

20915 BALLYCASTLE RD.

12/26/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 1609 B DATE: 9-18 97

TC: 001-391 06 CRT

SERIAL Nº 17083

Name of Owner BOBBY FAULK Juris.: _____

Address of Property 20915 BALLY CASTLE

Inspection Data:

Tank Material PLC

Total Length of Drainfield EXISTING

Number of Lines _____ @ _____

Cover Depth _____

Water Supply Source well

Distance to Water Source 50' +

Excavation Inspected 4-16 97

Tank(s) Inspected 4-16-97

Wash Line Inspected _____

High Water Alarm Inspected 4-16

PLOT

Design 1992 USE EXISTING DRAINFIELD INSTALLED NEW TANKS CTR# 1

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: _____

Environmental Health Specialist

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

FEE: 200.00
DATE: 10-15-96
cash #3,04

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

1 JCRT

TYPE APPLICATION: __ NEW SYSTEM √ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

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

FILE #: 1609

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 001 - 391 - 064

STREET ADDRESS: 20915 BALLYCASTLE RD

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 335 CRESCENT LAND + TIMBER MAP BOOK 17 PAGE 619

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: 2187

NUMBER OF BEDROOMS: 2 | NUMBER OF OCCUPANTS: 2

CLOSING DATE

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
__ CRAWL SPACE
X WITH BASEMENT /PLUMBING
X WITH BASEMENT /NO PLUMBING
UNHEATED

Janet Faulk (Mrs Bobby Faulk)
Cell - 516-2087
pager 518-6636

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

REMOVE EXISTING / CONSTRUCT NEW HOME

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
EXISTING WASTEWATER SYSTEMS X YES __ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES X NO
WELL, SPRINGS OR WATERLINES X YES __ NO
DESIGNATED WETLANDS __ YES X NO

PROPERTY OWNER:

NAME: FAULK (LAST) BOBBY (FIRST) (MI)

ADDRESS: 20915 BALLYCASTLE RD

CITY: CHARLOTTE STATE: NC ZIP: 28269

DAYTIME PHONE: ( ) - 663-2573

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: MCBRIDE (LAST) DOUGLAS (FIRST) E. (MI)

DAYTIME PHONE: 549 527-7059

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: Bobby R Faulk DATE: 10-15-96

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

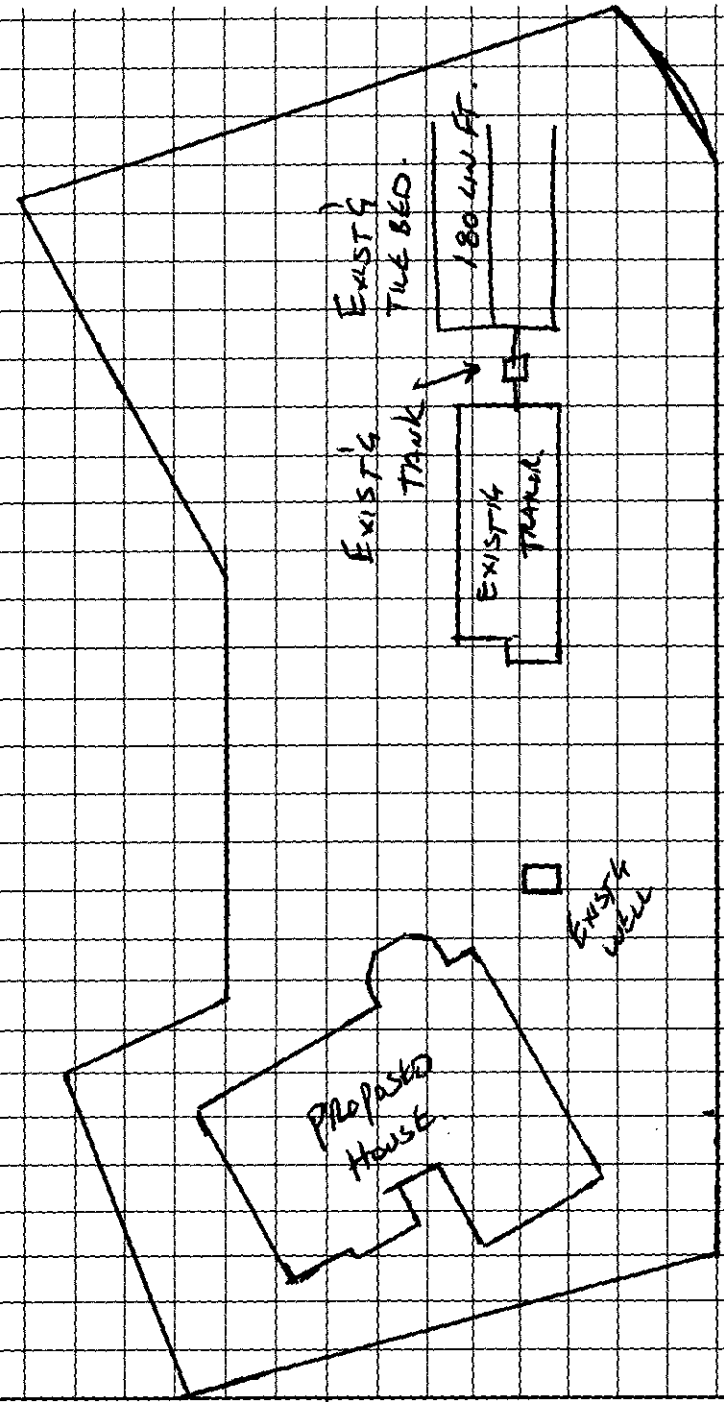
PROPOSED PLOT PLAN

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

FILE: 1609B

TC: 001-391-064

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

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

FEE: _____
DATE: _____

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

X

DATE: 11-1-96

PERMIT NO: _____
PARCEL NO: 001-391-64

JOB LOCATION ADDRESS: 20915 BALLY CATTLE
PROPERTY OWNER: BOBBY FAULK
BUILDING CONTRACTOR: D. McBRIDE
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: Kelly Ratliff DATE: 11-1-96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1609-B, 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: Use existing drain field install new 1500 gallon ST and 1000 gallon Dosing tank at house must be at least 25' from well with leak proof supply pipe

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.

X Doug McBride X Nov 1 1 96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number _____ Tax Number: _____

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

Basement	✓ Yes	___ 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	
NA Long-term acceptance rate	960 Max gallons/day wastewater flow	NA Absorption Area (sq ft)	NA Trench spacing (min. on centers)	
yes Serviced by private well	1500 Gallon septic tank	NA Total trench length (ft)	NA Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3 Bedrooms in residence	1000 Gallon pump tank	NA Depth of stone		
Any surface waters present:	Type: yes, Lake Norman	Minimum separation distance: 50'+		
Site modifications required:				
Additional Conditions: Use 1500 S.T. 1000 PT use existing drainfield must be at least 25' from well with leak proof supply line pipe.				
Repair Area System Type Type (circle one): I II (III) IV V VI NA	___ 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	
___ Absorption Area (Sq ft) ___ Total Trench Length (Ft)	___ Depth of Stone Trench	___ Trench spacing (min. on centers)	___ Maximum Trench Depth	
For existing system, enter the year originally installed:	Use and reserve as much repair area as possible			

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 Sewage, 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 Improvement permit is transferable.

DEHNR Authorized Agent _____ Date

Doug McBride.

X _____ Owner/Agent Signature

X Nov/1/96 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

FEE: 200.00
DATE: 10-15-96
CK# 3064

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

( ) CRT

TYPE APPLICATION: ___ NEW SYSTEM ✓ EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

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

FILE #: 1609P

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 001 - 391 - 064

STREET ADDRESS: 20915 BALLYCASTLE RD

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 335 CRESCENT LAND + TIMBER MAP Book 12 PAGE 619

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
X HOUSE (H)
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___ 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: 2187

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
___ CRAWL SPACE
X WITH BASEMENT /PLUMBING
X WITH BASEMENT /NO PLUMBING
UNHEATED

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:
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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)

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EXISTING WASTEWATER SYSTEMS X YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS ___ YES X NO
WELL, SPRINGS OR WATERLINES X YES ___ NO
DESIGNATED WETLANDS ___ YES X NO

PROPERTY OWNER:

NAME: FAULK (LAST) BOBBY (FIRST) (MI)

ADDRESS: 20915 BALLYCASTLE RD

CITY: CHARLOTTE STATE: NC ZIP: 28269

DAYTIME PHONE: ( ) —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: MCBRIDE (LAST) DOUGLAS (FIRST) E. (MI)

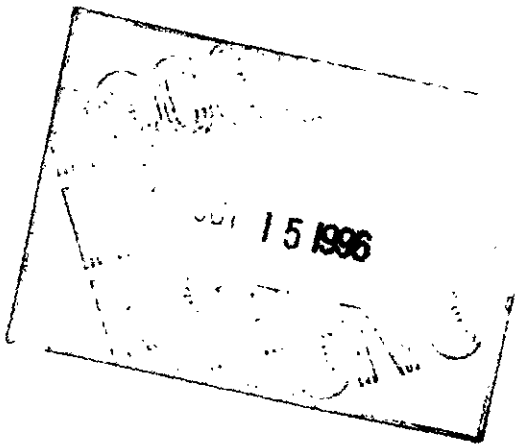
DAYTIME PHONE: 704 597-7059

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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SIGNED: Bobby Faulk DATE: 10-15-96

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


15 1996

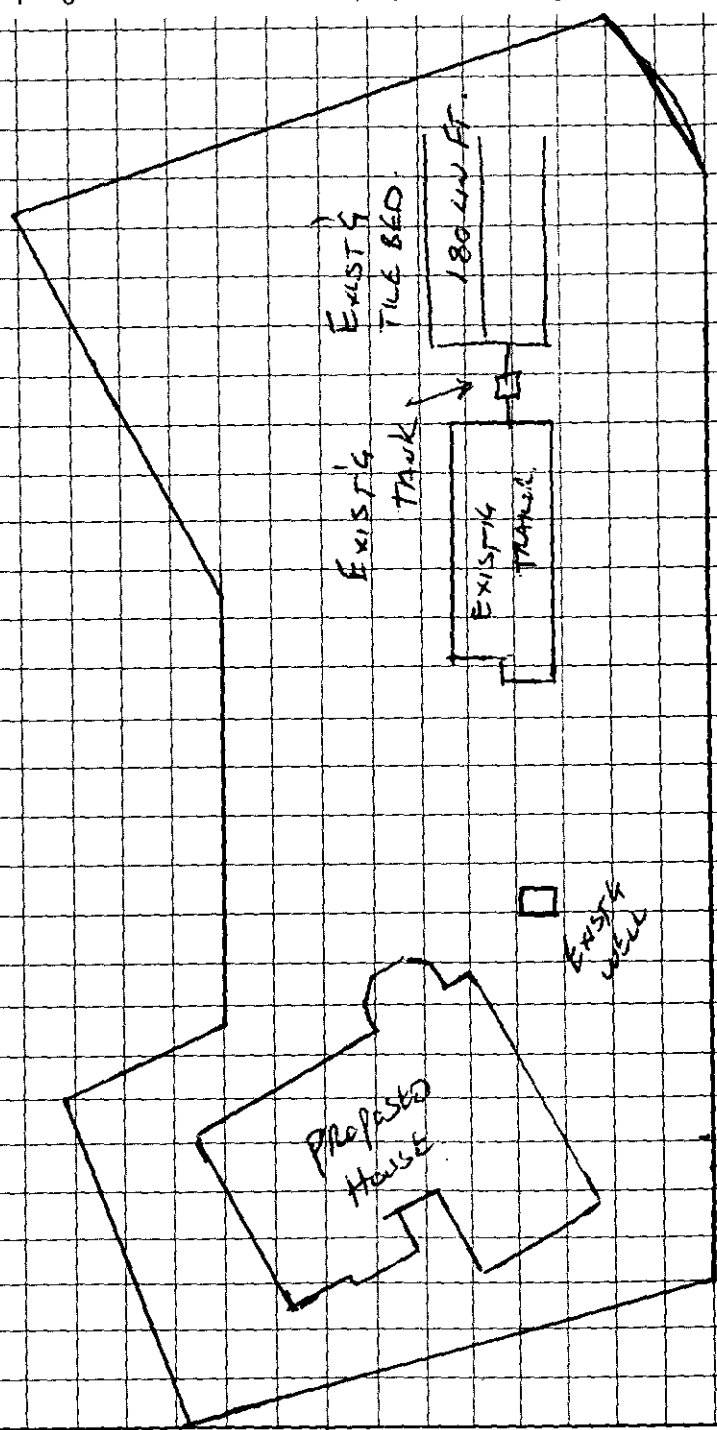
PROPOSED PLOT PLAN

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

FILE: 1609B

TC: 001-391-064

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.

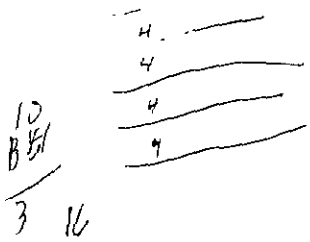


APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

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



C-40 File 1609B

2-46"
3-43"

TUSKAROORA TRAIL
SYLLABUS LN.
BALLYCASTLE RD.

VICINITY MAP
N.T.S.

SAM JAY HENNETT
6843-64

334

RAMP IN JOINT USE
CONC RAMP
STONE DR
140.55'
N 44° 30' E
EIR
L=41.08' R=70.42'
CHORD S 23° 40' 16" E 40.5'
POINT
CARPORT
FRAME BLDG
BLDG & CARPORT OVER LINE
POLE
POWER
S 79° 40' 42" E 74.00' TIE
EIR
POLE
STONE DR
ROAD (60')
N 38° 05' 13" W 55.52'
POINT
POLE
POWER
MOBILE HOME WITH ADDITION
STONE DRIVE 20.6'
CONC
POLE
POWER
321.60'
PIER
FLOAT NO 988
LAKE NORMAN
EXISTING 760 CONTOUR
N 11° 07' W 101.43'
PLAT 760 CONTOUR
WELL HOUSE
BLDG LINE
50'
POINT
BLDG OVER LINE
FRAME BLDG
S 07° 21' 00" E
BALLYCASTLE
EIR
N 52° 56' E 48.77'
11.34'
EIR
335
N 28° 43' W 141.8'
0.805 Ac.
337
30' BLDG LINE
20' RADIUS
POINT
MAP BOOK 17 PG 619
N 60° 45' 15" E 189.24 TIE
POLE
EIR S 60° 45' W 84.59'
EIR
STONE SURFACE
CHASESTONE LN. (60')

NORTH CAROLINA REGISTERED SEAL L-3446 LAND SURVEYOR ALFRED F. WILLIAMS

This survey is subject to any facts that may be disclosed by a full and accurate title search.

I, Alfred F. Williams Registered Land Surveyor certify that this map was drawn from an actual field survey performed under my direction and supervision. The ratio of precision is 1:10,000+ Witness my hand and seal this 19 day of Sept 1996

R.L.S.

Survey For
BOBBY G. FAULK
& JANET M. FAULK

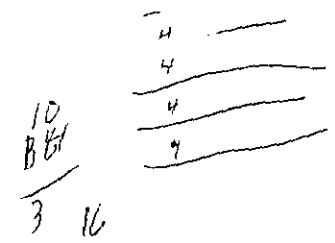
DATE: 9-19-96	REV:	DRAWN BY:
SCALE: 1"=40'	DEED: 6211-728	JOB# 960950

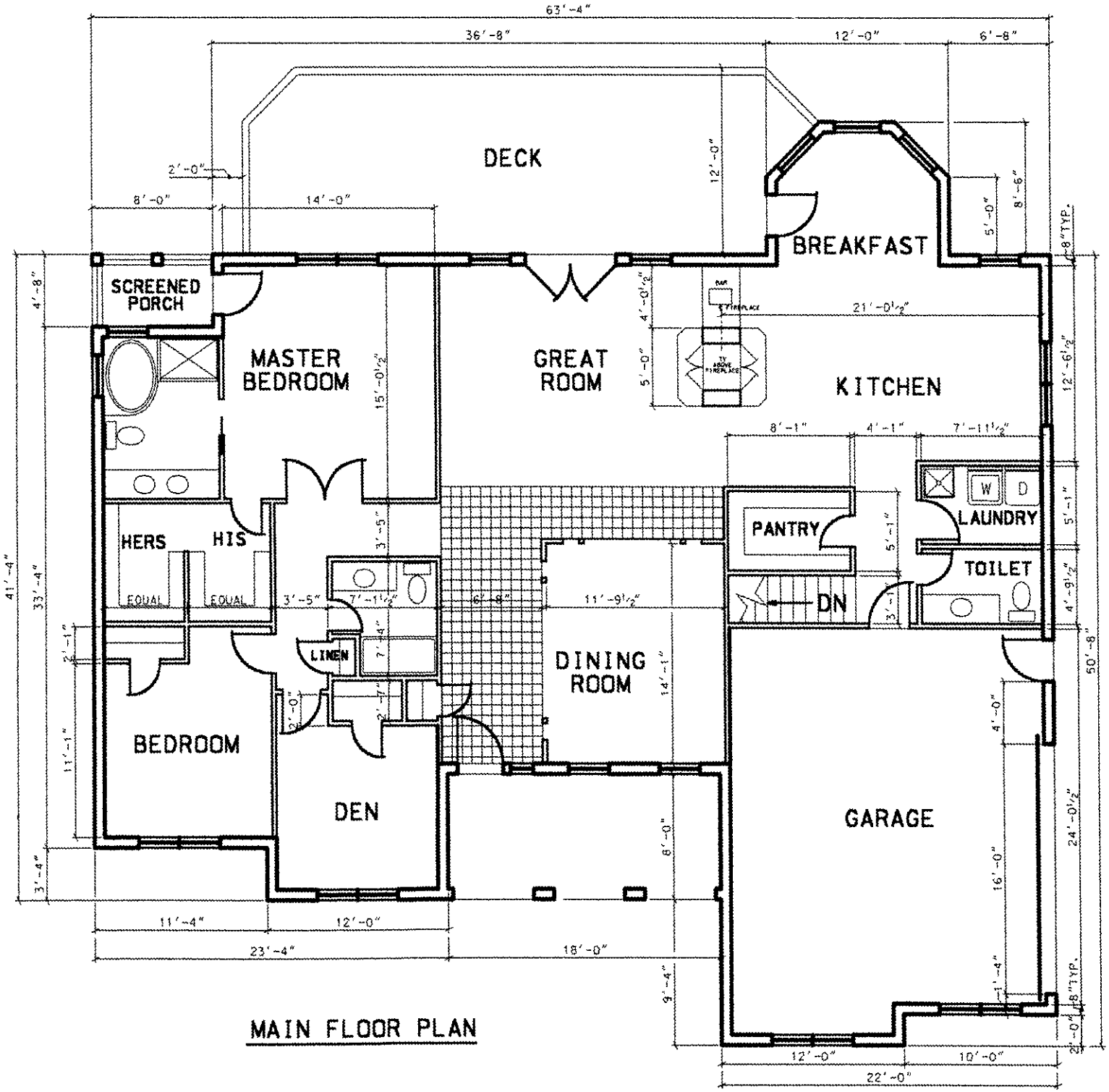
LOT 335, "CRESCENT LAND + TIMBER, REC. LOTS, SECT. 6" LEMLET TWP, MECKLENBURG CO., N.C. REC. M.C.R. MAP BOOK 17 PG. 619

GRIER SURVEYING 220 WATER STREET
STATESVILLE, NORTH CAROLINA 28677
704-873-6353 ALFRED F. WILLIAMS RLS

TAX PARCEL
001-391-064

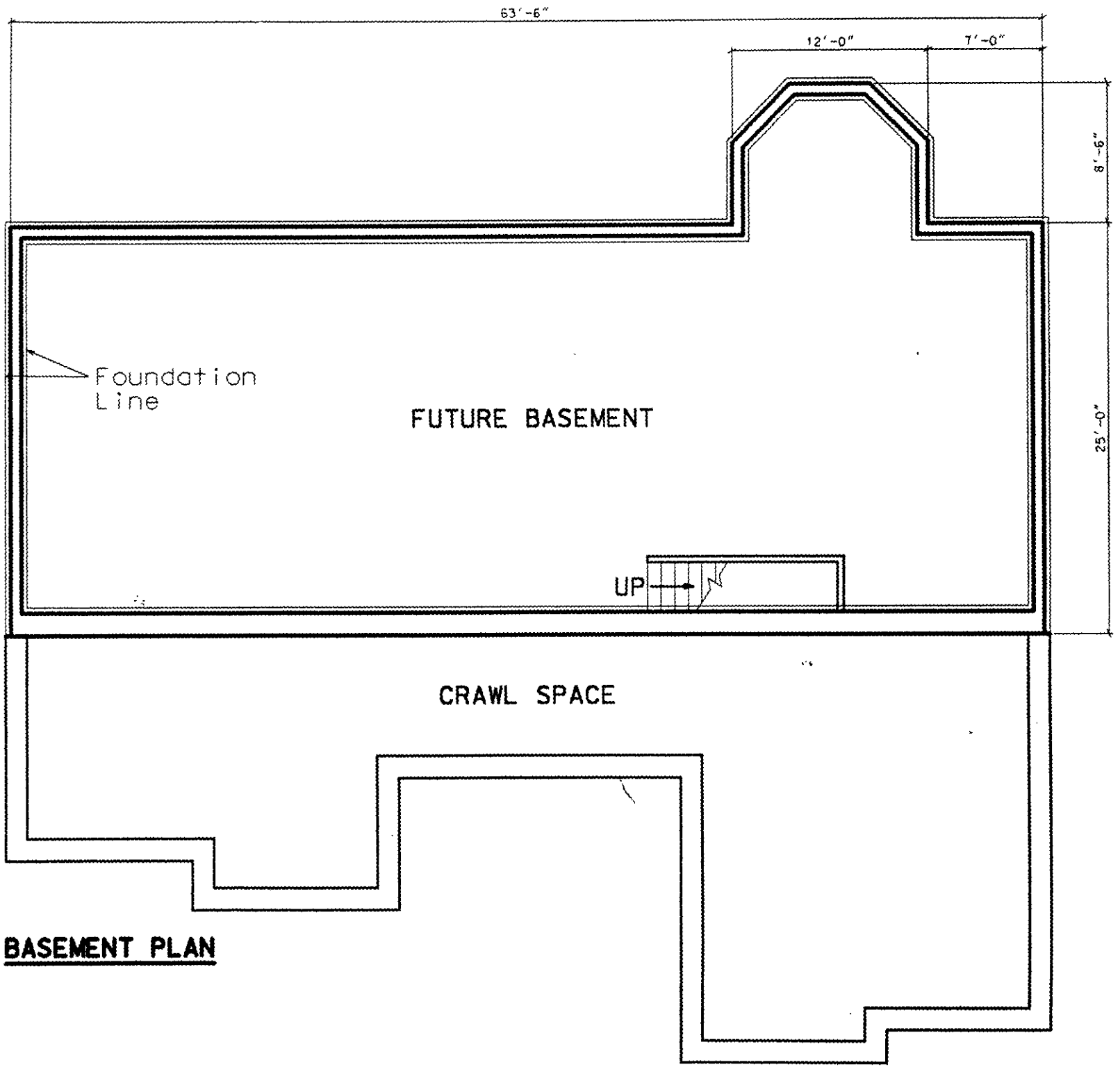
File 1609B





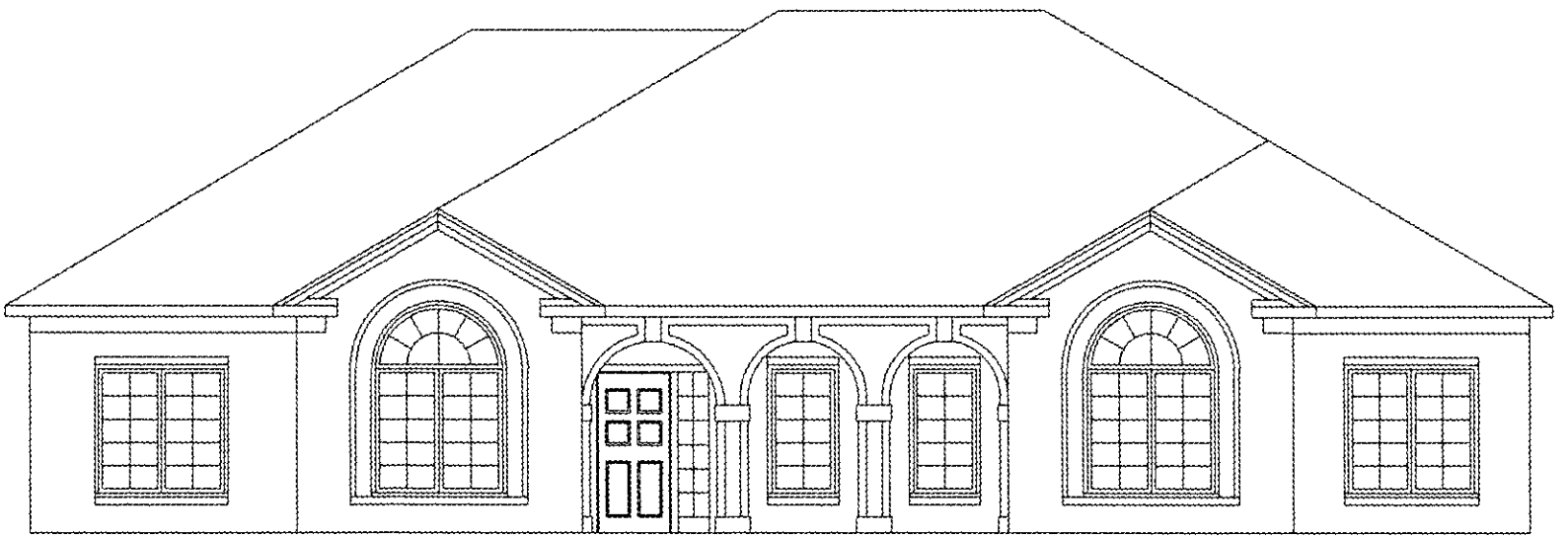
MAIN FLOOR PLAN

FHL 16098



BASEMENT PLAN

File 1609B



FRONT ELEVATION

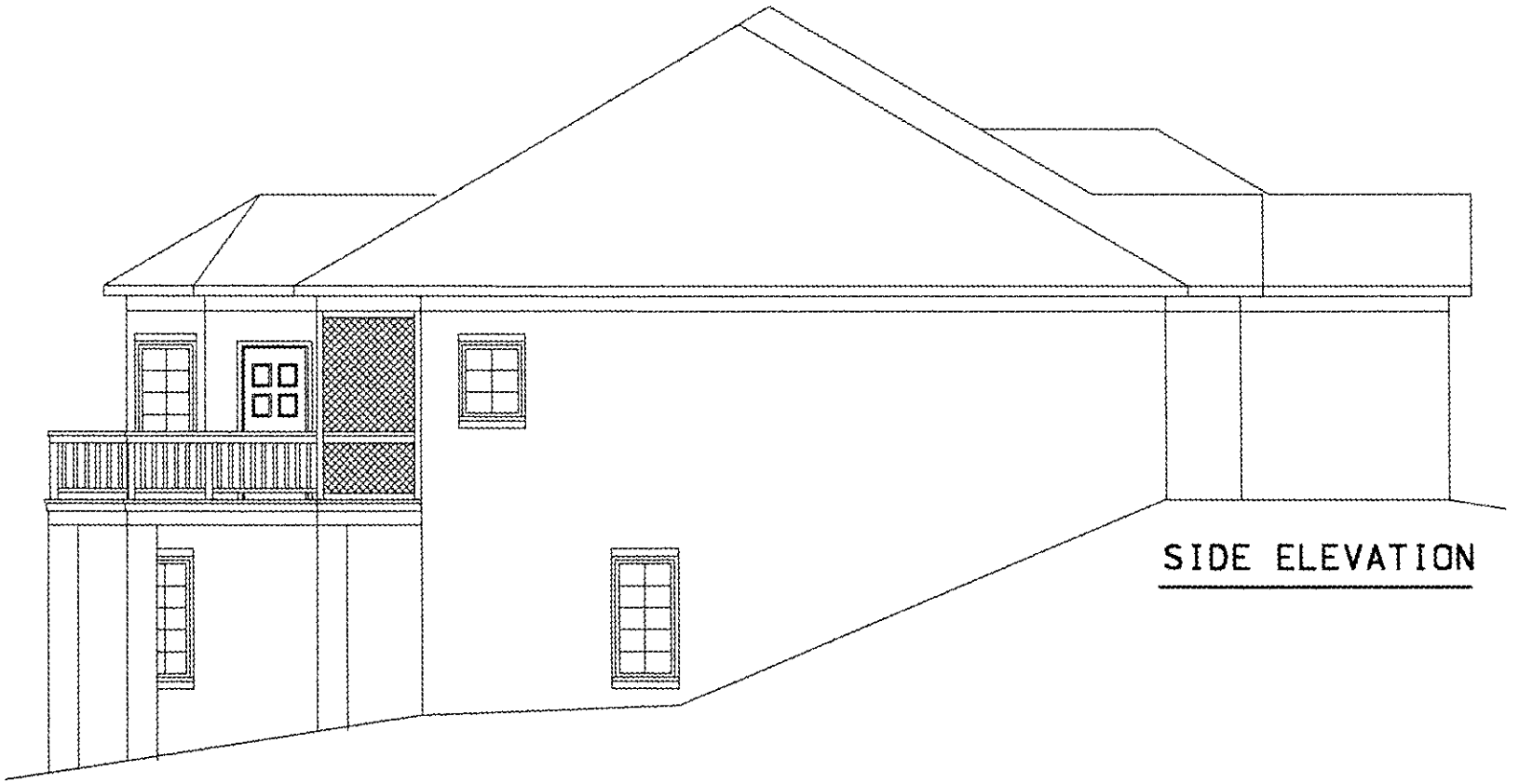
FW 16093

File 16098



LAKESIDE ELEVATION

File 1609B



SIDE ELEVATION



SIDE ELEVATION

File 16098