

9208 FOREST MANOR CT

10525213

4/28/08

marliwr

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 2009A DATE: 7-7-00

TC: 105-252-132 ☒ L ☐ CRT

SERIAL Nº 18377

Name of Owner PAUL KUMARS/TRIPLE CROWN HOMES Juris.: _____

Address of Property 9208 FOREST MANOR COURT

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 5 @ 80

Cover Depth 12"

Water Supply Source MUNICIPAL

Distance to Water Source >10'

Excavation Inspected 7-7-00

Tank(s) Inspected 7-7-00

Wash Line Inspected —

High Water Alarm Inspected —

SEE INSTALLATION PERMIT —

PLOT

Design 1500 SJ 1600 SFT INNOVATIVE CTR# BOB MCCARVER

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

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

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

☐ Certificate of Completion ☒ ~~Operation~~ Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of I5A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: TYPE III-G "ECEE LAY" WAS INSTALLED

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

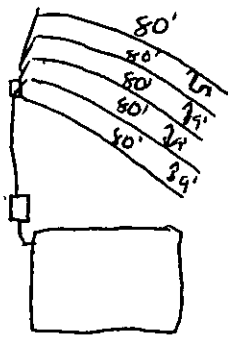
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2009A DATE: 6-21-00

TC: 105 - 252 - 132 X/L

SERIAL Nº 18425

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 5-9-99. All work shall be completed on or before 5-21-00, 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.



FOREST MANOR COURT

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 400 feet

Number of Lines 5

Depth of Stone NA inches

Distance from House 10' feet

Distance from Property Line 10' feet

Distance from Well 50' feet

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

NAME OF OWNER TRIPLE - CROWN HOMES

LOCATION OF PROPERTY 9208 FOREST MANOR COURT

Comments: (1) REQUIRES TYPE III-G INNOVATIVE DUE TO LACK OF SUITABLE SPACE

Environmental Health Specialist

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

CK# 1092

FEE: 360 AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: 2/5/00 VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 11/18/99 PERMIT NO: 2009A
PARCEL NO: 105-252-132

JOB LOCATION ADDRESS: 9208 FOREST MANOR CT
PROPERTY OWNER: PAUL KUMMER
BUILDING CONTRACTOR:
SUBDIVISION NAME: FARMWOOD NORTH LOT 42
AUTHORIZATION ISSUED BY: [signature] DATE: 11/18/99
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2009A, 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: (1) AGREEMENT FORM MUST BE FILED BEFORE ISSUING CONSTRUCTION AUTHORIZATION.

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.

[signature] 2-9-00

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 2009A

Tax Number: 105 252 73

- 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	X No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I (II) III IV V VI	X 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	480 Max gallons/day wastewater flow	1600 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
NA Serviced by private well	1500 Gallon septic tank	533 Total trench length (ft)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
4 Bedrooms in residence	___ Gallon pump tank	12" Depth of stone	
Any surface waters present:	Type:	Minimum separation distance:	
Site modifications required:			
Additional Conditions: (1) REPAIR AREA WILL REQUIRE A PUMP AND AN INNOVATIVE TYPE III-G SYSTEM THAT WILL REQUIRE AN AGREEMENT FORM TO BE FILED W/ REGISTER OF DEEDS OFFICE			
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	X Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
1200 Absorption Area (Sq ft) 400 Total Trench Length (Ft)	NA Depth of Stone Trench	9' Trench spacing (min. on centers)	30 Maximum Trench Depth
For existing system, enter the year originally installed:			

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

- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department.
- This Improvement permit is transferable.

DEHNR Authorized Agent — Date 10/15/99

Owner/Agent Signature — Date 11-18-99

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

IWWS-100135

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 # 2009A
PARCEL # 105-252-13

The undersigned, First Group Properties, Inc., owner of property located at 9208 Forest Manor CT Lot #42 (the "site") and described in an instrument recorded in Book 10976 at Page 373, 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: Griffin & Bruhlson, LLP
Mail after recording to: ROD Box 8

FILE COPY

FILED FOR REGISTRATION	DOC. # 2000041000
DATE 4/15/2000	TIME 1:30
BOOK 11087	PAGE 549
STAMPS 0	REC FEE 14.00

JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC

- 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 15th day of February, ~~19~~2000

FIRST GROUP PROPERTIES, INC.
(Corporate Name)

By: _____

_____ President

ATTEST:

_____

_____ Secretary

FIRST GROUP PROPERTIES, INC.
(Corporate Seal)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF _____

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

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

_____
Notary Public

My Commission Expires:

_____

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Marsha R. Rouse, a Notary Public for said County and State, do hereby certify that Kokila Kumar personally came before me this day and acknowledged that she is _____ Secretary of First Group Properties, Inc., a North Carolina corporation, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal and attested by her as its _____ Secretary.

WITNESS my hand and notarial seal, this 15th day of February, ~~1999~~ 2000.

Marsha R. Rouse
Notary Public

My Commission Expires:
6/8/2002

PROPOSED PLOT PLAN

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

FILE: 2009A

TC: 105-252-132

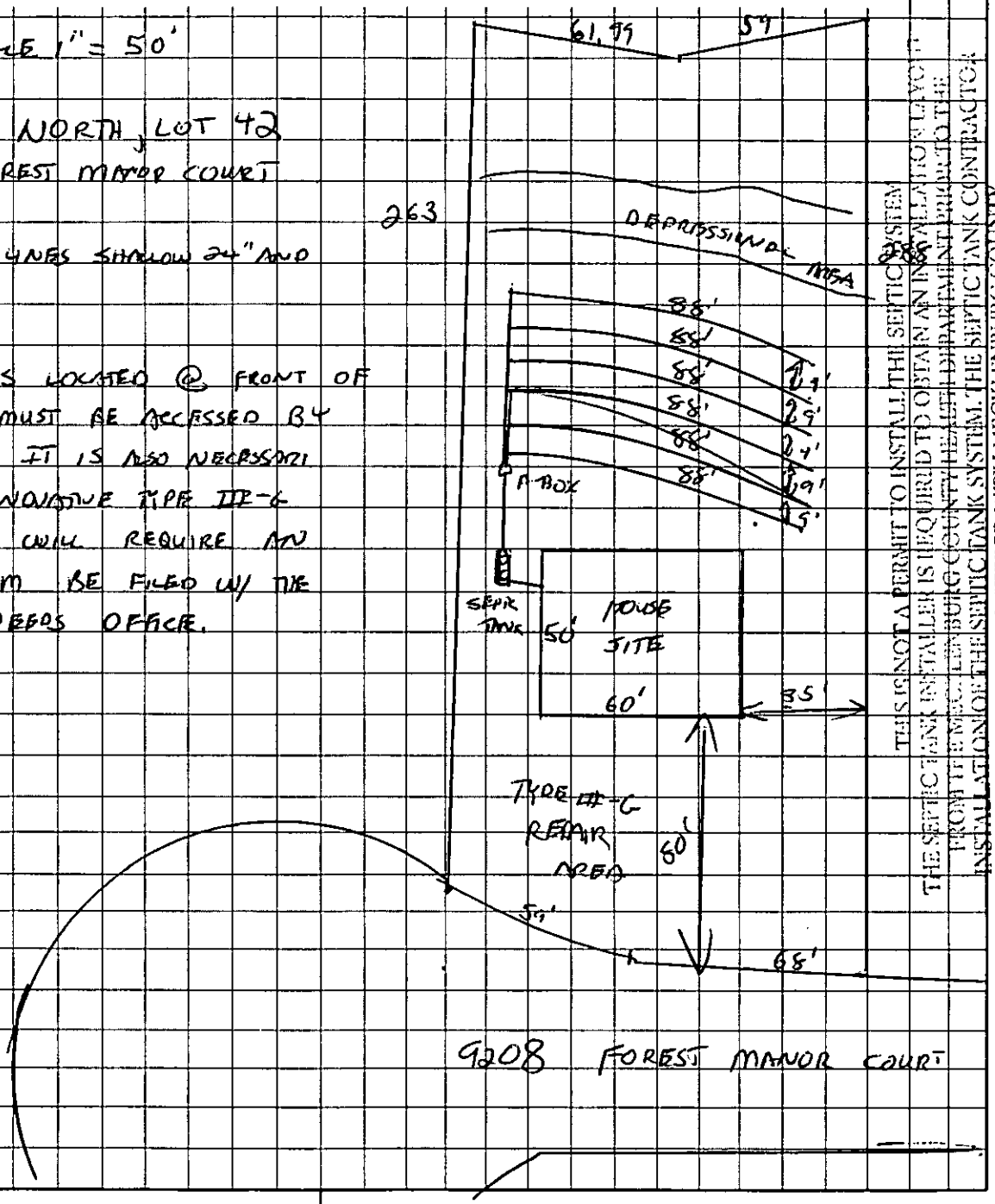
Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.

SCALE 1" = 50'

FARMWOOD NORTH, LOT 42
9208 FOREST MANOR COURT

(1) INSTALL DRAINLINES SHALLOW 24" AND ON CONTOUR

(2) REPAIR AREA IS LOCATED @ FRONT OF PROPERTY AND MUST BE ACCESSED BY USING A PUMP. IT IS ALSO NECESSARY TO INSTALL INNOVATIVE TYPE III-C SYSTEM WHICH WILL REQUIRE AN AGREEMENT FORM BE FILED W/ THE REGISTER OF DEEDS OFFICE.



THIS IS NOT A PERMIT TO INSTALL THE SEPTIC SYSTEM
THE SEPTIC TANK INSTALLER IS REQUIRED TO OBTAIN AN INSTALLATION PERMIT
FROM THE MECKLENBURG COUNTY HEALTH DEPARTMENT PRIOR TO THE
INSTALLATION OF THE SEPTIC TANK SYSTEM. THE SEPTIC TANK CONTRACTOR
MUST BE REGISTERED WITH MECKLENBURG COUNTY.

Pawan Allen
OWNER/AGENT SIGNATURE

DATE 11-19-99

APPROVAL DATE _____

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

FEE: $80.00 CK#1178

DATE: 8-18-99

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 #: [illegible] 9009A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 105-252-13

STREET ADDRESS: 9208 FOREST MANOR CT

SUBDIVISION OR MOBILE HOME PARK NAME: FARMWOOD NORTH

LOT NUMBER: 42

TOWNSHIP (CHECK ONE):

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

CLOSING DATE: Sept 15th 1999

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2600 s.f

NUMBER OF BEDROOMS: 4

NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

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

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

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: BARNES (LAST) HAROLD (FIRST) J (MI) (FIRST CHARTER NATIONAL BANK)

ADDRESS: 6301 FAIRVIEW RD.

CITY: CHARLOTTE STATE: NC ZIP: 28210

DAYTIME PHONE: (704) 367-3822

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: KUMAR (LAST) PAUL (FIRST) (TRIPPLE CROWN HOMES INC) (MI)

DAYTIME PHONE: (704) 634-1263 (W) (704) 522-7787 (C)

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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

SIGNED: [signature] DATE: 8/9/99

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

PROPOSED PLOT PLAN

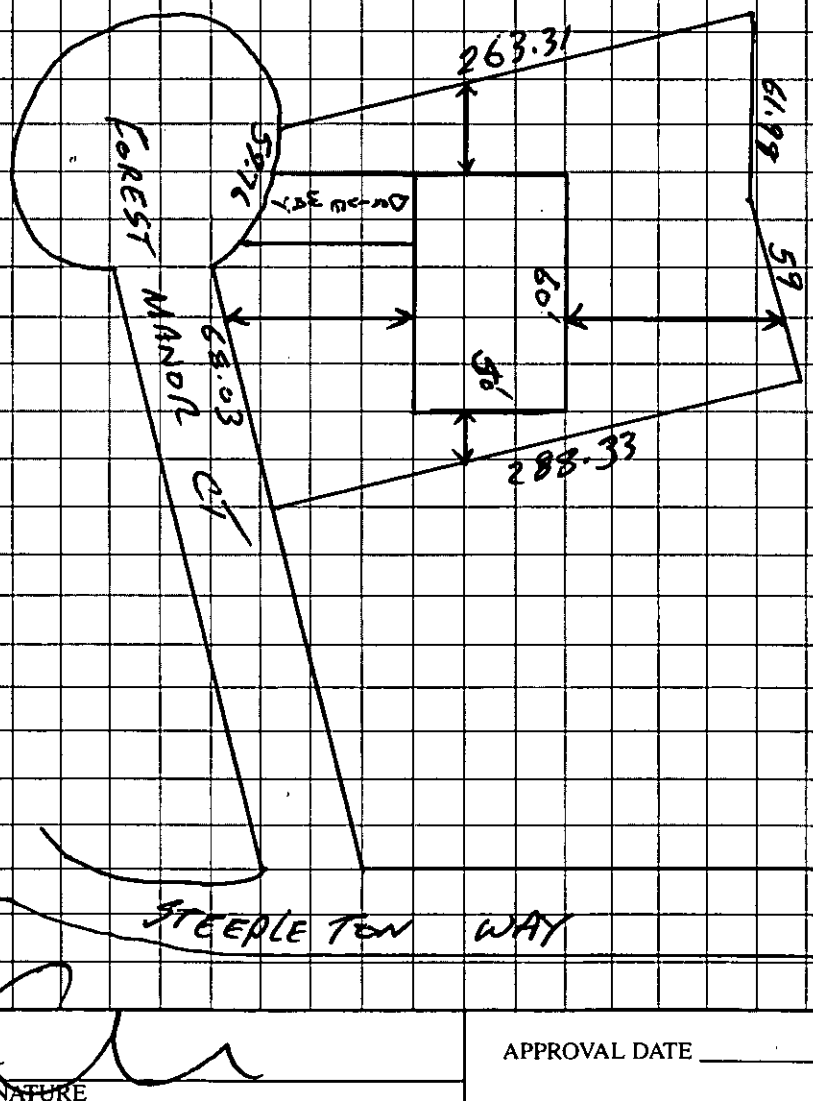
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: [illegible] 2/800 MD

TC: 105-252-13

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.

Lot 42



OWNER/AGENT SIGNATURE

DATE 9/9/99

APPROVAL DATE _____

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

PROPOSED PLOT PLAN

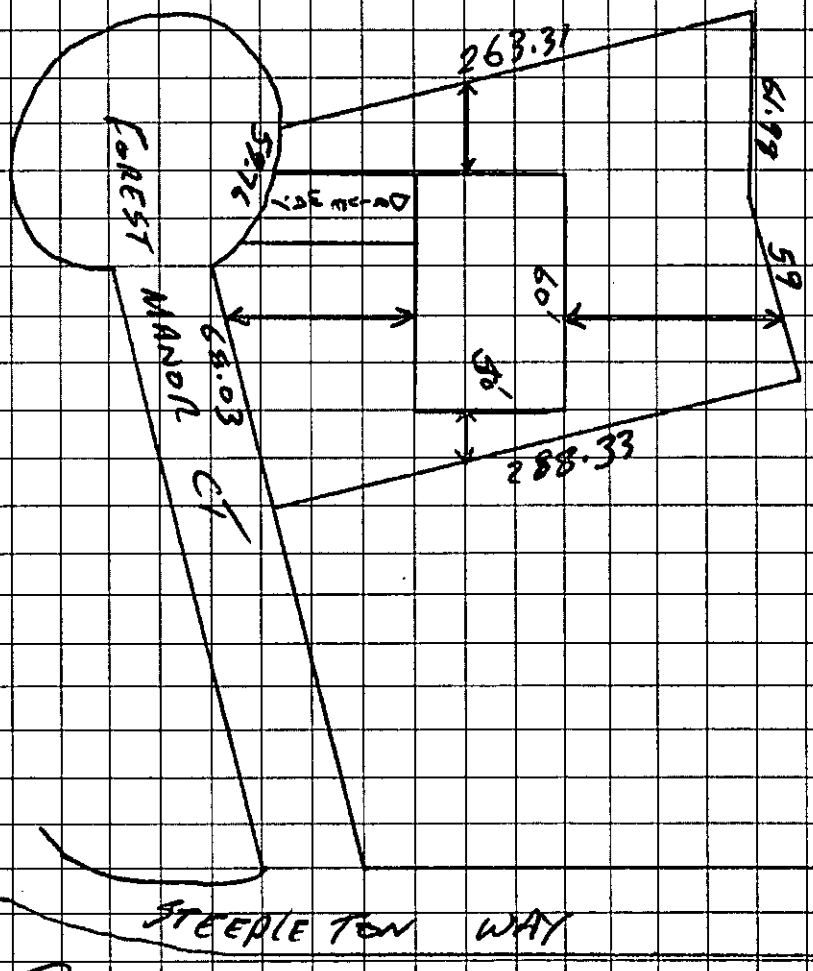
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: [illegible] 9809A

TC: 105-252 13

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.

Lot 42



OWNER/AGENT SIGNATURE

DATE 9/9/99

APPROVAL DATE _____

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

CHARGE

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Charge Slip

Date: 8-18-99

Name/Company: Triple Crown Homes Inc

Sanitation _____

Vector Control _____

IWWS ✓

Service: 15 lots in Farmwood North
Soil Test

Fee: $ 3000.00

Od. 3000.00 8/18/99 EW

#1172 $2000
#1173 $1000

NOTICE:

A processing fee of $20.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

FEE: 200.00 CK # 1173
DATE: 8-18-99 CJ

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM #2

AES 2009A

COPY

[ ] 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 #: ~~4010-25~~

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 105-252-192

STREET ADDRESS: 9208 FOREST MANOR CT

SUBDIVISION OR MOBILE HOME PARK NAME: FARMWOOD NORTH

LOT NUMBER: 42

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2600 s.f

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

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

CLOSING DATE Sept 15th 1999

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

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

WATER SUPPLY (CHECK ONE):

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

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

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

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: BARNES (LAST) HAROLD (FIRST) J (MI) (FIRST CHARTER NATIONAL BANK)	NAME: KUMAR (LAST) PAUL (FIRST) (TRIPPLE CROWN HOMES INC) (MI)
ADDRESS: 6301 FAIRVIEW RD.	DAYTIME PHONE: (704) 634-1263 (W) (704) 522-7787 (O)
CITY: CHARLOTTE STATE: NC ZIP: 28210	
DAYTIME PHONE: (704) 367-3822	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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

SIGNED: [signature] DATE: 8/9/99

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH File: 2009 A Action 1
SITE EVALUATION REPORT
SERIAL NUMBER 11709 Parcel: PO 105-152-063

Location: 9200 Forest Manor Court

Subdivision:

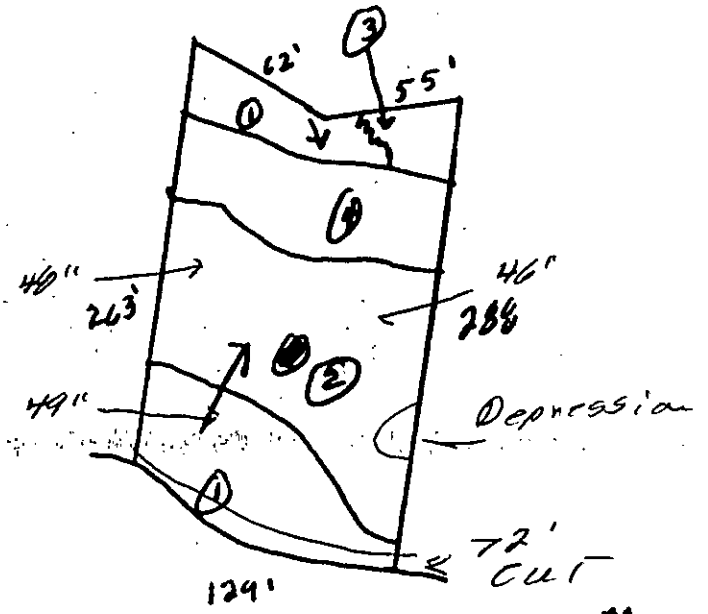
Lot: 42 Block: Acres: .83

Owner: Bob McLemore Company, Inc.
Address: P. O. Box 25746
Charlotte, N. C. 28212

Comments: System may need lift pump

Described by: William A. Mabe
Date: 11-20-97

Lot checked 9-24-99- Changed available space to unsuitable W.A.M 9-29-99



***** 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
Topography	(S) PS U 8-15%	S (PS) U 15-25%	S PS (U) complex slopes	S PS (U) Depression	S PS U	S PS
Texture	S (PS) U clay	S (PS) U clay	S PS U —	S PS U —	S PS U	S PS
Structure	S (PS) U Blocky	S (PS) U Blocky	S PS U —	S PS U —	S PS U	S PS
Drainage	S (PS) U >36" To water	S (PS) U >36" To water	S PS U —	S PS U —	S PS U	S PS
Depth	S (PS) U >36"	S (PS) U 36"+	S PS U —	S PS U —	S PS U	S PS
Restrictive Horizons	S (PS) U >36"	S (PS) U 36"+	S PS U —	S PS U —	S PS U	S PS
Available Space N/A M 9-29-99	S (PS) U limited	S (PS) U limited	S PS U —	S PS U —	S PS U	S PS
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS
Soil Group/Series	IVA Cec:I-1.Ke	IVA Cec:I-1.Ke	complex slopes	Depression		
Area Classification	S (PS) U	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS