

14801 BLACK FARMS RD

01124115

12/27/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

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COMMENTS

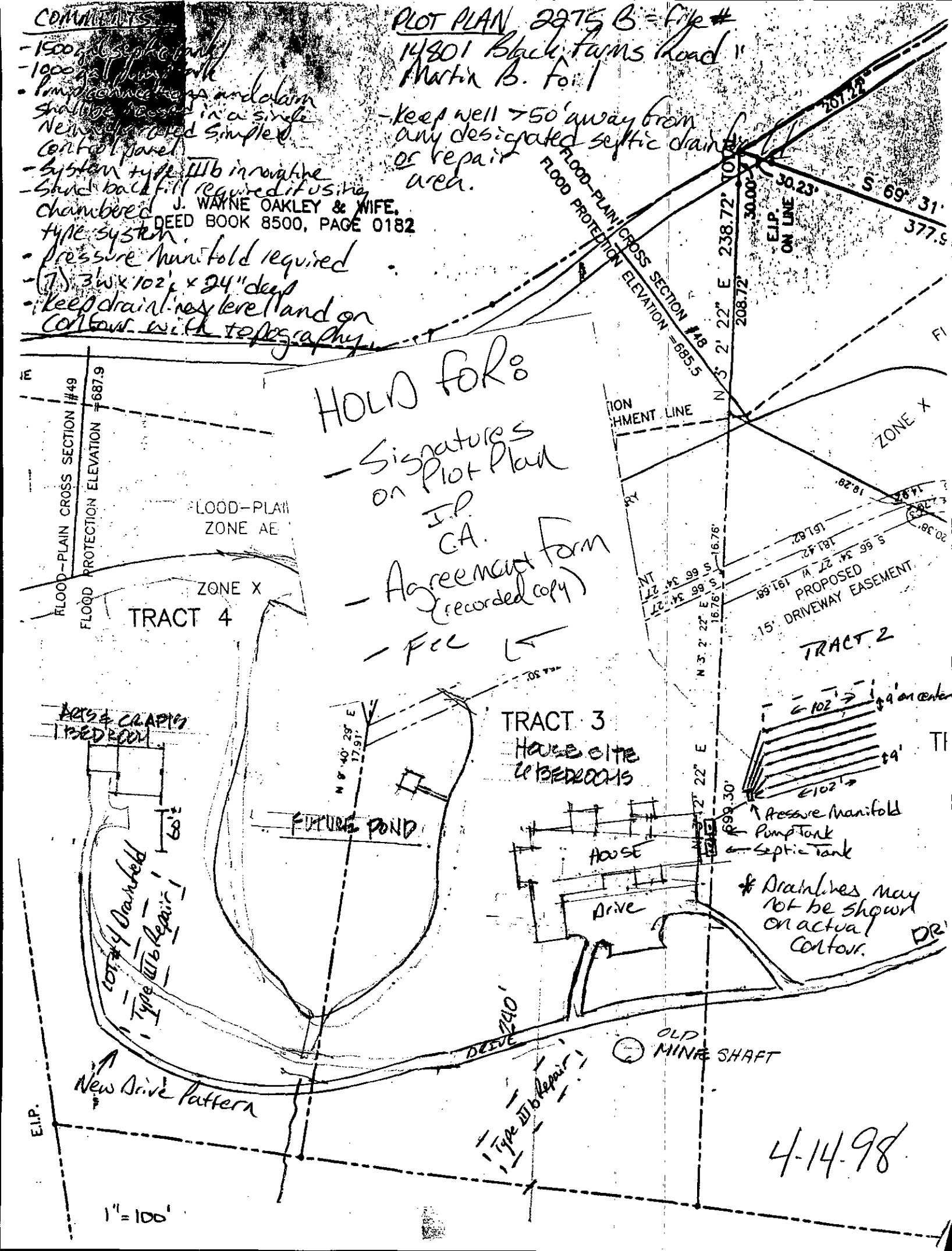
- 1500 gal septic tank
- 1000 gal dosing tank
- Pump, control panel and alarm shall be housed in a single NEMA type rated Simplex control panel
- System type IIIb innovative
- Sand backfill required if using chambered type system
- Pressure manifold required
- (7) 3' W x 102' L x 24" deep
- Keep drainlines level and on contour with topography

PLOT PLAN 2975 B = File #

14801 Black Farms Road

Martin B. Foil

- Keep well >50' away from any designated septic drainfield or repair area.



HOLD FOR:

- Signatures on Plot Plan
- I.P.
- C.A.
- Agreement Form (recorded copy)
- Fee

4-14-98

Permit Number: 2275B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 011-052-04

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	
.25 Long-term acceptance rate	720 Max gallons/day wastewater flow	2160 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
Yes Serviced by private well	1500 Gallon septic tank	720 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
6 Bedrooms in residence	1000 Gallon pump tank	N/A Depth of stone *		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions:	* Sand back fill is required if using chambered type system * Pump connections and alarm shall be housed in a single Nema 4x rated simplex control panel ✓			
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	
2160 Absorption Area (Sq ft) 720 Total Trench Length (Ft)	N/A 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 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.

Larry G. Thompson Jr. R.S. 4-14-98

DEHNR Authorized Agent Date

Owner/Agent Signature Date

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

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

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

DATE: 4-14-98 **PERMIT NO:** 2275B
PARCEL NO: 011-052-04

JOB LOCATION ADDRESS: 14801 Black Farms Road
PROPERTY OWNER: Martin B. Co.
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: Larry B. Thompson Jr., R.S. **DATE:** 4-14-98
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. **WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO.** 2275B**, 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 <u>PRIOR</u> 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:** See Conditions Of The Improvement Permit

OWNER CERTIFICATION

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

_____
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE **DATE**

FEE: _____

DATE: _____

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 #: 2275 B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 011-052-04 PART

STREET ADDRESS: 14801 Black Farm Rd

SUBDIVISION OR MOBILE HOME PARK NAME: Huntersville NC 28078

LOT NUMBER: 2

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: 7500

NUMBER OF BEDROOMS: 6 NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

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

CLOSING DATE _____

* Foil purchased lots from Frank Benner - Lots not recorded - Still 1 tract

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

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

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
✓ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES __ NO
EXISTING WASTEWATER SYSTEMS __ YES __ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES __ NO
WELL, SPRINGS OR WATERLINES __ YES __ NO
DESIGNATED WETLANDS __ YES __ NO

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: (LAST) FOIL (FIRST) MARTIN (MI) B	NAME: (LAST) DUFFY (FIRST) DON (MI) L
ADDRESS: 556 Hermitage Drive S.E	DAYTIME PHONE: (W) 704 - 358 · 1878
CITY: Concord STATE: NC ZIP: 28025	Architect : NC # 4858
DAYTIME PHONE: (W) 704 - 436-6527	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? N/A

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: _____ DATE: 4/8/98

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

Carlin Soil Consultants Inc.
3024 Oak Ridge Circle
Lincolnton NC 28092
Phone (704) 732 3584
Fax (704) 732 3702

Mr. William R. Marlin
700 North Tryon Street
Suite 211
Charlotte, NC 28202

Dear Mr. Marlin

On January 9, 1998 we completed a site evaluation on the property owned by Frank Benner of Benner Realty, tract #2 Black Farm Road in Mecklenberg County.

The evaluation was conducted using a backhoe supplied by Mr. Benner. The site tested is indicated on the enclosed diagrams. This site was the only area, which appeared to show any promise. A large portion of the parcel was in a flood area or had standing water. The area checked was on a knoll, which appeared to be free of springs or standing water.

The soil was clay, which was slightly expansive. But red in color. It was friable and appears to be provisionally suitable for installation of a septic tank sewage disposal system designed to serve a 3 to 4 bedroom dwelling. The LTAR was estimated to be . gallons/sq.ft/day. The area, which appears to be usable is approximately 112', X 140'.

I Propose installation of a septic system in this area using one of the two following methods:

a. Install a chamber system, with minimum cover. This would require an area of 102' X 80' (see calculation sheet). This area is available as indicated by diagrams.
b. Install a low pressure pipe system. This would require 9600 sq. feet assuming an LTAR of .1 gal/sq.ft./ day. This area is also available.

IN my opinion the optimum system to install on this lot would be the chamber system. This system would minimize cost and area required.

Should there be any unanswered questions or if I can be of further assistance please contact me at the above phone number.

Sincerely

William P. Carlin R.S., L.S.S.
Registered Environmental Health Specialist
Licensed Soil Scientist

LICENSED SOIL SCIENTISTS
WILLIAM P. CARLIN
1025
STATE OF NORTH CAROLINA

Calculations

Chamber System

480 gallons /day

480 gpd / .25 LTAR = 1920 sq. feet of ditch

1920 sq.ft. / 3 ft. ditch = 640 ft. of ditches

640 ft. ditches X .75 (25 % reduction for chamber system) = 480 ft.

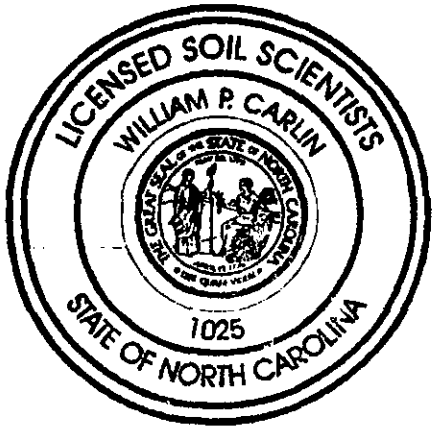
480 X 2 (allowing for repair room) = 960 linear ft. of ditches

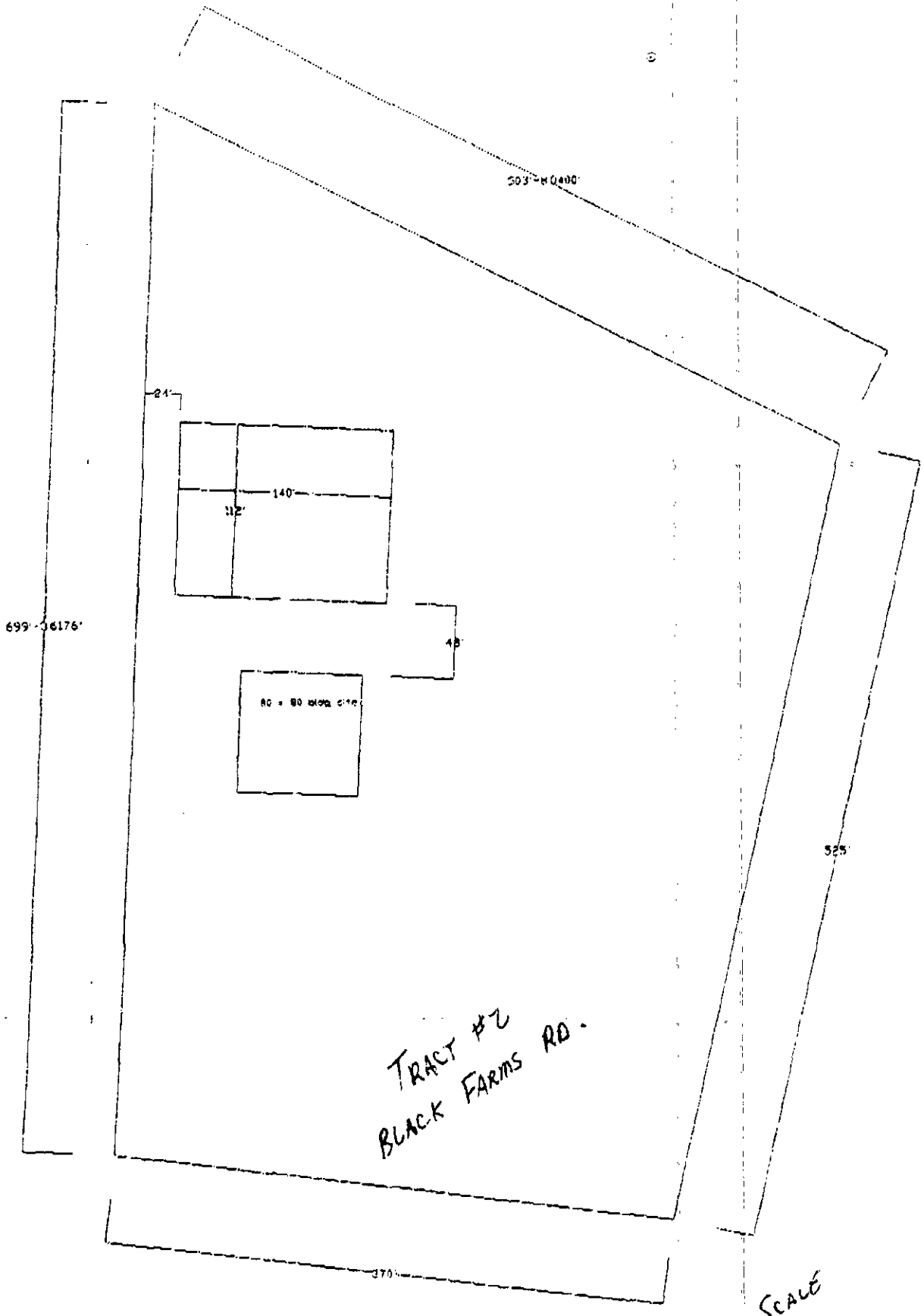
Assuming 80' lines an area of 102' X 80' would be required

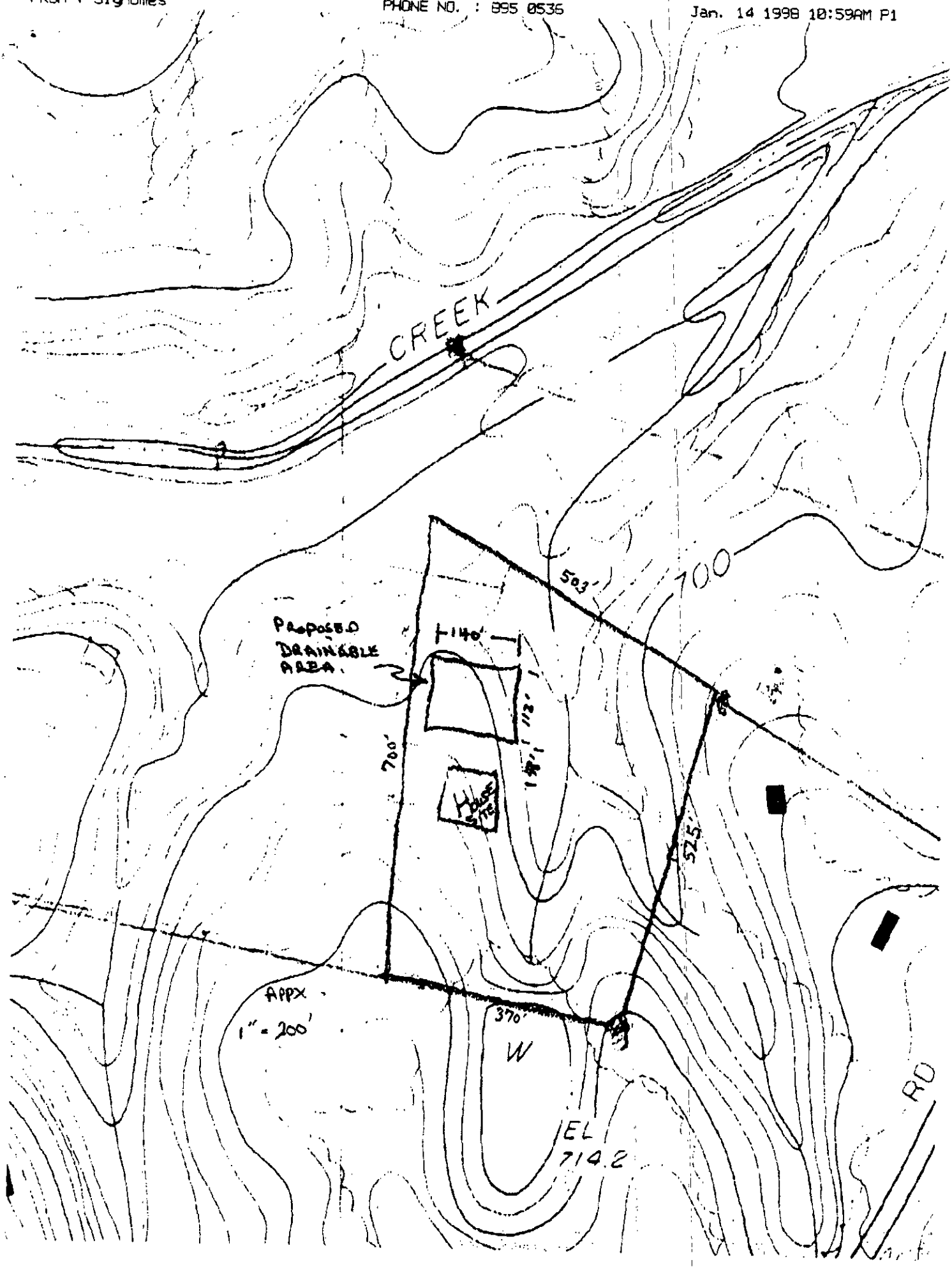
Low Pressure pipe system

480 gallons / day / .1 LTAR = 4800 sq. ft.

4800 X 2 (allowing for repair room) =9600 sq.ft required for drain field




24'
140'
112'
699'-16176'
48'
525'
370'
TRACT #2
BLACK FARMS RD.
NOT TO SCALE


CREEK
100
503'
PROPOSED DRAINABLE AREA
140'
113'
700'
HOUSE SITE
525'
APPX
1" = 200'
370'
W
EL 714.2
RD

ON-SITE WASTEWATER SECTION
2275-B

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Meck County
011-052-04 PO
2 of 2

OWNER: Craig R Weiser APPLICANT: Frank Benner
ADDRESS: 18111 Harbor Light Blvd. APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: 6 BR House PROPOSED DESIGN FLOW (.1949): 720 gpd PROPERTY SIZE: 5.89 acres
LOCATION OF SITE: Black Farm Rd PROPERTY RECORDED: _____
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LAND-SCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	R —	0-4	Gr / SL	SEXP / NS / NP / Fri	chroma 2 @ 20"	21"	N/A	NONE	US
		4-21	SBK / C	EXP / S / P / Fir					
2	LS	0-4	Gr / SL	SEXP / NS / NP / Fri	NO chroma 2 to 23"	23"	N/A	none	US
		4-23	SBK / C	EXP / S / P / Fir					
3	LS	0-4"	Gr / SL	SEXP / NS / NP / Fri	NO chroma 2	29"	N/A	NONE	US .3 LTAR
		4-28"	SBK / SC	SEXP / SS / SP / Fir					
4	LS	0-4"	Gr / SL	SEXP / NS / NP / Fri	NO chroma 2	26"	N/A	NONE	.3 LTAR US
		4-26"	SBK / SL	SEXP / SS / SP / Fir					

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

Sheet 1 of 1

ON-SITE WASTEWATER SECTION

page 2 of 2

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

2275-B cont.

011-052-04 PGS

OWNER: _____ APPLICANT: _____

ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____

PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____

LOCATION OF SITE: _____ 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) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	LS	0-4"	S-L / Gr	SEXP/NS/NP/Fri	No Chroma 2	20"	N/A	None	.25 LTAR
		4-20"	SC / SBK	SEXP/SS/SP/Fir					
6	NS	0-8"	SC / Gr	SEXP/NS/NP/Fri	No chroma 2	28"	N/A	None	US
		9-28"	SC/SBK	EXP/S/P/Fir					
7	NS	0-7"	SC / Gr	SEXP/NS/NP/Fri	No Chroma 2	33"	N/A	None	.25 LTAR US
		7-33"	SC / SBK	SEXP/SS/SP/Fir					
4									

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

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): _____

EVALUATED BY: Kelly Randall

OTHER(S) PRESENT: _____

Sheet 2 of 2

COMMENTS:

100% repair

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR
C (Concave Slope) V (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) HS (Head Slope) LS (Linear Slope) NS (Nose Slope) R (Ridge) SS (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3
	III	SI (Silt) SICL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SUC (Silt Loam Clay)	0.6 - 0.3	0.3 - 0.15
	IV	SC (Sandy Clay) SIC (Silty Clay)	0.4 - 0.1	0.2 - 0.05
		O (Organic)	None	

MINERALOGY/ CONSISTENCE
NEXP (Non-expansive)
SEXP (Slightly Expansive)
EXP (Expansive)

STRUCTURE
G (Single Grain)
M (Massive)
CR (Crumb)
GR (Granular)
SBK (Subangular Block
ABK (Angular Blocky)
PL (Platy)
PR (Prismatic)

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
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)

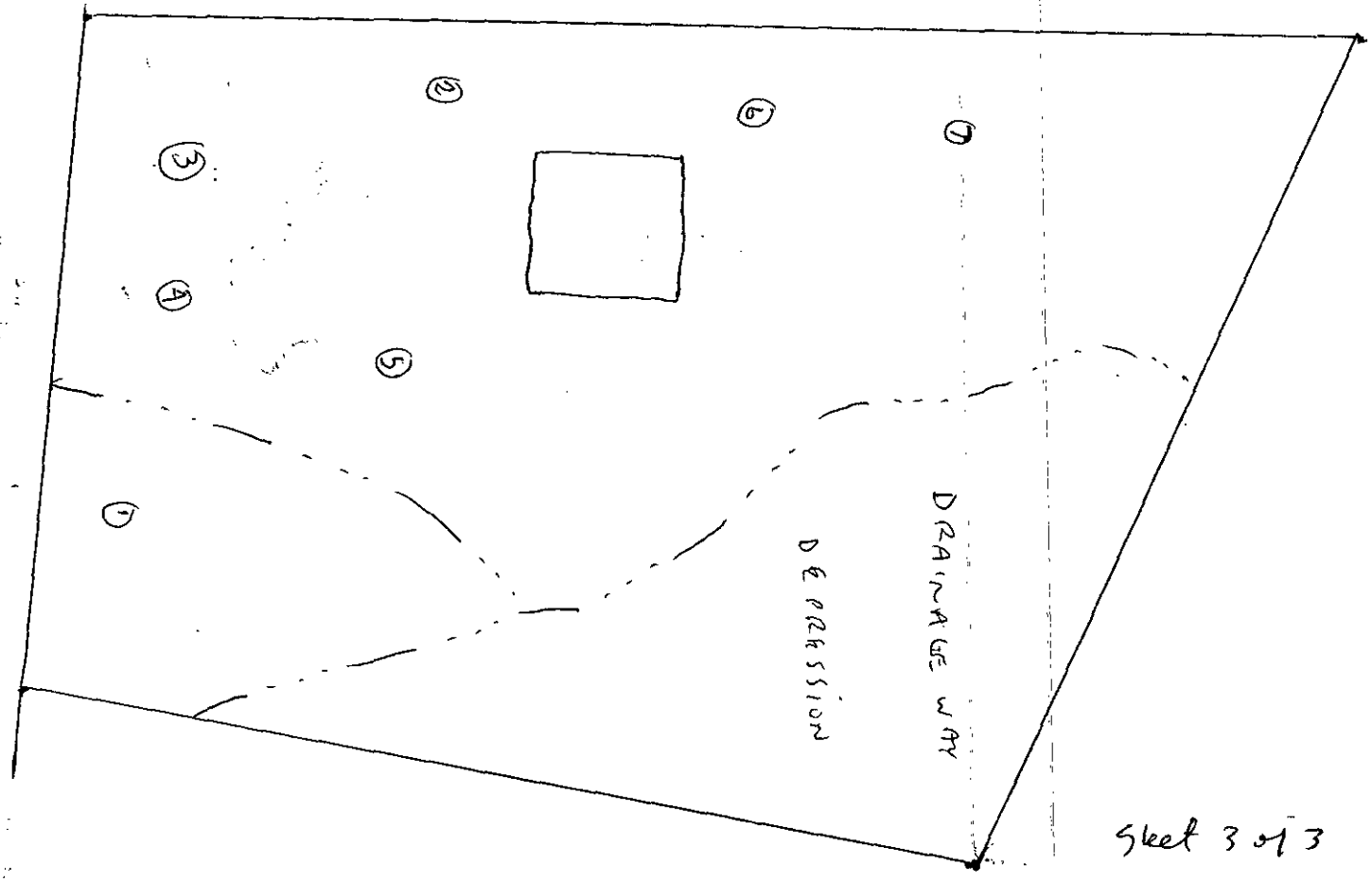
OIL WETNESS — Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designa

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).



Sheet 3 of 3

FEE: $ 100.00 clk# 25250
DATE: 10-13-97 gc

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

[ ] 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 #: 2275B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 011-052-04 PO #2

STREET ADDRESS: [redacted] BLACK FARMS RD.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 2

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 5000

NUMBER OF BEDROOMS: 6 NUMBER OF OCCUPANTS: 6

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 [X] 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 [ ] YES [X] NO
WELL, SPRINGS OR WATERLINES [ ] YES [X] NO
DESIGNATED WETLANDS [ ] YES [X] NO

PROPERTY OWNER: CRAIG R. WIESER

NAME: WIESER CRAIG R.
(LAST) (FIRST) (MI)

ADDRESS: 18111 HARBOR LIGHT BLVD.

CITY: CORNELIUS STATE: NC ZIP: 28031

DAYTIME PHONE: (704) 895-0550

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: BENNER FRANK J.
(LAST) (FIRST) (MI)

DAYTIME PHONE: (704) 361-2182

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 5/25/97

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: Frank J. Benner DATE: 10/8/97

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

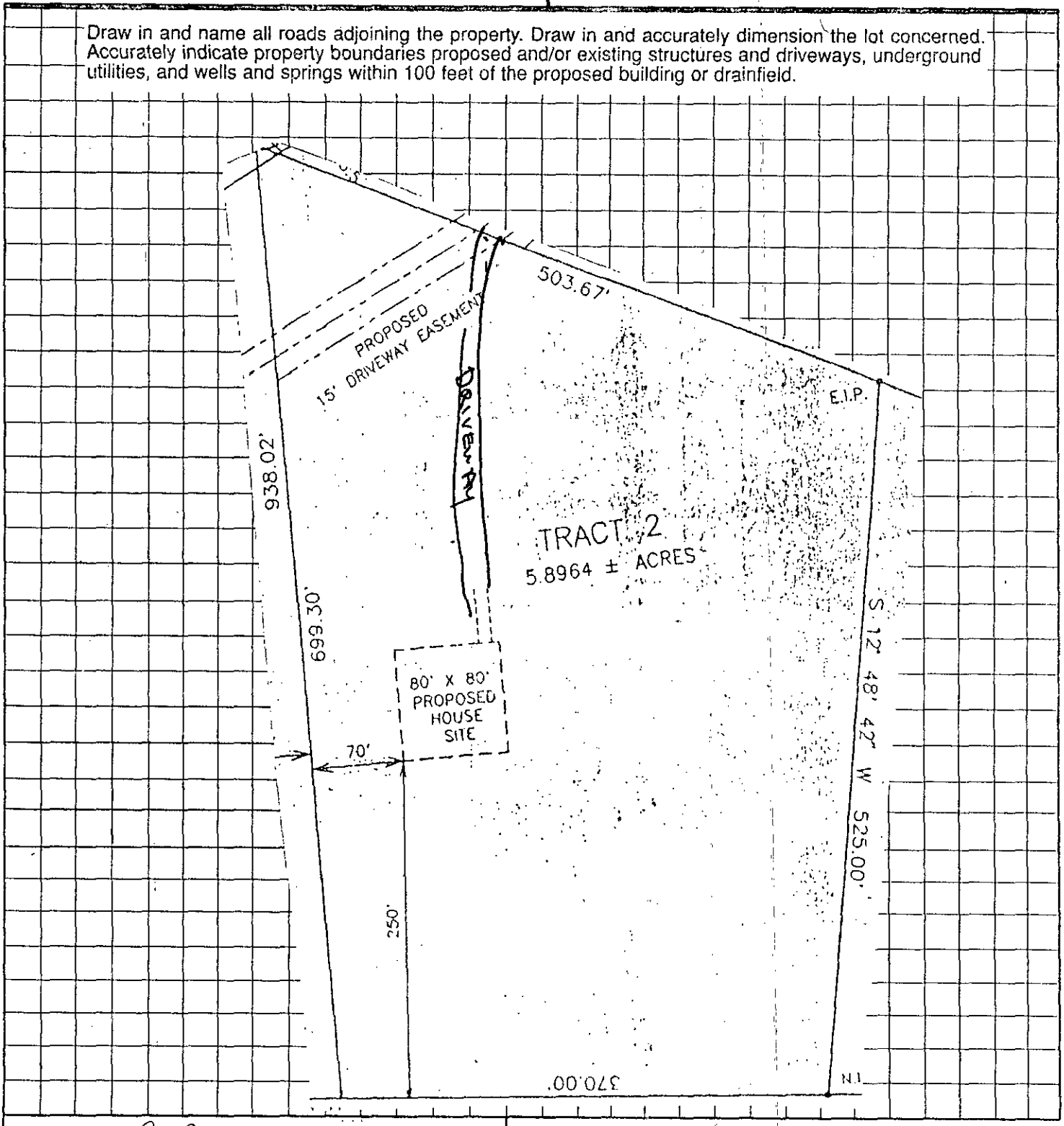
PROPOSED PLOT PLAN

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

FILE: 2275B

TC: 011-052-04 PO (2)

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.



Frank Berner
OWNER/AGENT SIGNATURE

DATE 10-8-97

APPROVAL DATE _____

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

Mecklenburg County
Health Department

Craig R Wieser
1811 Harbor Light BV.
Cornelius NC 28031

Black Farms Rd: Lot 2

Re: 2275 B
File:
Parcel: 011-052-04 PO

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 over. 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, R.S., Soil Scientist
Individual Water and Wastewater Systems

Mecklenburg County
Health Department

November 14, 1997

Mr. Craig R. Wieser
18111 Harbor Light Blvd.
Cornelius, NC 28031

Re: Black Farm Road, Lot 2
File: ~~2274B~~ 2275B
Parcel: 011-052-04PO

Dear Mr. Wieser:

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)**, .1942 **SOIL WETNESS CONDITIONS**, .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, R.S., Soil Scientist
Individual Water and Wastewater Systems