

10410 EDWARD'S PL

13724102

12/17/07

duponbj

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

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County **Health Department**	Smith Residence **Name of Establishment**	7966A **Permit/Project No.**
10410 Edwards Pl., Charlotte 28227 **Location**	3-Bedroom House **Type of Establishment**	360 GPD **Design Flow**
Robert Smith **Owner/Agent**	Same as location address **Address**	(704) 332-4133 **Phone**
N/A **Operator**	N/A **Address**	N/A **Phone**
IIIb **System Type**	3/3/2010 **Next Inspection Due**	

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☐	☒	☐	1.a. Constant trickle of water entering pump tank. Check for leaking toilet/s.
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?	☒	☐	☐	3.a. Improve drainage in tank area.
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 7" 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?	☐	☒	☐	5.A.c. Alarm float not secured in tank.
d. Control panel enclosure/components in good condition?	☒	☐	☐	5.A.d. Corrosion inside control panel.
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?	☐	☒	☐	6.b. Ponding in trench 4
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?	☒	☐	☐	
g. Distribution devices in good condition, working properly?	☒	☐	☐	6.g. Adjusted speed level for line #4
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:

Observed ponding in line #4. Adjusted d-box to decrease flow to line.

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

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

1. Pump both tanks (septic & dosing) to remove excess solids.
2. Check toilets for leaks & repair as necessary.
3. Secure high water alarm float inside pump tank.

***REPAIR WITHIN 30 DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

1. Improve drainage at left side of house. Direct surface water around septic & pmp tanks.
2. Install valve at d-box to regulate flow and allow for improved effluent distribution to drain field.

DATE: 3/8/2005

SIGNED: _____ AGENT

Division of Environmental Health

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	02/24/05	**Amount:**	85.00
Receipt #:	32550	**Tendered:**	85.00
Check / Auth #:	CHECK 2205	**Returned:**	0.00
Received By:	AIDOOJK		

Account Information

Account #:	200000
Contractor:	SMITH ROBERT
Attn:	
Address:	10410 EDWARDS PLACE
Address:	
City/State/Zip:	CHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0743	Hmeownr Maint Inspec-Type IIIB FILE 7966A/NO TELEPHONE #		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		76B
Location	**Type of Establishment**	**Design Flow**
10410 Edwards Place	residence	360gpd
Owner/Agent	**Address**	**Phone**
Robert A. Smith	10410 Edwards Place, 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 that septic tank be pumped
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?	☐	☑	Effluent surfacing at lowest drainline.
Minimal ponding in subsurface trenches?	☐	☑	D-Box was opened and drainlines
Surface water being effectively diverted away?	☑	☐	were re-leveled with speed levels.
Diversions/ditches/swales/tile drains properly maintained?	☑	☐	
Line cover/vegetation adequate/maintained as needed?	☑	☐	Evident that lowest line was
Protected from traffic, destructive uses?	☑	☐	receiving most of the effluent
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: Problem corrected - other parts of system appear to be in good working order.

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)
D-Box Adjustment	(Same Day)

DATE: 3-5-99 SIGNED: Larry B. Thompson Jr. R.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)

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

Approval

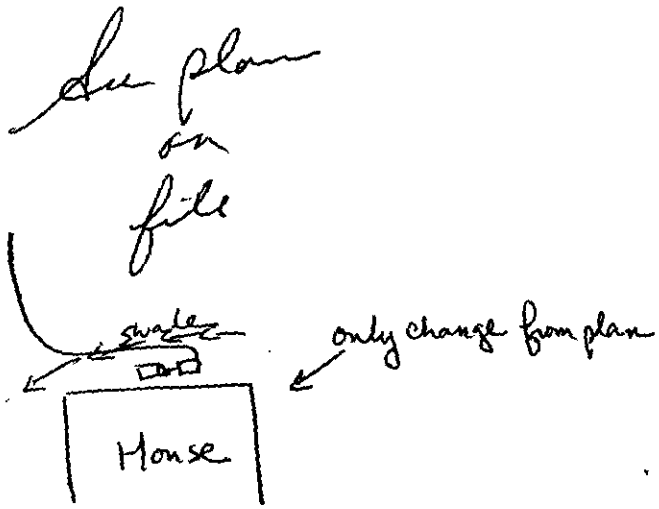
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 76B/7966A DATE: 2-1-94

TC: 137-241-02 ☐ L

SERIAL Nº 15684

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~~ 15 NCAC 18A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 400' feet

Number of Lines 6 at 67' each

Depth of Stone 12" inches

Distance from House 5' min feet

Distance from Property Line 10' min feet

Distance from Well Comm. feet

12"-16" soil cover

Do not cut behind the home where it will interfere with repair area.

Install pump, pump controls & alarm according to NC State Code

NAME OF OWNER Cherry Homes / Tom Lewis

LOCATION OF PROPERTY 10910 Edwards Place

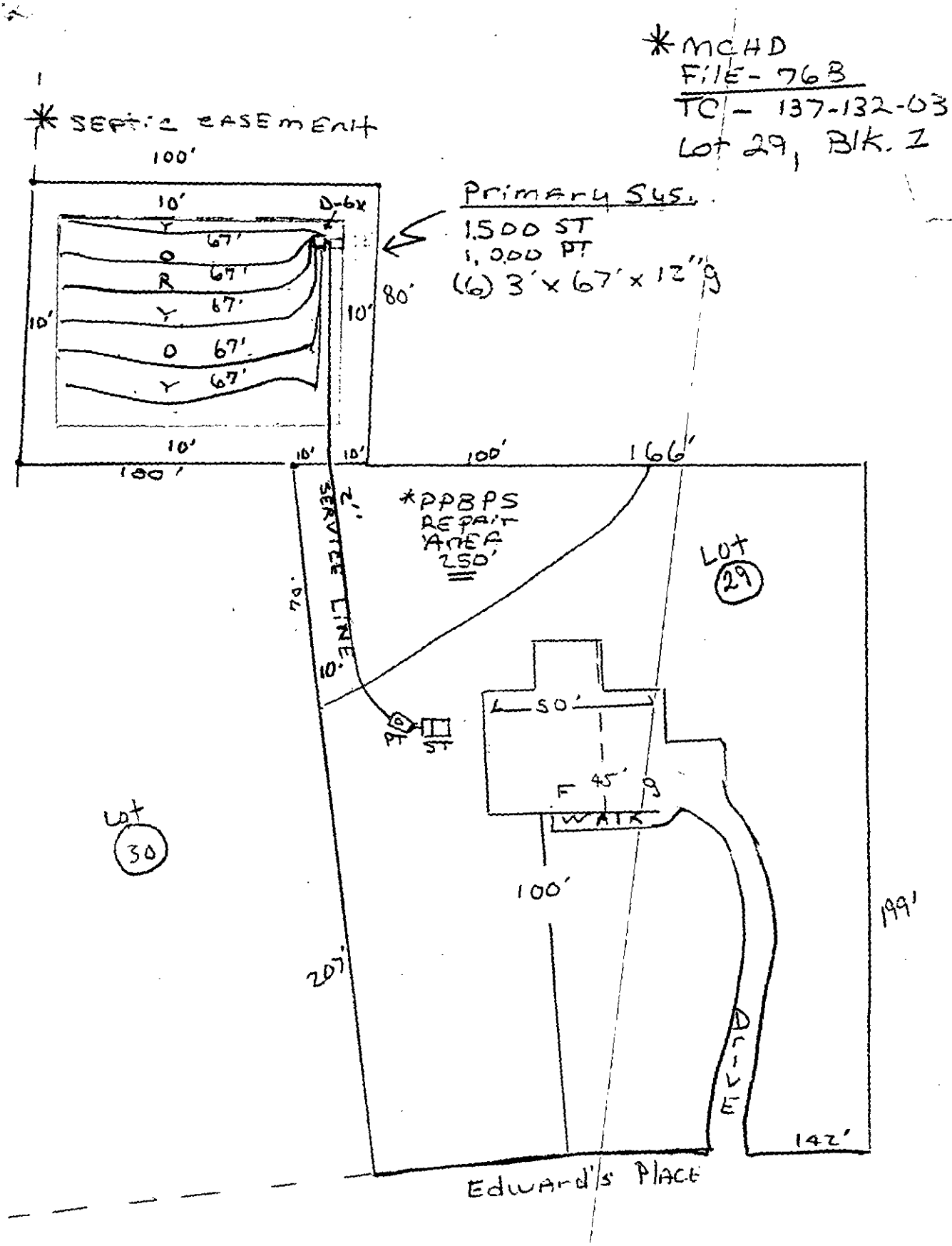
Comments: Level terrace in area of drainfield. Cut swale to shed surface water away from septic & pump tank. Supply line to be 10' from property line - do not cut through repair area with supply line. Designed for 3 bedroom home only. Install large box (like washer box) by downturn to trap flow to equal distribution box.

F. Vollar P.S. for L. Daniel 2/2/94
Division or Section Head

Lynn Gatewood
Environmentalist

* 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



T. Whittaker
866-9540

pd $85.00 ck #1455 WD 3-3-99

MAINTENANCE INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

Robert M. Smith
10410 Edwards Place
Charlotte, NC 28227

[redacted]

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
Robert M. Smith	10410 Edwards Place	137-241-02	76B	3	IIIB

[redacted] **Total Amount Due: $85.00**

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

3-4-99 initial visit / [illegible] inves[illegible] [illegible] tank [illegible]

3-3-99 Received check on file [illegible] [illegible] not received [illegible] Recommend [illegible] tank

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

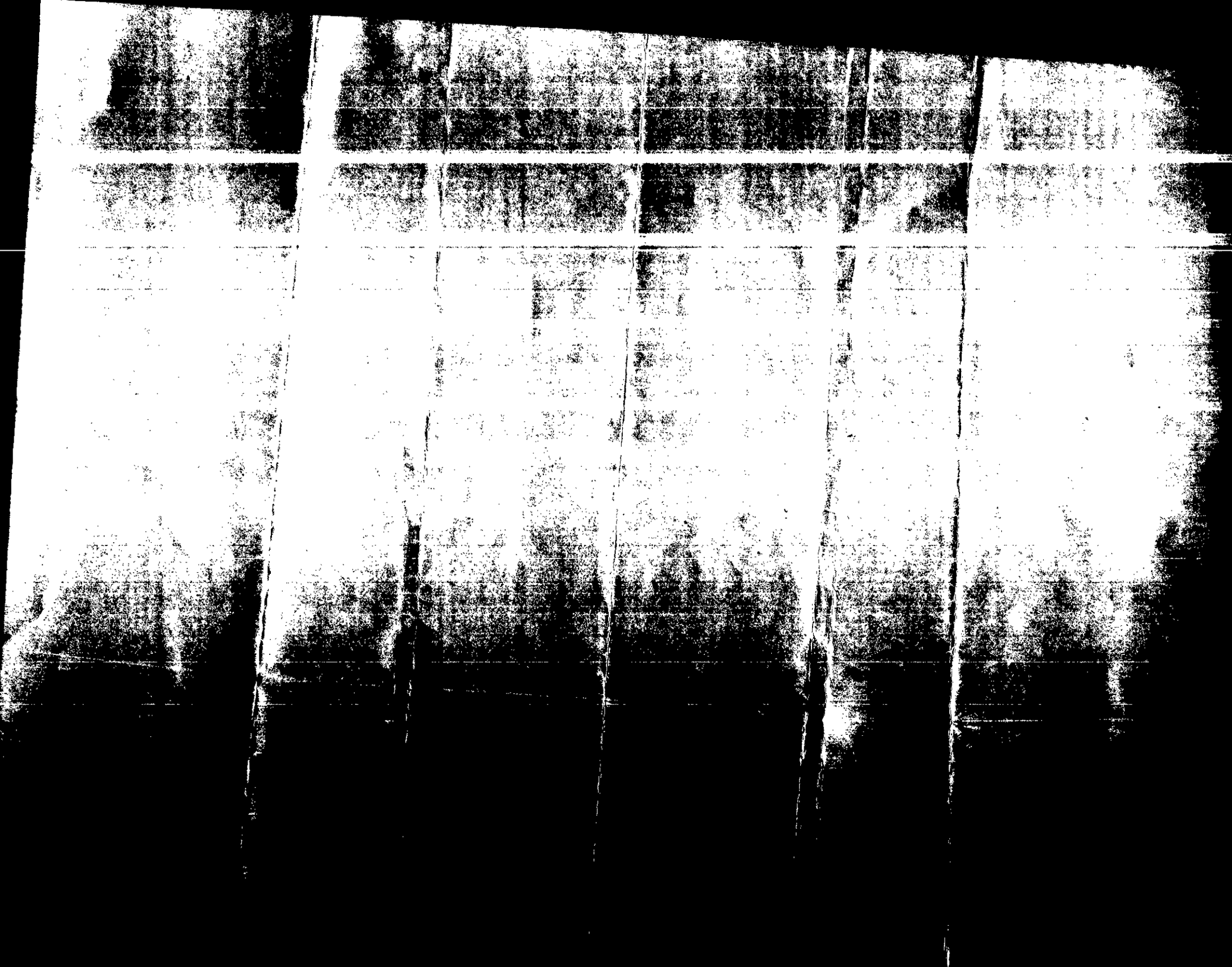
Billing Date	Payment Due Date
2/16/99	3/16/99

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

Robert M. Smith
10410 Edward's Place
Charlotte, NC 28227

Dear Mr. Smith:

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., R.S.

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

Enclosure

cc: Fiscal Services Manager, HMHCS

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PP 3/4/93 NP
200 Chk 2226 [] CRT

6B/7966A

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

(704)336-5102

PERSON FILING APPLICATION:
NAME: Cherry Homes (last) (first) (mi)
ADDRESS: 11407 E IND BLVD PHONE: (___) 847 8300
CITY: Matthews STATE: NC ZIPCODE: 28105

Date: 3-23-93

PROPERTY OWNER:
NAME: Same (last) (first) (mi)
ADDRESS: _____ PHONE: (___) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 137-241-02 137-132-03
STREET ADDRESS: 10410 EDWARD'S PL
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME: Bainbridge III

LOT NUMBER: 29 BL 1 LOT SIZE (in acres): .69

TYPE APPLICATION (check one):

[] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (2)
[] REPAIR TO SYSTEM (R) DB

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~~ 3 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):
[X] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[] Private Well (P)

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

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

Signed: Thomas Lewis Date: 3-23-93

NOTICE:

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

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

...This permit is not transferable.

[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

... pump to conv. - Three bedroom house Only.
Repair area for low-pressure pre-fabricated, permeable block panel system (Type IV). See agreement form on file. See easement on file

Environmentalist Date

Director or Authorized Section Head 11-8-93 Date

WWATER : 122791

PROPOSED PLOT PLAN

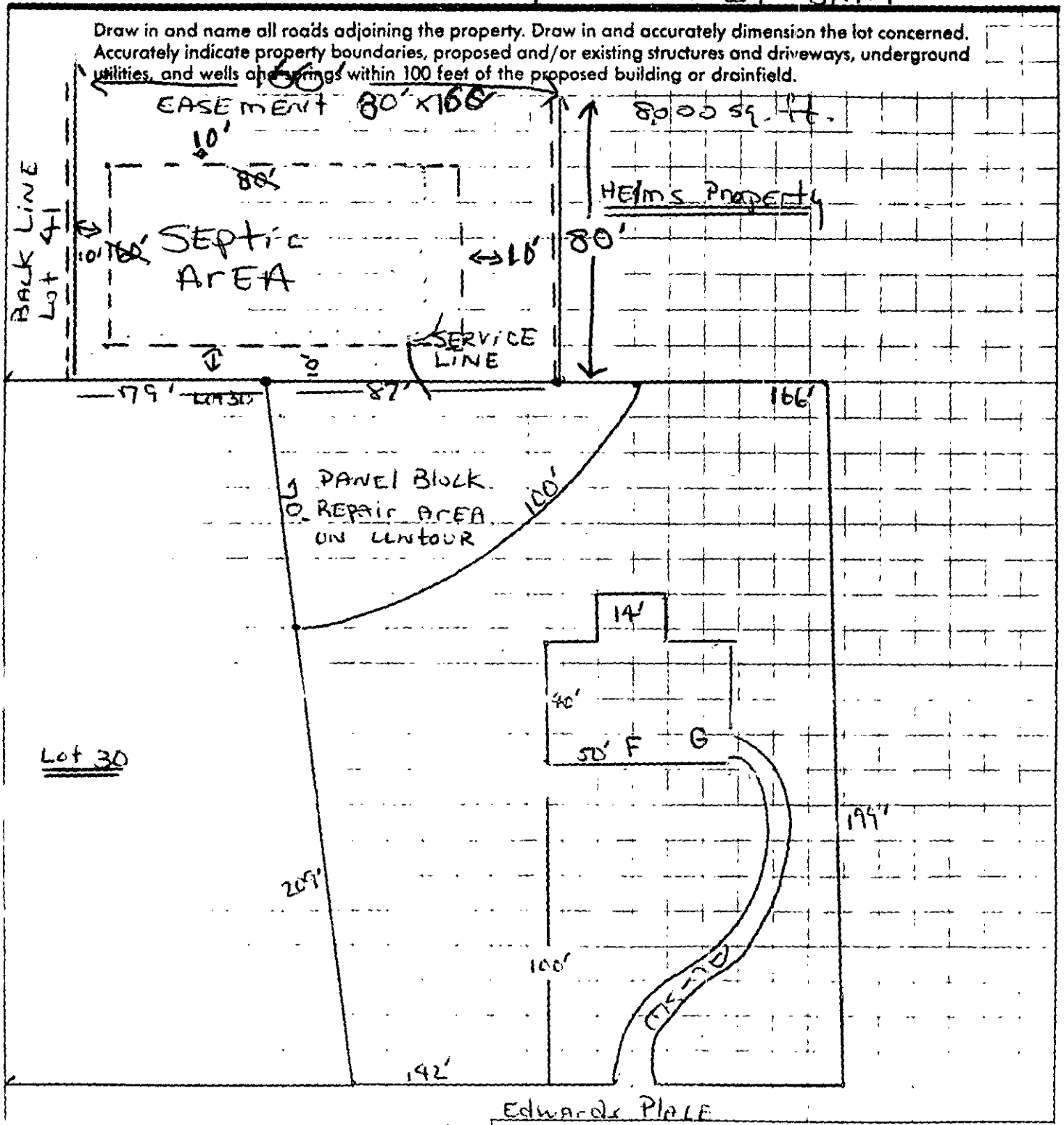
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 76B/7966-A

TC: 137-132-03

Lot 29 Blk. 1

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 _____

* CONVENTIONAL | PRIMARY 535' ~~400'~~
* PPBPS REPAIR ~~200'~~ 200'

CERTIFICATE OF COMPLETION/OPERATION PERMIT

2400

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

FILE: 76B/7966A DATE: 4-7-94

TC: 137-241-02 ☒ ☒ CRT

SERIAL Nº 15915

Name of Owner Cherry Homes Juris.:

Address of Property 10410 Edwards Pl.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 6 @ 67' each

Cover Depth 12"-16"

Water Supply Source Comm. well

Distance to Water Source 100'+

Excavation Inspected 4-5-94

Tank(s) Inspected 4-5-94

Wash Line Inspected ———

High Water Alarm Inspected 4-7-94

PLOT

Design: 1994, pump to conv, 1500 gal st, 1000 gpt, 1200 sqft chamfield, 12" stone CTR# Norwood 82
supply line inspected 4-25-94 Cecil Lisle

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 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 .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: See copy of easement on file. Gould pump WE0311M 1/3hp
3 bedroom house only! Type III system installed

T. Walter for A Reid 4/28/94 Susan Satterwhite
Environmentalist

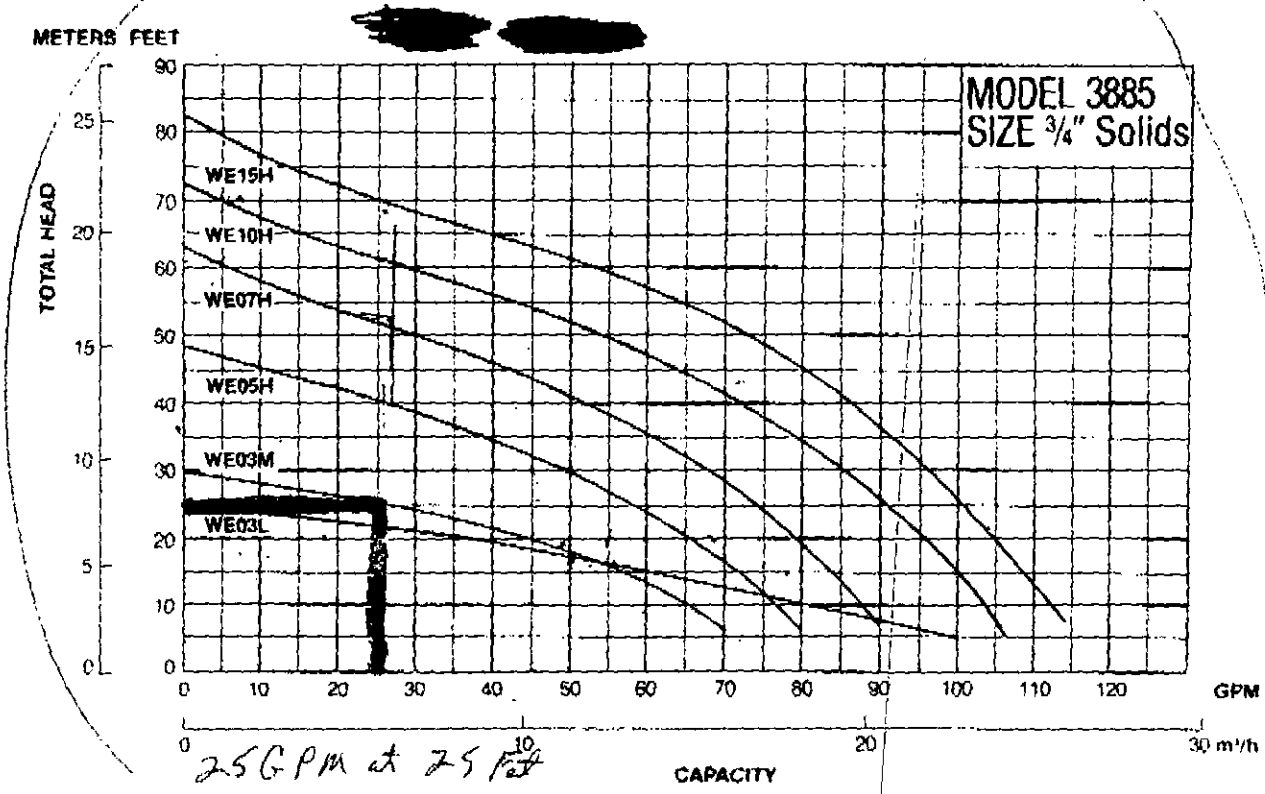
Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

SUC Bateman

Performance Curves

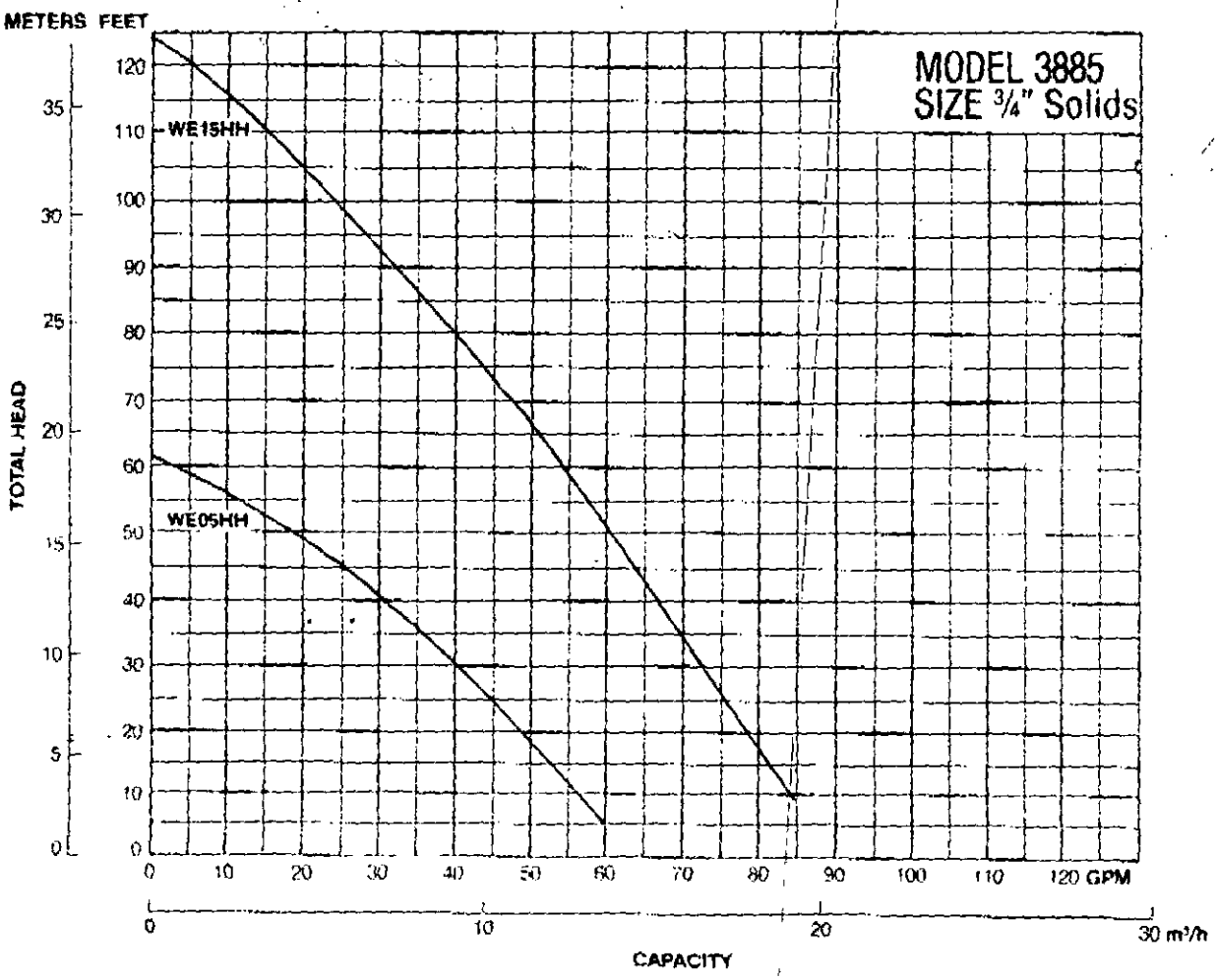
Submersible Effluent Pumps

W. T. Norwood, INC.
P. O. Box 99
Waxhaw, NC 28173
843-3298



25 GPM at 25 Feet

GOULDS PUMPS, INC.
SENECA FALLS, NEW YORK 13148



©1985 Goulds Pumps, Inc.

Effective July, 1985

Ck #30286 $100.00 Transferred 2400 applied to 7430 76B / 7966A

400B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$100.00 Paid 30329 CSH 07/24/92 DCRT

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: 7/24/92

PERSON FILING APPLICATION:

NAME: MOSER (last) DAN (first) L. (mi)

ADDRESS: 2101 SARDIS RD. N. # 110 PHONE: (704) 845-1378

CITY: CHARLOTTE STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: PO 137-132-03

STREET ADDRESS: 10410 Edwards Pl

BAINBRIDGE III

ZONING: R 30

PROPERTY OWNER:

NAME: MOSER (last) DAN (first) L. (mi)

ADDRESS: 2101 SARDIS RD.N. #110 PHONE: (704) 845-1378

CITY: CHARLOTTE STATE: NC ZIPCODE: 28227

SUBDIVISION OR MOBILE HOME PARK NAME: BAINBRIDGE III

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

TYPE APPLICATION (check one):

LOT NUMBER: Lot 29 B-1 LOT SIZE (in acres): .69

[X] SOIL TEST - INDIVIDUAL LOT (O)
[ ] 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: 6

SYSTEM CLASSIFICATION: RECLASS. / CONVEN.

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

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

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply): Int'n'l Bld. phase
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [X] 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: Dan Moser Date: 7/24/92

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.

... PPBPS REPAIR

MOVEMENT FORM ON FILE

EASEMENT ON FILE

[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

Director or Authorized Section Head 11-8-93 Date

WWATER : 12279

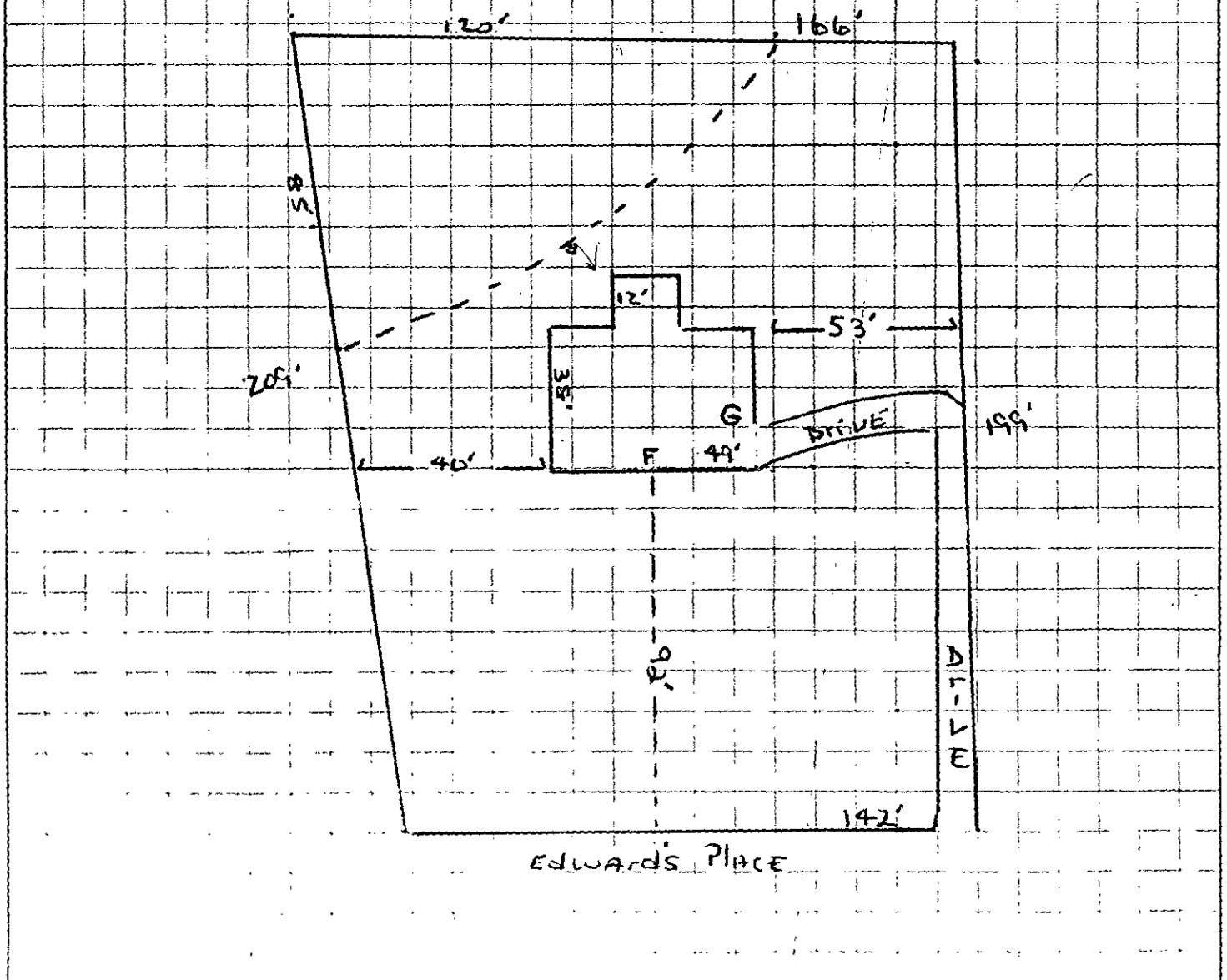
PROPOSED PLOT PLAN

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

FILE: 76B/7966-A Lot 29 Blk. 1

TC: 137-132-03

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 _____

* TYPE III Primary
* PPBPS Repair

DAN L. MOSER CO.
2101 SARDIS RD. N.
SUITE 110
CHARLOTTE,N.C. 28227
845-1378 - 847-9027
FAX:845-1378

1994-ESS



I heard it through the FAX LINE



TELECOPIER COVER LETTER

DATE: 7/20/92

TO: Lorraine

FROM: Shana

RE: Lot 30 B-1
Lot 29 B-1

TOTAL NUMBER OF PAGES (INCLUDING COVER SHEET): 2



PLEASE CALL US IMMEDIATELY IF THE TELECOPY YOU RECEIVE IS INCOMPLETE OR ILLEGIBLE.

Dan Moser Company

July 20, 1992

Mecklenburg County
Charlotte, NC

Attn: Lorraine

Our check number 30286 dated July 23, 1992 for the water and wastewater systems on Lot 30 Block 1 Bainbridge III needs to be transfer to Lot 29 Block 1 Bainbridge III, 10410 Edwards Place.

If you have any questions, please contact our office.

Thanks very much.

Very truly yours,

DAN MOSER COMPANY

Dan L. Moser
President

DLM/cw

JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 11/05/93 09:25
BK: 07531 PG: 0787/0788 #:0051 10.00

File 76B/796A COPY

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 15A NCAC 18A .1956, .1957, OR .1969 OF THIS SECTION.

The undersigned, CHERRY HOMES INC, owner of property located at 10410 EDWARDS PLACE, ("the site") and described in an instrument recorded in Book 7291 at Page 860, Mecklenburg Public Registry, hereby acknowledges that he 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 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 an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is his responsibility and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

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

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

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

This 4 day of NOVEMBER, 1993.

Thomas Lewis Vice President (SEAL)
Lorie L. Pressley Secretary

Cherry Homes, Inc. North Carolina Corporation Seal

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

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, Debra Honeycutt, a Notary Public for said County and State, do hereby certify that Thomas Lewis personally came before me this day and acknowledged that he is Vice President of Cherry Homes, Inc., 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 Vice President, sealed with its corporate seal and attested by Lorie L. Pressley, Secretary.

WITNESS my hand and notarial seal, this 4th day of November, 1993.

Debra Honeycutt
Notary Public

My Commission Expires January 31, 1996

Amended 07/93

NOTARY PUBLIC MECKLENBURG COUNTY, N.C.

File 76B/786A

State of North Carolina, County of Stanly

I, a Notary Public of the County and State aforesaid, certify that PRESSLEY LEROY WILSON and wife, RUBY S. WILSON, personally came before me this day and acknowledged that he executed the foregoing instrument.

Witness my hand and official stamp or seal, this 3rd day of October, 1993.

Notary Public

my comm. exp. 4-16-95

DRAWN BY AND MAIL TO:
CATHERINE C. HUNTER, ESQ.
1515 ELIZABETH AVENUE
CHARLOTTE, NC 28202

ACORD CERTIFICATE OF INSURANCE

CSR: SS | ISSUE DATE (MM/DD/YY): 11/03/93

PRODUCER

Dean, Heckle & Hill, Inc.
P.O. Drawer 1416
Matthews, NC
28106-1416
Shelby M. Beck
704-847-4438

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

Austin Insulating Co., Inc.
P.O. Box 415
Pineville, NC
28134

COMPANIES AFFORDING COVERAGE

COMPANY LETTER A: American States Ins. Co.
COMPANY LETTER B: American Economy
COMPANY LETTER C:
COMPANY LETTER D:
COMPANY LETTER E:

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY					
B	X COMMERCIAL GENERAL LIABILITY	0200270285-3	04/01/93	04/01/94	GENERAL AGGREGATE	$ 2,000,000
	CLAIMS MADE X OCCUR.				PRODUCTS-COMP/OP AGG.	$ 2,000,000
	OWNER'S & CONTRACTOR'S PROT.				PERSONAL & ADV. INJURY	$ 1,000,000
					EACH OCCURRENCE	$ 1,000,000
					FIRE DAMAGE (Any one fire)	$ 50,000
					MED. EXPENSE (Any one person)	$ 5,000
	AUTOMOBILE LIABILITY					
B	X ANY AUTO	0100526736-3	04/01/93	04/01/94	COMBINED SINGLE LIMIT	$ 1,000,000
	ALL OWNED AUTOS				BODILY INJURY (Per person)	$
	SCHEDULED AUTOS					
	HIRED AUTOS				BODILY INJURY (Per accident)	$
	NON-OWNED AUTOS					
	GARAGE LIABILITY				PROPERTY DAMAGE	$
	EXCESS LIABILITY					
A	X UMBRELLA FORM	01BU108042-3	04/01/93	04/01/94	EACH OCCURRENCE	$ 1,000,000
	OTHER THAN UMBRELLA FORM				AGGREGATE	$ 1,000,000
	WORKER'S COMPENSATION				STATUTORY LIMITS	
	AND				EACH ACCIDENT	$
	EMPLOYERS' LIABILITY				DISEASE—POLICY LIMIT	$
					DISEASE—EACH EMPLOYEE	$
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

FAX# 704-847-5995

CERTIFICATE HOLDER

Cherry Homes
D.W. Miles
11407 E. Independence Blvd.
Matthews, NC 28105

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Shelby M. Beck — Shelby M. Beck

© ACORD CORPORATION

FILED FOR REGISTRATION 11/03/93 11:55
BK: 07528 PG: 0557/0560 $:0479 14.00
COPY

STATE OF NORTH CAROLINA

GRANT OF
SEPTIC SYSTEM DRAIN FIELD EASEMENT

COUNTY OF MECKLENBURG

FOR AND IN CONSIDERATION of the sum of $1.00 in hand paid, receipt and sufficiency of which is hereby acknowledged, PRESSLEY LEROY WILSON, hereinafter referred to as "Grantor", does hereby grant and convay unto CHERRY HOMES, INC., its successor and/or assigns, hereinafter referred to as "Grantee", the non-exclusive right to construct, maintain, inspect, operate, protect, repair, replace and/or remove a septic system drain field easement, together with the right of ingress and egress to and from same for the purposes aforesaid, over, under and through and across the lands of which the "Grantor", warrants it is the owner in fee simple, situate in Mecklenburg County, North Carolina, said lands being more particularly described as follows:

BEGINNING at a point found in the common corner of Lots 29 and 30 in Block 1 of Bainbridge III as same is shown on the map thereof recorded in Book 24 at page 721 in the Mecklenburg County Public Registry, said point also being found in the property line of Pressley Leroy Wilson, now or formerly, as shown in Deed Book 4341, page 289, said Registry; thence from said Beginning point N. 29-27-02 W. 21.11 feet to a point; thence S. 63-55-33 W. 80.0 feet to a point; thence S 29-27-02 E. 100.00 feet to a point; thence N. 63-55-33 E. 80.00 feet to a point; thence N. 29-27-02 W 78.89 feet to the point and place of BEGINNING; all as shown on the survey by Walter L. Gordon, N.C.R.L.S., dated February 8, 1993, a copy of which is attached hereto for informational purposes only.

Said septic system drain field easement is to be appurtenant to the following described property:

Being all of Lot 29 in Block 1 of Bainbridge III, as same is shown on the map thereof recorded in Map Book 24 at page 721 in the Mecklenburg County Public Registry.

TO HAND AND TO HOLD said septic system drain field easement unto said Grantee, its successors and assigns continuously.

Grantee shall have the right to clear and keep clear all trees, undergrowth and other obstructions from the herein granted septic system drain field easement. Grantor agrees not to build any structure that will interfere with the normal operation and maintenance of said drainage field.

It is agreed that nothing contained in this Agreement shall in any way prevent Grantor, its successors and or assigns, from pledging or mortgaging its rights hereunder for security of its indebtedness, and the assignment to a trustee or trustees in connection therewith shall not obligate such trustee or trustees, mortgagee or mortgagees to perform the obligations of Grantee under this grant.

WITNESS the signature(s) and seal(s) of Grantor this 30 day of October, 1993.

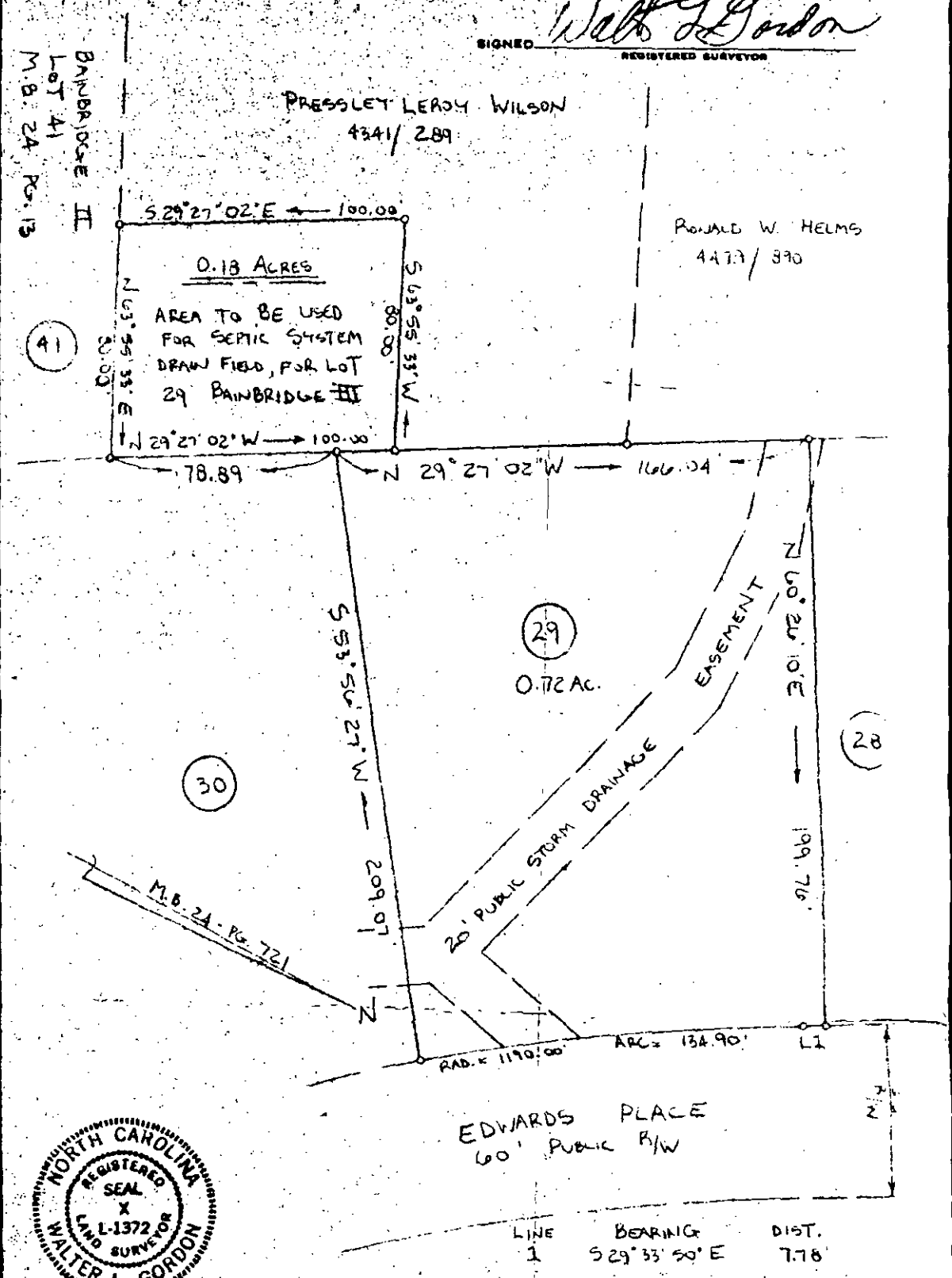
Pressley Leroy Wilson (SEAL)
PRESSLEY LEROY WILSON

Ruby S. Wilson (SEAL)
RUBY S. WILSON

323334

THIS IS TO CERTIFY THAT ON THE 8 DAY OF Feb. 19 93 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE SHOWN HEREON.

SIGNED Walter L Gordon
REGISTERED SURVEYOR



NORTH CAROLINA REGISTERED SEAL X L-1372 LAND SURVEYOR WALTER L. GORDON

LINE	BEARING	DIST.
1	S 29°33'50" E	7.78'

LOT 1 EASEMENT SURVEY
OF
LOT 29 BAINBRIDGE III &
0.33± AC. SEPTIC SYSTEM EASEMENT

SCALE 1" = 40'

THE PROPERTY OF DAN MOSER CONST. CO., INC.

MAP RECORDED IN BOOK 24, AT PAGE 721, DEED RECORDED IN BOOK PAGE

TOWN OF MINT HILL, MECKLENBURG COUNTY, NORTH CAROLINA

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

DATE: 2/26/93

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Mint

PARCEL NUMBER # 137-24[illegible]-[illegible] 02

ASSIGNED ADDRESS 10410 Edwards Pl

EXISTING ADDRESS Lot 29

PROJECT NAME Bainbridge 3

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: Address Verified

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

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

SIGNED: Gone

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

Mecklenburg County
Health Department

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

October 14, 1993

Mr. Tom Lewis
Cherry Homes
11407 East Independence Boulevard
Matthews, NC 28105

Re: 10410 Edward's Place
File: 76B/7966A
Parcel: 137-241-02

Dear Mr. Lewis:

Receipt of your plans for a waste disposal system on the above referenced property is hereby acknowledged.

The plans as submitted are approved with the following provisions:

-Water saving plumbing devices and low flush toilets should be installed when constructing the residence.

-Landscaping of original system area and the repair area is prohibited. No grading, shaping, or altering in any way.

-The well should be located 100 feet, but in no case less than 50 feet from the sewage system and repair area.

-The designated repair system is a modified type III panel block. The owners acknowledgement of modified/alternative replacement system requirement form must be signed prior to the issuance of the Operation Permit.

-Please provide proof of easement for the septic tank system repair area. Proof of easement should include a metes and bounds description with corresponding plat survey. The easement must bear the recordation stamp from the Mecklenburg County Register of Deeds.

Upon execution and recording of the enclosed "Septic Tank Agreement Forms" an Improvement Permit can be issued by this department.

If you have any questions concerning this matter please contact me at 336-5575.

Sincerely,

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

Mecklenburg County
Health Department

October 14, 1993

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

Tom Lewis
Cherry Homes
11407 East Independence Boulevard
Matthews, NC 28105

Re: 10410 Edward's Place
File: 76B/7966A
Parcel: 137-241-02

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The plans as submitted are approved with the following provisions:

-Water saving plumbing devices and low flush toilets should be installed when constructing the residence.

-Landscaping of original system area and the repair area is prohibited. No grading, shaping or altering in any way. shaping, or altering in any way.

-The well should be located 100 feet, but in no case less than 50 feet from the sewage system and repair area.

-The designated repair system is modified type III panel block. The owners acknowledgement of modified alternative replacement system requirement form must be signed prior to the issuance of the Operation Permit.

-Please provide proof of easement for the septic tank system original drainfield area. The easement should include a metes and bounds description with corresponding plat survey. The easement must bear the recordation stamp from the Mecklenburg County Register of Deeds.

Upon execution and recording of the enclosed "Septic Tank Agreement Forms" an Improvement Permit can be issued by this department.

If you have any questions concerning this matter please contact me at 336-5575.

Sincerely,

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

10-14-93
Tom Lewis
Cherry Homes
11407 E Ind. Blvd
Matthews NC 28105

Re: 10410 EDWARDS PLACE
File: 76B/7966-A
Parcel: 137-241-02

Dear Mr Lewis

Receipt of your plans for a waste disposal system on the above referenced property is hereby acknowledged.

The plans as submitted are approved with the following provisions:

-Water saving plumbing devices and low flush toilets should be installed when constructing the residence.

-Landscaping of original system area and the repair area is prohibited. No grading, shaping, or altering in any way.

-The well should be located 100 feet, but in no case less than 50 feet from the sewage system and repair area.

-The designated repair system is a modified type III panel block. The owners acknowledgement of modified/alternative replacement system requirement form must be signed prior to the issuance of the Operation Permit.

-Please provide proof of easement for the septic tank system ~~area~~ original & drainfield area. Proof of easement should include a metes and bounds discription with corresponding plat survey. The easement must bear the recordation stamp from the Mecklenburg County Register of Deeds.

Upon execution and recording of the enclosed "Septic Tank Agreement Forms" an improvement permit can be issued by this department.

If your have any questions concerning this matter please contact me at 336-5575.

Sincerely,

Kelly Randall

Mecklenburg County

Health Department

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

January 27, 1993

Mr. Dan L. Moser
2101 Sardis Road, North
Charlotte, NC 28227

RE: Property located at 10410 Edward's Place, Lot 29, Block 1
FILE: 76B/7966A
PARCEL: 137-241-02

Dear Ms. Moser:

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 12986) is enclosed for your information.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Our review process begins upon receipt of an Application for an Improvement Permit accompanied by a plot plan **drawn to scale with accurate dimensions indicated** detailing the location of **existing** well or type sewage disposal systems (if applicable), setbacks, and utility easements. Proposed buildings, etc. must be drawn on the plot plan to allow sufficient remaining space for the sewage disposal system and well. The well should be located 100 feet from any part of **any** sewage disposal system (including those located on adjacent properties).

Please note that this classification may be changed if any filling, grading or construction (including the drilling of a well) is performed on the lot which without **prior** approval from this Department. Current regulations in effect are "Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal: 15A NCAC 18A .1900, August, 1991". Changes in regulations may impact future approvals on this lot.

If there are any questions concerning this matter, please contact Bill Marlin at 336-5574.

Sincerely,

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12986

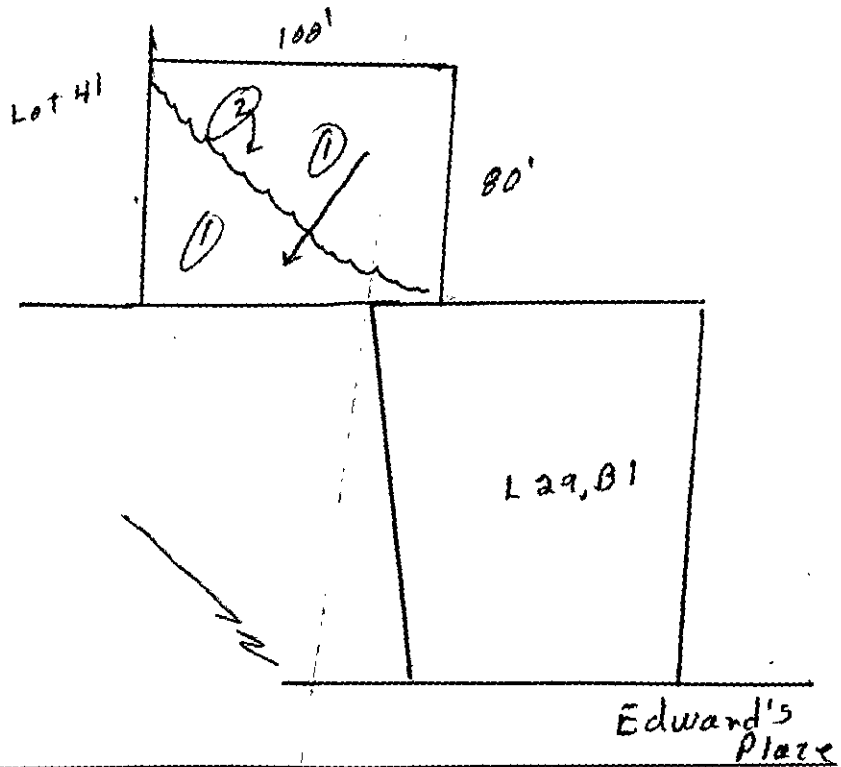
File: 7681/7966A Action 1

Parcel: 137-241-02 ☐ PC
Easement on 137-123-08

Location: 10410 Edward's Place
Subdivision: Bainbridge III
Lot: 29 Block: 1 Acres: .18
(Easement For)
Owner: Dan L. Mosar
Address: 2101 Yardley Road N.
Charlotte, N.C. 28227

Comments: Easement onto 137-123-08 for drainfield installation 1,3 gal/ FT2/day LTAR would need pump, possibly from down

Described by: William R. Marlin
Date: 12-7-93



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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 6-10%	S PS (U) Terrace	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U slightly Expansive clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Sub Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 7-40" To water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 40-42"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-40"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	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	III Cecil-1.40	Terrace				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER [illegible] 12238

File: [illegible] Action 1

Parcel: [illegible]

☐ PC

Location: [illegible]

Subdivision: [illegible]

Lot: [illegible] Block: [illegible] Acres: [illegible]

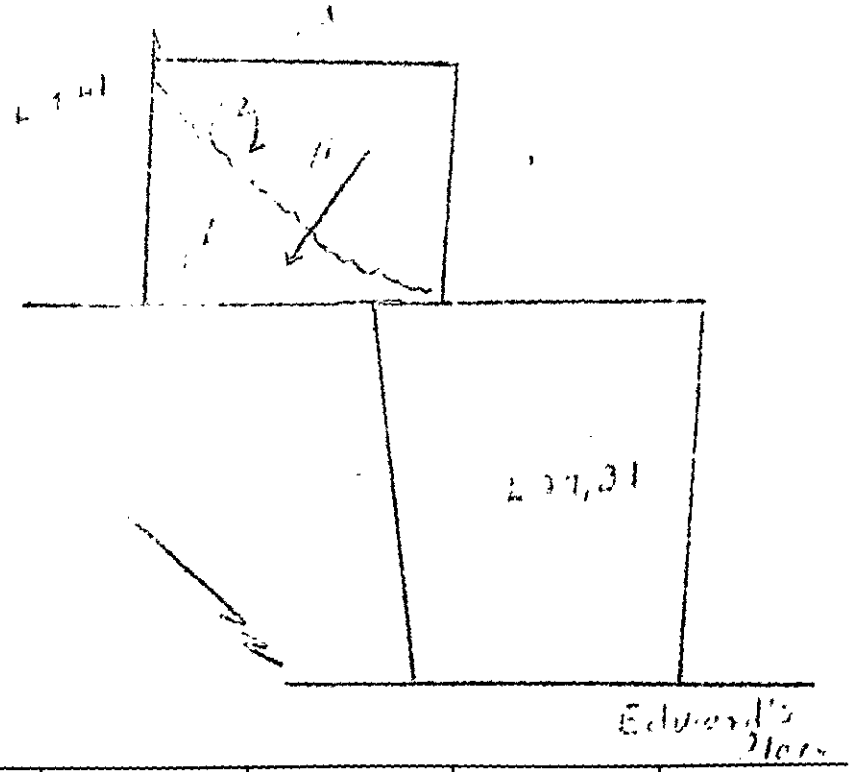
Owner: [illegible]

Address: [illegible]

Comments: [illegible]

Described by: [illegible]

Date: [illegible]



***** 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	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	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	[illegible]	[illegible]				
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

Mecklenburg County

Health Department

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

May 15, 1992

35
15
115

Dan L Moser
2101 Sardis Road North #110
Charlotte, NC 28227

Re: Property located at 10410 Edward's Place
File: 76B/7966A
Parcel: 137-132-03P0

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 No. 12488) 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 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 you need any assistance, please feel free to call Mr. Bill Marlin at 336-5574.

Sincerely,

Gene Vaughan, R.S., Supervisor
Individual Water & Wastewater Systems

Enclosure (2)

GV:lw

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12488

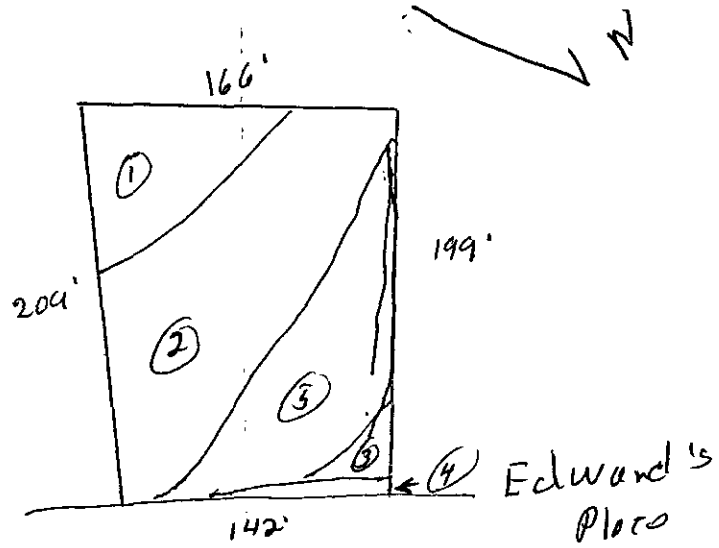
File: 76B/1966A
Action 2
Parcel: P0137-132-03
☐ PC

Location: 10410 Edwards Place
Subdivision: Bainbridge III
Lot: 29 Block: 1 Acres: .69

Owner: Dan J. Moser
Address: 2101 Yardley Road N. #110
Charlotte, N.C. 28270

Comments: 100% Repair

Described by: William R. Mark
Date: 5-12-92



***** 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 8-15%	S PS (U) complex slope drainageway	S PS (U) complex slopes	S PS (U) 72' cut	(S) PS U 2-8%	S PS U
Texture slightly Expansive clay	S (PS) U	S PS U	S PS U	S PS U	S PS (U) some clay Expansive	S PS U
Structure subL	S (PS) U Blocky	S PS U	S PS U	S PS U	S (PS) U subL Blocky	S PS U
Drainage	S (PS) U >36" to water	S PS U	S PS U	S PS U	S (PS) U >36"	S PS U
Depth	S (PS) U >36"	S PS U	S PS U	S PS U	S (PS) U >36"	S PS U
Restrictive Horizons	S (PS) U >36"	S PS U	S PS U	S PS U	S (PS) U >36"	S PS U
Available Space	S PS (U) Restricted	S PS U	S PS U	S PS U	S PS (U) Restricted	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 Cecil-Lilo	Complex slope Drainageway	Complex slopes	72' cut	Vance	
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER [illegible] 12602

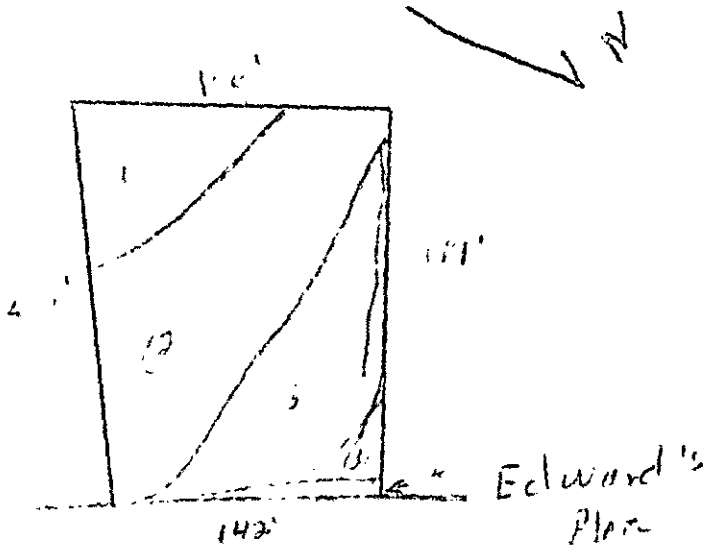
File: 17.91 Action 2
Parcel: 0-131-132-03 ☐ PC

Location: [illegible]
Subdivision: [illegible]
Lot: [illegible] Block: [illegible] Acres: [illegible]

Owner: [illegible]
Address: [illegible]

Comments: [illegible]

Described by: [illegible]
Date: [illegible]



***** 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 (S)	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	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	U					
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: 7966IA(76B)

TC: 137 - 130 - 03

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 10410 Edward's Place Mint Hill

② SUBDIVISION: Bainbridge III ③ LOT: 29 ④ BLOCK: 1

⑤ PARCEL REFERENCE: BOOK NO.: 137 PAGE NO.: 132 PARCEL NO.: 13

⑥ DEED REFERENCE: BOOK NO.: PAGE NO.:

OWNER

⑦ NAME: Dan (FIRST) L (MIDDLE) Moan (LAST)

⑧ MAILING ADDRESS: 2101 Sadis Rd N #110

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28227

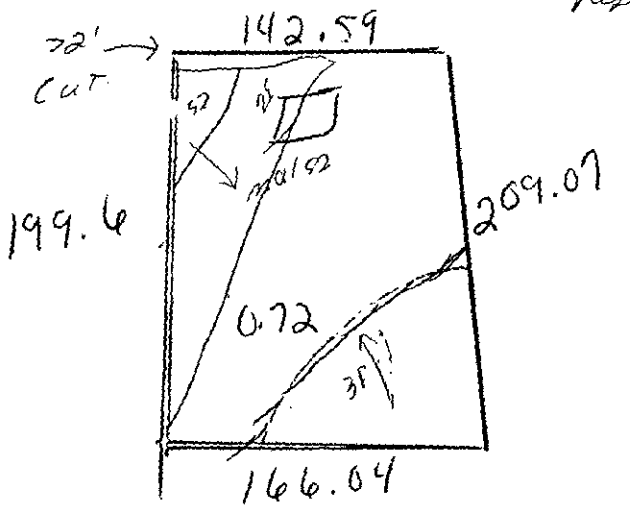
⑫ PHONE: (WORK) 845-1378 (HOME) 845-1293

⑬ Accurately diagram and dimension lot.

100% Repair

~~Pump~~ ~~Pattern~~

Restrictive Area



147
166
308

154
200
30,800

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: Dan L Moan

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

Date: 1/19/92

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

WELL AND SEPTIC REQUEST

Mecklenburg County
Health Department

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

A Jennifer Degroat
15308 Yarmouth Rd
Charlotte, NC 28277

OWI

12520

ADDRESS FOR RESULTS TO BE MAILED: _____

TELEPHONE NUMBER WHERE YOU CAN BE REACHED: _____

CHECK ONE: _____(WELL & SEPTIC) _____(WELL ONLY) _____(SEPTIC ONLY)

_____ _____
SIGNATURE OF AUTHORIZED PERSON DATE

16B/7966A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

16B/7966A

PD 56.00 CK 1
31831 1/11/93 DJT CRT

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

(704)336-5102

Date: 1/8/93

PERSON FILING APPLICATION:

NAME: MOSER (last) DAN (first) L. (mi)
ADDRESS: 2101 SARDIS RD. N. # 110 PHONE: (704) 845-1378
CITY: CHARLOTTE STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: PO 137-132-03
STREET ADDRESS: 10410 Edwards Pl
BAINBRIDGE III
ZONING: R 30

PROPERTY OWNER:

NAME: MOSER (last) DAN (first) L. (mi)
ADDRESS: 2101 SARDIS RD.N. #110 PHONE: (704) 845-1378
CITY: CHARLOTTE STATE: NC ZIPCODE: 28227

SUBDIVISION OR MOBILE HOME PARK NAME: BAINBRIDGE III

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

LOT NUMBER: Lot 29 B.1 LOT SIZE (in acres): .69

TYPE APPLICATION (check one):

XX [] SOIL TEST - INDIVIDUAL LOT (D) Easement
[] 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 (M)
[] 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) XX 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):
XX [] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[] Private Well (P)

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

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

Signed: Dan Y Moser Date: 1/8/93

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.

...

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

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

PROPOSED PLOT PLAN

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

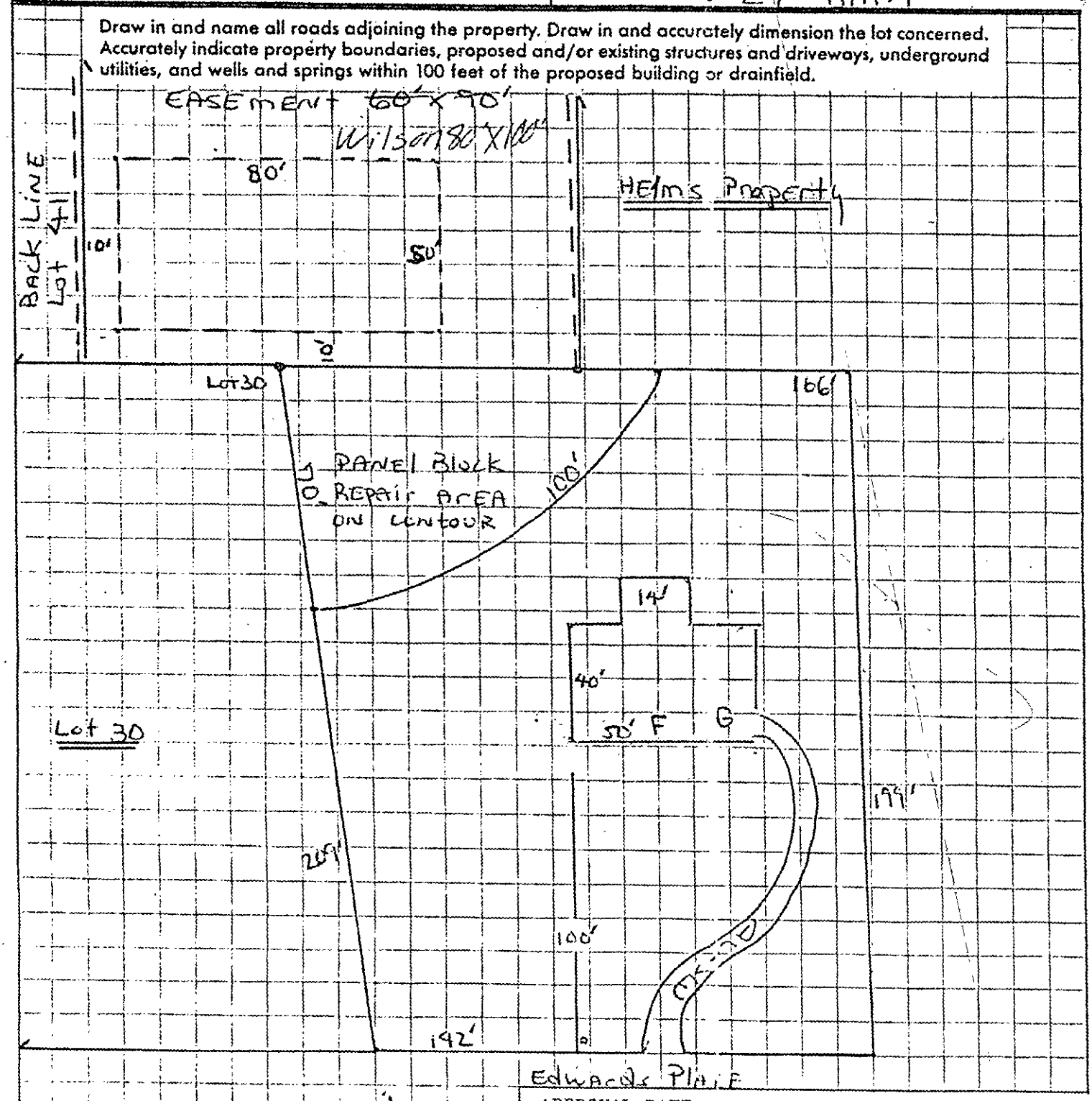
COPY

FILE: 76B/7966-A

TC: 137-241-02

Lot 29 Blk. 1

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 _____

* CONVENTIONAL PRIMARY 400'
* PPBPS REPAIR 250'

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

$50 ck #29081 11/09/92

FILE: 7966 A(76B)

TC: 137 - 132 - 03

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 10410 Edward's Place Mint Hill

② SUBDIVISION: Bainbridge III ③ LOT: 29 ④ BLOCK: 1

⑤ PARCEL REFERENCE: BOOK NO.: 137 PAGE NO.: 132 PARCEL NO.: 13

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

OWNER

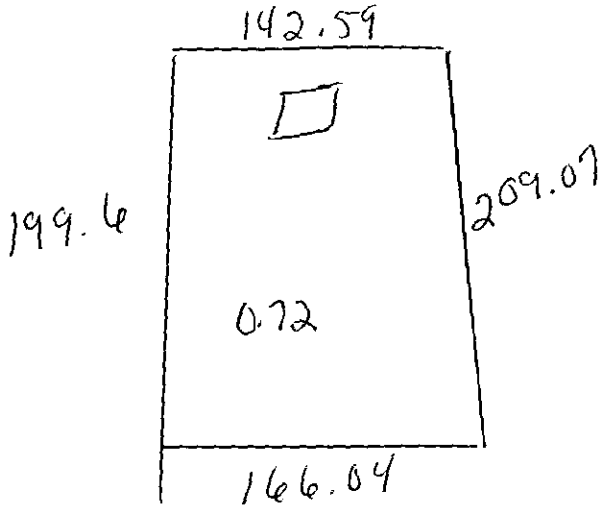
⑦ NAME: Dan (FIRST) L (MIDDLE) Moon (LAST)

⑧ MAILING ADDRESS: 2101 Sardis Rd N #110

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28227

⑫ PHONE: (WORK) 845-1378 (HOME) 845-1293

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: Dan L Moon

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

Date: 11/9/92

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

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)
FILE: 1116-AC (16B)
TC:
☐ PC ☐ REPT

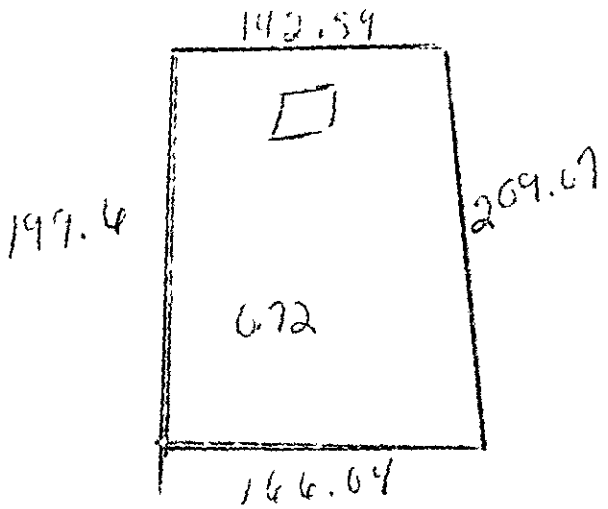
JOB LOCATION

① ADDRESS: 10410 Edwards Place Mint Hill
② SUBDIVISION: Bainbridge TH ③ LOT: 29 ④ BLOCK: 1
⑤ PARCEL REFERENCE: BOOK NO.: 137 PAGE NO.: 132 PARCEL NO.: 13
⑥ DEED REFERENCE: BOOK NO.: PAGE NO.:

OWNER

⑦ NAME: Dan (FIRST) Z (MIDDLE) Moon (LAST)
⑧ MAILING ADDRESS: 2101 Sardis Rd N # 110
⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28207
⑫ PHONE: (WORK) 845-1378 (HOME) 845-1293

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: Dan Z Moon

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

Date: 1/7/92

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

PROPOSED PLOT PLAN

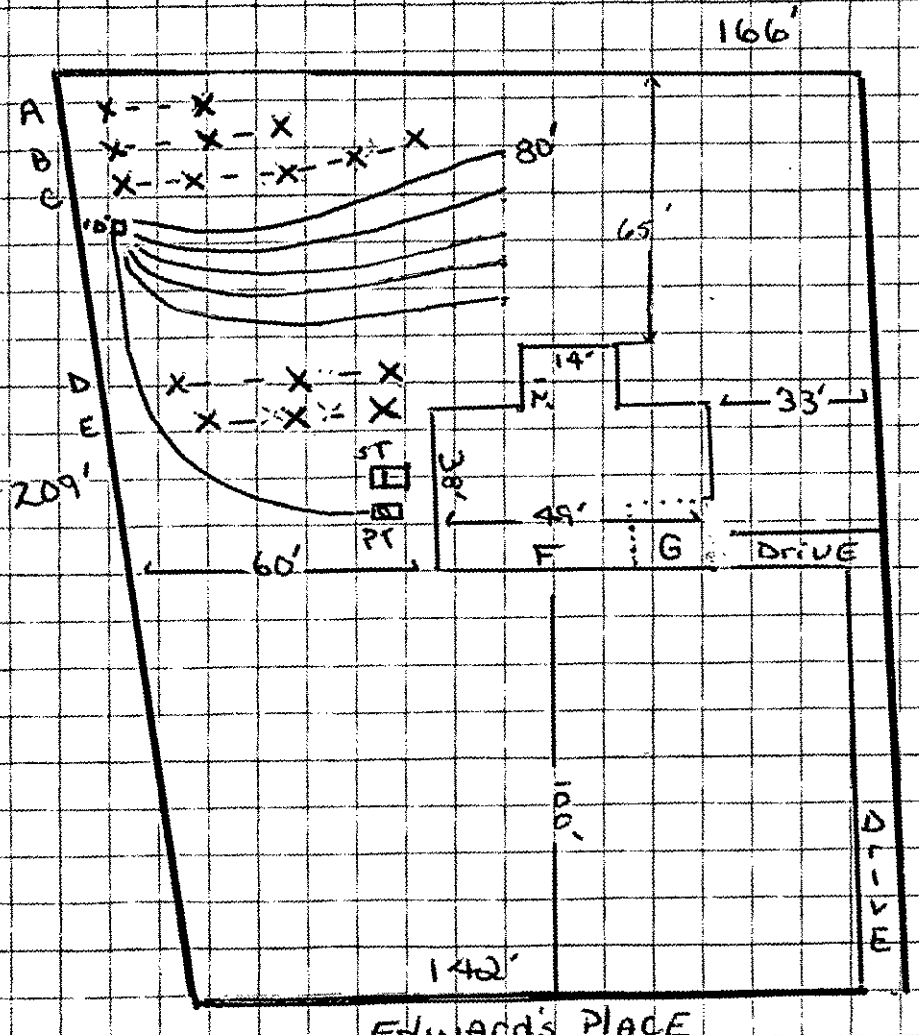
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 76B/7966-A

TC: 137-132-03
Lot 29 Blk. 1

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.

A- RED, 18'
B- YELLOW, 30'
C- RED, 73'
D- YELLOW, 44'
E- RED, 40'
Total 205'



* TYPE III Primary, 400'
* PPBPS REPAIR, 205'

APPROVAL DATE _____

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

PROPOSED PLOT PLAN

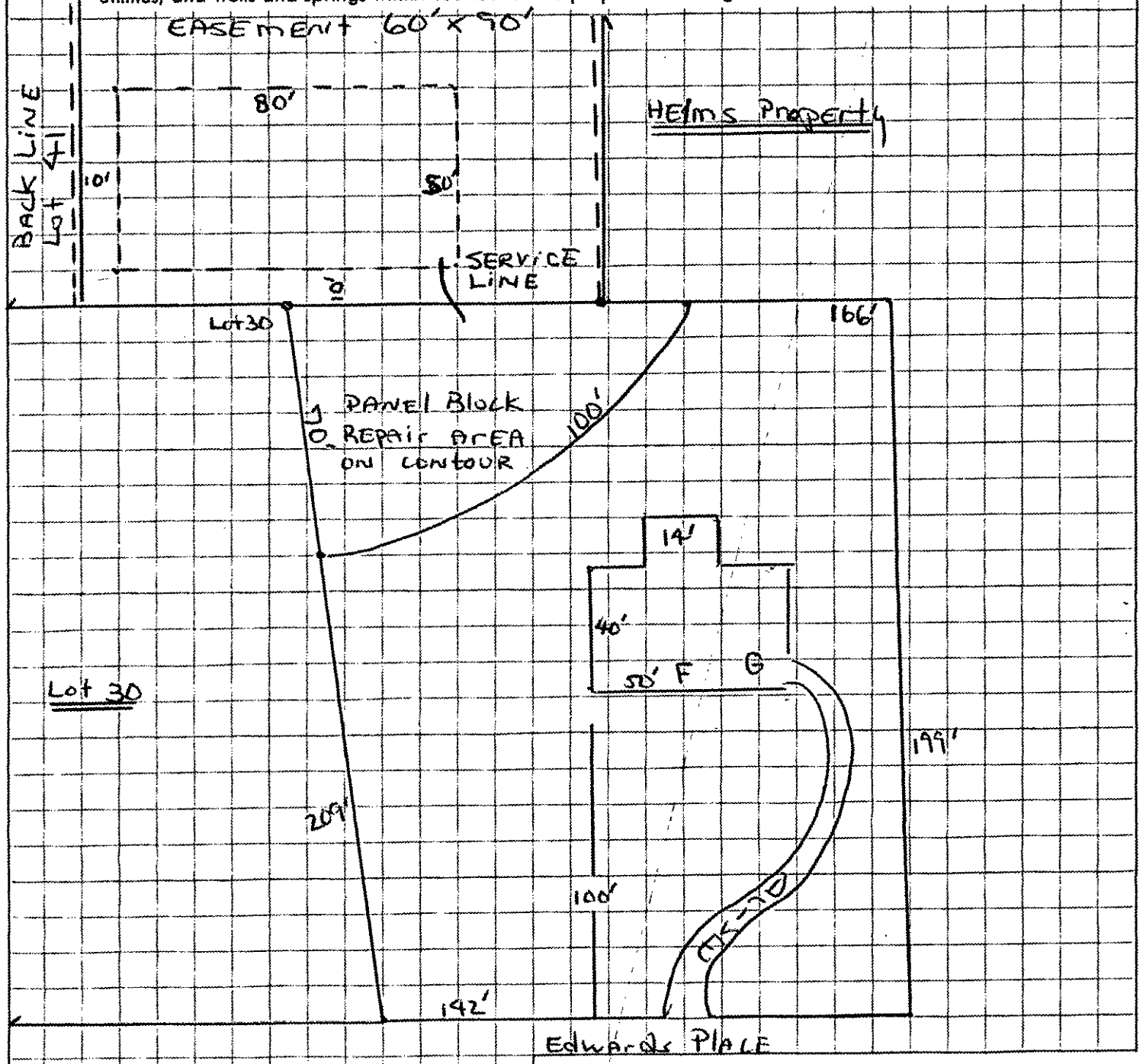
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 76B/7966-A

TC: 137-132-03

Lot 29 Blk. 1

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 _____

* CONVENTIONAL PRIMARY 400'
* PPBPS REPAIR 250'

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

PROPOSED PLOT PLAN

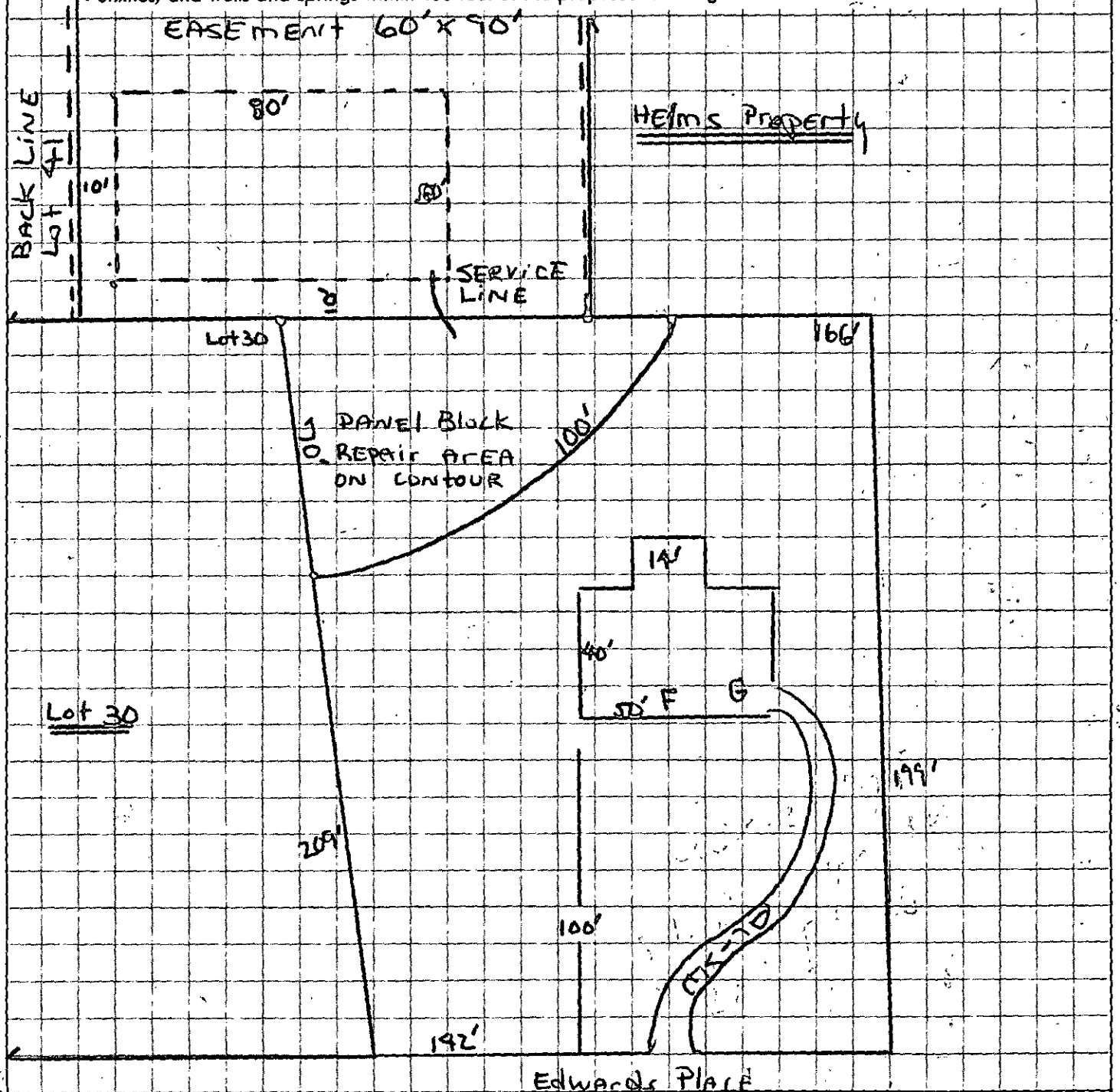
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 76B/7966-A

TC: 137-132-03

Lot 29 Blk. 1

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 _____

* CONVENTIONAL	PRIMARY	400'
* PPBPS	REPAIR	250'

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

Mecklenburg County
Health Department

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

August 07, 1992

Dan Moser Company
2101 Sardis Road North, #110
Charlotte, NC 28227

Subject: Improvement Application Denial
File: 76B(7966A)
Parcel: 137-132-03PO

Dear Mr. Moser:

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

.1945 AVAILABLE SPACE
(a) Sites shall have sufficient available space to permit the installation and proper functioning of ground absorption sewage treatment and disposal systems, based upon the square footage of nitrification field required for the application rate determined in accordance with these Rules.
(b) Sites shall have sufficient available space for a repair area equal to the area determined in Rule .1945(a) of this Section.

For these reasons, the plans as submitted are disapproved. If you have any questions regarding these matters, please do not hesitate to contact me at 336-5572.

Sincerely,

William (Jerry) Stahl, R.S.
Individual Water and Wastewater Systems

WS/wpg

Enclosure

Mecklenburg County
Health Department

~~February 28, 1992~~ Aug 7, 1992

Jimmy L. Walters
~~11314 Johnson-Davis Road~~
Huntersville, NC 28078

DAN L. MOSER
9101 SARDIS ROAD NORTH #110
CHARLOTTE, NC 28227

Dear ~~Mr. Walters~~: MR. MOSER:

Subject: Improvement Application Denial
File ~~12915 - 063-023-33~~
7613(7966A) - 137-132-0370

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

.1945 AVAILABLE SPACE

(a) Sites shall have sufficient available space to permit the installation and proper functioning of ground absorption sewage treatment and disposal systems, based upon the square footage of nitrification field required for the application rate determined in accordance with these Rules.

(b) Sites shall have sufficient available space for a repair area equal to the area determined in Rule .1945(a) of this Section.

For these reasons, the plans as submitted are disapproved. If you have any questions regarding these matters, please do not hesitate to contact me at 336-557~~0~~.

Sincerely,

William (Jimmy) STAMEY
~~Philip S. Walker, R.S.~~
Individual Water and Wastewater Systems

PSW/mb

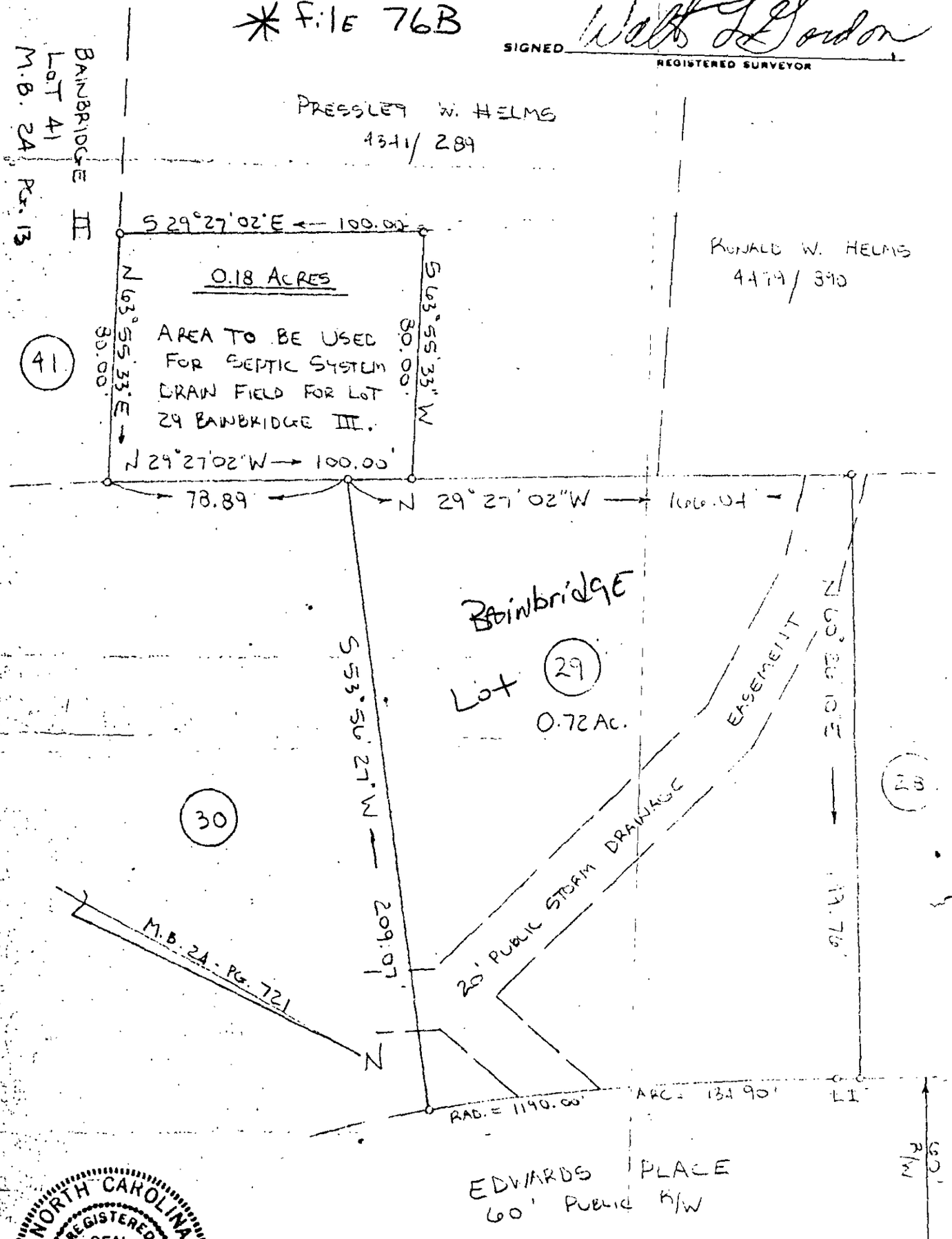
cc: Carl Rose

322334

THIS IS TO CERTIFY THAT ON THE 8 DAY OF FEB. 19 93 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT. AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE SHOWN HEREON..

SIGNED Walter L Gordon
REGISTERED SURVEYOR

* File 76B



LINE	BEARING	DIST.
1	S 29° 33' 50" E	7.78'

LOT & EASEMENT SURVEY
OF
LOT 29 BAINBRIDGE III &
80' X 100' SEPTIC SYSTEM EASEMENT

SCALE 1" = 40'

THE PROPERTY OF DAN MOSER CONST. CO., INC.

MAP RECORDED IN BOOK 24 AT PAGE 721 DEED RECORDED IN BOOK PAGE

TOWN OF MINT HILL MECKLENBURG COUNTY NORTH CAROLINA

NORTH CAROLINA REGISTERED SEAL X L-1372 LAND SURVEYOR WALTER L. GORDON