

9600 EDWARD`S PL

13723201

6/25/2007

duponbj

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

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County	Wermter Residence	7144A
Health Department	**Name of Establishment**	**Permit/Project No.**
9660 Edwards Pl, Charlotte 28227	Three Bedroom House	360 GPD
Location	**Type of Establishment**	**Design Flow**
Joseph Wermter	Same as location address	(704) 545-8714
Owner/Agent	**Address**	**Phone**
Unknown		
Operator	**Address**	**Phone**
IV	11/20/06	November 2009
System Type	**Date of Inspection**	**Next Inspection Due**

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☒	☐	☐	
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☒	☐	☐	
b. Tanks and access manholes structurally sound, watertight?	☒	☐	☐	
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	3.c. Sanitary tee not accessible for
d. Tanks pumped, cleaned out as needed?.....	☒	☐	☐	inspection.
4. RAW SEWAGE LIFT STATION (if present):				
a. Required pumps present, operating, and cycling properly	☐	☐	☒	
b. High-water alarm present and operating properly?	☐	☐	☒	
c. Floats/pipe/valves/disconnects in good condition?	☐	☐	☒	
5. EFFLUENT DOSING SYSTEM:				
a. Effluent appears clear, free of excess solids?	☒	☐	☐	5. Measured < 6" of solids in the dosing tank.
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☒	☐	☐	
b. High-water alarm present and operating properly?	☒	☐	☐	
c. Floats/pipe/valves/disconnects in good working condition?	☒	☐	☐	5.A.c. Alarm float not secured.
d. Control panel enclosure/components in good condition?	☒	☐	☐	5.A.d. Control panel mount is loose.
e. Elapsed time readings: _____ _____ _____ _____				
B. SIPHON SYSTEMS:				
a. No evidence of overflow or siphon leakage?	☐	☐	☒	
b. Siphon(s) appear to be working/alternating properly?	☐	☐	☒	
c. Bells and vents free of debris and in good condition?	☐	☐	☒	

6. GROUND ABSORPTION FIELDS:

a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐	
b. Minimal ponding in subsurface trenches?	☒	☐	☐	
c. Surface water being effectively diverted away?	☒	☐	☐	
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐	
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐	
f. Protected from traffic, destructive uses?	☒	☐	☐	
g. Distribution devices in good condition, working properly?	☒	☐	☐	
h. Repair area properly reserved, maintained?	☒	☐	☐	

A. LOW PRESSURE PIPE DRAIN FIELDS:

a. Turnups/cleanouts/valves intact and accessible?	☐	☒	☐	6.A.a. Damaged valve boxes.
b. No effluent standing in lower laterals?	☒	☐	☐	
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒	6.A.c.d. Services to be perfomed by a
d. Pressure head is properly adjusted?	☐	☐	☒	Certified Operator.

OVERALL CONDITION AND OPERATION OF SYSTEM:

1. System requires minor repairs at this time.
2. No sewage observed on ground surface at the time of inspection.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

1. Properly secure high water alarm float in dosing tank. Recommend installing a float tree in tank.
2. Secure control panel to stable support (min. 12" above grade).
3. Inspect check valve for internal wear/damage. Does not appear to be sealing properly.
4. Install duct sealant around conduit inside control panel.

***REPAIR WITHIN 30 DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

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

State law requires that you have a Certified Operator perform routine maintenance for this type of septic system.
Failure to keep a contract in force may result in legal action.

DATE: 11/20/2006

SIGNED: _____ AGENT
Division of Environmental Health

Trevor Thomason, (704) 336-5568

Mecklenburg County, North Carolina
POLARIS
Parcel Ownership and GIS Summary

7144 A

Date and Time: 11/2/2006 8:00:26 AM

Parcel ID #: 13723201 GIS ID #: 13723201	
Owner Name:	JOSEPH G WERMTER
Mailing Address:	9660 EDWARDS PL CHARLOTTE, NC 28227-9657
Property Characteristics	
Legal Desc.:	L37 M24-13
Land Area:	1 LT
Fire District:	10-MINT HILL
Special District:	FIRE SERVICE F
Account Type:	INDIVIDUAL
Municipality:	7-MINT HILL
Property Use:	SINGLE-FAM

Deed Reference(s) and Sales Price

18054-941 (11/30/2004) $0.00
12017-106 (3/15/2001) $0.00
07834-067 (7/1/1994) $156,000.00
07664-385 (2/10/1994) $25,000.00

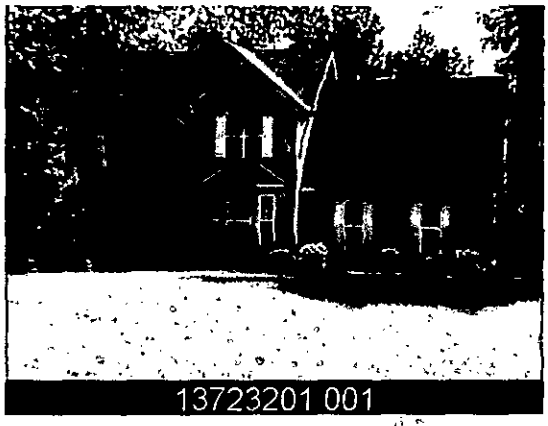
Situs Addresses Tied to This Parcel

9600 EDWARD'S PL

Site Location Information	
Zoning Boundaries:	Contact Appropriate Planning Department or See Map.
ETJ Area: MINT HILL	
Charlotte Historic Districts: NO	
Within Charlotte 6/30/2005 Annexation Area: NO	
Census Tract #: 57.06	
Parcel Falls Inside SWIM Buffer?: YES	
FEMA Flood Information	
FEMA Panel #:	3705390211E
FEMA Flood Zone:	OUT
FEMA Panel Date:	02/04/2004
Community Flood Information	
Community Flood Zone:	OUT
Regulated Watershed Information	
Watershed Name:	CLEAR
Watershed Class:	

Building Photography

PHOTO #1
Location: 9600 EDWARD'S PL



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

Powered by

MECKLENBURG COUNTY GIS

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	11/13/06	**Amount:**	85.00
Receipt #:	46857	**Tendered:**	85.00
Check / Auth #:	CHECK 1463	**Returned:**	0.00
Received By:	AIDOOJK		

Account Information

Account #: 200000
Contractor: WERMTER JOSEPH
Attn:
Address: 9600 EDWARDS PLACE
Address:
City/State/Zip: MINT HILL, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0743	Hmeownr Maint Inspec-Type IIIB FILE 7144A/704-545-8714		1	85.00	85.00

----------Outstanding Balances----------

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

✓① ATTACH ALARM FLOAT

✓② CHECK VALVE MAY BE LEAKING

✓③ CONTROL PANEL SUPPORT LOOSE
DUCT SEAL MISSING

✓④ INSTALL FLOAT TREE

✓⑤ < 6" SOLIDS IN PT

Mecklenburg County
Health Department

March 21, 2002

Joseph Wermter
9600 Edwards Place
Mint Hill NC 28227

704-545-8714
704-509-8281 OFFICE

Dear Mr. Wermter:

A required inspection of the type IVa septic system, which serves as the wastewater treatment and disposal system for the residence located at 9600 Edwards Place, Mint Hill, North Carolina, is past due.

A review of our files indicates that the required maintenance contract for this system has expired. Periodic maintenance of this type wastewater system is an important factor in extending the life of the drain field as well as a requirement found in the General Statutes of North Carolina to protect public health. Section .1900 of the North Carolina Administrative Code, North Carolina Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, Subchapter 10A, Sanitation, states in part: "System management in accordance with Tables V (a) and V (b) of this rule shall be required for all systems installed or repaired after July 1, 1992."

Please submit a new contract with a certified operator to our office by April 22, 2002.

A list of certified operators in the immediate vicinity of Mecklenburg County is attached. If I can be of further assistance in this matter please feel free to contact me at (704) 336-5571.

Sincerely,

David Cornelius RSI.

David Cornelius, R.S.I, Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure: Certified Operators List

LPP/Mound Inspection Sheet

Name of Owner Joe Wernter Date of Inspection 6-25-99
Address 9600 Edwards Pl. Charlotte System Type ___ LPP or Mound
Phone # _____ System Class TFJ
Subdivision _____ Lot# _____ Name of Cert.Cont. R.C.S. Inc.
Tax Code _____ Address Cert.Cont. P.O. Box 708
Monroe,NC 28111
Last Date Visited _____
Current Contract Exp. _____
Sewage Permit# _____ Date Installed _____ Contractor _____
Repair Permit# _____ Date Installed _____ Contractor _____

Septic Tank

Risers	NO
Sanitary Tee	yes
Surface Water	OK
Sludge Level	OK
Landscape	yes

Pump Tank

Riser	yes
Required Pump	yes
Operating Properly	yes
High Water Alarm	yes
Floats	yes
Nema 4X Box	yes
Man. Disc.	yes
Landscape	yes
Surface Water	OK
Scum Level	OK

Nitrification Lines

Proper Surface Diversions	yes
Proper Landscaping	yes
Grass Cover	yes
Gate Valve	yes
Gate Valve Covers	yes
Clean Outs	NO

Line	Design Pressure	Observed Pressure	Adjusted Pressure
1	3 FT	3	3
2	3 FT	3	3
3	3 FT	3	3
4	3 FT	3	3
5	3 FT	3	3
6	3 FT	3	3

LPP/Mound Inspection Sheet

7	3 FT	3	3
8	3 FT		
9	3 FT		
10	3 FT		

Lines Show Excessive Solids NO

Pressure Set Properly YES

General Comments

Recommendations To Owner

Compliance Status Compliant Non-Compliance

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

INSPECTION OF ENGINEERED SUBSURFACE SEWAGE SYSTEM

Mecklenburg County — Health Department
Name of Establishment
7144A — Permit/Project No.
9600 Edwards Place — Location
Type of Establishment
360 gpd — Design Flow
Joseph G. Wernter — Owner/Agent
9600 Edwards P., Mint Hill 28227 — Address
Phone
RCS Inc. - Joe Hudson — Operator
P.O. Box 708, Monroe, NC 28111 — Address
379-9359 — Phone

Remarks

	Yes	No	REMARKS
1. ESTABLISHMENT:			
Type, size, and sewage flow in accordance with permit?	☑	☐	
2. COLLECTION SYSTEM:			
No evidence of leaks into or out from sewer lines/manholes?	☐	☐	
Free of blockages/solids buildup in lines or manholes?	☐	☐	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):			
Tank risers accessible and surface water diverted?	☑	☐	
Tanks and access manholes structurally sound, watertight?	☑	☐	
Sanitary tee(s) in good working condition?	☐	☐	Did not observe tee
Tanks pumped, cleaned out as needed?	☐	☐	Do not know - no reports
4. RAW SEWAGE LIFT STATION (If Present):			
Required pumps present, operating, and cycling properly?	☐	☐	
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☐	☐	
PUMP SYSTEMS:			
Required pumps present, operating, and cycling properly?	☑	☐	
High-water alarm present and operating properly?	☑	☐	
Floats/pipe/valves/disconnects in good working condition?	☑	☐	
Control panel enclosure/components in good condition?	☑	☐	
Elapsed time readings: _____ _____ _____ _____			
SIPHON SYSTEMS:			
No evidence of overflow or siphon leakage?	☐	☐	
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	
6. GROUND ABSORPTION FIELDS:			
No evidence of effluent surfacing/reaching surface waters?	☑	☐	
Minimal ponding in subsurface trenches?	☑	☐	
Surface water being effectively diverted away?	☑	☐	
Diversions/ditches/swales/tile drains properly maintained?	☑	☐	
Line cover/vegetation adequate/maintained as needed?	☑	☐	
Protected from traffic, destructive uses?	☑	☐	
Distribution devices in good condition, working properly?	☑	☐	
Repair area properly reserved, maintained?	☑	☐	
LOW-PRESSURE PIPE DRAIN FIELDS:			
Turnups/cleanouts/valves intact and accessible?	☑	☐	
No effluent standing in lower laterals?	☑	☐	
Laterals free of excess solids, cleaned out as needed?	☐	☐	Do not know when flushed last
Pressure head is properly adjusted?	☐	☐	Pressure cut back when 11-6-98 repair was installed.

OVERALL CONDITION AND OPERATION OF SYSTEM: No effluent surfacing

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)

DATE: 12-3-98 SIGNED: Larry B. Thompson Jr. RS AGENT
Division of Environmental Health

DEHNR 3702 (Revised 9/91)
Environmental Health Services Section (Review 9/95)

SUMMARY OF IMPROVEMENTS NEEDED (*Continued*)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

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

_____

[Law or Rule(s)]

If suspended, the operation permit or certificate of completion remains suspended until violations are corrected. A hearing will be held prior to suspension or revocation if you file a petition for a hearing with the Office of Administrative Hearings, P. O. Drawer 27447, Raleigh, NC 27611-7447, in writing within the number of days specified above of your intent to attend the hearing. If you do not petition the Office of Administrative Hearings, the operation permit or certificate of completion will be suspended or revoked.

IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

This is to notify you of immediate suspension/revocation (*circle one*) of your operation permit/certificate of completion (*circle one*) for the following violations: _____

[Law or Rule(s)]

If suspended, the permit or certificate remains suspended until the violations are corrected. You will be notified of the day and location of a hearing on this suspension or revocation by a hearing officer from the Office of Administrative Hearings.

This the _____ day of _____, 19 ____

_____ Agent

DIVISION OF ENVIRONMENTAL HEALTH

INSTRUCTIONS

Purpose: Article 11 of Chapter 130A requires the Commission for Health Services to adopt rules governing the design, construction, and operation of sanitary sewage systems. 15A NCAC 18A .1937 specifies that the local health department shall determine whether systems with an Operation Permit are operating properly at a frequency specified in Rule .1961, Table V(a), and that systems which exceed 3,000 gallons per day and other systems which are required to be designed by a professional engineer shall be reinspected annually. This form is developed to be used in making inspections of engineered subsurface sewage systems.

Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for:

1. Original to be left with the responsible person.
2. Copy for the local health department.
3. Copy for the Environmental Health Services Section, Division of Environmental Health.

In the event the permit is suspended or revoked, complete the portion above.

Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the *Records Disposition Schedule* published by the N. C. Division of Archives and History.

Additional forms may be ordered from: Environmental Health Services Section
Division of Environmental Health
P. O. Box 27687
Raleigh, NC 27611-7687
(Courier 52-01-00)

DEHNR 3702 (Revised 9/91)
Environmental Health Services Section (Review 9/95)

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7144 A DATE: 11-6-98

TC: 137 ~~233~~-05 ~~PC~~ L ☐ CRT

SERIAL Nº 17760

Name of Owner MR & MRS. WERMTOR Juris.: _____

Address of Property 9600 EDWARD'S PLACE

Inspection Data:

Tank Material EXISTING

Total Length of Drainfield 168 CHAMBERED

Number of Lines 3 @ 56

Cover Depth 12" - 18"

Water Supply Source _____

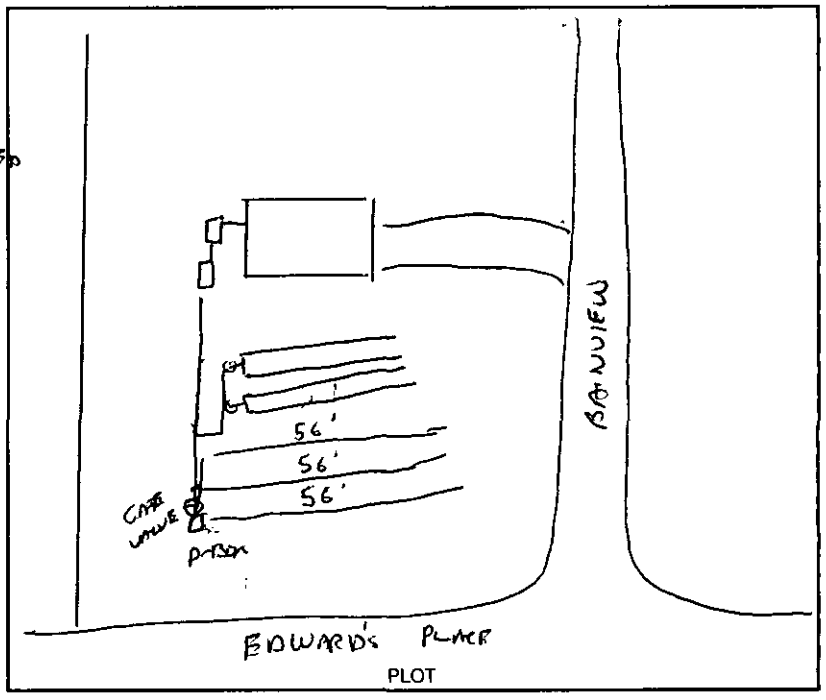
Distance to Water Source >50'

Excavation Inspected 11-6-98

Tank(s) Inspected NA

Wash Line Inspected NA

High Water Alarm Inspected NA



PLOT

Design CHAMBERED REPAIR 3 LINES @ 56' CTR# RCS

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: CHAMBERED REPAIR 3 LINES @ 56' - GATE VALVE @ D-DOX

TYPE 3G REPAIR

J Andrew Walker PS
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

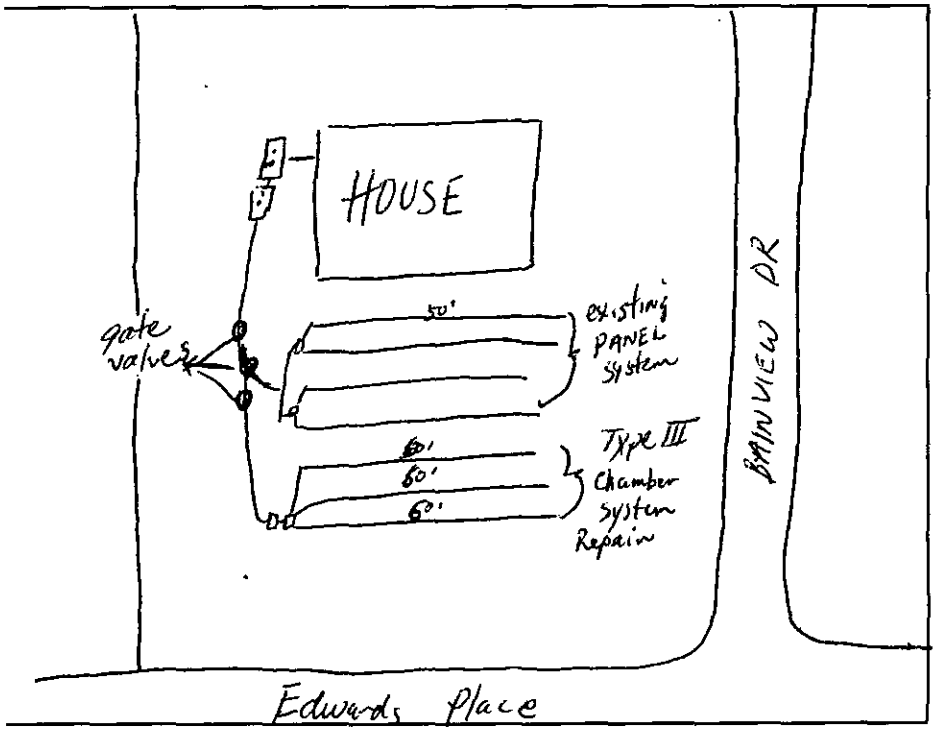
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7144A DATE: 5/22/96 Revised 4/20/98

TC: 137 [illegible] 0580 ☐ L

SERIAL Nº 16718

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 3/16/98. All work shall be completed on or before 5/20/98, 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 – gallons

Liquid Capacity of Dosing Tank – gallons

Tank Construction –

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 180' feet

Number of Lines 3 (60')

Depth of Stone NA inches

Distance from House 5 feet

Distance from Property Line 10' feet

Distance from Well 7100' feet
com well

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

NAME OF OWNER Mr & Mrs Wermter

LOCATION OF PROPERTY 9600 Edwards Pl

Comments: Type III chamber system Repair, 3 lines x 50' long x 3' wd
Install gate valves to divert water in the two system seprately
Keep lines on contor of land | shorten float to pump appr 100GPG; Install gate valve at pump to regulate pump velocity

Philip S. Walker R.S.
Environmental Health Specialist

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

FEE: NA

DATE: 3/16/98

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

( ) 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

FILE #: 9714H

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 137-232-01

STREET ADDRESS: 9600 Edward's Place

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: 2800

NUMBER OF BEDROOMS: 3 | NUMBER OF OCCUPANTS: 5

CLOSING DATE 6/30/94

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 X 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

PROPERTY OWNER:

NAME: Wermter (LAST) Joseph (FIRST) G. (MI)

ADDRESS: 9600 Edward's Place

CITY: Mint Hill STATE: NC ZIP: 28227

DAYTIME PHONE: (704 595- 7718

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 6/30/94

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: Joseph G. Wermter DATE: 3/16/98

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

03-19-98 03:12PM P04

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

7144 A

THIS AGREEMENT is made and entered into this 9 day of MARCH, 1998 by and between JOE WERMTER (hereinafter the "Owner") and R.C.S., Inc. , Joe R. Hudson (hereinafter the "Contractor").

WITNESSETH

WHEREAS, the Owner owns or controls the property upon which a ground absorption sewage treatment (hereinafter the "system") is installed, such system being designated a Type system under the Rules for Sanitary Sewage Colection, Treatment and Disposal found at 15A N.C. Admin. Code 18A.1900 et seq.; and

WHEREAS, 15A N.C. Admin.Code 18A.1961 requires a contract to be executed between the system owner and a management entity prior to the issuance of an Operation Permit for said system: and

WHEREAS, 15A N.C. Admin. Code 18A.1961 requires that a condition of the Operation Permit for said system be that a properly executed contract between the system owner and a management entity shall be in effect for as long as the system is in use; and

WHEREAS, the Contractor is a management entity of a type authorized by 15A N.C. Admin. Code 18A.1961 to manage a Type system.

NOW THEREFORE, in consideration of the premises and of the mutual covenants and promises contained in this Agreement, it is hereby agreed by and between the Owner and the Contractor as stipulated below.

1. The Contractor's Obligations. The Contractor shall perform the following services on the Owner's system located at 9600 EDWARDS PLACE CHARLOTTE, N.C. 28227

a. The Contractor shall inspect the system at least at the frequency required in Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type system.

b. The Contractor shall perform th following routine maintenance procedures

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

in accordance with the conditions of the Operation Permit:

(1) (from the operation permit)
(2)
(3)

c. The Contractor shall report the results of its inspections to the local health department at the frequency specified in Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type IV system.

d. If an inspection indicates the need for system repairs, the Contractor shall notify the local health department within 48 hours of the inspection.

e. The Contractor shall notify the Owner of needed repairs which are outside of the scope of routine maintenance described in subparagraph (b) above. The Contractor shall perform necessary repairs to the system at the request of the Owner and shall be entitled to payment therefor at the Contractor's normal charge for services and materials.

f. The Contractor shall employ of shall contract with a certified operator(s) if required by Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type IV System.

g. The Contractor shall respond to a request for a nonscheduled service or maintenance call within 24-48 hours after receipt of such request depending on the urgency of the request.

2. The Owner's Obligations.

a. The Owner shall pay to the Contractor the sum of $ 200.00 per year for periodic inspections, routine maintenance procedures and periodic reports. The annual fee may be amended upon sixty(60) days advance notice to the Owner but may not be increased more than 20 percent per year. The Owner shall pay to the Contractor his normal and customary fees for any work performed on the system as a result of nonscheduled service or maintenance calls. All fees are due and payable within thirty (30) days shall accrue interest from the due date until paid at a rate of 15 percent per month.

b. Within 10 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above, the Owner shall request the Contractor to complete needed repairs or shall provide to the Contractor evidence that the needed repairs were satisfactorily completed by another entity.

c. The Owner shall provide the Contractor with such access to the system

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

as is reasonably necessary tor the Contractor to comply with the terms of this Agreement.

3. Term. This Agreement shall remain in effect until terminated.

a. Automatic Termination.
This agreement shall automatically terminate if the Operation Permit for the system is revoked and all appeals of the revocation are exhausted or time for taking an appeal; has passed.

b. Termination by Mutual Consent.
The Parties may mutually agree to terminate this Agreement by giving written notice of termination by mutual consent to the local health department thirty (30) days in advance of the date of termination.

c. Termination by the Owner.
The Owner may terminate this Agreement by giving notice to the Contractor and to the local health department thirty (30) days in advance to the date of termination.

d. Termination by the Contractor.

(1.) The Contractor may terminate this Agreement for cause by giving written notice of intent to terminate this Agreement to the Owner and to the local health department thirty (30) days is advance of the date of termination. Cause shall be defined as:

(a) failure to remit payment for any bill for services performed under and in accordance with this Agreement if said bill is not is not paid within thirty (30) days of receipt by the Owner of the bill. If said bill is paid after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect: or

(b) failure of the Owner to provide to the Contractor authorization to complete needed repairs or satisfactory evidence that needed repairs to the system were completed by another entity within 10 days of receipt of notice of needed repairs pursuant ot paragraph 1.e. above. If said authorization to comlete needed repairs or evidence of completion of said repairs is provided after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect;

(c) failure of the Owner to allow the Contractor such access to the

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

system as is reasonably necessary in order for the Contractor to comply with the terms of this Agreement.

(2) The Contractor may not terminate this Agreement without cause, but may assign its rights and duties under this Agreement as provided in paragraph 4, below.

4. Assignment.

a. Assignment by the Owner. The Owner shall notify the Contractor of the name and address of any purchaser of the property on which the system is located. The Owner shall also notify any purchaser of the property on which the system is located of the existence of this Agreement and shall assign all tights and duties under this Agreement to said purchaser.

b. Assignment by the Contractor. The Contractor may assign its rights and duties under this Agreement to another management entity which is qualified pursuant to 15A NC Admin. Code 18A.1961 to manage a Type IV-J system upon thirty (30) days written notice to the Owner and to the local health department.

5. Use of Subcontractors. The Contractor may subcontract with such manufacturers, suppliers and contractors as it deems desirable to perform any of the Contractor's duties under this Agreement. The Contractor shall at all times remain responsible for the performance of and payment for all work performed by all subcontractors.

6. Representations. The Parties represent to each other that each has the power, auhority and legal right to enter into and perform its obligations as set forth in this Agreement.

7. Regulatory Amendments. References in this Agreement to sections of the Administrative Code shall include such rules as they may be amended in the future.

8. No Implied Waiver. The waiver by either Party of a default or a breach by the other Party of any provision of this Agreement shall not operate or be construed to operate as a waiver of any subsequent default or breach. The failure at any time of either Party to enforce any provision of this Agreement (a) shall not be construed to be a waiver of such provisions, or of any other provision; and (b) shall not in any way affect the validity of this Agreement, or any part of this Agreement, or the right of either Party thereafter to enforce each and every provision of this Agreement.

9. Notice. Every notice required under this Agreement shall be in writing and shall be deemed sufficiently given if delivered in person or sent by certified or registered mail, return receipt requested, postage prepaid to the Party to be notified and addressed as follows:

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

To the Owner:
MR. JOE WERMTER
9600 EDWARDS PLACE CHARLOTTE, NC
28227

To the Contractor:
R.C.S. ,Inc.
Joe R. Hudson
PO Box 708
Monroe, NC 28111

To the Local Health Department:
MECKLENBURG CO. Environmental Health Department
700 N. TRYON STREET
CHARLOTTE, N.C. 28202

The date of any Notice shall be the date of personal delivery or the date shown on the return receipt as the date of delivery of attempted delivery, as the case may be. Changes in the respective addresses to which notice may be directed may be made form time to time by either Party by notice to the other party/

10. Place of Agreement. This Agreement and any questions concerning its validity, construction or performance shall be governed by the laws of the State of North Carolina, notwithstanding the place of execution, or the order in which the signatures of the Parties are affixed.

11. Entire Agreement and Amendment. This Agreement supersedes all prior negotiations, agreements and understandings between the Parties with respect to the subject matter hereof. To be effective, any amendment or modification to this Agreement must be in writing and must be signed by the Parties.

12. Severability. In the event that any provision of this Agreement shall, for any reason, be determined to be invalid, illegal or unenforceable in any respect, the Parties shall negotiate in good faith and agree to such amendments, modifications or supplements of or to this Agreement of such other appropriate actions as shall to the maximum extent practicable in light of such determination, implement and give effect to the intentions of the Parties as reflected in this Agreement, and the other provisions of this Agreement shall, as so amended, modified, supplemented or otherwise affected by such action, remain in full force and effect.

IN TESTIMONY WHEREOF, the Parties hereto have executed this Agreement in duplicate originals, one of which is retained by each of the Parties, the day and year first above written.

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

(Owner)

Attest:

(Contractor)

Attest:

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER Elizabeth Wermter

MAILING ADDRESS 9600 Edward's Place Charlotte, NC 28227

OCCUPANT Same as above

LOCATION Same as above

☒ RESIDENCE ☐ BUSINESS ☐ OTHER tax parcel# 137-232-01

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

336-5570/336-5102.

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

☐ Eliminate wastewater discharge and connect to an approved wastewater system.

☐ Pit Privy must be repaired/constructed.

☒ Other ~~Repairs~~ (specify) A certified operator shall be obtained to manage the septic system in accordance with Rule .1961(b)(3)

☒ Perform Maintenance (specify) Pump tank as needed to eliminate effluent on ground surface until septic system is rapaired.

If the wastewater violation is not brought into compliance by March 30, 1998, appropriate legal action will be taken.

Notice issued February 26, 1998 (Date) Signed Philo S. Walker, R.S. (Agent) Division of Environmental Health

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

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

MAR-19-'98 12:57 FR CLT ECAT 704 594 5141 TO 93366894 P.02
03-19-98 03:12PM P02

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 16848

File:

Action 1

Parcel: 7144A

137-123-05 PO

~~PC~~

Location:

Subdivision: 9600 Edwards Place/Bainbridge II

Lot: Block: Acres: 1.0

Lot 37

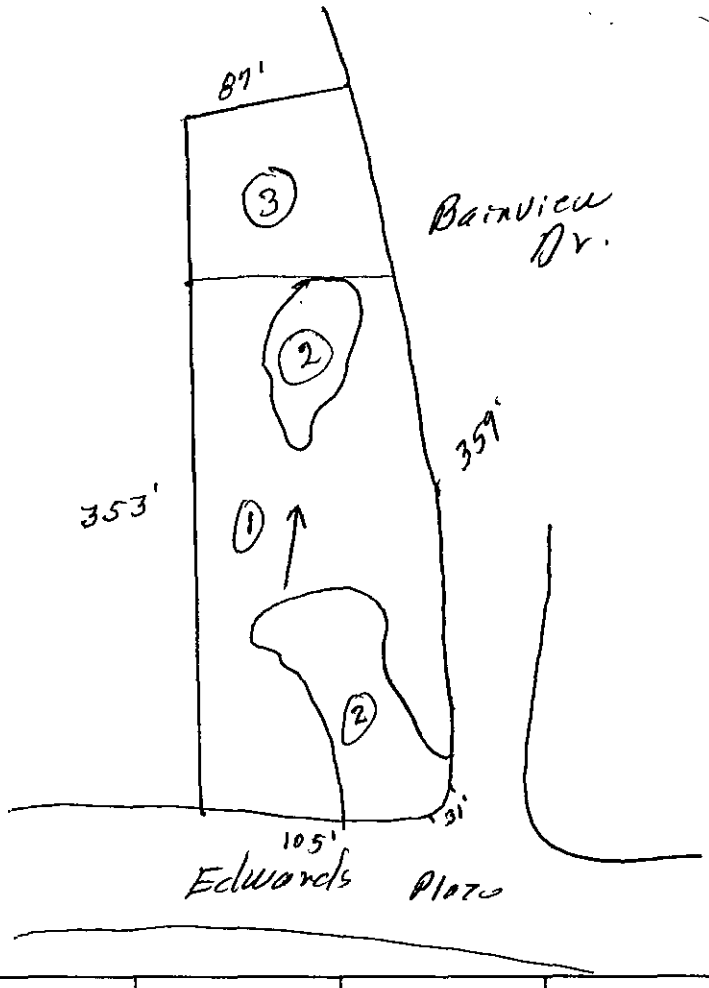
Owner:

Address: Greene & Williams Development, Inc.
7421 Morgan Mill Road
Monroe, NC 28110

Comments: 100% Repair

Described by: William R. Martin

Date: 1-30-91



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

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S PS (U) complex slopes	(S) PS U 6-15%	S PS (U) Drainageway-Depression	S PS U	S PS U	S PS U
Texture	S PS U	S (PS) U clay	S PS U	S PS U	S PS U	S PS U
Structure	S PS U	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U	S (PS) U 7-36" to wet	S PS U	S PS U	S PS U	S PS U
Depth	S PS U	S (PS) U 36-40"	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	S (PS) U 7-36"	S PS U	S PS U	S PS U	S PS U
Available Space	S PS U	S PS (U) Restricted	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	complex slopes	IV cecil-1.4%	Drainageway Depression			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$200.00 1/12/94
CK # 21310

7144A

[] CRT

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

(704)336-5102

Add

Date:

PERSON FILING APPLICATION:
NAME: Hudson (last) Cathy (first) R.C.S., INC. (mi)
ADDRESS: P.O. Box 708 PHONE: (704) 376-9359
CITY: Monroe STATE: NC ZIPCODE: 28111

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 137-123-05 80
STREET ADDRESS: 9600 EDWARDS PLACE
ZONING:

PROPERTY OWNER:
NAME: Greene (last) Bobby (first) (mi)
ADDRESS: 2063 EATON ROAD PHONE: (704) 537-3295
CITY: Charlotte STATE: N.C. ZIPCODE: 28205

SUBDIVISION OR MOBILE HOME PARK NAME:
Bainbridge II

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

LOT NUMBER: 37 LOT SIZE (in acres): 1.0 ACRES

TYPE APPLICATION (check one):
[] SOIL TEST - INDIVIDUAL LOT (D)
[] 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)
[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: 5
SYSTEM CLASSIFICATION: T & J PANEL

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

WATER SUPPLY (check one):
[X] Community (C) [] Shared Well (S)
[] 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: Cathy Hudson Date: 1.12.94

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.

... CERTIFIED OPERATOR REQUIRED

PPOPS TYPE II

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 Randall 2-2-94
Director or Authorized Section Head Date

WWATER : 122791

R. C. S., Inc.

Septic Tank Installation & Service

Stafford Street
Post Office Box 708
Monroe, North Carolina 28111
Phones: 704-283-7539 or 376-9359

TO: KELLY RANDALL, MECKLENBURG ENVIRONMENTAL HEALTH

FROM: CATHY HUDSON, R.C.S., INC.

SUBJECT: T & J PANEL SYSTEM, 9600 EDWARDS PLACE, BANBRIDGE II

NUMBER OF PAGES TO FOLLOW: 2

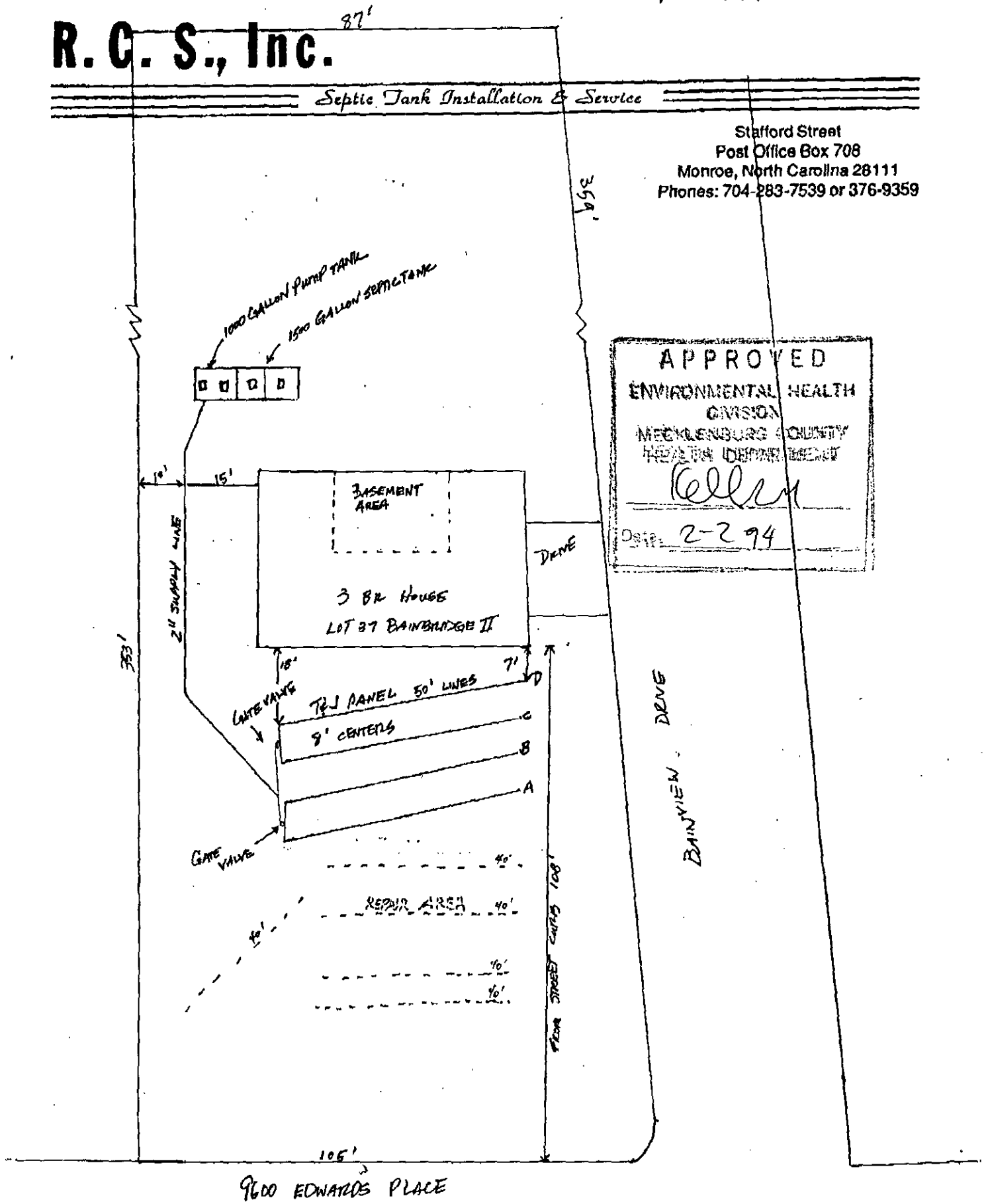
APPROVED
ENVIRONMENTAL HEALTH
DIVISION
MECKLENBURG COUNTY
HEALTH DEPARTMENT
Date 2-2-94

BOBBY GREENE
9600 EDWARDS PLACE
FILE 7144A

R. C. S., Inc.

Septic Tank Installation & Service

Stafford Street
Post Office Box 708
Monroe, North Carolina 28111
Phones: 704-283-7539 or 376-9359



APPROVED
ENVIRONMENTAL HEALTH
DIVISION
MECKLENBURG COUNTY
HEALTH DEPARTMENT
Date: 2-2 94

R.C.S., Inc.

Septic Tank Installation & Service

Stafford Street
Post Office Box 708
Monroe, North Carolina 28111
Phones: 704-283-7539 or 376-9359

BOBBY GREENE
9600 EDWARDS PLACE
FILE 7144A

LINE	LINE LENGTH	# OF PANELS	# HOLES/ PANEL	SIZE HOLE	LINE HEAD	HOLE FLOW	LINE FLOW
A	50'	11	ONE	5/32	2'	.41 ✓	4.51 ✓
B	50'	11	ONE	5/32	26"	.46 ✓	5.06 ✓
C	50'	11	ONE	5/32	3'	.50 ✓	5.50 ✓
D	50'	11	ONE	5/32	3'6"	.54 ✓	5.94 ✓
		44					21.01 ✓

PIPE FRICTION: Supply line $\left(\frac{125}{100}\right)$ = 1.25 X .74 = .925 X 1.2 = 1.11 FT

TOTAL HEAD: 1.11 + 3 + 30 = 34.11 FT OF HEAD

PUMP SPECIFICATIONS: 21.01 GPM @ 34.11 FT OF HEAD

~~PUMP CYCLE: 44 X 3.6 = 158.4 GAL/DOSE~~

as per TC with cathy 2-24 130

Pump cycle 3.6 ÷ .54 X 21.01 = 140 gallon / dose

APPROVED
ENVIRONMENTAL HEALTH
DIVISION
MECKLENBURG COUNTY
HEALTH DEPARTMENT
Date Time 2-2-94

FEE: NC
DATE: 3/16/98

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 #: 71494

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 137-232-01

STREET ADDRESS: 9600 Edward's Place

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

CLOSING DATE 6/30/94

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2800

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 5

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 X 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: WERMTER Joseph G. (LAST) (FIRST) (MI)

ADDRESS: 9600 Edward's Place

CITY: Mint Hill STATE: NC ZIP: 28227

DAYTIME PHONE: (704 595- 7718

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 6/30/94

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: Joseph G. Wermter DATE: 3/16/98

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

7

BK: 07653 PG: 0211/0212 #:0440 10.00
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 02/01/94 14:19

7144A

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 .1956, .1957, OR .1969 OF THIS SECTION.

The undersigned, DUBLIN BUILDING GROUP, LTD. owner of property located at 9600 EDWARD'S PL, ("the site") and described in an instrument recorded in Book 6192 at Page 769, Mecklenburg Public Registry, hereby acknowledges that he 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 pursuant to 15A NCAC 18A .1948(d) that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned can reasonably be expected to function satisfactorily and thus that the findings specified in 15A NCAC 18A .1958(d)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

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

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

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

This 1st day of FEBRUARY, 1994.

ATTEST:

Susan McNanie, Secretary (SEAL)

THE DUBLIN BUILDING GROUP, LTD. INC.

THE DUBLIN BUILDING GROUP, LTD.

By: John C. McNanie, President

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that

_____ personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this _____ day of _____, 199_____.

_____
Notary Public

My Commission Expires _____

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Alyse D. Vasil, a Notary Public for said County and State, do hereby certify that

Susan McNanie personally came before me this day and acknowledged that he is

Secretary of THE DUBLIN BUILDING GROUP, LTD., 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 her.

WITNESS my hand and notarial seal, this 1st day of February, 1994.

Alyse D. Vasil
Notary Public

Commission Expires 10-22-95

book 6192
page 769

7144A SD, 1/12/94 #300.00 #21310 CRT

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: Hudson (last) Cathy (first) R.C.S., INC. (mi)

ADDRESS: P.O. Box 708 PHONE: (704) 376-9359

CITY: Monroe STATE: NC ZIPCODE: 28111

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 137-123-05 80

STREET ADDRESS: 9600 EDWARDS PLACE

ZONING:

PROPERTY OWNER:

NAME: Greene (last) Bobby (first) (mi)

ADDRESS: 2063 Eaton Road PHONE: (704) 537-3295

CITY: Charlotte STATE: N.C. ZIPCODE: 28205

SUBDIVISION OR MOBILE HOME PARK NAME: Bainbridge II

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

TYPE APPLICATION (check one):

LOT NUMBER: 37 LOT SIZE (in acres): 1.0 ACRES

[] SOIL TEST - INDIVIDUAL LOT (D)
[] 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: 5

SYSTEM CLASSIFICATION: T & J PANEL

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

WATER SUPPLY (check one):
[X] Community (C) [] Shared Well (S)
[] 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: Cathy Hudson Date: 1.12.94

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.

... Certified operator required

PPBPS type 4

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

Sally Lundell 2-2-94

Director or Authorized Section Head Date

WWATER : 122791

R. C. S., Inc.

Septic Tank Installation & Service

Stafford Street
Post Office Box 708
Monroe, North Carolina 28111
Phones: 704-283-7539 or 376-9359

BOBBY GREENE

9600 EDWARDS PLACE / BAWBRIDGE II LOT 37

FILE 7144A

PARCEL 137-123-05 PO

3 BR HOUSE 360/3 = 1200/3 = 400 LF X .5 = 200 LF OF 16 INCH PANELS

LINE	LINE LENGTH	# OF PANELS	# HOLE/PANEL	SIZE HOLE	LINE HEAD	HOLE FLOW	LINE FLOW
A	40'	9	ONE	5/32	2'	.41	3.69
B	40'	9	ONE	5/32	2'6"	.46	4.14
C	40'	9	ONE	5/32	3'1"	.50	4.5
D	40'	9	ONE	5/32	2'	.41	3.69
E	40'	9	ONE	5/32	2'9"	.50	4.5
	200'	45					20.52

REPAIR

F	40'
G	51'
H	30'
I	40'
J	25'
K	25'
	211'

PIPE FRICTION LOSS: SUPPLY LINE $\left(\frac{125}{100}\right)$ = 1.25 X .74 = .925 X 1.2 = 1.11 FT

TOTAL HEAD: 1.11 + 3 + 30 = 34.11 FT OF HEAD

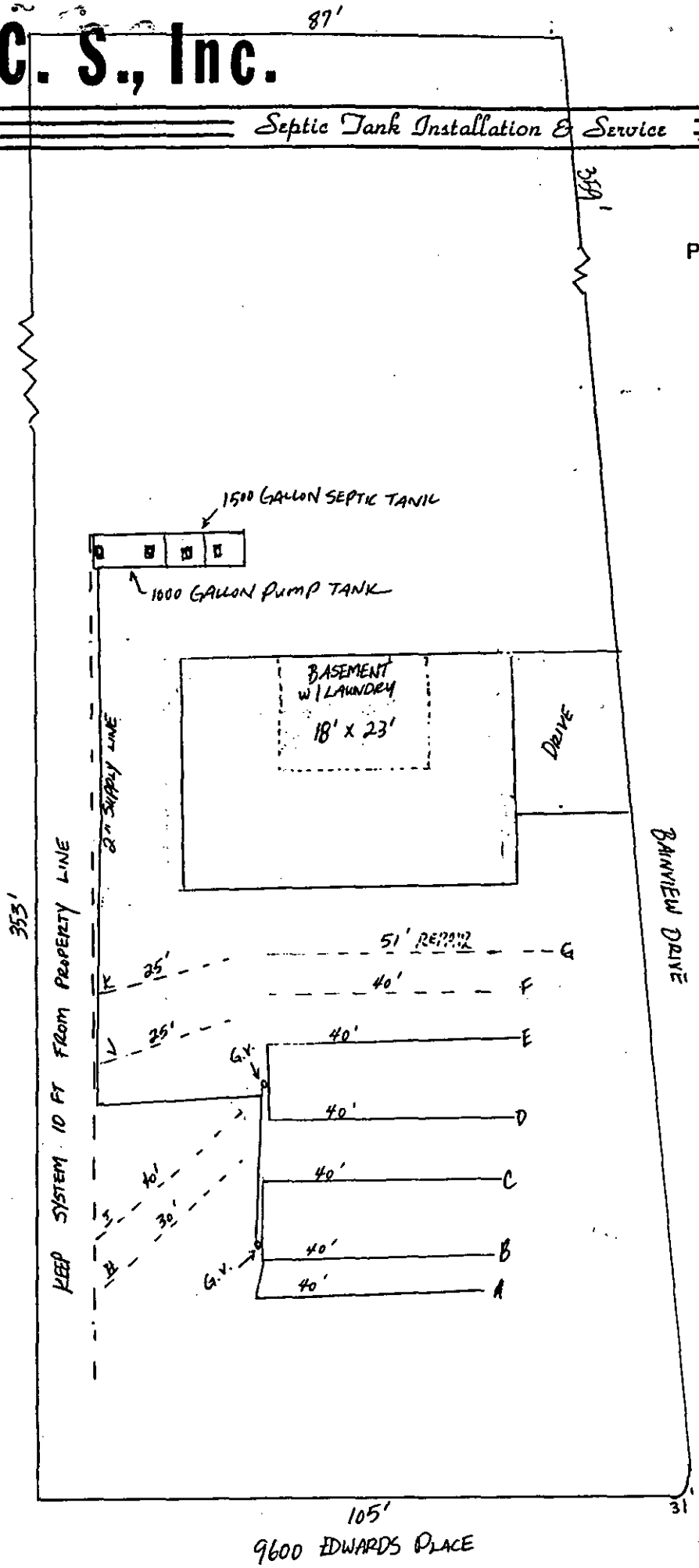
PUMP SPECIFICATIONS: 20.52 GPM @ 34.11 FT OF HEAD

PUMP CYCLE: 45 X 3.6 = 162 GAL/DOSE

K. C. S., Inc.

Septic Tank Installation & Service

Stafford Street
Post Office Box 708
Monroe, North Carolina 28111
Phones: 704-283-7539 or 376-9359



Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

February 2, 1994

Mr. Bobby Greene
2063 Eaton Road
Charlotte, NC 28205

Re: 9600 Edwards Place
File: 7144-A
Tax Parcel: 137-123-05PO

Dear Mr. Greene:

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

The plans as submitted are approved with the following comments:

- Water saving plumbing devices and low flush toilets should be installed when constructing the residence.
- Effectively rake and lime all trench sidewalls.
- Landscaping of original system area and the repair area is prohibited. No grading, shaping, or altering in any way.
- The well should be located 100 feet, but in no case less than 50 feet from the sewage system and repair area.
- This is a Type 4 sewage disposal system. A contract must be executed for periodic maintenance between the property owner and a certified operator prior to the issuance of an operation permit (final).

Upon execution and recording of the enclosed "Septic Tank Agreement Form" an improvement permit can be issued by this Department.

If you have any questions concerning this matter please contact me at 336-5575.

Sincerely,

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

Enclosures

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

2-2-94

Mr. Bobby Greene
2063 Eaton Rd
Charlotte NC 28205

Re: 9600 Edwards Place
File: 7144-A
Parcel: 137-123-05 PO

Dear Mr Greene

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

The plans as submitted are qapproved with the following comments:

- Water saving plumbing devices and low flush toilets should be installed when constucting the residence.

- Effectively rake and lime all trench sidewalls.

- Landscaping of original system area and the repair area is prohibited. No grading, shaping, or altering in any way.

- The well should be located 100 feet, but in no case less than 50 feet from the sewage system and repair area.

- This is a Type 4 sewage disposal system. A contract must be executed for periodic maintenance between the property owner and a certified operator prior to the issuance of an operation permit (final).

Upon execution and recording of the enclosed "Septic Tank Agreement Form" an improvement permit can be issued by this Department.

If you have any questions concerning this matter please contact me at 336-5575.

Sincerely,
Kelly Randall
Kelly Randall R.S.

Enclosures

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

February 2, 1994

Mr. Bobby Greene
2063 Eaton Road
Charlotte, NC 28205

Re: 9600 Edwards Place
File: 7144-A
Tax Parcel: 137-123-05PO

Dear Mr. Greene:

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

The plans as submitted are approved with the following comments:

- Water saving plumbing devices and low flush toilets should be installed when constructing the residence.
- Effectively rake and lime all trench sidewalls.
- Landscaping of original system area and the repair area is prohibited. No grading, shaping, or altering in any way.
- The well should be located 100 feet, but in no case less than 50 feet from the sewage system and repair area.
- This is a Type 4 sewage disposal system. A contract must be executed for periodic maintenance between the property owner and a certified operator prior to the issuance of an operation permit (final).

Upon execution and recording of the enclosed "Septic Tank Agreement Form" an improvement permit can be issued by this Department.

If you have any questions concerning this matter please contact me at 336-5575.

Sincerely,

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

Enclosures

$50

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 7144A ✓

TC: 137-123-05 PO

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: Edwards Place 9600

② SUBDIVISION: BAINBRIDGE II ③ LOT: 37 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: PO-137-123-05

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

OWNER

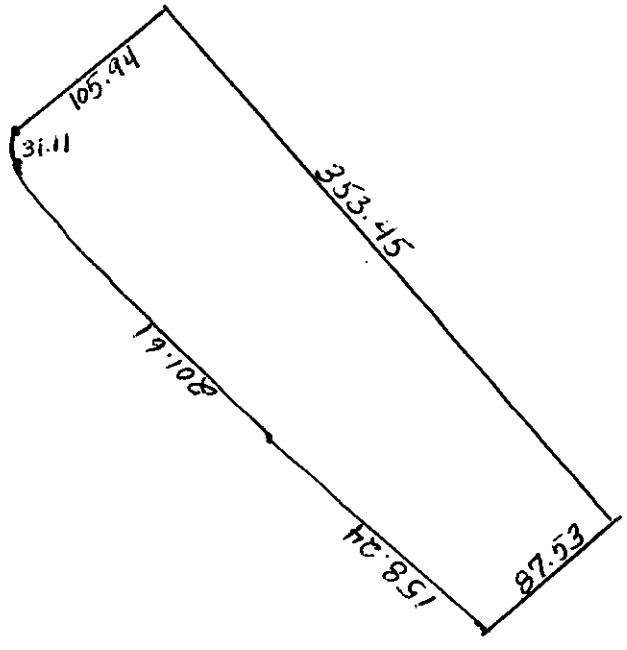
⑦ NAME: Greene & Williams Development INC.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 7421 Morgan Mill Rd.

⑨ CITY: Monroe ⑩ STATE: NC ⑪ ZIP: 28110

⑫ PHONE: (WORK) 847-4228 (HOME) 704-753-1333

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: C. A. Williams

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

Date: 11-9-90

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 11-14-90

Name/Company: Greene, Williams, & Edwards

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil Test - 20 lots @ $50 ea
Woodhollow Rd - Fairbridge II
Tax # 137-123-05 PO
File # 7130A - 7149A

ENVIRONMENTAL HEALTH DIVISION
PAID
NOV 14 1990

CR # 1002

Fee: $ 1,000.00 PD $1,000.

NOTICE:

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

W T Morgan
Completed by

Collected by

Mecklenburg County
Health Department

February 1st, 1991

Greene & Williams Development, Inc.
7421 Morgan Mill Road
Monroe, NC 28110

RE: Property located at 9600 Edwards Place/Bainbridge II Lot 37
FILE: 7144A
PARCEL: 137-123-05 PO

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 16848) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to call.

Very truly yours,

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

Enclosure (2)

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM
MONITORING REPORT FORM

Name and Location of System	Date of Inspection / Permit No.
Wernter Bar Bridge 9600 Edwards Place Mint Hill	Jan 10, 1995 8am
	County: Mecklenburg / System Classification: Tidal Creek
Name and Address of ORC	Name and Address of Owner
Joe Hudson RCS, Inc PO Box 705 Monroe, NC 28111	
Phone No. (704) 376-1359	Phone No. ( )

Areas Evaluated During Inspection
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Evaluated, NA=Not Applicable)

			Scum Level	Sludge Level
TANKAGE (grease traps/septic tanks):				
Tank risers accessible?	S			
Signs of Infiltration?	S	Septic Tank	0	0
Tanks and access structurally sound?	S	Grease Trap	0	0
Sanitary tee(s) in good condition?	S			
RAW SEWAGE LIFT STATION (if present):				
Required pumps present & operating properly?		Elapsed Time Readings:		
High water alarm operating properly?		Pump #1		
Floats, pipes, valves, disconnects in good condition?		Pump #2		
Control panel enclosure/components in good condition?				
EFFLUENT DOSING STATION:				
Required pumps present & operating properly?	S			
High Water alarm operating properly?	S	Elapsed Time Readings:		
Floats, pipes, valves, disconnects in good condition?	S	Pump #1		
Control panel enclosure/components in good condition?	S	Pump #2		
Effluent appears clear and free of solids?	S	Pump #3		
Zone valve sequencer operating properly?	S	Pump #4		
SIPHON SYSTEM:				
No evidence of overflow or siphon leakage?				
Siphon(s) appear to be working/alternating properly?				
Bells and vents free of debris and in good condition?				
SAND FILTER: (if present):				
Surface of filter appears free of vegetation?				
No evidence of effluent ponding on filter surface?				
Perimeter walls, dist. boxes, pipes in good condition?				
Effluent appears clear and free of excess solids?				
GROUND ABSORPTION FIELDS (general):				
No evidence of effluent surfacing?	S			
Surface water being effectively diverted away?	S			
Line cover & vegetative cover maintained properly?	S			
Protected from traffic, destructive uses?	S			
Distribution devices in good working condition?	S			
Repair area properly reserved, maintained?	S			
PRESSURE MANIFOLD SYSTEM:				
Manifold vault, valves, piping in good condition?				
Evidence of leakage, blockage in discharge lines?				
Pressure head is properly adjusted?		** attach evaluation sheet if pressure head is checked.		

SUBSURFACE WASTEWATER DISPOSAL SYSTEM
PRESSURE HEAD EVALUATION SHEET

ZONE #1: water level begin _____ water level end _____ run time _____ flow _____
water level after drainback cycle _____ drainback time _____ amount _____

Line #	Design Pressure	Observed Pressure	Adjusted Pressure
1	3'	1½'	3'
2	3'	1½	3'
3	3'	1'	3'
4	3'	0	3'

Notes:

ZONE #2: water level begin _____ water level end _____ run time _____ flow _____
water level after drainback cycle _____ drainback time _____ amount _____

Line #	Design Pressure	Observed Pressure	Adjusted Pressure

Notes:

ZONE #3: water level begin _____ water level end _____ run time _____ flow _____
water level after drainback cycle _____ drainback time _____ amount _____

Line #	Design Pressure	Observed Pressure	Adjusted Pressure

Notes:

LOW PRESSURE PIPE SYSTEM:

Turnups/cleanouts/valves intact and accessible? S
Laterals free of excess solids? S
Laterals flushed this inspection? S
Zone valves operating properly? S
Pressure head is properly adjusted? S

** attach evaluation sheet if pressure head is checked.

SPECIAL CONDITIONS: pump on 25" float on 19" pump off 13" float off 13" untimed

COMMENTS:

RECOMMENDATIONS TO OWNER:

COMPLIANCE STATUS: COMPLIANT___ NON-COMPLIANT___

__ CHECK IF PRESSURE HEAD EVALUATION SHEET IS ATTACHED.

DATE: 1/10/95 SIGNATURE OF "ORC": Joe

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

THIS AGREEMENT is made and entered into this 23 day of June, 19 94, by and between John McNair (hereinafter the "Owner") and JOE HUDSON, R.C.S., INC. (hereinafter the "Contractor").

WITNESSETH

WHEREAS, the Owner owns or controls the property upon which a ground absorption sewage treatment system (hereinafter "system") is installed, such system being designated a Type I & d system under the Rules for Sanitary Sewage Collection, Treatment and Disposal found at 15A N.C. Admin. Code 18A.1900 et seq.; and

WHEREAS, 15A N.C. Admin. Code 18A.1961 requires a contract to be executed between the system owner and a management entity prior to the issuance of an Operation Permit for said system; and

WHEREAS, 15A N.C. Admin. Code 18A.1961 requires that a condition of the Operation Permit for said system be that a properly executed contract between the system owner and a management entity shall be in effect for as long as the system is in use; and

WHEREAS, the Contractor is a management entity of a type authorized by 15A N.C. Admin. Code 18A.1961 to manage a Type I & d system.

NOW THEREFORE, in consideration of the premises and of the mutual covenants and promises contained in this Agreement, it is hereby agreed by and between the Owner and the Contractor as stipulated below.

1. The Contractor's Obligations. The Contractor shall perform the following services on the Owner's system located at 9600 EDWARDS PLACE, MINT HILL BAINBRIDGE SUB.

a. The Contractor shall inspect the system at least at the frequency required in Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type I & d System.

b. The Contractor shall perform the following routine maintenance procedures in accordance with the conditions of the Operation Permit:

(1) [from operation permit]
(2)
(3)

c. The Contractor shall report the results of its inspections to the local health department at the frequency specified in Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type I & d System.

d. If an inspection indicates the need for system repairs, the Contractor shall notify the local health department within 48 hours of the inspection.

e. The Contractor shall notify the Owner of needed repairs which are outside of the scope of routine maintenance described in subparagraph (b) above. The Contractor shall perform necessary repairs to the system at the request of the Owner and shall be entitled to payment therefor at the Contractor's normal charge for services and materials.

f. The Contractor shall employ or shall contract with a certified operator(s) if required by Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type Iff System.

g. The Contractor shall respond to a request for a nonscheduled service or maintenance call within 24-48 hours after receipt of such request. depending on the urgency of the request.

2. The Owner's Obligations.

a. The Owner shall pay to the Contractor the sum of $ 250.00 per year for periodic inspections, routine maintenance procedures and periodic reports. The annual fee may be amended upon sixty (60) days advance notice to the Owner but may not be increased more than 20 percent per year. The Owner shall pay to the Contractor his normal and customary fees for any work performed on the system as a result of nonscheduled service or maintenance calls. All fees are due and payable within thirty (30) days of billing. Payments due to the Contractor and unpaid by the Owner after thirty (30) days shall accrue interest from the due date until paid at a rate of 15 percent per month.

b. Within 10 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above, the Owner shall request the Contractor to complete needed repairs or shall provide to the Contractor evidence that the needed repairs were satisfactorily completed by another entity.

c. The Owner shall provide the Contractor with such access to the system as is reasonably necessary for the Contractor to comply with the terms of this Agreement.

3. Term. This Agreement shall remain in effect until terminated.

a. Automatic Termination.
This agreement shall automatically terminate if the Operation Permit for the system is revoked and all appeals of the revocation are exhausted or time for taking an appeal has passed.

b. Termination by Mutual Consent.
The Parties may mutually agree to terminate this Agreement by giving written notice of termination by mutual consent to the local health department thirty (30) days in advance of the date of termination.

c. Termination by the Owner.
The Owner may terminate this Agreement by giving notice to the Contractor and to the local health department thirty (30) days in advance of the date of termination.

d. Termination by the Contractor.

(1) The Contractor may terminate this Agreement for cause by giving written notice of intent to terminate this Agreement to the Owner and to the local health department thirty (30) days in advance of the date of termination. Cause shall be defined as:

(a) failure to remit payment for any bill for services performed under and in accordance with this Agreement if said bill is not paid within thirty (30) days of receipt by the Owner of the bill. If said bill is paid after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect; or

(b) failure of the Owner to provide to the Contractor authorization to complete needed repairs or satisfactory evidence that needed repairs to the system were completed by another entity within 10 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above. If said authorization to complete needed repairs or evidence of completion of said repairs is provided after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect;

(c) failure of the Owner to allow the Contractor such access to the system as is reasonably necessary in order for the Contractor to comply with the terms of this Agreement.

(2) The Contractor may not terminate this Agreement without cause, but may assign its rights and duties under this Agreement as provided in paragraph 4, below.

4. Assignment.

a. Assignment by the Owner. The Owner shall notify the Contractor of the name and address of any purchaser of the property on which the system is located. The Owner shall also notify any purchaser of the property on which the system is located of the existence of this Agreement and shall assign all rights and duties under this Agreement to said purchaser.

b. Assignment by the Contractor. The Contractor may assign its rights and duties under this Agreement to another management entity which is qualified pursuant to 15A N.C. Admin. Code 18A.1961 to manage a Type

The system upon thirty (30) days written notice to the Owner and to the local health department.

5. Use of Subcontractors. The Contractor may subcontract with such manufacturers, suppliers and contractors as it deems desirable to perform any of the Contractor's duties under this Agreement. The Contractor shall at all times remain responsible for the performance of and payment for all work performed by all subcontractors.

6. Representations. The Parties represent to each other that each has the power, authority and legal right to enter into and perform its obligations as set forth in this Agreement.

7. Regulatory Amendments. References in this Agreement to sections of the Administrative Code shall include such rules as they may be amended in the future.

8. No Implied Waiver. The waiver by either Party of a default or a breach by the other Party of any provision of this Agreement shall not operate or be construed to operate as a waiver of any subsequent default or breach. The failure at any time of either Party to enforce any provision of this Agreement (a) shall not be construed to be a waiver of such provisions, or of any other provision; and (b) shall not in any way affect the validity of this Agreement, or any part of this Agreement, or the right of either Party thereafter to enforce each and every provision of this Agreement.

9. Notice. Every notice required under this Agreement shall be in writing and shall be deemed sufficiently given if delivered in person or sent by certified or registered mail, return receipt requested, postage prepaid to the Party to be notified and addressed as follows:

To the Owner: John McNamee / Dublin Homes 1221 Iverleigh Tr. Charlotte, NC
Joe & Betsy WERMTER 28270
9600 Edwards Place

To the Contractor: R.C.S., INC
P.O. Box 708 MONROE, NC 28111

To the Local Health Department:
MECKLENBURG CO. ENVIRONMENTAL HEALTH
700 N. TRYON ST. CHARLOTTE, NC 28202

The date of any Notice shall be the date of personal delivery or the date shown on the return receipt as the date of delivery or attempted delivery, as the case may be. Changes in the respective addresses to which notice may be directed may be made from time to time by either Party by notice to the other party.

10. Place of Agreement. This Agreement and any questions concerning its validity, construction or performance shall be governed by the laws of the State

of North Carolina, notwithstanding the place of execution, or the order in which the signatures of the Parties are affixed.

11. Entire Agreement and Amendment. This Agreement supersedes all prior negotiations, agreements and understandings between the Parties with respect to the subject matter hereof and constitutes the entire Agreement between the Parties with respect to the subject matter hereof. To be effective, any amendment or modification to this Agreement must be in writing and must be signed by the Parties.

12. Severability. In the event that any provision of this Agreement shall, for any reason, be determined to be invalid, illegal or unenforceable in any respect, the Parties shall negotiate in good faith and agree to such amendments, modifications or supplements of or to this Agreement or such other appropriate actions as shall, to the maximum extent practicable in light of such determination, implement and give effect to the intentions of the Parties as reflected in this Agreement, and the other provisions of this Agreement shall, as so amended, modified, supplemented or otherwise affected by such action, remain in full force and effect.

IN TESTIMONY WHEREOF, the Parties hereto have executed this Agreement in duplicate originals, one of which is retained by each of the Parties, the day and year first above written.

(Owner)

Attest:

(Contractor)

Attest:

(hr:mecontract.gm)

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

WELL

FILE: 7144-A DATE: 5-10-94

TC: 137-123-05 01

SERIAL Nº 15889

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 1-26-94. All work shall be completed on or before 6-10-94, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

INSTALL IN ACCORD W/ PLAN ON FILE

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction P C C

Absorption and/or Nitrification Lines:

Trench Width 2 feet

Total Line Length 200 T+T feet

Number of Lines 5

Depth of ~~Stone~~ SAND 30 inches

Distance from House 15'+ feet

Distance from Property Line 10'+ feet

Distance from Well 100'+ feet

PLOT OF SYSTEM

NAME OF OWNER BOBBY GREENE

LOCATION OF PROPERTY 9600 EDWARDS PLACE

Comments: PPBPS TYPE IV

1

Division or Section Head

Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

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

LINES
TANKS
VALVES
ELECTRICAL GROUNDS
WATER ON H_2O TEST
(2)
5-12-94
and certified operator

CERTIFICATE OF COMPLETION/OPERATION PERMIT

DLHD

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

FILE: 7144 A DATE: 6-24-94

TC: 137-123-05 ☐ L ☒ CRT

SERIAL Nº 14262

Name of Owner DUBLIN HOMES Juris.:

Address of Property 9600 Edwards Place

Inspection Data:

Tank Material PCC

Total Length of Drainfield 200 T+J Panel

Number of Lines 5 @ 40'

Cover Depth

Water Supply Source comm.

Distance to Water Source 100' +

Excavation Inspected 5-12-94

Tank(s) Inspected 5-12-94

Wash Line Inspected —

High Water Alarm Inspected 5-12-94

PLOT

Design: 1994, 1500gst, 1000gpt, PPBPS MOD, PI 305 CECIL CTR# RCS 90

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

☒ *installed or constructed* ☐ *altered or repaired*

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

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☐ Certificate of Completion ☒ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be *null and void if any information contained in the application* is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: Type IV A Operator Contract on file

PPBPS ; 3 bdrm.

Environmentalist

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