

17928 PAGE'S POND CT

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5/15/07

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Groundwater and Wastewater Services File Imaging Project
May 2007
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3941A

STANLEY SEPTIC SERVICE, INC.

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

INSPECTION AND MAINTENANCE AGREEMENT (rev.11/01)

THIS AGREEMENT is made and entered into this 18th day of April 2007, by and between Rufus Sherill ("Owner") and Stanley Septic Service, Inc (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 designated a Type IV system under the Rules for Sanitary Sewage Collection, Treatment and Disposal found at 15A N.C. Admin. 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 as long as the system is in use; and

WHEREAS, the Contractor is a management entity of a type authorized by the 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 Owners system located at 125 Streamside Place Mooresville N.C.

   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 perform the following routine maintenance procedures in accordance with the conditions of the Operation Permit:

      (1) [from operation permit]
      (2)
      (3)

   c. The Contractor shall report the results of its inspections to the local health department at the frequency 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 the scope of routine maintenance described in subparagraph (b) above. The Contractor shall perform necessary repairs to the system at the request of the Owner and shall be entitled to payment therefore at the Contractors normal charge for services and materials.

f. The Contractor 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 Owners Obligations.**

a. The Owner shall pay to the Contractor the sum agreed upon, 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. 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 **ten (10) days** of billing. Payment due to the Contractor and unpaid by the Owner after ten (10) days shall accrue interest from the due date until paid.

b. Within **seven (7) days** of receipt of notice of needed repairs pursuant to paragraph 1e. 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 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 termination.

d. Termination by the Contractor

(1) The Contractor may terminate this Agreement for the 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 is not paid within ten (10) days of receipt by the Owner of the bill. If said bill is paid after notice of termination is given but prior to the date of termination of this Agreement, this 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 the needed repairs to the system were completed by another entity within seven (7) days of receipt of notice of needed repairs pursuant to paragraph i.c. above. If said authorization to complete needed repairs or evidence of completion of said repairs is provided after notice 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.

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5. **Use of Subcontractors.** The Contractor may subcontract with such manufacturers, suppliers and contractors, as it deems desirable to perform any of the Contractors 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.** Reference 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 a default or breach by the other Party of any provision of this Agreement shall not operate or be construed 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: Stanley Septic Service, Inc.	Rufus Sherrill
P O BOX 161	17928 Beck's Pond Ct.
Stanley N C 28164	Davidson NC 28036

To the Local Health Department: Mecklenburg

_____

_____

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 delivery, 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 of 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 extent practical 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, to the extent not, modified, supplemented or otherwise affected by such action, 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:

Stanley Septic Service, Inc
(Contractor)

Attest:

(for incorporation)

CB

EHS JW Reviewer (CB)

_____ County Permit Review Worksheet

Rule or Law	Permit Application	1	2	3	4	5	6	7	8	9	10
.1937(d)	Is the Application complete	✓									
.1937(d)	Is there a Site plan/Plat with application	✓									
.1937(d)	Is the Facilityshown?	✓									
.1937(d)	Are appurtenances shown	✓									
	Site Evaluation Information										
.1939 (a)(1)	Topography and Landscape Position Recorded?	✓									
.1940 (a-g)	Slope % Recorded?	✓									
.1939 (a)(2)	Texture Class Recorded?	✓									
.1939 (a)(2)	Structure type Recorded?	✓									
.1939 (a)(2)	Consistence Recorded?	✓									
.1939 (a)(2)	Mineralogy Recorded?	✓									
.1939 (a)(3)	Soil Wetness Condition Recorded?	✓									
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered?	✓									
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	✓									
.1939 (a)(6)	Sufficient Available Space Recorded?	✓									
.1937(m)	Are the Profile Locations Shown?	✓									
.1939(a) & .1945(b)	Are the S/PS Profiles in system & in repair area?	✓									
	Number of auger borings made:	✓									
	Were sufficient auger borings made?	✓									
.1939(d), .1955, .1956, .1957	LTAR	.25									
	IP/CA										
G.S. 130A-336(a) & .1937(g)	Proposed System Type stated-Initial	✓									
.1945(b)	Proposed System Type stated-Repair	✓									
G.S. 130A-336(a)(3)	System location identifiable by setbacks - Initial	✓									
.1937(g) & .1945(b)	System components shown - Initial	✓									
.1945(b)	Repair area shown	✓									
.1937 (f)(g)	Does System design match facility, flow & WW characteristics?	✓									
.1937 (f)(g)	**Is System design consistent with soil/site conditions?**	✓									
.1937 (f)(g)	Is the System located in the approved area?	✓									
G.S. 130A-336(a)	Is the Design flow (gpd) indicated?	✓									
G.S. 130A-336(a)	**Number of Bedrooms, employees, seats, etc. indicated?**	✓									
.1937(g)	Trench depth indicated?	✓									
.1937(g)	Trench width indicated?	✓									
.1937(g)	Trench length indicated?	✓									
G.S. 130A-336(a)(1)	Proposed/existing well shown?	✓									
G.S. 130A-336(a)(1)	Property line lengths shown?	✓									
G.S. 130A-336(a)	**Facility/appurtenance setbacks shown from fixed points?**										
	OP	✓									
.1937(i)	System type as described in table V(a) of rule .1961		✓								
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	✓							✓		

If system design is incorrect or inconsistent with site conditions, indicate why for each below

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 3941A Permit #: 1671 Tax Parcel #: 007-311-13

Property Owner: DAVE SMITH (BUILDER)

Job Location Address: 17928 PAGES POND

City: HUNTERSVILLE State: NC Zip Code: 28078

Operation Permit Issuance Date: 3/20/07 Contractor Name: ORRISON

Permitted Design Flow: 480 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Effluent Pump Model: GOULDS 3/4 HORSE

Drainfield Installation ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 335 feet

# of Lines: 7 @ Varying feet

Depth of Media: 16 inches (Type) PPBPS

Depth of Cover: 12 inches

Distribution Device: LPP PAVERS

Bed Installation *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 10' feet

Distance from Property Line: 10' feet

Distance from Water Supply Source: >100' feet

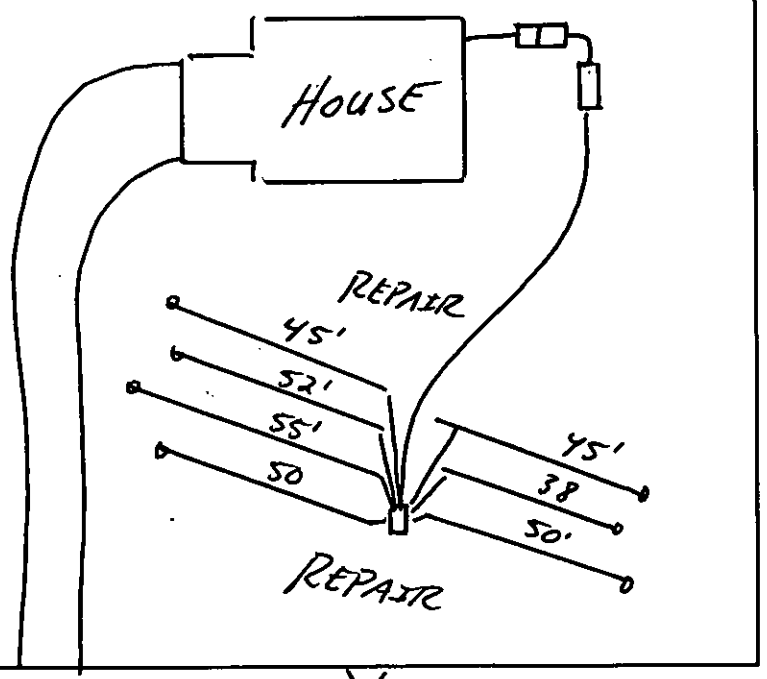
Inspection Dates

Tank(s) Inspected: 3/15/07

Excavation Inspected: 3/20/07

Pump & Controls Inspected: 3/20/07

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



The undersigned has inspected the Septic Tank System described above, and certifies it has been ☒ installed ☐ altered ☐ repaired ☒ as detailed in the plot above ☒ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this 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 15A NCAC 18A. 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.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: IIIa LPP Paver Block System

Certified Operator Contract Before O.P.

DENR Authorized Agent: Jeremy Michelson, R.S. Signature: Jeremy Michelson, R.S.

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

INSTALLATION APPROVAL for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 3941A Permit #: 1671 Tax Parcel #: 007-311-13

Property Owner: DAVE SMITH (BUILDER)

Job Location Address: 17928 PAGES POND

City: HUNTERSVILLE State: NC Zip Code: 28078

Installation Approval Issuance Date: 2/26/07

Permission is hereby given to ☒ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 3/26/07, after which date this approval 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 granting this approval. 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 of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 480 GPD

Site LTAR: 0.3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Drainfield Design ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 335 feet

# of Lines: 7 @ VARIOUS feet

Depth of Media: 16 inches (Type) PAPER PLOCK

Distribution Device: LPP

Bed Design *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: 10' feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: >100' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

INSTALL ACCORDING TO PLANS ON FILE

Comments: System Classification & Type: II A LPP PA

DENR Authorized Agent: Jeremy Nicholas, RS Signature: Jeremy Nicholas, R.S.

FEE: 300.00

DATE: 4/27/2006

CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

MECKLENBURG COUNTY

GROUNDWATER & WASTEWATER SERVICES

180802

WD ~~181605~~

FILE NUMBER: 3941A

PERMIT NUMBER: 30000709

PARCEL NUMBER: 00731113

JOB LOCATION INFORMATION

ADDRESS: 17928 PAGE`S POND CT

CITY: DAVIDSON **STATE: NC** **ZIP:** 28036

ISSUED TO: JEFFREY WATSON

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 10/20/2004

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30000709, 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 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 THE 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 CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.
   *CONSTRUCTION AUTHORIZATION EXPIRATION DATE: 10/20/2009

CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Permit Number: **3941A** Tax Number: **007-311-13**

- 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

Primary Wastewater System

Type: ☐ 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:

0.250 Long-term acceptance rate (GPD/ft^2)	**480** Max gallons/day wastewater flow	**1470** Absorption Area (ft^2)	**9** Trench spacing (min. on centers) (ft)
Serviced by private well: ☐ Yes ☒ No	**1500** Gallon septic tank	**490** Total trench length (ft)	**26** Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
4 Bedrooms in residence	**1000** Gallon pump tank	**NA** Depth of stone (in)	

Any surface water present: **Yes** Type: **Page's Pond** Minimum separation distance (ft): **50**

Additional conditions: **Install drain lines level and on contour. Install pressure manifold at right front corner of lot. Owner agreement forms for an innovative type septic system must be on file prior to issuance of an Installation Approval.**

Repair Area System

Type: ☐ 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:

1470 Absorption Area (ft^2) **490** Total trench length (ft)	**NA** Depth of stone (in)	**9** Trench spacing (min. on centers) (ft)	**26** Maximum trench depth (in)

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. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems 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.

10-20-04
DENR Authorized Agent Date

4-26-04
Owner/Agent Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE: (704) 336-5103
FAX: (704) 336-6894

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30001671** GWS File #: **3941A** Tax Parcel #: **007-311-13**

- This 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.

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 11/30/2011

Type of Installation: Residential - Modified Plot Plan Lot Number: 10

Structure Type: HOUSE Size (ft^2): 3492 # Bedrooms: 4 # Occupants: 4

Building Foundation: Concrete Slab Water Supply: Municipal

II. Initial System Type: PPBPS (pressurized) **System Classification:** IVa

Initial System Specifications:

Design Flow (gpd): 480 LTAR (gpd/ft^2): 0.25 Septic Tank Size (gal): 1500 Pump Tank Size (gal): 1000

Trench Width (ft): 2 Trench Spacing (ft): 8 Absorption Area (ft^2): 640 Total Trench Length (ft): 320

Maximum Trench Depth (in): 30 Depth of Media (in): 12 Distribution Device: Pressure Manifold

III. Repair System Type: PPBPS (pressurized) **System Classification:** IVa

Repair System Specifications:

Design Flow (gpd): 480 LTAR (gpd/ft^2): 0.25 Septic Tank Size (gal): 1500 Pump Tank Size (gal): 1000

Trench Width (ft): 2 Trench Spacing (ft): 8 Absorption Area (ft^2): 640 Total Trench Length (ft): 320

Maximum Trench Depth (in): 30 Depth of Media (in): N/A Distribution Device: Pressure Manifold

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Cina Buchanan Owner/Legal Agent: _____
Print Name

Signature: Cina Buchanan, RS Signature: _____

Date Issued: 11/30/2006

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30001671** GWS File #: **3941A**

IV. Permit Conditions/Comments:

- Owner agreement forms for site reclassification shall be on file prior to issuance of Construction Authorization.
- This type of septic system requires an inspection once every 3 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- This type of septic system requires a Certified Operator to maintain the system. A system maintenance contract with a Certified Operator must be on file prior to issuance of an Operation Permit.
- This septic system design requires pretreatment equipment to be installed. This equipment shall be installed as specified by the wastewater system design consultant.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Cina Buchanan Owner/Legal Agent:_____
Print Name

Signature: Cina Buchanan, RS Signature:_____

Date Issued: 11/30/2006

Flagged drain lines observed 11/10/06 CAB

ROLLANS *SOIL & ENVIRONMENTAL SERVICES*

2120 Graham Road, Mount Ulla, NC 28125 *Phone/Fax (704) 278 – 0989*

Ashley Rollans, NC Licensed Soil Scientist
Mobile: (704) 746-5046
E-mail: Rollansfortcj@aol.com

Brady Freeman, Registered Sanitarian
Mobile: (704) 746-6497
E-mail: bfree209@yahoo.com

Attached is a proposed design for a PPBPS Septic System with low pressure distribution for a 4 bedroom single family residence on Lot #10 PAGES POND Subdivision, Mecklenburg County, North Carolina.

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Design Information
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- System Tapsheet---------- 5

Site Plan/System Plan---------- 6

Calculations---------- 7

APPROVED ON
11-17-06
TREVOR T.

November 11, 2006
Project #:
Design By: Rollans Soil & Environmental Services

① 1500 GAL. SEPTIC TANK REQUIRED

② DOSE VOL. = 277.2 GAL.

③ CENTER FED DESIGN

INFORMATION FOR THE INSTALLER:

The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.

- Tanks shall be approved by DEHNR, and certification supplied by the manufacturer.
- Tanks shall be water tested prior to installation.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Pumptank riser should be 6" above grade, control panel should be 12" above grade.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as a PPBPS installation.
- Repair is specified as a PPBPS installation.
- Backfill 4 - 6" of material (County Approved) over panels, rake trench walls, lime side-walls, install trenches 36" wide and have no more than 1/4" fall in 10 feet.

LP PPBPS SYSTEM
FOR WASTEWATER TREATMENT

Owner/Applicant: RUFUS SHERRILL, JR.

Address: 17928 PAGES POND CT.
Cornelius, NC
Phone:
County: MECKLENBURG
Location: PAGES POND Subdivision Lot #10

Source of Wastewater Flow: 4 Bedroom Single Family Residence
Estimated Daily Wastewater Production: 480 gpd
System Flow: 31.69615385

Design Specifications

Drainfield Size: 335
Loading Rate: 0.25 gpd/ft.^{2}
Depth of Gravel in Trench: NA (PPBPS)
Gravel Size: NA (PPBPS)
Trench Depth: 36 in.
Trench Width: 36 in.
Septic Tank Size: ~~1000~~ 1500
Pump Tank Size: 1000

Estimated Supply Line Length: 115
Supply Line Diameter: 2 in. SCH 40 PVC
Supply Line Volume: 20.01
Dosing Volume: 186.47
Supply Manifold: N/A
Supply Manifold Length: N/A
Supply Manifold Volume: N/A

Recommended Float Controls: SJE Sensor Float Control Switches as Required for Control Panel or County Approved Equivalents
Recommended Control Panel: SJE-Rhombus Model 112 (NEMA 4x) Control Panel or County Approved Control Panel.

Pressure Head: 2 ft.
Friction Head: 2.73
Elevation Head: 15.20
Total Dynamic Head: 22.91

Threaded Union: In Tank
Gate Valves: 1 in Tank
1 per lateral (4)
Check Valves: In Tank
Anti-Siphon Hole: NA
Additional Comments: Soil suitability was performed by Rollans Soil & Environmental Services

PAGES POND Subdivision Lot #10
LP PPBPS

DESIGN FLOW:	480
SOIL APPLICATION RATE:	0.25 gpd/ft.2
TOTAL AREA TRENCH BOTTOM:	1005
TOTAL LATERAL LENGTH:	335
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	320
SUPPLY LINE LENGTH:	115
TOTAL DYNAMIC HEAD:	22.91
MANIFOLD SIZE:	N/A
DOSING VOLUME:	~~186.47~~ 77 x 3.6 GAL = 277.2 GAL.
PUMP TANK DRAW DOWN*:	8.9
SEPTIC TANK SIZE:	~~1000~~ 1500
PUMP TANK SIZE:	1000

**Pump tank draw down based on a volume basis of 21 gallons per inch. Draw down may vary among pump tank manufacturers.*

PAGES POND LOT 10

Project #:

LAYOUT FOR 4 BEDROOM HOME

11/11/06

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM		0.0			100.00		
INSTR. 1			100.00				
HOUSE CNR				14.00	86.00		
P. TANK				14.70	85.30		
1	ORANGE			2.50	97.50	40	40
2	PINK			2.90	97.10	65	65
3	RED			3.30	96.70	90	90
4	***BLUE***			***4.50***	***95.50***	***100***	***100***
5	***ORANGE***			***5.70***	***94.30***	***90***	***90***
6	***PINK***			***6.50***	***93.50***	***100***	***100***
7	***RED***			***7.20***	***92.80***	***45***	***45***
8	BLUE			7.20	92.80	45	45
9	PINK			7.90	92.10	80	80
					Total	655	655

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
**** System***	***335***	***0.25***	***MOD.***	***0.25***	***PPBPS***	***LOW PRESSURE***
Repair	320	0.25	MOD.	0.25	PPBPS	LOW PRESSURE

Notes:

** TBM located top of ground at EIP at corner of lot (see site plan)

**TBM is assumed to be 100'

**All measures in feet

**Nitrification lines are demonstrated on contour via colored pin flags

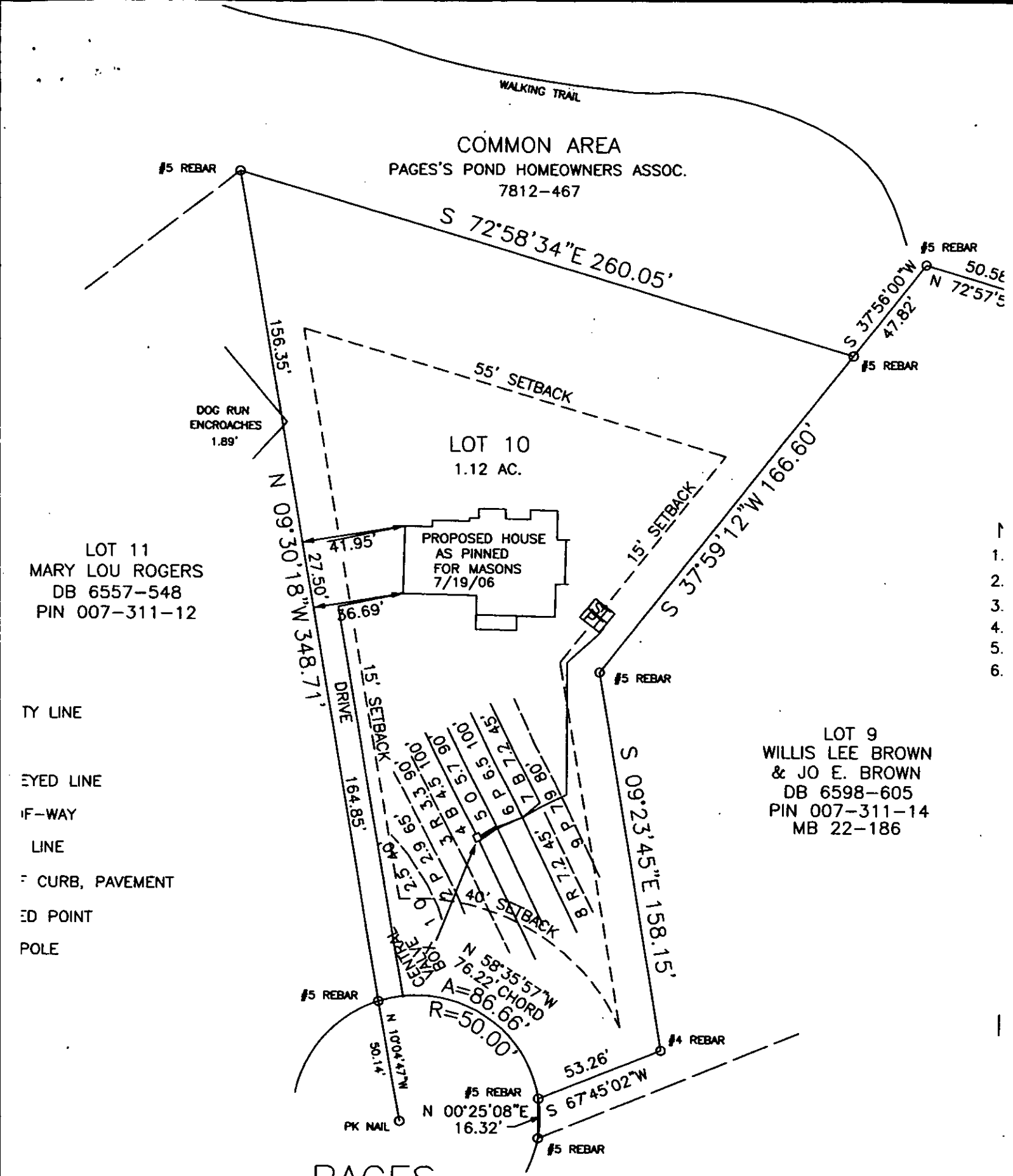
**BS, HI, and FS indicate rod readings

LP PPBPS TAPSHEET -PAGES POND LOT 10

SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/hole	Trench Area	Number of Panels
4	***BLUE***	95.5	***100***	0.156	**0.41**	300	23
5	***ORANGE***	94.3	***90***	0.156	**0.41**	270	21
6	***PINK***	93.5	***100***	0.156	**0.41**	300	23
7	***RED***	92.8	***45***	0.156	**0.41**	135	10
	total	**feet =**	**335**	**gal/min =**	**31.696154**		77 PANELS
			Des. Flow	**480**			
			Pump Run=	**5.88**			
			soil LTAR	**0.3**			
			LTAR +5%	**0.315**			
			LTAR with mod.	**0.27**			
			LTAR with mod.. + 5%	**0.2835**			

.156 equals 5/32 inch hole


WALKING TRAIL
COMMON AREA
PAGES'S POND HOMEOWNERS ASSOC.
7812-467
#5 REBAR
S 72°58'34"E 260.05'
#5 REBAR
S 37°56'00"W
47.82'
#5 REBAR
55' SETBACK
156.35'
DOG RUN
ENCROACHES
1.89'
LOT 10
1.12 AC.
N 09°30'18"W 348.71'
41.95'
27.50'
56.69'
PROPOSED HOUSE
AS PINNED
FOR MASONS
7/19/06
15' SETBACK
S 37°59'12"W 166.60'
LOT 11
MARY LOU ROGERS
DB 6557-548
PIN 007-311-12
15' SETBACK
DRIVE
164.85'
#5 REBAR
LOT 9
WILLIS LEE BROWN
& JO E. BROWN
DB 6598-605
PIN 007-311-14
MB 22-186
S 09°23'45"E 158.15'
40' SETBACK
N 58°35'57"W
76.22' CHORD
A=86.66'
R=50.00'
CENTER
BOLT
#5 REBAR
N 10°04'47"W
50.14'
#4 REBAR
53.26'
S 67°45'02"W
#5 REBAR
N 00°25'08"E
16.32'
PK NAIL
#5 REBAR
PAGES
POND CT.
1"=50'

CALCULATIONS

Location PAGES POND

Project Number

Lot No: Lot 10

No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.25	gpd/ft2
PPBPS? (YES OR NO)	YES	
Supply Line Length	115	ft.
Supply Line Volume	20.01	gal.
Required Feet of Line	320	ft.
Amount of Line from Layout	335	ft.
Gallons per Minute	31.69615	$^{gal}/_{min}$
X Required Septic Tank Capacity	1000	gal. 1500
Minimum Standard Tank Size	1000	
Panel Volume	3.6	gal.
# of Panels	77	
X Dosing Volume	186.47	gal. 277.2

Note: Dosing Volume based on 33% of # of panels times 3.6 gal/panel

Tank Draw Down	8.9	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	5.88	minutes
Elevation Head	15.2	ft.
Pressure Head	2	ft.
Friction Factor	2.37	ft./100 ft. *(From the interpolater.)*
Friction Head	2.73	ft.
Total Dynamic Head (+15%)	22.91	ft.

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2006 APR 26 02:13 PM
BK:20333 PG:418-421 FEE:$20.00

INSTRUMENT # 2006079156

2006079156

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 # 3941A
PARCEL # 007-311-13

The undersigned, Rufus Sherrill, JR., owner of property located at 17928 Page's Pond CT. (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: Rufus Sherrill JR.
Mail after recording to: P.O. Box 1684, Huntersville, NC 28070

-- 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 26th day of June, 2020

_____ (SEAL)
(Corporate Name)

_____ (SEAL)

By: _____ _____ (SEAL)

_____ President _____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF NC

I, Anita S. Klein, a Notary Public for said County and State, do hereby certify that Rufus Sherrill, Jr. personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 26th day of April, 2006.

Anita S. Klein
Notary Public

My Commission Expires:

9/14/08

ANITA S. KLEIN NOTARY PUBLIC MECKLENBURG COUNTY, N.C. My Comm. Exp. Sept. 14, 2008

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

JUDITH A. GIBSON
REGISTER OF DEEDS, MECKLENBURG
COUNTY & COURTS OFFICE BUILDING
720 EAST FOURTH STREET
CHARLOTTE, NC 28202

PLEASE RETAIN YELLOW TRAILER PAGE

It is part of the recorded document, and must be submitted with original for re-recording and/or cancellation.

****

Filed For Registration: 04/26/2006 02:13 PM

Book: RE 20333 Page: 418-421

Document No.: 2006079156

PRMIT 4 PGS $20.00

Recorder: SERENA ROSS

2006079156

FEE: 300.00
DATE: 4/26/06 Check #1782 JCA

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

AC S

PERMIT NUMBER: 3941A
PARCEL NUMBER: 007-311-13

JOB LOCATION ADDRESS: 17928 Page's Pond Ct.
PROPERTY OWNER: Rufus & Ashley Sherrill (Prospective Buyers)
BUILDING CONTRACTOR: Unknown
SUBDIVISION NAME: Pages Pond
AUTHORIZATION ISSUED BY: Trevor Thomason, R.S.I. DATE: 10/20/04

DENR/DEH AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 3941A, 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 THE 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 CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.

5. OTHER CONDITIONS:

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

Sheet: 1
Property ID: 007-311-13
Lot #: 10
File #: 3941A
Code: 2

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Jeffrey A. Watson
Applicant:
Address: 8232 Ballymore Court, Huntersville, N. C. 29078
Date Evaluated: 03/01/2004
Proposed Facility: Residence
Design Flow (.1949): ~~360gpd~~ 480
Property Size: 1.12a
Location of Site: 17928 Pages Pond Court
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, 6	0-3	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	N/A	NONE	PS, IV .3GPD/FT^2
		3-30	SBK/C	FI/SEXP/S/P					
		30-48	SBK/CL	FR/SEXP/SS/SP					
2	LS, 8	0-3	GR/SCL	"	>38" TO SOIL WETNESS	38	"	"	PS, IV .25GPD/FT^2
		3-38	SBK/C	FI/SEXP/S/P					
3	"	0-3	GR/SCL	FR/SEXP/SS/SP	>23" TO SOIL WETNESS	23	"	"	US
		3-18	SBK/C	FI/SEXP/S/P					
		18-23	SBK/SC	VFI/EXP/VS/VP					
4	LS, 15	0-4	GR/SCL	FR/SEXP/SS/SP	>21" TO SOIL WETNESS	21	"	"	US, III
		4-21	SBK/SCL	FR/SEXP/SS/SP					
5	LS, 10	0-4	GR/SCL	"	>36" TO SOIL WETNESS	36	"	"	PS, IV .25GPD/FT^2
		4-36	SBK/SC	FI/SEXP/S/P					
6	LS, 8	0-4	GR/SL	FR/SEXP/NS/NP	2.5Y7/1@22"	22+	"	"	US
		4-22+	SBK/C	FI/SEXP/SEXP/S/P					

Description	Initial System	Repair System
Available Space (.1945)	DS	DS
System Type(s)	Ind	Ind
Site LTAR	.25GPD/FT	.25GPD/FT^2

Other Factors (.1946): _____
Site Classification (.1948): ~~SUITABLE~~ PROV. SUITABLE
Evaluated By: W. R. Marlin, LSS, 3/3/2004 W. R. Marlin
Others Present:

FILE # 3941A

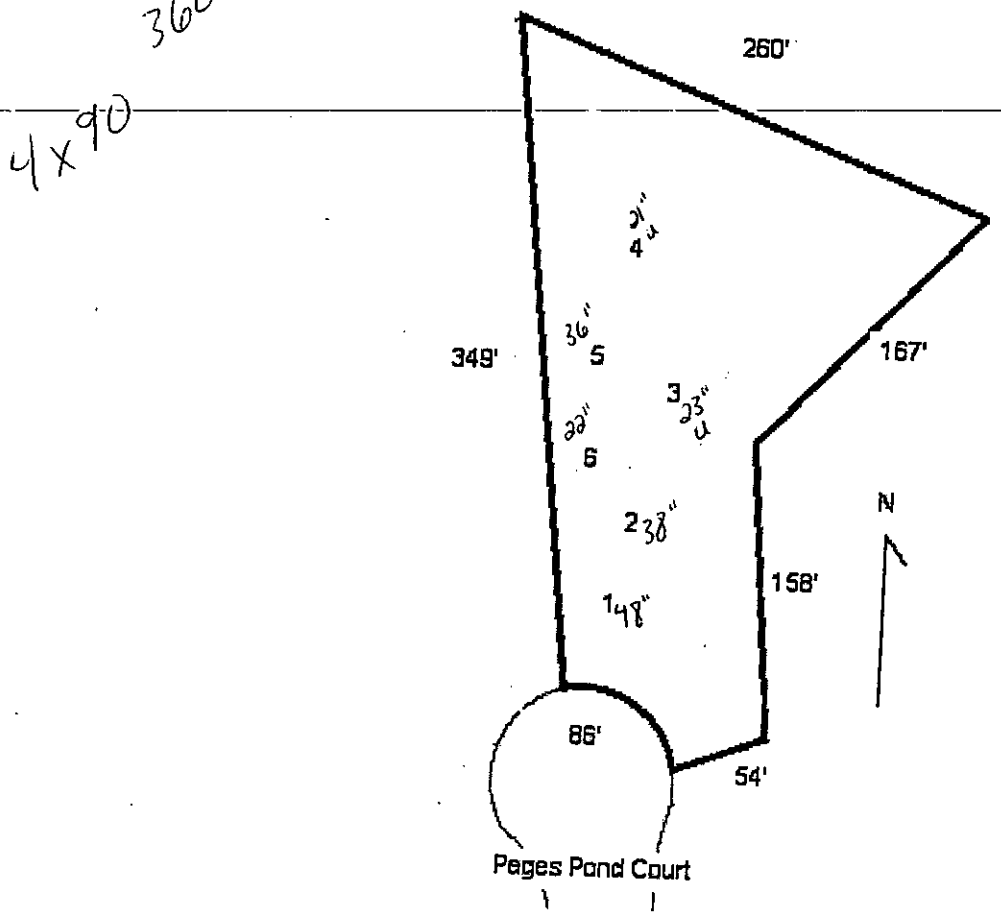
COMMENTS: 100% repair

LANDSCAPE POSITIONS	GROUP	TEXTURES	.1955 LTAR	CONSISTENCE MOIST	WET
R-RIDGE	I	S-SAND	1.2 - 0.8		
S-SHOULDER SLOPE		LS-LOAMY SAND		VFR-VERY FRIABLE	NS-NON-STICKY
L-LINEAR SLOPE				FR-FRIABLE	SS-SLIGHTLY STICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8 – 0.6	FI-FIRM	S-STICKY
N-NOSE SLOPE		L-LOAM		VFI-VERY FIRM	VS-VERY STICKY
H-HEAD SLOPE				EFI-EXTREMELY FIRM	NP-NON-PLASTIC
CC-CONCLAVE SLOPE	III	SI-SILT-	0.6 – 0.3		SP-SLIGHTLY STICKY
CV-CONVEX SLOPE		SIL-SILT LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAN		SCL-SANDY CLAY LOAM			
		SICL-SILTY CLAY LOAM			
	IV	SIC-SILTY CLAY	0.4 – 0.1		
		C-CLAY			
		SC-SANDY CLAY			

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

480 conv.
360 Inv

4 x 90



FEE: 100.00
DATE: 10/19/04
Cash Payment JBA

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

709

[ ] 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 #: 3921A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 007-311-13

STREET ADDRESS: 17928 Pages Pond Ct

SUBDIVISION OR MOBILE HOME PARK NAME: Pages Pond

LOT NUMBER: 10

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 3192

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 4

CLOSING DATE 10/29/04

FOUNDATION FOR RESIDENCE:

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

New Ownership

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

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: Sherrill (LAST) Rufus (FIRST) + Wf. Ashley (MI) H/W

ADDRESS: PO Box 684

CITY: Huntersville STATE: NC ZIP: 28070

DAYTIME PHONE: (704) 756-2016

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: [redacted] (LAST) Watson (FIRST) Jeffrey (MI)

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: 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

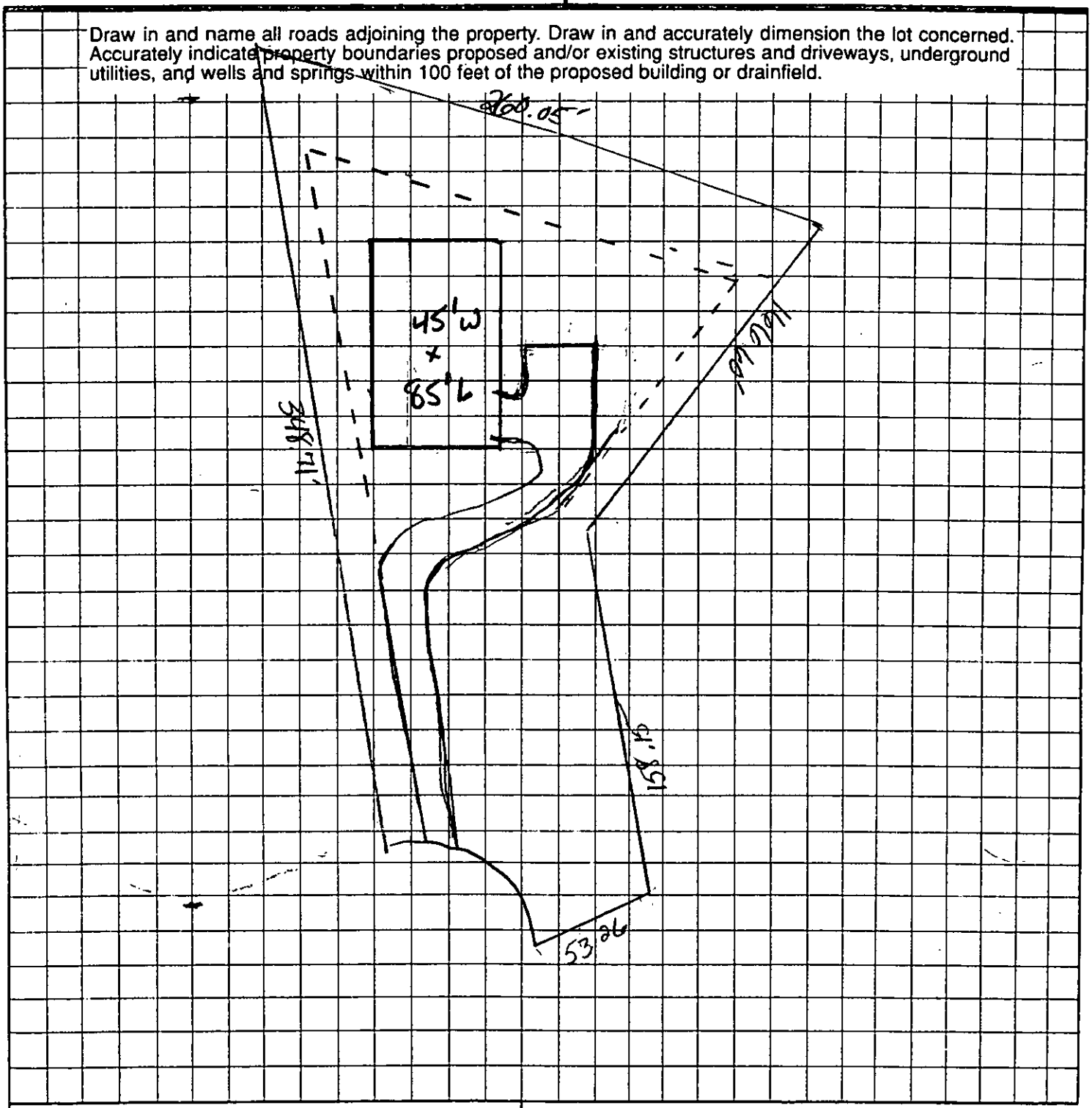
PROPOSED PLOT PLAN

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

FILE: 3941A

TC: 007-311-13

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

Block = 15'

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy