


1415 MCMANUS RD

13923124

12/20/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

*Barcode Font = IDAutomationHC39M*

North Carolina - Department of Environment and Natural Resources - Division of Water Quality - Groundwater Section
P.O. Box 29578 - Raleigh,N.C. 27626-0578-Phone (919) 733-3221

# WELL CONSTRUCTION RECORD

**DRILLING CONTRACTOR:** Carolina Well Drilling
**DRILLER REGISTRATION #:** 028
**STATE WELL CONSTRUCTION PERMIT#:**

1. **WELL USE** (Check Applicable Box): Residential ☐ Municipal ☐ Industrial ☐ Agricultural ☐ Monitoring ☐
   Recovery ☐ Heat Pump Water Injection ☐ Other ☒ If Other, List Use: Domestic

2. WELL LOCATION: (Show sketch of the location below)
   Nearest Town: Midland County: Mecklenburg County
   Milkmaid
   (Road, Community, or Subdivision and Lot No.)

3. OWNER O. D Watts
   ADDRESS 1415 N. Manus Rd
   (Street or Route No.)
   Midland N.C 28107
   City or Town State Zip Code

4. DATE DRILLED 1-26-99
5. TOTAL DEPTH 130
6. CUTTINGS COLLECTED YES ☐ NO ☒
7. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☒
8. STATIC WATER LEVEL Below Top of Casing: 30 FT.
   (Use "+" if Above Top of Casing)
9. TOP OF CASING IS 1.5 FT. Above Land Surface*

* Casing Terminated at/or below land surface is illegal unless a variance is issued in accordance with 15A NCAC 2C .0118

10. YIELD (gpm): 30 METHOD OF TEST Air
11. WATER ZONES (depth): (70), 84,
12. CHLORINATION: Type H + H Amount 1 Cup
13. CASING:

| | Depth | | Diameter | Wall Thickness or Weight/Ft. | Material |
|---|---|---|---|---|---|
| From 0 | To 69 | Ft. | 6.25 | | PVC |
| From | To | Ft. | | | |
| From | To | Ft. | | | |

14. GROUT:

| | Depth | | Material | Method |
|---|---|---|---|---|
| From 0 | To 60 | Ft. | Portland | Pour |
| From | To | Ft. | | |

15. SCREEN:

| | Depth | | Diameter | Slot Size | Material |
|---|---|---|---|---|---|
| From | To | Ft. | in. | in. | |
| From | To | Ft. | in. | in. | |
| From | To | Ft. | in. | in. | |

16. SAND/GRAVEL PACK:

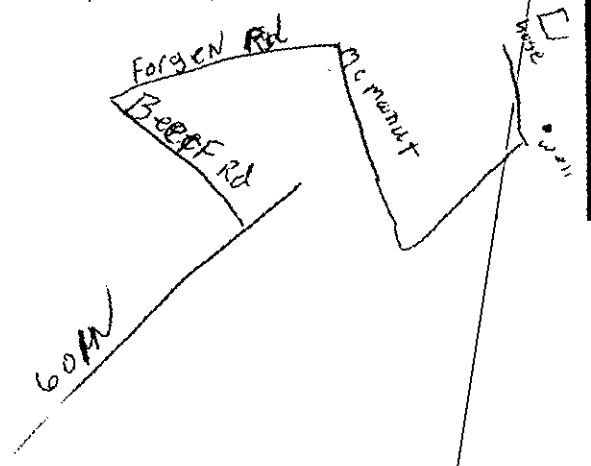
| | Depth | | Size | Material |
|---|---|---|---|---|
| From | To | Ft. | | |
| From | To | Ft. | | |

17. REMARKS:

| DEPTH From | DEPTH To | DRILLING LOG Formation Description |
|---|---|---|
| 0 | 10 | Red dirt |
| 10 | 40 | Yellow dirt |
| 40 | 60 | Brown dirt |
| 60 | 69 | Brown Rock SIAte Rock mix |
| 69 | 85 | Brown Rock SIAte Rock mix |
| 85 | 130 | SIAte Rock |

If additional space is needed use back of form

LOCATION SKETCH
(Show direction and distance from at least two State Roads, or other map reference points)




I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

Chris W Pate 1-26-99
SIGNATURE OF CONTRACTOR OR AGENT DATE

Submit original to Division of Water Quality and copy to well owner.

GW-1 REV. 1/98

**FOR OFFICE USE ONLY**
Quad No:
Serial No:

2400

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

CK# 1120 $100.00 9-18-96

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

FILE: 1286 B DATE: 8-19-96

TC: 139-231-03 ☐ L ☒ CRT

SERIAL № 16717

Name of Owner Otis Watts Jr. Juris.:

Address of Property 1415 McManus Road

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 3 @ 133'

Cover Depth 12"

Water Supply Source priv. well

Distance to Water Source 123'

Excavation Inspected 8-19

Tank(s) Inspected 8-19

Wash Line Inspected N/A

High Water Alarm Inspected N/A

PLOT

Design 1996, 1500ST, CON, 1200SF, T, 1AG, Cecil-like CTR# 174

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 bedroom house

(3) 3'W x 133'L x 12" stone

Lanny B. Thompson, J. L.S.
Environmental Health Specialist

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

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

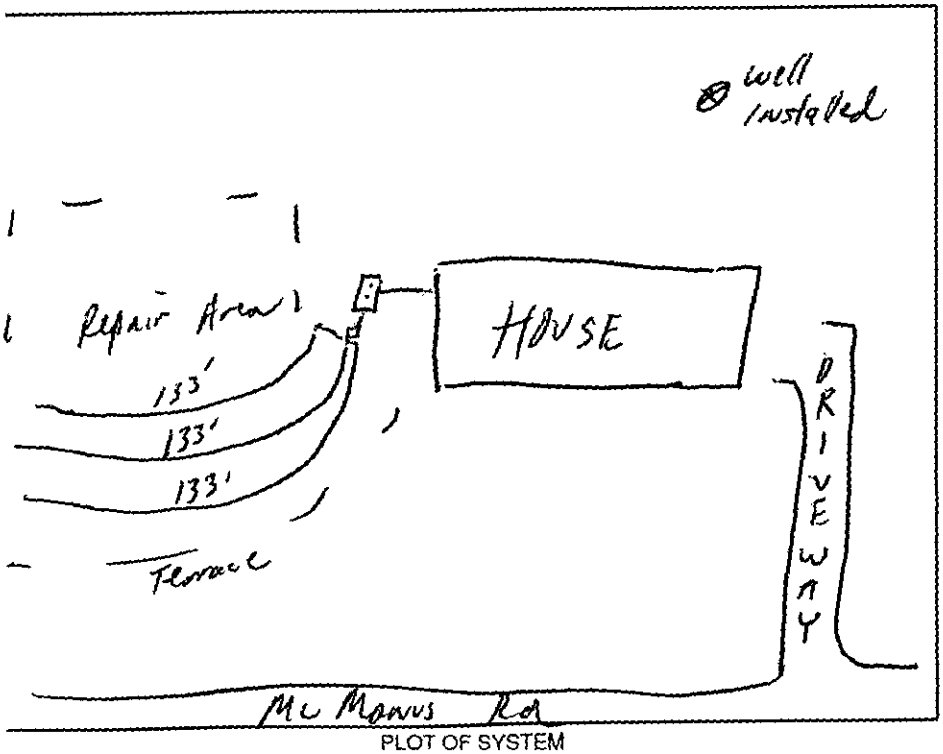
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1286B DATE: 8/12/96

TC: 139 231 03 PO ☐ L

SERIAL Nº 16900

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 3/12/96. All work shall be completed on or before 9/12/96, 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 ~~PCC~~ 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 3 (133')

Depth of Stone 12" inches

Distance from House 15' feet

Distance from Property Line 10' feet

Distance from Well > 100' feet
50' min

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

NAME OF OWNER Otis Watts Jr

LOCATION OF PROPERTY 1415 Mc Manus Rd

Comments: 1500 ST, 3 lines x 133' long x 3' wd x 12" stone
Keep lines on contour of land / Keep septic system > 15' from foundation / Keep septic system > 100' (50' min) from well

S Blackman for S Shaw, Program Mgr 8-19-96

Phila S. Walker R.S.
Environmental Health Specialist

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

400 TF

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

DATE: 4/18/96 PERMIT NO: 1286B

PARCEL NO: 139 231 03 PO

JOB LOCATION ADDRESS: 1415 Mallard Lane Rd

PROPERTY OWNER: Ottis D. Watts Jr

BUILDING CONTRACTOR: Dick Lamb

SUBDIVISION NAME: _____

AUTHORIZATION ISSUED BY: Theo L. Walker RS. DATE: 4/18/96

DEHNR AUTHORIZED AGENT

## AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1286B, 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: Basement included in house plan

## 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.

Ottis D. Watts Jr. 4-18-96

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 4/19/96

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 139-231-03

ASSIGNED ADDRESS 1415 McManus Rd

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

| | APPROVED | DISAPPROVED |
|---|---|---|
| 1. SUBDIVISION REGULATIONS | | * |
| 2. FLOODWAY REGULATIONS | | * |
| 3. EROSION CONTROL REGULATIONS | | * |
| 4. PUBLIC UTILITY EASEMENT | | * |

| | PRESENT | NOT PRESENT |
|---|---|---|
| 5. PUBLIC UTILITY EASEMENT | * | |
| 6. PROPERTY FRONTS ON THOROUGHFARE | * | |
| 7. DRIVEWAY PERMIT REQUIRED | * | |

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Septic

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: [signature]

OPWEAR 06-88

NEW ADDRESS ✓

FORM 100

Permit Number: 1286 B

# CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 139 23 103 A6

- 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) | |
| yes 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 | NA Gallon pump tank | 12" Depth of stone | | |
| Any surface waters present: NO Type: | | Minimum separation distance: | | |
| Site modifications required: | | | | |
| Additional Conditions: Keep plumbing as high as possiable (Basement included)<br>Keep septic system >15 from foundation. | | | | |
| 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 th 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 effec 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 Departmen
- This Improvement permit is transferable.

Phillip A. Walker R.S. 4/18/96
DEHNR Authorized Agent — Date

Ollie D. Watts Jr. 4-18-96
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 CK # 163
DATE: 3/15/96 gc

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

PD 10.00 CK # 1177 12/16/96 gc

[ ] 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 #: 12 & 13

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139-231-03 - part PO Portion

STREET ADDRESS: MCMANUS 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)
✓ HOUSE (H)
___ MODULAR HOME (M)
___ MULTIPLE FAMILY (U)
___ OTHER (O)

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE: Block & Brick

___ 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: OTTIS D. WATTS, JR.

NAME: WATTS, OTTIS D.
(LAST) (FIRST) (MI)

ADDRESS: 1501 MCMANUS ROAD

CITY: MID LAND STATE: N.C. ZIP: 28107

DAYTIME PHONE: ( ) 545-4336

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

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: Ottis D. Watts Jr. DATE: MAR 15, 1996

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

# PROPOSED PLOT PLAN

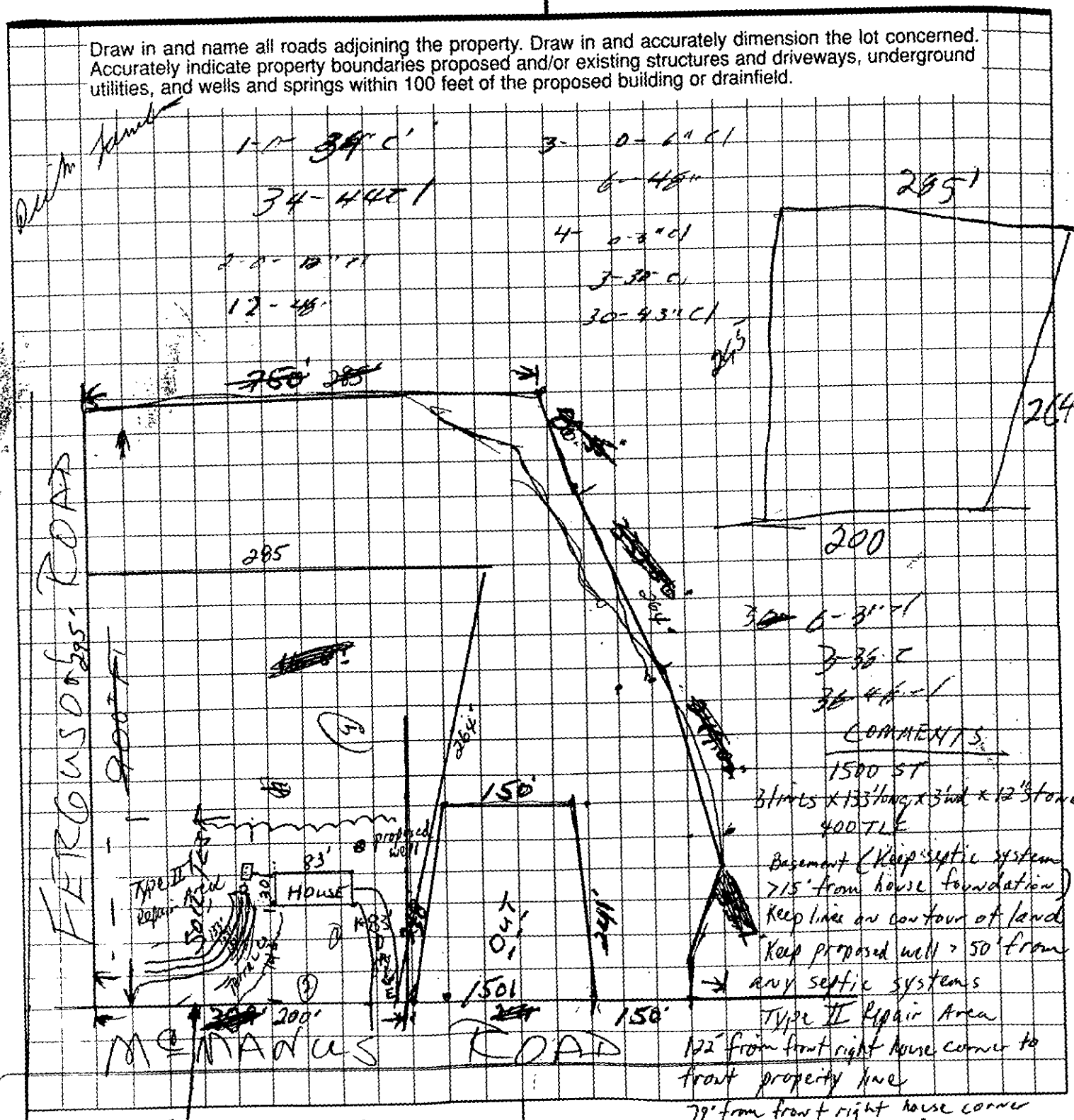
ORIGINAL

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

FILE: 1286B

TC: 139-231-03PC

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.




Otis D. Walter Jr.
OWNER/AGENT SIGNATURE

DATE MARCH 15, 1996

APPROVAL DATE 4-18-96

Otis D. Walter Jr.

page 2 of 2

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

12400

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

# SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

#1 12863 P0139-231-03

OWNER: Artis D. Wells, Jr. APPLICANT: ___
ADDRESS: 1501 De Moines Rd, Char. APPLICATION DATE: ___ DATE EVALUATED: ___
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): ___ PROPERTY SIZE: ___
LOCATION OF SITE: 1501 De Moines Rd PROPERTY RECORDED: ___
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

| PROFILE # | .1940 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 |
|---|---|---|---|---|---|---|---|---|---|
| | 5-10% 5/00 PS | | | | | | | | |
| 1 | LS 5% | 0-34" | SBK/L | Fr-F/SE SP/SP | 7.44" To Chroma 2 Mottles | 44" | N/A | None | IV .39 FT PS |
| | | 34-44" | SBK/CL | Fr/SE SP/SS/SP | | | | | |
| 2 | LS | 0-6" | GR/CL | Fr/SE SP/SS/SP | 7.46" To Chroma 2 Mottles | 46" | N/A | None | IV .39 FT PS |
| | | 6-46" | GBK/C | Fr/SE SP/S/P | | | | | |
| 3 | LS | 0-10" | GR/CL | Fr/SE SP/SS/SP | 7.46" To Chroma 2 Mottles | 46" | N/A | None | IV .39 FT PS |
| | | 10-46" | SBK/C | Fr/SE SP/S/P | | | | | |
| 4 | LS | 0-3" | GR/CL | Fr/SE SP/SS/SP | 7.43" To Chroma 2 Mottles | 43" | N/A | None | IV .39 FT PS |
| | | 3-30" | SBK/C | Fr/SE SP/S/P | | | | | |
| | | 30-43" | SBK/CL | Fr/SE SP/SS/SP | | | | | |
| | LS | 0-3" | GR/CL | Fr/SE SP/SS/SP | 7.46" To Chroma 2 | 46" | N/A | None | IV .39 FT PS |
| | | 3-36" | SBK/C | Fr/SE SP/S/P | | | | | |
| | | 36-46" | SBK/CL | Fr/SE SP/SS/SP | | | | | |

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

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): Provisional, Suitable
EVALUATED BY: W. R. Marlow 4-18-96
OTHER(S) PRESENT: ___

OMMENTS: 1AE Repair

# LEGEND

*use the following standard abbreviations*

| LANDSCAPE 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) | | | | |
| (Ridge) | | SCL (Sandy Clay Loam) | | | MOIST | WET |
| (Shoulder Slope) | | SLC (Silt Loam Clay) | | | | |
| (Terrace) | | | | | VFR (Very Friable) | NS (Non-sticky) |
| | IV | SC (Sandy Clay) | 0.4 - 0.1 | 0.2 - 0.05 | FR (Friable) | SS (Slightly Sticky) |
| | | SIC (Silty Clay) | | | FI (Firm) | S (Sticky) |
| | | | | | VFI (Very Firm v. Very Sticky) | VS (Very Sticky) |
| | | O (Organic) | None | | EFI (Extremely Firm) | NP (Non-plastic) |
| | | | | | | SP (Slightly Plastic) |
| | | | | | | P (Plastic) |
| | | | | | | VP (Very Plastic) |

*OTES*

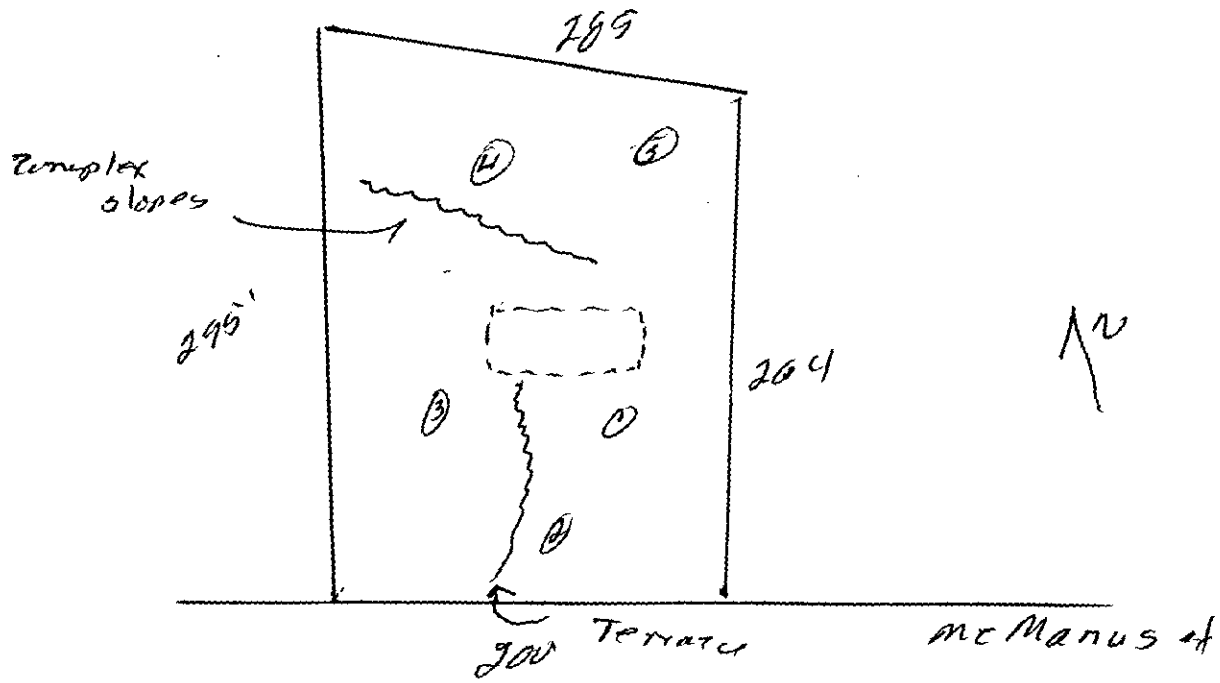
| | |
|---|---|
| *ORIZON DEPTH* | In inches below natural soil surface |
| *EPTH OF FILL* | In inches from land surface |
| *ESTRICTIVE HORIZON* | Thickness and depth from land surface |
| *IPROLITE* | S(suitable) or U(unsuitable) |
| *OIL WETNESS* | Inches from land surface to free water or inches 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, reference or benchmark, and North).**

1266B



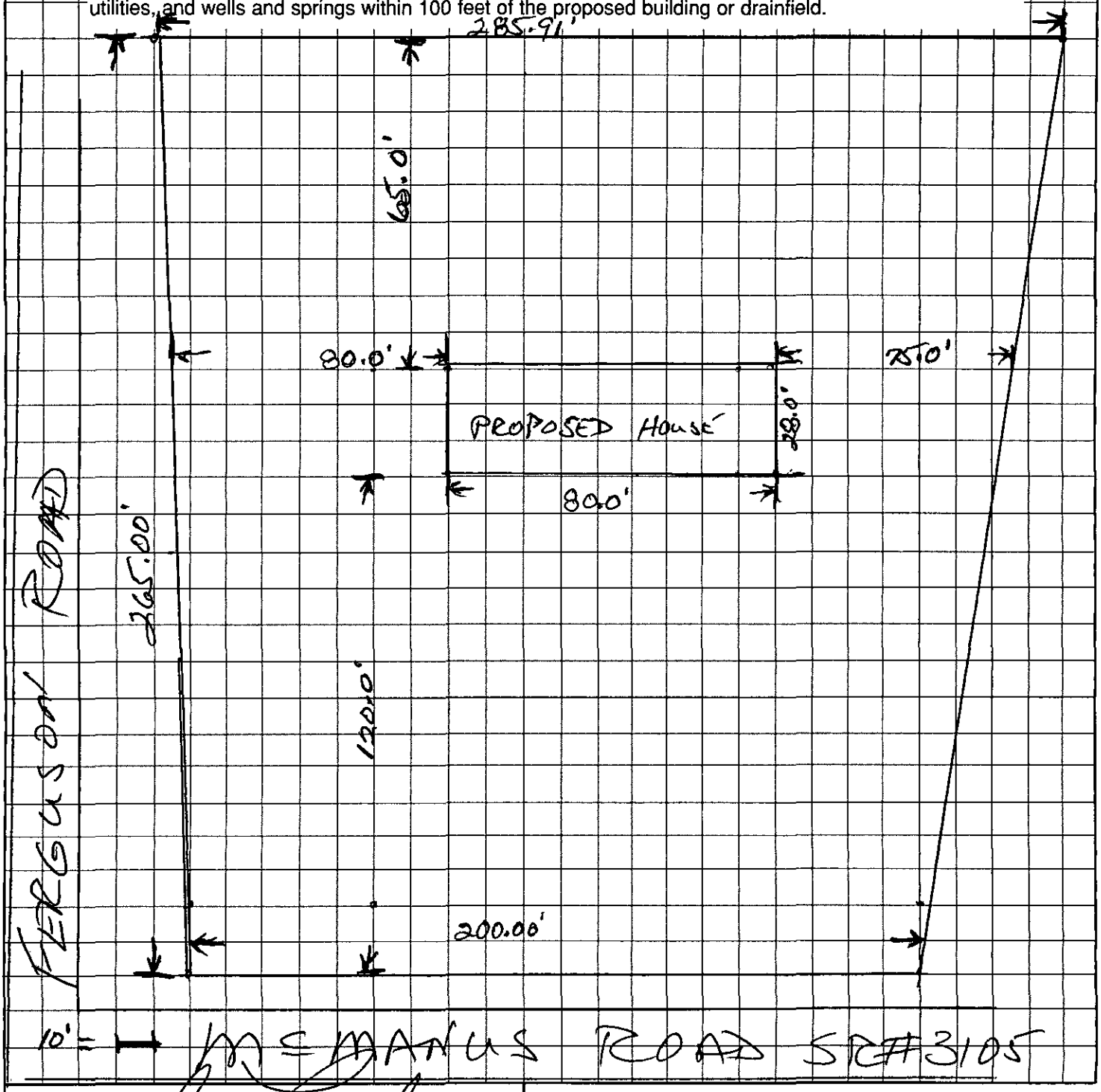
# PROPOSED PLOT PLAN

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

FILE: 1286B

TC: 139-231-03 PP

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 Rick Lamb

DATE APRIL 16, 1996

APPROVAL DATE _____

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

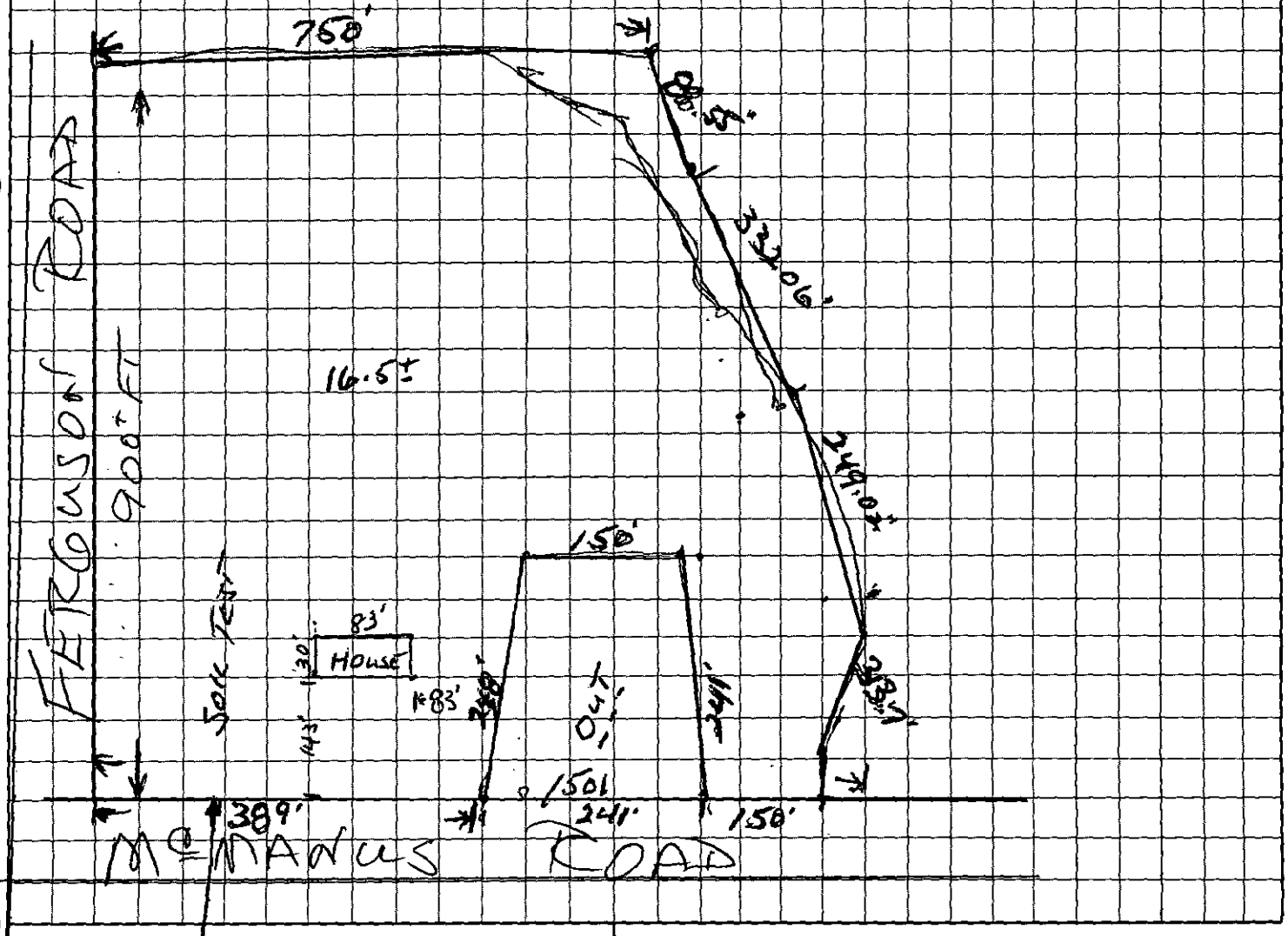
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Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.




Otis D. Watts Jr.
OWNER/AGENT SIGNATURE

DATE MARCH 15, 1996

APPROVAL DATE _____

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

Iron

S 64°36'48"E 285.91

Iron

N 89°17'26"E 147.44

Iron

50' SBL

80.0

28.0

Proposed House

28.0

80.0

20' SBL

20' SBL

62,811 Sq. Ft.
Area by Coordinate Method

60' SBL

N 21°14'13"E 284.04

50' SBL

Well

Septic Tank

Exist. Brick Home

20' SBL

20' SBL

Septic Drain

47,210 Sq. Ft.
Area by Coordinate Method

60' SBL

S 03°46'13"W 257.77

O.D. Watts Jr.
2630/541

N 02°20'30"E 265.00

O.D. Watts Jr.
2630/541

R/W

Iron

30'

Iron

30'

Iron

30'

Tie-Line (nts)
N 87°39'30"W 212.70 To ℄ Ferguson Rd.
S.R. # 3181

PK Nail

200.00

N 87°39'30"W 426.03

226.03

Tie-Line
N 87°39'30"W 150.00

Old R/R Spike ℄

R/W

McMANUS ROAD S.R. # 3105 60' R/W

NORTH CAROLINA, UNION COUNTY

I, William J. Alexander, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book _____, Page _____); that the boundaries not surveyed are clearly indicated as drawn from information found in Book _____, Page _____; that the ratio of precision as calculated is 1:10,000+; that this plat was prepared in accordance with G.S. 47-30 as amended. Witness my original signature, registration number and seal this _____ day of _____, A.D., 20____.

NORTH CAROLINA, _____ COUNTY

I, a Notary Public of the County and State aforesaid, certify that William J. Alexander, a Registered Land Surveyor, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my

Iron — N 89°17'26" E 147.44 — Iron

50' SBL

80.0

28.0 Proposed House 28.0

80.0

20' SBL

N 21°14'13" E 264.04

**62,811 Sq. Ft.**
Area by Coordinate Method

60' SBL

50' SBL

Well □

Septic Tank

Exist. Brick Home

20' SBL

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**47,210 Sq. Ft.**
Area by Coordinate Method

20' SBL

60' SBL

S 03°46'13" W 257.77

O.D. Watts Jr.
2630/541

Seth M. Smith
5944/710

Iron
30'

Iron
30'

R/W

200.00

N 87°39'30" W 426.03

226.03

Tie-Line
N 87°39'30" W 150.00

Old R/R Spike ℄

McMANUS ROAD S.R. # 3105 60' R/W

R/W

LEGEND
S.R. # – State Road Number
SBL – Setback Line
R/W – Right of Way
℄ – Centerline
R/R – Railroad
(nts) – not to scale

50 25 0 50 100 150
SCALE IN FEET

NORTH CAROLINA, _____ COUNTY

I, a Notary Public of the County and State aforesaid, certify that William J. Alexander, a Registered Land Surveyor, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this _____ day of _____, 19__.

_____ Notary Public

My commission expires _____

William J.

RECORD PLAT FOR
O.D. Watts Jr.
Mecklenburg County

Rev.

Exist. Brick Home

20' SBL

Septic Drain

**47,210 Sq. Ft.**
Area by Coordinate Method

20' SBL

60' SBL

S 03°46'13" W 257.77

O.D. Watts Jr.
2630/541

Seth M. Smith
5944/710

Iron
@ 30'

R/W

226.03

Tie-Line
N 87°39'30" W 150.00

Old R/R
Spike ℄

R/W

R/W

LEGEND

S.R. # – State Road Number
SBL – Setback Line
R/W – Right of Way
℄ – Centerline
R/R – Railroad
(nts) – not to scale

50 25 0 50 100 150

SCALE IN FEET

_____COUNTY

the County and State aforesaid,
Alexander, a Registered Land Surveyor,
before me this day and acknowledged
foregoing instrument. Witness my
mp or seal, this _____ day of

_____
Notary Public

es _____

William J. Alexander
Land Surveyor

RECORD PLAT FOR

# O.D. Watts Jr.

Clear Creek Township, Mecklenburg County
North Carolina

Scale: 1" = 50' Date: 11 April 1996

Rev.

William J. Alexander, NCRLS
1717 Williams Road, Monroe NC 28110 (704) 841-8336

Dwg. File: acad\misc\watts