


10000 AMAZONA DR

01521505

4/15/08

marliwr

Groundwater and Wastewater Services File Imaging Project

May 2007

*Barcode Font = IDAutomationHC39M*

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 1295A DATE: 4/16/02

TC: 015 215 05 ☒ L ☒ CRT

SERIAL Nº 17775

Name of Owner Jacob L. Reid (Sandy) Juris.:

Address of Property 10,000 Amazona Dr

**Inspection Data:**

Tank Material PCC Chambers 200' High Capacity

Total Length of Drainfield ~~400'~~ 320' EZ lay Total

Number of Lines 4 High Capacity 50' doubled @ 60'

Cover Depth 10" - 8"

Water Supply Source Municipal

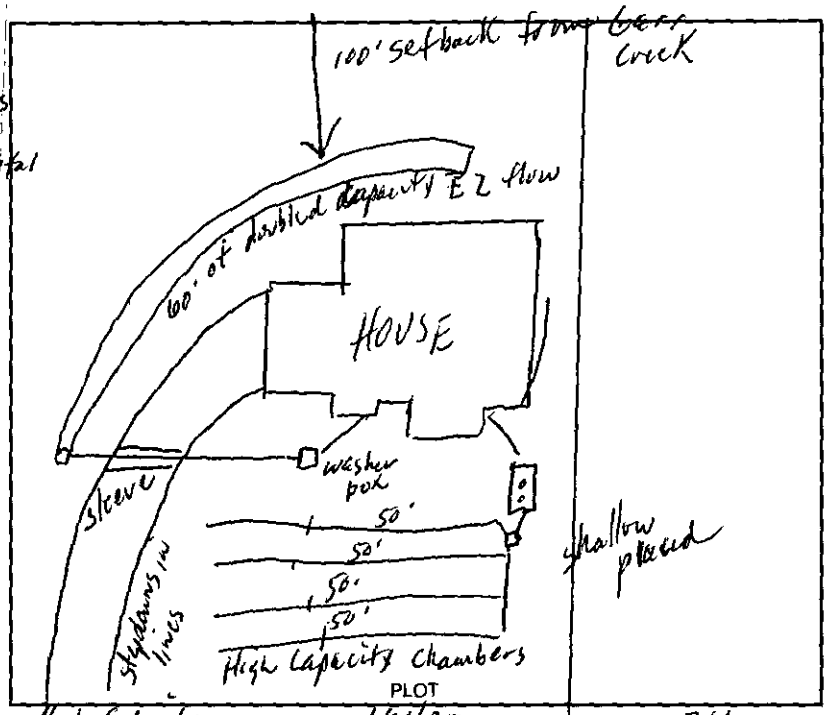
Distance to Water Source >10'

Excavation Inspected 4/16/02

Tank(s) Inspected 4/16/02

Wash Line Inspected 4/16/02

High Water Alarm Inspected NA




Design 2002, 1500ST, IND, 200' High Capacity Chambers, 120' EZ Lay line, CTR# Bobby McCarver

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: Septic System installed for a 3 bedroom residence Type IIIg. House placement different from original layout. Septic System altered to attain 100' setback from Gar Creek

NO 100% Repair Required

Philo L. Walker Jr.

Environmental Health Specialist

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

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

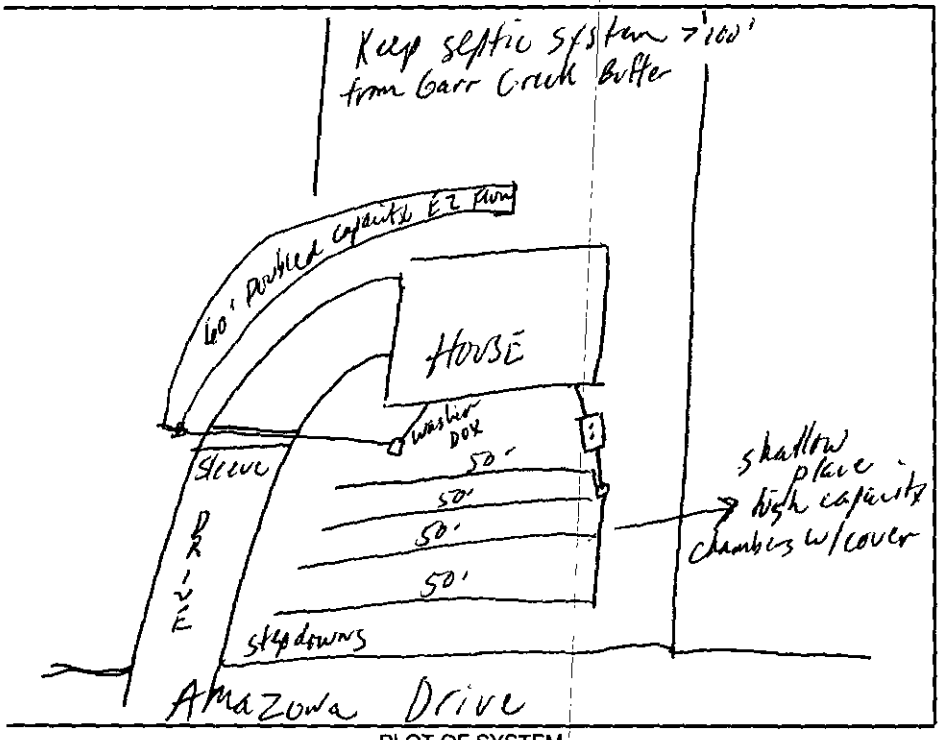
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1295A DATE: 4/2/02

TC: 015 215 05 ☒ L

SERIAL 19052

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 8/3/00. All work shall be completed on or before 5/2/02, 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 NA gallons

Tank Construction PCC

Trench Depth 14"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous YES

Total Line Length 320' feet

Number of Lines SL 4 @ 50' WL 1 (60') 

Depth of Stone NA inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well Municipal water feet
>10'

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

NAME OF OWNER Jacob & Sandy Reid

LOCATION OF PROPERTY 10,000 Amazona Dr

Comments: Install 4 lines x 50'long (High Capacity chambers) septic lines
Washer line 1 line x 60'long (Doubled capacity EZ Flow)
House placement different from original layout, septic System had to be altered.

Phila S. Walker RS
Environmental Health Specialist

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

60 Cash

FEE: 300 AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: 11/21/00 VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 11/21/00

PERMIT NO: 1295A
PARCEL NO: 015 215 05

JOB LOCATION ADDRESS: 10,000 Amazona Dr
PROPERTY OWNER: Sandra & Jacob Reid
BUILDING CONTRACTOR: —
SUBDIVISION NAME: Brazilla Park
AUTHORIZATION ISSUED BY: Philo S. Walker RS. DATE: 11/21/00
DEHNR AUTHORIZED AGENT

## AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1295A, 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: Shallow Placed Innovative Septic System, 12" Cover Depth shall be established

## 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 Jacob L. Reid x 11-21-00
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 1295A

## CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 015 215 05

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: Shallow Placed
___ IWWS-93-1
___ IWWS-93-2
___ IWWS-94-1

| | | | |
|---|---|---|---|
| 275 Long-term acceptance rate | 360 Max gallons/day wastewater flow | 1050 Absorption Area (sq ft) | 9' Trench spacing (min. on centers) |
| NO Serviced by private well | 1500 Gallon septic tank | 350' Total trench length (ft) | 14" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions) |
| 3 Bedrooms in residence | NA Gallon pump tank | NA Depth of stone | |

Any surface waters present: Yes Type: Gar Creek Minimum separation distance: >100'

Site modifications required:

Additional Conditions: Shallow Placed Innovative System Approval, 12" Cover Depth Shall be established. Agreement forms recorded and on file. No 100% Repair Area required. Keep the septic system >100' from the creek buffer. Municipal water

Repair Area System Type
Type (circle one): I II III IV V VI
No 100% Repair Area Required

___ 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

| | | | |
|---|---|---|---|
| ___ Absorption Area (Sq ft) ___ Total Trench Length (Ft) | ___ Depth of Stone Trench | ___ Trench spacing (min. on centers) | ___ 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.

Philo S. Walker RS. 11/21/00
DEHNR Authorized Agent — Date

x David L. Reed 11-21-00
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

FEE: 200.00
DATE: 8-3-00 Rec'd

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

Rec'd 10-05-00 [illegible] 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

1295A

FILE #: 1295A CR CA

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 015-215-05

STREET ADDRESS: 10000 AMAZON DR.

SUBDIVISION OR MOBILE HOME PARK NAME: BRAZILIA PARK

LOT NUMBER: 5 BC

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
X 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
X 6 HUNTERSVILLE
___ 7 MINT HILL

HEATED SQUARE FOOTAGE: 3700

NUMBER OF BEDROOMS: ~~3~~ 3 NUMBER OF OCCUPANTS: 4R. 11-17-00

FOUNDATION FOR RESIDENCE:

X ~~WITHOUT BASEMENT~~ ON SLAB 4R 11-17-00
___ CRAWL SPACE
X WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

CLOSING DATE _____

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

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

WATER SUPPLY (CHECK ONE):
___ COMMUNITY (C)
X 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: (LAST) REID (FIRST) JACOB (MI) L.
ADDRESS: 6820 Barrington DR.
CITY: CHARLOTTE STATE: N.C. ZIP: 28215
DAYTIME PHONE: 704 535-3285

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)
DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: Jacob Reid DATE: 8-3-00

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

# MECKLENBURG COUNTY HEALTH DEPARTMENT
## Environmental Health Fees

| | | | |
|---|---|---|---|
| Requestor (please print): JACOB REID | Phone #: | Date Requested: 8/2/00 | Date Filled: |
| Account Name: | Cash Charge | Account No.: | |
| I certify that I am authorized to charge this account for this service: | | | |
| Signature: | Printed Name: | Date: | |

| T.C. | Qty | Description | Unit Cost | Total Cost |
|---|---|---|---|---|
| 0701 | 1 | Improvement Permit Application - Residential | $ 200.00 | 200- |
| 0735 | | Improvement Permit Application - Commercial | $ 400.00 | |
| 0702 | | Optional Site Evaluations | $ 100.00 | |
| 0703 | | Installation and Final Approval | $ 150.00 | |
| 0704 | | Change in Plot Plan | $ 100.00 | |
| 0705 | | MH Exc/Add/Repl without System Modification | $ 100.00 | |
| 0706 | | MH Exc/Add/Repl with System Modification | $ 300.00 | |
| 0707 | | Site Consultation Visit | $ 100.00 | |
| 0734 | | Authorization for Wastewater System Construction | $ 150.00 | |
| 0708 | | Realty Closing - Conventional | $ 85.00 | |
| 0709 | | Realty Closing - FHA with water | $ 135.00 | |
| 0710 | | Additional Trips | $ 65.00 | |
| 0711 | | Well Water Analysis-Bacteriological with regular parameters | $ 50.00 | |
| 0712 | | Well Water Analysis -Nitrates and Nitrites | $ 15.00 | |
| 0714 | | Well Water Analysis - Organic Analysis | $ 200.00 | |
| 0715 | | Admin. Fee - Field Activity Letter | $ 25.00 | |
| 0718 | | Residential Pool Permit | $ 50.00 | |
| 0719 | | Public Pool Permit - operating | $ 240.00 | |
| 0720 | | Seasonal Pool Permit - operating | $ 120.00 | |
| 0736 | | Pool Late Fee | $ 120.00 | |
| 0733 | | Permit to Construct a Public Pool | $ 200.00 | |
| 0721 | | Home Day Care Evaluation and Permit | $ 70.00 | |
| 0722 | | Home Day Care Evaluation and Annual Fee | $ 40.00 | |
| 0723 | | Eval and Report Non-Permit Facility | $ 50.00 | |
| 0724 | | Private Pool Testing | $ 15.00 | |
| 0731 | | Garbage Hauler Permit - (1-9 vehicles) | $ 30.00 | |
| 0736 | | Garbage Hauler Permit - (each over 9) | $ 20.00 | |
| 0725 | | Document Copies | $ 0.05 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Payment received by: KM Date: 3-00 Total: 200-

10000 Amazona Dr.

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION

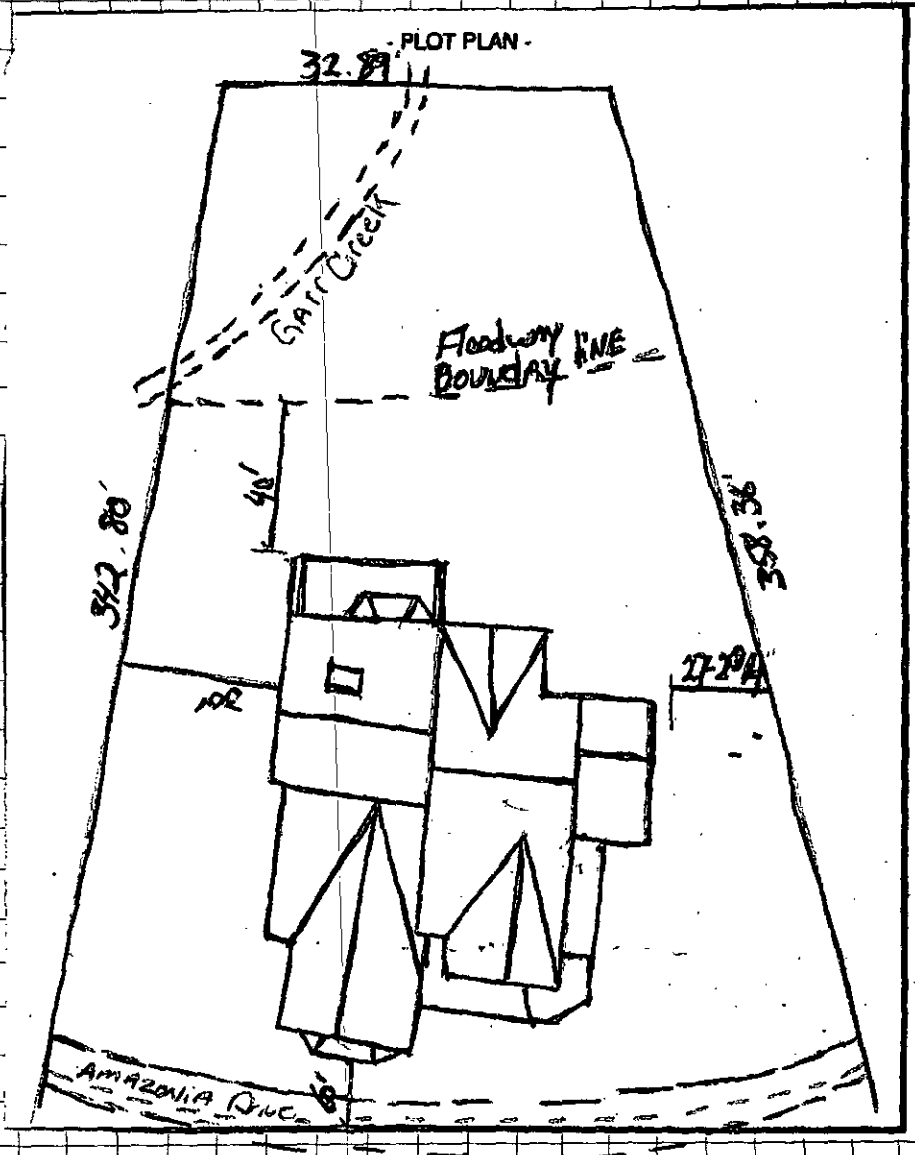
# PROPOSED PLOT PLAN

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

FILE: 1295A

TC: 01521505

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.




Jacob L. Reid
OWNER/AGENT SIGNATURE

DATE 8-3-00

APPROVAL DATE _____

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

# MECKLENBURG COUNTY HEALTH DEPARTMENT
## Environmental Health Fees

Requestor (please print): Jacob Reid Phone #: Date Requested: 8/17/00 Date Filled:

Account Name: Cash Charge Account No.:

I certify that I am authorized to charge this account for this service:

Signature: Printed Name: Date:

| T.C. | Qty | Description | Unit Cost | Total Cost |
|---|---|---|---|---|
| 0701 | | Improvement Permit Application - Residential | $ 200.00 | |
| 0735 | | Improvement Permit Application - Commercial | $ 400.00 | |
| 0702 | | Optional Site Evaluations | $ 100.00 | |
| 0703 | | Installation and Final Approval | $ 150.00 | |
| 0704 | | Change in Plot Plan | $ 100.00 | |
| 0705 | | MH Exc/Add/Repl without System Modification | $ 100.00 | |
| 0706 | | MH Exc/Add/Repl with System Modification | $ 300.00 | |
| 0707 | 1 | Site Consultation Visit | $ 100.00 | 100 |
| 0734 | | Authorization for Wastewater System Construction | $ 150.00 | |
| 0708 | | Realty Closing - Conventional | $ 85.00 | |
| 0709 | | Realty Closing - FHA with water | $ 135.00 | |
| 0710 | | Additional Trips | $ 65.00 | |
| 0711 | | Well Water Analysis-Bacteriological with regular parameters | $ 50.00 | |
| 0712 | | Well Water Analysis -Nitrates and Nitrites | $ 15.00 | |
| 0714 | | Well Water Analysis - Organic Analysis | $ 200.00 | |
| 0715 | | Admin. Fee - Field Activity Letter | $ 25.00 | |
| 0718 | | Residential Pool Permit | $ 50.00 | |
| 0719 | | Public Pool Permit - operating | $ 240.00 | |
| 0720 | | Seasonal Pool Permit - operating | $ 120.00 | |
| 0736 | | Pool Late Fee | $ 120.00 | |
| 0733 | | Permit to Construct a Public Pool | $ 200.00 | |
| 0721 | | Home Day Care Evaluation and Permit | $ 70.00 | |
| 0722 | | Home Day Care Evaluation and Annual Fee | $ 40.00 | |
| 0723 | | Eval and Report Non-Permit Facility | $ 50.00 | |
| 0724 | | Private Pool Testing | $ 15.00 | |
| 0731 | | Garbage Hauler Permit - (1-9 vehicles) | $ 30.00 | |
| 0736 | | Garbage Hauler Permit - (each over 9) | $ 20.00 | |
| 0725 | | Document Copies | $ 0.05 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Payment received by: [illegible] Date: 7-00 Total:

10000 Amanza Drive Hunt.

Ford Pk 295A

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION

THIS IS TO CERTIFY THAT ON THE 14TH DAY OF JUNE, 2000 I, SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE PROPERTY LINES, AND THE IMPROVEMENTS IF ANY ARE AS SHOWN HEREON.

REVISED 9-15-2000

NORTH CAROLINA REGISTERED SEAL L-2624 LAND SURVEYOR JACK R. CHRISTIAN

SIGNED Jack R. Christian
REGISTERED SURVEYOR
JACK R. CHRISTIAN & ASSOCIATES
7811 OLD CONCORD RD, CHARLOTTE, N.C. 28213
PHONE: (704)596-2214

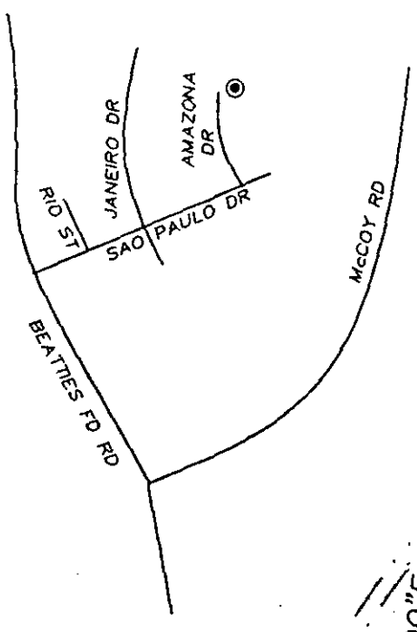
"AMAZONA5"
XXX

CAROLYN SUE ADAIR
& DONALD G. ADAIR
DB 9442 P.90

MB 15 P.49

* File: 1295-B

S22°02'36"E E.I.P.
32.89'
E.I.P.




342.80'

GARR CREEK BRANCH

FLOODWAY FRINGE BOUNDARY LINE

S66°18'10"W 358.36'

LOT 4

LOT 5
BLOCK C
33,711 sq.ft.
0.77 acres

HOPEWELL PRESBYTERIAN CHURCH INC.
DB 5392 P.801

N86°57'00"E

1500 GAL. SEPTIC TANK

210' primary EASY FLOW

3,504 sq.ft.
0.08 acres
DISTURBED

100'

140' washer LINE

PROPOSED HOUSE

6.00'

30.06'

57.72'

E.I.P.

N 03°03'27" W

L=101.92'
R=282.91

433' TO SAO PAULO DR

AMAZONA DRIVE
60' PUBLIC R/W

GRAPHIC SCALE
40 0 20 40

# SURVEY

OF

## LOT 5, BLOCK C, BRASILIA

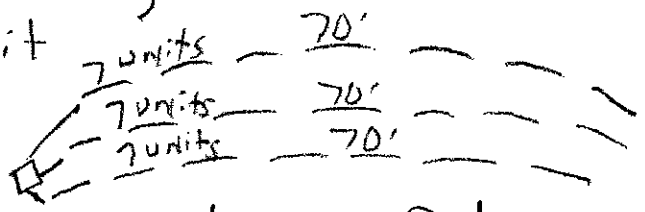
CITY OF CHARLOTTE, MECKLENBURG COUNTY, NORTH CAROLINA

SCALE: 1"=40'

THE PROPERTY OF: JACOB & SANDRA REID
MAP RECORDED IN BOOK 15 AT PAGE 49 DEED RECORDED IN BOOK ____ PAGE ____

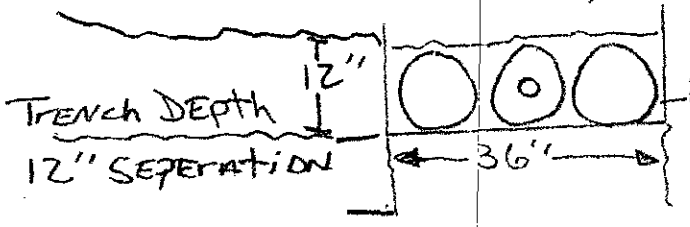
1295-B

(3) Bedrm. (Easy Flow Chamber) Septic Sys. Plan. Split Washer Line.




SPECS:
1,500 GAL. SEPTIC TANK
① Distribution BOX.
(3) 70' Easy Flow Lines, 7 units per Line. (21) total
210' total off Tank
Tank Filter/Riser Rule

12" uniform cap over Entire Sys.

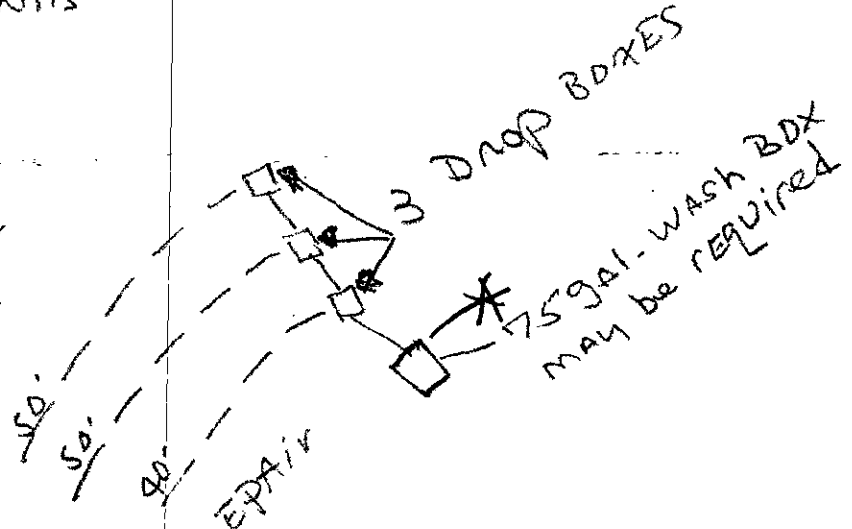


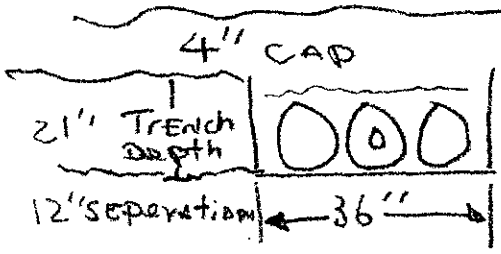

Wash Line Specs:

P = 50', 5 units
D = 50', 5 units
Y = 40', 4 units
140' Total

(14) units total

Additional Comments:
Municipal Water
Keep the septic system >100' from the Cox Creek buffer




1. Installer
2 Inspection
866-955-9
2nd
5/9/10

REGISTER OF DEEDS

703 P02 NOV 17 '00 10:23
REGISTER OF DEEDS
MECKLENBURG COUNTY NC
2000 NOV 17 09 16 AM
BOOK 11723 PAGE 880-883 FEE $12 00
INSTRUMENT # 2000167786

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 # 1295A
PARCEL # 215 275 05

The undersigned, Jacob L. Reid, owner of property located at 10000 Amazona Dr. (the "site") and described in a document recorded in Book 11415 at Page 321, 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. 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 (15A NCAC 18A .1900 et seq.) that the Department generally classifies sites 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, user of the system, as applicable, and that neither the Department nor its officials, employees, 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, and the Health Department, its officials, employees or agents have any liability for any loss or damage 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:* Jacob L. Reid
*Mail after recording to* 6820 Barrington Dr.
Charlotte, North Carolina 28215

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 # 1295A
PARCEL # 015 215 05

COPY

The undersigned, Jacob L. Reid, owner of property located at 10000 Amazona Dr. (the "site") and described in an instrument recorded in Book 11415 at Page 321, 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:* Jacob L. Reid
*Mail after recording to:* 6820 Barrington Dr.
Charlotte, North Carolina 28215

- 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 _____ day of _____, 199__.

x Jacob L. Reid _____ (SEAL)
(~~Corporate~~ Name)

_____ (SEAL)

By: _____ _____ (SEAL)

_____ President _____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, D. L. Stafford, a Notary Public for said County and State, do hereby certify that Jacob L. Reid personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 17 day of November, ~~19~~2000.

D. L. Stafford
Notary Public

My Commission Expires March 28, 2006

My Commission Expires:

_____

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

**********

| | |
|---|---|
| **Filed For Registration:** | **11/17/2000 09:16 AM** |
| **Book:** | **RE 11723 Page: 880-883** |
| **Document No.:** | **2000167786** |
| | **PRMIT 4 PGS $12.00** |
| **Recorder:** | **LYNETTE I FEELY** |

**********

**State of North Carolina, County of Mecklenburg**

**The foregoing certificate of D. L. STAFFORD Notary is certified to be correct. This 17TH of November 2000**

**JUDITH A. GIBSON, REGISTER OF DEEDS By:** _____
**Deputy/Assistant Register of Deeds**

**********

***2000167786***

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

ACS #2 2nd site

Sheet: _____
Property ID: 015-215-05
Lot #: 45 Bc
File #: 1295A

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

OWNER: Jack L. Reid APPLICANT: _____
ADDRESS: 6020 Barrington Dr, Chadwell DATE EVALUATED: 8-18-00
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 480gpd PROPERTY SIZE: .8
LOCATION OF SITE: 10000 Amazon Dr. PROPERTY RECORDED: _____
WATER SUPPLY: ☐Private ☒Public ☐Well ☐Spring ☐Other _____
EVALUATION METHOD: ☐Augur Boring ☒Pit ☐Cut
TYPE OF WASTEWATER: ☒Sewage ☐Industrial Process ☐Mixed

| PROFILE # | Slopes 10-70% .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 | 0-7" | gr/cl | Fr/SE x Pl SS/SP | 756" TO SOIL WETNESS | 24" | US | None | US IV .129 $ft^2$ (LPP) |
| | | 7-24" | SBK/C | Fi/SE x Pl S/P | | | | | |
| | | 24-56" | M/Cl | Fr/SE x Pl SS/SP | | | | | |
| 2 | LS | 0-3" | gr/cl | Fr/SE x Pl SS/SP | 755" TO SOIL WETNESS | 27" | US | None | US IV .129 $ft^2$ (LPP) |
| | | 3-27" | SBK/C | Fi/SE x Pl S/P | | | | | |
| | | 27-55" | M/Cl | Fr/SE x Pl SS/SP | | | | | |
| 3 | LS | 0-4" | gr/cl | Fr/SE x Pl SS/SP | 752" TO SOIL WETNESS | 23" | US | None | US IV .129 $ft^2$ (LPP) |
| | | 4-23" | SBK/C | Fi/SE x Pl S/P | | | | | |
| | | 23-52" | M/Cl | Fr/SE x Pl SS/SP | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | US | |
| System Type(s) | | |
| Site LTAR | .129 $ft^2$ (LPP) | |

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W. A. Martin LSS - 8-18-00
OTHER(S) PRESENT: P. Patton

FILE # 1295A

COMMENTS 100% Repair not required, 100 Foot setback from creek appears to preclude house site unless only area that could be considered for drainfield installation

| LANDSCAPE POSITION | GROUP | TEXTURE | .1955 LTAR |
|---|---|---|---|
| R-RIDGE | I | S-SAND | 1.2-0.8 |
| S-SHOULDER SLOPE | | LS-LOAMY SAND | |
| L-LINEAR SLOPE | | | |
| FS-FOOT SLOPE | II | SL-SANDY LOAM | 0.8-0.6 |
| N-NOSE SLOPE | | L-LOAM | |
| H-HEAD SLOPE | | | |
| CC-CONCLAVE SLOPE | III | SI-SILT | 0.6-0.3 |
| CV-CONVEX SLOPE | | SICL-SILTY CLAY LOAM | |
| T-TERRACE | | CL-CLAY LOAM | |
| FP-FLOOD PLAIN | | SCL-SANDY CLAY LOAM | |
| | IV | SC-SANDY CLAY | 0.4-0.1 |
| | | SIC-SILTY CLAY | |
| | | O-ORGANIC | |

| CONSISTENCE MOIST | CONSISTENCE WET |
|---|---|
| VFR-VERY FRIABLE | NS-NON-STICKY |
| FR-FRIABLE | SS-SLIGHTLYSTICKY |
| FI-FIRM | S-STICKY |
| VFI-VERY FIRM | VS-VERY STICKY |
| EFI-EXTREMELY FIRM | NP-NON-PLASTIC |
| | SP-SLIGHTLYSTICKY |
| | P-PLASTIC |
| | VP-VERY PLASTIC |

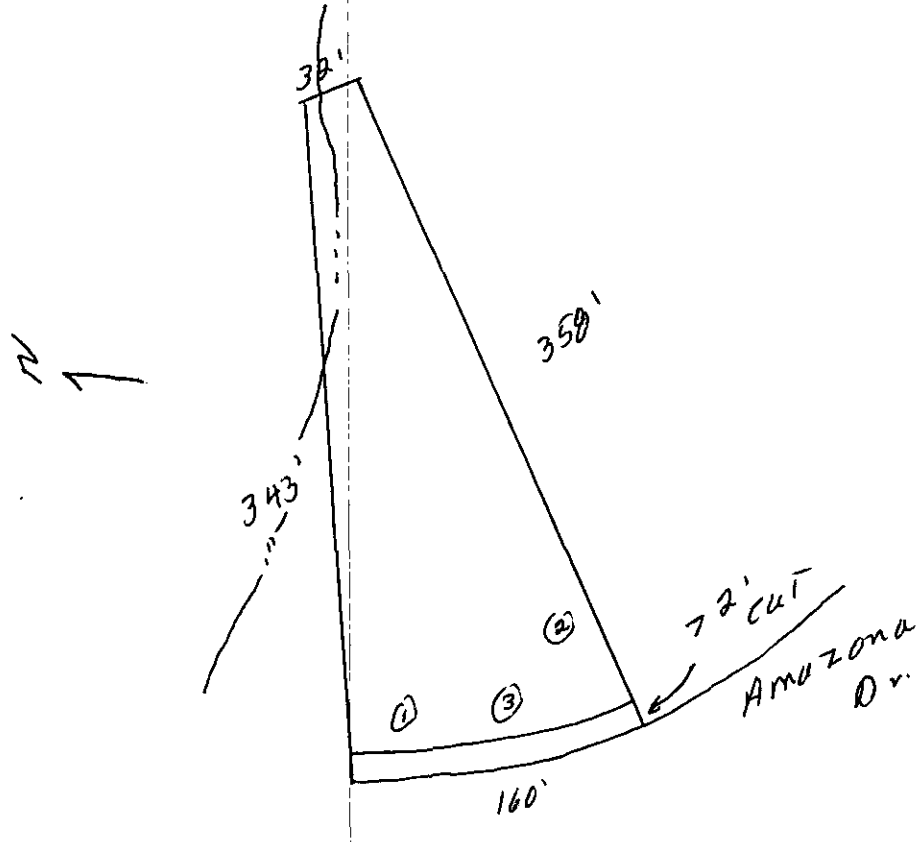
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



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

AJ #2

Sheet: _____
Property ID: 015-215-05
Lot #: L5-B2
File #: 1295A

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

OWNER: Jacob L. Reid APPLICANT: _____
ADDRESS: 6620 Barrington Dr. Charlotte DATE EVALUATED: 8-10-00
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 600gpd PROPERTY SIZE: .80
LOCATION OF SITE: 10000 Amazon Dr. PROPERTY RECORDED: _____
WATER SUPPLY: ☐Private ☑Public ☐Well ☐Spring ☐Other _____
EVALUATION METHOD: ☑Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☑Sewage ☐Industrial Process ☐Mixed

| PROFILE # | Slopes 10-20% .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 | 0-3" | gr/cl | Fr/SE XP/ SS/SP | >26" TO soil wetness | 26" | N/A | None | US IV .12g/Ft² (LPP) |
| | | 3-23" | SBK/c | F/SE XP/ S/P | | | | | |
| | | 23-26" | SBK/cl | Fr/SE XP/ SS/SP | | | | | |
| 2 | LS | 0-5" | gr/cl | Fr/SE XP/SS/SP | >33" TO soil wetness | 33" | N/A | None | US IV .215g/Ft² |
| | | 5-30" | SBK/c | F/SE XP/S/P | | | | | |
| | | 30-33" | SBK/cl | Fr/SE XP/SS/SP | | | | | |
| 3 | LS | 0-3" | gr/cl | Fr/SE XP/SS/SP | >12" TO soil wetness | 12" | N/A | None | US |
| | | 3-12" | M/cl | Fr/SE XP/SS/SP | | | | | |

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W. R. Martin LSS 8-10-00
OTHER(S) PRESENT: _____

FILE # 1295A

COMMENTS 1006 Repair not required

| LANDSCAPE POSITION | GROUP | TEXTURE | .1955 LTAR |
|---|---|---|---|
| R-RIDGE | I | S-SAND | 1.2-0.8 |
| S-SHOULDER SLOPE | | LS-LOAMY SAND | |
| L-LINEAR SLOPE | | | |
| FS-FOOT SLOPE | II | SL-SANDY LOAM | 0.8-0.6 |
| N-NOSE SLOPE | | L-LOAM | |
| H-HEAD SLOPE | | | |
| CC-CONCLAVE SLOPE | III | SI-SILT | 0.6-0.3 |
| CV-CONVEX SLOPE | | SICL-SILTY CLAY LOAM | |
| T-TERRACE | | CL-CLAY LOAM | |
| FP-FLOOD PLAIN | | SCL-SANDY CLAY LOAM | |
| | IV | SC-SANDY CLAY | 0.4-0.1 |
| | | SIC-SILTY CLAY | |
| | | O-ORGANIC | |

| CONSISTENCE MOIST | CONSISTENCE WET |
|---|---|
| VFR-VERY FRIABLE | NS-NON-STICKY |
| FR-FRIABLE | SS-SLIGHTLYSTICKY |
| FI-FIRM | S-STICKY |
| VFI-VERY FIRM | VS-VERY STICKY |
| EFI-EXTREMELY FIRM | NP-NON-PLASTIC |
| | SP-SLIGHTLYSTICKY |
| | P-PLASTIC |
| | VP-VERY PLASTIC |

STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE

