

19822 CALLAWAY HILLS LN

00308205

12/19/2007

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: 853B DATE: 11/22/00

TC: 003 082 05 ☒ L ☒ CRT

SERIAL № 18125

Name of Owner Warren Smith Juris.:

Address of Property 19822 Calloway Hills Ln

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 5 @ 80'

Cover Depth 12" - 20"

Water Supply Source New well

Distance to Water Source 52'

Excavation Inspected 11/3/00

Tank(s) Inspected 11/3/00

Wash Line Inspected Plumb to tank

High Water Alarm Inspected 11/22/00

See Installation permit

PLOT

Design 2000, 1500ST, 1000DT, PI, IND, 400'EZ Flow Cecil CTR# Larry Beam

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: Septic System designed for a 4 bedroom residence Type IIIb (pump Chain Flow)

Phila S. Walker R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

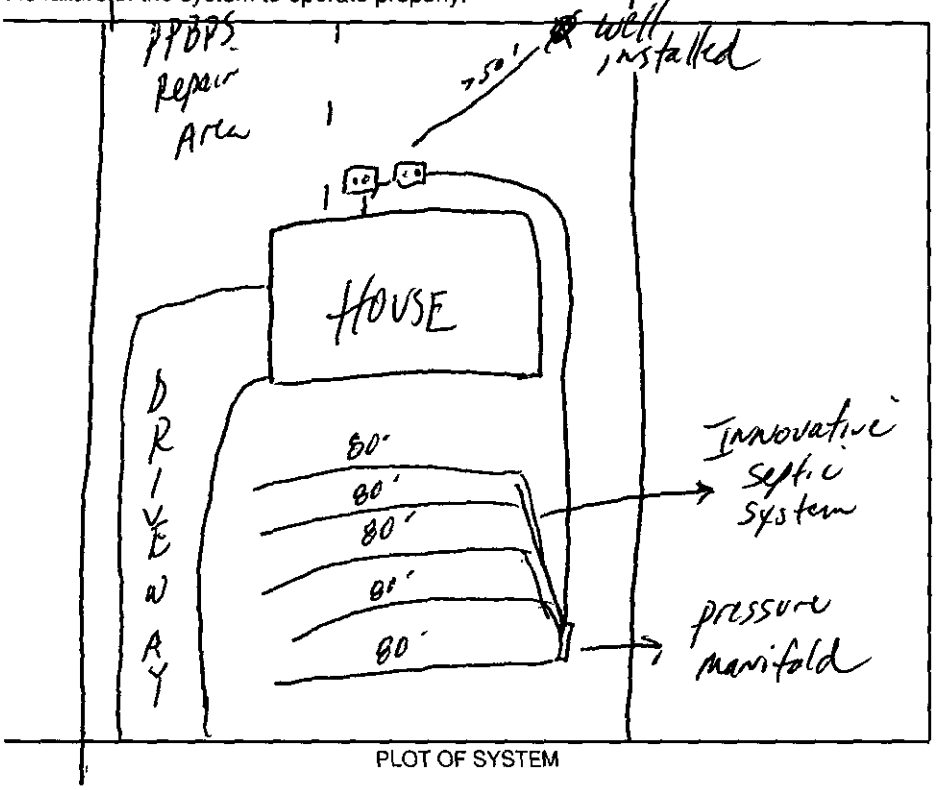
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 853B DATE: 10/31/00

TC: 003 082 05 D/L

SERIAL Nº 18497

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 4/5/00. All work shall be completed on or before 11/30/00, 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 1000 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 5 (80')

Depth of Stone NA 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 Warren Smith

LOCATION OF PROPERTY 19822 Calloway Hills Ln

Comments: Innovative Septic System 1500ST, 1000 DT, 5 lines x 80' long x 3' wid. Keep the septic system > 50' from any wells

Phila A. Walker R.S.
Environmental Health Specialist

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

chk AES

FEE: 360 AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: 4/5/00 VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 4/7/2000 PERMIT NO: 853B

PARCEL NO: 003 082 05

JOB LOCATION ADDRESS: 19822 Calloway Hills Ln
PROPERTY OWNER: Robert Harmeniry
BUILDING CONTRACTOR: —
SUBDIVISION NAME: Runnymede
AUTHORIZATION ISSUED BY: Phila S. Walker R.S. DATE: 4/7/2000
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 853B, 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: Agreement forms shall be recorded and on file before Const. Autho. release

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 Lou Ann Blank 4-10-00
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Fees

Requestor (please print): Courtland Properties Inc Phone #: Date Requested: 6/5/00 Date Filled: 6/5/00

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	2	Installation and Final Approval	$ 150.00	300
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	2	Authorization for Wastewater System Construction	$ 150.00	300
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: KM Date: 6-5-00 Total: 600

19711 Calloway Hills Lane — File # 4023B
19822 Calloway Hills Lane File # 853B

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION

853B

003 082 05

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)	24" Maximum trench depth (At least 12" of provisionally suitable soil *must remain* between trench bottom and unsuitable soil conditions)	
4 Bedrooms in residence	~~1500~~ 1000 Gallon pump tank	NA Depth of stone		
Any surface waters present: NO Type:		Minimum separation distance:		
Site modifications required:				
Additional Conditions: Lift pump required, Agreement forms shall be recorded and on file prior to const. Auth. release. Innovative Septic System Approval Keep the septic system >100'(50') from the proposed well				
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	
800 Absorption Area (Sq ft) 262 Total Trench Length (Ft)	NA Depth of Stone Trench	8' Trench spacing (min. on centers)	42 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.

Thilo S Walker RS 4/7/2000
DEHNR Authorized Agent — Date

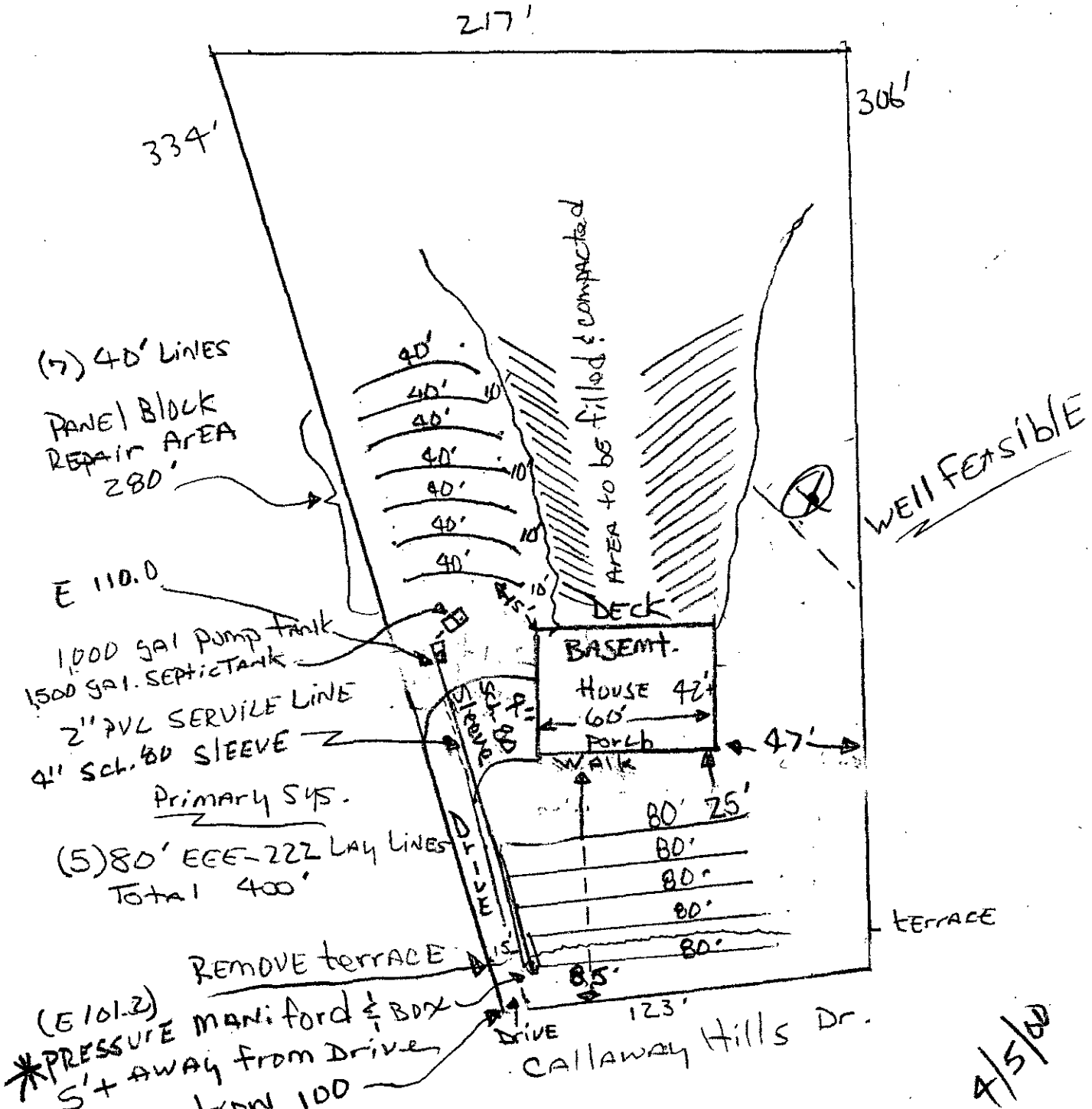
x [signature] 4-10-00
Owner/Agent Signature — Date

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

Proposing A (4) Bedrm. Pumped
EEE-222 LAY Chamber Sys. PRESSURE
MANIFOLD Distribution.
PANEL Block REPair AREA.

MCHD.
File: 853-B
Lot 1-B



REVISED 4/5/02

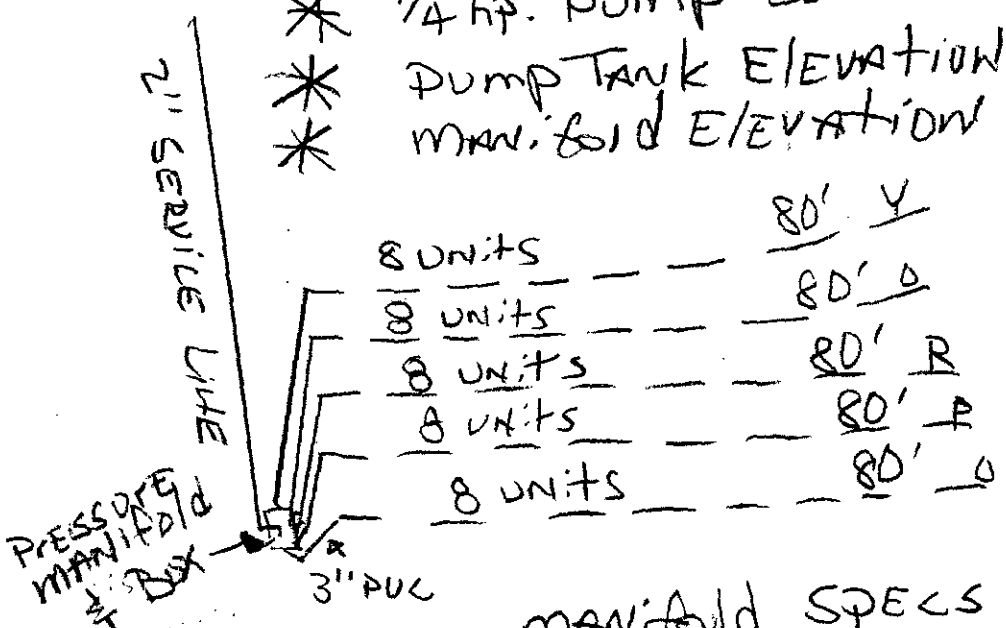
T. Whitaker
866-0540
Scale
50

MCHD.
File: 853-B
Lot: 1-B

SPECS:

(4) Bedrm. Pumped E-Z LAY Septic PLAN:
1,500 Gal. SEPTIC TANK - Riser & Filter Rule Applies
1,000 Gal. Pump TANK - " " (Contractors choice)
(1) PRESSURE MANIFOLD BOX, Contractor's choice (see SPEC SHEETS)
(5) - 80' E-Z LAY LINES = 400'
(8) UNITS PER LINE = 40 UNITS TOTAL

* 1/4 hp. PUMP - contractors choice
* PUMP TANK ELEVATION E 110.0
* MANIFOLD ELEVATION E 101.2



MANIFOLD SPECS - (SEE SHEETS 1-4)

MANIFOLD ELEVATION = E 101.2
TDH = 33.55 gpm at 14' HEAD

PUMP TANK

9" drawdown
6 - minute pump cycle

REPAIR AREA

(7) 40' PANEL BLOCK LINES = 280'

T. W. Hakov
NO SCALE

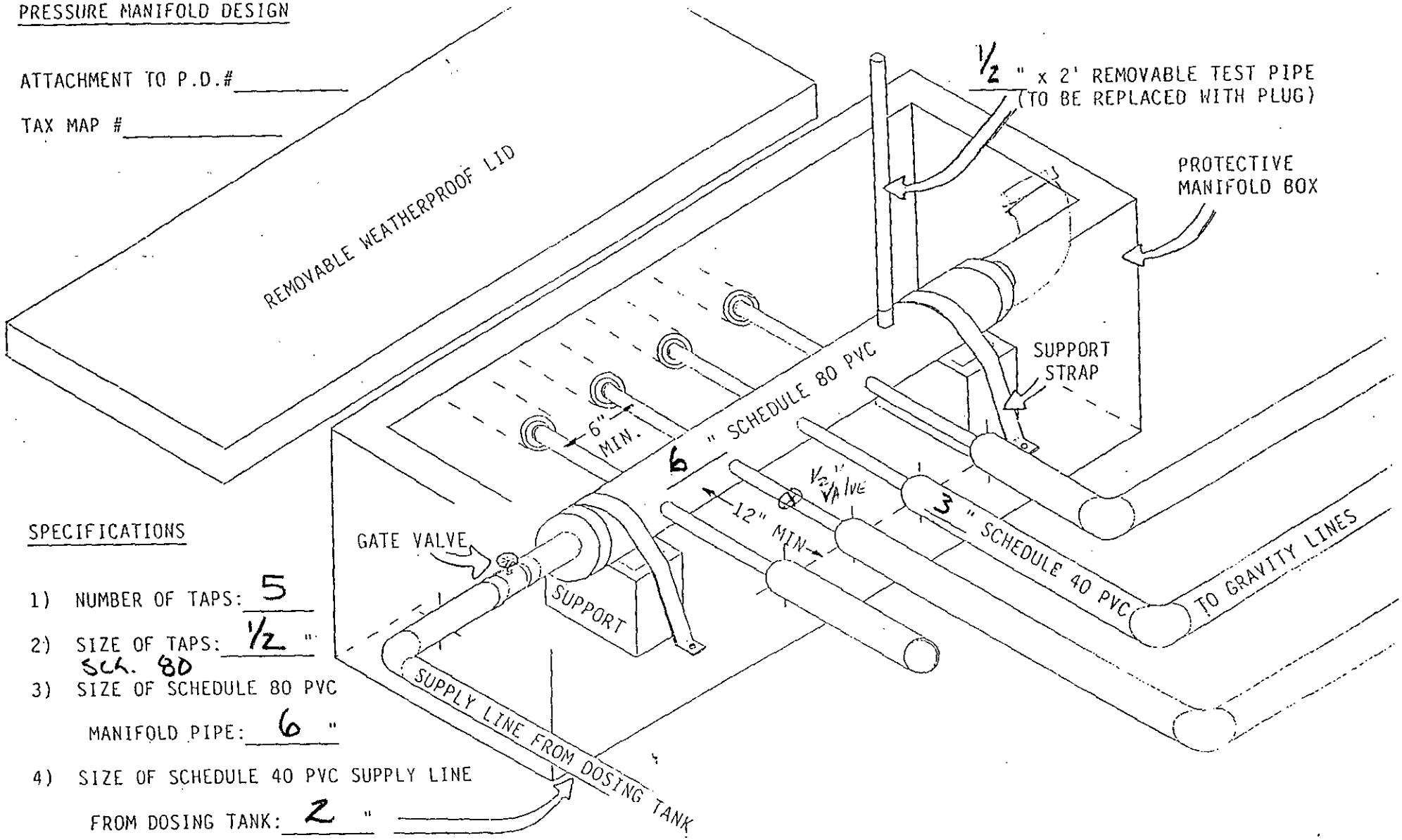
* SEE manifold Profile sheets 1-3

PS.4

PRESSURE MANIFOLD DESIGN

ATTACHMENT TO P.D.#_____

TAX MAP #_____



SPECIFICATIONS

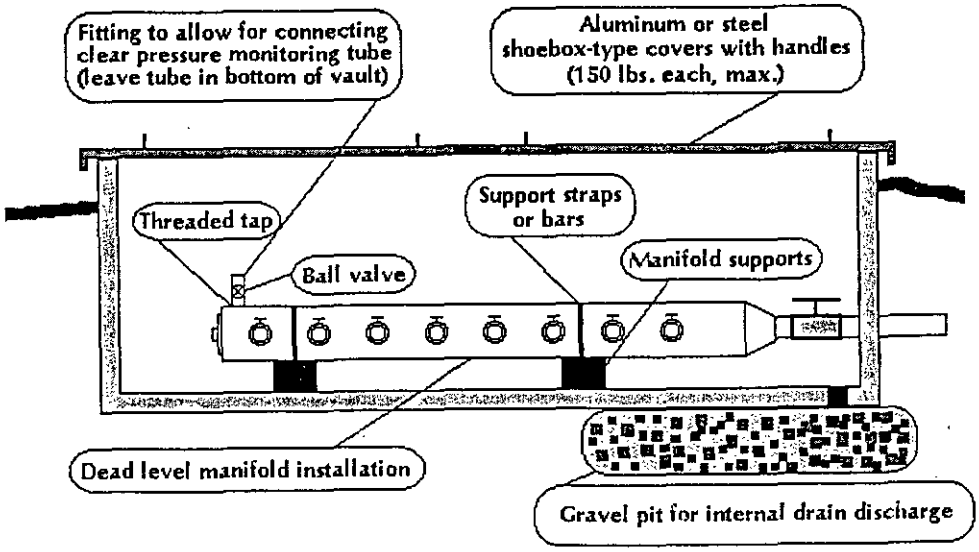
1) NUMBER OF TAPS: 5

2) SIZE OF TAPS: 1/2 " SCH. 80

3) SIZE OF SCHEDULE 80 PVC MANIFOLD PIPE: 6 "

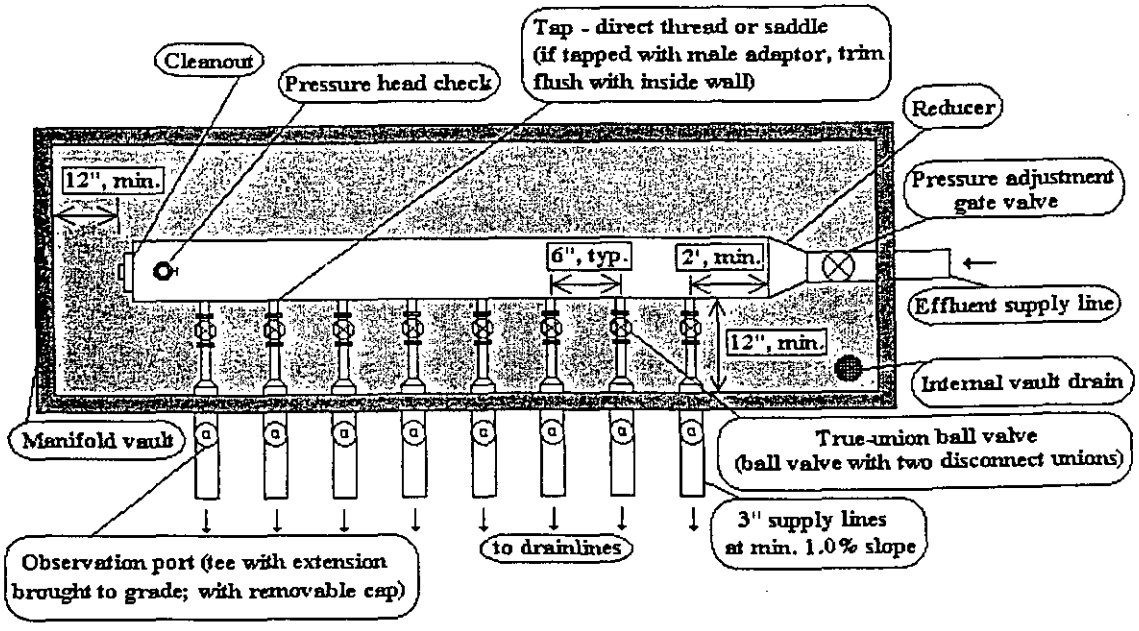
4) SIZE OF SCHEDULE 40 PVC SUPPLY LINE FROM DOSING TANK: 2 "

I.C.H.D.



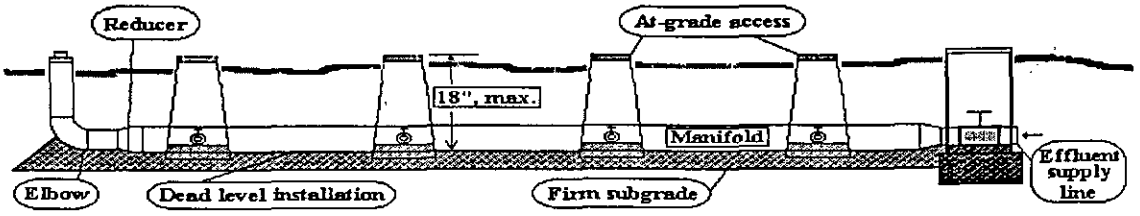
Profile View of Pressure Manifold for Sloping Site Installation

(not to scale)



Plan View of Pressure Manifold for Sloping Site Installation

(not to scale)

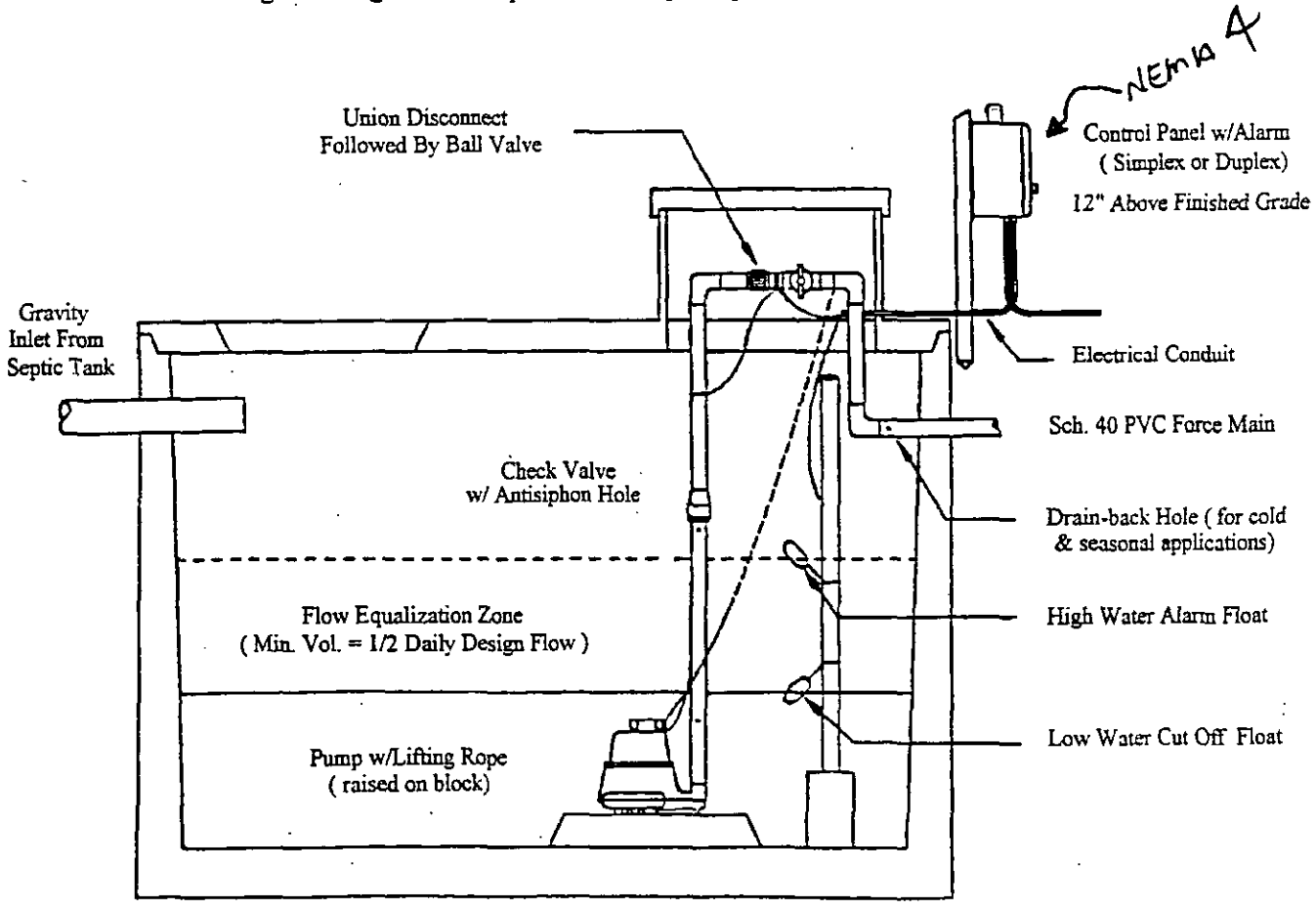


Profile View of Pressure Manifold for Level Site Installation

(not to scale)

TYPICAL PUMP TANK DETAIL

1. Pump tank shall have an access manhole extending at least 6 inches above finished grade.
2. Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (NEMA 4X or equivalent) adjacent to the pump tank, securely mounted at least 12 inches above finished grade. The pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure through waterproof, gasproof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seal, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.
3. The pump tank shall have a properly functioning high-water alarm. The alarm circuit shall be supplied ahead of any pump overload and short circuit protective devices. The alarm shall be audible and visible by system users and included in the pump and control enclosure (Simplex or Duplex Control Panel).
4. Float switch for the high water alarm shall be set no more than 3 inches above the high water level of pump cycle.
5. Pump floats should be set so that level of water at end of pump cycle is above the top of the pump.
6. Float switch tie downs to be made of corrosion resistant material, no tape or metal hose clamps.
7. Pump discharge shall have a check valve.
8. Anti-siphon hole (three-sixteenth inch) is required between the pump and the check valve.
9. Watertight testing will be required on two piece pump tanks.



COPY

Drawn By: G. Patteson Williams
Mail To: Warren D. Smith, 322 Winding Shore Road, Troutman, NC 28166

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT
15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); .1957(c); or .1969

FILE #: **853B**

PARCEL #: **003-082-05**

The undersigned, Warren D. Smith, owner of the property located at 19822 Callaway Hills Lane, Davidson, NC 28036, (the "site") and described in an instrument recorded in Book 6330 at Page 239, Mecklenburg County Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicated to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the sight as "provisionally suitable" and issued and appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

LOT # 1-B

FILE COPY

FILED FOR REGISTRATION	DOC. #
DATE 5/30/00	TIME
BOOK 11315	PAGE 812
	REC FEE

JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC

The undersigned further acknowledges that the following conditions will apply to the site:

- Any changes on the property may make the Improvement Permit Null and Void and may make the Improvement Permit subject to revocation.

- Do not grade, cut fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information).

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds, Mecklenburg County, and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgments shall henceforth be binding on all persons claiming any right, title or interest in the site.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 26 day of MAY, 2000.

CAROLAND PROPERTIES
Corporate Name

By: _____
President

_____ (SEAL)
Warren D. Smith

_____ (SEAL)

NORTH CAROLINA, Mecklenburg County.

I, a Notary Public of LINCOLN County and State aforesaid, certify that **Warren D. Smith**, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 26 day of May, 2000.

_____ Notary Public

My commission expires: 5/18/2004

STATE OF NORTH CAROLINA, Mecklenburg County.

I, a Notary Public for the State and County of _____ aforesaid certify that personally came before me this day and acknowledged that he is President of , a North Carolina Corporation, and that he, as being authorized to do so, executed the foregoing on behalf of the corporation. Witness my hand and seal or stamp, this the day of , 200 .

_____
Notary Public

My Commission Expires: _____

MECKLENBURG CO REG OF DEEDS
720 EAST FOURTH STREET
CHARLOTTE, NC 28202
(704)336-2443

ISSUED TO:G. PATTESON WILLIAMS

RECEIPT # 049246
DATE 05/30/2000

TIME	BOOK	PAGE	FEE
14:00	11315	B12 2000074462	
PRMIT			12.00

Total Amount Due $12.00

CHECK 4892 12.00

Total Payments: $12.00

THANK YOU
JUDITH A. GIBSON
REGISTER OF DEEDS
Deputy: YOUNGJR

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

#2 (400)

Sheet ____
PROPERTY ID #: 003-082-05
Lot # : 1-B
File # : 853B

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Robert & Joan Harmening
APPLICANT: JoAnn Blankenship
ADDRESS: 1603 Fairhaven Dr. Cedarburg Wis.
DATE EVALUATED: 9-17-96
PROPOSED FACILITY: residence
PROPOSED DESIGN FLOW (.1949): 400gpd
/PROPERTY SIZE: 1.21
LOCATION OF SITE: 19822 Calloway Villa Terr
PROPERTY RECORDED: ____
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☑ Spring ☐ Other ____
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LAND-SCAPE POSITION/ SLOPE % (Hmms 0-15%)	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	0-8"	gr/sl	Fr/SE×P/SS/SP	>48" TO soil wetness	48"	N/A	None	PS IV .35/F2
		8-38"	SBK/c	F.i/SE×P/SS/P					
		38-46"	SBK/sc/	Fr/SE×P/SS/SC					
2	LS	0-7"	gr/sl	Fr/SE×P/SS/SP	>48" TO soil wetness	48"	N/A	None	PS IV .35/F2
		7-40"	SBK gr/scl	F.i/SE×P/SS/D					
		40-48"	SBK/sc/	Fr/SE×P/SS/SD					
3	LS	0-3"	gr/sl	Fr/SE×P/SS/SP	>45" TO soil wetness	45"	N/A	None	PS IV .35/F2
		3-34"	SBK/c	F.i/SE×P/SS/D					
		34-45"	SBK/cl	Fr/SE×P/SS/SC					

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

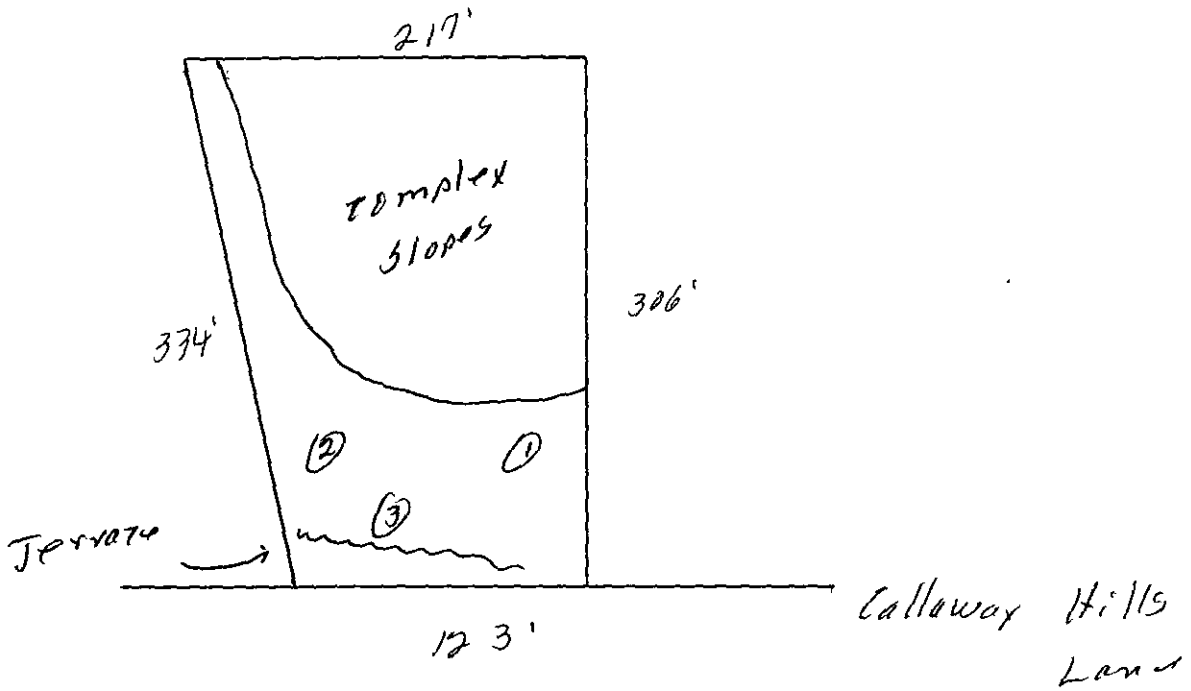
OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W.A. Martin 9-18-96
OTHER(S) PRESENT: LSS

FILE # 8538

COMMENTS 100% Repeat

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	



•FEE: 100.00 W&S
DATE: 8-30-98 CK#2984
9-8-98

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

1 1 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 #: 8528

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 003-182-05

STREET ADDRESS: 19822 Callaway Hills Ln

SUBDIVISION OR MOBILE HOME PARK NAME: Runneymede - Davidson NC

LOT NUMBER: 1B (82-05 Tax Parcel #)

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
X 2 DAVIDSON __ 6 HUNTERSVILLE
__ 3 CORNELIUS __ 7 MINT HILL

HEATED SQUARE FOOTAGE: 3000 (3-3½ Bathrooms)

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 3

CLOSING DATE 9-30-98

FOUNDATION FOR RESIDENCE: Poured Concrete

__ WITHOUT BASEMENT
__ ON SLAB
__ CRAWL SPACE
X 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 X NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C) __ MUNICIPAL (M) X 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 X NO
EXISTING WASTEWATER SYSTEMS __ YES X NO
EASTMENTS OR RIGHT-OF-WAYS __ YES X NO
WELL, SPRINGS OR WATERLINES __ YES X NO
DESIGNATED WETLANDS __ YES X NO

PROPERTY OWNER:

NAME: HARMENING (LAST) ROBERT + JOAN (FIRST) (MI)

ADDRESS: 1683 FAIRHAVEN DR

CITY: CEDARBURG STATE: WI ZIP: 53012

DAYTIME PHONE: (H) 414-375-3582 (B) 414-376-4608

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Blakeship (LAST) LouAnn (FIRST) (MI) (Realtor)

DAYTIME PHONE: ( ) 892-3321

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: Robert J Harmening DATE: 8-30-98

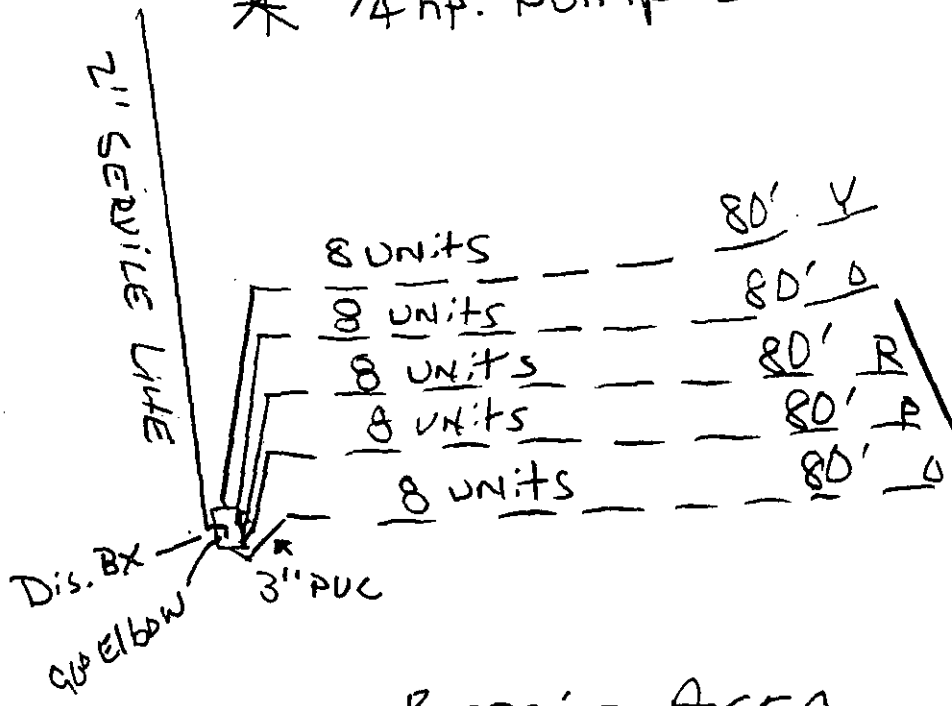
MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

MCHD.

File: 853-B
Lot: 1-B

SPECS:

(4) Bedrm. Pumped E-Z LAY SEPTIC PLAN:
1,500 Gal. SEPTIC TANK - RISER & FILTER RULE APPLIES
1,000 Gal. PUMP TANK - " " (Contractors choice)
(1) Distribution Box, 90° Elbow
(5) - 80' E-Z LAY LINES = 400'
(8) UNITS PER LINE = 40 UNITS TOTAL
* 1/4 hp. Pump - contractors choice



VDP
Revised 4/5/2000

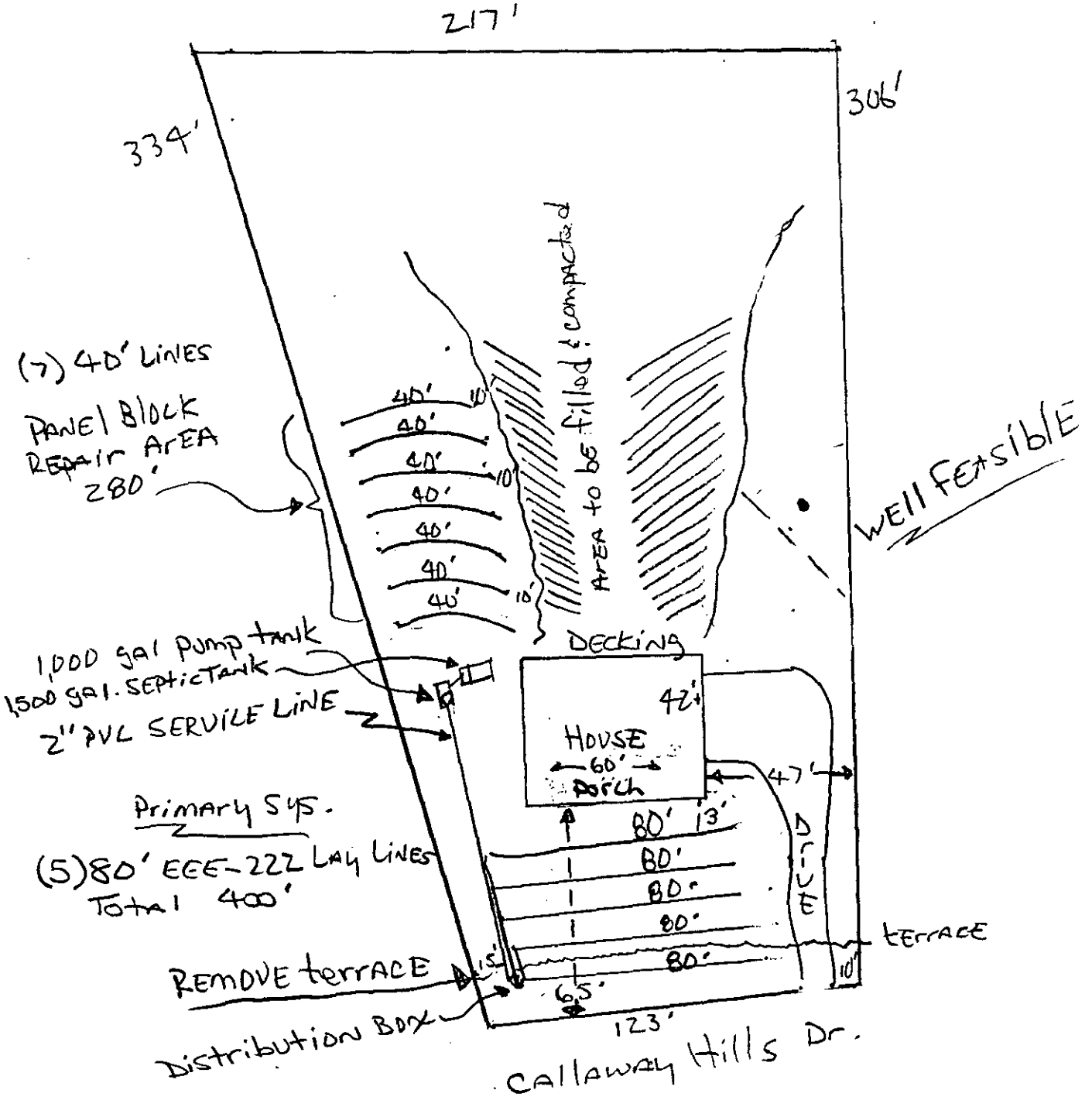
REPAIR AREA

(7) 40' PANEL LINES = 280'

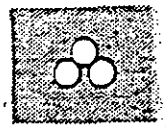
T. White
NO SCALE

Proposing A (4) Bedrm. Pumped EEE-222 LAY Chamber SYS. PANEL Block REPAIR AREA.

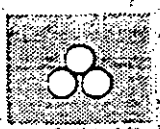
MCHD.
File: 853-B
Lot 1-B



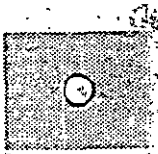
T. Whitaker 886-6540



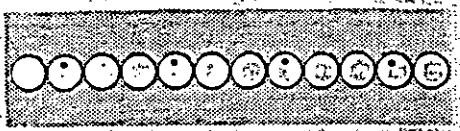
The 2003 Triangular System in a 2-foot wide trench replaces gravel on a foot-for-foot basis. Minimum excavated trench spacing - 7.5 feet.



The 2012 Triangular System This system is the most effective and reliable system available. Installs in a 30" wide trench with a minimum depth of 24."
____ sq. ft. x .24 = ____ linear ft.

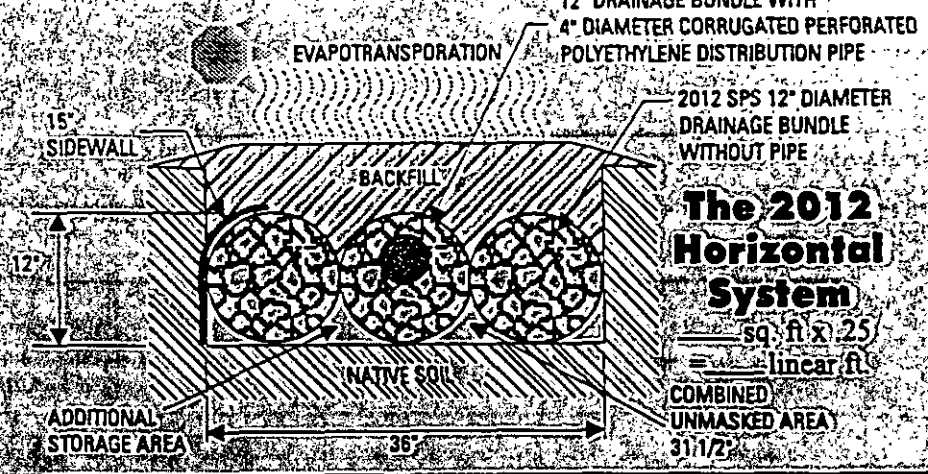


The 2012 LPP System designed by the State Health Department to replace the conventional method. This system may be used to run low pressure PVC pipe, allowing uniformity as well as consistency throughout the installation process.

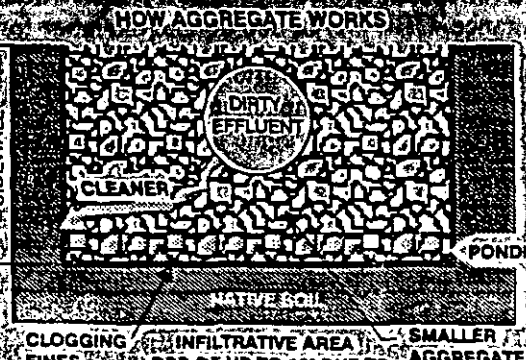


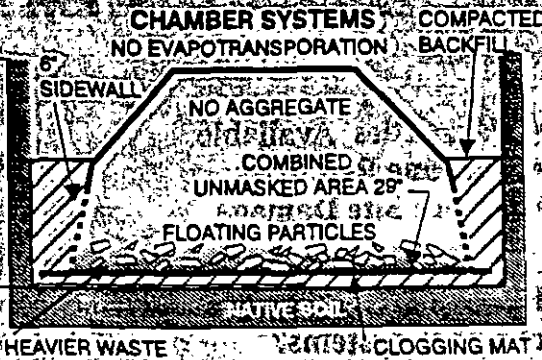
The 2012 Horizontal Drainfield System may be used in a Bed System with three cylinder bundles placed in a row next to each other. This system will replace the conventional method at a ratio of one to one.

ONE ON ONE - REAL COMPARISONS



AGGREGATE CUBES DESIGNED FOR SAFE, EFFECIENT, RELIABLE REPLACEMENT FOR GRAVEL. RECYCLED, CLEAN, UNIFORM, LIGHTWEIGHT, AND EARTH FRIENDLY... FOREVER!





QUESTIONS?

NEED HELP ESTIMATING? GIVE US A CALL. WE'RE HERE FOR YOU!

North Carolina (704) 883-2130 • Toll Free 1-800-649-0253

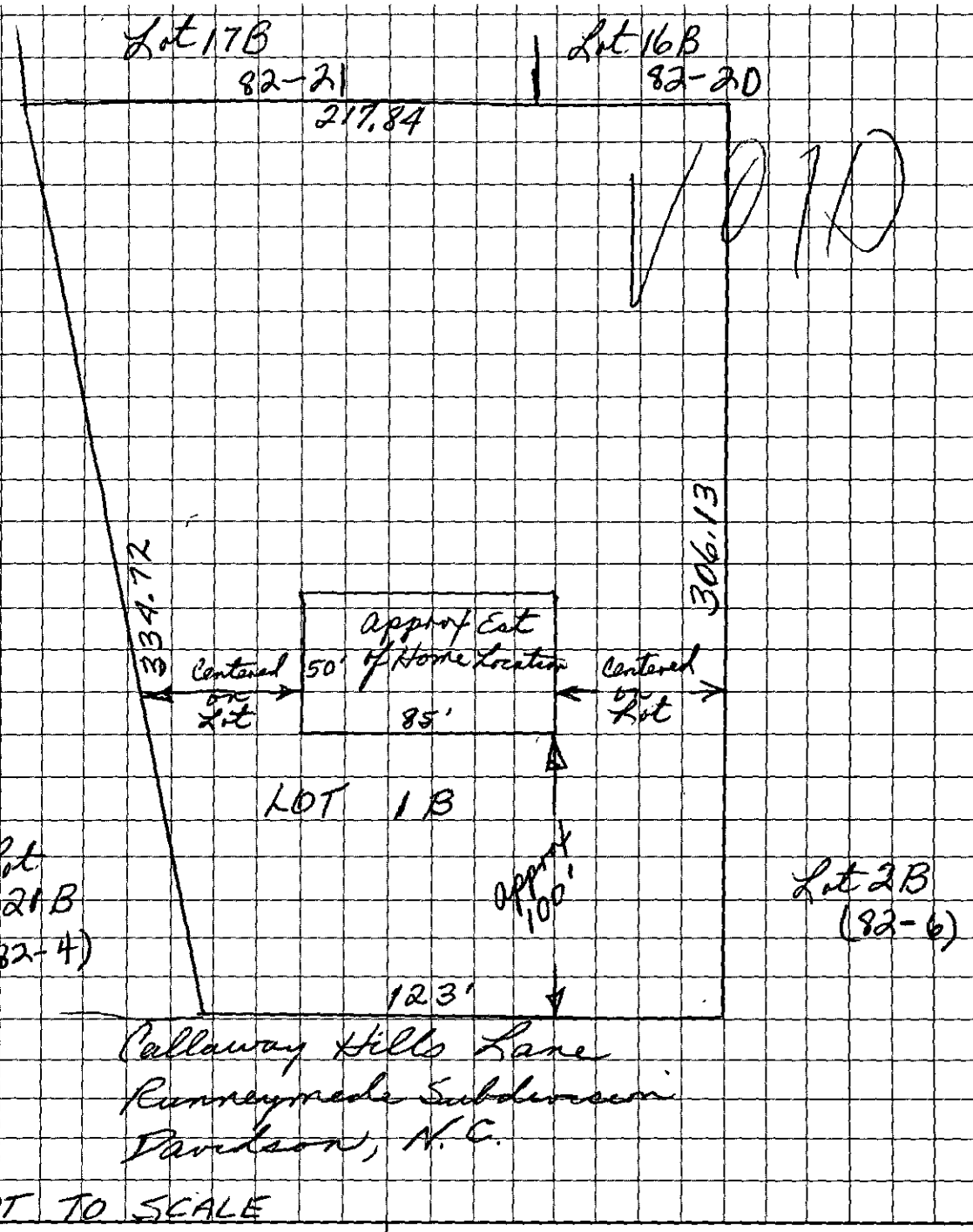
PROPOSED PLOT PLAN

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

FILE: 853B

TC: 003-082-05

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.



Robert J Hamerening
OWNER/AGENT SIGNATURE

DATE 8-30-98

APPROVAL DATE _____

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$83 B| 8124A CK#0474 $75.00 2-12-93 [] CRT

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: 2-12-93

PERSON FILING APPLICATION:
NAME: RANSENBERG (last) DAVID (first) B (mi)
ADDRESS: 801 PRESSLEY #102 PHONE: (__) 525-2214
CITY: CHARLOTTE STATE: NC ZIPCODE: 28217

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: _____
STREET ADDRESS: 19822 CALLAWAY HILLS
DAVIDSON NC 28236
ZONING: 003-092-05

PROPERTY OWNER:
NAME: MONICA INVESTMENT (last) (first) (mi)
ADDRESS: 801 PRESSLEY #102 PHONE: (__) 525-2214
CITY: CHARLOTTE STATE: NC ZIPCODE: 28217

SUBDIVISION OR MOBILE HOME PARK NAME: RUNNEMEDE

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

LOT NUMBER: B2 L1 LOT SIZE (in acres): 1.21

TYPE APPLICATION (check one):
[X] 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:
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) [] Shared Well (S)
[] Municipal (M) [] 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: David Ransenberg Date: 2-12-93

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.*

...

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

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WWATER : 122791

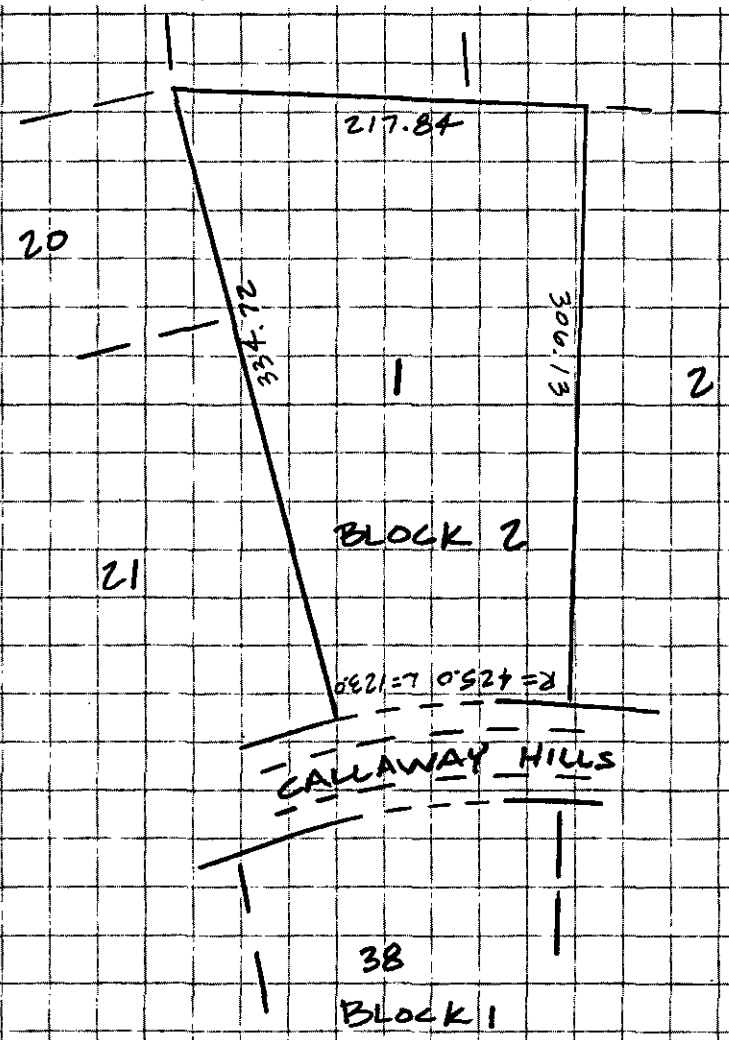
PROPOSED PLOT PLAN

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

FILE: 8538/8924A

TC: _____

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.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy