

324 RADIO RD

03701123

12/26/2007

duponbj

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

1635B

HEARST SERVICE CENTER

April 16, 2007

FAX TO....

Name:TREVOR THOMASON
Company: Mecklenburg County
FAX #:704-336-6894

FAX FROM....

Name:TRISH MARINO
Phone:704-348-8021
FAX #:704-376-2034

NOTES....

Pages:3 plus cover

Print!

TREVOR,

I NEVER RECEIVED A WORK ORDER FROM MECKLENBURG UTILITIES, BUT HERE ARE ALL OF MY RECEIPTS.

THANK YOU.

TRISH MARINO

Bank of America Higher Standards

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Accounts | Bill Pay · e-Bills | Transfer Funds | Customer Service

Accounts Overview · Account Activity · Account Summary · Find a Transaction · Open ... ·

Check Image - Front and Back

Posting Date: ...1/2005 Check #: 1655 Amount: $2,540.00

Reference: ...01506741 Account: DDA-8032 Nickname:

PATRICIA A ...ARINO
704-391-9971
324 RADIO RD.
CHARLOTTE N ...8216

1655

Date 4-8-05

Pay to the order of Mecklenburg Utilities $ 2,540.00

Two Th... and Five Hundred Forty and 00/100

Bank of An...

ACH R/T 053000196

For

⑆053000...⑆ 0000008880328 1655 ⑈0000254000⑈

FOR DEPOSIT ONLY
CITY OF CHARLOTTE
REMITTANCE PROCESSING CTR
GENERAL CENTRAL DEPOSITORY
FIRST UNION NATIONAL BANK
#10430001...

...OF AMERICA,N...
...196 E9251...

⑆031000...⑆
...PHILA, PA ...

CH...LOTTE-MECKLENBURG UTILITIES 76464

DATE 4-8-05

RECEIVED FROM Patr...ia Marino

Two Thousan... Five Hundred Forty $ 2,540

FOR: 4" SS serv...
324 Radio Rd

RECEIVED BY:

CASH

CHECK ✓ 1655

FYI COPY

Paid 985 chk# 1105 8/15/02 gc

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Patricia A. Marino
324 Radio Road
Charlotte, NC 28216

Please Make Check Payable To:

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

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Patricia M. Marino	324 Radio Rd.	03701104	1635B	IIIb
				Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date: 7/12/02

Payment Due Date: 8/12/02

Direct Questions Concerning This Bill to .....(704) 336-5571

☐ *Please check if you have a well.*

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

DO NOT SEND CASH

074

Mecklenburg County
Health Department

August 8, 2002

Patricia Marino
324 Radio Road
Charlotte, NC 28216

Dear Ms. Marino:

The State required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence located at 324 Radio Rd., Charlotte, North Carolina, was completed on 7/26/02. The results of this inspection are enclosed.

Our records indicate that the $85.00 fee for this service has not been received. Please return the enclosed invoice with your payment by 9/8/02.

Thank you for your time and cooperation. If you have any further questions you can contact me at (704) 336-5571.

Sincerely,

RSI

David Cornelius, R.S.I, Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure: Inspection Report
Septic System Owner's Guide
Inspection Invoice

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Patricia A. Marino
324 Radio Road
Charlotte, NC 28216

Please Make Check Payable To:

Mecklenburg County Health Department
700 N. Tryon Street Suite 211
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				Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date: 7/12/02

Payment Due Date: 8/12/02

Direct Questions Concerning This Bill to .....(704) 336-5571

☐ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
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N. C. Department of Environment and Natural Resources
Division of Environmental Health

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

MECKLENBURG COUNTY — Health Department
Name of Establishment — 1635B — Permit/Project No.
324 RADIO RD. — Location
RESIDENCE — Type of Establishment
240 GPD — Design Flow
PATRICIA MARINO — Owner/Agent
324 RADIO RD. CHARLOTTE, NC 28216 — Address
Phone
N/A — Operator
Address
Phone
Remarks TYPE IIID

	Yes	No	REMARKS
1. ESTABLISHMENT:			
Type, size, and sewage flow in accordance with permit?	☑	☐	
2. COLLECTION SYSTEM:			
No evidence of leaks into or out from sewer lines/manholes?	☐	☐	
Free of blockages/solids buildup in lines or manholes?	☐	☐	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):			
Tank risers accessible and surface water diverted?	☑	☐	
Tanks and access manholes structurally sound, watertight?	☑	☐	
Sanitary tee(s) in good working condition?	☑	☐	
Tanks pumped, cleaned out as needed?	☑	☐	
4. RAW SEWAGE LIFT STATION (if present):			
Required pumps present, operating, and cycling properly?	☐	☐	
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☑	☐	
PUMP SYSTEMS:			
Required pumps present, operating, and cycling properly?	☑	☐	*COULD NOT CONFIRM THIS.
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☑	☐	
Control panel enclosure/components in good condition?	☑	☐	
Elapsed time readings: _____ _____ _____			
SIPHON SYSTEMS:			
No evidence of overflow or siphon leakage?	☐	☐	
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	
6. GROUND ABSORPTION FIELDS:			
No evidence of effluent surfacing/reaching surface waters?	☑	☐	
Minimal ponding in subsurface trenches?	☑	☐	
Surface water being effectively diverted away?	☑	☐	
Diversions/ditches/swales/tile drains properly maintained?	☑	☐	
Line cover/vegetation adequate/maintained as needed?	☑	☐	
Protected from traffic, destructive uses?	☑	☐	
Distribution devices in good condition, working properly?	☑	☐	
Repair area properly reserved, maintained?	☑	☐	
LOW-PRESSURE PIPE DRAIN FIELDS:			
Turnups/cleanouts/valves intact and accessible?	☐	☐	
No effluent standing in lower laterals?	☐	☐	
Laterals free of excess solids, cleaned out as needed?	☐	☐	
Pressure head is properly adjusted?	☐	☐	

OVERALL CONDITION AND OPERATION OF SYSTEM: NO EFFLUENT SURFACING

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)

DATE: 7/26/02 SIGNED: RSI AGENT
Division of Environmental Health

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

– over –

Mecklenburg County
Health Department

July 11, 2002

Patricia A. Marino
324 Radio Rd.
Charlotte, NC 28216

Dear Ms. Marino:

The North Carolina Administrative Code requires routine maintenance and inspections of certain septic tank systems that utilize pumps. Our records indicate that the required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence at 324 Radio Road, Charlotte, NC is due.

> In accordance with Section .1900 of the North Carolina Administrative Code, North Carolina Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, Subchapter 10A, Sanitation, states in part: " System management in accordance with Tables V(a) and V(b) of this Rule shall be required for all systems installed or repaired after July 1, 1992."

This department will be making inspections on all systems that fall under this requirement. The fee for this service is $85.00. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The water analysis will be performed at no additional cost.

The inspection program and the water analysis are very important initiatives intended to protect the public's health while improving and preserving our groundwater resources. We highly recommend and prefer that you contact our office to make an appointment for the inspection of your system. If we have not heard from you by August 11, 2002 we will proceed with our inspection activities on your property. You will be apprised of our assessments and recommendations for the continued efficient operation of your septic tank system.

To set up an appointment for an inspection, or if you should have any questions regarding this matter, please feel free to contact me at (704) 336-5571.

Sincerely,

RSI

David Cornelius, R.S.I., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure: Inspection Statement

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Patricia A. Marino
324 Radio Road
Charlotte, NC 28216

Please Make Check Payable To:

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

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Patricia M. Marino	324 Radio Rd.	03701104	1635B	IIIb
				Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date: 7/12/02

Payment Due Date: 8/12/02

Direct Questions Concerning This Bill to .....(704) 336-5571

☐ *Please check if you have a well.*

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

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GIS Real Estate System

Mecklenburg County, NC Geographic Information Systems

Tax Parcel & Map Sheet Search | Road Name & Intersection Search | Market Analysis Search Menu
Return to Full Map Extent | How to Use the System | Return to GIS Homepage

Click here to submit questions or comments about the information shown on this page.
Additional Tax Information (Tax Bills, Real and Personal Property, etc.) is available through the:
Tax Information System

Date and Time Stamp	This tax record is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys and other public records. Users of this data are hereby notified that the aformentioned public primary information sources should be consulted for verification. Mecklenburg County assumes no legal responsibility for the information contained herein.
7/11/2002 4:03:00 PM EST	

Tax Real Estate Information

BUILDING PHOTOS ARE NOW AVAILABLE! SEE MAJOR IMPROVEMENT SECTION BELOW FOR LINK.

*** Images of real estate documents from the Register of Deeds are available from 11/9/1998 to the present. ***

Parcel-Id#: 03701123 **GIS Map#:** 03701123 **Account Type:** INDIVIDUAL **Owner:** MARINO PATRICIA A **Add. Owner:** **Mailing:** 324 RADIO RD **Address:** **City:** CHARLOTTE **State:** NC **ZIP:** 28216 **Location:** RADIO RD **Municipality:** CHARLOTTE	**Legal Desc.:** L4 M27-472 **Deed Book/Page:** 12663/681 GET DEED! **Date:** 9/17/2001 **Sales Price:** $102000 **Sales Date:** 9/17/2001 **Qualified Sale:** Y **Neighborhood Code:** 03701 **Historic Desig.:** **Farm Desig.:** **Deed Acreage:** 0.355 **Assessed Acreage:** 0.355 **Assessed Land Value:** $14000 **Total Assessed Value:** $76060 **Tax Bill Information:** Click Here!

Site Location Information

Zoning: CALL THE APPROPRIATE AGENCY **Fire District:** N/A **Voter District:** Click to Find Out **School District:** Click to Find Out **Reg. Watershed Class:** AVAILABLE WITH MAP DISPLAY ONLY	**Parks Within 3 Miles:** Click to Find Out **FEMA Flood Panel#:** AVAILABLE WITH MAP DISPLAY ONLY More Flood Information **FEMA Flood Zone:** AVAILABLE WITH MAP DISPLAY ONLY **FEMA Flood Map Date:** N/A **Census Tract Number:** AVAILABLE WITH MAP DISPLAY ONLY

Major Improvement Information

Parcel-Id# & Card#: 03701123-001 **Land-Use Type:** SINGLE FAMILY **Building Type:** SINGLE FAMILY RESIDENTIAL See Photo	**Situs Location:** RADIO RD **Ext. Type:** ALUMINUM/VINYL SIDING **Heating Type:** FORCED AIR-DUCTED **AC Type:** CENTRAL

Approximate Square Footage: 966	**Fireplace:** PREFAB
Actual Year Built: 1997	**Garage:** N
Number of Stories: 1.0 STORY	**Basement:** N
Bedrooms: 3	**Assessed Net Bldg. Value:** $60110 $/Sq. Ft. = $62.23
Bathrooms: 2	**Total Assessed Bldg. Value:** $62060
Restrooms: 0	

This site is powered by ESRI MapObjects2 Internet Map Server

This site was developed by Mecklenburg County GIS and was last updated on 7/8/2002 3:22:14 PM

Mecklenburg County
Health Department

April 25, 2002

Gorge Gelsinger
324 Radio Road
Charlotte, NC 28216

Dear Mr. Gelsinger:

The North Carolina Administrative Code requires routine maintenance and inspections of certain septic tank systems that utilize pumps. Our records indicate that the required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence at 324 Radio Road, Charlotte, NC is due.

> In accordance with Section .1900 of the North Carolina Administrative Code, North Carolina Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, Subchapter 10A, Sanitation, states in part: " System management in accordance with Tables V(a) and V(b) of this Rule shall be required for all systems installed or repaired after July 1, 1992."

This department will be making inspections on all systems that fall under this requirement. The fee for this service is $85.00. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The water analysis will be performed at no additional cost.

The inspection program and the water analysis are very important initiatives intended to protect the public's health while improving and preserving our groundwater resources. We highly recommend and prefer that you contact our office to make an appointment for the inspection of your system. If we have not heard from you by May 9, 2002 we will proceed with our inspection activities on your property. You will be apprised of our assessments and recommendations for the continued efficient operation of your septic tank system.

To set up an appointment for an inspection, or if you should have any questions regarding this matter, please feel free to contact me at (704) 336-5571.

Sincerely,

David Cornelius, R.S.I., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Gorge Gelsinger
324 Radio Road
Charlotte, NC 28216

Please Make Check Payable To:

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

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Gorge Gelsinger	324 Radio Road	037-011-04	1635B	IIIb
				Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date: 4/26/02

Payment Due Date: 5/26/02

Direct Questions Concerning This Bill to .....(704) 336-5571

☐ *Please check if you have a well.*

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

DO NOT SEND CASH

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 1635 B DATE: 4-2-97

TC: 037-011-04 ~~L~~ ~~CRT~~

SERIAL Nº 17049

Name of Owner George Gelsinger Juris.: _____

Address of Property 324 Radio Road

Inspection Data:

Tank Material PCC

Total Length of Drainfield 200

Number of Lines 3 @ 67'

Cover Depth 12-16"

Water Supply Source Municipal

Distance to Water Source 710'

Excavation Inspected 3.25

Tank(s) Inspected 3.25

Wash Line Inspected N/A

High Water Alarm Inspected 4-2

PLOT

Roger Propst

Design 1997, Type III g, 1500SF, 1000DT, P1, 600SF, sand backfill, Cecil-like CTR# _____ to be assigned

Propst landscaping

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 g 2 bedroom house

"Infiltrator" chambers used (3) 3'W x 67'L x 24"d

* Alarm installation originally disapproved – corrected 4-2

Larry B. Thompson J. R.S.

Environmental Health Specialist

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

FEE: 100.00 + Chk # 4938 #450.00 4/30/96 Cash

DATE: 11-4-96 Cash #350.00

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

1 1 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 #: 16358

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 037-011-04

STREET ADDRESS:

SUBDIVISION OR MOBILE HOME PARK NAME: #324 ~~OAK Dale~~ Radio Road

LOT NUMBER: 4

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:

NUMBER OF BEDROOMS: 2 NUMBER OF OCCUPANTS: 4

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

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

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

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

WATER SUPPLY (CHECK ONE):

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

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

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

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Geksinger Gorge (LAST) (FIRST) (MI)	NAME: C.D Development inc (LAST) (FIRST) (MI)
ADDRESS: 459 Patrick Rd	DAYTIME PHONE: ( ) –
CITY: Gastiona STATE: NC ZIP: 28054	
DAYTIME PHONE: 704, 854-3256	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? April 30 1996

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: Roger Dale Ledford (Const Superintendent) DATE: 11-4-96

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

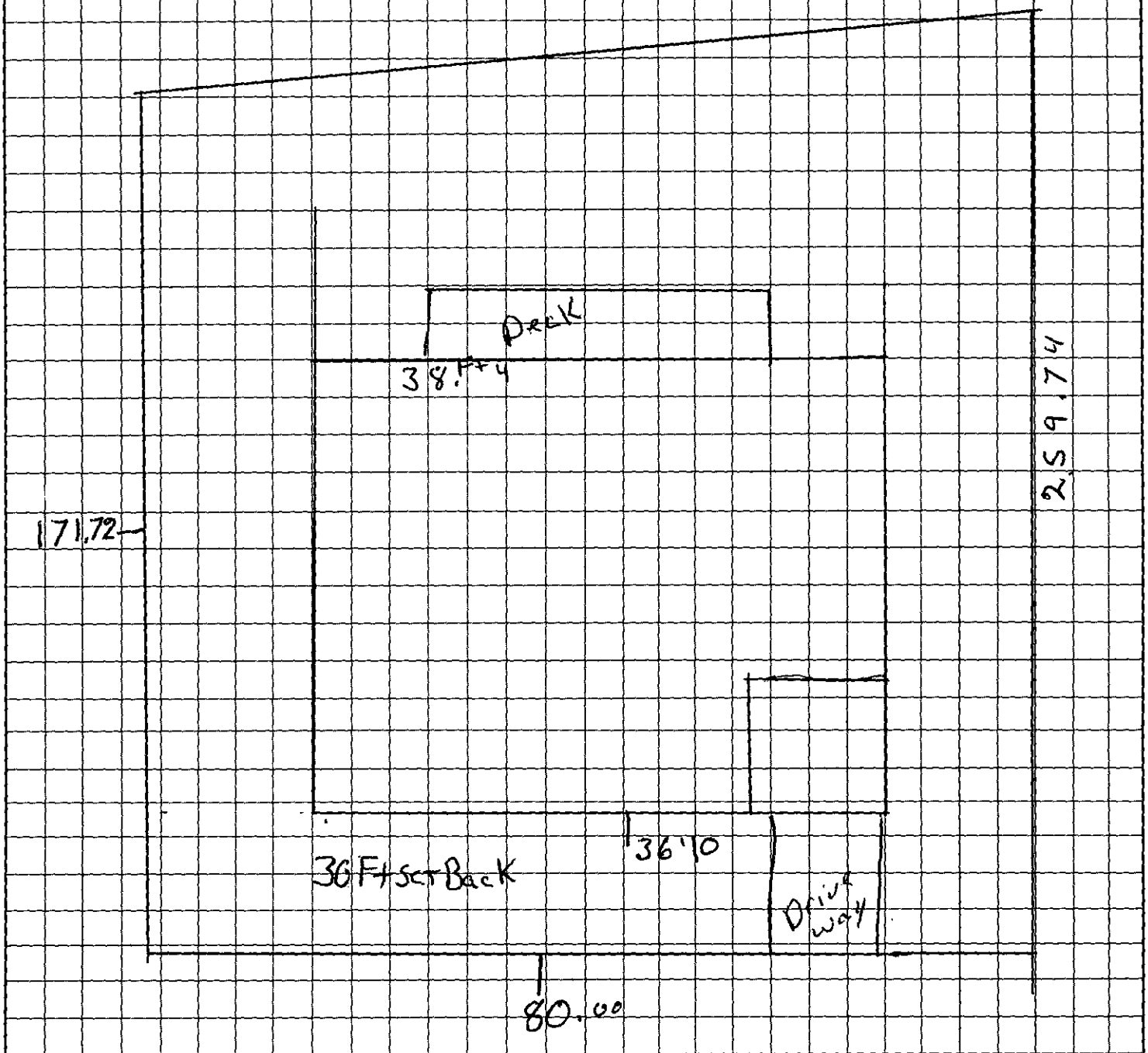
PROPOSED PLOT PLAN

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

FILE: 1635B

TC: 037-011-04 pd

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.



APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

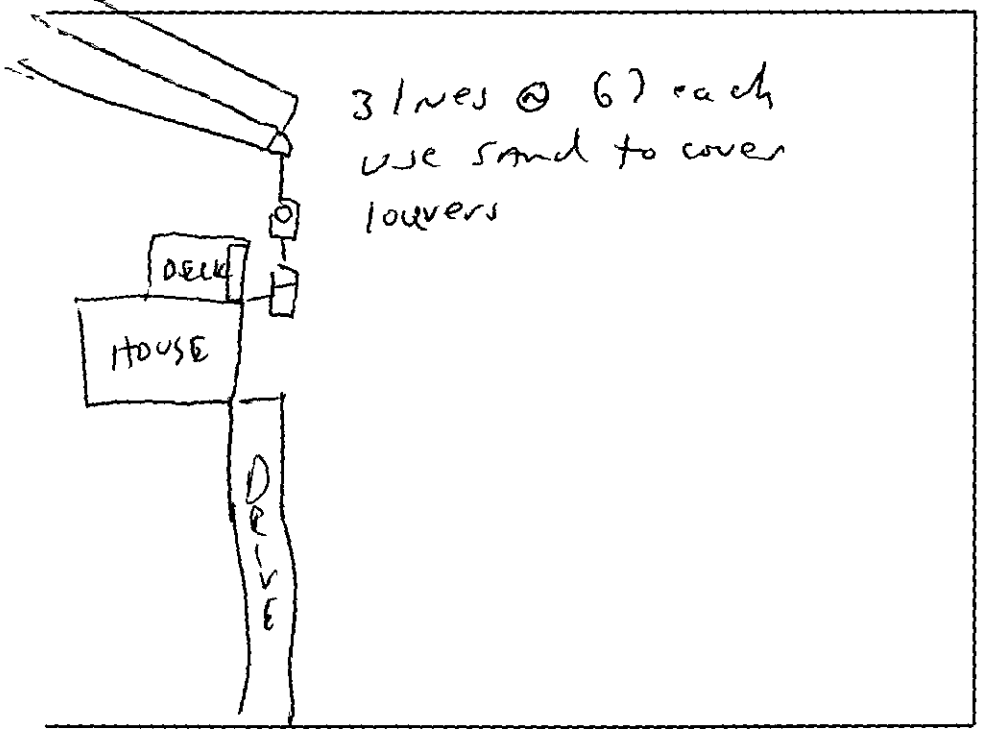
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1635-B DATE: 3-11-97

TC: 037-011-04

SERIAL Nº 17178

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 11-4-96. All work shall be completed on or before _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines: Yes

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 200 feet

Number of Lines 3

Depth of ~~Stone~~ N/A 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 GORGE GELSINGER

LOCATION OF PROPERTY 324 RADIO RD

Comments: 3 lines @ 67 each use innovative system

Environmental Health Specialist

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 1635 B

Tax Number: 037-011-04 Pa

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	240 Max gallons/day wastewater flow	600 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
Yes Serviced by private well	1500 Gallon septic tank	200 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
2 Bedrooms in residence	1000 Gallon pump tank	N/A Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: - Keep well 100' off of septic system and repair area. - Re-classification form must be recorded on this lot.				
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	
600 Absorption Area (Sq ft) 200 Total Trench Length (Ft)	N/A 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.

Larry B. Thompson, L.S. - 11-11-96

DEHNR Authorized Agent / Date

Owner/Agent Signature / Date

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

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

FEE: 100. AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: 11-13-96 VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 11-11-96 PERMIT NO: 1635 B

JOB LOCATION ADDRESS: 324 Radio Road PARCEL NO: 037-011-04 Po

PROPERTY OWNER: George Gelsinger

BUILDING CONTRACTOR: C.D. Development INC

SUBDIVISION NAME: Radio Road lot #4

AUTHORIZATION ISSUED BY: Larry D. Thompson Jr. L.S. DATE: 11-11-96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1635 B, 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: Keep well 100' off of septic system and repair area.

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.

George B. Gelsinger Jr. 11/13/96
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

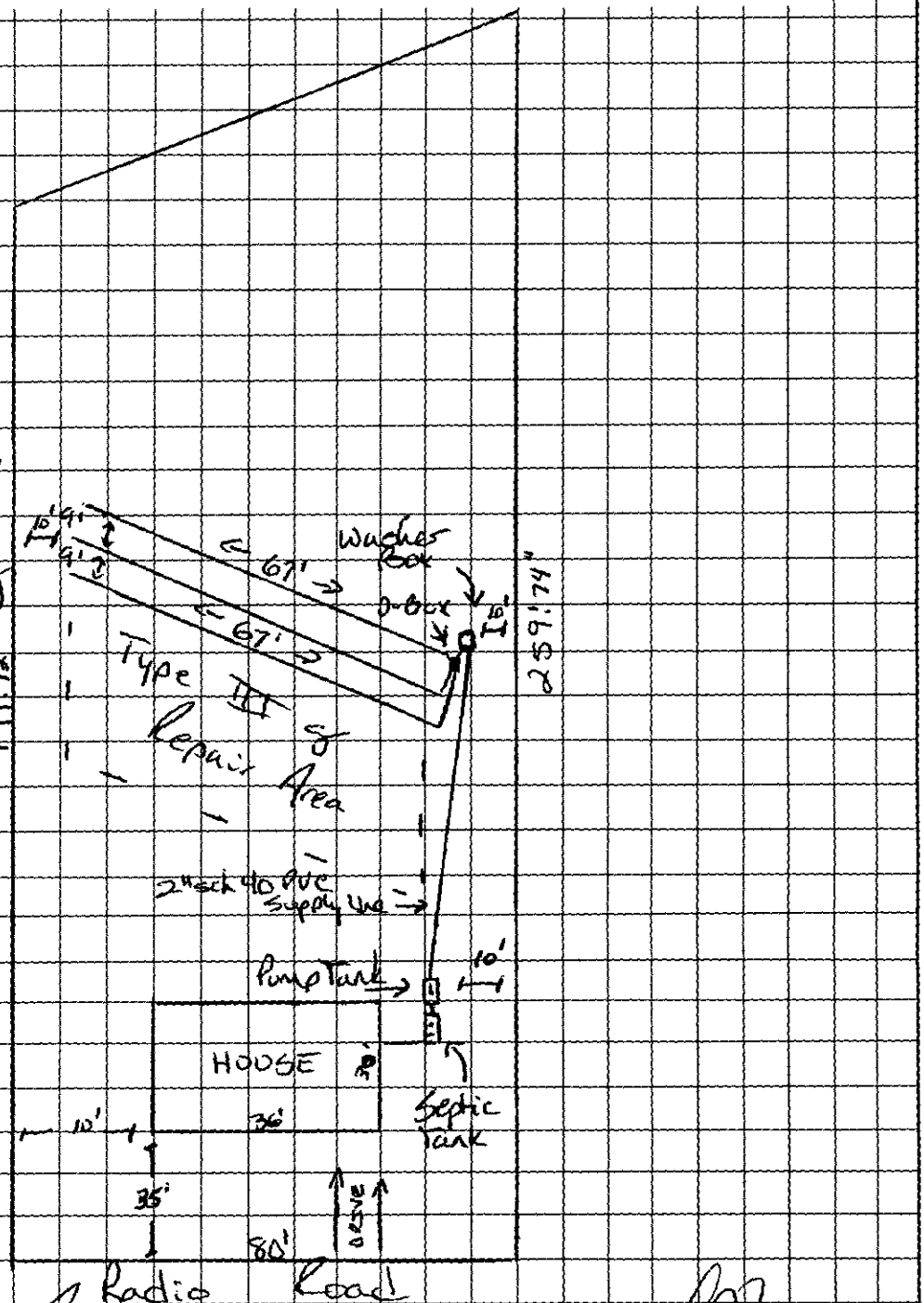
FILE: 1635 B

TC: 037-011-04 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.

COMMENTS

- 1500 gal septic tank
- 1000 gal pump tank
- (3) 3'W x 67'L x 24" deep Type III E drainlines (state approved 25% reduction in required trench length)
- Keep drainlines level and on contour
- Keep any well 100' away from any portion of septic system and its repair area.
- Re-classification forms must be filed due to available space.
- 2 bedrooms



OWNER/AGENT SIGNATURE Steven B. DeSprings Sr

DATE 9/13/96

APPROVAL DATE 11-11-96 L. Thompson

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

BK: 08818 PG: 0043/0045 #:0383 13.00
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 11/13/96 16:13

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 # 1635 B
PARCEL # 037-011-04 Pc

The undersigned, CG Development Co. Inc., owner of property located at 324 Radio Rd., (the "site") and described in an instrument recorded in Book 8484 at Page 964, 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: Larry Thompson E.H. Dept.
Mail after recording to: Rick Gelsinger 459 Statesville Rd Gastonia NC 28056

CG Development, Inc. _____ (SEAL)

(Corporate Name)

_____ (SEAL)

By: George Richard Gelsinger, Jr. _____ (SEAL)

Vice President _____ (SEAL)

ATTEST:

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Barbara C. Irvin, a Notary Public for said County and State, do hereby certify that George Richard Gelsinger, Jr. V.P. of C.G. Development personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 13th day of November, 1996.

Barbara C. Irvin
Notary Public

My Commission Expires:
June 15, 2000

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

2460

Sheet
PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

#2 1635B
PO 037-011-04
Lot 4

OWNER: George Delgenger APPLICANT:
ADDRESS: 454 Patrick Road Hudson APPLICATION DATE: DATE EVALUATED:
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 240gpd PROPERTY SIZE: .4
LOCATION OF SITE: Radio Road PROPERTY RECORDED:
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	Slope % 5-16% 1940 LAND-SCAPE 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 & LTA
1	LS	0-6"	gr/cl	Fr/SEAP/SSSP	>36" To Chroma 2	36"	N/A	None	PS LE .25 g/F2
		6-36"	SBK/C	Fr-Fi/SEXP/SSP					
2	LS	0-3"	gr/cl	Fr/SEXP/SSSP	>36" To Chroma 2	38"	N/A	None	PS LE .25 g/F2
		3-38"	SBK/C-SC	Fr-Fi/SEXP/SP					
3	LS	0-4"	gr/cl	Fr/SEXP/SSSP	>42" To Chroma 2	42"	N/A	None	PS .39F2 LE
		4-42"	SBK/C	Fr-Fi/SEXP/SP					
4	LS	0-4"	gr/cl	Fr/SEXP/SSSP	>48" To Chroma 2	48"	N/A	None	PS .39F2 LE
		4-48"	SBK/C	Fr-Fi/SEXP/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	LS	LS

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W.R. Mullis #696 LSS

OMMENTS: 100' Reserve

LEGEND

use the following standard abbreviations

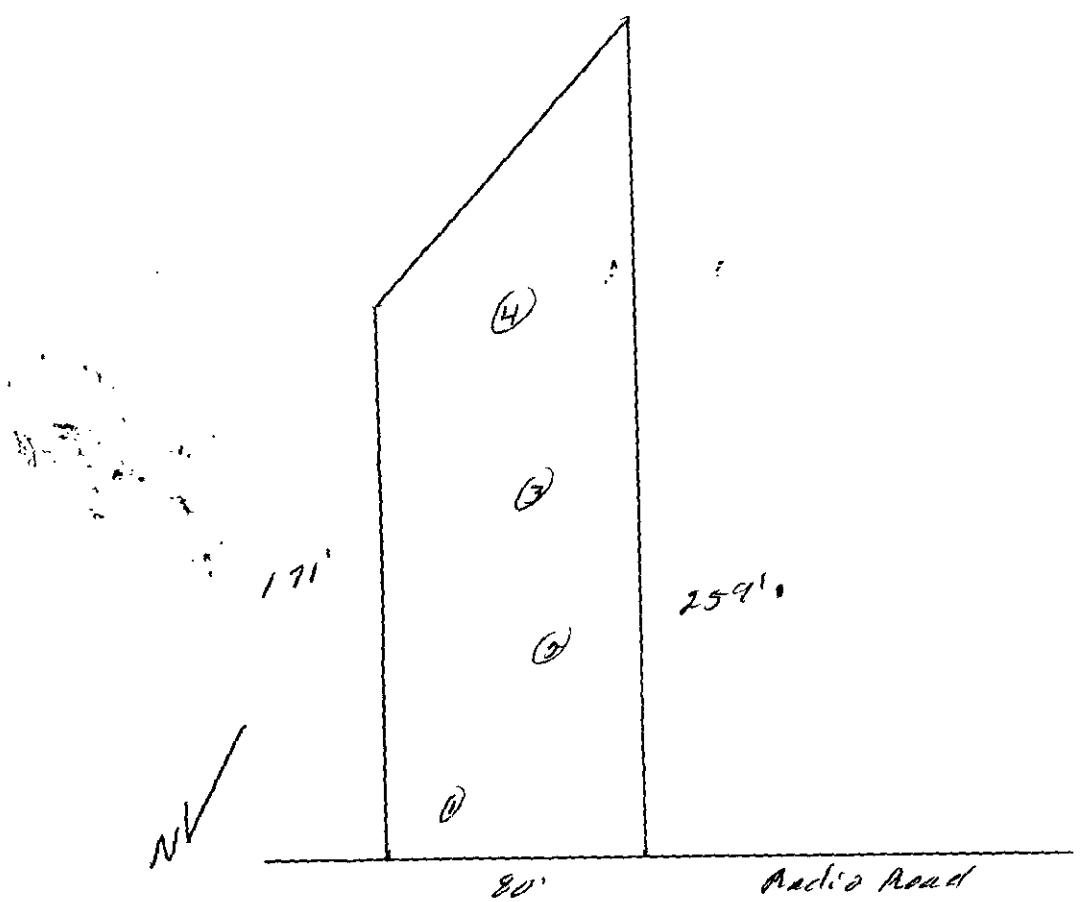
LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope) V (Convex Slope) (Drainage Way) S (Debris Slump) P (Flood Plain) S (Foot Slope) (Head Slope) (Linear Slope) (Nose Slope) (Ridge) (Shoulder Slope) (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	SI (Silt) SICL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SLC (Silt Loam Clay)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SIC (Silty Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None			

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

OILS
DEPTH OF FILL In inches below natural soil surface
UNSUITABLE HORIZON In inches from land surface
UNSUITABLE HORIZON Thickness and depth from land surface
UNSUITABLE S(suitable) or U(unsuitable)
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 designatic
CLASSIFICATION 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).



Mecklenburg County
Health Department

March 26, 1997

Gorge Gelsinger
459 Patrick Road
Gastonia, NC 28054

Re: 324 Radio Road
File: 1635B
Parcel: 037-111-04PO

Dear Mr. Gelsinger:

At your request an inspection was made at the above referenced property to facilitate the issuance of an Operation Permit for the Sewage Treatment and Disposal system. During the inspection it was found that the following items did not meet the regulations set forth in the "Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A .1900;.1952 Septic Tank, Dosing, Dosing Tank and Lift Station Design." Our comments follow:

1) (6) Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (NEMA 4X or equivalent) adjacent to the pump tank, securely mounted at least 12 inches above the finished grade. The pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure through water proof, gasproof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seal, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.

2) (9) The pump tank shall have a properly functioning high-water alarm. The alarm circuit shall be supplied ahead of any pump overload and short circuit protective devices. The alarm shall be audible and visible by system users and weatherproof if installed outdoors in an enclosure (NEMA 4X or equivalent).

The above mentioned items must be installed and inspected prior to the Operation Permit being issued. The Operation Permit is required for the Certificate of Occupancy and the permanent electric hook-ups. Please schedule the inspections at least five (5) working days in advance to ensure no delays in the Operation Permit issuance.

Please call me at 336-5568 to discuss any question you may have concerning this matter.

Sincerely,

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

LT:gc

- 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.

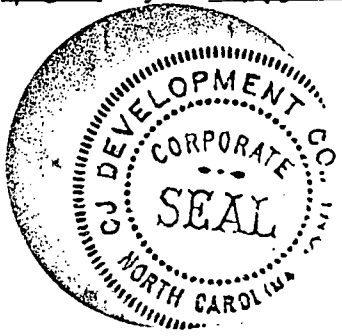
- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

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 13 day of November, 1996



Mecklenburg County
Health Department

August 8, 2002

Patricia Marino
324 Radio Road
Charlotte, NC 28216

Dear Ms. Marino:

The State required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence located at 324 Radio Rd., Charlotte, North Carolina, was completed on 7/26/02. The results of this inspection are enclosed.

Our records indicate that the $85.00 fee for this service has not been received. Please return the enclosed invoice with your payment by 9/8/02.

Thank you for your time and cooperation. If you have any further questions you can contact me at (704) 336-5571.

Sincerely,

David Cornelius, R.S.I, Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure: Inspection Report
Septic System Owner's Guide
Inspection Invoice