

16215 HANES BEE LN

21720141

1/3/2008

duponbj

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

FILE NUMBER: _____ Revised On: January 3, 2007 APPLICATION NUMBER: _____

SEPTIC FEE: _____
DATE: _____

MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES
APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

WELL FEE: _____
DATE: _____

1. SEPTIC / TYPE APPLICATION: ☐ NONE ☒ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ☒ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

V D P

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 2172014 1
STREET ADDRESS: 16215 HAMES BEE LANE
CITY: Charlotte
STATE: NC ZIP: 28278
SUBDIVISION NAME: ----
LOT #: ---- LOT SIZE (acres): 1.104 AC.
TOWNSHIP
☒ 9-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION:
BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: 5
FOUNDATION TYPE:
☐ CONCRETE SLAB ☒ BASEMENT WITH PLUMBING
☒ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☒ N/A
NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. WATER SUPPLY: ☐ MUNICIPAL ☐ PUBLIC WELL ☒ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

7. PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☒ POTABLE ☐ GEOTHERMAL ☐ OTHER

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST DESIRED 5-LEAST DESIRED)*:

☒ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. RANK ____ ____ ____ ____ ____

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

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES ☒ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES ☒ NO
EXISTING WASTEWATER SYSTEMS	☐ YES ☒ NO	JURISDICTIONAL WETLANDS	☐ YES ☒ NO
WELLS, SPRINGS, OR WATER LINES	☒ YES ☐ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES ☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES ☒ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES ☒ NO

10. PROPERTY OWNER:
NAME: Wynn Investments, LLC
ADDRESS: 2250 Statesville Road
CITY: Charlotte
STATE: NC ZIP: 28216
HOME PHONE: ---- WORK PHONE: ----
MOBILE PHONE: 704-622-7071 FAX: ----

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: Toby Jacobs / SM&E
ADDRESS: 3718 Old Battleground Road
CITY: Greensboro
STATE: NC ZIP: 27410
HOME PHONE: _____ WORK PHONE: ----
MOBILE PHONE: 704-582-9219 FAX: ----

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1960
13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 5/15/07

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

Property Owner's or Owner's Legal Representative Signature Date: 5/10/07

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

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

☐ SURVEY PLAT TO SCALE SUBMITTED ☒ SCALED SITE PLAN SUBMITTED ☒ UN-SCALED SITE PLAN SUBMITTED

MECKLENBURG COUNTY-GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211, CHARLOTTE, NC 28202 PHONE: (704) 336-5103 FAX: (704) 336-8894

05/14/2007 12:04 7043566799 RANKIN REALTY PAGE 03/04

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

VOID

Permit #: **30002254** GWS File #: **3658B** Tax Parcel #: **217-201-41**

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

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 5/10/2012

Type of Installation: Residential - New System Lot Number: 0

Structure Type: HOUSE Size (ft^2): 0 # Bedrooms: 5 # Occupants: 5

Building Foundation: Basement With Plumbing Water Supply: Private Well

II. Initial System Type: PPBPS (pressurized) **System Classification:** IVa

Initial System Specifications:

Design Flow (gpd):	600	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	999	Total Trench Length (ft):	333
Maximum Trench Depth (in):	36	Depth of Media (in):	24	Distribution Device:	Manifold (LPP Distri		

III. Repair System Type: PPBPS (pressurized) **System Classification:** IVa

Repair System Specifications:

Design Flow (gpd):	600	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1000	Total Trench Length (ft):	333
Maximum Trench Depth (in):	36	Depth of Media (in):	24	Distribution Device:	Manifold (LPP Distri		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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

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

DENR Authorized Agent: Chris Sherrill Owner/Legal Agent: William T. Rankin

Signature: Chris M Sherrill Signature: Wm. T. Rankin

Print Name

Date Issued: 5/10/2007

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

V 0 1 D

Permit #: **30002254** GWS File #: **3658B**

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 3 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- This type of septic system requires a Certified Operator to maintain the system. A system maintenance contract with a Certified Operator must be on file prior to issuance of an Operation Permit.
- This type of repair system requires the installation of a pump tank and all associated components. This type of system will require routine inspections by our office. The system owner is responsible for all fees associated with these inspections.
- This type of repair system requires the property owner to obtain a contract with a Certified Operator to perform routine inspections and maintenance on the system.
- This type of repair system requires periodic inspections by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- The septic system shall be installed in accordance with the plans submitted by the wastewater system design consultant.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- The system must be water tested during the final inspection to verify proper operation and set system pressure.

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

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

DENR Authorized Agent: Chris Sherrill

Signature: Christopher M Sherrill

Date Issued: 5/10/2007

Owner/Legal Agent: William T. Rankin

Print Name

Signature: Wm. T. Rankin

Page 2 of 2

App. #: 2254

Septic Fee: 200.00

Date: 7/11/2005

CRT[ ]

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT FOR ONSITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES

FILE # 3658B

Well Fee:

Date:

CRT[ ]

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

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

JOB LOCATION INFORMATION:

TAX / PARCEL #: 217-201-41 ☐ PO

STREET ADDRESS: 16215 HANES BEE LN

CITY: Charlotte

STATE: NC ZIP: 28278

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 0

TOWNSHIP: 00

General Comments:

New design submitted for site. Existing IP issued on 6/25/98 has EXPIRED. New Owner Information for issuance of Authorization to construct. Private well to be used already on property

BUILDING INFORMATION:

TYPE OF BUILDING:

○ SINGLE MOBILE HOME (S) ○ MODULAR HOME (M)

○ DOUBLE WIDE (D) ○ MULTIPLE FAMILY (U)

◉ HOUSE (H) ○ OTHER

HEATED SQUARE FOOTAGE: 6086

NUMBER OF BEDROOMS: 5

NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☑ BASEMENT WITH PLUMBING

☐ CRAWL SPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES: ☐ N/A

NUMBER OF BEDROOMS TO BE ADDED: 0

NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE?: ○ Yes ◉ No

TYPE:

WATER SUPPLY:

☐ MUNICIPAL ☑ PRIVATE WELL ☐ PUBLIC WELL ☐ SHARED WELL ☐ OTHER

PROPOSED USE OF WELL:

○ N/A ○ IRRIGATION ◉ POTABLE (Drinking Water) ○ OTHER

PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST 5-LEAST DESIRED)*:

☐ N/A ☑ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER

RANK: 0 0 0 0 0

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	○ Yes ◉ No	GRADING/SOIL REMOVAL PERFORMED	○ Yes ◉ No
EXISTING WASTEWATER SYSTEMS	○ Yes ◉ No	JURISDICTIONAL WETLANDS	○ Yes ◉ No
WELLS, SPRINGS, OR WATER LINES	◉ Yes ○ No	APPROVAL REQ'RD BY OTHER AGENCY	○ Yes ◉ No
EASEMENTS OR RIGHT-OF-WAYS	○ Yes ◉ No	WASTEWATER OTHER THAN DOM. SEWAGE	○ Yes ◉ No
CHEMICAL/PETROLEUM STORAGE TANKS	○ Yes ◉ No	KNOWN UNDERGROUND CONTAMINATION	○ Yes ◉ No
WASTE STORAGE	○ Yes ◉ No	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ Yes ◉ No

PROPERTY OWNER:		LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:	
NAME:	Steve & Miah Price	NAME:	James Loss/Carolina Fine Homes
ADDRESS:	744 Montford Drive	ADDRESS:	4605 Charlotte Hwy, Suite 11, Box 5
CITY:	Charlotte	CITY:	Clover
STATE:	NORTH CAROLINA	STATE:	SOUTH CAROLINA
ZIP:	28209	ZIP:	29710
HOME PHONE:		HOME PHONE:	
WORK:		WORK:	704-201-4394
MOBILE:	704-771-6050	MOBILE:	704-201-4394
FAX:		FAX:	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? ☐ UNKNOWN

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? ☐ N/A

PRINT Update Go to Front Counter Duplicate

#2254

GWS – RES. APP 12/04

SEPTIC FEE: $200.00
DATE: 7/11/05
CRT [ ] Check #1089 VW

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

WELL FEE: _____
DATE: _____
CRT [ ]

FILE # 36588

VOID

SEPTIC / TYPE APPLICATION: ☐ NONE ☒ NEW SYSTEM EXISTING SYSTEM : ☐ EXPANSION/ALTERATION ☐ REPAIR

WELL / TYPE APPLICATION: ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION:

TAX/PARCEL #: 21720141
STREET ADDRESS: 16215 Haney Bee Ln.
CITY: Charlotte
STATE: NC **ZIP:** 28278
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
TOWNSHIP:

☒ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☒ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS: 3 5
NUMBER OF OCCUPANTS: 5

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☒ BASEMENT WITH PLUMBING
☒ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES: N/A
NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☐ NO TYPE:

WATER SUPPLY:

☐ MUNICIPAL (M) ☐ PUBLIC (C) ☒ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☒ NO	WELLS, SPRINGS, OR WATER LINES	☐ YES	☒ NO
EXISTING WASTEWATER SYSTEMS	☐ YES	☒ NO	DESIGNATED WETLANDS	☐ YES	☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☒ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☒ NO

PROPERTY OWNER:

NAME: Beach Glass Development
ADDRESS: 3500 Providence Monroe Rd.
CITY: Charlotte
STATE: NC ZIP: 28270
HOME PHONE: 704-383-5037 WORK PHONE:
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Andrew Wood
ADDRESS: P.O. Box 296
CITY: Clover
STATE: SC ZIP: 29710
HOME PHONE: WORK PHONE 803-684-3390
MOBILE PHONE: FAX 803-684-5168

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

*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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature 7/11/05 Date

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

*A Well 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

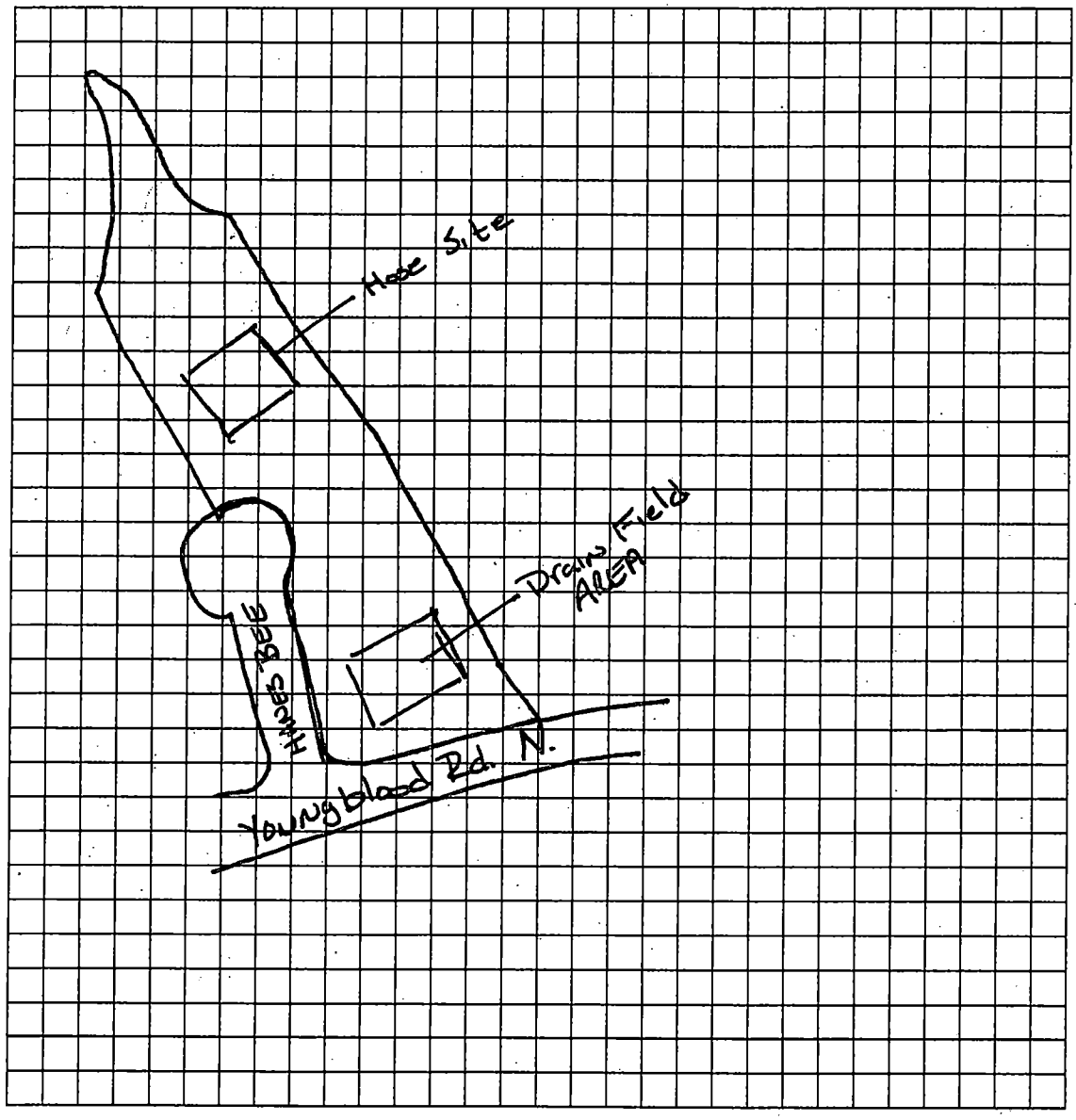
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
704-336-5103 / FAX: 704-336-6894

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File # 36583
Date 7/13/05

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature

Date 7/11/05

LBC 12/15/04

FEE: 25.00 CK 10715

DATE: 11/12/93

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

75

[ ] 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 #: 3658B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: 16215 Hawes Bee Lane

TAX/PARCEL NUMBER: 217-201-41

STREET ADDRESS: 16215 Hawes Bee Lane

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 173 Sect 43 CRI

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: 3600

NUMBER OF BEDROOMS: 4 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: Crescent Residences Inc
(LAST) (FIRST) (MI)

ADDRESS: PO Box 1083

CITY: Charlotte STATE: NC ZIP 28201

DAYTIME PHONE: ( ) - 663-6905

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Jacobs Tovey C
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) - 663-6905

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: Tovey C Jacobs, Jr. Agent DATE: 11/12/93

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

DOSED GRAVITY INFILTRATOR SYSTEM (OFF-SITE)

LOT 173 - SECTION 43

16215 HANES BEE LANE

MECKLENBURG COUNTY - NORTH CAROLINA

MCHD FILE #3658B TAX PARCEL 217-201-41

by

Toney C. Jacobs & Associates, Inc.
Consulting Soil Scientists
168 Broadbill Drive
Mooresville, N. C. 28115

ofc (704) 663-6905
fax (704) 662-9845
e-mail jacobs@i-america.net

January 29, 1998

VOID

LICENSED SOIL SCIENTIST
TONEY C. JACOBS
1063
STATE OF NORTH CAROLINA

Submitted to: Mr. Kelly Randall, R.S.
Mecklenburg County Health Dept.
Charlotte, N. C.

Ms. Susie Williams
Crescent Resources, Inc.
P. O. Box 1003
Charlotte, NC 28201-1003

Toney C. Jacobs, CPSS

Paul G. Penninger

RECEIVED
6/4/98

16215 Hanes Bee Lane

GRAVITY DISTRIBUTION INFILTRATOR SYSTEM

Design Considerations

The proposed system is for a 4-bedroom waterfront home on a 1.294 acre lot in a rural area of single family homes in southern Mecklenburg County. The lot will not support an on-site septic system because of topography and long shoreline that puts most of the lot in the 50' setback. The seller, Crescent Resources, Inc., has added a second parcel of 0.72 acres and will transfer this as a septic area (maps enclosed). This provisionally suitable area is approximately 300 feet from the lot and was the closest usable septic area. The property was recorded prior to January 1983; however, because of the added septic the 100% repair area is required.

Soils were evaluated by both Mr. Kelly Randall of the Mecklenburg County Health Department and Toney C. Jacobs & Associates. The system layout was by Toney C. Jacobs & Associates. To best use the added easement the chambered system was considered as the best suited system for the tract. The septic system drainfield was flagged in the field as shown in Figure 1. The system will be pumped to a surge tank, gravity to d-box, and chambered system, using 4 x 100' lines. During construction and tree removal precautions should be taken to prevent damaging the system area. The pump supply line is on the added property supplied by CRI and no part of the DOT right-of-way.

Location

The lot is on the end of Hanes Bee Lane, north of Youngblood Road. The system adjoins Youngblood Road.

Reference

(1) *Laws and Rules for Ground Absorption Sewage Disposal Systems 15A NCAC 18A. 1900,* NCDEHNR-DEH.

(2) Infiltrator product information

Recommendation

Four hundred(400) lineal feet of dosed Infiltrator lines using gravity distribution. (Product information sheet on Infiltrator System, Inc. enclosed)

Ownership Responsibility

Conservation measures should be undertaken in plumbing fixture specifications to minimize the volume of wastewater entering the disposal system, including, but not limited to the following precautions:

(a) Provide water conserving plumbing fixtures within the facility. Waterclosets must be 1.6 gal. flush (per code). Shower head should also have restrictions or be of low volume design.

(b) Develop conservative water use habits.

(c) Monitor and maintain the system as necessary for proper operation. An Operation Permit will not require a maintenance contract to be filed with the Mecklenburg County Health Department for the system.

System must be properly installed by a *qualified* and *competent* contractor following the requirements of the Mecklenburg County Department of Environmental Health, DEH, the N.C. Building Code, Plumbing Code, and the Electrical Code. This plan, as any, is a guide to a minimum standard, but cannot take the place of experience and common sense.

Components of System

1. Two compartment septic tank - 1500 gal.
2. Pump tank 1000 gallons
3. Supply pipe
4. Minimum 50 gal concrete surge tank
5. Speed lever box or D-box with speed levelers
6. 400' of chambers with sand backfill on the sides.

Construction Sequence

1. Lines have been flagged as noted on drawing and in specifications.
2. Clear the area of all trees with minimum soil disturbance (do not grade). Backfill any low areas with clean sandy loam to natural compaction and look. This includes stump holes.
3. Install trenches per cited reference material and this plan.
4. Carefully backfill distribution trenches to grade with clean clay or clay loam soil fill material which is carefully placed and compacted.

5. The installation contractor shall stabilize the area of construction by planting with Kentucky 31 tall Fescue and mulching. Area to be limed and fertilized with 0.5 tons lime, 75 units of N, 150 units P, and 100 units of K per disturbed acre.

6. The septic tank shall consist of an approved 1500 gallon capacity reinforced, precast watertight, concrete tank with full baffle and shall have easy access to each chamber from ground level for inspection. The first chamber of the septic tank shall consist of 2/3 to 3/4 of the volume of the total tank and the baffle shall contain a horizontal opening across the tank at about midway . Locate the septic tank at such height as to provide approximately 8" of cover soil over top of the tank.

7. Final Landscaping: After the system is installed, the absorption field should be reshaped to shed rainwater and be free of low areas to insure that the system will not be overloaded with excess rainwater and run-on.

8. Supply pipe should have a metal locator tape or wire should it have to be located. This is a recommendation and not required. Where this pipe goes under the drive, it must be greater than 36" deep. It could be sleeved in metal, but deeper is better and less expensive.

9. The dosing tank shall consist of an approved 1000 gallon capacity, reinforced, precast, watertight concrete tank without baffle and shall have a concrete mounting pad (concrete blocks) for accommodating the pump. Test for leakage per regulations. Provide access for entry into the tank directly over the pump location, and extending 6" above final grade. Use a 30" diameter concrete well casing or equivalent and concrete well cap or other approved type cover. There must be a seal (masonry or seal rope) between well tile and top of tank.

10. All piping and fitting shall be SCH 40 PVC. Glue for all PVC pipe joints shall be as recommended by the pipe manufacturer.

11. Pump: The submerged pump shall be Model ME 150 manufactured by Myers or equal, 115 or 230 v/l phase; capable of pumping 13 gallons per minute at 86.7' of head.

12. Pump controls and alarm to meet specifications of .1952, all being compatible.

13. A "Warning Sign" shall be located within the house to inform the occupants of action to take in case the "High Water Alarm" is activated. This sign shall contain the name, address, telephone number, and emergency telephone number of the person to contact upon malfunction of the system.

14. Pump and Controls: Details of pump installation are shown in the plan. The pump must be placed on concrete blocks on the bottom of the tank. This prevents the pumping of any solid particles which can clog the pipe system. A piece of nylon rope or other non-corrodible material should be attached to the pump and the outlet pipe for lifting the pump in and out of the chamber. Controls should be fastened to a "tree" or the outlet pipe with clamps or brackets supplied by the manufacturer. The lower level control or "pump-off" must be positioned above the pump, so that the pump remains submerged at all times. The level control "pump-on" is positioned to pump a specified volume of effluent. The high water control float is then mounted about 3" above the upper pump-on control. (Note: Care must be taken to insure that floats do not become fouled by other components in the tank, such as the electric power cord or the lifting rope. It is highly recommended that a telescoping "tree" be used for floats to facilitate adjustments.) The pump outlet pipe should be connected to the supply manifold with a threaded PVC union (or dresser coupling) to allow quick removal.

15. Electrical Connections: The pump and high water alarm must be placed on separate electrical circuits. (If the pump circuit fails, the alarm must still be able to operate). Follow the manufacturers recommendations for the proper fuses or circuit breakers. All electrical connections must be made outside the pumping chamber. Power cords from the pumps and controls should be plugged into a NEMA 4X approved outdoor receptacle. This must not be located inside the pumping chamber due to the corrosive and explosive gasses that may form from the sewage. This box must be a minimum of 1' above finished grade. Some level control switches have a box built into the housing, but are more expensive than the plug-in devices. Wiring between the pumping chamber and the station should meet State and local code requirements. A lightning arrester is recommended to protect the pump and controls from electrical surges.

16. Proper Operation Check: After all components have been installed and connected, the system should be checked for proper operation. With electrical power turned off, fill the pumping chamber with water from garden hose until the liquid rises to the level of the high-water alarm float. Turn on the electrical power. The alarm light should go on in the house, and the pump should start operating. The alarm light should go off when the liquid reaches the lowest float control. Be sure the pump is still completely submerged.

17. With someone at the surge tank, turn pump on and set gate valve at surge tank to deliver 13 gpm.

18. With an open end box and this pump size, the calculation for a pressure release valve indicator is not needed. Should an air lock occur, the valve can be added on the high point of the supply line.

Concluding Note:

This plan was done to facilitate permitting by the Mecklenburg County Health Department by an agent of the seller (CRI). Because of the complexity of this system, a pre-installation meeting between Toney C. Jacobs & Associates and the installer is recommended if needed. This pre-construction meeting will be billed to the builder or client at current rates. At this time the pump size can be adjusted if necessary. Any additions, or additional requirement(s), or deletions to enhance design or workability which will facilitate a permit are welcomed and may be made by note on this plan without returning entire design. The designer realizes that a plan with as many details as this can be changed and/or improved upon. The installer must realize that this is an exact plan and must be followed and installed with exacting measurements. Should the installer desire a change, it must be approved by the health department in writing. Final inspection will also require more time and detail than a conventional system. If there are questions, please give me a call.

Design Specifications

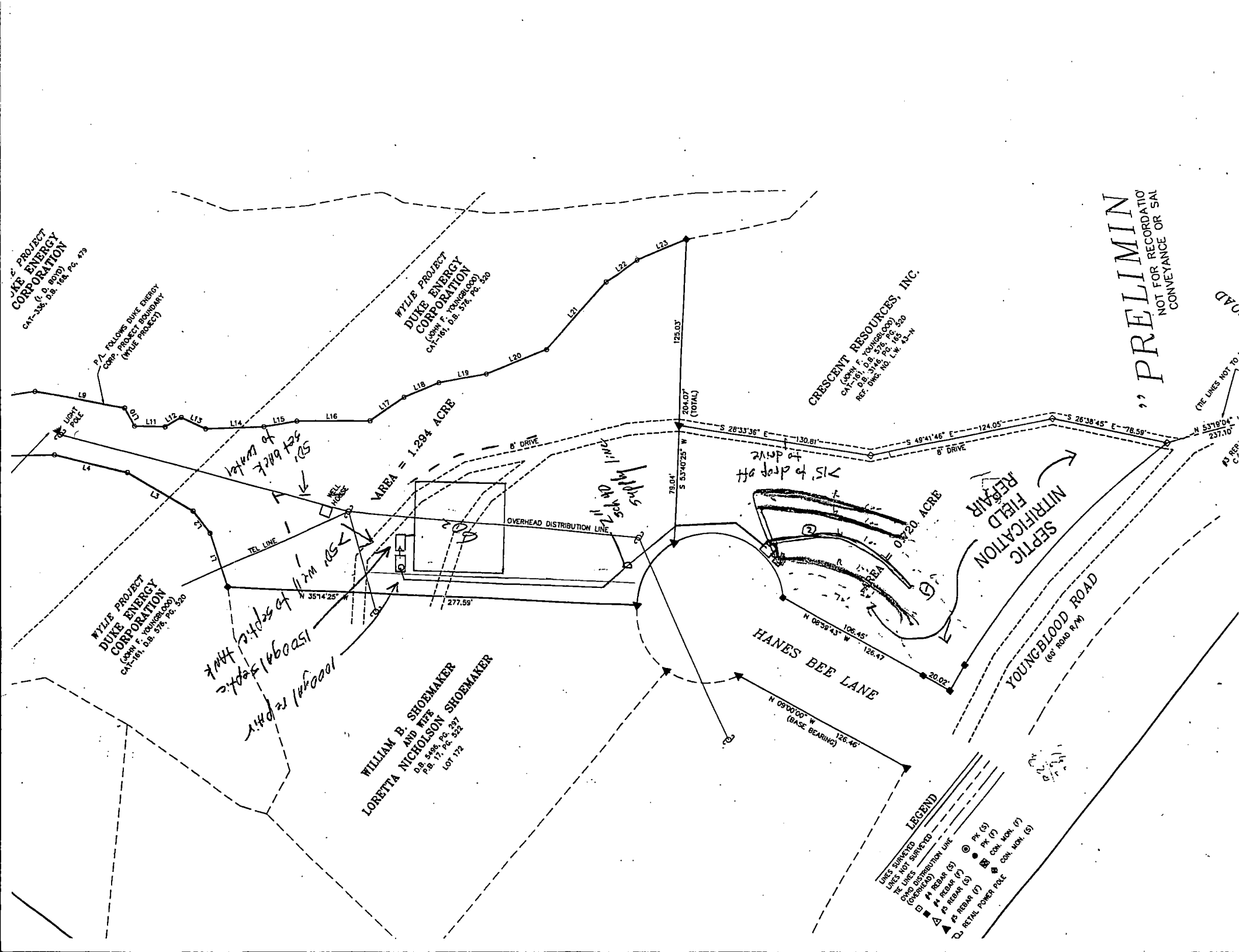
16215 Hanes Bee Lane

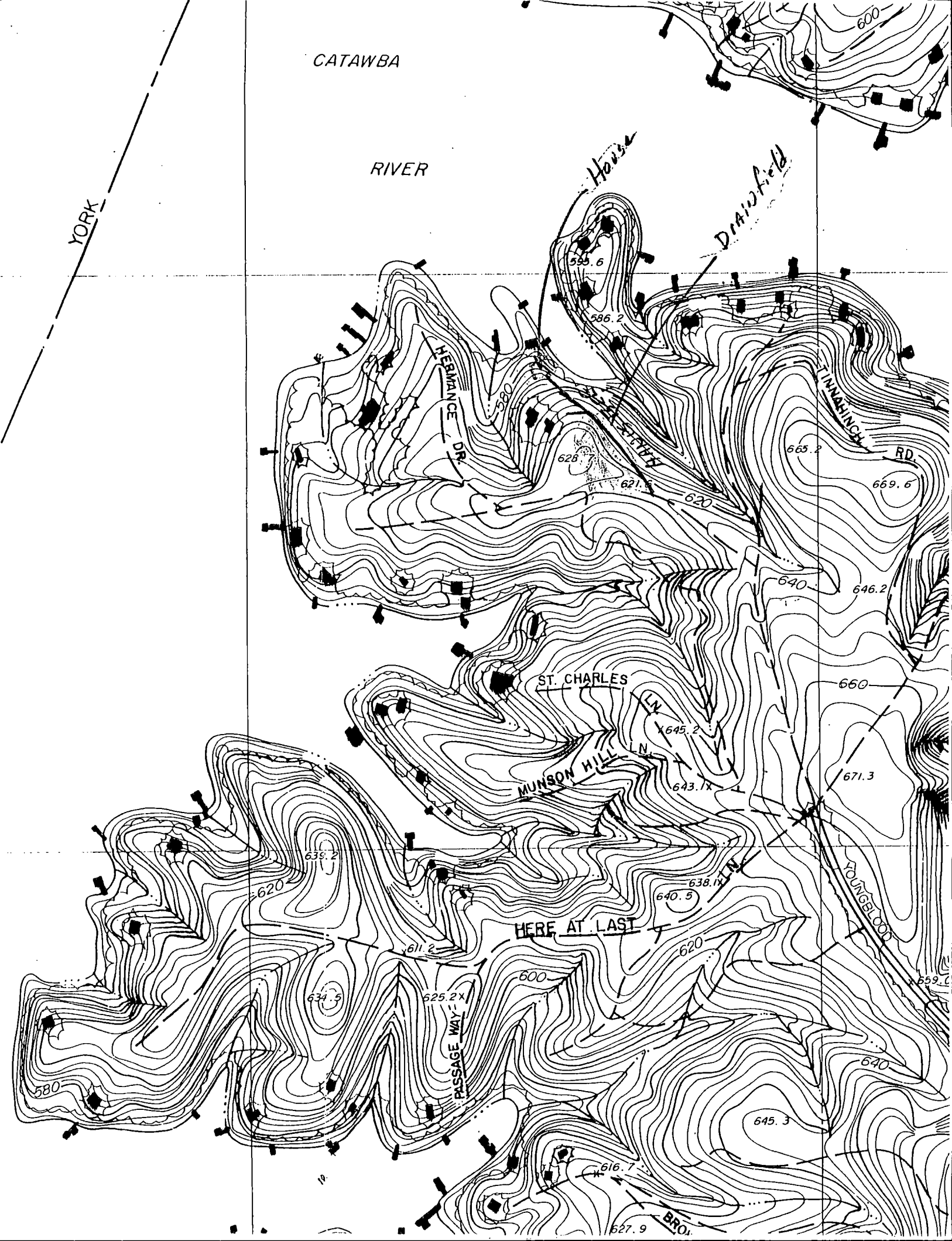
Daily design flow:	480gpd.
Septic tank size:	1500 gal. (2 compartments)
Pumping tank size:	1000 gal.
Effluent loading rate:	0.3gpd/sf initial system repair the same
Total length and diameter of supply manifold:	app. 300 lf-2" 40 PVC
Number and length of laterals:	4 @ 100' long
Speed lever control:	4 required
Flow rate through the system:	20 gpm capability
Elevation head:	65' *
Pressure head:	3.0'
Friction head:	7.4'
15% contingency	11.3'
Total head:	86.7'
Pump requirements:	13 gpm at 86.7' of head; use Myers "ME 150" 1½hp pump or equivalent with compatible electrical
Dosing volume:	240 gal. - 2.0 doses/day at design flow
Depth of water pumped per dose:	calculated to specific tank by measure or dealer engineering specifications(1 cubic ft. of water equals 7.48 gals.)
Pump run per dose:	approx. 18.0 min. (run time control of dose
Check valve:	Yes
Siphon break hole:	No

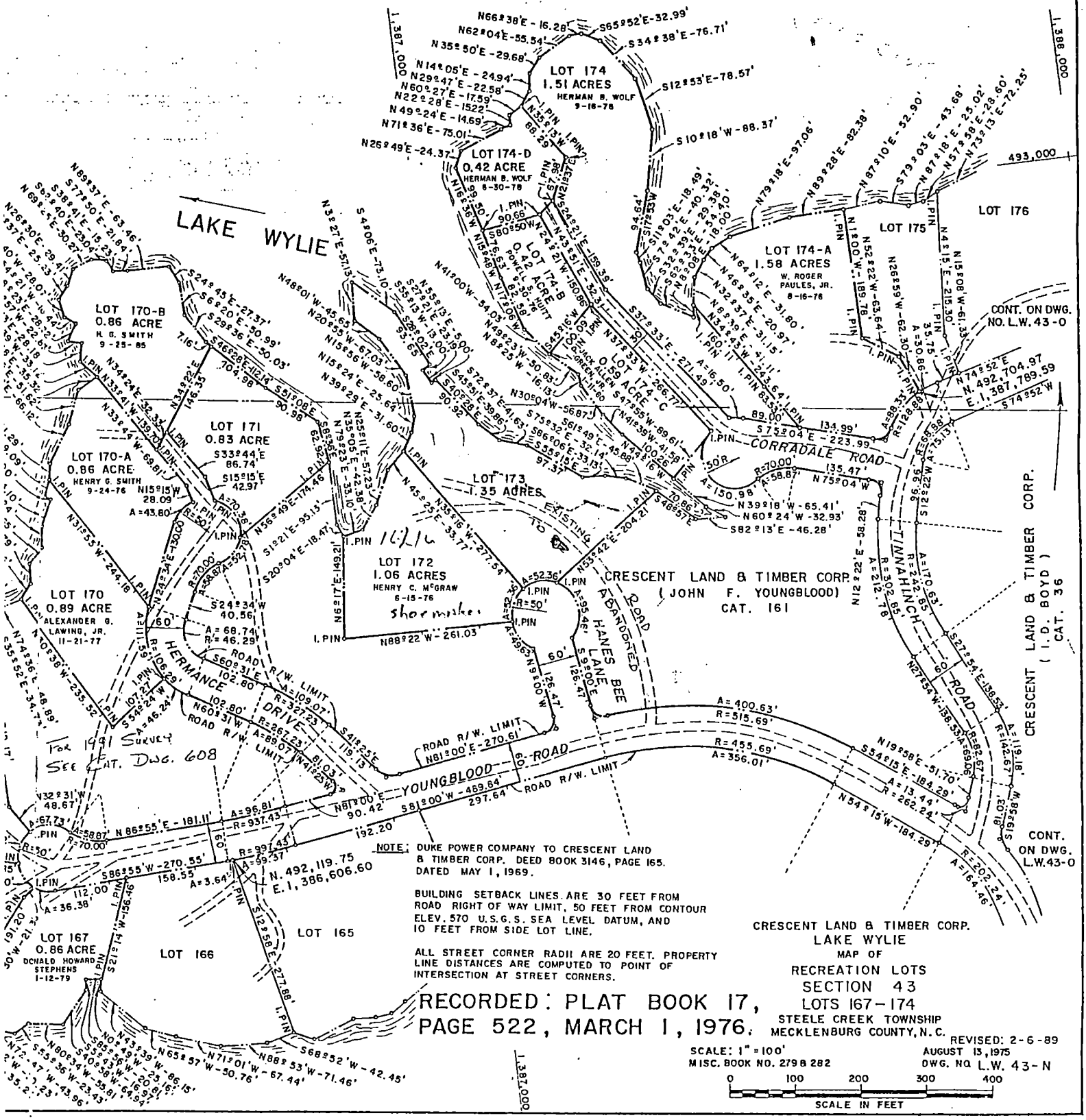
concur w/ PS soil findings @ .3 LTAR

(DR) 6-19-98

* This is lowest pump tank placement. If house and tank are back from lake, this could be reduced and require a smaller pump. (Mecklenburg County topo enclosed)


PRELIMIN
NOT FOR RECORDATIO
CONVEYANCE OR SAL
WYLIE PROJECT
DUKE ENERGY
CORPORATION
(JOHN F. YOUNGBLOOD)
CAT-161, D.B. 576, PG. 520
P/L FOLLOWS DUKE ENERGY
CORP. PROJECT BOUNDARY
(WYLIE PROJECT)
CRESCENT RESOURCES, INC.
(JOHN F. YOUNGBLOOD)
CAT-161, D.B. 576, PG. 520
D.B. 3146, PG. 165
REF. DWG. NO. L.W. 43-N
AREA = 1.294 ACRE
8' DRIVE
LIGHT POLE
WELL HOUSE
OVERHEAD DISTRIBUTION LINE
TEL LINE
204.07' (TOTAL)
125.03'
79.04'
S 53°40'25" W
S 28°33'36" E 130.81'
S 49°41'46" E 124.05'
S 26°38'45" E 78.59'
N 53°18'04" E 237.10'
N 35°14'25" W 277.59'
0.220 ACRE
SEPTIC
NITRIFICATION
FIELD
REPAIR
AREA
N 08°58'43" W 106.45'
126.47'
20.02'
HANES BEE LANE
YOUNGBLOOD ROAD
(60' ROAD R/W)
N 09°00'00" W
(BASE BEARING)
126.46'
WILLIAM B. SHOEMAKER
AND WIFE
LORETTA NICHOLSON SHOEMAKER
D.B. 5496, PG. 297
P.B. 17, PG. 522
LOT 172
LEGEND
LINES SURVEYED
LINES NOT SURVEYED
TIE LINES
OWID DISTRIBUTION LINE
(OVERHEAD)
REBAR (S)
REBAR (F)
REBAR (S)
REBAR (F)
RETAIL POWER POLE
PK (S)
PK (F)
CON. MON. (F)
CON. MON. (S)


CATAWBA
RIVER
YORK
House
Drain Field
599.6
586.2
HERMANCE DR.
580
628.7
621.6
620
TINNAHINCH RD.
665.2
669.6
640
646.2
ST. CHARLES LN.
645.2
660
MUNSON HILL LN.
643.1
671.3
639.2
620
638.1
640.5
YOUNGBLOOD
HERE AT LAST
611.2
600
634.5
625.2
PASSAGE WAY
580
645.3
616.7
627.9
BRO.



NOTE: DUKE POWER COMPANY TO CRESCENT LAND & TIMBER CORP. DEED BOOK 3146, PAGE 165. DATED MAY 1, 1969.

BUILDING SETBACK LINES ARE 30 FEET FROM ROAD RIGHT OF WAY LIMIT, 50 FEET FROM CONTOUR ELEV. 570 U.S.G.S. SEA LEVEL DATUM, AND 10 FEET FROM SIDE LOT LINE.

ALL STREET CORNER RADII ARE 20 FEET. PROPERTY LINE DISTANCES ARE COMPUTED TO POINT OF INTERSECTION AT STREET CORNERS.

For 1991 Survey
See Cat. Dwg. 608

RECORDED: PLAT BOOK 17, PAGE 522, MARCH 1, 1976.

CRESCENT LAND & TIMBER CORP.
LAKE WYLIE
MAP OF
RECREATION LOTS
SECTION 43
LOTS 167-174
STEELE CREEK TOWNSHIP
MECKLENBURG COUNTY, N.C.

REVISED: 2-6-89
AUGUST 13, 1975
DWG. NO. L.W. 43-N
SCALE: 1" = 100'
MISC. BOOK NO. 279 & 282

0 100 200 300 400
SCALE IN FEET

TCJ CONSULTING

SITE / SOIL EVALUATION

JOB: HAINES 13 EE PHONE: DATE:

LOCATION: PIN: COUNTY: PROPERTY SIZE:

PROPOSED FACILITY: WATER SUPPLY: On-Site Well__ Community__ Public__ EVALUATION: Auger Boring__ Pit__ Cut

WEATHER: ANTECEDENT MOISTURE: SURFACE WATER:

FACTORS	PROFILE_ 1	PROFILE_ 2	PROFILE_	PROFILE_
LANDSCAPE POSITION-%	L			
HORIZON I DEPTH	0-22	0-11		
Color - Munsell	ye 11 bw	bw		
Texture	SiL	SiL		
Structure	M/WSOD	BM		
Consistence	fri SS/SP	fri		
Boundary				
HORIZON DEPTH II	22-32	11-47		
Color - Munsell	md yl	md		
Texture	C	C		
Mottles	NA	C-F yl/bw		
Structure	lgmSAB	lgmSAB		
Consistence	fi S/P	fi S/P		
Boundary				
HORIZON III DEPTH	32-47			
Color - Munsell	md			
Texture	C			
Mottles	NA			
Structure	mfSAB			
Consistence	fi-fn SS/SP			
Boundary				
HORIZON IV DEPTH				
Color - Munsell				
Texture				
Mottles				
Structure				
Consistence				
Boundary				
SOIL WETNESS				
RESTRICTIVE HORIZON				
SAPROLITE				
LTAR	0.3	0.3		
CLASSIFICATION	P3	P3		

LEGEND

LANDSCAPE POSITIO
R - Ridge
S - Shoulder
L - Linear slope
S - Foot slope
N - Nose slope
H - Head slope
Cc - Concave slope
Cv - Convex slope
T - Terrace
P - Flood Plain

TEXTURE
s - sand
ls - loamy sand
sl - sandy loam
l - loam
si - silt
sil - silt loam
sicl - silty clay loam
cl - clay loam
scl - sandy clay loam
sc - sandy clay
sic - silty clay
c - clay

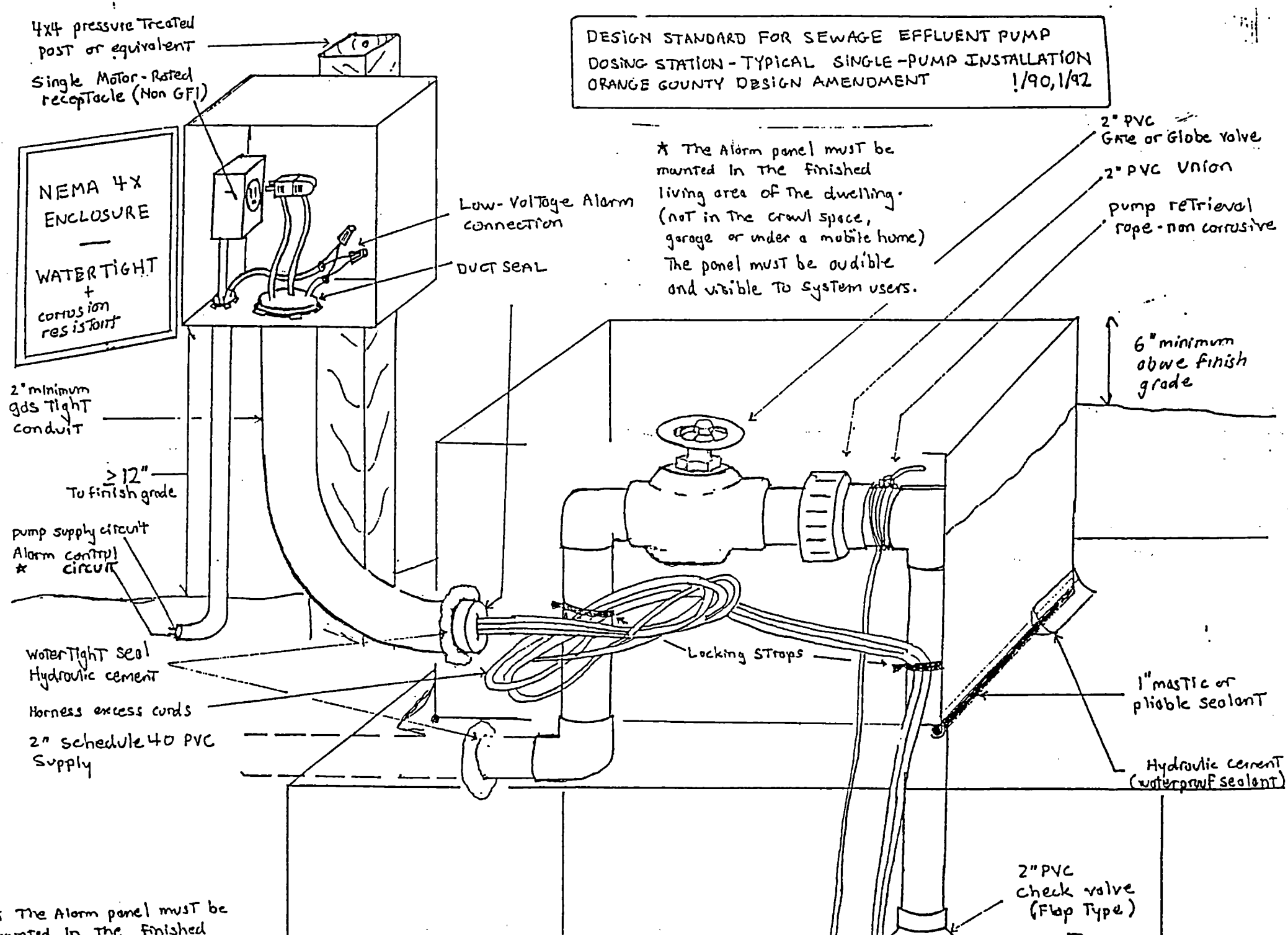
CONSISTENCE
MOIST / WET
Ns - non-sticky
Ss - slightly sticky
S - sticky
Vs - very sticky

Np - non-plastic
Sp - slightly plastic
P - plastic
Vp - very plastic

MOIST
vfr - very friable
fr - friable
fi - firm
vfi - very firm
efi - extremely firm

STRUCTURE
sg - single grain
m - massive
cr - crumb
gr - granular
sab - subangular blocky
ab - angular blocky
pl - platy
pr - prismatic

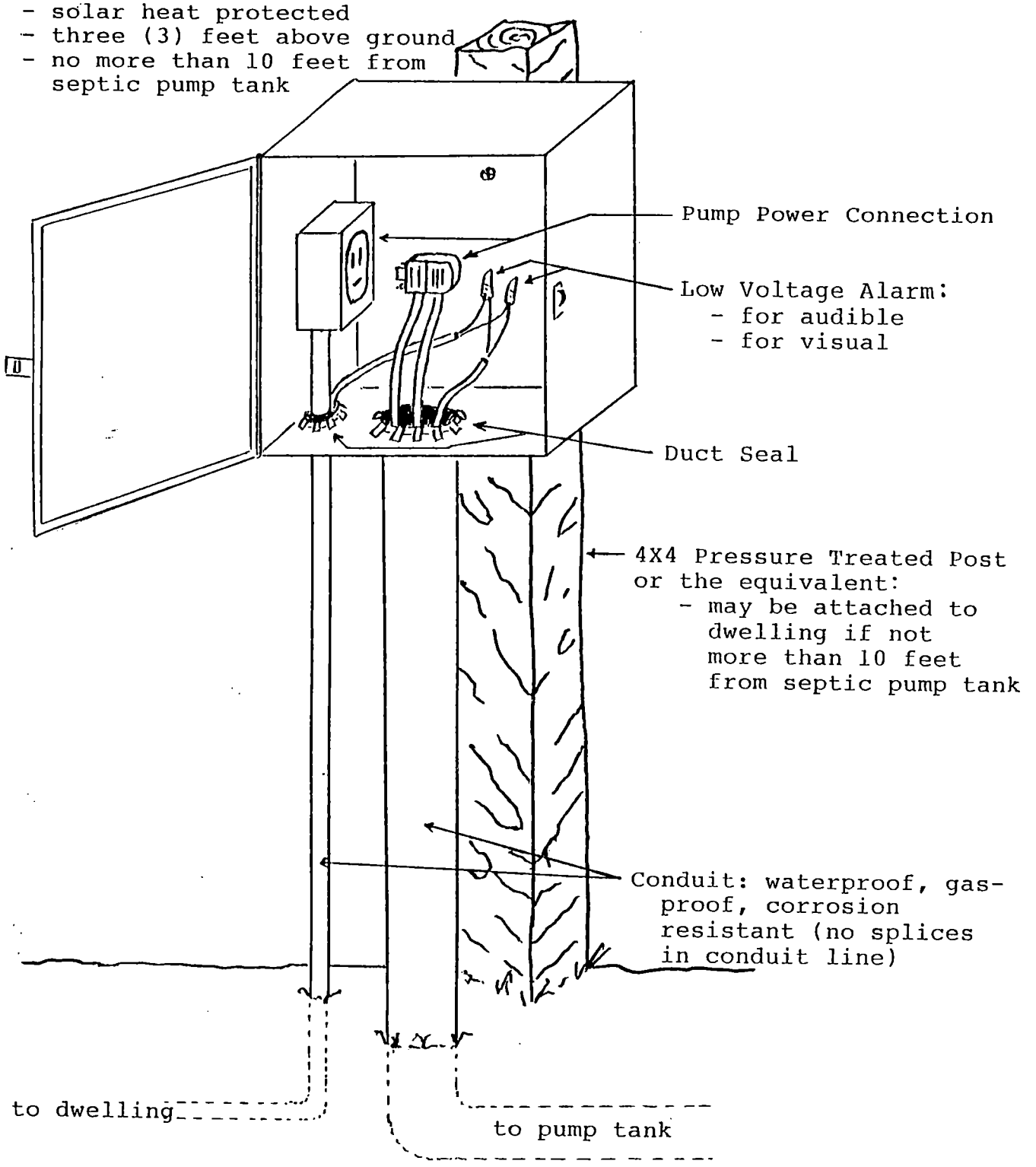
DESIGN STANDARD FOR SEWAGE EFFLUENT PUMP DOSING STATION - TYPICAL SINGLE-PUMP INSTALLATION ORANGE COUNTY DESIGN AMENDMENT 1/90, 1/92



* The Alarm panel must be mounted in the finished

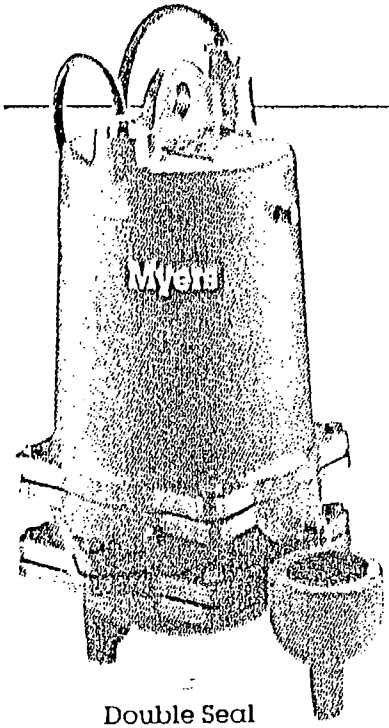
NEMA 4X ENCLOSURE must be:

- water tight
- corrosion resistant
- solar heat protected
- three (3) feet above ground
- no more than 10 feet from septic pump tank

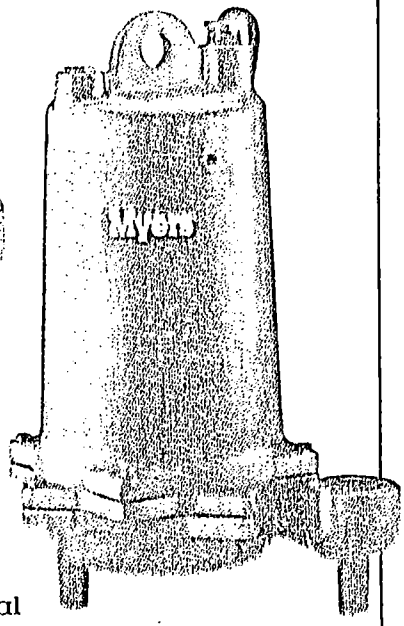


ME SERIES

1/3 through 1-1/2 HP
Effluent Pumps



Double Seal



Single Seal

THE MYERS ME SERIES EFFLUENT PUMPS ARE DESIGNED SPECIFICALLY FOR TODAY'S EFFLUENT PRESSURE DISTRIBUTION MOUNDS, TRENCHES AND HIGH FLOW DRAINAGE APPLICATIONS. The ME Series effluent pumps with their efficient two vane, enclosed impellers, provide the ideal performance for optimum dosing. ME Series pumps are constructed of only corrosion resistant materials like cast iron, stainless steel and thermoplastics to assure that they will perform for years to come in the harsh effluent environment and drainage applications. For more information, call your Myers distributor today or the Myers Ashland, Ohio sales office at 419/289-1144.

ADVANTAGES BY DESIGN

IDEAL FOR USE IN MOUND AND TRENCH PRESSURE DISTRIBUTION SYSTEMS

- High efficiency, two vane, enclosed impeller provides ideal performance for most efficient dosing.
- Impeller passes full ¾ inch solids.
- Enclosed impeller design eliminates possibility of jamming or corrosion between impeller and volute.

DURABLE MOTOR WILL DELIVER MANY YEARS OF RELIABLE SERVICE

- Oil-filled motor for maximum heat dissipation and constant bearing lubrication.
- High torque, permanent split capacitor (PSC), single phase motors. No starting switches or relays to wear out.
- Optional seal leak probe warns of seal leak condition. (Dual seal motors only.) Helps prevent costly motor damage.
- Motors have on winding current and temperature sensitive overload. (Single phase only.)

THE ME SERIES EFFLUENT PUMPS ARE DESIGNED FOR YEARS OF MAINTENANCE FREE OPERATION

- Volute seal ring is replaceable. Restores pump to original performance if wear should occur.
- Motor is held in place by 4 screws. Easily removed if service is ever needed.

PRODUCT CAPABILITIES

Capacities To	120 GPM	454 LPM
Heads To	98 ft.	29.8 m
Max. Spherical Solids	¾ in.	19 mm
Liquids Handling	domestic effluent & drain water	
Intermittent Liquid Temp.	up to 140° F	up to 60° C
Motor Electrical Data	1/3 & 1/2 HP, 115 volts, 1 ph 1/3 to 1-1/2 HP, 230 volts, 1 ph 208, 230, 460, 575 volts, 3 ph oil-filled, permanent split capacitor type, 1 ph, 3450 rpm, 60 Hz	
Motor Insulation	Class B (130°C)	
Third Party Approvals	Pending	
Acceptable pH Range	6-9	
Specific Gravity	.9-1.1	
Viscosity	28-35 SSU	
Discharge, NPT	2 in.	50.8 mm
Min. Sump Dia. Simplex Duplex	24 in. 36 in.	61 cm 91.4 cm

Construction Materials	
Motor Housing, Volute	cast iron, Class 30, ASTM A48-76
Enclosed Two Vane Impeller Standard Optional	engineered thermoplastic bronze
Impeller Wear Ring	304 SST
Volute Sealing Ring	Buna-N
Shaft	416 SST
Power Cord 1/3 & 1/2 HP, 1 Ph 3/4 - 1-1/2 HP, 1 Ph All 3 Ph	 20 ft. 16/3 SJOW/SJOW-A 20 ft. 14/3 SJOW/SJOW-A 20 ft. 14/4 SOW/SOW-A
Shaft Seals Standard Optional Opt. Lower	single carbon & ceramic tandem carbon & ceramic tungsten carbide
Fasteners	300 Series SST

WHERE INNOVATION MEETS TRADITION

Myers®

Permit Number: 3658-B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 217-201-48

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	400 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9 Trench spacing (min. on centers)	
yes Serviced by private well	1500 Gallon septic tank	400 Total trench length (ft)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
4 Bedrooms in residence	1000 Gallon pump tank	___ Depth of stone		
Any surface waters present: yes Type: Lake wylie		Minimum separation distance: 50'+		
Site modifications required: No.				
Additional Conditions: - agreement form on file - use innovative system				
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	
1200 Absorption Area (Sq ft) 400 Total Trench Length (Ft)	N/A Depth of Stone Trench	9 Trench spacing (min. on centers)	30" Maximum Trench Depth	
For existing system, enter the year originally installed:				

EXPIRED

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: 6-25-98

Owner/Agent Signature — Date: 4/19/98

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

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

BK: 09718 PG: 0888/0890 #:0397 12.35
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 06/04/98 13:37

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 # 3658B
PARCEL # 217-201-41

The undersigned, Crescent Resources, Inc., owner of property located at 16215 Hanes Bee LN., (the "site") and described in an instrument recorded in Book _____ at Page _____, 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: CRESCENT RESOURCES, INC.
Mail after recording to: Susie Williams, Crescent Resources, Inc.
P. O. Box 1003, Charlotte, NC 28201-1003

- 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 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 9th day of February, 1998.

CRESCENT RESOURCES, INC. _____ (SEAL)
(Corporate Name)

_____ (SEAL)

By: _____ _____ (SEAL)
James M. Short, Jr.

Vice President _____ (SEAL)

ATTEST:

_____
Assistant Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Linda Myers, a Notary Public for said County and State, do hereby certify that Ethelene G. Williams personally came before me this day and acknowledged that she is Assistant Secretary of CRESCENT RESOURCES, INC., 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 herself as its Assistant Secretary.

WITNESS my hand and notarial seal, this 9th day of February, 1998.

_____
Notary Public

My Commission Expires:
February 2, 2002

LINDA MYERS NOTARY PUBLIC MECKLENBURG COUNTY, N.C. My Comm. Exp. February 12, 2002

RBCWM:24751_1/8-30-95

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3658B

Pd #150 7/26/95 Ck #01041 ☐ CRT

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

(704)336-5102

PERSON FILING APPLICATION: CATHY BARKLEY

NAME: C/O CRESCENT RESOURCES, INC
(last) (first) (mi)

ADDRESS: P.O. BOX 1003 PHONE: (704) 382-1268

CITY: CHARLOTTE, NC STATE: NC ZIPCODE: 28201-1003

Date: 7/25/95

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 217-201-41

STREET ADDRESS: 16215 HANES BEE LN.
CHARLOTTE, NC

ZONING: R-5 28278

PROPERTY OWNER:

NAME: SAME AS ABOVE
(last) (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

☒ SOIL TEST - INDIVIDUAL LOT (O)
☒ NEW CONSTRUCTION ON VACANT LOT - 6 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (N)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 6 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
☐ SINGLE MOBILE HOME (S) ☒ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 1

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
☐ Community (C) ☐ Shared Well (S)
☐ Municipal (M) ☐ Other 'spring' (O)
☒ Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
☐ Swimming Pool ☐ Jacuzzi ☐ Stable/Barn ☐ Workshop ☒ None
☐ Garage ☐ Storage Building ☐ Deck/Patio ☐ Bedrooms ☐ Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Cathy W. Barkley FOR: CRESCENT RESOURCES Date: 7/25/95

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

...

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

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WATER : 2279

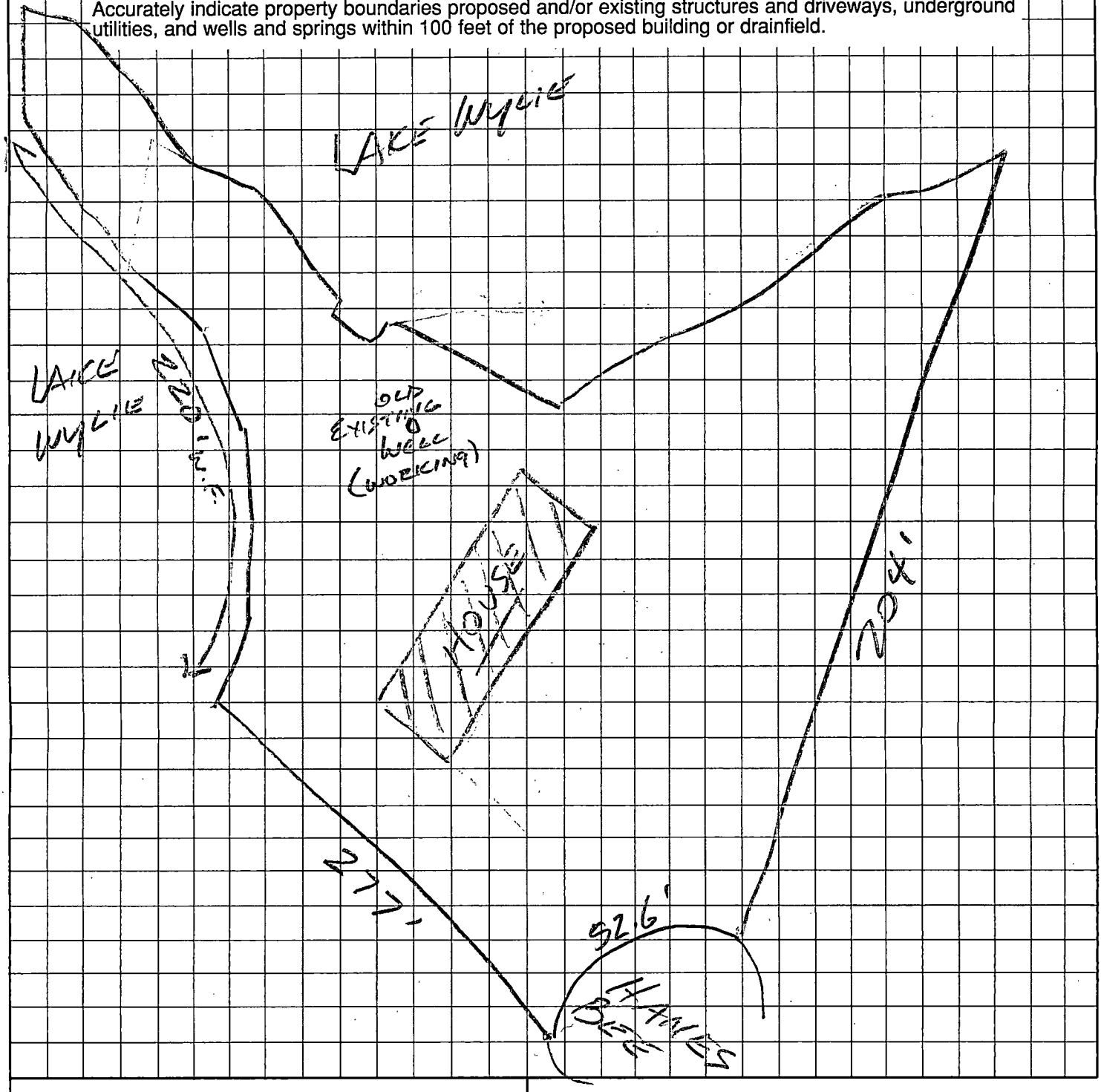
PROPOSED PLOT PLAN

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

FILE: 36588

TC: 217-2014-1

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.

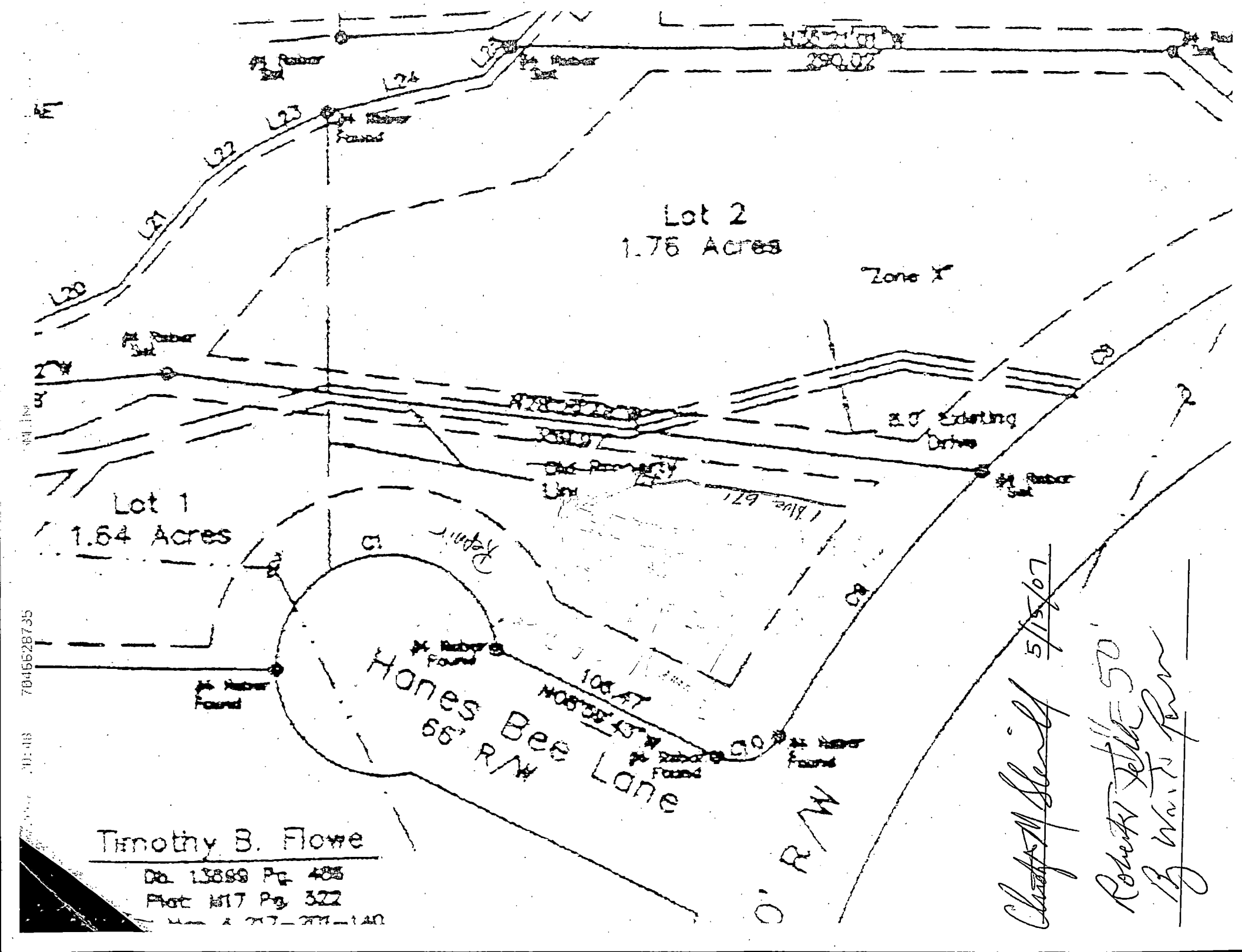


APPROVAL DATE _____

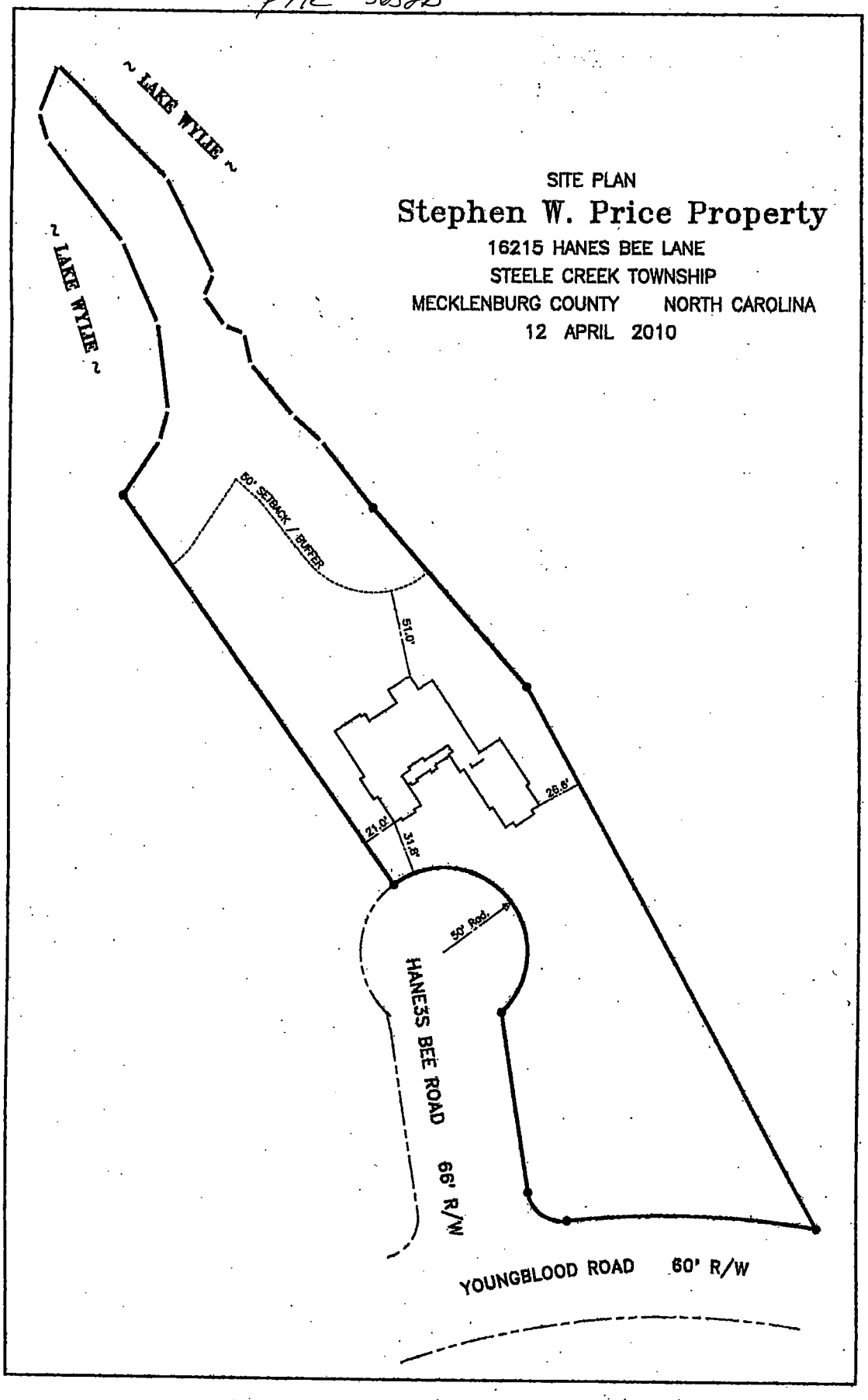
OWNER/AGENT SIGNATURE

DATE

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


Lot 2
1.76 Acres
Zone X
Lot 1
1.64 Acres
Hones Bee Lane
66' R/W
Timothy B. Flowe
Db 13868 Pg 485
Plat M17 Pg 322
Robert Tuttle
By Wm. Penn
5/15/07

File 365AB


~ LAKE WYLIE ~
~ LAKE WYLIE ~
SITE PLAN
Stephen W. Price Property
16215 HANES BEE LANE
STEELE CREEK TOWNSHIP
MECKLENBURG COUNTY NORTH CAROLINA
12 APRIL 2010
50' SETBACK / BUFFER
51.0'
25.6'
21.0'
31.8'
30' Rad.
HANES BEE ROAD 66' R/W
YOUNGBLOOD ROAD 60' R/W

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028670

File: 3656B Action 2

Parcel: 217-201-41 400 ~~PPC~~

Location: 16215 Hanes Bee Lane

Subdivision:

Lot: Block: Acres: 1.35 ±

Owner: Cathy Barkley
Address: c/o Crescent Resources, Inc.
PO Box 1003
Charlotte, N.C.
28201-1003

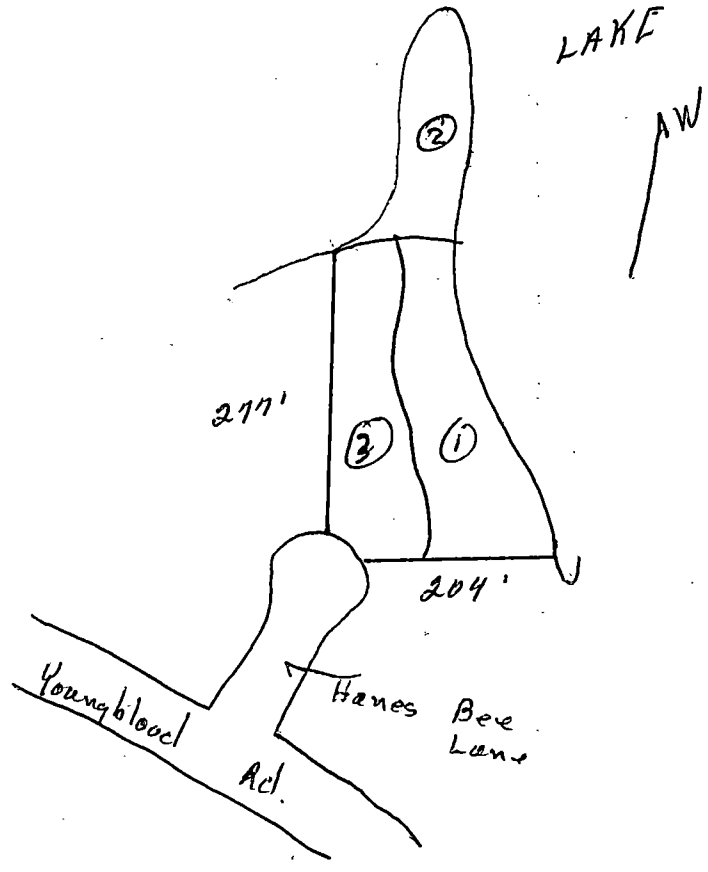
Comments:

Described by: William R. Marbis

Date: 8-15-95

*** EVALUATION KEY ***
S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

Lot shoreline 700'±



FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S PS (U) 730%	S PS U —	S PS (U) complex slopes present	S PS U	S PS U	S PS U
Texture slightly Exp	S (PS) U clay	S PS U —	S (PS) U slightly Exp clay	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S (PS) U Blocky	S PS U	S PS U	S PS U
Drainage	S (PS) U 736" soil wetness	S PS U —	S (PS) U 736" To	S PS U soil wetness	S PS U	S PS U
Depth	S PS (U) 24-28"	S PS U —	S PS (U) 24-36"	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 736"	S PS U —	S (PS) U 736"	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS (U) L50' TO water	S PS (U) Restricted	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV series Not Determined	L 50' To shoreline	IV Pocolet L.U.E			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

Mecklenburg County
Health Department

August 29, 1995

Cathy Barkley
Crescent Resources Inc.
P.O. Box 1003
Charlotte, NC 28201-1003

Re: 16215 Hanes Bee Lane
File: 3658B
Parcel: 217-201-41

Dear Ms. Barkley:

Receipt of your application for the above referenced property is acknowledged. A soil investigation and a site visit have been conducted. The result of the investigation indicated the site is **UNSUITABLE** under Rules .1943(a) SOIL DEPTH, and .1945(a) AVAILABLE SPACE. For these reasons your application for improvement permit is denied. Possible ways to develop the site exist under Rules .1956 MODIFICATIONS TO SEPTIC TANK SYSTEMS, .1957 DESIGN CRITERIA FOR DESIGN OF ALTERNATIVE SEWAGE SYSTEMS, .1969 EXPERIMENTAL AND INNOVATIVE SYSTEMS, COMPONENTS, OR DEVICES, and 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 groundwater or surface water; and
> (3) the effluent will not 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 data 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 336-5575.

Sincerely,

Kelly Randall

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	07/11/05	**Amount:**	200.00
Receipt #:	35732	**Tendered:**	200.00
Check / Auth #:	CHECK 1039	**Returned:**	0.00
Received By:	WALKEVA		

Account Information

Account #: 200000
Contractor: BEACHGLASS, LLC
Attn:
Address: 3500 PROVIDENCE MANOR ROAD
Address:
City/State/Zip: CHARLOTTE, NC 28270

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 16215 HANES BEE LANE		1	200.00	200.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

LD 4/20/10

GWS File #: 3658B WASPS App #: 2259

Primary ES assigned to project: CS PW

Secondary ES assigned to project:

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

I. File Review:

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

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

II. WASPS Review:

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

Items requiring correction/modification: _____

Comments:

_____

_____

_____

_____

_____

IA issued date: 3-23-11

OP issued date: 4-12-12

Review performed by: ICR SM Date performed: 5.7.07

4/4/10

4-18-12

Infiltrator Systems Inc., the industry leader in septic and stormwater chamber system technology.

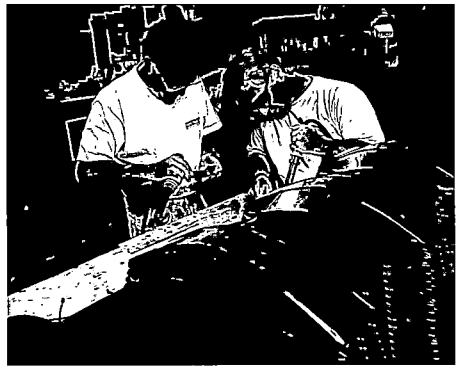
Five million chambers already in service.
In just ten years, the innovative leaching chambers of Infiltrator Systems have drastically changed the technology of on-site septic and stormwater disposal. Already, 5 million chambers have been installed in 46 states, Canada and other countries, forming over 90 million square feet of chamber systems with a success rate of 99.5%. And, we're expanding at the rate of 9,000 new systems a month.

Environmentally concerned company.
Infiltrator Systems devotes over $500,000 a year to research and development, creating new products that operate more and more efficiently and conserve natural resources. Besides using recycled resins, Infiltrator Systems' products take better care of the environment by avoiding the mining, crushing, grading, washing and hauling of stone, as well as the environmental impact and site disruption that stone causes. That's one of our "greener" ideas for septic and stormwater disposal that just makes sense.

Infiltrator stormwater management.
Besides our septic chamber systems, Infiltrator Systems is on the leading edge of the emerging stormwater management field. The subsurface Maximizer™ Chamber System, with its unmatched strength and practically 100% void volume, replaces ponds, large diameter pipe and stone, vaults, and dry wells. This system gives designers better solutions for both retention and detention projects, so they can fully utilize valuable above-ground land.







For a free copy of the septic installation instructions and video, call 1-800-221-4436.

Distributed By:

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Leading the way in septic and stormwater chamber systems℠

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Old Saybrook, CT 06475
800-221-4436 860-388-6639 FAX 860-388-6810

U.S. Patents: 4,759,661; 5,017,041; 5,156,488; 5,336,017; 5,401,116; 5,401,459; 5,511,903; 5,588,778; 1,815,925; 1,974,938; 1,729,383; 448,338
Canadian Patents: 1,329,959; 2,004,564 Other U.S., Canadian, and foreign patents pending.

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HANES BEE LANE
YOUNGBLOOD ROAD
SEPTIC NITRIFICATION FIELD REPAIR AREA
1000gal repair
1500gal septic
to septic tank
50' set back to water
AREA = 1.284 ACRE
WILLIAM B. SHOEMAKER AND WIFE LORETTA NICHOLSON SHOEMAKER
CRESCENT RESOURCES, INC.
WILLIAM B. SHOEMAKER
PRELIMIN
NOT FOR RECORDATIO
CONVEYANCE OR SAL

TCJ CONSULTING

SITE / SOIL EVALUATION

JOB: Suzie Williams Lot 173 PHONE:_____ DATE:_____

LOCATION:_____ PIN:_____ COUNTY:_____ PROPERTY SIZE:_____

PROPOSED FACILITY:_____ WATER SUPPLY: On-Site Well__ Community__ Public__ EVALUATION: Auger Boring__ Pit__ Cut_____

WEATHER: _____ ANTECEDENT MOISTURE:_____ SURFACE WATER: _____

FACTORS	PROFILE_	PROFILE_	PROFILE_	PROFILE_
LANDSCAPE POSITION-%				
HORIZON I DEPTH				
Color - Munsell	0-26			
Texture				
Structure				
Consistence				
Boundary				
HORIZON DEPTH II	26-38			
Color - Munsell				
Texture	gr sl			
Mottles	sl			
Structure				
Consistence				
Boundary	38-72			
HORIZON III DEPTH				
Color - Munsell				
Texture	gr sl			
Mottles				
Structure				
Consistence	s			
Boundary				
HORIZON IV DEPTH				
Color - Munsell				
Texture				
Mottles				
Structure				
Consistence	0 1 2			
	5 4 3			
Boundary				
SOIL WETNESS				
RESTRICTIVE HORIZON	4 72			
SAPROLITE				
LTAR	2 gk			
CLASSIFICATION				

LEGEND

LANDSCAPE POSITION
R - Ridge Interfluve
S - Shoulder
L - Linear slope
S - Foot slope
N - Nose slope
H - Head slope
Cc - Concave slope
Cv - Convex slope
T - Terrace
P - Flood Plain

TEXTURE
s - sand
ls - loamy sand
sl - sandy loam
l - loam
si - silt
sil - silt loam
sicl - silty clay loam
cl - clay loam
scl - sandy clay loam
sc - sandy clay
sic - silty clay
c - clay

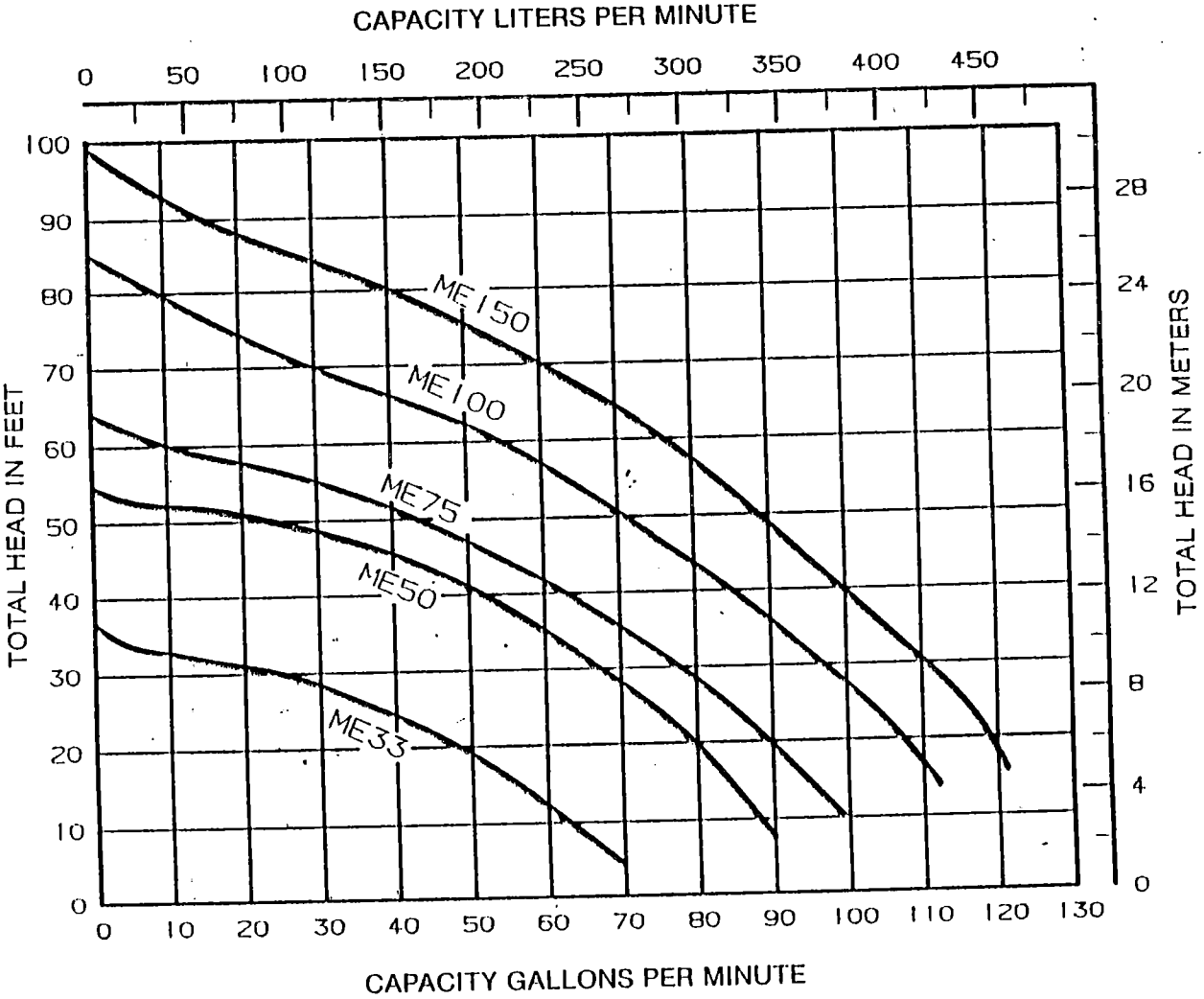
CONSISTENCE
Moist / Wet
WET
Ns - non-sticky
Ss - slightly sticky
S - sticky
Vs - very sticky

Np - non-plastic
Sp - slightly plastic
P - plastic
Vp - very plastic

MOIST
vfr - very friable
fr - friable
fi - firm
vfi - very firm
efi - extremely firm

STRUCTURE
sg - single grain
m - massive
cr - crumb
gr - granular
sab - subangular blocky
ab - angular blocky
pl - platy
pr - prismatic

ME Series
1/3 through 1-1/2 HP
Effluent Pumps
Performance Curve



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K3327 7/91

PUMP DIAGRAM

