

11319 LEMMOND ACRES DR

13915402

12/31/2007

duponbj

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

20 yr
ORROE
LD

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 2806B WASPS App #: 3740

Primary ES assigned to project: DC

Secondary ES assigned to project: _____

Project Type: New System ☐ Alteration ☐ Repair ☐ Modified Plot Plan ☐ 07 ☑

1. File Review:

Rule or Law	Permit Application			
.1937(d)	Is the Application complete	Yes ☑	No ☐	N/A ☐
.1937(d)	Is there a Site plan/Plat with application	Yes ☑	No ☐	N/A ☐
.1937(d)	Is the Facility shown?	Yes ☑	No ☐	N/A ☐
.1937(d)	Are appurtenances shown	Yes ☑	No ☐	N/A ☐
	Site Evaluation Information			
.1939 (a)(1)	Topography and Landscape Position Recorded?	Yes ☐	No ☐	N/A ☐
.1940 (a-g)	Slope % Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Texture Class Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Structure-type Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Consistence Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Mineralogy Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(3)	Soil Wetness Condition Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered	Yes ☐	No ☐	N/A ☐
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Yes ☐	No ☐	N/A ☐
.1939 (a)(6)	Sufficient Available Space Recorded?	Yes ☐	No ☐	N/A ☐
.1937(m)	Are the Profile Locations Shown?			
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes ☐	No ☐	N/A ☐
& .1945(b)	Number of auger borings made: ____ Were sufficient auger borings made?	Yes ☐	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR	Yes ☐	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☐	No ☐	N/A ☐
.1945(b)	Proposed System Type stated-Repair	Yes ☐	No ☐	N/A ☐
130A-336 (a)(3)	System location identifiable by setbacks - Initial	Yes ☐	No ☐	N/A ☐
.1937(g) .1945(b)	System components shown - Initial	Yes ☐	No ☐	N/A ☐
.1945(b)	Repair area shown	Yes ☐	No ☐	N/A ☐
.1937 (f)(g)	Does System design match facility, flow & WW characteristics?	Yes ☐	No ☐	N/A ☐
.1937 (f)(g)	Is System design consistent with soil/site conditions?	Yes ☐	No ☐	N/A ☐
.1937 (f)(g)	Is the System located in the approved area?	Yes ☐	No ☐	N/A ☐
130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☐	No ☐	N/A ☐

130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	Yes ☐	No ☐	N/A ☐
.1937(g)	Trench depth indicated?	Yes ☐	No ☐	N/A ☐
.1937(g)	Trench width indicated?	Yes ☐	No ☐	N/A ☐
.1937(g)	Trench length indicated?	Yes ☐	No ☐	N/A ☐
130A-336(a)(1)	Proposed/existing well shown?	Yes ☐	No ☐	N/A ☐
130A-336(a)(1)	Property line lengths shown?	Yes ☐	No ☐	N/A ☐
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☐	No ☐	N/A ☐
	Operation Permit			
.1937(i)	System type as described in table V(a) of rule .1961	Yes ☐	No ☐	N/A ☐
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☐	No ☐	N/A ☐

H. WASPS Review:

Construction authorization issued	Yes ☐	No ☐	N/A ☐
Installation approval issued	Yes ☐	No ☐	N/A ☐
Operation permit issued	Yes ☐	No ☐	N/A ☐
Other related documentation	Yes ☐	No ☐	N/A ☐

Items requiring correction/modification: _____

Comments:

_____

_____

_____

_____

_____

IA issued date: _____

OP issued date: _____

Review performed by: _____ Date performed: _____

3740 David C.

FEE: 100.00
DATE: 7-23-08
CRT [ ] Cash

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 06/07

FILE #: 2806B

TYPE APPLCATION:

- ☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
- ☒ ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
- ☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- ☐ COMMERCIAL OR INDUSTRIAL (N)

PERSON FILING APPLICATION:
NAME: Robert S Furr Jr
ADDRESS: 3801 Miriam Dr
CITY: Charlotte
STATE: NC ZIP: 28205
PHONE: 704-309-3040
ALTERNATE PHONE: 704-379-1999

PROPERTY OWNER:
NAME: Edward Angel
ADDRESS: 11319 Lemmond Acres Dr
CITY: Mint Hill
STATE: NC ZIP: 28227
PHONE: 704-309-3040
ALTERNATE PHONE:

JOB LOCATION INFORMATION
TAX/PARCEL #: 139-154-02
STREET ADDRESS: 11319 Lemmond Acres Drive
CITY: Mint Hill
STATE: NC ZIP: 28227
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

TOWNSHIP:

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

WATER SUPPLY:

- ☐ MUNICIPAL (M)
- ☒ COMMUNITY (C)
- ☐ PRIVATE WELL (P)
- ☐ SHARED WELL (S)
- ☐ OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:

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

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 3

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? ☐ YES ☐ NO
UNDERGROUND STORAGE TANKS? ☐ YES ☐ NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:

- ☐ BEDROOM
- ☐ BATHROOM
- ☐ KITCHEN
- ☐ DINING ROOM
- ☐ LIVING ROOM
- ☐ DEN
- ☐ GARAGE
- ☐ SUNROOM
- ☐ PORCH
- ☐ DECK
- ☐ OTHER

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:

- ☒ DETACHED GARAGE
- ☐ DETACHED GARAGE WITH PLUMBING
- ☐ POOL HOUSE
- ☐ SHOP
- ☐ BARN
- ☐ STORAGE SHED
- ☐ DETACHED PORCH / DECK
- ☐ OTHER

*The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature — Date: 7/23/08

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

- No work shall be conducted on the septic tank system until an installation, construction, alteration and/or repair approval is granted y this Department.
- This permit is not transferable.

☐ ADDITION / RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE

use existing for detached garage approved
7/23/08

EHS Signature — Date

PLOT PLAN FOR PERMIT APPLICATION
ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

LOCATION

STREET # (N,S,E,W) 11319 STREET NAME Lemmond Acres Dr (AV,RD,ST, etc)

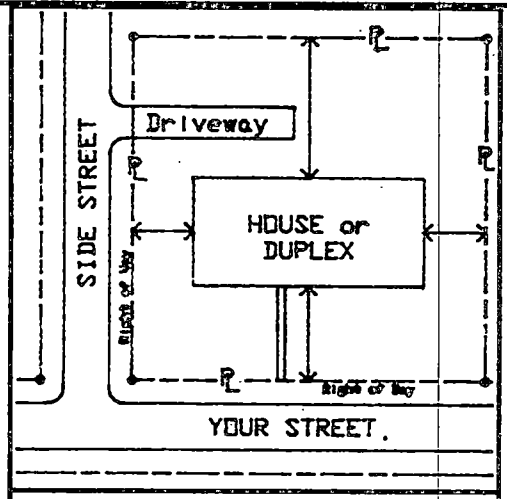
SUITE/UNIT(S):

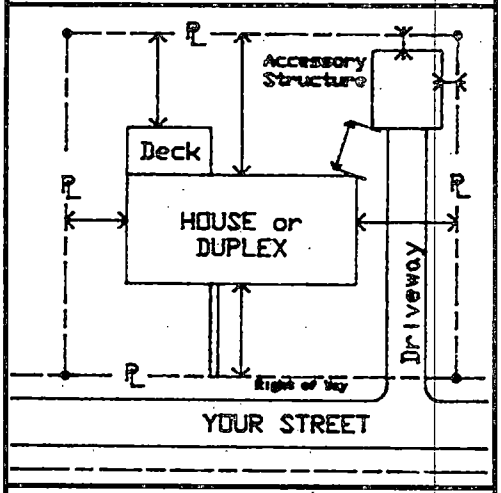
PERMIT #

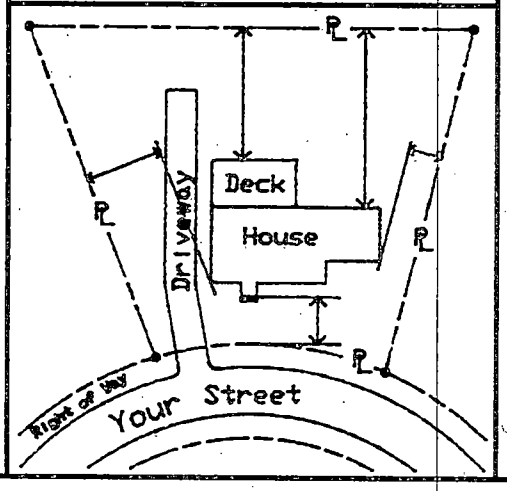
TAX JURISDICTION: (Check One)
☐ 0-Mecklenburg ☐ 1-Charlotte ☐ 2-Davidson ☐ 3-Cornelius
☐ 4-Pineville ☐ 5-Matthews ☐ 6-Huntersville ☐ 7-Mint Hill

TAX PARCEL # JOB # 281290

EXAMPLES/PLOT PLAN





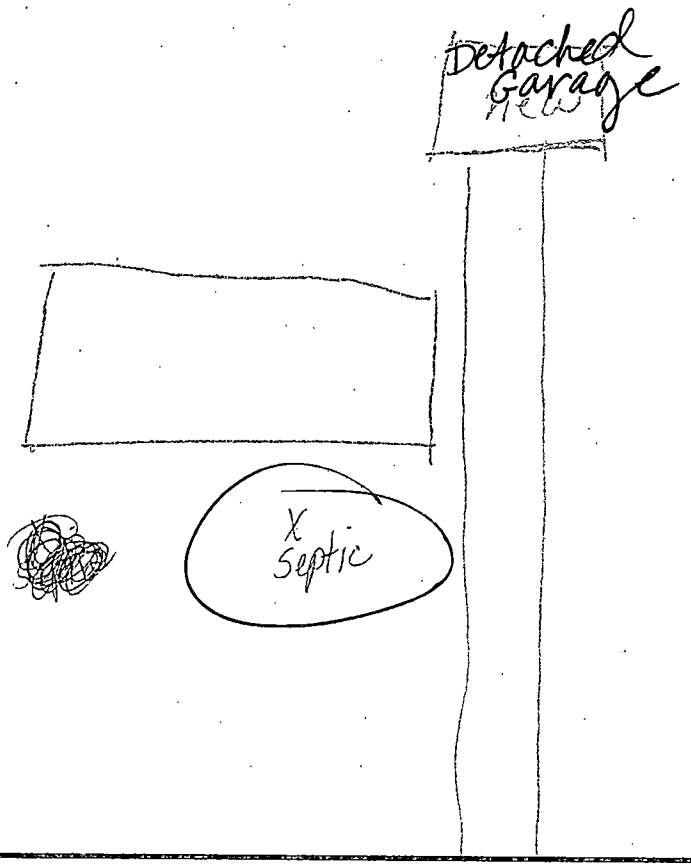


- INSTRUCTIONS -

In the space provided below, draw plot plan as neatly and accurately as possible, from survey if available.

1. Draw street(s) and right-of-way(s).
2. Draw property lines with dimensions.
3. Draw proposed and existing buildings showing any attached porch(es), deck(s), chimney(s), carport(s), or garage(s), etc...
4. Show distances of buildings from property lines or other structures.
5. Separate application and plot plan required for each building.

- PLOT PLAN -



ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED

APPLICANT'S SIGNATURE 7/23/08 DATE Robert S Farr Jr PRINT APPLICANT'S NAME

APPROVED BY

MECKLENBURG COUNTY LAND USE AND ENVIRONMENTAL SERVICES AGENCY
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

INSPECTOR

FEE: 150.00/95.00/100.00 K 1170

DATE: 12/24/98

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

[ ] CRT

TYPE APPLICATION: [X] 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 #: 2801B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139-152-01P035

STREET ADDRESS: 11319 LEMMOND ACRES DR.

SUBDIVISION OR MOBILE HOME PARK NAME: LEMMOND ACRES

LOT NUMBER: 35

TYPE OF BUILDING (CHECK ONE):

- [ ] SINGLE MOBILE HOME(S)
- [ ] DOUBLE WIDE (D)
- [x] HOUSE (H)
- [ ] MODULAR HOME (M)
- [ ] MULTIPLE FAMILY (U)
- [ ] OTHER (O)

HEATED SQUARE FOOTAGE: 1800 SF

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

- [ ] WITHOUT BASEMENT
- [x] ON SLAB
- [ ] CRAWL SPACE
- [ ] WITH BASEMENT /PLUMBING
- [ ] WITH BASEMENT /NO PLUMBING

TOWNSHIP (CHECK ONE):

- [x] 0 MECKLENBURG
- [ ] 1 CHARLOTTE
- [ ] 2 DAVIDSON
- [ ] 3 CORNELIUS
- [ ] 4 PINEVILLE
- [ ] 5 MATTHEWS
- [ ] 6 HUNTERSVILLE
- [ ] 7 MINT HILL

CLOSING DATE 2-10-99

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

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: [ ] YES [x] NO TYPE: _____

WATER SUPPLY (CHECK ONE):

- [x] 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	[x] YES [ ] NO	DESIGNATED WETLANDS	[ ] YES [ ] NO
EASTMENTS OR RIGHT-OF-WAYS	[x] YES [ ] NO		

PROPERTY OWNER:

NAME: CORKY JOHNSON HOMES INC.
(LAST) (FIRST) (MI)

ADDRESS: 101 WINDSOR GREENE DR.

CITY: MONROE STATE: NC ZIP: 28110

DAYTIME PHONE: (704) 361-7169

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: [signature] DATE: 1-28-99

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

1-29-99

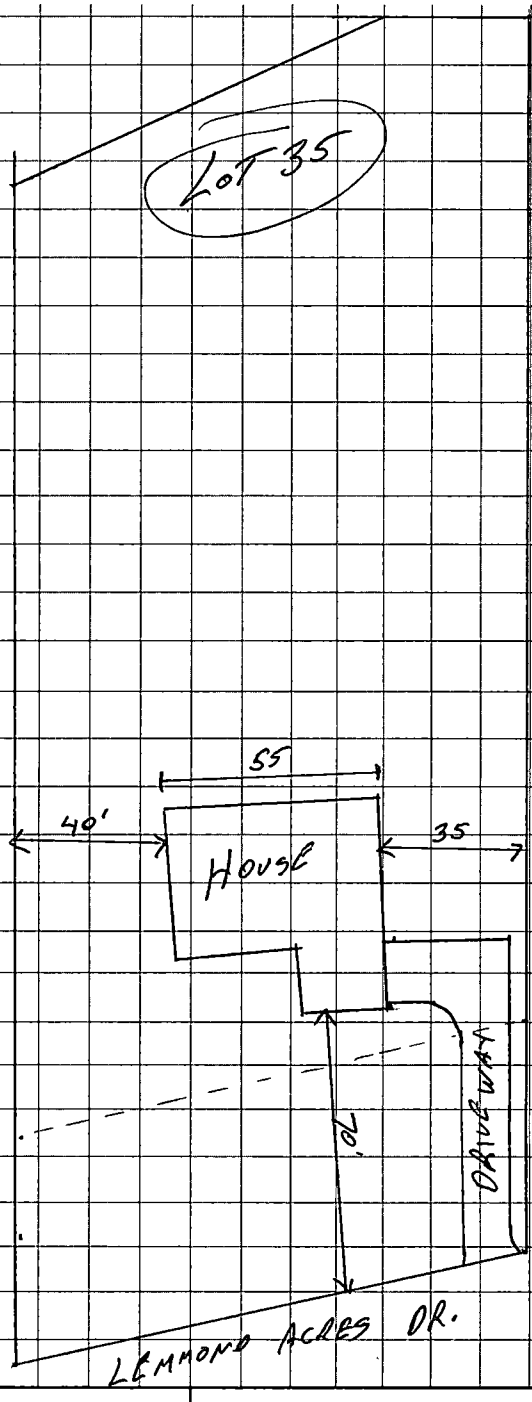
PROPOSED PLOT PLAN

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

FILE: 2806B

TC: 139-152-01P035

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



OWNER/AGENT SIGNATURE

DATE 1-29-99

APPROVAL DATE _____

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

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

409 #2

Sheet: _____

Property ID: PO 139-15201

Lot #: 35

File #: 2806B

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Rio Realty & Development APPLICANT: _____

ADDRESS: 11901 Albemarle Rd, Charlotte DATE EVALUATED: 2-8-99

PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 480 PROPERTY SIZE: 1.141

LOCATION OF SITE: Jemmerol Acres Dr. PROPERTY RECORDED: _____

WATER SUPPLY: ☐Private ☐Public ☐Well ☐Spring ☒Other Community

EVALUATION METHOD: ☒Augur Boring ☐Pit ☐Cut

TYPE OF WASTEWATER: ☒Sewage ☐Industrial Process ☐Mixed

PROFILE #	4-10% Slopes .1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-7"	Mixed (Fi)		748" TO soil wetness	48"	N/A	None	PS .391 Fr IV
		7-12"	gr/sl	Fr/SEXP/SS/SP					
		12-48"	SBK/C	Fi/SEXP/SLP					
2	R	0-2"	gr/c/	Fr/SEXP/SS/SP	728" TO soil wetness	28"	N/A	None	US .1291 Fr 2 APP IV
		2-24"	SBK/C	Fi/SEXP/SLP					
		24-28"	SBK/C/	Fr/SEXP/SS/SP					
3	LS	0-3"	gr/c/	Fr/SEXP/SS/SP	745" TO soil wetness	45"	N/A	None	PS .391 Fr IV
		3-40"	SBK/C	Fi/SEXP/SLP					
		40-45"	SBK/ C/	Fr/SEXP/SS/SP					
4	LS	0-2"	gr/sl	Fr/SEXP/SS/SP	746" TO soil wetness	46"	N/A	None	PS .391 Fr IV
		2-46"	SBK/C	Fi/SEXP/SLP					
5	R	0-2"	gr/c/	Fr/SEXP/SS/SP	728" TO soil wetness	28"	N/A	None	US .1291 Fr 2 APP IV
		2-19"	SBK/C	Fi/SEXP/SLP					
		19-28"	SBK/ C/	Fr/SEXP/SS/SP					
6	LS	0-2"	gr/c/	Fr/SEXP/SS/SP	722" TO soil wetness	22"	N/A	None	US IV
		2-12"	SBK/C	Fi/SEXP/SLP					
		12-22"	SBK/C/	Fr/SEXP/SS/SP					
7	LS	0-3"	gr/c/	Fr/SEXP/SS/SP	737" TO soil wetness	37"	N/A	None	PS IV .391 Fr
		3-24"	SBK/ C	Fi/SEXP/SLP					
		24-37"	SBK/ C/	Fr/SEXP/SS/SP					

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

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): Unsuitable

EVALUATED BY: W. R. Mauldin 2-9-99

OTHER(S) PRESENT: LSS

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

Sheet: 2

Property ID:

Lot #:

File #: 2806 B

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: APPLICANT:

ADDRESS: DATE EVALUATED:

PROPOSED FACILITY: PROPOSED DESIGN FLOW (.1949) PROPERTY SIZE:

LOCATION OF SITE: PROPERTY RECORDED:

WATER SUPPLY: ☐Private ☐Public ☐Well ☐Spring ☐Other

EVALUATION METHOD: ☐Augur Boring ☐Pit ☐Cut

TYPE OF WASTEWATER: ☐Sewage ☐Industrial Process ☐Mixed

PROFILE #	.1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS &LTAR
6	LS	0-2"	Mixed/ Disturbed		>37" TO Soil wetness *	37"	N/A	None	US IL
		2-15"	gr/sl	Fr/SEXP/SS/SP					
		15-37"	SBK/C	Fi/SEXP/S/P					
			some platy	34-37"					

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

OTHER FACTORS (.1946):

SITE CLASSIFICATION (.1948):

EVALUATED BY:

OTHER(S) PRESENT:

FILE # 2606B

COMMENTS 100% Repair Recommend septems liner be flagged & upset stored
6-3-99 2nd site visit to look at pits - reclassified area where hole 8 was logged to PS. 5

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	CONSISTENCE WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

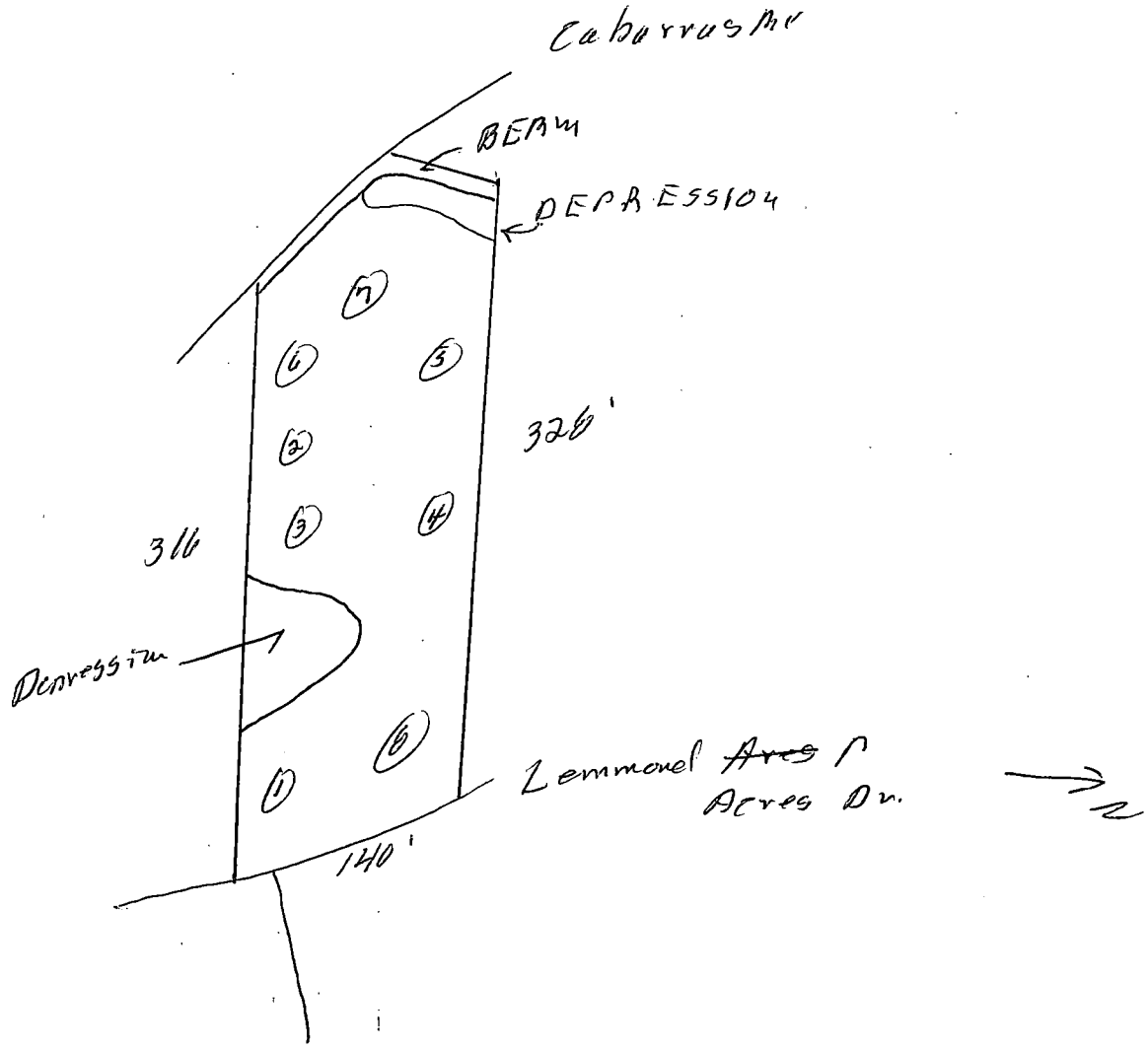
STRUCTURE

SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



Received 5-24-99 pm
Denied - 5-26-99
Soil report shows
Platy soil structure
in drainfield area.

Approved 6-3-99 after 2nd site
visit w/ backhoe pits 2806-B
Lot 35

THE INFILTRATOR™

SEPTIC SYSTEM INSTALLATION INSTRUCTIONS

1 Excavate and level 3' wide trenches.

2 Prepare trench bottom and sides in accordance with state and local regulations. (Infiltrator Systems recommends raking sidewall and bottom infiltrative surfaces to eliminate smearing.)

3 Screw splash plate on bottom of open end plate.

4 Screw open end plate into inlet end (without interlocks) of first INFILTRATOR™ chamber with splash plate extending into unit.



5 Place first unit in the inlet end of trench with interlocks downstream.

6 Run distribution pipe through inlet opening in end plate but not beyond splash plate. Single screw may be used to hold in place. **Pipe does not normally run the length of system.**



7 Connect INFILTRATOR™ units together, fully engaging interlocks to form desired trench length.

a. The joints may be screwed together for ease in construction.

b. Trench grade should be checked with a level or surveying equipment.

8 Screw closed end plate in downstream end of last unit to hold in place. **NOTE:** For serial distribution, or to loop the trenches together, use an open end plate at the downstream end of the trench, and run a pipe from the opening to the next trench.

9 Fill side wall area to top of slots with native soil. "Walk" fill into place to give proper support of sides. **THIS IS VERY IMPORTANT TO ACHIEVE FULL STRENGTH.**



10 Backfill to a minimum of 12" of cover after compaction and settling for H-10 units and 18" for H-20 units. Avoid large rocks in the backfill material. **CAUTION:** Avoid vehicle traffic on system during construction since soil has not settled. This is particularly important in sand, since loose sand offers very little structural support. Most states advise avoiding vehicle traffic to prevent compaction of the infiltrative surface. (After proper depth of cover is compacted and settled, INFILTRATOR™ leaching chambers will then support vehicle weight not to exceed 16,000 lbs. per axle for H-10 units and 32,000 lbs. per axle for H-20 units.)

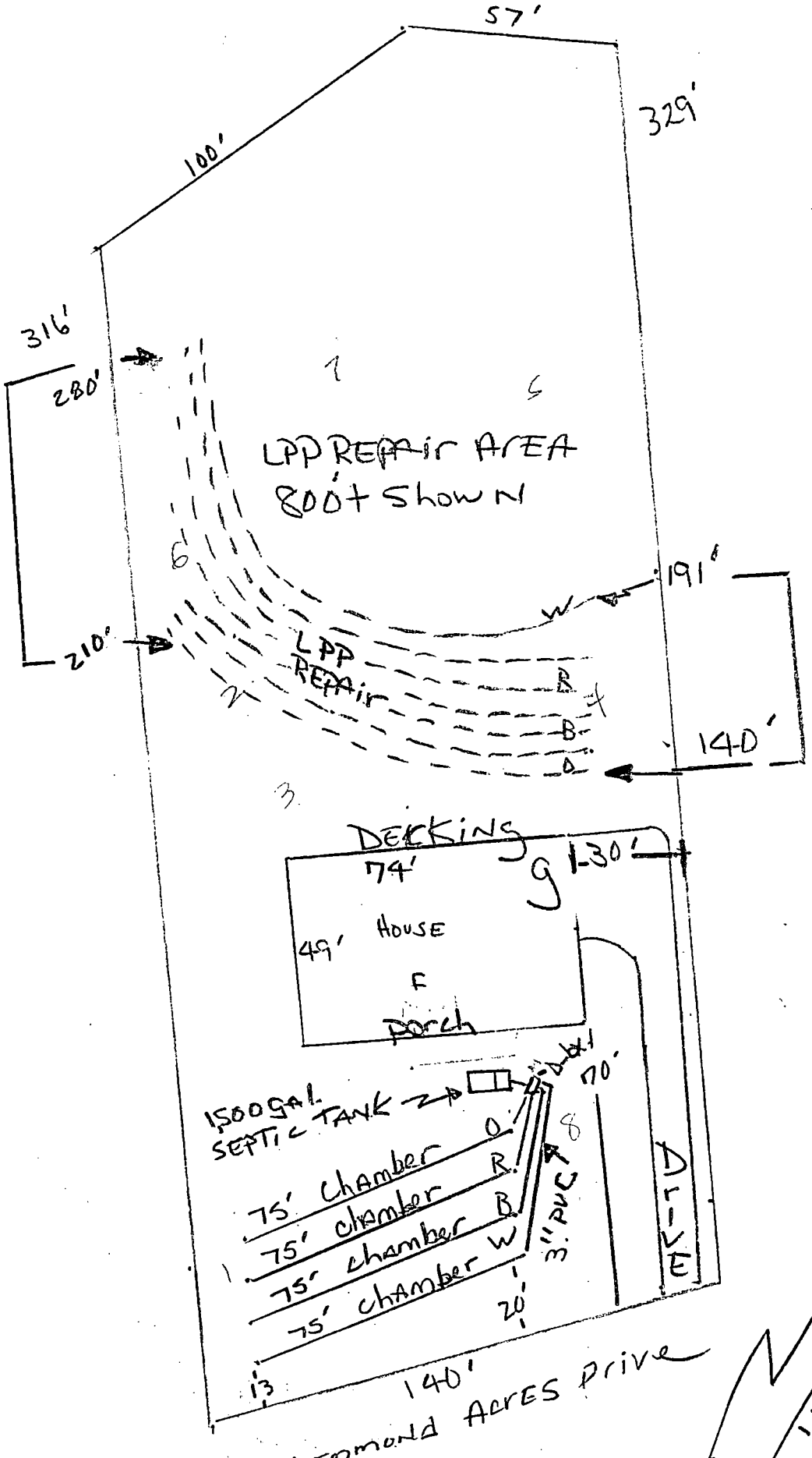


INFILTRATOR™ is a trademark of Infiltrator Systems, Inc.

* (3) Bedrm. Gravity Fed Chamber (Infiltrator) Septic Plan.

M.C.H.D.
File: 2806-B
Lot 35

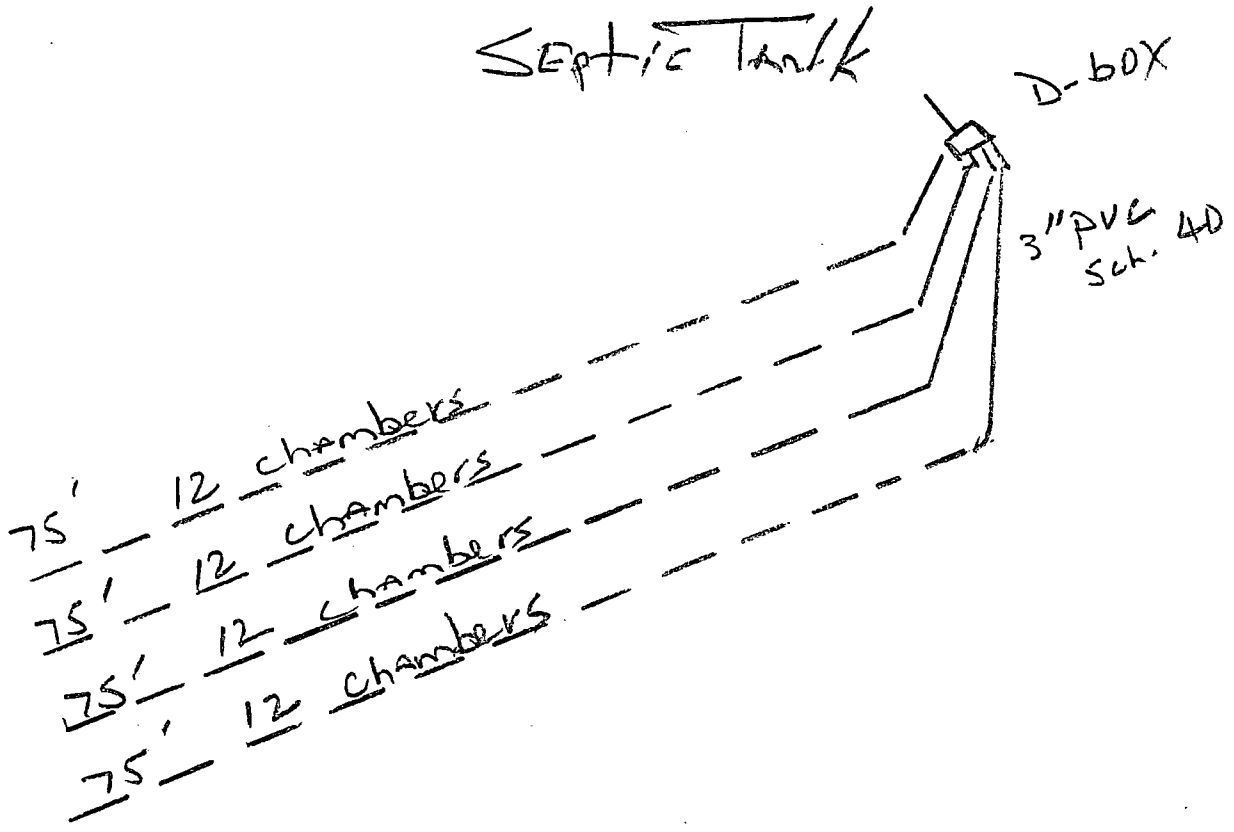
E. Johnson
361-7171



J. Whitaker
966-9540
AD

File: 2806-B

(3) Bedrm. Chamber Spec Sheet: Gravity Fed
1 - 1,500 gal. Septic Tank
1 - D-box
(4) 75' chamber Lines = 300'
(12) chambers per line = 48 chambers
* Riser Rule & Filter Rule Apply/Contractor choice



* Slab construction, Bldr. to obtain gravity fed from house stub-out to Septic Tank inlet.
* Type IV LPP Repair Rear of house one Lot 35 As Shown
* Maximum trench depth of 25".

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 2806 B

Tax Number: 139-152-01 Pg 3

- 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	900 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
✓ Serviced by private well (community)	1500 Gallon septic tank	302 Total trench length (ft)	25" 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 See Cond. of I.P.	N/A Depth of stone Group I, II or III backfill		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: - Plumbing height will determine if pumps needed - Keep plumbing held as high as possible. - Additional soil conveyance would be required on Lpp repair - Group I, II or III backfill required around chambers.				
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	
257 Absorption Area (Sq ft) 514 Total Trench Length (Ft)	10" Depth of Stone Trench	5' Trench spacing (min. on centers)	10" 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.

Larry S. Thompson Jr. R.S. 6-7-99

DEHNR Authorized Agent — Date

Owner/Agent Signature — Date 6-11-99

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

Mecklenburg County
Health Department

Conditions of Improvement Permit

File Number: 2806 B
Site Address: 11319 Lemmond Acres Drive

1. The wastewater treatment and disposal system permitted is a gravity dosed chamber system designed by Tim Whittaker. The septic system must be installed as designed and approved. Repair area has been designated as low pressure pipe.
2. Nitrification trenches shall be constructed as level as possible but in no case shall the fall in a single trench bottom exceed one-fourth inch in 10 feet as determined by an engineer's level or equivalent.
3. Group I, II or III soil backfill will be required around the nitrification trenches.
4. Any changes in the site must be pre-approved by the Mecklenburg County Environmental Health Department.
5. The wastewater treatment and disposal drain field area, including the designated repair areas, shall not be used for any of the following:

    - Grading or filling
    - Parking or driving heavy equipment in the area or subjecting the site to possible soil compaction
    - Construction staging area
    - Installation of lawn irrigation components
    - Installation of underground utilities or cables of any type
    - Burial of any debris or material
    - Utilizing the area for gravesites
    - Diversion of storm water runoff into this area

6. Septic system installer must be registered with Mecklenburg County prior to meeting for the required pre-construction conference.
7. System installer will be required to water level the distribution device prior to final system approval.
8. The system owner shall have the contents of the septic tank checked, and the contents of the tank removed, periodically from all compartments, to ensure proper operation of the system. The contents of the septic tank shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.
9. All septic tank riser and effluent filter rules will apply to this system. It is strongly recommended that access risers be added to both ends of the septic tank, extending to at least finish grade. This will allow periodic inspection of the solids level in the tank as well as help facilitate the periodic cleaning of the effluent bio-filter.
10. It is the responsibility of the home builder to assure that the outlet for the plumbing is kept at a height which will allow the drain lines to be installed at a depth equal to or less than 25 inches. If septic tank cannot be installed shallow enough to allow for a 25 inch deep drain field installation, a pump will be required.

ck #1152 pd in full

FEE: $200.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 6-11-99 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 6-7-99

PERMIT NO: 2806B
PARCEL NO: 139-152-01 Lo 35

JOB LOCATION ADDRESS: 11319 Lenmond Acres Dr
PROPERTY OWNER: Cothy Johnson Homes, Inc.
BUILDING CONTRACTOR: Cothy Johnson Homes, Inc.
SUBDIVISION NAME: Lenmond Acres #3
AUTHORIZATION ISSUED BY: Tony S. Thompson, R.S. DATE: 6-7-99
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2806B 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: See Conditions of Improvement Permit

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.

[signature] 6-11-99

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

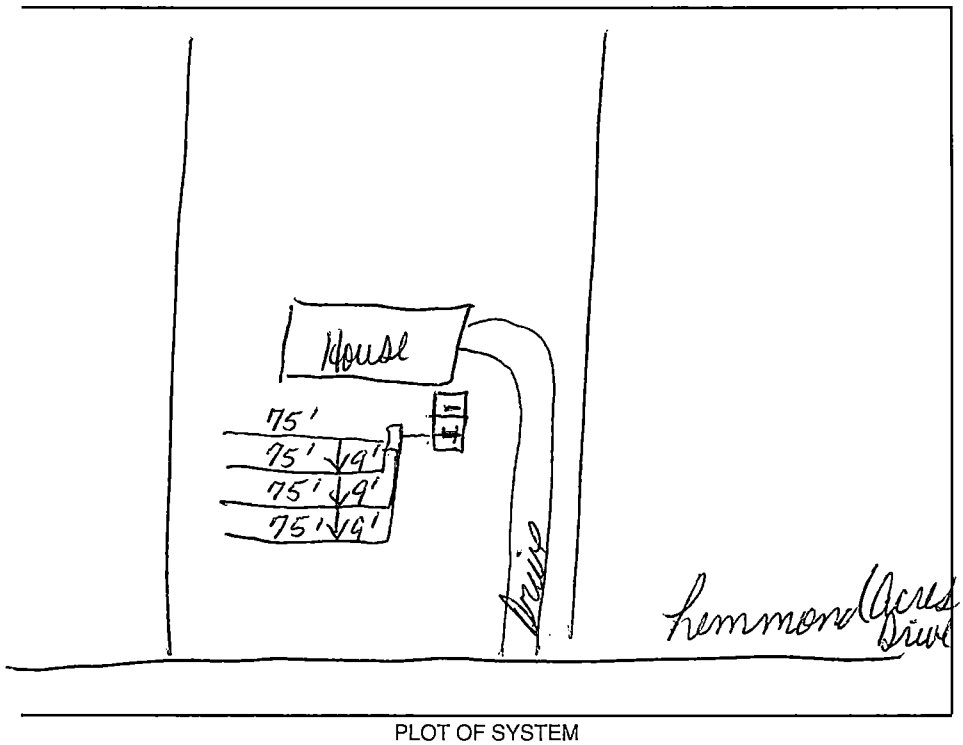
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: @ 2806 B DATE: 10-06-99

TC: 139-152-01 L

SERIAL Nº 18162

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 06-11-99. All work shall be completed on or before 11-06-99, 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction PCC

Trench Depth ≤25"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 300' feet

Number of Lines 4@75'

Depth of Stone N/A inches

Distance from House >5' feet

Distance from Property Line >10' feet

Distance from Well Comm. >50' feet

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

NAME OF OWNER Eric Johnson

LOCATION OF PROPERTY 11319 Lemmond Acres Dr.

Comments: 1500 ST 4 lines @ 75' Smv. System designed for 3 bedroom design unit. Tank moved from original position due to location of Stal oot

Joshua R. Sellers R.S.
Environmental Health Specialist

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 28068 DATE: 10/6/99

TC: 139-152-01 PO ☐ L ☒ CRT

SERIAL Nº 18155

Name of Owner Corky Johnson Homes, Inc. Juris.: _____

Address of Property 11319 Lemmond Acres Dr. (Lot 35)

Inspection Data:

Tank Material PCC

Total Length of Drainfield 300'

Number of Lines 4 @ 75'

Cover Depth 18"

Water Supply Source Community

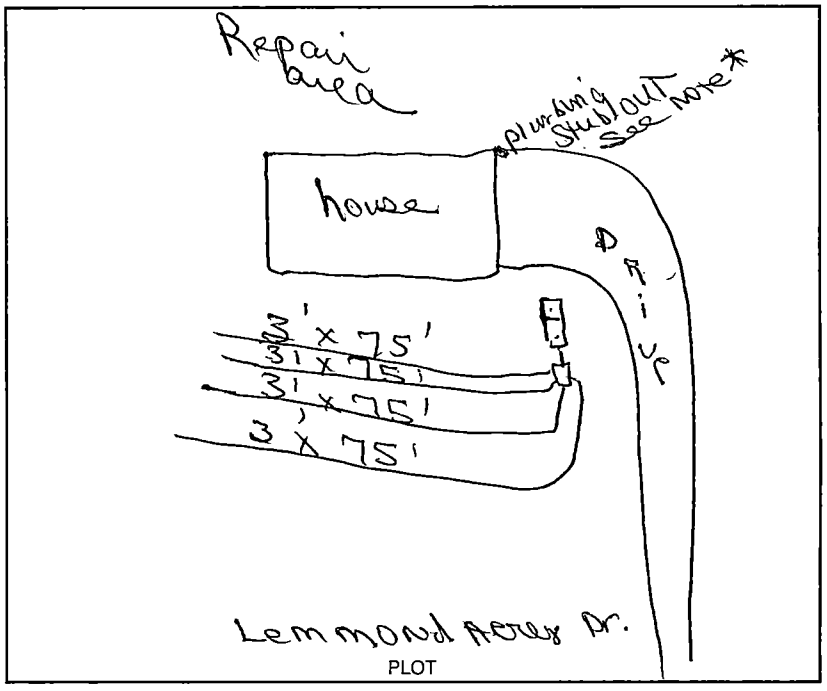
Distance to Water Source ≈ 100'

Excavation Inspected 10/6/99

Tank(s) Inspected 10/6/99

Wash Line Inspected N/A

High Water Alarm Inspected N/A



Design 1997 INNOVATIVE 1500 SF Chambered CTR# W.T Norwood

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: Innovative Chambered System design - Approved for 3 bedroom home - * Note: Plumbing pipe SHALL be Sleeved under driveway TO Tank Connection

III C

Judy J. Kuer, R.S.
Environmental Health Specialist

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

Drew

The plumbing on this is ~~[illegible]~~ STUBBED OUT So that they will have to run it under the driveway.

I called Mr. Johnson, builder & told him they would have to sleeve it under the driveway.

He said he will call you when that is ready to view.

Judy
10/18/99

He/Mr. Johnson called Plumbing Complete

FOR REGISTRATION JUDITH A GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
1999 JUN 11 12:47 PM
BOOK 10537 PAGE 42-46 FEE $14.00
INSTRUMENT # 1999103627

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 # 2606-B
PARCEL # 13915201PO

The undersigned, CORKY JOHNSON HOMES INC., owner of property located at 11319 LEMMOND ACRES DR (the "site") and described in an instrument recorded in Book 10469 at Page 735, 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: CORKY JOHNSON
Mail after recording to: 101 WINDSOR GREENE DR.
MONROE NC 28110

STATE OF NORTH CAROLINA
COUNTY OF Union

I, Gladys C. Cope, a Notary Public for said County and State, do hereby certify that Sherry S. Johnson personally came before me this day and acknowledged that she is _____ Secretary of Corky Johnson Home's INC., a North Carolina corporation, 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, sealed with its corporate seal and attested by _____ as its _____ Secretary.

WITNESS my hand and notarial seal, this 11th day of June, 1999.

Gladys C. Cope
Notary Public

My Commission Expires:
2-23-2003

GLADYS C. COPE NOTARY PUBLIC UNION COUNTY

- 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 8TH day of JUNE, 1999

CORKY JOHNSON HOMES INC. (SEAL)
(Corporate Name)

By: _____ (SEAL)

_____ President (SEAL)

(SEAL)

ATTEST:

_____ Secretary

CORKY JOHNSON HOMES, INC. CORPORATE SEAL NORTH CAROLINA

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

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

WITNESS my hand and notarial seal, this 8 day of June, 1999.

Gladys C. Cope
Notary Public

My Commission Expires:
2-23-2003

NOTARY PUBLIC MECKLENBURG COUNTY, NC

Mecklenburg County
Health Department

APPLICATION FOR
INSPECTION OF PUBLIC RECORDS

4/22/99

NAME OF PERSON MAKING REQUEST: T. Whitaker

ADDRESS: 1030 S. Belvedere Ave.
GASTONIA, N.C.

DESCRIPTION OF PUBLIC RECORD REQUESTED:

STREET NAME (OR COUNTY ROAD: Lemmond Ac.

PARCEL NUMBER/FILE NUMBER: 2806-B

OWNER'S NAME: Pro Realty Inc.

REASON FOR REQUEST: File Review (Septic)

SIGNATURE OF PERSON MAKING REQUEST: Tom Whitaker

SUPERVISORY PERSON:

ENVIRONMENTAL HEALTH DIVISION

PEOPLE • PRIDE • PROGRESS

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 07/23/08
Receipt #: 58339
Check / Auth #: CASH
Received By: GLADNAG

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: FURR ROBERT
Attn:
Address: 3801 MIRIAN DR
Address:
City/State/Zip: CHARLOTTE, NC 28205

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 11319 LEMMOND ACRES DR		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
-130.00					