

11415 TOM SHORT RD

22915238

1/2/2008

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3048B DATE: 11/11/94

TC: 229 151 01 ☐ L ☒ CRT

SERIAL Nº 14353

Name of Owner Cato Wayland Juris.:

Address of Property 11415 Tom Short Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 798'

Number of Lines 6 @ 133'

Cover Depth 6"

Water Supply Source well

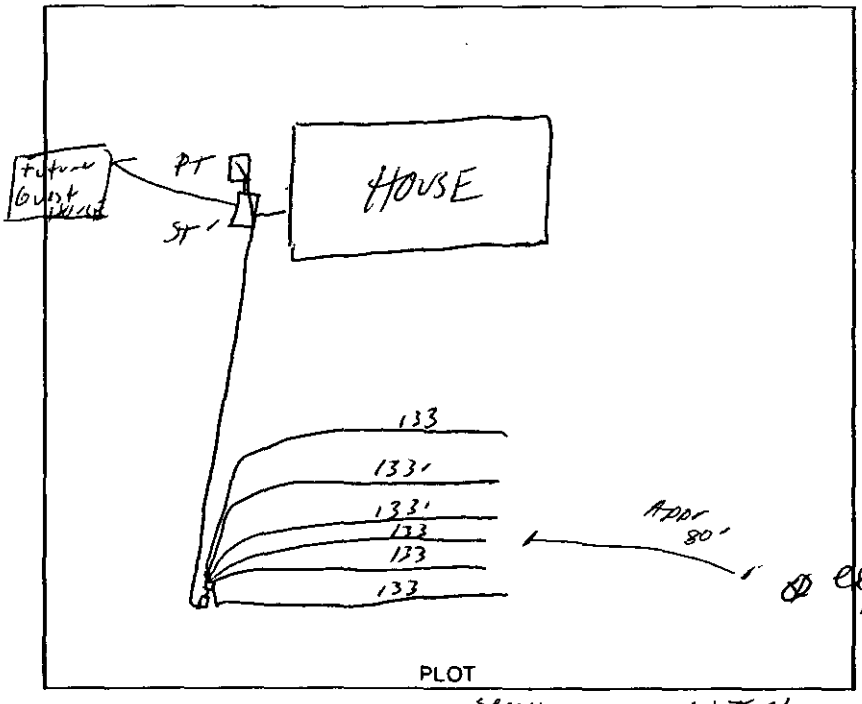
Distance to Water Source 80'

Excavation Inspected 11/11/94

Tank(s) Inspected 11/11/94

Wash Line Inspected –

High Water Alarm Inspected 11/11/94



Design: 1994, 1500ST, 1000 DT, PI, 2394SFT, 12"stone Serial not determined CTR# W T 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 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The 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 10 NCAC 10A .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.

COMMENTS: Modified shallow conventional for 2 bedroom system and guess room Type III

Newell Jerry Dave Phila S. Walker R. S.

Environmentalist

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

February 11, 2003

MECKLENBURG COUNTY
Health Department

Wayland H. Cato, Jr.
P.O. Box 34216
Charlotte, NC 28234

Dear Mr. Cato:

The North Carolina Administrative Code requires routine maintenance and inspections of certain septic tank systems that utilize pumps. Our records indicate that the required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence located at 11415 Tom Short Rd., is due.

> In accordance with Section .1900 of the North Carolina Administrative Code, North Carolina Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, Subchapter 10A, Sanitation, states in part: " System management in accordance with Tables V(a) and V(b) of this Rule shall be required for all systems installed or repaired after July 1, 1992."

This department will be making inspections on all systems that fall under this requirement. The fee for this service is $85.00. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The water analysis will be performed at no additional cost.

The inspection program and the water analysis are very important initiatives intended to protect the public's health while improving and preserving our groundwater resources. We highly recommend and prefer that you contact our office to make an appointment for the inspection of your system. If we have not heard from you by February 27, 2003 we will proceed with our inspection activities on your property. You will be apprised of our assessments and recommendations for the continued efficient operation of your septic tank system.

To set up an appointment for an inspection, or if you should have any questions regarding this matter, please feel free to contact me at (704) 336-5571.

Sincerely,

David Cornelius, R.S.I., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure: Inspection Statement

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Wayland H. Cato, Jr.
P.O. Box 34216
Charlotte, NC 28234

Please Make Check Payable To:

Mecklenburg County Health Department
700 N. Tryon Street Suite 211
Charlotte, NC 28202

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Wayland H. Cato, Jr.	11415 Tom Short Rd.	22915238	3048B	IIIb
				Total Amount Due: $85.00

Please use the following space below, to make any corrections to property information.

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date: 2/11/03

Payment Due Date: 3/11/03

Direct Questions Concerning This Bill to .....(704) 336-5571

☐ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
Your Cancelled Check Is Your Receipt

DO NOT SEND CASH

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

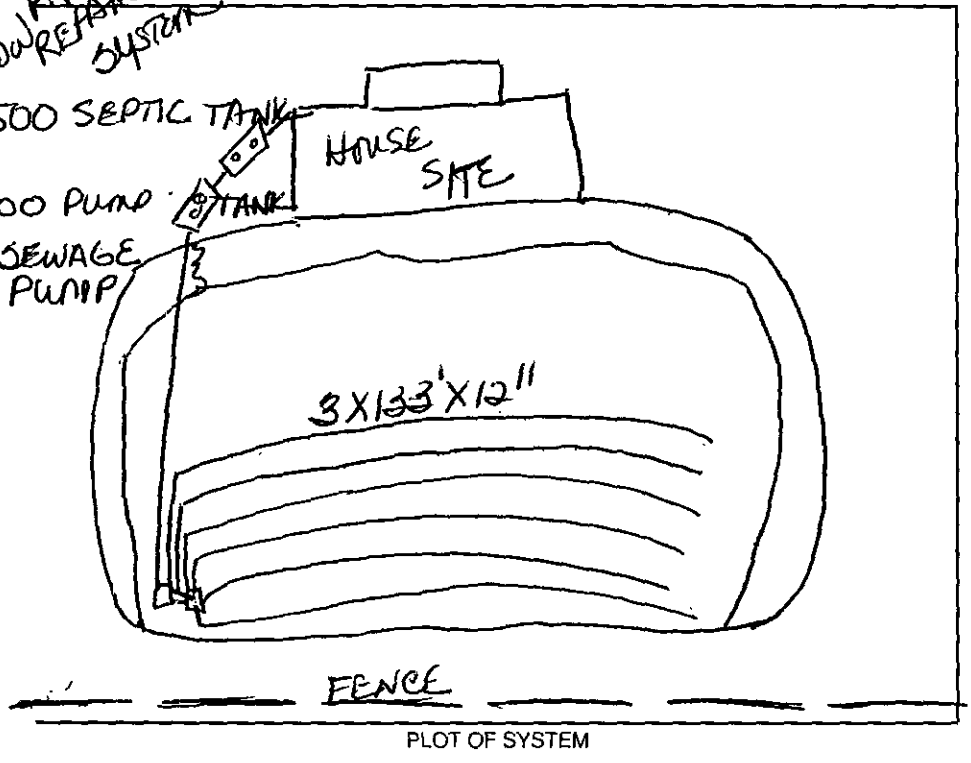
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3048B/9419A DATE: 11-10-94

TO 229-151-01 ☐ L

SERIAL Nº 16039

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 5-3-94. All work shall be completed on or before 5-3-99, 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 1000 gallons

Tank Construction PCC

Trench Depth 18"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous ✓

Total Line Length 800 feet

Number of Lines 6

Depth of Stone 12 inches

Distance from House 10 feet

Distance from Property Line 5 feet

Distance from Well _____ feet

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

NAME OF OWNER Wayland H. Cato

LOCATION OF PROPERTY 11415 Tom Short Rd.

Comments: 1500 SEPTIC TANK, 1000 PUMP TANK 6 TRENCHES @ 3X133X12' (2) D-BOXES ① SLEEVE SUPPLY LINE UNDER DRIVEWAY WITH IRON DUCTILE OR EQUIVALENT ② TRENCHES @ 18" DEEP ~~WITH 12" TOTAL COVER OVER SYSTEM~~

Donald W Newell for Donald W Newell, R.S.

Environmental Health Specialist

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

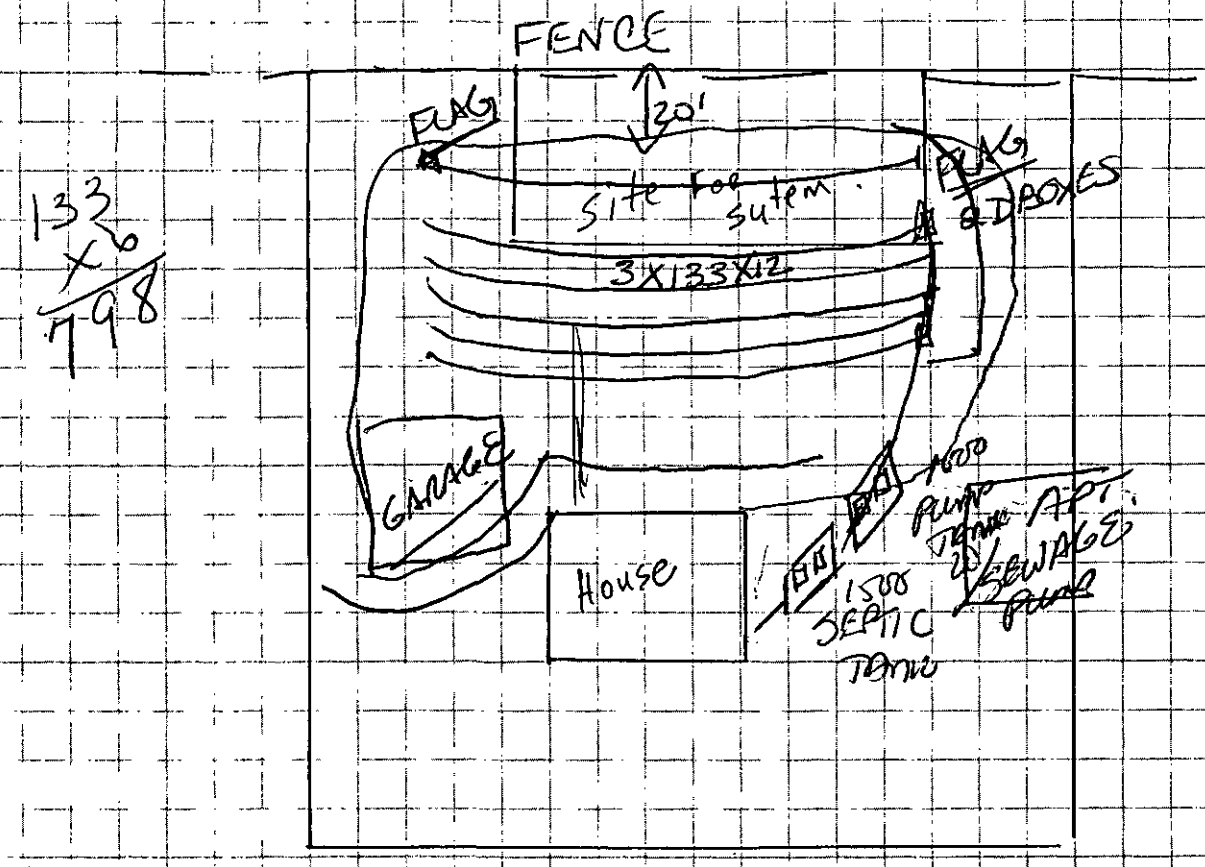
PROPOSED PLOT PLAN

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

FILE: 3048B

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.



133
X6
798

(3) SLEEVE UNDER DRIVEWAY W/ IRON DUCTILE OR EQUIVALENT @ 18" DEEP 6" SOIL COVER TRENCH BROUGHT IN

APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 5/3/94

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 229-151-01

ASSIGNED ADDRESS 11415 Jon Short Rd

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

		APPROVED	DISAPPROVED
1.	SUBDIVISION REGULATIONS	/	*
2.	FLOODWAY REGULATIONS	/	*
3.	EROSION CONTROL REGULATIONS	/	*
4.	PUBLIC UTILITY EASEMENT	/	*

		PRESENT	NOT PRESENT
5.	PUBLIC UTILITY EASEMENT	*	/
6.	PROPERTY FRONTS ON THOROUGHFARE	*	/
7.	DRIVEWAY PERMIT REQUIRED	*	/

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Septic tank

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: Rob

OPWEAR 06-88

NEW ADDRESS X *

FORM 100

3048B1941A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$200 5/3/94 Ck # 4439 [X] 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

PERSON FILING APPLICATION:

NAME: McGinn (last) MADISON (first) L. (mi)

ADDRESS: P.O. Box 3066 PHONE: (704) 847-8000

CITY: MATTHEWS. STATE: N.C. ZIPCODE: 28106

Date:

PROPERTY OWNER:

NAME: Cato (last) Wayland (first) H. (mi)

ADDRESS: 11415 Tom Short PHONE: (704) 846-1010

CITY: Charlotte STATE: N.C. ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 229-151-01

STREET ADDRESS: 11415 Tom Short Rd

ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

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: 2 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: Madison L. McGinn Date: 5-3-94

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.

...Modified Shallow Conventional for 2 bedroom system Proper agreement form to be signed.

[X] 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 Date 5-17-94

Director or Authorized Section Head Date 5/19/94

WATER : 122791

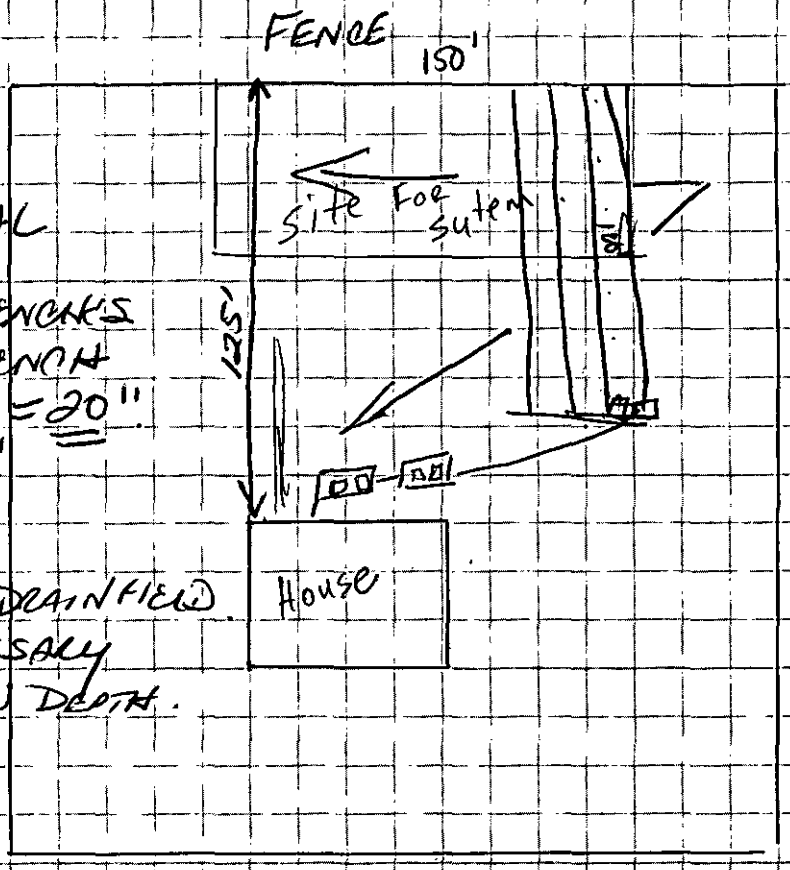
PROPOSED PLOT PLAN

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

FILE: 3048B

TC: 229-151-01

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:

1. INSTALLATION APPROVAL REQUIRED.
2. SHALLOW PLACED TRENCHES WITH MAXIMUM TRENCH DEPTH REQUIRED = 20".
3. SOIL COVER OF 12" WITH SOIL COVER BROUGHT IN AND TUBTLE BACK ONCE DRAINFIELD.
4. PUMP WILL BE NECESSARY TO ESTABLISH SHALLOW DEPTH.
5.

APPROVAL DATE 5/6/94

Madison L McGinn

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd. $200 11/7/94 Ck.#2667 CRT

3048 B | 9419 A

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

(704)336-5102

PERSON FILING APPLICATION:
NAME: Whittaker, Tim (last) (first) (mi)
ADDRESS: 512 South St. PHONE: (704) 866-9540
CITY: GASTONIA STATE: NC ZIPCODE: 28052

Date: 9/19/94

PROPERTY OWNER:
NAME: Cato Wayland H. (last) (first) (mi)
ADDRESS: 11415 Tom Short PHONE: (704) 846-1010
CITY: Charlotte STATE: NC ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 229-151-01
STREET ADDRESS: 11415 Tom Short Rd.
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME: Guest House / CE
LOT NUMBER: LOT SIZE (in acres): 5 AC.

TYPE APPLICATION (check one):
[ ] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 6 BEDROOMS OR LESS (N) Guest House
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 6 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 4
SYSTEM CLASSIFICATION: SPC (Conv.)

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: Tim Whittaker Date: 9/19/94

NOTICE: Agent for W.H.C.

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.

... EPP TYPE II REPAIR

AGREEMENT FORMS ON FILE

CERTIFIED OPERATOR REQUIRED IF REPAIRED

[X] 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 Date

Director or Authorized Section Head 11-3-94 Date

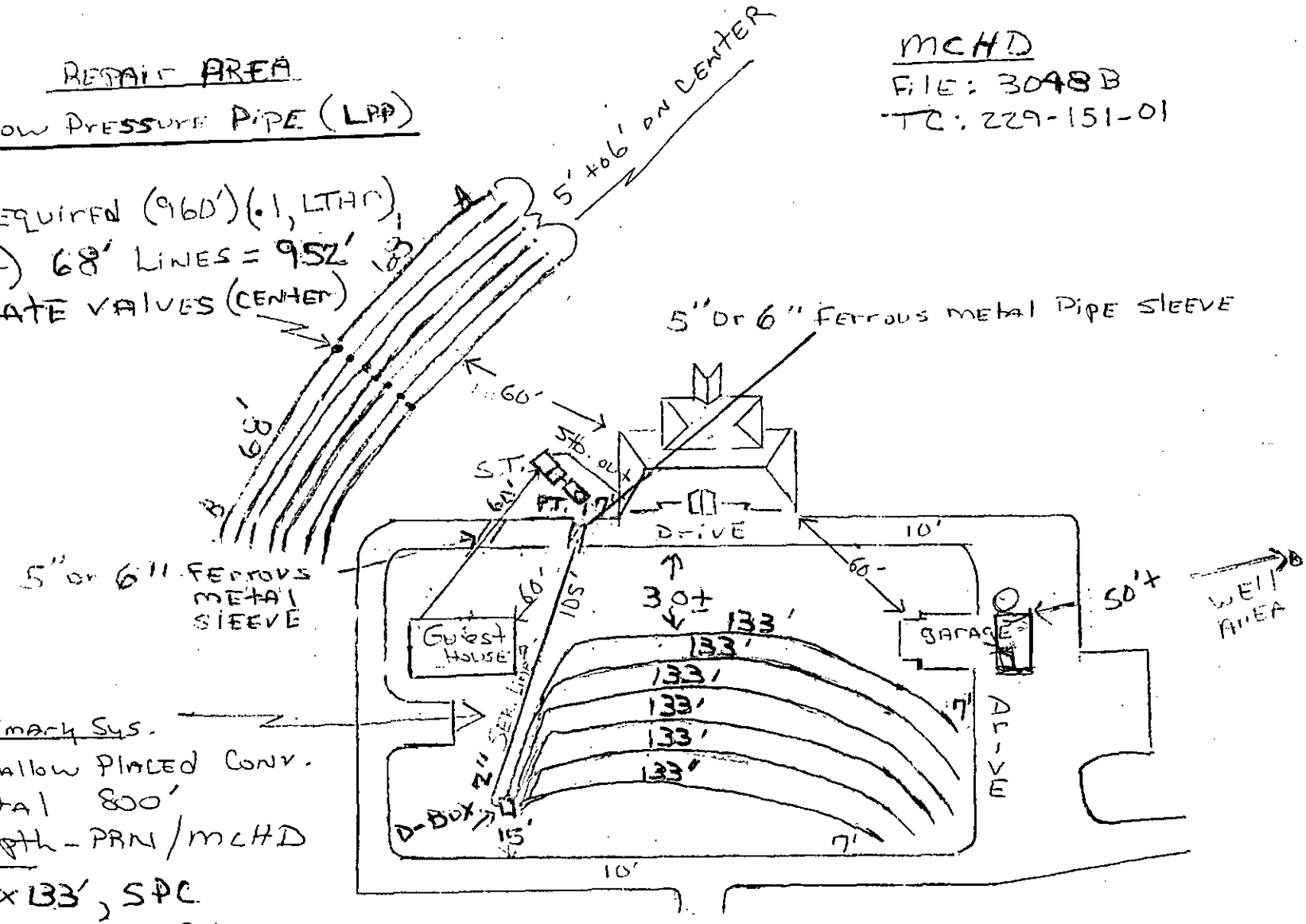
WATER : 122791

REPAIR AREA

(4) BEdrm. Low Pressure Pipe (LPP)

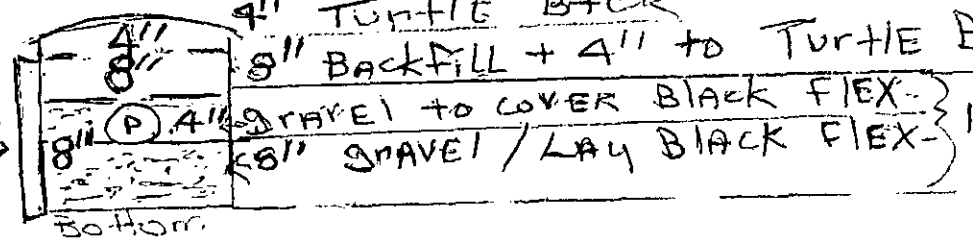
mcHD
File: 3048B
TC: 229-151-01

* Required (960')(.1, LTAR)
* (14) 68' Lines = 952'
* Gate Valves (center)



** Primary Sys.
* Shallow Placed Conv.
Total 800'
Depth - PRN / mcHD
(6) 3' x 133', SPC

* Trench Profile

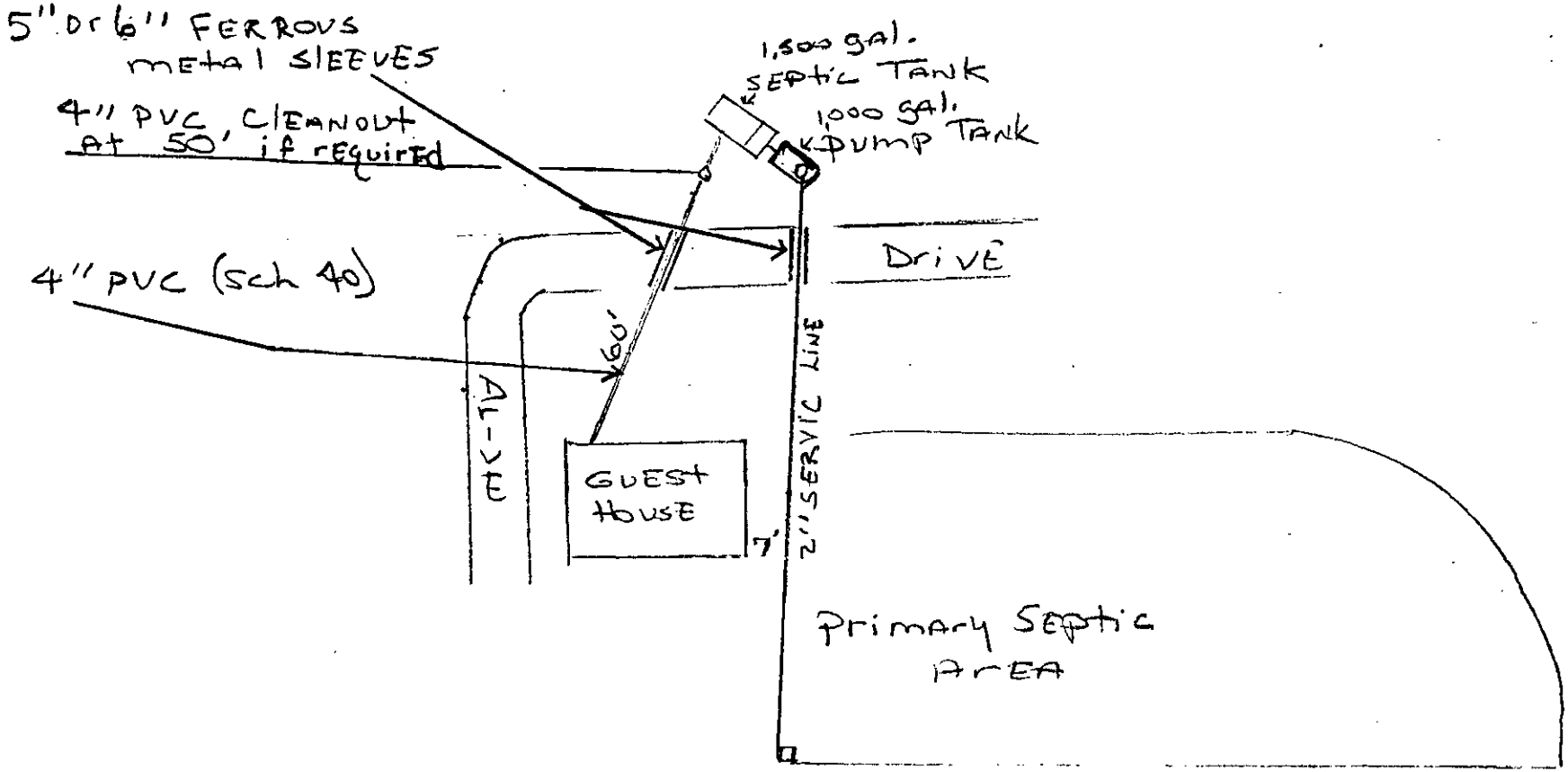


* Total Trench Depth 20"

1. Whitaker
866-0540
Scale
50

MCHD
FILE: 3048-B
TC: 229-151-01

* 8% fall (ground level) from GUEST HOUSE to SEPTIC TANK



SCALE 30

MCHD
FILE: 3048-B

REPAIR

DESIGN SPECIFICATIONS

Daily waste flow	480	gal.
Septic tank size	1500	gal.
Pumping tank size	1,000	gal.
Effluent loading rate	.10	gal/ft²/day
Absorption area	4800	sq. ft.
Total length of laterals	952	ft.
Lateral diameter	1¼	in.
Lateral configuration	(14) At 68'	No. and length of lines
Supply line length	70	ft.
Supply line diameter	2"	in.
Manifold placement	CENTER	
Hole size*	5/32	in.
Hole spacing	6	ft.
Number of holes	154	
Flow per hole	.50	gpm
Total flow	77	gpm
Elevation head	3 INCHES	ft.
Friction head	9.5	ft. (20% INCLUDED)
Pressure head	3	ft.
Total head	12.75	ft.
Pump requirements	.4/10 H.P 77	gpm @ 12.75 ft. of head
Storage volume in laterals	61.44	gal.
Storage volume in supply line	11.34	gal.
Total storage volume	72.78	gal.
Dosing volume	318	gal.
Dosing depth	1'.2"	in. (4 MIN. PUMP CYCLE)
Check valve needed ?	NO	

MCHD
FILE: 3048-B
TC: 229-151-01

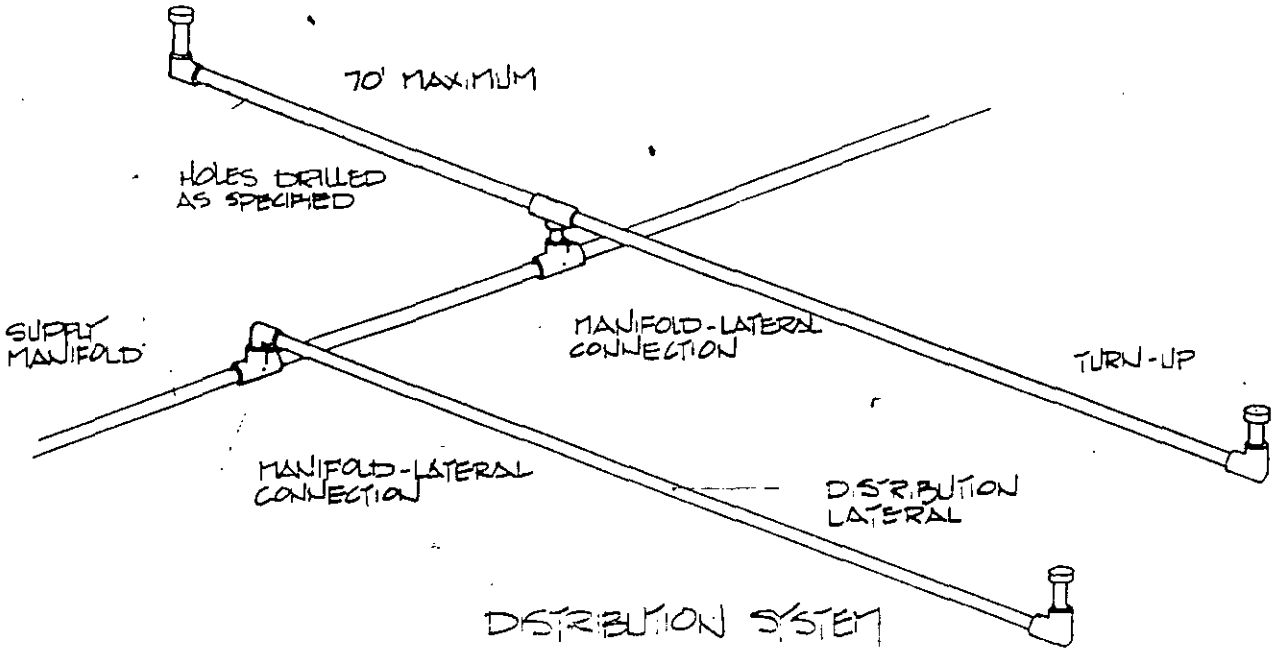
SYSTEM TYPE:
- CONVENTIONAL
- CONVENTIONAL (SHALLOW PLACEMENT)
- 8-INCH PPBPS-GRAVITY DISTRIBUTION
- 8-INCH PPBPS-PRESSURE DISTRIBUTION
- 16-INCH PPBPS-GRAVITY DISTRIBUTION
- 16-INCH PPBPS-PRESSURE DISTRIBUTION
- ✓ LPPS – Repair
- OTHER

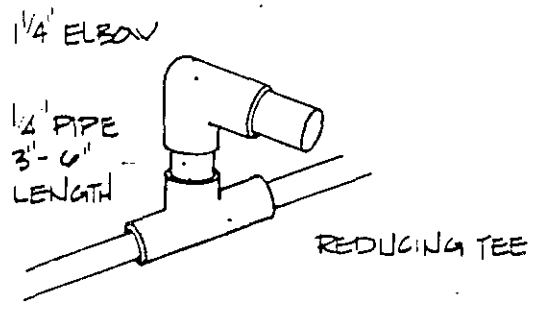
SPECIALIZED EQUIPMENT OR REQUIREMENTS:

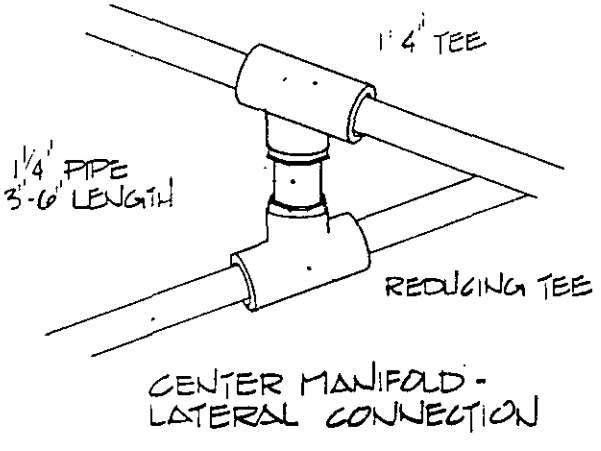
- DROP BOX
- DISTRIBUTION BOX
- DIPPER BOX
- FLOW DIVIDER
- WASH BOX
- SPECIAL FITTINGS – LPP
- PRESSURE MANIFOLD
- SIPHON
- MULTIPLE PUMPS
- OTHER
- WELL ABANDONEMENT
- EASEMENT
- LOT COMBINATION/SURVEY
- EARTHEN SURFACE SWELL
- FRENCH/CURTAIN DRAINS
- GREASE INTERCEPTOR
- ✓ PUMP TANK – 1,000 gal. 2 Existing
- SAPROLITE TEST
- ✓ Septic tank 1,500 gal.

Fields

LINE	#HOLES PER LINE A / B	HOLE SIZE A B	HOLE SPACING A B	LINE HEAD	LINE LENGTH A – B	HOLE FLOW	PER MINUTE LINE FLOW
L1	11 / 11	5/32	6'	3.5	68'/68'	.58	6.4
L2	11 / 11	5/32	6'	3.5	68'/68'	.58	6.4
L3	11 / 11	5/32	6'	3	68'/68'	.50	5.5
L4	11 / 11	5/32	6'	3	68'/68'	.50	5.5
L5	11 / 11	5/32	6'	3	68'/68'	.50	5.5
L6	11 / 11	5/32	6'	3	68'/68'	.50	5.5
L7	11 / 11	5/32	6'	2	68'/68'	.41	4.5
Totals	154				952'		







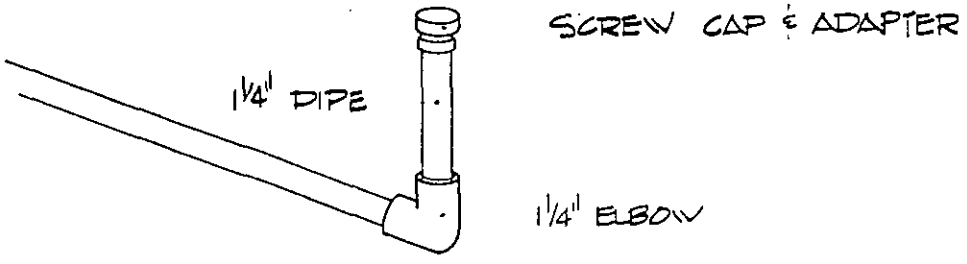


Figure 6. Details of distribution system

Cogger, Carlile, Osborne
N.C.S.U., May 1982, UMC-SG-82-03

NEMA 4 or Comparable
ON A 4"X4"

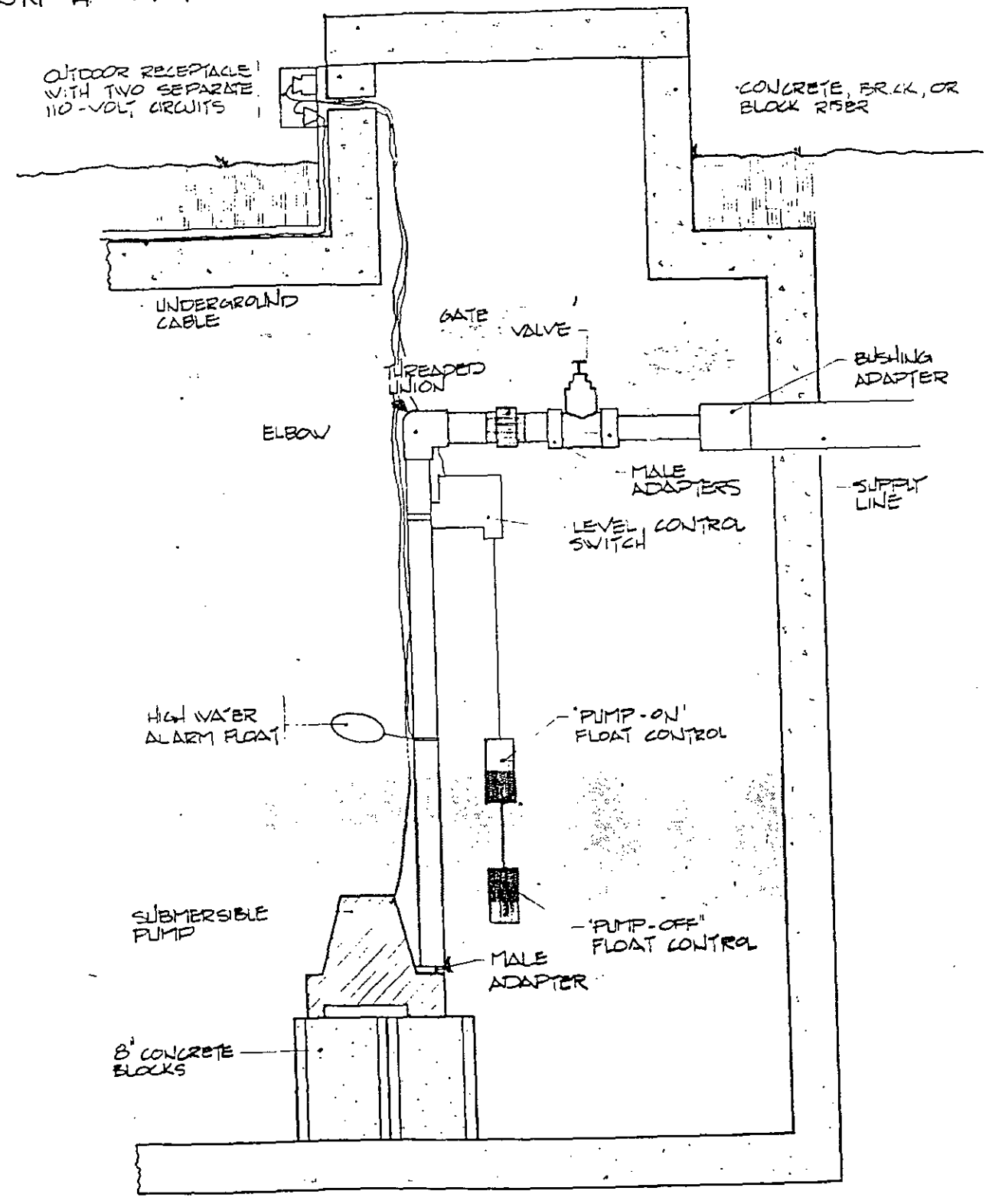


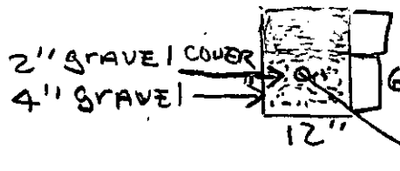
Figure 7. Details of pumping chamber

Cogger, Carlile, Osborne
N.C.S.U., MAY 1982, UNC-SG-82-03

(LPP- Repair System)

LPP-SPECS ONLY

MC HD
File: 3048 B
TC: 229-151-01



Tracy Stewart 11/21/94

MCHD
FILE: 3048B
TC: 229-151-01

REPAIR AREA

* (4) BEdrm. Low Pressure Pipe (LPP)

* PIEQUIRED (960')(.1, LTHR),
* (14) 68' LINES = 952'
* GATE VALVES (CENTER)

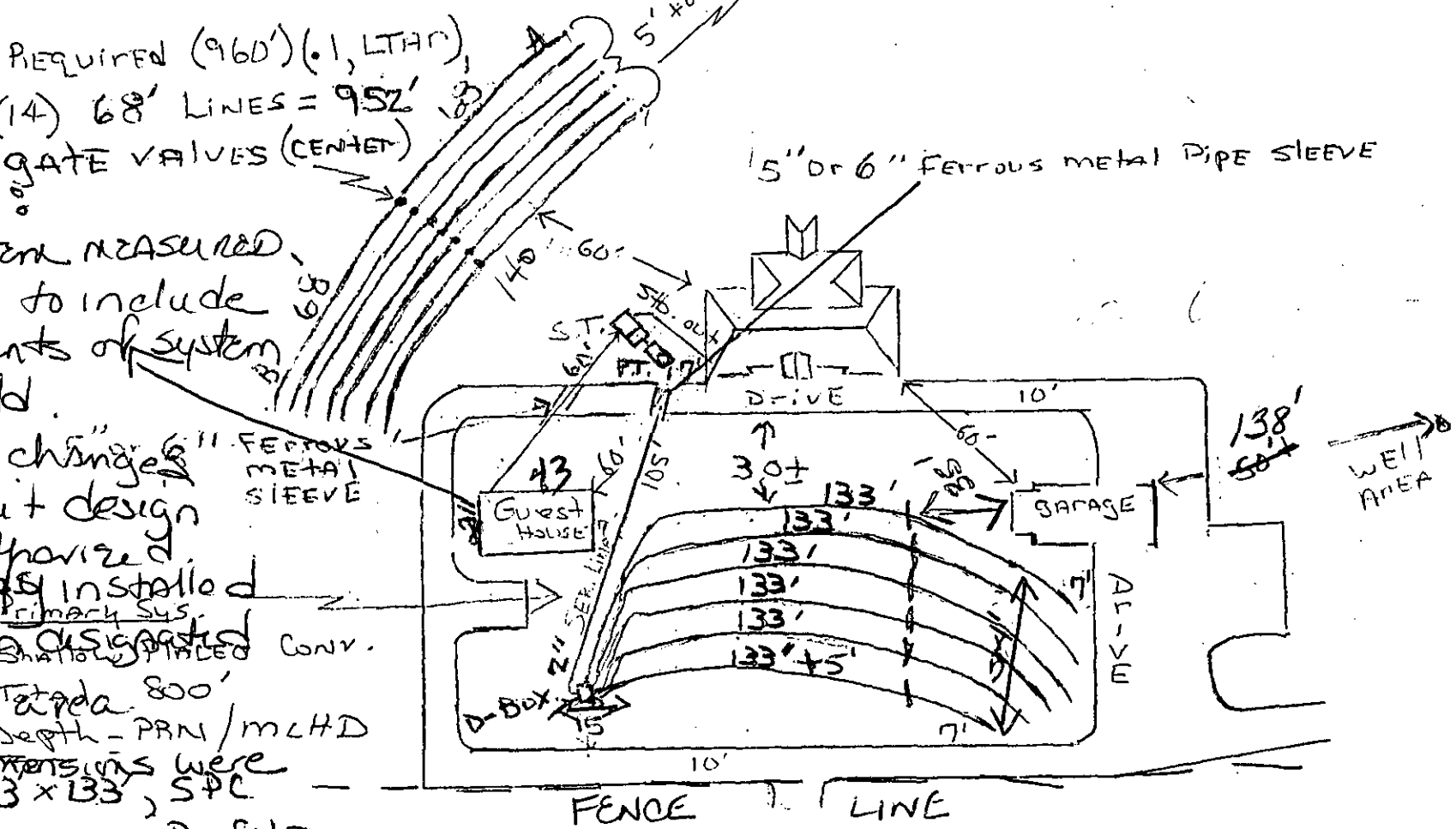
Comments:

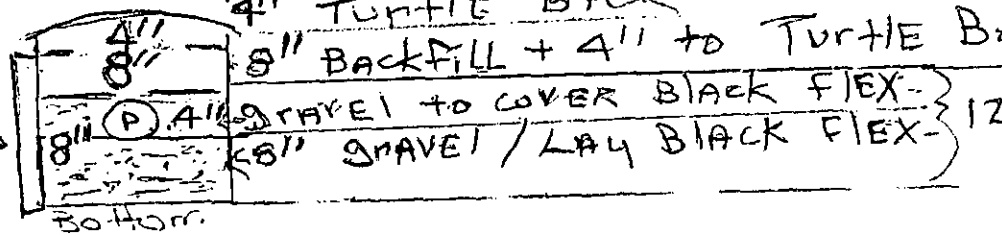
(1) SEPTIC SYSTEM MEASURED. at 138 X 59' to include All components of system & drainfield.

(2) No further changes to this permit design will be authorized

(3) Well already installed at 138' from ~~designated~~ Primary Sys * Shallow Pipeless Conv. drainfield Tetida 800' Depth - PRN / mcHD

(4) Design dimensions were checked (6) 3' x 133', STC and established ~~TRENCH Profile~~ on 11/21/94





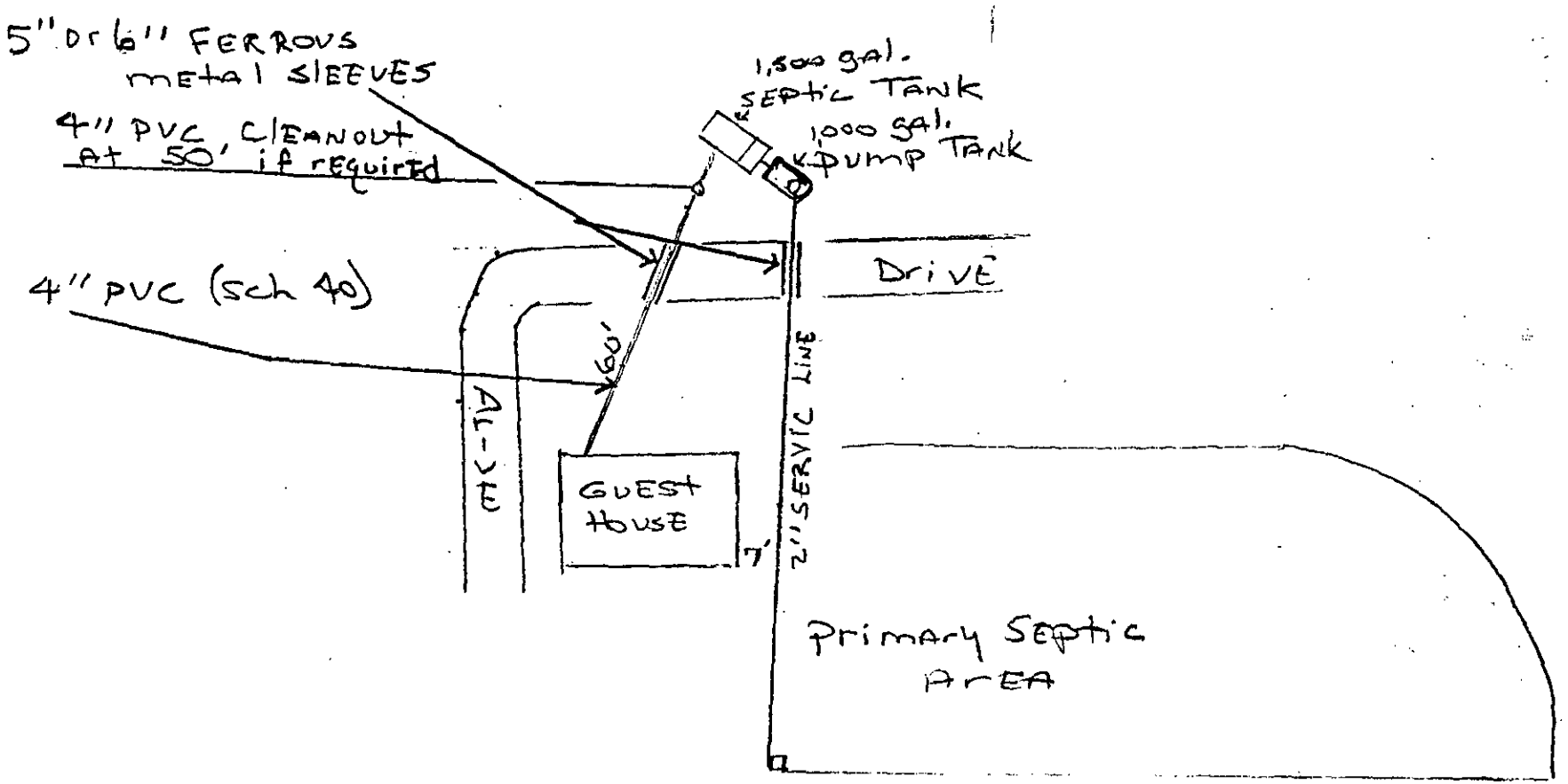
* Total Trench Depth 20"

4" Turtle Back
8" Backfill + 4" to Turtle Back finished grade
4" Gravel to cover Black Flex
8" Gravel / Lay Black Flex
12" Gravel

T. Whitaker
366-0540
SCALE
50

MCHD
File: 3048-B
TC: 229-151-01

* 8'± Fall (ground level) from Guest House to Septic Tank



SCALE 30

MCHD
FILE: 3048-B

REPAIR

DESIGN SPECIFICATIONS

Daily waste flow	480	gal.
Septic tank size	1500	gal.
Pumping tank size	1,000	gal.
Effluent loading rate	.10	gal/ft²/day
Absorption area	4800	sq. ft.
Total length of laterals	952	ft.
Lateral diameter	1¼	in.
Lateral configuration	(14) At 68'	No. and length of lines
Supply line length	70	ft.
Supply line diameter	2"	in.
Manifold placement	CENTER	
Hole size*	5/32	in.
Hole spacing	6	ft.
Number of holes	154	
Flow per hole	.50	gpm
Total flow	77	gpm
Elevation head	3 INCHES	ft.
Friction head	9.5	ft. (20% INCLUDED)
Pressure head	3	ft.
Total head	12.75	ft.
Pump requirements	.4/10 H.P 77	gpm @ 12.75 ft. of head
Storage volume in laterals	61.44	gal.
Storage volume in supply line	11.34	gal.
Total storage volume	72.78	gal.
Dosing volume	318	gal.
Dosing depth	1.2"	in. (4 MIN. PUMP CYCLE)
Check valve needed ?	NO	

MCHD
File: 3048-B
TC: 229-151-01

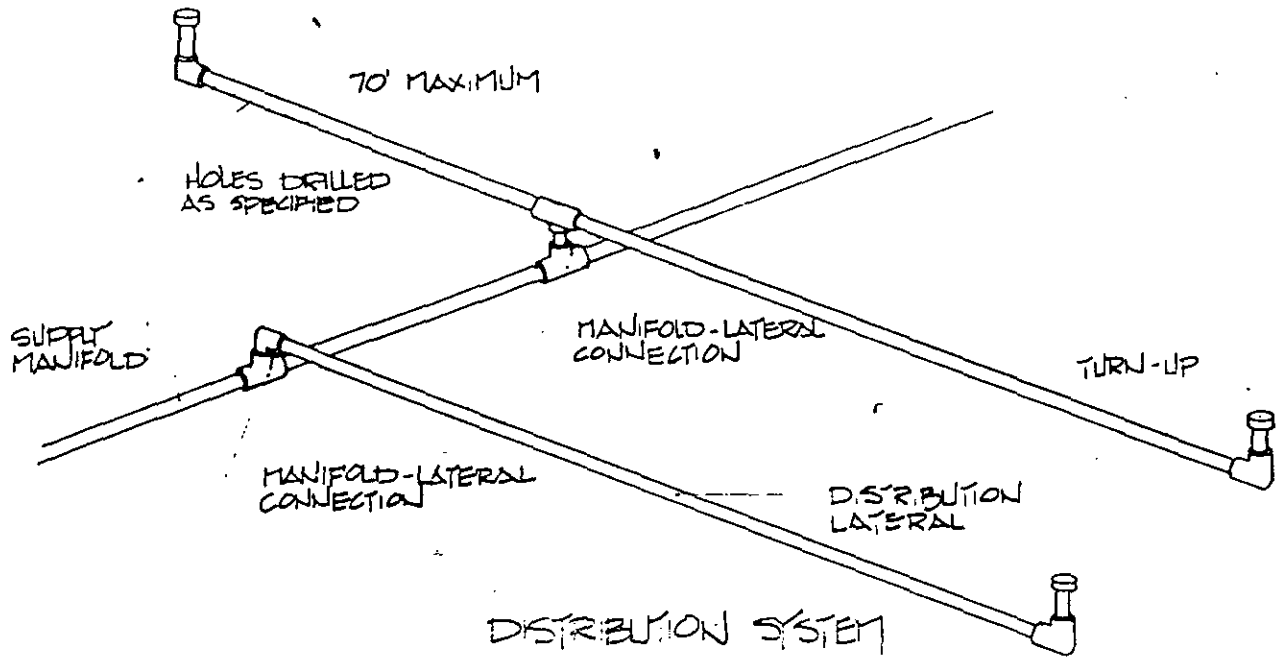
SYSTEM TYPE:
- CONVENTIONAL
- CONVENTIONAL (SHALLOW PLACEMENT)
- 6-INCH PP6PS-GRAVITY DISTRIBUTION
- 8-INCH PP8PS-PRESSURE DISTRIBUTION
- 16-INCH PP6PS-GRAVITY DISTRIBUTION
- 16-INCH PP6PS-PRESSURE DISTRIBUTION
- ✓ LPPS – REPair
- OTHER

SPECIALIZED EQUIPMENT OR REQUIREMENTS:

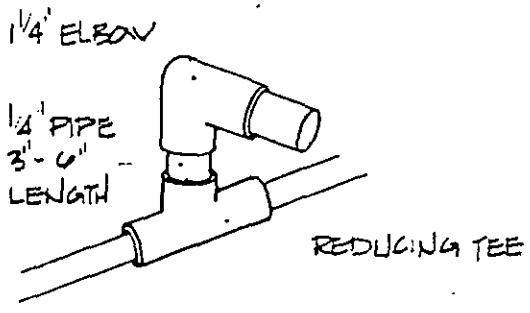
- DROP BOX
- DISTRIBUTION BOX
- DIPPER BOX
- FLOW DIVIDER
- WASH BOX
- SPECIAL FITTINGS – LPP
- PRESSURE MANIFOLD
- SIPHON
- MULTIPLE PUMPS
- OTHER
- WELL ABANDONEMENT
- EASEMENT
- LOT COMBINATION/SURVEY
- EARTHEN SURFACE SWELL
- FRENCH/CURTAIN DRAINS
- GREASE INTERCEPTOR
- ✓ PUMP TANK – 1,000 gal. 2 Existing
- SAPROLITE TEST
- ✓ Septic tank 1,500 gal.

Fields

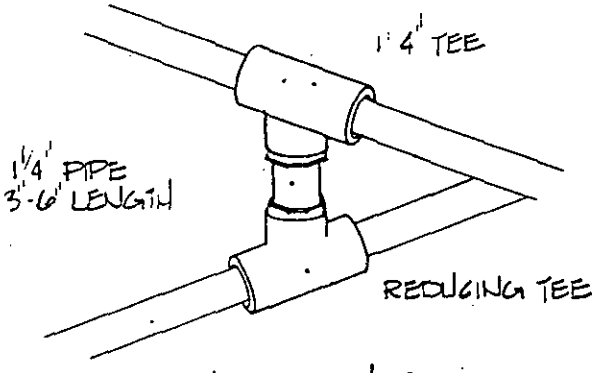
LINE	#HOLES PER LINE A	#HOLES PER LINE B	HOLE SIZE A	HOLE SIZE B	HOLE SPACING A	HOLE SPACING B	LINE HEAD	LINE LENGTH A – B	HOLE FLOW	PER MINUTE LINE FLOW
L1	11	11	5/32		6'		3.5	68'/68'	.58	6.4
L2	11	11	5/32		6'		3.5	68'/68'	.58	6.4
L3	11	11	5/32		6'		3	68'/68'	.50	5.5
L4	11	11	5/32		6'		3	68'/68'	.50	5.5
L5	11	11	5/32		6'		3	68'/68'	.50	5.5
L6	11	11	5/32		6'		3	68'/68'	.50	5.5
L7	11	11	5/32		6'		2	68'/68'	.41	4.5
Totals	154							952'		



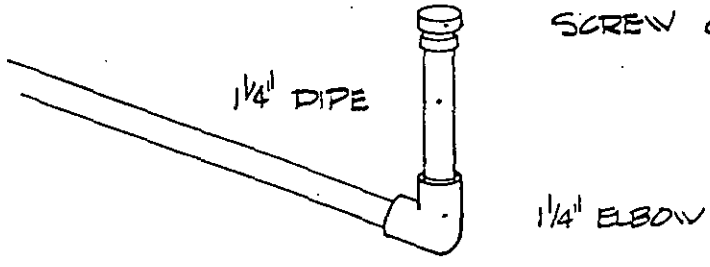
DISTRIBUTION SYSTEM



SIDE MANIFOLD-LATERAL CONNECTION



CENTER MANIFOLD-LATERAL CONNECTION



TURN-UP

Figure 6. Details of distribution system

Cogger, Carlile, Osborne
N.C.S.U., May 1982, WMC-SG-82-03

NEMA 4 or comparable
ON A 4"x4"

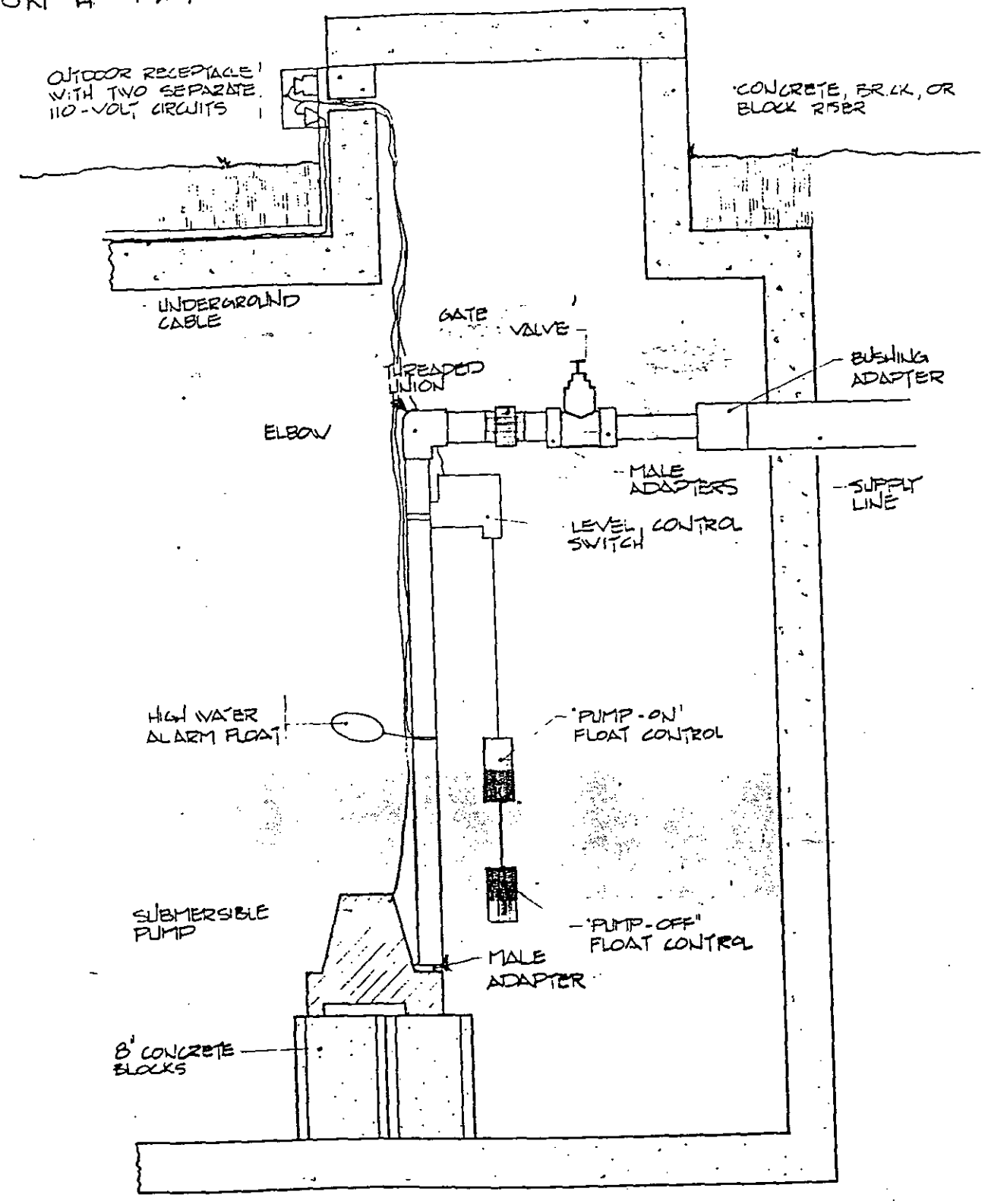
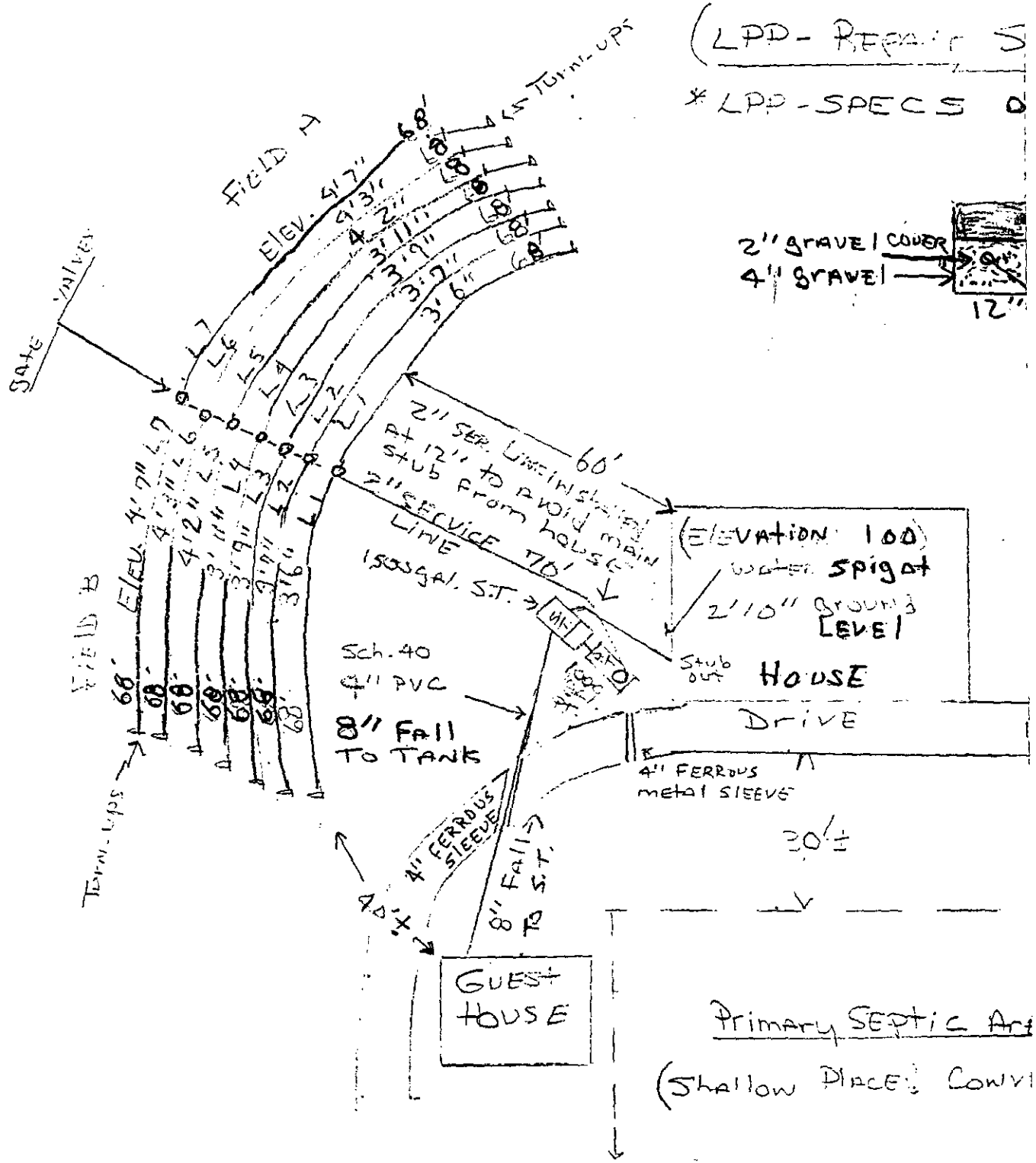
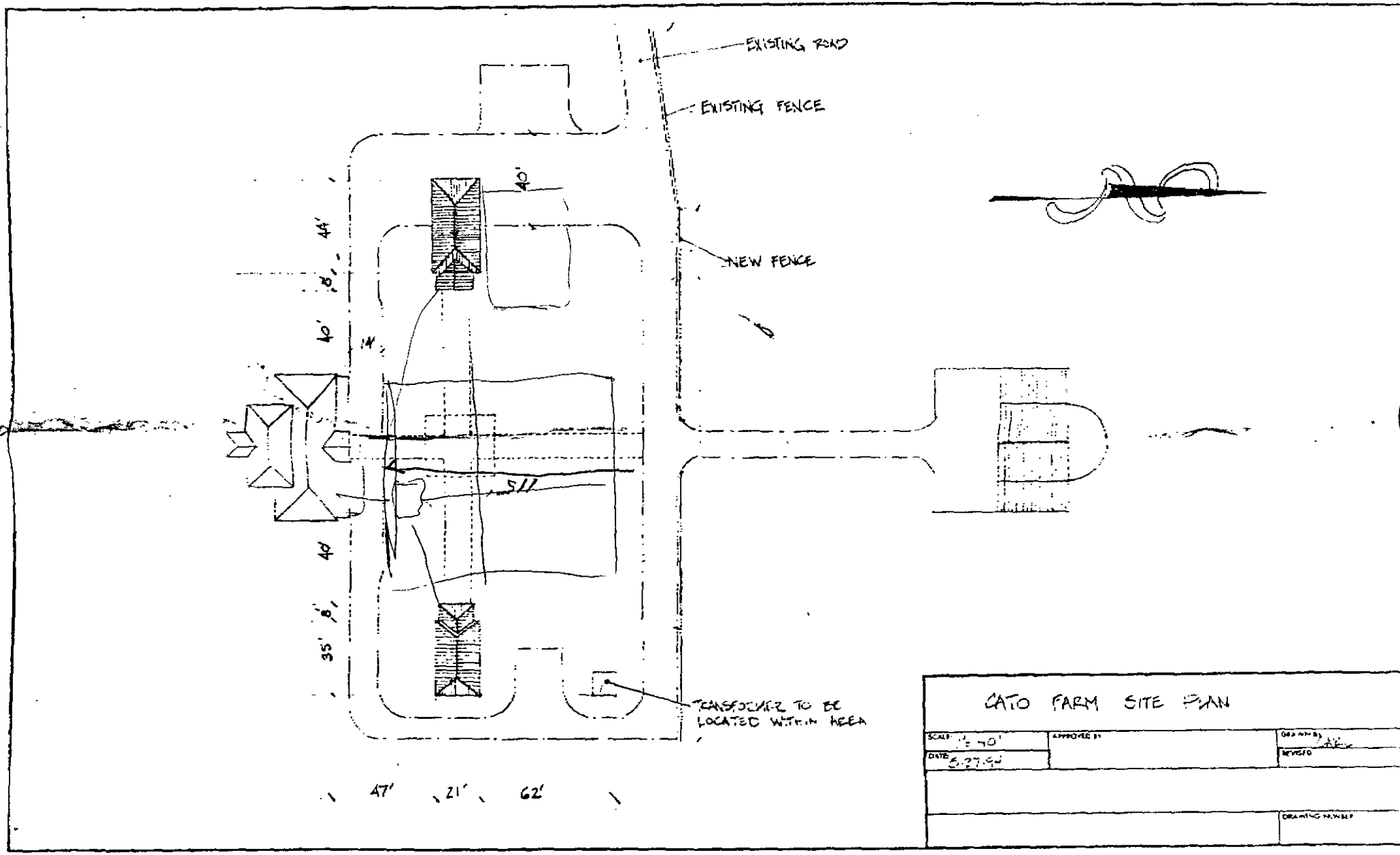


Figure 7. Details of pumping chamber

Cogger, Carlile, Osborne
N.C.S.U., May 1982, UNC-SG-82-03


(LPD - Repair
* LPD - SPECS
2" gravel cover
4" gravel
12"
Field A
Elev. 5'7"
4'3"
4'2"
3'11"
3'9"
3'7"
3'6"
L8 Turn-ups
L7
L6
L5
L4
L3
L2
L1
Gate valve
2" Ser. Line in shared trench at 12" to avoid main stub from house
60'
2" service line 70'
1500 gal. S.T.
(Elevation 100)
water spigot
2'10" Ground Level
House
Stub out
Drive
4" Ferrous metal sleeve
Sch. 40 4" PVC
8" Fall To Tank
Field B
Elev. 4'7"
4'2"
3'9"
3'6"
68'
Turn-ups
4" Ferrous sleeve
8" Fall to S.T.
40'±
30'±
Guest house
Primary Septic Ar
(Shallow Place



CATO FARM SITE PLAN

SCALE: 1" = 40'
DRAWN BY:
APPROVED BY:
DATE: 5-27-94
REVISED
DRAWING NUMBER

Mecklenburg County
Health Department

September 15, 1994

Mr. Madison McGinn
P. O. Box 3066
Matthews, North Carolina 28106

Re: 11415 Tom Short Road
File: 3048B/9419A
Parcel: 229-151-01

Dear Mr. McGinn:

Receipt of the plans and specifications for a conventional sewage system of disposal for the above mentioned property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was the reviewed in conjunction with provisions of 15A NCAC 18A .1900, ***"Laws and Rules for Sewage Treatment and Disposal Systems."*** Our comments are listed below:

- There is no application for improvement permit on file for the proposed additional guest house at the above referenced address. This information is needed to calculate the daily waste flow for design. Please make an application for improvement permit for the guest house and submit an accurately scaled detailed site plan showing all components (decks, walkways, wells, driveways etc.) of the proposed house.

- The latest plan submitted shows a modified shallow placed conventional septic system. There is inadequate information on the plan to determine if the proposed system can be expected to function satisfactorily. Please include the following information on the plan:

1. An end trench profile showing the maximum trench depths allowable under **.1956 Modifications to Septic Tank Systems.**

2. A plot plan drawn to scale showing the nitrification lines, the method of distribution and their proximity to the driveway area.

3. A plan and all specifications for the collection sewer which will serve the main house and guest house. Please refer to **.1955(o)** for information regarding the design of collection sewers.

4. The low pressure pipe system designated as repair needs to be designed. The design should include all relative elevations, hole sizes, hole spacing, flows, pipe sizing, etc. for the designated LPP. repair system.

For this reason the plans as submitted are disapproved. Upon resubmission of the requested revisions the file will be reopened for review.

If you have any questions regarding this matter please contact me at 336-5575.

Sincerely,

Kelly Randall

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems

KR:lw

3048B/94194

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

PERSON FILING APPLICATION:

NAME: Cato, Jr. (last) Wayland (first) H. (mi)

ADDRESS: P. O. Box 34216 PHONE: (704) 551-7340

CITY: Charlotte STATE: NC ZIPCODE: 28234

Date: 3/17/94

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: Part of 229-151-01

STREET ADDRESS: Providence Road

ZONING: Residential

PROPERTY OWNER:

NAME: Cato, Jr. (last) Wayland (first) H. (mi)

ADDRESS: P. O. Box 34216 PHONE: (704) 551-7340

CITY: Charlotte STATE: NC ZIPCODE: 28234

SUBDIVISION OR MOBILE HOME PARK NAME: N/A

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[X] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

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 [X] 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: _____ Date: 3/17/94

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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.

...

[ ] 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 Date

_____ Director or Authorized Section Head Date

WWATER : 122791

MECKLENBURG COUNTY REGISTER OF DEEDS
JUDITH A. GIBSON - REGISTER

AE\ED\ED :T913038 REMOTEUD

Date	Time	Inst #	Type	Book	Page	Trx	Amount
05/09/94	12:33	181	PERMIT	7770	470	FEE	12.00
05/09/94	12:33					TOT	12.00
05/09/94	12:33					CASH	22.00
05/09/94	12:33					CHNG	10.00

BK: 07770 PG: 0470/0472 #:0181 12.00
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 05/09/94 12:33

FILE COPY

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM *"UNSUITABLE" TO "PROVISIONALLY SUITABLE"* UNDER 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c)

FILE # 3048B1949A
PARCEL # 229-151-1

The undersigned, Wayland H. Cato, Jr., owner of property located at 11415 Tom Short Road, Charlotte, NC 28277, (the "site") and described in an instrument recorded in Book 7763 at Page 782, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is his responsibility and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following conditions will apply to the site:

- Any changes on the property may make the Improvement Permit Null and void and may make the Improvement Permit subject to revocation.

This instrument was prepared by: H. H. Thomason
Mail after recording to: Wayland H. Cato, Jr.
P.O. Box 34216, CHarlotte, NC 28234

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 9th day of May, 1994.

_____ (SEAL)
(Corporate Name) Wayford H. Cato Jr.

_____ (SEAL)

By: _____ _____ (SEAL)

_____ President _____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Geraldine N. Rhodes, a Notary Public for said County and State, do hereby certify that Maynard W. Cato Jr. personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 9th day of May, 1994.

Geraldine N. Rhodes
Notary Public

My Commission Expires:
June 24, 1996

RBCWM:2662_1/3-14-94

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day and acknowledged that _he is _____ Secretary of _____ _____, a North Carolina corporation, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal and attested by _____ as its _____ Secretary.

WITNESS my hand and notarial seal, this _____ day of _____, 199__.

_____
Notary Public

My Commission Expires:

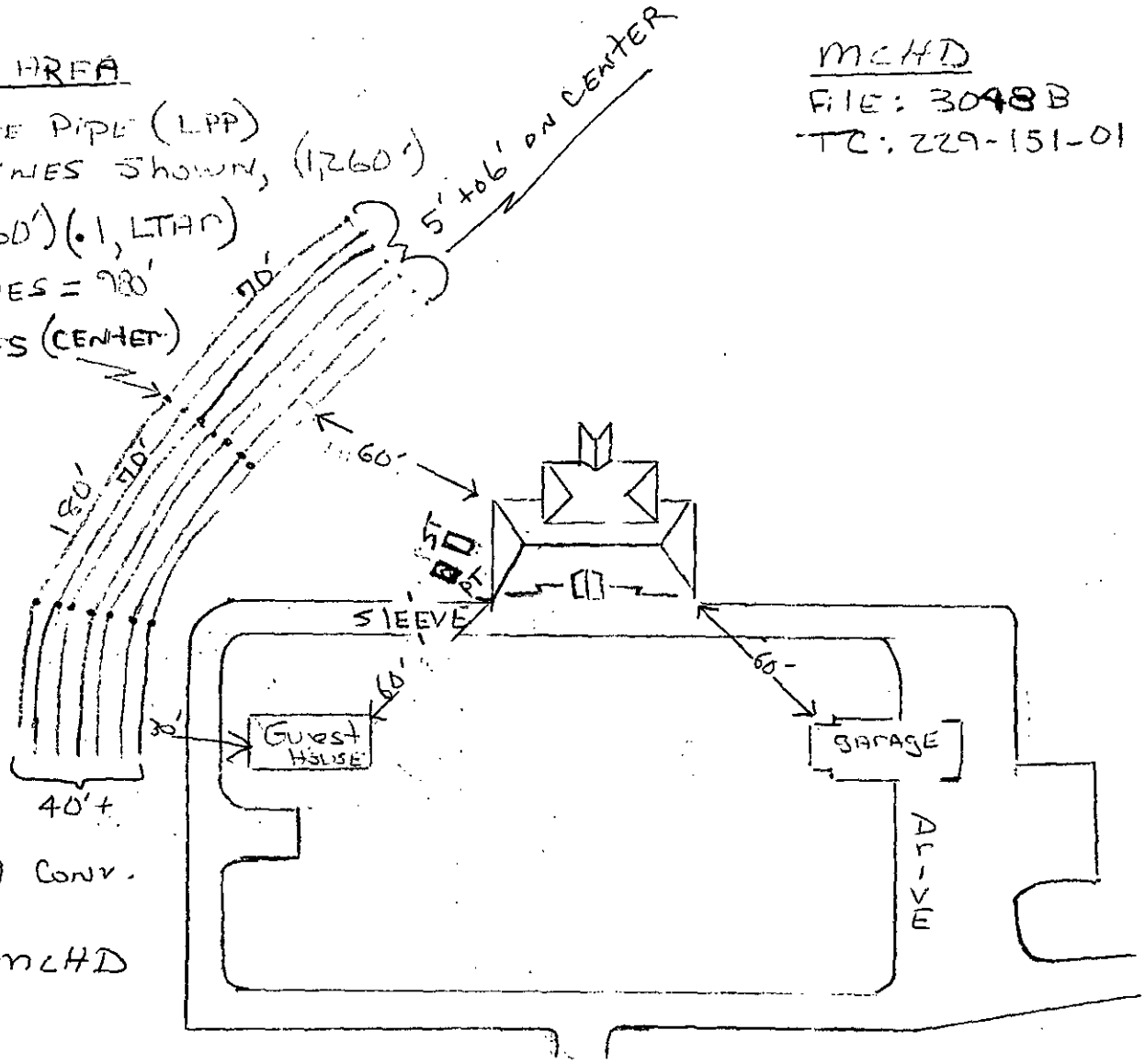
_____

REPAIR AREA

LOW PRESSURE PIPE (LPP)

(7) 180' LINES SHOWN, (1,260')

* REQUIRED (960') (.1, LTHR)
* (14) 70' LINES = 980'
* GLOBE VALVES (CENTER)



Primary Sys.

* Shallow Placed Conv.

Total 800'

Depth - PRN / mcHD

mcHD

FILE: 3048B

TC: 229-151-01

T. Whitaker

866-9540

SCALE

SD

Trench profile (end)

pressure manifold (ens.)

layout.

(pump size) (pump tree)

high H2O spec (alarm)

Collection sewer specs clamovers specs for junctions bend > 45°

no scale

north arrow

engineer LPP plan.

IP app for additional (house) (garage)

MECKLENBURG COUNTY HEALTH DEPARTMENT File: 3048 B/9419 A Action ___

SITE EVALUATION REPORT

SERIAL NUMBER 20299 D2400 Parcel: PO 229-151-01

Location: off Tom Short Road

Subdivision:

Lot: Block: Acres: Approx. .3

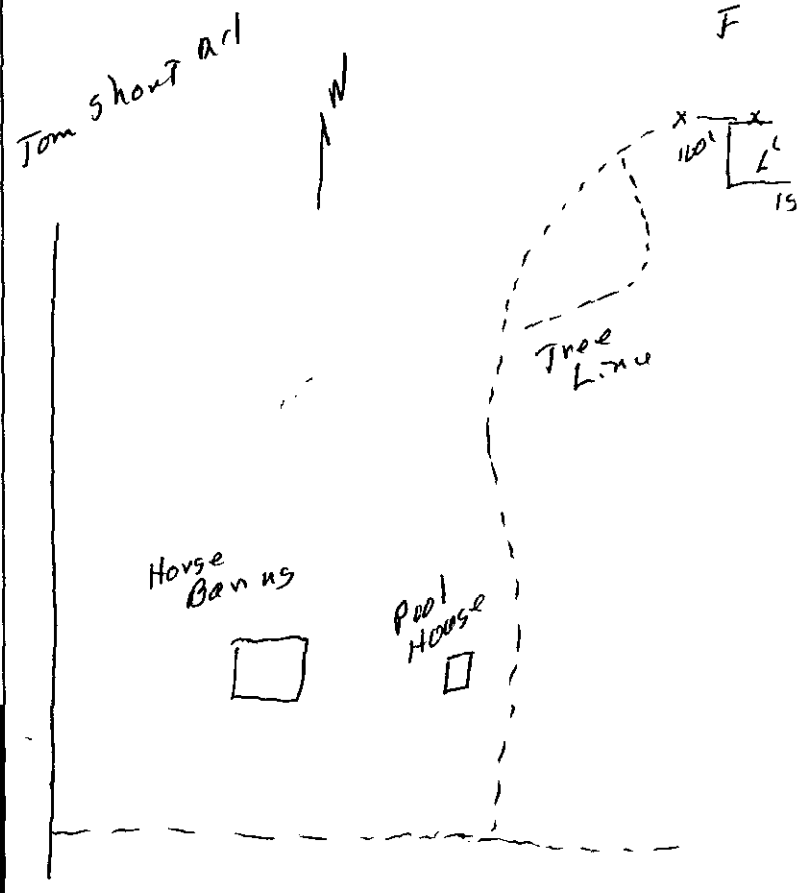
Owner: Wayland H. Cato, Jr.

Address: PO Box 34216
Charlotte, N.C. 28234

Comments: 100% Repair, 2 gpd
bdrm LTAR, recommend
shallow placed system

Described by: William A. Marlin

Date: 4-25-94



*** EVALUATION KEY ***

S = Suitable U = Unsuitable

PS = Provisionally Suitable

The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-6 %	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U slightly Expansive clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Ltd sub L Block	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 736" to water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 30-32"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 736"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Series not determined					
Area Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 5/3/94

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 229-151-01

ASSIGNED ADDRESS 11415 Jon Short Rd

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

		APPROVED	DISAPPROVED
1.	SUBDIVISION REGULATIONS	/	*
2.	FLOODWAY REGULATIONS	/	*
3.	EROSION CONTROL REGULATIONS	/	*
4.	PUBLIC UTILITY EASEMENT	/	*

		PRESENT	NOT PRESENT
5.	PUBLIC UTILITY EASEMENT	*	/
6.	PROPERTY FRONTS ON THOROUGHFARE	*	/
7.	DRIVEWAY PERMIT REQUIRED	*	/

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Septic tank

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: Rob

OPWEAR 06-88

NEW ADDRESS X *

FORM 100

Mecklenburg County
Health Department

April 26, 1994

Betty S. Snow, R.N., M.A.
Health Director

Wayland H. Cato, Jr.
P. O. Box 34216
Charlotte, NC 28234

RE: Property located at off Tom Short Road
FILE: 3048B/9419A
PARCEL: 229-151-01PO

Dear Mr. Cato:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified **UNSUITABLE** for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 20299) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 15A NCAC 18A .1948 (d) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application For An Improvement Permit with an **ACCURATELY** dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If there are any questions, please contact Bill Marlin at 336-5574.

Sincerely,

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems

KR:lw

Enclosure(s) 2

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

OWNER'S ACKNOWLEDGMENT OF MODIFIED/ALTERNATIVE REPLACEMENT SYSTEM REQUIREMENT

Site Address: 11415 Tom Short

File Number: 348 B-9419A

Parcel Number: 229-151-01

Owner/Agent Name: MADISON L. McGINN
(Please print)

Date: 5-9-94 Number of Bedrooms: 1

Receipt of the plan and specifications for a conventional system of sewage disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15A NCAC 18A .1900 - "Sewage Treatment and Disposal Systems." The plan as submitted is disapproved because there is not sufficient available space for a repair area for a conventional replacement system.

This site may be developed if the repair area is found to be acceptable for either a modified system (Rule .1956) or an alternative system (Rule .1957) for the replacement system as allowed by the following Rule 15A NCAC 18A .1945(b).

(b) Sites shall have sufficient available space for a repair area separate from the area determined in Paragraph (a) of this Rule. The repair area shall be based upon the area of the nitrification field required to accommodate the installation of a replacement system as specified in Rule .1955, .1956, or .1957 of this Section. Prior to issuance of the initial Improvement Permit for a site, the local health department shall designate on the permit the original system layout, the repair area, and the type of replacement system.

Please be advised that you have the right of an informal review by this Department and the right of appeal under G.S. 130A-335(g) and 130A-24, which appeal can be held in Mecklenburg County.

By signing this form, and signing and recording in the Mecklenburg County Register of Deeds Office the attached reclassification form entitled, **"ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM *"UNSUITABLE" TO "PROVISIONALLY SUITABLE"* UNDER 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c)**, you, the property owner,

understand and acknowledge your option to develop this site initially with a conventional sewage system and when needed, subsequently to repair or replace said system with a modified or alternative system as described in Rules .1956 "Modification to Septic Tank Systems," or .1957(a), (b), or (c) "Design Criteria for Design of Alternative Sewage Systems." The completed reclassification form must be approved by this office before it can be recorded.

In addition, you the property owner, also understand that the following conditions will apply:

- Any changes on the property may make the Improvement Permit null and void and may make the Improvement Permit subject to revocation.

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

Jon H Newell, R.S. — 5-11-94

Environmental Health Specialist — Date

I have reviewed this document and understand its provisions and implications concerning the issuance of the Improvement Permit for the above-referenced site.

[signature] — 6-1-94

Property Owner Signature — Date

700 North Tryon Street, Suite 211, Charlotte, North Carolina 28202,
(704) 336-5102

3048B/94194

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

$50.00 3/23/94 ck # 1947

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

(704)336-5102

PERSON FILING APPLICATION:

NAME: Cato, Jr. (last) Wayland (first) H. (mi)

ADDRESS: P. O. Box 34216 PHONE: (704) 551-7340

CITY: Charlotte STATE: NC ZIPCODE: 28234

Date: 3/17/94

PROPERTY OWNER:

NAME: Cato, Jr. (last) Wayland (first) H. (mi)

ADDRESS: P. O. Box 34216 PHONE: (704) 551-7340

CITY: Charlotte STATE: NC ZIPCODE: 28234

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: Part of 229-151-01

STREET ADDRESS: Providence Road

ZONING: Residential

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

SUBDIVISION OR MOBILE HOME PARK NAME: N/A

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[X] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):

[] SINGLE MOBILE HOME (S) XX[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)
XX[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):

[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop XX[X] 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: _____ Date: 3/17/94

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.

...

[] 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 Date

_____ Director or Authorized Section Head Date

WWATER : 122791

PROPOSED PLOT PLAN

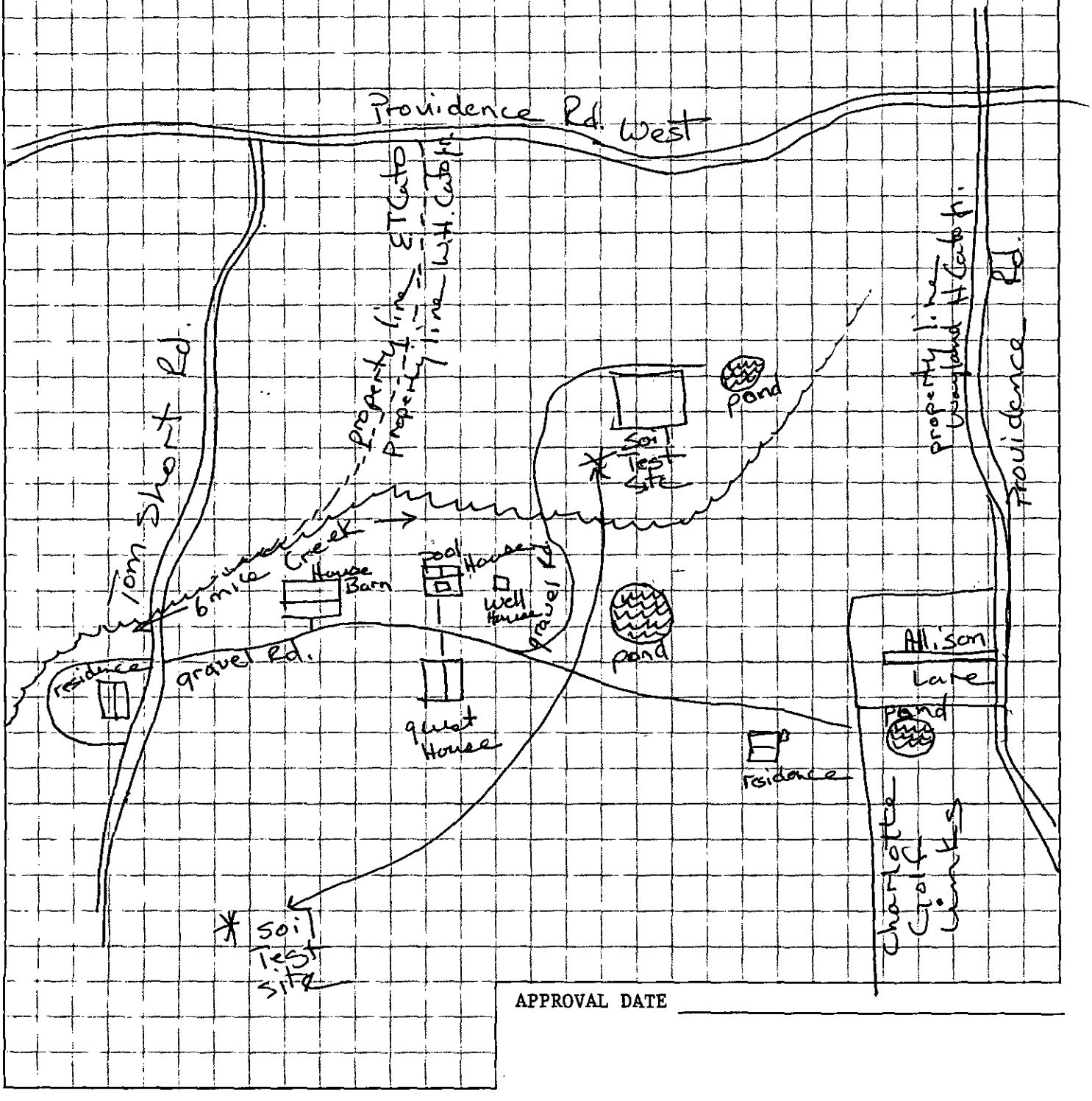
Maryland H. Cato, Jr.

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

FILE: 3048B/9419A

TC: 229-151-01PD

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.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy