

14930 HICKORY VIEW LN

21701333

5/12/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Division
Groundwater & Wastewater Services

January 11, 2005

COPY

Mr. & Mrs. Scott Rose
14930 Hickory View Ln.
Charlotte, NC 28278

Dear Mr. Rose:

Re: Well Sample Results – Inorganic Chemical Analysis

Enclosed you should find copies of the laboratory analysis for the well water samples that were collected at 14930 Hickory View Ln. on December 15, 2004.

The laboratory analysis of the well water samples was reported to be within the established limits of the national drinking water standard. Please retain this report for future reference. If you have questions regarding this report please contact me at (704) 336-5568.

Thanks again for your cooperation with the septic inspection and well sampling process. If you have questions or need assistance with your on-site wastewater system or private well please contact our office.

Sincerely,

Trevor Thomason, R.S.I.
Managed Systems Program Coordinator
Groundwater & Wastewater Services

Enclosures (2):

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - NITRATE ONLY

Name of System: Rose, Scott & Eliane
Address: 14930 Hickory View Ln.
Charlotte, NC **Zip:** 28278

County: MECKLENB

Report To: Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202
Courier: 05-16-21

ATTN: Trevor Thomaso
(704).336-5101

Collected By: T. THOMASON **Date:** 12/15/04 **Time:** 2:45:00 PM

Location of sampling point: Well Head

Remarks:

Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis: Nitrate
Category: Other

Parameters	Results	Units	Date Analyzed:
Nitrite as N	<0.10	mg/l	12/17/04
Nitrate as N	<1.0	mg/l	12/17/04

NCPH
North Carolina Public Health
State Laboratory of Public Health

EXPLANATION OF RESULTS:

Foster/Therapeutic Homes: Nitrate-N level acceptable if less than or equal to 10 mg/l
Private Well Guidelines: Nitrite-N level should be < 1.0 mg/l and Nitrate-N < 10.0 mg/l

Sample Temperature on Receipt: 3.5 °C
Date Received: 12/17/04 **Report Date:** 12/22/04
Today's Date: 12/23/04 **Reference:** 15679 **Login Batch** 04120042 **Sample Number:** AB20948
Reported By:

Explanations

Coliform Analysis:
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. coli (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Inorganic Analysis:
Recommended limits for drinking water. Sample should not exceed levels listed below.

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.01 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l

North Carolina State Labcratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - PRIVATE WATER SYSTEM

Name of System: Rose, Scott & Eliane
Address: 14930 Hickory View Ln.
Charlotte, NC **Zip:** 28278

County: MECKLENB

Report To: Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202
Courier: 05-16-21

ATTN: Trevor Thomason
(704) 336-5101

Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis Private

Collected By: T. THOMASON **Date:** 12/15/04 **Time:** 2:45:00 PM
Location of sampling point: Well Head
Remarks:

Parameters	Results	Units	Date Analyzed:
Acidity as CaCO3	6	mg/l	12/17/04
Silver	<0.05	mg/l	12/17/04
Alkalinity as CaCO3	100	mg/l	12/17/04
Arsenic	<0.001	mg/l	12/17/04
Barium	<0.1	mg/l	12/17/04
Calcium	64.9	mg/l	12/17/04
Cadmium	<0.005	mg/l	12/17/04
Chloride- IC	<5.0	mg/l	12/17/04
Chromium	<0.01	mg/l	12/17/04
Copper	<0.05	mg/l	12/17/04
Fluoride	1.63	mg/l	12/17/04
Iron	0.14	mg/l	12/17/04
Hardness as CaCO3 (Ca,Mg)	181	mg/l	12/17/04
Mercury	<0.0005	mg/l	12/17/04
Magnesium	4.6	mg/l	12/17/04
Manganese	<0.03	mg/l	12/17/04
Sodium	13	mg/l	12/17/04
Lead	<0.005	mg/l	12/17/04
pH	7.8	Std. unit	12/17/04
Selenium	<0.005	mg/l	12/17/04
Total Dissolved Solids	276	mg/l	12/17/04
Zinc	<0.05	mg/l	12/17/04

NCSPH
North Carolina Public Health
State Laboratory of Public Health

Date Received: 12/17/04 **Report Date:** 1/7/05 **Reported By:**
Today's Date: 1/7/05 **Ref:** 15671 **Login Batch:** 04120042 **Sample Number:** AB20940

Explanations

Coliform Analysis:
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. coli (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Inorganic Analysis:
Recommended limits for drinking water. Sample should not exceed levels listed below.

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.01 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Division
Groundwater & Wastewater Services

December 20, 2004

Mr. & Mrs. Scott Rose
14930 Hickory View Ln.
Charlotte, NC 28278

COPY

Dear Mr. Rose:

Re: Bacteriological Well Sample Results

Enclosed you should find a copy of the laboratory analysis of the well water sample that was collected at 14930 Hickory View Ln. on December 15, 2004.

The laboratory analysis of the well water sample was reported to be NEGATIVE for total coliform bacteria.

The inorganic water sample results are not yet available. I will forward a copy of those results to you as soon as they are available from the laboratory.

Please contact me at (704) 336-5568 if you have any questions concerning this matter.

Sincerely,

Trevor Thomason, R.S.I.
Managed Systems Program Coordinator
Groundwater & Wastewater Services

Enclosure: (1)

CHARLOTTE - MECKLENBURG UTILITIES

LABORATORY SERVICES DIVISION

ANALYSIS REPORT

REPORT DATE: 12/17/2004 02:59 PM
LOCATION: H-14930/Rose
LOC ID: H-SPEC
SAMPLE DATE-TIME: 12/15/2004 14:45
SAMPLE ID: AB22536
SAMPLE DESCRIPTION: Grab
CHAIN OF CUSTODY #: 04120323

	Parameter	Result	Units	RL	Method	Start Date/Time	Analyst
AB22536	**Total Coliform**	**Absent**	**P/A**		SM 9223B	12/16/2004 11:00	RDW
AB22536	**E. COLI**	**Absent**	**P/A**		SM 9223B	12/16/2004 11:00	RDW

Comment:

Laboratory Supervisor: WKSwell

Laboratory Certifications: McAlpine NC DENR No.148; Brookshire NC DENR No.162; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527

CHARLOTTE-MECKLENBURG UTILITIES
LABORATORY SERVICES DIVISION
ANALYSIS REPORT

Date: 12/17/04

To: Trevor Thomson
Env. Health

Thank you.

Masika T. Edwards
CMU-Lab Services

Office: (704) 336-5588
edwarmt@co.mecklenburg.nc.us

12/07/04

04120323

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

Hal Marshall Laboratory, 700 North Tryon St., Charlotte, NC 28202, 704/336-5460

CHAIN OF CUSTODY RECORD

COC#: PAGE 1 OF 1

CLIENT: MECKLENBURG COUNTY, LUESA - HEALTH DEPT.
FACILITY: Potable Water
PROJECT: Scott & Eliane Rose
16235 Leeward Lane

Send Report To: GWS
700 N Tryon St. Ste. 205
Charlotte, NC 28202

Sampled By (Print Name): Trevor Thomason

AB22536

SAMPLE ID	Sample Collector's Initials	Collection Date and Time	Chlorinated System	Collection Temp	Relinquished Temp	Receipt Temp	Sample Type: Depth Composite	Auto Composite	Hand Comp	Grab	Sample Containers: Plastic	Glass	# Containers	Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Chemical: BOD5	CBOD5	COD	TOC	TSS	TDS	TS	Nutrients	NOX	Nitrite	Alkalinity	Hardness	Turbidity	Lead	Total Coliform	Fecal Strep	Pest/PCB, EPA 608	Herb, EPA 8151	VOA, EPA 8260	Semis, EPA 8270	HEM 1164
H-14930	TT	12/15/2004 14:45	N			SC			X		100 ml		1	X																			X						

Relinquished By: (Signature)	Received By: (Signature)	Date & Time
		12-16-04 0910
Relinquished By: (Signature)	Received By: (Signature)	Date & Time
Relinquished By: (Signature)	Received By: (Signature)	Date & Time
Relinquished By: (Signature)	Received By: (Signature)	Date & Time

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County **Health Department**	N/A **Name of Establishment**	4672A **Permit/Project No.**
14930 Hickory View Ln. Charlotte, 28278 **Location**	3-Bedroom House **Type of Establishment**	360GPD **Design Flow**
Scott & Eliane Rose **Owner/Agent**	Same as location **Address**	(704) 588-4796 **Phone**
N/A **Operator**	N/A **Address**	N/A **Phone**
IIIb **System Type**	12/15/2009 **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?	☒	☐	☐	3.c. Septic tank not uncovered for
b. Tanks and access manholes structurally sound, watertight?	☒	☐	☐	inspection. Sanitary tee not inspected.
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	3.b. Install stainless steel bolts and
d. Tanks pumped, cleaned out as needed?.....	☒	☐	☐	nuts on tank riser to secure properly.
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.a. Measured 3" of solids in pump tank.
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☐	☒	☐	5.A.a. Pump control float needs
b. High-water alarm present and operating properly?	☒	☐	☐	adjustment.
c. Floats/pipe/valves/disconnects in good working condition?	☒	☐	☐	5.A.d. Duct seal required in conduit
d. Control panel enclosure/components in good condition?	☒	☐	☐	for control box at pump tank.
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?	☐	☐	☒
b. No effluent standing in lower laterals?	☐	☐	☒
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒
d. Pressure head is properly adjusted?	☐	☐	☒

OVERALL CONDITION AND OPERATION OF SYSTEM:

No sewage observed on ground surface at time of inspection.

No problems detected with system operation at time of inspection.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

None

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

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

Adjust pump control float so that effluent pump remains completely submerged when pump is not running.

Reset high water alarm float to proper height after adjusting pump control float.

Inspect distribution box. Install speed levels for each drain field line if not present.

Recommend having septic tank and pump tank pumped out within next 12 months.

DATE: 12/16/2004

SIGNED: _____, RSE AGENT

Division of Environmental Health

Mecklenburg County
Health Department

December 10, 1999

Scott and Elaine Rose
14930 Hickory View Lane
Charlotte, NC 28278

Re: Water Sample Results

Dear Mr. and Mrs. Rose:

Enclosed you will find the laboratory analysis of the well water sample that was collected at your residence on December 6, 1999.

The laboratory analysis of the well water sample was reported to be negative for coliform bacteria.

The inorganic water sample results are not yet available. I will forward a copy of those results to you just as soon as I receive them from the State Laboratory. If you have any questions concerning this matter, please contact me at 336-5568.

Sincerely,

L. B. Thompson, Jr., R.S.

Larry B. Thompson, Jr., R.S., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure

Mecklenburg County Public Health Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

III b

Microbiological Analyses

Owner, System or Establishment: Scott & Elaine Rose

Address: 14930 Hickory View Lane

Charlotte, NC Zip: 28278

Collected By: CARRY Thompson

Date Collected: 12-6-99 Time: 12:20 AM (PM)

Sample Source: Bathroom Sink

Date Delvd. to Lab: 12- Time: 3:20 AM (PM)

Delivered By: JPM ☒ Received on Ice Initials JPM

Type of Sample

Potable Water

- ☒ Individual Well
- ☐ Non-Community
- ☐ Community
- ☐ City
- ☐ Other (specify)

Treatment ☐ chlorinated ☒ nonchlorinated

- ☒ Initial Sample
- ☐ Recheck (chlorinated)
- ☐ Recheck (nonchlorinated)
- ☐ Other (specify) _____

Nonpotable Water

- ☐ Surface
- ☐ Storm
- ☐ Other (specify) _____

Analysis Requested:

- ☒ Total Coliform
- ☒ Fecal Coliform
- ☐ Fecal Strep
- ☐ Enterococcus
- ☐ Sulfate Reducing Bacteria
- ☐ Pseudomonas aeruginosa
- ☐ Other (specify) _____
- ☐ Food Analysis (specify) _____

Comments: _____

Laboratory Analysis Report

Method: _____ Membrane Filter ✓ Colilert _____ Multiple Tube Fermentation

Total Coliform	Absent /100 ml.	Non-Coliform	/100 ml.
Fecal Coliform	Absent /100 ml.	Plate Count	/gm. or ml.
Fecal Strep	/100 ml.	Coliform Count	/gm. or ml.
Enterococcus	/100 ml.	Pseudomonas aeruginosa	/100 ml.

Laboratory Comments:

Date Received: 12/6/99 Date Reported: 12-8-99

Received By: NLO Analyst: NB Lab #: 731

Laboratory Identification #: 37518 DEHNR Division of Laboratory Services
#: 449 DEM

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Rev. 10/96
4319

White - Lab Report Copy Yellow - Lab File copy

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

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

Mecklenburg County — Health Department
Scott & Elaine Rose — Name of Establishment
4672-A — Permit/Project No.

14930 Hickory View Lane — Location
Residence — Type of Establishment
360 GPD — Design Flow

Scott & Elaine Rose 14930 Hickory View Lane Charlotte, NC 28278 — Owner/Agent / Address / Phone

NA — Operator / Address / Phone

Remarks: System designed for three bedroom residence

	Yes	No	REMARKS
1. ESTABLISHMENT:			
Type, size, and sewage flow in accordance with permit?	☐	☒	Designed for three bedrooms
2. COLLECTION SYSTEM:			
No evidence of leaks into or out from sewer lines/manholes?	☐	☐	NA
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?	☒	☐	Have both tanks pumped.
Tanks and access manholes structurally sound, watertight?	☒	☐	
Sanitary tee(s) in good working condition?	☒	☐	
Tanks pumped, cleaned out as needed?	☐	☒	4" Sludge in pump tank
4. RAW SEWAGE LIFT STATION (if present):			
Required pumps present, operating, and cycling properly?	☐	☐	
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	NA
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☐	☒	Float switch needs to be raised.
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?	☐	☐	
Pressure head is properly adjusted?	☐	☐	NA

OVERALL CONDITION AND OPERATION OF SYSTEM: System appears to be working as designed.

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)
(1) Have both septic tank and dosing tank pumped out.	
(2) Have float switch raised so that pump is submerged at all times. This will keep the pump from corroding and lengthen the life of the pump.	

DATE: 12/7/99 SIGNED: Jeremy P. Michelone — AGENT
Division of Environmental Health

DENR 3702 (Revised 3/98)
On-Site Wastewater Section (Review 12/98)

– over –

SUMMARY OF IMPROVEMENTS NEEDED (cont.)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

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

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 of your operation permit/certificate of completion for the following violations:
(circle one) *(circle one)*

_____
[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 on-site wastewater 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 wastewater 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 On-Site Wastewater 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: On-Site Wastewater Section
Division of Environmental Health
P. O. Box 29594
Raleigh, NC 27626-0594
(Courier 52-01-00)

MAINTENANCE INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

Elaine M. Rose
14930 Hickory View Lane
Charlotte, NC 28278

Please Make Check Payable To

Mecklenburg County Health Department
700 N. Tryon Street, Ste 211
Charlotte, NC 28202

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File #	# Bedrooms	System Type
Elaine M. Rose	14930 Hickory View Lane	217-013-33	4672A	3	IIIB

Total Amount Due: $85.00

Please use the space below, to make any corrections to property information.

Name _____

Site Address _____

_____

#Bedrooms _____

BILL INFORMATION

Billing Date	Payment Due Date
10/05/99	11/08/99

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

☐ *Please check if you have a well.*

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

DO NOT SEND CASH

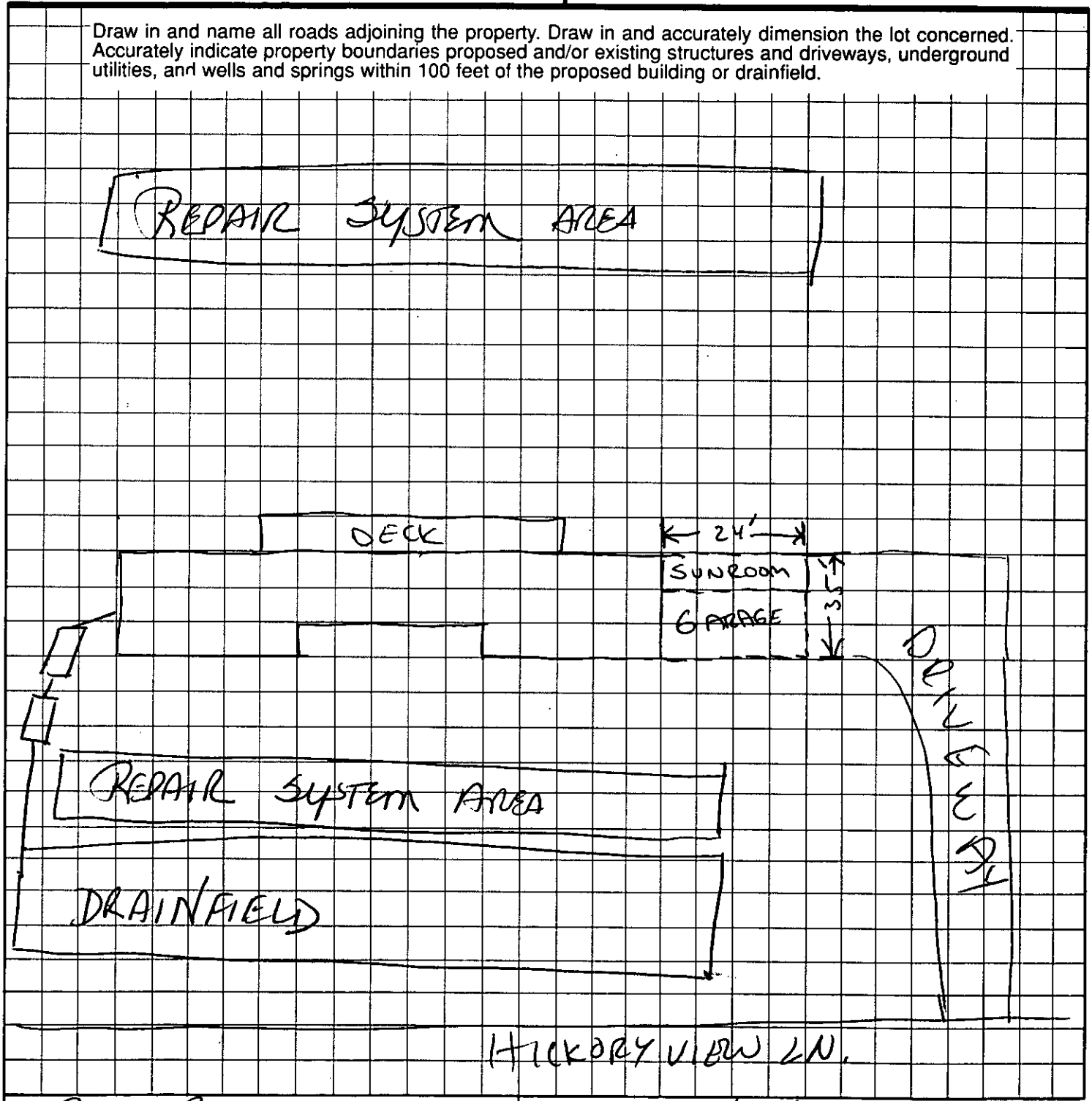
PROPOSED PLOT PLAN

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

FILE: 4672A

TC: 217-013-33

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.



Scott Roe
OWNER/AGENT SIGNATURE

DATE 5-16-97

APPROVAL DATE 5/29/97

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

THB

4672A

400A

P&S 50.00 CHK # 5/16/97 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: Rose (last) Scott (first) A (mi)
ADDRESS: 14930 Hickory View LN PHONE: (__) 588-4796
CITY: Ch lt. STATE: NC ZIPCODE: 28278

Date:

PROPERTY OWNER:
NAME: SAME (last) (first) (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 217-013-33
STREET ADDRESS: 14930 Hickory View LN
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[redacted]

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)

[redacted]

[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) + SUNROOM

[redacted]

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: 4

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)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] 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: X Scott Rose Date: X 5-16-97

NOTICE:

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

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

...This permit is not transferable.

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

...5/17/97 - Pump Electricals in disrepair.

5/29/97 - Repairs were made.

Joni Wiggins Burney, RS. 5/29/97
Environmentalist Date

WATER : 122791

CERTIFICATE OF COMPLETION/OPERATION PERMIT

Rescon

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

FILE: 4672A DATE: 10-18-94
TC: 217-013-33 ☐ L ☒ CRT
SERIAL № 12955

Name of Owner # SCOTT ROSE Juris.:
Address of Property 14930 HICKORY VIEW LANE

Inspection Data:

Tank Material 1500
Total Length of Drainfield 1000
Number of Lines 3 @ 133'
Cover Depth 12
Water Supply Source WELL
Distance to Water Source >100'
Excavation Inspected 10/12/94
Tank(s) Inspected 10/18/94
Wash Line Inspected
High Water Alarm Inspected 10/18/94

PLOT

Design: 1500 ST, 1000 PT, (2) D BOXES, 1200 SQFT, 12", CTR# MACKIE SHERRILL
CREAL-LIKE

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 IIIb

J Newell for S. Daniel — Joni H Newell, R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR ~~PERMIT~~ APPROVAL

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

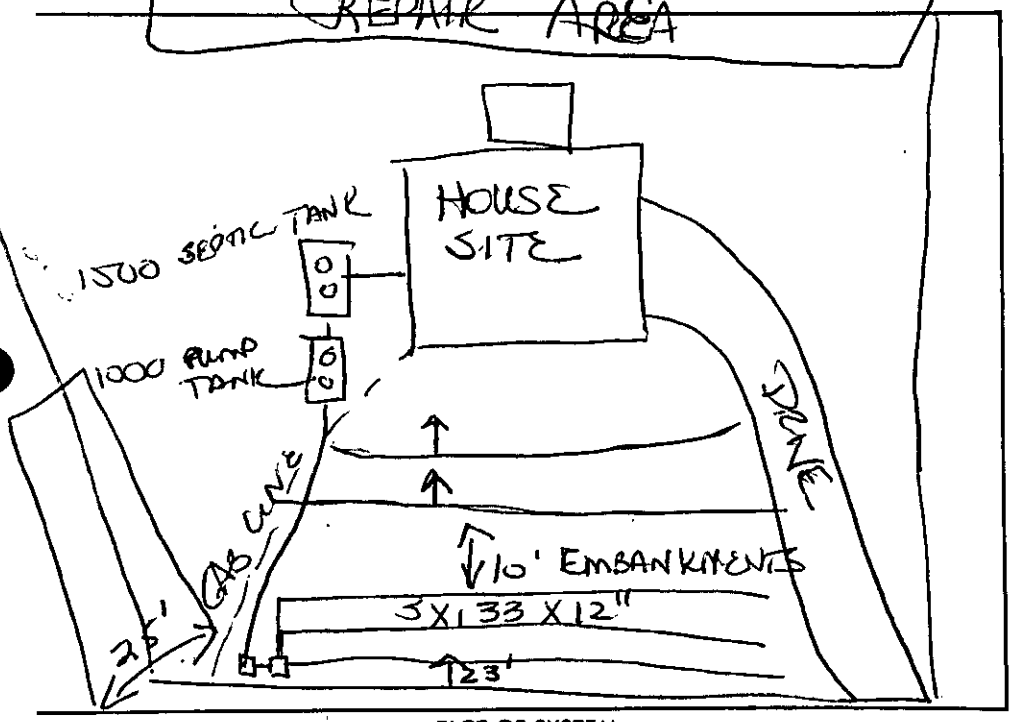
0460

FILE: 4672A DATE: 9/8/94

TC: 217-013.33 ☐ L

SERIAL Nº 15831

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 9/8/94. All work shall be completed on or before 9/30/94, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines 3

Depth of Stone 12 inches

Distance from House 15 feet

Distance from Property Line 10 feet

Distance from Well ≥50' feet

NAME OF OWNER HICKORY VIEW LANE SCOTT ROSE

LOCATION OF PROPERTY 14930 HICKORY VIEW LANE

Comments: 1500 SEPTIC & 1000 PUMP TANK, TANKS SHALL BE MOVED AS NECESSARY MUST MAINTAIN 15' OFF BASEMENT, DIVERT ALL SURFACE WATER.

J Newell for S Daniel
Division or Section Head

Jan H Newell, R.S.
Environmentalist

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

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

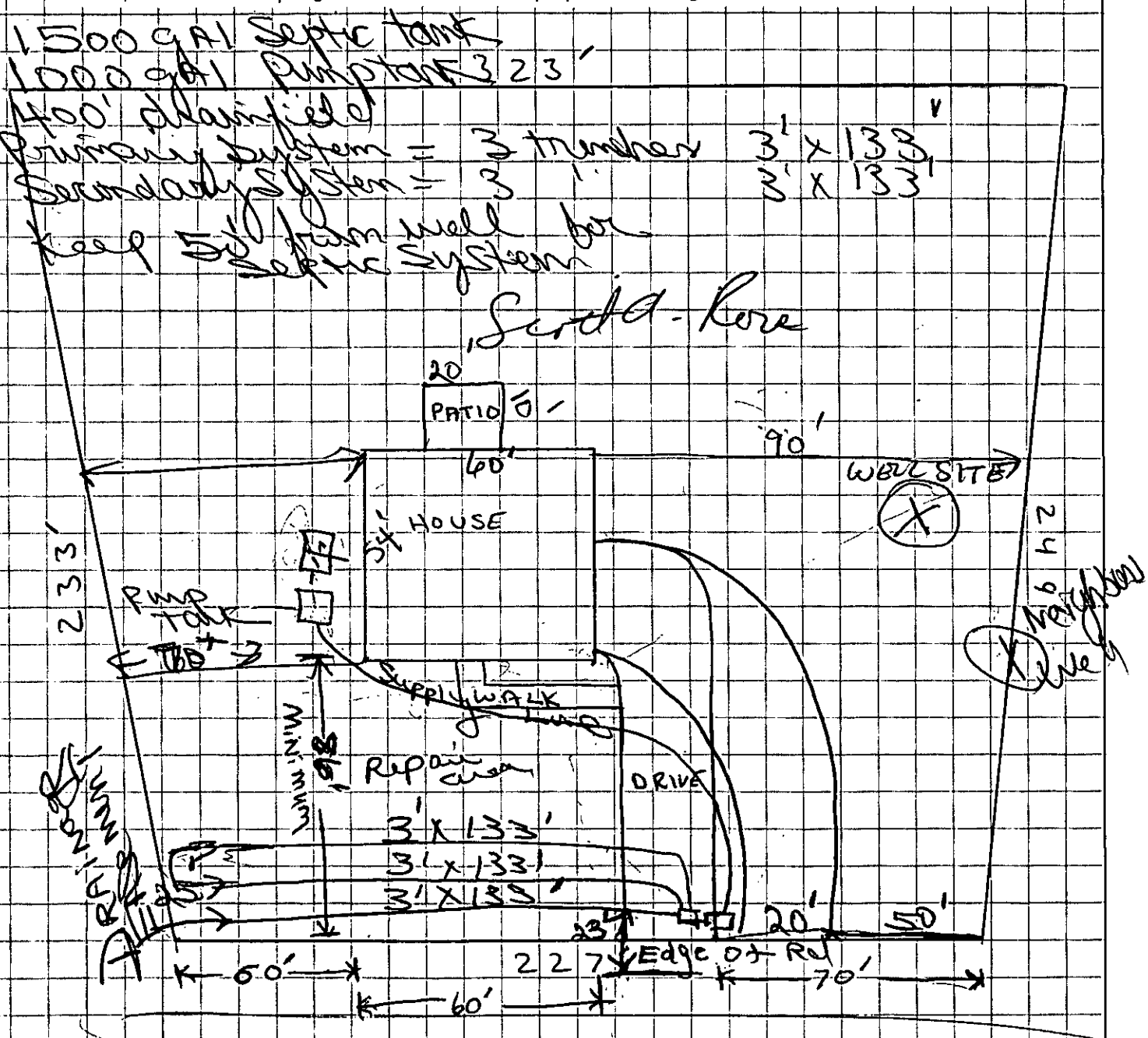
PROPOSED PLOT PLAN

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

FILE: 4672A

TC: 217-013-33

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.



I HAVE ALL 4 BORDERS OF HOUSE STRINGLINED.

HICKORY VIEW LAND

APPROVAL DATE 9/15/93

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

file #4672A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PD 2000' CK 9/3/93 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

Date:

PERSON FILING APPLICATION:

NAME: ROSE (last) SCOTT (first) A. (mi)

ADDRESS: 8606, 13009 APT. 234 YORK RIDGE DR. PHONE: (704) 588-4796

CITY: CHARLOTTE STATE: NC ZIPCODE: 28273

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 217-013-33

STREET ADDRESS: 14930 HICKORY VIEW LN.

CHARLOTTE, N C

ZONING:

PROPERTY OWNER:

NAME: SAME (last) (first) (mi)

ADDRESS: PHONE: (__) __

CITY: STATE: ZIPCODE:

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) [] 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)
[] Municipal (M) [] Other 'spring' (O)
[X] 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: Scott Rose Date: 9-3-93

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.

...Approved for 3 bedroom home

Diff Pump required

[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

Judy J. Kuei R.S. 9/15/93
Environmentalist Date

J. Kuei for S. Davis 9/15/93
Director or Authorized Section Head Date

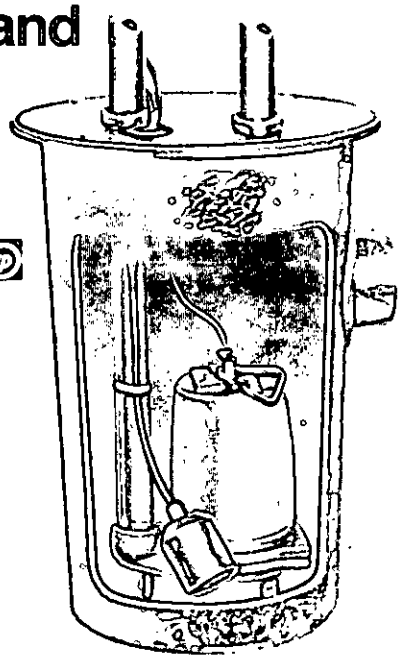
WATER : 122791

Installation and Operation Instructions

Goulds

MODELS

3885
3885D
3886
3886D



IMPORTANT

1. Inspect unit for damage. Report damage to carrier.
2. Electrical supply must be a separate branch circuit with proper fuses or circuit breakers, wire size, etc., conforming to National and Local Electrical Codes. Power supply voltage, phase and controls must match pump nameplate.
3. **Always** disconnect electrical power supply when handling pump or controls.
4. Do **not** use pump in swimming pools or hazardous liquids.
5. Liquid temperature not to exceed 160°F. (71°C)
6. Do **not** remove ground prong or use extension cords.
7. Use Goulds Pumps accessories.

Pump & Piping

1. Thread discharge pipe into discharge connection. If a check valve is used try to avoid installing it vertically. Position horizontally or at a 45° angle with valve pivot on top. This guards against small solids lodging on valve preventing it from opening. Drill a 3/16" hole in discharge pipe 2" above pump discharge connection to prevent air locking the pump. A gate valve should be installed in the system, after the check valve, to permit removal of pump or check valve for servicing. A union should be installed between check valve and pump.
2. **Rotation:** Check rotation after wiring is complete. Rotation must be counter-clockwise looking into pump suction.
   Caution: Do not feel for rotation. Will cause severe injury.
3. **Single-phase** pumps have built-in thermal overload protection with automatic reset. **Three-phase** units must be protected by a starter with proper overload protection:

Furnas Overloads Sizes Starter Size 00, 14BF32BCB1				
HP, Ph., Volts	HP	Volts	Heaters	
			E	K
0532	1/2	230	E41	K32
0534		460	E29	K22
0732	3/4	230	E48	K39
0734		460	E38	K28
1032	1	230	E51	K43
1034		460	E41	K32
1532	1 1/2	230	E55	K50
1534		460	E46	K36

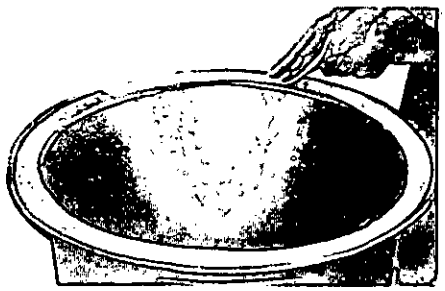
Basin

Basin should have a sturdy bottom to give legs of pump adequate support. Leg height elevates pump above bottom of basin to allow effluent to reach suction opening.

When using basins without hubs, attach 4" cast iron inlet hub as required. For duplex basins, seal second hub if not used.

Basin Cover

Remove protective strip from gasket and press onto recessed portion of basin rim. With a pointed tool, poke holes through gasket into tapped holes. Do not damage threads. Route electrical cords through appropriate opening in basin cover.



Fit basin cover over discharge pipe. Power cords are sealed with split rubber stopper. Rubber ring is placed over discharge pipe and compressed between pipe and cover by the flange (chamfered side down) to form a seal. Thread vent pipe into flange on basin cover.

Manual Operation

On pumps equipped with a molded plug, insert into a suitable outlet controlled by a switch. If a separate controller is used, turn "Hand-Off-Auto" switch to "Hand" operation.

Automatic Operation

1. Diaphragm Control Switch: A pressure activated switch providing automatic operation with 6" differential in liquid level. Turns on when liquid is 10" above bottom of switch and turns off at 4" above bottom of switch.

Caution: This switch has a vent tube which must be unobstructed and protected from moisture, dirt, etc. Mount power cord so vent tube points down.

NOTE: 1/3-1/2HP, 1ϕ pumps require Switch only.
3/4-2HP, 1ϕ pumps require a Contactor.
All 3ϕ pumps require a Mag Starter.

2. Mercury Switches: Single float switches. As the liquid-level rises or falls, the float changes angle until the mercury switch makes or breaks the circuit. See NOTE 1A above.

Float Switch Model	Application	HP Range	Electrical Rating	Wiring Configuration
A2-3	Pilot Duty	1/3-5	Single or Three Phase w/Contactor or Starter	Bare Leads
A2-5	Direct Connection, Differential Level	1/3-1/2	115 V.1 Phase	3-Prong Series Plug
A2-6		1/3-3/4	230 V.1 Phase	
A2-7	Pilot Duty, Differential Level	1/3-5	Single or Three Phase w/Contactor or Starter	Bare Leads
A2-9	Direct Connection, Differential Level	1/3-1/2	115 V.1 Phase	3-Prong Series Plug

Dual-Seal Units

Two (2) Mechanical Shaft Seals are separated by an oil-filled seal chamber. If Lower seal begins to leak, Upper seal will still be lubricated by oil in the motor cover and is protecting the motor. Normal operation can continue until prompt replacement of Lower seal which is now being temporarily lubricated by the water/oil emulsion in the seal chamber.

Lubrication

Caution: Disconnect all electrical power when handling pump or controls.

Important: Submersible pump/motor units are oil-filled. On a regular schedule, depending on usage, check oil quantity and condition as follows:

Caution: If there has been leakage, the motor cover may be under pressure. Hold a rag over inspection plug to prevent splatter when loosening it. Take a sample of the oil with a dipstick. If oil is emulsified (cream-like), or watery, it indicates a leak.

For Dual-Seal Unit, lay unit on side and also make same checks of oil in lower seal chamber through its inspection plug.

Possible causes of leakage: loose inspection plug, loose cable entry, leak at O-ring joint(s), worn shaft seal(s).

Have problem corrected and motor cover cavity refilled to 90% full (½" minimum above motor).

For Dual-Seal Unit, the lower seal cavity must also be refilled to 90% full.

Limited Warranty

This warranty applies to all pumps and related accessories manufactured and/or supplied by Goulds.

Any part or parts found to be defective within the warranty period shall be replaced at no charge to the buyer or any subsequent owner during the warranty period. The warranty period shall exist for a period of twelve (12) months from date of installation or eighteen (18) months from date of manufacture, whichever period is shorter.

A user who believes that a warranty claim exists must contact the authorized Goulds dealer from whom the equipment was originally purchased and furnish complete details regarding the claim. The dealer is authorized to adjust any warranty claims utilizing Goulds Customer Relations Department and its distributor organization.

This warranty excludes:

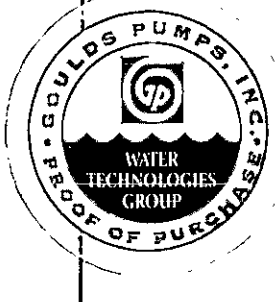
(a) Labor, transportation and related costs incurred by the consumer to make the allegedly defective equipment available to the dealer for inspection.

(b) Re-installation costs of repaired equipment.

(c) Re-installation costs of replacement equipment.

(d) Consequential damages of any kind.

(e) Reimbursement for loss caused by interruption of service.



Problem Tracing Guide

PROBLEM	PROBABLE CAUSES	CORRECTIVE ACTION
Pump Will Not Shut Off. **Note:** Before trouble shooting automatic control, check to see that pump operates on manual control. If it does, automatic controls are at fault, If not, fault is in pump or power supply.	Diaphragm Switch Weak rubber diaphragm Plugged vent tube Dirt or sediment lodged between retainer ring and rubber diaphragm causing contacts to remain closed.	Replace switch. Clear vent tube of any obstruction. Clean area around rubber diaphragm.
	Pump is air locked.	Shut power off for approximately 1 minute, then restart. Repeat several times to clear air from pump. If system includes a check valve, a 3/16" hole should be drilled in discharge pipe approximately 2" above discharge flange connection.
	Liquid inflow matches pump capacity.	Larger pump required.
Pump Runs But Does Not Discharge Liquid	Check valves installed backwards.	Check flow indicating arrow on check valve body to insure it is installed properly.
	Check valve stuck or plugged.	Remove check valve and inspect for proper operation.
	Lift too high for pump.	Check rating table.
	Inlet to impeller plugged.	Pull pump and clean.
	Wrong rotation.	Change rotation.
	Pump is air locked.	(See corrective action above)
Pump Does Not Deliver Rated Capacity	Lift too high for pump.	Check rating table.
	Low voltage, speed too low.	Check for proper supply voltage to make certain it corresponds to nameplate voltage.
	Impeller or discharge pipe is clogged.	Pull pump and clean. Check pipe for scale or corrosion.
	Impeller may be rotating in the wrong direction.	**Single Phase Units** — Shut off power and allow impeller to stop rotating. Turn pump on again, and pump should self-correct rotation. Long discharge pipe without check valve allows liquid to drain back to sewage basin, rotating impeller backwards. If pump starts while impeller is rotating in the wrong direction, it will continue to operate in that direction. **Three Phase Units** — Interchange any two (2) power lead connections.
	Impeller wear due to abrasives or corrosion.	Replace worn impeller.
Pump Cycles Continually	No check valve in long discharge pipe allowing liquid to drain back into basin.	Install a check valve in discharge line.
	Check valve leaking.	Inspect check valve for correct operation.
	Sewage basin too small for inflow.	Install larger size sewage basin.

GOULDS PUMPS, INC.
SENECA FALLS NEW YORK 13148
Form No. 486-2SF Litho in U.S.A.

DATE 9-30-93

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

#217-013-33
PARCEL NUMBER

14938 Hickory View LN
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

Lot #33
EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

~~N/A~~ Blu Royal Oaks
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	✓ APPROVED	___ NOT APPROVED
2. FLOODWAY REGULATIONS	✓ APPROVED	___ NOT APPROVED
3. EROSION CONTROL REGULATIONS	✓ APPROVED	___ NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	✓ APPROVED	___ NOT APPROVED
5. PUBLIC UTILITY EASEMENT	✓ PRESENT	___ NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	___ YES	✓ NO
7. DRIVEWAY PERMIT REQUIRED	___ YES	✓ NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	___ YES	✓ NO

REMARKS: S.F. Home

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: B. McConico

REVISED 1/91

Mecklenburg County

Health Department

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

August 18, 1993

Scott Rose
7173 Larme Street
Allen Park, Michigan

RE: Property located on 14930 Hickory View Lane (Lot #33)
FILE: 4672A
PARCEL: 217-013-33

Dear Mr. Rose:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 19443) is enclosed for your information.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Specific plan approval will be provided upon submission of 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 and determination that the area is adequate to accommodate the proposed construction.

Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this department renders any area previously designated suitable for system installation, unsuitable. Furthermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

If there are any questions concerning this matter, please contact Bill Marlin, Soil Scientist at 336-5574.

Sincerely,

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

Enclosure

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19443

File: 4672A Action 1

Parcel: 217-013-33 ~~PC~~

Location: 14930 Hickory View Ln.

Subdivision: Royal Oaks

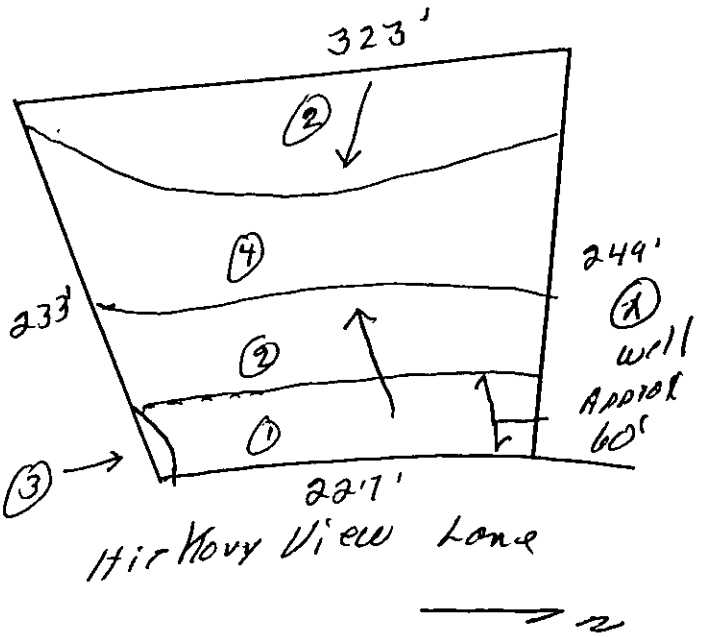
Lot: 33 Block: Acres: 1.5 ½ A. previous

Owner: Scott Rose
Address: 7173 Jarvis St. Allen Park, Mich.

Comments: 100% Repair, .3 gal/ft²/day LTAR - use 6-12" cover if possible - system would need pump

Described by: William R. Marks

Date: 8-12-93



***** 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 10-25%	S (PS) U 15-30%	S PS U —	S PS (U) Drainageway	S PS U	S PS U
Texture	(S) PS U Slightly Expansive clay	(S) PS U Slightly clay Expansive	S PS U —	S PS U —	S PS U	S PS U
Structure	S (PS) U Sub-Blocky	S (PS) U Sub-Blocky	S — PS U	S — PS U	S PS U	S PS U
Drainage	S (PS) U 7.36" to water	S (PS) U 7.36" to water	S PS U —	S PS U —	S PS U	S PS U
Depth	S (PS) U 36-37"	S PS (U) 20-36"	S PS U —	S PS U —	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S (PS) U >36"	S — PS U	S PS U —	S PS U	S PS U
Available Space	S (PS) U 1 mi. Trail	S (PS) U 1 mi. Trail	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	II Tetil-Urban	III Parolee-Urban	Sediment Basin	Drainageway		
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

4672A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PP 50' CR 8/9/93 1360 DT [ ] 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

Date: July 28, 1993

PERSON FILING APPLICATION:

NAME: Mashburn (last) Joanie (first) E. (mi)

ADDRESS: 6739 Fairview Rd.. PHONE: (704) 362-5570

CITY: Charlotte, STATE: NC ZIPCODE: 28210

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 217-013-33

STREET ADDRESS: 14930 Hickory View

Charlotte, NC

ZONING: R15

NEW PROPERTY OWNER:

NAME: Rose (last) Scott (first) (mi)

ADDRESS: 7173 Larme St. PHONE: (313) 381-0173

CITY: Allen Park, STATE: MI ZIPCODE: 48101

SUBDIVISION OR MOBILE HOME PARK NAME: Royal Oaks

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: 33 LOT SIZE (in acres): 1.5

[x] SOIL TEST - INDIVIDUAL LOT (O)
[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: 4 NUMBER OCCUPANTS: 4

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)
[ ] Municipal (M) [ ] Other 'spring' (O)
[x] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[x] 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: [signature] Date: 7/29/93 [signature]

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.

...

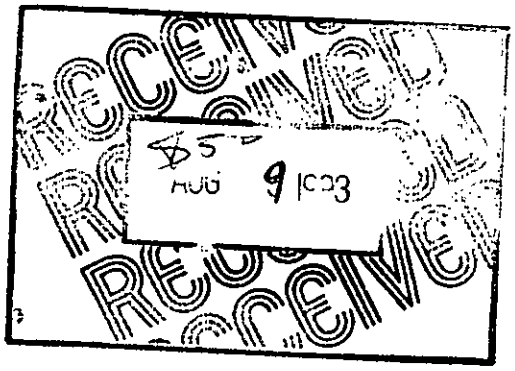
[x] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

RE/MAX Above the Crowd!®



August 2, 1993

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

To Whom It May Concern:

The buyers of the particular lot live out of town. If it is necessary to flag the property for the perk test please call and give me at least 48 hours notice and I will be glad to do that for them. Please mail the original perk test inspection to me at the above address. Thank you for your cooperation. If you have any further questions, please feel free to call.

Best Regards,

Joanie Mashburn, GRI, CRS
Broker/Realtor

Jeffrey S. Allen 8/5/93
Seller

Sandra W. Allen 8/5/93
Seller

RE/MAX Masters Associates
6739 Fairview Road
Charlotte, North Carolina 28210
Office: (704) 362-5570
Fax: (704) 365-8441
Each Office Independently Owned and Operated

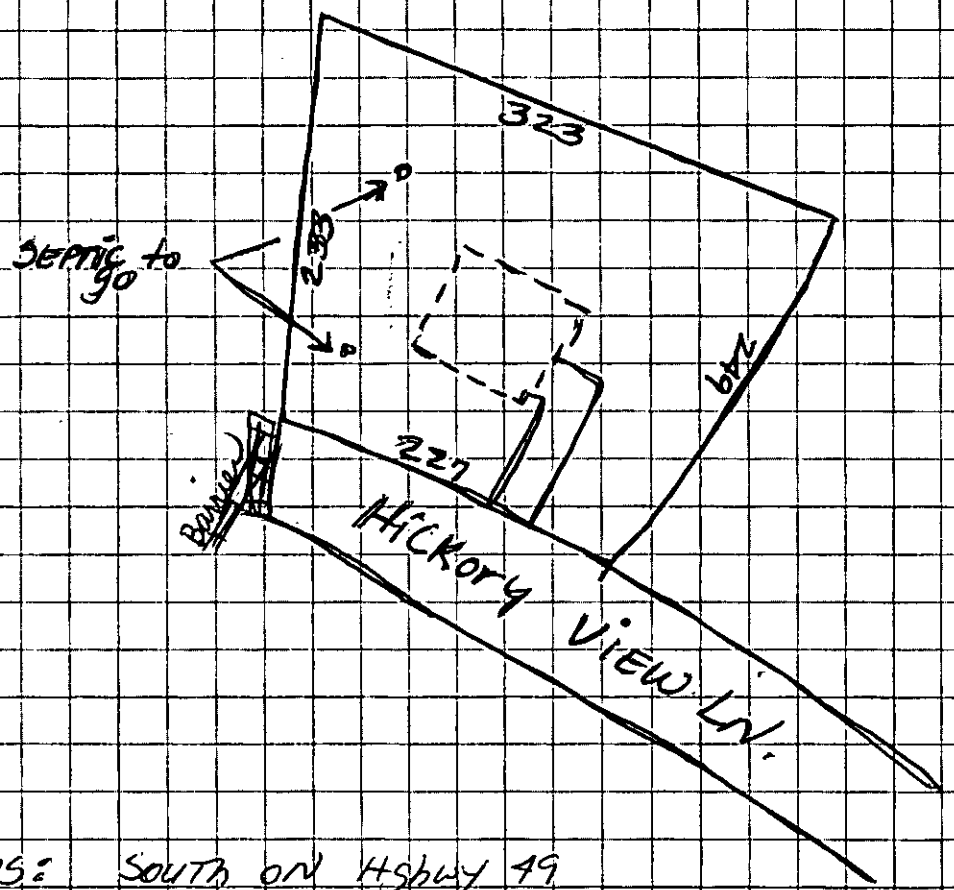
PROPOSED PLOT PLAN

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

FILE: _____

TC: 217-013-33

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.



DIRECTIONS: SOUTH ON Hghwy 49
FROM TYVOLA, PAST Hghwy 160
LEFT INTO ROYAL OAKS SUBDIVISION
ON MAJESTIC OAK. SECOND RIGHT
IS HICKORY VIEW. LAST LOT ON STREET ON right side

APPROVAL DATE 7-29-93

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

Mecklenburg County
Health Department

Basil G. Deltas, M.D., M.P.H.
Health Director

August 2nd, 1988

Performance Investments, Inc.
1740 E. Independence Boulevard
Charlotte, NC 28205

RE: Property located at Hickory View Lane 33
FILE: 4672A
PARCEL: 21701202 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 property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the Site Evaluation Report (Serial Number 15446) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15446

File: 4672A Action 1

Parcel: 21701202 PO ☐ PC

Location: Hickory View Lane

Subdivision:

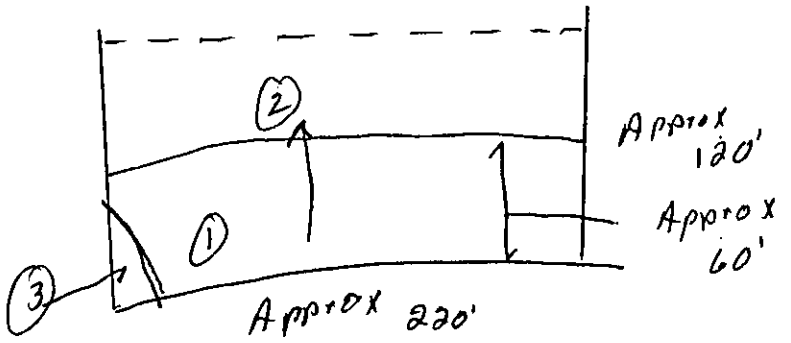
Lot: 33 Block: Acres: Approx .55

Owner: Performance Investments, Inc.
Address: 1740 E. Independence Boulevard
Charlotte, NC 28205

Comments: System may need lift pump

Described by: William R. Marlin

Date: 6-2-99



***** 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 10-25%	S (PS) U 10-25%	S PS U —	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S (PS) U Clay	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S (PS) U Blocky	S PS U —	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" to water	S (PS) U >36" to water	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U >36"	S PS (U) 24-36"	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S (PS) U >36"	S PS U —	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	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) Sediment Basin	S PS U	S PS U	S PS U
Soil Group/Series	IVA Enon-Like	IVA Pacolet-Like	Sediment Basin			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

6/17/88
PD 541
$30.00

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 4672A

TC: _____

JOB LOCATION

① ADDRESS: York Road at Pleasant Hill Road/Hickory View Lane

② SUBDIVISION: Royal Oaks ③ LOT: 33 ④ BLOCK: I

⑤ PARCEL REFERENCE: BOOK NO.: 00 217 PAGE NO.: 012 PARCEL NO.: 02

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

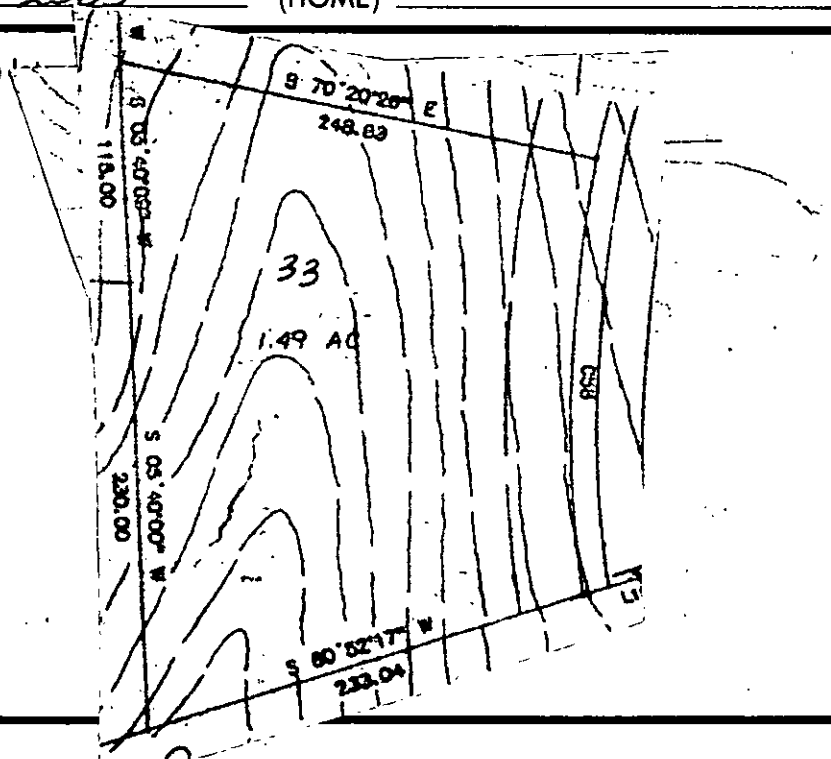
⑦ NAME: Performance Investments, Inc.; Mr. Gary Allen, President
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 1740 E. Independence Blvd.

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28205

⑫ PHONE: (WORK) (704) 372-2565 (HOME) _____

⑬ Accurately diagram and dimension



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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: _____

Date: 1/19/88

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY