

1729 PEACHTREE RD

03705313

1/3/2008

duponbj

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

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

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER Roger Lee Buchanan MAILING ADDRESS 1729 Peachtree Road, Charlotte 28216

OCCUPANT _____ LOCATION Same as above

[X] RESIDENCE [ ] BUSINESS [ ] OTHER tax parcel # 037-053-13

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number 336-5575.

[X] Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

[ ] Other Repairs (*specify*) _____

[ ] Eliminate wastewater discharge and connect to an approved wastewater system.

[X] Perform Maintenance (*specify*) pump septic tank to keep sewage off ground

[ ] Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by May 6, 1996, appropriate legal action will be taken.

Notice Issued April 4, 1996 (Date) Signed Kelly Randall, R.S. (Division of Environmental Health) Agent

Compliance _____ (Date) Signed _____ (Division of Environmental Health) Agent

DEHNR 1108 (Revised 9/92)
On-Site Wastewater Section (Review 10/94)

CERTIFICATE OF COMPLETION/OPERATION PERMIT

$400 8

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

FILE: 348-B DATE: 6-15-95

TC: 032-053-13 ☐ L ~~☐~~ ERT

SERIAL № 16250

Name of Owner ROGER BUCHANAN Juris.: _____

Address of Property 1729 PEACHTREE RD

Inspection Data:

Tank Material PLC

Total Length of Drainfield 300

Number of Lines 4 @ 75

Cover Depth 12"

Water Supply Source GMUD

Distance to Water Source _____

Excavation Inspected 6-15 95

Tank(s) Inspected 6-15 95

Wash Line Inspected —

High Water Alarm Inspected 6 15 95

PLOT

Design 1995 INFILTRATOR P1 CTR# CHR. WILLIS STANDARD

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

✓ installed or constructed ☐ altered or repaired

✓ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

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

COMMENTS: _____

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALT[illegible] AND/OR REPAIR APPROVAL

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

FILE 3408-B DATE: 5-15-95

TC 037-053-B ☐ L

SERIAL NO. 16296

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 1-3-95. All work shall be completed on or before 6-15-95, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

INSTALL AS PER PLAN ON FILE

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PLC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous YES

Total Line Length 300 feet

Number of Lines 4

~~Depth of Stone~~ INFILTRATOR inches

Distance from House 5' feet

Distance from Property Line 10'+ feet

Distance from Well 50'+ feet

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

NAME OF OWNER ROGER BUCHANAN

LOCATION OF PROPERTY 1729 PEACHTREE RD

Comments: INSTALL AS PER PLAN ON FILE

Wally Randall
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - [illegible] COPY • PINK - OWNER [illegible] COPY

3408B Rd. #1 Pond 3/8/95 CK #1001

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES



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

(704)336-5102

PERSON FILING APPLICATION:
NAME: Buchanan (last) Roger (first) Lee (mi)
ADDRESS: 9414 Stonegate Dr. PHONE: 704 394-8661
CITY: Charlotte STATE: N. C. ZIPCODE: 28216

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 037-053-13
STREET ADDRESS: N/A Peachtree Rd. 11929
ZONING:

PROPERTY OWNER:
NAME: Buchanan (last) Roger (first) Lee (mi)
ADDRESS: 9414 Stonegate Dr. PHONE: 704 394-8661
CITY: Charlotte STATE: N. C. ZIPCODE: 28216

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

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

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3
SYSTEM CLASSIFICATION:

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

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

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

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

Signed: Roger Lee Buchanan Date: 1-3-95

NOTICE:

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

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

...This permit is not transferable.

... INFILTRATOR TYPE III

AGREEMENT FORM ON FILE

[X] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Kelly Rudd 3-7-95
Director or Authorized Section Head Date

WATER : 122791

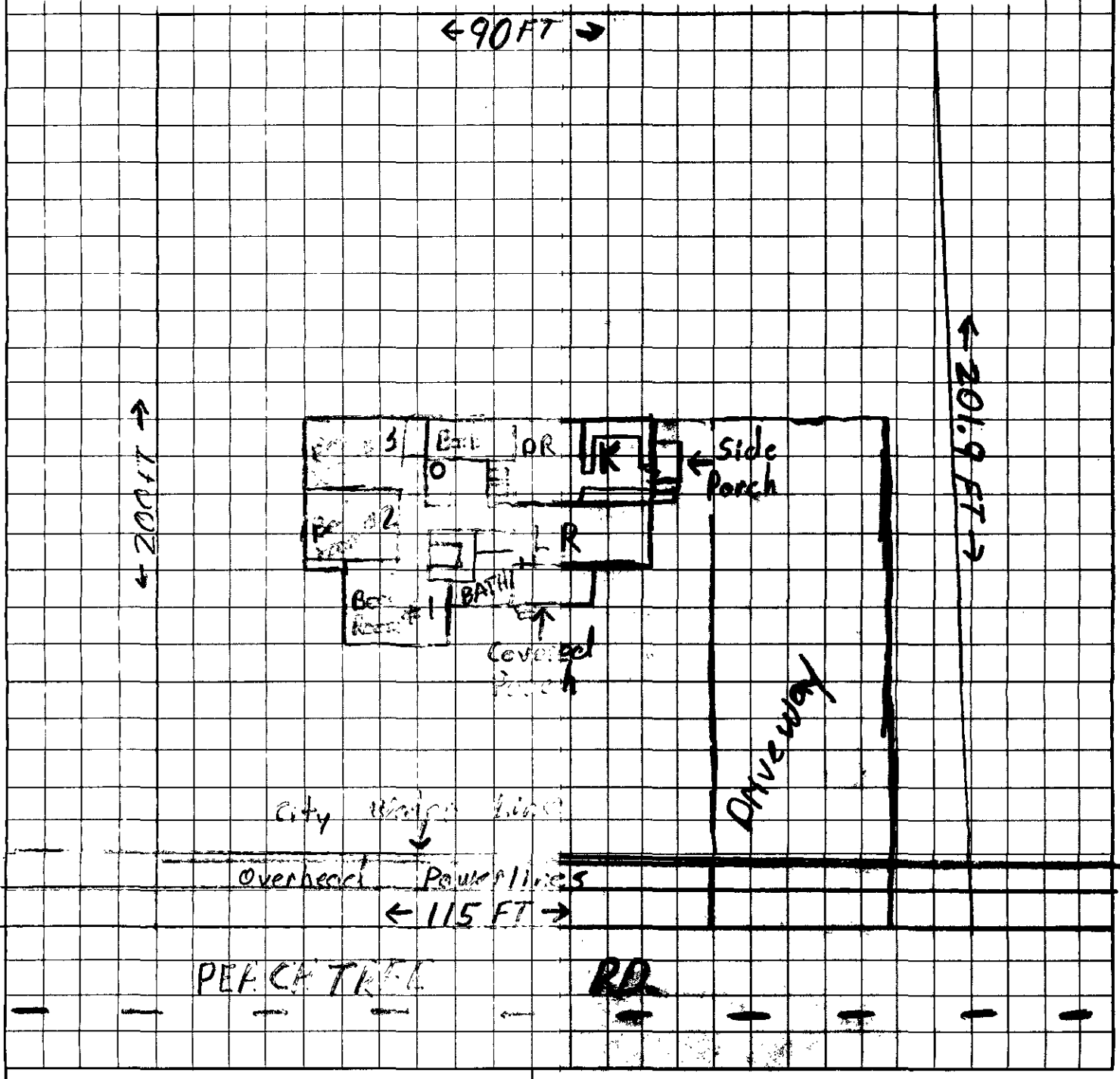
PROPOSED SITE PLAN

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

FILE: 3408B

TC: _____

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



Roger Lee Buchanan
OWNER/AGENT SIGNATURE

DATE 1-3-95

APPROVAL DATE _____

White - Health Department's Copy

Canary -

Pink - Owner's Copy

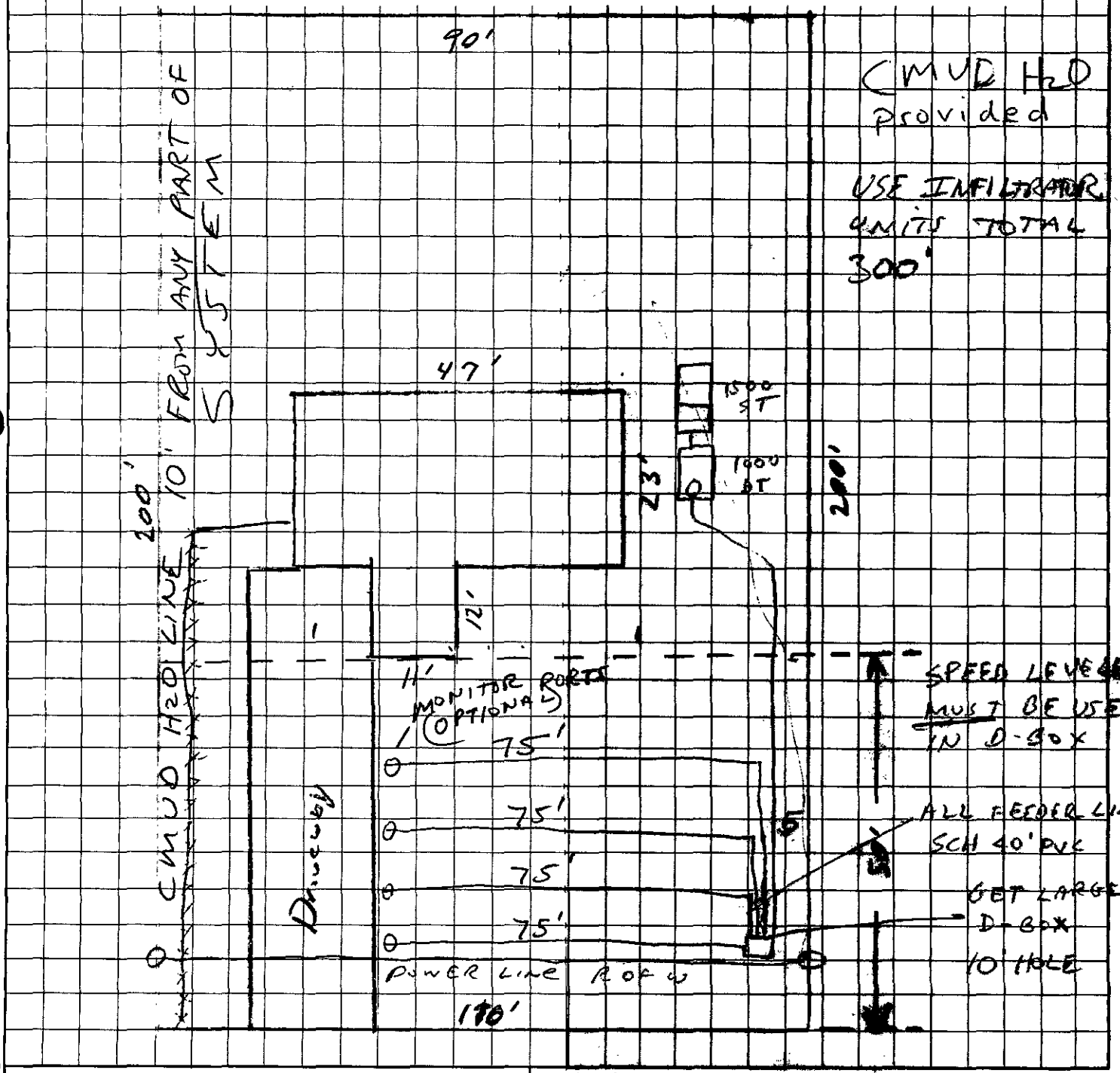
PROPOSED

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

FILE: 3408B

TC: _____

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



Michael L. Banks
OWNER/AGENT SIGNATURE

DATE March 3, 1995

APPROVAL DATE _____

White - Health Department's Copy

Canary - [illegible]

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20553

FS: 34pBB (W400) Action 2

Parcel: 037-053-13 ☐ PC

Location: Peachtree Road

Subdivision:

Lot: Block: Acres: .47

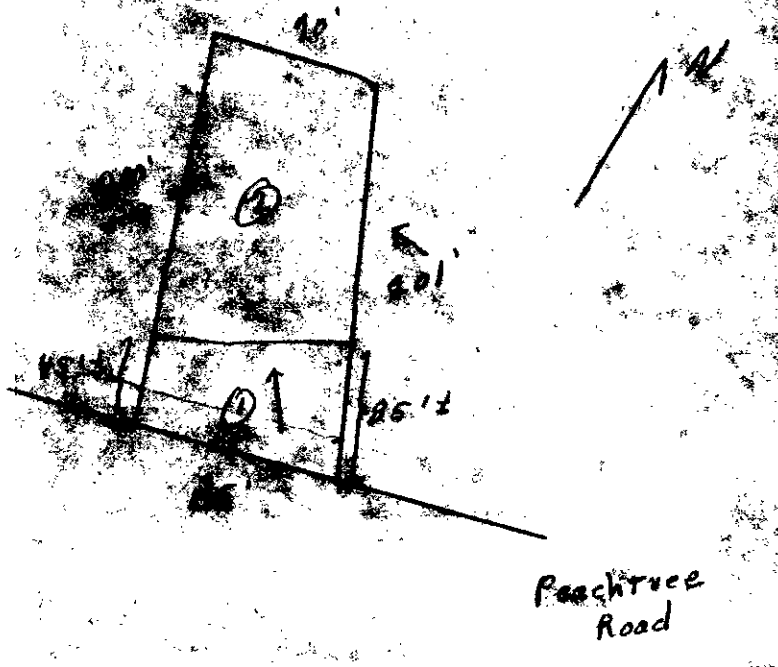
Owner: Roger L. Buchanan
Address: 9414 Stonegate Dr.
Charlotte, N.C. 28216

Comments: .3 gal/sq ft/day LTAR
Soil does not appear Longueil
100% Repair, system moved
new person

Described by: William R. Marlin

Date: 1-20-95

* Consider holes on rear 80-90' of lot.



*** EVALUATION KEY ***
S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S (PS) U 2-8%	S PS (U) Depression	S PS U	S PS U	S PS U	S PS U
Texture Slightly Expansive	S (PS) U clay	S (PS) U slightly Exp. clay	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Subt Blocky	S (PS) U Subt Blocky	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 7 40" To soil wetness	S (PS) U 7 40" To soil wetness	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 7 40" To saprolite	S (PS) U 40"+	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7 40"	S (PS) U 7 40"	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) RestrictTrel	S (PS) U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U *	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil-Lloyd	Depression				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

Mecklenburg County
Health Department

January 31, 1995

Roger Buchanan
9414 Stonegate Drive
Charlotte, NC 28216

Re: Peachtree Road
File: 3408B
Parcel: 037-053-13

Dear Mr. Buchanan:

Receipt of the plans and specifications for a conventional system of sewage treatment and disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15A NCAC 18A .1900, "Laws and Rules for Sewage Treatment and Disposal Systems." Our comments are listed below (see enclosed soil report):

1- The available area on this site is classified as **UNSUITABLE** according to the following rules:

(a) .1940 Topography and Landscape Position
(b) .1945 Available Space

For these reasons, the plans as submitted are disapproved.

You indicated that this lot was last deeded prior to 1983 and the property lines have not changed since that time. You requested exemption from the 100% repair area requirement as per Rule .1945 Available Space. Therefore, possible ways to develop this site includes submittal of a plan for a Prefabricated, Permeable Block Panel System (PPBPS) or possibly an innovative system, the Infiltrator. Enclosed is a copy of Rule .1956 Modifications to Septic Tank Systems pertaining to PPBP Systems and Rule .1969 Expermental and Innovative Systems pertaining to the Infiltrator System. Please submit with your plans appropriate documentation for the exemption from repair area.

You also have the right to an informal review with this Department, you have the right to appeal under G.S. 130A-24 through the State Office of Administrative Hearings (OAH), and to have the appeal held in Mecklenburg County.

2
05

FILE COPY

MECKLENBURG COUNTY REGISTER OF DEEDS
JUDITH A. GIBSON - REGISTER

03/07/95

CUSTOMER RECEIPT:

Date	Time	Inst #	Type	Book	Page	Trx	Amount
03/07/95	09:12	70	PERMIT	8076	720	FEE	12.00
03/07/95	09:12	70	PERMIT	8076	720	COPY	1.05
03/07/95	09:12					TOT	13.05
03/07/95	09:12					CASH	20.05
03/07/95	09:12					CHNG	7.00

KNOWLEDGEMENT OF REQUEST BY 'NER FOR RECLASSIFICATION OF E FROM *"UNSUITABLE" TO 'OVISIONALLY SUITABLE"* UNDER NCAC 18A .1948 AND ANY OF THE LOWING RULES: .1956; .1957(a); 7(b); or .1957(c)

R&B

1729 Peachtree Rd.

uchanan [redacted], owner
[redacted], (the "site")
8024 at Page 847, Mecklenburg
ndersigned applied to the Mecklenburg
or a permit to install a septic tank sewage
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 his responsibility and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further 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: Michael L. Banks
Mail after recording to: Roger L. Buchanan
1729 Peachtree Rd Charlotte, N.C. 28216

Rwm

Page 1 of 4

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

DATE: 3/3/95

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 037-053-13

ASSIGNED ADDRESS 1729 Peachtree Rd

EXISTING ADDRESS _____

PROJECT NAME NA

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

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

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

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

REMARKS: Septic

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

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

SIGNED: Pace

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

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

DATE: 3/3/95

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Mck

PARCEL NUMBER 037-053-13

ASSIGNED ADDRESS 1729 Peachtree Rd

EXISTING ADDRESS _____

PROJECT NAME NA

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

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

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

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

REMARKS: Septic

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

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

SIGNED: Pme

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 03/07/95 09:12
BK: 08076 PG: 0720/0722 #:0070 13.05

FILE COPY

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM *"UNSUITABLE" TO "PROVISIONALLY SUITABLE"* UNDER 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c)

FILE # 3408B
PARCEL # 039-053-13

RLB
1729 Peachtree Rd.

The undersigned, Roger Lee Buchanan, owner of property located at [redacted], (the "site") and described in an instrument recorded in Book 8024 at Page 847, 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 his responsibility and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further 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: Michael L. Banks
Mail after recording to: Roger L. Buchanan
1729 Peachtree Rd Charlotte, N.C. 28216

Rmm.

- 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.

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

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

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

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 6 day of MARCH, 1995.

_____ (SEAL)
(Corporate Name)

By: _____

_____ President

ATTEST:

_____

_____ Secretary

(Corporate Seal)

Roger Lee Buchanan (SEAL)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Michael L. Banks, a Notary Public for said County and State, do hereby certify that Roger Lee Buchanan personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 6th day of March, 1995.

Michael L Banks
Notary Public

My Commission Expires:
April 3, 1995

MICHAEL L. BANKS NOTARY PUBLIC

Mecklenburg County
Health Department

January 31, 1995

Roger Buchanan
9414 Stonegate Drive
Charlotte, NC 28216

Re: Peachtree Road
File: 3408B
Parcel: 037-053-13

Dear Mr. Buchanan:

Receipt of the plans and specifications for a conventional system of sewage treatment and disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15A NCAC 18A .1900, "Laws and Rules for Sewage Treatment and Disposal Systems." Our comments are listed below (see enclosed soil report):

1- The available area on this site is classified as **UNSUITABLE** according to the following rules:

(a) .1940 Topography and Landscape Position
(b) .1945 Available Space

For these reasons, the plans as submitted are disapproved.

You indicated that this lot was last deeded prior to 1983 and the property lines have not changed since that time. You requested exemption from the 100% repair area requirement as per Rule .1945 Available Space. Therefore, possible ways to develop this site includes submittal of a plan for a Prefabricated, Permeable Block Panel System (PPBPS) or possibly an innovative system, the Infiltrator. Enclosed is a copy of Rule .1956 Modifications to Septic Tank Systems pertaining to PPBP Systems and Rule .1969 Expermental and Innovative Systems pertaining to the Infiltrator System. Please submit with your plans appropriate documentation for the exemption from repair area.

You also have the right to an informal review with this Department, you have the right to appeal under G.S. 130A-24 through the State Office of Administrative Hearings (OAH), and to have the appeal held in Mecklenburg County.

If you have any questions concerning this matter, please contact me at 336-5569.

Sincerely,

Susan M. Bateman, R.S.
Individual Water and Wastewater Systems

cc: Mr. William Marlin, Soil Scientist

Enclosure(s)