

15234 ELENA DR

19933112

8/22/08

marliwr

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

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

July 17, 2006

Gregory Gates
15234 Elena Drive
Charlotte, NC 28278

Dear Mr. Gates:

Re: Bacteriological Well Resample Results

Enclosed you should find a copy of the laboratory analysis of the well water sample that was collected at 15234 Elena Drive on July 10, 2006. The laboratory analysis of the well water sample was reported to be **ABSENT** for Total Coliform and E. COLI-PA bacteria. It is recommended that you perform an annual bacteriological analysis for your private well.

I am also including a copy of the septic system inspection report for your review. Please review the report carefully and address any items that require attention.

Thanks again for your cooperation with the septic inspection and well sampling programs. If you have questions or need assistance with your septic system or private well please contact our office at (704) 336-5103.

Sincerely,

Trevor Thomason, R.S.
Sr. Environmental Specialist

Enclosures (2):

700 North Tryon Street • Suite 211• Charlotte, North Carolina 28202 • (704) 336-5103 • Fax (704) 336-6894

http://groundwater.charmeck.org

CHARLOTTE.

Laboratory Analysis Report
Report Date: 7/13/2006 04:43 PM

LABORATORY SERVICES DIVISION

LOCATION: G-19788, 15234 ELENA DR
LOC ID: G-PME
SAMPLE DATE-TIME: 7/10/2006 15:00
SAMPLE DESCRIPTION: Grab

CHAIN OF CUSTODY #: 06070122

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB78893	**E. COLI-PA**	**absent**	**P/A**		SM 9223B	7/11/2006 8:36	KEK
AB78893	**Total Coliform**	**absent**	**P/A**		SM 9223B	7/11/2006 8:36	KEK

Comment:

Laboratory Supervisor: _____

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

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

CHAIN OF CUSTODY RECORD

CLIENT:	Mecklenburg County, LUESA - Groundwater & Wastewater Services
FACILITY:	Groundwater (Potable Water) Gates Residence
ADDRESS:	15234 Elena Dr., Charlotte, NC 28214
LAB CODE:	REAL PRIV NEW TNC MPL (PME) AMB LM OTHER

Send Report To:
Trevor Thomason
700 N. Tryon St., Suite 211
Charlotte, NC 28202

COC#: 060701222

Sampled By (Print Name)
Trevor Thomason

7578893

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform
G-19788	TS	7/10/06 15:00	N/A N/A	N	N/A	23.2				X	100 ml		2						X		X

Instructions:
- Complete all yellow shaded sections
- For each parameter requested circle the X to verify your request.
- Nutrients include: Ammonia, TKN, Total Phosphorus, Nitrate/Nitrite
- Metals: Itemize the individual metals requested here -
- For Composite samples record the autosampler Begin date/time and End date/time, for Grab samples record the collect time as the Begin date/time only.
- Blue is for lab use only

Comments: **3-DAY TAT REQUESTED**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
		7/11/06	0830

Form Revision 07; effective 02/16/2006

Lab Codes: REAL=Real Estate, PRIV=Private Well, NEW=New Permitted Well, TNC=Transient Non-Community, AMB=Ambient, LM=Landfill

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County	Gates Residence	19788
Health Department	**Name of Establishment**	**Permit/Project No.**
15234 Elena Dr., Charlotte, NC 28278	4-Bedroom House	480 GPD
Location	**Type of Establishment**	**Design Flow**
Gregory & Christine Gates	Same as location address	
Owner/Agent	**Address**	**Phone**
Unknown		
Operator	**Address**	**Phone**
IV	07/10/2006	May 2009
System Type	**Date of Inspection**	**Next Inspection Due**

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☒	☐	☐	
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☐	☒	☐	3.a. Driveway drains over tank riser.
b. Tanks and access manholes structurally sound, watertight?	☒	☐	☐	
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	3.c. Sanitary tee not inspected.
d. Tanks pumped, cleaned out as needed?.....	☐	☒	☐	
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. >6" of solids measured in dosing tank.
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☒	☐	☐	5.A.b. Alarm mounted indoors. No
b. High-water alarm present and operating properly?	☐	☒	☐	audible alarm heard during
c. Floats/pipe/valves/disconnects in good working condition?	☐	☒	☐	the inspection.
d. Control panel enclosure/components in good condition?	☐	☒	☐	5.c. Float tree not secured.
e. Elapsed time readings: _____ _____ _____ _____				5.d. Junction box inside tank.
B. SIPHON SYSTEMS:				
a. No evidence of overflow or siphon leakage?	☐	☐	☒	
b. Siphon(s) appear to be working/alternating properly?	☐	☐	☒	
c. Bells and vents free of debris and in good condition?	☐	☐	☒	

6. GROUND ABSORPTION FIELDS:

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

A. LOW PRESSURE PIPE DRAIN FIELDS:

a. Turnups/cleanouts/valves intact and accessible?	☐	☒	☐	6.A.a. Could not locate all turnups.
b. No effluent standing in lower laterals?	☒	☐	☐	
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒	6.A.c.d. Services to be performed by a
d. Pressure head is properly adjusted?	☐	☐	☒	Certified Operator.

OVERALL CONDITION AND OPERATION OF SYSTEM:

System requires maintenance at this time.

No sewage observed on the ground surface at the time of inspection.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

1. Repair high water alarm for dosing tank.
2. Secure float tree inside dosing tank.
3. Have system serviced (flush lines & adjust pressure) by a Certified Operator as required.
4. Pump both tanks to remove excess solids.

***REPAIR WITHIN 30 DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

*The MCHD recommends having the tanks (septic & dosing) pumped out every 3 to 5 years to remove excess solids.

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

1. Route drainage from driveway around tank area in front yard.
2. Rework electrical wiring and install new control panel to meet installation standards.

DATE: 07/10/2006

SIGNED: _____ AGENT

Division of Environmental Health

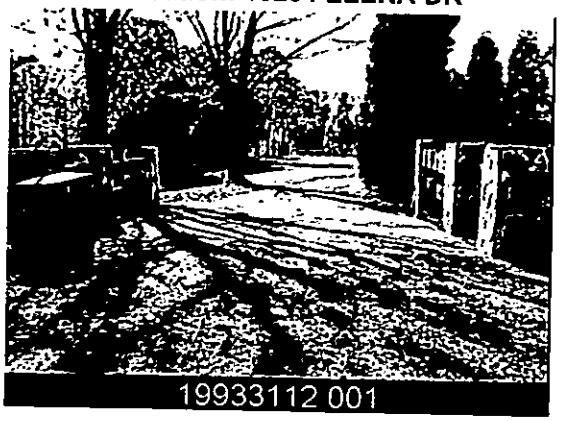
Trevor Thomason, R.S. (704) 336-5568

Mecklenburg County, North Carolina
POLARIS
Parcel Ownership and GIS Summary 19788
Date and Time: 4/6/2006 9:41:52 AM

Parcel ID #: 19933112 GIS ID #: 19933112	
Owner Name:	GREGORY S GATES AND CHRISTINE C GATES
Mailing Address:	15234 ELENA DR CHARLOTTE, NC 28278
Property Characteristics	
Legal Desc.:	L4A M41-221
Land Area:	0.82AC
Fire District:	24-STEELE CREEK #2
Special District:	FIRE SERVICE A
Account Type:	INDIVIDUAL
Municipality:	0-MECKLENBURG COUNTY-UNINCORPORATED
Property Use:	SINGLE-FAM
Deed Reference(s) and Sales Price	
17495-156 (7/16/2004) $750,000.00 04978-406 (2/27/1985) $251,000.00	
Situs Addresses Tied to This Parcel	
15234 ELENA DR	
Site Location Information	
Zoning Boundaries:	Contact Appropriate Planning Department or See Map.
ETJ Area: CHARLOTTE	
Charlotte Historic Districts: NO	
Within Charlotte 6/30/2005 Annexation Area: NO	
Census Tract #: 59.02	
Parcel Falls Inside SWIM Buffer?: YES	
FEMA Flood Information	
FEMA Panel #:	3701590242E
FEMA Flood Zone:	OUT
FEMA Panel Date:	02/04/2004
Regulated Watershed Information	
Watershed Name:	Lower Lake Wylie
Watershed Class:	CA

Building Photography

PHOTO #1
Location: 15234 ELENA DR



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

Powered by Mecklenburg County GIS
Geographic Information Systems

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

MECKLENBURG COUNTY

Land Use and Environmental Services Agency

Groundwater and Wastewater Services

$85.00
6/2/06
Check # 379
JKA

May 16, 2006

FINAL NOTICE / PAYMENT PAST DUE

Gates, Gregory

15234 Elena Drive

Charlotte NC 28278

Dear Property Owner:

The North Carolina Administrative Code [G.S. 130A-335(a) 15A NCAC 18A .1961(a)(2)(b)(j)] requires the Mecklenburg County Health Department to conduct routine inspections for all Type IIIb, IV, V, and VI septic systems installed or repaired, in Mecklenburg County, after July 1, 1992. You may obtain a copy of the regulations by visiting our web site at http://groundwater.charmeck.org. A copy of the regulations may also be purchased at our office.

Our records indicate that the Type **IV** septic system serving the property located at:

15234 Elena Drive
Charlotte NC 28278
MCHD File Number: 19788

is due for inspection on: **5/28/06**

An inspection notice was sent to you on April 17, 2006. At this time, no payment has been received in our office for the required inspection. The fee for this inspection is $85.00. Failure to submit payment for the required inspection may result in legal action being taken against you.

Please mail payment or present in person to:
Mecklenburg County Health Department, 700 N. Tryon Street, Suite 211, Charlotte, NC 28202
Make checks payable to the Mecklenburg County Health Department. Please include your phone number and the MCHD File Number listed above on the check. Do not mail CASH payment.

The septic system inspection and private well sampling programs are important initiatives intended to protect the public's health and groundwater resources in our community. Your cooperation in these efforts is greatly appreciated. Please contact me at (704) 336-5568 if you have any questions regarding this matter.

Sincerely,

Trevor Thomason, R.S.
Sr. Environmental Specialist

- DRIVEWAY DRAINS ACROSS TANKS
- NON-CONVENTIONAL TANK & RISER ASSY.
- ELECTRICAL BOX INSIDE RISER
- FLOAT TREE NOT SECURED
- ALARM INDOORS / NOT AUDIBLE FUNCTIONING.
- > 6" SOLIDS IN PT.
- SERVICE BY A CO (FLUSH + SET PRESSURE)
- VALVE BOXES & TURNUPS LOCATE & REPAIR
- MANHOLE D-FIELD.
- WELL SAMPLE @ 15:00 OUTDOOR SPIGOT

IKA check #1295 PD in Full (ACS) pd by 150 check # 7293

FEE: ~~150~~ 150 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** 3/12/03
DATE: 8/4/03 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 7/23/03 **PERMIT NO:** 19788
PARCEL NO: 199-33-112

JOB LOCATION ADDRESS: 15234 Elma Drive
PROPERTY OWNER: Richard Warnbolte
BUILDING CONTRACTOR:
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: [signature] **DATE:** 7/23/03
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 19788, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: Install according to plans submitted by Tim Whitehead

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

[signature] 8/6/03
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 19788

Tax Number: 199-33-112

The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.

CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.

Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	X No		___ Partial Basement
Type Primary Wastewater System Type (circle one): I II III (IV) V VI	___ Conventional V Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other		___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
3 Long-term acceptance rate	480 Max gallons/day wastewater flow	799 Absorption Area (sq ft)		9' Trench spacing (min. on centers)
Yes Serviced by private well	1500 Gallon septic tank	266' Total trench length (ft)		36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
4 Bedrooms in residence	1000 Gallon pump tank	N/A Depth of stone		
Any surface waters present: Yes Type: Lake Wylie		Minimum separation distance: 50'		
Site modifications required:				
Additional Conditions: Stay >50' from any well. Driveway will come from 15234 Elena Drive only, as seen on attached site plans. Install in accordance w/ plans on file.				
Repair Area System Type Type (circle one): I II III (IV) V VI	___ Conventional V Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other		___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
200 Absorption Area (Sq ft) 266 Total Trench Length (Ft)	N/A Depth of Stone Trench	9' Trench spacing (min. on centers)		36" Maximum Trench Depth
For existing system, enter the year originally installed:				

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for th Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effe 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 Departmen

... This Improvement permit is transferable.

DEHNR Authorized Agent — Date 8/1/03

Owner/Agent Signature — Date 8/6/03

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

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

wws-100105

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	03/12/03	**Amount:**	150.00
Receipt #:	15205	**Tendered:**	150.00
Check / Auth #:	CHECK 7283	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: 200000
Contractor: CASH CUST (LAST NAME FIRST)
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Auth for Waste Wtr Sys Constr		1	150.00	150.00

Outstanding Balances

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

(4) Bedrm. Pumped (PPBPS) & Repair Area Septic Plan:

M.C.H.D.
File: 19788 PD
Subdividing - Lot 4

Lot 4 Clipper Point
15234 Elena Drive

SYSTEM TYPE:
CONVENTIONAL
CONVENTIONAL (SHALLOW PLACEMENT)
8-INCH PPBPS-GRAVITY DISTRIBUTION
8-INCH PPBPS-PRESSURE DISTRIBUTION
16-INCH PPBPS-GRAVITY DISTRIBUTION
(4) Bedrm. → 16-INCH PPBPS-PRESSURE DISTRIBUTION *
LPPS
OTHER

SPECIALIZED EQUIPMENT OR REQUIREMENTS:
DROP BOX
DISTRIBUTION BOX
DIPPER BOX
FLOW DIVIDER
WASH BOX
SPECIAL FITTINGS
PRESSURE MANIFOLD
SIPHON
MULTIPLE PUMPS
OTHER - PVC Service Line
* 4 gate valves
* 1 main gate valve
WELL ABANDONEMENT
EASEMENT
LOT COMBINATION/SURVEY / Division
EARTHEN SURFACE SWELL
FRENCH/CURTAIN DRAINS
GREASE INTERCEPTOR
1 - PUMP TANK, 1,000 gal. (Riser)
SAPROLITE TEST
1 - Septic Tank, 1500 gal. (Riser) (Filter)
1 - Valve Box & cover
4 - Stand up pipes & caps

* Primary Septic Sys.

LINE	#PANELS PER LINE	#HOLES PER PANEL	HOLE SIZE	HOLE SPACING	LINE HEAD	LINE LENGTH	HOLE FLOW	PER MINUTE LINE FLOW	ELEVATIONS
L1Y →	16	1	7/32	4.3	3	70'	.98	15 gal.	L1 101.8
L2R →	16	1	7/32	4.3	3	70'	.98	15 gal.	L2 102.4
L3B →	16	1	7/32	4.3	3	70'	.98	15 gal.	L3 103.3
L4P →	16	1	7/32	4.3	3	70'	.98	15 gal.	L4 104.2
Totals	64 PANELS								

280' Total = (4) 70' LINES

Repair Area

A 60'
B 80'
C 50'
D 50'
E 40'
280'

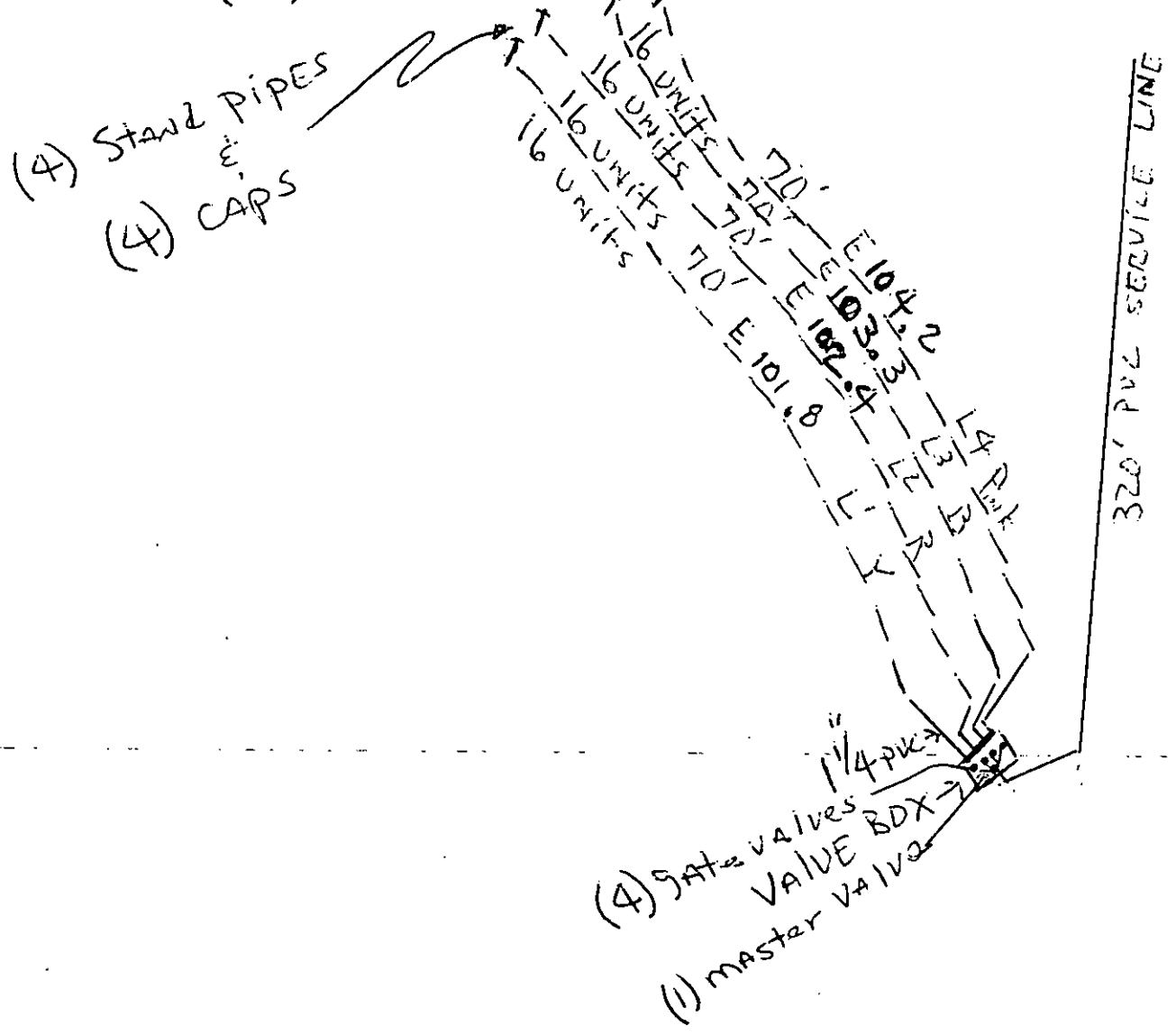
Remainder of L4
" " L3
" " L2

(Lot 4) REC. 7540

M.C.H.D.
File - 19788 PO
Lot 4

** 4 Bedrm. Pumped (PPBPS) & Repair Sys. Septic Plan.

*SPECS: 1,500 Gal. Septic Tank (Riser / Filter)
1,000 Gal. Pump Tank (Elevation 118'±)
320'± PVC Sch. 40, Service Line
Valve Box & 5 Gate Valves (Elevation 100.6±)
(4) 70' Panel Blk. Lines = 280'
(16) Panels per Line = 64 Panels Required



* Install per manufacturer's specs on grade & contour, T & J Panel Systems.

Not Scaled

M.C.H.D.

File: 19788 pd

(4) Bedrm. Panel Block

Pumped Flow Rate SPECS:

1,000 gal. Pump TANK (ELEV. 118±)

320'± of 2" PVC SCH. 40 - SERVICE LINE

VALVE BOX (ELEVATION 100.6±)

TDH = 58 gpm @ 32 ft.

64 panels X 3.6 gal. = 232 gal. dosing cycle

Pump requirements = ½ H.P. pump

11 inch drawdown on float control

4 minute pump cycle

File 19788

CURVE TABLE					
CURVE	RADIUS	LENGTH	CHORD	BEARING	DELTA
C1	50.00	21.96	21.78	S 20°51'50" E	25°09'53"
C2	50.00	108.12	88.25	S 53°39'50" W	123°53'28"

LAKE WYLIE

PL FOLLOWS CONTOUR ELEV. 570

N12°18'00"E 95.95'

N00°08'00"W 60.42'

25.42'

35.00'

N27°02'23"E 50.22'

S85°47'05"W 78.83'

N78°45'34"W 94.57' NEW LINE

#15234

LOT 2

LOT 3

155.00'

N71°08'17"W

197.60'

210' BLDG SETBACK LINE

S78°46'14"E

15' DRIVEWAY EASEMENT

141.17'

N71°08'17"W NEW LINE

PART OF
TP 199-331-12
LOT 4-A
34,939 SF
0.802 AC

PART OF
TP 199-331-12
LOT 4-B
35,888 SF
0.824 AC

S80°38'03"W

NEW LINE S83°35'30"W 86.01'

426.11'

S31°14'00"W 55.48'

C1

C2

TP 199-331-14
LOT 34 SECTION 41
MB 18 PG 84
& ADJACENT
N/F
WILLIAM R. CULP, JR.
DB 13737 PG 608

N

MB 20-432

ELENA DR.
60' PUBLIC R/W
(MB 16 PG 247)

S14°22'23"W 17.73'

PRELIMINARY PLAT
NOT FOR RECORDATION, CONVEYANCES, OR SALES

0" 1" SCALE: 1" = 50'

Lucas-Forman Incorporated
Land Surveying
Planning & Engineering
4000 Stuart Andrew Boulevard
Charlotte, North Carolina 28217
P.O. Box 11386 28220-1386
(704) 527-6626 Fax 527-9640

PROPOSED NEW LINES
of
ELENA DRIVE
Steele Creek Twsp, Mecklenburg County, N.C.

LOT 4 BLOCK ___ MAPBOOK 20 PAGE 432
SUBDIVISION CLIPPER POINT
DEED REFERENCE: DB 4978 PG 406
for
RICARDO AND MARIA WARNHOLTZ

SURVEYED: MJ LUCAS	DATE: 3-03-03	REV. 0
DRAWN: MJ LUCAS	UPDATE:	

SEAL

JOB# 02154b FILE# 415

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1
Property ID: PO 199-331-12
Lot #: Po Lot 4
File #: 19788
Code: 2

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Ricardo Warnholtz
Applicant:
Address: 15234 Elena Drive, Charlotte, N. C. 28278
Date Evaluated: 05/29/2002
Proposed Facility: Residence
Design Flow (.1949): 360gpd
Property Size: Approx. .8a
Location of Site: 15234 Elena Drive
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 10	0-3	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48+	N/A	NONE	PS, IV
		3-27	SBK/SC	FI/SEXP/S/P					.3GPD/FT^2
		27-48+	WKSBK/SCL	FR/SEXP/SS/SP					
2	"	0-3	GR/CL	FR/SEXP/SS/SP	>49" TO SOIL WETNESS	49+	"	"	"
		3-49+	SBK/C	FI/SEXP/S/P					

Description	Initial System	Repair System
Available Space (.1945)	US	US
System Type(s)		
Site LTAR	.3GPD/FT^2	.3GPD/FT^2

Other Factors (.1946): _____
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 5/30/02. W. R. Marlin
Others Present:

FILE # 19788

COMMENTS 100% Repair

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

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

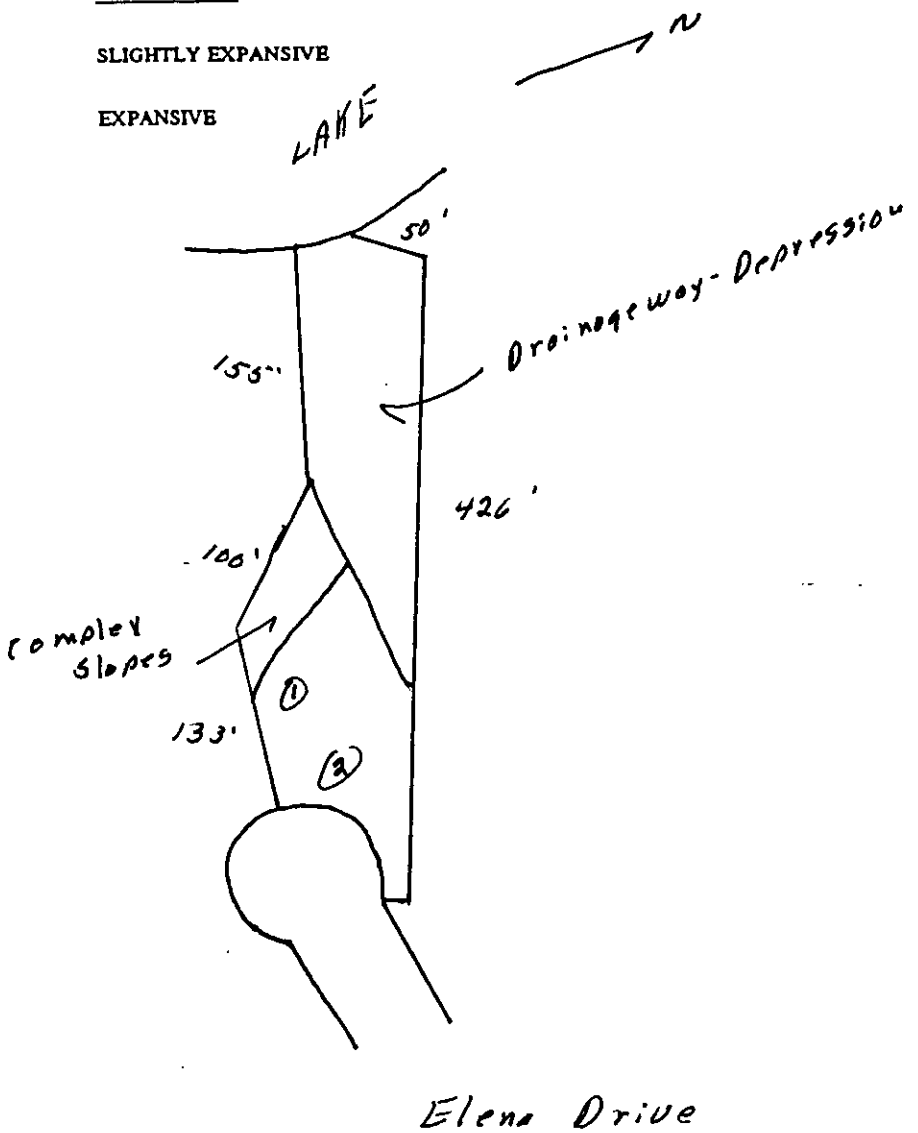
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE

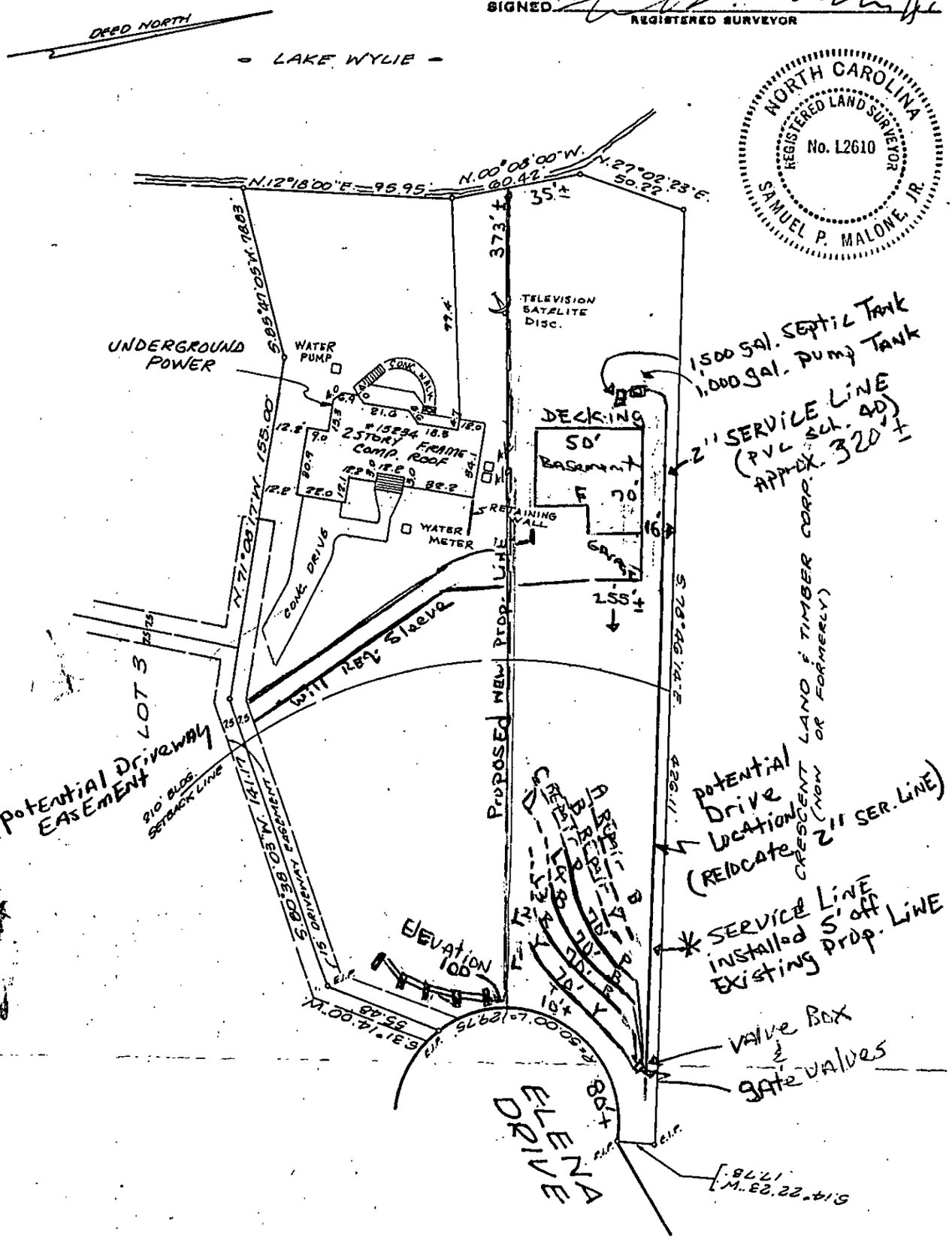


THIS IS TO CERTIFY THAT ON THE 26TH DAY OF DECEMBER 1984 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT. AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY, ARE AS SHOWN HEREON.

Sam Malone & Associates

SIGNED _____ REGISTERED SURVEYOR

NORTH CAROLINA REGISTERED LAND SURVEYOR No. L2610 SAMUEL P. MALONE, JR.



PHYSICAL SURVEY OF

LOT 4 OF A PLAT SHOWING CLIPPER POINT

SCALE 1"=60' STEELE CREEK TWNSP. - MECKLENBURG CO., N.C.

THE PROPERTY OF MARGLOW LIMITED

MAP RECORDED IN BOOK _____ AT PAGE _____ DEED RECORDED IN BOOK _____ PAGE _____

File 19788

FILE 3 JOB 67 2D FOLDER

Carm realty

REALTOR®

RICARDO WARNHOLTZ
President

(704) 588-4543
Fax (704) 588-6505

15234 Elene Dr.
Charlotte,
NC. 28278-7412

FEE: 200
DATE: 5/23/02

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

$150 CHK 1983 3/12/03 [illegible] I CRT

TYPE APPLICATION: ✓ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

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

FILE #: 19788

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 199 331 12

STREET ADDRESS: 15234 Elena Dr. Charlotte

SUBDIVISION OR MOBILE HOME PARK NAME: Clipper Point

LOT NUMBER: 4-5

TOWNSHIP (CHECK ONE): 1

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

CLOSING DATE_____

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2000

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
✓ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:
Subdivision of Lot 4 in 2 Lots, Building new house

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE): __ COMMUNITY (C) __ MUNICIPAL (M) ✓ PRIVATE WELL (P) __ SHARED WELL (S) __ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	__ YES ✓ NO	WELL, SPRINGS OR WATERLINES	__ YES ✓ NO
EXISTING WASTEWATER SYSTEMS	✓ YES ✓ NO	DESIGNATED WETLANDS	__ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS	__ YES __ NO		

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: WARNHOLTZ RICARDO (LAST) (FIRST) (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 15234 Elena Dr.	DAYTIME PHONE: ( ) —
CITY: Charlotte STATE: NC ZIP: 28278	
DAYTIME PHONE: (704) 588-4543 7045886188	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 2/1/1985

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: Ricardo Warnholtz DATE: 5-14-02

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

PROPOSED PLOT PLAN

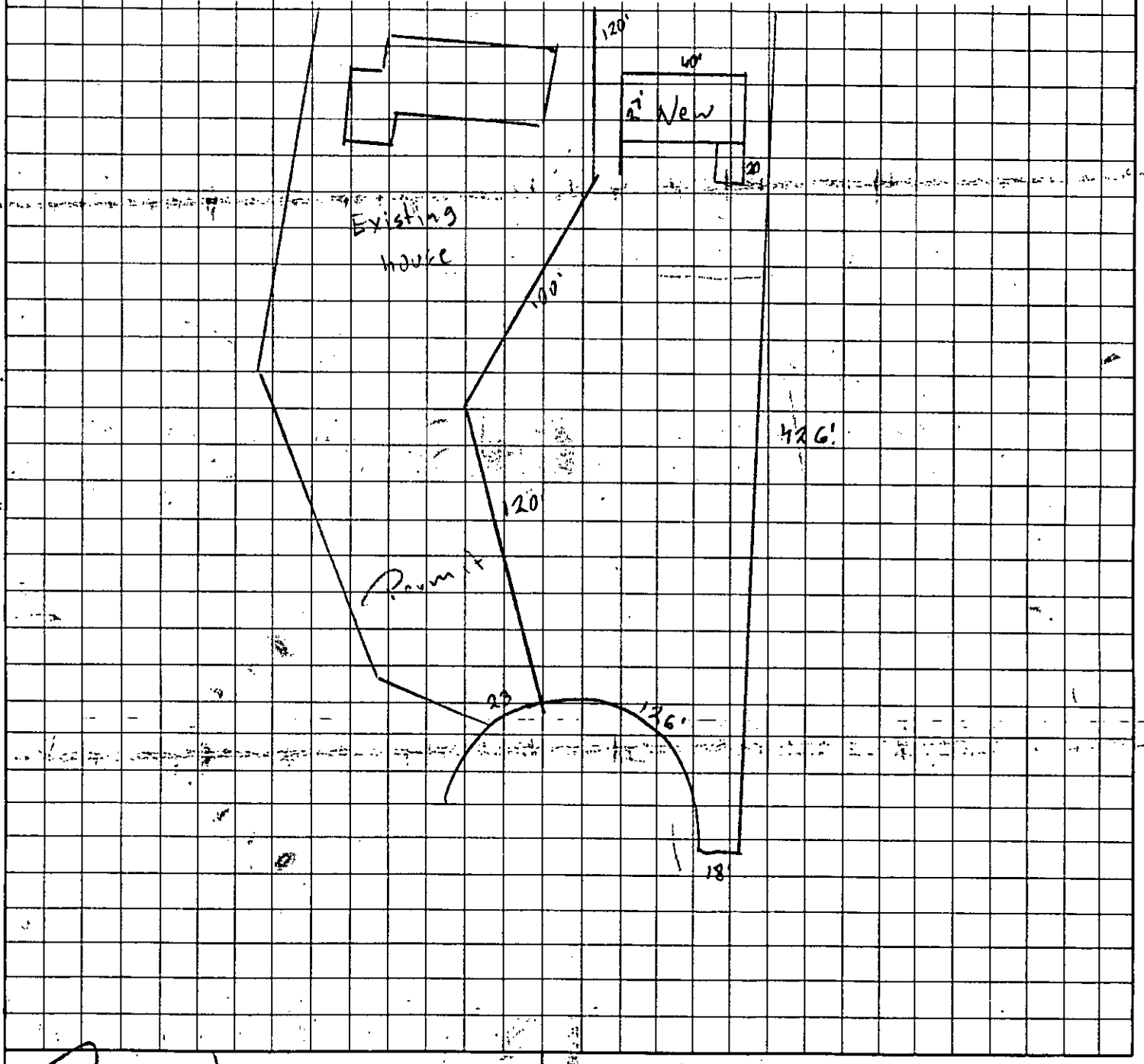
150 chk 1883 3/17/13 gc

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

FILE: 19788

TC: 199 331 12

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.



Ricardo Wamba
OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE

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

PROPOSED PLOT PLAN

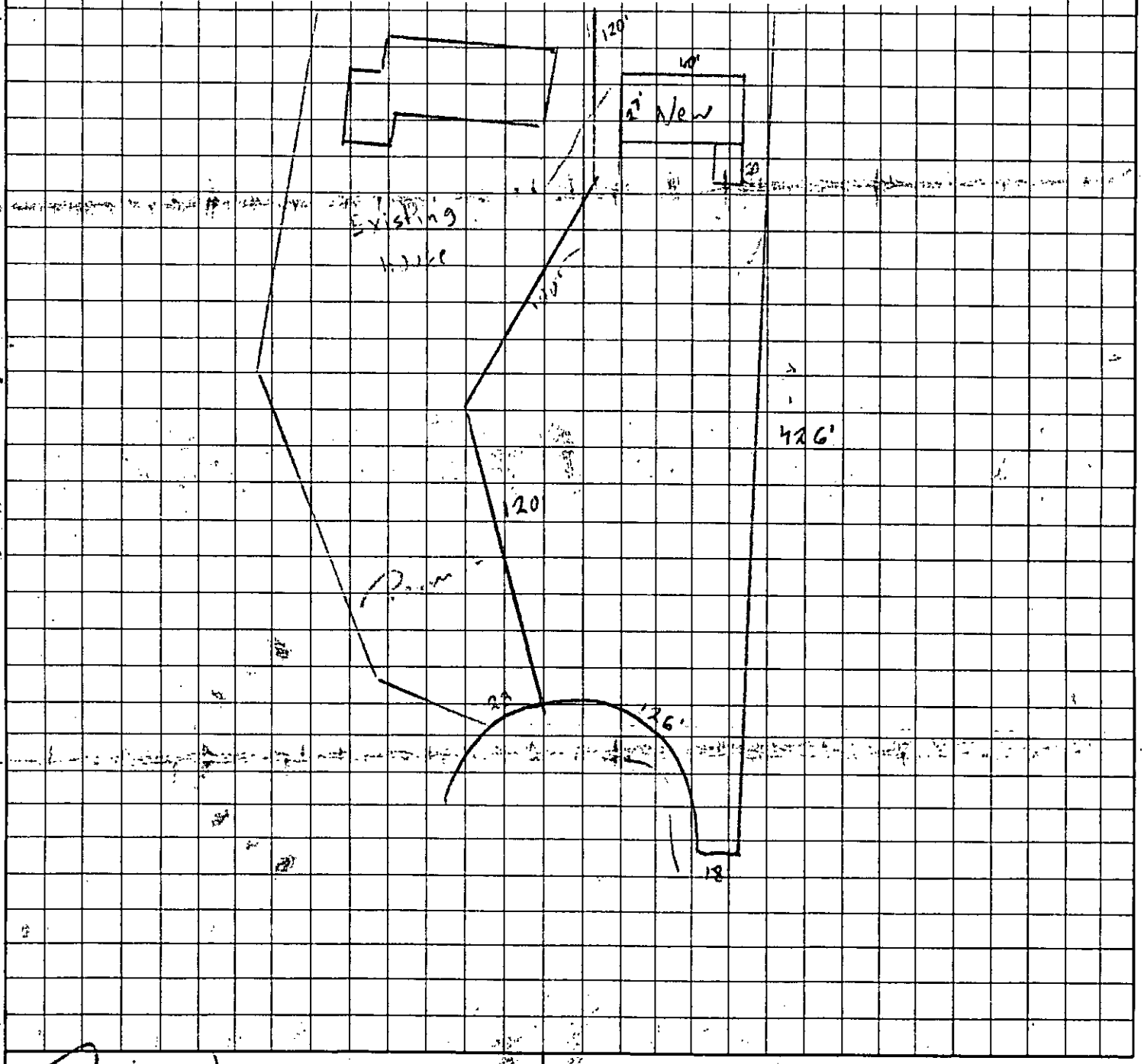
150 ch 1283 3/17/03 pc

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

FILE: 19788

TC: 199 231.12

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



OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

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

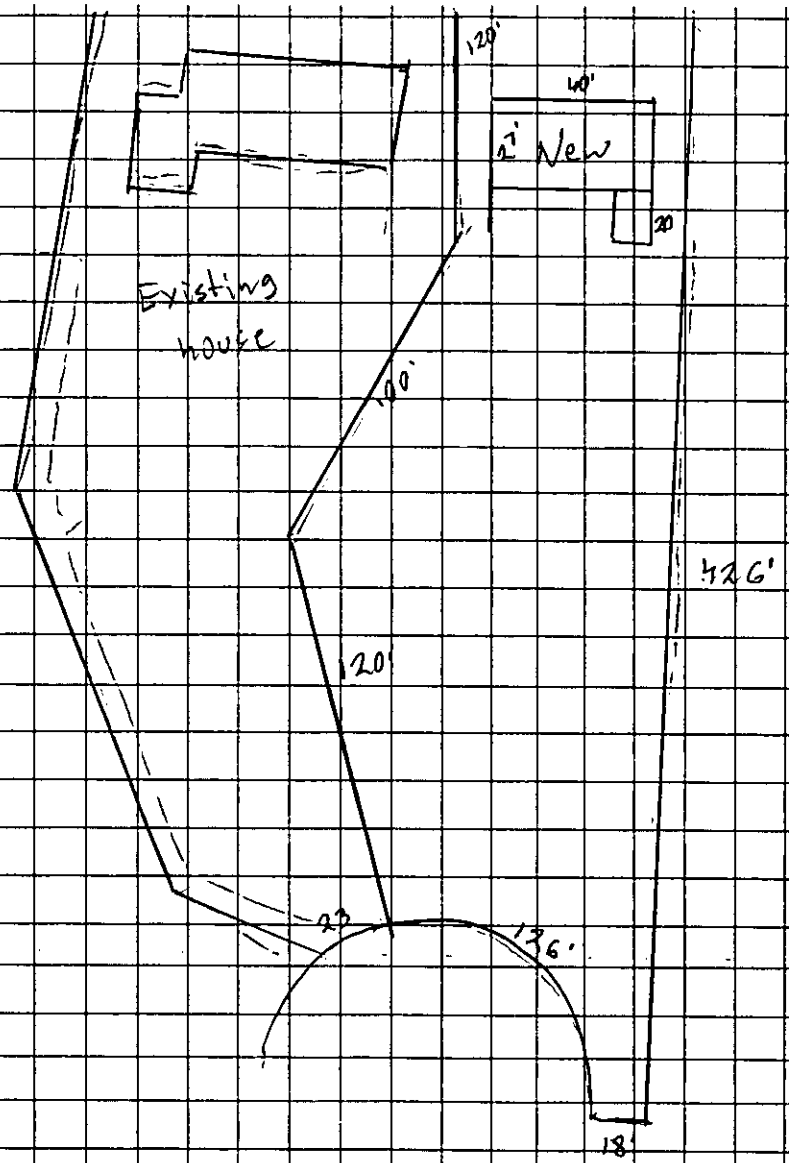
PROPOSED PLOT PLAN

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

FILE: 19788

TC: 199.331.12

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.



Ricardo Wamba
OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	05/23/02	**Amount:**	200.00
Receipt #:	8339	**Tendered:**	200.00
Check / Auth #:	CHECK 7109	**Returned:**	0.00
Received By:	FOSTERV		

Account Information

Account #:	200000
Contractor:	WARNHOLTZ RICARDO
Attn:	
Address:	15234 ELENA DR
Address:	
City/State/Zip:	CHARLOTTE, NC 28278

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen		1	200.00	200.00

Outstanding Balances

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

FILE COPY	
FILED FOR REGISTRATION	DOC. # 200304311
DATE 3/3/03	TIME 11:37
BOOK 14921	PAGE 416
STAMPS	REC FEE 20
JUDITH A. GIBSON, REGISTER OF DEEDS	

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

FILE # 19788
PARCEL # 199 33112

The undersigned, RICARDO WARNHOLTZ, owner of property located at 15234 ELENA DR CHARLOTTE NC 28278, (the "site") and described in an instrument recorded in Book _____ at Page _____, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

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

The undersigned further acknowledges that the following conditions will apply to the site:

This instrument was prepared by: Ricardo Warnholtz
Mail after recording to: Rick Warnholtz
15234 ELENA DR CHARLOTTE NC 28278

-- Any changes on the property may make the Improvement Permit null and void and may make the Improvement Permit subject to revocation.

-- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

-- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

-- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

-- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

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

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

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

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 3 day of March, 2003

_____ Ricardo Ramirez (SEAL)
(Corporate Name)

_____ (SEAL)

By: _____ _____ (SEAL)

_____ President _____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Angela D. Hurley, a Notary Public for said County and State, do hereby certify that Richard Warnholtz personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 3rd day of March, 2003.

Angela D. Hurley
Notary Public

My Commission Expires:

NOV. 18, 2004

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day and acknowledged that he is _____ Secretary of _____, a North Carolina corporation, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal, and attested by _____ as its _____ Secretary.

WITNESS my hand and notarial seal, this _____ day of _____, 20____.

_____
Notary Public

My Commission Expires:

_____

REVISED 8-13-02

(4) Bedrm. Pumped (PPBPS) & REPair AREA SEPTic PLAN:

M.C.H.D.
File: 19788 PD
Subdividing - Lot 4

Lot 4 Clipper Point
15234 ELENA Drive

SYSTEM TYPE:
CONVENTIONAL
CONVENTIONAL (SHALLOW PLACEMENT)
8-INCH PPBPS-GRAVITY DISTRIBUTION
8-INCH PPBPS-PRESSURE DISTRIBUTION
16-INCH PPBPS-GRAVITY DISTRIBUTION
(4) Bedrm. → 16-INCH PPBPS-PRESSURE DISTRIBUTION *
LPPS
OTHER

SPECIALIZED EQUIPMENT OR REQUIREMENTS:
DROP BOX
DISTRIBUTION BOX
DIPPER BOX
FLOW DIVIDER
WASH BOX
SPECIAL FITTINGS
PRESSURE MANIFOLD
SIPHON
MULTIPLE PUMPS
OTHER - PVC SERVICE LINE
* 4 gate valves
* 1 main gate valve
WELL ABANDONEMENT
EASEMENT
LOT COMBINATION/SURVEY / DIVISION
EARTHEN SURFACE SWELL
FRENCH/CURTAIN DRAINS
GREASE INTERCEPTOR
1 - PUMP TANK, 1,000 gal. (Riser)
SAPROLITE TEST
1 - SEPTIC TANK, 1,500 gal. (Riser) (filter)
1 - VALVE BOX & COVER
* 4 - STAND UP PIPES & CAPS

* Primary SEPTIC SYS.

LINE	#PANELS PER LINE	#HOLES PER PANEL	HOLE SIZE	HOLE SPACING	LINE HEAD	LINE LENGTH	HOLE FLOW	PER MINUTE LINE FLOW	ELEVATIONS
L1Y →	16	1	7/32	4.3	3	70'	.98	15 gal.	L1 101.8
L2R →	16	1	7/32	4.3	3	70'	.98	15 gal.	L2 102.4
L3R →	16	1	7/32	4.3	3	70'	.98	15 gal.	L3 103.3
L4P →	16	1	7/32	4.3	3	70'	.98	15 gal.	L4 104.2
Totals	64 PANELS								

280' Total = (4) 70' LINES

REPair AREA

A 60'
B 80'
C 50'
D 50'
E 40'
280'

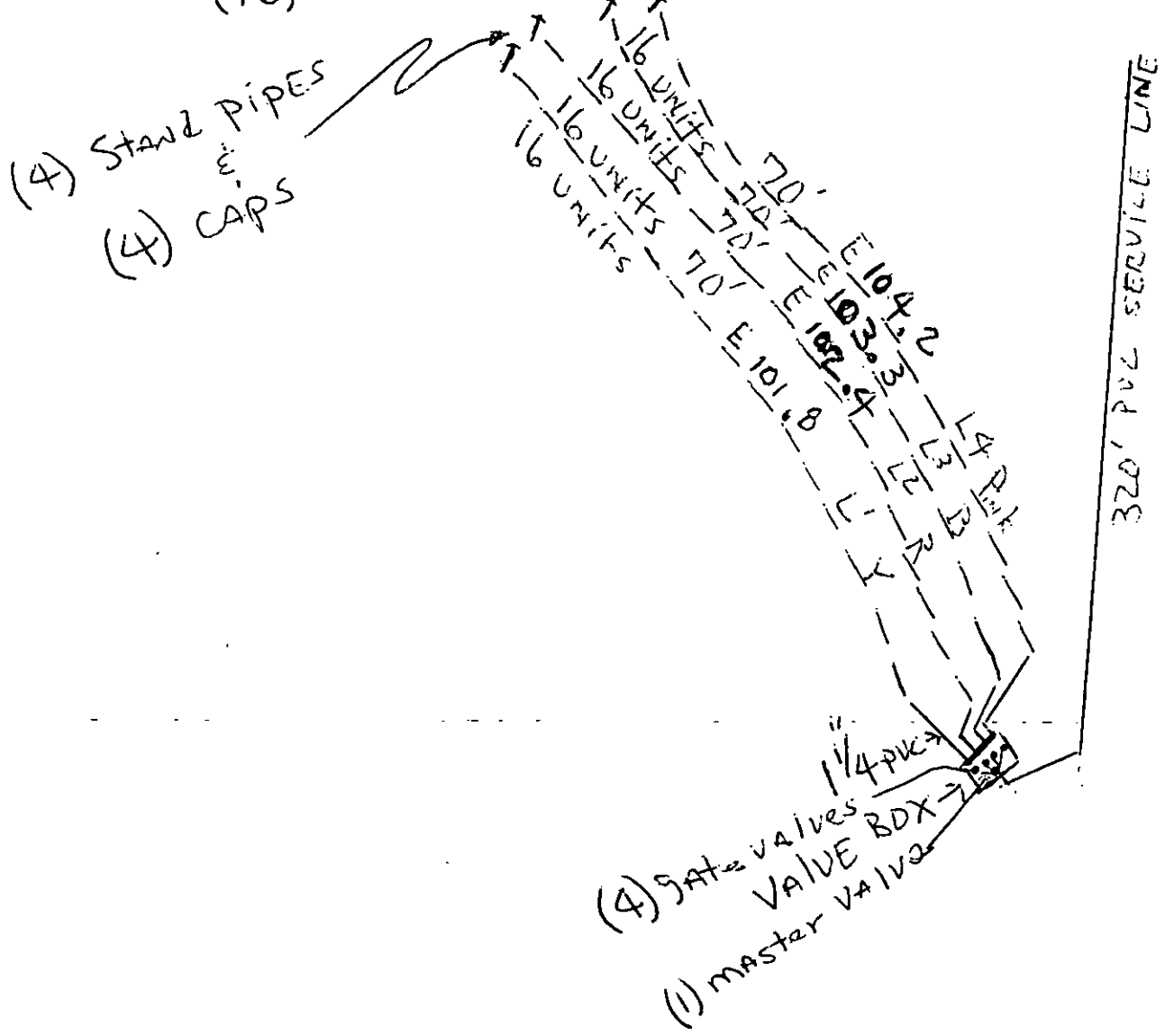
Remainder of L4
" L3
" L2

(1) 2" Reducer (TOP) REC. TANK

M.C.H.D.
File - 19788 PO
Lot 4

** 4 Bedrm. Pumped (PPBPS) & Repair Sys. Septic Plan.

*SPECS: 1,500 Gal. Septic Tank (Riser / Filter)
1,000 Gal. Pump Tank (Elevation 118±)
320'± PVC Sch. 40, Service Line
Valve Box & 5 Gate Valves (Elevation 100.6±)
(4) 70' Panel Blk. Lines = 280'
(16) Panels per Line = 64 Panels Required



* Install per manufacturer's specs on grade & contour, T & J Panel Systems.

Not Sealed

M.C.H.D.

File: 19788 P

(4) Bedrm. Panel Block

Pumped Flow Rate SPECS:

1,000 gal. Pump TANK (ELEV. 118±)

320'± of 2" PVC SCL. 40 - SERVICE LINE

VALVE BOX (ELEVATION 100.6±)

TDH = 58 gpm @ 32 ft.

64 panels × 3.6 gal. = 232 gal. dosing cycle

Pump requirements = ½ H.P. pump

11 inch drawdown on FLOAT control

4 minute pump cycle

Mecklenburg County
Health Department

June 10, 2002

Ricardo Warnholtz
15234 Elena Drive
Charlotte, NC 28272

Re: Application for improvement permit for
Property Site: 15234 Eleana Drive
Health Department file no. 19788

Dear Property Owner or Owner's Agent:

The Mecklenburg County Health Department, Environmental Health Division on June 4, 2002 evaluated the above-referenced property at the site designated on the plat/site plan that accompanied your improvement permit application. According to your application the site is to serve a 3-bedroom residence, with a design wastewater flow of ___360____gallons per day. The evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 and related statutes and Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .1900 and related rules.

Based on the criteria set out in Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rules .1940 through .1948, the evaluation indicated that the site is **UNSUITABLE for** a ground absorption sewage system. Therefore, your request for an improvement permit is **DENIED.** A copy of the site evaluation is enclosed. The site is unsuitable based on the following:

_____Unsuitable soil topography and/or landscape position (Rule .1940)
_____Unsuitable soil characteristics (structure or clay mineralogy) (Rule .1941)
_____Unsuitable soil wetness condition (Rule .1942)
_____Unsuitable soil depth (Rule .1943)
_____Presence of restrictive horizon (Rule .1944)
____X____Insufficient space for septic system and repair area (Rule .1945)
_____Unsuitable for meeting required setbacks (Rule .1950)
_____Other (Rule .1946)

For the reasons set out above, the property is currently classified **UNSUITABLE,** and an improvement permit shall not be issued for this site in accordance with Rule .1948 (c).

However, the site classified as **UNSUITABLE** may be classified as **PROVISIONALLY SUITABLE** if written documentation is provided that meets the requirements of Rule .1948(d). A copy of this rule is enclosed. You may hire a consultant to assist you if you wish to try to develop a plan under which your site could be reclassified as **PROVISIONALLY SUITABLE.**

You have a right to an informal review of this decision. You may request an informal review by the soil scientist or environmental health supervisor at the local health department. You may also request an informal review by the N. C. Department of Environment and Natural Resources regional soil specialist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Center, Raleigh, NC 27699-6714. To get a copy of a petition form, you may write the Office of Administrative Hearings or call the office at (919) 733-0926. The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. N. C. General Statue 130A-335(g) provides that your hearing would be held in the county where your property is located.

Please note: If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is June 10, 2002. Meeting the 30-day deadline is critical to your right to a formal appeal. Beginning a formal appeal within 30 days will not interfere with any informal review that you might request. Do no wait for the outcome of any informal review if you wish to file a formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (N.C. General Statute 150B-23) to send a copy of your petition to the North Carolina Department of Environment and Natural Resources. Send the copy to: Office of General Counsel, N. C. Department of Environment and Natural Resources, 1601 Mail Service Center, Raleigh, NC. 27699-1601. Do **NOT** send the copy of the petition to your local health department. Sending a copy of your petition to the local health department will **NOT** satisfy the legal requirement in N.C. General Statute 150B-23 that you send a copy to the Office of General Counsel, NCDENR.

You may call or write the local health department if you need any additional information or assistance.

Sincerely,

Brandon Summey R.S.I

Brandon Summey, R.S.I.
Authorized Agent - DENR

Encl: (2)

LATE

1 1/4

60

60

55

55

55

55

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50

35

35

35

35

S

Q

P

O

N

M

L

K

J

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H

G

F

E

D

C

1 1/2

MANIFOLD

VOL 2

57½

LAT #	ELEV	HEAD	FLOW 5/32	SPACING	FLOW/LF	LENGTH	
A	601.2	1.3	.32	6.4	0.05	30	5
3	601.2	1.3	.32	6.4		30	5
=	601.5	1.0	.29	5.8		30	5
D	601.3	1.2	.31	6.3		30	5
E	600.1	2.4	.45	9.0		35	5
F	599.8	2.7	.47	9.4		35	5
G	599.8	2.7	.47	9.4		35	5
H	599.6	1.4	.33	6.6		35	6
I	599.3	1.7	.38	7.6		35	5
J	600.0	1.0	.29	5.8		25	4
K	599.5	1.5	.35	7.0		35	4
L	598.7	2.3	.47	8.9		50	5
M	598.4	2.6	.48	9.1		55	6
N	598.0	3.0	.50	10.0		55	6
O	597.6	1.0	.29	5.8		55	10
P	597.3	1.3	.32	6.4		55	10
Q	597.0	1.6	.37	7.4		55	8
R	596.4	2.2	.43	8.6		60	8
S	596.0	2.6	.46	9.1		60	7
T	595.5	3.1	.52	10.0		60	7

Proposed Lines Repair Not Instal

3.48
3.22
3.64

33.76 (1

or 34

CLAY'S WASTEWATER SERVICES
INSPECTION OF ENGINEERED SUBSURFACE SEWAGE SYSTEM

19788		
5234 Elkin DR	Name of Establishment: All Homes	Permit/Project No.
Location	**Type of Establishment**	
Rick Hamrick	5234 Elkin DR	704 5884543
Owner	**Address**	**Phone**
CLAY OAKS		
Operator		

	YES	NO
1. ESTABLISHMENT:		
Type, size, and sewage flow in accordance with permit?	✓	
2. COLLECTION SYSTEM:		
No evidence of leaks into or out from sewer lines/manholes?		✓
Free of blockage/solids buildup in lines or manholes?	✓	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):		
Tank rises accessible and surface water diverted?	✓	
Tanks and access manholes structurally sound, watertight	✓	
Sanitary tee(s) in good working condition?	–	
Tanks pumped, cleaned out as needed?		✓
4. RAW SEWAGE LIFT STATION (If Present):		
Required pumps present, operating, and cycling properly?	✓	
High-water alarm present and operating properly?	✓	
Floats/pipe/valves/disconnects in good working condition?	–	
Control panel enclosure/ components in good condition?	✓	
5. EFFLUENT DOSING SYSTEM:		
Effluent appears clear, free of excess solids?		
PUMP SYSTEMS:		
Required pumps present, operating, and cycling properly?		
High-water alarm present and operating properly?		
Floats/pipe/valves/disconnects in good working condition?		
Control panels enclosure/ components in good condition?		
Elapsed time readings: ____ ____ ____ ____		
SIPHON SYSTEM:		
No evidence of overflow or siphon leakage?		
Siphon(s) appear to be working/ alternating properly?		
Bells and vents free of debris and in good condition?		
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?	✓	

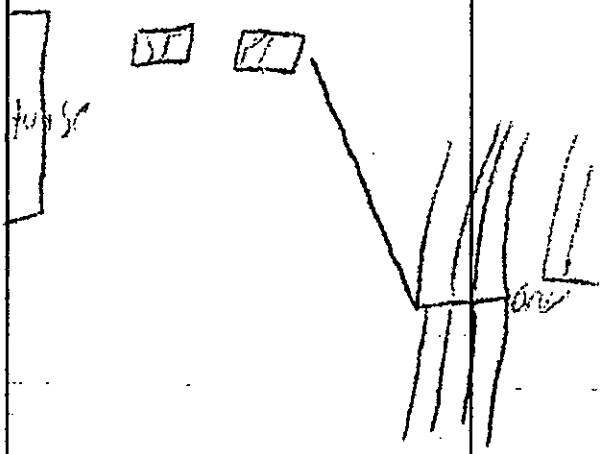
INSPECTION FREQUENCY

Annual Quarterly

(Bi-Annual) Yearly

Other

SITE LOCATION MAP



OVERALL CONDITION AND OPERATION OF SYSTEM: COMPLIANT 12-11-01

IMPROVEMENT: Septic Tank needs pumping

DATE: _____ **SIGNED:** _____

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

INSPECTION OF ENGINEERED SUBSURFACE SEWAGE SYSTEM

MPCK — R. WAR-HOLTZ

Health Department — Name of Establishment — Permit/Project No.

HOME

Location — Type of Establishment — Design Flow

RICARDO WAR-HOLTZ — 15234 ELVA DR

Owner — Address — Phone

CITY OAKS — 9001 SIMS FIRE RD CHINA (704) 393-9270

Operator — Address — Phone

28214

Remarks

	Yes	No	REMARKS
1. ESTABLISHMENT:			
Type, size, and sewage flow in accordance with permit?	☑	☐	
2. COLLECTION SYSTEM:			
No evidence of leaks into or out from sewer lines/manholes?	☐	☑	
Free of blockages/solids buildup in lines or manholes?	☐	☑	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):			
Tank risers accessible and surface water diverted?	☑	☐	
Tanks and access manholes structurally sound, watertight?	☐	☐	
Sanitary tee(s) in good working condition?	☐	☐	
Tanks pumped, cleaned out as needed?	☑	☐	
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?	☐	☐	NEED MINOR ELECTRICAL
Control panel enclosure/components in good condition?	☐	☐	
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☐	☐	
PUMP SYSTEMS:			
Required pumps present, operating, and cycling properly?	☐	☐	
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	
Elapsed time readings: _____ _____ _____			
SIPHON SYSTEMS:			
No evidence of overflow or siphon leakage?	☐	☐	
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	
6. GROUND ABSORPTION FIELDS:			
No evidence of effluent surfacing/reaching surface waters?	☐	☑	
Minimal ponding in subsurface trenches?	☑	☐	
Surface water being effectively diverted away?	☑	☐	
Diversions/ditches/swales/tile drains properly maintained?	☑	☐	
Line cover/vegetation adequate/maintained as needed?	☑	☐	
Protected from traffic, destructive uses?	☑	☐	
Distribution devices in good condition, working properly?	☑	☐	
Repair area properly reserved, maintained?	☐	☐	
LOW-PRESSURE PIPE DRAIN FIELDS:			
Turnups/cleanouts/valves intact and accessible?	☐	☐	N/A
No effluent standing in lower laterals?	N/A	☐	
Laterals free of excess solids, cleaned out as needed?	☐	☐	
Pressure head is properly adjusted?	☐	☐	

OVERALL CONDITION AND OPERATION OF SYSTEM: GRAVITY DRAIN FIELD WORKING FINE.

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)

DATE: DEC 3 1999 SIGNED: _____ AGENT

STATE OF NORTH CAROLINA

COUNTY OF POLK

INSPECTION AND MAINTENANCE AGREEMENT (rev. 3/91)

this agreement is made and entered into this 3 day of DEC, 19 99, by and between RICARDO WAL-HALTZ (hereinafter the "Owner") and CLAY OAKS (hereinafter the "Contractor").

WITNESSETH

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

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

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

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

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

1. The Contractor's Obligations. The Contractor shall perform the following services on the Owner's system located at 15234 ELENA DR LAKE WYLIE SC

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

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

(1) [from operation permit]
(2) INSPECT & REPORT 2 x per YEAR
(3)

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

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

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

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

g. The Contractor shall respond to a request for a nonscheduled service or maintenance call within 24 hours after receipt of such request.

2. The Owner's Obligations.

a. The Owner shall pay to the Contractor the sum of $220.00 per year for periodic inspections, routine maintenance procedures and periodic reports. The annual fee may be amended upon sixty (60) days advance notice to the Owner but may not be increased more than 5 percent per year. The Owner shall pay to the Contractor his normal and customary fees for any work performed on the system as a result of nonscheduled service or maintenance calls. All fees are due and payable within thirty (30) days of billing. Payments due to the Contractor and unpaid by the Owner after thirty (30) days shall accrue interest from the due date until paid at a rate of 10 percent per month.

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

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

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

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

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

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

d. Termination by the Contractor.

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

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

(b) failure of the Owner to provide to the Contractor authorization to complete needed repairs or satisfactory evidence that needed repairs to the system were completed by another entity within 30 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above. If said authorization to complete needed repairs or evidence of completion of said repairs is provided after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect;

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

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

4. Assignment.

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

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

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

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

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

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

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

To the Owner: RICARDO WARNHOLTZ
15234 Ellen DR

To the Contractor: CLAY OAKS
9001 Stirling Pines RD

To the Local Health Department: CMHD 700 N Tryon ST.

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

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

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

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

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

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

(Owner)

Attest:

Contract Terms (Check one)

	Begin Date/End Date
(✓) 1 Year	12/4/99 / 12/4/00
( ) 3 Years	
( ) 5 Years	
( ) Other	

(Contractor)

Attest:

SUBSURFACE WASTEWATER DISPOSAL SYSTEM
MONITORING REPORT FORM

RICARDO WARMOUTH — 5-29-99

Name and Location — Date of Inspection — Permit No.

15234 ELENA DR — MECK — NA

County — System Classification

CLAY OAKS — RICARDO WARMOUTH

Name and Address of ORC — Name and Address of Owner

8531 OLD DOWD RD

Phone No. 704 393-9270

	YES	NO
LIFT STATION (if present):		
Required pumps present & operating properly?	✓	
High water alarm operating properly?	✓	
Floats, pipes, valves, disconnects in good condition?	✓	
Control panel enclosure/components in good condition?		✓
EFFLUENT DOSING STATION:		
Required pumps present & operating properly		
High water alarm operating properly?		
Floats, pipes, valves, disconnects in good condition?		
Control panel enclosure/components in good condition?		
Effluent appears clear and free of solids?		
Zone valve sequencer operating properly?		
GROUND ABSORPTION FIELDS (general):		
Evidence of effluent surfacing?		✓
Surface water being effectively diverted away?		✓
Vegetative cover maintained properly?	✓	
Protected from traffic, destructive uses?	✓	
Distribution devices in good working condition? (manual valves, manifolds, etc.)	✓	
Repair area properly reserved, maintained?	✓	
Field free of settled or low areas?	✓	
LOW PRESSURE PIPE SYSTEM:		
Turnups/cleanouts/valves intact and accessible?		✓
Laterals free of excess solids?		?
Laterals flushed this inspection?		✓
Pressure head is properly adjusted?	?	

SPECIAL CONDITIONS: PUMP SWITCHED TO GRAVITY DRAINFIELD 1 6'x40'x24"

COMMENTS: 2x6'x40'x24"

COMPLIANCE STATUS: compliant ✓ NON-COMPLIANT ____

____ CHECK IF PRESSURE HEAD EVALUATION

DATE: 5/27/99 SIGNATURE OF "ORC": [signature]

PERFORMED

LPP WASTEWATER DISPOSAL SYSTEM

PRESSURE HEAD EVALUATION SHEET

SYSTEM NAME: RICARDO WORNHOLTZ

TYPE IV DESIGN FLOW: 33.6 gpm

DOSING TANK CAPACITY: _____ gallons per inch depth

	Water Level Measurement		Time	
DRAINBACK AT	3 FT 4 11	inches	12:48	minutes PM
END:	2 FT 4 11	inches	12:51.20	minutes
STEADY STATE:	12	inches	3.20	minutes
BEGIN:	3'4"	inches		

Average Flow: 90 gmp

Steady State Flow: 7.5 gpm

Drainback Amount: 0 gallons

Line #	Design Head	Observed Head	Adjusted Head	Line#	Design Head	Observed Head	Adjusted Head
1				11			
2				12			
3				13			
4							
5							
6							
7							
8							
9							
10							

REMARKS

Evaluation By: _____ Date: _____

Checked by: _____ Date: _____

ORC

199-331-12
(19788)

STATE OF NORTH CAROLINA

COUNTY OF MECK

INSPECTION AND MAINTENANCE AGREEMENT (rev. 3/91)

this agreement is made and entered into this 7 day of NOVEMBER 1998, by and between RICARDO WALTHOLTZ (hereinafter the "Owner") and CLAY OAKS (hereinafter the "Contractor").

WITNESSETH

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

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

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

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

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

1. The Contractor's Obligations. The Contractor shall perform the following services on the Owner's system located at

15254 ELENA DRIVE
CHAR. NC. 28278

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

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

(1) [from operation permit]
(2)
(3) REPORT TO LOCAL HEALTH DEPT.

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

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

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

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

g. The Contractor shall respond to a request for a nonscheduled service or maintenance call within 24 hours after receipt of such request.

2. The Owner's Obligations.

a. The Owner shall pay to the Contractor the sum of $200.00 per year for periodic inspections, routine maintenance procedures and periodic reports. The annual fee may be amended upon sixty (60) days advance notice to the Owner but may not be increased more than 10% percent per year. The Owner shall pay to the Contractor his normal and customary fees for any work performed on the system as a result of nonscheduled service or maintenance calls. All fees are due and payable within thirty (30) days of billing. Payments due to the Contractor and unpaid by the Owner after thirty (30) days shall accrue interest from the due date until paid at a rate of 10% percent per month.

b. Within 30 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above, the Owner shall request the Contractor to complete needed repairs or shall provide to the Contractor evidence that the needed repairs were satisfactorily completed by another entity.

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

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

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

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

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

d. Termination by the Contractor.

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

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

(b) failure of the Owner to provide to the Contractor authorization to complete needed repairs or satisfactory evidence that needed repairs to the system were completed by another entity within 30 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above. If said authorization to complete needed repairs or evidence of completion of said repairs is provided after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect;

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

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

4. Assignment.

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

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

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

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

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

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

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

To the Owner:
RICARDO WARNHOLTZ
15234 ELENA DR
CHAR NC 28278

To the Contractor:
CIAY OAKS
8531 OLD DOWD RD
CHAR NC 28214

To the Local Health Department:
ENV. HEALTH DEPT
700 N. TRYON ST.
CHAR NC 28202

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

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

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

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

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

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

Ricardo Wanlin

(Owner)

Attest:

Clayton D. Oaks

(Contractor)

Attest:

LARRY,

PLEASE MAIL ME ANY INFORMATION on MR. WARNHOLTZ' CONTRACT, IF you HAVE any.

ALSO will send REPAIR CONFORMATION on FILTER AT LIGHTHOUSE BEACH CLUB.

THANKS

Clay Cole

Mecklenburg County
Health Department

June 13, 1997

Mr. Ricardo Warnholtz
15234 Elena Drive
Charlotte, NC 28278

Dear Mr. Warnholtz:

At your request, a dual-alternating system was installed on your property at 15234 Elena Drive. Enclosed for your records is a copy of the permit for the septic system design. This system was installed in two (2) separate beds connected by a diversion valve. The purpose of the valve is to manually divert the effluent from one bed to the other to allow a resting period for each bed. This process should be done at least every six (6) months. A tool (key) to turn the valve was provided by the septic tank contractor at the time of installation and should be made available to you. It is strongly recommended that the beds be switched routinely to prolong the life of the system and to avoid premature failure. (Please see the enclosed brochure regarding private septic tank systems.)

Your initial septic system is a low pressure system. State requirements for these type of septic systems changed in 1991, requiring a management entity contract be in place between the homeowner and a certified operator. This contract requires the operator to do a field inspection of these systems twice a year. This is done because these systems are pressurized and mechanical problems can occur to the system causing a malfunction.

Since there has not been any real maintenance to this system, I would recommend the system be evaluated by a septic contractor or certified operator for low pressure systems for proper functioning.

The standpipes need to be uncovered and end caps repaired as needed (there was a cap missing off of the top line), the field lines flushed for sludge build-up in the lines (there are 5/32 holes in the bottom of each line for the pressurized discharge of effluent which can easily become clogged), and the pressure re-established in each of these drainlines. An overall maintenance check is highly advised for this septic system prior to use.

I would be happy to assist you with this and we have a list of certified operators on record for your use. Please contact me if you have any questions at 336-5572.

Sincerely,

Toni Higgins-Bunney

Toni Higgins-Bunney, R.S.
Individual Water and Wastewater Systems

Mr. Ricardo Warholtz Warholtz
15234 Elena Dunn
Charlotte, NC 28278

Dear Mr. Warholtz:

A your request, ~~as per~~ a dual-alternating system was installed on your property at 15234 ELENA Dunn. Enclosed for your records is a copy of the permit for the septic system design. This system was installed in two (2) separate beds controlled by a diversion valve. The purpose of the valve is to manually divert the effluent from one bed to the other to allow a resting period for each bed. This process should be done at least every six (6) months. A tool (Key) to turn the valve was provided by the septic tank contractor at the time of installation and should be made available to you. It is strongly recommended that the beds be switched routinely to prolong the life of the system and to avoid premature failure. (Please see the enclosed brochure regarding private septic tank systems.)

Your initial septic system is a low pressure system. State requirements for this type of septic system changed in 1991 requiring a management entity contract ~~to these systems~~ be in place between the homeowner and a certified ~~operator~~ operator. This contract ~~for the~~ requires the operator to do a field inspection of these system twice a year. This is done because these systems are pressurized and mechanical problems can occur to the system causing a malfunction. ~~If you do switching back to your old low pressure,~~ I would recommend you have a septic contractor service them if you have not ~~been~~ had a has not been on regular maintenance to this system. I would recommend the system be ~~checked~~ evaluated by a septic contractor or Certified operator for low pressure system for proper functioning.

The standpipes need to be uncovered and end caps repaired as needed (There was a cap missing off of the top line.), the field lines flushed for sludge build-up in the lines (There should be holes in the bottom of each line for the pressurized discharge of effluent which can easily become clogged.), and the pressure re-established in each of these drainlines. An annual maintenance check is highly advised for this septic system prior to use.

I would be happy to assist you with this and we have a list of Certified operators on record for your use. Please contact me if you have any questions at 336-5572.

Sincerely,

Dow Hughes

Mecklenburg County
Health Department

April 28, 1992

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

SAMPLE

Century 21 Westside Realty
Attention: J. Harlie Stephenson
8400 F Belhaven Boulevard
Charlotte, NC 28216

Dear Sirs:

At your request, an investigation was made of the septic tank system and a well water sample was collected on the property located at 902 Pine Forest Road, Charlotte, North Carolina, on April 20, 1992.

At the time of the investigation there was no effluent apparent on the surface of the ground.

Enclosed for your records is a copy of the permit for the septic system design. This system was installed in two (2) separate beds connected by a diversion valve. The purpose of the valve is to manually divert the effluent from one bed to the other to allow a resting period for each bed. This process should be done at least every six (6) months. A tool (key) to turn the valve was provided by the septic contractor at the time of installation and should be made available to the new owner. It is strongly recommended that the beds be switched routinely to prolong the life of the system and to avoid premature failure. (Please see the enclosed brochure regarding private septic tank systems.)

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

If you have any questions concerning this matter, please contact me at 336-5571 between 4:00-5:00 p.m.

Sincerely,

Judy J. Kiser, R.S.
Individual Water and Wastewater Systems

Enclosures (2)

FEE: NA
DATE: 5/27/97

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

I CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM ✓ REPAIR OF EXISTING SYSTEM

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

FILE #: 19788

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 199-331-12

STREET ADDRESS: 15234 ELENA DRIVE

TYPE OF BUILDING (CHECK ONE):

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 4

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS:

NUMBER OF OCCUPANTS:

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
✓ CRAWL SPACE
✓ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

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

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
___ MUNICIPAL (M)
✓ PRIVATE WELL (P)
___ SHARED WELL (S)
___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	✓ YES ___ NO	WELL, SPRINGS OR WATERLINES	✓ YES ___ NO
EXISTING WASTEWATER SYSTEMS	✓ YES ___ NO	DESIGNATED WETLANDS	___ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS	✓ YES ___ NO		

PROPERTY OWNER:

NAME: RICARDO WAHN HOLTZ
(LAST) (FIRST) (MI)

ADDRESS: 15234 ELENA Dr.

CITY: Charlotte STATE: N.C. ZIP: 28278

DAYTIME PHONE: ( ) 588-4548

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: BRADLEY GARY M.
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) 399-5537

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: Gary M. Bradley DATE: 27 MAY

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

Permit Number: 19788

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 199-331-12

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	___ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I II III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	✓ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
___ Long-term acceptance rate	___ Max gallons/day wastewater flow	___ Absorption Area (sq ft)	___ Trench spacing (min. on centers)	
___ Serviced by private well	___ Gallon septic tank	___ Total trench length (ft)	___ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
___ Bedrooms in residence	___ Gallon pump tank	___ Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions:	① NEED TO BLOW OUT SYSTEM AND HAVE IT MAINTAINED (Replace caps, set pressure) ② USE SWITCHING VALVE TO DIVERT BETWEEN TWO SYSTEMS APPROX. Every 2-6 MONTHS.			
Repair Area System Type Type (circle one): I (II) III IV V VI	___ Conventional (BED) ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
480' Absorption Area (Sq ft) 100' Total Trench Length (Ft)	___ Depth of Stone Trench 18"-24"	6' Trench spacing (min. on centers)	4-5' Maximum Trench Depth	
For existing system, enter the year originally installed: 1984				

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

- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department
- This Improvement permit is transferable.

Joni Higgins Burney, R.S. 5/29/97 — Gary M. Bradley

DEHNR Authorized Agent — Date — Owner/Agent Signature — Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

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

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 5/29/97 PERMIT NO: 19788
PARCEL NO: 199-331-12

JOB LOCATION ADDRESS: 15234 Elena Drive
PROPERTY OWNER: Richards Charlotte
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: Tom Higgins Denny, R.S. DATE: 5/27/97
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 19788, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: Repair Approval Required.

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

Gary M. Bradley
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

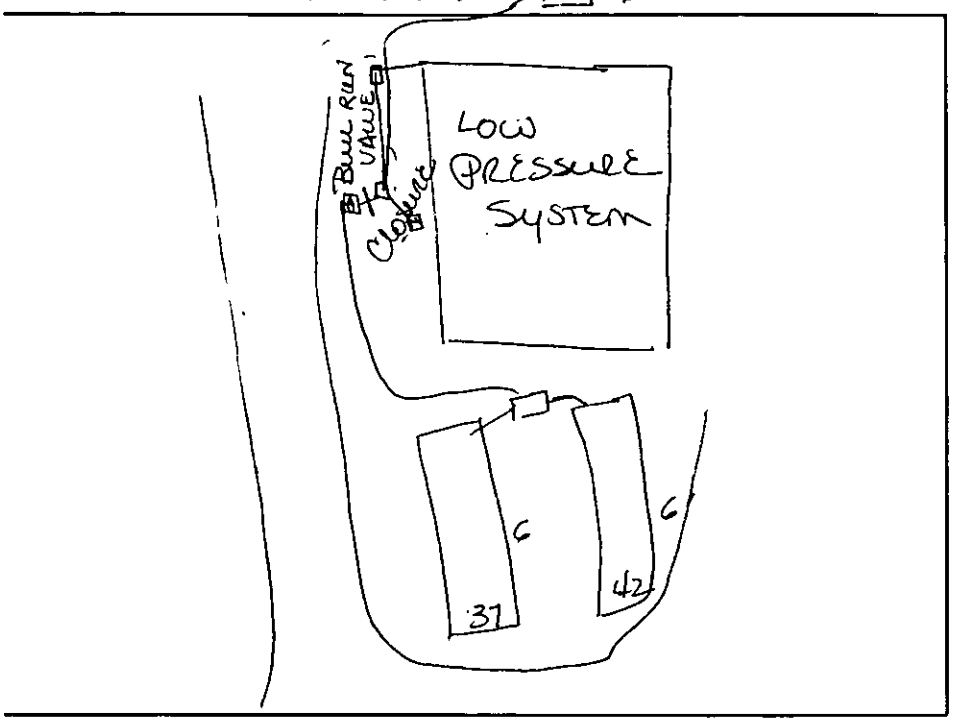
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 19788 DATE: 5/28/97

TC: 199-331-12 X L

SERIAL Nº 17287

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



PLOT OF SYSTEM

Liquid Capacity of Septic Tank _____ gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction _____

Trench Depth _____

Absorption and/or Nitrification Lines:

Trench Width 6' feet

Trench Walls Scored and Porous yes

Total Line Length 240 feet

Number of Lines 2

Depth of Stone 18"-24" inches

Distance from House 5 feet

Distance from Property Line 5 feet

Distance from Well GREATER THAN 50' feet

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

NAME OF OWNER Richardo Warnholtz

LOCATION OF PROPERTY 15234 ELENA Drive

Comments: ADD A BULL RUN VALVE TO COMPLETELY SPLIT THE TWO SYSTEMS - INSTALL VALVE BOX TO CUT OFF. TWO BEDS @ 6 X 40 X 24".

Jane Higgins Bunny, R.S.
Environmental Health Specialist

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 19788 DATE: 5/29/97

TC: 199-331-12 ☒ L ☐ CRT

SERIAL Nº 17136

Name of Owner Richard Warnholtz Juris.: _____

Address of Property 15234 Elena Drive

Inspection Data:

Tank Material ——

Total Length of Drainfield 240

Number of Lines 2 @ 40

Cover Depth 3'-4'

Water Supply Source WELL

Distance to Water Source BEYOND 50' ON WATER SIDE

Excavation Inspected 5/27/97

Tank(s) Inspected ——

Wash Line Inspected ——

High Water Alarm Inspected ——

PLOT

Design 2 BEDS, 18"-24" GRAVEL, RUALE BOX CTR# Gary Bradley

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

☐ installed or constructed ☐ altered or repaired

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

and meets the provisions of I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☒ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of I5A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

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

COMMENTS: Homeowners to switch system SEASONALLY to maximize each system to best use. Low pressure to be maintained by replacing caps, resetting pressure & unclogging field lines.

Lori Higgins Berry R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

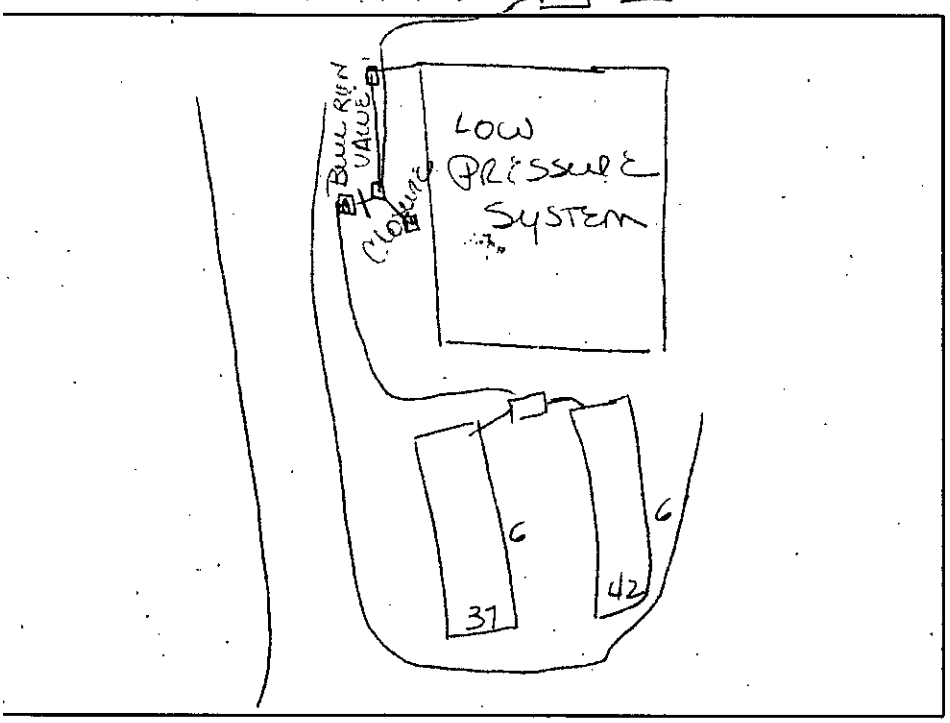
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 199-1951818 DATE: 5/28/97

TC: 199-331-12 L

SERIAL Nº 17287

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 _____. All work shall be completed on or before _____, 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

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Trench Depth _____

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Distance from Well GREATER THAN 50' feet

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NAME OF OWNER Richardo Warnholtz

LOCATION OF PROPERTY 15234 Elena Drive

Comments: ADD A BULL RUN VALVE TO COMPLETELY SPLIT THE TWO SYSTEMS - INSTALL VALVE BOX TO CUT OFF. TWO BEDS @ 6 X 40 X 24".

Jane Higgins Bunting, R.S. 10/25/95

Environmental Health Specialist

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