


14818 HOOKS RD

19511230

1/4/2008

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: 4319B DATE: 8-29-00

TC: 195-112-30 ☒ L ☐ CRT

SERIAL Nº 17051

Name of Owner EDWIN B. HOOKS Juris.:

Address of Property 14818 HOOKS ROAD

**Inspection Data:**

Tank Material PCC 1500 gal

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth 12"

Water Supply Source WELL

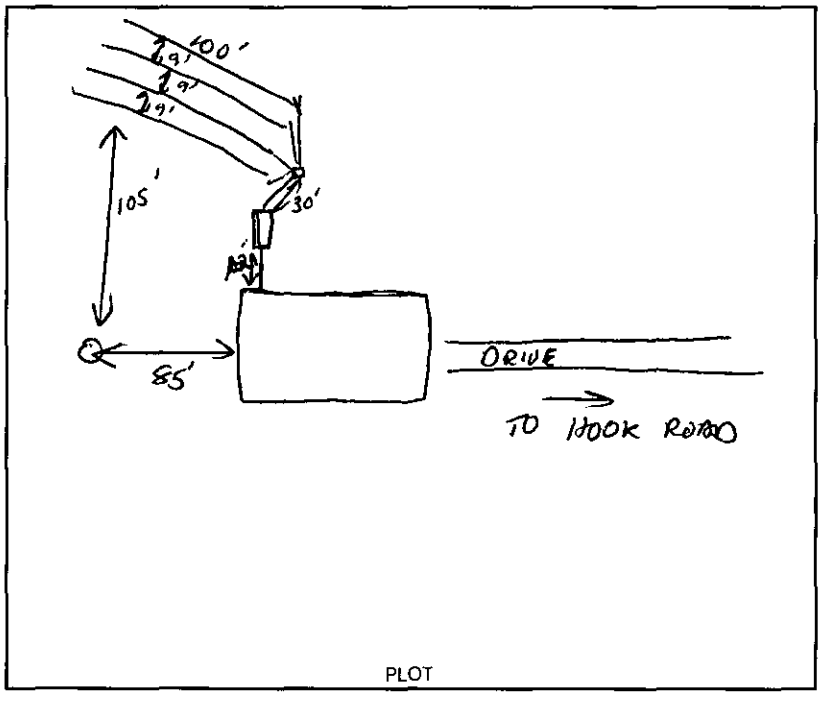
Distance to Water Source 105'

Excavation Inspected 8-29-00

Tank(s) Inspected 8-29-00

Wash Line Inspected —

High Water Alarm Inspected —




PLOT

Design 1500 SG 1200 SFT CONV 12 G CTR# BOBBY HOWELL

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 II-C

Environmental Health Specialist

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

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

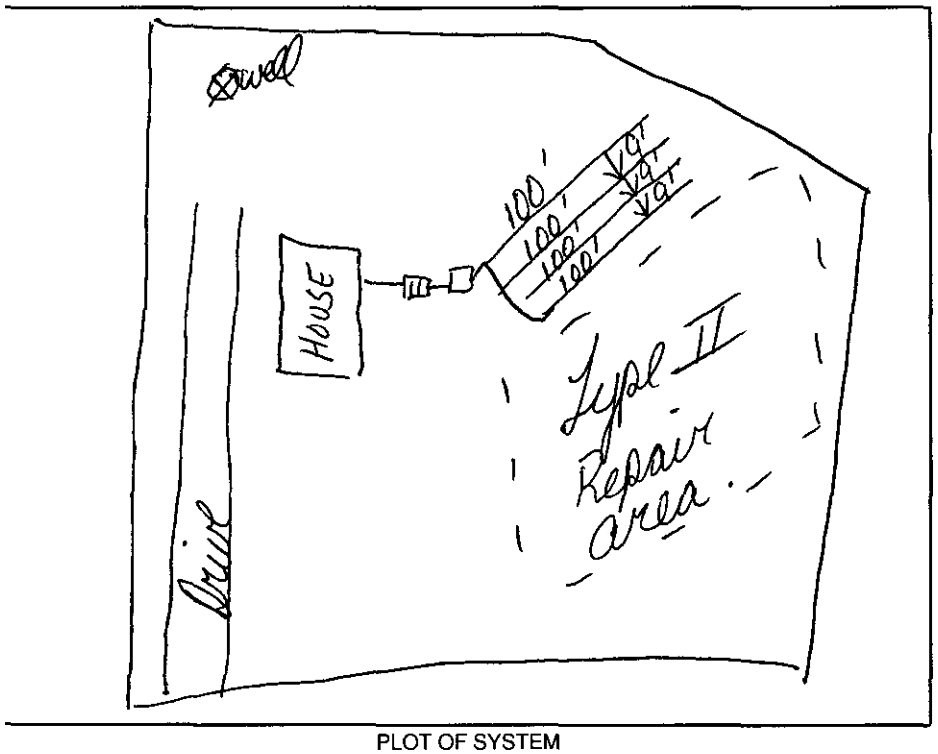
**HEALTH DEPARTMENT**
**ENVIRONMENTAL HEALTH DIVISION**
**700 NORTH TRYON ST., SUITE 211**
**CHARLOTTE, NC 28202**
**PHONE (704) 336-5102**

FILE: 43193 DATE: 08-25-00

TC: 195-112-30 ☐L

SERIAL N° 18530

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 5-11-00. All work shall be completed on or before 09-26-00, 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

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank N/A 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@100'

Depth of Stone 12" inches

Distance from House >5' feet

Distance from Property Line >10' feet

Distance from Well 90' feet

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

NAME OF OWNER Edwin B. Hooks

LOCATION OF PROPERTY 14818 Hooks Road.

Comments: Type II system designed for a (3) Bedroom design Unit. Type II Repair Area.

Bobby Howell — Joshua R. Sellers R.S.

Environmental Health Specialist

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

FEE: 300 AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: 6/6/00 Rev 6/22 VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 06-02-2000 PERMIT NO: 4319B
14818 PARCEL NO: 195-112-30
JOB LOCATION ADDRESS: Hooks Rd.
PROPERTY OWNER: Edwin B. Hooks
BUILDING CONTRACTOR: Bill Elliot
SUBDIVISION NAME: N/A
AUTHORIZATION ISSUED BY: Joshua R. Sellers R.S. DATE: 06-02-00
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4319B, 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 William R. Elliot 6-6-00
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

*CHARLOTTE-MECKLENBURG BUILDING STANDARDS*
*PAYMENT RECEIPT*

**RECEIPT INFORMATION**

**DATE:** 06/06/2000 **RECEIPT #:** 163962 **PERMIT #:**

**CHECK #:** 005069 **MAILED:** NO **RECEIVED BY:** JM

**TENDERED:** 0.00 **AMOUNT:** 300.00CR **RETURNED:** 0.00

**COMMENTS:** ELLIOTT

**ACCOUNT INFORMATION**

**ACCOUNT #:** 100000
**CONTRACTOR:** CASH CUSTOMER-SEE REMARKS
**ADDRESS:** SEE ABOVE

**CITY:** SEE ABO **STATE:** NC **ZIP:** 99999 0000

| DELINQUENT | | | CURRENT | | | |
|---|---|---|---|---|---|---|
| 30 DAYS | 60 DAYS | 90 DAYS | CHARGES | PAYMENTS | ADJUSTMENTS | BALANCE |
| 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

# MECKLENBURG COUNTY HEALTH DEPARTMENT
## Environmental Health Fees

Requestor (please print): William R Elliott Phone #: Date Requested: 6-6-00 Date Filled:

Account Name: Cash Charge Account No.:

I certify that I am authorized to charge this account for this service:

Signature: Printed Name: Date:

| T.C. | Qty | Description | Unit Cost | Total Cost |
|---|---|---|---|---|
| 0701 | | Improvement Permit Application - Residential | $ 200.00 | |
| 0735 | | Improvement Permit Application - Commercial | $ 400.00 | |
| 0702 | | Optional Site Evaluations | $ 100.00 | |
| 0703 | 1 | Installation and Final Approval | $ 150.00 | 150- |
| 0704 | | Change in Plot Plan | $ 100.00 | |
| 0705 | | MH Exc/Add/Repl without System Modification | $ 100.00 | |
| 0706 | | MH Exc/Add/Repl with System Modification | $ 300.00 | |
| 0707 | | Site Consultation Visit | $ 100.00 | |
| 0734 | 1 | Authorization for Wastewater System Construction | $ 150.00 | 150- |
| 0708 | | Realty Closing - Conventional | $ 85.00 | |
| 0709 | | Realty Closing - FHA with water | $ 135.00 | |
| 0710 | | Additional Trips | $ 65.00 | |
| 0711 | | Well Water Analysis-Bacteriological with regular parameters | $ 50.00 | |
| 0712 | | Well Water Analysis -Nitrates and Nitrites | $ 15.00 | |
| 0714 | | Well Water Analysis - Organic Analysis | $ 200.00 | |
| 0715 | | Admin. Fee - Field Activity Letter | $ 25.00 | |
| 0718 | | Residential Pool Permit | $ 50.00 | |
| 0719 | | Public Pool Permit - operating | $ 240.00 | |
| 0720 | | Seasonal Pool Permit - operating | $ 120.00 | |
| 0736 | | Pool Late Fee | $ 120.00 | |
| 0733 | | Permit to Construct a Public Pool | $ 200.00 | |
| 0721 | | Home Day Care Evaluation and Permit | $ 70.00 | |
| 0722 | | Home Day Care Evaluation and Annual Fee | $ 40.00 | |
| 0723 | | Eval and Report Non-Permit Facility | $ 50.00 | |
| 0724 | | Private Pool Testing | $ 15.00 | |
| 0731 | | Garbage Hauler Permit - (1-9 vehicles) | $ 30.00 | |
| 0736 | | Garbage Hauler Permit - (each over 9) | $ 20.00 | |
| 0725 | | Document Copies | $ 0.05 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Payment received by: JMc Date: 6/6/00 Total: 300

14818 Hooks Rd.

195-112-29

TOTAL

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION

# PROPOSED PLOT PLAN

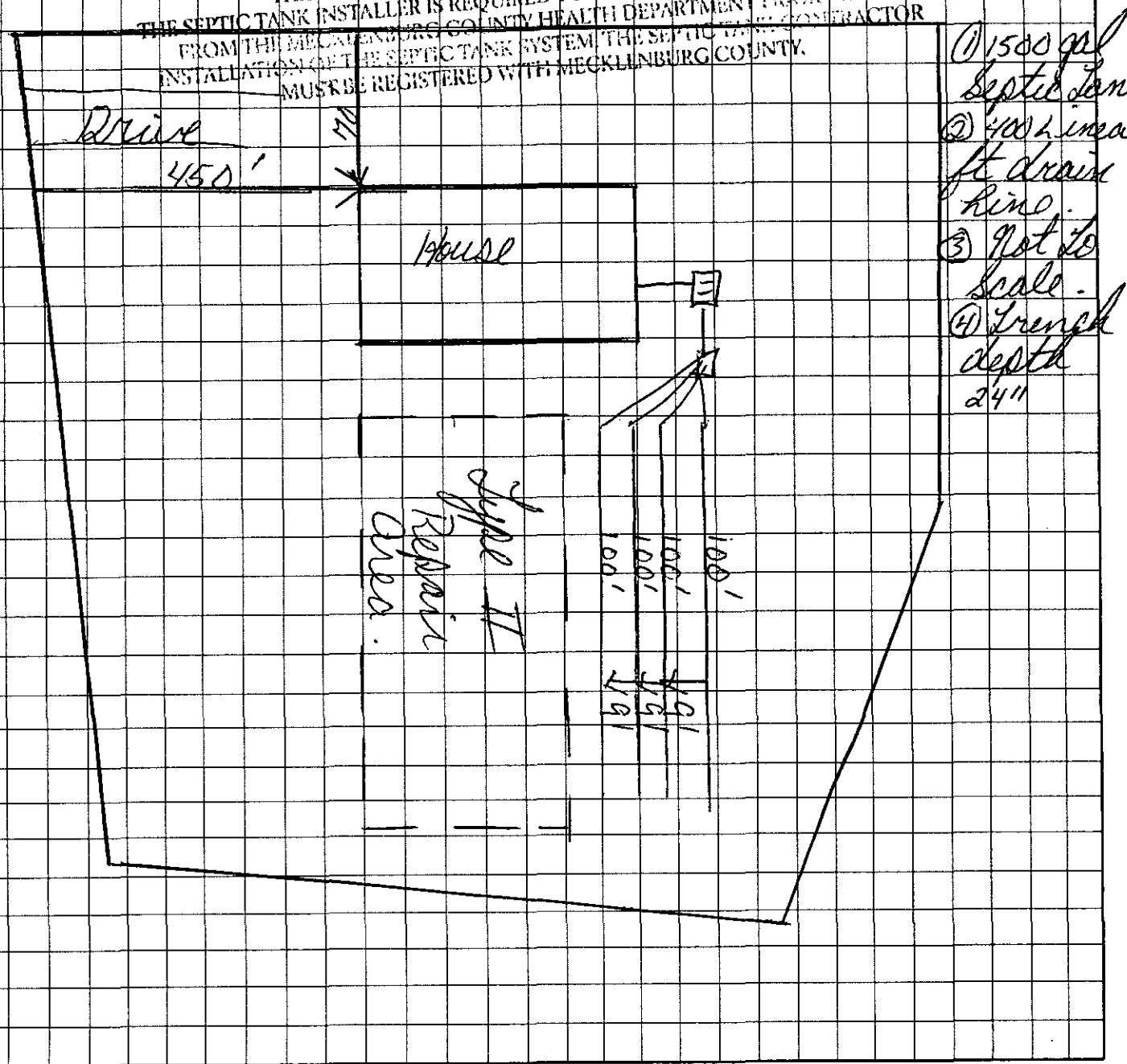
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 43193

TC: 195-112-30

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.

THIS IS NOT A PERMIT TO INSTALL THE SEPTIC SYSTEM
THE SEPTIC TANK INSTALLER IS REQUIRED TO OBTAIN AN INSTALLATION LAYOUT FROM THE MECKLENBURG COUNTY HEALTH DEPARTMENT PRIOR TO THE INSTALLATION OF THE SEPTIC TANK SYSTEM. THE SEPTIC TANK CONTRACTOR MUST BE REGISTERED WITH MECKLENBURG COUNTY.




① 1500 gal Septic Tank.
② 400 linear ft drain line.
③ Not to Scale.
④ Trench depth 24"

X William R. Ellenat
OWNER/AGENT SIGNATURE

DATE 6-6-00

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

Sheet: _____

Property ID: 195-112-30

Lot #: 1-B

File #: 43193

ACS #1

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

OWNER: Elwin B. Hooks

APPLICANT: _____

ADDRESS: 15001 Idlewild Road, Matthews

DATE EVALUATED: 5-26-00

PROPOSED FACILITY: residence

PROPOSED DESIGN FLOW (.1949) 360gpd

PROPERTY SIZE: .5 ±

LOCATION OF SITE: Hooks Road

PROPERTY RECORDED: _____

WATER SUPPLY: ☑Private ☐Public ☐Well ☐Spring ☐Other _____

EVALUATION METHOD: ☑Augur Boring ☐Pit ☐Cut

TYPE OF WASTEWATER: ☑Sewage ☐Industrial Process ☐Mixed

| PROFILE # | 2-4% slopes .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 | LS | 0-3" | grlcl | FrlSExPl SS/SP | 748" TO soil wetness | 48" | N/A | None | PS .39 f2 IV |
| | | 3-39" | SBKlc | FrlSExPl SlP | | | | | |
| | | 39-48" | SBKlcl | FrlSExPl SS/SP | | | | | |
| 2 | LS | 0-5" | grlcl | FrlSExPl SS/SP | 736" TO soil wetness | 36" | N/A | None | PS .39 f2 IV |
| | | 5-36" | SBKlc | FrlSExPl SlP | | | | | |
| 3 | LS | 0-8" | grlcl | FrlSExPl SS/SP | 748" TO soil wetness | 48" | N/A | None | PS .39 f2 IV |
| | | 8-45" | SBKlc | FrlSExPlSlP | | | | | |
| 4 | LS | 0-5" | grlcl | FrlSExPl SS/SP | 748" TO soil wetness | 48" | N/A | None | PS .39 f2 IV |
| | | 5-48" | SBKlc | FrlSExPlSlP | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | | |
| Site LTAR | .39 f2 | .39 f2 |

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): Provisionally Suitable

EVALUATED BY: W. A. Mullis, LSS 5-25-00

OTHER(S) PRESENT: B. Elliott

FILE # 43193

COMMENTS Probably 100% Pasture

| LANDSCAPE POSITION | GROUP | TEXTURE | .1955 LTAR | CONSISTENCE MOIST | CONSISTENCE WET |
|---|---|---|---|---|---|
| R-RIDGE | I | S-SAND | 1.2-0.8 | | |
| S-SHOULDER SLOPE | | LS-LOAMY SAND | | VFR-VERY FRIABLE | NS-NON-STICKY |
| L-LINEAR SLOPE | | | | FR-FRIABLE | SS-SLIGHTLYSTICKY |
| FS-FOOT SLOPE | II | SL-SANDY LOAM | 0.8-0.6 | FI-FIRM | S-STICKY |
| N-NOSE SLOPE | | L-LOAM | | VFI-VERY FIRM | VS-VERY STICKY |
| H-HEAD SLOPE | | | | EFI-EXTREMELY FIRM | NP-NON-PLASTIC |
| CC-CONCLAVE SLOPE | III | SI-SILT | 0.6-0.3 | | SP-SLIGHTLYSTICKY |
| CV-CONVEX SLOPE | | SICL-SILTY CLAY LOAM | | | P-PLASTIC |
| T-TERRACE | | CL-CLAY LOAM | | | VP-VERY PLASTIC |
| FP-FLOOD PLAIN | | SCL-SANDY CLAY LOAM | | | |
| | IV | SC-SANDY CLAY | 0.4-0.1 | | |
| | | SIC-SILTY CLAY | | | |
| | | O-ORGANIC | | | |

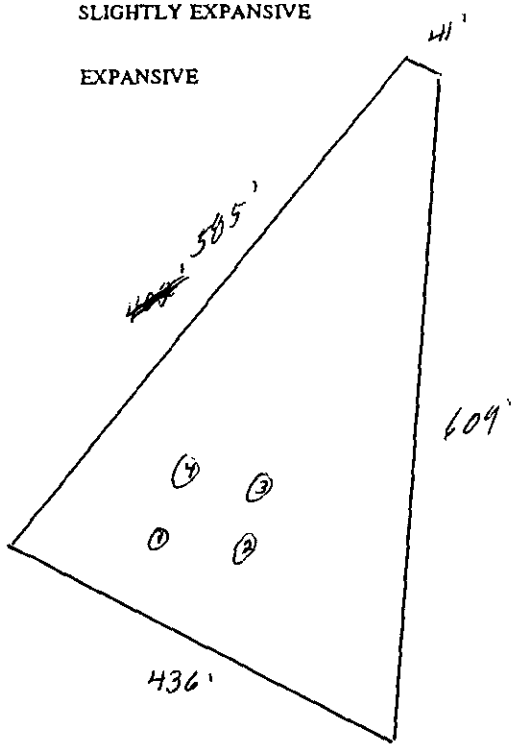
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE




Hooks Road

N

DATE: 6/6/00

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

195-112-30
PARCEL NUMBER

14818 Hooks Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

| | | |
|---|---|---|
| 1. SUBDIVISION REGULATIONS | APPROVED | NOT APPROVED |
| 2. FLOODWAY REGULATIONS | APPROVED | NOT APPROVED |
| 3. WATERSHED PROTECTION | APPROVED | NOT APPROVED |
| 4. COMERCIAL DRAINAGE PLAN | APPROVED | NOT APPROVED |
| 5. PUBLIC UTILITY EASEMENT | PRESENT | NOT PRESENT |
| 6. PROPERTY FRONTS ON THOROUGHFARE | YES | NO |
| 7. DRIVEWAY PERMIT REQUIRED | YES | NO |
| 8. DOES PROJECT CONFLICT WITH ROAD PROJECT? | YES | NO |

REMARKS: S.F House - See minor Sub - Hooks Property

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

SIGNED: Rob

=NEW ADDRESS
REVISED 1/91

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number 4319B

Tax Number 195-112-30

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<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 |

| | | | |
|---|---|---|---|
| .3 Long-term acceptance rate | 360 Max gallons/day wastewater flow | 1200 Absorption Area (sq ft) | 9' Trench spacing (min. on centers) |
| Y 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 | N/A 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 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.

Joshua R. Sellers R.S. 06-02-00 / William R Reed 6-6-00

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: [redacted]20

DATE: 5/11/00 Rec'd

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

1 1 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 #: 4318

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: 30

TAX/PARCEL NUMBER: 195-112 [redacted]

STREET ADDRESS: [redacted] Hooks Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: ~~1A~~ 1B

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: 1450

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 1

CLOSING DATE 3 months Approx - Aug. 5

Bill Ellis
4000-1736

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: Hooks (LAST) Edwin (FIRST) B (MI)

ADDRESS: 15001 Idlewild Rd

CITY: Mathews STATE: NC ZIP: 28105

DAYTIME PHONE: Dayl -847-0313

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

NAME: Elliott (LAST) William (FIRST) B (MI)

DAYTIME PHONE: Dayl 400 - 1736

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 60's

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: William B. Elliott DATE: 5-11-00

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

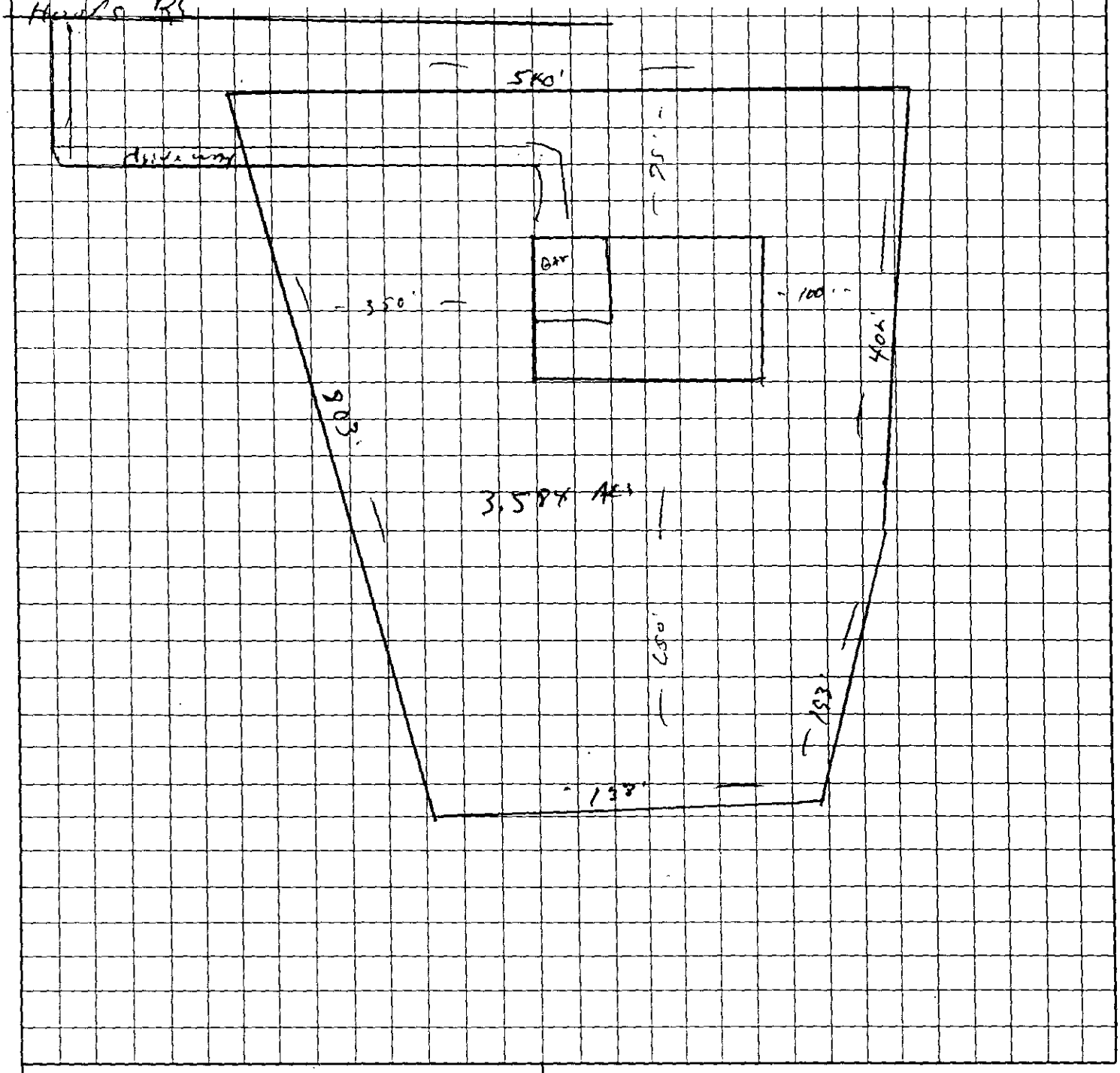
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4318

TC: 195-112-30

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.




William R. Ellis
OWNER/AGENT SIGNATURE

DATE 5-11-00

APPROVAL DATE _____

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

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

#1

Property ID: 195-112-30
Lot #: 1-B
File #: 43193

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

OWNER: Elwin B Hooks
APPLICANT:
ADDRESS: 15001 Hillsdale Road, Matthews
DATE EVALUATED: 5-26-00
PROPOSED FACILITY: residence
PROPOSED DESIGN FLOW (.1949) 360gpd
PROPERTY SIZE: .5 ±
LOCATION OF SITE: off Hooks Road
PROPERTY RECORDED:
WATER SUPPLY: ☑Private ☐Public ~~Well~~ ☐Spring ☐Other
EVALUATION METHOD: ☑~~Augur 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 | LS | 0-3" | gr/cl | Fr/SE XPl SS/SP | 748" TO soil wetness | 48" | N/A | None | PS .391 F2 IV |
| | | 3-39" | SBK/C | F/SE XPl SP | | | | | |
| | | 39-48" | SBK/Cl | Fr/SE XPl SS/SP | | | | | |
| 2 | LS | 0-5" | gr/cl | Fr/SE XPl SS/SP | 736" TO soil wetness | 36" | N/A | None | PS .391 F2 IV |
| | | 5-36" | SBK/C | F/SE XPl SP | | | | | |
| 3 | LS | 0-8" | gr/Cl | Fr/SE XPl SS/SP | 748" TO soil wetness | 48" | N/A | None | PS .391 F2 IV |
| | | 8-45" | SBK/C | F/SE XPl SP | | | | | |
| 4 | LS | 0-5" | gr/cl | Fr/SE XPl SS/SP | 748" TO soil wetness | 48" | N/A | None | PS .391 F2 IV |
| | | 5-48" | SBK/C | F/SE XPl SP | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | | |
| Site LTAR | .391 F2 | .391 F2 |

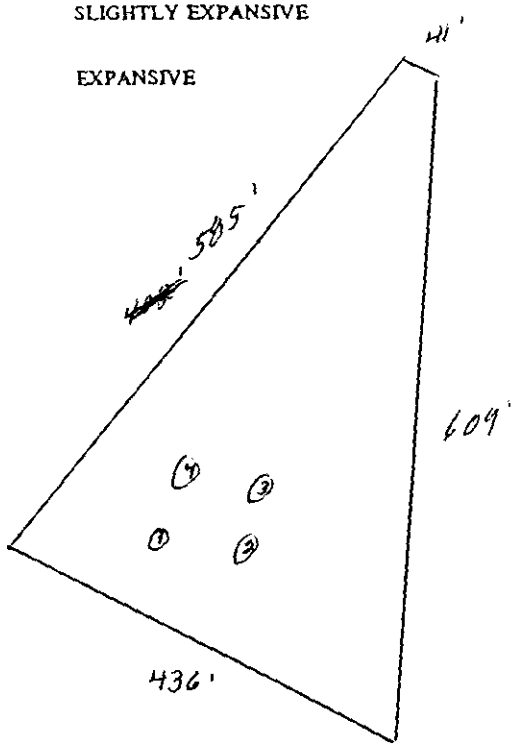
OTHER FACTORS (.1946)
SITE CLASSIFICATION (.1948) Provisionally Acceptable
EVALUATED BY A. Mullis, LHS 5-25-00
OTHERS PRESENT B. Elliott

FILE # 43193

COMMENTS Probably 100% Acres

| LANDSCAPE POSITION | GROUP | TEXTURE | .1955 LTAR | CONSISTENCE MOIST | CONSISTENCE WET |
|---|---|---|---|---|---|
| R-RIDGE | I | S-SAND | 1.2-0.8 | | |
| S-SHOULDER SLOPE | | LS-LOAMY SAND | | VFR-VERY FRIABLE | NS-NON-STICKY |
| L-LINEAR SLOPE | | | | FR-FRIABLE | SS-SLIGHTLYSTICKY |
| FS-FOOT SLOPE | II | SL-SANDY LOAM | 0.8-0.6 | FI-FIRM | S-STICKY |
| N-NOSE SLOPE | | L-LOAM | | VFI-VERY FIRM | VS-VERY STICKY |
| H-HEAD SLOPE | | | | EFI-EXTREMELY FIRM | NP-NON-PLASTIC |
| CC-CONCLAVE SLOPE | III | SI-SILT | 0.6-0.3 | | SP-SLIGHTLYSTICKY |
| CV-CONVEX SLOPE | | SICL-SILTY CLAY LOAM | | | P-PLASTIC |
| T-TERRACE | | CL-CLAY LOAM | | | VP-VERY PLASTIC |
| FP-FLOOD PLAIN | | SCL-SANDY CLAY LOAM | | | |
| | IV | SC-SANDY CLAY | 0.4-0.1 | | |
| | | SIC-SILTY CLAY | | | |
| | | O-ORGANIC | | | |

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




Hooks Road

N

FEE: 220.00
DATE: 5/11/00 Revised

**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 #: 4319B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: 30

TAX/PARCEL NUMBER: 195-112-[redacted]

STREET ADDRESS: [redacted] Hooks Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: ~~1~~ 1B

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: 1450

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 1

CLOSING DATE 3 months Approx - Aug-15

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
EXISTING WASTEWATER SYSTEMS ___ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS ___ YES ✓ NO
WELL, SPRINGS OR WATERLINES ___ YES ✓ NO
DESIGNATED WETLANDS ___ YES ✓ NO

**PROPERTY OWNER:**

NAME: Hooks (LAST) Edwin (FIRST) B (MI)
ADDRESS: 15001 Idlewild Rd
CITY: Mathews STATE: N.C. ZIP: 28105
DAYTIME PHONE: (704) -847-0383

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

NAME: Elliott (LAST) William (FIRST) R (MI)
DAYTIME PHONE: (704) 400 - 1736

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 60's

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: William R. Elliott DATE: 5-11-00

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

# MECKLENBURG COUNTY HEALTH DEPARTMENT
## Environmental Health Fees

Requestor (please print): William R. Elliott Phone #: Date Requested: 5.11.00 Date Filled:

Account Name: Cash Charge Account No.:

I certify that I am authorized to charge this account for this service:

Signature: Printed Name: Date:

| T.C. | Qty | Description | Unit Cost | Total Cost |
|---|---|---|---|---|
| 0701 | 1 | Improvement Permit Application - Residential | $ 200.00 | 200 |
| 0735 | | Improvement Permit Application - Commercial | $ 400.00 | |
| 0702 | | Optional Site Evaluations | $ 100.00 | |
| 0703 | | Installation and Final Approval | $ 150.00 | |
| 0704 | | Change in Plot Plan | $ 100.00 | |
| 0705 | | MH Exc/Add/Repl without System Modification | $ 100.00 | |
| 0706 | | MH Exc/Add/Repl with System Modification | $ 300.00 | |
| 0707 | | Site Consultation Visit | $ 100.00 | |
| 0734 | | Authorization for Wastewater System Construction | $ 150.00 | |
| 0708 | | Realty Closing - Conventional | $ 85.00 | |
| 0709 | | Realty Closing - FHA with water | $ 135.00 | |
| 0710 | | Additional Trips | $ 65.00 | |
| 0711 | | Well Water Analysis-Bacteriological with regular parameters | $ 50.00 | |
| 0712 | | Well Water Analysis -Nitrates and Nitrites | $ 15.00 | |
| 0714 | | Well Water Analysis - Organic Analysis | $ 200.00 | |
| 0715 | | Admin. Fee - Field Activity Letter | $ 25.00 | |
| 0718 | | Residential Pool Permit | $ 50.00 | |
| 0719 | | Public Pool Permit - operating | $ 240.00 | |
| 0720 | | Seasonal Pool Permit - operating | $ 120.00 | |
| 0736 | | Pool Late Fee | $ 120.00 | |
| 0733 | | Permit to Construct a Public Pool | $ 200.00 | |
| 0721 | | Home Day Care Evaluation and Permit | $ 70.00 | |
| 0722 | | Home Day Care Evaluation and Annual Fee | $ 40.00 | |
| 0723 | | Eval and Report Non-Permit Facility | $ 50.00 | |
| 0724 | | Private Pool Testing | $ 15.00 | |
| 0731 | | Garbage Hauler Permit - (1-9 vehicles) | $ 30.00 | |
| 0736 | | Garbage Hauler Permit - (each over 9) | $ 20.00 | |
| 0725 | | Document Copies | $ 0.05 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Payment received by: JWW Date: 5/11/00 Total: 200

14814 Hooks Rd.

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION

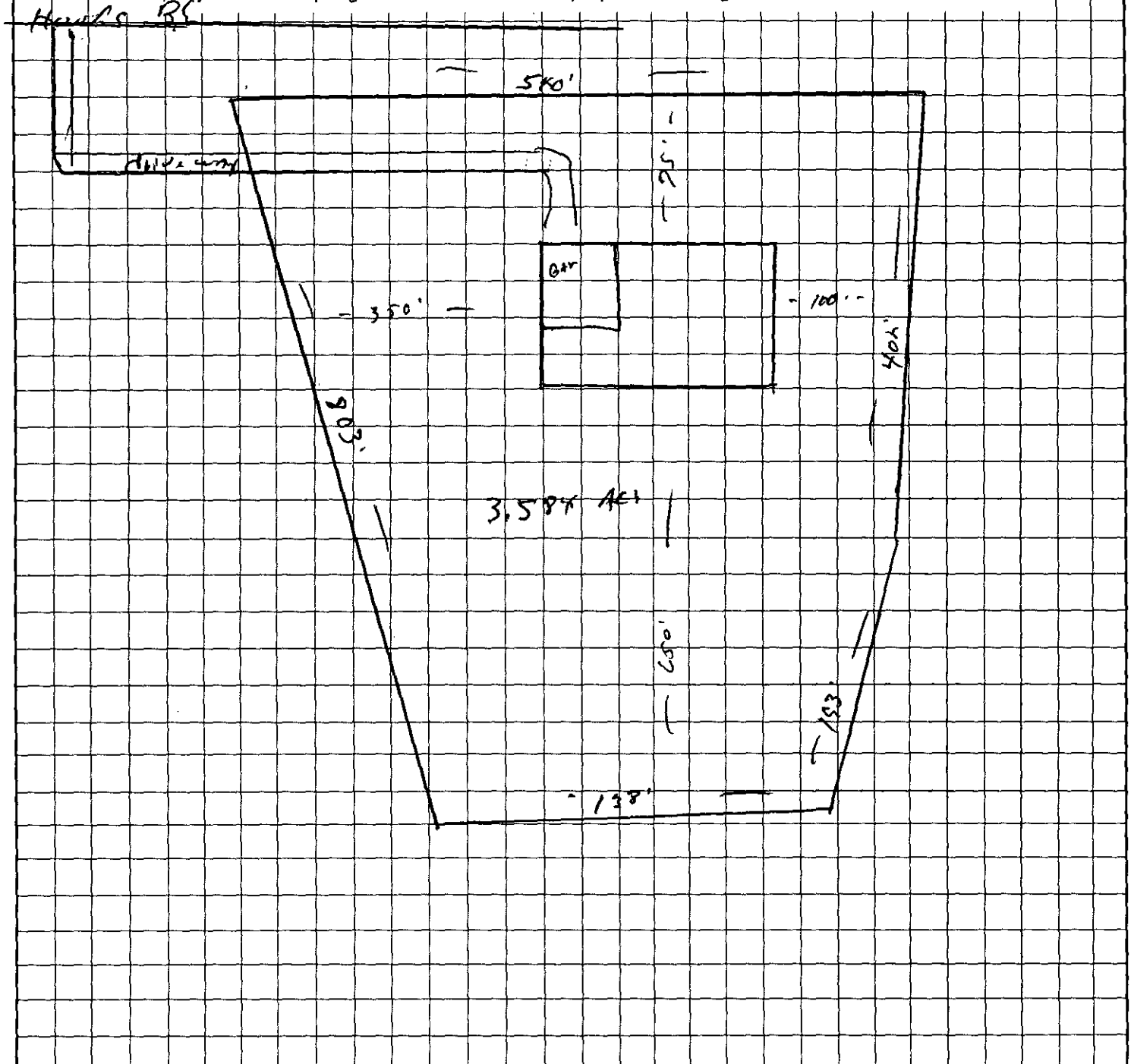
# PROPOSED PLOT PLAN

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

FILE: 4319B

TC: 195-112-30

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.




William R. Ellis
OWNER/AGENT SIGNATURE

DATE 5-11-00

APPROVAL DATE _____

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