Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
704-336-5103 Phone 704-336-6894 Fax

SERVICE REQUEST

Service Request Information

Request Number: **17774**
Request Type: **Resid Pool Approval**
Associated WO Number:
Date Initiated: 9/13/10 3:22:09 PM
Submitted To: MICHAEL, JEREMY

Priority: **3**
Status: IP
Initiated By: CRAIG, GWENDOLYN
Dispatched To: MICHAEL, JEREMY

Incident Location

Problem Address: **3440 MAYHEW FORREST LANE, MINT HILL, 28227**

Requesting Party Information

First Name	Last Name	Address		
MICHAEL	VOGEL7045734231	3440 MAYHEW FORREST LANE	MINT HILL	28227

Home Phone	Work Phone	Other Phone
	(704) 201-9187	

Question	Answer

Problem Details

Caller Details	Residential pool request, septic & well on property. Septic file # 4448B

Details (cont.)	Residential pool request, septic & well on property. Septic file # 4448B

Activity Details

Comments	

SERVICE REQUEST/WORK ORDER

Log No.: 17774 Section: PHPM & ES Hazard? ( )Yes ( )No

Date: 9/13/10 Parcel: 195-211-35 <60 Days? ( )Yes ( )No

REQUESTING PERSON: Melinda Beacham TELEPHONE NUMBER(S): 655545

PROPERTY CONCERNED: Name Michael Vogel (H) 704-573-4231 (W) 704-201-9187

ADDRESS: 3440 Mayhew Forest Ln CITY Mint Hill ZIP 28227

SERVICE REQUESTED: Please locate septic & well to the proposed pool construction.

ASSIGNED TO/ AREA: JAM COMPLETED BY: _____

DATE	ACTIVITY REPORT
	BIT 2003 parent 195-031-23
	file # 4448B
	9/15/2010 Pool location meets required setbacks off septic tank.
9/15/10	Pose release GJC

NOTIFICATION TO REQUESTING PERSON: ( ) WRITTEN ( ) VERBAL ( ) NOT APPLICABLE

COMPLETED BY: Jeremy Michael DATE 09/14/2010

REVIEWED BY: Kelly Rankin DATE 9-15-2010

Mecklenburg County Health Department

APPLICATION FOR RESIDENTIAL POOL CONSTRUCTION

(All Sections of this Application Must Be Completed AND Signed for Processing)

Physical street address of installation: 3440 MAYHEW FORREST LANE

Subdivision Name: MAYHEW COUNTRY ESTATES City: MINT HILL Zip Code: 28227

Owner: MICHAEL VOGEL Home Phone: 704 573-4231

Mailing Address: 3440 MAYHEW FORREST LANE Work Phone: 704 201-9187

City: MINT HILL State: NC Zip Code: 28227

Contractor: CABARRUS POOLS Phone: 704 786-7665

Mailing Address: 42 MANOR AVE City: CONCORD State/Zip: NC 28025

1. Type of Water Supply(check one): ☐ City (Municipal) ☐ Private utility (Community) ☑ Private Well
2. Type of Sewage Disposal (check one): ☐ City (Municipal) ☐ Private utility (Community) ☑ Septic system

3. **All outdoor residential swimming pools and spas in Mecklenburg County are required to be completely fenced or protected once the pool is holding water. The minimum fence/barrier required by APPENDIX G of the NC Residential Code is 48"(inches) with no opening greater than four(4) inches through the barrier or more than 2"(inches under the barrier. Gates, when provided, must be self-closing, self-latching, and, where applicable lockable. Other requirements may apply. NOTE-driveway gates, when installed as part of the fence above, must be installed w/ automatic self-closers.**

4. **Attach a scale drawing showing the proposed location of the pool and any buildings, wells, or septic tank systems within 100 feet of the proposed pool.**

MUST BE COMPLETED BY HOMEOWNER OR LEGAL(POWER OF ATTORNEY) REPRESENTATIVE

I MICHAEL VOGEL, owner of the property, agree to the following requirements: *(initials are required beside each item listed.)*

- I certify that the application and site drawing being submitted are accurate and complete. MV
- I hereby authorize agents of the Health Dept. to enter onto the above property to process this request and to conduct a fence and gate inspection of the pool, when requested or needed. MV
- I understand that the pool must be protected by a fence and gate(s) (or equivalent, if above ground) as specified in the NC Residential Code, APPENDIX G and the *Mecklenburg County Health Ordinance Rules Governing Residential Swimming Pools* and must be installed and completed **once the pool is capable of holding water** MV

Signed: [signature] 9/8/10

Property Owner's Signature Date

By signing in this block, the contractor authorizes the processing fee for this request to be charged to their LUESA Contractor Account.

BOB SMITH [signature] 9/8/10

NAME(PRINT) Signature Date

This area for MCHD use only:

Amount Paid: $ 75.00 ☐ Cash ☐ Check ☒ Contractor Account

Check Number: _____ Date: 9/13/10 By: [signature]

Contractor Charge Account: X31497

Request #: 3643 Parcel ID#: _____ EHS: _____

Approved By: [signature] Date: 9/14/10 CRT: _____

Disapproved By: _____ Date: _____ Notify Date: _____

Final/Fencing Inspection By: _____ Date: _____

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

Revised FEB 2008

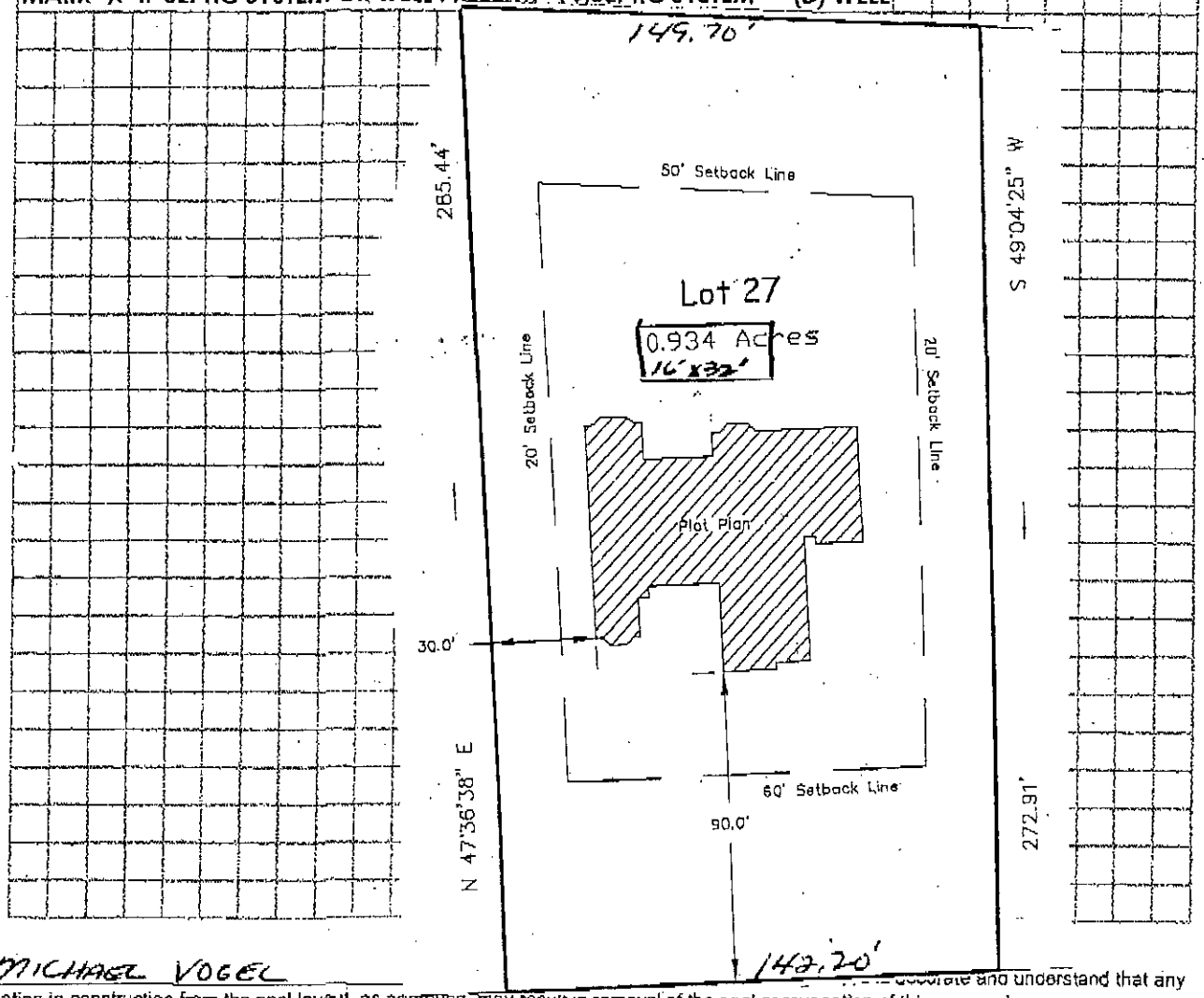
Mecklenburg County Health Department
700 N. Tryon Street, Suite 208
Charlotte, NC 28203
PHONE (704) 336-5101 FAX(704) 336-5306

PLOT PLAN FOR SWIMMING POOL INSTALLATION

ADDRESS: 3440 MAYHEW FORREST LANE MINT HILL

Draw in all proposed pool, property lines, address road, proposed or existing structures or driveways, underground storage tanks, wells (whether on same lot or not, if within 100 feet), and septic system drainfields. Plot/draw all dimensions, distances, etc. as needed to accurately detail pool layout in relation to structures, property lines, septic systems, etc.

MARK "X" IF SEPTIC SYSTEM OR WELL PRESENT: ( )SEPTIC SYSTEM (✓) WELL



I, MICHAEL VOGEL certify that the information on this plot plan is accurate and understand that any deviation in construction from the pool layout, as approved, may result in removal of the pool or revocation of this approval.

HOMEOWNER SIGNATURE

9/8/10
DATE

OFFICE USE ONLY:
HEALTH DEPT APPROVAL BY: DATE:

FEE: 200
DATE: 10/10/00 Check

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

1 1 CRT

TYPE APPLICATION: X 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 #: 4408

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 195-211-35

STREET ADDRESS: 3440 ~~LOT 27~~ Mayhew Forrest LN

SUBDIVISION OR MOBILE HOME PARK NAME: Mayhew Country Estates

LOT NUMBER: 27

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 3,000

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT ON SLAB
X CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

TOWNSHIP (CHECK ONE):

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

CLOSING DATE NOV 1 2000

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)
X 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 X NO	WELL, SPRINGS OR WATERLINES	__ YES X NO
EXISTING WASTEWATER SYSTEMS	__ YES X NO	DESIGNATED WETLANDS	__ YES X NO
EASTMENTS OR RIGHT-OF-WAYS	__ YES X NO		

PROPERTY OWNER: Mi

NAME: (LAST) Vogel (FIRST) mike (MI) W

ADDRESS: 11421 Coreopsis RD

CITY: Charlotte STATE: NC ZIP: 28213

DAYTIME PHONE: (704) 598-0417

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: [signature] DATE: 10/10/00

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

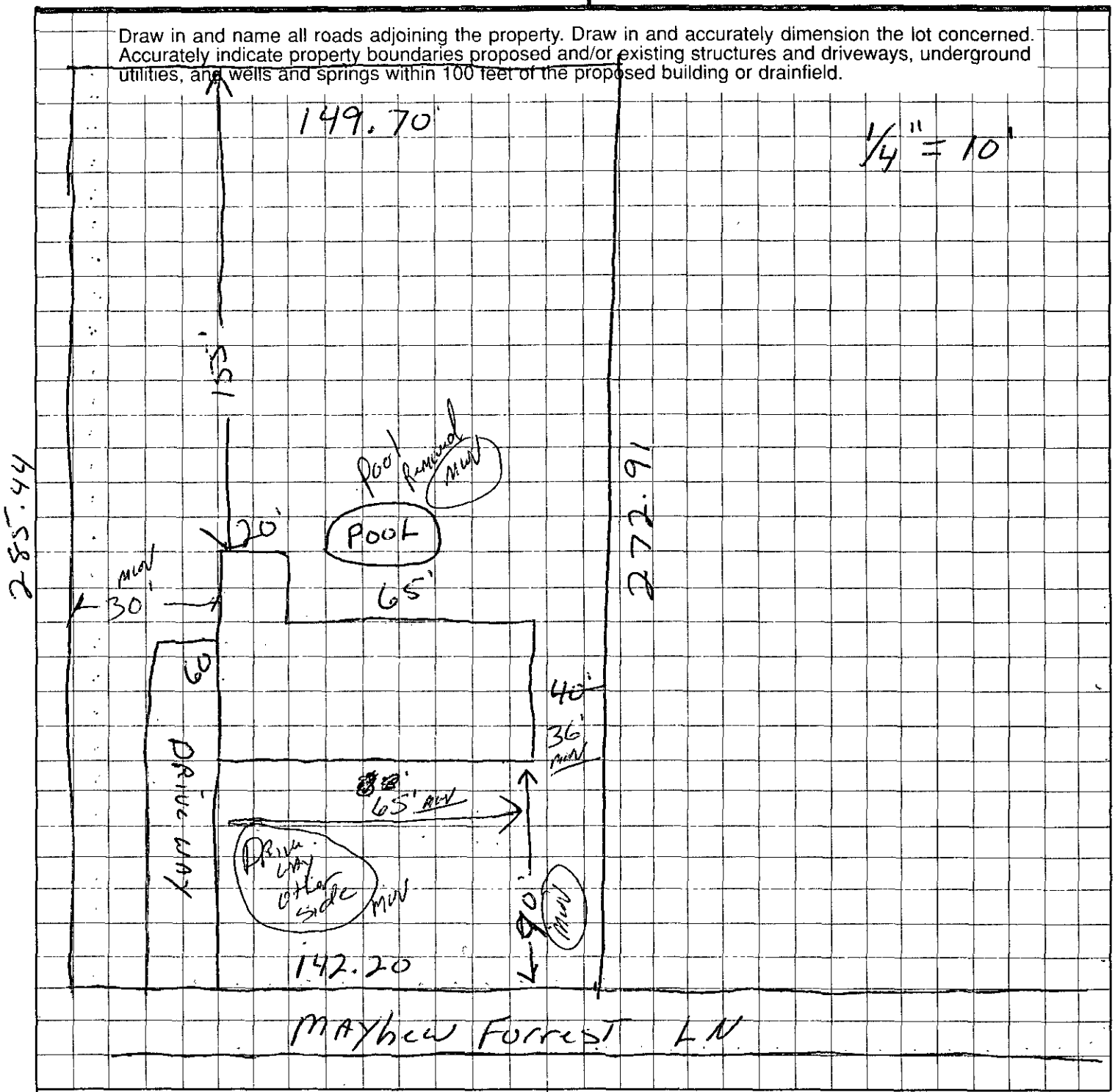
PROPOSED PLOT PLAN

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

FILE: 4448B

TC: 195-21-35

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 _____

OWNER/AGENT SIGNATURE

DATE

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

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

A-3 #1

Sheet: _____
Property ID: 19.5-211-35
Lot #: 27
File #: 4448 B

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Mike Vogel APPLICANT: _____
ADDRESS: 11421 Coreopsis Rd, Charlotte DATE EVALUATED: 10-19-00
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 480gpd/ PROPERTY SIZE: 1.0
LOCATION OF SITE: 3440 Mayhew Forest Lane PROPERTY RECORDED: _____
WATER SUPPLY: ☐Private ☐Public ☑Well ☐Spring ☐Other _____
EVALUATION METHOD: ☑Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☑Sewage ☐Industrial Process ☐Mixed

PROFILE #	2-8% 1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) 1941 STRUCTURE/ TEXTURE	1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS 1942 SOIL WETNESS/ COLOR	1943 SOIL DEPTH	1956 SAPRO CLASS	1944 RESTR. HORIZ.	PROFILE CLASS &LTAR
1	LS	0-4"	gr/sl	Fr/SEXP/SS/SP	7.5YR 48" TO soil wetness	48"+	N/A	None	PS .391 F_2 IV
		4-48"	SBK/C	F:/SEXP/SP					
2	LS	0-3"	gr/sl	Fr/SEXP/SS/SP	7.5YR 48" TO soil wetness	48"+	N/A	None	PS .391 F_2 IV
		3-48"	SBK/C	F:/SEXP/SP					
3	LS	0-4"	gr/sl	Fr/SEXP/SS/SP	7.5YR 48" TO soil wetness	48"+	N/A	None	PS .391 F_2 IV
		4-48"	ABK SBK/C	F:/SEXP/SP					
4	LS	0-7"	gr/sl	Fr/SEXP/SS/SP	7.5YR 48" TO soil wetness	48"+	N/A	None	PS .391 F_2 IV
		7-48"	ABK SBK/C	F:/SEXP/SP					
5	LS	0-5"	gr/sl	Fr/SEXP/SS/SP	7.5YR 42" TO soil wetness	42"+	N/A	None	PS .391 F_2 IV
		5-42"	ABK SBK/C	F:/SEXP					
6	LS	0-5"	gr/sl	Fr/SEXP/SS/SP	7.5YR 48" TO soil wetness	48"	N/A	None	PS .391 F_2 IV
		5-48"	SBK/C	F:/SEXP/SP					
7	LS	0-7"	gr/sl	Fr/SEXP/SS/SP	7.5YR 48" TO soil wetness	48"	N/A	None	PS .391 F_2 IV
		7-48"	SBK/C	F:/SEXP/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.275gl F_2	.275gl F_2

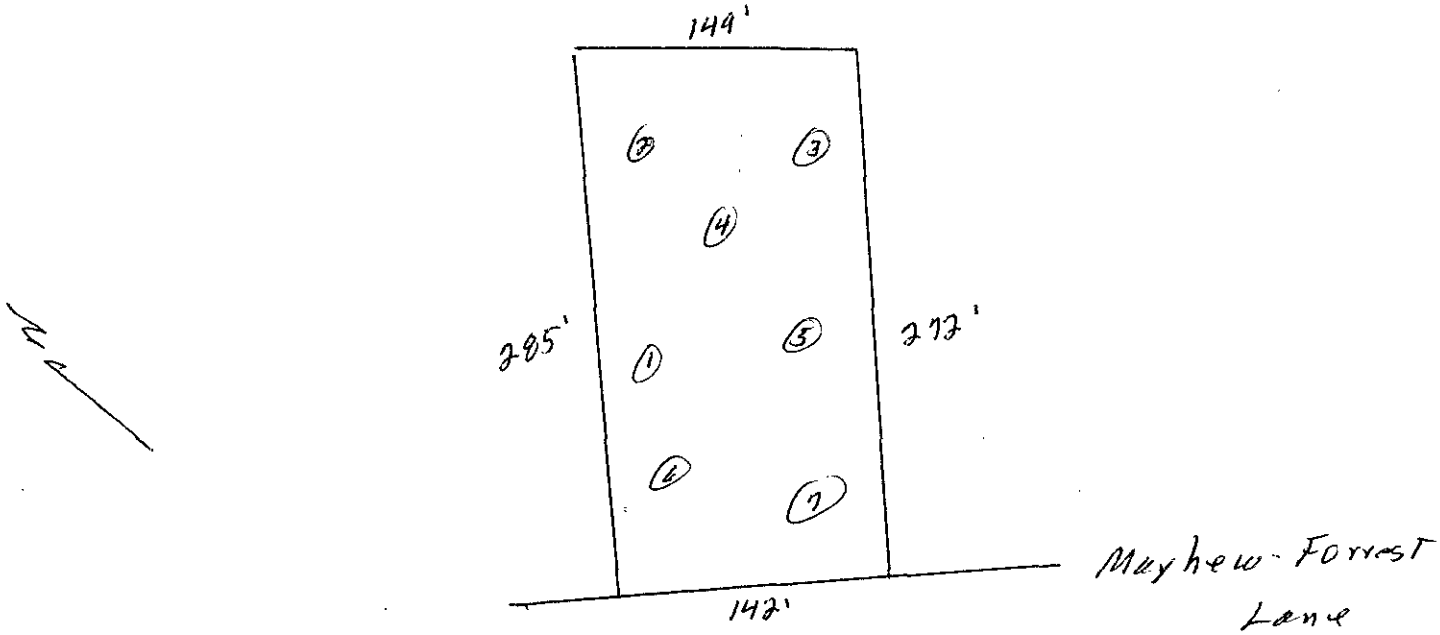
OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: W.A. Maulis LSS 10-23-00
OTHER(S) PRESENT: _____

FILE # 44462

COMMENTS 1007 Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR	CONSISTENCE MOIST	CONSISTENCE WET
R-RIDGE	I	S-SAND	1.2-0.8		
S-SHOULDER SLOPE		LS-LOAMY SAND		VFR-VERY FRIABLE	NS-NON-STICKY
L-LINEAR SLOPE				FR-FRIABLE	SS-SLIGHTLYSTICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6	FI-FIRM	S-STICKY
N-NOSE SLOPE		L-LOAM		VFI-VERY FIRM	VS-VERY STICKY
H-HEAD SLOPE				EFI-EXTREMELY FIRM	NP-NON-PLASTIC
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3		SP-SLIGHTLYSTICKY
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM			
	IV	SC-SANDY CLAY	0.4-0.1		
		SIC-SILTY CLAY			
		O-ORGANIC			

STRUCTURE	MINERALOGY
SG-SINGLE GRAIN	SLIGHTLY EXPANSIVE
M-MASSIVE	
CR-CRUMB	EXPANSIVE
GR-GRANULAR	
SBK-SUBANGULAR BLOCKY	
ABK-ANGULAR BLOCKY	
PL-PLATY	
PR-PRISMATIC	



PD 750.00 CK 1001

FEE: ____ / AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: 12/23/02 / VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: _____ PERMIT NO: 44486

PARCEL NO: _____

JOB LOCATION ADDRESS: 3440 Mayfair Forest Lane

PROPERTY OWNER: _____

BUILDING CONTRACTOR: _____

SUBDIVISION NAME: _____

AUTHORIZATION ISSUED BY: _____ 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. _____, 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.

X _____ 12-23-02

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

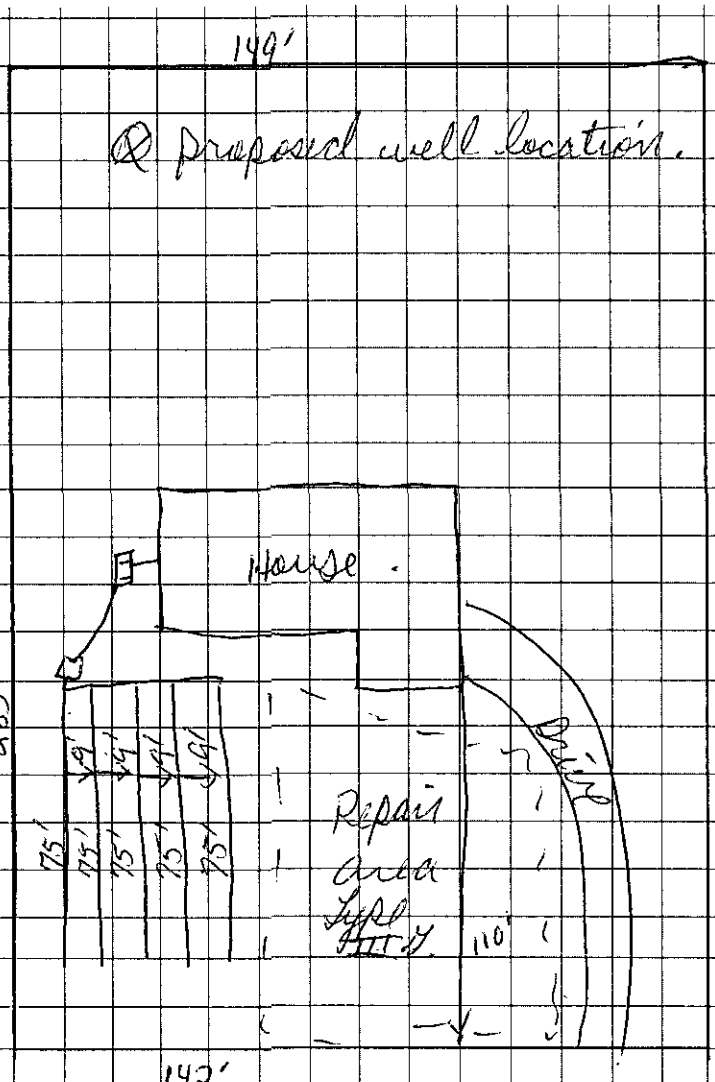
PROPOSED PLOT PLAN

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

FILE: 4448B

TC: 195-211-35

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.



(1) Not to Scale.

(2) Type IIIg system designed for a (4) bedroom/design unit Type IIIg repair area.

(3) 1500 gal. Septic Tank. 378 linear feet of drainline. Type IIIg repair area.

(4) 35% Reduction System Requires Warranty Forms and Agreement Forms.

(5) Stay > 10' off all property lines. >5' off bldg foundation.

OWNER/AGENT SIGNATURE

DATE 4-11-03

APPROVAL DATE Joshua R. Sellers R.S./REHS 01-06-0

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

Permit Number: 44483 CONDITIONS SEE ATTACHED Tax Number: 195-211-3

- 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
0.295 Long-term acceptance rate	480 Max gallons/day wastewater flow	1134 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
4 Serviced by private well	1500 Gallon septic tank	378 Total trench length (ft)	36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
4 Bedrooms in residence	N/A Gallon pump tank	N/A Depth of stone	
Any surface waters present: NO. Type:		Minimum separation distance:	
Site modifications required:			
Additional Conditions: Type III g System designed for a 4 bedroom design unit. warranty forms & agreement forms to be on file.			
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
1309 Absorption Area (Sq ft) 436' Total Trench Length (Ft)	N/A Depth of Stone Trench	9' Trench spacing (min. on centers)	36" 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 th 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 effe 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 Departmer
- This Improvement permit is transferable.

Joshua R. Gillis R.S. 01-06-03
DEHNR Authorized Agent Date

Owner/Agent Signature 4-11-03
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

Pd $150. Ck# 1081
mob 8/19/03 PD in Full

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

DATE: 01-06-03 PERMIT NO: 4448B

PARCEL NO: 195-211-35

JOB LOCATION ADDRESS: 3440 Mayhew Forest Dr.
PROPERTY OWNER: Mike Vogel
BUILDING CONTRACTOR: Same
SUBDIVISION NAME: Mayhew Forest
AUTHORIZATION ISSUED BY: Joshua R. Sellers R.S. DATE: 01-06-03
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4448B, 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: 1 Agreement Forms and warranty Forms required.

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.

4-11-03

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2003 DEC 22 08:43 AM
BK:16584 PG:553-556 FEE:$20.00

INSTRUMENT # 2003303703



2003303703

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

FILE # 44405
PARCEL # 195-211-35

The undersigned, Mike Vogel, owner of property located at 3440 Mayhew Forrest LN Mint Hill, NC, (the "site") and described in an instrument recorded in Book _____ at Page _____, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

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

The undersigned further acknowledges that the following conditions will apply to the site:

This instrument was prepared by: Michael W Vogel
Mail after recording to: 3440 Mayhew Forrest LN Mint Hill, NC 28227

-- 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.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless theDepartment, 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.

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

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

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 22 day of December, 2003.

_____ (SEAL)
(Corporate Name) Mike Vogel

_____ (SEAL)

By: _____ _____ (SEAL)

_____ President _____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Deborah T Lee, a Notary Public for said County and State, do hereby certify that Mike Vogel personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 22 day of December, 20 03.

Deborah T Lee
Notary Public

My Commission Expires:

1-20-04

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day and acknowledged that he is _____ Secretary of _____, a North Carolina corporation, 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 _____ President, sealed with its corporate seal, and attested by _____ as its _____ Secretary.

WITNESS my hand and notarial seal, this _____ day of _____, 20____.

_____
Notary Public

My Commission Expires:

_____

REVISED 8-13-02

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

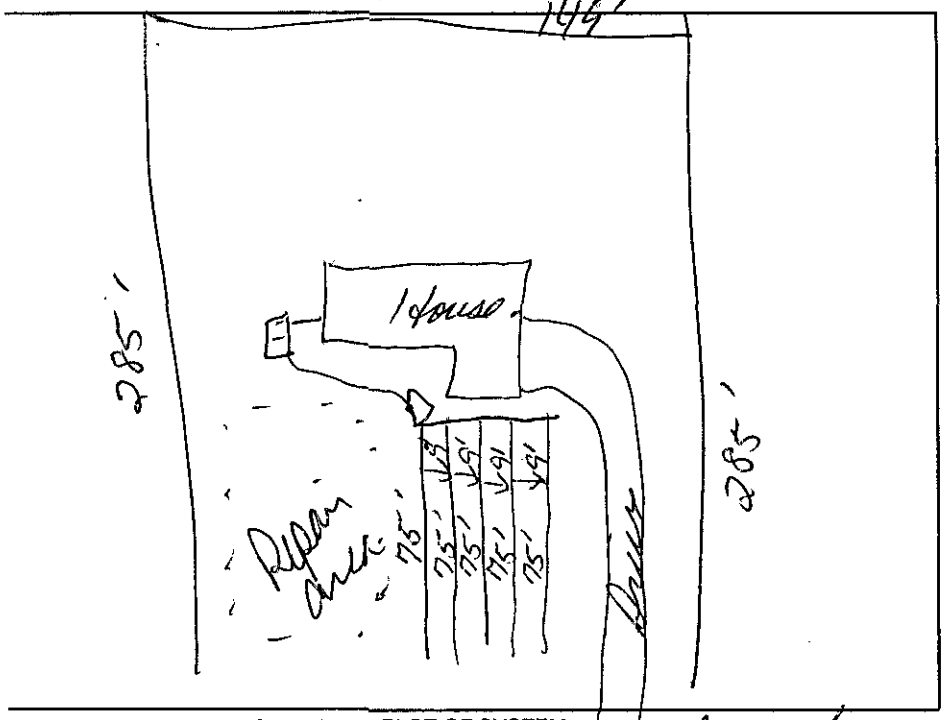
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4/4/48B / DATE: 08-28-03

TC: 145-211-35 ☑ L

SERIAL 19509

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 10-10-00. All work shall be completed on or before 09-28-03, 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.



142 PLOT OF SYSTEM Mayhew Forest

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction PCC

Trench Depth ≤ 36"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 375' feet

Number of Lines 5 @ 75'

Depth of Stone N/A inches

Distance from House ≥ 5' feet

Distance from Property Line ≥ 10' feet

Distance from Well ≥ 100' feet

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

NAME OF OWNER Mike Vogel

LOCATION OF PROPERTY 3440 Mayhew Forest Lane.

Comments: ① Type III g system designed for a (4) bedroom design limit, ② Type III G. Repair area. Warranty forms & Agreement forms required

Joshua R. Sellers R.S. IREHS
Environmental Health Specialist

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4414813 DATE: 10-24-03

TC: 195-211-35 ☑ L ☑ CRT

SERIAL 19386

Name of Owner Mike Vogel Juris.:

Address of Property 3340 Mayhew Forest Lane

Inspection Data:

Tank Material PCC

Total Length of Drainfield 375'

Number of Lines 5 @ 75'

Cover Depth 12" - 24"

Water Supply Source P. well

Distance to Water Source >100'

Excavation Inspected 10-24-03

Tank(s) Inspected 10-24-03

Wash Line Inspected N/A.

High Water Alarm Inspected N/A.

See Installation approval.

PLOT

Design 2003 1500ST 1134SFT INV P.S. CTR# Norwood

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

☑ installed or constructed ☐ altered or repaired

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

and meets the provisions of 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: ① Type III G. System designed for a (4) bedroom Design Unit ② Type III G. repair area ③ Warranty forms ? Agreement forms required

Joshua R. Sellers R.S. / REHS

Environmental Health Specialist

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