

2001 MCKEE RD

23121862

12/19/2007

duponbj

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

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 - NITRATE ONLY

Name of System: Franks, Charlie
Address: 2001 McKee Rd.
Matthews, NC **Zip:** 28105
County: MECKLENB

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

ATTN: L. Thompson
(704) 336-5101

Source of Water: ground
Source of Sample:
Type of Sample: raw
Type of Treatment: none
Type of Analysis: NITRATE
Category: other

Collected By: L. THOMPSON **Date:** 10/18/1999 **Time:** 2:40:00 PM
Location of sampling point: kitchen tap
Remarks: III B

Parameters	Results	Units	Date Analyzed:
Nitrite as N	<0.10	mg/l	10/19/199
Nitrate as N	1.33	mg/l	10/19/199

EXPLANATION OF RESULTS:

Foster/Therapeutic Homes: Nitrate-N level acceptable if less than or equal to 10 mg/l
Private Well Guidelines: Nitrite-N level should be ≤ 1.0 mg/l and Nitrate-N ≤ 10.0 mg/l

Date Received: 10/19/199 **Report Date:** 10/21/199 **Reported By:**
Today's Date: 10/21/199 **Reference:** 16007 **Sample Number:** AA24894

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	0.05 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

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: Franks, Charlie
Address: 2001 McKee Rd.
Matthews, NC
Zip: 28105
Source of Water: ground
Source of Sample:
County: MECKLENB
Type of Sample: raw
Report To: Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202
ATTN: Larry Thompson
(704) 336-5101
Type of Treatment: none
Type of Analysis PRIVATE
Courier: 05-16-21
Collected By: L. THOMPSON
Date: 10/18/1999
Time: 2:40:00 PM
Location of sampling point: kitchen tap
Remarks: IIIb

Parameters	Results	Units	Date Analyzed:
Alkalinity as CaCO3	30	mg/l	10/19/199
Arsenic	<0.01	mg/l	10/19/199
Calcium	4.1	mg/l	10/19/199
Chloride	<5	mg/l	10/19/199
Copper	0.37	mg/l	10/19/199
Fluoride	<0.10	mg/l	10/19/199
Iron	<0.05	mg/l	10/19/199
Hardness as CaCO3 (Ca,Mg)	15	mg/l	10/19/199
Magnesium	1.2	mg/l	10/19/199
Manganese	<0.03	mg/l	10/19/199
Lead	<0.005	mg/l	10/19/199
pH	6.6	Std. unit	10/19/199
Zinc	<0.05	mg/l	10/19/199

Date Received: 10/19/199
Today's Date: 10/21/199
Report Date: 10/21/199
Ref: 15986
Reported By:
Sample Number: AA24873

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	0.05 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

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

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

Mecklenburg — Health Department
Name of Establishment — 1076B — Permit/Project No.
2001 McKee Road — Location
residence — Type of Establishment
360gpd — Design Flow
Charlie Franks 2001 McKee Road, Matthews, NC 28105 — Owner/Agent — Address — Phone
N/A — Operator — Address — Phone
Remarks: IIIb

	Yes	No	REMARKS
1. ESTABLISHMENT:			
Type, size, and sewage flow in accordance with permit?	☑	☐	
2. COLLECTION SYSTEM:			
No evidence of leaks into or out from sewer lines/manholes?	☐	☐	
Free of blockages/solids buildup in lines or manholes?	☐	☐	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):			
Tank risers accessible and surface water diverted?	☑	☑	
Tanks and access manholes structurally sound, watertight?	☑	☐	Recommend following guidelines in brochure to determine septic pumping frequency
Sanitary tee(s) in good working condition?	☐	☐	
Tanks pumped, cleaned out as needed?	☐	☐	
4. RAW SEWAGE LIFT STATION (if present):			
Required pumps present, operating, and cycling properly?	☐	☐	
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☐	☐	
PUMP SYSTEMS:			
Required pumps present, operating, and cycling properly?	☑	☑	
High-water alarm present and operating properly?	☑	☐	
Floats/pipe/valves/disconnects in good working condition?	☑	☑	
Control panel enclosure/components in good condition?	☑	☐	
Elapsed time readings: _____ _____ _____ _____			
SIPHON SYSTEMS:			
No evidence of overflow or siphon leakage?	☐	☐	
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	
6. GROUND ABSORPTION FIELDS:			
No evidence of effluent surfacing/reaching surface waters?	☑	☐	
Minimal ponding in subsurface trenches?	☑	☐	
Surface water being effectively diverted away?	☑	☐	
Diversions/ditches/swales/tile drains properly maintained?	☑	☐	
Line cover/vegetation adequate/maintained as needed?	☑	☐	
Protected from traffic, destructive uses?	☑	☐	
Distribution devices in good condition, working properly?	☑	☐	
Repair area properly reserved, maintained?	☑	☐	
LOW-PRESSURE PIPE DRAIN FIELDS:			
Turnups/cleanouts/valves intact and accessible?	☐	☐	
No effluent standing in lower laterals?	☐	☐	
Laterals free of excess solids, cleaned out as needed?	☐	☐	
Pressure head is properly adjusted?	☐	☐	

OVERALL CONDITION AND OPERATION OF SYSTEM: Looks good.

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)

DATE: 10-18-99 SIGNED: Larry B. Thompson J. R.S. AGENT
Division of Environmental Health

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

– over –

SUMMARY OF IMPROVEMENTS NEEDED (cont.)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

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

violations: _____
[Law or Rule(s)]

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

IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

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

_____
[Law or Rule(s)]

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

This the _____ day of _____, 19 _____.

_____ Agent
DIVISION OF ENVIRONMENTAL HEALTH

INSTRUCTIONS

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

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

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

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

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

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

Mecklenburg County Public Health Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

IIIb

Microbiological Analyses

Owner, System or Establishment: Charlie Franks

Address: 2001 McKee Rd

Matthews, NC Zip: 28105

Collected By: L. Thompson

Date Collected: 10-18-99 Time: 2:45 AM (PM)

Sample Source: Kitchen tap

Date Delvd. to Lab: 10-18-99 Time: 2:05 AM (PM)

Delivered By: LBT ☑ Received on Ice Initials LPC

Type of Sample

Potable Water

☑ Individual Well ☐ Non-Community

☐ Community ☐ City

☐ Other (specify)

Treatment ☐ chlorinated ☑ nonchlorinated

☑ Initial Sample ☐ Recheck (chlorinated)

☐ Recheck (nonchlorinated)

☐ Other (specify) _____

Nonpotable Water

☐ Surface

☐ Storm ☐ Other (specify) _____

Analysis Requested: ☑ Total Coliform ☐ Fecal Coliform ☐ Fecal Strep ☐ Enterococcus

☐ Sulfate Reducing Bacteria ☐ Pseudomonas aeruginosa

☐ Other (specify) _____

☐ Food Analysis (specify) _____

Comments: _____

Laboratory Analysis Report

Method: _____ Membrane Filter ✓ Colilert _____ Multiple Tube Fermentation

Total Coliform Absent /100 ml.

Fecal Coliform Absent /100 ml.

Fecal Strep _____ /100 ml.

Enterococcus _____ /100 ml.

Non-Coliform _____ /100 ml.

Plate Count _____ /gm. or ml.

Coliform Count _____ /gm. or ml.

Pseudomonas aeruginosa _____ /100 ml.

Laboratory Comments:

Date Received: 10/18/99 Date Reported: 10/19/99

Received By: MLO Analyst: MB Lab #: 487

Laboratory Identification #: 37518 DEHNR Division of Laboratory Services
#: 449 DEM

L 1.14 1/92
Rev. 10/96
4319

White - Lab Report Copy Yellow - Lab File copy

Mecklenburg County
Health Department

October 22, 1999

Charlie and Willie K. Franks
2001 McKee Road
Matthews, NC 28105

Re: Water Sample Results

Dear Mr. and Mrs. Franks:

Enclosed you will find the laboratory analysis of the well water sample that was collected at your residence on October 18, 1999.

The laboratory analysis of the well water sample was reported to be negative for coliform bacteria.

The inorganic water sample results are not yet available. I will forward a copy of those results to you just as soon as I receive them from the State Laboratory. If you have any questions concerning this matter, please contact me at 336-5568.

Sincerely,

Larry B. Thompson, Jr., R.S., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure

MAINTENANCE INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

Charlie & Willie K. Franks
2001 McKee Road
Matthews, NC 28105

Please Make Check Payable To:

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

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File #	#Bedrooms	System Type
Charlie & Willie K. Franks	2001 McKee Road	231-071-24	1076B	3	IVA

Total Amount Due: $85.00

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

Name Willie F. Franks

Site Address 2001 McKee Rd.
Matthews, N.C. 28105

Bedrooms 3

Paid 85.00 Check 3775 10/7/99 SC

BILL INFORMATION

Billing Date	Payment Due Date
6/24/99	7/26/99

10-18-99 Nemra 4x looks good

Direct Questions Concerning This Bill To ..... (704) 336-5102

☑ *Please check if you have a well.*

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

DO NOT SEND CASH

MAINTENANCE INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

Charlie & Willie K. Franks
2001 McKee Road
Matthews, NC 28105

Please Make Check Payable To:

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

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DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File #	#Bedrooms	System Type
Charlie & Willie K. Franks	2001 McKee Road	231-071-24	1076B	3	IVA

Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

Bedrooms _____

BILL INFORMATION

Billing Date	Payment Due Date
6/24/99	7/26/99

Direct Questions Concerning This Bill To ..... (704) 336-5102

☐ *Please check if you have a well.*

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

DO NOT SEND CASH

10763/9046A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$200.00 Ck# 7/12/93 CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: FRANKS (last) Charlie (first) L (mi)
ADDRESS: 1031 Log Cabin. PHONE: 704 5978090
CITY: Charlotte. STATE: NC ZIPCODE: 28213

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: PO 231-071-01
STREET ADDRESS: 2001 McKee RD
Matthews, NC.
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

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

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Charles L Franks Date: 7-12-93

NOTICE:

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 Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

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

...This permit is not transferable.

...3 bedroom conventional with Low Pressure Repair.

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

Jon H Ewell, RS. 6-9-94
Environmentalist Date

P. Walkup for S. Daniel 6/13/94
Director or Authorized Section Head Date

WWATER : 122791

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 1076B/9048A DATE: 11/11/94

TC: 231 071 01 ☐ L ☒ CRT

SERIAL Nº 14354

231-071-24

Name of Owner Charlie Franks Juris.:

Address of Property 2001 McKee Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 5 @ 80'

Cover Depth 10" - 18"

Water Supply Source well

Distance to Water Source 250'

Excavation Inspected 11/11/94

Tank(s) Inspected 11/11/94

Wash Line Inspected —

High Water Alarm Inspected 11/11/94

PLOT

Design: 1994, 1500ST, 1000PT, PI, 1200SFT, 12" stone ceil CTR# RCS

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 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The 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 10 NCAC 10A .1900 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.

COMMENTS: Septic system designed for 3 bedroom residence

II

Philo S. Walker R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

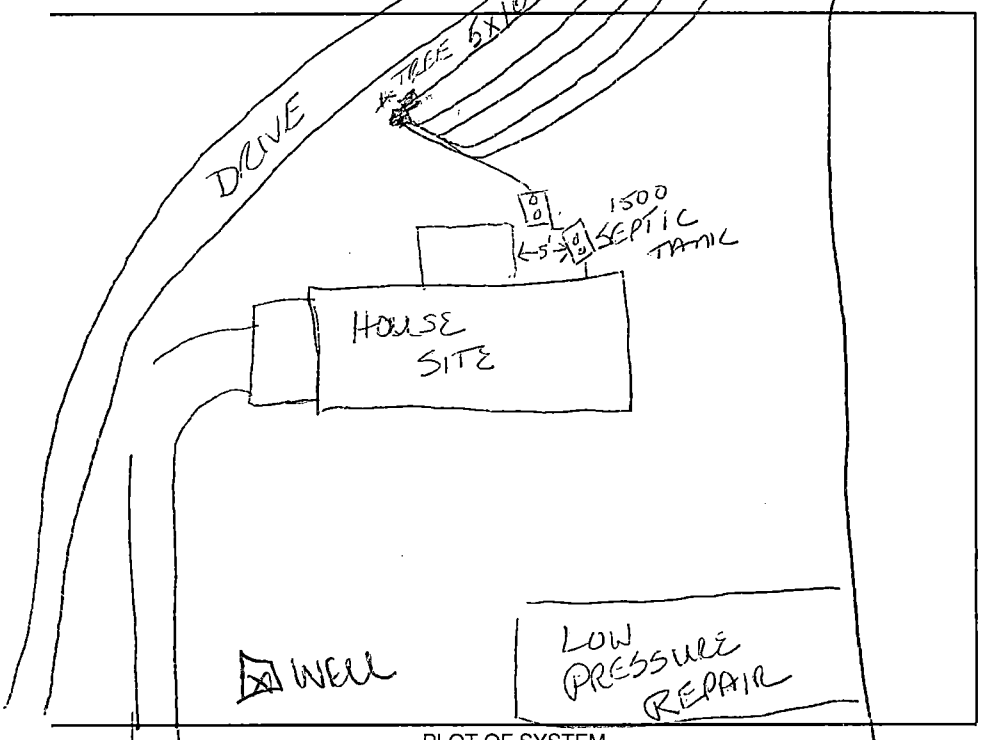
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1076B/9048A DATE: 10/26/94

TC: 231 071 01 ☐ L

SERIAL № 16077

Permission is hereby given to ✓ Install or Construct, ✓ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated _____. All work shall be completed on or before _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

↓ McKee Rd.

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 —

Total Line Length 533 feet

Number of Lines 5

Depth of Stone 12 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 CHARLIE FRANKS

LOCATION OF PROPERTY 2001 McKEE Rd.

Comments: 1500 SEPTIC TANK, 1000 PUMP TANK WITH 5 TRENCHES @ 3x10'x12". KEEP TRENCHES SHALLOW AT 24" WITH INSTALLATION OF LINES ON CONTOUR. (2) [redacted] BOXES 8-HOLES [redacted]

David H Newell, R. S.
Environmental Health Specialist

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

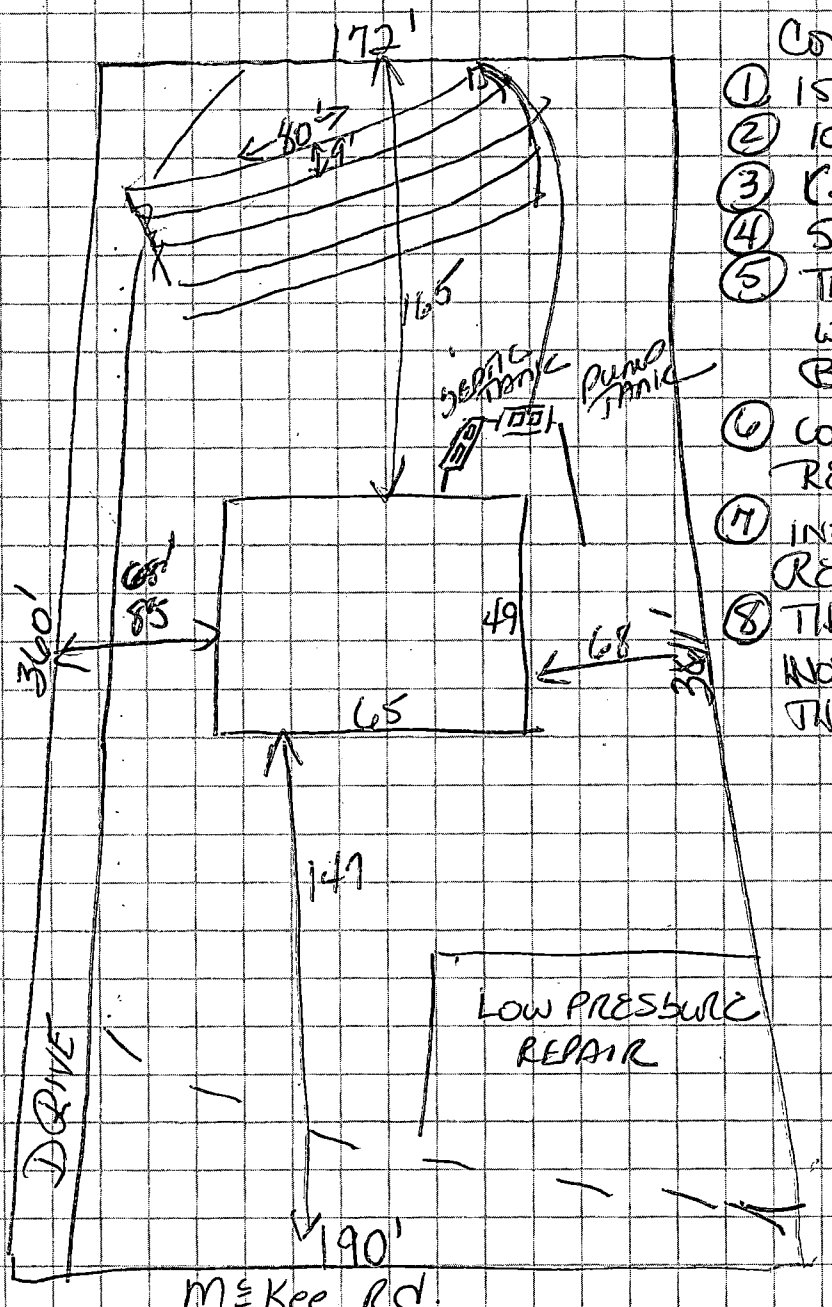
PROPOSED PLOT PLAN

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

FILE: 1076B | 9048A

TC: 231-071-01

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



COMMENTS:

1. 1500 SEPTIC TANK
2. 1000 PUMP TANK
3. (2) D BOXES
4. 5 @ 3 X 80 X 12"
5. TRENCHES 20" DEEP WITH 6" SOIL COVER BROUGHT IN.
6. LOW PRESSURE REPAIR REQUIRED (SEE PLAN)
7. INSTALLATION APPROVAL REQUIRED.
8. THERE SHALL BE NO DEVIATION FROM THIS PLANT.

APPROVAL DATE 6/8/94

Charlie L Grake

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

R. C. S., Inc.

Septic Tank Installation & Service

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

To: Toni Newell

From: Cathy Hudson

Number of Pages To Follow: 2

R. C. S., Inc.

Septic Tank Installation & Service

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

Charles Frank
McKee Road

Daily waste flow 360 gal.
Septic tank size 1500 gal.
Pump tank size 1000 gal.
Effluent loading rate .15 gal./ft.²/day
Total length of lines 480 ft.
Lateral diameter 1¼", sch. 160
Lateral configuration 8 x 60 ft. lines
Supply line length 150 ft.
Supply line diameter 2", sch 40
Manifold placement side
Hole size 5/32"
Hole spacing 5 ft.
Number of holes 96
Pressure head 3 ft.
Flow per hole .5 gpm
Total flow 48 gpm
Elevation head 7 ft.
Friction head 7.16 ft.
Pressure head 3 ft.
Total head 17.16 ft.
Pump requirements 48 gpm @ 17.16 ft. of head

Storage vol. laterals 36 gal.
Storage vol. supply line 24.3 ga.
Total storage 60.3 gal.
Dosing vol. 204.3 gal.
Dosing depth 9.6 in.
Check valve yes

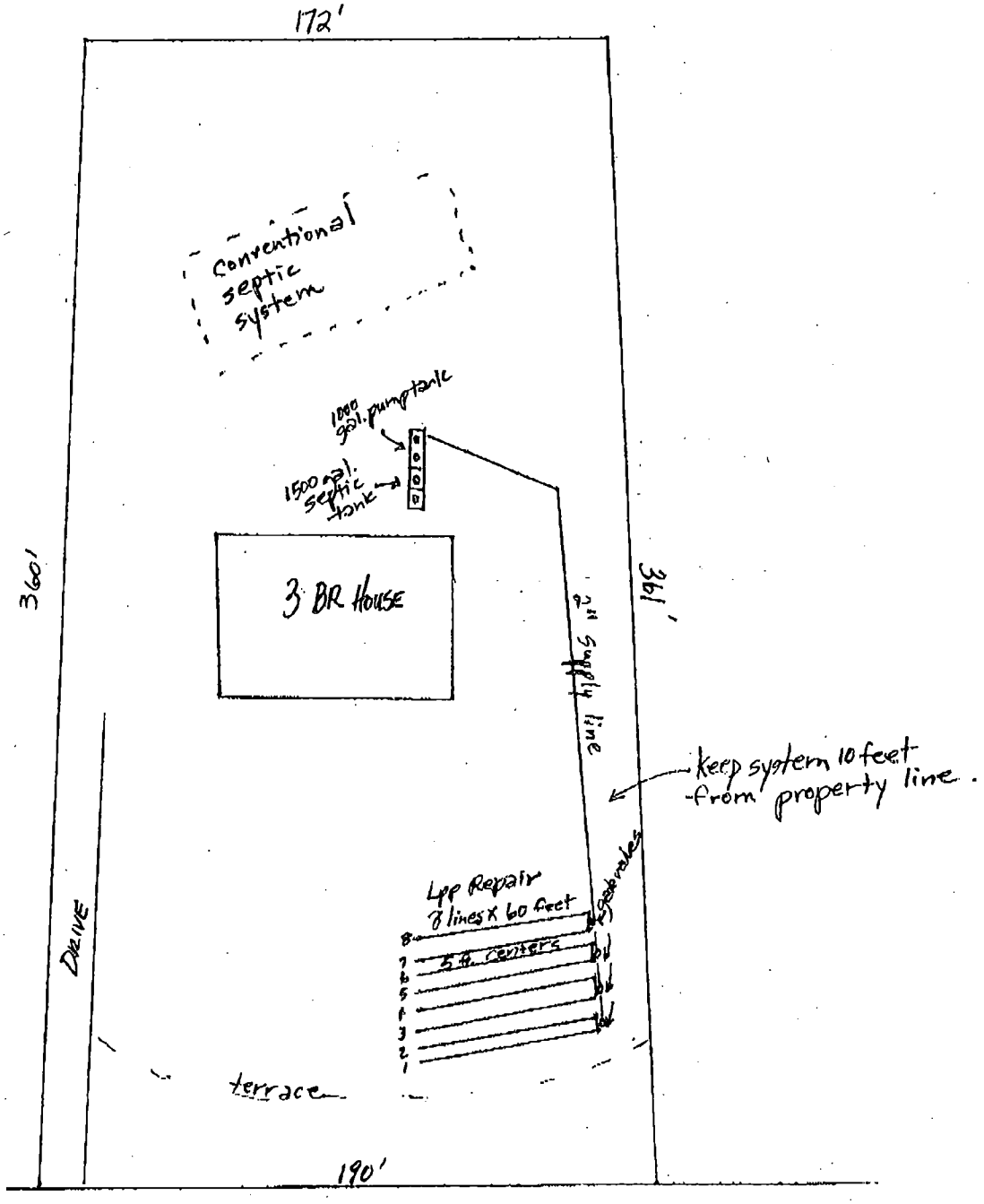
Line	Hole spacing	No. Holes	Flow/ hole	Flow/ line	First hole	Pressure head
1	5'	12	.50	6.0	30"	3'
2						
3						
4						
5						
6						
7						
8						

R. C. S., Inc.

Septic Tank Installation & Service

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

Charles Frank
McKee Road



DATE 6/16/94

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Mock

231-071-01 po
PARCEL NUMBER

2001 [redacted] McKee Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	APPROVED	NOT APPROVED
2. FLOODWAY REGULATIONS	APPROVED	NOT APPROVED
3. WATERSHED PROTECTION	APPROVED	NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	APPROVED	NOT APPROVED
5. PUBLIC UTILITY EASEMENT	PRESENT	NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	YES	NO
7. DRIVEWAY PERMIT REQUIRED	YES	NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	YES	NO

REMARKS: D. Idlewild Park

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: [signature]

REVISED 1/91

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

OWNER'S ACKNOWLEDGMENT OF MODIFIED/ALTERNATIVE REPLACEMENT SYSTEM REQUIREMENT

Site Address: 2001 McKee Rd.

File Number: 10716B / 9048A

Parcel Number: 231-071-01

Owner/Agent Name: CHARLES L. FRANKS
(Please print)

Date: 5/27/94 Number of Bedrooms: 3

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

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

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

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

By signing this form, and signing and recording in the Mecklenburg County Register of Deeds Office the attached reclassification form entitled, **"ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM *"UNSUITABLE" TO "PROVISIONALLY SUITABLE"* UNDER 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c)**, you, the property owner,

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

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

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

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

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

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

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

Toni H Ewell R.S. — 5/27/94

Environmental Health Specialist — Date

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

Charles Frank + Millie K. Franks — 6-3-94

Property Owner Signature — Date

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

COPY

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM *"UNSUITABLE" TO "PROVISIONALLY SUITABLE"* UNDER 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c)

FILE # 1076B/1948A
PARCEL # _____

The undersigned, Willie K. Franks & husband Charlie Franks, owner of property located at 2001 McKee Road, (the "site") and described in an instrument recorded in Book 7778 at Page 172, 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 his responsibility 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: _____
Mail after recording to: _____
_____

BK: 07801 PG: 0903/0906 $:0205 14.00
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 06/03/94 11:36

RBCWM:2662_1/3-14-94

- 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.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

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 3rd day of June, 1994.

_____ (SEAL)
(Corporate Name)

_____ (SEAL)

By: _____ _____ (SEAL)

_____ President _____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

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

WITNESS my hand and notarial seal, this 3rd day of June, 1994

_____
Notary Public

My Commission Expires:
1-22-99

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:

_____

Mecklenburg County

Health Department

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

July 08, 1993

Ms. Elizabeth H. Kirkpatrick
1927 McKee Road
Matthews, NC 28105

Re: Property located at ~~1929~~ 2001 McKee Road
File: 1076B/9048A
Parcel: 231-071-01

Dear Ms. Kirkpatrick:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified **UNSUITABLE** for the installation of such a system. A copy of the site evaluation report (Serial No. 19422) is enclosed for your information.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 15A NCAC 18A .1957 (c) are met. A reprint of this section is enclosed for your information.

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

If you need any assistance, please feel free to call Mr. Bill Marlin at 336-5574.

Sincerely,

Kelly Randall

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

KR/wpg
Enclosure (2)

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19422

File: 10 76 B/9049A Action 2

Parcel: 00 231-07/-01 ☐ PC

Location: 1929 McKee Road

Subdivision:

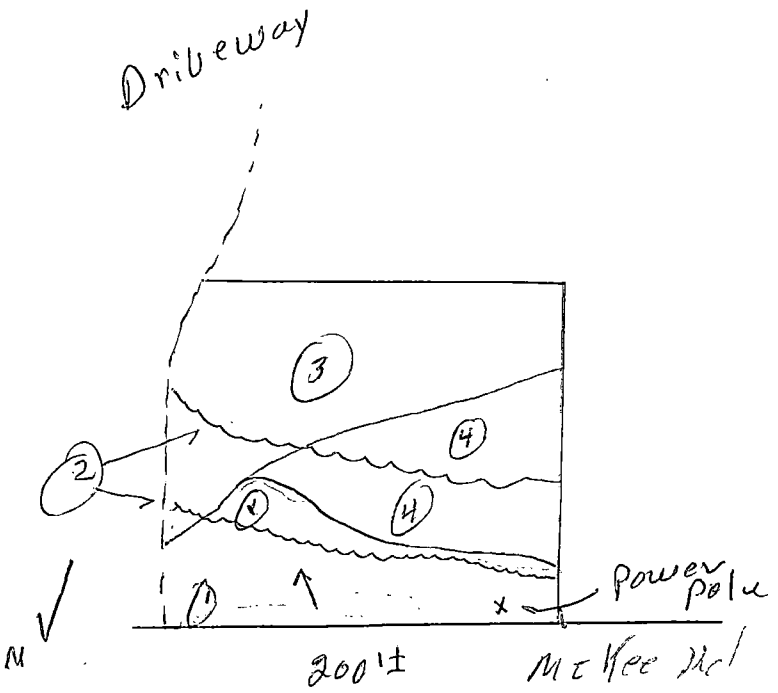
Lot: Block: Acres: Approx 1.0

Owner: Elizabeth H. Kirkpatrick
Address: 1929 McKee Road
Matthews N.C. 28105

Comments: 100% Repair, .3 gal/ft²/day LTAR, would need pump (probably) ~~Applicant~~ Possible Platy structure

Described by: William A. Marlin

Date: 7-17-93



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

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-8%	S PS (U) Terraces	S PS (U) Depression	(S) PS U 2-8%	S PS U	S PS U
Texture slightly Expansive clay	(S) PS U	S PS U —	S PS U —	S PS (U) Expansive clay	S PS U	S PS U
Structure sub-L Blocky	S (PS) U	S PS U —	S PS U —	S PS (U) see Note	S PS U	S PS U
Drainage	S (PS) U 74" to water	S PS U —	S PS U —	S (PS) U 736" to water	S PS U	S PS U
Depth	S (PS) U 48"+	S PS U —	S PS U —	S PS (U) 24-30"	S PS U	S PS U
Restrictive Horizons	S (PS) U 48"+	S PS U	S PS U —	S (PS) U 736"+	S PS U	S PS U
Available Space somewhat restricted	S PS (U)	S PS U —	S PS U —	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IIC Badin/Tirzah	Terraces	Depression	Vance-Urban Land		
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

Check $250.00 06/28/93

FAX

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

1076B/9048A

[] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

COPY

Date: 6-20-93

PERSON FILING APPLICATION:
NAME: * Charlie Franks
(last) (first) (mi)
ADDRESS: 1031 Log Cabin PHONE: (704) 5978090
CITY: Charlotte STATE: NC ZIPCODE: 28213

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 231-071-01
STREET ADDRESS: 1001 ~~1927~~ McKee Rd.
MATTHEWS, NC 28105
ZONING:

PROPERTY OWNER:
NAME: Kirkpatrick Elizabeth H
(last) (first) (mi)
ADDRESS: 1927 McKee Rd. PHONE: (704) 847-0822
CITY: MATTHEWS STATE: NC ZIPCODE: 28105

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[X] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 6 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Elizabeth Kirkpatrick Date: ✓ 6-20-93

NOTICE:

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

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

...This permit is not transferable.

...

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

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

* Mail records to:

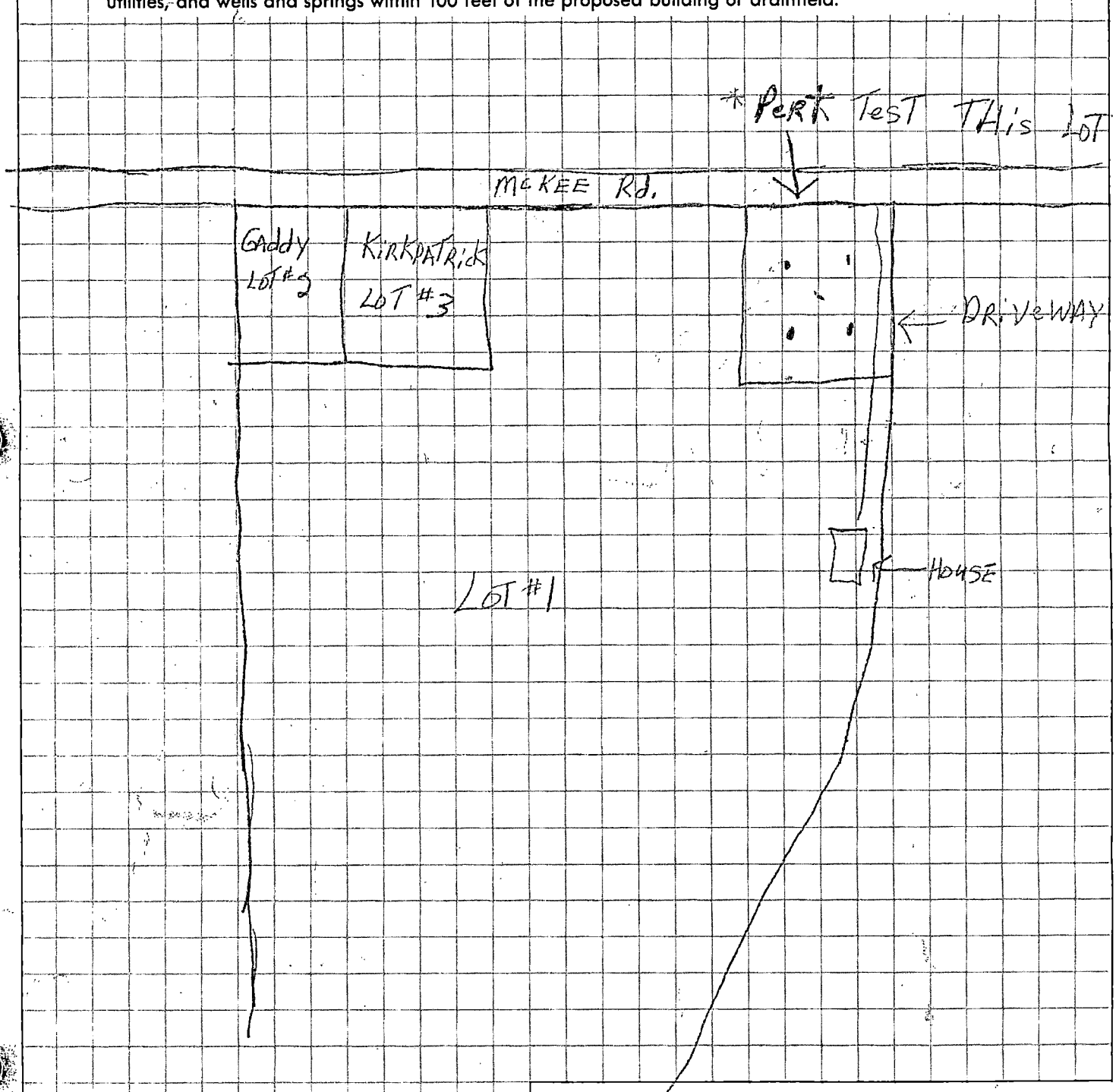
PROPOSED PLOT PLAN

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

FILE: 1076B19048A

TC: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

Cash $30.00 06/28/93

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

10-76B/904BA

[] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: * ~~[illegible]~~ Charlie Franks
(last) (first) (mi)
ADDRESS: 1031 Log Cabin PHONE: (704) 5978090
CITY: Charlotte STATE: NC ZIPCODE: 28213

Date: 6-20-93

PROPERTY OWNER:
NAME: Kirkpatrick Elizabeth H
(last) (first) (mi)
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CITY: Matthews STATE: NC ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 231-071-01
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Matthews, NC 28105
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
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[] SOIL TEST DEVELOPMENT (P)
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[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

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SYSTEM CLASSIFICATION:

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Type Business _____ # Employees ___ Per Shift ___ ___ ___
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Signed: Elizabeth Kirkpatrick Date: 6-20-93

NOTICE:

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_____
Environmentalist Date

_____
Director or Authorized Section Head Date

WWATER : 122791

* mail results to:

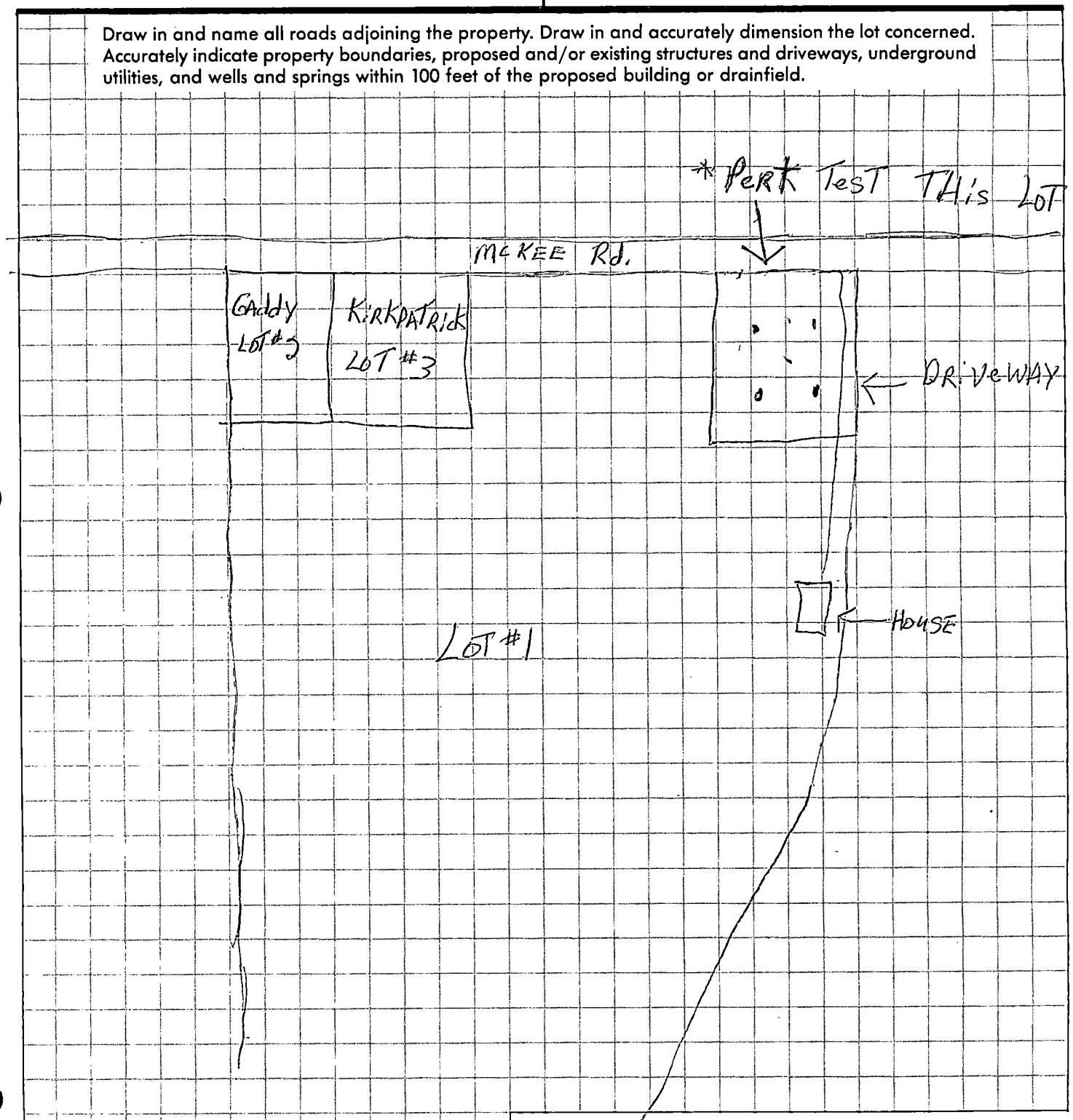
PROPOSED PLOT PLAN

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

FILE: 1076B19048A

TC: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

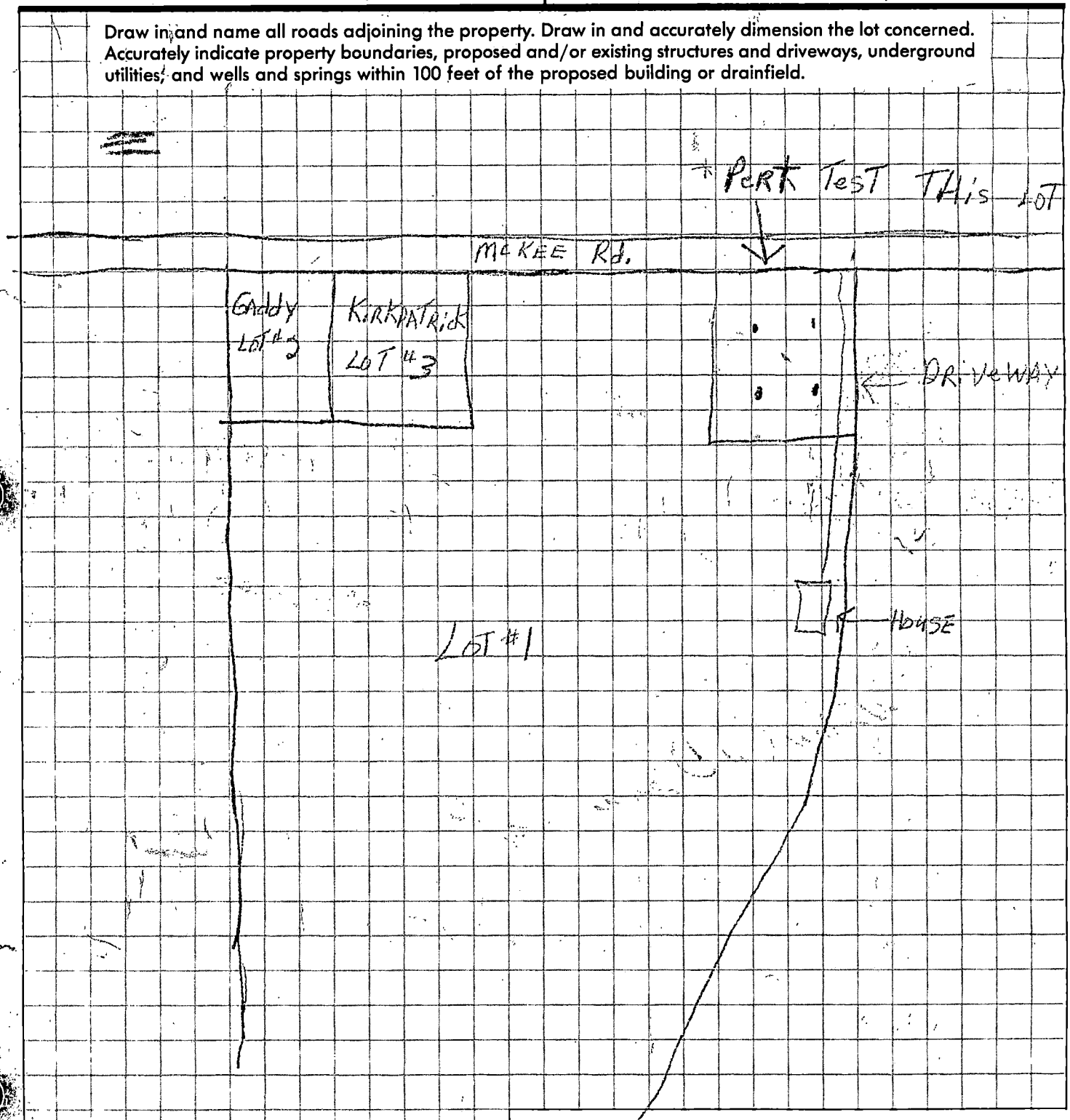
PROPOSED PLOT PLAN

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

FILE: 167B/904SA

TC: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE _____

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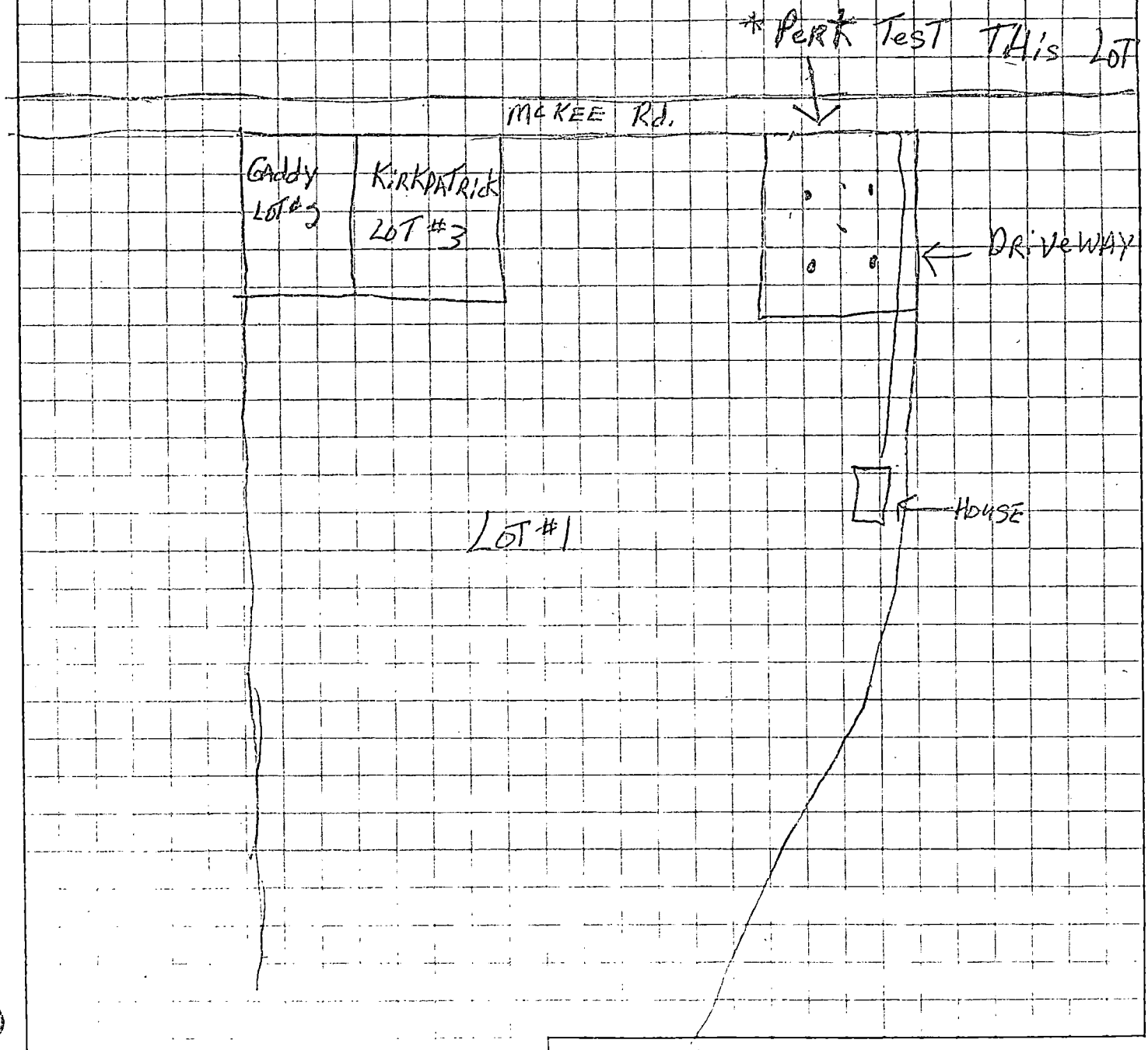
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1076B|9048A

TC: _____

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APPROVAL DATE _____

Mecklenburg County
Health Department

June 23, 1999

Charlie and Willie K. Franks
2001 McKee Road
Matthews, NC 28105

Dear Mr. and Mrs. Franks:

This letter is being sent to all home/business owners in Mecklenburg County with septic tank systems that utilize pumps. In 1990 the North Carolina Administrative Code governing septic tank systems was amended to require routine maintenance and inspection of certain septic tank systems. Research conducted on septic tank systems has shown that properly maintained systems perform better and protect the home/business owner's investment. These State rule changes required local health departments to perform additional inspections without additional resources. During the 1998-99 budget hearings, the Mecklenburg County Board of County Commissioners (BOCC) approved user fees to offset costs and to allow the local health department to comply with mandatory enforcement requirements in the State regulations.

Since you have a pump system, these new rules and fee requirements affect you. The fee is $85.00 and is due upon receipt of this notice. We will visit your property and make assessments and recommendations for the continued efficient operation of your septic tank system. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The process, including fee assessment, will be repeated every five (5) years. The fee amount may change in the future.

We are excited about the interest and support demonstrated by the BOCC. Past performance in this area was more enforcement oriented rather than supportive. One of our goals is to establish our department as a resource to you to aid and assist you with this and related public health concerns. The inspection program and the water analysis are important to the health of you and your family. This is a very important initiative intended to protect the public's health while improving and preserving our groundwater resources.

Your prompt fee payment will activate our inspection process. Your comments and questions regarding this matter are encouraged and welcomed.

Sincerely,

Larry B. Thompson, Jr., R.S.

Larry B. Thompson, Jr., R.S., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure

cc: Fiscal Services Manager, HMHCS

MAINTENANCE INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

PAST DUE NOTICE

Charlie & Willie K. Franks
2001 McKee Road
Matthews, NC 28105

Please Make Check Payable To:

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

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File #	#Bedrooms	System Type
Charlie & Willie K. Franks	2001 McKee Road	231-071-24	1076B	3	IVA

Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

Bedrooms _____

BILL INFORMATION

Current Date	Billing Date	Payment Due Date
7/27/99	6/24/99	7/26/99

Direct Questions Concerning This Bill To ..... (704) 336-5102

☐ *Please check if you have a well.*

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

DO NOT SEND CASH