

14506 BARNEY DR

19510172

12/26/2007

duponbj

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

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County	Beaulieu Residence	1639B
Health Department	**Name of Establishment**	**Permit/Project No.**
14506 Barney Dr., Charlotte NC 28227	4-Bedroom House	480 GPD
Location	**Type of Establishment**	**Design Flow**
Kevin & Rhonda Beaulieu	Same as location address	
Owner/Agent	**Address**	**Phone**
N/A	N/A	N/A
Operator	**Address**	**Phone**
IIIb	04/23/2007	April 2012
System Type	**Date of Inspection**	**Next Inspection Due**

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. *Type, size, and sewage flow in accordance with permit?*	☒	☐	☐	
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☒	☐	☐	
b. Tanks and access manholes structurally sound, watertight?	☒	☐	☐	
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	3.c. Sanitary tee not inspected.
d. Tanks pumped, cleaned out as needed?.....	☒	☐	☐	
4. RAW SEWAGE LIFT STATION (if present):				
a. Required pumps present, operating, and cycling properly	☐	☐	☒	
b. High-water alarm present and operating properly?	☐	☐	☒	
c. Floats/pipe/valves/disconnects in good condition?	☐	☐	☒	
5. EFFLUENT DOSING SYSTEM:				
a. Effluent appears clear, free of excess solids?	☒	☐	☐	5.a. Measured < 1" of solids in the dosing tank.
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☒	☐	☐	
b. High-water alarm present and operating properly?	☒	☐	☐	
c. Floats/pipe/valves/disconnects in good working condition?	☒	☐	☐	
d. Control panel enclosure/components in good condition?	☒	☐	☐	
e. Elapsed time readings: _____ _____ _____ _____				
B. SIPHON SYSTEMS:				
a. No evidence of overflow or siphon leakage?	☐	☐	☒	
b. Siphon(s) appear to be working/alternating properly?	☐	☐	☒	
c. Bells and vents free of debris and in good condition?	☐	☐	☒	

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

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

MECKLENBURG COUNTY — Health Department
Name of Establishment: RESIDENCE
1639B — Permit/Project No.
14506 BARNEY DRIVE — Location
Type of Establishment: —
600 GPD — Design Flow
KEVIN & RHONDA BEAULIEU — Owner/Agent
14506 BARNEY DR. MATTHEWS, NC 28105 — Address
(704) 844-2010 — Phone
N/A — Operator
Address: —
Phone: —
Remarks: IIID

	Yes	No	REMARKS
1. ESTABLISHMENT:			
Type, size, and sewage flow in accordance with permit?	☑	☐	
2. COLLECTION SYSTEM:			
No evidence of leaks into or out from sewer lines/manholes?	☐	☐	
Free of blockages/solids buildup in lines or manholes?	☐	☐	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):			
Tank risers accessible and surface water diverted?	☑	☐	
Tanks and access manholes structurally sound, watertight?	☑	☐	
Sanitary tee(s) in good working condition?	☐	☐	
Tanks pumped, cleaned out as needed?	☑	☐	
4. RAW SEWAGE LIFT STATION (if present):			
Required pumps present, operating, and cycling properly?	☐	☐	
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☑	☐	
PUMP SYSTEMS:			
Required pumps present, operating, and cycling properly?	☑	☐	
High-water alarm present and operating properly?	☑	☐	
Floats/pipe/valves/disconnects in good working condition?	☑	☐	
Control panel enclosure/components in good condition?	☑	☐	
Elapsed time readings: _____ _____ _____ _____			
SIPHON SYSTEMS:			
No evidence of overflow or siphon leakage?	☐	☐	
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	
6. GROUND ABSORPTION FIELDS:			EVERYTHING LOOKS GOOD!
No evidence of effluent surfacing/reaching surface waters?	☑	☐	
Minimal ponding in subsurface trenches?	☑	☐	
Surface water being effectively diverted away?	☑	☐	
Diversions/ditches/swales/tile drains properly maintained?	☑	☐	
Line cover/vegetation adequate/maintained as needed?	☑	☐	
Protected from traffic, destructive uses?	☑	☐	
Distribution devices in good condition, working properly?	☑	☐	
Repair area properly reserved, maintained?	☑	☐	
LOW-PRESSURE PIPE DRAIN FIELDS:			
Turnups/cleanouts/valves intact and accessible?	☐	☐	
No effluent standing in lower laterals?	☐	☐	
Laterals free of excess solids, cleaned out as needed?	☐	☐	
Pressure head is properly adjusted?	☐	☐	

OVERALL CONDITION AND OPERATION OF SYSTEM: NO EFFLUENT SURFACING.

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)

DATE: 5/15/02 SIGNED: [signature] RSI AGENT
Division of Environmental Health

DENR 3702 (Revised 3/98)
On-Site Wastewater Section (Review 12/98)

– over –

pd 100.00 ck 2145 7162

~~CERTIFICATE OF COMPLETION~~/OPERATION PERMIT

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

FILE: 1639B PO DATE: 4/11/97

TC: 195-101-15 ☒ L ☒ CRT

SERIAL Nº 17009 Lot 31

Name of Owner Better Builders, Inc Juris.: _____

Address of Property 14506 Barney Drive

Inspection Data:

Tank Material PCC

Total Length of Drainfield 533

Number of Lines 5 @107' each

Cover Depth 6-24" No step downs

Water Supply Source municipal

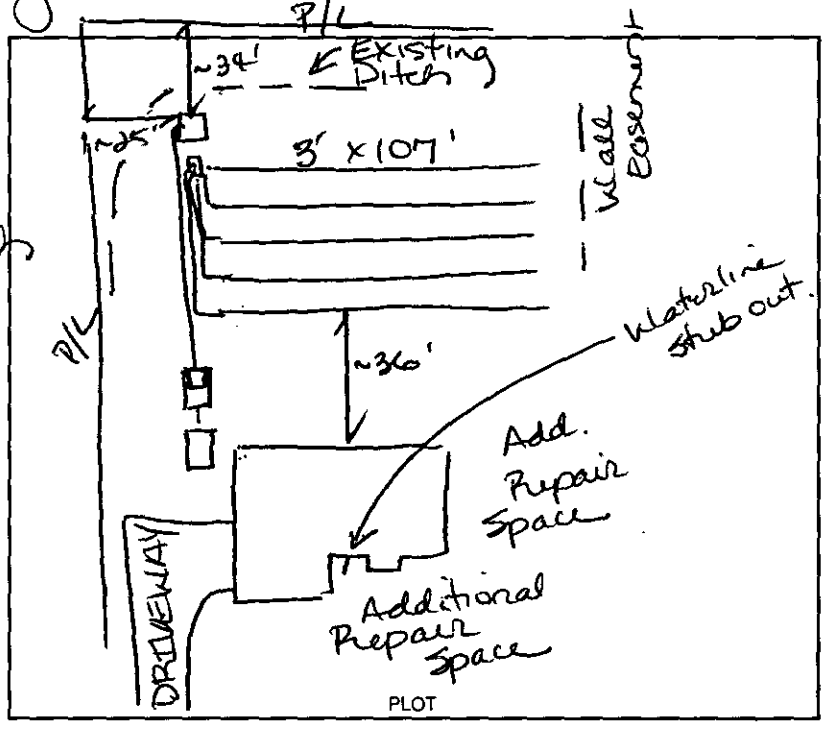
Distance to Water Source Not yet installed

Excavation Inspected 4/11/97

Tank(s) Inspected 4/11/97

Wash Line Inspected NA

High Water Alarm Inspected 4/11/97



Design 1997, 1500gST, 1000gPT, P, 1605ft2, 12"G circuit-like CTR# _____

The undersigned has inspected the Septic Tank System described above, and certifies it has been Larry Norwood

☑ 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 Goulds EPO 41A

☑ ~~Certificate of Completion~~ ☑ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Type III(b) Pump to conventional - 4 bedroom house,

Glen B. Mialik, RS
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

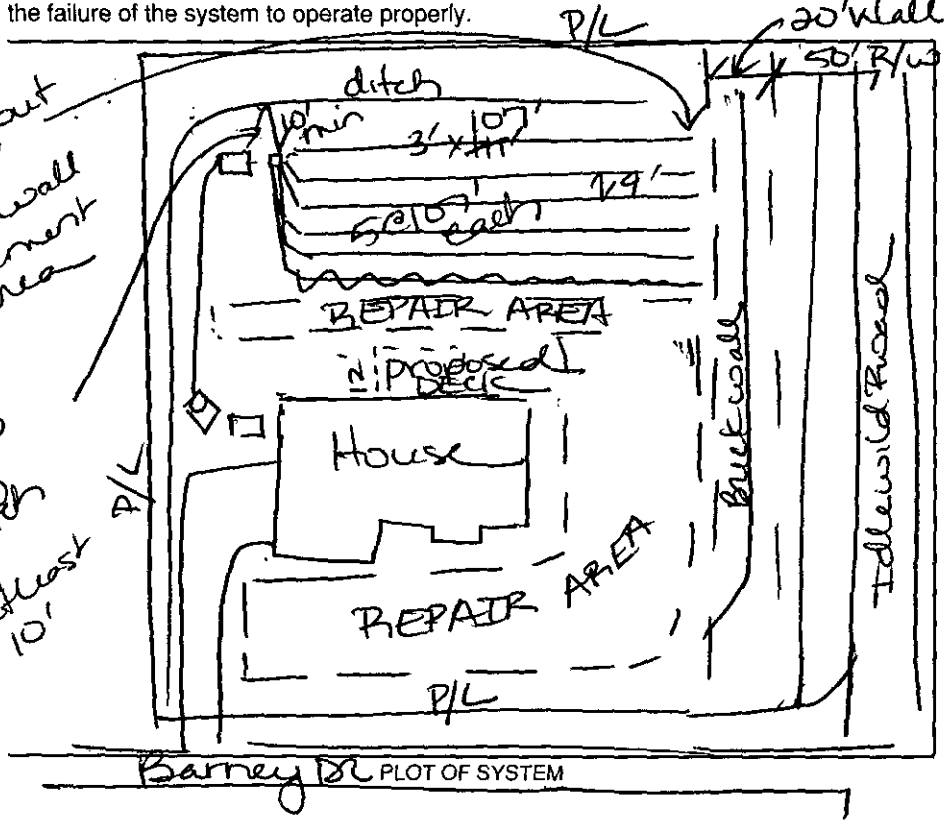
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1639B DATE: 3/27/97

TC: P9 195-101-15 P/L

SERIAL No. Lot 31 17165

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 11/13/96. All work shall be completed on or before 4/27/97, 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.



Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 36" (max)

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous ✓

Total Line Length ~~666~~ 535 feet JBM

Number of Lines ~~6@111~~ 5@107' each

Depth of Stone 12" inches JBM

Distance from House 5' min feet

Distance from Property Line 10' feet

Distance from any Well 100 feet

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

NAME OF OWNER Better Builders, Inc.

LOCATION OF PROPERTY 14506 Barney Drive

Comments: Keep installation out of 20' sign-wall easement area.

Note: Application changed by Danny Pitz — 4 bedroom house.

Lisa B. Mialik, RS
Environmental Health Specialist

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

FEE: 120.00 ck# 2096 — AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

DATE: 12/9/96 gc — VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 12/6/96

PERMIT NO: 1639 B

PARCEL NO: 195-101-15

JOB LOCATION ADDRESS: 14506 Barney Drive

PROPERTY OWNER: Better Builders Corp.

BUILDING CONTRACTOR: Better Builders, Inc.

SUBDIVISION NAME: Stilwell Place, Lot 31

AUTHORIZATION ISSUED BY: Joe B. Mialik, RS — DATE: 12/6/96

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1639B, 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: See conditions of Improvement Permit + associated plot plan.

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 Matthew J. Seyfert — 12/9/96

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE — DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number 1639B Lot 31 Stilwell Place 14506 Barney Drive. Tax Number: PO 195-101-15

- 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	600 Max gallons/day wastewater flow	~~945~~ 2000 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
NO ~~Serviced by private well~~ Municipal	1500 Gallon septic tank	666 Total trench length (ft)	36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
5 Bedrooms in residence	1500 Gallon pump tank	12" Depth of stone	

Any surface waters present: No Type: Minimum separation distance:

Site modifications required: None

* Additional Conditions: (1) One step down per nitrification line may be required.
(2) Keep waterline 10' minimum from any portion of the sewage disposal system & its designated repair areas.
(3) Keep septic system installation 100' from any well.
(4) Keep septic system out of any right-of-way/easements.

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

2000 Absorption Area (Sq ft) 666 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	31" 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.

Improvement Permit Valid 5 years from date of issuance.

* Driveway shall run immediately adjacent to left property line (facing)

Lora B. Mialik, RS 12/6/96
DEHNR Authorized Agent Date

X Matthew J. Smith 12/9/96
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

PROPOSED PLOT PLAN

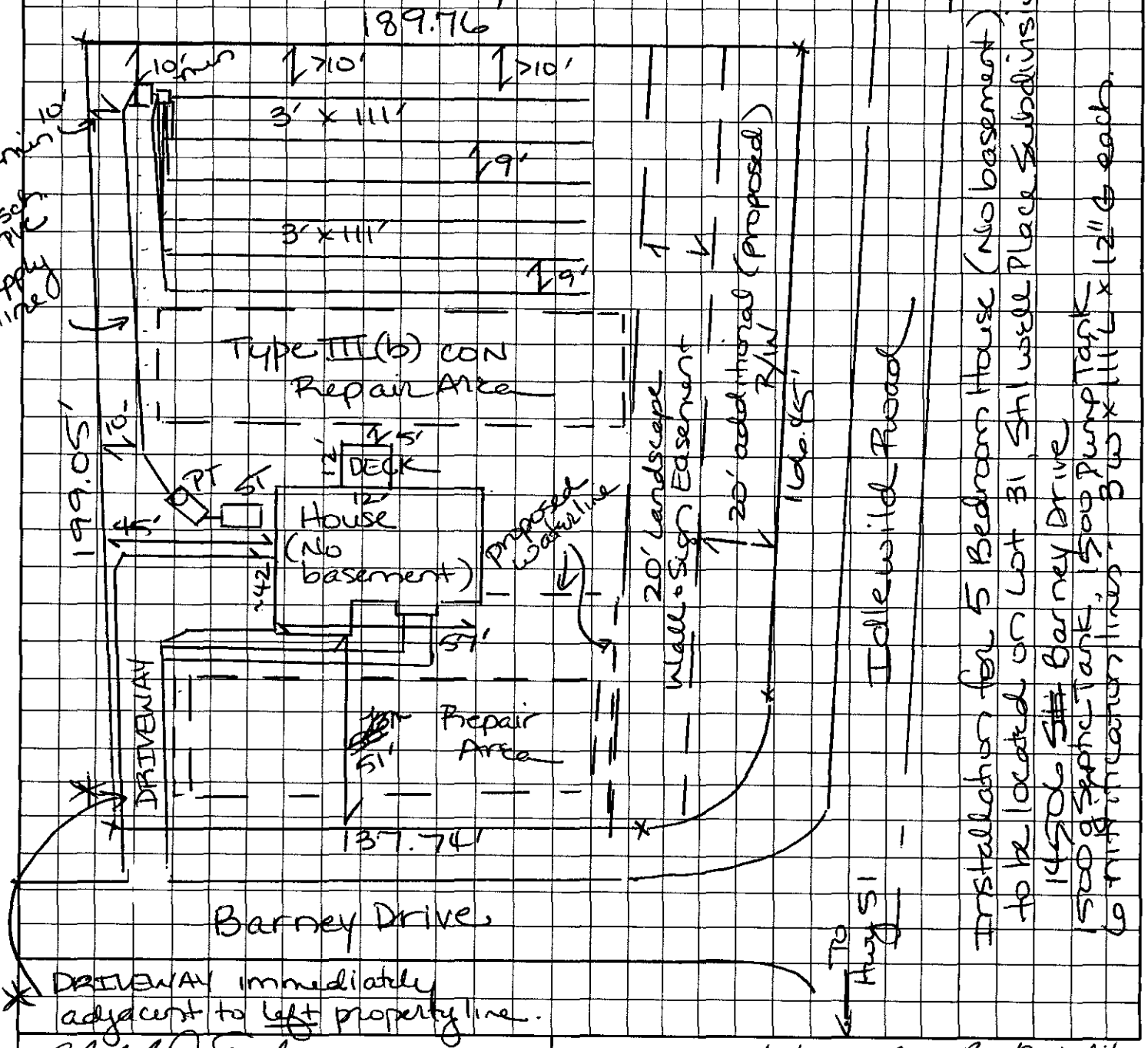
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1639B

TC: PO 195-101-15

Lot 31, Stilwell Place

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



OWNER/AGENT SIGNATURE Matthew Smyth

DATE 12/9/96

APPROVAL DATE 12/6/96 Jiva B. Malik, RS

pg 1 of 2

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

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

Sheet
PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

#2 1639B PO 195-101-15

OWNER: Bettes Bumbleberry, Mrs. APPLICANT:
ADDRESS: 1125 Lumberton Dr, Mail APPLICATION DATE: DATE EVALUATED:
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): PROPERTY SIZE: .87
LOCATION OF SITE: 14506 Bonny Dr. PROPERTY RECORDED:
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	Slopes 2-5% 1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTA
1	LS	0-3"	gr/sl	Fr/SEXP/SS/SP	>48" To Chroma 2	48"	N/A	None	PS .39 IV
		3-48"	sBK/c	Fr-Fi/SEXP/SS/P					
2	LS	0-5"	gr/sl	Fr/SEXP/SS/SP	>48" To Chroma 2	48"	N/A	None	PS .39 IV
		5-48"	sBK/c	Fr-Fi/SEXP/SS/P					
3	LS	0-8"	compacted Fill		>48" To Chroma 2	48"	N/A	None	PS .39 IV
		8-48"	sBK/c	Fr-Fi/SEXP/SS/P					
4	LS	0-3"	Compacted	Fill	>48" To Chroma 2	48"	N/A	None	PS .39 IV
		3-8"	gr/sl	Fr/SEXP/SS/SP					
		8-48"	sBK/c	Fr-Fi/SEXP/SS/P					

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W.R. Marlin 11-27-96
LSS

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

Sheet
PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION 16393
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 LAND-SCAPE POSITION/ SLOPE %	HORI-ZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) 1941 STRUCTURE/ TEXTURE	1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS 1942 SOIL WETNESS/ COLOR	1943 SOIL DEPTH	1956 SAPRO CLASS	1944 RESTR HORIZ	PROFIL CLASS & LTA
1	LS	0-3"	compact cl	Fr/11	743"	43"	U/A	None	PS 139/P2 LE
		3-7"	gr/sc l	Fr/1EXP/65/SP	10 Chroma 2				
2									
3									
4									

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____

COMMENTS: 100% Repair

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
(Drainage Way)					EXP (Expansive)	CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Block
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

PTH OF FILL In inches from land surface

STRICTIVE HORIZON Thickness and depth from land surface

APROLITE S(suitable) or U(unsuitable)

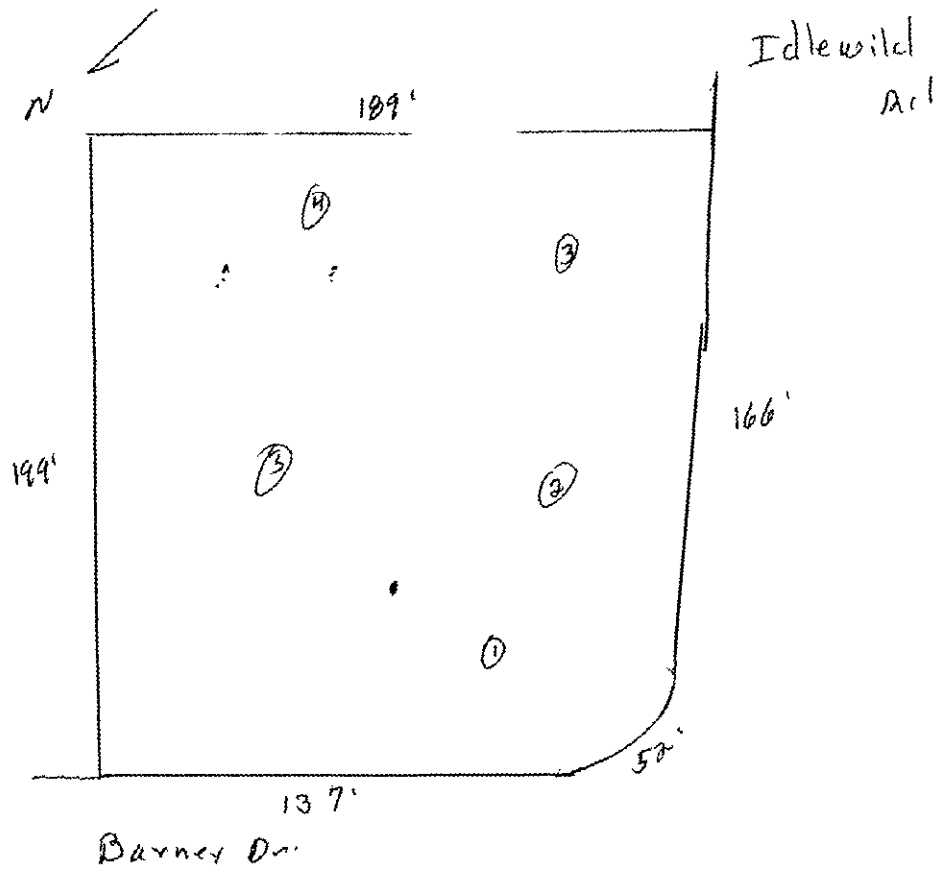
IL WETNESS Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designati

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).



FEE: 170.00 CK#21134

DATE: 11/5/96 JC

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

Lisa
Return as part of File
1 CRT

TYPE APPLICATION: ✓ 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 #: 16398

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 195-101-15, P.O.

STREET ADDRESS: 14506 BARNEY DRIVE

SUBDIVISION OR MOBILE HOME PARK NAME: STILWELL PLACE SUBDIVISION

LOT NUMBER: 31

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: 3000

NUMBER OF BEDROOMS: 4 | NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE: DANNY PITZ 3/27/97

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

CLOSING DATE: N/A

3/5 OSK Lot 32 - observed 3' drainage ditch @ 31
3/6 PC to Danny Pitz
discussed grading & V-Ditch

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING 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 WASTEWATER SYSTEMS __ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES ✓ NO
WELL, SPRINGS OR WATERLINES __ YES ✓ NO
DESIGNATED WETLANDS __ YES ✓ NO

page 613-4024

PROPERTY OWNER: Danny Pitz

NAME: BETTER BUILDERS, INC.
(LAST) (FIRST) (MI)

ADDRESS: 1125 INDUSTRIAL DRIVE

CITY: MATTHEWS STATE: NC ZIP: 28105

DAYTIME PHONE: (704) 847 - 8600

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 10/10/96

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: Matt Suyt Mat Suyt DATE: 11-13-96

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

FEE: 200.00 CK# 31394

DATE: 11/13/96 gc

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

1 1 CRT

TYPE APPLICATION: ✓ 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 #: 16398

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 195-101-15 P.O.

STREET ADDRESS: 14506 BARNEY DRIVE

SUBDIVISION OR MOBILE HOME PARK NAME: STILWELL PLACE SUBDIVISION

LOT NUMBER: 31

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 3000

NUMBER OF BEDROOMS: 5 NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

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

CLOSING DATE N/A

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING 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 WASTEWATER SYSTEMS ___ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS ___ YES ✓ NO
WELL, SPRINGS OR WATERLINES ___ YES ✓ NO
DESIGNATED WETLANDS ___ YES ✓ NO

PROPERTY OWNER:

NAME: BETTER BUILDERS, INC.
(LAST) (FIRST) (MI)

ADDRESS: 1125 INDUSTRIAL DRIVE

CITY: MATTHEWS STATE: NC ZIP: 28105

DAYTIME PHONE: (704) 847 - 8600

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
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SIGNED: Matthew J. Smyth DATE: 11-13-96

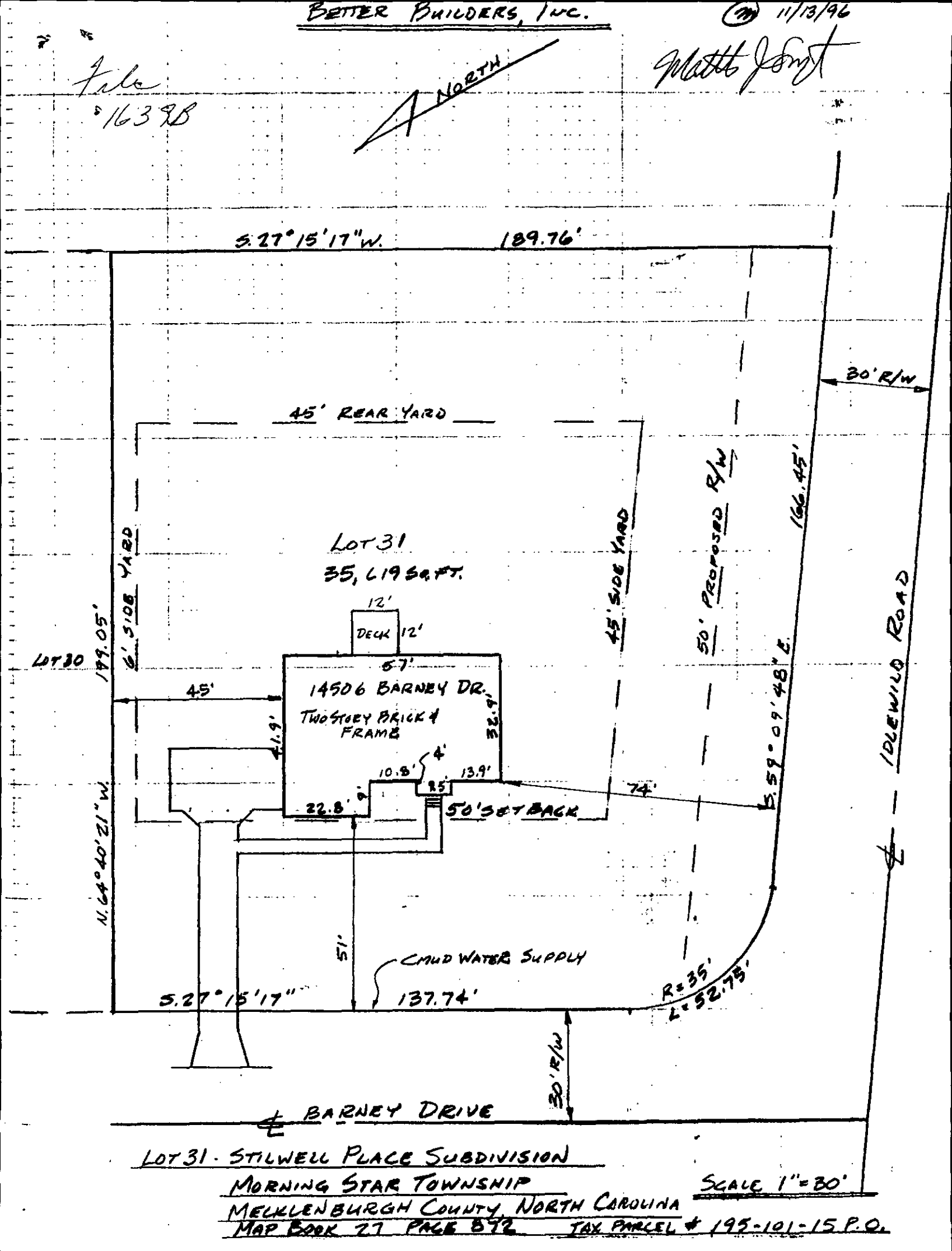
MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

BETTER BUILDERS, INC.

11/13/96

Matt Jones

File #1639B



LOT 31 - STILWELL PLACE SUBDIVISION

MORNING STAR TOWNSHIP

MECKLENBURGH COUNTY, NORTH CAROLINA

MAP BOOK 27 PAGE 572 TAX PARCEL # 195-101-15 P.O.

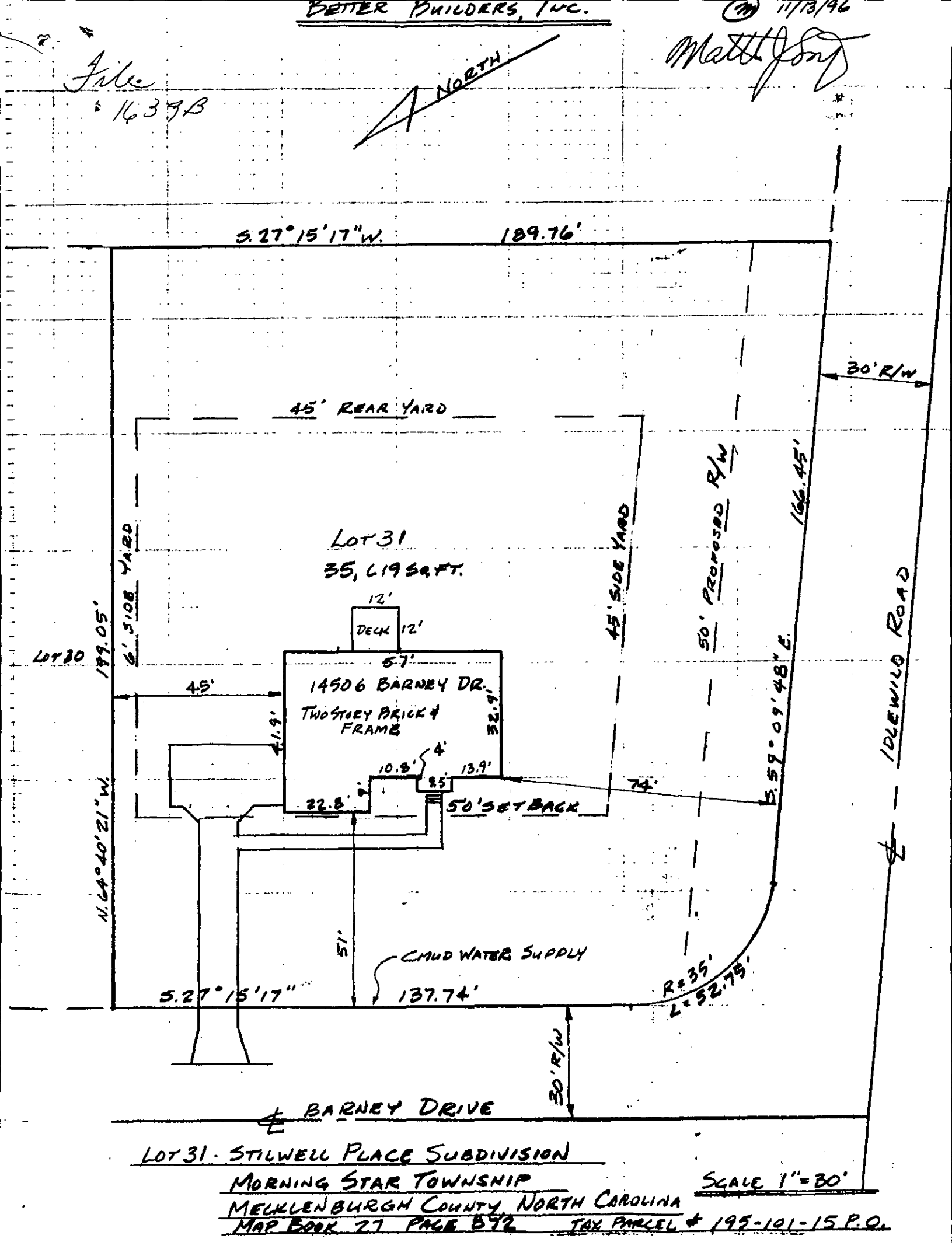
SCALE 1" = 30'

BETTER BUILDERS, INC.

11/13/96

Matt Jones

File
#1639B



LOT 31 - STILWELL PLACE SUBDIVISION
MORNING STAR TOWNSHIP
MECKLENBURGH COUNTY NORTH CAROLINA
MAP BOOK 27 PAGE 572 TAX PARCEL # 195-101-15 P.O.

SCALE 1" = 30'