

2517 LAKEVIEW CR

19313106

5/22/2007

duponbj

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

4761A G

Mecklenburg County
Health Department

July 17, 2002

Calvin Griffin
2517 Lakeview Circle
Matthews, NC 28105

Dear Mr. Griffin:

Our records indicate that the fee payment for the required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence located at 2517 Lakeview Circle, Matthews, NC is past due.

Please return the enclosed bill with payment by 8/17/02.

Thank you for your time and cooperation. If you have any further questions you can contact me at (704) 336-5571.

Sincerely,

RSI

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

Enclosure: Inspection Statement

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Payment Past Due

Calvin Griffin
2517 Lakeview Circle
Matthews, NC 28105

Please Make Check Payable To:

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

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Calvin Griffin	2517 Lakeview Circle	19313106	4751a	IIIb
				Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date: 7/17/02/

Payment Due Date: 8/7/02 **Past Due**

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

☐ *Please check if you have a well.*

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

DO NOT SEND CASH

Mecklenburg County
Health Department

August 13, 2002

Calvin Griffin
2517 Lakeview Cir.
Matthews, NC 28105

Dear Mr. Griffin:

The State required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence located at 2517 Lakeview Cir., Matthews, North Carolina, was completed on 8/8/02. The results of this inspection are enclosed.

Thank you for your time and cooperation. If you have any further questions you can contact me at (704) 336-5571.

Sincerely,

RSI

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

Enclosure: Inspection Report
Septic System Owner's Guide

N. C. Department of Environment and Natural Resources
Division of Environmental Health

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

MECKLENBURG COUNTY — Health Department
4751A — Permit/Project No.
2517 LAKEVIEW CIR. — Location
RESIDENCE — Name of Establishment / Type of Establishment
360 GPD — Design Flow
CALVIN GRIFFIN — Owner/Agent
2517 LAKEVIEW CIR. MATTHEWS, NC 28105 — Address
Phone
N/A — Operator
Address
Phone
Remarks TYPE III b

	Yes	No	REMARKS
1. ESTABLISHMENT:			
Type, size, and sewage flow in accordance with permit?	☑	☐	
2. COLLECTION SYSTEM:			
No evidence of leaks into or out from sewer lines/manholes?	☐	☐	
Free of blockages/solids buildup in lines or manholes?	☐	☐	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):			
Tank risers accessible and surface water diverted?	☑	☐	WE RECOMMEND PUMPING OUT TANKS EVERY 3-5 YEARS.
Tanks and access manholes structurally sound, watertight?	☑	☐	
Sanitary tee(s) in good working condition?	☑	☐	
Tanks pumped, cleaned out as needed?	☐	☐	
4. RAW SEWAGE LIFT STATION (if present):			
Required pumps present, operating, and cycling properly?	☐	☐	
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☑	☐	
PUMP SYSTEMS:			
Required pumps present, operating, and cycling properly?	☑	☐	HIGH WATER ALARM IS NOT WORKING. HAVE THIS CHECKED BY A SEPTIC CONTRACTOR.
High-water alarm present and operating properly?	☐	☑	
Floats/pipe/valves/disconnects in good working condition?	☐	☑	
Control panel enclosure/components in good condition?	☑	☐	
Elapsed time readings: _____ _____			
SIPHON SYSTEMS:			
No evidence of overflow or siphon leakage?	☐	☐	
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	
6. GROUND ABSORPTION FIELDS:			
No evidence of effluent surfacing/reaching surface waters?	☑	☐	
Minimal ponding in subsurface trenches?	☑	☐	
Surface water being effectively diverted away?	☑	☐	
Diversions/ditches/swales/tile drains properly maintained?	☑	☐	VEGETATION OVERGROWN IN DRAINFIELD AREA. RECOMMEND CUTTING & PLANTING GRASS IN THIS AREA.
Line cover/vegetation adequate/maintained as needed?	☑	☐	
Protected from traffic, destructive uses?	☑	☐	
Distribution devices in good condition, working properly?	☑	☐	
Repair area properly reserved, maintained?	☑	☐	
LOW-PRESSURE PIPE DRAIN FIELDS:			
Turnups/cleanouts/valves intact and accessible?	☐	☐	N/A
No effluent standing in lower laterals?	☐	☐	
Laterals free of excess solids, cleaned out as needed?	☐	☐	
Pressure head is properly adjusted?	☐	☐	

OVERALL CONDITION AND OPERATION OF SYSTEM: NO EFFLUENT SURFACING

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)

DATE: 8/8/02 SIGNED: [signature] RSI AGENT
Division of Environmental Health

DENR 3702 (Revised 3/98)
On-Site Wastewater Section (Review 12/98)

– over –

SUMMARY OF IMPROVEMENTS NEEDED (cont.)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

This is to notify you of intent to suspend/revoke your operation permit/certificate of completion 60 days from this date for the following
(circle one) *(circle one)*

violations: _____
[Law or Rule(s)]

If suspended, the operation permit or certificate of completion remains suspended until violations are corrected. A hearing will be held prior to suspension or revocation if you file a petition for a hearing with the Office of Administrative Hearings, P. O. Drawer 27447, Raleigh, NC 27611-7447, in writing within the number of days specified above, of your intent to attend the hearing. If you do not petition the Office of Administrative Hearings, the operation permit or certificate of completion will be suspended or revoked.

IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

This is to notify you of immediate suspension/revocation of your operation permit/certificate of completion for the following violations:
(circle one) *(circle one)*

_____
[Law or Rule(s)]

If suspended, the permit or certificate remains suspended until the violations are corrected. You will be notified of the day and location of a hearing on this suspension or revocation by a hearing officer from the Office of Administrative Hearings.

This the _____ day of _____, 19 _____.

_____ Agent
DIVISION OF ENVIRONMENTAL HEALTH

INSTRUCTIONS

Purpose: Article 11 of Chapter 130A requires the Commission for Health Services to adopt rules governing the design, construction, and operation of on-site wastewater systems. 15A NCAC 18A .1937 specifies that the local health department shall determine whether systems with an Operation Permit are operating properly at a frequency specified in Rule .1961, Table V(a), and that systems which exceed 3,000 gallons per day and other systems which are required to be designed by a professional engineer shall be reinspected annually. This form is developed to be used in making inspections of engineered subsurface wastewater systems.

Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for:

1. Original to be left with the responsible person.
2. Copy for the local health department.
3. Copy for the On-Site Wastewater Section, Division of Environmental Health.

In the event the permit is suspended or revoked, complete the portion above.

Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the *Records Disposition Schedule* published by the N.C. Division of Archives and History.

Additional forms may be ordered from: On-Site Wastewater Section
Division of Environmental Health
P. O. Box 29594
Raleigh, NC 27626-0594
(Courier 52-01-00)

COPY

Paid $85 Chk # 4995 8/7/02 SC

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Payment Past Due

Calvin Griffin
2517 Lakeview Circle
Matthews, NC 28105

Please Make Check Payable To:

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

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Calvin Griffin	2517 Lakeview Circle	19313106	4751a	IIIb
[redacted]				**Total Amount Due: $85.00**

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

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date: 7/17/02/

Payment Due Date: 8/7/02 **Past Due**

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

☐ *Please check if you have a well.*

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

DO NOT SEND CASH

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CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4751A DATE: 6/3/97

TC: 193 13/06 ~~CRT~~

SERIAL Nº 16552

Name of Owner Calvin Griffin Juris.: _____

Address of Property 2517 Lakeview Cir

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 3 @ 133'

Cover Depth 8"

Water Supply Source Municipal

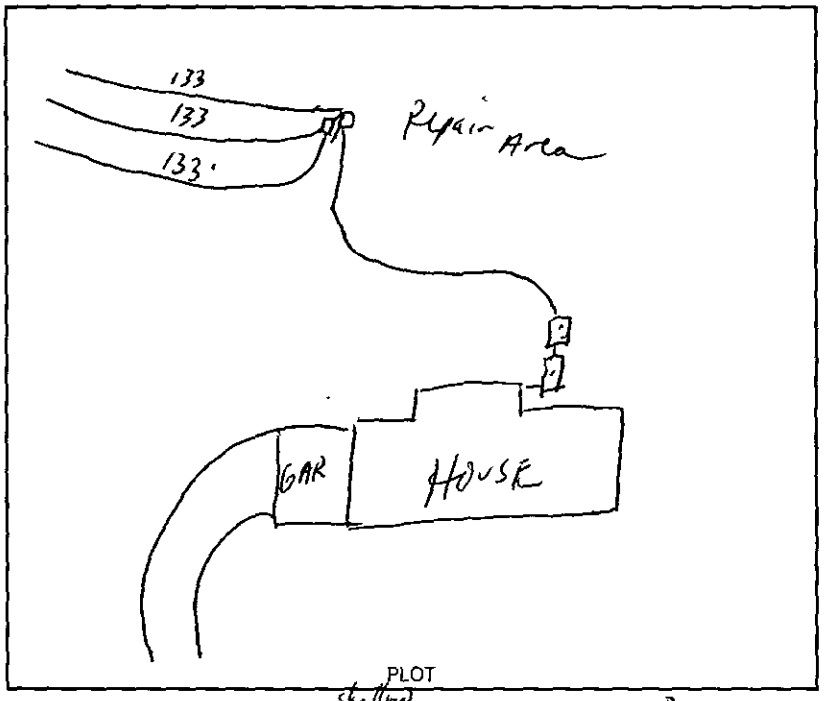
Distance to Water Source >10'

Excavation Inspected 5/30/97 PLW 6/2/97 KR

Tank(s) Inspected 5/30/97 PLW

Wash Line Inspected plumb to tank

High Water Alarm Inspected 5/30/97



PLOT

Design 1997, 1500ST, 1000DT, PI, 1200SFT, 12" Stone, shallow placed conv ceil CTR# RLS

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: Septic system designed for 3 bedroom residence Type III, K. Randal inspected lowest septic line 6/2/97

Philo J. Walker R.S.
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: 4751A DATE: 6/2/97

TC: 193-13-06 ☐ L

SERIAL Nº 17005

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 _____, 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.

INSTALL w/ PLAN ON FILE

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth ~~18"~~ 10"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 400' feet

Number of Lines 3 x 133

Depth of Stone 12" inches

Distance from House 5' ± feet

Distance from Property Line 10' ± feet

Distance from Well CMUD feet

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

NAME OF OWNER CALVIN GRIFFIN

LOCATION OF PROPERTY 2517 LAKEVIEW CIR

Comments: INSTALL w/ PLAN ON FILE

Holly Rowell

Environmental Health Specialist

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

BK: 08661 PG: 0430/0433 #:0298 14.00
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 07/17/96 13:01

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 # 4751-A
PARCEL # 193-12-106

The undersigned, Calvin T. + Frances S. Griffin, owner of property located at 2517 Fabercur Cir / Blk C Lot 6, (the "site") and described in an instrument recorded in Book 9 at Page 51, 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: Frances S. Griffin
Mail after recording to: P.O. Box 3007, Matthews, N.C. 28106-3007

- 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 15 day of July, 1996.

_____ _____ (SEAL)
(Corporate Name)

_____ (SEAL)

By: _____ _____ (SEAL)

_____ President _____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal) Calvin T. Griffin

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Dodd C. Reed, a Notary Public for said County and State, do hereby certify that Calvin T. Griffin personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 15 day of July, 1996.

Notary Public

My Commission Expires: My Commission Expires October 15, 2000

RBCWM:24751_1/8-30-95

Frances E. Griffin

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Todd C Snead, a Notary Public for said County and State, do hereby certify that FRANCES S. GRIFFIN personally came before me this day and acknowledged ~~that he is~~ _____ ~~Secretary of~~ the due execution 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 15 day of July, 1996.

Todd C Snead
Notary Public

My Commission Expires: ~~My Commission Expires October 25, 2000~~

RBCWM:24751_1/8-30-95

MECKLENBURG COUNTY REGISTER OF DEEDS
JUDITH A. GIBSON - REGISTER

CUSTOMER RECEIPT: 07/17/96

Date	Time	Inst #	Type	Book	Page	Trx	Amount
07/17/96	01:01	298	PERMIT	8661	430	FEE	14.00
07/17/96	01:01					TOT	14.00
07/17/96	01:01					CASH	15.00
07/17/96	01:01					CHNG	1.00

Permit Number: 4751-A

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 193-131-06

- 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	
.3 Long-term acceptance rate	360 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)	18" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3 Bedrooms in residence	1000 Gallon pump tank	12" Depth of stone		
Any surface waters present: No Type:		Minimum separation distance:		
Site modifications required:				
Additional Conditions: agreement forms ~~must~~ be executed and recorded prior to installation approval shallow Place conventional system				
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)	12" Depth of Stone Trench	9 Trench spacing (min. on centers)	18" 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.

Kelly Randall 7-9-96
DEHNR Authorized Agent Date

X Catherine T. Williams 7/9/96
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

$400

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

DATE: 2-9-96 **PERMIT NO:** 4751-A
PARCEL NO: 193-131-06

JOB LOCATION ADDRESS: 2517 LAKEVIEW CIR
PROPERTY OWNER: CALVIN GRIFFIN
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: Kelly Randall **DATE:** 7-9-96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4751-A, 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: agreement forms must be executed and
recorded prior to installation approval
~~repair~~ shallow place conventional system

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 Calvin T Griffin 7/8/96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

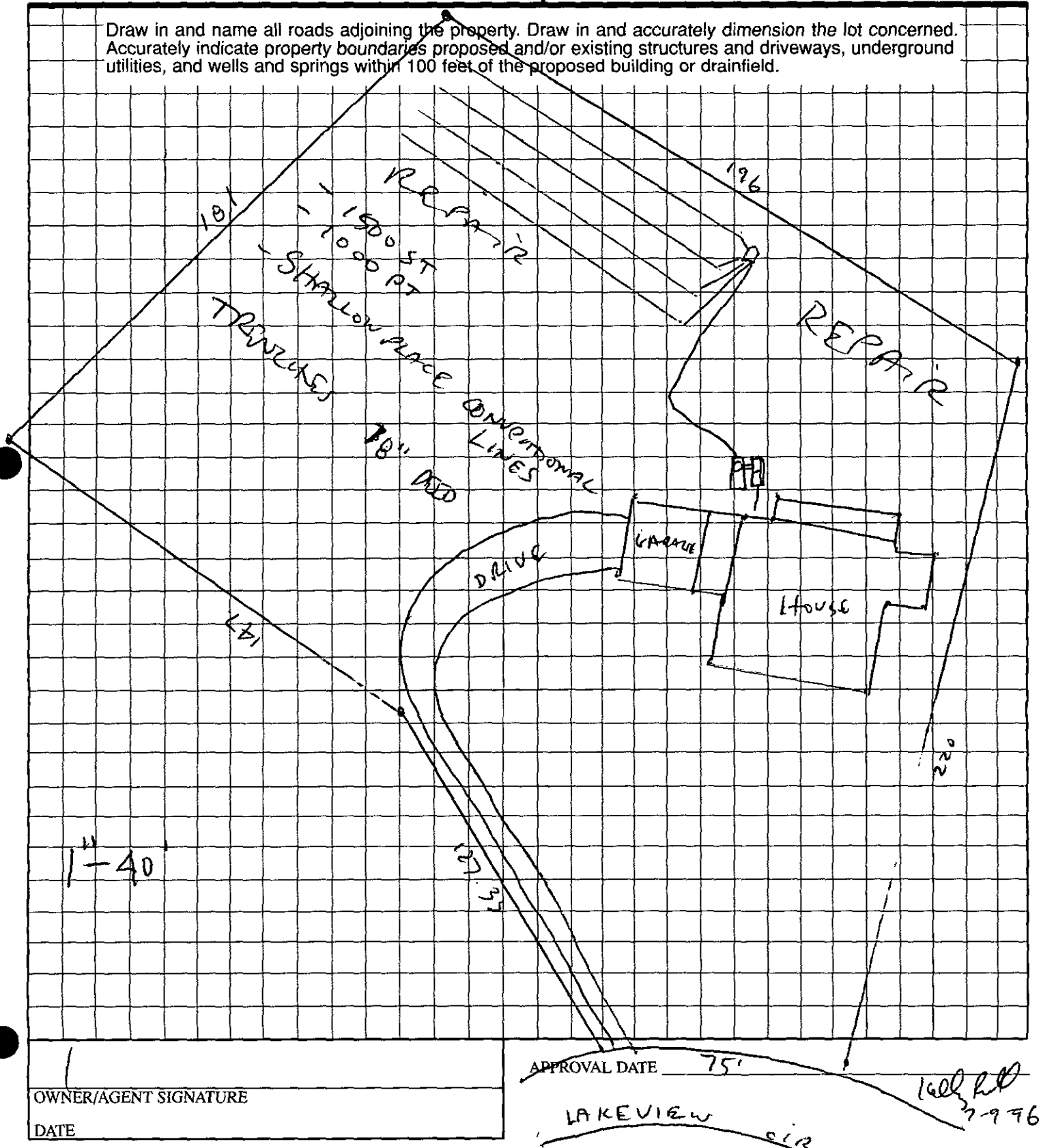
PROPOSED PLOT PLAN

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

FILE: 4751-A

TC: 193-131-06

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.

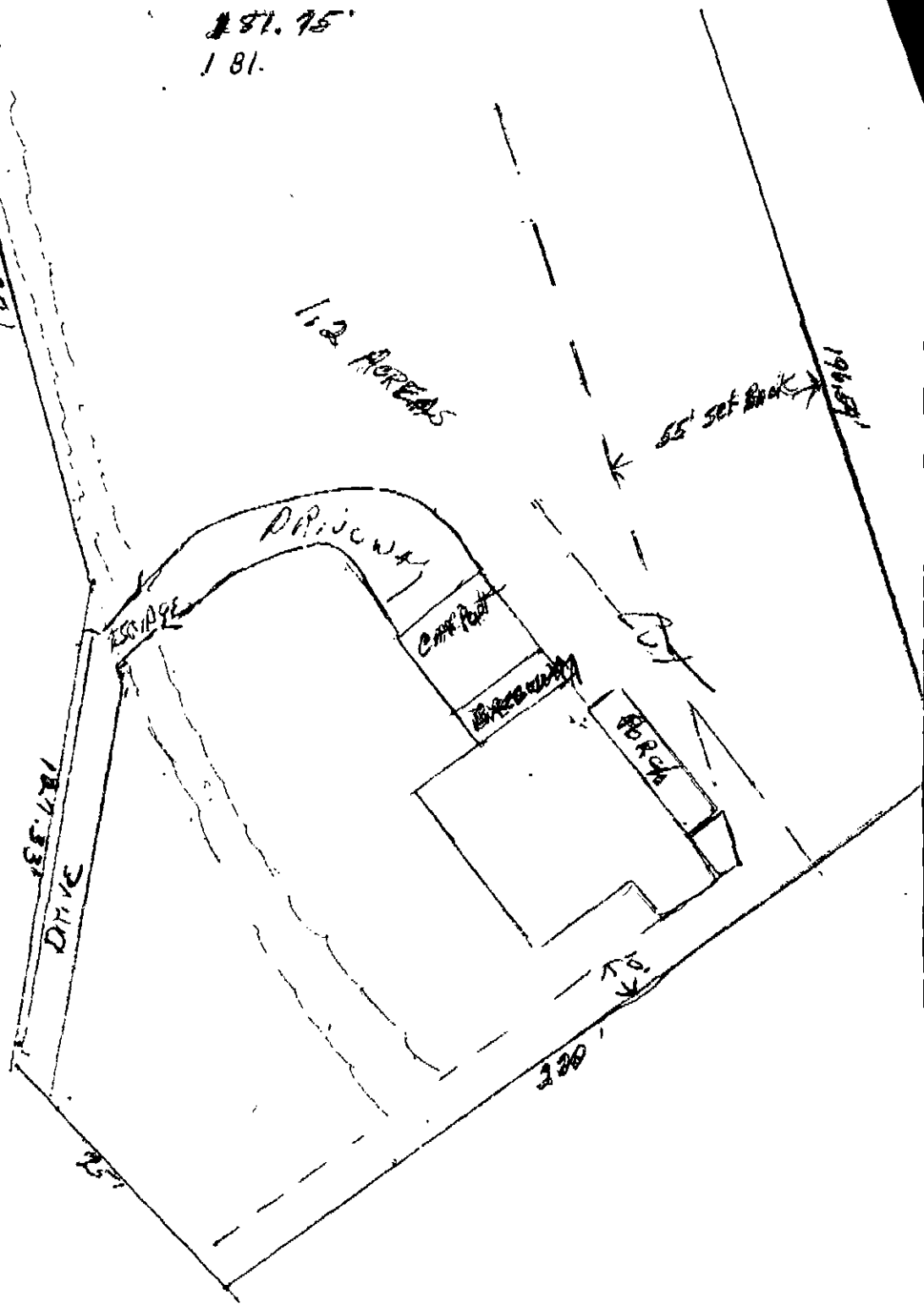


APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

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



Carolina Fine Custom Cabinetry
2513 Lakeview Circle
Matthews, NC

R. C. S., Inc.

Septic Tank Installation & Service

Stafford Street
Post Office Box 708
Monroe, North Carolina 28111
Phones: 704-283-7539 or 376 9359

DATE: JUNE 12, 1996

TO: KELLY RANDALL, ENVIRONMENTAL HEALTH

FROM: CATHY HUDSON

1 PAGE TO FOLLOW

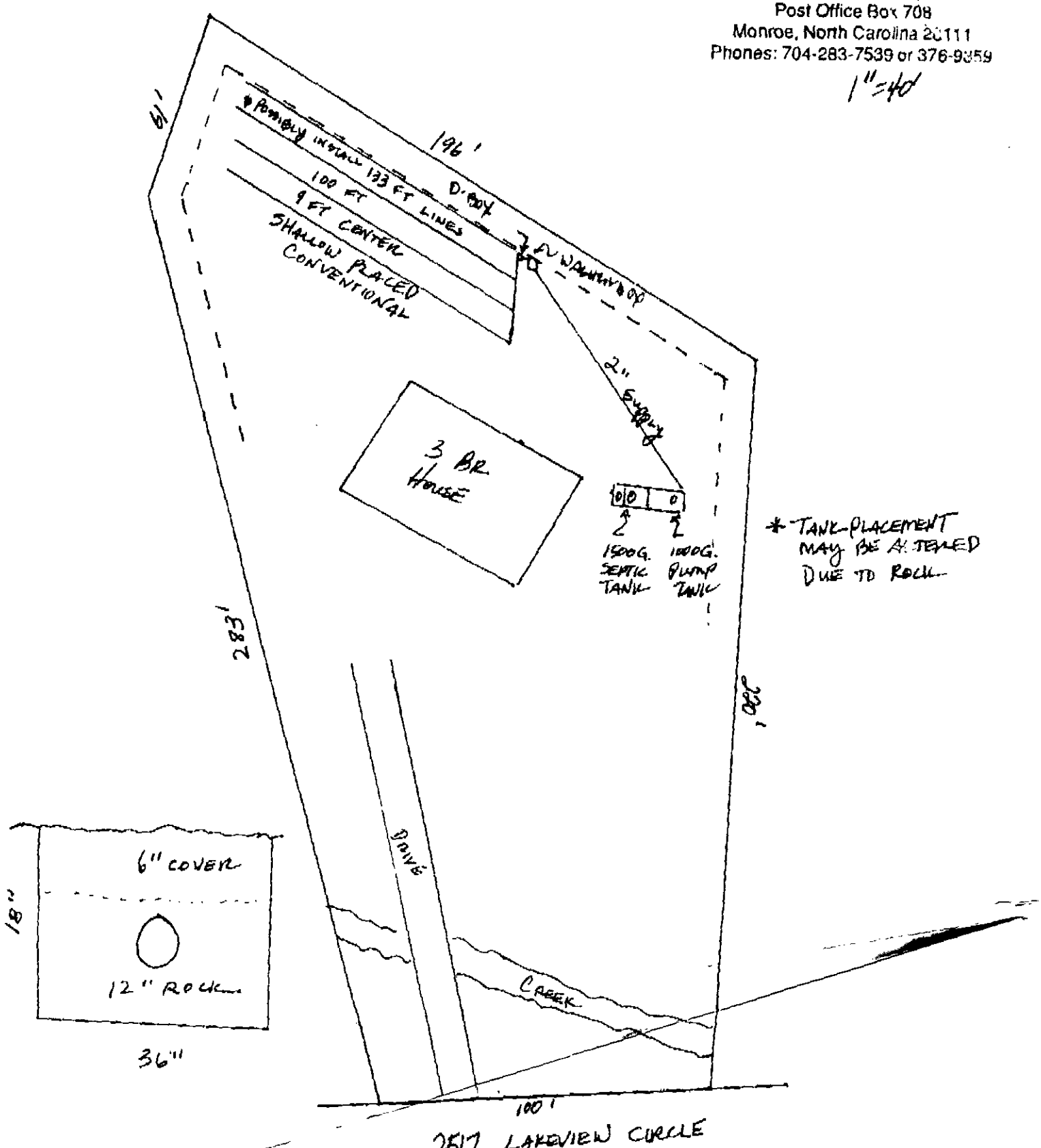
CALVIN GRIFFIN
2517 LAKEVIEW CIRCLE
FILE 4751A

R. C. S., Inc.

Septic Tank Installation & Service

Stafford Street
Post Office Box 708
Monroe, North Carolina 28111
Phones: 704-283-7539 or 376-9359

1"=40'



* TANK PLACEMENT MAY BE ALTERED DUE TO ROCK

Mecklenburg County
Health Department

November 19, 1992

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

Mr. Calvin Griffin
P.O. Box 18621
Charlotte, NC 28218

Re: 2517 Lakeview Circle
File: 4751-A
Parcel: 193-131-06

Dear Mr. Griffin:

Receipt of your plans for a modified waste disposal system for the property referenced above is acknowledged.

Your plans for the modified system for the above property as submitted are approved with the following comments:

-The well should be located 100 feet or no less than 50 feet away from any part of the sewage disposal system and repair area.

-Water saving plumbing devices and low flush toilets should be installed when constructing the residence.

-Occupants to utilize maximum water conservation measures wherever possible.

-Landscaping of repair area to be undisturbed. No grading, shaping, or altering in anyway.

Please be advised that a contract must be executed between the system owner and a management entity prior to the issuance of an Operation Permit for the system.

Upon execution and recording with the Register of Deeds Division Office, Mecklenburg County, of the enclosed "Septic Tank Agreement Form", an Improvements Permit may be issued by this office.

Sincerely,

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

enc: Septic Tank Agreement

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 11-9-92

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE MATT

PARCEL NUMBER #193-131-06

ASSIGNED ADDRESS 2517 LAKEVIEW CR

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

		APPROVED	DISAPPROVED
1.	SUBDIVISION REGULATIONS		*
2.	FLOODWAY REGULATIONS		*
3.	EROSION CONTROL REGULATIONS		*
4.	PUBLIC UTILITY EASEMENT		*

		PRESENT	NOT PRESENT
5.	PUBLIC UTILITY EASEMENT	*	
6.	PROPERTY FRONTS ON THOROUGHFARE	*	
7.	DRIVEWAY PERMIT REQUIRED	*	

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: S.F. HOME / SEPTIC TANK

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: B. McConnico

OPWEAR 06-88

NEW ADDRESS X *

FORM 100

475 1A

Pd 300.00 Ck# 6453 11-9-92 GJ

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: Griffin (last) Calvin (first) & Frances (mi) 841-8570
ADDRESS: P.O. Box 18621 PHONE: (704) 537-1005
CITY: Charlotte STATE: NC ZIPCODE: 28218

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 193-131-06
STREET ADDRESS: 2517 Lakview Cir
Matthews, NC
ZONING:

PROPERTY OWNER:
NAME: Same (last) (first) (mi)
ADDRESS: PHONE: (__) __
CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

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

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

NUMBER BEDROOMS: 03 NUMBER OCCUPANTS: 03
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 [] 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: Date:

NOTICE:

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

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

...This permit is not transferable.

...

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

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

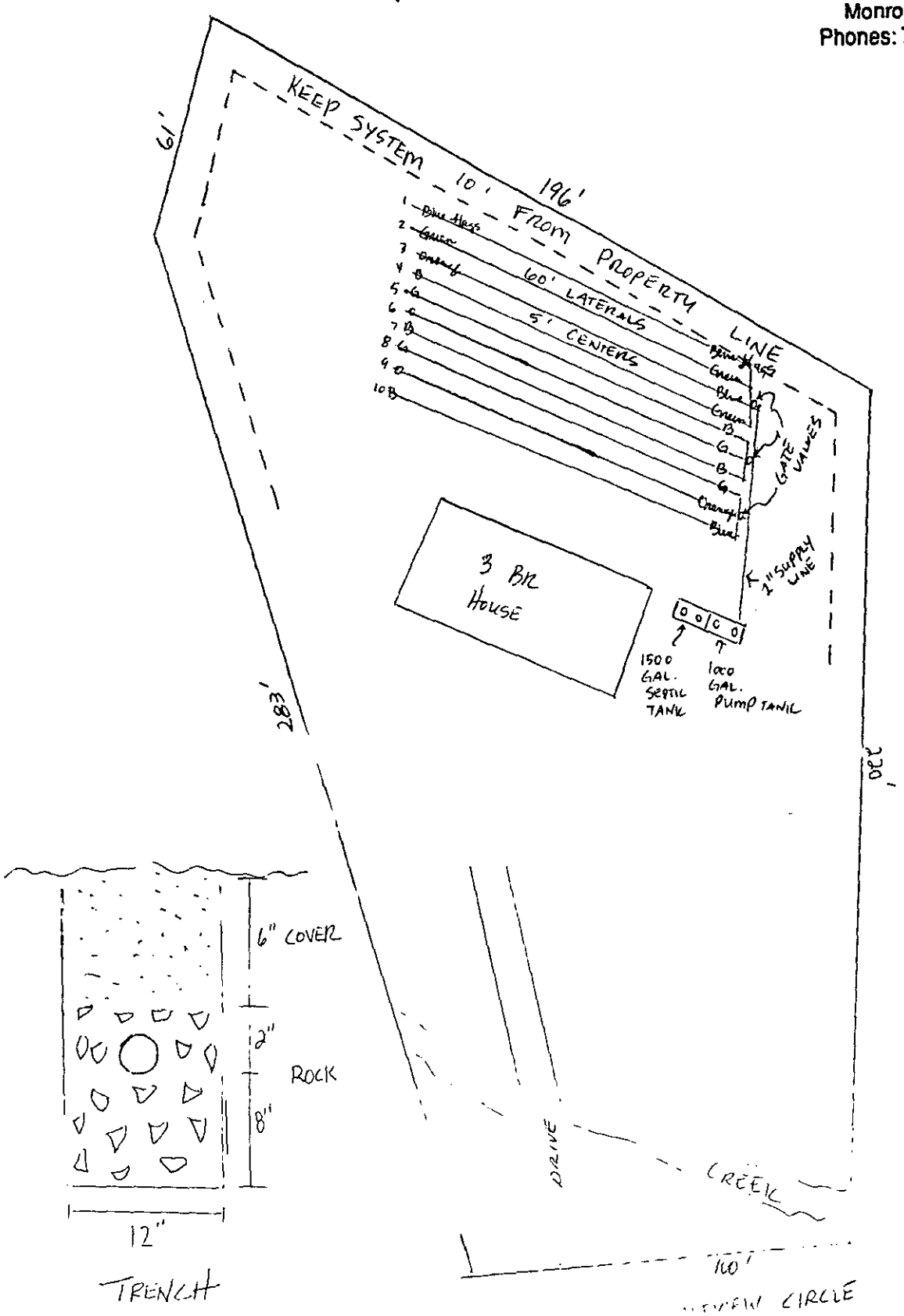
R. C. S., Inc.

Septic Tank Installation & Service

Stafford Street
Post Office Box 708
Monroe, North Carolina 28111
Phones: 704-283-7539 or 376-9359

1" = 40'

CALVIN GRIFFIN
2517 LAKEVIEW CIRCLE
FILE 4751 A



R. C. S., Inc.

Septic Tank Installation & Service

Stafford Street
Post Office Box 708
Monroe, North Carolina 28111
Phones: 704-283-7539 or 376-9359

CALVIN GRIFFIN, 2517 LAKEVIEW CIRCLE, FILE 4751 A

DAILY WASTE FLOW 360 GALLONS

SEPTIC TANIC SIZE 1500 GALLONS

PUMP TANIC SIZE 1000 GALLONS

EFFLUENT LOADING RATE .12 GAL./FT²/DAY

ABSORPTION AREA 3000 FT²

TOTAL LENGTH OF LATERALS 600 FT

LATERAL DIAMETER 1¼", SCH 160

LATERAL CONFIGURATION 10 X 60 FT LINES

SUPPLY LINE LENGTH 60 FT

SUPPLY LINE DIAMETER 2", SCH 40

MANIFOLD PLACEMENT SIDE

HOLE SIZE 5/32"

HOLE SPACING SEE CHART

NUMBER OF HOLES SEE CHART

PRESSURE HEAD SEE CHART

FLOW PER HOLE SEE CHART

TOTAL FLOW 45.23 GPM

ELEVATION HEAD 12 FT

FRICTION HEAD 2.35 FT

PRESSURE HEAD 3 FT

TOTAL HEAD 17.35 FT

PUMP REQUIREMENTS 45.23 GPM @ 17.35 FT OF HEAD

STORAGE VOL. IN LATERALS 54 GAL.

STORAGE VOL. IN SUPPLY LINE 9.72 GAL.

TOTAL STORAGE VOL. 63.72 GAL.

DOSING VOL. 279.72

DOSING DEPTH 10.8 INCHES

CHECK VALVE ? YES

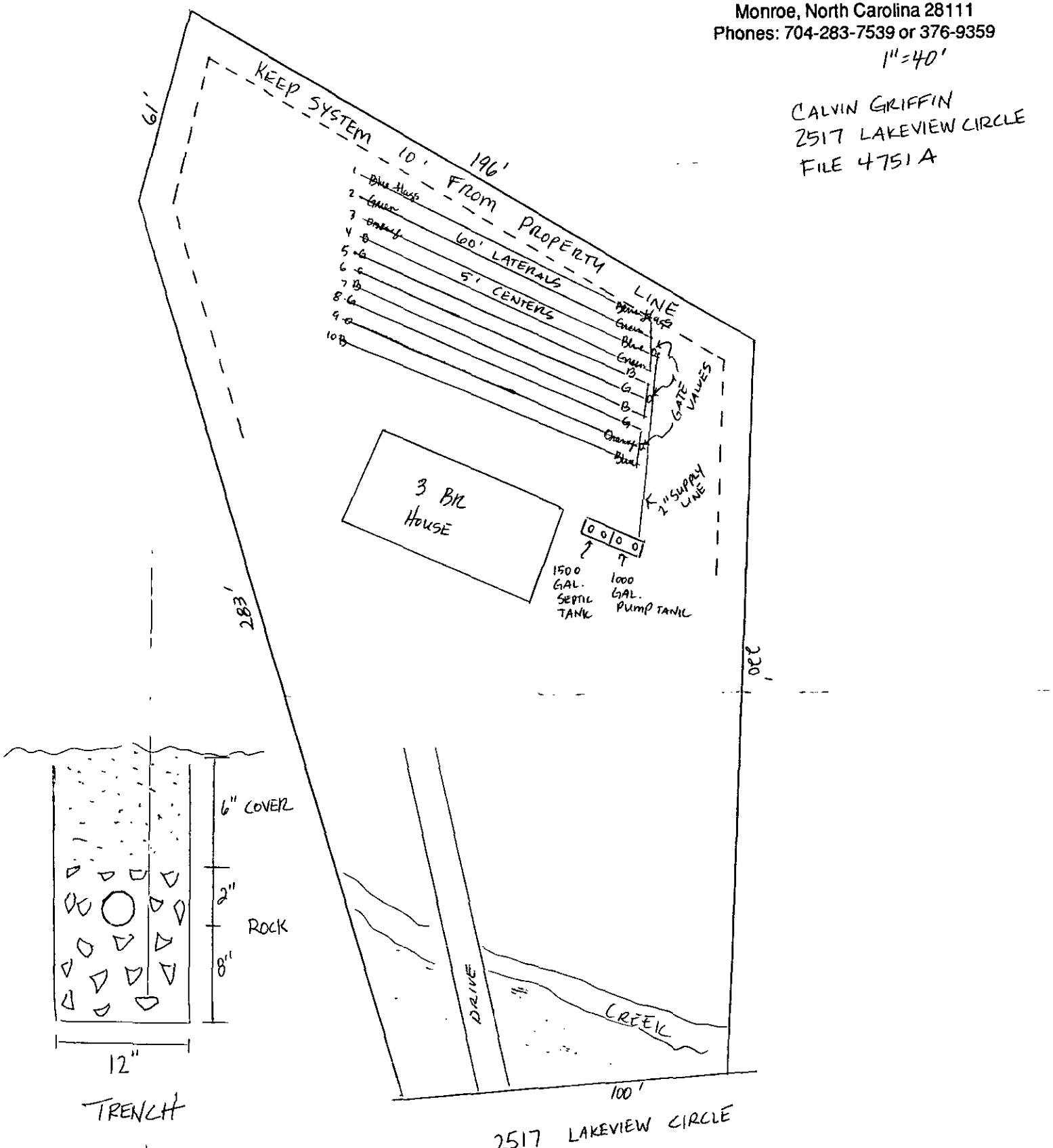
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CALVIN GRIFFIN
2517 LAKEVIEW CIRCLE
FILE 4751 A



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CALVIN GRIFFIN

2517 LAKEVIEW CIRCLE

FILE 4751 A

LINE	PRESSURE HEAD	FLOW RATE/ HOLE	# HOLES/ LINE	FLOWRATE/ LINE	HOLE SPACING	FIRST HOLE
1	2'	.41	12	4.92	5'	30"
2	2'2"	.42	11	4.62	5.5'	30"
3	2'7"	.46	9	4.14	6.875'	30"
4	3'5"	.54	7	3.78	9.166'	30"
5	2'	.41	12	4.92	5'	30"
6	2'5"	.46	11	4.51	5.5'	30"
7	3'4"	.54	8	4.32	7.86'	30"
8	2'	.41	12	4.92	5'	30"
9	2'5"	.46	10	4.60	6.11'	30"
10	3'	.50	9	4.5	6.875'	30"

Mecklenburg County
Health Department

Basil G. Deltu, M.D., M.P.H.
Health Director

July 14th, 1988

Calvin T. & Frances S. Griffin
2509 Lakeview Circle
Matthews, NC 28105

RE: Property located at 2517 Lakeview Circle
FILE: 4751A
PARCEL: 19113106

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 11842) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

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

If I may be of any assistance, please feel free to call.

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

Enclosure (2)

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 11842

File: 4751A

Action 2

Parcel: 193-13106

☐ PC

Location: 2517 Lakeview Circle

Subdivision:

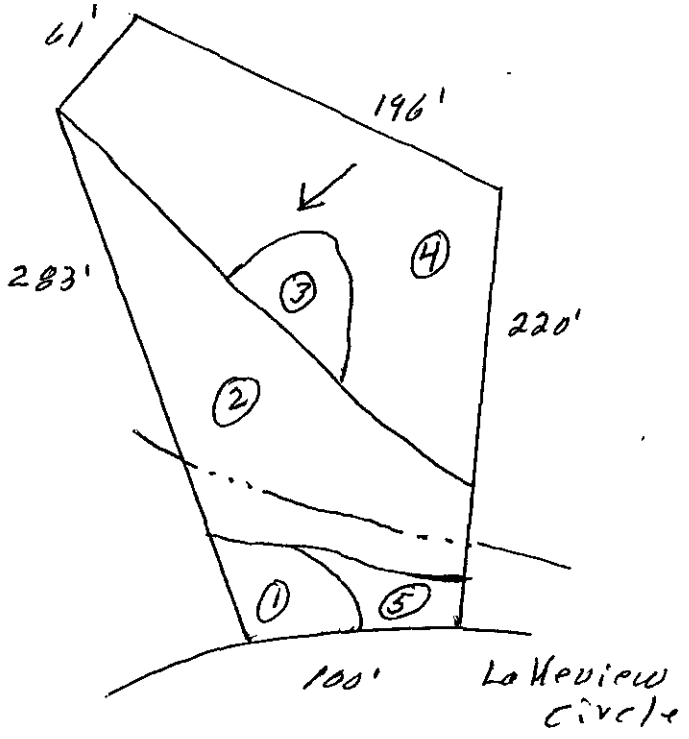
Lot: Block: Acres: .83

Owner: Calvin T. & Frances S. Griffin
Address: 2509 Lakewiew Circle
Matthews, N. C. 28105

Comments: _____

Described by: William A. Mullis

Date: 7-14-88



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

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 6-12%	S PS (U) Depression Floodplain	S PS (U) complex slopes	S (PS) U 10-20%	S PS (U) Receives Ditch water	S PS U
Texture	S (PS) U Clay	S PS U —	S PS U	S (PS) U Clay	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U —	S (PS) U Blocky	S PS U —	S PS U
Drainage	S (PS) U >36" To water	S PS U —	S PS U	S (PS) U >36" To water	S PS U —	S PS U
Depth	S (PS) U >36"	S PS U —	S PS U	S PS (U) 22-30"	S PS U —	S PS U
Restrictive Horizons	S (PS) U >36"	S PS U —	S PS U	S (PS) U >36"	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS U	S PS U	S (PS) U limited	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IVA Cecil-Lloyd	Depression Floodplain	complex slopes	IVA Pacolet-Lloyd	Area receives Ditch runoff	
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS U

Mecklenburg County
Health Department

Basil G. Delta, M.D., M.P.H.
Health Director

July 14th, 1988

Calvin T. & Frances S. Griffin
2509 Lakeview Circle
Matthews, NC 28105

RE: Property located at 2517 Lakeview Circle
FILE: 4751A
PARCEL: 19113106

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If I may be of any assistance, please feel free to call.

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

Enclosure (2)

7/12/88 PA 30 - OK#272 JR

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 4751A

TC: 191-131-06

☐ PC ☐ REPT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
JUL 11 198
ENVIRONMENTAL HEALTH
DIVISION

JOB LOCATION

① ADDRESS: 2517 Lakeview Circle - Matthews, N.C. 28105

② SUBDIVISION: Morning Star Acres ③ LOT: Six (6) ④ BLOCK: C

⑤ PARCEL REFERENCE: BOOK NO.: (9) PAGE NO.: (51) PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: (5194) PAGE NO.: (952&954)

OWNER

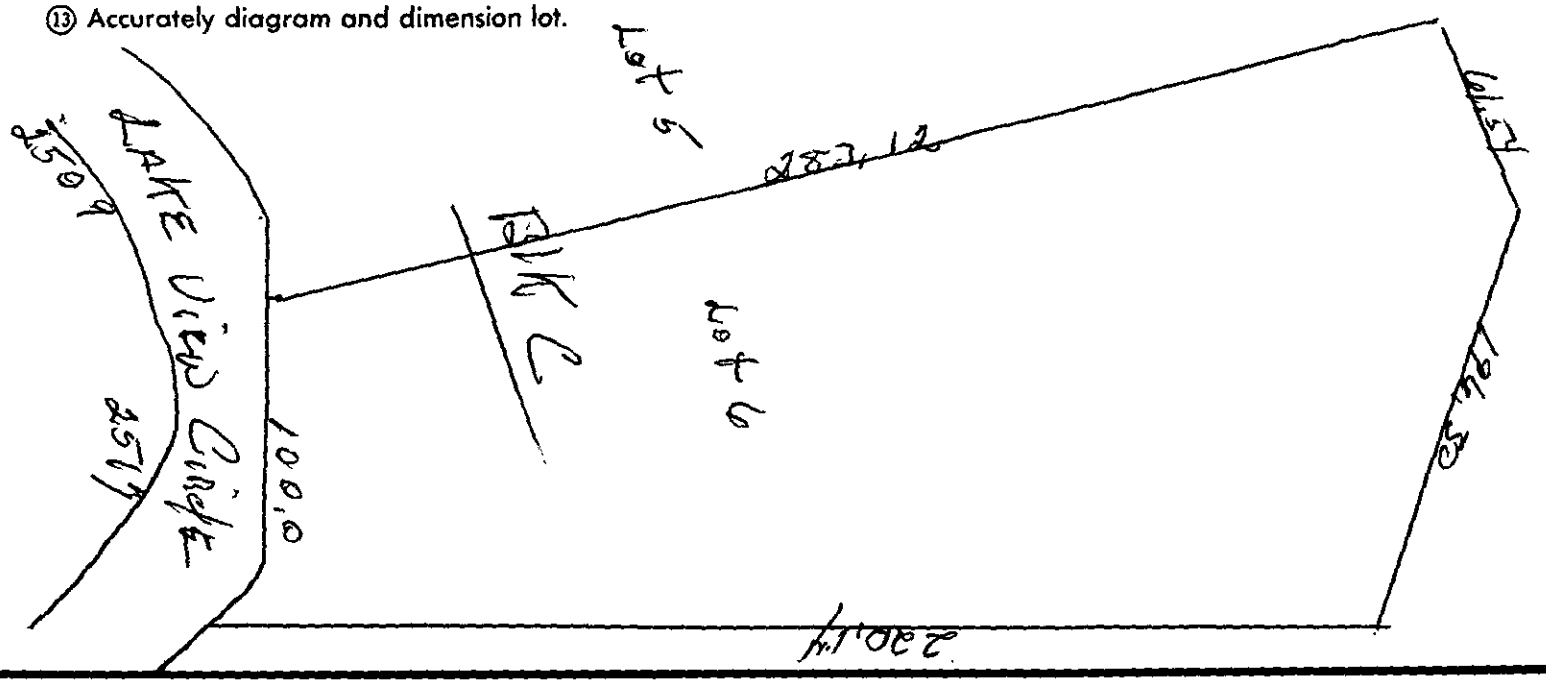
⑦ NAME: Calvin T & Frances S Griffin
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 2509 Lakeview Circle~~XXXXXXXXXXXXXXXXX~~

⑨ CITY: Matthews ⑩ STATE: N.C ⑪ ZIP: 28105

⑫ PHONE: (WORK) (704)845-2178 (HOME) (704)845-2175

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Calvin T. Griffin Frances S. Griffin

Date: July 11, 1988

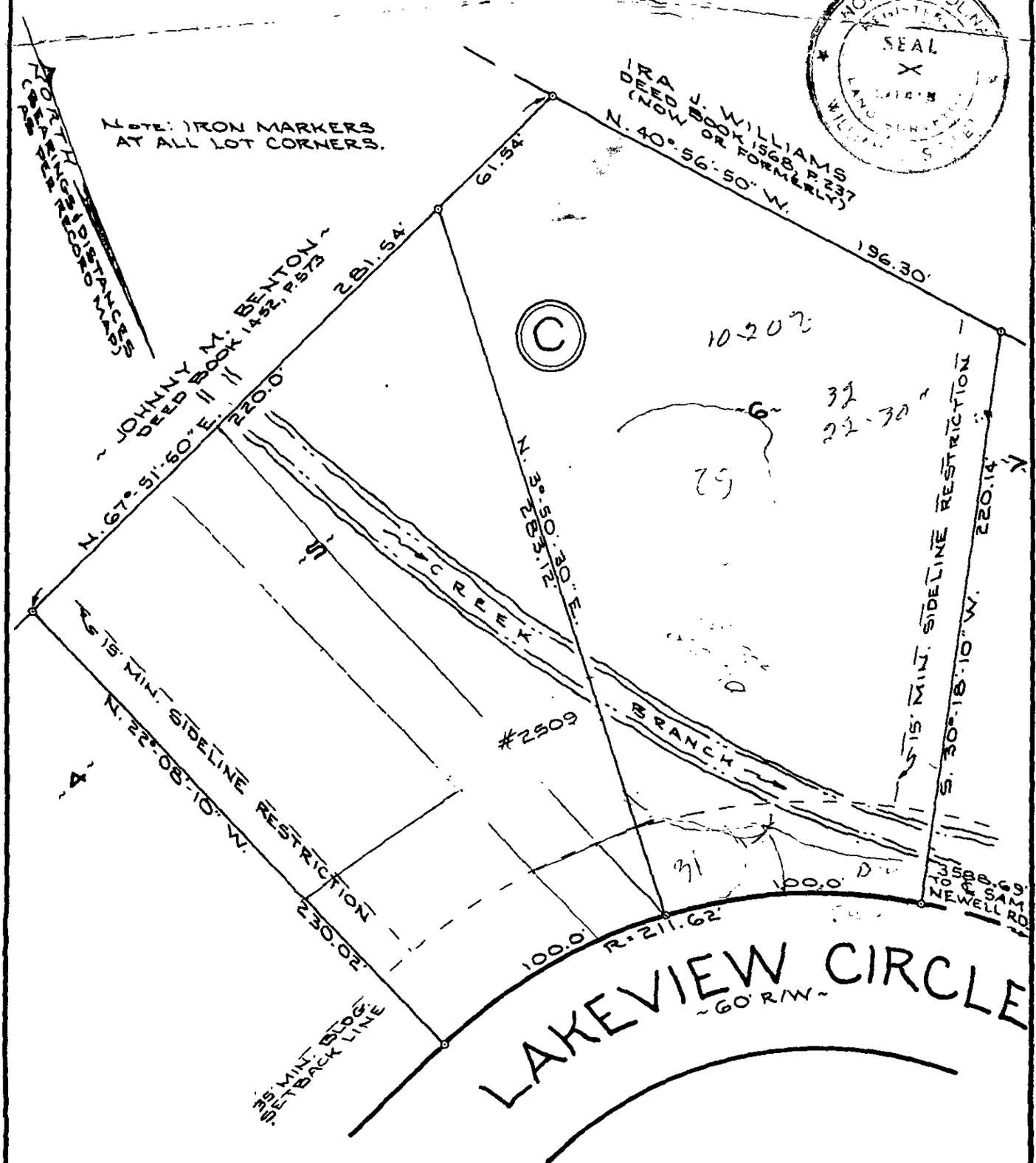
Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

THIS IS TO CERTIFY THAT ON THE 24TH DAY OF FEB. 1986 I. SURVEYED THE PROPERTY SHOWN ON THIS PLAT. AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE SHOWN HEREON. SURVEY VERIFIED AS CORRECT JULY 13, 1987.

SIGNED William A. Sowell
REGISTERED SURVEYOR

NORTH CAROLINA REGISTERED LAND SURVEYOR SEAL



LOT SURVEY
OF
LOTS 5 & 6, BLOCK C
MORNING STAR ACRES
TOWN OF MATTHEWS, MECKLENBURG CO.
NORTH CAROLINA

SCALE 1"=50'

THE PROPERTY OF CALVIN T. GRIFFIN & wife FRANCES S. GRIFFIN

MAP RECORDED IN BOOK 9 AT PAGE 51 DEED RECORDED IN BOOK 5194 PAGE 952 & 954

TAX MAP REF: 193-131-05, 06

A-704

Sites originally classified as UNSUITABLE may be used for soil absorption disposal systems, provided engineering, hydrogeologic, and soil studies indicate to the local health department that a suitable septic tank system or a suitable alternate system can reasonably be expected to function satisfactorily. Such sites may be reclassified as PROVISIONALLY SUITABLE upon submission to the local health department and when requested by the local health department to the state agency of the following:

(1) Adequate substantiating data to indicate that a ground absorption system can be installed so that the effluent will receive adequate treatment;

(2) Adequate substantiating data to indicate that the effluent will not contaminate any drinking water supply, ground water used for drinking water, or any surface water;

(3) Adequate substantiating data to indicate that the effluent will not be exposed on the ground surface or be discharged to surface waters where it could come in contact with people, animals, or vectors.