Supervisor/Administrative Professional Checklist

New Septic ☑ **New Well** ☐ **Use Existing** ☐ **Alteration** ☐ **Modified Plot Plan** ☐

New Septic Fees Paid:

IP ($250.00) _____ Initials/Date

CA ($200.00) _____ Initials/Date

OP ($200.00) _____ Initials/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 _____ Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid)_____ Initials/Date

Modified Plot Plan Fee Paid: $100.00 _____ Initials/Date

J.V. (Journal Voucher) 450.00 12/10/14

Floor plans need to be submitted and reviewed before CA can be issued. ☐ Reviewed ☑ JAM

OK To issue CA When Fees are paid.

This site is served by septic and well. Verify each is complete before final hold is released. ☐

Septic file completed. ☐ _____ Well file completed. ☐ _____

Send permit for signature. ☑ Signature received. ☐ _____

This septic system requires a certified operator contract before final hold is released. ☐

Certified operator contract is on file. ☐ _____

FEE: 450.00
DATE:3/30/2015

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 5747A

PERMIT NUMBER: 30007318

PARCEL NUMBER: 02716103

JOB LOCATION INFORMATION

ADDRESS: 5542 HUCKS RD

CITY: CHARLOTTE **STATE: NC** **ZIP:** 28269

ISSUED TO: MECKLENBURG COUNTY

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 3/13/2015

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30007318, 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 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 THE 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 CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.
   *CONSTRUCTION AUTHORIZATION EXPIRATION DATE: 3/13/2020

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

IMPROVEMENT PERMIT for a COMMERCIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30007318** GWS File #: **5747A**

IV. Permit Conditions/Comments:

- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- Foundation drains shall be constructed not to discharge water onto or across any part of the septic system.

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jacob Presley

Signature: _____

Date Issued: 3/13/2015

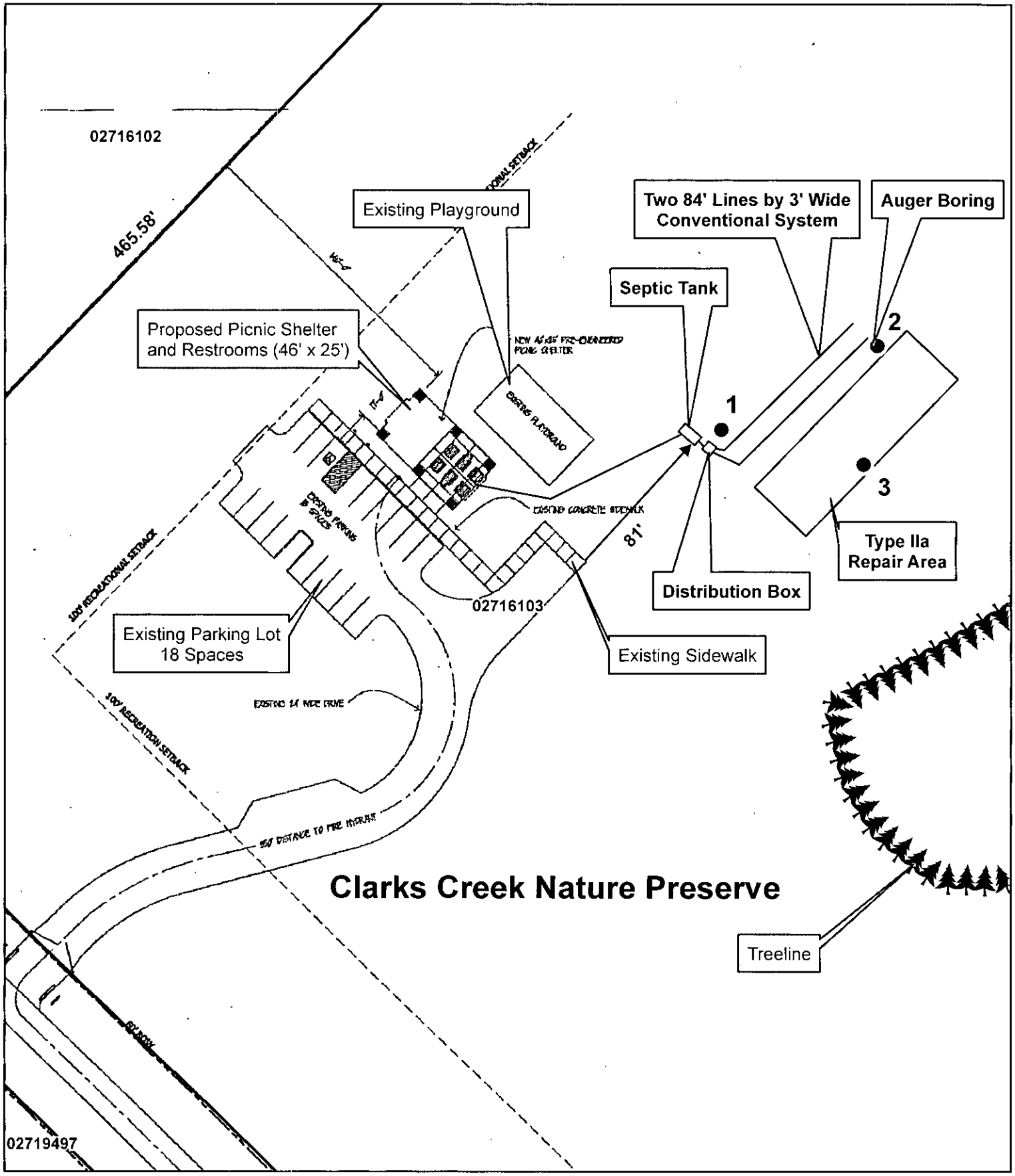
Owner/Legal Agent: James Rainey
Print Name

Signature: _____

PID: 027-161-03
FILE #: 5747A
APP ID: 7318

JAR

Improvement Permit Sketch



Drawn By: Jacob Presley
Date: 3/13/2015

0 30 60 Feet

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

IMPROVEMENT PERMIT for a COMMERCIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30007318** GWS File #: **5747A** Tax Parcel #: **027-161-03**

- This 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.

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 3/13/2020

Intallation Type: Commercail/Industrial - New System Business Type: County Park Restroom

Facility Size (ft^2): 750 # Employees/Shift: 0 18 Parking Spaces

Wastewater Type: Sewage Water Supply: Municipal

II. Initial System Type: Conventional **System Classification:** IIa

Initial System Specifications:

Design Flow (gpd):	100	LTAR (gpd/ft^2):	0.2	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	500	Total Trench Length (ft):	167
Maximum Trench Depth (in):	36	Depth of Media (in):	12	Distribution Device:	Distribution Box		

III. Repair System Type: Conventional **System Classification:** IIa

Repair System Specifications:

Design Flow (gpd):	100	LTAR (gpd/ft^2):	0.2	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	500	Total Trench Length (ft):	167
Maximum Trench Depth (in):	36	Depth of Media (in):	12	Distribution Device:	Distribution Box		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jacob Presley Owner/Legal Agent: James Rainey
Print Name

Signature: Signature:

Date Issued: 3/13/2015

5747A MECKLENBURG COUNTY HEALTH DEPARTMENT APP# 7318

APPLICATION FOR A COMMERCIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. SEPTIC / TYPE APPLICATION: ○ N/A ◉ NEW SYSTEM ○ ALTERATION ○ REPAIR ○ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ◉ N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 02716103
STREET ADDRESS: 5542 HUCKS ROAD
CITY: CHARLOTTE
STATE: NC ZIP: 28269
TOWNSHIP:
○ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ◉ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. BUILDING INFORMATION:
DESCRIBE TYPE OF BUSINESS: GOV'T - NATURE PRESERVE
◉ COMMERCIAL ○ INDUSTRIAL
SQUARE FOOTAGE OF FACILITY: 750
NUMBER OF EMPLOYEES PER SHIFT: —
NUMBER OF SHIFTS: — NUMBER OF SEATS: ____
TYPE OF WASTEWATER GENERATED:
◉ DOMESTIC SEWAGE ○ INDUSTRIAL WASTEWATER
○ OTHER ____

5. *IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM, INFORMATION DOCUMENTING THE INCREASED WASTEWATER FLOW AND/OR A JUSTIFICATION FOR SYSTEM ALTERATION IS REQUIRED.* ☑ N/A

6. WATER SUPPLY: ◉ MUNICIPAL ○ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER ____

7. PROPOSED USE OF WELL: ◉ N/A ○ IRRIGATION ○ POTABLE (DRINKING WATER) ○ OTHER ____

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST DESIRED 5-LEAST DESIRED)*:
☐ N/A ☑ ANY TYPE ☑ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER ____

8A. RANK: 1st ____ ____ ____ ____ ____

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.

BURIED CABLES, LANDFILLS, STUMPHOLES	○ YES ◉ NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ◉ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	○ YES ◉ NO	JURISDICTIONAL WETLANDS	○ YES ◉ NO
WELLS, SPRINGS, OR WATER LINES	○ YES ◉ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ◉ NO
EASEMENTS OR RIGHT-OF-WAYS	○ YES ◉ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ◉ NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ◉ NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ◉ NO
WASTE STORAGE	○ YES ◉ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ◉ NO

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 11/6/01 DEED 12860-142 ☐ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? ____ ☑ N/A

12. PROPERTY OWNER:
NAME: MECKLENBURG COUNTY
ADDRESS: 5841 BROOKSHIRE BLVD
CITY: CHARLOTTE
STATE: NC ZIP: 28216
WORK PHONE: ____
MOBILE PHONE: 980 722 1836
FAX: ____
E-MAIL: James.Rainey@mecklenburgcountync.gov

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: ____
ADDRESS: ____
CITY: ____
STATE: ____ ZIP: ____
WORK PHONE: ____
MOBILE PHONE: ____
FAX: ____
E-MAIL: ____

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

Revised on: 12/15/10

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

JAL (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

James A. Lang — 12-5-14

Property Owner's or Owner's Legal Representative Signature — Date

---

OFFICE USE ONLY

○ SURVEY PLAT TO SCALE SUBMITTED ○ SCALED SITE PLAN SUBMITTED ○ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $ 450.00 DATE FEE RECEIVED: 3/2/15

WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: 3/3/15

APPLICATION PROCESSED BY: BA

GWS FILE NUMBER ASSIGNED: 5747A

APPLICATION ID NUMBER ASSIGNED: 7318

COMMENTS:

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

Revised on: 12/15/10

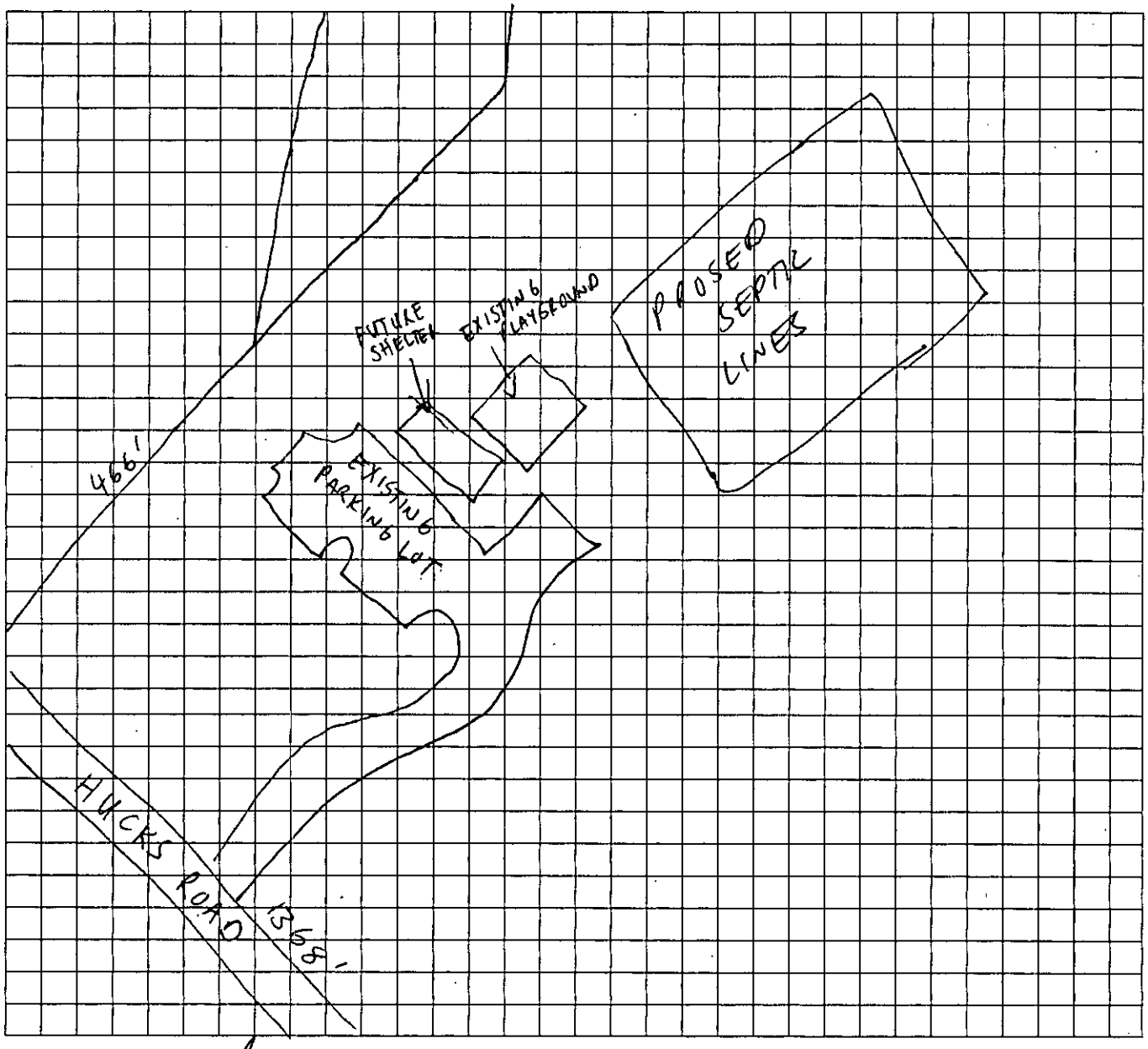
File #: _____

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: 5542 Hucks Road Tax Parcel #: 02716103

Subdivision Name: _____ Lot #: _____



Property Owner's or Owner's Legal Representative Signature

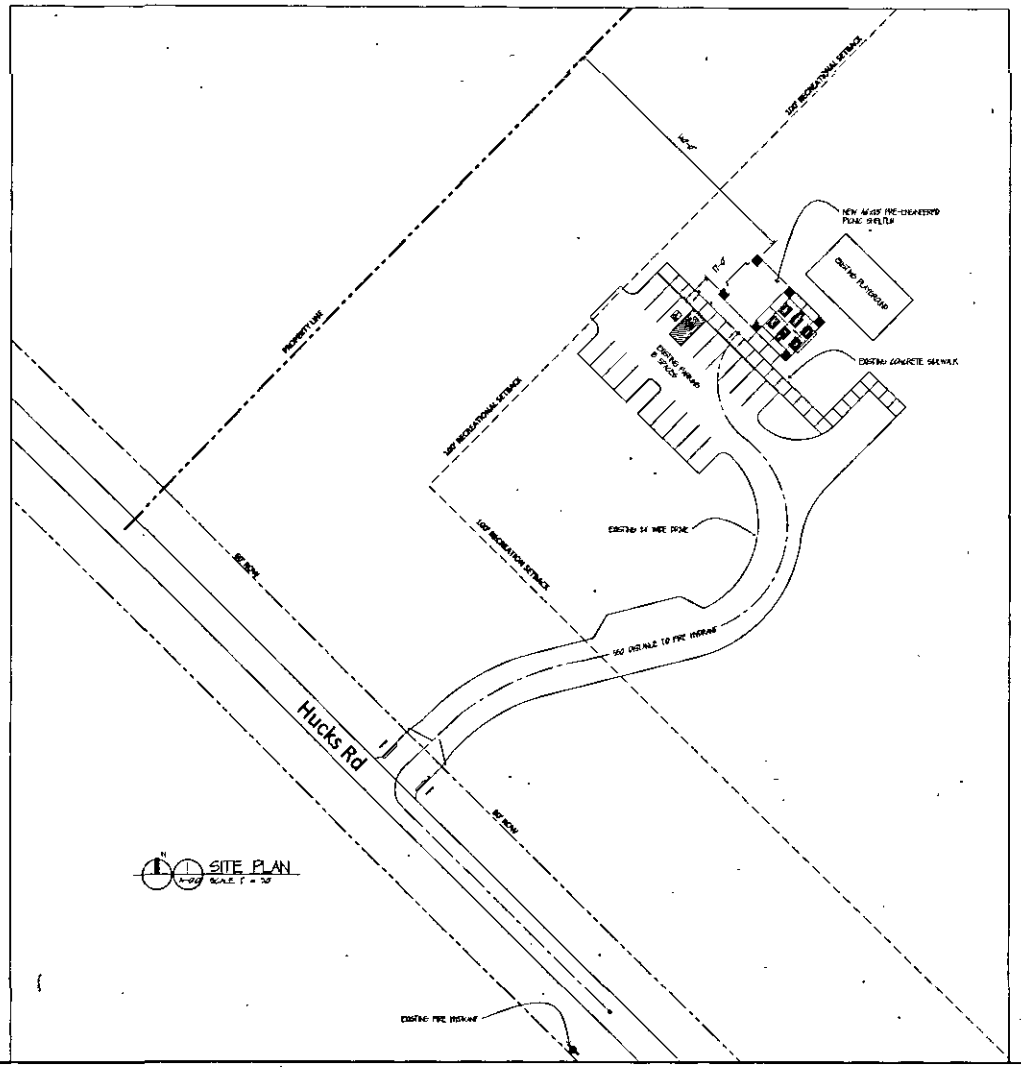
12/5/14
Date

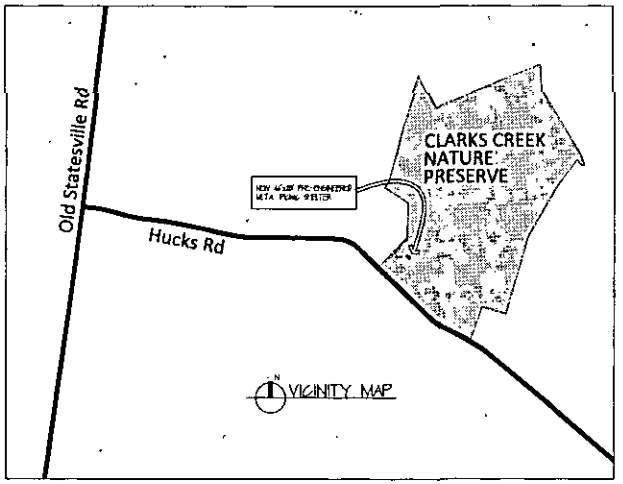
MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

Mecklenburg County Park & Recreation

Clarks Creek Nature Preserve
New Picnic Shelter
5542 Hucks Road, Charlotte





SITE DATA

OWNER:	Mecklenburg County Park and Recreation
ADDRESS:	5841 Brookshire Boulevard, Charlotte
P.I.D. #:	02716103
ZONING:	R-4 SINGLE FAMILY
EXISTING LOT:	30.8 acres
SQUARE FEET UNHEATED, UNDER ROOF	1,450sqft

DRAWING INDEX

SHEET	TITLE
A-0.0	COVER AND SITE PLAN
A-0.1	APPENDIX B
A-1.0	PLAN AND DETAILS
ATTACHED	PORTER CORPORATION METAL SHELTER STRUCTURAL CALCULATIONS AND ASSEMBLY DRAWINGS

GOVERNING CODE:

2018 NORTH CAROLINA RESIDENTIAL CODE

ARCHITECT:

FIRM: CITIZEN DESIGN
NAME: BRIAN CONNOLLY, ARCHITECT
TELEPHONE: 704.euc.1791
EMAIL: brianclitzendesign@gmail.com

GENERAL NOTES:

1. VERIFY EXISTING UNDERGROUND UTILITY LOCATIONS BEFORE COMMENCING EXCAVATION.
2. CONTRACTOR SHALL FIELD VERIFY ALL DIMENSIONS. DISCREPANCIES BETWEEN FIELD DIMENSIONS AND OR CONTRACT DOCUMENTS SHALL BE BROUGHT TO THE ATTENTION OF THE ARCHITECT FOR CLARIFICATION BEFORE COMMENCING WORK.
3. ALTERATIONS, CHANGES OR SUBSTITUTIONS TO THE CONTRACT DOCUMENTS PERFORMED WITHOUT THE OWNERS WRITTEN APPROVAL SHALL BE CORRECTED AT THE CONTRACTORS EXPENSE.
4. CONSTRUCTION MEANS AND METHODS ARE THE SOLE RESPONSIBILITY OF THE CONTRACTOR. NO DIRECTION IS GIVEN OR IMPLIED BY THE DESIGN PROFESSIONAL TO REVIEW SUPERVISE OR APPROVE CONSTRUCTION MEANS AND METHODS.
5. ALL WORK EXPOSED TO THE ELEMENTS OR IN CONTACT WITH CONCRETE AND OR MASONRY SHALL BE PRESSURE TREATED SOUTHERN YELLOW PINE No. 1 OR BETTER.
6. ALL WOOD FRAMING LUMBER (RAFTERS, JOISTS, HEADERS AND COLUMNS) SHALL BE SOUTHERN YELLOW PINE (SYP) & UNLESS NOTED OTHERWISE.
7. ALL SCREWS BOLTS AND NAILS USED IN PRESSURE TREATED WOOD SHALL BE HOT-DIPPED ZINC-COATED OR UNCOATED STEEL, STAINLESS STEEL OR SILICON BRONZE. FASTENERS TO BE HOT-DIPPED GALVANIZED SHALL MEET THE REQUIREMENTS OF ASTM A 153, STANDARD SPECIFICATION FOR ZINC COATING

REVISIONS			
NO	DATE	BY	DESCRIPTION

04/30/14

Mecklenburg County Park and Recreation
Ramblewood Park
New Picnic Shelter
10200 NATIONS FORD ROAD, CHARLOTTE NC 28273

citizen design
Architecture • Planning • Style

DATE: 04/30/2014

NAME: COVER AND SITE PLAN

SHEET: A 0.0

Polaris 3G Map – Mecklenburg County, North Carolina

Date Printed: 12/8/2014 3:47:54 PM



This map or report is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map or report are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal

PUBLIC LIBRARY
BROOKLYN

MECKLENBURG COUNTY

Debit Total	900.00
Credit Total	900.00

JOURNAL VOUCHER # : JV PRK FIN015679

PREPARED BY: PUSHPA BHASKAR **Date:** 12/10/2014 **Phone:** 980-314-1023

APPROVED BY: LORRAINE BIAS **Phone:** 980-314-1022

LINE DESCRIPTION	FUND	DEPT	UNIT	ACTV	FUNC	DEPT OBJ	LOC	PROG	EXP OBJ	REV	BS ACCT	AMOUNT	DR CR	POSTING CODE
Permit fee for water supply- Clarks Creek Nature Preserve	9001	PRK	CCNP	8000	EE2173		8077		9108			450.00	DR	D014
Permit fee for water supply- Clarks Creek Nature Preserve	0001	HLT	3620	6038	SC4340					3122		450.00	CR	R003
Fund transfer	9001										1005	450.00	CR	A001
Fund transfer	0001										1005	450.00	DR	A001
										TOTAL:		1,800.00		

Document Description: Transfer permit fee to HLT department for municipal water supply - for Clarks Creek Nature Perserve

The funds are In Balance
The cash accounts are In Balance



5532 HUCKS RD

02716102

6/5/2007

duponbj

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

130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench depth indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench width indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench length indicated?	Yes ☑	No ☐	N/A ☐
130A-336(a)(1)	Proposed/existing well shown?	Yes ☑	No ☐	N/A ☑
130A-336(a)(1)	Property line lengths shown?	Yes ☐	No ☐	N/A ☐
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☑	No ☐	N/A ☐
	Operation Permit			
.1937(i)	System type as described in table V(a) of rule .1961	Yes ☐	No ☐	N/A ☐
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☐	No ☐	N/A ☐

II. WASPS Review:

Construction authorization issued	Yes ☐	No ☐	N/A ☐
Installation approval issued	Yes ☐	No ☐	N/A ☐
Operation permit issued	Yes ☐	No ☐	N/A ☐
Other related documentation	Yes ☐	No ☐	N/A ☐

Items requiring correction/modification: _____

Comments:

_____

_____

_____

_____

_____

IA issued date: _____

OP issued date: _____

Review performed by: JM Date performed: _____

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 5747A WASPS App #: 7318

Primary ES assigned to project: Jacob Presley

Secondary ES assigned to project: _____

Project Type: New System ☑ Alteration ☐ Repair ☐ Modified Plot Plan ☐

I. File Review:

Rule or Law	Permit Application			
.1937(d)	Is the Application complete	Yes ☑	No ☐	N/A ☐
.1937(d)	Is there a Site plan/Plat with application	Yes ☑	No ☐	N/A ☐
.1937(d)	Is the Facility shown?	Yes ☑	No ☐	N/A ☐
.1937(d)	Are appurtenances shown	Yes ☑	No ☐	N/A ☐
	Site Evaluation Information			
.1939 (a)(1)	Topography and Landscape Position Recorded?	Yes ☑	No ☐	N/A ☐
.1940 (a-g)	Slope % Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Texture Class Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Structure type Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Consistence Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Mineralogy Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(3)	Soil Wetness Condition Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered	Yes ☑	No ☐	N/A ☐
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Yes ☑	No ☐	N/A ☐
.1939 (a)(6)	Sufficient Available Space Recorded?	Yes ☑	No ☐	N/A ☐
.1937(m)	Are the Profile Locations Shown?			
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes ☑	No ☐	N/A ☐
& .1945(b)	Number of auger borings made: 3			
	Were sufficient auger borings made?	Yes ☑	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR 0.2	Yes ☑	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☑	No ☐	N/A ☐
.1945(b)	Proposed System Type stated-Repair	Yes ☑	No ☐	N/A ☐
130A-336 (a)(3)	System location identifiable by setbacks - Initial	Yes ☑	No ☐	N/A ☐
.1937(g) .1945(b)	System components shown – Initial	Yes ☑	No ☐	N/A ☐
.1945(b)	Repair area shown	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is System design consistent with soil/site conditions?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is the System located in the approved area?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☑	No ☐	N/A ☐

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

Property ID: 027-161-03
Lot #: NA
File #: 5747A
AppID: 7318

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Property Owner: Mecklenburg County
Address: 5841 Brookshire Blvd, Charlotte, NC 28216
Proposed Facility: Nature Preserve Park Restroom (18 Parking Spaces) Design Flow (.1949): 100 GPD
Location: 5542 Hucks Rd, Charlotte, NC 28269
Water Supply: [ ] Public [ ] Individual [ ] Well [ ] Spring [X] Municipal
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

Applicant: owner
Date Evaluated: 3/10/15
Property Size: 67.78 ac
Property Recorded: 11/6/01

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	General Comments	Profile Class & LTAR	Maximum Trench Bottom Depth for 3' Wide Conventional Trench
Boring #1	LS 5%	0 - 9	wfsbk CL	SS SP FR SEXP	>50"	50	NA	NA	lithochromic mottles 36 - 50"	**PS IV 0.25**	**36"**
		9 - 44	mfsbk C	S P FI SEXP							
		44 - 50	mfsbk CL	SS SP FR SEXP							
Boring #2	LS 5%	0 - 10	wfsbk CL	SS SP FR SEXP	>50"	50	NA	NA		**PS IV 0.25**	**36"**
		10 - 50	mfsbk C	S P FI SEXP							
Boring #3	LS 5%	0 - 7	wfsbk CL	SS SP FR SEXP	>50"	50	NA	NA	brown mottles 24 - 42"	**PS IV 0.2**	**36"**
		7 - 50	mfsbk C	S P FR SEXP							

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	lia	lia
Site LTAR (gpd/sq ft)	0.2	0.2

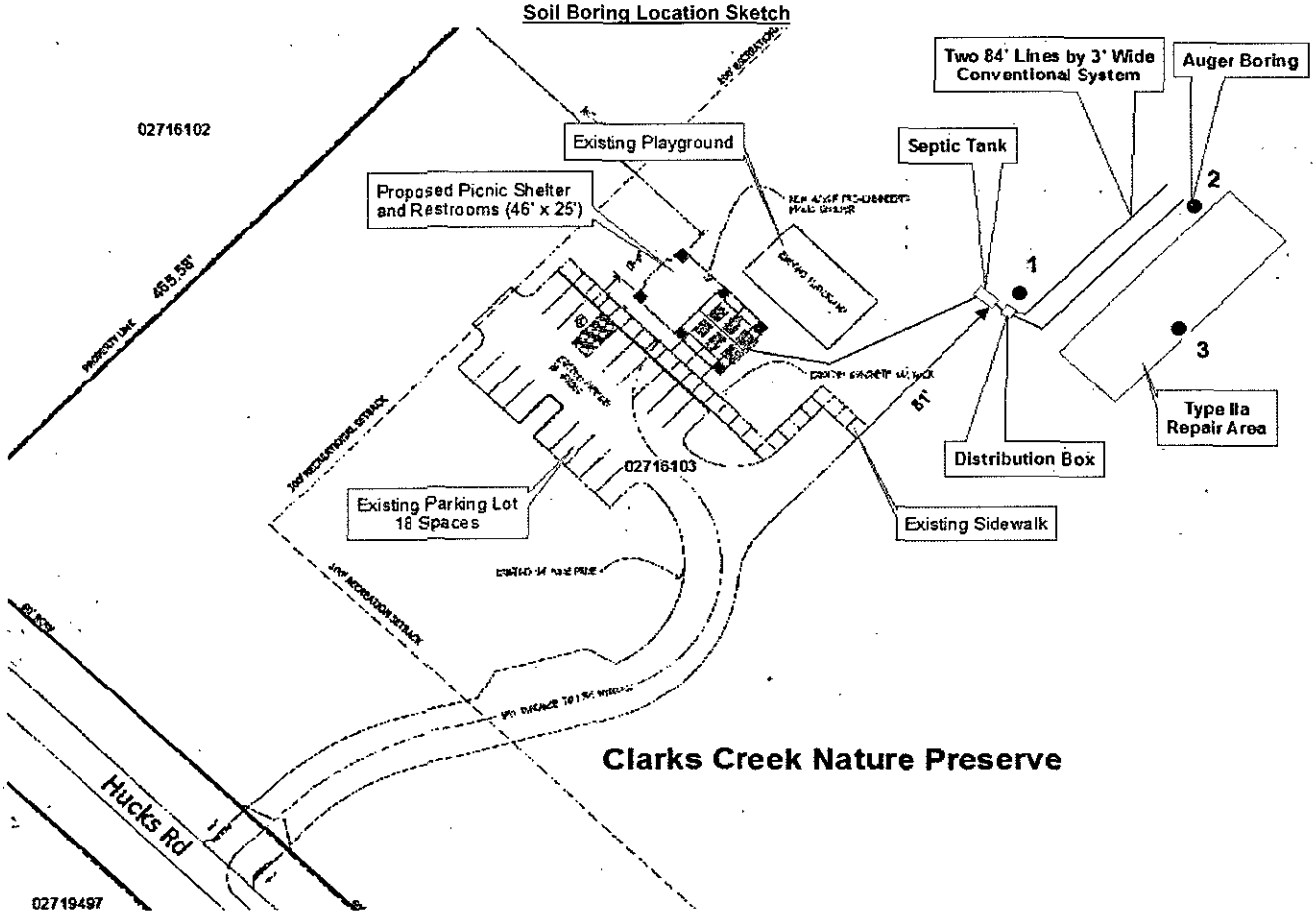
Other Factors (.1946): NA
Soil Evaluation By: Jacob Presley, REHS, LSS
Others Present:
Site Classification (.1948): Provisionally Suitable
Site Evaluation By: Jacob Presley, REHS, LSS
Others Present:

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		mass-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		CL-Clay Loam		Sap-Saprolite
FP-Flood Plain		SCL-Sandy Clay Loam		**Structure Prefixes**
D-Drainage Way		SiL-Silt Loam		w-weak
				m-moderate
				s-strong
				f-fine
	IV	SC-Sandy Clay	0.4 - 0.1	m-medium
		SiC-Silty Clay		c-coarse
		C-Clay		

Consistence	Consistence	Mineralogy
Moist	**Wet**	SEXP-Slightly Expansive
VFR-Very Friable	SS-Slightly Sticky	EXP-Expansive
FR-Friable	S-Sticky	
FI-Firm	VS-Very Sticky	**Classification**
VFI-Very Firm	NP-Non-Plastic	US-Unsuitable
EFI-Extremely Firm	SP-Slightly Plastic	PS-Provisionally Suitable
	P-Plastic	S-Suitable
	VP-Very Plastic	NA-Not Applicable

Soil Boring Location Sketch



CERTIFICATE OF COMPLETION/OPERATION PERMIT

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5747 A DATE: 7/21/89

TC: 02716103 PO ☐ L ☑ CRT

SERIAL № 12063

Name of Owner James V. Davis Juris.:

Address of Property 5532 Hucks Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 200'

Number of Lines 3 @ 67'

Cover Depth 8"

Water Supply Source Well

Distance to Water Source >50

Excavation Inspected 7/21/89

Tank(s) Inspected 7/21/89

Wash Line Inspected NA

High Water Alarm Inspected NA

PLOT

Design: 1989, 1000 ST, CON, 600 SF, T, 12"G Cecil CTR# Homeowner James Davis

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: System design for dairy barn, 1 bathroom

Philo S. Walker
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

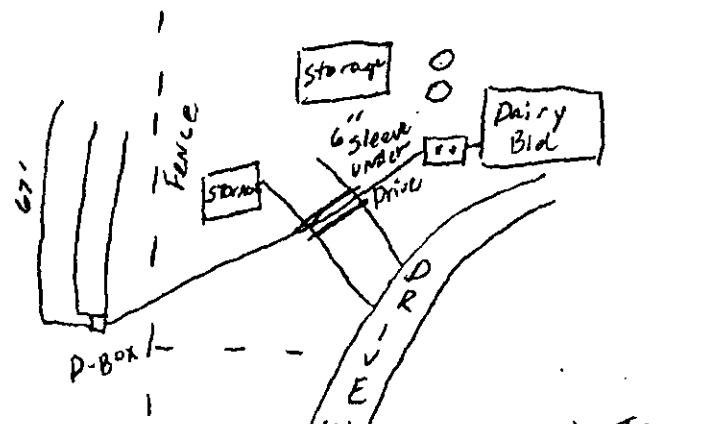
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5747A DATE: 7/5/89

TC: 02716103 PO ☒ L

SERIAL Nº 12785

Permission is hereby given to ✓ (Install) or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated ~~7/5/89~~ 6/14/89. All work shall be completed on or before 8/5/89, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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 Department of Environmental Health 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 1,000 gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 200' feet

Number of Lines 3

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well >50 feet

NAME OF OWNER James V. Davis

LOCATION OF PROPERTY 5532 Hucks Rd, Char NC

Comments: 3 lines x 67' x 3' System will be used for milking barn

Division or Section Head

Philo S. Walker
Environmentalist

If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

150.00

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 5747A
TC: _____
SERIAL: № 18651
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 5532 (STREET NO.) Hucks Rd. (STREET) Charlotte, NC ② FILE: 5747A
③ JURISDICTION: _____ ④ TAX PARCEL NO.: PO 02716103
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: James (FIRST) Utley (MIDDLE) Davis (LAST)
⑨ MAILING ADDRESS: 5532 Hucks Rd. Charlotte, NC 28213
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28213
⑬ PHONE: (WORK) 596-1209 ⑭ (HOME) same

REQUEST

This request is for a(n):

⑮ ☑ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☑ Other (specify) Dairy Barn

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home
㉑ ☑ Business or place of public assembly
㉒ Number of bedrooms? _____
㉕ Type? Dairy Barn
㉓ Maximum occupancy? _____
㉖ Maximum number of employees? 2
㉔ Basement? ☐ yes ☐ no
㉗ Maximum number of seats? 1

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☑ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, 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 on the property for the purpose of processing this request.

Signed: James Utley Davis
Date: 6-14-89

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Use Existing System

Judy Main R.S. 6/19/89
Environmentalist Date

Philip A. Walker 7/21/89
Director or Authorized Section Head Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

DATE: 6/14/89

NAME/COMPANY: Jones Davis

Sanitation _____

Vector Control _____

OPWD ✓

SERVICE: UMP - New
5747A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

JUN 14 1989

Cash 37.50
TP 150.00

FEE: 150.00

Completed By

Collected By

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

DATE 6/14/89

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE 5747A JURISDICTION CODE Mock

PARCEL NUMBER 027-161-03 pa

ASSIGNED ADDRESS 5542 Hucks 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 - for Drain

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 DRIVEWAY(S).

SIGNED:

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100

PROPOSED PLOT PLAN

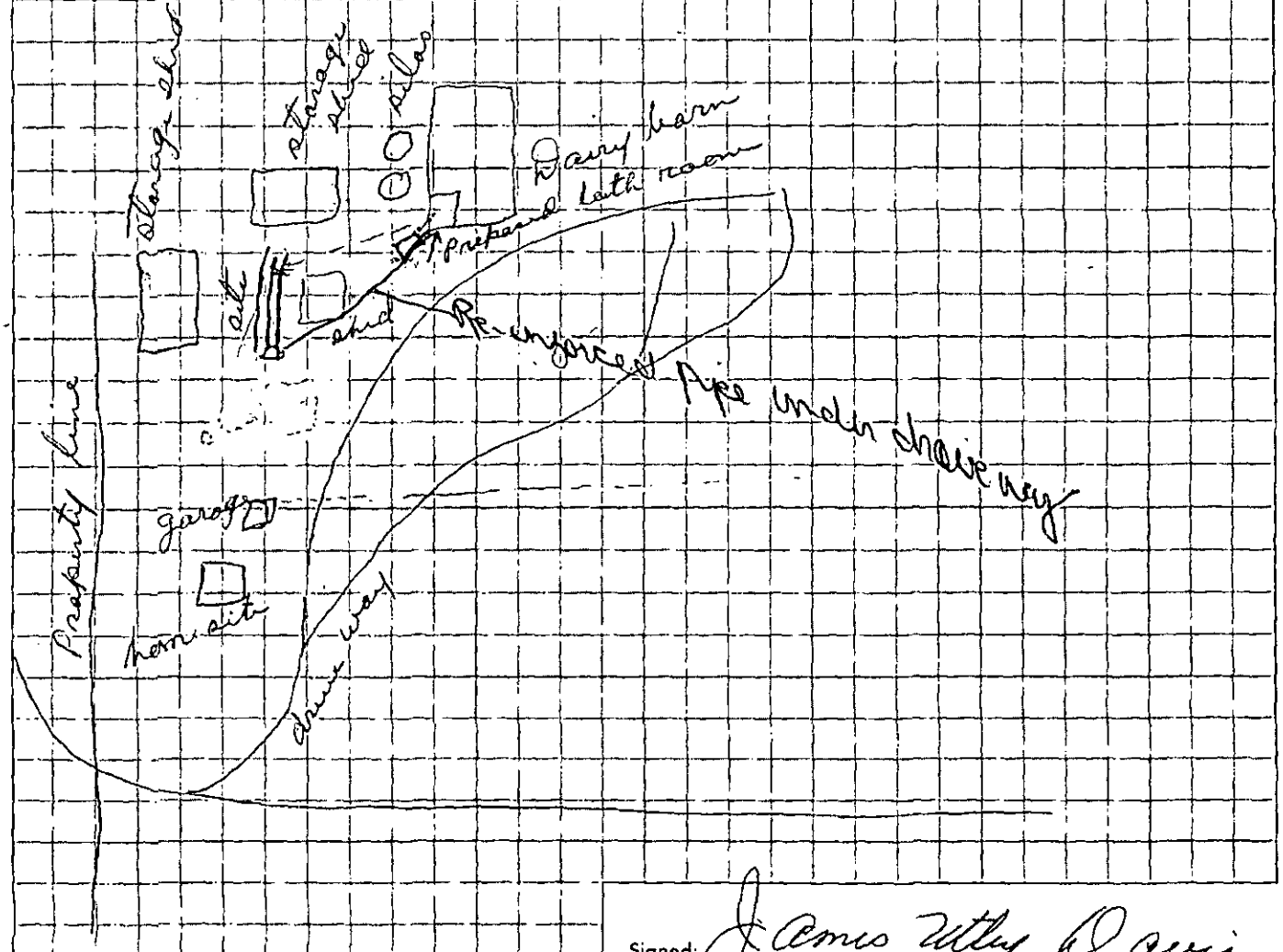
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5747A

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.

3 — 6.5' trenches = 195'
1000 gal. tank
James Y. Davis



Signed: James Tilley Davis

Date: 6-14-89

Mecklenburg County
Health Department

Basil G. Deita, M.D., M.P.H.
Health Director

June 7th. 1989

James Utley Davis
5532 Hucks Road
Charlotte, NC 28213

RE: Property located at Hucks Road
FILE: 5747A
PARCEL: 02716103 PO

Dear Sir:

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 property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the Site Evaluation Report (Serial Number 16168) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, 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. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Jim Ericson, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 16168

File: 5747A Action

Parcel: 02716103 PO ☐ PC

Location: Hucks Road

Subdivision:

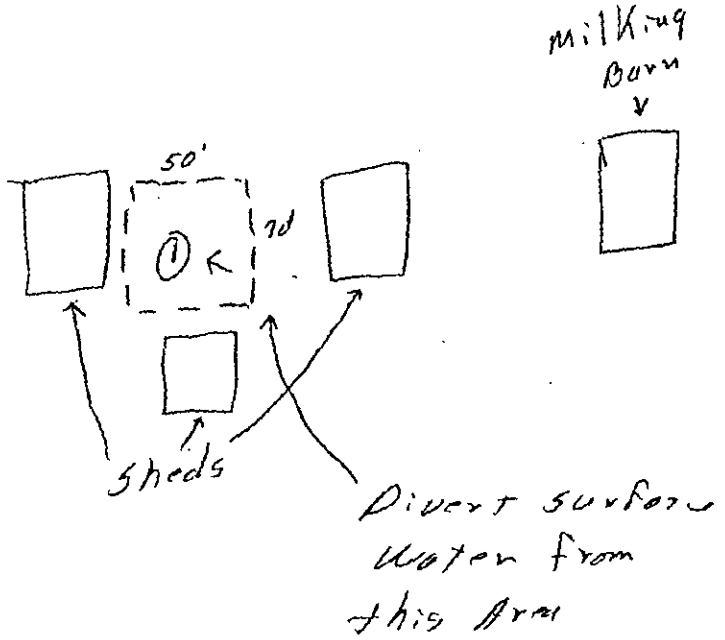
Lot: Block: Acres: Approx .08

Owner: James Utley Davis
Address: 5532 Hucks Road
Charlotte, NC 28213

Comments: Surface water must be diverted away from drainfield area.

Described by: William R. Mauli

Date: 6-7-89



***** 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 2-8%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" to water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36-42"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	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	IVA Cecil-Lilla					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
MAY 10 1989
ENVIRONMENTAL HEALTH
DIVISION

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

(OFFICE USE ONLY)

FILE: 5747A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 5532 Hucks Rd.

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 027 PAGE NO.: 161 PARCEL NO.: 03

⑥ DEED REFERENCE: BOOK NO.: ~~857~~ 4108180 PAGE NO.: 161 Lot 03

OWNER

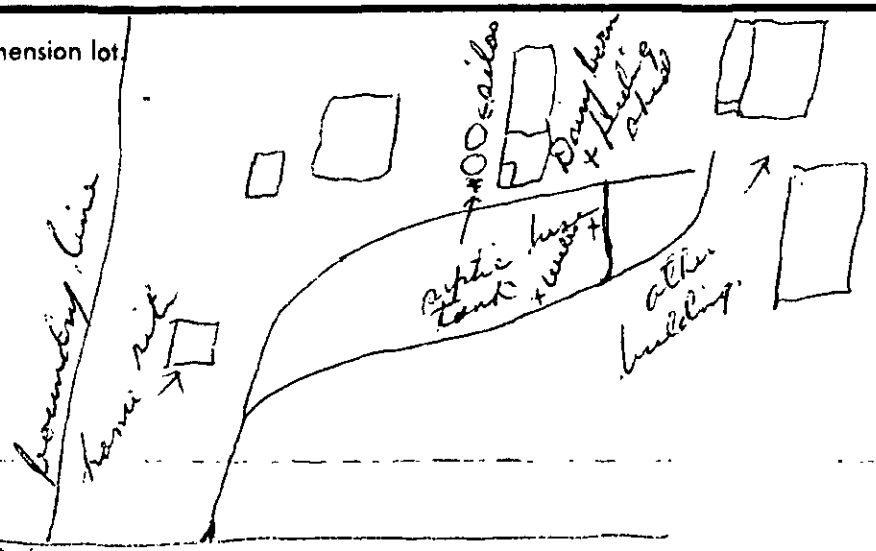
⑦ NAME: ~~Davis~~ James Utley Davis
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 5532 Hucks Rd

⑨ CITY: Charlotte ⑩ STATE: N C ⑪ ZIP: 28213

⑫ PHONE: (WORK) 596-1209 (HOME) 704-596-1209

⑬ Accurately diagram and dimension lot.



we are having to put bathroom in dairy barn

⑭ The undersigned, 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: James U Davis

Date: 5-9-89

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

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 5/16/89

Name/Company James H. Davis

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil test
#5747A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

MAY 16 1989

CR# 3916
11:20 AM

Fee: $ 30—

O R Richard
Completed by

Collected by