

12815 ALLISON FERRY RD

01304113

1/3/2008

duponbj

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

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

400 ☑ COUNTY: _____

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

#2 3476

053-172-25

192

OWNER: Clifford D. Riley Jr. APPLICANT: _____
ADDRESS: 8209 White Cedar Ct. Chas. APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 360gpd PROPERTY SIZE: .39
LOCATION OF SITE: 5314 Cold Harbor Rd. PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☑ Other Community
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
1	S 0-6% B	0-2"	gr l cl	Fr/SExPl SS/SP	→ 48" to soil wetness	48"	N/A	None	PS .39/Fz IV
		2-48"	sbk l c	Fi/SExPl SS/P					
2	LS	0-3"	gr l cl	Fr/SExPl SS/P	→ 37" To soil wetness	37"	N/A	None	PS .39/Fz IV
		3-37"	sbk l c	Fi/SExPl SS/P					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	US	
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): unsuitable
SITE CLASSIFICATION (.1948): ~~William A. Martin 6-27-97~~
EVALUATED BY: W.A. Martin 6-27-97
OTHER(S) PRESENT: LSS

COMMENTS: Does not appear to be 100% 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)			MOIST	WET
(Ridge)		SCL (Sandy Clay Loam)				
(Shoulder Slope)		SLC (Silt Loam Clay)			VFR (Very Friable)	NS (Non-sticky)
(Terrace)					FR (Friable)	SS (Slightly Sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FI (Firm)	S (Sticky)
		SIC (Silty Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
					EFI (Extremely Firm)	NP (Non-plastic)
		O (Organic)	None			SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

OTES

ORIZON DEPTH In inches below natural soil surface

EPTH OF FILL In inches from land surface

ESTRICTIVE HORIZON Thickness and depth from land surface

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

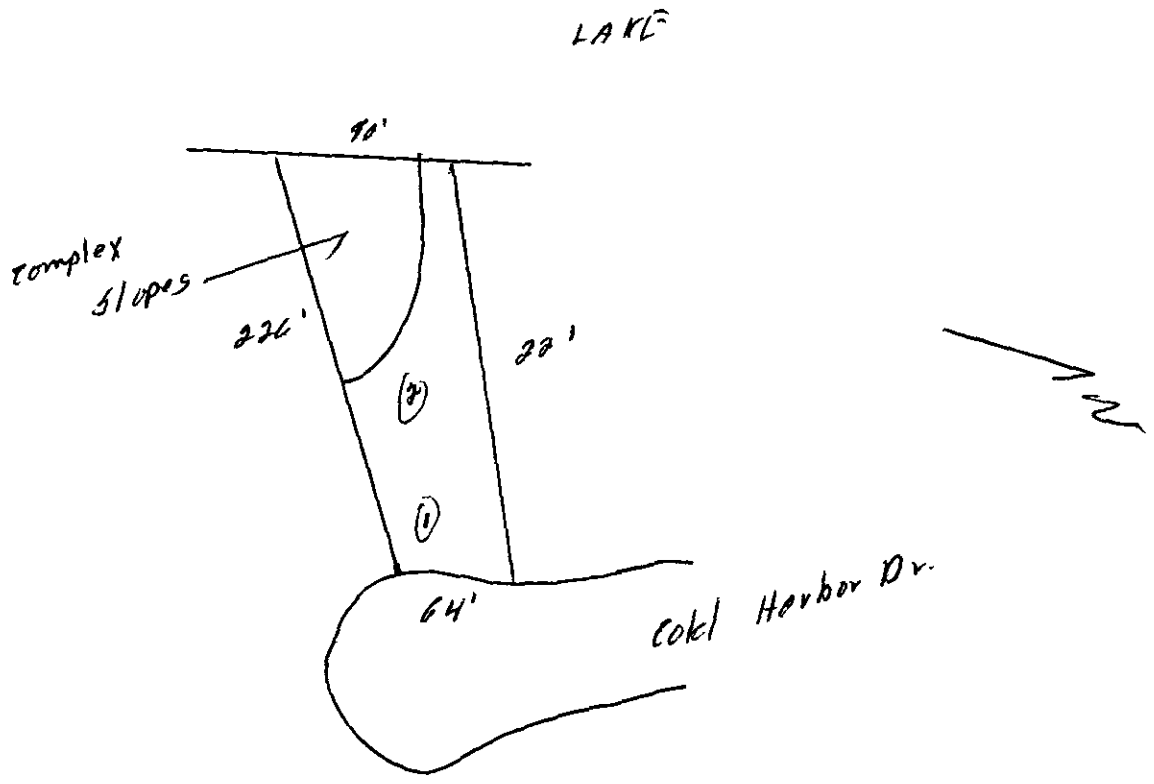
LASSIFICATION S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

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).

3476



~~CERTIFICATE OF COMPLETION~~/OPERATION PERMIT

0460

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

FILE: 3476 B DATE: 5/15/96

TC: 93-041-04 L CRT

SERIAL Nº 16500

Name of Owner Ellen Huffman Juris.:

Address of Property 12815 Allison Ferry Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'+

Number of Lines 4 @ 100'+

Cover Depth ~12"

Water Supply Source Well

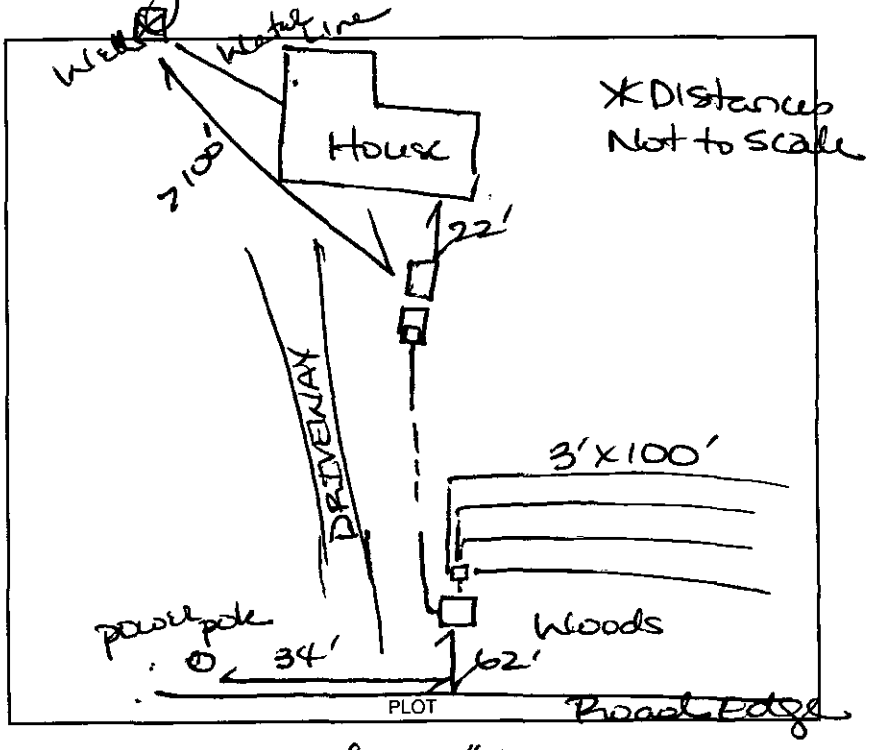
Distance to Water Source 100'+

Excavation Inspected 5/15/96

Tank(s) Inspected 5/15/96

Wash Line Inspected NA

High Water Alarm Inspected 5/15/96



Design 1996 CON, 1500gST, 1000gPT, P, 1200ft2 12" @ Cecil-like CTR#

Larry Norwood

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 Goulds WE03il

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 I5A 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 III, 2 bedroom house

Do not drive or park over any portion of sewage disposal system

Lisa B. Mialik
Environmental Health Specialist

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

S1500

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

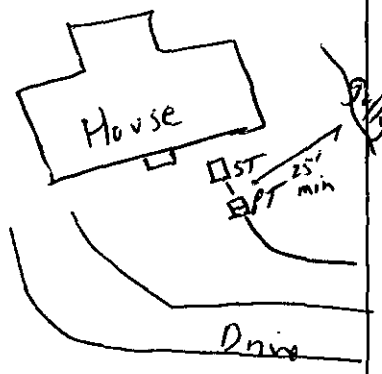
FILE: 3476B DATE: 12-20-95

TC: 013-041-04 L

SERIAL Nº 16628

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 3-10-95. All work shall be completed on or before 2-10-95, 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.

Install as shown on Improvement Permit. With exceptions of tanks



Be sure ~~granted~~ not

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 24"-27"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 400' feet

Number of Lines 4 at 100' each

Depth of Stone 12" inches

Distance from House 5' min feet

Distance from Property Line 10' min feet

Distance from Well 100' feet

Keep water line min 10' from any part of septic tank system. well not installed yet

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

NAME OF OWNER Ellen Huffman

LOCATION OF PROPERTY 12815 Allison Ferry Rd.

Comments: Install pump and pump controls + alarm according to current NC State Reg. Keep driveway off of septic system. pump up to "washer" style box w/tee to then go to equal distribution box. Spread levels. Keep min 25' off gully with tanks + supply lines.

Susan Sutton

Environmental Health Specialist

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

File 3476B

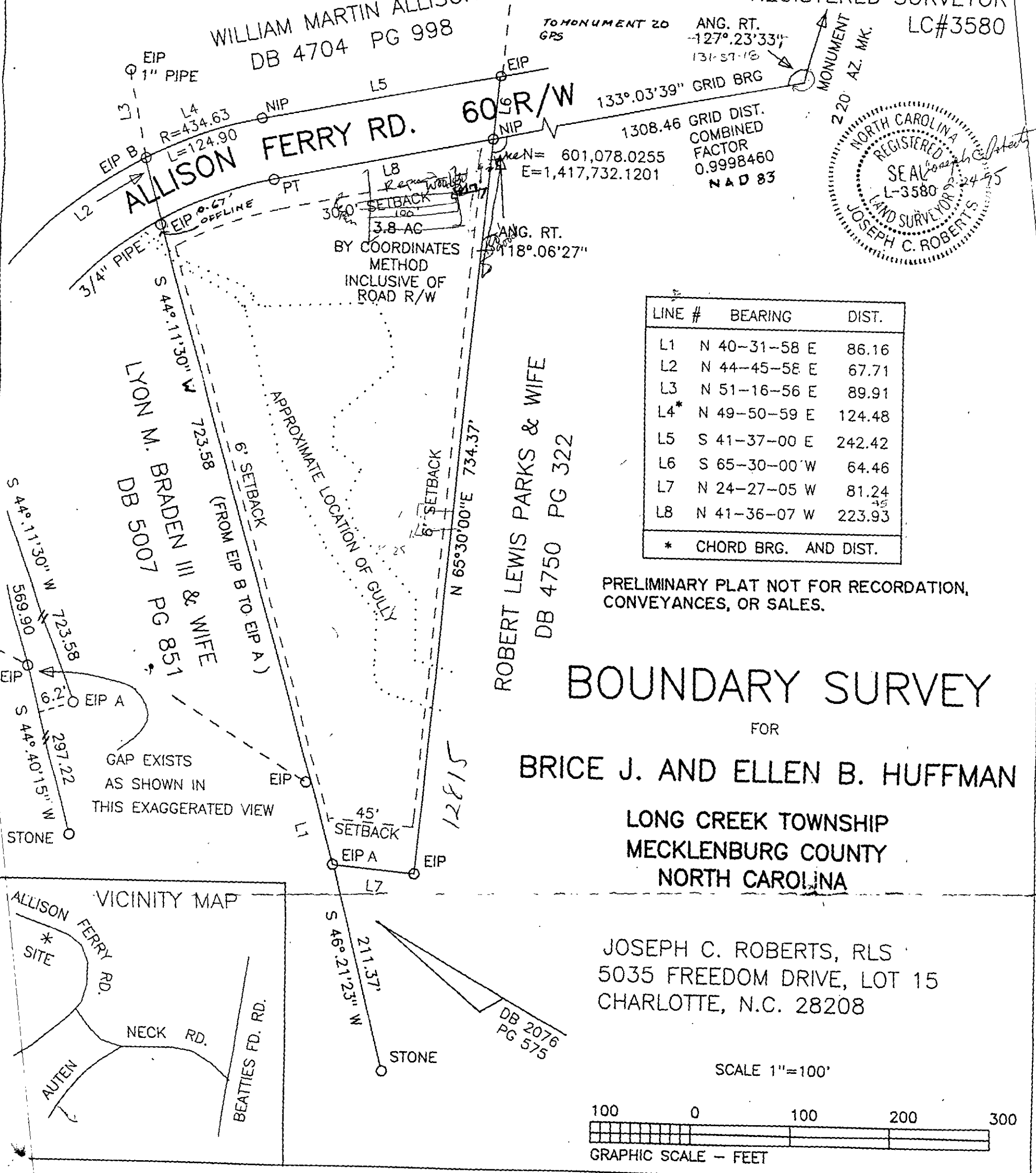
File 3476B

THIS IS TO CERTIFY THAT ON THE 6TH OF FEBRUARY 1995 ,I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES, EASEMENTS, AND IMPROVEMENTS IF ANY ARE SHOWN HEREON.

SIGNED Joseph C Roberts

REGISTERED SURVEYOR

LC#3580



LINE #	BEARING	DIST.
L1	N 40-31-58 E	86.16
L2	N 44-45-58 E	67.71
L3	N 51-16-56 E	89.91
L4*	N 49-50-59 E	124.48
L5	S 41-37-00 E	242.42
L6	S 65-30-00 W	64.46
L7	N 24-27-05 W	81.24
L8	N 41-36-07 W	223.93

* CHORD BRG. AND DIST.

PRELIMINARY PLAT NOT FOR RECORDATION, CONVEYANCES, OR SALES.

NORTH CAROLINA REGISTERED SEAL L-3580 LAND SURVEYOR JOSEPH C. ROBERTS Joseph C Roberts 2-24-95

BOUNDARY SURVEY

FOR

BRICE J. AND ELLEN B. HUFFMAN

LONG CREEK TOWNSHIP
MECKLENBURG COUNTY
NORTH CAROLINA

JOSEPH C. ROBERTS, RLS
5035 FREEDOM DRIVE, LOT 15
CHARLOTTE, N.C. 28208

SCALE 1"=100'

100 0 100 200 300

GRAPHIC SCALE – FEET

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

DATE: 3/10/95

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Mek

PARCEL NUMBER 013-041-04

ASSIGNED ADDRESS 12815 Allison Ferry Rd

EXISTING ADDRESS _____

PROJECT NAME NA

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: Perk Test

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: _____

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

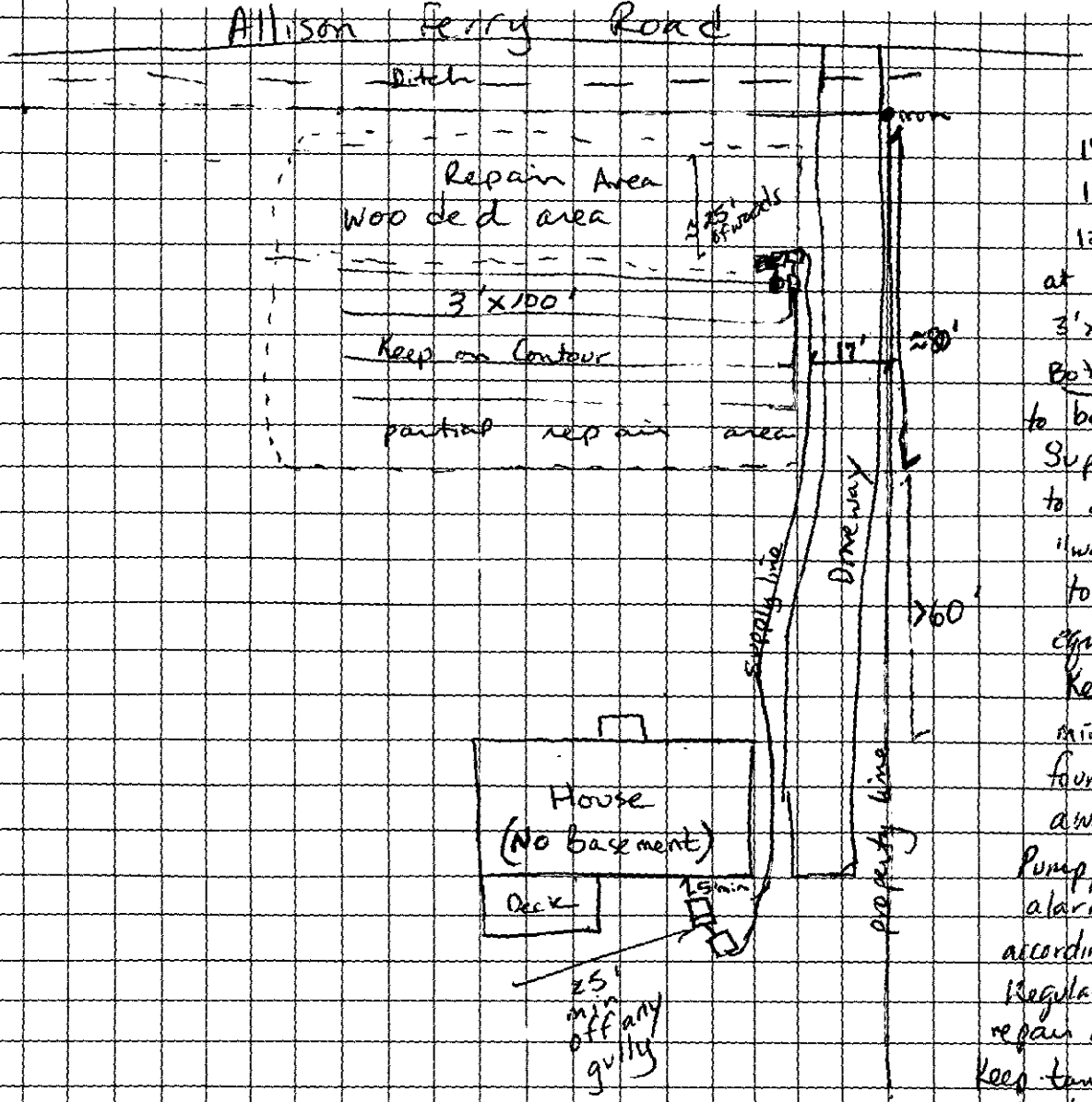
PROPOSED PLOT PLAN

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

FILE: 3476 B

TC: 013-041-04

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.



3 bedroom design
1500g septic tank
1000g pump tank
1200 sq ft drainfield
at 4 lines at
3'x100'x12" stone each.
Bottom of trench
to be max 24"-27" deep.
Supply line from pump
to go to large
"washer" style box w/ tee
to flow feed into
equal distribution box.
Keep supply line
min 5' from bldg.
foundation and
away from driveway.
Pump, pump controls &
alarm to be installed
according to current NC State
Regulations. Conventional
repair area.
Keep tanks min 25' off
any gully or drainage ditch.
Keep well min 100' (but in
absolutely no case less than 50') from
any part of septic tank system or
its repair area. Keep driveway off of
septic system.

Ellen B. Huffman
OWNER/AGENT SIGNATURE

DATE 3-24-95

APPROVAL DATE Barbara 3-23-95

Do not grade or disturb soil in area for septic tank system or repair. Any changes may void permit.

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028492

File: 3476B DR00 Action 2

Parcel: 013-041-04 ☐ PC

Location: 12815 Allison Ferry Rd

Subdivision:

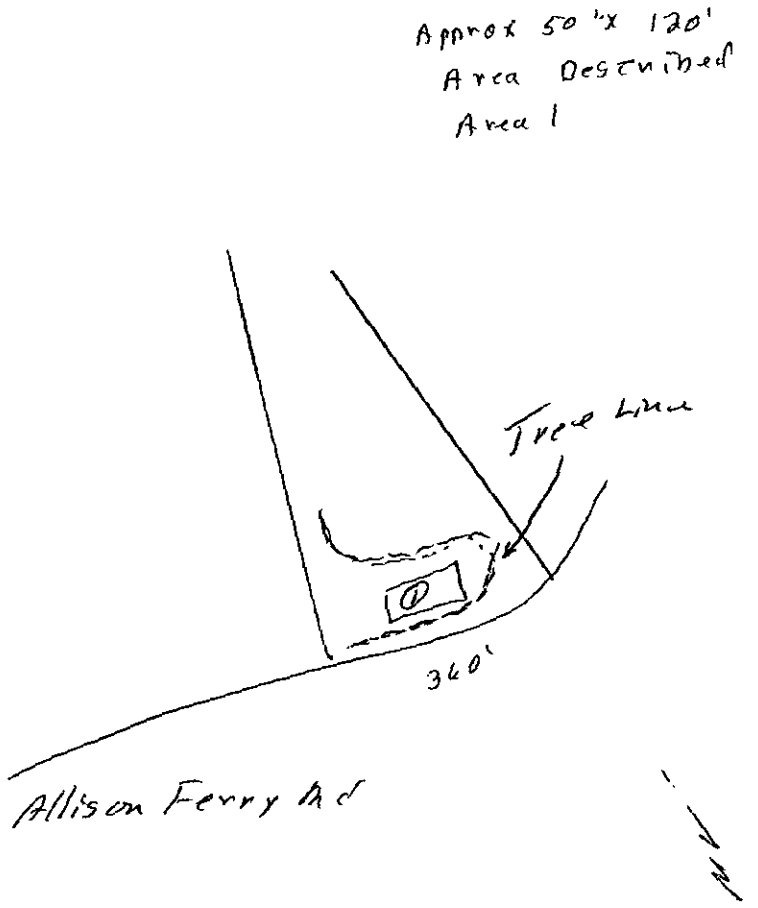
Lot: Block: Acres:

Owner: Ellen B. Huffman
Address: 12820 Allison Ferry Rd
Huntersville, N.C. 28078

Comments: ~~32 of 227 dry LTAA.~~ not survey 100% Repair is required

Described by: William A. Marks

Date: 3-14-95



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-6%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Slightly Expansive clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 40" To soil wetness	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 40"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 40"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil-Hiwe					
Area Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U

3476B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date:

PERSON FILING APPLICATION:

NAME: Huffman (last) Ellen (first) B (mi)

ADDRESS: 12820 Allison Ferry Rd PHONE: (704) 875-3314

CITY: Huntersville STATE: N.C. ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 013-044-04

STREET ADDRESS: 12815 Allison Ferry Rd

ZONING:

PROPERTY OWNER:

NAME: Same (last) (first) (mi)

ADDRESS: _____ PHONE: (___) _____

CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
- [ ] 0 Mecklenburg County
- [ ] 1 Charlotte
- [ ] 2 Davidson
- [ ] 3 Cornelius
- [ ] 4 Pineville
- [ ] 5 Matthews
- [ ] 6 Huntersville
- [ ] 7 Mint Hill

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

- [ ] SOIL TEST - INDIVIDUAL LOT (D)
- [X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
- [ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- [ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
- [ ] COMMERCIAL OR INDUSTRIAL (N)
- [ ] SOIL TEST DEVELOPMENT (P)
- [ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
- [ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
- [ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
- [ ] SINGLE MOBILE HOME (S)
- [X] HOUSE (H)
- [ ] MULTIPLE FAMILY (U)
- [ ] DOUBLE WIDE (D)
- [ ] MODULAR HOME (M)
- [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
- [ ] Community (C)
- [ ] Municipal (M)
- [ ] Shared Well (S)
- [ ] Other 'spring' (O)
- [X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
- [ ] Swimming Pool
- [ ] Jacuzzi
- [ ] Stable/Barn
- [ ] Workshop
- [ ] None
- [ ] Garage
- [ ] Storage Building
- [ ] Deck/Patio
- [ ] Bedrooms
- [ ] Other

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: Ellen B Huffman Date: 3-10-95

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, 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 permit is not transferable.

... lift station required

- [X] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
- [ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
- [ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Susan Gatewood 3-23-95
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

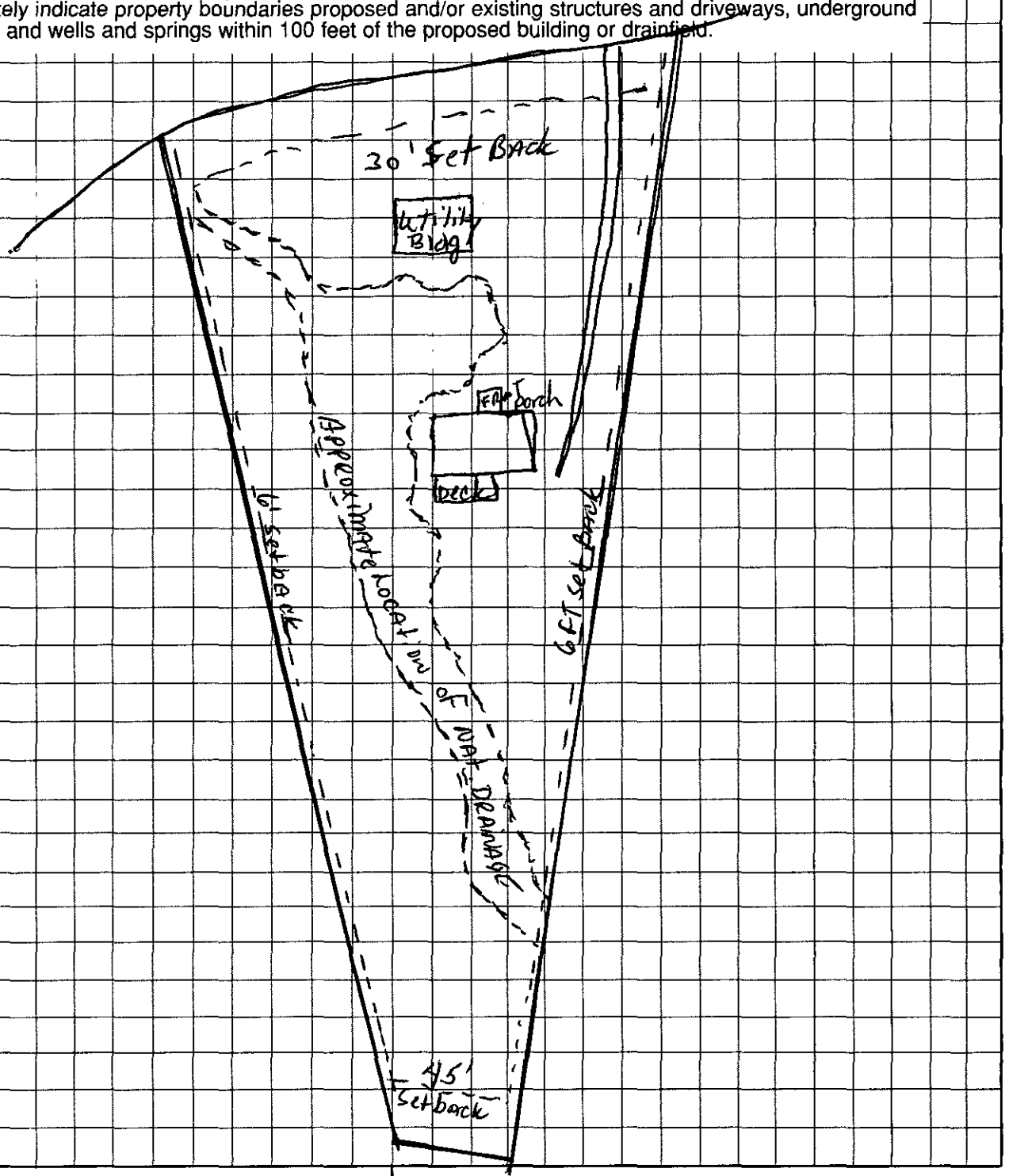
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Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. *Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100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



Ellen Huffman
OWNER/AGENT SIGNATURE

DATE 3-10-95

APPROVAL DATE _____

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