

9410 WINDYGAP RD

19939115

12/21/2007

duponbj

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

COPY

Recd 9/11/02 Ck #44 $85 AC

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Jeffrey Scott Leneave
9410 Windy Gap Road
Charlotte, NC 28208

Please Make Check Payable To:

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

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Jeffrey Scott Leneave	9410 Windy Gap Road	19939115	1498B	IIIb
[redacted]				**Total Amount Due: $85.00**

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

Name LeNeave

Site Address 9410 Windy Gap Rd. Charlotte, N.C. 28278

# of Bedrooms 3

BILL INFORMATION

Billing Date: 4/11/02

Payment Due Date: 9/8/02

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

☐ *Please check if you have a well.*

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

DO NOT SEND CASH

073

Mecklenburg County
Health Department

August 12, 2002

Jeffery Scott Laneave
9410 Windy Gap Road
Charlotte, NC 28208

Dear Mr. Laneave:

Enclosed are the results of the inorganic samples taken on 7/24/02 from the well serving the residence located at 9410 Windy Gap Rd., Charlotte, NC.

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

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

Sincerely,

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

Enclosure: Results of Inorganic Parameters

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Jeffrey Scott Leneave
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				Total Amount Due: $85.00

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Name _____

Site Address _____

_____

# of Bedrooms _____

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North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - NITRATE ONLY

Name of System: Laneave, Jeff
Address: 9410 Windy Gap Rd.
Charlotte, NC **Zip:** 28208
County: MECKLENB
Report To: Mecklenburg Co. Env. Health **ATTN:** David Cornelius
700 North Tryon Street (704) 336-5101
Charlotte, NC 28202
Courier: 05-16-21

Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis: Nitrate
Category:

Collected By: D.L. CORNELIUS **Date:** 7/24/02 **Time:** 10:30:00 AM
Location of sampling point: Well Head
Remarks:

Parameters	Results	Units	Date Analyzed:
Nitrite as N	<0.10	mg/l	7/26/02
Nitrate as N	<1.0	mg/l	7/26/02
Sulfate	372	mg/l	7/26/02

EXPLANATION OF RESULTS:

Foster/Therapeutic Homes: Nitrate-N level acceptable if less than or equal to 10 mg/l
Private Well Guidelines: Nitrite-N level should be ≤ 1.0 mg/l and Nitrate-N ≤ 10.0 mg/l

Sample Temperature on Receipt: 7.5 °C
Date Received: 7/26/02 **Report Date:** 8/5/02 **Reported By:** DJM
Today's Date: 8/7/02 **Reference:** 10155 **Login Batch** 02070057 **Sample Number:** AA80038

Explanations

Coliform Analysis:
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. *coli* (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Inorganic Analysis:
Recommended limits for drinking water. Sample should not exceed levels listed below:

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.05 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - PRIVATE WATER SYSTEM

Name of System: Laneave, Jeff
Address: 9410 Windy Gap Rd.
Charlotte, NC **Zip:** 28208

County: MECKLENB

Report To: Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202
Courier: 05-16-21

ATTN: David L. Cornelius
(704) 336-5101

Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis Private

Collected By: D. L. CORNELIU **Date:** 7/24/02 **Time:** 10:30:00 AM

Location of sampling point: Well Head

Remarks:

Parameters	Results	Units	Date Analyzed:
Acidity as CaCO3	5	mg/l	7/26/02
Silver	<0.05	mg/l	7/26/02
Alkalinity as CaCO3	64	mg/l	7/26/02
Arsenic	<0.001	mg/l	7/26/02
Barium	<0.1	mg/l	7/26/02
Calcium	134.7	mg/l	7/26/02
Cadmium	<0.005	mg/l	7/26/02
Chloride	<5	mg/l	7/26/02
Chromium	<0.01	mg/l	7/26/02
Copper	<0.05	mg/l	7/26/02
Fluoride	<0.20	mg/l	7/26/02
Iron	<0.05	mg/l	7/26/02
Hardness as CaCO3 (Ca,Mg)	376	mg/l	7/26/02
Mercury	<0.0005	mg/l	7/26/02
Magnesium	9.6	mg/l	7/26/02
Manganese	<0.03	mg/l	7/26/02
Sodium	15	mg/l	7/26/02
Lead	<0.005	mg/l	7/26/02
pH	7.5	Std. unit	7/26/02
Selenium	<0.005	mg/l	7/26/02
Zinc	<0.05	mg/l	7/26/02

Date Received: 7/26/02 **Report Date:** 8/7/02 **Reported By:** DJM
Today's Date: 8/7/02 **Ref:** 10167 **Login Batch:** 02070057 **Sample Number:** AA80050

Explanations

Coliform Analysis:
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. *coli* (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Inorganic Analysis:
Recommended limits for drinking water. Sample should not exceed levels listed below:

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.05 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l

Mecklenburg County
Health Department

COPY

July 30, 2002

Jeffery Scott Laneave
9410 Windy Gap Rd.
Charlotte, NC 28208

Dear Mr. Laneave:

The State required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence located at 9410 Windy Gap Rd., Charlotte, North Carolina, was completed on 7/24/02. The results of this inspection are enclosed.

During our inspection a bacteriological as well as two inorganic water samples were taken of your private water supply. The laboratory analysis of the well water sample was reported to be positive for coliform bacteria. The presence of bacteria indicates a source of contamination. It is recommended that the well be chlorinated. The procedure for chlorination of a private well is enclosed. The results of the inorganic samples are not yet available; these results will be mailed to you as soon as they are received from the State Laboratory.

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

Sincerely,

RSI

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

Enclosure: Inspection Report
Procedure for Private Well Chlorination
Septic System Owner's Guide

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES AGENCY
ENVIRONMENTAL LABORATORY
SAMPLE FIELD DATA SHEET/CHAIN OF CUSTODY

208320

Field I.D.#: _____ Dept.: ENV. HEALTH / INNS

Project: PME

Site Sampled: JEFF LANEAVE

Address: 9410 WINDY GAP RD. CHARLOTTE, NC 28208

Source Sampled: WELL HEAD ☒ Potable ☐ NonPotable

Source Treatment: ☐ Chlorinated ☒ Nonchlorinated ☐ Unknown

Sample Temperature: _____ °c

Sample Collected On:
Date: 7/24/02 Time: 10:15 ☒AM ☐PM
Collected By: _____ (Signature)

Relinquished to Lab On:
Date: 7/24/02 Time: 3:10 ☐AM ☒PM
Relinquished By: _____ (Signature)

Lab I.D. #: 7619
Rec d By: _____ (Signature)
Date Rec d: 072402
Time: 1515

Sample Condition:
Temperature: 2 °C
Remarks J
Data Qualifiers _____

☐ Compliance Sample: Appropriate reporting forms must be completed, see laboratory.

Report Results To: DAVID L. CORNELIUS

ALL FIELD INFORMATION MUST BE RECORDED TO MAINTAIN CHAIN OF CUSTODY AND TO QUALITY ASSURE DATA

Analytical Data Qualifiers:
- A-Quality Control Measure for Method Blank failed
- B-Quality Control Measure for Method Detection Limit Standard failed
- C-Quality Control Measure for External Standard failed
- D-Quality Control Measure for Method Precision failed
- E-Quality Control Measure for Method Accuracy failed
- F-Daily Seed Blank did not recover within method limits
- G-Daily Standard did not recover within method limits
- H-Quality Control Measure for Surrogate Standards failed

Chain of Custody Data Qualifiers:
- J-Field temperature of sample not documented
- K-Chain of custody incomplete
- L-Sample containers incomplete
- M-Sample containers overfilled
- N-Parameter holding time exceeded upon receipt
- O-Sample submitted with headspace
- P-Preservative flushed from vial
- Q-Sample not dechlorinated in field
- R-Sample Rejected

Laboratory Certifications: N.C. DHHS Laboratory # 37527, N.C. DENR Certificate # 192

SHADED AREA FOR LAB USE ONLY

Bacteriologicals
- Total coliform ☒ Present Colonies /100 mL
- Fecal coliform ☐ ~~Absent~~ Colonies /100 mL
- Fecal strep ☐ _____ Colonies /100 mL
- E. Coli ☐ _____ Colonies/100 mL

E = Estimated

Miscellaneous
- Asbestos ☐ _____ %
- Chlorophyll a ☐ _____ ppb

Aggregate Organics
- BOD_5 ☐ _____ ppm
- COD ☐ _____ ppm
- Oil and Grease ☐ _____ ppm
- Phenol ☐ _____ ppm
- Surfactant ☐ _____ ppm
- TOC ☐ _____ ppm
- TOX ☐ _____ ppb

Organics
- Acid Herbicide ☐ See Report
- PCB ☐ See Report
- Pesticide ☐ See Report
- Semivolatile ☐ See Report
- TPH:
  - Diesel ☐ _____ ppm
  - Gas ☐ _____ ppm
- VOC ☐ See Report

Inorganic Non Metals
- Acidity ☐ _____ ppm
- Alkalinity ☐ _____ ppm
- Chloride ☐ _____ ppm
- Color ☐ _____ units
- Cyanide, Total ☐ _____ ppm
- Fluoride ☐ _____ ppm
- Hardness ☐ _____ ppm
- Nitrogen, Ammonia ☐ _____ ppm
- Nitrogen, Nitrate + Nitrite ☐ _____ ppm
- Nitrogen, Nitrate ☐ _____ ppm
- Nitrogen, Nitrite ☐ _____ ppm
- Nitrogen, Total Kjeldahl ☐ _____ ppm
- pH ☐ _____ units
- Phosphorus, Ortho ☐ _____ ppm
- Phosphorus, Total ☐ _____ ppm
- Residue, Filterable ☐ _____ ppm
- Residue, Suspended ☐ _____ ppm
- Residue, Total ☐ _____ ppm
- Specific Conductance ☐ _____ µmho/cm
- Sulfate ☐ _____ ppm
- Sulfide ☐ _____ ppm
- Turbidity ☐ _____ NTU

Mineral Metals

Al ☐	_____ ppm	_____ ppb
Ca ☐	_____ ppm	_____ ppb
Cu ☐	_____ ppm	_____ ppb
Fe ☐	_____ ppm	_____ ppb
Mg ☐	_____ ppm	_____ ppb
Mn ☐	_____ ppm	_____ ppb
K ☐	_____ ppm	_____ ppb
Si ☐	_____ ppm	_____ ppb
Na ☐	_____ ppm	_____ ppb
Zn ☐	_____ ppm	_____ ppb

Toxic Metals
TCLP Metals ☐

Sb ☐	_____ ppb	_____ ppm
As ☐	_____ ppb	_____ ppm
Ba ☐	_____ ppb	_____ ppm
Be ☐	_____ ppb	_____ ppm
Cd ☐	_____ ppb	_____ ppm
Cr ☐	_____ ppb	_____ ppm
Co ☐	_____ ppb	_____ ppm
Pb ☐	_____ ppb	_____ ppm
Hg ☐	_____ ppb	_____ ppm
Ni ☐	_____ ppb	_____ ppm
Se ☐	_____ ppb	_____ ppm
Ag ☐	_____ ppb	_____ ppm
Tl ☐	_____ ppb	_____ ppm
V ☐	_____ ppb	_____ ppm

Remarks: _____

Date Completed: JUL 25 2002

Laboratory Director: for TM Barry

SAMPLE DELIVERY PROCEDURES:

-The following are procedures for submitting samples to the LUESA, Environmental Laboratory. The responsibility for adhering to these procedures lies with the individual(s) collecting and delivering the samples for analysis. North Carolina Administrative Code laboratory regulations specify sample collection, documentation, and delivery procedures to be utilized. In order to maintain our certification licenses with N.C. DENR we must comply with these regulations. Samples submitted to the lab that do not meet all these cited requirements will be qualified or will be rejected.

-All samples submitted to the Lab must be properly labeled and accompanied by a completed Field Data Sheet. All *field information* on the Field Data Sheet must be completed. The Field ID # must be written on each bottle submitted. The parameters requested for each site sampled are indicated by checking the appropriate block(s).

-All samples must be cooled (using ice) between the time of collection and submittal to the Lab.

-All samples must be collected in the bottles provided. Select the correct container from the "container type" column based on the parameters requested. Collect sufficient volume of sample as indicated in the "minimum volume to collect" column based on the parameters requested. With the exception of the 40 ML vials (see note B), fill all containers to 90% full-Do not overfill.

-Samples to be submitted for bacteriologicals must be arranged with laboratory staff by calling (704) 336-5599 prior to delivery. Samples for bacteriologicals can not be accepted on Fridays except in the event of emergencies.

-All samples must be submitted to the Lab as soon as possible and within the time limits indicated in the "holding time" column. Samples must be delivered to the Lab no later than 4:00 pm each day. Samples received later will be dated as received the next day and rejected if the holding time is exceeded. ALL samples with a 48 hour holding time must be submitted to the Lab no later than 12:00 noon on Fridays. In the case of *emergency field situations* or any situation requiring sample delivery outside of these time frames sample delivery must be coordinated through John Barry or Keith O'Neal.

-Samples are submitted to the Lab through the door to the walk-in cooler. Place samples (glass bottles must be cushioned) along with their respective data sheet(s) into the sample crate(s) provided and slide them down the roller rack.

SAMPLE COLLECTION:

For all types of samples: Drinking Water, Surface Water, Nondrinking Groundwater, Wastewater, Soils, Spills, Hazardous Waste-Use these bottles as specified.

PARAMETER	MINIMUM VOLUME TO COLLECT	HOLDING TIME	CONTAINER TYPE
ACIDITY	100 ML	28 DAYS	1000 ML-BLUE CAP
ALKALINITY	100 ML	28 DAYS	1000 ML-BLUE CAP
BACTERIOLOGICALS:			
FECAL COLIFORM-C	100 ML	6 HOURS	100 ML SNAP CAP
FECAL STREP-C	100 ML	6 HOURS	100 ML SNAP CAP
TOTAL COLIFORM-C	100 ML	28 HOURS	100 ML SNAP CAP
E. COLI-C	100 ML	28 HOURS	100 ML SNAP CAP
BOD-A	1000 ML	48 HOURS	1000 ML-BLUE CAP
CHLORIDE	35 ML	28 DAYS	1000 ML-BLUE CAP
CHLORINATED PHENOXY ACID HERBICIDE	1000 ML	14 DAYS	1 LITER AMBER GLASS
CHLOROPHYLL A	250 ML	14 DAYS	PLASTIC-LC
COD	30 ML	28 DAYS	250 ML-ORANGE CAP
COLOR	50 ML	48 HOURS	1000 ML-BLUE CAP
CONDUCTIVITY	250 ML	28 DAYS	1000 ML-BLUE CAP
CYANIDE	1000 ML	14 DAYS	1000 ML-BLUE CAP
ETHYLENE GLYCOL-B	40 ML	7 DAYS	GLASS-LC
FLUORIDE	50 ML	28 DAYS	1000 ML-BLUE CAP
HARDNESS	30 ML	28 DAYS	250 ML-RED CAP
METALS:			
ALUMINUM	20 ML	6 MONTHS	500 ML-WHITE CAP
ARSENIC	20 ML	6 MONTHS	500 ML-WHITE CAP
BARIUM	20 ML	6 MONTHS	500 ML-WHITE CAP
CADMIUM	20 ML	6 MONTHS	500 ML-WHITE CAP
CHROMIUM	20 ML	6 MONTHS	500 ML-WHITE CAP
COPPER	20 ML	6 MONTHS	500 ML-WHITE CAP
IRON	20 ML	6 MONTHS	500 ML-WHITE CAP
LEAD	20 ML	6 MONTHS	500 ML-WHITE CAP
MAGNESIUM	20 ML	6 MONTHS	500 ML-WHITE CAP
MANGANESE	20 ML	6 MONTHS	500 ML-WHITE CAP
MERCURY	100 ML	28 DAYS	500 ML-WHITE CAP
NICKEL	20 ML	6 MONTHS	500 ML-WHITE CAP
POTASSIUM	20 ML	6 MONTHS	500 ML-WHITE CAP
SELENIUM	20 ML	6 MONTHS	500 ML-WHITE CAP
SILVER	20 ML	6 MONTHS	500 ML-WHITE CAP
SODIUM	20 ML	6 MONTHS	500 ML-WHITE CAP
ZINC	20 ML	6 MONTHS	500 ML-WHITE CAP
NITROGEN,AMMONIA-A	30 ML	28 DAYS	250 ML-ORANGE CAP
NITROGEN,NITRITE	30 ML	48 HOURS	250 ML-ORANGE CAP
NITROGEN,NITRATE+	30 ML	28 DAYS	250 ML-ORANGE CAP
NITROGEN,KJELDAHL	30 ML	28 DAYS	250 ML-ORANGE CAP
OIL AND GREASE	2500 ML	28 DAYS	2 ½ LITER AMBER GLASS
PCB/PESTICIDES	2000 ML	7 DAYS/40 DAYS	1 LITER AMBER GLASS
PH	100 ML	FIELD ANALYSIS	1000 ML-BLUE CAP
PHENOL	500 ML	28 DAYS	GLASS-LC
PHOSPHORUS,ORTHO	30 ML	48 HOURS	250 ML-ORANGE CAP
SEMIVOLATILES	2000 ML	7 DAYS/40 DAYS	1 LITER AMBER GLASS
SOLIDS,DISSOLVED	250 ML	7 DAYS	1000 ML-BLUE CAP
SOLIDS,SUSPENDED	250 ML	7 DAYS	1000 ML-BLUE CAP
SOLIDS,TOTAL	100 ML	7 DAYS	1000 ML-BLUE CAP
SULFATE	100 ML	28 DAYS	1000 ML-BLUE CAP
SULFIDE	100 ML	7 DAYS	1000 ML-BLUE CAP
SURFACTANT	500 ML	48 HOURS	1 LITER AMBER GLASS
TCLP METALS	250 ML	6 MONTHS	500 ML-WHITE CAP
TPH:			
DIESEL FRACTION	2000 ML	14 DAYS	1 LITER AMBER GLASS
GASOLINE-B	40 ML	14 DAYS	GLASS-LC
TURBIDITY	100 ML	48 HOURS	1000 ML-BLUE CAP
VOC-B	(2) 40 ML	14 DAYS	GLASS-LC

A=For these parameters, residual chlorine MUST be destroyed at time of collection. Samples received that contain residual chlorine will be rejected.

B=VOC samples, Ethylene glycol, and TPH: Gasoline Fraction are to be collected in duplicate, collect two (2) 40 ML round glass vials for each sample. Collect VOC samples with no air headspace above sample. The teflon side of the cap MUST face the sample.

C=Bacteriological samples ONLY. These are sterile containers that contain a sodium thiosulfate tablet for neutralizing residual chlorine. DO NOT flush the tablet from the container.

LC=Labeled Container. Use only the containers specifically prepared for these analyses.

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Jeffrey Scott Leneave
9410 Windy Gap Road
Charlotte, NC 28208

Please Make Check Payable To:

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

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Jeffrey Scott Leneave	9410 Windy Gap Road	19939115	1498B	IIIb
				Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date: 4/11/02

Payment Due Date: 5/11/02

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

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DO NOT SEND CASH

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

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

MECKLENBURG COUNTY — Health Department
Name of Establishment: RESIDENCE
14983 — Permit/Project No.
9410 WINDY GAP RD. — Location
Type of Establishment:
360GPD — Design Flow
JEFF LANEAVE — Owner/Agent
9410 WINDY GAP RD. CHARLOTTE, NC 28208 — Address
Phone:
N/A — Operator
Address:
Phone:
Remarks: TYPE IIID

	Yes	No	REMARKS
1. ESTABLISHMENT:			
Type, size, and sewage flow in accordance with permit?	☑	☐	
2. COLLECTION SYSTEM:			
No evidence of leaks into or out from sewer lines/manholes?	☐	☐	
Free of blockages/solids buildup in lines or manholes?	☐	☐	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):			
Tank risers accessible and surface water diverted?	☑	☐	
Tanks and access manholes structurally sound, watertight?	☑	☐	
Sanitary tee(s) in good working condition?	☑	☐	
Tanks pumped, cleaned out as needed?	☑	☐	
4. RAW SEWAGE LIFT STATION (if present):			
Required pumps present, operating, and cycling properly?	☐	☐	
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☑	☐	
PUMP SYSTEMS:			
Required pumps present, operating, and cycling properly?	☑	☐	* HIGH WATER ALARM PUMP FLOAT TETHER HAS COME LOOSE. HIGH WATER ALARM FLOAT SHOULD BE SET TO ACTIVATE WITHIN SIX INCHES OF THE PUMP ON LEVEL.
High-water alarm present and operating properly?	☑	☐	
Floats/pipe/valves/disconnects in good working condition?	☑	☐	
Control panel enclosure/components in good condition?	☑	☐	
Elapsed time readings: _____ _____			
SIPHON SYSTEMS:			
No evidence of overflow or siphon leakage?	☐	☐	
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	
6. GROUND ABSORPTION FIELDS:			
No evidence of effluent surfacing/reaching surface waters?	☑	☐	
Minimal ponding in subsurface trenches?	☑	☐	
Surface water being effectively diverted away?	☑	☐	
Diversions/ditches/swales/tile drains properly maintained?	☑	☐	
Line cover/vegetation adequate/maintained as needed?	☑	☐	
Protected from traffic, destructive uses?	☑	☐	
Distribution devices in good condition, working properly?	☑	☐	
Repair area properly reserved, maintained?	☑	☐	
LOW-PRESSURE PIPE DRAIN FIELDS:			
Turnups/cleanouts/valves intact and accessible?	☐	☐	
No effluent standing in lower laterals?	☐	☐	
Laterals free of excess solids, cleaned out as needed?	☐	☐	
Pressure head is properly adjusted?	☐	☐	

OVERALL CONDITION AND OPERATION OF SYSTEM: NO EFFLUENT SURFACING

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)

DATE: 7/24/02 SIGNED: [signature] EHS AGENT
Division of Environmental Health

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

– over –

SUMMARY OF IMPROVEMENTS NEEDED (cont.)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

This is to notify you of intent to suspend/revoke your operation permit/certificate of completion 60 days from this date for the following
(circle one) *(circle one)*

violations: _____
[Law or Rule(s)]

If suspended, the operation permit or certificate of completion remains suspended until violations are corrected. A hearing will be held prior to suspension or revocation if you file a petition for a hearing with the Office of Administrative Hearings, P. O. Drawer 27447, Raleigh, NC 27611-7447, in writing within the number of days specified above of your intent to attend the hearing. If you do not petition the Office of Administrative Hearings, the operation permit or certificate of completion will be suspended or revoked.

IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

This is to notify you of immediate suspension/revocation of your operation permit/certificate of completion for the following violations:
(circle one) *(circle one)*

_____
[Law or Rule(s)]

If suspended, the permit or certificate remains suspended until the violations are corrected. You will be notified of the day and location of a hearing on this suspension or revocation by a hearing officer from the Office of Administrative Hearings.

This the _____ day of _____, 19 _____.

_____ Agent
DIVISION OF ENVIRONMENTAL HEALTH

INSTRUCTIONS

Purpose: Article 11 of Chapter 130A requires the Commission for Health Services to adopt rules governing the design, construction, and operation of on-site wastewater systems. 15A NCAC 18A .1937 specifies that the local health department shall determine whether systems with an Operation Permit are operating properly at a frequency specified in Rule .1961, Table V(a), and that systems which exceed 3,000 gallons per day and other systems which are required to be designed by a professional engineer shall be reinspected annually. This form is developed to be used in making inspections of engineered subsurface wastewater systems.

Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for:

1. Original to be left with the responsible person.
2. Copy for the local health department.
3. Copy for the On-Site Wastewater Section, Division of Environmental Health.

In the event the permit is suspended or revoked, complete the portion above.

Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the *Records Disposition Schedule* published by the N.C. Division of Archives and History.

Additional forms may be ordered from: On-Site Wastewater Section
Division of Environmental Health
P. O. Box 29594
Raleigh, NC 27626-0594
(Courier 52-01-00)

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 1498B DATE: 3/24/97
TC: 199-391-15 ☒ L ☐ CRT
SERIAL Nº 17031

Alter Existing System/Renovation/ JEFF Lenoave Juris.:
3 Bdrm, Garage 9410 Windy Gap Rd

Total Length of Drainfield 1200 300 (156')
Number of Lines 2 @ 24 panels
Cover Depth 18"
Water Supply Source WELL
Distance to Water Source 54'
Excavation Inspected 3/24/97
Tank(s) Inspected 3/24/97
Wash Line Inspected —
High Water Alarm Inspected 4/9/97

PLOT

2424 X6.5 120 144 156

2 24 X6.5 120 144 156

Design 1500ST, 1000PT, 24 PANELS FOR 25% REDUCTION SYSTEM CTR# 5

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: IIIb - pump
* EXISTING WELL NEXT NEW SEPTIC TANK WHICH SHALL BE ABANDONED TO MEET DWQ STANDARDS (ABANDONMENT)

Joni E Higgins
Environmental Health Specialist

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

Division of Environmental Management
Groundwater Section
P.O. Box 27687 - Raleigh, N.C. 27611

File 14908
199-391-15

WELL ABANDONMENT RECORD

CONTRACTOR McColl Bros., Eric Anderson (Ast.), Jeff LeNeave

1. WELL LOCATION: (Show a sketch of the location on back of form.)
Nearest Town Charlotte County Mecklenburg
Windy Gap Rd, Lakewylie Lot No. 76
(Road, Community, Subdivision, Lot No.) Quadrangle No.

FOR Jeffrey Scott LeNeave

ADDRESS: 9410 Windy Gap Rd.

4. TOPOGRAPHY : draw, (slope), hilltop, valley, flat

5. USE OF WELL: Residential DATE: 4

6. TOTAL DEPTH: 220 DIAMETER: 5"

7. CASING REMOVED.

feet	diameter
2 feet	5"

8. SEALING MATERIAL:

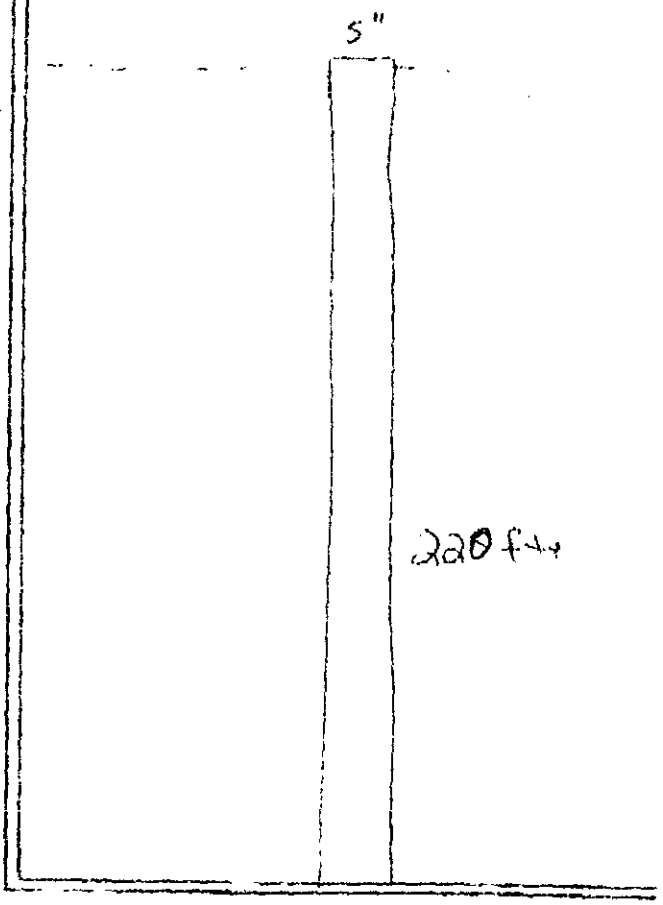
Neat cement	Sand cement
bags of cement	bags of cement
gals of water	yds. of sand
1 gal Clorox	gals. of water

Other
Type material Cement Truck filled to Top.

Amount 2.5 yards

9. EXPLAIN METHOD EMPLACEMENT OF MATERIAL
Cement Truck w/ Pump Trailer

WELL DIAGRAM: Draw a detailed sketch of the well showing total depth, depth and diameter of screens remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.



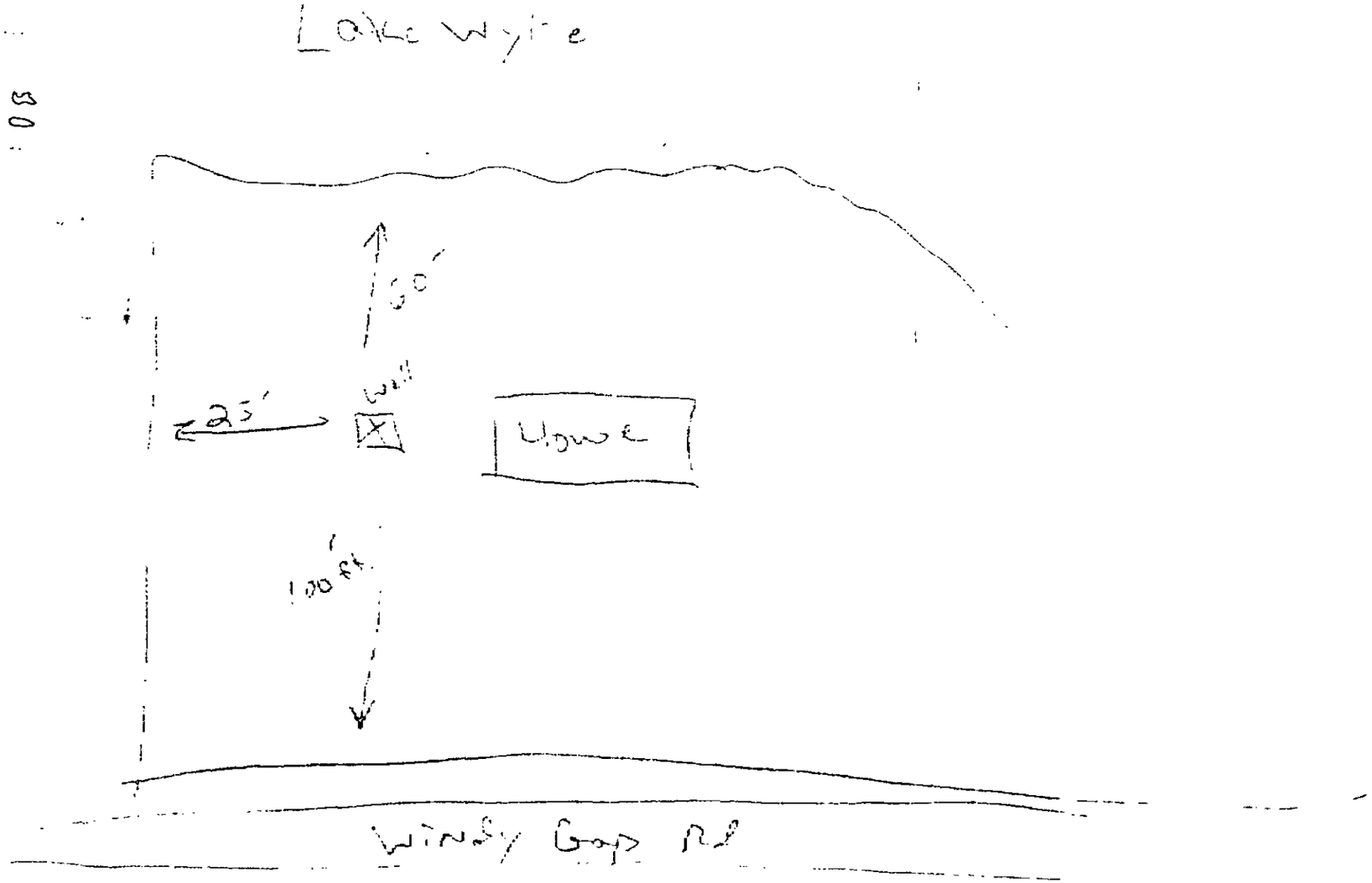
I do hereby certify that this well abandonment record is true and exact.

Signature of Contractor or Agent [signature] Date 4-14-97

WELL LOCATION: Draw a location sketch on the reverse of this sheet, showing the direction and distance of the well to at least two (2) nearby reference points such as roads, intersections and streams. Identify roads with State Highway road identification numbers.

Submit original to the Division of Environmental Management, one copy to the Driller, and one copy to the owner.

Revised 5/8/90


Lake Wylie
50'
25'
well
House
100 ft.
Windy Gap Rd

GRAPHIC SCALE

20 0 10 20 40

(IN FEET)

1 inch = 20 ft.

M.C.H.D.

File: 1498-B

TC: 199-391-15

4-10-97

EXISTING WELL

1500 GALLON SEPTIC TANK

1000 GAL. PUMP TANK

2" SERVICE LINE

1-STORY HARDWOOD SIDING HOUSE F.F.E. ELEV.=579.70'

WOOD DECK

WOOD DECK

NEW ADDITION EXISTING TANK

33'

33'

50'

15'

LOT 76
37,285 SF or
0.855 ACRES

LOT 77

R FOLLOWS CONTOUR ELEV.570.0' PER MB15-PG58

N 25°21'00" W
46.83'

N 13°33'00" E
22.36'

N 32°34'00" W
64.95'
67.38'

S 70°23'00" W
37.00'

2.43'

NMFS

F #4D

F #4D ON LINE

N 17°09'00" E
129.62'

197.05'

S 16°10'00" E
129.48'

S 70°23'00" W
151.52'

44.22'

35.32'

45.82'

24.16'

11.94'

24.2'

40.1'

40.2'

24.2'

9.88'

C1

SHED

GAS TANK

50'+ MINIMUM

GARAGE 33 x 24

#01

SDR 21 PVC ELBOW DN. D-BOX

9' ON CENTERS

150'

150'

24 CHAMBERS L2

24 CHAMBERS L1

15'+ FROM RUN-OFF PIPE

15'+

ADDITIONAL SEPTIC AREA

ASPHALT DRIVE

GRAVEL DRIVE

NEW WELL

F #4D

WINDY GAP RD.

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 1498 Tax Number: 199-391-15

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	✓ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I II III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
.3 Long-term acceptance rate	760 Max gallons/day wastewater flow	400 Absorption Area (sq ft)	9 Trench spacing (min. on centers)	
YES Serviced by private well	1500 Gallon septic tank	300 Total trench length (ft)	___ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3 Bedrooms in residence	1000 Gallon pump tank	___ Depth of stone		
Any surface waters present: Yes Type: Lake Wylie		Minimum separation distance:		
Site modifications required:				
Additional Conditions: Agreement forms must be executed and recorded prior to installation. Existing well must be abandoned as per DEHNR well abandonment regulations; new well must BE 50' FROM any part of new septic system SEE PLOT PLAN DATED 4-10-97 FOR FINAL APPROVAL W/ DETACHED GARAGE.				
Repair Area System Type Type (circle one): I II III IV V VI N/A	___ 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.

DEHNR Authorized Agent — Date 2-3-97

Owner/Agent Signature — Date 2/25/97

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

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: 1498B DATE: 2-3-97

TC: 199-391-15 ☒ L

SERIAL Nº 17198

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 3/3/97. *All work shall be completed* on or before 4/3/97, *after which date this permit* shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of *Completion or an Operation Permit* must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system *from any liability resulting* from the failure of the system to operate properly.

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500' gallons

Liquid Capacity of Dosing Tank 1000' gallons

Tank Construction _____

Trench Depth _____

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous _____

Total Line Length 300 feet

Number of Lines 2

Depth of Stone N/A inches

Distance from House 15' feet

Distance from Property Line 18' feet

Distance from Well NEW WELL 50' feet

OLD WELL SHALL BE ABANDONED.

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

NAME OF OWNER Jeff Lemaire

LOCATION OF PROPERTY 9410 Windy Gap Rd.

Comments: ① All well standards shall be met with proper abandonment procedures. ② Septic (existing) tank shall be pumped and properly abandoned. - Shall follow Tim Whitaker design plan.

Jeri E. Higgins R.S.
Environmental Health Specialist

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

MECKLENBURG COUNTY REGISTER OF DEEDS
JUDITH A. GIBSON - REGISTER

CUSTOMER RECEIPT: 04/09/97

Date	Time	Inst #	Type	Book	Page	Trx	Amount
04/09/97	10:44	112	PERMIT	9006	532	FEE	14.00
04/09/97	10:44	112	PERMIT	9006	532	COPY	1.40
04/09/97	10:44					TOT	15.40
04/09/97	10:44					CHCK	15.40

BK: 09006 PG: 0532/0535 #:0112 15.40
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 04/09/97 10:44

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 # 14988
PARCEL # 199-391-15

The undersigned, Jeffrey LeNeave (Jeffrey LeNeave), owner of property located at 9410 Windy Gap Rd., (the "site") and described in an instrument recorded in Book 8287 at Page 212, 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: Jeffrey Scott LeNeave
Mail after recording to: 9410 Windy Gap Rd.
Charlotte, N.C. 28208

- 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 9th day of April, 1997.

_____ (SEAL)
(Corporate Name)

_____ (SEAL)

By: _____ _____ (SEAL)

_____ President _____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

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

WITNESS my hand and notarial seal, this 9 day of April, 1997.

Michelle G. Cavazos
Notary Public

My Commission Expires:
8/21/98

MICHELLE G. CAVAZOS NOTARY PUBLIC MECKLENBURG COUNTY, N. C.

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day and acknowledged that _he is _____ Secretary of _____ _____, a North Carolina corporation, 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 _____ President, sealed with its corporate seal and attested by _____ as its _____ Secretary.

WITNESS my hand and notarial seal, this _____ day of _____, 199__.

_____
Notary Public

My Commission Expires:

_____

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 2-3-97 PERMIT NO: 1498-B
PARCEL NO: 199-391-15

JOB LOCATION ADDRESS: 9410 Windy Gap Rd
PROPERTY OWNER: Jeffrey Leneave
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: Kelly Randall DATE: 2-3-97
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1498-B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: agreement forms must be executed + recorded prior to installation
EXISTING WELL MUST BE ABANDONED AS PER DEM ABANDONMENT REGULATIONS.
NEW WELL MUST BE 50 or greater from new SEPTIC SYSTEM.

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.

Tim W Rutherford 2/25/97
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

FEE: $200.00
DATE: 7/16/96
CK # 14308

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

1 1 CRT

TYPE APPLICATION: ___ NEW SYSTEM ✓ EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

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

FILE #: 14985

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 199-391-15

STREET ADDRESS: 9410 Windy Gap Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1100 → 2900

NUMBER OF BEDROOMS: 2-3 | NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION: The Current House is 1 BATH 2 Bed will be extended to 3 bed 3 Bath from 1100 to Approx: 2900 sq.ft. & Garage addition

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

WATER SUPPLY (CHECK ONE):
___ COMMUNITY (C)
___ MUNICIPAL (M)
✓ PRIVATE WELL (P)
___ SHARED WELL (S)
___ OTHER 'SPRINGS' (O)

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

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

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: LeNeave Jeffrey S. (LAST) (FIRST) (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 9410 Windy Gap Rd.	DAYTIME PHONE: ( ) –
CITY: Charlotte STATE: N.C. ZIP: 28208	
DAYTIME PHONE: (704) 376-7421 or 588-7559	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1965 - 66

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: [signature] DATE: 7-12-96

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

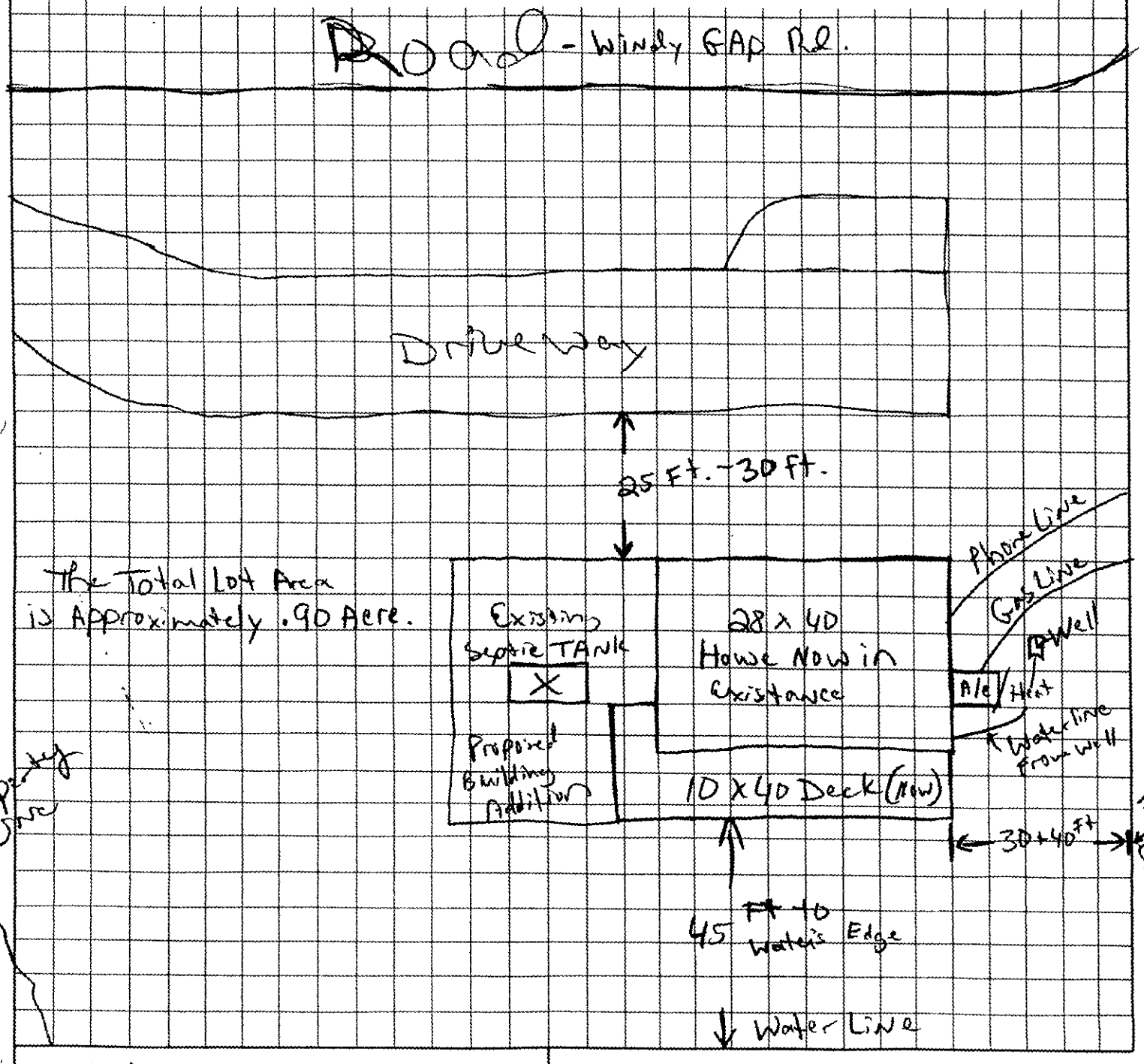
PROPOSED PLOT PLAN

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

FILE: 1498B

TC: 199-391-15

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.



Jeff LeDuc
OWNER/AGENT SIGNATURE

DATE 7-12-96

APPROVAL DATE _____

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

GRAPHIC SCALE
20 0 10 20 40
(IN FEET)
1 inch = 20 ft.

M.C.H.D.
File: 1498-B
TC; 199-391-15

LOT 77

N 23°00' W
37.00'
2.43'
N 32°34'00" W 67.38'
64.95'
NMFS
NMFS
N 13°33'00" E
22.36'
NMFS
N 25°21'00" W
46.83'
F #4D
℄ FOLLOWS CONTOUR ELEV.570.0'
PER M815-PG58
N 17°09'00" E
129.52'
44.22'
35.32'
45.82'
24.06'
15'±
11.94'
46.9'
40.1'
24.2'
40.2'
24.2'
WOOD DECK
WOOD DECK
1-STORY HARDWOOD SIDING HOUSE
F.F.E. ELEV.=579.70'
1500 GALLON SEPTIC TANK
1,000 GAL. PUMP TANK
NEW Addition
Existing Tank
33'
33'
50'
15'
LOT 76
37,285 SF or
0.855 ACRES
F #4D LINE
2" SERVICE LINE
18'
5'
90° PVC ELBOW DN.
D-BOX
SHED
50'± MINIMUM
Additional SEPTIC AREA
150'
9' ON CENTERS
150'
24 chambers L²
24 chambers L'
15'± from RUN-OFF PIPE
15'±
S 70°23'00" W
71.30'
GARAGE
33'
24'
ASPHALT DRIVE
NEW WELL
F #4D
47.21'
C1
9.88'
NMFS
129.48'
S 16°10'00" E
NMFS
Windy Gap Rd.
F #4D ON LINE
197.05'
GRAVEL DRIVE
67.43'

FEE: 200.00
DATE: 7/16/96
CK# 14308

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

1 | 1 CRT

TYPE APPLICATION: ___ NEW SYSTEM ✓ EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

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

COPY

FILE #: 1498B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 199-391-15

STREET ADDRESS: 9410 Windy Gap Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1100 → 2900

NUMBER OF BEDROOMS: 2-3 | NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

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

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION: The Current House is 1 Bath 2 Bed will be expanded to 3 bed 3 Bath from 1100 to Appox. 2300 sq. ft

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

WATER SUPPLY (CHECK ONE):

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

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

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

PROPERTY OWNER:

NAME: LeNeave (LAST) Jeffrey (FIRST) S. (MI)

ADDRESS: 9410 Windy Gap Rd.

CITY: Charlotte STATE: N.C. ZIP: 28208

DAYTIME PHONE: (704) 376-7421 or 588-7559

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) –

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1965 - 66

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: [signature] DATE: 7-12-96

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

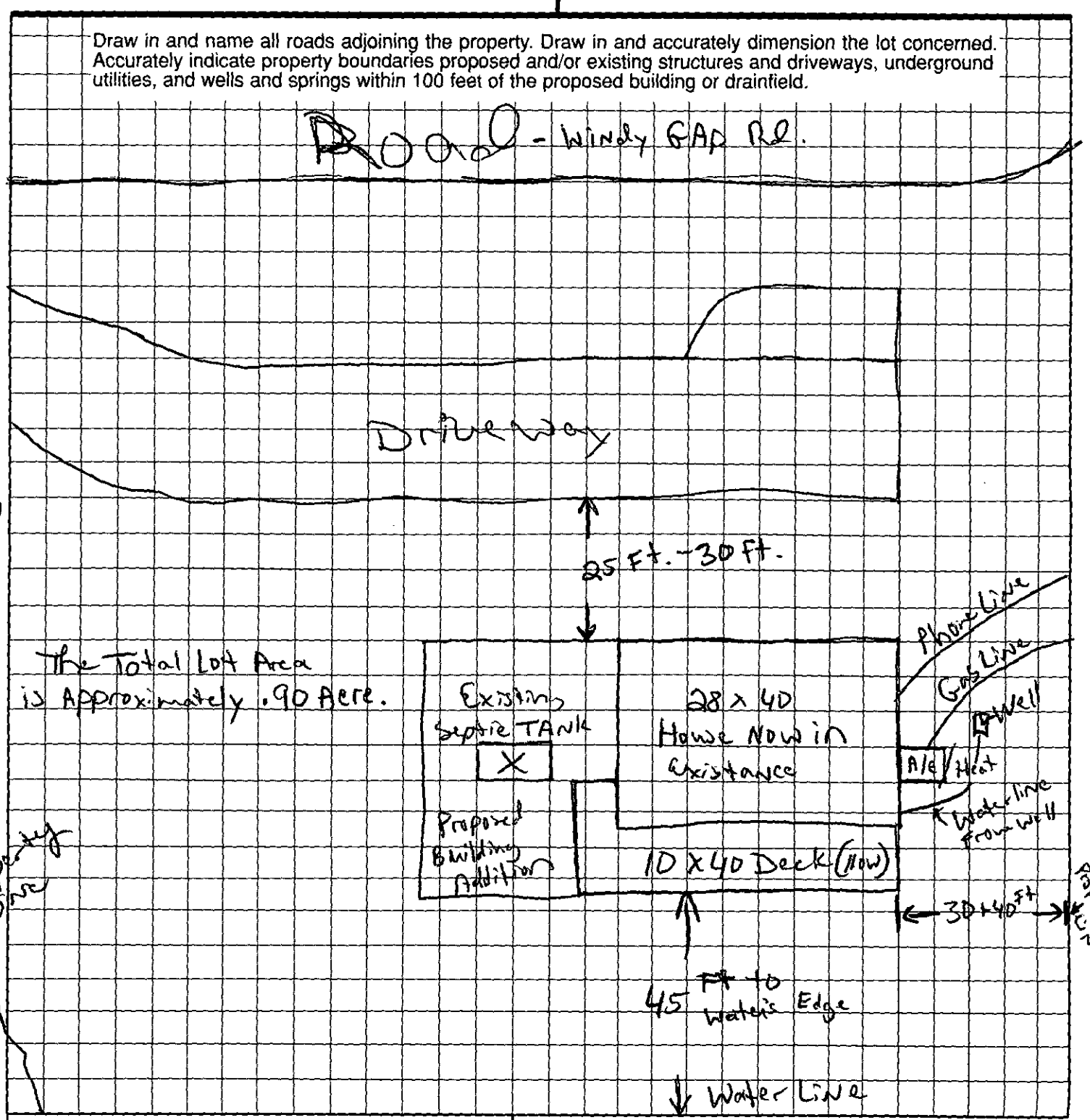
PROPOSED PLOT PLAN

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

FILE: 1498B

TC: 199-391-15

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.



Jeff LaVerne
OWNER/AGENT SIGNATURE

DATE 7-12-96

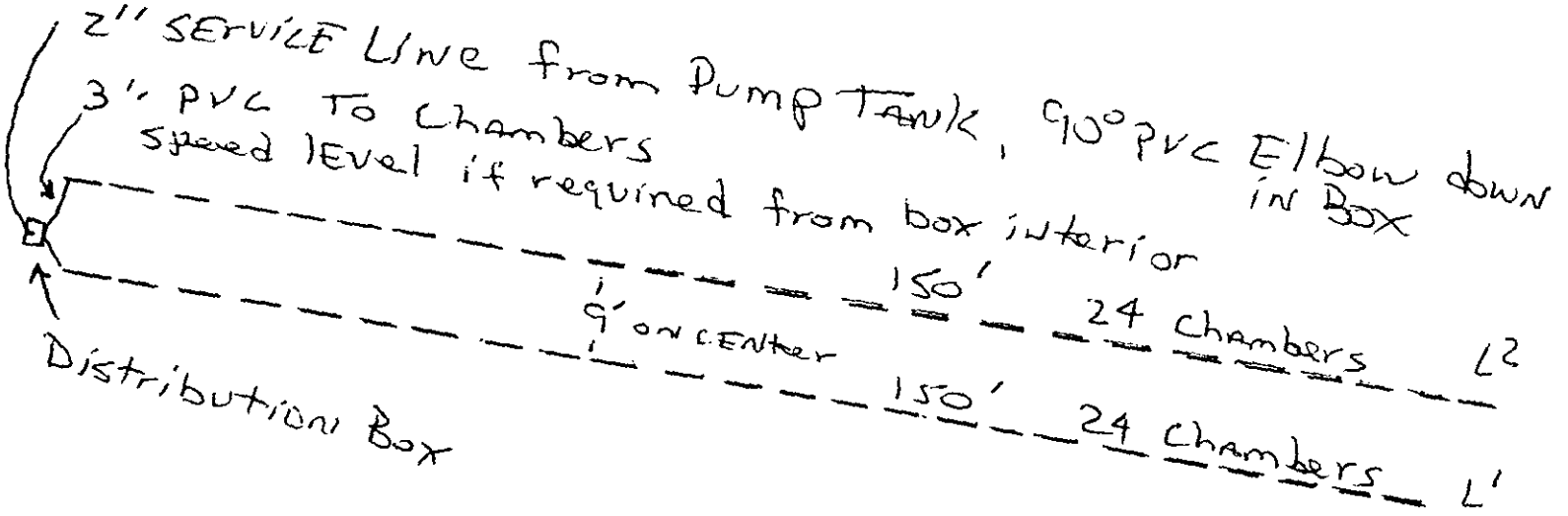
APPROVAL DATE 2/3/97

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

M.C.H.D.
File: 1498-B

* Alteration Proposal: to a (3) Bedrm. Pumped Chamber Septic System.

SPECS: (1) 1,500 gal. Septic Tank
(1) 1,000 gal. Pump Tank & Pump 1/4 hp.
(1) NEMA 4 or equal Alarm Box
(1) Distribution Box, (2) Speed levels
(1) PVC 90° Elbow dn. in D-Box
(2) 150' chamber LINES = 300'
(24) Chambers per line = 48 chambers



ACTUAL SPECS. NO SCALE

M.C.H.D.

File: 1498-B

*(3) Bedrm. Alteration Proposal
Pumped Chamber Septic System Design.

- SECURE Alteration (3) Bedrm. Approval by M.C.H.D.
- Drill, Construct, Complete NEW Well.
- Properly Abandon EXISTING well & submit Abandonment forms to DEHNR & M.C.H.D.
- INSTALL NEW (3) Bedrm. Alteration SEPTIC System AS Approved by M.C.H.D.
- Properly Abandon EXISTING SEPTIC SYSTEM AS required by M.C.H.D.
- EXISTING utilities NEED to be located & RE-located if NECESSARY.

JAN 29

T. Whitaker

Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

9:25AM
3/19/97

NOTICE

THE INFORMATION CONTAINED IN THIS TELECOPY MAY BE PRIVILEGED AND/OR CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT (OR SUCH RECIPIENT'S EMPLOYEE OR AGENT), YOU ARE HEREBY NOTIFIED NOT TO READ, DISTRIBUTE OR COPY THE MATERIALS ATTACHED HERETO WITHOUT THE PRIOR WRITTEN CONSENT OF THE SENDER. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY THE SENDER BY TELEPHONE CALL AND RETURN THE ORIGINAL TELECOPY TO US BY MAIL AND WE WILL REIMBURSE YOU FOR THE REQUIRED POSTAGE. THANK YOU.

TO: Steve Autry TELECOPIER # 357-3075

FROM: Lynn Newell DATE 3/19/97

NUMBER OF PAGES TRANSMITTED: 4 (including cover sheet)

COMMENTS: Jeff Kanawe for Windy Gap Rd Permit

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5102.

☑ Original will not follow ☐ Original will follow via:

☐ U.S. Mail ☐ Hand Delivery ☐ ____

Mecklenburg County
Health Department

November 25, 1996

Mr. Jeffrey S. Leneave
9410 Windy Gap Road
Charlotte, NC 28208

Re: 9410 Windy Gap Road
File: 1498B
Parcel: 199-391-15

Dear Mr. Leneave:

Receipt of your application and plot plan for an Alteration Permit for an existing two bedroom residence to be upgraded to a three bedroom house for the above referenced property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted by Bill Marlin, Soil Scientist with this office, and myself. This request was then reviewed in conjunction with the provisions of 15 NCAC 18A. /1900. "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal". Our comments are listed below:

- There are severe site limitations on this lot. An existing well is on the property. Rule .1950 Location of Septic Tank Systems requires a minimum of 50' separation distance between the well and any part of the septic system. This limited the utilization of available area that could be utilized for a drainfield.
- Another site limitation is the lake. In Rule .1950; Location of Septic Tank Systems requires a minimum 50' setback for the placement off the high water mark for the placement of the drainfield. This limited available area that could be utilized for a drainfield.
- The topography of the lot was also severely limiting to available area due to severe slopes, grading and pre-existing conditions.

For these reasons, the plans as submitted are disapproved: However, 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 15 NCAC 18A .1948 (c) are met. A limited site was located for the use of a Prefabricated, Permeable Block Panel System (PPBPS). Should you desire to file for permission to install a PPBPS 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 of this office. This plan will have to be submitted by someone with a working knowledge of septic systems. They will be reviewed, and if it is determined that the proposed system may be reasonable 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.

Please be advised that the existing septic system malfunction must be abated within thirty days (see attached violation notice). This might be accomplished through repair work within the existing nitrification field. However, this will not provide you with an upgrade for your request for a three bedroom residence. This would only be to repair you existing septic system and to prevent it from leaking into the lake.

You have the right to an appeal concerning this matter. You may contact me for further assistance at 336-5572.

Sincerely,

Toni Higgins-Bunney, R.S.
Individual Water and Wastewater Systems

THB:gc

Enclosure

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

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER JEFFREY S. LENEAVE MAILING ADDRESS 9410 Windy Gap Road Charlotte 28208

OCCUPANT Same LOCATION Same

[X] RESIDENCE [ ] BUSINESS [ ] OTHER tax parcel# 199-391-15

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number 336-5572/336-5102.

[X] Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

[ ] Other Repairs *(specify)* _____

[ ] Eliminate wastewater discharge and connect to an approved wastewater system.

[ ] Perform Maintenance *(specify)* _____

[ ] Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by December 30, 1996 appropriate legal action will be taken.

Notice Issued November 30, 1996 (Date) Signed Toni Higgins-Bunney, R.S. (Division of Environmental Health) Agent

Compliance _____ (Date) Signed _____ (Division of Environmental Health) Agent

DEHNR 1108 (Revised 9/92)
On-Site Wastewater Section (Review 10/94)

Purpose: Article 11 of Chapter 130A requires every residence, place of business, and place of public assembly to have an approved wastewater system. This form is a formal notice to document violations of the law or rules.

Preparation: The environmental health specialist shall complete the form for every residence, place of business, or place of public assembly which does not have an approved wastewater system. Prepare an original and one copy as follows:

1. Original to owner or controller of residence, place of business, or place of public assembly.
2. One copy for the local health department.
3. One copy for the Shellfish Sanitation Office (as applicable).

Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the *Records Disposition Schedule* published by the N. C. Division of Archives and History.

Additional forms may be ordered from: On-Site Wastewater Section
Division of Environmental Health
P. O. Box 27687
Raleigh, NC 27611-7687
(Courier 52-01-00)

DEHNR 1108 (Revised 9/92)
On-Site Wastewater Section (Review 10/94)

Division of Environmental Management
Groundwater Section
P.O. Box 27687 - Raleigh, N.C. 27611

WELL ABANDONMENT RECORD

CONTRACTOR _____

1. WELL LOCATION: (Show a sketch of the location on back of form.)
Nearest Town: _____ County _____
(Road, Community, Subdivision, Lot No.) Quadrangle No.

2. OWNER: _____

3. ADDRESS: _____

4. TOPOGRAPHY : draw, slope, hilltop, valley, flat

5. USE OF WELL: _____ DATE: _____

6. TOTAL DEPTH: _____ DIAMETER: _____

7. CASING REMOVED:

feet	diameter
_____	_____
_____	_____

8. SEALING MATERIAL:

Neat cement	Sand cement
bags of cement _____	bags of cement _____
gals. of water _____	yds. of sand _____
	gals. of water _____

Other
Type material _____

Amount _____

9. EXPLAIN METHOD EMPLACEMENT OF MATERIAL.
_____
_____
_____

WELL DIAGRAM: Draw a detailed sketch of the well showing total depth, depth and diameter of screens remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.

I do hereby certify that this well abandonment record is true and exact.

Signature of Contractor or Agent _____ Date _____

WELL LOCATION: Draw a location sketch on the reverse of this sheet, showing the direction and distance of the well to at least two (2) nearby reference points such as roads, intersections and streams. Identify roads with State Highway road identification numbers.

Submit original to the Division of Environmental Management, one copy to the Driller, and one copy to the owner.

GW-30 Revised 3/8/90

Mecklenburg County
Health Department

April 11, 2002

Jeffrey Scott Leneave
9410 Windy Gap Road
Charlotte, NC 28208

Dear Mr. Leneave:

The North Carolina Administrative Code requires routine maintenance and inspections of certain septic tank systems that utilize pumps. Our records indicate that the required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence located at 9410 Windy Gap Road, Charlotte, NC is due.

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

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

The inspection program and the water analysis are very important initiatives intended to protect the public's health while improving and preserving our groundwater resources. We highly recommend and prefer that you contact our office to make an appointment for the inspection of your system. If we have not heard from you by April 25, 2002 we will proceed with our inspection activities on your property. You will be apprised of our assessments and recommendations for the continued efficient operation of your septic tank system.

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

Sincerely,

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