

18019 WHISPERING OAKS

00105240

5/24/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County	Girouard Residence	4853A
Health Department	**Name of Establishment**	**Permit/Project No.**
10819 Whispering Oaks Dr., Cornelius	4-Bedroom House	480 GPD
Location	**Type of Establishment**	**Design Flow**
Michael & Rae Ann Girouard	Same as location address	(704) 896-5716
Owner/Agent	**Address**	**Phone**
N/A	N/A	N.A
Operator	**Address**	**Phone**
IIIb	2/19/2010	
***System* Type**	**Next Inspection Due**	

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☒	☐	☐	1.a. See comment 1. in system maintenance.
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?	☒	☐	☐	3.b. Riser lid bolts are rusted.
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 4" of soilds in the pump tank.
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☒	☐	☐	
b. High-water alarm present and operating properly?	☒	☐	☐	
c. Floats/pipe/valves/disconnects in good working condition?	☒	☐	☐	5.A.c. Heavy corrosion on valve handle
d. Control panel enclosure/components in good condition?	☒	☐	☐	in pump tank.
e. Elapsed time readings: _____ _____ _____ _____				5.A.d. Corrosion in electrical panel.
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?	☒	☐	☐	6.g. Manifold lid damaged.
h. Repair area properly reserved, maintained?	☒	☐	☐	

A. LOW PRESSURE PIPE DRAIN FIELDS:

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

OVERALL CONDITION AND OPERATION OF SYSTEM:

No problems detected with system operation at the time of inspection.

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

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

None

***REPAIR WITHIN N/A DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

1. Constant flow of water into pump tank. Check for leaking toilets & repair as needed.
2. Check duct sealant on electrical conduit & seal to prevent corrosion inside electrical panel.
3. Pump both tanks (septic & pump) on a routine schedule to remove excess solids. The MCHD recommends pumping the tanks every 3 to 5 years.
4. Replace manifold lid. Lid is weathered and beginning to come apart.

DATE: 2/24/2005

SIGNED: _____, RSI AGENT

Division of Environmental Health

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	02/21/05	**Amount:**	85.00
Receipt #:	32326	**Tendered:**	85.00
Check / Auth #:	CHECK 1600	**Returned:**	0.00
Received By:	AIDOOJK		

Account Information

Account #: 200000
Contractor: GIROUARD MICHAEL P. MD.
Attn:
Address: 18019 WHISPERING OAKS DRIVE
Address:
City/State/Zip: CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
0743	Hmeownr Maint Inspec-Type IIIB FILE 4853A/704-896-5716		1	85.00	85.00

Outstanding Balances

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4853-A DATE: 7-25-95

TC: 001-052-40 L CRT

SERIAL Nº 16346

Name of Owner LAKEVIEW HOMES Juris.: _____

Address of Property 18019 WHISPERING OAKS DR

Inspection Data:

Tank Material PCC

Total Length of Drainfield 540

Number of Lines 9 @ 60

Cover Depth 12"

Water Supply Source WELL

Distance to Water Source ≈ 57'

Excavation Inspected 7-17-95

Tank(s) Inspected 7-17-95

Wash Line Inspected _____

High Water Alarm Inspected 7-25-95

PLOT

Design 1995 1600SFT 12G CECIC BI PRESSURE MANIFOLD CTR# FJERVIN

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 15A 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

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 15A 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

Kelly Randall
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: 4853-A DATE: 7-6-95

TC: 001-052-40 L

SERIAL Nº 16332

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 6-3-95. All work shall be completed on or before 8-6-95, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A 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.

INSTALL IN ACCORD W/ PLAN ON FILE

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth ~~24~~ 22"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous YES

Total Line Length 540 feet

Number of Lines 9 x 60

Depth of Stone 12" inches

Distance from House 5'+ feet

Distance from Property Line 10'+ feet

Distance from Well 50'+ feet

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

NAME OF OWNER LAKEVIEW HOMES

LOCATION OF PROPERTY 18019 WHISPERING OAKS DR

Comments: INSTALL IN ACCORDANCE W/ PLAN ON FILE

for Stanley Program Chief 7-14-95

Environmental Health Specialist

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

PROPOSED PLOT PLAN

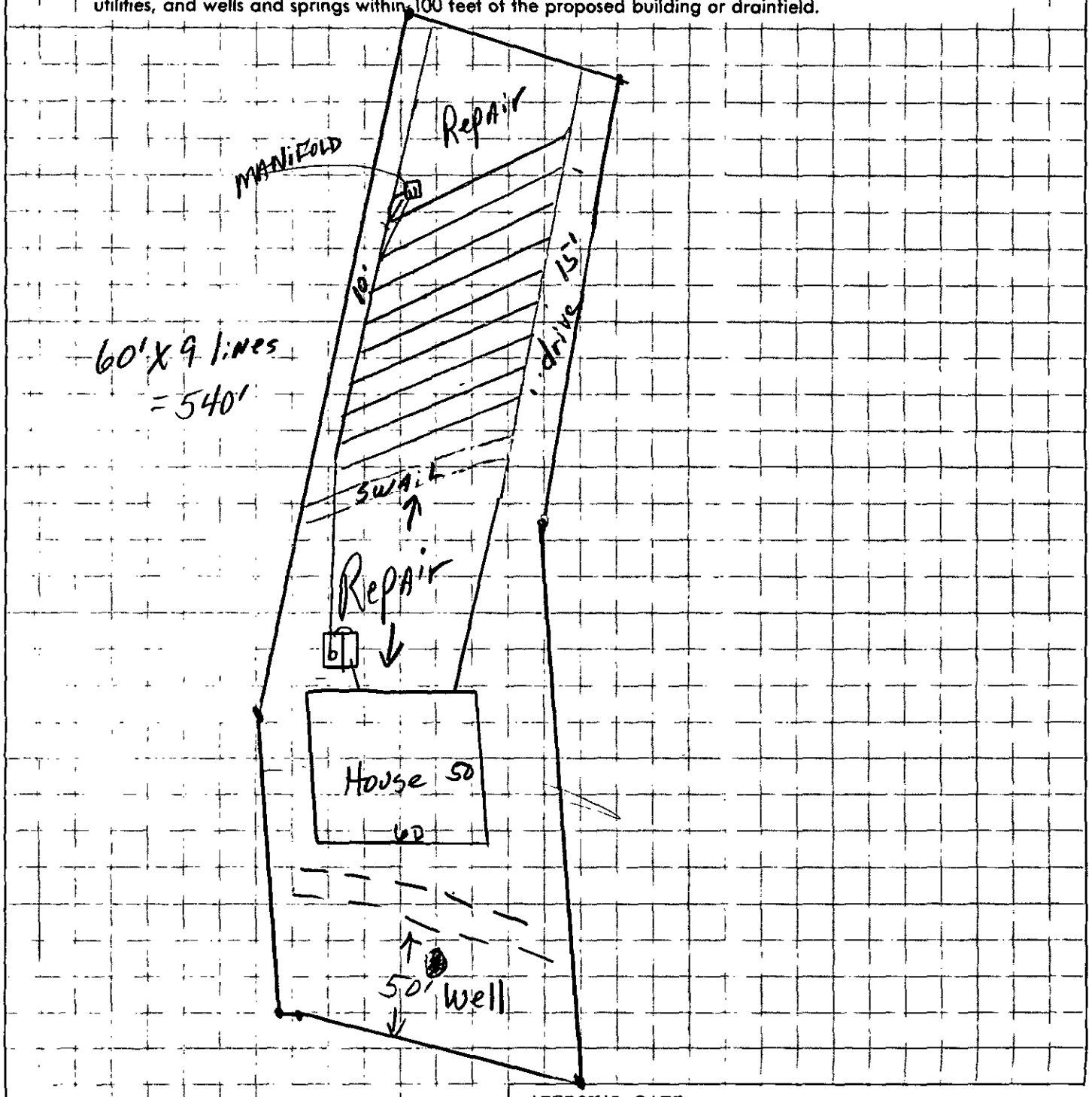
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

Lot 3 Whispering Oaks Drive

FILE: 4853A

TC: 001-052-40

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



APPROVAL DATE _____

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

KR

Lot 3 Whispering Oaks Drive

File 4853A

Berkowitz manifold

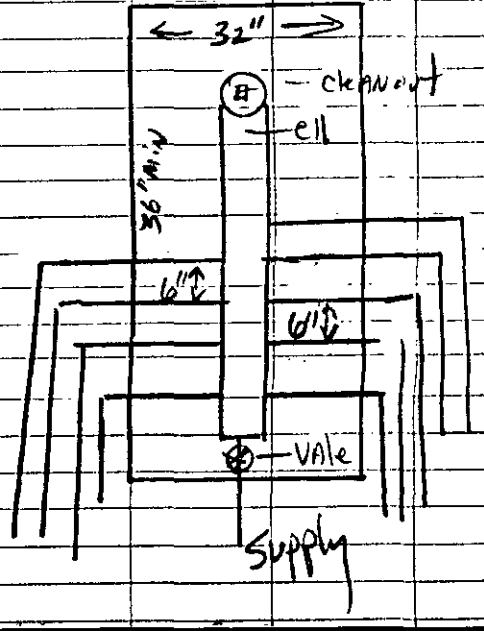
elevation at tank (ground surface)	100.0
" (bottom of tank)	94.5
elevation at manifold (ground surface)	106.1
elevation head	11.6
working "	2.0
friction " 1.7 x 6.5	11.1
	24.7
20% contingency	5.0
	29.7

Supply pipe 2" sch 40 PVC

manifold size 4" "

tap " 1½" "

" separation 6"

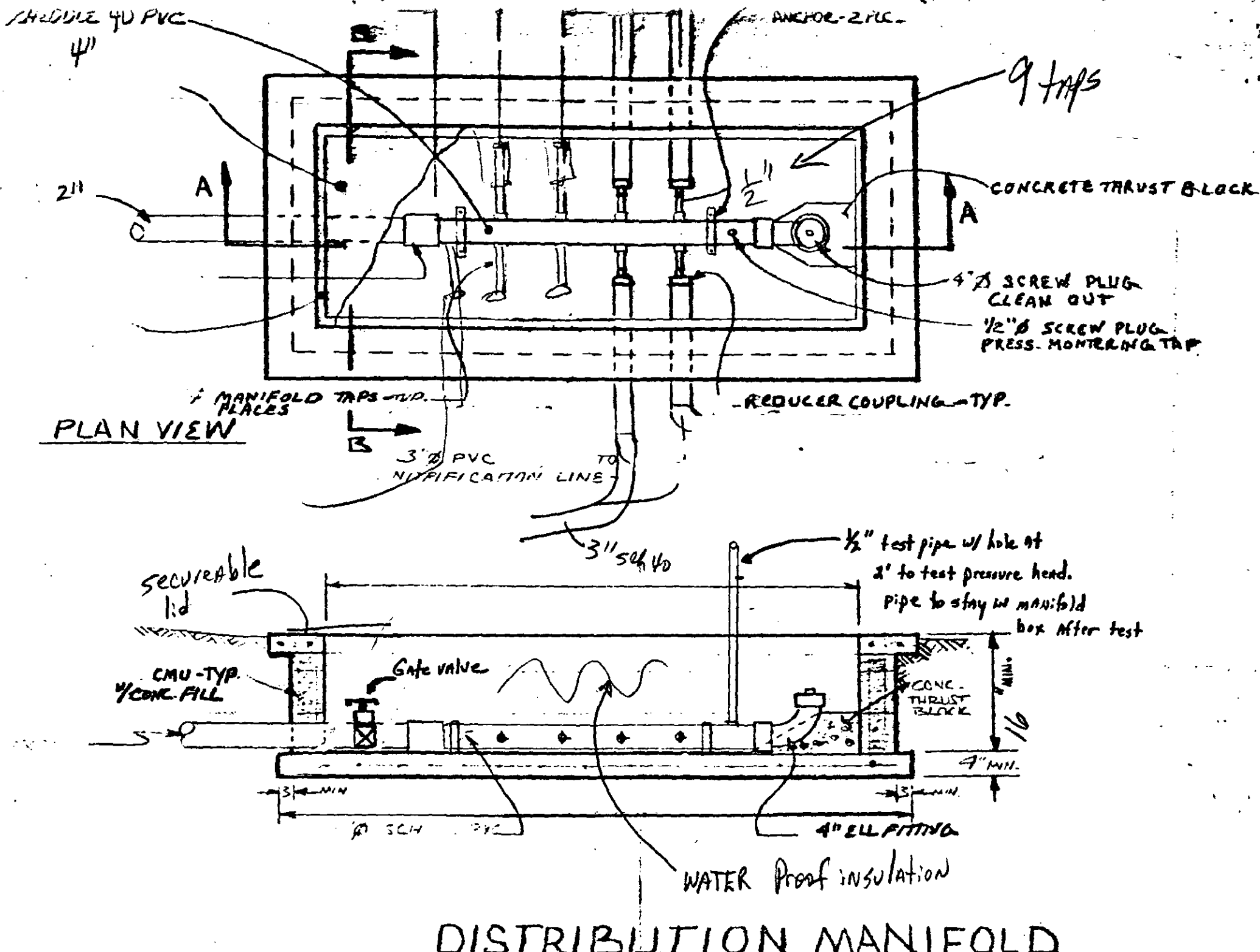


discharge each tap 7.1 GPM

9 taps X 7.1 = 63.9

Pump Myers ME 50 equal

63.9 gpm at 30' head



DISTRIBUTION MANIFOLD

ME SERIES

1/3 through 1-1/2 HP
Effluent Pumps

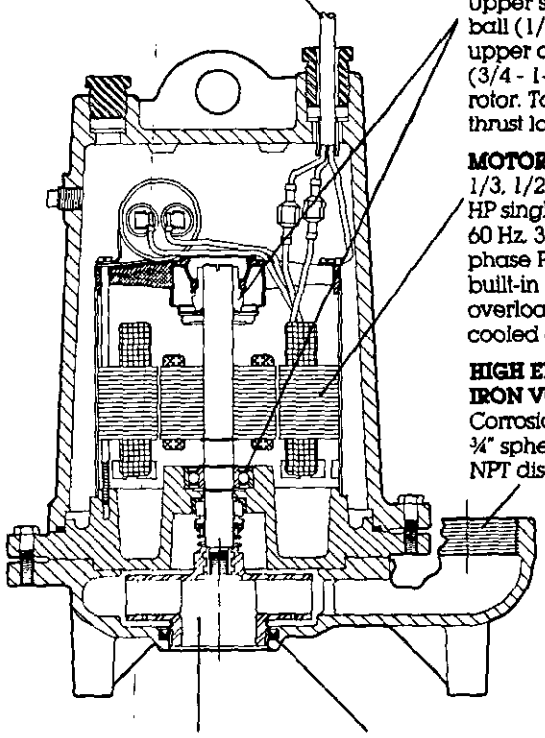
POWER CORD
Jacket sealed with compression fittings. Individual wires potted with epoxy to prevent wicking in case of cord damage.

MOTOR HOUSING
Cast iron for efficient heat transfer and corrosion resistance.

BEARINGS
Upper sleeve and lower ball (1/3 and 1/2 HP), upper and lower ball (3/4 - 1-1/2 HP) support rotor. Take radial and thrust loads.

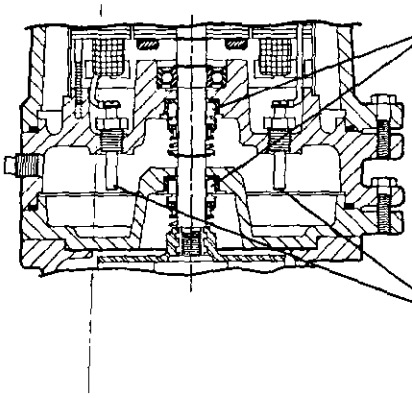
MOTOR
1/3, 1/2, 3/4, 1 and 1-1/2 HP single or three phase, 60 Hz. 3450 RPM. Single phase PSC motors have built-in on winding overload protection, oil-cooled and lubricated.

HIGH EFFICIENCY CAST IRON VOLUTE
Corrosion resistant. Passes ¾" spherical solids. 2" NPT discharge.



ENCLOSED TWO VANE IMPELLER
High efficiency. Passes ¾" spherical solids with stainless steel wear ring. Optional bronze construction available.

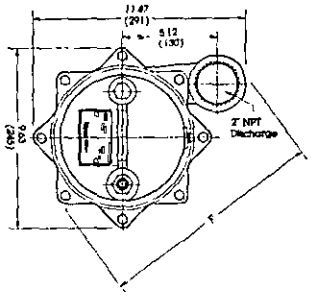
VOLUTE/IMPELLER SEAL RING
Maintains high efficiency and reduces recirculation. Replaceable.

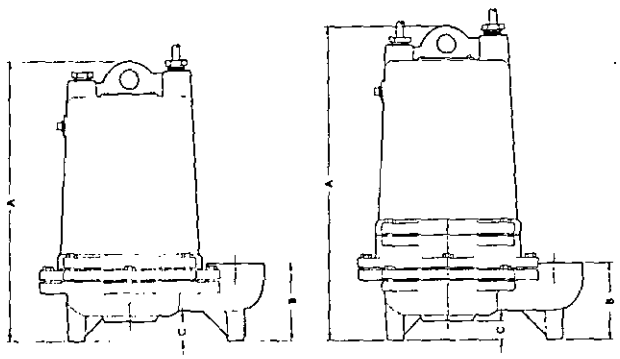


SHAFT SEAL(S)
Carbon and ceramic faces. Optional dual tandem seals. Extends motor life.

SEAL LEAK PROBES
Optional probes (dual seal only) detect water leakage in seal housing. Activates warning light.

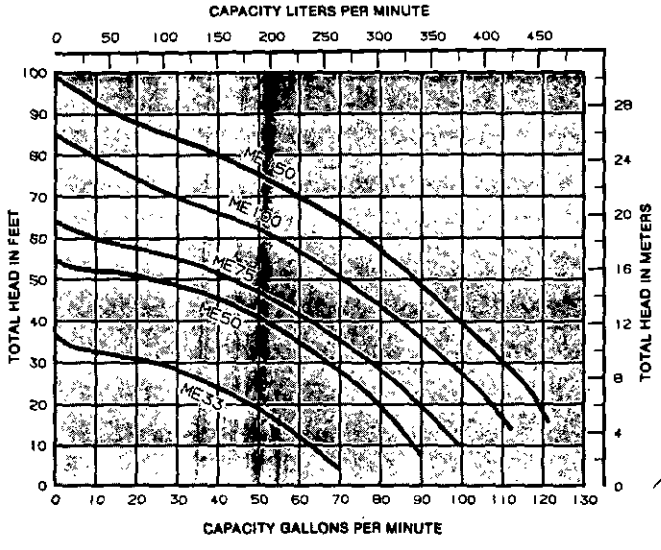
DIMENSIONS





Model Series	inches (millimeters)			
	A	B	C	F
ME33S & ME50S	14.7 (373)	4.09 (104)	1.03 (26)	12.13 (308)
ME33D & ME50D	16.5 (419)	4.09 (104)	1.03 (26)	12.13 (308)
ME75S, ME100S, ME150S	16.8 (427)	4.0 (102)	1.06 (27)	12.5 (318)
ME75D, ME100D, ME150D	18.6 (472)	4.0 (102)	1.06 (27)	12.5 (318)

PERFORMANCE CURVE

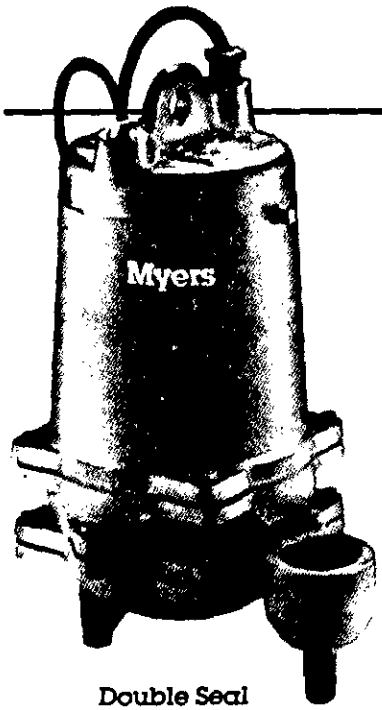


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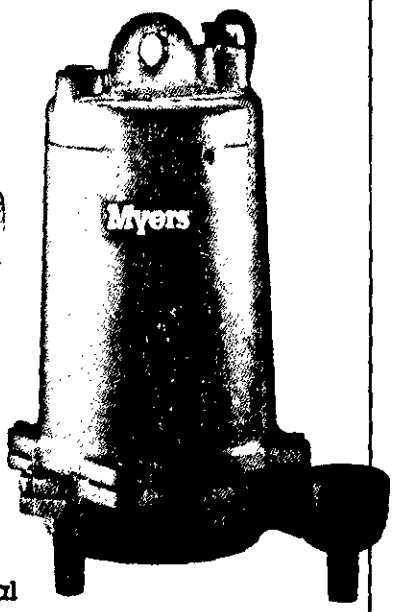
Myers®
F. E. Myers, A Pentair Company
1101 Myers Parkway
Ashland, Ohio 44805-1923
419/289-1144
FAX: 419/289-6658, TLX: 98-7443

ME SERIES

1/3 through 1-1/2 HP
Effluent Pumps



Double Seal



Single Seal

THE MYERS ME SERIES EFFLUENT PUMPS ARE DESIGNED SPECIFICALLY FOR TODAY'S EFFLUENT PRESSURE DISTRIBUTION MOUNDS, TRENCHES AND HIGH FLOW DRAINAGE APPLICATIONS. The ME Series effluent pumps with their efficient two vane, enclosed impellers, provide the ideal performance for optimum dosing. ME Series pumps are constructed of only corrosion resistant materials like cast iron, stainless steel and thermoplastics to assure that they will perform for years to come in the harsh effluent environment and drainage applications. For more information, call your Myers distributor today or the Myers Ashland, Ohio sales office at 419/289-1144.

ADVANTAGES BY DESIGN

IDEAL FOR USE IN MOUND AND TRENCH PRESSURE DISTRIBUTION SYSTEMS

- High efficiency, two vane, enclosed impeller provides ideal performance for most efficient dosing.
- Impeller passes full ¾ inch solids.
- Enclosed impeller design eliminates possibility of jamming or corrosion between impeller and volute.

DURABLE MOTOR WILL DELIVER MANY YEARS OF RELIABLE SERVICE

- Oil-filled motor for maximum heat dissipation and constant bearing lubrication.
- High torque, permanent split capacitor (PSC), single phase motors. No starting switches or relays to wear out.
- Optional seal leak probe warns of seal leak condition. (Dual seal motors only.) Helps prevent costly motor damage.
- Motors have on winding current and temperature sensitive overload. (Single phase only.)

THE ME SERIES EFFLUENT PUMPS ARE DESIGNED FOR YEARS OF MAINTENANCE FREE OPERATION

- Volute seal ring is replaceable. Restores pump to original performance if wear should occur.
- Motor is held in place by 4 screws. Easily removed if service is ever needed.

PRODUCT CAPABILITIES

Capacities To	120 GPM	454 LPM
Heads To	98 ft.	29.8 m
Max. Spherical Solids	¾ in.	19 mm
Liquids Handling	domestic effluent & drain water	
Intermittent Liquid Temp.	up to 140° F	up to 60° C
Motor Electrical Data	1/3 & 1/2 HP, 115 volts, 1 ph 1/3 to 1-1/2 HP, 230 volts, 1 ph 208, 230, 460, 575 volts, 3 ph oil-filled, permanent split capacitor type, 1 ph, 3450 rpm, 60 Hz	
Motor Insulation	Class B (130°C)	
Third Party Approvals	Pending	
Acceptable pH Range	6-9	
Specific Gravity	.9-1.1	
Viscosity	28-35 SSU	
Discharge, NPT	2 in.	50.8 mm
Min. Sump Dia. Simplex Duplex	24 in. 36 in.	61 cm 91.4 cm

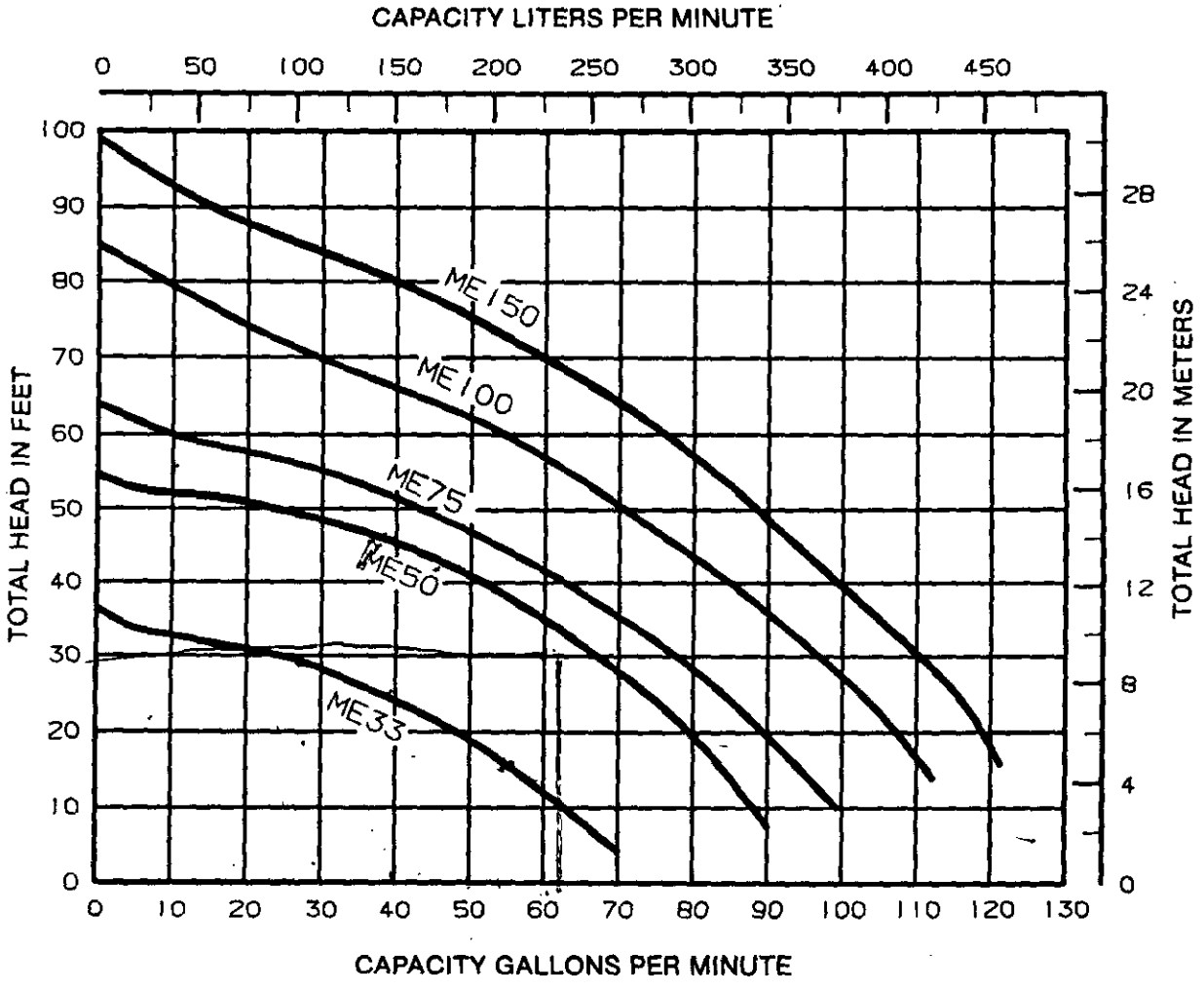
Construction Materials	
Motor Housing, Volute	cast iron, Class 30, ASTM A48-76
Enclosed Two Vane Impeller Standard Optional	engineered thermoplastic bronze
Impeller Wear Ring	304 SST
Volute Sealing Ring	Buna-N
Shaft	416 SST
Power Cord 1/3 & 1/2 HP, 1 Ph 3/4 - 1-1/2 HP, 1 Ph All 3 Ph	 20 ft. 16/3 SJOW/SJOW-A 20 ft. 14/3 SJOW/SJOW-A 20 ft. 14/4 SOW/SOW-A
Shaft Seals Standard Optional Opt. Lower	single carbon & ceramic tandem carbon & ceramic tungsten carbide
Fasteners	300 Series SST

WHERE INNOVATION MEETS TRADITION

Myers®

ME Series
1/3 through 1-1/2 HP
Effluent Pumps
Performance Curve

Myers®



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

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

Mecklenburg — Health Department | Name of Establishment | 4853A — Permit/Project No.

18019 Whispering Oaks — Location | residence — Type of Establishment | 480 gpd — Design Flow

Michael & Kathryn Girouard, 18019 Whispering Oaks, Cornelius 28031 — Owner/Agent | Address | Phone

None - DIY — 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?	☑	☐	- Pump tank has an average of 6.8" of suspended solids - time to pump both tanks. Pumping the septic and pump tanks on a regular basis will help extend the life of the septic system. Riser lid bolts are extremely rusted - suggest replacing with stainless steel.
Tanks and access manholes structurally sound, watertight?	☑	☐	
Sanitary tee(s) in good working condition?	☐	☑	
Tanks pumped, cleaned out as needed?	☐	☑	
4. RAW SEWAGE LIFT STATION (if present): Required pumps present, operating, and cycling properly?	☐	☐	
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	
5. EFFLUENT DOSING SYSTEM: Effluent appears clear, free of excess solids?	☐	☐	
PUMP SYSTEMS: Required pumps present, operating, and cycling properly?	☑	☐	- Pump did not activate when float switch was manually lifted, however, water level in the tank suggests the pump is operating properly
High-water alarm present and operating properly?	☑	☐	
Floats/pipe/valves/disconnects in good working condition?	☑	☐	
Control panel enclosure/components in good condition?	☑	☐	
Elapsed time readings: _____ _____ _____ _____			
SIPHON SYSTEMS: No evidence of overflow or siphon leakage?	☐	☐	
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	
6. GROUND ABSORPTION FIELDS: No evidence of effluent surfacing/reaching surface waters?	☑	☐	
Minimal ponding in subsurface trenches?	☑	☐	
Surface water being effectively diverted away?	☑	☐	
Diversions/ditches/swales/tile drains properly maintained?	☑	☐	- I could not manually activate pump - could not adjust pressure head in manifold.
Line cover/vegetation adequate/maintained as needed?	☑	☐	
Protected from traffic, destructive uses?	☑	☐	
Distribution devices in good condition, working properly?	☑	☐	
Repair area properly reserved, maintained?	☑	☐	
LOW-PRESSURE PIPE DRAIN FIELDS: Turnups/cleanouts/valves intact and accessible?	☐	☐	
No effluent standing in lower laterals?	☐	☐	
Laterals free of excess solids, cleaned out as needed?	☐	☐	
Pressure head is properly adjusted?	☐	☐	

OVERALL CONDITION AND OPERATION OF SYSTEM: Overall system looks good.

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)
Pump out septic and pump tanks	

DATE: 2-21-00 SIGNED: J B Thompson R.S. AGENT

Division of Environmental Health

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

– over –

SUMMARY OF IMPROVEMENTS NEEDED (cont.)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

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

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 of your operation permit/certificate of completion for the following violations:
(circle one) *(circle one)*

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

Mecklenburg County
Health Department

February 28, 2000

Michael and RaeAnn Giouard
18019 Whispering Oaks Drive
Cornelius, NC 28031

Dear Mr. and Mrs. Giouard:

Enclosed you will find the bacteriological laboratory analysis of the well water sample that was collected at your residence on February 21, 2000.

The laboratory analysis of the well water sample was reported to be positive for bacteria. The presence of bacteria indicates a source of contamination. It is recommended that the well be chlorinated. The procedure for chlorination of a well is enclosed.

The inorganic water sample results are not yet available. I will forward a copy of those results to you just as soon as I receive them from the State Laboratory.

Again, I apologize for the incorrect letter that was mailed to you on February 23, 2000. If you have any questions regarding this matter, please feel free to contact me at 336-5568.

Sincerely,

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

Enclosures

Mecklenburg County
Health Department

February 23, 2000

Michael and RaeAnn Giouard
18019 Whispering Oaks Drive
Cornelius, NC 28031

Dear Mr. and Mrs. Giouard:

Enclosed you will find the laboratory analysis of the well water resample that was collected at 18019 Whispering Oaks, Cornelius, NC on February 21, 2000.

The laboratory analysis of the well water sample was reported to be positive for bacteria. The presence of bacteria indicates a source of contamination. It is recommended that the well be chlorinated. The procedure for chlorination of a well is enclosed.

Also enclosed you will find the subsurface wastewater system inspection results. At the time of the inspection the septic system was malfunctioning and sewage was surfacing. Your prompt attention to this matter is appreciated, please have a septic contractor contact me for an appointment so that we may determine the cause of the problem.

If you have any questions regarding this letter, please feel free to contact me at 336-5568.

Sincerely,

L B. Thompson, Jr., R.S.

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

Enclosures

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

INORGANIC CHEMICAL ANALYSIS - NITRATE ONLY

Name of System: Girovard, Michael & Rae Ann
Address: 18019 Whispering Oaks
Cornelius, NC **Zip:** 28031
County: MECKLENB

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

Source of Water: Ground
Source of Sample:
Type of Sample: treated
Type of Treatment: filtered
Type of Analysis: Nitrate
Category:

Collected By: L. THOMPSON **Date:** 02/21/2000 **Time:** 2:00:00 PM
Location of sampling point: *outside tap*
Remarks: 111b

Parameters	Results	Units	Date Analyzed:
Nitrite as N	<0.10	mg/l	02/22/2000
Nitrate as N	<1.0	mg/l	02/22/2000

EXPLANATION OF RESULTS:

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

Date Received: 02/22/2000 **Report Date:** 02/25/2000 **Reported By:**
Today's Date: 02/25/2000 **Reference:** 2514 **Sample Number:** AA31233

Explanations

Coliform Analysis:
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. *coli* (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Inorganic Analysis:
Recommended limits for drinking water. Sample should not exceed levels listed below:

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.05 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l

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

INORGANIC CHEMICAL ANALYSIS - PRIVATE WATER SYSTEM

Name of System: Girovard, Rae Ann & Micha
Address: 18019 Whispering Oaks
Cornelius, NC **Zip:** 28031
County: MECKLENB
Report To: Mecklenburg Co. Env. Health **ATTN:** L. Thompson
700 North Tryon Street (704) 336-5101
Charlotte, NC 28202
Courier: 05-16-21

Source of Water: Ground
Source of Sample:
Type of Sample: treated
Type of Treatment: filtered
Type of Analysis Private

Collected By: L THOMPSON **Date:** 02/21/2000 **Time:** 2:00:00 PM
Location of sampling point: outside tap
Remarks: 111b

Parameters	Results	Units	Date Analyzed:
Alkalinity as CaCO3	22	mg/l	02/22/2000
Arsenic	<0.001	mg/l	02/22/2000
Calcium	4.7	mg/l	02/22/2000
Chloride	<5	mg/l	02/22/2000
Copper	<0.05	mg/l	02/22/2000
Fluoride	<0.10	mg/l	02/22/2000
Iron	<0.05	mg/l	02/22/2000
Hardness as CaCO3 (Ca,Mg)	15	mg/l	02/22/2000
Magnesium	0.9	mg/l	02/22/2000
Manganese	<0.03	mg/l	02/22/2000
Lead	<0.005	mg/l	02/22/2000
pH	7.0	Std. unit	02/22/2000
Zinc	<0.05	mg/l	02/22/2000

Date Received: 02/22/2000 **Report Date:** 02/25/2000 **Reported By:** _____
Today's Date: 02/25/2000 **Ref:** 2493 **Sample Number:** AA31212

Explanations

Coliform Analysis:
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. *coli* (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Inorganic Analysis:
Recommended limits for drinking water. Sample should not exceed levels listed below:

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.05 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l

Mecklenburg County Public Health Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

III b

Microbiological Analyses

Owner, System or Establishment: Michael & Kaethan Girard

Address: 18019 Whispering Oaks Ct

Charlotte, NC Zip: 28031

Collected By: L. Thompson

Date Collected: 2-21-00 Time: 9:00 AM (PM)

Sample Source: Outside tap

Date Delvd. to Lab: 2-21-00 Time: 3:35 AM (PM)

Delivered By: LBT ☑ Received on Ice Initials LBT

Type of Sample

Potable Water

☑ Individual Well ☐ Non-Community

☐ Community ☐ City

☐ Other (specify)

Treatment ☐ chlorinated ☑ nonchlorinated

☑ Initial Sample ☐ Recheck (chlorinated)

☐ Recheck (nonchlorinated)

☐ Other (specify) _____

Nonpotable Water

☐ Surface

☐ Storm ☐ Other (specify) _____

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

☐ Sulfate Reducing Bacteria ☐ Pseudomonas aeruginosa

☐ Other (specify) _____

☐ Food Analysis (specify) _____

Comments: Own Filter

Laboratory Analysis Report

Method: _____ Membrane Filter ✓ Colilert _____ Multiple Tube Fermentation

Total Coliform Present /100 ml.

Fecal Coliform Absent /100 ml.

Fecal Strep _____ /100 ml.

Enterococcus _____ /100 ml.

Non-Coliform _____ /100 ml.

Plate Count _____ /gm. or ml.

Coliform Count _____ /gm. or ml.

Pseudomonas aeruginosa _____ /100 ml.

Laboratory Comments:

Date Received: 2/21/00 Date Reported: 2/22/00

Received By: MES Analyst: MES Lab #: 194

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

L 1.14 1/92
Rev. 10/96
4319

White - Lab Report Copy Yellow - Lab File copy

MAINTENANCE INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

Michael & RaeAnn Girouard
18019 Whispering Oaks
Cornelius, NC 28031

Please Make Check Payable To:

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

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File #	# Bedrooms	System Type
Michael & RaeAnn Girouard	18019 Whispering Oaks	001-052-40	4853A	4	IIIB

Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

#Bedrooms _____

BILL INFORMATION

Billing Date	Payment Due Date
12/31/99	1/31/00

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

☐ *Please check if you have a well.*

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

DO NOT SEND CASH

Mecklenburg County
Health Department

December 30, 1999

Michael and Rae Ann Girouard
18019 Whispering Oaks
Cornelius, NC 28031

Dear Mr. and Mrs. Girouard:

This letter is being sent to all home/business owners in Mecklenburg County with septic tank systems that utilize pumps. In 1990 the North Carolina Administrative Code governing septic tank systems was amended to require routine maintenance and inspection of certain septic tank systems. Research conducted on septic tank systems has shown that properly maintained systems perform better and protect the home/business owner's investment. These State rule changes required local health departments to perform additional inspections without additional resources. During the 1998-99 budget hearings, the Mecklenburg County Board of County Commissioners (BOCC) approved user fees to offset costs and to allow the local health department to comply with mandatory enforcement requirements in the State regulations.

Since you have a pump system, these new rules and fee requirements affect you. The fee is $85.00 and is due upon receipt of this notice. We will visit your property and make assessments and recommendations for the continued efficient operation of your septic tank system. In addition, if you have a well, bacterial and inorganic samples will be collected to help assess the quality of your water supply source. The process, including fee assessment, will be repeated every five (5) years. The fee amount may change in the future.

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

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

Sincerely,

L.B. Thompson, Jr., R.S.

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

Enclosure

cc: Fiscal Services Manager, HMHCS

MECKLENBURG COUNTY HEALTH DEPARTMENT
700 NORTH TRYON STREET
CHARLOTTE, NORTH CAROLINA 28202
(704) 336-5102

REQUEST FOR TRANSFER OF SERVICE PAYMENT/INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

SERVICE: Improvement Permit
IMPROVEMENT PERMIT, SOIL TEST, E.G.

FILE NUMBER 4853A TAX NUMBER 001-052-40

PROPERTY ADDRESS 18019 Whispering Oaks

NAME OF ORIGINAL APPLICANT Crescent Resources, Inc.

NAME OF PERSON PURCHASING PROPERTY/TRANSFEROR _____

I UNDERSTAND THAT THE PERMIT TO CONSTRUCT AND UNUSED MONIES FOR INSPECTIONS ARE FULLY RELINQUISHED BY THIS DOCUMENT.

SIGNATURE OF ORIGINAL APPLICANT

_____ DATE 3-22-95
Crescent Resources, Inc.

AS BUYER OF THIS PROPERTY, I UNDERSTAND THAT THE PERMIT IS ONLY VALID WHEN USED EXACTLY AS ISSUED. SHOULD CHANGES BE DESIRED, THEY MUST BE REQUESTED AND APPROVED BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT ACCORDING TO CURRENT REGULATIONS AND FEES.

AN ORIGINAL COPY OF THIS REQUEST MUST BE PRESENTED AND ACKNOWLEDGED BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT TO BE VALIDATED.

SIGNATURE OF TRANSFEREE

[signature] DATE 3/27/95
for Lakeview Homes Inc.

PW

LW400

PA #2004 6/8/94 Ck # 2104

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

File # 4853A

SOIL CBT

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

(704)336-5102

PERSON FILING APPLICATION:
NAME: Crescent Resources Inc (last) (first) (mi)
ADDRESS: PO Box 1003 PHONE: (__) 663-6905
CITY: Charlotte STATE: NC ZIPCODE: 28201

Date: 3/21/95 PG

PROPERTY OWNER:
NAME: Lakeview Homes Inc. (last) ASAbove (first) (mi)
ADDRESS: 20464-A Chartwell Ctr Dr. PHONE: 704 892-9196
CITY: Davidson NC STATE: ZIPCODE: 28036

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-052-40
STREET ADDRESS: 18019 Whispering Oaks
ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 3 LOT SIZE (in acres): 0.7

TYPE APPLICATION (check one):

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

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

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 8

SYSTEM CLASSIFICATION: Conventional-pump

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

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

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

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

Signed: [signature] Date: 6/3/94

NOTICE:

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

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

...This permit is not transferable.

... PRESSURE MANIFOLD SYSTEM

[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

[signature] 6-15-94

Director or Authorized Section Head Date

WWATER : 122791

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

DATE: 6-3-94

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Mecl

PARCEL NUMBER 001-052-40

ASSIGNED ADDRESS 18019 Whispering Oaks

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

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

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

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

REMARKS: Well & Septic

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

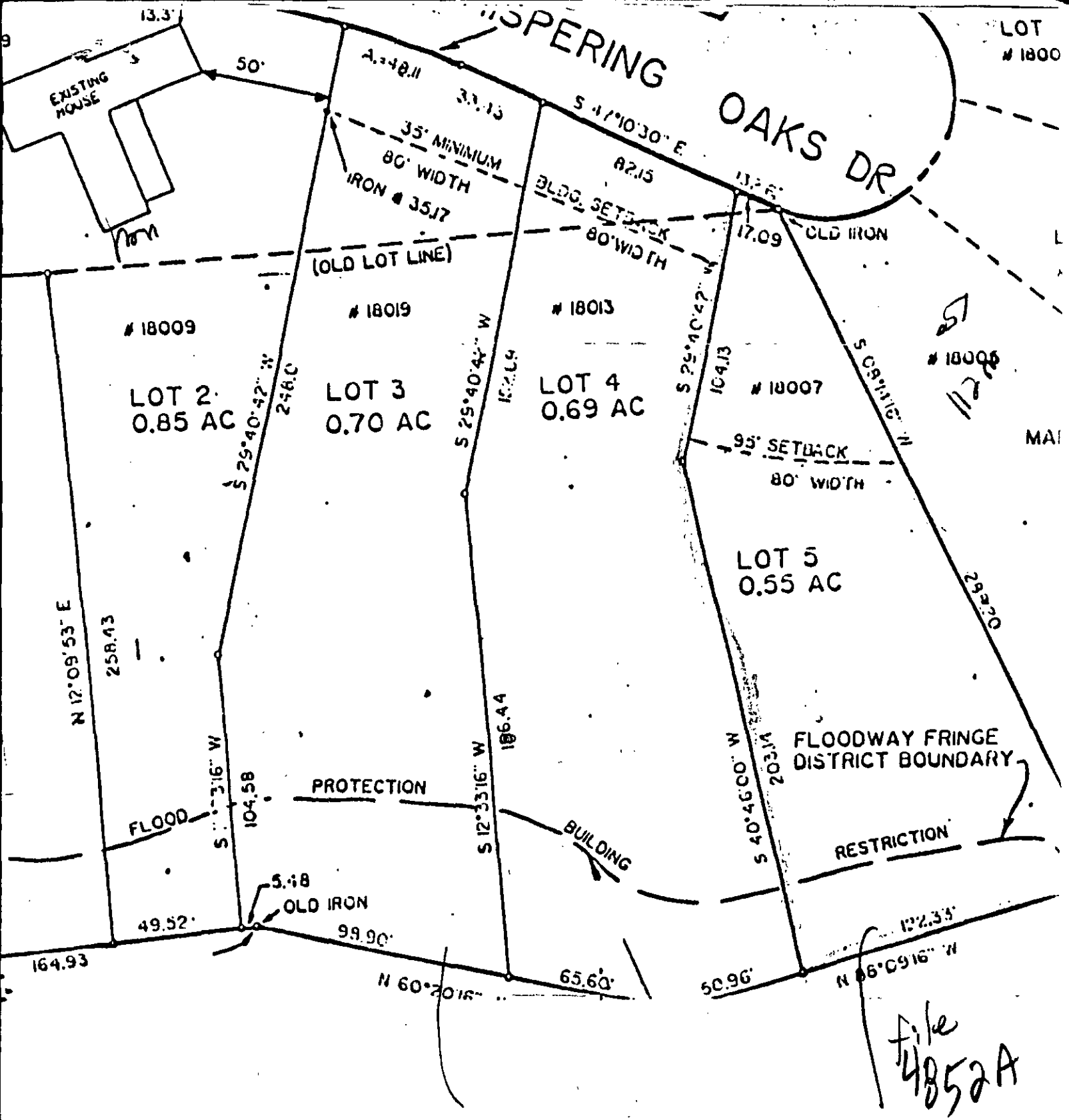
A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: GCN

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100



file 4852A

No scale
1" = 50'

file 4653A

Carl Wall

121
391

Mecklenburg County
Health Department

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

August 18th, 1988

Crescent Land & Timber Corp.
2305 Randolph Road
Charlotte, NC 28207

RE: Property located at Whispering Oaks 3
FILE: 4853A
PARCEL: 00105238 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 15498) 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 I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Sylvia D. Daniel

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

Enclosure

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15498

File: 4853A

Parcel: 00105238 PO

Action 1

☐ PC

Location: Whispering Oaks

Subdivision:

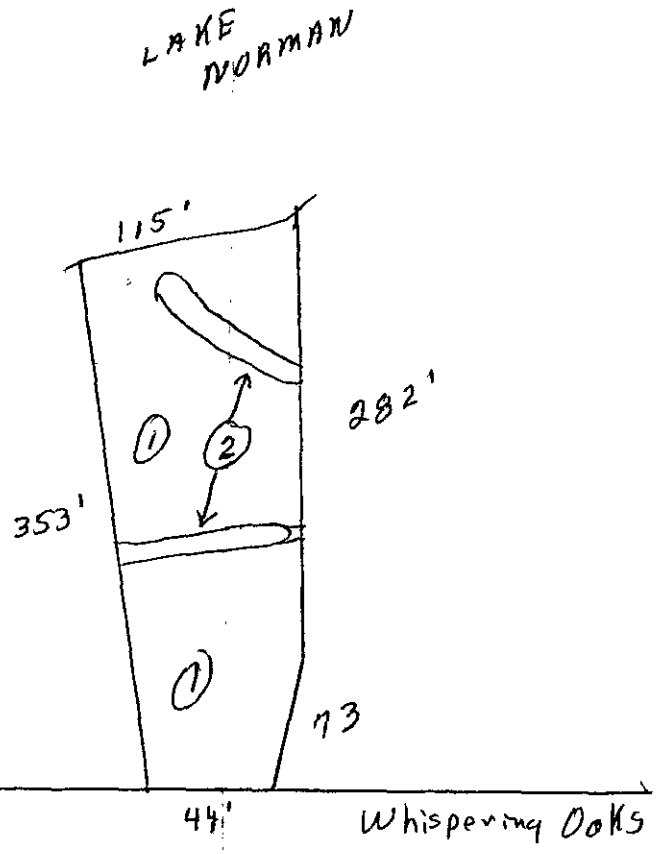
Lot: 3 Block: Acres: .71

Owner: Crescent Land & Timber Corp.
Address: 2305 Randolph Road
Charlotte, NC 28207

Comments: _____

Described by: William R. Marks

Date: 8-17-96

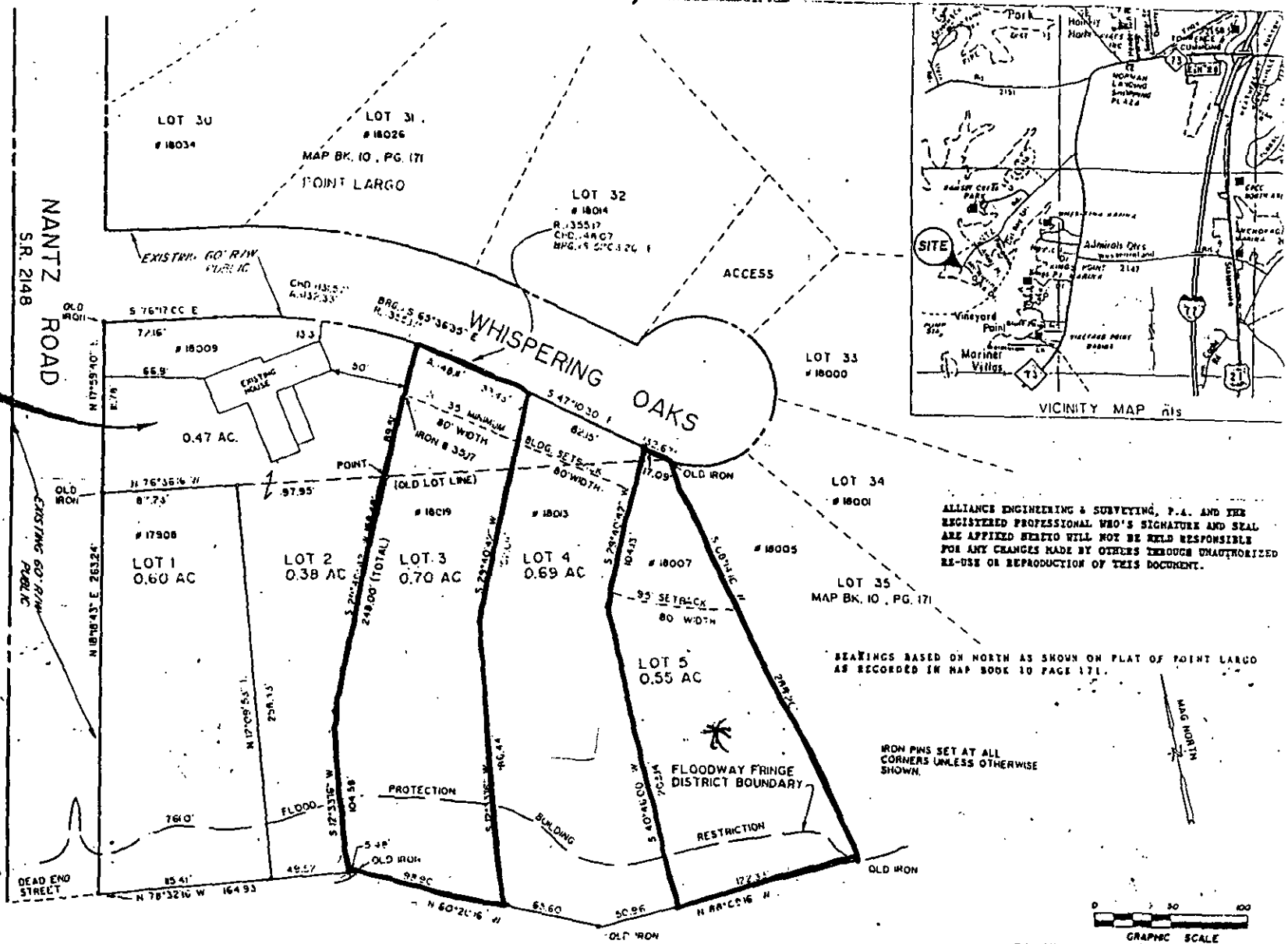


***** EVALUATION KEY *****

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 2-10%	S PS (U) Depression	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 Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" To water	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36" int	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U 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	IVA Cecil-Lilla	Depression				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

Map Book 23 Page 178



ALLIANCE ENGINEERING & SURVEYING, P.A. AND THE REGISTERED PROFESSIONAL WHO'S SIGNATURE AND SEAL ARE AFFIXED HERETO WILL NOT BE HELD RESPONSIBLE FOR ANY CHANGES MADE BY OTHERS THROUGH UNAUTHORIZED RE-USE OR REPRODUCTION OF THIS DOCUMENT.

BEARINGS BASED ON NORTH AS SHOWN ON PLAT OF POINT LARGO AS RECORDED IN MAP BOOK 10 PAGE 171.

IRON PINS SET AT ALL CORNERS UNLESS OTHERWISE SHOWN.

GRAPHIC SCALE 0 30 60 100

BENCHMARK USED WAS DUKE POWER DATUM BASED ON WATER LEVEL AT 11:00 A.M. ON FRIDAY AUGUST 5, 1988 AT COWAN'S FORD DAM. WATER ELEVATION WAS 755.0 FEET.

"ANY CONSTRUCTION OR USE WITHIN THE AREAS DELINEATED AS FLOODWAY FRINGE DISTRICT BOUNDARY LINE AND FLOODWAY DISTRICT ENCROACHMENT LINE IS SUBJECT TO THE RESTRICTIONS IMPOSED BY THE FLOODWAY REGULATIONS OF MECKLENBURG COUNTY".

LAKE NORMAN

BEING ALL OF 2.93 ACRES DEEDED TO CRESCENT LAND & TIMBER CORP. IN BOOK 3146 AT PAGE 153, THE RESIDUAL TRACT OF THAT LAND CONVEYED TO DUKE POWER COMPANY BY W. BANKS GOODRUM IN DEED RECORDED AT BOOK 3241 PAGE 21 OF THE MECKLENBURG COUNTY REGISTRY AND BEING ALL OF LOT 36 OF POINT LARGO SUBDIVISION AS RECORDED IN MAP BOOK 10 AT PAGE 171.

REVISED
RECORD PLAT
SHOWING

NANTZ SHORES

OWNERS: CRESCENT LAND & TIMBER CORP., LOTS 1, 3, 4 & 5
RONALD P. RUTH AND WIFE ROSE E. RUTH LOT 2
LEMLEY TOWNSHIP
MECKLENBURG COUNTY, N.C.

THESE LOTS WERE PREVIOUSLY RECORDED AS LOTS 1, 2, 3, 4, & 5 OF NANTZ SHORES IN MAP BOOK 22, PAGE 732.

NOTE: REVISED LOT 2, ACREAGE, DIMENSIONS AND OWNERSHIP.

THIS PLAT REPLACES AND SUPERCEDES ALL PREVIOUSLY RECORDED PLATS FOR THESE LOTS.

ALLIANCE
Engineering & Surveying, P.A.
(704) 289-4712
1516 Walkup Avenue • Monroe, N. C. 28110
ENGINEERING LAND SURVEYING
PLANNING COMMERCIAL DEVELOPMENTS
DIVISIONS CONSTRUCTION DESIGN

NORTH CAROLINA REGISTERED SEAL L-3128 LAND SURVEYOR DERICK K. ODOM

I, Derick K. Odom, certify that this map drawn under my supervision from actual survey made under my supervision; that the error of closure as determined by latitudes and departures is 1:10,000; that the boundaries not surveyed are shown as broken lines plotted from information found in Deed Book 3146, Page 153, and that this map was prepared in accordance with G.S. 47-30 as amended. Witness my original signature, registration number and seal this 8th day of JUNE, 1988.

Derick K. Odom
Derick K. Odom
N.C. Registered Land Surveyor
L-3128

NORTH CAROLINA, UNION COUNTY

I, Charles P. O'Cain, a Notary Public of Union County, North Carolina, certify that Derick K. Odom, a Registered Surveyor, personally appeared before me this day and acknowledged the execution of the foregoing instrument.

Witness my hand and official seal this 8th day of June, 1988.

Charles P. O'Cain
Notary Public

My commission expires 6-21-93

CHARLES P. O'CAIN NOTARY PUBLIC UNION COUNTY, N.C.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR SOIL INVESTIGATION

PAID

AUG 9 1988

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

(OFFICE USE ONLY)

FILE: 4853 A

TC: 001 052 38

☐ PC ☐ REPT

#338 $30.00 CW

JOB LOCATION

① ADDRESS: Lot 3, Whispering Oaks, Lemley Township

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 001 PAGE NO.: 052 PARCEL NO.: 38

⑥ DEED REFERENCE: BOOK NO.: 3146 PAGE NO.: 153

OWNER

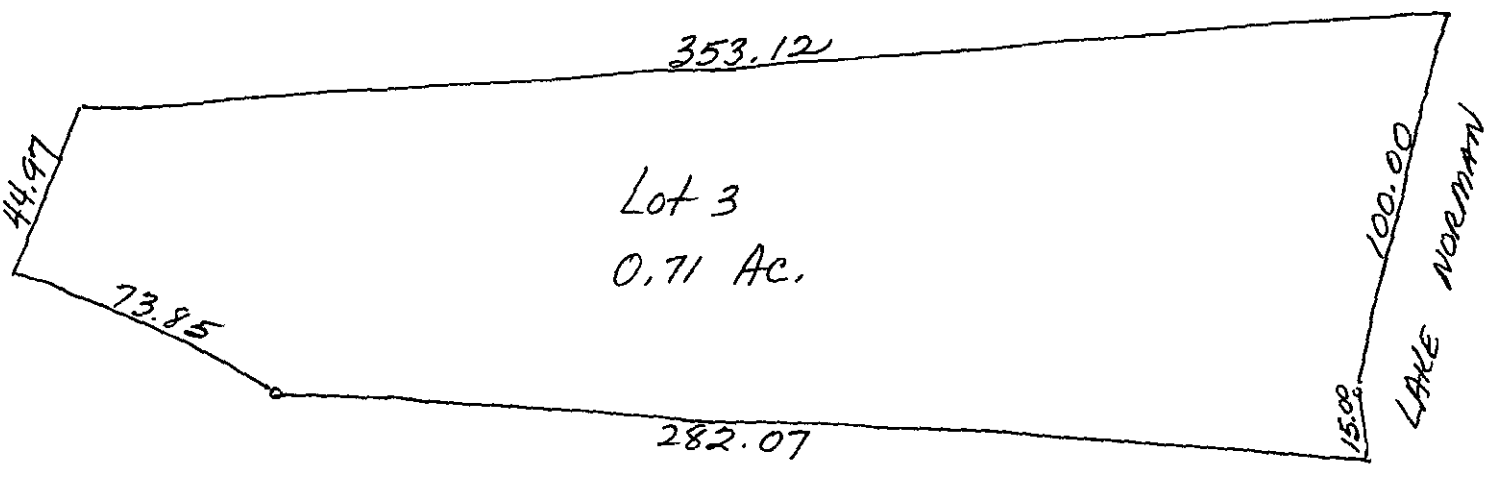
⑦ NAME: Crescent Land & Timber Corp.

⑧ MAILING ADDRESS: (FIRST) c/o Land Craft Properties, Inc. (MIDDLE) (Lana (LAST) Hathaway)
2305 Randolph Road

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28207

⑫ PHONE: (WORK) 332-9340 (HOME) 892-9811

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

Signed: Miles T Boyer

Date: 8 Aug 88

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

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY