

20319 HAVENVIEW DR

00160155

12/19/2007

duponbj

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

Mecklenburg County, North Carolina
POLARIS
Parcel Ownership and GIS Summary

1039B

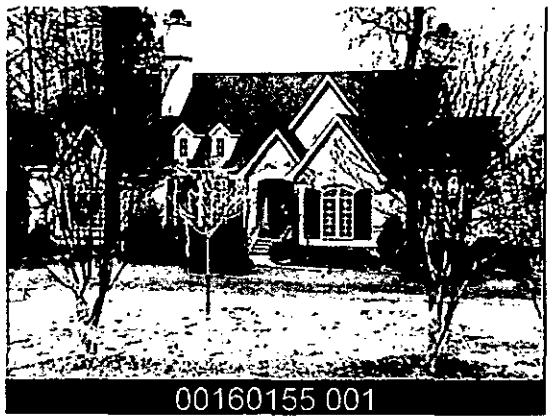
Date and Time: 4/6/2006 9:38:02 AM

Parcel ID #: 00160155 GIS ID #: 00160155	
Owner Name:	THOMAS E TAYLOR
Mailing Address:	20319 HAVENVIEW DR CORNELIUS, NC 28031
Property Characteristics	
Legal Desc.:	L8 M24-939
Land Area:	1 WF
Fire District:	09-CORNELIUS / LEMLEY
Special District:	FIRE SERVICE B
Account Type:	INDIVIDUAL
Municipality:	3-CORNELIUS
Property Use:	SINGLE-FAM
Deed Reference(s) and Sales Price	
09967-109 (10/9/1998) $0.00 76564-088 (2/2/1994) $0.00	
Situs Addresses Tied to This Parcel	

20319 HAVENVIEW DR	
Site Location Information	
Zoning Boundaries:	Contact Appropriate Planning Department or See Map.
ETJ Area: CORNELIUS	
Charlotte Historic Districts: NO	
Within Charlotte 6/30/2005 Annexation Area: NO	
Census Tract #: 62.03	
Parcel Falls Inside SWIM Buffer?: YES	
FEMA Flood Information	
FEMA Panel #:	370498025E
FEMA Flood Zone:	**IN**:VIEW FEMA FLOODPLAIN TO VERIFY
FEMA Panel Date:	02/04/2004
Regulated Watershed Information	
Watershed Name:	Lake Norman
Watershed Class:	CA

Building Photography

PHOTO #1
Location: 20319 HAVENVIEW DR



Information contained within this photo may be used as a visual aid and to generally locate, identify, and inventory parcels in Mecklenburg County, North Carolina. There are inherent errors and limitations associated with this type of electronic medium. Mecklenburg County cannot warrant or guarantee the information contained herein including but not limited to its accuracy or completeness.

Powered by

Mecklenburg County GIS
Geographic Information Systems

The information provided by this program is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, and other public records and data. Users of this map data are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

October 31, 2002

MECKLENBURG COUNTY
Health Department

Thomas E. Taylor
20319 Havenview Dr.
Cornelius, NC 28031

Dear Mr. Taylor:

The North Carolina Administrative Code requires routine maintenance and inspections of certain septic tank systems that utilize pumps. Our records indicate that the required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence located at 20319 Havenview Dr., Cornelius, NC is due.

> In accordance with Section .1900 of the North Carolina Administrative Code, North Carolina Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, Subchapter 10A, Sanitation, states in part: " System management in accordance with Tables V(a) and V(b) of this Rule shall be required for all systems installed or repaired after July 1, 1992."

This department will be making inspections on all systems that fall under this requirement. The fee for this service is $85.00. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The water analysis will be performed at no additional cost.

The inspection program and the water analysis are very important initiatives intended to protect the public's health while improving and preserving our groundwater resources. We highly recommend and prefer that you contact our office to make an appointment for the inspection of your system. If we have not heard from you by November 14, 2002 we will proceed with our inspection activities on your property. You will be apprised of our assessments and recommendations for the continued efficient operation of your septic tank system.

To set up an appointment for an inspection, or if you should have any questions regarding this matter, please feel free to contact me at (704) 336-5571.

Sincerely,

David Cornelius, R.S.I., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure: Inspection Statement

COPY

Paid $85 Ck # 4133 11/5/02 9C

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Thomas E. Taylor
20319 Havenview Dr.
Cornelius, NC 28031

Please Make Check Payable To:

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

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Thomas E. Taylor	20319 Havenview Dr.	00160155	1039B	IIIb
				Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date: 10/31/02

Payment Due Date: 11/14/02

Direct Questions Concerning This Bill to .....(704) 336-5571

☐ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
Your Cancelled Check Is Your Receipt

DO NOT SEND CASH

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 1039 B/9011 A DATE: 5/21/96

TC: 001-601-55 ☐ L ☒ CRT

SERIAL Nº 16515

Name of Owner Thomas E. Taylor Juris.:

Address of Property 20319 Haven View Drive

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 4 @ 100' Each

Cover Depth 12" - 16"

Water Supply Source municipal

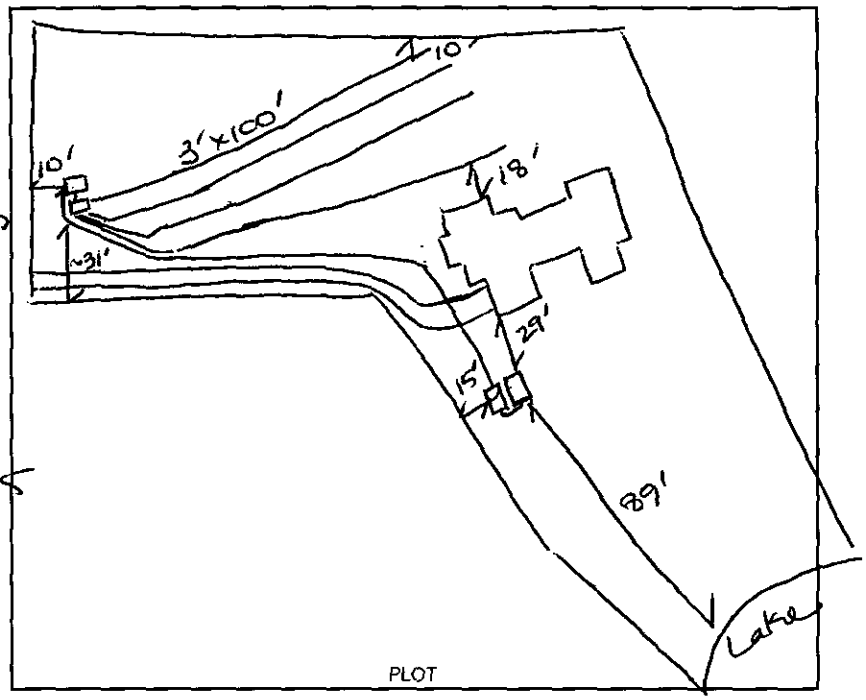
Distance to Water Source >50' any well

Excavation Inspected 12/14/95, 12/15/95

Tank(s) Inspected 12/15/95

Wash Line Inspected NA

High Water Alarm Inspected 5/21/96



Design 1995 CON, 1500gST, 1000gPT, P, 1200ft², cecil-like, 12" stone CTR# 84

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 Liberty LES1A

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: Type III(b), 3 bedroom house

Advised property owner about periodic maintenance of septic tank & that drainfield shall not be paved over or parked on.

Joan B. Mialik, RS
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

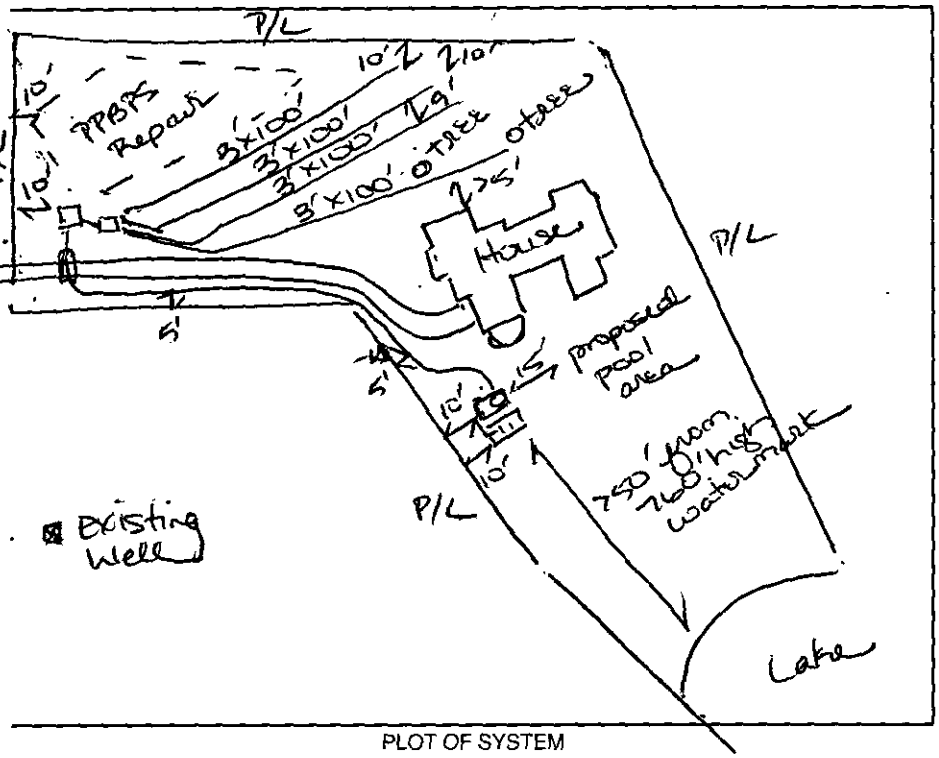
FILE: 1039B/9011A DATE: 10/26/95

TC: 001-601-55 ☐ L

SERIAL Nº 16519

To Bethel Church Rd → Haversview Dr

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 9/14/93. All work shall be completed on or before 11/26/95, 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"-28" (28" max)

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous ✓

Total Line Length 400 feet

Number of Lines 4@100'

Depth of Stone 12" inches

Distance from House 15'+ feet

Distance from Property Line 10 feet

Distance from P/L supply 5 feet

Distance from Well >750 feet

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

NAME OF OWNER Thomas E. Taylor

LOCATION OF PROPERTY 20319 Haversview Dr

Comments:

- Keep supply line 5' minimum from property line; keep supply line 30" or greater below grade under driveway or Encase in ductile iron or Schedule 80 PVC or equivalent.
- Install 40 gal PCC washerbox + D. Box; keep nitrification lines on contour

Lisa B. Mialik, RS
Environmental Health Specialist

- Have property owner clearly mark all property lines prior to installation.

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

P. Watterson for Shamel, Program Chief 11-9-95

Mecklenburg County
Health Department

February 22, 1996

Mr. Thomas E. & Freda Taylor
P.O. Box 686
Huntersville, North Carolina 28078

Dear Mr. & Mrs. Taylor:

Re: 20319 Havenview Drive
File: 1039B/9011A(Tax Parcel No. 001-601-55)

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 required 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, RS

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

File 1039B (9011A)

LE50-SERIES

TECHNICAL SPECIFICATIONS

PUMP

The pump(s) shall be model _____ as manufactured by Liberty Pumps, Bergen, NY, or equal.

The pump(s) shall have a capacity of ____ GPM at a total dynamic head of ____ feet.

Motor size shall be 1/2 horsepower, single phase, 60 hz. and ____ volt operation.

MOTOR

The pump motor shall be of the submersible type, oil filled, hermetically sealed and shall be thermally protected. The overload element shall automatically reset when motor cools. Motor windings shall be of the class B insulation rating. The rotor shaft shall be made of 416 stainless steel and shall be supported by lower bronze and upper sleeve bearings.

The power cord shall be of the quick-disconnect design allowing replacement of the cord without breaking seals to the motor and/or oil chamber.

IMPELLER

The pump shall have a 2-vane semi-open impeller capable of passing a minimum 2" spherical solid.

SEAL

The shaft seal shall be of the carbon/ceramic unitized design, with BUNA N elastomers and stainless housings.

EXTERNAL CONSTRUCTION

The pump volute, legs and motor housing shall be heavy gray iron castings, class 25 or better. All castings shall be enamel coated before assembly. All fasteners shall be of 300-series stainless steel or brass.

LEVEL CONTROL

The pump shall be controlled by an adjustable, mercury-free, wide angle float switch. Float cord shall be equipped with a series plug for manual by-pass operation.

MODELS	HP	VOLTS	PHASE	AMPS	DISCHARGE	AUTOMATIC	IMPELLER
LE51M	1/2	115	1	13	2" FNPT	NO	2-VANE SEMI-OPEN
LE51A	1/2	115	1	13	2" FNPT	YES	2-VANE SEMI-OPEN
LE52M	1/2	230	1	6.8	2" FNPT	NO	2-VANE SEMI-OPEN
LE52A	1/2	230	1	6.8	2" FNPT	YES	2-VANE SEMI OPEN

10' cord standard on above models.
For 20' option, add a "-2" suffix to model number. Example: LE51A-2

DIMENSIONAL DATA:

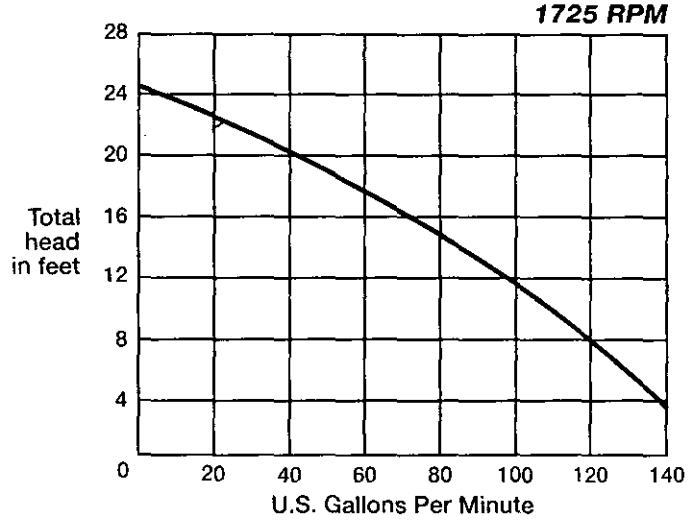
Weight: LE51M: 39 LBS.

Height: 12.75"

Major Width: 10.75" (manual models)

Maximum fluid temperature 140 degrees F.

PERFORMANCE CURVE



CSA Certified
City of LA certification available

SSPMA Certified Pump MEMBER

Liberty Pumps • 7307 Lake Rd • Bergen, New York 14416 • Phone (716) 494-1817 Fax (716) 494-1839 7241-R2/93

mcHD
File: 1039 B
TC: 001-601-55

Primary / Conventional

1,500 ST
1,000 PT Lift pump required
(4) 3"x100'x12" gravel

PPBPS - Repair
Agreement form on file
400'

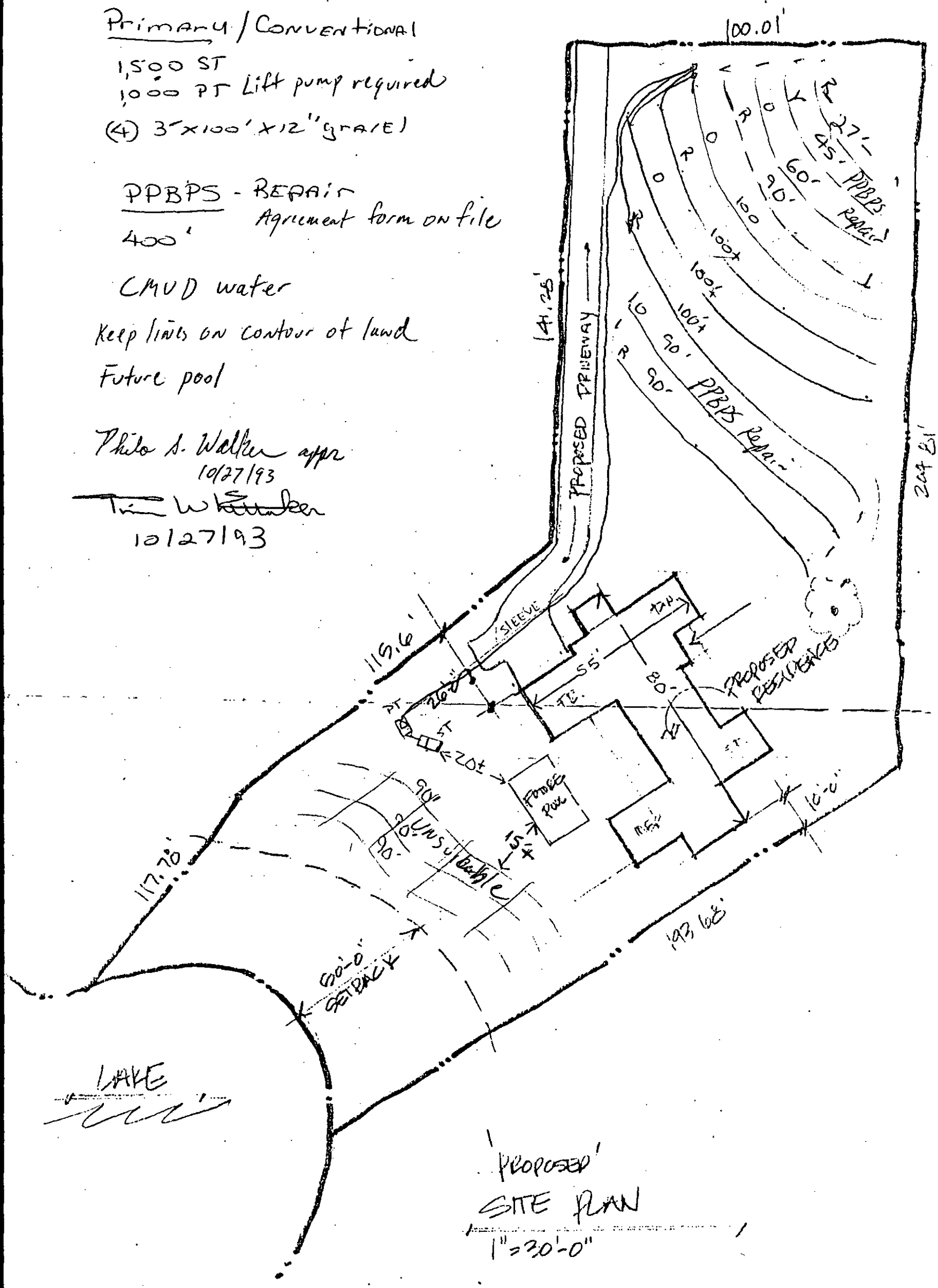
CMUD water

Keep lines on contour of land

Future pool

Philo S. Walker appr
10/27/93

Tim W [illegible]
10/27/93



PROPOSED
SITE PLAN
1"=30'-0"

LOT 8 HAVEN VIEW
CORNELIUS, NORTH CAROLINA

TOM TAYLOR

BUILDING DESIGN SERVICE
4724-E OLD PINEVILLE ROAD
CHARLOTTE, N. C. 28217
(704) 527-2999

2460 pp 200' CRT 2045 9/23/53 mack

1039B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

1039B/9011A

X 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

PERSON FILING APPLICATION:

NAME: Taylor (last) Thomas (first) E. (mi)

ADDRESS: P.O. Box 686 PHONE: (704 875-0859

CITY: Huntersville STATE: N.C. ZIPCODE: 28078

Date: 9-14-93

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 001-601-55

STREET ADDRESS: 20319 Havenview Dr. - Davidson, N.C. 28036

ZONING: R-4

PROPERTY OWNER:

NAME: Hall (last) Harry (first) Watson (mi)

ADDRESS: 20420 Island Forest Dr. PHONE: (704 892-0487

CITY: Davidson STATE: N.C. ZIPCODE: 28036

SUBDIVISION OR MOBILE HOME PARK NAME: Pinehurst Harbor

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: 8 LOT SIZE (in acres): .83

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

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

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

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[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 [] 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: Harry Watson Hall Date: 9-14-93

NOTICE:

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

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

...This permit is not transferable.

... Suitable area located for conventional system and PPBPS repair on front of lot.

Lift pump required

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

Philo S. Walker 6/15/94 10/27/93
Environmentalist Date

Director or Authorized Section Head Date 2-6-95

WWATER : 122791

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

OWNER'S ACKNOWLEDGMENT OF MODIFIED/ALTERNATIVE REPLACEMENT SYSTEM REQUIREMENT

Site Address: 20319 Havenview Drive

File Number: 1039 B / 9011-A

Parcel Number: 001-601-55, Lot 8, Pinehurst Harbor

Owner/Agent Name: Tom Taylor
(Please print)

Date: 6-13-94 Number of Bedrooms: 3

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,

FILE: 1039 B

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.

Phil S. Walker — 6/15/94

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.

Thomas E. Taylor — 6-13-94

Property Owner Signature — Date

- I.W.W.S.

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

BK: 08050 PG: 0053/0053 #:0210 8.00
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 02/03/95 15:49

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

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

The undersigned, THOMAS E. TAYLOR + Freda Taylor owner (Deed Bk 7656 Pg 0408 of property located at 20319 HAVENVIEW DRIVE, ("the site") and described in an instrument recorded in Book 24 at Page 939, Mecklenburg Public Registry, hereby acknowledges that he applied to the Mecklenburg County Health Department (the Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested pursuant to 15A NCAC 18A .1948(d) that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned can reasonably be expected to function satisfactorily and thus that the findings specified in 15A NCAC 18A .1958(d)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

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

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

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

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

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

This 10TH day of MAY, 1994.

Thomas E. Taylor (SEAL)

Freda Taylor (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, A. GREGORY EDGE, a Notary Public for said County and State, do hereby certify that THOMAS E. TAYLOR FREDA TAYLOR personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 10TH day of MAY, 1994.

A. Gregory Edge
Notary Public

My Commission Expires 7/27/98

Mail To: Thomas Taylor P.O. Box 68 Huntersville

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that

_____ personally came before me this day and acknowledged that he is

_____ of _____, 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 _____, sealed with its corporate seal and attested by _____.

Mailed 5/10/94

20319 Harbeview Dr.

mcHD
File: 1039B
TC: 001-601-55

Primary / Conventional
1,500 ST
1,000 PT Lift pump required
(4) 3"x100'x12" gravel

PPBPS - Repair
Agreement form on file
400'

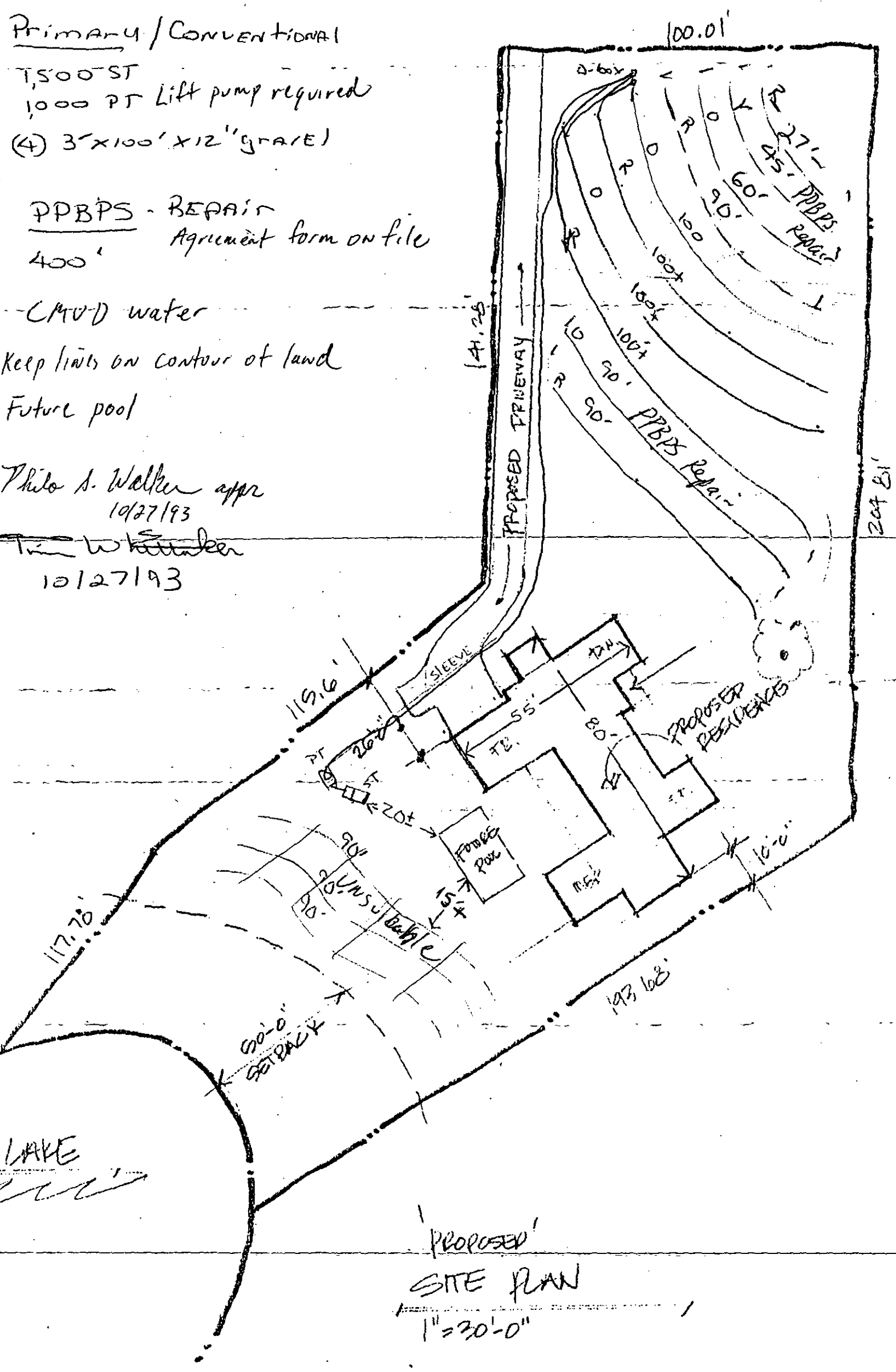
(MUD) water

Keep lines on contour of land

Future pool

Philo S. Walker appr
10/27/93

~~Tim Wheeler~~
10/27/93


100.01'
0-60'
R
0
R
0
R
100'
100'
100'
R
90'
PPBPS Repair
R
90'
PPBPS Repair
R
90'
PPBPS Repair

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19365

File: 1039B/9011A Action 2
Parcel: 001-601-55 SPC

Location: 20319 Havenview Dr.

Subdivision:

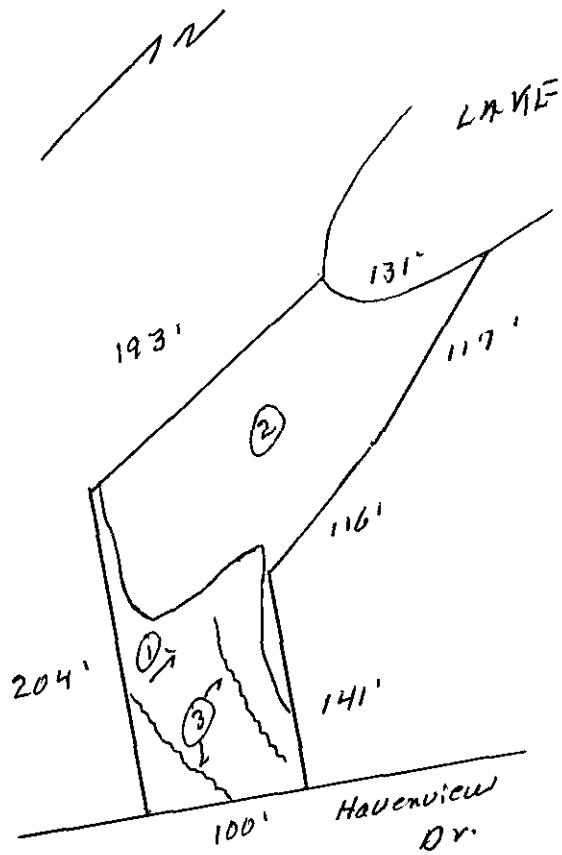
Lot: 8 Block: Acres: .83

Owner: Harry W. Hall
Address: 20420 Island Forest Dr.
Davidson, N.C. 28036

Comments: 100% Repair, .3 gal/ft²/day - System will probably need pumps

Described by: William R. Marlin

Date: 6-14-93



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

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 6-15%	S PS (U) complex slopes	S PS (U) old Terraces	S PS U	S PS U	S PS U
Texture slightly Expansive	(S) PS U clay	S PS U —	S PS U —	S PS U	S PS U	S PS U
Structure	S (PS) U Sub-Blocky	S PS U —	S PS U —	S PS U	S PS U	S PS U
Drainage	S (PS) U >40" to water	S PS U —	S PS U —	S PS U	S PS U	S PS U
Depth	S (PS) U >40"	S PS U —	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >40"	S PS U —	S PS U —	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	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-like	complex slopes	Old Terraces			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

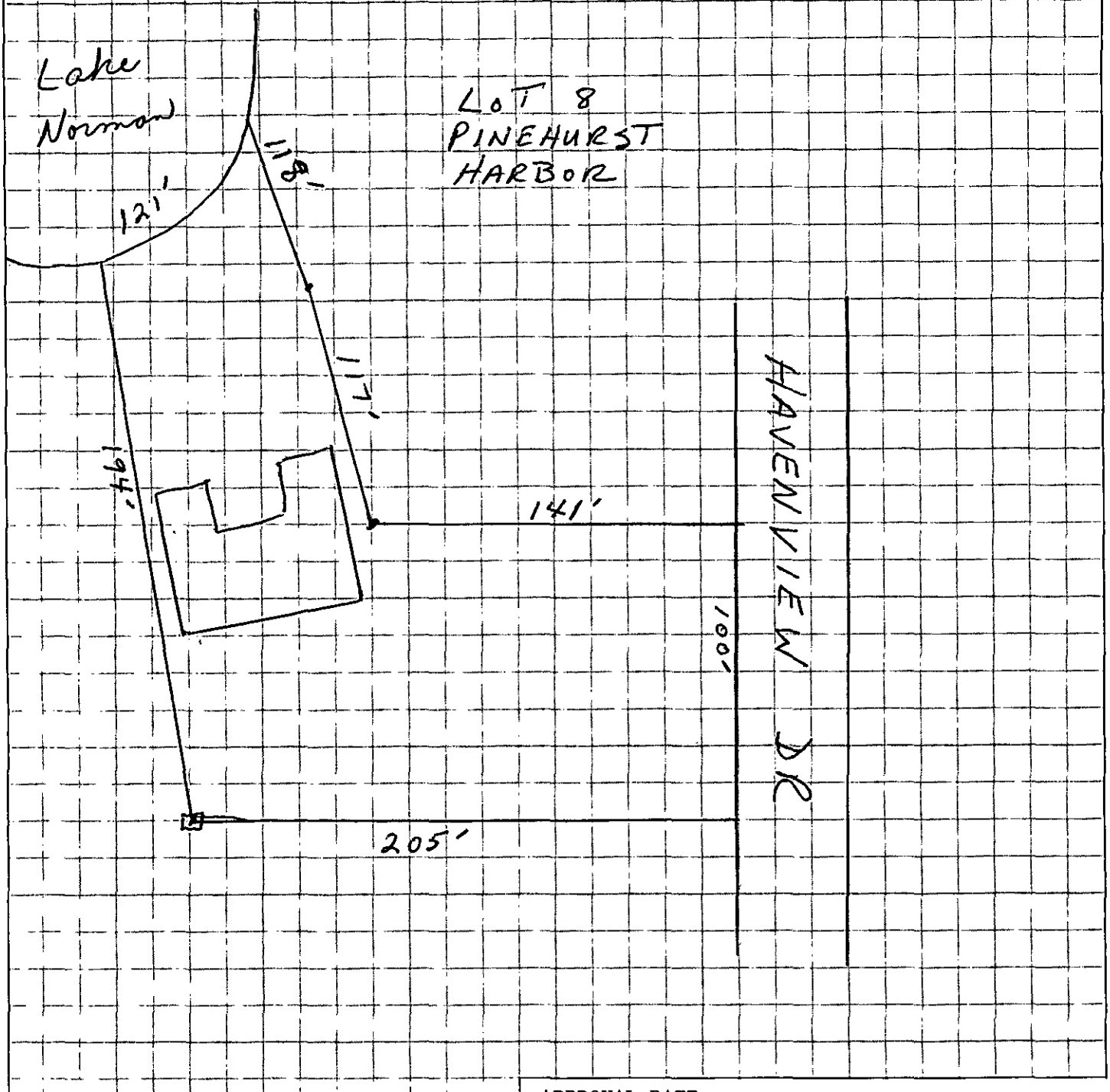
PROPOSED PLOT PLAN

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

FILE: 1039B/9011A

TC: 001-601-55

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 _____

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

PROPOSED PLOT PLAN

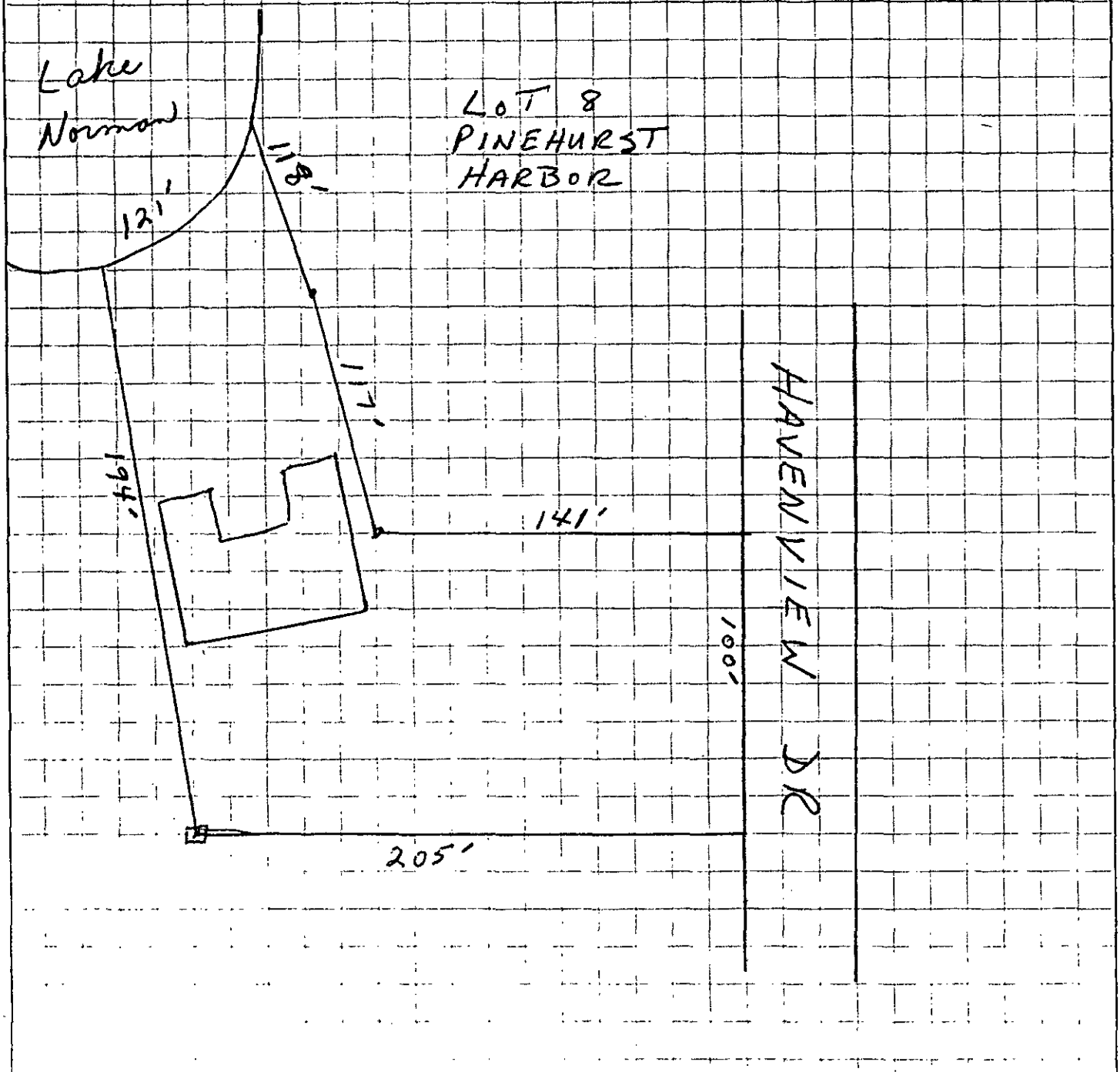
HEALTH DEPARTMENT
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APPROVAL DATE _____

Mecklenburg County

Health Department

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

June 14, 1993

Mr. Harry W. Hall
20420 Island Forest Drive
Davidson, NC 28036

Re: Property located at 20319 Havenview
File: 1039B/9011A
Parcel: 001-601-55

Dear Mr. Hall:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified **UNSUITABLE** for the installation of such a system. A copy of the site evaluation report (Serial No. 1936512795) is enclosed for your information.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 15A NCAC 18A .1957 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application for an Improvement Permit with an accurately dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If you need any assistance, please feel free to call Mr. Bill Marlin at 336-5574.

Sincerely,

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

KR:lw
Enclosure (2)

997-6556

10398/5011A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

50.00 6/2/93 CK 398 [ ] 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

COPY

Date: 5-28-93

PERSON FILING APPLICATION:

NAME: Hall (last) Harry (first) W (mi)

ADDRESS: 20420 Island Forest Dr PHONE: (704) 892 0487

CITY: Davidson STATE: N.C. ZIPCODE: 28036

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 001-601-55

STREET ADDRESS: 20319 Haverview Dr.

Davidson, N.C. 28036

ZONING: R-4

PROPERTY OWNER:

NAME: Hall (last) Harry (first) W (mi)

ADDRESS: 20420 Island Forest Dr PHONE: (704) 892 0487

CITY: Davidson STATE: N.C. ZIPCODE: 28036

SUBDIVISION OR MOBILE HOME PARK NAME: Pinehurst Harbor

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

LOT NUMBER: 8 LOT SIZE (in acres): .83

TYPE APPLICATION (check one):

[X] SOIL TEST - INDIVIDUAL LOT (D)
[ ] 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) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

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

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[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 [ ] 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: Harry Watson Hall Date: 5-28-93

NOTICE:

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

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

...This permit is not transferable.

...

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

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WWATER : 122791

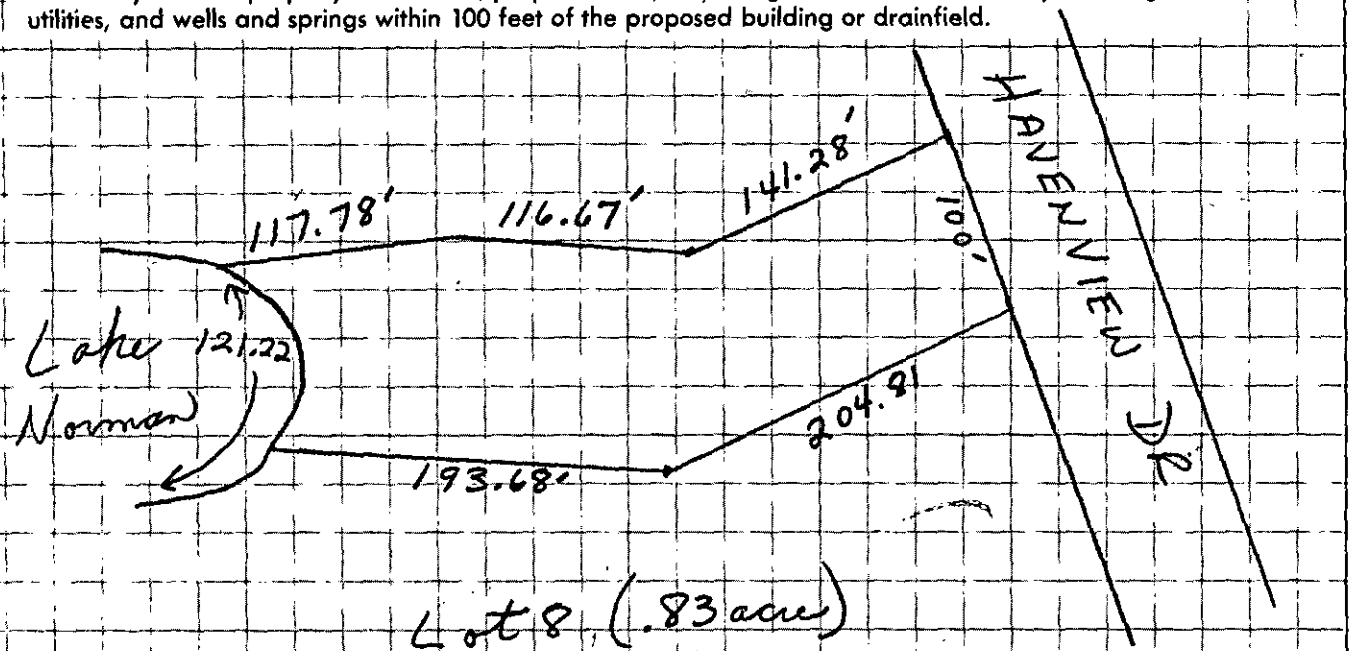
PROPOSED PLOT PLAN

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

FILE: 1039B/1901A

TC: 001-601-55

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



Lot 8 (.83 acre)
Pinehurst Harbor

APPROVAL DATE _____

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

10398/9011A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

LD 50.00 6/2/93 CK 398 Dft 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: 5-28-93

PERSON FILING APPLICATION:

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ZONING: R-4

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CITY: Davidson STATE: N.C. ZIPCODE: 28036

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[ ] 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)

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[ ] SINGLE MOBILE HOME (S) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
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[X] Municipal (M) [ ] Other 'spring' (O)
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Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

COPY

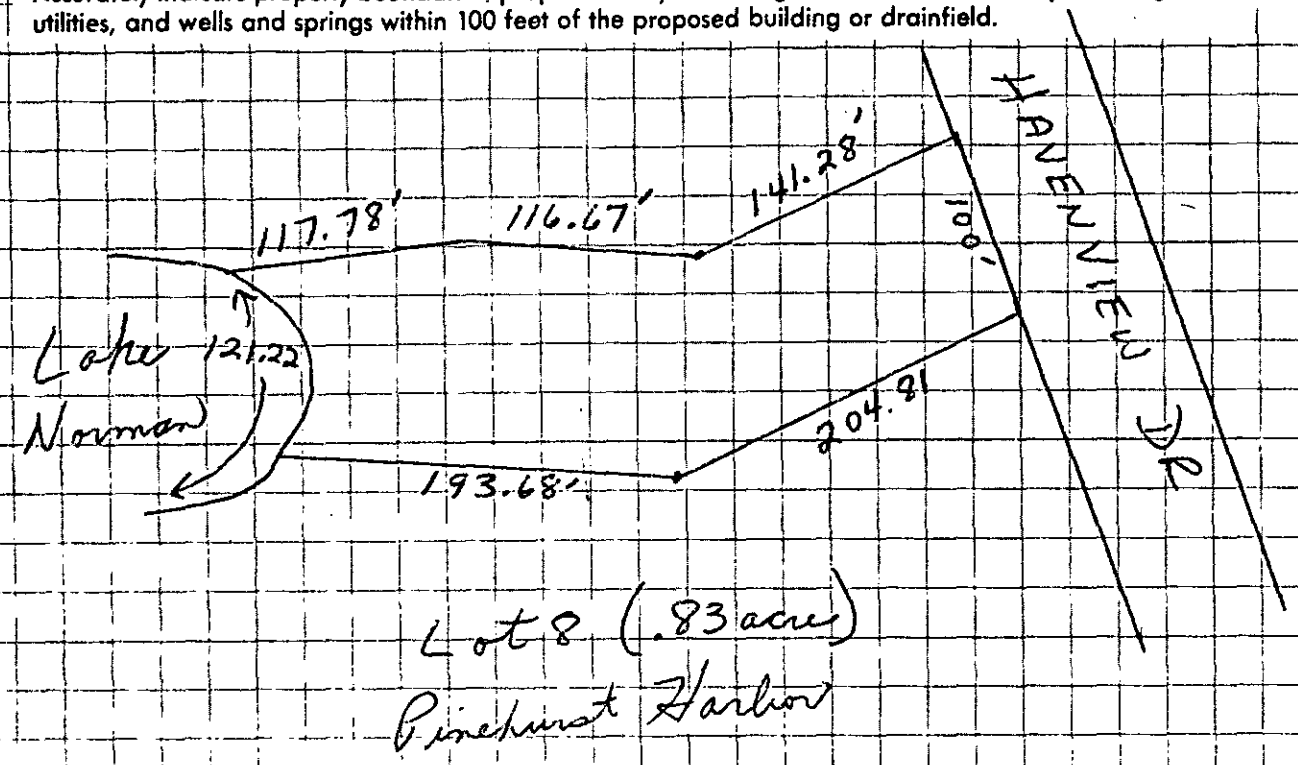
PROPOSED PLOT PLAN

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

FILE: 1039B/1901A

TC: 001-601-55

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APPROVAL DATE _____

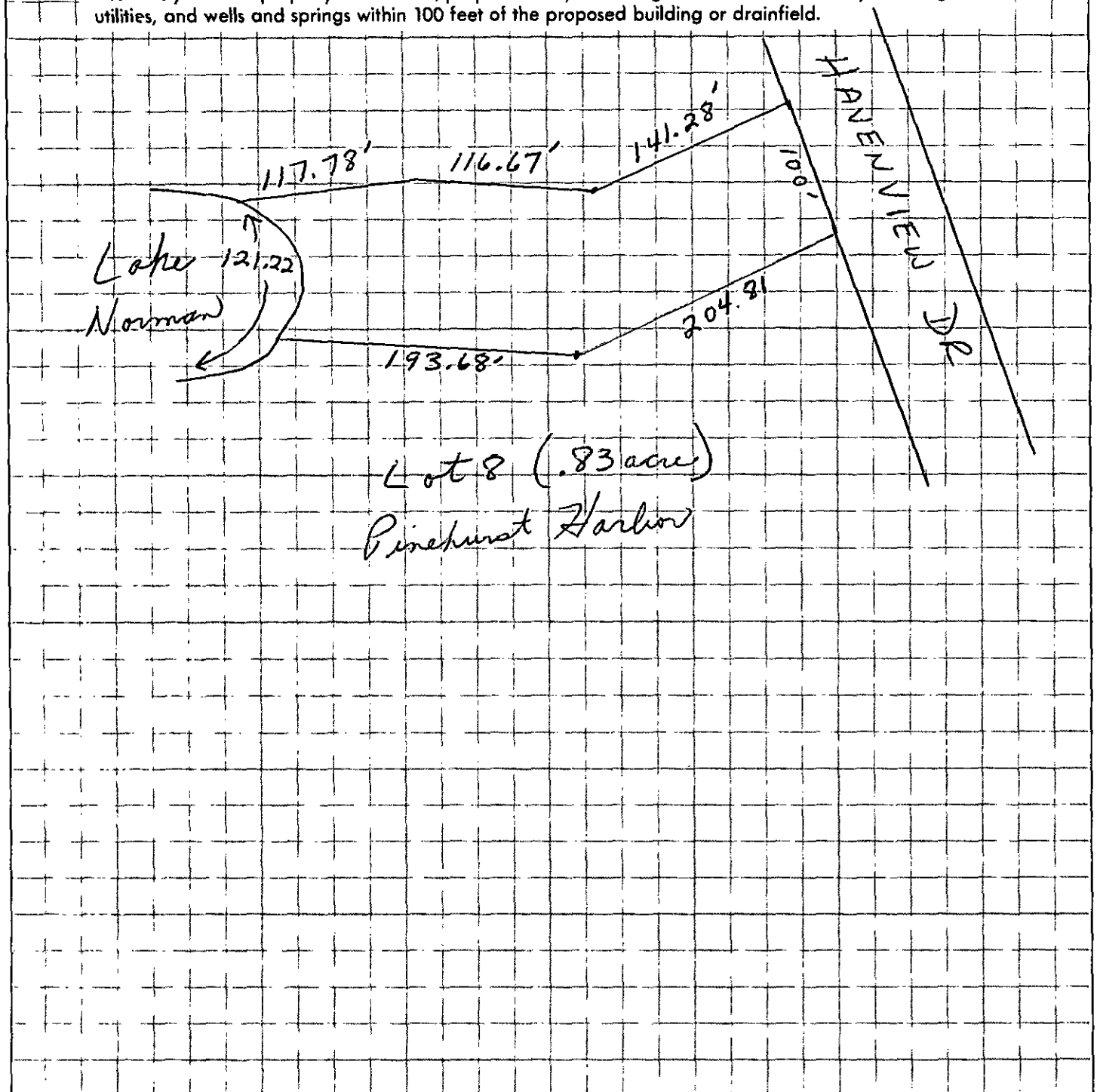
PROPOSED PLOT PLAN

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

FILE: 1039B/1901A

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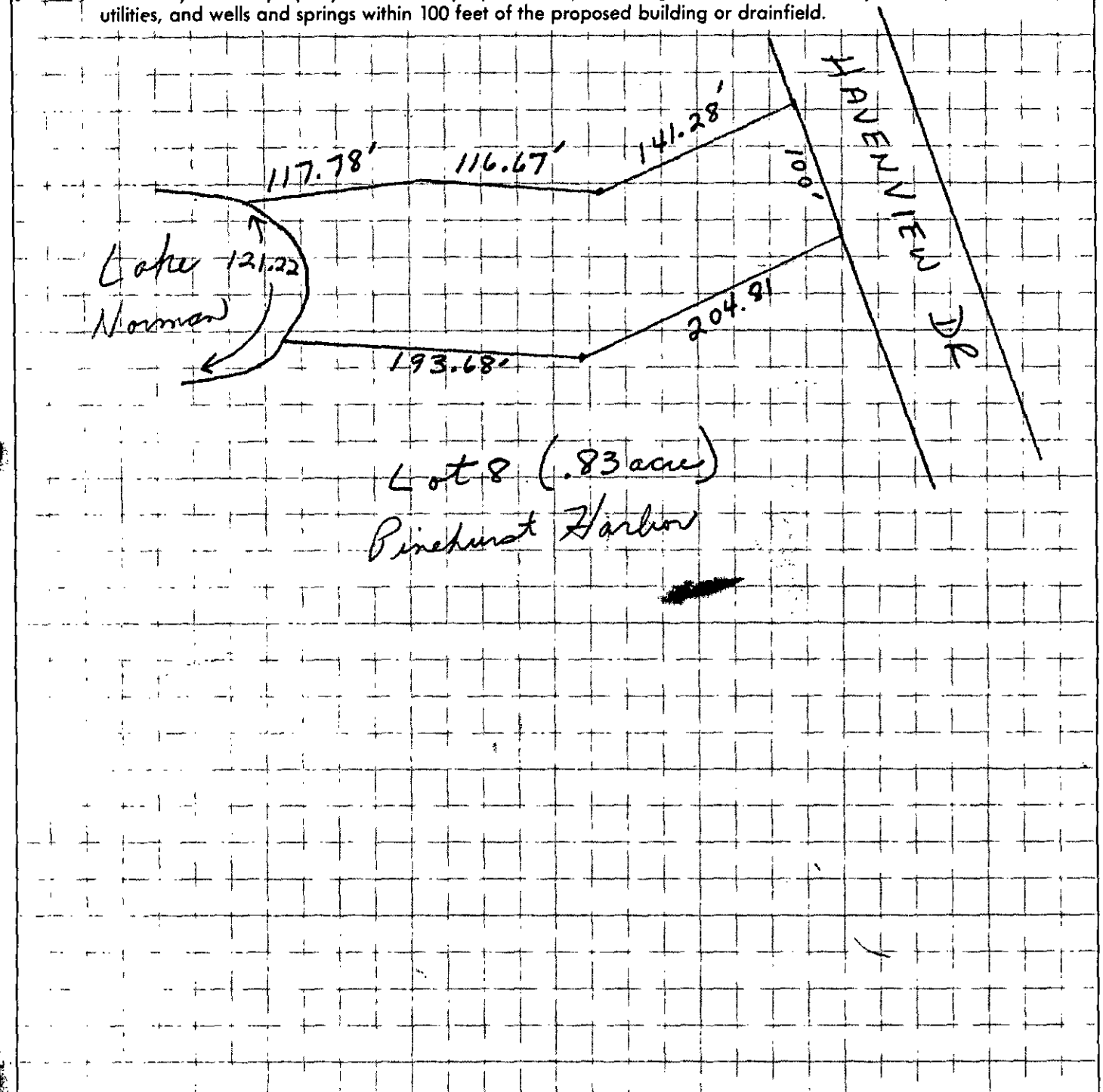
PROPOSED PLOT PLAN

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

FILE: 10318/90114

TC: 001-601-55

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