

14425 RANSON RD

00920131

1/7/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5102B DATE: 7/17/03

TC: 009-201-31 ☒ L ☐ CRT

SERIAL 19241

Name of Owner Gary Bradford Juris.:

Address of Property 14435 Ranson Road

Inspection Data:

Tank Material PCC

Total Length of Drainfield 567'

Number of Lines 7 @ 81'

Cover Depth 8"

Water Supply Source Municipal

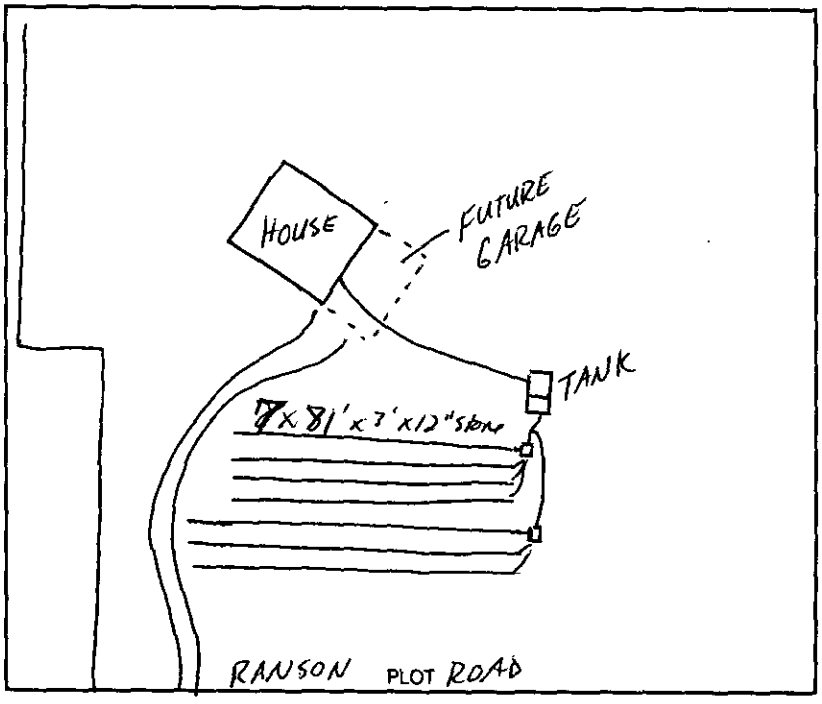
Distance to Water Source >100'

Excavation Inspected 7/17/03

Tank(s) Inspected 7/17/03

Wash Line Inspected NA

High Water Alarm Inspected NA



Design 1500 ST, 1701 SFT, CON, 12" stone CTR# C. Morrison

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: Four Bedroom House

7 lines x 81' x 3' x 12" stone

Type II Conventional System

Tommy Nichols R.S.
Environmental Health Specialist

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

Owe
$150
for
Final

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

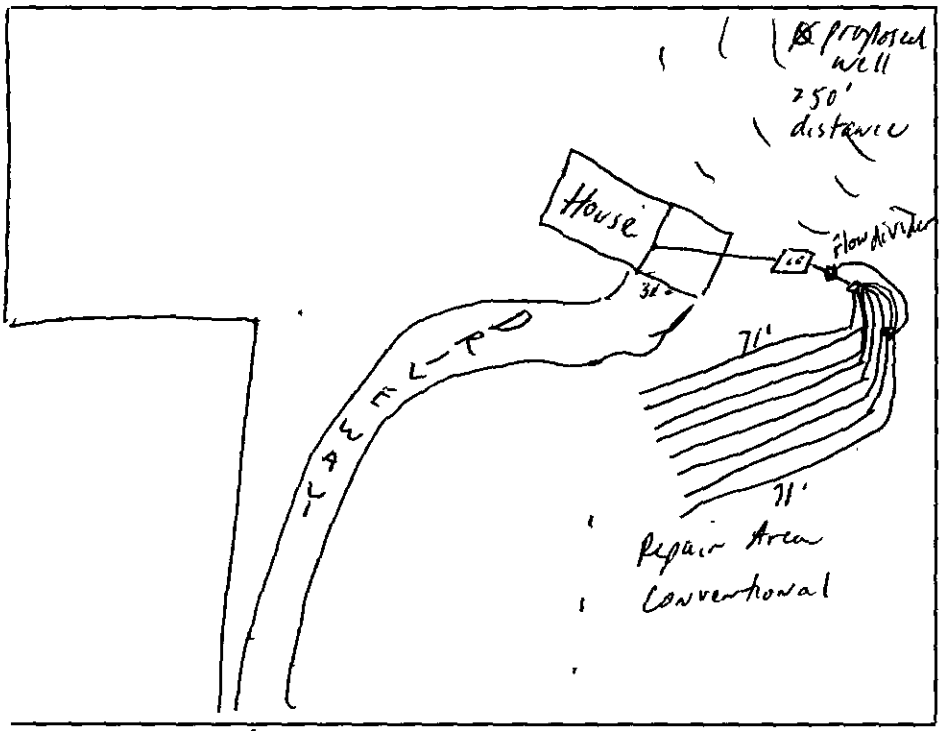
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5102B DATE: 6/17/03

TC: 009 20131PO ☑ L

SERIAL Nº 18878

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 6/6/03. All work shall be completed on or before 7/17/03, 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.



Ranson Rd PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank NA 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 568 feet

Number of Lines 8 (71')

Depth of Stone 12" inches

Distance from House 5' 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 Gary Bradford

LOCATION OF PROPERTY 14435 Ranson Road

Comments: 1500ST, 8 lines x 71' long x 3' wd x 12" stone
Keep plumbing as high as possible (To be plumbed under garage)
Use flow devider if necessary. Keep the septic system >50' from the proposed well

Phyllis S. Walker
Environmental Health Specialist

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

ck# 1470

FEE: 150 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 1/9/03 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE** ~~X~~ ACS

DATE: _____ PERMIT NO: 5102B
PARCEL NO: 009-201-31 P6

JOB LOCATION ADDRESS: 14425 Lanson Road
PROPERTY OWNER: Marty Godwin
BUILDING CONTRACTOR: Mike Newell
SUBDIVISION NAME: N/A
AUTHORIZATION ISSUED BY: Stacy Mullen R.S. DATE: 1/6/03
~~DEHNR~~ AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 5102B, 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: 8 lines x 71' x 3' x 12" Stone

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.

Mike Newell 1/9/03
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 5102B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 009-201-31PC

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	✓ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
.28 Long-term acceptance rate	480 Max gallons/day wastewater flow	1713 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
YES Serviced by private well	1500 Gallon septic tank	571 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
4 Bedrooms in residence	444 Gallon pump tank	12" Depth of stone		
Any surface waters present: NO Type:		Minimum separation distance:		
Site modifications required:				
Additional Conditions: Install 8 lines x 71' x 3' x 12" Stone (571 TLF)				

Repair Area System Type Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
1713 Absorption Area (Sq ft) 571 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 t 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 effe 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 Departme
- This Improvement permit is transferable.

Tony Michlin R.S. 1/6/03
DEHNR Authorized Agent Date

R. Mitchell 1/9/03
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: $200.00 CK 1044 DATE: 10/16/02 SC

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

I J 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 #: 5/02-13

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 009-201-31[redacted] PO

STREET ADDRESS: [redacted] Ranson Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2887

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS:

CLOSING DATE 11/15/02

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:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Bradford, Gary B. (LAST) (FIRST) (MI)	NAME: Merryman, Diane M. (LAST) (FIRST) (MI)
ADDRESS: 476 McCorkle Ln.	DAYTIME PHONE: (704) 987-0340
CITY: Sherrills Ford STATE: NC ZIP: 28673	18015-E King's Pt. Dr.
DAYTIME PHONE: (704) 945-0500	Cornelius, NC 28031

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 5/1/77

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: Diane M. Merryman DATE: 11/4/02

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

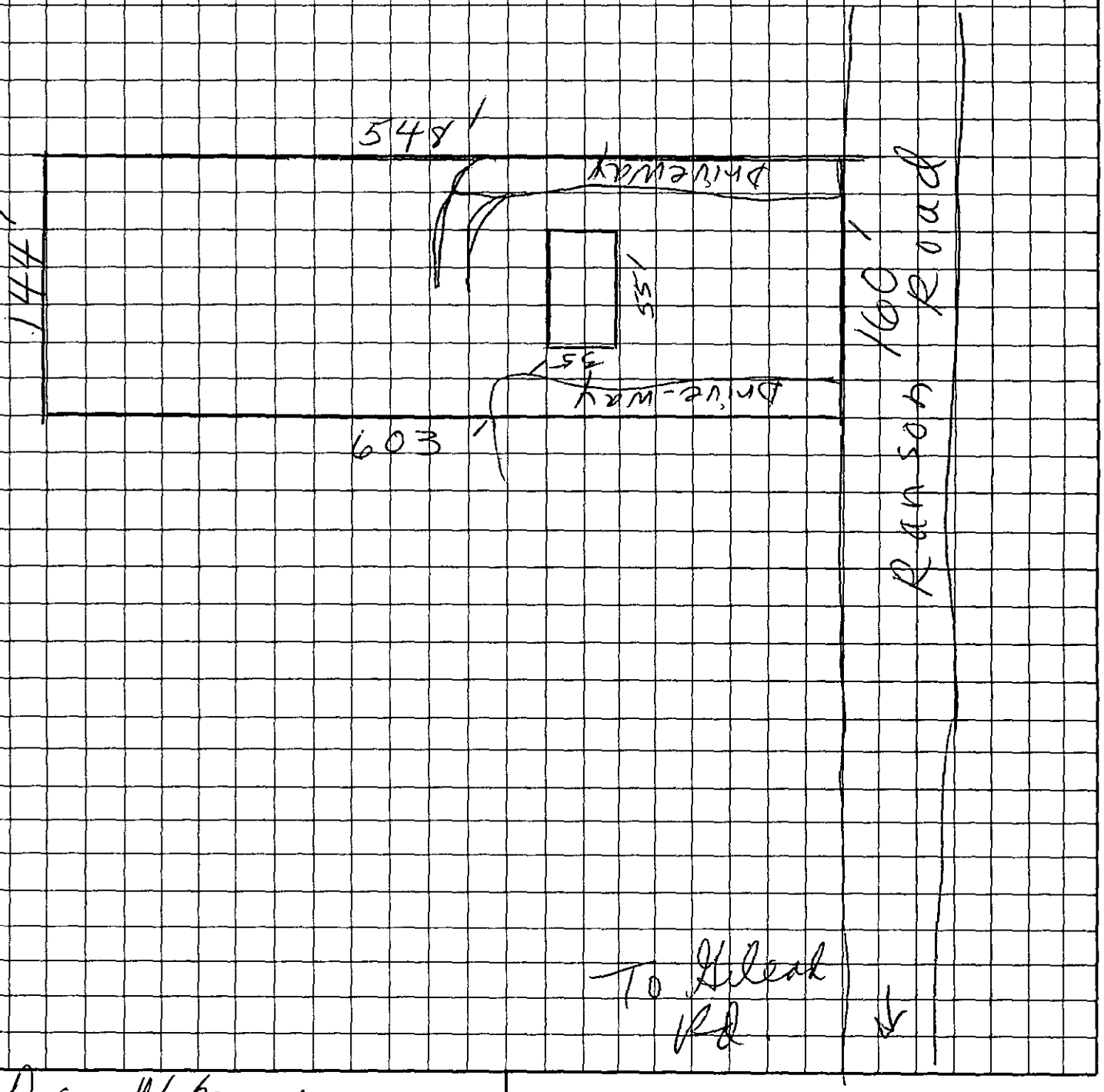
PROPOSED PLOT PLAN

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

FILE: 5102B

TC: 109-201-31 PC

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.



Duane W. Thompson
OWNER/AGENT SIGNATURE

DATE 11/4/02

APPROVAL DATE _____

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

Mecklenburg County Health Department
Environmental Health Division
700 Tryon Street
Suite 211
Charlotte, North Carolina 28202-2236

Permission for

~~WELL &~~ SEPTIC REQUEST

TAX PARCEL # 00901310 01

ADDRESS OF PROPERTY TO BE SERVICED: 14425 Ranson Rd.
Huntersville, NC 28078

OWNER OR AGENCY NAME & ADDRESS Diane W. Merryman
Allen Tate Co.

ADDRESS FOR RESULTS TO BE MAILED 18015-E King's Pt. Dr.
Cornelius, NC 28031

TELEPHONE NUMBER WHERE YOU CAN BE REACHED (DAY): (704) 896-5190

CHECK ONE: ____(WELL & SEPTIC) ✓ (WELL ONLY) ____(SEPTIC ONLY)

SIGNATURE OF AUTHORIZED PERSON

10/28/02
DATE

Gary B. Bradford

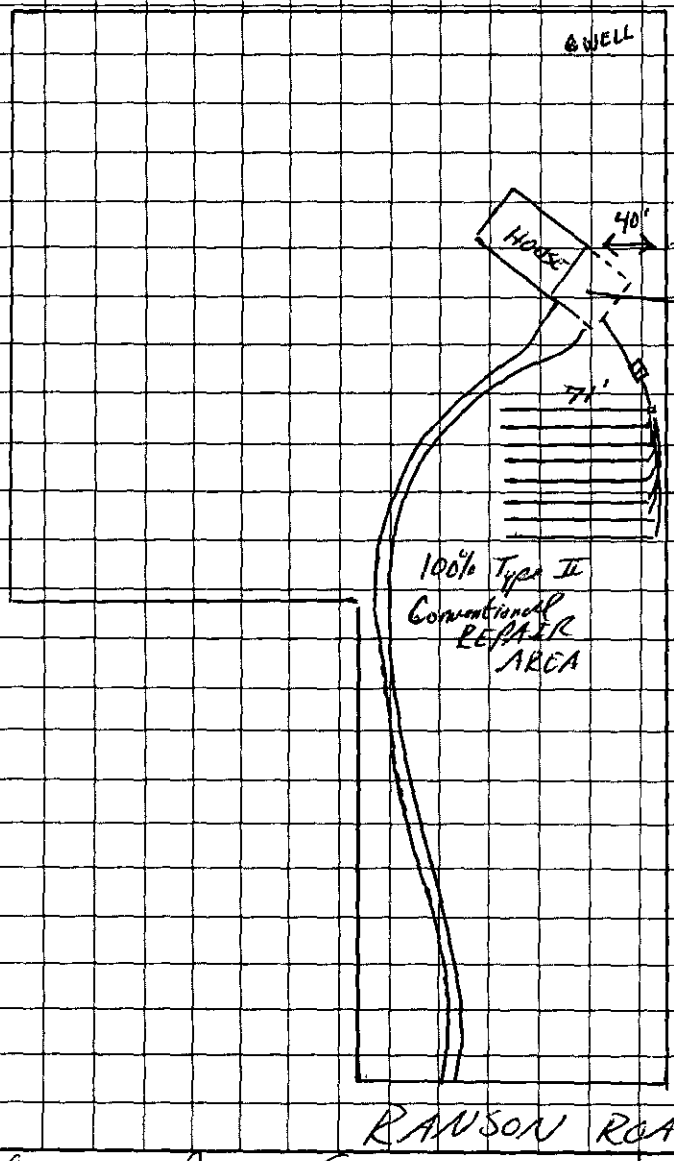
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PHONE (704) 336-5102

FILE: 5102B

TC: 009-201-31 PO

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.



COMMENTS

→ Four Bedroom House
→ Scale = 1" = 100'
→ 1500 gallon septic tank
→ 0.28 LTAR
→ 8 lines x 71' x 3' x 12" Stone
→ 571 TCF
→ Type II Conventional System
→ Conventional Repair
→ Install lines level and on contour of the land.

OWNER/AGENT SIGNATURE

DATE 1/9/03

APPROVAL DATE Tommy Medlin L.S. 1/6/03

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: 1
Property ID: PO 009-201-31
Lot #:
File #: 5102B
Code: 1

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Gary B. Bradford
Applicant: Diane Merryman
Address: 4676 McCorkle Lane, Sherrills Ford, N. C. 28673
Date Evaluated: 11/1102
Proposed Facility: Residence
Design Flow (.1949): 480gpd
Property Size: 1.5a inv.
Location of Site: Ranson Road
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] 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	Depression 6	0-12	GR/SCL	FR/SEXP/SS/SP	>28" TO SOIL WETNESS	28	N/A	NONE	US, IV
		12-28	SBK/C	FI/SEXP/S/P					
2	Depression 6	0-11	GR/CL	FR/SEXP/SS/SP	>45" TO SOIL WETNESS	45	"	"	US, IV
		11-39	SBK/C	FI/SEXP/S/P					
		39-45	SBK/C	VFI/EXP/VS/VP					
3	LS,8	0-5	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	"	"	PS, IV .2GPD/FT^2
		5-48	SBK/C	FI/SEXP/S/P					
4	LS, 8	0-4	GR/SCL	FR/SEXP/SS/SP	"	"	"	"	PS, IV .28GPD/FT^2
		4-48	SBK/C	FI/SEXP/S/P					
5	"	0-4	GR/SCL	FR/SEXP/SS/SP	"	"	"	"	"
		4-48	SBK/C	FI/SEXP/S/P					
6	"	0-5	GR/SCL	FR/SEXP/SS/SP	"	"	"	"	"
		5-48	SBK/C	FI/SEXP/S/P					
7	"	0-6	GR/SCL	FR/SEXP/SS/SP	"	"	"	"	"
		6-48	SBK/C	FI/SEXP/S/P					
8	"	0-4	GR/SCL	FR/SEXP/S/P	"	"	"	"	"
		4-48	SBK/C	FI/SEXP/S/P					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.28GPD/FT^2	.28GPD/FT^2

Other Factors (.1946): _____
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 11/12/02, W. R. Marlin
Others Present:

FILE # 51028

COMMENTS 100% Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

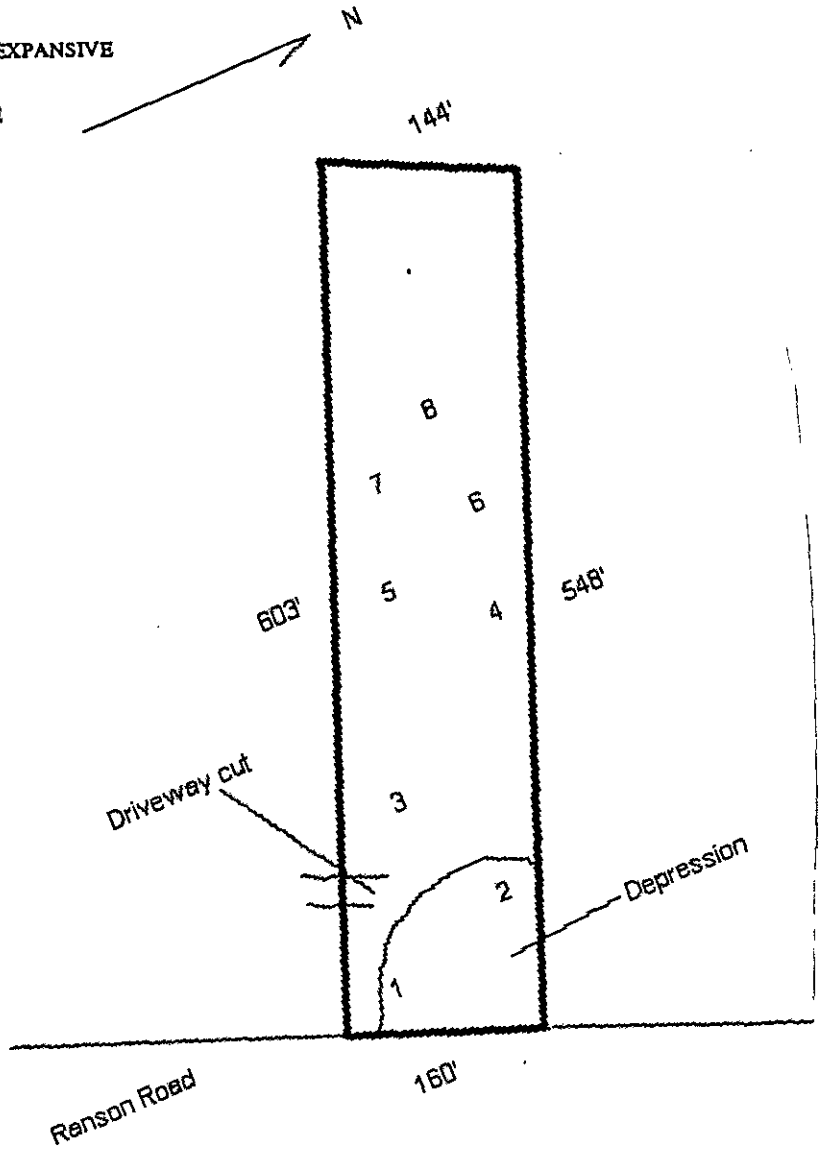
STRUCTURE

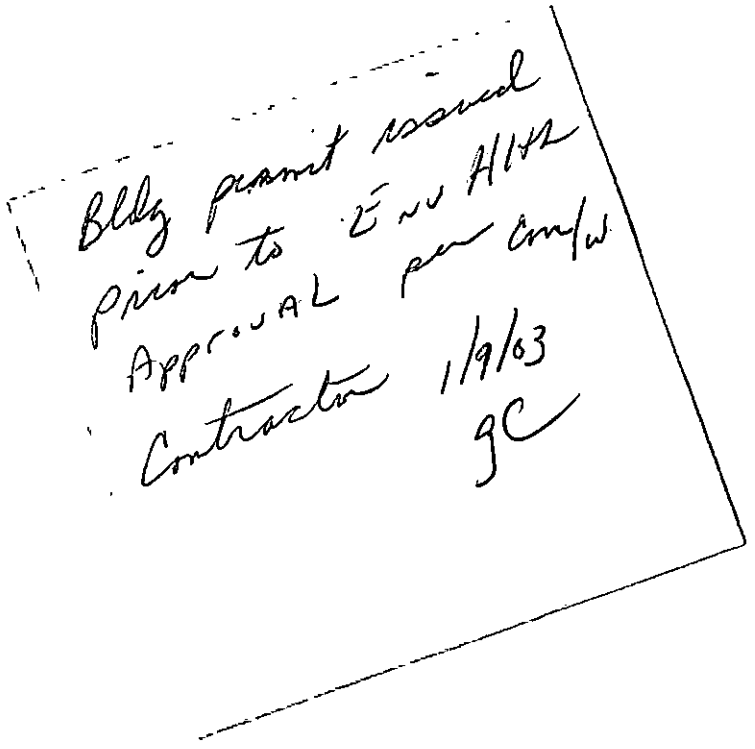
SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE




Bldg permit issued
prior to 2nd H/H
Approval per Cmt/w
Contractor 1/9/03
gc