Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 5125B Permit #: _____ Tax Parcel #: 227-173-07

Property Owner: John Hildreth

Job Location Address: 2012 Pleasant Plains Rd.

City: Matthews State: NC Zip Code: 28105

Operation Permit Issuance Date: 10/05/2011 Contractor Name: RCS

Permitted Design Flow: 360 GPD

Liquid Capacity of Dosing Tank: ~~Existing~~ N/A gallons

Liquid Capacity of Septic Tank: Existing gallons

Effluent Pump Model: N/A

Drainfield Installation ☐ N/A

Trench Depth: 24 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 120 feet

# of Lines: 2 @ 60 feet

Depth of Media: 12 inches (Type) E2 FLOW

Depth of Cover: 12 inches

Distribution Device: D-BOX

Bed Installation *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 10+ feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10+ feet

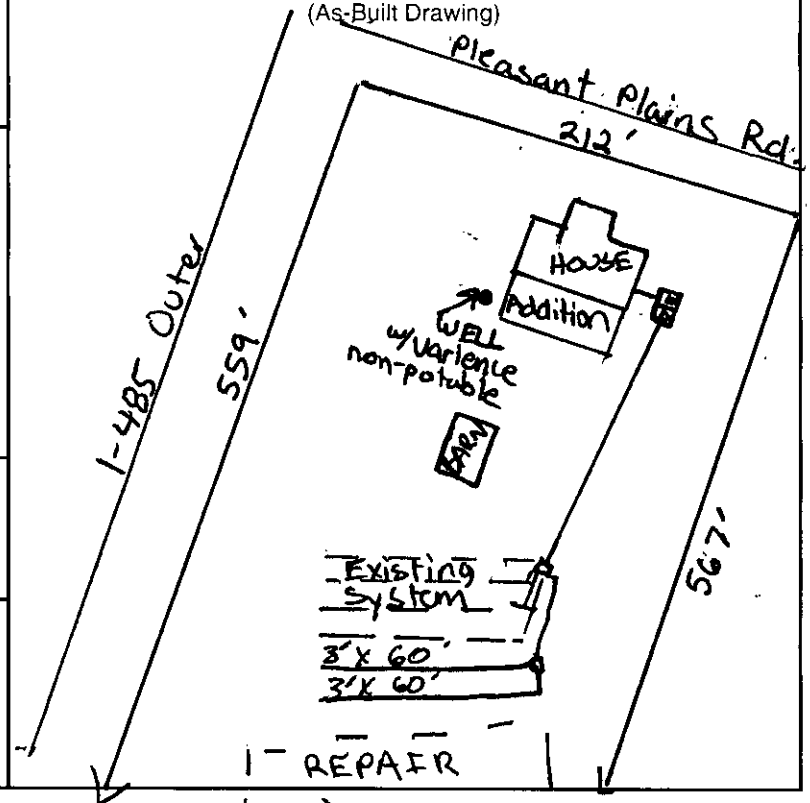
Inspection Dates

Tank(s) Inspected: _____

Excavation Inspected: 10/05/2011

Pump & Controls Inspected: _____

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



The undersigned has inspected the Septic Tank System described above, and certifies it has been ☐ installed ☒ altered ☐ repaired ☐ as detailed in the plot above ☐ in accordance with the permit issued 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. The issuance of this 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. 1900 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 or Revocation of this permit.

Comments: System Classification & Type: III g E21203T6 6, NA, NA

DENR Authorized Agent: Jeremy Michael Signature: Jeremy Michael

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700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 5125B Permit #: _____ Tax Parcel #: 227-173-07

Property Owner: John Hildreth

Job Location Address: 2012 Pleasant Plains Rd.

City: Matthews State: NC Zip Code: 28105

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. *Monitoring:* System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: IIIg

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☒

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☒ System does not require inspection by GWS on a routine frequency.

☐ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other:

_____

_____

_____

_____

DENR Authorized Agent: Jeremy Michael Date: 10/05/2011

Signature: Jeremy Michael

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

INSTALLATION APPROVAL for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 5125B Permit #: _____ Tax Parcel #: 227-173-07

Property Owner: John Hildreth

Job Location Address: 2012 Pleasant Plains Rd.

City: Matthews State: NC Zip Code: 28105

Installation Approval Issuance Date: 09/20/2011

Permission is hereby given to ☐ *install* ☒ *alter* ☐ *repair* an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before _____, after which date this approval 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 granting this approval. 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 of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 360 GPD

Site LTAR: 0.275 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: Existing gallons

Liquid Capacity of Dosing Tank: N/A gallons

Drainfield Design ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 110 feet

# of Lines: 2 @ 55 feet

Depth of Media: 12 inches (Type) 25% Reduction

Distribution Device: Tie into existing D-Box or set new one.

Bed Design *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: 5+ feet

Distance from Property Line: 10+ feet

Distance from Water Supply Source: 10+ feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

Install Per Plot Plan and Permit ON FILE. with Mecklenburg County.

Comments: System Classification & Type: 111g

DENR Authorized Agent: Jeremy Michael Signature: Jeremy Michael REHS.

CONDITIONS OF IMPROVEMENT PERMIT for an ALTERATION TO AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit Number: **5125B** Tax Number: **227-173-07**

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be **NO** grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is **NOT** transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement: ☐ Yes ☒ No ☐ Partial Basement

Primary Wastewater System

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

☐ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other Approved
☐ Innovative or Experimental:

0.275 Long-term acceptance rate (GPD/ft^2)	**360** Max gallons/day wastewater flow	**436** Absorption Area (ft^2)	**9** Trench spacing (min. on centers) (ft)
Serviced by private well: ☐ Yes ☒ No	**Same** Gallon septic tank	**110** Total trench length (ft)	**30** Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
3 Bedrooms in residence	**n/a** Gallon pump tank	**12** Depth of media (in)	

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

Additional conditions: **Alteration is adding one bedroom for a total of a three bedroom residence. Install according to the drawing on file.**

Repair Area System

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

☐ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other Approved
☐ Innovative or Experimental:

1309 Absorption Area (ft^2) **330** Total trench length (ft)	**12** Depth of media (in)	**9** Trench spacing (min. on centers) (ft)	**30** Maximum trench depth (in)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems in effect at the time of issuance of the permit and is subject to the following provisions:

*** No work shall be conducted on the septic tank system until an Installation Approval is granted by this Department.

*** This Improvement permit is transferable.

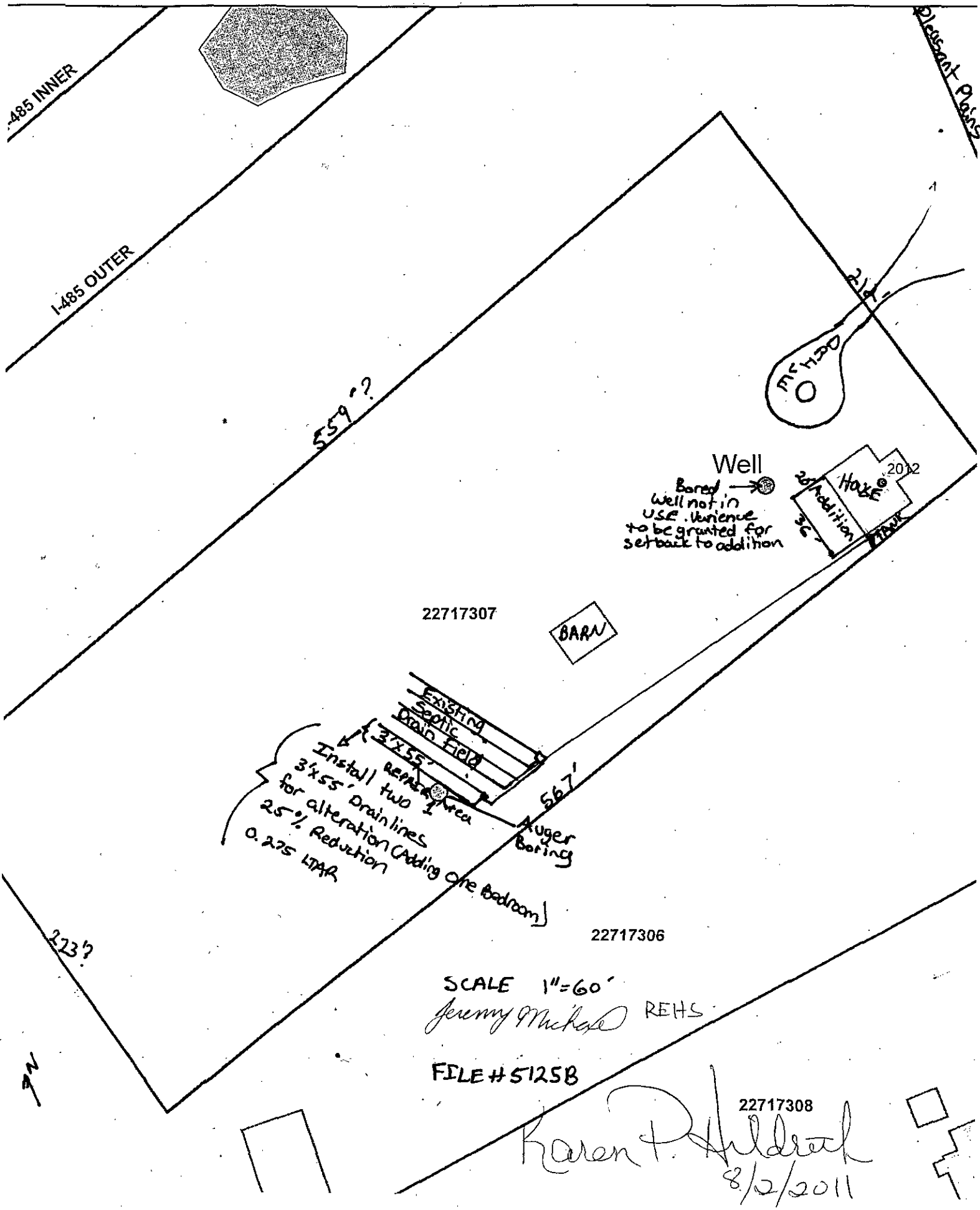
Jeremy Michael 07/26/2011
DENR Authorized Agent Date

Karen T. Aldred 8/2/2011
Owner/Agent Signature Date

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

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

SOIL EVALUATION LOCATIONS FOR
Parcel # 227-173-07
WAPSPS APPLICATION # 5122



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

Sheet: 1 of 2
Property ID: 227-173-07
Lot #:
File #: 5125B
AppID: 5122

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: John Hildreth
Applicant: Same
Address: 2012 Pleasant Plains Rd.
Date Evaluated:
Proposed Facility: Residence
Design Flow (.1949): Adding 1 BR total 360 GPD
Property Size:
Location of Site: 2012 Pleasant Plains Rd. Matthews, NC 28105
Property Recorded:
Water Supply: [X] Public [] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
		0-4	GR/SCL	SS/SP/FRI/SEXP					PS, IV
1	LS, 4	4-48	ABK-SBK/C	S/P/FI/SEXP		48			0.275 GPD/FT^2

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	IIa/IIIg	IIIg
Site LTAR	0.275	0.275

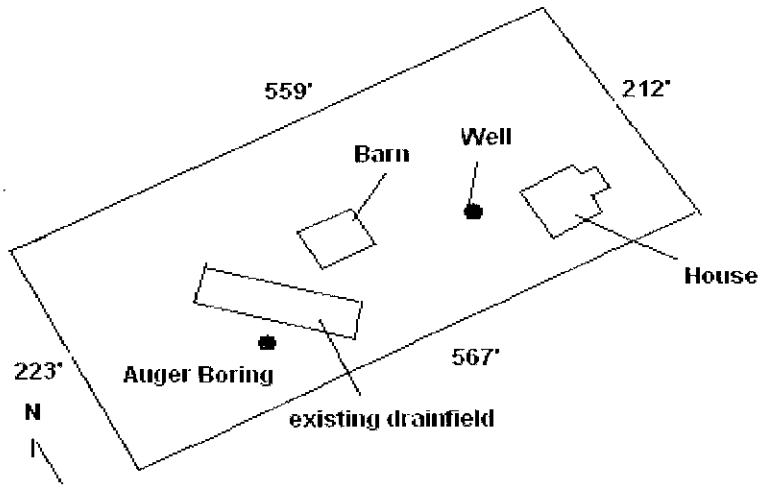
Other Factors (.1946):
Soil Evaluation By: Jeremy Michael
Others Present: Jeremy Michael REHS
Site Classification (.1948): PS
Site Evaluation By: Jeremy Michael
Others Present:

COMMENTS:

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

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

Sketch of Soil Evaluation Locations



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

Sheet: 1
Property ID: 227-173-07
Lot #:
File #: 5125B
Code: 1

ACJ

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: John & Karen Hildreth
Applicant:
Address: PO Box 722, Matthews, N. C. 28106
Date Evaluated: 12/30/2002
Proposed Facility: Residence
Design Flow (.1949): 240gpd
Property Size: 1.0a inv.
Location of Site: 2012 Pleasant Plains Road
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [x] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY 1941 1941 Structure/ Texture	1941 Consistence Mineralogy	OTHER PROFILE FACTORS 1942 Soil Wetness/ Color	1943 Soil Depth (IN.)	1956 Sapro Class	1944 Restr Horiz	Profile Class & LTAR
1	LS, 6	0-7	GR/SL	FR/SEXP/NS/NP	2.5Y5/2@12"	17	N/A	NONE	US
		7-17	SBK/SC	VFI/EXP/VS/VP					
2	LS, 8	0-4	MIXED FILL		>47" TO SOIL WETNESS	41	US	"	"
		4-15	GR/SCL	FR/SEXP/SS/SP					
		15-41	ABK/C	VFI/EXP/VS/VP					
		41-47	M/CL	VFI/EXP/SS/SP					
3	"	0-7	GR/CL	FR/SEXP/SS/SP	>38" TO SOIL WETNESS	18	"	"	"
		7-18	SBK/C	VFI/EXP/VS/VP					
		18-38	M/CL	FI/EXP/SS/SP					
4	"	0-8	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	45	"	"	PS, IV
		8-45	SBK/C	FI/SEXP/S/P					.3GPD/FT^2
5	LS, 6	0-7	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	N/A	"	"
		7-22	SBK/C	FI/SEXP/S/P					
		22-48	SBK/CL	FR/SEXP/SS/SP					
6	"	0-4	GR/CL	"	"	"	"	"	PS, IV
		4-48	ABK/SBK/C	FI/SEXP/S/P					.275GPD/FT^2
7	"	0-4	MIXED FILL		>38" TO SOIL WETNESS	38	"	"	PS, IV
		4-13	GR/SCL	FR/SEXP/SS/SP					.3GPD/FT^2
		13-38	SBK/C	FI/SEXP/S/P					

Description	Initial System	Repair System
Available Space (.1945)	PS	
System Type(s)		
Site LTAR	.3GPD/FT^2	

Other Factors (.1946):
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 12/31/02, W. R. Marlin
Others Present: J. Hildreth

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

Sheet: 2
Property ID: 227-173-07
Lot #:
File #: 5125B
Code:

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Applicant:
Address: Date Evaluated:
Proposed Facility: Design Flow (.1949): Property Size:
Location of Site: Property Recorded:
Water Supply: [ ] Public [ ] Individual [ ] 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 1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS 1942 Soil Wetness/ Color	1943 Soil Depth (IN)	1956 Sapro Class	1944 Restr Horiz	Profile Class & LTAR
8	LS, 6	0-11	MIXED FILL		>55" TO SOIL WETNESS	55	N/A	NONE	PS, IV .3GPD/FT^2
		11-17	GR/SCL	FR/SEXP/SS/SP					
		17-53	SBK/C	FI/SEXP/S/P					

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)		
Site LTAR		

Other Factors (.1946): _____
Site Classification (.1948):
Evaluated By: [signature]
Others Present:

5125B

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: ○ SEPTIC ONLY ○ WELL ONLY ○ SEPTIC & WELL
○ ADDITION OR RENOVATION WITH OCCUPANCY INCREASE ○ EXCHANGE MOBILE HOME (SAME # BEDROOMS)
☑ ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE ○ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: John Hildreth
ADDRESS: 2012 Pleasant Plains Rd.
CITY: Matthews
STATE: NC ZIP: 28105
PHONE: 704 846-2226
ALTERNATE PHONE: 980-722-4780
E-MAIL: JHildreth1@Carolina.rr.com

PROPERTY OWNER: ☑ SAME AS PERSON FILING APPLICATION
NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
PHONE: _____
ALTERNATE PHONE: _____
E-MAIL: _____

JOB LOCATION INFORMATION
TAX PARCEL #: 227-173-07
STREET ADDRESS: 2012 Pleasant Plains Rd.
CITY: Matthews
STATE: NC **ZIP:** 28105

SUBDIVISION OR MOBILE HOME PARK NAME: _____
LOT #: _____

WATER SUPPLY:
☑ MUNICIPAL ○ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

RESIDENTIAL PROPERTY TYPE: ○ N/A
☑ HOUSE ○ MODULAR HOME ○ MULTIPLE FAMILY
○ SINGLE MOBILE HOME ○ DOUBLE WIDE
○ OTHER _____

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 2
NUMBER OF OCCUPANTS: 2

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: ☑ N/A
TYPE OF BUSINESS: _____
EMPLOYEES PER SHIFT: _____
OF SHIFTS: _____
INDUSTRIAL WASTES? ○ YES ○ NO
UNDERGROUND STORAGE TANKS? ○ YES ○ NO

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
☑ BEDROOM ☑ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☑ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☐ OTHER _____

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

John Hildreth 7/11/2011
Owner's Agent's Signature Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

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

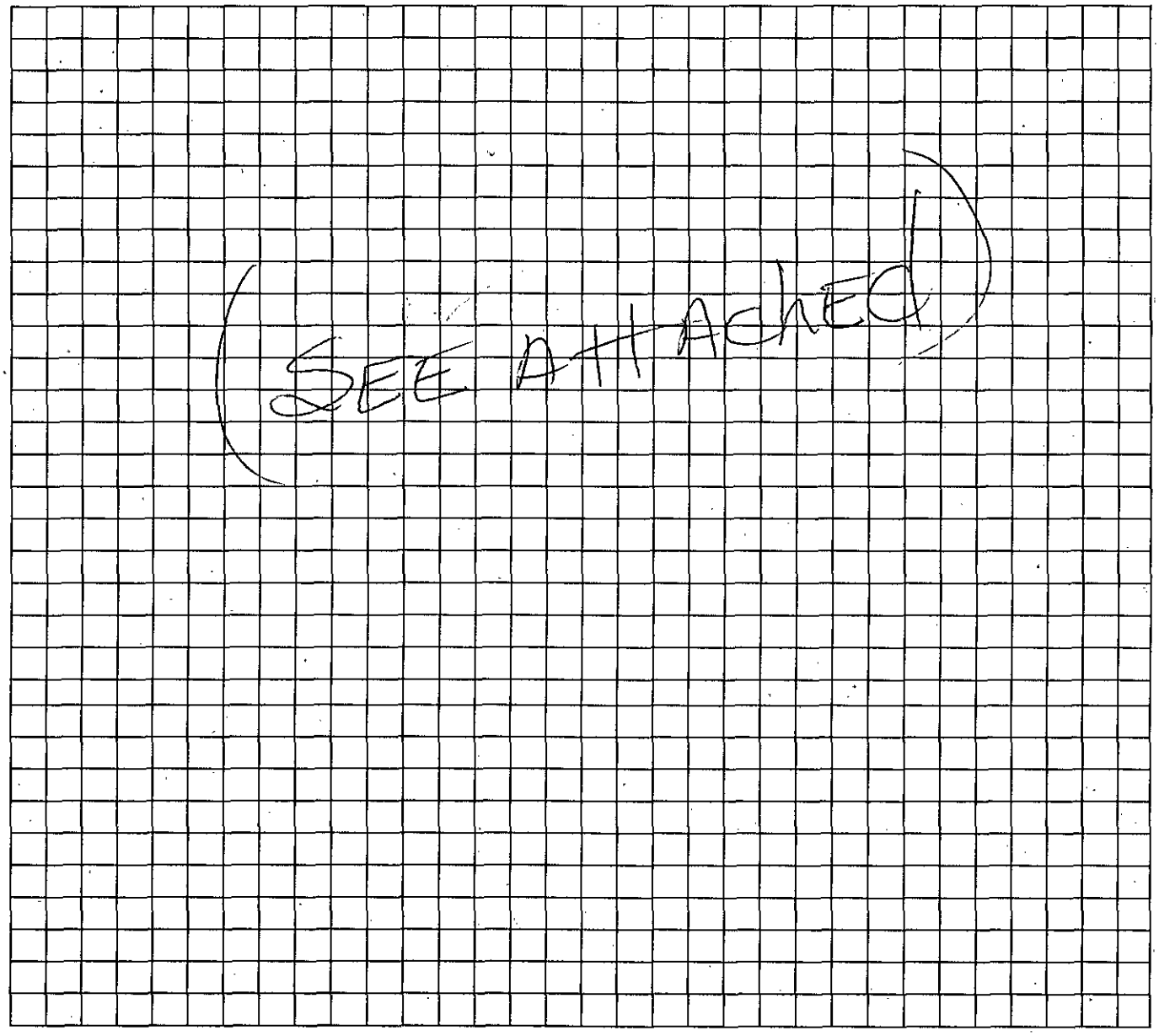
Revised on: 01/03/11

File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 2012 Pleasant Plains Rd Tax Parcel #: 227-173-07



*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 and Water Supply Wells 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.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

_____

_____

_____ _____

REHS Signature Date

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

Revised on: 01/03/11

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

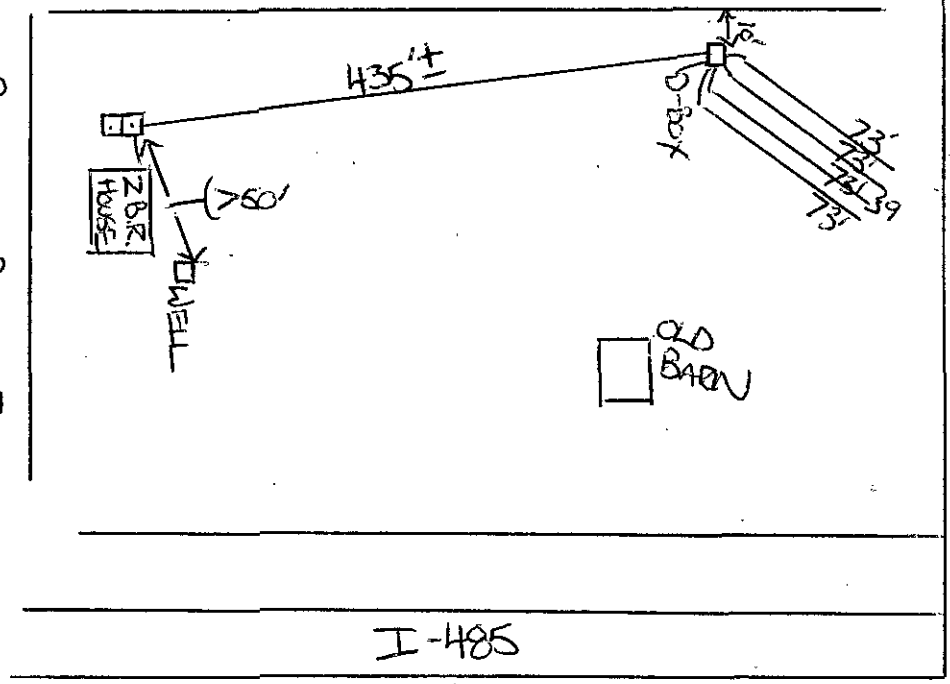
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5125B DATE: 5/14/03

TC: 227-17-307 ☐ L

SERIAL 19374

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 12/27/02. All work shall be completed on or before _____, 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

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction PCC

Trench Depth 24"-36"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous YES

Total Line Length 292 feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 50 feet

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

NAME OF OWNER JOHN W. HILDRETH

LOCATION OF PROPERTY 2012 PLEASANT PLAINS RD.

Comments: TYPE II SYSTEM, 4 LINES AT 73', 9' CENTERED ON CONTOUR. KEEP ALL PARTS OF SYSTEM ≥50' FROM WELL.

John Pantin

Environmental Health Specialist

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5125B DATE: 6/16/03

TC: 227-17-307 ☐ L ☐ CRT

SERIAL 19247

Name of Owner JOHN W. HILDRETH Juris.:

Address of Property 2012 PLEASANT PLAINS RD.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 296'

Number of Lines 4 @ 74'

Cover Depth 15"

Water Supply Source WELL

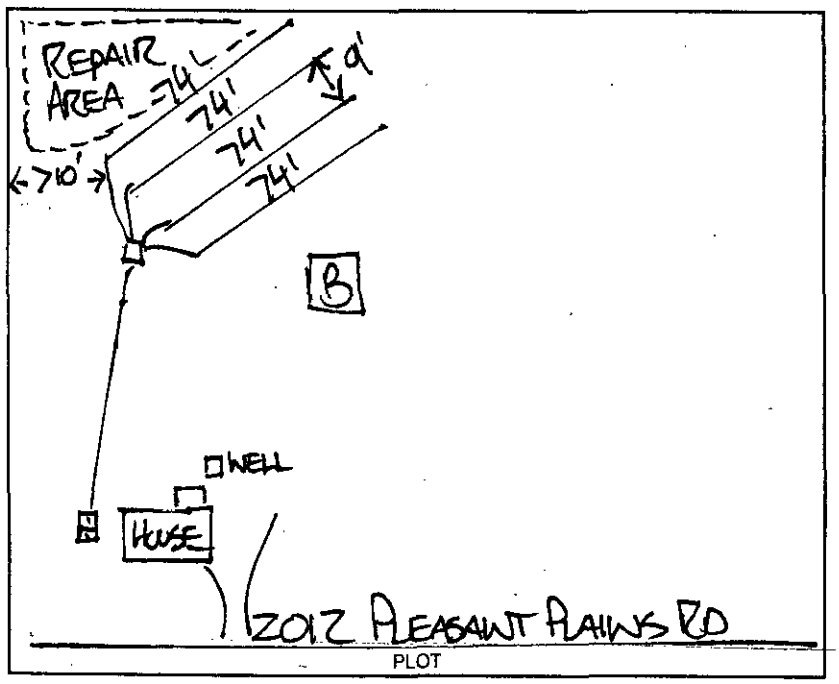
Distance to Water Source 750'

Excavation Inspected 6/16/03

Tank(s) Inspected 6/16/03

Wash Line Inspected N/A

High Water Alarm Inspected N/A



Design 2003, 1500ST, CON, 888SF, 1ZG CTR# RCS

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: TYPE II CONVENTIONAL; 4 LINES @ 74', 9' ON CTR

Environmental Health Specialist

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

FEE: $150.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: _____ PERMIT NO: 51258
PARCEL NO: 227-17-307

JOB LOCATION ADDRESS: 2012 PLEASANT PLAINS RD.
PROPERTY OWNER: JOHN & KAREN HILDRETH
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: DAVID CORNELIUS DATE: _____
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. _____, 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: _____

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.

_____
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Mecklenburg County

Health Department

BASIC STEPS FOR A NEW SEPTIC TANK SYSTEM

1. Make application for an **Improvement Permit** at the Mecklenburg County Health Department (MCHD). A proposed site plan of the property must accompany the application (see other side for additional information). A survey may be used in place of the site plan, if available. **However, a survey of the property is not required to apply for an Improvement Permit.** If a legal agent represents the property owner, written documentation of representation must accompany the application. Total fees are: $500 for a residential site and $700 for commercial sites. An initial $200.00 fee for residential sites and $400 for commercial sites must be paid when the application for an Improvement Permit is submitted.

2. A representative of the Health Department will make an initial visit to evaluate the site and conduct soils studies. Upon completion, the applicant will be contacted by telephone with the results of the evaluation. The applicant will then be referred to an Environmental Health Specialist to complete the requirements for the Improvement Permit.

3. If the site is acceptable for on-site sewage disposal, the MCHD will issue an Improvement Permit. The permit:

- Approves the site for installation of a wastewater disposal system;
- Is transferable to a new owner;
- Is valid for 5 years.
- May be valid beyond 5 years upon request by the applicant. Additional specific documentation is required for these approvals.
- **MAY BE REVOKED IF SITE PLANS OR INTENDED USE CHANGE;** and
- Does not allow for the receiving of a Building Permit, see step 4.

4. Prior to receiving a Building Permit, the current property owner must apply for **Authorization for Wastewater System Construction** from MCHD. A $150.00 fee must be paid when the application is submitted. The Authorization for Construction may be requested and completed at the same time the Improvement Permit is issued upon request by the applicant. If the Authorization for Construction is issued at a later date, **after** the Improvement Permit has been issued, another site visit may be necessary prior to releasing the Authorization for Construction.

The Authorization for Construction:

- Is required to receive a building permit
- Is not transferable; and
- Is valid for a period of five (5) years.

PEOPLE • PRIDE • PROGRESS

Environmental Health Division

700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

5. When the site is ready for the septic tank system installation, have the septic system contractor contact the Environmental Health Specialist at the MCHD for an **Installation Approval.** The contractor ***must have this approval before*** starting installation of a septic system and must be registered with Mecklenburg County Health Department. A septic tank contractor pamphlet listing registered contractors is available upon request. A final fee of $150.00 is payable at this time and covers the Installation Approval and the Operation Permit which is described in item number 6.

6. The septic system contractor will call the Environmental Health Specialist at the MCHD for inspection of the completed system. When the system has been inspected and *approved*, the MCHD will issue an **Operation Permit** and the system may be placed into use.

Please call the Environmental Health Division at (704) 336-5102 if you have questions concerning this permitting procedure.

Fees may be paid in person, by mail or by telephone. The check should be made payable to Mecklenburg County Health Department. Fees may be charged to an account. Visa and MasterCard accounts are currently accepted, Please include the file number, tax parcel number, address and/or job location with all payments.

SITE PLAN REQUIREMENTS
SUBMIT SITE PLAN WITH APPLICATION
FOR IMPROVEMENT PERMIT

A proposed site plan of the property is required before an Improvement Permit can be processed for a building site. The proposed site plan becomes part of the Improvement Permit. It is the responsibility of the applicant to provide the proposed site plan to the Health Department. Forms are provided by MCHD.

The proposed site plan must be drawn to include:

- Property lines and dimensions
- The specific proposed location of the building or structure. Include building dimensions, porches, decks, garages, driveways, pool, storage sheds, etc.
- Show the road the property fronts or the road where the proposed driveway originates and any other roads that adjoin the property.
- Wells or other water supplies
- Streams, ponds or other surface waters.
- Location of any of the following:
  --buried cables, landfills, stumpholes
  --existing wastewater systems
  --easements or right-of-ways
  --wells, springs or waterlines
  --designated wetlands
  --drainage ditches/culverts on or adjacent to property
- The tax parcel number of the property.

FEE: 200.00
DATE: 12/27/02

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 #: 51258

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 227-173-07

STREET ADDRESS: 2012 Pleasant Plains Rd.

SUBDIVISION OR MOBILE HOME PARK NAME: 227-162-03

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

CLOSING DATE _____

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: ~~1,000~~ 1100

NUMBER OF BEDROOMS: 2 NUMBER OF OCCUPANTS: 2

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

(2 abandon wells 1 filled in 1 not)

PROPERTY OWNER:

NAME: Hildreth John W & Karen P
(LAST) (FIRST) (MI)

ADDRESS: P.O. Box 722

CITY: Matthews STATE: NC ZIP: 28106

DAYTIME PHONE: ~~704~~ 919-349-5406

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

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: John W Hildreth DATE: 12/27/02

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

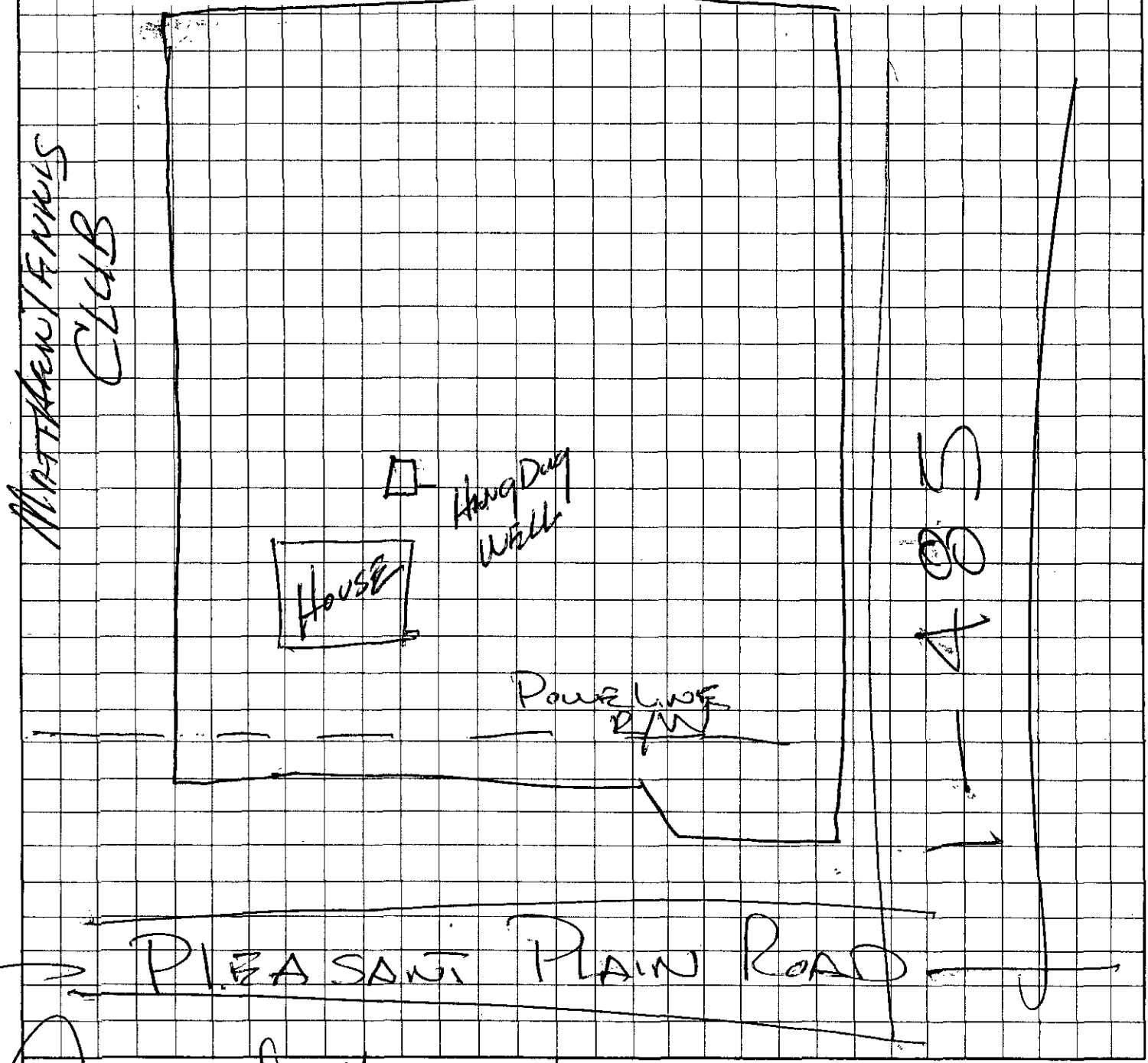
PROPOSED PLOT PLAN

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

FILE: 51258

TC: _____

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



OWNER/AGENT SIGNATURE

DATE 12/27/02

APPROVAL DATE _____

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

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 5125B

Tax Number:

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	X 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
275 Long-term acceptance rate GPD/FT²	240 Max gallons/day wastewater flow	873 Absorption Area (sq ft)	3' Trench spacing (min. on centers)
NO Serviced by private well	1500 Gallon septic tank	291' Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
2 Bedrooms in residence	NA Gallon pump tank	12" Depth of stone	
Any surface waters present: NO Type:		Minimum separation distance:	
Site modifications required:			
Additional Conditions: EXISTING WELL MUST BE PROPERLY ABANDONED BEFORE INSTALLATION			

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
873' Absorption Area (Sq ft) 291' Total Trench Length (Ft)	12" Depth of Stone Trench	3' 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 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 e 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 Departr
- This Improvement permit is transferable.

DEHNR Authorized Agent — Date

Owner/Agent Signature — Date 1/17/03

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

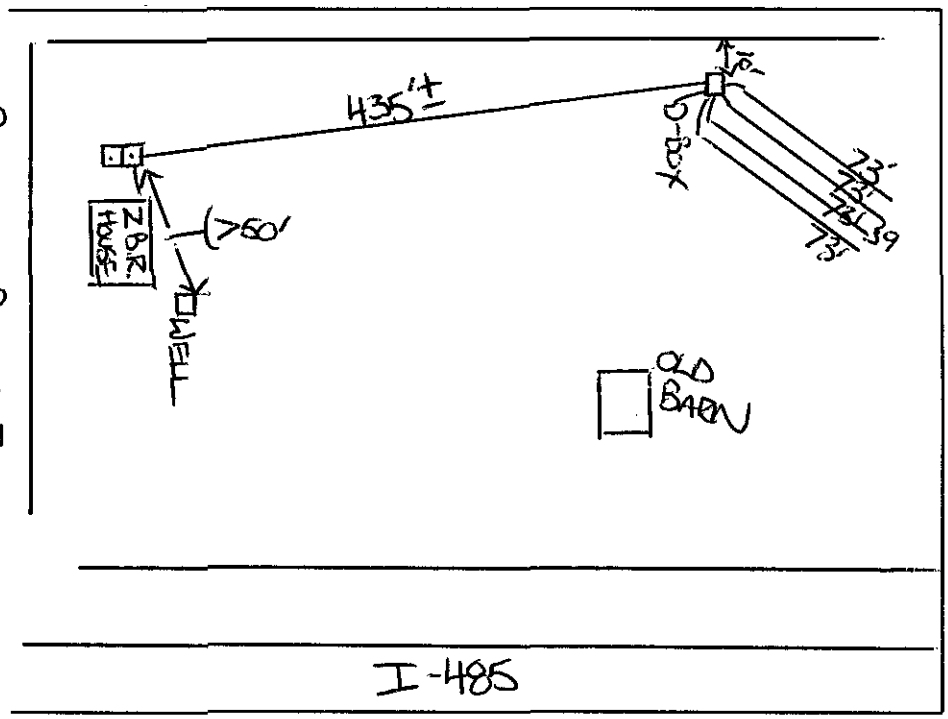
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5125B DATE: 5/14/03

TC: 227-17-307 ☐ L

SERIAL 19374

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 12/27/02. All work shall be completed on or before _____, 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

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction PCC

Trench Depth 24"-36"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous YES

Total Line Length 292 feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 50 feet

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

NAME OF OWNER JOHN W. HILDRETH

LOCATION OF PROPERTY 2012 PLEASANT PLAINS RD.

Comments: TYPE II SYSTEM, 4 LINES AT 73', 9' CENTERED ON CONTOUR. KEEP ALL PARTS OF SYSTEM ≥50' FROM WELL.

Environmental Health Specialist

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5125B DATE: 6/16/03

TC: 227-17-307 ☐ L ☐ CRT

SERIAL 19247

Name of Owner JOHN W. HILDRETH Juris.: _____

Address of Property 2012 PLEASANT PLAINS RD.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 296'

Number of Lines 4 @ 74'

Cover Depth 15"

Water Supply Source WELL

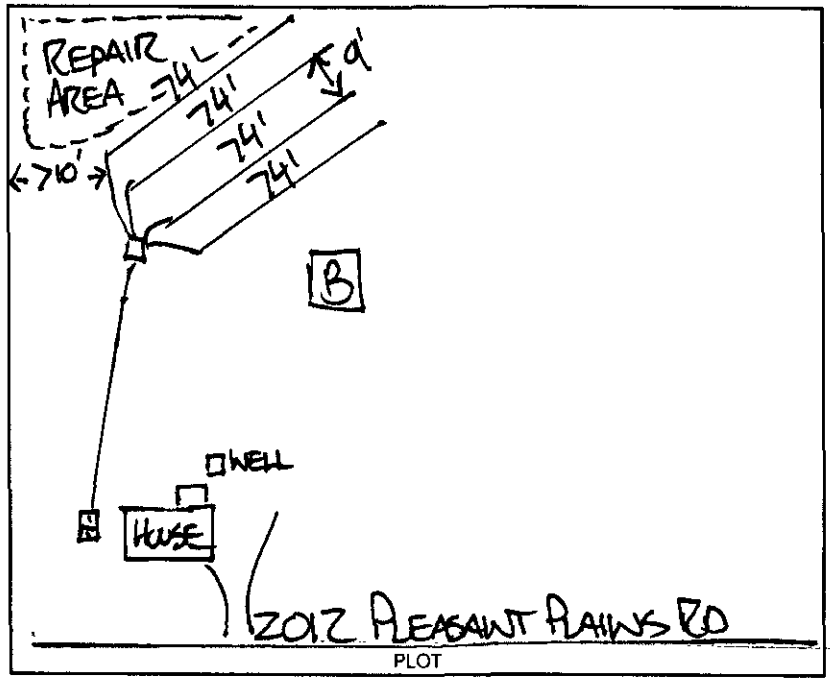
Distance to Water Source 750'

Excavation Inspected 6/16/03

Tank(s) Inspected 6/16/03

Wash Line Inspected N/A

High Water Alarm Inspected N/A



Design 2003, 1500ST, CON, 888SF, 12G CTR# RCS

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: TYPE II CONVENTIONAL; 4 LINES @ 74', 9' ON CTR

Environmental Health Specialist

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

Parcel Information

Print Ownership and GIS Summary

Parcel Ownership Summary

Parcel ID #: 22717307 GIS ID #: 22717307

Owner Name:	JOHN W HILDRETH AND KAREN P HILDRETH
Mailing Address:	PO BOX 722 MATTHEWS, NC 28106

Property Characteristics

Legal Desc.:	NA
Land Area:	3.33AC
Fire District:	17-MATTHEWS / MORNING STAR
Special District:	FIRE SERVICE E
Account Type:	INDIVIDUAL
Municipality:	5-MATTHEWS
Property Use:	VACANT

Deed Reference(s) and Sales Price

03802-372 (10/17/1975) $0.00

Situs Addresses Tied to This Parcel

◉ PLEASANT PLAINS RD

Choose an address from the list above and click on the links below for more information.

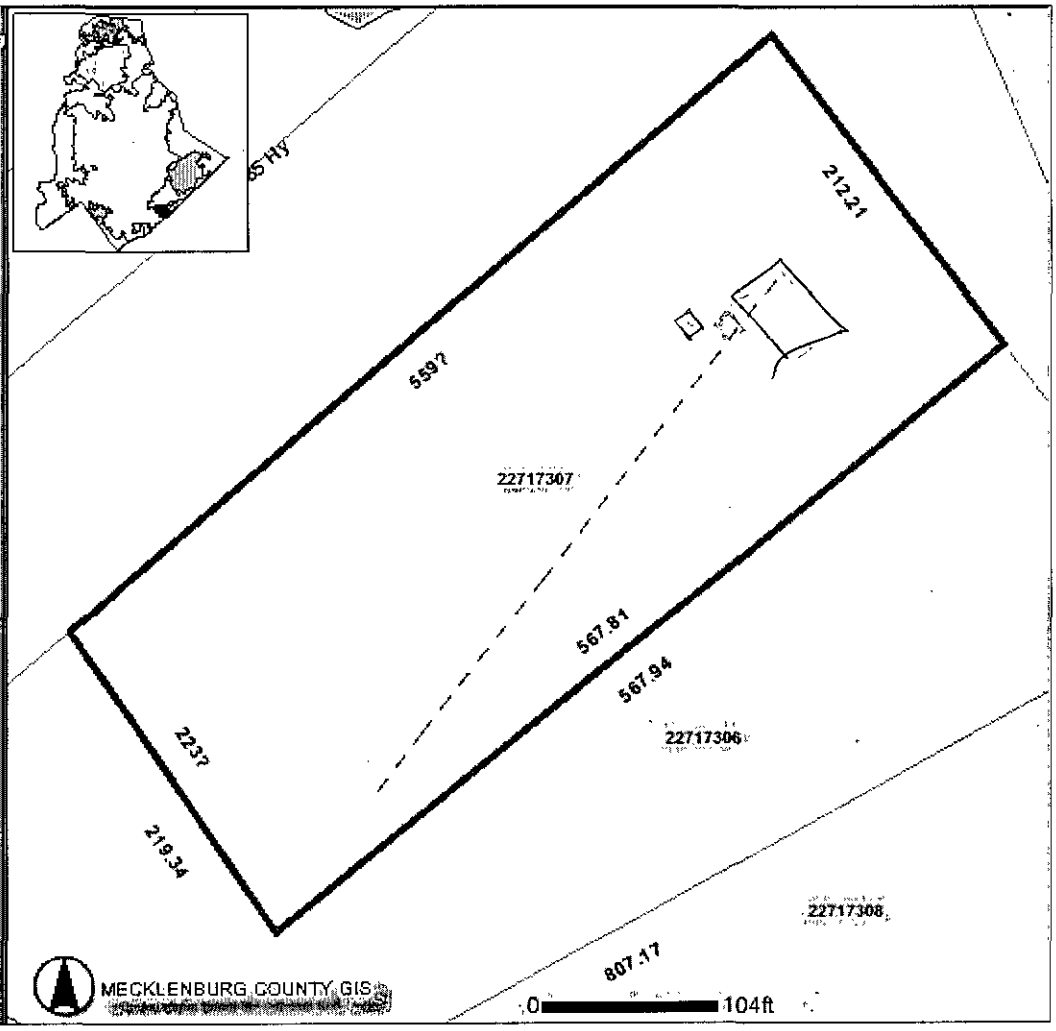
Where to Go Vote | School Districts

Parks Within 3 Miles | Get Directions

Links to More Information

FEMA, Zoning, Etc. Adjoining Owners

Tax Values & Building Info. Tax Bill Info.



240 G/P

.275 GPD/FT²

$\frac{240}{.275} = 873 FT^2$

$\frac{873 FT^2}{3 FT} = 291 FT$

(4)(73FT) (3)(97FT)

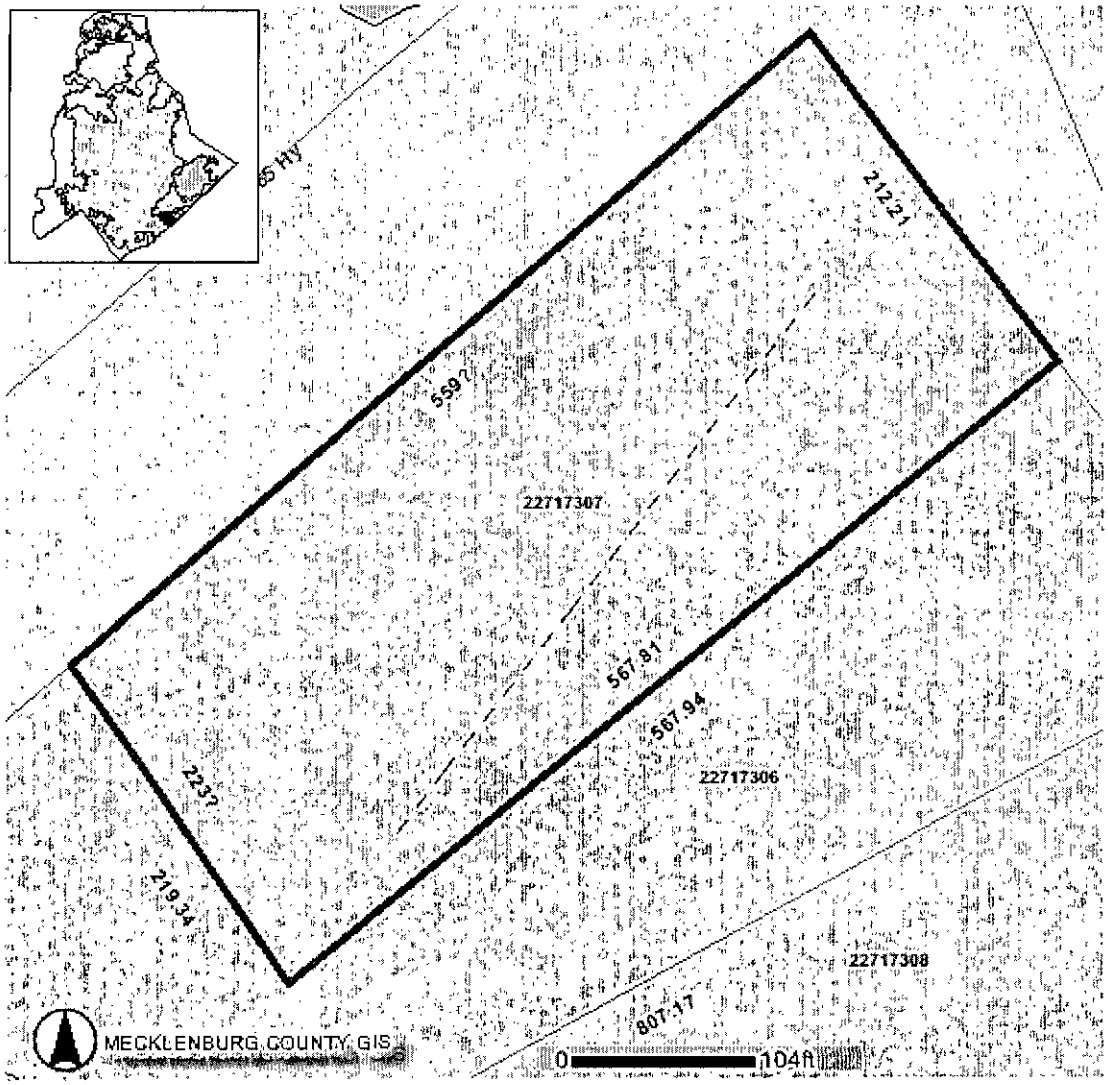
(5)(58FT)

- EVERY 50FT - CLEANOUT
- TANK ≥ 50' FROM WELL
- MEET WITH CONTRACTOR

HOMEOWNER UNDECIDED ABOUT ABANDONING WELL.

THIS WILL DETERMINE TANK PLACEMENT.

- POMP TANK MIGHT BE REQUIRED.


S Hwy
212.21
559.2
22717307
567.81
567.94
22717306
223.7
219.34
22717308
807.17
MECKLENBURG COUNTY GIS
0
104ft

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

Sheet: 1
Property ID: 227-173-07
Lot #:
File #: 5125B
Code: 1

ACJ

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: John & Karen Hildreth
Applicant:
Address: PO Box 722, Matthews, N. C. 28106
Date Evaluated: 12/30/2002
Proposed Facility: Residence
Design Flow (.1949): 240gpd
Property Size: 1.0a inv.
Location of Site: 2012 Pleasant Plains Road
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [x] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY 1941 — 1941 Structure/ Texture	1941 Consistence Mineralogy	OTHER PROFILE FACTORS — 1942 Soil Wetness/ Color	1943 Soil Depth (IN.)	1956 Sapro Class	1944 Restr Horiz	Profile Class & LTAR
1	LS, 6	0-7	GR/SL	FR/SEXP/NS/NP	2.5Y5/2@12"	17	N/A	NONE	US
		7-17	SBK/SC	VFI/EXP/VS/VP					
2	LS, 8	0-4	MIXED FILL		>47" TO SOIL WETNESS	41	US	"	"
		4-15	GR/SCL	FR/SEXP/SS/SP					
		15-41	ABK/C	VFI/EXP/VS/VP					
		41-47	M/CL	VFI/EXP/SS/.SP					
3	"	0-7	GR/CL	FR/SEXP/SS/SP	>38" TO SOIL WETNESS	18	"	"	"
		7-18	SBK/C	VFI/EXP/VS/VP					
		18-38	M/CL	FI/EXP/SS/SP					
4	"	0-8	GR/CL	FR/SEXP/SS/SP	>45" TO SOIL WETNESS	45	"	"	PS, IV
		8-45	SBK/C	FI/SEXP/S/P					.3GPD/FT^2
5	LS, 6	0-7	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	N/A	"	"
		7-22	SBK/C	FI/SEXP/S/P					
		22-48	SBK/CL	FR/SEXP/SS/SP					
6	"	0-4	GR/CL	"	"	"	"	"	PS, IV
		4-48	ABK/SBK/C	FI/SEXP/S/P					.275GPD/FT^2
7	"	0-4	MIXED FILL		>38" TO SOIL WETNESS	38	"	"	PS, IV
		4-13	GR/SCL	FR/SEXP/SS/SP					.3GPD/FT^2
		13-38	SBK/C	FI/SEXP/S/P					

Description	Initial System	Repair System
Available Space (.1945)	PS	
System Type(s)		
Site LTAR	.3GPD/FT^2	

Other Factors (.1946):
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 12/31/02. W. R. Marlin
Others Present: J. Hildreth

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

Sheet: 2
Property ID: 227-173-07
Lot #:
File #: 5125B
Code:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Applicant:
Address: Date Evaluated:
Proposed Facility: *Design Flow (.1949):* *Property Size:*
Location of Site: Property Recorded:
Water Supply: [ ] Public [ ] Individual [ ] 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 1941 Structure/ Texture	1941 Consistence Mineralogy	OTHER PROFILE FACTORS 1942 Soil Wetness/ Color	1943 Soil Depth (IN)	1956 Sapro Class	1944 Restr Horiz	Profile Class & LTAR
8	LS, 6	0-11	MIXED FILL		>55" TO SOIL WETNESS	55	N/A	NONE	PS, IV .3GPD/FT^2
		11-17	GR/SCL	FR/SEXP/SS/SP					
		17-53	SBK/C	FI/SEXP/S/P					

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)		
Site LTAR		

Other Factors (.1946): _____
Site Classification (.1948):
Evaluated By: W M Lm
Others Present:

FILE # 51256

COMMENTS Does not appear to be 100% Report

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR	CONSISTENCE MOIST	CONSISTENCE WET
R-RIDGE	I	S-SAND	1.2-0.8		
S-SHOULDER SLOPE		LS-LOAMY SAND		VFR-VERY FRIABLE	NS-NON-STICKY
L-LINEAR SLOPE				FR-FRIABLE	SS-SLIGHTLYSTICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6	FI-FIRM	S-STICKY
N-NOSE SLOPE		L-LOAM		VFI-VERY FIRM	VS-VERY STICKY
H-HEAD SLOPE				EFI-EXTREMELY FIRM	NP-NON-PLASTIC
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3		SP-SLIGHTLYSTICKY
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM			
	IV	SC-SANDY CLAY	0.4-0.1		
		SIC-SILTY CLAY			
		O-ORGANIC			

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

