


13410 HIWASSEE RD

01132104

1/7/2008

duponbj

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

6/16/04 RCVD 15000 JRA 6/16/04

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4851B DATE: 9/10/03

TC: 011-321-04 ☑ L ☐ CRT

SERIAL 19238

Name of Owner CAYLOR Juris.:

Address of Property 13410 Hiwassee Road

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield 444'

Number of Lines 4 @ 111'

Cover Depth 8"

Water Supply Source well

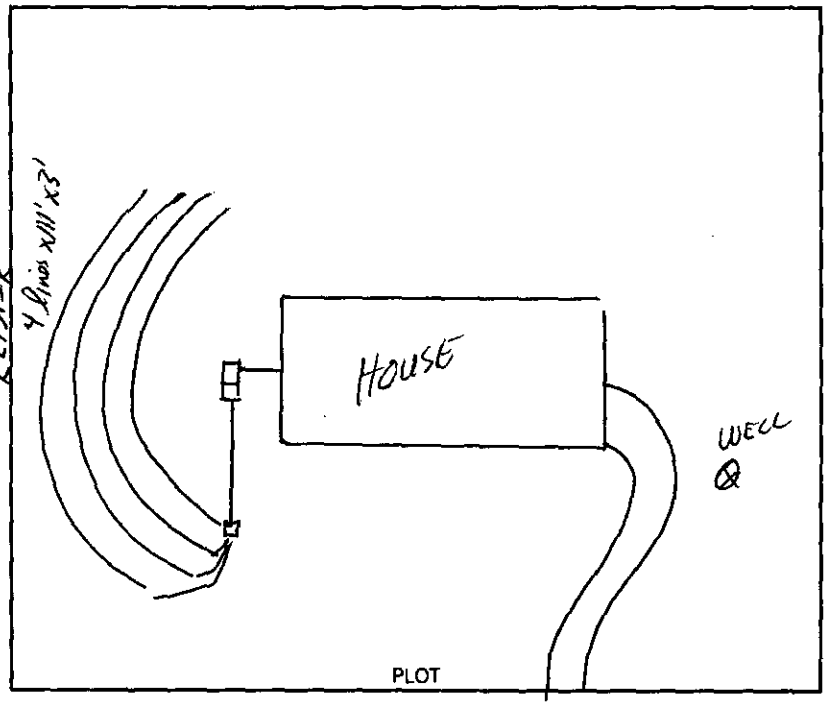
Distance to Water Source >100'

Excavation Inspected 9/10/03

Tank(s) Inspected 9/10/03

Wash Line Inspected NA

High Water Alarm Inspected NA




Design 1500ST, 1332SFT, INV, E-ZFLOW CTR# Bobby McConnor

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: Four Bedroom House

4 lines x 111'x 3'

Type IIIg Innovative System

Tommy Mickle R.S.
Environmental Health Specialist

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

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

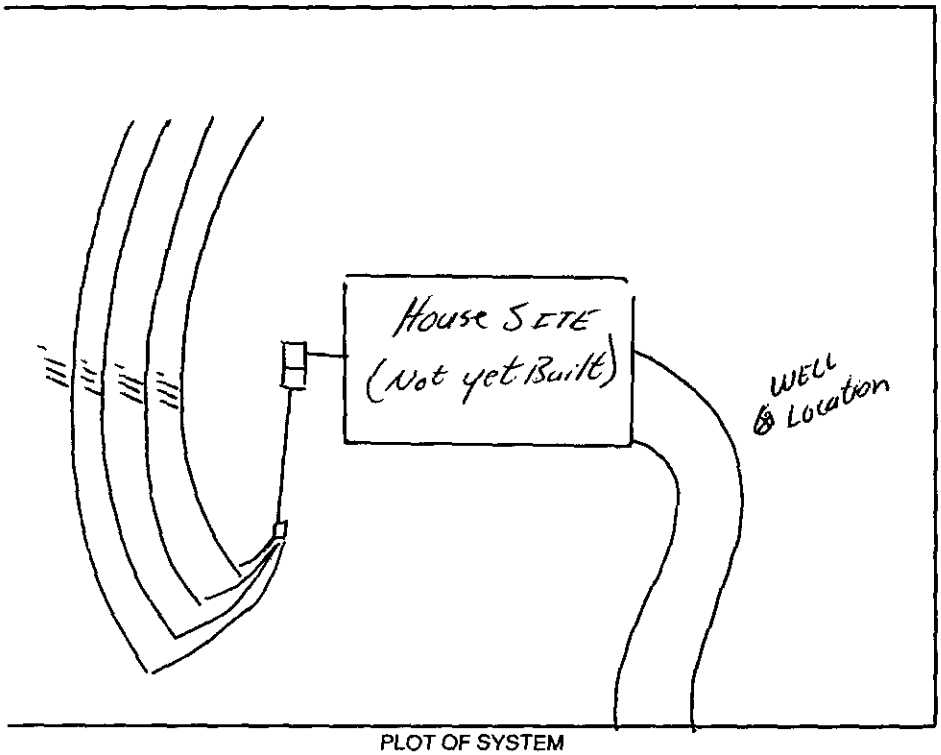
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 48318 DATE: 9/9/03

TC: 011-321-09 ☑ L

SERIAL 19472

Permission is hereby given to ___ Install or Construct, ___ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 11/16/02. All work shall be completed on or before 10/9/03, 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 NA gallons

Tank Construction PCC

Trench Depth 18"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 444' feet

Number of Lines 4 x 111'

Depth of Stone NA inches

Distance from House >5' feet

Distance from Property Line >10' feet

Distance from Well >100' feet

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

NAME OF OWNER Caylor

LOCATION OF PROPERTY 13410 Hiwassee Road

Comments: Four Bedroom House

Install 4 lines x 111' x 3' (Innovative System)

Type IIIg Innovative System

Tommy Mickle R.S.

Environmental Health Specialist

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

Y 30400 55886 UP

**FEE:** 150 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** Acs X
**DATE:** 2/1/02 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: _____ PERMIT NO: 98318

JOB LOCATION ADDRESS: 13410 Hiwassee Rd ~~Hunting Creek Village Drive~~ PARCEL NO: ~~041 321 07~~ 011 142 17

PROPERTY OWNER: Dale Caylor

BUILDING CONTRACTOR: Ron Talbot

SUBDIVISION NAME: NA

AUTHORIZATION ISSUED BY: Terry L. Medlin R.E. DATE: 1/31/02
DEHNR AUTHORIZED AGENT

## AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 98318, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: See Conditions of I.P.

## OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

_____ 2-1-02
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

| FILE COPY | |
|---|---|
| FILED FOR REGISTRATION | DOC. # 131376 |
| DATE 6/15/2004 | TIME 2:45pm. |
| BOOK 17349 | PAGE 27 |
| STAMPS | REC FEE $20 |
| JUDITH A. GIBSON REGISTER OF DEEDS MECKLENBURG COUNTY, NC | |

**STATE OF NORTH CAROLINA**

**COUNTY OF MECKLENBURG**

**WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969**

COPY

FILE # 48318
PARCEL # 011-142-17

The undersigned, DANIEL P. CAYLOR III, owner of property located at 13410 HIWASSEE RD HUNTERSVILLE NC, (the "site") and described in an instrument recorded in Book 11156 at Page 476, 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 the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, 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:

This instrument was prepared by: DANIEL P. CAYLOR
Mail after recording to: DANIEL P. CAYLOR III, 13410 Hiwassee Rd, Huntersville, NC 28078

-- 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.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless theDepartment, 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.

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 17TH day of JUNE, 2004.

_____ (SEAL)

(Corporate Name)

By: _____ (SEAL)

X DANIEL P. CAYLOR, III

~~President~~

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, LINDA K FRICANO, a Notary Public for said County and State, do hereby certify that DANIEL P CAYLOR, III personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 14TH day of JUNE, 2004.

Linda K. Fricano
Notary Public

My Commission Expires:

JUNE 6, 2009

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 _____, 20____.

_____
Notary Public

My Commission Expires:

_____

REVISED 8-13-02

Permit Number 4831B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number ~~041-201-07~~ 011-142-17

The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.

CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.

Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement ___ Yes ✓ No ___ Partial Basement

Type Primary Wastewater System Type (circle one): I II (III) IV V VI

___ Conventional
___ Prefabricated, permeable block panel system
___ Shallow Placed Conventional
___ Low Pressure Pipe
___ Large Diameter Pipe
___ Fill
___ Other
✓ Innovative or Experimental:
___ IWWS-93-1
___ IWWS-93-2
___ IWWS-94-1

| | | | |
|---|---|---|---|
| 0.27 Long-term acceptance rate | 480 Max gallons/day wastewater flow | 1332 Absorption Area (sq ft) | 9' Trench spacing (min. on centers) |
| yes Serviced by private well | 1500 Gallon septic tank | 444 Total trench length (ft) | 18" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions) |
| 4 Bedrooms in residence | NA Gallon pump tank | NA Depth of stone | |

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

Site modifications required:

Additional Conditions: - Agreement Forms on file
- Keep trenches as shallow as possible (18" MAX)
- 4 lines x 111' x 3'

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

| | | | |
|---|---|---|---|
| 1332 Absorption Area (Sq ft) 444 Total Trench Length (Ft) | NA Depth of Stone Trench | 9' Trench spacing (min. on centers) | 18" 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 th 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 effe 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 Departmen
- This Improvement permit is transferable.

Tommy P. Mobley R.S. 1/31/02
DEHNR Authorized Agent Date

Owner/Agent Signature 2-1-02 Date

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

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

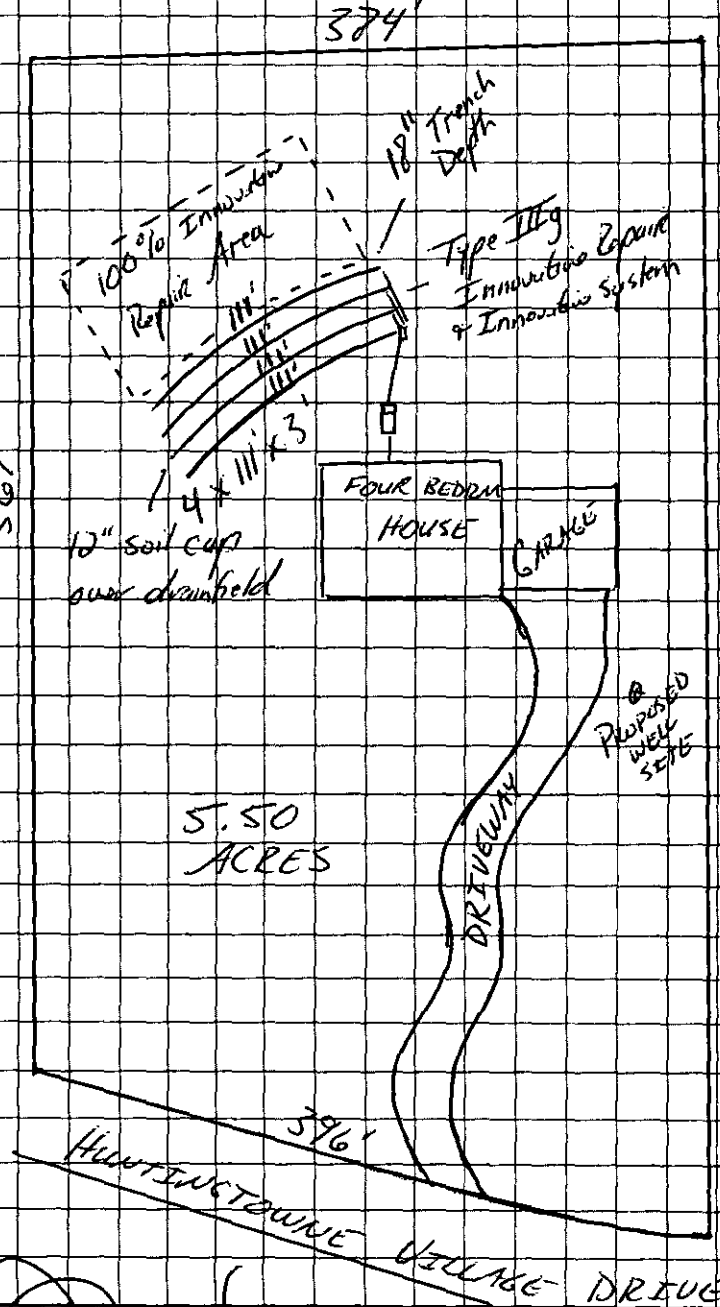
# PROPOSED PLOT PLAN

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

FILE: 48318

TC: ~~011 321 04~~
011 . 142 . 17

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

→ Drawing not to scale
→ 4 Bedroom Residence
→ 0.27 LTAR
→ 1500 gallon septic tank
→ 4 lines x 111' x 3' (444 TLF)
→ Type IIIg Innovative System
→ Innovative Repair
→ 25% Reduction System
→ Keep lines level and on contour of the land
→ Install trenches at 18"
→ 8"-12" Soil Cover to be brought in.

OWNER/AGENT SIGNATURE

DATE 2-1-02

APPROVAL DATE Jimmy P. Nichols R.S. 1/31/02

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

DATE: 2/1/02

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION: MECK
HUNT(ETJ)

011-142-17
PARCEL NUMBER

13410 HIWASSEE RD
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

N/A
EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

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

Remarks:

NEW CONSTRUCTION PERMIT - S F HOUSE

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

ALL OTHER FORMAS OBSOLETE
NEW ADDRESS
REVISED 1/91

SIGNED: Rob

4631B

# AUGUSTA HOMES

## Fax Transmittal Cover Sheet

TO: Bill Mackie

FROM: Ron Talbott

DATE: 1-21-

FAX #: 336-6894

PAGES (including cover sheet): 3

MESSAGE: Info Re Tax Parcel 01132104

Ron's cell # 634-0845

10602 Bailey Road, Suite B, Cornelius, NC 28031
Phone: 704.892.7795 Fax: 704.892.7244

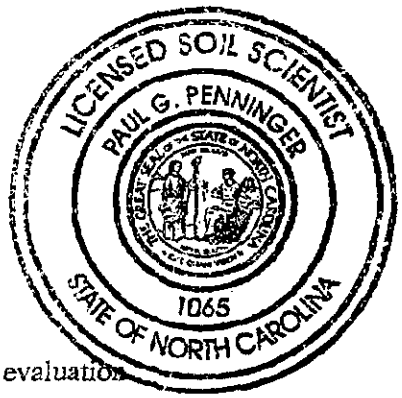
**TONEY C. JACOBS & ASSOCIATES, INC.**

Consulting Soil Scientists

Licensed by the North Carolina Board for Licensing of Soil Scientists
Certified by the American Registry of Certified Professionals in Agronomy, Crops and Soils

168 Broadbill Drive
Mooresville, NC 28117
Phone (704) 663-6905
Fax (704) 662-9845 E-mail jacobs@i-america.net

January 14, 2002




To: Mr. Ron Talbot
Augusta Homes
10602 Bailey Road, Suite B
Cornelius, N. C. 28031

From: Paul G. Penninger

Re: Huntingtowne Village Drive 5.5-acre tract preliminary soil evaluation

On January 10, 2002 Toney C. Jacobs & Associates, Inc. performed a preliminary soil evaluation on the approximately 5.5 acre tract off Huntingtowne Village Drive in Mecklenburg County. A hand auger used to dig 7 holes, which are approximately located on the attached map. The purpose of this evaluation was to determine general areas of provisionally suitable and unsuitable soil for one 4-bedroom house. Site suitability for on-site waste disposal is based on, but not limited to topography, soil characteristics, soil wetness, soil depth, restrictive horizons, and available space.

On the attached map, the hole location in green was described as provisionally suitable for conventional type septic systems. The hole locations in green and yellow were described as provisionally suitable for conventional type septic systems with shallow placement and/or lowered loading rates. These holes had saprolite present at 30-36 inches deep. The saprolite appeared to be useable, but the State rules require saprolite to be evaluated by backhoe pits before a final evaluation can be made. It did appear the saprolite in several of these holes was near the clay content limit between suitable and unsuitable saprolite. The pit locations in red were considered unsuitable for septic systems due to expansive clay and hard rocky saprolite.

Because of the saprolite observed on the tract, we recommend that your potential buyer obtain an improvement permit from the Mecklenburg County Environmental Health Department prior to closing. While we feel the tract is provisionally suitable for a State Approved 4 bedroom septic system, we still recommend getting the health department involved to make sure they agree with our evaluation of the saprolite. On other similar sites, the health department has required us to collect saprolite samples and run particle size analysis to verify the percent clay content.

Design flow (# bedrooms), soil type, wastewater loading rate, system type, topography, and various required setbacks from property lines, drains, etc., all affect the suitability of a site. Each lot must have adequate soil and topo for the septic system and 100% repair area that is unaffected by house placement, drive, decks, etc.

The soil data in this preliminary evaluation is only accurate for located auger holes. Continuous provisionally suitable auger holes usually mean an area is P.S. and continuous unsuitable holes usually mean an area is unsuitable, but only a more detailed evaluation can confirm this.

Thanks for the opportunity to assist with this project and please call if you have any questions. If you like, we can work with the Mecklenburg County Environmental Health Department to obtain your improvement permit.

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

Sheet: 1
Property ID: 011-321-04
Lot #:
File #: 4831B
Code: 2

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

Owner: Ron C. Talbot
Applicant:
Address: 120 Henry Lane, Mooresville, N. C. 28117
Date Evaluated: 1/25/02
Proposed Facility: Residence
Design Flow (.1949): 480gpd
Property Size: Approx. 1a. Inv.
Location of Site: ~~Huntingtowne Village Drive~~ 13410 Hiwassee Rd
Property Recorded:
Water Supply: [ ] Public [ x ] 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 | OTHER PROFILE FACTORS .1942 Soil Wetness/ Color | .1943 Soil Depth (IN.) | .1956 Sapro Class | .1944 Restr Horiz | Profile Class & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| | 5-12 | | | | | | | | |
| 1 | R | 0-5 | GR/SCL | FR/SEXP/SS/SP | >19" TO SOIL WETNESS | 19 | N/A | NONE | US |
| | | 5-19 | SBK/SC | VFI/MIXED/VS/VP | | | | | |
| 2 | R | 0-8 | GR/SCL | FR/SEXP/SS/SP | >36" TO SOIL WETNESS | 36 | " | " | PS, IV .27G/DAY/FT$^2$ |
| | | 8-29 | SBK/SC | FI/SEXP/S/P | | | | | |
| | | 29-36 | SBK/SCL | FR/SEXP/SS/SP | | | | | |
| 3 | LS | 0-8 | GR/SCL | FR/SEXP/SS/SP | >35" TO SOIL WETNESS | 35 | " | " | US, IV .27G/DAY/FT$^2$ |
| | | 8-35 | SBK/SC | FI/SEXP/S/P | | | | | |
| 4 | " | 0-10 | GR/SCL | FR/SEXP/SS/SP | >30" TO SOIL WETNESS | 30 | " | " | US, IV .25G/DAY/FT$^2$ |
| | | 10-30 | SBK/SC | FI/SEXP/S/P | | | | | |
| 5 | " | 0-9 | GR/SCL | FR/SEXP/SS/SP | >35" TO SOIL WETNESS | 35 | " | | US. IV .27G/DAY/FT$^2$ |
| | | 9-35 | SBK/SC | FI/SEXP/S/P | | | | | |
| 6 | R | 0-7 | GR/SCL | FR/SEXP/SS/SP | >36" TO SOIL WETNESS | 36 | " | " | PS, IV .27G/DAY/FT$^2$ |
| | | 7-36 | SBK/SC | FI/SEXP/S/P | | | | | |
| 7 | LS | 0-8 | GR/SCL | FR/SEXP/SS/SP | >30" TO SOIL WETNESS | 30 | " | " | US, IV .27G/DAY/FT$^2$ |
| | | 8-30 | SBK/SC | FI/SEXP/S/P | | | | | |
| 8 | " | 0-7 | GR/SCL | FR/SEXP/SS/SP | " | " | " | " | " |
| | | 7-30 | SBK/SC | FI/SEXP/S/P | | | | | |
| 9 | " | 0-6 | GR/SCL | FR/SEXP/SS/SP | " | " | " | " | US, IV .25G/DAY/FT$^2$ |
| | | 6-30 | SBK/SC | FI/SEXP/S/P | | | | | |
| | | | | | | | | | |

| Description | Initial System | Repair System |
|---|---|---|
| Available Space (.1945) | US | US |
| System Type(s) | | |
| Site LTAR | .27G/DAY/FT$^2$ | .27G/DAY/FT$^2$ |

Other Factors (.1946): _____
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 1/28/02, W. R. Marlin
Others Present:

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

Sheet: 2
Property ID: 011-321-04
Lot #:
File #: 4831B
Code: 2

# 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 |
|---|---|---|---|---|---|---|---|---|---|
| | 5-12 | | | | | | | | |
| 10 | LS | 0-5 | GR/SCL | FR/SEXP/SS/SP | >16" TO SOIL WETNESS | 16" | N/A | NONE | US |
| | | 5-16 | SBK/SC | VFI/MIXED/VS/VP | | | | | |
| 11 | " | 0-3 | GR/SCL | FR/SEXP/SS/SP | " | " | " | " | US, IV |
| | | 3-16 | SBK/SC | 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:
Others Present:

FILE # 4831B

COMMENTS 100% Repair

| LANDSCAPE POSITION | GROUP | TEXTURE | .1955 LTAR |
|---|---|---|---|
| R-RIDGE | I | S-SAND | 1.2-0.8 |
| S-SHOULDER SLOPE | | LS-LOAMY SAND | |
| L-LINEAR SLOPE | | | |
| FS-FOOT SLOPE | II | SL-SANDY LOAM | 0.8-0.6 |
| N-NOSE SLOPE | | L-LOAM | |
| H-HEAD SLOPE | | | |
| CC-CONCLAVE SLOPE | III | SI-SILT | 0.6-0.3 |
| CV-CONVEX SLOPE | | SICL-SILTY CLAY LOAM | |
| T-TERRACE | | CL-CLAY LOAM | |
| FP-FLOOD PLAIN | | SCL-SANDY CLAY LOAM | |
| | IV | SC-SANDY CLAY | 0.4-0.1 |
| | | SIC-SILTY CLAY | |
| | | O-ORGANIC | |

| CONSISTENCE MOIST | WET |
|---|---|
| VFR-VERY FRIABLE | NS-NON-STICKY |
| FR-FRIABLE | SS-SLIGHTLYSTICKY |
| FI-FIRM | S-STICKY |
| VFI-VERY FIRM | VS-VERY STICKY |
| EFI-EXTREMELY FIRM | NP-NON-PLASTIC |
| | SP-SLIGHTLYSTICKY |
| | P-PLASTIC |
| | VP-VERY PLASTIC |

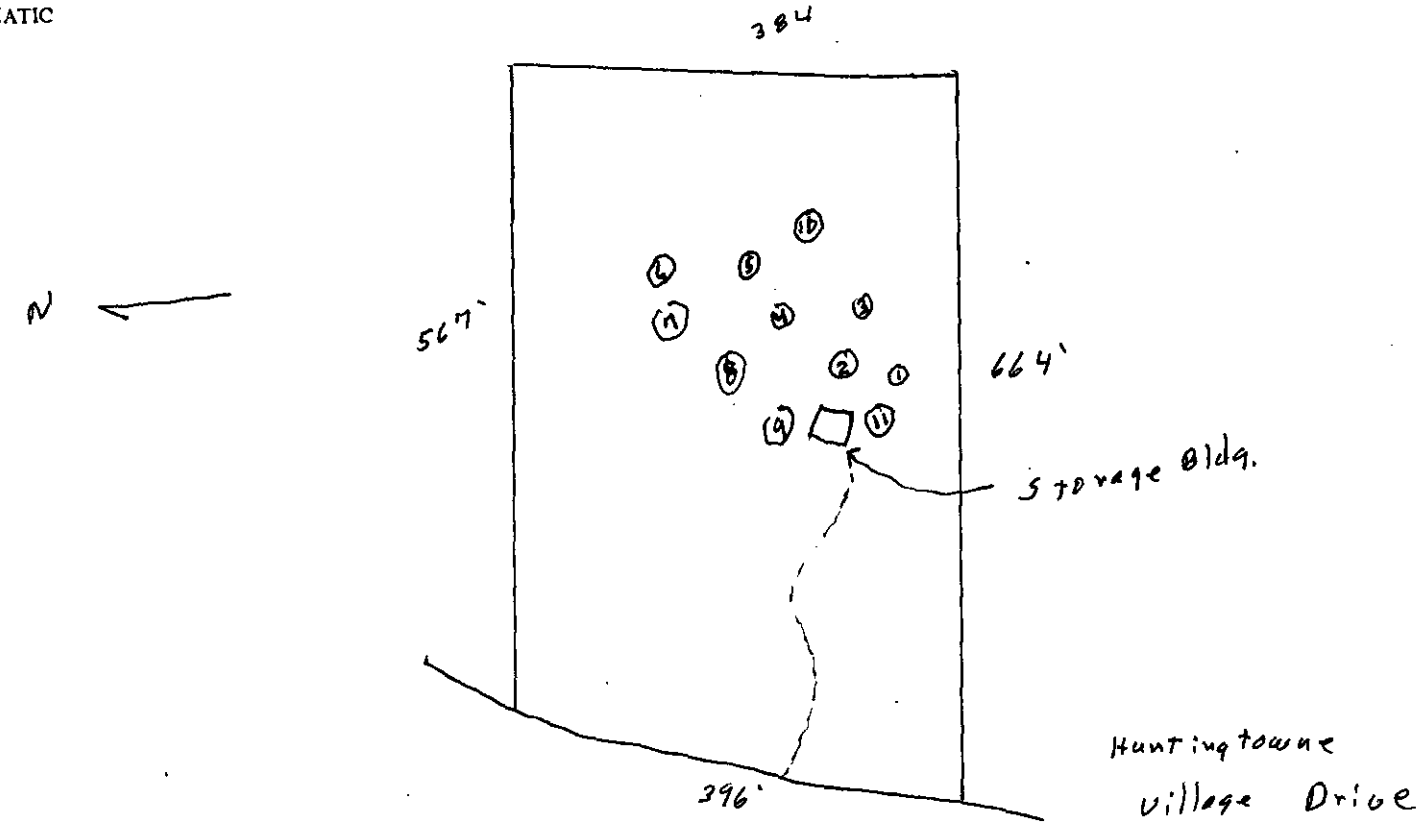
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



1/18/02 RF

FEE: _____
DATE: _____

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

TYPE APPLICATION: X 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 #: 48318

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 04132104 011.142 17

STREET ADDRESS: 13410 Hosanna Rd ~~HUNTINGTOWNE VILLAGE DR.~~

SUBDIVISION OR MOBILE HOME PARK NAME: N/A

LOT NUMBER: Deed Book 11156-476

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 4600 ±

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 2

CLOSING DATE: 1-23

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT ON SLAB
X 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 X NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
X PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER "SPRINGS" (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

| | | | |
|---|---|---|---|
| BURIED CABLES, LANDFILLS, STUMPHOLES | __ YES X NO | WELL, SPRINGS OR WATERLINES | __ YES X NO |
| EXISTING WASTEWATER SYSTEMS | __ YES X NO | DESIGNATED WETLANDS | __ YES X NO |
| EASEMENTS OR RIGHT-OF-WAYS | __ YES X NO | | |

**PROPERTY OWNER:**

NAME: TALBOT (LAST) ROY (FIRST) C (MI)

ADDRESS: 120 Henry Lake

CITY: Mooresville STATE: NC ZIP: 28117

DAYTIME PHONE: ( ) 704-634-0845

**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) --

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED: 6/22/77

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: [signature] DATE: 1-16-2002

X30400

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

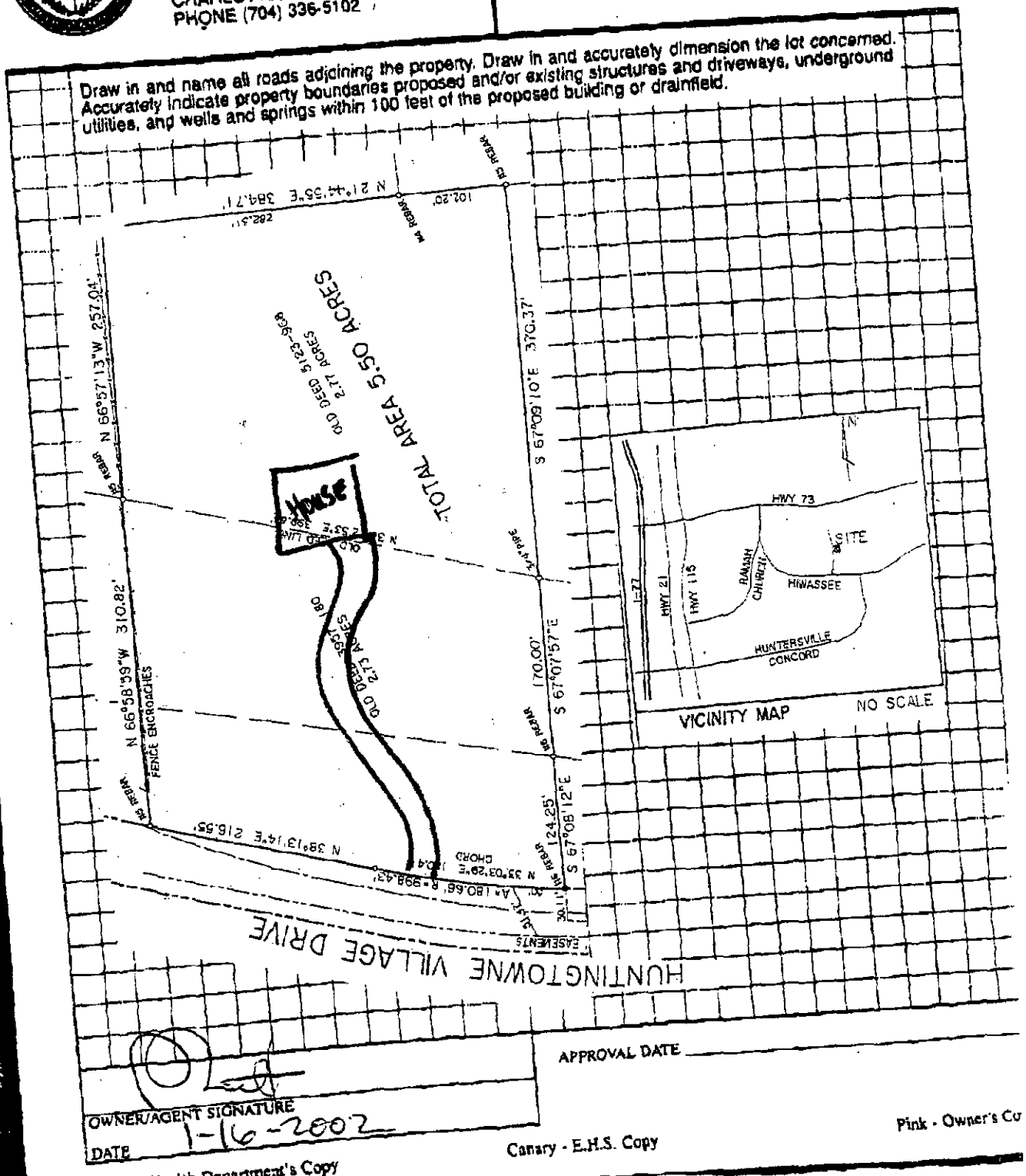
# PROPOSED PLOT PLAN

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

FILE: _____

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.




APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE 1-16-2002

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Co

JAN-18-02 05:56 AM

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
*Payment Receipt*

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 01/18/02 | **Amount:** | 200.00 |
| **Receipt #:** | 4923 | **Tendered:** | 200.00 |
| **Check / Auth #:** | CHARGE | **Returned:** | 0.00 |
| **Received By:** | FOSTERV | | |

**Account Information**

**Account #:** X30400
**Contractor:** AUGUSTA HOMES INC
**Attn:**
**Address:** 10602 BAILEY ROAD SUITE B
**Address:**
**City/State/Zip:** CORNELIUS, NC 28031

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0701 | Improvment Permit App-Residen<br>Huntingtowne Village Dr. | | 1 | 200.00 | 200.00 |

**Outstanding Balances**

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| 1,939.61 | 5.35 | | | | |