

8917 DARTMOOR PL

13905317

4/14/08

marliwr

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

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

DATE: 8/6/96 PERMIT NO: 9/6A

PARCEL NO: 139 053 17

JOB LOCATION ADDRESS: 8917 Dartmoor Pl

PROPERTY OWNER: Michael Hastings

BUILDING CONTRACTOR: NA

SUBDIVISION NAME: Glenroft

AUTHORIZATION ISSUED BY: Philip A. Walker DATE: 8/6/96

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 9/6A, 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: Approval granted for swimming pool addition

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 Michael Hastings 9/6/96

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 9164

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 139 053 17

- 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	
___ Long-term acceptance rate	___ Max gallons/day wastewater flow	___ Absorption Area (sq ft)	___ Trench spacing (min. on centers)	
___ Serviced by private well	___ Gallon septic tank	___ Total trench length (ft)	___ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
___ Bedrooms in residence	___ Gallon pump tank	___ Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: Type III PPBPS Repair System, Agreement forms filed Approval granted for swimming pool addition				
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	
600 Absorption Area (Sq ft) 200' Total Trench Length (Ft)	NA Depth of Stone Trench	8' Trench spacing (min. on centers)	42" 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 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 eff 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 Departm
- This Improvement permit is transferable.

Phyllis L. Walker R.S. — DEHNR Authorized Agent — Date

Michael Hastings — Owner/Agent Signature — 9/6/96 — 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

Page ___ of

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 # 916A
PARCEL # 139 053 17

FILE COPY

The undersigned, Michael Hastings, owner of property located at 8917 Dartmoor Place, Charlotte, NC, (the "site") and described in an instrument recorded in Book 8498 at Page 346, 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:

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

This instrument was prepared by: Michael Hastings
Mail after recording to: 8917 Dartmoor Place, Charlotte, N.C. 28227

BK: 08731 PG: 0571/0573 #:0096 13.05
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 09/09/96 10:45

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

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

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

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

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

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 9 day of SEPTEMBER, 1996.

x Michael Carlie Hastings
(~~Corporate~~ Name)

By: _____

_____ President

ATTEST:

_____

_____ Secretary

(Corporate Seal)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

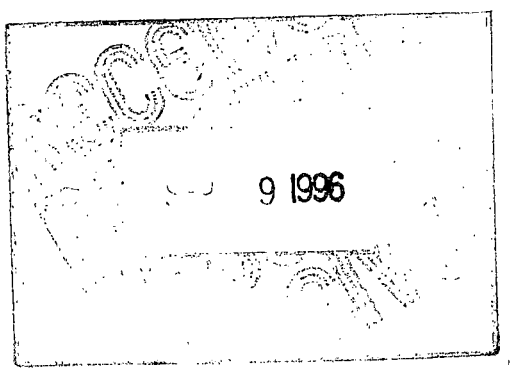
I, DIANNE JOHNSON, a Notary Public for said County and State, do hereby certify that MICHAEL CARLIE HASTINGS personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 9 day of SEPTEMBER, 1996.

Dianne Johnson
Notary Public

My Commission Expires:
My Commission Expires 10/09/2000

DIANNE JOHNSON NOTARY PUBLIC MECKLENBURG CO., NC


9 1996

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

OWNER'S ACKNOWLEDGMENT OF MODIFIED/ALTERNATIVE REPLACEMENT SYSTEM REQUIREMENT

Site Address: 8917 Dartmoor Place

File Number: 916A

Parcel Number: 139-053-17

Owner/Agent Name: Michael Hastings
(Please print)

Date: 9/6/96 Number of Bedrooms: 3

Receipt of the plan and specifications for a conventional system of sewage disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15A NCAC 18A .1900 - "Sewage Treatment and Disposal Systems." The plan as submitted is disapproved because there is not sufficient available space for a repair area for a conventional replacement system.

This site may be developed if the repair area is found to be acceptable for either a modified system (Rule .1956) or an alternative system (Rule .1957) for the replacement system as allowed by the following Rule 15A NCAC 18A .1945(b).

(b) Sites shall have sufficient available space for a repair area separate from the area determined in Paragraph (a) of this Rule. The repair area shall be based upon the area of the nitrification field required to accommodate the installation of a replacement system as specified in Rule .1955, .1956, or .1957 of this Section. Prior to issuance of the initial Improvement Permit for a site, the local health department shall designate on the permit the original system layout, the repair area, and the type of replacement system.

Please be advised that you have the right of an informal review by this Department and the right of appeal under G.S. 130A-335(g) and 130A-24, which appeal can be held in Mecklenburg County.

By signing this form, and signing and recording in the Mecklenburg County Register of Deeds Office the attached reclassification form entitled, **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,** you the property owner, understand and acknowledge your option to develop this site initially with a

conventional sewage system and when needed, subsequently to repair or replace said system with a modified or alternative system as described in Rules .1956 "Modification to Septic Tank Systems," or .1957(a), (b), or (c) "Design Criteria for Design of Alternative Sewage Systems." The completed reclassification form must be approved by this office before it can be recorded.

In addition, you the property owner, also understand that the following conditions will apply:

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

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

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

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

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

Phil S. Walker P.S. — 9/6/96

Environmental Health Specialist — Date

I have reviewed this document and understand its provisions and implications concerning the issuance of the Improvement Permit for the above-referenced site.

Michael Hastings — 9/6/96

Property Owner Signature — Date

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

C of A (s) No. 916A

Date Issued 5/2/86 **Serial** 8527 T. C. PO No. 139-052-03

✓ CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
OPERATION PERMIT

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Bayleaf Construction, Inc.
LAST FIRST MIDDLE

Location of Property 8917 Dartmoor Place

Application Number 916A Permit Number 916A

Inspection Data:

Liquid Capacity of Tank 1500+1000 Tank Material PCC

Total Length of Drain Tile 540' Number of Lines 6

Depth of Filter Material 12" Cover Depth 10"

Water Supply Source well Distance from Water Source >100'

Excavation Inspected 5/2/86 DATE Tank Inspected 5/2/86 DATE

Nitrification Field Inspected 5/2/86 DATE

Washing Machine Line Inspected, If Applicable _____ DATE

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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.

Comments: 1986, 1500ST, 1000DT, P1, CON 1620SFT, 12G, CECIL

Cynthia G. Bass
Environmentalist

EHD-5-76

Environmental Health Department's Copy

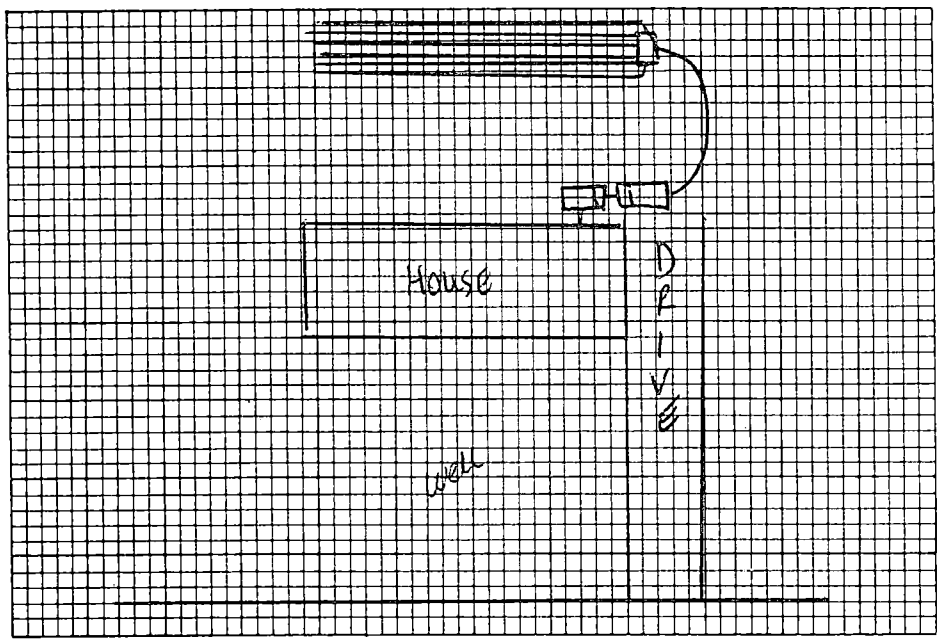
Serial No. 09190

Date Issued 4/16/86

ICAR (S) Permit No. 916A
PO
T. C. No. 139-052-03
Map Date V

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

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 application 916A, dated 2/13/86 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 5/16/86, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS

Liquid Capacity of Tank 1500+1000

Tank Construction PCe

Absorption and/or Nitrification Lines:

Total Line Length 540'

Number of Lines 6x90'

Distance from House 5'

Distance from Property Line 10'

Distance from Well > 50'

NAME OF OWNER Bayleaf Construction, Inc.

LOCATION OF PROPERTY 8917 Dartmoor Place

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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.

6 Trenches 3'x90' x12" stone with grade boards, straw as cover

Comments: _____

B. Hardister
Division or Section Head

Cynthia G. Bass
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

Date Received 8-26-85

RECEIVED
AUG 14 1985
ENVIRONMENTAL HEALTH

APT No. 916A
T. C. No. 139-052-03
Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER BAYLEAF CONSTRUCTION INC
(LAST FIRST MIDDLE)

2) ADDRESS OF OWNER 9001 DARTMOOR PLACE ZIP 28212

3) PHONE NO. Home _____ Office 545-4994

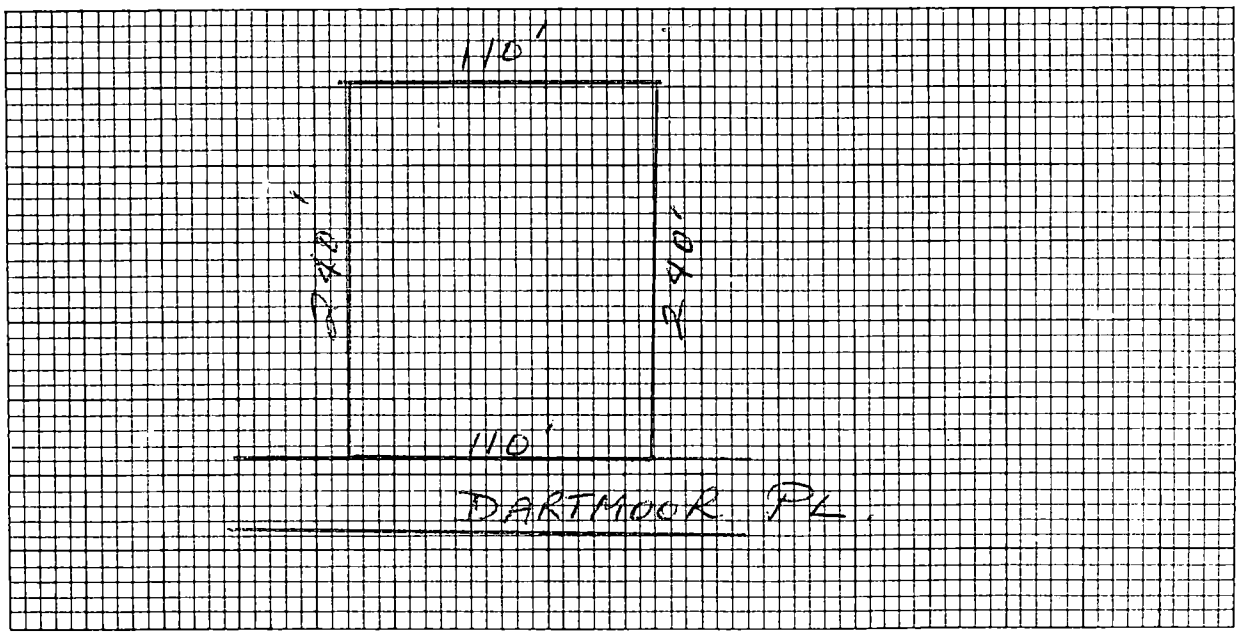
4) LOCATION OF PROPERTY 917 DARTMOOR PLACE
(STREET OR COUNTY ROAD)

5) SUBDIVISION GLENCROFT LOT NO. 17 BLOCK NO. 1

MAP BOOK NO 5022 PAGE NO. 0748

6) DEED REFERENCE: DEED BOOK _____ PAGE NO. _____

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge.



7) ACCURATELY DIAGRAM & DIMENSION LOT

BAYLEAF CONSTRUCTION, INC.
B. L. Dellinger
OWNER

EHD-5-76

Environmental Health Department's Copy

SERVICE REQUEST/WORK ORDER

96A

Log No.: _____ Section: IWWS Hazard? [ ] Yes [ ] No

Date: 09-03-96 Parcel: 139-053-17 60 Days? [ ] Yes [ ] No

REQUESTING PERSON: Lynn Lathan Phone X 5507

Address _____ City _____ Zip _____

PROPERTY CONCERNED: Facility Name Michael Hastings Home

Address 8917 Dartmoor Place City _____ Zip 28227

SERVICE REQUESTED: PLEASE ADVISE WHETHER OR NOT THE WASTE WATER DISPOSAL SYSTEM OR REPAIR SPACE WILL BE AFFECTED ADVERSELY BY ADDITION OF A SWIMMING POOL AS PROPOSED IN ATTACHED PLAN

ASSIGNED TO: Phil Walker TAKEN BY: _____

DATE	ACTIVITY REPORT
9/3/96	Met Mr Hasting on property for investigations. Proposed pool area was located ~~less~~ than 15' from last drainfield line Mr Hasting ~~stated~~ he would relocate proposed pool area and contact the Health Dept.
9/6/96	Mr Hastings ~~told~~ ~~state~~ relocated pool in area 22' away from the back of house as indicated on plot plan. Approval based on pool relocation and Modified System Repair Approval.
9/6/96	The waste water disposal system or repair space will not be affected adversely by the addition of a pool as proposed in attached plot plan.

NOTIFICATION TO REQUESTING PERSON: (✓) Written ( ) Verbal ( ) Not Applicable

COMPLETED BY: Phil A. Walker R.S. 9/6/96

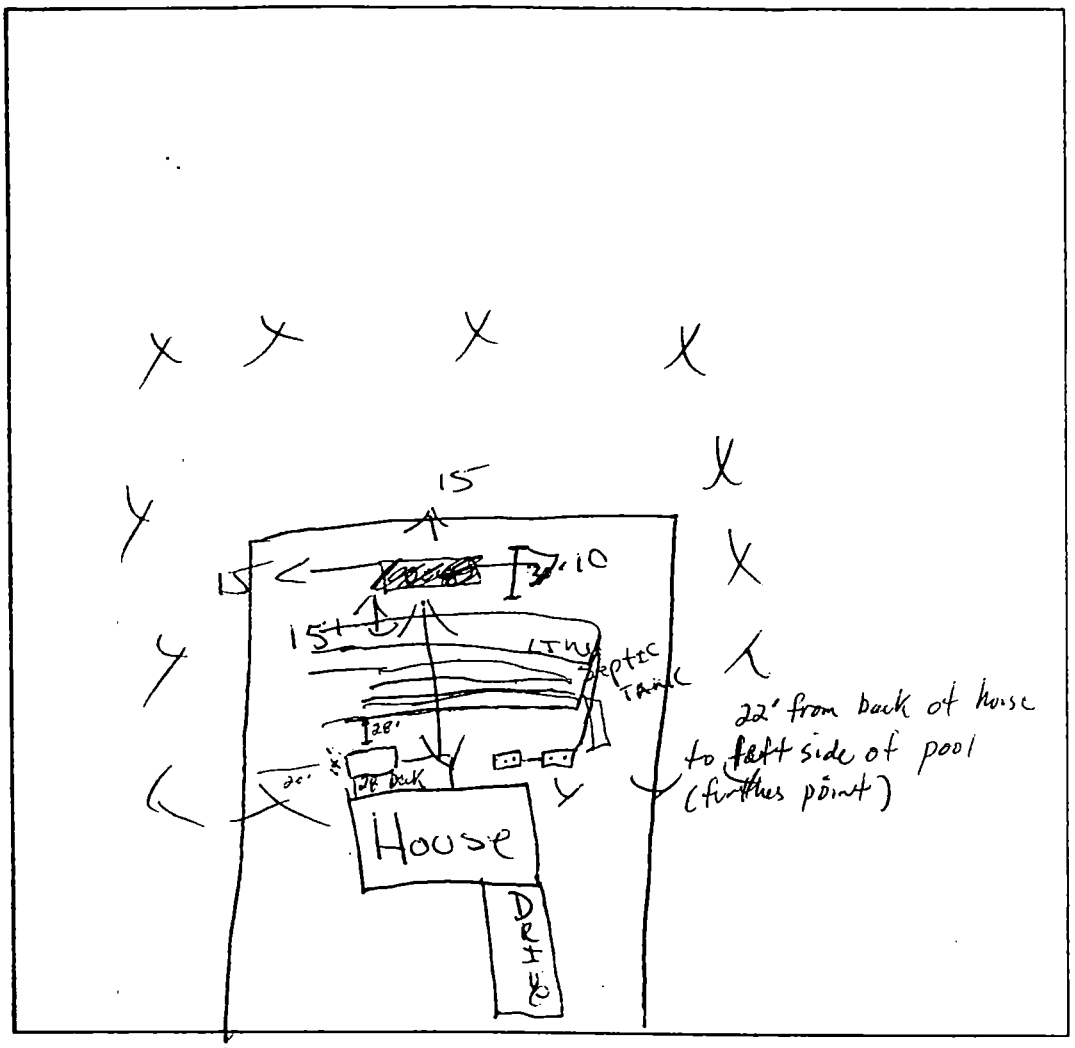
REVIEWED BY: _____

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

APPLICATION TO CONSTRUCT, INSTALL, OR MODIFY A RESIDENTIAL SWIMMING POOL

OFFICE USE: Service Request # _____
Parcel: 139 - 053 - 11
Amount paid: $ 30.00
Paid by: [✓] check [ ] cash # 2c
Received by: YNE Date: 8/30/96
CRT [ ] CLOSED [ ]

PLOT PLAN



Indicate to relative scale the pool and distances to buildings, wells, septic tanks and waste disposal systems, electrical wires, etc. Show the exact position of the barrier.

COMPLETE ALL BLOCKS:

POOL SURFACE
14 ft X 28 ft

TYPE OF FILTER
Cartridge

BARRIER (FENCE)
Type of Barrier: Fence
Height of Barrier: 4 ft.

To indicate that self-closing, self-latching gates will be provided at all openings through the barrier, the OWNER must initial here: MH

Water Source:
___ Municipal
✓ Private Well
___ Community well
___ Spring

Waste Water:
___ Municipal
___ Community
✓ Septic System

Back-Wash Disposal:
___ Municipal Sanitary Sewer
___ Settling Tank
___ Gravel Pit
✓ Cartridge (no connection required with cartridge)

Owner Michael Hastings

Address of Owner 8917 Dartmoor Pl 28227

Phone: Home 573-9738 Work _____

Facility (Street Address) 8917 Dartmoor Pl

Subdivision Glencroft Hy 51 - (R) 218 (L) Bartlette Rd

Directions from central Charlotte:
(R) Cannon Crte (L) Dartmoor Pl

Contractor: In Depth Pool Phone: 845/3065

The owner agrees that the contents of this application are true. An approval to install, construct, or modify shall be void if any of the above facts are not true.

Date of Application 8/30/96 Owner's Signature X Michael Hastings