

9910 EDWARD'S PL

13724121

12/17/07

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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B37330

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

☒ ORT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202
(704)336-5102 File 7954A

PERSON FILING APPLICATION:
NAME: Arrowood (last) Charles (first) W (mi)
ADDRESS: 6809 Long Rd PHONE: (704) 573-0373
CITY: Charlotte STATE: NC ZIPCODE: 28227

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 137-241-21
STREET ADDRESS: 9910 Edwards Pl
ZONING:

PROPERTY OWNER:
NAME: Stamey (last) Garry (first) (mi)
ADDRESS: 9910 Edwards Pl. PHONE: (704) 545-3155
CITY: Charlotte STATE: NC ZIPCODE: 28227

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

SUBDIVISION OR MOBILE HOME PARK NAME: BAINBRIDGE

LOT NUMBER: 10 LOT SIZE (in acres):

TYPE APPLICATION (check one):

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

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: 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)
[] 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 SUN ROOM

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: Charles W. Arrowood Date: 7-1-03

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.

... 7-11-03 OK TO USE

[] 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

WATER : 122791

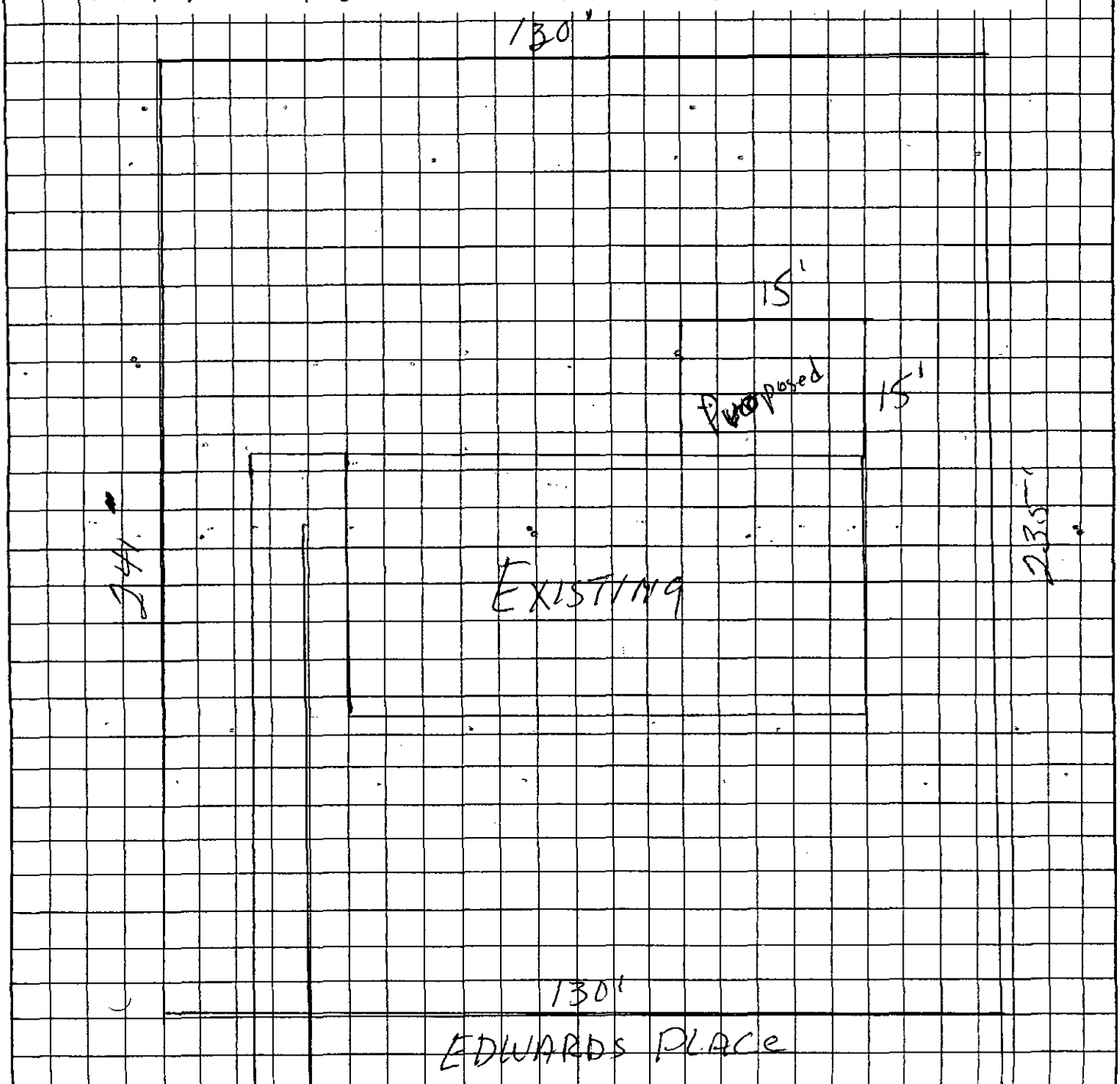
PROPOSED PLOT PLAN

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

FILE: 7954A

TC: 137-241-21

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.



Charles W. Growood
OWNER/AGENT SIGNATURE

DATE 7-1-03

APPROVAL DATE _____

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7954-A DATE: 6-11-93

TC: 137-132-03 ☐ A ☒ CRT

SERIAL № 15246 400 ☑

Name of Owner DUBLIN HOMES Juris.:

Address of Property 9910 EDWARDS PLACE

Inspection Data:

Tank Material PLC

Total Length of Drainfield 200

Number of Lines 4 @

Cover Depth 6-12"

Water Supply Source COMMWELL

Distance to Water Source 100'+

Excavation Inspected 6-21-93

Tank(s) Inspected 6-11-93

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design: 1993 PPBPS TYPE III CTR# WILLIAMS

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:

Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

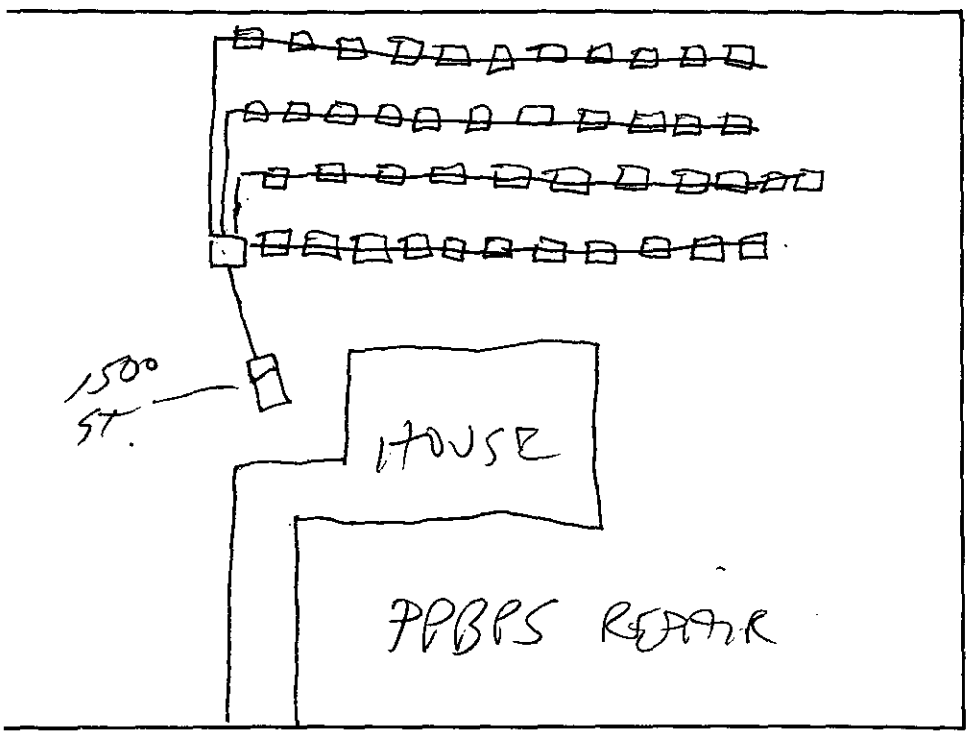
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7954-A DATE: 5-18-93

TC: 137-132-03 AL

SERIAL Nº 15539 400 ☑

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 3-19-93. All work shall be completed on or before 6-18-93, 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 2 feet

Total Line Length 200 feet

Number of Lines 4

Depth of ~~Stone~~ SAND 30" inches

Distance from House 5' ± feet

Distance from Property Line 10' + feet

Distance from Well 100' + feet

NAME OF OWNER DUBLIN HOMES

LOCATION OF PROPERTY 9910 EDWARDS PLACE

Comments: INSTALL IN ACCORDANCE W/ PLANS
FOR FICE PPBPS TYPE III

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

400 TV Paid $100.00 4/32/93

$200.00 3/22/93

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

7954A/64B CK# 3867 [] 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

PERSON FILING APPLICATION:

NAME: Whittaker, Tim (last) (first) (mi)

ADDRESS: 512 S. South St. PHONE: (704) 866-9540

CITY: Gastonia STATE: NC ZIPCODE: 28052

Date: 3/19/93

PROPERTY OWNER:

NAME: Dublin Homes (last) (first) (mi)

ADDRESS: 1121 Iverleigh Trl. PHONE: (__) _____

CITY: Charlotte STATE: NC ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 137-132-03

STREET ADDRESS: 9910 Edwards Place

ZONING: _____

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

SUBDIVISION OR MOBILE HOME PARK NAME: Bainbridge III

LOT NUMBER: 10 LOT SIZE (in acres): .71

TYPE APPLICATION (check one):

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

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 6

SYSTEM CLASSIFICATION: CONVENTIONAL

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 [X] Deck/Patio [] Bedrooms [] Other

Int. Bld. Phase

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: Tim Whittaker Date: 3/19/93

NOTICE: Lot D.H.

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:

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...This permit is not transferable.

... PPBPS TYPE III

AGREEMENT FORM ON FILE

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

Environmentalist Date

Kelly Lund 4-22-93

Director or Authorized Section Head Date

WWATER : 122791

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

#200 3/22/93
CK# 3867
CRT

1954A/64B

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202
(704)336-5102

COPY

Date: 3/19/93

PERSON FILING APPLICATION:
NAME: Whittaker, Tim (last) (first) (mi)
ADDRESS: 512 S. South St. PHONE: (704) 866-9540
CITY: Gastonia STATE: NC ZIPCODE: 28052

PROPERTY OWNER:
NAME: Dublin Homes (last) (first) (mi)
ADDRESS: 1121 Iverleigh Trl. PHONE: (__) 846-6706
CITY: Charlotte STATE: NC ZIPCODE: John McNamee

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 137-132-03
STREET ADDRESS: 9910 Edwards Place
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME: Bainbridge III
LOT NUMBER: 10 LOT SIZE (in acres): .671

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

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 6
SYSTEM CLASSIFICATION: CONVENTIONAL

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 [X] Deck/Patio [] Bedrooms [] Other
Int. Bld. Phase

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: Tim Whittaker Date: 3/19/93

NOTICE: Sub D.H.

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.

... PPBS GAVITY TYPE II

[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

AGREEMENT FORM ON FILE

Environmentalist Date

Director or Authorized Section Head 4-22-93 Date

WWATER : 122791

PROPOSED PLOT PLAN

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

FILE: 7954-A

TC: 137-132-03

Lot 10, Bainbridge III

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.

Primary Sys.

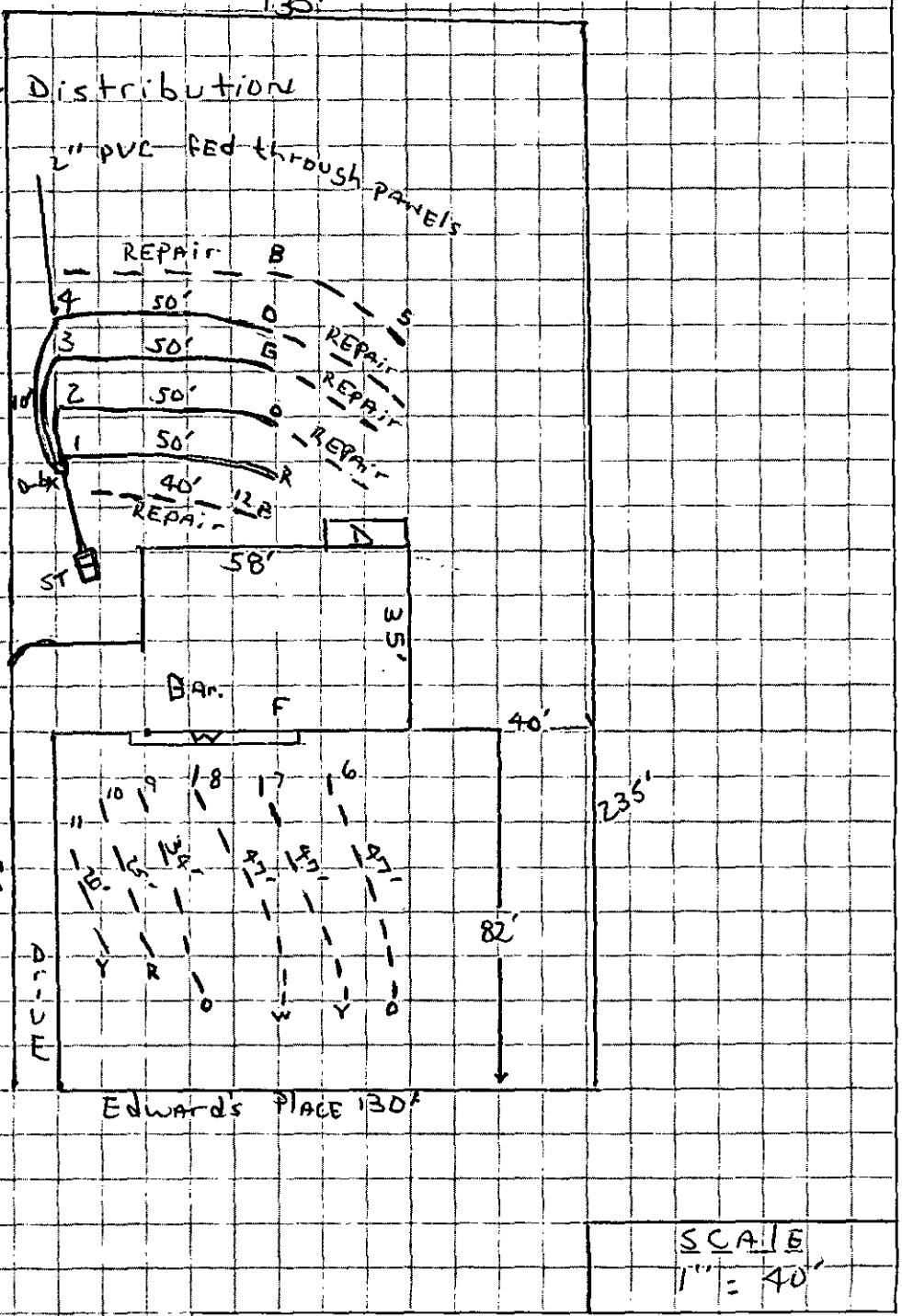
* 16" PPBPS Gravity Distribution

* SPECS.

	# Panels	# Holes	ft.
L4 -	11	1	50'
L3 -	11	1	50'
L2 -	11	1	50'
L1 -	11	1	50'
Total	44 panels,	Total	200'

PPBPS - Primary
(4) 50' Lines
Total 200'

PPBPS - Repair
355' Repair Area



SCALE
1" = 40'

APPROVAL DATE _____

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

PROPOSED PLOT PLAN

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

FILE: 7954-A

TC: 137-132-03

Lot 10, Bainbridge III

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.

Primary Sys.

* 16" PPBPS Gravity Distribution

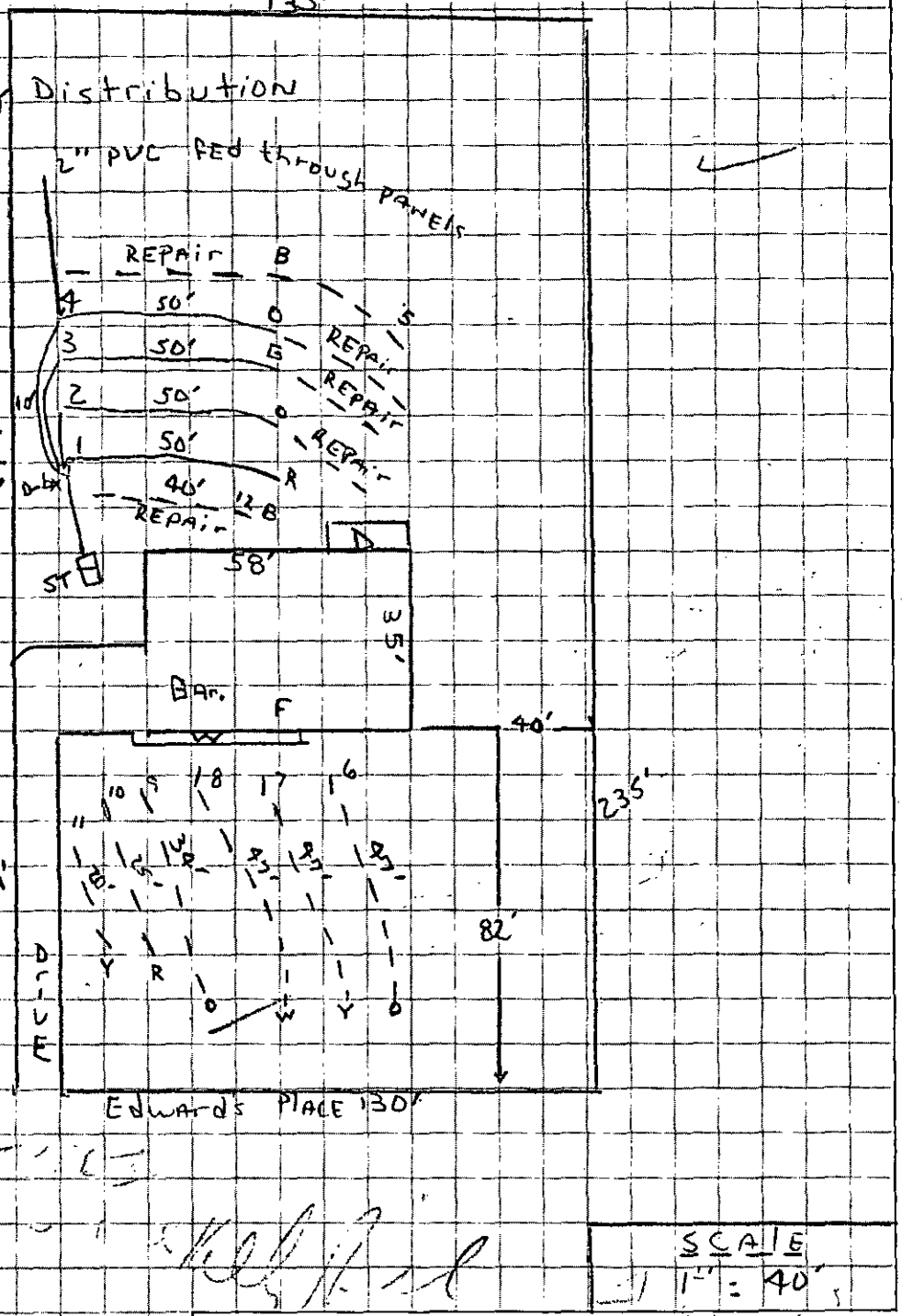
* SPECS.

	# Panels	# Holes	ft.
L4 -	11	1	50'
L3 -	11	1	50'
L2 -	11	1	50'
L1 -	11	1	50'

Total 44 panels, Total 200'

PPBPS - Primary
(4) 50' Lines
Total 200'

PPBPS - REPAIR
355' REPAIR AREA



SCALE
1" = 40'

APPROVAL DATE _____

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

PROJECT INFORMATION

PROJECT NUMBER: 404-993181 **SUBMITTED DATE:** 04/20/93
PROJECT NAME: 9910 EDWARDS PLACE **PHS:** **SEC:** **TIME:** 11:07 AM

CONTACT NAME: JOHN MCNANIE (SUSAN) **PHONE #:** (704) 371-1500
TITLE: CONT **TYPE OF PERMIT:** FULL
FULL REVIEW
COMMENTS: FULL REVIEW / 13713203PO/HEATED 2146/2STORYS/ BATHS2.5/

REVIEW DISCIPLINES

AGENCY	DISCIPLINE	CONTACT	PHONE	INITIALS
BUILDING STANDARDS	SINGLE FAMILY 'FULL'	MICHAEL BURKHARD	336-3836	_____
ENVIRONMENTAL HEALTH	SEPTIC TANKS	SYLVIA DANIEL	336-5565	_____

NOTICE

OTHER APPROVALS/PERMITS MAY BE REQUIRED SUCH AS GRADING PERMITS, STORM WATER RETENTION, DETENTION AND COMMERCIAL DRAINAGE APPROVAL. PLEASE CHECK WITH THE ASSOCIATED ENGINEERING DEPARTMENT FOR ADDITIONAL INFORMATION.

YOU WILL BE NOTIFIED OF THE DISPOSITION OF YOUR PROJECT WITHIN 10 TO 15 WORKING DAYS. IF YOU MUST CALL CONCERNING THE STATUS OF A PROJECT, CALL 336-3836 AND ASK FOR APPROVAL STATUS OF THE PROJECT NUMBER ABOVE

ALL INDIVIDUALS SECURING BUILDING PERMITS MUST BE BONDED WITH MECKLENBURG COUNTY. PLEASE CONTACT THE ACCOUNTING DEPARTMENT AT 336-4317 FOR BOND REQUIREMENTS AND FURTHER INFORMATION.

CONTACT	DATE	COMMENTS	INITIALS

DESIGN SPECIFICATIONS
FOR
ON-SITE WASTE DISPOSAL SYSTEM
CONTINUED

SYSTEM TYPE:
- CONVENTIONAL
- CONVENTIONAL (SHALLOW PLACEMENT)
- * 16-INCH PPBPS-GRAVITY DISTRIBUTION
- 16-INCH PPBPS-PRESSURE DISTRIBUTION
- LPPS
- OTHER

SPECIALIZED EQUIPMENT OR REQUIREMENTS:

DROP BOX	WELL ABANDONEMENT
* DISTRIBUTION BOX (1)	EASEMENT
DIPPER BOX	LOT COMBINATION/SURVEY
FLOW DIVIDER	EARTHEN SURFACE SWELL
WASH BOX	FRENCH/CURTAIN DRAINS
SPECIAL FITTINGS	GREASE INTERCEPTOR
PRESSURE MANIFOLD	PUMP TANK (1000 GALLON)
SIPHON	SAPROLITE TEST
MULTIPLE PUMPS	* SEPTIC TANK (1500 GALLON)
OTHER	

LINE	#PANELS PER LINE	#HOLES PER PANEL	HOLE SIZE	HOLE SPACING	LINE HEAD	LINE LENGTH	HOLE FLOW	PER MINUTE LINE FLOW
				PRIMARY				
L 1	11	1				50'		
L 2	11	1				50'		
L 3	11	1				50'		
L 4	11	1				50'		
TOTAL	44				TOTAL	200'		

REPAIR AREA

L 5						65'		
L 6						47'		
L 7						47'		
L 8						47'		
L 9						34'		
L 10						25'		
L 11						20'		
L 12						40'		
						30'	off primary	
					TOTAL	355'		

PRENCO INCORPORATED

DESIGN SPECIFICATIONS FOR ON-SITE WASTE DISPOSAL SYSTEM

NUMBER BEDROOMS: THREE (3)
DAILY DESIGN WASTE FLOW: (360) GPD.
EFFLUENT LOADING RATE (LTAR): (.3) GPD/SF.
SQUARE FOOTAGE: (1200) SQ.FT.
LINEAR FOOTAGE: (400) FT.
SEPTIC TANK SIZE: (1500) GAL. (2-COMPARTMENT)
PUMP TANK SIZE: NA GAL.
PUMP SIZING COMPONENTS: NA GPM @ NA FT. HEAD PRESSURE
OTHER DESIGN COMPONENTS: NA

SYSTEM CLASSIFICATION: II (TWO)

SYSTEM TYPE:

CONVENTIONAL
MODIFIED CONVENTIONAL
(SHALLOW PLACEMENT)
AEROBIC TREATMENT UNITS (ATU)
FILL.
✓16 INCH PPBPS
✓GRAVITY DISTRIBUTION
PRESSURE DISTRIBUTION
LPPS(LOW PRESSURE PIPE SYSTEM)
ALTERNATING DUAL FIELDS
GRAVELLESS NITRIFICATION TRENCH
LARGE DIAMETER PIPE
MOUND
NON-GROUND ABSORPTION
PRIVY
OTHER

NOTE: ALL SYSTEM DESIGN CRITERIA SPECIFICATIONS, CALCULATIONS,AND COMPONENTS COMPLY WITH STATE AND LOCAL LAWS, RULES, REGULATIONS, AND ORDINANCES AS THEY PERTAIN TO SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL. THE OWNER ACKNOWLEDGES THAT SYSTEM DESIGN HAS BEEN ACHIEVED BY THOROUGHLY REVIEWING ALL AVAILABLE OPTIONS AND BY UTILIZING INFORMATION PROVIDED BY SAME IN ACCORDANCE WITH STATE AND LOCAL REGULATIONS. ANY CHANGE IN SYSTEM SIZE, LOCATION, OR THE COMPONENTS UPON WHICH THE SYSTEM WAS DESIGNED EITHER BY OWNER OR AUTHORIZED AGENT WITHOUT PRIOR APPROVAL OF THE LOCAL HEALTH AUTHORITY MAY RESULT IN POSSIBLE LOT RECLASSIFICATION AND/OR DISAPPROVAL.

OWNER FURTHER ACKNOWLEDGES THAT THE WASTE DISPOSAL SYSTEM INCLUDING REPAIR AREA CANNOT AND WILL NOT BE USED IN ANY OF THE FOLLOWING WAYS UNLESS SPECIFICALLY ADDRESSED AS A CONDITION OF THE PERMIT:

- -GRADING OR FILLING
- -PARKING OR DRIVING HEAVY EQUIPMENT IN THE AREA OR IN ANY OTHER WAY COMPACTING THE SOIL IN THE AREA
- -EXCAVATING SOIL FROM THE AREA
- -PLACING FOOTINGS OR FOUNDATIONS OR ENGAGING IN ANY OTHER CONSTRUCTION ACTIVITY IN THE AREA
- -PLACING IN-GROUND OR ABOVE-GROUND SWIMMING POOLS IN THE AREA
- -PLACING IRRIGATION SYSTEMS IN THE AREA
- -PLACING UNDERGROUND UTILITY LINES OR CABLES IN THE AREA
- -PLANTING TREES OR GARDENS IN THE AREA
- -REMOVING ANY LARGE TREES IN THE AREA UNLESS DEAD OR DISEASED
- -USING THE AREA FOR THE BURIAL OF STUMPS, TRASH, OR ANY OTHER TYPE OF CONSTRUCTION MATERIAL
- -USING THE AREA FOR GRAVESITES
- -DIVERTING THE NATURAL FLOW OF WATER ONTO THE AREA BY WAY OF DRAINAGE DITCHES OR DIVERSION DITCHES OR USING THE AREA TO RECEIVE WATER FROM ANY GUTTER OR DOWNSPOUT DISCHARGES

FINAL SYSTEM APPROVAL IS NEEDED FROM THE LOCAL ENVIRONMENTAL HEALTH AUTHORITY PRIOR TO ANY GRADING, SHAPING, ALTERING, OR OTHERWISE CONSTRUCTING IN ANY WAY OF THE PROPOSED SYSTEM AREA. FAILURE TO COMPLY WITH THIS PROVISION MAY RESULT IN SYSTEM DISAPPROVAL, POSSIBLE DEVELOPMENT RESTRICTION, AND/OR REVOCATION OR SUSPENSION OF AN EXISTING PERMIT. IF FOR ANY REASON YOU WISH CLARIFICATION OR TO MODIFY THE CRITERIA FROM WHICH THIS SYSTEM WAS DESIGNED IN ANY WAY EITHER PRIOR TO OR AFTER ITS APPROVAL, PLEASE DO NOT HESITATE TO CONTACT OUR OFFICE AT (704)866-9540.

THANK YOU,

PRENCO, INC.

COPY

BK: [redacted] PG: 0534/0534 #:0348 6.00
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 04/19/93 15:55

FILE NO. 7954-A
PARCEL 137-132-03

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 10 NCAC 10A .1948(c)

The undersigned, JOHN C. McWANIE & SUSAN McWANIE,

owner of property located at 9910 Edwards Place, Lot 10

("the site") and described in an instrument recorded in Book _____ at Page _____, Mecklenburg Public Registry, hereby acknowledges that he applied to the Mecklenburg County Department of Environmental Health ("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 10 NCAC 10A .1934 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 10 NCAC 10A .1948(c) 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 10 NCAC 10A .1948(c)(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 29th day of January, 1993.

John C. McWanie (SEAL)

Susan McWanie (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Susan E. Dickson, a Notary Public for said County and State, do hereby certify that John McWanie and Susan McWanie personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 29th day of January, 1993.

Susan E. Dickson
Notary Public

My Commission Expires 10-24-94

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day and acknowledged that he is _____ of _____, 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 _____, sealed with its corporate seal and attested by _____.

WITNESS my hand and notarial seal, this _____ day of _____, 19__.

_____
Notary Public

Mecklenburg County
Health Department

February 21st, 1992

Dan L. Moser
2101 Sardis Road North #110
Charlotte, NC 28227

RE: Property located at 9910 Edward's Place 10/1
FILE: 7954A/64B
PARCEL: 137-132-03PO

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 12535) 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)

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12535

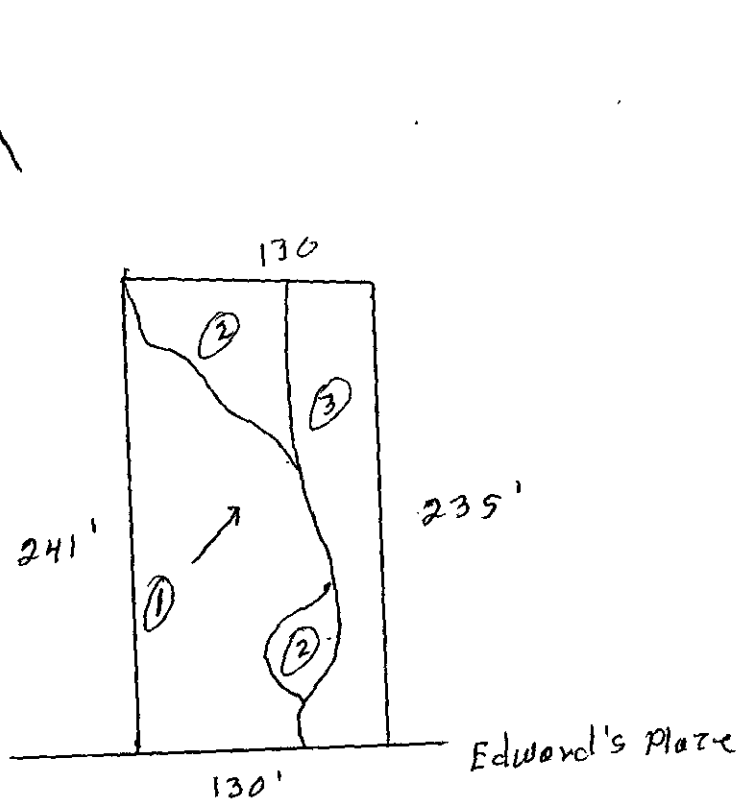
File: 7954 A/643 Action 2
Parcel: PO 137-132-03 PC

Location: 9910 Edward's Place
Subdivision: Bainbridge III
Lot: 10 Block: , Acres: .71

Owner: Dan I. Moser
Address: 2101 Jaries Road N. #110
Charlotte, N.C. 28227

Comments: 100% Repair

Described by: William A. Marlin
Date: 2-19-92



***** 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 6-12%	S PS (U) complex slopes	S PS (U) Drainageway/ Depression	S PS U	S PS U	S PS U
Texture	S (PS) U slightly Expansive clay	S PS U —	S PS U —	S PS U	S PS U	S PS U
Structure	S (PS) U sub-Blocky	S PS U —	S PS U —	S PS U	S PS U	S PS U
Drainage	(S) PS U 7-48" To water	S PS U	S PS U —	S PS U	S PS U	S PS U
Depth	S (PS) U 40"+	S PS U —	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 40"+	S PS U —	S PS U —	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS U —	S PS U —	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil-Lilo	Complex slopes	Drainageway/ Depression			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

400 ED

APPLICATION FOR SOIL INVESTIGATION

607

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

(OFFICE USE ONLY)

FILE: 1954A(64B)

TC: 137-132-03

☑ PC ☐ REPT

$50.00 JOB 29081 11/09/92

JOB LOCATION

① ADDRESS: 9910 Edward's Place Mint Hill

② SUBDIVISION: Bainbridge III ③ LOT: 10 ④ BLOCK: 1

⑤ PARCEL REFERENCE: BOOK NO.: 137 PAGE NO.: 132 PARCEL NO.: 03

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

OWNER

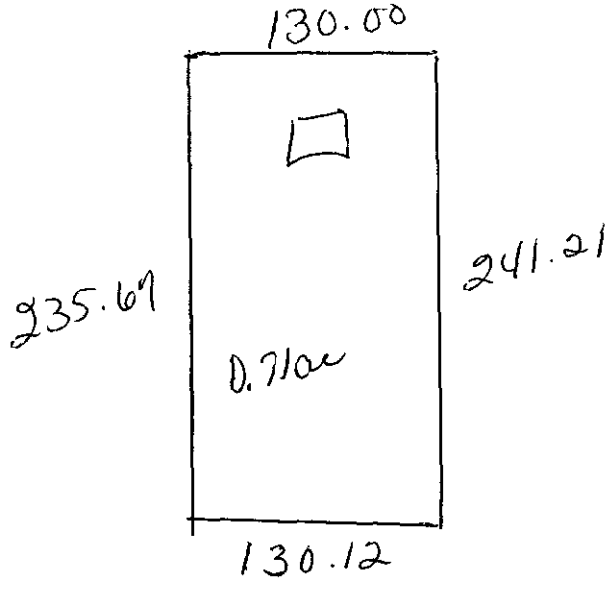
⑦ NAME: Dan (FIRST) L (MIDDLE) Moan (LAST)

⑧ MAILING ADDRESS: 2101 Sardis Rd N - #110

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28227

⑫ PHONE: (WORK) 845-1378 (HOME) 845-1293

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: Dan L Moan

Date: 11/9/92

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

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

APPLICATION FOR SOIL INVESTIGATION

GC7

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

(OFFICE USE ONLY)

FILE: 1154A(L42) 11 clay silt 11/19/92

TC:

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 9910 Edwards Place, Mint Hill

② SUBDIVISION: Bainbridge III ③ LOT: 10 ④ BLOCK: 1

⑤ PARCEL REFERENCE: BOOK NO.: 137 PAGE NO.: 132 PARCEL NO.: 63

⑥ DEED REFERENCE: BOOK NO.: PAGE NO.:

OWNER

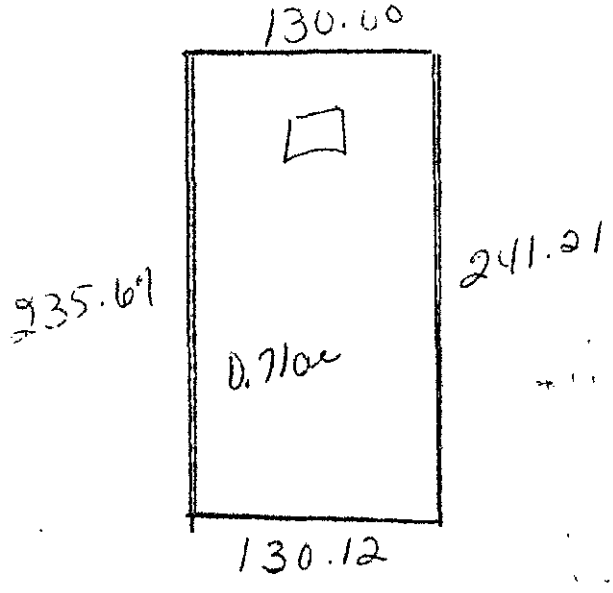
⑦ NAME: Dan (FIRST) L (MIDDLE) Moore (LAST)

⑧ MAILING ADDRESS: 3101 Sardis Rd N. # 110

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28227

⑫ PHONE: (WORK) 845-1378 (HOME) 845-1293

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: Dan L Moore

Date: 11/9/92

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

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

BK: 07264 PG: 0534/0534 #:0348 6.00

JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 04/19/93 15:55

FILE NO. 7954-A
PARCEL 137-132-03

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 10 NCAC 10A .1948(c)

The undersigned, JOHN C. McWANIE & SUSAN McWANIE

owner of property located at 9910 Edwards Place, Lot 10

("the site") and described in an instrument recorded in Book 5294 at Page 728, Mecklenburg Public Registry,

hereby acknowledges that he applied tal Health ("the Department") for a permit to install a septic tank sewage disposal site for suitability for such a system in accordance with the regulations promulgate s as 10 NCAC 10A .1934 et seq; that the Department originally classified the in the regulations; that the undersigned requested pursuant to 10 NCAC 10A .1948(c) th suitable" in light of the particular septic tank system proposed by the undersigned; nd other information which indicate to the Depart ment that the septic tank system pro function satisfactorily and thus that the findings specified in 10 NCAC 10A .1948(c)(1), refore reclassified the site as "provisionally suitable" and issued an appropriate per

For file
file
memorandum
6/18/93

The undersigned further acknowl d maintenance of such septic tank system is his responsibility and that neither the De or guarantee that the said system installed pursuant to the permit issued by the Dep given period of time or that the Department, its officials, employees or agents assume aused, or which may be caused, by a malfunction of such system.

The undersigned further agrees f and hold harmless the Department, its employees and officials, as well as Mecklenburg es or other claims of any person or persons whatsoever arising out of the installation,

The undersigned further agrees f nk system installed under authority of the aforesaid permit fails to perform adequate required to correct same; or if such is impossible he will discontinue use of said systen

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 29th day of January, 1993.

Mail to: Environmental Health

Prepared by:

John C. McWanie (SEAL)

Susan McWanie (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Susan E. Dickson, a Notary Public for said County and State, do hereby certify that John McWanie Susan McWanie personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 29th day of January, 1993.

Susan E. Dickson
Notary Public

My Commission Expires: 10-24-94

NOTARY PUBLIC MECKLENBURG COUNTY, N.C. SUSAN E. DICKSON

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____, do hereby certify that

State of North Carolina, County of Mecklenburg

The foregoing certificate(s) of Susan E. Dickson

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

This 19 day of April, 19 93

JUDITH A. GIBSON, REGISTER OF DEEDS

By: Hazel L. Elmore Deputy Register of Deeds

_____ of _____ Instrument was signed i _____ seal and attested by _____ WITNESS my hand

_____ that he is _____ said corporation, the foregoing _____, sealed with its corporate _____, 199__.

0000 7264 0534

MECK COUNTY DEPARTMENT OF
RECEIVED
JUN 17 1993
ENVIRONMENTAL PROTECTION