

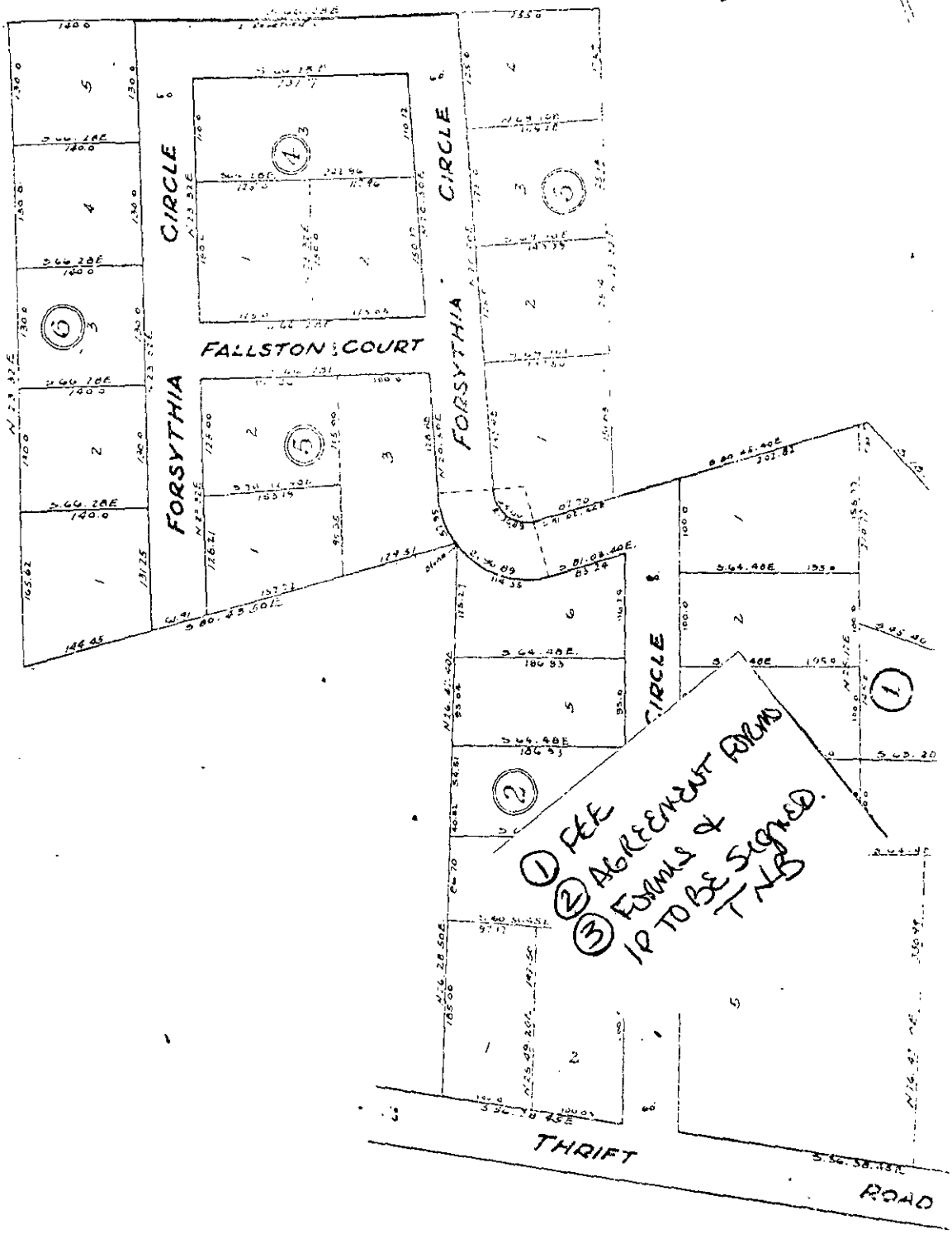
1425 FORSYTHIA CIR

12/27/2007

duponbj

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

22206



PROPERTY OF
J.H.L. ABERNETHY
CHARLOTTE, N.C.

Scale: 1" = 100

May 12, 1955

Davis & DeBerry
Reg Surveyors
Charlotte, N.C.

State of North Carolina
County of Mecklenburg

I, the undersigned surveyor, being duly sworn, deposes and says that the plat or map of the survey hereto attached is an accurate representation of the survey made by me or under my supervision from an actual survey of the property described hereon to the best of my knowledge, information and belief and was prepared from an actual survey made by me or under my supervision.

State of North Carolina
County of Mecklenburg

I, [illegible], a Notary Public in and for the County of Mecklenburg and State of North Carolina, do hereby certify that [illegible] surveyor, personally appeared before me this day and acknowledged the due execution of the foregoing certificate and upon his oath, swore to the truth of the statements set forth therein.

Witness my hand and notarial seal, this [illegible] day of [illegible]

Notary Public

My commission expires [illegible]

State of North Carolina
County of Mecklenburg

The foregoing certificate of [illegible]
Notary Public is and for Mecklenburg
[illegible] be correct. The [illegible]
[illegible] day of [illegible]

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 9-30-97 PERMIT NO: 2220B
PARCEL NO: 063-093-32A0

JOB LOCATION ADDRESS: Forsythia Circle
PROPERTY OWNER: Tom Collins
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: Jane Hayes Bunn, RS. DATE: 9-30-97
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2220B, 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: ① THIS PERMIT IS VALID FOR 5 YEARS FROM DATE OF ISSUANCE
② INSTALLATION APPROVAL REQUIRED.
③ AGREEMENT FORMS REQUIRED PRIOR TO INSTALLATION. (RECORDED + DEEDED + COPY TO OUR FILES)

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.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 9-30-97 PERMIT NO: 2220B
PARCEL NO: 063-093-30

JOB LOCATION ADDRESS: Forsythia Circle
PROPERTY OWNER: Tom Collins
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: David Shayne Burney, RS. DATE: 9-30-97
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2220B, 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: ① THIS PERMIT IS VALID FOR 5 YEARS FROM DATE OF ISSUANCE.
② INSPECTION APPROVAL REQUIRED.
③ AGREEMENT FORMS REQUIRED PRIOR TO INSTALLATION. (RECORDED & DEED & COPY TO OUR FILES)

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.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 2220B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 063-093-32 PO

- 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 25% REDUCTION SYSTEM ___ 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	1200 Absorption Area (sq ft)		9 Trench spacing (min. on centers)
MUNICIPAL Serviced by private well	1500 Gallon septic tank	400 Total trench length (ft)		36 Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	___ Gallon pump tank	N/A Depth of stone		
Any surface waters present: NO	Type:	Minimum separation distance:		
Site modifications required: UPSLOPE DRAINAGE IMPROVEMENTS ARE REQUIRED.				
Additional Conditions: (1) LOT UNSUITABLE FOR CONVENTIONAL SYSTEM -25% REDUCTION SYSTEM OR INNOVATIVE SHALL BE REQUIRED FOR 3 BR. (2) HOUSE SITE SHALL BE LOCATED SUCH THAT GRAVITY FLOW SHALL BE ESTABLISHED.				
Repair Area System Type Type (circle one): I II III IV V VI	#NOT REQUIRED BY .1945(C) SEE SURVEY ___ 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:				

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.

Dan Heggins Bunny 9-30-91

DEHNR Authorized Agent — Date — Owner/Agent Signature — Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 214
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

Permit Number: 2220B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number 063-093-32 90

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 25% REDUCTION SYSTEM ___ 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	1200 Absorption Area (sq ft)	9 Trench spacing (min. on centers)
___ Serviced by private well	500 ___ Gallon septic tank	400 Total trench length (ft)	36 ___ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	— ___ Gallon pump tank	N/A Depth of stone	

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

Site modifications required: UPSLOPE DRAINAGE IMPROVEMENTS ARE REQUIRED.

Additional Conditions: (1) LOT UNSUITABLE FOR CONVENTIONAL SYSTEM -25% REDUCTION SYSTEM OR INNOVATIVE SHALL BE REQUIRED FOR 3 BR. (2) HOUSE SITE SHALL BE LOCATED SUCH THAT GRAVITY FLOW SHALL BE ESTABLISHED.

Repair Area System Type Type (circle one): I II III IV V VI	NOT REQUIRED BY .1945(C) SEE SURVEY ___ 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:

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.

Joan Higgins Bunny 9-30-97

DEHNR Authorized Agent Date

Owner/Agent Signature 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

Mecklenburg County
Health Department

September 30, 1997

Mr. Thomas Collins
134 Clipper Lane
Charlotte, NC 28115

Re: Forsythia Circle
File: 2220B
Parcel: 063-093-32PO

Dear Mr. Collins:

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 the site is **UNSUITABLE** under Rule .1945 (available space) for a conventional wastewater treatment and disposal system and repair. However, modifications to septic tank systems may be utilized to overcome selected soil and site limitations. Our site evaluation determines that this lot can be classified **PROVISIONALLY SUITABLE** based on the following provisions for the issuance of the Improvement Permit:

- The house site should be re-adjusted in order to avoid the use of a pump. Upslope drainage improvements would be required part of the permit.
- You may wish to re-apply to construct a two bedroom home on this lot. A conventional sub-surface sewage disposal system would require 300 linear feet of drainfield.
- Based on Rule. 1945 available space (b) and (c) sites should have sufficient available space for a repair area separate from the area (drainfield) determined in Paragraph (a) of this Rule. This rule shall not apply to lots with a pre-existing deed or plat on January 1, 1983 and this eliminates the requirement 100% repair. Due to the limitations of space, this lot will require verification to its existence prior to 1983. Otherwise, this lot will have to use an alternative system for initial septic system and repair. If that turns out to be the case, this lot would still be classified unsuitable for space and you may wish to proceed by utilizing a consultant or engineer to determine if a septic system and repair could be designed and submitted to our office for approval.

If you have any questions concerning this matter please contact me at 336-5572.

Sincerely,

Toni Higgins Bunney, R.S.
Individual Water and Wastewater Systems

THB/db

Mecklenburg County
Health Department

September 12, 1997

Thomas Collins
Mr. ~~and Mrs. Nelson Edens III~~
~~14007 Woody Point Road~~ 134 CLIPPER LN.
Charlotte, NC ~~28278~~ 28115

Re: ~~14007 Woody Point Road~~ Forsythia Circle
File: ~~2208B~~ 2220 B
Parcel: ~~199-085-49PO~~ 063-093-32PO

Collins
Dear Mr. ~~and Mrs. Edens~~:

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 the site is **UNSUITABLE** under Rule .1945 ~~(Soil Depth)~~ for a conventional wastewater treatment and disposal system. However, modifications to septic tank systems may be utilized to overcome selected soil and site limitations. ~~Our site evaluation determined that this lot can be reclassified to **PROVISIONALLY SUITABLE** under Rule .1956 (1). A modified plan was prepared on site and a copy is enclosed for your records. The classification for this septic tank system is Type III.~~ OUR SITE EVALUATION DETERMINES THAT THIS LOT CAN BE CLASSIFIED PROVISIONALLY SUITABLE BASED ON the following provisions ~~shall apply~~ for the issuance of the Improvement Permit:

AND REPAIR.

AVAILABLE SPACE

- ~~The well should be located 100 feet, but in no case less than 50 feet from the sewage system and repair area.~~

300

- You may wish to re-apply to construct a two bedroom home on this lot. A conventional sub-surface sewage disposal system would require ~~270~~ linear feet of drainfield, ~~or a modified system that allows for a 25% reduction would require 217 linear feet of drainfield.~~ An
~~200~~
- ~~Landscaping of original system area and the repair area is prohibited. Grading, shaping, or altering the lot may void the permit.~~ Verification that this lot existed as unoriginally dated prior to 1983 by a surveyor

SEE BACK FOR PARAGRAPH

Upon execution and recording of the enclosed form "ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); .1957(c); or .1969" an Improvement Permit can be issued by this department. Also a plat of the property is required before an Improvement Permit can be issued for a building site.

Copy of the deed will be required.

If you have any questions concerning this matter please contact me at 336-5572.

Sincerely,

Toni Higgins Bunney

Toni Higgins Bunney, R.S.
Individual Water and Wastewater Systems

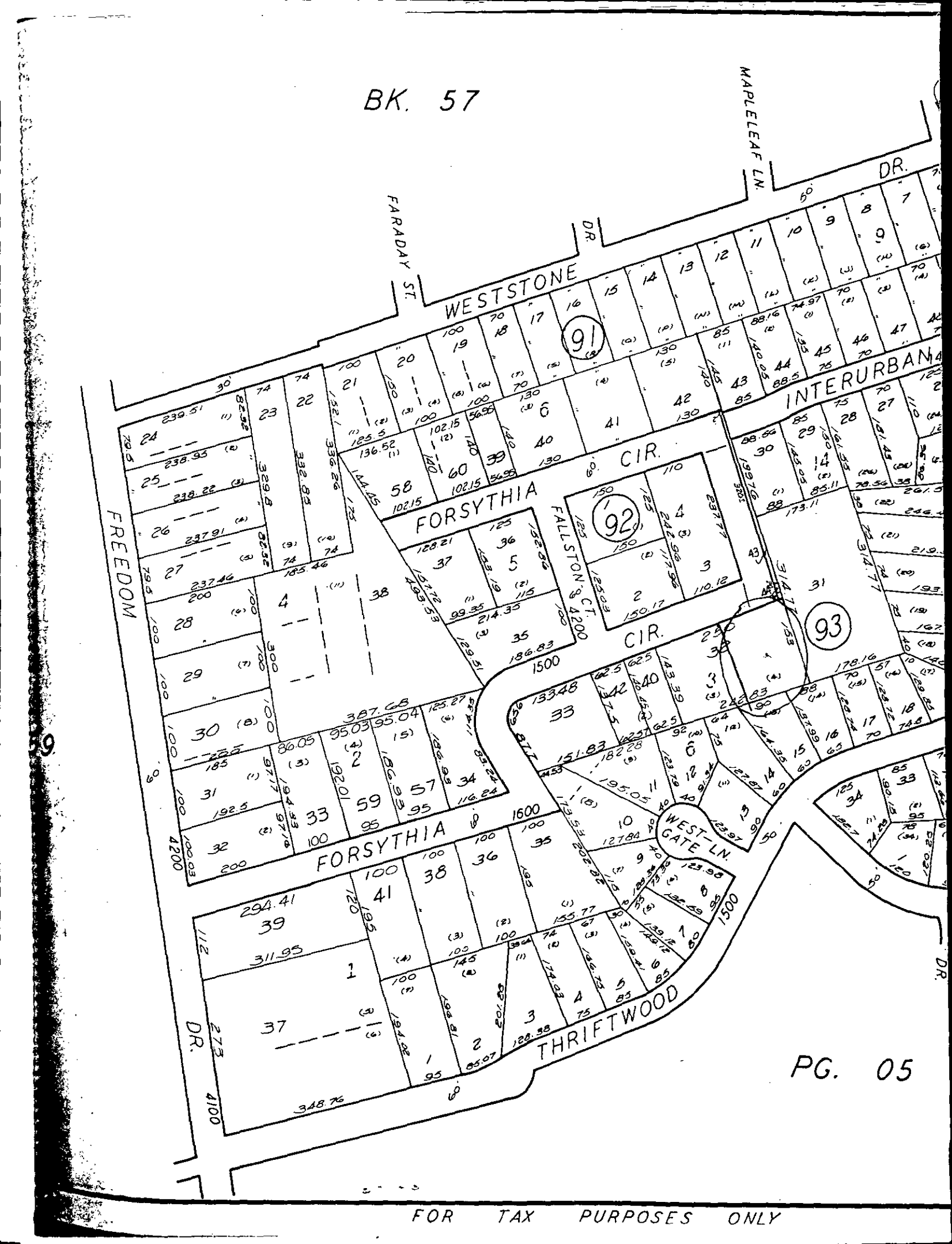
Enclosure(s)

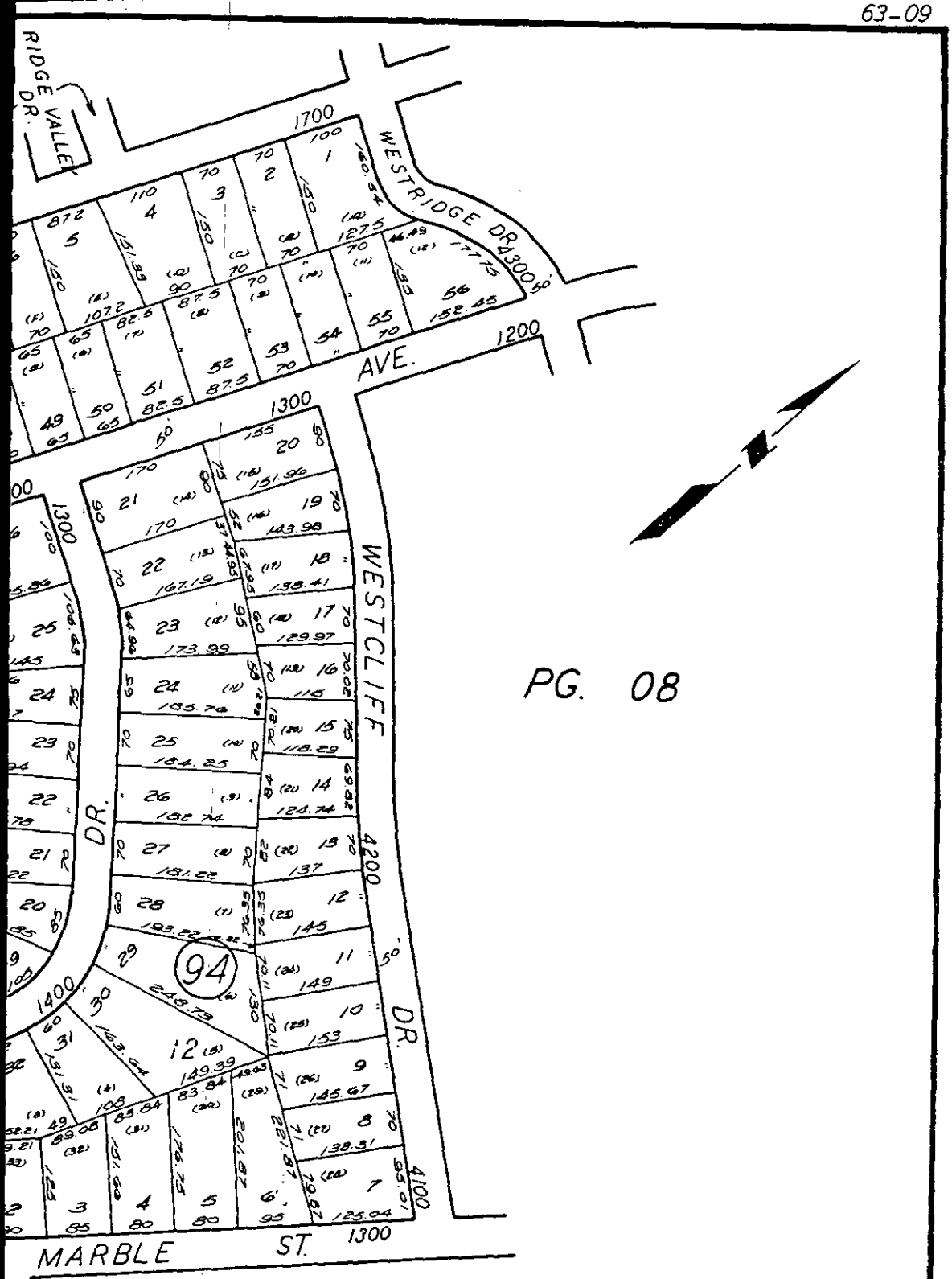
The house site shall be re-adjusted in order to avoid the use of a pump. Upslope drainage improvements would be required part of the permit.

~~A determination needs to be made that this lot existed prior to 1983. The .1945A4C(1) requires that in order to issue an Improvement Permit that the~~

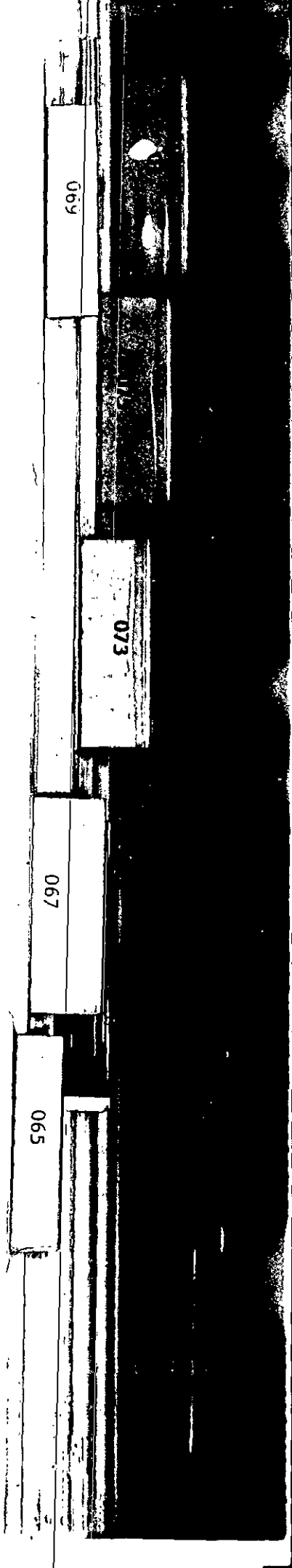
Available Space

Based on .1945(b)+(c) Sites shall have sufficient available space for a repair area separate from the area (designated) determined in Paragraph (a) of this Rule. ~~There is a question as to~~ This rule shall not apply to lots with a pre-existing deed or plat on January 1, 1983 and ~~repair will not~~ this eliminates the ~~use of space area~~ 100% repair. Due to the limitations of this lot, ~~of sp~~ this lot ~~will require an innovative~~ will require verification to its existence prior to 1983. Otherwise, this lot will have to use an alternative system ~~as~~ for initial septic system and repair. ~~The system would most have to address 50%~~ Reduction system such as a Parcel Block System and will have to require designed. ~~Approve~~ by ~~someone with~~ AN ENGINEER OR CONSULTANT ~~a working knowledge of septic systems and submitted to the Nash Health Dept. for approval. If this lot meets these~~ ~~At the~~ ~~The lot would~~ If that turns out to be the case, this lot would still be classified unsuitable for ~~space~~ ~~and~~ ~~###~~ And you may wish to proceed by utilizing A Consultant or engineer to determine if a septic system and repair could be designed and submitted to our office for approval.


BK. 57
MAPLELEAF LN.
DR.
FARADAY ST.
WESTSTONE
DR.
INTERURBAN
CIR.
FORSYTHIA
FREEDOM
FALLSTON CT.
CIR.
WEST-GATE LN.
FORSYTHIA
DR.
THRIFTWOOD
PG. 05
FOR TAX PURPOSES ONLY



PG. 08



TAX LINE MAP	BOOK 63 PAGE 09
MECKLENBURG COUNTY, NORTH CAROLINA	
REVISED MAY 20 1987	SCALE 1" = 200'

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

COUNTY: [illegible]

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

#2 2[illegible]10
PO 063-093-3
L4

OWNER: Thomas B. Tallem
APPLICANT:
ADDRESS: 134 Clipper Lane, Manorville
APPLICATION DATE:
DATE EVALUATED:
PROPOSED FACILITY: residence
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: .43 A
LOCATION OF SITE: Forge River Co.
PROPERTY RECORDED:
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	Slopes 2-10% .1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	1956 SAPRO CLASS	.1944 RESTR HORIZ	PROF CLA & LT
1	LS	0-3"	gr/cl	Fr/SEXP/SS/SP	>34" TO Soil wetness	34"	N/A	None	US IV .3g/
		3-34"	SBK/C	Fi/SEXP/S/P					
2	LS	0-4"	gr/cl	Fr/SEXP/SS/SP	>46" TO soil wetness	46"	N/A	None	PS IV .3g F2
		4-46"	SBK/C	Fi/SEXP/S/P					
3	LS	0-6"	gr/sl/	Fr/SEXP/SS/SP	>43" TO soil wetness	43"	N/A	None	PS IV .34 F
		6-43"	SBK/C	Fi/SEXP/S/P					
4	LS	0-5"	gr/sl/	Fr/SEXP/SS/SP	>46" To soil wetness	46"	N/A	None	PS .3g F2 IV
		5-46"	SBK/C	Fi/SEXP/S/P					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	ug	ug
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W.A. Malin 9997
OTHER(S) PRESENT: LSS

COMMENTS: Not sure of lot size 100% percent installed probably need pump

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope) V (Convex Slope) I (Drainage Way) S (Debris Slump) P (Flood Plain) S (Foot Slope) I (Head Slope) (Linear Slope) (Nose Slope) (Ridge) (Shoulder Slope) (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	SI (Silt) SICL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SUC (Silt Loam Clay)	0.6 - 0.3	0.3 - 0.15		
					MOIST	WET
	IV	SC (Sandy Clay) SIC (Silty Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		O (Organic)	None			

OTES

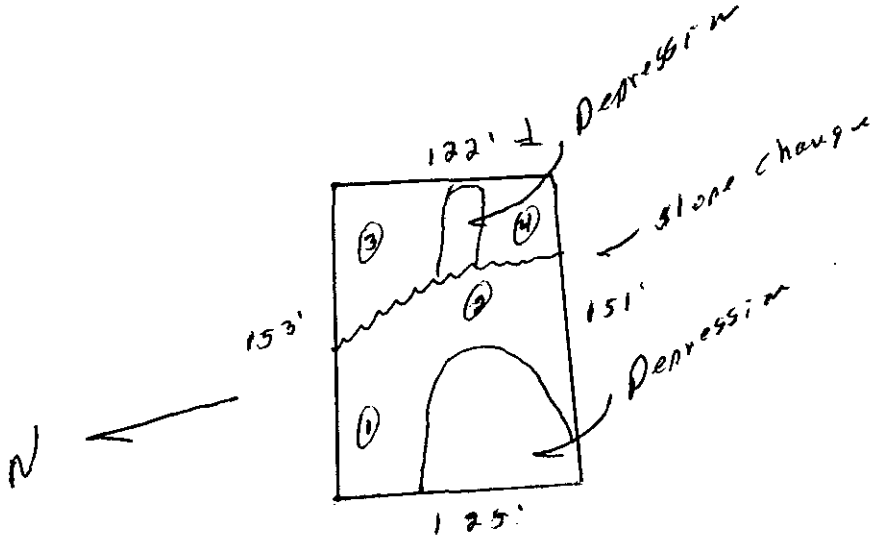
ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designatic
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.

ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).

2220B



Forsythia Cr.

Fallston Ct.

FEE: 108.00 CK # 3576

DATE: 9/5/92 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

COPY

FILE #: 2220B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 063-093-32 00

STREET ADDRESS: Forsythia Ct

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 3 (4)

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: 1300

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS:

CLOSING DATE_____

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

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: COLLINS (LAST) THOMAS (FIRST) R (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 134 CLIPPER LN	DAYTIME PHONE: ( ) —
CITY: MOORESVILLE STATE: N.C. ZIP: 28115	
DAYTIME PHONE: ( ) 704 - 664 0059 664 1039	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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SIGNED: Thomas R Collins 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

PROPOSED PLOT PLAN

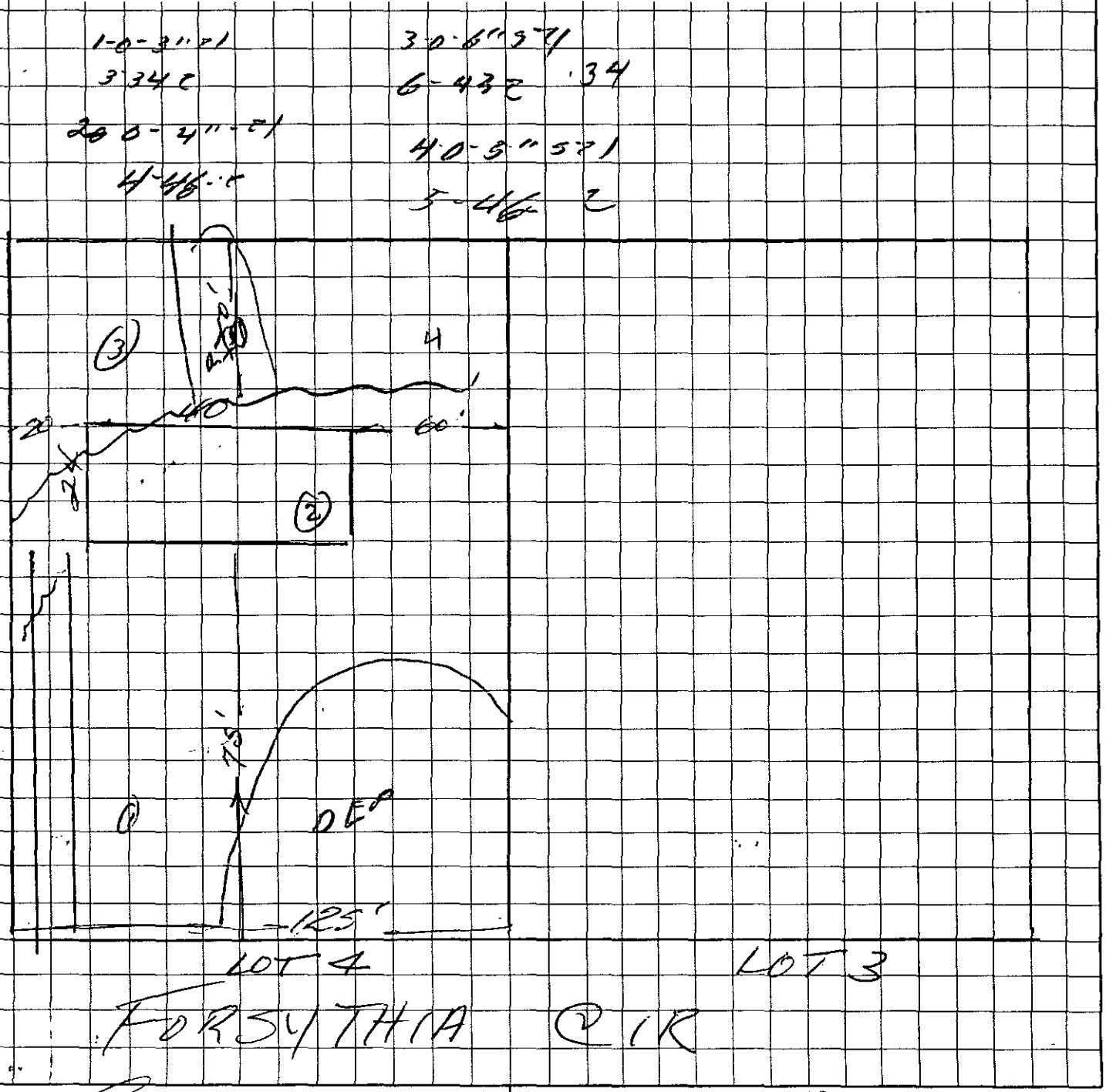
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2220B

TC: 063-09332

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.



OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

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

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

COUNTY: #2 22210
PO 063-093-32 L4

OWNER: Thomas R. Tollem
APPLICANT:
ADDRESS: 134 Clipper Lane, Monroe
APPLICATION DATE:
DATE EVALUATED:
PROPOSED FACILITY: residence
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: .43 A
LOCATION OF SITE: Forsythia Ct.
PROPERTY RECORDED:
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	Slopes 2-10% .1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS	0-3"	gr/cl	Fr/SEXP/SS/SP	>34" TO soil wetness	34"	N/A	None	US IV .3gal/F2
		3-34"	SBK/C	Fi/SEXP/SS/P					
2	LS	0-4"	gr/cl	Fr/SEXP/SS/SP	>46" TO soil wetness	46"	N/A	None	PS IV .39/F2
		4-46"	SBK/C	Fi/SEXP/SS/P					
3	LS	0-6"	gr/scl	Fr/SEXP/SS/SP	>43" TO soil wetness	43"	N/A	None	PS IV .34gal/F2
		6-43"	SBK/C	Fi/SEXP/SS/P					
4	LS	0-5"	gr/scl	Fr/SEXP/SS/SP	>48" TO soil wetness	46"	N/A	None	PS .39/F2 IV
		5-48"	SBK/C	Fi/SEXP/SS/P					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	US	US
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W.A. Mallin 9-99
OTHER(S) PRESENT: LSS

COMMENTS: Not sure if lot in 100% percent, would probably need pump

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
(Drainage Way)					EXP (Expansive)	CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
S (Foot Slope)						ABK (Angular Blocky)
(Head Slope)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SICL (Silty Clay Loam)				PR (Prismatic)
(Nose Slope)		CL (Clay Loam)			MOIST	WET
(Ridge)		SCL (Sandy Clay Loam)				
(Shoulder Slope)		SLC (Silt Loam Clay)			VFR (Very Friable)	NS (Non-sticky)
(Terrace)					FR (Friable)	SS (Slightly Sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FI (Firm)	S (Sticky)
		SIC (Silty Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
					EFI (Extremely Firm)	NP (Non-plastic)
		O (Organic)	None			SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

NOTES

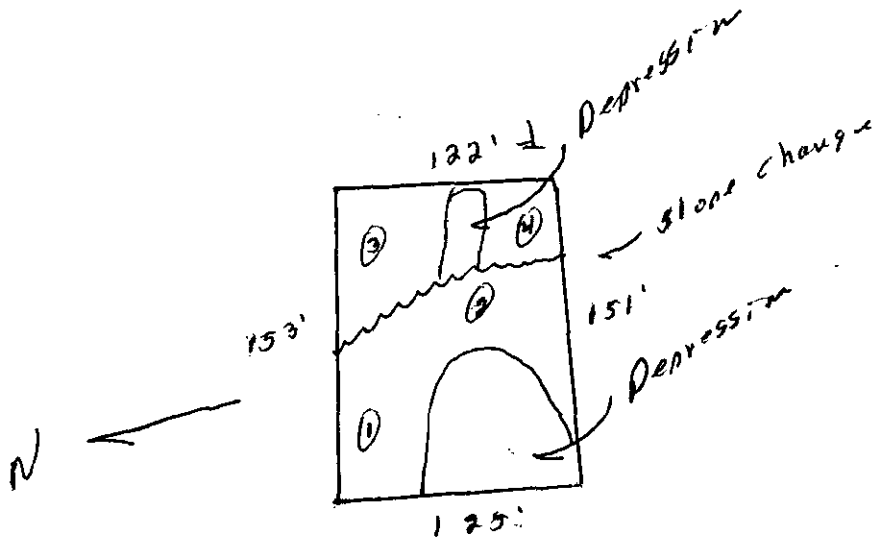
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).

2220B



Forsythia Cr.

Fallston CT.

FEE: 100.00 CK# 3546

DATE: 9/5/97 SC

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

1 1 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 #: 2220B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 063-093-32 PP

STREET ADDRESS: Forsythia Ct

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 3 (4)

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: 1300

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS:

CLOSING DATE _____

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: COLLINS THOMAS R
(LAST) (FIRST) (MI)

ADDRESS: 134 CLIPPER LN

CITY: MOORESVILLE STATE: N.C. ZIP: 28115

DAYTIME PHONE: ( ) 704 - 664 0559 664 1039

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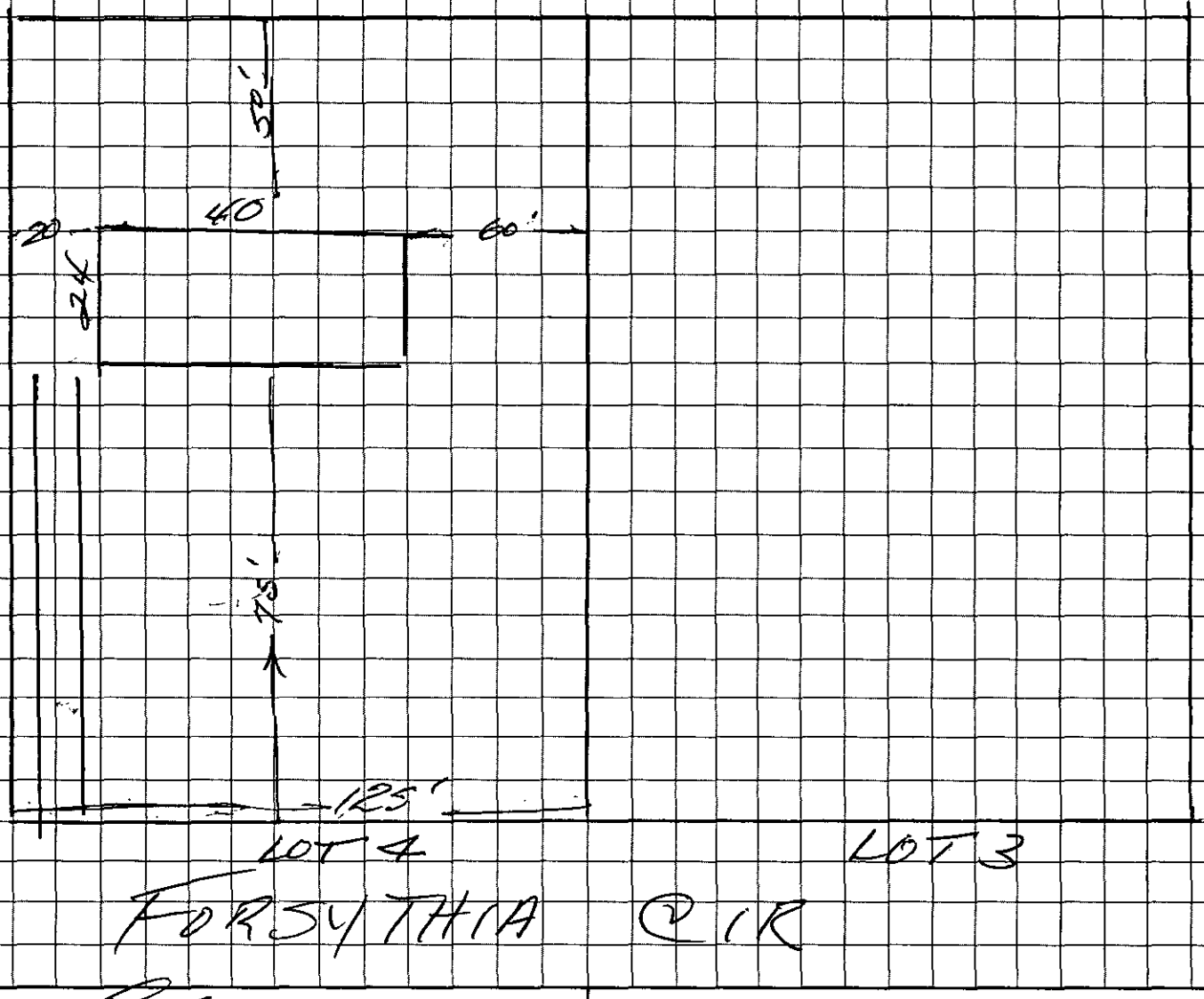
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
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700 NORTH TRYON STREET
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