

17908 NANTZ RD

00105241

5/24/2007

duponbj

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Division
Groundwater & Wastewater Services

April 15, 2005

Donald Van Cleave
17908 Nantz Rd.
Cornelius, NC 28031

Dear Mr. Van Cleave:

Re: Bacteriological Well Sample Results

Enclosed you should find a copy of the laboratory analysis of the well water sample that was collected at 17908 Nantz Road on April 11, 2005.

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

At this time it is recommended that you chlorinate your well and then contact our office to have the well resampled. I am enclosing information for your review that outlines well chlorination procedures. There is no additional fee for sampling your well, one additional time, for coliform bacteria.

The septic inspection report is included for your review.

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

Sincerely,

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

Enclosures (3):

CHARLOTTE.

Laboratory Analysis Report
Report Date: 4/14/2005 08:50 AM

LABORATORY SERVICES DIVISION

LOCATION: 4854A - 17908 Nantz Rd. 28031
LOC ID: G-PME
SAMPLE DATE-TIME: 4/11/2005 14:20
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB33002
CHAIN OF CUSTODY #: 05040205

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB33002	E. COLI-PA	Absent	P/A		SM 9223B	4/12/2005 9:15	RDW
AB33002	Total Coliform	Present	P/A		SM 9223B	4/12/2005 9:15	RDW

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

PAGE 1 OF 1

CLIENT: MECKLENBURG COUNTY, LUESA - GROUNDWATER AND WASTEWATER SERVICES

FACILITY: GROUNDWATER (Potable Water)

LOCATION / ADDRESS: 17908 Nantz Rd., Cornelius NC 28031

LAB CODE (circle one): REAL PRIV NEW TNC MPL (PME) OTHER

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

COC#: 05040205

Sampled By (Print Name): Trevor Thomason

AB 33002

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System	Sample Temperature: Collection Temp	Sample Temperature: Receipt Temp	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	Nitrate	Nitrite	Nitrate + Nitrite	Fluoride	Hardness	Metals	Fecal Coliform	Fecal Strep	Pest/PCB, EPA 608	Herb, EPA 8151	VOA, EPA 8260	Semis, EPA 8270
4854A	TCT	14:20	4/11/2005	N		9.8				X	100 ml		1						X		X												
				N																													
				N																													
				N																													
				N																													

NOTES: Complete yellow shaded sections; each "X" needs to be circled.

Itemize requested Metals here:

COMMENTS: ****3-DAY TAT REQUESTED****

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Trevor Thomason	[signature]	4-12-05	830
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

Form Revision 05; effective 03/15/2005

CODES: **REAL**=REAL ESTATE TRANSACTION **PRIV**=PRIVATE WELL SAMPLING BY REQUEST OR FOR REPAIR **NEW**=NEW WELL (PERMIT)

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

COPY

Receipt Information

Date: 03/16/05
Receipt #: 33285
Check / Auth #: CHECK 2407
Received By: CRAIGGY

Amount: 85.00
Tendered: 85.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: VANCLEVE KATHLEEN C
Attn:
Address: 17908 NANTZ RD
Address:
City/State/Zip: CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
0743	Hmeownr Maint Inspec-Type IIIB 704-896-7634		1	85.00	85.00

4854A

Outstanding Balances

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

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County **Health Department**	Van Cleave Residence **Name of Establishment**	4854A **Permit/Project No.**
17908 Nantz Rd., Cornelius NC 28031 **Location**	4-Bedroom House **Type of Establishment**	480 GPD **Design Flow**
Donald Van Cleave **Owner/Agent**	Same as location address **Address**	(704) 896-7634 **Phone**
System installed prior to CO requirement **Operator**	N/A **Address**	N/A **Phone**
IV **System Type**	4/18/2008 **Next Inspection Due**	

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

6. GROUND ABSORPTION FIELDS:

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

A. LOW PRESSURE PIPE DRAIN FIELDS:

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

OVERALL CONDITION AND OPERATION OF SYSTEM:

No problems detected with system operation at the time of inspection.

No effluent on ground surface at the time of inspection.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

1. Pump both tanks (septic & pump) to remove excess solids.

***REPAIR WITHIN 30 DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

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

1. Hire a Certified Operator to perform maintenance on the system. Work should include locating all valves and turnups, flushing the lines, and setting the system pressure to 3ft.
2. Do not cover pump tank riser. Leave uncovered to allow for inspection and service.
3. Raise electical junction box to 12" above grade and fit with a weatherproof encloure.

DATE: 4/12/2005

SIGNED: _____ AGENT

Division of Environmental Health

Mecklenburg County
Health Department

April 25, 2000

Donald G. and Kathleen C. VanCleve
17908 Nantz Road
Cornelius, NC 28031

Re: Water Sample Results/Septic Inspection

Dear Mr. and Mrs. VanCleve:

Enclosed you will find the laboratory analysis of the well water sample that was collected at your residence on April 19, 2000 in addition to the subsurface wastewater system inspection results.

The laboratory analysis of the well water sample was reported to be negative for coliform bacteria. The inorganic water sample results are not yet available. I will forward a copy of those results to you just as soon as I receive them from the State Laboratory.

Your prompt attention to the suggested improvements to your septic system is appreciated. The recommendations that have been made are intended to protect your investment and minimize the possibility of a septic system malfunction.

If you have any questions concerning this matter, please contact me at 336-5568.

Sincerely,

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

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

Enclosures

Mecklenburg County Public Health Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

7116

Microbiological Analyses

Owner, System or Establishment: Donald G. VanCleve

Address: 17908 Wantz Rd

Cornelius NC Zip: 28031

Collected By: L Thompson

Date Collected: 4/19/00 Time: 2:00 AM (PM)

Sample Source: outside tap

Date Delvd. to Lab: 4/19/00 Time: 3:30 AM (PM)

Delivered By: L Thompson ☑ Received on Ice Initials LBT

Type of Sample

Potable Water

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

Treatment ☐ chlorinated ☐ nonchlorinated

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

Nonpotable Water

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

Analysis Requested: ☒ Total Coliform ☐ Fecal Coliform ☐ Fecal Strep ☐ Enterococcus

☐ Sulfate Reducing Bacteria ☐ Pseudomonas aeruginosa

☐ Other (specify) _____

☐ Food Analysis (specify) _____

Comments: _____

Laboratory Analysis Report

Method: _____ Membrane Filter ✓ Colilert _____ Multiple Tube Fermentation

Total Coliform Absent /100 ml.

Fecal Coliform Absent /100 ml.

Fecal Strep _____ /100 ml.

Enterococcus _____ /100 ml.

Non-Coliform _____ /100 ml.

Plate Count _____ /gm. or ml.

Coliform Count _____ /gm. or ml.

Pseudomonas aeruginosa _____ /100 ml.

Laboratory Comments:

Date Received: 4/19/00 Date Reported: 4/24/00

Received By: DCB Analyst: MB/DCB Lab #: 561

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

L 1.14 1/92
Rev. 10/96
4319

White - Lab Report Copy Yellow - Lab File copy

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

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

Mecklenburg — Health Department
Name of Establishment: residence
48544 — Permit/Project No.
17908 Nantz Road — Location
Type of Establishment
480 gpd — Design Flow
Donald G. & Kathleen C. VanClene, 17908 Nantz Road, Cornelius 28031 — Owner/Agent, Address, Phone
None at the present — Operator, Address, Phone
Remarks: Type IVa system installed prior to Operator requirement

	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?	☐	☑	Riser covered
Tanks and access manholes structurally sound, watertight?	☑	☐	Pump tank contained 8" of suspended solids. It is time to have both tanks pumped out, suspended solids are what eventually cause a system failure.
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?	☑	☐	No control panel
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?	☑	☐	Low pressure pipe distribution - No operator. Laterals need to be flushed out and the pressure head regulated bi-annually to help eliminate clogging and/or overload.
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?	☐	☑	

OVERALL CONDITION AND OPERATION OF SYSTEM: No sewage surfacing — needs maintenance. I recommend that you hire a certified Operator to maintain system.

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)
Pump out both the septic and the pump tanks	30
Flush and regulate LPP drain lines	30

DATE: 4-19-00 SIGNED: J B Thompson Jr. E.S. AGENT
Division of Environmental Health

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

– over –

Mecklenburg County
Health Department

FINAL NOTICE!

Re: 17908 Nantz Road

You owe Mecklenburg County Health Department $85.00 in inspection fees. The $85.00 fee imposed under North Carolina General Statute 130A – 39G is to recover costs for the required inspection of your wastewater system.

This is your third and final notice. You must submit your payment in the form of cash, credit card, or check, made payable to Mecklenburg County Health Department, by April 4, 2000 or legal action will be initiated against you.

If you have questions you should contact this department immediately at 336-5568.

Enclosure

PEOPLE • PRIDE • PROGRESS

Environmental Health Division

700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

Mecklenburg County
Health Department

February 29, 2000

Mrs. Donald Van Cleve
17908 Nantz Road
Cornelius, NC 28031

RE: 17908 Nantz Road

Dear Mrs. Van Cleve:

Receipt of your letter dated January 19, 2000 is hereby acknowledged. Thank you for your response to the Mecklenburg County Health Department's septic system inspection fee notice.

We understand that you may already have had your well and septic system inspected by a private party, however, this department is obligated to comply with State mandates regarding septic system inspections. The Mecklenburg County Board of Health has exercised its power pursuant to the North Carolina General Statue 130A-39(g) to impose fees for services in order to offset county dollars for program operation. The cost of these services has been computed and the Board of County Commissioners have agreed to and authorized the current fee schedule. As you acknowledged in your letter, these inspections are very important towards protecting our groundwater resources and the overall health and well being of the citizens of Mecklenburg County.

It is the goal of our program to protect our environment and comply with State mandates while not burdening the citizenry with undue financial hardships. I trust that you will understand our position in this matter and will remit the fee for the required inspection. If you have any questions regarding this correspondence I can be reached at 336-5568.

Sincerely,

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

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

Enclosures (4)

Jan. 19, 2000

Larry B. Thompson, Jr., R.S., Coordinator
Mecklenburg County Health Department
700 N. Tryon Street, Suite 211
Charlotte, N.C. 28202-2236

Dear Mr. Thompson:

With reference to the new Mecklenburg County Health Department user fee, I do not feel I need the Service at this time and don't want it.

Our home at 17908 Nantz Rd, Cornelius, N.C. 28031 built in 1991 is not very old.

Since we have had our pump system professionaly checked and our well water checked with both being fine, we do not wish to be a part of your testing program for at least five years.

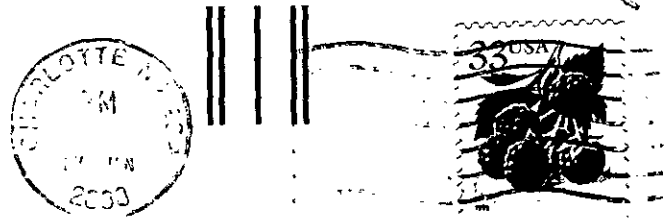
Please note not to include 17908 Nantz Rd., Cornelius, N.C. 28031 in this five year inspection process since we do not feel it would be benificial to us at this time. Please contact us in 2005.

Thank you,

Mrs. Donald Van Cleve
17908 Nantz Road
Cornelius, N.C. 28031

File# 4854 A

Van Cleve
15908 Nantz Rd.
Cornelius, N.C. 28031



Larry B. Thompson, Jr., R.S., Coordinator
Mecklenburg County Health Department
700 N. Tryon Street, Suite 211
Charlotte, N.C. 28202-2236

INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

PAST DUE NOTICE

Donald G. and Kathleen C. VanCleve
17908 Nantz Road
Cornelius, NC 28031

Please Make Check Payable To:

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

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!*

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Donald & Kathleen VanCleve	17908 Nantz Road	001-052-41	4854 A	IVa

Total Amount Due: $85.0

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

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date	Payment Due Date
12-31-99	1-31-00
	PAST DUE

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

☐ *Please check if you have a well.*

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

DO NOT SEND CASH

MECKLENBURG COUNTY HEALTH DEPARTMENT

Donald G. & Kathleen C. VanCleve
17908 Nantz Road
Cornelius, NC 28031

Please Make Check Payable To:

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

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File #	# Bedrooms	System Type
Donald G. & Kathleen C. VanCleve	17908 Nantz Road	001-052-41	4854A	4	IVA

Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

#Bedrooms _____

4-19-09
- Uncovered riser
- 8" sludge
- No Control Panel
- H2O

BILL INFORMATION

Billing Date	Payment Due Date
12/31/99	1/31/00

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

☐ *Please check if you have a well.*

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

DO NOT SEND CASH

Mecklenburg County
Health Department

December 30, 1999

Donald G. and Kathleen C. Van Cleve
17908 Nantz Road
Cornelius, NC 28031

Dear Mr. and Mrs. Van Cleve:

This letter is being sent to all home/business owners in Mecklenburg County with septic tank systems that utilize pumps. In 1990 the North Carolina Administrative Code governing septic tank systems was amended to require routine maintenance and inspection of certain septic tank systems. Research conducted on septic tank systems has shown that properly maintained systems perform better and protect the home/business owner's investment. These State rule changes required local health departments to perform additional inspections without additional resources. During the 1998-99 budget hearings, the Mecklenburg County Board of County Commissioners (BOCC) approved user fees to offset costs and to allow the local health department to comply with mandatory enforcement requirements in the State regulations.

Since you have a pump system, these new rules and fee requirements affect you. The fee is $85.00 and is due upon receipt of this notice. We will visit your property and make assessments and recommendations for the continued efficient operation of your septic tank system. In addition, if you have a well, bacterial and inorganic samples will be collected to help assess the quality of your water supply source. The process, including fee assessment, will be repeated every five (5) years. The fee amount may change in the future.

We are excited about the interest and support demonstrated by the BOCC. Past performance in this area was more enforcement oriented rather than supportive. One of our goals is to establish our department as a resource to you to aid and assist you with this and related public health concerns. The inspection program and the water analysis are important to the health of you and your family. This is a very important initiative intended to protect the public's health while improving and preserving our groundwater resources.

Your prompt fee payment will activate our inspection process. Your comments and questions regarding this matter are encouraged and welcomed.

Sincerely,

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

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

Enclosure

cc: Fiscal Services Manager, HMHCS

CERTIFICATE OF COMPLETION/OPERATION PERMIT T & J

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

FILE: 4854-A DATE: 4/3/91

TC: 001-052-~~33~~ 41 ☐ L ☑ CRT

SERIAL Nº 13255

Name of Owner CRESENT LAND & TIMBER Juris.:

Address of Property 17908 NANTZ Rd.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 267'

Number of Lines 3 1 @ 80' 30'

Cover Depth 4"-6"

Water Supply Source P/WELL

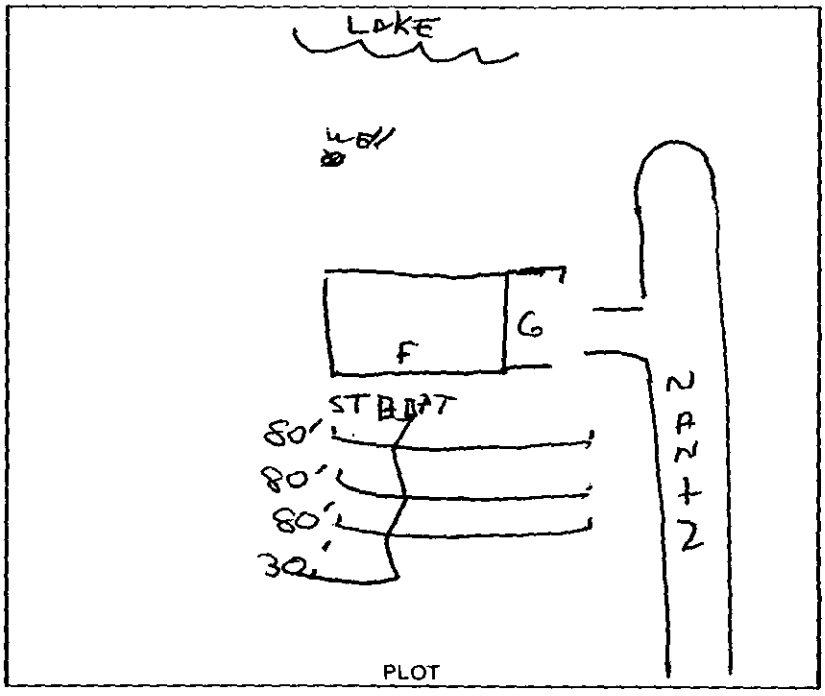
Distance to Water Source >50'

Excavation Inspected Y

Tank(s) Inspected Y, Y

Wash Line Inspected —

High Water Alarm Inspected INSTALLED



PLOT

Design: 1500 ST, 1000 PT, MOD T&J, 5345q.' 24" SAND, CEC | CTR# 74

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

☑ ~~installed~~ or constructed ☐ altered or repaired

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

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

☐ Certificate of Completion ☑ ~~Operation~~ Permit

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

COMMENTS: 4bedrm - T&J panel system - Installed

According to ~~Proposed~~ TW 4/4/91 plan.
APPROVED

Tim Whittaker, R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

FILE: 4854 A DATE: 3/26/91

TC: 001-052-3800 L

SERIAL Nº 14768

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 8/16/89. All work shall be completed on or before 4/26/91, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

3/26/91 PSW
System to be installed in accordance with approved plott plan.

Liquid Capacity of Septic Tank 1500 PCC gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 2' feet

Total Line Length 267 feet

Number of Lines 3(80') 1(30)

Depth of Stone - inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

PLOT OF SYSTEM

NAME OF OWNER Cresent Land & Timber

LOCATION OF PROPERTY 17908 Nantz Rd

Comments: 267' T&J panel system / Keep system and repair area >50 from neighbors well & proposed well site / Keep lines on contour of land / System shall not be installed under wet conditions

GCE Vaughn s/g
Division or Section Head

Philip S. Walker R.S.
Environmentalist

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

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

PROPOSED PLOT PLAN

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

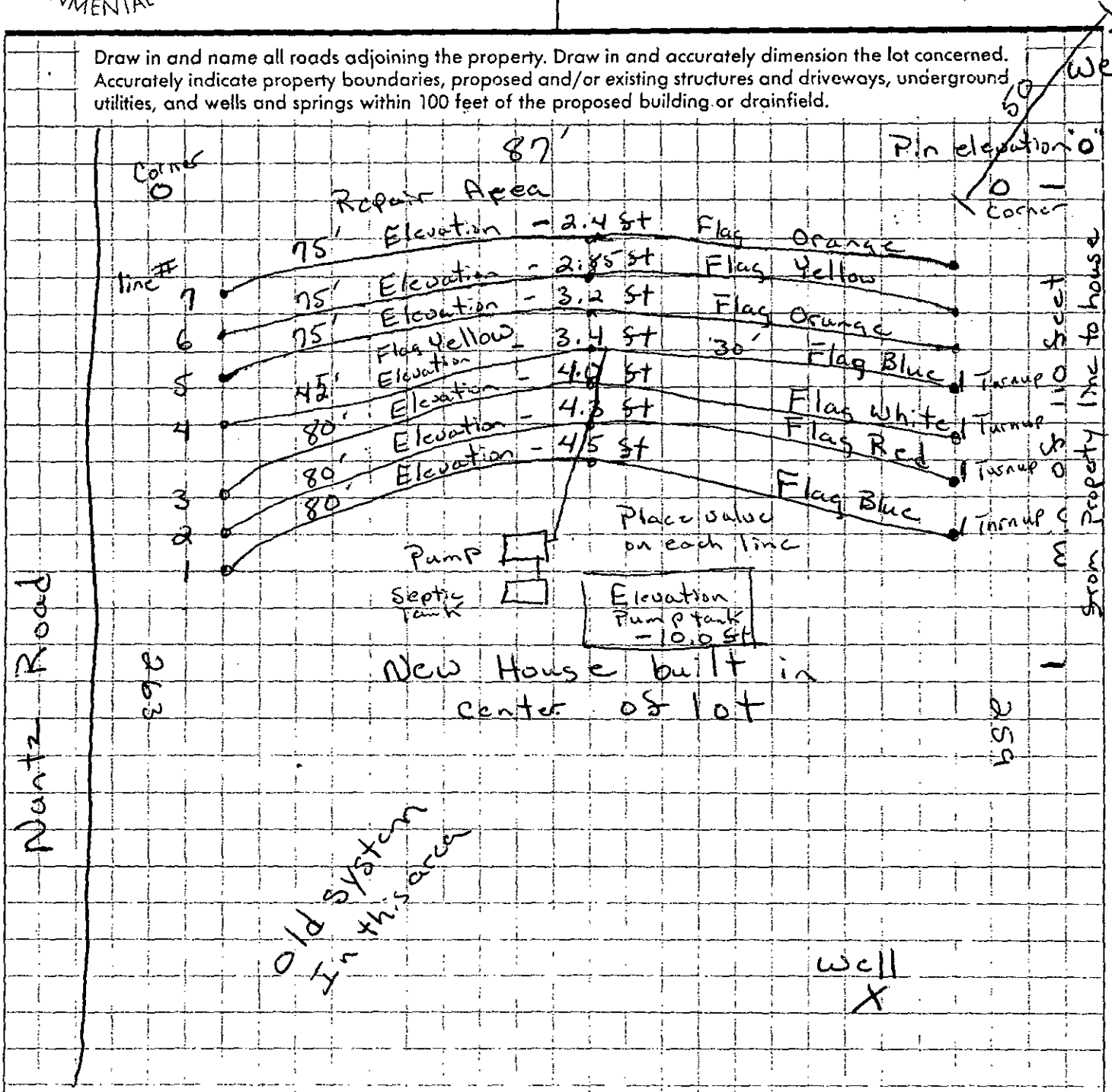
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: _____

TC: _____

House

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.



Crescent Land and Timber
Signed: by Toby Johnson

Date: 8-16-89

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 03/11/91

Name/Company: [illegible]

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: [illegible]

Fee: $100.00 Code # 2811 $100.00

NOTICE:

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

_____ _____

Completed by Collected by

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 03/11/91

Name/Company: [illegible]

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: [illegible] Fee
[illegible]
[illegible]
Fee #4354A

[illegible] DIVISION
PAID

MAR 11 1991

Fee: $ 100.00

[illegible] 11:23 11
11:100.00

NOTICE:

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

_____ Completed by

[illegible] Collected by

Awaiting
Agreement Forms
from
Register of Deeds

10/17/90

Instructed to complete agreement
forms. ✓ on fees 95 1/2

Mecklenburg County
Health Department

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

September 5, 1989

Steve Schreiner
Crescent Land & Timber
P. O. Box 30817
Charlotte, NC 28230

Dear Mr. Schreiner:

RE: Property located at 17908 Nantz Road
FILE: 4854A
PARCEL: 001-052-38

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

Your plans for the modified system for the above property as submitted are approved with the following comments:

- The well should be located 100 feet or no less than 50 feet away from any part of the sewage disposal system and repair area.

- Water saving plumbing devices and low flush or microflush toilets must be installed when constructing the residence.

Upon execution and recording with the Register of Deeds Office, Mecklenburg County, of the enclosed "Septic Tank Agreement Form", an Improvements Permit may be issued by this office.

Sincerely,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

GV/ir

Enclosures - 3 Septic Tank Agreement Forms

For Irene Vaughan

Date 10-16-90 Time _____

WHILE YOU WERE OUT

M Patty Stewart

From _____

Phone No. 975-1513

Area Code Number Extension

TELEPHONED	X	URGENT	
PLEASE CALL	X	WANTS TO SEE YOU	
WILL CALL AGAIN		CAME TO SEE YOU	
RETURNED YOUR CALL			

Message _____

ask me
Irene!

MT
Operator

DataCom 9161

Toney C. Jacobs
Consulting Soil Scientist
Rt. 2 Box 280
Troutman, N. C. 28166
(704)528-4787

August 23, 1989

Mecklenburg County Health Dept.
1200 Blythe Blvd.
Charlotte, N. C. 28203

Subject: Soil pit evaluation for suitable saprolite.
Lake lot at end of Nantz Road in northern
Mecklenburg County.

On August 22, 1989 two pits were opened to 6 feet on each side of the proposed drainfield area. Only one is described because there was no appreciable difference between the two.

feet

0-.45 yellowish red (5YR4/6) clay loam; granular; friable; common roots; ~~clear~~ clear, smooth boundary.

.45-1.6 red (2.5YR4/6) light clay; weak SAB to AB; no clay film; gradual, smooth boundary.

1.6-2.1 red (2.5YR4/6) light clay; weak SAB; discontinuous clay films; gradual, smooth boundary.

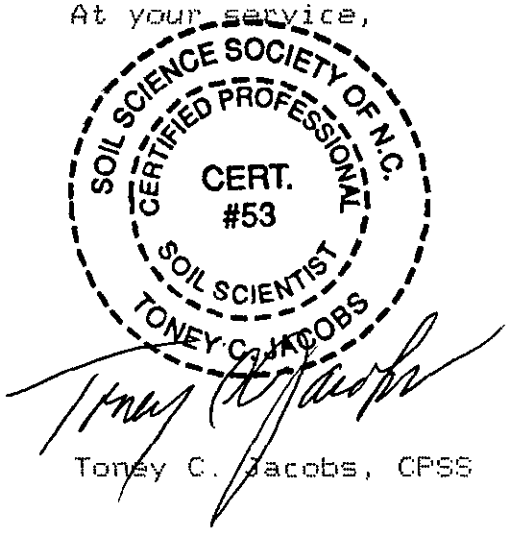
2.1-2.9 red (10YR4/6) clay loam; massive; easily crushing to granular; few fine mica flakes; diffuse, smooth boundary.

2.9-3.8 red (10YR4/6) clay loam; massive; easily crushing to granular; few fine mica flakes; with common yellow felsic material.

3.8-6.2 red and dark red (10R4/6 and 3/6) loam; massive; with common inclusions of black and yellow mineral; easily crushes to fine loamy material.

This saprolite appears to be weathered from gneiss and/or schist and does not have any morphological features to disqualify it from being considered provisionally suitable by .1954(4) of the sewage regulations.

At your service,



Toney C. Jacobs, CPSS

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 8/16/89

Name/Company: Crescent Land & Timber

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Impr. - new (alternate)
Rte # 4854A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

AUG 16 1989

Fee: $ 100.00

NOTICE:

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

C. Hobbs
Completed by

Collected by

BILLING — WHITE [redacted]

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 4854A
TC: _____
SERIAL: № 17151
L CRT

JOB LOCATION

① ADDRESS: 17908 (STREET NO.) Nantz Road (STREET) ② FILE: 4854A
③ JURISDICTION: Meck. ④ TAX PARCEL NO.: 001-052-3800
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Crescent (FIRST) Land and (MIDDLE) Timber Corp (LAST)
⑨ MAILING ADDRESS: 2305 Randolph Rd
⑩ CITY: Charlotte ⑪ STATE: NC. ⑫ ZIP: 28207
⑬ PHONE: (WORK) 704 382 2410 ⑭ (HOME) _____

REQUEST

This request is for a(n):

⑮ ☒ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 4 ㉕ Type? _____
㉓ Maximum occupancy? 6 ㉖ Maximum number of employees? _____
㉔ Basement? ☐ yes ☒ no ㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Crescent Land and Timber Corp. by Tilly Jr Johnson
Date: 8-16-89

IMPROVEMENT PERMIT

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

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

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Subject to Approval for Modified System Installation

Environmentalist _____ Date 10-18-89

Director or Authorized Section Head _____ Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

Mecklenburg County
Health Department

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

August 18th, 1988

Crescent Land & Timber Corp.
2305 Randolph Road
Charlotte, NC 28207

RE: Property located at Nantz Road 1
FILE: 4854A
PARCEL: 00105238 PO

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 15499) is enclosed.

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

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

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

Very truly yours,

Sylvia D. Daniel

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

Enclosure (2)

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15499

File: 4854A Action 2

Parcel: 00105238 PO ☐ PC

Location: Nantz Road

Subdivision:

Lot: 1 Block: Acres: .60

Owner: Crescent Land & Timber Corp.
Address: 2305 Randolph Road
Charlotte, NC 28207

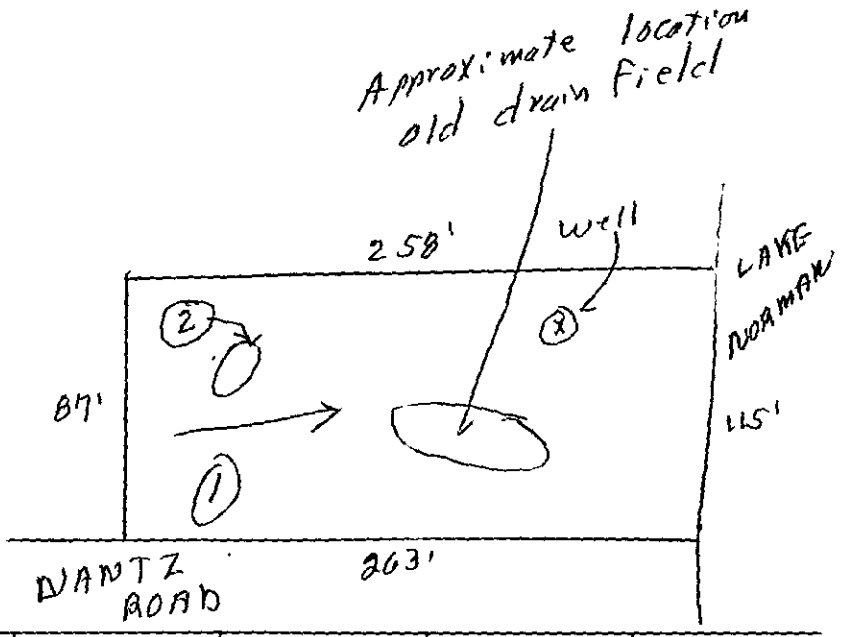
Comments: _____

Described by: William A. Marlin

Date: 8-17-88

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

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



FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-8%	S PS (U) slight depression	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" To water	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36"+	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S. PS (U) Restricted	S PS U —	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	1vA Cecil-like	slight Depression				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
AUG 9 1988
Ck#338
$30.00

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

(OFFICE USE ONLY)

FILE: 4854A

TC: 001 052 38

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Lot 1, ~~Whispering Oaks~~ Nantz Road, Lemley Township

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 001 PAGE NO.: 052 PARCEL NO.: 38

⑥ DEED REFERENCE: BOOK NO.: 3146 PAGE NO.: 153

OWNER

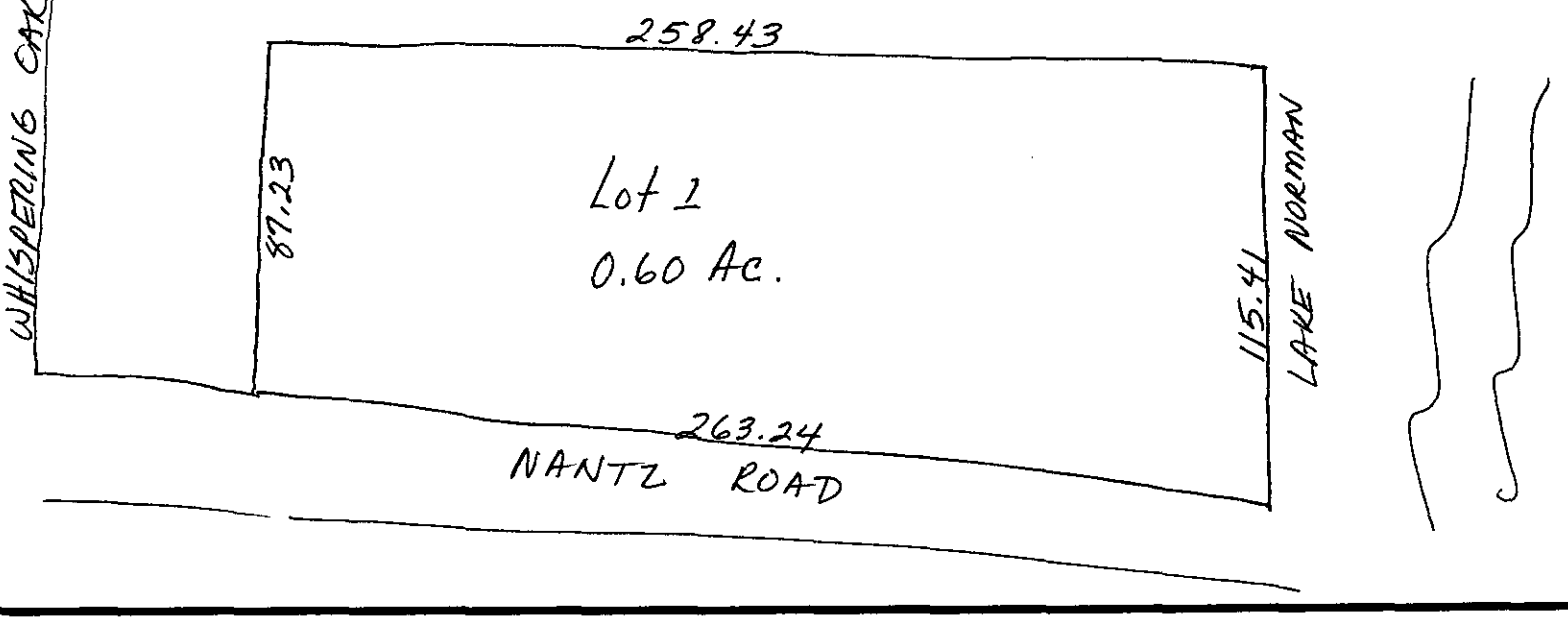
⑦ NAME: Crescent Land & Timber Corp.

⑧ MAILING ADDRESS: (FIRST) c/o Land Craft (MIDDLE) Properties, Inc. (LAST) (Lana Hathaway)
2305 Randolph Road

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28207

⑫ PHONE: (WORK) 332-9340 (HOME) 892-9811

⑬ Accurately diagram and dimension lot.



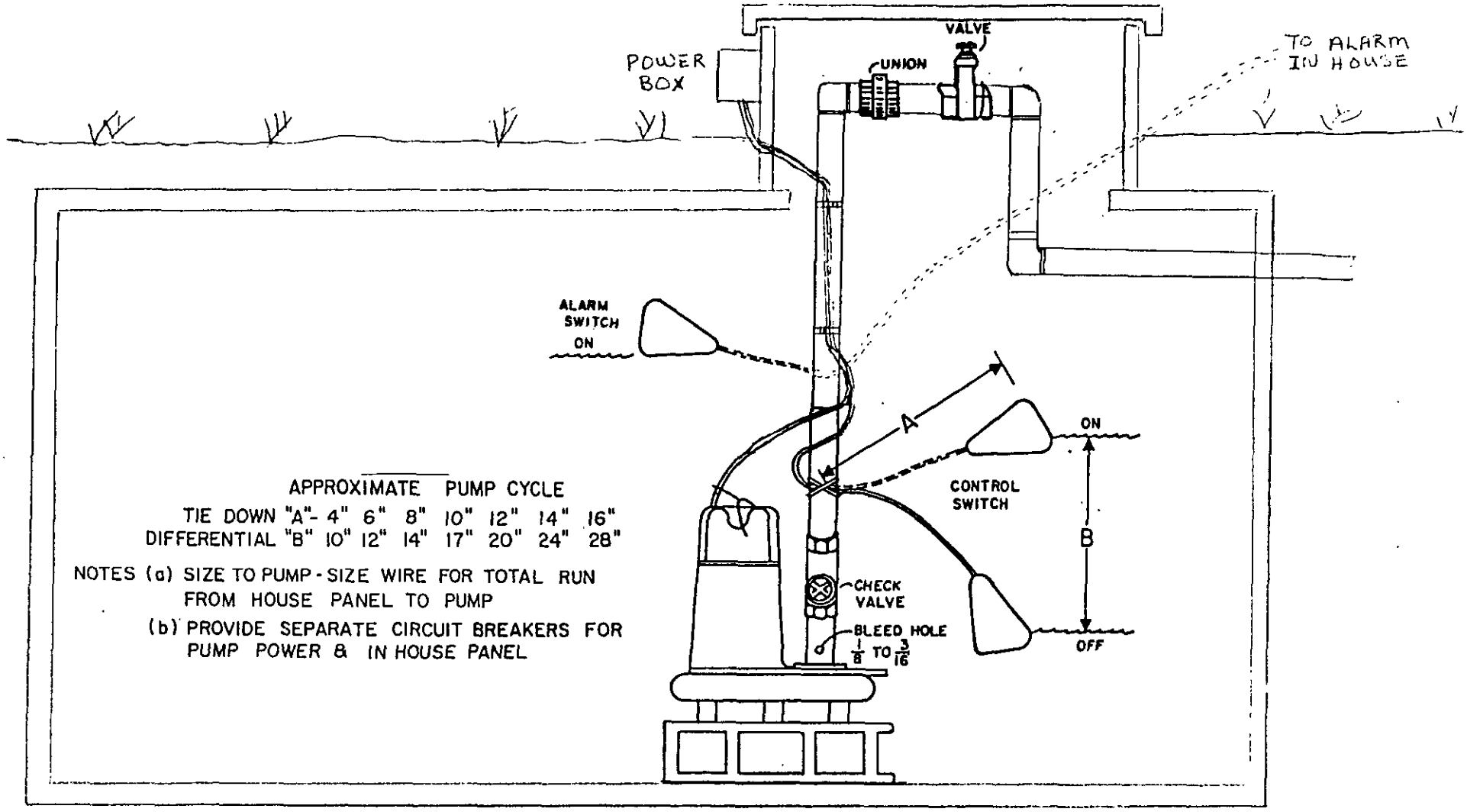
⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing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

Signed: Mike Mayer

Date: 8 AUG 88

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

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



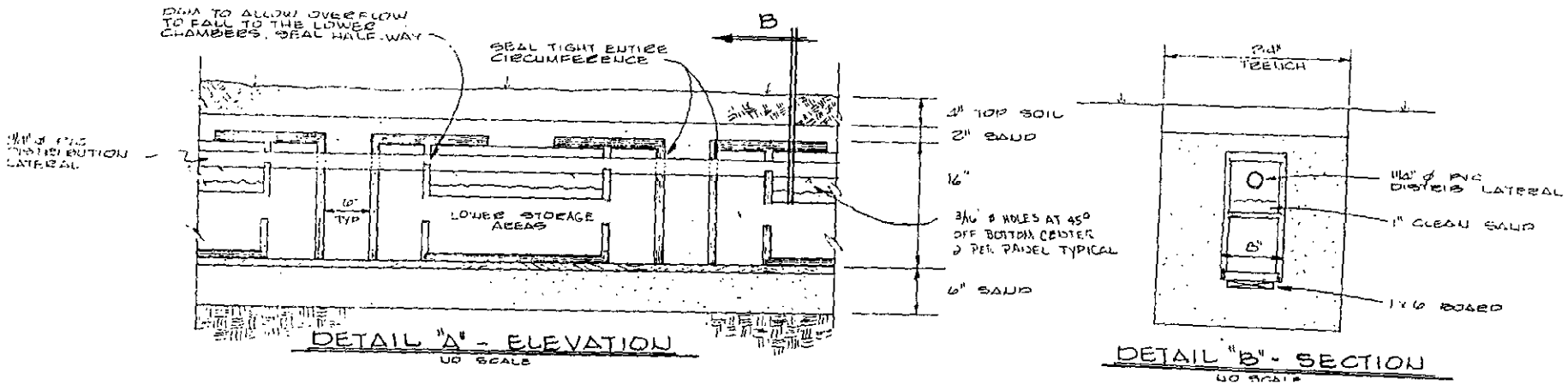
APPROXIMATE PUMP CYCLE

TIE DOWN "A"	4"	6"	8"	10"	12"	14"	16"
DIFFERENTIAL "B"	10"	12"	14"	17"	20"	24"	28"

NOTES (a) SIZE TO PUMP - SIZE WIRE FOR TOTAL RUN FROM HOUSE PANEL TO PUMP

(b) PROVIDE SEPARATE CIRCUIT BREAKERS FOR PUMP POWER & IN HOUSE PANEL

I & J PANEL AS MFG'D
BY STATESVILLE
CONCRETE PRODUCTS



BK: 06375 PG: 0827/0827 #:0133 6.00

REGISTERED OCT/18/1990 01:05PM ANNE A. POWERS REGISTER OF DEEDS MECK. CO. N.C.

FILE NO. 4854A

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

COPY

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

The undersigned, Don Van Cleve & Kathleen C. Van Cleve,

owner of property located at 17908 Nantz Rd

("the site") and described in an instrument recorded in Book 6216 at Page 0635, Mecklenburg Public Registry, hereby acknowledges that he applied to the Mecklenburg County Department of Environmental Health ("the Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 10 NCAC 10A .1934 et seq; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested pursuant to 10 NCAC 10A .1948(c) that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data and other information which indicate to the Department that the septic tank system proposed by the undersigned can reasonably be expected to function satisfactorily and thus that the findings specified in 10 NCAC 10A .1948(c)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

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

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

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

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

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

This 18 day of October, 1990.

D. Van Cleve (SEAL)

Kathleen C. Van Cleve (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Patricia A Bryant, a Notary Public for said County and State, do hereby certify that D. Van Cleve & Kathleen C. Van Cleve personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 18th day of October, 1990.

Patricia A. Bryant
Notary Public

My Commission Expires April 17 1992

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

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

WITNESS my hand and notarial seal, this _____ day of _____, 198__.

_____

My Commission Expires _____