

19933 CALLAWAY HILLS LN

00308309

1/2/2008

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT

FILE: 2972B DATE: 2/15/02

TC: 003-081-30 ☒ L ☐ CRT

SERIAL No. 18898

Hold for:
- Agreement forms
- Fees $300

Name _____ Juris.: _____

Addre Hills Lane

Inspe

Tank

Total

Number of Lines 10 @ varying

Cover Depth 12-16"

Water Supply Source well

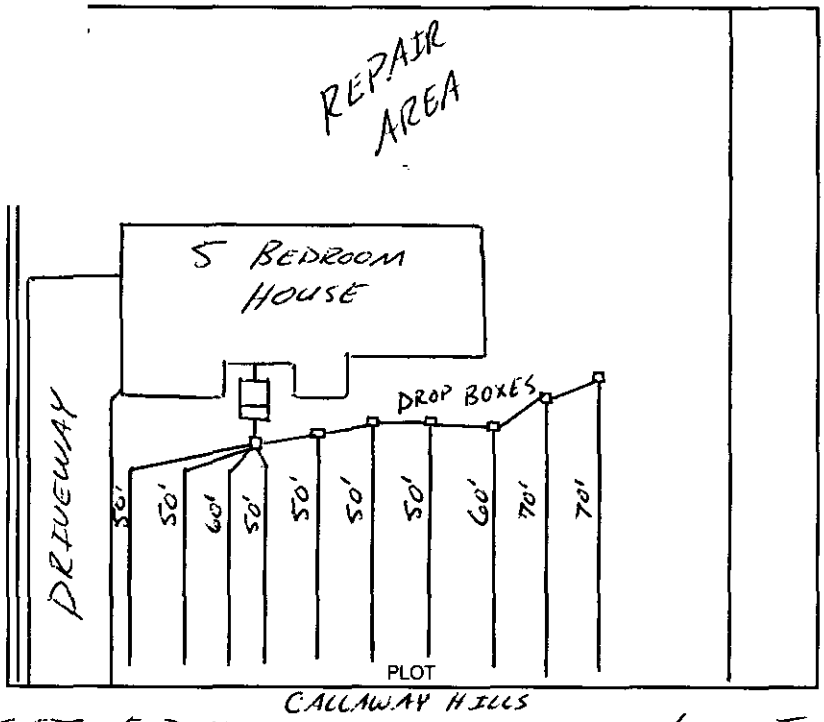
Distance to Water Source 7/100'

Excavation Inspected 2/15/02

Tank(s) Inspected 2/15/02

Wash Line Inspected NA

High Water Alarm Inspected NA



Design 1500 ST, INV, 1680 SFT, E-2 Flow, CTR# Larry Tucker

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: Five Bedroom Residence

10 lines at varying lengths w/ drop Boxes (560 TLF)

Type III g Innovative system

Jenny P. Mechuka R.S.

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

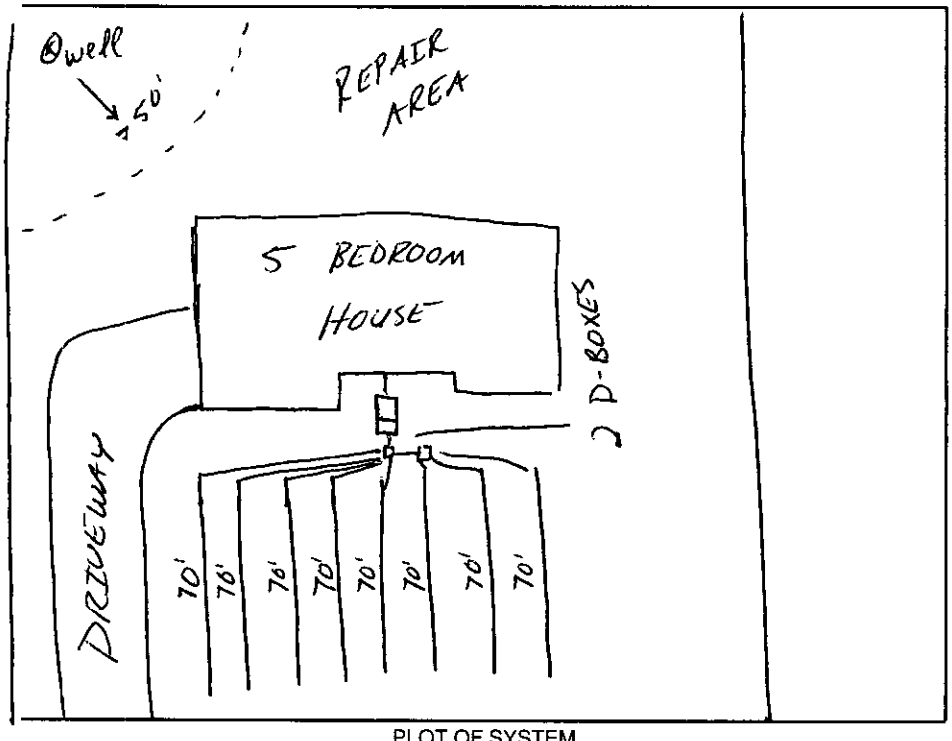
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2972B DATE: 2/5/02

TC: 003-081-30 ☐ L

SERIAL Nº 18852

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 4/23/99. All work shall be completed on or before 3/5/02, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A 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

CALLAWAY HILLS

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction PCC

Trench Depth 20"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 560' feet

Number of Lines 8 x 70'

Depth of Stone NA inches

Distance from House >5' feet

Distance from Property Line 710' feet

Distance from Well >100' feet

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

NAME OF OWNER Monica Investments

LOCATION OF PROPERTY 19933 Callaway Hills Lane

Comments: Five Bedroom Residence

Install 8 lines x 70' x 3'

Two Distribution Boxes

Type III g Innovative system

Tommy P. Nichols R.S.

Environmental Health Specialist

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

Mecklenburg County
Health Department

Conditions of Improvement Permit

File Number: 2972 B
Site Address: 19933 Callaway Hills Lane

1. The wastewater treatment and disposal system permitted is an innovative system with a prefabricated porous block panel system (PPBPS) system designated as the repair system. The septic system must be installed as designed and approved.
2. Nitrification trenches shall be constructed as level as possible but in no case shall the fall in a single trench bottom exceed one-fourth inch in 10 feet as determined by an engineer's level or equivalent.
3. Any changes in the site must be pre-approved by the Mecklenburg County Environmental Health Department.
4. The wastewater treatment and disposal drain field area, including the designated repair areas, shall not be used for any of the following:

    - Grading or filling
    - Parking or driving heavy equipment in the area or subjecting the site to possible soil compaction
    - Construction staging area
    - Installation of lawn irrigation components
    - Installation of underground utilities or cables of any type
    - Burial of any debris or material
    - Utilizing the area for gravesites
    - Diversion of storm water runoff into this area

5. Septic system installer must be registered with Mecklenburg County prior to meeting for the required pre-construction conference.
6. System installer will be required to water level the distribution device prior to final system approval. Drop boxes may be required on certain applications.
7. The system owner shall have the contents of the septic tank checked, and the contents of the tank removed, periodically from all compartments, to ensure proper operation of the system. The contents of the septic tank shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.
8. All septic tank riser and effluent filter rules will apply to this system. It is strongly recommended that access risers be added to both ends of the septic tank, extending to at least finish grade. This will allow periodic inspection of the solids level in the tank as well as help facilitate the periodic cleaning of the effluent bio-filter.

Owner/Agent Signature Sue Ann Blankenship **Date** 7-6-00

ACJ

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

DATE: 6-29-00 PERMIT NO: 2972B
PARCEL NO: 003-081-30
JOB LOCATION ADDRESS: 9933 Callaway Hills Lane
PROPERTY OWNER: Monica Investment
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: Runnymeade 133A
AUTHORIZATION ISSUED BY: [signature] DEHNR AUTHORIZED AGENT DATE: 6-29-00

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2972A, 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.

Sue Ann Blair 7-6-00
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number 29726 Tax Number 083-081-30

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	
.27 Long-term acceptance rate	600 Max gallons/day wastewater flow	1680 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
Yes Serviced by private well	1500 Gallon septic tank	560 Total trench length (ft)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
5 Bedrooms in residence	N/A Gallon pump tank	N/A Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: - Agreement Forms 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	
840 Absorption Area (Sq ft) 420 Total Trench Length (Ft)	N/A Depth of Stone Trench	8' Trench spacing (min. on centers)	30" 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.

B Thompson Jr. RS. 6-29-00
DEHNR Authorized Agent Date

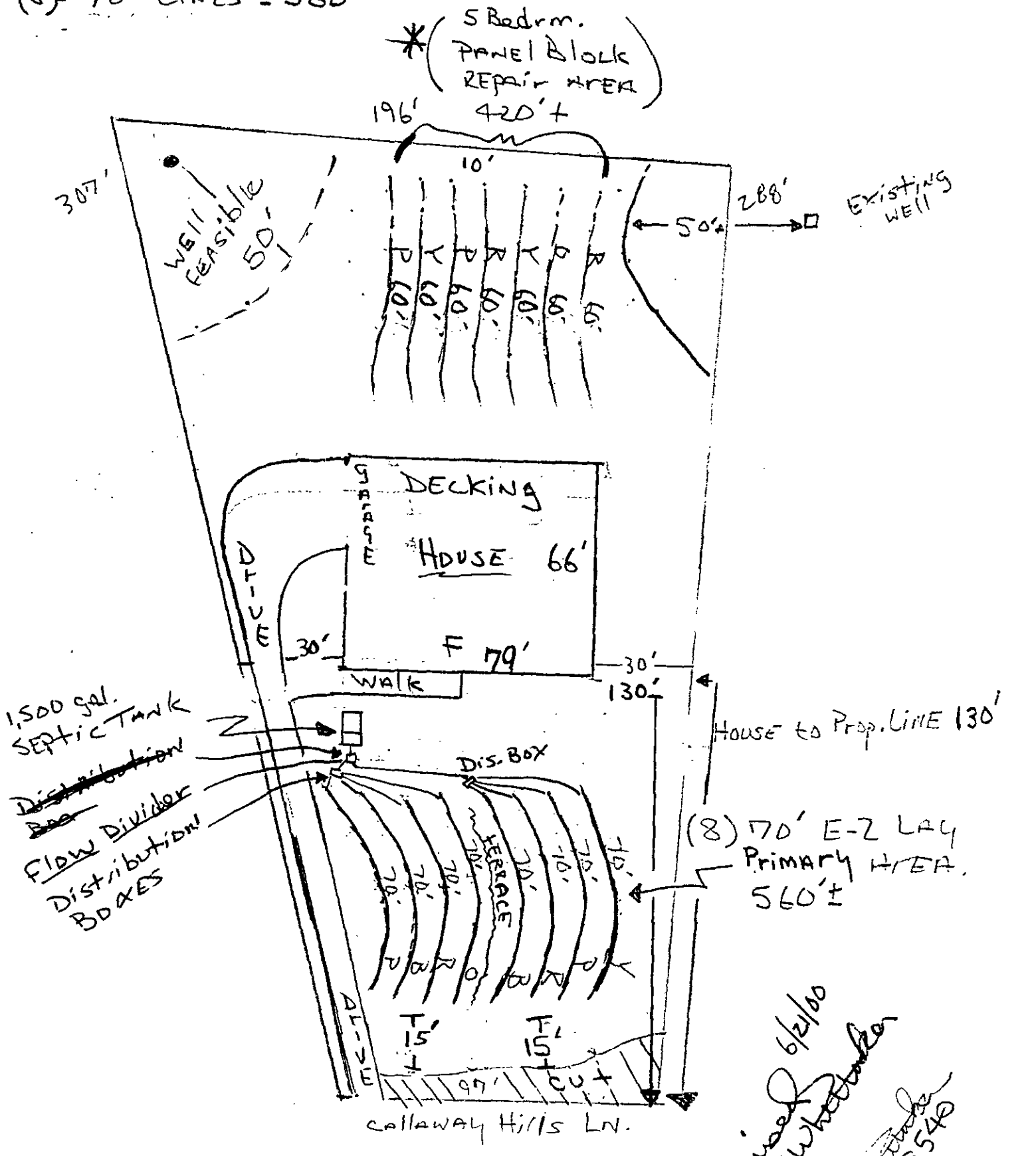
Jan Ann Blanz 7-6-00
Owner/Agent Signature Date

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

(5) Bedrm. E-Z LAY Septic Sys. Plan
± REPAIR AREA (PANEL BLOCK)
Drop Box Distribution.
(8) 70' LINES = 560'

M.C.H.D.
File: 2972-B
Lot 33-A
Runneymede Sub.



Revised 6/21/00
Tim Whitaker

T. Whitaker
266-9548

Scale 40

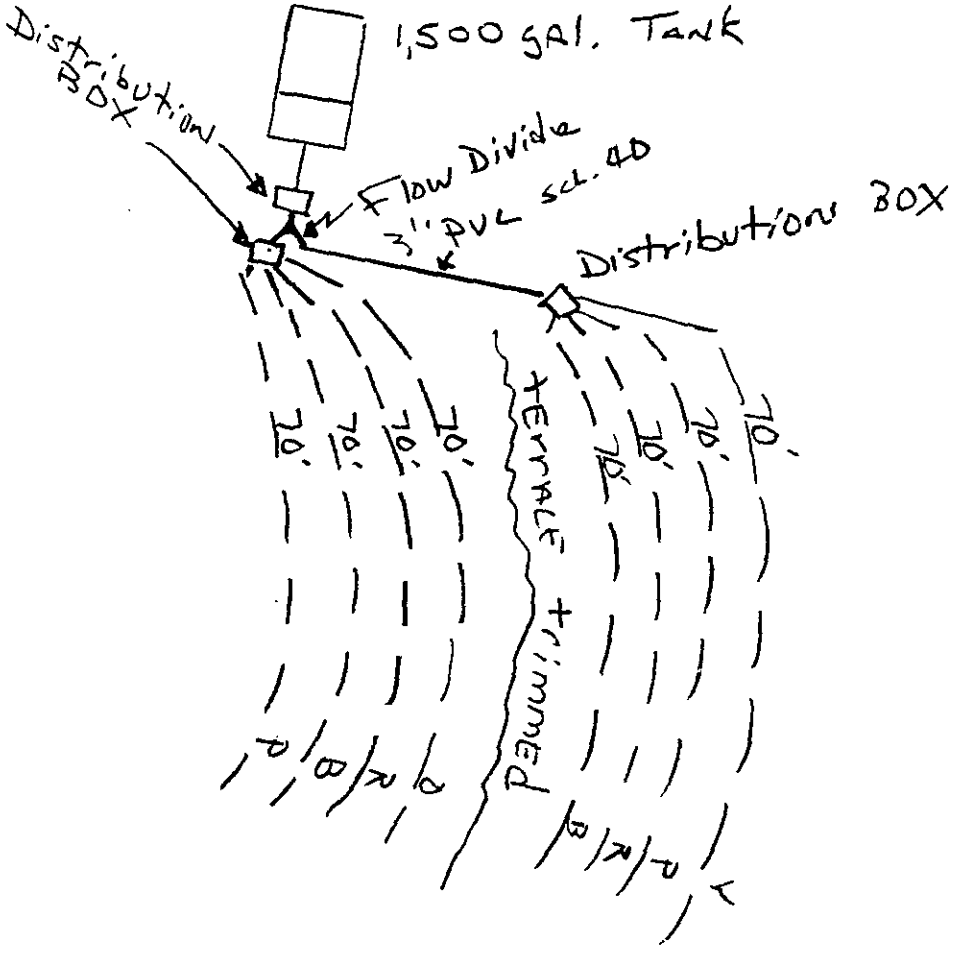
File:
Lot 33-A

(5) Bedrm. E-2 LAY SPECS:

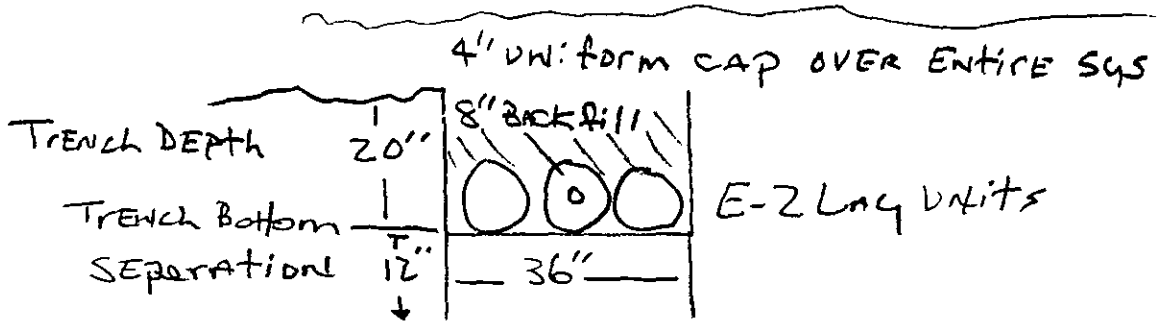
1,500 gal. SEPTIC TANK

(8) 70' E-2 LAY LINES = 560'

(7) UNITS PER LINE = 56 UNITS



TRENCH profile



Revised 4/21/00
I.W.
not Scaled

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

Sheet: _____
Property ID: 003-063-09
Lot #: 33A
File #: 2972B

#2

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Monica Investment Co. APPLICANT: Joe Ann Blankenship
ADDRESS: 7523 Little Ave, Suite 210, Charlotte DATE EVALUATED: 8-20-99
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 480gpd PROPERTY SIZE: .95
LOCATION OF SITE: 19433 Callaway Hills Farm PROPERTY RECORDED: _____
WATER SUPPLY: ☐Private ☐Public ☐Well ☐Spring ☐Other _____
EVALUATION METHOD: ☐Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☐Sewage ☐Industrial Process ☐Mixed

PROFILE #	Slopes 6-15% .1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-2"	gr|cl	Fr|SEXP|SS/SP	>48" TO soil wetness	48"	N/A	None	PS .39|P2 IV
		2-48"	SBK|C	Fi|SEXP|S/P					
2	LS	0-5"	gr|scl	Fr|SEXP|SS/SP	>45" TO soil wetness	45"	N/A	None	PS .39|P2 IV
		5-41"	SBK|C	Fi|SEXP|S/P					
		41-45"	SBK|scl	Fr|SEXP|SS/SP					
3	LS	0-4"	gr|cl	Fr|SEXP|SS/SP	>32" TO soil wetness	32"	N/A	None	US .39|P2 IV
		4-21"	SBK|C	Fi|SEXP|S/P					
		21-32"	SBK|cl	Fr|SEXP|SS/SP					
4	LS	0-3"	gr|cl	FR|SEXP|S/P	>46" TO soil wetness	46"	N/A	None	PS .39|P2 IV
		3-28"	SBK|C	Fi|SEXP|SS/SP					

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W. R. Moulin LSS - 8-20-99
OTHER(S) PRESENT: _____

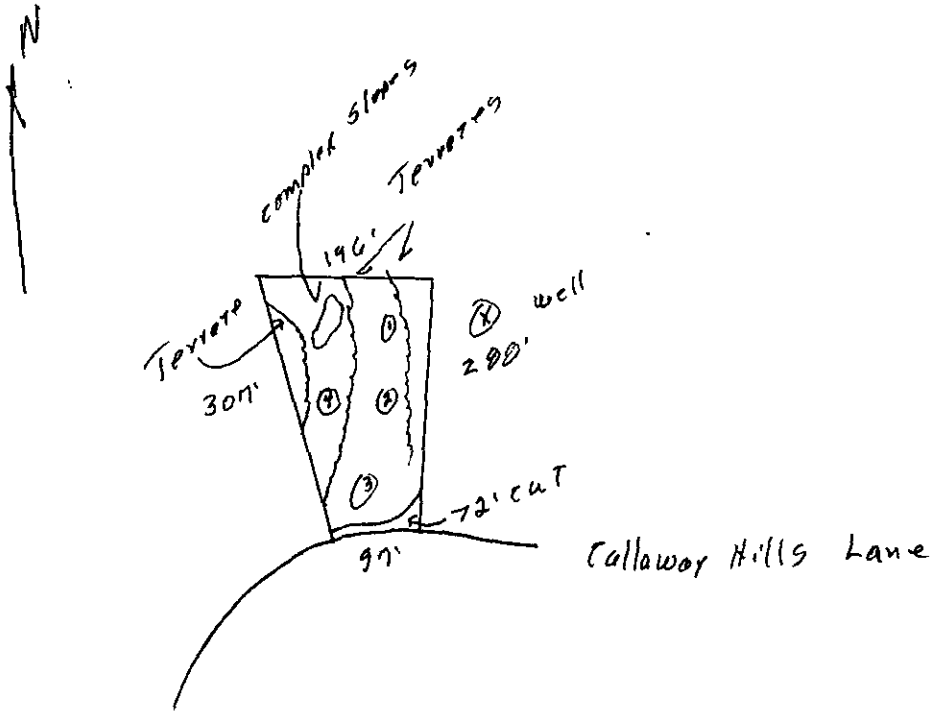
FILE # 2972-A

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



100.00 CK # 1504 — No Soil Test

FEE: 100 DATE: 5/10/99 JC

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 #: 29728

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 003-081-30

STREET ADDRESS: 19933 Calloway Hills Ln

SUBDIVISION OR MOBILE HOME PARK NAME: Runneymede

LOT NUMBER: 33A

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: 3000

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS:

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

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

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

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

WATER SUPPLY (CHECK ONE):

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

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

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

PROPERTY OWNER:

NAME: Monica Investment Co.
(LAST) (FIRST) (MI)

ADDRESS: 7523 Little Ave Suite 210

CITY: Charlotte STATE: NC ZIP: 28226

DAYTIME PHONE: ( ) 544-5520

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Blankenship, Lou Ann
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) 892-3321

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: Lou Ann Blankenship DATE: 4-23-99

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

Lot 33A Kennleyridge

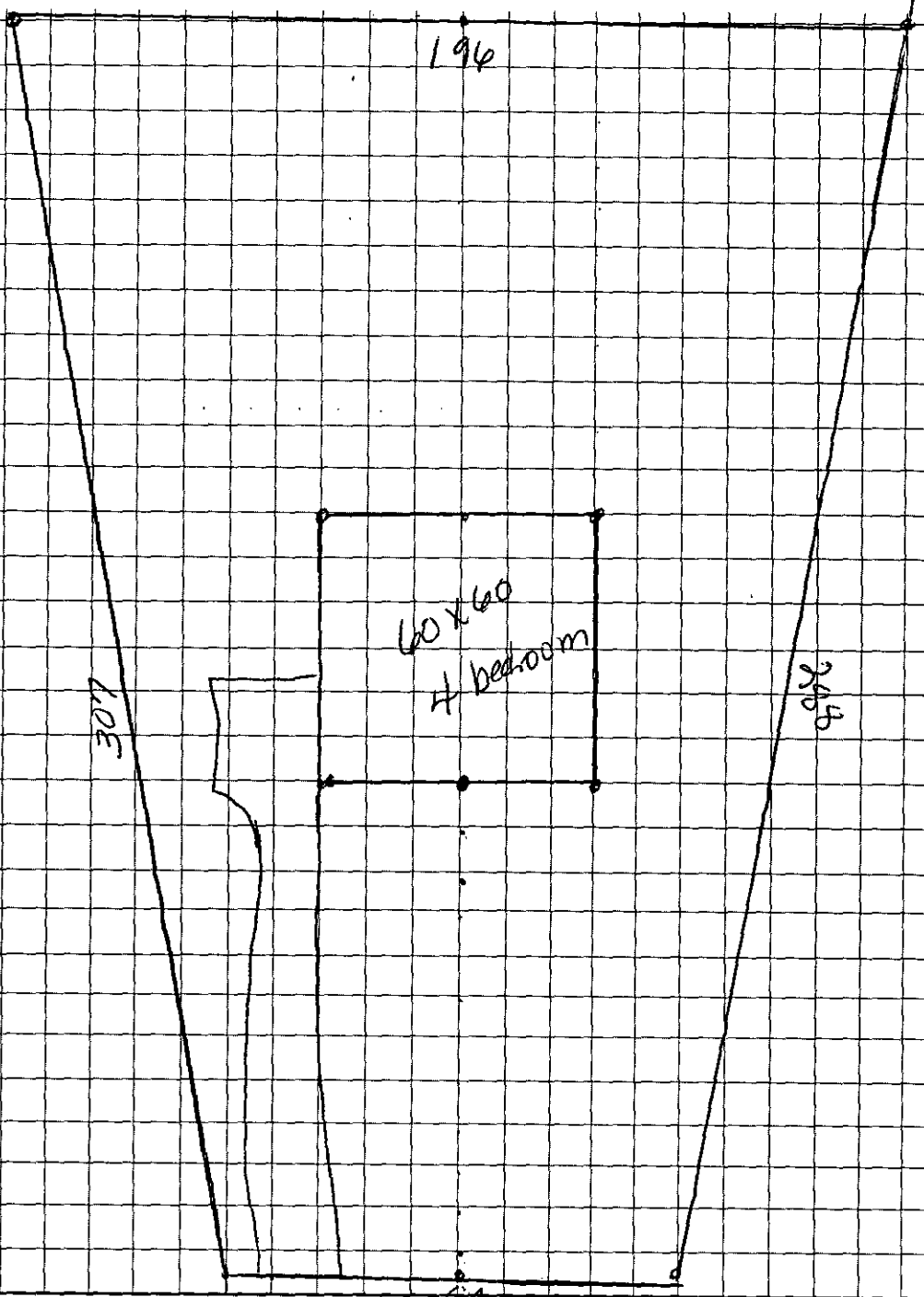
PROPOSED PLOT PLAN

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

FILE: 29728

TC: 003-081-30

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.



Lou Ann Blankenship
OWNER/AGENT SIGNATURE

DATE 4-30-99

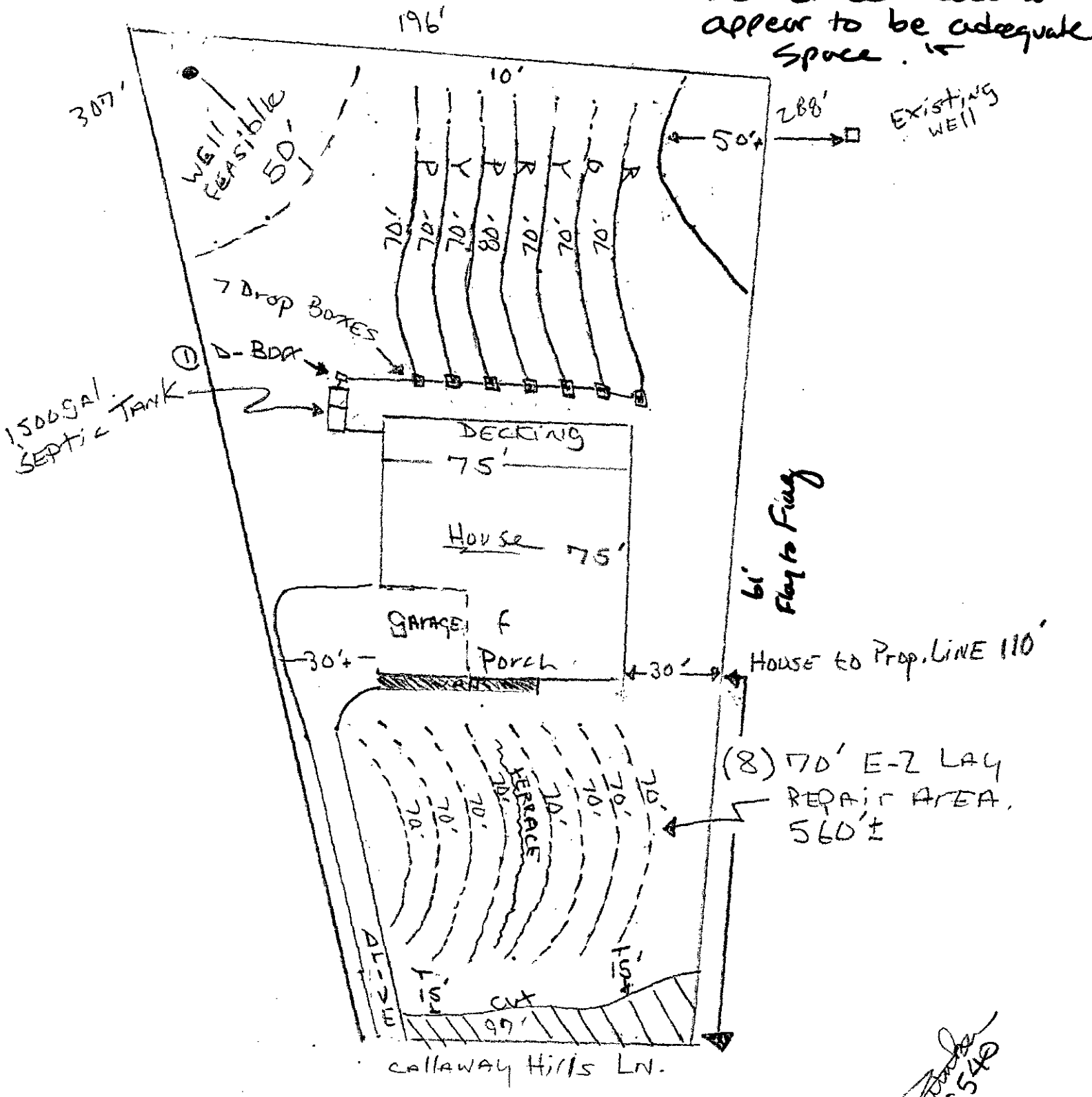
APPROVAL DATE _____

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

(5) Bedrm. E-2 LAY Septic Sys. Plan
½ REPAIR AREA.
D-op BOX Distribution.
6 - 70' LINES
1 - 80' LINE

M.C.H.D.
File: 2772-B
LOT 33-A
RUNNEYMEDE SUB.

6-9-00 Denied Appeal
House size needs to be defined - does not appear to be adequate space.



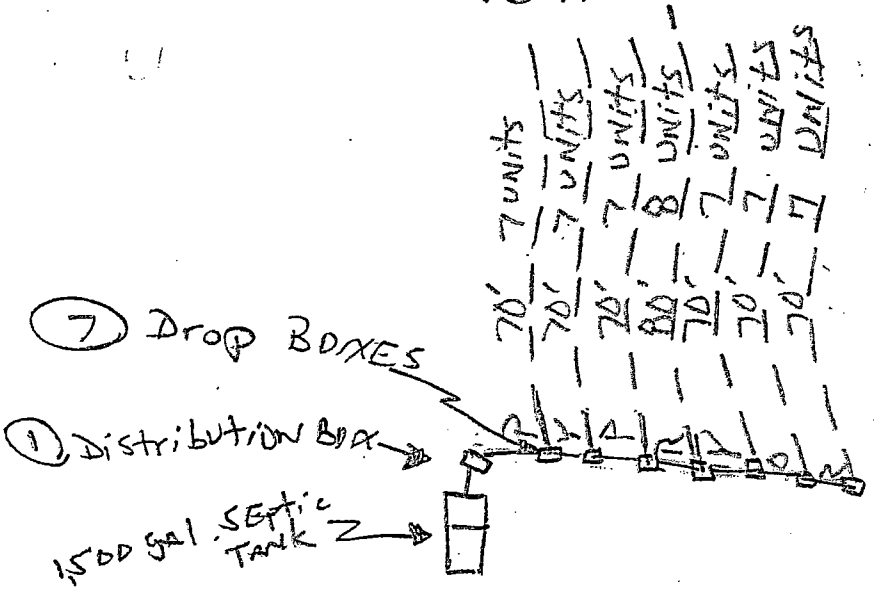
T. W. Kobata
266-9540

Scale 40

File: 2772-B

(5) Bedrm. E-2 Lay Specs:

1,500 gal. Septic Tank (7) Drop-Boxes
(1) Distribution Box -
(6) 70' Lines = 420'
(1) 80' Line 80'
Total 500' E-2 Lay Drainline



Total Units
*(50) E-2 Lay Units

* M.C.H.D. may require Drop Boxes for distribution.

* Pending final site plan - this Lot 33-A may accommodate a conventional, split washer line primary septic plan. Approval only by M.C.H.D. & Designer revision.