

14930 WAYMART LN

19933148

1/4/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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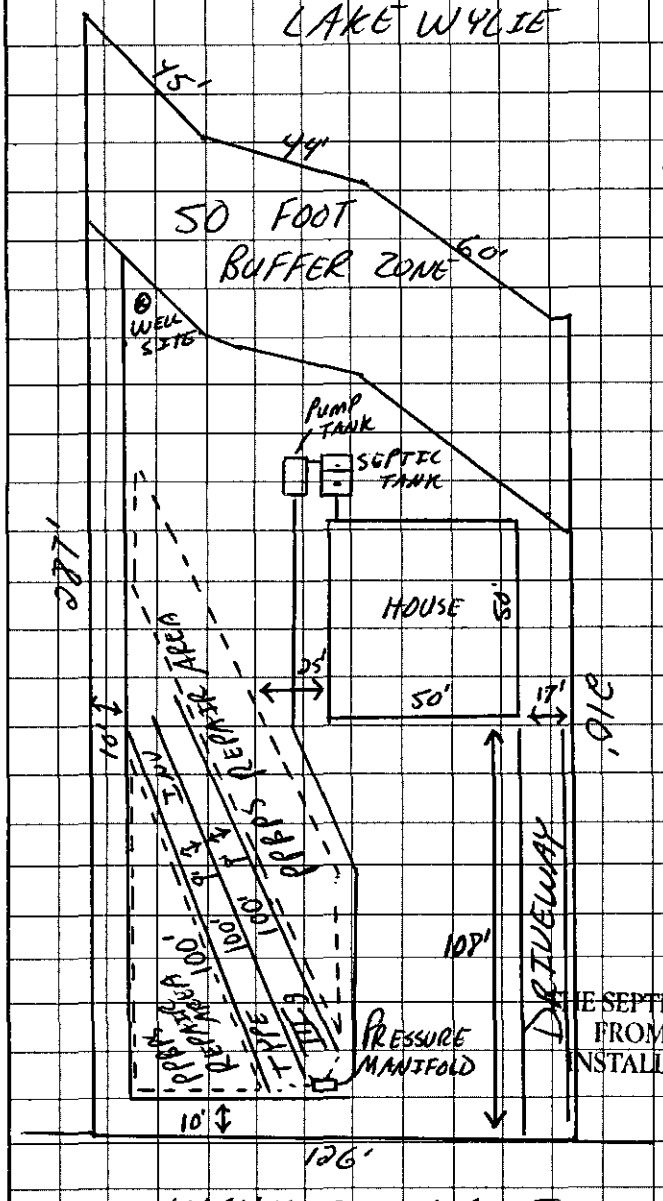
PROPOSED PLOT PLAN

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

FILE: 4222B

TC: 199-331-30 PO

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.



COMMENTS

→ SCALE = 1" = 50'
→ Keep lines level and on contour of the land.
→ Keep trenches shallow (24" Max)
→ Keep all parts of the system the minimum distances from the following:
  → 10' off property lines
  → 25' from foundation drain
  → >50' from all wells
→ System designed for 3 bedroom House
  - Install 3 lines x 100'
  Type III b Innovative System
  Pressure Manifold
→ Type III PPBPS Repair System
→ House located 108' off property (front) line.

THIS IS NOT A PERMIT TO INSTALL THE SEPTIC SYSTEM. THE SEPTIC TANK INSTALLER IS REQUIRED TO OBTAIN AN INSTALLATION LAYOUT FROM THE MECKLENBURG COUNTY HEALTH DEPARTMENT PRIOR TO THE INSTALLATION OF THE SEPTIC TANK SYSTEM. THE SEPTIC TANK CONTRACTOR MUST BE REGISTERED WITH MECKLENBURG COUNTY.

OWNER/AGENT SIGNATURE

DATE 4/18/00

APPROVAL DATE Jerry P. Michels 3/30/00

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

AC

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: _____ PERMIT NO: 4222B
PARCEL NO: 199-331-30

JOB LOCATION ADDRESS: Weymont Lane
PROPERTY OWNER: Mike Ryan
BUILDING CONTRACTOR: Ryeler Homes
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: Jenny P. Mahaffey DATE: 3/30/00
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4222B, 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 C.A. Release
See Conditions of I.P.

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.

Karl Windsor 3-23-2000
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 4228

199-331-30 C

- 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	X 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	X Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
0.3 Long-term acceptance rate	360 Max gallons/day wastewater flow	900 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
4/5 Serviced by private well	1500 Gallon septic tank	300 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3 Bedrooms in residence	1000 Gallon pump tank	NA Depth of stone		
Any surface waters present: 4/5 Type: Lake Wylie Minimum separation distance: 50'				
Site modifications required:				
Additional Conditions: Agreement forms to be on file before C.A. Release Install 3 lines x 100' w/ Pressure Manifold				
Repair Area System Type Type (circle one): I II III (IV) V VI	___ Conventional X 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	
700 Absorption Area (Sq ft) 206 Total Trench Length (Ft)	NA Depth of Stone Trench	8' 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.

Jerry F. Mitchell 3/30/00
BEING Authorized Agent — Date

Karl W Gardner 3-23-2000
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

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

AS #2

Sheet: _____
Property ID: PO 44-331-30
Lot #: 5
File #: 4222B

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Darryl Bowler APPLICANT: Mike Ryon
ADDRESS: 15029 Weymouth Lane, Charlotte DATE EVALUATED: 3-14-00
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 360gpd PROPERTY SIZE: .7±
LOCATION OF SITE: Weymouth Lane PROPERTY RECORDED: _____
WATER SUPPLY: ☑Private ☐Public ☑Well ☐Spring ☐Other _____
EVALUATION METHOD: ☑Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☑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	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS 2 4%	0-4"	gr/scl	Fr/SExPl SS/SP	21" TO soil wetness	21"	N/A	None	US IV
		4-17"	sBK/c	F.i/SExPl S/P					
		17-21"	sBK/ scl	Fr/SExPl SS/SP					
2	LS 15%	0-3"	gr/scl	Fr/SExPl SS/SP	24" TO soil wetness	24"	N/A	None	US .125gpd/ft² IV
		3-17"	sBK/ sc	F.i/SExPl S/P					
		17-24"	sBK/ scl	Fr/SExPl scl					
3	LS 10%	0-2"	gr/scl	Fr/SE-xPl SS/SP	46" TO soil wetness	46"	N/A	None	PS .391 ft² IV
		2-25"	sBK/c	F.i/SExPl S/P					
		25-46"	sBK/ cl	Fr/SExPl SS/SP					
4	LS R 6%	0-3"	gr/ sc l	Fr/ SExPl SS/SP	46" TO soil wetness	46"	N/A	None	PS .391 ft² IV
		3-46"	sBK/c	F.i/SExPl S/P					
5	LS R 10%	0-2"	gr/scl	Fr/SExPl SS/SP	46" TO soil wetness	46"	N/A	None	PS .391 ft² IV
		2-39"	sBK/c	F.i/SExPl S/P					
		39-46"	sBK/ cl	Fr/SExPl SS/SP					

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W. A. Wells LSS - 3-16-00
OTHER(S) PRESENT: _____

FILE # 4222B

COMMENTS 1000 Repair

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

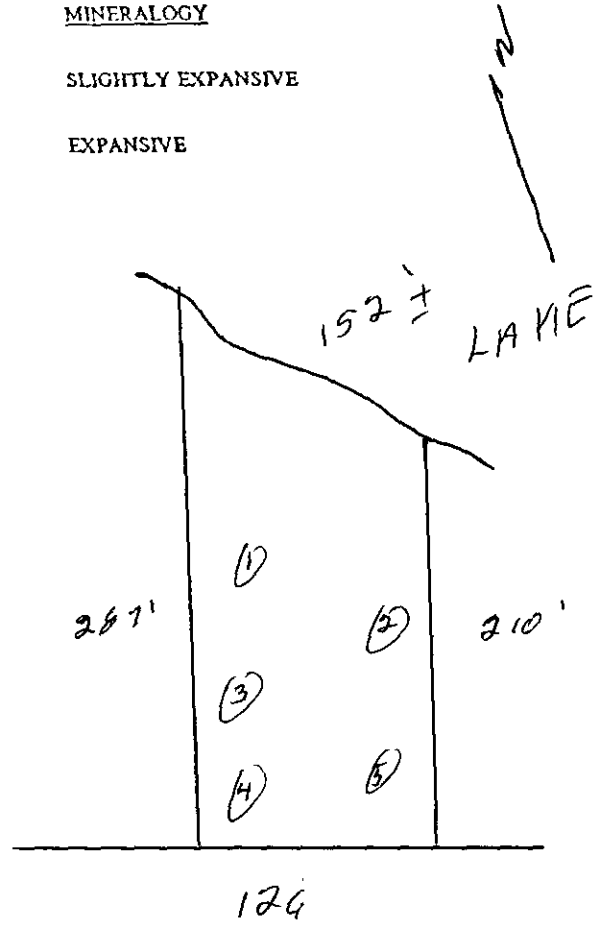
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Property ID: 20 MG-331-30

#2

Lot #: 5

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

File #: 42220

OWNER: Darryl Bowden APPLICANT: Mike Ryon

ADDRESS: 15629 Weymouth Ave, Charlotte DATE EVALUATED: 3-14-06

PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 360gpd PROPERTY SIZE: .7±

LOCATION OF SITE: Weymouth Ave PROPERTY RECORDED:

WATER SUPPLY: ✓Private Public Well Spring Other

EVALUATION METHOD: ✓Augur Boring Pit Cut

TYPE OF WASTEWATER: ✓Sewage Industrial Process Mixed

PROFILE #	.1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS 2 4%	0-4"	gr/scl	Fr/SE/Pl SS/SP	>21" To soil wetness	21"	N/A	None	US IV
		4-17"	SBK/C	Fi/SE/Pl S/P					
		17-21"	SBK/ scl	Fr/SE/Pl SS/SP					
2	LS 15%	0-3"	gr/scl	Fr/SE/Pl SS/SP	>24" To soil wetness	24"	N/A	None	US .125gpd/ft² IV
		3-17"	SBK/ SC	Fi/SE/Pl S/P					
		17-24"	SBK/ scl	Fr/SE/Pl scl					
3	LS 10%	0-2"	gr/scl	Fr/SE-XP/ SS/SP	>46" To soil wetness	46"	N/A	None	PS .39 gpd/ft² IV
		2-25"	SBK/C	Fi/SE/Pl S/P					
		25-48"	SBK/ cl	Fr/SE/Pl SS/SP					
4	~~LS~~ R 6%	0-3"	gr/ sc/	Fr/ SE/Pl SS/SP	>46" To soil wetness	46"	N/A	None	PS .39 gpd/ft² IV
		3-46"	SBK/C	Fi/SE/Pl S/P					
5	~~LS~~ R 10%	0-2"	gr/scl	Fr/SE/Pl SS/SP	>46" To soil wetness	46"	N/A	None	PS .39 gpd/ft² IV
		2-39"	SBK/C	Fi/SE/Pl S/P					
		39-46"	SBK/ cl	Fr/SE/Pl SS/SP					

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

OTHER FACTORS (.1946):

SITE CLASSIFICATION (.1948): Unsuitable

EVALUATED BY: M. R. Martin LSS - 3-16-06

OTHER(S) PRESENT:

FILE # 4222D

COMMENTS 1070 Repair

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			
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	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
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	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

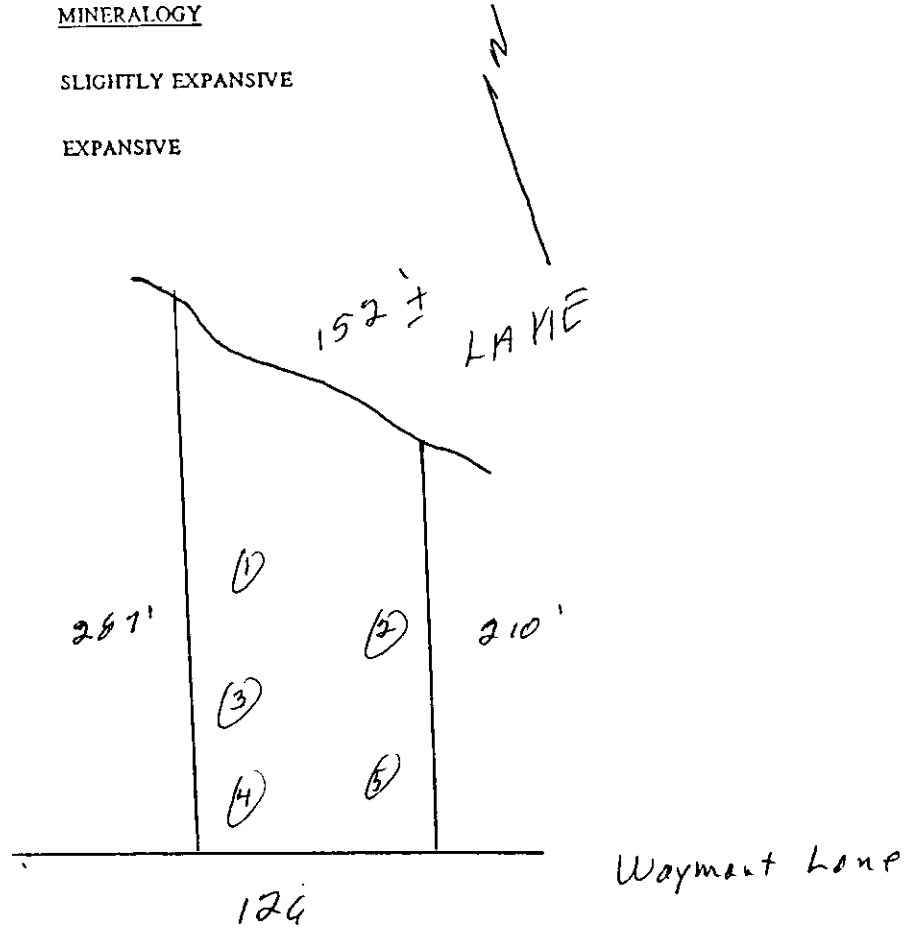
STRUCTURE

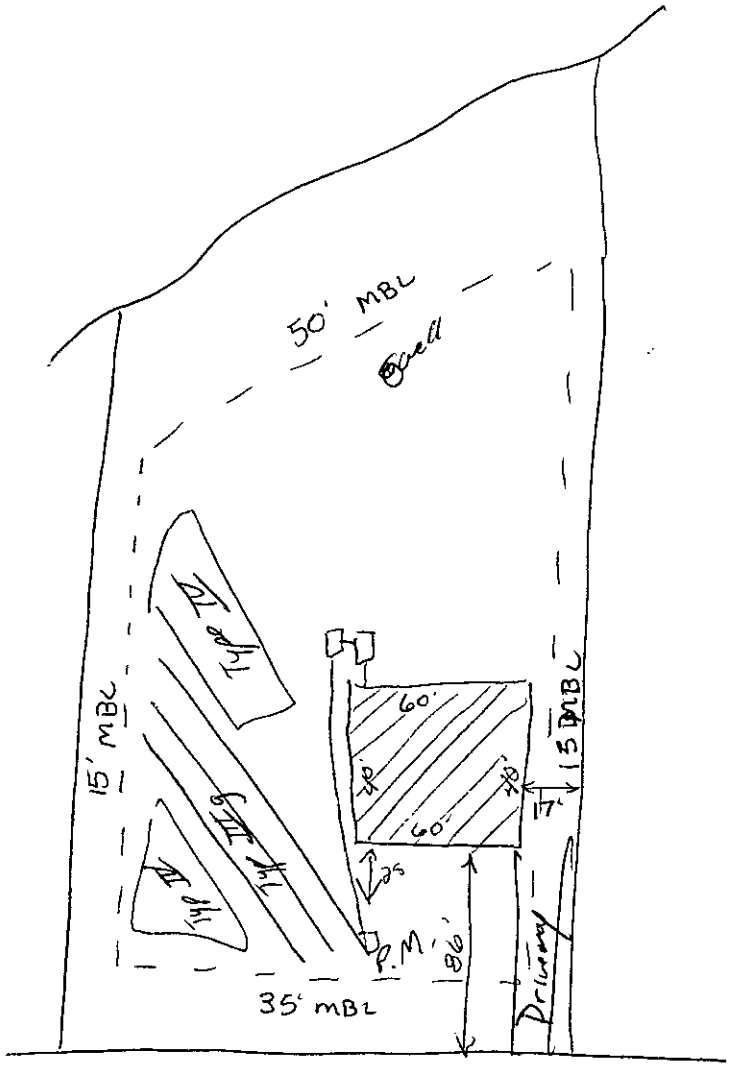
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M-MASSIVE
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GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE




50' MBL
Guest
Type II
Type III
Type II
15' MBL
60'
60'
15' MBL
17'
35'
P.M.
80'
Driveway
35' MBL

FEE: 200 ck# 10434

DATE: 3/6/00 JC

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

[ ] 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 #: 42220

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 199 - 331 - 30 Pt

STREET ADDRESS: Waymont Ln

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 5

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: 2500

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS:

CLOSING DATE 3/30/2000

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
__ 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 ✓ 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:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Bowles (LAST) Daryl (FIRST) (MI)	NAME: Ryon (LAST) Mike (FIRST) (MI)
ADDRESS: Waymont Ln	DAYTIME PHONE: ( ) 361 - 1084
CITY: STATE: NC ZIP:	
DAYTIME PHONE: ( ) -	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: _____ DATE: 3/6/2000

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

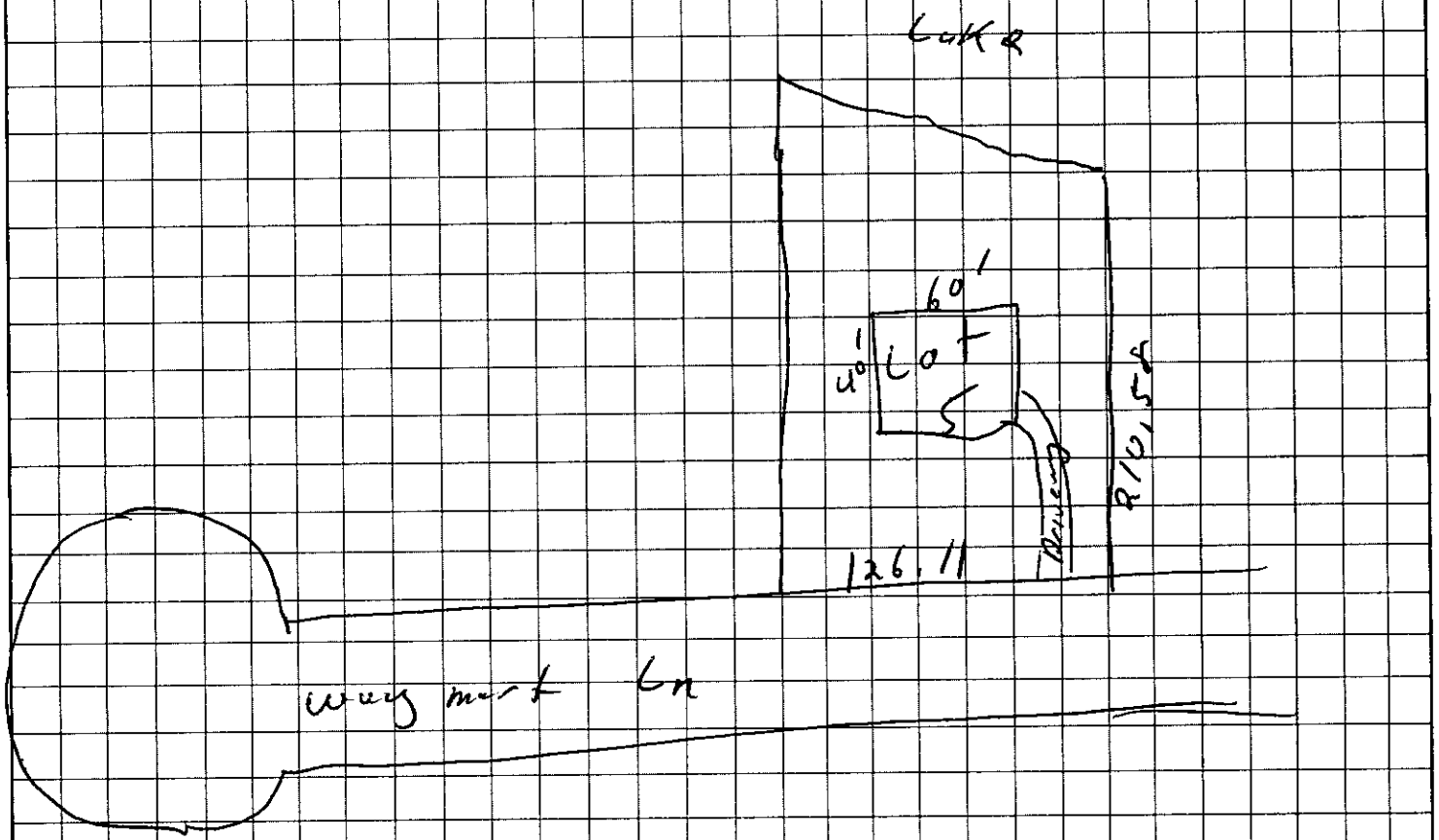
PROPOSED PLOT PLAN

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

FILE: 4222B

TC: 199-331-30 PP

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



OWNER/AGENT SIGNATURE

DATE 3/6/2000

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy