

14520 BLACK FARMS RD

01126126

12/26/2007

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: [redacted]-1738B-A DATE: 12-3-98

TC: Po 011-151-12 ☐ K ☒ CRT

SERIAL Nº 17878

Name of Owner ROBERT COUNCIL Juris.: _____

Address of Property 14520 BLACK FARMS RD.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 540

Number of Lines 6 @ varies

Cover Depth 2'-6'

Water Supply Source well

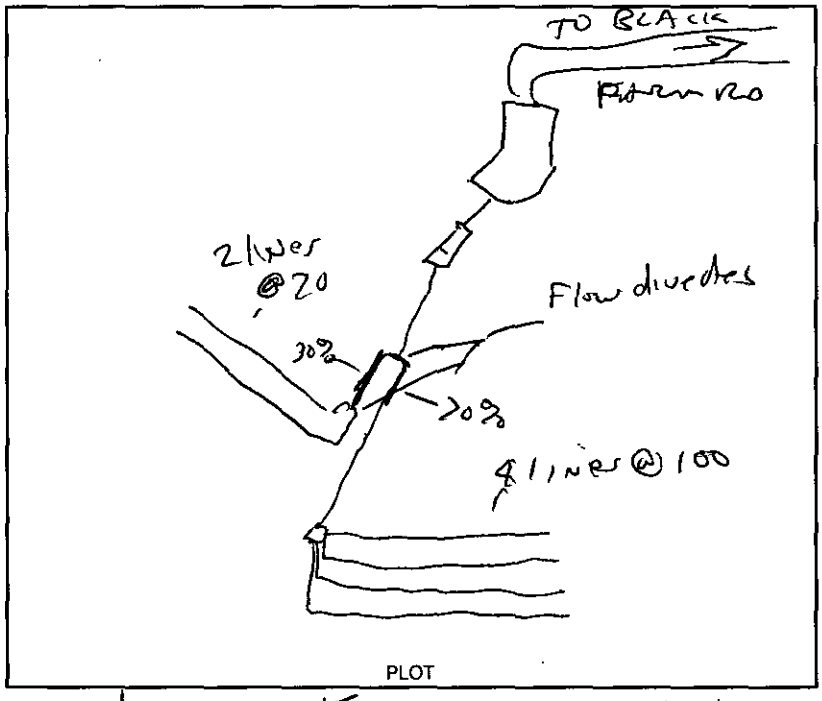
Distance to Water Source 100'+

Excavation Inspected 12-3-98

Tank(s) Inspected 12-3-98

Wash Line Inspected /

High Water Alarm Inspected /



Design As Built demo type III CTR# TIM SIMMONS

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☑ installed or constructed ☐ altered or repaired

☐ in accordance with the permit issued ☑ as detailed in the plot above

and meets the provisions of I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 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: Installed w/ out installation approval. Consultant called to check saprolite because of depth of trenches. Saprolite found to be P.S. - additional line added because of lower CTAM

Environmental Health Specialist

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

FEE: 100.00 CK
DATE: 3-12-97 #100.

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

[ ] CRT

TYPE APPLICATION: X 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 #: 1738B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: Po - 011-151-12

STREET ADDRESS: BLACK FARMS RD

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: Po 011-151-12

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: 4300

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 4

CLOSING DATE _____

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: BLACK JOHN R
(LAST) (FIRST) (MI)

ADDRESS: 15100 BLACK FARMS RD

CITY: HUNTERSVILLE STATE: N.C. ZIP: 28078

DAYTIME PHONE: 704 892 - 1320

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: COUNCIL ROBERT (BOB) T
(LAST) (FIRST) (MI)

DAYTIME PHONE: 704 895 - 0911

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: Bob Council DATE: 3-12-97

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

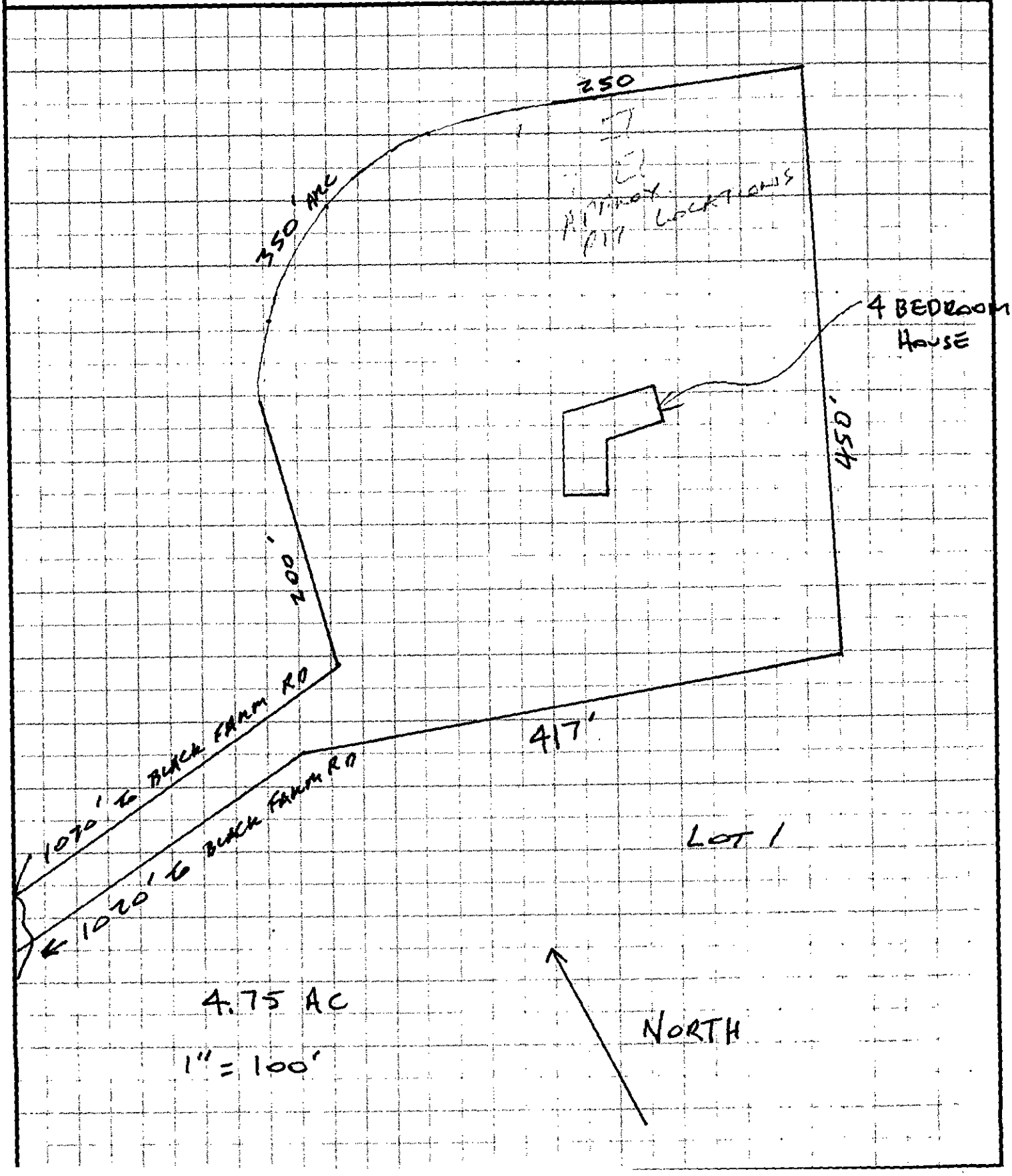
17388

PROJECT: Council DATE: 3-6-97

PROJECT NO.:

LOCATION: Black Farms RD BY:

SHEET: 1 OF: 1



FAX

Toney C. Jacobs & Associates, Inc.
Consulting Soil Scientists
168 Broadbill Dr.
Mooresville, NC 28115

Date _____

Number of pages including cover sheet ____

To: Bill Marlin

Phone _____

Fax Phone 336-6894

CC: _____

From:

☑ Toney Jacobs, CPSS
☐ Paul Penninger, CPS-IT
☐ Pat Jacobs

Phone 704-663-6905

Fax Phone 704-662-9845

REMARKS:

☐ Urgent ☑ For your review ☑ Reply ASAP ☐ Please comment

Concur w/ soils information
as per Tony Jacobs Report
WRM 4-1-97

TCJ CONSULTING

SITE / SOIL EVALUATION WRM+TCJ

JOB: Bob Council PHONE: DATE: 3/5/97

LOCATION: Elk Farm rd PIN: COUNTY: Merrill PROPERTY SIZE:

PROPOSED FACILITY: SW WATER SUPPLY: On-Site Well ✓ Community Public EVALUATION: Auger Boring Pit ✓ Cut

WEATHER: Air 30° ANTECEDENT MOISTURE: moist SURFACE WATER: NA

FACTORS	PROFILE 1	PROFILE 2	PROFILE 3	PROFILE 4
LANDSCAPE POSITION-%	[illegible]		LS	
HORIZON I DEPTH	0-6		0-5	
Color - Munsell	red	do 1	red br	do 3
Texture	cl		cl	
Structure	g to vf sab		g	to 66"
Consistence	fri	to 66" dep	fri	
	fm wet sticky		fr non to	
			tan thin	
Boundary	abrupt smooth		clear smooth	
HORIZON DEPTH II	6-40		5-36	
Color - Munsell	red		red	
Texture	c		c	
Mottles	f dis to fm		f dis	
Structure	5-m f sab		sm f sab	
Consistence	fri to fm		fri slightly sticky fri slightly plastic	
	cc mang flecks		few worm casts	
			many < inch spindles	
Boundary	gradual		grad wavy	
HORIZON III DEPTH	40-54 BC		36-48 BC	
Color - Munsell	li red		red, few wh & light	
Texture	cl		cl	
Mottles	dis		dis to fm	
Structure	vf sab		vf f sabk	
Consistence	fri vs sl sticky		fri slightly	
Boundary			grad wavy	
HORIZON IV DEPTH	54-60		48-64 C	
Color - Munsell	li red brown & gray		very pale brown	
Texture	cl		C	
Mottles			few	
Structure				
Consistence			fri vs sl sticky	
Boundary				
SOIL WETNESS				
RESTRICTIVE HORIZON				
SAPROLITE				
LTAR	.3	.3	.3	.3
CLASSIFICATION	ps	ps	ps	ps

LEGEND

LANDSCAPE POSITION
R - Ridge
S - Shoulder
L - Linear slope
S - Foot slope
N - Nose slope
H - Head slope
Cc - Concave slope
Cv - Convex slope
T - Terrace
P - Flood Plain

TEXTURE
s - sand
ls - loamy sand
sl - sandy loam
l - loam
si - silt
sil - silt loam
sicl - silty clay loam
cl - clay loam
scl - sandy clay loam
sc - sandy clay
sic - silty clay
c - clay

CONSISTENCE
MOIST / WET
Ns - non-sticky
Ss - slightly sticky
S - sticky
Vs - very sticky

Np - non-plastic
Sp - slightly plastic
P - plastic
Vp - very plastic

MOIST
vfr - very friable
fr - friable
fi - firm
vfi - very firm
efi - extremely firm

STRUCTURE
sg - single grain
m - massive
cr - crumb
gr - granular
sab - subangular blocky
ab - angular blocky
pl - platy
pr - prismatic

Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

NOTICE

THE INFORMATION CONTAINED IN THIS TELECOPY MAY BE PRIVILEGED AND/OR CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT (OR SUCH RECIPIENT'S EMPLOYEE OR AGENT), YOU ARE HEREBY NOTIFIED NOT TO READ, DISTRIBUTE OR COPY THE MATERIALS ATTACHED HERETO WITHOUT THE PRIOR WRITTEN CONSENT OF THE SENDER. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY THE SENDER BY TELEPHONE CALL AND RETURN THE ORIGINAL TELECOPY TO US BY MAIL AND WE WILL REIMBURSE YOU FOR THE REQUIRED POSTAGE. THANK YOU.

TO: Toney Jacobs TELECOPIER # 662-9845

FROM: Larry Thompson DATE 4-1-97

NUMBER OF PAGES TRANSMITTED: 1 (including cover sheet)

COMMENTS: Toney, Bill and I would like to see a better plot plan along with the soil report. Bill has given his approval to your soil report. P.S. I can't get a call into you! Thanks, L.T.

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5102.

[ ] Original will not follow [ ] Original will follow via:

[ ] U.S. Mail [ ] Hand Delivery [ ] _____

FEE: 350.00 CK# 6884

DATE: 1/28/97

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

Consultation

FILE #: ~~PO 011-151-12~~ 17383

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: PO 011-151-12

STREET ADDRESS: BLACK FARMS RD

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: PO 011-151-12

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: 4300

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
✓ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

CLOSING DATE _____

Consultation meeld 2-14-97
Bob Council present
W. A. Martin 2-14-97

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: BLACK JOHN F
(LAST) (FIRST) (MI)

ADDRESS: 15100 BLACK FARMS RD

CITY: HUNTERSVILLE STATE: N.C. ZIP: 28078

DAYTIME PHONE: 704 892 - 1320

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: COUNCIL ROBERT (BOB) T
(LAST) (FIRST) (MI)

DAYTIME PHONE: 704 895-0911

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: Marie D. Black DATE: 1/28/97

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

Consultation

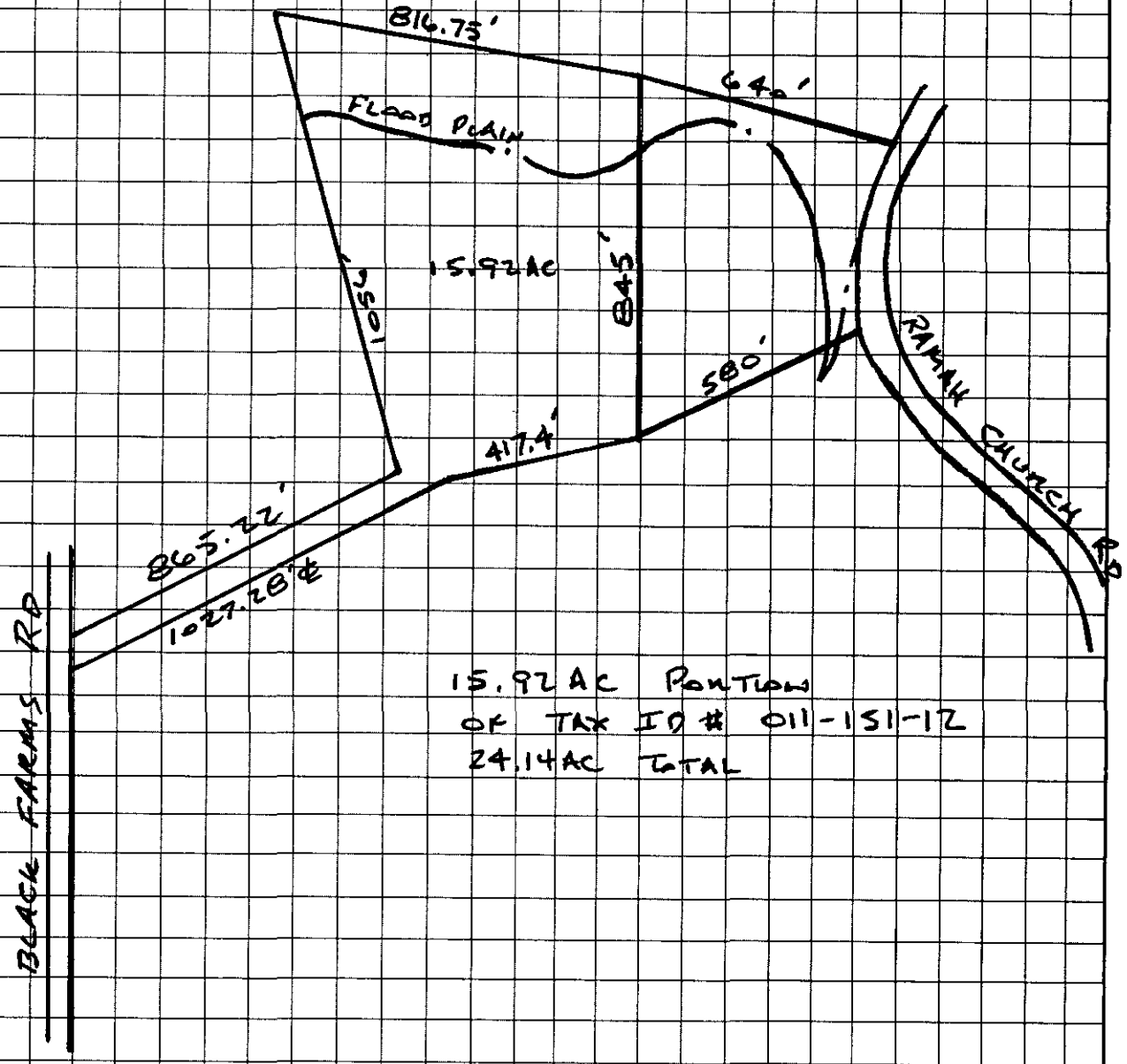
PROPOSED PLOT PLAN

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

FILE: 1738B

TC: PO 011-151-12

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.



Marie D. Black
OWNER/AGENT SIGNATURE

DATE 1/28/97

APPROVAL DATE _____

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

chk# 7353

400

FEE: 200.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 1/1998 FC **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 2-6-98 PERMIT NO: 1738 B

PARCEL NO: 011-151-12

JOB LOCATION ADDRESS: 14520 Black Farms Road

PROPERTY OWNER: Robert Council

BUILDING CONTRACTOR: Robert Council

SUBDIVISION NAME:

AUTHORIZATION ISSUED BY: Larry B. Thompson, R.S, DATE: 2-6-98
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1738B, 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: See Conditions of Improvement Permit.

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.

2/6/98

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number 1738 B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 011-151-12

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	
.3 Long-term acceptance rate	480 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)	≤36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
4 Bedrooms in residence	___ Gallon pump tank	___ Depth of stone Group I, II, or III inches		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: - Use chambered system at owners request. - Keep well 750' away from septic system.				
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	
200 Absorption Area (Sq ft) 40 Total Trench Length (Ft)	N/A Depth of Stone Trench	9' Trench spacing (min. on centers)	≤36" 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.

Larry S. Thompson Jr. R.S. 2698 — DHHNR Authorized Agent — Date

Owner/Agent Signature — 2/6/98 — 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