

11120 BROKEN PEBBLE LN

13912990

12/20/2007

duponbj

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

N.C. Department of Environment & Natural Resources / Division of Environmental Health

NOTICE OF VIOLATION
ON-SITE WASTEWATER SYSTEM

☐ Certified Mail (Return Receipt) ☒ First Class Mail ☐ Hand Deliver

Owner: Angel Souto

Mailing Address: [redacted]

Occupant: Angel Sou 3/23/05

Location: 8:30 AM

☒ Residence STEVE PACE

You are hereby notifie Health Services or
Article 11 of Chapter 1 ce, place of
business, or place of p r wastewater
system is not in compl

On February 25, 2005 artment indicated
the following violations
Violat

A discharge of sewage to the surface of the ground or surface water.	G.S. 130A-335(a) 15A NCAC 18A. 1961(a)(1)(A).

You are hereby ordered to bring your wastewater system into compliance by completing the following:

☒ Install / Repair w
obtain a repair p
department prior

☐ Eliminate wastev
to an approved v

[SURFACE WATER CONCERNS]

8:30 AM
3/16/05
WELL SAMPLE

If the wastewater violatio e taken.

Failure to comply with la ı Relief [G.S.
130A-18], Administrative and Criminal
Penalties [G.S. 140-25].

You may contact J. Andr 28202,
(704) 336-5573 phone, (

STEVE PACE
980-722-8468

Notice Issued: 2-20-05 [signature], RSI
Date DENR/DEH Authorized Agent

Compliance: _____ _____
Date DENR/DEH Authorized Agent

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County **Health Department**	Souto Residence **Name of Establishment**	1226B **Permit/Project No.**
11120 Broken Pebble Ln., Mint Hill 28227 **Location**	3-Bedroom House **Type of Establishment**	360 GPD **Design Flow**
Angel Souto **Owner/Agent**	Same as location address **Address**	**Phone**
N/A **Operator**	N/A **Address**	N/A **Phone**
IIIb **System Type**	2/5/2009 **Next Inspection Due**	

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☐	☒	☐	1.a. Constant trickle of water into pump tank. Possible toilet/s leaking.
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?	☐	☒	☐	2.b. Effluent surfacing at distribution box.
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. Did not inspect sanitary tee.
d. Tanks pumped, cleaned out as needed?.....	☐	☒	☐	3.d. Pump septic tank.
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 12" of solids in pump tank. Pumping required.
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?	☒	☐	☐	5.A.d. Corrosion observed on contacts in control panel.
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?	☐	☒	☐	6.a.b. Effluent surfacing at d-box.
b. Minimal ponding in subsurface trenches?	☐	☒	☐	Drain lines are saturated.
c. Surface water being effectively diverted away?	☐	☒	☐	6.c. Surface water moving over drain
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐	field area.
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐	
f. Protected from traffic, destructive uses?	☒	☐	☐	
g. Distribution devices in good condition, working properly?	☐	☒	☐	6.g. Check d-box for blockage/damage.
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:

1. Effluent surfacing at d-box in right rear corner of property. Drain lines are saturated.
2. Washer line does not appear to be plumbed into a separate drain field.
3. Will issue NOV to ensure problems are corrected.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

1. Eliminate surfacing of effluent in drain field area.
2. Install surface water diversions to keep surface water from flowing over drain field.
3. Pump both tanks (septic & pump) to remove excess solids. The MCHD recommends pumping the tanks every 3 to 5 years.
4. Repair all leaking fixtures (toilets) in the house.

***REPAIR WITHIN 30 DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

***Well samples will be collected in March 2005, after $85 payment is received.

DATE: 2/25/2005

SIGNED: _____ REHS AGENT

Division of Environmental Health

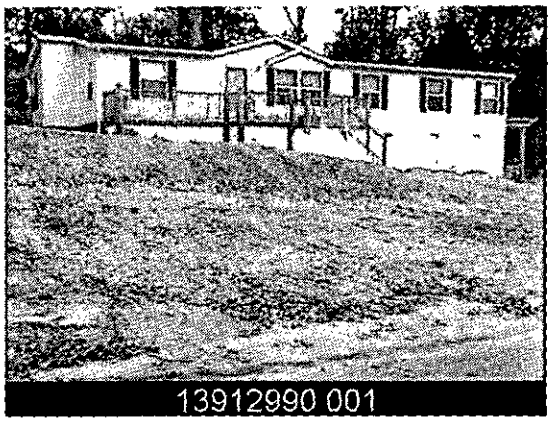
NO PAYMENT

Mecklenburg County, North Carolina
POLARIS
1226 B
Parcel Ownership and GIS Summary
Date and Time: 1/14/2005 9:29:45 AM

Parcel ID #: 13912990 GIS ID #: 13912990	
Owner Name:	ANGEL SOUTO
Mailing Address:	4200 BROOKSHIRE BLVD CHARLOTTE, NC 28216-3808
Property Characteristics	
Legal Desc.:	L27 M28-634
Land Area:	0.71AC
Fire District:	10-MINT HILL
Special District:	FIRE SERVICE F
Account Type:	INDIVIDUAL
Municipality:	0-MECKLENBURG COUNTY-UNINCORPORATED
Property Use:	MANUFACTURED
Deed Reference(s) and Sales Price	
10149-528 (12/30/1998) $20,000.00 10149-531 (12/30/1998) $25,000.00	
Situs Addresses Tied to This Parcel	
11120 BROKEN PEBBLE LN	
Site Location Information	
Zoning Boundaries:	Contact Appropriate Planning Department or See Map.
ETJ Area: MINT HILL	
Charlotte Historic Districts: NO	
Within Charlotte 6/30/2005 Annexation Area: NO	
Census Tract #: 57.07	
Parcel Falls Inside SWIM Buffer?: NO	
FEMA Flood Information	
FEMA Panel #:	3705390192E
FEMA Flood Zone:	OUT
FEMA Panel Date:	02/04/2004
Regulated Watershed Information	
Watershed Name:	CLEAR
Watershed Class:	

Building Photography

PHOTO #1
Location: 11120 BROKEN PEBBLE 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

MINT HILL, 28227

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.

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 1226 B DATE: 2/5/99

TC: 139-129-90 ☒ L ☑ CRT

SERIAL Nº 17987

Name of Owner Angel Souto Juris.: Meck

Address of Property 11120 Broken Pebble Ln.

Inspection Data:

Tank Material P.C.C.

Total Length of Drainfield 300 ft

Number of Lines 3 @ 65 ft
2 Washer lines 52 ft.

Cover Depth 12 inches

Water Supply Source Well

Distance to Water Source > 50 ft

Excavation Inspected 2/5/99

Tank(s) Inspected 2/5/99

Wash Line Inspected 2/5/99

High Water Alarm Inspected 2/5/99

See Plot Plan

PLOT

Design: 1500 S.T., 1000 D.T., P1, Inv., 900 S.F. T, 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: Type III b. Designed for 3 Bedroom Residence
Pump Myers ME33 1/3 H.P.
Nema 4X SJE Rhombus

Jeff A. Knight
Environmental Health Specialist

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

PROPOSED PLOT PLAN

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

FILE: 1226 B

TC: 139-127-90

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.

SCALE 1" = 40'

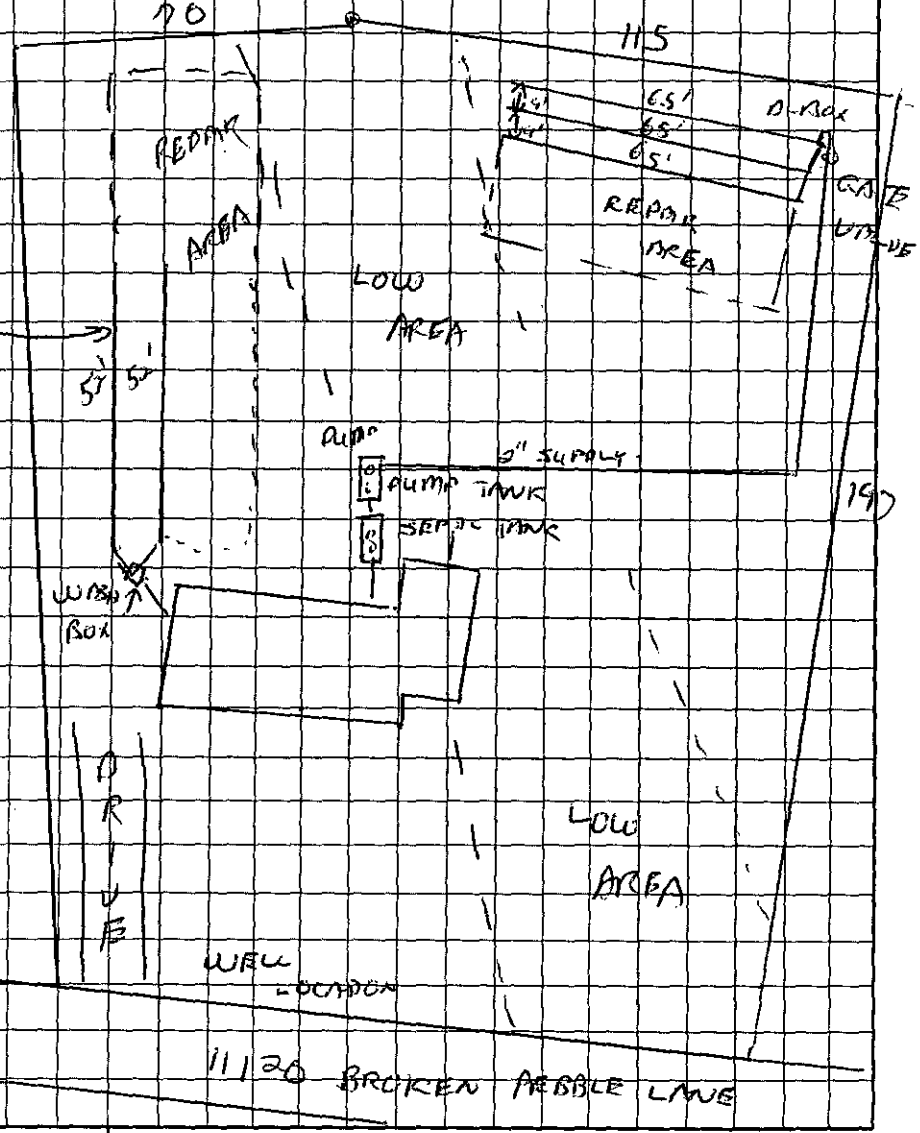
CLEAR CREEK ESTATES
LOT 27
11120 BROKEN PEBBLE LANE

(1) LOCATE ALL PARTS OF SEPTIC TANK SYSTEM 50' FROM ALL WELLS

(2) SYSTEM DESIGN IS AN "INNOVATIVE" THAT ALLOWS A 25% REDUCTION IN TOTAL LINEAR FEET

(3) WASHING MACHINE LINE IS SEPARATED FROM WASH LINE INITIAL SYSTEM IN AREA LOCATED ON PLOT PLAN

(4) AGREEMENT FORM MUST BE SIGNED BEFORE CONSTRUCTION AUTHORIZATION CAN BE ISSUED.

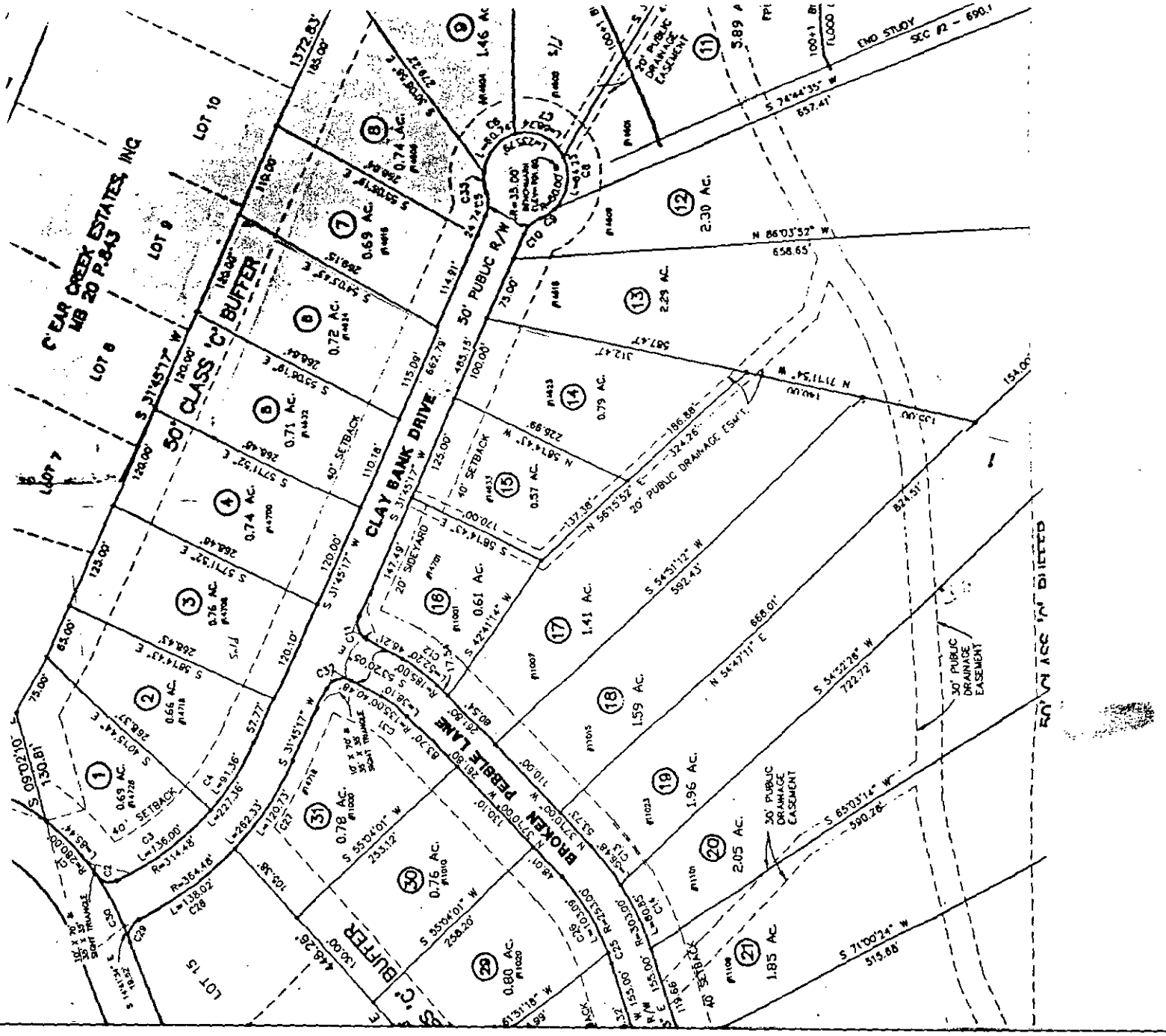


OWNER/AGENT SIGNATURE

DATE 12/16/98

APPROVAL DATE 12-14-98

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


CLAY BANK DRIVE
50' PUBLIC R/W
CLASS 'C' BUFFER
BROKEN PEBBLE LANE
CLEAR CREEK ESTATES, INC
MB 20 P.843
LOT 10
LOT 9
LOT 8
LOT 7
LOT 15
1372.83'
S 31°45'17" W
120.00'
125.00'
662.79'
483.13'
100.00'
75.00'
114.91'
110.18'
40' SETBACK
120.10'
65.00'
57.77'
130.81'
S 00°20'10" E
268.43'
S 38°14'43" E
S 57°11'32" E
S 89°58'18" E
S 00°15'44" E
S 37°11'32" W
S 38°14'43" W
S 89°58'18" W
S 00°15'44" W
S 37°11'32" E
S 31°45'17" W
S 58°14'43" W
S 42°47'17" W
S 54°51'12" W
S 54°22'26" W
S 65°03'14" W
S 71°00'24" W
S 74°44'35" W
N 86°03'52" W
N 56°15'52" E
N 54°47'11" E
N 37°10'00" W
N 31°11'54" W
N 58°14'43" E
N 31°45'17" E
N 37°10'00" E
S 37°10'00" W
S 55°04'01" W
S 61°31'18" W
S 37°10'00" E
S 52°20'05" E
S 52°20'40" E
S 37°10'00" E
S 37°10'00" W
S 52°20'40" W
S 52°20'05" W
S 37°10'00" W
S 37°10'00" E
S 52°20'40" E
S 52°20'05" E

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Division
Groundwater & Wastewater Services

March 31, 2005

Angel Souto
11120 Broken Pebble Ln.
Charlotte, NC 28227

Dear Mr. Souto:

Re: Well Sample Results

Enclosed you should find the laboratory analysis for the well water samples that were collected at 11120 Broken Pebble Lane on March 16, 2005.

Please retain these reports for future reference. If you have questions regarding these reports please contact me at (704) 336-5568.

Thanks again for your cooperation with the septic inspection and well sampling program. If you have questions or need assistance with your on-site wastewater system or private well please contact our office.

Sincerely,

Trevor Thomason, R.S.I.
Managed Systems Program Coordinator
Groundwater & Wastewater Services

Enclosures (3):

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28407 - 306 N. Wilmington St. - Raleigh, N. C. 27611-8047

COLIFORM ANALYSIS - PRIVATE WATER SUPPLY

Name of Owner or Tenant: Souto, Angel **County:** Mecklenburg

Address: 11120 Broken Peeble Ln Charlotte **ZIP:** 28227

Source: Well **Type of Sampling Point:** Outdoor spigot

Collected By: TT **Date:** 3/16/2005 **Time:** 8:40 AM

Signed By: Thompson, T **Analysis Type:** Private

Report To: Mecklenburg Co. Env. Health
700 North Tryon St., Suite 208
Charlotte, NC 28202 (704) 336-5101

BACTERIOLOGIC ANALYSIS

CONTAMINANTS	RESULT
Total Coliform (ColilertRoutine)	Absent

Sample No: AA85611 **Date Received:** 3/17/2005 **Time Received:** 8:00:00 AM

Date Reported: 3/18/2005 **Today's Date:** 3/18/2005

Comments:

Mecklenburg Co. Env. Health
ATTN: Thompson, T
700 North Tryon St., Suite 208
Charlotte, NC 28202

Courier **05-16-21**

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

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: Souto, Angel
Address: ~~11020~~ 11120 Broken Pebble Ln
Charlotte, NC **Zip:** 28227

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:** 3/16/2005 **Time:** 8:40:00 AM
Location of sampling point: Outdoor Spigot
Remarks:

Parameters	Results	Units	Date Analyzed:
Acidity as CaCO3	4	mg/l	3/17/2005
Silver	<0.05	mg/l	3/17/2005
Alkalinity as CaCO3	44	mg/l	3/17/2005
Arsenic	<0.001	mg/l	3/17/2005
Barium	<0.1	mg/l	3/17/2005
Calcium	10.3	mg/l	3/17/2005
Cadmium	<0.005	mg/l	3/17/2005
Chloride IC	8	mg/l	3/17/2005
Chromium	<0.01	mg/l	3/17/2005
Copper	<0.05	mg/l	3/17/2005
Fluoride	<0.20	mg/l	3/17/2005
Iron	<0.05	mg/l	3/17/2005
Hardness as CaCO3 (Ca,Mg)	37	mg/l	3/17/2005
Mercury	<0.0005	mg/l	3/17/2005
Magnesium	2.8	mg/l	3/17/2005
Manganese	<0.03	mg/l	3/17/2005
Sodium	9	mg/l	3/17/2005
Lead	<0.005	mg/l	3/17/2005
pH	6.7	Std. unit	3/17/2005
Selenium	<0.005	mg/l	3/17/2005
Total Dissolved Solids	92	mg/l	3/17/2005
Zinc	<0.05	mg/l	3/17/2005

Date Received: 3/17/2005 **Report Date:** 3/24/2005 **Reported By:** DJ Mercal
Today's Date: 3/24/2005 **Ref:** 3272 **Login Batch:** 05030042 **Sample Number:** AB24431

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

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: Souto, Angel
Address: ~~11020~~ 11120 Broken Pebble Ln
Charlotte, NC **Zip:** 28227

County: MECKLENB

Report To: Mecklenburg Co. Env. Health **ATTN:** T. Thomason
700 North Tryon Street (704) 336-5101
Charlotte, NC 28202
Courier: 05-16-21

Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis: Nitrate
Category: Other

Collected By: T. THOMASON **Date:** 3/16/2005 **Time:** 8:45:00 AM

Location of sampling point: Outdoor Spigot

Remarks: Improper container used for sample collection.

Parameters	Results	Units	Date Analyzed:
Nitrite as N	<0.10	mg/l	3/17/2005
Nitrate as N	<1.0	mg/l	3/17/2005

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

Sample Temperature on Receipt: 3.5 °C

Date Received: 3/17/2005 **Report Date:** 3/18/2005 **Reported By:**

Today's Date: 3/18/2005 **Reference:** 3282 **Login Batch** 05030042 **Sample Number:** AB24441

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County **Health Department**	Souto Residence **Name of Establishment**	1226B **Permit/Project No.**
11120 Broken Pebble Ln., Mint Hill 28227 **Location**	3-Bedroom House **Type of Establishment**	360 GPD **Design Flow**
Angel Souto **Owner/Agent**	Same as location address **Address**	**Phone**
N/A **Operator**	N/A **Address**	N/A **Phone**
IIIb **System Type**	2/5/2009 **Next Inspection Due**	

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☐	☒	☐	1.a. Constant trickle of water into pump tank. Possible toilet/s leaking.
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?	☐	☒	☐	2.b. Effluent surfacing at distribution box.
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. Did not inspect sanitary tee.
d. Tanks pumped, cleaned out as needed?.....	☐	☒	☐	3.d. Pump septic tank.
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 12" of solids in pump tank. Pumping required.
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?	☒	☐	☐	5.A.d. Corrosion observed on contacts in control panel.
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?	☐	☒	☐	6.a.b. Effluent surfacing at d-box.
b. Minimal ponding in subsurface trenches?	☐	☒	☐	Drain lines are saturated.
c. Surface water being effectively diverted away?	☐	☒	☐	6.c. Surface water moving over drain
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐	field area.
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐	
f. Protected from traffic, destructive uses?	☒	☐	☐	
g. Distribution devices in good condition, working properly?	☐	☒	☐	6.g. Check d-box for blockage/damage.
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:

1. Effluent surfacing at d-box in right rear corner of property. Drain lines are saturated.
2. Washer line does not appear to be plumbed into a separate drain field.
3. Will issue NOV to ensure problems are corrected.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

1. Eliminate surfacing of effluent in drain field area.
2. Install surface water diversions to keep surface water from flowing over drain field.
3. Pump both tanks (septic & pump) to remove excess solids. The MCHD recommends pumping the tanks every 3 to 5 years.
4. Repair all leaking fixtures (toilets) in the house.

***REPAIR WITHIN 30 DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

***Well samples will be collected in March 2005, after $85 payment is received.

DATE: 2/25/2005

SIGNED: _____ AGENT

Division of Environmental Health

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 03/07/05
Receipt #: 33036
Check / Auth #: CHECK 2730
Received By: AIDOOJK

Amount: 85.00
Tendered: 85.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: SOUTO ANGEL
Attn:
Address: 11120 BROKEN PEEBLE LANE
Address:
City/State/Zip: CHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0743	Hmeownr Maint Inspec-Type IIIB FILE 1226B/NO PHONE # LISTED		1	85.00	85.00

----------Outstanding Balances----------

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

PROPOSED PLOT PLAN

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

FILE: 1226 B

TC: 139-127-90

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.

SCALE 1" = 40'

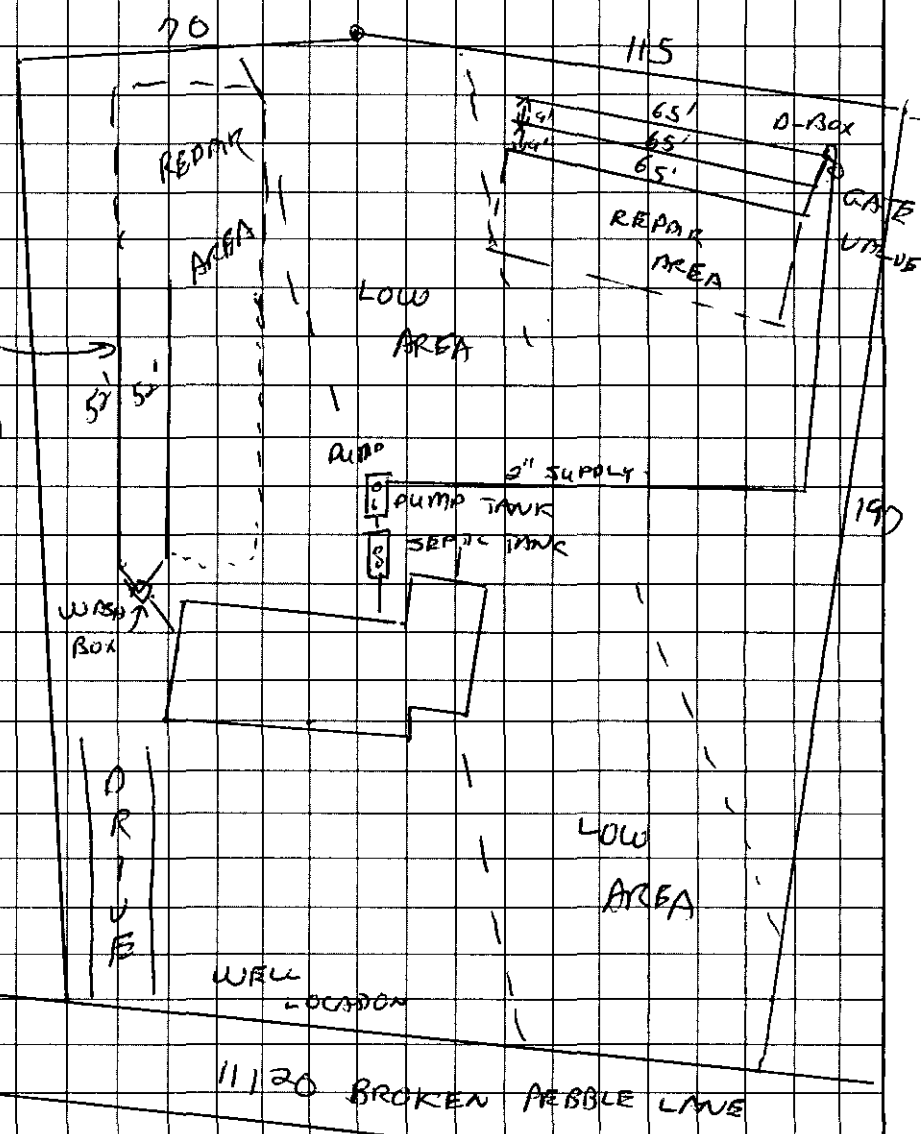
CLEAR CREEK ESTATES
LOT 27
11120 BROKEN PEBBLE LANE

(1) LOCATE ALL PARTS OF SEPTIC TANK SYSTEM 50' FROM ALL WELLS

(2) SYSTEM DESIGN IS AN "INNOVATIVE" THAT ALLOWS A 25% REDUCTION IN TOTAL LINEAR FEET.

(3) WASHING MACHINE LINE IS SEPARATED FROM WASTE LINE FINAL SYSTEM IN AREA LOCATED ON PLOT PLAN

(4) AGREEMENT FORM MUST BE SIGNED BEFORE CONSTRUCTION AUTHORIZATION CAN BE ISSUED.



APPROVAL DATE 12-14-98

X _____
OWNER/AGENT SIGNATURE

DATE 12/16/98

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 1226 B DATE: 2/5/99

TC: 139-129-90 ☒ L ☒ CRT

SERIAL Nº 17987

Name of Owner Angel Souto Juris.: Meck

Address of Property 11120 Broken Pebble Ln.

Inspection Data:

Tank Material P.C.C.

Total Length of Drainfield 300 ft

Number of Lines 3 @ 65 ft
2 Washer lines 52 ft.

Cover Depth 12 inches

Water Supply Source Well

Distance to Water Source >50 ft

Excavation Inspected 2/5/99

Tank(s) Inspected 2/5/99

Wash Line Inspected 2/5/99

High Water Alarm Inspected 2/5/99

See Plot Plan

PLOT

Design 1500 S.T., 1000 D.T., PI, Inv., 900 S.F., T, 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: Type III b. Designed for 3 Bedroom Residence
Pump Myers ME33 1/3 H.P.
Nema 4X SJE Rhombus

Jeff a. Knight
Environmental Health Specialist

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

11120 Broken Pebble Rd

OPERATION PERMIT
INSPECTION CHECK LIST

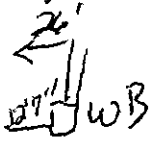
1. SEPTIC TANK
   a. Visually inspect the exterior walls, lids, and top of the tank for structural soundness, fit ✓ and sealant ✓
   b. Visually inspect the interior walls, bottom, baffle, tee, for structural soundness, fit ✓ sealant ✓ air vent, ✓ and outlet for water tightness ✓
   c. Tank ID number STB 112 LANC. S.C. J+S. Inc
   e. Liquid capacity of tank 1500 gallons

2. SUPPLY LINE TO TRENCHES
   a. Grade ____
   b. Diameter 2" Sch. 40
   c. Length 113 ft
   d. Distance tank to drainfield or distribution device 113 ft

3. DISTRUBITION DEVICE(S)
   a. Type D-Box
   b. Is device water tight ____
   c. Distance from distribution device(s) to trenches 3' 3'11"
   d. Is the device on a level foundation ✓
   e. Does the device perform as designed ✓

4. NITRIFICATION FIELD
   a. Trench depth 24" inches
   b. Trench width 36 inches
   c. Distance between trenches 5 ft+ 5'6"
   d. Number of trenches 5 total 3 drainlines / 2 washer line
   e. Length(s) of trenches 67 ft drainlines / 50 washer line
   f. Storage media Polystyrene (type)
      1. Aggregate depth ____
      2. Aggregate size ____
   g. Trench bottom grade ✓
   h. Stepdowns
      1. Minimum of 2' of undisturbed soil N/A
      2. Proper rise over step down N/A
      3. Solid pipe used N/A

5. LOCATION AND SETBACK DISTANCES
   a. Distance from system to any wells Not Installed
   b. Distance from septic tank to foundation 15' 10' to washer Box trenches to foundation ____
   c. Distance from system to all property lines 10 ft +
   d. System meets other .1950 setback requirements ✓

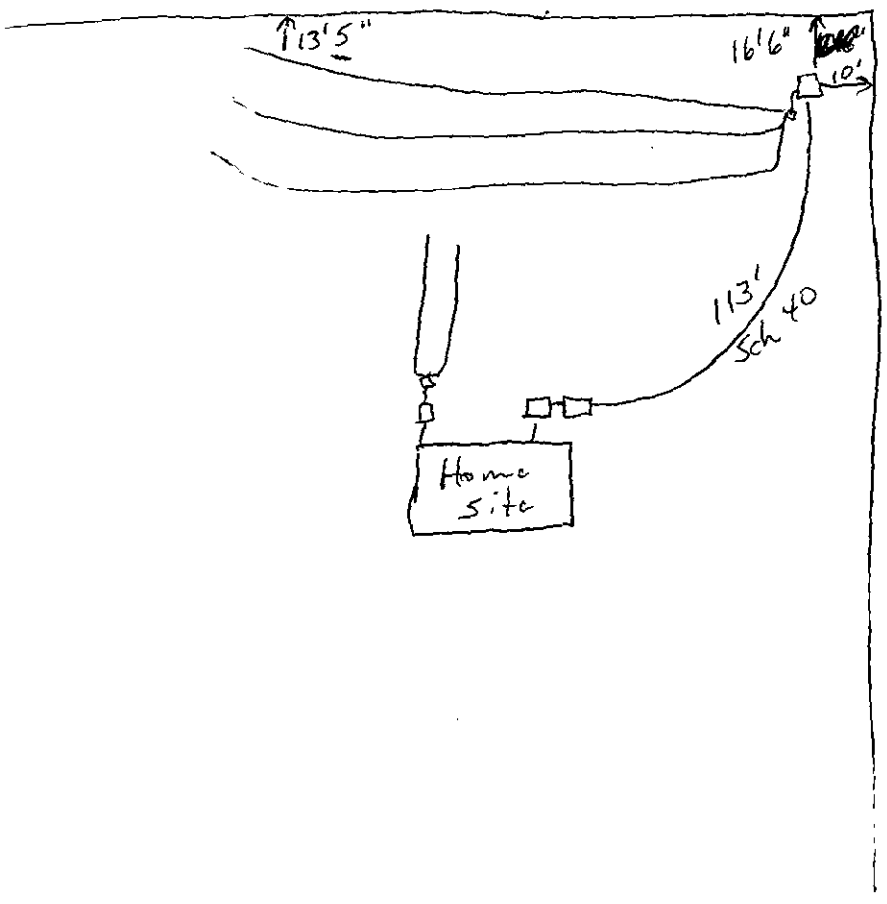


6. PUMP TANK

a. Visually inspect the exterior walls, lids, risers, covers, and top of the tank for structural soundness, fit ✓ and sealant ✓
b. visually inspect the interior walls, bottom, for structural soundness, fit ✓ and outlet for water tightness ✓
c. Tank ID number PT 71 N.C.
d. liquid capacity of tank 1000 gallons

7. PUMP, FLOATS, CONTROLS, ETC. Myers ME33

a. Pump size 1/3 HP
b. Drawdown _____
c. Float tree and floats ✓
d. Control panel ✓ (NEMA4X) SJE Rhombus
e. Pressure head _____
f. Accessable without entering the tank ✓
g. Wires sealed ✓



ck chk # 963 Pd in Full

FEE: 100 / 40 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 12/16/98 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 12-14-98 PERMIT NO: 1226B
PARCEL NO: 139-129-90

JOB LOCATION ADDRESS: 11120 BROKEN PEBBLE LANE
PROPERTY OWNER: ANGEL
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: CLEAR CREEK ESTATES, LOT 27
AUTHORIZATION ISSUED BY: [signature] DATE: 12-14-98
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. _____, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: * AGREEMENT FORMS MUST BE SIGNED & RECORDED

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

X [signature] X 12/16/98
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 1226B

Tax Number: 139-129-90

- 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	X No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system Ø Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	X Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
3 Long-term acceptance rate	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
YES Serviced by private well	1500 Gallon septic tank	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	___ Gallon pump tank	NA Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: * PLAN DESIGN IS INNOVATIVE TYPE III-C				
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	X Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
1200 Absorption Area (Sq ft) 360 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 th 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 effec 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 Departmen
- This Improvement permit is transferable.

DEHNR Authorized Agent — Date 12-14-98

X Owner/Agent Signature — Date X 12/16/98

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

IWWS-100195

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: 10 26 B DATE: 1-12-99

TC: 136-129-90 ☐ L

SERIAL NO 13002

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 1-28-99, 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.

SEE SITE PLOT PLAN

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PVC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous _____

Total Line Length 300' feet

Number of Lines 3 LINES

Depth of Stone 20 inches

Distance from House 5' feet

Distance from Property Line 0 feet

Distance from Well >50' feet

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

NAME OF OWNER ANGEL SOUTO

LOCATION OF PROPERTY 11120 BROKEN PEBBLE RD

Comments: INSTALL TYPE II-C INNOVATIVE SYSTEM. CONTRACTOR INDICATED HE WOULD INSTALL "E-Z-LAY" SYSTEM

Environmental Health Specialist

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

Permit Number: 12268

Tax Number: [illegible]

- 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 X No ___ Partial Basement

Type Primary Wastewater System
Type (circle one): I II (III) IV V VI

___ Conventional
___ Prefabricated, permeable block panel system
X Shallow Placed Conventional
___ Low Pressure Pipe
___ Large Diameter Pipe
___ Fill
___ Other
X Innovative or Experimental:
___ IWWS-93-1
___ IWWS-93-2
___ IWWS-94-1

3 Long-term acceptance rate	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
YES Serviced by private well	1500 Gallon septic tank	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	___ Gallon pump tank	NA Depth of stone	

Any surface waters present: Type: Minimum separation distance:

Site modifications required:

Additional Conditions: * PLAN DESIGN IS INNOVATIVE TYPE III-C

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
X Innovative or Experimental:
___ IWWS-93-1
___ IWWS-93-2
___ IWWS-94-1

1200 Absorption Area (Sq ft) 360 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 th 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 effe 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 Departmen
- This Improvement permit is transferable.

DEHNR Authorized Agent — Date: 12-14-98

X Owner/Agent Signature — Date: X 12/16/98

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

IWWS-100195

PROPOSED PLOT PLAN

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

FILE: 1226 B

TC: 139-127-90

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.

SCALE 1" = 40'

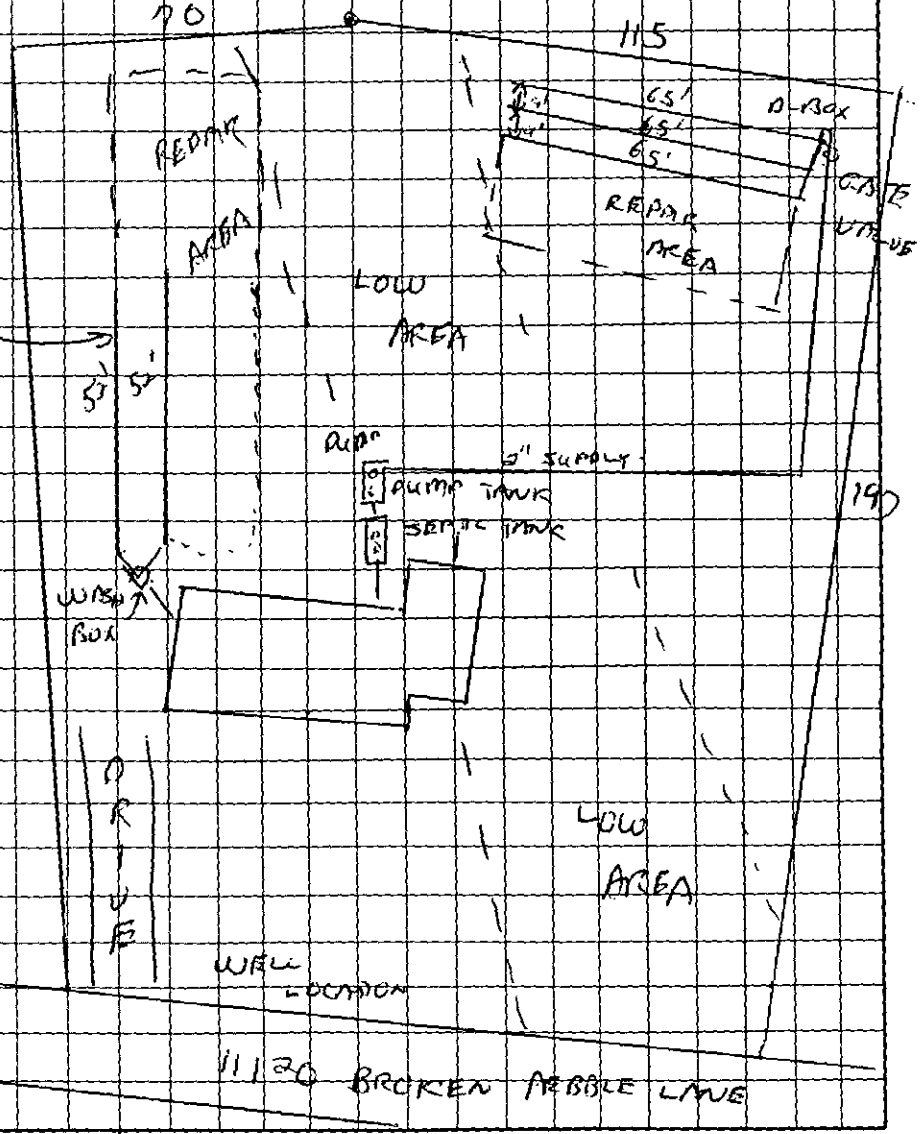
CLEAR CREEK ESTATES
LOT 27
11120 BROKEN PEBBLE LANE

(1) LOCATE ALL PARTS OF SEPTIC TANK SYSTEM 50' FROM ALL WELLS

(2) SYSTEM DESIGN IS AN "INNOVATIVE" THAT ALLOWS A 25% REDUCTION IN TOTAL LINEAR FEET

(3) WASHING MACHINE LINE IS SEPARATED FROM MAIN INITIAL SYSTEM LINE IN AREA LOCATED ON PLOT PLAN

(4) AGREEMENT FORM MUST BE SIGNED BEFORE CONSTRUCTION AUTHORIZATION CAN BE ISSUED.



OWNER/AGENT SIGNATURE

DATE 12/16/98

APPROVAL DATE 12-14-98

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

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: 10-26B DATE: 1-12-99

TC: 134-129-90 X L

SERIAL Nº 18002

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 11-30-98, 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.

* SEE PLOT PLAN

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 300 feet
3 LINES 65'

Number of Lines 2 WKP LINES 52'

Depth of Stone NA inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well >50' feet

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

NAME OF OWNER ANGEL SOUTO

LOCATION OF PROPERTY 11120 BROKEN PEBBLE Rd

Comments: UTILIZE TYPE II-C INNOVATIVE SYSTEM. CONTRACTOR INDICATED HE WOULD INSTALL "EZ-LAY" SYSTEM

Environmental Health Specialist

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

MECKLENBURG COUNTY, NC
1998 DEC 17 12:38 PM
BOOK: 10121 PAGE: 116-119 FEE: $12.00
INSTRUMENT # 1998198307

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 # 1226B
PARCEL # 139-129-90

The undersigned, ANGEL SOUTO, owner of property located at 11120 Broken Pebble Lane, (the "site") and described in an instrument recorded in Book 8501 at Page 003, 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: _____
Mail after recording to: ANGEL SOUTO, 4129 Firwood Ln.
Charlotte, NC 28209

3

- 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 _____ day of _____, 199__.

_____
(Corporate Name)

By: _____

_____ President

ATTEST:

_____

_____ Secretary

(Corporate Seal)

ANGEL SOUTO (SEAL)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

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

WITNESS my hand and notarial seal, this 17 day of DECEMBER, 1998.

Carl S. Noles
Notary Public

My Commission Expires:
04-04-99

CARL S. NOLES NOTARY PUBLIC GASTON COUNTY



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

****

Filed For Registration: 12/17/1998 12:38 PM

Book: RE 10121 Page: 116-119

Document No.: 1998198307

AGMT 4 PGS $12.00

Deputy: REBECCA MCGOWAN

****

State of North Carolina, County of Mecklenburg

The foregoing certificate of CARL S. NOLES Notary is certified to be correct. This 17TH of December 1998

JUDITH A. GIBSON, REGISTER OF DEEDS By: Rebecca B McGowan
Deputy/Assistant Register of Deeds

****

1 1

1998198307

CHARGE

Receipt #11516

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Charge Slip

Date: 11/20/98

Name/Company: Angel Souto

Sanitation _____

Vector Control _____

IWWS ✓

Service: New IP

File 12268

11120 Broken Pebble Ln.

Add to Cont.

Fee: $ 100.00 ck # 949

NOTICE:

A processing fee of $20.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Natalie W Jones
Collected by

FILE: CHL# 949 100
DATE: 11/20/98

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 #: 12268

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139-129-90

STREET ADDRESS: 11120 Barbara Pebbleton

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 27

TYPE OF BUILDING (CHECK ONE):

- [ ] SINGLE MOBILE HOME(S)
- [ ] DOUBLE WIDE (D)
- [ ] HOUSE (H)
- [X] MODULAR HOME (M)
- [ ] MULTIPLE FAMILY (U)
- [ ] OTHER (O)

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 5

FOUNDATION FOR RESIDENCE:

- [ ] WITHOUT BASEMENT
- [ ] ON SLAB
- [X] CRAWL SPACE
- [ ] WITH BASEMENT /PLUMBING
- [ ] WITH BASEMENT /NO PLUMBING

TOWNSHIP (CHECK ONE):

- [ ] 0 MECKLENBURG
- [ ] 1 CHARLOTTE
- [ ] 2 DAVIDSON
- [ ] 3 CORNELIUS
- [ ] 4 PINEVILLE
- [ ] 5 MATTHEWS
- [ ] 6 HUNTERSVILLE
- [ ] 7 MINT HILL

CLOSING DATE_____

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

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	WELL, SPRINGS OR WATERLINES	[ ] YES [X] NO
EXISTING WASTEWATER SYSTEMS	[ ] YES [X] NO	DESIGNATED WETLANDS	[ ] YES [X] NO
EASTMENTS OR RIGHT-OF-WAYS	[ ] YES [X] NO		

PROPERTY OWNER:

NAME: (LAST) Souto (FIRST) Angel (MI)

ADDRESS: 4129 Apt A Fairwood Cir.

CITY: Char STATE: NC ZIP: 28209

DAYTIME PHONE: ( ) –

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) –

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: [signature]

DATE: 11/20/98

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

ZONING: R-MH
MAP: 96

DATE 11/20/98

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION MECK

139-129-90
PARCEL NUMBER

11120 BROKEN PEBBLE LN
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

~~THE~~ CLEAR CREEK ESTATES II Ph. II
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: Mobile Home PLACEMENT

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: _____

REVISED 1/91

PARCEL – #139-129-62

ING – R(MH) AND R

MUM LOT SIZE – 10,000 sq.ft.

IMUM LOT WIDTH – 70 ft. AT SETBACK

BACK REQUIREMENTS
EARYARD – 45 ft.
N. SIDEYARD – 6 ft.
RONT SETBACK – 40 ft.

N PINS SET AT ALL PROPERTY CORNERS, UNLESS THERWISE NOTED.

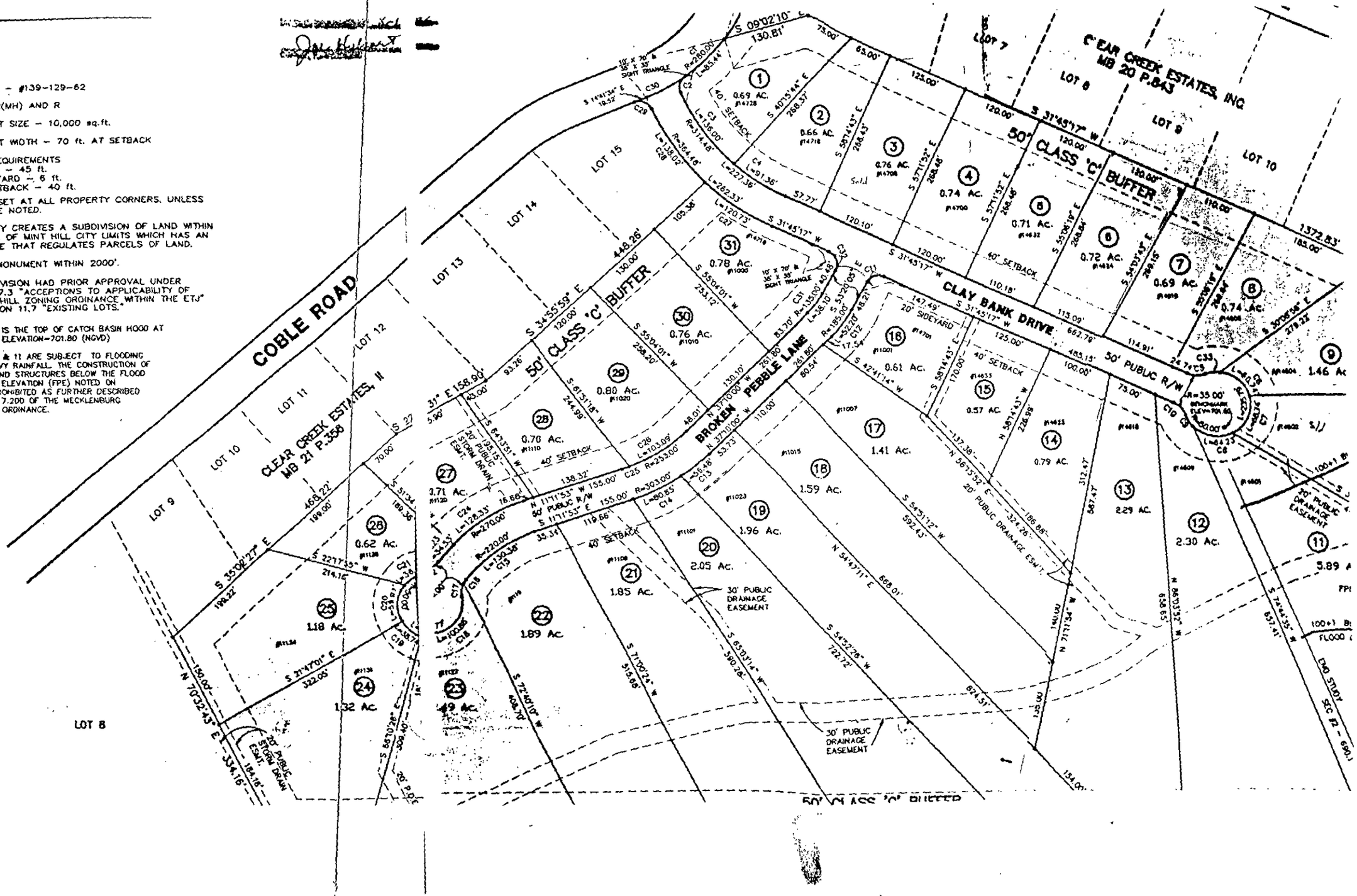
S SURVEY CREATES A SUBDIVISION OF LAND WITHIN HE AREA OF MINT HILL CITY LIMITS WHICH HAS AN RDINANCE THAT REGULATES PARCELS OF LAND.

NCGS MONUMENT WITHIN 2000'.

S SUBDIVISION HAD PRIOR APPROVAL UNDER CTION 17.3 "ACCEPTIONS TO APPLICABILITY OF HE MINT HILL ZONING ORDINANCE WITHIN THE ETJ" D SECTION 11.7 "EXISTING LOTS."

NCHMARK IS THE TOP OF CATCH BASIN HOOD AT NTERLINE. ELEVATION=701.80 (NGVD)

TS 9, 10, & 11 ARE SUBJECT TO FLOODING RING HEAVY RAINFALL. THE CONSTRUCTION OF LDINGS AND STRUCTURES BELOW THE FLOOD OTECTION ELEVATION (FPE) NOTED ON ANS IS PROHIBITED AS FURTHER DESCRIBED SECTION 7.200 OF THE MECKLENBURG BDIVISION ORDINANCE.


COBLE ROAD
CLEAR CREEK ESTATES, II
MB 21 P.356
CLEAR CREEK ESTATES, INC
MB 20 P.843
BROKEN PEBBLE LANE
CLAY BANK DRIVE
50' CLASS 'C' BUFFER
50' PUBLIC R/W
40' SETBACK
20' SIDEYARD
30' PUBLIC DRAINAGE EASEMENT
20' PUBLIC STORM DRAIN ESM'T.
LOT 7
LOT 8
LOT 9
LOT 10
LOT 11
LOT 12
LOT 13
LOT 14
LOT 15
LOT 8
1 0.69 AC.
2 0.66 AC.
3 0.76 AC.
4 0.74 AC.
5 0.71 AC.
6 0.72 AC.
7 0.69 AC.
8 0.74 AC.
9 1.46 Ac
10 0.61 AC.
11 3.89 A
12 2.30 Ac.
13 2.29 AC.
14 0.79 AC.
15 0.57 AC.
16 0.61 AC.
17 1.41 Ac.
18 1.59 Ac.
19 1.96 Ac.
20 2.05 Ac.
21 1.85 Ac.
22 1.89 Ac.
23 1.49 Ac.
24 1.32 Ac.
25 1.18 Ac.
26 0.62 Ac.
27 0.71 Ac.
28 0.70 Ac.
29 0.80 Ac.
30 0.76 Ac.
31 0.78 Ac.
S 09°02'10" E 130.81'
S 31°45'17" W 1372.83'
S 35°09'27" E 199.22'
N 70°32'43" E 334.16'
S 34°55'59" E 448.26'
S 31°45'17" W 662.79'
S 31°45'17" W 485.15'
S 31°45'17" W 110.18'
S 31°45'17" W 115.09'
S 31°45'17" W 114.91'
S 31°45'17" W 120.00'
S 31°45'17" W 120.10'
S 31°45'17" W 57.77'
S 31°45'17" W 147.49'
S 31°45'17" W 125.00'
S 31°45'17" W 100.00'
S 31°45'17" W 75.00'
S 31°45'17" W 65.00'
S 31°45'17" W 120.00'
S 31°45'17" W 120.00'
S 31°45'17" W 120

FEE: 130.00 CK# 7187

DATE: 1/25/94 JC

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

COPY

FILE #: 12268

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: PS 135 12 562 90

STREET ADDRESS: 11120 Broken Pebble LN.

TYPE OF BUILDING (CHECK ONE):

[ ] SINGLE MOBILE HOME(S)
[X] DOUBLE WIDE (D)
[ ] HOUSE (H)

ISION OR MOBILE HOME PARK NAME: r Creek #States II, Phase II

MBER: 27

P (CHECK ONE):

[ ] MECKLENBURG
[ ] CHARLOTTE
[ ] HUNTERSVILLE
[ ] CORNELIUS
[ ] 4 PINEVILLE
[ ] 5 MATTHEWS
[ ] 6 HUNTERSVILLE
[X] 7 MINT HILL

Home 519-4818
Mobil 458-6694

HEATED SQUARE FOOTAGE: 78[illegible]

NUMBER OF BEDROOMS: 3 NUMB

FOUNDATION FOR RESIDENCE:

[ ] WITHOUT BASEMENT
[ ] ON SLAB
[X] CRAWL SPACE
[X] Footing

[ ] W
[ ] H
[ ] W
[ ] PI

Drew,
I asked owner to call you.
the trailer is of ownership - will you get him to sign & put in file? Thx

IF EXPANSION/ALTERATION OF EXISTING

D BUILDING ADDITION:

N/A

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)

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

PROPERTY OWNER:

NAME: (LAST) Averitt Jr (FIRST) Darrell (MI) L.

ADDRESS: 4200 Woodshollow Ave

CITY: Charlotte STATE: NC ZIP: 28216

DAYTIME PHONE: (704) 392-4200

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: Darrell Averitt DATE: 1-25-94

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

PROPOSED PLOT PLAN

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

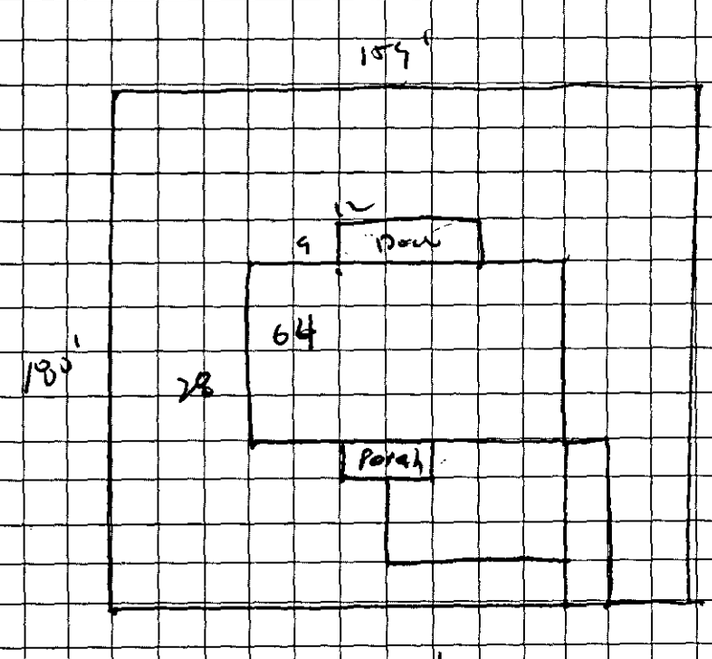
FILE: 12265

TC: PO 135 12562

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.

Lot 27

COPY



Broken Pebble Lane

OWNER/AGENT SIGNATURE

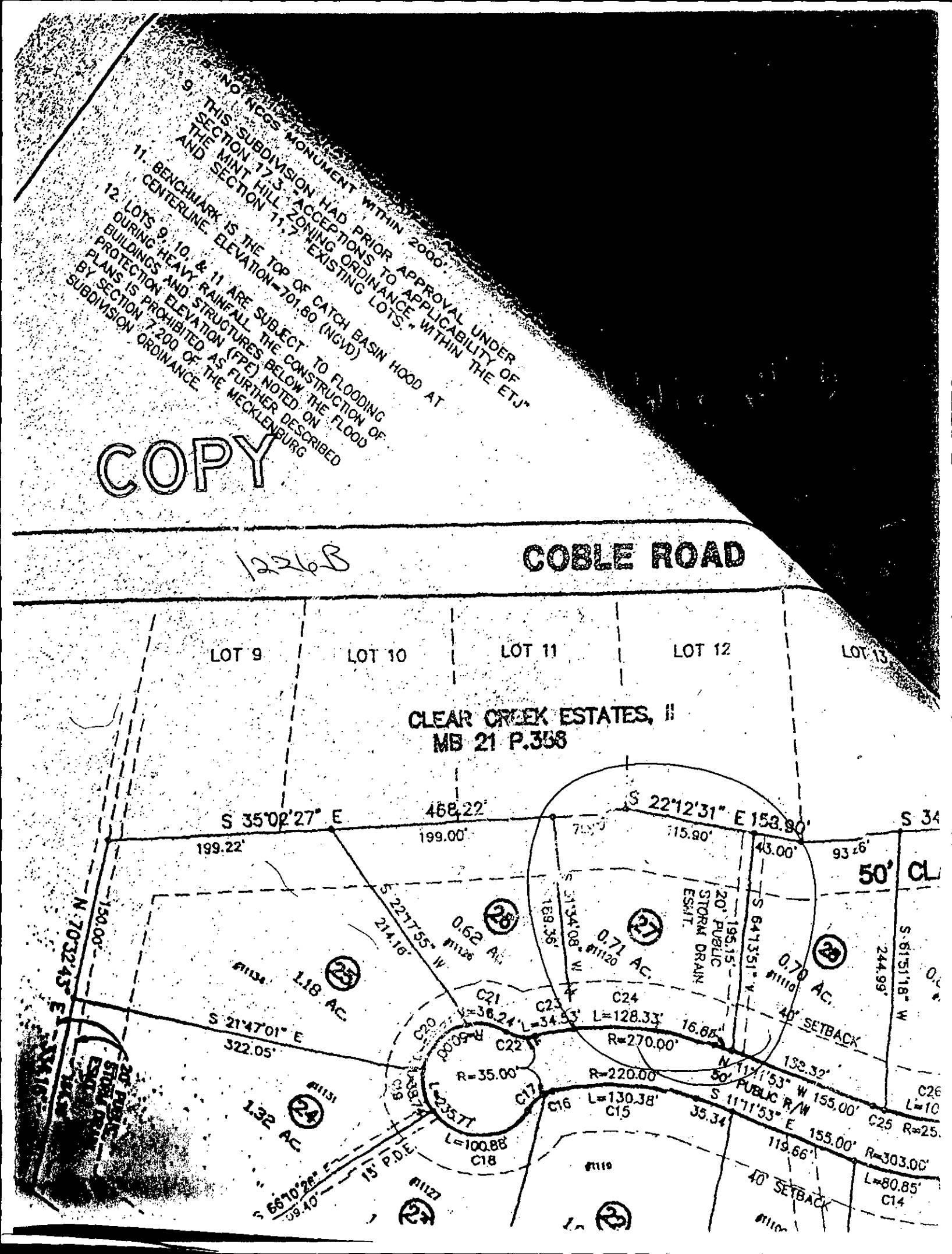
DATE 1-25-96

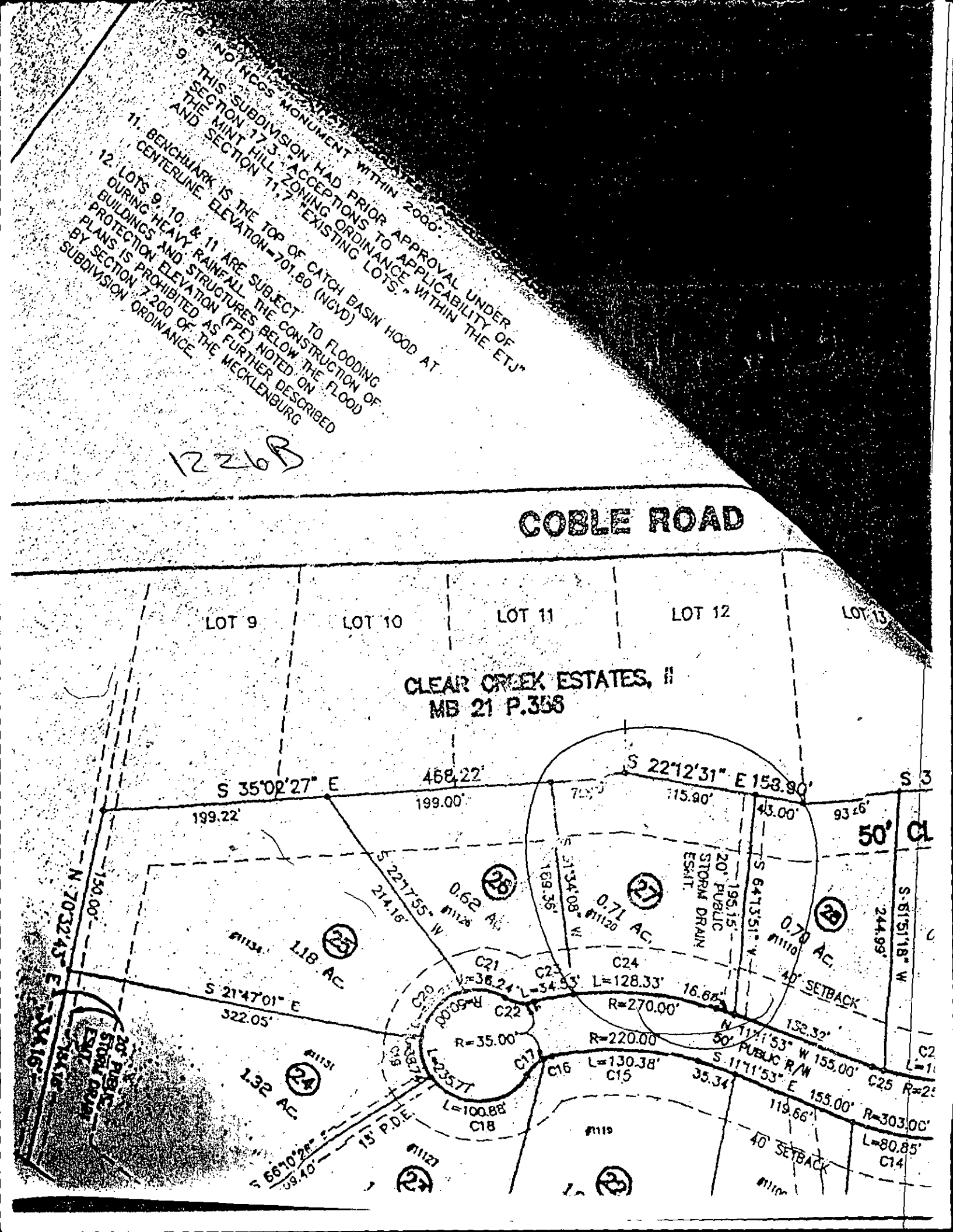
APPROVAL DATE 11/20/98

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy


9. THIS SUBDIVISION HAD PRIOR APPROVAL UNDER SECTION 17.3 "ACCEPTIONS TO APPLICABILITY OF THE MINT HILL ZONING ORDINANCE" WITHIN THE ETJ" AND SECTION 11.7 "EXISTING LOTS."
11. BENCHMARK IS THE TOP OF CATCH BASIN HOOD AT CENTERLINE. ELEVATION=701.80 (NGVD)
12. LOTS 9, 10, & 11 ARE SUBJECT TO FLOODING DURING HEAVY RAINFALL. THE CONSTRUCTION OF BUILDINGS AND STRUCTURES BELOW THE FLOOD PROTECTION ELEVATION (FPE) NOTED ON PLANS IS PROHIBITED AS FURTHER DESCRIBED BY SECTION 7.200 OF THE MECKLENBURG SUBDIVISION ORDINANCE.
COPY
12268
COBLE ROAD
LOT 9
LOT 10
LOT 11
LOT 12
LOT 13
CLEAR CREEK ESTATES, II
MB 21 P.358
S 35°02'27" E
199.22'
468.22'
199.00'
S 22°12'31" E 153.90'
115.90'
43.00'
S 34
50' CL
N 70°32'43" E
150.00'
S 22°17'55" W
214.16'
0.62 AC.
#11126
#11134
1.18 AC.
#11131
1.32 AC.
#11127
#11119
#11120
0.71 AC.
#11110
0.70 AC.
189.36'
S 21°34'08" W
20' PUBLIC STORM DRAIN ESMT.
195.15'
S 64°13'51" W
244.99'
S 61°51'18" W
S 21°47'01" E
322.05'
C21
R=36.24'
C23
L=34.53'
C24
L=128.33'
R=270.00'
16.65'
40' SETBACK
C22
R=35.00'
C20
R=33.74'
L=23.77'
C19
C17
C16
L=130.38'
C15
R=220.00'
N 11°11'53" W 155.00'
S 11°11'53" E 155.00'
35.34'
119.66'
C25
R=303.00'
L=80.85'
C14
C26
L=10
R=25.
L=100.88'
C18
15' P.D.E.
S 66°10'28" E
59.40'
40' SETBACK


8. NOTICE: THIS PROPERTY MAY BE SUBJECT TO AVIGATION EASEMENTS AND/OR NOISE.
9. THIS SUBDIVISION HAD PRIOR APPROVAL UNDER SECTION 17.3 "ACCEPTIONS TO APPLICABILITY OF THE MINT HILL ZONING ORDINANCE WITHIN THE ETJ" AND SECTION 11.7 "EXISTING LOTS."
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COBLE ROAD
LOT 9
LOT 10
LOT 11
LOT 12
LOT 13
CLEAR CREEK ESTATES, II
MB 21 P.356
S 35°02'27" E
199.22'
468.22'
199.00'
S 22°12'31" E 153.90'
115.90'
43.00'
93.26'
50'
N 70°32'45" E
150.00'
S 22°17'55" W
214.18'
0.62 Ac.
#1128
0.71 Ac.
#1120
0.70 Ac.
#1110
1.18 Ac.
#1134
1.32 Ac.
#1131
#1119
#1127
20' PUBLIC STORM DRAIN ESMT.
195.15'
S 64°13'51" W
S 61°51'18" W
244.99'
169.36'
S 61°34'08" W
S 21°47'01" E
322.05'
C21
C23
C24
L=36.24'
L=34.53'
L=128.33'
R=270.00'
16.68'
40' SETBACK
132.32'
N 11°11'53" W 155.00'
50' PUBLIC R/W
S 11°11'53" E 155.00'
35.34'
119.66'
R=303.00'
L=80.85'
C14
C25
R=50.00'
C22
R=35.00'
C17
C16
L=130.38'
C15
R=220.00
L=235.77'
C18
L=100.88'
C19
L=38.77'
C20
C21
15' P.D.E.
S 66°10'26" E
39.40'
40' SETBACK

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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION #2
for ON-SITE WASTEWATER SYSTEM

1226 8
PO 139-129-62
L 27

OWNER: Darrell L. Avery APPLICANT: ___
ADDRESS: 4220 Brookside Blvd, Ahsr. APPLICATION DATE: ___ DATE EVALUATED: ___
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 360gpd PROPERTY SIZE: .72
LOCATION OF SITE: Broken Pebble Trail (proposed) PROPERTY RECORDED: ___
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LAND-SCAPE POSITION/ SLOPE %	HORI-ZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 6%	0-14"	3BK/cl	Fr/SExP/SS/SP	741" TO Chroma 2 Mottles	41"	N/A	None	.25gF2 PS IV
		14-41"	3BK/c	Fr-Fi/SExP/SS/P					
2	LS 5%	0-14"	3BK/cl	Fr/SExP/SS/SP	742" TO Chroma 2 Mottles	42"	N/A	None	.27gF2 PS IV
		14-42"	3BK/c	Fr-Fi/SExP/SS/P					
3	LS 4%	0-8"	3BK/cl	Fr/SExP/SS/SP	746" TO Chroma 2 Mottles	46"	N/A	None	.39/F2 PS IV
		8-46"	3BK/c	Fr-Fi/SExP/SS/P					
4	LS 5%	0-9"	3BK/cl	Fr/SExP/SS/SP	746" TO Chroma 2 Mottles	46"	N/A	None	.39/F2 PS IV
		9-46"	3BK/c	Fr-Fi/SExP/SS/P					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (1945)	unsuitable	LCP
System Type(s)		
[illegible]		

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): unsuitable
EVALUATED BY: W.A. Medlin 2-22-94
OTHER(S) PRESENT: ___

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
(Drainage Way)					EXP (Expansive)	CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
S (Foot Slope)						ABK (Angular Blocky)
(Head Slope)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SICL (Silty Clay Loam)				PR (Prismatic)
(Nose Slope)		CL (Clay Loam)			MOIST	WET
(Ridge)		SCL (Sandy Clay Loam)				
(Shoulder Slope)		SUC (Silt Loam Clay)			VFR (Very Friable)	NS (Non-sticky)
(Terrace)	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SIC (Silty Clay)			FI (Firm)	S (Sticky)
					VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None		EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

OTES

ORIZON DEPTH In inches below natural soil surface

EPTH OF FILL In inches from land surface

ESTRICTIVE HORIZON Thickness and depth from land surface

IPROLITE S(suitable) or U(unsuitable)

OIL WETNESS Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

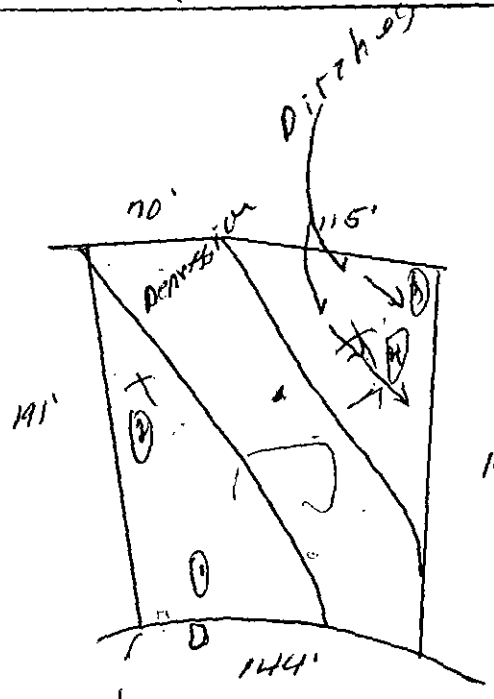
LASSIFICATION S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.

ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, refereuce or benchmark, and North).

12268



To Cobble Rd

26/27

Broken Pebble Lane (Proposed)

P.J. $100 : #11516 11/20/98

FEE: 100.00 CK#7187
DATE: 1/25/96 JC

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

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

FILE #: 12268

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 135125 90

STREET ADDRESS: 11120 Broken Pebble Ln. ~~Cobble Hill~~

SUBDIVISION OR MOBILE HOME PARK NAME: Clear Creek Estates II, Phase II

LOT NUMBER: 27

TYPE OF BUILDING (CHECK ONE):

- [ ] SINGLE MOBILE HOME(S)
- [X] DOUBLE WIDE (D)
- [ ] HOUSE (H)
- [ ] MODULAR HOME (M)
- [ ] MULTIPLE FAMILY (U)
- [ ] OTHER (O)

HEATED SQUARE FOOTAGE: ~~1846~~ 1550

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 6

FOUNDATION FOR RESIDENCE:

- [ ] WITHOUT BASEMENT ON SLAB
- [X] CRAWL SPACE
- [X] Footings
- [ ] WITH BASEMENT /PLUMBING
- [ ] WITH BASEMENT /NO PLUMBING

TOWNSHIP (CHECK ONE):

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

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

N/A

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	WELL, SPRINGS OR WATERLINES	[ ] YES [X] NO
EXISTING WASTEWATER SYSTEMS	[ ] YES [X] NO	DESIGNATED WETLANDS	[ ] YES [X] NO
EASTMENTS OR RIGHT-OF-WAYS	[ ] YES [X] NO		

PROPERTY OWNER:

NAME: (LAST) Avery Sr (FIRST) Darrell (MI) L.

ADDRESS: 4200 Woodshire Ave

CITY: Charlotte STATE: NC ZIP: 28210

DAYTIME PHONE: 704 352-4200

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: Darrell Avery 11/20/98 DATE: 1-25-96

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

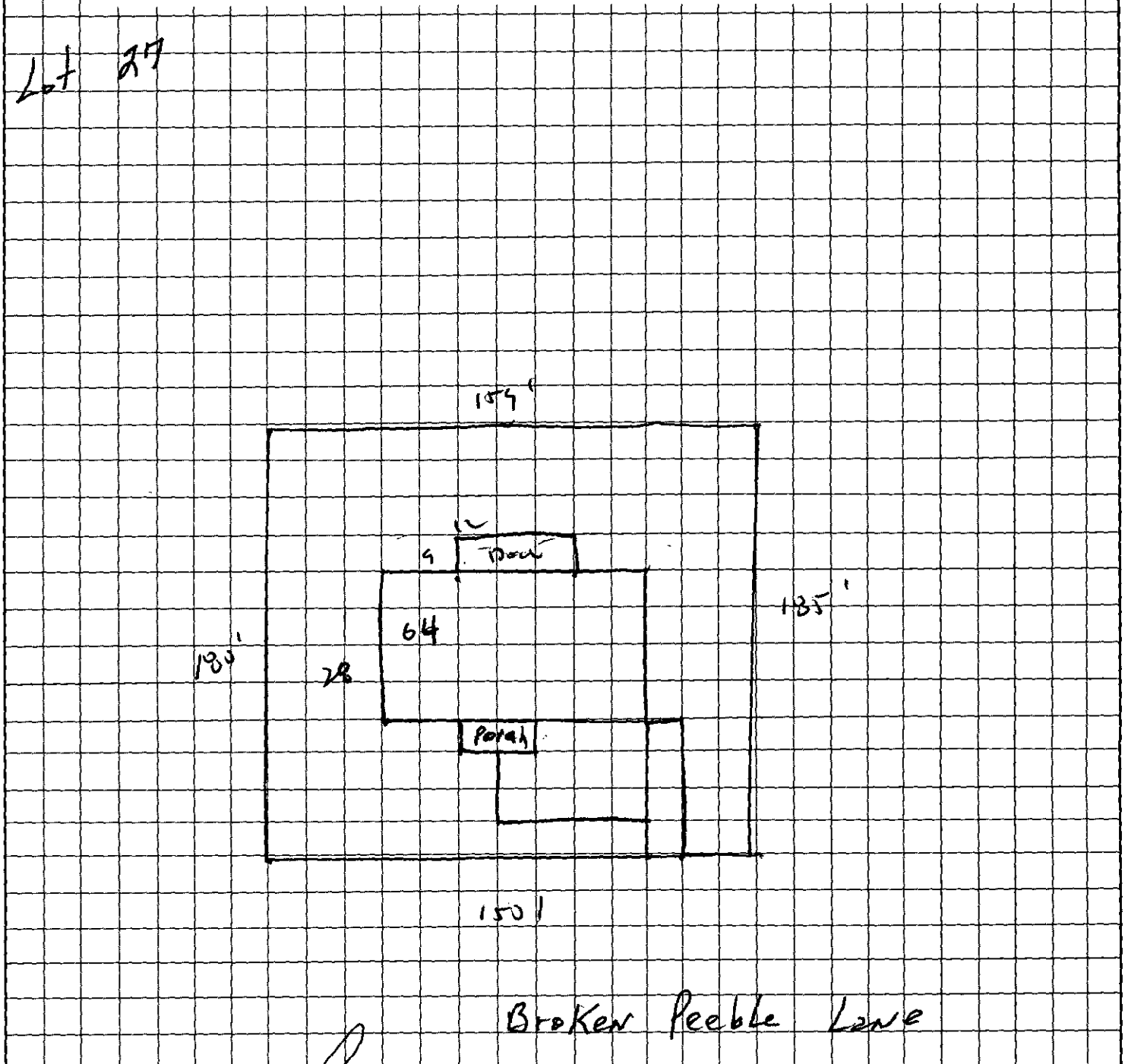
PROPOSED PLOT PLAN

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

FILE: 12265

TC: PO 135 1256 2

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.



OWNER/AGENT SIGNATURE

DATE 1-25-96

APPROVAL DATE 11/20/98

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION #2 for ON-SITE WASTEWATER SYSTEM

1226 B
PO 139-129-62
L 27

OWNER: Darrell L. Avery APPLICANT: ___
ADDRESS: 420 Berkshire Blvd, Char. APPLICATION DATE: ___ DATE EVALUATED: ___
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 360gpd PROPERTY SIZE: .72
LOCATION OF SITE: Broken Pebble Trail (proposed) PROPERTY RECORDED: ___
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☑ Auger 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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 6%	0-14"	3BK/cl	Fr/SEXP/SS/SP	741" TO Chroma 2 Mottles	41"	N/A	None	.25gF2 PS IV
		14-41"	3BA/c	Fr-Fi/SEXP/SP					
2	LS 5%	0-14"	3BK/cl	Fr/SEXP/SS/SP	742" TO Chroma 2 Mottles	42"	N/A	None	.27gF2 PS IV
		14-42"	3BK/c	Fr-Fi/SEXP/SP					
3	LS 4%	0-8"	3BK/cl	Fr/SEXP/SS/SP	746" TO Chroma 2 Mottles	46"	N/A	None	.39/A7 PS IV
		8-46"	3BK/c	Fr-Fi/SEXP/SP					
4	LS 5%	0-9"	3BK/cl	Fr/SEXP/SS/SP	746" TO Chroma 2 Mottles	46"	N/A	None	.34/F2 PS IV
		9-46"	3BK/c	Fr-Fi/SEXP/SP					

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

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): unsuitable
EVALUATED BY: W.A. Mauli 2-22-94
OTHER(S) PRESENT: ___

OMMENTS: 1082 Repair

LEGEND

use the following standard abbreviations

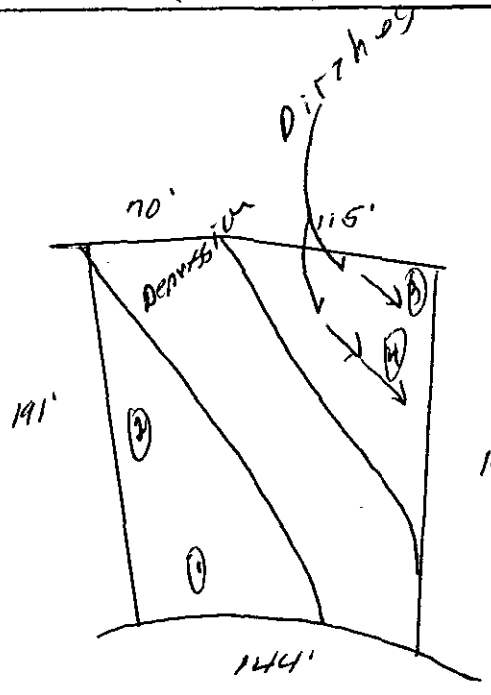
LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR	LPP .1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
(Drainage Way)					EXP (Expansive)	CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
S (Foot Slope)						ABK (Angular Blocky)
(Head Slope)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SICL (Silty Clay Loam)				PR (Prismatic)
(Nose Slope)		CL (Clay Loam)				
(Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
(Shoulder Slope)		SLC (Silt Loam Clay)				
(Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SIC (Silty Clay)			FI (Firm)	S (Sticky)
					VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None		EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

OTES

ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
IPROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.
ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



12268

To Cobble Rd

Broken Pebble Lane (Proposed)