

GREYFRIARS ROAD

6/15/2007

duponbj

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

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 64481A

TC: _____

☑ PC ☐ REPT

See 6477A for change slip

JOB LOCATION

① ADDRESS: Greyfriars Rd - Meck Neck

② SUBDIVISION: _____ ③ LOT: H-5 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 01-353-41

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

OWNER

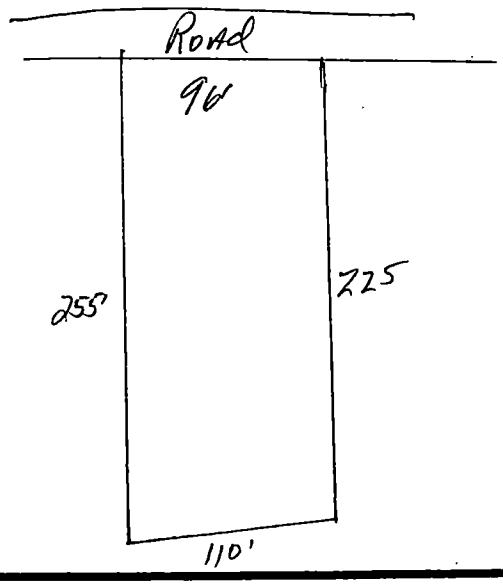
⑦ NAME: CRESCENT (FIRST) RESOURCES, (MIDDLE) INC (LAST)

⑧ MAILING ADDRESS: PO Box 30617

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28230

⑫ PHONE: (WORK) 373-3012 (HOME) _____

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: Jerry C Faust, LPSS

Date: 1-22-90

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

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 6481A DATE: 10/23/95

TC: 001-353-57 ☐ L ☐ CRT

SERIAL № 16437

Name of Owner James W. Jones Juris.:

Address of Property 17216 Greyfriars Road

Inspection Data:

Tank Material PCC

Total Length of Drainfield 402'

Number of Lines 6 @ 67'

Cover Depth 12-20"

Water Supply Source Well

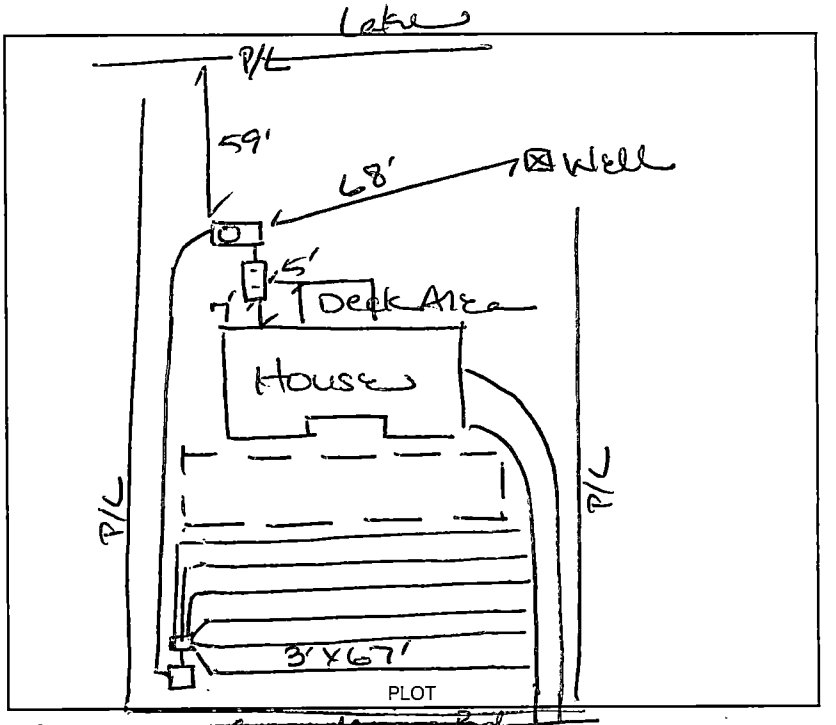
Distance to Water Source 68'

Excavation Inspected 9/26/95

Tank(s) Inspected 9/26/95

Wash Line Inspected NA

High Water Alarm Inspected 10/03/95



Design 1995, Pump to CON, 1500gST, 1000gPT, P1, 1206A2, 12"G Cecil-like CTR# 52 F.J. Ervin

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 Goulds WE0511H

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

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

COMMENTS: Type III - 3 bedroom residence.

Repair Area - PPBPS: 2' trench width, 8' on centers

Joe B. Mialik, RS
Environmental Health Specialist

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

Mecklenburg County
Health Department

October 5, 1995

Mr. James W. Jones
7801 Causeway Drive, #101
Charlotte, North Carolina 28227

Dear Mr. Jones:

Re: 17216 Greyfriars Road
File: 6481A/(Tax Parcel No. 001-353-57)

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

1) (6) Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (NEMA 4X or equivalent) adjacent to the pump tank, securely mounted at least 12 inches above the finished grade. The pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure through water proof, gasproof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seal, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.

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

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

Please call me at 336-5573 to discuss any question you may have concerning this matter.

Sincerely,

Lisa B. Mialik

Lisa B. Mialik, R.S.
Individual Water and Wastewater Systems

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

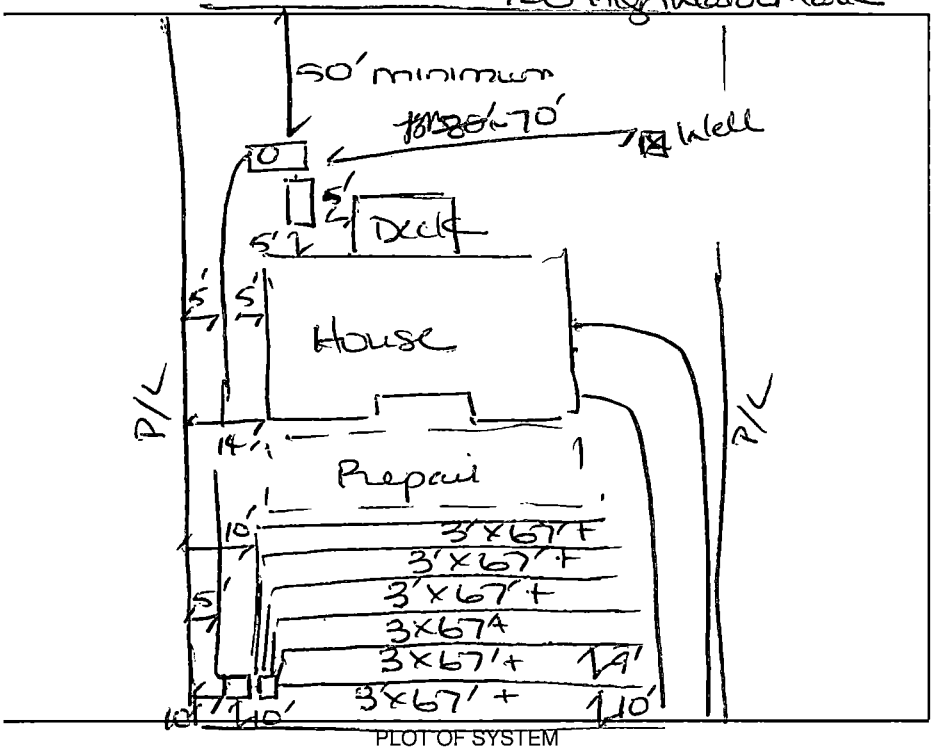
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 6481A DATE: 9/22/95

TC: 001-353-57 ☐ L

SERIAL No. 16371

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 4/3/95. All work shall be completed on or before 10/22/95, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A 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. ~760 High Water Mark



PLOT OF SYSTEM

Greyfriars

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous ✓

Total Line Length 402+ feet

Number of Lines 6@67'+

Depth of Stone 12" inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well ~70 feet (50' minimum)

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

NAME OF OWNER James Jones

LOCATION OF PROPERTY 17216 Greyfriars Road

Comments: Keep all parts of installation minimum of 50' from high water mark & 50' from well.
- Supply line can be 5' minimum from property line, however, all other parts of system must be 10' from property line.

Lisa B. Malik
Environmental Health Specialist

Bartman for Leonard, Program Chief 10-4-95

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

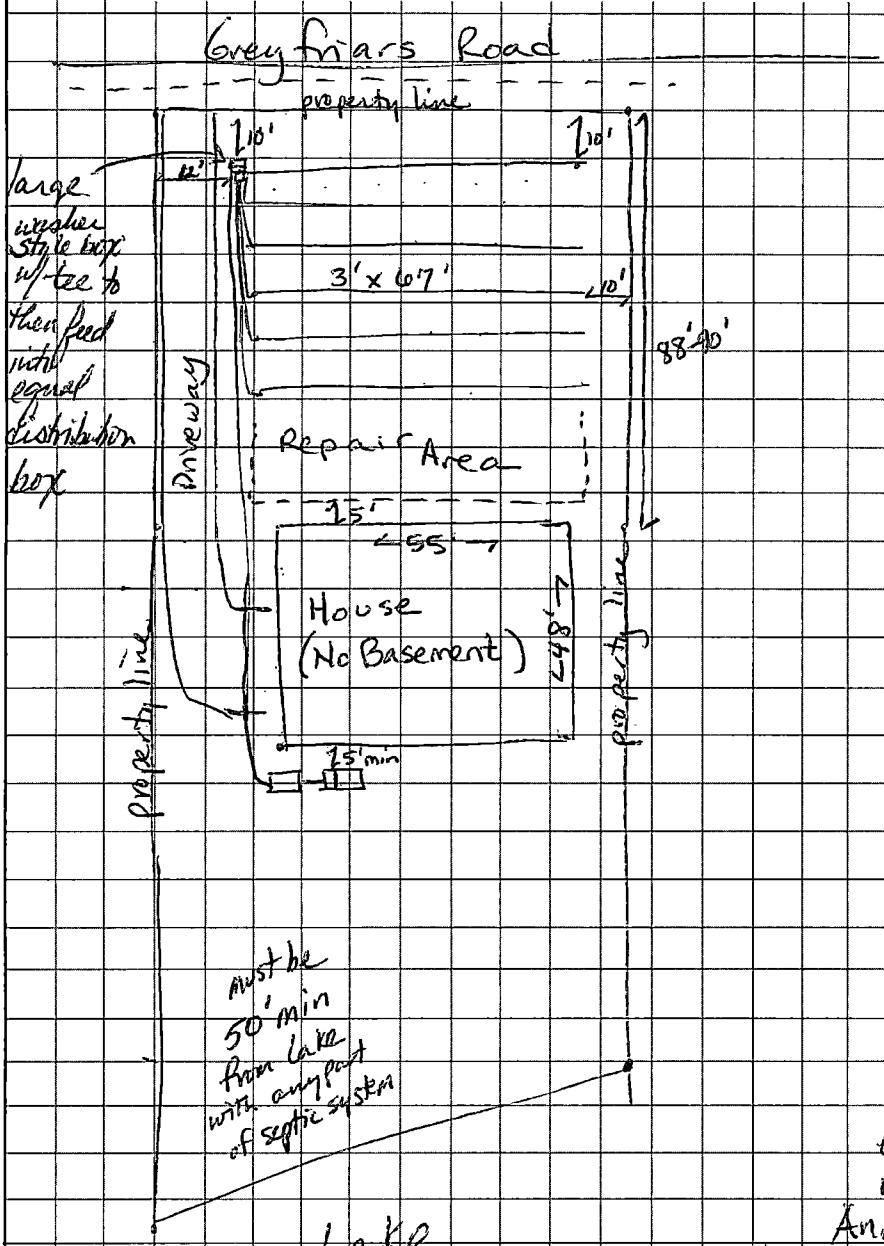
PROPOSED PLOT PLAN

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

FILE: 6481 A

TC: 001-353-57

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.



3 bedroom design.
No basement in house.
1500 g septic tank
1000 g pump tank
1200 sq ft drainfield of
6 lines at 3' x 67' x 12" stone each
Driveway to hug property line as shown. Do not pave or drive over any part of septic system or repair area.
Supply line to be scl 40 pipe except when under driveway - install according to current NC State Regs.
Nitrification lines to be exactly 9' on center and 10' from property lines.
Repair area to be low-pressure Prefabricated Permeable Block Panel System (PPBPS) and will be five feet from building foundation when installed when needed.
Do not grade or disturb soil in area of septic system or repair except for removing soil (fences) mounds at very front of lot by road.
Any changes may void permit!
Keep well min 50', preferably 100', from any part of septic tank system or repair area.
Reclassification form on file. Pump, pump controls + alarm to be installed according to current NC State Regs.

OWNER/AGENT SIGNATURE James W Jones

DATE 4/10/95

APPROVAL DATE 4-7-95 SB

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

OWNER'S ACKNOWLEDGMENT OF MODIFIED/ALTERNATIVE REPLACEMENT SYSTEM REQUIREMENT

Site Address: 17216 Greyfriars Rd.

File Number: 6481 A

Parcel Number: 001-353-57

Owner/Agent Name: James Jones
(Please print)

Date: 4-7-95 Number of Bedrooms: 3 (Three)

Receipt of the plan 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 a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15A NCAC 18A .1900 - "Sewage Treatment and Disposal Systems." The plan as submitted is disapproved because there is not sufficient available space for a repair area for a conventional replacement system.

This site may be developed if the repair area is found to be acceptable for either a modified system (Rule .1956) or an alternative system (Rule .1957) for the replacement system as allowed by the following Rule 15A NCAC 18A .1945(b).

(b) Sites shall have sufficient available space for a repair area separate from the area determined in Paragraph (a) of this Rule. The repair area shall be based upon the area of the nitrification field required to accommodate the installation of a replacement system as specified in Rule .1955, .1956, or .1957 of this Section. Prior to issuance of the initial Improvement Permit for a site, the local health department shall designate on the permit the original system layout, the repair area, and the type of replacement system.

Please be advised that you have the right of an informal review by this Department and the right of appeal under G.S. 130A-335(g) and 130A-24, which appeal can be held in Mecklenburg County.

By signing this form, and signing and recording in the Mecklenburg County Register of Deeds Office the attached reclassification form entitled,* **"ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM *"UNSUITABLE" TO "PROVISIONALLY SUITABLE"* UNDER 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c)**, you, the property owner,

*According to our records this form was filed in 1990.

RBCWM:2664_1/3-14-94

understand and acknowledge your option to develop this site initially with a conventional sewage system and when needed, subsequently to repair or replace said system with a modified or alternative system as described in Rules .1956 "Modification to Septic Tank Systems," or .1957(a), (b), or (c) "Design Criteria for Design of Alternative Sewage Systems." The completed reclassification form must be approved by this office before it can be recorded.

In addition, you the property owner, also understand that the following conditions will apply:

- Any changes on the property may make the Improvement Permit null and void and may make the Improvement Permit subject to revocation.

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

Susan Gitenner — 4-7-95

Environmental Health Specialist — Date

I have reviewed this document and understand its provisions and implications concerning the issuance of the Improvement Permit for the above-referenced site.

[signature] — 4/10/95

Property Owner Signature — Date

700 North Tryon Street, Suite 211, Charlotte, North Carolina 28202,
(704) 336-5102

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028527

File: 6401A 24000 Action 1

Parcel: 001-353-57

☐ PC

Location: 1

Subdivision:

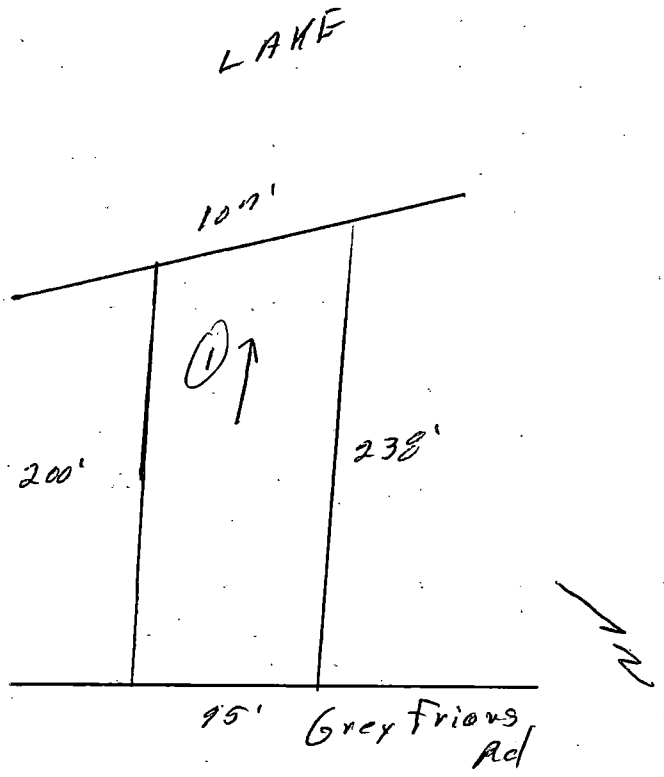
Lot: 5 Block: Acres: Approx .46

Owner: James W. Jones
Address: 7801 Causeway Dr.
Charlotte, N.C. 28227

Comments: 100% Repair, 3 gal/ft 2/ day LTAR, may need pressure/ panel

Described by: William R. Marks

Date: 4-5-95



***** 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 2-10%	S PS U	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 Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U To 74" soil wetness	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 43"+	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 74"	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	IV Cecil Ile					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

DATE 4/3/95

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

001-353-57
PARCEL NUMBER

17216 Greyfriars Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A Greyfriars Cove
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	✓ APPROVED	____ NOT APPROVED
2. FLOODWAY REGULATIONS	✓ Rub APPROVED	____ NOT APPROVED
3. WATERSHED PROTECTION	✓ APPROVED	____ NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	✓ APPROVED	____ NOT APPROVED
5. PUBLIC UTILITY EASEMENT	____ PRESENT	✓ NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	____ YES	____ NO
7. DRIVEWAY PERMIT REQUIRED	____ YES	____ NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	____ YES	____ NO

REMARKS: D.F House Min FFE 761.0

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: Rub

REVISED 1/91

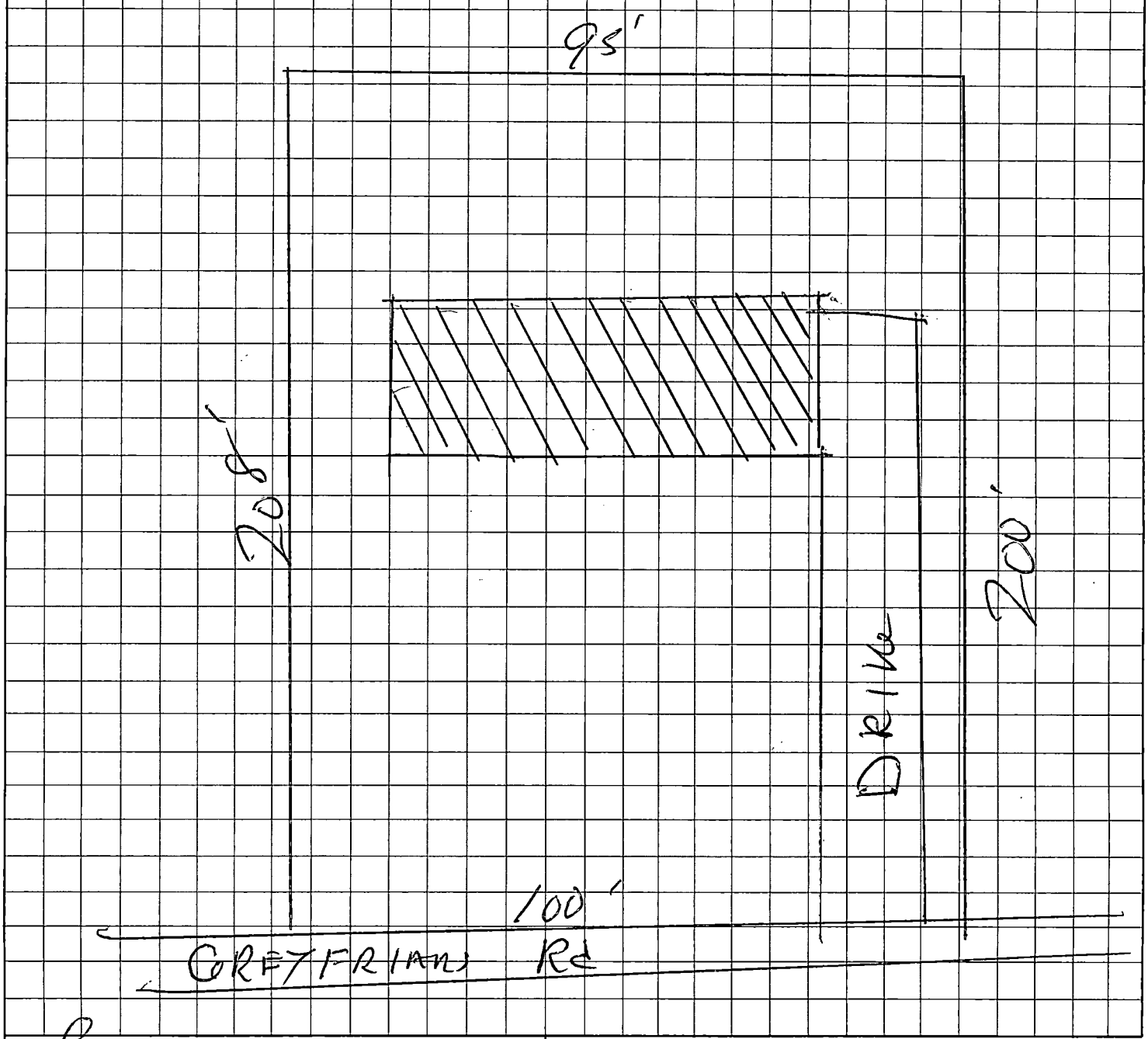
PROPOSED PLOT PLAN

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

FILE: 6481A

TC: 001-353-57

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.



Silas F Caprato
OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

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

Drawn By: Crescent Resources, Inc.

REAL ESTATE / BOOK / PAGE

To: PRESENTED FOR REGISTRATION Mecklenburg County Health Dept.

000307

6301 0320

90 JUN 26 PM 3:41

FILE NO. 6481A

Parcel: 001-353-40

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ANNE A. POWERS
REGISTER OF DEEDS
MECKLENBURG CO., N.C.

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 10 NCAC 10A .1948(c)

The undersigned, Crescent Resources, Inc.

owner of property located at 17216 Greyfriars Road

("the site") and described in an instrument recorded in Book 3822 at Page 289, Mecklenburg Public Registry, hereby acknowledges that he applied to the Mecklenburg County Department of Environmental Health ("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 10 NCAC 10A .1934 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 10 NCAC 10A .1948(c) 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 10 NCAC 10A .1948(c)(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 22nd day of June, 19~~XX~~ 1990.

Attest:

Assistant Secretary

Crescent Resources, Inc. (SEAL)

By: R. B. Dienst (SEAL)

Vice President

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 _____, 19~~XX~~.

_____
Notary Public

8.00
8.00
CASH 8.00

23:16 #0117 000

My Commission Expires: _____

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

I, Sharon C. Arrowood, a Notary Public for said County and State, do hereby certify that Ethelene G. Williams personally came before me this day and acknowledged that he is Asst. Secretary of Crescent Resources, 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, ~~Robert~~ B. Dienst, sealed with its corporate seal and attested by Assistant Secretary.

WITNESS my hand and notarial seal, this 22nd day of June, ~~19~~ 1990.

Sharon C. Arrowood
Notary Public

My Commission Expires: 10/13/93

State of North Carolina, County of Mecklenburg
The foregoing Certificate(s) of Sharon C. Arrowood

Notary(ies) Public is/are certified to be correct. This instrument and this certificate are duly registered at the date and time and in the Book and Page shown on the first page hereof.

ANNE A. POWERS, REGISTER OF DEEDS

By _____ Deputy - Register of Deeds

REAL ESTATE
BOOK PAGE
6301 0321

188

Pd $150.00 10/11/95 C.C.# 1102 CRT

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

6481A

Pd $150 4/3/95 Ck # 15354 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:

PERSON FILING APPLICATION:
NAME: Carpenter (last) Lewis (first) F (mi)
ADDRESS: 5221 Carden Dr. PHONE: (704) 545-4652
CITY: Charlotte STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-353-57
STREET ADDRESS: 17216 Greyfriars Rd.
ZONING:

PROPERTY OWNER:
NAME: Jones (last) James (first) W (mi)
ADDRESS: 7801 Causeway Dr. PHONE: (704) 663-1303
CITY: Charlotte STATE: NC ZIPCODE: 28227

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

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

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2
SYSTEM CLASSIFICATION: Septic

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

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

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] 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: Lewis F Carpenter Date: 4-3-95

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.

... lift station required-

No basement. See "owner's acknowledgment letter" & Reclassification form 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

Susan Patterson 4-10-95
Environmentalist Date

for Virginia Bunney 4/15-95
Director or Authorized Section Head Date

WWATER : 122791

Mecklenburg County
Health Department

May 10, 1990

Crescent Resources, Inc.
PO Box 30818
Charlotte, NC 28230

RE: Property located at 17216 Greyfriars
FILE: 6481A
PARCEL: 001-353-40

Gentlemen:

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

Your plans for the modified conventional system for the above property as submitted are approved with the following comments:

- The well should be located 100 feet or no less than 50 feet away from any part of the sewage disposal system and repair area.
- Water saving plumbing devices and low flush toilets should be installed when constructing the residence.
- Occupants to utilize maximum water conservation measures wherever possible.
- Effectively rake and lime all trench sidewalls
- Landscaping of repair area to be undisturbed. No grading, shaping, or altering in anyway.

Upon execution and recording with the Register of Deeds Office, Mecklenburg County, of the enclosed "Septic Tank Agreement Form", an Improvements Permit may be issued by this office.

Sincerely,

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

GV/kat

Enclosures - 3 Septic Tank Agreement Forms

PROPOSED PLOT PLAN Lot 5

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

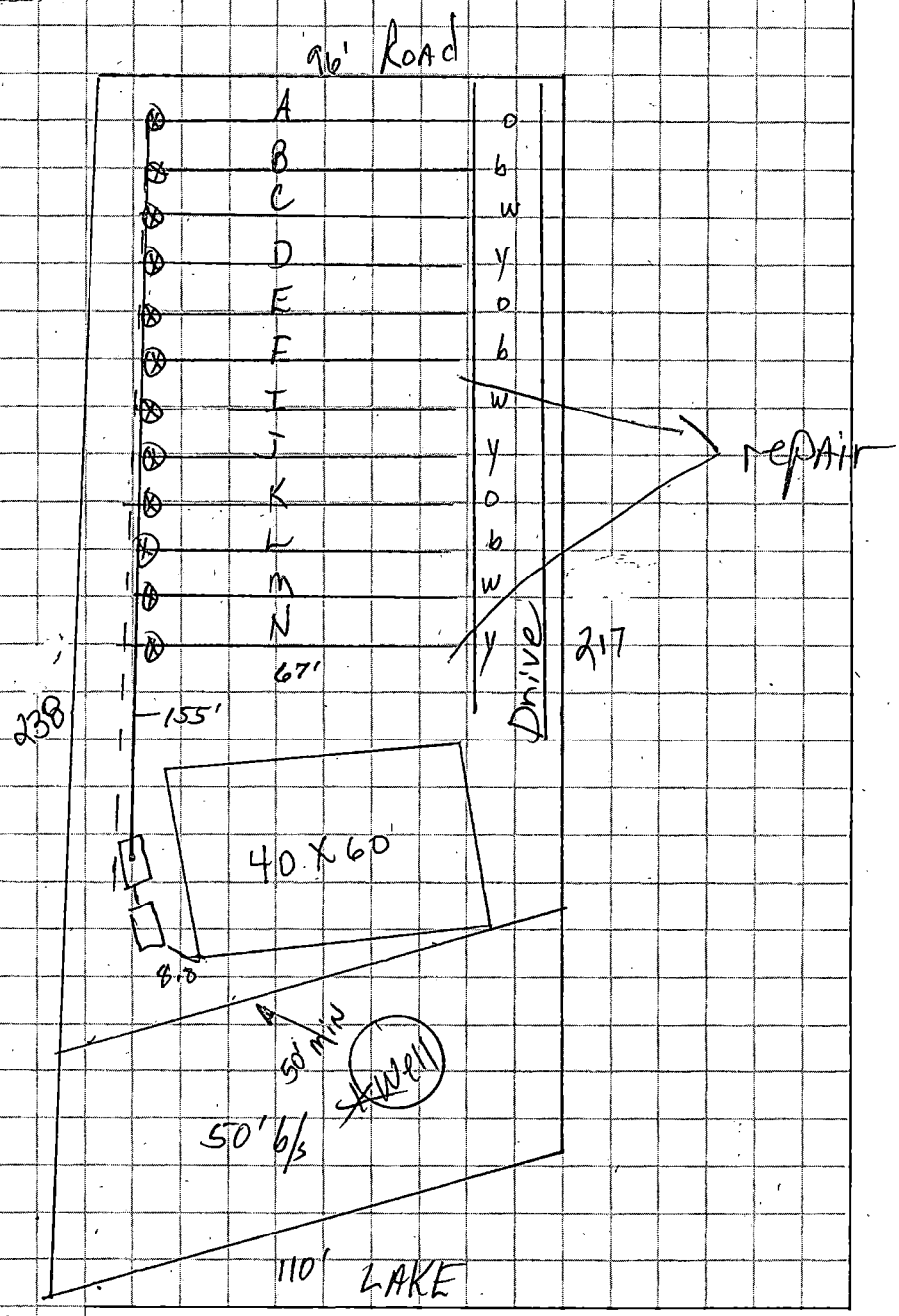
FILE: _____

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.

Pressure Distribution Conventional

-elevations- →		↓
1.4	1.7	Spoil 1.9
2.2	x	2.6
2.6	2.6	x
3.2	3.1	3.5
3.6	3.7	4.2
4.0	x (tree top)	4.6
5.0	x	6.1
5.6	6.1	6.6
6.1	6.5	7.3
6.7	7.0	7.9
7.2	7.7	8.6
7.6	8.3	9.0



bottom of trenches to be level

* CRI requires a 40' sideline/setback

APPROVAL DATE _____

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

Date: 3/26/90

DESIGN SPECIFICATIONS FOR ON-SITE WASTE SYSTEM

Address: Lot 5 Greyfriars Cove

General Description: Pressure Distribution Conventional

Daily design waste flow: 360 gpd
Effluent loading rate: 0.3 gpd/sf
Square footage: 1200
Septic tank size: 1500 gal. (2 compartments)
Pumping tank size: 1000 gal.

Initial Installation

Line	# Panels	# Hole(s) Per Panel	Size Hole	Line Head	Line Length	Hole Flow	Line Flow
A ✓	NA	8	5/32	3.0	67	0.5	4.0
B ✓							
C ✓							
D ✓							
E ✓							
F ✓		1"		"	"	"	"
G			"				
H							
Totals					402		24
Required 100% Repair			5/32	3.0		0.5	
I ✓		8			67		
J ✓		"					
K ✓							
L ✓							
M ✓							
N ✓		"					
O			"	"	"	"	
P							
Totals					402		24

CALCULATIONS FOR PUMPED SYSTEMS:

Friction loss: supply line = 155 LF of 2 inch x 4.0 loss/100 = 6.2 ✓
lateral line = 67 LF of 1¼ inch x .125 loss/100 = .2 ✓
fittings = x .2 = 1.3 ✓
total 7.7 ✓

Head: pressure head = 3.0 ✓
friction head = 7.7 ✓
elevational head = 12.4 ✓
TDH = 23.1 ✓
20% margin = (23.1 / .8 = = 28.9 ft.) ✓
TOTAL DESIGN HEAD= 28.9

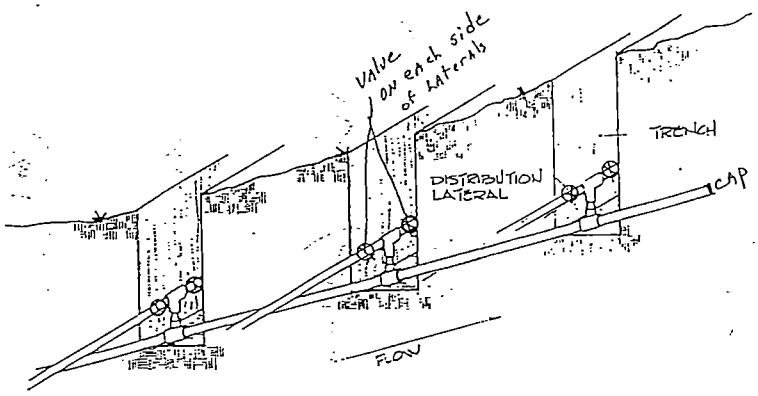
Supply 25.11 Laterals 25.73

A UL or SSPMA listed effluent or sewage pump sized to deliver a minimum of 48 gallons per minute at 29.0 feet of head.
Pump size for system NO Pump size for system and repair yes
Dosing volume ~~or time~~: 180 gal. 153 9.27" Dosing Depth TCT
Check valve: yes
Syphon break hole: NO
Note: Each line shall have a globe or gate valve at the start of the line for pressure adjustment. "Noted ⊗ "

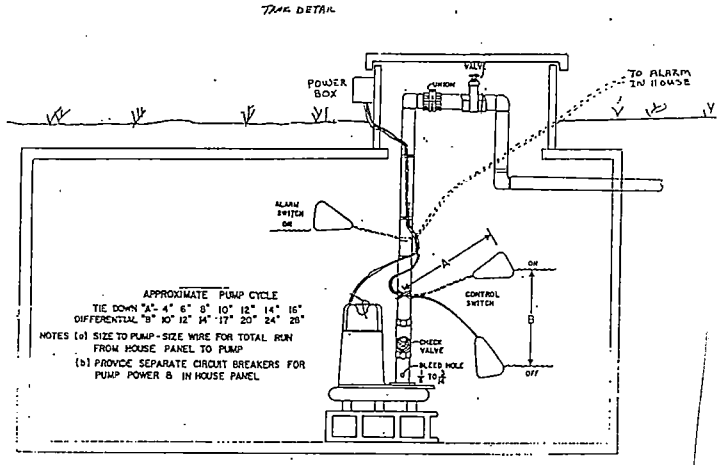
DESIGN SPECIFICS OF THIS SYSTEM MAY BE FOUND IN:

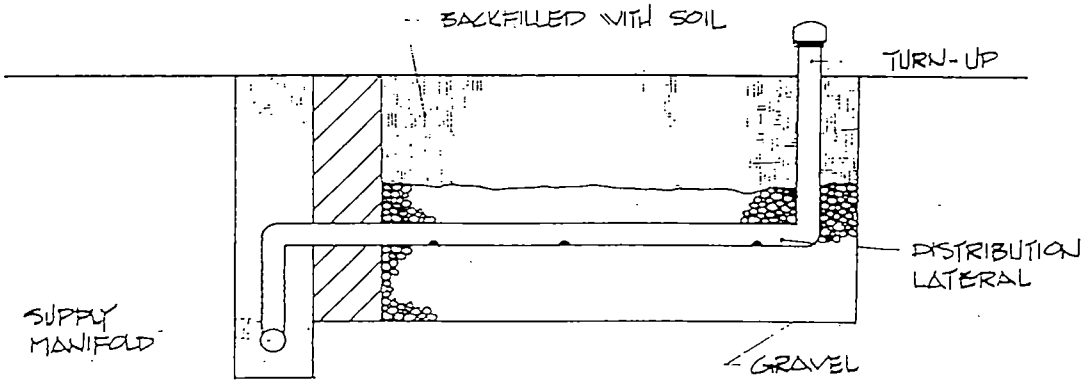
DESIGN AND INSTALLATION OF LOW-PRESSURE PIPE WASTE TREATMENT SYSTEMS by: Craig Cogger; Bobby L. Carlisle; Dennis Osborne; Ed Holland. Published by: UNC Sea Grant Pub. UNC-SC-82-03. May, 1982.

DESIGN DETAILS



A PUMPING UPHILL





Date: 3/23/90

From: Toney C. Jacobs
Consulting Soil Scientist
Rt. 2 Box 280
Troutman, N. C. 28166

To: Crescent Resources, Inc.
P.O. Box 30817
Charlotte, N. C. 28230

Subject: Lot 5 Greyfriars Rd.

System type: Conventional Gravel trench with pressure distribution

This system is designed for a three bedroom house at an application rate of 0.3 gpd. 360/.3 - 1200/3 = 400 LF of conventional drainfield. This system shall be installed in accordance with all state and local rules and regulations. Installer should have a thorough working knowledge of Design and Installation of Low-Pressure Pipe Waste Treatment Systems by Cogger, et. al. - UNC Sea Grant Publication - UNC SG-8203.

The house representation is for septic calculations only, and corners should not be considered for actual construction.

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)

FILE: 6481A

TC: 001-353-40

SERIAL: № 20506

☒ L ☐ CRT

JOB LOCATION

① ADDRESS: 17216 (STREET NO.) Gray Fearrs (STREET) RD ② FILE: _____

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 001-35-340

⑤ SUBDIVISION: _____ ⑥ LOT: 5 ⑦ BLOCK: _____

OWNER

⑧ NAME: Crescent (FIRST) Resources (MIDDLE) Inc. (LAST)

⑨ MAILING ADDRESS: PO Box 30817

⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28230

⑬ PHONE: (WORK) 382-2410 ⑭ (HOME) _____

REQUEST

This request is for a(n):

⑮ ☑ New permit

⑯ ☐ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home

㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 3

㉕ Type? _____

㉓ Maximum occupancy? 6

㉖ Maximum number of employees? _____

㉔ Basement? ☑ yes ☐ no

㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☑ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉙ 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: Tony Goforth, CPSS

Date: 3-23-90

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist _____ Date 6-28-90

Director or Authorized Section Head _____ Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

Mecklenburg County
Health Department

February 9th, 1990

Crescent Resources, Inc.
PO Box 30817
Charlotte, NC 28230

RE: Property located at Greyfriars Rd.
FILE: 6481A
PARCEL: 00135340

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 17592) 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,

Gene Vaughan, 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 HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17592

File: 6481A Action 1

Parcel: 00135340 PC

Location: Greyfriars Rd.

Subdivision:

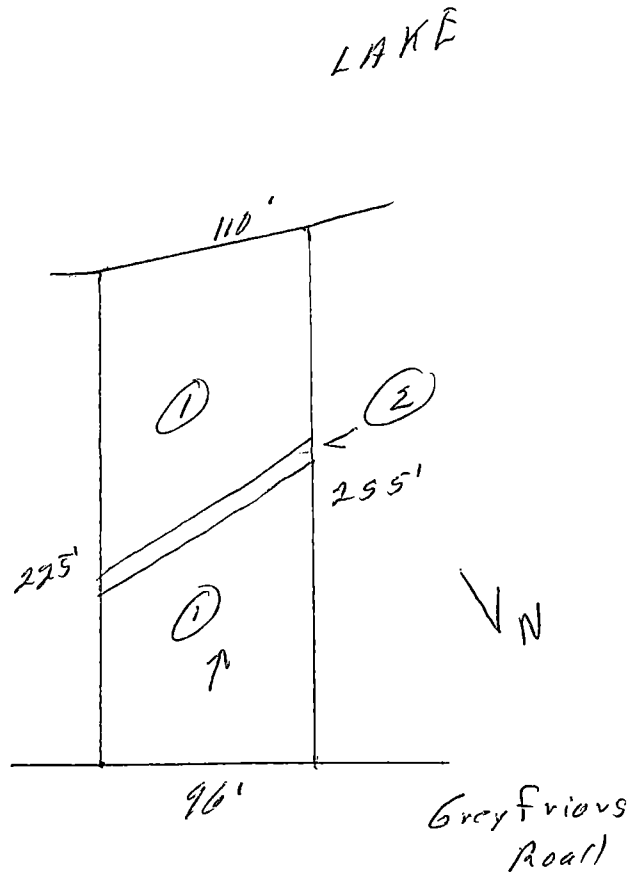
Lot: H-5 Block: Acres: .55

Owner:
Address: Crescent Resources, Inc.
PO Box 30817
Charlotte, NC 28230

Comments: 100% Repair

Described by: William A. Mashi

Date: 2-9-90



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

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-12%	S PS (U) Old Road 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 7-9" to	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 7-36"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 7-48"	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	IV Cecil-Lilla	Depression-old Road				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U