

21140 BETHEL CHURCH RD

00160150

12/19/2007

duponbj

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

873B

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 5/11/95

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 001-601-50

ASSIGNED ADDRESS 21140 Bethel Church Rd

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

		APPROVED	DISAPPROVED
1.	SUBDIVISION REGULATIONS	/	*
2.	FLOODWAY REGULATIONS	/	*
3.	EROSION CONTROL REGULATIONS	/	*
4.	PUBLIC UTILITY EASEMENT	/	*

		PRESENT	NOT PRESENT
5.	PUBLIC UTILITY EASEMENT	*	/
6.	PROPERTY FRONTS ON THOROUGHFARE	*	/
7.	DRIVEWAY PERMIT REQUIRED	*	/

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Septic Tank

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: Rob

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

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: 873-B DATE: 6-28-96

TC: 001-60150 ☐ L

SERIAL Nº 16872

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 _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A 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.

INSTALL W/ PLAN ON FILE

PLOT OF SYSTEM

Liquid Capacity of *Septic Tank* 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Y

Total Line Length 400 *feet*

Number of Lines 4

Depth of ~~Stone~~ _____ inches

Distance from House 5' + feet

Distance from Property Line 10' + feet

Distance from Well CWS *feet*

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

NAME OF OWNER MICHAEL DUNI

LOCATION OF PROPERTY 21140 BETHEL CH. RD

Comments: _____

Environmental Health Specialist

Phone 895-8696

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

873-B

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 5/12/95

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Mech

PARCEL NUMBER 001-601-50

ASSIGNED ADDRESS 21140 Bethel Church Rd

EXISTING ADDRESS _____

PROJECT NAME NA

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

		APPROVED	DISAPPROVED
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2.	FLOODWAY REGULATIONS		*
3.	EROSION CONTROL REGULATIONS		*
4.	PUBLIC UTILITY EASEMENT		*

		PRESENT	NOT PRESENT
5.	PUBLIC UTILITY EASEMENT	*	
6.	PROPERTY FRONTS ON THOROUGHFARE	*	
7.	DRIVEWAY PERMIT REQUIRED	*	

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Address Verified

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: Pave

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

CERTIFICATE OF COMPLETION/OPERATION PERMIT 15400

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

FILE: 873-B DATE: 9-3-96

TC: 001-601-50 ☐ L ~~☐ SRT~~

SERIAL № 16707

Name of Owner MICHAEL DUNI Juris.: _____

Address of Property 21140 BETHEL CHURCH RD

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth 12"

Water Supply Source CMUD

Distance to Water Source —

Excavation Inspected 9-3-96

Tank(s) Inspected 9-3-96

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design 1996 TYPE III INOVATIVE SYSTEM CTR# BOBBY MATHEW

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: _____

Environmental Health Specialist

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

873B/8744A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

FILE 873B/8744A 001-601-50 CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: HALL (last) HARRY (first) WATSON (mi)
ADDRESS: 20420 ISLAND FOREST DR. PHONE: (704) 892-0487
CITY: DAVIDSON STATE: N.C. ZIPCODE: 28036

Date: 3-17-95

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-601-50
STREET ADDRESS: 21140 ~~PINEHURST DR~~ BEATTY FORD RD
DAVIDSON, N.C. 28036
ZONING: R4

PROPERTY OWNER:
NAME: HALL (last) HARRY (first) WATSON (mi)
ADDRESS: 20420 ISLAND FOREST DR. PHONE: (704) ~~892-0487~~ 664-3951
CITY: DAVIDSON STATE: N.C. ZIPCODE: 28036

SUBDIVISION OR MOBILE HOME PARK NAME: PINEHURST HARBOR

Township (check one):
[X] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

LOT NUMBER: 13 LOT SIZE (in acres): .56

TYPE APPLICATION (check one):
[] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 5
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[X] Municipal (M) [] Other 'spring' (O)
[] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [X] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

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: Harry Watson Hall Date: 3-17-95

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

... INFILTRATION TYPE IV

AGREEMENT FORM ON FILE

[✓] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head 5 8 95 Date

WATER : 122791

letter sent
called Mr Hall 4-5-95 + spoke in reference to findings

Dep of Prec Ck# 6024 $130.00 3-19-95

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

FILE 873B/8744A
TC 001-601-50
[] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date: 3-17-95

PERSON FILING APPLICATION:
NAME: HALL (last) HARRY (first) WATSON (mi)
ADDRESS: 20420 ISLAND FOREST DR. PHONE: (704) 892-0487
CITY: DAVIDSON STATE: N.C. ZIPCODE: 28036

PROPERTY INFORMATION (FROM ENGINEERING FORM):
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STREET ADDRESS: 21140 PINEHURST DR
DAVIDSON, N.C. 28036
ZONING: R4

PROPERTY OWNER:
NAME: HALL (last) HARRY (first) WATSON (mi)
ADDRESS: 20420 ISLAND FOREST DR. PHONE: (704) 892-0487
CITY: DAVIDSON STATE: N.C. ZIPCODE: 28036

SUBDIVISION OR MOBILE HOME PARK NAME:
PINEHURST HARBOR

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Underground Storage Tanks On Property (Y/N) ___ Type _____

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[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

873B/ 874A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

#1-#15 2/19 Ck #6024

[] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:

NAME: HALL (last) HARRY (first) WATSON (mi)

ADDRESS: 20420 ISLAND FOREST DR PHONE: (704) 892-0487

CITY: DAVIDSON STATE: NC ZIPCODE: 28036

Date: 1-30-95

PROPERTY OWNER:

NAME: HALL (last) HARRY (first) WATSON (mi)

ADDRESS: 20420 ISLAND FOREST DR PHONE: (704) 892-0487

CITY: DAVIDSON STATE: N.C. ZIPCODE: 28036

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 001-601-50

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DAVIDSON, N.C. 28036

ZONING: R4

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Signed: Harry Watson Hall Date: 1-30-95

NOTICE:

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[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

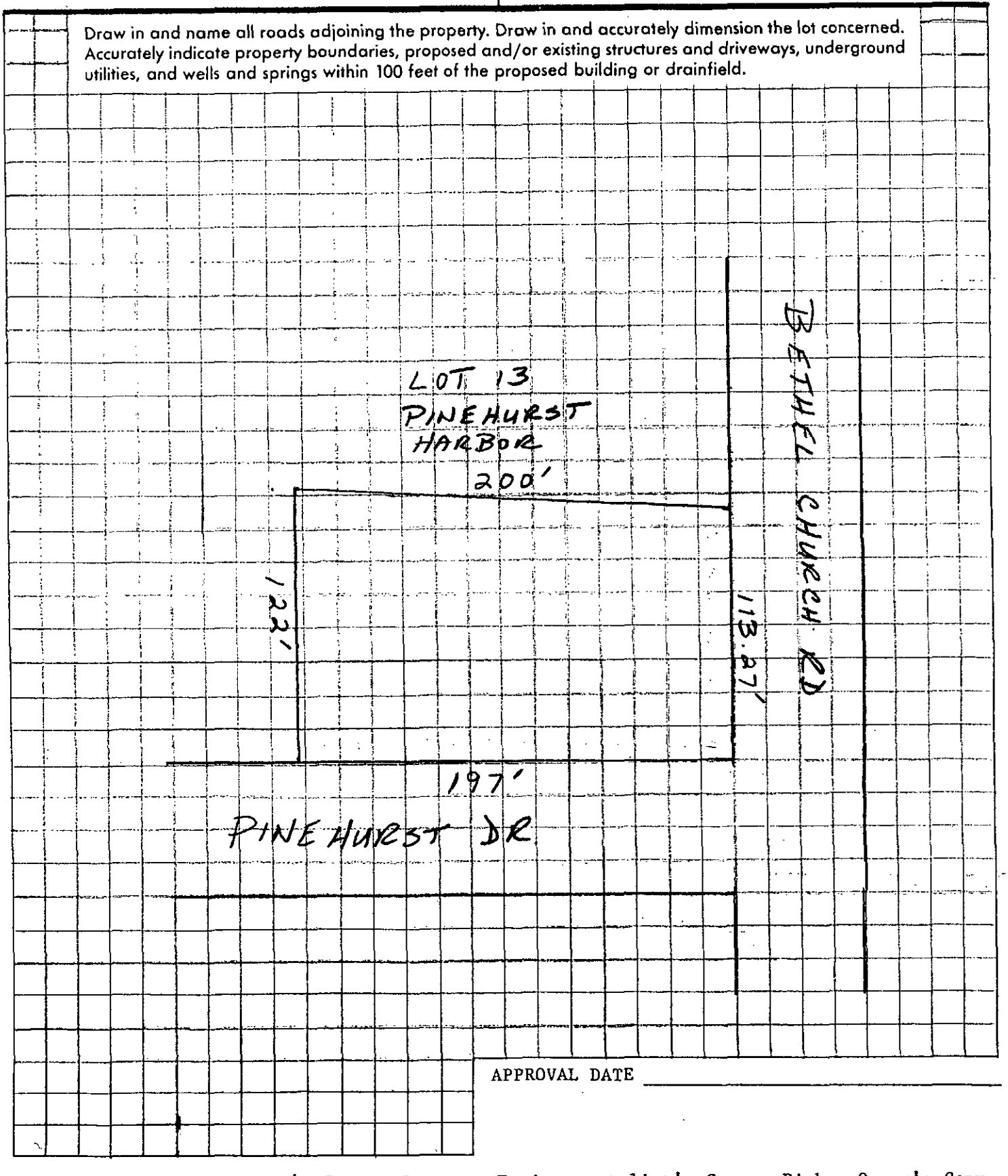
PROPOSED PLOT PLAN

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

FILE: 873B/874A

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.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

Doc Deed Dup Part

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[ ] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:

NAME: DUNI (last) MICHAEL (first) D. (mi)

ADDRESS: 21140 BETHEL CHURCH RD. PHONE: (704) 895-8696

CITY: CORNELIUS STATE: NC ZIPCODE: 28036

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 001-601-50

STREET ADDRESS: 21140 Bethel Church Rd

ZONING:

PROPERTY OWNER:

NAME: SAME (last) (first) (mi)

ADDRESS: PHONE: (__) __

CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[ ] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) STO RAGE

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 5

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FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
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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: Michael D. Duni Date: August 1, 1996

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

...8/5/96 on site visit.

8/7/96 PC w/Michael Duni. ~~Per Mr. Duni Storage building~~ will not have permanent foundation. Advised Mr. Duni if repair area to real property ever utilized, storage building may have to be removed.

W# 329-9905

Parcel # 516-9525

LIXS for
[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
Storage Building - No plumbing

Liza B. Malik, RS 8/7/96
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

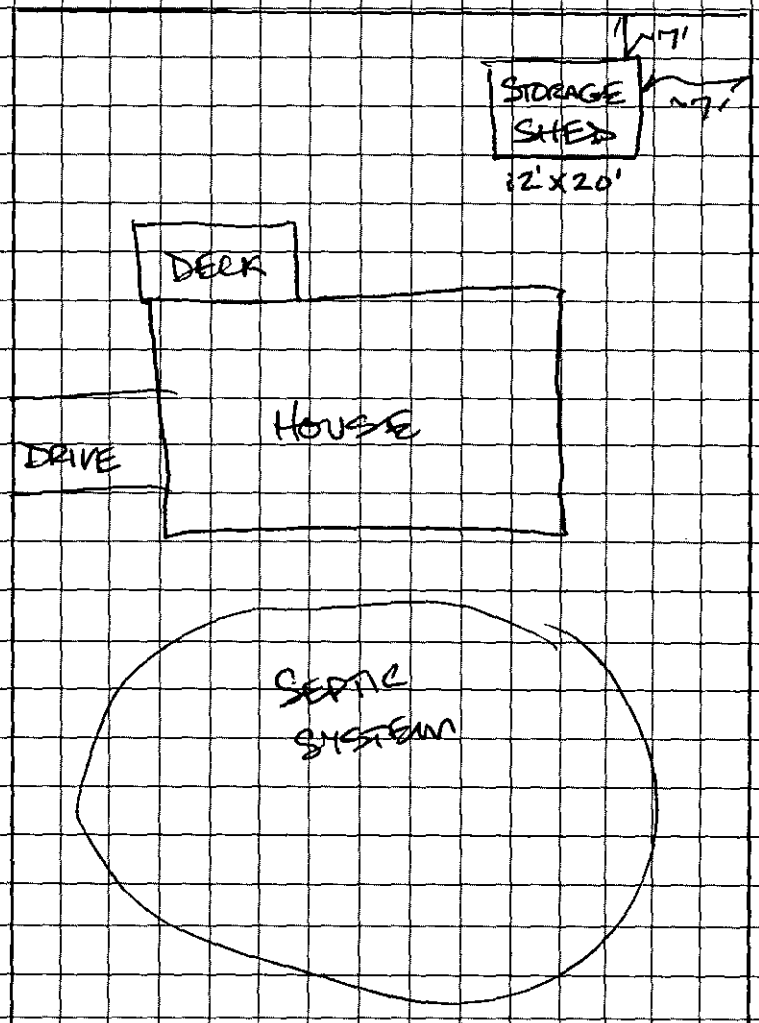
PROPOSED PLOT PLAN

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

FILE: 873 B

TC: 001-601-50

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.



Note:
Storage building located on site prior to the filing of this application. Storage building on cinderblocks.

Advised property owner, Michael Dunn, that if the designated sewage disposal system repair area located to the rear of the property must be utilized in the future, the storage building may have to be removed. Per Mr. Dunn, the storage building will not have a permanent foundation

Michael D. Dunn
OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE 8/7/96 Lisa B. Mialik BS
Approval to use existing system for storage building - NO plumbing.

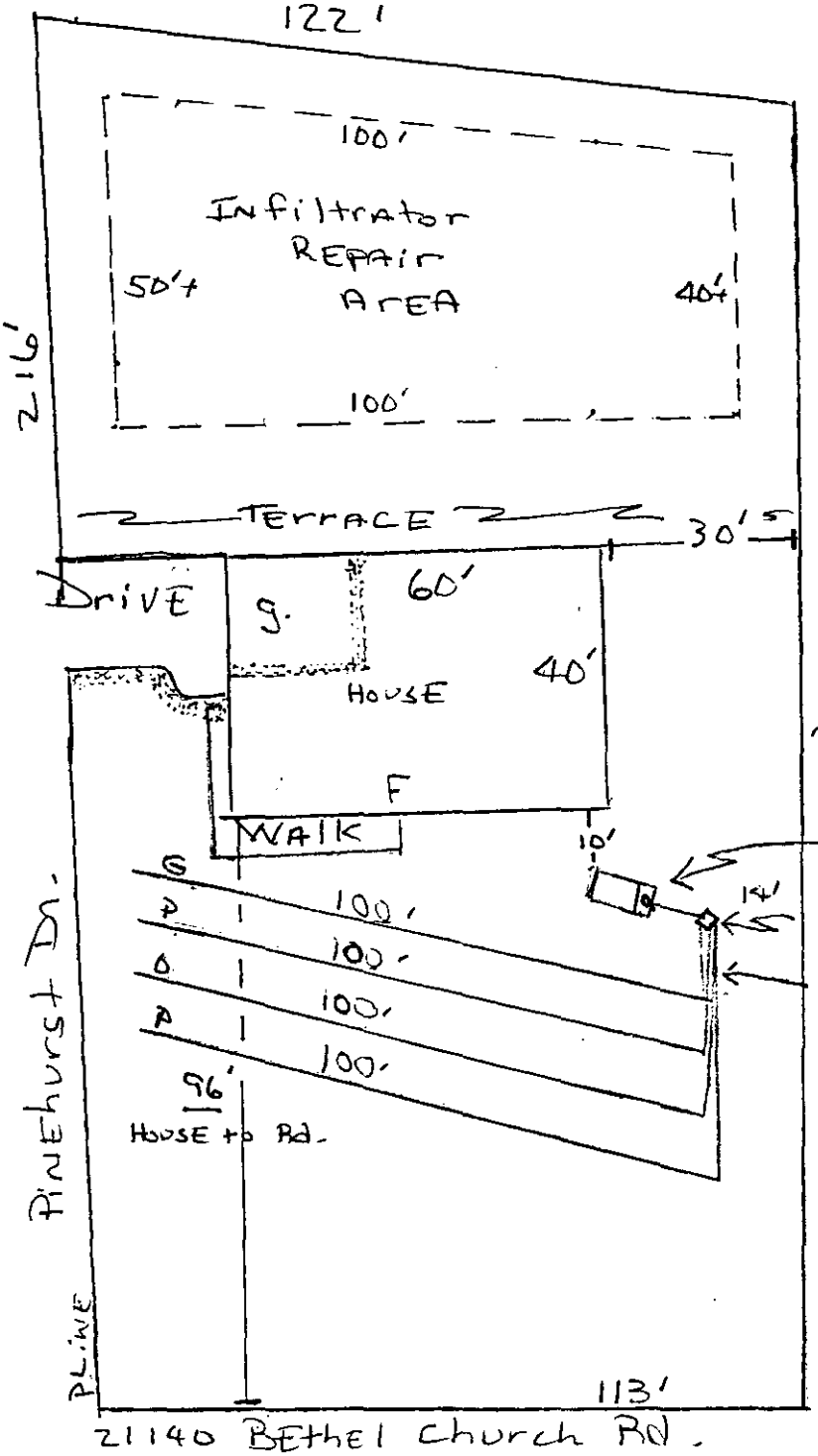
White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

mcHD

File: 873-B

TC: 001-601-50

Lot 13, Pinehurst Harbor



*(4) Bedrm. Gravity Infiltrator Plan

(4) 100' lines

(16) units per line

(64) units Total

1,500 gal. Septic Tank

Distribution Box

3" PVC to units

T. Whittaker
866-9540
Scale 30

MCHD
FILE: 873-B

SPECS

* (4) Bedrm. Gravity Infiltrator Plan

1,500 gal. SEPTIC TANK

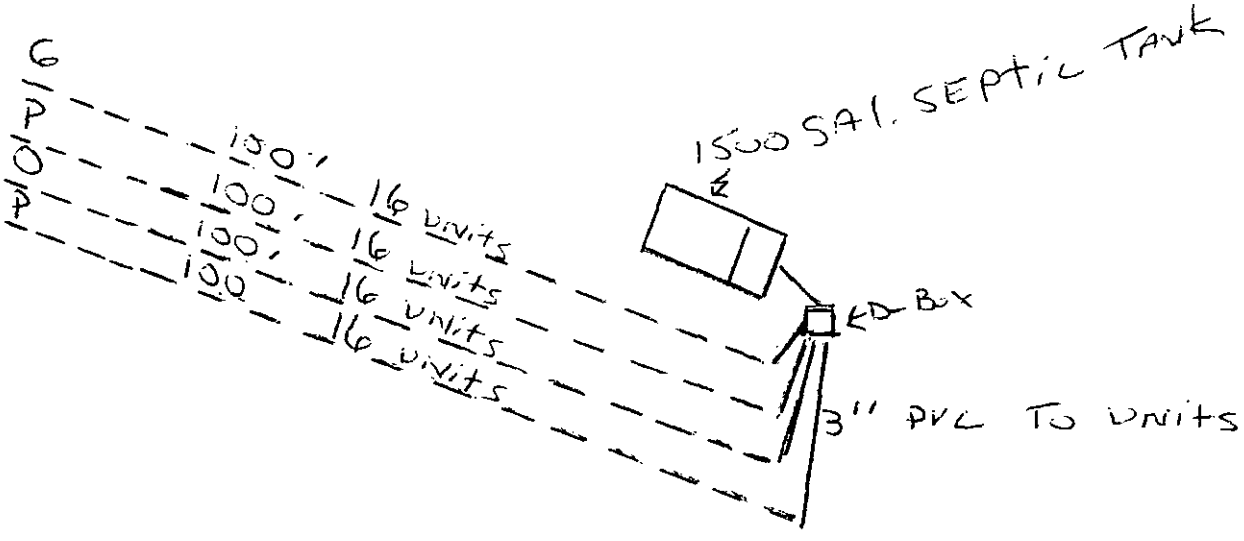
(1) Distribution Box

(4) 100' LINES; TOTAL 400'

(16) UNITS PER 100' LINE

(64) UNITS TOTAL

3" PVC (sched. 40) TO SERVE UNITS from Distribution Box.



T. Whitaker
NTS SCALE

THE INFILTRATOR™

SEPTIC SYSTEM INSTALLATION INSTRUCTIONS

1 Excavate and level 3' wide trenches.

2 Prepare trench bottom and sides in accordance with state and local regulations. (Infiltrator Systems recommends raking sidewall and bottom infiltrative surfaces to eliminate smearing.)

3 Screw splash plate on bottom of open end plate.

4 Screw open end plate into inlet end (without interlocks) of first INFILTRATOR™ chamber with splash plate extending into unit.



5 Place first unit in the inlet end of trench with interlocks downstream.

6 Run distribution pipe through inlet opening in end plate but not beyond splash plate. Single screw may be used to hold in place. **Pipe does not normally run the length of system.**



7 Connect INFILTRATOR™ units together, fully engaging interlocks to form desired trench length.

a. The joints may be screwed together for ease in construction.

b. Trench grade should be checked with a level or surveying equipment.

8 Screw closed end plate in downstream end of last unit to hold in place. **NOTE:** For serial distribution, or to loop the trenches together, use an open end plate at the downstream end of the trench, and run a pipe from the opening to the next trench.

9 Fill side wall area to top of slots with native soil. "Walk" fill into place to give proper support of sides. **THIS IS VERY IMPORTANT TO ACHIEVE FULL STRENGTH.**



10 Backfill to a minimum of 12" of cover after compaction and settling for H-10 units and 18" for H-20 units. Avoid large rocks in the backfill material. **CAUTION:** Avoid vehicle traffic on system during construction since soil has not settled. This is particularly important in sand, since loose sand offers very little structural support. Most states advise avoiding vehicle traffic to prevent compaction of the infiltrative surface. (After proper depth of cover is compacted and settled, INFILTRATOR™ leaching chambers will then support vehicle weight not to exceed 16,000 lbs. per axle for H-10 units and 32,000 lbs. per axle for H-20 units.)



INFILTRATOR™ is a trademark of Infiltrator Systems, Inc.

Mecklenburg County
Health Department

March 6, 1995

Mr. Harry Watson Hall
20420 Island Forest Drive
Davidson, NC 28036

Dear Mr. Hall:

Re: 21140 Pinehurst Drive
File: 873B/8744A
Parcel: 001-601-50

Application has been received requesting an Improvement Permit for a sewage treatment and disposal system for the above mentioned property. The number of bedrooms, water supply and placement of house, driveway and any other proposed items on the property must be submitted to this Department before any further action can be taken concerning this file.

Enclosed is a plot plan for you to complete and submit to this Department at your convenience.

If you have any questions concerning this matter, please contact me at 336-5569.

Sincerely,

Susan M. Bateman, R.S.
Individual Water and Wastewater Systems

SB:gf

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

BK: 08137 PG: 0842/0845 #:0141 14.00
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 05/05/95 12:30

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM *"UNSUITABLE" TO "PROVISIONALLY SUITABLE"* UNDER 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c)

FILE # 873B/8744A
PARCEL # 001-601-50

The undersigned, HARRY WATSON HALL, owner of property located at 21140 PINEHURST DRIVE, (the "site") and described in an instrument recorded in Book 24 at Page 939, 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 his responsibility and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further 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: HARRY WATSON HALL
Mail after recording to: 20420 ISLAND FOREST DRIVE
DAVIDSON, N.C. 28036

- 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.

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

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

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 5th day of May, 1995.

HARRY WATSON HALL
(Corporate Name)

By: Harry Watson Hall

_____ President

ATTEST:

_____

_____ Secretary

(Corporate Seal)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

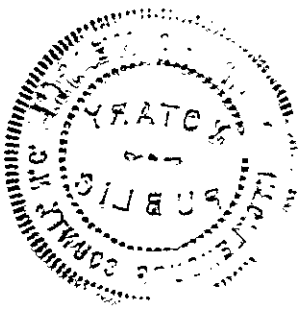
I, Mary Jo Hearne, a Notary Public for said County and State, do hereby certify that Harry Watson Hall personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 5th day of May, 1995.

Mary Jo Hearne
Notary Public

My Commission Expires:
7-18-98





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:

_____

Mecklenburg County
Health Department

April 4, 1995

Harry Watson Hall
20420 Island Forest Drive
Davidson, NC 28036

Dear Mr. Hall:

Re: 21140 Pinehurst Drive
File: 873B/8744A
Parcel: 001-601-50

Receipt of the plans and specifications for a conventional system of sewage treatment and disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15A NCAC 18A .1900, "Laws and Rules for Sewage Treatment and Disposal Systems." Our comments are listed below (see enclosed soil report):

1- The available area on this site is classified as **UNSUITABLE** according to the following rules:

(a) .1940 Topography and Landscape position
(b) .1945 Available Space

For these reasons, the plans as submitted are disapproved.

Possible ways to develop this site includes submittal of a plan for a Prefabricated, Permeable Block Panel System (PPBPS), or possibly The Infiltrator System. These plans would also need to include information pertaining to grading plans. Enclosed is a copy of Rule .1956 Modifications to Septic Tank Systems pertaining to PPBP Systems and a copy of Innovative Wastewater System No: IWWS-93-2-R1.

You also have the right to an informal review with this Department, you have the right to appeal under G.S. 130A-24 through the State Office of Administrative Hearings (OAH), and to have the appeal held in Mecklenburg County.

If you have any questions concerning this matter, please contact me at 336-5569.

Sincerely,

Susan M. Bateman, R.S.
Individual Water and Wastewater Systems

cc: Mr. William Marlin, Soil Scientist

Enclosure

873B/874A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PQ CK# 4176
50 2/18/93 MJ [] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:

NAME: Hall (last) Harry (first) W (mi)

ADDRESS: 20420 Island Forest Dr PHONE: (704) 892 0487

CITY: Davidson STATE: N.C. ZIPCODE: 28036

Date: 2-10-93

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 001-601-50

STREET ADDRESS: 21140 Pinehurst Dr. Davidson, N.C. 28036

ZONING: R-4

PROPERTY OWNER:

NAME: Hall (last) Harry (first) W (mi)

ADDRESS: 20420 Island Forest Dr PHONE: (704) 892 0487

CITY: Davidson STATE: N.C. ZIPCODE: 28036

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[X] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

TYPE APPLICATION (check one):

LOT NUMBER: 13 LOT SIZE (in acres): .56

[X] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[X] Municipal (M) [] Other 'spring' (O)
[] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

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: Harry Watson Hall Date: 2-10-93

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

...

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

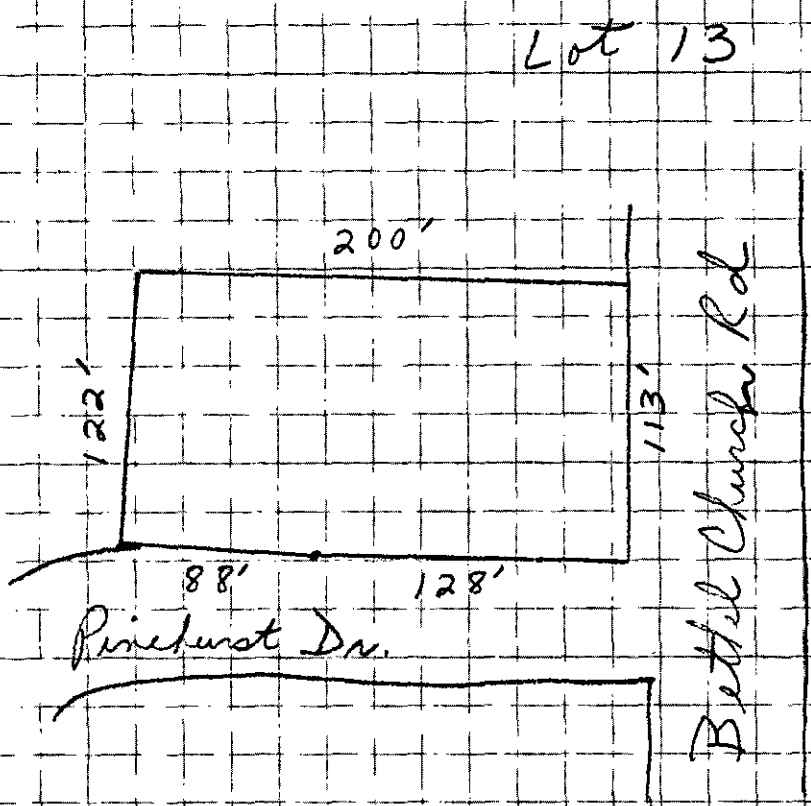
PROPOSED PLOT PLAN

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

FILE: 8738/8744

TC: 001-601-50

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.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

Mecklenburg County

Health Department

Betty S. Snow, R.N., M.A.
Health Director

April 2, 1993

Mr. Harry W. Hall
20420 Island Forest Drive
Davidson, NC 28031

Re: Property located at 21140 Pinehurst Drive
File: 873B/8744A
Parcel: 001-601-50

Dear Mr. Hall:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified **UNSUITABLE** for the installation of such a system. A copy of the site evaluation report (Serial No. 19282) is enclosed for your information.

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 15A NCAC 18A .1957 (c) are met. A reprint of this section is enclosed for your information.

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

If you need any assistance, please feel free to call Mr. Bill Marlin at 336-5574.

Sincerely,

Kelly Randall, R.S., Soil Scientist
Individual Water & Wastewater Systems

KR:lw
Enclosure (2)

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19282

File: 8738/8744A Action 2

Parcel: 001-601-50 ☐PC

Location: 21140 Pinehurst Dr.

Subdivision:

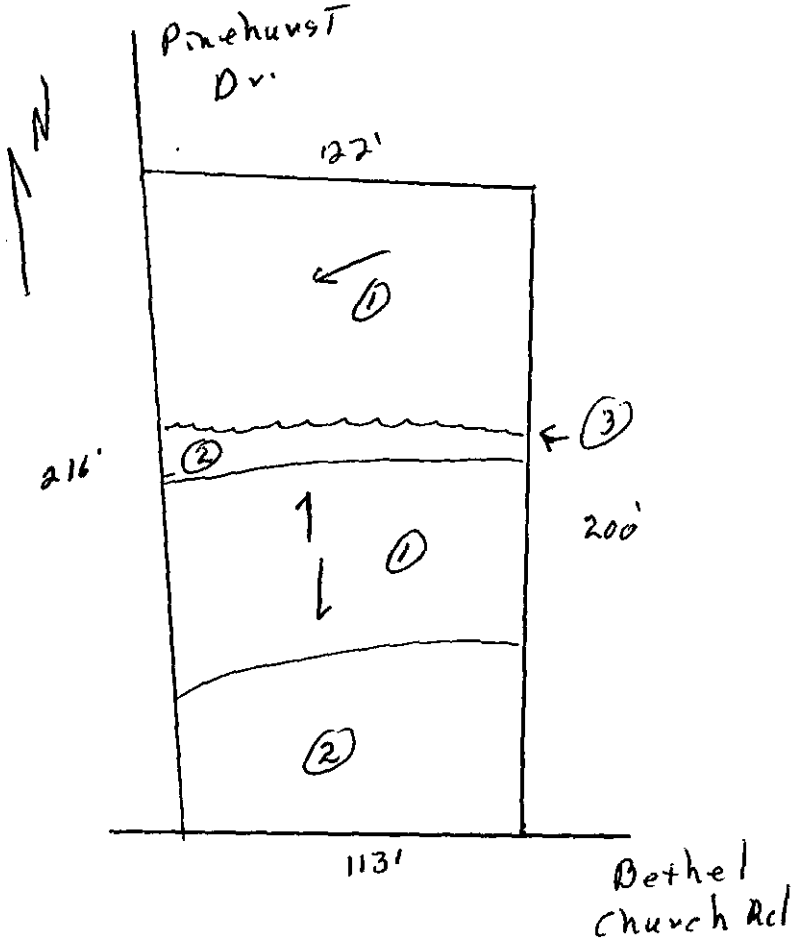
Lot: 13 Block: Acres: .56

Owner: Harry W. Hall
Address: 20420 Island Forest Dr.
Davidson, N.C.

Comments: 100% Repair, 3 bed/ 6x7/day LTAR, system may need pump

Described by: William R. Marks

Date: 4-1-93



*** EVALUATION KEY ***

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-8%	S PS (U) Depression	S PS (U) >2' cut	S PS U	S PS U	S PS U
Texture	S (PS) U Slightly Expansive Clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Sub L Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U 7-48" to water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U 48"+	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 48"+	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Restrictive	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IK Cecil/Lilo	Depression	>2' Cut			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

COPY

873B/874A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PQ CR# 4176
50 2/18/93 MJ4 [] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date: 2-10-93

PERSON FILING APPLICATION:

NAME: Hall (last) Harry (first) W (mi) 810 3rd

ADDRESS: 20420 Island Forest Dr PHONE: (704) 892 0487

CITY: Davidson STATE: N.C. ZIPCODE: 28036

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 001-601-50

STREET ADDRESS: 21140 Pinehurst Dr.

Davidson, N.C. 28036

ZONING: R-4

PROPERTY OWNER:

NAME: Hall (last) Harry (first) W (mi)

ADDRESS: 20420 Island Forest Dr PHONE: (704) 892 0487

CITY: Davidson STATE: N.C. ZIPCODE: 28036

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[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

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TYPE APPLICATION (check one):

[X] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

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[] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

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[X] Municipal (M) [] Other 'spring' (O)
[] Private Well (P)

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[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

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: Harry Watson Hall Date: 2-10-93

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

...

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
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Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

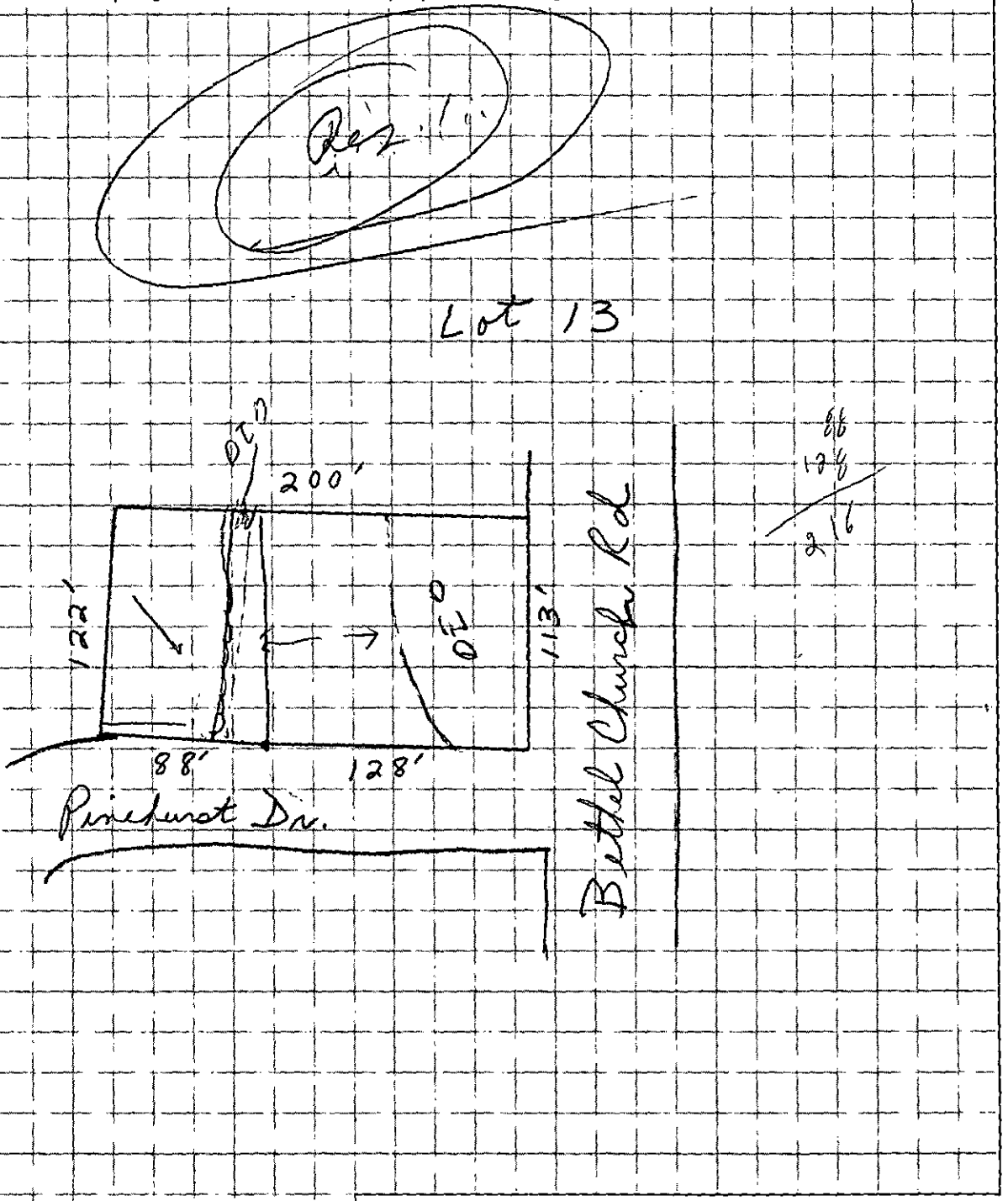
PROPOSED PLOT PLAN

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

FILE: 873B/874A

TC: 001-601-50

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.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy