

7230 HIGH POINT CT

19940182

1/2/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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FEE: _____
DATE: _____

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

ACJ

PERMIT NUMBER: 2942B
PARCEL NUMBER: 199-401-10

JOB LOCATION ADDRESS: 7230 High Point Court Lot #3
PROPERTY OWNER: Malcolm Heyworth
BUILDING CONTRACTOR:
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: David Cornelius RS DATE: 02/03/05

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 2942B, 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 P ERIOD E QUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.

5. OTHER CONDITIONS:
   See Conditions of Improvement Permit.

CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Permit Number: 2942B Tax Number: 199-401-10

- 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:

0.3 Long-term acceptance rate (GPD/ft^2)	450 Max gallons/day wastewater flow	650 Absorption Area (ft^2)	6 Trench spacing (min. on centers) (ft)
Serviced by private well: ☒ Yes ☐ No	1800 Gallon septic tank	278 Total trench length (ft)	36 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: Lake Minimum separation distance (ft): 50

Additional conditions: Existing well must be properly abandoned. Agreement forms and maintenance contract with a certified operator must be completed and on file before operation permit can be issued.

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:

650 Absorption Area (ft^2) 260 Total trench length (ft)	NA Depth of stone (in)	6 Trench spacing (min. on centers) (ft)	36 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.

DENR Authorized Agent — Date 2/3/05

Owner/Agent Signature — Date 2/3/05

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

CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Permit Number: **2942B** Tax Number: **199-401-10**

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- 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:

0.3 Long-term acceptance rate (GPD/ft^2)	480 Max gallons/day wastewater flow	550 Absorption Area (ft^2)	8 Trench spacing (min. on centers) (ft)
Serviced by private well: ☒ Yes ☐ No	1500 Gallon septic tank	275 Total trench length (ft)	36 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: **Lake** Minimum separation distance (ft): **50**

Additional conditions: **Existing well must be properly abandoned. Agreement forms and maintenance contract with a certified operator must be completed and on file before operation permit can be issued.**

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:

560 Absorption Area (ft^2) 280 Total trench length (ft)	NA Depth of stone (in)	8 Trench spacing (min. on centers) (ft)	36 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:

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Owner/Agent Signature Date

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ENVIRONMENTAL HEALTH DIVISION
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE: (704) 336-5103
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NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

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 # 2942B
PARCEL # 199-401-10[10]

The undersigned, Malcolm Irwin Heyworth + Linda K. Heyworth, owner of property located at 7230 High Point Court lot 3, (the "site") and described in an instrument recorded in Book 28 at Page 596, 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.

FILED FOR REGISTRATION | DOC. # | TIME | PAGE | REC. FEE | STAMPS | JUDITH A. GIBSON REGISTER OF DEEDS MECKLENBURG COUNTY NC | DATE | BOOK

This instrument was prepared by: Linda K. Heyworth
Mail after recording to: 7235 High Point Ct
Charlotte, NC 28278

- 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.

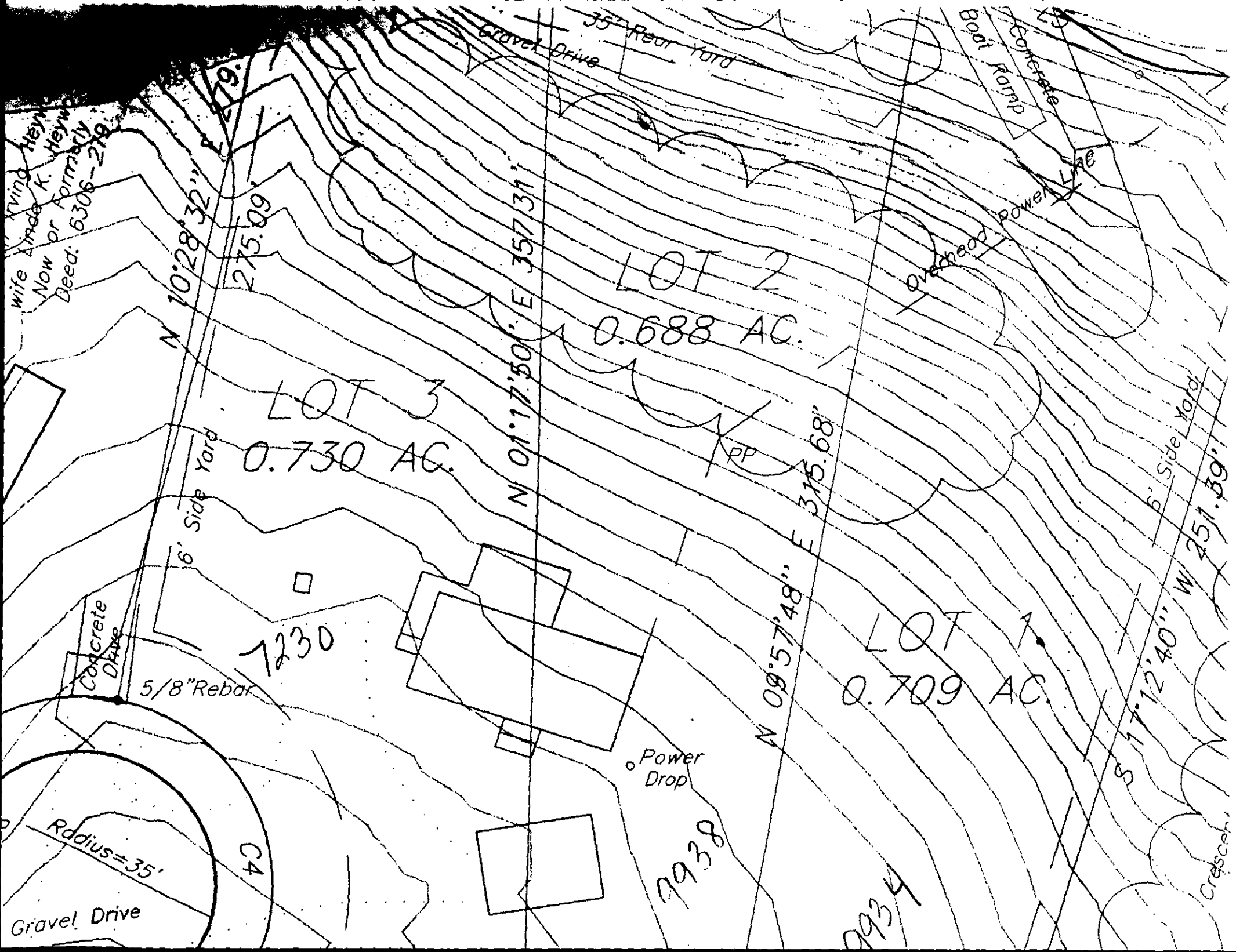
- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

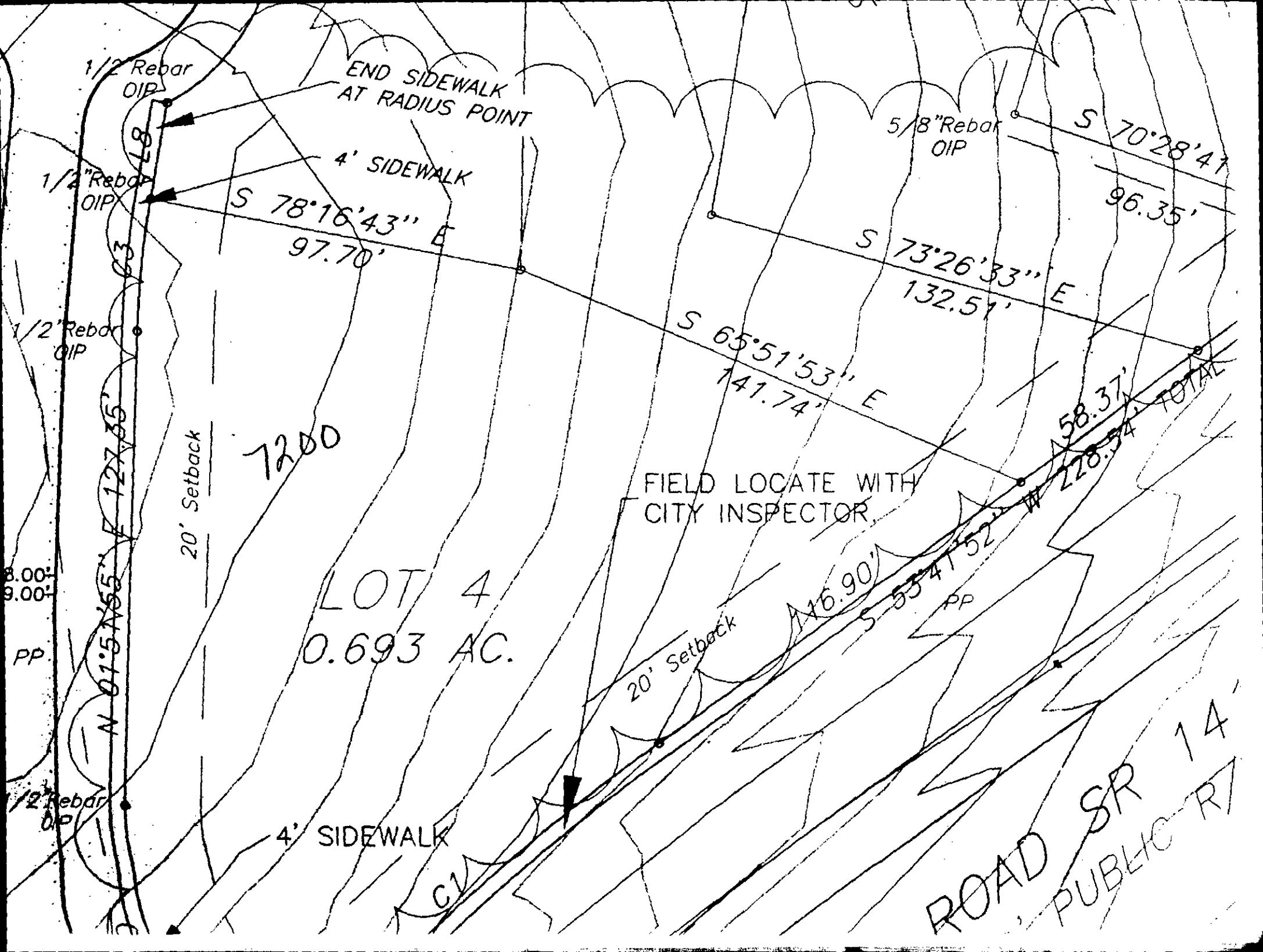
The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the 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 21 day of March, ~~199~~ 2000


Gravel Drive
35' Rear Yard
Concrete Boat Ramp
Overhead Power Line
N 10°28'32" E 279.
275.09'
Wife Linda K. Heyw
Now or Formerly
Deed: 6306-279
LOT 2
0.688 AC.
LOT 3
0.730 AC.
N 01°17'50" E 357.31'
N 09°57'48" E 315.68'
6' Side Yard
6' Side Yard
LOT 1
0.709 AC.
S 17°12'40" W 251.39'
Concrete Drive
5/8" Rebar
7230
Power Drop
Radius=35'
Gravel Drive
1938
1934


1/2 Rebar OIP
END SIDEWALK AT RADIUS POINT
4' SIDEWALK
1/2"Rebar OIP
S 78°16'43" E
97.70'
5/8"Rebar OIP
S 70°28'41"
96.35'
S 73°26'33" E
132.57'
S 65°51'53" E
141.74'
1/2"Rebar OIP
N 01°51'55" E 127.35'
20' Setback
7200
LOT 4
0.693 AC.
FIELD LOCATE WITH CITY INSPECTOR
58.37'
228.34' TOTAL
S 55°41'52" W
16.90'
20' Setback
PP
PP
1/2"Rebar OIP
4' SIDEWALK
C1
ROAD SR 14
PUBLIC R/

_____
(Corporate Name)

By: _____

_____ President

ATTEST:

_____

_____ Secretary

(Corporate Seal)

Malcolm Lewis Heywood (SEAL)

Linda K. Heywood (SEAL)

_____ (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Sharon K. Morris, a Notary Public for said County and State, do hereby certify that Malcolm Lewis Heywood & Linda K. Heywood personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 21 day of March, 2000.

Sharon K. Morris
Notary Public

My Commission Expires:
8-8-2003

(4) Bedrm. Pumped PPBPS

M.C.H.D.

File: 2942-B

Lot 3

File Copy

7230 High Point Cr

SYSTEM TYPE:
- CONVENTIONAL
- CONVENTIONAL (SHALLOW PLACEMENT)
- 8-INCH PPBPS-GRAVITY DISTRIBUTION
- 8-INCH PPBPS-PRESSURE DISTRIBUTION
- 16-INCH PPBPS-GRAVITY DISTRIBUTION
- * 16-INCH PPBPS-PRESSURE DISTRIBUTION *
- LPPS
- OTHER

SPECIALIZED EQUIPMENT OR REQUIREMENTS:

DROP BOX	* WELL ABANDONEMENT YES
DISTRIBUTION BOX	EASEMENT
DIPPER BOX	LOT COMBINATION/SURVEY
FLOW DIVIDER	EARTHEN SURFACE SWELL
WASH BOX	FRENCH/CURTAIN DRAINS
SPECIAL FITTINGS	GREASE INTERCEPTOR
PRESSURE MANIFOLD	PUMP TANK 1,000 gal.
SIPHON	SAPROLITE TEST
MULTIPLE PUMPS	S.T. 1,500 gal.
OTHER	

Valve Box, gate valves Turn-ups & Caps

LINE	#PANELS PER LINE	#HOLES PER PANEL	HOLE SIZE	HOLE SPACING	LINE HEAD	LINE LENGTH	HOLE FLOW	PER MINUTE LINE FLOW	E/EV.
L1	13	2	5/32	4.3	3	55'	.50	13	93.3
L2	13	2	5/32	4.3	3	55'	.50	13	101.0
L3	13	2	5/32	4.3	3	55'	.50	13	102.8
L4	13	2	5/32	4.3	3	55'	.50	13	104.7
L5	13	2	5/32	4.3	3	55'	.50	13	106.4
	65					275'			

Repair Area

LA 70'
LB 70' Total 280'
LC 70'
LD 70'

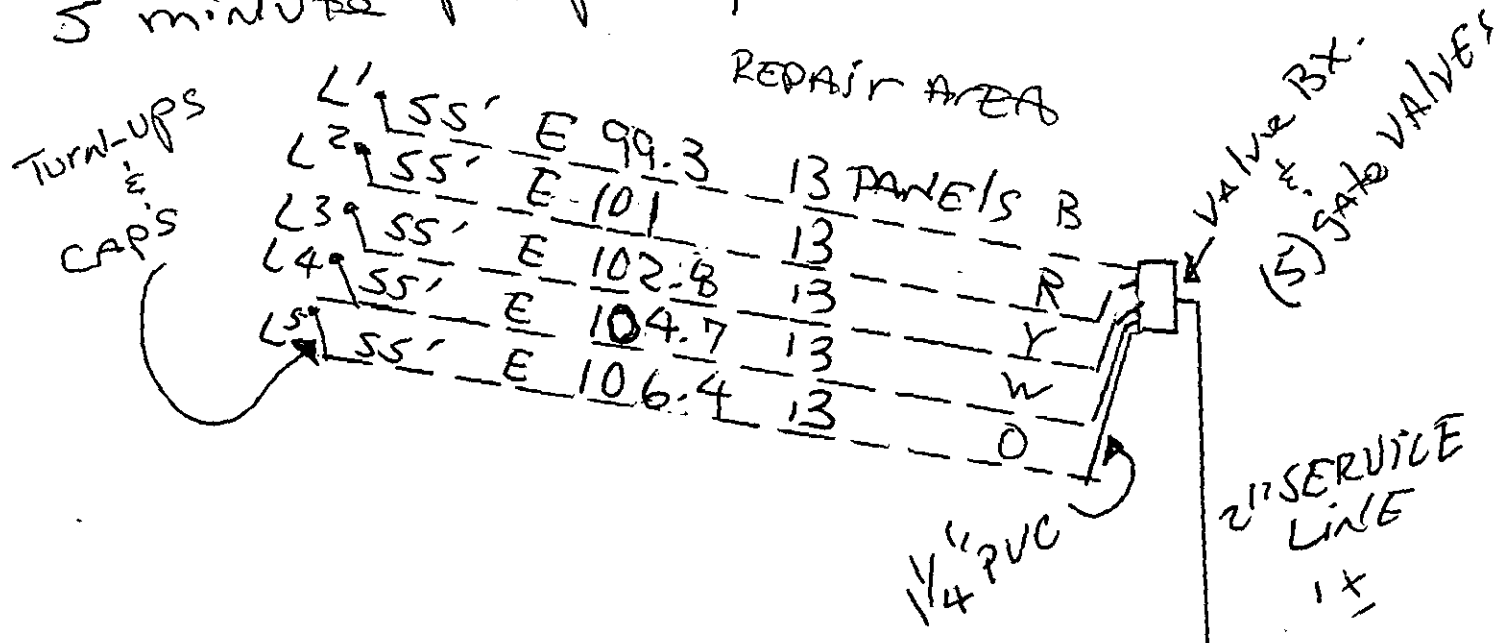
T. Whitaker
866-9540

(4) Bdrm. Pumped PPBPS

M.C.H.D.
File: 2942-B

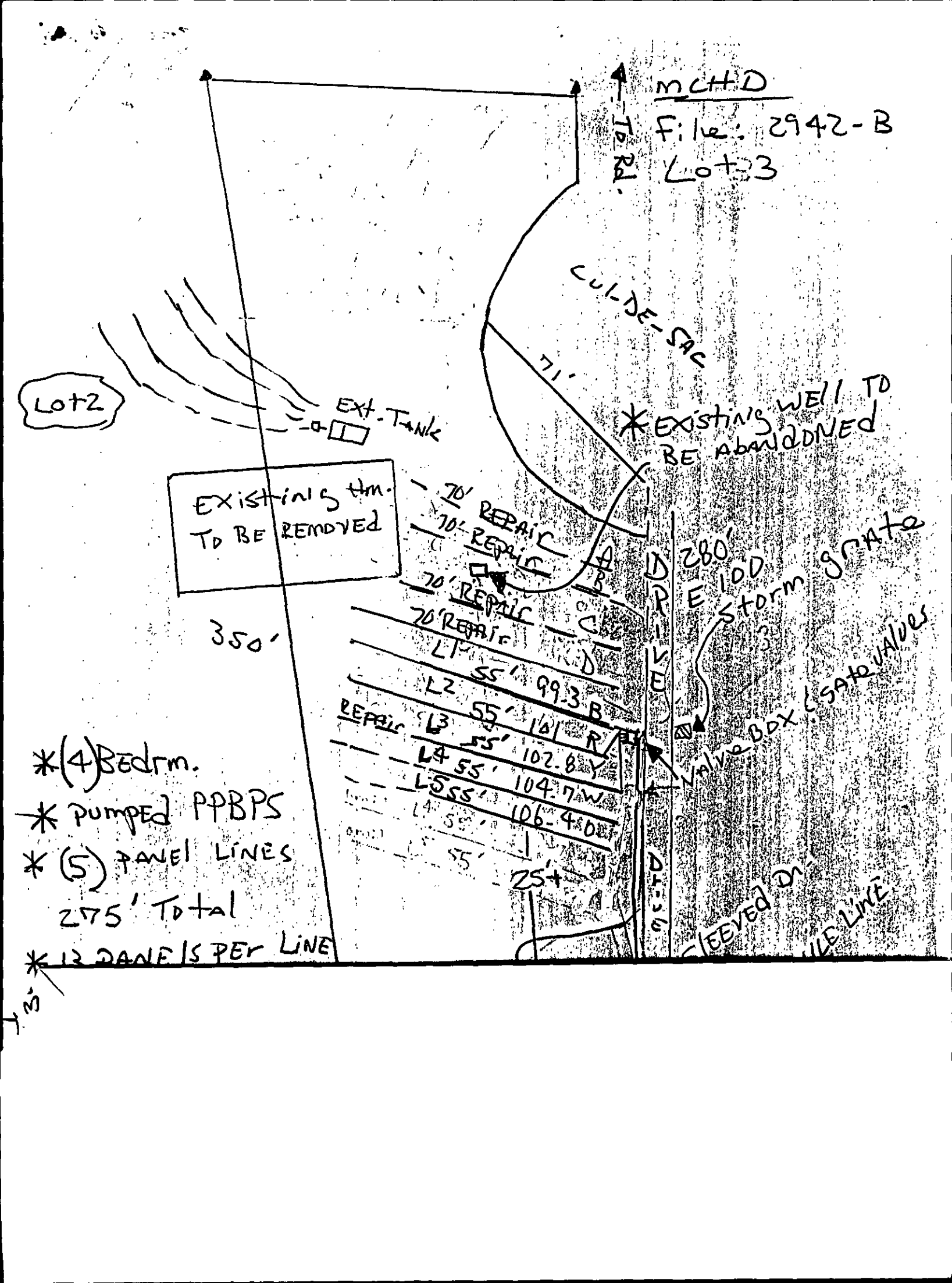
SPECS: Install per manufactures specs.

1,500 gal S.T.
1,000 gal. P.T.
1- valve Bx. (5) gate valves
P.T. Elevation 124
TDH = 22 @ 46.8 GPM
.5 HP pump
234 gals. per dose cycle
11 inch drawdown
5 minute pump cycle



* Abandonement of well
* Possible Ext. Septic Tank Abandonement
* Owner informed of well setbacks.

Not Scaled


MCHD
File: 2942-B
Lot 3
CUL-DE-SAC
71'
Lot 2
EXT. TANK
EXISTING WELL TO BE ABANDONED
EXISTING tnk. TO BE REMOVED
70' REPAIR
70' REPAIR
70' REPAIR
70' REPAIR
350'
L1 55' 99.3 B
L2 55' 101 R
L3 55' 102.8 V
L4 55' 104.7 W
L5 55' 106.4 Blu
25'+
280' DRIVE
Storm
Valve BOX
Gate Valves
Sleeved
Line
*(4) Bedrm.
* Pumped PPBPS
* (5) Panel Lines
275' Total
* 13 Panels per Line

(4) Bedrm. Pumped PPBPS

M.C.H.D.

F/E: 2942-B

Lot 3

NOT APPROVED

WELL SHOULD BE ABANDONED TO ALLOW SUFFICIENT SPACE.

SYSTEM TYPE:
- CONVENTIONAL
- CONVENTIONAL (SHALLOW PLACEMENT)
- 8-INCH PPBPS-GRAVITY DISTRIBUTION
- 8-INCH PPBPS-PRESSURE DISTRIBUTION
- 16-INCH PPBPS-GRAVITY DISTRIBUTION
- * 16-INCH PPBPS-PRESSURE DISTRIBUTION *
- LPPS
- OTHER

SPECIALIZED EQUIPMENT OR REQUIREMENTS:

DROP BOX	WELL ABANDONEMENT
DISTRIBUTION BOX	EASEMENT
DIPPER BOX	LOT COMBINATION/SURVEY
FLOW DIVIDER	EARTHEN SURFACE SWELL
WASH BOX	FRENCH/CURTAIN DRAINS
SPECIAL FITTINGS	GREASE INTERCEPTOR
PRESSURE MANIFOLD	PUMP TANK 1,000 gal.
SIPHON	SAPROLITE TEST
MULTIPLE PUMPS	S.T. 1,500 gal.
OTHER	

Valve Box, Gate valves Turn-ups & caps

LINE	#PANELS PER LINE	#HOLES PER PANEL	HOLE SIZE	HOLE SPACING	LINE HEAD	LINE LENGTH	HOLE FLOW	PER MINUTE LINE FLOW	ELEV.
L1	13	2	5/32	4.3	3	55'	.50	13	102.8
L2	13	2	5/32	4.3	3	55'	.50	13	104.7
L3	13	2	5/32	4.3	3	55'	.50	13	106.4
L4	13	2	5/32	4.3	3	55'	.50	13	108.2
L5	13	2	5/32	4.3	3	55'	.50	13	109.3
	65					275'			

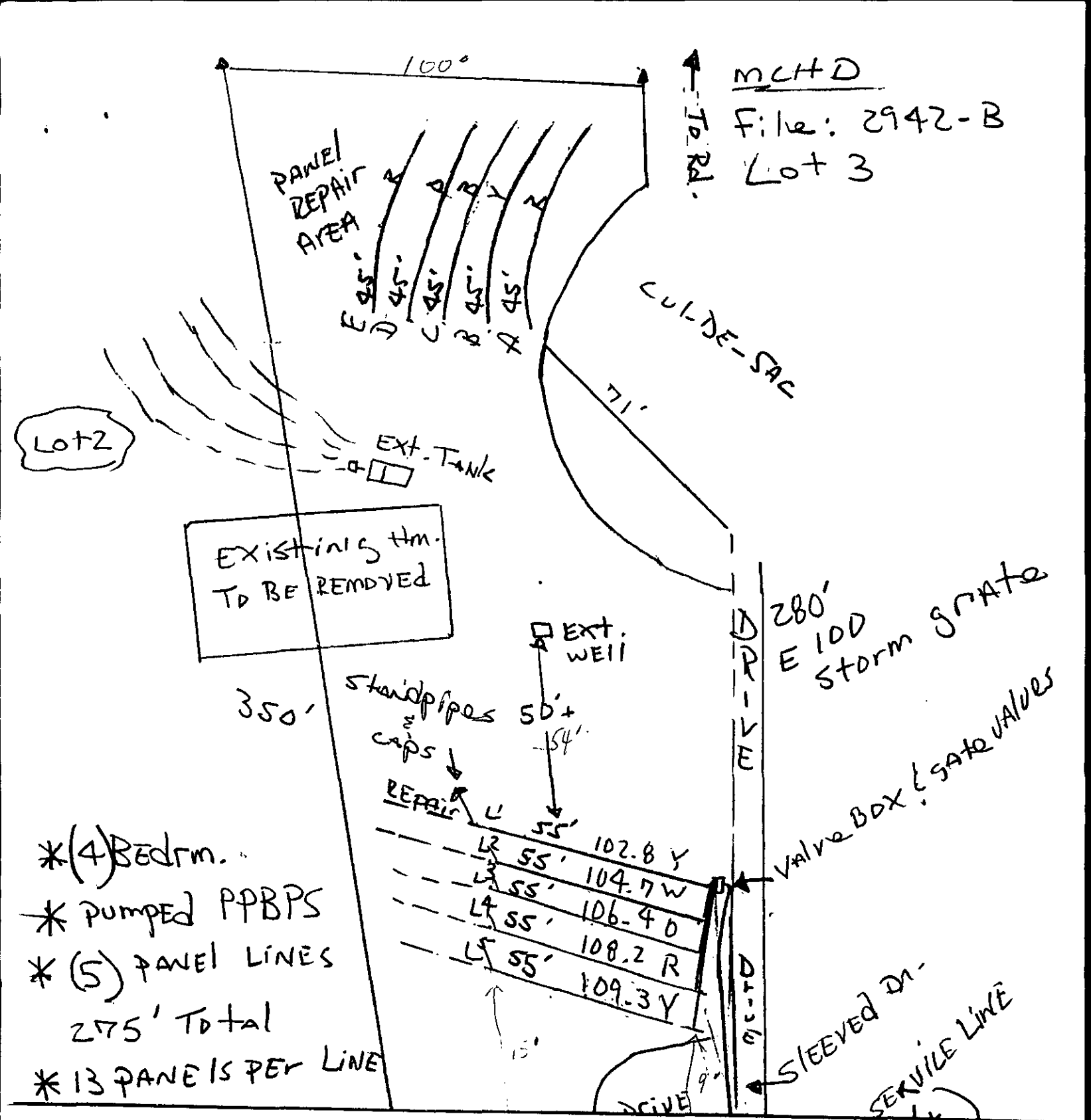
REPAIR AREA

A 45', B 45', C 45', D 45', E 45' } 225'

L1, L2, L3, L4, L5 } 75'

Total 300'

T. Whitaker
886-9540

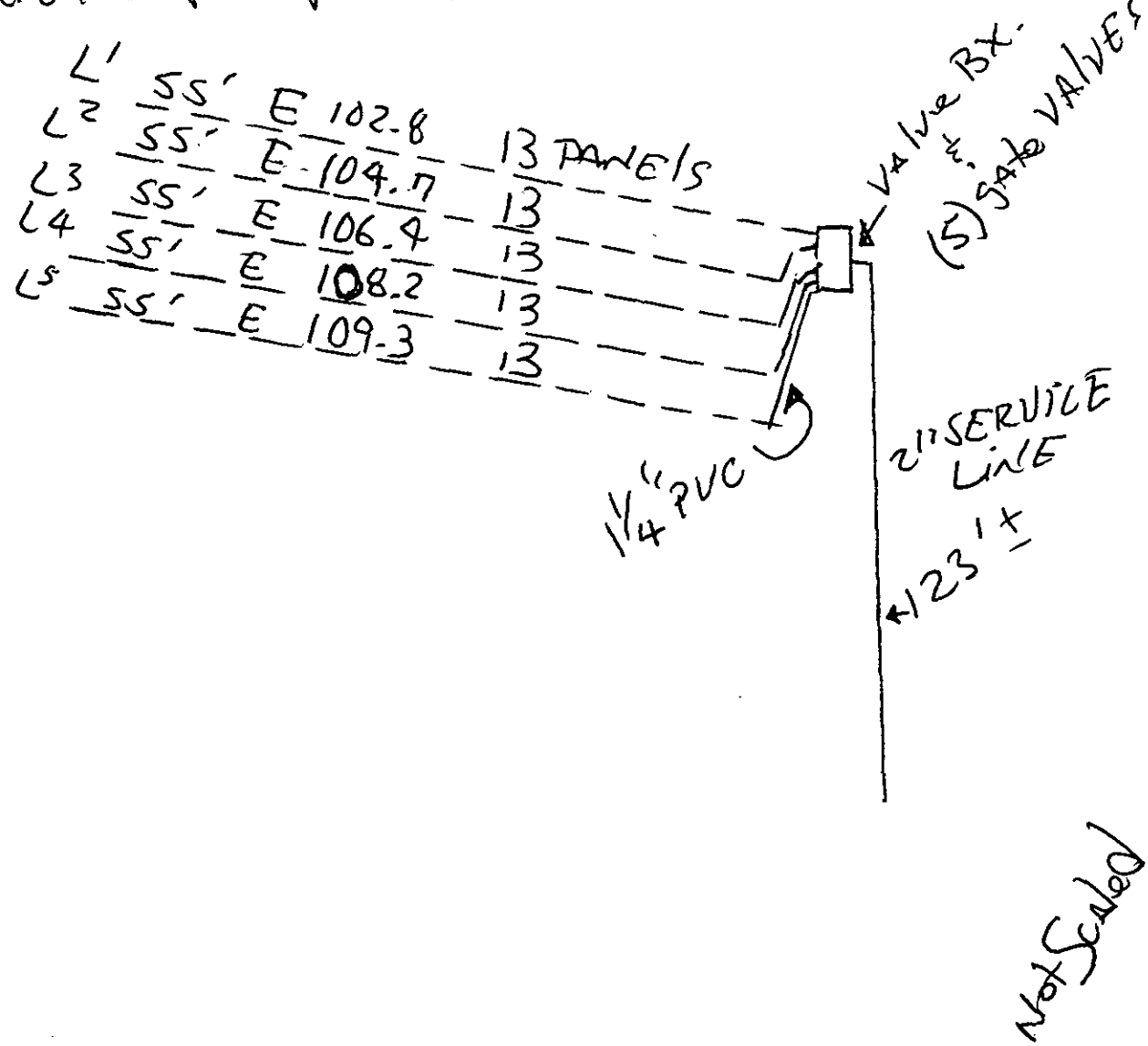

100'
MCHD
File: 2942-B
Lot 3
To Rd.
PANEL REPAIR AREA
E 45'
D 45'
C 45'
B 45'
A 45'
CULDE-SAC
71'
Lot 2
EXT. TANK
EXISTING thm. TO BE REMOVED
EXT. WELL
350'
standpipes & caps
50'+
54'
280'
E 100
Storm grate
DRIVE
REPAIR
L1
55'
102.8 Y
L2
55'
104.7 W
L3
55'
106.40
L4
55'
108.2 R
L5
55'
109.3 Y
15'
9'
Valve BOX & GATE VALVES
SLEEVED Dr.
SERVILE LINE
DRIVE
*(4) Bedrm.
* Pumped PPBPS
* (5) PANEL LINES
275' Total
* 13 PANELS PER LINE

(4) Bedrm. Pumped PPBPS

M.C.H.D.
File: 2942-B

SPECS: Install PER manufactures SPECS.

1,500 gal S.T.
1,000 gal. P.T.
1- valve Bx. (5) gate valves
P.T. ELEVATION 124
TDH = 22 @ 46.8 GPM
.5 HP pump
234 gals. PER dose cycle
11 inch drawdown
5 minute pump cycle

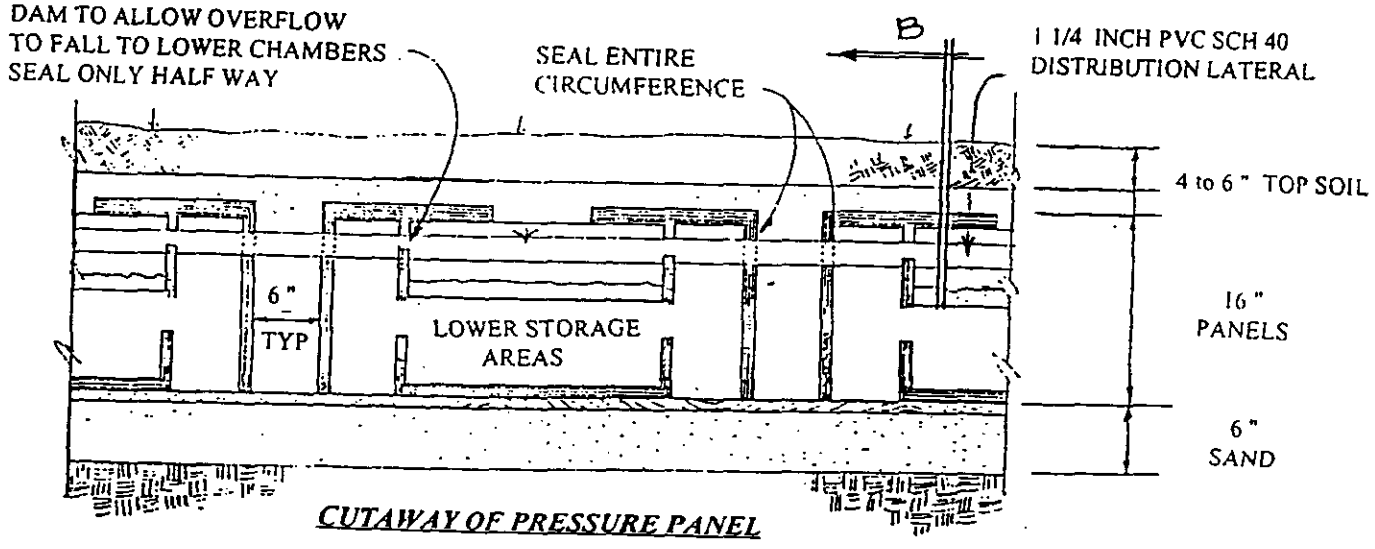


Panels With Pressure Distribution

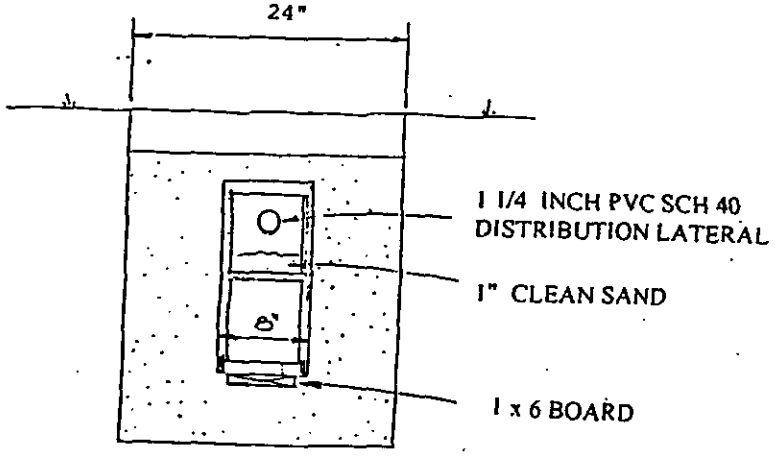
The LP Panel uses Technology similar to that of Low Pressure Pipe (LPP) System. The tables and distribution design described in the LPP manual is applicable to the pressure Panel System. The system should be used with two to four feet of head. In many respects a LP Panel is similar to a LPP with the holes discharging into the panels.

The dosing cycle for the Panel System is designed to pump enough effluent to fill the top chambers of all the panels in the system. The top chamber of a 16 inch panel hold 3.6 gallons. When the system has 34 panels and all holes are the same size, then you would multiply 34 x 3.6 to get 122 gallon per dose cycle. The holes are drilled in the distribution pipe at the 10 and the 2 o'clock position. These are then placed so that the effluent is pumped into the top chamber of the panel. If the hole sizing changes in the system the pump cycle is set by the hole that is discharging the fastest.

All valves and turnups should be neatly capped, covered and labeled for future service. Pump tanks should be constructed as shown in the drawing as to allow for service and repairs.

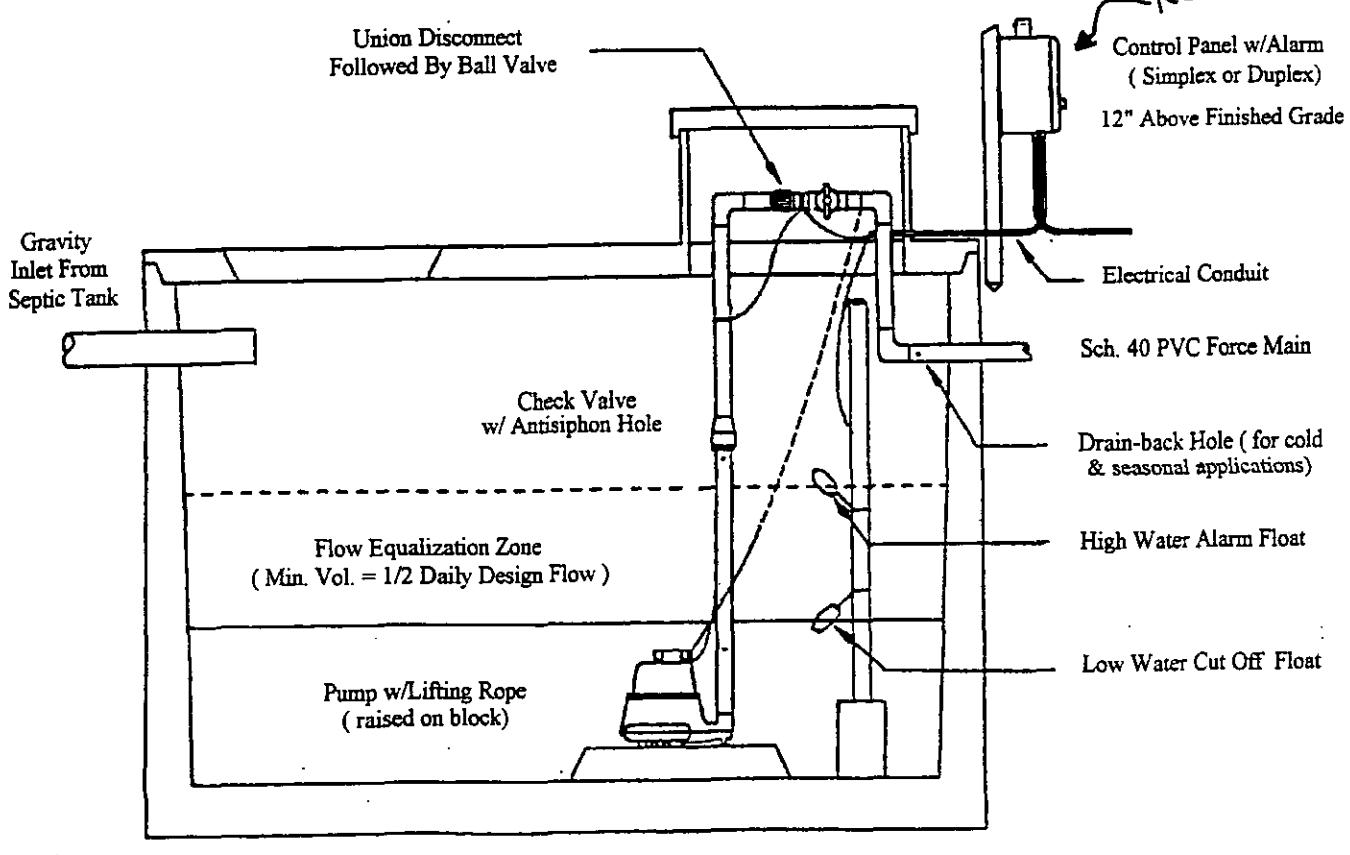


CUTAWAY OF PRESSURE PANEL



TYPICAL PUMP TANK DETAIL

1. Pump tank shall have an access manhole extending at least 6 inches above finished grade.
2. 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 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 waterproof, 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.
3. 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 included in the pump and control enclosure (Simplex or Duplex Control Panel).
4. Float switch for the high water alarm shall be set no more than 3 inches above the high water level of pump cycle.
5. Pump floats should be set so that level of water at end of pump cycle is above the top of the pump.
6. Float switch tie downs to be made of corrosion resistant material, no tape or metal hose clamps.
7. Pump discharge shall have a check valve.
8. Anti-siphon hole (three-sixteenth inch) is required between the pump and the check valve.
9. Watertight testing will be required on two piece pump tanks.
10. Riser & filter rule applies.



for David

8/3/04

COPY

Paid $50.00 CK 8/3/04 DJC

TO: M.C.H.D. - Environmental Health

ATTN: J

RE:

RE-NEW Lot 1, 9934 Sawmill Rd. (2940-B) 8-26-99

RE-NEW Lot 2, 9938 Saw Mill Rd. (2941-B) 8/27/99

RE-NEW Lot 3, 7230 High Point Ct. (2942-B) 8/27/99

RE-NEW Lot 4, 7200 High Point Ct. (4606-B) 8/6/01

Permit OK ** Lot 5, 7215 High Point Ct. (4599-B) 9/11/03

Lot 6, 7221 High Point Ct. (4600-B) 8/6/01

Lot 7, 7227 High Point Ct. (4601-B) 6/15/04

RE-NEW Lot 30B 7233 High Point Ct. (4598-B) 8/6/01

J: We need the Expiration dates on the above improvement permits.

** Lot 5 (4599-B) has house & system built

Tim Whittaker
1112 Queensgate St.
Gastonia, NC 28054

Thanks,
Tim Whittaker
704 866-9540

The dates written beside each address is the issue dates, and they are good for five years.

Lot 5 has already been Completed J. 836-5103

0702

Mecklenburg County
Health Department
Conditions of Improvement Permit

File Number: 2942 B
Site Address: High Point Court Lot 3

1. The permitted system is a Type IVa, pressure dosed, prefabricated porous block panel system (PPBPS) wastewater treatment and disposal system and requires ongoing maintenance. A maintenance contract must be executed between the system owner and a private certified operator before an Operation Permit can be issued. It is a condition of the Operation Permit that a maintenance contract shall be in effect for as long as the system is in use. It is also a requirement that subsequent owners of the system shall execute such a contract.
2. The system will require a single phase, simplex control panel with alarm. The control panel must have a Nema 4x weather proof rating.
3. Septic and pump tanks must be installed in an area that is not subject to vehicular traffic. Final cover over both tanks must be less than 3 feet to prevent the need for State approved reinforced tanks.
4. Drain lines must be installed on contour. Trench bottoms shall be constructed as level as possible but in no case shall the fall in a single trench bottom exceed one-fourth inch in 10 feet.
5. Any changes in the site must be pre-approved by the Mecklenburg County Environmental Health Department.
6. The wastewater treatment and disposal drain field area, including the designated repair areas, shall not be used for any of the following:

   - Grading or filling
   - Parking or driving heavy equipment in the area or subjecting the site to possible soil compaction
   - Construction staging area
   - Installation of lawn irrigation components
   - Installation of underground utilities or cables of any type
   - Burial of any debris or material
   - Utilizing the area for gravesites
   - Diversion of storm water runoff into this area

7. Septic system installer must be registered with Mecklenburg County prior to meeting for the required pre-construction conference.
8. System installer will be required to operate the system at the time of the final inspection. Arrangements must be made to have the pump tank filled with water prior to the requested final inspection. The required pressure heads will be adjusted at the time of the final inspection.
9. The system owner shall have the contents of the septic tank checked, and the contents of the tank removed, periodically from all compartments, to ensure proper operation of the system. The contents of the septic tank shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.
10. All septic tank riser and effluent filter rules will apply to this system. It is strongly recommended that access risers be added to both ends of the septic tank, extending to at least finish grade. This will allow periodic inspection of the solids level in the tank as well as help facilitate the periodic cleaning of the effluent bio-filter.
11. The local Health Department is required, by the State, to perform system reviews of Type IVa systems at a minimum of once every 3 years. The owner of the system is responsible for paying any inspection fees, as determined by the Board of County Commissioners, at the time of the required inspection.

Owner/Agent Signature T. Whitaker for B.H. **Date** 4/25/00

PEOPLE • PRIDE • PROGRESS

Environmental Health Division

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

chk # 1162 $50.00 Chk # 2136 Permit renewed 8/7/04

FEE: 50 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 5/11/05 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 8-27-99 **PERMIT NO:** 29426
PARCEL NO: 199-401-10 Po

JOB LOCATION ADDRESS: 7289 Hickory Point Court #3
PROPERTY OWNER: Malcolm Heyworth
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: Tammy B. Thompson R.E.H.S. **DATE:** 8-27-99
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 29426 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: See Conditions of Improvement Permit.

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.

T. Whittaker for B.H. 4/25/00
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 2942B

Tax Number: 199-401-10

- 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	480 Max gallons/day wastewater flow	550 Absorption Area (sq ft)	8' Trench spacing (min. on centers)	
Yes Serviced by private well	1500 Gallon septic tank	275 Total trench length (ft)	36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
4 Bedrooms in residence	1000 Gallon pump tank	N/A Depth of stone Sand Backfill		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				

Additional Conditions:
- Nema 4x Simplex Control Panel required
- Well (existing) Must be properly abandoned and appropriate forms filed.
- System required Certified Operator - please submit Maintenance Contract
- Agreement form required

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	
560 Absorption Area (Sq ft) 280 Total Trench Length (Ft)	N/A Depth of Stone Trench Sand Backfill	8' Trench spacing (min. on centers)	36" 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.

Jerry B. Thompson Jr., R.S. 8-27-99
DEHNR Authorized Agent (Date)

T. Whitaker for B.H. 4/25/00
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

IWWS-100195

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County	HEYWOOD RESIDENCE	2942B
Health Department	**Name of Establishment**	**Permit/Project No.**
7230 HIGH POINT RD	RESIDENCE	480
Location	**Type of Establishment**	**Design Flow**
APRIL HEYWOOD	7230 HIGH POINT RD	
Owner/Agent	**Address**	**Phone**
	CHARLOTTE NC 28278	
Operator	**Address**	**Phone**
IIIb	10/16/2010	10/16/2015
System Type	**Date of Inspection**	**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?	☐	☐	☒	
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☒	☐	☐	
b. High-water alarm present and operating properly?	☐	☐	☐	INACCESSIBLE
c. Floats/pipe/valves/disconnects in good working condition?	☐	☐	☐	"
d. Control panel enclosure/components in good condition?	☐	☐	☐	"
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?	☐	☐	☒	

	Yes	No	N/A	Comments:
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:
GOOD

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

***REPAIR WITHIN DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:
*The MCHD recommends having the tanks (septic & dosing) pumped out every 3 to 5 years to remove excess solids.
*Please visit http://groundwater.charmeck.org for additional information.

DATE: 10/16/10

SIGNED: _____ AGENT
Division of Environmental Health

Printed Name: PHILO WALKER
Phone #: 704-336-5570



Print

Close

Parcel Information

Parcel ID	Account	Parent	Previous
19940182	INDIVIDUAL	19940175	

Owner(s)

Owner Name	Mailing Address	City/State
HEYWORTH APRIL ELIZABETH DAWN	7235 HIGH POINT CT	CHARLOTTE NC 28278

Legal Information

Legal	Municipality	Annexed	Special District	Fire District	Acreage
L3 M34-11	CHARLOTTE	6/30/2005 12:00:00 AM		CITY OF CHARLOTTE	0.73

Total Parcel Assessment & Exemptions

Building	Land	Features	Total	Exemption	Year Approved	Review Date	Amount
0	116800	0	116800				

Sales Information

Sale	Price	Stamps	Qualify	V/I	DeedBook	Type	Legal Ref.	Grantor
Sep 14 2005			LESS $3000	VAC	19339 - 507	WARRANTY D	19339-507	HEYWORTH,MALCOM IRVI
Jan 4 1994	0			VAC	07619 - 042	DEED STAMPS	07619-042	

Land Use

Use	Units	Type	Neighborhood	Assessment
R122	0.73	WF	T901	116800

Building Information

Bldg	Description	Type	Year Built	Property Location
				7230 HIGH POINT CT CHARLOTTE

Bldg	Story	Units	Total SqFt	Heated	Foundation	Ext. Wall	Grade	Value

Bldg	Heat	Fuel	FirePlace	AC	Fixtures	Bedrooms	Full Baths	3/4 Baths	1/2 Baths

Sub Areas

Bldg	Description	Size

Depreciation

Bldg	Physical	Functional	Economic	Special	Override

Special Features & Yard Items

Bldg	Built	Type	Quantity	Units	Value

Value Changes

Notice Date	Tax Year	Reason	Changed To	Deferred
Jan 17 2003	2003	Countywide Revaluation	116800	0
Apr 2 2001	2001	Division of Land and/or New Parcel	135270	
Apr 2 2001	2001	Division of Real Estate and/or New Parce	135270	

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 2942-B DATE: 11/11/05

TC: 199-401-82 ☒ L

SERIAL Nº 20096

Permission is hereby given to _____ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 4/16/99. All work shall be completed on or before 11/20/05, 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.

SEE OPERATION PERMIT

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 N/A inches

Distance from House 7 feet

Distance from Property Line 10 feet

Distance from Well 50 feet

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

NAME OF OWNER DOUG BROCKLEBANK

LOCATION OF PROPERTY 7230 HIGH POINT CT.

Comments: 25% REDUCTION, E-Z FLOW, 4 LINES @ 100', 1500 GAL ST, 1000 GAL PT, WASHER BOX, DROP BOXES, KEEP ALL PARTS OF SEPTIC SYSTEM 75' FROM WELL, >50' FROM LAKE, 710' FROM PROPERTY LINE, 15' FROM REAR BASEMENT

MMS, RS 11/11/05

Environmental Health Specialist

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

FEE: 100 Chk #4078
DATE: 4/22/99 gl

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

I ICRT

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 #: 2942B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 199-401-1D (Po Lot 3)

STREET ADDRESS: High Point Ct

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: Lot 3

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 3000+

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 8

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

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) Exist)
__ 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
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: (LAST) Heyworth, (FIRST) Malcolm & (MI) Linda	NAME: (LAST) Whittaker, (FIRST) Tim (MI)
ADDRESS: 7235 High Point Court	DAYTIME PHONE: ( ) 866-9540
CITY: Charlotte STATE: NC ZIP:	623-9992 Pg-
DAYTIME PHONE: ( ) 523-2696 28278	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1977

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: Tim Whittaker for M.H. DATE: 4/16/99

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

PROPOSED PLOT PLAN

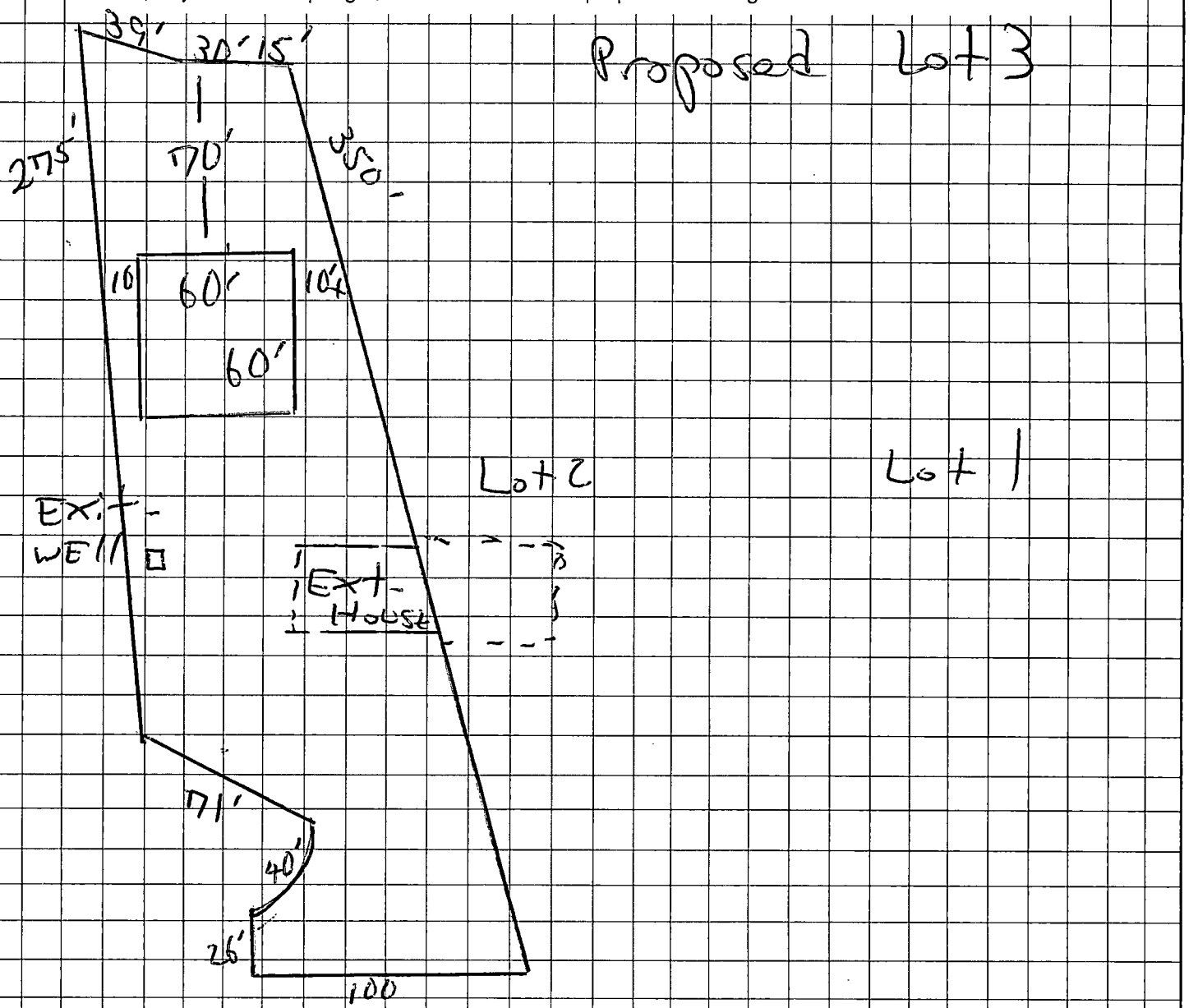
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2942B

TC: 199-401-10-10

LAKE

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.



Tim Whittaker
OWNER/AGENT SIGNATURE

DATE 4/16/99

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

#2 402

Sheet: _____
Property ID: PO 199-401-10
Lot #: #3
File #: 29428

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Malcom & Linda Heysmith APPLICANT: Tim Whitaker
ADDRESS: 7235 High Point Dr., Mebane DATE EVALUATED: 5-17-99
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 480gpd PROPERTY SIZE: .6 ±
LOCATION OF SITE: High Point Trail PROPERTY RECORDED: _____
WATER SUPPLY: ☑Private ☐Public ☑Well ☐Spring ☐Other _____
EVALUATION METHOD: ☑Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☑Sewage ☐Industrial Process ☐Mixed

PROFILE #	.1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS - 35%	0-8"	gr/cl	Fr/SExPl SS/SP	7 46" TO soil wetness	48"	N/A	None	US .25gl/Ft LTAR
		8-43"	SBK/c	Fi/SExPl S/P					
		43-48"	SBK/cl	Fr/SExPl SS/SP					
2	LS - 26%	0-4"	gr/cl	Fr/SExPl SS/SP	7 46" TO soil wetness	48"	N/A	None	PS LTAR .39gl/Ft
		4-48"	SBK/c	Fi/SExPl S/P					
3	LS - 8%	0-5"	gr/cl	Fr/SExPl SS/SP	7 46" TO soil wetness	48"	N/A	None	PS LTAR .39gl/Ft
		5-48"	SBK/c	Fi SExPl S/P					
4	LS - 8%	0-3"	gr/cl	Fr/SExPl SS/SP	7 46" TO soil wetness	48"	N/A	None	PS LTAR .39gl/Ft
		3-48"	SBK/c	Fi SExPl S/P					

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

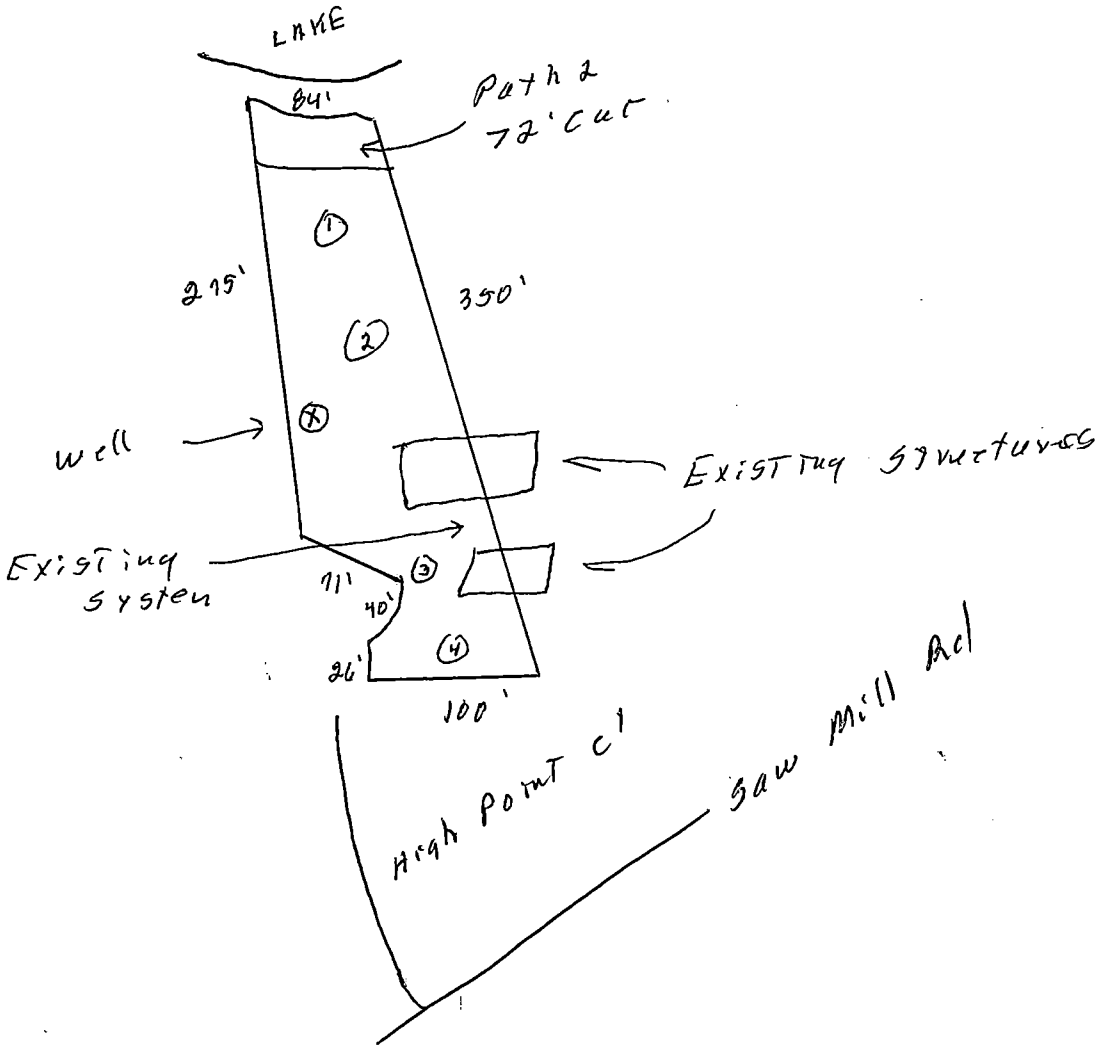
OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W.R. Mailin 5-16-94
OTHER(S) PRESENT: LSS

FILE # 2942B

COMMENTS 100% 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	



CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 2942-B DATE: 11/11/05

TC: 199-401-82 ☒ L ☐ CRT

SERIAL Nº 20064

Name of Owner DOUG BROCKLEBANK Juris.: _____

Address of Property 7230 HIGH POINT CT

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 12"

Water Supply Source WELL

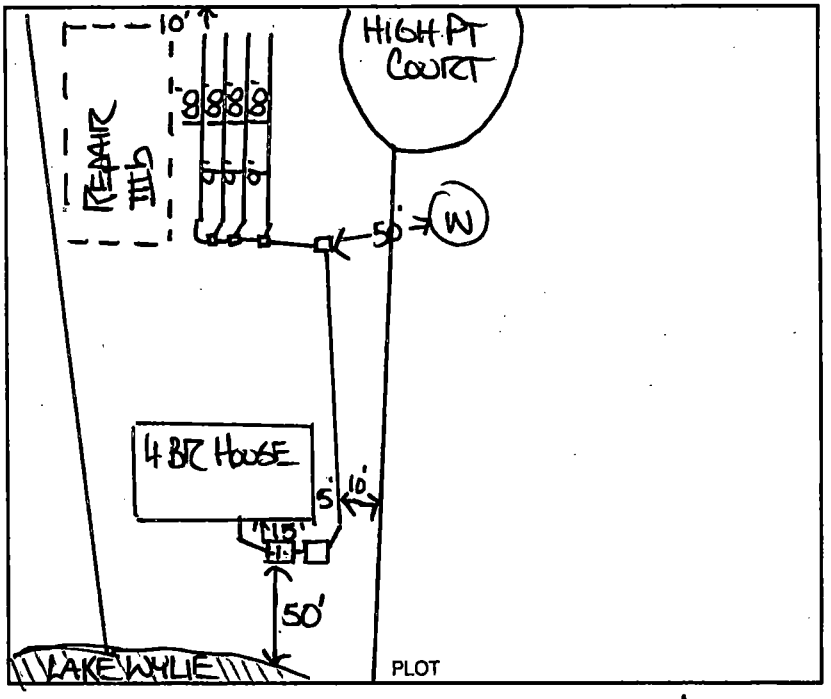
Distance to Water Source 750'

Excavation Inspected 11/11/05

Tank(s) Inspected 11/11/05

Wash Line Inspected N/A

High Water Alarm Inspected _____



Design 2005, INV. 25% REDUCTION, 1200SF, 1500ST, 1000PT, T CTR# AUTRY

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

☒ installed or constructed ☐ altered or repaired

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

and meets the provisions of I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☒ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 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/revocation of this permit.

COMMENTS: 25% REDUCTION, E-Z FLOW, 4 LINES @ 100', 1500 GAL ST 1000 GAL PT, WASHER BOX, DROP BOXES

TYPE IIID

RS 11/11/05

Environmental Health Specialist

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

Mecklenburg County
Health Department

May 19, 1999

Malcolm and Linda Heyworth
7235 High Point Court
Charlotte, NC 28278

Re: High Point Court Lot 3
File: 2942B
Parcel: 199-401-10 PO

Dear Mr. and Mrs. Heyworth:

Receipt of your Application for Improvement Permit for the above referenced property is acknowledged. A soil evaluation and a site visit have been conducted. The results of the evaluation indicated that the site is **UNSUITABLE** under Rules: .1945 **AVAILABLE SPACE.** For these reasons your Application for Improvement Permit is denied. A possible way to develop the site exists under Rule .1948(d) which reads as follows:

> A site classified as **UNSUITABLE** may be used for a ground absorption sewage treatment and disposal system specifically identified in Rules .1955, .1956, and or .1957 of this Section or a system approved under Rule .1969 if written documentation, including engineering, hydrogeologic, geologic or soil studies, indicates to the local health department that the proposed system can be expected to function satisfactorily. Such sites shall be reclassified a **PROVISIONALLY SUITABLE** if the local health department determines that the substantiating data indicate that:
> (1) a ground absorption system can be installed so that the effluent will be non-pathogenic, non-infectious, non-toxic, and non-hazardous;
> (2) the effluent will not contaminate ground or surface water; and
> (3) the effluent will not be exposed on the ground surface or be discharged to surface waters where it could come in contact with people, animals, or vectors.

The State shall review the substantiating data if requested by the local health department.

Please be advised that you have the right to an informal review by this department. You also have the right to appeal under G.S. 130A-24, and to have the appeal held in Mecklenburg County.

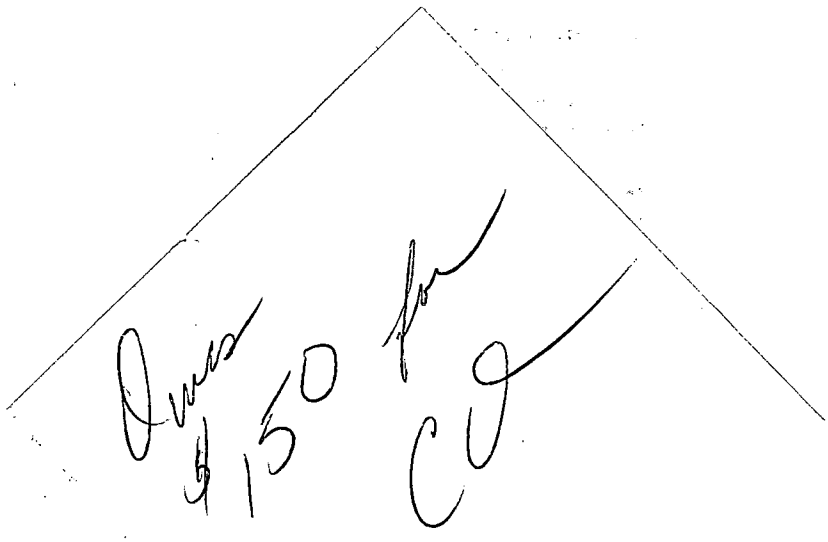
If you have any questions regarding this matter, please call me at 336-5568.

Sincerely,

Larry B. Thompson, Jr., R.S.

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

Enclosure


Owes
$150 for
CO