

14729 AUTUMNCREST RD

02121107

7/1/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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N.C. Department of Environment and Natural Resources
Division of Environmental Health

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County **Health Department**	Cross Residence **Name of Establishment**	12318 **Permit/Project No.**
14729 Autumncrest Rd. Huntersville 28078 **Location**	3 bedroom house **Type of Establishment**	360 gpd **Design Flow**
Keith and Kelly Cross **Owner/Agent**	14729 Autumncrest Rd. **Address**	704-632-5775 **Phone**
N/A **Operator**	**Address**	**Phone**
IIIb **System Type**	2/10/2010 **Next Inspection Due**	

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☒	☐	☐	
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☒	☐	☐	
b. Tanks and access manholes structurally sound, watertight?	☒	☐	☐	
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	3.c Septic tank not uncovered for
d. Tanks pumped, cleaned out as needed?.....	☐	☒	☐	
4. RAW SEWAGE LIFT STATION (if present):				
a. Required pumps present, operating, and cycling properly	☐	☐	☒	
b. High-water alarm present and operating properly?	☐	☐	☒	
c. Floats/pipe/valves/disconnects in good condition?	☐	☐	☒	
5. EFFLUENT DOSING SYSTEM:				
a. Effluent appears clear, free of excess solids?	☐	☒	☐	5.a Measured 7" solids in pump tank, recommend pumping tanks.
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☒	☐	☐	
b. High-water alarm present and operating properly?	☒	☐	☐	
c. Floats/pipe/valves/disconnects in good working condition?	☒	☐	☐	
d. Control panel enclosure/components in good condition?	☒	☐	☐	
e. Elapsed time readings: _____ _____ _____ _____				
B. SIPHON SYSTEMS:				
a. No evidence of overflow or siphon leakage?	☐	☐	☒	
b. Siphon(s) appear to be working/alternating properly?	☐	☐	☒	
c. Bells and vents free of debris and in good condition?	☐	☐	☒	

6. GROUND ABSORPTION FIELDS:

a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐
b. Minimal ponding in subsurface trenches?	☒	☐	☐
c. Surface water being effectively diverted away?	☒	☐	☐
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐
f. Protected from traffic, destructive uses?	☒	☐	☐
g. Distribution devices in good condition, working properly?	☒	☐	☐
h. Repair area properly reserved, maintained?	☒	☐	☐

A. LOW PRESSURE PIPE DRAIN FIELDS:

a. Turnups/cleanouts/valves intact and accessible?	☐	☐	☒
b. No effluent standing in lower laterals?	☐	☐	☒
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒
d. Pressure head is properly adjusted?	☐	☐	☒

OVERALL CONDITION AND OPERATION OF SYSTEM:

No problems detected with system operation at the time of inspection.

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

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

1. Pump out both the septic & pump tanks to remove solids.
The MCHD recommends pumping the tanks every 3 to 5 years.
2. Secure high water alarm float in pump tank.

***REPAIR WITHIN DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

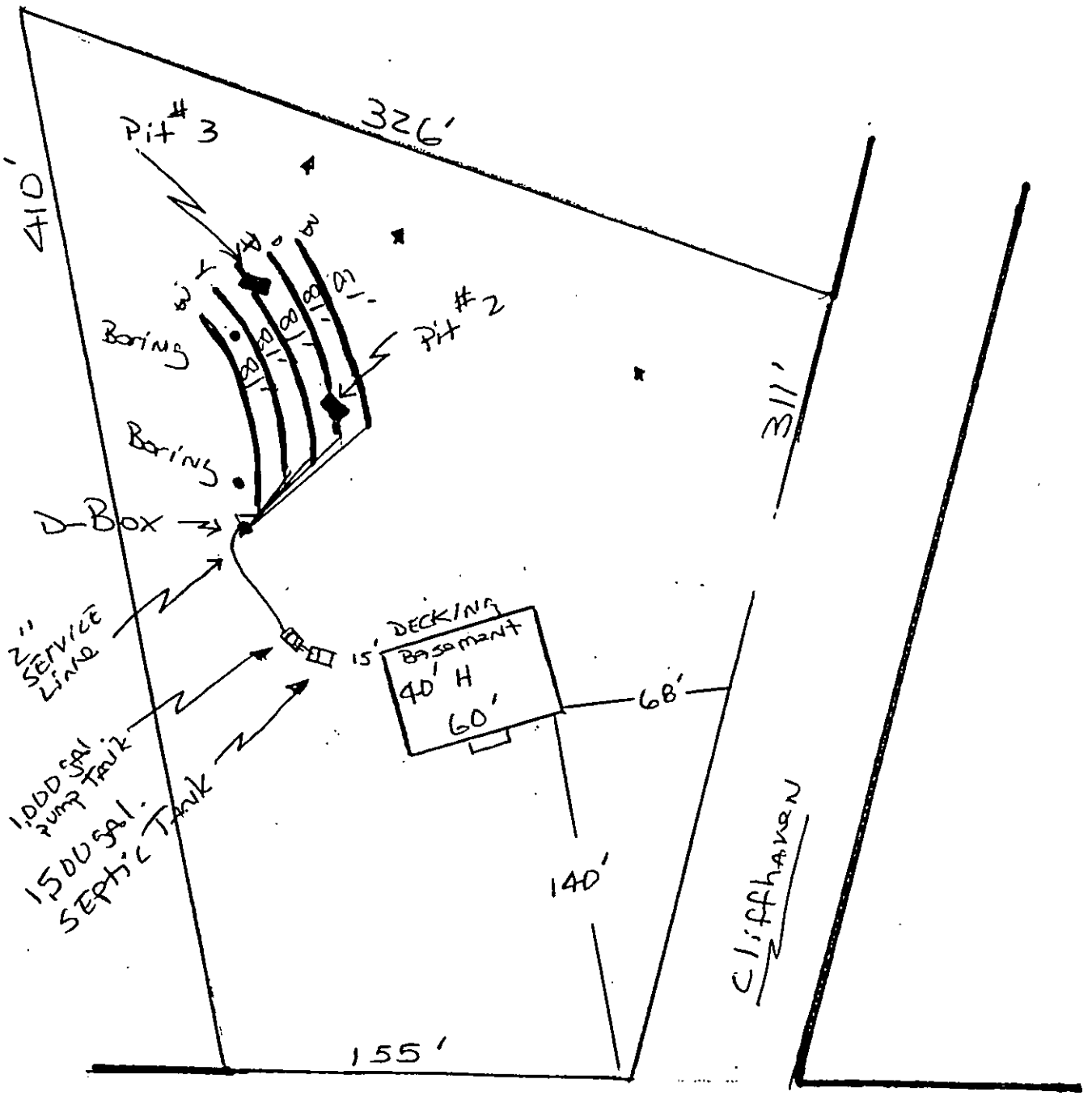
DATE: 2/10/2005

SIGNED: _____ AGENT

Division of Environmental Health

(4) Bedrm. Chamber Septic Plan.
405' Total Feet

File: 12318



14729 Autumncrest

T. Whittaker
866-9540

SCALE
60

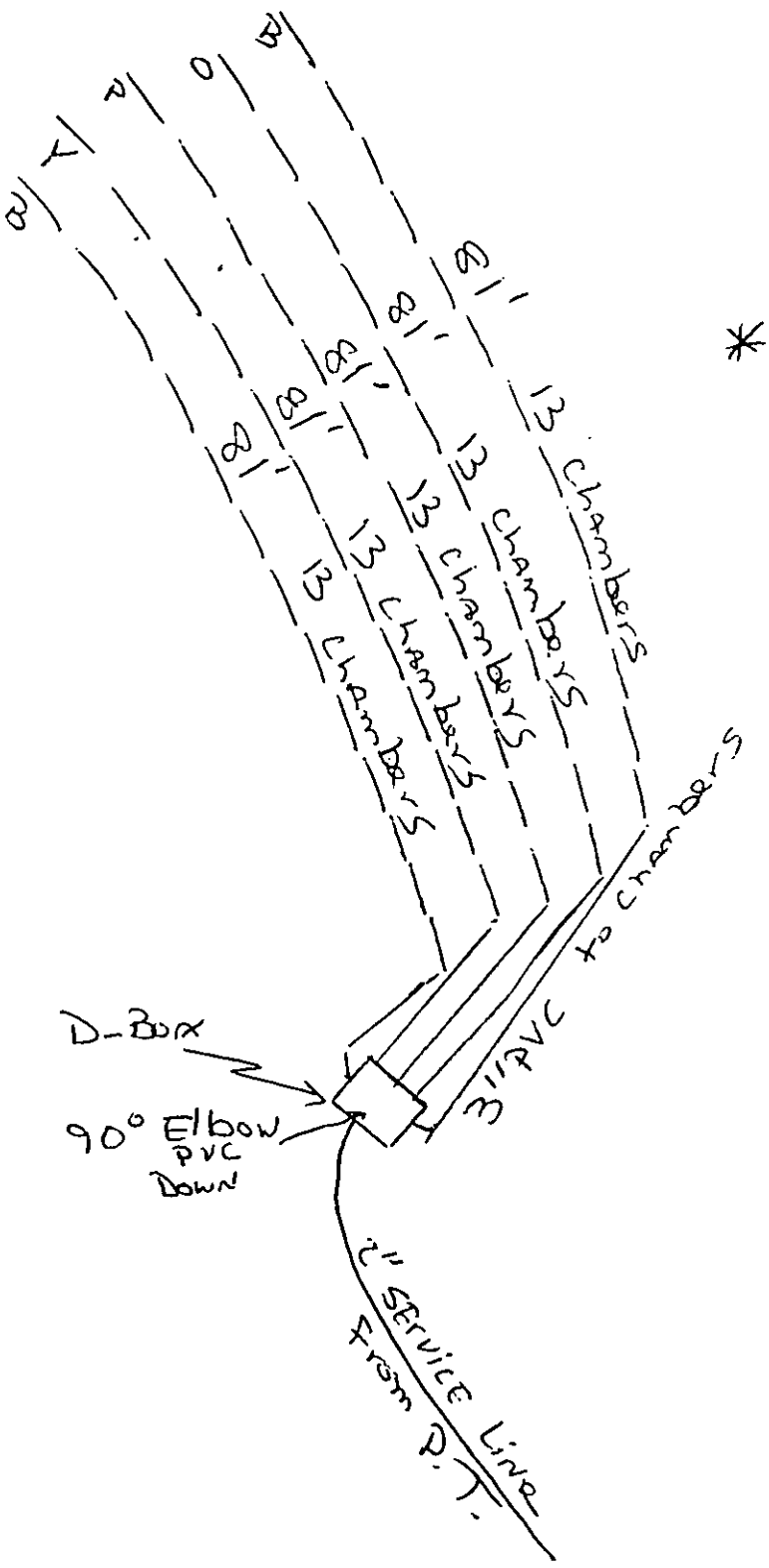
(4) Bedrm. Pumped Chamber
SEPTIC PLAN. SPECS:

MCHD
File: 12318

* 1,500 gal. SEPTIC Tank
1,000 gal. Pump Tank

(5) 81' chamber lines
(13) Chambers per line
(65) Chambers = 405'

* may require spaced levels at D-Box.



T. Whittaker
not to Scale

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 12318 DATE: 2/7/00
TC: 021-211-07 ~~021-042-06~~ ☐ L ☒ CRT
SERIAL Nº 18041

Name of Owner Keith H. Cross Juris.: Meck

Address of Property 14729 Autumncrest Rd

Inspection Data:

Tank Material P.C.C.

Total Length of Drainfield 400 ft

Number of Lines 5 @ 80 ft

Cover Depth 12" +

Water Supply Source Well

Distance to Water Source 100 ft +

Excavation Inspected 8/11/99

Tank(s) Inspected 8/11/99

Wash Line Inspected N/A

High Water Alarm Inspected 8/13/99

PLOT

Design 1500 S.T., 1000 DT., PI Inv., 1200 S.F.T CTR# Dennis Hoyle

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: Designed for a 4 bedroom. Type III g
Electrical checked by Philo Walker 2/7/00. PSW checked electrical only

Philo Walker for Jeffery A Knight 2/7/00
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: 12318 DATE: 8/10/99

TC: 021-042-06 ☒ L

SERIAL Nº 18155

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 6/2/97. All work shall be completed on or before 9/10/99, 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 approved plan

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction P.C.C.

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Yes

Total Line Length 400 feet

Number of Lines 5

Depth of Stone N/A inches

Distance from House 10' 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 Keith H. Cross

LOCATION OF PROPERTY 14729 Autumncrest Rd

Comments: i) Keep lines level and on contours. 2) Maintain all appropriate set backs.

Jeff A. Knight
Environmental Health Specialist

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

FEE: $0.00 1st clrk 3895

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: 6/10/99 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 4-29-97 PERMIT NO: 12318
PARCEL NO: 021-042-06

JOB LOCATION ADDRESS: 14729 AUTUMNCREST RD
PROPERTY OWNER: Ray Short
BUILDING CONTRACTOR: " "
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: Kelly Randall DATE:
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 12318, 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:

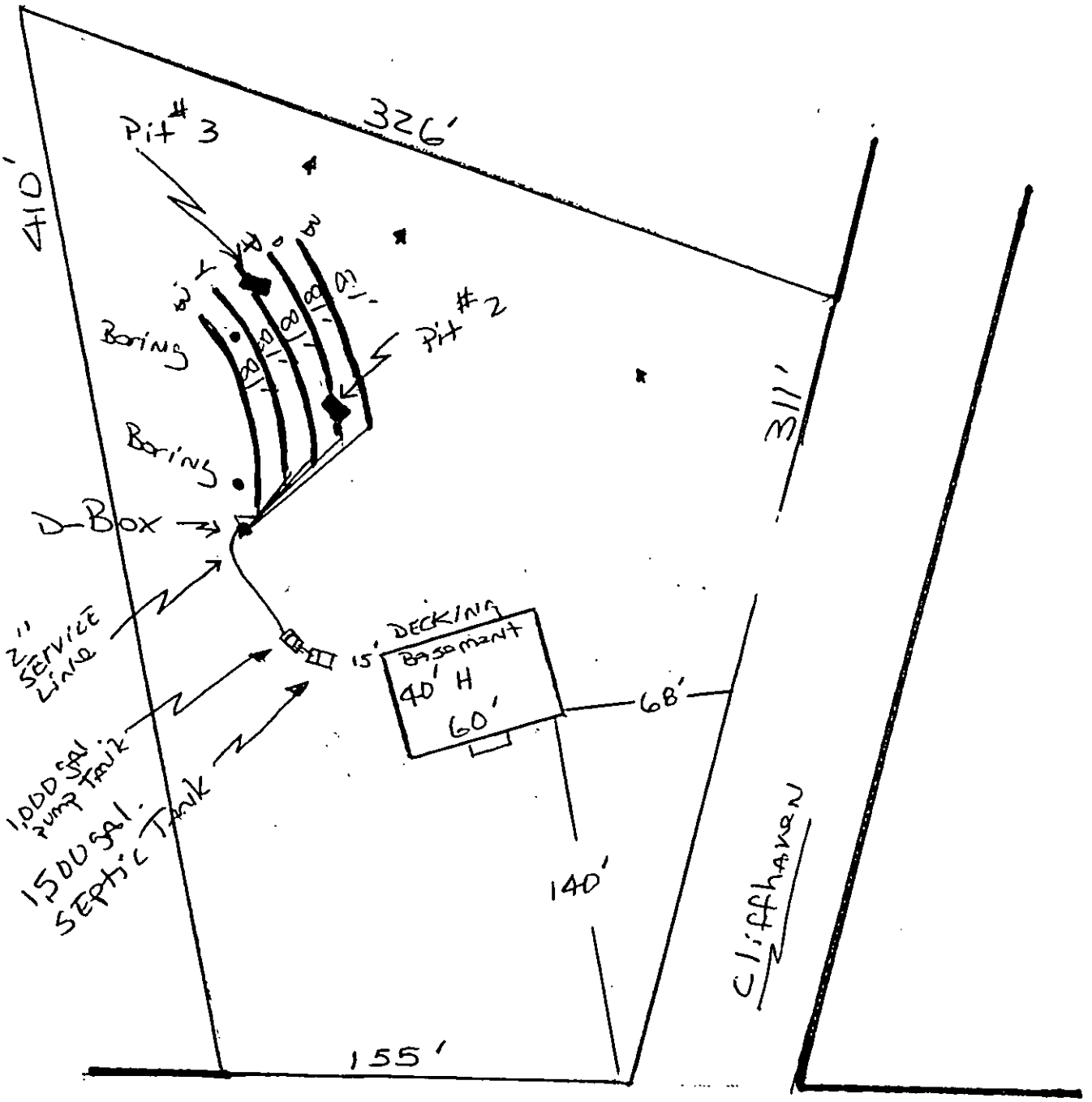
OWNER CERTIFICATION

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.

Kenneth Dellinger 6-10-99
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

(4) Bedrm. Chamber Septic Plan. 405' Total Feet

File: 12318



14729 Autumncrest

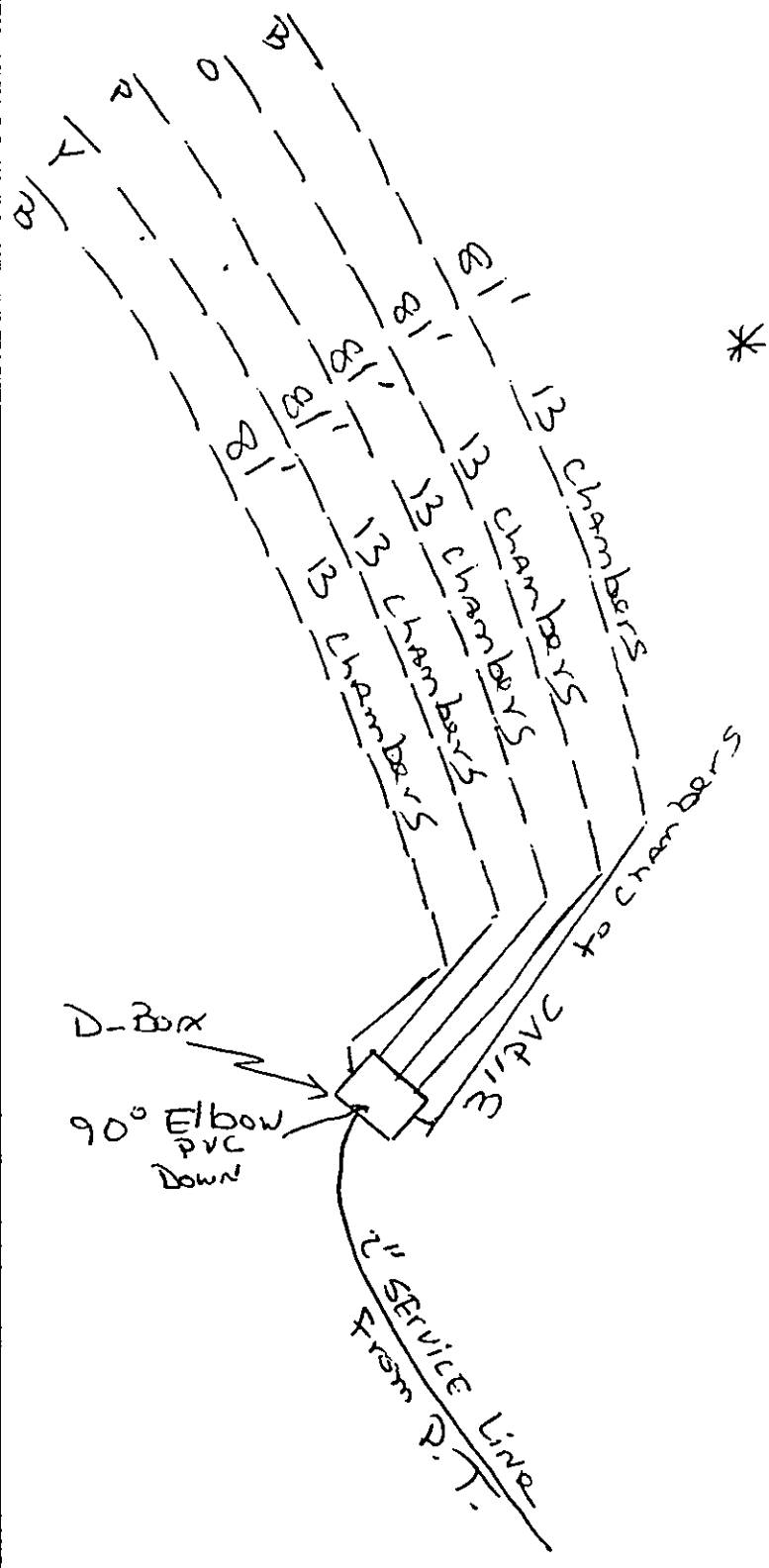
I. Whittaker 866-9540

SCALE 60

(4) Bedrm. Pumped Chamber
SEPTIC PLAN. SPECS:

MCHD
File: 12318

* 1,500 gal. SEPTIC Tank
  1,000 gal. Pump Tank
  (5) 81' chamber lines
  (13) Chambers per line
  (65) Chambers = 405'
* may require spaced levels at D-Box.



T. Whittaker
not to Scale

PROPOSED PLOT PLAN

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

FILE: 12318

TC: 021-042-06

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.

SEE Attached

OWNER/AGENT SIGNATURE

DATE 6/2/97

APPROVAL DATE _____

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

PATTERSON SURVEYING, P.A.

P.O. BOX 337, TROUTMAN, N.C. 28166 (704) 528-0093 *Fax (704) 528-0320

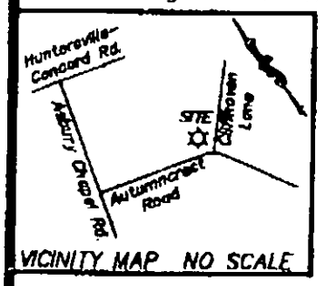
LAND SURVEYING * PLANNING * EROSION CONTROL

I Joel H. Patterson III, certify that this plat was draw under my supervision from an actual survey made under my supervision (deed description and/or Map Book 4040, Page 291. That the boundaries not surveyed are clearly indicated as drawn from information as shown on survey; that the ratio of precision as calculated is 1: 10,000+ that this plat was prepared in accordance with G.S. 47-30 as amended. Witness my original signature, registration number and seal this 28th day of JUNE, A.D.

NORTH CAROLINA REGISTERED SEAL L-3717 PROFESSIONAL LAND SURVEYOR JOEL H. PATTERSON III

JOEL H. PATTERSON III

REGISTRATION NUMBER L-3717



VICINITY MAP NO SCALE

Lot 33
Catherine L. Gerstner
6964/0087

Found #4 Rebar

Found Concrete Monument

(Base Bearing)
S46°30'00"E

0.49'

336.93'

Found #4 Rebar

R/W 60' R/W

Dwnd Bk. 4040 Pg. 291 Dated March 1974

"SEE PLAN Attached"

N47°30'00"E 417.20' To Concrete Monument 417.89' Total

Lot 14
1.88 Acres
(Area by Coordinate Method)

S42°26'10"W 212.83'

CLIFFHAVEN LANE (Paved)

Lot 13
Caroll F. Robinson
6249/0624

S87°21'08"W Chord: 88.28' L=94.32' R=610.37'

N67°41'16"W Chord: 40.65' L=40.76' R=213.54'

N00°00'55"W 12.81'

P/K Nail Set

R/W 60'

NOTES:

1) This property may be subject to any easements and/or Rights-of-way of record.

2) Boundary information based on Map Book 14 at Page 101 as recorded in the Mecklenburg County Register of Deeds.

3) This survey is of and existing parcel or parcels of land.

4) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.

5) Intersections are subject to a 20' RadRus

114.05'

N74°01'55"W

Found 2" Pipe

219.60'

395.58'

(Tie Only)

N72°29'18"W

S87°14'34"E (Tie Only)

Found #4 Rebar

AUTUMNCREST ROAD (Paved)

LEGEND

R/W = Right-of-way

I.P.S. = #4 Rebar Set

= Not to scale

= Telephone Pedestal

= Utility Pole

BOUNDARY SURVEY

OF

14729 AUTUMNCREST ROAD

LOT 14 "OAKWOOD FOREST" SHEET 1 OF 2

SCALE 1" = 60'

HUNTERSVILLE TOWNSHIP, MECKLENBURG CO., N.C.

ACQUIRED BY: V. RAY SHORT, JR.

FIELD BOOK: 001

FILE: 02895

TAX MAP NO: 021-042-08

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 12318

Tax Number: 021-042-06

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	
13 Long-term acceptance rate	480 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9 Trench spacing (min. on centers)	
yes Serviced by private well	1500 Gallon septic tank	400 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
4 Bedrooms in residence	___ Gallon pump tank	___ Depth of stone		
Any surface waters present: No Type:		Minimum separation distance:		
Site modifications required:				
Additional Conditions:				

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	
1200 Absorption Area (Sq ft) 400 Total Trench Length (Ft)	✓ Depth of Stone Trench	9 Trench spacing (min. on centers)	24" 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.

Wally Rudd 4-29-97
DEHNR Authorized Agent Date

X Kenneth Dellinger 6-10-97
Owner/Agent Signature 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

GRAVITY INFILTRATOR CHAMBERED TYPE SYSTEM PLAN

14729 AUTUMN CREST

MECKLENBURG COUNTY - NORTH CAROLINA

MCHD FILE #12318

by
Toney C. Jacobs & Associates, Inc.
Consulting Soil Scientists
168 Broadbill Drive
Mooresville, N. C. 28115

April 23, 1997

Submitted to: Mr. Kelly Randall, R. S.
Mecklenburg County Health Dept.
Charlotte, N. C.

Mr. Ray Short
470 Stutts Road
Mooresville, N. C. 28115

Paul G. Penninger

Toney C. Jacobs, CPSS

14729 Autumncrest

GRAVITY INFILTRATOR CHAMBERED TYPE SYSTEM

Design Considerations

The proposed system is for a 4-bedroom home in a subdivision of single family homes in Mecklenburg County. The lots are generally 2+ acres with medium sized homes. Lot 6 is approximately 1.9 acres and has at least 48" of provisionally suitable soil/saprolite across the proposed septic area.

Soils were evaluated by Mr. Kelly Randall and Mr. Larry Thompson of the Mecklenburg County Health Department and Toney C. Jacobs & Associates. Pit locations are shown on the site plan and profile descriptions are also enclosed. Generally, there was approximately 36" of sandy loam to sandy clay loam soil over a sandy loam to loamy sand saprolite. The LTAR of 0.3 gal/ft²/d and proposed 400' lineal feet of chambered septic line is very conservative given the excellent hydraulic properties of the soils. There is 100% repair left on the lot. The initial system is flagged in the field and shown on the site plan. Field location of lines supersedes the drawn schematic.

Location

The ≈ 1.9 acre building lot is at the corner of Autumncrest and Cliffhaven.

Reference

Laws and Rules for Ground Absorption Sewage Disposal Systems 15A NCAC 18A. 1900, NCDEHNR-DEH.

Recommendation

Four hundred(400) lineal feet of Infiltrator chambered lines using gravity distribution.

Ownership Responsibility

Conservation measures should be undertaken in plumbing fixture specifications to minimize the volume of wastewater entering the disposal system, including, but not limited to the following precautions:

(a) Provide water conserving plumbing fixtures within the facility. Waterclosets must be 1.6 gal. flush (per code). Shower head should also have restrictions or be of low volume design.

(b) Develop conservative water use habits.

(c) Monitor and maintain the system as necessary for proper operation. An Operation Permit will not require a maintenance contract to be filed with the Mecklenburg County Health Department for the system.

System must be properly installed by a *qualified* and *competent* contractor following the requirements of the Mecklenburg County Department of Environmental Health, DEH, the N.C. Building Code, Plumbing Code, and the Electrical Code. This plan, as any, is a guide to a minimum standard, but cannot take the place of experience and common sense.

Components of System

1. Two compartment septic tank - 1500 gal.
2. Speed lever
3. Supply pipe
4. Infiltrator type chambers in ground absorption trenches, 3 feet wide, level end to end.

Construction Sequence

1. Lines have been flagged as noted on drawing and in specifications.
2. Clear the area of all organic material with minimum soil disturbance (do not grade). Backfill any low areas with clean sandy loam to natural compaction and look. This includes soil evaluation pits and stump holes.
3. Install trenches per cited reference material and this plan.
4. Carefully backfill distribution trenches to grade with soil fill material which is carefully placed and compacted. Use on-site material with highest clay content.
5. The installation contractor shall stabilize the area of construction by planting with Kentucky 31 tall Fescue and mulching. Area to be limed and fertilized with 0.5 tons lime, 75 units of N, 150 units P, and 100 units of K per disturbed acre.
6. The septic tank shall consist of an approved 1500 gallon capacity reinforced, precast watertight, concrete tank with full baffle and shall have easy access to each chamber from ground level for inspection. The first chamber of the septic tank shall consist of 2/3 to 3/4 of the volume of the total tank and the baffle shall contain a horizontal opening across the tank at about midway . Locate the septic tank at such height as to provide approximately 8" of cover soil over top of the tank.
7. Final Landscaping: After the system is installed, the absorption field should be reshaped to shed rainwater and be free of low areas to insure that the system will not be overloaded with excess rainwater and run-on.

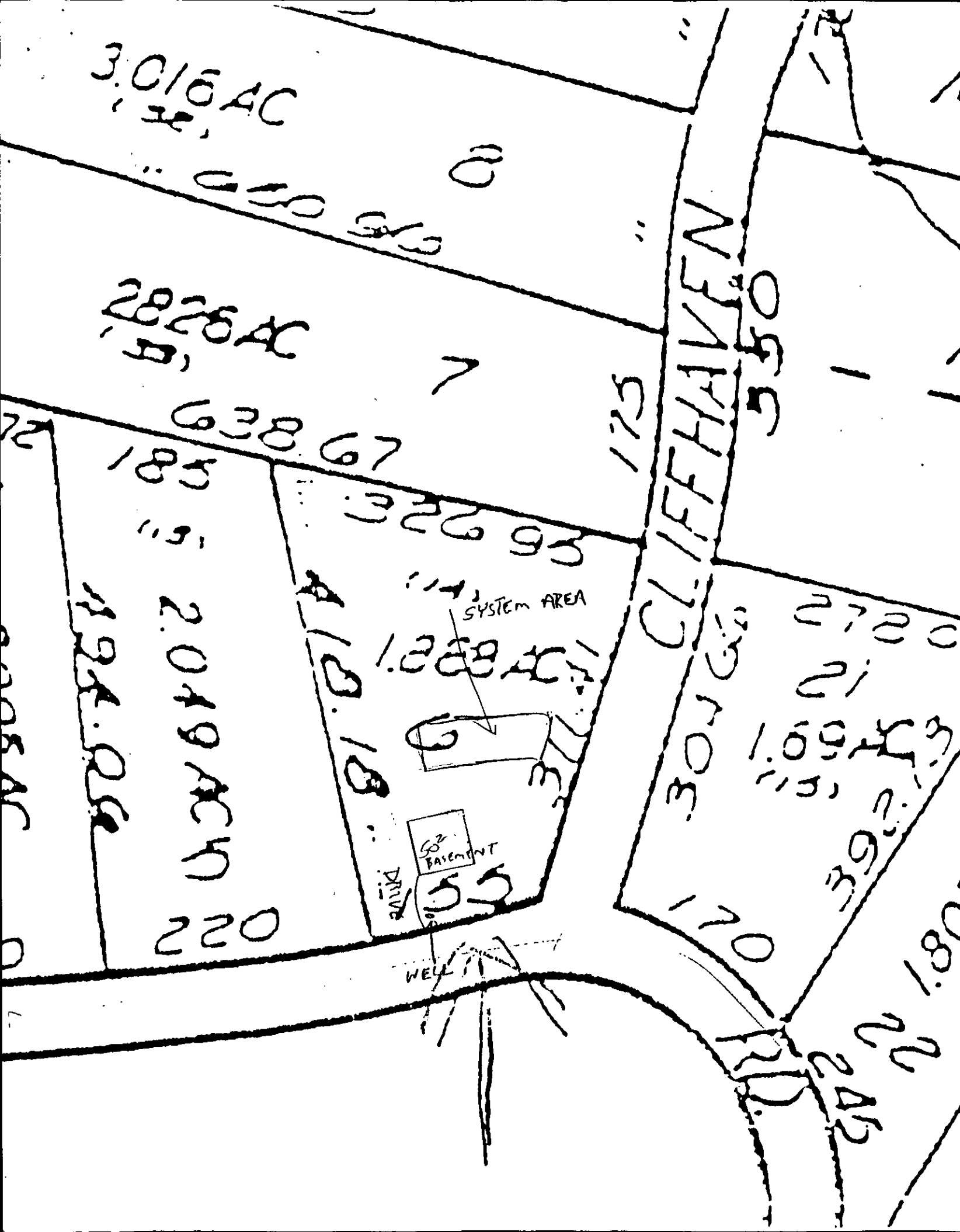
Concluding Note:

This plan was done to facilitate permitting by the Mecklenburg County Health Department by an agent of the owner. Any additions, or additional requirement[s], or deletions to enhance design or workability which will facilitate a permit are welcomed and may be made by note on this plan without returning entire design. The designer realizes that a plan with as many details as this can be changed and/or improved upon. The installer must realize that this is an exact plan and must be installed with exacting measurements. Should the installer desire a change, it must be approved by the health department in writing. If there are questions, please give me a call.

Design Specifications

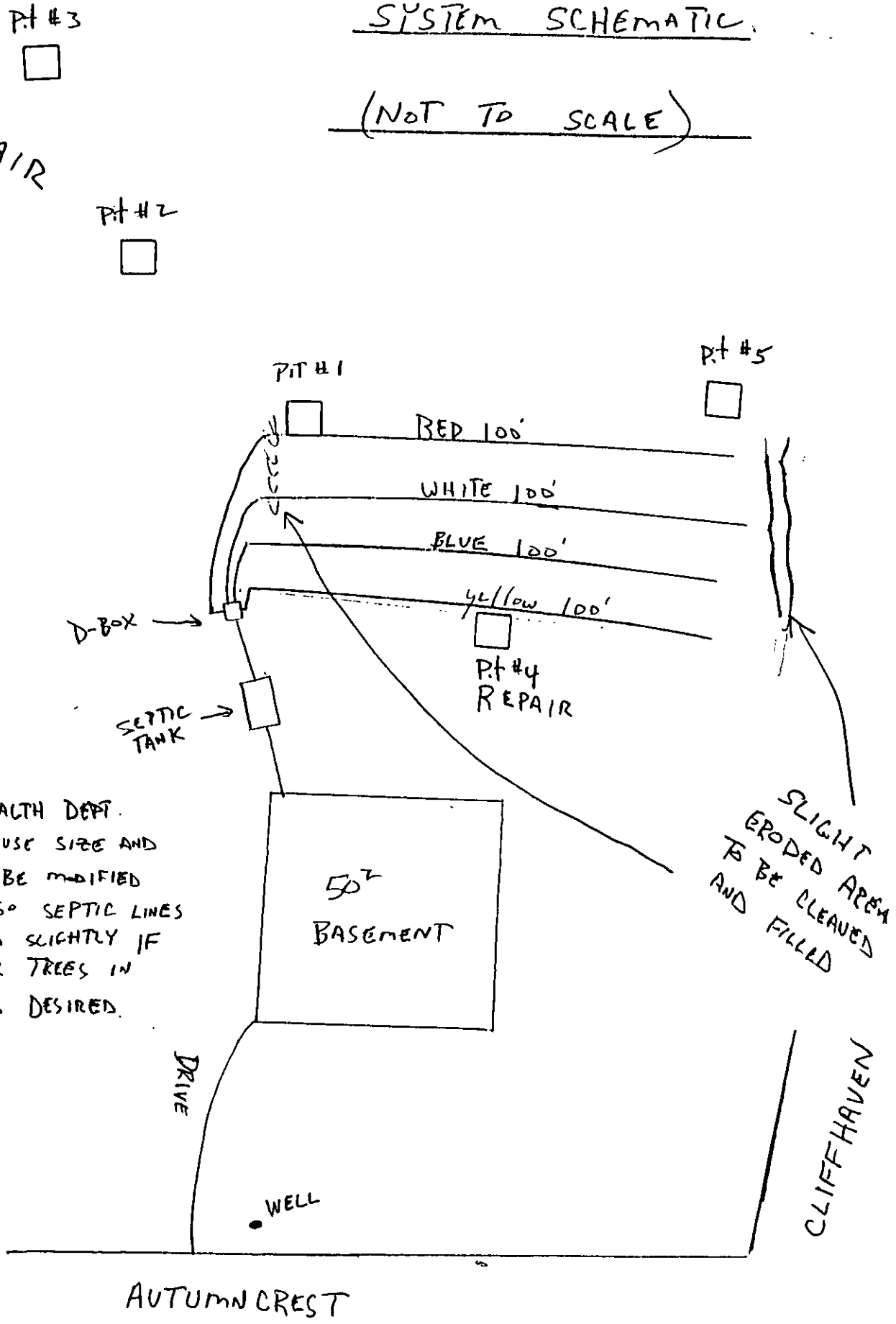
14729 Autumncrest

Daily design flow:	480 gpd. - 4 bedroom house
Septic tank size;	1500 gal. (2 compartments)
Effluent loading rate:	0.3 gpd/sf
Number and length of trenches:	4 @ 100' Infiltrator chambers


3.016AC
(E)
2826AC
(D)
638.67
185
(C)
220
(B)
SYSTEM AREA
1.288AC±
50² BASEMENT
WELL
CLIFFHAVEN
350
125
30
1.09AC
(A)
170
2720
2245
1.80

SYSTEM SCHEMATIC

(NOT TO SCALE)



NOTES: WITH HEALTH DEPT. APPROVAL, HOUSE SIZE AND LOCATION CAN BE MODIFIED SLIGHTLY. ALSO SEPTIC LINES CAN BE SHIFTED SLIGHTLY IF SAVING LARGER TREES IN DRAINFIELD IS DESIRED.

TCJ CONSULTING

SITE / SOIL EVALUATION

JOB:_____ PHONE:_____ DATE:_____

LOCATION:_____ PIN:_____ COUNTY:_____ PROPERTY SIZE:_____

PROPOSED FACILITY:_____ WATER SUPPLY: On-Site Well__ Community__ Public__ EVALUATION: Auger Boring__ Pit__ Cut_____

WEATHER: _____ ANTECEDENT MOISTURE:_____ SURFACE WATER: _____

FACTORS	PROFILE_ 5	PROFILE_	PROFILE_	PROFILE_
LANDSCAPE POSITION				
HORIZON I DEPTH	0-5			
Color - Munsell	ba			
Texture	sl			
Structure	gr			
Consistence	fa			
Boundary				
HORIZON DEPTH II	5-48			
Color - Munsell	yell br			
Texture	sl			
Mottles				
Structure	gr			
Consistence	fa			
Boundary				
HORIZON III DEPTH	H2O @			
Color - Munsell				
Texture	48" +			
Mottles				
Structure				
Consistence				
Boundary				
HORIZON IV DEPTH				
Color - Munsell				
Texture				
Mottles				
Structure				
Consistence				
Boundary				
SOIL WETNESS				
RESTRICTIVE HORIZON				
SAPROLITE				
LTAR	.4-.5			
CLASSIFICATION	Ps			

LEGEND

LANDSCAPE POSITION
R - Ridge interfluve
S - Shoulder
L - Linear slope
S - Foot slope
N - Nose slope
H - Head slope
Cc - Concave slope
Cv - Convex slope
T - Terrace
P - Flood Plain

TEXTURE
s - sand
ls - loamy sand
sl - sandy loam
l - loam
si - silt
sil - silt loam
sicl - silty clay loam
cl - clay loam
scl - sandy clay loam
sc - sandy clay
sic - silty clay
c - clay

CONSISTENCE
MOIST / WET
Ns - non-sticky
Ss - slightly sticky
S - sticky
Vs - very sticky

Np - non-plastic
Sp - slightly plastic
P - plastic
Vp - very plastic

MOIST
vfr - very friable
fr - friable
fi - firm
vfi - very firm
efi - extremely firm

STRUCTURE
sg - single grain
m - massive
cr - crumb
gr - granular
sab - subangular blocky
ab - angular blocky
pl - platy
pr - prismatic

TCJ CONSULTING

SITE / SOIL EVALUATION

JOB: RAY SHIRE PHONE: DATE: 4-22

LOCATION: PIN: COUNTY: PROPERTY SIZE:

PROPOSED FACILITY: WATER SUPPLY: On-Site Well__ Community__ Public__ EVALUATION: Auger Boring__ Pit X Cut

WEATHER: ANTECEDENT MOISTURE: SURFACE WATER:

FACTORS	PROFILE 1	PROFILE 2	PROFILE 3	PROFILE 4
LANDSCAPE POSITION-%				
HORIZON I DEPTH	0-6	0-2	0-4	0-3
Color - Munsell	dk br	br	br	
Texture	sl	sl	sl	sdy
Structure	gr	gr	gr	
Consistence	fr	fr	fr	
Boundary				
HORIZON DEPTH II	6-32	2-38	4-35	3-34
Color - Munsell	yell br	br	br	
Texture	sl	sl	brly sl	sdy
Mottles				
Structure	gr	gr	gr	
Consistence	fr	fr	fr	
Boundary				
HORIZON III DEPTH	32-45	38-54	35-50	34-48
Color - Munsell	yell br	yell br	yel br	
Texture	lt scl	sl-ls SAP	sl-ls sap	sdy
Mottles		fine SAP		
Structure	gr	m → lowr	m → lowr	
Consistence	fr ss/se	fr ns/np	fr ns/np	
Boundary				
HORIZON IV DEPTH	45-72			
Color - Munsell	yell br			
Texture	ls SAP			
Mottles	common fine mist			
Structure	m → lowr			
Consistence	fr ns/np			
Boundary				
SOIL WETNESS				
RESTRICTIVE HORIZON				
SAPROLITE				
LTAR	4	.4-.5	.4-.5	.4-.5
CLASSIFICATION	PS	PS	PS	PS

LEGEND

LANDSCAPE POSITION
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MOIST / WET
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Ss - slightly sticky
S - sticky
Vs - very sticky

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STRUCTURE
sg - single grain
m - massive
cr - crumb
gr - granular
sab - subangular blocky
ab - angular blocky
pl - platy
pr - prismatic

12318

SELLER'S DISCLOSURE OF PROPERTY

TO BE COMPLETED BY SELLER *(Please Print)*

Property Address: 14729 Autumncrest Road Lot 14 Oakwood Forest Huntersville NC Age of Structure: _____

Seller's Name(s): Virgle Ray Short Jr Seller ☐ is ☑ is not occupying the property.

Date: 4-16, 19 97 Since what date? _____, 19 _____

Purpose of Statement: This is a statement of the conditions and information concerning the property known by the Seller. Unless otherwise advised, the Seller does not possess any expertise in construction, architecture, engineering or any other specific areas related to the construction or condition of the improvements on the property. Other than having lived at or owning the property, the Seller possesses no greater knowledge than that which could be obtained by a careful inspection of the property by the potential buyer. Unless otherwise advised, the Seller has not conducted any inspection of generally inaccessible areas such as the foundation or roof. It is not a warranty of any kind by the Seller or by any Agent representing any Seller in this transaction. It is not a substitute for any inspections. PURCHASER IS ENCOURAGED TO OBTAIN HIS/HER OWN PROFESSIONAL INSPECTION.

Instructions to the Seller: (1) Answer ALL questions. (2) Report known conditions affecting the property. (3) Attach additional pages with your signature if additional space is required. (4) Complete this form yourself. (5) If some items do not apply to your property, write NA (nonapplicable). If you don't know the facts, write UNKNOWN

Seller's Statement: The Seller gives the following information with the knowledge that even though this is not a warranty, the Seller hereby specifically makes the following representations based on the Seller's knowledge at the signing of this document. The Seller authorizes his/her agent to provide a copy of this statement to any person or entity in connection with any actual or anticipated sale of the property. THE FOLLOWING ARE REPRESENTATIONS MADE BY THE SELLER AND ARE NOT THE REPRESENTATIONS OF THE AGENT. SELLER'S AGENT ALSO HAS NO INDEPENDENT OR PERSONAL KNOWLEDGE OF THE CONDITION OF THE PROPERTY EXCEPT AS NOTED BY THE SELLER BELOW.

THE FOLLOWING STATEMENTS ARE MADE BY SELLER AND ARE NOT REPRESENTATIONS OF THE SELLER'S AGENT(S) AND/OR SUB-AGENT(S).

A) WATER IN BASEMENT, CRAWL SPACE OR SLAB AREA: Since you have owned the property, has there been any water seepage, leakage, moisture, dampness or standing water in the basement, crawl space and/or on or through slab areas?
☐ Yes ☑ No If yes, what repairs have been made and when were they completed?
N/A

Do you know of any current problems? ☐ Yes ☐ No If yes, please explain: _____
N/A

B) MECHANICAL SYSTEMS: Check any of the following items now on the Property which have any defects or malfunctions:
☐ Electrical ☐ Plumbing ☐ Sump Pump ☐ Heating ☐ Heat Pump ☐ Humidifier ☐ Electronic Air Filter ☐ Air Conditioning
If any of the above is checked, please explain: N/A

C) APPLIANCES: Check any of the following items included in the sale which are NOT in operating condition or are in need of repair or replacement
☐ Range/Oven ☐ Microwave ☐ Hood/Fan ☐ Dishwasher ☐ Refrigerator ☐ Disposal ☐ Washer/Dryer ☐ Trash Compactor
☐ Water Softener ☐ Garage Door Opener/Remote Controls ☐ Indoor or Outdoor Grill ☐ Whirlpool Bath ☐ Hot Tub
☐ Window or in-Wall Air Conditioner ☐ Other: N/A

D) OTHER SYSTEMS: Check any of the following systems now on the property that are NOT in operating condition or are in need of repair or replacement
☐ T.V. Antenna, Cable Wiring or Satellite Dish ☐ Intercom ☐ Central Vacuum ☐ Security ☐ Fire or Smoke Alarm
☐ Lawn Sprinkler ☐ Pool ☐ Attic Fan ☐ Ceiling Fan ☐ Fireplace/Chimney ☐ Exhaust Fans ☐ Other: _____
N/A

E) WATER SUPPLY. Property is serviced by *(Check appropriate boxes)*:
☐ City Water Service ☐ Private Water Service ☐ Well ☐ Well Pump ☐ Holding Tank ☐ Cistern ☐ Spring ☐ Pond ☐ Spring/Pond Pump
Water pipes are: ☐ Copper ☐ Galvanized ☐ PVC (Plastic) ☐ Combination ☐ Unknown
Has Water Potability been tested? ☑ Yes ☐ No When? _____ Results? _____

Do you use bottled water ☐ Yes ☐ No Are you aware of below normal water pressure in your water supply? ☐ Yes ☐ No
Has your water supply ever run low? ☐ Yes ☐ No Do you have an unused well? ☐ Yes ☐ No Has it been sealed? ☐ Yes ☐ No
Please explain any problems you have had with your water supply system or quality: _____
N/A

F) SEWER SYSTEM: (Check appropriate boxes) ☐ Sanitary Sewer at Street ☐ House is connected to Sanitary Sewer ☐ Storm Sewer
☐ Septic Tank ☐ Leach Field ☐ Aeration Tank ☐ Filtration Bed
If Septic/Aeration/Filtration, answer the following: Date installed? N/A
Date last inspected? _____ By whom? _____
Date last cleaned? _____ By whom? _____
Location? _____
To your knowledge, is it in need of expansion, cleaning, repair or replacement? ☐ Yes ☐ No If yes, please explain: _____

G) ROOF: ☐ Asphalt Shingle ☐ Wood Shingle ☐ Slate ☐ Tile ☐ Asbestos composition ☐ Unknown ☐ Other
Age of Roof? N/A ☐ Unknown Has the roof ever leaked since you have owned the property? ☐ Yes ☐ No
If yes, has the roof been repaired? ☐ Yes ☐ No Do you know of any current problems with the roof? ☐ Yes ☐ No
If yes, please explain: _____

H) FINISHED WOOD FLOORS: Do some rooms/areas have complete, continuous, wall-to-wall finished wood floors?
☐ Yes ☐ No ☐ Unknown If yes, list rooms: _____
Do some rooms/areas have partial finished wood floors? ☐ Yes ☐ No ☐ Unknown If yes, list rooms: _____

I) STRUCTURE COMPONENTS: Check any of the following items which have any defects or malfunctions:
☐ Foundation ☐ Slab ☐ Fireplace ☐ Interior Walls ☐ Ceilings ☐ Floors ☐ Windows ☐ Doors ☐ Storms/Screens
☐ Exterior Walls ☐ Driveway ☐ Sidewalks ☐ Outside Fences/Walls ☐ Other Structure/Components: _____

If any of the above is checked, please explain: _____

J) BOUNDARY PROPERTY LINES: Do you know the exact location of the boundary lines of your parcel of land?:
☑ Yes ☐ No ☐ Are the boundary lines of your parcel marked in any way? ☑ Yes ☐ No ☐ Unknown

K) OTHER MATTERS AFFECTING THE PROPERTY:
(To the best of your knowledge)

		Yes	No	Unknown
1.	Does the property have substances, materials, or products which may be an environmental hazard such as, but not limited to, asbestos (insulation, flooring, etc.), formaldehyde, radon gas, lead-based paint, fuel or chemical storage tanks, and contaminated soil or water on the subject property?	☐	☑	☐
2.	Has the property been tested for Radon Gas?	☐	☐	☑
3.	Are there environmental nuisances affecting the property (noise, odor, smoke, etc.)?	☐	☑	☐
4.	Has the property ever had wood boring insects of any type?	☐	☑	☐
5.	Have there been any wood boring insect and/or pest control treatments done in the last five years?	☐	☐	☑
6.	Are there any flooding, drainage or grading problems on the property?	☐	☐	☑
7.	Is the property located in a federally Designated Flood Plain?	☐	☑	☐
8.	Are there any violations of local, state, or federal laws, building codes and/or zoning ordinances affecting the property?	☐	☑	☐
9.	Are there any encroachments, easements, shared driveway, party walls, or similar matters that may affect title of the property?	☐	☑	☐
10.	Have there been any room additions, structural modifications or other alterations or repairs made on the property without necessary permits?	☐	☑	☐
11.	Are there any building code violations on the property?	☐	☑	☐
12.	Are there any excessive settling, slippage, sliding or other soil stability problems on the property?	☐	☑	☐
13.	Are there any homeowners' association or "common area" expenses or assessments affecting the property?	☐	☑	☐
13a.	If yes, do you have a copy of the governing documents?	☐	☑	☐
14.	Are there any pending lawsuits, foreclosures, divorce actions, tax liens, proposed assessments, utility or mechanics' liens or materialmen's liens which could affect title to the property?	☐	☑	☐
15.	Are you aware of any drug dealing activities that have ever taken place on the property, subjecting it to possible seizure and forfeiture under federal, state or local laws?	☐	☑	☐
16.	Has there been notice of special assessment or reassessment of the property for real estate tax purposes during the last 12 months?	☐	☑	☐
17.	Are there any property tax abatements on the property?	☐	☑	☐
18.	Does the property lack frontage on a public road?	☐	☑	☐
19.	Are there any landfills or dumps (compacted or otherwise) in the neighborhood, on the property or any portion thereof?	☐	☑	☐
20.	Has there been major damage to the property or any of the structure from fire, earthquake, floods, mine subsidence or other event?	☐	☑	☐
21.	Are there underground utilities located on this property?	☐	☑	☐
22.	Other: _____	☐	☐	☑

If the answer to any of the above questions is "Yes", please explain. (Attach additional sheets if necessary). _____

Seller certifies that the information herein is true and correct to the best of Seller's knowledge as of the date signed by Seller. Seller further agrees to notify Buyer of any additional items which may become known to Seller prior to recording of the Deed.

Seller _____ Date 4/16 , 19 97

Seller _____ Date _____ , 19 _____

I/WE ACKNOWLEDGE RECEIPT OF A COPY OF THIS STATEMENT. I/WE UNDERSTAND THAT THIS INFORMATION IS A DESCRIPTION OF THE PROPERTY TO THE BEST OF SELLER'S KNOWLEDGE AS OF THE ABOVE DATE. IT IS NOT A WARRANTY OF ANY KIND BY SELLER OR SELLER'S AGENT AND IS NOT A SUBSTITUTE FOR ANY INSPECTIONS BUYER MAY WISH TO OBTAIN.

Buyer _____ Date _____ , 19 _____

Buyer _____

THE INFILTRATOR®

MCHD
File: 12318

SEPTIC SYSTEM INSTALLATION INSTRUCTIONS

1 Excavate and level 3' wide trenches.

2 Prepare trench bottom and sides in accordance with state and local regulations. (Infiltrator Systems recommends raking sidewall and bottom infiltrative surfaces to eliminate smearing.)

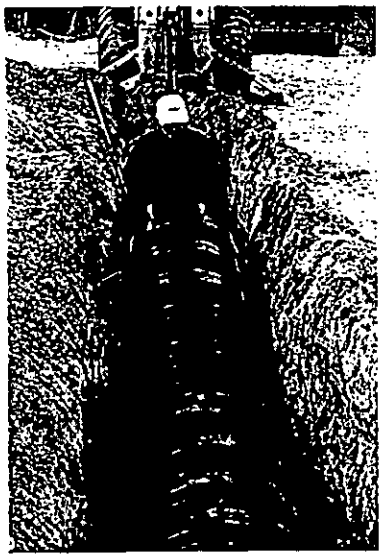
3 Screw splash plate on bottom of open end plate.

4 Screw open end plate into inlet end (without interlocks) of first INFILTRATOR® chamber with splash plate extending into unit.



5 Place first unit in the inlet end of trench with interlocks downstream.

6 Run distribution pipe through inlet opening in end plate but not beyond splash plate. Single screw may be used to hold in place. **Pipe does not normally run the length of system.**



7 Connect INFILTRATOR® units together, fully engaging interlocks to form desired trench length.

a. The joints may be screwed together for ease in construction.

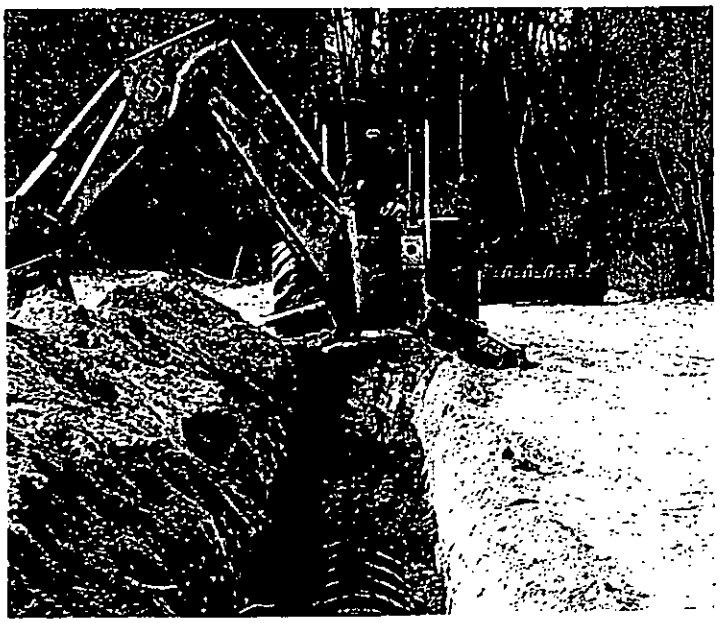
b. Trench grade should be checked with a level or surveying equipment.

8 Screw closed end plate in downstream end of last unit to hold in place. **NOTE:** For serial distribution, or to loop the trenches together, use an open end plate at the downstream end of the trench, and run a pipe from the opening to the next trench.

9 Fill side wall area to top of slots with native soil. "Walk" fill into place to give proper support of sides. **THIS IS VERY IMPORTANT TO ACHIEVE FULL STRENGTH.**



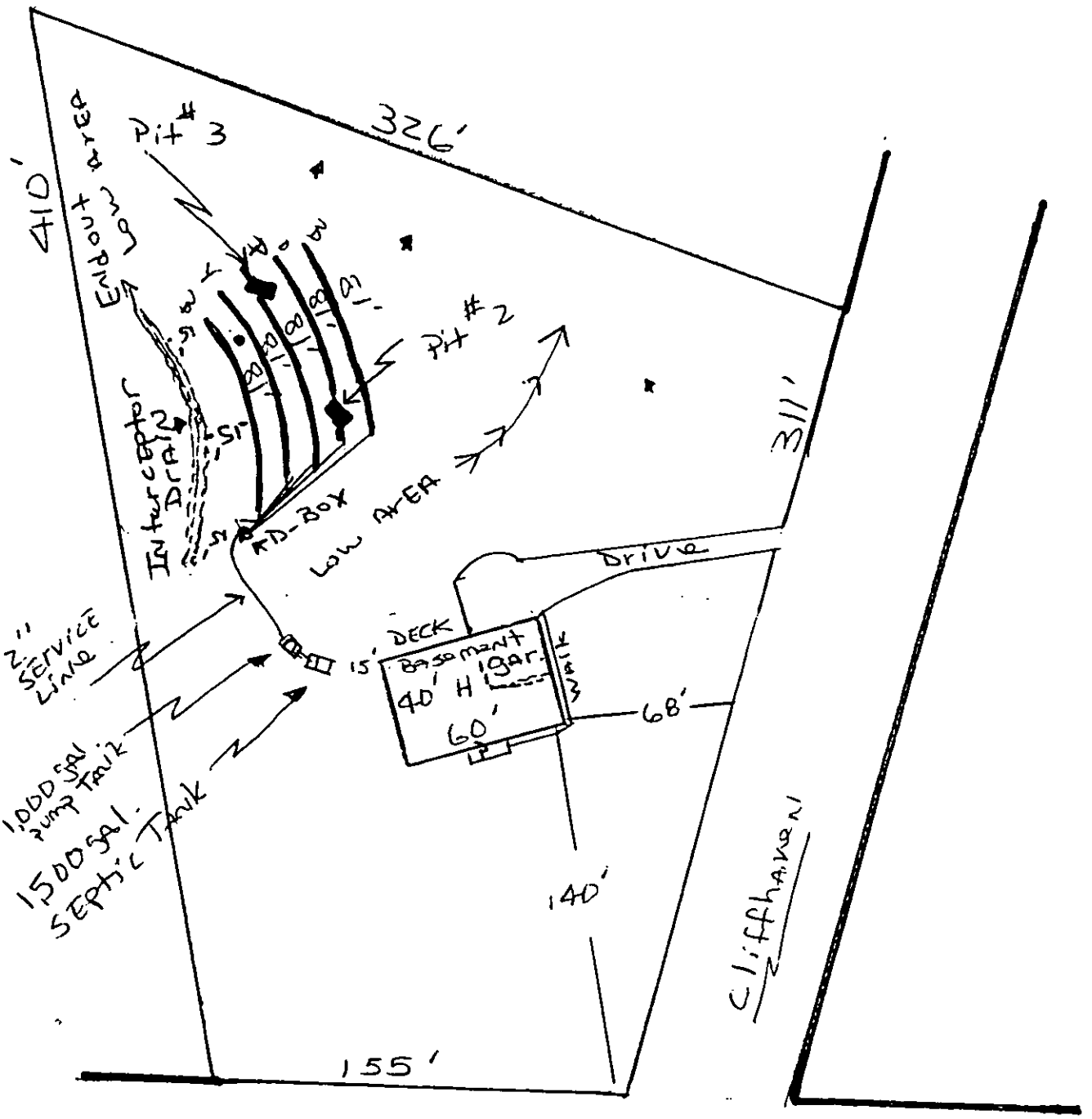
10 Backfill to a minimum of 12" of cover after compaction and settling for H-10 units and 18" for H-20 units. Avoid large rocks in the backfill material. **CAUTION:** Avoid vehicle traffic on system during construction since soil has not settled. This is particularly important in sand, since loose sand offers very little structural support. Most states advise avoiding vehicle traffic to prevent compaction of the infiltrative surface. (After proper depth of cover is compacted and settled, INFILTRATOR® leaching chambers will then support vehicle weight not to exceed 16,000 lbs. per axle for H-10 units and 32,000 lbs. per axle for H-20 units.)



INFILTRATOR® is a registered trademark of Infiltrator Systems, Inc.

(4) Bedrm. Chamber Septic Plan.
405' Total Feet. (Infiltrator)

MCAD
File: 12318



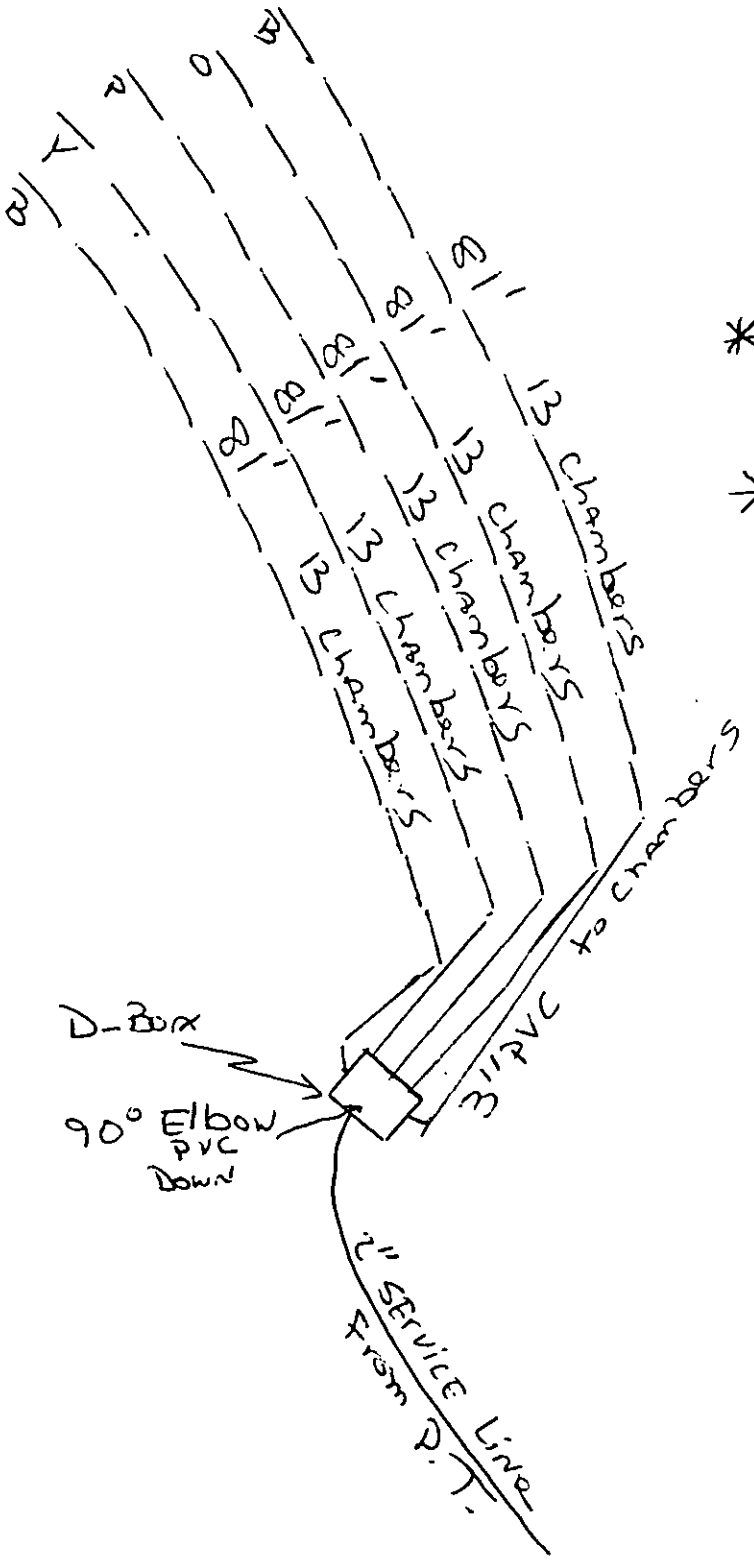
14729 Autumncrest

J. Whittaker
366-9540

SCALE 60

(4) Bedrm. Pumped Chamber SEPTIC PLAN. Infiltrator

MCHD
File: 12318



* 1,500 gal. SEPTIC TANK
  1,000 gal. Pump TANK
  (5) 81' chamber lines
  (13) Chambers per line
  (65) Chambers = 405'
* may require speed levels at D-Box.
* (5) 22° curveture Elbows should be ordered to allow for curved Chamber lines. (If available) Placement determined at installment.

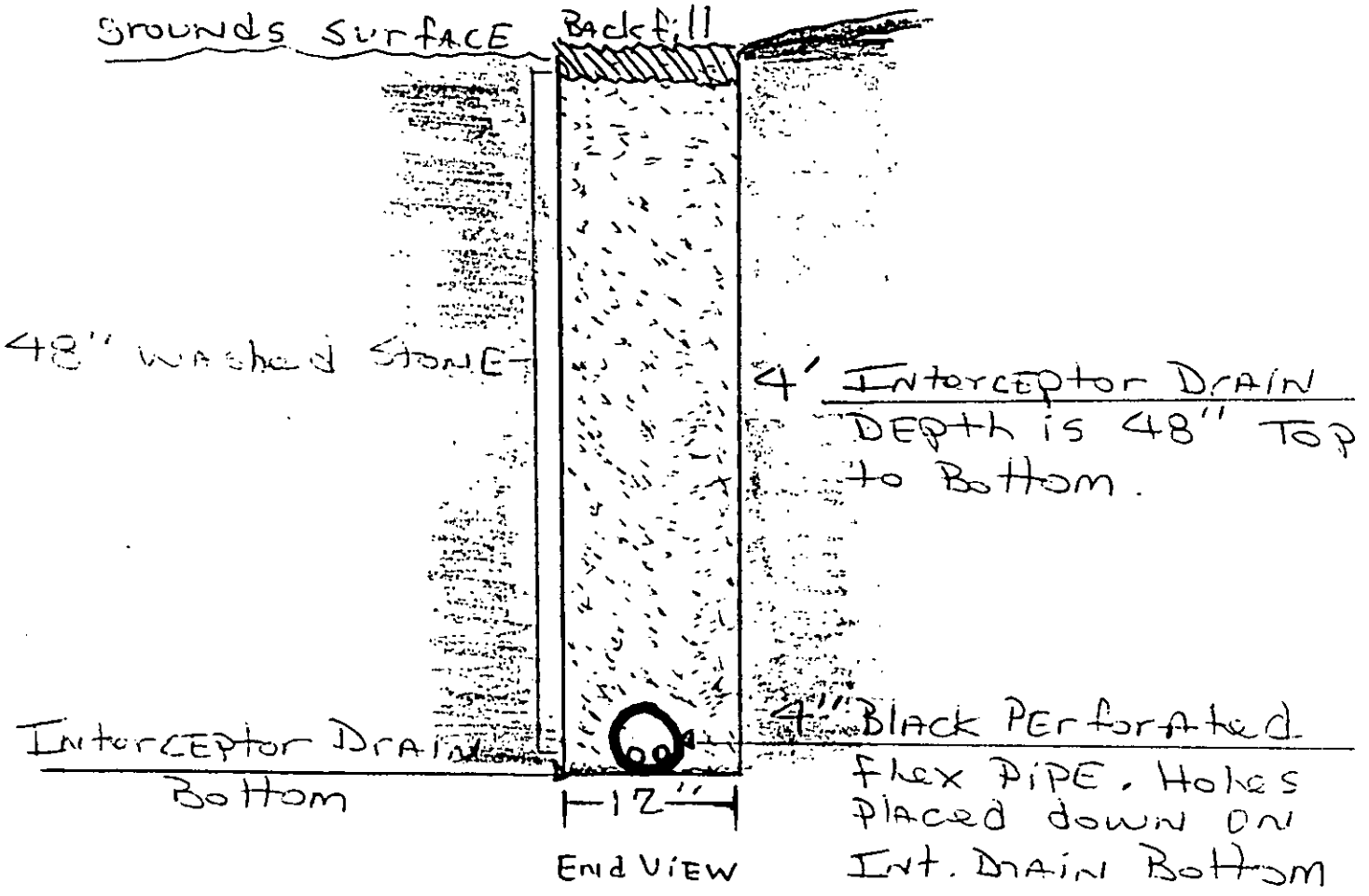
Not to Scale

MCHD

File: 12318

Interceptor Drain Specs:

1' x 48" washed stone # 57 or comparable x 120' long±



* Place I. Drain minimum of 15' above first chamber line; & extend 10'± beyond D-box & end of chamber lines.
* I-Drain to be installed on grade & contour; end out into low area towards back of lot.
* Trench & cleanout excavation, place 4" black flex pipe with perforations down onto bottom of trench. Backfill with approved washed gravel, top cover on-site material.

not scaled

FEE: 100.00
DATE: 6/21/97
CK# 8659

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

[ ] 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

FILE #: 12318

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 021-042-06

STREET ADDRESS: 14729 Autumn Crest Rd.

SUBDIVISION OR MOBILE HOME PARK NAME: Oakwood Forest

LOT NUMBER: # 14

TOWNSHIP (CHECK ONE):

[X] 0 MECKLENBURG
[ ] 1 CHARLOTTE
[ ] 2 DAVIDSON
[ ] 3 CORNELIUS
[ ] 4 PINEVILLE
[ ] 5 MATTHEWS
[ ] 6 HUNTERSVILLE
[ ] 7 MINT HILL

CLOSING DATE 6/6/97

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: 2900

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 5

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 [X] 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:

NAME: Short JR. , Virgle A. Ray
(LAST) (FIRST) (MI)

ADDRESS: 470 Stutts Rd.

CITY: Mooresville STATE: N.C. ZIP: 28115

DAYTIME PHONE: ( ) —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: CROSS Keith H.
(LAST) (FIRST) (MI)

DAYTIME PHONE: (704) 417 - 7154

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: Keith H Cross DATE: 6/2/97

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

FEE: 100.00
DATE: 6/2/97
CK# 8659

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

[ ] 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

FILE #: 12318

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__ 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

CLOSING DATE 6/6/97

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: 2900

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 5

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 X 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:

NAME: Short JR. , Virgle B. Ray
(LAST) (FIRST) (MI)

ADDRESS: 470 Stutts Rd.

CITY: Mooresville STATE: N.C. ZIP: 28115

DAYTIME PHONE: ( ) —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Cross Keith H.
(LAST) (FIRST) (MI)

DAYTIME PHONE: (704) 417 - 7154

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SIGNED: Keith H. Cross DATE: 6/2/97

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: 12318

TC: 021-042-06

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.

SEE Attached

OWNER/AGENT SIGNATURE

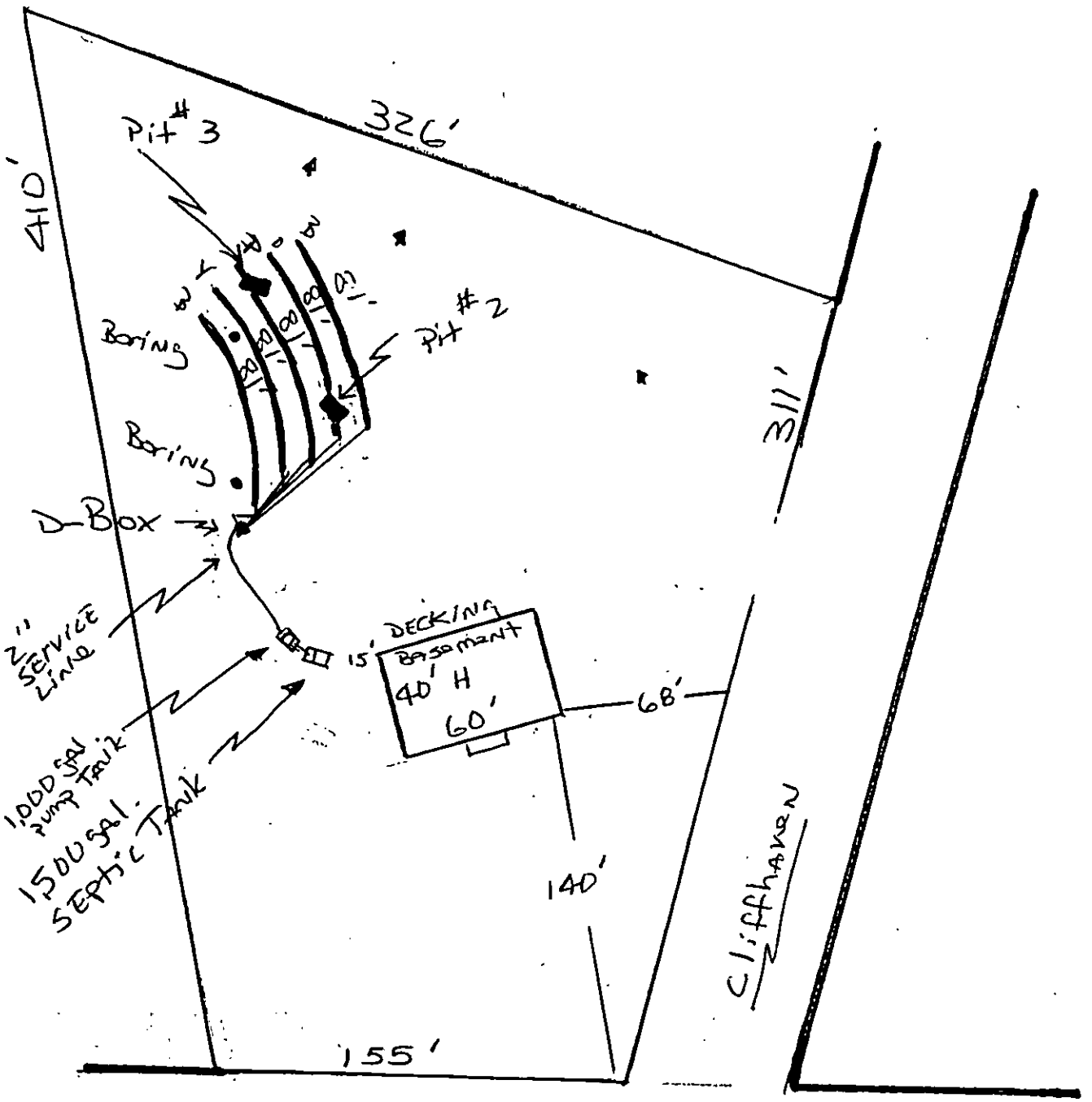
DATE 6/2/97

APPROVAL DATE _____

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

(4) Bedrm: Chamber Septic Plan.
405' Total Feet

MCHD
File: 12318



14729 Autumncrest

T. Whittaker
866-9540

SCALE
60

MCHD

File: 12318

(4) Bedrm. Pumped Chamber
SEPTIC PLAN. SPECS:

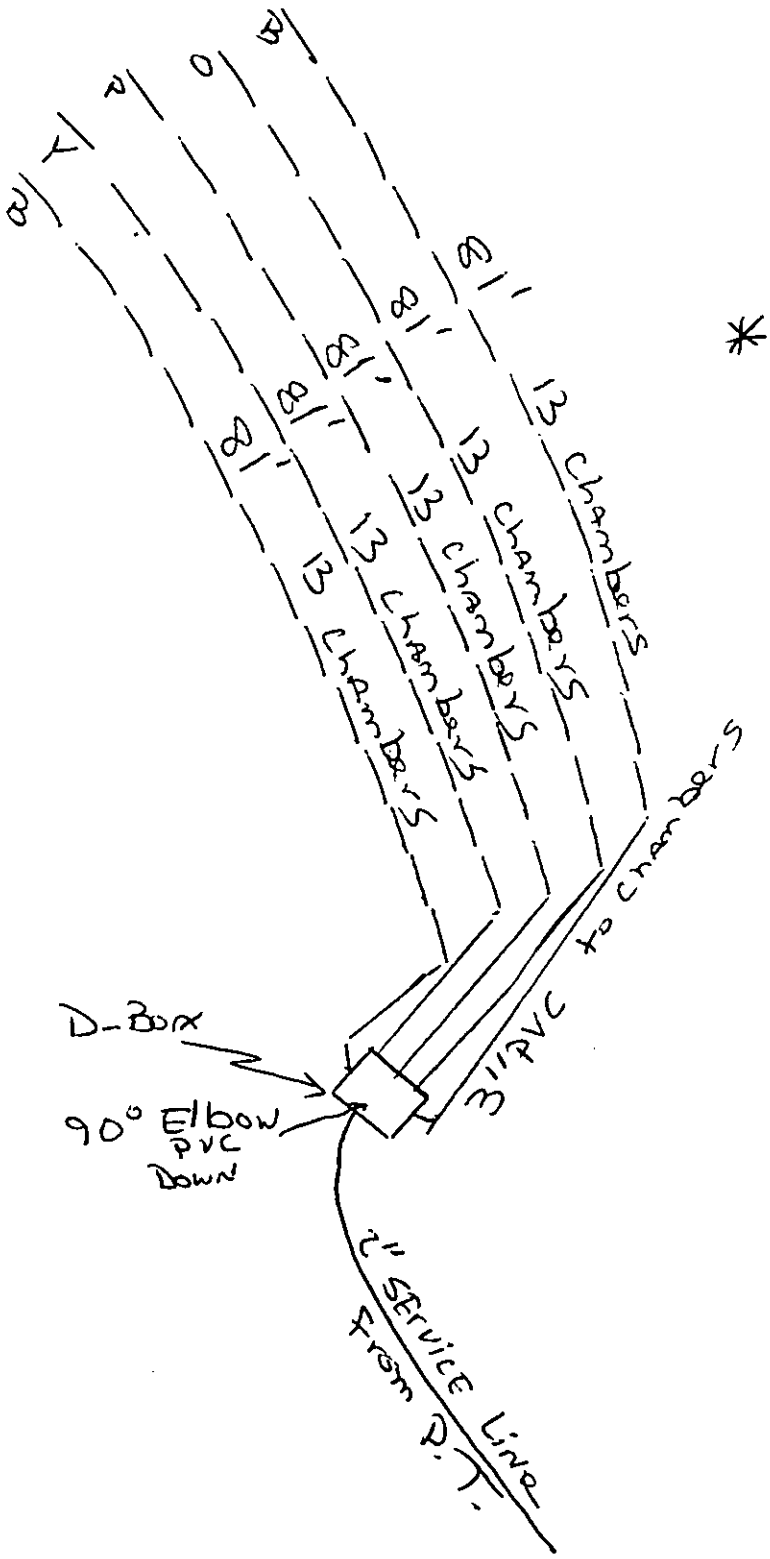
* 1,500 gal. SEPTIC TANK
  1,000 gal. Pump TANK

(5) 81' chamber lines

(13) Chambers per line

(65) Chambers = 405'

* may require speed levels at D-Box.



T. Whittaker
not to Scale

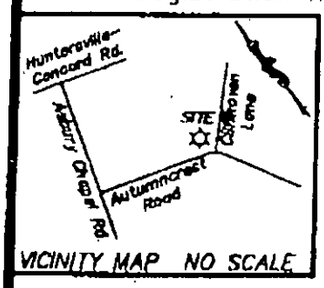
PATTERSON SURVEYING, P.A.

P.O. BOX 337, TROUTMAN, N.C. 28166 (704) 528-0093 *Fax (704) 528-0320
LAND SURVEYING * PLANNING * EROSION CONTROL

I Joel H. Patterson III, certify that this plat was draw under my supervision from an actual survey made under my supervision (deed description and/or Map Book 4040, Page 291. That the boundaries not surveyed are clearly indicated as drawn from information as shown on survey; that the ratio of precision as calculated is 1: 10,000+ that this plat was prepared in accordance with G.S. 47-30 as amended. Witness my original signature, registration number and seal this 28th day of JUNE, A.D. 1997.

NORTH CAROLINA REGISTERED LAND SURVEYOR L-3711 JOEL H. PATTERSON III

JOEL H. PATTERSON III
REGISTRATION NUMBER L-3711



VICINITY MAP NO SCALE

Lot 33
Catherine L. Gerstner
6964/0087

Deed Bk: 4040 Pg: 291
Dated: March 1978

Found #4 Rebar
Found Concrete Monument
0.49'
(Base Bearing)
S48°30'00"E
338.99'
Found #4 Rebar
R/W
60'

"SEE PLAN Attached"

N41°59'00"E
417.20' To Concrete Monument
417.89' Total

Lot 14
1.88 Acres
(Area by Coordinate Method)

S42°29'10"W
212.25'

CLIFFHAVEN LANE (Paved)

Lot 13
Caroll F. Robinson
6249/0624

S87°13'58"W
Chord: 88.28'
L=88.32'
R=810.37'

N67°41'16"W
Chord: 40.66'
L=40.76'
R=213.64'

S55°20'00"W
121.48'

P/K Nail Set

114.05'
N74°01'55"W

Found 2" Pipe

219.90'
(Tie Only)
N72°29'18"W

Found #4 Rebar

S87°14'34"E
(Tie Only)
395.58'

AUTUMNCREST ROAD (Paved)

NOTES:
1) This property may be subject to any easements and/or Rights-of-way of record.
2) Boundary information based on Map Book 14 at Page 101 as recorded in the Mecklenburg County Register of Deeds.
3) This survey is of and existing parcel or parcels of land.
4) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.
8) Intersections are subject to a 20' Radius

LEGEND
R/W = Right-of-way
I.P.S. = #4 Rebar Set
= Not to scale
= Telephone Pedestal
= Utility Pole

BOUNDARY SURVEY

OF
14729 AUTUMNCREST ROAD
LOT 14 "OAKWOOD FOREST" SHEET 1 OF 2

SCALE 1" = 60'
HUNTERSVILLE TOWNSHIP, MECKLENBURG CO., N.C.
ACQUIRED BY: V. RAY SHORT, JR.

FIELD BOOK: 001
FILE: 02895
TAX MAP NO: 021-042-08

FEE: 100 60
DATE: 3-12-97 Rec'd
Ck # 2654

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

[ ] 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

FILE #: 97-28-12318

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 02104206

STREET ADDRESS: 14729 Autumn Crest

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: Lot 14

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2500 sqft

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 4

CLOSING DATE NONE

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT ON SLAB
X CRAWL SPACE
X 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:

NAME: (LAST) Short (FIRST) Virgle (MI) Ray Jr.

ADDRESS: 470 Stutts

CITY: Mooresville STATE: NC ZIP: 28115

DAYTIME PHONE: (704 664-6761 or 529-3430

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) --

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: V. Ray Short Jr. DATE: 3/12/97

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

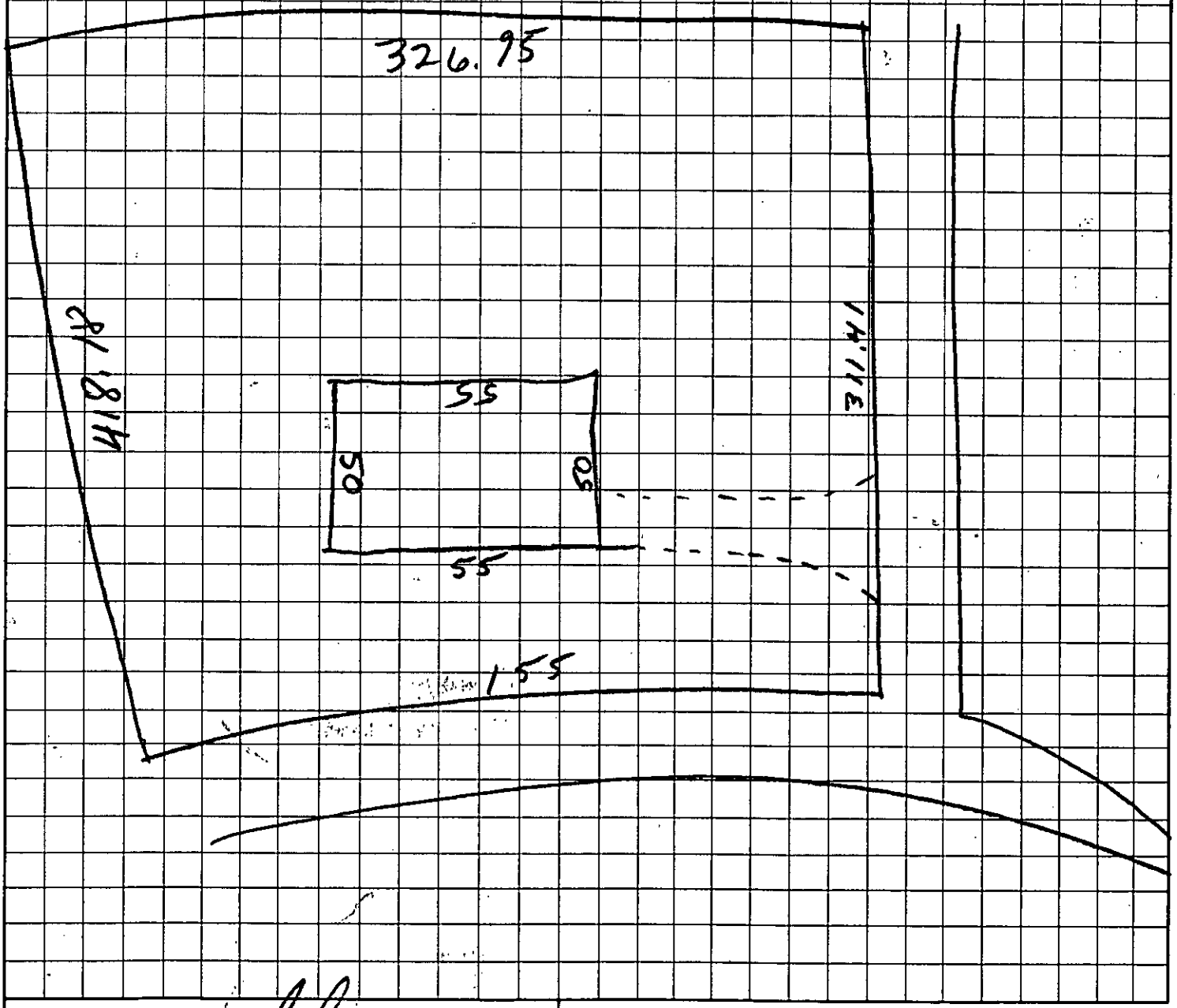
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

12318

FILE: ~~11/12/97~~

TC: 021-042-06

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.



OWNER/AGENT SIGNATURE T. Ray Short Jr

DATE 3/12/97

APPROVAL DATE _____

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

PROPOSED PLOT PLAN

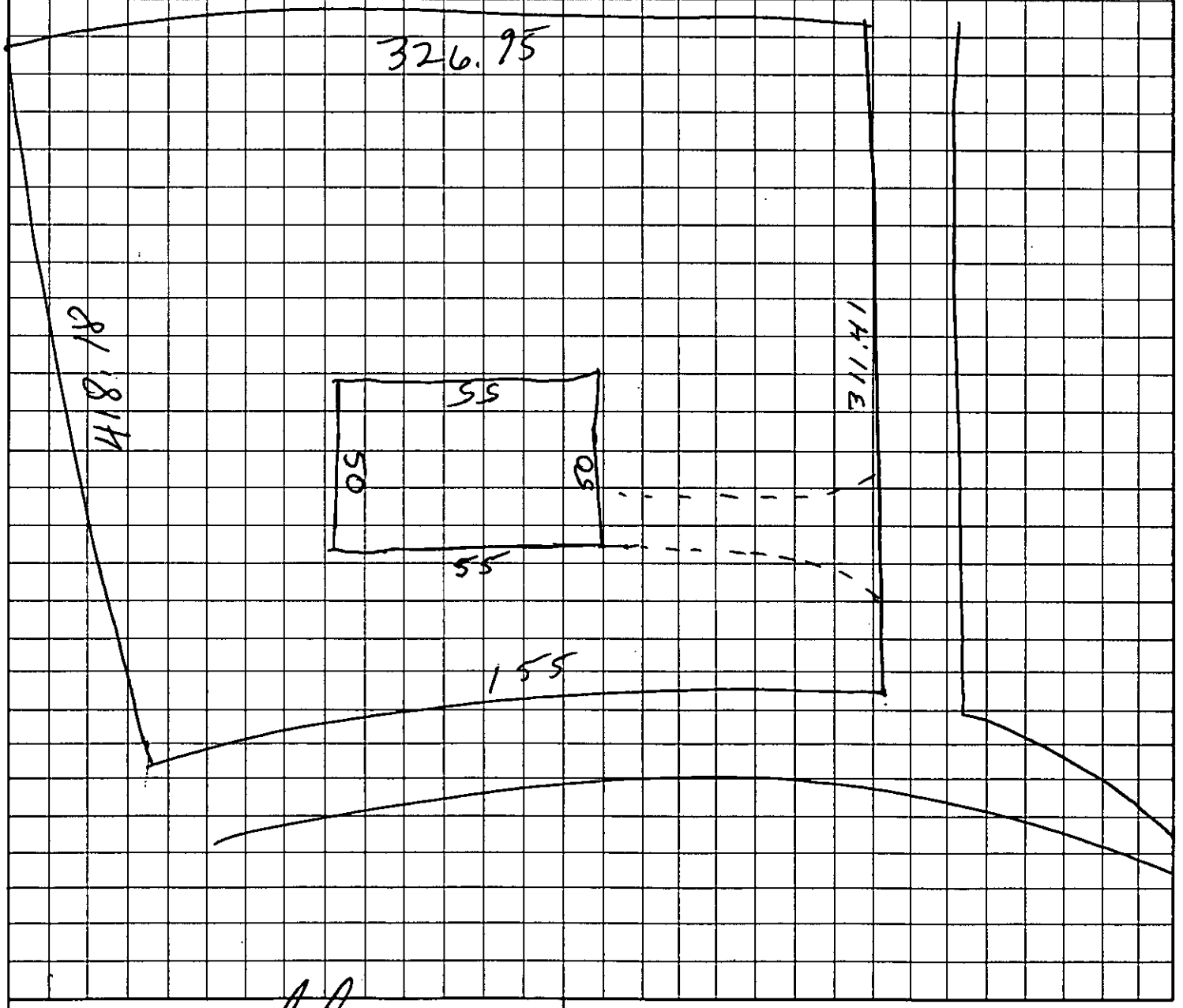
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

12318

FILE: ~~4728~~

TC: 021-042-06

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.



OWNER/AGENT SIGNATURE

DATE 3/12/97

APPROVAL DATE _____

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

PROPOSED PLOT PLAN

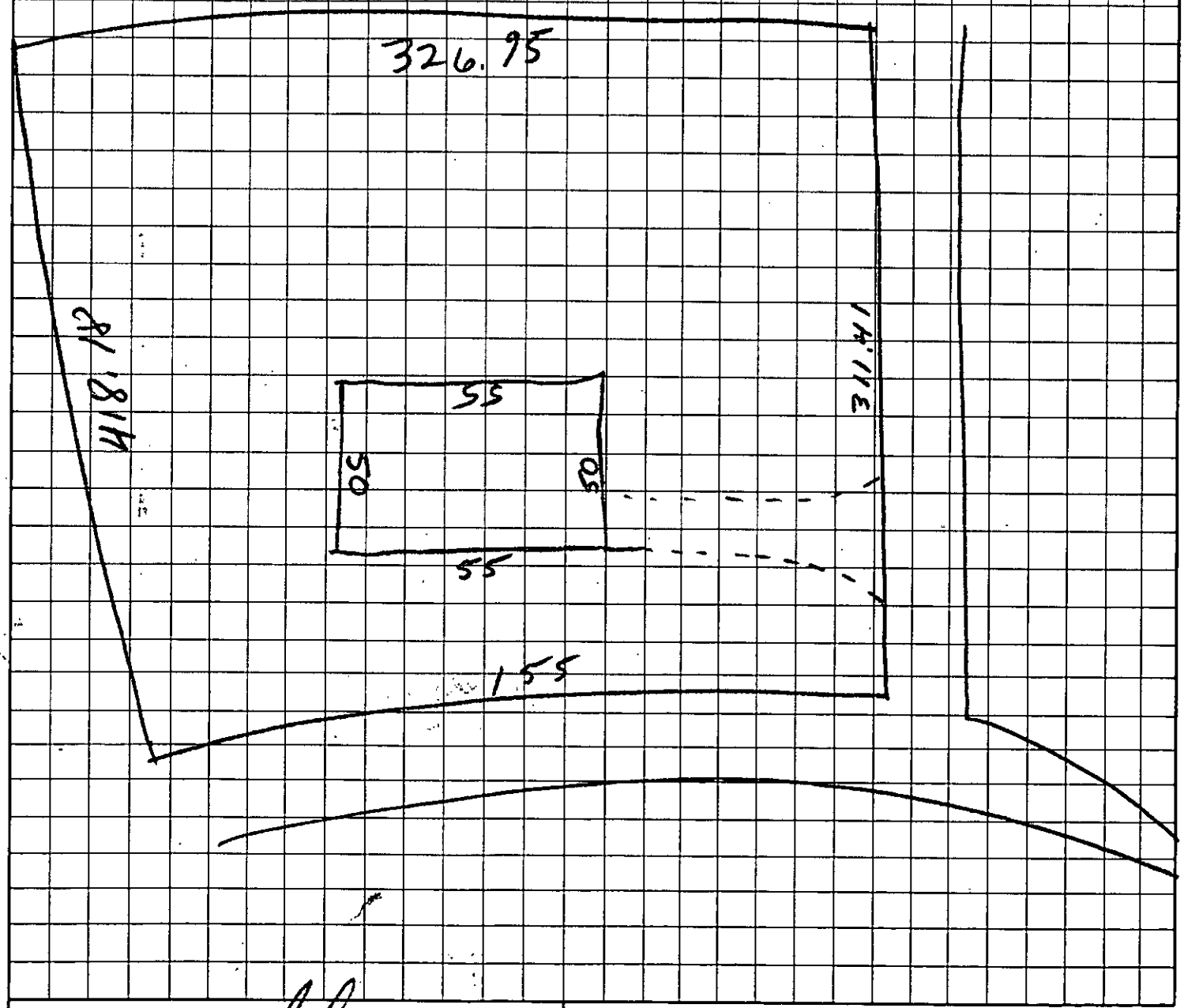
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

12318

FILE: ~~12328~~

TC: 021-042-06

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.



OWNER/AGENT SIGNATURE

DATE 3/12/97

APPROVAL DATE _____

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

PROPOSED PLOT PLAN

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

12318

FILE: ~~AA2B~~

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.

326.95

Mr. Martin,

There is no proposed homesite for this parcel. I am wanting to gain septic approval for an approx. 2500 sq ft house w/ 3 BR's so that I may list the property for sale. Tony Jacobs is helping me with this project and will be in touch with you concerning an appointment to meet at the lot with a backhoe to obtain soil samples. Thank you for your time

Ray Short

81.81N

311.41

Cliffdown

155

Autumn crest

V. Ray Short Jr.
OWNER/AGENT SIGNATURE

DATE 3/17/97

APPROVAL DATE _____

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

PROPOSED PLOT PLAN

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

123118

FILE: ~~AAAB~~

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.

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Ray Short

81.81K

311.41

Cliffhaven

155

Autumn Crest

V. Ray Short Jr.
OWNER/AGENT SIGNATURE

DATE 3/12/97

APPROVAL DATE _____

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

PROPOSED PLOT PLAN

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

123118

FILE: ~~11728~~

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.

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Ray Short

81.81'

311.41'

CLEARVIEW

155

Autumn crest

V. Ray Short Jr.
OWNER/AGENT SIGNATURE

DATE 3/12/97

APPROVAL DATE _____

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

12318 file 172B(8618A)

Rd 75' 3 41 95 Cert 3 12-7-92

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[ ] 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: Mullis (last) LARRY (first) E. (mi)
ADDRESS: 2134 O'Hara Dr PHONE: 704 588-6846
CITY: CHARLOTTE STATE: NC ZIPCODE: 28273

Date: DEC 7 '92

PROPERTY OWNER:
NAME: McLAMB (last) CARL (first) CRAIG (mi)
ADDRESS: 7023 Mallard Cr. PHONE: 704 597-1865
CITY: CHARLOTTE STATE: NC ZIPCODE: 28262

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 021-042-06
STREET ADDRESS: 14729 AUTUMNCREST RD
ZONING: _____

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 6 LOT SIZE (in acres): 1.88

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3

SYSTEM CLASSIFICATION:

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

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

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [X] 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: Carl McLamb Date: 12-7-92

NOTICE:

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

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

...This permit is not transferable.

...

[ ] 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

WATER : 122791

PROPOSED PLOT PLAN

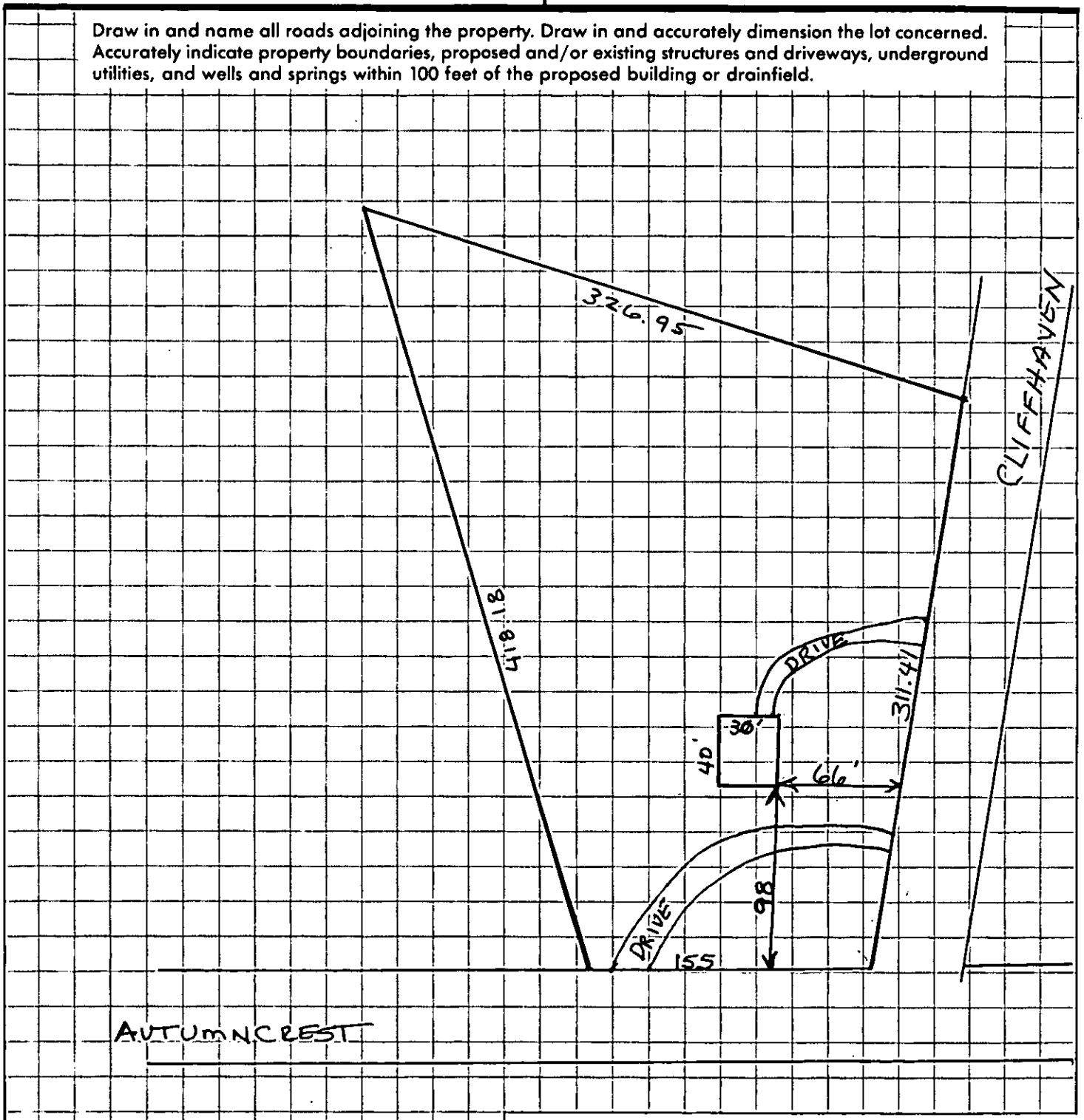
12318

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

FILE: ~~172B (0643A)~~

TC: ~~021-045-06~~

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

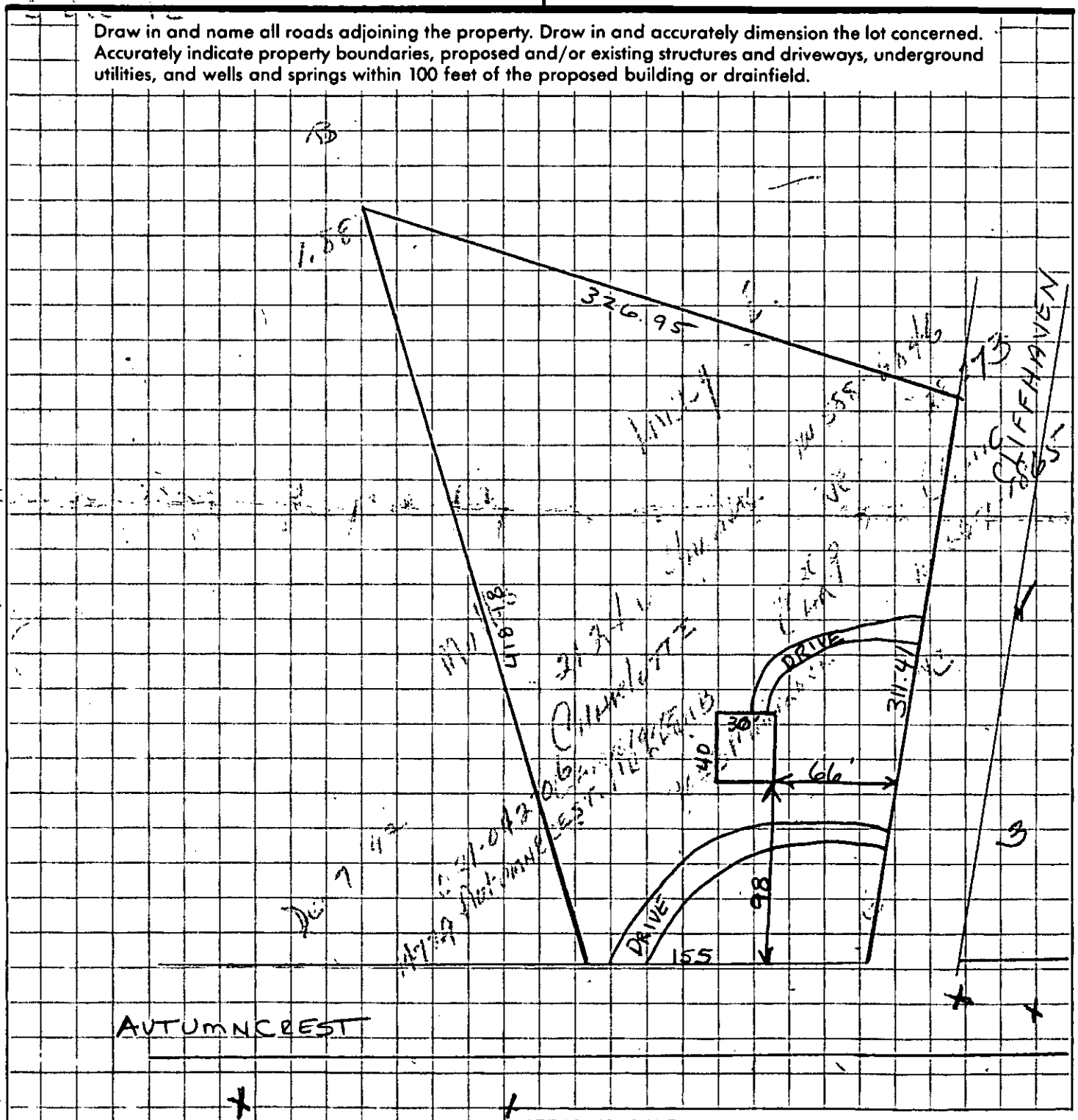
PROPOSED PLOT PLAN

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

FILE: 77-2B (8643A)

TC: 021-045-06

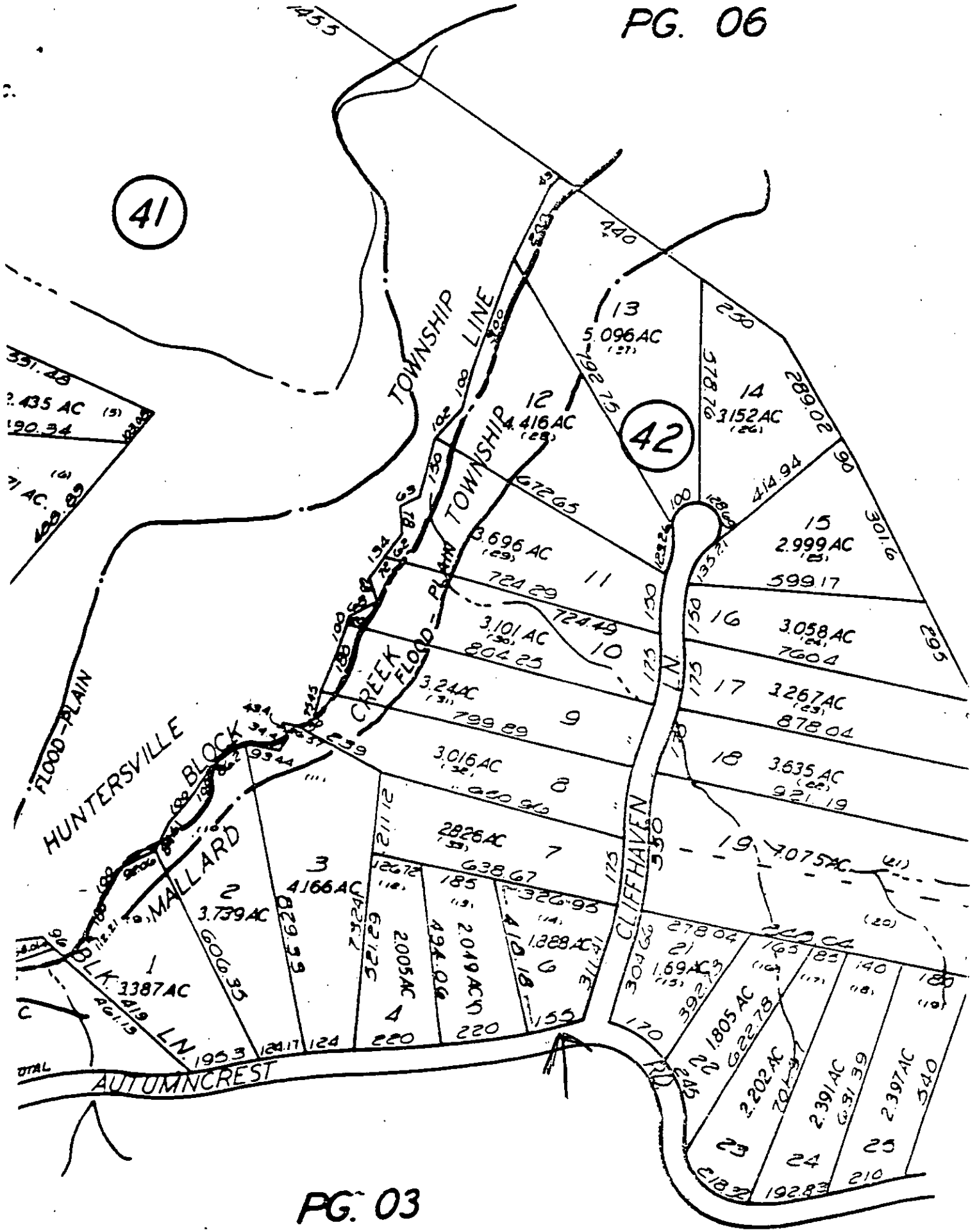
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APPROVAL DATE _____

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

PG. 06



PG. 03

TAX LINE MAP	BOOK
MECKLENBURG COUNTY, N	
REVISED	SI

Mecklenburg County

Health Department

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

April 1, 1993

Mr. Carl C. McLamb
7023 Mallard Creek Road
Charlotte, NC 28262

Dear Mr. Mr. McLamb:

Enclosed you will find a copy of the report prepared by Joe Lynn, Regional Soil Specialist for the property located at Autumncrest and Cliffhaven(Tax Parcel No. 021-042-06).

Sincerely,

William R. Marlin, Soil Scientist
Individual Water and Wastewater Systems Section

Enclosure

Carl C. McDaniel
7023 Mallard Creek Road
Charlotte, N.C. 28262

Enclosed you will find a copy of the report prepared by Joe Lyon, Registered Soil Specialist, for the property (021-042-06) located at Cutannacut and Cliffhaven.

Sincerely,

William G. Mack

12318

021-042-06

SOIL AND SITE REPORT FOR A GROUND ABSORPTION WASTEWATER SYSTEM

by

JOE LYNN, REGIONAL SOIL SPECIALIST
ON-SITE WASTEWATER SECTION
DIVISION OF ENVIRONMENTAL HEALTH

Submitted to:

WILLIAM MARLIN, SOIL SCIENTIST
MECKLENBURG COUNTY HEALTH DEPARTMENT

MARCH 23, 1993

Joe Lynn
Regional Soil Specialist

SUMMARY

This site is **UNSUITABLE** for a ground absorption wastewater treatment and disposal system under current laws and rules 15A NCAC 18A .1900. **No ground absorption wastewater (septic tank) system can be permitted on this site.**

Conventional systems	NO
Shallow conventional systems	NO
Large Diameter Pipe systems	NO
Prefabricated Porous Block Panel systems	NO
Low Pressure Pipe Systems	NO
Fill Systems	NO
Aerobic Treatment Systems	NO

This report gives a brief summary of the findings, conclusions, and recommendations.

If you have any questions or I can be of assistance contact me at the Mooresville Regional Office (704) 663-1699.

INTRODUCTION

COUNTY: Mecklenburg

OWNER/APPLICANT: Carl C. McLamb

LOCATION: Autumncrest Road and Cliffhaven Lane

TYPE OF FACILITY: Residence

DESIGN UNIT: 360 gpd

PROPOSED WATER SUPPLY: On-Site well

EVALUATED BY: Joe Lynn assisted by William Marlin using hand augers

DATE OF EVALUATION: January 14, 1993

OTHER(S) PRESENT:

SITE INFORMATION

AREA/PRESENT USE: 1.88 acres / wooded

TOPOGRAPHY: 3 to 38 percent

LANDSCAPE POSITION: Ridge / linear, nose, shoulder, and foot slopes

SITE LIMITATIONS: Old road / cut at road / gullies / depressions / wells on adjoining lots

SOIL INFORMATION

SOIL TEXTURE: (surface) Sandy loam / loam / sandy clay loam / sandy clay
(subsoil) Sandy clay loam / sandy clay

SOIL STRUCTURE: (subsoil) Blocky

CLAY MINERALOGY: Slightly expansive

SOIL DEPTH: 13 to 46 inches to unsuitable soil condition

SOIL WETNESS: 13 to 20 inches to chromas of 2 or less

RESTRICTIVE HORIZONS: None

SAPROLITE: 14 to 46 inches to unsuitable saprolite

AREA of S or PS SOIL: Approximately 500 sq. ft.

CONCLUSIONS

This site is unsuitable for the installation of a conventional ground absorption wastewater system due to:

1. Unsuitable Topography and Landscape Position — Section .1940
   Drainage features (gullies), complex slopes, and depressions
2. Unsuitable Soil Wetness — Section .1942
   Chromas of 2 or less from Munsell Color Book
3. Insufficient Soil Depth — Section .1943
   Soil depths of less than 36 inches
4. Insufficient Available Space — Section .1945
   Not enough area for an initial sewage system and a repair if needed.

The site is Unsuitable under Rule .1956 Modifications to Septic Tank Systems. Neither shallow trenches, large diameter pipe, nor porous block panel systems are options for this site. The saprolite is unsuitable by this rule. Drainage will not be sufficient to reclassify the site to Provisionally Suitable.

The site is Unsuitable under Rule .1957 Alternative Sewage Systems. Neither a low pressure pipe system, fill system, nor an aerobic treatment unit are options for this site.

RECOMMENDATIONS

The owner has the following options that might allow the use of this property as desired:

1. The applicant may purchase other Suitable or Provisionally Suitable property to place the ground absorption sewage system on.
2. The applicant may obtain an easement on a Suitable or Provisionally Suitable property to place the ground absorption sewage system on.
3. The Division of Environmental Management in Mooresville, N. C. at (704) 663-1699 may be contacted to pursue options available through that office.
4. A sewage system can be pursued under Rule 1957 (c). Written documentation must be submitted to your office showing that the proposed sewage system can be expected to function properly. The data must contain the following:
   A. The effluent must receive adequate treatment.
   B. The ground water and the surface water must not be contaminated by the effluent.
   C. The effluent must not be exposed to the ground surface or discharged to surface waters where it could come into contact with people, animals, or vectors.

File # 12 318

10-05-99 JRS