

20734 LAGOONA DR

00170406

1/4/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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9/15/03 JKA

ACS MD

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

Jeremy
4192B

Date: 9/18/03

PERSON FILING APPLICATION:
NAME: BYRD (last) WESLEY (first) R (mi) 704-506-9994 (mi)
ADDRESS: 20734 LAGOONA DR PHONE: 704 896-7152
CITY: CORNELIUS STATE: NC ZIPCODE: 28031

PROPERTY OWNER:
NAME: BYRD (last) WESLEY (first) R (mi)
ADDRESS: 20734 LAGOONA DR PHONE: 704 896-7152
CITY: CORNELIUS STATE: NC ZIPCODE: 28031

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-704-06
STREET ADDRESS: 20734 LAGOONA DR CORNELIUS NC
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME: BISCAYNE PARK
LOT NUMBER: 59 LOT SIZE (in acres): .48

TYPE APPLICATION (check one):

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

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: 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
[X] 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: Wesley R Byrd Date: 9/18/03

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.

... O.K. to use existing system for a detached garage addition

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

Tommy Mitchell R.S. 9/22/03
Environmentalist Date

WATER : 122791

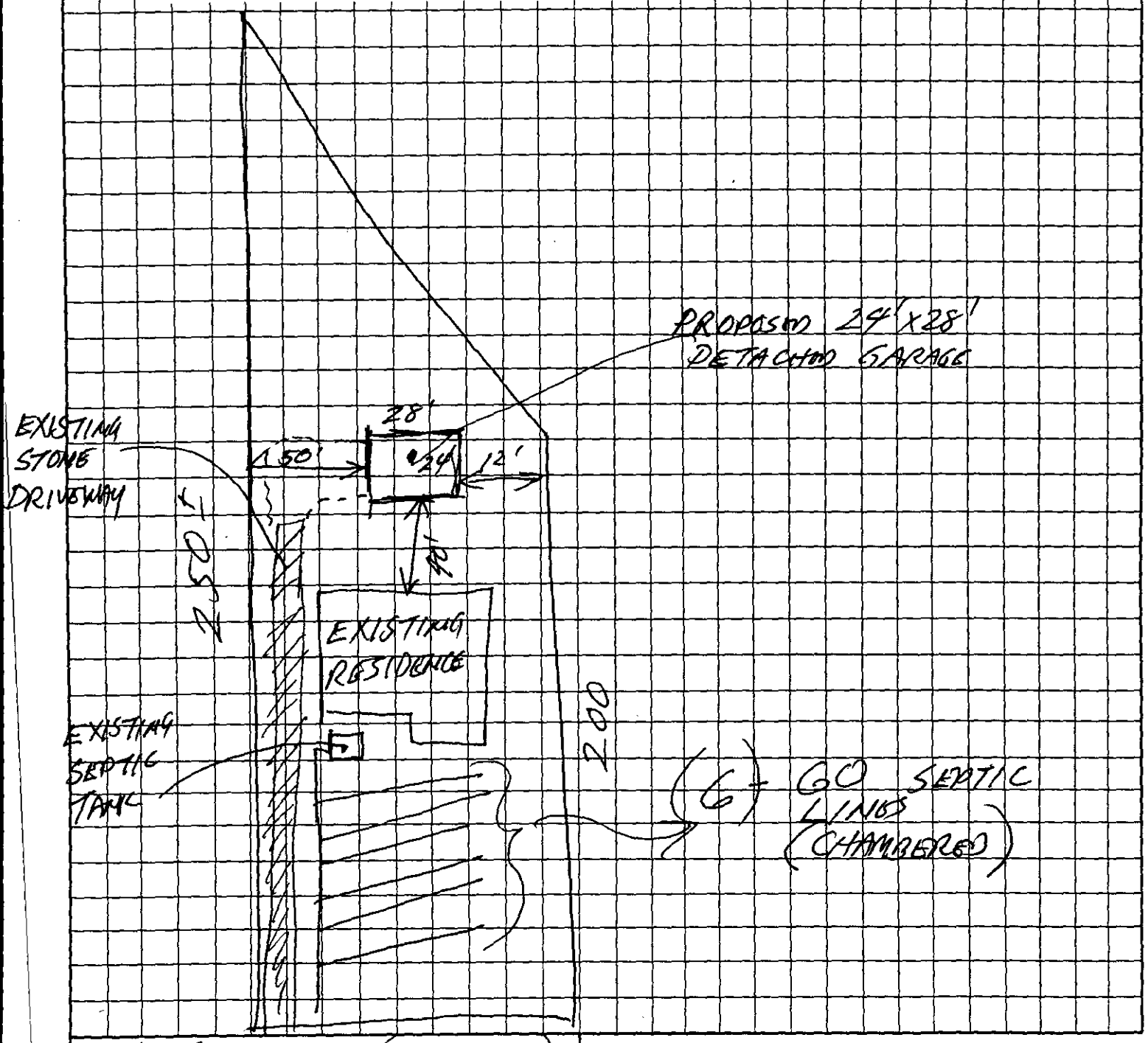
PROPOSED PLOT PLAN

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

FILE: A192B

TC: 001-704-06

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.



Wesley R Byrd (WESLEY BYRD)
OWNER/AGENT SIGNATURE

DATE 9/17/03

APPROVAL DATE _____

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

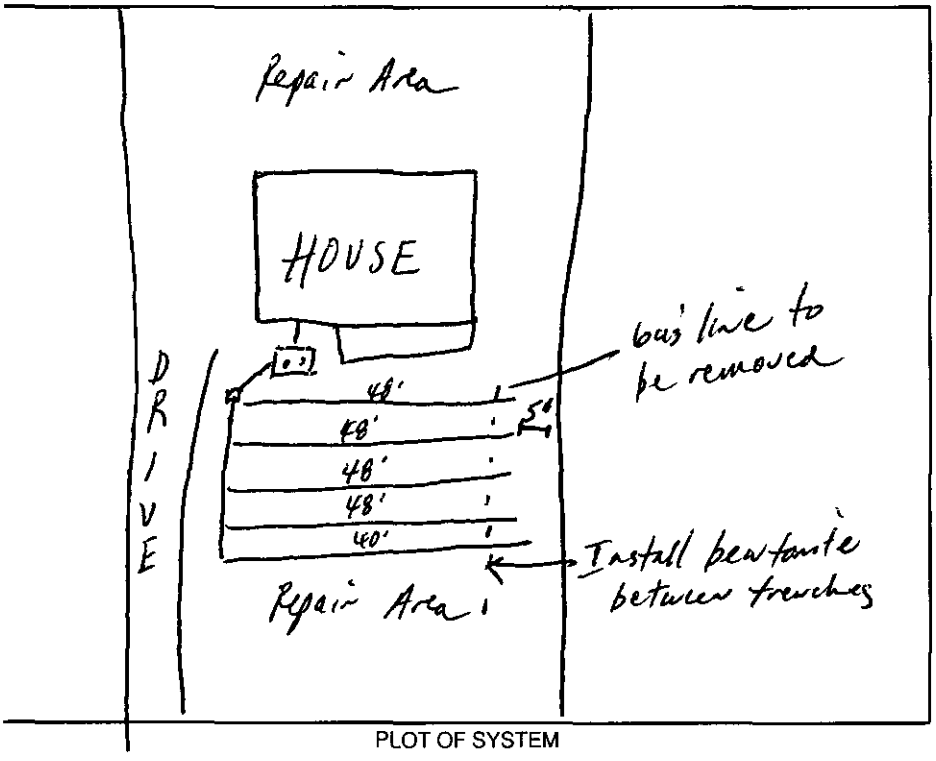
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4192B DATE: 8/18/2000

TC: 001 7046 06 ☐

SERIAL No 18368

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 2/8/00. All work shall be completed on or before 5/18/2000, 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 NA gallons

Tank Construction PCC

Trench Depth 48"

Absorption and/or Nitrification Lines:

Trench Width 24" feet

Trench Walls Scored and Porous yes

Total Line Length 240' feet

Number of Lines 5(48')

Depth of Stone NA inches

Distance from House 5' feet

Distance from Property Line 5' feet

Distance from ~~Well~~ >10' feet from the water line

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

NAME OF OWNER Wesley R. Byrd

LOCATION OF PROPERTY 20734 Lagoona Dr

Comments: PPBPS Installation, 1500ST, 5 lines x 48'long x 2'wd Keep septic system >10' from the water line | Gas line shall be moved. Install bentonite between trenches

Phil S. Walker RS.
Environmental Health Specialist

Pd in N 2/22/00

FEE: Pd in N 2/22/00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE** AES X

DATE: 5/18/2000 PERMIT NO: 4192B
PARCEL NO: 001 704 06

JOB LOCATION ADDRESS: 20734 Lagoona Dr
PROPERTY OWNER: Westley Byrd
BUILDING CONTRACTOR: " "
SUBDIVISION NAME: Bahia Bay
AUTHORIZATION ISSUED BY: Philo S. Walker RS DATE: 5/18/2000
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4192B, 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 on File

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.

Westley R Byrd 5/18/00
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 4192B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 001 704 06

- 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	360 Max gallons/day wastewater flow	900' Absorption Area (sq ft)	9' Trench spacing (min. on centers)
NO Serviced by private well	1500 Gallon septic tank	300' Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	NA Gallon pump tank Repair only	NA Depth of stone	

Any surface waters present: NO Type: Minimum separation distance:

Site modifications required:

Additional Conditions: Municipal water, Innovative Septic System Approval

Repair Area System Type Type (circle one): I II III (IV) V VI	Maximum Feasible Area / NO 100% Repair Required ___ 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.

Phil S. Walker RS. 5/18/2000
DEHNR Authorized Agent Date

Wesley R Byrd 5/18/00
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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

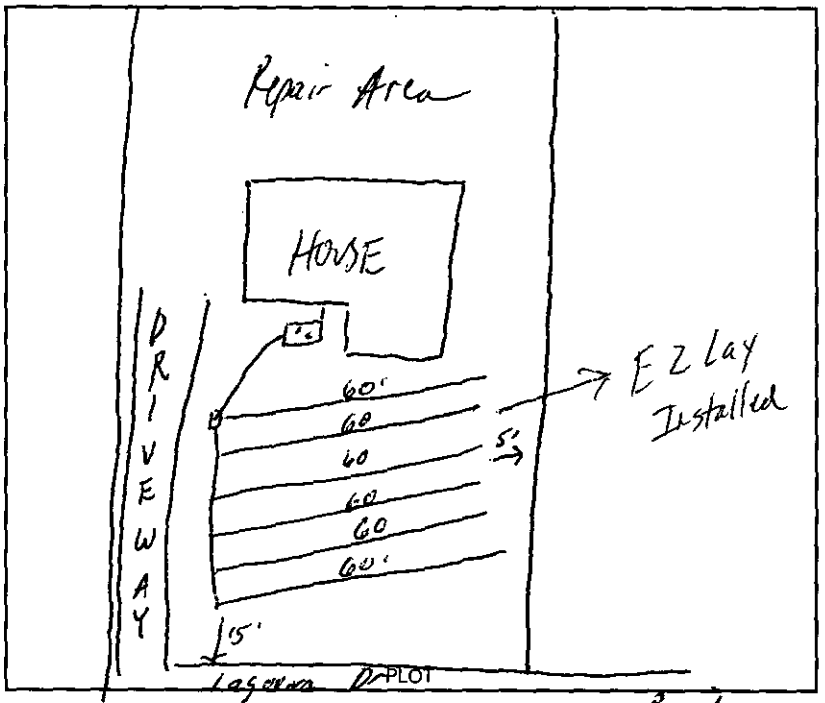
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 492B DATE: 5/30/2000
TC: 001 7040 6 ☒ L ☒ CRT
SERIAL Nº 18293

Name of Owner Wesley R. Byrd Juris.:
Address of Property 20734 Lagoona Dr

Inspection Data:

Tank Material PCC
Total Length of Drainfield 300'
Number of Lines 6 @ 60'
Cover Depth 12"
Water Supply Source Municipal
Distance to Water Source >10'
Excavation Inspected 5/30/00
Tank(s) Inspected 5/30/00
Wash Line Inspected plumb to tank
High Water Alarm Inspected NA



Design 2000, 1500ST, IND, 300' ecc 222 lay system, ceil CTR# Reid Eudy

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.

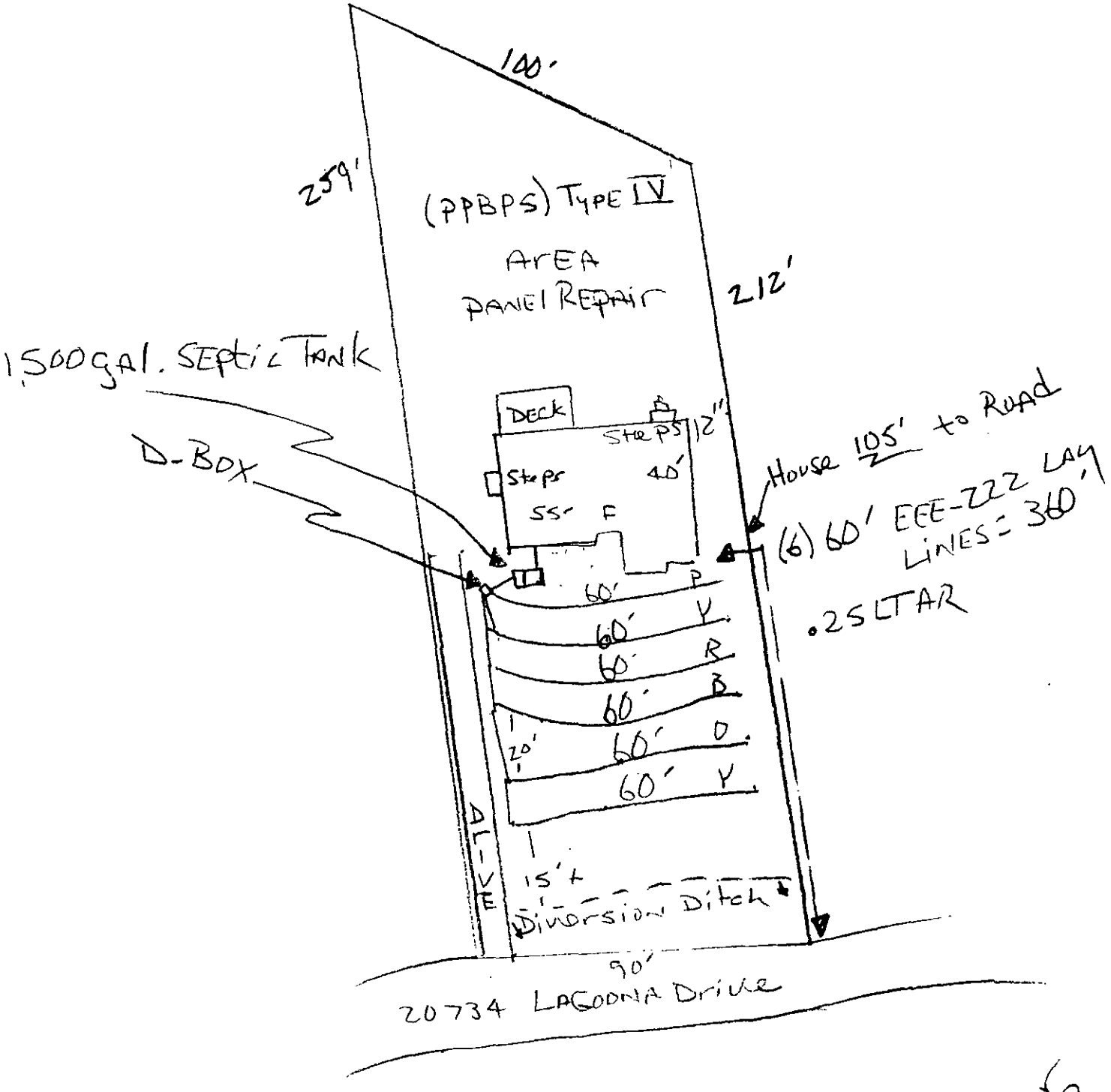
COMMENTS: Septic system designed for a 3 bedroom residence Type IIIa / Repair Type IV PPBPS w/pump / Installation approval altered due to new plan submitted and approved.
Bentonite installed between trench

Phebe S. Walker
Environmental Health Specialist

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

M.C.H.D.
File: 4192-B

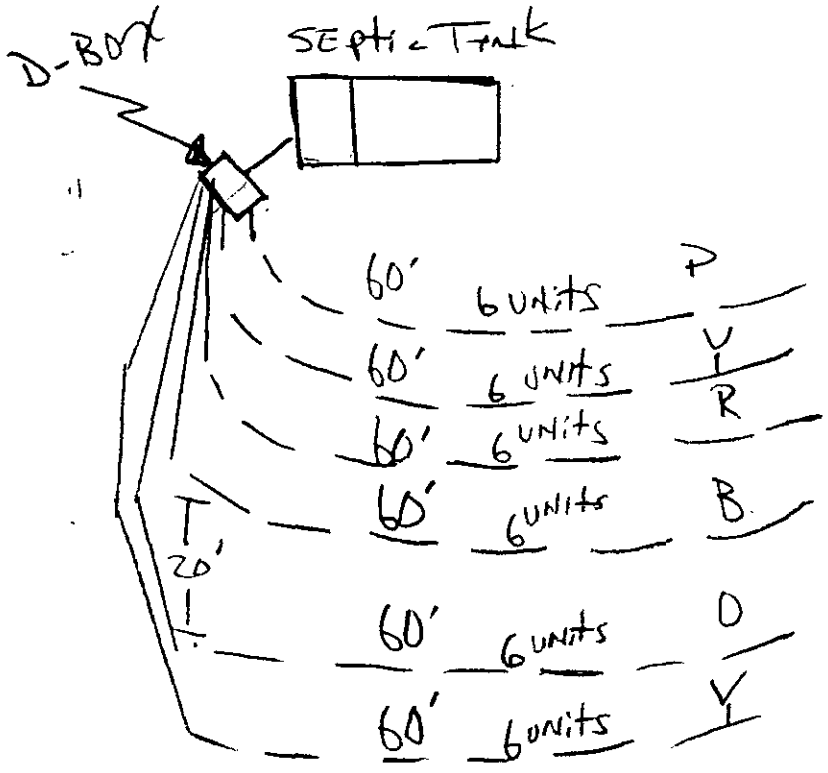
(3) Bedrm. Gravity Fed EEE-222 Lay
Septic System.
1,500 gal. Septic Tank, 1 D-Box
(6) 60' E-2 Lay Lines = 360' LTAR .25
(6) units per Line = 36 units Total
Repair Area Identified, 100% not required.



T. Whitaker
386-0545
Scale 40

File: 492-B

(3) ~~Bedrm~~. Gravity Fed E-Z LAY Septic Plan. Panel Block Repair.



NOT scaled

$300.00 chk # 1005 100% rich # 1727 3/16/00 add'l site visit

FEE: $300.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** ACS
DATE: 2/22/00 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 2/16/2000 PERMIT NO: 4192B
PARCEL NO: 001 204 06

JOB LOCATION ADDRESS: 20734 Lagoona Dr
PROPERTY OWNER: Westley Byrd
BUILDING CONTRACTOR: " "
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: Phebe S. Walker RS. DATE:
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4192B, 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: Type IIIe PPBPS septic system Approval
Agreement forms to be on file before cons. Author

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.

Westley R Byrd 2/22/00
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 4192B

Tax Number: 001 704 06

- 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	
25 Long-term acceptance rate	360 Max gallons/day wastewater flow	480 Absorption Area (sq ft)	8' Trench spacing (min. on centers)	
NO Serviced by private well	1500 Gallon septic tank	200' 240' Total trench length (ft)	48" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3 Bedrooms in residence	NA Gallon pump tank	NA Depth of stone		
Any surface waters present: NO Type:		Minimum separation distance:		
Site modifications required:				
Additional Conditions: Type III-c PPBPS Approval, Keep the septic system >50' from any wells Type IV-a Repair Area Agreement forms to be on file before const authorization release.				
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	
400' Absorption Area (Sq ft) 200' Total Trench Length (Ft)	NA Depth of Stone Trench	8' Trench spacing (min. on centers)	48" 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.

Phila S. Walker RS. — DEHNR Authorized Agent — Date

X _____ — Owner/Agent Signature — 2/22/00 — 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

FEE: 200.00
DATE: 2-8-00 QPW

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 #: 4192B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 00170406

STREET ADDRESS: 20734 LAGOONA DR

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 59

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1677

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: /

CLOSING DATE 4/30/00

FOUNDATION FOR RESIDENCE:

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

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:

NAME: BYRD (LAST) WESLEY (FIRST) R (MI)

ADDRESS: 20928 LAGOONA DR

CITY: CORNELIUS STATE: NC ZIP: 28031

DAYTIME PHONE: 704) 363 - 1954

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1/10/00

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: Wesley R Byrd DATE: 2/8/00

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

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2000 FEB 22 02:43 PM
BOOK:11099 PAGE:201-204 FEE:$12.00
INSTRUMENT # 2000022953

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 # 4/1928
PARCEL # 001-704-06

The undersigned, Wesley R Byrd, owner of property located at 20734 Laguna Drive, (the "site") and described in an instrument recorded in Book _____ at Page _____, 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: Wesley Byrd
Mail after recording to: 20928 Lagoona Dr
Cornelius NC 28031

- 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 22 day of FEBRUARY, ~~19~~ 2000

RBCWM:24751_1/8-30-95

_____ (SEAL)
(Corporate Name)

_____ (SEAL)

By: _____ _____ (SEAL)

_____ President _____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

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

WITNESS my hand and notarial seal, this 22ND day of FEB, 2000.

DEBRA A SAUNDERS NOTARY PUBLIC MECKLENBURG COUNTY, N.C.

Notary Public

My Commission Expires: 12.16.02

JUDITH A. GIBSON
REGISTER OF DEEDS , MECKLENBURG COUNTY
COUNTY & COURTS OFFICE BUILDING
720 EAST FOURTH STREET
CHARLOTTE NC 28202

****

Filed For Registration:	**02/22/2000 02:43 PM**
Book:	**RE 11099 Page: 201-204**
Document No.:	**2000022953**
	PRMIT 4 PGS $12.00
Recorder:	**MAXINE HAITH**

****

State of North Carolina, County of Mecklenburg

The foregoing certificate of DEBRA A. SAUNDERS Notary is certified to be correct. This 22 ND of February 2000

JUDITH A. GIBSON, REGISTER OF DEEDS By: Maxine L. Haith
Deputy/Assistant Register of Deeds

****

2000022953

COMMENTS

Type IIIe PPBPS

Septic System Approval

1500 ST

5 lines x 48'long x 2'wd

240 LF (.25LTAR)

Municipal water

Keep the septic system >10' from the water line and >50' from any existing wells

Driveway to hug the left property line

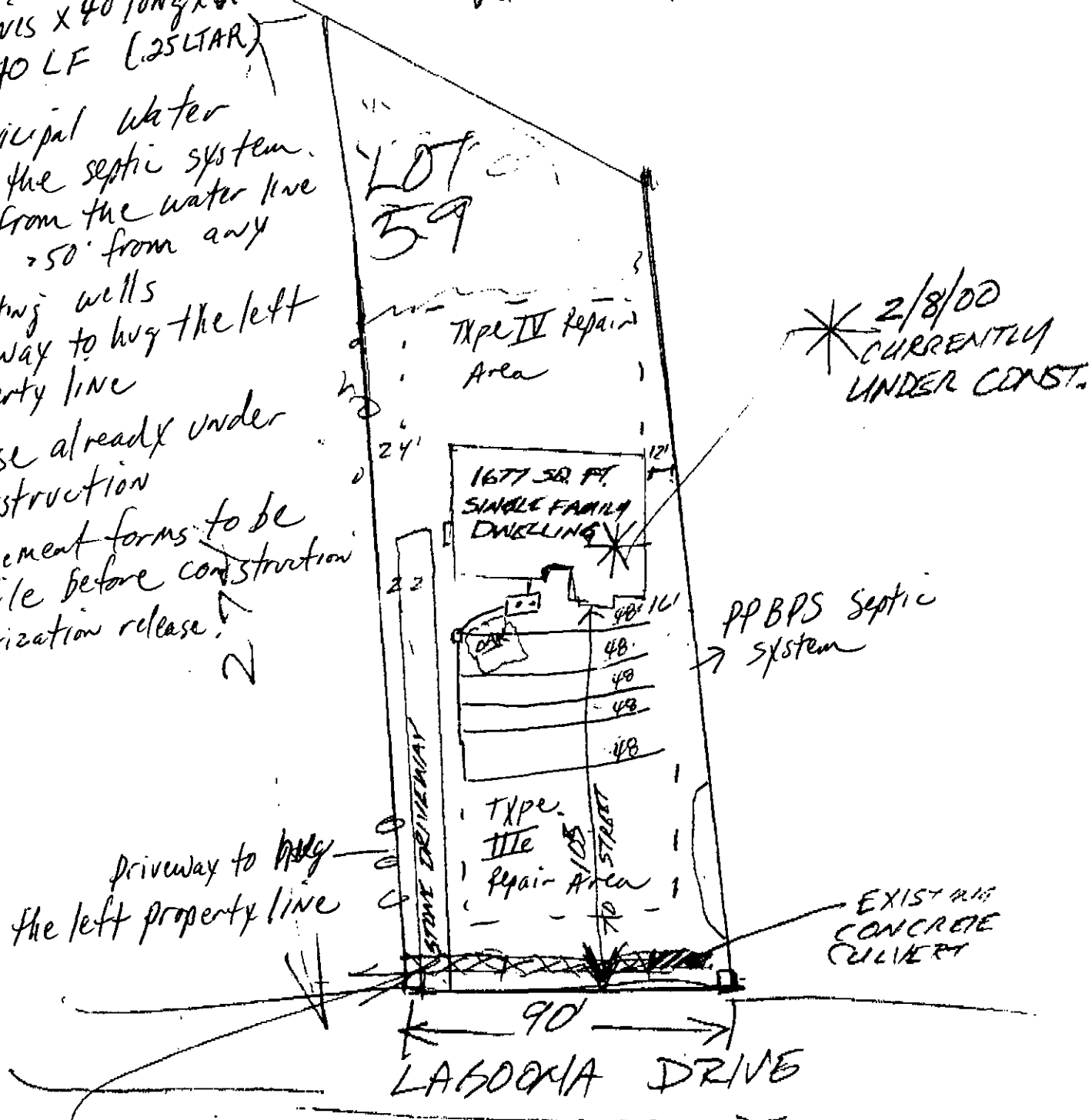
House already under construction

Agreement forms to be on file before construction authorization release!

20734 LAGOONA DR

CORNELIUS N.C.

WESLEY BYRD 4/92B



2/8/00 CURRENTLY UNDER CONST.

PPBPS Septic system

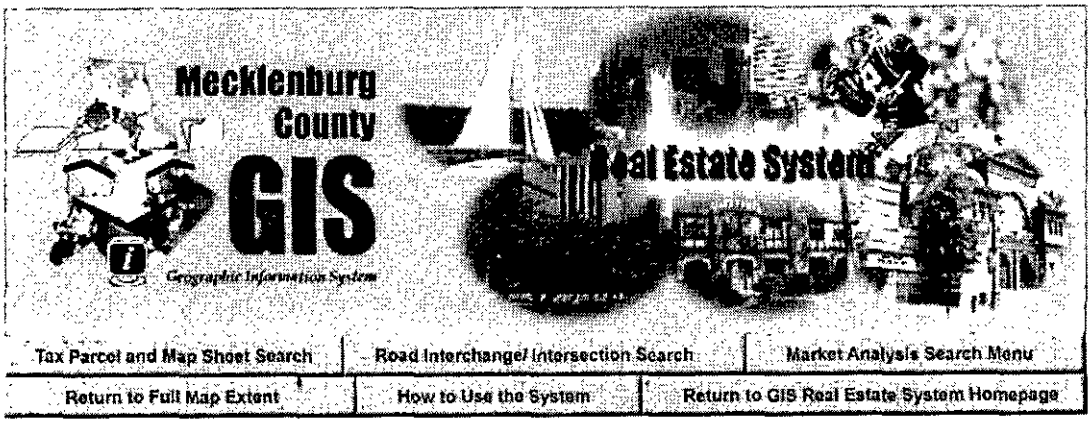
Driveway to hug the left property line

EXISTING CONCRETE CULVERT

~~EXISTING~~ OR ~~PROPOSED~~ CULVERT

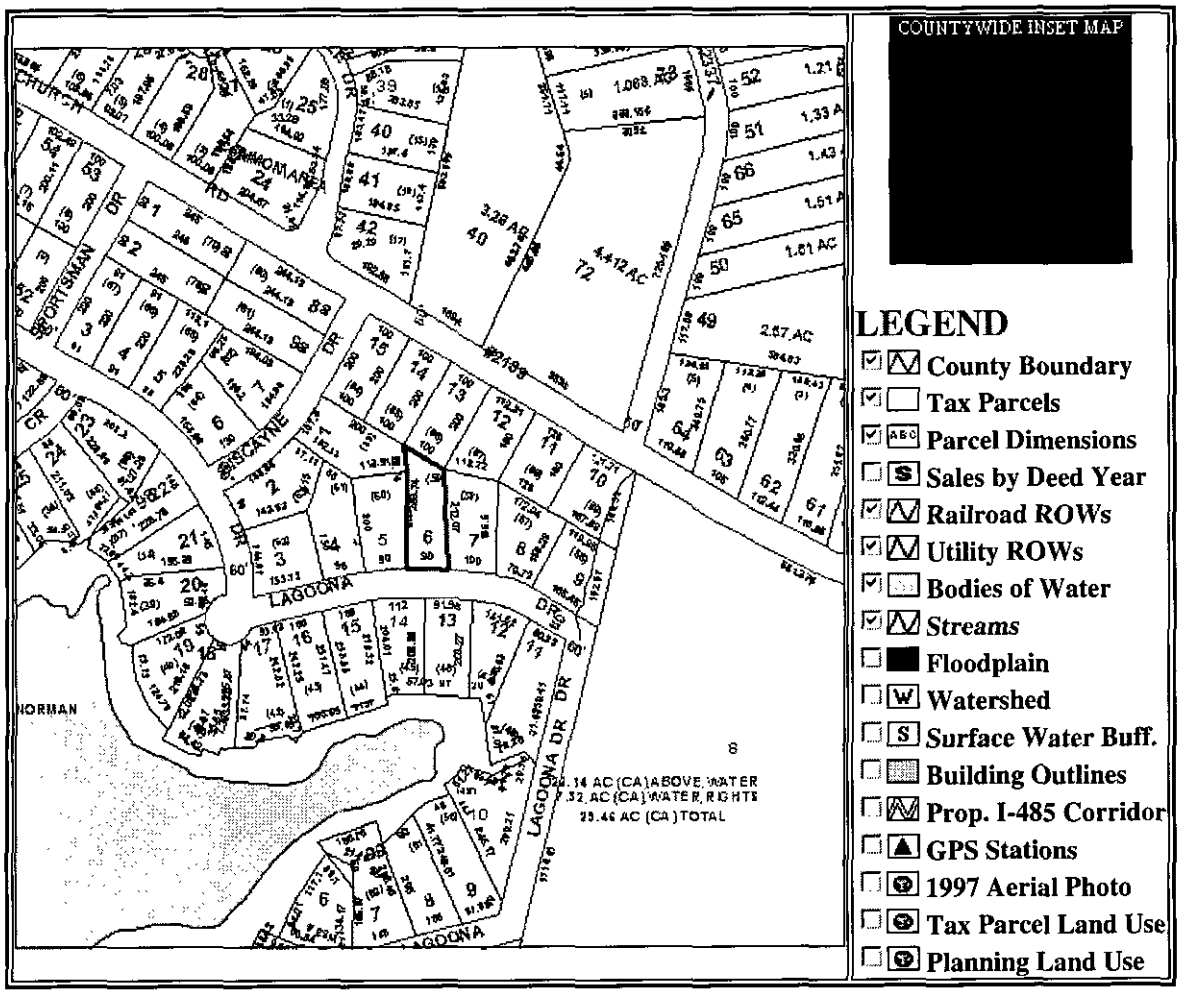
2/22/00

336-6894

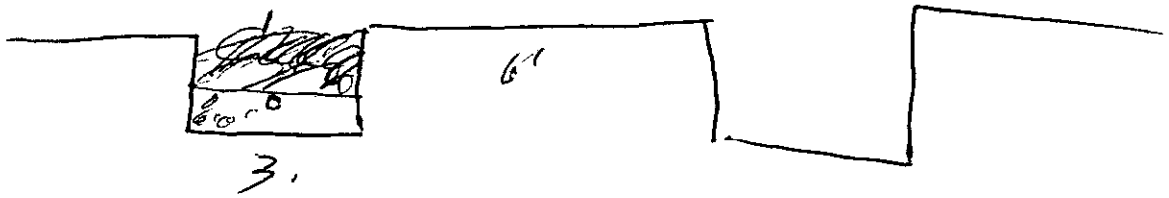


Click on Map to Perform Operation

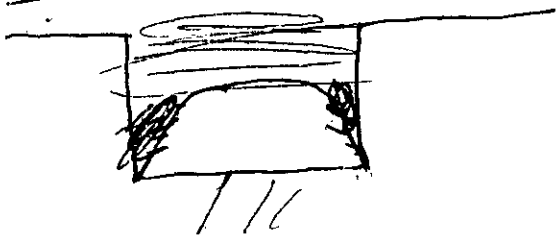
○ Refresh Map ○ Pan ○ Zoom In ◉ Zoom Out Zoom Factor [1X] ○ Identify [Parcels] ○ Surveyor's Report
○ Adjoining Owner's Report within [10 FEET] ○ Measure [Start Line] Label Parcels by: [ ]



Date and Time Stamp 2/9/00 4:10:50 PM EST	This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.



25%



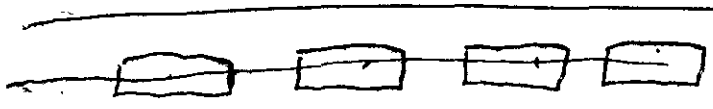
2 chamber

Panel

2'



50%



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

Sheet: _____

Property ID: 001-704-06

Lot #: 59

File #: 4192B

AC's #2

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Wesley R. Byrd APPLICANT: _____

ADDRESS: 20928 Lagoona Dr, Cornelius DATE EVALUATED: 2-10-00

PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 360gpd PROPERTY SIZE: .53

LOCATION OF SITE: 20734 Lagoona Dr. PROPERTY RECORDED: _____

WATER SUPPLY: ☐Private ☑Public ☐Well ☐Spring ☐Other _____

EVALUATION METHOD: ☑Augur Boring ☐Pit ☐Cut

TYPE OF WASTEWATER: ☑Sewage ☐Industrial Process ☐Mixed

PROFILE #	Slopes 6-12% .1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-2"	gr/sc/	Fr/SExPl/SS/SP	>48" TO soil wetness	48"+	N/A	None	PS .39/Fz IV
		2-48"	SBK/c	F:/SExPl/SP					
2	LS	0-3"	gr/sc/	Fr/SExPl/SS/SP	>48" TO soil wetness	48"+	N/A	None	PS .39/Fz IV
		3-48"	SBK/c	F:/SExPl/SP					
3	LS	0-2"	gr/sc/	Fr/SExPl/SS/SP	>48" TO soil wetness	48"+	N/A	None	PS .39/Fz IV
		2-39"	SBK/c	F:/SExPl/SP					
		39-48"	SBK/sc/	Fr/SExPl/SS/SP					
4	LS	0-18"	gr/sc/	Fr/SExPl/SS/SP	>48" TO soil wetness	48"+	N/A	None	PS .25/Fz IV
		18-48"	SBK/sc	F:/SExPl/SP					
5	LS	0-2"	gr/c/	Fr/SExPl/SS/SP	>48" TO soil wetness	48"+	N/A	None	PS .39/Fz IV
		2-48"	SBK/c	F:/SExPl/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	US	
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): Unsuitable

EVALUATED BY: W.R. Marlin LSS 2-10-00

OTHER(S) PRESENT: W.R. Byrd

FILE # 4192B

COMMENTS Use .275 gal/ft²/d LTAR if drainfield goes in front of house- Lot does not appear to be 100% Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

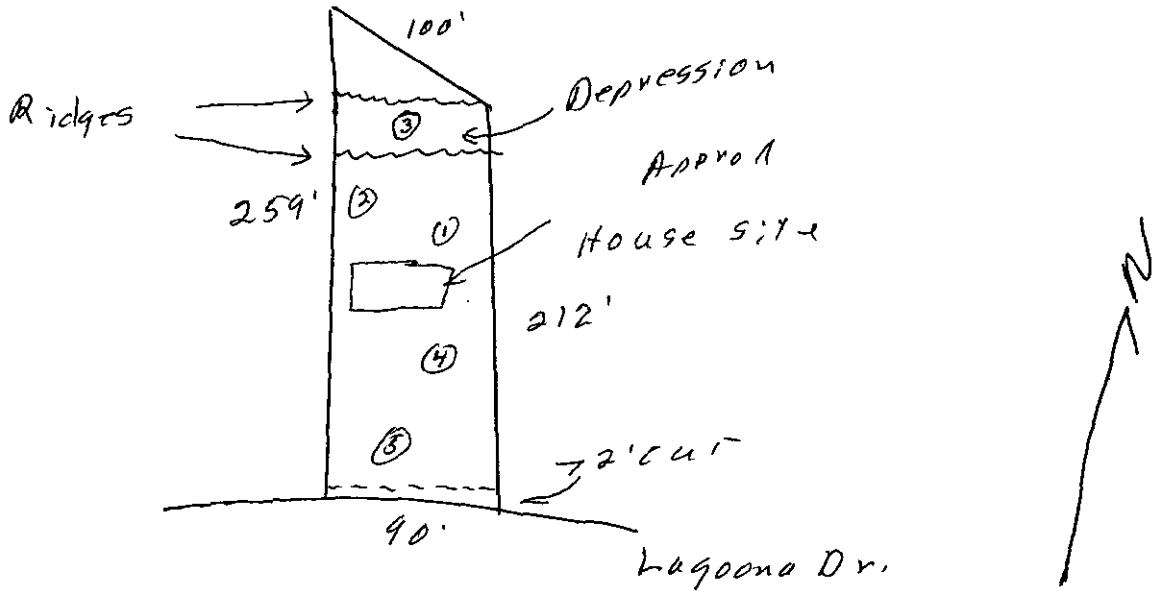
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



DEED BOOK PAGE

3976 0825

PRESENTED FOR REGISTRATION

'77 AUG 22 AM 8 51

CHARLES E. CROWDER
REGISTER OF DEEDS
MECKLENBURG CO. N.C.

NORTH CAROLINA

MECKLENBURG COUNTY

THIS DEED, Made this 17th day of August, 1977, by and between DORIS E. STRIDER OVERBY and husband, LEONARD J. OVERBY of the County of Mecklenburg and State of North Carolina, parties of the first part to LEONARD J. OVERBY and wife, DORIS E. OVERBY of the County of Mecklenburg and State of North Carolina, parties of the second part;

W I T N E S S E T H :

That the said parties of the first part, in consideration of One Dollar and other valuable considerations, to them paid by the parties of the second part, the receipt of which is hereby acknowledged, have bargained and sold and by these presents do grant, bargain, sell and convey unto the said parties of the second part and their heirs and assigns, all that certain lot of land, situate, lying and being in Lemley Township, Mecklenburg County, State of North Carolina, and more particularly described as follows:

BEING all of Lot 59 in that certain subdivision known as BISCAYNE PARK as shown on map thereof which is recorded in Map Book 10, Pages 183 and 185, in the office of the Register of Deeds for Mecklenburg County, North Carolina.

This conveyance is made subject to those certain restrictions recorded in Book 2381, Page 591, rights and easements reserved by Duke Power Company as contained in deed recorded in Book 2292, Page 435 and other easements of record, all in the Mecklenburg County Public Registry.

For back title see deed recorded in Deed Book 3290, Page 585, Mecklenburg County Registry.

This deed is made for the purpose of creating an estate by the entirety in the above described property as between Leonard J. Overby and wife, Doris E. Strider Overby.

NO STAMPS

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

And the said parties of the first part, for themselves, their heirs, Executors and Administrators covenant with the said parties of the second part, their heirs and assigns, that they are seized of said premises in fee, and have the right to convey the same in fee simple.

IN TESTIMONY WHEREOF, the parties of the first part have hereunto set their hands and seals, the day and year first above written.

Doris E. Strider Overby (SEAL)
Doris E. Strider Overby

Leonard J. Overby (SEAL)
Leonard J. Overby

PRESENTED FOR REGISTRATION
1971 JUN 15 PM 12:34
CHARLES E. CROWDER
REGISTER OF DEEDS
MECKLENBURG CO. N.C.

52

STATE OF NORTH CAROLINA
Mecklenburg County

This Deed

Made this 1st day of June A. D. 1971 by and between

John L. Carpenter and wife, Kate Allen Carpenter
and
C. S. Austin and wife, Sarah E. Bristol Austin

of the County of Mecklenburg and State of North Carolina Parties of the first part, and

Doris E. Strider

of the County of Mecklenburg and State of North Carolina party of the second part.

WITNESSETH, that the said parties of the first part, in consideration of One Hundred Dollars and other valuable considerations----------Dollars to them paid by the party of the second part, the receipt of which is hereby acknowledged, have bargained and sold and by these presents do grant, bargain, sell and convey unto the said party of the second part and her heirs, all that certain lot

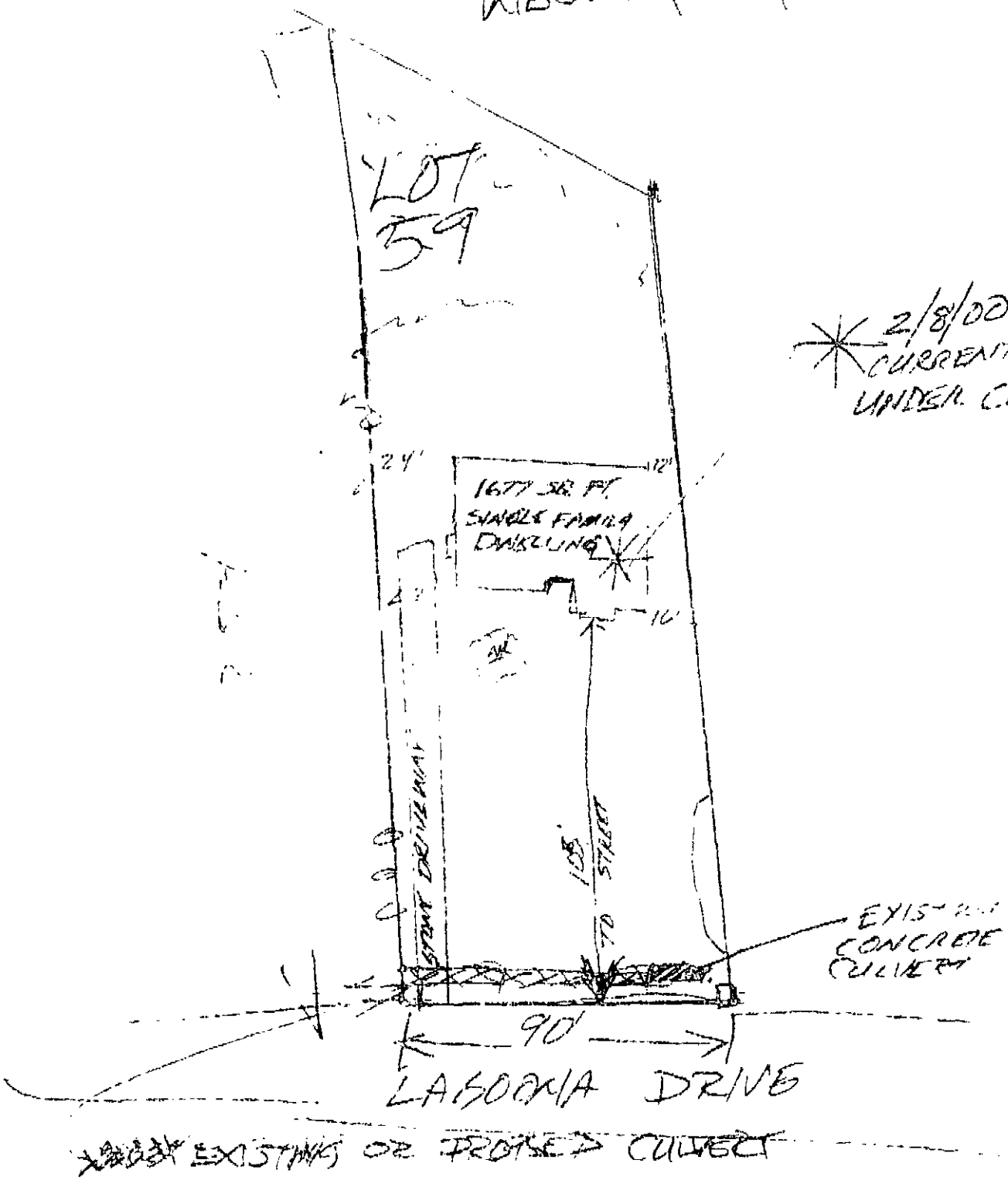
of land, situate, lying and being in Lemley Township, Mecklenburg County, State of North Carolina, and more particularly described and defined as follows:

BEING all of Lot 59 in that certain subdivision known as BISCAYNE PARK as shown on map thereof which is recorded in Map Book 10, Pages 183 and 185, in the office of the Register of Deeds for Mecklenburg County, North Carolina.

Being a part of the same property conveyed to John L. Carpenter and C. S. Austin by Harry R. Alexander, et al., by deed dated September 4, 1962, which is recorded in Book 2364, Page 434, in the Mecklenburg Public Registry.

This conveyance is made subject to those certain restrictions recorded in Book 2381, Page 591, rights and easements reserved by Duke Power Company as contained in deed recorded in Book 2292, Page 435 and other easements of record, all in the Mecklenburg Public Registry.

20734 LAGOONA DR.
CORNELIUS N.C.
WESLEY BYRD 4/92B



33 6894