CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 33451 DATE: 3-28-93
TC: 111-09[illegible]-16 ☒ L ☐ CRT
SERIAL Nº 15136

Name of Owner Randy Carder Juris.:
Address of Property 5101 Tanewood Ct.
Inspection Date:
Tank Material PCC
Total Length of Drainfield 535'
Number of Lines 5 @ 107' each
Cover Depth 12
Water Supply Source well
Distance to Water Source 50'+
Excavation Inspected 3-22-93
Tank(s) Inspected ~~installed~~ 5 pump tank 3-22-93
Wash Line Inspected
High Water Alarm Inspected 3-22-93

PLOT

Design: 1993 pump to carry 3 bdr at 3'x107' each; 1500 gal, 1000 gal. Randy Carmichael CTR# 113
⅓ hp Gould pump, all bdrm lease.

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: 4 bdrm house
Supply line 51'55' to well at closest point a power from house not to alarm at time of inspection
Type III

Susan [illegible]
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

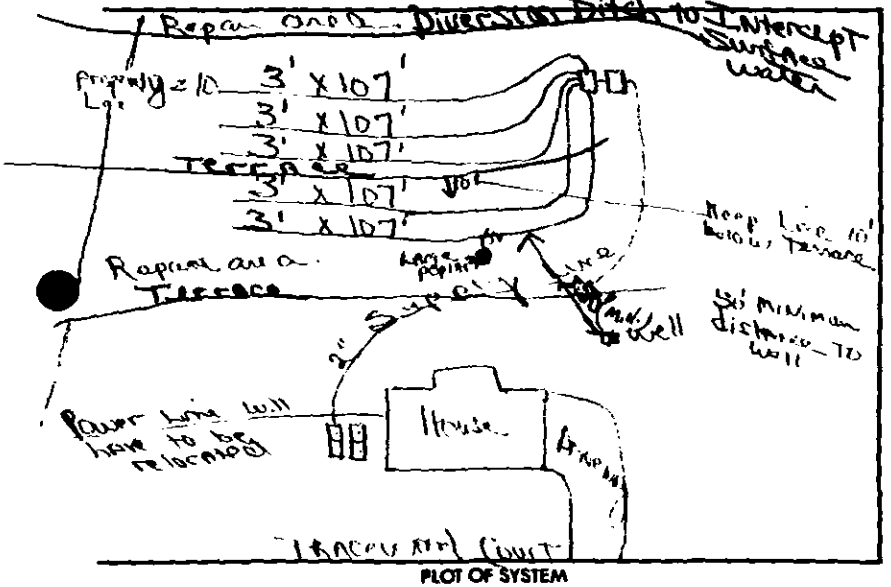
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4403

FILE: 3345A DATE: 2/28/95

TO: [illegible]

SERIAL Nº 14481

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 2/28/95. All work shall be completed on or before 2/28/97, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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 (Previously Installed)

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction [illegible]

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 535' feet

Number of Lines 5

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well ≥50' feet

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

Comments: Set pump tank with 2 D Boxes, Install 5 laterals 3'X107' 12" Stone. Keep Out Of Area & Grading Until Complete. Maintain New Ay Power Lay With Clearance Required.

Division or Section Head

Environmentalist

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

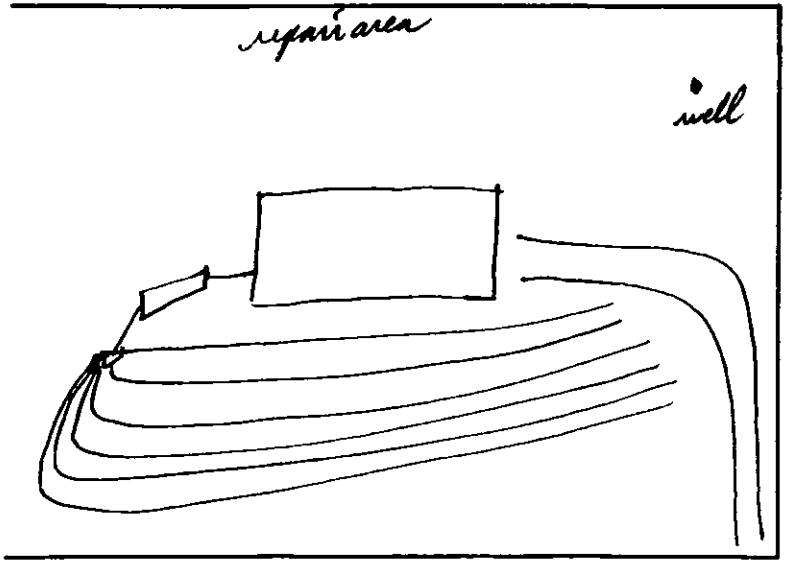
WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

FILE: 3345-A DATE: 11-19-92
TC: 111-091-16 L
SERIAL Nº 13567

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 5-19-92. All work shall be completed on or before 12-19-92, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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 _____ gallons
Tank Construction RCC

Absorption and/or Nitrification Lines:
Trench Width 3 feet
Total Line Length 540 feet
Number of Lines 6
Depth of Stone 12 inches
Distance from House 5 feet
Distance from Property Line 10 feet
Distance from Well 750 feet

NAME OF OWNER Randy Carder
LOCATION OF PROPERTY 5101 Tracewood Court
Comments: 6 lines 3'X 90'X 12" stone

Division or Section Head

B. R. Ferguson
Environmentalist

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

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

Mecklenburg County
Health Department

Betty S. Smith, R.N., M.P.A.
Health Director

December 31, 1992

Mr. Randy H. Carter
2403 Willowbrook Drive
Matthews, N. C. 28105

Dear Mr. Carter:

Re: 5101 Tracewood Court, File #3345A

This is to notify you of our intent to revoke your improvement permit sixty (60) days from the date of this notice for the following violations:

> Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal, 15A NCAC 18A .1900, General Statutes 130-A-335 (f), 130A-336 (b), and 130A-337 (a) and .1955 Design Criteria For Conventional Sewage Systems (a), (b), (c) and (d). A copy of the Rules cited is enclosed for reference.

You may request an informal review of this decision by the Department of Environment, Health and Natural Resources by contacting the health department at the address below. You have the right to a formal appeal of this decision if you file a petition for a contested case hearing with the Office of Administrative Hearings, P. O. Drawer 27337, Raleigh, N. C. 27611-7447. A petition form will be provided to you upon request. The petition must be received by the Office of Administrative Hearings within 60 days after the date of this notice.

If you file a petition for a hearing, you must send a copy of the petition to Mr. John C. Hunter, Office of General Counsel, P. O. Box 27687, Raleigh, North Carolina 27611-7687.

Sincerely,

Judy J. Kiser, R.S.
Individual Water and Wastewater Systems
336-5571

Enclosure (1)
cc: Randy Bannister
Williams Septic Tank Service

DRHCO 3345-A

File # ~~42694~~

LD

Perc 5-12-92 #208 CRT

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

DRAFT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 214
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date:

PERSON FILING APPLICATION:

NAME: Carder (last) Randy (first) H (mi)

ADDRESS: 2403 Willowbrook Dr PHONE: (704) 882-1923

CITY: Matthews STATE: NC ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 111-091-16 PO

STREET ADDRESS: 5101 Treewood Ct

Charlotte NC 28215

ZONING:

PROPERTY OWNER:

NAME: Same (Carder Custom Homes) (last) (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: 58 LOT SIZE (in acres): ~2

[ ] 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: 4 NUMBER OCCUPANTS: 2

SYSTEM CLASSIFICATION:

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

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

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] 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: Randy H Carder Date: 5.19.92

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.

... Inspection required on septic area

[ ] 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 6-3-92 Date

Director or Authorized Section Head 6-4-92 Date

WATER : 122791

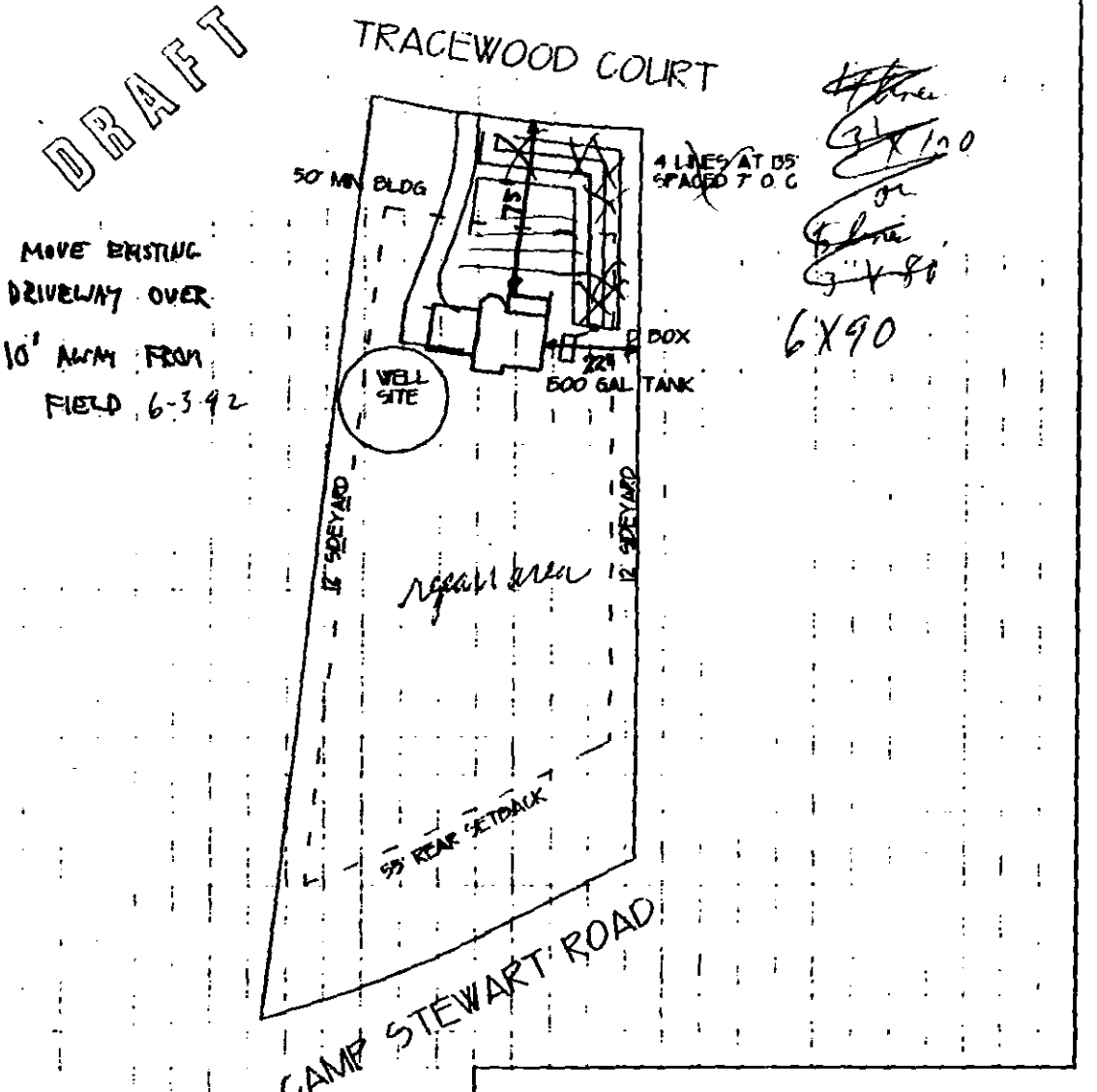
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4253A

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.

DRAFT



MOVE EXISTING DRIVEWAY OVER 10' AWAY FROM FIELD 6-3-92

Signed: 6-3-92

Date: _____

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 14033

File: 3345A Action 1

Parcel: 11109116PO ☐ PC

Location: Tracewood Court

Subdivision:

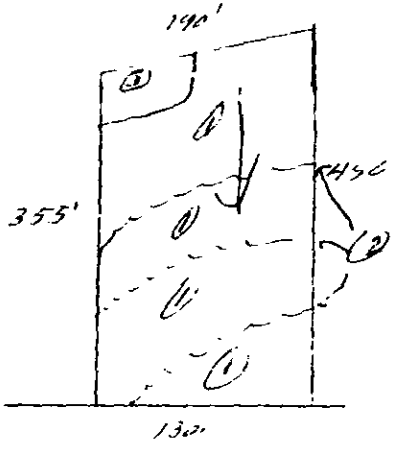
Lot: 58/1 Block: Acres: 1.4

Owner: Northlake Development Group, Inc.
Address: 3345 Mintwood Drive
Charlotte, NC 28212

Comments: System may need lift pump

Described by: William R. Marks

Date: 6-15-07



*** 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 2-10%	S PS (U) complex slopes	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U sl	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U granular	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U Mod to well drained	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36"+	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 36"+	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U adequate	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) F.11	S PS U	S PS U	S PS U
Soil Group/Series	WnB Cec-Ln-Ll	complex slopes	F.11			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

MECKLENBURG COUNTY

Department of Environmental Health

June 10th, 1987

Northlake Development Group, Inc.
3345 Mintwood Drive
Charlotte, NC 28212

RE: Property located at Tracewood Court 58/1
FILE: 3345A
PARCEL: 11109116PO

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the Site Evaluation Report (Serial Number 14033) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, 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. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Sincerely,

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

Enclosure

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 3345A

TC: 1110916

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Tracewood Ct.

② SUBDIVISION: NorthLake ③ LOT: SR ④ BLOCK: 1

⑤ PARCEL REFERENCE: BOOK NO.: 111 PAGE NO.: 09 PARCEL NO.: 16

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

OWNER

⑦ NAME: NorthLake (FIRST) Development (MIDDLE) Corp Inc (LAST)

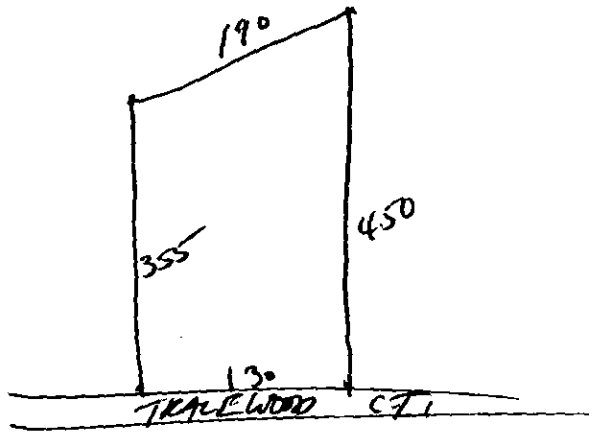
⑧ MAILING ADDRESS: 3345 Minfwood Dr.

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28212

⑫ PHONE: (WORK) 537-5576 (HOME) 545-9599

⑬ Accurately diagram and dimension lot.

Lot #58



⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: _____

Date: 5/20/87

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

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