

6116 GLENN TEAGUE RD

02324121

1/3/2008

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

2460

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3786B DATE: 12/12/96

TC: 023-082-10 ☐ L ☑ CRT

SERIAL Nº 16839

Name of Owner Sarah Carter Juris.:

Address of Property 6116 Glenn Teague Road

Inspection Data:

Tank Material PCC

Total Length of Drainfield 125'

Number of Lines 2 @ 43.75' each
1 @ 37.5'

Cover Depth ~ 12"

Water Supply Source Well

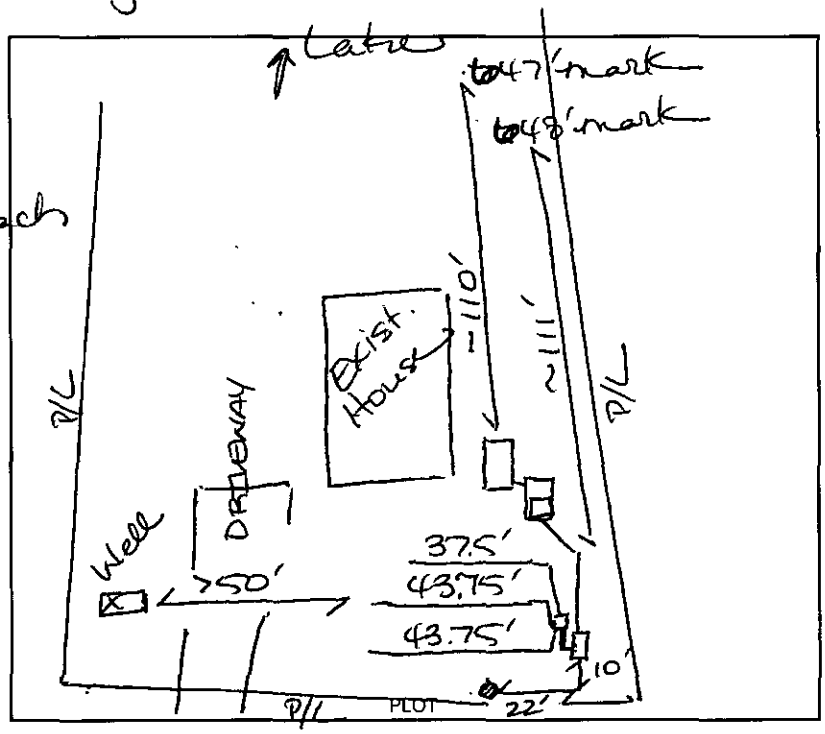
Distance to Water Source >50'

Excavation Inspected 10/17/96

Tank(s) Inspected 10/17/96

Wash Line Inspected NA

High Water Alarm Inspected 12/12/96



Design 1996 Infiltrator, 1500gST, 1000gPT, P, 375ft² CTR# 68

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

☐ installed or constructed ☐ altered or repaired
☑ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ ~~Certificate of Completion~~ ☑ Operation Permit Liberty LE 51A

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 I5A NCAC 18A. 1990 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Type III (g), 1 bedroom
Note: Design daily sewage flow 240 gal. per .1949(a), with .5 LTAR (See soil report)

Joe B. Mialik, RS
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

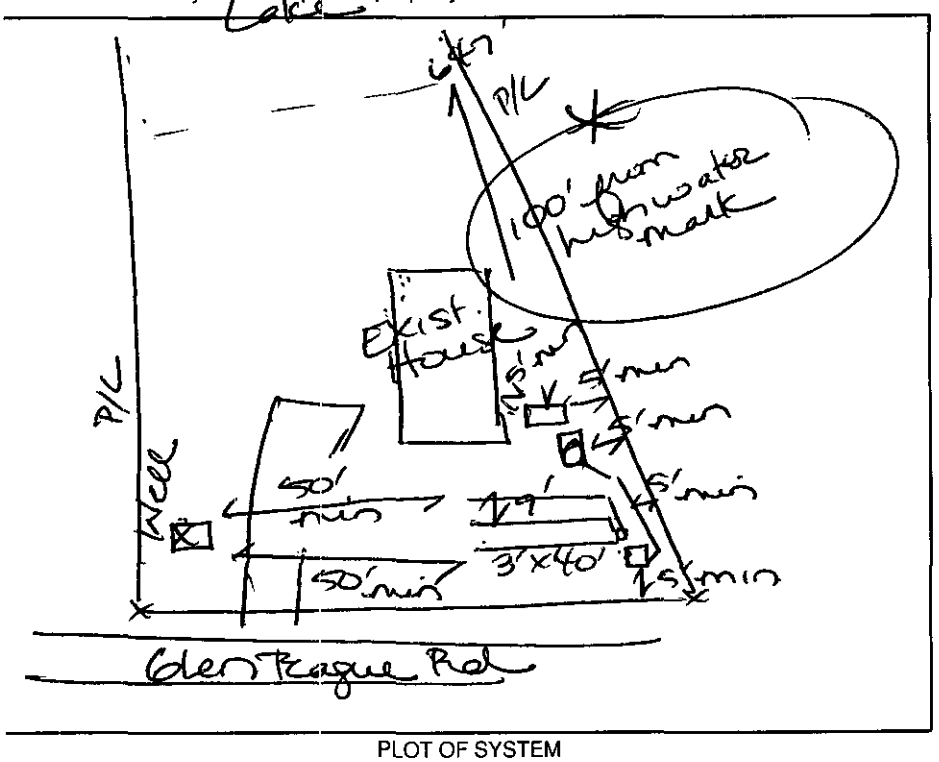
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3786B DATE: 10/9/96

TC: 023-082-10□ L

SERIAL Nº 17025

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 10/23/95. All work shall be completed on or before 11/9/96, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A NCAC 18A. 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

Trench Depth 30" max. Install @ ~24"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous ✓

Total Line Length 120' feet

Number of Lines 3@40' each

Depth of Stone Group I, II or III backfill inches

Distance from House 5' feet

Distance from Property Line 5' min feet

Distance from Well 50' min feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Sarah Carter

LOCATION OF PROPERTY 6116 Glen Teague Road

Comments: ① Seal outside of septic tank with hydraulic cement in addition to required mastic at joint. Install (1) piece pump tank ② Chambered system - 3 lines @ 40' each; keep 50' minimum from any well ③ Keep installation of tanks upslope as much as possible - even with front porch

Joan B. Mialik, RS
Environmental Health Specialist

for Daniel, Program Chief 10-14-96

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

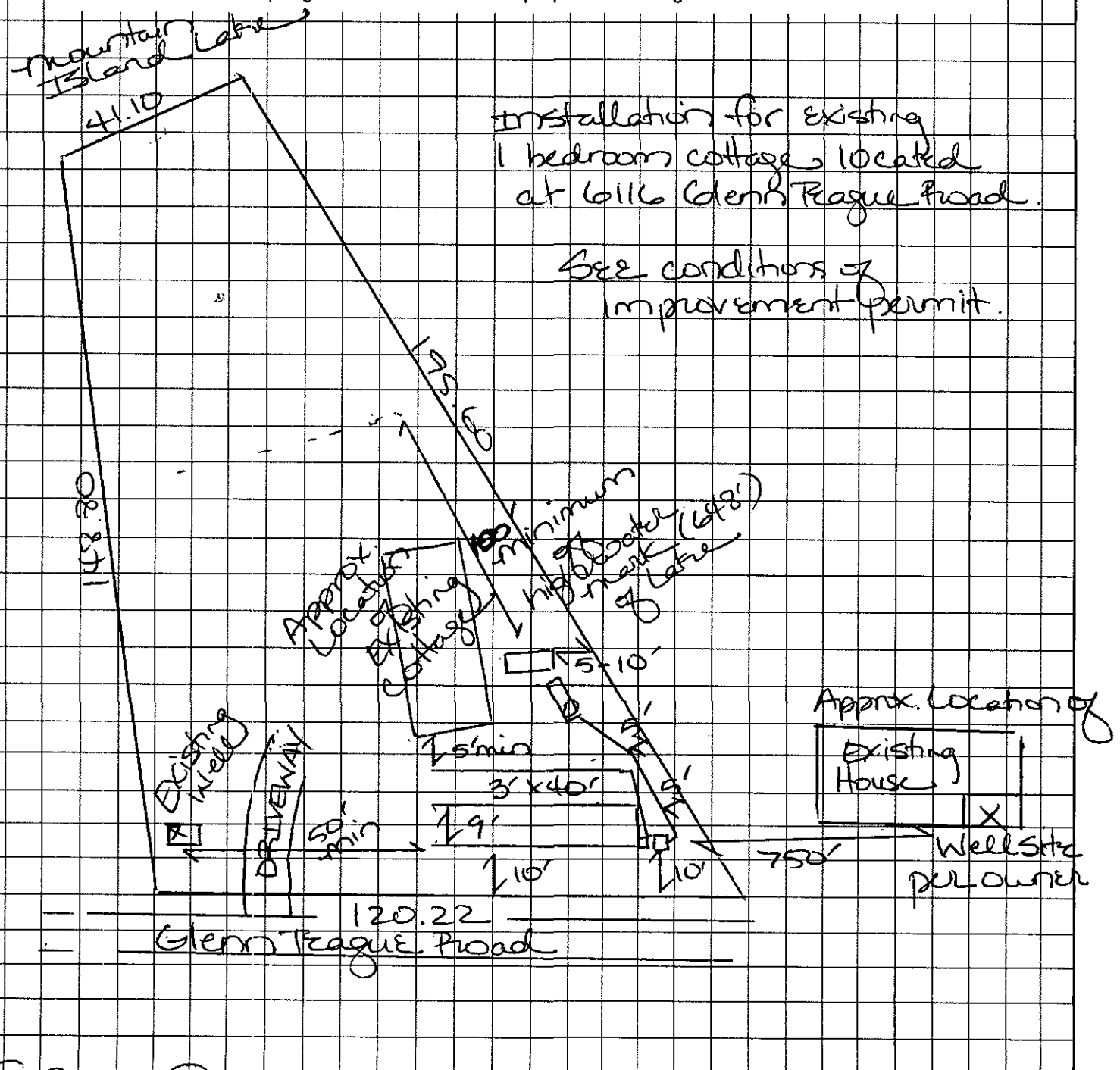
PROPOSED PLOT PLAN

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

FILE: 3786B

TC: 023-082-10

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



OWNER/AGENT SIGNATURE

DATE 9/25/96

APPROVAL DATE 9/19/96 Joe B. Mialik, RS

Pg 182

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

Permit Number 3786B 6116 Glenn Request Tax Number 023-082-10

The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.

CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.

Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement Existing Cabin ___ Yes ✓ No ___ Partial Basement

Type Primary Wastewater System
Type (circle one): I II (III) IV V VI

___ Conventional
___ Prefabricated, permeable block panel system
___ Shallow Placed Conventional
___ Low Pressure Pipe
___ Large Diameter Pipe
___ Fill
___ Other 25% reduction system
✓ Innovative or Experimental:
___ IWWS-93-1
___ IWWS-93-2
___ IWWS-94-1

5 Long-term acceptance rate	240 Max gallons/day wastewater flow	360 Absorption Area (sq ft)	9' Trench spacing (min..on centers)
Yes Existing Serviced by private well	1500 Gallon septic tank	120 Total Trench length (ft) 3@40 each	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions) Install @ 24"
1 Existing Bedrooms in residence	1000 Gallon pump tank	Group I, II, or III Depth of stone backfill to manufacturers specification	

Any surface waters present: yes Type: Mountain Island Lake Minimum separation distance: 100' from 648' high water mark

Site modifications required:

Additional Conditions:
(1) Keep installation 50' minimum from any well.
(2) Septic tank subject to watertightness test; additional sealant with hydraulic cement may be required
(3) 1 (one) piece pump tank required.

NA - exempt from 100% repair - see survey dated 4/27/63

Repair Area System Type
Type (circle one): I II III IV V VI

___ Conventional
___ Prefabricated, permeable block panel system
___ Shallow Placed Conventional
___ Low Pressure Pipe
___ Large Diameter Pipe
___ Fill
___ Other
___ Innovative or Experimental:
___ IWWS-93-1
___ IWWS-93-2
___ IWWS-94-1

___ Absorption Area (Sq ft) ___ Total Trench Length (Ft)	___ Depth of Stone Trench	___ Trench spacing (min. on centers)	___ Maximum Trench Depth

For existing system, enter the year originally installed: ? Note: Property owner decided to do only interior renovations at this time. Cottage to remain 1 bdrm.

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, 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 Improvement permit is transferable.

This improvement permit is valid 5 years from date of issuance.

Lisa B. Mialik, RS 9/19/96
DEHNR Authorized Agent Date

Owner/Agent Signature 9/25/96
Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FEE: 100.00 ck# 1193

DATE: 10/24/95

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE

ck# 7245 $100.00 7/2/96 No additional fee in 9 CRT

9/9/96 Alternative to sodden. jpm

TYPE APPLICATION: X NEW SYSTEM ___ EXPANSION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 3786B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 023-082-10

STREET ADDRESS: 6116 Nevins Road

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 11

TYPE OF BUILDING, (CHECK ONE)

___ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
X HOUSE (H)
___ MODULAR HOME (M)
___ MULTIPLE FAMILY (U)
___ OTHER (O)

HEATED SQUARE FOOTAGE: 912SF

NUMBER OF BEDROOMS: 2 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE: Conc & Mas

___ WITHOUT BASEMENT ON SLAB
X CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

TOWNSHIP (CHECK ONE):

0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
___ 7 MINT HILL

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES X NO TYPE: _____

WATER SUPPLY (CHECK ONE):
___ COMMUNITY (C)
___ MUNICIPAL (M)
X PRIVATE WELL (P)
___ SHARED WELL (S)
___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES ___ YES X NO
EXISTING WASTE WATER SYSTEMS ___ YES X NO
EASEMENTS OR RIGHT-OF-WAYS ___ YES X NO
WELL SPRINGS OR WATERLINES X YES ___ NO
DESIGNATED WETLANDS ___ YES X NO

PROPERTY OWNER:

NAME: CARTER SARAH W
(LAST) (FIRST) (MI)

ADDRESS: 3701 NEVINS RD

CITY: CHAR STATE: NC ZIP: 28269

DAYTIME PHONE: (1) 704-596-0353

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: LINDER WILLIS D
(LAST) (FIRST) (MI)

DAYTIME PHONE: (1) 704-527-6111

CALL THIS NUMBER IF THERE ARE ANY QUESTIONS

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

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: Sarah W. Carter DATE: 10-23-95

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

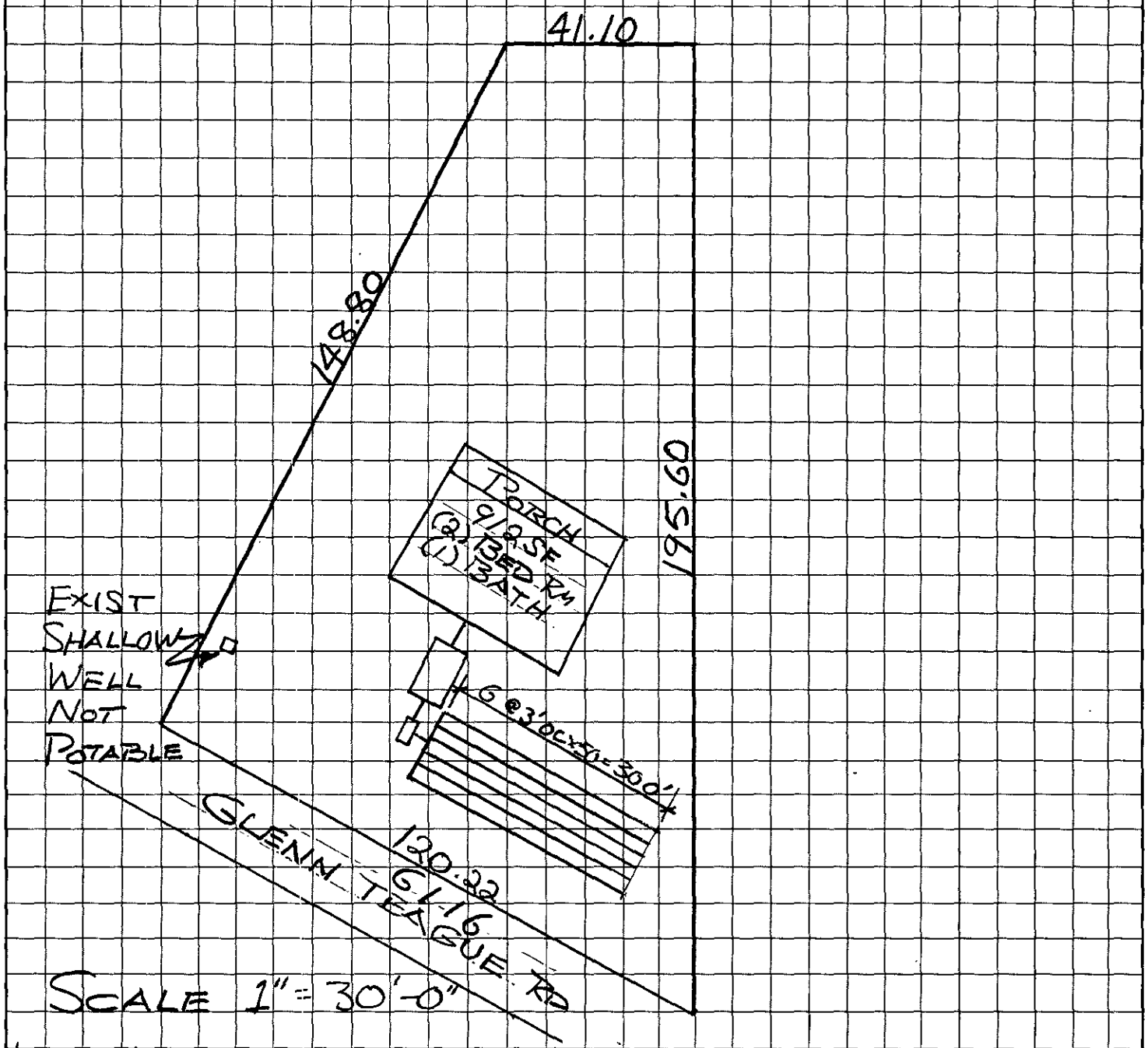
PROPOSED PLOT PLAN

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

FILE: 3786B

TC: _____

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.



WILLIS LINDER FOR SARAH CARTER
OWNER/AGENT SIGNATURE

DATE 10/23/95

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

File 37865

R.T. DOOLEY CONSTRUCTION COMPANY

General Contractors
P.O. BOX 11372
CHARLOTTE, N.C. 28220

Phone: 704-527-6111
Fax: 704-527-6682

LETTER OF TRANSMITTAL:

To: LISA

Date 6/28/96

Attn: _____

Re: Job SARAH CARTER

Location 6116 GLENN TEAGUE

WE ARE SENDING YOU ☒ Attached ☐ Under separate cover via _____ the following items:

☐ Shop drawing ☐ Prints ☐ Plans ☐ Samples ☐ Specifications

☐ Copy of letter ☐ Change ☐ _____

Quantity	Item	Dated or Revised
	PROPOSED DRAIN FIELD HAS BEEN REVISED, STAKED, FLAGGED FULL POND ELEVATION IS BENCH MARKED FLAGGED, AND IS LOCATED ON PIER SEE NOTES ON MARKED UP ED DWGS	

2. These items are sent to you for:

☐ Approval ATTACHED IS CHECK ($100.00) TO COVER II PHASE OF SYSTEM.

☐ Files and/or information

☐ Returned for correction. Please resubmit

☐ Approved as noted. Proceed with fabrication. Furnish _____ copies for our use.

☐ Approved as noted. Hold fabrication for field dim. Furnish _____ copies for our use.

☐ I WILL BE ON VACATION NEXT WEEK BUT WOULD LIKE TO GO OVER JOB WITH YOU AFTERWARD

☐ Job use

Remarks:

Yours very truly,

MANY THANKS FOR YOUR HELP

BY: [signature]

ARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
ISION OF ENVIRONMENTAL HEALTH
I-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

#2
37868
023-092-10

OWNER: Sarah W. Carter APPLICANT: ___
ADDRESS: 3701 Stevens Rd, Charlotte APPLICATION DATE: ___ DATE EVALUATED: ___
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): ___ PROPERTY SIZE: .33
LOCATION OF SITE: 6116 Glenn Teague Rd PROPERTY RECORDED: ___
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LAND-SCAPE POSITION/ SLOPE %	HORI-ZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 6%	0-37"	sBK/sCl	Fr/sEXP/ss/sP	No Chroma 2 TO 42"	42"	N/A	None	III .59/F2/cl PS
		37-42"	wk sBK/sl	Fr/sEXP/ss/sP					
2	LS 7%	0-36"	sBK/sCl	Fr/sEXP/ss/sP	No chroma 2 TO 47"	47"	N/A	Non-	III .59/F2/cl PS
		36-47"	wk sBK/sl	Fr/sEXP/ss/sP					
3	Footslope 2%	0-42"	sBK/sCl	Fr/sEXP/ss/sP	10YR 7/2 Mottles @ 6" wetsoil	N/A	N/A	None	US
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	unsuitable	
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: William R. Marks 12-19-95
OTHER(S) PRESENT: ___

OMMENTS:

LEGEND

use the following standard abbreviations

ANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL ,1955 LTAR	LPP ,1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
(Drainage Way)					EXP (Expansive)	CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
S (Foot Slope)						ABK (Angular Blocky)
(Head Slope)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SICL (Silty Clay Loam)				PR (Prismatic)
(Nose Slope)		CL (Clay Loam)				
(Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
(Shoulder Slope)		SLC (Silt Loam Clay)				
(Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SIC (Silty Clay)			FI (Firm)	S (Sticky)
					VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None		EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

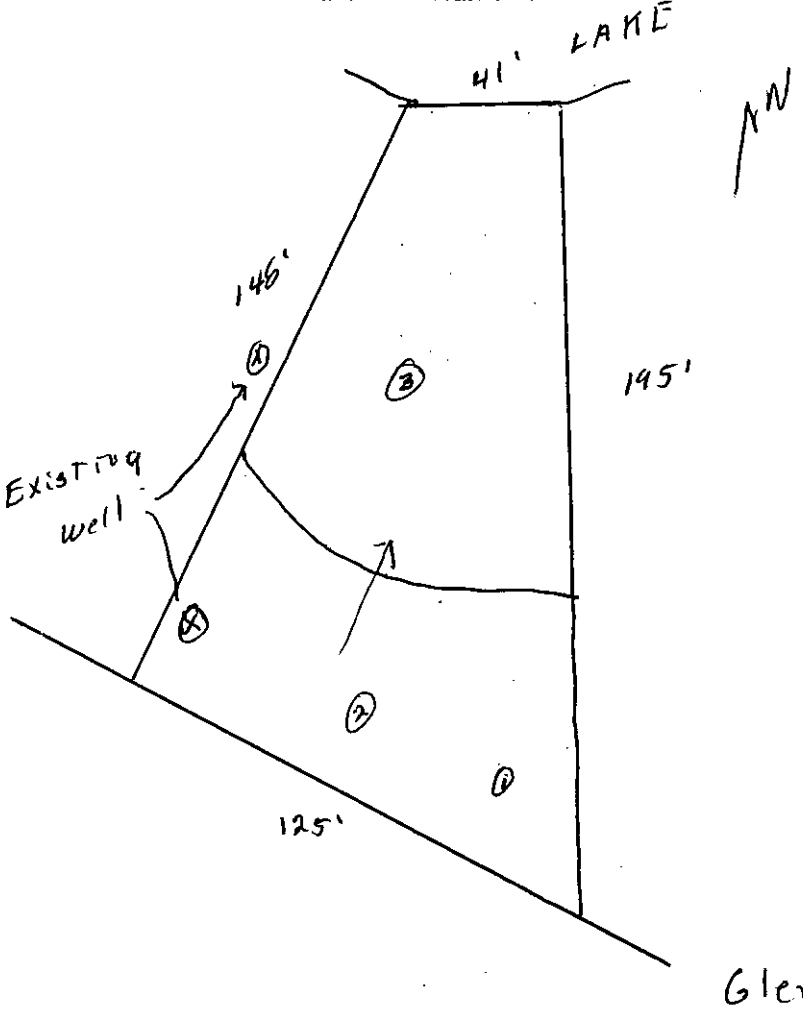
OTES

ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.

ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



Lucas-Forman, Inc.
Land Surveying & Civil Engineering
4000 Stuart Andrew Boulevard Charlotte, N.C. 28217
P.O. Box 11386, 28220-1386 704/527-6626 fax 527-9640

File 3786B

VIA FACSIMILE
527-6682

September 3, 1996

Mrs. Sara Carter
6116 Glen Teague Road
Charlotte, NC

Re: Property located at 6116 Glen Teague Road
Mecklenburg County Tax parcel 023-082-10

Dear Mrs. Carter,

At the request of Mr. Willis Linder, I have established a temporary benchmark at your property located at 6116 Glen Teague Road. The bench mark is a 60 penny nail driven into a 6x6 post at the southeast corner of your dock on Mountain Island Lake.

Based upon my measurements of August 27, 1996, I have determined the elevation of this nail to be 647.0.

I trust that this information will be helpful to you and welcome any questions you may have.

Sincerely,

Matthew J. Lucas

Matthew J. Lucas
Registered Land Surveyor

File 3786B

Lucas-Forman, Inc.
Land Surveying & Civil Engineering
4000 Stuart Andrew Boulevard Charlotte, N.C. 28217
P.O. Box 11386, 28220-1386 704/527-6626 fax 527-9640

VIA FACSIMILE
527-6682

September 3, 1996

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6116 Glen Teague Road
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Sincerely,

Matthew J. Lucas

Matthew J Lucas
Registered Land Surveyor

File 37386B

DOOLEY CONSTRUCTION
P O BOX 11372,
CHARLOTTE NC 28220

Date: 9/4/96
Number of pages including cover sheet: 2

RT Dooley

FAX COVER SHEET

LISA B. MIALIK, R.S.
Environmental Health Specialist
700 North Tryon Street
Suite 211
Charlotte, NC 28202
Telephone: (704) 336-5573
FAX: (704) 336-6894

From: WILLIS LINDER
Phone: 704-527-6111
Fax phone: 704-527-6687

REMARKS: ☐ Urgent ☐ For your review ☐ Reply ASAP ☐ Please comment

PER YOUR REQUEST
BENCHMARK LOCATED AT
6116 GLEN TEAGUE RD
BY LUCAS-FOREMAN

FILE 3786B

RT Dooley

R.T. DOOLEY CONSTRUCTION
4024 Barringer Drive
Charlotte, NC 28217
OFFICE: (704) 527-6111
FAX #: (704) 527-6682

FAX COVER SHEET

DATE: 8/7/96 NO. OF PAGES INCLUDING COVER SHEET: 1

TO: MECK CTY HEALTH DEPT
ATT: LISA MIALIK

FAX #: _____ PHONE #: _____

FROM: WILLIS LINDER

RE: #6116 GLENN TEAGUE
HAVE LINED UP MATTHEW LUCAS OF LUCAS FOREMAN TO CERTIFY FULL POND BENCH MARK
HE HAS BEEN ON VACTION FOR THE PAST TWO WEEKS AND HAS PROMISED TO DO SO THURSDAY OR FRIDAY WILL ADVISE YOU UPON HIS CERTIFICATION
ADVISE IF ANY OTHER INFO IS REQ'D. MANY THANKS FOR YOUR PATIENCE

R.T. DOOLEY CONSTRUCTION
4024 Barringer Drive
Charlotte, NC 28217
(704) 527-6111

File 3786B

FAX COVER SHEET

DATE 1/9/96 NO OF PAGES INCLUDING COVER SHEET 2

TO MCHD

ATT LISA B MALIK R.S.

FAX # _____ PHONE # _____

FROM Willis Linder

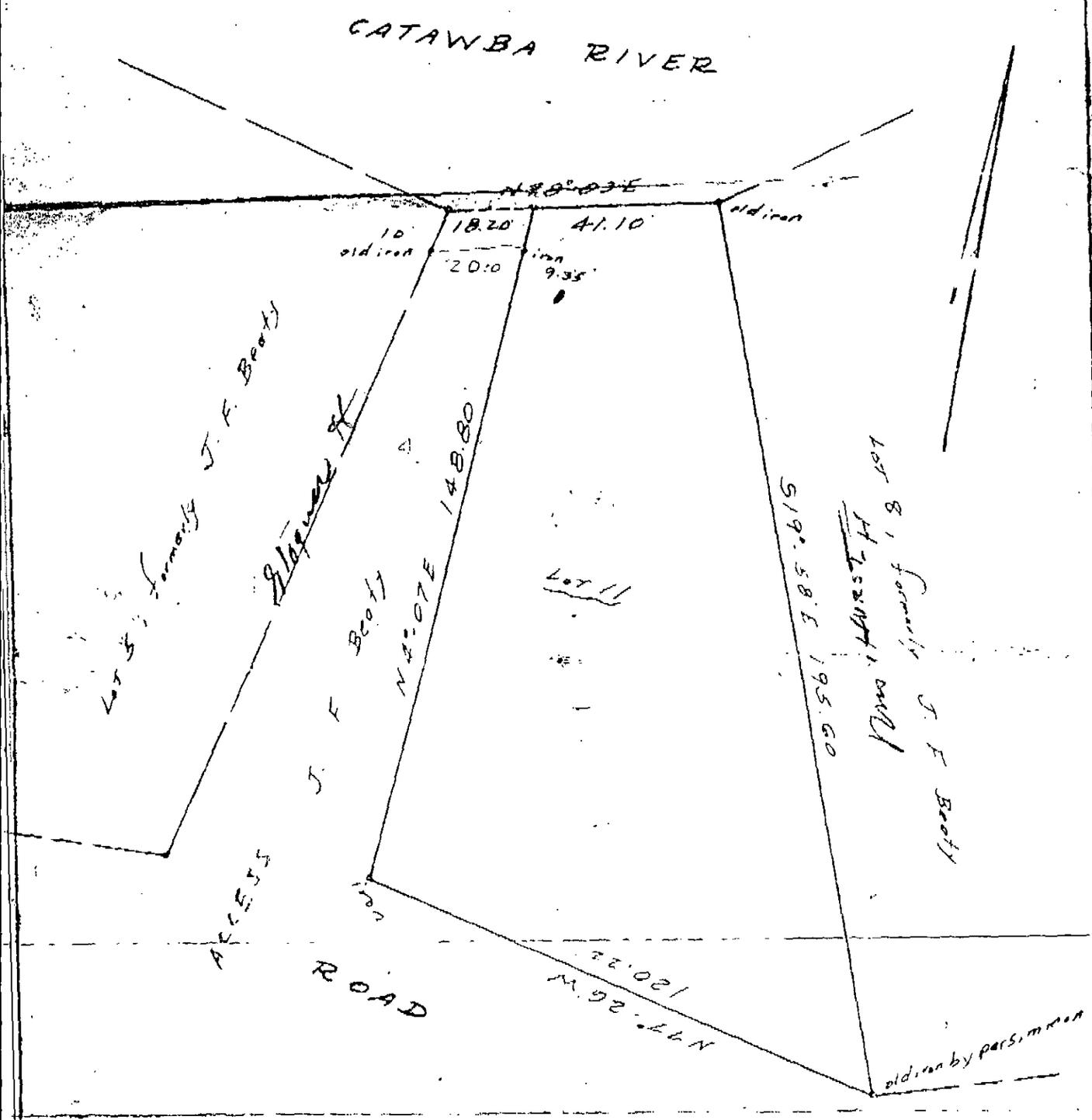
FAX # (704) 527-6682

RE 6116 GLENN TEAGUE ROAD
SARAH CARTER

CC SURVEY OF PROPERTY

THIS IS TO CERTIFY THAT ON THE 27th DAY OF April 1963 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDING ARE AS SHOWN HEREON; THAT THERE ARE NEITHER ANY ENCROACHMENTS BY THE WALLS OR PROJECTIONS OF THE BUILDINGS THEREON, ON THE STREETS OR ON THE ADJACENT PROPERTY; NOR ANY ENCROACHMENTS OF THE WALLS OR PROJECTIONS OF THE ADJACENT BUILDINGS UPON THE [redacted] PROPERTY.

SIGNED E. L. Faires
Reg. Surveyor, State of North Carolina



SURVEY OF PROPERTY

OF

J. F. BEATY

MECKLENBURG COUNTY, N. C.

LONG CREEK TOWNSHIP

SCALE - 1" = 30 FEET DATE April 27, 1963

DEED RECORDED IN BOOK ___ PAGE ___. MAP RECORDED IN BOOK ___ PAGE ___

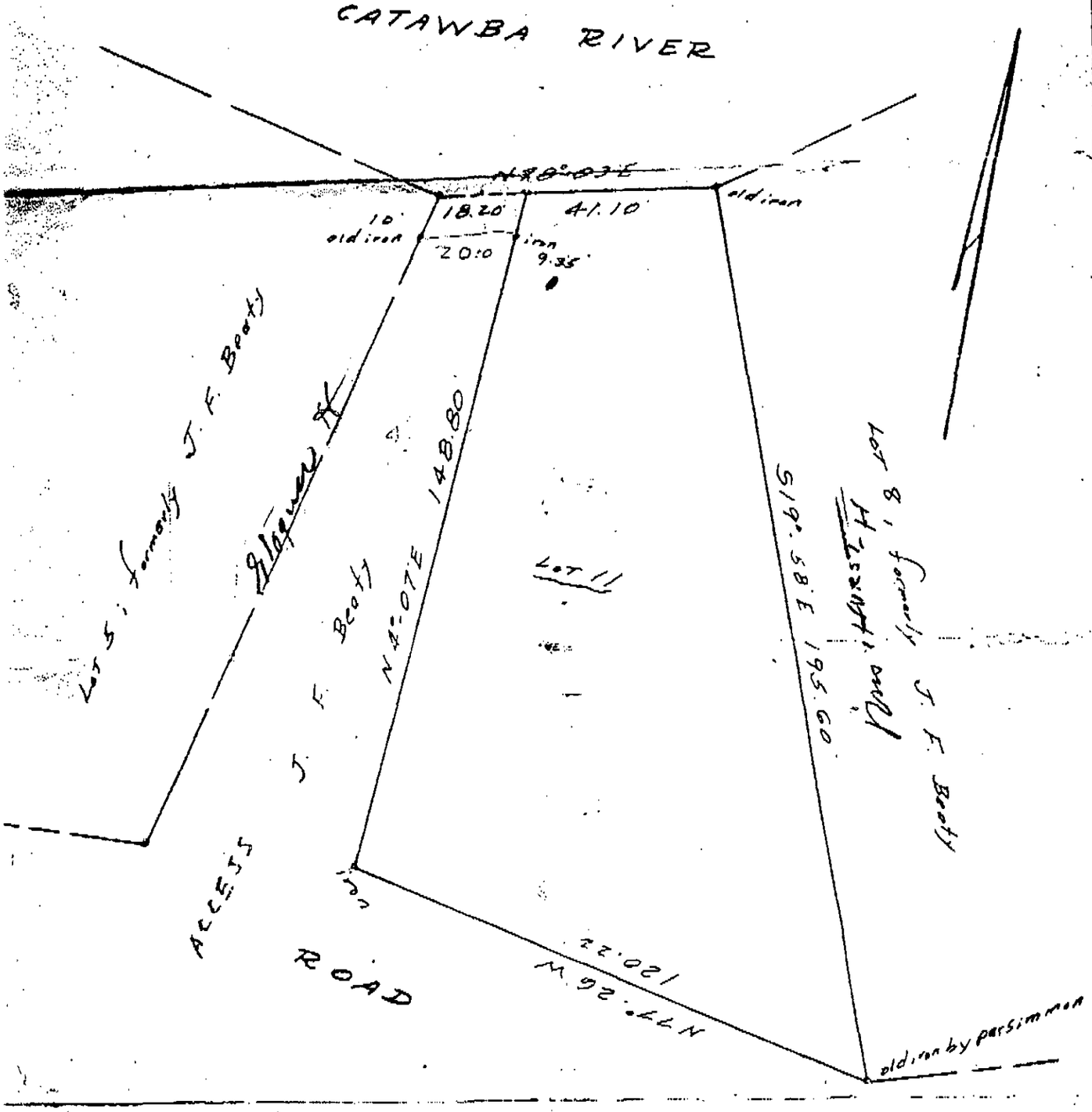
E. L. FAIRES, N. C. REGISTERED SURVEYOR

ROUTE 3, CHARLOTTE, N. C.

File 3786B

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SIGNED E. L. Faires
Reg. Surveyor, State of North Carolina



SURVEY OF PROPERTY

OF

J. F. BEATY

MECKLENBURG COUNTY, N. C.

LONG CREEK TOWNSHIP

SCALE - 1" = 30 FEET DATE April 27, 1963

DEED RECORDED IN BOOK ___ PAGE ___. MAP RECORDED IN BOOK ___ PAGE ___.

E. L. FAIRES, N. C. REGISTERED SURVEYOR

ROUTE 3, CHARLOTTE, N. C.

01-09-96 02:40PM P02

R. T DOOLEY CONSTRUCTION CO.
4024 Barringer Drive
Charlotte, NC 28220

(704) 527-6111 (Voice)
(704) 527-6682 (Fax)

FAX MEMORANDUM

MECKLENBURG COUNTY HEALTH DEPARTMENT

LISA B. MIALIK, R.S.
Environmental Health Specialist

Telephone: (704) 336-5573
FAX: (704) 336-6894

700 North Tryon Street
Suite 211
Charlotte, NC 28202

DATE: 09-Jun-96

TO: _____

FROM: WILLIS LINDER

PROJECT: 6116 GLENN

TOPIC: TEAGUE RD
023-082-10

MS CARTER HAS DECIDED TO REMODEL EXIST HOUSE

ADVISE PROCEDURE FOR CONTINUING ON WITH SEPTIC SYSTEM

HOPE YOU HAD A NICE VACATION

cc: _____

End of Memo

6/6 Mr from Willis Linder. Not avail. LM
6/6 PC to Mr Linder. " " " LM w/sec.
6/7 PC " " " " "
6/10 PC w/ Mr Linder. Wants new system - to state addition / get floor plans & then notify me

Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

NOTICE

THE INFORMATION CONTAINED IN THIS TELECOPY MAY BE PRIVILEGED AND/OR CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT (OR SUCH RECIPIENT'S EMPLOYEE OR AGENT), YOU ARE HEREBY NOTIFIED NOT TO READ, DISTRIBUTE OR COPY THE MATERIALS ATTACHED HERETO WITHOUT THE PRIOR WRITTEN CONSENT OF THE SENDER. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY THE SENDER BY TELEPHONE CALL AND RETURN THE ORIGINAL TELECOPY TO US BY MAIL AND WE WILL REIMBURSE YOU FOR THE REQUIRED POSTAGE. THANK YOU.

TO: Willis D. Linder TELECOPIER # 527-6682

FROM: Lisa Mialik DATE 12/28/95

Mecks. Co. Health Dept 336-5573

NUMBER OF PAGES TRANSMITTED: 5 (including cover sheet)

COMMENTS:
Contact Peggy Finley at the Department of Environmental Management 663-1699

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

[ ] Original will not follow [✓] Original will follow via:

[ ] U.S. Mail [ ] Hand Delivery [ ] _____

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

State of North Carolina
Department of Environment,
Health and Natural Resources
Mooresville Regional Office

James B. Hunt, Jr., Governor
Jonathan B. Howes, Secretary

DEHNR

DIVISION OF ENVIRONMENTAL MANAGEMENT

Well Abandonment Procedures

The State of North Carolina has rules which dictate the manner in which wells are to be permanently sealed or abandoned. This document is intended to provide you with information regarding proper abandonment procedures.

FOR DRILLED WELLS:

15A NCAC 2C .0113(a)(2) requires that drilled wells (such as 2 or 6-inch diameter casing) be abandoned in accordance with the following procedures:

(1) The entire depth of the well should be sounded before it is sealed to insure freedom from obstructions that may interfere with the sealing operation.

(2) The well shall be thoroughly disinfected with chlorine prior to sealing.

(3) The well may be filled with cement, sand or gravel opposite the zones of consolidated rock. The top of the sand or gravel fill shall be at least five feet below the top of the consolidated rock, which is usually the casing depth. The remainder of the well shall be filled with cement grout only.

(4) The outer well casing must be grouted to a minimum depth of 20 feet or removed prior to abandonment.

FOR BORED OR DUG WELLS:

15A NCAC 2C .0113(a)(2)(E) requires that a bored well be permanently abandoned by completely filling the well to land surface with cement grout or clean, dry clay compacted in place. The well must be thoroughly disinfected with chlorine prior to being filled.

FOR ALL ABANDONED WELLS:

15A NCAC 2C .0114(b)(1) requires that any person abandoning any well shall submit a record of abandonment to this Department within a period of thirty (30) days after completion of the abandonment.

Attached you will find a well abandonment record and a chlorination table for your use in the abandonment of wells. Should you have any further questions regarding well abandonment, please call the Mooresville Regional Office, Groundwater Section at (704) 663-1699.

919 North Main Street, Mooresville, North Carolina 28115 Telephone 704-663-1699 FAX 704-663-6040
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November, 1993

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
GROUNDWATER SECTION

Chlorine Table for Sterilization of Wells
(Based on Seventy Percent (70%) Available Chlorine)

Well Diameter	2 in.		4 in.		6 in.		8 in.		12 in.	
Feet of Water in Well	Amount of 70% Chlorine needed to produce a residual of at least 100 parts per million in the well.									
	Amt. in Granular Form	Number of Tablets	Amt. in Granular Form	Number of Tablets	Amt. in Granular Form	Number of Tablets	Amt. in Granular Form	Number of Tablets	Amt. in Granular Form	Number of Tablets
1	1 Tbls.	1	1 Tbls.	1	1 Tbls.	1	1 Tbls.	1	1 Tbls.	1
2	1 Tbls.	1	1 Tbls.	1	1 Tbls.	1	1 Tbls.	1	1 Tbls.	1
3	1 Tbls.	1	1 Tbls.	1	1 Tbls.	1	1 Tbls.	1	1 Tbls.	2
4	1 Tbls.	1	1 Tbls.	1	1 Tbls.	1	1 Tbls.	2	1 Tbls.	3
5	1 Tbls.	1	1 Tbls.	1	1 Tbls.	1	1 Tbls.	2	1 Tbls.	4
10	1 Tbls.	1	1 Tbls.	1	1 Tbls.	2	1 Tbls.	4	2 Tbls.	7
20	1 Tbls.	1	1 Tbls.	1	1 Tbls.	4	2 Tbls.	7	¼ Cup	14
30	1 Tbls.	1	1 Tbls.	2	2 Tbls.	6	3 Tbls.	10	½ Cup	22
40	1 Tbls.	1	1 Tbls.	2	2 Tbls.	7	¼ Cup	14	½ Cup	30
50	1 Tbls.	1	1 Tbls.	3	3 Tbls.	9	¼ Cup	18	¾ Cup	39
100	1 Tbls.	2	2 Tbls.	6	¼ Cup	17	½ Cup	35	1¼ Cup	77
200	1 Tbls.	4	3 Tbls.	12	½ Cup	35	1¼ Cup	70	3 Cup	144
300	2 Tbls.	7	¼ Cup	17	1 Cup	55	2 Cup	105	1 Qt.	231
400	3 Tbls.	9	½ Cup	21	1½ Cup	73	2½ Cup	140	1¼ Qt.	308
500	3 Tbls.	11	½ Cup	28	1¾ Cup	91	3 Cup	175	2 Qt.	385

Tbls. = Tablespoon
Qt. = Quart
Gal. = Gallon

CHLORINE TABLE FOR STERILIZATION OF WELLS

(Based on Seventy Percent (70%) Available Chlorine)

Well Diameter	18 in.		20 in.		24 in.		30 in.		36 in.	
Feet of Water in Well	Amount of 70 % Chlorine needed to produce a residual of at least 100 parts per million in the well.									
	Amount in Cups	Number of Tablets	Amount in Cups	Number of Tablets	Amount in Cups	Number of Tablets	Amount in Cups	Number of Tablets	Amount in Cups	Number of Tablets
1	¼ Cup	2	¼ Cup	2	¼ Cup	3	¼ Cup	5	¼ Cup	7
2	¼ Cup	3	¼ Cup	4	¼ Cup	6	¼ Cup	10	¼ Cup	14
3	¼ Cup	6	¼ Cup	7	¼ Cup	10	¼ Cup	15	½ Cup	21
4	¼ Cup	7	¼ Cup	9	¼ Cup	12	¼ Cup	20	½ Cup	28
5	¼ Cup	9	¼ Cup	11	¼ Cup	16	½ Cup	25	¾ Cup	34
10	¼ Cup	18	½ Cup	21	½ Cup	31	1 Cup	49	1¼ Cups	69
20	½ Cup	35	¾ Cup	44	1 Cup	62	2 Cups	101	2½ Cups	140
30	1 Cup	53	1¼ Cups	67	1½ Cups	95	2¾ Cups	146	1 Qt.	213
40	1½ Cup	73	1½ Cups	90	2 Cups	123	3½ Cups	196	1¼ Qt.	286
50	1¾ Cup	90	2 Cups	112	3 Cups	157	1 Qt.	246	1½ Qt.	353
100	3 Cups	179	1 Qt.	218	1¼ Qt.	314	2¼ Qt.	493	3¼ Qt.	706
200	1¾ Cups	353	2 Qt.	437	2¾ Qt.	627	1¼ Gal.	986	1½ Gal.	1417
300	2¼ Cups	532	3 Qt.	655	1 Gal.	941	1½ Gal.	1473	2¼ Gal.	2122
400	3 Qt.	706	1 Gal.	874	1½ Gal.	1260	2¼ Gal.	1966	3 Gal.	2834
500	1 Gal.	885	1¼ Gal.	1092	1¾ Gal.	1574	2¾ Gal.	2458	4 Gal.	3539

WEIGHT FORMULA: Ounces = $\frac{\text{(ppm Chlorine residual) x (8.34) x (gallons of water) x (16)}}{\text{(1,000,000) x (percent chlorine)}}$

Measures:
7 Tablets = 1 Ounce
2 Cups = 1 Pint
2 Pints = 1 Quart
4 Quarts = 1 Gallon

NOTE: This table does not apply for chlorox, B.K. Powder or any other chlorine product with less than 70% available chlorine.

Department of Environment, Health, & Natural Resources
Division of Environmental Management
Groundwater Section
P.O. Box 28687 - Raleigh, N.C. 27611

WELL ABANDONMENT RECORD

CONTRACTOR _____ REG. NO. _____

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

Nearest Town: _____ County _____

_____ _____
(Road, Community, Subdivision, Lot. No.) Quadrangle No.

2. OWNER: _____

3. ADDRESS: _____

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

5. USE OF WELL: _____ DATE: _____

6. TOTAL DEPTH: _____ DIAMETER: _____

7. CASING REMOVED:

feet	diameter
_____	_____
_____	_____

8. SEALING MATERIAL:

Neat cement	Sand cement
bags of cement _____	bags of cement _____
gals. of water _____	yds. of sand _____
	gals. of water _____

Other
Type material _____

Amount _____

9. EXPLAIN METHOD EMPLACEMENT OF MATERIAL

_____

_____

_____

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

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

Signature of Contractor or Agent _____ Date _____

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

Submit original to the Division of Environmental Management, one copy to the Driller, and one copy to the owner.
GW-30