

6810 GILEAD RD

1/9/2008

duponbj

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

CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Permit Number: **6233B** Tax Number: **01541106PO**

- 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

Primary Wastewater System

Type: ☐ 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:

0.25 Long-term acceptance rate (GPD/ft^2)	**600** Max gallons/day wastewater flow	**1800** Absorption Area (ft^2)	**9** Trench spacing (min. on centers) (ft)
Serviced by private well: ☐ Yes ☒ No	**1500** Gallon septic tank	**600** Total trench length (ft)	**18** Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
5 Bedrooms in residence	**1500** Gallon pump tank	**NA** Depth of stone (in)	

Any surface water present: **NO** Type: Minimum separation distance (ft):

Additional conditions: ***Agreement forms on file before CA release.***
Well abandonement forms on file before CA release.
Install system according to designed plans on file.

Repair Area System

Type: ☐ 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:

4000 Absorption Area (ft^2) **900** Total trench length (ft)	**12** Depth of stone (in)	**5** Trench spacing (min. on centers) (ft)	**12** Maximum trench depth (in)

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. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems 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.

Tommy Mucke, R.S. 1/19/06
DENR Authorized Agent Date

W.H. Henderson 1/6/06
Owner/Agent Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE: (704) 336-5103
FAX: (704) 336-6894

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FEE: _____
DATE: _____

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

AGS

PERMIT NUMBER: 6233B
PARCEL NUMBER: 01541106 PO

JOB LOCATION ADDRESS: 6810 Gilead Road
PROPERTY OWNER: Dinesh Guyarathi
BUILDING CONTRACTOR: ____
SUBDIVISION NAME: NA
AUTHORIZATION ISSUED BY: Jeremy Michelone, R.S. DATE: 01/19/06

Jeremy Michelone, R.S.
DENR/DEH AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 6233B, 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 THE 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 CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.

5. OTHER CONDITIONS:
   Agreement forms on file before CA release.
   Well abandonment forms on file before CA release.
   Install system according to designed plans on file.

N.C.H.D.
File: 6233-B

Primary Sys.

SPECS: (5) Bdrm., Pumped EASY Flow Chamber Sys.

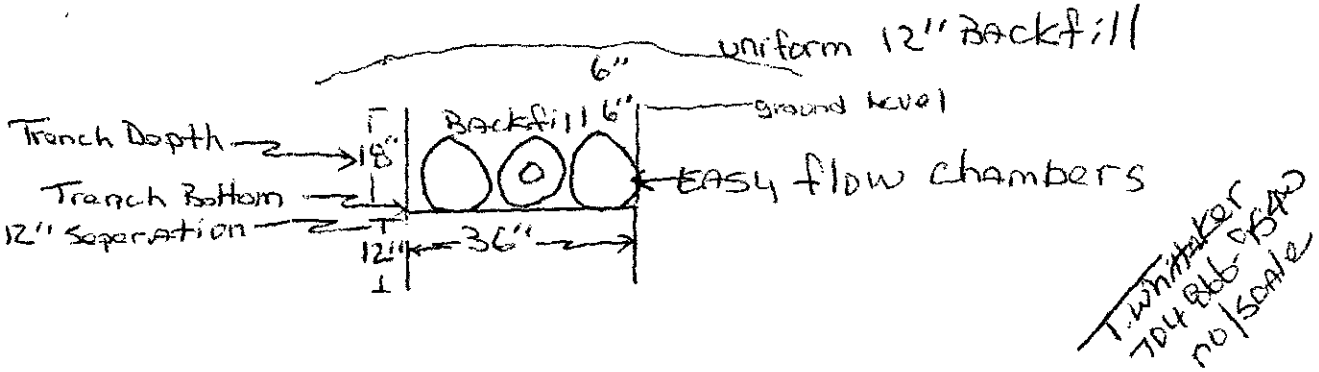
1,500 gal. Septic Tank - Filter
1,500 gal. Pump Tank - Riser
.5 Hps. Pump (Requirement may vary)
Pressure manifold - Contractor's choice
(5) 120' EASY Flow Chamber Lines = 600' (.25 LTAR)
(12) Chambers per line = 60 Chambers

Repair Sys.

Low Pressure Pipe (LPP)
900'+ Shown @ .15 LTAR

* Sys. to be installed per manufacturers specs. on grade & contour per plan.

* Trench Profile 6233-B



T. Whittaker
704 826-5420
no scale

CC 793417

2nd Site 12/14/05

GWS – RES. APP 07/05

SEPTIC FEE: $ 200.00
DATE: 12/20/05
CHECK #: 4116

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

WELL FEE:
DATE:
CHECK #:

FILE # 62338

SEPTIC / TYPE APPLICATION: ☐ NONE ☑ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

WELL / TYPE APPLICATION: ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION:

TAX/PARCEL #: 01-54114060 ~~00~~ PO

STREET ADDRESS: ~~6870~~ Gilead Rd

CITY: Huntersville

STATE: NC ZIP: 28078

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #:

TOWNSHIP:

☐ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☑ ~~6~~-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☑ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE: 7000.

NUMBER OF BEDROOMS: 5

NUMBER OF OCCUPANTS: 5

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☑ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☐ NO TYPE:

WATER SUPPLY:

☐ MUNICIPAL (M) ☑ PUBLIC (C) ☐ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☑ ~~NO~~	WELLS, SPRINGS, OR WATER LINES	☑ ~~YES~~	☐ NO
EXISTING WASTEWATER SYSTEMS	☑ ~~YES~~	☐ NO	DESIGNATED WETLANDS	☐ YES	☑ ~~NO~~
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☑ ~~NO~~	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☑ ~~NO~~

PROPERTY OWNER:

NAME: SANDRA Dishman WATTS
ADDRESS: 6810 Gilead Rd
CITY: Huntersville, NC 28078
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: MR Dinesh Gujarathi
ADDRESS: 8824 Idlewild Rd
CITY: Charlotte
STATE: NC ZIP: 28227
HOME PHONE: 704-568-1476 WORK PHONE:
MOBILE PHONE: 630-561-6631 FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

"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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

X D Gujarathi 12/20/05
Owner's/Agent's Signature Date

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

"A Well 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202 704-336-5103 / FAX: 704-336-6894

********** -COMM. JOURNAL- ********** DATE JAN-05-2006 ***** TIME 13:33 *********

MODE = MEMORY TRANSMISSION START=JAN-05 13:28 END=JAN-05 13:33

FILE NO.=068

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/TEL NO.	PAGES	DURATION
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-MECKLENBURG CO GWS -

********** - ***** - 704 336 6894- **********



MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Water & Land Resources
Groundwater & Wastewater Services

Fax Coversheet

****NOTICE****

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To: Ila Gujarathi Fax #: 704-566-0994

Phone #:

From: Valerie Welker Date: 1/5/06

Number of pages transmitted: 16 (including coversheet)

Comments: File # 62338 + File # 62348 Denial letters + Soil Evaluation

If you do not receive all pages of this fax please call (704) 336-5103.

☐ Original will not follow

☐ Original will follow via: ☐ U.S. Mail ☐ Hand Delivery ☐ _____

700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236
Office #: (704) 336-5103 • Fax #: (704) 336-6894

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Water & Land Resources
Groundwater & Wastewater Services

Fax Coversheet

NOTICE

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To: Ila Gujarathi Fax #: 704-566-0994

Phone #:

From: Valerie Walker Date: 1/5/06

Number of pages transmitted: 16 (including coversheet)

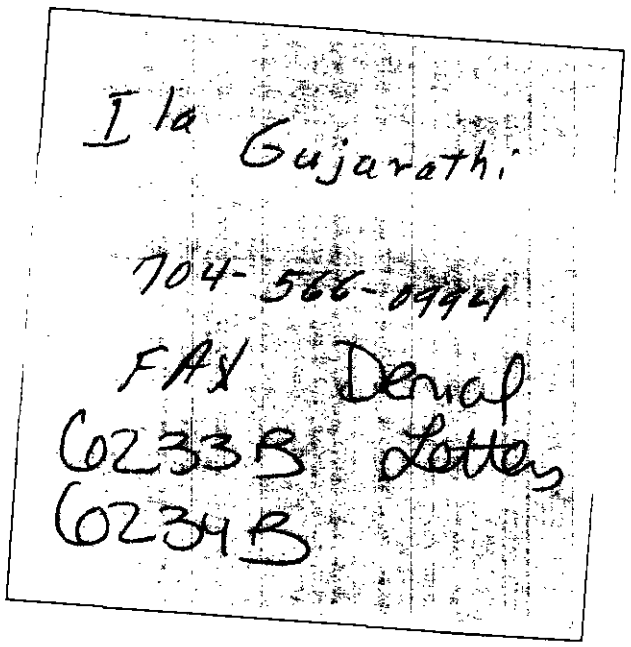
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700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236
Office #: (704) 336-5103 • Fax #: (704) 336-6894


Ila Gujarathi
704-566-0924
FAX
Dental
Letters
60233B
60234B

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 of 2
Property ID: PO 015-411-06
Lot #: 2
File #: 6233B
Code: 2

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Sandra D. Watts
Applicant: Dinesh Gujarathi
Address: 6810 Gilead Road, Huntersville, N. C. 28078
Date Evaluated: 12/8/05
Proposed Facility: Residence
Design Flow (.1949): 600gpd
Property Size: Approx 2.4a
Location of Site: Gilead Road
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 10	0-2	GR/CL	FR/SEXP/SS/SP	>9" TO SOIL WETNESS	6	N/A	NONE	US
		2-6	SBK/C	VFI/EXP/VS/VP					
		6-9	M/CL	FR/SEXP/SS/SP					
2	"	0-3	GR/CL	"	>10" TO SOIL WETNESS	10	"	"	"
		3-10	SBK/C	VFI/EXP/VS/VP					
3	LS, 8	0-5	GR/CL	FR/SEXP/SS/SP	>24" TO SOIL WETNESS	24+	"	"	"
		5-20	SBK/C	FI/SEXP/S/P					
		20-24	SBK/ABK/C	VFI/EXP/VS/VP					
4	"	0-5	GR/CL	FR/SEXP/SS/SP	>30" TO SOIL WETNESS	30	"	"	US, IV
		5-30	SBK/C	FI/SEXP/S/P					.25GPD/FT^2

Description	Initial System	Repair System
Available Space (.1945)	US	US
System Type(s)		
Site LTAR	.25GPD/FT^2	.25GPD/FT^2

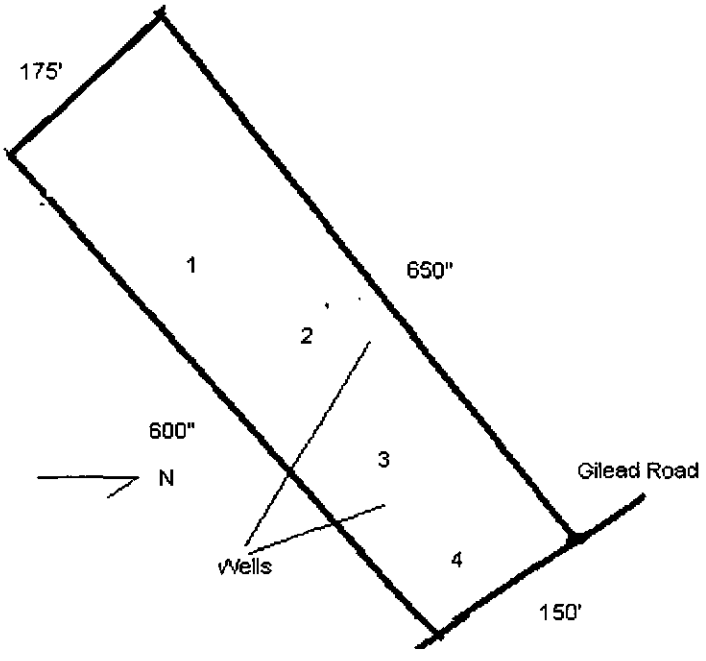
Other Factors (.1946):
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 12/0/2005. W. R. Marlin
Others Present:

COMMENTS:
100% repair

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Food Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace				
FP-Flood Plain		CL-Clay Loam		
		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

Sketch of Soil Evaluation Locations



MECKLENBURG COUNTY
Health Department

January 5, 2006

Sandra D. Watts
1346 HWY 182
Lincolnton, NC 28092

Re: Application for improvement permit for
Property Site: 6810 Gilead Road
Health Department file number: **6233B**

Dear Property Owner or Owner's Agent:

The Mecklenburg County Health Department, Environmental Health Division on **November 19, 2005** evaluated the above-referenced property at the site designated on the site plan that accompanied your improvement permit application. According to your application the site is to serve a five-bedroom residence, with a design wastewater flow of 600 gallons per day. The evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 and related statutes and Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .1900 and related rules.

Based on the criteria set out in Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rules .1940 through .1948, the evaluation indicated that the site is **UNSUITABLE for** a ground absorption sewage system. Therefore, your request for an improvement permit is **DENIED.** A copy of the site evaluation is enclosed. The site is unsuitable based on the following:

- ☐ Unsuitable soil topography and/or landscape position (Rule .1940)
- ☒ Unsuitable soil characteristics (structure or clay mineralogy) (Rule .1941)
- ☐ Unsuitable soil wetness condition (Rule .1942)
- ☒ Unsuitable soil depth (Rule .1943)
- ☐ Presence of restrictive horizon (Rule .1944)
- ☒ Insufficient space for septic system and repair area (Rule .1945)
- ☐ Unsuitable for meeting required setbacks (Rule .1950)
- ☐ Other (Rule .1946)

These severe soil or site limitations could cause premature system failure, leading to the discharge of untreated sewage on the ground surface, into surface waters, directly to ground water or inside your structure.

The site evaluation included consideration of possible site modifications, and modified, innovative or alternative systems. However, the Health Department has determined that none of the above options will overcome the severe conditions on this site. A possible option might be a system designed to dispose of sewage to another area of suitable soil or off-site to additional property.

For the reasons set out above, the property is currently classified **UNSUITABLE,** and an improvement permit shall not be issued for this site in accordance with Rule .1948 (c).

However, the site classified as **UNSUITABLE** may be classified as **PROVISIONALLY SUITABLE** if written documentation is provided that meets the requirements of Rule .1948(d). A copy of this rule is enclosed. You may hire a consultant to assist you if you wish to try to develop a plan under which your site could be reclassified as **PROVISIONALLY SUITABLE.**

You have a right to an informal review of this decision. You may request an informal review by the soil scientist or environmental health supervisor at the local health department. You may also request an informal review by the
N. C. Department of Environment and Natural Resources regional soil specialist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Center, Raleigh, NC 27699-6714. To get a copy of a petition form, you may write the Office of Administrative Hearings or call the office at (919) 733-0926 or from the OAH web site at www.oah.state.nc.us/form.htm. The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. N. C. General Statue 130A-335(g) provides that your hearing would be held in the county where your property is located.

Please note: If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is **January 5, 2006.** Meeting the 30-day deadline is critical to your right to a formal appeal. Beginning a formal appeal within 30 days will not interfere with any informal review that you might request. Do not wait for the outcome of any informal review if you wish to file a formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (N.C. General Statute 150B-23) to send a copy of your petition to the North Carolina Department of Environment and Natural Resources. Send the copy to: Office of General Counsel, N. C. Department of Environment and Natural Resources, 1601 Mail Service Center, Raleigh, NC. 27699-1601. Do **NOT** send the copy of the petition to your local health department. Sending a copy of your petition to the local health department will **NOT** satisfy the legal requirement in N.C. General Statute 150B-23 that you send a copy to the Office of General Counsel, NCDENR.

You may call or write the local health department if you need any additional information or assistance.

Sincerely,

Jeremy Michelone, R.S.
Authorized Agent - DENR

Encl: (2)

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

2nd site #3

Sheet: 1 of 2
Property ID: PO 015-411-06
Lot #: 2
File #: 6233B
Code: 3

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Sandra D. Watts
Applicant: Dinesh Gujarathi
Address: 6810 Gilead Road, Huntersville, N. C. 28078
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Design Flow (.1949): 600gpd
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Property Recorded:
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Evaluation Method: [x] Auger Boring [x] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 8	0-9	GR/CL	FR/SEXP/SS/SP	>53" TO SOIL WETNESS	43	US	NONE	US
		9-15	ABK/C	FI/SEXP/S/P					
		15-43	SBK/ABK/C	VFI/EXP/VS/VP					
2	"	0-7	GR/CL	FR/SEXP/SS/SP	2.5Y7/1 at 31"	37	"	"	"
		7-14	SBK/ABK/C	FI/SEXP/S/P					
		14-37	ABK/C	VFI/EXP/VS/VP					
3	LS, 10	0-2	GR/CL	FR/SEXP/SS/SP	>38" TO SOIL WETNESS	23	"	"	"
		2-23	ABK/SBK/C	VFI/EXP/VS/VP					
		23-38	M/SCL	VFI/SEXP/SS/SP					
4	"	0-8	GR/SCL	FR/SEXP/SS/SP	>46" TO SOIL WETNESS	19	"	"	"
		8-19	ABK/C	VFI/EXP/VS/VP					
		19-46	M/CL	VFI/SEXP/SS/SP					
5	LS, 8	0-4	GR/CL	FR/SEXP/SS/SP	>27" TO SOIL WETNESS	18	"	"	"
		4-18	SBK/C	VFI/EXP/VS/VP					
		18-27	M/CL	FR-FI/SEXP/SS/SP					
6	"	0-4	GR/CL	FR/SEXP/SS/SP	>21" TO SOIL WETNESS	21+	N/A	"	"
		4-8	ABK/C	FI/SEXP/S/P					
		8-21	ABK/C	VFI/EXP/VS/VP					

Description	Initial System	Repair System
Available Space (.1945)	US	US
System Type(s)		
Site LTAR	.25GPD/FT^2	.25GPD/FT^2

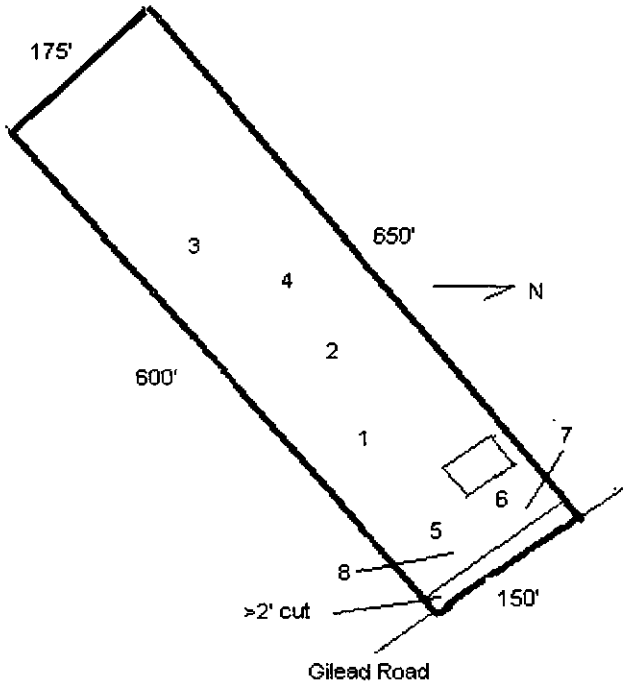
Other Factors (.1946):
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 12/15/2005, W. R. Marlin
Others Present:

COMMENTS:
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CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace				
FP-Flood Plain		CL-Clay Loam		
		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

Sketch of Soil Evaluation Locations



SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
CONTINUED

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
7	LS, 8	0-4	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	N/A	NONE	PS, IV
		4-33	SBK/ABK/C	FI/SEXP/S/P					.25GPD/FT^2
		33-48	SBK/CL	FR/SEXP/SS/SP					
8	"	0-3	GR/CL	"	>36" TO SOIL WETNESS	36	"	"	"
		3-36	SBK/ABK/C	FI/SEXP/S/P					

Wastewater System Design Consultants

ColeJenest & Stone
Jeremy S. Icard, PE.
112 South Tryon St., Suite 300
Charlotte, NC 28284
Tel: 704-376-1555
Dir: 704-971-4545
Fax: 704-376-7851
Email: jicard@colejeneststone.com

Dewberry & Davis
600 Lexington Avenue
Charlotte, NC 28203
Office: 704-342-0401
Fax: 704-332-3468

Hal Owen & Assoc. of Charlotte, PLLC
Michael Athanas
Charlotte, NC 28241-0211
Tel: 704-541-6666
Fax: 704-708-5196

Thompson Environmental Consulting
Larry B. Thompson, R.S., PWS
114 Orchard Ridge Road
Locust, NC 28097
Work: 704-301-4881
Fax: 704-888-1496
Home: 704-888-7096
Email: larry@thompsonenv.com

Michael Wood, LSS
The Catena Group
303 Lilly Court
Hillsborough, NC 27278
Office: 919-732-1300
Mobile: 919-417-8027

Piedmont Design Asso.
Suite 104, Westfield Center
125 East Plaza Drive
Mooresville, NC 28115
Office: 704-664-7888
Fax: 704-664-1778
Email: pda123@alltel.netoffice

Shield Engineering Inc.
4301 Paggart Creek Road
Charlotte, NC 28208
Office: 704-394-6913
Fax: 704-394-6968

Soil & Environmental Consultants, Inc.
Wendell Overby
PMB 291
3020-I Prosperity Church Road
Charlotte, NC 28269
Office: 704-720-9405
Mobile: 704-239-2001
Fax: 704-720-9406

Tim Whittaker
5518 Old Farm Road
Gastonia, NC 28054
Office: 704-866-9540

Toney C. Jacobs & Associates, Inc.
168 Broadbill Drive
Mooresville, NC 28115
Office: 704-663-6905
Fax: 704-662-9845
Email: jacobs@i-america.net

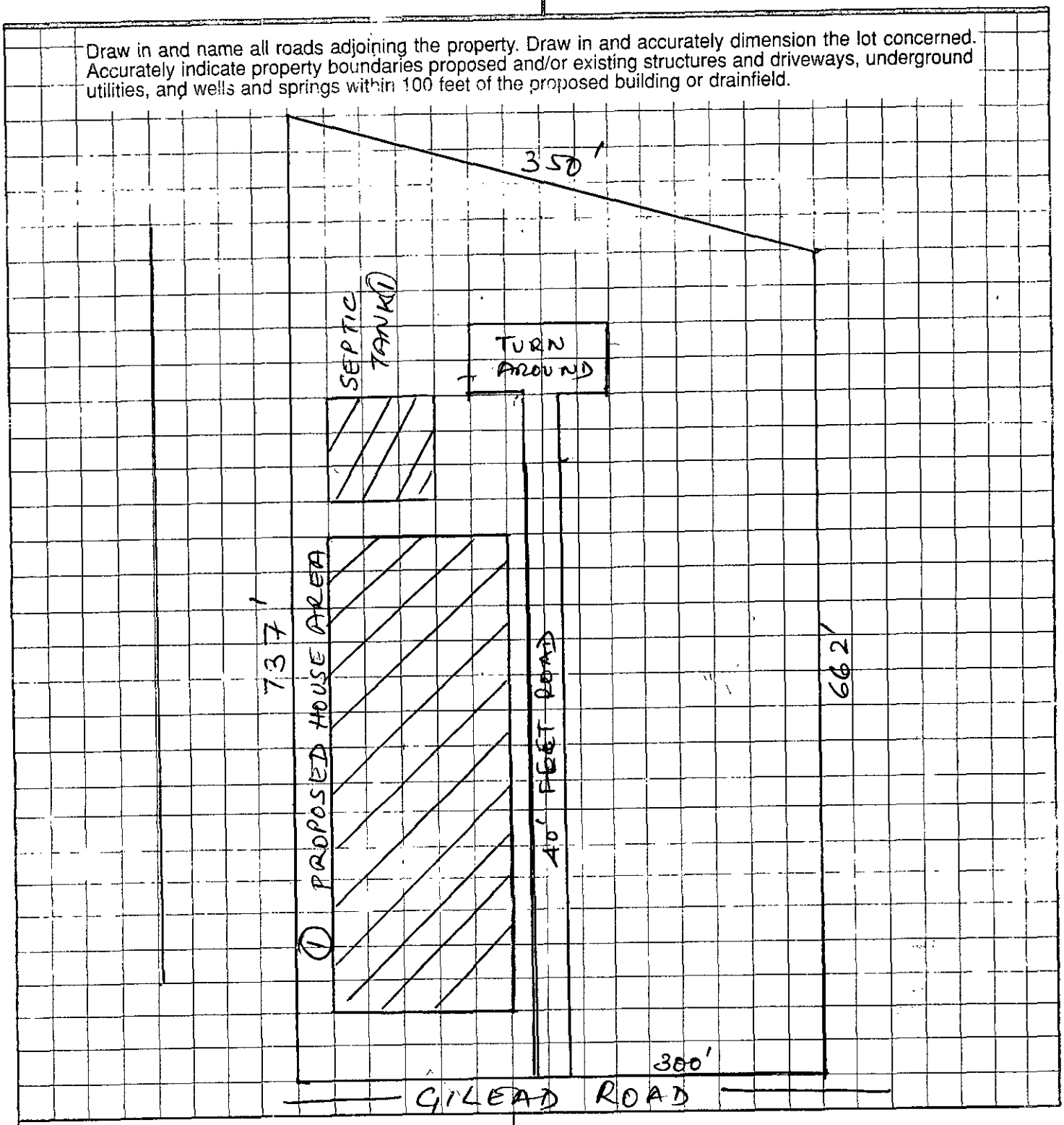
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 62338

TC: _____

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



APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

6233B
6234B

Dt. 23-11-2005

To,
MECKLENBURG COUNTY HEALTH DEPARTMENT,
G'WATER & WASTEWATER SERVICES,
700, N. TRYON ST, SUITE 211,
CHARLOTTE, NC 28202.

Sir,

I am in the process of purchasing property located at:

6810, GILEAD ROAD
HUNTERSVILLE, N.C. 28078 (Parcel ID 01541106)

I plan to devide this property in two lots and plan to built two homes with between5000 to 7000 sq.ft. heated space. Existing home on the property will be removed .

This property currently has septic tank and city water. I would like to have two places perked and accepted for a septic system as is designed on the drawing . Our closing date for this property is Dec. 20th,2005,but have contingency that we have the land accepted for septic system by Dec. 1st,2005. I am not sure what the lead time is to have this done, so please advise me on your schedule.

I shall appreciate your guidance and suggestions to implement this. You can reach me at 704 567 8430.

Thanks

Dinesh Gujarathi

11/23/2005

DINESH GUJARATHI
8824 Idlewild road,
Charlotte , N C 28227

Cell # 1 630 561 6631

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	12/14/05	**Amount:**	200.00
Receipt #:	38960	**Tendered:**	0.00
Check / Auth #:	CHECK 6628	**Returned:**	0.00
Received By:	WALKEVA		

Account Information

Account #: 200000
Contractor: WALKER TRACY A.
Attn:
Address: 1346 HWY. 182
Address:
City/State/Zip: LINCOLNTON, NC 28092

Item	Description	Permit#	Quantity	Unit Price	Total Price
0702	Optional Site Evaluations 6233B GILEAD RD & 6234B GILEAD		1	200.00	200.00

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

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