

21204 ISLAND FOREST DR

00111202

7/9/08

marliwr

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 14201 DATE: 7-19-97

TC: 000 7/2 02 ~~CRT~~

SERIAL Nº 17244

Name of Owner ~~LAURA BEW~~ WOODMASTER MSM Juris.: _____

Address of Property 21204 ISLAND FOREST DR

Inspection Data:

Tank Material PLG

Total Length of Drainfield 200

Number of Lines 5 @ 40

Cover Depth 6"

Water Supply Source CMUD

Distance to Water Source ✓

Excavation Inspected 7-19-97

Tank(s) Inspected 7-19-97

Wash Line Inspected ✓

High Water Alarm Inspected ✓

PLOT

Design 1997 1500 ST PPBPS TYPE III CTR# LAUOW BENSON

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

☐ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of I5A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

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

COMMENTS: _____

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: 14201 DATE: 7-15-97

TC: 001-112-02 ☐ L

SERIAL Nº 17434

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 _____. All work shall be completed on or before 8-15-97, 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 W/ PLAN ON FILE

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 2 feet

Trench Walls Scored and Porous Y

Total Line Length 200 feet

Number of Lines 5

Depth of ~~Stone~~ SAND inches

Distance from House 25' + feet

Distance from Property Line 5' + feet

Distance from Well CMUD feet

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

NAME OF OWNER WOODMASTER MSM,

LOCATION OF PROPERTY 21204 ISLAND FOREST DR

Comments: _____

Environmental Health Specialist

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

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

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NAME OF OWNER WOODMASTER MSM

LOCATION OF PROPERTY 21204 ISLAND FOREST DR

Comments: _____

Environmental Health Specialist

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

FEE: 100.00 AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: 3-6-97 VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 10-31-96 CC#985

PERMIT NO: 14201
PARCEL NO: 001-112-02

JOB LOCATION ADDRESS: 21204 Island Forest Dr
PROPERTY OWNER: Sidney Carpenter
BUILDING CONTRACTOR:
SUBDIVISION NAME: Island Forest
AUTHORIZATION ISSUED BY: Kelly Randall DATE: 10-31-96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 14201, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: agreement form must be recorded prior to installation approval
PBBPS TYPE III System

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITION OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FO REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

X [signature] 10/31/96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 1003

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

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

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

Basement	___ Yes	✓ No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	___ Conventional ✓ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

3 Long-term acceptance rate	360 Max gallons/day wastewater flow	400 Absorption Area (sq ft)	8 Trench spacing (min. on centers)
No Serviced by private well	1500 Gallon septic tank	400 Total trench length (ft)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	___ Gallon pump tank	___ Depth of stone ~~Sand~~	

Any surface waters present: No Type: Minimum separation distance:

Site modifications required:

Additional Conditions: agreement form ~~unfit~~ must be recorded prior to installation approval

PPBPS TYPE ~~III~~ System

Repair Area System Type Type (circle one): I II III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

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

For existing system, enter the year originally installed:

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

... This Improvement permit is transferable.

Wally Ranell 10-31-96
DEHNR Authorized Agent Date

X [signature] 10/31/96
Owner/Agent Signature Date

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

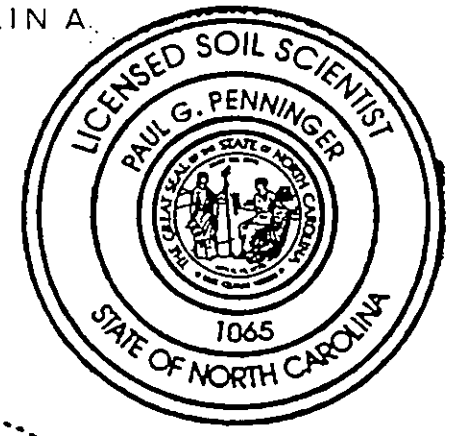
NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

001 - 112 - 16 Conn

GRAVITY DOSED T&J PANEL SYSTEM PLAN

LOT 94 - ISLAND FOREST DRIVE

MECKLENBURG COUNTY - NORTH CAROLINA



by
Toney C. Jacobs & Associates, Inc.
Consulting Soil Scientists
168 Broadbill Drive
Mooresville, N. C. 28115

October 28,1996

Pending File



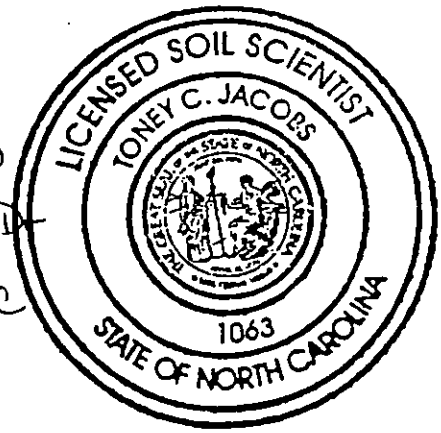
DOC. D Tryon #211
(across from burned church)

336-5575

Submitted to: Mr. Kelly Randall, R. S.
Mecklenburg County Health Dept.
Charlotte, N. C.

~~Mr. Sid Carpenter~~
~~4332 Butterwick Lane~~
~~Charlotte, N. C. 28212~~
~~587-0818~~

Joyce Holland
21204 Island Forest Dr
Cornelius, NC



MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH

KELLY RANDALL, R.S.
Soil Scientist

700 North Tryon Street
Suite 211
Charlotte, NC 28202

Telephone: (704) 336-5575
FAX: (704) 336-6894

Paul G. Penninger

Toney C. Jacobs

Lot 94

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

FILE # 14201
PARCEL # 001-112-02

The undersigned, Sidney Allen Carpenter, owner of property located at Lot 94 - 21205 Island Point Dr., (the "site") and described in an instrument recorded in Book 3423 at Page 395, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested 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 is allowed by the rules; 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 the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, 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 acknowledges that the following conditions will apply to the site:

- Any changes on the property may make the Improvement Permit Null and void and may make the Improvement Permit subject to revocation.

This instrument was prepared by: S.A. Carpenter
Mail after recording to: 4232 Sinterwood Ln
Charlotte, NC, 28213

BK: 08801 PG: 0342/0344 #:0179 03.00
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 10/31/96 10:33

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement 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.

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.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 3rd day of September, 1996.

_____ (Corporate Name)

By: _____

_____ President

ATTEST:

_____

_____ Secretary

(Corporate Seal)

_____ (SEAL)
Owner

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

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

WITNESS my hand and notarial seal, this 31 day of October, 1996.

Rachelle G. Sidway
Notary Public

My Commission Expires:
5-21-97

RACHELLE G. SIDWAY NOTARY PUBLIC MECKLENBURG COUNTY, N.C.

State of North Carolina, County of Mecklenburg

The foregoing certificate(s) of Rachelle G. Sidway

Notary(ies) Public is/are certified to be correct.

This 31 day of October, 19 96

JUDITH A. GIBSON, REGISTER OF DEEDS

By: Deputy Register of Deeds

RBCWM:24751_1/8-30-95

Lot #94 - Island Forest Drive

GRAVITY DISTRIBUTION T & J PANEL SYSTEM

Design Considerations

The proposed system is for a 3 - bedroom home in a subdivision of single family homes in Mecklenburg County. The lots are generally less than ½ acre with medium sized homes. Lot 100 is approximately 0.25 acre and has > 40" of provisionally suitable soil across the lot. The lot was recorded prior to January 1983, and 100% repair area is not required.

Soils were evaluated by Mr. Bill Marlin of the Mecklenburg County Health Department and the system layout was by Toney C. Jacobs & Associates. Because of space limitations, the panel block system was considered as the best suited system for the lot. The septic system drainfield was flagged in the field as shown in Figure 1. The system will be a gravity dosed panel block system. There is only limited area on the lot for the proposed system. During construction extreme precautions should be taken to prevent damaging the system area. Flagging or fencing the system area would keep traffic and equipment off the area during construction. If the area is damaged beyond repair, the lot will be deemed unsuitable for a septic system.

Location

The ≈ 0.25 acre building lot is the second lot past the NE corner of Island Forest Drive, past Pinecrest Place.

Reference

[1 *Laws and Rules for Ground Absorption Sewage Disposal Systems 15A NCAC 18A. 1900,* NCDEHNR-DEH.

[2 *Design, Installation and Maintenance of the T & J Panel Wastewater Treatment System for Sanitarians and Septic Tank Installers,* 1988.

Recommendation

Two hundred[200] lineal feet of gravity T & J lines using gravity distribution.

Ownership Responsibility

Conservation measures should be undertaken in plumbing fixture specifications to minimize the volume of wastewater entering the disposal system, including, but not limited to the following precautions:

[a] Provide water conserving plumbing fixtures within the facility. Waterclosets must be 1.6 gal. flush [per code]. Shower head should also have restrictions or be of low volume design.

[b] Develop conservative water use habits.

(c) Monitor and maintain the system as necessary for proper operation. An Operation Permit will not require a maintenance contract to be filed with the Mecklenburg County Health Department for the system.

System must be properly installed by a *qualified* and *competent* contractor following the requirements of the Mecklenburg County Department of Environmental Health, DEH, the N.C. Building Code, Plumbing Code, and the Electrical Code. This plan, as any, is a guide to a minimum standard, but cannot take the place of experience and common sense.

Components of System

1. Two compartment septic tank - 1000 gal.
2. Supply pipe
3. D-box
4. T & J Panels in ground absorption trenches, 2 feet wide, level end to end. If the installer does not understand this or its importance, he should not begin construction until certain of all requirements.

Construction Sequence

1. Lines have been flagged as noted on drawing and in specifications.
2. Clear the area of all organic material with minimum soil disturbance (do not grade). Backfill any low areas with clean sandy loam to natural compaction and look. This includes soil evaluation pits and stump holes. The old farm terraces are to be removed prior to system installation.
3. Install trenches per cited reference material and this plan.
4. Carefully backfill distribution trenches to grade with clean clay or clay loam soil fill material which is carefully placed and compacted.
5. The installation contractor shall stabilize the area of construction by planting with Kentucky 31 tall Fescue and mulching. Area to be limed and fertilized with 0.5 tons lime, 75 units of N, 150 units P, and 100 units of K per disturbed acre.
6. The septic tank shall consist of an approved 1000 gallon capacity reinforced, precast watertight, concrete tank with full baffle and shall have easy access to each chamber from ground level for inspection. The first chamber of the septic tank shall consist of 2/3 to 3/4 of the volume of the total tank and the baffle shall contain a horizontal opening across the tank at about midway . Locate the septic tank at such height as to provide approximately 8" of cover soil over top of the tank.
7. All piping and fitting shall be SCH 40 PVC. Glue for all PVC pipe joints shall be as recommended by the pipe manufacturer.

8. Final Landscaping: After the system is installed, the absorption field should be reshaped to shed rainwater and be free of low areas to insure that the system will not be overloaded with excess rainwater and run-on.

Concluding Note:

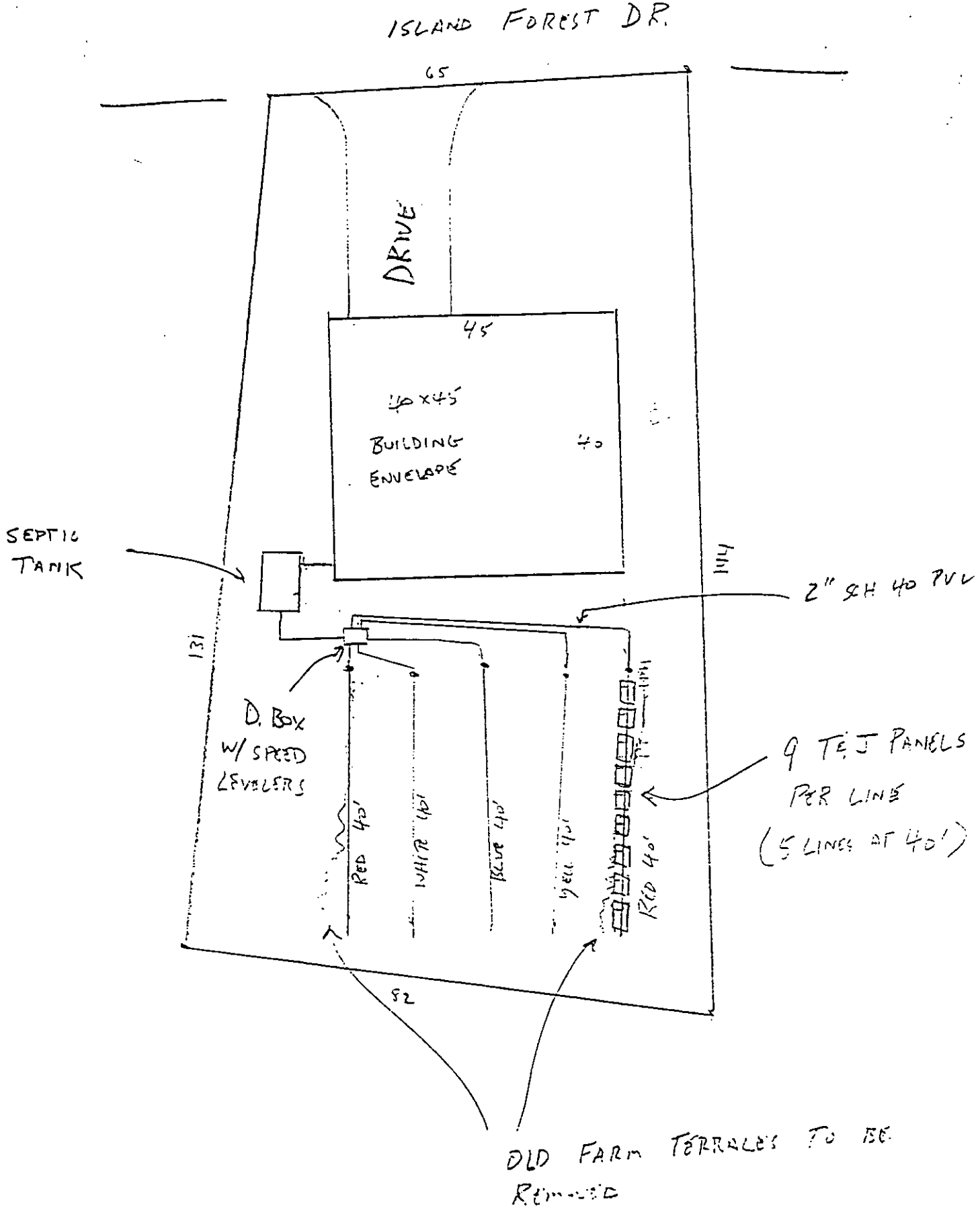
This plan was done to facilitate permitting by the Mecklenburg County Health Department by an agent of the owner. Any additions, or additional requirement(s), or deletions to enhance design or workability which will facilitate a permit are welcomed and may be made by note on this plan without returning entire design. The designer realizes that a plan with as many details as this can be changed and/or improved upon. The installer must realize that this is an exact plan and must be installed with exacting measurements. Should the installer desire a change, it must be approved by the health department in writing. Final inspection will also require more time and detail than a conventional system. If there are questions, please give me a call.

Design Specifications

94 Island Forest Drive

Daily design flow:		360 gpd. - 3 bedroom house
Septic tank size;	1500	~~1000~~ gal. (2 compartments)
Effluent loading rate:		0.3 gpd/sf
Number and length of laterals:		5 @ 40' using T & J Panels
Number of panels:		9 per trench = total of 45 panels

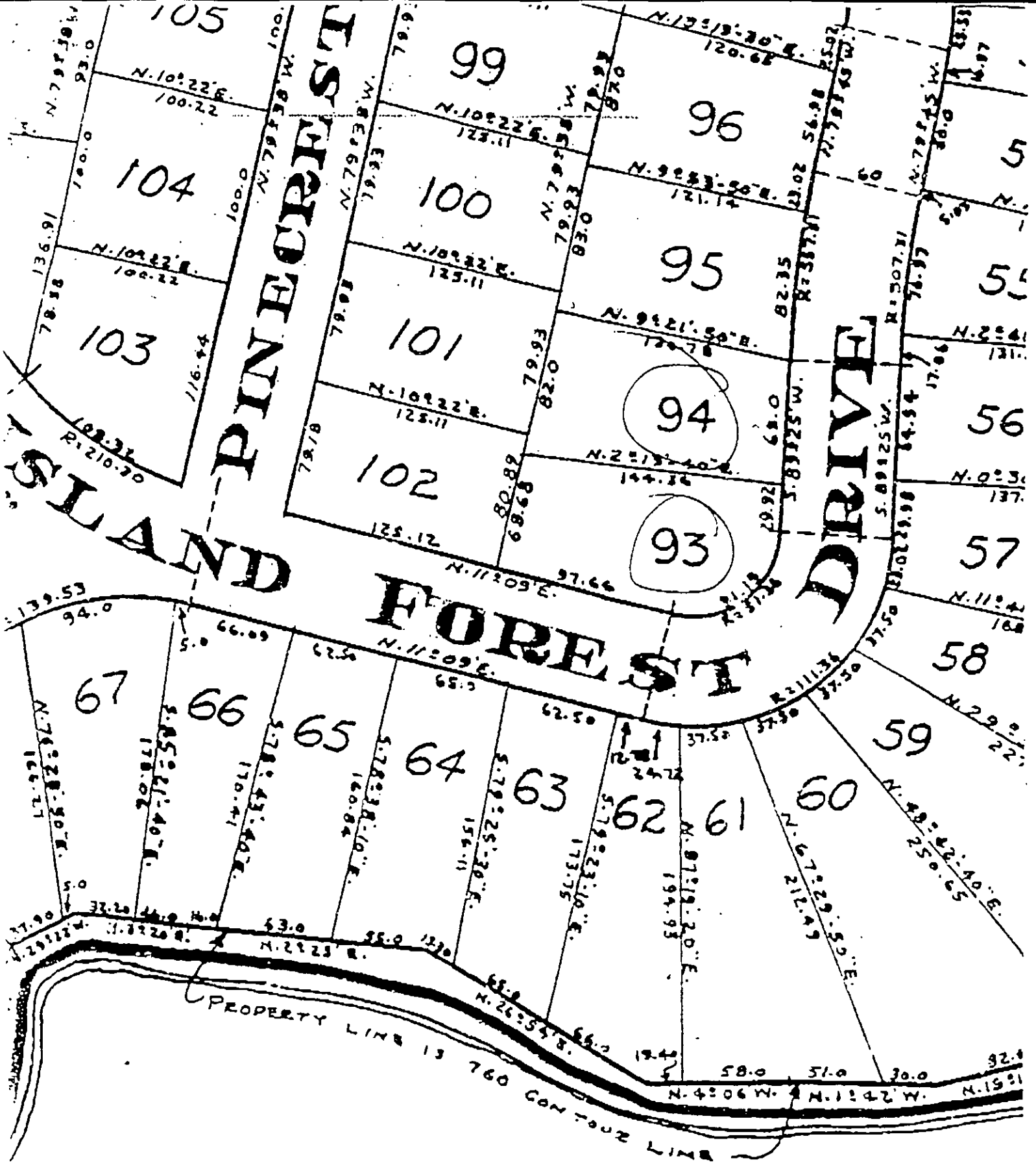
Lot 94


ISLAND FOREST DR.
65
DRIVE
45
40x45
BUILDING
ENVELOPE
40
SEPTIC
TANK
114
2" SCH 40 PVC
131
D. BOX
W/ SPEED
LEVELERS
RED 40'
WHITE 40'
BLUE 40'
YELLOW 40'
RED 40'
9 TEJ PANELS
PER LINE
(5 LINES AT 40')
52
OLD FARM TERRACES TO BE
REMOVED

SID CARPENTER Lot #94

ISLAND FOREST Dr.

Sta.	B.S.	H.I.	F.S. or Grade Rod	Elev. or Planned Elev.	
IRON		108,5	8.5	100,0	
RED			7.1	101.4	
YELL			6.7	101.8	
BLUE			6.0	102.5	
WHITE			5.0	103.5	
RED			3.9	104.6	
TANK			3.1	105.4	


PINECREST
FOREST DRIVE
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102
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93
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64
63
62
61
60
59
58
57
56
PROPERTY LINE IS 760 CONTOUR LINE

CK 663 QC

FEE: 200.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 1/22/97 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 10-31-96 **PERMIT NO:** 14201
PARCEL NO: 001-112-02

JOB LOCATION ADDRESS: 21204 Island Forest Dr
PROPERTY OWNER: Sidney Carpenter
BUILDING CONTRACTOR:
SUBDIVISION NAME: Island Forest
AUTHORIZATION ISSUED BY: Kelly Randall **DATE:** 10-31-96
DEHNR AUTHORIZED AGENT

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4. OTHER CONDITIONS: agreement form must be recorded prior to installation approval
RPBPS TYPE III System

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

X Sidney Carpenter 10/31/96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 14201

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 001-112-02

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
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- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	✓ No	___ Partial Basement
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No Serviced by private well	1500 Gallon septic tank	400 Total trench length (ft)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	✓ Gallon pump tank	___ Depth of stone ~~Stone~~ Sand	
Any surface waters present: No Type:		Minimum separation distance:	
Site modifications required:			
Additional Conditions: agreement form ~~on file~~ must be recorded prior to installation approval PPBPS TYPE ~~III~~ system			
Repair Area System Type Type (circle one): I II III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
___ Absorption Area (Sq ft) ___ Total Trench Length (Ft)	___ Depth of Stone Trench	___ Trench spacing (min. on centers)	___ Maximum Trench Depth
For existing system, enter the year originally installed:			

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

- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department
- This Improvement permit is transferable.

Wally Rondell 10-31-96
DEHNR Authorized Agent Date

X [signature] 10/31/96
Owner/Agent Signature Date

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

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

FEE: _____

DATE: _____

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

[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

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

FILE #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER:

STREET ADDRESS:

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: NUMBER OF OCCUPANTS:

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

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

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

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

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
___ MUNICIPAL (M)
___ PRIVATE WELL (P)
___ SHARED WELL (S)
___ OTHER 'SPRINGS' (O)

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

BURIED CABLES, LANDFILLS, STUMPHOLES ___ YES ___ NO
EXISTING WASTEWATER SYSTEMS ___ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS ___ YES ___ NO
WELL, SPRINGS OR WATERLINES ___ YES ___ NO
DESIGNATED WETLANDS ___ YES ___ NO

X

PROPERTY OWNER: Joyce Holland

NAME: Holland Joyce M
(LAST) (FIRST) (MI)

ADDRESS: 21204 Island Forest Dr

CITY: Cornelius STATE: NC ZIP: 28031

DAYTIME PHONE: ( ) 704 - 892-9266

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1-20-97

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: Joyce Holland by Linda Ballard (agent) DATE: 1-22-97

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

TRANSFER OF OWNERSHIP

Permit #: 14201
Job Location Information:
Tax Parcel #: 001-112-02
Street Address: 21204 Island Forest Dr.

An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change or if information submitted in this application is falsified or changed.

Property Owner Improvement Permit Originally Issued to:

Name: Carpenter (last) Sidney (first) A (mi) Date Issued: 9-6-96

Address: 4632 Butterwick LN
City: Charlotte State: NC Zip: 28212
Daytime Phone: (704) 593 - 2223

IMPROVEMENT PERMIT TRANSFERRED TO:

Name: Holland (last) Joyce (first) M (mi)

Address: 21204 Island Forest Dr
City: Cornelius State: NC Zip: 28031
Daytime Phone: (704) 892 - 9266

The undersigned, owner or legal agent for the owner, of the property described as the "job location" in the original application dated _____ has read the foregoing application and Improvement Permit, 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: Joyce Holland by Cinda Ballard (agent) Date: 1-22-96

IMPROVEMENT PERMIT TRANSFERRED TO:

Name: _____
(last) (first) (mi)

Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: ( ) ___ - _____

The undersigned, owner or legal agent for the owner, of the property described as the "job location" in the original application dated _____ has read the foregoing application and Improvement Permit, 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: _____ Date: _____

GRAVITY DOSED T&J PANEL SYSTEM PLAN

LOT 94 - ISLAND FOREST DRIVE

MECKLENBURG COUNTY - NORTH CAROLIN A

by
Toney C. Jacobs & Associates, Inc.
Consulting Soil Scientists
168 Broadbill Drive
Mooresville, N. C. 28115

October 28,1996

Submitted to: Mr. Kelly Randall, R. S.
Mecklenburg County Health Dept.
Charlotte, N. C.

Mr. Sid Carpenter
4332 Butterwick Lane
Charlotte, N. C. 28212

Paul G. Penninger

Toney C. Jacobs

Lot #94 - Island Forest Drive

GRAVITY DISTRIBUTION T & J PANEL SYSTEM

Design Considerations

The proposed system is for a 3 - bedroom home in a subdivision of single family homes in Mecklenburg County. The lots are generally less than ½ acre with medium sized homes. Lot 100 is approximately 0.25 acre and has > 40" of provisionally suitable soil across the lot. The lot was recorded prior to January 1983, and 100% repair area is not required.

Soils were evaluated by Mr. Bill Marlin of the Mecklenburg County Health Department and the system layout was by Toney C. Jacobs & Associates. Because of space limitations, the panel block system was considered as the best suited system for the lot. The septic system drainfield was flagged in the field as shown in Figure 1. The system will be a gravity dosed panel block system. There is only limited area on the lot for the proposed system. During construction extreme precautions should be taken to prevent damaging the system area. Flagging or fencing the system area would keep traffic and equipment off the area during construction. If the area is damaged beyond repair, the lot will be deemed unsuitable for a septic system.

Location

The ≈ 0.25 acre building lot is the second lot past the NE corner of Island Forest Drive, past Pinecrest Place.

Reference

[1 *Laws and Rules for Ground Absorption Sewage Disposal Systems 15A NCAC 18A. 1900,* NCDEHNR-DEH.

[2 *Design, Installation and Maintenance of the T & J Panel Wastewater Treatment System for Sanitarians and Septic Tank Installers,* 1988.

Recommendation

Two hundred(200) lineal feet of gravity T & J lines using gravity distribution.

Ownership Responsibility

Conservation measures should be undertaken in plumbing fixture specifications to minimize the volume of wastewater entering the disposal system, including, but not limited to the following precautions:

(a) Provide water conserving plumbing fixtures within the facility. Waterclosets must be 1.6 gal. flush (per code). Shower head should also have restrictions or be of low volume design.

(b) Develop conservative water use habits.

(c) Monitor and maintain the system as necessary for proper operation. An Operation Permit will not require a maintenance contract to be filed with the Mecklenburg County Health Department for the system.

System must be properly installed by a *qualified* and *competent* contractor following the requirements of the Mecklenburg County Department of Environmental Health, DEH, the N.C. Building Code, Plumbing Code, and the Electrical Code. This plan, as any, is a guide to a minimum standard, but cannot take the place of experience and common sense.

Components of System

1. Two compartment septic tank - 1000 gal.
2. Supply pipe
3. D-box
4. T & J Panels in ground absorption trenches, 2 feet wide, level end to end. If the installer does not understand this or its importance, he should not begin construction until certain of all requirements.

Construction Sequence

1. Lines have been flagged as noted on drawing and in specifications.
2. Clear the area of all organic material with minimum soil disturbance (do not grade). Backfill any low areas with clean sandy loam to natural compaction and look. This includes soil evaluation pits and stump holes. The old farm terraces are to be removed prior to system installation.
3. Install trenches per cited reference material and this plan.
4. Carefully backfill distribution trenches to grade with clean clay or clay loam soil fill material which is carefully placed and compacted.
5. The installation contractor shall stabilize the area of construction by planting with Kentucky 31 tall Fescue and mulching. Area to be limed and fertilized with 0.5 tons lime, 75 units of N, 150 units P, and 100 units of K per disturbed acre.
6. The septic tank shall consist of an approved 1000 gallon capacity reinforced, precast watertight, concrete tank with full baffle and shall have easy access to each chamber from ground level for inspection. The first chamber of the septic tank shall consist of 2/3 to 3/4 of the volume of the total tank and the baffle shall contain a horizontal opening across the tank at about midway . Locate the septic tank at such height as to provide approximately 8" of cover soil over top of the tank.
7. All piping and fitting shall be SCH 40 PVC. Glue for all PVC pipe joints shall be as recommended by the pipe manufacturer.

8. Final Landscaping: After the system is installed, the absorption field should be reshaped to shed rainwater and be free of low areas to insure that the system will not be overloaded with excess rainwater and run-on.

Concluding Note:

This plan was done to facilitate permitting by the Mecklenburg County Health Department by an agent of the owner. Any additions, or additional requirement(s), or deletions to enhance design or workability which will facilitate a permit are welcomed and may be made by note on this plan without returning entire design. The designer realizes that a plan with as many details as this can be changed and/or improved upon. The installer must realize that this is an exact plan and must be installed with exacting measurements. Should the installer desire a change, it must be approved by the health department in writing. Final inspection will also require more time and detail than a conventional system. If there are questions, please give me a call.

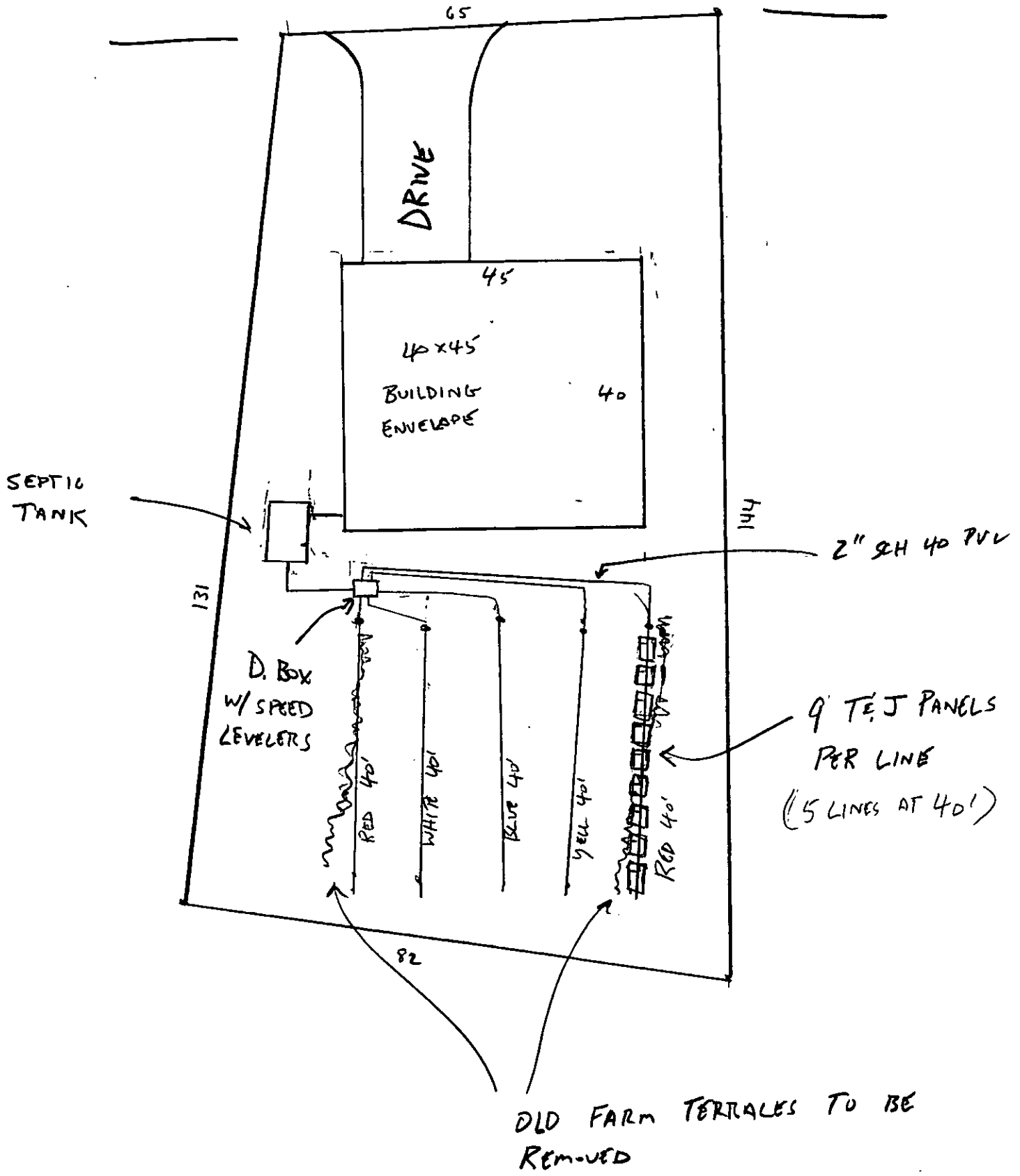
Design Specifications

94 Island Forest Drive

Daily design flow:	360 gpd. - 3 bedroom house
Septic tank size;	1000 gal. (2 compartments)
Effluent loading rate:	0.3 gpd/sf
Number and length of laterals:	5 @ 40' using T & J Panels
Number of panels:	9 per trench = total of 45 panels

Lot 94

ISLAND FOREST DR.



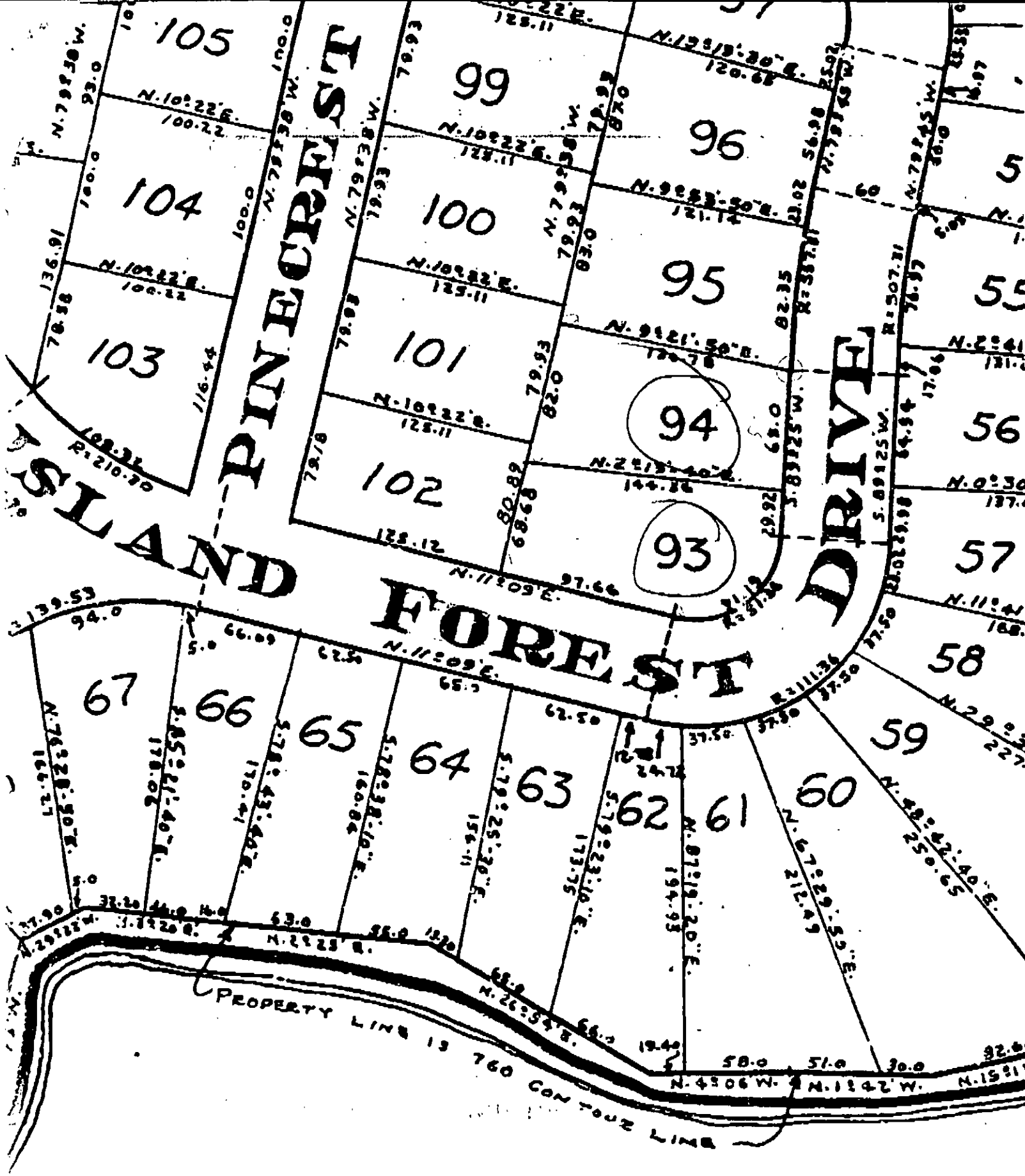
SID CARPENTER Lot #94

ISLAND FOREST Dr.

Sta.	B.S.	H.I.	F.S. or Grade Rod	Elev. or Planned Elev.	
IRON		108,5	8.52	100,0	
RED			7.13	101.4	
YELL			6.7	101.8	
BLUE			6.0	102.5	
WHITE			5.0	103.5	
RED			3.9	104.6	
TANK			3.1	105.4	

SCS-29 (3-60)

GPO : 1960 O-550816


PINECREST DRIVE
FOREST
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102
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56
PROPERTY LINE IS 760 CONTOUR LINE

Lot 94

FILE COPY

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

FILE # 14201
PARCEL # 001-112-02

The undersigned, S. Avery Allen Carpenter, owner of property located at Lot 94 - 21209 Island Forest Dr., (the "site") and described in an instrument recorded in Book 3423 at Page 395, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested 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 is allowed by the rules; 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 the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, 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 acknowledges that the following conditions will apply to the site:

- Any changes on the property may make the Improvement Permit Null and void and may make the Improvement Permit subject to revocation.

This instrument was prepared by: S. A. Carpenter
Mail after recording to: 4632 Butterwick Ln
Charlotte, NC. 28212

BK: 08801 PG: 0342/0344 $:0173 13.05
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 10/31/96 10:33

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement 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.

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.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 31 day of October, 1996.

_____ (Corporate Name)

By: _____

_____ President

ATTEST:

_____

_____ Secretary

(Corporate Seal)

Sidney A. Carpenter (SEAL)
OWNER

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

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

WITNESS my hand and notarial seal, this 31 day of October, 1996.

Rachelle G. Sidway
Notary Public

My Commission Expires:
5-21-97

RACHELLE G. SIDWAY NOTARY PUBLIC MECKLENBURG COUNTY, N.C.

FEE: 100.00
DATE: 9/6/96
CK.# 3401

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

[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

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

FILE #: 14201

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 001-112-02

STREET ADDRESS: 21208 Island Forest Dr.

SUBDIVISION OR MOBILE HOME PARK NAME: Island Forest

LOT NUMBER: Lot 94 M19-341

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2500±

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 4

CLOSING DATE: 10/96

FOUNDATION FOR RESIDENCE:

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

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

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

WATER SUPPLY (CHECK ONE):

✓ COMMUNITY (C)
___ MUNICIPAL (M)
___ PRIVATE WELL (P)
___ SHARED WELL (S)
___ OTHER 'SPRINGS' (O)

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

BURIED CABLES, LANDFILLS, STUMPHOLES	___ YES ✓ NO	WELL, SPRINGS OR WATERLINES	___ YES ✓ NO
EXISTING WASTEWATER SYSTEMS	___ YES ✓ NO	DESIGNATED WETLANDS	___ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS	___ YES ✓ NO		

PROPERTY OWNER:

NAME: Carpenter, Sidney Allen
(LAST) (FIRST) (MI)

ADDRESS: 4632 Butterwick Ln

CITY: Charlotte STATE: NC ZIP: 28212

DAYTIME PHONE: (704 - 593-2223

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

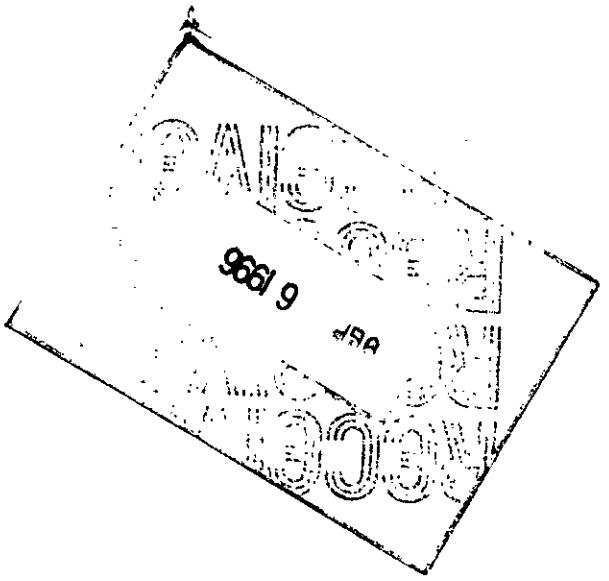
DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1990's?

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: Sidney Carpenter DATE: 9/6/96

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


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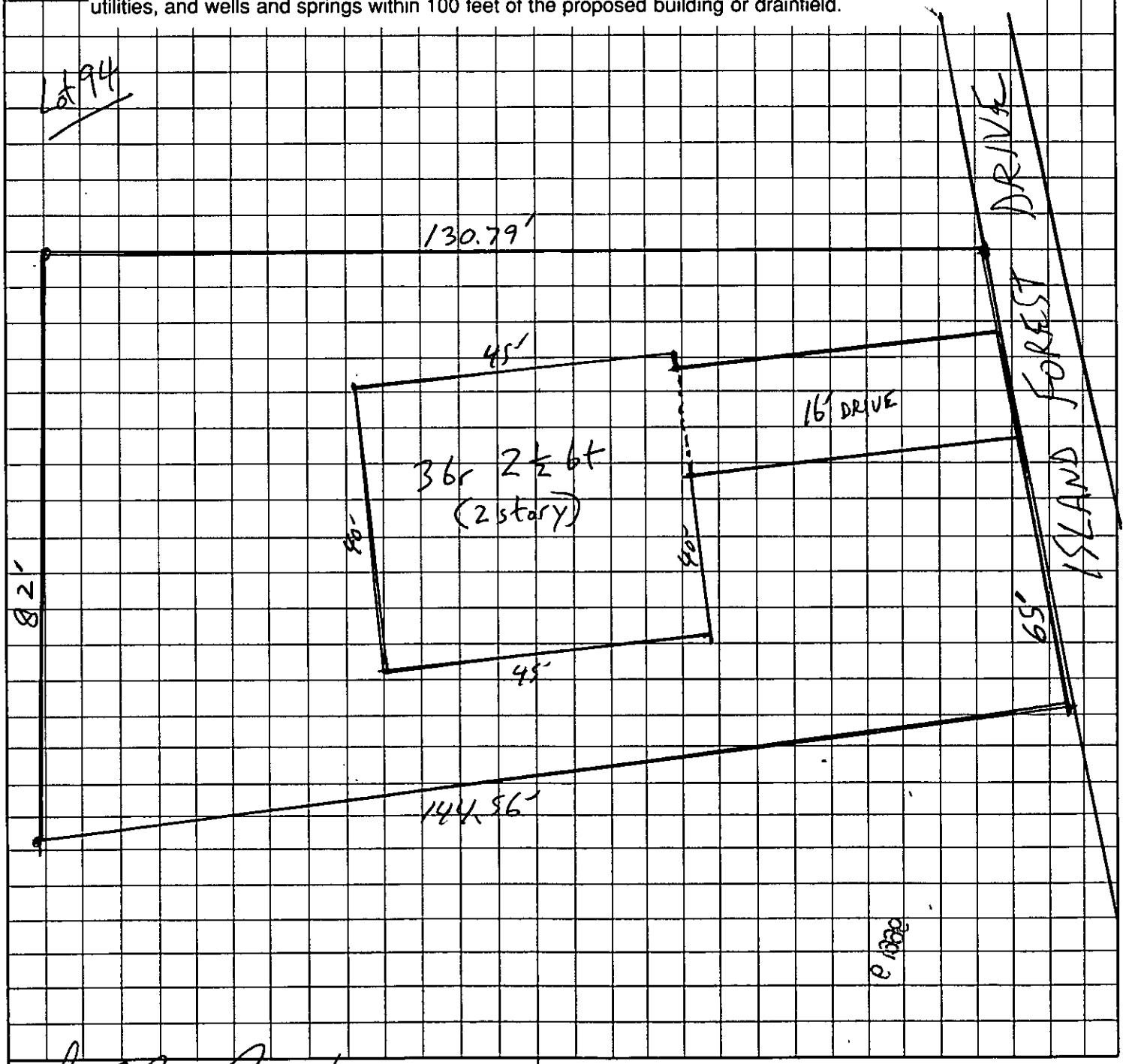
PROPOSED PLOT PLAN

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

FILE: 14201

TC: 001-112-02

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



OWNER/AGENT SIGNATURE Lola M. Caporte

DATE 9/6/96

APPROVAL DATE _____

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

6 1998

14201

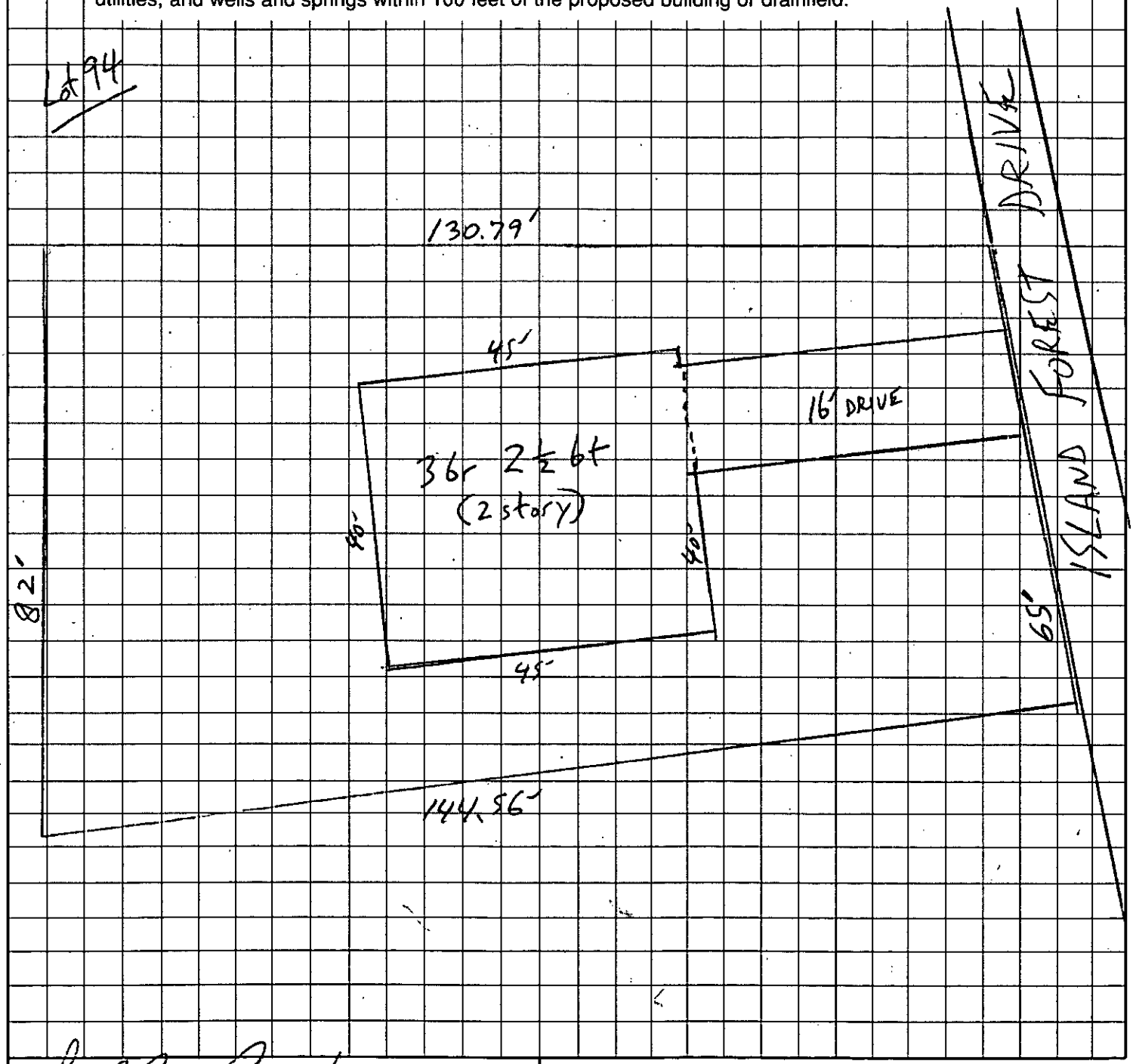
PROPOSED PLOT PLAN

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

FILE: 14201

TC: 001-112-02

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



OWNER/AGENT SIGNATURE Lillie R. Coyte

DATE 9/6/96

APPROVAL DATE _____

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

14201

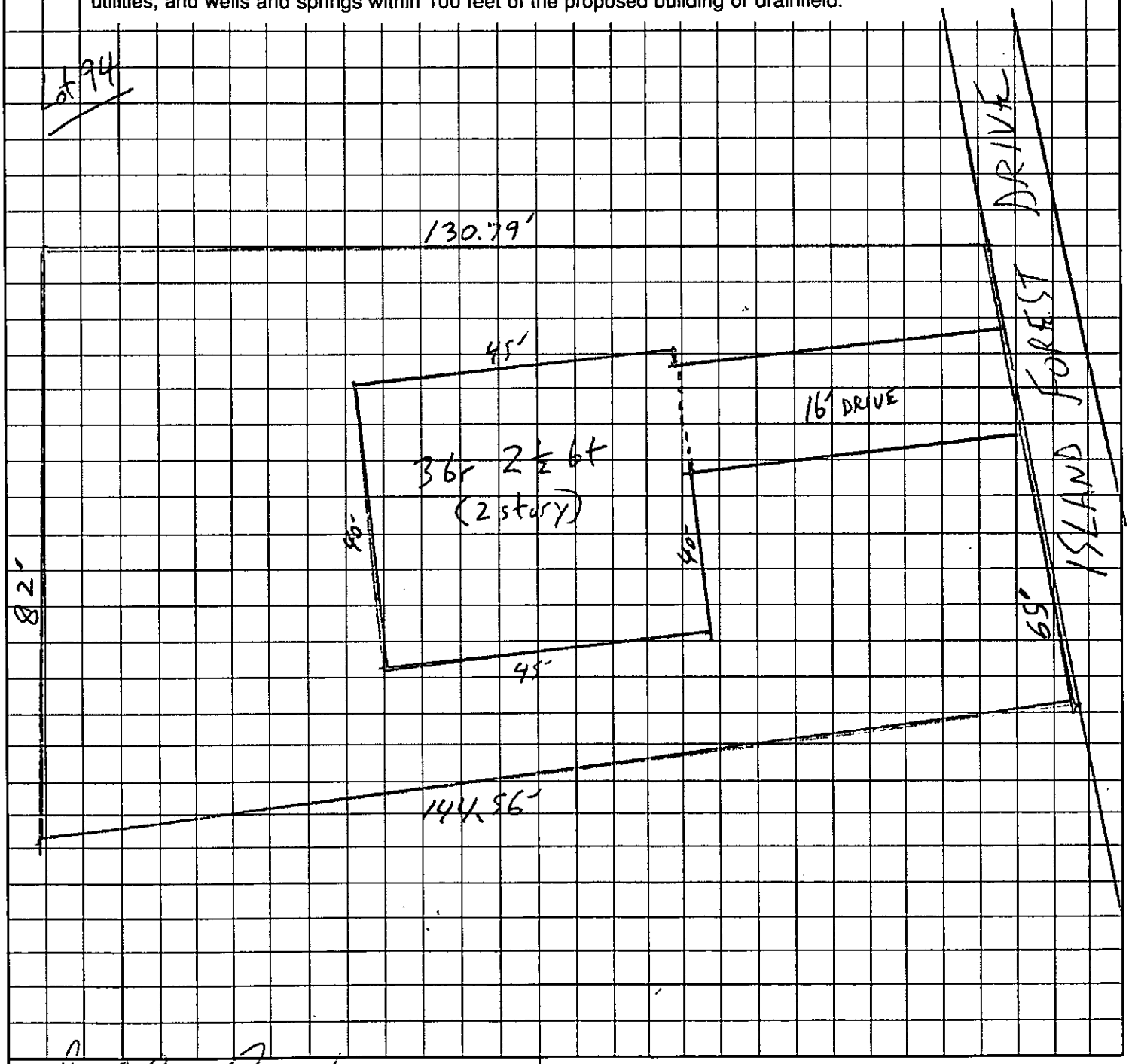
PROPOSED PLOT PLAN

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

FILE: 14201

TC: 001-112-02

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

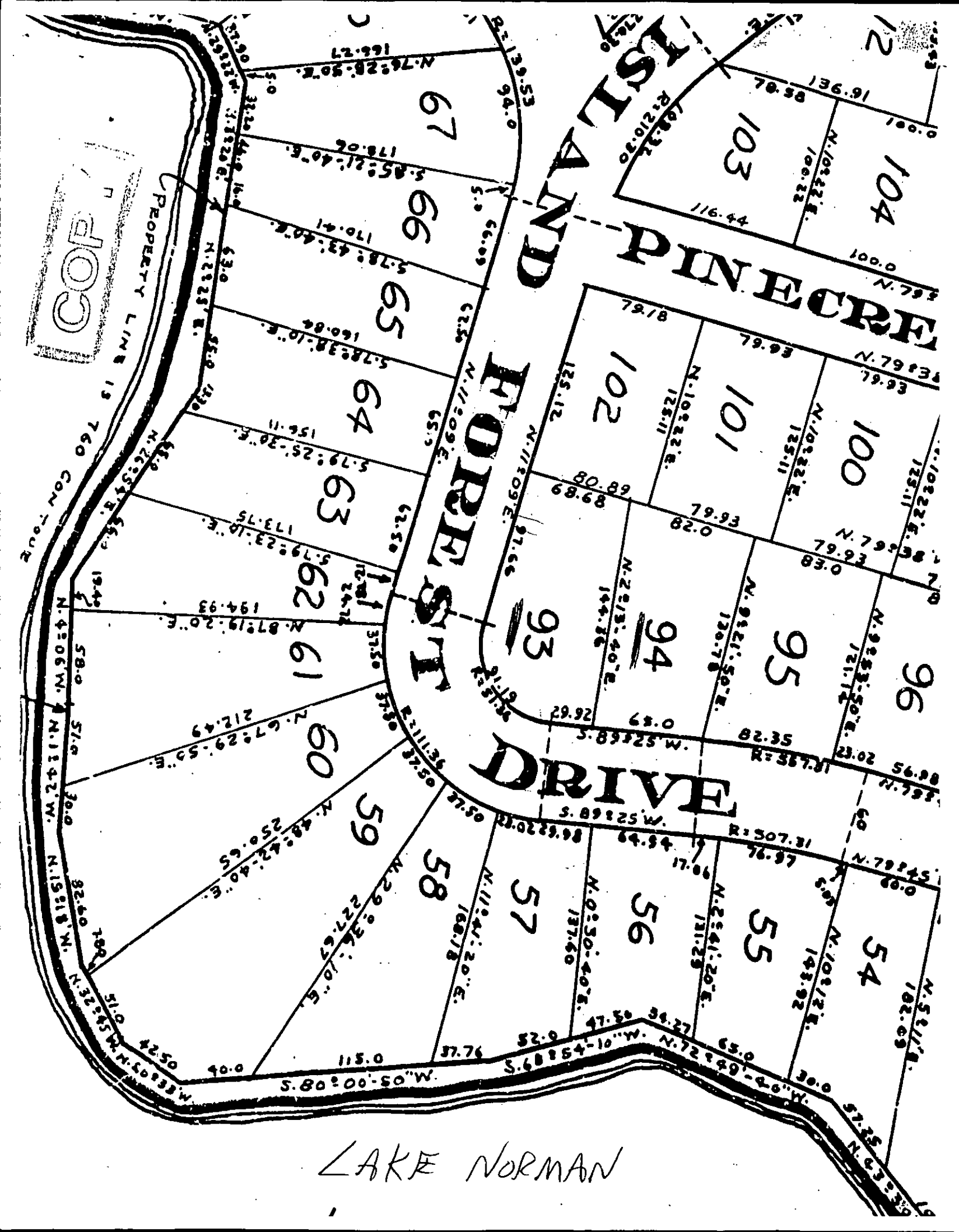


OWNER/AGENT SIGNATURE: [signature]

DATE: 9/6/96

APPROVAL DATE _____

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


PINECREST DRIVE
HORNE ST
ISLAND
PROPERTY LINE IS 760 CON-TOUR
COPY
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LAKE NORMAN

Mecklenburg County
Health Department

October 2, 1996

Sidney Allen Carpenter
4332 Butterwick Lane
Charlotte, NC 28212

Re: 21205 Island Forest Drive
File: 14201
Parcel: 001-112-02

Dear Mr. Carpenter:

Receipt of your Application for Improvement Permit for the above referenced property is acknowledged. A soil evaluation and a site visit have been conducted. The results of the evaluation indicated that the site is **UNSUITABLE** under Rule .1945 **AVAILABLE SPACE.** For this reasons your Application for Improvement Permit is denied. A possible way to develop the site exists under Rule .1948(d) which reads as follows:

> A site classified as **UNSUITABLE** may be used for a ground absorption sewage treatment and disposal system specifically identified in Rules .1955, .1956, or .1957 of this Section or a system approved under Rule .1969 if written documentation, including engineering, hydrogeologic, geologic or soil studies, indicates to the local health department that the proposed system can be expected to function satisfactorily. Such sites shall be reclassified as **PROVISIONALLY SUITABLE** if the local health department determines that the substantiating data indicate that:
> (1) a ground absorption system can be installed so that the effluent will be non-pathogenic, non-infectious, non-toxic, and non-hazardous;
> (2) the effluent will not contaminate ground or surface water; and
> (3) the effluent will not be exposed on the ground surface or be discharged to surface waters where it could come in contact with people, animals, or vectors.

The State shall review the substantiating data if requested by the local health department.

Please be advised that you have the right to an informal review by this department. You also have the right to appeal under G.S. 130A-24, and to have the appeal held in Mecklenburg County.

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

Sincerely,

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

Mecklenburg County
Health Department

Sidney Allen Carpenter
4332 Butterwick Lane
Charlotte NC 28212

Re: 21205 Island Forest Lane
File: 14201
Parcel: 001-112-02

Receipt of your Application for Improvement Permit for the above referenced property is acknowledged. A soil evaluation and a site visit have been conducted. The results of the evaluation indicated that the site is UNSUITABLE under Rules

for these reasons your Application for Improvement Permit is denied. A possible way to develop the site exists under Rule .1948(d) which reads as follows:

over

A site classified as UNSUITABLE may be used for a ground absorption sewage treatment and disposal system specifically identified in Rules .1955, .1956, or .1957 of this Section or a system approved under Rule .1969 if written documentation, including engineering, hydrogeologic, geologic or soil studies, indicates to the local health department that the proposed system can be expected to function satisfactorily. Such sites shall be reclassified as PROVISIONALLY SUITABLE if the local health department determines that the substantiating data indicate that:

(1) a ground absorption system can be installed so that the effluent will be non-pathogenic, non-infectious, non-toxic, and non-hazardous;
(2) the effluent will not contaminate groundwater or surface water; and
(3) the effluent will not be exposed on the ground surface or be discharged to surface waters where it could come in contact with people, animals, or vectors.

The State shall review the substantiating data if requested by the local health department.

Please be advised that you have the right to an informal review by this department. You also have the right to appeal under G.S. 130A-24, and to have the appeal held in Mecklenburg County.

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

Sincerely,

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

FEE: 100.00
DATE: 9/6/96
CK.# 3401

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

1 1 CRT

TYPE APPLICATION: ___ NEW SYSTEM _ EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

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

COPY

FILE #: 14201

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 001-112-02.

STREET ADDRESS: 21209 Island Forest Dr.

SUBDIVISION OR MOBILE HOME PARK NAME: Island Forest

LOT NUMBER: Lot 94 M19-341

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2500 ϕ

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 4

CLOSING DATE 10/96

FOUNDATION FOR RESIDENCE:

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

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

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

WATER SUPPLY (CHECK ONE):

✓ COMMUNITY (C)
___ MUNICIPAL (M)
___ PRIVATE WELL (P)
___ SHARED WELL (S)
___ OTHER 'SPRINGS' (O)

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

BURIED CABLES, LANDFILLS, STUMPHOLES	___ YES ✓ NO	WELL, SPRINGS OR WATERLINES	___ YES ✓ NO
EXISTING WASTEWATER SYSTEMS	___ YES ✓ NO	DESIGNATED WETLANDS	___ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS	___ YES ✓ NO		

PROPERTY OWNER:

NAME: Carpenter, Sidney Allen
(LAST) (FIRST) (MI)

ADDRESS: 4632 Butterwick Ln

CITY: Charlotte STATE: NC ZIP: 28212

DAYTIME PHONE: (704) - 593-2223

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1970's ?

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: S. Allen Carpenter DATE: 9/6/96

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

PROPOSED PLOT PLAN

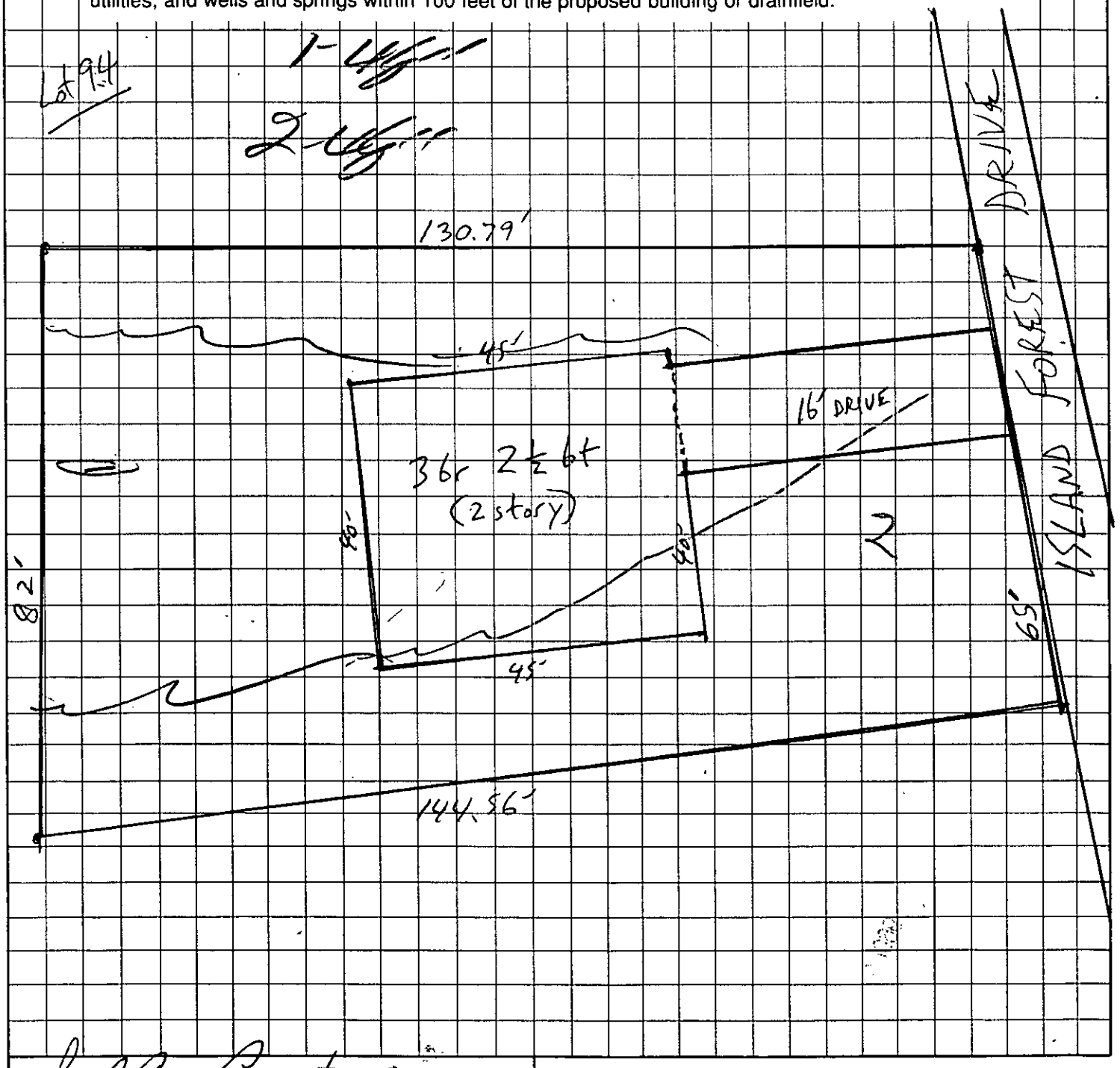
COPY

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

FILE: 14201

TC: 001-112-02

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

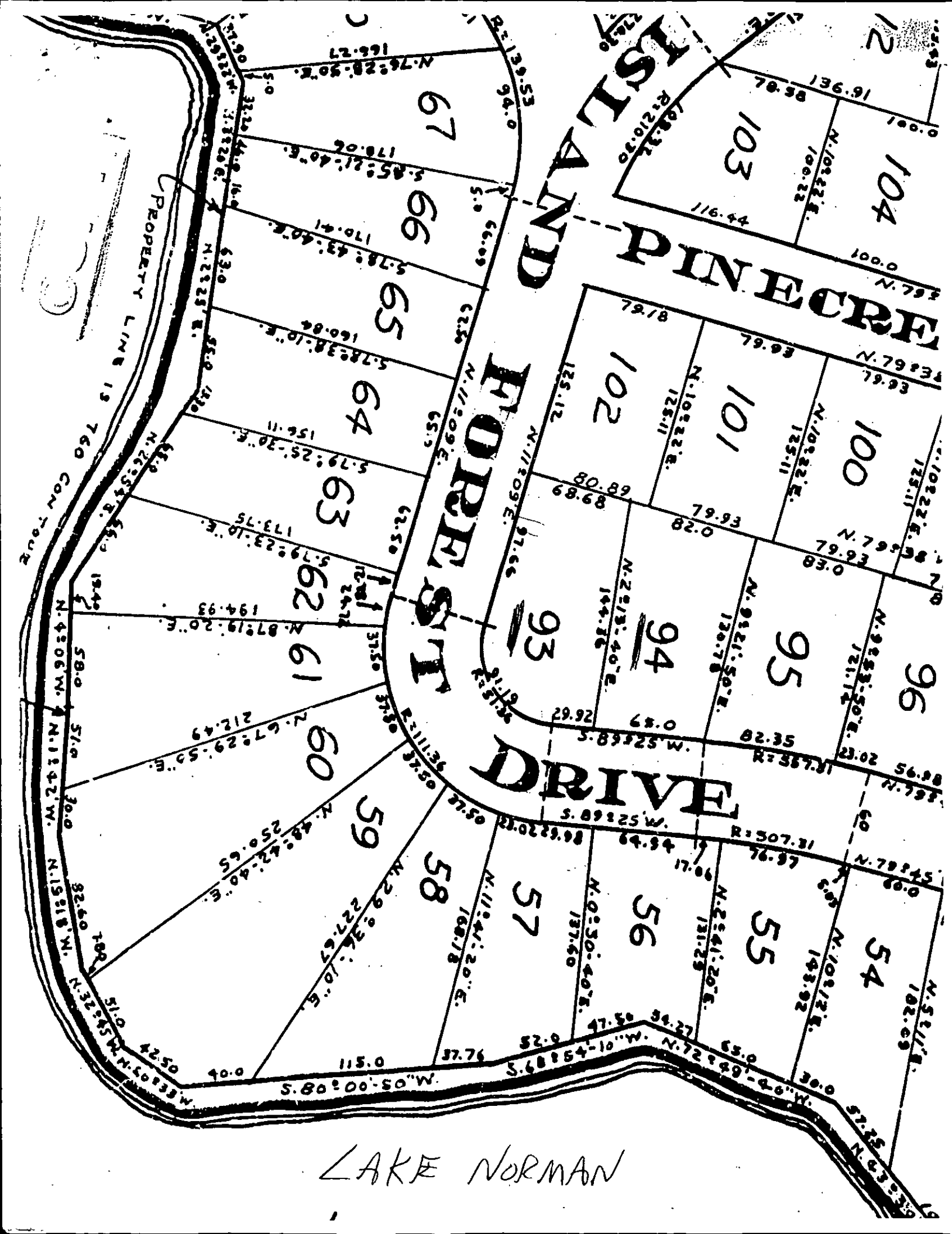


OWNER/AGENT SIGNATURE Lori A. Caputo

DATE 9/6/96

APPROVAL DATE _____

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


PINECREST DRIVE
NORTH ISLAND
LAKE NORMAN
PROPERTY LINE IS 760 CON TOUR
67
66
65
64
63
62
61
60
59
58
57
56
55
54
93
94
95
96
102
101
100
103
104
S.89°25'W.
R=307.31
R=357.31
R=111.36
R=139.53
N.79°45'
S.80°00'50"W.
N.72°49'46"W.
S.68°54'10"W.
N.63°39'
N.11°42'W.
N.15°18'W.
N.32°45'W.
N.50°33'W.

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

Sheet
PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

#2 14201
001-112-02

OWNER: Sidney Carpenter APPLICANT:
ADDRESS: 4632 Buttonwood Farm Rd, APPLICATION DATE: DATE EVALUATED:
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 360gpd PROPERTY SIZE: .23
LOCATION OF SITE: 21205 Island Forest Dr PROPERTY RECORDED:
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	Slope 5-10% 1940 LAND-SCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS	0-3"	gr/sl	Fr/SE/SS/SS	7.5YR 6/8 brown 2 colors	46"	N/A	None	.39(F) IV P2
		3-46"	SBK/c	Fr-Fi/SE/SS/SS					
2	LS	0-4"	gr/sl	Fr/SE/SS/SS	7.5YR 6/8 brown 2 colors	46"	N/A	None	.39(F) IV P2
		4-46"	SBK/c	Fr-Fi/SE/SS/SS					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	LS	
System Type(s)		

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Conventional
EVALUATED BY: W.A. Mack 9-13-94
OTHER(S) PRESENT:

CLIENTS:

LEGEND

use the following standard abbreviations

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

OTES

ORIZON DEPTH In inches below natural soil surface

EPTH OF FILL In inches from land surface

ESTRICTIVE HORIZON Thickness and depth from land surface

APROLITE S(suitable) or U(unsuitable)

OIL WETNESS Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

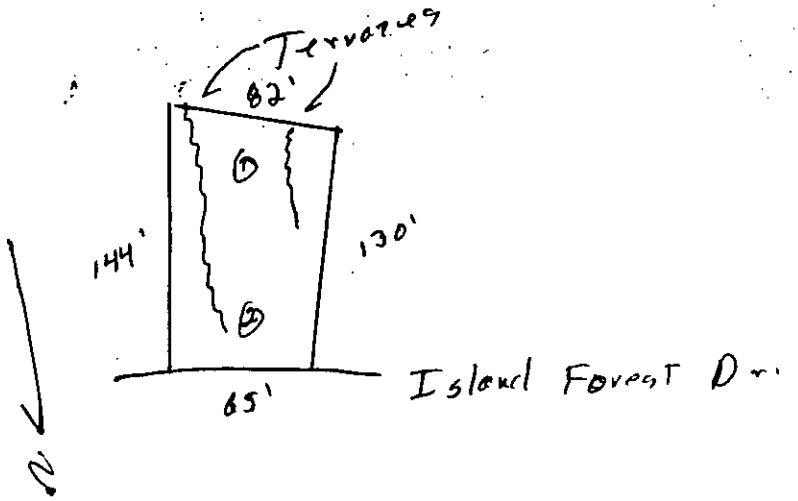
LASSIFICATION S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.

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

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

14201



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

D400

Sheet
PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

#2 14201
001-112-02

OWNER: Sidney Carpenter APPLICANT:
ADDRESS: 4632 Bellarwick Lane Ahoskie APPLICATION DATE: DATE EVALUATED:
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 360gpd PROPERTY SIZE: .23
LOCATION OF SITE: 2120 Cleland Forest Dr PROPERTY RECORDED:
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS	0-3"	gr/sl	Fv/sFXP/ss/sp	7.5YR 6/8	46"	N/A	None	.39/IV-2 PS
		3-46"	sBK/c	Fv-Fi/sFXP/ss/sp	Chroma 2 colors				
2	LS	0-4"	gr/sl	Fv/sFXP/ss/sp	7.5YR 6/8	46"	N/A	None	.39/IV-2 PS
		4-46"	sBK/c	Fv-Fi/sFXP/ss/sp	Chroma 2 colors				
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	US	
System Type(s)		

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W.R. Mills 9-13-96
OTHER(S) PRESENT:

OMMENTS:

LEGEND

use the following standard abbreviations

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

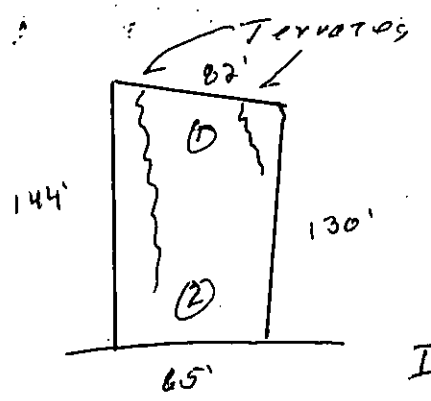
OTES	
ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
STRUCTIVE HORIZON	Thickness and depth from land surface
PROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or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

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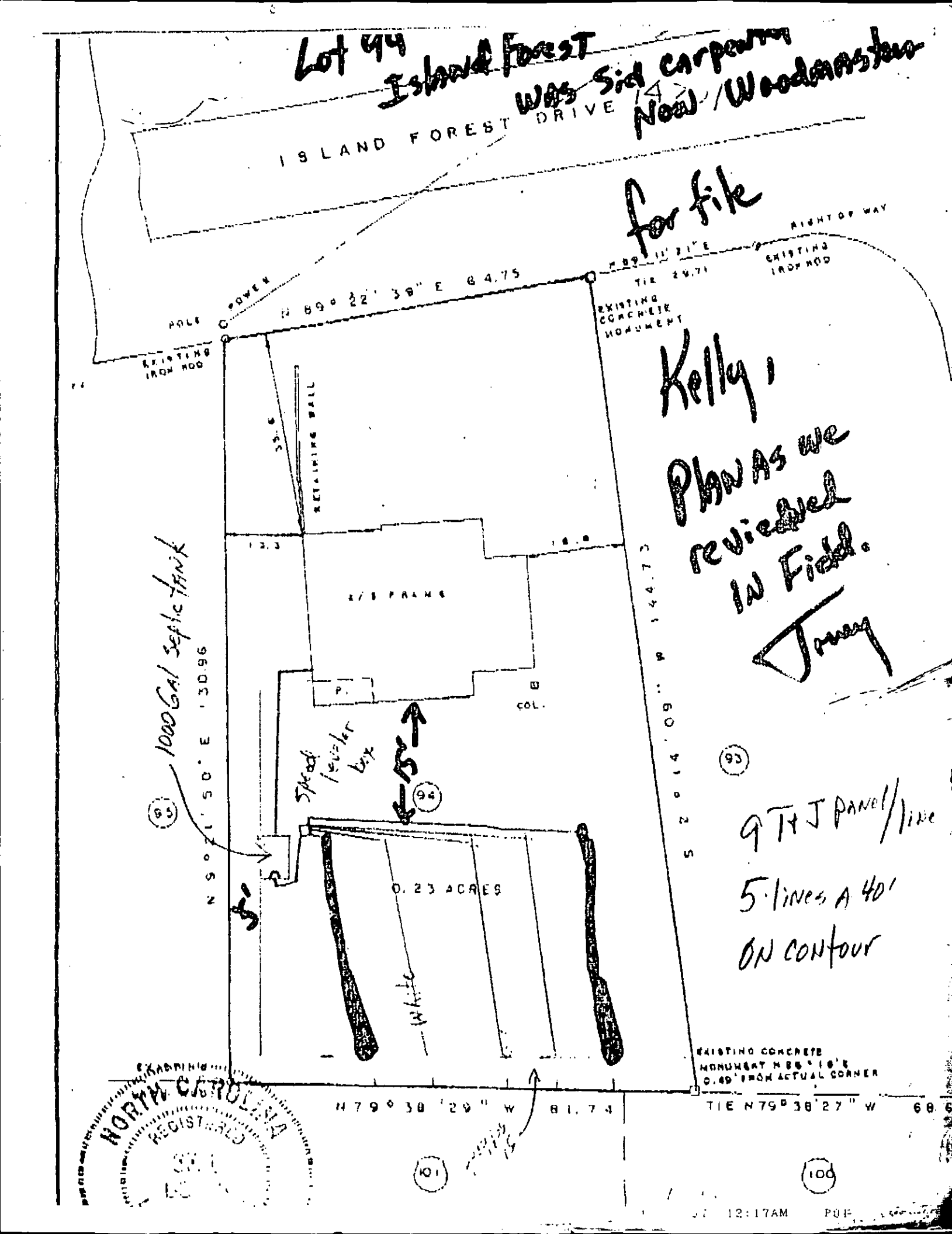
Show profile locations and other site features (dimensions, reference or benchmark, and North).

14201



Island Forest Dr.

N


Lot 94
Island Forest
was Sid carpenter
Now / Woodmanston
for file
ISLAND FOREST DRIVE
RIGHT OF WAY
N 89° 22' 38" E 64.75
TIE 29.71
EXISTING IRON ROD
POLE
POWER
EXISTING IRON ROD
EXISTING CONCRETE MONUMENT
Kelly,
Plan as we reviewed in Field.
Jerry
RETAINING WALL
32.6
12.3
18.8
S/F FRAME
P.
COL.
1000 Gal Septic Tank
N 9° 1' 50" E 130.96
S 2° 14' 09" W 144.73
Spread fewater box
5'
5'
93
94
0.23 ACRES
9 TH J PANEL / line
5 lines A 40'
ON CONTOUR
White
EXISTING CONCRETE MONUMENT N 89° 10' E 0.49' FROM ACTUAL CORNER
N 79° 38' 29" W 81.74
TIE N 79° 38' 27" W
101
100
REGISTERED
12:17AM

FAX

Toney C. Jacobs & Associates, Inc.
Consulting Soil Scientists
168 Broadbill Dr.
Mooresville, NC 28115

Date _____

Number of pages including cover sheet ____

To: Kelly Randall

Phone _____

Fax Phone 336-6194

CC: _____

From:

☑ Toney Jacobs, CPSS

☐ Paul Penninger, CPS-IT

☐ Pat Jacobs

Phone 704-663-6905

Fax Phone 704-662-9845

REMARKS:

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