

11418 MCCOY RD

01527107

8/19/08

marliwr

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

N.C. Department of Environment and Natural Resources
Division of Environmental Health

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County **Health Department**	Little Residence **Name of Establishment**	18779 **Permit/Project No.**
11418 McCoy Rd., Huntersville, NC 28078 **Location**	4-Bedroom House **Type of Establishment**	480 GPD **Design Flow**
Ralph E. Little **Owner/Agent**	11418 McCoy Rd. **Address**	Unknown **Phone**
N/A **Operator**	N/A **Address**	N/A **Phone**
IIIb **System Type**	04/02/2007 **Date of Inspection**	March 2012 **Next Inspection Due**

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☒	☐	☐	
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☒	☐	☐	
b. Tanks and access manholes structurally sound, watertight?	☒	☐	☐	
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	3.c. Sanitary tee not inspected.
d. Tanks pumped, cleaned out as needed?.....	☒	☐	☐	
4. RAW SEWAGE LIFT STATION (if present):				
a. Required pumps present, operating, and cycling properly	☐	☐	☒	
b. High-water alarm present and operating properly?	☐	☐	☒	
c. Floats/pipe/valves/disconnects in good condition?	☐	☐	☒	
5. EFFLUENT DOSING SYSTEM:				
a. Effluent appears clear, free of excess solids?	☒	☐	☐	5.a. Measured < 4" of soilds in the pump tank.
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☒	☐	☐	
b. High-water alarm present and operating properly?	☒	☐	☐	5.A.c. Adjusted pump float.
c. Floats/pipe/valves/disconnects in good working condition?	☒	☐	☐	
d. Control panel enclosure/components in good condition?	☒	☐	☐	
e. Elapsed time readings: _____ _____ _____ _____				
B. SIPHON SYSTEMS:				
a. No evidence of overflow or siphon leakage?	☐	☐	☒	
b. Siphon(s) appear to be working/alternating properly?	☐	☐	☒	
c. Bells and vents free of debris and in good condition?	☐	☐	☒	

	Yes	No	N/A	Comments:
6. GROUND ABSORPTION FIELDS:				
a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐	
b. Minimal ponding in subsurface trenches?	☒	☐	☐	
c. Surface water being effectively diverted away?	☒	☐	☐	
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐	
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐	
f. Protected from traffic, destructive uses?	☒	☐	☐	
g. Distribution devices in good condition, working properly?	☒	☐	☐	
h. Repair area properly reserved, maintained?	☒	☐	☐	
A. LOW PRESSURE PIPE DRAIN FIELDS:				
a. Turnups/cleanouts/valves intact and accessible?	☐	☐	☒	
b. No effluent standing in lower laterals?	☐	☐	☒	
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒	
d. Pressure head is properly adjusted?	☐	☐	☒	

OVERALL CONDITION AND OPERATION OF SYSTEM:

1. No problems detected with system operation at the time of inspection.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

None

***REPAIR WITHIN N/A DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

*The MCHD recommends having the tanks (septic & dosing) pumped out every 3 to 5 years to remove excess solids.

*Please visit http://groundwater.charmeck.org for additional information.

1. Replace fernco coupling on supply line with a schedule 40 PVC coupling.
2. Repair leak at union in pump tank (check o-ring).

*** Hand/Off/Auto switch in control panel not operational in manual mode.

DATE: 04/02/2007

SIGNED: _____, R.S. AGENT
Division of Environmental Health

Printed Name: Trevor Thomason
Phone #: 704-336-5568

MECKLENBURG COUNTY
Health Department

December 16, 2002

Ralph E. Little
P.O. Box 3
Huntersville, NC 28078

Dear Mr. Little:

The State required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence located at 11418 McCoy Rd., Huntersville, North Carolina, was completed on 12/13/02. The results of this inspection are enclosed.

Thank you for your time and cooperation. If you have any further questions you can contact me at (704) 336-5571.

Sincerely,

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

Enclosure: Inspection Report
Septic System Owner's Guide

N. C. Department of Environment and Natural Resources
Division of Environmental Health

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

MECKLENBURG COUNTY — 18779
Health Department — Permit/Project No.

11418 McCoy Rd. — RESIDENCE — 480 GPD
Location — Type of Establishment — Design Flow

RALPH E. LITTLE — P.O. Box 3 HUNTERSVILLE, NC 28078
Owner/Agent — Address — Phone

N/A
Operator — Address — Phone

Remarks III b

	Yes	No	REMARKS
1. ESTABLISHMENT:			
Type, size, and sewage flow in accordance with permit?	☑	☐	
2. COLLECTION SYSTEM:			
No evidence of leaks into or out from sewer lines/manholes?	☐	☐	
Free of blockages/solids buildup in lines or manholes?	☐	☐	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):			
Tank risers accessible and surface water diverted?	☑	☐	REPLACE RISER LID BOLTS THAT HAVE RUSTED WITH STAINLESS STEEL BOLTS.
Tanks and access manholes structurally sound, watertight?	☐	☑	
Sanitary tee(s) in good working condition?	☐	☐	
Tanks pumped, cleaned out as needed?	☐	☑	WE RECOMMEND HAVING TANKS PUMPED OUT EVERY 3-5 YRS.
4. RAW SEWAGE LIFT STATION (if present):			
Required pumps present, operating, and cycling properly?	☐	☐	
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☐	☑	
PUMP SYSTEMS:			
Required pumps present, operating, and cycling properly?	☑	☐	
High-water alarm present and operating properly?	☑	☐	
Floats/pipe/valves/disconnects in good working condition?	☑	☐	
Control panel enclosure/components in good condition?	☑	☐	
Elapsed time readings: _____ _____ _____			
SIPHON SYSTEMS:			
No evidence of overflow or siphon leakage?	☐	☐	
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	
6. GROUND ABSORPTION FIELDS:			
No evidence of effluent surfacing/reaching surface waters?	☑	☐	
Minimal ponding in subsurface trenches?	☑	☐	DRAINFIELD AREA OVERGROWN WITH VEGETATION. THIS AREA SHOULD BE CLEARED & RE-PLANTED WITH GRASS.
Surface water being effectively diverted away?	☐	☑	
Diversions/ditches/swales/tile drains properly maintained?	☑	☐	
Line cover/vegetation adequate/maintained as needed?	☐	☑	
Protected from traffic, destructive uses?	☑	☐	
Distribution devices in good condition, working properly?	☑	☐	
Repair area properly reserved, maintained?	☑	☐	
LOW-PRESSURE PIPE DRAIN FIELDS:			
Turnups/cleanouts/valves intact and accessible?	☐	☐	
No effluent standing in lower laterals?	☐	☐	N/A
Laterals free of excess solids, cleaned out as needed?	☐	☐	
Pressure head is properly adjusted?	☐	☐	

OVERALL CONDITION AND OPERATION OF SYSTEM: VEGETATION COVERING DRAINFIELD IS TOO THICK TO DETERMINE IF EFFLUENT IS SURFACING.

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)

DATE: 12/13/02 SIGNED: _____ AGENT

Division of Environmental Health

DENR 3702 (Revised 3/98)
On-Site Wastewater Section (Review 12/98)

– over –

SUMMARY OF IMPROVEMENTS NEEDED (cont.)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

This is to notify you of intent to suspend/revoke your operation permit/certificate of completion 60 days from this date for the following
(circle one) *(circle one)*

violations: _____
[Law or Rule(s)]

If suspended, the operation permit/certificate of completion remains suspended until violations are corrected. A hearing will be held prior to suspension or revocation if you file a petition for a hearing with the Office of Administrative Hearings, P. O. Drawer 27447, Raleigh, NC 27611-7447, in writing within the number of days specified above of your intent to attend the hearing. If you do not petition the Office of Administrative Hearings, the operation permit or certificate of completion will be suspended or revoked.

IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

This is to notify you of immediate suspension/revocation of your operation permit/certificate of completion for the following violations:
(circle one) *(circle one)*

_____
[Law or Rule(s)]

If suspended, the permit or certificate remains suspended until the violations are corrected. You will be notified of the day and location of a hearing on this suspension or revocation by a hearing officer from the Office of Administrative Hearings.

This the _____ day of _____, 19 _____.

_____ Agent

DIVISION OF ENVIRONMENTAL HEALTH

INSTRUCTIONS

Purpose: Article 11 of Chapter 130A requires the Commission for Health Services to adopt rules governing the design, construction, and operation of on-site wastewater systems. 15A NCAC 18A .1937 specifies that the local health department shall determine whether systems with an Operation Permit are operating properly at a frequency specified in Rule .1961, Table V(a), and that systems which exceed 3,000 gallons per day and other systems which are required to be designed by a professional engineer shall be reinspected annually. This form is developed to be used in making inspections of engineered subsurface wastewater systems.

Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for:

1. Original to be left with the responsible person.
2. Copy for the local health department.
3. Copy for the On-Site Wastewater Section, Division of Environmental Health.

In the event the permit is suspended or revoked, complete the portion above.

Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the *Records Disposition Schedule* published by the N.C. Division of Archives and History.

Additional forms may be ordered from: On-Site Wastewater Section
Division of Environmental Health
P. O. Box 29594
Raleigh, NC 27626-0594
(Courier 52-01-00)

Mecklenburg County
Health Department

October 30, 2002

Ralph and Mary Little
P.O. Box 3
Huntersville, NC

Dear Mr. and Mrs. Little:

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 11418 McCoy Rd., Huntersville, NC 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 November 13, 2002 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

Ralph and Mary Little
P.O. Box 3
Huntersville, NC

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
Ralph and Mary Little	11418 McCoy Rd.	01527107	18779	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: 10/30/02

Payment Due Date: 11/13/02

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 18779 DATE: 4/1/97

TC: 015-222-19 ☑ L ~~CRT~~

SERIAL Nº 17085

Name of Owner Ralph E. Little Juris.:

Address of Property 11418 McCoy Road

Inspection Data:

Tank Material PCC

Total Length of Drainfield 532

Number of Lines 4 @ 133'

Cover Depth 12-20"

Water Supply Source municipal

Distance to Water Source 710'

Excavation Inspected 3-27

Tank(s) Inspected 3-27

Wash Line Inspected N/A

High Water Alarm Inspected 3-31

PLOT

Design 1997, 1500 ST, 1000 DT, PI, CON, 1596 SF, T, 12G, Cecil-like CTR# Cornelius 195

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☑ installed or constructed ☐ altered or repaired

☑ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☑ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of I5A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Type III b 4 bedrooms

(4) 3'W x 133'L x 12" stone

Larry B. Thompson Jr., 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

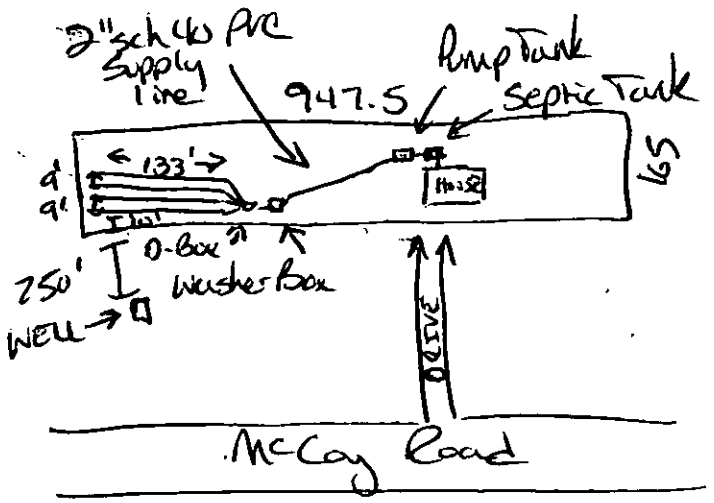
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 18779 DATE: 2-17-97

TC: 015-222-19 PO

SERIAL Nº 17058

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 5-5-93. All work shall be completed on or before 2-17-97, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Yes

Total Line Length 533 feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 7100 feet
not in yet

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

NAME OF OWNER Ralph E. Little

LOCATION OF PROPERTY 11418 McCoy Road

Comments: Type III b 4 bedroom house
(4) 3'w x 133'L x 12" stone x 24"d

Larry B. Thompson Jr. R.S.
Environmental Health Specialist

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

Mecklenburg County
Health Department

March 31, 1997

Ralph E. Little
P.O. Box 3
Huntersville, NC 28078

Re: 11418 McCoy Road
File: 18779
Parcel: 015-222-19

Dear Mr. Little:

At your request an inspection was made at the above referenced property to facilitate the issuance of an Operation Permit for the Sewage Treatment and Disposal system. During the inspection it was found that the following items did not meet the regulations set forth in the "Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A .1900;.1952 Septic Tank, Dosing, Dosing Tank and Lift Station Design." Our comments follow:

1) (6) Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (NEMA 4X or equivalent) adjacent to the pump tank, securely mounted at least 12 inches above the finished grade. The pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure through water proof, gasproof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seal, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.

2) (9) The pump tank shall have a properly functioning high-water alarm. The alarm circuit shall be supplied ahead of any pump overload and short circuit protective devices. The alarm shall be audible and visible by system users and weatherproof if installed outdoors in an enclosure (NEMA 4X or equivalent).

The above mentioned items must be installed and inspected prior to the Operation Permit being issued. The Operation Permit is required for the Certificate of Occupancy and the permanent electric hook-ups. Please schedule the inspections at least five (5) working days in advance to ensure no delays in the Operation Permit issuance.

Please call me at 336-5572 to discuss any question you may have concerning this matter.

Sincerely,

Larry B. Thompson, Jr., R.S.

Larry B. Thompson, Jr., R.S.
Individual Water and Wastewater Systems

LT:gc

PEOPLE • PRIDE • PROGRESS

Environmental Health Division

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

Mr. Little

Needs an OPZ

letter on file #
18779

11418 McCoy Road

Thanks

LT

LR40

$200.00 5/5/93 CK # 1122 CRT

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: Little (last) Ralph (first) E. (mi)
ADDRESS: P.O. Box 3 PHONE: (704) 875-1556
CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 015-222-14
STREET ADDRESS: 11418 McCoy Rd
ZONING:

PROPERTY OWNER:
NAME: Shankle (last) Edna (first) (mi)
ADDRESS: 11404 McCoy Rd. PHONE: (704) 875-2460
CITY: Huntersville STATE: N.C. ZIPCODE: 28078

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 19 LOT SIZE (in acres): 2.7 ±

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: 4 NUMBER OCCUPANTS: 7
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 [X] Workshop [] None
[] Garage [X] 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: Mrs Edna Shankle Date: 5-5-93

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.

...Dr Ft Pump Required

10/28/92 CSV Mary Little present
Area for proposed drainfield does not appear to be disturbed
Graded
- Per PC w/ Paul Bolick's Crescent Elec 892-0278 - powerline has 40' R/W (20' to each side) but O.K. to enter w/ Septic lines.
- Area will need to cut (weeds, etc) & shot w/ transit prior to install

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

Philip S. Walker R.S. 8/20/93
Environmentalist Date

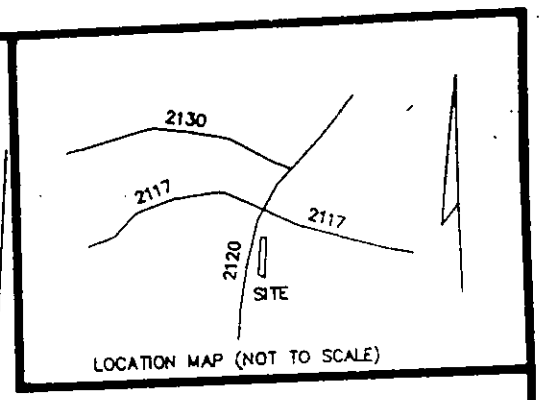
Judy Russell R.S. 8/23/93
Director or Authorized Section Head Date

WATER : 122791

File 18 779

CBS Surveying & Mapping Inc.

2518 E. CHEROKEE ST.
BLACKSBURG, S.C. 29702 (803) 936-7056 (803) 839-3060
P. O. BOX 18156
CHARLOTTE, N.C. 28218-0156 (704) 536-0320



LOCATION MAP (NOT TO SCALE)

1/2" REBAR(F)
S80°15'10"E
112.07'
1" I.PIPE(F)
97.22'
97.21'
S04°12'23"W
3/4" REBAR(F)
S80°21'10"E 114.14'
112.50'
1/2" REBAR(F)
1.64'

NAOMI H. TORRENCE
6341-477

JAMES HENDERSON
1159-239

D/R 3172-213

WM. E. CARR
3011-331

749.74'

LITTLE ROCK AME ZION CHURCH
3732-797

HURDLE WILSON
2165-21

607.47'

N05°25'53"E

850.50'

PEGGY M. McCOY
4310-411

ALBERTA ALEXANDER

D/R 3846-0782

DEED 3846-782

McCOY ROAD - SR 2120

N03°30'38"E
15.02'

0.3' MI TO SR 2117

PROP 15' ACCESS R/W

AREA =
2.38 AC.

S83°39'31"E 197.87'
30.00' 1/2" I.PIN(S) 167.87'
1/2" I.PIN(S)
15.00'
N83°39'31"W 197.36'
PT
30.05'
STONE(F)

S04°09'44"W

EDNA H. SHANKLE
1590-273

N03°30'38"E
22.21'

PROP 20' ACCESS R/W

N12°44'50"E 154.95'
134.09'

3/4" I.PIN(F)

N60°42'07"W 190.18'
20.86'

3/4" REBAR(F)

161.18'

N65°34'06"W

1" I.PIPE(F)

BOUNDARY SURVEY FOR:

RALPH E. LITTLE

LONG CREEK TOWNSHIP
MECKLENBURG COUNTY, N. C.
SEPTEMBER 28, 1993

NOTE: REVISED OCTOBER 13, 1993, TO CHANGE ACCESS RIGHT OF WAY.
REVISED OCTOBER 20, 1993, TO CHANGE ACCESS RIGHT OF WAY.
REVISED OCTOBER 25, 1993, TO CHANGE ACCESS RIGHT OF WAY.

NOTES:

(S) DENOTES OBJECT SET
(F) DENOTES OBJECT FOUND

PROPERTY SUBJECT TO ANY VALID AND ENFORCEABLE EASEMENTS, RESTRICTIONS AND RIGHTS OF WAY OF RECORD.

THIS IS AN EXISTING PARCEL OF LAND.

NORTH CAROLINA
"I HEREBY CERTIFY THAT THIS PLAT WAS DRAWN FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION; DEED DESCRIPTION RECORDED IN BOOK * , PAGE ; THAT THE BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FROM INFORMATION FOUND IN BOOK N/A , PAGE ; THAT THE RATIO OF PRECISION OF THE FIELD SURVEY IS 1: 10000+ , AS SHOWN AND THE AREA WAS DETERMINED BY COMPUTER. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS 25th DAY OF OCTOBER A.D. 1993

James W. Capps
REG. LAND SURVEYOR
L-3316
REGISTRATION NUMBER

* AS SHOWN

GRAPHIC SCALE

100 0 50 100 200 400

(IN FEET)

LL40

8779

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$200.00 5/5/93 CK # 1122 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

Date:

PERSON FILING APPLICATION:
NAME: Little (last) Ralph (first) E. (mi)
ADDRESS: P.O. Box 3 PHONE: (704) 875-1556
CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 015-222-14
STREET ADDRESS: 11418 McCoy Rd
ZONING:

PROPERTY OWNER:
NAME: Shankle (last) Edna (first) (mi)
ADDRESS: 11404 McCoy Rd. PHONE: (704) 875-2460
CITY: Huntersville STATE: N.C. ZIPCODE: 28078

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 19 LOT SIZE (in acres): 2.7 ±

TYPE APPLICATION (check one):
[✓] 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) [✓] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 7
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)
[✓] 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: Mrs Edna Shankle Date: 5-5-93

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.

...Lift Pump Required

10/28/96 OSV w/ Mary Little. Area for proposed drainfield per I.P. does not appear to be disturbed/graded jsh

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

Philip S. Walker R.S. 8/20/93
Environmentalist Date

Judy Kelli RS 8/23/93
Director or Authorized Section Head Date

Lyle S. Daniel

WWATER : 122791

PROPOSED PLOT PLAN

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

FILE: 18779

TC: 015-222-1900

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

1500 ST
1000 pump tank (Lift pump required)
6 lines x 90' long x 3' wd x 12" stone
535 T.L.F.

Repair Area
100% Area not required

Ralph E. Little
8-20-93

Keep lines on contour of land
Keep septic system > 50' from any well

McCoy property

Barkley Rd

6 lines x 90' long

Septic Tank

947.5

2.7 AC

Fill

House

165

Perk's

Edna Shankin

Henry Kerns Land

McCoy Rd

Presbyterian Church Land

Piedmont Natural Gas Land

APPROVAL DATE P/U appr 8/20/93

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19405 ~~440~~

File: 18719 Action 2

Parcel: PO 015-222-14 ☐ PC

Location: McCoy Road

Subdivision:

Lot: Block: Acres: Approx .25

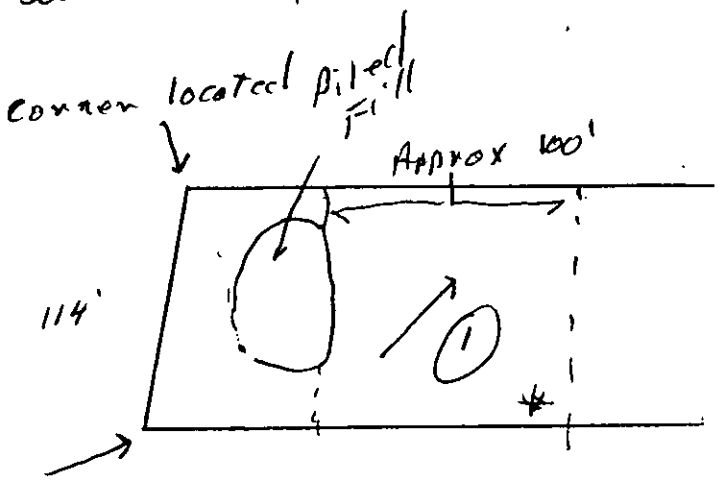
Owner: Edna Shamble
Address: 11404 McCoy Road
Huntersville, N.C. 28078

Comments: Isolated repair area not appear topsoil. 300 gal/ 624/day LTAR

Described by: William A. Mullis

Date: 7-2-93

* Some large subsurface rocks noted in this area



***** 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 to 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 sub-Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 10 >36" water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36"+ *	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) Restricted	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 Cecil/Lloyd					
Area Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12915

File: 18774 Action: 3

Parcel: Po 015-222-14 ☐ PC

Location: 11404 McCoy Road

Subdivision:

Lot: Block: Acres: .75

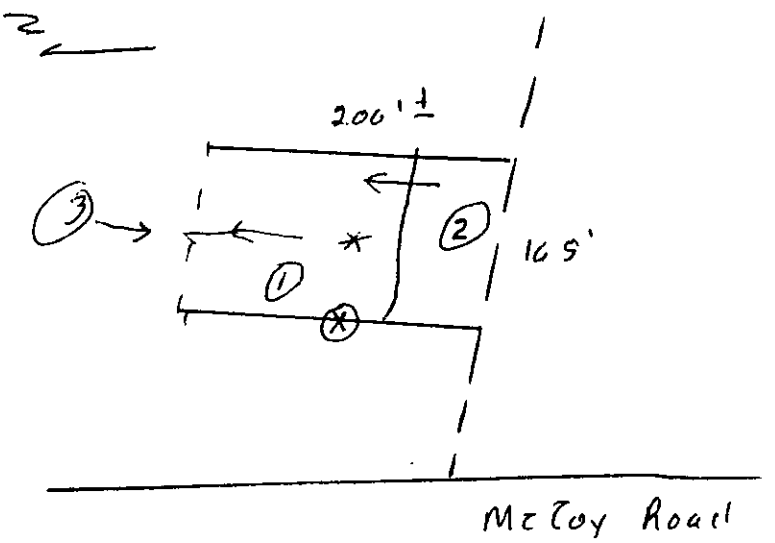
Owner: Edna Shemble
Address: 11404 McCoy Road
Huntersville, N.C. 28078

Comments: 100% Repair

Described by: William R. Marlin

Date: 12-3-92

* Flag
(X) Pole w/ Transformer



***** 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 2-6%	S PS (U) Ditch	S PS U	S PS U	S PS U
Texture	S PS (U) Expansive clay	S PS (U) Expansive clay	S PS U —	S PS U	S PS U	S PS U
Structure	S (PS) U Sub-Blky	S (PS) U Sub-Blky	S PS U —	S PS U	S PS U	S PS U
Drainage	S (PS) U 736" to water	S (PS) U 736" to water	S PS U —	S PS U	S PS U	S PS U
Depth	S PS (U) 24"	S PS (U) 18-24"	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 736"	S (PS) U 736"	S PS U —	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	S (PS) U limited	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	Mecklenburg Like	Enon-Like	Ditch			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U