

14911 CROOKED BRANCH LN

21701325

5/21/2007

duponbj

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

Mecklenburg County
Health Department

FINAL NOTICE!

Re: 14911 Crooked Branch Road

You owe Mecklenburg County Health Department $85.00 in inspection fees. The $85.00 fee imposed under North Carolina General Statute 130A – 39G is to recover costs for the required inspection of your wastewater system.

This is your third and final notice. You must submit your payment in the form of cash, credit card, or check, made payable to Mecklenburg County Health Department, by February 29, 2000 or legal action will be initiated against you.

If you have questions you should contact this department immediately at 336-5568.

Enclosure

PEOPLE • PRIDE • PROGRESS

Environmental Health Division

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

Mecklenburg County
Health Department

February 29, 2000

James J. and Jean Jones
14911 Crooked Branch Lane
Charlotte, NC 28278

Dear Mr. and Mrs. Jones:

This letter is being sent to all home/business owners in Mecklenburg County with septic tank systems that utilize pumps. In 1990 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, bacterial and inorganic samples 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., R.S., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure

cc: Fiscal Services Manager, HMHCS

INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

James J. and Jean Jones
14911 Crooked Branch Lane
Charlotte, NC 28278

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	System Type
James J. and Jean Jones	14911 Crooked Branch Lane	217-013-25	4664 A	IIIB

Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date	Payment Due Date
2/29/00	3/31/00

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 23, 2000

James J. and Jean Jones
14911 Crooked Branch Road
Charlotte, NC 28278

Dear Mr. and Mrs. Jones:

This letter is being sent to all home/business owners in Mecklenburg County with septic tank systems that utilize pumps. In 1990 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.

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Sincerely,

L B Thompson Jr., R.S.

Larry B. Thompson, Jr., R.S., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure

cc: Fiscal Services Manager, HMHCS

INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

James J. and Jean Jones
14911 Crooked Branch Lane
Charlotte, NC 28278

Please Make Check Payable To:

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

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Name	Site Address	Tax Parcel	File Number	System Type
James J. and Jean Jones	14911 Crooked Branch Lane	217-013-25	4664 A	IIIB
			Total Amount Due: $85.00	

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

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date	Payment Due Date
2/23/00	3/24/00

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

MAINTENANCE INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

PAST DUE NOTICE

James J. & Jean Jones
12904 York Ridge Drive #812
Charlotte, NC 28273

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 #	# Bedrooms	System Type
James J. & Jean Jones	14911 Crooked Branch Lane	217-013-25	4664A	4	IIIB

Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

#Bedrooms _____

BILL INFORMATION

Current Date	Billing Date	Payment Due Date
11/16/99	10/05/99	11/08/99

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

MAINTENANCE INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

James J. & Jean Jones
12904 York Ridge Drive #812
Charlotte, NC 28273

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 #	# Bedrooms	System Type
James J. & Jean Jones	14911 Crooked Branch Lane	217-013-25	4664A	4	IIIB

Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

#Bedrooms _____

BILL INFORMATION

Billing Date	Payment Due Date
10/05/99	11/08/99

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

D400

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

FILE: 4664A DATE: 10/31/94

TC: 217-013-25 ☐ L ☒ CRT

SERIAL Nº 16018

Name of Owner Scott Therrell Juris.:

Address of Property 14911 Crooked Branch

Inspection Data:

Tank Material 1500

Total Length of Drainfield 533

Number of Lines 5 @ 107

Cover Depth 12"

Water Supply Source WELL

Distance to Water Source 501

Excavation Inspected 10/31/94

Tank(s) Inspected 10/28/94

Wash Line Inspected —

Pump Goulds 511M1 High Water Alarm Inspected 10/31/94

PLOT

Design 1500 ST, 1000 PT, 1600 SQFT, 12" G, CECIL-LIKE CTR# RCS
HAS STEPDOWNS IN EACH LINE

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 3B -

JNewell RS for SDesai

Jon H Newell RS.
Environmental Health Specialist

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

APPROVAL

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

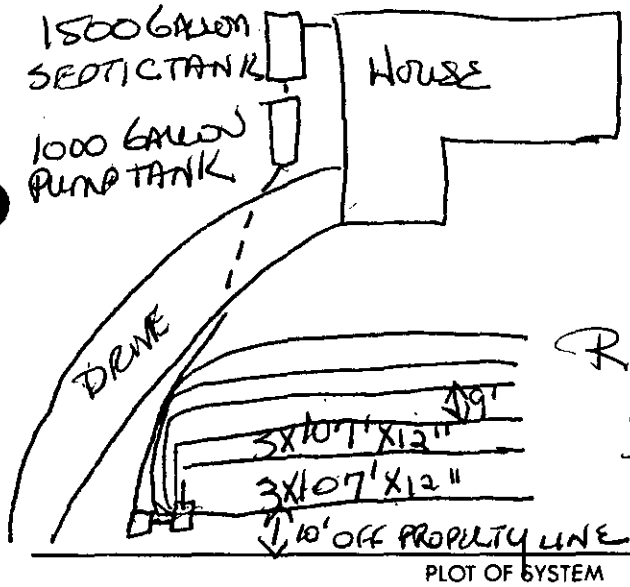
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4664A DATE: 10-12-94

TC: 217-013-25 ☐ L

SERIAL Nº 13931

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 ~~10~~ 2-23-93. All work shall be completed on or before 2-23-98, after which date this permit shall be null and void. The system shall meet all of the construction requirements of ~~15~~ 18 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1560 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 533' feet

Number of Lines 5

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 100' feet

NAME OF OWNER Scott Thorrell

LOCATION OF PROPERTY 14911 CROOKED BRANCH LN.

Comments: (1) WASHER BOX (1) DBOX OR 8-HOLE DBOX (1) 1500 SEPTIC TANK, (2) 1000 GALLON PUMP TANK 5 TRENCHES @ 3X109'X12" - 2" SUPPLY TO WASHER BOX AND SLEEVE & SUPPLY LINE UNDER DRIVE AS PER SEWAGE RULE REQUIREMENTS.

Newell for S Daniel — Division or Section Head

Tom H Newell — Environmentalist

30" deep would be 3" supply and/or sleeved if 2" with 3"

* 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

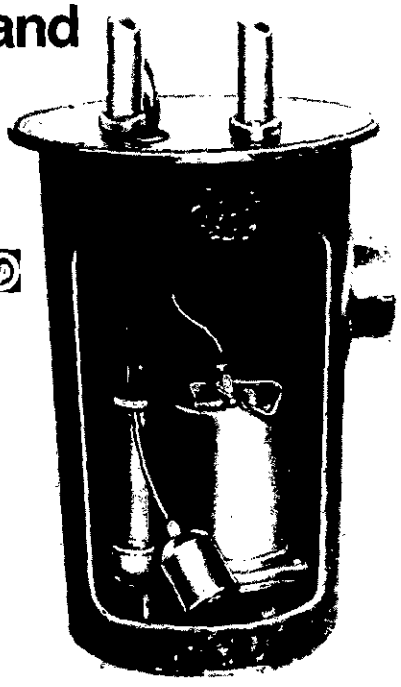
511M

Installation and Operation Instructions

Goulds

MODELS

3885
3885D
3886
3886D



IMPORTANT

1. *Inspect unit* for damage. Report damage to carrier.
2. *Electrical* supply must be a separate branch circuit with proper fuses or circuit breakers, wire size, etc., conforming to National and Local Electrical Codes. Power supply voltage, phase and *controls must match* pump nameplate.
3. **Always** disconnect electrical *power supply when handling* pump or controls.
4. Do **not** *use pump in swimming* pools or hazardous liquids.
5. *Liquid temperature* not to exceed 160°F. (71°C)
6. *Do* **not** remove ground prong or use extension cords.
7. Use Goulds Pumps accessories.

Pump & Piping

1. *Thread* discharge pipe into discharge connection. If a check valve is used try to avoid installing it vertically. Position horizontally or at a 45° angle with valve pivot on top. This guards against *small solids* lodging on valve preventing it from opening. *Drill a* 3/16" hole in discharge pipe 2" above *pump discharge connection* to prevent air locking *the pump*. A gate valve should be installed in the system, after the check valve, to permit removal of pump or check valve for servicing. A union should be installed between check valve and pump.
2. **Rotation:** Check rotation after wiring is complete. Rotation must be counter-clockwise looking into pump suction.
   Caution: Do not feel for rotation. Will cause severe injury.
3. **Single-phase** pumps have built-in thermal overload protection with automatic reset. **Three-phase** units must be protected by a starter with proper overload protection:

Furnas Overloads Sizes Starter Size 00, 14BF32BCB1				
HP, Ph., Volts	HP	Volts	Heaters	
			E	K
0532	½	230	E41	K32
0534		460	E29	K22
0732	¾	230	E48	K39
0734		460	E38	K28
1032	1	230	E51	K43
1034		460	E41	K32
1532	1½	230	E55	K50
1534		460	E46	K36

Basin

Basin should have a sturdy bottom to give legs of pump adequate support. Leg height elevates pump above bottom of basin to allow effluent to reach suction opening.

When using basins without hubs, attach 4" cast iron inlet hub as required. For duplex basins, seal second hub if not used.

Basin Cover

Remove protective strip from gasket and press onto recessed portion of basin rim. With a pointed tool, poke holes through gasket into tapped holes. Do not damage threads. Route electrical cords through appropriate opening in basin cover.



Fit basin cover over discharge pipe. Power cords are sealed with split rubber stopper. Rubber ring is placed over discharge pipe and compressed between pipe and cover by the flange (chamfered side down) to form a seal. Thread vent pipe into flange on basin cover.

Manual Operation

On pumps equipped with a molded plug, insert into a suitable outlet controlled by a switch. If a separate controller is used, turn "Hand-Off-Auto" switch to "Hand" operation.

Automatic Operation

1. Diaphragm Control Switch: A pressure activated switch providing automatic operation with 6" differential in liquid level. Turns on when liquid is 10" above bottom of switch and turns off at 4" above bottom of switch.

Caution: This switch has a vent tube which must be unobstructed and protected from moisture, dirt, etc. Mount power cord so vent tube points down.

NOTE: 1/3-1/2HP, 1ϕ pumps require Switch only.
3/4-2HP, 1ϕ pumps require a Contactor.
All 3ϕ pumps require a Mag Starter.

2. Mercury Switches: Single float switches. As the liquid-level rises or falls, the float changes angle until the mercury switch makes or breaks the circuit. See NOTE 1A above.

Float Switch Model	Application	HP Range	Electrical Rating	Wiring Configuration
A2-3	Pilot Duty	1/3-5	Single or Three Phase w/Contactor or Starter	Bare Leads
A2-5	Direct Connection, Differential Level	1/3-1/2	115 V.1 Phase	3-Prong Series Plug
A2-6		1/3-3/4	230 V.1 Phase	
A2-7	Pilot Duty, Differential Level	1/3-5	Single or Three Phase w/Contactor or Starter	Bare Leads
A2-9	Direct Connection, Differential Level	1/3-1/2	115 V.1 Phase	3-Prong Series Plug

Dual-Seal Units

Two (2) Mechanical Shaft Seals are separated by an oil-filled seal chamber. If Lower seal begins to leak, Upper seal will still be lubricated by oil in the motor cover and is protecting the motor. Normal operation can continue until prompt replacement of Lower seal which is now being temporarily lubricated by the water/oil emulsion in the seal chamber.

Lubrication

Caution: Disconnect all electrical power when handling pump or controls.

Important: Submersible pump/motor units are oil-filled. On a regular schedule, depending on usage, check oil quantity and condition as follows:

Caution: If there has been leakage, the motor cover may be under pressure. Hold a rag over inspection plug to prevent splatter when loosening it. Take a sample of the oil with a dipstick. If oil is emulsified (cream-like), or watery, it indicates a leak.

For Dual-Seal Unit, lay unit on side and also make same checks of oil in lower seal chamber through its inspection plug.

Possible causes of leakage: loose inspection plug, loose cable entry, leak at O-ring joint(s), worn shaft seal(s).

Have problem corrected and motor cover cavity refilled to 90% full (½" minimum above motor).

For Dual-Seal Unit, the lower seal cavity must also be refilled to 90% full.

Limited Warranty

This warranty applies to all pumps and related accessories manufactured and/or supplied by Goulds.

Any part or parts found to be defective within the warranty period shall be replaced at no charge to the buyer or any subsequent owner during the warranty period. The warranty period shall exist for a period of twelve (12) months from date of installation or eighteen (18) months from date of manufacture, whichever period is shorter.

A user who believes that a warranty claim exists must contact the authorized Goulds dealer from whom the equipment was originally purchased and furnish complete details regarding the claim. The dealer is authorized to adjust any warranty claims utilizing Goulds Customer Relations Department and its distributor organization.

This warranty excludes:

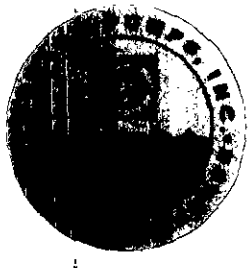
(a) Labor, transportation and related costs incurred by the consumer to make the allegedly defective equipment available to the dealer for inspection.

(b) Re-installation costs of repaired equipment.

(c) Re-installation costs of replacement equipment.

(d) Consequential damages of any kind.

(e) Reimbursement for loss caused by interruption of service.



Problem Tracing Guide

PROBLEM	PROBABLE CAUSES	CORRECTIVE ACTION
Pump Will Not Shut Off. **Note:** Before trouble shooting automatic control, check to see that pump operates on manual control. If it does, automatic controls are at fault. If not, fault is in pump or power supply.	Diaphragm Switch Weak rubber diaphragm Plugged vent tube Dirt or sediment lodged between retainer ring and rubber diaphragm causing contacts to remain closed.	Replace switch. Clear vent tube of any obstruction. Clean area around rubber diaphragm.
	Pump is air locked.	Shut power off for approximately 1 minute, then restart. Repeat several times to clear air from pump. If system includes a check valve, a 3/16" hole should be drilled in discharge pipe approximately 2" above discharge flange connection.
	Liquid inflow matches pump capacity.	Larger pump required.
Pump Runs But Does Not Discharge Liquid	Check valves installed backwards.	Check flow indicating arrow on check valve body to insure it is installed properly.
	Check valve stuck or plugged.	Remove check valve and inspect for proper operation.
	Lift too high for pump.	Check rating table.
	Inlet to impeller plugged.	Pull pump and clean.
	Wrong rotation.	Change rotation.
	Pump is air locked.	(See corrective action above)
Pump Does Not Deliver Rated Capacity	Lift too high for pump.	Check rating table.
	Low voltage, speed too low.	Check for proper supply voltage to make certain it corresponds to nameplate voltage.
	Impeller or discharge pipe is clogged.	Pull pump and clean. Check pipe for scale or corrosion.
	Impeller may be rotating in the wrong direction.	**Single Phase Units** — Shut off power and allow impeller to stop rotating. Turn pump on again, and pump should self-correct rotation. Long discharge pipe without check valve allows liquid to drain back to sewage basin, rotating impeller backwards. If pump starts while impeller is rotating in the wrong direction, it will continue to operate in that direction. **Three Phase Units** — Interchange any two (2) power lead connections.
	Impeller wear due to abrasives or corrosion.	Replace worn impeller.
Pump Cycles Continually	No check valve in long discharge pipe allowing liquid to drain back into basin.	Install a check valve in discharge line.
	Check valve leaking.	Inspect check valve for correct operation.
	Sewage basin too small for inflow.	Install larger size sewage basin.

GOULDS PUMPS, INC.
SENECA FALLS, NEW YORK 13148
Form No. 486-2SF Litho in U.S.A.

100 CK

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

#200.00 2-23-93
CK#6894 LK
CRT

4664A

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:

PERSON FILING APPLICATION:

NAME: THERRELL (last) SCOTT (first) L (mi)

ADDRESS: PO BOX 373 PHONE: (704) 889 2055

CITY: PINEVILLE NC STATE: ZIPCODE: 28134

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 217-013-25 2770202

STREET ADDRESS: LOT #25 14911 CROOKED BRANCH LN.

ZONING: ROYAL OAKS SUBDIVISION

PROPERTY OWNER:

NAME: JONES (last) JAMES (first) J (mi)

ADDRESS: 12904-B2 YORKRIDGE DR PHONE: ( ) 588-5092

CITY: CHARLOTTE STATE: NC ZIPCODE: 28273

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: 25 LOT SIZE (in acres): 1.24

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

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

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 4

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

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Scott Therrell Date: 2-23-93

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.

...Drip Pump required
100% repair area required

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

Environmentalist Date 3/24/93

Director or Authorized Section Head Date

WWATER : 122791

2 23 93 200 00

Not received
Certified
receipt
remailed - info

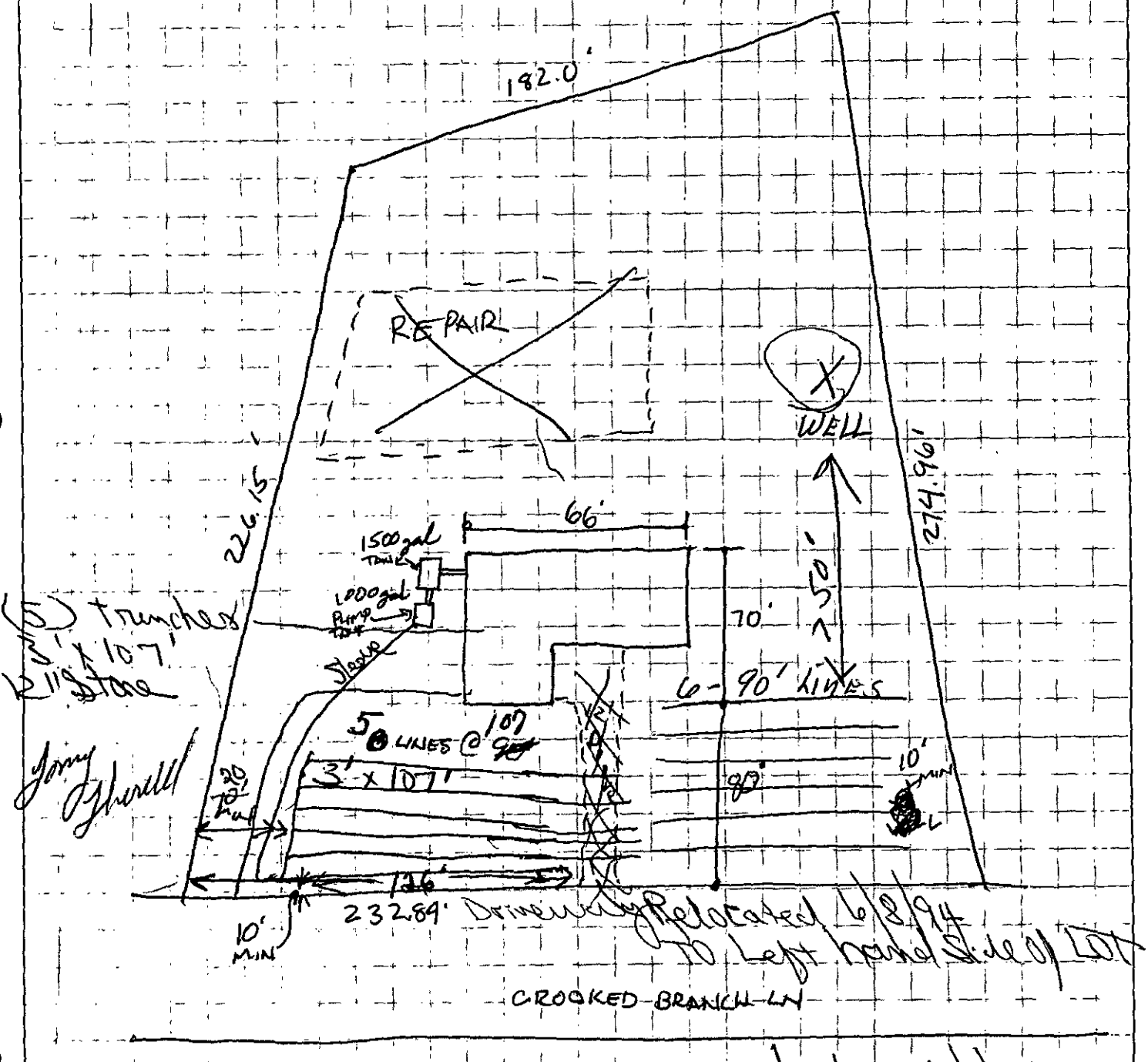
PROPOSED PLOT PLAN

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

FILE: 4664 A

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.



LOT 25 ROYAL OAKS

APPROVAL DATE 2/24/93 6/8/94

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

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

DATE: 2/23/93

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE MECK

PARCEL NUMBER #217-013-25

ASSIGNED ADDRESS 14911 CROOKED BRANCH LN

EXISTING ADDRESS Lot #25

PROJECT NAME ROYAL OAKS

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: S.F. HOME.

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: B. McConico

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

Mecklenburg County
Health Department

Basil G. Deltu, M.D., M.P.H.
Health Director

August 15th, 1988

Performance Investments, Inc.
1740 E. Independence Boulevard
Charlotte, NC 28205

RE: Property located at Crooked Branch Lane 25
FILE: 4664A
PARCEL: 21701202 PO

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 property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the Site Evaluation Report (Serial Number 15443) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, 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. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Sylvia D Daniel/jrs

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15443

File: 4664A
Parcel: 21701202 PO

Action 1
☐ PC

Location: Crooked Branch Lane

Subdivision:

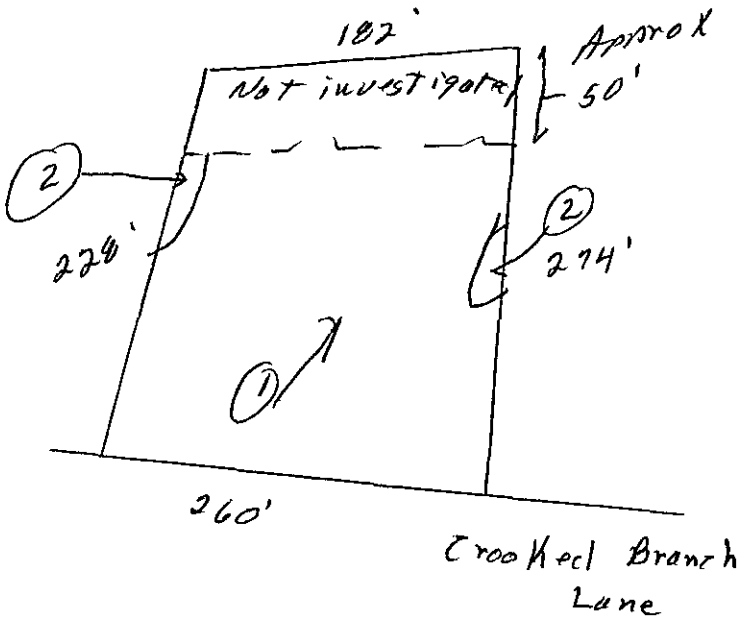
Lot: 25 Block: Acres: Approx 1.0

Owner: Performance Investments, Inc.
Address: 1740 E. Independence Boulevard
Charlotte, NC 28205

Comments: System may need pump

Described by: William R. Marlin

Date: 6-15-88



*** 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 6-15%	S PS (U) Depression	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 >36" to water	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U >36"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	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	IVA Cecil-like	Depression				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

6/17/88
Rec'd #54
$30.00

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: ~~4384A~~

TC: 4664A

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: York Road at Pleasant Hill Road/Crooked Branch Lane

② SUBDIVISION: Royal Oaks ③ LOT: 25 ④ BLOCK: I

⑤ PARCEL REFERENCE: BOOK NO.: PO 217 PAGE NO.: 012 PARCEL NO.: 02

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

OWNER

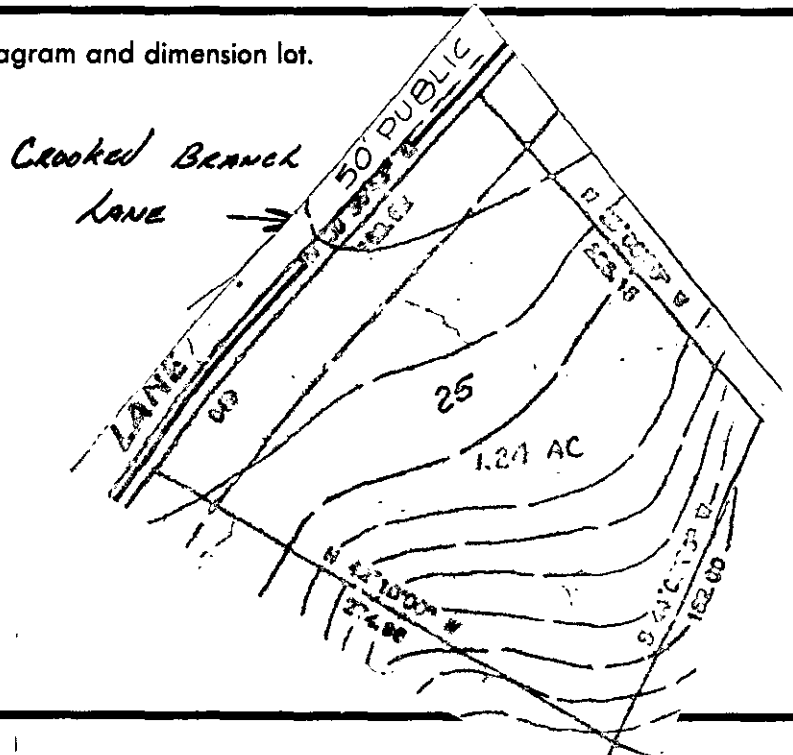
⑦ NAME: Performance Investments Inc.; Mr. Gary Allen, President
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 1740 E. Independence Blvd.

⑨ CITY: Charlotte ⑩ STATE: N. C. ⑪ ZIP: 28205

⑫ PHONE: (WORK) (704) 372-2565 (HOME) _____

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, owner of the property described above as the "LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH 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: 4/19/88

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY