

17625 GRASSHOPPER LN

21719165

1/4/2008

duponbj

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

4112B

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - PRIVATE WATER SYSTEM

Name of System: Hodges #1 Main House
Address: 17625 Grasshopper Ln.
Charlotte, NC **Zip:** 28278

County: MECKLENB

Report To: Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202
Courier: 05-16-21

ATTN: Trevor Thomason
(704) 336-5101

Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis Private

Collected By: T. THOMASON **Date:** 5/16/2006 **Time:** 2:30:00 PM
Location of sampling point: Well Head
Remarks:

Parameters	Results	Units	Date Analyzed:
Acidity as CaCO3	9.0	mg/l	5/18/2006
Silver	<0.05	mg/l	5/18/2006
Alkalinity as CaCO3	50	mg/l	5/18/2006
Arsenic	<0.001	mg/l	5/18/2006
Barium	<0.1	mg/l	5/18/2006
Calcium	10.4	mg/l	5/18/2006
Cadmium	<0.005	mg/l	5/18/2006
Chloride IC	10	mg/l	5/18/2006
Chromium	<0.01	mg/l	5/18/2006
Copper	0.23	mg/l	5/18/2006
Fluoride	<0.20	mg/l	5/18/2006
Iron	<0.05	mg/l	5/18/2006
Hardness as CaCO3 (Ca,Mg)	34	mg/l	5/18/2006
Mercury	<0.0005	mg/l	5/18/2006
Magnesium	2.0	mg/l	5/18/2006
Manganese	<0.03	mg/l	5/18/2006
Sodium	13	mg/l	5/18/2006
Lead	<0.005	mg/l	5/18/2006
pH	6.9	Std. unit	5/18/2006
Selenium	<0.005	mg/l	5/18/2006
Total Dissolved Solids	128	mg/l	5/18/2006
Zinc	<0.05	mg/l	5/18/2006

NCPH
North Carolina Public Health
State Laboratory of Public Health

Date Received: 5/18/2006 **Report Date:** 6/2/2006 **Reported By:** Dellie Moncol
Today's Date: 6/2/2006 **Ref:** 6647 **Login Batch:** 06050045 **Sample Number:** AB42358

Explanations

Coliform Analysis:
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. coli (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Inorganic Analysis:
Recommended limits for drinking water. Sample should not exceed levels listed below.

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.01 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l

4112B

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - PRIVATE WATER SYSTEM

Name of System: Hodges #2 Guest House
Address: 17625 Grasshopper Ln.
Charlotte, NC **Zip:** 28278

County: MECKLENB

Report To: Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202
Courier: 05-16-21

ATTN: Trevor Thomason
(704) 336-5101

Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis Private

Collected By: T. THOMASON **Date:** 5/16/2006 **Time:** 2:40:00 PM
Location of sampling point: Well Head
Remarks:

Parameters	Results	Units	Date Analyzed:
Acidity as CaCO3	2.0	mg/l	5/18/2006
Silver	<0.05	mg/l	5/18/2006
Alkalinity as CaCO3	78	mg/l	5/18/2006
Arsenic	<0.001	mg/l	5/18/2006
Barium	<0.1	mg/l	5/18/2006
Calcium	12.7	mg/l	5/18/2006
Cadmium	<0.005	mg/l	5/18/2006
Chloride IC	<5.0	mg/l	5/18/2006
Chromium	<0.01	mg/l	5/18/2006
Copper	<0.05	mg/l	5/18/2006
Fluoride	0.24	mg/l	5/18/2006
Iron	0.09	mg/l	5/18/2006
Hardness as CaCO3 (Ca,Mg)	47	mg/l	5/18/2006
Mercury	<0.0005	mg/l	5/18/2006
Magnesium	3.7	mg/l	5/18/2006
Manganese	<0.03	mg/l	5/18/2006
Sodium	13	mg/l	5/18/2006
Lead	<0.005	mg/l	5/18/2006
pH	7.3	Std. unit	5/18/2006
Selenium	<0.005	mg/l	5/18/2006
Total Dissolved Solids	128	mg/l	5/18/2006
Zinc	<0.05	mg/l	5/18/2006

NCPH
North Carolina Public Health
State Laboratory of Public Health

Date Received: 5/18/2006 **Report Date:** 6/2/2006 **Reported By:** Nellie Moncol
Today's Date: 6/2/2006 **Ref:** 6646 **Login Batch:** 06050045 **Sample Number:** AB42357

Explanations

Coliform Analysis:
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. coli (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Inorganic Analysis:
Recommended limits for drinking water. Sample should not exceed levels listed below.

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.01 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

May 22, 2006

William Hodges
17625 Grasshopper Lane
Charlotte, NC 28278

Dear Mr. Hodges:

Re: Bacteriological Well Resample Results

Enclosed you should find copies of the laboratory analysis for the well water samples that were collected at 17625 Grasshopper Lane on May 16, 2006. The laboratory analysis of the well water samples were reported to be **ABSENT** for Total Coliform and E. COLI-PA bacteria. It is recommended that you perform an annual bacteriological analysis for your private well(s).

I am also including copies of the septic system inspection reports for your review. Please review these reports carefully and address any items that require attention.

I will mail the inorganic well sample results to you once I receive them from the state lab in Raleigh. Thanks again for your cooperation with the septic inspection and well sampling programs. If you have questions or need assistance with your septic system or private well please contact our office at (704) 336-5103.

Sincerely,

Trevor Thomason, R.S.
Sr. Environmental Specialist

Enclosures (2):

700 North Tryon Street • Suite 211• Charlotte, North Carolina 28202 • (704) 336-5103 • Fax (704) 336-6894

http://groundwater.charmeck.org

CHARLOTTE.

Laboratory Analysis Report
Report Date: 5/19/2006 12:12 PM

LABORATORY SERVICES DIVISION

LOCATION: G-Hodges1
LOC ID: G-PME
SAMPLE DATE-TIME: 5/16/2006 14:30
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB73152
CHAIN OF CUSTODY #: 06050426

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB73152	**E. COLI-PA**	**absent**	**P/A**		SM 9223B	5/17/2006 9:28	KEK
AB73152	**Total Coliform**	**absent**	**P/A**		SM 9223B	5/17/2006 9:28	KEK

Comment: MAIN HOUSE

Laboratory Supervisor: _____

Laboratory Certifications: McAlpine NC DENR No.148; Brookshire NC DENR No.162; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

Hal Marshall Laboratory, 700 North Tryon St., Charlotte, NC 28202, 704/336-5460

CHAIN OF CUSTODY RECORD

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)** Hodges Residence
ADDRESS:	17625 Grasshopper Ln., Charlotte, NC 28278
LAB CODE:	REAL PRIV NEW TNC MPL (PWS) AMB LM OTHER

Send Report To:
Trevor Thomason
700 N. Tryon St., Suite 211
Charlotte, NC 28202

COC#: 060504260

Sampled By (Print Name)
Trevor Thomason

73152

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform
G-Hodges1	TCA	5/16/06 14:30	N/A N/A	N	N/A					X	100 ml		2						X		X

Instructions:

Complete all yellow shaded sections

For each parameter requested circle the X to verify your request.

Nutrients include: Ammonia, TKN, Total Phosphorus, Nitrate/Nitrite

Metals: Itemize the individual metals requested here -

For Composite samples record the autosampler Begin date/time and End date/time, for Grab samples record the collect time as the Begin date/time only.

Blue is for lab use only

Comments: **3-DAY TAT REQUESTED**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
	Adeen Adasla	05/17/06	0907
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

Form Revision 07; effective 02/16/2006

Lab Codes: REAL=Real Estate, PRIV=Private Well, NEW=New Permitted Well, TNC=Transient Non-Community, AMB=Ambient, LM=Landfill

CHARLOTTE.
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date: 5/19/2006 12:13 PM

LABORATORY SERVICES DIVISION

LOCATION: G-Hodges2
LOC ID: G-PME
SAMPLE DATE-TIME: 5/16/2006 14:45
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB73153
CHAIN OF CUSTODY #: 06050427

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB73153	**E. COLI-PA**	**absent**	**P/A**		SM 9223B	5/17/2006 9:28	KEK
AB73153	**Total Coliform**	**absent**	**P/A**		SM 9223B	5/17/2006 9:28	KEK

Comment: GUEST HOUSE

Laboratory Supervisor: _____

Laboratory Certifications: McAlpine NC DENR No.148; Brookshire NC DENR No.162; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

CHAIN OF CUSTODY RECORD

Hal Marshall Laboratory, 700 North Tryon St., Charlotte, NC 28202, 704/336-5460

PAGE 1 OF 1

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)** Hodges Residence
ADDRESS:	17625 Grasshopper Ln., Charlotte, NC 28278
LAB CODE:	REAL PRIV NEW TNC MPL (PME) AMB LM OTHER

Send Report To:
Trevor Thomason
700 N. Tryon St., Suite 211
Charlotte, NC 28202

COC#: 06050427

Sampled By (Print Name)
Trevor Thomason

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform
73153 G-Hodges2	TD	5/16/06 14:45	N/A N/A	N	N/A					X	100 ml		2						X		X

Instructions:
Complete all yellow shaded sections
For each parameter requested circle the X to verify your request.
Nutrients include: Ammonia, TKN, Total Phosphorus, Nitrate/Nitrite
Metals: Itemize the individual metals requested here -
For Composite samples record the autosampler Begin date/time and End date/time, for Grab samples record the collect time as the Begin date/time only.
Blue is for lab use only

Comments: **3-DAY TAT REQUESTED**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
[signature]	[signature]	05-17-06	0907
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By (Signature)	Received By (Signature)	Date	Time

Form Revision 07; effective 02/16/2006

Lab Codes: REAL=Real Estate, PRIV=Private Well, NEW=New Permitted Well, TNC=Transient Non-Community, AMB=Ambient, LM=Landfill

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County	Hodges Residence	4112B
Health Department	**Name of Establishment**	**Permit/Project No.**
17625 Grasshopper Ln. Charlotte, 28278	3-Bedroom Main House	360 GPD
Location	**Type of Establishment**	**Design Flow**
William Hodges	Same as location address	(704) 583-0668
Owner/Agent	**Address**	**Phone**
N/A		
Operator	**Address**	**Phone**
IIIb	05/11/2006	April 2011
System Type	**Date of Inspection**	**Next Inspection Due**

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

6. GROUND ABSORPTION FIELDS:

a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐	
b. Minimal ponding in subsurface trenches?	☒	☐	☐	
c. Surface water being effectively diverted away?	☒	☐	☐	
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐	
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐	6.d. Keep large vegetation trimmed
f. Protected from traffic, destructive uses?	☒	☐	☐	over drainfield area.
g. Distribution devices in good condition, working properly?	☒	☐	☐	
h. Repair area properly reserved, maintained?	☒	☐	☐	

A. LOW PRESSURE PIPE DRAIN FIELDS:

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

OVERALL CONDITION AND OPERATION OF SYSTEM:

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

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

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

None

***REPAIR WITHIN N/A DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

*The MCHD recommends having the tanks (septic & dosing) pumped out every 3 to 5 years to remove excess solids.

*Please visit http://groundwater.charmeck.org for additional information.

DATE: 05/17/2006

SIGNED: _____ AGENT

Division of Environmental Health

Trevor Thomason, R.S.

(704) 336-5568

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County	Hodges Residence	4112B
Health Department	**Name of Establishment**	**Permit/Project No.**
17625 Grasshopper Ln. Charlotte, 28278	2-Bedroom Guest House	240 GPD
Location	**Type of Establishment**	**Design Flow**
William Hodges	Same as location address	(704) 583-0668
Owner/Agent	**Address**	**Phone**
N/A		
Operator	**Address**	**Phone**
IIIb	05/11/2006	April 2011
System Type	**Date of Inspection**	**Next Inspection Due**

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

6. GROUND ABSORPTION FIELDS:

a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐	
b. Minimal ponding in subsurface trenches?	☒	☐	☐	
c. Surface water being effectively diverted away?	☒	☐	☐	
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐	
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐	6.d. Keep large vegetation trimmed
f. Protected from traffic, destructive uses?	☒	☐	☐	over drainfield area.
g. Distribution devices in good condition, working properly?	☒	☐	☐	
h. Repair area properly reserved, maintained?	☒	☐	☐	

A. LOW PRESSURE PIPE DRAIN FIELDS:

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

OVERALL CONDITION AND OPERATION OF SYSTEM:

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

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

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

None

***REPAIR WITHIN N/A DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

*The MCHD recommends having the tanks (septic & dosing) pumped out every 3 to 5 years to remove excess solids.

*Please visit http://groundwater.charmeck.org for additional information.

DATE: 05/17/2006

SIGNED: _____ AGENT

Division of Environmental Health

Trevor Thomason, R.S.

(704) 336-5568

Mecklenburg County, North Carolina
POLARIS
Parcel Ownership and GIS Summary

4/12B

Date and Time: 3/20/2006 10:45:04 AM

Parcel ID #: 21719165 GIS ID #: 21719165	
Owner Name:	WILLIAM A HODGES AND LINDA T HODGES
Mailing Address:	17224 DUE WEST RD CHARLOTTE, NC 28278-9003
Property Characteristics	
Legal Desc.:	P1 M34-354
Land Area:	6.699AC
Fire District:	24-STEELE CREEK #2
Special District:	FIRE SERVICE A
Account Type:	INDIVIDUAL
Municipality:	0-MECKLENBURG COUNTY-UNINCORPORATED
Property Use:	SINGLE-FAM
Deed Reference(s) and Sales Price	
09007-703 (4/9/1997) $58,000.00	
Situs Addresses Tied to This Parcel	
17625 GRASSHOPPER LN	
Site Location Information	
Zoning Boundaries:	Contact Appropriate Planning Department or See Map.
ETJ Area: CHARLOTTE	
Charlotte Historic Districts: NO	
Within Charlotte 6/30/2005 Annexation Area: NO	
Census Tract #: 59.02	
Parcel Falls Inside SWIM Buffer?: YES	
FEMA Flood Information	
FEMA Panel #:	3701590261E
FEMA Flood Zone:	IN:VIEW FEMA FLOODPLAIN TO VERIFY
FEMA Panel Date:	02/04/2004
Regulated Watershed Information	
Watershed Name:	Lower Lake Wylie
Watershed Class:	CA

Building Photography

PHOTO #1
Location: 17625 GRASSHOPPER LN



Information contained within this photo may be used as a visual aid and to generally locate, identify, and inventory parcels in Mecklenburg County, North Carolina. There are inherent errors and limitations associated with this type of electronic medium. Mecklenburg County cannot warrant or guarantee the information contained herein including but not limited to its accuracy or completeness.

Powered by Mecklenburg County GIS
Geographic Information Systems

RAEFORD –
3/10/06 10:30 AM

The information provided by this program is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, and other public records and data. Users of this map data are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	03/29/06	**Amount:**	85.00
Receipt #:	42886	**Tendered:**	85.00
Check / Auth #:	CHECK 2806	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: 200000
Contractor: HODGES W A
Attn:
Address: 17224 DUE WEST DR
Address:
City/State/Zip: CHARLOTTE, NC 28278

Item	Description	Permit#	Quantity	Unit Price	Total Price
0743	Hmeownr Maint Inspec-Type IIIB FILE #4112B		1	85.00	85.00

704-583-0668

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
312.50					

William A. Hodges
17625 Grasshopper Lane
Charlotte, North Carolina 28278

May 8, 2006

Fax To: Trevor Thomason
704-336-6894

Trevor,

Following are the directions to my house;

Directions to Hodges House

- Take I-77 South to Gold Hill Road exit
- Go right on Gold Hill Road
- Turn right at 3rd light, Rt. 160
- Turn left after .2 miles on Zoar Road
- Zoar dead ends into Youngblood Rd, turn left
- After 1.1 miles go straight through the Palisades traffic circle
- Go .75 miles and bear left at the fork on Youngblood Road West
- Go another .5 miles and turn left on Due West Drive
- Go to the end of the paved road and turn left on the gravel drive
- At the next intersection go right on Due West Drive
- Turn at the first left on the asphalt driveway

My employee, Rayford Johnson, will meet you and show you the location of the facilities you want to inspect.

Bill Hodges

704-583-0668
704-562-1279 cell
704-583-8337 fax
gobillh@bellsouth.net

CERTIFICATE OF COMPLETION/OPERATION PERMIT

Rec'd 6/26/01 ck # 2665 150-

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

FILE: 4112 B DATE: 4/12/01

TC: 217-191-57 ☒ L ☒ CRT

SERIAL Nº 18505

Name of Owner William Hodges Juris.: _____

Address of Property 17625 Grasshopper Lane (Guest House)

Inspection Data:

Tank Material PCC

Total Length of Drainfield 200'

Number of Lines 3 @ 67'

Cover Depth 12"-16"

Water Supply Source Well

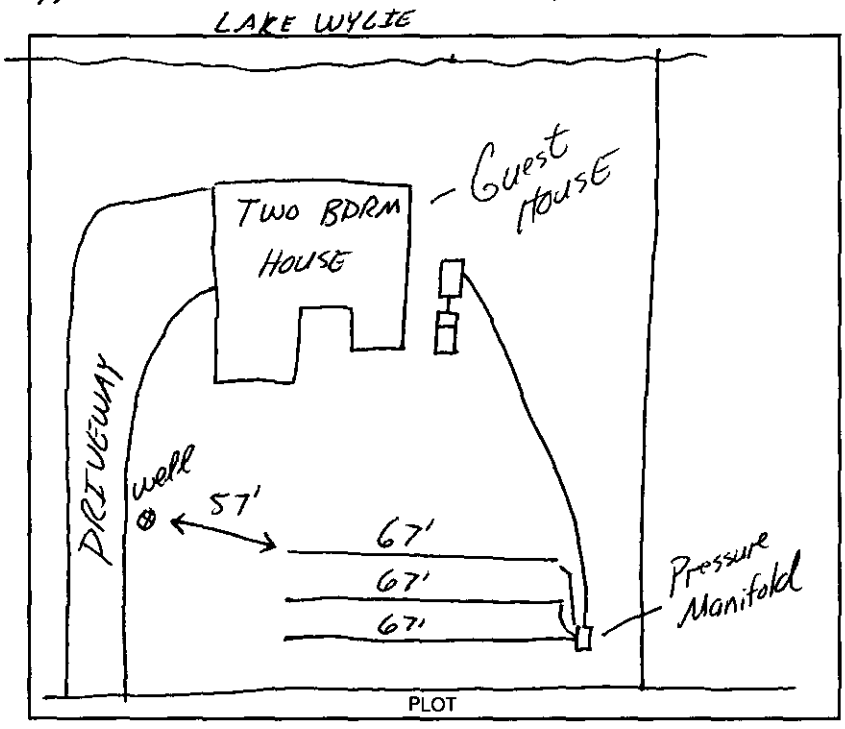
Distance to Water Source 57'

Excavation Inspected 4/12/01

Tank(s) Inspected 4/12/01

Wash Line Inspected NA

High Water Alarm Inspected 4/12/01



Design 1500 ST, 1000 AT, 600 SFT, INV, Pressure Manifold CTR# Norwood

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

☒ installed or constructed ☐ altered or repaired

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

and meets the provisions of I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☒ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of I5A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

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

COMMENTS: Two Bedroom Guest House

3 lines x 67' x 3' E-Z Flow

Type III b Innovative System Pressure Manifold

Tommy P. Mickelson
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

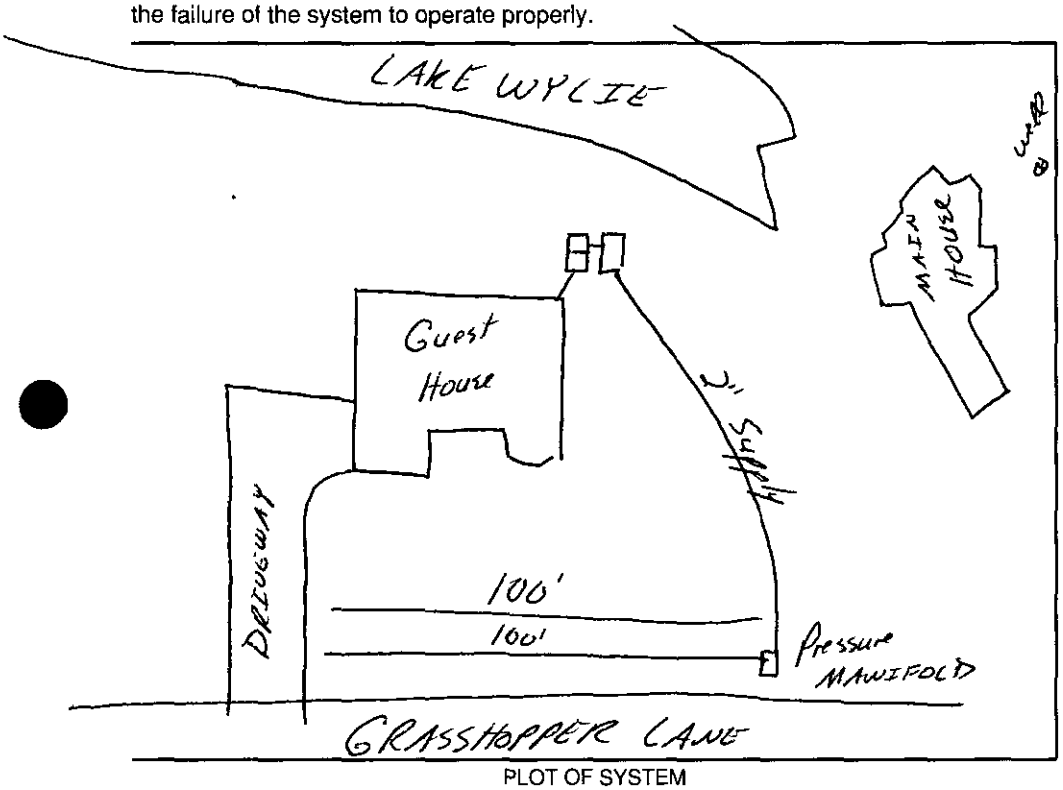
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4112B DATE: 3/23/01

TC: 217-191-57 WL

SERIAL No 18635

Permission is hereby given to ~~_____~~ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 10-14-99. All work shall be completed on or before 4/23/01, 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 200' feet

Number of Lines 2 x 100' x 3'

Depth of Stone NA inches

Distance from House > 5' feet

Distance from Property Line >10' feet

Distance from Well >100' feet

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

NAME OF OWNER William Hodges

LOCATION OF PROPERTY 17625 Grasshopper Lane (Guest House)

Comments: Two Bedroom Guest House

Install 2 lines x 100' x 3'

Type III b Innovative System

Pressure Manifold

Jeremy P. Michaels
Environmental Health Specialist

3050
1500 left
700 pman

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

CK#980 Guest House

FEE: 150.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 11-19-99 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 11/17/99 17625 PERMIT NO: 4/12B
PARCEL NO: 217 191 57

JOB LOCATION ADDRESS: ~~17625~~ Grasshopper Ln
PROPERTY OWNER: William A Hodges
BUILDING CONTRACTOR: —
SUBDIVISION NAME: NA
AUTHORIZATION ISSUED BY: Phyllis A. Walker RS DATE:
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4/12B, 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 to be on file before construction auth. release.

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.

William A. Hodges 11-19-99
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: _____ 4112B Guest House 217 19157

- 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	
.25 Long-term acceptance rate	240 Max gallons/day wastewater flow	720 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
Yes Serviced by private well	1500 Gallon septic tank	240 Total trench length (ft)	20" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
2 Bedrooms in residence	1000 Gallon pump tank	NA Depth of stone		

Any surface waters present: yes Type: Lake Wylie Minimum separation distance: >50'

Site modifications required: Keep the septic system >50' from the lake high water mark

Additional Conditions: Innovative Septic System Approval, Lift pump required, Pressure Manifold Distribution, Keep the septic system drainfield >25' from the upslope foundation, Keep the proposed well >50' from any drainfields

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	
720' Absorption Area (Sq ft) 240 Total Trench Length (Ft)	NA Depth of Stone Trench	9' Trench spacing (min. on centers)	20" 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.

Philo A Walker RS 11/17/99
DEHNR Authorized Agent Date

x William A. Hody 11-29-99
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

FEE: 200.00 Chk # 1072 DATE: 10/14/99 CC

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

[ ] CRT

TYPE APPLICATION: X NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

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

FILE #: 4112B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 21719157

STREET ADDRESS: ~~17625~~ 17625 Grasshopper Lane

SUBDIVISION OR MOBILE HOME PARK NAME: None

LOT NUMBER: None

TOWNSHIP (CHECK ONE):

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

CLOSING DATE Lot purchased 8/13/99

Building permit anticipated by December 31, 1999

TYPE OF BUILDING (CHECK ONE):

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

* Guest House

HEATED SQUARE FOOTAGE: 1,600

NUMBER OF BEDROOMS: 2 NUMBER OF OCCUPANTS: 1

FOUNDATION FOR RESIDENCE:

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

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

New Construction

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

WATER SUPPLY (CHECK ONE):

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

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

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES X NO
EXISTING WASTEWATER SYSTEMS __ YES X NO
EASTMENTS OR RIGHT-OF-WAYS __ YES X NO
WELL, SPRINGS OR WATERLINES __ YES X NO
DESIGNATED WETLANDS __ YES X NO

PROPERTY OWNER:

NAME: Hodges, William A. and Wife
(LAST) (FIRST) (MI)

ADDRESS: 17625 Grasshopper Lane

CITY: Charlotte STATE: NC ZIP: 28278

DAYTIME PHONE: ( ) — 704/388-5235

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 8/13/99

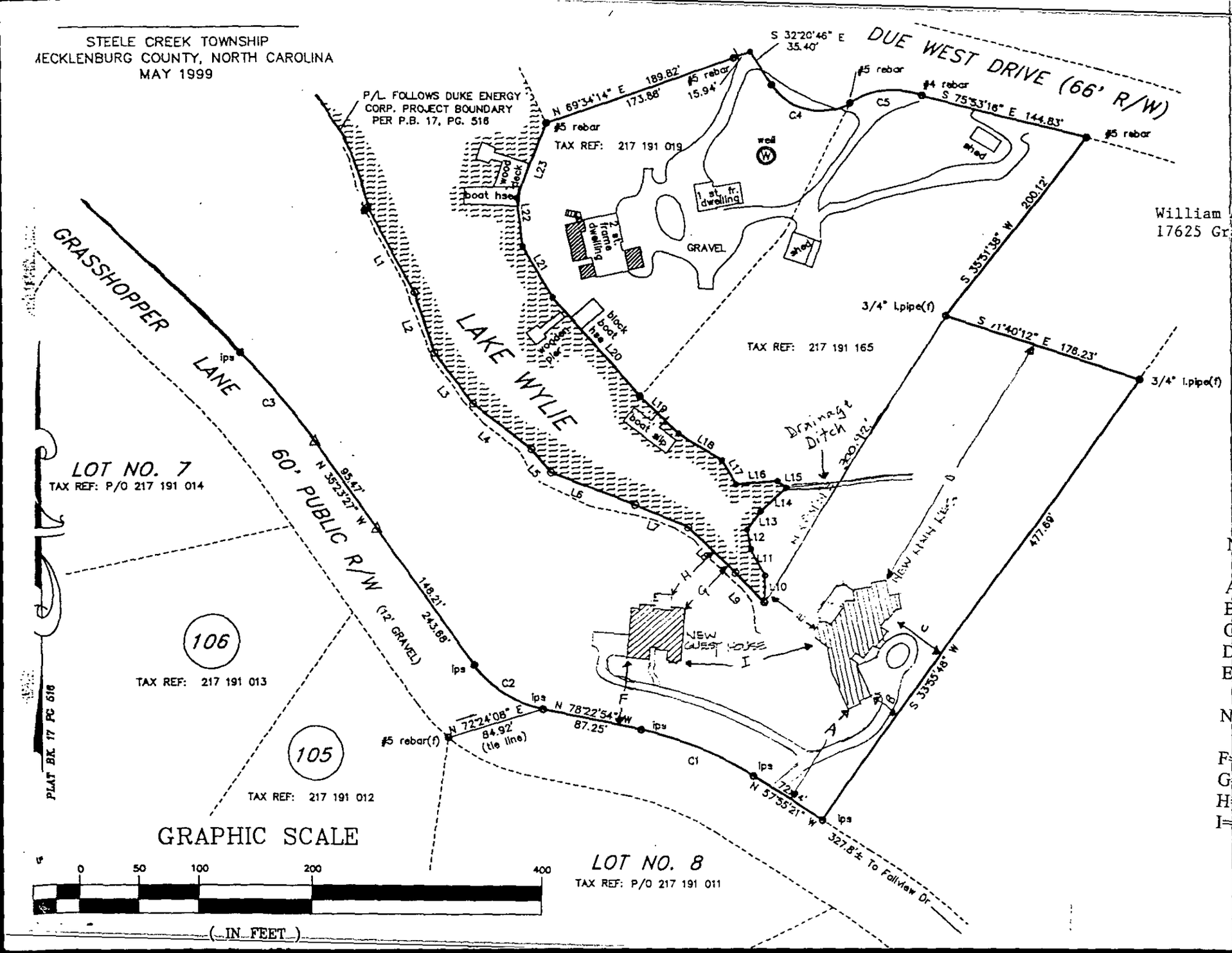
An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing 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: William A. Hodges DATE: 10-14-99

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

4112B

STEELE CREEK TOWNSHIP
MECKLENBURG COUNTY, NORTH CAROLINA
MAY 1999



William A. and Linda T. Hodges
17625 Grasshopper Lane

New Main Residence Setbacks;

A= 90'
B= 30'
C= 50'
D= 250'
E= 50'

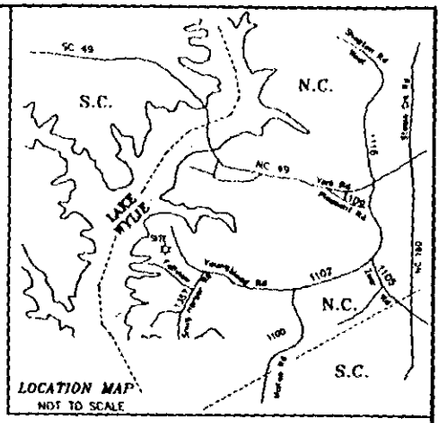
New Guest House Setbacks;

F= 60'
G= 55'
H= 55'
I= 120'

#1999140678 MAP BOOK 31 PAGE 625

FILED FOR REGISTRATION
AUG 6 1999
AT 3:39
KEITH A. GIBBON
MECKLENBURG COUNTY, N.C.
REGISTER OF DEEDS

CBS Surveying & Mapping, Inc.
114 E. ROBINSON STREET - P. O. BOX 190
GASTONIA, SC 29342 (803) (864) 489-5068



LOCATION MAP
NOT TO SCALE

4F 4/12B

Subdivision Plat Of:
GRASSHOPPER PLAT 1

Owner: Carolina Centers, LLC
P. O. BOX 1003
CHARLOTTE, NC 28201

Steele Creek Township
Mecklenburg County, North Carolina
June 1998

Tax Parcel #21719157

LAKE WYLIE

DUE WEST DRIVE

GRASSHOPPER LANE

60' PUBLIC R/W (TO BE GRADED)

20' SETBACK LINE

WM. A. HODGES
DB 8038 PG 411
(117)
TAX REF: 217 181 018

JOHN S. PROCTOR, Jr.
DB 4854 PG 384
TAX REF: 217 181 048

WM. A. HODGES

CAROLINA CENTERS, LLC
TAX REF: P/O 217 191 014

CAROLINA CENTERS, LLC
D.B. 7606 PG 475
D.B. 8074 PG 687
TAX REF: 217 181 019

CAROLINA CENTERS, LLC
TAX REF: P/O 217 181 011

(107D) TAX REF: 217 181 017
(107C) TAX REF: 217 181 016
(107A) TAX REF: 217 181 015
(106) TAX REF: 217 181 013
(105) TAX REF: 217 181 012

P.L. DUKE ENERGY CORP. PROJECT BOUNDARY PER P.B. 17, PG. 516

APPROX. 573 CONTOUR LINE AND 100 YEAR FLOOD LINE

CONCRETE MON(S)

AREA = 5.87 ACRES

PLAT BK. 17 PG. 516

Curve Table:

CURVE	RADIUS	LENGTH	CHORD	BEARING
C1	507.38'	109.84'	109.64'	N 84°08'08" W
C2	66.17'	72.19'	71.07'	N 64°43'16" W
C3	342.37'	104.33'	103.93'	N 76°47'27" W
C4	328.83'	118.84'	118.19'	N 76°56'12" W

Line Table Along Contour:

LINE	DIRECTION	DISTANCE
L1	S 12°41'00" E	33.97'
L2	S 89°01'00" E	17.00'
L3	S 67°01'00" E	33.00'
L4	S 31°06'00" E	22.00'
L5	S 11°01'00" E	44.00'
L6	S 14°01'00" E	44.00'
L7	S 20°59'00" E	67.00'
L8	S 31°19'00" E	46.84'
L9	S 30°19'00" E	72.42'
L10	S 19°09'00" E	60.14'
L11	S 14°41'00" E	30.34'
L12	S 29°21'00" E	84.64'
L13	S 18°32'00" E	67.04'
L14	S 14°54'00" E	58.68'
L15	S 11°19'00" E	85.00'
L16	S 26°37'00" E	96.19'
L17	S 44°17'00" E	78.68'
L18	S 64°04'00" E	51.54'
L19	S 46°31'00" E	58.95'
L20	S 33°31'15" E	38.84'

NOTES:
(S) DENOTES OBJECT SET
(F) DENOTES OBJECT FOUND
PROPERTY SUBJECT TO ANY VALID AND ENFORCEABLE EASEMENTS, RESTRICTIONS AND RIGHTS OF WAY OF RECORD.
MAPS AND DEED REFERENCES SHOWN ARE FOR DESCRIPTIVE PURPOSES ONLY, NOT TO BE USED FOR DETERMINING TITLE.
ips = ips REBAR(S)
NO NCGS MONUMENT WITHIN 3000' OF SITE
ALL CORNERS NOT IDENTIFIED ARE POINTS ALONG THE DUKE ENERGY CORP. PROJECT BOUNDARY (LAKE WYLIE).
ZONING: RS
20 FOOT SETBACK FROM ROAD RIGHT OF WAY
ANY CONSTRUCTION OR USE WITHIN THE AREAS DELINEATED AS FLOODWAY FRINGE DISTRICT BOUNDARY LINE AND FLOODWAY DISTRICT ENCROACHMENT LINE IS SUBJECT TO THE RESTRICTIONS IMPOSED BY THE FLOODWAY REGULATIONS.
ALL STREET CORNER RADII ARE 20'. PROPERTY LINE DISTANCES AND AREAS COMPUTED TO POINT OF INTERSECTION AT STREET CORNERS TO CONFORM TO EXISTING SUBDIVISION PLAT.
IRON PINS SET AT POINT OF INTERSECTION OF STREET CORNERS.

THIS PLAT IS NOT SUBJECT TO THE PROVISIONS OF THE CITY OF CHARLOTTE ORDINANCE FOR SUBDIVISION REGULATIONS AND DOES NOT REQUIRE THE APPROVAL OF THE CHARLOTTE-MECKLENBURG PLANNING COMMISSION. WITNESS MY HAND AND SEAL THIS DAY OF

CHARLOTTE-MECKLENBURG PLANNING COMMISSION 8/6/99

APPROVED IN ACCORDANCE WITH THE ENGINEERING REQUIREMENTS OF THE SUBDIVISION ORDINANCE OF MECKLENBURG COUNTY, NORTH CAROLINA.

MECKLENBURG COUNTY ENGINEERING DEPARTMENT

(COUNTY ENGINEER) DATE

APPROVED IN ACCORDANCE WITH THE PROVISIONS OF THE SUBDIVISION ORDINANCE OF MECKLENBURG COUNTY, NORTH CAROLINA.

CHARLOTTE - MECKLENBURG PLANNING COMMISSION

PLANNING STAFF DATE

State of North Carolina
County of Mecklenburg

I, [illegible], Review Officer of Mecklenburg County, certify that the map or plat to which this certification is affixed meets all statutory requirements for recording.

Review Officer 8/6/99
Date

This plat is of a survey which creates a subdivision of property within a county having an ordinance regulating parcels of land and does not create any new roads or streets.

Ted M. Beverly, PLS L-3605

STATE OF NORTH CAROLINA

I certify that this map was drawn from an actual survey made under my supervision and was prepared in accordance with G.S. 47-30 as amended. The undisplaced error of closure as calculated is 1' in 10,000. Boundaries not surveyed, if any, are noted. Deed descriptions are recorded in Book ____, Page ____.

Witness my hand and seal this 3rd day of AUGUST, 1999.

Registered Land Surveyor
L-3605
License No.

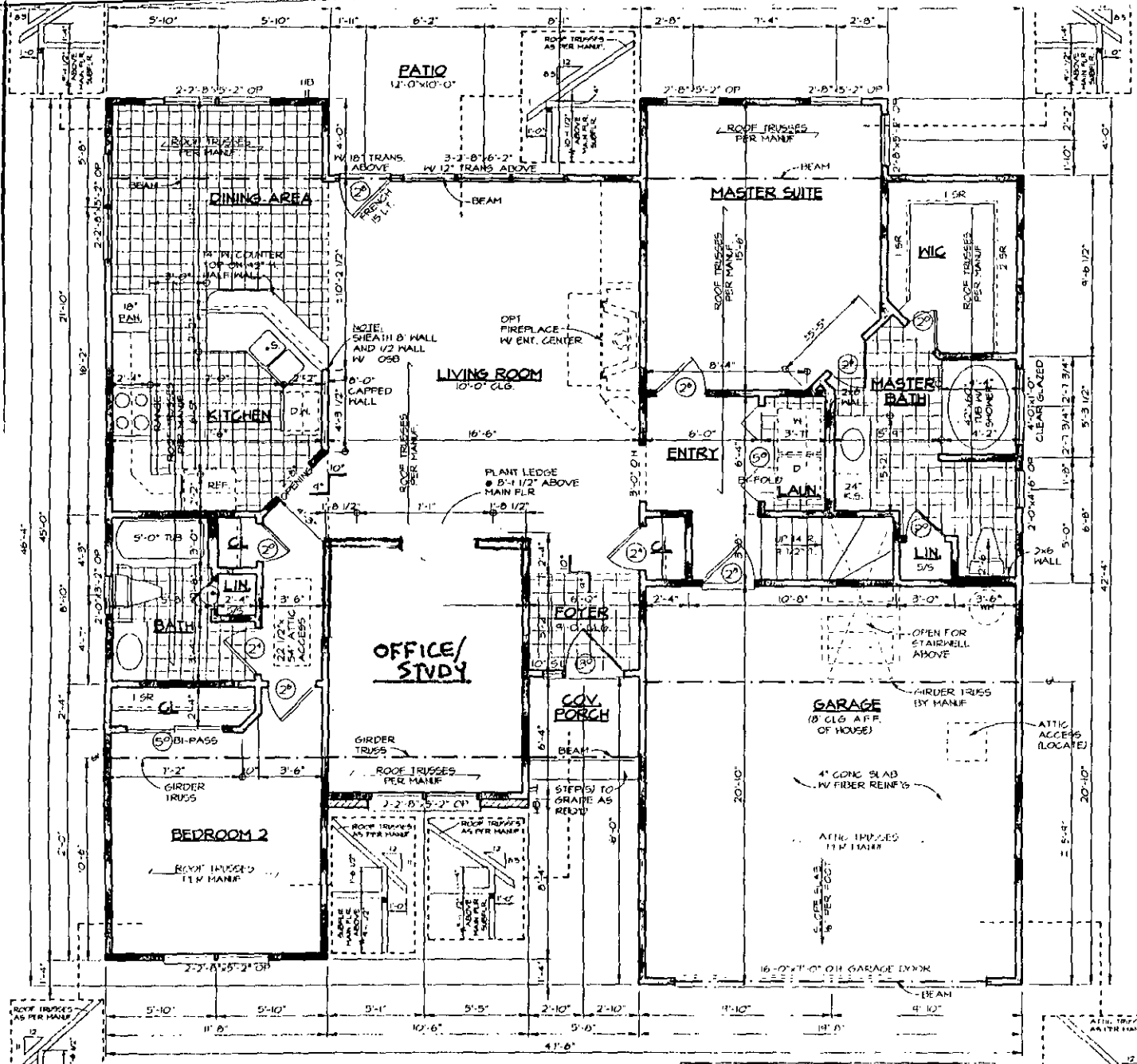
NORTH CAROLINA PROFESSIONAL SEAL L-3605 LAND SURVEYOR TED M. BEVERLY

REVISIONS:

NO.	DATE	DESCRIPTION	BY
1	6/1/99	REVISE BOUNDARY	
2	6/28/99	REVISE ADJOINING LAND OWNER	
3	6/22/99	REVISE BOUNDARY	
4	8/03/99	VARIOUS	

DRAWN BY:	SB	DATE:	JUNE 1998
CHECKED BY:	TB	DRAWING NO.:	101099
JOB NO.:	0499105	SHEET	1 OF 1

GRAPHIC SCALE
100 0 50 100 200 400
(IN FEET)
1 inch = 100 ft.

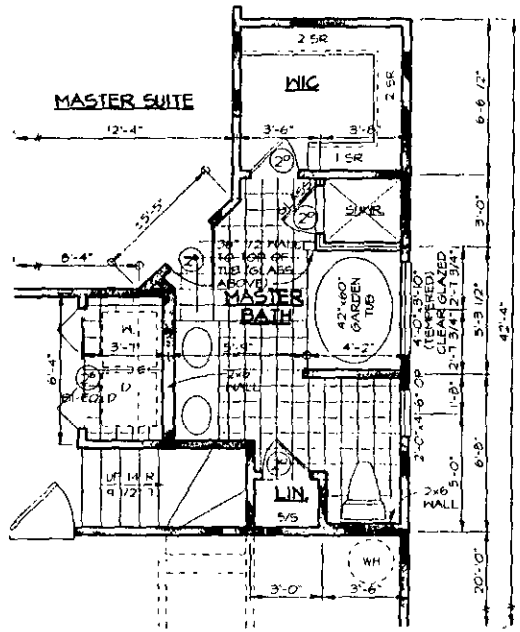


MAIN FLOOR PLAN

SCALE: 1/4" = 1'-0"

NOTE: ALL ANGLED WALLS ARE AT 45°

STRUCTURAL INFORMATION SHOWN IS SCHEMATIC ONLY TO SHOW DIRECTION AND SUGGESTED BEAM LOCATIONS ONLY. DIMENSIONS SHALL BE VERIFIED IN FIELD BY CONTRACTOR OR TRUSS MANUF. PRIOR TO FABRICATION. ACTUAL TRUSS LAYOUT, SPACING AND SIZING (NOT NOTED ON PLANS) SHALL BE BY TRUSS MANUF. TRUSS MANUF. SHALL BE RESPONSIBLE FOR DETERMINING THAT CONCENTRATED LOADS ARE ADEQUATELY SUPPORTED THROUGH THE STRUCTURE TO AN ADEQUATE FOUNDATION



OPTIONAL MASTER BATH PLAN

SCALE: 1/4" = 1'-0"

William A. and Linda T. Hodges
17625 Grasshopper Lane

New Guest House
Building Dimensions

4112B

N/A?

CERTIFICATE OF COMPLETION/OPERATION PERMIT

Paid 6/26/01 ck# 2663 $150

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

FILE: 4112B DATE: 11/30/00

TC: 217-191-57 ☑ L ☒ CRT

SERIAL Nº 18297

Name of Owner William Hodges Juris.: _____

Address of Property 17605 Grasshopper Lane

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 12-16"

Water Supply Source well

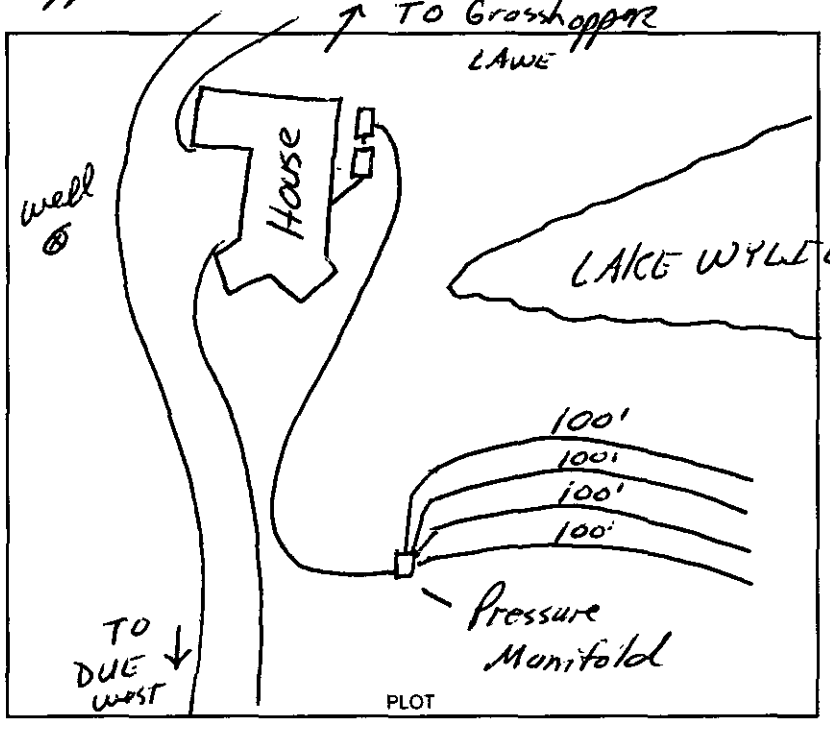
Distance to Water Source 7100'

Excavation Inspected 11/30/00

Tank(s) Inspected 11/30/00

Wash Line Inspected NA

High Water Alarm Inspected 11/30/00



Design 2000, 1500ST, 1000DT, P1, 1200SFT, INV, P. Manifold CTR# W.T. Norwood

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

☒ installed or constructed ☐ altered or repaired

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

and meets the provisions of 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: Three Bedroom Residence

4 lines x 100' x 3' Type III b Innovative System (E-Z Flow)

Pressure Manifold / NEMA 4X Simplex Control Panel

Jeremy P. Micheloni
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

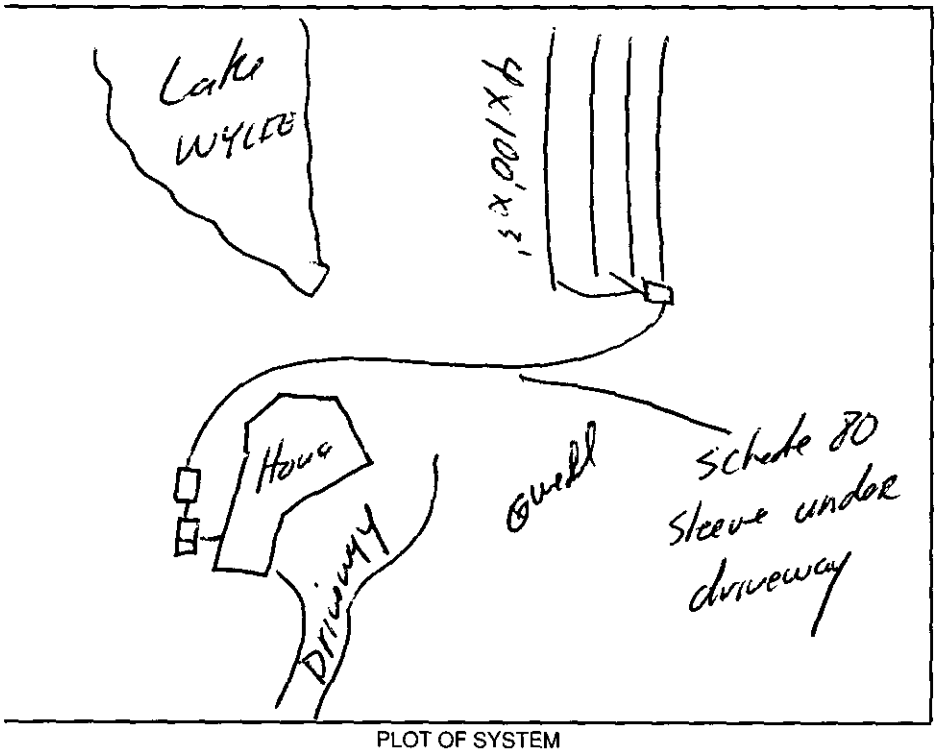
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4112B DATE: 11/17/00

TC: 217-191-57 ☐ L

SERIAL Nº 18550

Permission is hereby given to _____ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 10/14/99. All work shall be completed on or before 12/17/00, 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 400' feet

Number of Lines 4 x 100'

Depth of Stone NA inches

Distance from House >5' feet

Distance from Property Line >10' feet

Distance from Well >100' feet

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

NAME OF OWNER William Hankys

LOCATION OF PROPERTY 17625 Grasshopper Lane

Comments: 3 Bedroom House

Install 4 lines x 100' x 3' Type III bg Innovative System Pressure Manifold

Tracy C. Nicholson
Environmental Health Specialist

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

CC# 980 Main House & CS 2nd site main house only

FEE: 150.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 11-19-99 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 11/17/99 PERMIT NO: 4112B

PARCEL NO: 217 19157

JOB LOCATION ADDRESS: 17625 Grasshopper LN

PROPERTY OWNER: William A Hodges

BUILDING CONTRACTOR: -

SUBDIVISION NAME: HA

AUTHORIZATION ISSUED BY: Phillip S Walker RS DATE: X

DEHNR AUTHORIZED AGENT

10" CMP 11/12/99 BC

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4112B, 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 to be on file before the Construction authorization release.

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.

William A. Hodges 11-19-99

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 412B Main House 217 191 57

- 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.

(10)

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	900' Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
yes Serviced by private well	1500 Gallon septic tank	300' Total trench length (ft)	24" 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	NA Depth of stone		
Any surface waters present: yes Type: Lake Wylie Minimum separation distance: >50'				
Site modifications required: Keep the septic system >50' from the lake high water mark				
Additional Conditions: Innovative Septic System Approval, Keep the septic system >50' from any wells 1000' of 2" supply line (size pump properly) pressure manifold Distribution, Lift pump required, Agreement forms to be on file before cons. auth. release.				
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	
900' Absorption Area (Sq ft) 300' Total Trench Length (Ft)	NA Depth of Stone Trench	9' Trench spacing (min. on centers)	24" Maximum Trench Depth	
For existing system, enter the year originally installed:				

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

- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department
- This Improvement permit is transferable.

Philo S. Walker RS 11/17/99
DEHNR Authorized Agent Date

x William A. Hardy 11-19-99
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

FEE: 200.00 CK# 1072
DATE: 10/14/99 gc

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

[ ] CRT

TYPE APPLICATION: X NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

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

FILE #: 4128

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 21719157

STREET ADDRESS: 17625 Grasshopper Lane

SUBDIVISION OR MOBILE HOME PARK NAME: None

LOT NUMBER: None

TOWNSHIP (CHECK ONE):

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

CLOSING DATE Lot purchased 8/13/99

Building permit anticipated December 31, 1999

TYPE OF BUILDING (CHECK ONE):

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

*Owner's Primary Residence

HEATED SQUARE FOOTAGE: 4,500

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

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

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

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

WATER SUPPLY (CHECK ONE):
__ COMMUNITY (C)
__ MUNICIPAL (M)
X PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

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

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES X NO
EXISTING WASTEWATER SYSTEMS __ YES X NO
EASTMENTS OR RIGHT-OF-WAYS __ YES X NO
WELL, SPRINGS OR WATERLINES __ YES X NO
DESIGNATED WETLANDS __ YES X NO

PROPERTY OWNER:

NAME: Hodges, William A. and Wife
(LAST) (FIRST) (MI)

ADDRESS: 17625 Grasshopper Lane

CITY: Charlotte STATE: NC ZIP: 28278

DAYTIME PHONE: ( ) – 704/388-5235

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) –

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 8/13/99

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: William A. Hodges DATE: 10-14-99

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

Bank of America

100 N. Tryon

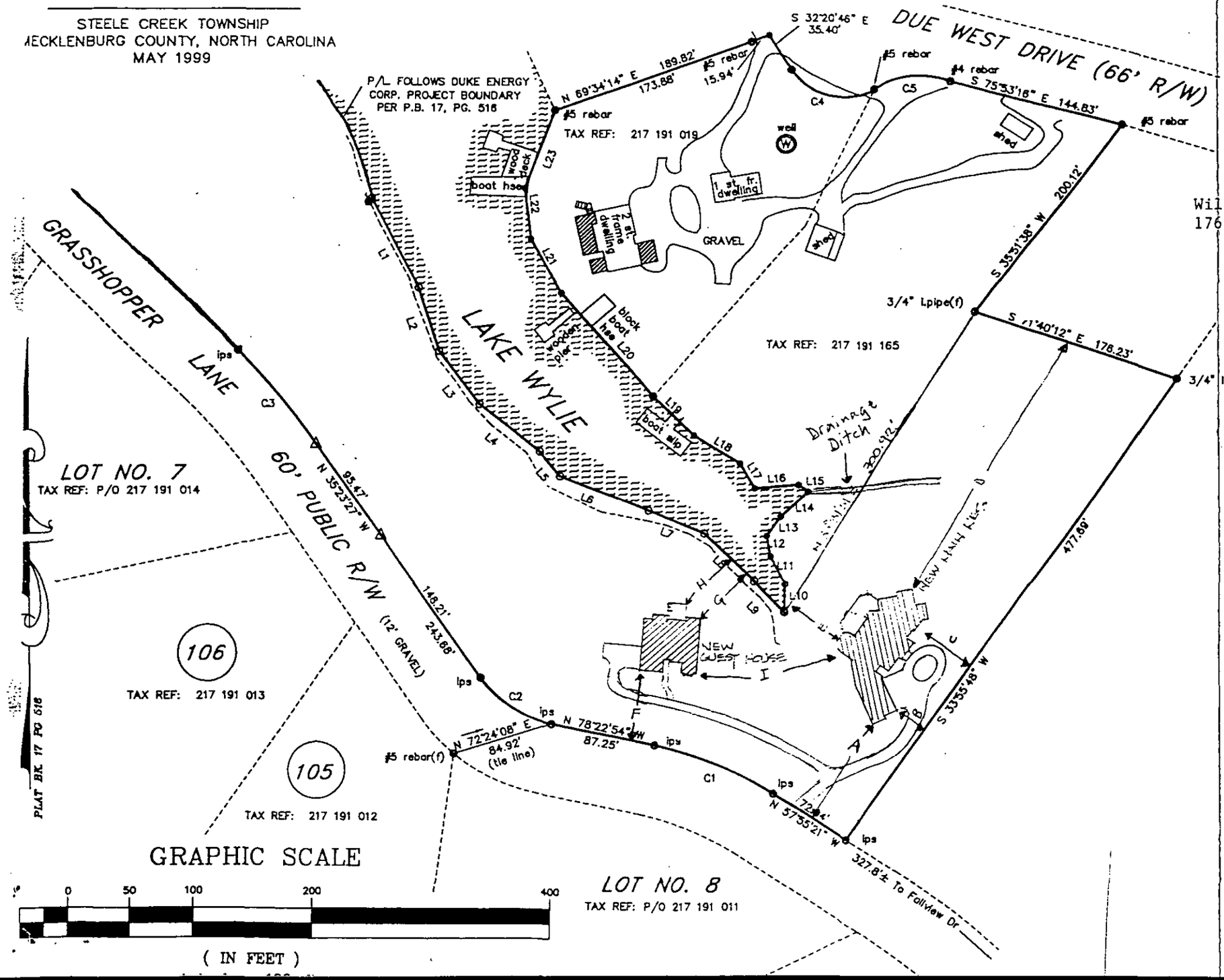
NC1007/107

Charlotte 28255

[Wire Address]

STEELE CREEK TOWNSHIP
MECKLENBURG COUNTY, NORTH CAROLINA
MAY 1999

4112B



William A. and Linda T. Hodges
17625 Grasshopper Lane

New Main Residence Setbacks;

A= 90'
B= 30'
C= 50'
D= 250'
E= 50'

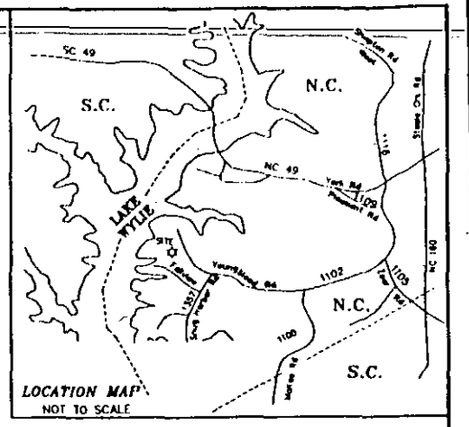
New Guest House Setbacks;

F= 60'
G= 55'
H= 55'
I= 120'

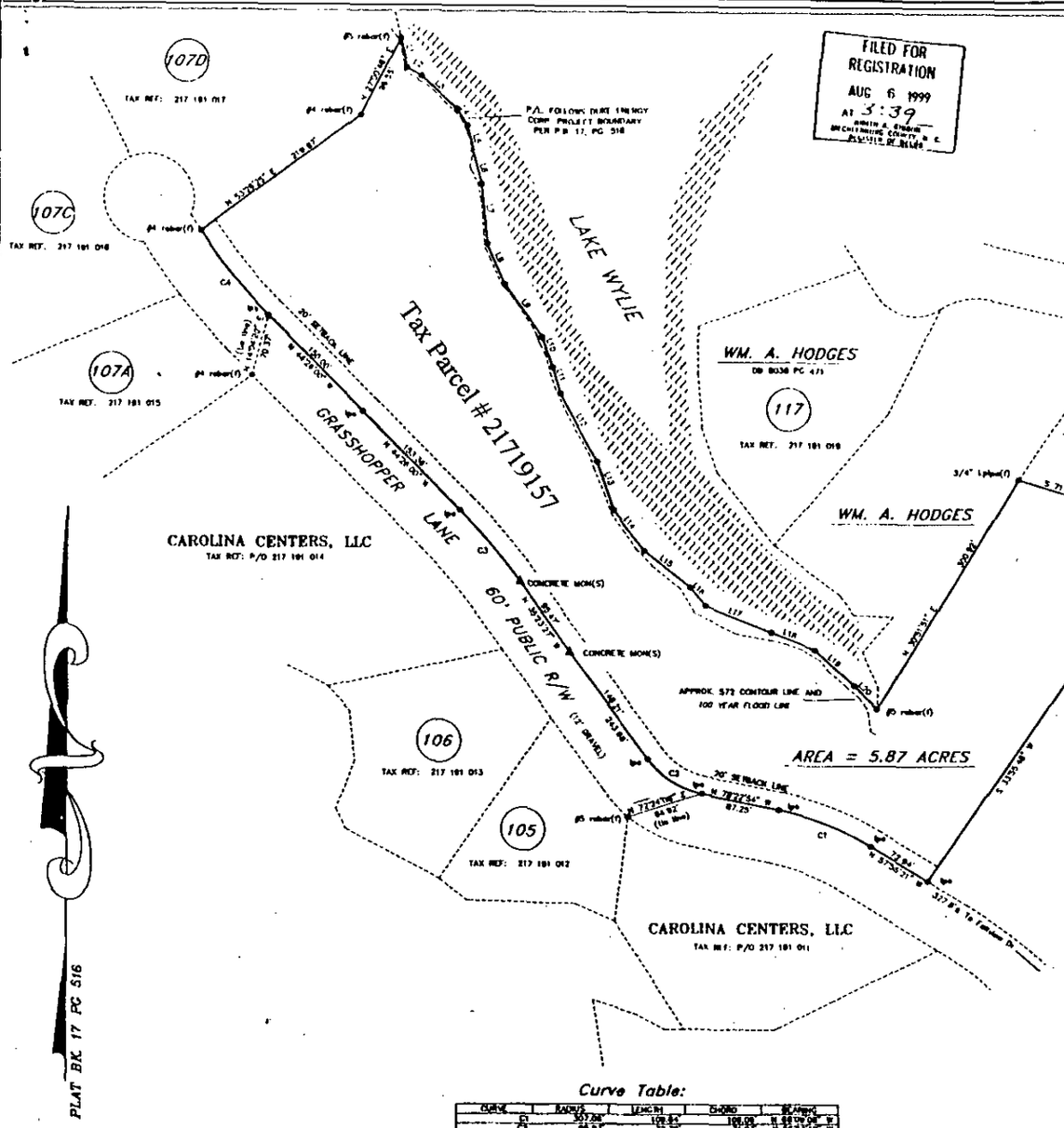
#1999.140678 MAP BOOK 31 PAGE 625

FILED FOR REGISTRATION
AUG 6 1999
AT 3:39
KEITH A. SIGMON
MECKLENBURG COUNTY, N. C.
REGISTER OF DEEDS

CBS Surveying & Mapping, Inc.
114 E. ROBINSON STREET - P. O. BOX 190
GAFFNEY, SC 29342 0190 (864) 489-5068



4112B



CAROLINA CENTERS, LLC
D.B. 7606 PG 475
D.B. 8074 PG 687
TAX REF. 217 101 018

Subdivision Plat Of:
GRASSHOPPER PLAT 1

Owner: Carolina Centers, LLC
P. O. BOX 1003
CHARLOTTE, NC 28201

Steele Creek Township
Mecklenburg County, North Carolina
June 1998

NOTES:
(S) DENOTES OBJECT SET
(F) DENOTES OBJECT FOUND
PROPERTY SUBJECT TO ANY VALID AND ENFORCEABLE EASEMENTS, RESTRICTIONS AND RIGHTS OF WAY OF RECORD.
BEARINGS AND DEED REFERENCES SHOWN ARE FOR DESCRIPTIVE PURPOSES ONLY, NOT TO BE USED FOR DETERMINING TITLE.
ipe = Ø# REBAR(S)
NO MOSS MONUMENT WITHIN 3000' OF SITE
ALL CORNERS NOT IDENTIFIED ARE POINTS ALONG THE DUKE ENERGY CORP PROJECT BOUNDARY (LAKE WYLIE).
ZONING: R3
20 FOOT SETBACK FROM ROAD FRONT OF WAY
ANY CONSTRUCTION OR USE WITHIN THE AREAS DELINEATED AS FLOODWAY FRINGE DISTRICT BOUNDARY LINE AND FLOODWAY DISTRICT ENCROACHMENT LINE IS SUBJECT TO THE RESTRICTIONS IMPOSED BY THE FLOODWAY REGULATIONS.
ALL STREET CORNER RADII ARE 20'. PROPERTY LINE DISTANCES AND AREAS COMPUTED TO POINT OF INTERSECTION AT STREET CORNERS TO CONFORM TO EXISTING SUBDIVISION PLAT.
IRON PINS SET AT POINT OF INTERSECTION OF STREET CORNERS.

THIS PLAT IS NOT SUBJECT TO THE PROVISIONS OF THE CITY [illegible] ORDINANCE BECAUSE IT CONTAINS EXISTING SUBDIVISION LOTS AND DOES NOT REQUIRE THE DEDICATION OF ANY [illegible] IMPROVEMENTS. [illegible] THIS PLAT MAY BE RECORDED AS IS.

CHARLOTTE-MECKLENBURG PLANNING COMMISSION
[signature] 8/6/99
DATE

APPROVED IN ACCORDANCE WITH THE ENGINEERING REQUIREMENTS OF THE SUBDIVISION ORDINANCE OF MECKLENBURG COUNTY, NORTH CAROLINA.
MECKLENBURG COUNTY ENGINEERING DEPARTMENT
(COUNTY ENGINEER) DATE

APPROVED IN ACCORDANCE WITH THE PROVISIONS OF THE SUBDIVISION ORDINANCE OF MECKLENBURG COUNTY, NORTH CAROLINA.
CHARLOTTE - MECKLENBURG PLANNING COMMISSION
PLANNING DIRECTOR DATE

State of North Carolina
County of Mecklenburg
I, DAVID B. HYDE, Review Officer of Mecklenburg County, certify that the map or plat to which this certification is affixed meets all statutory requirements for recording.
[signature] 8/6/99
Review Officer Date

This plat is of a survey which creates a subdivision of property within a county having an ordinance regulating parcels of land and does not create any new roads or streets.
[signature]
Ted M. Beverly, PLS L-2605

STATE OF NORTH CAROLINA
I certify that this map was drawn from an actual survey made under my supervision and was prepared in accordance with G.S. 47-30 as amended. The ratio/precision of closure as calculated is 1: 10,000. Boundaries not surveyed, if any, are noted. Deed descriptions are recorded in Book [illegible], Page [illegible].
Witness my hand and seal this 3rd day of AUGUST, 1999.
[signature]
TED M. BEVERLY
Register of Land Surveyor
L-2605
License No.

NORTH CAROLINA PROFESSIONAL SEAL L-2605 LAND SURVEYOR TED M. BEVERLY

Curve Table:

CURVE	RADIUS	LENGTH	CHORD	BEARING
C1	307.00'	109.84'	109.09'	N 68°06'06" W
C2	88.5'	72.78'	71.01'	N 84°53'10" W
C3	842.32'	104.53'	104.46'	N 86°34'47" W
C4	828.92'	118.84'	119.46'	N 86°58'23" W

Line Table Along Contour:

LINE	DIRECTION	DISTANCE
L1	N 17°41'00" E	33.87'
L2	N 84°42'00" E	17.86'
L3	S 67°10'00" E	33.34'
L4	N 31°58'00" E	22.06'
L5	N 14°52'00" E	43.91'
L6	N 74°01'00" E	33.62'
L7	N 05°26'00" E	97.00'
L8	N 23°19'00" E	48.98'
L9	N 30°18'00" E	72.44'
L10	N 18°08'00" E	55.14'
L11	N 18°44'00" E	50.56'
L12	N 26°23'00" E	98.83'
L13	N 18°20'00" E	57.04'
L14	N 36°46'00" E	34.56'
L15	N 51°19'00" E	55.00'
L16	N 29°17'00" E	98.78'
L17	N 69°27'00" E	78.68'
L18	S 84°06'00" E	51.54'
L19	S 66°37'00" E	54.35'
L20	S 44°34'11" E	36.84'

REVISIONS:

NO.	DATE	DESCRIPTION	BY
1	4/1/98	REVISE BOUNDARY	
2	5/28/98	REVISE ADJOINING LAND OWNER	
3	6/22/98	REVISE BOUNDARY	
4	8/03/98	VARIOUS	

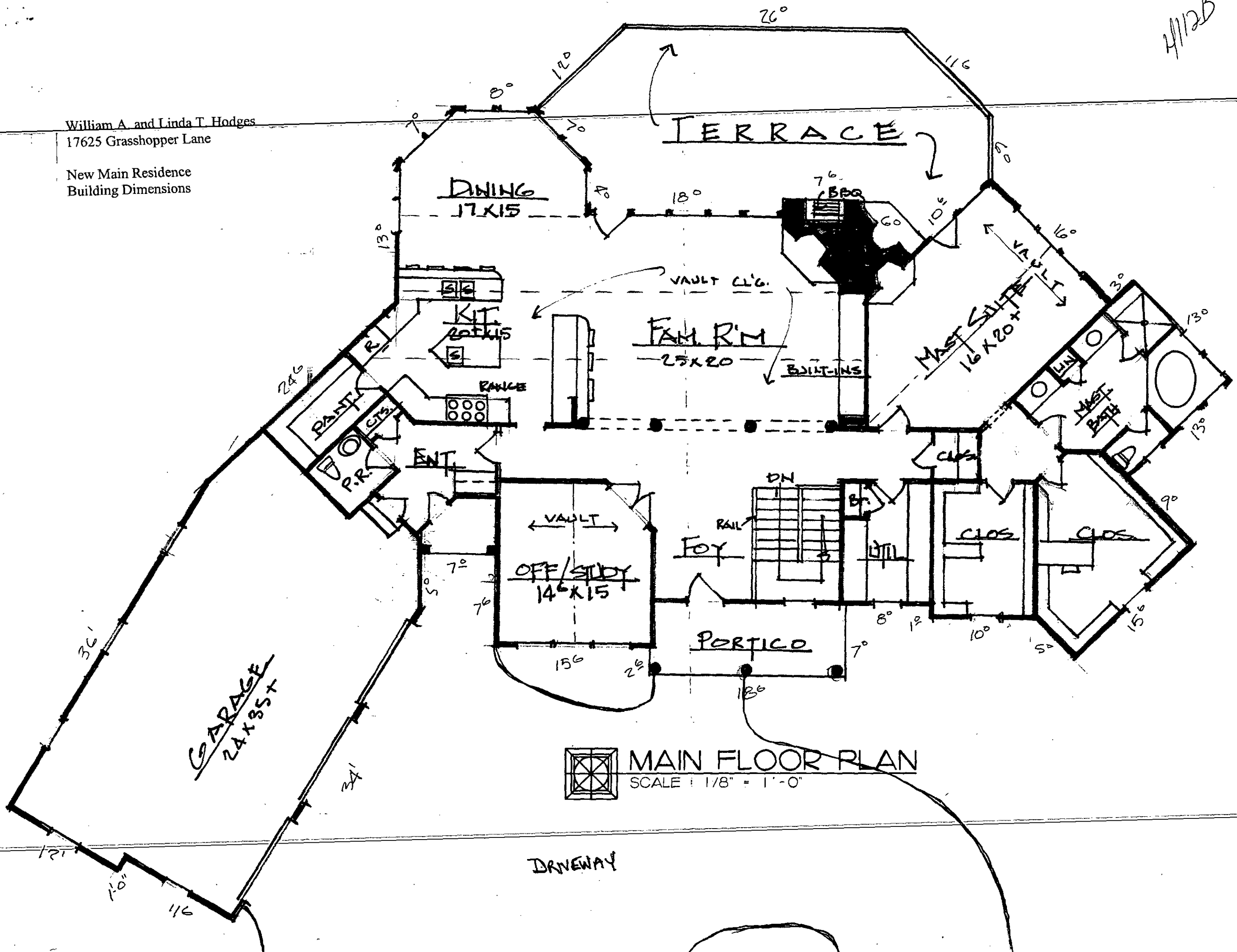
DRAWN BY:	SB	DATE:	JUNE 1998
CHECKED BY:	TB	DRAWING NO.:	101029
JOB NO.:	0499105	SHEET	1 of 1

GRAPHIC SCALE
(IN FEET)
1 inch = 100 ft.

William A. and Linda T. Hodges
17625 Grasshopper Lane

New Main Residence
Building Dimensions

4/12B



MAIN FLOOR PLAN
SCALE : 1/8" = 1'-0"

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
1999 NOV 19 09:35 AM
BOOK:10911 PAGE:951-955 FEE:$14.00
INSTRUMENT # 1999206446

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 # 4112 B
PARCEL # 217-191-57

The undersigned, William A. Hodges and Linda T. Hodges, owner of property located at 17625 Grasshopper Lane, (the "site") and described in an instrument recorded in Book 10689 at Page 899-905, 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: William A. Hodges
Mail after recording to: William A. Hodges, 2301 Sanford Lane Charlotte, NC 28211

- 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 18th day of November, 1999.

_____ (Corporate Name)

By: _____

_____ President

ATTEST:

_____

_____ Secretary

(Corporate Seal)

William A. Hodges (SEAL)

Linda T. Hodges (SEAL)

_____ (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Jacqueline A. Wheaton, a Notary Public for said County and State, do hereby certify that William A. Hodges and Linda T. Hodges personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 19 day of November, 1999.

Jacqueline A. Wheaton
Notary Public

My Commission Expires:
9-7-04

My Commission Expires 09-07-2004

JACQUELINE A. WHEATON NOTARY PUBLIC UNION COUNTY

RBCWM:24751_1/8-30-95

STATE OF NORTH CAROLINA
COUNTY OF _____

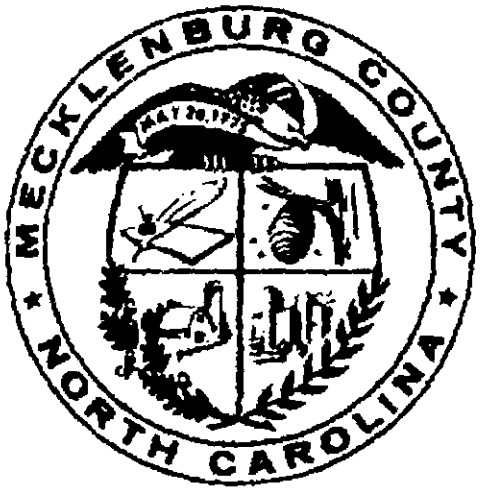
I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day and acknowledged that _he is _____ Secretary of _____ _____, a North Carolina corporation, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal and attested by _____ as its _____ Secretary.

WITNESS my hand and notarial seal, this _____ day of _____, 199__.

_____
Notary Public

My Commission Expires:

_____



JUDITH A. GIBSON
REGISTER OF DEEDS , MECKLENBURG COUNTY
COUNTY & COURTS OFFICE BUILDING
720 EAST FOURTH STREET
CHARLOTTE NC 28202

****

Filed For Registration: 11/19/1999 09:35 AM

Book: RE 10911 Page: 951-955

Document No.: 1999206446

PRMIT 5 PGS $14.00

Recorder: MAXINE HAITH

****

State of North Carolina, County of Mecklenburg

The foregoing certificate of JACQUELINE A. WHEATON Notary Is certified to be correct. This 19TH of November 1999

JUDITH A. GIBSON, REGISTER OF DEEDS By: Maxine L. Haith
Deputy/Assistant Register of Deeds

****

1 *1999206446*

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

AB Complete #2

Sheet: _____
Property ID: PO 217-19457
Lot #: _____
File #: 4112 B

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: William A. Hodges APPLICANT: _____
ADDRESS: 17625 Grasshopper Lane, Charlotte DATE EVALUATED: 10-29-99
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 360gpd PROPERTY SIZE: 1-5
LOCATION OF SITE: 17625 Grasshopper Lane PROPERTY RECORDED: _____
WATER SUPPLY: ☑Private ☐Public ☐Well ☐Spring ☐Other _____
EVALUATION METHOD: ☑Augur Boring ☑Pit ☐Cut
TYPE OF WASTEWATER: ☐Sewage ☐Industrial Process ☐Mixed

PROFILE #	.1940 Landscape Position/ Slope % (slopes 0-25%)	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	A LS	0-7"	gr/sl	Fr/SEXP/SS/SP	>40" TO soil wetness	40"	N/A	None	PS .25 F2 IV
		7-40"	SBK/C	F:/SEXP/S/P					
2	A LS	0-4"	gr/sl	Fr/SEXP/SS/SP	>18" TO soil wetness	18"	N/A	None	US
		4-15"	SBK/SC	v F:/Mixed/US/VP					
		15-18"	SBK/SCL	F:/SEXP Mixed/SS/SP					
3	A LS	0-5"	gr/sl	Fr/SEXP/SS/SP	>15" TO soil wetness	15"	N/A	None	US
		5-15"	SBK/SC	vF:/Mixed/US/VP					
4	P LS	0-7"	gr/sl	Fr/SEXP/NS/NP	>45" TO soil wetness	45"	N/A	None	PS IV .39 F2 .25 F2
		7-45"	SBK/C	F:/SEXP/S/P					
5	P LS	0-14"	gr/sl	Fr/SEXP/NS/NP	>59" TO soil wetness	59"	N/A	None	PS .39 F2 IV
		14-17"	SBK/SCL	Fr/SEXP/SS/SP					
		17-59"	SBK/C	F:/SEXP/S/P					
6	P LS	0-5"	gr/sl	Fr/SEXP/NS/NP	>43" TO soil wetness	43"	N/A	None	PS .25 F2 IV
		5-43"	SBK/C	F:/SEXP/S/P					
7	P LS	0-7"	gr/sl	Fr/SEXP/NS/NP	>45" TO soil wetness	45"	N/A	None	PS .39 F2 IV
		7-11"	SBK/SCL	Fr/SEXP/SS/SP					
		11-45"	SBK/C	F:/SEXP/S/P					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	US	US
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Recommended
EVALUATED BY: W.R. Marlin LSS 11-1-99
OTHER(S) PRESENT: P. Walker, W. Hodges

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

Sheet: 2

Property ID: _____

Lot #: _____

File #: 41128

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICANT: _____

ADDRESS: _____ DATE EVALUATED: _____

PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949) _____ PROPERTY SIZE: _____

LOCATION OF SITE: _____ PROPERTY RECORDED: _____

WATER SUPPLY: ☐Private ☐Public ☐Well ☐Spring ☐Other _____

EVALUATION METHOD: ☐Augur Boring ☐Pit ☐Cut

TYPE OF WASTEWATER: ☐Sewage ☐Industrial Process ☐Mixed

PROFILE #	.1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS &LTAR
8	A LS	0-5"	gr/s/	Fr/SEXP/NS/NP	>48" TO soil wetness	48"	N/A	None	PS .391/P2 IV
		5-31"	sBK/c	Fi/SEXP/S/P					
		31-48"	sBK/c/	Fr/SEXP/SS/SP					
9	A LS	0-6"	gr/s/	Fr/SEXP/NS/NP	>48" TO soil wetness	48"	N/A	None	PS .391/P2 IV
		6-41"	sBK/c	Fi/SEXP/S/P					
		41-48"	sBK/c/	Fr/SEXP/SS/SP					
10	A LS	0-3"	gr/s/	Fr/SEXP/NS/NP	>48" TO soil wetness	48"	N/A	None	PS .391/P2 IV
		3-30"	sBK/c	Fr/SEXP/S/P					
		30-48"	sBK/c/	Fr/SEXP/SS/SP					
11	A LS	0-3"	gr/s/	Fr/SEXP/NS/NP	>48" TO soil wetness	48"	N/A	None	PS .391/P2 IV
		3-9"	sBK/sc/	Fr/SEXP/SS/SP					
		9-48"	sBK/c	Fi/SEXP/S/P					
12	LS	0-7"	gr/s/	Fr/SEXP/NS/NP	>37" TO soil wetness	37"	N/A	None	PS .391/P2 IV
		7-37"	sBK/c	Fi/SEXP/S/P					
13	LS	0-3"	gr/s/	Fr/SEXP/NS/NP	>48" TO soil wetness	48"	N/A	None	PS .391/P2 IV
		3-8"	sBK/sc/	Fr/SEXP/SS/SP					
		8-40"	sBK/c	Fi/SEXP/S/P					
		40-48"	sBK/sc/	Fr/SEXP/SS/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____

OTHER(S) PRESENT: _____

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

Sheet: 3
Property ID:
Lot #:
File #: 4112B

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: APPLICANT:
ADDRESS: DATE EVALUATED:
PROPOSED FACILITY: PROPOSED DESIGN FLOW (.1949) PROPERTY SIZE:
LOCATION OF SITE: PROPERTY RECORDED:
WATER SUPPLY: ☐Private ☐Public ☐Well ☐Spring ☐Other
EVALUATION METHOD: ☐Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☐Sewage ☐Industrial Process ☐Mixed

PROFILE #	.1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS &LTAR
14	LS	0-3"	gr|s|	Fr|SEXP|NS|NP	>33" TO soil wetness	33"	N/A	None	US .25gl P2 IV
		3-7"	SBK|sc|	Fr|SEXP|SS|SP					
		7-33"	SBK|c	Fi|SEXP|S|P					
15	LS	0-4"	gr|s|	Fr|SEXP|NS|NP	>41" TO soil wetness	41"	N/A	None	PS .25gl P2 IV
		4-18"	SBK|sc|	Fr|SEXP|SS|SP					
		18-41"	SBK|c	Fi|SEXP|S|P					
16	LS	0-6"	gr|s|	Fr|SEXP|NS|NP	>48" TO soil wetness	48"	N/A	None	PS .25gl P2 IV
		6-15"	SBK|sc|	Fr|SEXP|SS|SP					
		15-48"	SBK|c	Fi|SEXP|S|P					
17	LS	0-10"	gr|s|	Fr|SEXP|NS|NP	>42" TO soil wetness	42"	N/A	None	PS .25gl P2 IV
		10-15"	SBK|sc|	Fr|SEXP|SS|SP					
		15-42"	SBK|sc	Fi|SEXP|S|P					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	US	US
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W.A. Martin LSS 11-1-99
OTHER(S) PRESENT: W. Hodges

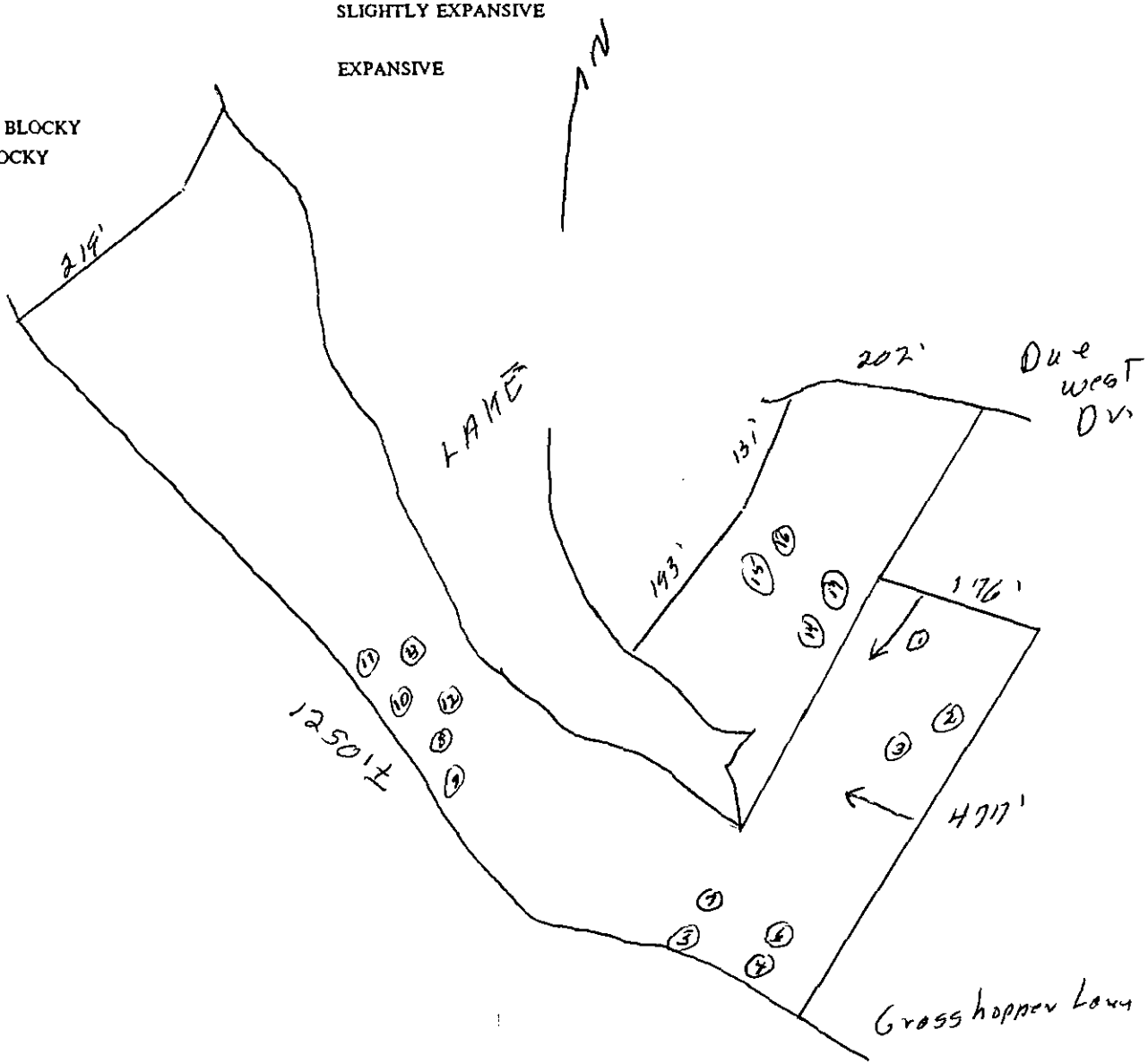
FILE # 4112

COMMENTS 100% Repair - Area investigated for two systems primary area for residence drainfield will probably be on parcel 217-191-65, repair area for both systems possibly to right of Grasshopper Lane

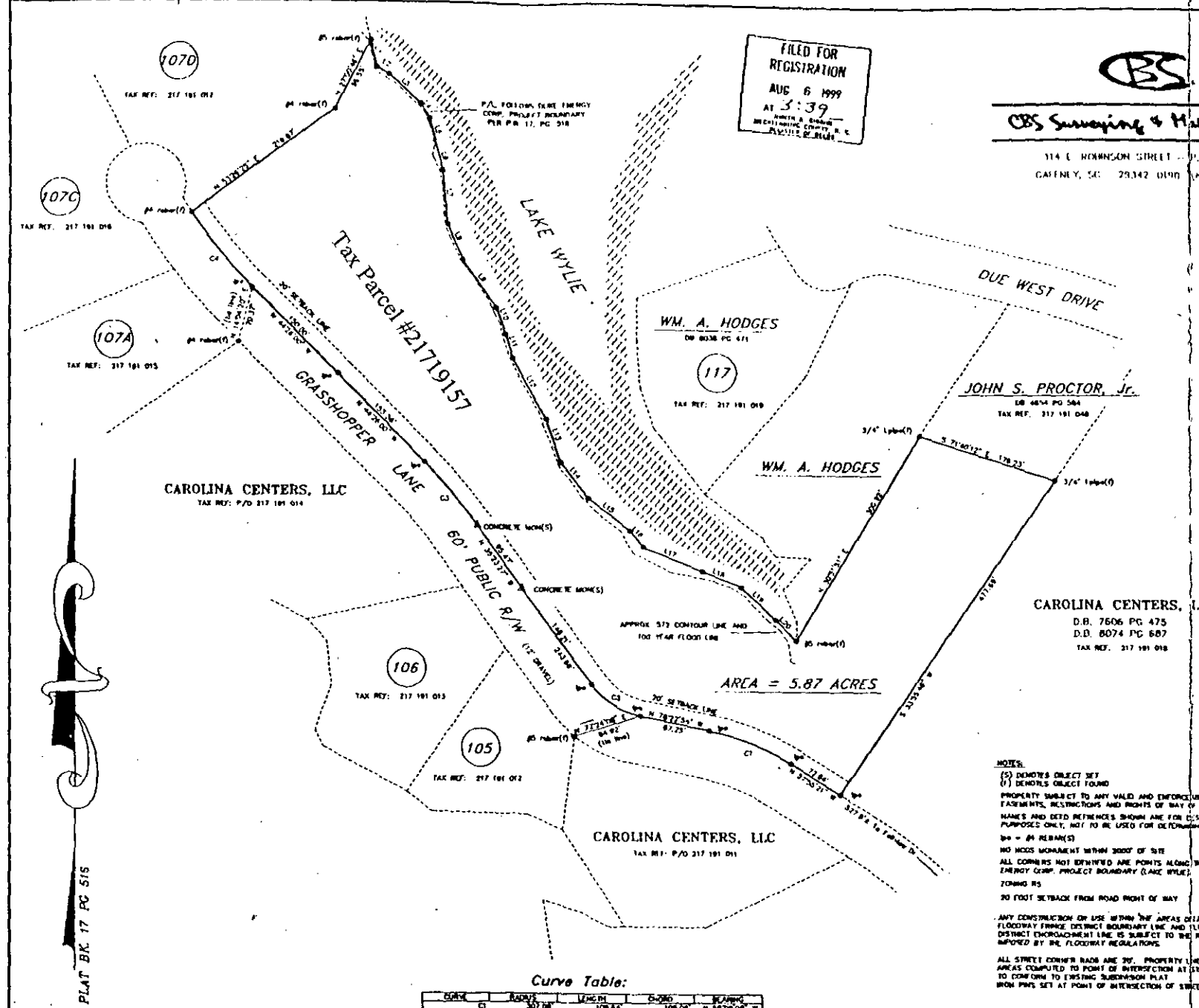
LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE	
MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

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

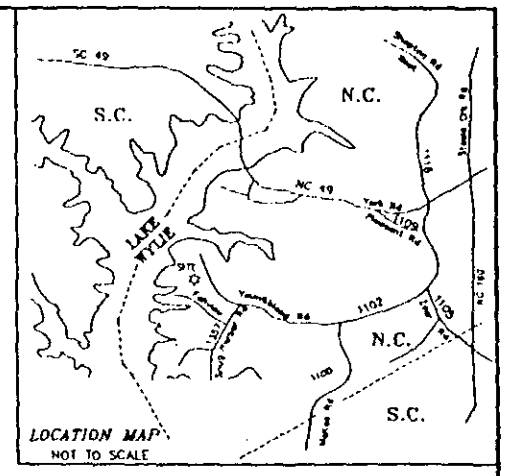


#1999140678 MAP BOOK 31 PAGE 625



FILED FOR REGISTRATION
AUG 6 1999
AT 3:39
JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, N. C.

CBS Surveying & Mapping, Inc.
114 E. ROBINSON STREET - P. O. BOX 190
GATEWAY, SC 29342 (803) (864) 489-5068



#4112B

Subdivision Plat Of:
GRASSHOPPER PLAT 1

Owner: Carolina Centers, LLC
P. O. BOX 1003
CHARLOTTE, NC 28201

Steele Creek Township
Mecklenburg County, North Carolina
June 1998

COPY

NOTES:
(S) DENOTES OBJECT SET
(F) DENOTES OBJECT FOUND
PROPERTY SUBJECT TO ANY VALID AND ENFORCEABLE EASEMENTS, RESTRICTIONS AND RIGHTS OF WAY OF RECORD.
NAMES AND DEED REFRENCES SHOWN ARE FOR DESCRIPTIVE PURPOSES ONLY, NOT TO BE USED FOR DETERMINING TITLE.
bo = #4 REBAR(S)
NO NGS MONUMENT WITHIN 2000' OF SITE
ALL CORNERS NOT IDENTIFIED ARE POINTS ALONG THE DUKE ENERGY CORP. PROJECT BOUNDARY (LAKE WYLIE)
ZONING R5
20 FOOT SETBACK FROM ROAD FRONT OF WAY
ANY CONSTRUCTION OR USE WITHIN THE AREAS DELINEATED AS FLOODWAY FRINGE DISTRICT BOUNDARY LINE AND FLOODWAY DISTRICT ENCROACHMENT LINE IS SUBJECT TO THE RESTRICTIONS IMPOSED BY THE FLOODWAY REGULATIONS.
ALL STREET CORNER RADII ARE 20'. PROPERTY LINE DISTANCES AND AREAS COMPUTED TO POINT OF INTERSECTION AT STREET CORNERS TO CONFORM TO EXISTING SUBDIVISION PLAT
IRON PINS SET AT POINT OF INTERSECTION OF STREET CORNERS.

THIS PLAT IS NOT SUBJECT TO THE PROVISIONS OF THE CITY ZONING ORDINANCE OR SUBDIVISION REGULATIONS BECAUSE THE PROPERTY IS NOT WITHIN THE JURISDICTION OF THE CHARLOTTE-MECKLENBURG PLANNING COMMISSION. HOWEVER, THE NORTH & SOUTH CAROLINA PLANNING COMMISSIONS DO HAVE JURISDICTION OVER THIS PROPERTY AND MAY REQUIRE SUBDIVISION APPROVAL.

CHARLOTTE-MECKLENBURG PLANNING COMMISSION
8/6/99
DATE

Curve Table:

CURVE	RADIUS	LENGTH	CHORD
C1	307.58'	109.83'	S 83°09'08" W 109.25'
C2	86.37'	73.14'	S 53°16'40" W 71.07'
C3	662.33'	104.43'	N 34°43'47" W 104.42'
C4	878.92'	118.89'	N 38°54'33" W 118.80'

Line Table Along Contour:

LINE	DIRECTION	DISTANCE
L1	S 71°10'09" E	33.19'
L2	S 68°49'09" E	51.96'
L3	S 47°10'09" E	53.34'
L4	S 37°06'09" E	77.04'
L5	S 11°50'09" E	43.81'
L6	S 14°09'09" E	24.67'
L7	S 25°49'09" E	23.62'
L8	S 31°16'09" E	46.56'
L9	S 30°16'09" E	72.54'
L10	S 19°08'09" E	55.11'
L11	S 18°42'09" E	30.16'
L12	S 28°13'09" E	99.83'
L13	S 38°15'09" E	87.98'
L14	S 36°48'09" E	34.86'
L15	S 41°18'09" E	65.00'
L16	S 39°37'09" E	39.78'
L17	S 46°12'09" E	78.86'
L18	S 54°09'09" E	54.56'
L19	S 66°32'09" E	54.85'
L20	S 74°34'11" E	38.84'

REVISIONS:

NO.	DATE	DESCRIPTION	BY
1	8/1/98	REVISE BOUNDARY	
2	8/28/98	REVISE ADJOINING LAND OWNER	
3	9/22/98	REVISE BOUNDARY	
4	8/03/99	VARIOUS	

DRAWN BY:	SB	DATE:	JUNE 1998
CHECKED BY:	TB	DRAWING NO.:	101029
JOB NO.:	0499105	SHEET	1 OF 1

GRAPHIC SCALE
(IN FEET)
1 inch = 100 ft.

APPROVED IN ACCORDANCE WITH THE ENGINEERING REQUIREMENTS OF THE SUBDIVISION ORDINANCE OF MECKLENBURG COUNTY, NORTH CAROLINA.
MECKLENBURG COUNTY ENGINEERING DEPARTMENT
(COUNTY ENGINEER) DATE

APPROVED IN ACCORDANCE WITH THE PROVISIONS OF THE SUBDIVISION ORDINANCE OF MECKLENBURG COUNTY, NORTH CAROLINA.
CHARLOTTE - MECKLENBURG PLANNING COMMISSION
PLANNING DIRECTOR DATE

State of North Carolina
County of Mecklenburg

I, JUDITH A. GIBSON, Register Of Deeds of Mecklenburg County, certify that this map or plat to which this certification is affixed was presented and duly recorded for recording.
Register Of Deeds 8/6/99
DATE

This plat is of a survey which creates a subdivision of property within a county having an ordinance establishing parcels of land and does not create more roads or streets.
Ted M. Beverly, PLS L-2605

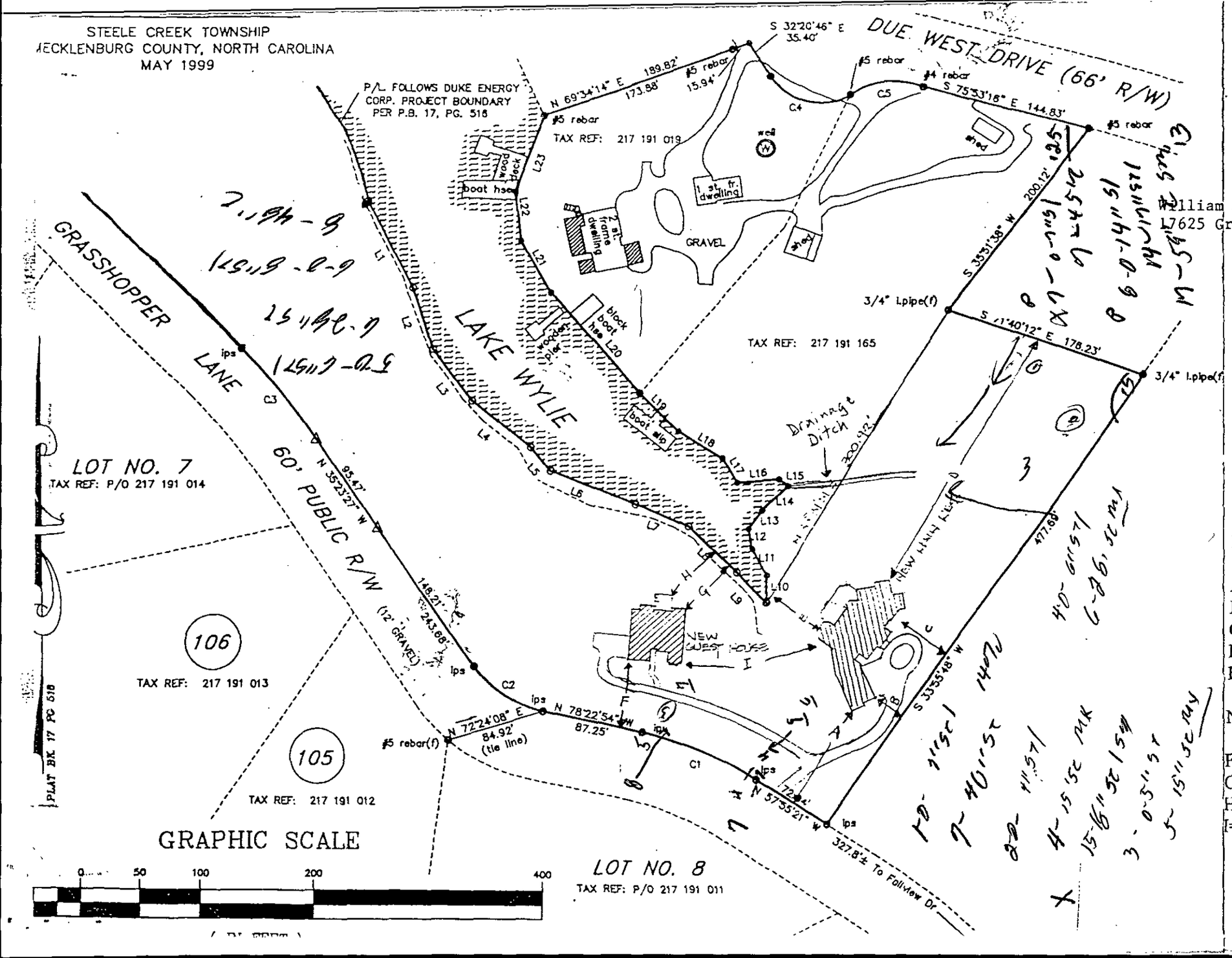
NORTH CAROLINA PROFESSIONAL SEAL L-2605 LAND SURVEYOR TED M. BEVERLY

STATE OF NORTH CAROLINA

I certify that this map was drawn from an actual survey made under my supervision and was prepared to requirements of G.S. 47-30 as amended. The unadjusted error of closure as calculated is 1: 10,000. Boundaries not surveyed. If any, are noted. Deed descriptions are recorded in Book ____, Page ____.

Witness my hand and seal this 3rd day of AUGUST, 1999.

Ted M. Beverly
Registered Land Surveyor
L-2605
License No.



4112B

COPY

William A. and Linda T. Hodges
17625 Grasshopper Lane

New Main Residence Setbacks;

A= 90'
B= 30'
C= 50'
D= 250'
E= 50'

New Guest House Setbacks;

F= 60'
G= 55'
H= 55'
I= 120'

To: Charlotte Mecklenburg Environmental Health Department
Bill Marlin

From: Bill Hodges

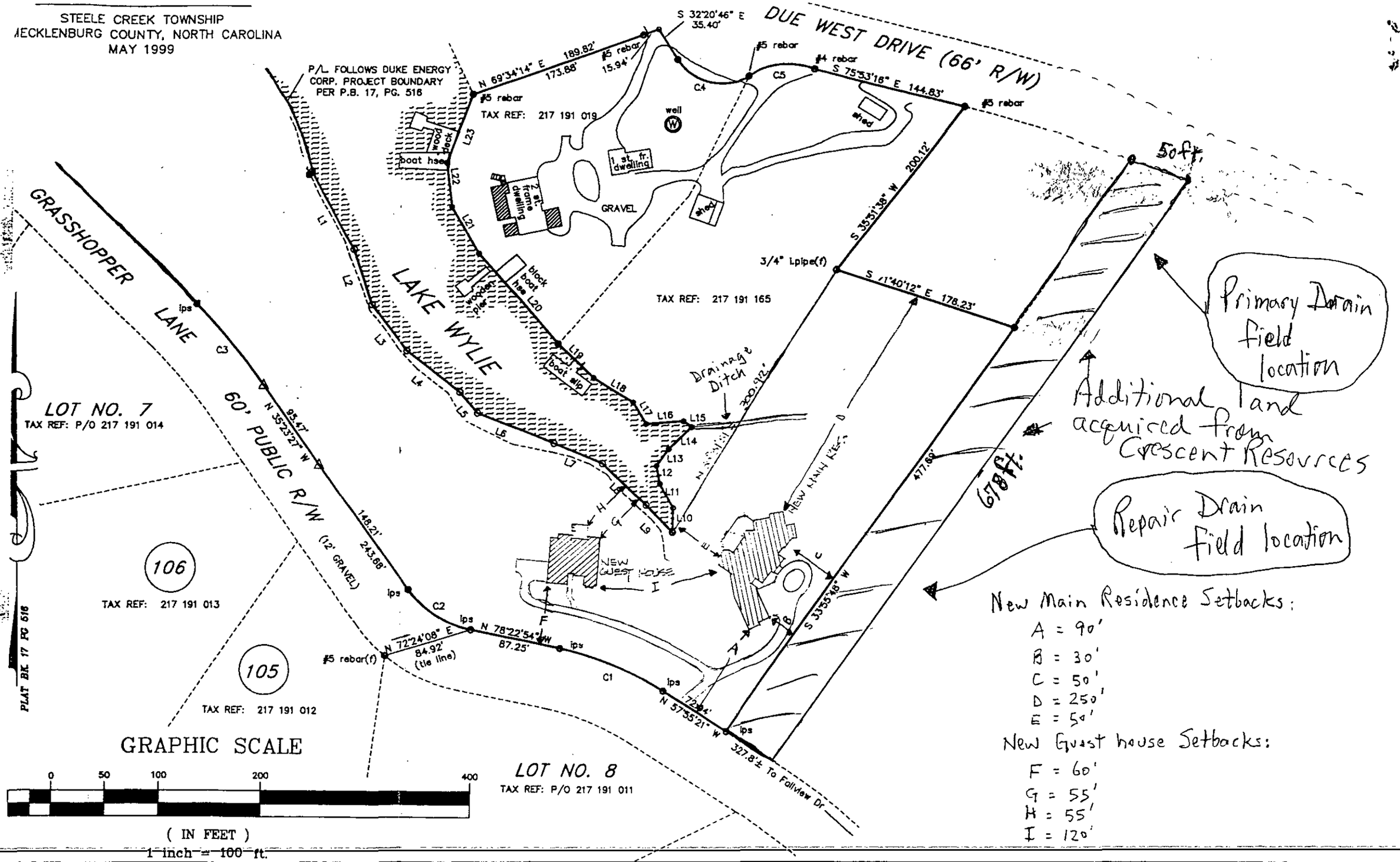
Re: Improvement Permit and Construction Authorization
File No. 4112B

Because I have contracted to acquire additional land adjacent to this home site, I wish to relocate the primary and repair septic drain fields as previously approved for this site.

Attached is a site plan indication the new property and the proposed locations of the drain fields.

The $100 fee for the soil test is included

STEELE CREEK TOWNSHIP
MECKLENBURG COUNTY, NORTH CAROLINA
MAY 1999



New Main Residence Setbacks:

A = 90'
B = 30'
C = 50'
D = 250'
E = 50'

New Guest house Setbacks:

F = 60'
G = 55'
H = 55'
I = 120'

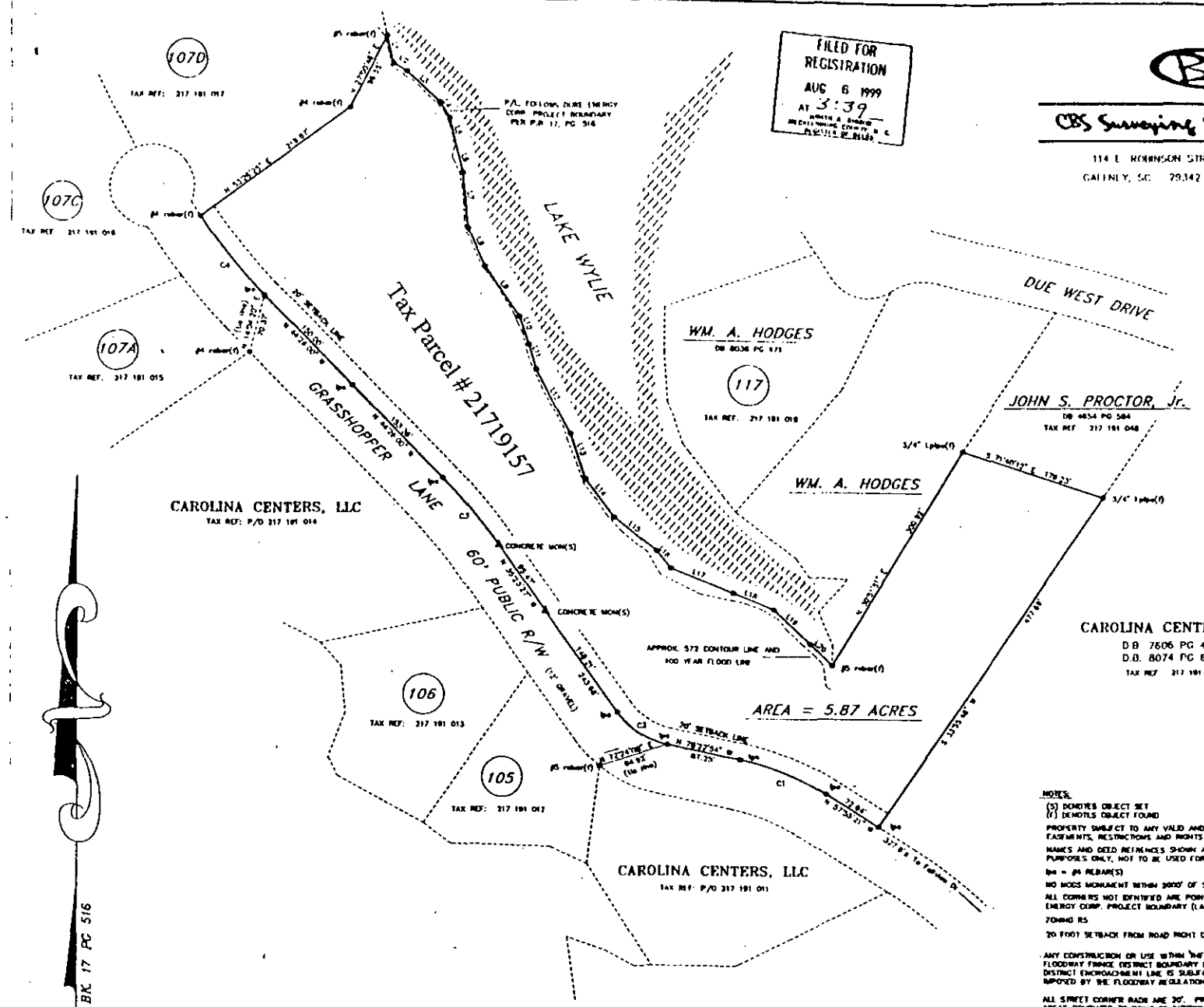
GRAPHIC SCALE

0 50 100 200 400

(IN FEET)

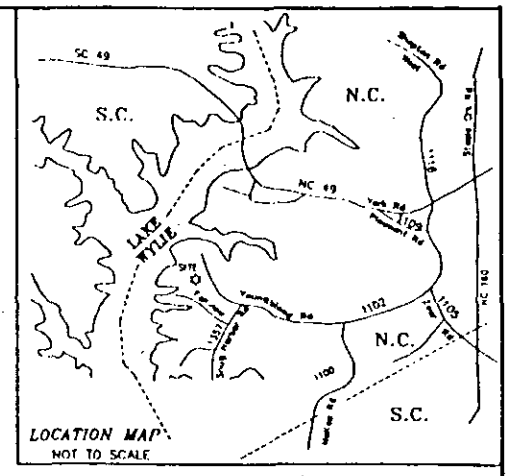
1 inch = 100 ft.

#1999140678 MAP BOOK 31 PAGE 625



FILED FOR REGISTRATION
AUG 6 1999
AT 3:39

CBS Surveying & Mapping, Inc.
114 E. ROBINSON STREET -- P. O. Box 190
GAFFNEY, SC 29342 0190 (864) 489-5068



4112B

Subdivision Plat of:
GRASSHOPPER PHAT 1

COPY

Owner: Carolina Centers, LLC
P. O. BOX 1003
CHARLOTTE, NC 28201

Steele Creek Township
Mecklenburg County, North Carolina
June 1998

NOTES:
(S) DENOTES OBJECT SET
(F) DENOTES OBJECT FOUND
PROPERTY SUBJECT TO ANY VALID AND ENFORCEABLE EASEMENTS, RESTRICTIONS AND RIGHTS OF WAY OF RECORD.
NAMES AND DEED REFERENCES SHOWN ARE FOR DESCRIPTIVE PURPOSES ONLY, NOT TO BE USED FOR DETERMINING TRACT.
ips = ø5 REBAR(S)
NO NGS MONUMENT WITHIN 2000' OF SITE
ALL CORNERS NOT IDENTIFIED ARE POINTS ALONG THE DUKE ENERGY CORP. PROJECT BOUNDARY (LAKE WYLIE).
ZONING: R5
20 FOOT SETBACK FROM ROAD RIGHT OF WAY
ANY CONSTRUCTION OR USE WITHIN THE AREAS DELINEATED AS FLOODWAY FRINGE DISTRICT BOUNDARY LINE AND FLOODWAY DISTRICT ENCROACHMENT LINE IS SUBJECT TO THE RESTRICTIONS IMPOSED BY THE FLOODWAY REGULATIONS.
ALL STREET CORNER RADII ARE 20'. PROPERTY LINE DISTANCES AND AREAS COMPUTED TO POINT OF INTERSECTION AT STREET CORNERS TO CONFORM TO EXISTING SUBDIVISION PLAT. IRON PINS SET AT POINT OF INTERSECTION OF STREET CORNERS.

THIS PLAT IS NOT SUBJECT TO THE PROVISIONS OF THE CITY OF CHARLOTTE OR MECKLENBURG COUNTY SUBDIVISION ORDINANCES AND DOES NOT REQUIRE THE APPROVAL OF THE CHARLOTTE-MECKLENBURG PLANNING COMMISSION BEFORE RECORDING WITH THE REGISTER OF DEEDS OF MECKLENBURG COUNTY, NORTH CAROLINA.

CHARLOTTE-MECKLENBURG PLANNING COMMISSION

8/6/99

Curve Table:

CURVE	RADIUS	LENGTH	CHORD	BEARING
C1	307.39'	109.84'	109.25'	N 68°09'36" W
C2	95.5'	73.74'	71.97'	N 56°53'10" W
C3	442.39'	104.53'	104.29'	N 34°34'43" W
C4	928.94'	119.84'	119.68'	N 38°58'23" W

Line Table Along Contour:

LINE	DIRECTION	DISTANCE
L1	S 13°11'00" E	33.07'
L2	S 69°43'00" E	73.76'
L3	S 67°10'00" E	53.56'
L4	S 81°06'00" E	23.80'
L5	S 81°06'00" E	43.80'
L6	S 14°01'00" E	33.79'
L7	S 05°49'00" E	67.84'
L8	S 13°19'00" E	66.88'
L9	S 35°16'00" E	72.44'
L10	S 19°00'00" E	30.11'
L11	S 16°21'00" E	30.68'
L12	S 24°37'00" E	98.84'
L13	S 18°52'00" E	57.04'
L14	S 30°46'00" E	54.68'
L15	S 31°19'00" E	65.00'
L16	S 39°17'00" E	26.78'
L17	S 62°27'00" E	78.68'
L18	S 64°09'00" E	51.56'
L19	S 53°07'00" E	54.85'
L20	S 43°31'11" E	38.84'

GRAPHIC SCALE
(IN FEET)
1 inch = 100 ft.

REVISIONS:

NO.	DATE	DESCRIPTION	BY
1	4/1/98	REVISE BOUNDARY	
2	5/28/98	REVISE ADJOINING LAND OWNER	
3	6/22/98	REVISE BOUNDARY	
4	8/03/98	VARIOUS	

DRAWN BY: SB	DATE: JUNE 1998
CHECKED BY: TB	DRAWING NO.: 101029
JOB NO.: 0499105	SHEET 1 OF 1

APPROVED IN ACCORDANCE WITH THE ENGINEERING REQUIREMENTS OF THE SUBDIVISION ORDINANCE OF MECKLENBURG COUNTY, NORTH CAROLINA.
MECKLENBURG COUNTY ENGINEERING DEPARTMENT
(COUNTY ENGINEER) DATE

APPROVED IN ACCORDANCE WITH THE PROVISIONS OF THE SUBDIVISION ORDINANCES OF MECKLENBURG COUNTY, NORTH CAROLINA.
CHARLOTTE - MECKLENBURG PLANNING COMMISSION
PLANNING DIRECTOR DATE

State of North Carolina
County of Mecklenburg
I, STEPHEN B. BENTLEY, a Review Officer of Mecklenburg County, certify that the map or plat to which this certification is affixed meets all statutory requirements for recording.
Review Officer 8/4/99 Date

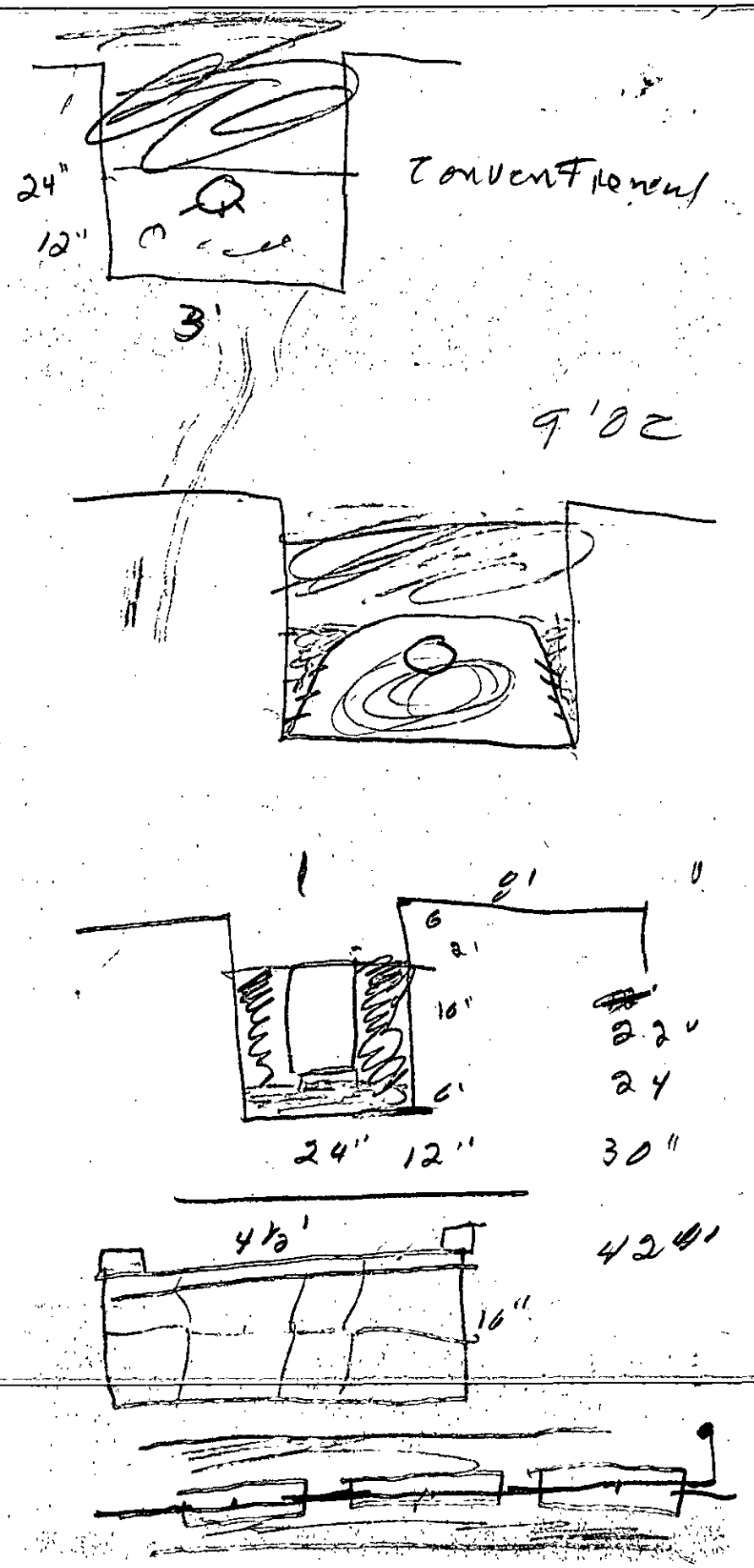
This plat is of a survey which creates a subdivision of property within a county having an ordinance regulating parcels of land and does not create new roads or streets.
Ted M. Beverly, PLS L-2605

NORTH CAROLINA PROFESSIONAL SEAL L-2605 LAND SURVEYOR TED M. BEVERLY

STATE OF NORTH CAROLINA

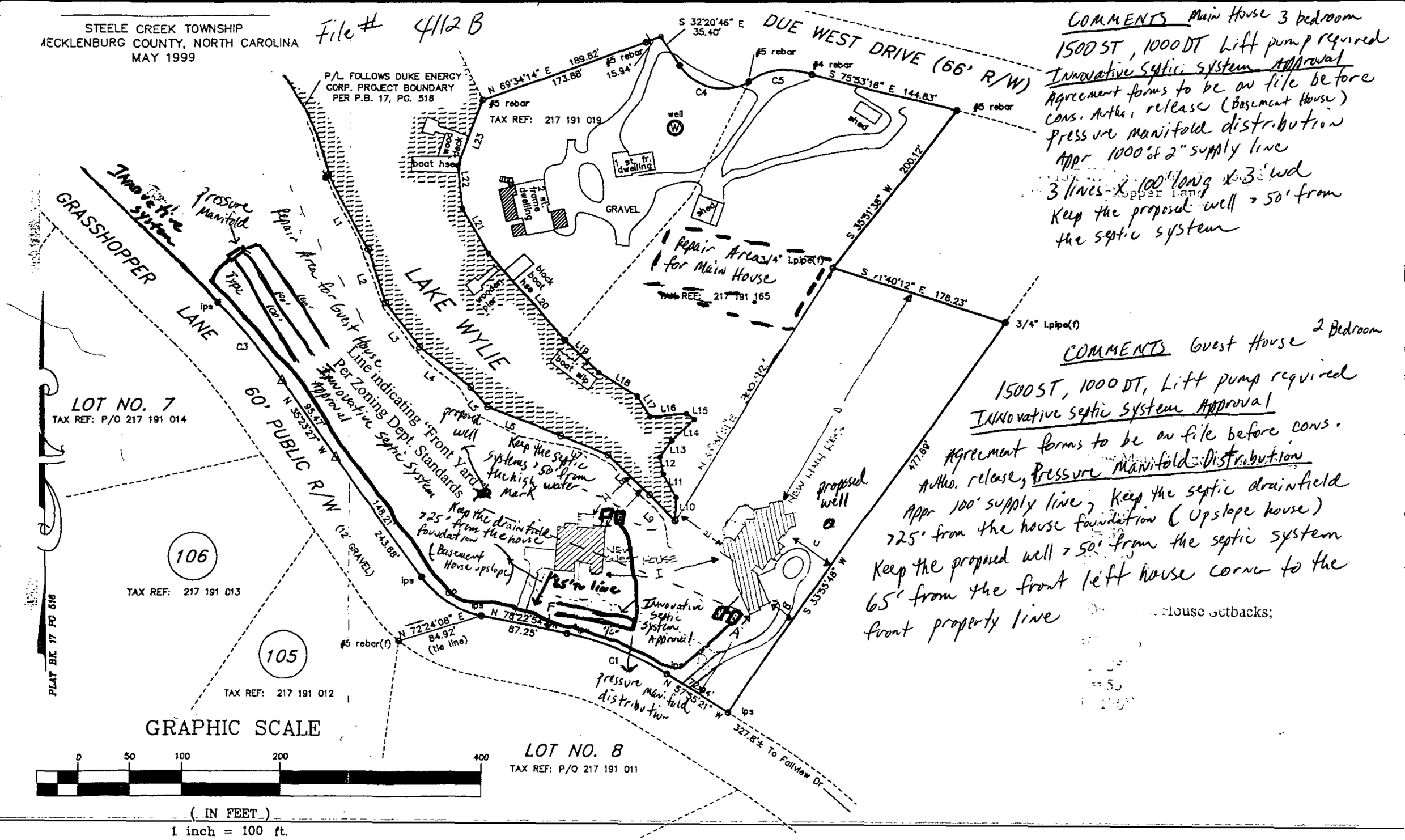
I certify that this map was drawn from an actual survey made under my supervision and was prepared in accordance with G.S. 47-30 as amended. The unadjusted error of closure as calculated is 1: 30,000. Boundaries not surveyed, if any, are noted. Deed descriptions are recorded in Book 2, Page 2.

Witness my hand and seal this 3rd day of August, 1999.
Ted M. Beverly Registered Land Surveyor
L-2605
License No.



STEELE CREEK TOWNSHIP
MECKLENBURG COUNTY, NORTH CAROLINA
MAY 1999

File # 4112 B



COMMENTS Main House 3 bedroom
1500 ST, 1000 DT Lift pump required
Innovative Septic System Approval
Agreement forms to be on file before cons. Authz. release (Basement House)
Pressure manifold distribution
Appr 1000' of 2" supply line
3 lines x 100' long x 3' wd
Keep the proposed well > 50' from the septic system

COMMENTS Guest House 2 Bedroom
1500 ST, 1000 DT, Lift pump required
Innovative septic System Approval
Agreement forms to be on file before cons. Authz. release, Pressure manifold Distribution
Appr 100' supply line, Keep the septic drainfield >25' from the house foundation (Upslope house)
Keep the proposed well > 50' from the septic system
65' from the front left house corner to the front property line

House Setbacks;

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County	HODGES RESIDENCE	4112B
Health Department	**Name of Establishment**	**Permit/Project No.**
17625 GRASSHOPPER LN	RESIDENCE	360
Location	**Type of Establishment**	**Design Flow**
WILLIAM AND LINDA HODGES	17625 GRASSHOPPER LANE	
Owner/Agent	**Address**	**Phone**
	CHARLOTTE NC	
Operator	**Address**	**Phone**
IIIb	6/1/11	6/1/16
System Type	**Date of Inspection**	**Next Inspection Due**

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

	Yes	No	N/A	Comments:
6. GROUND ABSORPTION FIELDS:				
a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐	
b. Minimal ponding in subsurface trenches?	☒	☐	☐	
c. Surface water being effectively diverted away?	☒	☐	☐	
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐	
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐	
f. Protected from traffic, destructive uses?	☒	☐	☐	
g. Distribution devices in good condition, working properly?	☒	☐	☐	
h. Repair area properly reserved, maintained?	☒	☐	☐	
A. LOW PRESSURE PIPE DRAIN FIELDS:				
a. Turnups/cleanouts/valves intact and accessible?	☐	☐	☒	
b. No effluent standing in lower laterals?	☐	☐	☒	
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒	
d. Pressure head is properly adjusted?	☐	☐	☒	

OVERALL CONDITION AND OPERATION OF SYSTEM:
GOOD

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

***REPAIR WITHIN DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:
*The MCHD recommends having the tanks (septic & dosing) pumped out every 3 to 5 years to remove excess solids.
*Please visit http://groundwater.charmeck.org for additional information.

DATE: 6/1/11

SIGNED: Philo Walker RS AGENT
Division of Environmental Health

Printed Name: PHILO WALKER RS
Phone #: 704-336-5570

 6/1/11 OK III6 4112B 87620



Print

Close

Parcel Information

Parcel ID	Account	Parent	Previous
21719165	INDIVIDUAL	21719157	21719165

Owner(s)

Owner Name	Mailing Address	City/State
HODGES WILLIAM A	17224 DUE WEST RD	CHARLOTTE NC 28278-9003
HODGES LINDA T WIFE	17224 DUE WEST RD	CHARLOTTE NC 28278-9003

Legal Information

Legal	Municipality	Annexed	Special District	Fire District	Acreage
P1 M34-354	MECKLENBURG COUNTY-UNINCORPORATED		FIRE SERVICE A	STEELE CREEK #2	6.70

Total Parcel Assessment & Exemptions

Building	Land	Features	Total	Exemption	Year Approved	Review Date	Amount
510300	1081500	54800	1646600				

Sales Information

Sale	Price	Stamps	Qualify	V/I	DeedBook	Type	Legal Ref.	Grantor
Apr 9 1997	58000			VAC	09007 - 703	DEED STAMPS	09007-703	

Land Use

Use	Units	Type	Neighborhood	Assessment
R122	3.00	WF	V705	900000
R120	3.70	AC	V705	181500

Building Information

Bldg	Description	Type	Year Built	Property Location
1	Single-Fam	RES	2000	17625 GRASSHOPPER LN UNINC

Bldg	Story	Units	Total SqFt	Heated	Foundation	Ext. Wall	Grade	Value
1	1 STORY	1	7640	5876	CRAWL SPACE	CEDAR,RDWD -	GOOD 03	510300

Bldg	Heat	Fuel	FirePlace	AC	Fixtures	Bedrooms	Full Baths	3/4 Baths	1/2 Baths
1	AIR-DUCTED	GAS	1 - FP5	AC-CENTRAL		3	3		1

Sub Areas

Bldg	Description	Size
1	BASE (FIRST FLOOR)	2938
1	GARAGE - FINISHED	894
1	BASEMENT - OPEN-ENDED FINISHED	2938
1	PORCH - OPEN - FINISHED	870

Depreciation

Bldg	Physical	Functional	Economic	Special	Override
1	AV - 11.00%				

Notes

Tax Year	Notes	Note Date

Special Features & Yard Items

Bldg	Built	Type	Quantity	Units	Value
1	2000	TERRACE	1	213	2300
1	2001	PIER	1	8X24	1400
1	2001	BOAT RAMP	1	6X10	100
1	2001	DOCK	1	12X16	1900
1	2001	PIER/COVERED	1	15X30	4100
1	2001	SHOP BLDG	1	30X50	31500
1	2001	GARAGE	1	26X26	13500

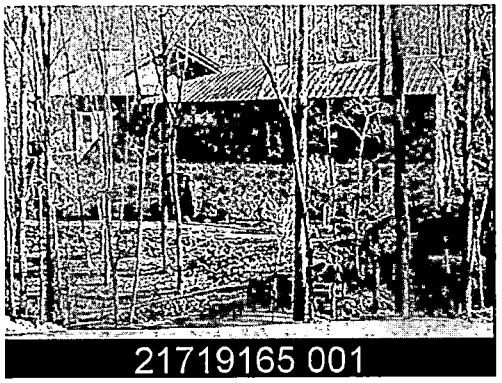
Value Changes

Notice Date	Tax Year	Reason	Changed To	Deferred
Feb 8 2011	2011	Countywide Revaluation	1646600	0
Jul 7 2005	2005	Division of Land and/or New Parcel	964100	0
Jul 7 2005	2005	Division of Real Estate and/or New Parce	964100	0
Jan 17 2003	2003	Countywide Revaluation	1488500	0
Mar 15 2002	2002	Imp/Addn/Remod Completed for Tax Year	1330380	
Mar 15 2002	2002	Improvement/Addition/Remodeled Completed	1330380	
Apr 2 2001	2001	Combining of Real Estate Parcels	945110	
Sep 13 1999	1999	Clerical Correction	74770	
Mar 20 1998	1998	Countywide Revaluation	14950	

Building Photography

Return to Parcel Ownership Summary

PHOTO #1
Location: 17625 GRASSHOPPER LN



Information contained within this web site may be used as a visual aid and to generally locate, identify, and inventory parcels in Mecklenburg County, North Carolina. There are inherent errors and limitations associated with this type of electronic medium. Mecklenburg County cannot warrant or guarantee the information contained herein including but not limited to its accuracy or completeness.

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County	Hodges Residence	4112B
Health Department	**Name of Establishment**	**Permit/Project No.**
17625 Grasshopper Ln. Charlotte, 28278	3-Bedroom Main House	360 GPD
Location	**Type of Establishment**	**Design Flow**
William Hodges	Same as location address	(704) 583-0668
Owner/Agent	**Address**	**Phone**
N/A		
Operator	**Address**	**Phone**
IIIb	05/11/2006	April 2011
System Type	**Date of Inspection**	**Next Inspection Due**

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

Rec'd 6/26/01 ck # 2665 150-

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

FILE: 4112 B DATE: 4/12/01

TC: 217-191-57 ☒ L ☒ CRT

SERIAL Nº 18505

Name of Owner William Hodges Juris.:

Address of Property ~~17615~~ Grasshopper Lane (Guest House)

Inspection Data:

Tank Material PCC

Total Length of Drainfield 200'

Number of Lines 3 @ 67'

Cover Depth 12"-16"

Water Supply Source Well

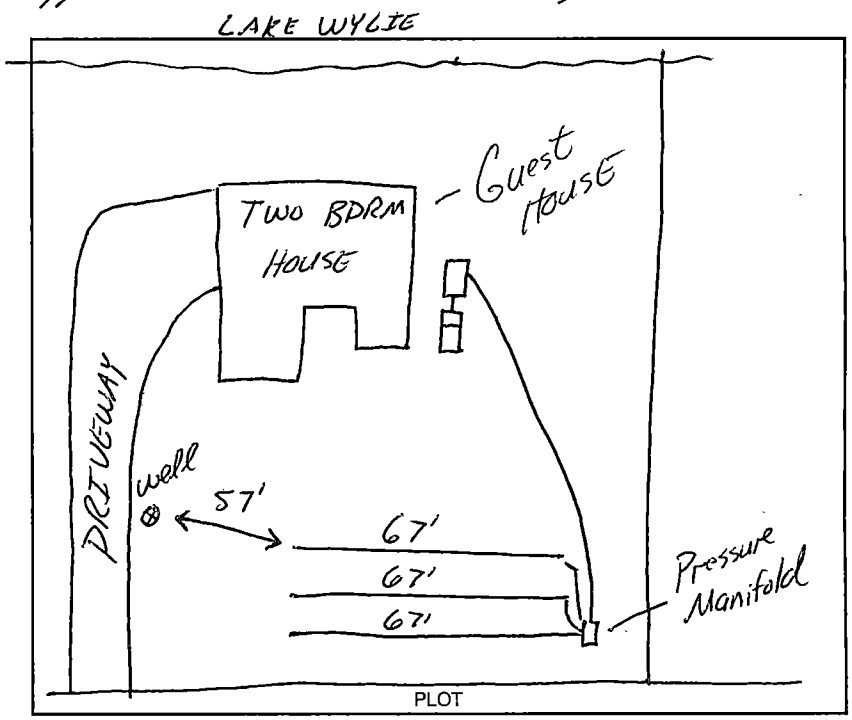
Distance to Water Source 57'

Excavation Inspected 4/12/01

Tank(s) Inspected 4/12/01

Wash Line Inspected NA

High Water Alarm Inspected 4/12/01



Design 1500 ST, 1000 AT, 600 SFT, INV, Pressure Manifold CTR# Norwood

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

☒ installed or constructed ☐ altered or repaired

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

and meets the provisions of I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☒ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of I5A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

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

COMMENTS: Two Bedroom Guest House

3 lines x 67' x 3' E-Z Flow

Type III b Innovative System Pressure Manifold

Jenny P. Michelone
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

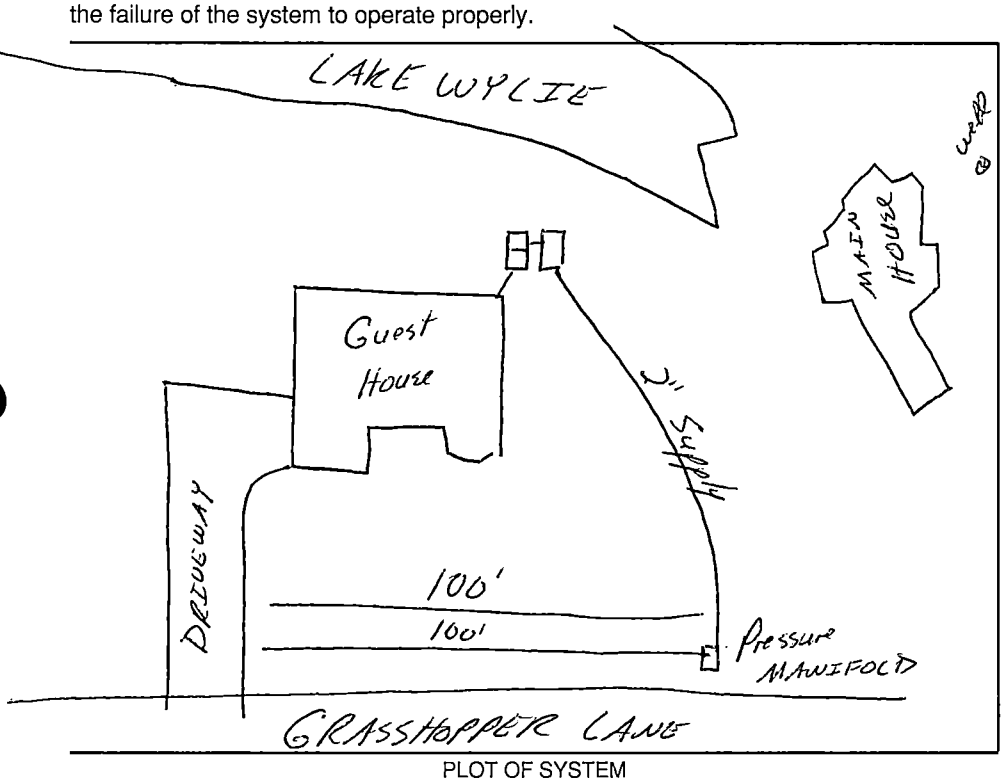
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4112B DATE: 3/23/01

TC: 217-191-57 ☒ L

SERIAL Nº 18635

Permission is hereby given to ____ Install or Construct, ____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 10-14-99. All work shall be completed on or before 4/23/01., 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 200' feet

Number of Lines 2 x 100' x 3'

Depth of Stone NA inches

Distance from House > 5' feet

Distance from Property Line >10' feet

Distance from Well >100' feet

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

NAME OF OWNER William Hodges

LOCATION OF PROPERTY 17625 Grasshopper Lane (Guest House)

Comments: Two Bedroom Guest House

Install 2 lines x 100' x 3'

Type III b Innovative System

Pressure Manifold

Jeremy P. Michels
Environmental Health Specialist

2050
1500 gpd
700 p man

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

Paid 6/20/01 ck#2663 $150 — R/A?

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

FILE: 4112B DATE: 11/30/00

TC: 217-191-57 ☑ L ☒ CRT

SERIAL Nº 18297

Name of Owner William Hodges Juris.: _____

Address of Property 17605 Grasshopper Lane

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 12-16"

Water Supply Source well

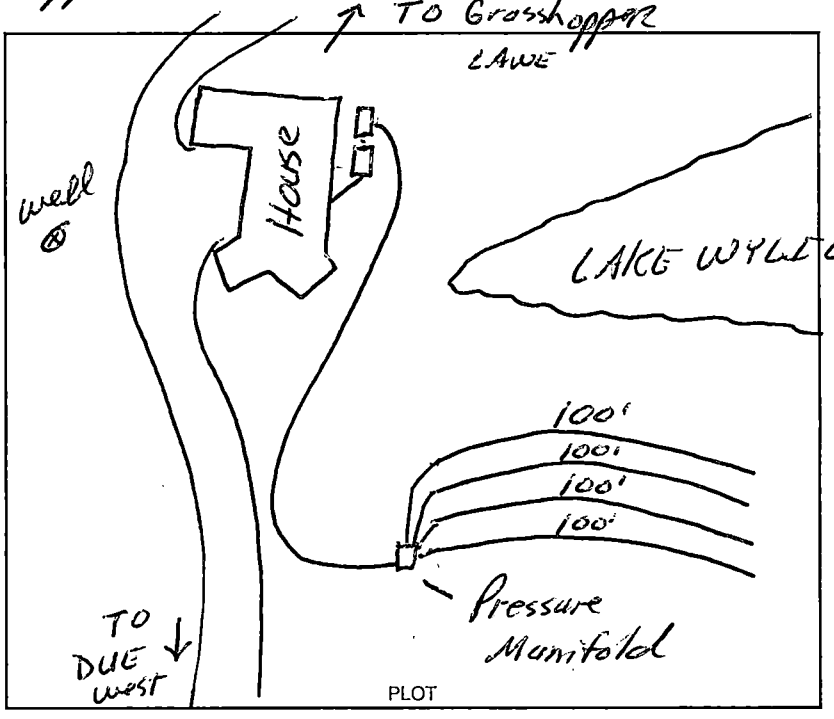
Distance to Water Source >100'

Excavation Inspected 11/30/00

Tank(s) Inspected 11/30/00

Wash Line Inspected N/A

High Water Alarm Inspected 11/30/00



Design 2000, 1500ST, 1000 DT, P1, 1200SFT, INV, P. Manifold CTR# W.T. Norwood

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

☒ installed or constructed ☐ altered or repaired

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

and meets the provisions of I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☒ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of I5A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

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

COMMENTS: Three Bedroom Residence

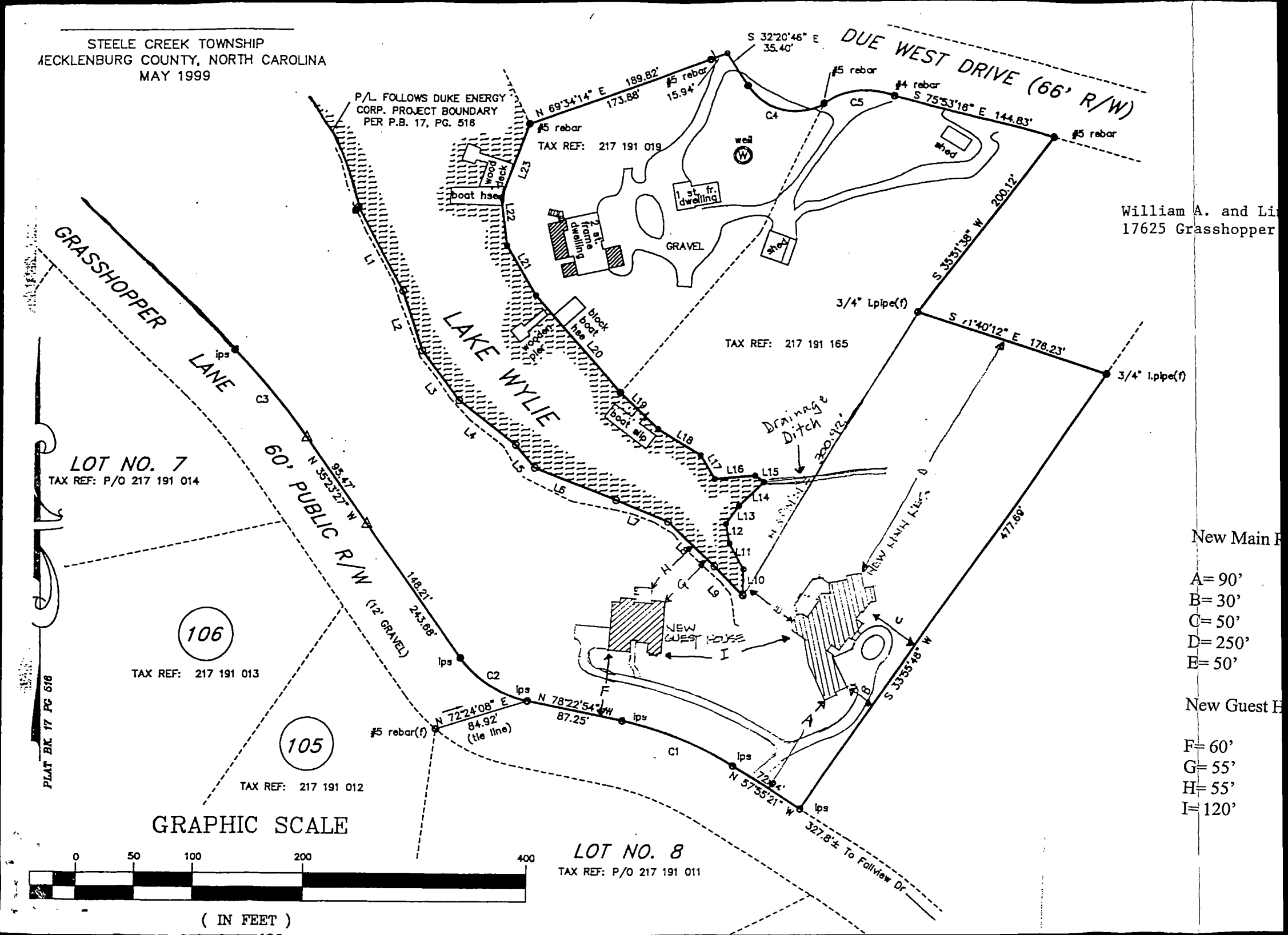
4 lines x 100' x 3' Type III b Innovative System (E-Z Flow)

Pressure Manifold / NEMA 4X Simplex Control Panel

Jeremy P. Michelone

Environmental Health Specialist

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



William A. and Li
17625 Grasshopper

New Main F

A= 90'
B= 30'
C= 50'
D= 250'
E= 50'

New Guest H

F= 60'
G= 55'
H= 55'
I= 120'

6. GROUND ABSORPTION FIELDS:

a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐	
b. Minimal ponding in subsurface trenches?	☒	☐	☐	
c. Surface water being effectively diverted away?	☒	☐	☐	
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐	
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐	6.d. Keep large vegetation trimmed
f. Protected from traffic, destructive uses?	☒	☐	☐	over drainfield area.
g. Distribution devices in good condition, working properly?	☒	☐	☐	
h. Repair area properly reserved, maintained?	☒	☐	☐	

A. LOW PRESSURE PIPE DRAIN FIELDS:

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

OVERALL CONDITION AND OPERATION OF SYSTEM:

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

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

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

None

***REPAIR WITHIN N/A DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

*The MCHD recommends having the tanks (septic & dosing) pumped out every 3 to 5 years to remove excess solids.

*Please visit http://groundwater.charmeck.org for additional information.

DATE: 05/17/2006

SIGNED: _____ AGENT

Division of Environmental Health

Trevor Thomason, R.S.

(704) 336-5568