

7725 WHITMIRE LN

19708613

1/3/2008

duponbj

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[ ] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102 3813B

PERSON FILING APPLICATION:

NAME: Ridge (last) Steve (first) A. (mi)

ADDRESS: 7725 Whitmire Ln PHONE: (704) 545-3873

CITY: Charlotte (Mint Hill) STATE: NC ZIPCODE: 28227

Date: 11-16-00

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 197-086-13

STREET ADDRESS: 7725 Whitmire

ZONING:

PROPERTY OWNER:

NAME: SAME AS Above (last) (first) (mi)

ADDRESS: PHONE: ( )

CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[ ] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [X] 7 Mint Hill

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[redacted] 1997

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)

[redacted] [ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) CARPORT

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

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: Steve A Ridge Date: NOV 16, 2000

NOTICE:

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 Sanitary Sewage Collection, 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 permit is not transferable.

... 11/30/00 OK TO USE EXISTING SYSTEM

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist 11/30/00 Date

WWATER : 122791

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Fees

Requestor (please print): OWNER Steve A. Ridge Phone #: 545 2373 Date Requested: 11-16-04 Date Filled:

Account Name: Cash Charge Account No.:

I certify that I am authorized to charge this account for this service:

Signature: Steve A. Ridge Printed Name: Steve A. Ridge Date: 11-16-04

T.C.	Qty	Description	Unit Cost	Total Cost
0701		Improvement Permit Application - Residential	$ 200.00	
0735		Improvement Permit Application - Commercial	$ 400.00	
0702		Optional Site Evaluations	$ 100.00	
0703		Installation and Final Approval	$ 150.00	
0704		Change in Plot Plan	$ 100.00	100.00
0705	/	MH Exc/Add/Repl without System Modification	$ 100.00	
0706		MH Exc/Add/Repl with System Modification	$ 300.00	
0707		Site Consultation Visit	$ 100.00	
0734		Authorization for Wastewater System Construction	$ 150.00	
0708		Realty Closing - Conventional	$ 85.00	
0709		Realty Closing - FHA with water	$ 135.00	
0710		Additional Trips	$ 65.00	
0711		Well Water Analysis-Bacteriological with regular parameters	$ 50.00	
0712		Well Water Analysis -Nitrates and Nitrites	$ 15.00	
0714		Well Water Analysis - Organic Analysis	$ 200.00	
0715		Admin. Fee - Field Activity Letter	$ 25.00	
0718		Residential Pool Permit	$ 50.00	
0719		Public Pool Permit - operating	$ 240.00	
0720		Seasonal Pool Permit - operating	$ 120.00	
0736		Pool Late Fee	$ 120.00	
0733		Permit to Construct a Public Pool	$ 200.00	
0721		Home Day Care Evaluation and Permit	$ 70.00	
0722		Home Day Care Evaluation and Annual Fee	$ 40.00	
0723		Eval and Report Non-Permit Facility	$ 50.00	
0724		Private Pool Testing	$ 15.00	
0731		Garbage Hauler Permit - (1-9 vehicles)	$ 30.00	
0736		Garbage Hauler Permit - (each over 9)	$ 20.00	
0725		Document Copies	$ 0.05	

Payment received by: [signature] Date: 11/16/04 Total:

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION

PROPOSED PLOT PLAN

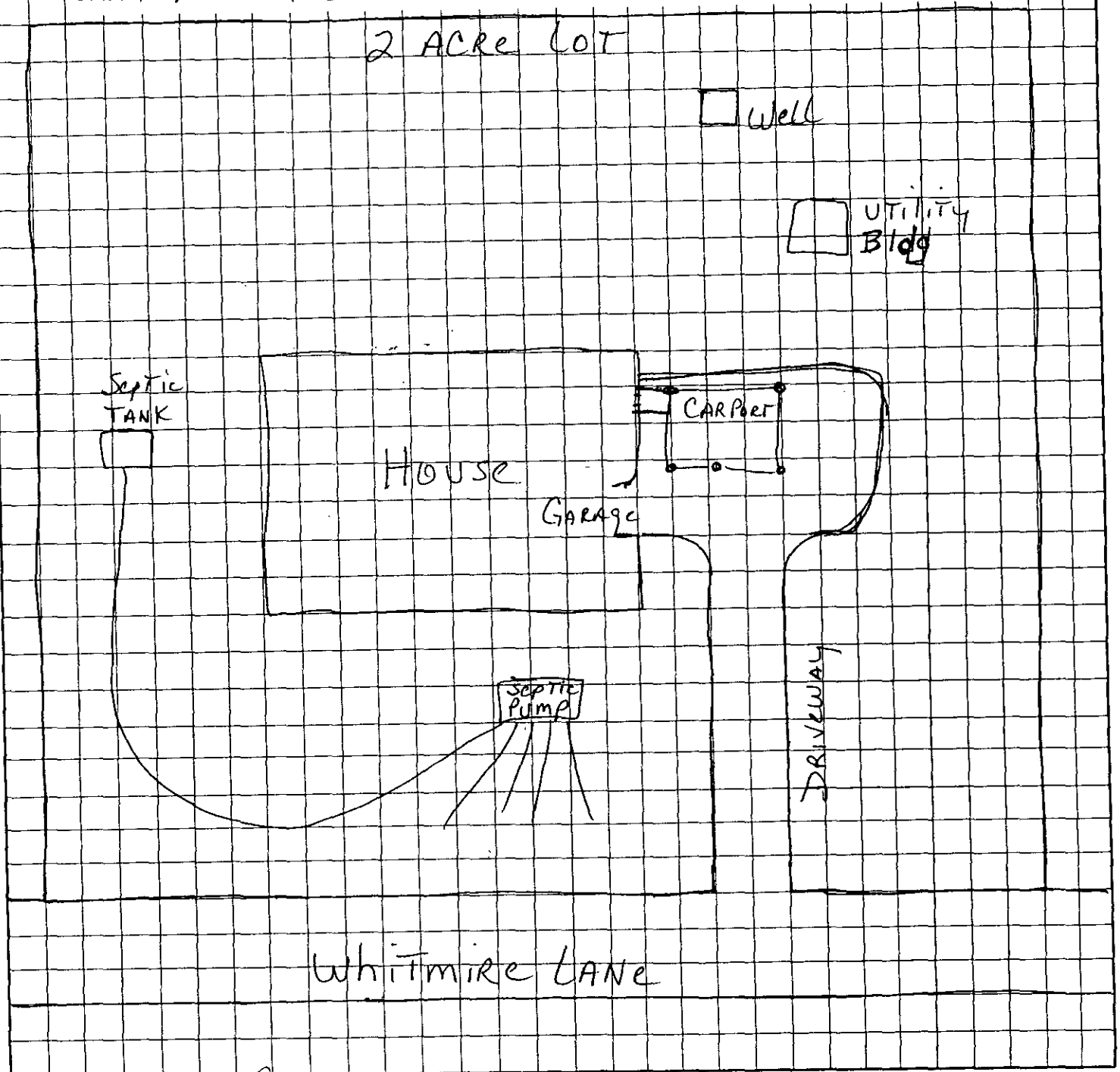
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3813B

TC: 197-086-23

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.



Steve C Ridge
OWNER/AGENT SIGNATURE

DATE 11-16-00

APPROVAL DATE _____

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

$160.00 7/29/97 CK

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3813B DATE: 7/29/97

TC: 197 086 04 for (L) ☒ CRT

SERIAL Nº 17158

Name of Owner Vincent Tangari Juris.: _____

Address of Property 7725 Whitmire Ln

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 5 @ 80'

Cover Depth 8"

Water Supply Source well

Distance to Water Source 80'

Excavation Inspected 7/29/97

Tank(s) Inspected 7/29/97

Wash Line Inspected plumb to tank

High Water Alarm Inspected 7/29/97

PLOT

Design 1997, 1500ST, 1000DT, PI, CON, 1200SFT, 12"stone cecil CTR# WT 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 I5A 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 I5A 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: Septic System designed for 3 bedroom residence Type III

Philo S. Walker R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

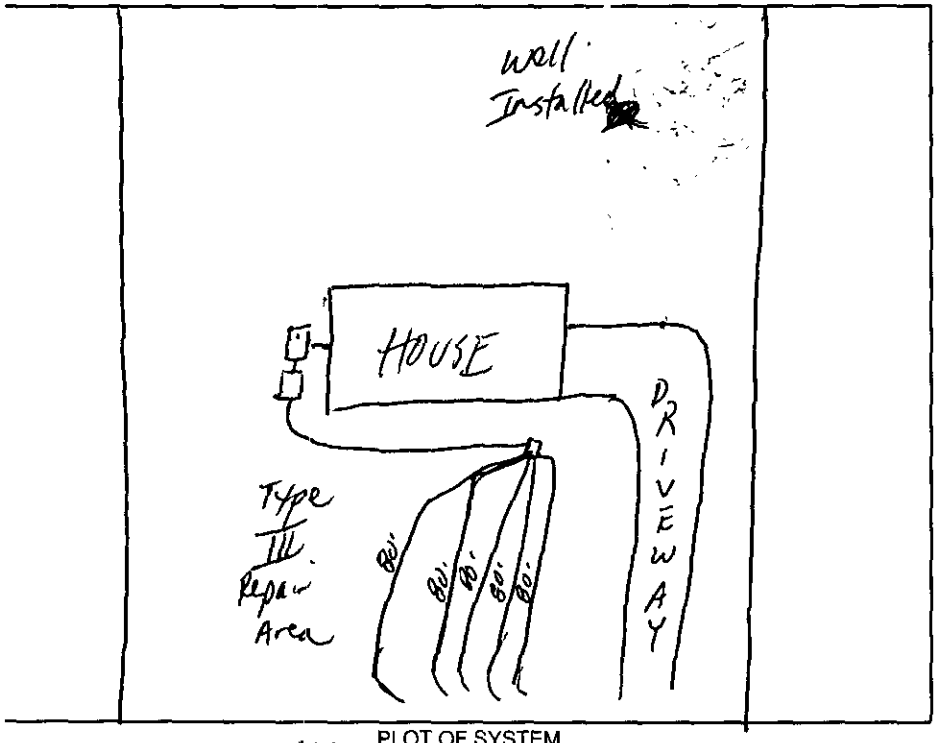
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3813B DATE: 7/28/97

TC: 197 086040 10-4

SERIAL Nº 17329

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 7/22/96. All work shall be completed on or before 8/28/97, 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.



PLOT OF SYSTEM

Whitmire Ln

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 400' feet

Number of Lines 5(80')

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 Vincent Tangari

LOCATION OF PROPERTY 7725 Whitmire Ln

Comments: 1500ST, 1000DT, PI, 5 lines x 80'long x 3'wd x 12" stone
Keep septic system >100' (50'min) from proposed well

Phila S. Walker R.S.
Environmental Health Specialist

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

CB#9975 D400 CRTA

FEE: 100.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 12/20/96 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 11/22/96 **PERMIT NO:** 3813B
PARCEL NO: 197 086 04P0

PROPERTY OWNER: Vincent Tangari
BUILDING CONTRACTOR:
JOB LOCATION ADDRESS: 7725 Whitmire Lane
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: Philo S. Walker **DATE:** 12/20/96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3813B, 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: Lift pump required

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 _____ 12/20/96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 3813 B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 197 086 04 B

- 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

2.5 Long-term acceptance rate	360 Max gallons/day wastewater flow	1440 Absorption Area (sq ft)	9 Trench spacing (min. on centers)
Yes Serviced by private well	1500 Gallon septic tank	480 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	12 Depth of stone	

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

Site modifications required: Drainage pipe to be removed in front Area.

Additional Conditions: Drainage ditch on right side of property to be maintained
Lift pump required

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

1440 Absorption Area (Sq ft) 480' Total Trench Length (Ft)	12 Depth of Stone Trench	9 Trench spacing (min. on centers)	24" 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.

Philo S. Walker R.S. 1/12/95
DEHNR Authorized Agent Date

Vincent J. Tanzani 1/10/96
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: 3813B

TC: 197-086-04

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.

1500 ST
1000 DT Lift pump required
Keep septic system lines on contour of land
Keep well > 100' (50') from septic system
90' from front property line to left front house corner
80' from right property line to front right house corner.

Lot 101

Keep system > 100' 50' min from well

HOUSE

Repair Area

Drainage Ditch

Type II Area

Repair Area

5 lines x 100' long

Keep lines on contour of land

100'

Ditch

15'

Water Same 10 ft

2-18

OWNER/AGENT SIGNATURE Vincent Flanagan

DATE 1/10/96

APPROVAL DATE 1/12/96 TBW

page 2 of 2

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

FACSIMILIE COVER SHEET

CaRus Construction
P O Box 1571
Matthews, N C 28106
Phone (704) 845-9003
Fax (704) 845-9003

SEND TO/ AN/ A L'ATTENTION DE	
Company Name/ Firmenname/ Société: Environmental Health	From/ Von/ De: Russ M. Elwell
Attention/ Zu Handen von/ A l'attention de: Mr Walker	Date/ Datum/ Date: 11/22/96
Fax Number/ Fax Nr / N° de fax: 336-6894	Phone Number/ Telefon/ N° de tél: 845-9003

☐ **Urgent/ Dringend/ Urgent**
☐ **Reply ASAP/ Rückantwort/ Réponse urgente attendue**
☐ **Please Comment/ Erledigung/ Commentaires attendus**
☐ **Please Review/ Überprüfung/ A vérifier**
☐ **For your information/ Kenntnisnahme/ Copie pour information**

Total pages, including cover sheet
Anzahl der übermittelten Seiten inkl Deckblatt
Nombre de pages (Page de garde incluse)

COMMENTS/ ANMERKUNGEN/ COMMENTAIRES

Please look to see if this New Survey will affect the placement of the system. Please call PAGE 348-7670 if there is a problem.

Tks Russ
M. Elwell

P. 02

STATE OF NORTH CAROLINA
COUNTY OF UNION

I, SIDNEY M. SANDY, SURVEYOR, DULY SWORN DEPOSES AND SAYS THAT THE PLAT FROM WHICH THIS CERTIFICATE APPEARS WAS PREPARED IN ACCORDANCE WITH G.S. 47-30 AS AMENDED. IN ALL RESPECTS CORRECT ACCORDING TO MY BEST OF MY KNOWLEDGE AND BELIEF, AND WAS PREPARED FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION WITH A MAXIMUM LINEAR ERROR OF CLOSURE OF 1 IN 10,000 AND A MAXIMUM FIELD ERROR OF CLOSURE OF 15 SECONDS PER ANGLE.

Sidney M. Sandy
SIDNEY M. SANDY
NUMBER L-1396

NORTH CAROLINA REGISTERED SEAL L-1396 LAND SURVEYOR SIDNEY M. SANDY

STATE OF NORTH CAROLINA
COUNTY OF UNION

DALE H. SANDY, A NOTARY PUBLIC, DO HEREBY CERTIFY THAT SIDNEY SANDY, A REGISTERED LAND SURVEYOR PERSONALLY APPEARED BEFORE ME THIS DAY AND ACKNOWLEDGE THE DUE EXECUTION OF THE FOREGOING INSTRUMENT.

WITNESS MY HAND AND NOTARY SEAL THIS 1st DAY OF July, 1996.

Dale H. Sandy
NOTARY PUBLIC

MY COMMISSION EXPIRES NOVEMBER 15, 1997

DALE H. SANDY NOTARY PUBLIC UNION COUNTY, N. C.

NANCY C. ANNISTON
C-144 — 182

BEGIN 338.91'

N28°42'31"E 417.62'

MAG. NORTH - DEED BK. 3286 PG. 431

VICINITY MAP
N.C. 218
WAXHAW HWY
ALLEN RD.

CHARLES D. ALEXANDER
6688 — 256

APPROVED IN ACCORDANCE WITH THE PROVISIONS OF THE TOWN OF MINT HILL SUBDIVISION ORDINANCE ON 7/15/96.
CHAIRMAN, PLANNING BOARD

2.000 ACRES

VINCENT J. TANGARI
2850 — 27
3286 — 431

N15°05'11"W 190.11'

S31°62'19"E

80'

ROCKY E. BOURNE
1716 — 421

Tax Parcel # 197-086-4

PROPERTY OF
VINCENT J. TANGARI

SURVEYED BY: S. M. SANDY
N.C. PLS #1396 - 1833 WESLEY CHAPEL RD. MATTHEWS, N.C. 28105

CLEAR CREEK TWSP — MECK. CO.
MINT HILL, NORTH CAROLINA

House

Drive

90'

90.00'

EIR

S15°05'11"W S36°00'44"W

WHITNEY LANE

SCALE: 1" = 50'

NCV-22-96 FRI 9:36

AUTOMATIC COVER SHEET

DATE: NOV-22-96 FRI 9:36

TO:

FAX #: 6894

FROM:

FAX #:

03 PAGES WERE SENT

(INCLUDING THIS COVER PAGE)

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

2160 #2 Sheet ___ of ___
PROPERTY ID #: 38138
COUNTY: PO 1917-086-04

SOIL/SITE EVALUATION *for* ON-SITE WASTEWATER SYSTEM

OWNER: Vincent J. Tarquini APPLICANT: _____
ADDRESS: 7631 Whitmire Lane, Charlotte APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 360gpd PROPERTY SIZE: .66 ac.
LOCATION OF SITE: Whitmire Lane PROPERTY RECORDED: _____
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 3%	0-9"	SBK/cl	Fr/SEXP/SS/SP	>48" TO Chroma 2	48"	N/A	None	.39/ F7/ cl IV PS
		9-48"	SBK/C	Fr/SEXP/SLP					
2	LS 3%	0-12"	SBK/cl	Fr/SEXP/SS/SP	2.5Y6/1 @ 38"	36"	N/A	None	.259/ F7/cl IV PS
		12-38"	SBK/C	Fr/SEXP/SLP					
3	Foot Slope 3%	0-16"	SBK/cl	Fr/SEXP/SS/SP	water @ 24"	35"	N/A	None	US
		16-35"	SBK/cl	Fi/EXP/VS/VP					
4	Foot slope 3%	0-10"	SBK/cl	Fr/SEXP/SS/SP	10YR6/1 @ 33"	40"	NA	None	US
		10-40"	SBK/C-cl	Fr/SEXP/SLP					

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): unsuitable
EVALUATED BY: William R. Marlin 12-13-95
OTHER(S) PRESENT: _____

OMMENTS:

LEGEND

use the following standard abbreviations

ANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL ,1955 LTAR	LPP ,1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
(Drainage Way)					EXP (Expansive)	CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
F S (Foot Slope)						ABK (Angular Blocky)
HS (Head Slope)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
LS (Linear Slope)		SICL (Silty Clay Loam)				PR (Prismatic)
NS (Nose Slope)		CL (Clay Loam)			MOIST	WET
(Ridge)		SCL (Sandy Clay Loam)				
(Shoulder Slope)		SLC (Silt Loam Clay)			VFR (Very Friable)	NS (Non-sticky)
(Terrace)					FR (Friable)	SS (Slightly Sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FI (Firm)	S (Sticky)
		SIC (Silty Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None		EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

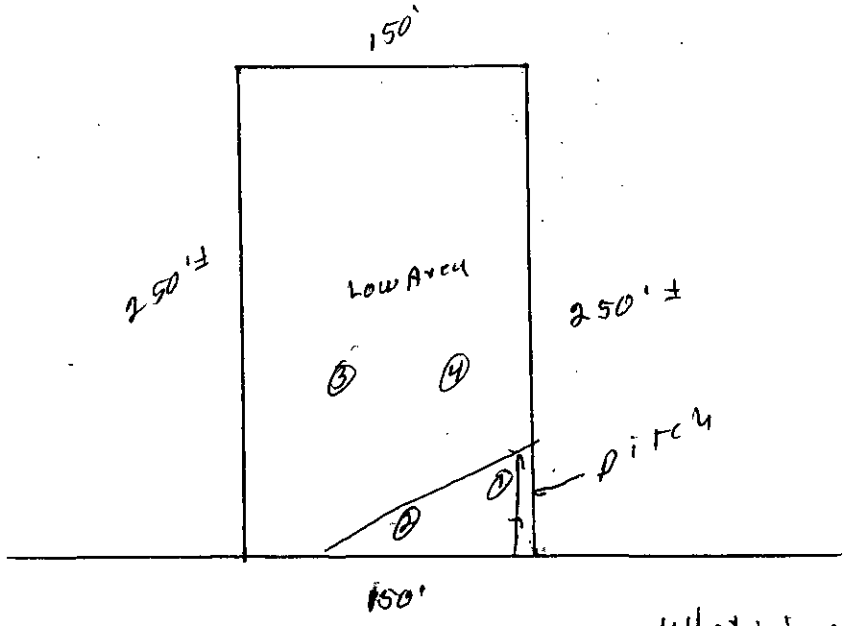
OTES

ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.

ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



N

Whitmire Lane

DATE 12/9/96

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION MINT

197-086-04 po
PARCEL NUMBER

9725 WHITMIRE LN
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	✓ **APPROVED**	**NOT APPROVED**
2. FLOODWAY REGULATIONS	✓ **APPROVED**	**NOT APPROVED**
3. WATERSHED PROTECTION	✓ **APPROVED**	**NOT APPROVED**
4. COMMERCIAL DRAINAGE PLAN	**APPROVED**	**NOT APPROVED**
5. PUBLIC UTILITY EASEMENT	**PRESENT**	✓ **NOT PRESENT**
6. PROPERTY FRONTS ON THOROUGHFARE	**YES**	✓ **NO**
7. DRIVEWAY PERMIT REQUIRED	**YES**	✓ **NO**
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	**YES**	✓ **NO**

REMARKS: NEW S.F. HOUSE

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

✓ NEW ADDRESS

SIGNED: [signature]

REVISED 1/91

FEE: 100.00 ck# 2772

DATE: 11/16/95

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

[ ] CRT

TYPE APPLICATION: [X] NEW SYSTEM [ ] EXPANSION OF EXISTING SYSTEM [ ] REPAIR OF EXISTING SYSTEM

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

FILE #: 3813B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 197-086-04 PO

STREET ADDRESS: Whitmire

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

TYPE OF BUILDING, (CHECK ONE)

- [ ] SINGLE MOBILE HOME(S)
- [ ] DOUBLE WIDE (D)
- [X] HOUSE (H)
- [ ] MODULAR HOME (M)
- [ ] MULTIPLE FAMILY (U)
- [ ] OTHER (O)

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

- [ ] WITHOUT BASEMENT ON SLAB
- [X] CRAWL SPACE
- [ ] WITH BASEMENT /PLUMBING
- [ ] WITH BASEMENT /NO PLUMBING

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: [ ] YES [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 [X] NO	WELL SPRINGS OR WATERLINES	[ ] YES [X] NO
EXISTING WASTE WATER SYSTEMS	[ ] YES [X] NO	DESIGNATED WETLANDS	[ ] YES [X] NO
EASEMENTS OR RIGHT-OF-WAYS	[ ] YES [X] NO		

PROPERTY OWNER:

NAME: TANGARI Vincent J.
(LAST) (FIRST) (MI)

ADDRESS: 7631 Whitmire Lane

CITY: Charlotte STATE: NC ZIP: 28227

DAYTIME PHONE: (704) 545-5793

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? Apr/1966

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: Vincent Tangari DATE: 11/16/95

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

**An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change.