

19219 CALLAWAY HILLS LN

00308144

7/6/2007

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: 7576A DATE: 9/21/01

TC: 003 081 ~~007~~ 44 ☐ L ☐ CRT

SERIAL Nº 18723

Name of Owner Monica Investments Juris.: _____

Address of Property 19219 Calloway Hills Lane

Inspection Data:

Tank Material PCC

Total Length of Drainfield 300'

Number of Lines 6 @ 50'

Cover Depth 16-18"

Water Supply Source well

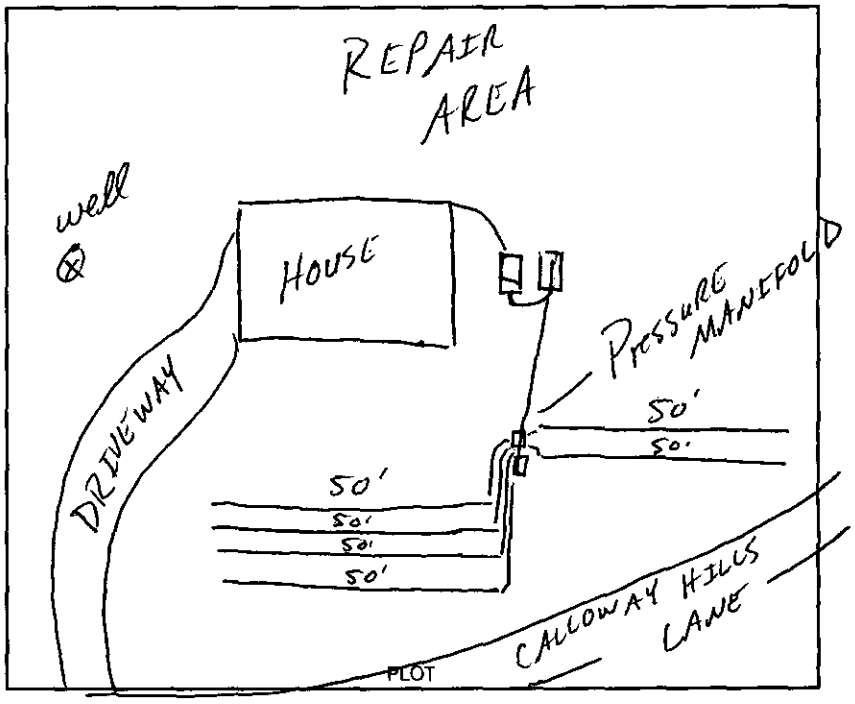
Distance to Water Source 750'

Excavation Inspected 9/21/01

Tank(s) Inspected 9/21/01

Wash Line Inspected NA

High Water Alarm Inspected 9/21/01



Design 1500 ST, 1000 DT, PI, INV, 900 SFT, CHAMBERS, CTR# Larry Beam

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: Three Bedroom Residence

6 lines x 50' x 3' Chamber system w/ Pressure Manifold

Type III-6 Pump to Innovative System

Jeanny P. Machala 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: 2576A DATE: 9/12/01

TC: 003 081 ~~02404~~ 44 L

SERIAL Nº 18869

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 2/15/99. All work shall be completed on or before 10/12/01, 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.

see altered plot plan
9/12/01

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 24" - 36"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Yes

Total Line Length 300' feet

Number of Lines Vary

Depth of Stone NA inches

Distance from House >15' feet

Distance from Property Line >10' feet

Distance from Well >100' feet
50' MIN

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

NAME OF OWNER Monica Investments

LOCATION OF PROPERTY 19219 Calloway Hills Ln

Comments: Septic system to be installed in accordance with altered septic plot plan (9/12/01) Keep the septic system >15' from the bank cut & >25' from the foundation

Phila S. Walker R.S.
Environmental Health Specialist

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

CK # 5861 400

FEE: 200.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 12-22-99 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: HW 2-15-99 **PERMIT NO:** 7576A
PARCEL NO: 003-081-44

JOB LOCATION ADDRESS: 19219 Callaway Hills Lane
PROPERTY OWNER: Monica Investments
BUILDING CONTRACTOR:
SUBDIVISION NAME: Ruffin Woods LOT 28A
AUTHORIZATION ISSUED BY: Jerry B. Thompson, Jr. R.S. **DATE:** 2-15-99
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 7576A, 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 Improvement Permit

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.

Richard C. Cain 2/22/99
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 1576A

Tax Number: 003-081-02 90 44

- 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	
3 Long-term acceptance rate	360 Max gallons/day wastewater flow	936 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
Yes Serviced by private well	1500 Gallon septic tank	312 Total trench length (ft)	28" 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	N/A Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:	Group I, II or III backfill required around chambers			
Additional Conditions:	- Riser installation is recommended over the outlet end of the septic tank for effluent filter access - If riser is not installed reinspection fees may apply - Newark simplex control panel with Alarm is required at the pump tank			
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	
554 Absorption Area (Sq ft) 2769 Total Trench Length (Ft)	10" Depth of Stone Trench	10' initial Trench spacing (min. on centers)	14" 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 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.

Tommy B. Thompson Jr. R.S. 2-15-99
DEHNR Authorized Agent — Date

Owner/Agent Signature — 2/22/99 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

Received 2-15-99 CT
Approved 2-16-99 CT

FILE COPY

M.C.H.D.
File: 7576-A

THE INFILTRATOR™

SEPTIC SYSTEM INSTALLATION INSTRUCTIONS

1 Excavate and level 3' wide trenches.

2 Prepare trench bottom and sides in accordance with state and local regulations. (Infiltrator Systems recommends raking sidewall and bottom infiltrative surfaces to eliminate smearing.)

3 Screw splash plate on bottom of open end plate.

4 Screw open end plate into inlet end (without interlocks) of first INFILTRATOR™ chamber with splash plate extending into unit.



5 Place first unit in the inlet end of trench with interlocks downstream.

6 Run distribution pipe through inlet opening in end plate but not beyond splash plate. Single screw may be used to hold in place. ***Pipe does not normally run the length of system.***



7 Connect INFILTRATOR™ units together, fully engaging interlocks to form desired trench length.

a. The joints may be screwed together for ease in construction.

b. Trench grade should be checked with a level or surveying equipment.

8 Screw closed end plate in downstream end of last unit to hold in place. ***NOTE:*** *For serial distribution, or to loop the trenches together, use an open end plate at the downstream end of the trench, and run a pipe from the opening to the next trench.*

9 Fill side wall area to top of slots with native soil. "Walk" fill into place to give proper support of sides. ***THIS IS VERY IMPORTANT TO ACHIEVE FULL STRENGTH.***



10 Backfill to a minimum of 12" of cover after compaction and settling for H-10 units and 18" for H-20 units. Avoid large rocks in the backfill material. **CAUTION:** Avoid *vehicle traffic on system* during construction since soil has not settled. This is particularly important in sand, since loose sand offers very little structural support. Most states advise avoiding vehicle traffic to prevent compaction of the infiltrative surface. (After proper depth of cover is compacted and settled, INFILTRATOR™ leaching chambers will then support vehicle weight not to exceed 16,000 lbs. per axle for H-10 units and 32,000 lbs. per axle for H-20 units.)

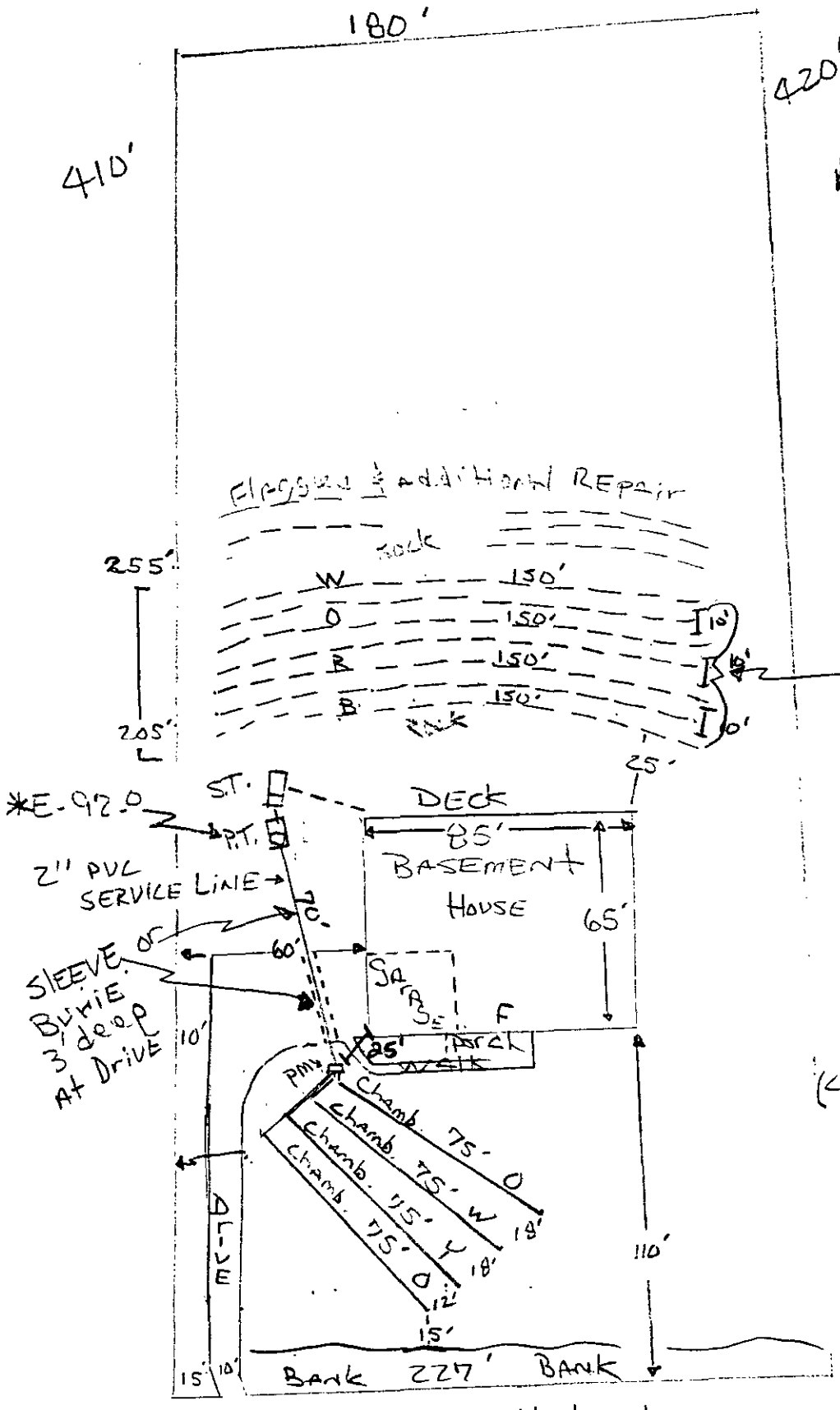


INFILTRATOR™ is a trademark of Infiltrator Systems, Inc.

*(3) Bedrm. Pumped Chamber (Infiltrator) Pressure Manifold, Septic Plan.

MCHD.

File: 7576-A
Lot - 20A
Runnemede Sub.



* Riser is recommended over the outlet end of the septic tank for effluent filter access.
- If riser is not installed reinspection fees may be required in order to confirm that tank access is less than 6" from finished grade.

1,050+ ft. (LPP) Repair Area plus

Primary Sys.

(4) 75' chamber Lines
(12) chambers p/Line
300' Total

* Keeps drainlines 25' or more off of the foundation.
* Group I, II or III soil backfill required
* Nemalk Simplex Control Panel w/alarm required

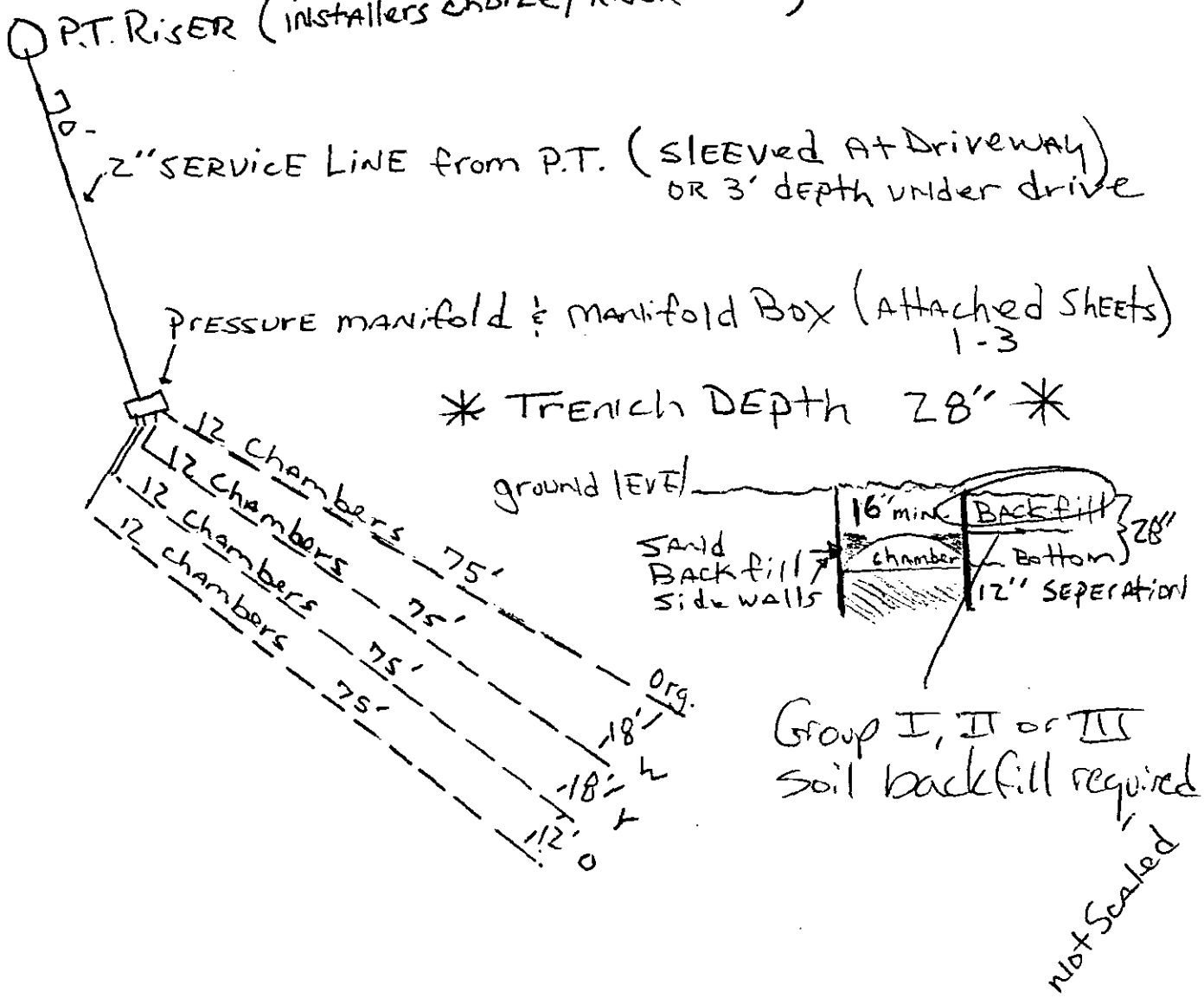
J. Whitaker 856-455-4540

$50

File: 7576-A

* SPECS: (3) Bedrm. Pumped Chamber (Infiltrator) Pressure MANIFOLD SEPTIC PLAN.

*PUMP TANK ELEVATION = 92.0
*PRESSURE MANIFOLD ELEV. = 101.0
* 2" SERVICE LINE = 70ft. from P.T. to P. MAN.
1,500 GAL. SEPTIC TANK (1) MANIFOLD & BOX
1,000 GAL. PUMP TANK (RISER installers choice) (SEE Tank DETAIL)
(4) 75' chamber (Infiltrator) LINES = 300' Total
(12) Chamber UNITS PER LINE = 48' chambers
*TDH = 14.5 AT 27 GALS. PER MIN.
*1/4 HP. PUMP, 7" DRAWDOWN, 5.5 MIN. PUMP CYCLE



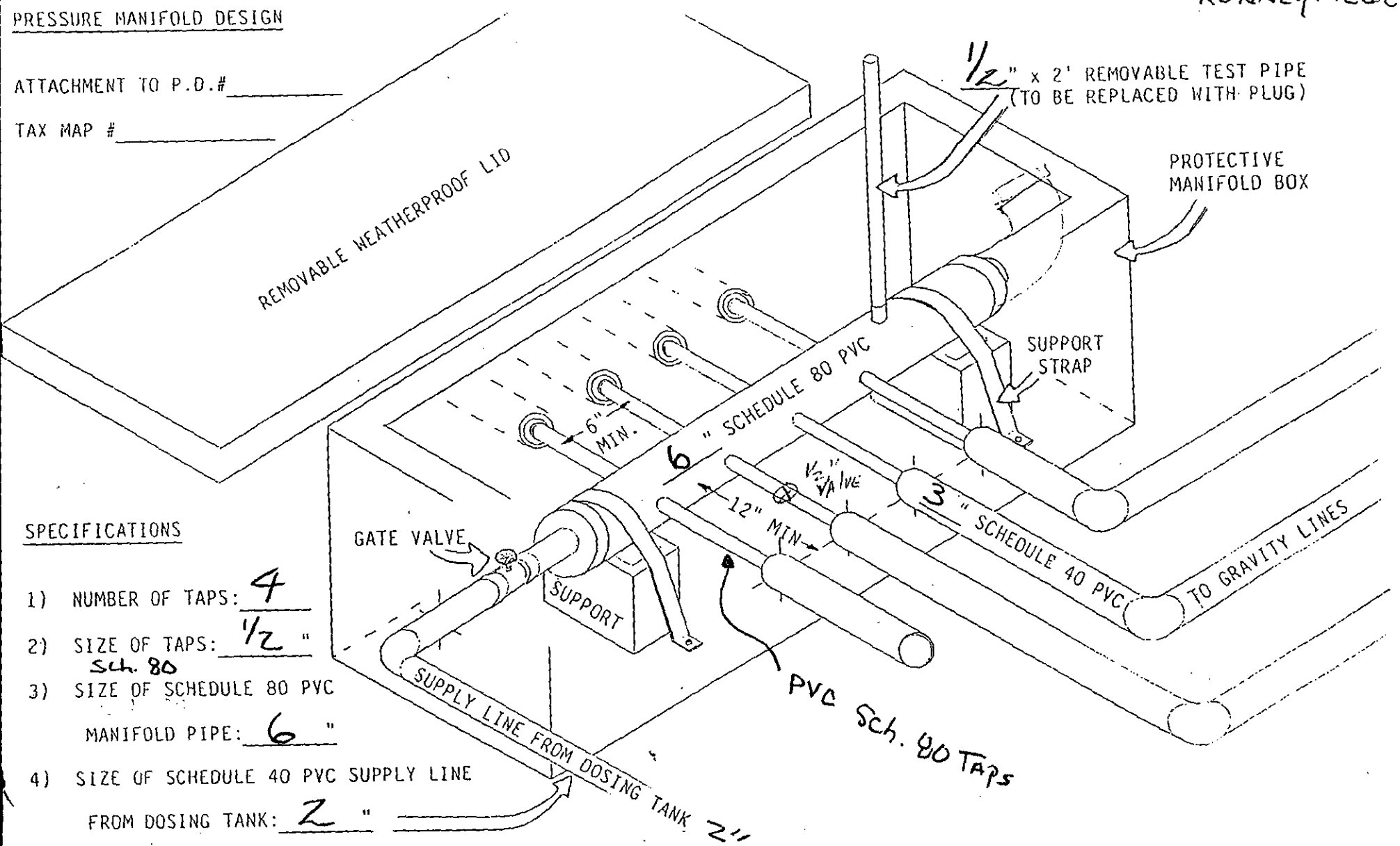
* SEE Attach. Sheets (1-3)

MCHD. File: 7576-A
Lot 20-A
Runnemede

PRESSURE MANIFOLD DESIGN

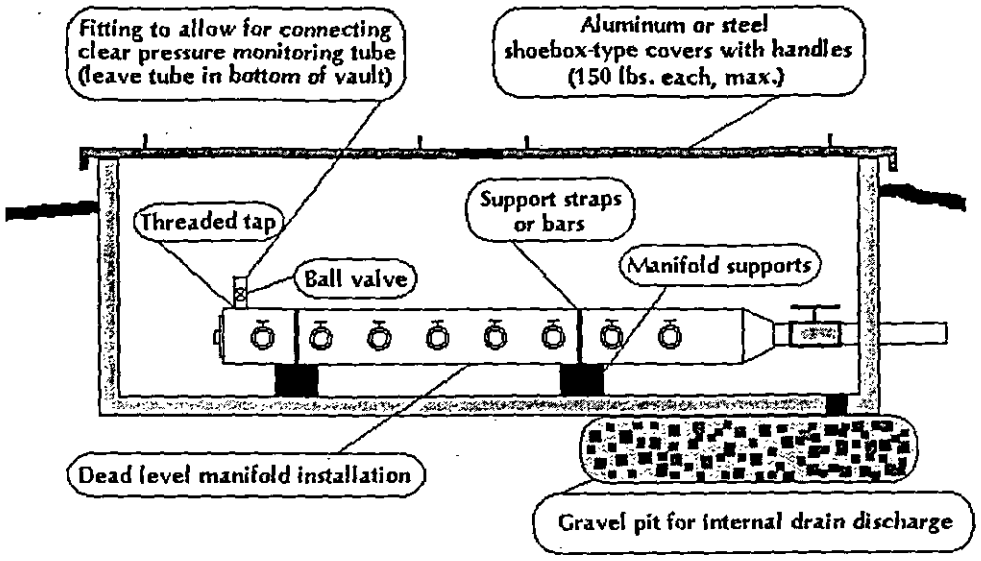
ATTACHMENT TO P.O.# _____

TAX MAP # _____



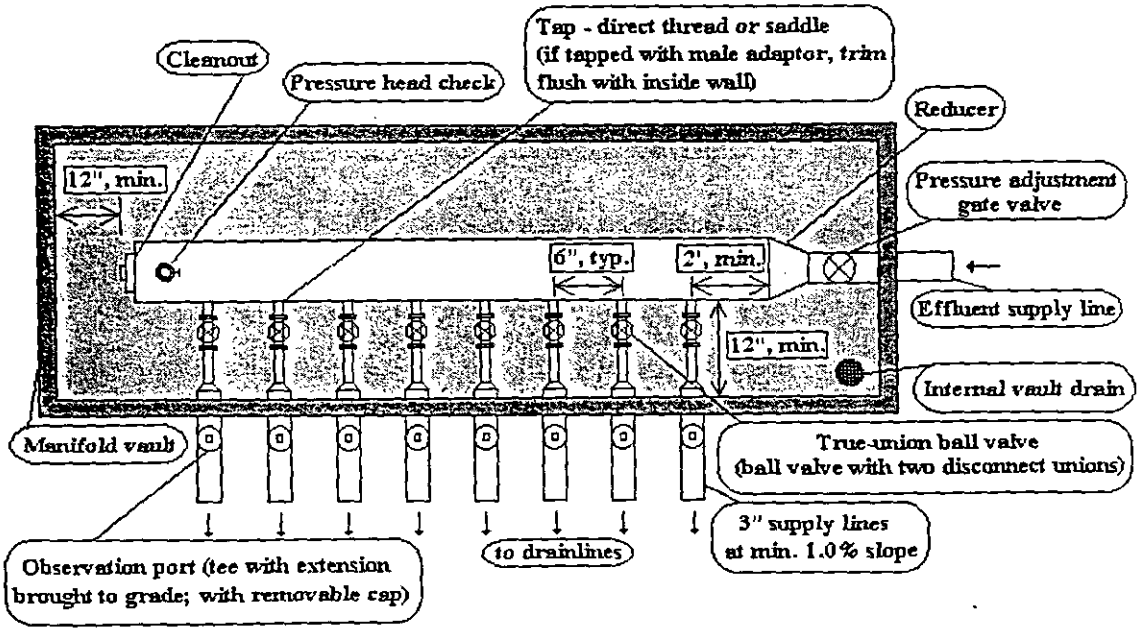
SPECIFICATIONS

1) NUMBER OF TAPS: 4
2) SIZE OF TAPS: 1/2 " Sch. 80
3) SIZE OF SCHEDULE 80 PVC MANIFOLD PIPE: 6 "
4) SIZE OF SCHEDULE 40 PVC SUPPLY LINE FROM DOSING TANK: 2 "



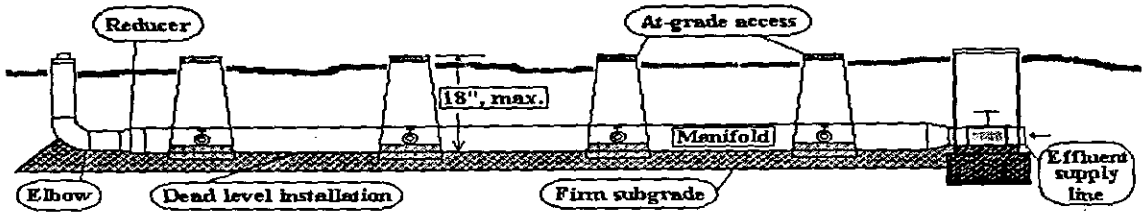
Profile View of Pressure Manifold for Sloping Site Installation

(not to scale)



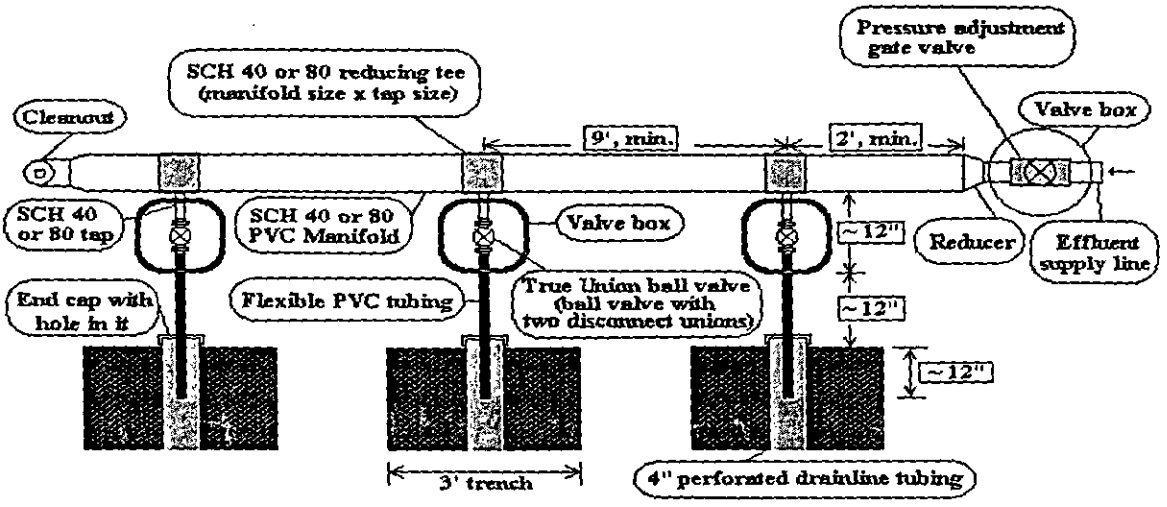
Plan View of Pressure Manifold for Sloping Site Installation

(not to scale)



Profile View of Pressure Manifold for Level Site Installation

(not to scale)

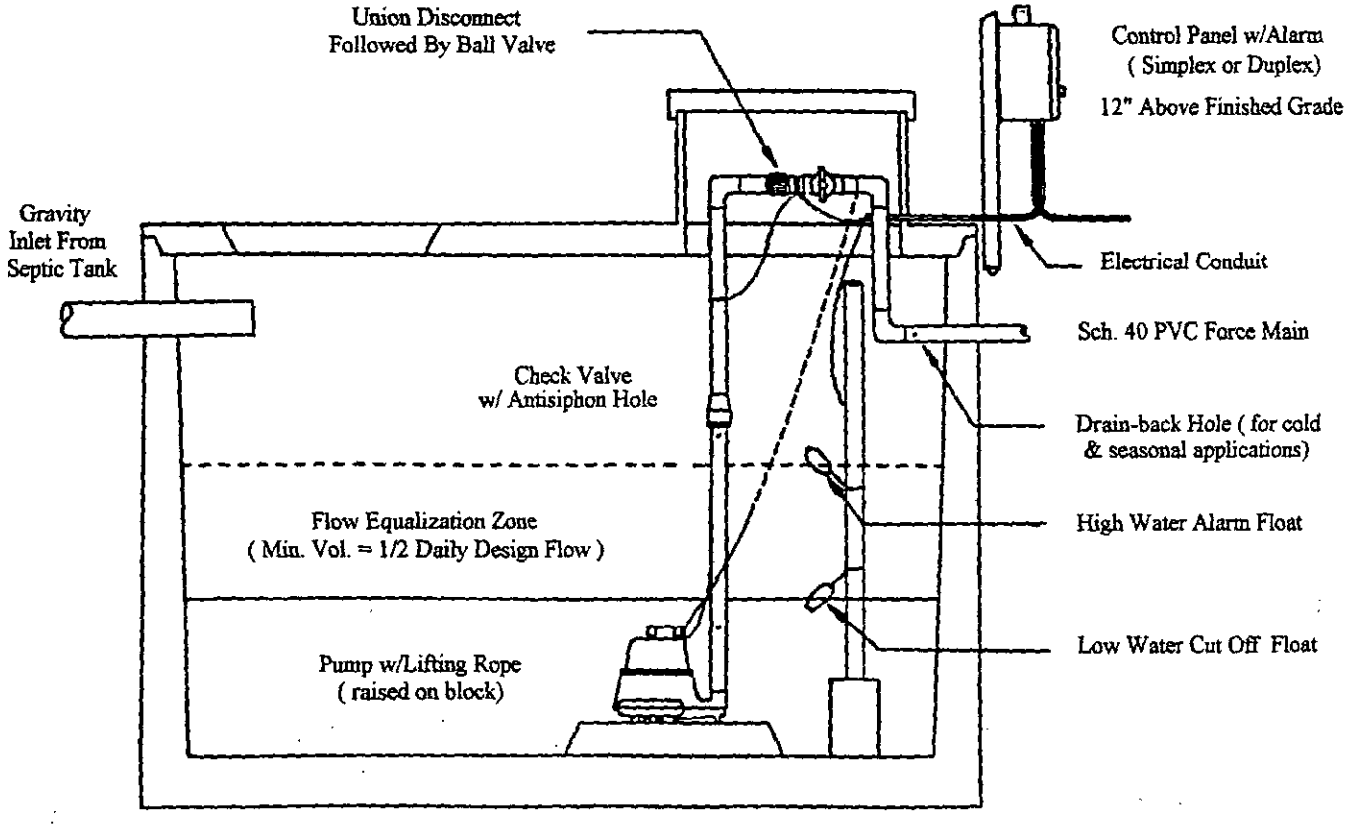


Plan View of Pressure Manifold for Level Site Installation

(not to scale)

TYPICAL PUMP TANK DETAIL

1. Pump tank shall have an access manhole extending at least 6 inches above finished grade.
2. 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 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 waterproof, 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.
3. 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 included in the pump and control enclosure (Simplex or Duplex Control Panel).
4. Float switch for the high water alarm shall be set no more than 3 inches above the high water level of pump cycle.
5. Pump floats should be set so that level of water at end of pump cycle is above the top of the pump.
6. Float switch tie downs to be made of corrosion resistant material, no tape or metal hose clamps.
7. Pump discharge shall have a check valve.
8. Anti-siphon hole (three-sixteenth inch) is required between the pump and the check valve.
9. Watertight testing will be required on two piece pump tanks.



Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

*** NOTICE ***

THE INFORMATION CONTAINED IN THIS TELECOPY MAY BE PRIVILEGED AND/OR CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT (OR SUCH RECIPIENT'S EMPLOYEE OR AGENT), YOU ARE HEREBY NOTIFIED NOT TO READ, DISTRIBUTE OR COPY THE MATERIALS ATTACHED HERETO WITHOUT THE PRIOR WRITTEN CONSENT OF THE SENDER. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY THE SENDER BY TELEPHONE CALL AND RETURN THE ORIGINAL TELECOPY TO US BY MAIL AND WE WILL REIMBURSE YOU FOR THE REQUIRED POSTAGE. THANK YOU.

TO: Richard Cairns TELECOPIER # 948-9512

FROM: Larry Thompson DATE 12-15-98

NUMBER OF PAGES TRANSMITTED: 3 (including cover sheet)

COMMENTS: * Consultants will want to see the soil report for this lot. Thanks.

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5102.

☐ Original will not follow ☐ Original will follow via:

☐ U.S. Mail ☐ Hand Delivery ☐ ____

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

Jerry, there are more variables in soil design than originally thought. Possibly the best approach would be to get a layout & then spot check design - Possible LPP

W/ Ray

MONICA INVESTMENT COMPANY
7523 LITTLE AVENUE, SUITE 210
CHARLOTTE, NORTH CAROLINA 28226-8170
PHONE (704) 544-5520 FAX (704) 544-5524

February 4 1999

FAXED

Mr Larry Thompson
Mecklenburg County
Environmental Health
Charlotte NC

FAX 336-6894

Dear Mr Thompson

[illegible] filed with the Registered of Deeds [illegible] is for Kennaynede Development in Davidson NC which Monica [illegible]

[illegible] please call Lori Ann Blankenship, North Star [illegible] will be out of town the rest of this week. [illegible] Hard copy would be acceptable

[illegible]

[illegible] 4 pages

FOR REGISTRATION JUDITH A GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY NC
1999 FEB 02 02 53 PM
BOOK 10231 PAGE 412-418 FEE $14 00
INSTRUMENT # 1999019148

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

FILE # 7576A
PARCEL # 203-051-44

The undersigned, MONICA INVESTMENT CO., owner of property located at 19219 Calloway Hills Lane, (the "site") and described in an instrument recorded in Book 6330 at Page 239, 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:

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

This instrument was prepared by Miles S. Levine
Mail after recording to Monica Investment Co., 7523 Fairview Avenue, #210, Charlotte, NC 28226-8170

RBCWM:24751_1/8-30-95

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

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

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

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

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

Use of the singular or 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 2nd day of February, 1999

MONICA INVESTMENT CO. _____ (SEAL)
(Corporate Name)

_____ (SEAL)

By: Monica J. Alpert _____ (SEAL)

Vice President _____ (SEAL)

ATTEST:

Kaye DuMond
Assistant Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

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

_____
Notary Public

My Commission Expires

_____

RBCWM:24751_1/8-30-95

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Bettie G. Cooke, a Notary Public for said County and State, do hereby certify that Kaye DuMond personally came before me this day and acknowledged that she is Asst Secretary of MONICA INVESTMENT CO., 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 Vice President, sealed with its corporate seal and attested by her as its Assistant Secretary.

WITNESS my hand and notarial seal, this 2nd day of February, 1999.

Bettie G. Cooke
Notary Public

My Commission Expires:
11/15/2001

FEE: 200.00 Check 5949
DATE: 12/1/98 JC

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 #: 2118B 75 Hwy

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 003-081-44

STREET ADDRESS: 19219 Callaway Hills Lane

SUBDIVISION OR MOBILE HOME PARK NAME: Runneymede

LOT NUMBER: 20A

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2800 Sq. Ft.

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 3

CLOSING DATE 12/18/98

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
__ 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 ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
✓ 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 ✓ NO	WELL, SPRINGS OR WATERLINES	__ YES ✓ NO
EXISTING WASTEWATER SYSTEMS	__ YES ✓ NO	DESIGNATED WETLANDS	__ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS	__ YES ✓ NO		

PROPERTY OWNER:

NAME: Monica Investments
(LAST) (FIRST) (MI)

ADDRESS: 7523 Little Ave.

CITY: Charlotte STATE: NC ZIP: 28226

DAYTIME PHONE: (704) 544-5520

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Cairns, Richard E. JR.
(LAST) (FIRST) (MI)

DAYTIME PHONE: (704) 948-9591

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: Richard E. Cairns Jr. DATE: 11/30/98

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: 7576A ~~2778B~~

TC: 003-08144

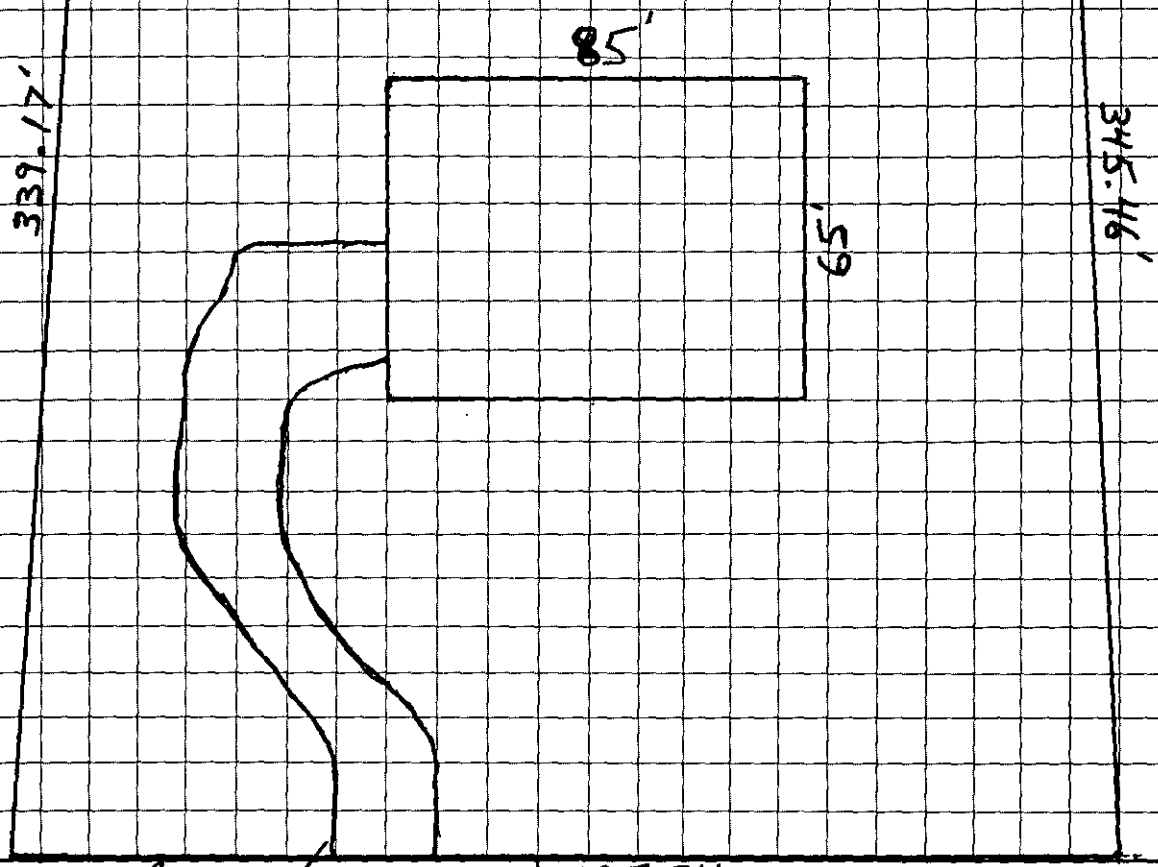
187.55'

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.

LEGEND/SCALE

1 SQUARE = 10'

NOTE: BUILDING DIMENSIONS INCLUDE PORCHES AND GARAGE.



OWNER/AGENT SIGNATURE Robert E. Cramer

DATE 11/30/98

APPROVAL DATE _____

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

2778B

MONICA INVESTMENT COMPANY
7523 LITTLE AVENUE, SUITE 210
CHARLOTTE, NORTH CAROLINA 28226-8170
PHONE (704) 544-5520 **FAX (704) 544-5524**

March 18, 1998

Mecklenburg County Environmental
Health Department
Charlotte, NC

TO WHOM IT MAY CONCERN:

This letter gives you permission to enter:

Lot No. 20A

Address: 19219 Callaway Hills Lane

Davidson, NC 28036

For the purpose of performing a PERK TEST for a septic system.

Sincerely,

MONICA INVESTMENT COMPANY

Sara Goryn
President

COUNTY ENVIRONMENTAL HEALTH File: 75 76 A Action: 2

EVALUATION REPORT

PERMIT NUMBER 12713 Parcel: PO 003-081-02

Location: Calloway Hills Lane

Subdivision: Runneymede

Lot: 20 Block: 1 Acres: 1.65

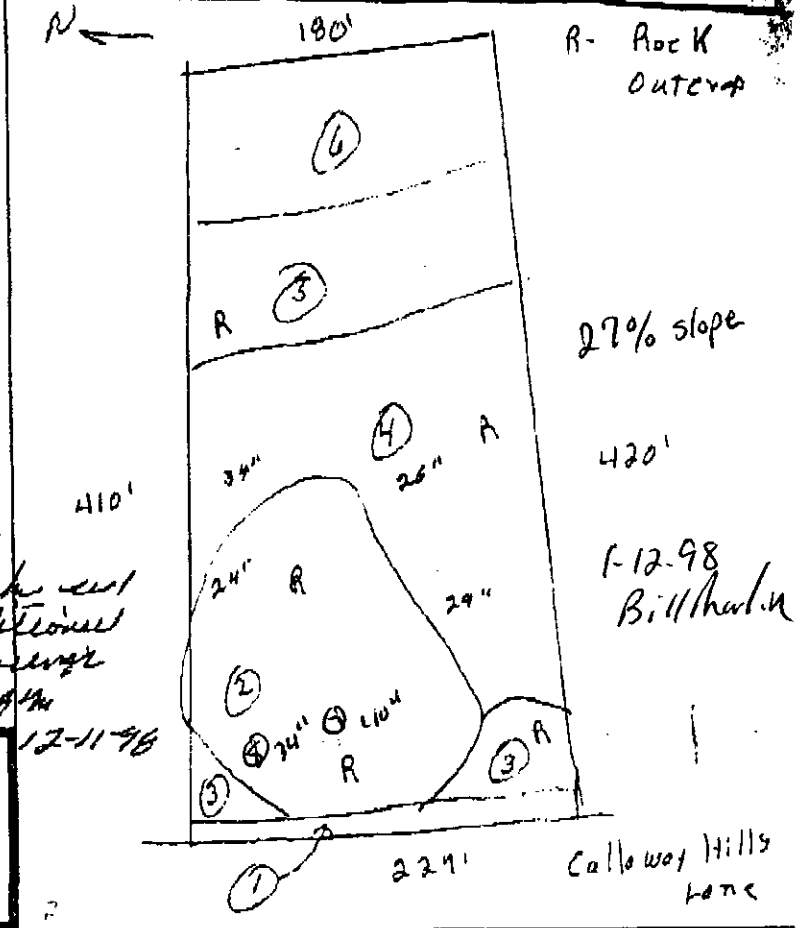
Owner: Monica Investments

Address: c/o Ever Design Group
Box 309
Davidson, N.C. 28036

Comments: 100% Repair
Soils more variable with respect to depth than originally staked. Per prospective Lot Location, one hole was additional

Described by: William R. Martin Evergreen

Date: 9-14-92 12-11-98



*** EVALUATION KEY ***

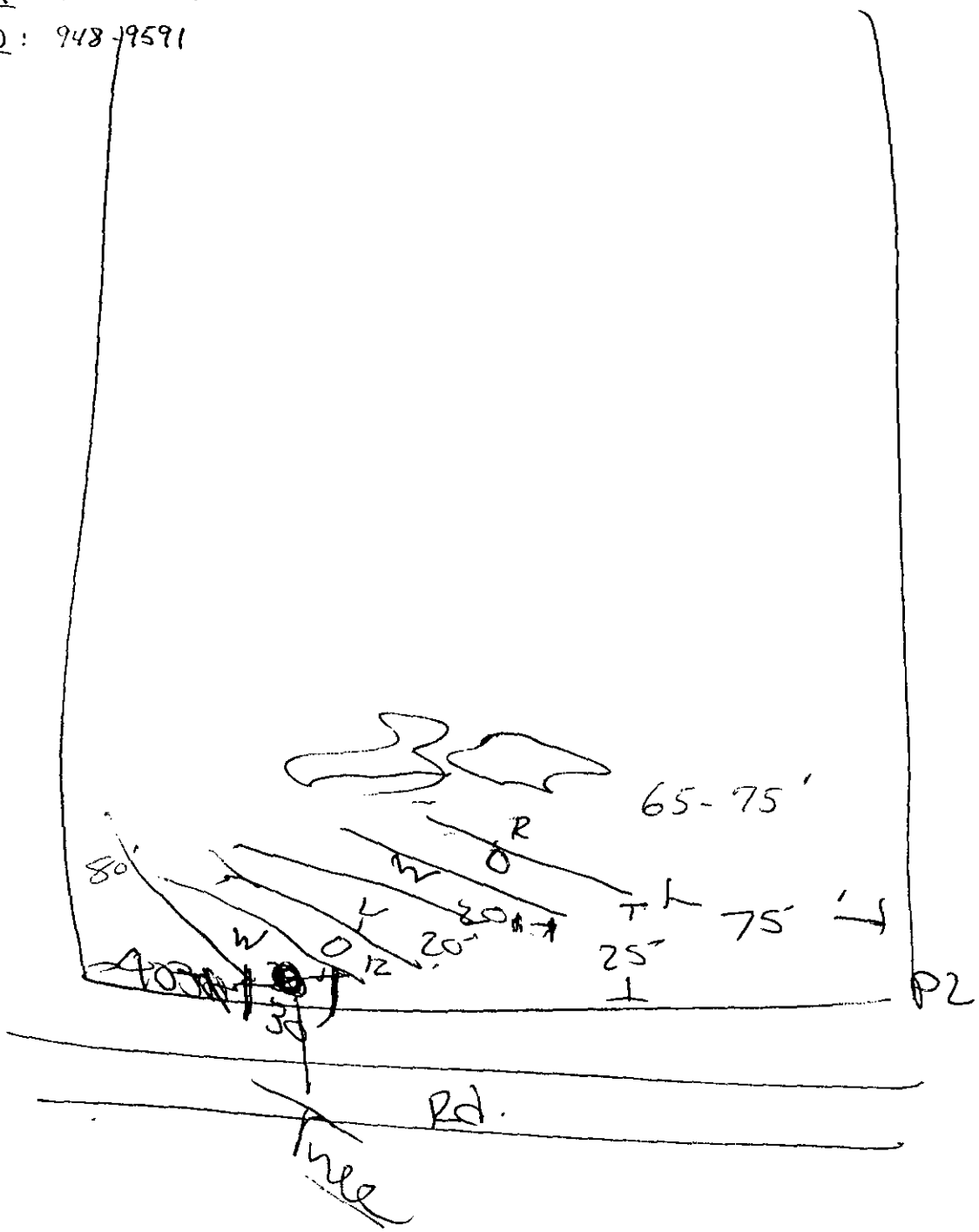
S = Suitable U = Unsuitable

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) 72' Cut	(S) PS U 8-15%	(S) PS U 8-15%	S (PS) U 15-30%	S PS (U) 730%	S PS (U) Floodplain
Texture	S PS U —	S (PS) U slightly Expansive clay	S (PS) U slightly clay Expansive	S (PS) U slightly clay Expansive	S (PS) U slightly clay Expansive	S PS U —
Structure	S PS U —	S (PS) U Sub L Blocky	S (PS) U Sub L Blocky	S (PS) U Sub L Blocky	S (PS) U Sub L Blocky	S PS U —
Drainage	S PS U —	S (PS) U 736"	(S) PS U 746" TO WATER	(S) PS U 748" TO WATER	S (PS) U 736" TO WATER	S PS U —
Depth	S PS U —	S PS (U) 15-24'	S (PS) U 36"+	S (PS) U 36"+	S (PS) U 36"+	S PS U —
Restrictive Horizons	S PS U —	S (PS) U 736"	S (PS) U 736"	S (PS) U 736"	S (PS) U 736"	S PS U —
Available Space	S PS U —	S PS (U) Restricted	S PS (U) Restricted	S PS (U) Restricted	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	72' Cut	Potolac-like	Cecil-like IL	Cecil-like IL	Cecil-like IL	Flood plain
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS (U)

RICH CAIRNS
8830 GLENSIDE ST.
HUNTERSVILLE, NC 28078
H: 948-0287
O: 948-9591



APPLICATION FOR SOIL INVESTIGATION

C0211092
$100.00
7/26/91

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

(OFFICE USE ONLY)

FILE: 75376A

TC: PO 003-081-02

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: SHEARER ROAD

② SUBDIVISION: DAVIDSON HUNT CLUB ③ LOT: 20 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: 5975-957 PAGE NO.: _____

OWNER

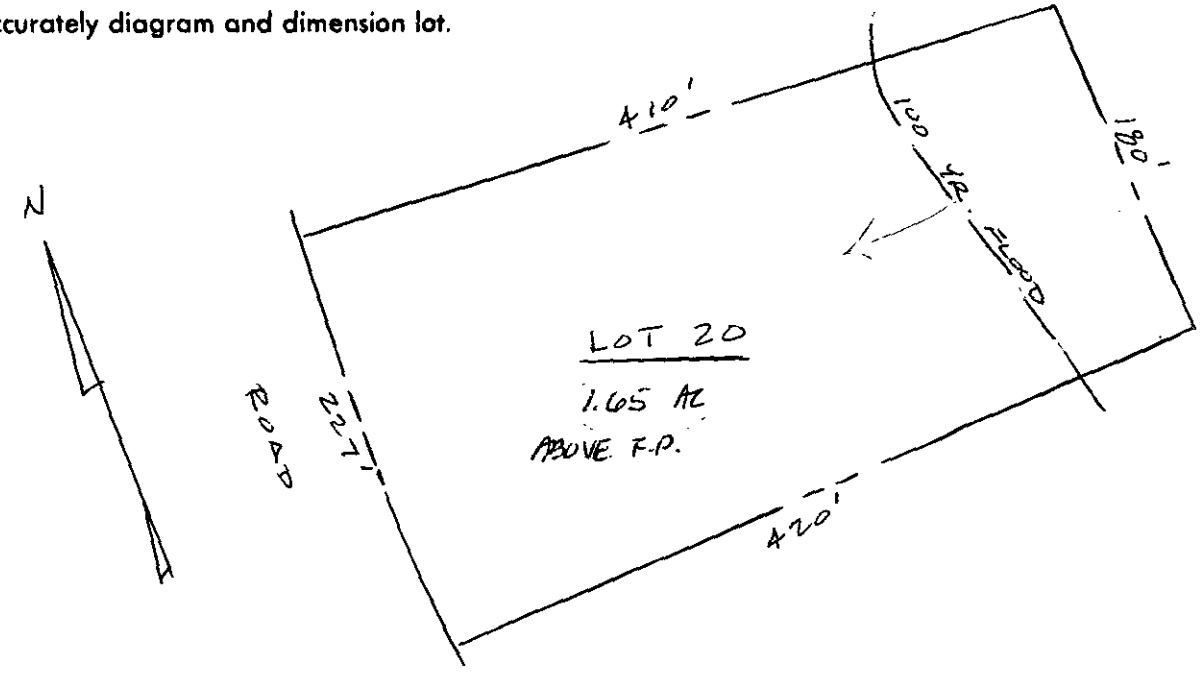
⑦ NAME: MICHELLE TEXTILE CORP.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 301 S. McDOWELL ST.

⑨ CITY: CHARLOTTE ⑩ STATE: N.C. ⑪ ZIP: 28202

⑫ PHONE: (WORK) 892-6683 (HOME) _____

⑬ Accurately diagram and dimension lot.



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: _____

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

Date: _____

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

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 95176A

TC: PO 003-081-02

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: SHEARER ROAD

② SUBDIVISION: TWIN OAK HUNT CLUB ③ LOT: 20 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: 5775-757 PAGE NO.: _____

OWNER

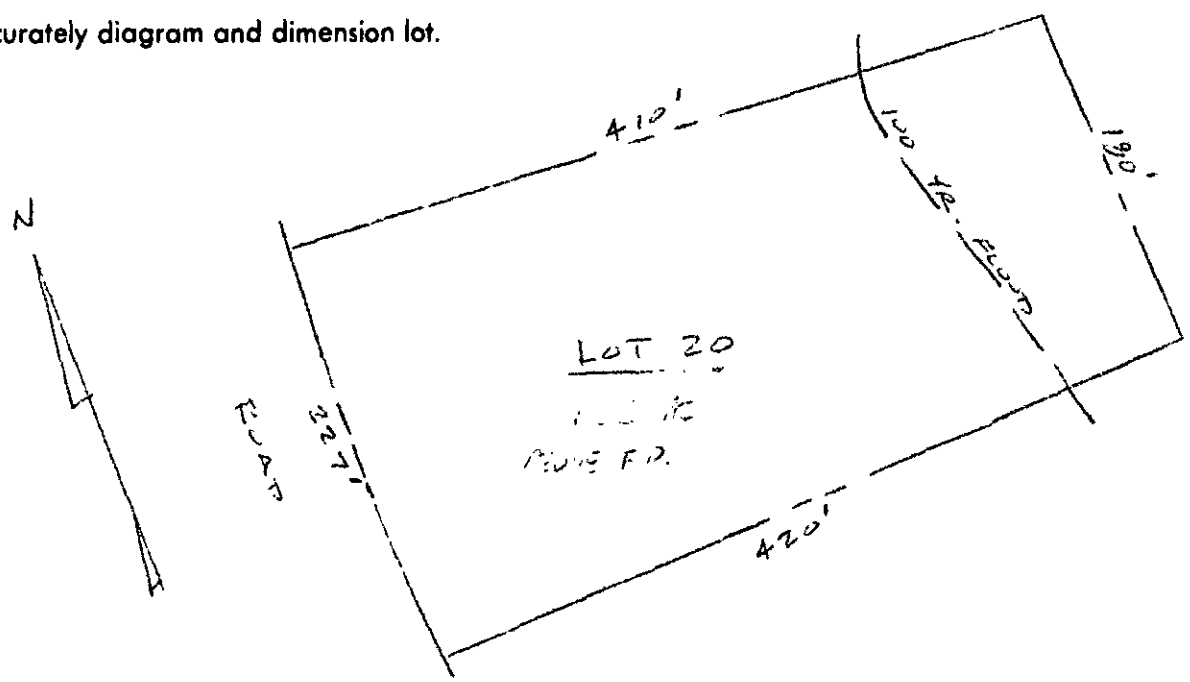
⑦ NAME: MICHELLE TURTLE CURP. (FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 301 S. McDOWELL ST.

⑨ CITY: CHARLOTTE ⑩ STATE: N.C. ⑪ ZIP: 28203

⑫ PHONE: (WORK) 372-6683 (HOME) _____

⑬ Accurately diagram and dimension lot.



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: _____

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

Date: _____

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

Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

*** NOTICE ***

THE INFORMATION CONTAINED IN THIS TELECOPY MAY BE PRIVILEGED AND/OR CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT (OR SUCH RECIPIENT'S EMPLOYEE OR AGENT), YOU ARE HEREBY NOTIFIED NOT TO READ, DISTRIBUTE OR COPY THE MATERIALS ATTACHED HERETO WITHOUT THE PRIOR WRITTEN CONSENT OF THE SENDER. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY THE SENDER BY TELEPHONE CALL AND RETURN THE ORIGINAL TELECOPY TO US BY MAIL AND WE WILL REIMBURSE YOU FOR THE REQUIRED POSTAGE. THANK YOU.

TO: Marcia Baker + Baker TELECOPIER # 895-7966

FROM: Jean Iwws DATE 2/25/99

NUMBER OF PAGES TRANSMITTED: 3 (including cover sheet)

COMMENTS:

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5102.

[X] Original will not follow [ ] Original will follow via:

[ ] U.S. Mail [ ] Hand Delivery [ ] ____

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

Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

⁂ NOTICE ⁂

THE INFORMATION CONTAINED IN THIS TELECOPY MAY BE PRIVILEGED AND/OR CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT (OR SUCH RECIPIENT'S EMPLOYEE OR AGENT), YOU ARE HEREBY NOTIFIED NOT TO READ, DISTRIBUTE OR COPY THE MATERIALS ATTACHED HERETO WITHOUT THE PRIOR WRITTEN CONSENT OF THE SENDER. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY THE SENDER BY TELEPHONE CALL AND RETURN THE ORIGINAL TELECOPY TO US BY MAIL AND WE WILL REIMBURSE YOU FOR THE REQUIRED POSTAGE. THANK YOU.

TO: Richard Cairns TELECOPIER # 948-9512

FROM: Larry Thompson DATE 12-15-98

NUMBER OF PAGES TRANSMITTED: 3 (including cover sheet)

COMMENTS: * Consultants will want to see the soil report for this lot. Thanks.

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5102.

☐ Original will not follow ☐ Original will follow via:

☐ U.S. Mail ☐ Hand Delivery ☐ ____

Environmental Health Division

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

Mecklenburg County
Health Department

December 15, 1998

Monica Investments
7523 Little Avenue
Charlotte, NC 28226

Re: 19219 Callaway Hills Lane
File: ~~2718B~~ 7576A
Parcel: 003-081-44

Dear Property Owners:

Receipt of your Application for Improvement Permit for the above referenced property is acknowledged. A soil evaluation and a site visit have been conducted. The results of the evaluation indicated that the site is **UNSUITABLE** under Rules .1943 **SOIL DEPTH.** For these reasons your Application for Improvement Permit is denied. A possible way to develop the site exists under Rule .1948(d), which reads as follows:

> A site classified as **UNSUITABLE** may be used for a ground absorption sewage treatment and disposal system specifically identified in Rules .1955, .1956, or .1957 of this Section or a system approved under Rule .1969 if written documentation including engineering, hydrogeologic, geologic or soil studies, indicates to the local health department that the proposed system can be expected to function satisfactorily. Such sites shall be reclassified as **PROVISIONALLY SUITABLE** if the local health department determines that the substantiating data indicate that:
>
> (1) a ground absorption system can be installed so that the effluent will be non-pathogenic, non-infectious, non-toxic, and non-hazardous;
> (2) the effluent will not contaminate ground or surface water; and
> (3) the effluent will be exposed on the ground surface or be discharged to surface waters where it could come in contact with people, animals, or vectors.

The State shall review the substantiating date if requested by the local health department.

Please be advised that you have the right to an informal review by this department. You also have the right to appeal under G.S. 130A-24, and to have the appeal held in Mecklenburg County

If you have any questions regarding this matter, please call me at 336-5568.

Sincerely,

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

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

cc: Richard Cairns, Jr.

Mecklenburg County

Health Department

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

July 14, 1992

Monica Investments
c/o Environmental Design Group
Box 309
Davidson, NC 28036

Re: Property located on Calloway Hills Lane, Lot 20, Block 1
File: 7576A
Parcel: 003-081-02P0

Dear Sirs:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified **UNSUITABLE** for the installation of such a system. A copy of the site evaluation report (Serial No. 12713) is enclosed for your information.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 15A NCAC 18A .1957 (c) are met. A reprint of this section is enclosed for your information.

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

If you need any assistance, please feel free to call Mr. Bill Marlin at 336-5573.

Sincerely,

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

KR/wpg
Enclosure (2)

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12713

File: 7576A Action 2

Parcel: PO 003-081-02 ☐ PC

Location: Calloway Hills Lane

Subdivision: Runnymede

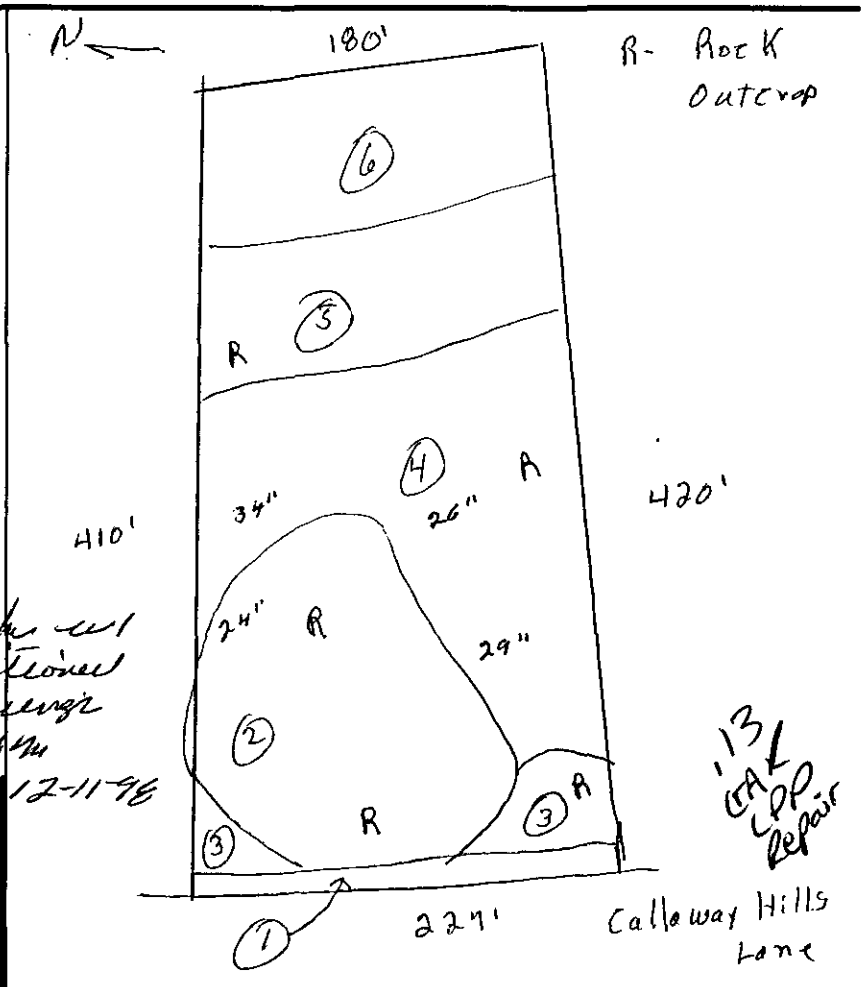
Lot: 20 Block: 1 Acres: 1.65

Owner: Monica Investments
Address: c/o Env. Design Group
Box 309
Davidson, N.C. 28036

Comments: 100% Repair
Soils more variable with respect to depth than originally thought. Get prospectus for location, spot check w/ additional borings

Described by: William R. Marlin
Date: 7-14-92

12-11-96



13 LOT LDP Repair

***** 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) 72" cut	(S) PS U 8-15%	(S) PS U 8-15%	S (PS) U 15-30%	S PS (U) >30%	S PS (U) Floodplain
Texture	S PS U —	S (PS) U slightly clay Expansive	S (PS) U slightly clay Expansive	S (PS) U slightly clay Expansive	S (PS) U slightly clay Expansive	S PS U —
Structure	S PS U —	S (PS) U Sub L Block	S (PS) U Sub L Block	S (PS) U Sub L Block	S (PS) U Sub L Block	S PS U —
Drainage	S PS U —	S (PS) U >36"	(S) PS U >48" To water	(S) PS U >48" To water	S (PS) U >36" To water	S PS U —
Depth	S PS U —	S PS (U) 15-24"	S (PS) U 36"+	S (PS) U 36"+	S (PS) U 36"+	S PS U —
Restrictive Horizons	S PS U —	S (PS) U >36"	S (PS) U >36"	S (PS) U >36"	S (PS) U >36"	S PS U —
Available Space	S PS U —	S PS (U) Restricted	S PS (U) Restricted	S PS (U) Restricted	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	>72" Cut	Pacolet-Littlejohn IV	Cecil-Hiwassee IV	Cecil-Hiwassee IV	Cecil-Hiwassee IV	Flood Plain
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 N- 12713

File: 75 76 A

Action 2

Parcel: 103-081-02

☐ PC

Location: Calloway Hills Lane

Subdivision: Rennaysmede

Lot: 20 Block: 1 Acres: 1.65

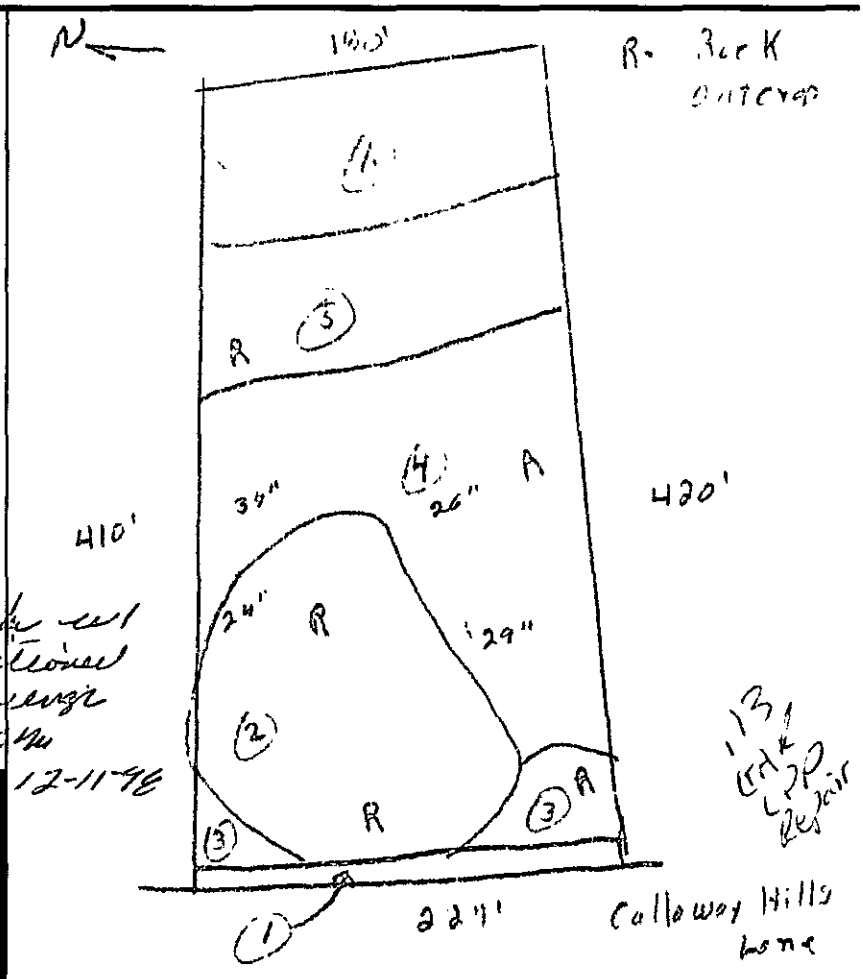
Owner: Mecklenburg Environmental
Address: C/o Env. Design Group
Box 309
Davidson, N.C. 28036

Comments: Septic Repair
Soils more favorable west of road
Septic than originally thought. Test
pits, property line locations, and check well
locations

Described by: William R. Marlin Engr
Date: 7-14-92
12-11-96

***** 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) 72' Cut	(S) PS U 6-15%	(S) PS U 8-15%	S (PS) U 15-30%	S PS (U) >30%	S PS U Floodplain
Texture	S PS U —	S (PS) U slightly clay Expansive	S (PS) U slightly clay Expansive	S (PS) U slightly clay Expansive	S (PS) U slightly clay Expansive	S PS U —
Structure	S PS U —	S (PS) U Sub L Block W	S (PS) U Sub L Block W	S (PS) U Sub L Block W	S (PS) U Sub L Block W	S PS U —
Drainage	S PS U —	S (PS) U >36"	(S) PS U >48" to water	S PS U >48" to water	S (PS) U >36" to water	S PS U —
Depth	S PS U —	S PS (U) 15-24"	S (PS) U 36"+	S (PS) U 36"+	S (PS) U 36"+	S PS U —
Restrictive Horizons	S PS U —	S (PS) U >36"	S (PS) U >36"	S (PS) U >36"	S (PS) U >36"	S PS U —
Available Space	S PS U —	S PS (U) Restricted	S PS (U) Restricted	S PS (U) Restricted	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	72' Cut	Pacolet-Lilly Complex IIe	Cecil-Lilly IIe	Cecil-Lilly IIe	Cecil-Lilly IIe	Flat Plain
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS (U)

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 76176A

TC: PO 003-091-02

☐ PC ☐ REPT

1/24/91

JOB LOCATION

① ADDRESS: SHEARER ROAD

② SUBDIVISION: DAVIDSON HUNT CLUB ③ LOT: 20 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: 5975-957 PAGE NO.: _____

OWNER

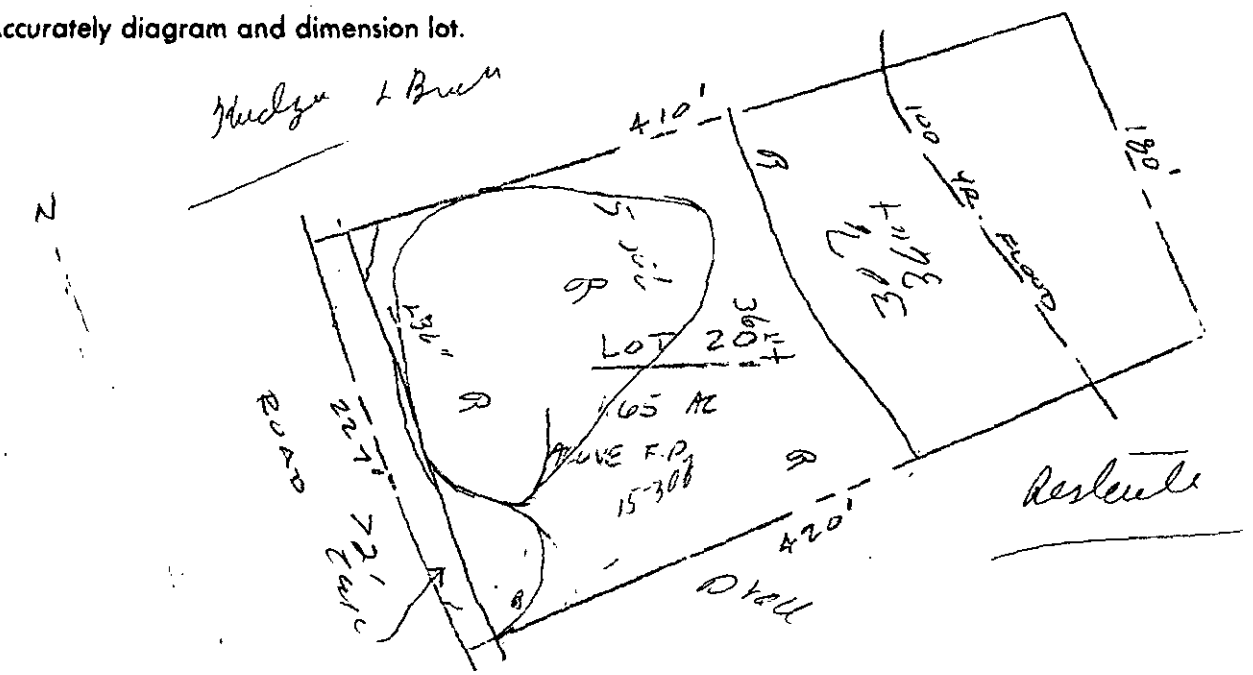
⑦ NAME: MICHELLE TEXTILE CORP.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 301 S. McDOWELL ST.

⑨ CITY: CHARLOTTE ⑩ STATE: N.C. ⑪ ZIP: 28204

⑫ PHONE: (WORK) 892-6683 (HOME) _____

⑬ Accurately diagram and dimension lot.



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: _____

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

Date: _____

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