
Source of Sample: house tap
Type of Sample: raw
Type of Treatment: none
Type of Analysis Private

Collected By: L THOMPSON **Date:** 7/22/99 **Time:** 2:30:00 PM

Location of sampling point: kitchen

Remarks: III 6

Parameters	Results	Units	Date Analyzed:
Alkalinity as CaCO3	62	mg/l	7/26/99
Arsenic	<0.01	mg/l	7/26/99
Calcium	11.0	mg/l	7/26/99
Chloride	<5	mg/l	7/26/99
Copper	0.06	mg/l	7/26/99
Fluoride	<0.10	mg/l	7/26/99
Iron	<0.05	mg/l	7/26/99
Hardness as CaCO3 (Ca,Mg)	48	mg/l	7/26/99
Magnesium	5.0	mg/l	7/26/99
Manganese	<0.03	mg/l	7/26/99
Lead	<0.005	mg/l	7/26/99
pH	7.1	Std. unit	7/26/99
Zinc	<0.05	mg/l	7/26/99

Date Received: 7/26/99
Today's Date: 7/30/99

Report Date: 7/30/99
Ref: 10841

Reported By:
Sample Number: AA19763

Mecklenburg County
Health Department

August 13, 1999

Fred and Patricia Fogle
10023 Saw Mill Road
Charlotte, NC 28278

Dear Mr. and Mrs. Fogle:

Enclosed you will find the lab sheets for the inorganic chemical analyses performed on the water samples collected from your water supply source on July 22, 1999.

If you have any questions concerning either report, please contact me at 336-5568.

Sincerely,

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

Enclosure

Mecklenburg County Public Health Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

111b

Microbiological Analyses

Owner, System or Establishment: Fred A. Foster

Address: 10023 Sawmill Road

Charlotte, NC Zip: 28278

Collected By: L. Thompson

Date Collected: 7-22-99 Time: 2:30 AM (PM)

Sample Source: Kitchen sink

Date Delvd. to Lab: 7-22-99 Time: 3:20 AM (PM)

Delivered By: LBT ☑ Received on Ice Initials LBT

Type of Sample

Potable Water

- ☑ Individual Well
- ☐ Non-Community
- ☐ Community
- ☐ City
- ☐ Other (specify)

Treatment ☐ chlorinated ☑ nonchlorinated

- ☑ Initial Sample
- ☐ Recheck (chlorinated)
- ☐ Recheck (nonchlorinated)
- ☐ Other (specify) _____

Nonpotable Water

- ☐ Surface
- ☐ Storm
- ☐ Other (specify) _____

Analysis Requested: ☑ Total Coliform ☐ Fecal Coliform ☐ Fecal Strep ☐ Enterococcus

☐ Sulfate Reducing Bacteria ☐ Pseudomonas aeruginosa

☐ Other (specify) _____

☐ Food Analysis (specify) _____

Comments: _____

Laboratory Analysis Report

Method: _____ Membrane Filter ✓ Colilert _____ Multiple Tube Fermentation

Total Coliform Absent /100 ml.

Fecal Coliform Absent /100 ml.

Fecal Strep _____ /100 ml.

Enterococcus _____ /100 ml.

Non-Coliform _____ /100 ml.

Plate Count _____ /gm. or ml.

Coliform Count _____ /gm. or ml.

Pseudomonas aeruginosa _____ /100 ml.

Laboratory Comments:

Date Received: 7-22-99 Date Reported: 7-23-99

Received By: MS Analyst: MS Lab #: 843

Laboratory Identification #: 37518 DEHNR Division of Laboratory Services
#: 449 DEM

L 1.14 1/92
Rev. 10/96
4319

White - Lab Report Copy Yellow - Lab File copy

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

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

Mecklenburg — Health Department
Name of Establishment — 7046 — Permit/Project No.
10023 Saw Mill Road — Location
residence — Type of Establishment
360 gpd — Design Flow
Fred A. Fogle — Owner/Agent
10023 Saw Mill Road, Charlotte, 28278 — Address
Phone
N/A — Operator
Address
Phone
Remarks: TLTb

	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?	☑	☐	Did not uncover septic tank. Recommend pumping septic tank at 3-5 year intervals.
Sanitary tee(s) in good working condition?	☐	☐	
Tanks pumped, cleaned out as needed?	☐	☐	
4. RAW SEWAGE LIFT STATION (if present):			
Required pumps present, operating, and cycling properly?	☐	☐	
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☐	☐	
PUMP SYSTEMS:			
Required pumps present, operating, and cycling properly?	☑	☐	Looks good. Pump could not be activated with HOA switch — activated with float switch
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: 7-22-99 SIGNED: Larry B. Thompson Jr., L.S. AGENT
Division of Environmental Health

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

– over –

MAINTENANCE INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

Fred A. & Patricia C. Fogle
10023 Saw Mill Road
Charlotte, NC 28278

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 #	#Bedrooms	System Type
Fred A. & Patricia C. Fogle	10023 Saw Mill Road	199-401-21	704B	3	IVA

Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

Bedrooms _____

RECEIVED
Check 4469
7/19/99

GC

7-22-99
OSU - H20

BILL INFORMATION

Billing Date	Payment Due Date
6/24/99	7/26/99

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

MAINTENANCE INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

Fred A. & Patricia C. Fogle
10023 Saw Mill Road
Charlotte, NC 28278

Please Make Check Payable To:

Mecklenburg County Health Department
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Fred A. & Patricia C. Fogle	10023 Saw Mill Road	199-401-21	704B	3	IVA

Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

Bedrooms _____

BILL INFORMATION

Billing Date	Payment Due Date
6/24/99	7/26/99

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

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Your Canceled Check Is Your Receipt

DO NOT SEND CASH

Mecklenburg County
Health Department

June 23, 1999

Fred A. and Patricia C. Fogle
10023 Saw Mill Road
Charlotte, NC 28278

Dear Mr. and Mrs. Fogle:

This letter is being sent to all home/business owners in Mecklenburg County with septic tank systems that utilize pumps. In 1990 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. 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., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure

cc: Fiscal Services Manager, HMHCS

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Mecklenburg County Health Dept.
Environmental He
c/o Hal Marshall
700 N. Tryon St.
Charlotte, NC 28

(704)336-5102

PERSON FILING APPLICATION:

Date:

PROPERTY INFORMATIO

TAX/PARCEL NUMBER:
STREET ADDRESS: 1602

ZONING:

SUBDIVISION OR MOBI

TYPE APPLICATION (c

[] SOIL TEST - INDI
[] NEW CONSTRUCTION
[] EXCHANGE MOBILE
[] ADDITION - INCRE
[] COMMERCIAL OR IN

RESIDENTIAL PROPERT
[] SINGLE MOBILE HO
[] DOUBLE WIDE (D)

COMMERCIAL/INDUSTRI
Type Business
Industrial Wastes (
Underground Storage

FUTURE ADDITIONS -
[] Swimming Pool
[] Garage

The undersigned, o
foregoing applicatio
DEPARTMENT to enter

Signed:

NOTICE:

The undersigned, an
the Request for the
And Rules For Sanitar
to the following prov

...No work shall be
an installation,
approval is grant

...This permit is n

..Lift Pum

Septic S

A 3bed

Director or Authorized Section Head

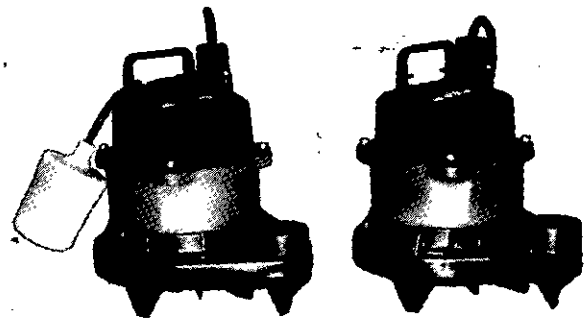
Date

GOULDS PUMPS, INC.
SENECA FALLS, NEW YORK 13148

G&L
A GOULDS PUMPS COMPANY

Installation, Operation and Maintenance Instructions

Model 3871



DESCRIPTION & SPECIFICATIONS:

The Model 3871 embraces a series of submersible effluent pumps designated as EP0411, EP0412, EP0411C and EP0412C. The single-phase EP0411 pumps are for 115 volt service and draw a maximum of 10.6 amps. The single-phase EP0412 pumps are for 230 volt service and draw a maximum of 5.3 amps. The "C" suffix designates the optional 20 foot power cord, whereas, the standard power cord is 10 feet in length.

1. Important:

1.1. Inspect unit for damage. Report any damage to carrier/dealer immediately.

1.2. Electrical supply must be a separate branch circuit with fuses or circuit breakers, wire sizes, etc., per National and Local electrical codes. Install an all-leg disconnect switch near pump.

CAUTION

Always disconnect electrical power when handling pump or controls.

1.3. A grounded 3-wire outlet must be provided within reach of pump and float switch electrical cords. Pump and float switch are equipped with 3-prong ground type plugs. Do not remove the ground prong.

1.4. Motor has a built-in thermal protector which opens the circuit when overload condition is encountered. Protector automatically resets when motor cools.

1.5. Do not carry or hang pump by the electrical cord. Use the handle or discharge pipe for this purpose.

1.6. Pump is not designed for use in swimming pools or hazardous liquids.

1.7. Maximum Operating Limits:

Liquid Temperature:	140F (60C)
Submergence:	10 feet
Starts Per Hour:	20, evenly distributed
Solids Handling:	3/4"

1.8. Flammable gases can be present in a wet-well due to bacterial action. Exercise extreme caution when working in and around such areas. Insure no sparks are generated that could ignite said gases.

2. Installation:

2.1. Store excess pump/switch electrical cord on wall near electrical outlet. Never store excess electrical cord in sump or wet well.

2.2. Sump basin or wet-well size should allow sufficient room for unimpeded movement of the float switch, if employed. It should be large enough to stay within the recommended maximum of twenty starts per hour.

2.3. If a sump basin is not used, sump bottom must be solid concrete. If a packed gravel bottom is used, the stone size must be larger than 3/8" diameter and bricks must be placed under pump for support.

2.4. A sump cover is recommended to prevent solid matter from falling into the sump, to control odors, and to guard against injury.

WWATER : 122791

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 704B DATE: 9/29/94

TC: 199-401-21 ☐ L ☒ CRT

SERIAL № 15883

Name of Owner PATRICIA C. Fogle Juris.:

Address of Property 10023 Saw Mill Rd.

Inspection Data:

Tank Material 1500 12/9/93

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth 12

Water Supply Source well

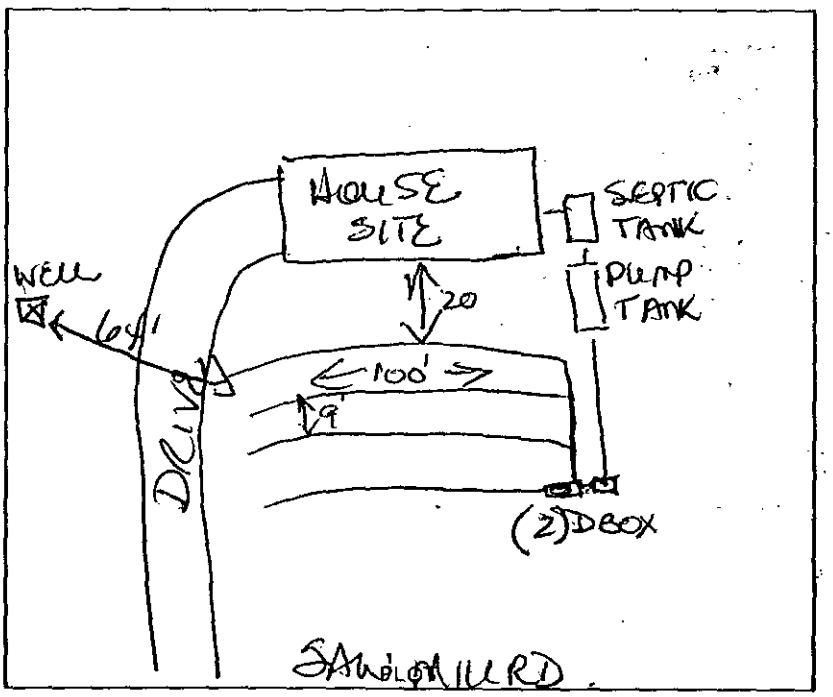
Distance to Water Source 64'

Excavation Inspected 3/25/94

Tank(s) Inspected 3/25/94

Wash Line Inspected —

High Water Alarm Inspected 9/29/94



Design: 1500ST, 1000PT, 1200 SQFT, 12"G, CECIL-LIKE CTR# 62

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: Type III (b)

JNewell for SDaniel JW Newell R.S.

Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

APPROVAL

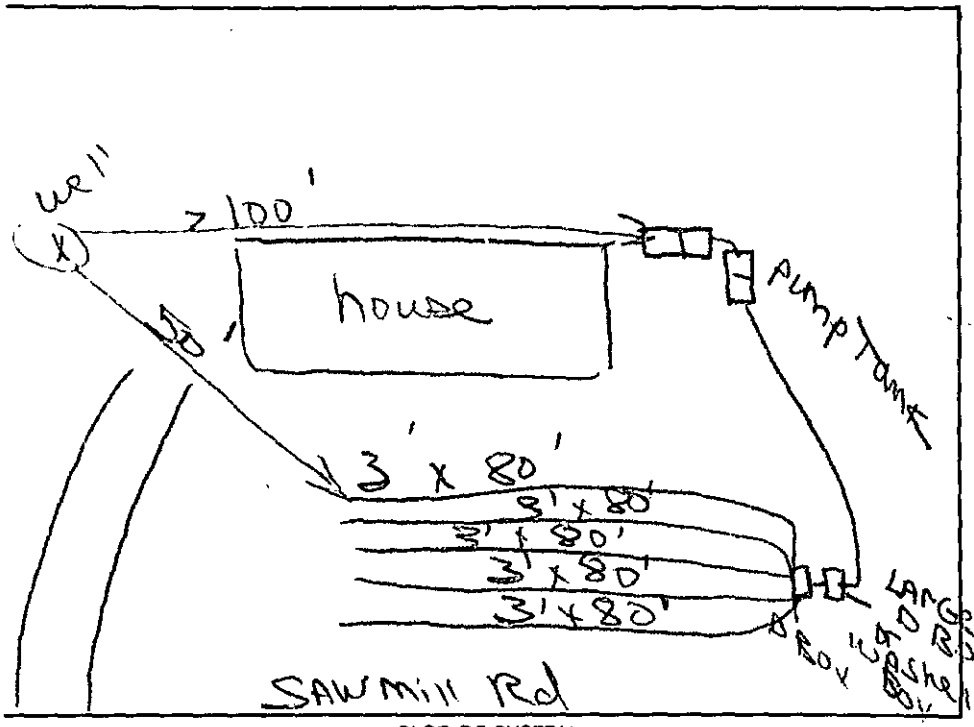
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 704B DATE: 2/11/94

TC: 197.401.21 ☐ L

SERIAL № 15670

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 10/14/93. All work shall be completed on or before 5/11/94, 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction RCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400' feet

Number of Lines 5

Depth of Stone 12 inches

Distance from House 15 feet

Distance from Property Line 10 feet

Distance from Well 50' feet

NAME OF OWNER PATRICIA C. Fogle

LOCATION OF PROPERTY 10023 SAWMILL Rd

Comments: INSTALL 2 BOXES 5 trenches 3' x 80' x 12" Stone

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

CHARLOTTE

March 31, 1994

Sylvia D. Daniel
Mecklenburg County Health Department
700 N. Tryon Street
Charlotte, N. C. 28202-2236

SUBJECT: SEPTIC TANK ABANDONMENT PROGRAM - YOUR LETTER OF MARCH 3

Dear Sylvia:

CMUD is very supportive of your efforts to establish a procedure for proper septic tank abandonment after connection to the municipal sewage system. As you mentioned, public education is the first step in such a program and we have found brochures to be quite effective in increasing public awareness.

I agree that most people connecting to the municipal system do not know the proper way to abandon their septic tanks. A brochure on this subject needs to be an "attention-getter" entitled "When Septic Tanks Are Retired" or something similar. The brochure's narrative should discuss the following issues:

- How to remove & properly dispose of tank contents
- How to remove the tank structure

  OR
- How to remove the tank top and fill the tank with suitable material
- What environmental problems result from improper abandonment
- Property owner responsibility in tank abandonment
- Health Department guidelines and inspection services relevant to proper abandonment/removal of septic tanks

The difficult part of your proposal involves the notification process. In addition to the owner, three separate groups are involved with municipal sewer connections: CMUD, Building Standards, and private plumbers. Unfortunately, CMUD has no effective means of controlling when a lateral is activated by a customer, who may connect at his convenience. Also, applications for service laterals can be applied for in person or by mail. A CMUD policy requiring County inspection of septic tanks as a

condition of our accepting sewer lateral applications would not only be cumbersome and ineffective, but would require a change in the City Code. Building Standards may be the best, most consistent source of notification, since it issues permits and inspects sewer drain lines which connect to CMUD laterals.

I believe that CMUD can be most useful in helping to educate the public about proper septic tank abandonment. We would be pleased to issue informational brochures at our public service counter and through the sewer maintenance division. I would suggest that the Mecklenburg County Plumbing Advisory Board be approached about disseminating information through its members.

I hope these comments will be of assistance as you develop a brochure and establish an inspection program. Please keep us informed of your progress, and call if we can be of further assistance.

Very truly yours,

CHARLOTTE-MECKLENBURG UTILITY DEPARTMENT

Earl L. Lineberger, P. E.
Chief Engineer

cc: File

ELL/MBS

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR ~~PERMIT~~ APPROVAL ID 4600

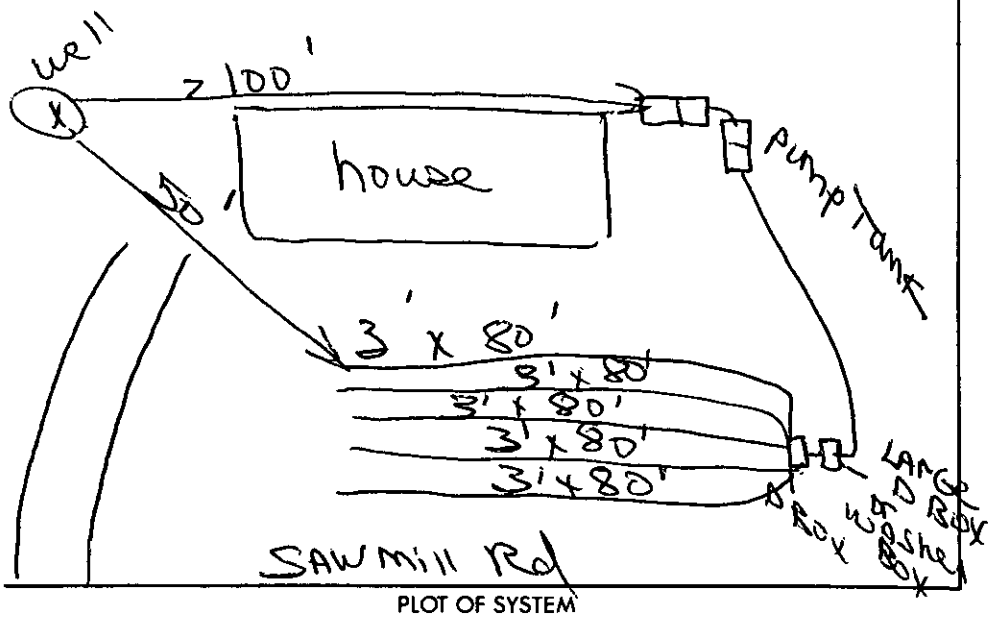
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 704B/8525A DATE: 2/1/94

TC: 199.401 21 CL

SERIAL Nº 15670

Permission is hereby given to I Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 10/14/93. All work shall be completed on or before 5/1/94, after which date this permit shall be null and void. The system shall meet all of the construction requirements of ~~10 NCAC 10A~~ 15A .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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 400' feet

Number of Lines 5

Depth of Stone 12 inches

Distance from House 15 feet

Distance from Property Line 10 feet

Distance from Well 50' feet

NAME OF OWNER PATRICIA C. Fogle

LOCATION OF PROPERTY 10023 SAWMILL Rd

Comments: INSTALL 2 BOXES, 5 trenches 3' x 80' x 12" Stone

F. Walker R.S. for I. David 2/2/94
Division or Section Head

Timothy J. Kuzia R.S.
Environmentalist

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

PROPOSED PLOT PLAN

File

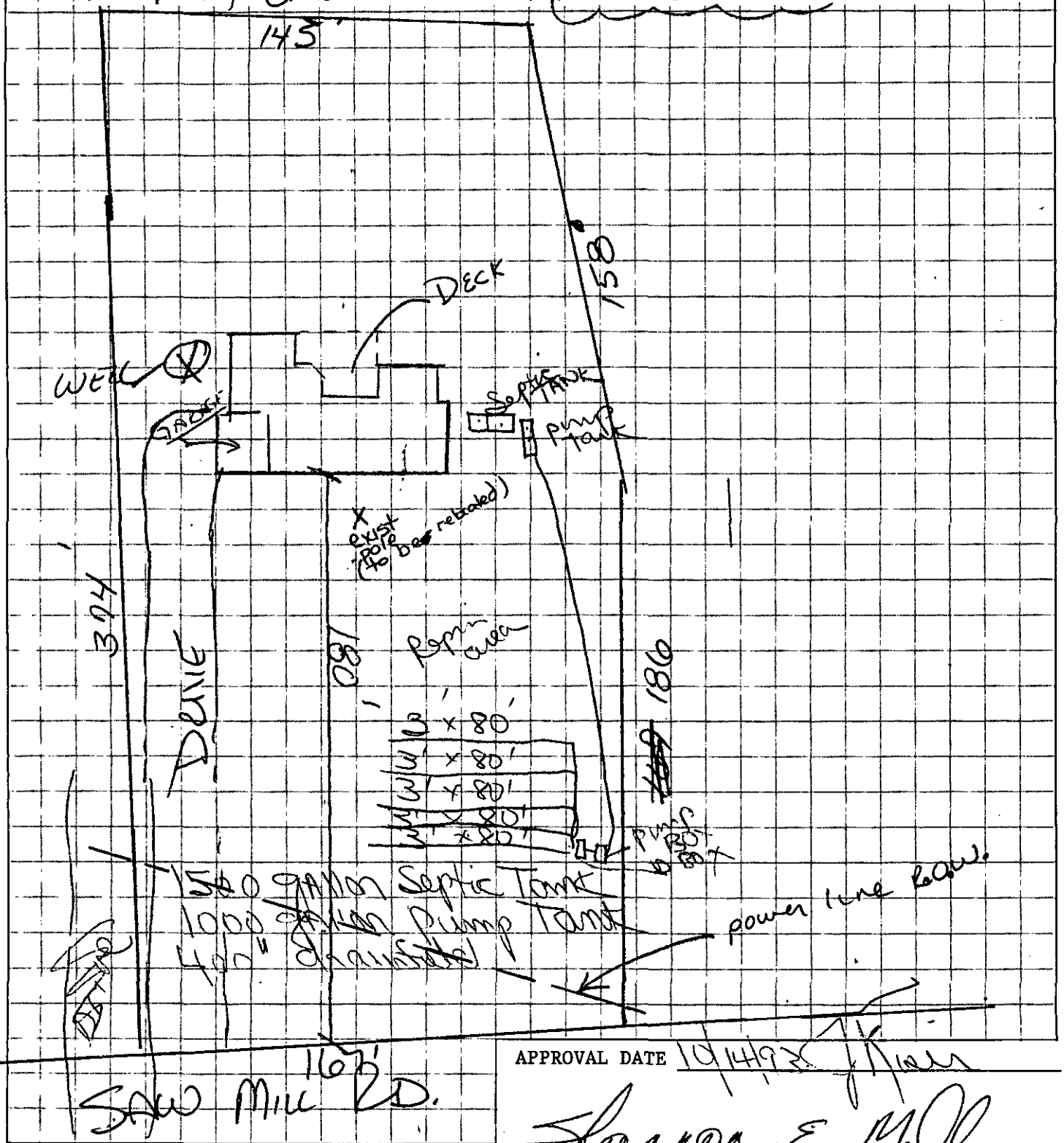
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7048/8575A

TC: 197-401-21

Lake Wylie Estates

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 10/14/97

Sharon E. M...

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

PROPOSED PLOT PLAN

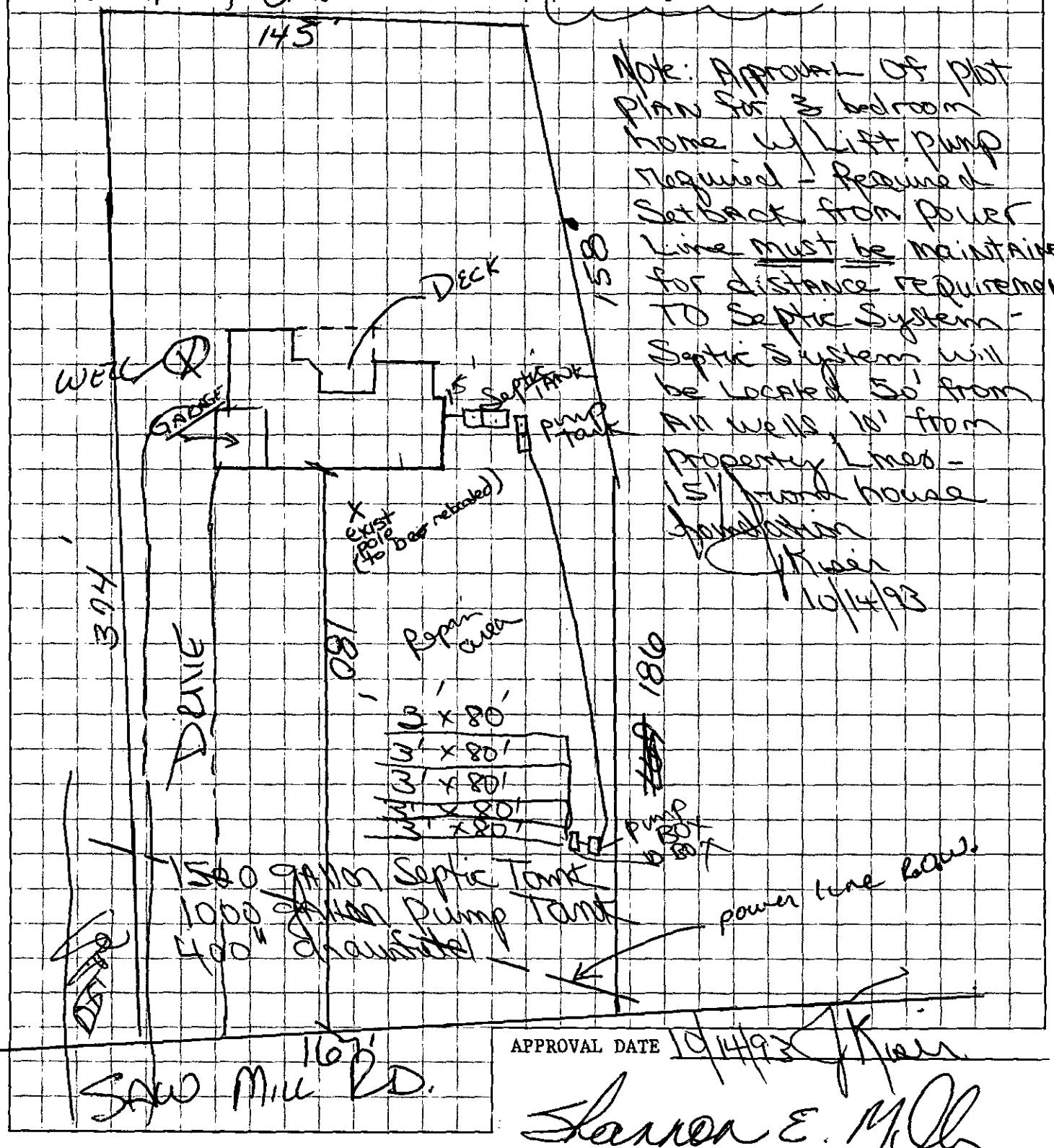
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 704B/8575A

TC: 199-401-21

Lake Wylie Road

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



Note: Approval of plot plan for 3 bedroom home w/ Lift pump required - Required setback from power line must be maintained for distance requirement to Septic System - Septic System will be located 50' from all wells, 10' from property lines - 15' from house foundation
[illegible]
10/14/93

APPROVAL DATE 10/14/93 [illegible]

Sharon E. [illegible]

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

704B

THIS IS TO CERTIFY THAT ON THE 12th DAY OF October 1992 I. SURVEYED THE PROPERTY SHOWN ON THIS PLAT AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE SHOWN HEREON

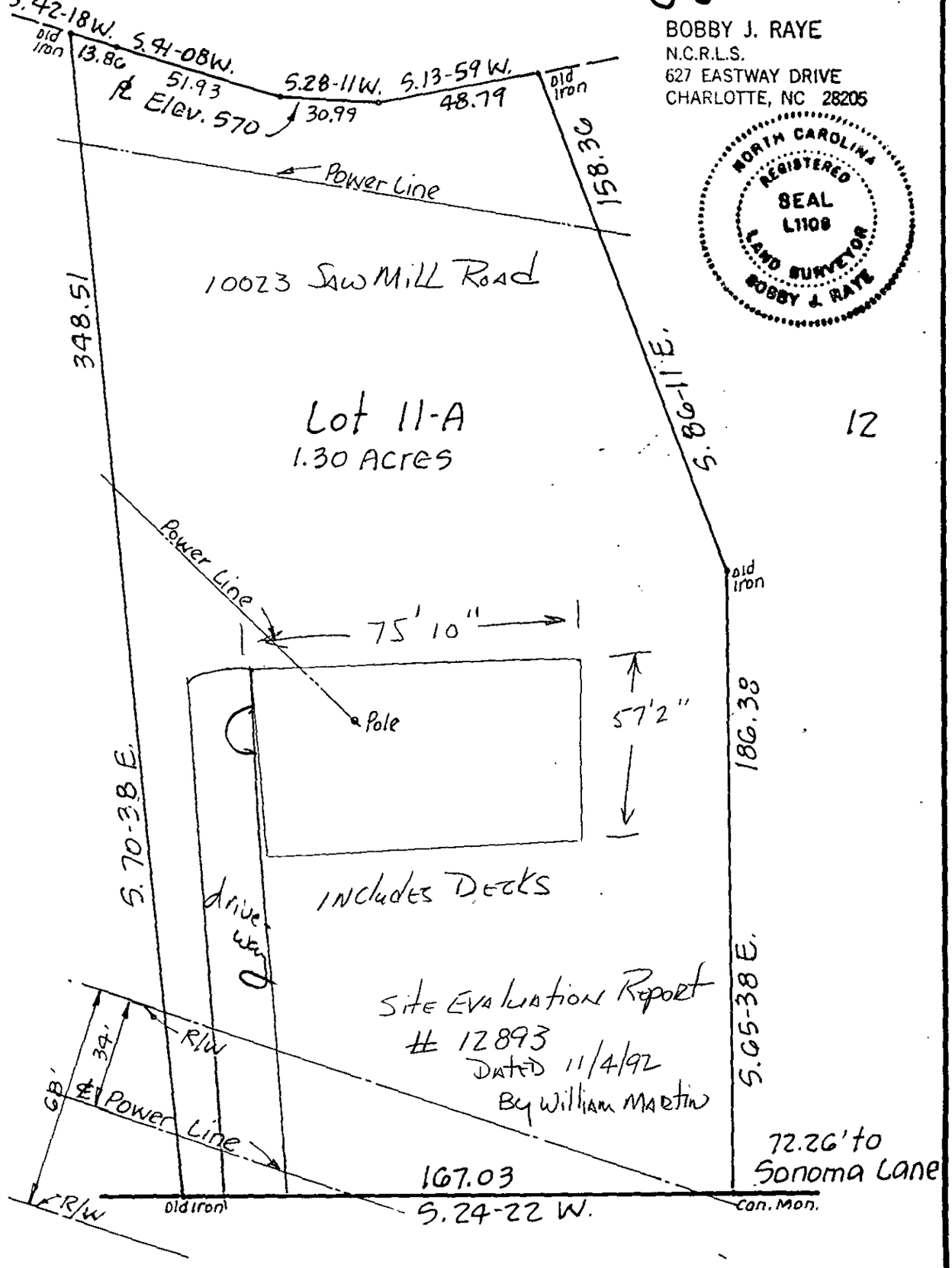
Ref. Map: 18-54

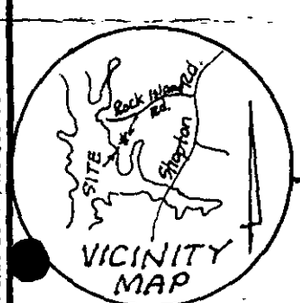
LAKE WYLIE

SIGNED Bobby J. Raye
REGISTERED SURVEYOR

BOBBY J. RAYE
N.C.R.L.S.
627 EASTWAY DRIVE
CHARLOTTE, NC 28205

NORTH CAROLINA REGISTERED SEAL L1108 LAND SURVEYOR BOBBY J. RAYE





Physical SURVEY OF

Lot 11-A Lake Wylie Recreation Lots
Steele Creek Township, Mecklenburg Co:, N.C.

SCALE 1"=40'

THE PROPERTY OF Fred A. Fogle and wife Patricia C.

MAP RECORDED IN BOOK 18 AT PAGE 54 DEED RECORDED IN BOOK PAGE

DUNCAN-PARNELL, INC. CHARLOTTE, NC 800-768-7788 831335

Mecklenburg County

Health Department

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

November 04, 1992

Mr. Warren C. Dixon
10009 Saw Mill Road
Charlotte, NC 28278

RE: Property located off Saw Mill Road
FILE: 704B/8575A
PARCEL: 199-401-21

Dear Mr. Dixon:

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 property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 12893) is enclosed for your information.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Our review process begins upon receipt of an Application for an Improvement Permit accompanied by a plot plan drawn to scale with accurate dimensions indicated detailing the location of existing well or type sewage disposal systems (if applicable), setbacks, and utility easements. Proposed buildings, etc. must be drawn on the plot plan to allow sufficient remaining space for the sewage disposal system and well. The well should be located 100 feet from any part of any sewage disposal system (including those located on adjacent properties).

Please note that this classification may be changed if any filling, grading or construction (including the drilling of a well) is performed on the lot which without prior approval from this Department. Current regulations in effect are "Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal: 15A NCAC 18A .1900, August, 1991". Changes in regulations may impact future approvals on this lot.

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

Sincerely,

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12893

File: 704B / 95-75A Action 1

Parcel: 199-401-21 ☐ PC

Location: Saw Mill Road

Subdivision:

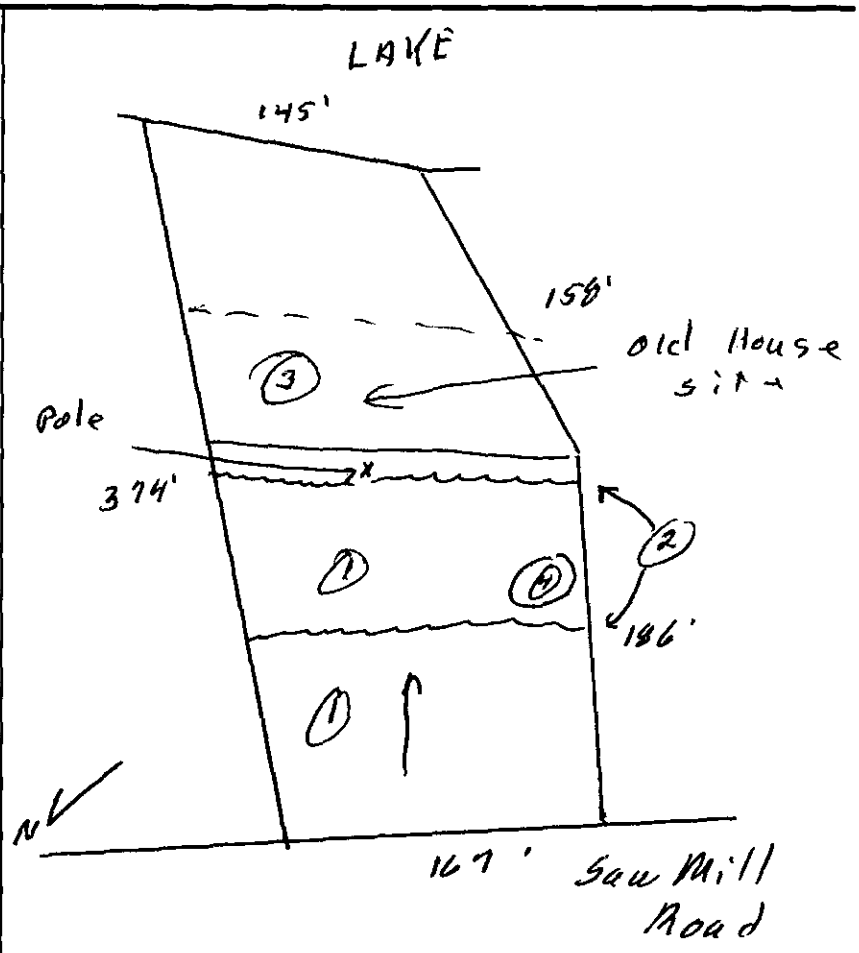
Lot: Block: Acres: 1.0 inv.

Owner: Warren C. Dixon
Address: 10009 Saw Mill Road
Charlotte, N.C. 28278

Comments: .3 gal/ ft2/ day LTAR
System might need pump

Described by: William R. Marlin

Date: 11-4-92



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

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S (PS) U 10-20%	S PS (U) old Terraces	S PS (U) complex slopes	S PS (U) Depression	S PS U	S PS U
Texture	S (PS) U Slightly Expansive clay	S PS U —	S PS U —	S PS U —	S PS U	S PS U
Structure	S (PS) U subblocky	S PS U —	S PS U —	S PS U —	S PS U	S PS U
Drainage	(S) PS U 74" to water	S PS U	S PS U —	S PS U —	S PS U	S PS U
Depth	(S) PS U 74"	S PS U	S PS U —	S PS U —	S PS U	S PS U
Restrictive Horizons	(S) PS U 74"	S PS U —	S PS U —	S PS U —	S PS U	S PS U
Available Space	S (PS) U	S PS U —	S PS U —	S PS U —	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Davidson-Lilo	old Terraces	Complex slopes	Depression		
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

File #704B(857SA)

Pd $50 ck #1308 10-16-92

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

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

(704)336-5102

COPY

Date: 10-16-92

PERSON FILING APPLICATION:

NAME: Dixon (last) Warren (first) C. (mi)

ADDRESS: 10009 Saw Mill Rd PHONE: (704) 588-1310

CITY: Charlotte STATE: NC ZIPCODE: 28278

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 199-401-21

STREET ADDRESS: ~~10009~~ Saw Mill Rd

~~Charlo~~ Charlotte NC 28278

ZONING: R

PROPERTY OWNER:

NAME: Dixon (last) Warren (first) C. (mi)

ADDRESS: 10009 Saw Mill Rd PHONE: (704) 588-1310

CITY: Charlotte STATE: NC ZIPCODE: 28278

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres): 1.80

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

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

NUMBER BEDROOMS: 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: Warren C. Dixon Date: 16 Oct. 92

NOTICE:

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

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

...This permit is not transferable.

...

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

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WATER : 122791

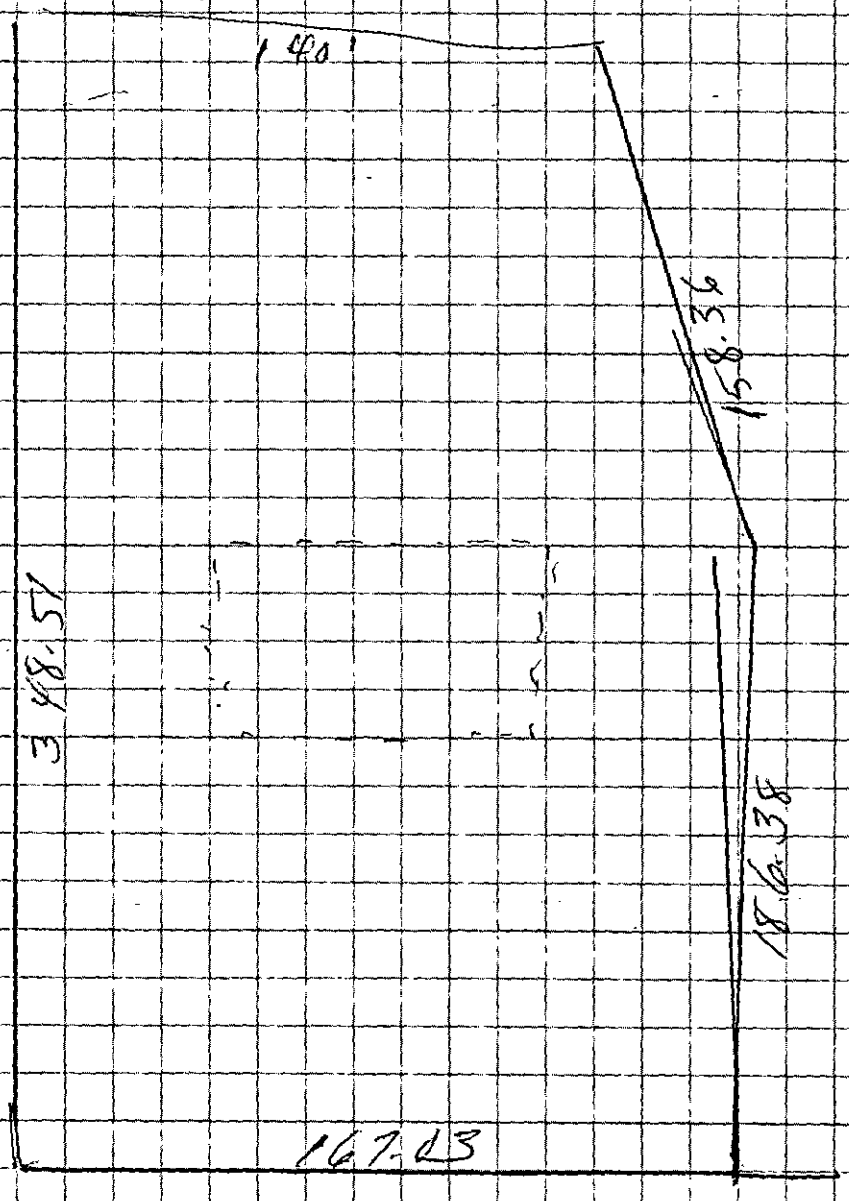
PROPOSED PLOT PLAN

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

FILE: 7048 / 9575A

TC: 199-401-21

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

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

DATE: 9-30-93

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 199-401-21

ASSIGNED ADDRESS 10023 Saw Mill Rd

EXISTING ADDRESS _____

PROJECT NAME N/A

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: _____

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: _____

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

File #704B(857A)

Pd $50 ck#1308 dg 10-16-92

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

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

(704)336-5102

PERSON FILING APPLICATION:

NAME: Dixon (last) Warren (first) C. (mi)

ADDRESS: 10009 Saw Mill Rd PHONE: 704 588-1310

CITY: Charlotte STATE: NC ZIPCODE: 28278

Date: 10-16-92

PROPERTY OWNER:

NAME: Dixon (last) Warren (first) C. (mi)

ADDRESS: 10009 Saw Mill Rd PHONE: 704 588-1310

CITY: Charlotte STATE: NC ZIPCODE: 28278

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 199-401-21

STREET ADDRESS: ~~10025~~ Saw Mill Rd ~~Charlotte~~ Charlotte NC

ZONING: R 28278

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres): 1.80

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

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

NUMBER BEDROOMS: 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: Warren C. Dixon Date: 16 Oct. 92

NOTICE:

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

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

...This permit is not transferable.

...

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

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

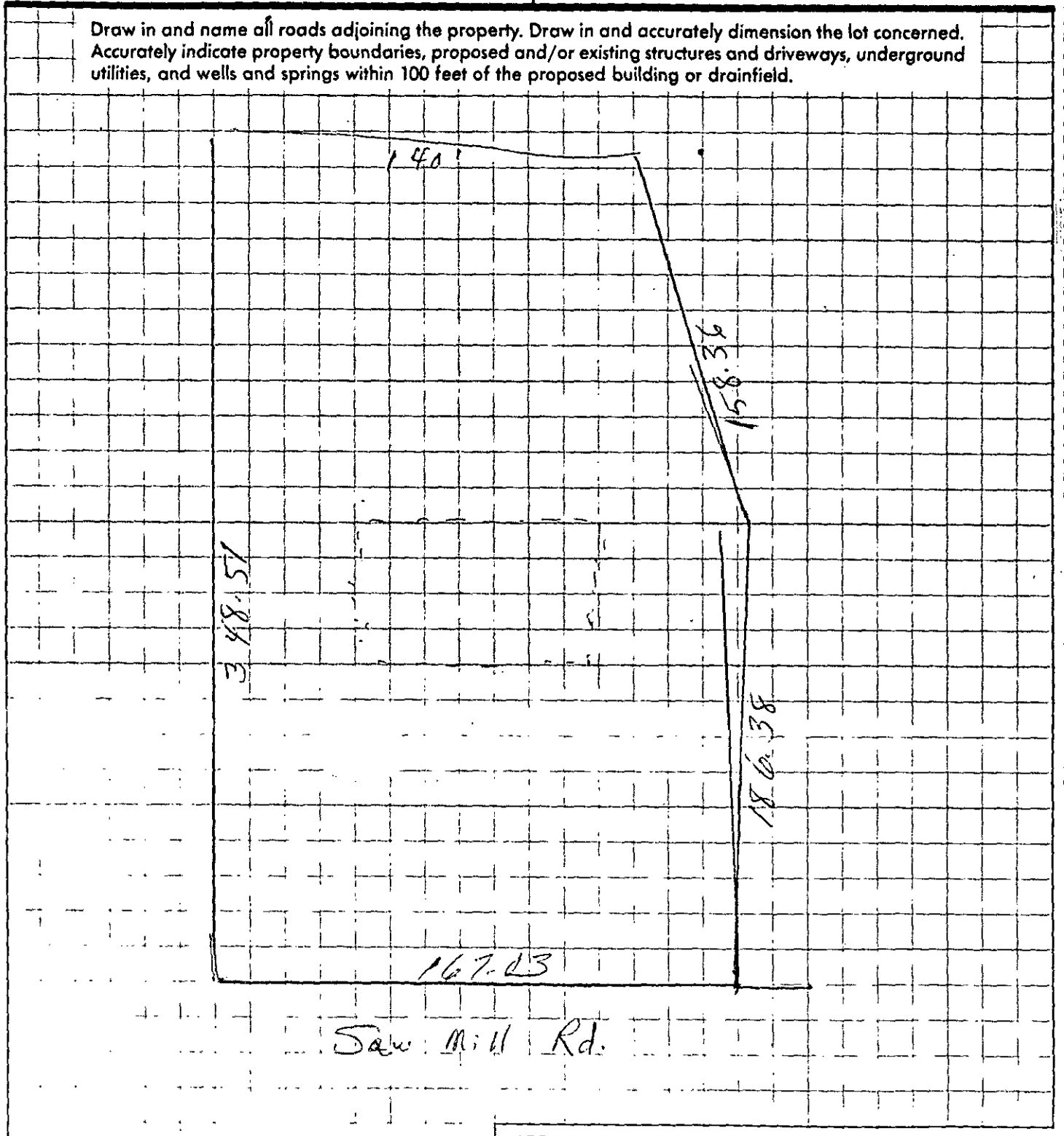
PROPOSED PLOT PLAN

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

FILE: 7043 / 85TA

TC: 199-401-21

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 _____

file 704B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PD 200.00 CK 2252 9/30/93 CERT

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

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: Fogle (last) Patricia (first) C (mi)
ADDRESS: 5078 Kentwood Dr. PHONE: (__) _____
CITY: Gastonia STATE: NC ZIPCODE: 28056

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 199-401-01
STREET ADDRESS: 10023 Saw Mill Rd.
Charlotte NC 28278
ZONING:

PROPERTY OWNER:
NAME: _____ (last) Same (first) (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 11A LOT SIZE (in acres): 1.3

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

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3
SYSTEM CLASSIFICATION:

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

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

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

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

Signed: Patricia Fogle Date: 9/30/93

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.

..Lift Pump Required

Septic System Approved for A 3bedroom home

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

Judy J. Kiser R.S. 10/14/93
Environmentalist Date

Kiser for S. Durrell 10/14/93
Director or Authorized Section Head Date

WWATER : 122791