

1607 THOMPSON AV

03702109

1/3/2008

duponbj

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

File 3773B

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

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER Earl S. Springs MAILING ADDRESS 1607 Thompson Avenue, Charlotte, NC 28216

OCCUPANT same LOCATION same

[X] RESIDENCE [ ] BUSINESS [ ] OTHER Tax Parcel No. 037-021-03

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number (704) 336-5573.

* [X] Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system. *An option

[ ] Other Repairs (*specify*) (1) Water conservation measures required during interim prior to ~~CMUD connection.~~

[X] Eliminate wastewater discharge and connect to ~~xx approved wastewater system.~~ Char.-Meck. Utility Dept. sewer line after ewtension & tap installed.

[ ] Perform Maintenance (*specify*) (2) Pump septic tank as needed to keep septic effluent off surface of ground.

[ ] Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by **NA, appropriate legal action will be taken. **Copy of CMUD tap-on-fee receipt received by Meck. Co. Health Dept. - sewer extension

Notice Issued March 14, 1996 (Date) Signed Lisa B. Mialik, R.S. (Division of Environmental Health) Agent

Compliance March 14, 1996 (Date) Signed Lisa B. Mialik. R.S. (Division of Environmental Health) Agent

DEHNR 1108 (Revised 9/92)
On-Site Wastewater Section (Review 10/94)

10/24/96 On-site visit @ 1607 Thompson Ave. No one @ home.
11/8/96 phone consult - tap installed 8/5/96. per Willie Mae @ CMUD
11/8/96 PC w/ Stan Springs - connected to CMUD sewer tap ~3 weeks ago - septic tank pumped, crushed - filled last week.

Residence no longer of septic system — on CMUD sewer.

P.01
704 392 4071
TUE, MAR-12-96 4:41PM LITTLE ROCK AUTO

CHARLOTTE MECKLENBURG UTILITY DEPT.

DATE: 3-4-96 № 37122

RECEIVED FROM: Earl Stanley Springs

one thousand six hundred ten +00/100 $ 1610.00

FOR: 4" sewer tap

1609 Thompson Av.

Norecia Johnson
RECEIVED BY:

CASH ☐

CHECK # 110

392-4071 / 319-6218 Stan Springs

Return as part of File # 3773B
Tax Parcel No. 037-021-03

Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

NOTICE

THE INFORMATION CONTAINED IN THIS TELECOPY MAY BE PRIVILEGED AND/OR CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT (OR SUCH RECIPIENT'S EMPLOYEE OR AGENT), YOU ARE HEREBY NOTIFIED NOT TO READ, DISTRIBUTE OR COPY THE MATERIALS ATTACHED HERETO WITHOUT THE PRIOR WRITTEN CONSENT OF THE SENDER. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY THE SENDER BY TELEPHONE CALL AND RETURN THE ORIGINAL TELECOPY TO US BY MAIL AND WE WILL REIMBURSE YOU FOR THE REQUIRED POSTAGE. THANK YOU.

TO: V. Johnson TELECOPIER # 393-2219
CMUD

FROM: Lisa Mialik DATE 3/14/96
Meck. Co. Health Dept: IWWS 336-5573

NUMBER OF PAGES TRANSMITTED: 3 (including cover sheet)

COMMENTS: Notice of violations to hopefully expedite extensions. Thanks!

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5102.

[✓] Original will not follow [ ] Original will follow via:

[ ] U.S. Mail [ ] Hand Delivery [ ] ____

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

Attn: V. Johnson

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

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER Earl S. Springs

MAILING ADDRESS 1607 Thompson Avenue, Charlotte, NC 28216

OCCUPANT same

LOCATION same

☒ RESIDENCE ☐ BUSINESS ☐ OTHER Tax Parcel No. 037-021-03

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On-Site Wastewater Section (Review 10/94)

3-11-96

THE INFILTRATOR® Chamber System

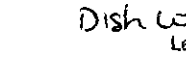
Don't forget The VIOLATION NOTICE To STAN Springs AT Thompson Rd

392-4071 3/13 Left message

I have NOT received his water records yet.

Judy

2 ± laundry loads per day
Dish washer 1 X / day
4 people — 2 showers Each/day



Leading the way in septic and stormwater chamber systems

4 Business Park Road • P.O. Box 768 • Old Saybrook, CT 06475
800-221-4436

P.01
704 392 4071
LITTLE ROCK AUTO
TUE, MAR-12-96 4:4:PM

CHARLOTTE MECKLENBURG UTILITY DEPT.

DATE: 3-4-96 № 37122

RECEIVED FROM: Earl Stanley Springs

one thousand six hundred ten +00/100 $ 1610.00

FOR: 4" sewer tap

1609 Thompson Av.

Noreen Johnson
RECEIVED BY:

CASH ☐

CHECK ☑ # 110

392-4071 / 329-6218 Stan Springs

Retain as part of File # 3773B
Tax Parcel No. 037-021-03

TOTAL P.01
P01

3-12-96

To: Lisa Mialik

From: Stan Spivey

Re: 1607 Thompson Ave
All water wells
Copy ~~@~~ of tap fee

- 5 pages -

Septic system failing.

3/8/96 OSW@1607 Thompson Ave.
2:30 meter reading 05999 cu ft.

3/12/96 OSW@1607 Thompson Ave
1:30 meter reading 06180 cu ft.

per PC w/ Stan Spivey on 3/12 - 4 people reside @ residence.
Each person takes 2 showers per day; dishwasher run
1X per day; 2-3 laundry loads per day.
over this past weekend disconnected water supply
to clothes washer to prevent his 2 daughters from
using washing machine.

per PC w/ Mrs. Spivey 3/13 moved into house 1st week of NOV.
(COC on septic 11/6/95)

6180 x 7.5 = 46,350 gallons (water usage) ÷ 120 days = 386.25 gal/day
conversion factor

exceeds daily design flow

P. 02
704 392 4071
TUE, MAR-12-96 4:36PM LITTLE ROCK AUTO

CITY OF CHARLOTTE

MECKLENBURG COUNTY

SERVICES BILL

BILLING CENTER
600 East 4th Street
Charlotte, NC 28250-0001
Phone: 704/336-2211

5387

CUSTOMER NAME: EARL STANLEY SPRINGS

TYPE OF BILL: MONTHLY
DATE OF BILL: 02/12/1996
ACCOUNT NO.: 11/11-20-664000/00/02/R
PERIOD COVERED: 12/22/1995 - 02/06/1996
A/R NO.: 238577
G/R NO.: 238577

IMPERVIOUS AREA FOR STORMWATER FEE: SQUARE FEET
NO. TAX PARCELS: LEAD PARCEL NO.:
LEAD PARCEL ADDRESS:

WATER/SANITARY SEWER SERVICE ADDRESS: 1607 THOMPSON AV
PREVIOUS METER READING: 5 CURRENT METER READING: 47 CURRENT USAGE: 42

PAYMENTS POSTED THROUGH 02/11/1996

CHARGES

	STORM WATER	WATER	SANITARY SEWER	BALANCE
	$	$	$	$
CURRENT SERVICE CHARGE OR FEE		41.95		41.95
SUBTOTAL				41.95
		TOTAL AMOUNT DUE		41.95

Unpaid Balance Due: N/APPLICABLE

Current Charges Due: 03/03/1996

P.03
704 392 4071
TUE, MAR-12-96 4:36PM LITTLE ROCK AUTO

CITY OF CHARLOTTE

MECKLENBURG COUNTY

SERVICES BILL

BILLING CENTER
600 East 4th Street
Charlotte, NC 28250-0001
Phone: 704/336-2211

5287

CUSTOMER NAME: EARL STANLEY SPRINGS

TYPE OF BILL: MONTHLY
ACCOUNT NO.: 11/11-20-684000/00/02/R
A/R NO.: 238577

DATE OF BILL: 01/10/1996
PERIOD COVERED: 11/27/1995 - 12/22/1995
G/R NO.: 238577

IMPERVIOUS AREA FOR STORMWATER FEE: SQUARE FEET
NO. TAX PARCELS: LEAD PARCEL NO.:
LEAD PARCEL ADDRESS:

WATER/SANITARY SEWER SERVICE ADDRESS: 1607 THOMPSON AV
PREVIOUS METER READING: 5 CURRENT METER READING: 5 CURRENT USAGE: 0

PAYMENTS POSTED THROUGH 01/09/1996

CHARGES

	STORM WATER	WATER	SANITARY SEWER	BALANCE
	$	$	$	$
CURRENT SERVICE CHARGE OR FEE		1.45		1.45
SUBTOTAL				1.45
BALANCE BROUGHT FORWARD				4.49
ADJUSTMENT SINCE LAST BILL		1-16-96		4.49-
TOTAL AMOUNT DUE		6368		1.45

Unpaid Balance Due: N/APPLICABLE

Current Charges Due: 01/30/1996

P.04
704 392 4071
LITTLE ROCK AUTO
TUE, MAR-12-96 4:36PM

CITY OF CHARLOTTE

MECKLENBURG COUNTY

SERVICES BILL

BILLING CENTER
600 East 4th Street
Charlotte, NC 28250-0001
Phone: 704/336-2211

4940

CUSTOMER NAME: EARL STANLEY SPRINGS

TYPE OF BILL: MONTHLY
ACCOUNT NO.: 11/11-20-684000/00/01/R
A/R NO.: 238577

DATE OF BILL: 12/07/1995
PERIOD COVERED: 10/27/1995 - 11/27/1995
G/R NO.: 238577

IMPERVIOUS AREA FOR STORMWATER FEE: SQUARE FEET
NO. TAX PARCELS: LEAD PARCEL NO.:
LEAD PARCEL ADDRESS:

WATER/SANITARY SEWER SERVICE ADDRESS: 1607 THOMPSON AV
PREVIOUS METER READING: 3 CURRENT METER READING: 5 CURRENT USAGE: 2

PAYMENTS POSTED THROUGH 12/06/1995

CHARGES

	STORM WATER	WATER	SANITARY SEWER	BALANCE
	$	$	$	$
CURRENT SERVICE CHARGE OR FEE		3.19	4.49	7.68
SUBTOTAL				7.68
BALANCE BROUGHT FORWARD				6.83
ADJUSTMENT SINCE LAST BILL				6.83-
TOTAL AMOUNT DUE				7.68

12-12-95 Wade

Unpaid Balance Due: N/APPLICABLE

Current Charges Due: 12/27/1995

P.05
704 392 4071
TUE, MAR-12-96 4:36PM LITTLE ROCK AUTO

CITY OF CHARLOTTE

SERVICES BILL

BILLING CENTER
600 East 4th Street
Charlotte, NC 28250-0001
Phone: 704/336-2211

MECKLENBURG COUNTY

P05
04:48PM 03-12-96

5238

CUSTOMER NAME: EARL STANLEY SPRINGS

TYPE OF BILL: MONTHLY
ACCOUNT NO.: 11/11-20-684000/00/01/R
A/R NO.: 238577

DATE OF BILL: 11/09/1995
PERIOD COVERED: 09/10/1995 - 10/27/1995
G/R NO.: 238577

IMPERVIOUS AREA FOR STORMWATER FEE: SQUARE FEET
NO. TAX PARCELS: LEAD PARCEL NO.:
LEAD PARCEL ADDRESS:

WATER/SANITARY SEWER SERVICE ADDRESS: 1607 THOMPSON AV
PREVIOUS METER READING: 0 CURRENT METER READING: 3 CURRENT USAGE: 3

PAYMENTS POSTED THROUGH 11/03/1995

CHARGES

	STORM WATER	WATER	SANITARY SEWER	BALANCE
	$	$	$	$
CURRENT SERVICE CHARGE OR FEE		4.88	6.83	11.71
SUBTOTAL				11.71
TOTAL AMOUNT DUE				11.71

11-10 95
Jean Strutt

11-17-95
#16288
PD

Unpaid Balance Due: N/APPLICABLE

Current Charges Due: 11/29/1995

CERTIFICATE OF COMPLETION/OPERATION PERMIT

1.6460

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

FILE: 3773B DATE: 10/31/95 11/6/95

TC: 037.021 - 0350 ☐ L ☒ CRT

SERIAL № 16471

Name of Owner Earl S. Spruce Juris.:

Address of Property 1107 Thompson Ave

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 8 @ 50'

Cover Depth 12" - 18"

Water Supply Source City

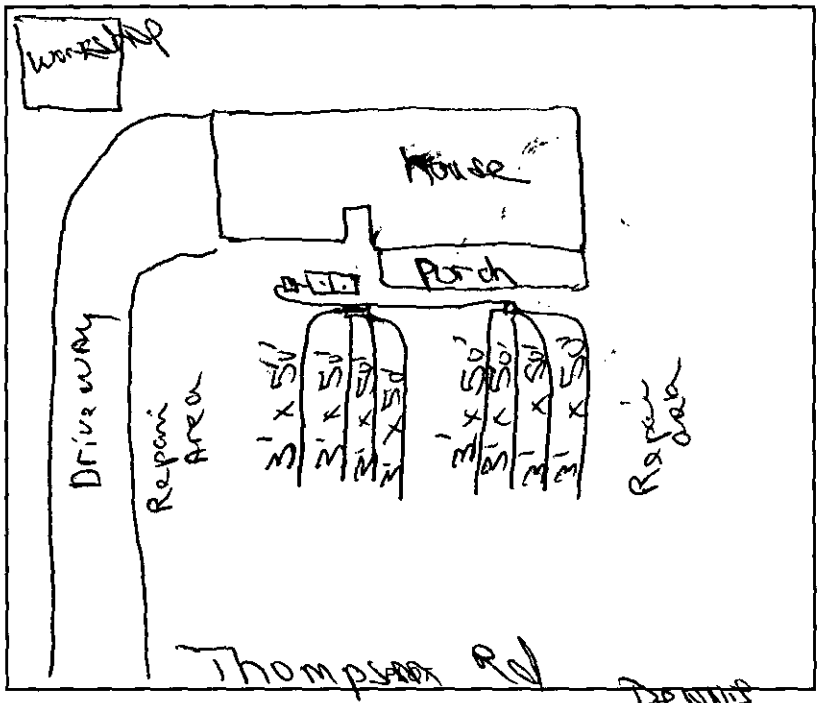
Distance to Water Source Not Drilled

Excavation Inspected 10/31, 11/6

Tank(s) Inspected 10/31

Wash Line Inspected N/A

High Water Alarm Inspected NA



Design 1995, Con 1500 St 1200 SFT, 12" G, Recd CTR# Joye

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: System designed for 3 bedroom home. Type II - Water line NOT Installed At Time of Inspection - Property Owner Agreed to run Water line down driveway - 10' Separation required between System & Water Line - Repair Area Included in Setback requirements.

Judy Klein RS
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

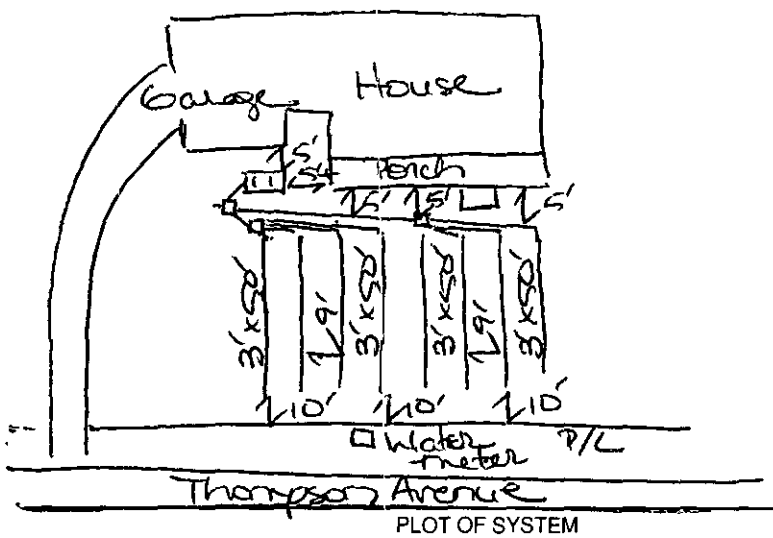
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 37736 DATE: 10/24/95

TC: 037-021-03PO ☐ L

SERIAL Nº 16517

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 10/16/95. All work shall be completed on or before 11/24/95, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PCC

Trench Depth 24" (36" max.)

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous ✓

Total Line Length 400 feet

Number of Lines 8 @ 50' each

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 50 feet

Distance from waterline 10' minimum

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

NAME OF OWNER Earl S. Springs

LOCATION OF PROPERTY 1607 Thompson Avenue

Comments: - Install 3 D-Boxes (1 D-Box to split effluent to the other 2 D-Boxes)

- Gas line needs relocation off of septic system drainfield area & soil tamped back into gasline trench.

- Keep septic system installation 10' off property line, 5' from house.

A Statement for Sanitarian Supervisor 11-1-95

Lisa B. Mialik RS
Environmental Health Specialist

- Waterline must be installed atleast the minimum of 10' from septic system

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

addition fee - cc "Total Paid" JR

FEE: 200.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 10/19/95 **VOID) SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 10/24/95 **PERMIT NO:** 3773B
PARCEL NO: 037-021-03PO

PROPERTY OWNER: Earl S. Springs
BUILDING CONTRACTOR:
JOB LOCATION ADDRESS: 1607 Thompson Avenue
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: Rba B. Mialik **DATE:** 10/24/95
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3773B, 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: Note: House construction complete at time I.P. issued. Building permit had been issued with understanding that municipal sewer was available; however, sewer extension required + sewer extension not yet installed as of 10/19/95

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 Earl S. Springs 10-24-95
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

FEE: 100.00 Cash
DATE: 10/16/95

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

| CRT

TYPE APPLICATION: ✓ NEW SYSTEM ___ EXPANSION 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 #: 3773B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 037-021-03

STREET ADDRESS: 1607 Thompson Ave.

SUBDIVISION OR MOBILE HOME PARK NAME:

~~LOT~~ NUMBER: 1.03 ACRES

TYPE OF BUILDING, (CHECK ONE)

___ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
✓ HOUSE (H)
___ MODULAR HOME (M)
___ MULTIPLE FAMILY (U)
___ OTHER (O)

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1650

NUMBER OF BEDROOMS: 3 | NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
✓ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):
___ COMMUNITY (C)
✓ MUNICIPAL (M)
___ 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 ✓ NO
EXISTING WASTE WATER SYSTEMS ___ YES ✓ NO
EASEMENTS OR RIGHT-OF-WAYS ___ YES ✓ NO
WELL SPRINGS OR WATERLINES ___ YES ✓ NO
DESIGNATED WETLANDS ___ YES ✓ NO

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Springs (LAST) Earl (FIRST) S (MI)	NAME: SAME (LAST) (FIRST) (MI)
ADDRESS: 1607 Thompson Ave.	DAYTIME PHONE: ( ) 392-4071
CITY: Charlotte STATE: NC ZIP: 28216	
DAYTIME PHONE: (704) 392-4071	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 6-28-95

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: Earl S Springs DATE: 10-16-95

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

* House already completed - as built

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 3773B

Tax Number: 037-021-03 PO

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be **NO** grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is **NOT** transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	✓ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
.3 Long-term acceptance rate	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
No Municipal Serviced by private well	1500 Gallon septic tank	400 Total trench length (ft)	36" 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	12" Depth of stone		

Any surface waters present: NA Type: Minimum separation distance:

Site modifications required:

Additional Conditions: Keep waterline 10 feet or greater (horizontal distance) from any part of the sewage disposal system and its designated repair areas.

Repair Area System Type Type (circle one): I II (III) IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
1200 Absorption Area (Sq ft) 400 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	36" Maximum Trench Depth	

For existing system, enter the year originally installed:

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

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

Joe B. Mialik, RS 10/24/95
DEHNR Authorized Agent — Date

X Carl L. Jarvis 10-24-95
Owner/Agent Signature — Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

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

IWWS:100195

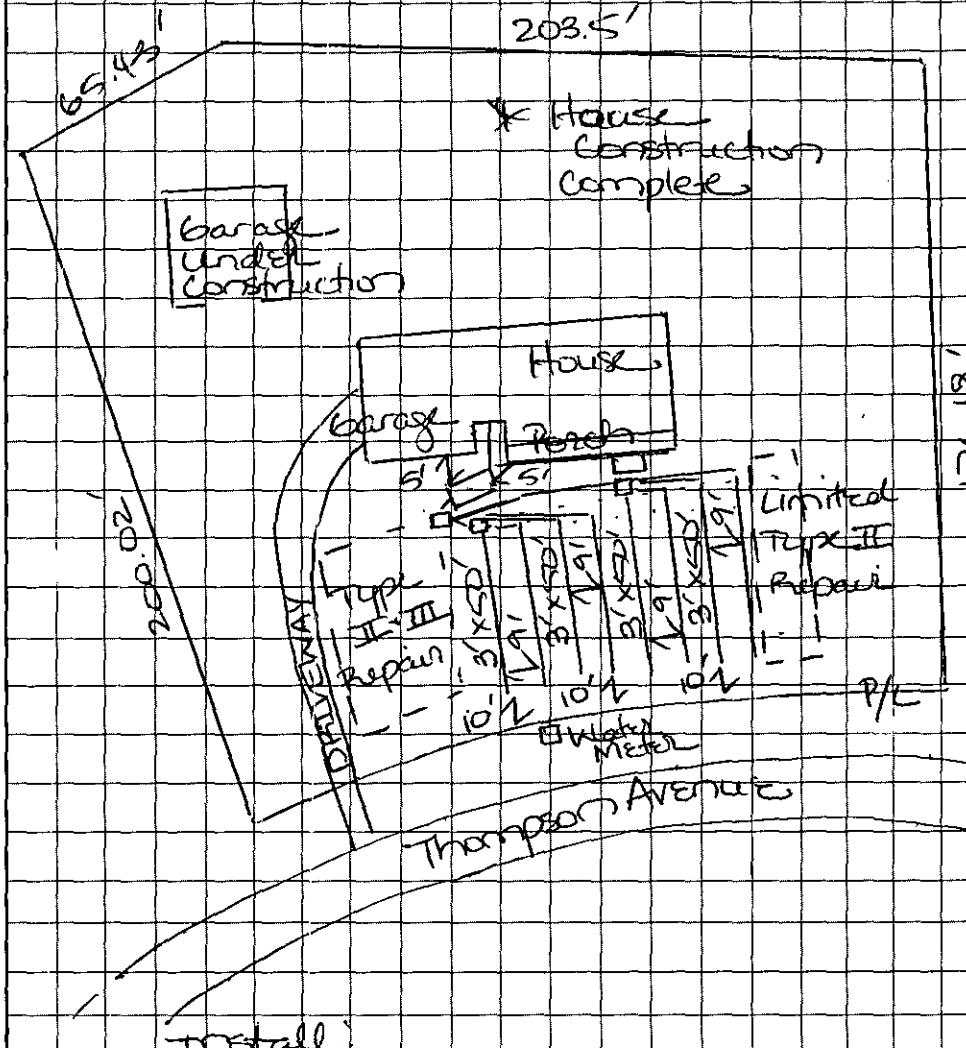
PROPOSED PLOT PLAN

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

FILE: 3773B

TC: 037-021-03P0

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.



Installation for House (already built) located at 1607 Thompson Avenue

COMMENTS:

- Gas line needs relocation off of drainfield area & soil tamped back into trench.
- * Waterline must be a minimum of 10' from any part of the septic system & its designated repair area.
- Do not disturb/grade area for the septic system - its designated repair areas.

Install:
- 1500 gal Septic Tank
- 3 D-Boxes (1 to split effluent to other D-Boxes)
- 8 Nitrification Lines grouped into 2 sets of 4 lines each.
  3'x50'x12" gravel each nitrification line.
  Maximum trench depth 36"
  Keep nitrification lines a minimum of 10' off property line.

X _____
OWNER/AGENT SIGNATURE

X DATE 10-24-95

APPROVAL DATE 10/19/95 JBM

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

3 77130 #1

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___
037-02103

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Earl D. Springs
ADDRESS: 1607 Thompson Ave, Okan
PROPOSED FACILITY: Residence
LOCATION OF SITE: 1607 Thompson

APPLICANT: Same
APPLICATION DATE: 10/6/95
PROPOSED DESIGN FLOW (.1949): 360gpd

DATE EVALUATED: 10/6/95
PROPERTY SIZE: 1.0
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) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFL CLAS & LTA
1	LS 4%	0-40"	C/SBK	SEXP/SI/P/Fr	7 40" TO 10YR 5/1 WETNESS	7 46"	N/A	7 46"	IV .39/FT dal PS
		40-46"	C/SBK	SEXP/SI/P/Fi					
2	LS 4%	0-26	C/SBK	SEXP/SS/SP Fi	2.5Y 6/2 @ 26"	37"	N/A	7 37"	US
		2-26"	C/SBK	SEXP/Fi/S/P					
		25-37"	C/SBK	EXP/Fi/S/P					
3	LS	0-26"	C/SBK/ABK	SEXP/Fi/S/P	7 37" TO 10YR 5/1 WETNESS	7 37"	N/A	7 37"	US
		26-37	C/SBK	EXP/Fi/S/P					
4	LS 4%	0-75"	C/SBK/ABK	SEXP/Fi/S/P	5Y 7/1 @ 37"	7 37"	N/A	7 37"	US

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

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___

EVALUATED BY: ___
OTHER(S) PRESENT: ___

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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___
037-021-03

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: ___ APPLICANT: ___
ADDRESS: ___ APPLICATION DATE: ___ DATE EVALUATED: ___
PROPOSED FACILITY: ___ PROPOSED DESIGN FLOW (.1949): ___ PROPERTY SIZE: ___
LOCATION OF SITE: ___ 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) 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 & LTA
5	LS 4%	0-35"	c/sBK/ABK	sEXP/s/P/F.	7.41" to 50:1 wetness	41"	N/A	7.41"	.3gd/ dam/FF2 PS IV
		35-41"	c/sBK/ABK	sEXP/s/P/F.					
6	LS 3%	0-26"	c/sBK/ABK	sEXP/s/P/fi	7.36" to chroma 2	7.36"	N/A	7.36"	.3gd/ FF dam LTA/3
		26-36"	c/sBK/ABK	sEXP/s/P/fi					
			Relic Mottles						
3									
4									

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

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: William R Marr
OTHER(S) PRESENT: ___

OMMENTS: limited available space

393

3773B

LEGEND

use the following standard abbreviations

ANDSCAPE 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

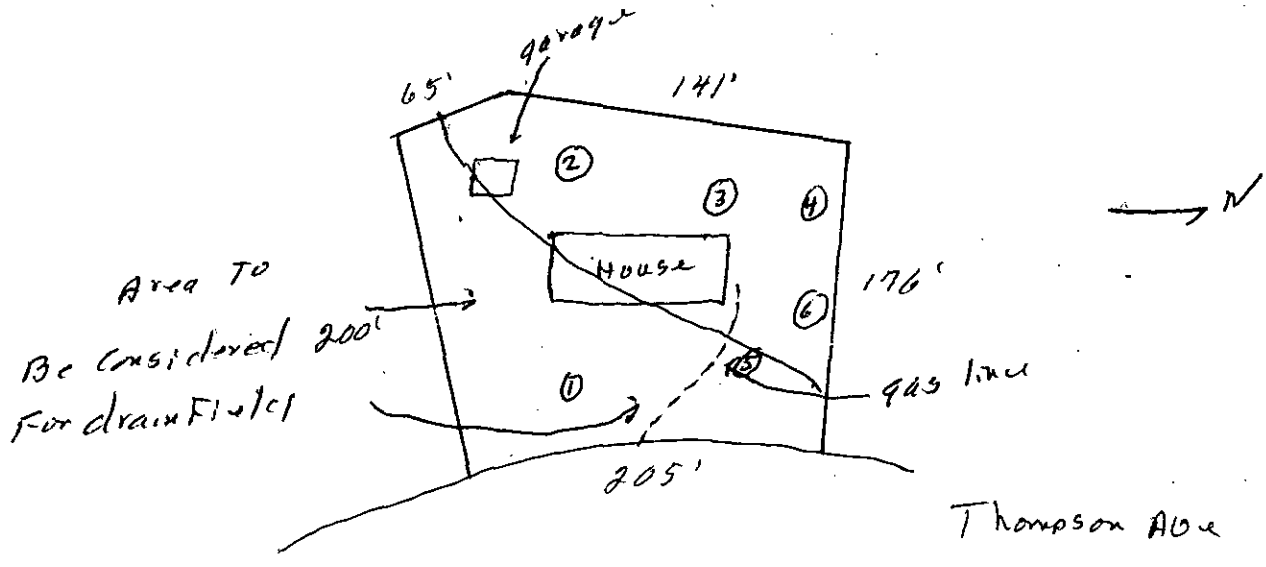
ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - 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).

(1) Boring locations (Approx)



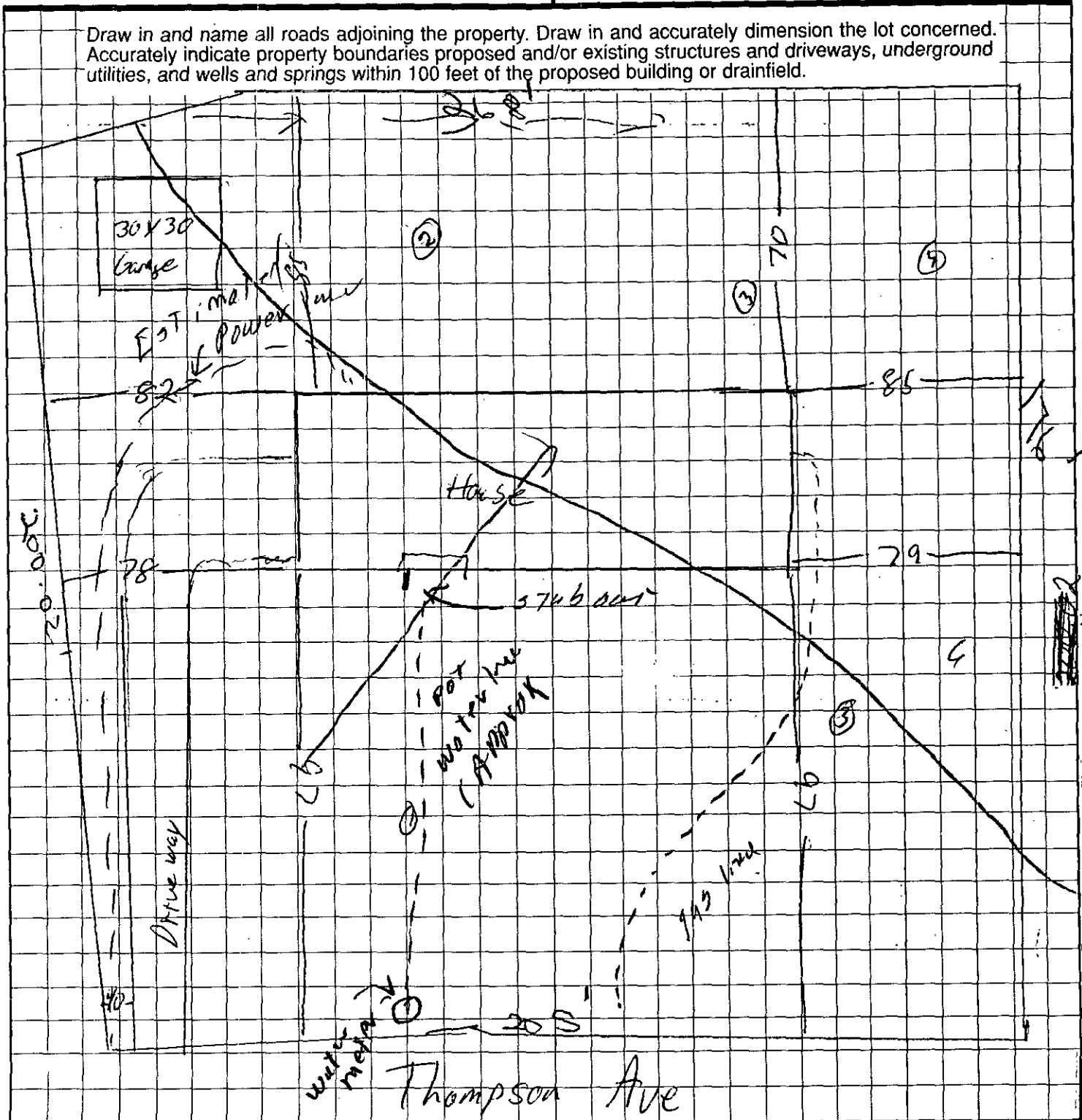
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PHONE (704) 336-5102

FILE: 3773B

TC: 037-021-03

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OWNER/AGENT SIGNATURE

DATE 10-16-95

APPROVAL DATE _____

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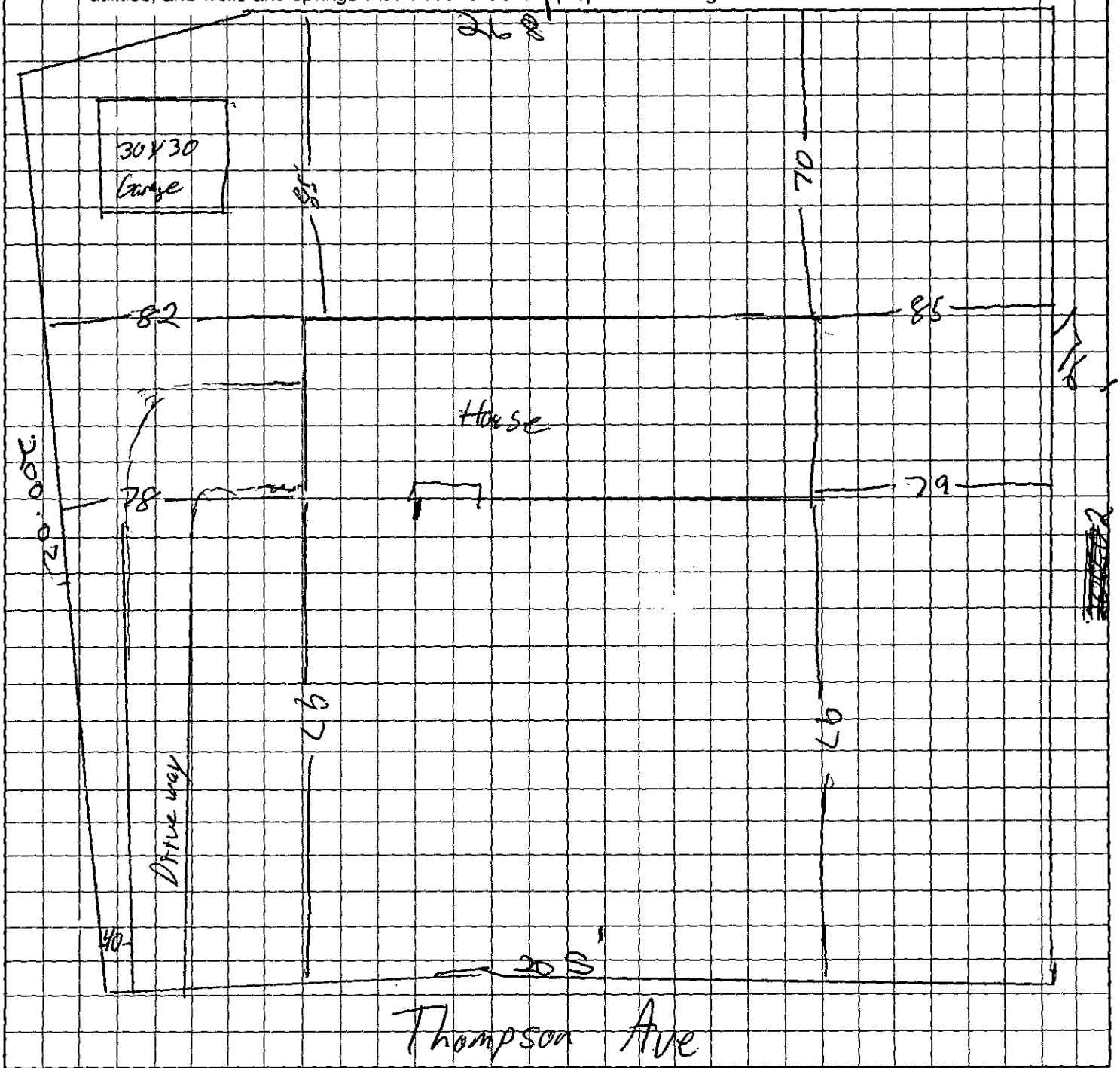
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OWNER/AGENT SIGNATURE

DATE 10-16-95

APPROVAL DATE _____

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Surveyed By: Ben M. Flowe & Son;
11316 Brief Road
Charlotte, N.C.
28227
(704) 545-3060

Map Book 26 Page 844

FILED FOR
REGISTRATION
95 JUN 28 AM 9:55
JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG CO., N.C.

Stanley R. Marler
4921 / 242
Tax # 037-021-01

Fannie Mae Hipp
W9 / 410
Tax # 037-033-02

Sidney L. McCutcheon
5181 / 431
Tax # 037-021-27

Roy L. Parker
3515 / 461
2892 / 181
Tax # 037-021-07 & 02

Lot 4
Lot 3
Lot 2
Lot 1

OAKDALE NO. 3
Map Book: 8, Pg. 349

RAVENDALE DRIVE
S.R.# 2224

P.K. Nail (S)

Winnie I. Parker
7911 / 796

Tract 1
8.103 Acres
Map Book: 25 / 834

1.033 Acres
Tract 3

Pipe (F) at Fence Post

N 85°38'12" E 123.10'
53.08'
S 13°20'53" E
L=139.58'
R=483.88'
204.21'
L=66.18'
L=38.30' 64.45'
189.45'
S 30°08'52" E 125.00'
S 66°03'33" W 200.02'
N 30°08'52" W 203.50'
N 01°14'41" W 141.44'
62.06'
65.43'
N 17°31'10" E 70.91'
N 02°45'16" W 126.20'

Public R/W Limit
40' Proposed R/W
5' Proposed R/W
40' Existing Setback
5' Transitional Setback
30' Setback
10' Setback
10' X 70' Sight Triangle
35' X 35' Sight Triangle

THOMPSON AVENUE
S.R.# 2201
60' R/W
(PUBLIC)

OAKDALE ROAD
S.R.# 2025
60' R/W
(PUBLIC)

DONLEE DRIVE
S.R.# 2031
50' R/W
(PUBLIC)

Map Book: 25 / 834
Tract 2
MARGARET J. PARKER
7608 / 230

Pow Creek Township
City of Charlotte

Plat North M.B. 25 / 834

100 0

State of North Carolina, County of Mecklenburg
The foregoing certificate(s) of Gregory S. Flowe
a Notary(y) (ies) Public (is) (are) certified to be correct.
This 28th day of June 19 95.
Judith A. Gibson, Register of Deeds
By: Valerie I. White Deputy

CERTIFIED TO BE A TRUE AND CORRECT
COPY OF THE ORIGINAL MAP RECORDED
IN BOOK 26 PAGE 844
DATE: June 28, 1995
JUDITH A. GIBSON, REGISTER OF DEEDS
BY: Valerie I. White DEPUTY

JUDITH A. GIBSON REGISTER OF DEEDS MECKLENBURG COUNTY, N.C.

139 66 205