

20356 CHRISTOFLE DR

00160130

6/27/2007

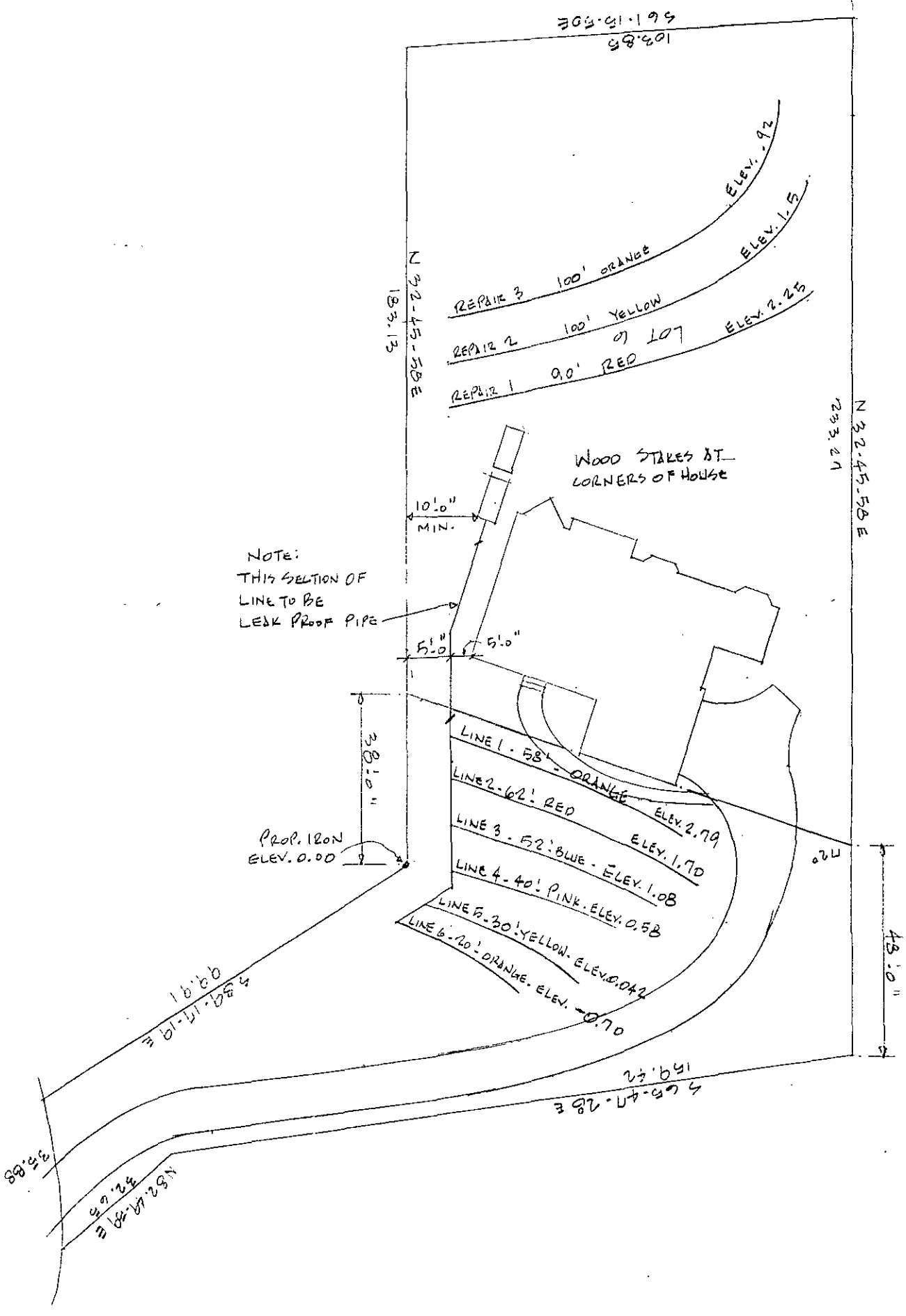
duponbj

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

3-25-91

Layout Meets all Setback Requirements
System Approved on Site as Designed

3-25-91
TBW 3/25/91



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

INSPECTION OF ENGINEERED SUBSURFACE SEWAGE SYSTEM

Mecklenburg County — Health Department
7249A — Permit/Project No.
20356 Christoffe Drive — Location
residence — Name of Establishment / Type of Establishment
480 — Design Flow
Gregory L. Felder, 20356 Christoffe Drive, Cornelius 28031 — Owner/Agent / Address
N/A — Phone
Operator — Address — Phone
Remarks: Type IVa Lop PBBPS installed prior to '92 operation requirement

	Yes	No	REMARKS
1. ESTABLISHMENT:			
Type, size, and sewage flow in accordance with permit?	☑	☐	
2. COLLECTION SYSTEM:			
No evidence of leaks into or out from sewer lines/manholes?	☐	☐	
Free of blockages/solids buildup in lines or manholes?	☐	☐	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):			
Tank risers accessible and surface water diverted?	☑	☐	
Tanks and access manholes structurally sound, watertight?	☑	☐	
Sanitary tee(s) in good working condition?	☐	☐	
Tanks pumped, cleaned out as needed?	☐	☐	Recommended pumping septic tank
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?	☐	☐	Could not verify
Floats/pipe/valves/disconnects in good working condition?	☐	☐	Could not verify - riser lid sealed
Control panel enclosure/components in good condition?	☑	☐	with mastic
Elapsed time readings: _____			
SIPHON SYSTEMS:			
No evidence of overflow or siphon leakage?	☐	☐	
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	
6. GROUND ABSORPTION FIELDS:			
No evidence of effluent surfacing/reaching surface waters?	☑	☐	
Minimal ponding in subsurface trenches?	☑	☐	
Surface water being effectively diverted away?	☑	☐	
Diversions/ditches/swales/tile drains properly maintained?	☑	☐	
Line cover/vegetation adequate/maintained as needed?	☑	☐	
Protected from traffic, destructive uses?	☑	☐	
Distribution devices in good condition, working properly?	☑	☐	
Repair area properly reserved, maintained?	☑	☐	
LOW-PRESSURE PIPE DRAIN FIELDS:			
Turnups/cleanouts/valves intact and accessible?	☑	☐	
No effluent standing in lower laterals?	☑	☐	
Laterals free of excess solids, cleaned out as needed?	☐	☐	Does not appear to have been flushed
Pressure head is properly adjusted?	☐	☐	and regulated recently - recommend

OVERALL CONDITION AND OPERATION OF SYSTEM: Owner contract with a certified operator. Leaks good - called use maintenance

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)

DATE: 5-19-99 SIGNED: Larry B. Thompson, Jr., L.S. 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)

Calculations Approved as amended.

3-25-91

T & J PANEL SYSTEM

20356 Christofle Drive
Lot#6
Catarina Bay

State Diameters pipe Supply/Laterals etc

I. Pump Size

A. Head

Lift = 10'0" includes 2'0" pressure head ✓

2.59 { Friction Loss = 140'/100' x 1.54 = 2.16' head ✓ 2" Supply 2.14 (.20) = .43
Friction Loss @ Fittings = ~~16~~ 16'/100' x 1.54 = .024'

Total Design Head = ~~13.7~~ ' = 10 + 2 + 2.59 = 14.59

20% Margin = ~~13.7~~ 14.59 ' x 1.2 = ~~16.44~~ 14.51 OR 18' TDH

B. GPM

Line Flow = 26 GPM

20% Margin = 26 GPM x 1.2 = 31.2 GPM ✓

Pump Requirements = 32 GPM @ ~~16.5~~ 18' Head

II. Pump Cycle

Quantity = 3.6 gallons per panel x ~~62~~ 63 panels = ~~223.2~~ 226.8 gallons

Duration = ~~224~~ 227 gallons/25.57 gpm = ~~8.76~~ 8.87 minutes

III. Float Stroke

224 gallons/22 gallons per inch = 10.81"

T & J PANEL SYSTEM

SUBDIVISION: CATARINA BAY
LOT NUMBER: 6
ADDRESS: 20356 CHRISTOFLE LN

3-25-91

LINE	NUMBER OF PANELS	NUMBER OF HOLES PER PANEL	HOLE SIZE	LENGTH OF LINE	HOLE FLOW	LINE FLOW PER MIN
1	13	1	5/32	58	0.41	5.49 5.33
2	14	1	5/32	62	0.41	5.87 5.74
3	12	1	5/32	52	0.41	4.92
4	9	1	5/32	40	0.41	3.79 3.69
5	7	1	5/32	30	0.41	2.84 2.87
6	7 8	1	5/32	28	0.41	2.65 2.80
TOTAL	~~62~~ 63 panels Rev			270		25.57 25.42 Neighbor
R1	20 21	1	5/32	90	0.41	~~8.20~~ 8.61
R2	23	1	5/32	100	0.41	9.47
R3	23	1	5/32	100	0.41	9.47
TOTAL	66			290		~~27.14~~ 27.55

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County	Felder Residence	7249A
Health Department	**Name of Establishment**	**Permit/Project No.**
20356 Christolfe Dr., Cornelius NC 28031	Four Bedroom House	480 GPD
Location	**Type of Establishment**	**Design Flow**
Gregory Felder	Same as location address	(704) 650-0316
Owner/Agent	**Address**	**Phone**
N/A		
Operator	**Address**	**Phone**
IV	12/21/2006	December 2009
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. Measured < 4" of solids in dosing tank.
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☒	☐	☐	5.A.b. Alarm mounted inside house.
b. High-water alarm present and operating properly?	☒	☐	☐	
c. Floats/pipe/valves/disconnects in good working condition?	☒	☐	☐	
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?	☒	☐	☐	6. Drainfield in good condition.
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?	☐	☐	☒	6.A.c.d. Work to be performed by system
d. Pressure head is properly adjusted?	☐	☐	☒	owner.

OVERALL CONDITION AND OPERATION OF SYSTEM:

1. No problems detected with system operation at the time of inspection.
2. No sewage observed on ground surface at the time of inspection.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

1. None

**Recommend pumping tanks (1,500 gal. septic tank and 1,000 gal. dosing tank) to remove excess solids. Owner indicated that the tanks have never been pumped.

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

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

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

1. System installed before 7/1/92. No Certified Operator required for system maintenance. Recommend owner flush lines and inspect system every six months to ensure proper system operation.

DATE: 12/21/2006

SIGNED: _____, R.S. AGENT
Division of Environmental Health

Trevor Thomason, (704) 336-5568

Mecklenburg County, North Carolina
POLARIS
Parcel Ownership and GIS Summary

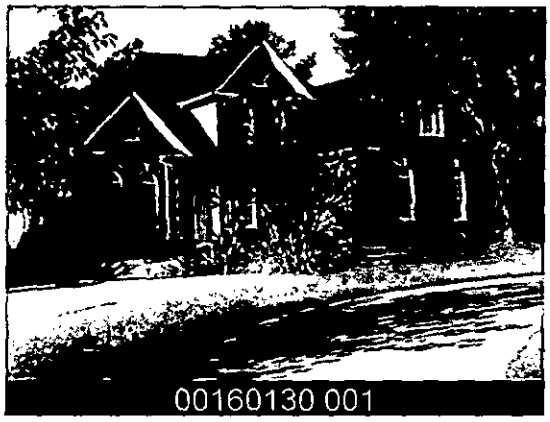
7249A

Date and Time: 9/18/2006 12:10:57 PM

Parcel ID #: 00160130 GIS ID #: 00160130	
Owner Name:	GREGORY L FELDER AND ROSEMARIE M FELDER
Mailing Address:	PO BOX 2549 CORNELIUS, NC 28031
Property Characteristics	
Legal Desc.:	L6 M23-573
Land Area:	1 LT
Fire District:	09-CORNELIUS / LEMLEY
Special District:	FIRE SERVICE B
Account Type:	INDIVIDUAL
Municipality:	3-CORNELIUS
Property Use:	SINGLE-FAM
Deed Reference(s) and Sales Price	
06495-161 (4/2/1991) $45,000.00	
Situs Addresses Tied to This Parcel	
20356 CHRISTOFLE DR	

Building Photography

PHOTO #1
Location: 20356 CHRISTOFLE DR



Information contained within this photo may be used as a visual aid and to generally locate, identify, and inventory parcels in Mecklenburg County, North Carolina. There are inherent errors and limitations associated with this type of electronic medium. Mecklenburg County cannot warrant or guarantee the information contained herein including but not limited to its accuracy or completeness.

Site Location Information	
Zoning Boundaries:	Contact Appropriate Planning Department or See Map.
ETJ Area: CORNELIUS	
Charlotte Historic Districts: NO	
Within Charlotte 6/30/2005 Annexation Area: NO	
Census Tract #: 62.03	
Parcel Falls Inside SWIM Buffer?: NO	
FEMA Flood Information	
FEMA Panel #:	370498025E
FEMA Flood Zone:	OUT
FEMA Panel Date:	02/04/2004
Community Flood Information	
Community Flood Zone:	OUT
Regulated Watershed Information	
Watershed Name:	Lake Norman
Watershed Class:	CA

Powered by

MECKLENBURG COUNTY GIS

9/12-18-06

704-650-0316 CELL

SCHEDULE PME INSP.

The information provided by this program is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, and other public records and data. Users of this map data are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/25/06	**Amount:**	85.00
Receipt #:	46126	**Tendered:**	85.00
Check / Auth #:	CHECK 6410	**Returned:**	0.00
Received By:	AIDOOJK		

Account Information

Account #:	200000
Contractor:	FELDER GREGORY L
Attn:	
Address:	P O BOX 2549
Address:	
City/State/Zip:	CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
0743	~~Hmeownr~~ Maint Inspec-Type IIIB FILE 7249A/8644496852		1	85.00	85.00

Outstanding Balances

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

MAINTENANCE INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

Gregory L. & Rosemarie M. Felder
20356 Christofle Drive
Charlotte, 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 #	# Bedroom	System Type
Gregory L. & Rosemarie M. Felder	20356 Christofle Drive	001-601-30	7249A	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
4/29/99	5/31/99

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

☐ *Please check if you have a well.*

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

DO NOT SEND CASH

Mecklenburg County
Health Department

April 29, 1999

Gregory L. and Rosemarie M. Felder
20356 Christofle Drive
Cornelius, NC 28031

Dear Mr. and Mrs. Felder:

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

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

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

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

Sincerely,

Larry B. Thompson, Jr.

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
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 2-12-91

Name/Company: Futrelle/Dunne Inc.

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: App. (New) Permit 4 bdrms.
20356 Chidsloffe Drive
TP: 00
File: DSM A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
FEB 12 1991

CK# 001432
$200.00

Fee: $ 200.00

NOTICE:

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

Completed by

Collected by

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)

FILE: #7249A

TC: _____

SERIAL: № 21335

L CRT

JOB LOCATION

① ADDRESS: 20356 Christofle Dr. (STREET NO. / STREET) ② FILE: 001-111-57

③ JURISDICTION: Cornelius ④ TAX PARCEL NO.: [illegible]

⑤ SUBDIVISION: Catarina Bay ⑥ LOT: 6 ⑦ BLOCK: _____

OWNER

⑧ NAME: Futrelle/Dunne, Inc. (FIRST / MIDDLE / LAST)

⑨ MAILING ADDRESS: 1515 Elizabeth Ave.

⑩ CITY: Charlotte ⑪ STATE: N. C. ⑫ ZIP: 28204

⑬ PHONE: (WORK) 704-338-1515 ⑭ (HOME) _____

REQUEST

This request is for a(n):

⑮ ☒ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 4 ㉕ Type? _____

㉓ Maximum occupancy? 2 ㉖ Maximum number of employees? _____

㉔ Basement? ☐ yes ☒ no ㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☐ Individual well

B ☒ Municipal system

C ☐ Community well

D ☐ Community system

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

Signed: Futrelle/Dunne, Inc. BY: _____

Date: February 6, 1991

IMPROVEMENT PERMIT

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

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

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

Environmentalist _____ Date _____

Director or Authorized Section Head [signature] Date 4-8-91

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

FILE: 7249-A DATE: 10/1/91

TC: 001-111-57 ☑ L

SERIAL Nº 13795

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 2/6/91. All work shall be completed on or before 11/1/91, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

Install panel block system,
Install 1500 ST
1,000 PT
Install according to APPROVED PLAN.

Liquid Capacity of Septic Tank 1,500 gallons

Liquid Capacity of Dosing Tank 1,000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 2' feet

Total Line Length 270' PANELS feet

Number of Lines AS APPROVED

Depth of ~~Stone~~ Sand 24" inches

Distance from House 10' feet

Distance from Property Line 10' feet

Distance from Well >50' feet

PLOT OF SYSTEM

NAME OF OWNER Futrelle/Dunne, Inc.

LOCATION OF PROPERTY 20356 Christofle Dr. (Lot 6)

Comments: PANEL block system, install according to APPROVED PLAN.

Division or Section Head

Tim Whittaker, R.S.
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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7249 A DATE: 12/11/91

TC: 001-111-57 ☑ L ☒ CRT

SERIAL Nº 15434

Name of Owner Futrell / Dunne INC Juris.:

Address of Property 20356 Christofle Dr

Inspection Data:

Tank Material PCC

Total Length of Drainfield 270' panels (plott plan)

Number of Lines 6 @

Cover Depth 6"

Water Supply Source ~~well~~

Distance to Water Source >50'

Excavation Inspected 10/24/91 (10/24/91 septic tank)

Tank(s) Inspected ✱

Wash Line Inspected NA

High Water Alarm Inspected 10/24/91

PLOT

Design: 1991, 1500ST, 1000DT, MOD, 270'panel system cecil CTR# 84

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: System completed in accordance with approved plan System designed for 4 bedroom house. Alarm installed. Tw.

Philo S. Walker R.S.
Environmentalist

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

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

FROM: COUNTY ENGINEERING DEPARTMENT

7249A

EHD FILE _____ JURISDICTION CODE Cora

PARCEL NUMBER _____

ASSIGNED ADDRESS 20356 Christopher Dr

EXISTING ADDRESS Lot 6

PROJECT NAME Catarina Bay

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: Septic tank + well

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 DRIVEWAY(S).

SIGNED: _____

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100

BK: 06490 PG: 0423/0424 #:0291 8.00

REGISTERED APR/01/1991 10:38AM ANNE A. POWERS REGISTER OF DEEDS MECK. CO. N.C.

FILE NO. 7249A

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 10 NCAC 10A .1948(c)

The undersigned, Futrelle/Dunne, Inc.

owner of property located at 20356 Christofle Dr., Cornelius, N. C. 28031 (lot #6)

the site") and described in an instrument recorded in Book 5992 at Page 0432, Mecklenburg Public Registry,

hereby acknowledges that he applied to the Mecklenburg County Department of Environmental Health ("the Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 10 NCAC 10A .1934 et seq; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested pursuant to 10 NCAC 10A .1948(c) that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data and other information which indicate to the Department that the septic tank system proposed by the undersigned can reasonably be expected to function satisfactorily and thus that the findings specified in 10 NCAC 10A .1948(c)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is his responsibility and that neither the Department nor its officials, employees or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible 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 1st day of April, 198 1991.

PREPARED BY:
Futrelle/Dunne, Inc.

Carole W. Futrelle (SEAL)
President

Attested by Carole W. Futrelle (SEAL)
Secretary

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 execution of the foregoing instrument.

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

_____
Notary Public

Commission Expires _____

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Marjorie L. Derglin, a Notary Public for said County and State, do hereby certify that Carole W. Futrelle personally came before me this day and acknowledged that she is Secretary of Futrelle/Dunne, Inc., 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 President; M. T. Futrelle, Jr., sealed with its corporate seal and attested by Secretary.

WITNESS my hand and notarial seal, this 1st day of April, 1991.

Marjorie L. Derglin
Notary Public

Commission Expires 2-28-93

RETURN TO: ENVIROMENTAL HEALTH

State of North Carolina, County of Mecklenburg

The foregoing Certificate(s) of Marjorie L. Derglin

Notary(ies) Public is/are certified to be correct. This instrument and this certificate are duly registered at the date and time and in the Book and Page shown on the first page hereof.

ANNE A. POWERS, REGISTER OF DEEDS

By Hazel L. Elmore Deputy - Register of Deeds

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

DATE 2/7/91

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Corn

PARCEL NUMBER _____

ASSIGNED ADDRESS 20356 Christofle Dr

EXISTING ADDRESS lot 6

PROJECT NAME Catarina Bay

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: Septic tank + well

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 DRIVEWAY(S).

SIGNED: _____

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100

BK: 06490 PG: 0423/0424 #:0291 8.00

REGISTERED APR/01/1991 10:38AM ANNE A. POWERS REGISTER OF DEEDS MECK. CO. N.C.

FILE NO. 7249A

COPY

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

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ner of property located at 20356 Christofle Dr., Cornelius, N. C. 28031 (lot #6)

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The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is his sponsibility and that neither the Department nor its officials, employees or agents warrant or guarantee that the said system installed pur ant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, it ficials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction such system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employe- d officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons what ever 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 aforesid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible 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 uire.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the ntor index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons aving any right, title, or interest in the site.

This 1st day of April, 19 91.

PREPARED BY:
Futrelle/Dunne, Inc.

President (SEAL)

Attested by: Secretary (SEAL)

TE OF NORTH CAROLINA
UNTY OF MECKLENBURG

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

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

Notary Public

Commission Expires: _____

TE OF NORTH CAROLINA

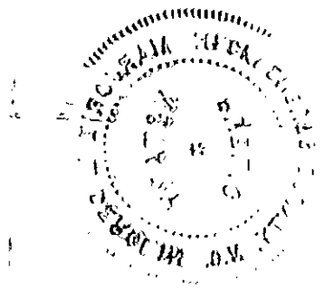
I, Marjorie L. Derglin, a Notary Public for said County and State, do hereby certify that Carole W. Futrelle personally came before me this day and acknowledged that she is Secretary of Futrelle/Dunne, Inc., and that by authority duly given and as the act and deed of said corporation, the foregoing rument was signed in its name by its President, M. T. Futrelle, Jr., sealed with its corporate and attested by Secretary.

WITNESS my hand and notarial seal, this 1st day of April, 1991.

Marjorie L. Derglin
Notary Public

Commission Expires: 2-28-99





Mecklenburg County
Health Department

March 26, 1991

Futrelle Dunne, Inc.
Attn: Gary Dunne
1515 Elizabeth Avenue
Charlotte, NC 28204

RE: Property located at 20356 Christofle Drive, Cornelius
FILE: 7249A
PARCEL: 001-111-57

Gentlemen:

Receipt of your plans for a modified waste disposal system for the property referenced above is acknowledged.

Your plans for the modified system for the above property as submitted are approved with the following comments:

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

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

Sincerely,

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

GV/kjb

Enclosures - 3 Septic Tank Agreement Forms

Mecklenburg County
Health Department

February 6th, 1991

Gary Dunne/Futrelle Dunne
1515 Elizabeth Avenue
Charlotte, NC 28204

RE: Property located at 20356 Christofle Drive, Catarina Bay
FILE: 7249A
PARCEL: 001-111-57

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 16965) 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, SD

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

Enclosure

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

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 7249A

TC: _____

☒ PC ☐ REPT

JOB LOCATION

① ADDRESS: 20356 Christofle Dr., Cornelius, N. C. 28031

② SUBDIVISION: Catarina Bay ③ LOT: 6 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 001-111-57

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

OWNER

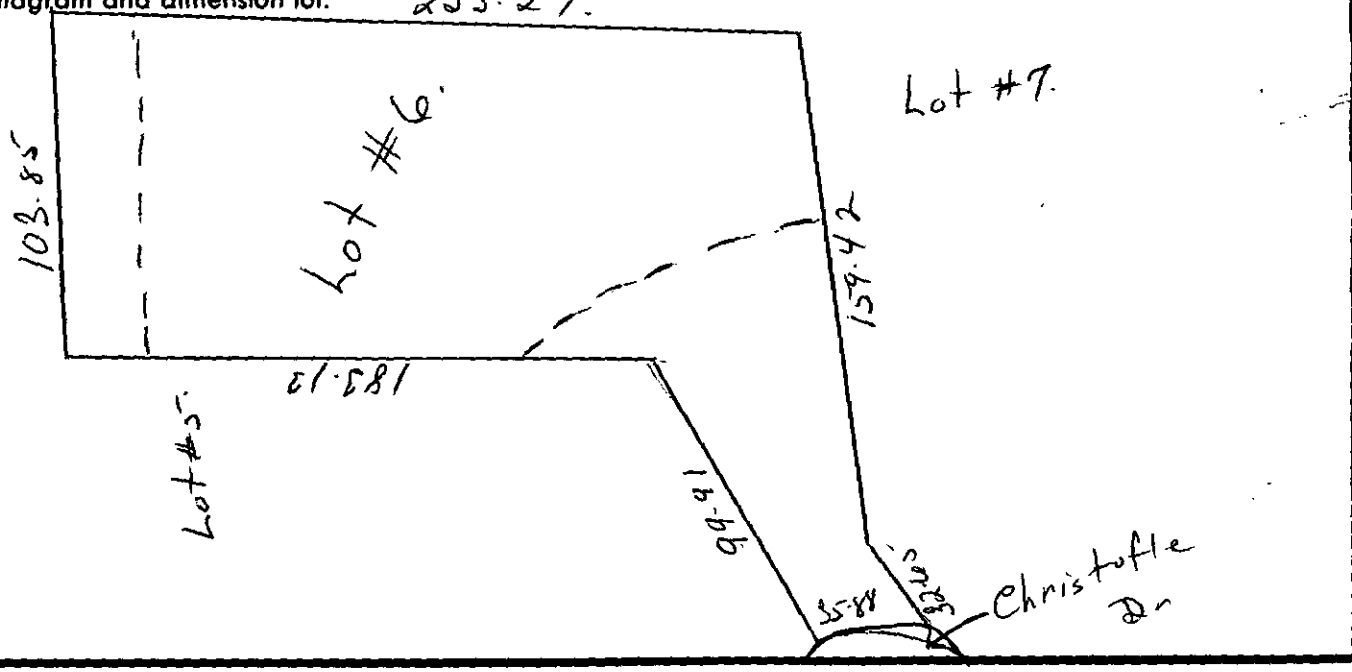
⑦ NAME: Futrelle/Dunne, Inc.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 1515 Elizabeth Ave.

⑨ CITY: Charlotte ⑩ STATE: N. C. ⑪ ZIP: ~~28034~~ 28204

⑫ PHONE: (WORK) 338-1515 (HOME) _____

⑬ Accurately diagram and dimension lot. 233.27.



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: Futrelle/Dunne, Inc.
BY: _____
Gary Dunne, Vice President

Date: January 29, 1991

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

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 01/29/91

Name/Company: Fairview Dunn Pave

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Pool test

Lacey

TC# 001-111-57

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

JAN 28 1991

Fee: $ 50.00 CR# 1040 50.00

NOTICE:

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

Completed by

Collected by

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 1249A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

(1) ADDRESS: 20356 Christoflo Dr., Cornelius, N. C. 28031

(2) SUBDIVISION: Catarina Bay (3) LOT: 6 (4) BLOCK: _____

(5) PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 001-111-57

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

OWNER

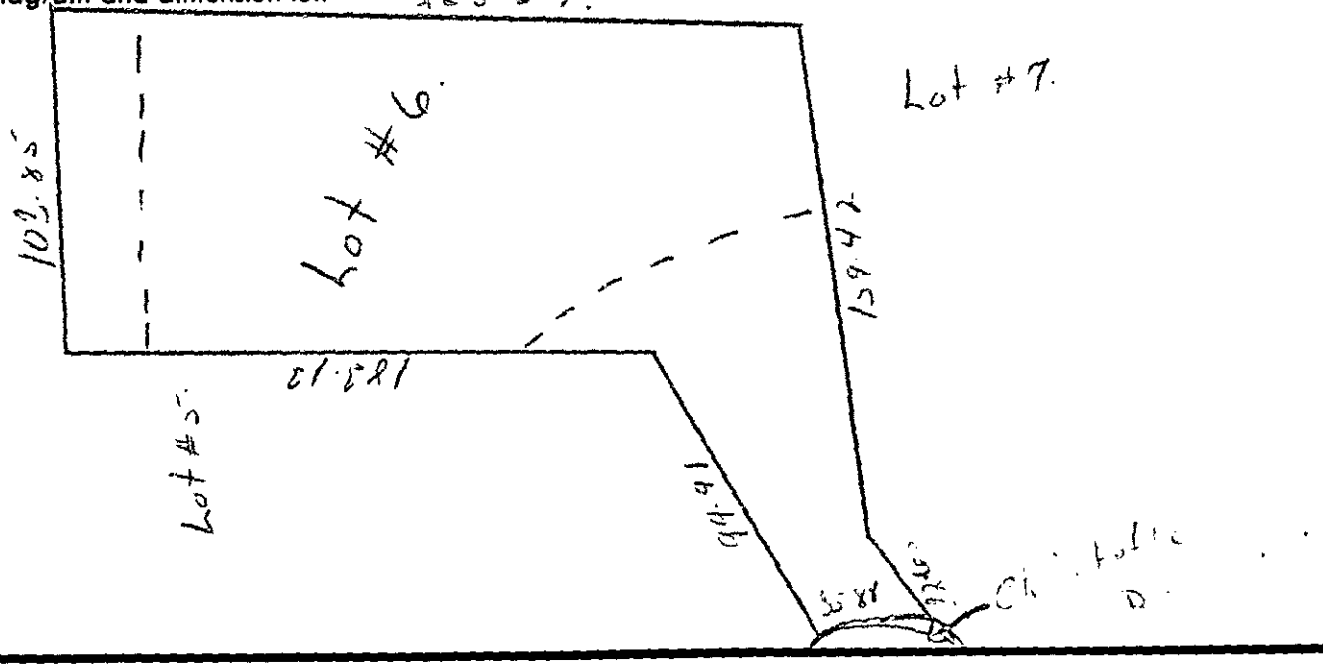
(7) NAME: Futrollo/Dunne, Inc.
(FIRST) (MIDDLE) (LAST)

(8) MAILING ADDRESS: 1515 Elizabeth Ave.

(9) CITY: Charlotte (10) STATE: N. C. (11) ZIP: ~~28026~~

(12) PHONE: (WORK) 7y-1515 (HOME) _____

(13) Accurately diagram and dimension lot. 223.27.



(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: Futrollo/Dunne, Inc.
BY: _____
Gary Dunne, Vice President

Date: January 29, 1991

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 16965

File:

Action 1

Parcel: 7249A
001-601-30
~~001-111-57~~

☑ PC

Location:

Subdivision: 20356 Christofle Drive, Catarina Bay

Lot: Block: Acres: .55

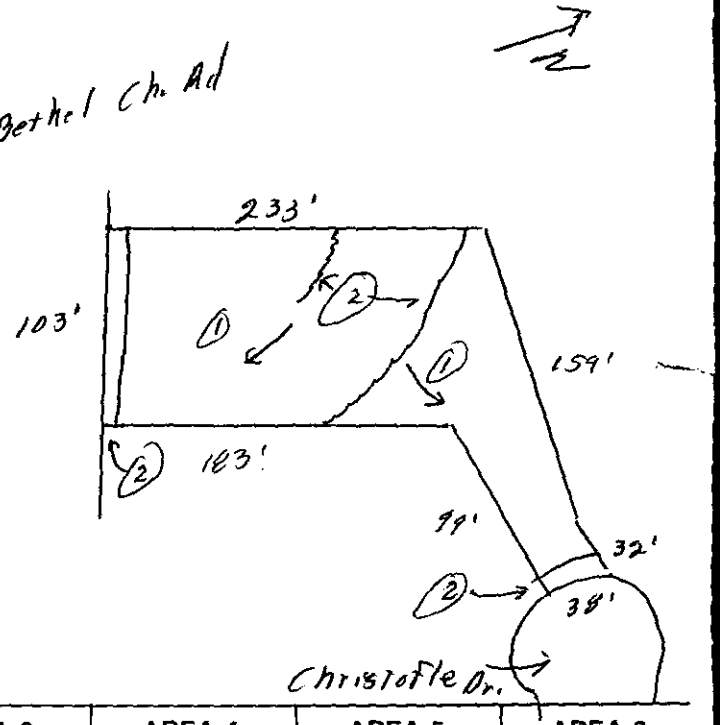
y

Owner:
Address: Gary Dunne/Futrelle Dunne
1515 Elizabeth Avenue
Charlotte, NC 28204

Comments: 100% Repair

Described by: William R Marlin

Date: 2-5-91



***** 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 2-8%	S PS (U) >24" cut	S PS (U) complex slope/terraces	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 7½" To water	S PS U —	S PS U —	S PS U	S PS U	S PS U
Depth	(S) PS U 7½" To water	S PS U —	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 7½"	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	IV Coxville	>24" cut	complex slope/ Terraces			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

COLORCRAFT PRINTING COMPANY
32-4228

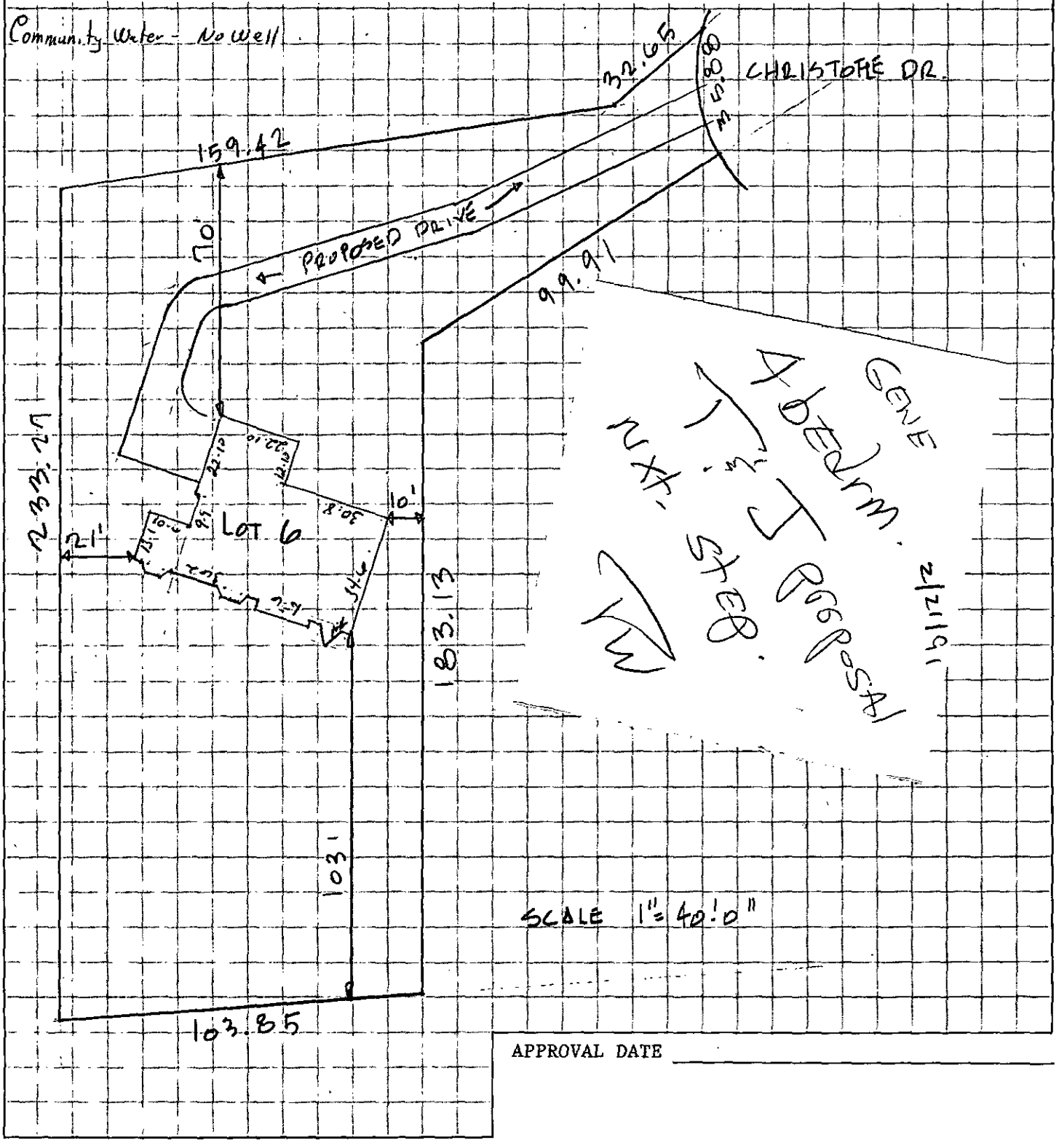
PROPOSED PLOT PLAN

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

FILE: #7249A

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.



APPROVAL DATE _____

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