

616 LAKENHEATH LN

22703201

4/28/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 2122A DATE: 11-26-01

TC: 227-032-01 ☐ L ☐ CRT

SERIAL Nº 18816

Name of Owner Paula Sleppy Juris.: _____

Address of Property 616 Hakenheath Lane.

Inspection Data:

Tank Material Existing

Total Length of Drainfield 180'

Number of Lines 2 @ 9'x45'

Cover Depth 12" - 24"

Water Supply Source Comm.

Distance to Water Source >100'

Excavation Inspected 11-26-01

Tank(s) Inspected N/A

Wash Line Inspected 11-26-01

High Water Alarm Inspected _____

See Installation approval.

PLOT

Design 2001 Washing Machine Alteration 2 9'x45' CTR# Norwood.

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 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☑ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A 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: _____

Joshua R. Sellers R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

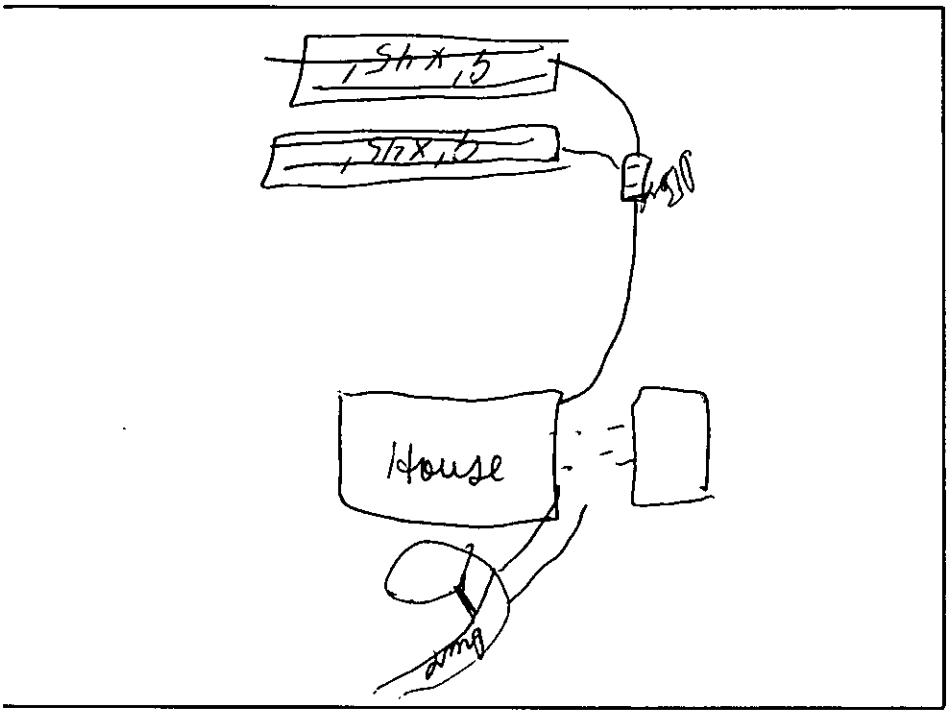
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2122A DATE: 11-21-01

TC: 227-032-01 ☐ L

SERIAL Nº 18931

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 9-27-01. All work shall be completed on or before 11-27-01, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank N/A gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction N/A

Trench Depth <36"

Absorption and/or Nitrification Lines:

Trench Width 9' X 45' feet

Trench Walls Scored and Porous yes

Total Line Length 180' feet

Number of Lines ~~20~~ 9 X 45'

Depth of Stone 12" inches

Distance from House >5' feet

Distance from Property Line >10' feet

Distance from Well >100' feet

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

NAME OF OWNER Paula Sleps

LOCATION OF PROPERTY 616 Lakenheath

Comments: _____

Joshua R. Sullivan
Environmental Health Specialist
RS

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

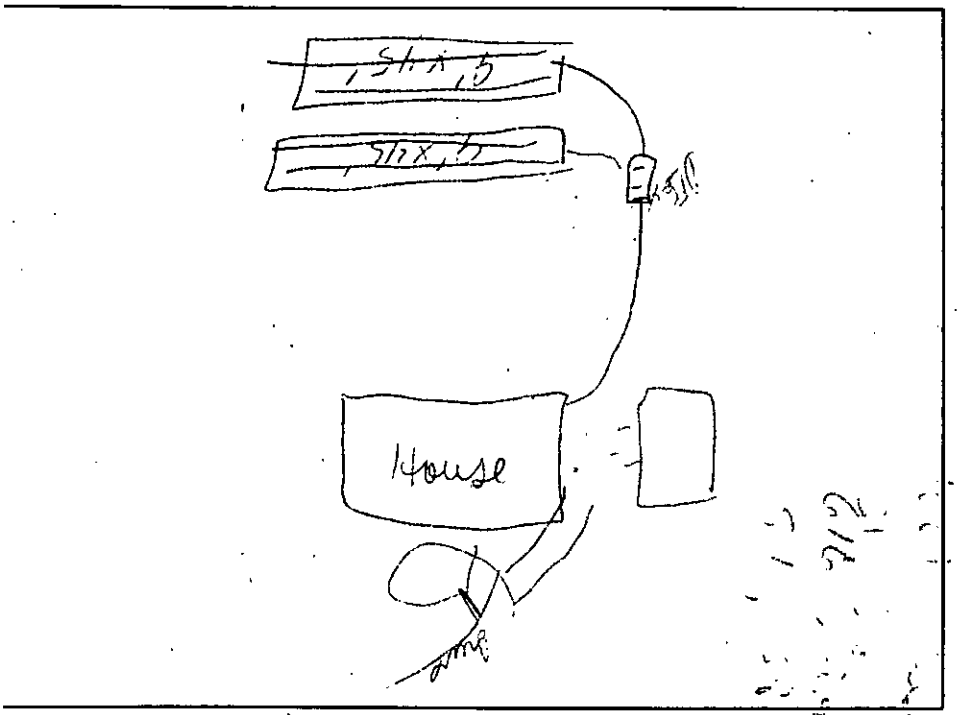
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ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2122A DATE: 11-21-01

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PLOT OF SYSTEM

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Liquid Capacity of Dosing Tank N/A gallons

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Trench Depth 36"

Absorption and/or Nitrification Lines:

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Number of Lines 2 @ 9x45'

Depth of Stone 12" inches

Distance from House >5' feet

Distance from Property Line >10' feet

Distance from Well >100' feet

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

NAME OF OWNER Paula Alef

LOCATION OF PROPERTY 616 Lakeview

Comments: _____

Joshua R. Smith
Environmental Health Specialist

KS

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

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 10-16-01 PERMIT NO: 2122A
PARCEL NO: 227-032-01
JOB LOCATION ADDRESS: 616 Lakenheath Lane
PROPERTY OWNER: Paula Slep
BUILDING CONTRACTOR: Mike Difabrizio
SUBDIVISION NAME: N/A
AUTHORIZATION ISSUED BY: Joshua R. Sellers R.S. DATE: 10-16-01
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2122A, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: Construction Authorization for re-location of Washing Machine lines.

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE — DATE: 10/7/01

Permit Number: 2122A.

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 227-032-01

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	✓ No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

.3 Long-term acceptance rate	___ Max gallons/day wastewater flow	630 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
N Serviced by private well	N/A Gallon septic tank	210' Total trench length (ft)	36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
4 Bedrooms in residence	~~500~~ Gallon pump tank N/A	___ Depth of stone	

Any surface waters present: Type: Minimum separation distance:

Site modifications required:

Additional Conditions: Relocation of washing machine line.

Repair Area System Type Type (circle one): I II III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

___ Absorption Area (Sq ft) ___ Total Trench Length (Ft)	___ Depth of Stone Trench	___ Trench spacing (min. on centers)	___ Maximum Trench Depth

For existing system, enter the year originally installed:

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

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

Joshua R. Sellers R.S.
DEHNR Authorized Agent

10-16-01
Date

Owner/Agent Signature

10/17/01
Date

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

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

IWWS-100195

FEE: _____

DATE: _____

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

COPY

Permit 300-1121-1st
Pct # 730
[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM ✓ EXPANSION/ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

2122A

FILE #: 2122A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: 616 Lakenheath Ln Matthews, N.C. 28105

TAX/PARCEL NUMBER: 227-032-01

STREET ADDRESS: 616 Lakenheath Ln Matthews, N.C. 28105

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 4500

NUMBER OF BEDROOMS: 5 NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

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

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

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

WATER SUPPLY (CHECK ONE):
___ COMMUNITY (C)
___ MUNICIPAL (M) ?
✓ PRIVATE WELL (P)
___ SHARED WELL (S)
___ OTHER 'SPRINGS' (O)

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

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

PROPERTY OWNER: Paula Slep.

NAME: (LAST) Slep (FIRST) Paula (MI)

ADDRESS: 616 Lakenheath

CITY: Matthews STATE: N.C. ZIP:

DAYTIME PHONE: ( ) 704-622-7654

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) DiFabio (FIRST) Mike (MI)

DAYTIME PHONE: ( ) 704-622-7654

DiFabio Remodeling

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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

SIGNED: _____ DATE: 9/27/01

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

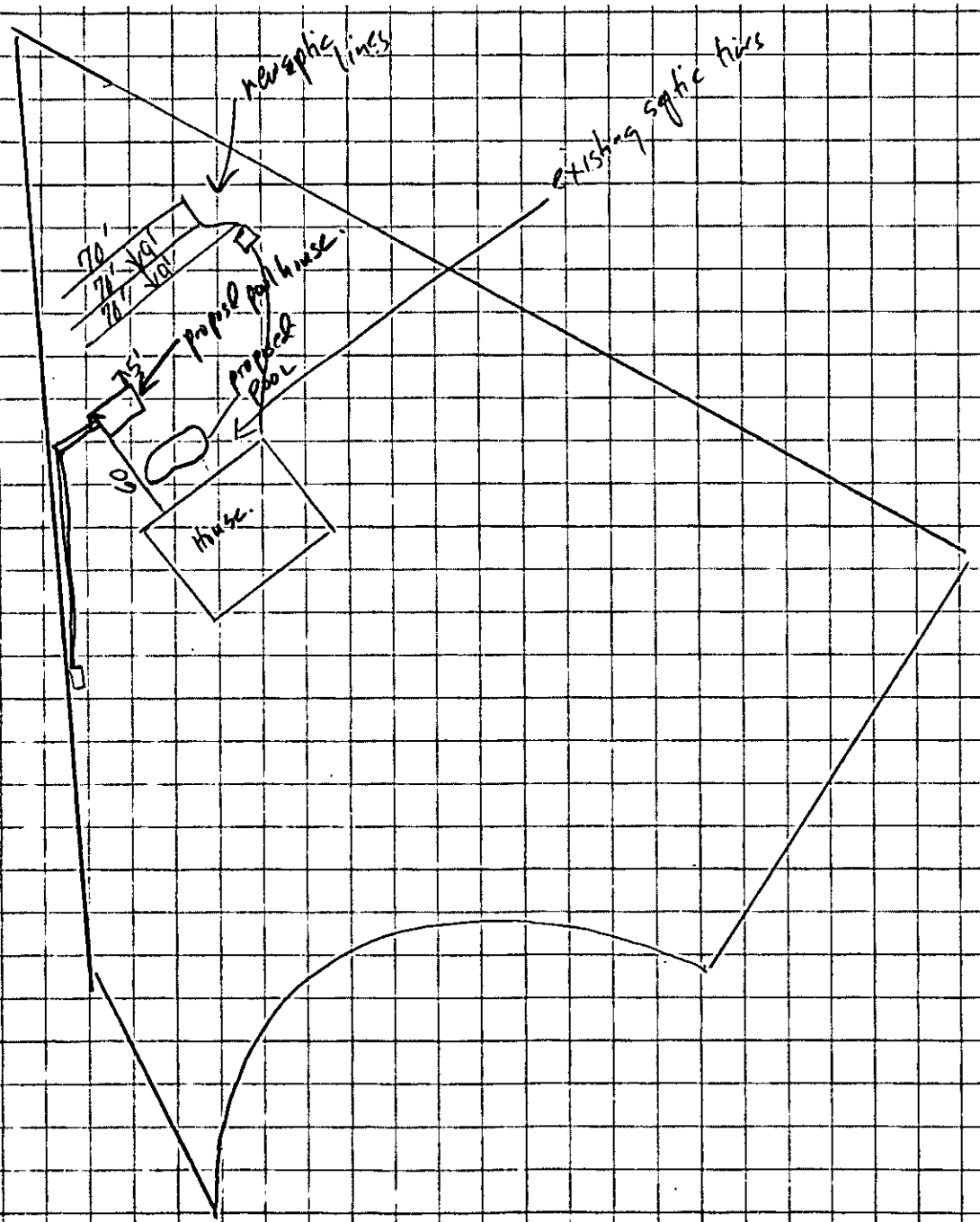
PROPOSED PLOT PLAN

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

FILE: 2122A

TC: 227·032·01

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



APPROVAL DATE _____

MRL 9/27/01

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

PROPOSED PLOT PLAN

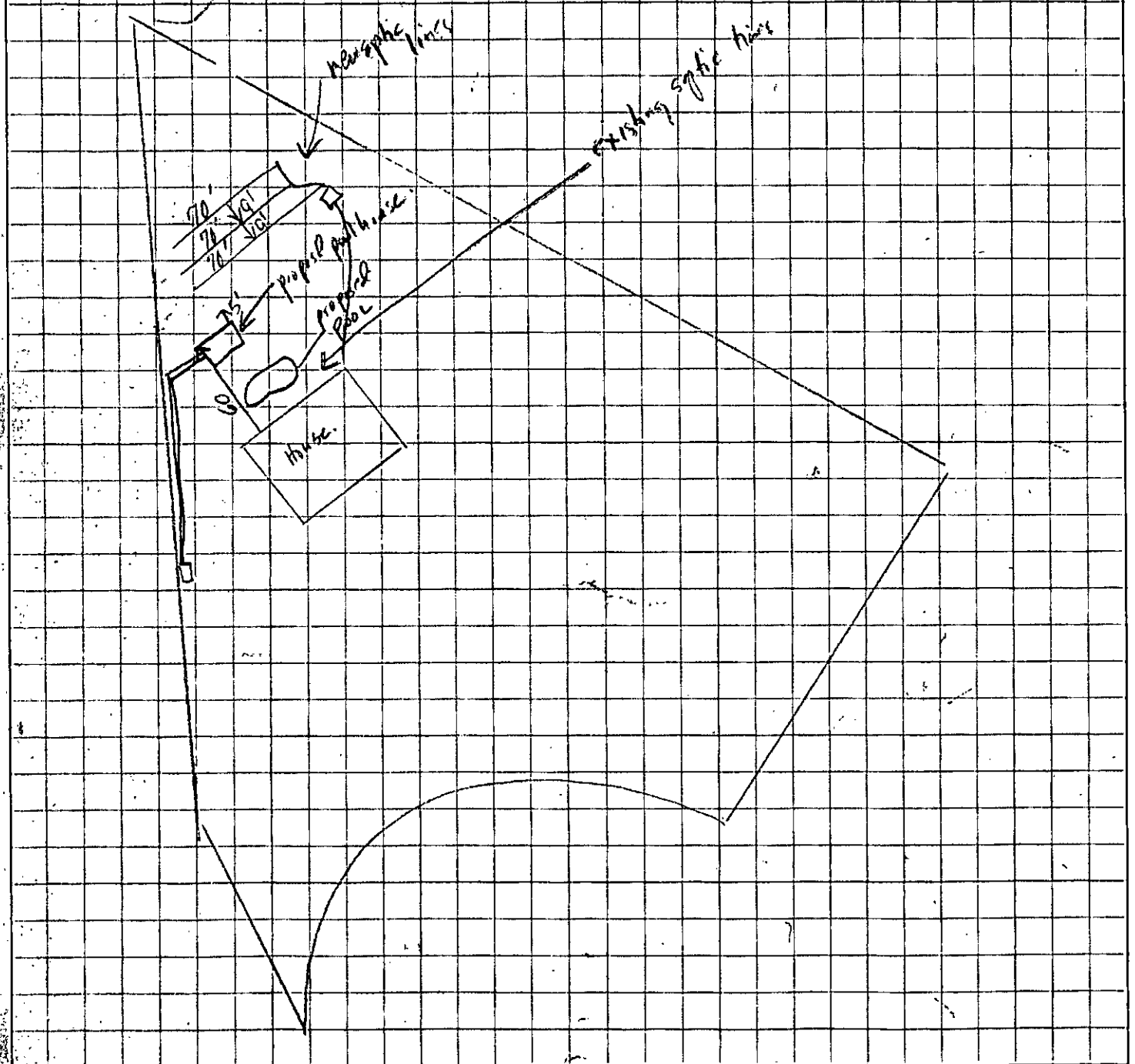
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ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
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TC: 227.032.01

11-3

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APPROVAL DATE _____

9/27/01

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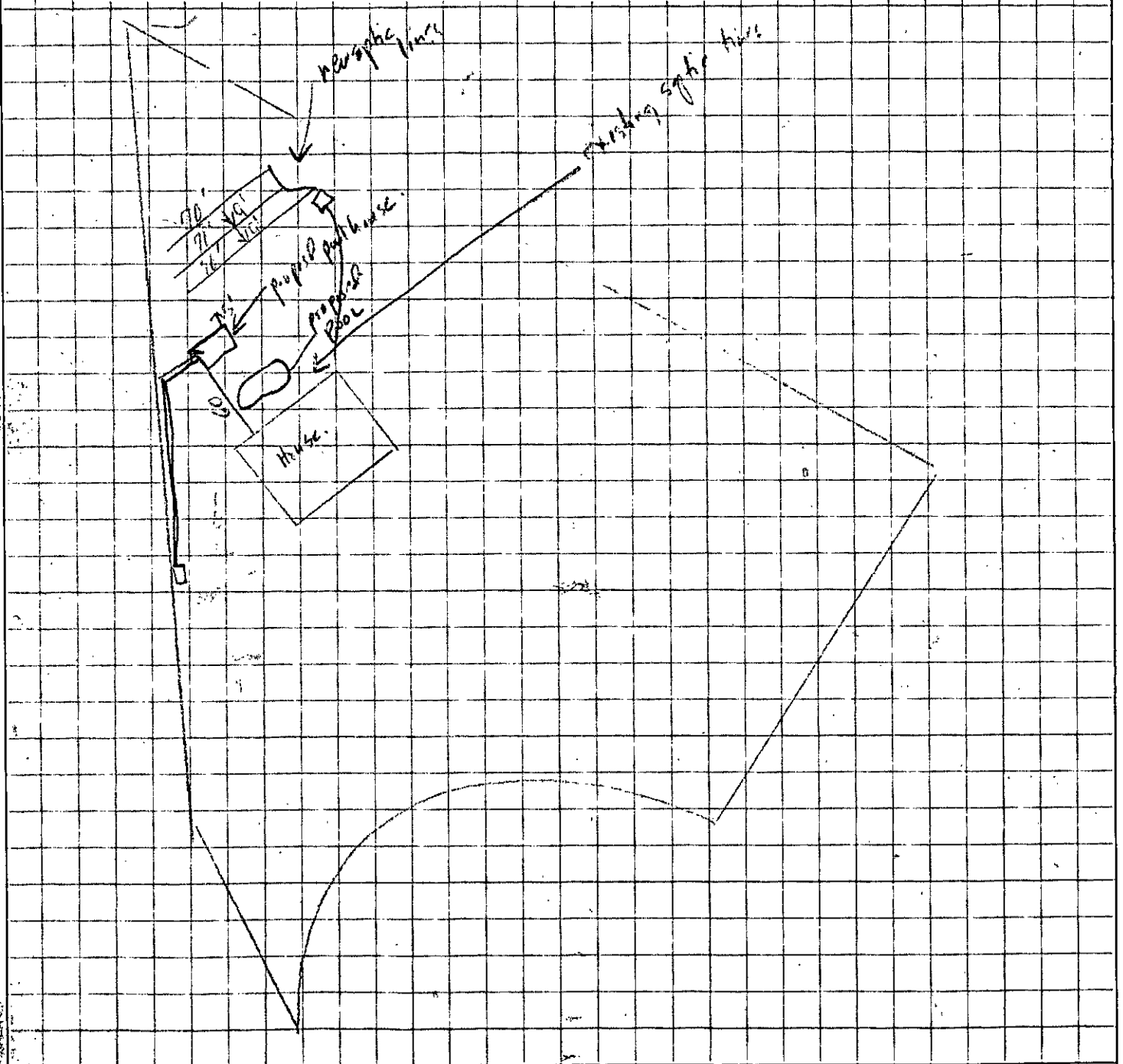
PROPOSED PLOT PLAN

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

FILE: 2122A

TC: 227.032.01

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APPROVAL DATE _____

1/27/01

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

PINNACLE LAND SURVEYING, PA

SURVEYING - PLANNING - MAPPING
P.O. BOX 2727 (704) 399-8120
HUNTERSVILLE, NC 28070 FAX (704) 398-1228

© PINNACLE LAND SURVEYING, PA

KLAUS E. KRUEGER PLS L-3808

NORTH CAROLINA PROFESSIONAL SEAL L-3808 LAND SURVEYOR KLAUS E. KRUEGER

Lot 91
Now or Formerly
Vinai T. Hirunpugdi
& wf Mary Evelyn
DB 8175 PG 871

Now or Formerly
Jerry O. Green
& wf Elizabeth Henderson
DB 5689 PG 725

(Basis of Bearings)
S 29°44'30" E
300.24'

Now or Formerly
Allen W. Lemmond
& wf Brenda E.
DB 5132 PG 57

LOT 25
39,680 SQ.FT.
0.9109 ACRES

Lot 90
Now or Formerly
Ken Misak
& wf Beth
DB 8830 PG 596

Underground Utilities

Concrete Driveway

Asphalt Driveway

Lot 89
Now or Formerly
Victoria A. Casorla
& Hsb. Thomas A.
DB 8667 PG 162

Underground Line

EIP (Not to Scale)
S 29°44'30" E
88.41'

EIP

S 60°32'24" W
127.80'

Lot 24
Now or Formerly
Harry L. Reeder
& wf Cynthia M.
DB 6167 PG 481

0 20 40 80
1 inch = 40 ft.

Lot 88
Now or Formerly
Jennifer L. Madaris
DB 12000 PG 247

N 15°09'04" E
318.77'

EIP

CHORD
N 35°02'21" E
118.11'
L=134.13'
R=80.00'

LAKENHEATH LANE
60' PUBLIC R/W
60' RADIUS
CULDESAC

SIP

TIE - Pkout
S 74°10'24" W
32.67'

NPS

EIP

Lot 87
Now or Formerly
Russell L. Correll
& wf Jan R.
DB 7913 PG 397

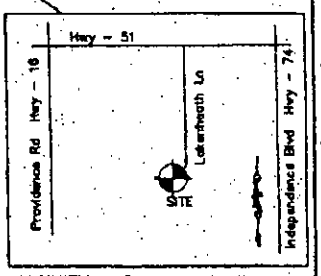
N 13°28'47" W
88.05'

Lot 25 & 26
Now or Formerly
Barbara Williams
DB 2689 PG 231

S 73°15'00" W
3.00'

Now or Formerly
Barbara Williams
DB 10979 PG 022

VICINITY MAP - Not to Scale



LEGEND

SETBACK	
EASEMENT	
PROPERTY LINE	
LINES NOT SURVEYED	
FEATURE	
RIGHT OF WAY	
SET IRON PIN	O SIP
EXISTING IRON PIN	O EIP
CONCRETE MONUMENT	□ CCM
NO PIN SET O NPS	WATER METER
POWER POLE	CATCH BASIN
SEWER MANHOLE	LAMP POST
UTILITY BOX	ELECTRIC BOX

Except as specifically stated or shown on this plat, this survey does not reflect any of the following: easements, encumbrances, restrictive covenants, subdivision restrictions, zoning or other land use regulations, and any other facts which a complete title examination may disclose.

I certify that this survey was performed by me (Klaus E. Krueger), under my supervision. The survey is of an existing parcel of land. The Error of Closure was better than 1:10,000.

This property is located in Zone X - (Areas determined to be outside 500-year flood plain) as shown on FIRM map Panel 370158 0196 B dated January 3, 1993.

Date of:
Survey 07/27/01
Drawing 07/28/01
Job No. 2509
File: 616LAKENHEATH
Drawn by: KDK

For Buyer:
PAULA SLEP

Physical Survey of
616 LAKENHEATH LANE
MATTHEWS, NORTH CAROLINA 28105
PROVIDENCE TOWNSHIP, MECKLENBURG COUNTY

Map Recorded in Map Book 2369 Page 391
Lot 25 Block "A", Southminister Woods
Currently Owned by: Joseph J. Polak & wf Shannon M.

Deed Recorded in Deed Book 10858 Page 412
Tax Parcel # 227-032-01
To be Conveyed to Paula Slep

SERVICE REQUEST/WORK ORDER

Log No.:_____ Section: IWWS Hazard? ( ) yes ( ) no

Date: 8/27 Parcel: 227-032.01

REQUESTING PERSON: Carolina Blue Pools Phone 843.0914

Address_____ City_____ Zip_____

PROPERTY CONCERNED: Facility Name Paula Slep

Address 616 Lakenheath Ln City Matt Zip 28105

SERVICE REQUESTED: need inspection, for septic, want pool installed.

ASSIGNED TO: Josh TAKEN BY: Ruby

DATE	ACTIVITY REPORT
06-13-01	OSV w/ Mrs. Slep. Proposed pool location is over washing Machine line. Advised on possibility of moving lines said she would get back with us. Application denied w/ current pool site.

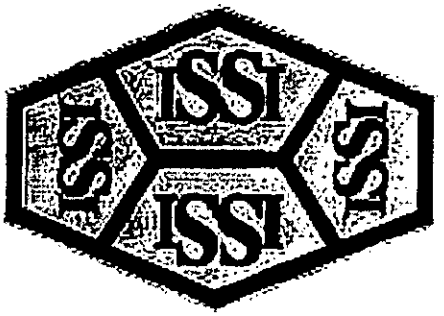
NOTIFICATION OF FINAL DISPOSITION TO REQUESTING PERSON:

Joshua R. Sellers R.S. 09-17-01 WRITTEN ___ VERBAL ___

Environmentalist's Signature Date

REVIEWED BY: _____ / _____ RECALL DATE: _____

Section Head's Signature Date



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ISSI Operations Center Staff

Mecklenburg County Health Department

APPLICATION FOR RESIDENTIAL POOL CONSTRUCTION APPROVAL

Street Address of Pool Installation: 616 Lakeheath Lane

City: Matthews State: NC Zip: 28105

Subdivision: N/A Lot Number: 25

Owner: Paula Slep Home Phone: 321-3092

Mailing Address: (same as above) cell Work Phone: 517-3643

City: State: Zip:

Contractor: Carolina Blue Pools Phone: 843-0914

Contractor's Mailing Address: 3520 Providence Rd. S

City: Waxhaw State: NC Zip: 28173

Type water supply: [X] Municipal water [ ] Community water supply [ ] Private well

Type sewage disposal: [ ] Municipal sewer [ ] Community sewer [X] Septic tank system

Are any wells or septic tank systems located within 200 feet of the proposed pool location? [X] Yes [ ] No

Attach a scale drawing showing the proposed location of the pool and any buildings, wells, or septic tank systems within 100 feet of the proposed pool. Show the location of the fence that will protect the pool; indicate size off openings through the fence. Show the flow path of backwash/discharge water from the pool. (Plot may be drawn on back of this page.)

Paula Slep (owner of the property) (agent for the owner of the property) on which the pool is to be installed, acknowledge completion of this application and the scale drawing detailing the pool installation and certify the application is complete and accurate. I hereby authorize agents of the Mecklenburg County Health Department to enter onto the property listed above as the "Street Address of Pool Installation" for the processing of this request and to conduct a final inspection of the pool when construction is completed, as evidenced by its ability to hold water. I understand that the pool must be protected by a fence or similar barrier and that all openings through the barrier must be equipped with self-closing, positive latching gates. If signing as the agent for the owner, I have informed the owner of these requirements.

Signed: Paula Slep

Date/Title: 8-26-01

By signing in this block, the contractor authorizes the recording fee for this request to be charged to the Building Standards Construction Account.

Signature

Spaces for MCHD use only:

Amount Paid: $ 75 [ ] Cash [ ] Check No. Date: 8/27/01 By: RL

[ ] Collection Charge:

Permit No.: 695 Parcel: 227-032-01 Territory: EHS: Josh

Approved by: Date CRT:

Disapproved by: Date Notify Date:

Final Fencing Inspection By: Date:

Signature on the "Approved by" line above by an employee of the Mecklenburg County Health Department indicates Health Department approval of this application and the accompanying plot plan. All approvals are contingent upon the pool being operated in a manner that does not create a public health nuisance or hazard, and completion of the required pool barrier at the time the pool is allowed to contain water.

PROPOSED PLOT PLAN

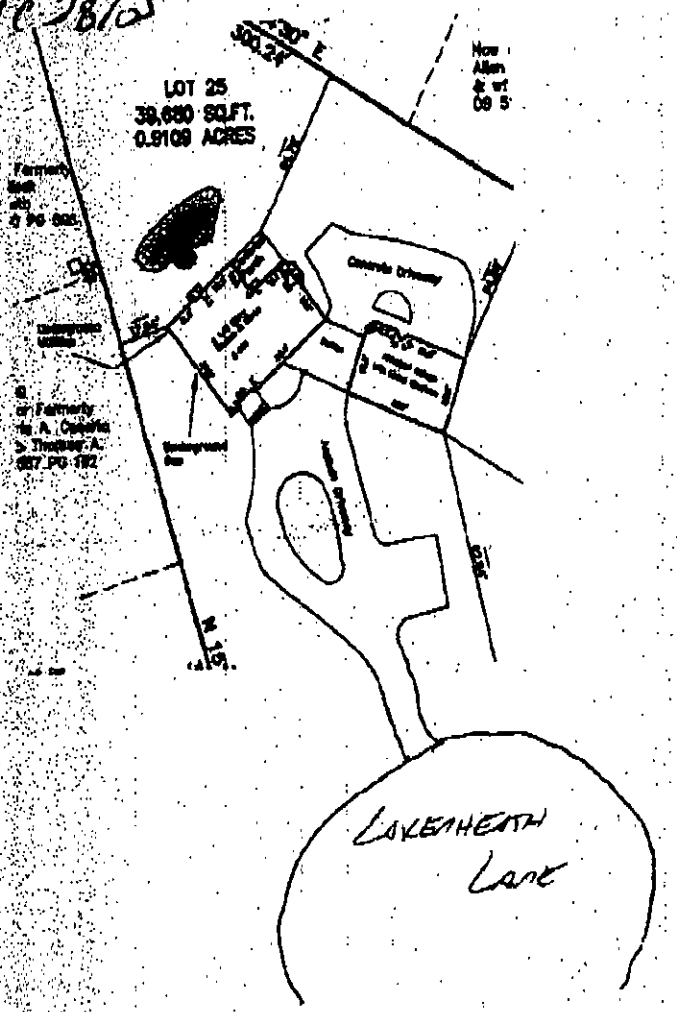
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

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.

616 Lakenheath Lane — Carolina Blue Pools
Paula Slap
Mathews NC 28105



APPROVAL DATE _____

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

12400

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

FILE: 21224 DATE: 1-27-95

TC: 227-032-07 ☒L ☒CBT

SERIAL Nº 16076

Name of Owner Harry Reeder Juris.:

Address of Property 616 Lakenheath Lane

Inspection Data:

Tank Material PCC

Total Length of Drainfield 311' septic 210' washer

Number of Lines 3 washer 70' 3 septic @ 48' approx. 42' approx.

Cover Depth 12"

Water Supply Source City

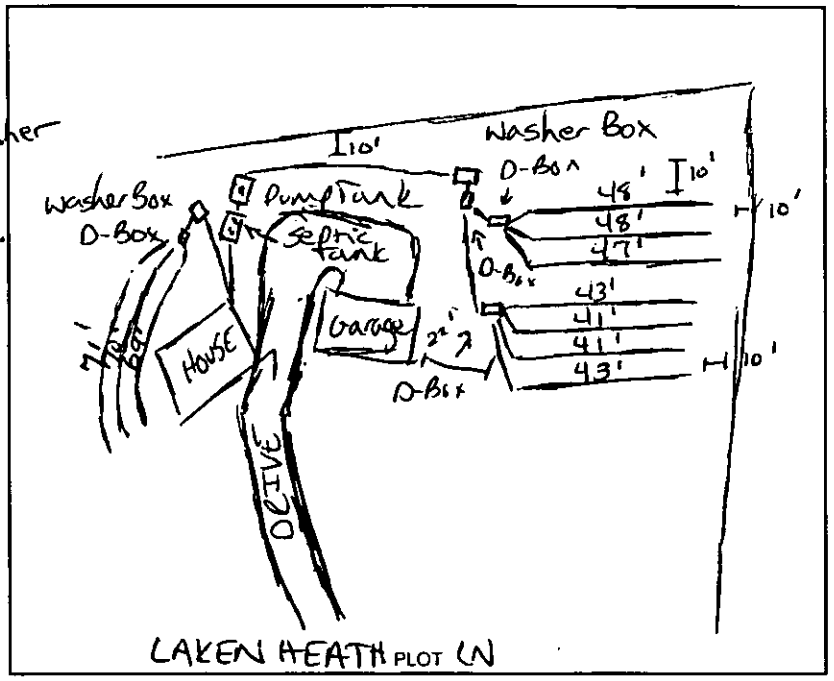
Distance to Water Source > 10'

Excavation Inspected 1-27

Tank(s) Inspected 1-27

Wash Line Inspected 1-27

High Water Alarm Inspected 1-27



Design 1995 1500ST, 1000PT, PI, CON, 933SF, T, 12G, 630 WL, CECI CTR# 90

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

☐ installed or constructed ☐ altered or repaired

☐ in accordance with the permit issued ☒ as detailed in the plot above

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

☐ Certificate of Completion ☒ Operation Permit

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

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

COMMENTS: Installation for 4 bedroom house

Type III b

JBunney for S Daniel

Larry B. Thompson Jr., R.S.
Environmental Health Specialist

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

FEE: _____

DATE: _____

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

paid 300 - 9/27 RP
ck. # 730

[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM ✓ EXPANSION/ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

2122A

FILE #: 2122A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: 616 Lakenheath Ln Matthews, N.C. 28105

TAX/PARCEL NUMBER: 227-032-01

STREET ADDRESS: 616 Lakenheath Ln Matthews, N.C. 28105

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 4500

NUMBER OF BEDROOMS: 5

NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

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

CLOSING DATE _____

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

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

WATER SUPPLY (CHECK ONE):

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

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

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

PROPERTY OWNER: Paula Slep.

NAME: Slep (LAST) Paula (FIRST) (MI)

ADDRESS: 616 Lakenheath

CITY: Matthews STATE: N.C. ZIP:

DAYTIME PHONE: ( ) 704 - 622-7654

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: DiFabion Mike (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) 704 - 622-7654

DiFabion Remodeling

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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

SIGNED: _____ DATE: 9/27/01

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

PROPOSED PLOT PLAN

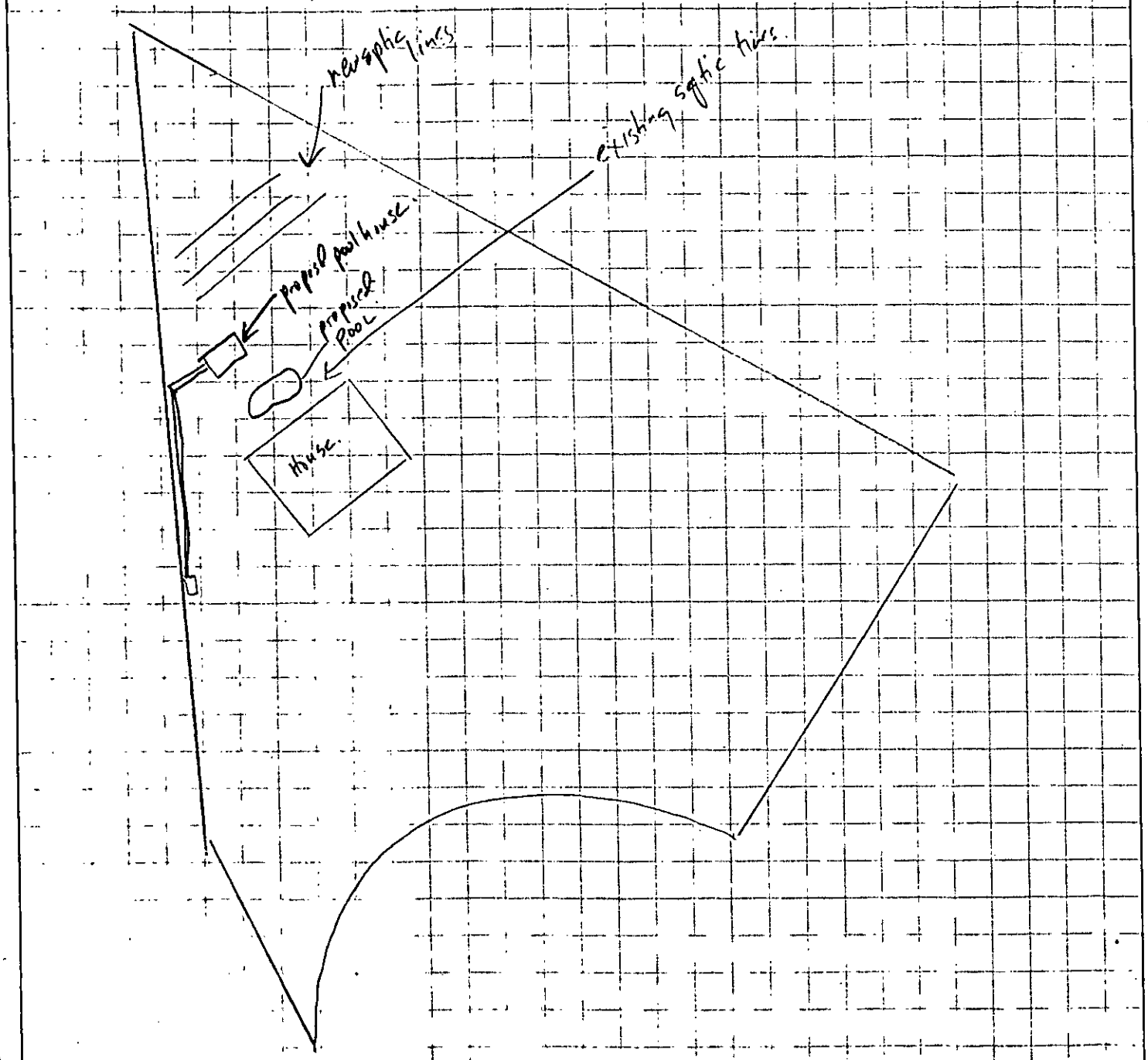
COPY

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

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.



APPROVAL DATE _____

9/27/01

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

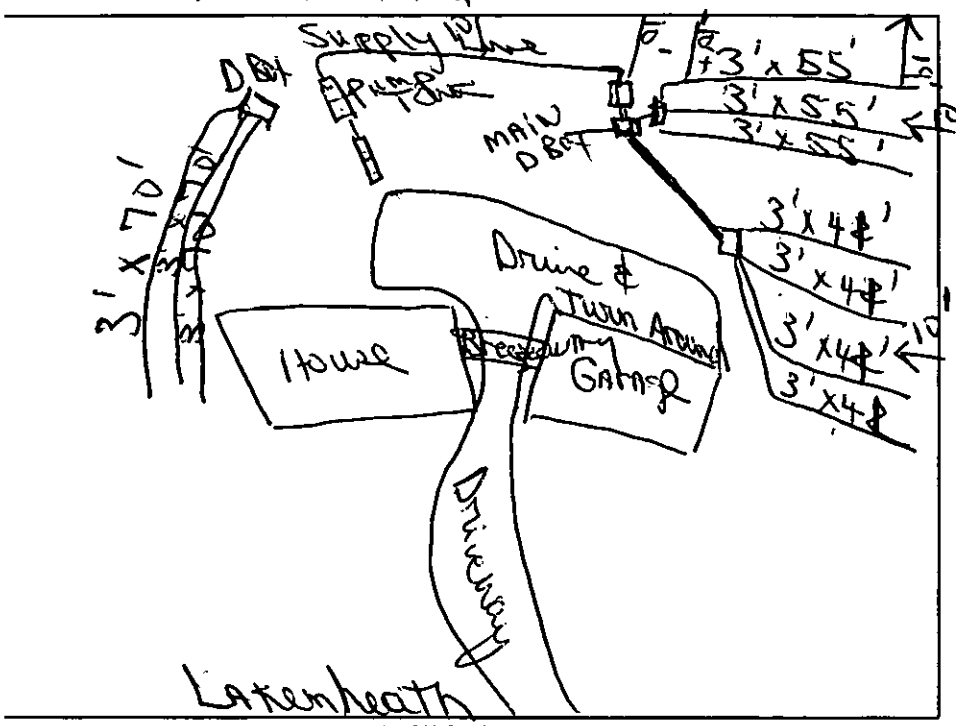
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2122-A DATE: 1/26/95

TC: 227-032.01 ☐ L

SERIAL Nº 16180

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



PLOT OF SYSTEM

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 329 – Septic 210 – Washer feet

Number of Lines 10

Depth of Stone 12 inches

Distance from House 5' feet

Distance from Property Line 10 feet

Distance from Well City feet

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

NAME OF OWNER Reeder Residence

LOCATION OF PROPERTY 616 Lakenheath Ln

Comments: Install for Washer 3 Trenches 3' x 70' x 12" Stone
Install for Septic System; Washer Box MAIN D-Box, then
1 D-Box to Feed 3 Lines 3' x 55' x 12" Inches Stone
1 D-Box to Feed 4 Lines 4 x 44' x 12" Stone.

Judy S. Kiser R.S.
Environmental Health Specialist

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

M E M O R A N D U M

DATE: November 29, 1994

TO: File 2122A, 119 Lakenheath Lane, Tax Parcel #227-032-01

FROM: Judy J. Kiser, R.S.

After several visits to the above lot, with the last visit resulting in a meeting with the builder, Mike Moore, the septic system, consisting of the septic tank, pump tank, and nitrification field lines for the septic system and a separate nitrification field for the washer system was located.

The original plan had been nullified due to the expansion of the turn-around area for the garage. According to Mr. Moore, his grading contractor had cut away an area larger than had been agreed on initially during the improvement permit process with Toni Newell.

Mr. Moore and I shot the elevations on the lot to determine how we could install lines. A Panel Block System could not be utilized on the upper portion of the lot due to soil depth.

There will remain a limited area of repair area, but there is not 100% repair as was required on the improvement permit. A Charlotte Mecklenburg Utility Sewer line is in the community and will have to be utilized after all repairable area is utilized.

Mecklenburg County
Health Department

February 6, 1995

Mr. Harry L. Reeder
5931 Olinda Street
Charlotte, NC 28215

Re: 616 Lakenheath Lane, Tax/Parcel Number 227-032-01
Our File #2122A

Dear Mr. Reeder:

The purpose of this letter is to clarify and document events concerning the Improvement Permit issued by this Department for 616 Lakenheath Lane, Matthews, North Carolina.

On June 6, 1994, Toni Newell, Environmental Health Specialist from our office met with your builder Michael Moore for the purpose of issuing an Improvement Permit for the above mentioned property. After review of the proposed building site, a plan for the subsurface sewage system to serve the residence was established and the Improvement Permit was issued.

On November 29, 1994, I met with Michael Moore to discuss an alternate plan for the subsurface sewage system. Unfortunately, grading of the turn-around for the garage had exceeded the approved boundaries and therefore left inadequate land space in which to install the subsurface sewage system which had been initially approved.

An alternate plan was approved and has now been installed. This system has utilized a portion of the designated repair area and only a small repair can be installed, if needed. In the future, if this repair space is utilized completely and failure to the system occurs, then connection to the municipal sewer line will be required.

If you have any questions concerning this matter you may reach me at 336-5571.

Sincerely,

Judy J. Kiser, R.S.
Individual Water and Wastewater Systems

cc: Michael Moore

W460

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PD #200 5/25/94 CK #3143 CRT

2/22A

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: MAY 23, 1994

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 227-032-01

STREET ADDRESS: 616 LAKENHEATH LN
MATTHEWS NC 28105

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME: Southminister Woods

PERSON FILING APPLICATION:

NAME: MOORE (last) MICHAEL (first) S (mi)

ADDRESS: 119 LAKENHEATH LN PHONE: (Dir) 845-2911

CITY: MATTHEWS STATE: NC ZIPCODE: 28105

PROPERTY OWNER:

NAME: REEDER (last) HARRY (first) LLOYD (mi)

ADDRESS: 5931 OLINDA ST PHONE: (Dir) 531-8099

CITY: CHARLOTTE STATE: NC ZIPCODE: 28215

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

LOT NUMBER: 25 LOT SIZE (in acres): .80 acres

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 (Z)
[ ] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 4

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY: N/A
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)
[X] 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 [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: Michael S. Moore Date: 5/23/94

NOTICE:

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

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

...This permit is not transferable. Modified
... 4 Bedroom - Conventional
System with PBPS system
Repair and/or Conventional
Agreement forms were signed.

[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 6/6/94 Date

Director or Authorized Section Head 6/7/94 Date

WATER : 122791

$200.00

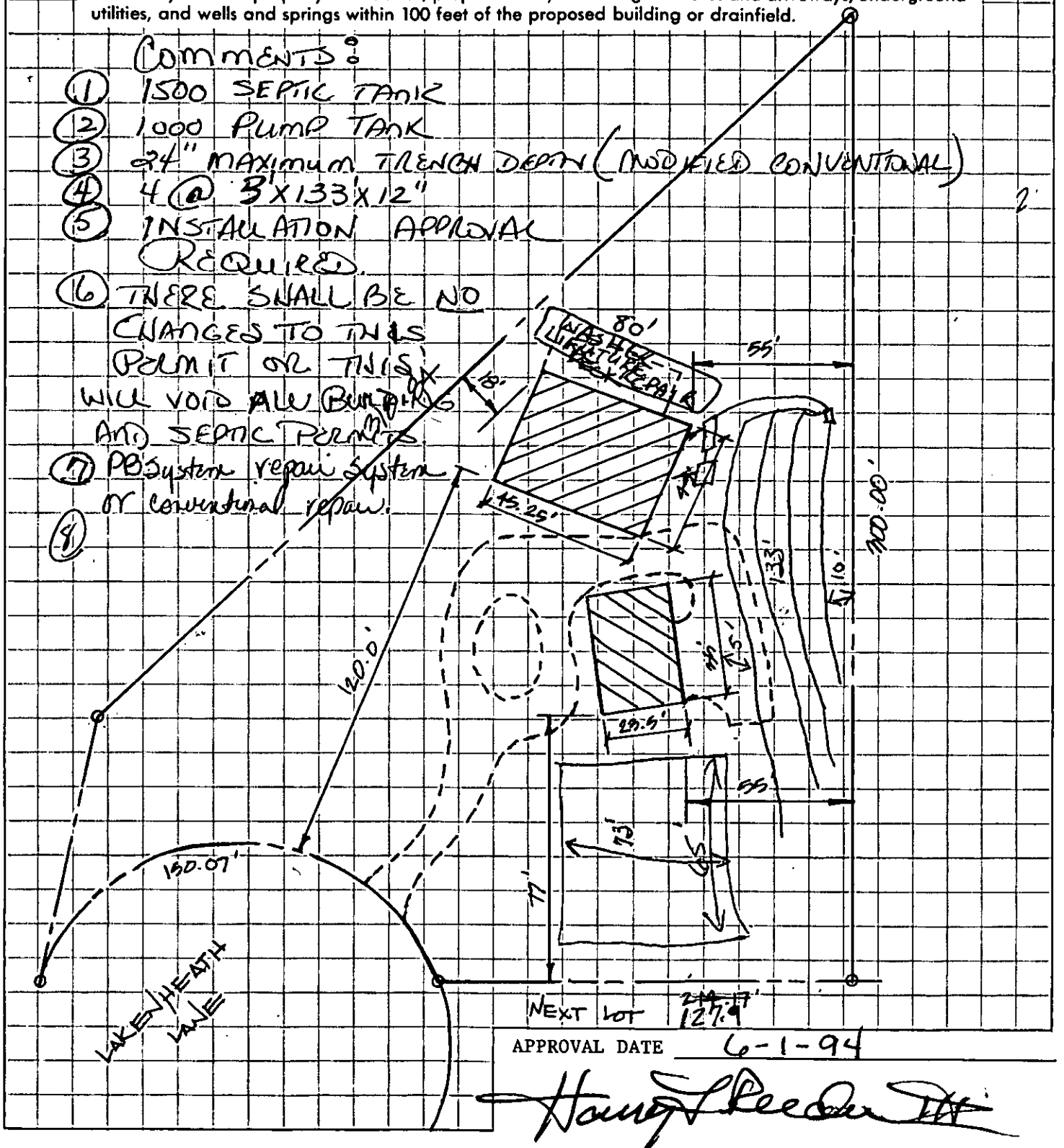
PROPOSED PLOT PLAN

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

FILE: 2122A

TC: 227-032-01

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



APPROVAL DATE 6-1-94

Harry L Reeder III

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

Michael S. Moore
General Contractor

FAX COVER SHEET

TO: Judy Kizer
FAX #: 704 336-6894
FROM: Mike
NUMBER OF PAGE(S): 2 (including cover sheet)
DATE: 11/29/04
PROJECT: Reuter Septic Permit
COMMENTS: File - 2122A
TC - 227-032-01

Judy, I finally got this sketch worked up. Is this good enough? I couldn't remember exactly what we agreed to except that Robert Brigman would work things out in the field with your input prior to installation. I should be in touch with him in the next couple of days.

Thanks for your help and positive attitude.

Mike

Design and Construction
119 Lakenheath Lane • Matthews, North Carolina 28105 • (704) 845-2911 • Fax (704) 845-5138

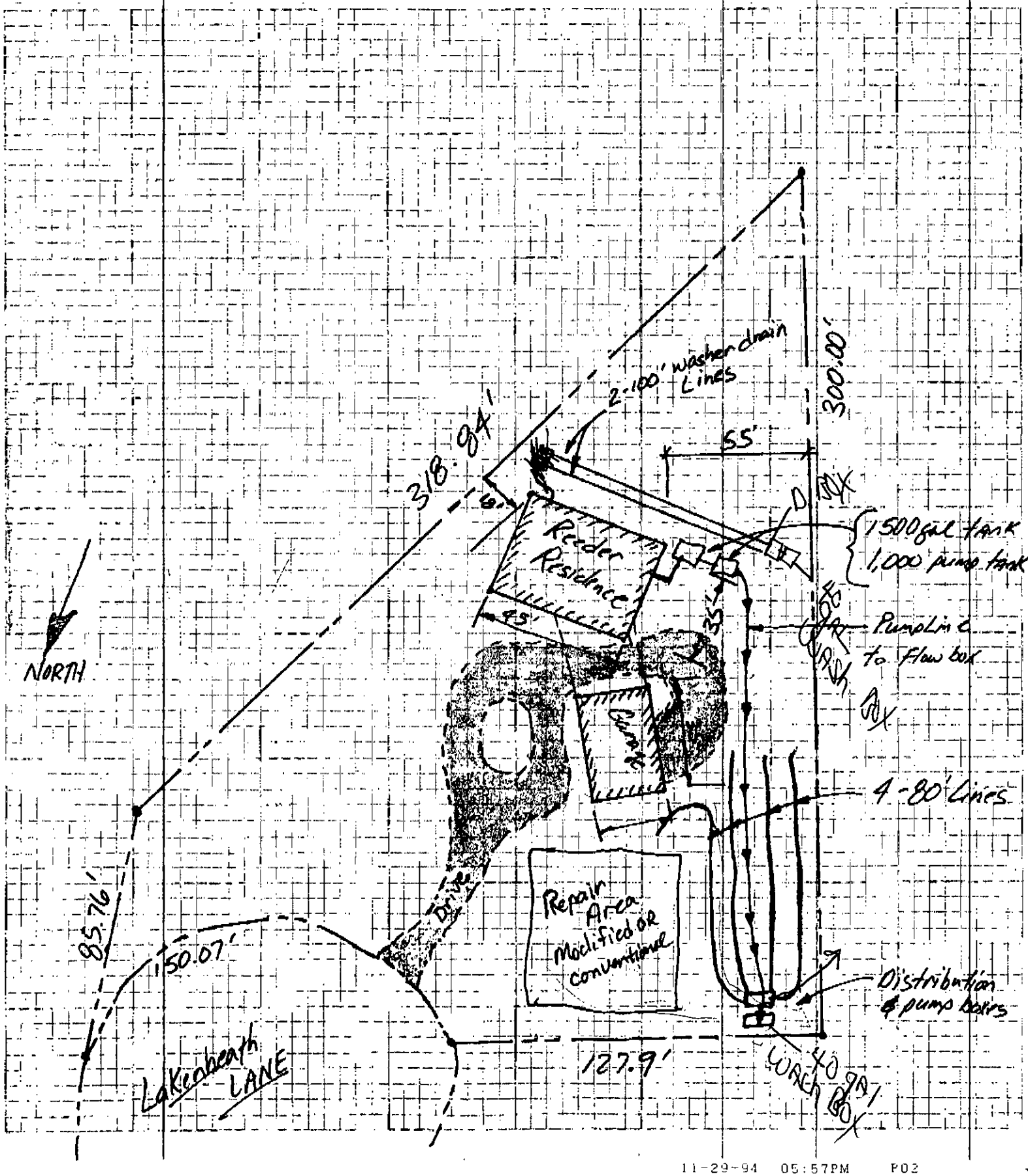
11-29-94 05:57PM P01

9122A

Michael S. Moore
GENERAL CONTRACTOR
119 Lakenheath Lane
Matthews, North Carolina 28105
(704) 845-2911 Fax (704) 845-5138

PROJECT Reeder Residence
SUBJECT Septic Drain Field Layout
DATE 11/25/94 NO. SHEET 1 OF 1
CALCULATED M. Moore

Design and Construction



W4600

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PD #200 5/25/94 CK #3143 CRT

2/22A

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: MAY 23, 1994

PERSON FILING APPLICATION:
NAME: MOORE (last) MICHAEL (first) S (mi)
ADDRESS: 119 LAKENHEATH LN PHONE: (Dtr) 845-2911
CITY: MATTHEWS STATE: NC ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 227-032-01
STREET ADDRESS: 616 LAKENHEATH LN
MATTHEWS NC 28105
ZONING:

PROPERTY OWNER:
NAME: REEDER (last) HARRY (first) LLOYD (mi)
ADDRESS: 5931 OLINDA ST PHONE: 364-537-8099
CITY: CHARLOTTE STATE: NC ZIPCODE: 28215

SUBDIVISION OR MOBILE HOME PARK NAME: Southminister Woods

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

LOT NUMBER: 25 LOT SIZE (in acres): .80 acres

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 (Z)
[ ] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 4
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY: N/A
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)
[X] 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 [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: Michael S. Moore Date: 5/23/94

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 affect at the time of issuance of the permit and is subject to the following provisions:

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

...This permit is not transferable. Modified 4 bedroom - conventional system. w/w PBPS system repair and/or Conventional Agreement forms were signed.

[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

Joni H. Worrell R.S. 6/6/94
Environmentalist Date

P. Walker for A. Daniel 6/7/94
Director or Authorized Section Head Date

WWATER : 122791

$200.00

PROPOSED PLOT PLAN

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

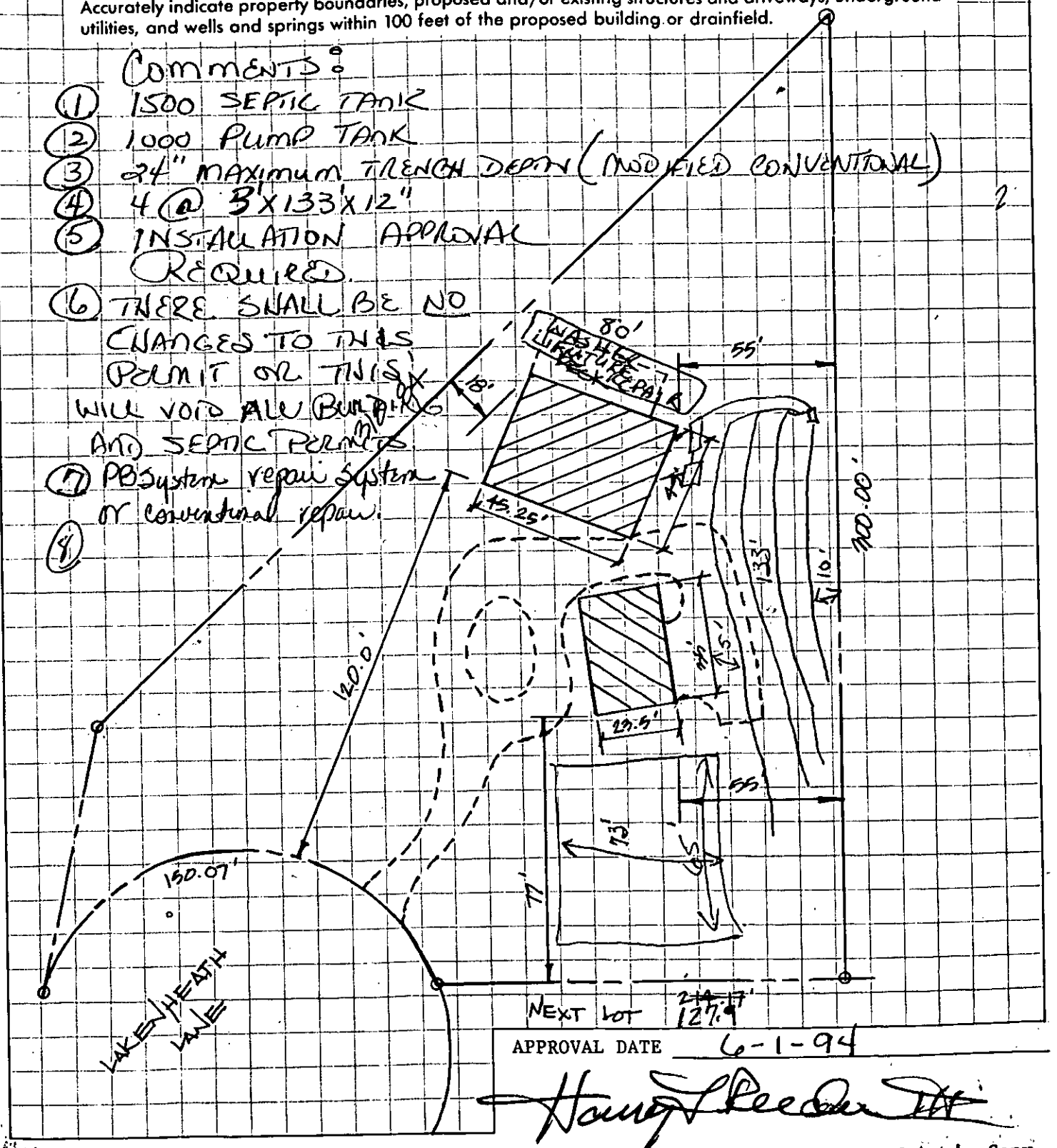
FILE: 2122A

TC: 227-032-01

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

COMMENTS:

1. 1500 SEPTIC TANK
2. 1000 PUMP TANK
3. 24" MAXIMUM TRENCH DEPTH (MODIFIED CONVENTIONAL)
4. 4 @ 3'X133'X12"
5. INSTALLATION APPROVAL REQUIRED.
6. THERE SHALL BE NO CHANGES TO THIS PERMIT OR THIS WILL VOID ALL BUILDING AND SEPTIC PERMITS.
7. PB System repair system or conventional repair.
8.



APPROVAL DATE 6-1-94

Harvey L Reeder III

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

400

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

FILE: 2122A DATE: 12/20/94

TC: 227-092-01 ☐ L

SERIAL Nº 16053

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 5/23/94. All work shall be completed on or before 1/20/95, 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.

See Attached Approved Plan (Copy on File In Office)

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 24" Septic 28" 30" Washer

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous ✓

Total Line Length 320 Septic 204 Washer feet

Number of Lines Washer (3) 3'x68' (4) 3'x80'

Depth of Stone 12 inches

Distance from House 5' feet

Distance from Property Line 10 feet

Distance from Well City ~10' feet from Line Mainline

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

NAME OF OWNER Harry Lloyd Breeder

LOCATION OF PROPERTY 616 Lakeshealth Lane, Matthews

Comments: Install For Septic 4 trenches 3' x 80' x 12" Stone 24" deep. For washer: 3 trenches 3' x 68' x 12" Stone System Changed from Original plan due to driveway cut.

Newell for J. Daniel Judy S. Kerr R.S.

Environmental Health Specialist

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

DATE 5/20/94

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Math

227-032-01
PARCEL NUMBER

6616 Lakenheath LN
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

Lot 25
EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	APPROVED	NOT APPROVED
2. FLOODWAY REGULATIONS	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: SF home

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: [signature]

REVISED 1/91

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

OWNER'S ACKNOWLEDGMENT OF MODIFIED/ALTERNATIVE REPLACEMENT SYSTEM REQUIREMENT

Site Address: 119 LAKENHEATH Lane

File Number: 2122A

Parcel Number: 227-032-01

Owner/Agent Name: HARRY Reeder
(Please print)

Date: 6-1-94 Number of Bedrooms: 4

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,

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.

Tom H. Newell, RS — 6-1-94

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.

Harry T. Reeder III — 6-1-94

Property Owner Signature — Date

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

BK: 07802 PG: 0015/0017 #:0236 13.05
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 06/03/94 12:57

2122A
2

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 .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c)

FILE # 2122A
PARCEL # 227-032-01

The undersigned, HARRY L. REEDER III, owner of property located at 616 LAKEN HEATH LN., (the "site") and described in an instrument recorded in Book 6167 at Page 481, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is 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 acknowledges that the following conditions will apply to the site:

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

This instrument was prepared by: Michael S. Moore, General Contractor
Mail after recording to: Michael S. Moore, 119 Laken heath LN. Matthews, NC 28105

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

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

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

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

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

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.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 2nd day of June, 1994.

HARRY L. Reeder III
Individual
~~(Corporate Name)~~

By: _____

_____ President

ATTEST:

_____

_____ Secretary

(Corporate Seal)

Harry L. Reeder III (SEAL)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Geralyn G. Ulatowski, a Notary Public for said County and State, do hereby certify that Harry L. Reeder, III personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 2nd day of June, 1994

Geralyn G. Ulatowski
Notary Public

My Commission Expires:
My Commission Expires 5-30-96



RBCWM:2662_1/3-14-94