

12/20/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

FEE: 100.00
DATE: 4/1/96
ck #266

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

[ ] CRT

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

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

FILE #: 13298

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: Part of 13-161-01

STREET ADDRESS: Stephens Road

SUBDIVISION OR MOBILE HOME PARK NAME: Shenan Lea

LOT NUMBER: 18

TOWNSHIP (CHECK ONE):

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

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 8

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: None

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 (As shown) ✓ YES __ NO
WELL, SPRINGS OR WATERLINES __ YES ✓ NO
DESIGNATED WETLANDS __ YES ✓ NO

PROPERTY OWNER: Shenan Lea LLC

NAME: (LAST) McLeod (FIRST) Steve (MI)

ADDRESS: 19701-D Hwy 73

CITY: Davidson STATE: NC ZIP: 28036

DAYTIME PHONE: (704) 896-5552

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

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

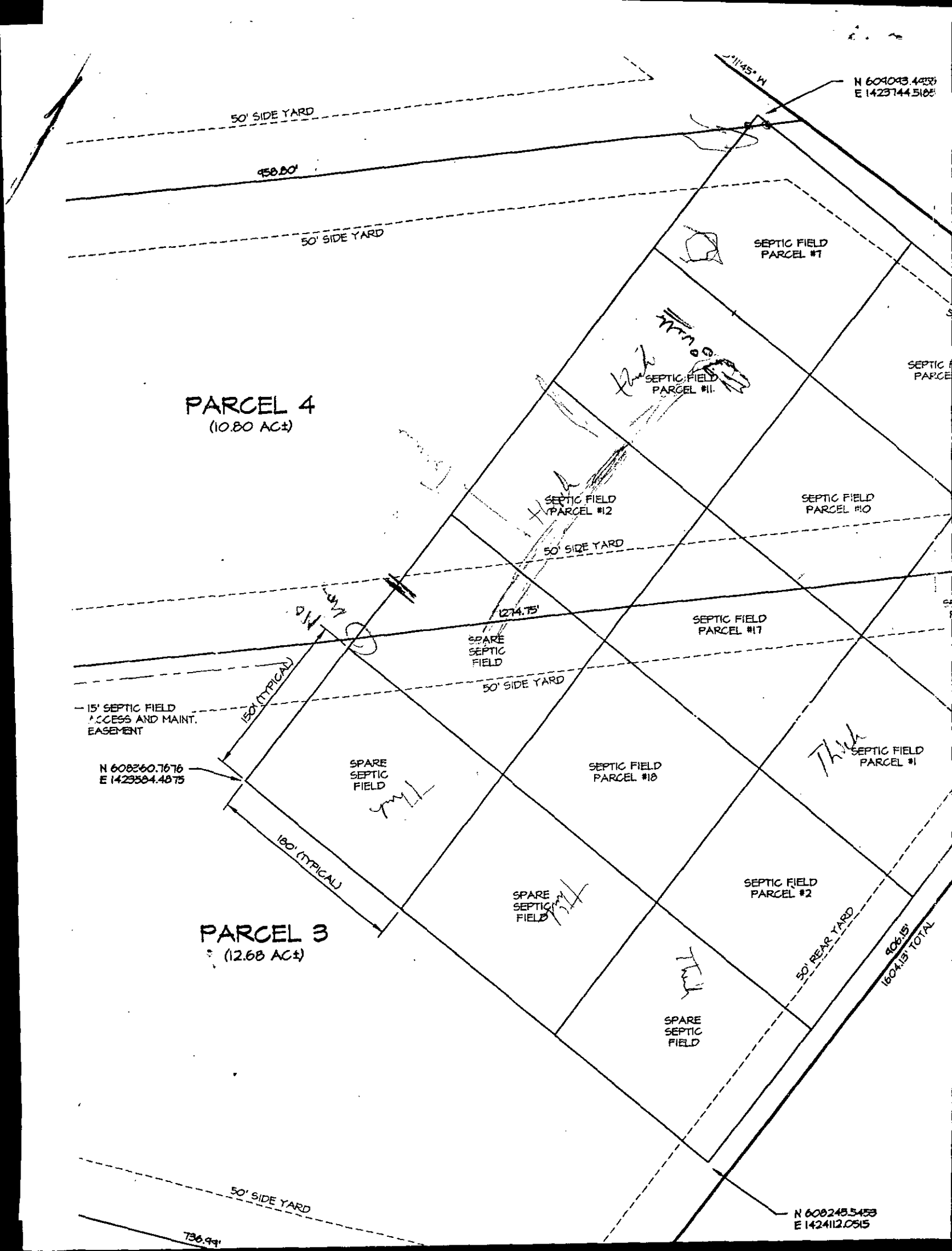
DAYTIME PHONE: 704 633-6905

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? Spring 96

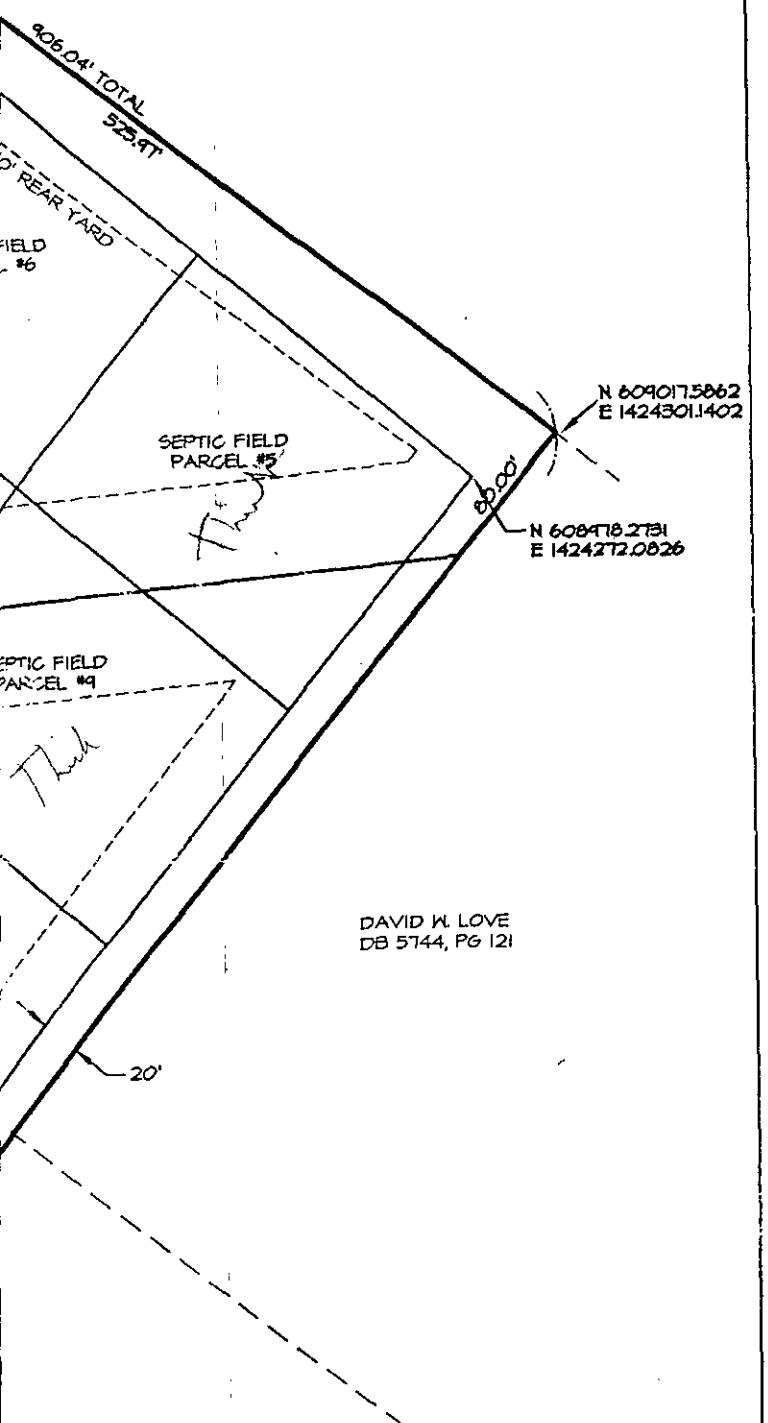
An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing 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: Tony C Jacobs, CPSS DATE: 3/28/96

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102


N 604043.4433
E 1423744.5185
50' SIDE YARD
458.80'
50' SIDE YARD
SEPTIC FIELD PARCEL #7
SEPTIC FIELD PARCEL #11
PARCEL 4
(10.80 AC±)
SEPTIC FIELD PARCEL #12
SEPTIC FIELD PARCEL #10
50' SIDE YARD
1274.75'
SEPTIC FIELD PARCEL #17
SPARE SEPTIC FIELD
50' SIDE YARD
150' (TYPICAL)
15' SEPTIC FIELD ACCESS AND MAINT. EASEMENT
N 602260.7676
E 1423584.4875
SPARE SEPTIC FIELD
SEPTIC FIELD PARCEL #18
SEPTIC FIELD PARCEL #1
180' (TYPICAL)
SPARE SEPTIC FIELD
SEPTIC FIELD PARCEL #2
50' REAR YARD
406.15'
1604.13' TOTAL
PARCEL 3
(12.68 AC±)
SPARE SEPTIC FIELD
50' SIDE YARD
N 602485.3453
E 1424112.0515
736.99'

STEPHENS ROAD PROPERTY
SEPTIC FIELD STAKING PLAN
SCALE: 1" = 100'
SHEET 1 OF 2
H2595 3.16.96



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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

#1

1329B
PO 013-161-01
L 18

OWNER: Sherman Tea, LLC, Steve McLeod APPLICANT: ___
ADDRESS: 19701-D Highway 73, Davidson APPLICATION DATE: ___ DATE EVALUATED: ___
PROPOSED FACILITY: res. PROPOSED DESIGN FLOW (.1949): 480gpd PROPERTY SIZE: .61
LOCATION OF SITE: off Stephens Road PROPERTY RECORDED: ___
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	Slope 5-10% .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	0-6"	gr/sl cl	Fr/SE/AP/SS/SP	>48" To Chroma 2 Mottles	46"	N/A	None	PS .39/P2 IV
		6-48"	SBK/l c	Fr-Fi/SE/AP/SP					
2	LS	0-4"	gr/cl	Fr/SE/AP/SS/SP	>48" To Chroma 2 Mottles	46"	N/A	None	PS .39/P2 IV
		4-23"	SBK/c	Fr-Fi/SE/AP/SP					
		23-46"	SBK/cl	Fr/SE/AP/SP					
3	LS	0-5"	gr/cl	Fr/SE/AP/SS/SP	>48" To Chroma 2 Mottles	46"	N/A	None	PS .39/P2 IV
		5-28"	SBK/c	Fr-Fi/SE/AP/SP					
		28-48"	SBK/cl	Fr/SE/AP/SS/SP					
4	LS	0-3"	gr/cl	Fr/SE/AP/SS/SP	>36" To Chroma 2	36"	N/A	None	PS .39/P2 IV
		3-24"	SBK/c	Fr-Fi/SE/AP/SP					
		24-36"	SBK/cl	Fr-/SE/AP/SS/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	P2
System Type(s)		

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: M.A. Marlin 4-26-96
OTHER(S) PRESENT: ___

OMMENTS: 1676 Repair would have to be pumped to remote area

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)				
(Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
(Shoulder Slope)		SLC (Silt Loam Clay)				
(Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SIC (Silty Clay)			FI (Firm)	S (Sticky)
					VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None		EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

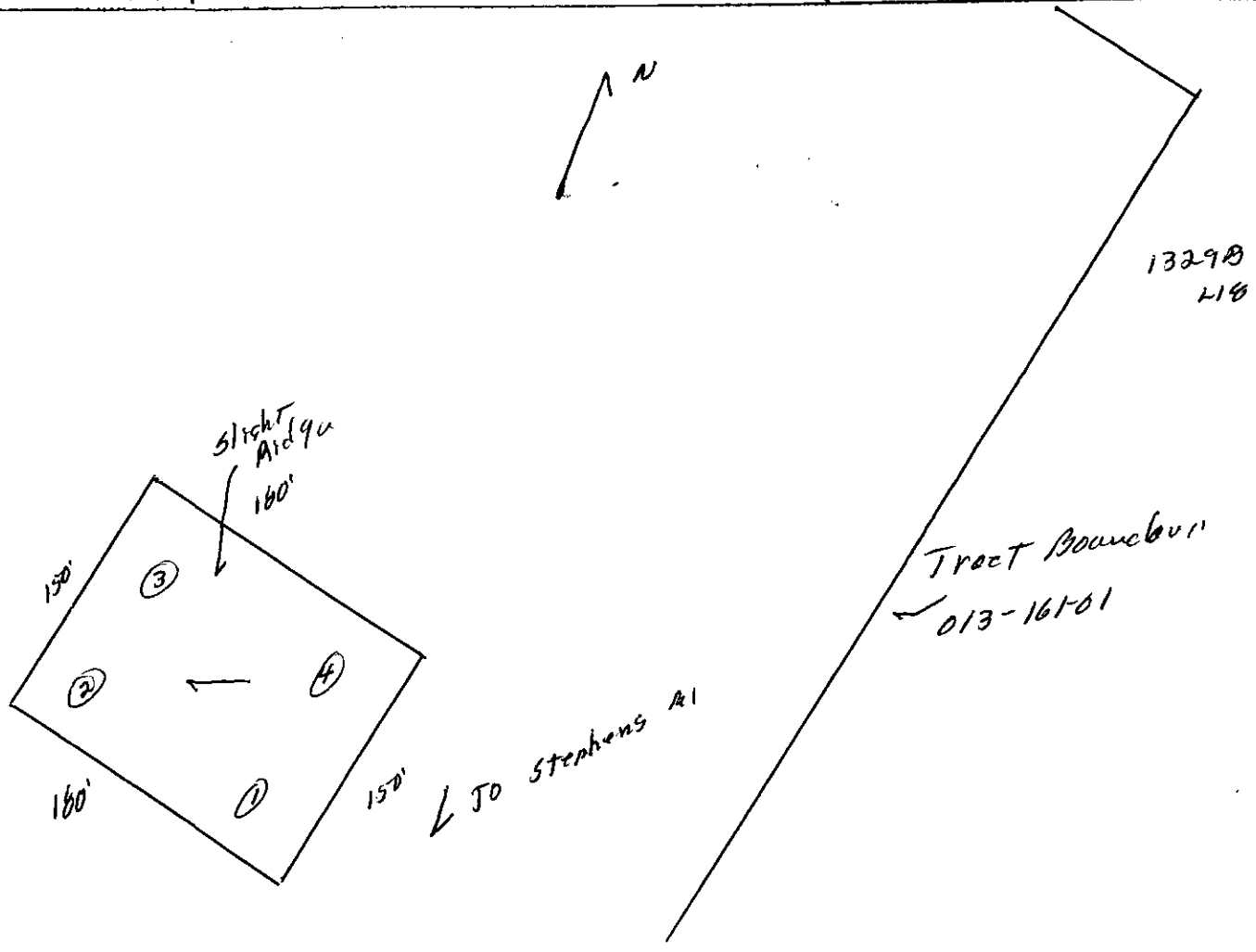
OTES

ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
IPROLITE	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 designation
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).



FEE: 100.00
DATE: 4/1/96
CK #266

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

[ ] CRT

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

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

FILE #: 3298

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: Part of 13-161-01

STREET ADDRESS: Stephens Road

SUBDIVISION OR MOBILE HOME PARK NAME: SHENAN LEA

LOT NUMBER: 18

TOWNSHIP (CHECK ONE):

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

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 8

FOUNDATION FOR RESIDENCE:

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

COPY

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION: None

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):
__ COMMUNITY (C)
__ SHARED WELL (S)
__ MUNICIPAL (M)
__ OTHER 'SPRINGS' (O)
✓ PRIVATE WELL (P)

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 (as shown) ✓ YES __ NO
WELL, SPRINGS OR WATERLINES __ YES ✓ NO
DESIGNATED WETLANDS __ YES ✓ NO

PROPERTY OWNER: SHENANLEA LLC

NAME: (LAST) McLeod (FIRST) Steve (MI)

ADDRESS: 19701-D Hwy 73

CITY: Davidson STATE: NC ZIP: 28036

DAYTIME PHONE: (704) 896-5552

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

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

DAYTIME PHONE: 704 633-6905

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? Spring 96

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: Tonny C Jacobs, LPSS DATE: 3/28/96

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

1-0-6" c/

6.46 c

2-0-4" c/

4-23" c

23-46-c/

3-0-5" c/

5-26." c

20-46-c/

4-0-3" c/

3-24" c

24-36 c/