

8738 GOSNELL DR

13922244

6/18/2007

duponbj

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Division
Groundwater & Wastewater Services

March 14, 2005

John & Louise Cobb
8738 Gosnell Drive
Charlotte, NC 28227

Dear Mr. and Mrs. Cobb:

Re: Bacteriological Well Sample Results

Enclosed you should find a copy of the laboratory analysis of the well water sample that was collected at 8738 Gosnell Drive on March 7, 2005.

The laboratory analysis of the well water sample was reported to be NEGATIVE for total & fecal coliform bacteria.

Please contact me at (704) 336-5568 if you have any questions concerning this matter.

Sincerely,

Trevor Thomason, R.S.I.
Managed Systems Program Coordinator
Groundwater & Wastewater Services

Enclosure: (1)

CHARLOTTE - MECKLENBURG UTILITIES

LABORATORY SERVICES DIVISION

ANALYSIS REPORT

REPORT DATE: 3/11/2005 04:24 PM
LOCATION: 6538A/8738 Gosnell
LOC ID: G-GWS
SAMPLE DATE-TIME: 3/7/2005 16:05
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB29634
CHAIN OF CUSTODY #: 05030141

Parameter		Result	Units	RL	Method	Start Date/Time		Analyst
AB29634	E. COLI-PA	Absent	P/A		SM 9223B	3/8/2005	9:00	RDW
AB29634	Total Coliform	Absent	P/A		SM 9223B	3/8/2005	9:00	RDW

Comment:

Laboratory Supervisor: _____

Laboratory Certifications: McAlpine NC DENR No.148; Brookshire NC DENR No.162; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527

05030141

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

Hal Marshall Laboratory, 700 North Tryon St., Charlotte, NC 28202, 704/336-5460

CHAIN OF CUSTODY RECORD

COC#: \ PAGE 1 of 1

Sampled By (Print Name): Trevor Thomason

CLIENT: MECKLENBURG COUNTY, LUESA - Groundwater & Wastewater Services

FACILITY: Potable Water

PROJECT: Cobb Residence

8738 Gosnell Dr., Charlotte NC 28227

Send Report To: GWS / T. Thomason
700 N Tryon St. Suite 211
Charlotte, NC 28202

AB29634

SAMPLE ID	Sample Collector's Initials	Collection Date and Time	Chlorinated System	Collection Temp	Relinquished Temp	Receipt Temp	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Preservative: None	Preservative: HNO3	Preservative: H2SO4	Preservative: NaOH	Preservative: HCl	Preservative: Na2S2O3	Preservative: pH Correct	Chemical: BOD5	Chemical: CBOD5	Chemical: COD	Chemical: TOC	Chemical: TSS	Chemical: TDS	Chemical: TS	Chemical: Nutrients	Chemical: NOX	Chemical: Nitrite	Chemical: Alkalinity	Chemical: Hardness	Chemical: Turbidity	Chemical: Lead	Chemical: Total Coliform	Chemical: Fecal Strep	Chemical: Pest/PCB, EPA 608	Chemical: Herb, EPA 8151	Chemical: VOA, EPA 8260	Chemical: Semis, EPA 8270	Chemical: HEM 1164
6538A	TT	3/7/2005 16:05	N		16.2	16.2				X	100 ml		1						X														X						

Relinquished By: (Signature) [signature] — Received By: (Signature) [signature] — 3-8-05 08:50 Date & Time

Relinquished By: (Signature) — Received By: (Signature) — Date & Time

Relinquished By: (Signature) — Received By: (Signature) — Date & Time

Relinquished By: (Signature) — Received By: (Signature) — Date & Time

Form Revision 02; effective date 07/07/04

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County **Health Department** 8738 Gosnell Dr., Charlotte NC 28227 **Location**	Cobb Residence **Name of Establishment** 3-Bedroom House **Type of Establishment** Same as location address **Address**	6538A **Permit/Project No.** 360 GPD **Design Flow** (704) 545-6133 **Phone**
John & Louise Cobb **Owner/Agent** N/A **Operator**	N/A **Address** 3/14/2010 **Next Inspection Due**	N/A **Phone**
IIIb **System Type**		

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☒	☐	☐	
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☒	☐	☐	
b. Tanks and access manholes structurally sound, watertight?	☒	☐	☐	
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	3.c. Sanitary tee not inspected.
d. Tanks pumped, cleaned out as needed?.....	☐	☒	☐	3.d. Pump septic tank.
4. RAW SEWAGE LIFT STATION (if present):				
a. Required pumps present, operating, and cycling properly	☐	☐	☒	
b. High-water alarm present and operating properly?	☐	☐	☒	
c. Floats/pipe/valves/disconnects in good condition?	☐	☐	☒	
5. EFFLUENT DOSING SYSTEM:				
a. Effluent appears clear, free of excess solids?	☐	☒	☐	5.a. Measured 5" of solids in pump tank.
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☒	☐	☐	
b. High-water alarm present and operating properly?	☒	☐	☐	
c. Floats/pipe/valves/disconnects in good working condition?	☒	☐	☐	
d. Control panel enclosure/components in good condition?	☒	☐	☐	
e. Elapsed time readings: _____ _____ _____ _____				
B. SIPHON SYSTEMS:				
a. No evidence of overflow or siphon leakage?	☐	☐	☒	
b. Siphon(s) appear to be working/alternating properly?	☐	☐	☒	
c. Bells and vents free of debris and in good condition?	☐	☐	☒	

6. GROUND ABSORPTION FIELDS:

a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐	
b. Minimal ponding in subsurface trenches?	☒	☐	☐	
c. Surface water being effectively diverted away?	☒	☐	☐	
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐	
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐	
f. Protected from traffic, destructive uses?	☒	☐	☐	6.f. Minimize livestock
g. Distribution devices in good condition, working properly?	☒	☐	☐	traffic/use on drain field.
h. Repair area properly reserved, maintained?	☒	☐	☐	

A. LOW PRESSURE PIPE DRAIN FIELDS:

a. Turnups/cleanouts/valves intact and accessible?	☐	☐	☒
b. No effluent standing in lower laterals?	☐	☐	☒
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒
d. Pressure head is properly adjusted?	☐	☐	☒

OVERALL CONDITION AND OPERATION OF SYSTEM:

No problems detected with system operation at the time of inspection.

No sewage observed on ground suface at the time of inspection.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

Pump both tanks (septic & dosing) to remove excess solids.

The MCHD recommends pumping the tanks every 3 to 5 years.

***REPAIR WITHIN 30 DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

DATE: 3/8/2005

SIGNED: _____ AGENT

Division of Environmental Health

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

COPY

Receipt Information

Date: 02/28/05
Receipt #: 32754
Check / Auth #: CHECK 5470
Received By: CRAIGGY

Amount: 85.00
Tendered: 85.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: COBB MR. OR MRS. JOHN
Attn:
Address: 8738 GOSNELL DRIVE
Address:
City/State/Zip: CHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0743	Hmeownr Maint Inspec-Type IIIB FILE 6538A/PH 704-545-6133		1	85.00	85.00

----------Outstanding Balances----------

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

N. C. DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

INSPECTION OF ENGINEERED SUBSURFACE SEWAGE SYSTEM

Health Department	Name of Establishment	Permit/Project No.
Mecklenburg		6538 A
Location	**Type of Establishment**	**Design Flow**
8738 Gosnell Dr.	residence	360
Owner/Agent	**Address**	**Phone**
John Cobb	8738 Gosnell Dr, Charlotte, NC 28227	
Operator	**Address**	**Phone**
N/A		

Remarks: IIIb

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

OVERALL CONDITION AND OPERATION OF SYSTEM: System looks good - Tooklt50

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)

DATE: 3-16-99 SIGNED: Larry B. Thompson, Jr., E.S. AGENT
Division of Environmental Health

DEHNR 3702 (Revised 9/91)
Environmental Health Services Section (Review 9/95)

SUMMARY OF IMPROVEMENTS NEEDED (*Continued*)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

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

_____
[Law or Rule(s)]

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

IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

This is to notify you of immediate suspension/revocation *(circle one)* of your operation permit/certificate of completion *(circle one)* for the following violations: _____
[Law or Rule(s)]

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

This the _____ day of _____, 19 ____.

_____ Agent
DIVISION OF ENVIRONMENTAL HEALTH

INSTRUCTIONS

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

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

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

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

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

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

Mecklenburg Country Public Health Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

III.b Inspection

Microbiological Analyses

Owner, System or Establishment: John Cobb

Address: 6738 Gosnell Drive

Charlotte, NC Zip: 28227

Collected By: L. Thompson

Date Collected: 3-16-99 Time: 11:10 AM PM

Sample Source: Kitchen Sink

Date Delvd. to Lab: 3-16-99 Time: 3:06 AM PM

Delivered By: L. Thompson ☑ Delivered on Ice Initials LBS

Type of Sample

Potable Water

☑ Individual Well ☐ Non-Community

☐ Community ☐ City

☐ Other (specify)

Treatment ☐ Chlorinated ☑ Nonchlorinated

☑ Initial Sample ☐ Recheck (chlorinated)

☐ Recheck (nonchlorinated)

☐ Other (specify)

Nonpotable Water

☐ Surface ☐ Monitoring Well

☐ Storm ☐ Other (specify)

Analysis Requested: ☑ Total Coliform ☐ Fecal Coliform ☐ Fecal Strep ☐ Enterococcus

☐ Sulfate Reducing Bacteria ☐ Pseudomonas aeruginosa

☐ Other (specify)

☐ Food Analysis (specify)

Comments:

Laboratory Analysis Report

Method: ____ Membrane Filter ✓ Colilert ____ Multiple Tube Fermentation

Total Coliform Absent / 100 ml.

Fecal Coliform Absent / 100 ml.

Fecal Strep ____ / 100 ml.

Enterococcus ____ / 100 ml.

Non-Coliform ____ / 100 ml.

Plate Count ____ / gm. or ml.

Coliform Count ____ / gm. or ml.

Pseudomonas aeruginosa ____ / 100 ml.

Laboratory Comments:

Date Received: 3-16-99

Received By: MW

Date Reported: 3/17/99

Analyst: KCB/SW Lab#: 936

Laboratory Identification #: 37518 DEHNR

#: 449 DWQ

L 1.14 1/92

Rev. 5/97

4319 White - Lab Report Copy Yellow - Lab File Copy

MAINTENANCE INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

John & Louise Cobb
8738 Gosnell Drive
Charlotte, NC 28227

Please Make Check Payable To

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

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	# of Bedrooms	System Type
John & Louise Cobb	8738 Gosnell Drive	139-222-44	6538A	3	IIIB

Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

# of Bedrooms _____

RECEIVED
85.00
CK #
2674
3/15/99

3-16-99 Inspected
well H2O sample
System looked good.

BILL INFORMATION

Billing Date	Payment Due Date
2/16/99	3/16/99

Direct Questions Concerning This Bill To ..... (704) 336-5102

☐ *Please check if you have a well.*

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

DO NOT SEND CASH

Mecklenburg County
Health Department

February 16, 1999

John E. and Louise T. Cobb
8738 Gosnell Drive
Charlotte, NC 28227

Dear Mr. and Mrs. Cobb:

This letter is being sent to all home/business owners in Mecklenburg County with septic tank systems that utilize pumps. In 1992 the North Carolina Administrative Code governing septic tank systems was amended to require routine maintenance and inspection of certain septic tank systems. Research conducted on septic tank systems has shown that properly maintained systems perform better and protect the home/business owner's investment. These State rule changes required local health departments to perform additional inspections without additional resources. During the 1998-99 budget hearings, the Mecklenburg County Board of County Commissioners (BOCC) approved user fees to offset costs and to allow the local health department to comply with mandatory enforcement requirements in the State regulations.

Since you have a pump system, these new rules and fee requirements affect you. The fee is $85.00 and is due upon receipt of this notice. We will visit your property and make assessments and recommendations for the continued efficient operation of your septic tank system. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The process, including fee assessment, will be repeated every five (5) years. The fee amount may change in the future.

We are excited about the interest and support demonstrated by the BOCC. Past performance in this area was more enforcement oriented rather than supportive. One of our goals is to establish our department as a resource to you to aid and assist you with this and related public health concerns. The inspection program and the water analysis are important to the health of you and your family. This is a very important initiative intended to protect the public's health while improving and preserving our groundwater resources.

Your prompt fee payment will activate our inspection process. Your comments and questions regarding this matter are encouraged and welcomed.

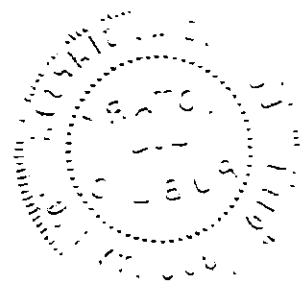
Sincerely,

Larry B. Thompson, Jr.

Larry B. Thompson, Jr., R.S.
Environmental Health Specialist
Individual Water and Wastewater Systems

Enclosure

cc: Fiscal Services Manager, HMHCS



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 pursuant to 15A NCAC 18A .1948(d) 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 can reasonably be expected to function satisfactorily and thus that the findings specified in 15A NCAC 18A .1958(d)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally suitable" and issued on 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 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 falls 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.

This 1ST day of September, 1993.

John E. Cobb (SEAL)

Louise T. Cobb (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF ~~MECKLENBURG~~ Union

I, Donnie H. Simpson, a Notary Public for said County and State, do hereby certify that John E. Cobb & Louise T. Cobb personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 1 day of September, 1993.

Donnie H. Simpson
Notary Public

My Commission Expires April 18, 1998

My Commission Expires _____

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that

_____ personally came before me this day and acknowledged that he is

_____ of _____, 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 _____, sealed with its corporate seal and attested by _____.

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

_____
Notary Public

My Commission Expires _____

Amended 07/93

P & add'l 100' ck 1398 12/94

File # 6538A 1 LX 40 9/14 QL Rec 20000 Ck# 1366 7-8-93 CRT

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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: 7/8/93

PERSON FILING APPLICATION:
NAME: GARDNER (last) JOHN (first) R (mi)
ADDRESS: 11106 VALMERE DR PHONE: 704 545-7538
CITY: CHARLOTTE STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 139-222-01 pp
STREET ADDRESS: 8738 GOSNELL DR
CHARLOTTE NC
ZONING: MECK

PROPERTY OWNER:
NAME: COBB (last) JOHN (first) (mi)
ADDRESS: 3944 Somerdale Ln PHONE: (704) 536-6886
CITY: Charlotte STATE: NC ZIPCODE: 28205

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: LOT SIZE (in acres):

[ ] 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: 3 NUMBER OCCUPANTS: 3

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)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] 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: John L. Gardner Date: 7/8/93

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.

... Modified system - May require lift station - See attached septic system easement agreement form and reclassification form and ultra-shallow placement design plans submitted.

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

Susan Coleman 9-1-93
Environmentalist Date

Judy J. Kuis R.S. Jr
Director or Authorized Section Head Date

WWATER : 122791

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6538A DATE: 2-3-94

TC: 139-222-0190 ☐ ☒ CRT

SERIAL Nº 15797

Name of Owner John Cobb Juris.:

Address of Property 8738 Gosnell Dr.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100' each

Cover Depth mostly 12"-16" total cover

Water Supply Source well

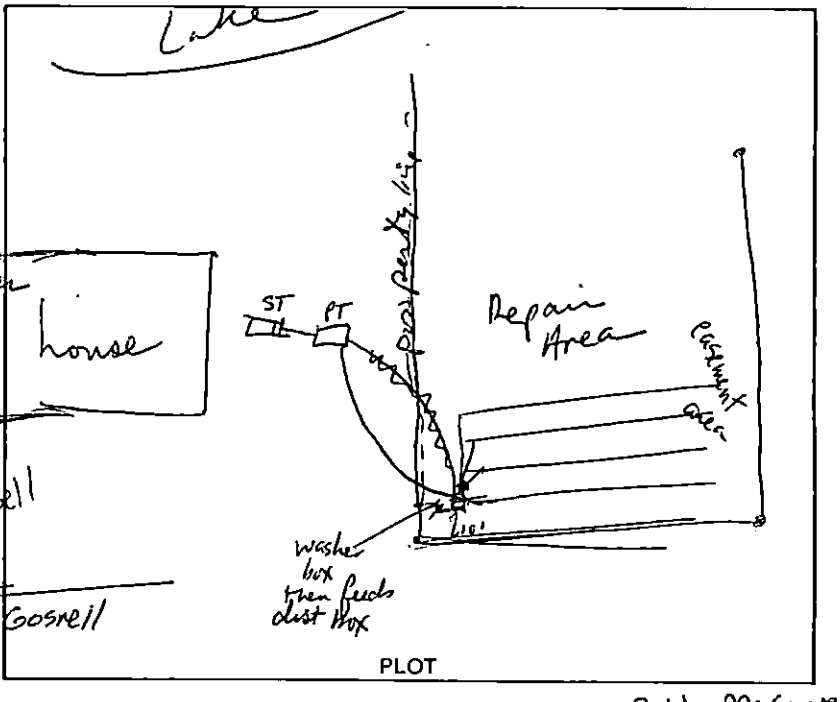
Distance to Water Source 85'-90'

Excavation Inspected 2-4-94

Tank(s) Inspected 2-3-94

Wash Line Inspected

High Water Alarm Inspected 3-3-94



Design: 1994, pump to conv, 1500 gal st, 1000 gpt, 1200 sq ft drainfield at 4 lines - 3'x100' trench-like ½" stone CTR# 117 Bobby McCarver
supply line pumps to washer box w/tee then feeds dist box

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

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

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The 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 ~~10 NCAC 10A~~ 15A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: pump- 1/3 hp Gould WE0311L. See easement on file. 3 bedroom house only. ~~Do not~~ When landscaping keep electrical box next to riser the min 12" above natural grade.

Type II

Susan Gatens
Environmentalist

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

4002

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR ~~PERMIT~~ Approval

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6538A DATE: 2-1-94

TC: 139-222-0180 ql

SERIAL Nº 15654

Permission is hereby given to X 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 2-1-94. All work shall be completed on or before 3-1-94, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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.

see plan on file except septic tank + pump tank will be near where the plumbing comes out

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 400' feet

Number of Lines 4 at 100' each

Depth of Stone 12" inches

Distance from House 5' min feet

Distance from Property Line 10' except around easement feet

Distance from Well 50'+ feet

NAME OF OWNER John Cobb — See septic system easement on file

LOCATION OF PROPERTY 5738 Grosvell Dr.

Comments: Set large box at uppermost point in drainfield area + then feed signal feed distribution box. Pump, pump controls + alarm to be installed according to NC State Regs. Down turn on pipe as goes into box. Agreement form must be on file

F. Walker R.S. for A. Daniel 2/25/94
Division or Section Head

Susan Gatiman
Environmentalist

System moved upslope since last pump.

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

Mecklenburg County
Health Department

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

February 21, 1994

Mr. John Gardner
11106 Valmere Drive
Charlotte, NC 28227

Re: 8738 Gosnell Drive
File: 6538A (Tax Parcel No. 139-222-01PO)

Dear Mr. Gardner:

At your request an inspection was made at the above referenced property to facilitate the issuance of an Operation Permit for the On-Site Sanitary System of Sewage Treatment and Disposal. During the inspection it was found that the following items did not meet the regulations set forth in the " Laws and Rules for Sewage Treatment and Disposal Systems 15A NCAC 18A .1900; .1952 Septic Tank, Dosing Tank and Lift Station Design." Our comments follow:

1). (6) Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (NEMA 4x or equivalent) adjacent to the pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure through waterproof, gasproof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seal, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.

2). (9) The pump tank shall have a properly functioning high-water alarm. The alarm circuit shall be supplied ahead of any pump overload and short circuit protective devices. The alarm shall be audible and visible by system users and weatherproof if installed outdoors in an enclosure (NEMA 4x or equivalent)

The above mentioned items must be installed and inspected prior to the Operation Permit being issued. The Operation Permit is required for the Certificate of Occupancy and the permanent electric hook-ups. Please schedule the inspections at least five (5) working days in advance to ensure no delays in the Operation Permit issuance.

Please call me at 336-5569 to discuss any question you may have concerning this matter.

Sincerely,

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

SB:gf

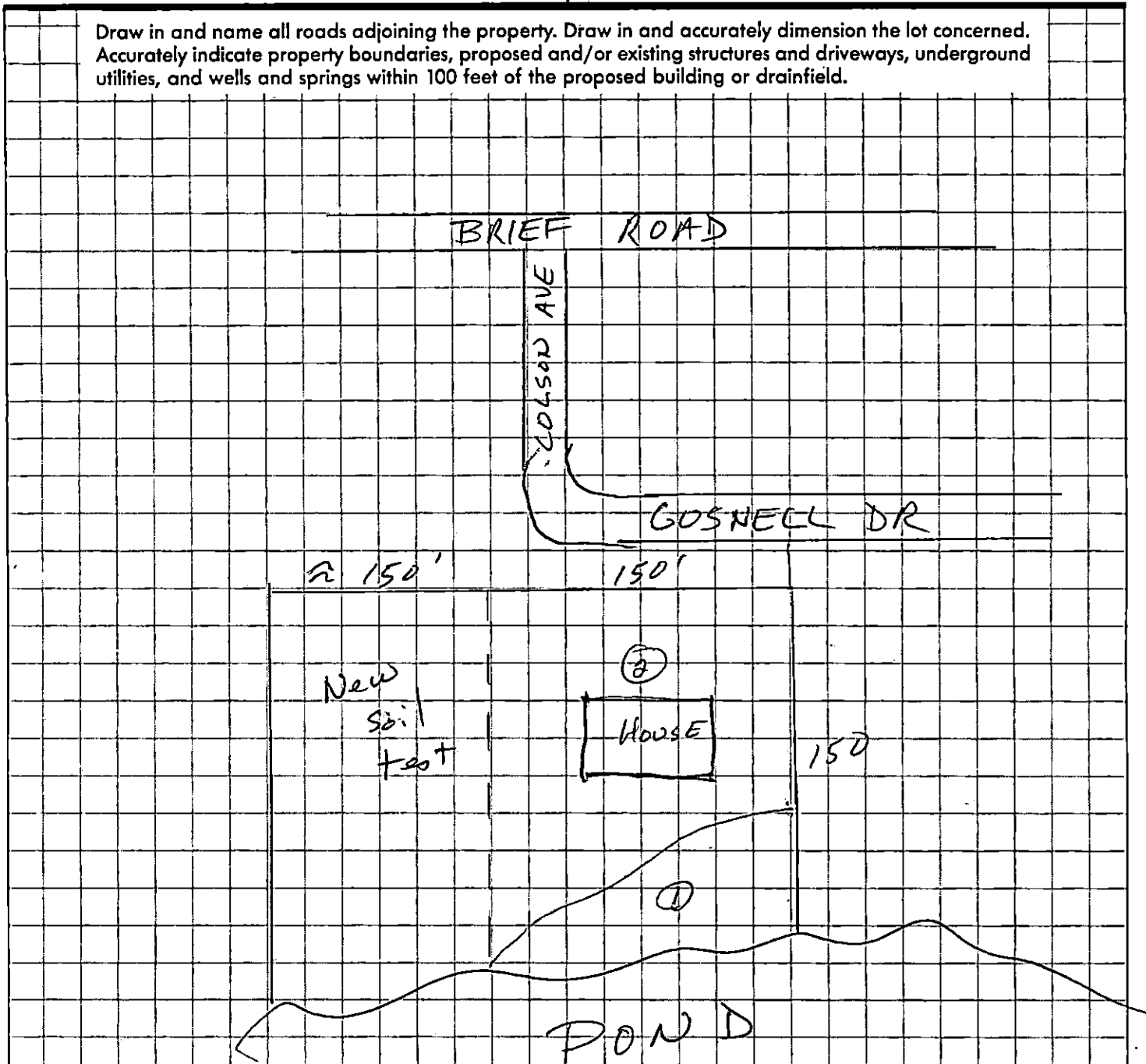
PROPOSED PLOT PLAN (2nd Site)

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

FILE: 6538A

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.



- See attached septic tank system easement agreement form. This includes survey map and easement boundaries
- See attached reclassification form
- See attached septic tank system design plan for ultra-shallow placement. May require lift station.

APPROVAL DATE [signature] 9-1-93

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

Builder - John Gardner
Eco Dynamics
Location - 8738 Gosnell Lot #52+53
File #6538A

For ultra shallow system useing 12" stone and 4" cover with 2" dirt to be brought in.

1500 gallon septic Tank w/ 4 - 100' lines in 3' wide trenches (1200 sq ft.) to be ran on contour of land. This system for 3 bedroom house.

Septic tank must be set on right front side of house.

Septic tank system (bed) has only 28" of suitable soil. Because of this depth an ultra shallow system has to be installed, which consist of 12" stone 4" dirt cover - 2" dirt brought in with 12" suitable soil under ditch Gives you a total of 28". Refer to soil evaluation report # 19431 - 7-30-93

a pump tank will be needed for future repairs

- See attached septic tank easement form for easement boundaries.
- May require lift station

Installer
McCarver Const
14450 Caborus Rte
Midland, NC 28107
573-2805

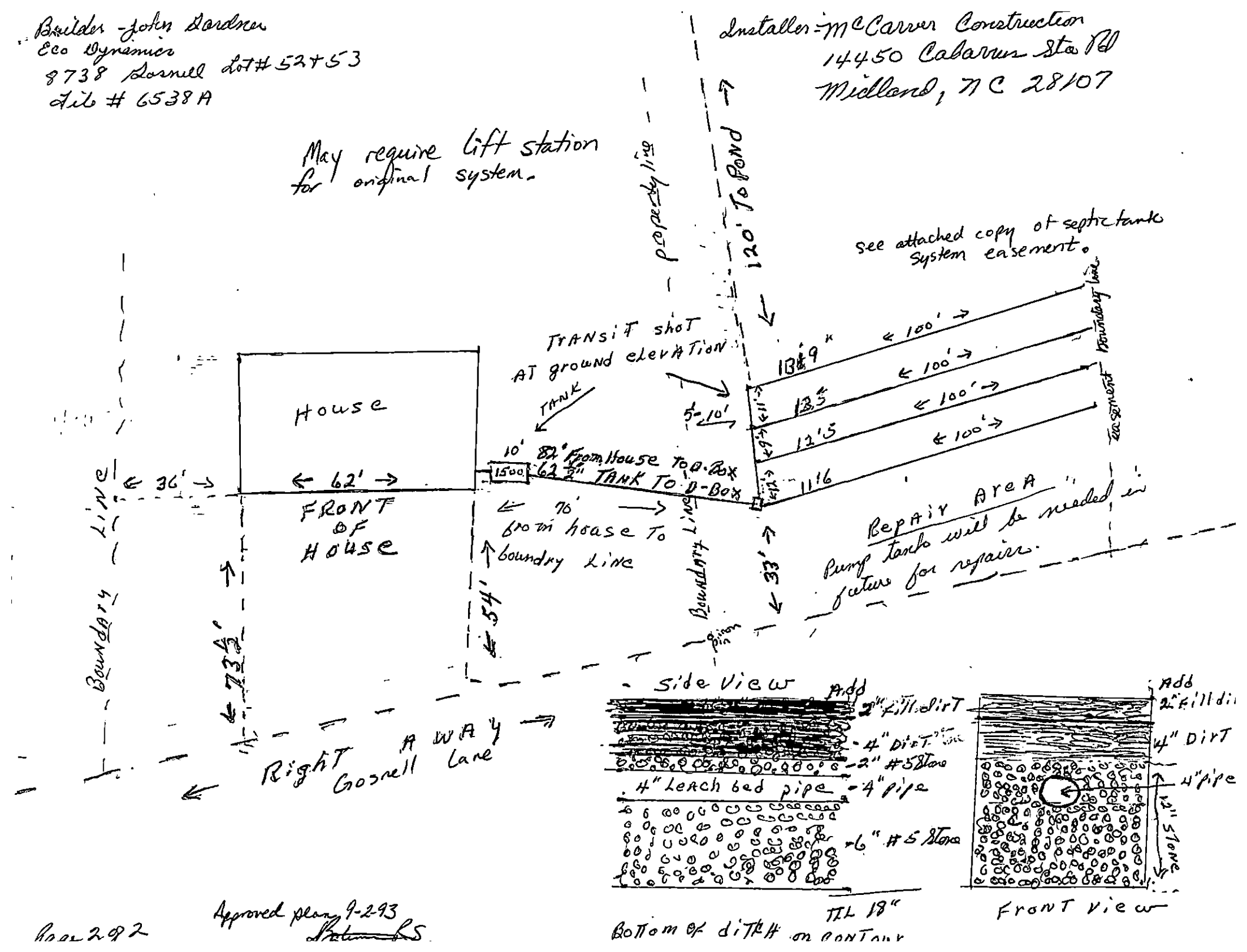
Approved plan 9-2-93

Pna. 102

Builder - John Gardner
Eco Dynamics
8738 Gosnell Lot # 52 + 53
Lic # 6538A

Installer - McCarver Construction
14450 Calabria Sta Rd
Midland, NC 28107

May require lift station for original system.



Approved plan 9-293

Page 292

EVALUATION REPORT
SERIAL NUMBER 19431

Parcel: PO 139-222-01

Location: 8138 Gosnell

Subdivision:

Lot: Block: Acres: Approx 5

Owner: Thomas A. Barcom
Address: 1632 McManus Road
Midland, B.C.

Comments: Table used in correlation of previous soil inv. - Egli/Gridley

Described by: William A. Mueller

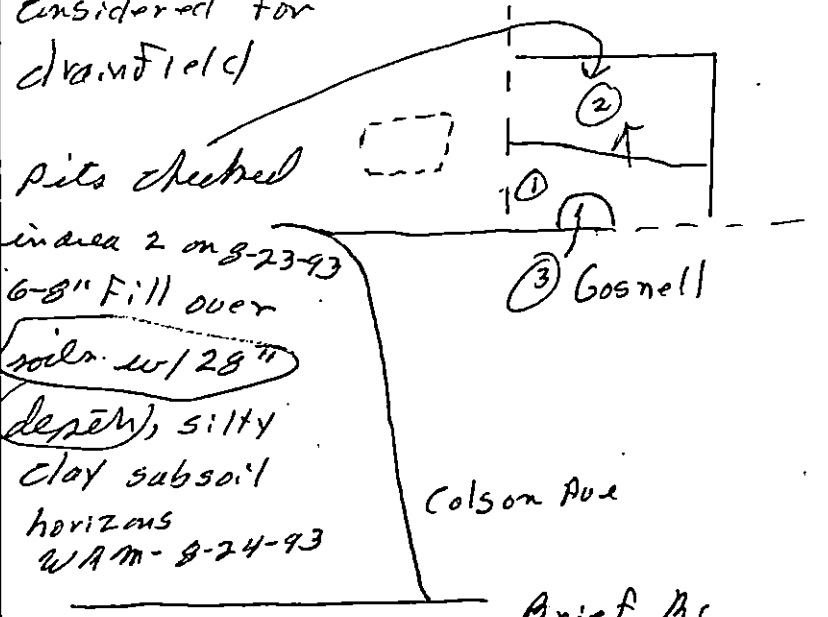
Date: 7-30-93

***** EVALUATION KEY *****

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

Backhoe pits needed if any part of Area 2 needs to be considered for drainfield

Tree Line



pits checked in area 2 on 8-23-93
6-8" Fill over soils w/ 28" deep, silty clay subsoil horizons
WAM - 8-24-93

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-9%	S PS U —	(S) PS U 2-9%	S PS U	S PS U	S PS U
Texture	(S) PS U slightly Expansive silty clay	S PS U —	S (PS) U silty clay Loam	S PS U	S PS U	S PS U
Structure	S (PS) U Sub-Blocky	S PS U —	S (PS) U Sub-Blocky	S PS U	S PS U	S PS U
Drainage	S (PS) U 7-10" to water	S PS U —	S (PS) U 7-36"	S PS U	S PS U	S PS U
Depth	S (PS) U 36"+	S PS U —	S PS (U) 20-24"	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-36"	S PS U —	S (PS) U 7-36"	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS U —	S PS (U) Restricted	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U Fill Area	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Tatlow-Like	Fill Area	Series Not Determined			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

note property line
in front of house
+ between house + bed. also right a way of road.

(future) pump for repair area.

Total 28" dirt

12" stone
12" dirt under ditch
4" Cover
2" brought in

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

DATE: 7/8/93

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 139-221-01pp

ASSIGNED ADDRESS 8738 Bosnell Dr

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: Rwb

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

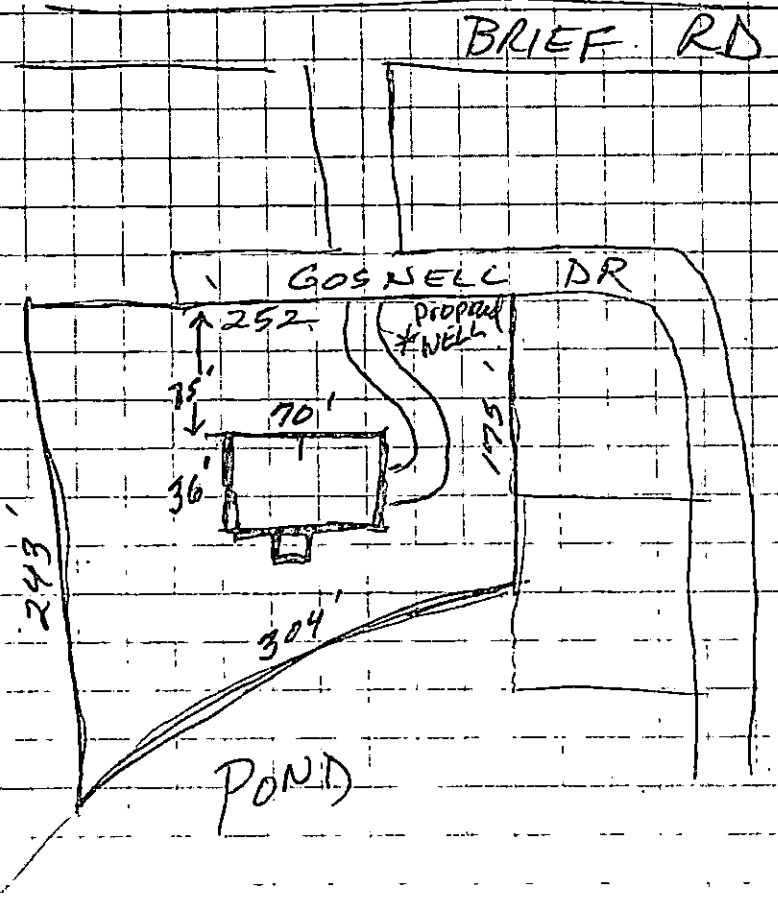
PROPOSED PLOT PLAN

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

FILE: 6538 A

TC: 139-222-01

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 _____

JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 09/01/93 09:21
BK: 07440 PG: 0950/0956 #:0060 16.00

COPY

"6538A"

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

SEPTIC TANK DRAIN FIELD EASEMENT AGREEMENT

This EASEMENT made this 31st day of August, 19 93, by and between

GRANTOR	GRANTEE
THOMAS A. BAUCOM and wife, LOIS F. BAUCOM	JOHN E. COBB and wife, LOUISE T. COBB

Enter in appropriate block for each party: name, address, and if appropriate, character of entity, e.g. corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee an easement as hereinafter described, to run with the land, upon that certain lot or parcel of land owned by Grantor and located in ~~the City of~~ _____, Clear Creek Township, Mecklenburg County, North Carolina, and more particularly described as follows:

SEE EXHIBIT A ATTACHED HERETO AND INCORPORATED HEREIN BY REFERENCE.

Grantor hereby imposes said easement for the benefit of Grantee as the present owner and for the benefit of future owners of the following lot or parcel of land, situated in ~~the City of~~ _____, Clear Creek Township, Mecklenburg County, North Carolina, and more particularly described as follows:

SEE DESCRIPTION OF 0.795 ACRE TRACT ATTACHED HERETO AS EXHIBIT B AND INCORPORATED HEREIN BY REFERENCE.

Said easement shall enable the Grantee to place, if, as and when needed, such need to be determined by the Grantee in his sole discretion, a septic tank and drain field or portions thereof, upon the Septic Tank Drain Field Easement Area on the Easement Parcel and to inspect, maintain, repair and replace the components of said septic tank and drain field at any time and from time to time. If the

Grantor acknowledges that the Septic Tank Drain Field Easement Area cannot be used and will not be used for any of the following activities or in any of the following ways:

- Grading or filling
- Parking or driving heavy equipment in the area or in any other way compacting the soil in the Area
- Excavating soil from the Area
- Placing footings or foundations or engaging in any other construction activity in the Area
- Placing in-ground or above-ground swimming pools in the Area
- Placing irrigation systems in the Area
- Placing underground utility lines or cables in the Area
- Planting trees or gardens in the Area
- Removing any large trees in the Area unless dead or diseased
- Using the area for the burial of stumps, trash, or any other type of construction material
- Using the Area for gravesites
- Diverting the natural flow of water onto the Area by way of drainage ditches or diversion ditches or using the Area to receive water from any gutter or downspout discharges

IN WITNESS WHEREOF, the Grantor and Grantee have hereunto set their hands and seals, or if corporate, have caused this instrument to be signed in their corporate names by their duly authorized officers and their seals to be hereunto affixed by authority of their Boards of Directors, the day and year first above written.

GRANTOR

_____ (Corporate Name)

BY: _____

_____ President

ATTEST:

_____

_____ Secretary (Corporate Seal)

Thomas A. Baucom (SEAL)
Thomas A. Baucom

Lois F. Baucom (SEAL)
Lois F. Baucom

_____ (SEAL)

_____ (SEAL)

SEAL-STAMP North Carolina, Mecklenburg County

I, a Notary Public of the County and State aforesaid, certify that THOMAS A. BAUCOM and wife, LOIS F. BAUCOM, Grantor, personally appeared before me this day and acknowleged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 31st day of August, 1993.

My Commission Expires: 8-27-96 Katherine D. Wilson
(Notary Public)

SEAL-STAMP North Carolina, _____ County

I, a Notary Public of the County and State aforesaid, certify that _____ personally

_____ _____(SEAL)

.(Corporate Name)

BY:_____ _____(SEAL)

_____ President

_____(SEAL)

ATTEST:

_____ _____(SEAL)

_____ Secretary (Corporate Seal)

SEAL-STAMP North Carolina, _____ County

I, a Notary Public of the County and State aforesaid, certify that _____, Grantor, personally appeared before me this day and acknowleged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this _____ day of _____, 19___.

My Commission Expires:_____ _____

(Notary Public)

SEAL-STAMP North Carolina, _____ County

I, a Notary Public of the County and State aforesaid, certify that _____ personally came before me this day and acknowleged that he is _____ Secretary of _____, a _____ corporation, and that by authority duly given and as the act of the 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 official stamp or seal, this _____ day of _____, 19____.

My Commission Expires:_____ _____

Notary Public

This document is not to be recorded until approved by the Mecklenburg County Health Department.

APPROVED AS TO THE SEPTIC REPAIR AREA REQUIREMENTS:

MECKLENBURG COUNTY HEALTH DEPARTMENT

BY: Susan Bateman DATE: 9-2-93

Susan Bateman

(print name)

Approval by the Mecklenburg County Health Department does not certify or extend to matters of title. The purchaser of property subject to or affected by this easement is responsible for ascertaining all matters affecting the validity and enforceability of this instrument.

EXHIBIT A

Legal Description of Area for Septic Tank Drain Field Easement:

Lying and being in Clear Creek Township, Mecklenburg County, North Carolina, and more particularly described as follows:

BEGINNING at a point in the northwesterly right-of-way margin of Gosnell Drive (said Gosnell Drive having a total right-of-way of 60 feet), said Beginning Point being the point where the southeasterly line of Lot 53, Block A as shown on a Map of Mint Hill Estates recorded in Map Book 10 at Page 73 in the Office of the Register of Deeds for Mecklenburg County, North Carolina, intersects with such northwesterly right-of-way margin of Gosnell Drive; and running thence from said Beginning Point so established and with the northwesterly right-of-way margin of Gosnell Drive, S. 43-24-40 W. 65.51 feet to an iron pin set, this point being the easterly line of the tract of land described on Exhibit B attached hereto; thence with the easterly line of the tract of land described on Exhibit B, N. 24-5217 W. 110.0 feet to a point; thence a new line N. 43-24-40 E. 115 feet to a point; thence another new line, S. 24-15-17 E. 110 feet to a point, this point being in the northwesterly right-of-way margin of Gosnell Drive, if extended; thence S. 43-24-40 E. 49.49 feet to an iron pin set, the point and place of BEGINNING; with the aforedescribed property being a trapezoid of 110 by 115 feet, and identified as "Drain Field Repair Area" on a Map attached hereto as Exhibit C and incorporated herein by reference.

EXHIBIT B

Lying and being in Clear Creek Township, Mecklenburg County, North Carolina, and being more particularly described as follows:

BEING a portion of Lots 52 and 53, plus a very small sliver off Lot 51 and within the right-of-way of Gosnell Drive, in Block A, as shown on a Map of Mint Hill Estates recorded in Map Book 10, at Page 73 in the Office of the Register of Deeds for Mecklenburg County, North Carolina, said property hereby conveyed being more particularly described as follows:

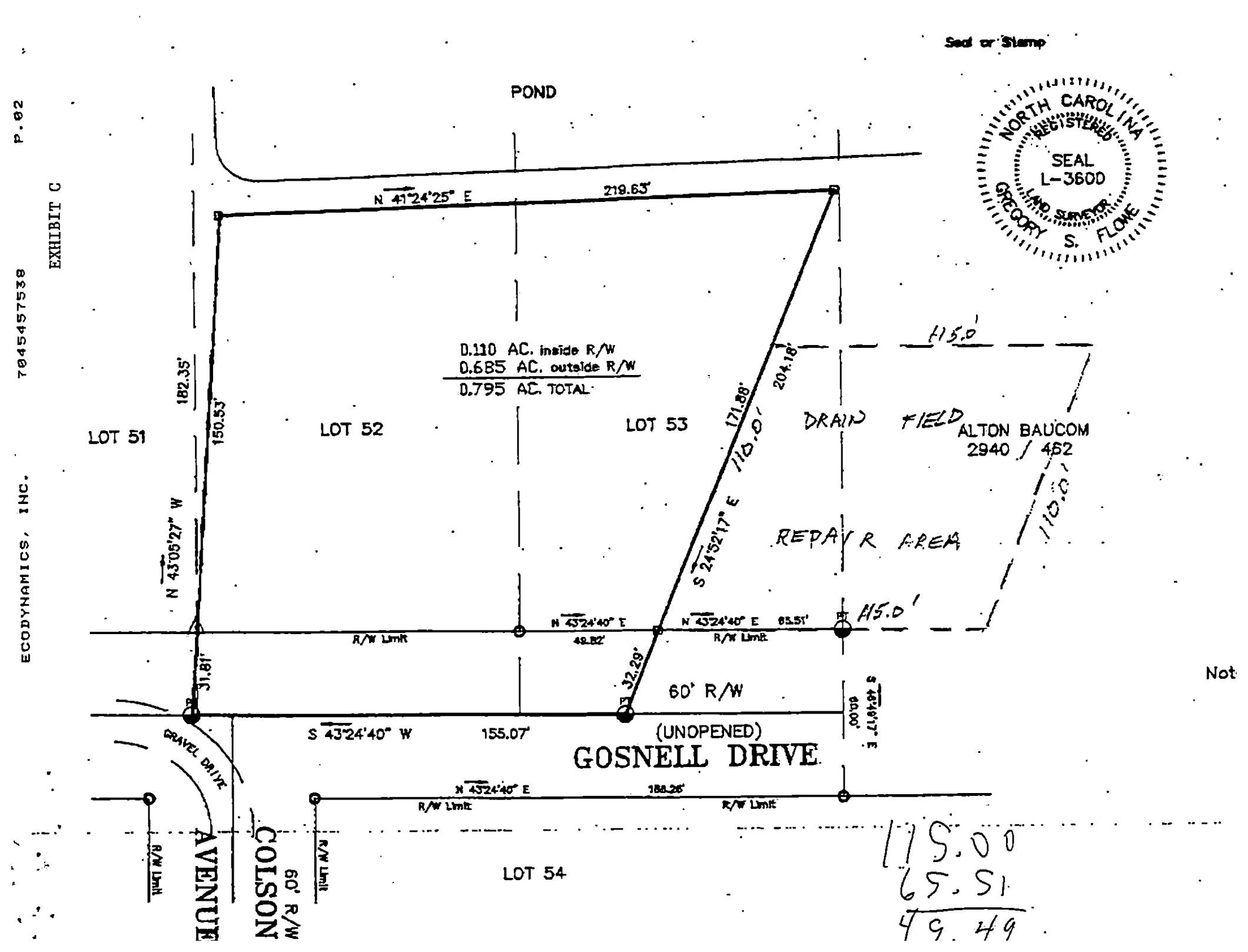
BEGINNING at an iron pin set in the northwesterly right-of-way margin of Gosnell Drive (said Gosnell Drive having a total right-of-way of 60 feet), said Beginning Point being located N. 43-24-40 E. 49.82 feet from an iron pipe found at the point where the dividing line between Lots 52 and 53 as shown on the aforesaid map intersects with said northwesterly right-of-way margin of Gosnell Drive; thence from the Beginning Point so established, and with a line within the right-of-way of Gosnell Drive, S. 24-52-17 E. 32.29 feet to a point in the center line of said Gosnell Drive; thence with the center line of Gosnell Drive, S. 43-24-40 W. 155.07 feet to a point, this point being slightly to the southwest of the point where the common line between Lots 51 and 52 as shown on the aforesaid Map intersects with the center line of said Gosnell Drive; thence a new line, which crosses the common line between said Lots 51 and 52 near the northwesterly right-of-way margin of Gosnell Drive, N. 43-05-27 W. 182.35 feet (this call also passing through an iron pipe found just on the northwesterly side of the northwesterly right-of-way of Gosnell Drive) to an iron pin set; thence with a line crossing a portion of said Lots 52 and 53, N. 41-24-25 E. 219.63 feet to an iron pin set; thence S. 24-52-17 E. 171.88 feet to an iron pin set in the northwesterly right-of-way margin of Gosnell Drive, the point and place of BEGINNING; and containing 0.795 acres total, of which 0.110 acres is inside the right-of-way of Gosnell Drive and 0.685 acres is outside the right-of-way of said Gosnell Drive; and being a very small sliver from Lot 51, plus a portion of Lots 52 and 53, in Block A as shown on the aforesaid Map, all as shown on a property survey for John E. Cobb and wife, Louise T. Cobb, by Gregory S. Flowe, North Carolina Registered Surveyor, dated August 7, 1993, to which survey further reference is hereby made (and it is further noted that said survey does not indicate in the narrative portions thereof that a slight sliver off of Lot 51, all within the right-of-way of Gosnell Drive, is included in the described property, but it in fact is).

7045457538
ECODYNAMICS, INC.

EXHIBIT C

Seal or Stamp

NORTH CAROLINA REGISTERED SEAL L-3600 LAND SURVEYOR GREGORY S. FLOWE



115.00
65.51
49.49

Not

Mecklenburg County

Health Department

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

July 29, 1993

Mr. Thomas A. Baucom
1632 McManus Road
Midland, NC 28107

Re: Property located at 8738 Gosnell Drive
File: 6538-A
Parcel: 139-222-01

Dear Mr. Baucom:

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. 19431) 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 .1948 (d) 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/wpg

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19431

File: 6538A Action 2

Parcel: PO 139-222-01 ☐ PC

Location: 8136 Gosnell

Subdivision:

Lot: Block: Acres: Approx 5

Owner: Thomas A. Barcom
Address: 1632 McManus Road
Midland, N.C.

Comments: To be used in
connection w/ previous soil
inv. - 3 pits/1 profile

Described by: William R. Medlin

Date: 7-30-93

*** EVALUATION KEY ***

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

Backhoe pits needed if any portion of Area 2 needs to be considered for drainfield

pits checked in area 2 on 8-23-93
6-8" Fill over soils w/ 28" depth, silty clay subsoil horizons
WRM - 8-24-93



FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-8%	S PS U —	(S) PS U 2-8%	S PS U	S PS U	S PS U
Texture	(S) PS U slightly Expansive silty clay	S PS U —	S (PS) U silty clay Loam	S PS U	S PS U	S PS U
Structure	S (PS) U Sub-Blocky	S PS U —	S (PS) U Sub-Blocky	S PS U	S PS U	S PS U
Drainage	S (PS) U 40" to water	S PS U —	S (PS) U 36"	S PS U	S PS U	S PS U
Depth	S (PS) U 36"+	S PS U —	S PS (U) 20-24"	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 36"	S PS U —	S (PS) U 36"	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS U —	S PS (U) Restricted	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U Fill Area	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Tatum-Like	Fill Area	Series III Not Determined			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 16538A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 8738 Gosnell Dr.

② SUBDIVISION: NA ③ LOT: 52 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 139-222-6

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

⑦ NAME: Thomas H Baucom
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 1632 McManus Rd

⑨ CITY: Midland, N.C. ⑩ STATE: N.C. ⑪ ZIP: 28107

⑫ PHONE: (WORK) Retired (HOME) 545-4604

⑬ Accurately diagram and dimension lot.

⑭ The undersigned, 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: _____

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

Date: _____

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

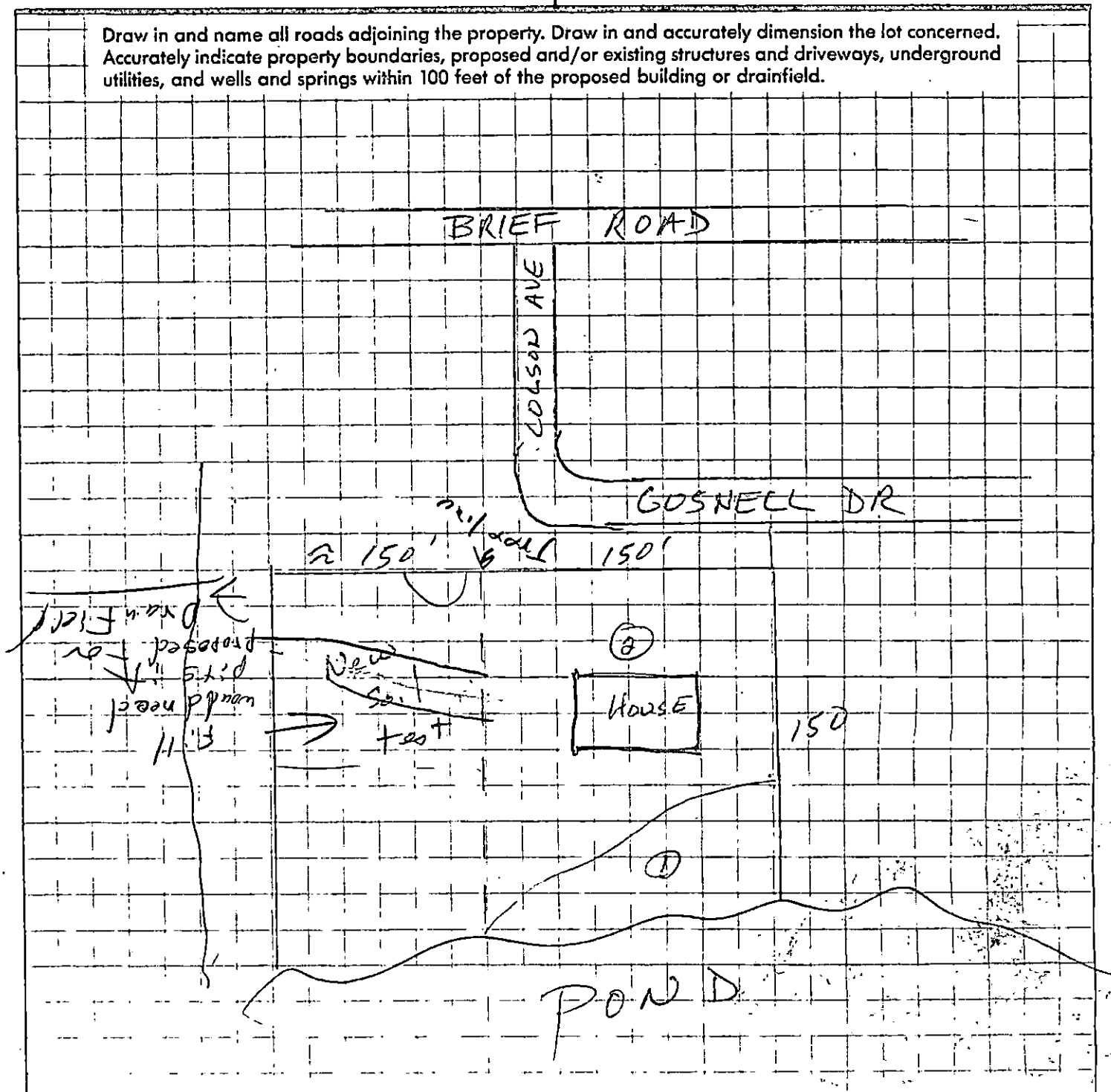
PROPOSED PLOT PLAN (2nd Site)

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

FILE: 6538A

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 _____

Mecklenburg County
Health Department

March 28th, 1990

Thomas Baucom
1632 McManus Road
Midland, NC 28107

RE: Property located at Gosnell Drive
FILE: 6538A
PARCEL: 13922201PO

Dear Sir:

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 Number 17664) is enclosed.

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 10 NCAC 10A .1948 (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 I may be of any assistance, please feel free to call.

Very truly yours,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure (2)

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17664

File: 6538A

Parcel: 13922201PO

Action 2

PC

Location: Gosnell Drive

Subdivision:

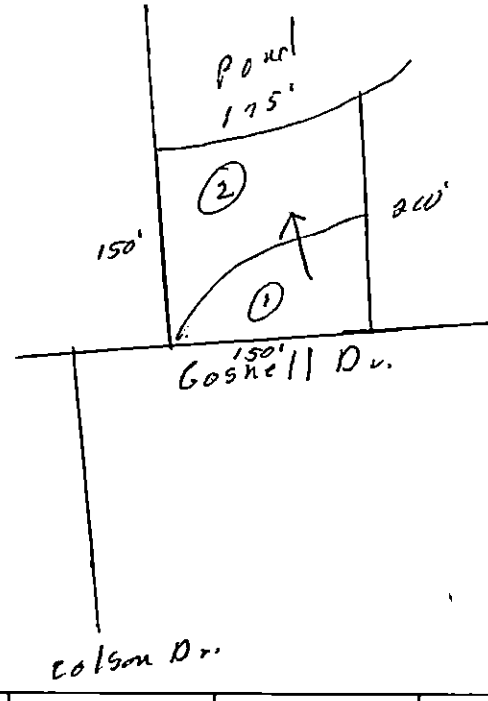
Lot: Block: Acres: Approx .75

Owner:
Address: Thomas Baucom
1632 McManus Road
Midland, NC 28107

Comments: _____

Described by: William R. Marlin

Date: 3-27-90



***** 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 6-10%	(S) PS U 6-10%	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 7-36" to water	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) (U) 24-36"	S PS (U) Rock outcrops	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-36"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	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	IV Tatum-like	Rock outcrops				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

4081

APPLICATION FOR SOIL INVESTIGATION

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 10538A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 8738 Gosnell Dr.

② SUBDIVISION: NA ③ LOT: 52 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 139-222-0

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

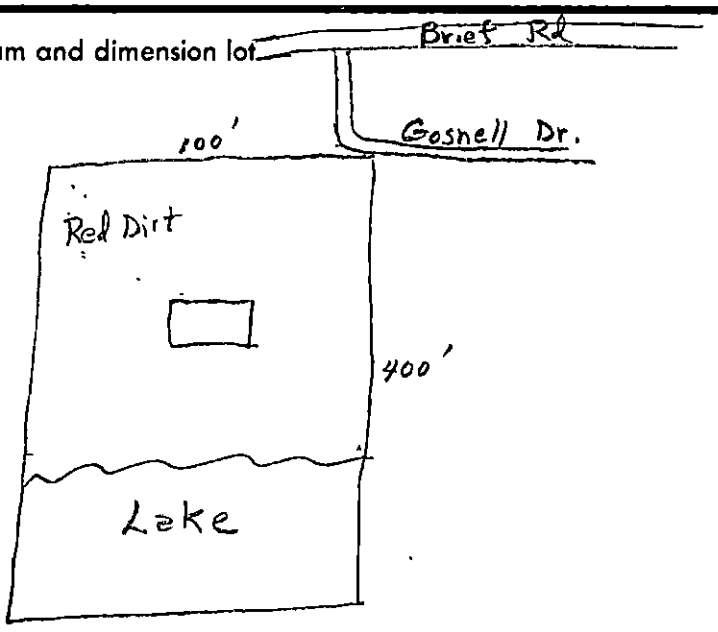
⑦ NAME: Thomas A. Baucom
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 1632 McManus Rd

⑨ CITY: Midland, N.C. ⑩ STATE: N.C. ⑪ ZIP: 28107

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Signed: Thomas A. Baucom

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Date: 2-5-90

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