

11535 EASTFIELD RD

02117118

6/18/08

marliwr

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) 336-5103

FILE: 11132 DATE: 12/21/05

TC: 021-171-18 ☐ L ☑ CRT

SERIAL Nº 20072

Name of Owner Luis Albiza Juris.:

Address of Property 11535 Eastfield Rd. Huntersville, NC 28078

Inspection Data:

Tank Material PCC

Total Length of Drainfield ~~90'~~ 360'

Number of Lines ~~4~~ 4 @ 90'

Cover Depth 24"

Water Supply Source Municipal

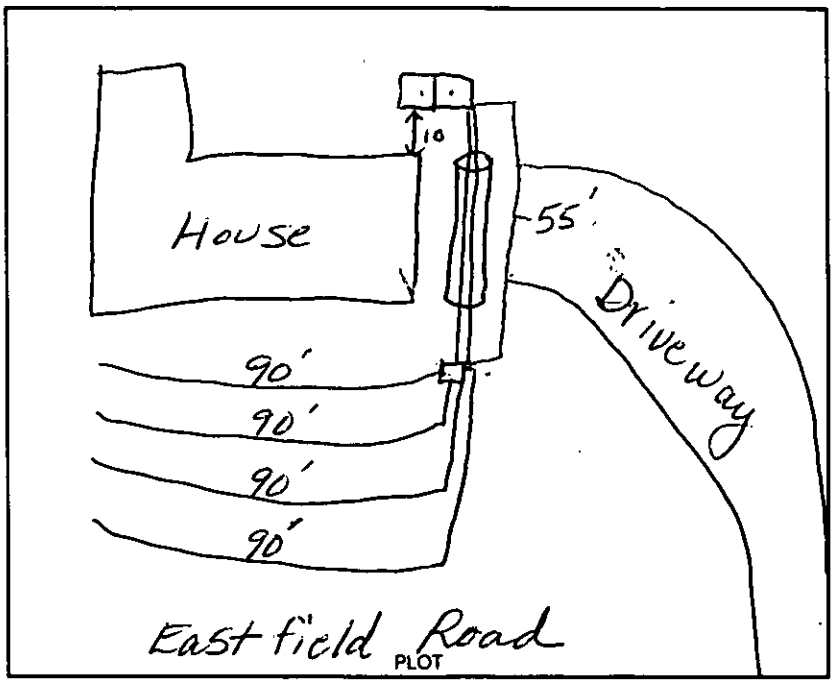
Distance to Water Source NA

Excavation Inspected 12/21/05

Tank(s) Inspected 12/21/05

Wash Line Inspected NA

High Water Alarm Inspected NA



Design Type IIIg septic system designed for 3 bdrm CTR# McCarver

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 15A NCAC 18A. 1900 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 IIIg septic system, 1500 ST, 3 bdrm residence, innovative system, line under drive sleeved for 24'.

Gina Buchanan RSI
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

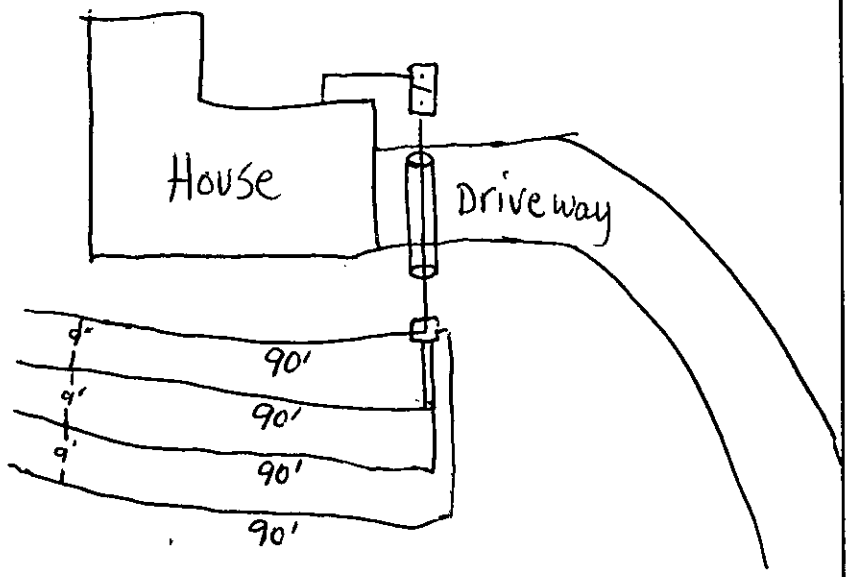
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 11132 DATE: 12/14/05

TC: 621-171-18 E.O. L

SERIAL Nº 20288

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 5/23/05. All work shall be completed on or before January 14, 2006, 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 NA gallons

Tank Construction PCC

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous _____

Total Line Length 360' feet

Number of Lines 4

Depth of Stone NA 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 Luis Albiza

LOCATION OF PROPERTY 11535 Eastfield Rd.

Comments: Type IIIg innovative septic system designed for a 3 bdrm residence. Apply all set backs from improvement permit. Sleeve area under driveway.

Ania Buchanan, RSA. 12/14/05
Environmental Health Specialist

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

Check 1017

FEE: $300.00
DATE: 6/13/05 VAW

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

HLD for Pose on 6/14/05 JLA

ACS

PERMIT NUMBER: 11132
PARCEL NUMBER: 021-171-18 PO

JOB LOCATION ADDRESS: 11535 Eastfield Road - Huntersville, NC 28078
PROPERTY OWNER: Luis Albiza
BUILDING CONTRACTOR: Luis Albiza
SUBDIVISION NAME: N/A
AUTHORIZATION ISSUED BY: Trevor Thomason, R.S.I. DATE: 06/13/05

DENR/DEH AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 11132, 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 THE 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 CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.

5. OTHER CONDITIONS:

CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Permit Number: **11132** Tax Number: **021-171-18 PO**

- 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

Primary Wastewater System

Type: ☐ 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:

0.250 Long-term acceptance rate (GPD/ft^2)	360 Max gallons/day wastewater flow	1080 Absorption Area (ft^2)	9 Trench spacing (min. on centers) (ft)
Serviced by private well: ☐ Yes ☒ No	1500 Gallon septic tank	360 Total trench length (ft)	30 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
3 Bedrooms in residence	N/A Gallon pump tank	NA Depth of stone (in)	

Any surface water present: **Np** Type: Minimum separation distance (ft):

Additional conditions: **Install drain lines level & on contour. Do not place any part of the system inside the marked Duke Power R.O.W. Type IV repair system will require pump installation.**
***Owner agreement forms for site reclassification required prior to issuance of a Construction Authorization.**

Repair Area System

Type: ☐ 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:

720 Absorption Area (ft^2) 240 Total trench length (ft)	NA Depth of stone (in)	9 Trench spacing (min. on centers) (ft)	30 Maximum trench depth (in)

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. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems 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.

DENR Authorized Agent — Date 6/13/05

Owner/Agent Signature — Date 6/13/05

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE: (704) 336-5103
FAX: (704) 336-6894

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 11132

TC: 021-171-18 P.O.

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.

11535 EASTFIELD ROAD

- SEE INCLUDED SKETCH FOR SYSTEM LAYOUT

COMMENTS

- SYSTEM DESIGN FLOW = 360 GPD
- SITE LTAR = 0.250 GPD/FT^2
- TYPE IIIg SEPTIC SYSTEM (INNOVATIVE)
- INSTALL 4 LINES AT 90' x 3'
- INSTALL DRAIN LINES ON 9' CENTERS, LEVEL ON CONTOUR.
- 1500 GALLON SEPTIC TANK
- DISTRIBUTION BOX (5 HOLE MINIMUM)
- TYPE IIIa (PPBPS) SEPTIC SYSTEM FOR REPAIR AREA WILL REQUIRE AN EFFLUENT PUMP.

SETBACKS

- 10' FROM ALL PROPERTY LINES
- 5' FROM HOUSE FOUNDATION
- 15' FROM VERTICAL CUTS > 2'
- 100' (50' MINIMUM) FROM ALL PRIVATE WELLS.

* PROPERLY ABANDON EXISTING SEPTIC TANK ON PROPERTY.

OWNER/AGENT SIGNATURE

DATE 6/15/05

APPROVAL DATE Tony Thomas, RST 6/13/05

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

RG COUNTY WHICH HAS AN
ES PARCELS OF LAND.

CORDANCE WITH THE
UIREMENTS OF THE
NCE OF MECKLENBURG
ROLINA.
ITY ENGINEERING DEPT.

3.29.05
DATE

• FILE #: 11132
• TAX PARCEL:
021-171-18
• 11535 EASTFIELD ROAD

ROBERT YOUNG REGANS AND
SHERRIE GANT REGANS
DEED 4376 PG. 447
TAX ID 021-171-17

Y. DEESE
937 PG. 57
021-171-21

REARYARD

N.I.P.

25'

WELL COVER

N06°20'32"W 466.84'
433.28'

8' SIDEYARD

N 06°19'10" W 221.07'

S 62°16'07" E 478.36'
331.70'

LOT 1
42,012 sq.ft.
0.96 acres

REPAIR AREA TYPE IV

SCALE: 1" = 40'

N

LOT 2
50,472 sq.ft.
1.16 acres

25'

N.I.P.

3-BEDROOM HOUSE

#11535

#11521

75'

DRIVEWAY

150' DUKE POWER TRANSMISSION R/W CO. LINE

E.I.P.
1.99' OFF LINE

90'
65' SETBACK LINE
90'
90'
90'

9' O.C. SPACING (TYPICAL)

75'

121.79'

91.79'

10' SETBACK FROM PROPERTY LINE,

REPAIR AREA

15' SETBACK FROM >2' CUT.

5' TRANSITIONAL R/W LINE

N.I.P.

E.I.P.

S57°00'23"W 150.00'

N32°59'37"W 20'

EASTFIELD ROAD

30' FROM CENTERLINE IS

S57°00'23"W 261.44'

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2005 JUN 14 11:36 AM
BK:18878 PG:455-458 FEE:$20.00

INSTRUMENT # 2005108839

2005108839

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

FILE # 11132
PARCEL # Part of 021-171-18

The undersigned, Albiza & Fortune Builders, Inc., owner of property located at 1535 EASTFIELD ROAD, (the "site") and described in an instrument recorded in Book 18647 at Page 541, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following conditions will apply to the site:

This instrument was prepared by: _____
Mail after recording to: LUIS ALBIZA 4830 ARSENALE RD CHARLOTTE, NC 28205

-- Any changes on the property may make the Improvement Permit null and void and may make the Improvement Permit subject to revocation.

-- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

-- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

-- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

-- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless theDepartment, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this _____ day of _____, 20 05.

ALBIZA & FORTUNE BUILDERS, INC. _____ (SEAL)
(Corporate Name)

_____ (SEAL)

By: _____ _____ (SEAL)

_____ President _____ (SEAL)

ATTEST:

Emma Albiza

_____ Secretary

ALBIZA & FORTUNE BUILDERS, INC. NORTH CAROLINA CORPORATE SEAL

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Melisa D. Layne, a Notary Public for said County and State, do hereby certify that EMMA ALBIZA personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 13th day of JUNE, 2005

Melisa D. Layne
Notary Public

My Commission Expires:

MAY 12, 2009

OFFICIAL SEAL
Notary Public, North Carolina
County of Cabarrus
MELISA D. LAYNE
My Commission Expires May 12, 2009

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, MELISA D. LAYNE, a Notary Public for said County and State, do hereby certify that EMMA ALBIZA personally came before me this day and acknowledged that he is _____ Secretary of Albiza & Fortune Builders, Inc., a North Carolina corporation, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal, and attested by EMMA ALBIZA as its _____ Secretary.

WITNESS my hand and notarial seal, this 13th day of JUNE, 2005

Melisa D. Layne
Notary Public

My Commission Expires:

MAY 12, 2009

OFFICIAL SEAL
Notary Public, North Carolina
County of Cabarrus
MELISA D. LAYNE
My Commission Expires May 12, 2009

REVISED 8-13-02

JUDITH A. GIBSON
REGISTER OF DEEDS, MECKLENBURG
COUNTY & COURTS OFFICE BUILDING
720 EAST FOURTH STREET
CHARLOTTE, NC 28202

PLEASE RETAIN YELLOW TRAILER PAGE

It is part of the recorded document, and must be submitted with original for re-recording and/or cancellation.

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Filed For Registration: 06/14/2005 11:36 AM

Book: RE 18878 Page: 455-458

Document No.: 2005108839

PRMIT 4 PGS $20.00

Recorder: SERENA ROSS

****

State of North Carolina, County of Mecklenburg

The foregoing certificate of MELISA D. LAYNE Notary is certified to be correct. This 14TH of June 2005

JUDITH A. GIBSON, REGISTER OF DEEDS By: Serena M. Ross
Deputy/Assistant Register of Deeds

****

2005108839

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	06/13/05	**Amount:**	150.00
Receipt #:	35127	**Tendered:**	150.00
Check / Auth #:	CHECK 1017	**Returned:**	0.00
Received By:	WALKEVA		

Account Information

Account #: 200000
Contractor: ALBIZA & FORTUNE BUILDERS INC
Attn:
Address: 4830 ALBEMARLE ROAD
Address:
City/State/Zip: CHARLOTTE, NC 28205

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval 11535 EASTFIELD ROAD		1	150.00	150.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	06/13/05	**Amount:**	150.00
Receipt #:	35126	**Tendered:**	150.00
Check / Auth #:	CHECK 1014	**Returned:**	0.00
Received By:	WALKEVA		

Account Information

Account #: 200000
Contractor: ALBIZA & FORTUNE BUILDERS INC.
Attn:
Address: 4830 ALBEMARLE ROAD
Address:
City/State/Zip: CHARLOTTE, NC 28205

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Auth for Waste Wtr Sys Constr 11535 EASTFIELD ROAD		1	150.00	150.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 of 2
Property ID # PO 021-171-18
Lot #:
File #: 11132
Code: 2

AC3

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Luis Albiza
Applicant:
Address: 4830 Albemarle Road, Charlotte, N. C. 28205
Date Evaluated: 6/3/2005
Proposed Facility: Residence
Design Flow (.1949): 360gpd
Property Size: Approx. 1.0a
Location of Site: 11535 Eastfield Road
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] 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 (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 10	0-6	GR/CL	FR/SEXP/SS/SP	>46" TO SOIL WETNESS	46	N/A	NONE	PS, IV .25GPD/FT^2
		6-42	SBK/ABK/C	FI/SEXP/S/P					
		42-46	SBK/CL	FR/SEXP/SS/SP					
2	LS, 8	0-5	GR/CL	"	>41" TO SOIL WETNESS	41	"	"	"
		5-41	SBK/ABK/C	FI/SEXP/S/P					
3	"	0-4	GR/CL	FR/SEXP/SS/SP	>38" TO SOIL WETNESS	38	"	"	"
		4-38	SBK/ABK/C	FI/SEXP/S/P					
4	LS, 10	0-5	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	"	"	"
		5-48	SBK/ABK/C	FI/SEXP/S/P					

Description	Initial System	Repair System
Available Space (.1945)	PS	US
System Type(s)		
Site LTAR	.25GPD/FT^2	.25GPD/FT^2

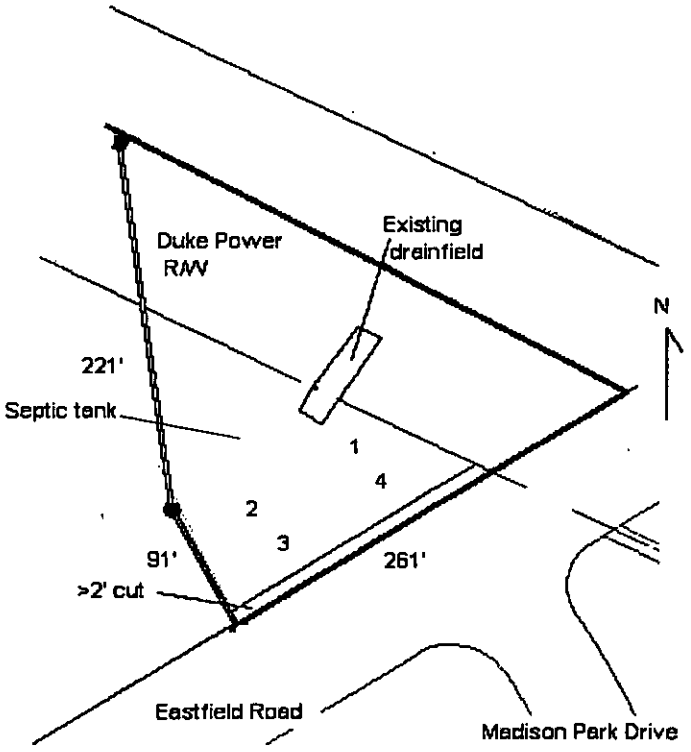
Other Factors (.1946):
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 6/6/2005, W. R. Marlin
Others Present:

COMMENTS:
100% repair, existing tank and drainfield on lot

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Food Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace		CL-Clay Loam		
FP-Flood Plain		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

Sketch of Soil Evaluation Locations



021-1013-07

GWS – RES. APP 12/04

SEPTIC FEE: 200.00
DATE: 5/25/05
CRT: [illegible]

1011

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

WELL FEE:
DATE:
CRT:

FILE # 11132

SEPTIC / TYPE APPLICATION: ☐ NONE ☑ NEW SYSTEM EXISTING SYSTEM : ☐ EXPANSION/ALTERATION ☐ REPAIR

WELL / TYPE APPLICATION: ☑ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION:

TAX/PARCEL #: 02117118
STREET ADDRESS: 11535 EASTFIELD RD.
CITY: HUNTERSVILLE
STATE: NC ZIP: 28078
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
TOWNSHIP:

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

BUILDING INFORMATION:

TYPE OF BUILDING:

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

HEATED SQUARE FOOTAGE: 2340
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

☑ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☑ NO TYPE:

WATER SUPPLY:

☑ MUNICIPAL (M) ☐ PUBLIC (C) ☐ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☑ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☑ NO	WELLS, SPRINGS, OR WATER LINES	☐ YES	☑ NO
EXISTING WASTEWATER SYSTEMS	☐ YES	☑ NO	DESIGNATED WETLANDS	☐ YES	☑ NO
EASEMENTS OR RIGHT-OF-WAYS	☑ YES	☐ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☑ NO

PROPERTY OWNER:

NAME: LUIS ALBIZA
ADDRESS: 4830 ALBEMARLE RD
CITY: CHARLOTTE
STATE: NC ZIP: 28205
HOME PHONE: WORK PHONE: 704.537.4004
MOBILE PHONE: 704.619.9058 FAX: 704.537.2710

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 4/25/05
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

*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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date 5-23-05

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

*A Well 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
704-336-5103 / FAX: 704-336-6894

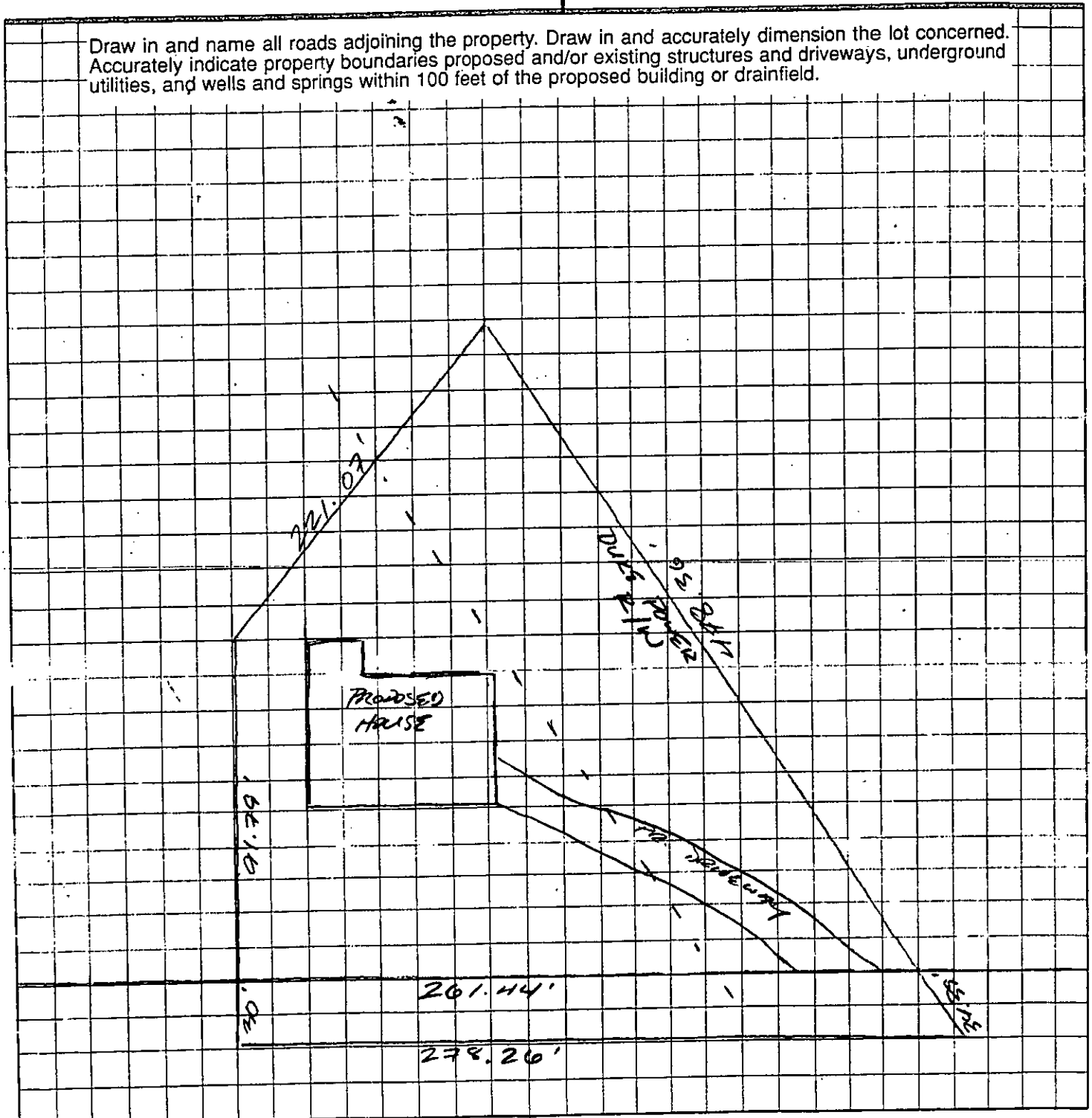
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 11132 ~~11132 60478~~

TC: 021-171-18

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.



OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy