

11405 LEMMOND ACRES DR

13915405

12/31/2007

duponbj

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

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County **Health Department**	Winburn Residence **Name of Establishment**	2717B **Permit/Project No.**
11405 Lemmond Acres Dr., Charlotte 28227 **Location**	3-Bedroom House **Type of Establishment**	360 GPD **Design Flow**
Billy Winburn **Owner/Agent**	Same as location address **Address**	**Phone**
N/A **Operator**	N/A **Address**	N/A **Phone**
IIIb **System Type**	4/5/2010 **Next Inspection Due**	

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☒	☐	☐	
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☒	☐	☐	
b. Tanks and access manholes structurally sound, watertight?	☒	☐	☐	
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	3.c. Sanitary tee not inspected.
d. Tanks pumped, cleaned out as needed?.....	☒	☐	☐	
4. RAW SEWAGE LIFT STATION (if present):				
a. Required pumps present, operating, and cycling properly	☐	☐	☒	
b. High-water alarm present and operating properly?	☐	☐	☒	
c. Floats/pipe/valves/disconnects in good condition?	☐	☐	☒	
5. EFFLUENT DOSING SYSTEM:				
a. Effluent appears clear, free of excess solids?	☒	☐	☐	5.a. Measured less than 4" of solids in the pump tank.
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☐	☒	☐	5.A.a. Spliced wires in pump tank.
b. High-water alarm present and operating properly?	☐	☒	☐	5.A.a.b. Both floats need to be
c. Floats/pipe/valves/disconnects in good working condition?	☐	☒	☐	reset to the proper level.
d. Control panel enclosure/components in good condition?	☐	☒	☐	5.b. Audible alarm not functioning.
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?	☐	☐	☒
b. No effluent standing in lower laterals?	☐	☐	☒
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒
d. Pressure head is properly adjusted?	☐	☐	☒

OVERALL CONDITION AND OPERATION OF SYSTEM:

1. Control floats need adjustment in pump tank.
2. No problems detected with drain field.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

1. Repair audible alarm in control panel.
2. Rewire all components to eliminate splices inside the pump tank. All connections must be in the control box.
3. Install float tree in pump tank. Secure both floats at proper heights with stainless steel hose clamps.

*Pump tank must retain a minimum of 12" of effluent at all times and pump should remain submerged.

4. Install a rope or chain on effluent pump to aid in pump removal.

***REPAIR WITHIN 30 DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

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

1. Make sure all electrical conduits in the pump tank are completely sealed after the work is completed.

DATE: 4/7/2005

SIGNED: _____, RSE AGENT

Division of Environmental Health

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

139-154-05
FILE: 2717 B DATE: 4-7-99
TC: ~~139-150-01~~ ☒ L ☐ CRT
SERIAL Nº 17848
~~139-11~~

Name of Owner JIMMY JOHNSON Juris.:

Address of Property LEMMOND ACRES, LOT #32

Inspection Data:

Tank Material PCC 1500
Total Length of Drainfield 333
Number of Lines 5 @ 107'
Cover Depth 12"
Water Supply Source ~~PUBLIC~~ COMM. WELL
Distance to Water Source >10'
Excavation Inspected 4-7-99
Tank(s) Inspected 4-7-99
Wash Line Inspected NA 4-7-99
High Water Alarm Inspected ~~NA~~

SEE INST. PERMIT

PLOT

Design 1500 ST 1000 DTCON 1500 SFT 12G CTR# WJ. NORWOOD

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 15A 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 15A 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: TYPE III - 8

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

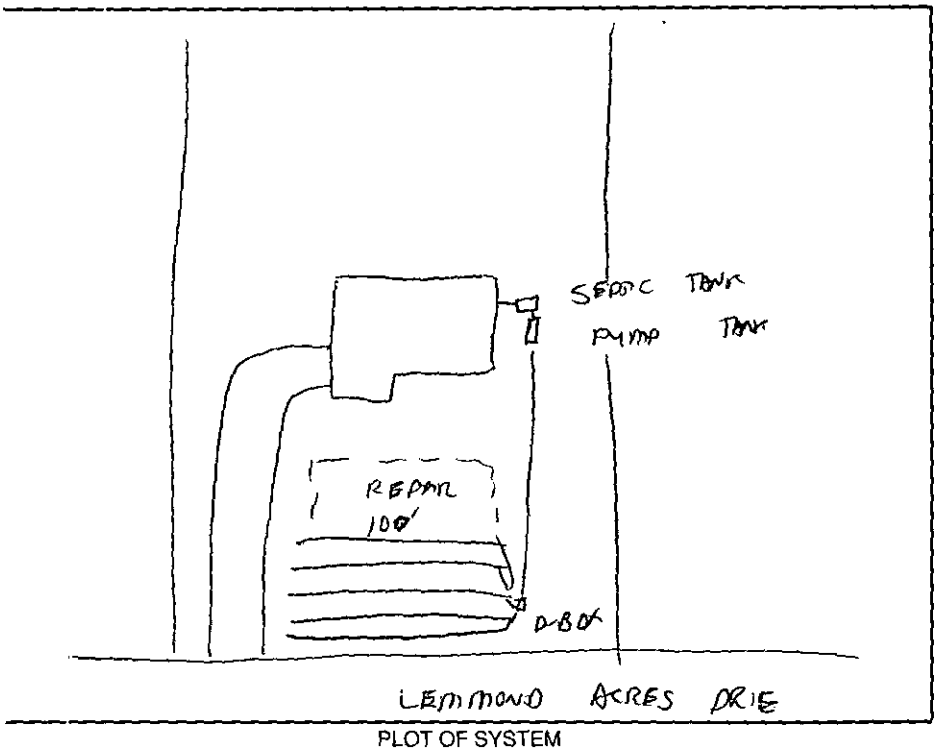
FILE: ~~139-1~~ 2717B DATE: 3-30-99

TC: ~~139-152-01~~ D/L

SERIAL Nº 18079

139-154-05

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 10-20-98. All work shall be completed on or before 5-30-99, 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 1000 gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 400 feet

Number of Lines 4

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 100 ~~N/A~~ feet

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

NAME OF OWNER CORKY JOHNSON

LOCATION OF PROPERTY LEMMOND ACRES DRIVE, LOT #32

Comments: (1) NO WASH BOX NECESSARY.

(2) INSTALL GATE VALVE BETWEEN PUMP TANK & D-BOX

Environmental Health Specialist

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

ck # 6200

FEE: 200 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 12/18/98 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 12-17-98 T405

PERMIT NO: 2717B
PARCEL NO: 139-152-01P0
139-154-05

JOB LOCATION ADDRESS: LEMMOND ACRES DR. LOT 32
PROPERTY OWNER: JIMMY JOHNSON
BUILDING CONTRACTOR: "
SUBDIVISION NAME: LEMMOND ACRES, LOT 32
AUTHORIZATION ISSUED BY: Andrew Odell PE DATE: 12-17-98
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2717B, 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: (1) INSTALL NEMA 4X ALARM BOX ADJACENT TO RISER 12" ABOVE FINISH GRADE.
(2) AGREEMENT FORM MUST BE FILE PRIOR TO ISSUANCE OF THIS CONSTRUCTION

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.

X _____ 1-7-99
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

PROPOSED PLOT PLAN

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

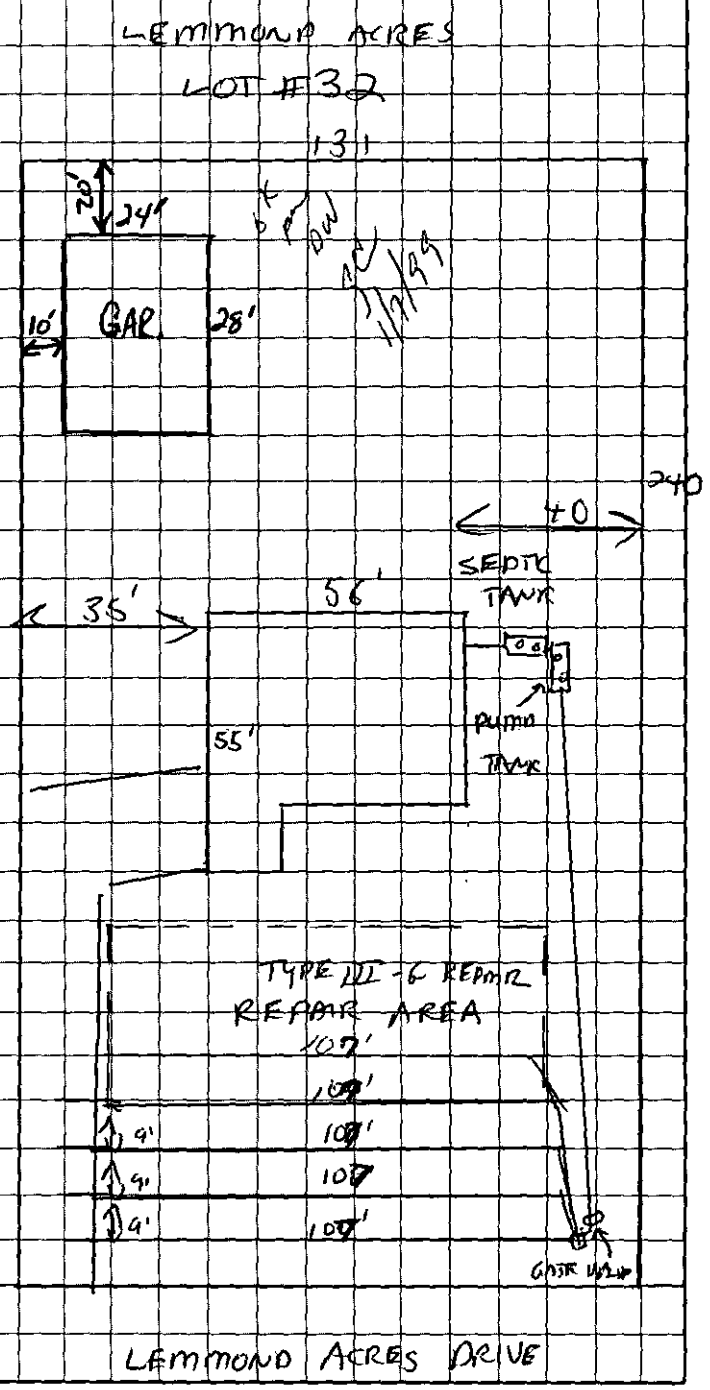
FILE: 2717B

TC: 139-152-01PD

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.

SCALE 1" = 40'

1. LOCATE ALL PARTS OF SEPTIC TANK SYSTEM 100' FROM ALL WELLS, 10' FROM WATER LINES
2. INSTALL DRAINLINES SHALLOW 24" AND ON CONTOUR
3. INSTALL NEMA 4X CONTROL PANEL & ALARM ADJACENT TO RISER ABOVE PUMP TANK.
4. INSTALL GATE VALVE IN PUMP TANK OR @ D-BOX TO CONTROL FLOW INTO DRAINFIELD. IF @ D-BOX VALVE BOX COVER MUST BE INSTALLED.
5. PERMIT CHANGED TO 4BRM W/ 5 107' LINES W/ TYPE III-C ENHANCED REPAIR AREA W/ 5



OWNER/AGENT SIGNATURE

DATE 1-7-99

APPROVAL DATE 12-17-98

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

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 27175 Tax Number: 130-152 01

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

Basement	___ Yes	X No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	X Conventional ___ Prefabricated, permeable ___ block panel system ~~X~~ 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~~ 480 Max gallons/day wastewater flow AW 1-8-99	~~1200~~ 1600 Absorption Area (sq ft) 1-8-99	9' Trench spacing (min. on centers)
NA Serviced by private well	1500 Gallon septic tank	533 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3/4 Bedrooms in residence AW 1-8-99	1000 Gallon pump tank	12" Depth of stone	

Any surface waters present: Type: Minimum separation distance:

Site modifications required:

Additional Conditions: (1) LOCATE ALL PARTS OF SEPTIC TANK SYSTEM 100' FROM ANY WELLS.

(2) INSTALL NEMA 4X BOX ADJACENT TO RISER 12" ABOVE FINISH GRADE.

Repair Area System Type Type (circle one): I (II) III IV V VI	___ Conventional ___ Prefabricated, permeable ___ block panel system X Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

~~1200~~ 1600 1-5-99 Absorption Area (Sq ft) ~~400~~ 533 Total Trench Length (Ft)	12" 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.

DEHNR Authorized Agent Date 12/17/98

Owner/Agent Signature Date 1-7-99

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

IWWS-100195

FEE: 105.00 CK# 6033
DATE: 10-21-98 VLC

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

1 1 CRT

TYPE APPLICATION: X 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 #: 2178

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139-152-01PO

STREET ADDRESS:

SUBDIVISION OR MOBILE HOME PARK NAME: LEMMOND ACRES

LOT NUMBER: 32

TOWNSHIP (CHECK ONE):

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

CLOSING DATE 10-31-98

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1930 SF

NUMBER OF BEDROOMS: 3 BC NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

X 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):

X 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 X NO
EXISTING WASTEWATER SYSTEMS __ YES X NO
EASTMENTS OR RIGHT-OF-WAYS __ YES X NO
WELL, SPRINGS OR WATERLINES __ YES X NO
DESIGNATED WETLANDS __ YES X NO

PROPERTY OWNER:

NAME: HELMS (LAST) BRIAN (FIRST) B (MI) (PRO REALTY & DEVELOPMENT)

ADDRESS: 6918 LINKSIDE CT.

CITY: CHARLOTTE STATE: NC ZIP: 28277

DAYTIME PHONE: 704 309 - 4286

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: JOHNSON (LAST) CORKY (FIRST) (MI)

DAYTIME PHONE: 704-753-9169 361-7169 MOBILE

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? JAN 1998

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: 10-20-98

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

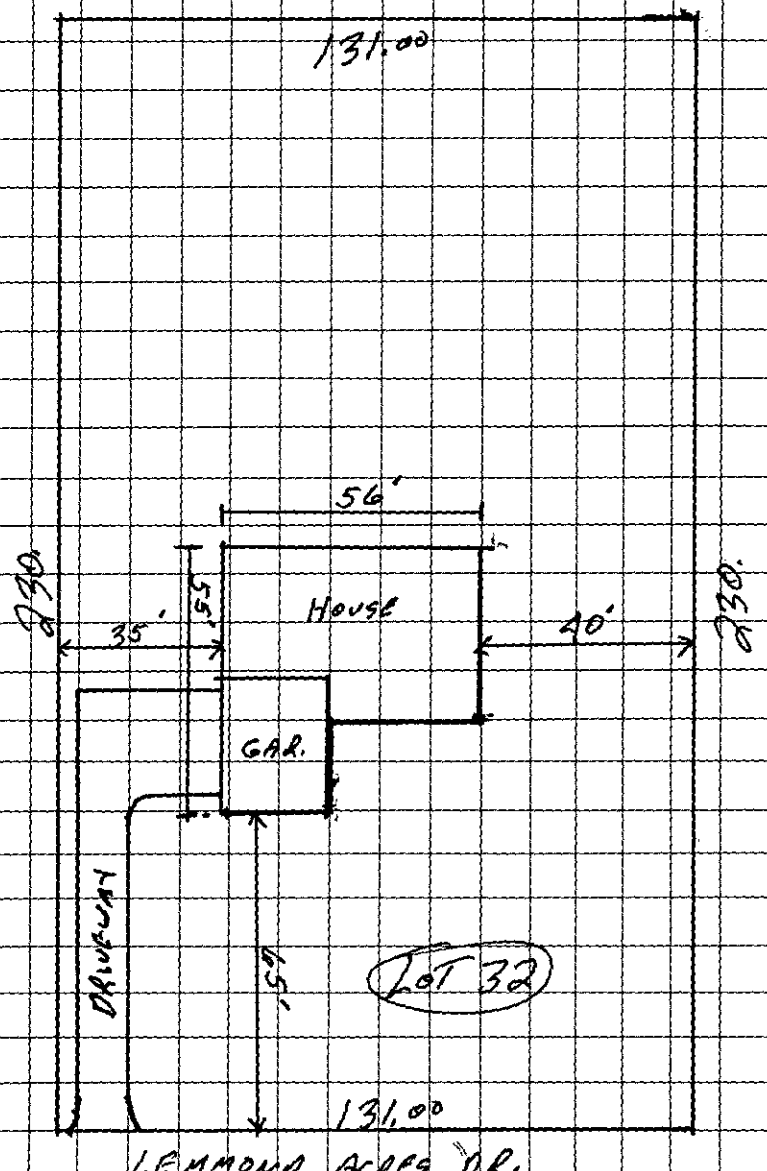
PROPOSED PLOT PLAN

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

FILE: 2717B

TC: 139-152-01PD

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 10-20-98

APPROVAL DATE _____

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

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

#2 (400)

Sheet ____
PROPERTY ID #: 6013915201
Lot # : 32
File # : 27173

SOIL/SITE EVALUATION *for* ON-SITE WASTEWATER SYSTEM

OWNER: Pro Realty & Development APPLICANT: Cathy Johnson
ADDRESS: 6516 Lenhurst Cir. Wakulla DATE EVALUATED: 11-1996
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 360gpd PROPERTY SIZE: .64
LOCATION OF SITE: Lemmond Acres Dr. PROPERTY RECORDED: ____
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☒ Other Communal
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	Slopes 2-9% .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	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS	0-6"	gr/cl	Fr/SE/SP SS/SP	737" to soil wetness	37"	N/A	None	PS LV .39/P2
		6-33"	SBK/c	Fi/SE/SP/SP					
		33-37"	SBK/cl	Fr/SE/SP/					
2	LS	0-7"	M/ Mixed/Fi	VFi/SE/SP/SP	727" to soil wetness	27"	N/A	None	US LV
		7-27"	SBK/c	VFi/SE/SP/SP					
3	LS	0-6"	gr/sl/	Fr/SE/SP SS/SP	723" to soil wetness	23"	N/A	None	US LV
		6-23"	SBK/c	VFi/SE/SP/SP					
4	LS	0-5"	gr/sl	Fr/SE/SP NS/NP	733" to soil wetness	33"	N/A	None	US LV .39/P2
		5-33"	SBK/c	Fi/SE/SP/SP					
5	LS	0-4"	gr/sc/	Fr/SE/SP SS/SP	730" to soil wetness	30"	N/A	None	US .39/P2 LV
		4-27"	SBK/c	Fi/SE/SP/SP					
		27-30"	SBK/sc/	Fr/SE/SP SS/SP					

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

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W. A. Madsi 11-2396
OTHER(S) PRESENT: LSS

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

sheet 2
PROPERTY ID #:
Lot # :
File # : 27713

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICANT: _____
ADDRESS: _____ 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 %	HORI-ZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
6	LS	0-4"	gr/scl	Fr/SEAP/ss/sp	7 40" TO soil wetness	40"	N/A	None	IV PS .39/P2
		4-37"	sBK/c	F/SEAP/SP					
		37-40"	sBK/cl	Fr/SEAP/ss/sp					
7	LS	0-5"	gr/scl	Fr/SEAP/ss/sp	7 40" TO soil wetness	40"	N/A	None	IV PS .37/F
		5-34"	sBK/c	F/SEAP/SP					
		34-40"	sBK/cl	Fr/SEAP/ss/sp					

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

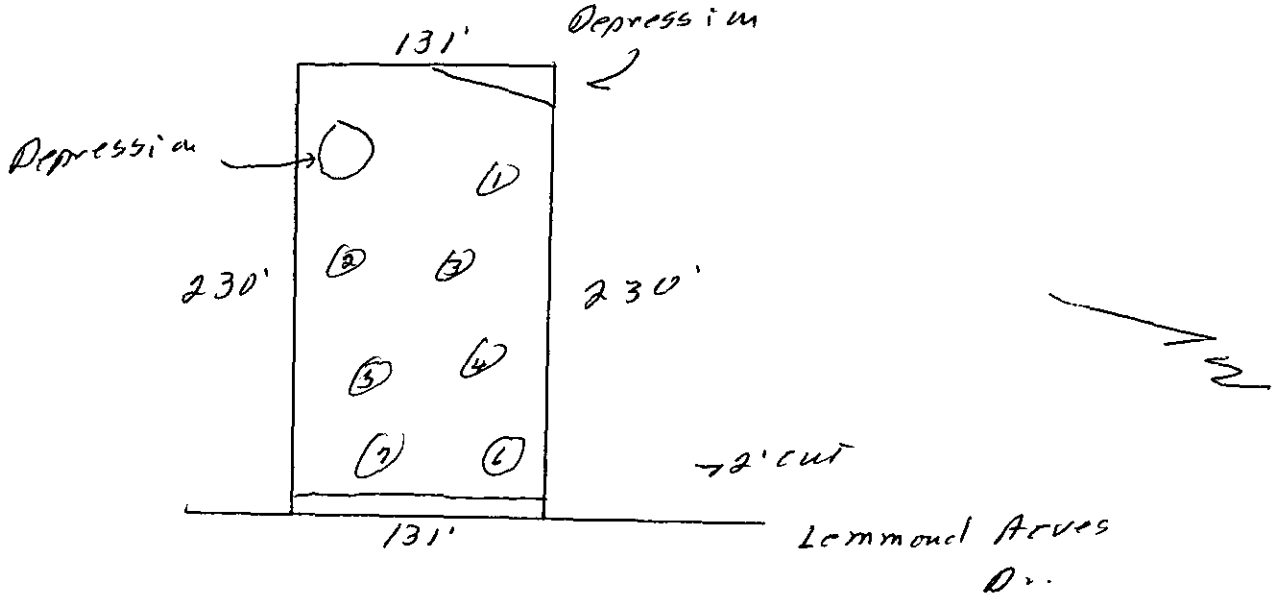
OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

FILE # 2217

COMMENTS 1082 Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR	CONSISTENCE MOIST	CONSISTENCE 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-SLIGHTLYSTICKY
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-SLIGHTLYSTICKY
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM			
	IV	SC-SANDY CLAY	0.4-0.1		
		SIC-SILTY CLAY			
		O-ORGANIC			

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



FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
1999 JAN 07 10:47 AM
BOOK:10168 PAGE:889-892 FEE:$12.00
INSTRUMENT # 1999002301

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 # 2717 B
PARCEL # 139-152-01P0

The undersigned, CORKY JOHNSON HOMES INC., owner of property located at LOT 32 LEMMOND ACRES, (the "site") and described in an instrument recorded in Book 10068 at Page 27, 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: CORKY JOHNSON
Mail after recording to: 101 WINDSOR GREENE DR.
MONROE NC 28110

- 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 7TH day of JAN, 1999.

CORKY JOHNSON HOMES INC. (SEAL)
(Corporate Name)

(SEAL)

By: _____ (SEAL)

_____ President (SEAL)

ATTEST:

_____
Secretary

(Corporate Seal)

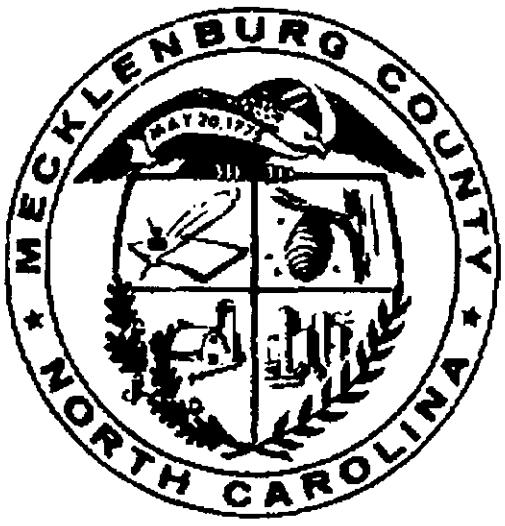
STATE OF NORTH CAROLINA
COUNTY OF UNION

I, Kristy M. Carriker, a Notary Public for said County and State, do hereby certify that Corky Johnson - President of Corky Johnson Homes personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 7th day of January, 1999

_____
Notary Public

My Commission Expires:
2/24/2003



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

****

Filed For Registration:	**01/07/1999 10:47 AM**
Book:	**RE 10168 Page: 889-892**
Document No.:	**1999002301**
	PRMIT 4 PGS $12.00
Deputy:	**NANCY JONES**

****

State of North Carolina, County of Mecklenburg

The foregoing certificate of KRISTY M CARRIKER Notary is certified to be correct. This 7TH of January 1999

JUDITH A. GIBSON, REGISTER OF DEEDS By: Nancy R. Jones
Deputy/Assistant Register of Deeds

****



1999002301