

8109 ASHELEY GLEN DR

19716110

5/30/2007

duponbj

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

BK: 06333 PG: 1914/1915 #:0101 8.00

REGISTERED AUG/15/1990 01:42PM ANNE A. POWERS REGISTER OF DEEDS MECK. CO. N.C.

FILE NO. 5184A

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 10 NCAC 10A .1948(c)

The undersigned, BMI Land Co., Inc.,

owner of property located at 8109 Asheley Glen Drive (lot 4)

("the site") and described in an instrument recorded in Book 5814 at Page 72 (5208 / 54), Mecklenburg Public Registry,

hereby acknowledges that he applied to the Mecklenburg County Department of Environmental Health ("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 10 NCAC 10A .1934 et seq; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested pursuant to 10 NCAC 10A .1948(c) 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 can reasonably be expected to function satisfactorily and thus that the findings specified in 10 NCAC 10A .1948(c)(1), (2), and (3) can be made; 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 his responsibility 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 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.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

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.

This 8th day of August, 19 90. Drawn By: BMI Land Co., Inc.

ATTESTED BY: Billy E. Coggins
Asst. Secretary

Kristy McLemore-Carriker (SEAL)
Kristy McLemore-Carriker
Vice President

(SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

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

WITNESS my hand and notarial seal, this _____ day of _____, 19__.

_____
Notary Public

My Commission Expires: _____

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Marcia J. Finnegan, a Notary Public for said County and State, do hereby certify that Kristy McLemore Carriker personally came before me this day and acknowledged that he is Vice President of BMI LAND Co., INC, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its Vice President, sealed with its corporate seal and attested by Bill E. Coggins Jr.

WITNESS my hand and notarial seal, this 8th day of August, 1990.

Marcia J. Finnegan
Notary Public

My Commission Expires: Sept. 10, 1991

Return to: Dept. of Denvironmental Health, 1200 Blythe Blvd., Charlotte, NC 28202

100 709 808 (4)

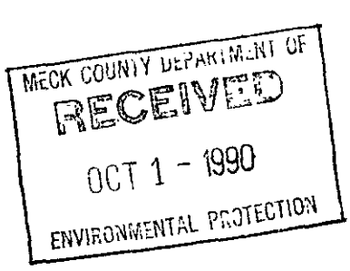
State of North Carolina, County of Mecklenburg
The foregoing Certificate(s) of Marcia J. Finnegan

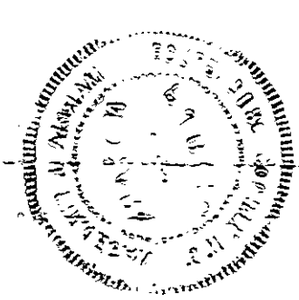
Notary(ies) Public is/are certified to be correct. This instrument and this certificate are duly registered at the date and time and in the Book and Page shown on the first page hereof.

ANNE A. POWERS, REGISTER OF DEEDS

By _____ Deputy - Register of Deeds







Mecklenburg County
Health Department

June 19, 1990

Bob McLemore Dr.
PO Box 25746
Charlotte, NC 28229

RE: Property located at 8109 Ashley Glenn Dr.
FILE: 5184A
PARCEL: 197-161-01

Gentlemen:

Receipt of your plans for a modified waste disposal system for the property referenced above is acknowledged.

Your plans for the modified system for the above property as submitted are approved with the following comments:

- Water saving plumbing devices and low flush toilets should be installed when constructing the residence.
- Occupants to utilize maximum water conservation measures wherever possible.
- Effectively rake and lime all trench sidewalls
- Landscaping of repair area to be undisturbed. No grading, shaping, or altering in anyway.

Upon execution and recording with the Register of Deeds Office, Mecklenburg County, of the enclosed "Septic Tank Agreement Form", an Improvements Permit may be issued by this office.

Sincerely,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

GV/kat

Enclosures - 3 Septic Tank Agreement Forms

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

PROPOSED PLOT PLAN

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

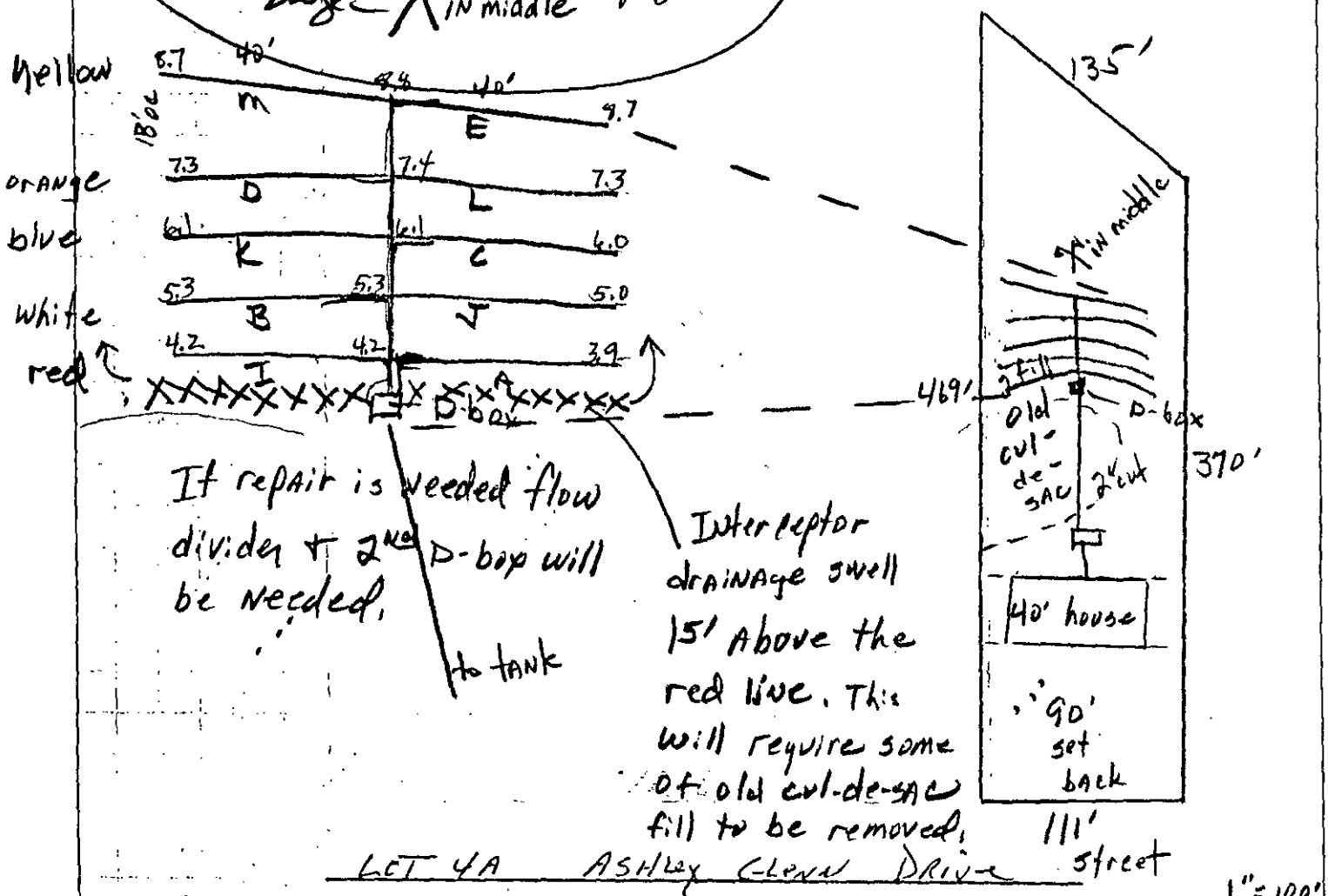
FILE: 5184A

TC: _____

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.

5-4-90
will need to see initial System and Complete Repair Area Staked onsite. 100% Required incase if Repair area can be installed initially in Area II
Varge X in middle
5-9-90 O/K Varge

Design & field layout by
Toney C Jacobs, CPSS 4-19-90



Installation in Accordance to T+J manual. Copy attached for installer.

Signed: _____

Date: 4/20/90

Date: 4/19/90

DESIGN SPECIFICATIONS FOR ON-SITE WASTE SYSTEM

Address: Lot 4A Ashley Glenn Dr.

General Description: Gravity flow PPBPS 3 bedroom

Daily design waste flow: 360 gpd
Effluent loading rate: 0.3 gpd/sf
Square footage: 1200 equiv.
Septic tank size: 1500 gal. (2 compartments)
Pumping tank size: 1000 gal.

Initial Installation

Line	# Panels	# Hole(s) Per Panel	Size Hole	Line Head	Line Length	Hole Flow	Line Flow
A	9				40		
B	9				40		
C	9				40		
D	9	N/A			40	N/A	
E	9				40		
F							
G							
H							
Totals	45	~~(46x5) Approx 2 pumps 5 hrs~~			200		
Required 100% Repair							
I	9				40		
J	9				40		
K	9				40	N/A	
L	9	N/A			40		
M	9				40		
N							
O							
P							
Totals	45				200		

CALCULATIONS FOR PUMPED SYSTEMS:

Friction loss: supply line = LF of inch x loss/100 =
lateral line = LF of inch x loss/100 =
fittings = x .2 =

N/A

Head: total
pressure head =
friction head =
elevational head =
TDH =
20% margin = (/.8 = = ft.)
TOTAL DESIGN HEAD=

A UL or SSPMA listed effluent or sewage pump sized to deliver a minimum of gallons per minute at feet of head.
Pump size for system Pump size for system and repair
Dosing volume or time:
Check valve:
Syphon break hole:
Note: Each line shall have a globe or gate valve at the start of the line for pressure adjustment. "Noted ⊗ "

Date: 4/19/90

From: Toney C. Jacobs
Consulting Soil Scientist
Rt. 2 Box 280
Troutman, N. C. 28166

To: BMI
P O Box 25746
Charlotte, N.C. 28229

Subject:

Lot 4A Ashley Glenn Dr

System type:

Gravity Flow PPBPS (T+J Panel System)
from A center manifold fed to Alternating
lines. D-box distribution

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

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

(OFFICE USE ONLY)
FILE: 5184A
TC: _____
SERIAL: № 17530
☐ L ☐ CRT

5184A

JOB LOCATION

① ADDRESS: 8109 (STREET NO.) Ashley Glenn Drive (STREET) ② FILE: 5184A
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 197 161 01
⑤ SUBDIVISION: Ashe Plantation 7 ⑥ LOT: 4A ⑦ BLOCK: _____

OWNER

⑧ NAME: Bob (FIRST) Mclemore (MIDDLE) Co. INC (LAST)
⑨ MAILING ADDRESS: P.O. Box 25746
⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28229
⑬ PHONE: (WORK) 545-6112 ⑭ (HOME) _____

REQUEST

This request is for a(n):

⑮ ☑ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 ~~4~~ ~~5~~
㉓ Maximum occupancy? 6 ~~8~~ ~~10~~
㉕ Type? _____
㉖ Maximum number of employees? _____
㉔ Basement? ☐ yes ☑ no
㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☐ Individual well
B ☐ Municipal system
C ☐ Community well
D ☑ Community system

㉙ The undersigned, 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: Bob Mclemore
Date: 4/19/90

IMPROVEMENT PERMIT

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 Sanitary Sewage Collection, 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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Subject to Health Department Review

Environmentalist _____ / Date

Director or Authorized Section Head [signature] / Date 8-21-90

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

Mecklenburg County
Health Department

April 10th, 1990

Bob McLemore Co., Inc.
PO Box 25746
Charlotte, NC 28229

RE: Property located at Ashley Glenn Dr. 4a
FILE: 5184A
PARCEL: 19716101 PO

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 17700) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to call.

Very truly yours,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure (2)

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17700

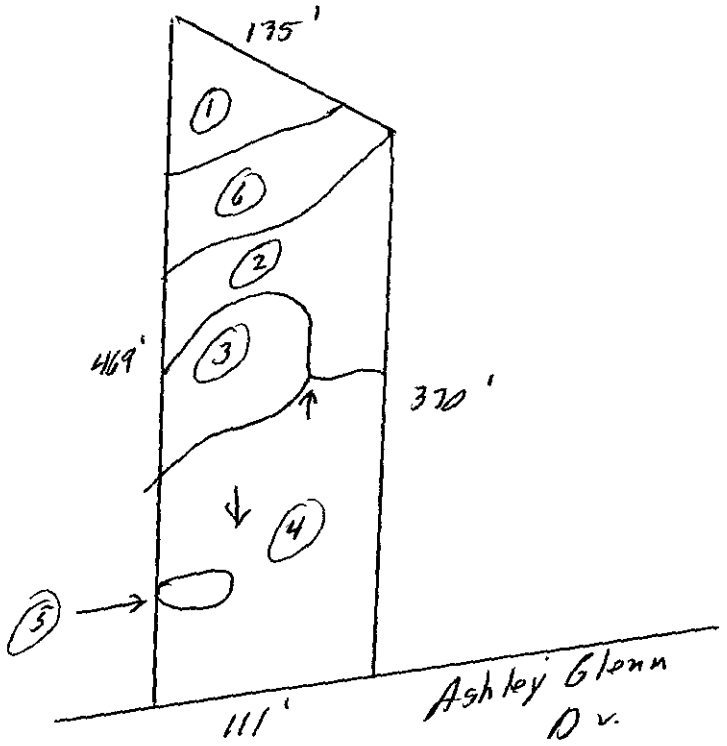
File: 5184A
Parcel: 19716101 PO
Action 2
☐ PC

Location: Ashley Glenn Dr.
Subdivision:
Lot: 4a Block: Acres: 1.06

Owner:
Address: Bob McLemore Co., Inc.
PO Box 25746
Charlotte, NC 28229

Comments: 100% Repair

Described by: William A. Marlin
Date: 4-10-90



*** EVALUATION KEY ***
S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S PS (U) Drainageway Depression	(S) PS U 6-12%	S PS (U) Old cul-de-sac	(S) PS U 6-18%	S PS (U) Piled Fill	(S) PS U 6-12%
Texture	S PS U	S (PS) U Clay	S PS U	S (PS) U Clay	S PS U	S PS (U) Expanding Clay
Structure	S PS U	S (PS) U Blocky	S PS U	S (PS) U Blocky	S PS U	S (PS) U Blocky
Drainage	S PS U	S (PS) U 24"-36" To water	S PS U	S (PS) U 24"-36" To water	S PS U	S PS (U) Perched water 36"
Depth	S PS U	S (PS) U 36"+	S PS U	S PS (U) 24-30"	S PS U	S PS (U) 24-36"
Restrictive Horizons	S PS U	S (PS) U 24-36"	S PS U	S (PS) U 24-36"	S PS U	S (PS) U 24-36"
Available Space	S PS U	S PS (U) Restricted	S PS U	S (PS) U Limited	S PS U	S PS (U) Restricted
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	Drainageway Depression	IV Cecil-Lille	Old cul-de-sac	IV Tatum-Lillo	Piled Fill	Lignum-Lille Expansive Clay
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS (U)

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: S184A / See 5181A for chg. slip

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Ashley Glenn Drive

② SUBDIVISION: Ashe Plantation 7 ③ LOT: 4A ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 197 PAGE NO.: 161 PARCEL NO.: 01

⑥ DEED REFERENCE: BOOK NO.: 5814 PAGE NO.: 72

OWNER

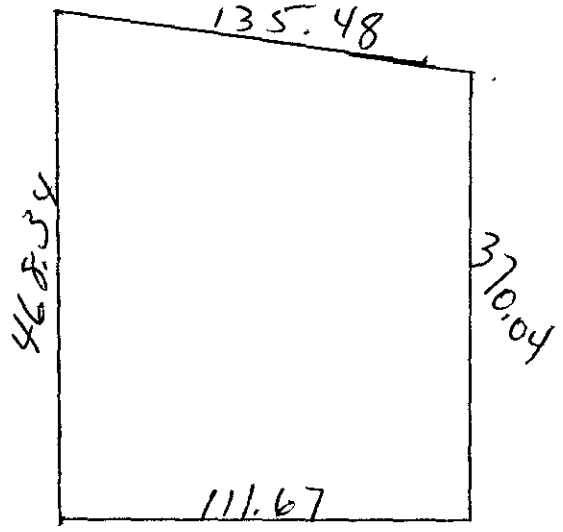
⑦ NAME: Bob (FIRST) McLemore (MIDDLE) Co. Inc, (LAST)

⑧ MAILING ADDRESS: P.O. Box 25746

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28229

⑫ PHONE: (WORK) 545-6112 (HOME) _____

⑬ Accurately diagram and dimension lot.



The undersigned, 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Bob McLemore

Date: 3/30/90

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

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

Mecklenburg County
Health Department

Basil G. Deita, M.D., M.P.H.
Health Director

November 18th, 1988

W. Manning & Associates
P. O. Box 2762
Matthews, NC 28106

RE: Property located at Trey Court 4
FILE: 5184A
PARCEL: 19716101 PO

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 15767) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to call.

Very truly yours,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure (2)

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15767

File: 5184A

Parcel: 19716101 PO

Action 2

☐ PC

Location: Trey Court

Subdivision:

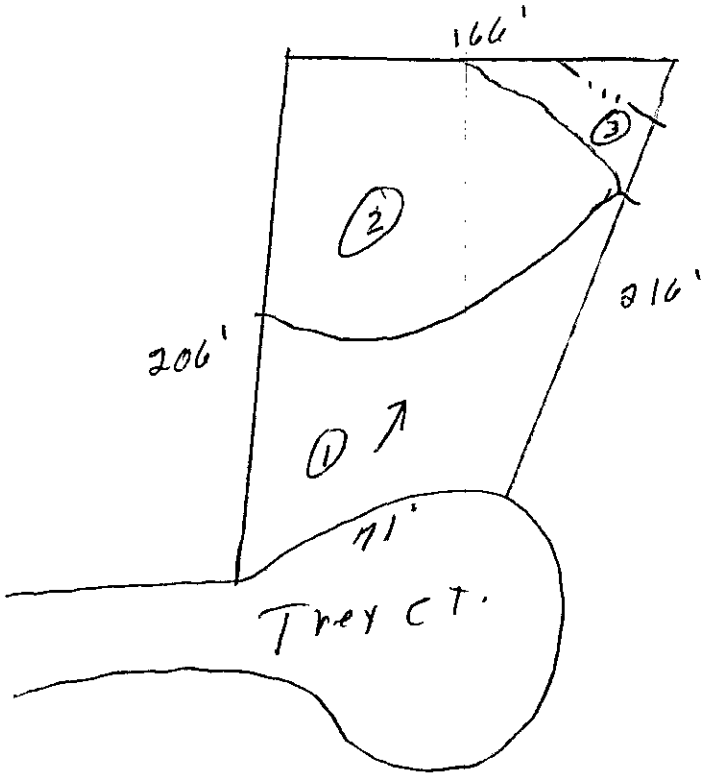
Lot: 4 Block: Acres: Approx .54

Owner: W. Manning & Associates
Address: P. O. Box 2762
Matthews, NC 28106

Comments: _____

Described by: William R. Mancil

Date: 11-18-88



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 6-15%	(S) PS U 6-12%	S PS (U) Depression	S PS U	S PS U	S PS U
Texture	S (PS) U clay	S PS (U) silty clay	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" to water	S PS (U) perched water 24-30"	S PS (U) seasonal water 15"	S PS U	S PS U	S PS U
Depth	S (PS) U >36"	S PS (U) 24-36"	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS (U) Restricted	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IVA Cecil-Lilo	IVB Helena-Lilo	Depression			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 5184A

TC: _____

☐ PC ☐ REPT

see file 5181A for change slip

JOB LOCATION

① ADDRESS: Trey Court

② SUBDIVISION: Travis Woods ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 197-121-07 PAGE NO.: # 4 PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: 5839 - 335 / 5814 - 72 PAGE NO.: _____

OWNER

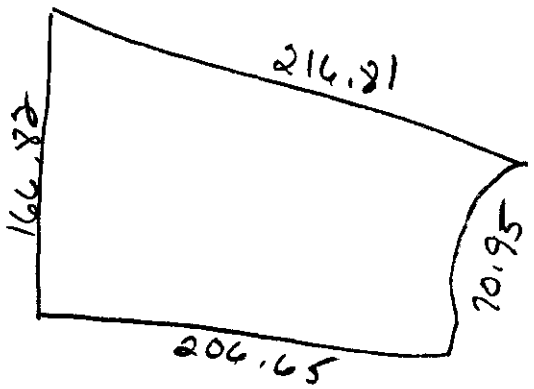
⑦ NAME: W. Manning & Assoc.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: P. O. Box 2762

⑨ CITY: Matthews ⑩ STATE: N. C. ⑪ ZIP: 28106

⑫ PHONE: (WORK) 704/821-6291 (HOME) _____

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Ward Manning

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

Date: November 7, 1988

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY