

6230 WILORA LAKE RD

10304137

1/3/2008

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 38318 DATE: 5/9/96

TC: 103 041 0870 ☐ L ☐ CRT

SERIAL Nº 16572

Name of Owner James A. Hill Juris.:

Address of Property 6230 Wilora Lake Dr

Inspection Data:

Tank Material PCC

Total Length of Drainfield 300'

Number of Lines 4 @ 75'

Cover Depth 12" - 24"

Water Supply Source CMUD

Distance to Water Source > 10'

Excavation Inspected 5/9/96

Tank(s) Inspected 5/9/96

Wash Line Inspected plumbed to tank

High Water Alarm Inspected NA

PLOT

Design 1996, 1500ST, IND, 900' chamber system, cecil CTR# Bart 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: septic system designed for 3 bedroom residence chamber system "Infiltrator III"

Philo A. Walker 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

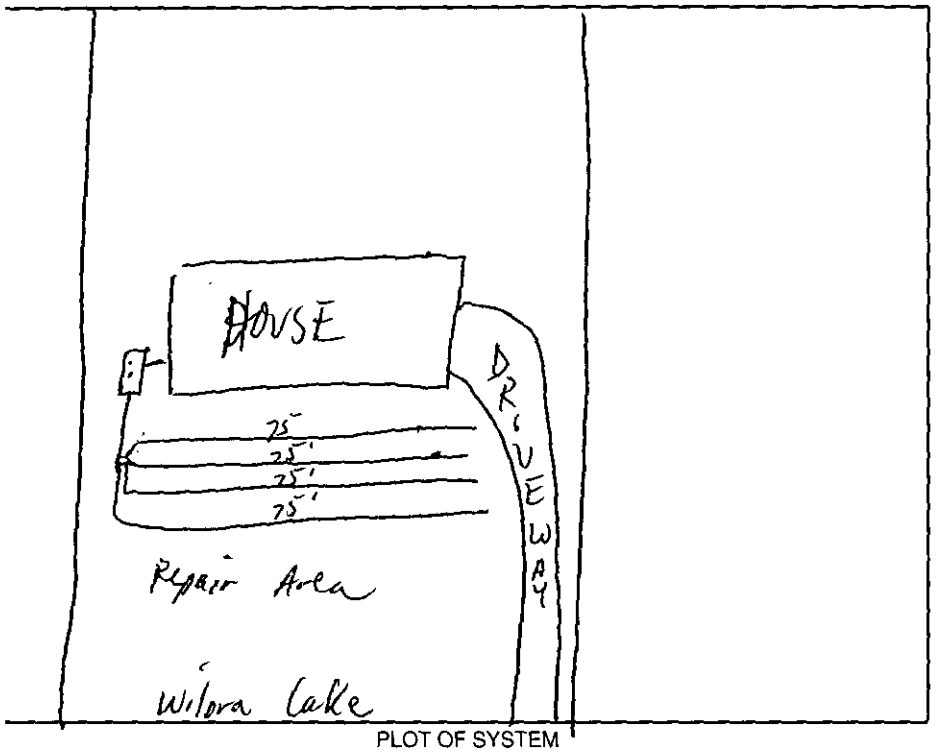
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3831B DATE: 5/6/96

TC: 103 041 08 Po ☐ L

SERIAL Nº 16699

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 4/25/96. All work shall be completed on or before 6/6/96, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank – gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous –

Total Line Length 300' feet

Number of Lines 4 (75')

Depth of Stone NA inches

Distance from House 5 feet

Distance from Property Line 10' feet

Distance from Well CMUD feet

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

NAME OF OWNER ~~JD~~ James A. Hill

LOCATION OF PROPERTY 6230 Wilora Lake Dr

Comments: 4 lines x 75' long x 3' wd, Chamber system installation
Rake side walls of trench / Keep septic system > 10' from
water line.

Philo S. Walker R.S.

Environmental Health Specialist

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

MW-1

Department of Natural Resources and Community Development
Division of Environmental Management
P. O. Box 27687 - Raleigh, N. C. 27611

WELL ABANDONMENT RECORD

CONTRACTOR S+ME, Inc. REG. NO. 412

1. WELL LOCATION: (Show a sketch of the location on back of form.)
   Nearest Town: CHARLOTTE County MECKLENBURG
   EASTLAND MALL + WILORA LAKE RD Quadrangle No.
   (Road, Community, Subdivision, Lot No.)
2. OWNER: HANNAFORD BROS. Co.
3. ADDRESS: P.O. Box 1000, PORTLAND ME
4. TOPOGRAPHY: draw, slope, hilltop, valley, flat
5. USE OF WELL: MONITORING DATE: 4/15/96
6. TOTAL DEPTH: 25 ft. DIAMETER: 2 in.
7. CASING REMOVED:

feet	diameter

8. SEALING MATERIAL:

Neat cement	Sand cement
bags of cement 3	bags of cement N/A
gals. of water 21	yds. of sand N/A
	gals. of water N/A

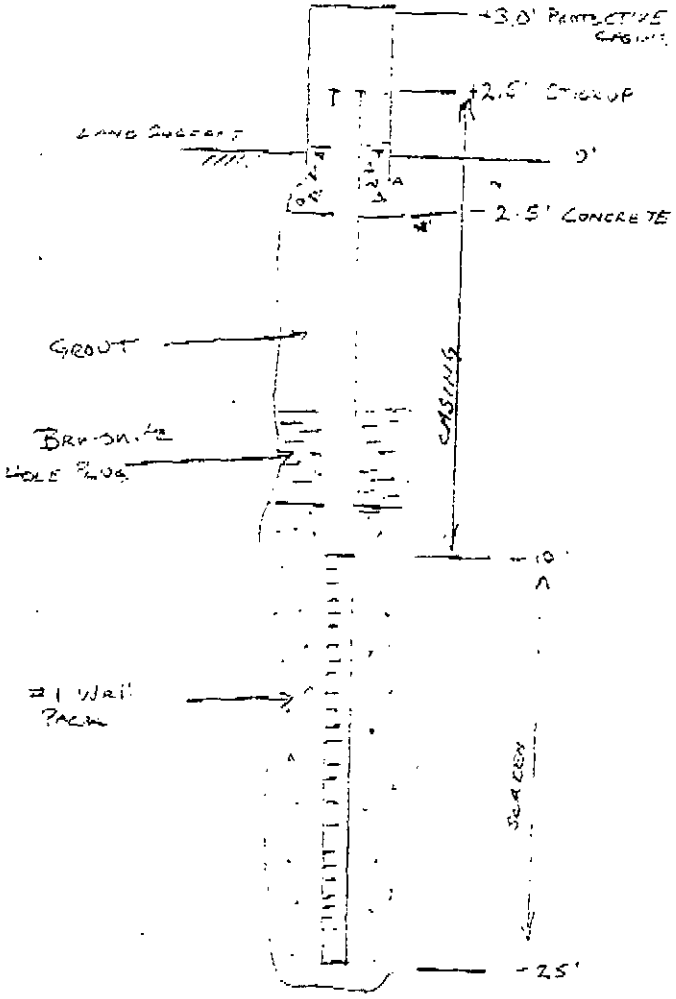
Other
Type material
Amount

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL
   TREMIE

I do hereby certify that this well abandonment record is true and exact.

Signature of Contractor or Agent Date
5/4/96

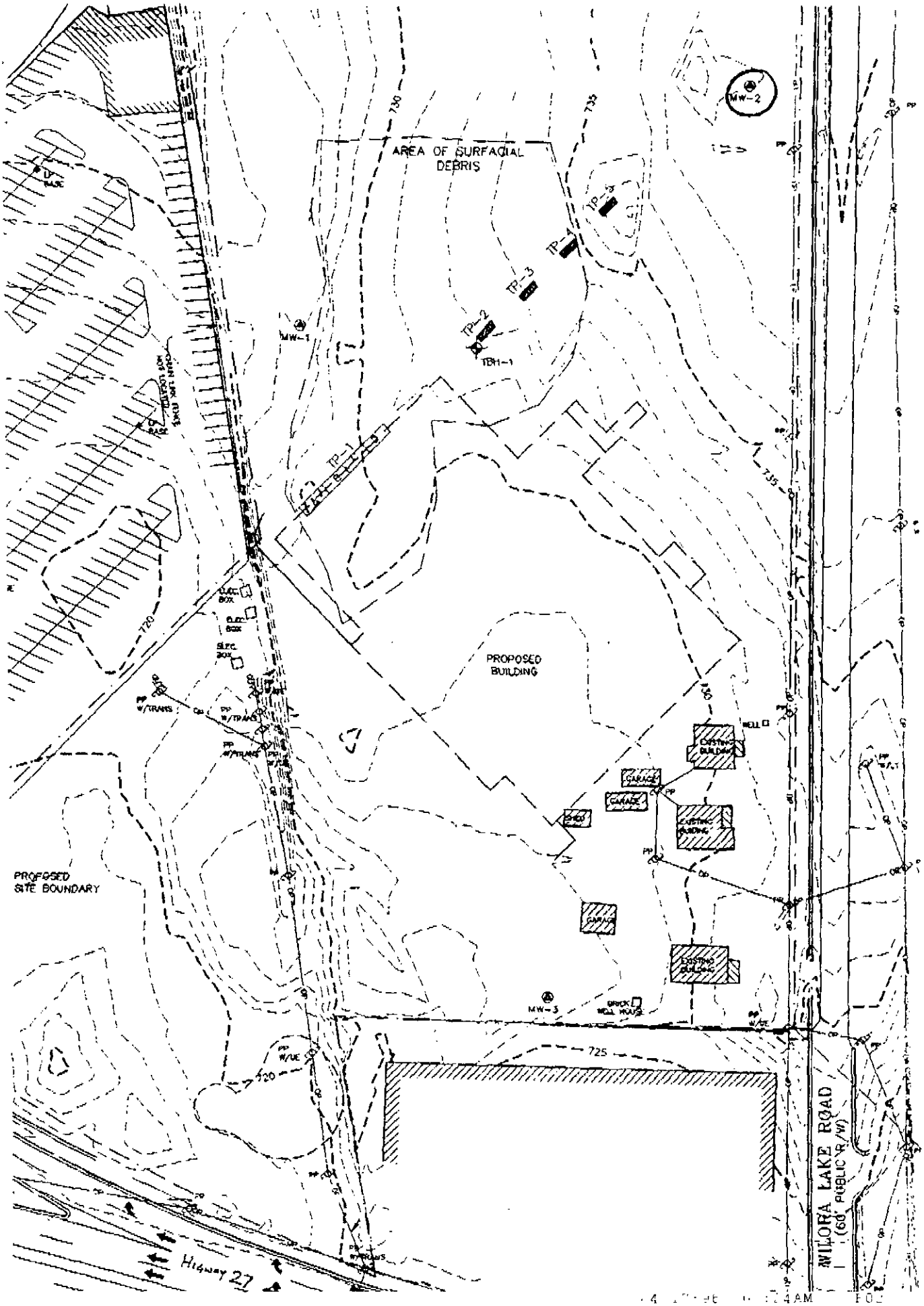
WELL DIAGRAM: Draw a detailed sketch of the well showing total depth, depth and diamete of screens remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used



Submit original to the Division of Environmental Management, one copy to the Driller, and one copy to the Owner.

GW-30 Revised 10/1/80

WELL LOCATION: Draw a location sketch showing the direction and distance of the well to at least two (2) nearby reference points such as roads, intersections and streams. Identify roads with State Highway road identification numbers.



Department of Natural Resources and Community Development
Division of Environmental Management
P. O. Box 27687 - Raleigh, N. C. 27611

MW-2

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2. OWNER: HANNAFORD BROS. Co.
3. ADDRESS: P.O. Box 1000, PORTLAND ME
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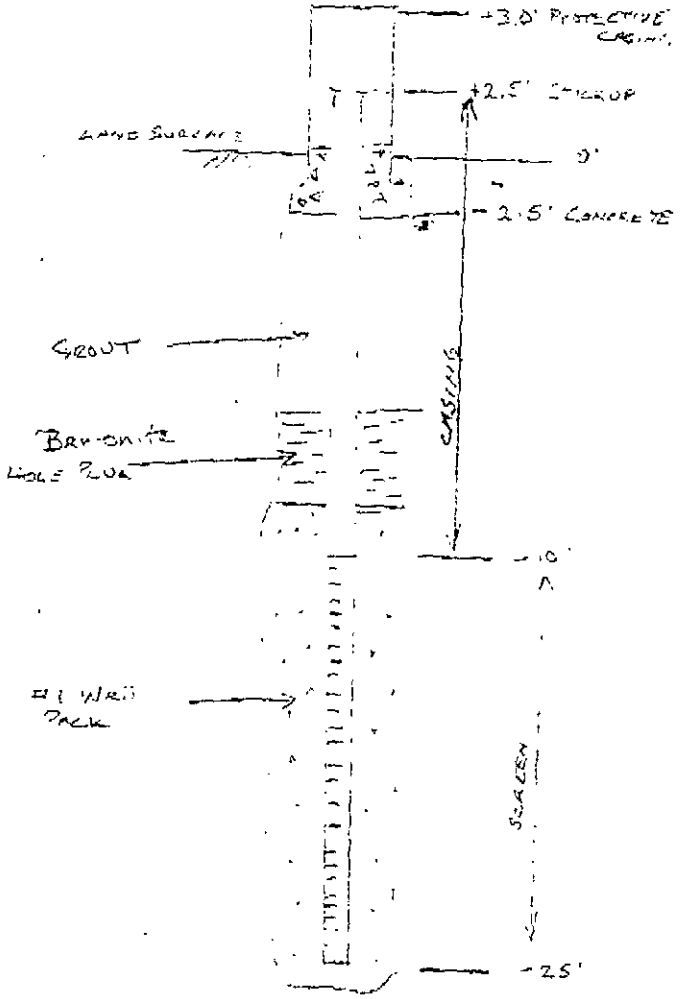
Other
Type material
Amount

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL
   T Mann

I do hereby certify that this well abandonment record is true and exact.

William W. Timmons, Jr.
Signature of Contractor or Agent Date 15/4/96

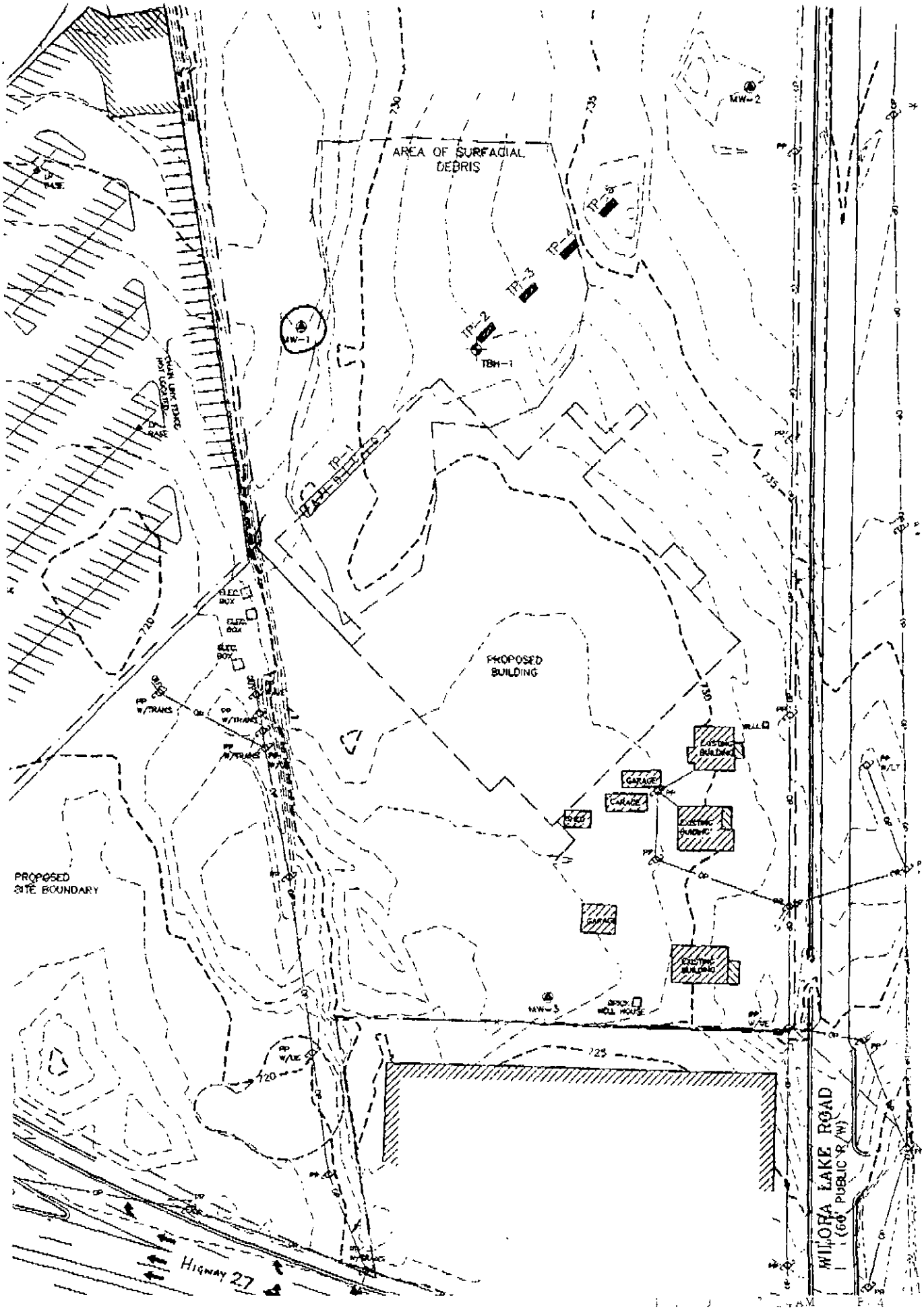
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GW-30 Revised 10/1/80

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MW-3

Natural Resources and Community Development
Division of Environmental Management

WELL ABANDONMENT RECORD

P. O. Box 27687 - Raleigh, N. C. 27611

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3. ADDRESS: P.O. Box 1000, PORTLAND ME
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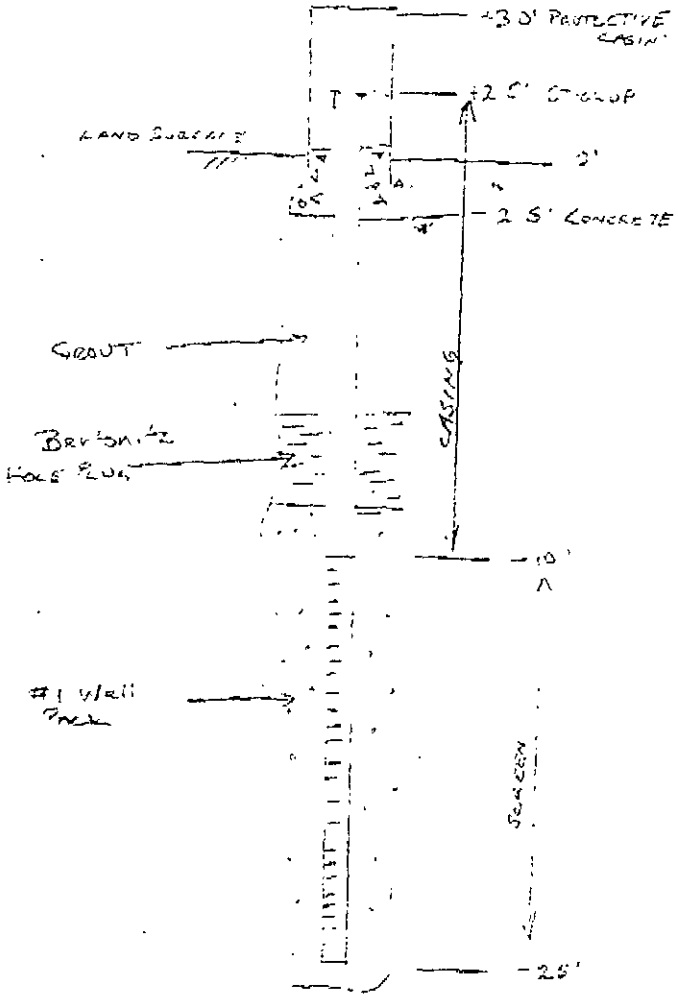
Other
Type material
Amount

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL

I do hereby certify that this well abandonment record is true and exact.

Signature of Contractor or Agent Date 15/4/96

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Submit original to the Division of Environmental Management, one copy to the Driller, and one copy to the Owner.

GW-30 Revised 10/1/80

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

DATE: ~~3831B~~ 4/15/96 PERMIT NO: 3831B

PARCEL NO: 103 041 08 70

PROPERTY OWNER: Wilora Lake Asso. (James Hill)

BUILDING CONTRACTOR: Pennington Homes

JOB LOCATION ADDRESS: 6230 Wilora Lake Dr

SUBDIVISION NAME: Wilora Lake

AUTHORIZATION ISSUED BY: _____ DATE: _____

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3831B, 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: Type III Chamber System Approval, Innovative System Agreement form to be filed.

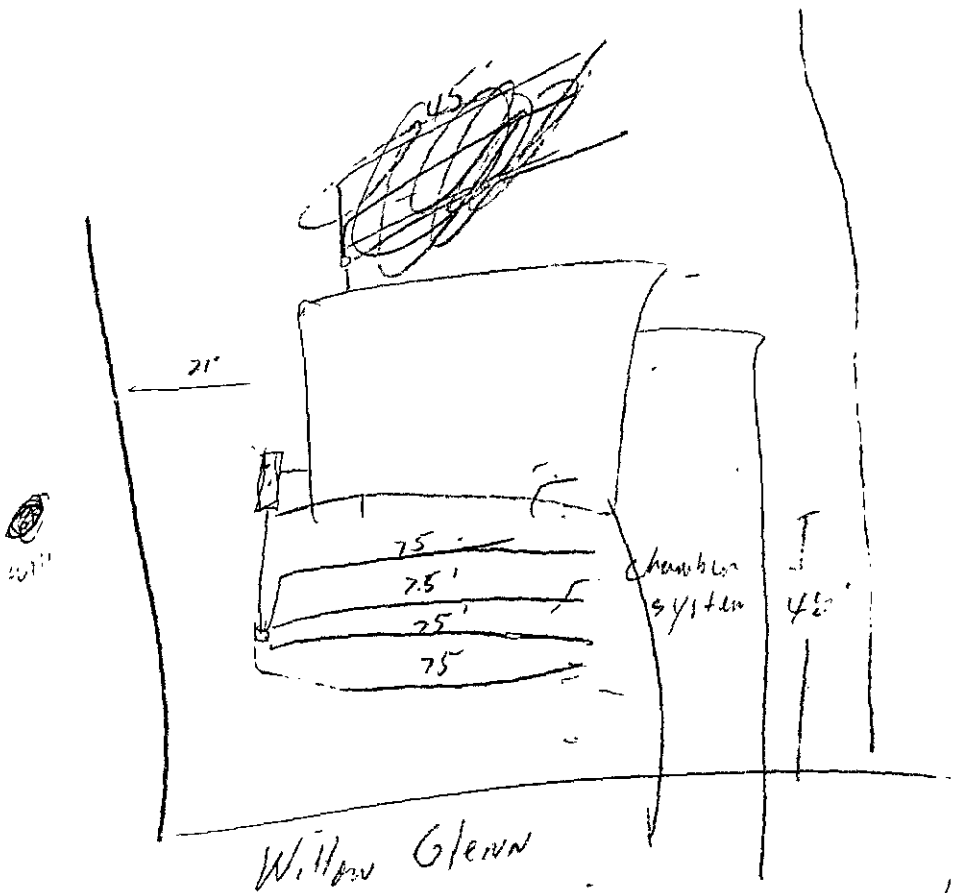
OWNER CERTIFICATION

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.

James Hill Sr. 4/29/96

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

James Hill owner — Hanford Groceries
537-4792 Colorado



Get in touch with Hanford re: well

Danny Lytaker (Donny mgr)
Pennisula Homes
596-9011 Builder

FEE: 100.00
DATE: 12/4/95
CK #611

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

[ ] CRT

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

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

FILE #: 38318

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 103-041-08 PO

STREET ADDRESS: Wilora Lake Dr.

TYPE OF BUILDING (CHECK ONE):

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1700

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE: Brick

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

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

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

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

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

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

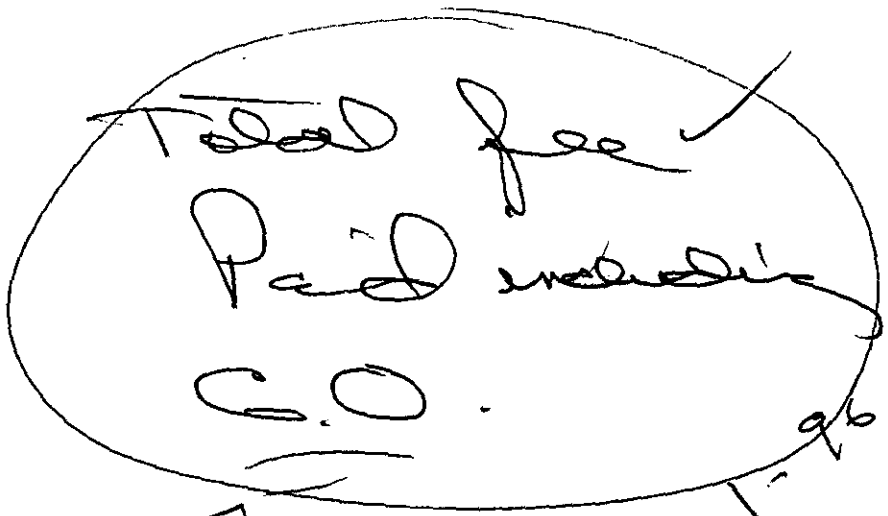
PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Wilora Lk. Ass. (LAST) (FIRST) (MI)	NAME: Hill James A. SR. (LAST) (FIRST) (MI)
ADDRESS: 6853 Fairview RD #200	DAYTIME PHONE: 704 537-4792
CITY: Charlotte STATE: N.C. ZIP: 28210	
DAYTIME PHONE: ( ) —	

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: Betty Hill DATE: 12-4-95

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



Released
as per your request for
C.O. 5/9/96

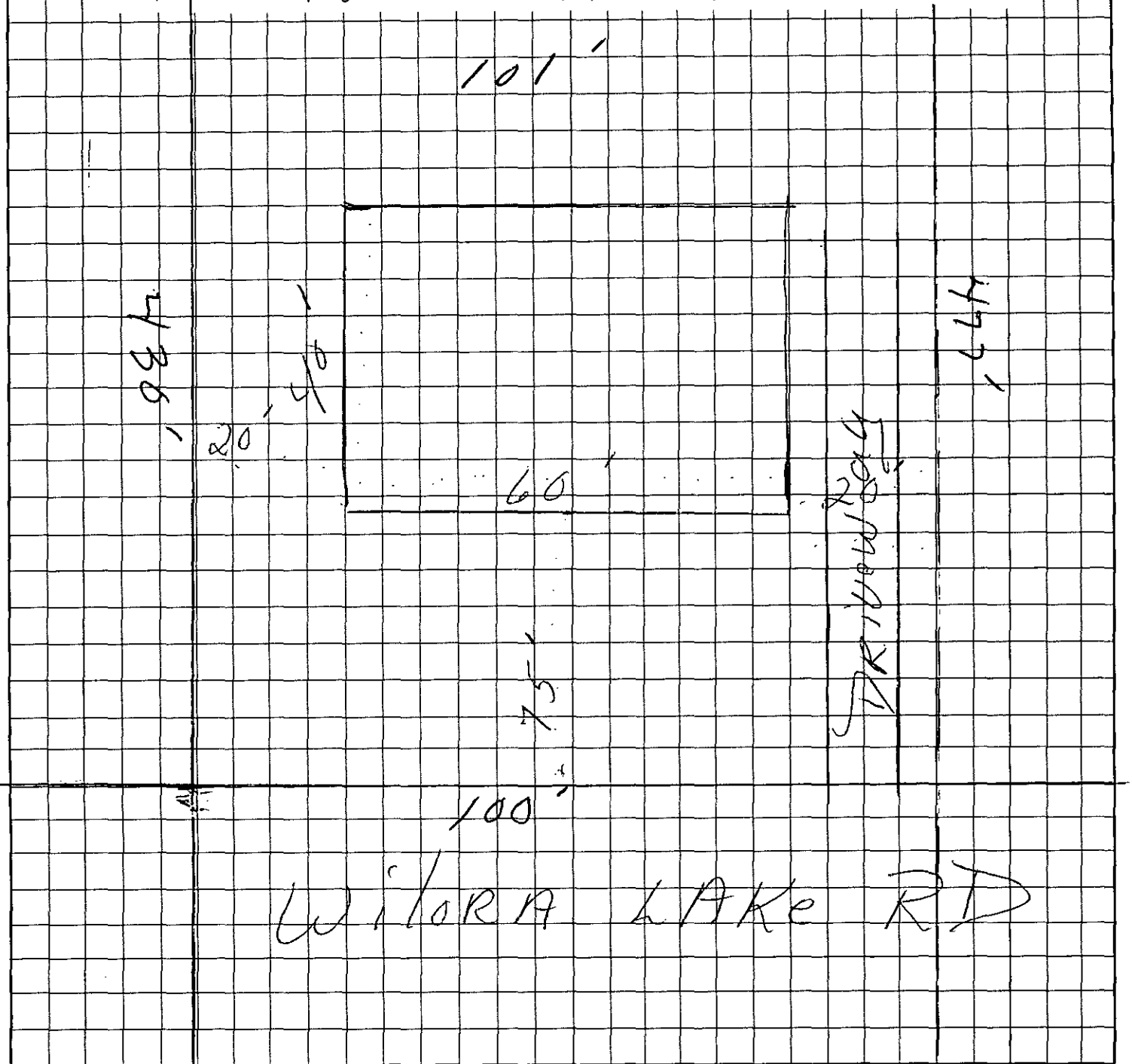
PROPOSED PLOT PLAN

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

FILE: 3831B

TC: 103-041-08 PO

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

Permit Number: 3831B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 103 041 08 PO

- 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
.3 Long-term acceptance rate	360 Max gallons/day wastewater flow	900' Absorption Area (sq ft)	9' Trench spacing (min. on centers)
NO Serviced by private well	1500 Gallon septic tank	300' Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	NA Gallon pump tank	NA Depth of stone	

Any surface waters present: NO Type: Minimum separation distance:

Site modifications required: well to be abandoned on adjacent lot on left.

Additional Conditions: Type III Chamber System Approval, Innovative System
CMUD water. Agreement forms to be filed

Repair Area System Type 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
900' Absorption Area (Sq ft) 300' Total Trench Length (Ft)	NA Depth of Stone Trench	9' Trench spacing (min. on centers)	24" 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 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.

Phil S. Walker R.S. 4/15/96
DEHNR Authorized Agent Date

James Kluttz Jr 4/25/96
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

PROPOSED PLOT PLAN

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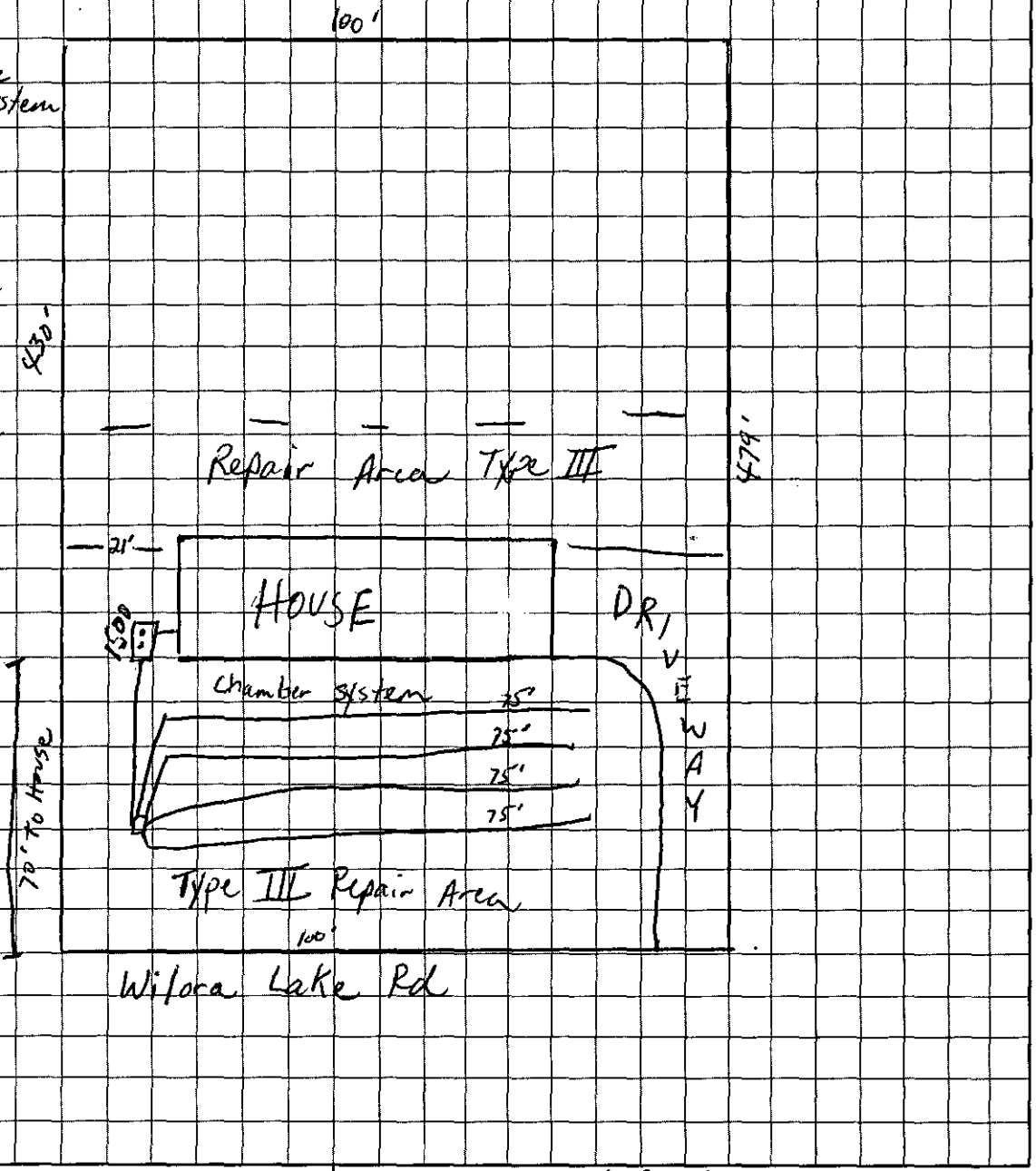
FILE: 3831B

TC: 103 041 08 90

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COMMENTS

1500 ST
Chamber system
Approval, Innovative system
4 lines x 75' long
x 3' wd
300 TLF
21' from front left house corner to left property line.
70' from front left house corner to front property line.
CMUD water
Well on adjacent property abandoned (see forms)
Agreement forms to be on file
Keep water line 10' from septic system



James Hill Sr.
OWNER/AGENT SIGNATURE

DATE 4/25/96

APPROVAL DATE PSW 4/25/96

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

FAX TRANSMITTAL COVER SHEET

URGENT TRANSMISSION
Please Forward Immediately

S&ME
ENVIRONMENTAL SERVICES
ENGINEERING • TESTING

S&ME, Inc.
9751 Southern Pine Blvd.(28273)
P.O. Box 7668
Charlotte, North Carolina 28241-7668
(704) 523-4726
Fax: (704) 525-3953

TO: PHILLO WALKER

FIRM: MECK. CO. DEPT ENV. HEALTH

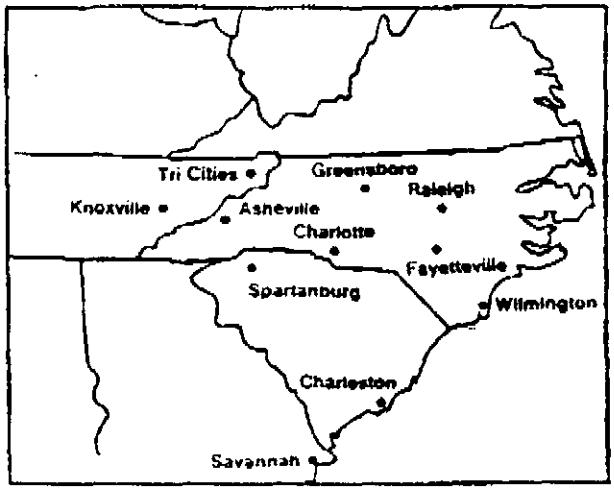
LOCATION: 336-6894

FROM: BILL McGUINNESS
CHARLOTTE, NORTH CAROLINA

DATE: 15 / Apr / 96 TIME: 4:30 am (pm)

RETURN FAX NUMBER: (704) 525-3953

NUMBER OF PAGES INCLUDING COVER SHEET: 7
(If all pages not received, call (704) 523-4726



COMMENTS: WELL ABANDONMENT RECORDS FOR WILORA LAKE RD DEVELOPMENT (CHANNAFORD BROS. CO.)

cc: PAUL BRANDES - Charter Realty + Development.

S&ME Project Number:

This cover sheet and the documents accompanying this telecopy transmission contain information from S&ME, Inc., which is confidential and legally privileged. The information is intended only for the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on these documents is strictly prohibited.

MW-1

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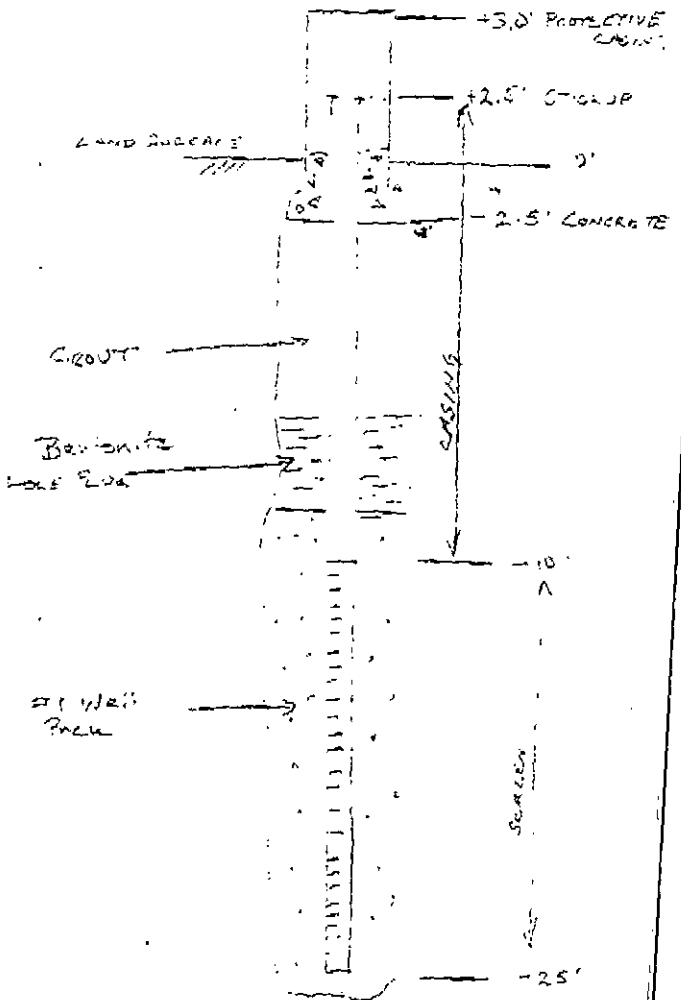
Other
Type material
Amount

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL
   TREMIE

I do hereby certify that this well abandonment record is true and exact.

Signature of Contractor or Agent Date
5/4/96

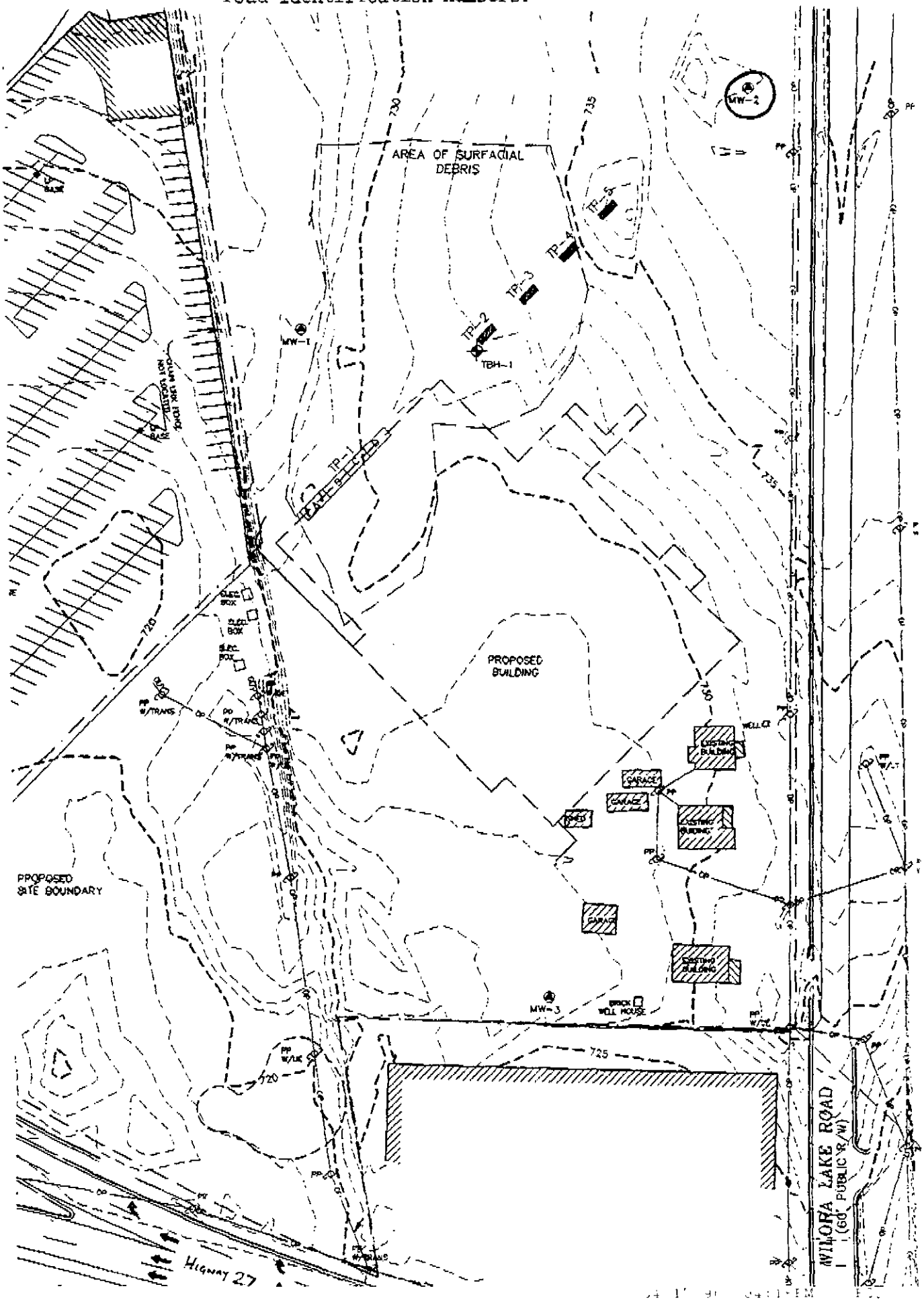
WELL DIAGRAM: Draw a detailed sketch of the well showing total depth, depth and diameter of screens remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used



Submit original to the Division of Environmental Management, one copy to the Driller, and one copy to the Owner.

GW-30 Revised 10/1/80

WELL LOCATION: Draw a location sketch showing the direction and distance of the well to at least two (2) nearby reference points such as roads, intersections and streams. Identify roads with State Highway road identification numbers.



Department of Natural Resources and Community Development
Division of Environmental Management
P. O. Box 27687 - Raleigh, N. C. 27611

MW-2

WELL ABANDONMENT RECORD

CONTRACTOR S+ME, Inc. REG. NO. 412

1. WELL LOCATION: (Show a sketch of the location on back of form.)
   Nearest Town: CHARLOTTE County MECKLENBURG
   EASTLAND MALL + WILORA LAKE RD Quadrangle No.
   (Road, Community, Subdivision, Lot No.)
2. OWNER: HANNAFORD BROS. Co.
3. ADDRESS: P.O. Box 1000, PORTLAND ME
4. TOPOGRAPHY: draw, slope, hilltop, valley, flat
5. USE OF WELL: MONITORING DATE: 4/15/96
6. TOTAL DEPTH: 25 ft. DIAMETER: 2 in.
7. CASING REMOVED:

feet	diameter

8. SEALING MATERIAL:

Neat cement	Sand cement
bags of cement 3	bags of cement N/A
gals. of water 21	yds. of sand N/A
	gals. of water N/A

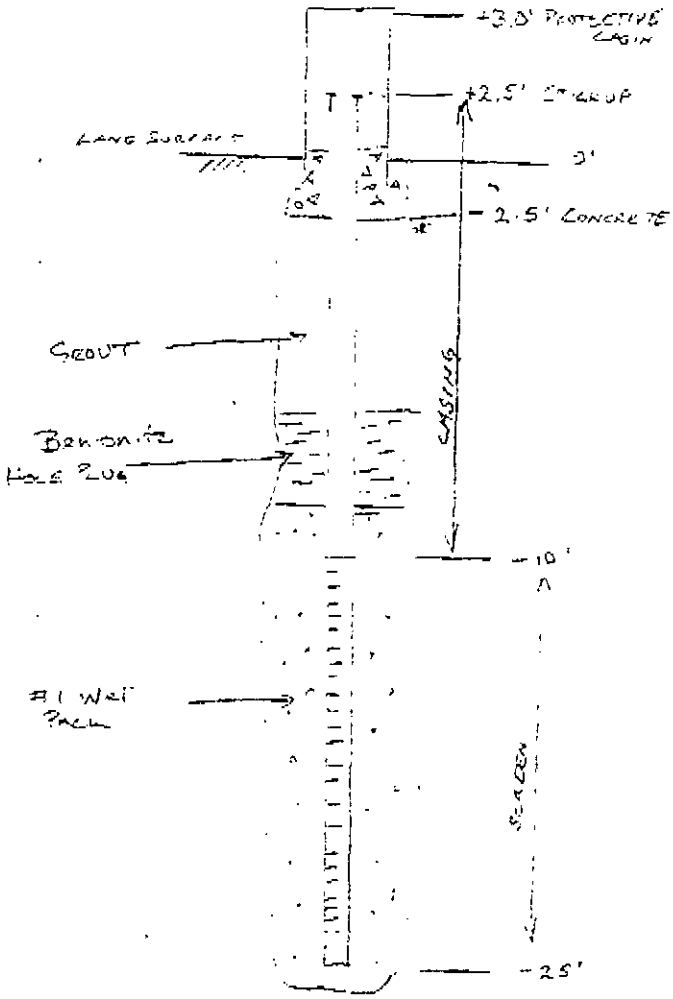
Other
Type material
Amount

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL
   1 Man

I do hereby certify that this well abandonment record is true and exact.

William T. Thomas S+ME Inc.
Signature of Contractor or Agent Date 15/4/96

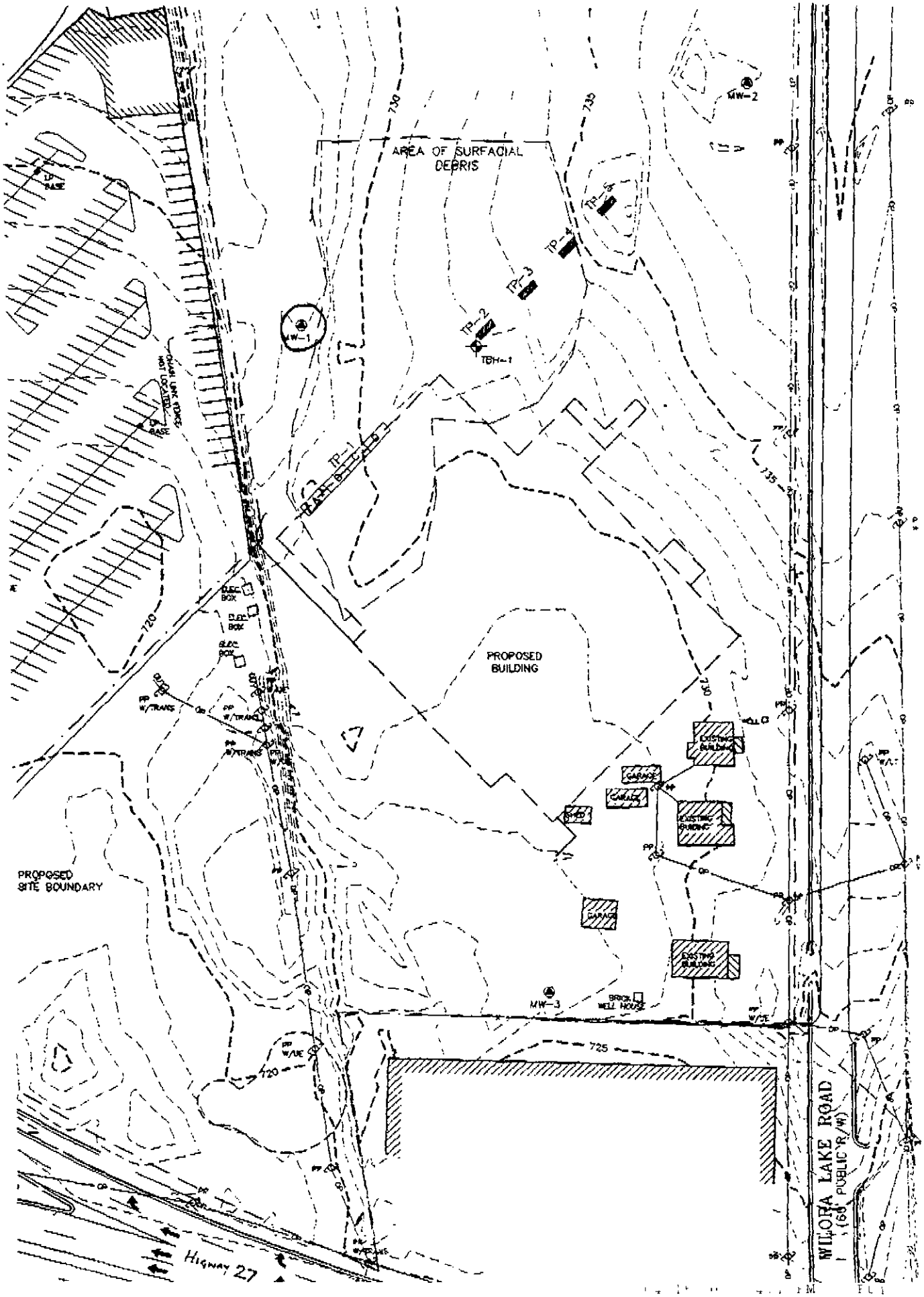
WELL DIAGRAM: Draw a detailed sketch of the well showing total depth, depth and diameter of screens remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used



Submit original to the Division of Environmental Management, one copy to the Driller, and one copy to the Owner.

GW-30 Revised 10/1/80

WELL LOCATION: Draw a location sketch showing the direction and distance of the well to at least two (2) nearby reference points such as roads, intersections and streams. Identify roads with State Highway road identification numbers.



MW-3

Department of Natural Resources and Community Development
Division of Environmental Management
P. O. Box 27687 - Raleigh, N. C. 27611

WELL ABANDONMENT RECORD

CONTRACTOR S+ME, Inc. REG. NO. 412

1. WELL LOCATION: (Show a sketch of the location on back of form.)
   Nearest Town: CHARLOTTE County MECKLENBURG
   EASTLAND MALL + WILORA LAKE RD Quadrangle No.
   (Road, Community, Subdivision, Lot No.)
2. OWNER: HANNAFORD BROS. Co.
3. ADDRESS: P.O. Box 1000, PORTLAND ME
4. TOPOGRAPHY: draw, slope, hilltop, valley, flat
5. USE OF WELL: MONITORING DATE: 4/15/96
6. TOTAL DEPTH: 25 ft. DIAMETER: 2 in.
7. CASING REMOVED:

feet	diameter

8. SEALING MATERIAL:

Neat cement	Sand cement
bags of cement 3	bags of cement N/A
gals. of water 21	yds. of sand N/A
	gals. of water N/A

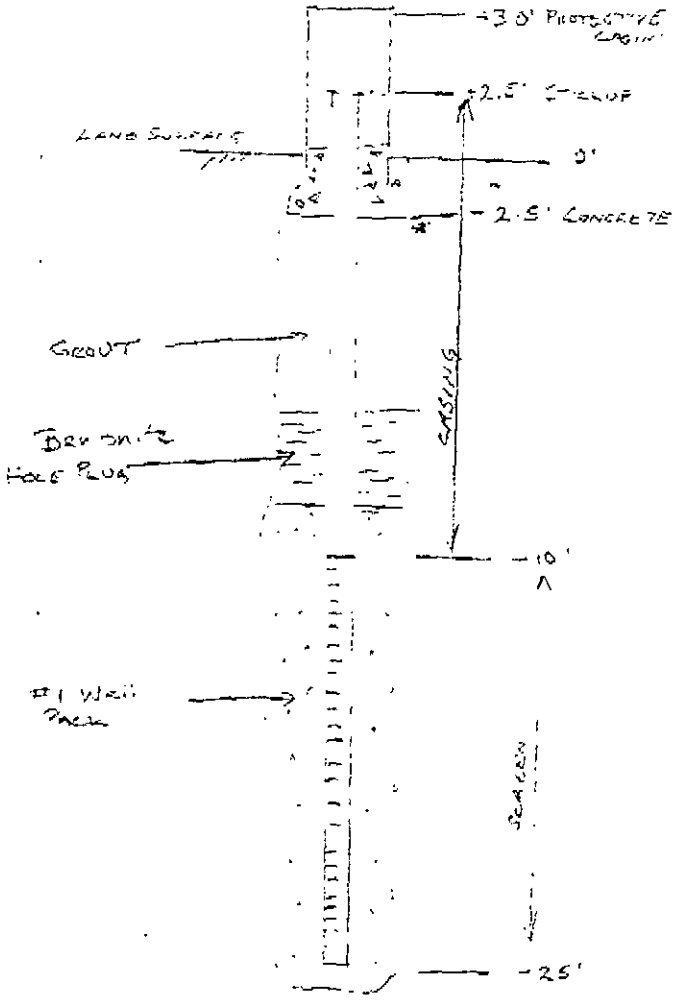
Other
Type material
Amount

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL

I do hereby certify that this well abandonment record is true and exact.

Signature of Contractor or Agent Date
4/15/96

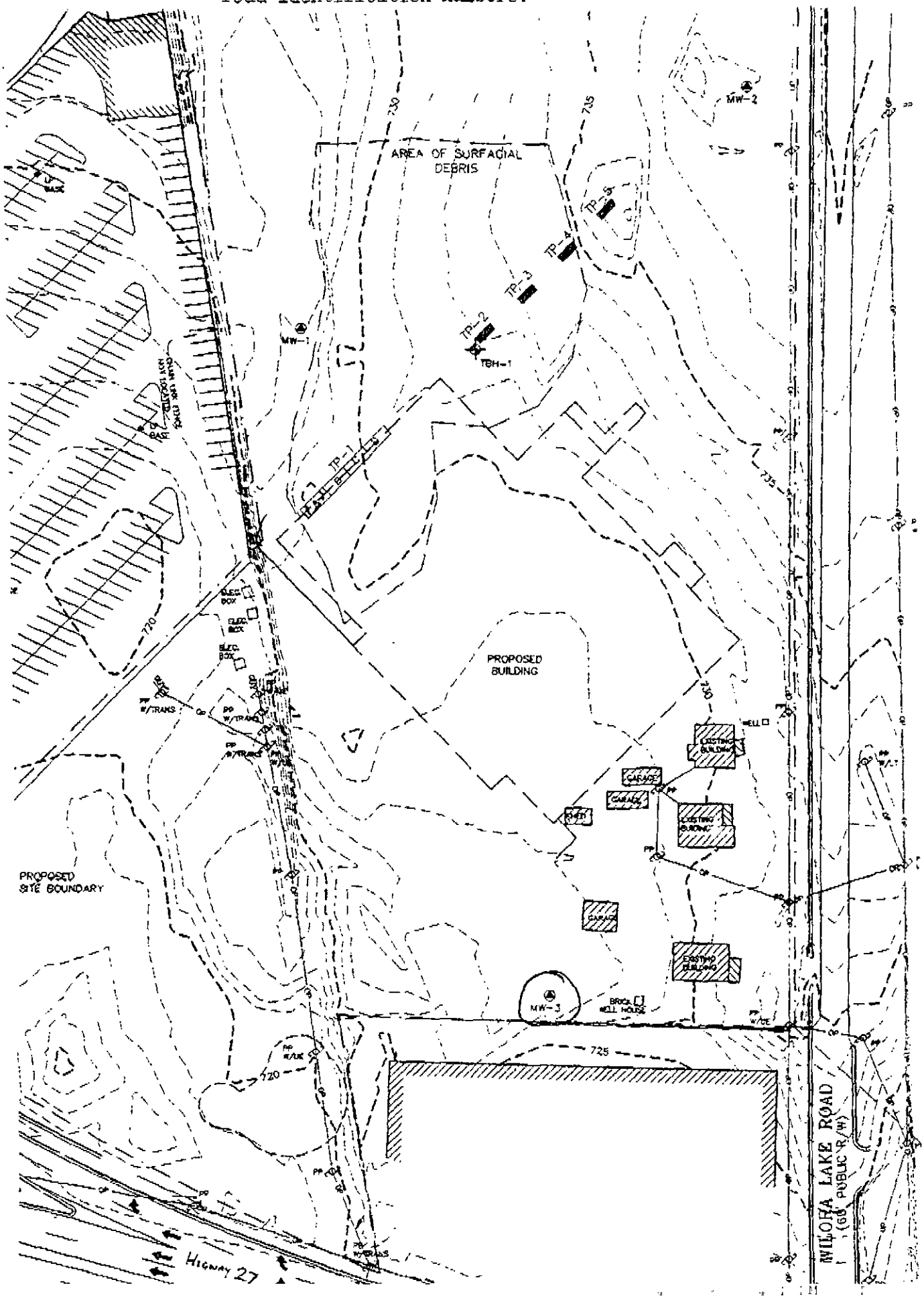
WELL DIAGRAM: Draw a detailed sketch of the well showing total depth, depth and diameter of screens remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used



Submit original to the Division of Environmental Management, one copy to the Driller, and one copy to the Owner.

GW-30 Revised 10/1/80

WELL LOCATION: Draw a location sketch showing the direction and distance of the well to at least two (2) nearby reference points such as roads, intersections and streams. Identify roads with State Highway road identification numbers.



BK: 08558 PG: 0149/0151 #:0261 13.05
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 05/01/96 11:06

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 # 3831B
PARCEL # 103 041 08 P0

The undersigned, James Hill sr and w Betty C. Hill, owner of property located at 6230 Wilora Lake Rd., (the "site") and described in an instrument recorded in Book 8526 at Page 740, 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:

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

This instrument was prepared by: Betty C. Hill
Mail after recording to: 6320 Wilora Lake Rd
Charlotte, NC 28212

- 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 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.

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 30 day of April, 1996.

_____ (Corporate Name)

By: _____

_____ President

ATTEST:

_____

_____ Secretary

(Corporate Seal)

x James Hill Sr (SEAL)

Betty C. Hill (SEAL)

_____ (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Julie Belz, a Notary Public for said County and State, do hereby certify that Betty Hill and James Hill Sr. personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 30th day of April, 1996.

_____
Notary Public

My Commission Expires:
March 6, 1999

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

2460

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

#2
3§31B
PO 103-641-06

OWNER: Wilma Lake Assoc. APPLICANT: ___
ADDRESS: 6653 Fairview Rd/Asheville APPLICATION DATE: ___ DATE EVALUATED: ___
PROPOSED FACILITY: ___ PROPOSED DESIGN FLOW (.1949): ___ PROPERTY SIZE: ___
LOCATION OF SITE: ___ PROPERTY RECORDED: ___
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	1940 LAND-SCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 3%	0-41"	gr/cl	Fr/SEXP/SS/SP	743" TO Chroma 2 Mottles	43"	N/A	None	PS .39/87 LC
		4-43"	SBK/c	Fr-Fi/SEXP/SSP					
2	LS 4%	0-6"	gr/cl	Fr/SEXP/SS/SP	740" TO Chroma 2 Mottles	40"	N/A	None	PS .39F7 LC
		6-40"	SBK/c	Fr-Fi/					
3	LS 9%	0-8"	Fill clay compacted		741" TO Chroma 2 Mottles	41"	N/A	None	PS .39F7 LC
		8-12"	gr cl	Fr-Fi/SEXP/SSP					
		12-41"	SBK/c	Fr-Fi/SEXP/SP					
4	LS 3%	0-11"	gr/cl	Fr/SEXP/SS/SP	742" TO Chroma 2	42"	N/A	None	PS .39F2 LC
		11-42"	SBK/c	Fr-Fi/SEXP/SP					
5	LS 3%	0-5"	gr/cl	Fr/SEXP/SS/SP	743" TO Chroma 2	43"	N/A	None	PS .39F2 LC
		5-43"	SBK/c	Fr-Fi/SEXP/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	US	US
System Type(s)		

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): unsuitable
EVALUATED BY: William A. Marlin 4-16-96
OTHER(S) PRESENT: ___

OMMENTS: 100% Repair

LEGEND

use the following standard abbreviations

ANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR	LPP .1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
(Drainage Way)					EXP (Expansive)	CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
S (Foot Slope)						ABK (Angular Blocky)
(Head Slope)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SICL (Silty Clay Loam)				PR (Prismatic)
(Nose Slope)		CL (Clay Loam)				
(Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
(Shoulder Slope)		SLC (Silt Loam Clay)				
(Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SIC (Silty Clay)			FI (Firm)	S (Sticky)
					VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None		EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

OTES

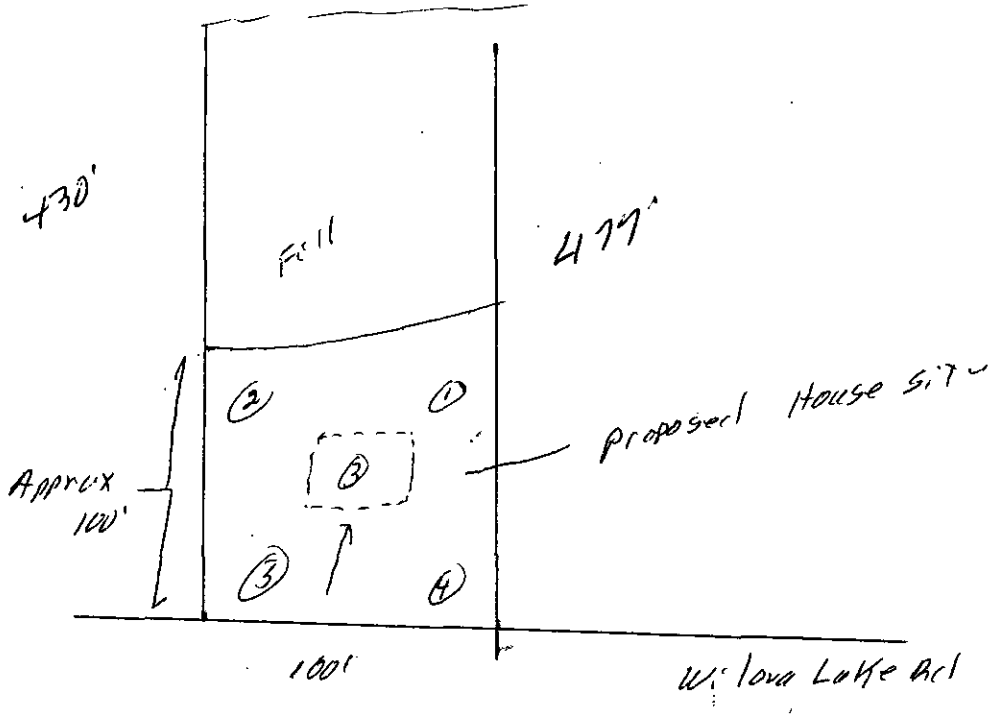
ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.

ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).

3831B



File 3 & 3 / B

December 1, 1995

Mr. Steve Morris, Esq.
Essex, Richards, Morris, Jordan & Cannon
716 East Boulevard
Charlotte, NC 28203

RE: Septic Testing
Lot 8, Page 4, Book 103
Charlotte, NC

Dear Steve:

Pursuant to our discussion, permission is hereby granted for representatives of the County to do the necessary testing associated with the installation of a Septic Field in the area to be sub-divided for and transferred to the Hill family.

I have attached the Agreement of Sale which provides my company with the necessary Right of Entry needed to perform such work. As stated in this Agreement, the Premises shall be restored to its original condition upon completion of said work. This Right of Entry shall expire thirty (30) days from the date of this letter. Any party entering the Premises to engage in said testing agrees to indemnify, defend, and hold Harris Plaza Corp. (and its affiliates) harmless from said activities.

If I can be of further assistance in this matter, please do not hesitate to contact me.

Very truly yours,

HARRIS PLAZA CORP.

Paul S. Brandes

Attachments
c:\wpwin\nc\morris.ltr

ESSEX, RICHARDS, MORRIS, JORDAN & CANNON, P. A.
ATTORNEYS AT LAW
1701 SOUTH BOULEVARD
CHARLOTTE, NORTH CAROLINA 28203

KENNETH F. ESSEX
CHANNING O. RICHARDS
STEPHEN H. MORRIS
G. MILLER JORDAN
DAVID R. CANNON
LISA T. KELLY
ROBERT S. BLAIR, JR.

TELEPHONE 704-377-4300
TELECOPIER 704-372-1357

December 7, 1995

Betty Hill
6320 Wilora Lake Road
Charlotte, North Carolina 28212

Dear Betty:

Enclosed are copies of a letter and other documents I received from Paul Brandes granting you permission to have the tests done for a septic system.

If these documents do not take care of the matter or if you need anything else, please let me know.

With kind regards, I am

Very truly yours,

Steve Morris

Stephen H. Morris

SHM/mjm
enc/as stated

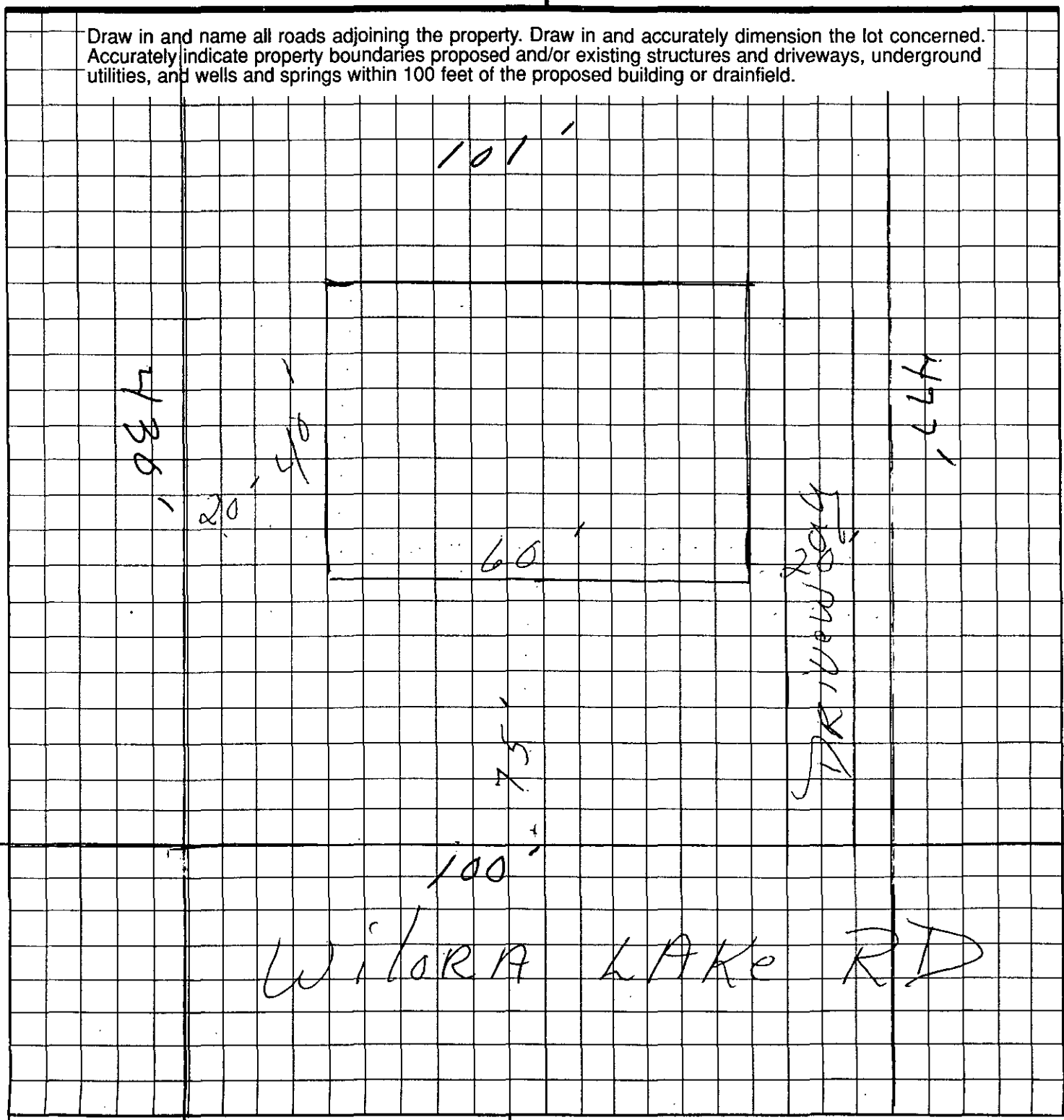
PROPOSED PLOT PLAN

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

FILE: 3831B

TC: 103-041-08 PO

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

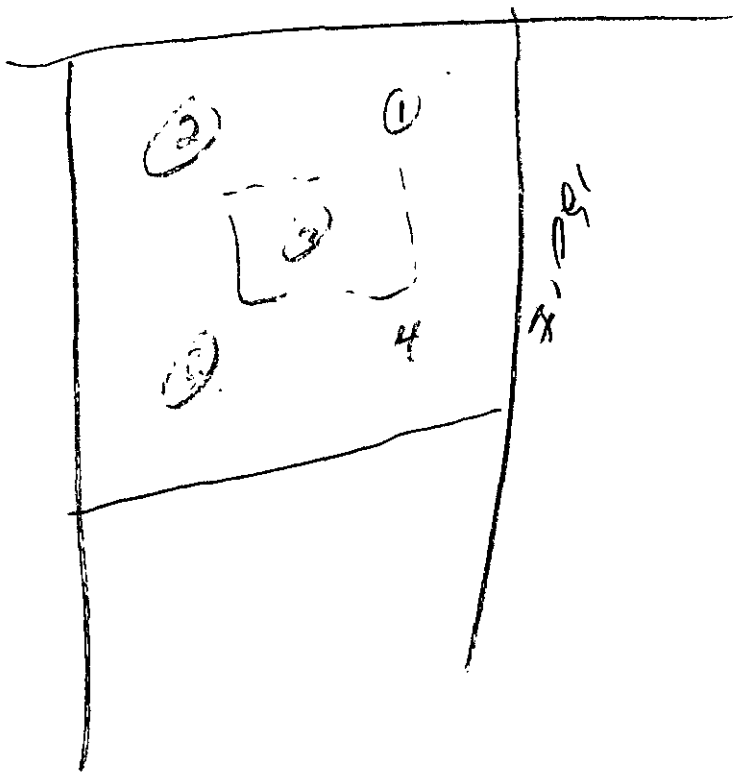
DATE

APPROVAL DATE

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy



Charter Realty & Development

~~P~~ 411 West Putnam Ave Suite 301

629-3939

~~Greenwich~~ Greenwich Conn.

06830-6235

Paul S. Brenerle

Harris Plaza Corp

5 & ME

Bill McG.

704

523-4726