


2747 KELLY RD

03305140

12/26/2007

duponbj

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

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1793-B DATE: 5·21·98

TC: 033-051-19 ☒ L ☒ CRT

SERIAL Nº 17627

Name of Owner YVONNE FELTS Juris.: _____

Address of Property 2747 KELLY RD

**Inspection Data:**

Tank Material PLL

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth 5' - 2' ovends

Water Supply Source Well

Distance to Water Source 100' +

Excavation Inspected 5-21-98

Tank(s) Inspected 5 21 98

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design 1998 1500 ST CON 1200 SFT 12G CECIL CTR# WILLIE CHRISTENSBURY

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☑ installed or constructed ☐ altered or repaired

☑ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☑ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of I5A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

**Notice:** Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: _____

Environmental Health Specialist

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

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

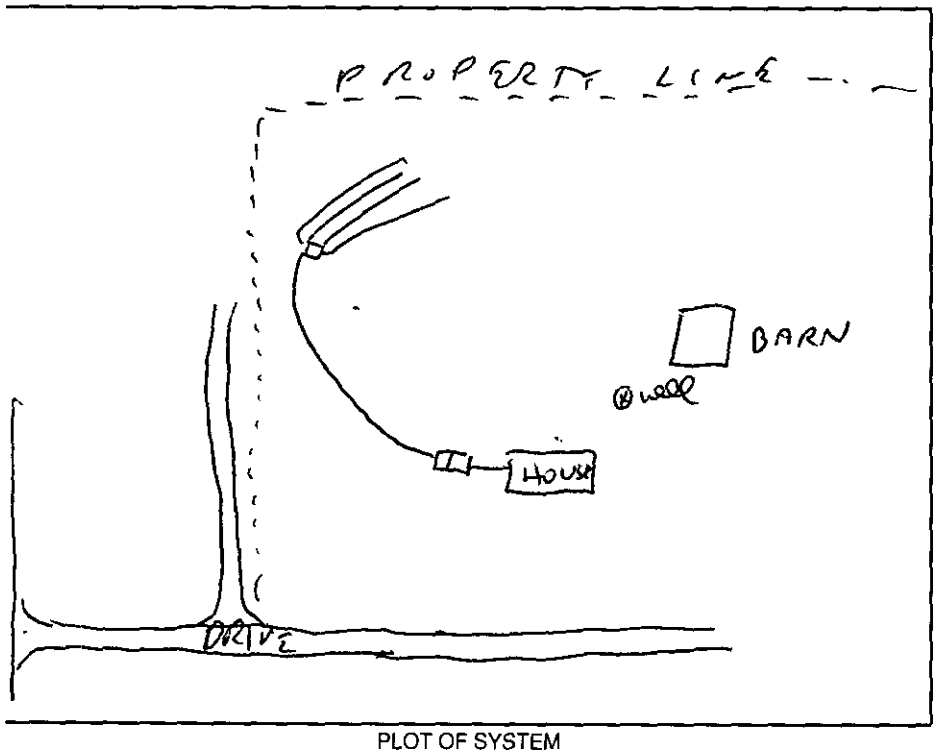
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1793-B DATE: 5-15-98

TC: 033-051-19 ☐ PO ☒ L

SERIAL N° 17730

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated _____. All work shall be completed on or before _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.




PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank ~~PCC~~ gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 400' feet

Number of Lines 4

Depth of Stone 12" inches

Distance from House 5' ± feet

Distance from Property Line 10' ± feet

Distance from Well 100' ± feet

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

NAME OF OWNER YVONNE FELTS

LOCATION OF PROPERTY 2747 KELLY RD

Comments: 4 liners @ 100' each x 3' wide x 12" rock

Kelly Rollins

Environmental Health Specialist

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

FEE: CK #5017 $100 DATE: 2/26/97

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

PP 75.00 2nd Inspection 6/5/97 CK# 1793B [ ] 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

PD 75.00 CK# 1793B 2-18-97 Add'l info requested 3rd Insp. due

FILE #: 1793B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 033-051-19 (PO)

STREET ADDRESS: 2757 Kelly Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2400 approx

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

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

CLOSING DATE_____

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

**PROPERTY OWNER:**

NAME: Felts Yvonne Wiggins
(LAST) (FIRST) (MI)

ADDRESS: 2757 Kelly Rd

CITY: Charlotte STATE: NC ZIP: 28216

DAYTIME PHONE: 704 329- 3041 8-5 voicemail

**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1/6/97

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: Yvonne W. Felts DATE: 2/26/97

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

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

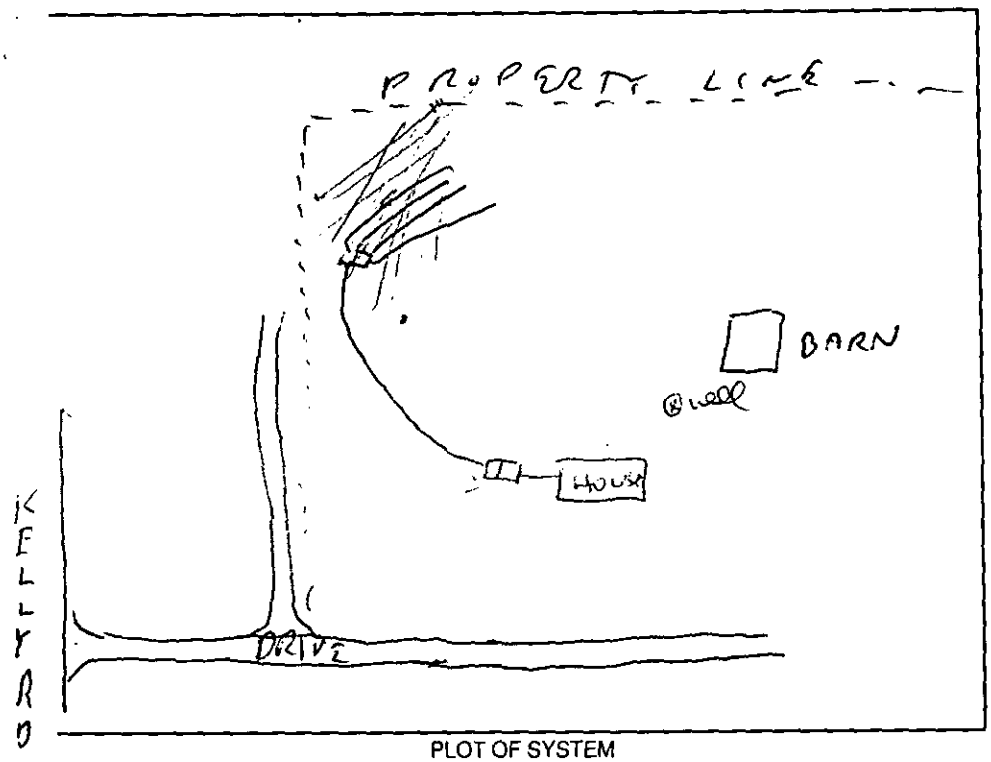
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1793-B DATE: 5-15-98

TC: 033-051-19 PO X L

SERIAL Nº 17730

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated _____. All work shall be completed on or before _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.




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NAME OF OWNER YVONNE FELTS

LOCATION OF PROPERTY 2747 KELLY RD

Comments: 4 lines @ 100' each x 3' wide x 12" rock

Kelly Rudd

Environmental Health Specialist

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

Counter
Clk # 001.

FEE: 200 00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 8/27/97 C **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 7-17-97 PERMIT NO: 1793-B
PARCEL NO: 033-051-19 PO

JOB LOCATION ADDRESS: 2747 Kelly Rd.
PROPERTY OWNER: Yvonne Felts
BUILDING CONTRACTOR: Scotty McClure
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: [signature] DATE: 7/17/97
DEHNR AUTHORIZED AGENT

## AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1793-B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: _____

## 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 Scott McClure 8-27-97
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 1743-B

Tax Number: 055-051-14

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<br>Type (circle one):<br>I II (III) IV V VI | / Conventional<br>___ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | ___ Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 | |
| ) Long-term acceptance rate | 360 Max gallons/day wastewater flow | 1200 Absorption Area (sq ft) | 9 Trench spacing (min. on centers) | |
| (P) Serviced by private well | 1500 Gallon septic tank | 400 Total trench length (ft) | 24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions) | |
| 3 Bedrooms in residence | 1000 Gallon pump tank | 12" Depth of stone | | |
| Any surface waters present: NO | Type: | Minimum separation distance: | | |
| Site modifications required: | | | | |
| Additional Conditions: | | | | |
| Repair Area System Type<br>Type (circle one):<br>I II (III) IV V VI | / Conventional<br>___ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | ___ Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 | |
| 1200 Absorption Area (Sq ft)<br>400 Total Trench Length (Ft) | 12" Depth of Stone Trench | 9 Trench spacing (min. on centers) | 24" 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 effec 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 Departmen
- This Improvement permit is transferable.

Kelly R. 7-17-97

DEHNR Authorized Agent Date

X Scott McClure 8-27-97

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

Counter
CK# 001

FEE: 200.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 8/27/97 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 7-17-97 PERMIT NO: 1793-3
PARCEL NO: 033-051-19 PO

JOB LOCATION ADDRESS: 2747 Kelly Rd.
PROPERTY OWNER: Yvonne Felts
BUILDING CONTRACTOR: Scotty McClure
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: _____ DATE: 7/17/97
DEHNR AUTHORIZED AGENT

## AUTHORIZATION CONDITIONS

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4. OTHER CONDITIONS: _____

## OWNER CERTIFICATION

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X Scott McClure 8-27-97
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

# CONDITIONS OF IMPROVEMENT PERMIT

Permit Number 1743-B

Tax Number 033-051-14

- 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
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- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

| | | | | |
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| Basement | ___ Yes | / No | ___ Partial Basement | |
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| -0- Serviced by private well | 1500 Gallon septic tank | 400 Total trench length (ft) | 24' Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions) | |
| 3 Bedrooms in residence | 1000 Gallon pump tank | 12" Depth of stone | | |
| Any surface waters present: NO | Type: | Minimum separation distance: | | |
| Site modifications required: | | | | |
| Additional Conditions: | | | | |
| Repair Area System Type<br>Type (circle one):<br>I II (III) IV V VI | / Conventional<br>___ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | ___ Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 | |
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| 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.

Kelly Rell 7-17-97
DEHNR Authorized Agent Date

X Scott McClure 8-27-97
Owner/Agent Signature Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
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NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

# PROPOSED PLOT PLAN

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

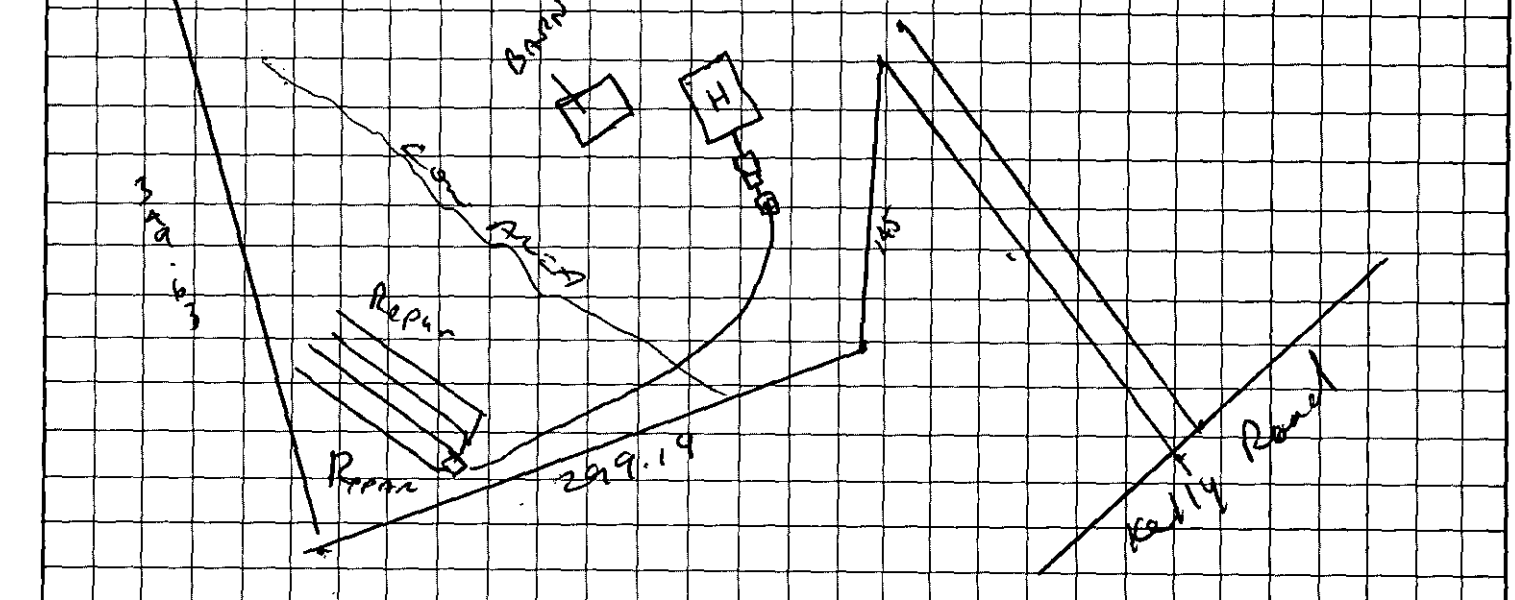
FILE: 1793-B

TC: PO 073-051-14

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.

Reserve well 100' from any part of system

4 lines @ 100' each
x 3' wide x 12" stone




X Scott McClure
OWNER/AGENT SIGNATURE

DATE 8-27-97

APPROVAL DATE [signature]
8-26-97

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

40' #1

Sheet 1 of 2
PROPERTY ID #:
COUNTY: Mecklenburg

# SOIL/SITE EVALUATION
## for ON-SITE WASTEWATER SYSTEM

1793-B
033-051-19 PO

OWNER: Yvonne Wiggins Felts
APPLICANT:
ADDRESS: 2757 Kelly Rd
APPLICATION DATE: 5-5-97
DATE EVALUATED: 7-10-97
PROPOSED FACILITY: 3Bdr House
PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: 1 ac.
LOCATION OF SITE: Kelly Road
PROPERTY RECORDED:
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ 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 | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | SS 2-3% | 0-4 | Fr/SCL | Fr/SE+P/SS/SP | No Chroma 2 | 39" | NA | None | .3 LTAR PS |
| | | 4-39 | SBK/C | Fr/SE+P/SS/SP | | | | | |
| 2 | SS 2-3% | 0-2 | Fr/SCL | Fr/SE+P/SS/SP | No chroma 2 | 36" | N/A | None | .3 LTAR PS |
| | | 2-36" | SBK/C | Fr/SE+P/SS/SP | | | | | |
| 3 | SS 2-4% | 0-2 | Fr/SCL | Fr SE+P/SS/SP | No chroma 2 | 39" | N/A | None | .3 LTAR PS |
| | | 2-39 | SBK/C | fr SE+P/SS/SP | | | | | |
| 4 | | | | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (1945) | PS | PS |
| System Type(s) | | |
| Site LTAR | .3 | |

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): prov. S. hw 6
EVALUATED BY: Kelly Ball
OTHER(S) PRESENT:

COMMENTS: 100% repair

# LEGEND

*use the following standard abbreviations*

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

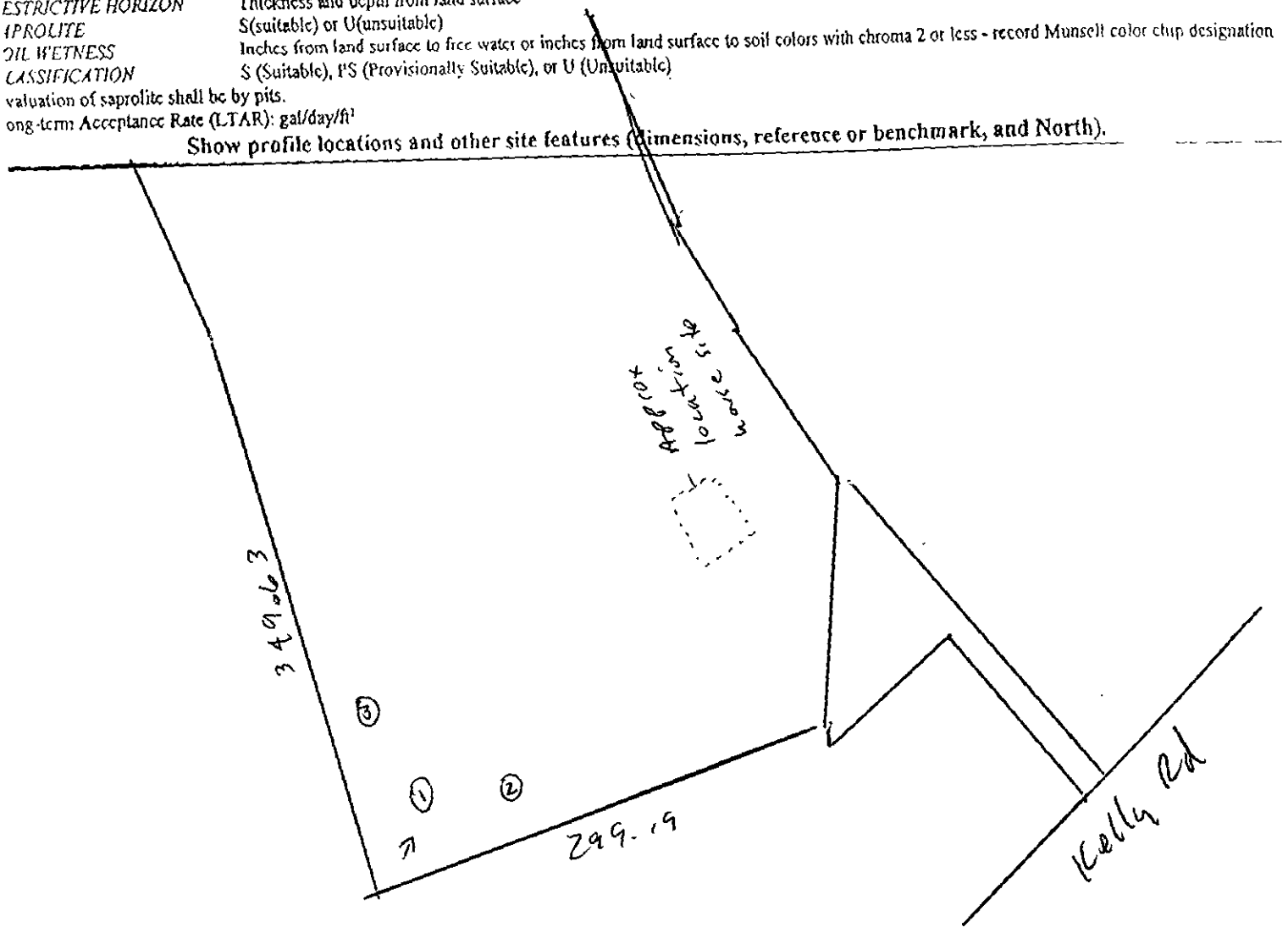
*OTES*

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



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

405

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

# SOIL/SITE EVALUATION
## *for* ON-SITE WASTEWATER SYSTEM

1793 B
PO 033-051-19

OWNER: Yvonne W. Fells
ADDRESS: 2757 Kelly Rd, Hurd
APPLICANT: ___
APPLICATION DATE: ___
DATE EVALUATED: ___
PROPOSED FACILITY: residence
PROPOSED DESIGN FLOW (.1949): ___
PROPERTY SIZE: ___
LOCATION OF SITE: W. Kelly Rd
PROPERTY RECORDED: ___
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

Supplied env. 5-9-97

| PROFILE # | 1940 LAND-SCAPE POSITION/ SLOPE % | HORI-ZON 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 | 0-7" | gr/sc | Fr/SEXP/SS/SP | 760" TO soil wetness | 29" | US | none | US |
| | | 7-29" | SBM/sc | Fi-VFi/EXP/US/VP | | | | | |
| | | 29-60" | Massive/sc | Fi/SEXP/SS/SP | | | | | |
| 2 | LS | 0-5" | gr/sc | Fr/SEXP/SS/SP | 760" TO soil wetness | 32" | US | None | US |
| | | 5-10" | SBK/sc | Fi-VFi/EXP/US/VP | | | | | |
| | | 10-32" | SBM/c | VFi/EXP/VS/VP | | | | | |
| | | 32-60" | M/sc | Fi/SEXP/VS/VP | | | | | |
| 3 | NS | 0-9" | gr/sc | Fr/SEXP/SS/SP | 760" TO soil wetness | 32" | US | None | US |
| | | 9-32" | SBM/c | VFi/EXP/VS/VP | | | | | |
| | | 32-60" | M/c | Fr-Fi/SEXP/SS/SP | | | | | |
| 4 | | | | | | | | | |

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

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W. A. Mauldin 5-1997
OTHER(S) PRESENT: ___

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

12400

PROPERTY ID #:
COUNTY:

# SOIL/SITE EVALUATION
## *for* ON-SITE WASTEWATER SYSTEM

#3
17939
PO 033-051-19

OWNER: Yvonne W. Fello
ADDRESS: 2757 Kelly Rd, Charlotte
PROPOSED FACILITY: residence
LOCATION OF SITE: off Kelly Road
APPLICANT:
APPLICATION DATE:
PROPOSED DESIGN FLOW (.1949): 360gpd
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed
DATE EVALUATED:
PROPERTY SIZE: 1.0
PROPERTY RECORDED:

| PROFILE # | Slopes 5-10% 1940 LAND-SCAPE POSITION/ SLOPE % | HORIZON DEPTH (IN.) | SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE | SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | OTHER PROFILE FACTORS .1943 SOIL DEPTH | OTHER PROFILE FACTORS 1956 SAPRO CLASS | OTHER PROFILE FACTORS .1944 RESTR HORIZ | PROFI CLAS & LT/ |
|---|---|---|---|---|---|---|---|---|---|
| 1 | LS | 0-5" | gr/sl | Fr/SEXP/ss/sp | >34" TO soil wetness | 34" | N/A | None | US |
| | | 5-34" | sBK/sc | VF/EXP/vs/vp | | | | | |
| 2 | LS | 0-8" | gr/sl | Fr/SEXP/ss/sp | >35" TO soil wetness | 35" | N/A | None | US |
| | | 8-35" | sBK/sc | VF/EXP/vs/vp | | | | | |
| 3 | LS | 0-8" | gr/sl | Fr/SEXP/ss/sp | >23" TO soil wetness | 23" | N/A | None | US |
| | | 8-23" | sBK/sc | VF/EXP/vs/vp | | | | | |
| 4 | LS | 0-8" | gr/sl | Fr/SEXP/ss/sp | >43" TO soil wetness | 43" | N/A | None | US |
| | | 8-43" | sBK/sc | VF/EXP/vs/vp | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | US | US |
| System Type(s) | | |

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W. B. Marlin 3-17-97
OTHER(S) PRESENT: LSS

OMMENTS: Evaluation Well Request

# LEGEND

*use the following standard abbreviations*

| ANDSCAPE 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 |
| *APROLITE* | S(suitable) or U(unsuitable) |
| *OIL WETNESS* | Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation |
| *LASSIFICATION* | S (Suitable), PS (Provisionally Suitable), or U (Unsuitable) |

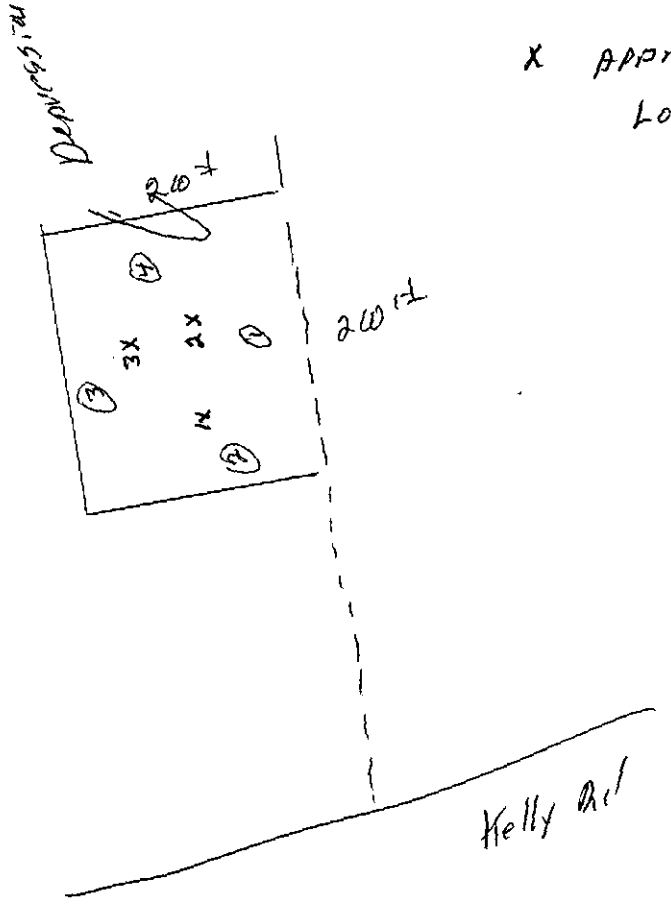
valuation of saprolite shall be by pits.

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

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

1993B

X Approx. Pit Locations



FEE: Ck #5017 $100 DATE: 2/26/97

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

pd 75.00 2nd Evaluation 5/5/11 Ck # 90 1793B [ ] 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

pd 75.00 Ck # 5018 2/11/97 Add'l eval requested

FILE #: 1793B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 033-051-19 (PO)

STREET ADDRESS: 2757 Kelly Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

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: 2400 approx

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

- __ WITHOUT BASEMENT ON SLAB
- X 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)
- X 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 X NO | WELL, SPRINGS OR WATERLINES | __ YES X NO |
| EXISTING WASTEWATER SYSTEMS | __ YES X NO | DESIGNATED WETLANDS | __ YES X NO |
| EASTMENTS OR RIGHT-OF-WAYS | X YES __ NO | | |

**PROPERTY OWNER:**

NAME: Felts Yvonne Wiggins (LAST) (FIRST) (MI)

ADDRESS: 2757 Kelly Rd

CITY: Charlotte STATE: NC ZIP: 28216

DAYTIME PHONE: 704 329- 3041 8-5 voicemail

**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1/6/97

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: Yvonne W. Felts DATE: 2/26/97

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

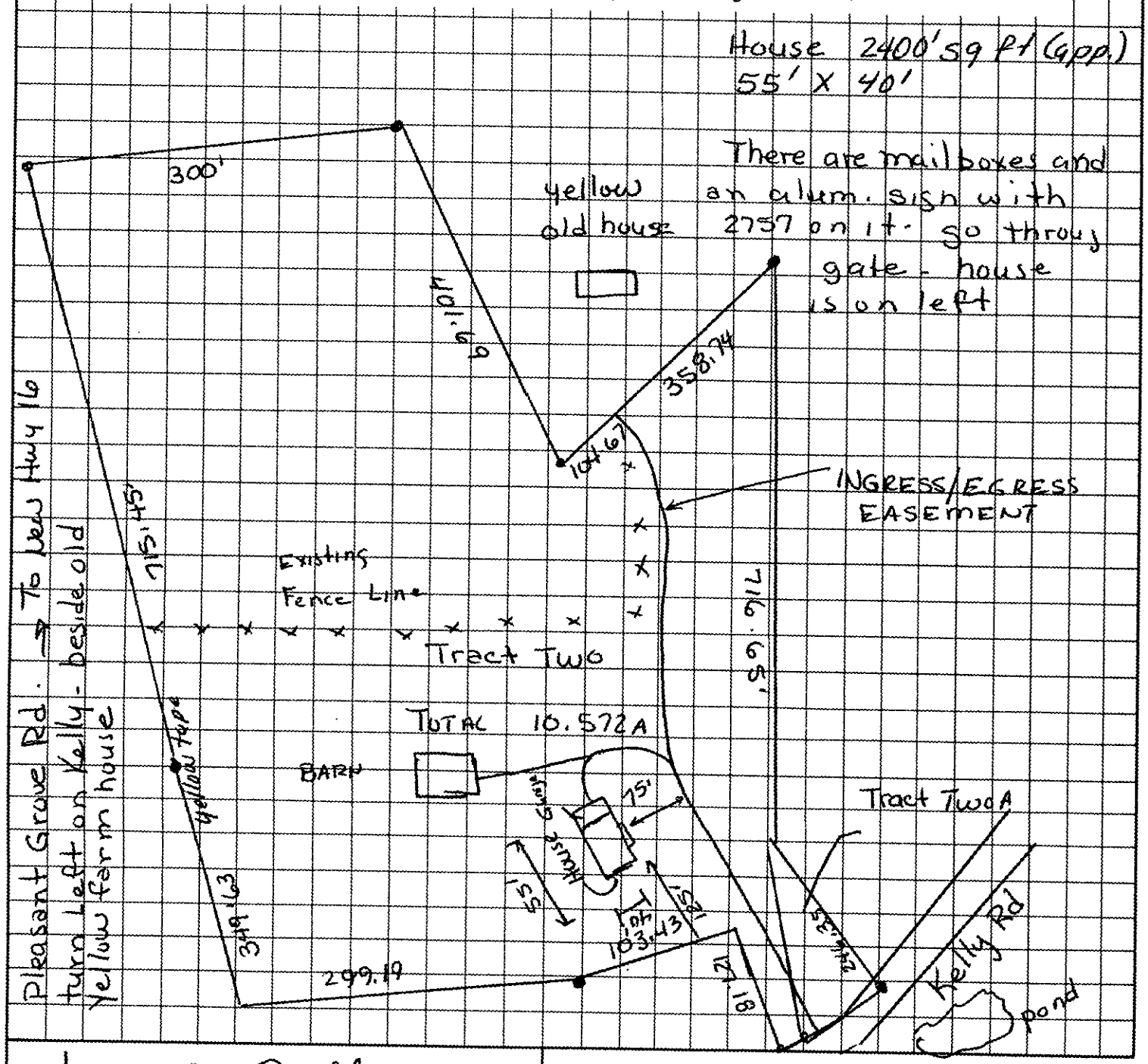
# PROPOSED PLOT PLAN

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

FILE: 1793B

TC: 033-051-19PC

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.




Yvonne W. Felts
OWNER/AGENT SIGNATURE

DATE 2/26/97

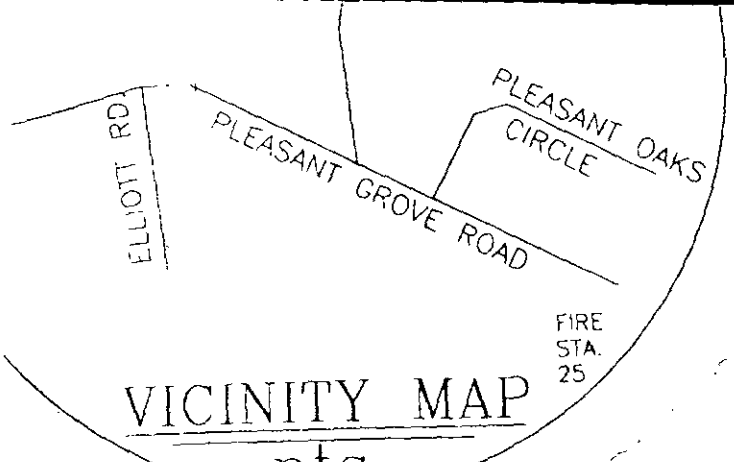
APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

KELLY RD.
TRACT TWO-A
AREA =0.343 ac.
TRACT TWO & TWO-A
TOTAL AREA=10.572 ac.
K.M. WILEY
DB 1469 PG 369
K.M. WILEY
DB 7521 PG 279
K.M. WILEY
DB 1469 PG 369
J.H. BAILEY
DB 3911 PG
T.G. ROBINSON
DB 5044 PG 828
15' INGRESS/EGRESS
EASEMENT
House Lot 1
Septic Area
Drive Way
S70°40'01"W 299.19'
S04°28'50"W 185.76' total
S04°29'08"W 716.65'
N49°11'26"E 358.74' total
S51°07'45"E 276.35' total
246.35'
S41°03'28"E 267.28' total
127.18'
103.43'
145.26'
104.67'
L1
L2
L3
L4
C1
C2




VICINITY MAP
nts

# REVISION of BOUNDARY SURVEY for YVONNE W. FELTS

OWNER:SANDRA W. KASKA
REF. DB 5266 PG 718
SCALE 1"=100' DATE OF SURVEY 12-16-95
PAW CREEK TWSP.,MECKLENBURG CO.,NC

** THE PURPOSE OF THIS PLAT IS TO REVISE THE PLAT RECOREDED IN MB 27 PG 294**

## NOTES:

1-TAX CODE 033-051-19
2-PRESENT ZONING R3
3-SANDRA W. KASKA-FORMERLY SANDRA LEWIS WIGGINS
4-FLOOD ZONE ON TRACT ONE NOT SHOWN
5-NO BUILDING SETBACKS SHOWN.
**6- TWO 15' EASEMENTS REMOVED & AREA TWO-A CREATED.**
**7- TWO & TWO-A TO BE COMBINED AS ONE PARCEL.**
**8-AREA TWO-A IS A PART OF DB 1469 PG 369.**

GRAPHIC SCALE

100 0 50 100 200
( IN FEET )
1 inch = 100 ft.

N24°47'19"W 715.45'

TRACT
AREA=10

EDNA H. VANN
DB 3404 PG 193

N70°56'14"W

PREPARED BY:
DAVID H. SNIDER
SURVEYING,MAPPING,PLANNING
102 ALWOOD LANE
HUNTERSVILLE,NC 28078
704-875-1489

# Mecklenburg County
Health Department

March 24, 1997

Ms. Yvonne Wiggins Felts
2757 Kelly Road
Charlotte, NC 28216

Re: Kelly Road
File: 1793B
Parcel: 033-051-19PO

Dear Ms. Felts:

Receipt of your Application for Improvement Permit for the above referenced property is acknowledged. A soil evaluation and a site visit have been conducted. The results of the evaluation indicated that the site is **UNSUITABLE** under Rules .1941 **SOIL CHARACTERISTICS (MORPHOLOGY)**, .1943 **SOIL DEPTH** and .1945 **AVAILABLE SPACE**. For these reasons your Application for Improvement Permit is denied. A possible way to develop the site exists under Rule .1948(d) which reads as follows:

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

Yvonne Wiggins Felts
2757 Kelly Rd.
Charlotte NC 28216

Re: Kelly Rd.
File: 1793B
Parcel: 033-051-19

Receipt of your Application for Improvement Permit for the above referenced property is acknowledged. A soil evaluation and a site visit have been conducted. The results of the evaluation indicated that the site is **UNSUITABLE** under Rules

For these reasons your Application for Improvement Permit is denied. A possible way to develop the site exists under Rule .1948(d) which reads as follows:

over

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Sincerely,

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

- .1941 SOIL CHARACTERISTICS (MORPHOLOGY)
- .1943 SOIL DEPTH and .1945 AVAILABLE SPACE

FEE: CK # 5017 $100
DATE: 2/26/97

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

1793B

[ ] CRT

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

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

COPY

FILE #: 1793B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 033-051-19 (PO)

STREET ADDRESS: Kelly Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

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: 2400 approx

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
X 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)
X 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 X NO
EXISTING WASTEWATER SYSTEMS __ YES X NO
EASTMENTS OR RIGHT-OF-WAYS X YES __ NO
WELL, SPRINGS OR WATERLINES __ YES X NO
DESIGNATED WETLANDS __ YES X NO

**PROPERTY OWNER:**

NAME: Felts (LAST) Yvonne (FIRST) Wiggins (MI)

ADDRESS: 2757 Kelly Rd

CITY: Charlotte STATE: NC ZIP: 28216

DAYTIME PHONE: 704 329- 3041 8-5 voicemail

**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1/6/97

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SIGNED: Yvonne W. Felts DATE: 2/26/97

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

COPY

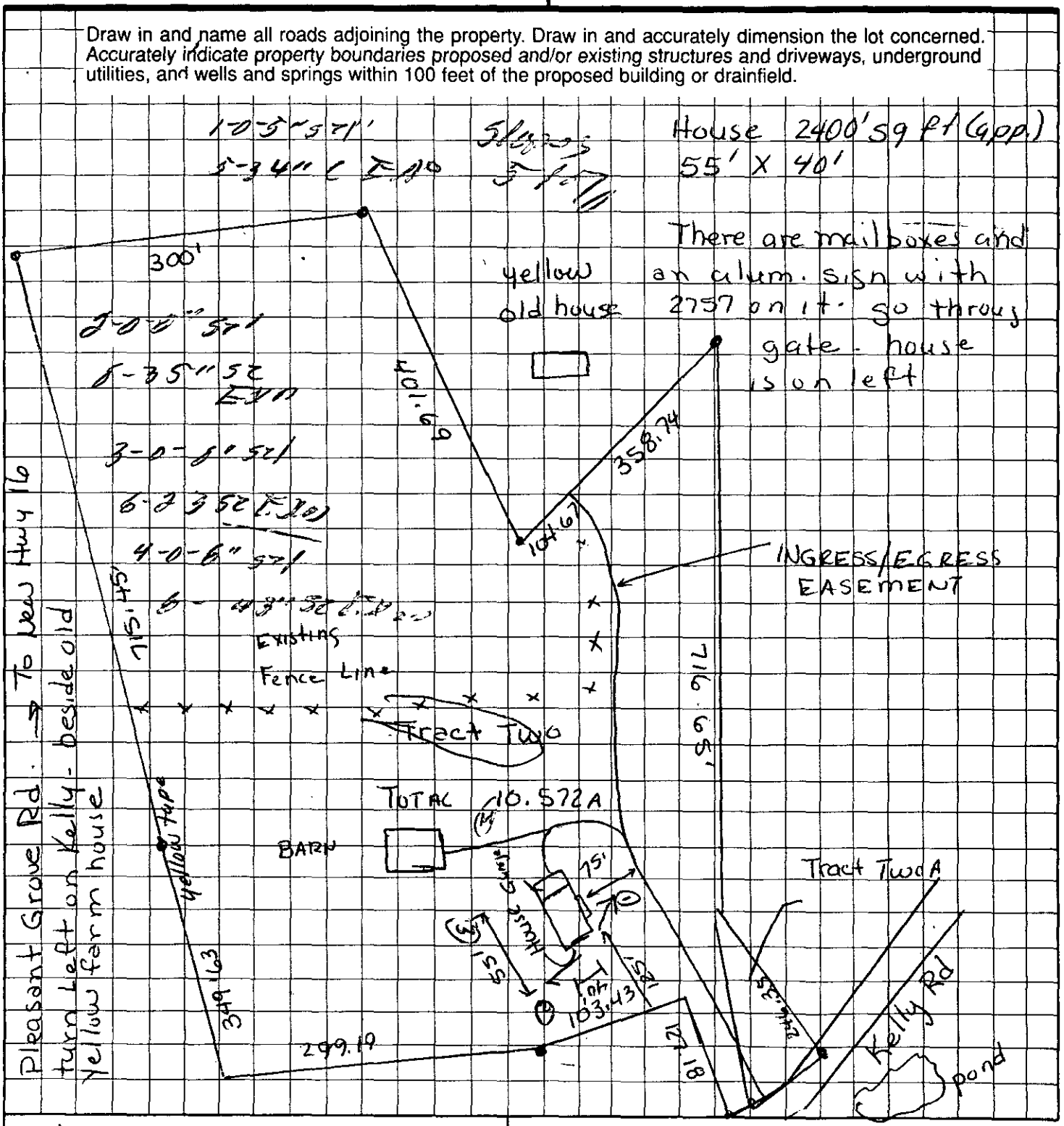
# PROPOSED PLOT PLAN

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

FILE: 1793 B

TC: 033-051-19PO

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.*



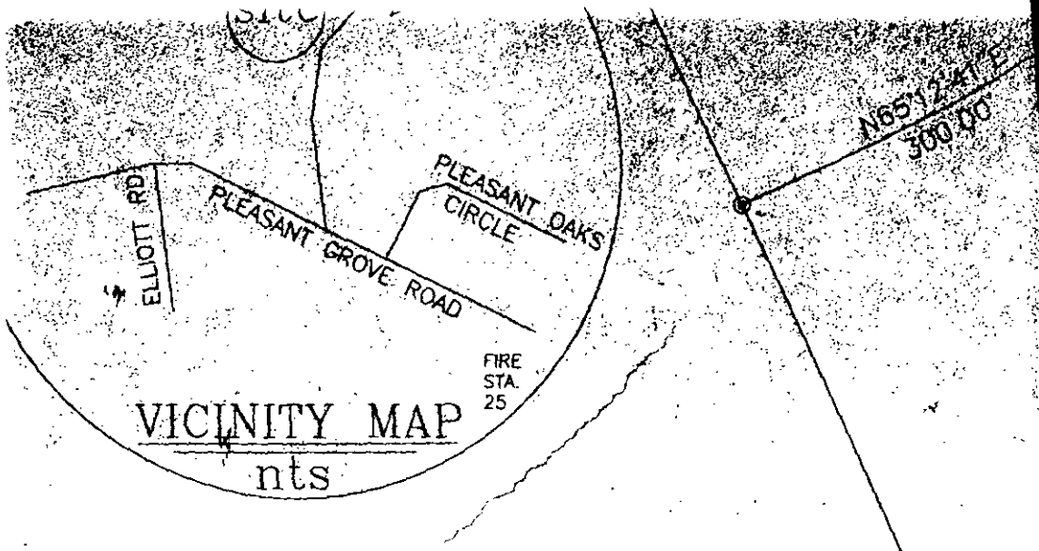

Yvonne W. Felts
OWNER/AGENT SIGNATURE

DATE 2/26/97

APPROVAL DATE _____

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

COPY




# REVISION of BOUNDARY SURVEY for YVONNE W. FELTS

OWNER:SANDRA W. KASKA
REF. DB 5266 PG 718
SCALE 1"=100' DATE OF SURVEY 12-16-95
PAW CREEK TWSP.,MECKLENBURG CO.,NC

** THE PURPOSE OF THIS PLAT IS TO REVISE THE PLAT RECOREDED IN MB 27 PG 294**

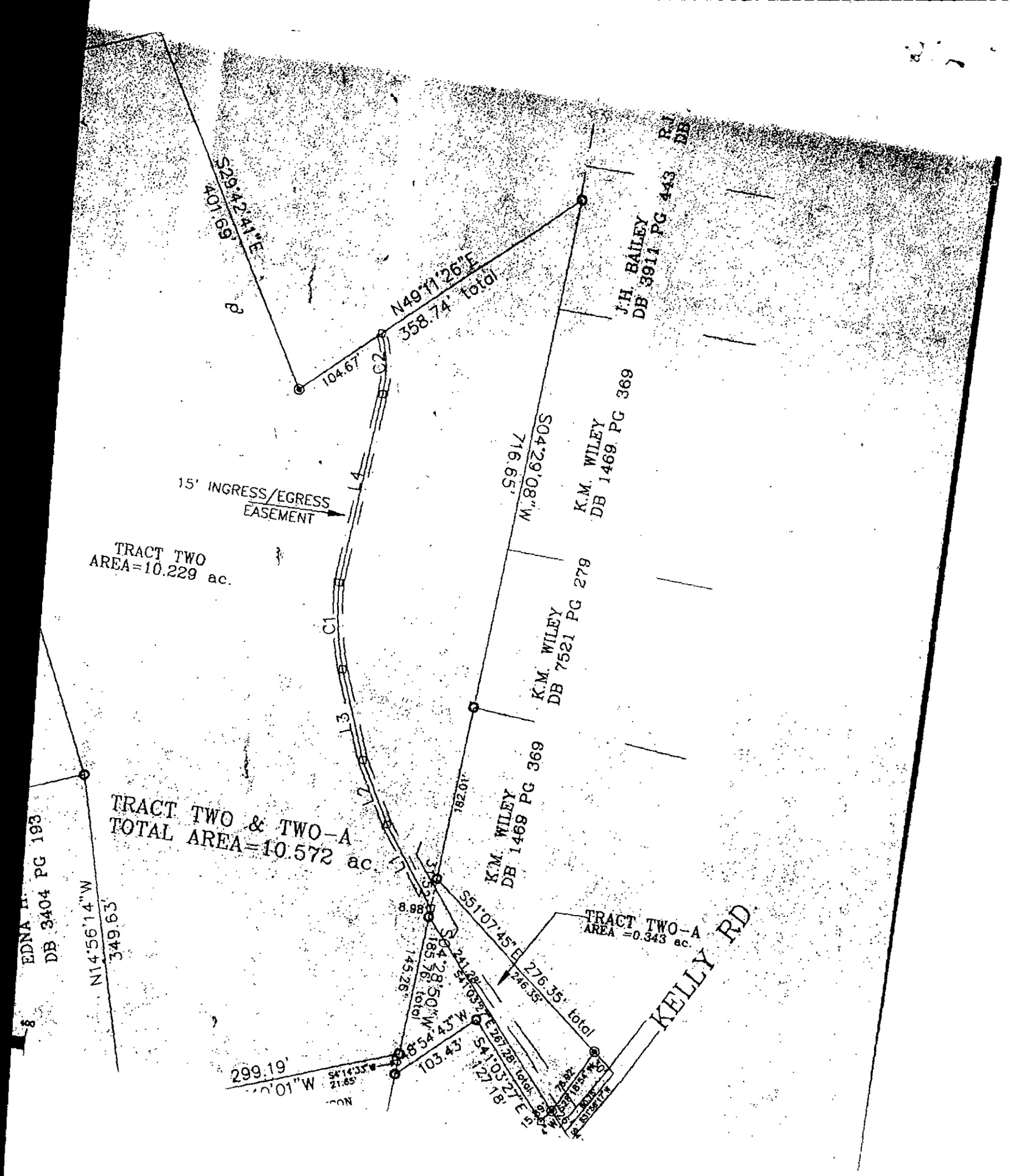
## NOTES:

1-TAX CODE 033-051-19
2-PRESENT ZONING R3
3-SANDRA W. KASKA-FORMERLY SANDRA LEWIS WIGGINS
4-FLOOD ZONE ON TRACT ONE NOT SHOWN
5-NO BUILDING SETBACKS SHOWN.
**6- TWO 15' EASEMENTS REMOVED & AREA TWO-A CREATED.**
**7- TWO & TWO-A TO BE COMBINED AS ONE PARCEL.**
**8-AREA TWO-A IS A PART OF DB 1469 PG 369.**

GRAPHIC SCALE

100 0 50 100 200

EPARED BY:
VID H. SNIDER
RVEYING MAPPING PLANNING


S29°42'41"E
401.69'
N49°11'26"E
358.74' total
104.67'
C2
J.H. BAILEY
DB 3911 PG 443
R.J
DB
15' INGRESS/EGRESS
EASEMENT
L4
TRACT TWO
AREA=10.229 ac.
S04°29'08"W
716.65'
K.M. WILEY
DB 1469 PG 369
C1
K.M. WILEY
DB 7521 PG 279
L3
L2
L1
TRACT TWO & TWO-A
TOTAL AREA=10.572 ac.
182.01'
K.M. WILEY
DB 1469 PG 369
S51°07'45"E
276.35' total
246.35'
TRACT TWO-A
AREA =0.343 ac.
KELLY RD.
EDNA
DB 3404 PG 193
N14°56'14"W
349.63'
299.19'
S54°14'33"W
21.65'
S04°28'50"W
145.29' total
103.43'
S41°03'27"E
127.18'

File 1793B

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

PROPERTY ID #: ____
COUNTY: ____

# SOIL/SITE EVALUATION
## *for* ON-SITE WASTEWATER SYSTEM

#3
17938
PO 033-051-19

OWNER: Yvonne W. Fells
ADDRESS: 2751 Kelly Rd, Charlotte
PROPOSED FACILITY: residence
LOCATION OF SITE: off Kelly Road

APPLICANT: ____
APPLICATION DATE: ____
PROPOSED DESIGN FLOW (.1949): 360gpd

DATE EVALUATED: ____
PROPERTY SIZE: 1.0
PROPERTY RECORDED: ____

WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other ____
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

| PROFILE # | Slopes 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 | PROD CLA & LT |
|---|---|---|---|---|---|---|---|---|---|
| 1 | LS | 0-5" | gr/scl | Fr/SEXPl SS/SP | 34" To soil wetness | 34" | N/A | None | US |
| | | 5-34" | SBK/sc | VFr/EXP/VS/VP | | | | | |
| 2 | LS | 0-8" | gr/scl | Fr/SEXPl SS/SP | 35" To soil wetness | 35" | N/A | None | US |
| | | 8-35" | SBK/sc | VFr/EXP/VS/VP | | | | | |
| 3 | LS | 0-8" | gr/scl | Fr/SEXPl SS/SP | 23" To soil wetness | 23" | N/A | None | US |
| | | 8-23" | SBK/sc | VFr/EXP/VS/VP | | | | | |
| 4 | LS | 0-8" | gr/scl | Fr/SEXPl SS/SP | 43" To soil wetness | 43" | N/A | None | US |
| | | 8-43" | SBK/sc | VFr/EXP/VS/VP | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | US | US |
| System Type(s) | | |

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): Unsuitable

EVALUATED BY: W. B. Marlin 3-17-97
OTHER(S) PRESENT: LSS

COMMENTS: Probably well to Remain

# 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*

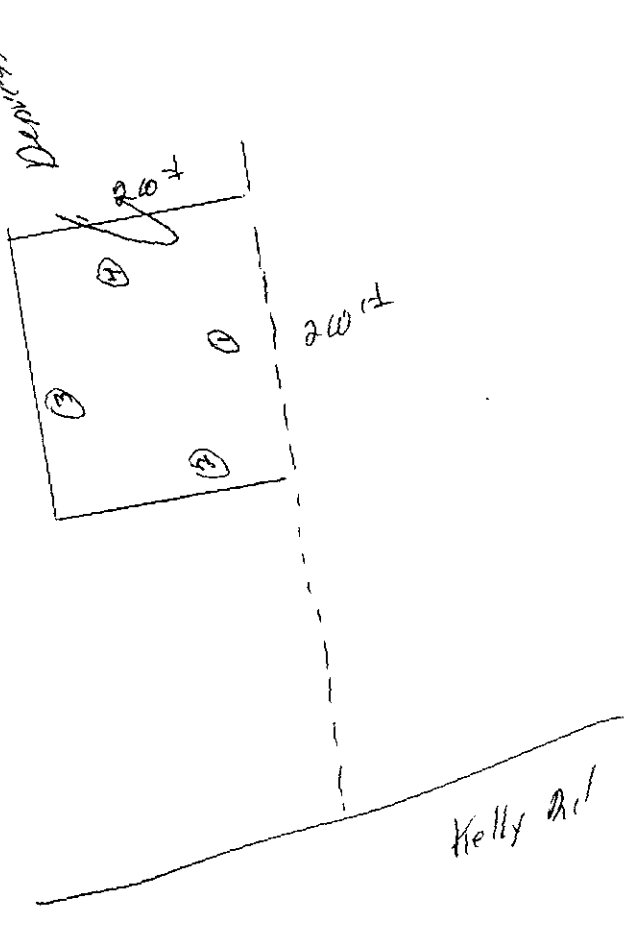
| | |
|---|---|
| *ORIZON DEPTH* | In inches below natural soil surface |
| *EPTH OF FILL* | In inches from land surface |
| *ESTRICTIVE HORIZON* | Thickness and depth from land surface |
| *APROLITE* | S(suitable) or U(unsuitable) |
| *OIL WETNESS* | Inches from land surface to free water or inches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

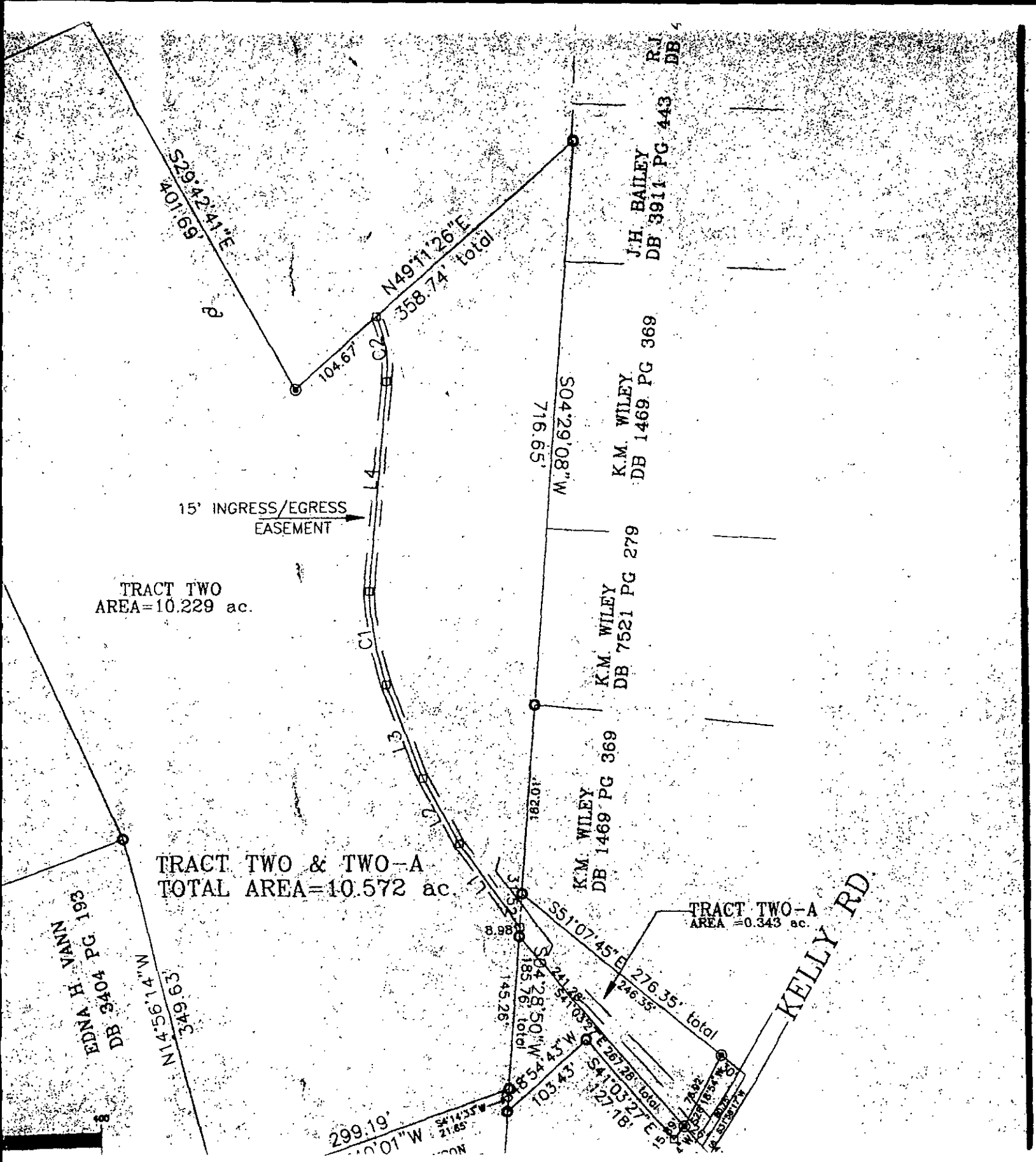
valuation of saprolite shall be by pits.

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

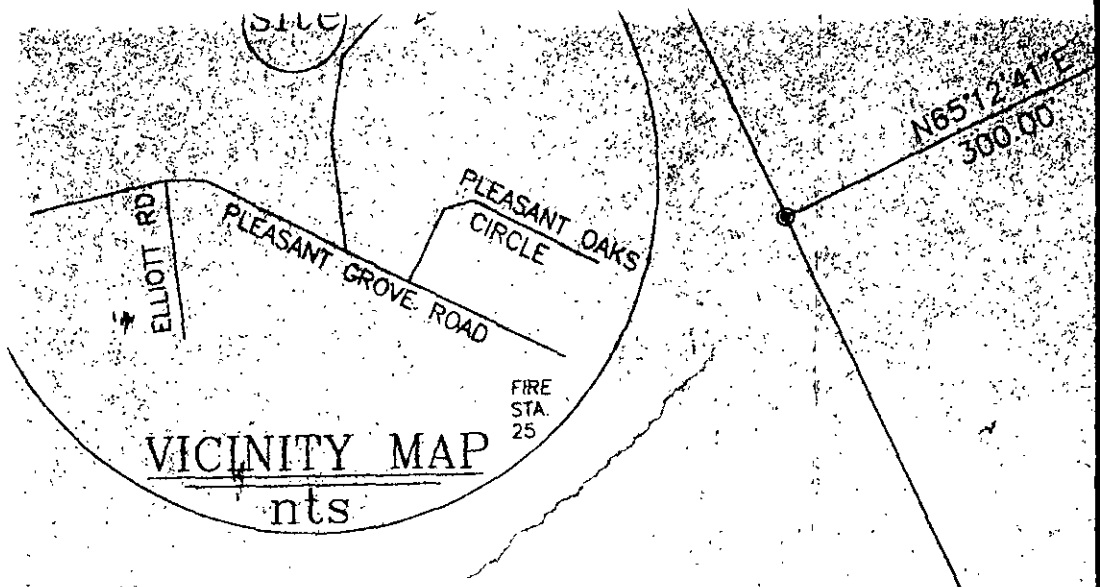
**Show profile locations and other site features (dimensions, reference or benchmark, and North).**

1793B




S29°42'41"E
401.69'
N49°11'26"E
358.74' total
104.67'
C2
J.H. BAILEY
DB 3911 PG 443
R.J.
DB
K.M. WILEY
DB 1469 PG 369
S04°29'08"W
716.65'
15' INGRESS/EGRESS
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EDNA H. VANN
DB 3404 PG 193
N14°56'14"W
349.63'

File
17936




VICINITY MAP
nts

# REVISION of BOUNDARY SURVEY for YVONNE W. FELTS

OWNER:SANDRA W. KASKA
REF. DB 5266 PG 718
SCALE 1"=100' DATE OF SURVEY 12-16-95
PAW CREEK TWSP.,MECKLENBURG CO.,NC

** THE PURPOSE OF THIS PLAT IS TO REVISE THE PLAT RECOREDED IN MB 27 PG 294**

## NOTES:

1-TAX CODE 033-051-19
2-PRESENT ZONING R3
3-SANDRA W. KASKA-FORMERLY SANDRA LEWIS WIGGINS
4-FLOOD ZONE ON TRACT ONE NOT SHOWN
5-NO BUILDING SETBACKS SHOWN.
**6- TWO 15' EASEMENTS REMOVED & AREA TWO-A CREATED.**
**7- TWO & TWO-A TO BE COMBINED AS ONE PARCEL.**
**8-AREA TWO-A IS A PART OF DB 1469 PG 369.**

GRAPHIC SCALE

100 0 50 100 200

EPARED BY:
VID H. SNIDER
RVEYING MAPPING PLANNING