

12931 CALDWELL RD

05120123

1/4/2008

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4512-B DATE: 2-18-05

TC: 051 201 23 ☒ CC ☐ CRT

SERIAL 19718

Name of Owner MICHAEL C. ROWE Juris.:

Address of Property 12931 CALDWELL RD.

Inspection Data:

Tank Material EXISTING

Total Length of Drainfield 160'

Number of Lines 4 @ VARYING LENGTHS

Cover Depth 18"

Water Supply Source PRIVATE WELL

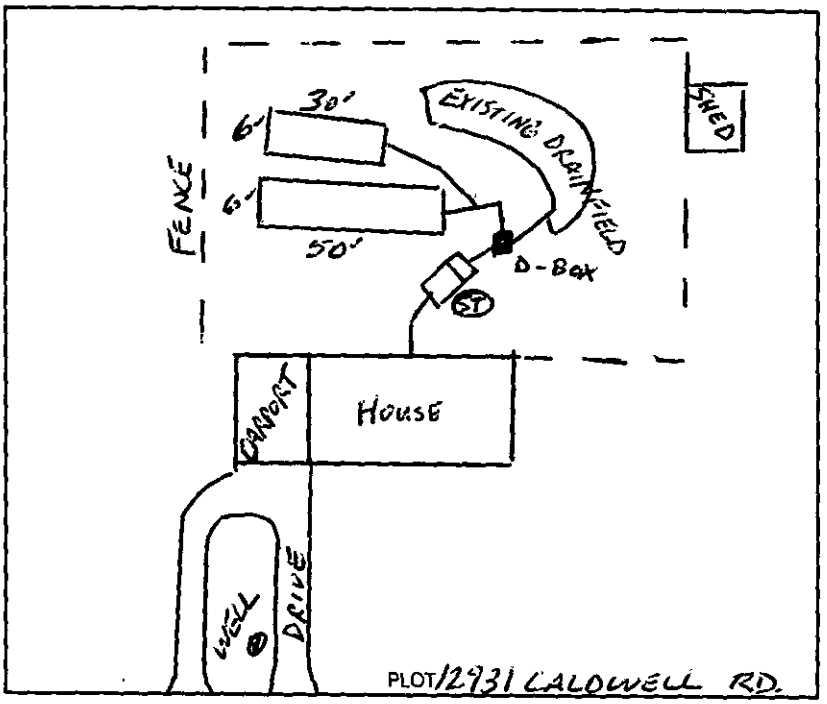
Distance to Water Source > 50'

Excavation Inspected 2-18-05

Tank(s) Inspected N/A

Wash Line Inspected N/A

High Water Alarm Inspected N/A



Design 2005/REPAIR/4805.F.B./INOV (EZ-FLOW) CTR# STEVE AUTRY

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

☐ installed or constructed ☐ altered or repaired
☐ in accordance with the permit issued ☑ as detailed in the plot above

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

☐ Certificate of Completion ☑ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

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

COMMENTS: ① PUMPED SEPTIC TANK ② INSTALLED NEW REPAIR BEDS 50'x6'x12" EZ FLOW / 30'x6'x12" EZ FLOW ③ PLUMBED D-BOX TO OVERFLOW TO REPAIR BEDS FROM EXISTING DRAIN FIELD. ④ OWNER ADVISED OF SOIL WETNESS CONDITION IN REPAIR AREA.

RSE
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: 45 12 R DATE: 2-16-05

TC: 05120123 XL

SERIAL 19967

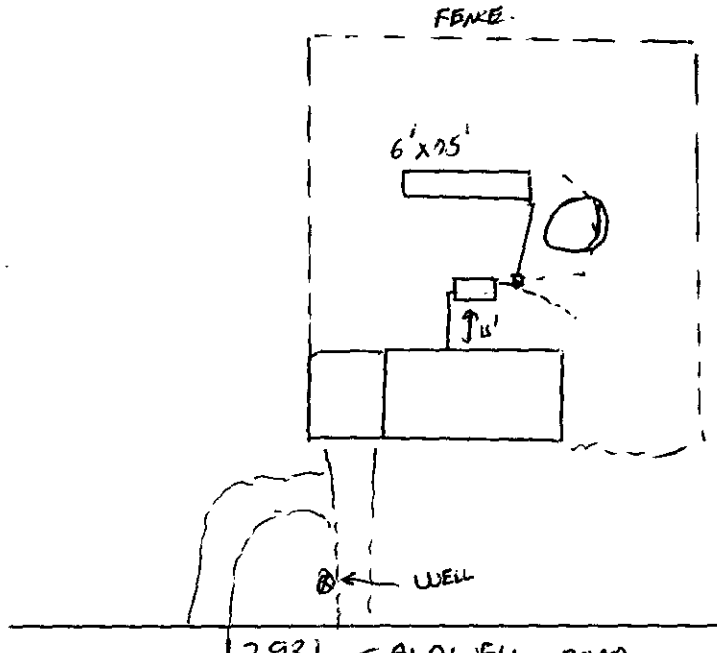
Permission is hereby given to _____ Install or Construct, ✓ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated _____. All work shall be completed on or before 2-28-05, 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 pe... Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Departme... m can be covered up or placed into service. The issuance of this permit does not in any way guarantee that ... structed will operate properly, or relieve any person now or hereafter owning, controlling or ... ng from the failure of the system to operate properly.

PITLO OR WITOUER –

① HAVE STEVE OR OWNER FILL OUT A SIGN APPLICATION – allons

② I GAVE HOMEOWNER CMUD #, BUT BE CALLED TO HAVE AUTH INSTALL REPAIR INSTEAD ons

③ SOIL NOT GOOD



PLOT OF SYSTEM

_____ feet

...r of Lines 2

Depth of Stone NA inches

Distance from House 15' feet R/RAM

Distance from Property Line 10' feet

Distance from Well > 50' feet

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

NAME OF OWNER MICHAEL C. ROWE

LOCATION OF PROPERTY 12931 CALDWELL ROAD.

Comments: * SOIL CONDITIONS EXTREMELY POOR, ADVISED HOME OWNER OF ~~①~~ SOIL WETNESS CONDITIONS.

① TIE EXISTING CINDER BED AS MUCH AS POSSIBLE

② INSTALL 30" BED, 12" – 18" COVER –

Environmental Health Specialist

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

FEE: _____

DATE: _____

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 #: 4512B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 05120323

STREET ADDRESS: 12931 CALDWELL ROAD

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

CLOSING DATE _____

HEATED SQUARE FOOTAGE: 1400 ft²

NUMBER OF BEDROOMS: 2 NUMBER OF OCCUPANTS: 2

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:

N/A

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: ROWE (LAST) MICHAEL (FIRST) C (MI)

ADDRESS: 12931 CALDWELL ROAD

CITY: CHARLOTTE STATE: NC ZIP: 28213

DAYTIME PHONE: ( ) —

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: _____ DATE: 2/18/05

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4512B DATE: 6-24-03

TC: 051 20123 ☑ L ☐ CRT

SERIAL 19289

Name of Owner MICHAEL C. ROWE Juris.: _____

Address of Property 12931 CALDWELL ROAD

Inspection Data:

Tank Material PCC 1500

Total Length of Drainfield NO CHANGE

Number of Lines - @ -

Cover Depth _____

Water Supply Source _____

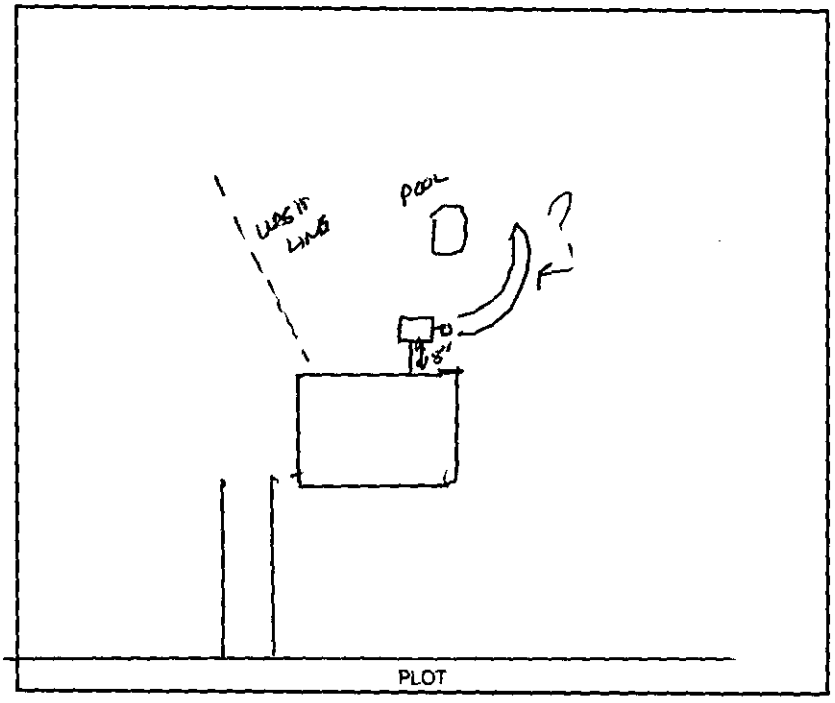
Distance to Water Source _____

Excavation Inspected _____

Tank(s) Inspected 6-24-03

Wash Line Inspected _____

High Water Alarm Inspected _____



Design REPAIR, SET NEW 1500gn TANK CTR# STEVE AUTRY

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

☐ installed or constructed ☐ altered or repaired

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

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

☐ Certificate of Completion ☑ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

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

COMMENTS: TYPE II

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: 4512B DATE: 6-24-03

TC: 051-201-23 ☑L

SERIAL 19412

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 6-24-03. All work shall be completed on or before _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

SET NEW TANK TO REPLACE EXISTING TANK THAT HAS CRACKED OR AND LEAKING

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction _____

Trench Depth _____

Absorption and/or Nitrification Lines:

Trench Width _____ feet

Trench Walls Scored and Porous _____

Total Line Length _____ feet

Number of Lines _____

Depth of Stone _____ inches

Distance from House _____ feet

Distance from Property Line _____ feet

Distance from Well _____ feet

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

NAME OF OWNER MICHAEL C. ROWE

LOCATION OF PROPERTY 12931 CAMPBELL RIDGE

Comments: _____

Environmental Health Specialist

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

FEE: _____

DATE: _____

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 #: 4512B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 05120123

STREET ADDRESS: 12931 CALDWELL ROAD

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS:

NUMBER OF OCCUPANTS:

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

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

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

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

WATER SUPPLY (CHECK ONE):

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

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

BURIED CABLES, LANDFILLS, STUMPHOLES	___ YES ___ NO	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: ROWE (LAST) MICHAEL (FIRST) C (MI)

ADDRESS: 12931 CALDWELL ROAD

CITY: CHARLOTTE STATE: NC ZIP: 28213

DAYTIME PHONE: ( ) —

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: _____ DATE: 6-24-08

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

4512B

TC
051-201-23

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES AGENCY
ENVIRONMENTAL LABORATORY
SAMPLE FIELD DATA SHEET/CHAIN OF CUSTODY

Field I.D.#: 210445 Dept.: _____

Project: JWWS/LUESA

Site Sampled: TERESA ROWE

Address: 12931 CAldwell Road

Source Sampled: SURFACE ☐ Potable ☒ NonPotable

Source Treatment: ☐ Chlorinated ☐ Nonchlorinated ☐ Unknown

Sample Temperature: _____ °C

Lab I.D. #: 9455

Rec'd By: Dmm (Signature)

Date Rec'd: 5/20/03

Time: 1505

Sample Collected On:
Date: 5/20/03 Time: 11:30 ☐AM ☐PM

Collected By: Drew Walk (Signature)

Relinquished to Lab On:
Date: 5/20/03 Time: 3:00 ☐AM ☒PM

Relinquished By: Drew Walk (Signature)

Sample Condition:
Temperature: 15 °C
Remarks _____
Data Qualifiers 0

☐ Compliance Sample: Appropriate reporting forms must be completed, see laboratory.

Report Results To: Drew Walk

Data Entry: ☐No ☐Yes
Identifier _____

ALL FIELD INFORMATION MUST BE RECORDED TO MAINTAIN CHAIN OF CUSTODY AND TO QUALITY ASSURE DATA

Laboratory Certifications: N.C. DHHS Laboratory # 37527, N.C. DENR Certificate # 192.

Analytical Data Qualifiers (Indicates data may not be valid):
A-Quality Control Measure for Method Blank failed
B-Quality Control Measure for Method Detection Limit Standard failed
C-Quality Control Measure for External Standard failed
D-Quality Control Measure for Method Precision failed
E-Quality Control Measure for Method Accuracy failed
F-Daily Seed Blank did not recover within method limits
G-Daily GGA Standard did not recover within method limits
H-Quality Control Measure for Surrogate Standards failed
J-Analysis conducted outside of Parameter holding time
K-Lab Equipment Failure

Chain of Custody Data Qualifiers (Indicates data may not be valid):
N-Field temperature of sample not documented
O-Chain of custody incomplete
P-Sample containers incomplete
R-Parameter holding time exceeded upon receipt
S-Sample submitted with headspace
T-Preservative flushed from container
U-Sample not dechlorinated in field
V-Sample Rejected
W-Insufficient Sample volume
X-Sample container not sealed

SHADED AREA FOR LAB USE ONLY

Bacteriologicals
Total coliform ☐ _____ In 100 mL Sample
E. Coli _____ In 100 mL Sample
Fecal coliform ☒ 8300 Colonies /100 mL
Fecal strep ☒ >6000 Colonies /100 mL
E. Coli ☐ _____ MPN/100 mL
Enterococci ☐ _____ MPN/100 mL
E = Estimated

Miscellaneous
Asbestos ☐ _____ %
Chlorophyll a ☐ _____ ppb

Aggregate Organics
BOD_5 ☐ _____ ppm
COD ☐ _____ ppm
Oil and Grease ☐ _____ ppm
Phenol ☐ _____ ppm
Surfactant ☐ _____ ppm
TOC ☐ _____ ppm
TOX ☐ _____ ppb

Organics
Acid Herbicide ☐ See Report
PCB ☐ See Report
Pesticide ☐ See Report
Semivolatile ☐ See Report
TPH:
Diesel ☐ _____ ppm
Gas ☐ _____ ppm
VOC ☐ See Report

Inorganic Non Metals
Acidity ☐ _____ ppm
Alkalinity ☐ _____ ppm
Chloride ☐ _____ ppm
Color ☐ _____ units
Cyanide, Total ☐ _____ ppm
Fluoride ☐ _____ ppm
Hardness ☐ _____ ppm
Nitrogen, Ammonia ☐ _____ ppm
Nitrogen, Nitrate + Nitrite ☐ _____ ppm
Nitrogen, Nitrate ☐ _____ ppm
Nitrogen, Nitrite ☐ _____ ppm
Nitrogen, Total Kjeldahl ☐ _____ ppm
pH ☐ _____ units
Phosphorus, Ortho ☐ _____ ppm
Phosphorus, Total ☐ _____ ppm
Residue, Filterable ☐ _____ ppm
Residue, Suspended ☐ _____ ppm
Residue, Total ☐ _____ ppm
Specific Conductance ☐ _____ µS/cm
Sulfate ☐ _____ ppm
Sulfide ☐ _____ ppm
Turbidity ☐ _____ NTU

Mineral Metals
Al ☐ _____ ppb
Ca ☐ _____ ppb
Cu ☐ _____ ppb
Fe ☐ _____ ppb
Mg ☐ _____ ppb
Mn ☐ _____ ppb
K ☐ _____ ppb
Si ☐ _____ ppb
Na ☐ _____ ppb
Zn ☐ _____ ppb

Toxic Metals
TCLP Metals ☐
Sb ☐ _____ ppb
As ☐ _____ ppb
Ba ☐ _____ ppb
Be ☐ _____ ppb
Cd ☐ _____ ppb
Cr ☐ _____ ppb
Co ☐ _____ ppb
Pb ☐ _____ ppb
Hg ☐ _____ ppb
Ni ☐ _____ ppb
Se ☐ _____ ppb
Ag ☐ _____ ppb
Tl ☐ _____ ppb
V ☐ _____ ppb

Remarks: _____

Date Completed: MAY 27 2003

Laboratory Director: for JBarry

SAMPLE COLLECTION AND DELIVERY PROCEDURES:

-The following are procedures for submitting samples to the LUESA, Environmental Laboratory. The responsibility for adhering to these procedures lies with the individual(s) collecting and delivering the samples for analysis. North Carolina Administrative Code laboratory regulations specify sample collection, documentation, and delivery procedures to be utilized. In order to maintain our certification licenses with N.C. DENR and N.C. DHHS we must comply with these regulations. Samples submitted to the lab that do not meet all these cited requirements will be qualified or will be rejected.

-All samples submitted to the Lab must be properly labeled and accompanied by a completed Field Data Sheet. All *field information* (the unshaded area) on the Field Data Sheet must be completed. The Field ID # must be written on each bottle submitted. The parameters requested for each site sampled are indicated by checking the appropriate block(s).

-All samples must be cooled (using ice) between the time of collection and submittal to the Lab.

-All samples must be collected in the bottles provided. Select the correct container from the "container type" column based on the parameters requested. Collect sufficient volume of sample as indicated in the "minimum volume to collect" column based on the parameters requested. With the exception of the 40 ML vials (see note B), fill all containers to 90% full. Do not overfill containers and do not pre-rinse containers before filling, this will flush the acid preservatives from the containers and invalidate the samples.

-Samples to be submitted for bacteriologicals must be arranged with laboratory staff by calling (704) 336-5599 prior to delivery. Samples for bacteriologicals can not be accepted on Fridays except in the event of emergencies.

-All samples must be submitted to the Lab as soon as possible and within the time limits indicated in the "holding time" column. Samples must be delivered to the Lab no later than 4:00 pm each day. Samples received later will be dated as received the next day and rejected if the holding time is exceeded. ALL samples with a 48 hour holding time must be submitted to the Lab no later than 12:00 noon on Fridays. In the case of *emergency field situations* or any situation requiring sample delivery outside of these time frames sample delivery must be coordinated through John Barry or Keith O'Neal.

-Samples are submitted to the Lab through the door to the walk-in cooler. Place samples (glass bottles must be cushioned) along with their respective data sheet(s) into the sample crate(s) provided and slide them down the roller rack.

PARAMETER	MINIMUM VOLUME TO COLLECT	HOLDING TIME	☞ CONTAINER TYPE
ACIDITY	100 ML	14 DAYS	1000 ML
ACID HERBICIDE	1000 ML	14 DAYS	1 LITER AMBER GLASS
ALKALINITY	100 ML	14 DAYS	1000 ML
BACTERIOLOGICALS:			
FECAL COLIFORM-C	125 ML	5 HOURS	100 ML SNAP CAP
FECAL STREP-C	125 ML	5 HOURS	100 ML SNAP CAP
TOTAL COLIFORM-C	125ML	28 HOURS	100 ML SNAP CAP
E. COLI-C	125 ML	5 HOURS	100 ML SNAP CAP
ENTEROCOCCI-C	125 ML	5 HOURS	100 ML SNAP CAP
BOD	1000 ML	48 HOURS	1000 ML
CHLORIDE	35 ML	28 DAYS	1000 ML
CHLOROPHYLL A	25 ML	14 DAYS	PLASTIC-LC
COD	30 ML	28 DAYS	250 ML
COLOR	50 ML	48 HOURS	1000 ML
CONDUCTIVITY	250 ML	28 DAYS	1000 ML
CYANIDE	1000 ML	14 DAYS	1000 ML
ETHYLENE GLYCOL-B	40 ML	7 DAYS	GLASS-LC
FLUORIDE	50 ML	28 DAYS	1000 ML
HARDNESS	30 ML	28 DAYS	500 ML
METALS:			
ALUMINUM	20 ML	6 MONTHS	500 ML
ARSENIC	20 ML	6 MONTHS	500 ML
BARIUM	20 ML	6 MONTHS	500 ML
CADMIUM	20 ML	6 MONTHS	500 ML
CHROMIUM	20 ML	6 MONTHS	500 ML
COPPER	20 ML	6 MONTHS	500 ML
IRON	20 ML	6 MONTHS	500 ML
LEAD	20 ML	6 MONTHS	500 ML
MAGNESIUM	20 ML	6 MONTHS	500 ML
MANGANESE	20 ML	6 MONTHS	500 ML
MERCURY	100 ML	28 DAYS	500 ML
NICKEL	20 ML	6 MONTHS	500 ML
POTASSIUM	20 ML	6 MONTHS	500 ML
SELENIUM	20 ML	6 MONTHS	500 ML
SILVER	20 ML	6 MONTHS	500 ML
SODIUM	20 ML	6 MONTHS	500 ML
ZINC	20 ML	6 MONTHS	500 ML
NITROGEN,AMMONIA-A	30 ML	28 DAYS	250 ML
NITROGEN, NITRATE	30 ML	48 HOURS	125 ML
NITROGEN, NITRITE	30 ML	48 HOURS	125 ML
NITROGEN, NITRATE+NITRITE	30 ML	28 DAYS	250 ML
NITROGEN, KJELDAHL	30 ML	28 DAYS	250 ML
OIL AND GREASE	2500 ML	28 DAYS	2 ½ LITER AMBER GLASS
PCB/PESTICIDES	2000 ML	7 DAYS/40 DAYS	1 LITER AMBER GLASS
PH	100 ML	FIELD ANALYSIS	1000 ML
PHENOL	500 ML	28 DAYS	GLASS-LC
PHOSPHORUS,ORTHO	30 ML	48 HOURS	125 ML
SEMIVOLATILES	2000 ML	7 DAYS/40 DAYS	1 LITER AMBER GLASS
SOLIDS, DISSOLVED	100 ML	7 DAYS	1000 ML
SOLIDS, SUSPENDED	250 ML	7 DAYS	1000 ML
SOLIDS, TOTAL	100 ML	7 DAYS	1000 ML
SULFATE	100 ML	28 DAYS	1000 ML
SULFIDE	100 ML	7 DAYS	1000 ML
SURFACTANT	500 ML	48 HOURS	1 LITER AMBER GLASS
TCLP METALS	250 ML	6 MONTHS	500 ML
TPH:			
DIESEL FRACTION	2000 ML	14 DAYS	1 LITER AMBER GLASS
GASOLINE-B FRACTION	40 ML	14 DAYS	GLASS-LC
TURBIDITY	100 ML	48 HOURS	1000 ML
VOC-B	(2) 40 ML	14 DAYS	GLASS-LC

A= For this parameter, residual chlorine MUST be destroyed at time of collection. Samples received that contain residual chlorine will be rejected.

B= VOC samples, Ethylene glycol, and TPH: Gasoline Fraction are to be collected in duplicate, collect two (2) 40 ML round glass vials for each sample. Collect VOC samples with no air headspace above sample. The teflon side of the cap MUST *face the sample.*

C= Bacteriological samples ONLY. These are sterile containers that contain a sodium thiosulfate tablet for neutralizing residual chlorine. DO NOT flush the tablet from the container.

LC= Labeled Container. Use only the containers specifically prepared for these *analyses.*

☞ The 250 mL bottles contain 1.0 mL of 1:1 sulfuric acid; the 500 mL bottles contain 2.0 ML of 1:1 Nitric acid; and the 40 mL VOC vials contain 0.5 mL of 1:1 Hydrochloric acid. Use caution and handle appropriately. MSDS sheets for these chemicals are available from the lab.

Client P/100 12-21-00

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

AC) K [ ] 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 4512B

PERSON FILING APPLICATION:
NAME: ROWE (last) MICHAEL (first) C. (mi)
ADDRESS: 12931 Caldwell Rd. PHONE: (704) 599-2806
CITY: Charlotte STATE: NC ZIPCODE: 28213

Date: 12/21/00

PROPERTY OWNER:
NAME: ROWE (last) MICHAEL (first) C (mi)
ADDRESS: 12931 Caldwell Rd PHONE: (704) 599-2806
CITY: Charlotte STATE: NC ZIPCODE: 28213

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 051-201-23
STREET ADDRESS: 12931 Caldwell Rd Charlotte, NC 28213
ZONING: R-3

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

SUBDIVISION OR MOBILE HOME PARK NAME:

(LOT) NUMBER: 7 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[redacted] 1947

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)

[redacted]
[x] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) carport.
[redacted]

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: 2 NUMBER OCCUPANTS: 2

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: Michael C. Rowe Date: 12/21/00

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.

... 12/22/00 GSB EXISTING SYSTEM

[ ] 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 12/22/00 Date

WATER : 122791

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Fees

Requestor (please print): Rowe, Michael	Phone #:	Date Requested: 12/21/00	Date Filled:
Account Name:	Cash Charge	Account No.:	
I certify that I am authorized to charge this account for this service:			
Signature:	Printed Name:		Date:

T.C.	Qty	Description	Unit Cost	Total Cost
0701		Improvement Permit Application - Residential	$ 200.00	
0735		Improvement Permit Application - Commercial	$ 400.00	
0702		Optional Site Evaluations	$ 100.00	
0703		Installation and Final Approval	$ 150.00	
0704		Change in Plot Plan	$ 100.00	
0705	1	MH Exc/Add/Repl without System Modification	$ 100.00	100
0706		MH Exc/Add/Repl with System Modification	$ 300.00	
0707		Site Consultation Visit	$ 100.00	
0734		Authorization for Wastewater System Construction	$ 150.00	
0708		Realty Closing - Conventional	$ 85.00	
0709		Realty Closing - FHA with water	$ 135.00	
0710		Additional Trips	$ 65.00	
0711		Well Water Analysis-Bacteriological with regular parameters	$ 50.00	
0712		Well Water Analysis -Nitrates and Nitrites	$ 15.00	
0714		Well Water Analysis - Organic Analysis	$ 200.00	
0715		Admin. Fee - Field Activity Letter	$ 25.00	
0718		Residential Pool Permit	$ 50.00	
0719		Public Pool Permit - operating	$ 240.00	
0720		Seasonal Pool Permit - operating	$ 120.00	
0736		Pool Late Fee	$ 120.00	
0733		Permit to Construct a Public Pool	$ 200.00	
0721		Home Day Care Evaluation and Permit	$ 70.00	
0722		Home Day Care Evaluation and Annual Fee	$ 40.00	
0723		Eval and Report Non-Permit Facility	$ 50.00	
0724		Private Pool Testing	$ 15.00	
0731		Garbage Hauler Permit - (1-9 vehicles)	$ 30.00	
0736		Garbage Hauler Permit - (each over 9)	$ 20.00	
0725		Document Copies	$ 0.05	

Payment received by: [illegible] Date: 12/21/00 Total: 100

12731 Caldwell Rd Clt 28213

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION

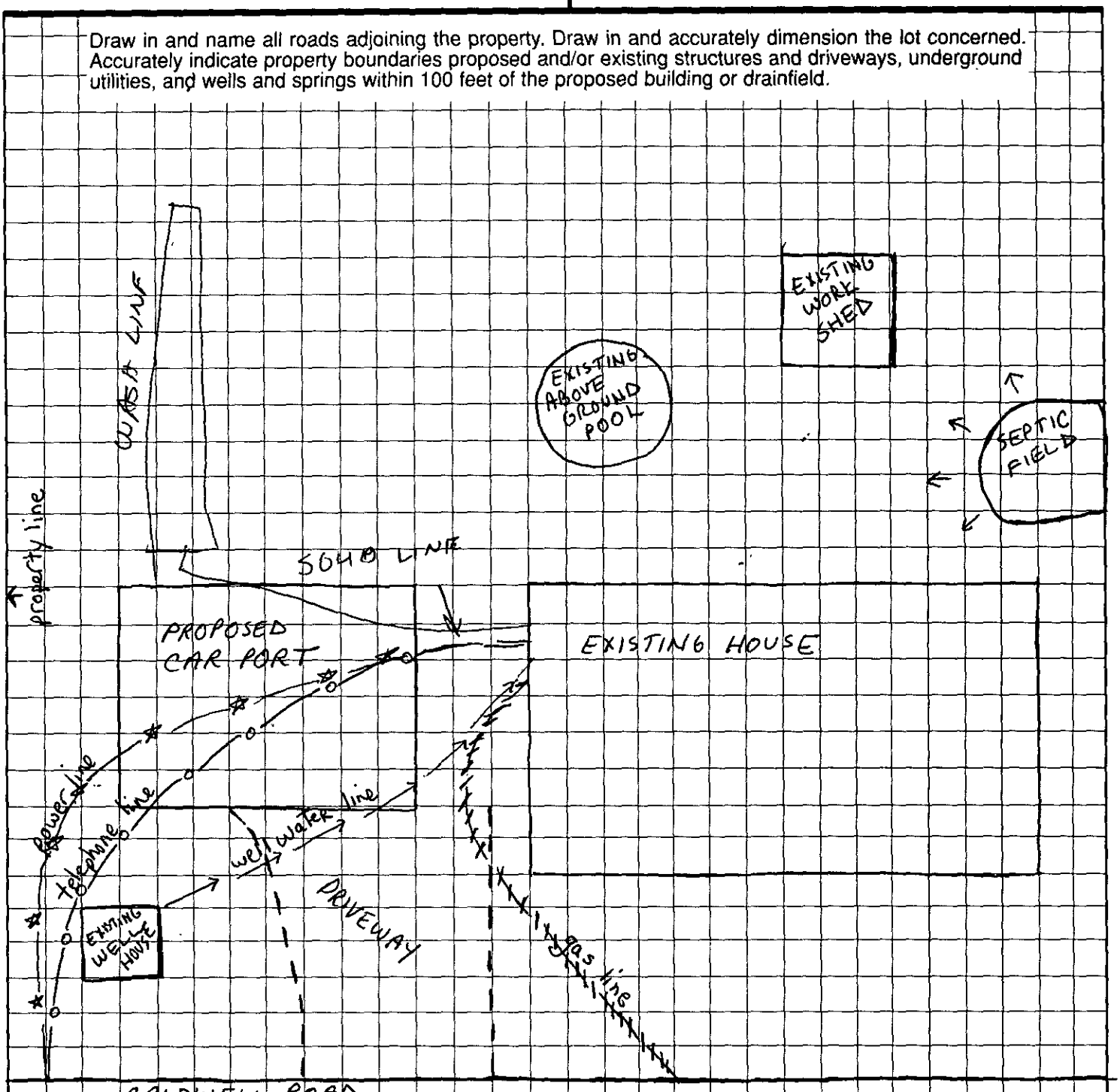
PROPOSED PLOT PLAN

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

FILE: 4512B

TC: 051-201-23

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.



MICHAEL C. ROWE
OWNER/AGENT SIGNATURE

DATE 12/21/00

APPROVAL DATE 12/22/00

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