

6827 HEATH GLEN DR

19507237

1/8/2008

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5225B DATE: 10/8/04

TC: 195 072 37 ☐ L ☐ CRT

SERIAL 19514

Name of Owner Nick Frager Juris.: _____

Address of Property 6827 Heath Glen Drive

Inspection Data:

Tank Material Existing

Total Length of Drainfield 400'

Number of Lines 5 @ 80'

Cover Depth 12" - 14"

Water Supply Source Community well

Distance to Water Source >100'

Excavation Inspected 10/8/04

Tank(s) Inspected Existing

Wash Line Inspected plumb to tank

High Water Alarm Inspected NA

PLOT

Design 2004 Repair, 400' EZ Flow CTR# RCS

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: Repair to Existing System. Drainfield installed in the front. Type IIIg

Thilo S. Walker RS
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

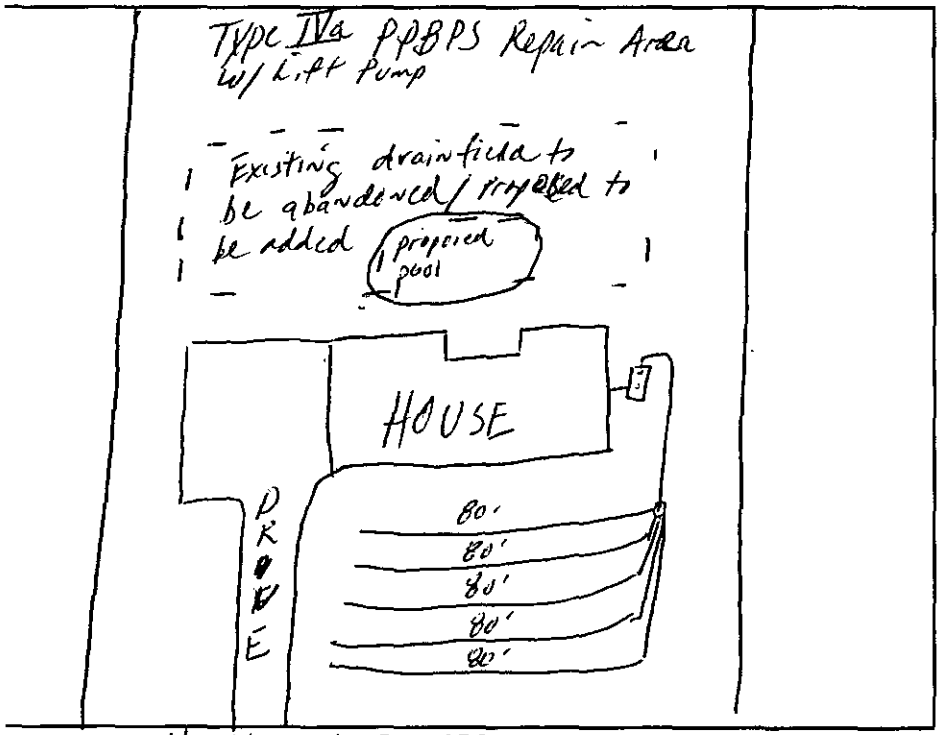
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5225B DATE: 7/31/04

TC: 195 072 37 ☐ L

SERIAL 19696

Permission is hereby given to _____ Install or Construct, ✓ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 4/26/04. All work shall be completed on or before 8/31/04, 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.



Heath Glen PLOT OF SYSTEM

Liquid Capacity of Septic Tank Existing gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction Existing

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 400' feet

Number of Lines 5(80')

Depth of Stone NA inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well >100' feet

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

NAME OF OWNER Nick Frager

LOCATION OF PROPERTY 6827 Heath Glen Drive Install 5 lines x 80' long x 3' wd

Comments: Repair to Existing System, Replace existing system in the front yard. Innovative Septic System, Drainfield lines in back to be abandoned (pool proposed) Lift pump need for repair

Phila S. Walker RS
Environmental Health Specialist

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5225B DATE: 4/28/04

TC: 195 072 37 ☑ L ☐ CRT

SERIAL 19510

Name of Owner Nick Frager Juris.:

Address of Property 6827 Heath Glen Dr

Inspection Data:

Tank Material Existing

Total Length of Drainfield 100'

Number of Lines 1 @ 100'

Cover Depth 12" - 36".

Water Supply Source Community well

Distance to Water Source >100'

Excavation Inspected 4/28/04

Tank(s) Inspected NA

Wash Line Inspected NA

High Water Alarm Inspected NA

PLOT

Design 2004, Repair, 100' EZ Flow system CTR# RCS

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

☐ installed or constructed ☒ altered or repaired

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

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

☐ Certificate of Completion ☒ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of I5A 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: Repair to the existing system, Noticed water running in D box at constant rate. Kim (Ryan Homes) stated they would have plumbing checked for leaks and repaired.

Philo A. Walker RS
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

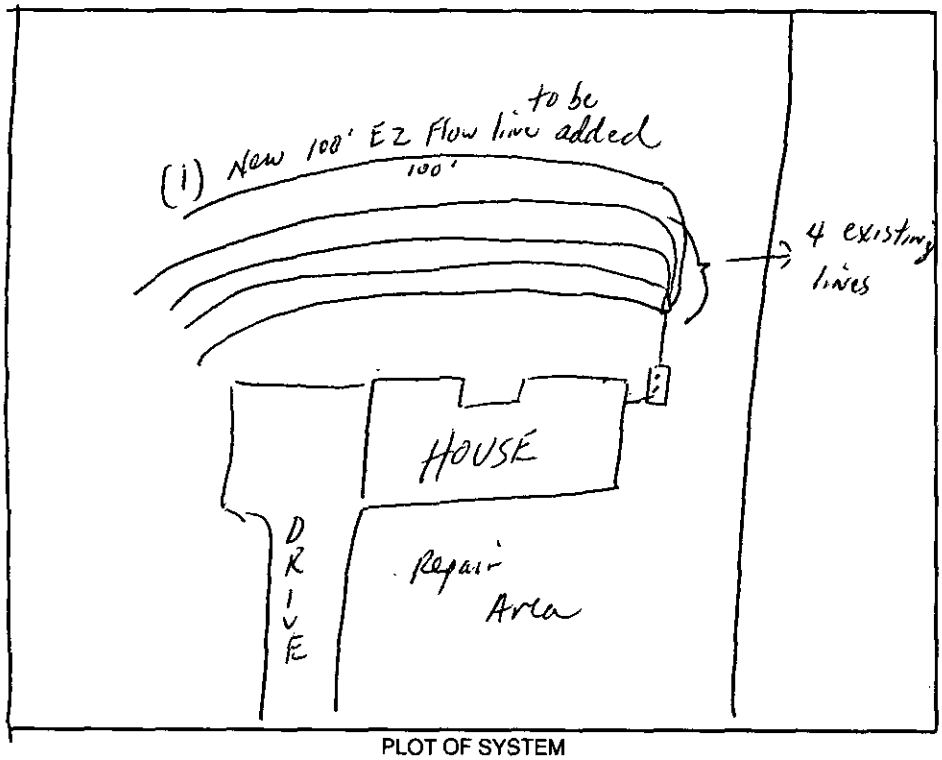
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5225B DATE: 4/26/04

TC: 195 072 37 ☑ L

SERIAL 19691

Permission is hereby given to _____ Install or Construct, ✓ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 4/26/04. All work shall be completed on or before 5/26/04, 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 Existing gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction Existing

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous Yes

Total Line Length 100' feet

Number of Lines 1 (100')

Depth of Stone NA inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well > 100' feet

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

NAME OF OWNER Nick Frager

LOCATION OF PROPERTY 6827 Heath Glen Dr

Comments: Install 1 line x 100' long x 3' wd Innovative
Keep line on contour of land

Philip S. Walker R.S.
Environmental Health Specialist

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

FEE: _____

DATE: _____

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

REPAIR

[ ] CRT

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM X REPAIR OF EXISTING SYSTEM

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

FILE #: 52255

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 195 072 37

STREET ADDRESS: 6827 Heath Glen Dr.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 9

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:

NUMBER OF BEDROOMS: 4

NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

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

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

WATER SUPPLY (CHECK ONE):

✓ COMMUNITY (C)
__ 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: (LAST) Frager (FIRST) Nick (MI)	NAME: (LAST) Frager (FIRST) Nick (MI)
ADDRESS: 6827 Heath Glen Dr.	DAYTIME PHONE: (704) 573-9827
CITY: Mint Hill STATE: NC ZIP: 28227	
DAYTIME PHONE: (704) 573-9827	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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

SIGNED: Kim A. Stanley Ryan Jones DATE: 4/26/04

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5225 B, 7 DATE: 09-02-03
TC: 195-072-02 ☐ L ☒ CRT
SERIAL 19319

Name of Owner Ryan Homes Juris:
Address of Property Lot #9 6827 Heath Glen Dr

Inspection Data:

Tank Material PVC
Total Length of Drainfield 400'
Number of Lines 4 @ 100'
Cover Depth 12" - 24"
Water Supply Source Comm well
Distance to Water Source >100'
Excavation Inspected 09-02-03
Tank(s) Inspected 09-02-03
Wash Line Inspected N/A
High Water Alarm Inspected N/A.

PLOT

See Installation approval

Design 2003 1200SFT INV P.S. CTR# RCS.

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

☑ installed or constructed ☐ altered or repaired
☑ in accordance with the permit issued ☐ as detailed in the plot above

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

☐ Certificate of Completion ☑ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of I5A 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: Type III c System designed for a (4) bedroom design limit Type III c repair. Warranty forms required before final release.

Joshua R. Sellers R.S. IRSS
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

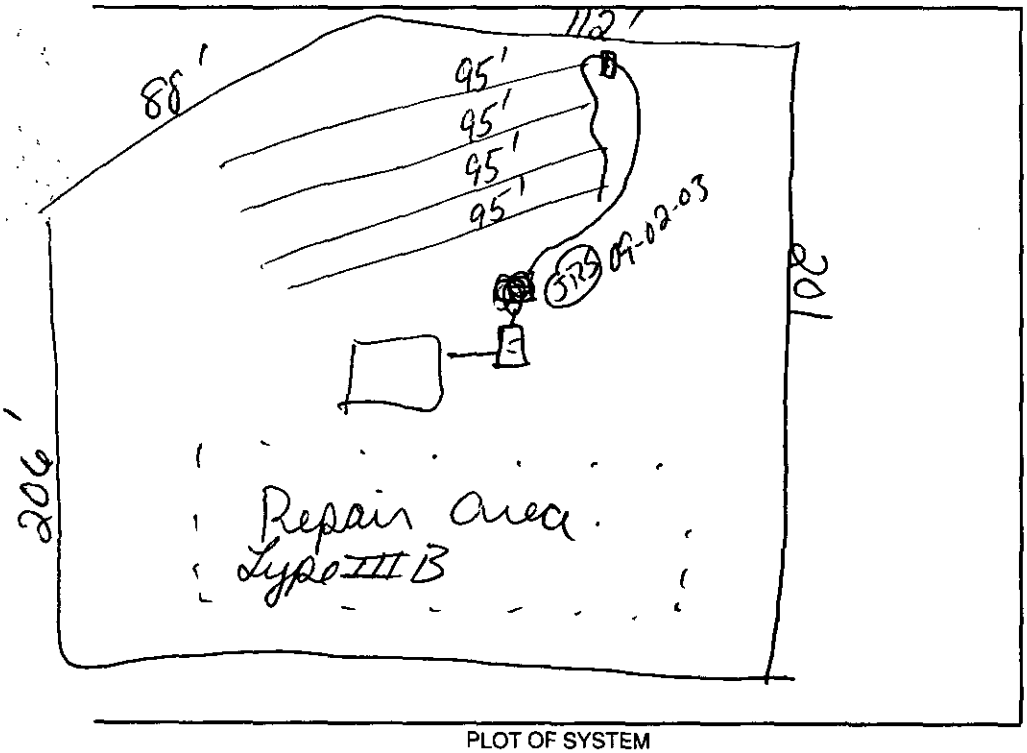
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 52258 DATE: 08-27-03

TC: 195-072-37 ☑ L

SERIAL 19506

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 _____. All work shall be completed on or before 09-27-03, 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 PCC

Trench Depth ≤ 36"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 380' feet

Number of Lines 4@95'

Depth of Stone N/A. inches

Distance from House 295' feet

Distance from Property Line ~~30~~ 310 feet

Distance from Well N/A feet

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

NAME OF OWNER Ryan Homes

LOCATION OF PROPERTY Lot 9

Comments (1) Type III B 35% Reduction System
Warranty and Agreement forms Required
Type III B Repair Area

Joshua R. Sellers R.S. IR#45
Environmental Health Specialist

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

X33575

ID 42895

FEE: 300.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** ACC
DATE: 6/25/03 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 06-19-03 **PERMIT NO:** 5225B 37
PARCEL NO: 195-072-02

JOB LOCATION ADDRESS: 6827 Heathglenn Dr.
PROPERTY OWNER: Ryan Homes
BUILDING CONTRACTOR: Same
SUBDIVISION NAME: Heathglenn
AUTHORIZATION ISSUED BY: Joshua R. Sellers REHS **DATE:** 06-19-03
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 5225B, 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: 35% Reduction System Requires warranty and Agreement forms Required. Lift Station Required 5 year Maint. inspections Required by Local Health Department.

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.

Mary Beth Walsh 6-25-03

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

FEE: 200.00 CK

DATE: 3/5/03 SC

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

[ ] 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 #: 52253

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 195071-37-02

STREET ADDRESS: 6827 Heath Glen Dr

SUBDIVISION OR MOBILE HOME PARK NAME: HEATHFIELD

LOT NUMBER: #9

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 3500

NUMBER OF BEDROOMS: 4

NUMBER OF OCCUPANTS:

CLOSING DATE: _____

FOUNDATION FOR RESIDENCE:

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

Pool Yes (No)

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

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

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

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

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

PROPERTY OWNER: NVR, INC dba Ryan Homes

NAME: (LAST) (FIRST) (MI)

ADDRESS: 10815 David Taylor Dr

CITY Charlotte STATE: NC ZIP: 28262

DAYTIME PHONE: 704 - 548-3534

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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

SIGNED Kathleen Warner DATE: 4/29/03

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

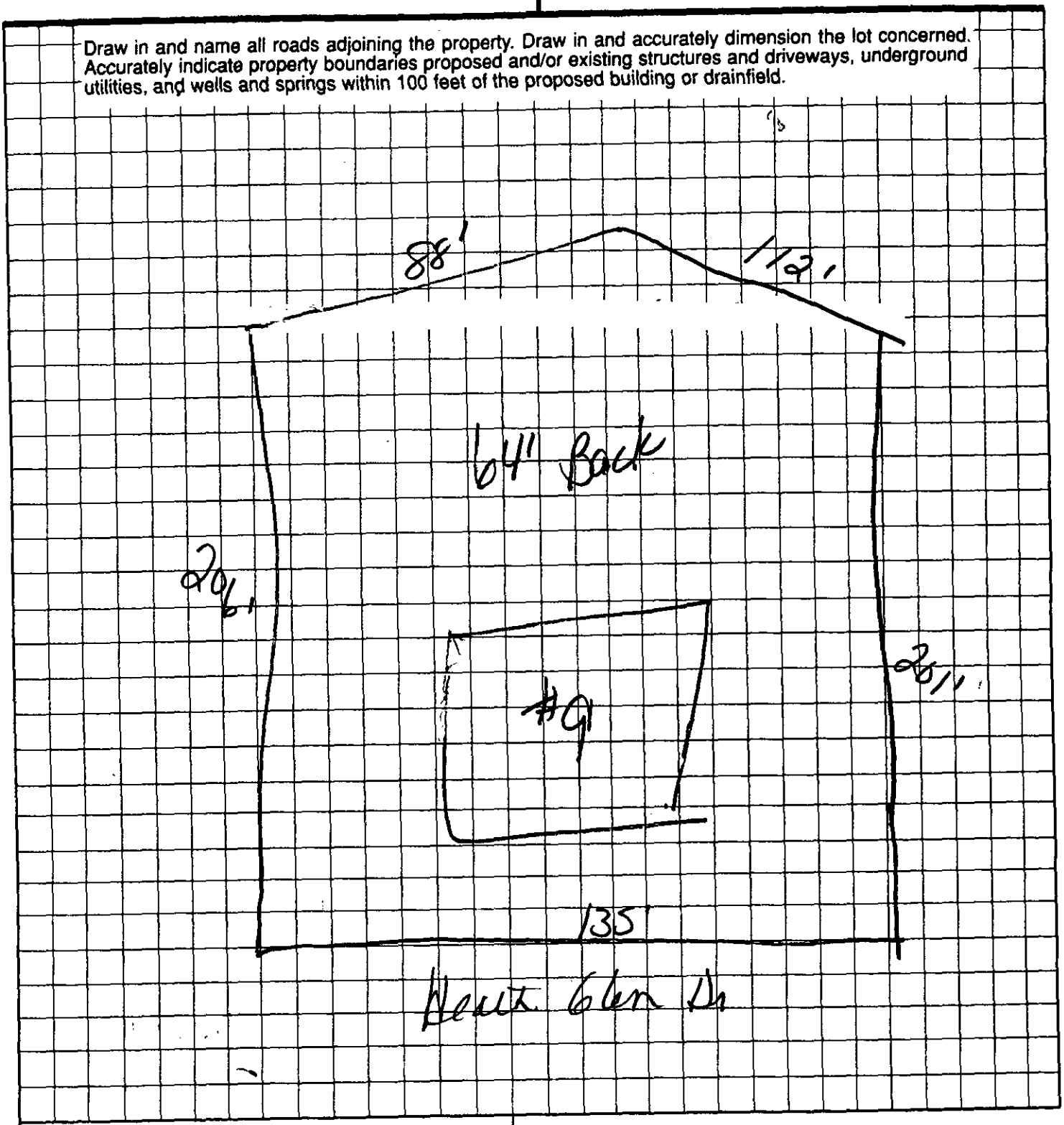
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

Parcel # 195071-02

FILE: _____

TC: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



Kathleen Warner
OWNER/AGENT SIGNATURE

DATE 4/29/03

APPROVAL DATE _____

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 05/05/03
Receipt #: 16184
Check / Auth #: CHECK 1179
Received By: CRAIGGY

Amount: 1,400.00
Tendered: 1,400.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: RYAN HOMES
Attn:
Address: 10815 DAVID TAYLOR DRIVE
Address:
City/State/Zip: CHARLOTTE, NC 28262

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen LOT 9 HEATH GLEN DRIVE		1	200.00	200.00
0701	Improvment Permit App-Residen LOT 10 HEATH GLEN DRIVE		1	200.00	200.00
0701	Improvment Permit App-Residen LOT 11 HEATH GLEN DRIVE		1	200.00	200.00
0701	Improvment Permit App-Residen LOT 12 HEATH GLEN DRIVE		1	200.00	200.00
0701	Improvment Permit App-Residen LOT 13 HEATH GLEN DRIVE		1	200.00	200.00
0701	Improvment Permit App-Residen LOT 14 HEATH GLEN DRIVE		1	200.00	200.00
0701	Improvment Permit App-Residen LOT 15 HEATH GLEN DRIVE		1	200.00	200.00

Outstanding Balances

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

117922

NVR **FIELD ACCOUNT** **7601 LEWINSVILLE ROAD McLEAN, VA 22102**

VENDOR NUMBER	DIV.	ACCT.	COMM.	LOT	UNIT	PHASE	A	D	OPTION	AMOUNT	SUB ACCT	INVOICE NUMBER	INVOICE DATE
14548	CTE	121	HF	1009		012	C			200.00			04/30/03
14548	CTE	121	HF	1010		012	C			200.00			04/30/03
14548	CTE	121	HF	1011		012	C			200.00			04/30/03
14548	CTE	121	HF	1012		012	C			200.00			04/30/03
14548	CTE	121	HF	1013		012	C			200.00			04/30/03
14548	CTE	121	HF	1014		012	C			200.00			04/30/03
14548	CTE	121	HF	1015		012	C			200.00			04/30/03

STEP 1
APPLICATION FOR IMPROVEMENT PERMIT

MECK CO. HEALTH DEPT
ENVIROMENTAL DEPT
700 N TRYON ST STE 700
CHARLOTTE NC 28202

REMITTANCE ADVICE

DETACH BEFORE DEPOSITING CHECK

Permit Number: 5225B

Tax Number: 195-071-02

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	
.275 Long-term acceptance rate	480 Max gallons/day wastewater flow	1134.5 Absorption Area (sq ft)	9 Trench spacing (min. on centers)	
N Serviced by private well	1500 Gallon septic tank	378' Total trench length (ft)	36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
4 Bedrooms in residence	1000 Gallon pump tank	N/A Depth of stone		

Any surface waters present: Type: Minimum separation distance:

Site modifications required:

Additional Conditions: Type III G System 35% Reduction Requires Warranty Forms and agreement forms. Lift Station Required. 5 year maint. inspection by local Health Dept required

Repair Area System Type Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
1309' Absorption Area (Sq ft) 1436' Total Trench Length (Ft)	N/A Depth of Stone Trench	9' Trench spacing (min. on centers)	≤36" Maximum Trench Depth	

For existing system, enter the year originally installed:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for t 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 effe 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 Departme
- This Improvement permit is transferable.

Joshua R. Sellers R.S. IREHS — BEHNR Authorized Agent — Date 06-19-03

Mary Beth Walsh 6-23-03 — Owner/Agent Signature — Date

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

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

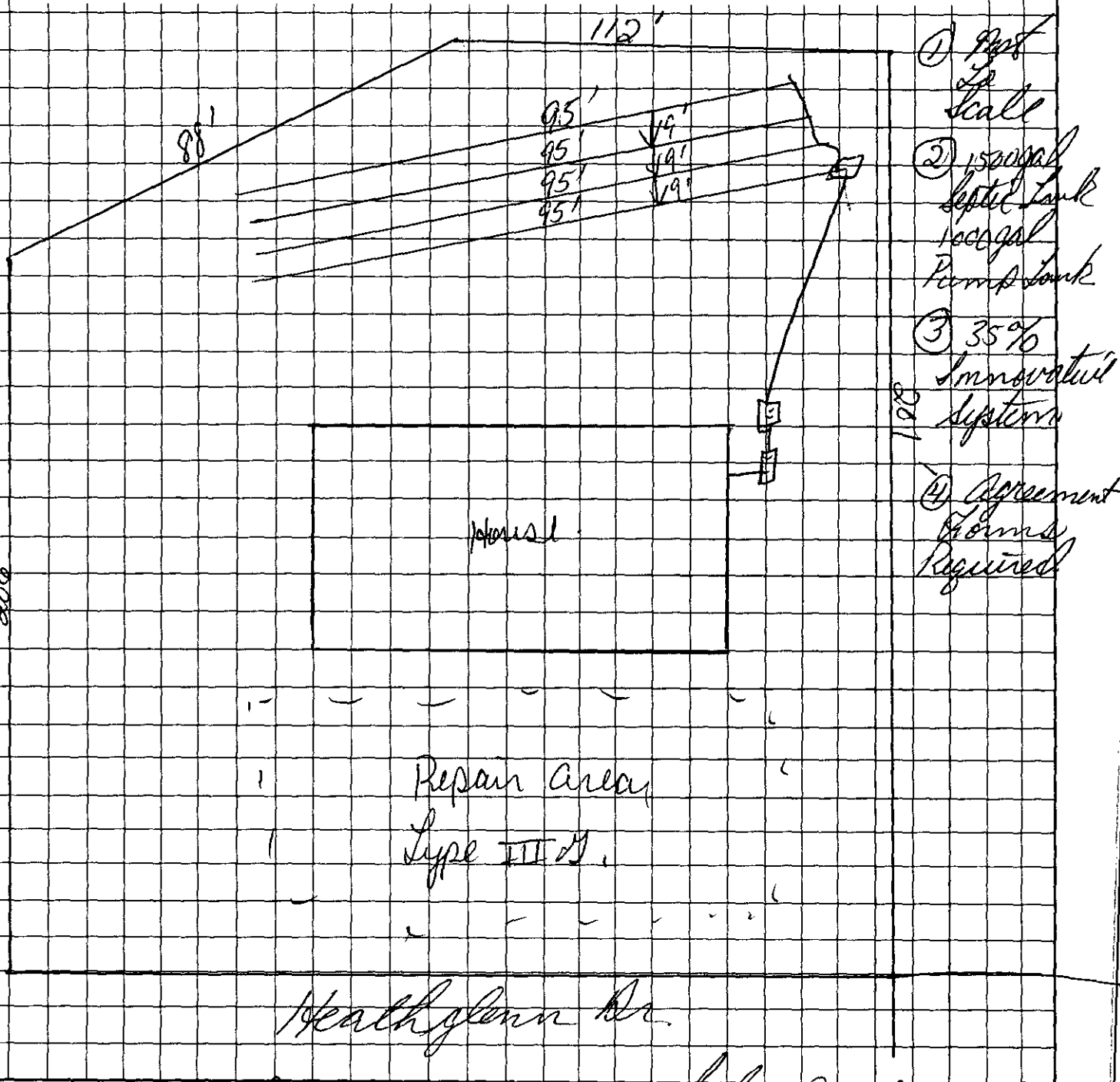
PROPOSED PLOT PLAN

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

FILE: 52253

TC: 195-071-02

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.



Mary Bell Walsh
OWNER/AGENT SIGNATURE

DATE 6-23-03

APPROVAL DATE Joshua R. Sellers R.S. REHS
06-19-03

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

FILE COPY	
FILED FOR REGISTRATION	DOC. #
DATE 6/25/03	TIME 8:47
BOOK 15568	PAGE 332
STAMPS	REC FEE 200
JUDITH A. GIBSON, REGISTER OF DEEDS MECKLENBURG COUNTY, NC	

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 # 52258
PARCEL # 195071-02

The undersigned, NVR, INC DBA Ryan Homes, owner of property located at 6827 Heath Glen Dr, (the "site") and described in an instrument recorded in Book 539 at Page 539, 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:

This instrument was prepared by: NVR, INC DBA Ryan Homes
Mail after recording to: 10815 David Taylor Dr
Charlotte, NC 28262

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

Sheet: 1
Property ID: PO 195-071-02
Lot #: 9
File #: 5225B
Code: 1

ACS

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: NVR, Inc., dba Ryan Homes
Applicant:
Address: 10815 David Taylor Drive, Charlotte, N. C. 28262
Date Evaluated: 05/09/2003
Proposed Facility: Residence
Design Flow (.1949): 480gpd
Property Size: .8a
Location of Site: 6827 Heath Glen Drive
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 Structure/ Texture	SOIL MORPHOLOGY .1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 5	0-6	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48+	N/A	NONE	PS, IV
		6-48+	SBK/ABK/C	FI/SEXP/S/P	MOTTLES @30"				.25GPD/FT^2
2	"	0-5	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	"	"	"	PS, IV
		5-48+	SBK/ABK/C	FI/SEXP/S/P					.3GPD/FT^2
3	"	0-6	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	"	"	"	"
		6-48+	SBK/ABK/C	FI/SEXP/S/P					
4	"	0-6	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		6-48	SBK/ABK/C	FI/SEXP/S/P					
5	"	0-5	GR/SCL	FR/SEXP/SS/SP	"	"	"	"	PS, IV
		5-33	SBK/ABK/C	FI/SEXP/S/P	MOTTLES @32", SOME				.25GPD/FT^2
		33-48	ABK/C	"	WATER ENTERING PIT				
6	"	0-7	GR/SL	FR/SEXP/NS/NP	>48+ TO SOIL WETNESS	"	"	"	PS, IV
		7-48+	SBK/ABK/C	FI/SEXP/S/P					.275GPD/FT^2
7	"	0-6	GR/CL	FR/SEXP/SS/SP	"	"	"	"	PS, IV
		6-48+	SBK/ABK/C	FI/SEXP/S/P					.25GPD/FT^2

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.275GPD/FT^2	.275GPD/FT^2

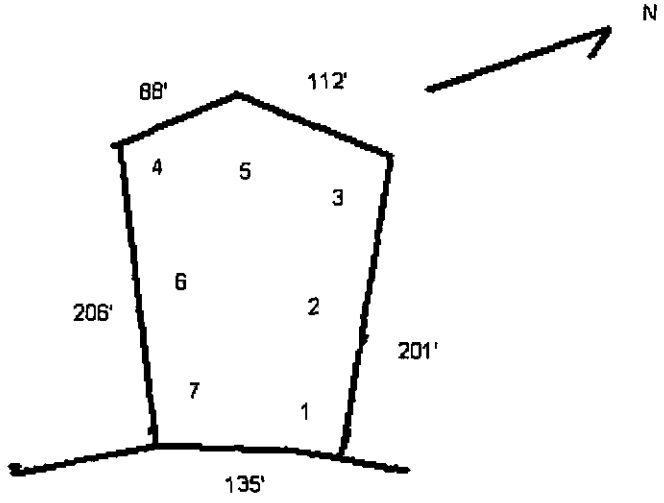
Other Factors (.1946): _____
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 5/13/2003. W. R. Marlin
Others Present:

FILE # 5225B

COMMENTS: 100%^ repair area

LANDSCAPE POSITIONS	GROUP	TEXTURES	.1955 LTAR	CONSISTENCE MOIST	WET
R-RIDGE	I	S-SAND	1.2 - 0.8		
S-SHOULDER SLOPE		LS-LOAMY SAND		VFR-VERY FRIABLE	NS-NON-STICKY
L-LINEAR SLOPE				FR-FRIABLE	SS-SLIGHTLY STICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8 – 0.6	FI-FIRM	S-STICKY
N-NOSE SLOPE		L-LOAM		VFI-VERY FIRM	VS-VERY STICKY
H-HEAD SLOPE				EFI-EXTREMELY FIRM	NP-NON-PLASTIC
CC-CONCLAVE SLOPE	III	SI-SILT-	0.6 – 0.3		SP-SLIGHTLY STICKY
CV-CONVEX SLOPE		SIL-SILT LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAN		SCL-SANDY CLAY LOAM			
		SICL-SILTY CLAY LOAM			
	IV	SIC-SILTY CLAY	0.4 – 0.1		
		C-CLAY			
		SC-SANDY CLAY			

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



NORTH CAROLINA
FIVE YEAR LIMITED WARRANTY
Approved Effective April 24, 2002

Ring Industrial Group ("Ring") hereby extends, for a period of FIVE (5) YEARS, the following Limited Warranty to the system owner who acquires through an authorized EZflow Brand drain field system installer a new EZflow Brand drain field system located in the State of North Carolina. The drain field system is warranted to be free from defective materials and workmanship and to perform in accordance with the state performance requirements (15A NCAC 18A Section .1900) in effect on the date of installation. This Limited Warranty applies only to those EZflow Brand drain field systems whose trench length modification has greater than a 25% reduction as compared to the sizing standard for a conventional gravel trench as permitted by the State of North Carolina. This Limited Warranty is subject to the terms and conditions stated below.

I. WARRANTY ELIGIBILITY:

The system owner is eligible for this Limited Warranty provided all of the terms and conditions of this Limited Warranty are strictly followed. The terms of this warranty shall transfer from the original system owner to subsequent system owners for the duration of this Limited Warranty. This Limited Warranty covers only the performance of the EZflow Brand drain field system as manufactured and installed in accordance with the manufacturer's design specifications and current state regulatory approval.

II. CONDITIONS OF LIMITED WARRANTY:

This Limited Warranty shall only apply if the EZflow Brand drain field system is installed for use with domestic strength effluent and located in the State of North Carolina and all of the following terms and conditions are satisfied:

(i) The design and installation of the EZflow Brand drain field system is according to all applicable plumbing and building codes, ordinances, requirements and regulations.

(ii) The design and installation of the EZflow Brand drain field system is strictly according to the rules and regulations of the North Carolina state agency or state-authorized agency that is responsible for inspection and approval

(iii) The design and installation of the EZflow Brand drain field system is strictly according to all applicable permitting procedures for the EZflow Branddrain field systems adopted by the North Carolina state agency or state-authorized agency that is responsible for inspection and approval.

(iv) The EZflow Brand drain field system is subject to use permitted by the applicable North Carolina rules and regulations for on-site systems.

(v) Only an authorized EZflow Brand drain field system installer shall perform the installation of the EZflow Brand drain field system.

III. WHAT IS WARRANTED AND FOR HOW LONG:

The EZflow Brand prefabricated nitrification drain field system is warranted for FIVE (5) YEARS from the date of issuance of the Certificate of Occupancy, or the date of issuance of the Operation Permit, which ever is later

If the EZflow Brand drain field system fails within the five (5) year period of this Limited Warranty and all of the terms, conditions and requirements of this Limited Warranty have been met, Ring shall provide all materials and labor that may be necessary to provide a fully functional wastewater system at no cost to the system owner. This section shall not be construed to require that a manufacturer warrant an innovative wastewater system that is not properly sized to meet the design load required for a particular use, that is improperly installed, or that is improperly operated and maintained, in accordance with 15A NCAC 1 SA . 1900 et. seq. Warranty repairs such as full replacement of the nitrification system, extension of the nitrification system or other repairs shall be completed pursuant to a repair Authorization to Construct to be issued by the local health department in accordance with 15A NCAC 18A .1900 et. seq. Rule .1961(1).

A system failure is defined by North Carolina 15A NCAC 18A .1900 rules.

IV. WHAT IS NOT COVERED BY THIS LIMITED WARRANTY:

1. The septic tank and all septic tank filters, unless required to make the system fully functional.
2. Effluent distribution box(es) and headers, unless required to make the system fully functional.
3. Improper installation.
4. Plastic pipe not authorized by Ring to be used with the EZflow Brand drain field system.
5. Failure due to excessive use or improper use as defined by state rules for on-site wastewater systems, including, but not limited to, excessive water usage, improper grease disposal, or failure to remove septic tank solids (digested sludge).
6. Landscaping costs other than those specified by rule.
7. Failure due to improper sizing as defined by state rules.
8. Repair work performed prior to a claim or which is done without Ring authorization.
9. This Limited Warranty does not extend to incidental, consequential, special, indirect or punitive damages..
10. Drain fields repaired or modified by an unauthorized EZflow installer

V. RING OBLIGATIONS:

No representative of the company has the authority to change this warranty in any manner whatsoever, or to extend this warranty. No warranty applies to any party other than the original system owner or subsequent system owner.

VI. OWNER'S OBLIGATION:

1. Must have a signed and dated Operation Permit from the duly authorized representative of the North Carolina state agency or state-authorized agency that is responsible for EZflow Brand drain field system inspection and approval.
2. Must have a Warranty Certificate from an authorized EZflow Brand drain field system installer.
3. The system owner must notify the company in writing at its corporate headquarters within 90 days of being notified by an authorized agent of the state that the system has failed. Notice shall be sent to Ring Industrial Group, 65 Industrial Park Road, Oakland, TN 38060.
4. The system owner must have the septic tank solids (digested sludge) properly removed in accordance with state rules for on-site systems.

VII. DISCLAIMER AND LIMITATION ON IMPLIED WARRANTIES:

ALL WARRANTIES AND REMEDIES CONTAINED HEREIN ARE EXCLUSIVE AND THERE ARE NO OTHER WARRANTIES. ANY IMPLIED WARRANTIES OF MERCHANTABILITY AND OF FITNESS FOR A PARTICULAR PURPOSE, IMPOSED ON THE SALE OF EZFLOW BRAND DRAIN FIELD SYSTEM TO THE NORTH CAROLINA SYSTEM OWNER, ARE, BY LAW, LIMITED TO FIVE (5) YEAR DURATION FOR THE EZFLOW BRAND DRAIN FIELD SYSTEM AND ITS CONSTITUENT PARTS, AND ARE SUBJECT TO THE TERMS AND CONDITIONS OF THIS LIMITED WARRANTY. THIS WARRANTY DOES NOT EXTEND TO INCIDENTAL, CONSEQUENTIAL, SPECIAL, DIRECT OR INDIRECT DAMAGES, WHETHER ARISING IN CONTRACT OR TORT. THE COMPANY SHALL NOT BE LIABLE FOR LOSS OR DAMAGE TO PERSONAL PROPERTY, PENALTIES OR LIQUIDATED DAMAGES, LOSS OF PRODUCTION AND PROFITS, OVERHEAD COSTS, OR OTHER LOSS OR EXPENSE. SPECIFICALLY EXCLUDED ARE DAMAGE DUE TO WATER DAMAGE, ORDINARY WEAR AND TEAR, ALTERATION, ACCIDENT, MISUSE, ABUSE, OR NEGLECT; THE UNITS BE SUBJECTED TO STRESSES OR VEHICULAR TRAFFIC GREATER THAN THOSE PRESCRIBED IN THE INSTALLATION INSTRUCTIONS OR OPERATION INSTRUCTIONS; FAILURE TO MAINTAIN THE MINIMUM GROUND COVERS SET FORTH IN THE OPERATION INSTRUCTIONS; THE SYSTEM FAILURES DETERMINED TO BE DUE TO NON-COMPLIANCE WITH THE ON-SITE WASTEWATER LAW OR RULES (130A-133, et. seq.; 15A NCAC 18A Section .1900) INCLUDING BUT NOT LIMITED TO IMPROPER SITING, EXCESSIVE WATER USAGE, IMPROPER GREASE DISPOSAL, PLACEMENT OF IMPROPER MATERIALS INTO THE SYSTEM, IMPROPER OPERATION OR IMPROPER MAINTENANCE; OR ANY OTHER EVENT NOT CAUSED BY THE COMPANY. THIS PERMIT SHALL BE VOID IF THE SYSTEM OWNER FAILS TO COMPLY WITH ALL OF THE TERMS SET FORTH IN SECTION II AND IV OF THIS WARRANTY.

FURTHERMORE, IN NO EVENT SHALL THE COMPANY BE RESPONSIBLE FOR ANY LOSS OR DAMAGE TO THE ORIGINAL OR SUBSEQUENT SYSTEM OWNER(S), THE DRAIN FIELD SYSTEM, OR ANY THIRD PARTY RESULTING FROM SHIPMENT OF THE DRAIN FIELD SYSTEM, OR FROM ANY PRODUCT LIABILITY CLAIMS OF THE ORIGINAL OR SUBSEQUENT SYSTEM OWNER(S) OR ANY THIRD PARTY.

THIS LIMITED WARRANTY GIVES YOU SPECIFIC LEGAL RIGHTS. NORTH CAROLINA LAW MAY GIVE YOU CERTAIN SPECIFIC OTHER RIGHTS WHICH ARE NOT MENTIONED HEREIN.

VIII. TRANSFER OF WARRANTY

This warranty extends to the original system owner and to each subsequent owner of the system during the term of this Limited Warranty.

"I acknowledge to the company and the system owner that the wastewater system and the EZflow Brand drain field system have been installed in accordance with the installation instructions of the company, state wastewater laws and rules, the innovative wastewater system approval, the improvement permit and authorization to construct, and other applicable laws and rules."

IX. INSTALLER CERTIFICATION

Business Name of Installer

Name of Person signing (Print)

Date 9-17-03 R.C.S., INC. Cathy Hinds 5225B

This warranty is provided in triplicate. One copy shall go to Ring Industrial Group, one to the local health department, and one to the system owner.

Write: Ring Industrial Group
65 Industrial Park Road
Oakland, TN 38060
Toll Free Phone: (800) 280-6333

Lot 9 Heathfield

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

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

195-07Z-37

File #: 5225B Permit #: _____ Tax Parcel #: ~~195-07K-32~~

Property Owner: Thelma Williams

Job Location Address: 6827 Heath Glen Dr

City: Mint Hill State: NC Zip Code: _____

Installation Approval Issuance Date: 11/14/14

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 _____, 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: .275 Previous GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: N/A gallons

Drainfield Design ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

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

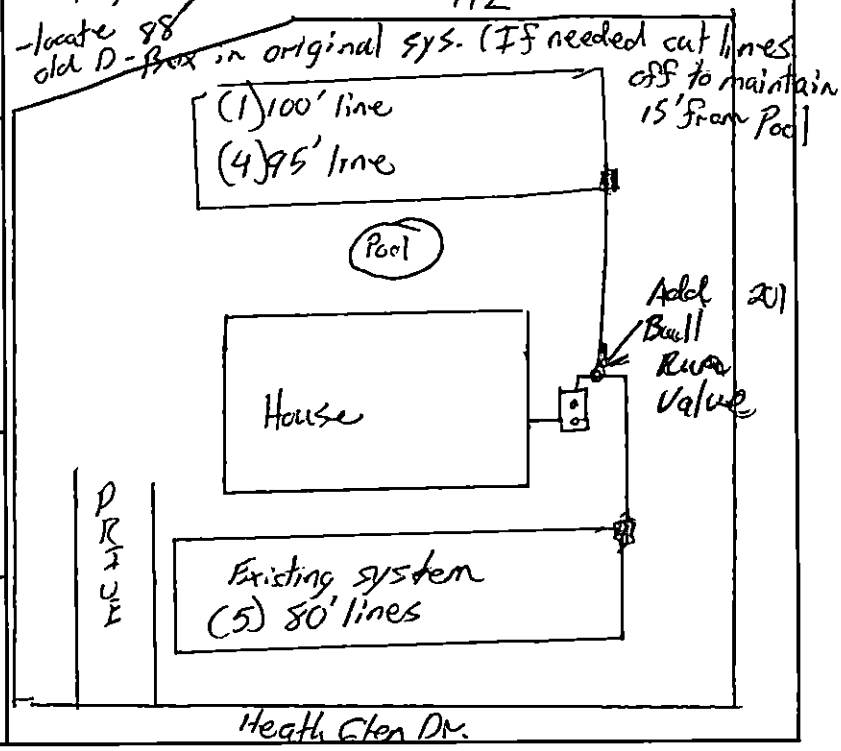
Distance from Building Foundation: _____ feet

Distance from Property Line: _____ feet

Distance from Water Supply Source: _____ feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

- Check D-Box of existing system
- Install Ball Run Valve
- For system in back cut off line close to pool to allow 15' setback



Comments: System Classification & Type: N/A

System is in a violation status.

DENR Authorized Agent: Bradley W. Hallman Signature: _____

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

NOTICE OF VIOLATION
ON-SITE WASTEWATER SYSTEM

☐ Certified Mail (Return Receipt) ☒ First Class Mail ☐ Hand Deliver

Owner: Thelma Williams

Mailing Address: 6827 Heath Glen Dr
Mint Hill, NC 28277

Occupant: Owner

Location: 6827 Heath Glen Dr
Mint Hil, NC 28277

☒ Residence ☐ Business ☐ Other

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.

On January 6, 2014 an inspection of the wastewater system by the Mecklenburg County Health Department indicated the following violations:

Violation/s

Observed a discharge of sewage to the surface of the ground or surface water.
[G.S. 130A-335(a) 15A NCAC 18A. 1961(a)(1)(A)]

You are hereby ordered to bring your wastewater system into compliance by completing the following:

☒ Install / Repair wastewater system. You must obtain a repair permit from the local health department prior to the repair of your system.

☐ Other Repairs *(Specify):*

☐ Eliminate wastewater discharge and connect to an approved wastewater system.

☐ Perform Maintenance *(Specify):*

If the wastewater violation is not brought into compliance by **February 10, 2014** appropriate legal action will be taken.

Failure to comply with laws, rules, and this notice will subject you to the following legal remedies; Injunction Relief [G.S. 130A-18], Administrative Penalties [G.S. 130A-22], Suspension or Revocation of Permits [G.S. 130A-23], and Criminal Penalties [G.S. 130-25].

For questions regarding this notice you should contact Bradley W Hallman at 704-336-5575

Notice Issued: 1/10/14
Date

DENR/DEH Authorized Agent

Compliance: _____
Date

DENR/DEH Authorized Agent

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

File 522513

Mecklenburg County
Land Use & Environmental Services Agency

SERVICE REQUEST SUMMARY

NOV

Service Request

Service Request ID #	19562
Department	Groundwater Services
Description	Sewage Complaint
Status	In Progress
Incident Address	6827 Heath Glen Dr. 19507237
Incident Location	6827 Heath Glen Dr.
Incident City	Mint Hill
Incident Zip	28227
Jurisdiction	
Submitted To	HALLMAN, BRAD
Date Initiated	1/3/2014 11:43:37 AM
Initiated By	MICHAEL, JEREMY
Date Dispatched	1/3/2014 11:45:16 AM
Dispatched To	HALLMAN, BRAD
Date Investigation Completed	
Closed By	
Problem Details	Sewage leaking from septic system in the front yard.
Comments	By MICHAEL, JEREMY: 1/3/2014 11:46:55 AM Caller stated sewage was leaking from the neighbors septic system in the front yard located at 6827 Heath Glen Dr. Odor is bad.
Total Labor Cost	$0.00

Associated Work Orders

Work Order Id	WO Status	Description	WO Address

Initiated By	Actual Start Date	Actual Finish Date	Submit To

Custom Fields

Field	Value
SEWAGE ON WATER BODY?	
SEWAGE IN STORM DRAIN?	
ANY WATER WELLS NEARBY?	
SURFACE SAMPLE COLLECTED?	