

10043 IDLEWILD RD

13521110

1/7/2008

duponbj

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

FEE: 200.00 CK # 2835
DATE: 10/10/01

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

I J CRT

TYPE APPLICATION: X 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 #: 47236

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 13521110

STREET ADDRESS: 10043 Idlewild Road

SUBDIVISION OR MOBILE HOME PARK NAME: None

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

CLOSING DATE November 10, 2001

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 5000

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

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

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

N/A

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 Culverts ✓ YES __ NO
DESIGNATED WETLANDS __ YES __ NO

PROPERTY OWNER:

NAME: Cooper (LAST) William (FIRST) H. (MI)

ADDRESS: 19025 Double Eagle Drive

CITY: Cornelius STATE: NC ZIP: 28031

DAYTIME PHONE: (704) 896 - 0840

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: NiKrooz (LAST) Hossein (FIRST) (MI)

DAYTIME PHONE: (704) 365 - 2886

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? JULY 17 1991

An Improvement Permit is subject to suspension or revocation if site plans [illegible] this application is falsified or changed. The undersigned, owner, or legal ag[illegible] "Job Location" has read the foregoing application, acknowledges that the co[illegible] Mecklenburg County Health Department to enter onto the property for the [illegible]

SIGNED: Hossein NiKrooz

Raymond J. Kluth
REALTOR/BROKER,GRI
(704) 537-9800 Office
(704) 845-4901 Voice Mail
(704) 537-7739 Fax

COUNTRYSIDE PROPERTIES
6101 Idlewild Road
Suite 107
Charlotte, NC 28212-1512
email-ray@countrysideprops.com
www.countrysideprops.com

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

4773B

MEMO

Countryside Properties,Inc.
6101 Idlewild Road
Suite 107
Charlotte, NC 28212
FAX (704) 537-7739
OFFICE (704) 537-9800

TO: Bill Marlin - Mecklenburg County Health Department
FROM: Ray Kluth **Date: October 10, 2001**
REALTOR, GRI

Subject: Application for Improvement Permit for Residential Site
Individual Wastewater System - 10043 Idlewild Road
William H. Cooper, Owner Hossein Nikrooz, Buyer

Message: I am the real estate broker processing this transaction.

We have recently consulted with Larry Thompson concerning this site and he has extracted soil samples from several areas, some which he considered suitable and others he considered unsuitable for an on site wastewater drain field.

Since the site consists of 6.8 acres and some areas are difficult to access due to underbrush, I have marked the areas where Larry felt there were suitable soils and I would be happy to point out those areas and the property boundaries to you if you could let me know when you plan to make your visit to the site.

The house position is staked and the application has been submitted together with a recent survey of the property.

Please call me at (704) 537-9800.

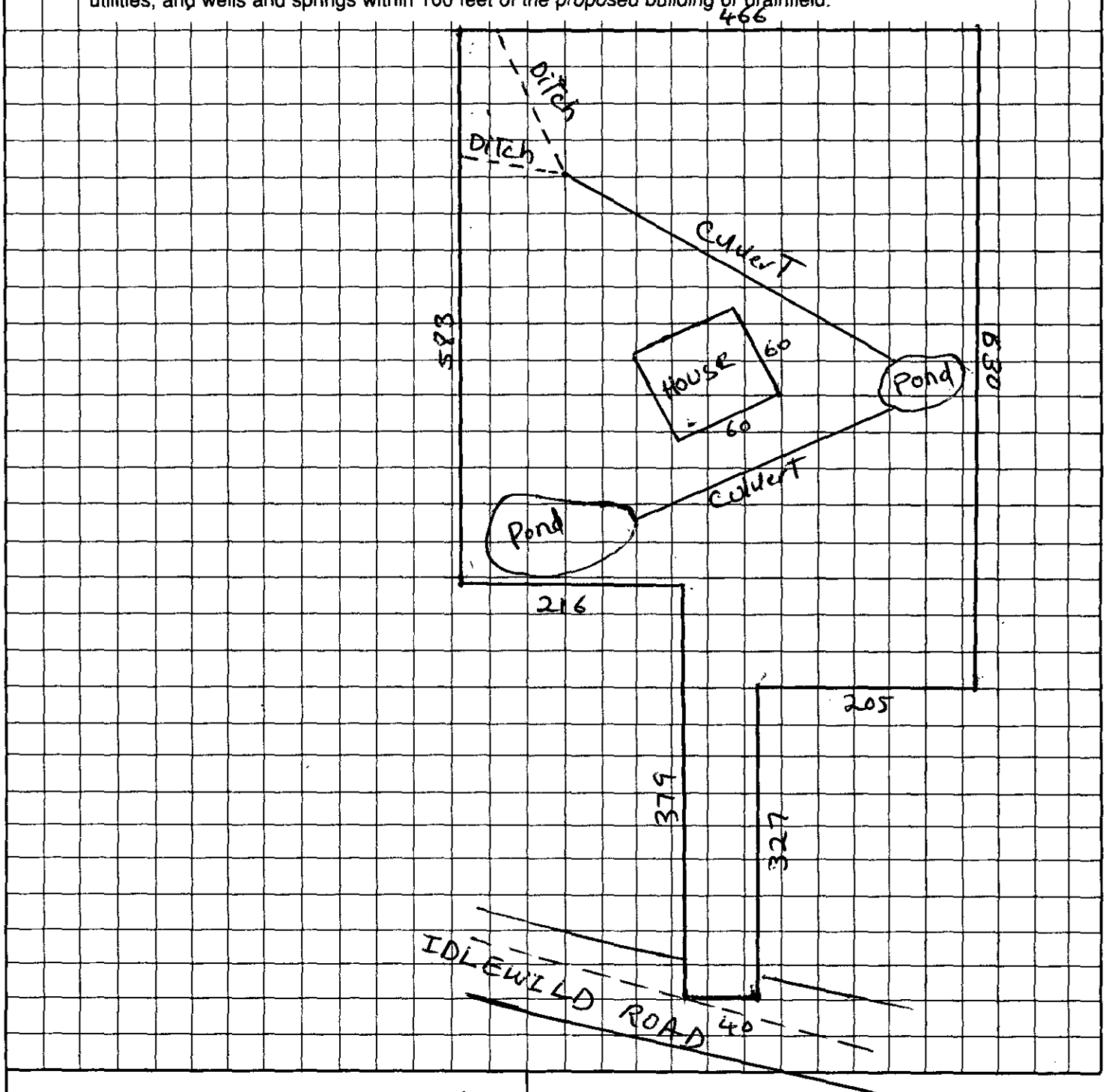
PROPOSED PLOT PLAN

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

FILE: 4773B

TC: 135-211-10

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 10-10-01

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

I, Ronald S. Hollifield, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in book 8732 page 889; map recorded in book ___, page ___); that the boundaries not surveyed are shown as broken lines platted from information as shown; that this plat was prepared in accordance with G.S. 47-30 as amended, minimum linear closure is 1:10,000.

Witness my original signature, registration number, and seal this 5th of Feb., 2001.

NORTH CAROLINA PROFESSIONAL SEAL L-1404 LAND SURVEYOR RONALD S. HOLLIFIELD

Ronald S. Hollifield, NCPLS 1404

No USGS monument found within 2000'.

This property is not located in a Special Flood Hazard Area designated by the FEMA Flood Insurance Rate Maps.

This plat is of a survey of an existing parcel.

4773B

IDLEWILD ROAD 60' Public R/W

~L. K. Campbell~
D. B. 11088-247
Lot 1

~LOWELL CAMPBELL SUBD.~
M. B. 16-352

Lot 2

~L. K. Campbell~
D. B. 4665-653

~M. W. Carter~
D. B. 615-390

~B. M. Huntley~
D. B. 1077-249

~K. O. Ivey~
D. B. 5502-92

~FARMWOOD SUBD.~
M. B. 21-381

~FARMWOOD SUBD.~
M. B. 21-350

Lot 25-X
M. B. 21-351
Lot 24-X
Lot 10A-X
Lot 8-X
Lot 7-X
Lot 6-X

SET REBAR
EX REBAR
EX REBAR / PIPE
EX REBAR AT 222.22'
EX REBAR AT 594.34'
EX REBAR AT 564.63'
EX REBAR AT 355.62'
EX REBAR AT 890.09' 0.41' RIGHT OF LINE
EX PIPE
EX CONCRETE MONUMENT

N 45°12'49" E 583.86'
N 39°17'22" W 216.72'
N 45°12'49" E 379.60'
354.95'
24.65'
S 45°15'25" W 327.76'
N 44°44'40" W 205.46'
S 45°33'00" W 630.14'
S 40°49'17" E 466.00'
N 45°20'38" E 31.20' (Tie ourvy)

DITCH
DITCH
Culvert
Culvert
Pond
Pond

MARGARET WALLACE R.D.
IDLEWILD RD.
SITE
D.B. 8732-889

100 0 100 200
SCALE

Boundary and Physical Survey

6.830 Acres

The William H. Cooper Property

Town of Mint Hill, Mecklenburg County, NC
Tax ID 135-211-10 ~ D. B. 8732-889

Property of William H. Cooper

R. S. Hollifield land surveying / subdivision planning ~ P. O. Box 1036 Troutman, NC 28166
phone (704) 871-1175 ~ fax (704) 871-2777 ~ email: holiron@vvi.net

File: idlewild

Ray Kluth, REALTOR, GRI
Countryside Properties, Inc
6101 Idlewild Rd., Suite 107
Charlotte, NC 28212-1512

mit Number 4773B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 135-211-10

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	
.275 Long-term acceptance rate	480 Max gallons/day wastewater flow	1745 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
N Serviced by private well	1500 Gallon septic tank	581' Total trench length (ft)	36" 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	12" Depth of stone		

Any surface waters present: Y Type: Lake Minimum separation distance: 100'

Site modifications required:

Additional Conditions: Lift Station Required

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	
1745 Absorption Area (Sq ft) 581' Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	36" 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.

Joshua R. Sellers R.S. 11-26-01
DEHNR Authorized Agent Date

X Hossein mokhtari X 11-27-01
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

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

DATE: 11-26-01 PERMIT NO: 4773B

PARCEL NO: 135-211-10

JOB LOCATION ADDRESS: 10043 Idlewild Rd.
PROPERTY OWNER: Hossein Nikrooz
BUILDING CONTRACTOR: None.
SUBDIVISION NAME: Manly
AUTHORIZATION ISSUED BY: Joshua R. Sellers R.S. DATE: 11-26-01
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS SET FORTH IN IMPROVEMENT PERMIT NO. 4773B, AND THE APPROVED PLAN WITH SYSTEM DETAILS. CONSTRUCTION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO ANY WORK ON 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: Lift Station Required
Type III B, 5 year inspection Requirements must be met.

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

X Hossein Nikrooz 11-27-01
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

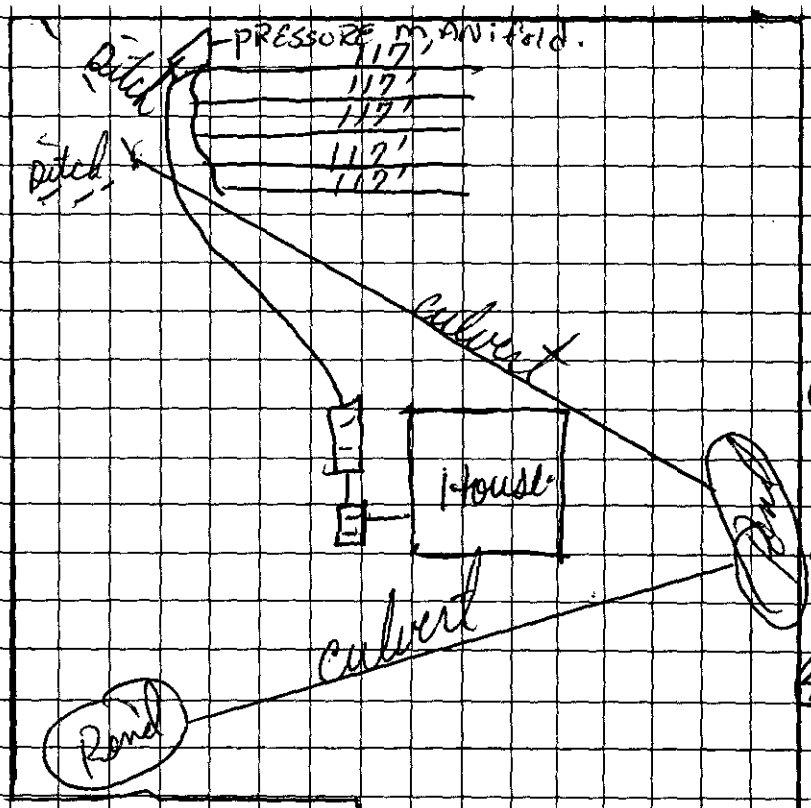
PROPOSED PLOT PLAN

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

FILE: 4773B

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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.



① Not to scale.

② 581 Linear feet of Drain line Conventional

③ Type II system designed for a (4) bedroom design unit.

④ Keep lines level & on contour

⑤ Stay > 5' off house > 10' off property lines w/ system.

⑥ 5 year III B inspection requirements must be met.

Scientific Rd.

X Homeowner
OWNER/AGENT SIGNATURE

DATE 11-27-01

APPROVAL DATE _____

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

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1
Property ID: 135-211-10
Lot #:
File #: 4773B
Code: 2

ACS

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: William H. Cooper
Applicant: Hossein NiKrooz
Address: 19025 Double Eagle Drive, Cornelius, N. C. 28031
Date Evaluated: 10/23/01
Proposed Facility: residence
Design Flow (.1949): 480gpd
Property Size: .5a evaluated
Location of Site: 10043 Idlewild Road
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.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 (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class &LTAR
1	5-10 LS	0-5	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48+	N/A	NONE	PS, IV. .3GPD/FT^2
		5-48	SBK/C	FI/SEXP/S/P					
2	"	0-7	GR/SL	FR/SEXP/NS/NP	>42" TO SOIL WETNESS	42	"	"	PS, IV .275GPD/FT^2
		7-42	SBK/ABK/C	FI/SEXP/S/P					
3	"	0-6	GR/SCL	FR/SEXP/SS/SP	>34" TO SOIL WETNESS	34	"	"	"
		6-34	SBK/C	FI/SEXP/S/P					
4	"	0-8	GR/SCL	FR/SEXP/SS/SP	>33" TO SOIL WETNESS	33	"	"	"
		8-33	SBK/C	FI/SEXP/S/P					
5	"	0-9	GR/SCL	FR/SEXP/SS/SP	>42" TO SOIL WETNESS	42	"	"	"
		9-42	SBK/C	FI/SEXP/S/P					

Description	Initial System	Repair System
Available Space (.1945)	PS	US
System Type(s)		
Site LTAR	.275GPD/FT^2	.275GPD/FT^2

Other Factors (.1946): _____
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 10/25/01. W. R. Marlin
Others Present: R. Kluth

FILE # 4773B

COMMENTS 100% Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

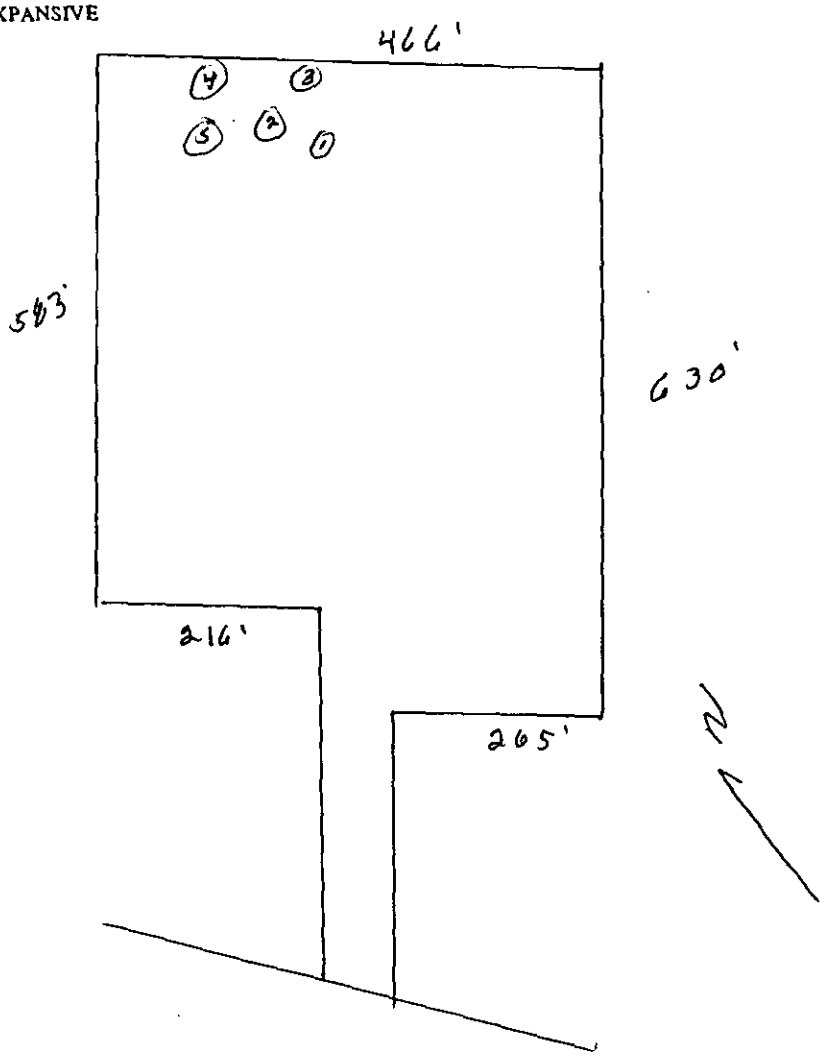
STRUCTURE

SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1
Property ID: 135-211-10
Lot #:
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