


4624 STALLINGS RD

21514113

1/3/2008

duponbj

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

pd. 100.00
OK # 7615
MW
1-7-99

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 39856 DATE: 10-23-98
TC: 215-141-13 ☐ L ☒ CRT
SERIAL Nº 17540

Name of Owner Michelle Vaughn Juris.:
Address of Property 4624 Stallings Road

**Inspection Data:**

Tank Material PCC
Total Length of Drainfield 480'
Number of Lines 6 @ 80'
Cover Depth 12-16"
Water Supply Source priv. well
Distance to Water Source >50'
Excavation Inspected 10-23
Tank(s) Inspected 10-23
Wash Line Inspected /
High Water Alarm Inspected /

PLOT

* Back porch to first drainline - approx 42'

Design 1998, 1500ST, CON, 1440SF, T, 12G, group IV CTR# 90 RCS

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 15A 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 15A 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: Type IIa 3 bedrooms
(2) 3'wx80'Lx12" stone

Larry B. Thompson, J., 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

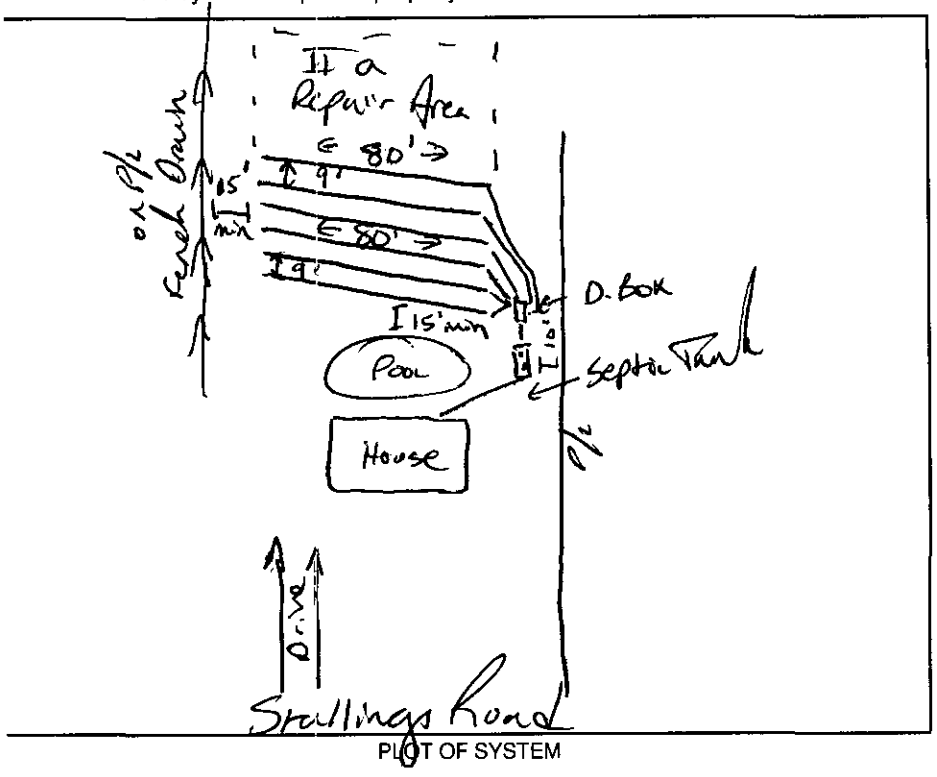
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3785 B DATE: 10-13-98

TC: 215-141-13 ☒ L

SERIAL No 17897

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 10-23-95. All work shall be completed on or before 11-13-98, 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 _____ 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 480 feet

Number of Lines 6

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 Michelle Vaughn

LOCATION OF PROPERTY 4624 Stallings Road

Comments: Type IIa 3 bedrooms

(6) 3'wd 80'L x 12" stone x 24" deep

Larry B. Thompson Jr. R.S.
Environmental Health Specialist

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

**FEE:** 100.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
**DATE:** 12/13/95 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

C14 #3047

**DATE:** 11-20-95 **PERMIT NO:** 3785B

**PARCEL NO:** 215-141-13

**JOB LOCATION ADDRESS:** 4624 Stallings Road
**PROPERTY OWNER:** Faye Jenkins / Perkins
**BUILDING CONTRACTOR:** Michele Vaughn
**SUBDIVISION NAME:** N/A
**AUTHORIZATION ISSUED BY:** Tommy B. Thornton, Jr., R.S. **DATE:** 11-20-95
**DEHNR AUTHORIZED AGENT**

## AUTHORIZATION CONDITIONS

1. **WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO.** 3785B, **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:** Keep well 100' from any part of the septic system and its repair. A French drain must be installed, as shown, along left property line

## 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.**

Michelle M. Vaughn 11/20/95

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

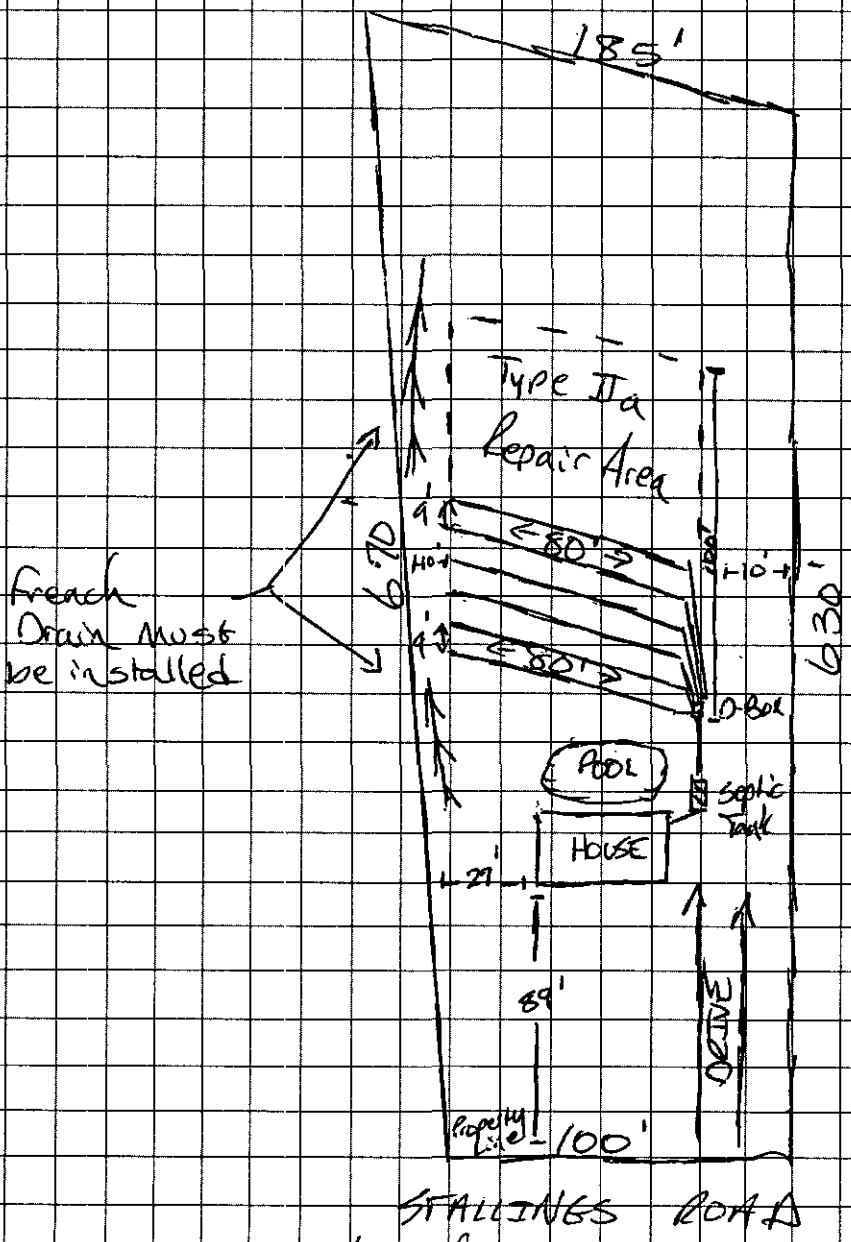
# PROPOSED PLOT PLAN

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

FILE: 3785 B

TC: 215-141-13

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.




* 1500 gallon septic tank
* (6) 3'W x 80'L x 12" stone
* Max depth 24"
* French Drain above system
* Keep well 100' off of any part of system and its repair.

* Michelle M. Vaughn
OWNER/AGENT SIGNATURE

DATE 11/20/95

APPROVAL DATE 11-20-95

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

Permit Number: 3785 B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 215-141-13

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance o 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 transfer: 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 Experim<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 |
| .25 Long-term acceptance rate | 360 Max gallons/day wastewater flow | 1440 Absorption Area (sq ft) | | 9' Trench spacing (min. centers) |
| Yes Serviced by private well | 1500 Gallon septic tank | 480 Total trench length (ft) | | 24" Maximum trench de (At least 12" of provisionally suit must remain between trench botto unsuitable soil conditions) |
| 3 Bedrooms in residence | N/A Gallon pump tank | 12" Depth of stone | | |
| Any surface waters present: | Type: | Minimum separation distance: | | |
| Site modifications required: | | | | |
| Additional Conditions: Keep any wells 100' from any part of septic system and its repair area. French drain must be installed, as shown, along left property line. | | | | |
| 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 Exper<br>___ IWWS-93<br>___ IWWS-93<br>___ IWWS-94 |
| 1440 Absorption Area (Sq ft)<br>480 Total Trench Length (Ft) | 12" Depth of Stone Trench | 9' Trench spacing (min. on centers) | | 24" Maximum Trenc |
| 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 Re Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disp 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
- This Improvement permit is transferable.

Larry S. Thompson, Jr., R.S. 11-2095
DEHNR Authorized Agent Date

Michelle M. Vaughn 4/20/95
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

IWWS:100195

FEE: 100.00 chk642

DATE: 11/23/95 DA

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

CRT

TYPE APPLICATION: ✓ NEW SYSTEM ___ EXPANSION 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 #: 37858

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 215-141-13

STREET ADDRESS: 4624 Stallings Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

TYPE OF BUILDING, (CHECK ONE)

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

HEATED SQUARE FOOTAGE: 1500

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

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

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED 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 WASTE WATER SYSTEMS ___ YES ___ NO
EASEMENTS OR RIGHT-OF-WAYS ___ YES ___ NO
WELL SPRINGS OR WATERLINES ___ YES ___ NO
DESIGNATED WETLANDS ___ YES ___ NO

PROPERTY OWNER:

NAME: Perkins (LAST) Faye (FIRST) Jenkins (MI)

ADDRESS: 411 Lakeview Dr

CITY: Harrisburg STATE: NC ZIP: 28075

DAYTIME PHONE: 704 455 - 6096

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: Faye C. Perkins DATE: 10/23/95

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

**An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change.

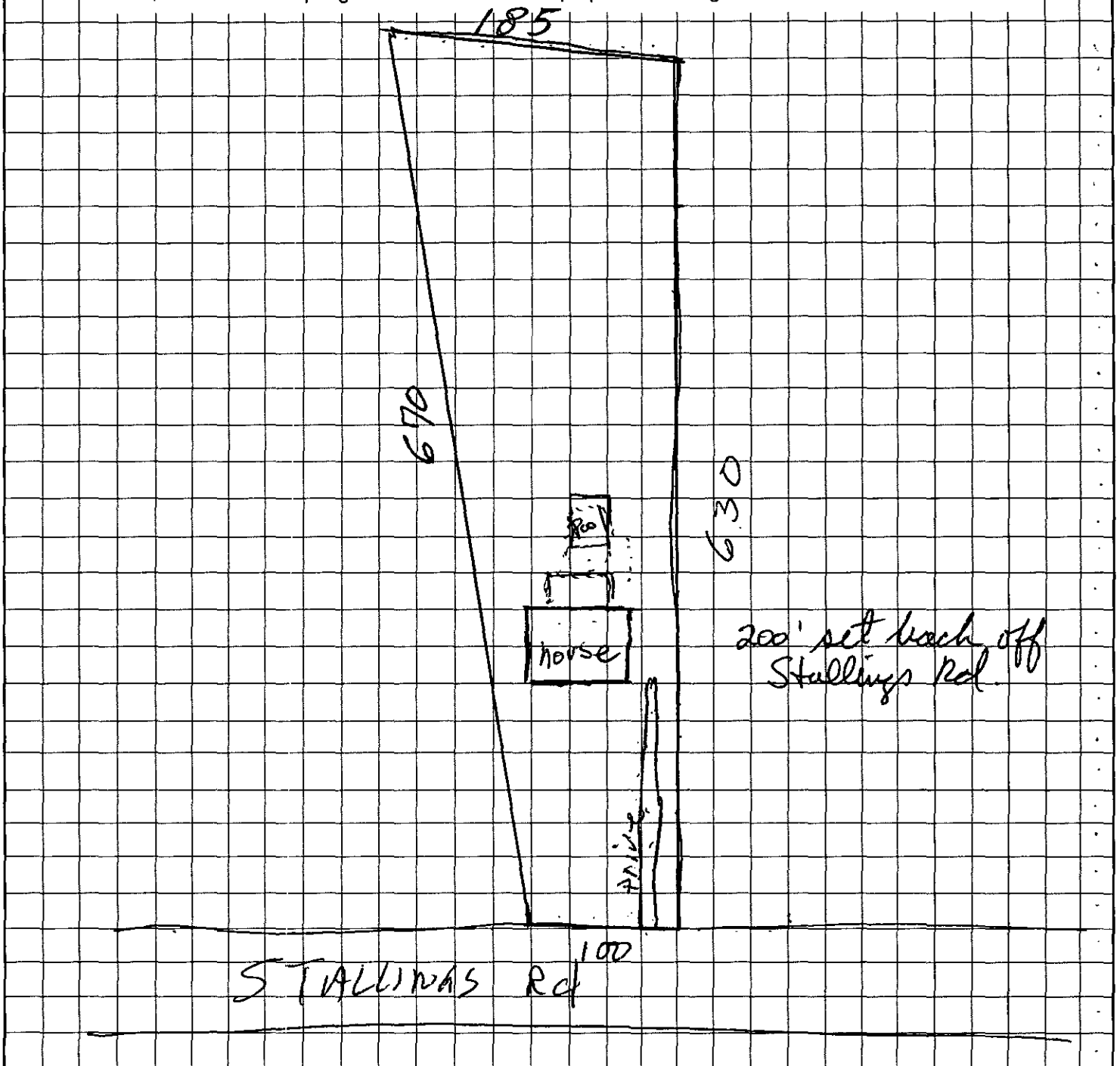
# PROPOSED PLOT PLAN

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PHONE (704) 336-5102

FILE: 3785B

TC: 215-141-13

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.




Faye C. Perkins
OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

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

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

#1 $400

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

# SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

File 37650
215-141-13

OWNER: Faye Perkins APPLICANT: ___
ADDRESS: 411 Lakeview Dr. Harrisburg APPLICATION DATE: ___ DATE EVALUATED: ___
PROPOSED FACILITY: Home PROPOSED DESIGN FLOW (.1949): 360 gpd PROPERTY SIZE: ___
LOCATION OF SITE: 4624 Hallinger 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) STRUCTURE/ TEXTURE | SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROF CLA & LT |
|---|---|---|---|---|---|---|---|---|---|
| 1 | LS 4% | 0-4" | sc/ / sbk | Fr/SEXP/SS/SP | No chroma 2 observed | 44" | N/A | None | .25 g/FI2 / da Ps |
| | | 4-38" | c/ sbk | Fi-Fr/SEXP/SP | To 44" | | | | |
| | | 38-44" | c/sbk-ABK | Fi-Fr/SEXP/SP | | | | | |
| 2 | LS 4% | 0-6" | sc/ / sbk | Fr/SEXP/SS/SP | 2.5Y 7/1 C 42" | 42" | N/A | None | .25 g/ Fi/ d Ps |
| | | 6-38" | c/ sbk | Fr-Fi/SEXP/SP | | | | | |
| | | 38-42" | c/sbk-ABK | Fr-Fi/SEXP/SP | | | | | |
| 3 | LS 4% | 0-14" | sc/ sbk | Fr/SEXP/SS/SP | No chroma 2 observed 2 42" | 42" | N/A | None | .25 g/ F2/c Ps |
| | | 14-37" | sc/ sbk | Fr-Fi/SEXP/SP | | | | | |
| | | 37-42" | sc-c/sbk | Fr-Fi/SEXP/SP | | | | | |
| 4 | LS 4% | 0-6" | sc/ / sbk | Fr/SEXP/SS/SP | No Chroma 2 observed To 40" | 40" | N/A | None | .25 F2/d/ Ps |
| | | 6-40" | sc-c/sbk | Fr-Fi/SEXP/SP | | | | | |

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

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: William A. Marlin 11-16-95
OTHER(S) PRESENT: ___

OMMENTS: System would need surface and subsurface diversion
Drains upslope from drainfield

# 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) | | | MOIST | WET |
| (Ridge) | | SCL (Sandy Clay Loam) | | | | |
| (Shoulder Slope) | | SLC (Silt Loam Clay) | | | VFR (Very Friable) | NS (Non-sticky) |
| (Terrace) | | | | | FR (Friable) | SS (Slightly Sticky) |
| | IV | SC (Sandy Clay) | 0.4 - 0.1 | 0.2 - 0.05 | FI (Firm) | S (Sticky) |
| | | SIC (Silty Clay) | | | VFI (Very Firm v. Very Sticky) | VS (Very Sticky) |
| | | | | | EFI (Extremely Firm) | NP (Non-plastic) |
| | | O (Organic) | None | | | 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, refereuce or benchmark, and North).**

