


9519 EDWARD`S PL

13723316

6/25/2007

duponbj

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

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

## Inspection of Engineered Subsurface Wastewater System

| | | |
|---|---|---|
| Mecklenburg County | Ducar Residence | 7140A |
| **Health Department** | **Name of Establishment** | **Permit/Project No.** |
| 9519 Edwards Pl., Charlotte 28227 | 3-Bedroom House | 360 GPD |
| **Location** | **Type of Establishment** | **Design Flow** |
| Joseph Ducar | Same as location address | |
| **Owner/Agent** | **Address** | **Phone** |
| RCS, Inc. | | |
| **Operator** | **Address** | **Phone** |
| IV | 9/14/2005 | September 2008 |
| **System Type** | **Date of Inspection** | **Next Inspection Due** |

| | Yes | No | N/A | Comments: |
|---|---|---|---|---|
| **1. ESTABLISHMENT:** | | | | |
| a. Type, size, and sewage flow in accordance with permit? | ☒ | ☐ | ☐ | |
| **2. COLLECTION SYSTEM:** | | | | |
| a. No evidence of leaks into or out from sewer lines/manholes? | ☒ | ☐ | ☐ | |
| b. Free of blockages/solids buildup in lines or manholes? | ☒ | ☐ | ☐ | |
| **3. TANKAGE:** (Grease Traps/Lift Stations/Septic/Dosing Tanks) | | | | |
| a. Tank risers accessible and surface water diverted? ..... | ☒ | ☐ | ☐ | |
| b. Tanks and access manholes structurally sound, watertight? | ☒ | ☐ | ☐ | |
| c. Sanitary tee(s) in good working condition?..... | ☐ | ☐ | ☒ | 3.c. Sanitary tee not inspected. |
| d. Tanks pumped, cleaned out as needed?..... | ☐ | ☒ | ☐ | |
| **4. RAW SEWAGE LIFT STATION (if present):** | | | | |
| a. Required pumps present, operating, and cycling properly | ☒ | ☐ | ☐ | |
| b. High-water alarm present and operating properly? | ☒ | ☐ | ☐ | |
| c. Floats/pipe/valves/disconnects in good condition? | ☒ | ☐ | ☐ | |
| **5. EFFLUENT DOSING SYSTEM:** | | | | |
| a. Effluent appears clear, free of excess solids? | ☐ | ☒ | ☐ | 5.a. Measured >6" of solids in the dosing tank. |
| **A. PUMP SYSTEMS:** | | | | |
| a. Required pumps present, operating, and cycling properly? | ☐ | ☒ | ☐ | 5.A.a. Effluent pump is not working |
| b. High-water alarm present and operating properly? | ☒ | ☐ | ☐ | properly. Pump is running but is |
| c. Floats/pipe/valves/disconnects in good working condition? | ☒ | ☐ | ☐ | not lowering effleunt level in tank. |
| d. Control panel enclosure/components in good condition? | ☒ | ☐ | ☐ | |
| e. Elapsed time readings: _____ _____ _____ _____ | | | | |
| **B. SIPHON SYSTEMS:** | | | | |
| a. No evidence of overflow or siphon leakage? | ☐ | ☐ | ☒ | |
| b. Siphon(s) appear to be working/alternating properly? | ☐ | ☐ | ☒ | |
| c. Bells and vents free of debris and in good condition? | ☐ | ☐ | ☒ | |

**6. GROUND ABSORPTION FIELDS:**

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

**A. LOW PRESSURE PIPE DRAIN FIELDS:**

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

6..A.c.d. Services to be perfromed by your Certified Operator every 6 months.

**OVERALL CONDITION AND OPERATION OF SYSTEM:**

System requires service by a septic contractor and a certified operator at this time.

No sewage observed on the ground surface at the time of inspection.

**SUMMARY OF REPAIRS REQUIRED AT THIS TIME:**

1. Have both tanks (septic & dosing) pumped out at this time to remove excess solids. Failure to pump the tanks may cause damage to the pump and/or drainfield.
2. Repair effluent pump and test operation.
3. Flush laterals in drainfield and resest pressure to each line.

***REPAIR WITHIN 30 DAYS.**

**SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:**

*The MCHD recommends having the tanks (septic & dosing) pumped out every 3 to 5 years to remove excess solids.

*Please visit http://groundwater.charmeck.org for additional information.

DATE: 9/15/2005

SIGNED: _____ AGENT

Division of Environmental Health

Duncan

# LPP/Mound Inspection Sheet

Name of Owner Ducan
Address 9519 Edwards Pt. Mint Hill
Phone #
Subdivision Lot#
Tax Code

Date of Inspection 6-25-99
System Type ___ LPP or Mound T&S
System Class
Name of Cert.Cont. R.C.S. Inc.
Address Cert.Cont. P.O. Box 708
Monroe,NC 28111
Last Date Visited
Current Contract Exp.

Sewage Permit# Date Installed Contractor
Repair Permit# Date Installed Contractor

## Septic Tank

| | |
|---|---|
| Risers | yes |
| Sanitary Tee | yes |
| Surface Water | OK |
| Sludge Level | OK |
| Landscape | yes |

## Pump Tank

| | |
|---|---|
| Riser | yes |
| Required Pump | yes |
| Operating Properly | yes |
| High Water Alarm | yes |
| Floats | yes |
| Nema 4X Box | yes |
| Man. Disc. | yes |
| Landscape | yes |
| Surface Water | OK |
| Scum Level | OK |

## Nitrification Lines

| | |
|---|---|
| Proper Surface Diversions | yes |
| Proper Landscaping | yes |
| Grass Cover | yes |
| Gate Valve | yes |
| Gate Valve Covers | yes |
| Clean Outs | NO |

| Line | Design Pressure | Observed Pressure | Adjusted Pressure |
|---|---|---|---|
| 1 | 3 FT | 3 | 3 |
| 2 | 3 FT | 3 | 3 |
| 3 | 3 FT | 2 | 3 |
| 4 | 3 FT | 3 | 3 |
| 5 | 3 FT | 3 | 3 |
| 6 | 3 FT | 3 | 3 |

# LPP/Mound Inspection Sheet

| | | | |
|---|---|---|---|
| 7 | 3 FT | 3 | 3 |
| 8 | 3 FT | 3 | 3 |
| 9 | 3 FT | | |
| 10 | 3 FT | | |

Lines Show Excessive Solids: NO

Pressure Set Properly: yes

General Comments

Recommendations To Owner

Compliance Status  Compliant  Non-Compliance

**Residential Collection Service, Incorporated**

♦♦♦

Post Office Box 708 ♦ Monroe, North Carolina 28111
Phone 704.283.7539 or 704.376.9359 ♦ Fax 704.289.5560

TELECOPIER TRANSMITTAL

TO: Kelly Randall
Mecklenburg Environmental Health

TELECOPIER NUMBER: 336-6894

THIS TRANSMITTAL IS FROM: Cathy Hudson

NUMBER OF PAGES: 6 ( including cover sheet )

DATE: 2-20-98

COMMENTS: Maintenance Agreement for Ducan
9519 Edwards Place Mint Hill

IF YOU EXPERIENCE ANY PROBLEMS IN TRANSMISSION, PLEASE CALL !

STATE OF NORTH CAROLINA

COUNTY OF Mecklenburg

THIS AGREEMENT is made and entered into this 16 day of February, 1998 by and between Ducar (hereinafter the "Owner") and R.C.G., INC., JOE HUDSON (hereinafter the "Contractor").

WITNESSETH

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

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

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

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

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

1. The Contractor's Obligations. The Contractor shall perform the following services on the Owner's system located at 9519 Edwards Place Mint Hill, NC 28227

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

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

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

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

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

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

f. The Contractor shall employ or shall contract with a certified operator(s) if required by Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type IV Final System.

g. The Contractor shall respond to a request for a nonscheduled service or maintenance call within 24-48 hours after receipt of such request. depending on the urgency of the request.

2. The Owner's Obligations.

a. The Owner shall pay to the Contractor the sum of $ 200.00 per year for periodic inspections, routine maintenance procedures and periodic reports. The annual fee may be amended upon sixty (60) days advance notice to the Owner but may not be increased more than 20 percent per year. The Owner shall pay to the Contractor his normal and customary fees for any work performed on the system as a result of nonscheduled service or maintenance calls. All fees are due and payable within thirty (30) days of billing. Payments due to the Contractor and unpaid by the Owner after thirty (30) days shall accrue interest from the due date until paid at a rate of 1% percent per month.

b. Within 10 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above, the Owner shall request the Contractor to complete needed repairs or shall provide to the Contractor evidence that the needed repairs were satisfactorily completed by another entity.

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

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

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

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

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

d. Termination by the Contractor.

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

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

(b) failure of the Owner to provide to the Contractor authorization to complete needed repairs or satisfactory evidence that needed repairs to the system were completed by another entity within 10 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above. If said authorization to complete needed repairs or evidence of completion of said repairs is provided after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect;

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

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

4. Assignment.

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

b. Assignment by the Contractor. The Contractor may assign its rights and duties under this Agreement to another management entity which is qualified pursuant to 15A N.C. Admin. Code 18A.1961 to manage a Type

Tri Panel system upon thirty (30) days written notice to the Owner and to the local health department.

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

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

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

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

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

To the Owner: Dear
9519 Edwards Place Mint Hill NC 28227

To the Contractor: R.C.S. INC. / Joe Hudson P.O. Box 708 Monroe, NC 28111

To the Local Health Department: Mecklenburg Environmental Health
700 North Tryon Street Charlotte NC 28202

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

10. Place of Agreement. This Agreement and any questions concerning its validity, construction or performance shall be governed by the laws of the State

of North Carolina, notwithstanding the place of execution, or the order in which the signatures of the Parties are affixed.

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

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

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

(Owner)

Attest:

(Contractor)

Attest:

(hr:mecontract.gm)

"FINAL NOTICE"

2-9-98 dw
mailing date initials

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

# ON-SITE WASTEWATER VIOLATION NOTICE

Owner Joseph Ducar

Mailing Address 9519 Edward's Place Charlotte 28227

Occupant Same as above

Location Same as above

☒ Residence ☐ Business ☐ Other tax parcel # 137-233-16

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number 336-5573.

☐ Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

☐ Eliminate wastewater discharge and connect to an approved wastewater system.

☐ Pit Privy must be repaired/constructed.

☐ Other Repairs (*specify*) _____

Please renew maintenance

☒ Perform Maintenance (*specify*) contract for the subsurface sewage disposal system or provide verification thereof.

If the wastewater violation is not brought into compliance by February 11, 1998, appropriate legal action will be taken.

Notice Issued January 12, 1998 (Date) Signed J. Andrew Walker, R.S. (Division of Environmental Health) Agent

Compliance _____ (Date) Signed _____ (Division of Environmental Health) Agent

DEHNR 1108 (Revised 10/96)
On-Site Wastewater Section (Review 10/98)

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

# ON-SITE WASTEWATER VIOLATION NOTICE

Owner JOSEPH DUCAR

Mailing Address 9519 EDWARDS PLACE, MINT HILL

Occupant JOSEPH DUCAR

Location 9519 EDWARDS PLACE, BAINBRIDGE, LOT 47

☑ Residence ☐ Business ☐ Other 137-233-16 2 P227

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number 336-5573.

☐ Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

☐ Eliminate wastewater discharge and connect to an approved wastewater system.

☐ Pit Privy must be repaired/constructed.

☐ Other Repairs (*specify*) _____

☑ Perform Maintenance (*specify*) PLEASE RENEW MAINTENANCE CONTRACT FOR THE SUBSURFACE SEWAGE DISPOSAL SYSTEM OR PROVIDE VERIFICATION THEREOF.

If the wastewater violation is not brought into compliance by 2-11-98, appropriate legal action will be taken.

Notice Issued 1/12/98 (Date) Signed _____ Agent, Division of Environmental Health

Compliance _____ (Date) Signed _____ Agent, Division of Environmental Health

DEHNR 1108 (Revised 10/96)
On-Site Wastewater Section (Review 10/98)

Purpose: Article 11 of Chapter 130A requires every residence, place of business, and place of public assembly to have an approved wastewater system. This form is a formal notice to document violations of the law or rules.

Preparation: The environmental health specialist shall complete the form for every residence, place of business, or place of public assembly which does not have an approved wastewater system. Prepare an original and one copy as follows:

1. Original to owner or controller of residence, place of business, or place of public assembly.
2. One copy for the local health department.
3. One copy for the Shellfish Sanitation Office (as applicable).

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

Additional forms may be ordered from:

On-Site Wastewater Section
Division of Environmental Health
P. O. Box 29594
Raleigh, NC 27626-0594
(Courier 52-01-00)

573-0444

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

# INSPECTION OF ENGINEERED SUBSURFACE SEWAGE SYSTEM

| | | |
|---|---|---|
| MECKLENBURG COUNTY | 9519 EDWARDS PLACE | 7140-A |
| Health Department | Name of Establishment | Permit/Project No. |
| 9519 EDWARDS PLACE, RAINBRIDGE SUB, LOT 47 | RESIDENCE | 360 |
| Location | Type of Establishment | Design Flow |
| JOSEPH OLCAR | 5519 EDWARD'S PL. | 573-0444 |
| Owner/Agent | Address | Phone |
| RCS, INC. | STAFFORD ST. P.O. BOX 708 MONROE, NC 28111 | 704-283-7539 |
| Operator | Address | Phone |

Remarks _____

| | Yes | No | REMARKS |
|---|---|---|---|
| **1. ESTABLISHMENT:** | | | |
| Type, size, and sewage flow in accordance with permit? | ☑ | ☐ | |
| **2. COLLECTION SYSTEM:** | | | |
| No evidence of leaks into or out from sewer lines/manholes? | ☑ | ☐ | |
| Free of blockages/solids buildup in lines or manholes? | ☑ | ☐ | |
| **3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):** | | | |
| Tank risers accessible and surface water diverted? | ☑ | ☐ | > SEPTIC TANK RISERS NOT TANK RISER |
| Tanks and access manholes structurally sound, watertight? | ☑ | ☐ | |
| Sanitary tee(s) in good working condition? | ☑ | ☐ | |
| Tanks pumped, cleaned out as needed? | ☑ | ☐ | > I COULD NOT FULLY INSPECT, APPEAR TO BE OK |
| **4. RAW SEWAGE LIFT STATION (If Present):** | | | |
| Required pumps present, operating, and cycling properly? | ☐ | ☐ | |
| High-water alarm present and operating properly? | ☐ | ☐ | |
| Floats/pipe/valves/disconnects in good working condition? | ☐ | ☐ | |
| Control panel enclosure/components in good condition? | ☐ | ☐ | |
| **5. EFFLUENT DOSING SYSTEM:** | | | |
| Effluent appears clear, free of excess solids? | ☑ | ☐ | |
| PUMP SYSTEMS: | | | |
| Required pumps present, operating, and cycling properly? | ☑ | ☐ | |
| High-water alarm present and operating properly? | ☑ | ☐ | |
| Floats/pipe/valves/disconnects in good working condition? | ☑ | ☐ | |
| Control panel enclosure/components in good condition? | ☑ | ☐ | |
| Elapsed time readings: _____ NA _____ _____ | | | |
| 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? | ☑ | ☐ | - I DID NOT CHECK PRESSURE |

OVERALL CONDITION AND OPERATION OF SYSTEM: _____

* @ SYSTEM OK

## SUMMARY OF IMPROVEMENTS NEEDED:

| Improvement | Repair Within (Days) |
|---|---|
| | |
| | |
| | |
| | |
| | |

DATE: 12-7-97 SIGNED: Jackie Andrew Walker RS AGENT
Division of Environmental Health

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

## SUMMARY OF IMPROVEMENTS NEEDED (*Continued*)

| Improvement | Repair Within (Days) |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

## INTENT TO SUSPEND OR REVOKE PERMIT

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

_____

*[Law or Rule(s)]*

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

## IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

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

*[Law or Rule(s)]*

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

This the _____ day of _____, 19 ____.

_____ Agent
DIVISION OF ENVIRONMENTAL HEALTH

## INSTRUCTIONS

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

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

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

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

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

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

BILL WHITLEY

# R. C. S., Inc.

*Septic Tank Installation & Service*

Stafford Street
Post Office Box 708
Monroe, North Carolina 28111
Phones: 704-283-7539 or 376-9359

BAINBRIDGE SUBDIVISION

9519 EDWARDS PLACE

FILE 7140-A

APPROVED
ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY
HEALTH DEPARTMENT
Date 3-15-93

| LINE | # PANELS | # HOLES/PANEL | SIZE HOLE | LINE HEAD | LINE LENGTH | HOLE FLOW | PER PANEL LINE FLOW MIN. |
|---|---|---|---|---|---|---|---|
| A | 16 | ONE | 5/32 | 2' | 70' | .41 | 6.56 |
| B | 16 | ONE | 5/32 | 2'5" | 69' | .46 | 7.36 |
| C | 14 | ONE | 1/8 | 3'4" | 63' | .32 | 4.48 |
| D | | | | | 35' | | |
| E | | | | | 60' | | |
| F | | | | | 55' | | |
| G | | | | | 69' | | |
| TOTALS | 46 | | | | 202' | | 18.40 |

CALCULATIONS FOR PUMPED SYSTEMS:

HEAD: FRICTION LOSS = .53

TOTAL LIFT = 10.3

TDH = 10.83

20% MARGIN = 14 FT. (10.83/.8 = 13.54 = 14 FT)

FLOAT SWITCH LENGTH
GAL./DOSE ÷ GAL/IN.
144 ÷ 25 = 5.76 INCHES

PUMP SIZE = 23 (18.40/.8) GPM @ 14 FT. OF HEAD

46 (# OF PANELS) × 3.6 (GAL./PANEL) = 165 GALLONS/DOSE

PUMP CYCLE SHOULD BE 7.83 MIN. OR 144 GALLONS/DOSE

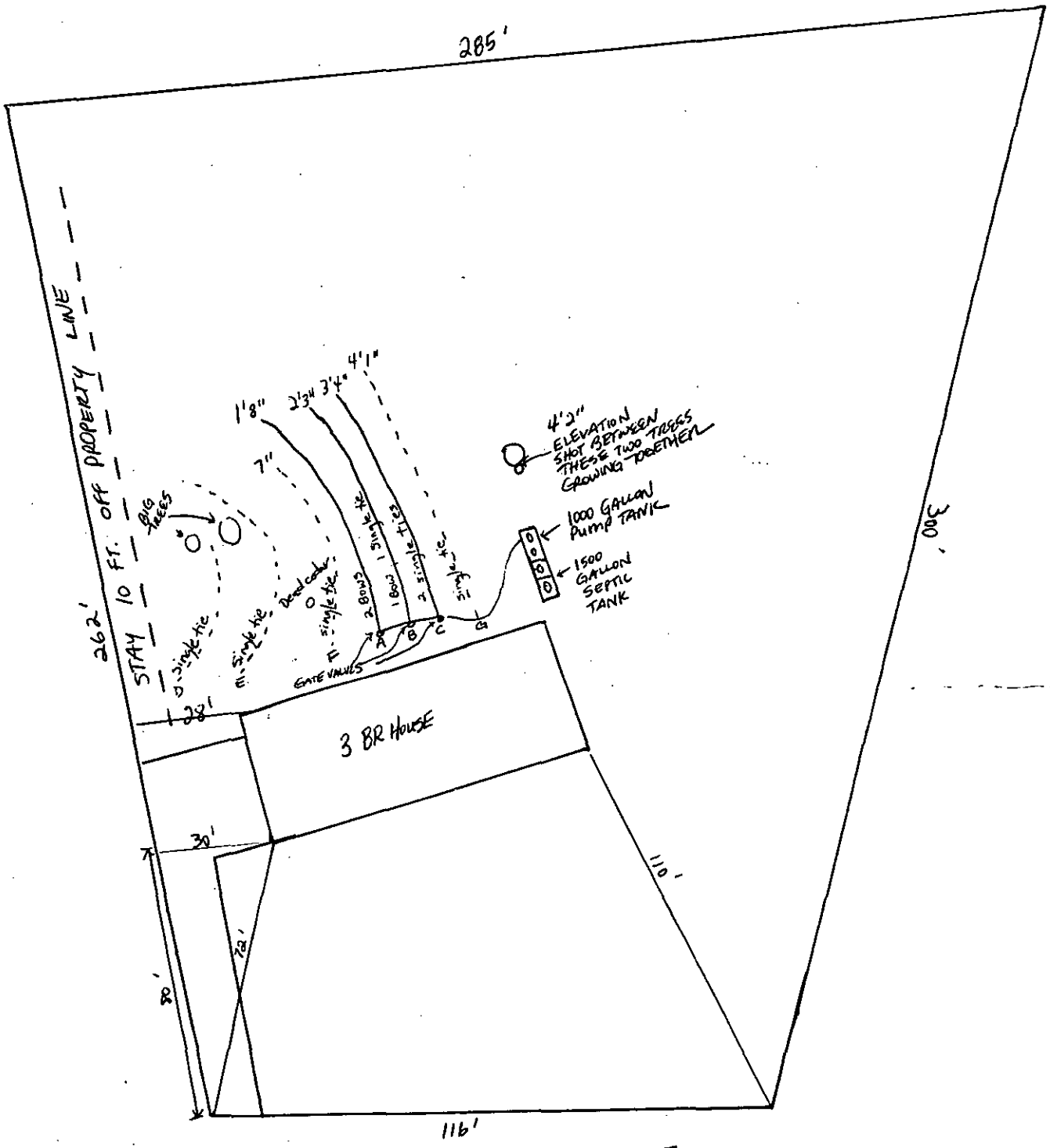
3.6 ÷ .46 = 7.83 MIN.
7.8 × 18.4 = 144 GALLONS

# R. C. S., Inc.

*Septic Tank Installation & Service*

FILE 7140-A

Stafford Street
Post Office Box 708
Monroe, North Carolina 28111
Phones: 704-283-7539 or 376-9359




9519 EDWARDS PLACE

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM
# MONITORING REPORT FORM

| Name and Location of System | Date of Inspection / Permit No. |
|---|---|
| Whitley Contractor Bamboo Rd 9519 Edwards Place | 1-25-95 |
| | County: Mecklenburg — System Classification: T & J |
| Name and Address of ORC | Name and Address of Owner |
| RCS Inc PO Box 708 Monroe NC 28111 | |
| Phone No. (704) 376-9359 | Phone No. ( ) |

Areas Evaluated During Inspection
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Evaluated, NA=Not Applicable)

TANKAGE (grease traps/septic tanks):

| | | Scum Level | Sludge Level |
|---|---|---|---|
| Tank risers accessible? | S | | |
| Signs of Infiltration? | S | | |
| Tanks and access structurally sound? | S | Septic Tank | 0 | 0 |
| Sanitary tee(s) in good condition? | S | Grease Trap | 0 | 0 |

RAW SEWAGE LIFT STATION (if present):

| | |
|---|---|
| Required pumps present & operating properly? | |
| High water alarm operating properly? | |
| Floats, pipes, valves, disconnects in good condition? | |
| Control panel enclosure/components in good condition? | |

Elapsed Time Readings:
Pump #1 _____
Pump #2 _____

EFFLUENT DOSING STATION:

| | |
|---|---|
| Required pumps present & operating properly? | S |
| High Water alarm operating properly? | S |
| Floats, pipes, valves, disconnects in good condition? | S |
| Control panel enclosure/components in good condition? | S |
| Effluent appears clear and free of solids? | S |
| Zone valve sequencer operating properly? | S |

Elapsed Time Readings:
Pump #1 _____
Pump #2 _____
Pump #3 _____
Pump #4 _____

SIPHON SYSTEM:

| | |
|---|---|
| No evidence of overflow or siphon leakage? | |
| Siphon(s) appear to be working/alternating properly? | |
| Bells and vents free of debris and in good condition? | |

SAND FILTER: (if present):

| | |
|---|---|
| Surface of filter appears free of vegetation? | |
| No evidence of effluent ponding on filter surface? | |
| Perimeter walls, dist. boxes, pipes in good condition? | |
| Effluent appears clear and free of excess solids? | |

GROUND ABSORPTION FIELDS (general):

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

PRESSURE MANIFOLD SYSTEM:

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

** attach evaluation sheet if pressure head is checked.

SUBSURFACE WASTEWATER DISPOSAL SYSTEM
PRESSURE HEAD EVALUATION SHEET

ZONE #1: water level begin _____ water level end _____ run time _____ flow _____
water level after drainback cycle _____ drainback time _____ amount _____

| Line # | Design Pressure | Observed Pressure | Adjusted Pressure |
|---|---|---|---|
| 1 | 3' | 3' | — |
| 2 | 3' | 3' | — |
| 3 | 3' | 3' | — |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Notes:

ZONE #2: water level begin _____ water level end _____ run time _____ flow _____
water level after drainback cycle _____ drainback time _____ amount _____

| Line # | Design Pressure | Observed Pressure | Adjusted Pressure |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Notes:

ZONE #3: water level begin _____ water level end _____ run time _____ flow _____
water level after drainback cycle _____ drainback time _____ amount _____

| Line # | Design Pressure | Observed Pressure | Adjusted Pressure |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Notes:

LOW PRESSURE PIPE SYSTEM:

Turnups/cleanouts/valves intact and accessible? ___
Laterals free of excess solids? ___
Laterals flushed this inspection? ___
Zone valves operating properly? ___
Pressure head is properly adjusted? ___ ** attach evaluation sheet if pressure head is checked.

SPECIAL CONDITIONS:

Pump on 24" Float on 22"
Pump off 16" Float off 16" run time 5 min

COMMENTS: _____

RECOMMENDATIONS TO OWNER: _____

COMPLIANCE STATUS: COMPLIANT___ NON-COMPLIANT___

__ CHECK IF PRESSURE HEAD EVALUATION SHEET IS ATTACHED.

DATE: 1/27/95 SIGNATURE OF "ORC": _____

STATE OF NORTH CAROLINA

COUNTY OF Mecklenburg

THIS AGREEMENT is made and entered into this 17th day of SEPTEMBER 1993, by and between JOSEPH (hereinafter the "Owner") and R.C.G., INC., JOE HUDSON (hereinafter the "Contractor").

WITNESSETH

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

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

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

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

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

1. The Contractor's Obligations. The Contractor shall perform the following services on the Owner's system located at 9519 Edwards Place

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

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

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

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

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

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

f. The Contractor shall employ or shall contract with a certified operator(s) if required by Table IV(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type I & II pond System.

g. The Contractor shall respond to a request for a nonscheduled service or maintenance call within 24-48 hours after receipt of such request. depending on the urgency of the request.

2. The Owner's Obligations.

a. The Owner shall pay to the Contractor the sum of $ 250.00 per year for periodic inspections, routine maintenance procedures and periodic reports. The annual fee may be amended upon sixty (60) days advance notice to the Owner but may not be increased more than 20 percent per year. The Owner shall pay to the Contractor his normal and customary fees for any work performed on the system as a result of nonscheduled service or maintenance calls. All fees are due and payable within thirty (30) days of billing. Payments due to the Contractor and unpaid by the Owner after thirty (30) days shall accrue interest from the due date until paid at a rate of 1½ percent per month.

b. Within 10 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above, the Owner shall request the Contractor to complete needed repairs or shall provide to the Contractor evidence that the needed repairs were satisfactorily completed by another entity.

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

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

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

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

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

d. Termination by the Contractor.

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

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

(b) failure of the Owner to provide to the Contractor authorization to complete needed repairs or satisfactory evidence that needed repairs to the system were completed by another entity within 10 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above. If said authorization to complete needed repairs or evidence of completion of said repairs is provided after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect;

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

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

4. Assignment.

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

b. Assignment by the Contractor. The Contractor may assign its rights and duties under this Agreement to another management entity which is qualified pursuant to 15A N.C. Admin. Code 18A.1961 to manage a Type

Tank and system upon thirty (30) days written notice to the Owner and to the local health department.

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

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

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

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

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

To the Owner: Joseph M Duncan 9519 Edwards Place

To the Contractor: R.C.S., INC. / Joe Hudson P.O. Box 708 Monroe, NC 28111

To the Local Health Department: Mecklenburg County Environmental Health
700 North Tryon Street Charlotte, NC 28202

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

10. Place of Agreement. This Agreement and any questions concerning its validity, construction or performance shall be governed by the laws of the State

of North Carolina, notwithstanding the place of execution, or the order in which the signatures of the Parties are affixed.

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

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

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

Joseph M Duncan
(Owner)

Attest:

John L Whitley

(Contractor)

Attest:

Cathy Adams

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

ID 40?

FILE: 7140 -A DATE: 9-10-93

TC: 137-233-16 ☐ L ☒ CRT

SERIAL № 15721

Name of Owner William Whitley Juris.:

Address of Property 9519 Edwards Pl.

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield 200'

Number of Lines 3 @ 70,69,63'

Cover Depth 12"

Water Supply Source Comm

Distance to Water Source 100'+

Excavation Inspected 8-4-93

Tank(s) Inspected 8-4-93

Wash Line Inspected ———

High Water Alarm Inspected 9-10-93

PLOT

Design: 1993, 1500gst, 1000 gpt, PPBPS see plan on file, cecil-like CTR# RCS
Pump model WE03L Gould pump

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 IV pressure dosed system, 3 bedroom house
PME contract on file.

Susan Sanders
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

~~400~~ 2

FILE: 7340-A DATE: 7-29-93

TC: 137-233-16 L

SERIAL Nº 15242

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 2-17-93. All work shall be completed on or before 8-29-93, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

SEE PLAN ON FILE

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 2' feet

Total Line Length 200 feet

Number of Lines 3

Depth of ~~Stone~~ SAND 30" inches

Distance from House 5'+ feet

Distance from Property Line 10'+ feet

Distance from Well 100'+ feet

PLOT OF SYSTEM

NAME OF OWNER William Whitley

LOCATION OF PROPERTY 9519 EDWARDS PLACE

Comments: Install in accordance w/ plans 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

PD 2/17/93
100% 19184 D.T.

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
## APPLICATION FOR SERVICES

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

(704)336-5102 7140-A

Date:

PERSON FILING APPLICATION:
NAME: Whitley (last) William (first) — (mi)
ADDRESS: 6224 E.W.T. Harris Blvd PHONE: (__) 547-1700
CITY: Charlotte STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 137-233-16
STREET ADDRESS: 9519 Edwards Pl.
ZONING: 137-233-16

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

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[ ] 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)
[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: 5

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

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

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

Signed: W. W. Whitley Date: 2/17/93

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.

... Pressure Dosed PPBPS Type III

Agreement form on file

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

Environmentalist Date

Kelly Rundell 3-15-93
Director or Authorized Section Head Date

WWATER : 122791

# Mecklenburg County
## Health Department

March 15, 1993

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

Mr. William Whitley
8224 East W.T. Harris Boulevard
Charlotte, NC 28227

Re: 9519 Edward's Place
File: 7140A
Parcel: 137-123-04

Dear Mr. Whitley:

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 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.

Please be advised that a contract must be executed between the system owner and a management entity prior to the issuance of an **Operation Permit** for this system. If you have any questions regarding this matter please call me at 336-5575.

Sincerely,

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

# Mecklenburg County
Health Department

March 15, 1993

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

Mr. William Whitley
8224 East W.T. Harris Boulevard
Charlotte, NC 28227

Re: 9519 Edward's Place
File: 7140A
Parcel: 137-123-04

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Sincerely,

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

[illegible] North T[illegible] Street • Suite 211 • Charlotte, North Carolina 28202-2236

# Mecklenburg County
## Health Department

Ma[illegible]91

William Whitley
8224 East W. T. Harris Blvd
Charlotte NC 28227
Re: ~~7140-A~~ 9519 Edwards Place
File: 7140-A
Parcel: 137-123-05

~~Gentlemen~~: Dear Mr Whitley

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 ~~no closer 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.

Please be advised that a contract must be executed between the system owner and a management entity prior to the issuance of an operation permit for this system.

If you have any questions regarding the matter please call me at 336-5575.

Sincerely,

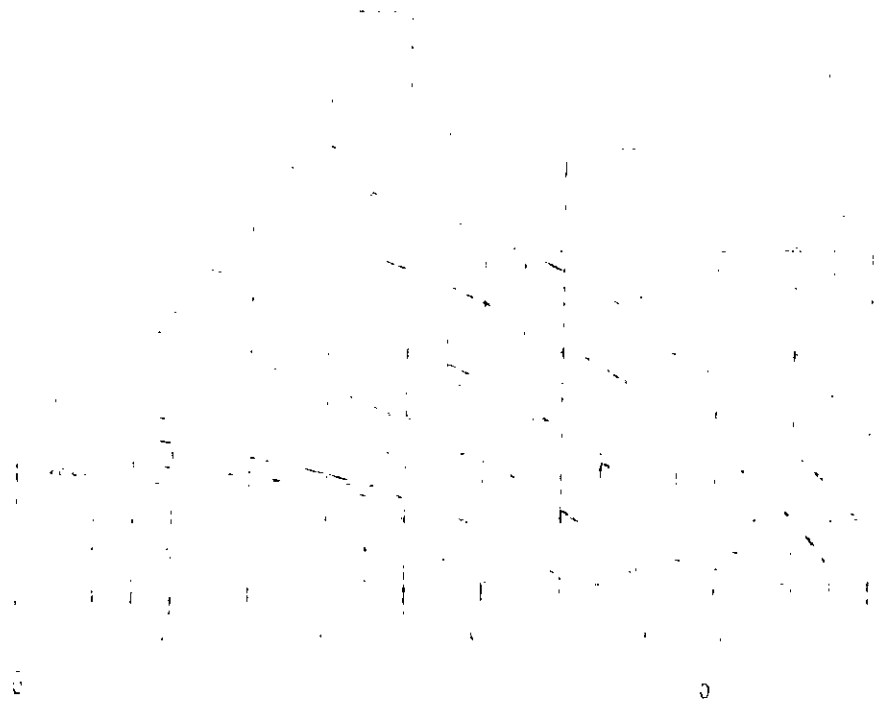
~~Gene~~ Kelly Ball

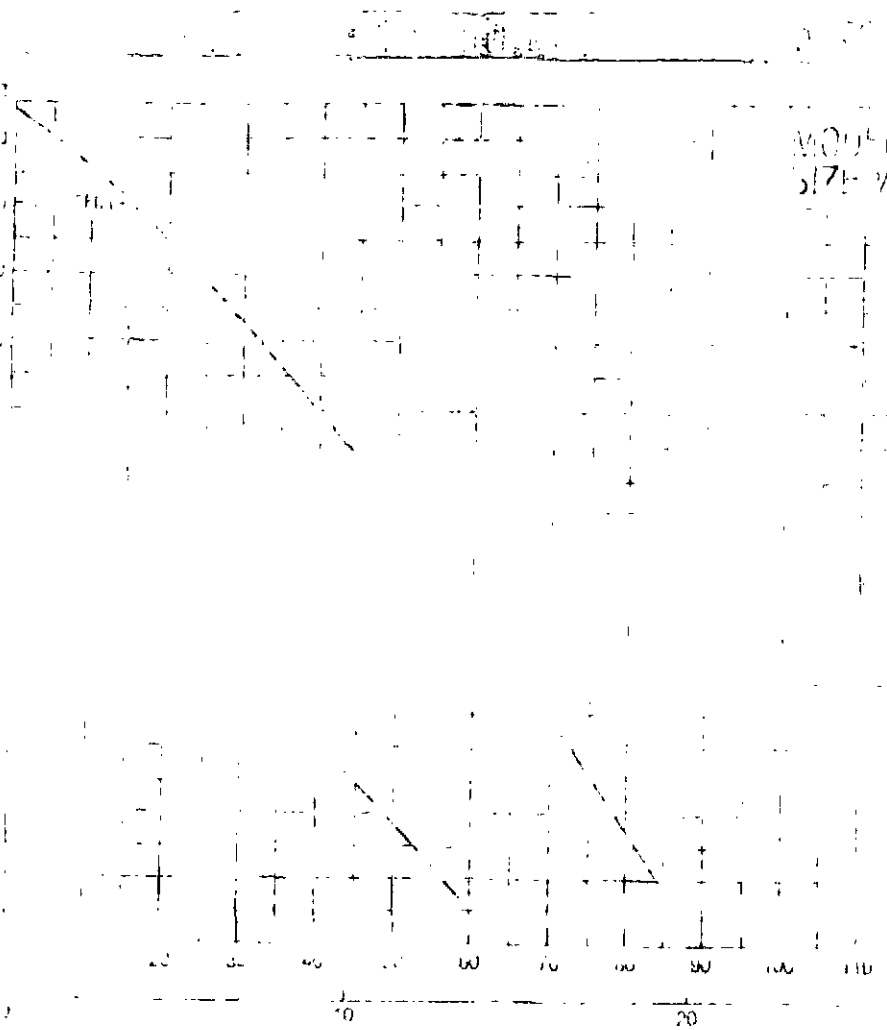
~~Gene Vaughan, R.S., Supervisor~~
~~Individual Water and Wastewater Systems~~

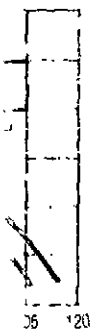
G/kgb

~~Enclosures 3 Septic Tank Agreement Forms~~

# Submersible Effluent









Fastening and Locking Rigged
the n Outside body provides superio
strength and corrosion resistance
Fasteners: 300 Series Stainless Steel

option.

e to
clog
seal
s an
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JUDITH A GIBSON REG OF DEEDS MECK NC
BK: 07218 PG: 0266/0266 #:0107 6.00
FILED FOR REGISTRATION 03/08/93 11:08

7/40A

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

**ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 15A NCAC 18A .1957(c)**

The undersigned, WILLIAM WHITLEY owner of property located at LOT#47 BAINBRIDGE SUBDIV. ("the site") and described in an instrument recorded in Book 6934 at Page 889, Mecklenburg Public Registry, hereby acknowledges that he applied to the Mecklenburg County Health Department (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 15A NCAC 18A .1900 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 15A NCAC 18A .1957(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 15A NCAC 18A .1957(c)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally suitable" and issued on 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 5th day of MARCH, 1993.

Will. Whitley (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Sue S. Rushing, a Notary Public for said County and State, do hereby certify that Cornelia S. Whitley personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 5th day of March, 1993.

Sue S. Rushing
Notary Public

SUE S. RUSHING NOTARY PUBLIC MECKLENBURG COUNTY, N.C.

My Commission Expires 12/20/94

---

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

State of North Carolina, County of Mecklenburg and State, do hereby certify that

The foregoing certificate(s) of
Sue S. Rushing
cknowledged that he is
at by authority duly given and as the act and deed of
, sealed with its
,199.

Notary(ies) Public is/are certified to be correct.
This 8th day of March, 19 93.

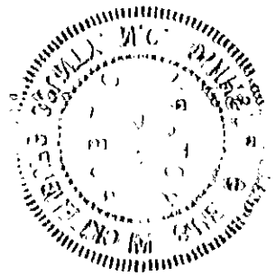
JUDITH A. GIBSON, REGISTER OF DEEDS
By: Lynn M. Jamerson Deputy Register of Deeds

Public

My Commission Expires

Drawn By: William Whitley
mail TO: Environmental Health
Tryon St
Charlotte NC

P218 0266



100
500
600

Register of Deeds
Mecklenburg County
720 East Fourth Street Charlotte, N.C. 28202




IWWS

Mecklenburg County Dept. Env. Protection
700 N. Tryon St.
Charlotte, N.C. 28202-2236

28202-2236 11

JUDITH A GIBSON REG OF DEEDS MECK NC

BK: 07218 PG: 0266/0266 #:0107 6.00
FILED FOR REGISTRATION 03/08/93 11:08

714/A

COPY

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

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This 5th day of MARCH 1993.

WILLIAM WHITLEY (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, SUSAN S. RUSHING, a Notary Public for said County and State, do hereby certify that WILLIAM WHITLEY personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 5th day of March, 1993.

Susan S. Rushing
Notary Public

My Commission Expires 12/20/94

---

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that

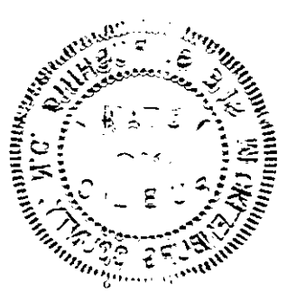
_____ personally came before me this day and acknowledged that he is

_____ 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 _____, 199_____.

_____
Notary Public

My Commission Expires _____



$150

# APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 7140A ✓

TC: 137-123-05 PO

☒ PC ☐ REPT

**JOB LOCATION**

① ADDRESS: Edwards Place 9519

② SUBDIVISION: Bainbridge II ③ LOT: 47 ④ BLOCK: _____

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

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

**OWNER**

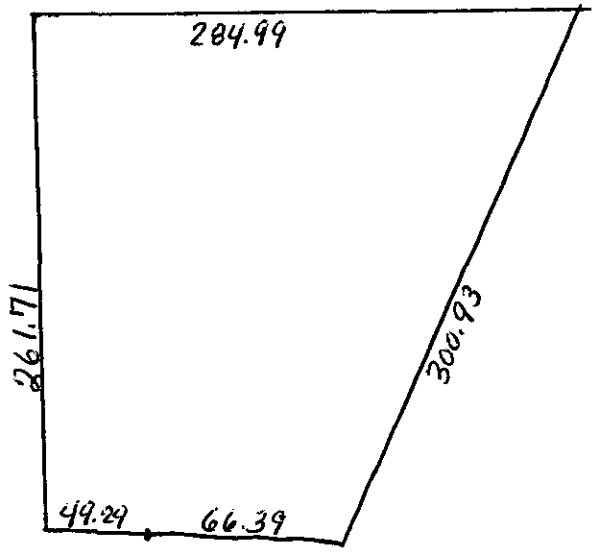
⑦ NAME: Greene (FIRST) & Williams (MIDDLE) Development INC. (LAST)

⑧ MAILING ADDRESS: 7421 Morgan Mill Rd.

⑨ CITY: Monroe ⑩ STATE: N.C. ⑪ ZIP: 28110

⑫ PHONE: (WORK) 847-4228 (HOME) 704-753-1333

⑬ Accurately diagram and dimension lot.




⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: C. A. Williams

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

Date: 11-9-90

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

# MECKLENBURG COUNTY HEALTH DEPARTMENT
# ENVIRONMENTAL HEALTH DIVISION

## CHARGE SLIP

Date: 11-14-90

Name/Company: Greene, Williams, & Edwards

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil Test - 2 lots @ each
@ Woodhollow Rd - Fairridge II
Tax # 137-123-05 PO
File # 7130A - 7149A

ENVIRONMENTAL HEALTH DIVISION
PAID
NOV 14 1990

~~CR~~ # 1002

Fee: $ 1000.00 $1,000.

NOTICE:

*A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.*

W T Thompson
Completed by

Collected by

**MECKLENBURG COUNTY HEALTH DEPARTMENT**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 17054

File: 7140 -A  Action 1

Parcel: 137-123-05 PO  PC

Location: 9519 EDWARDS PLACE

Subdivision: BAINBRIDGE II

Lot: 47  Block:  Acres: 1.203

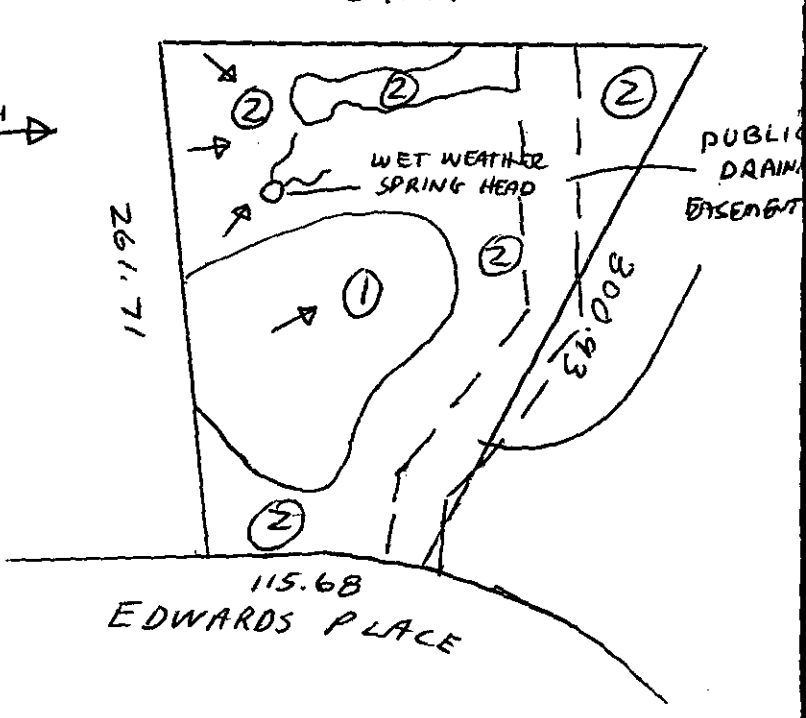
Owner: GREENE PHILLIAMS DEVELOPMENT INC.
Address: 7421 MORGAN MILL RD.
MONROE NC 28110

Comments: 100% REPAIR
VERY LIMITED AREA

Described by: Kelly Randall

Date: 3-18-91

THIS LOT (47) will recieve runoff from adjacent back side lots.




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

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

| FACTORS | AREA 1 | AREA 2 | AREA 3 | AREA 4 | AREA 5 | AREA 6 |
|---|---|---|---|---|---|---|
| Topography | S (PS) U 2-12% | S PS (U) DEPRESSIONS DRAINAGEWAY COMPLEX SLOPE | S PS U | S PS U | S PS U | S PS U |
| Texture | S (PS) U CLAY | S PS U — | S PS U | S PS U | S PS U | S PS U |
| Structure | S (PS) U SUB ANG BLKY. | S PS U — | S PS U | S PS U | S PS U | S PS U |
| Drainage | S (PS) U >36" | S PS U — | S PS U | S PS U | S PS U | S PS U |
| Depth | S (PS) U >36" | S PS U — | S PS U | S PS U | S PS U | S PS U |
| Restrictive Horizons | S (PS) U NONE | S PS U — | S PS U | S PS U | S PS U | S PS U |
| Available Space | S (PS) U VERY LIMITED | 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 | CECIL LIKE | DRAINAGE WAY DEPRESSION COMPLEX SLOPE | | | | |
| 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: 71401A

TC: 137-123-05 PO

☐ PC ☐ REPT

**JOB LOCATION**

① ADDRESS: Edwards Place 9519

② SUBDIVISION: Bainbridge II ③ LOT: 47 ④ BLOCK: _____

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

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

**OWNER**

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

⑧ MAILING ADDRESS: 7421 Morgan Mill Rd.

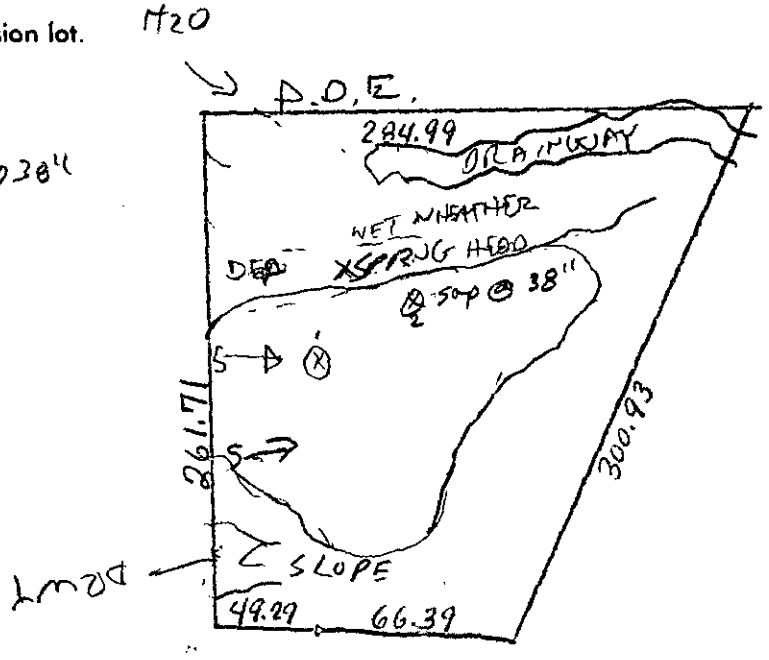
⑨ CITY: Monroe ⑩ STATE: N.C. ⑪ ZIP: 28110

⑫ PHONE: (WORK) 847-4228 (HOME) 704-753-1333

⑬ Accurately diagram and dimension lot.

1 45 11 31 B 2-8%

2 38" 31 3 2-8 Sap @ 38"




⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: C. A. Williams

Date: 11-9-90

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

March 20th, 1991

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

RE: Property located at 9519 Edwards Place/Bainbridge II Lot 47
FILE: 7140A
PARCEL: 137-123-05 PO

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 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 17054) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, 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. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If there are any questions concerning this matter, do not hesitate to contact me.

Sincerely,

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

Enclosure

# APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

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

(OFFICE USE ONLY)
FILE: 7140A
TC: 137-123-05
SERIAL: № 12615

PD 200.00 ck 9678 1/14/93 DJ ☐ L ☐ CRT

**JOB LOCATION**

① ADDRESS: 9519 Edwards Place (STREET NO. / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 137-123-05
⑤ SUBDIVISION: Bambridge II ⑥ LOT: 47 ⑦ BLOCK:

**OWNER**

⑧ NAME: WILLIAM (FIRST) (MIDDLE) Whitley (LAST)
⑨ MAILING ADDRESS: 8224 E Harris Blvd.
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28227
⑬ PHONE: (WORK) 567-1700 ⑭ (HOME) 563-7474

**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? 3 w/Bonus Rm may have closet.
㉕ Type?
㉓ Maximum occupancy? 5
㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☐ no
㉗ Maximum number of seats?

**WATER SUPPLY**

㉘ Water supply from (present or proposed):

A ☐ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: William Whitley
Date: 1/14/93

## IMPROVEMENT PERMIT

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

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

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

Environmentalist / Date

Director or Authorized Section Head / Date

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

# APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

(OFFICE USE ONLY)
FILE: 7140A
TC: 137-123-05
SERIAL: № 12615

PQ 200.00 ck 9078 1/14/93 DJ ☐ L ☐ CRT

**JOB LOCATION**

① ADDRESS: 9519 Edwards Place (STREET NO. / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 137-123-05
⑤ SUBDIVISION: Bainbridge II ⑥ LOT: 47 ⑦ BLOCK:

**OWNER**

⑧ NAME: William (FIRST) (MIDDLE) Whitley (LAST)
⑨ MAILING ADDRESS: 8224 E Harris Blvd.
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28227
⑬ PHONE: (WORK) 567-1700 ⑭ (HOME) 563-7474

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㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☐ no
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Date: 1/14/93

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Environmentalist / Date

Director or Authorized Section Head / Date

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

# INSTRUCTIONS

**PLEASE PRINT OR TYPE ALL REQUESTED INFORMATION**

**ITEM(S) ....INSTRUCTIONS**

① .....Indicate location of property for which the request is being made. Give **street number** and street or road name. If you do not know the street number, you must contact the Mecklenburg County Engineering Department to have one assigned.

② .....If a soil investigation has been run, copy the file number from the report. This may appear as SIR, ICAR(S) or APT numbers on older reports.

③ .....Indicate the jurisdiction in which the property is located. The jurisdiction is assigned by County Engineering.

④ .....Indicate the tax account or parcel number for the property (example 000-000-00). If the property is comprised of a portion of a large tract, precede the parcel number with the letters "PO."

⑤-⑦ .....Indicate the subdivision name and the lot and block numbers in the subdivision if applicable.

⑧-⑭ .....Indicate, in the requested format, the information as it pertains to the person to whom the permit should be issued.

⑮-⑱ .....Indicate the purpose of the request by placing an "X" in the appropriate box.

⑲-㉑ .....Indicate the type structure the system will serve by placing an "X" in the appropriate box.

- Residence means a single or multi-family dwelling (duplex, apartment, hotel, motel) or any other place where people reside.
- Mobile home means a trailer used as a residence that is designed without a permanent foundation and is capable of being moved to another location.
- Business or place of public assembly means non-residential use of buildings such as manufacturing, office space, warehousing operations, place of amusement or recreation, church, fairground, stadium, campground or any other place where people work or assemble.

㉒-㉔ .....If the system will serve a residence or a mobile home, indicate the number of bedrooms, the maximum occupancy of the residence and whether or not the structure will have a basement. When calculating the number of bedrooms include all rooms which are intended to be used as bedrooms or might later be furnished or converted to bedroom use and any additional bedrooms to be constructed in the future.

㉕-㉗ .....If the system will serve a business, indicate the type business, the maximum number of employees and the maximum number of seats to be provided. Include in these figures projections for future expansions.

㉘ .....Indicate the type water supply by placing an "X" in the appropriate box.

- Individual well means a well located on the lot, serving a building occupied by only one family or one business establishment and will not be a public place, a place of public gathering, or business which processes or manufactures any product which is used as, or is used in a food product.
- Municipal system means a water supply furnished by a city, county, town or other governmental authority.
- Community well means a privately owned water system originating from a well source.
- Community system means a privately owned water system originating from a source other than a well.

㉙ .....Once you have completed the application, read the certification statement in the lower, left hand corner. The statement must be signed, dated, and returned to the Department along with a Proposed Plot Plan and a copy of the Engineering Address Record prior to the issuance of any permits. **IN ORDER FOR YOU TO RECEIVE A COPY OF THE COMPLETED PERMIT FOR CONSTRUCTION, ALL COPIES OF THIS FORM MUST BE RETURNED TO THE ADDRESS LISTED ON THE FRONT OF THE APPLICATION.**

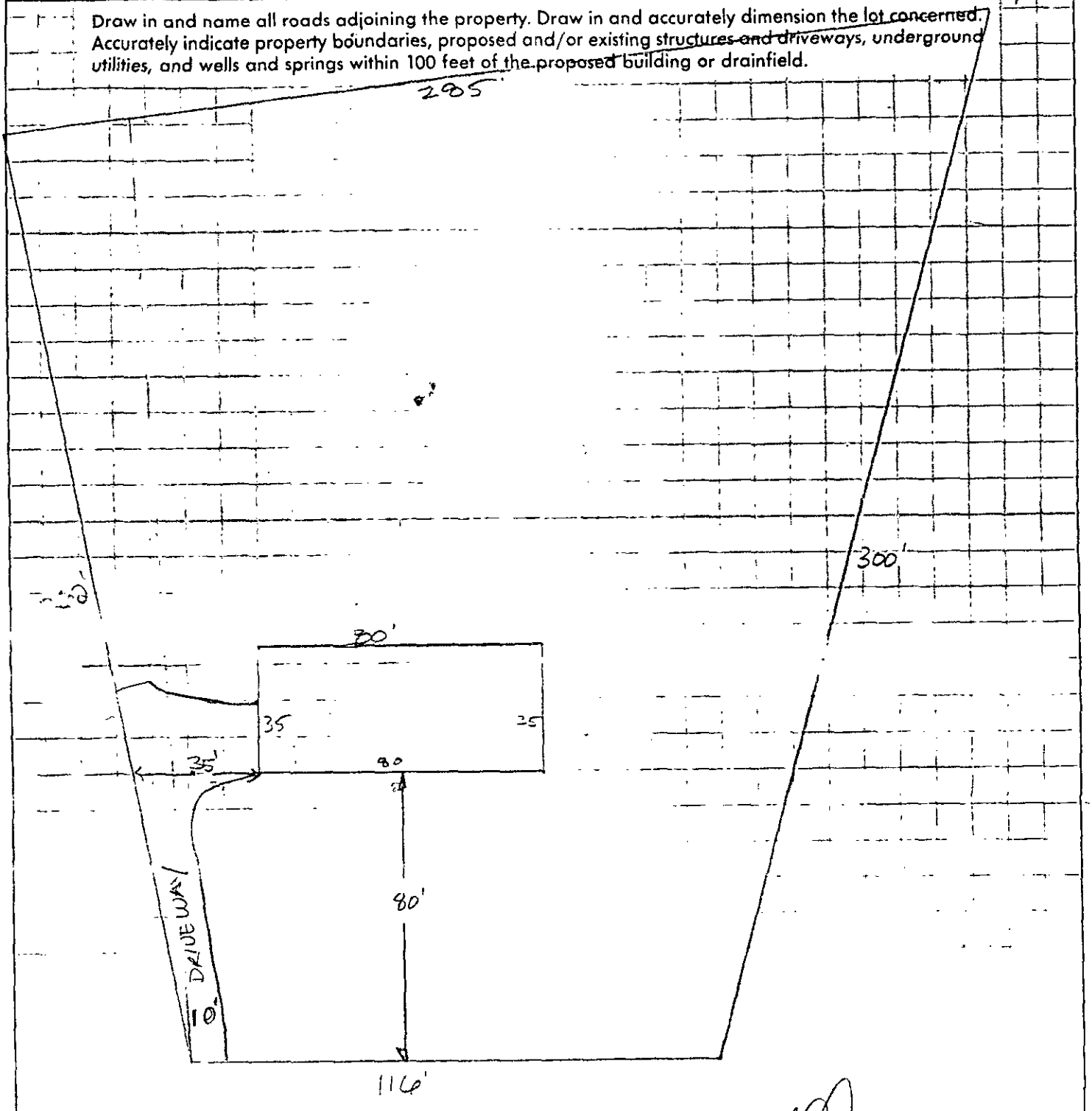
# PROPOSED PLOT PLAN

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

FILE: 7140-A

TC: 137-123-05

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: [signature]

Date: 1/14/93

Mecklenburg County
Health Department

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

January 22, 1993

William Whitley
8224 E. Harris Blvd.
Charlotte, NC 28227

File #: 7140-A (9519 Edwards Place)
Parcel #: 137-123-05
Subject: Improvement Application Denial

Dear Mr. Whitley:

Receipt of the plans and specifications for a conventional 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 site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15 NCAC 18A, .1900, "Law and Rules for Sanitary Sewage Collection, Treatment and Disposal". The plans as submitted are disapproved because of failure to comply with the following rule(s):

(1) .1945 Available Space

a) Sites shall have sufficient available space to permit the installation and proper functioning of ground absorption sewage treatment and disposal systems, based upon the square footage of nitrification field required for the application rate determined in accordance with these rules.

b) Sites shall have sufficient available space for a repair area equal to the area determined in RULE .1945 (A) of this section.

However, 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.

Sincerely,

B. R. Ferguson

B. R. Ferguson, R.S.
Individual Water and Wastewater Systems

# PROPOSED PLOT PLAN

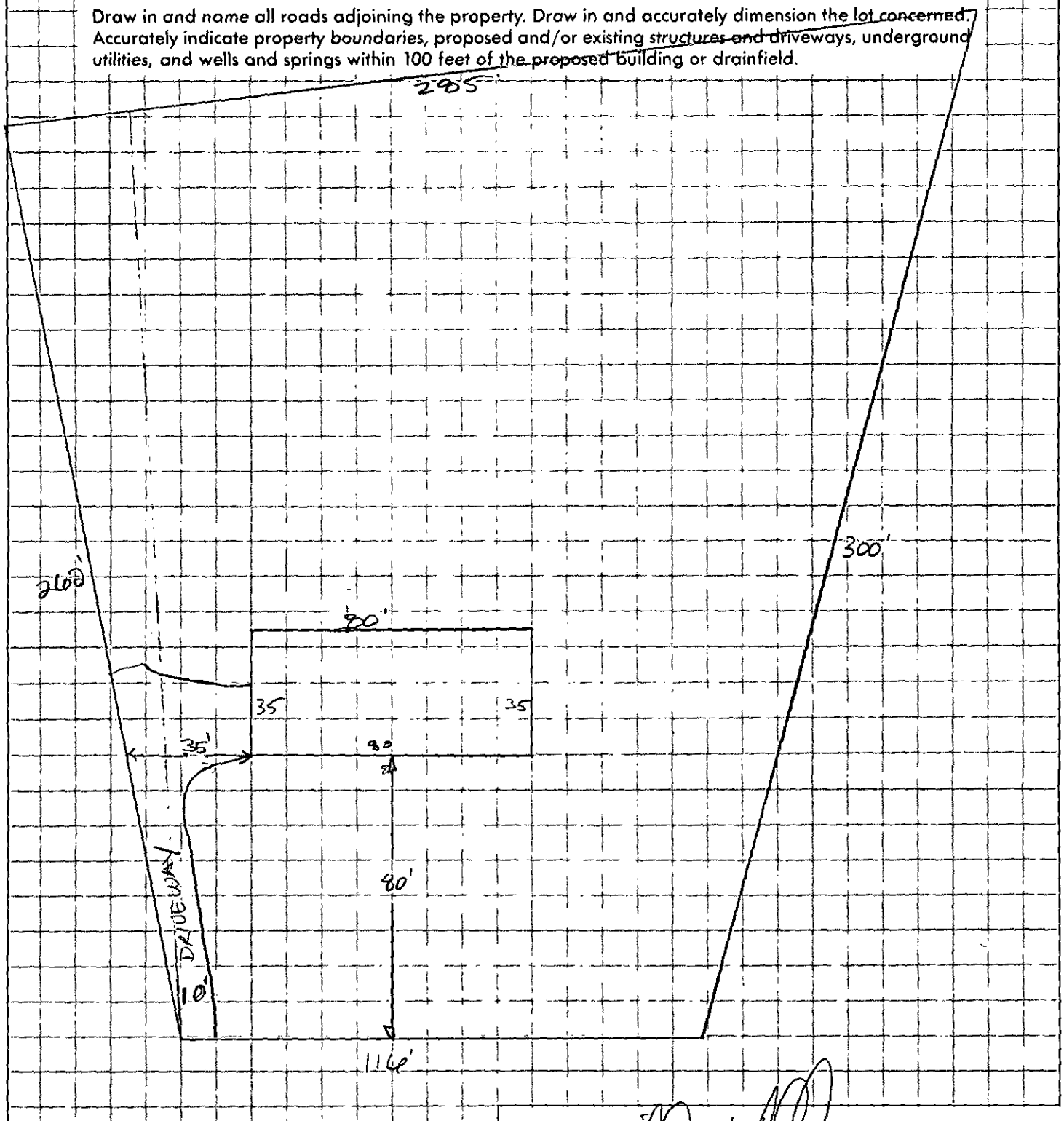
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

FILE: 7140-A

TC: 137-123-05

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: [signature]

Date: 1/14/93

# R. C. S., Inc.

*Septic Tank Installation & Service*

Stafford Street
Post Office Box 708
Monroe, North Carolina 28111
Phones: 704-283-7539 or 376-9359

BAINBRIDGE SUBDIVISION

9519 EDWARDS PLACE

FILE 7140 - A

| LINE | # PANELS | # HOLE / PANEL | SIZE HOLE | LINE HEAD | LINE LENGTH | HOLE FLOW | PER PANEL LINE FLOW MIN. |
|---|---|---|---|---|---|---|---|
| A | 16 | ONE | 5/32 | 2' | 70' | .41 | 6.56 |
| B | 16 | ONE | 1/8 | 2'5" | 69' | .29 | 4.64 |
| C | 14 | ONE | 1/8 | 3'4" | 63' | .32 | 4.48 |
| D | | | | | 35' | | |
| E | | | | | 60' | | |
| F | | | | | 55' | | |
| G | | | | | 69' | | |
| TOTALS | 46 | | | | 202' | | 15.68 |

DISAPPROVED

CALCULATIONS FOR PUMPED SYSTEMS:

HEAD: FRICTION LOSS = .53

TOTAL LIFT = 10.3

TDH = 10.83

20% MARGIN = 14 FT. (10.83/.8 = 13.54 = 14 FT.)

PUMP SIZE: 20 (15.68/.8) GPM @ 14 FT. OF HEAD

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9519 EDWARDS PLACE

FILE 7140-A

| LINE | # PANELS | # HOLES/PANEL | SIZE HOLE | LINE HEAD | LINE LENGTH | HOLE FLOW | PER PANEL LINE FLOW MIN. |
|---|---|---|---|---|---|---|---|
| A | 16 | ONE | 5/32 | 2' | 70' | .41 ✓ | 6.56 |
| B | 16 | ONE | 5/32 | 2'5" | 69' | .46 ✓ | 7.36 ✓ |
| C | 14 | ONE | 1/8 | 3'4" | 63' | .32 ✓ | 4.48 ~ |
| D | | | | | 35' | | |
| E | | | | | 60' | | |
| F | | | | | 55' | | |
| G | | | | | 69' | | |
| TOTALS | 46 | | | | 202' 219 ✓ | | 18.40 |

CALCULATIONS FOR PUMPED SYSTEMS:

HEAD: FRICITION LOSS = .53

TOTAL LIFT = 10.3

TDH = 10.83

20% MARGIN = 14 FT. (10.83/.8 = 13.54 = 14 FT)

DISAPPROVED

KS

PUMP SIZE = 23 (18.40/.8) GPM @ 14 FT. OF HEAD

46 (# OF PANELS) × 3.6 (GAL./PANEL) = 165 GALLONS/DOSE

PUMP CYCLE SHOULD BE 6.1 MIN. OR 112 GALLONS

3.6 ÷ .59 = 6.1

BAINBRIDGE, EDWARDS PLACE 9519
FILE 7140-A

7140-A

| LINE | # PANEL | # HOLE/PANEL | SIZE HOLE | LINE HEAD | LINE LENGTH | HOLE FLOW | PER PANEL LINE FLOW MIN |
|---|---|---|---|---|---|---|---|
| A | 18 | ONE | 5/32 | 2' | 80' | .41 | 7.38 |
| B | 15 | ONE | 5/32 | 2'5" | 64' | .46 | 6.90 |
| C | 14 | ONE | 5/32 | 3'4" | 58' | .54 | 7.56 |
| D | | | | | 35' | | |
| E | | | | | 60' | | |
| F | | | | | 55' | | |
| G | | | | | 69' | | |
| TOTALS | 47 | | | | 202' | | 21.84 |

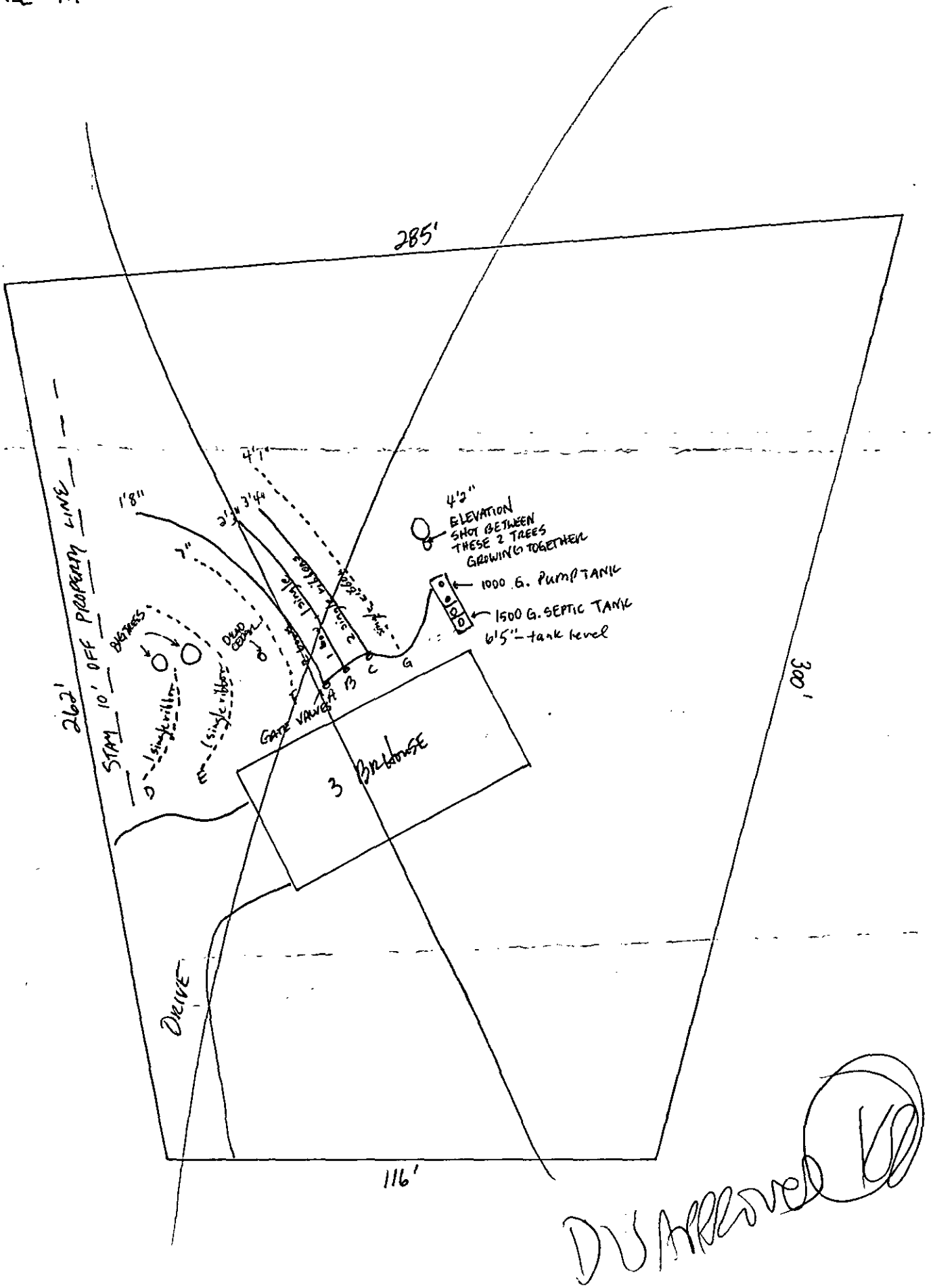
CALCULATIONS FOR PUMPED SYSTEMS:

HEAD: FRICTION LOSS = .93
TOTAL LIFT = 10.3
TDH = 10.83
20% MARGIN = 14 FT. (10.83/.8 = 13.54 = 14 Ft.)

PUMP SIZE: 27 (21.84/.8) GPM @ 14 FT. OF HEAD

DISAPPEARED

BAINBRIDGE, EDWARDS PLACE 4514
FILE 7140-A




DJS Approved KD

7140-A

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

**ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 15A NCAC 18A .1957(c)**

The undersigned,_____ owner of property located at _____, ("the site") and described in an instrument recorded in Book _____at Page _____, Mecklenburg Public Registry, hereby acknowledges that he applied to the Mecklenburg County Health Department (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 15A NCAC 18A .1900 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 15A NCAC 18A .1957(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 15A NCAC 18A .1957(c)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally suitable" and issued on 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 _____day of _____, 199_____.

_____(SEAL)

_____(SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

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

WITNESS my hand and notarial seal, this _____day of _____, 199_____.

_____
Notary Public

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 _____, 199_____.

_____
Notary Public

My Commission Expires_____

Bill Whitley
7140 - A

7140-A

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

**ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 15A NCAC 18A .1957(c)**

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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.

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This _____ day of _____, 199_____.

_____ (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that

_____ personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this _____ day of _____, 199_____.

_____
Notary Public

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 _____, 199_____.

_____
Notary Public

My Commission Expires _____

7140-A

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

**ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 15A NCAC 18A .1957(c)**

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This _____day of _____, 199_____.

_____(SEAL)

_____(SEAL)

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COUNTY OF MECKLENBURG

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WITNESS my hand and notarial seal, this _____day of _____, 199_____.

_____
Notary Public

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 _____,199_____.

_____
Notary Public

My Commission Expires_____