

16308 FALLVIEW DR

21718158

9/5/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 21540 DATE: 11/29/00

TC: 217-181-58 ☑ L ☐ CRT X

SERIAL № 18484

Name of Owner Tony Moore Juris.:

Address of Property 16308 Fallview Drive

Inspection Data:

Tank Material PCC

Total Length of Drainfield 200'

Number of Lines 4 @ 50'

Cover Depth 16"

Water Supply Source well

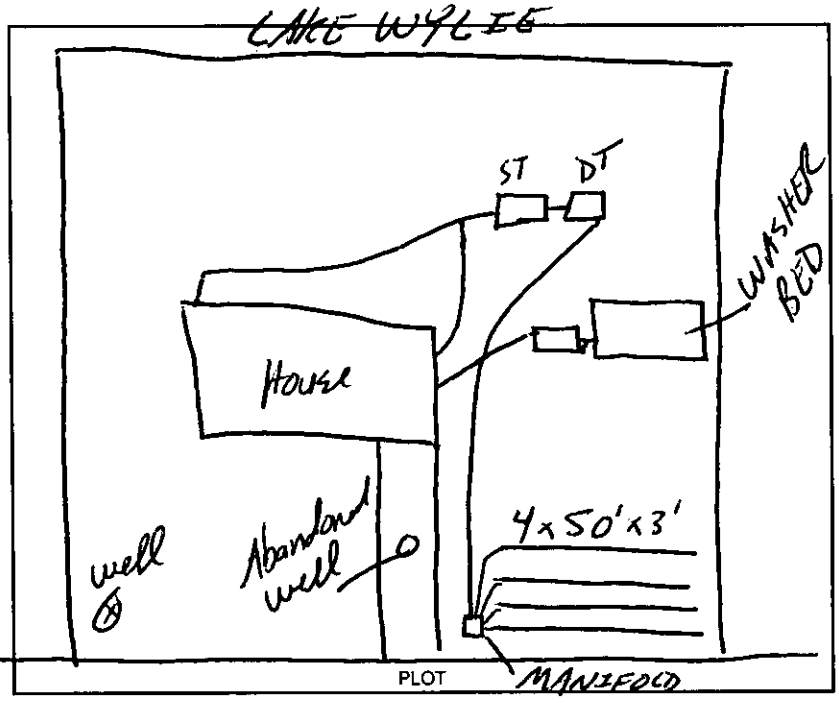
Distance to Water Source 750'

Excavation Inspected 11/29/00

Tank(s) Inspected 11/29/00

Wash Line Inspected 11/29/00

High Water Alarm Inspected 11/29/00



Design 2000, 1500ST, 1000DT, P1, I.W, 600SFT, P. Manifold CTR# 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: 3 Bedroom Residence

Washing Machine tied into existing septic system

4 lines x 50' x 3' Type III b innovative system

Pressure Manifold

Verna 4X Alarm Box

Jimmy P. Nichols
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

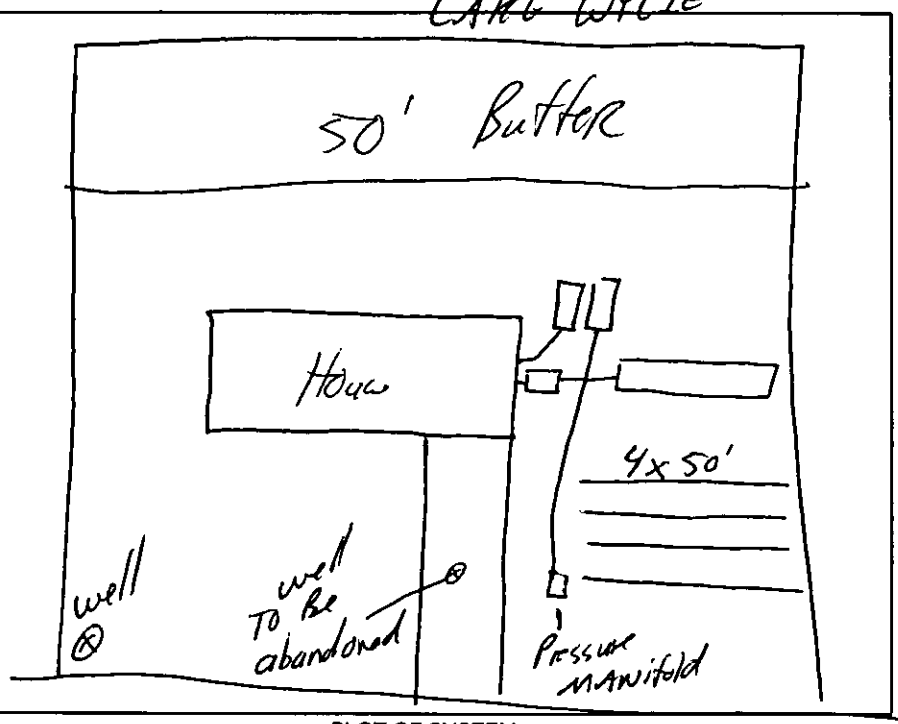
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 21580 DATE: 10/20/00

TC: 217-181-58 PAL

SERIAL Nº 18562

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 9/1/99. All work shall be completed on or before 11/20/00, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A 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 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 200' feet

Number of Lines 4 lines x 50'

Depth of Stone 12 inches

Distance from House >5' feet

Distance from Property Line >10' feet

Distance from Well >100' feet

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

NAME OF OWNER Tony Moore

LOCATION OF PROPERTY 16308 Fallview Drive

Comments: 3 Bedroom House

Plumb washing machine into existing septic system

Install 4 lines x 50' x 3' Type IIIb Innovative System

Pressure Manifold

Tommy P. Michaels
Environmental Health Specialist

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

Department of Environment, Health, & Natural Resources
Division of Environmental Management
Groundwater Section
P.O. Box 28687 - Raleigh, N.C. 27611

WELL ABANDONMENT RECORD

CONTRACTOR _____ REG. NO. _____

1. WELL LOCATION: (Show a sketch of the location on back of form.)

Nearest Town: CHARLOTTE County MECKLENBURG

(Road, Community, Subdivision, Lot. No.) 103 Quadrangle No.

2. OWNER: Tony & Helen Mooney

3. ADDRESS: 16308 Fallview Lane

4. TOPOGRAPHY: draw, (slope), hilltop, valley, flat

5. USE OF WELL: _____ DATE: _____

6. TOTAL DEPTH: 100' DIAMETER: 6"

7. CASING REMOVED:

feet	diameter
ENTIRE 20'	10"

8. SEALING MATERIAL:

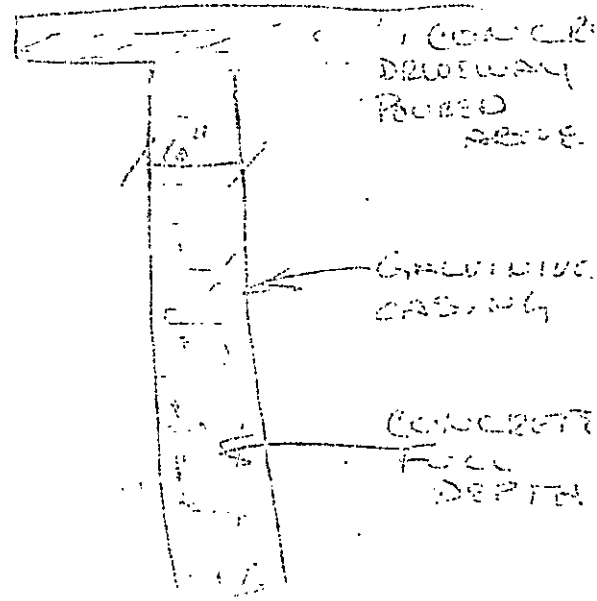
Neat cement	Sand cement
bags of cement ____	bags of cement ____
gals. of water ____	yds. of sand ____
	gals. of water ____

Other
Type material CONCRETE FROM BATCH PLANT

Amount 4.5" SLUMP

9. EXPLAIN METHOD EMPLACEMENT OF MATERIAL
DIRECT FROM CHUTE INTO WELL

WELL DIAGRAM: Draw a detailed sketch of the well showing total depth, depth and diameter of screens remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.



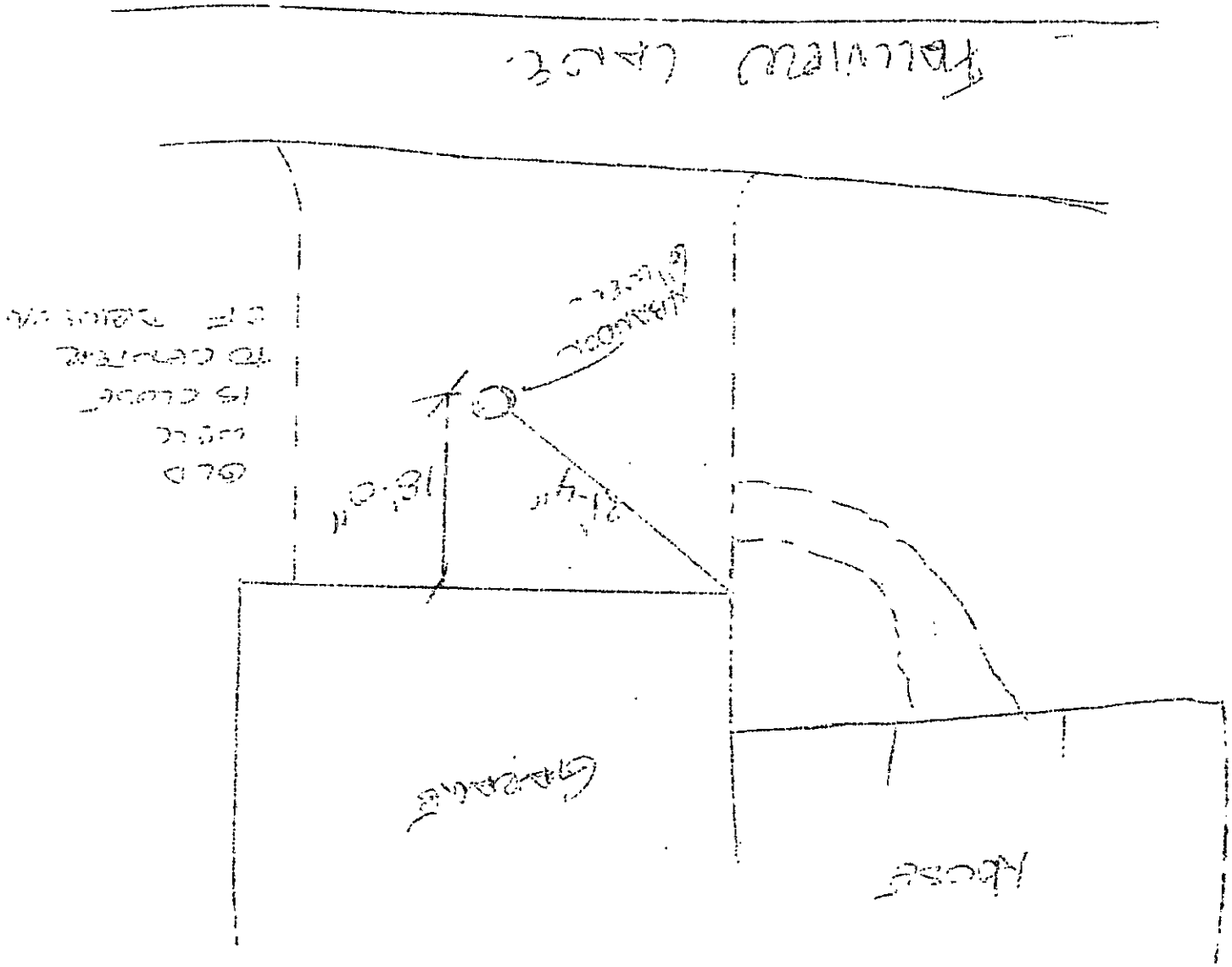
I do hereby certify that this well abandonment record is true and exact.

Signature of Contractor or Agent [signature] Date 1-15-01

WELL LOCATION: Draw a location sketch on the reverse of this sheet, showing the direction and distance of the well to at least two (2) nearby reference points such as roads, intersections and streams. Identify roads with State Highway road identification numbers.

Submit original to the Division of Environmental Management, one copy to the Driller, and one copy to the owner.
GW-30

Feb 27 01 02:45p





February 15, 2001

State of North Carolina
Department of Environment,
Health and Natural Resources
Facsimile 704-6636040
Mooresville Regional Office
Division of Environmental Management
919 North Main Street
Mooresville, NC 28115

RE: WELL ABANDONMENT RECORD
16308 Fallview Lane, Charlotte, NC
Building Permit # B0902762

To Whom it May Concern:

Attached please find a copy of the Well Abandonment Record for 16308 Fallview Lane, Charlotte, NC 28278. I have faxed a copy of this record to 704-663-6040 and will also mail the original to the address above.

Please contact us should you need any additional information regarding this project.

Sincerely,

Penny Blickley

Penny Blickley

PJB

Attachment

cc: Helen & Tony Moore

18355 Kalabash Road Charlotte, NC 28278 704-588-6494 Fax: 704-588-6450

Feb 27 01 02:44p p.2

CK#7725

FEE: 150 AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: 10/8/99 VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 10/7/99 PERMIT NO: 21540
PARCEL NO: 217 181 58

JOB LOCATION ADDRESS: 16308 Fallview Dr
PROPERTY OWNER: Tony & Mildred Moore
BUILDING CONTRACTOR: Shannon Miller
SUBDIVISION NAME: —
AUTHORIZATION ISSUED BY: Phyllis S. Walker RS DATE: 10/7/99
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 21540, 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 to be on file before the Construction authorization release.

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.

Phyllis S. Walker RS. 10/7/99
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CHARGE

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Charge Slip

Date: 10-8 99

Name/Company: Tony Moore

Sanitation _____

Vector Control _____

IWWS /

Service: balance I P fee

Fee: $ 150 Ck# 7775 Balance owed IP.

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 G. Jones
Collected by

Permit Number: 21540

217 181 58

- 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.

100

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
___ Long-term acceptance rate	___ Max gallons/day wastewater flow	___ Absorption Area (sq ft)	___ Trench spacing (min. on centers)
___ Serviced by private well	___ Gallon septic tank	___ Total trench length (ft)	___ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
___ Bedrooms in residence	___ Gallon pump tank	___ Depth of stone	
Any surface waters present:	Type:	Minimum separation distance:	
Site modifications required: Existing system to be utilized for washer line			
Additional Conditions: Alteration to the existing system, 1500 ST, 1000 DT, PI, Type III Septic System approval, Agreement forms to be on file before cons. Authori. release, Install trenches 18" deep (shallow placed), Well abandonment form to be on file before final OR release.			
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
600' Absorption Area (Sq ft) 200' Total Trench Length (Ft)	NA Depth of Stone Trench	9' Trench spacing (min. on centers)	18" 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.

Phila A. Walker RS 10/7/99

DEHNR Authorized Agent Date

x _____

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

DATE	DESCRIPTION	FEE	PAYMENT	ADJUST-MENT	BALANCE	PREVIOUS BALANCE	NAME
10/8/99	TWWS	150 00	150 00	0	0	0	Tony Moore

This is your RECEIPT for this amount

This is a STATEMENT of your account to date

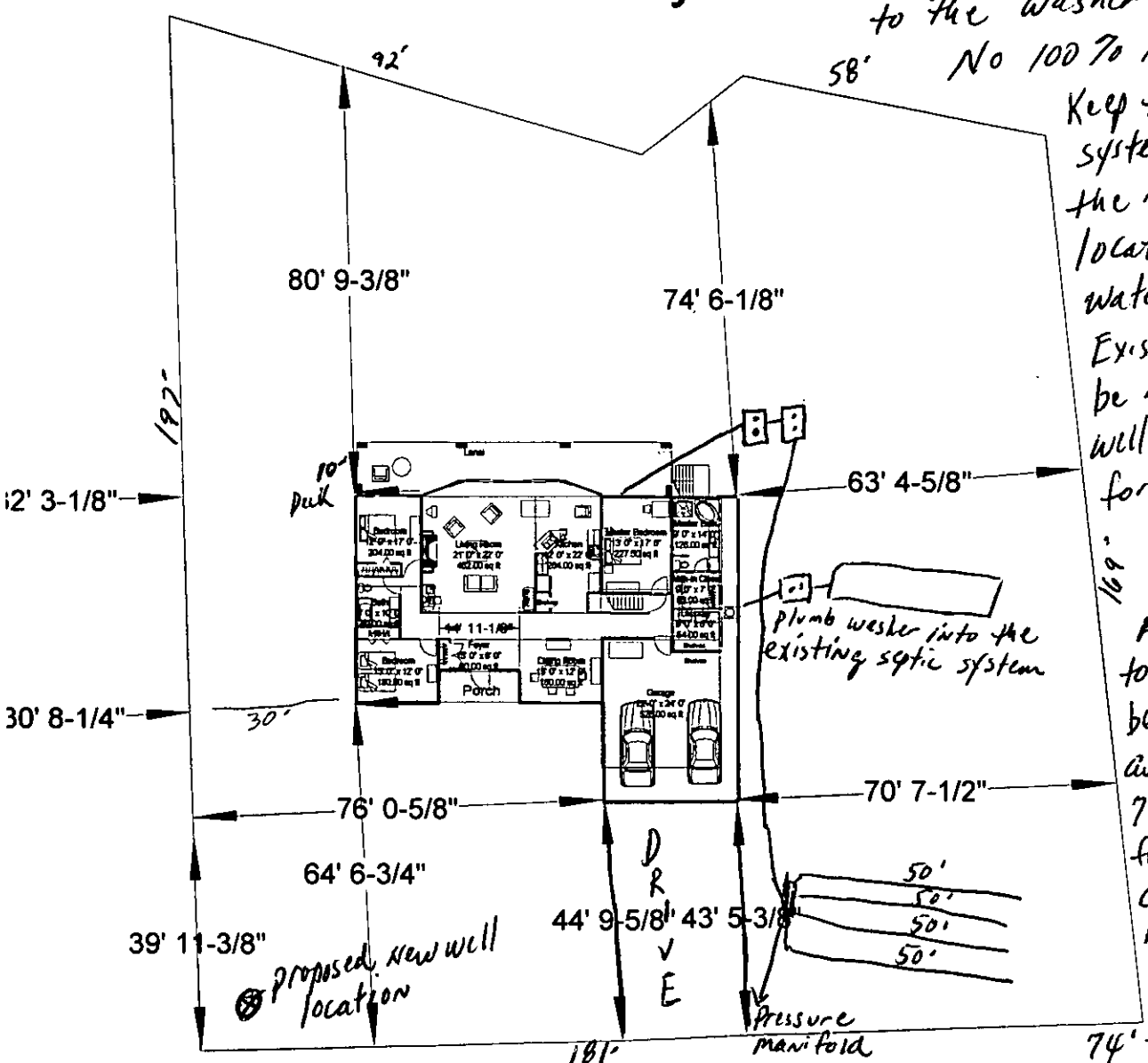
MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH OFFICE
700 NORTH TRYON STREET
CHARLOTTE, NORTH CAROLINA 28202
TELEPHONE: (704) 336-5102

Ck# 7775
CMY

Thank you

12712

COMMENTS upgrade to 3 bedroom
1500ST, 1000DT, Lift pump required
Basement w/ plumbing, Innovative
septic system approval, 4 lines
x 50' long x 3' wd. pressure manifold
distribution.
Existing system to be plumbed
to the washer line
No 100% Repair Required
Keep the septic
system > 50' from
the new well
location & the high
water mark.
Existing well shall
be abandoned and
well abandonment
forms on file
before the
OP release.
Agreement forms
to be on file
before const.
authe. release.
70' from the
front right house
corner to the
right property
line.
74' from the back
right house corner to
the back property line



FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
1999 OCT 08 11:03 AM
BOOK:10821 PAGE:872-875 FEE:$12.00
INSTRUMENT # 1999182826

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 # 21540
PARCEL # 217-181-58

The undersigned, Helen Moore, owner of property located at 16308 Fallview Lane, (the "site") and described in an instrument recorded in Book 4929 at Page 829, 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: Helen Moore
Mail after recording to: 5210 Carmel Park Dr.
Charlotte, NC 28226

- 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 7 day of October, 1999.

Helen Moore
(Property Owner)

Helen Moore
(Printed)

STATE OF South Carolina
COUNTY OF York

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

WITNESS my hand and notarial seal, this 7 day of Oct, 1999.

Penny Jo Blickley
Notary Public

PENNY JO BLICKLEY NOTARY PUBLIC SOUTH CAROLINA

My Commission Expires:
My Commission Expires August 20, 2008

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

****

Filed For Registration: 10/08/1999 11:03 AM

Book: RE 10821 Page: 872-875

Document No.: 1999182826

AGMT 4 PGS $12.00

Recorder: REBECCA MCGOWAN

****

State of North Carolina, County of Mecklenburg

The foregoing certificate of PENNY JO BLICKLEY Notary is certified to be correct. This 8TH of October 1999

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

****

1999182826

FEE: 200.00 CK# 1736
DATE: 9/31/99 SC

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

I 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 #: 21540

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 217-181-58

STREET ADDRESS: 16308 Fallview ~~Lane~~ Dr.

SUBDIVISION OR MOBILE HOME PARK NAME: N/A

LOT NUMBER: 98

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):

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

HEATED SQUARE FOOTAGE: 2200

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 4

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

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

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

PROPERTY OWNER:

NAME: Moore Tony Clifford & Mildred H
(LAST) (FIRST) (MI)

ADDRESS: 5210 Carmel Park Dr.

CITY: Charlotte STATE: NC ZIP: 28226

DAYTIME PHONE: 704-365-0359

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) –

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? Nov. '84

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: Tony C. Moore Mildred H. Moore DATE: 10/4 99

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

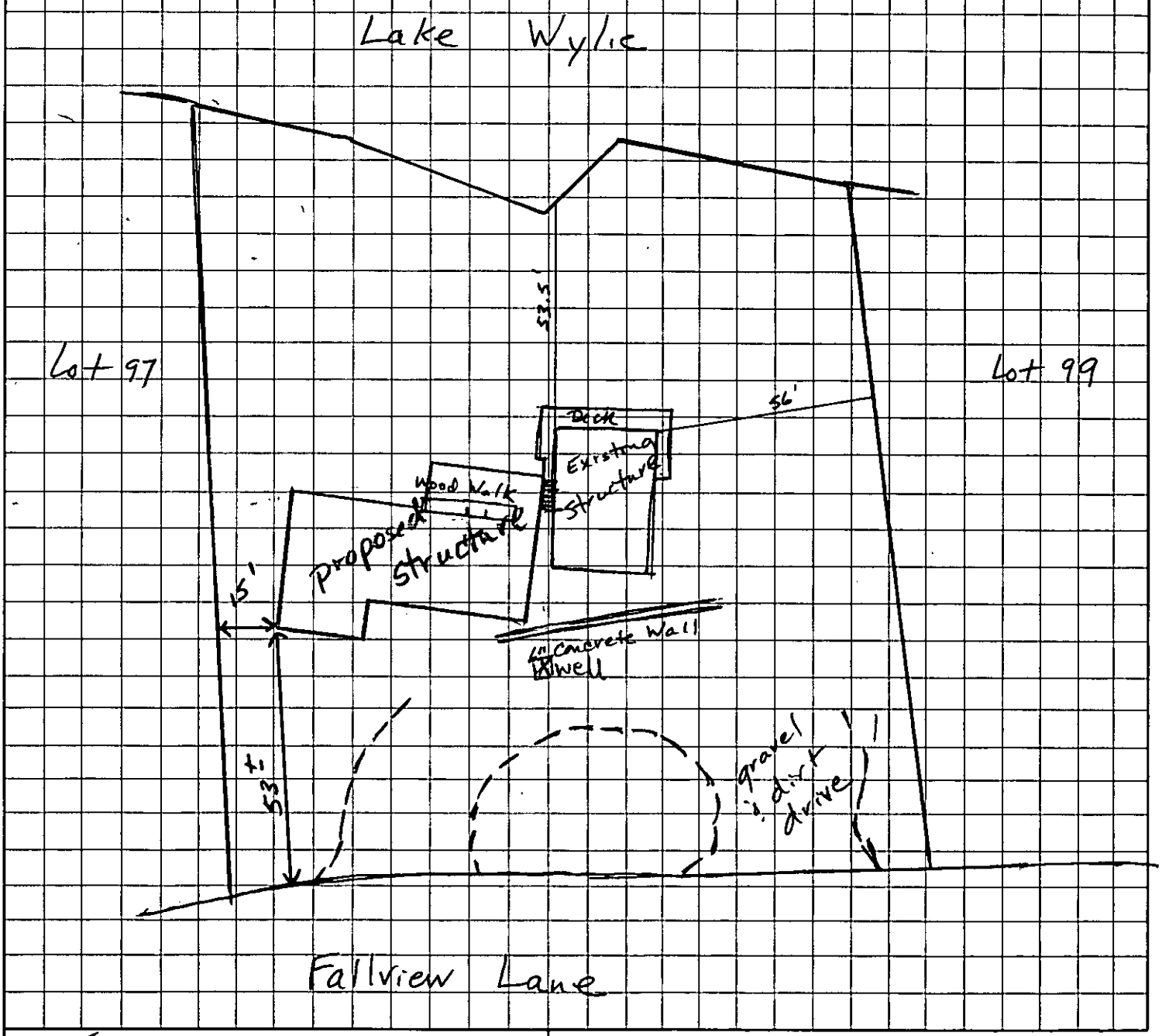
PROPOSED PLOT PLAN

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

FILE: 21540

TC: 217-181-58

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.



Tony C Moore, Mildred D. Moore
OWNER/AGENT SIGNATURE

APPROVAL DATE

DATE 1 Sept 99

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

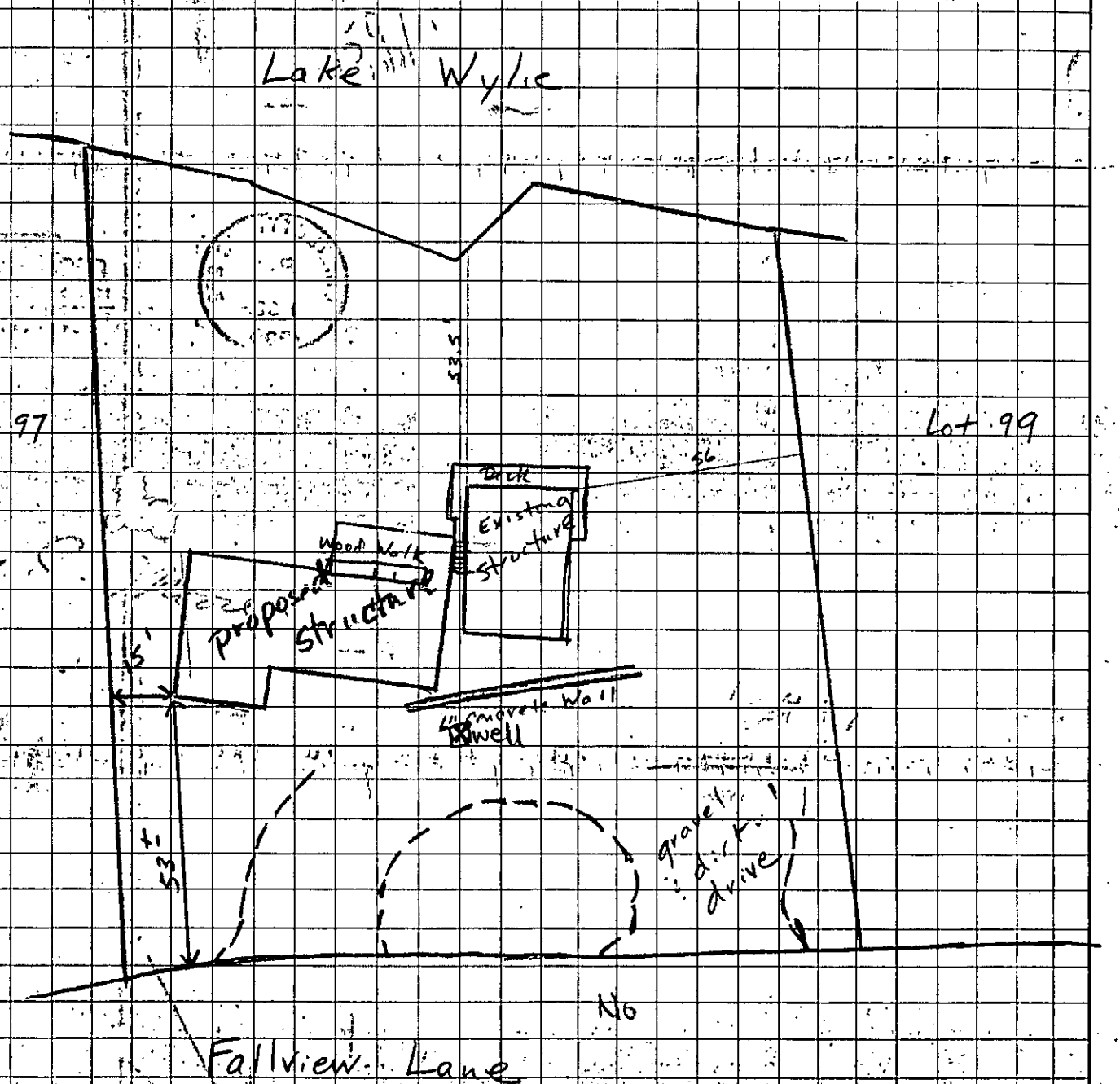
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

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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.



Jerry C Moore, Mildred D. Moore
OWNER/AGENT SIGNATURE

APPROVAL DATE

DATE 1 22 99

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

AMS #2

Sheet: _____
Property ID: 217-181-58
Lot #: 98
File #: 215-40

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Tony & Mildred Moore APPLICANT: _____
ADDRESS: 5210 Carmel Park Dr., Charlotte DATE EVALUATED: 9-9-99
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) _____ PROPERTY SIZE: .71
LOCATION OF SITE: 16306 Fallview Dr. PROPERTY RECORDED: _____
WATER SUPPLY: ☒Private ☐Public ☐Well ☐Spring ☐Other _____
EVALUATION METHOD: ☐Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☒Sewage ☐Industrial Process ☐Mixed

PROFILE #	6-25% 3 lots .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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-4"	gr|sl	Fr|SExP|NS|NP	>20" TO soil wetness	20"	N/A	None	US
		4-20"	SBK ABK|C	VF:|Mixed||US|UP					
2	LS	0-4"	gr|sl	Fr|SExP|NS|NP	>19" TO soil wetness	19"	N/A	None	US
		4-19"	SBK ABK| C	VF:| Mixed||US|UP					
3	LS	0-6"	gr|sl	Fr|SExP|NS|NP	>30" TO soil wetness	30"	N/A	None	US
		6-30"	SBK ABK|C	VF:|Mixed||US|UP					

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W.R. Marlin LSS 9-10-99
OTHER(S) PRESENT: _____

PW

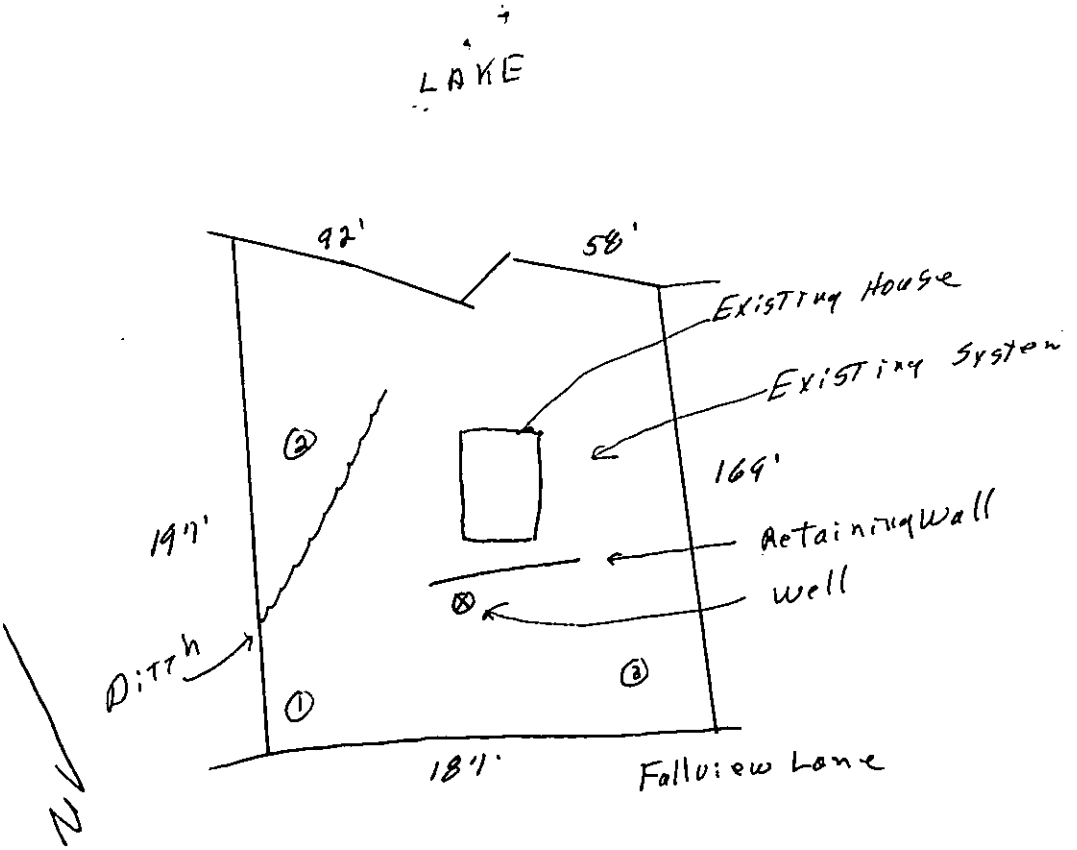
FILE # 21540

COMMENTS _____

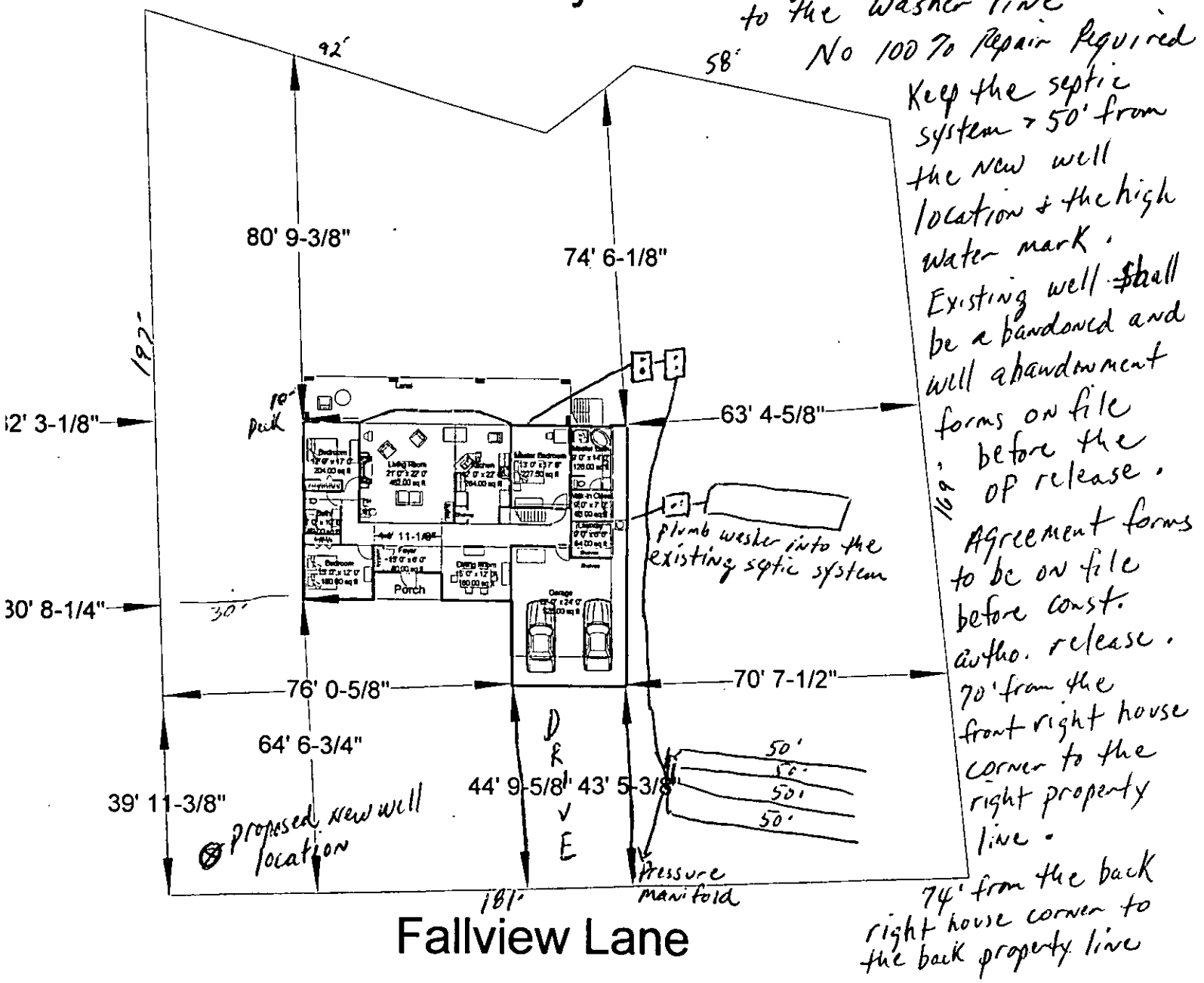
LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

STRUCTURE	MINERALOGY
SG-SINGLE GRAIN	SLIGHTLY EXPANSIVE
M-MASSIVE	
CR-CRUMB	EXPANSIVE
GR-GRANULAR	
SBK-SUBANGULAR BLOCKY	
ABK-ANGULAR BLOCKY	
PL-PLATY	
PR-PRISMATIC	



COMMENTS Appears to 3 bedroom
1500ST, 1000DT, Lift pump required
Basement w/ plumbing, Innovative
septic system approval, # lines
x 50' long x 3' wd. pressure manifold
distribution.
Existing system to be plumbed
to the washer line
No 100% Repair Required
Keep the septic
system > 50' from
the new well
location & the high
water mark.
Existing well shall
be abandoned and
will abandonment
forms on file
before the
OP release.
Agreement forms
to be on file
before const.
auth. release.
70' from the
front right house
corner to the
right property
line.
74' from the back
right house corner to
the back property line



Date Received 10-16-84

RECEIVED
OCT 16 1984
ENVIRONMENTAL HEALTH

ICAR(S) Application No. 21540

T. C. No. 217-191-04

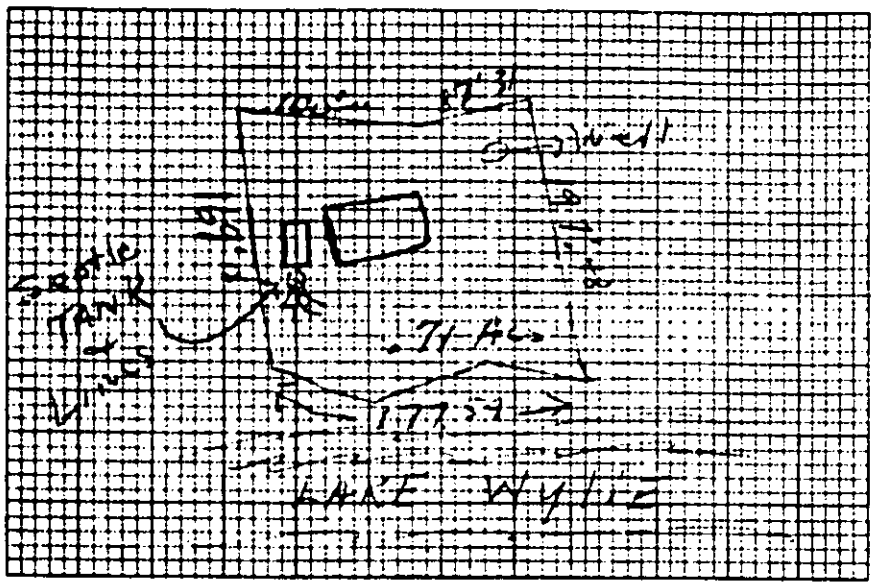
Map Date 5-19-81 L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

1) ____ Install or Construct 2) X Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ____ Yes ____ No
Residence X Yes ____ No

4) No. of Bedrooms 1
5) Business Use — Max No Employees ____
6) Washing Machine X Yes ____ No
7) Garbage Disposal ____ Yes X No
8) Dishwasher X Yes ____ No
9) Water Supply:
A) Individual Well X
b) Governmental System ____
C) Community System.
1. Well source ____
2 Governmental source ____
10) Sewage System:
House located within 200 feet of public sewer ____ Yes X No
House located within 200 feet of community sewer ____ Yes X No
11) FHA Case No. ____
12) VA Case No. ____

13) NAME OF OWNER Waldron (LAST) Ray (FIRST) (Edward) (MIDDLE)

14) ADDRESS OF OWNER Rt. 119-B Smyrna, S. C. 29743

15) PHONE NO. Home 803/925-2948 Office Lake phone #588-1671

16) LOCATION OF SYSTEM 1630 DR Fallview ~~Rd~~, Lake Wylie, Pineville, N. C.
Crescent Land & Timber (STREET OR COUNTY ROAD) Sect.

17) SUBDIVISION Lake Wylie Lot No. 98 ~~Block~~ No. 43

Map Book No. 217 Page No. 19

18) DEED REFERENCE — DEED BOOK 3869-203 AT PAGE ____

19) HAS A SOIL INVESTIGATION BEEN RUN? Existing YES ____ NO DATE RUN ____

20) PTR NUMBER (See Instructions) ____

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

10/15/84
DATE OF APPLICATION

Ray Edward Waldron
OWNER

EHD-5-76

Environmental Health Department's Copy

Date Issued 10-24-84

Serial No. 07655

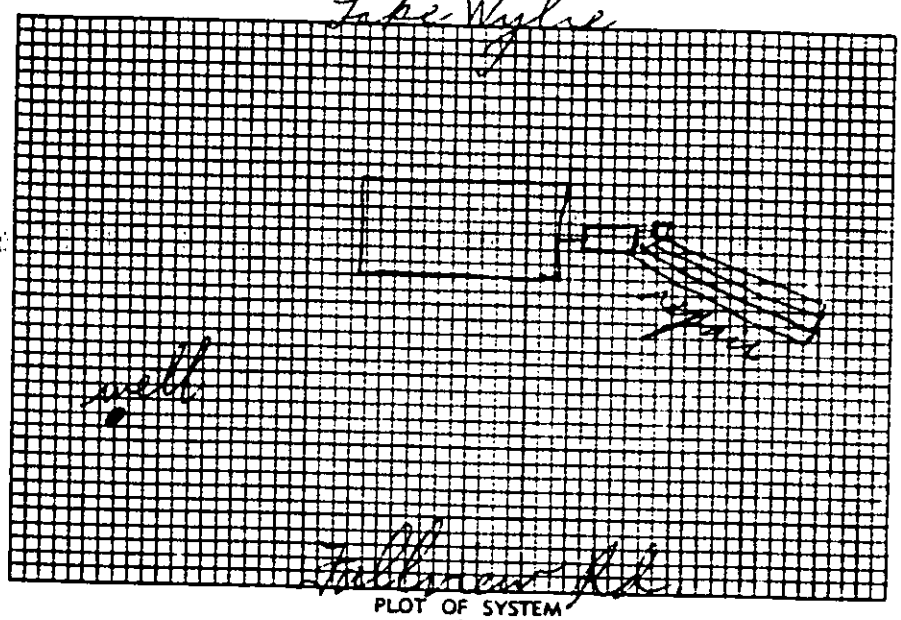
ICAR(S) Permit No 21540

T C No 217-171-C

Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ___Install or Construct, ✓ Alter or Repair the individual septic tank waste water 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 application 21540 dated 10-15-84 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 11-24-84, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate Approx

Liquid Capacity of Tank

Tank Construction

Absorption and or Distribution Line

Total Line Length 100'

Number of Lines 4

Distance from House 5'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER Ray Waldron

LOCATION OF PROPERTY 16308 Fallbrook Rd Lot 98

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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.

1 bed 12 X 25 X 18" stone

Comments: _____

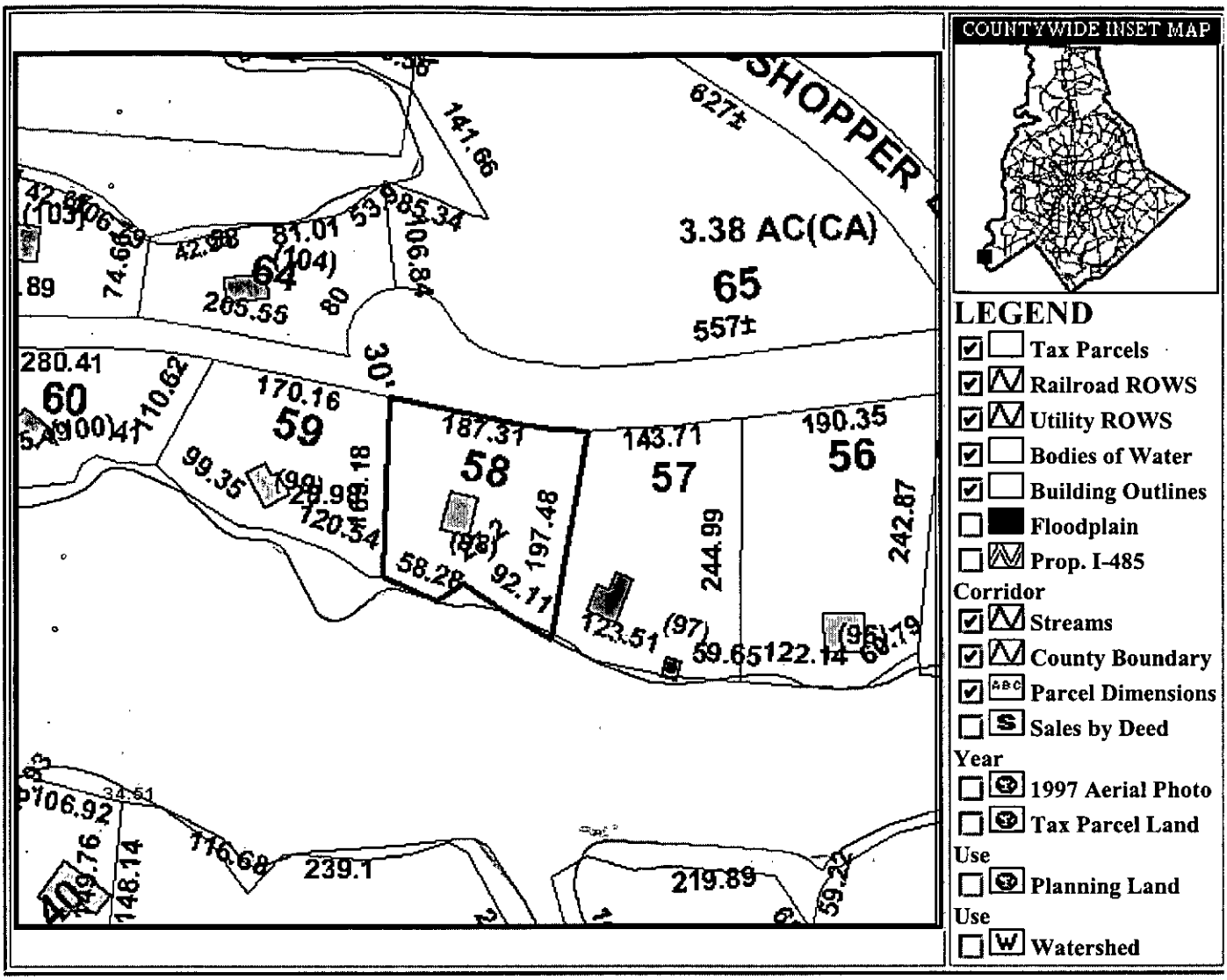
Division or Section Head

B. R. Ferguson
Environmentalist

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

EHD-5-76

Environmental Health Department's Copy



Date and Time Stamp 9/3/99 2:14:48 PM EST	This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.