

16730 FIDLER LN

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1/11/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

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Mecklenburg County Groundwater & Wastewater Services
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

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 6818B Permit #: 1464 Tax Parcel #: 001-531-24

Property Owner: PATRICK JOSEPH & ASSOCIATES

Job Location Address: 16730 FIDLER LANE

City: HUNTERSVILLE State: NC Zip Code: 28078

Operation Permit Issuance Date: 10/26/06 Contractor Name: ROBBY RAY

Permitted Design Flow: 480 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1500 gallons

Effluent Pump Model: _____

Drainfield Installation ☐ N/A

Trench Depth: 32 inches

Trench Width: 3 feet

Line Spacing: 8 feet (O.C.)

Total line length: 210 feet

# of Lines: 3 @ 70 feet

Depth of Media: 16 inches (Type) PAVER BLOCK

Depth of Cover: 8 inches

Distribution Device: LPP

Bed Installation *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 5' feet

Distance from Property Line: 5' feet

Distance from Water Supply Source: >100' feet

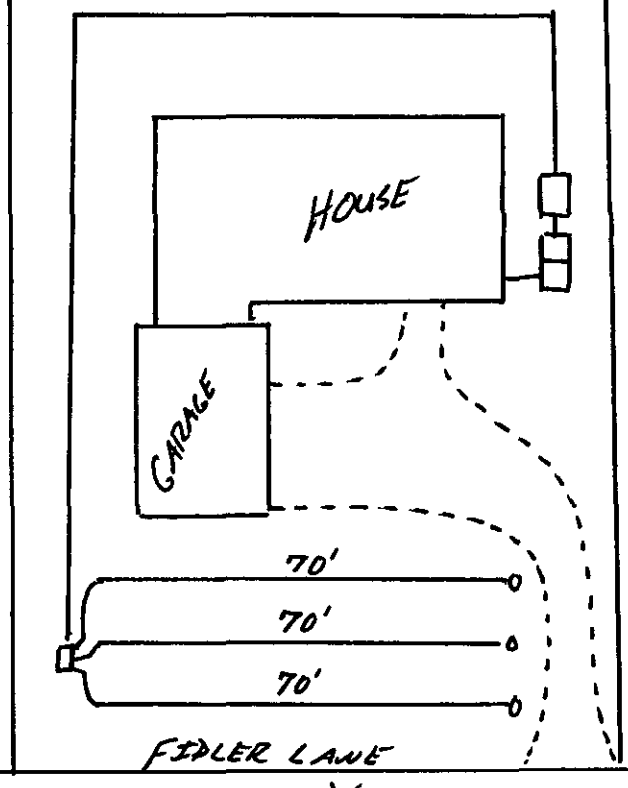
Inspection Dates

Tank(s) Inspected: 10/25/06

Excavation Inspected: 10/26/06

Pump & Controls Inspected: 10/25/06 LAKE NORMAN

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



The undersigned has inspected the Septic Tank System described above, and certifies it has been ☒ installed ☐ altered ☐ repaired ☒ as detailed in the plot above ☐ in accordance with the permit issued 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. The issuance of this 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 or Revocation of this permit.

Comments: System Classification & Type: III a LPP PAVER BLOCK SYSTEM

DENR Authorized Agent: Jeremy Mickelson, R.S. Signature: Jeremy Mickelson, R.S.

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
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INSTALLATION APPROVAL for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 6818B Permit #: 1464 Tax Parcel #: 001-531-24

Property Owner: PATRICK JOSEPH & ASSOCIATES

Job Location Address: 16730 FIDLER LANE

City: HUNTERSVILLE State: NC Zip Code: 28078

Installation Approval Issuance Date: 10/10/06

Permission is hereby given to ☒ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 11/10/06, after which date this approval 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 granting this approval. 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 of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 480 GPD

Site LTAR: 0.38 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1500 gallons

Drainfield Design ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9' feet (O.C.)

Total line length: 210 feet

# of Lines: 3 @ 70' feet

Depth of Media: 16 inches (Type) PANEL BLOCK

Distribution Device: LPP VALUE BOX

Bed Design *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: 5' feet

Distance from Property Line: 10' feet

Distance from Water Supply Source: >100' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

INSTALL EXACTLY AS PERMITTED AND DESIGNED BY CONSULTANT.

Comments: System Classification & Type: IIIa LPP PANEL BLOCK SYSTEM

DENR Authorized Agent: Jeremy Micklow, R.S. Signature: Jeremy Micklow, R.S.

ROLLANS *SOIL & ENVIRONMENTAL SERVICES*

2120 Graham Road, Mount Ulla, NC 28125 *Phone/Fax (704) 278 – 0989*

Ashley Rollans, NC Licensed Soil Scientist
Mobile: (704) 746-5046
E-mail: Rollansfortcj@aol.com

Brady Freeman, Registered Sanitarian
Mobile: (704) 746-6497
E-mail: bfree209@yahoo.com

File
6818B

Attached is a proposed design for a PPBPS Septic System with low pressure distribution for a 4 bedroom single family residence on Lot #15 Fidler Lane, Mecklenburg County, North Carolina.

Contents: **Page**

Information for the Installer---------- 1

Design Information
- Design Specifications---------- 2-3
- Layout Specifications---------- 4
- System Tapsheet---------- 5

Site Plan/System Plan---------- 6

Calculations---------- 7

Copy of Deed---------- 8

APPROVED ON 10-5-06 TREDA

September 29, 2006
Project No.
Design By: Rollans Soil & Environmental Services

INFORMATION FOR THE INSTALLER:

The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.

- Tanks shall be approved by DEHNR, and certification supplied by the manufacturer.
- Tanks shall be water tested prior to installation.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to . the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Design precludes use of foundtion drains.
- Pumptank riser should be 6" above grade, control panel should be 12" above grade.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as a PPBPS installation with low pressure distribution.
- Repair is specified as a PPBPS installation with low pressure distribution.
- Backfill 12" of material (County Approved) over panels, rake trench walls, lime side-walls, install trenches 36" wide to be level but have no more than **1/4" fall in 10 feet**.

LP PPBPS SYSTEM
FOR WASTEWATER TREATMENT

Owner/Applicant:

Address: 10600 Main Street
Cornelius, NC 28214
Phone: (704) 896-3040
County: Mecklenburg
Location: Fidler Lane Lot #15

Source of Wastewater Flow: 4 Bedroom Single Family Residence
Estimated Daily Wastewater Production: 480 gpd ✔
System Flow: 19.68 ✔

Design Specifications

Drainfield Size: 210 ✔
Loading Rate: 0.38 gpd/ft.^{2} ✔
Depth of Gravel in Trench: NA (PPBPS)
Gravel Size: NA (PPBPS)
Trench Depth: ***36 in.***
Trench Width: ***36 in.*** ✔
Septic Tank Size: 1500
Pump Tank Size: 1500

Estimated Supply Line Length: 259
Supply Line Diameter: 2 in. SCH 40 PVC
Supply Line Volume: 45.07
Dosing Volume: 173
Supply Manifold: N/A
Supply Manifold Length: N/A
Supply Manifold Volume: N/A

Recommended Float Controls: SJE Sensor Float Control Switches as Required for Control Panel or County Approved Equivalents
Recommended Control Panel: SJE-Rhombus Model 112 (NEMA 4x) Control Panel or County Approved Control Panel.

Pressure Head: 2 ft. ✔
Friction Head: 2.18
Elevation Head: 18.00
Total Dynamic Head: 25.50

Threaded Union: In Tank
Gate Valves: 1 in Tank
1 per lateral
Check Valves: In Tank
Anti-Siphon Hole: NA
Additional Comments: Soil suitability was performed by Rollans Soil & Environmental Services

FIDLER LANE LOT 15
PPBPS

DESIGN FLOW:	480
SOIL APPLICATION RATE:	0.3 ~~gpd/ft²~~ 0.38 gpd/ft²
TOTAL AREA TRENCH BOTTOM:	630
TOTAL LATERAL LENGTH:	210
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	210.5263158
SUPPLY LINE LENGTH:	259
TOTAL DYNAMIC HEAD:	25.50
MANIFOLD SIZE:	N/A
DOSING VOLUME:	173 ✓
PUMP TANK DRAW DOWN*:	6.0
SEPTIC TANK SIZE:	1500
PUMP TANK SIZE:	1500

**Pump tank draw down based on a volume basis of ~~24~~ 29 gallons per inch. Draw down may vary among pump tank manufacturers.*

1500 GAL.
PUMP TANK

ORIFICE DIA. = 5/32"

FLOW PER ORIFICE @ 2FT. = 0.41 GPM

SYSTEM FLOW = 0.41 GPM × 48 = 19.68 GPM

FIDLER LANE LOT 15

LAYOUT FOR 4 BEDROOM HOME 9/29/2006

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
P. TANK		7.4		7.40			
1	***PINK***			***3.60***	***3.60***	***70***	***70***
2	***BLUE***			***3.50***	***3.50***	***70***	***70***
3	***RED***			***3.50***	***3.50***	***70***	***70***
					Total	210	210

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
****System***	***210***	***0.38***	***MOD.***	***0.38***	***PPBPS***	***LOW PRESSURE***
Repair	BEFORE '83	N/A	N/A	N/A	N/A	NOT REQUIRED

Notes: ** Tank & Line elevations based on ACTUAL FIELD SHOTS.
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS, HI, and FS indicate rod readings

LP PPBPS TAPSHEET - FIDLER LANE LOT 15

SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/hole	Trench Area	Number of Panels
1	***PINK***	***3.60***	***70***	0.156	**0.41**	210	16
2	***BLUE***	***3.50***	***70***	0.156	**0.41**	210	16
3	***RED***	***3.50***	***70***	0.156	**0.41**	210	16
						TOTAL=	48
	total	**feet =**	**210**	**gal/min =**	**19.68**		
			Des. Flow	**600**			
			Pump Run=	**8.78**			
			soil LTAR	**0.38**			
			LTAR +5%	**0.399**			
			LTAR with mod.	**0.27**			
			LTAR with mod.. + 5%	**0.2835**			

.156 equals 5/32 inch hole

TIMOTHY MULCAHY
DB. 16826, PG. 636
E.I.P.
10' ON-LINE
BASE BEARING
S65°35'00"W
201.80'
S09°43'50"E
104.14'
761' CONTOUR
760' CONTOUR
60.0' TO 760' CONTOUR
10' SETBACK PER TOWN OF CORNELIUS
14.9'
20.00'
CENTRAL VALVE BOX
E.I.P.
20' EASEMENT FOR ROADWAY DB. 2759, PG. 457
S23°36'49"E
99.79'
FIDLER LANE
(PAVED)
2 BLUE 3.5 70'
2 RED 3.5 70'
1 PINK 3.5 70'
POWER LINE
25' SETBACK
PROPOSED HOUSE
LOT 15
0.44 acres
50.4' TO PL
S1 PT
I.P.S.
N63°51'E
TIE
760' CONTOUR
E.I.P.
10' SETBACK
DRIVE
POWER LINE
18.4'
S65°53'31"W
176.80'
POWER AND WATER LINE THIS SIDE
E.I.P.
TIE
S23°33'51"E
99.74'
NORBERT STEINWEDEL
DB. 7867, PG. 448
0'
20'
40'
100'
SCALE IN FEET
VICINITY MAP
NO SCALE
MORECAMBE DR.

CALCULATIONS

Location FIDLER LANE

Project Number

Lot No: Lot 15

No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.38	$^{gal}/_{ft^2\,day}$
PPBPS? (YES OR NO)	YES	
Supply Line Length	259	ft.
Supply Line Volume	45.066	gal.
Required Feet of Line	210.5263	ft.
Amount of Line from Layout	210	ft.
Gallons per Minute	19.68	$^{gal}/_{min}$
	Note: Flow/hole (.41gpm) x # of panels	
Required Septic Tank Capacity	1500	gal.
Minimum Standard Tank Size	1500	
Panel Volume	3.6	gal.
# of Panels	48	
Dosing Volume	173	gal.
	Note: Dosing Volume based on # of panels times 3.6 gal/panel	
Tank Draw Down	6.0	*Generic Draw Down of 29 gal.per in.*
Pump Run Time	8.78	minutes
Elevation Head	18	ft.
Pressure Head	2	ft.
Friction Factor	0.84	ft./100 ft. *(From the interpolater.)*
Friction Head	2.18	ft.
Total Dynamic Head (+15%)	25.50	ft.

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

Judith A. Gibson, Register of Deeds
720 E. 4th Street, Room 103
Charlotte, North Carolina 28202
(704) 336-2443

State of North Carolina
County of Mecklenburg

I do hereby certify this to be a true copy of the attached document filed and recorded in the aforesaid county as evidenced in Instrument/ Book No. 2759 **Page No.** 457 **and ends with Page No.** 458**.**

Witness my hand and seal this 23rd **day of** September**,** 2006**.**

Judith A. Gibson

Nancy Lynes
Register of Deeds, Assistant or Deputy Register of Deeds

Book 2759 Page 457

WARRANTY DEED--Printed and for sale by Brady Printing Company, Statesville, N. C.

NORTH CAROLINA, COUNTY OF MECKLENBURG

THIS DEED, Made this 27th day of April, 1966, by

James Walter Broome and wife, Dixie Briggs Broome

of Mecklenburg County and State of North Carolina parties

of the first part, to Kermit H. Wilhelm and wife, Evelyn Howard Wilhelm

of Mecklenburg County and State of North Carolina parties

of the second part:

WITNESSETH, That said parties of the first part, in consideration of the sum of

ONE HUNDRED DOLLARS AND OTHER VALUABLE CONSIDERATIONS

to them paid by the said parties of the second part, the receipt of which is hereby acknowledged, have bargained and sold, and by these presents do hereby grant, bargain, sell and convey to said parties of the second part their heirs and assigns, a certain tract or parcel of land in Huntersville Township Mecklenburg County, State of North Carolina, adjoining the lands of

and others and bounded as follows, viz:

Being all of Lot No. 15 as shown on an unrecorded map of the D. A. Fidler Heirs Property, and more particularly described as follows:

BEGINNING at an iron stake on the J. D. McAulay Heirs line, the Southwest corner of Lot No. 16 (said point of beginning is also located South 23-43 East 524.5 feet from a stone on the Elizabeth James line or corner); thence with the J. D. McAulay Heirs line South 23-43 East 100 feet to an iron stake, the Northwest corner of Lot No. 14; thence with the line of Lot No. 14 North 66-20 East 176.8 feet to an iron stake on the contour line of elevation 760 feet; thence with said contour line North 10-4 West 105.6 feet to an iron stake, the Southeast corner of Lot No. 16; thence with the line of Lot No. 16 South 65-35 West 201.8 feet to the BEGINNING.

This lot is subject to an easement for a roadway 20 feet in width along the Western line.

For reference, see THIRD TRACT set out in deed from Roy Leo Fidler, et al, to James Walter Broome, dated October 17, 1963 and recorded in Book 2488, at page 1, Mecklenburg County Registry.

Excepting conveyance to Town of Huntersville in Book 2617, at page 587.

For back title see deed recorded in Book ..... page ....., County Registry.

TO HAVE AND TO HOLD the aforesaid tract ..... or parcel..... of land, and all privileges and appurtenances thereto belonging, to the said part ies.. of the second part, ...their..... heirs and assigns to ....their..... only use and behoof forever.

And the said part ies .. of the first part, for.....them.. sel ves..... and .....their..... heirs, executors and administrators, covenant..... with said parties.... of the second part ..... their..... heirs and assigns, that . ... they are.....seized of said premises in fee and ha ve.... the right to convey the same in fee simple; that the same are free and clear from all encumbrances, and that .....they.....do ..... hereby forever warrant and will forever defend the said title to the same against the lawful claims of all persons whomsoever subject to any and all easements and rights-of-way of record.

IN TESTIMONY WHEREOF, The said part ies.... of the first part have... hereunto set ....their hand s..... and seal ..s....., the day and year first above written.

Attest: R. T. Brantley

Attest: R. T. Brantley

James Walter Broome (Seal)
James Walter Broome

(Seal)

Dixie Briggs Broome (Seal)
Dixie Briggs Broome

(Seal)

(Seal)

(Seal)

STATE OF NORTH CAROLINA, COUNTY OF Iredell

I, R. T. Brantley, a Notary Public of the County and State aforesaid, do hereby certify that James Walter Broome and wife, alias Dixie Briggs Broome personally appeared before me this day and severally acknowledged the due execution of the foregoing deed of conveyance.

Witness my hand and official seal, this the 28 day of May, 1966.

My Commission expires: My Commission Expires Feb. 25, 1967. R. T. Brantley Notary Public

STATE OF NORTH CAROLINA, COUNTY OF Mecklenburg

The foregoing certificate ..... of R.T. Brantley ,

a Notary Public of Iredell County North Carolina is adjudged to be in due form and correct. Let the instrument, together with the certificate....., be registered.

Witness my hand, this the 22nd day of June 19 66

J. Edward Stukes, Clerk of Superior Court, By: Deputy Louise S. Hair
Clerk Superior Court

Filed June 22 1966 at 1:43 P M

Recorded June 24 1966

EDGAR SMITH, Register of Deeds

700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: 30001464 GWS File #: 6818B Tax Parcel #: 001-531-24

- *This 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.

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 10/5/2011

Type of Installation: Residential - New System Lot Number: 15

Structure Type: HOUSE Size (ft^2): 6214 # Bedrooms: 4 # Occupants: 1

Building Foundation: Crawl Space Water Supply: Municipal

II. Initial System Type: PPBPS (pressurized) **System Classification:** IVa

Initial System Specifications:

Design Flow (gpd): 480 LTAR (gpd/ft^2): 0.38 Septic Tank Size (gal): 1500 Pump Tank Size (gal): 1500

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 633 Total Trench Length (ft): 211

Maximum Trench Depth (in): 30 Depth of Media (in): N/A Distribution Device: Manifold (LPP Distri

III. Repair System Type: N/A **System Classification:** VIb

Repair System Specifications:

Design Flow (gpd): 0 LTAR (gpd/ft^2): 0.0 Septic Tank Size (gal): 0 Pump Tank Size (gal): 0

Trench Width (ft): 0 Trench Spacing (ft): 0 Absorption Area (ft^2): 0 Total Trench Length (ft): 0

Maximum Trench Depth (in): 0 Depth of Media (in): 0 Distribution Device: N/A

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michelone Owner/Legal Agent: Laura A. Bostic
Print Name

Signature: Jeremy Michelone, R.S. Signature: Laura A. Bostic

Date Issued: 10/5/2006

700 N. Tryon St. Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: 30001464 GWS File #: 6818B

IV. Permit Conditions/Comments:

- Owner agreement forms for site reclassification shall be on file prior to issuance of Construction Authorization.
- This type of septic system requires an inspection once every 3 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- This type of septic system requires a Certified Operator to maintain the system. A system maintenance contract with a Certified Operator must be on file prior to issuance of an Operation Permit.
- 100% repair area is not required for this property. However, the maximum feasible area shall be allocated for a repair area.
- The septic system shall be installed in accordance with the plans submitted by the wastewater system design consultant.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- The system must be water tested during the final inspection to verify proper operation and set system pressure.
- Install septic system in accordance to designed plans on file.

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

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- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michelone

Signature: Jeremy Mich, R.S.

Date Issued: 10/5/2006

Owner/Legal Agent: Laura A. Bostic
Print Name

Signature: Laura A. Bostic

Mecklenburg County Groundwater & Wastewater Services
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

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30001464** GWS File #: **6818B** Tax Parcel #: **001-531-24**

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- 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.

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Structure Type: HOUSE Size (ft^2): 6214 # Bedrooms: 4 # Occupants: 1

Building Foundation: Crawl Space Water Supply: Municipal

II. Initial System Type: PPBPS (pressurized) **System Classification:** IVa

Initial System Specifications:

Design Flow (gpd): 480 LTAR (gpd/ft^2): 0.38 Septic Tank Size (gal): 1500 Pump Tank Size (gal): 1500

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 633 Total Trench Length (ft): 211

Maximum Trench Depth (in): 30 Depth of Media (in): N/A Distribution Device: Manifold (LPP Distri

III. Repair System Type: N/A **System Classification:** VIb

Repair System Specifications:

Design Flow (gpd): 0 LTAR (gpd/ft^2): 0.0 Septic Tank Size (gal): 0 Pump Tank Size (gal): 0

Trench Width (ft): 0 Trench Spacing (ft): 0 Absorption Area (ft^2): 0 Total Trench Length (ft): 0

Maximum Trench Depth (in): 0 Depth of Media (in): 0 Distribution Device: N/A

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michelone Owner/Legal Agent: _____
Print Name

Signature: Jeremy Mich, R.S. Signature: _____

Date Issued: 10/5/2006

Mecklenburg County Groundwater & Wastewater Services
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

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30001464** GWS File #: **6818B**

IV. Permit Conditions/Comments:

- *Owner agreement forms for site reclassification* shall be on file prior to issuance of Construction Authorization.
- This type of septic system requires an inspection once every 3 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- This type of septic system requires a Certified Operator to maintain the system. A system maintenance contract with a Certified Operator must be on file prior to issuance of an Operation Permit.
- 100% repair area is not required for this property. However, the maximum feasible area shall be allocated for a repair area.
- The septic system shall be installed in accordance with the plans submitted by the wastewater system design consultant.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- *The system must be water tested during the final inspection to verify proper operation and set system pressure.*
- Install septic system in accordance to designed plans on file.

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michelone

Signature: Jeremy Mich, R.S.

Date Issued: 10/5/2006

Owner/Legal Agent: _____
Print Name

Signature: _____

PPBPS Design Worksheet							File #:	6818B
							Tax #:	001-531-24
System Requirements							Address:	16730 Fidler Ln.
Design Flow	480	gpd						Lot #15
LTAR	0.380	gpd/ft.^2					Consultant:	Brady Freeman
Linear footage	421	ft. (conventional)					Phone:	704-746-6497
Linear footage	211	ft. (50% Reduction)						
							Reviewed By:	T. Thomason
Design Layout							Date:	10/5/06
Laterals	Length (ft)	# Panels	Calculated					
Line # 1	70	16	16.15		T & J Panels			
Line # 2	70	16	16.15		Linear Feet	# Panels		
Line # 3	70	16	16.15		20	5		
Line # 4	0	0	0.00		30	7		
Line # 5	0	0	0.00		40	9		
Line # 6	0	0	0.00		50	11		
Line # 7	0	0	0.00		60	14		
Line # 8	0	0	0.00		70	16		
Totals	**210**	**48**	48.46					
Absorption Area								
Length (ft)	Width (ft)	Area (ft^2)						
210	3	630						
System Pressure Head	2	ft.	Value selected by system designer (must be between 2-5 ft.)					
Orifice Diameter	5/32	in.	Size selected by system designer (1/8 in. minimum)					
Flow Rate per Orifice	0.41	gpm	Determined from orifice flow design table (value dependent on pressure head & orifice diameter)					
Total System Flow Rate	19.68	gpm	Total number of panels required multiplied by the orifice flow rate					
System Dose Volume	172.80	gal.	Total number of panels required multipled by 3.6 gal./panel					
Pump Run Time	8.78	min.	System dose volume divided by the total system flow rate					
Pump Tank Drawdown	5.96	in.	1,500 gal. Pump tank, volume is approximately 29 gallons per inch					
Comments:								
1. Install system using 3 ft. wide trenches.								
2. Install drainlines on 9 ft. centers, level, and on contour.								
3. System design requires effluent pump for distribution.								
4. 100% repair area not required.								

16730 FIDLER LN. 6818 B

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Well Permit Process

EHS Review

HydroGeo Review

Inspections

SIP Application

Register a Well

Septic Permit Process

Soil Evaluation

EHS Review

Logout

(Get Address Help)

Well And Septic Permitting System

Mecklenburg County Groundwater & Wastewater Services

IV. Permit Conditions/Comments:

- [X] *Owner agreement forms for site reclassification shall be on file prior to issuance of Construction Authorization.*
- [ ] Easement agreement forms shall be on file and the property shall be deeded and recorded prior to issuance of Construction Authorization.
- [ ] *This type of septic system requires an inspection once every 6 months by our office. The system owner is responsible for any* fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- [ ] This type of septic system requires an inspection once every year by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- [X] This type of septic system requires an inspection once every 3 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- [ ] This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- [X] This type of septic system requires a Certified Operator to maintain the system. A system maintenance contract with a Certified Operator must be on file prior to issuance of an Operation Permit.
- [ ] *All drainage improvements (swales, interceptor drains, etc.) noted on the plot plan must be inspected and approved prior to* issuance of an Operation Permit.
- [ ] Additional soil cover, as specified on the plot plan, required over the drain field must be inspected and approved prior to issuance of an Operation Permit.
- [X] 100% repair area is not required for this property. However, the maximum feasible area shall be allocated for a repair area.
- [ ] This type of repair system requires the installation of a pump tank and all associated components. This type of system will require routine inspections by our office. The system owner is responsible for all fees associated with these inspections.
- [ ] This type of repair system requires the property owner to obtain a contract with a Certified Operator to perform routine inspections and maintenance on the system.
- [ ] This type of repair system requires periodic inspections by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- [ ] This Improvement Permit is being issued based on a supplemental soil investigation performed by staff from our office.

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Well And Septic Permitting System

Mecklenburg County Groundwater & Wastewater Services

☐ Proper well abandonment is required prior to receiving an Installation Approval from our office to install the septic system.

☒ *The septic system shall be installed in accordance with the plans submitted by the wastewater system design consultant.*

☐ This septic system design requires pretreatment equipment to be installed. This equipment shall be installed as specified by *the wastewater system design consultant.*

☑ All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding *plot plan.*

☒ All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.

☐ All components of the septic system must be located at least 100 ft. from all private wells (saprolite system).

☐ All components of the septic system must be located a minimum distance from the normal pool elevation or mean high water mark for the nearby body of water. See plot plan for minimum setback requirements.

☐ Upon completion of the project the system designer shall provide Groundwater & Wastewater Services with a letter certifying that the system was installed in accordance with the approved design.

☒ The system must be water tested during the final inspection to verify proper operation and set system pressure.

☐ Permitted LTAR value based on KSAT study provided by soil consultant.

☐ *All tanks (septic and/or dosing) must be water tested for 24 hours during the final inspection.*

Comments:

1500 GAL PT. / NOTE LTAR ADJUSTMENT TO 0.38

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, *certifies that* the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- *No work shall be conducted on the septic tank system until an* INSTALLATION APPROVAL *is granted by* the Department.
- The septic system installer shall be a registered septic tank contractor with Mecklenburg County Health

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Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 of 2
Property ID: 001-531-24
Lot #: 15
File #: 6818B
AppID: 1464
Code: 2

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Patrick Joseph & Assoc.
Applicant:
Address: 20600 North Main Street, Cornelius, N. C. 28031
Date Evaluated: 9/20/06
Proposed Facility: Residence
Design Flow (.1949): 480gpd
Property Size: .43a
Location of Site: 16730 Fidler Lane
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [x] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 5	0-5	COMPACTED		>57" TO SOIL WETNESS	57+	N/A	NONE	PS, IV
		5-57	SBK/C	FI/SEXP/S/P					.3GPD/FT^2
2	"	0-9	COMPACTED		"	"	"	"	"
		9-57	SBK/C	FI/SEXP/S/P					

Description	Initial System	Repair System
Available Space (.1945)	US	
System Type(s)		
Site LTAR	.3GPD/FT^2	

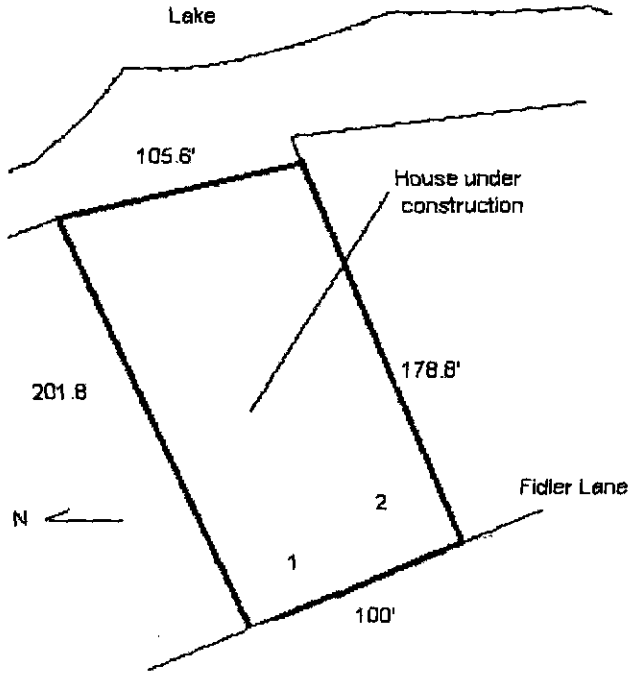
Other Factors (.1946):
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 9/20/2006. W. R. Marlin
Others Present: B. Freeman

COMMENTS:
Does not appear to be 100% repair

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace				
FP-Flood Plain		CL-Clay Loam		
		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

Sketch of Soil Evaluation Locations



#1464

GWS – RES. APP 07/05

SEPTIC FEE: $200.00
DATE: 9-13-06
CRT [ ] EE

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

FILE # 6818B

WELL FEE: _____
DATE: _____
CRT [ ]

SEPTIC / TYPE APPLICATION: ☐ NONE ☑ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

WELL / TYPE APPLICATION: ☑ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION:

TAX/PARCEL #: 00153124
STREET ADDRESS: 16730 FIDLER LANE
CITY: CORNELIUS
STATE: NC ZIP: 28031
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 15
TOWNSHIP:

☐ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☑ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☑ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE: 6214
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 1

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☑ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☑ NO TYPE:

WATER SUPPLY:

☑ MUNICIPAL (M) ☐ PUBLIC (C) ☐ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☑ NO	WELLS, SPRINGS, OR WATER LINES	☐ YES	☑ NO
EXISTING WASTEWATER SYSTEMS	☐ YES	☑ NO	DESIGNATED WETLANDS	☐ YES	☑ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☑ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☑ NO

PROPERTY OWNER:

NAME: PATRICK JOSEPH + ASSOCIATES
ADDRESS: 20600 N MAIN ST
CITY: CORNELIUS
STATE: NC ZIP: 28031
HOME PHONE: 704-896-3040 WORK PHONE: 704-896-3040
MOBILE PHONE: 704-201-7045 FAX: 704-655-2626

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 4-27-1966
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 10-2006

*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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature — Date: 10/2/06

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE
WASTEWATER SECTION

*A Well 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature — Date

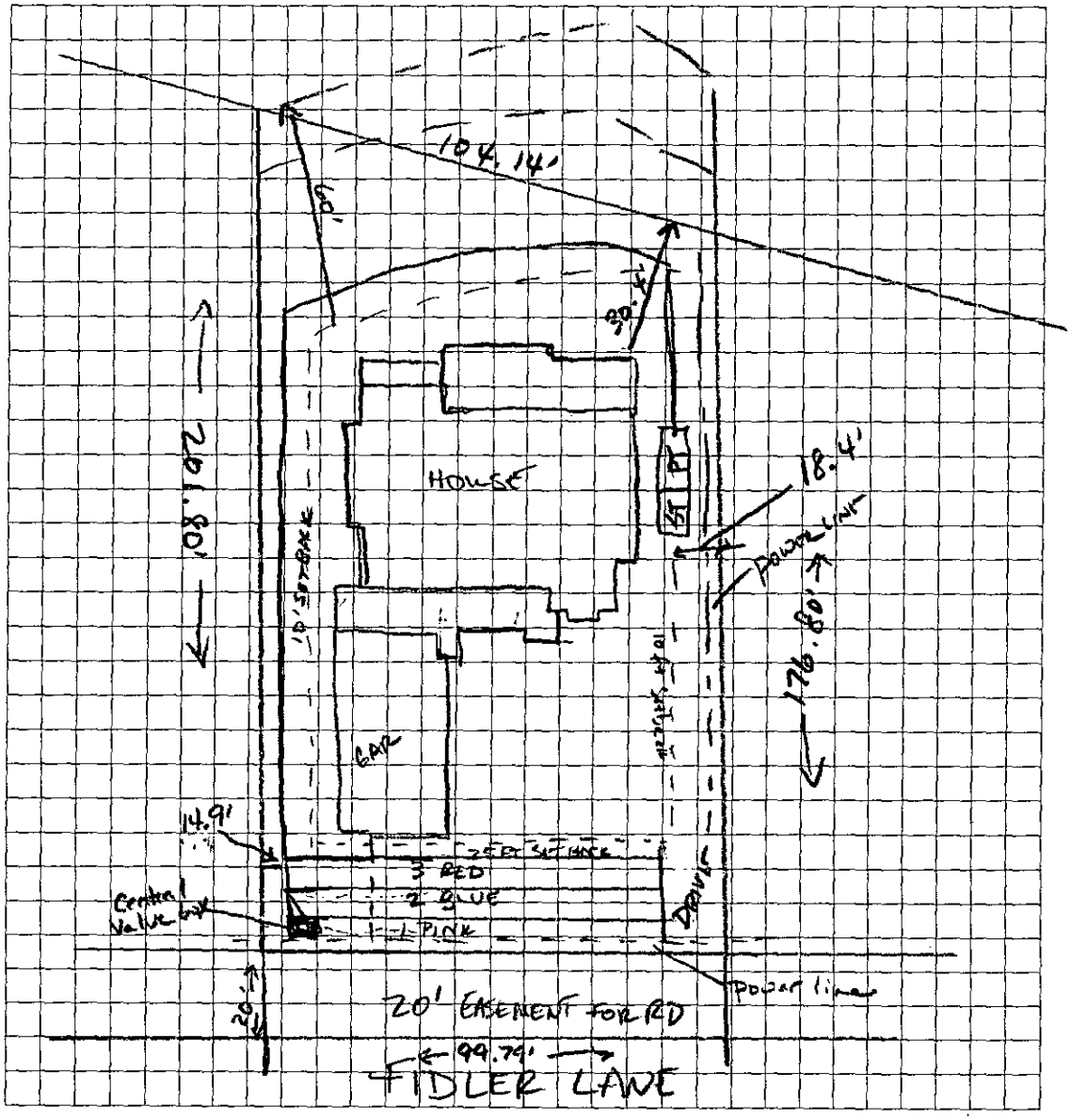
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202 704-336-5103 / FAX: 704-336-6894

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File # 68183
Date_____

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature
Date

LBC 12/15/04

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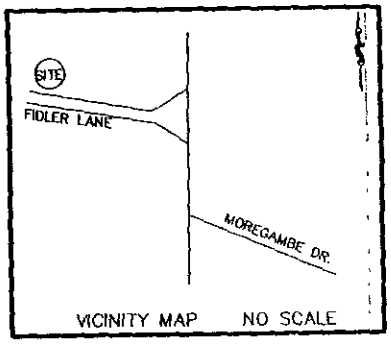
DAS DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2759, page 457, and/or plat book _____, page _____, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 26TH, day of SEPTEMBER, A.D. 20 05.

WILLIAM M. ALLEN, PLS

PRELIMINARY
NOT FOR CONSTRUCTION

DB 2759, PG. 457



LAKE NORMAN

760' CONTOUR
E.I.P.
N65°53'31"E
41.01'
TIE
761' CONTOUR
S09°43'50"E 104.14'
I.P.S.
60.0' TO 760' CONTOUR
30.4' TO PL
E.I.P.
10' ON-LINE
PROPOSED HOUSE
18.4'
BASE BEARING
S65°35'00"W
201.80'
S65°53'31"W
176.80'
10' SETBACK PER TOWN OF CORNELIUS
POWER LINE
LOT 15
0.44 acres
14.9'
25' SETBACK PER TOWN OF CORNELIUS
25.4'
POWER LINE
TIE
S23°33'51"E
99.74'
20' EASEMENT FOR ROADWAY
DB. 2759, PG. 457
E.I.P.
20.00'
S23°36'49"E
99.79'
E.I.P.

TIMOTHY MULCAHY
DB. 16826, PG. 636

NORBERT STEINWEDEL
DB. 7867, PG. 448

FIDLER LANE
(PAVED)

0' 20' 40' 100'
SCALE IN FEET

NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER

LEGEND
P.P. = POWER POLE
□ = DUKE POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
PL = PROPERTY LINE

PLOT PLAN SURVEY

OF

LOT 15, #16730 FIDLER LANE

SCALE 1" = 40'

LEMLEY TWSP., MECKLENBURG CO., NC

ACQUIRED BY: EVELYN H. WILHELM

FIELD BOOK:
FILE: 10806
DC FILE:
TAX MAP NO: 001-53-124

STATE OF NORTH CAROLINA

INSPECTION AND MAINTENANCE AGREEMENT

THIS AGREEMENT is made and entered into this Sept. 29 2006 by and between Patrick Joseph S (hereinafter the "Owner") and Brady Freeman (hereinafter the "Contractor").

WITNESSETH

WHEREAS, the Owner owns or controls the property upon which a ground absorption sewage treatment system (hereinafter "system") is installed, such system being designated a Type IV system under the rules for Sanitary Sewage collection, Treatment and Disposal found at 15A N.C. Admin. Code 18A.1900 et seq.; and

WHEREAS, 15A N.C. Admin. Code 18A.1961 requires a contract to be executed between the system owner and a management entity prior to the issuance of a Operation Permit and said system; and

WHEREAS, 15A N.C. Admin. Code 18A.1961 requires that a condition of the Operation Permit for said system be that a properly executed contract between tha system owner and a management entity shall be in effect for as long as the system is in use; and

WHEREAS, the contractor is a management entity of a type authorized by 15A N.C. Admin. Code 18A.1961 to manage a Type IV system.

NOW THEREFORE, in consideration of the premises and of the mutual covenants and promises contained in this Agreement, it is hereby agreed by and between the Owner and the Contractor as stipulated below.

1. The Contractor's Obligation. The Contractor shall perform the following services on the Owner's system located at 16730 Fidler Lane

   A. The Contractor shall inspect the system at least the frequency required in Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a type IV system.
   B. The Contractor shall perform the maintenance procedures in accordance with the conditions of the Operation Permit.
   C. The Contractor shall report the results of its inspections to the local health department at the frequency specified in Table V (b) of 15A N.C. Admin. Code 18A.1961(b) for a Type IV system.
   D. If an inspection indicates the need for system repairs, the Contractor shall notify the local health department within 48 hours of the inspection.
   E. The Contractor shall notify the Owner of needed repairs that are outside of the scope of routine maintenance described in subparagraph (b) above. The Contractor shall perform necessary repairs to the system at the request of the Owner and shall be entitled to payment therefore at the Contractor's normal charge for services and materials.
   F. The Contractor shall employ or shall contract with a certified operator(s) if required by Table V (b) of 15A N.C. Admin. Code 18A.1961(b) for a Type_____ system.
   G. The Contractor shall respond to a request for a nonscheduled service or maintenance call with 24 hours after receipt of such request.

2. The Owner's Obligations

   A. The Owner shall pay to the Contractor the sum of $ 325 per year for periodic inspections, routine maintenance procedures and periodic reports. The annual fee may be amended upon sixty (60) days advance notice to the Owner but may not be increased more than 20 percent per year. The owner shall pay to the Contractor his normal and customary fees for any work performed on the system as a result of nonscheduled service or

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maintenance calls. All fees are due and payable within thirty (30) days of billing. Payments due to the Contractor and unpaid by the Owner after thirty (30) days shall accrue interest from the due date until paid at a rate of 1 ½ percent per month.

B. Within 5 days or receipt of notice of needed repairs pursuant to paragraph 1.e. above, the Owner shall request the Contractor to complete needed repairs or shall provide to the Contractor evidence that the needed repairs were satisfactorily completed by another entity.

C. The Owner shall provide the Contractor with such access to the system as is reasonably necessary for the Contractor to comply with the terms of this Agreement.

3. Term. This Agreement shall remain in effect until terminated.

A. Automatic Termination.
This agreement shall automatically terminate if the Operation Permit for the system is revoked and all appeals of the revocation are exhausted or time for taking an appeal has passed.

B. Termination by Mutual Consent.
The Partied may mutually agree to terminate this Agreement by giving written notice or termination by mutual consent to the local health department thirty (30) days in advance of the date of termination.

C. Termination by owner.
The Owner may terminate this agreement by fiving notice to the Contractor and to the local health department thirty (30) days in advance of the date of termination.

D. Termination by Contractor.

(1) The Contractor may terminate the Agreement for cause by giving written notice of intent to terminate this Agreement to the Owner and to the local health department thirty (30) days in advance of the date of termination.
Cause shall be defined as:

(a) Failure to remit payment for any bill for services performed under and in accordance with this Agreement if said bill is not paid within thirty (30) days of receipt of termination is given but prior to the date of termination of this Agreement, the Agreement shall continue in effect; or

(b) Failure of the Owner to provide to the Contractor authorization to complete needed repairs or satisfactory evidence that needed repairs to the system were completed by another entity within 5 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above. If said authorization to complete needed repairs or evidence of completion said repairs is provided after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect;

(c) Failure of the Owner to allow the Contractor such access to the system as is reasonably necessary in order for the Contractor to comply with the terms of this Agreement.

(2) The Contractor may not terminated this Agreement without cause, but may assign its rights and duties under this agreement as provided in paragraph 4 below.

4. Assignment.

A. Assignment by the Owner. The Owner shall notify the Contractor of the name and address of any purchases of the property on which the system is located. The owner shall also notify any purchaser of the property on which the system is located of the existence of this Agreement and shall assign all rights and duties under this Agreement to said purchaser.

B. Assignment by the Contractor. The Contractor may assign its rights and duties under this Agreement to another management entity which is qualified pursuant to 15A N.C. Admin. Code 18A.1961 to manage a Type IV system upon thirty (30) days written notice to the Owner and to the local health department.

5. Use of Subcontractors. The Contractor may subcontract with such manufactures, suppliers and contractors, as it deems desirable to perform any of the Contractor's duties under this Agreement.

6. Representations. The Parties represent to each other that each has the power, authority and legal right to enter into and perform its obligations as set forth in this Agreement.

7. Regulatory Amendments. References in this Agreement to sections of the Administrative Code shall include such rules as they may be amended in the future.

8. No Implied Waiver. The waiver by either Party of a default or breach by other Party of any provision of this Agreement shall not operate or be construed to operate as a waver of any subsequent default or breach. The failure at any time of either Party to enforce any provision of this Agreement (a) shall not be construed to be a waiver of such provisions, or of any other provision; and (b) shall not in any way affect the validity of this Agreement, or any part of this Agreement, or the right of either Party therafter to enforce each and every provision of this Agreement.

9. Notice. Every notice required under this Agreement shall be in writing and shall be deemed sufficiently given if delivered in person or sent by certified or registered mail, return receipt requested, postage prepaid to the Party to be notified an addressed as follows:

To the Owner:
Patrick & Joseph

To the Contractor: 2080 South River Church Rd
Brady Freeman, ~~124 Park Vista Drive, Troutman, N.C. 28166~~ Woodleaf, NC 27054

To the Local Health Department:
Mecklenburg County

The date of any Notice shall be the date of personal delivery or the date shown on the return receipt as the date of delivery or attempted delivery, as the case may be. Changes in the respective addresses to which notice may be directed may be made from time to time by either Party by notice to the other party.

10. Place of Agreement. This Agreement and any question concerning its validity, construction or performance shall be governed by the laws of the State of North Carolina, notwithstanding the place of execution, or the order in which the signatures of the Parties are affixed.

11. Entire Agreement and Amendment. This Agreement supersedes all prior negotiations, agreements and understandings between the Parties with respect to the subject matter hereof and constitutes the entire Agreement between the Parties with respect to the subject matter hereof. To be effective, and amendment or modification to this agreement must be in writing and must be signed by the Parties.

12. Severability. In the event that any provision of this Agreement shall, for any reason, be determined to be determined to be invalid, illegal or unenforceable in any respect, the Parties shall negotiate in good faith and agree to such amendments, modifications or supplements of or to this Agreement or such other appropriate actions as shall, to the maximum extent practicable in light of such determination, implement and give effect to the intentions of the Parties as reflected in this Agreement, and the other provisions of this Agreement shall, as so amended, modified, supplemented or otherwise affected by such action, remain in full force and effect..

IN TESTIMONY WHEREOF, the Parties hereto have executed this Agreement in duplicate originals, one of which is retained by each of the parties, the day and year first above written.

Maintenance operation contract with Brady Freeman (certified operator) must run for minimum 12 month period. After 12 months, contract may be terminated by 30 days written notice by either party.

(Owner)

(Attest)

(Contractor)

(Attest)

14604

GWS – RES. APP 07/05

SEPTIC FEE: ~~200.00~~ 225
DATE: 9.13.06
CRT [ ] VBD

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

FILE # 68/BB

WELL FEE: _____
DATE: _____
CRT [ ]

SEPTIC / TYPE APPLICATION: ☐ NONE ☒ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

WELL / TYPE APPLICATION: ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION:

TAX/PARCEL #: 001.53.124
STREET ADDRESS: 16730 FIDLER LN
CITY: ~~LEMLEY HOSP.~~ CORNELIUS
STATE: NC **ZIP:** 28031
SUBDIVISION OR MOBILE HOME PARK NAME: —
LOT #: 15
TOWNSHIP: LEMLEY

☐ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☒ 3-CORNELIUS ☐ 7-MINT HILL

VOID

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☒ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE: 6700
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 1

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☐ NO TYPE:

WATER SUPPLY:

☐ MUNICIPAL (M) ☒ PUBLIC (C) ☐ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☒ NO	WELLS, SPRINGS, OR WATER LINES	☐ YES	☒ NO
EXISTING WASTEWATER SYSTEMS	☒ YES	☐ NO	DESIGNATED WETLANDS	☐ YES	☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☒ YES	☐ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☒ NO

PROPERTY OWNER:

NAME: PATRICK JOSEPH & ASSOC (Mike Shalvoy)
ADDRESS: 20600 NORTH MAIN ST.
CITY: CORNELIUS
STATE: NC ZIP: 28031
HOME PHONE: 704.896.3040 WORK PHONE: 980.722.1118
MOBILE PHONE: 704.791.8448 FAX: 704.655.2626

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1/1/1975
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 11/1/2006

*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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

9.16.06
Owner's/Agent's Signature Date

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE
WASTEWATER SECTION

*A Well 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

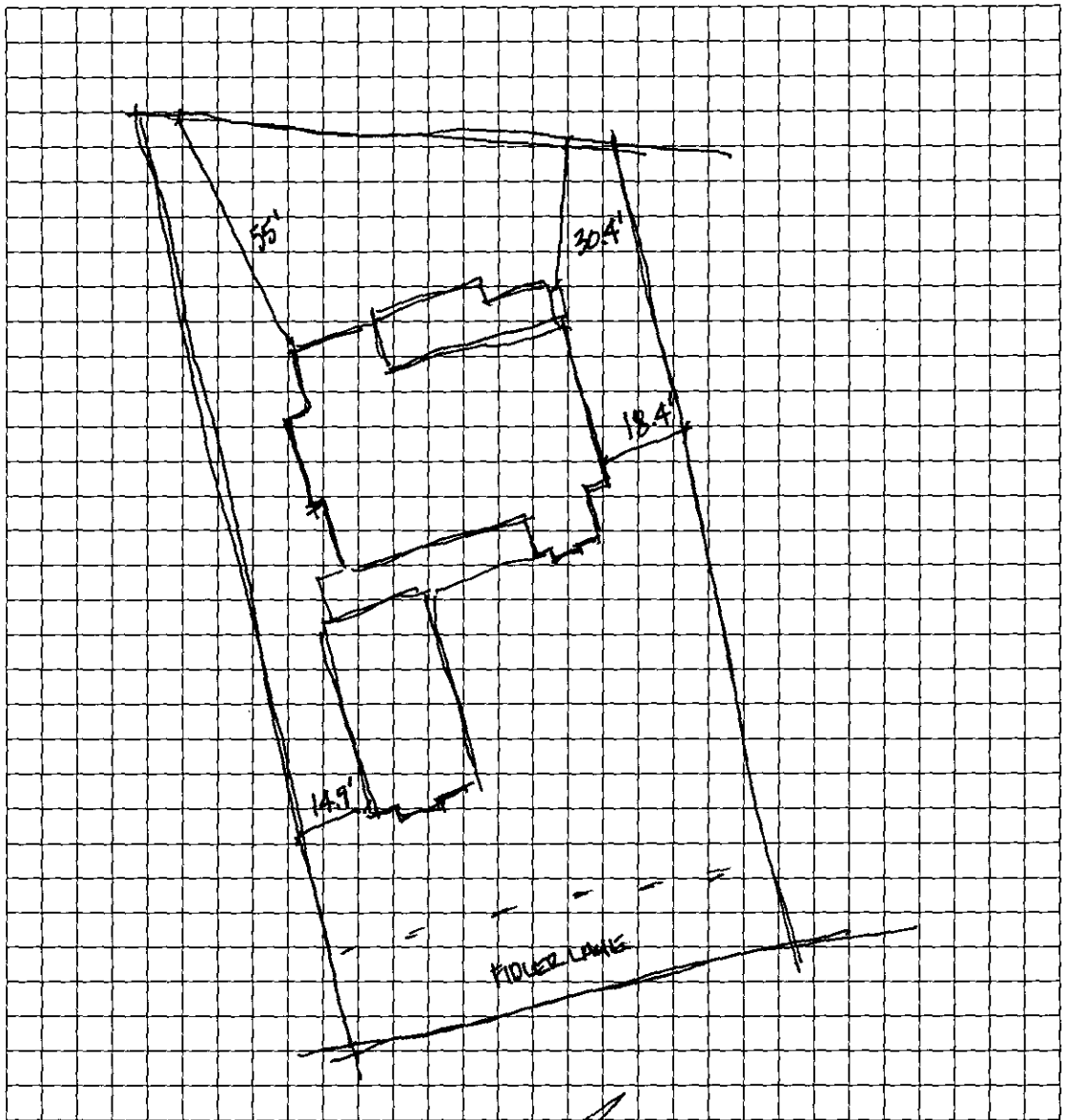
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202 704-336-5103 / FAX: 704-336-6894

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File # ~~6818~~B 6818B
Date_____

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature	
Date	9.13.06

LBC 12/15/04

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/13/06	**Amount:**	200.00
Receipt #:	45980	**Tendered:**	200.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	DAUGHVB		

Account Information

Account #: X35821
Contractor: PATRICK JOSEPH & ASSOC. INC
Attn:
Address: 20600 NORTH MAIN STREET
Address:
City/State/Zip: CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 16730 FIDLER LN		1	200.00	200.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
200.00					

$100 Extra TRIP FEE