

15012 CROOKED BRANCH LN

21701318

5/21/07

duponbj

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

FEE: 100/ Chk 3040
DATE: 11/3/06
CRT [ ]

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 01/05

FILE #: 46759 #1611

TYPE APPLCATION:

☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
☐ ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ COMMERCIAL OR INDUSTRIAL (N)

PERSON FILING APPLICATION:

NAME: Jeff R. Winegar
ADDRESS: 14901 Hickory View Ln
CITY: Clt.
STATE: NC ZIP: 28278
PHONE: 704-583-0196
ALTERNATE PHONE:

PROPERTY OWNER: Chris LB205981

NAME: Same
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:

JOB LOCATION INFORMATION

TAX/PARCEL #: 217012-22
STREET ADDRESS: 14901 Hickory View Ln.
CITY:
STATE: NC ZIP:
SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 36 1990

TOWNSHIP:

☒ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

WATER SUPPLY:

☐ MUNICIPAL (M) ☐ COMMUNITY (C) ☒ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:

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

NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 4

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:

TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:

INDUSTRIAL WASTES? ☐ YES ☐ NO
UNDERGROUND STORAGE TANKS? ☐ YES ☐ NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:

☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☒ OTHER Bonus room over garage

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:

☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature _____ Date 11-3-06

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 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 y this Department.
- This permit is not transferable.

☐ ADDITION / RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE

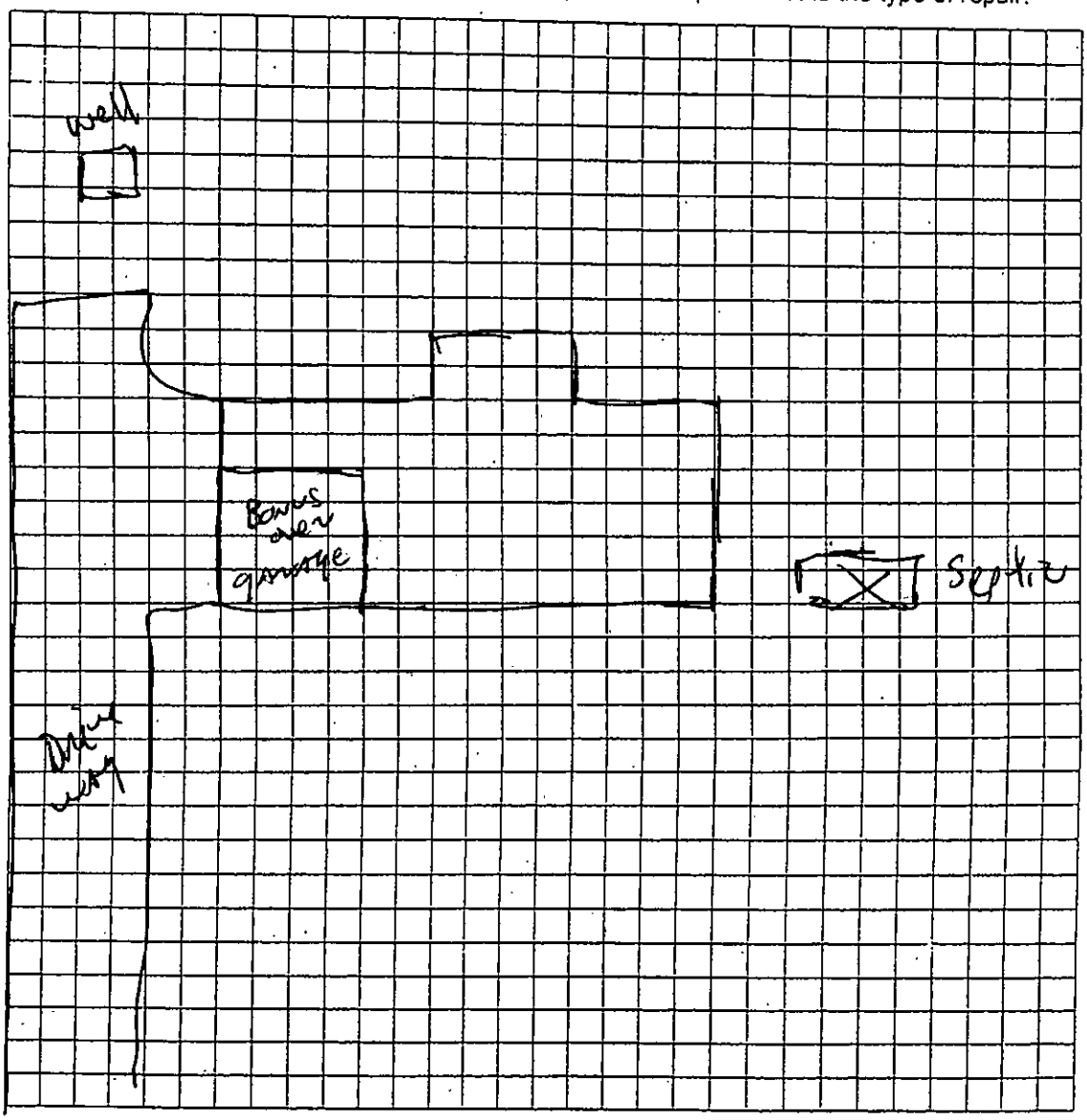
EHS Signature _____ Date _____

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File # 4675A
Date_____

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature	[signature]
Date	11-3-06

LBC 12/15/04

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2003 OCT 07 09:52 AM
BK:16243 PG:893-896 FEE:$20.00
INSTRUMENT # 2003234983
2003234983

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); or .1957(c); OR .1969

FILE # 4657A
PARCEL # 217-013-18

The undersigned, Johnny C. Taylor Jr., owner of property located at 15012 Crooked Branch Lane, (the "site") and described in an instrument recorded in Book 14667 at Page 884, Mecklenburg 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 indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an 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.

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

This instrument was prepared by: Mary Kay Baynard
Mail after recording to: 15600 Woodland Ridge Lane
Charlotte, NC 28278

-- 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 theDepartment, 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 and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements 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 19th day of September, 2003.

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

_____
(Corporate Name)

By: _____

Individual ~~President~~

ATTEST:

_____

_____ Secretary

STATE OF NORTH CAROLINA
COUTNY OF MECKLENBURG

I, Brandilyn C. Hensley, a Notary Public for Stanly County and said State, do hereby certify that Johnny C. Taylor, Jr. personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 19th day of September, 2003.

BRANDILYN C. HENSLEY NOTARY PUBLIC STANLY COUNTY, NC

Brandilyn C. Hensley
Notary Public

My Commission Expires:

July 27, 2007

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day and acknowledged that ____he is _____ Secretary of _____, a North Carolina corporation, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal, and attested by _____ as its _____ Secretary.

WITNESS my hand and notarial seal, this _____day of _____, 20_____.

_____
Notary Public

My Commission Expires:

_____

REVISED 8-13-02


BRANDILYN C. HENSLEY
STANLY COUNTY, NC
NOTARY
PUBLIC

JUDITH A. GIBSON
REGISTER OF DEEDS, MECKLENBURG
COUNTY & COURTS OFFICE BUILDING
720 EAST FOURTH STREET
CHARLOTTE, NC 28202

****

Filed For Registration: 10/07/2003 09:52 AM

Book: RE 16243 Page: 893-896

Document No.: 2003234983

PRMIT 4 PGS $20.00

Recorder: GRACE TUCKER

****

State of North Carolina, County of Mecklenburg

The foregoing certificate of BRANDILYN C HENSLEY Notary is certified to be correct. This 7TH of October 2003

JUDITH A. GIBSON, REGISTER OF DEEDS By: Grace White
Deputy/Assistant Register of Deeds

****

2003234983

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4657A DATE: 6/9/04

TC: 217-01-318 ☑ L ☑ CRT

SERIAL 19270

Name of Owner JOHNNY C. TAYLOR Juris.:

Address of Property 15012 CROOKED BRANCH

Inspection Data:

Tank Material PCC

Total Length of Drainfield 500'

Number of Lines 5 @ 100'

Cover Depth 16"

Water Supply Source W

Distance to Water Source 750'

Excavation Inspected 6/8/04

Tank(s) Inspected 6/8/04

Wash Line Inspected N/A

High Water Alarm Inspected

INSTALLED ACCORDING TO PLANS SUBMITTED BY TIM WHITTAKER 9/03

PLOT

Design 2004, 1500ST, 1000PT, PI, INN. E-Z FLOW, 1500SF CTR# W. CHRISTIANBURY

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: 1500SF, 500', 5@100', E-Z FLOW, 1500ST, 1000PT, P.M.

TYPE IIIg, IIIg REPAIR

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: 4657A DATE: 6/8/04

TC: 217-01-318 ☑L

SERIAL 19402

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 12/31/02. All work shall be completed on or before 6/14/04, 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 ACCORDING TO PLANS SUBMITTED BY TIM WHITTAKER 9/03.

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 Y

Total Line Length 500 feet

Number of Lines 5

Depth of Stone N/A inches

Distance from House 15 feet

Distance from Property Line 10 feet

Distance from Well 750 feet

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

NAME OF OWNER JOHNNY C TAYLOR

LOCATION OF PROPERTY 1501Z CROOKED BRANCH

Comments: 1500SF, 5X100' E-Z FLOW LINES, 1500GAL ST, 1000 GAL P.T. PRESSURE MANIFOLD.

Environmental Health Specialist

FEE: 300 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** ACS LO

DATE: 01-03-03 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 9/15/03 PERMIT NO: 4657A

PARCEL NO: 217-013-18

JOB LOCATION ADDRESS: 15012 CROOKED BRANCH LN.

PROPERTY OWNER: JOHNNY C. TAYLOR

BUILDING CONTRACTOR: CHUCK DOME

SUBDIVISION NAME: ROYAL OAKS

AUTHORIZATION ISSUED BY: PAUL CORNELIUS DATE: 9/15/03

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4657A, 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 MUST BE ON FILE BEFORE CONSTRUCTION AUTHORIZATION 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.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE 9/16/03 DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 4657A

Tax Number: 217-013-18

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: X 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
X Innovative or Experimental:
___ IWWS-93-1
___ IWWS-93-2
___ IWWS-94-1

36PD/FT² Long-term acceptance rate	600 Max gallons/day wastewater flow	1500 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
Y Serviced by private well	1500 Gallon septic tank	500 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
5 Bedrooms in residence	1000 Gallon pump tank	N/A Depth of stone	

Any surface waters present: NO Type: Minimum separation distance:

Site modifications required:

Additional Conditions: AGREEMENT FORMS MUST BE ON FILE BEFORE CONSTRUCTION AUTHORIZATION RELEASE. KEEP ALL PARTS OF SYSTEM & REPAIR AREA ≥100' FROM PROPOSED WELL

Repair Area System Type
Type (circle one): I II III (IV) V VI

___ Conventional
X 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

1000 Absorption Area (Sq ft) 334 Total Trench Length (Ft)	N/A 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.

DEHNR Authorized Agent — Date 9/15/03

Owner/Agent Signature — Date 9/16/03

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

M.C.H.D.
File: 4657-A

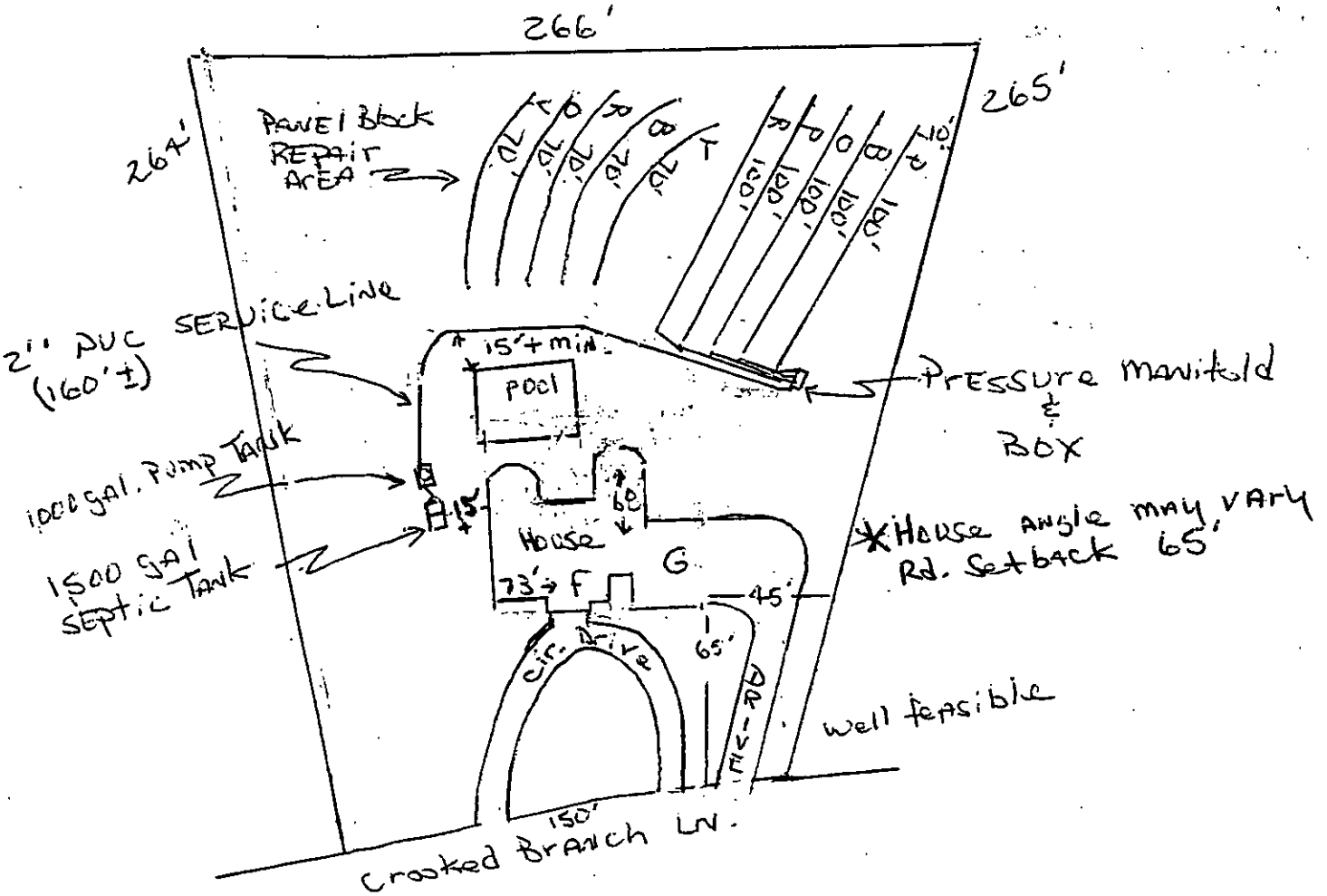
Lot 18 Royal Oaks

Primary Sys.

* (5) Bedrm. Pumped Chamber (EASY FLOW) SEPTIC SYS.
PRESSURE MANIFOLD DISTRIBUTION
(5) 100' EASY FLOW LINES = 500'

Repair Sys.

(5) Bedrm. (PANEL BLOCK) TYPE IV.
350' SHOWN (5) 70' LINES



Charles W. [illegible] 9/16/03

T. Whitaker
704-966-9540
5/60

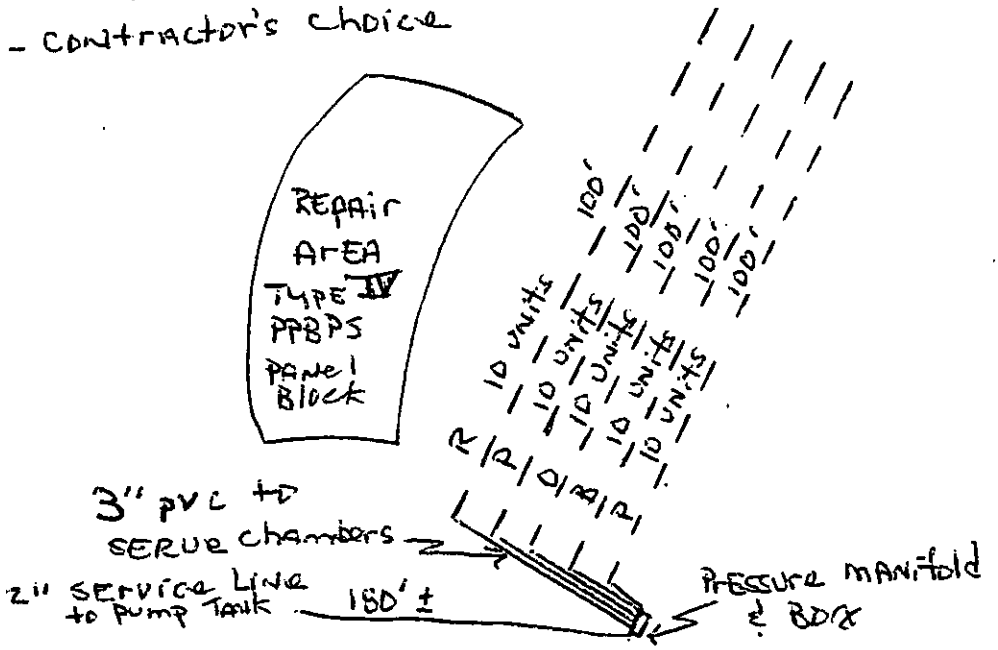
File: 4657-A

Primary system

(5) Bedrm. Pumped Chamber (EASY FLOW) SEPTIC System
- 1,500 gal. SEPTIC TANK (Risers / Filter)
- 1,000 GAL. PUMP TANK
- pressure MANIFOLD & BOX - contractors choice

(5) 100' EASY FLOW LINES = 500' Total
(10) EASY FLOW UNITS PER LINE = 50 units Total

* INSTALL chambers ON Grade & CONTOUR per manufactured SPECS.
* PRESSURE manifold - CONTRACTOR'S choice



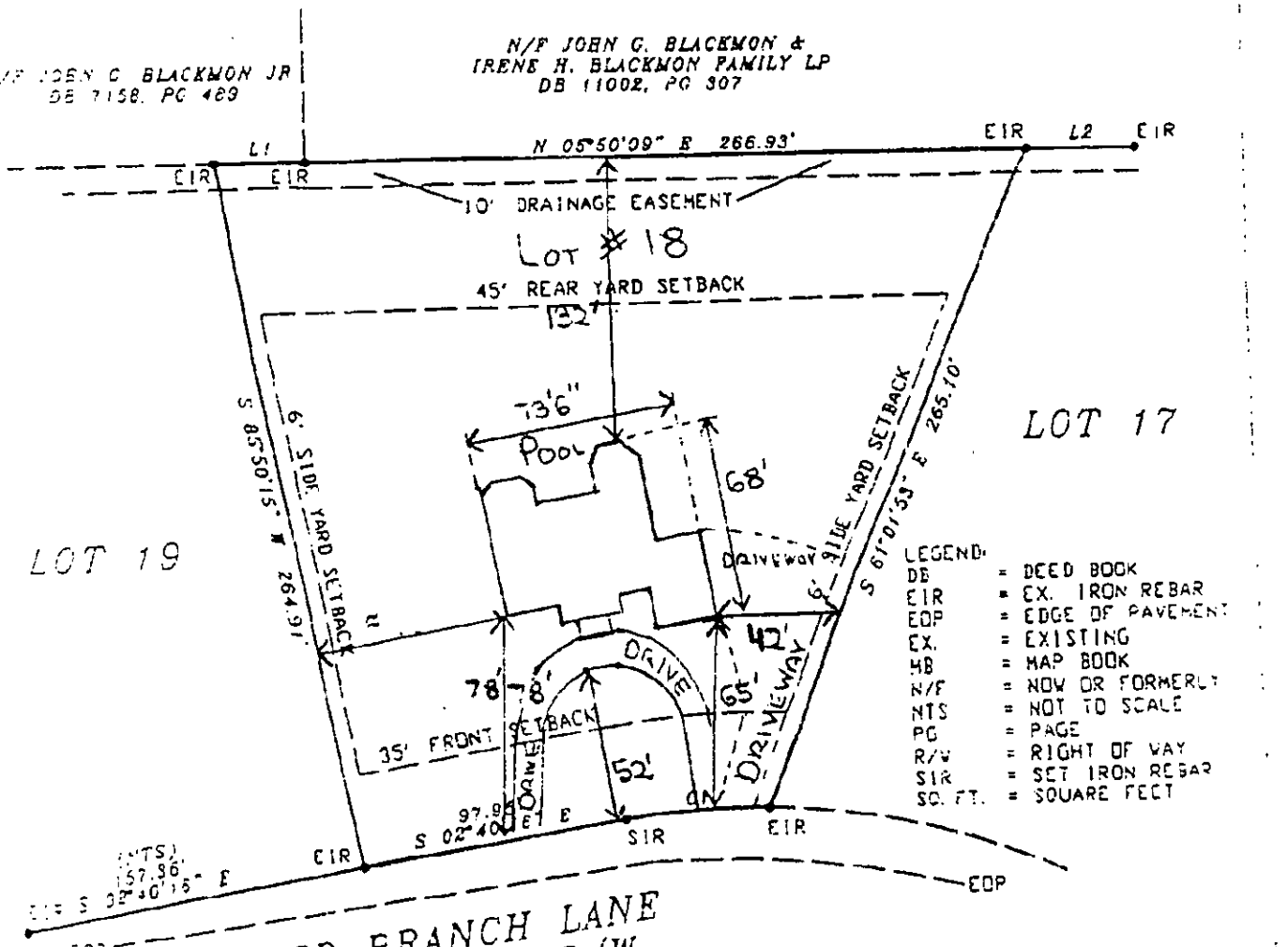
Pump SPECS:

* FLOW RATE = 34 gpm.
* TDH = 34 gpm @ 18 ft. of Head - PENDING tank PLACEMENT
* REC. (PUMP) .5 HP
* 10" drawdown for 200 GAL. dosing volume
* PUMP CYCLE 5-8 minutes

T. Whittaker not Sealed

FILE # 4657 A

1. CURRENT ZONING: R-3. THE MINIMUM BUILDING SETBACK LINES SHOWN HEREON ARE AS PER SUBDIVISION RECORD MAP (MB 22, PG 746) AND THE CURRENT ZONING REGULATIONS. ATTORNEY TO VERIFY SETBACK REQUIREMENTS AND COMPLIANCE.
2. SUBJECT TO TITLE SEARCH AND TO ANY AND/OR ALL RIGHTS OF WAYS, ENFORCEABLE RESTRICTIONS, AND/OR EASEMENTS OF RECORD WHETHER SHOWN HEREON OR NOT.
3. THIS LOT IS SUBJECT TO A SLOPE EASEMENT FROM THE ROAD TO A MAXIMUM OF A 2:1 SLOPE.
4. LOT SIDE LINES ARE SUBJECT TO A 10' DRAINAGE EASEMENT ON EITHER SIDE.

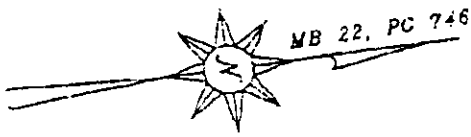


LEGEND:

DB	=	DEED BOOK
EIR	=	EX. IRON REBAR
EOP	=	EDGE OF PAVEMENT
EX.	=	EXISTING
MB	=	MAP BOOK
N/F	=	NOW OR FORMERLY
NTS	=	NOT TO SCALE
PG	=	PAGE
R/W	=	RIGHT OF WAY
SIR	=	SET IRON REBAR
SQ. FT.	=	SQUARE FEET

LINE	BEARING	DISTANCE
L1	N 05°42'31" E	27.63
L2	N 05°45'20" E	+0.11

CURVE	RADIUS	ARC LENGTH	CHORD LENGTH	CHORD BEARING	DELTA ANGLE
C1	272.98'	53.71'	53.62'	S 02°36'03" W	11°16'33"



BOUNDARY/PHYSICAL SURVEY

LOT 18, ROYAL OAKS SUBDIVISION
15012 CROOKED BRANCH LANE, STEELE CREEK TWSP.
MECKLENBURG COUNTY, NORTH CAROLINA

DRAWN: CRM	DATE: 10/10/02	THE PROPERTY OF: BANK OF AMERICA DB 13614, PG 460 MB 22, PG 746 TAX ID: 217-013-18
APPROVED: CRM	DATE: 10/10/02	
SCALE: 1" = 60'	SHEET: 1 OF 1	PROJECT NO.: 02-158-PHYS

C. ROBERT MOORE III
PROFESSIONAL LAND SURVEYOR
2506 DEVON DRIVE
MONROE, N.C. 28110
PH (704) 238-1233
FAX (704) 238-8333

60' 120' 180'
GRAPHIC SCALE (IN FEET) 1" = 60'

ATTN: KELLY RANDALL RE: FILE # 4657 A

Sep 08 03 07:53a CWD CONSTRUCTION 704-583-2098 p.1

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1
Property ID: 217-013-18
Lot #: 18
File #: 4657A
Code: 2

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Johnny C. Taylor
Applicant:
Address: 15600 Woodland Ridge Lane
Date Evaluated: 01/21/2003
Proposed Facility: Residence
Design Flow (.1949): 600gpd
Property Size: 1.29a
Location of Site: 15012 Crooked Branch Lane
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 Structure/ Texture	SOIL MORPHOLOGY 1941 Consistence Mineralogy	OTHER PROFILE FACTORS 1942 Soil Wetness/ Color	1943 Soil Depth (IN.)	1956 Sapro Class	1944 Restr Horiz	Profile Class & LTAR
1	LS, 12	0-6	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	N/A	NONE	PS, IV .3GPD/FT^2
		6-35	SBK/C	FI/SEXP/S/P					
		35-48	SBK/SCL	FR/SEXP/SS/SP					
2	LS, 10	0-7	GR/SL	FR/SEXP/NS/NP	"	"	"	"	"
		7-12	GR/SCL	FR/SEXP/SS/SP					
		12-32	SBK/C	FI/SEXP/S/P					
		32-48	SBK/SCL	FR/SEXP/SS/SP					
3	"	0-5	GR/SL	FR/SEXP/NS/NP	"	"	"	"	"
		5-13	GR/SCL	FR/SEXP/SS/SP					
		13-31	SBK/C	FI/SEXP/S/P					
		31-48+	SBK/SCL	FR/SEXP/SS/SP					
4	"	0-8	GR/SCL	"	"	"	"	"	"
		8-29	SBK/C	FI/SEXP/S/P					
		29-48	SBK/SCL	FR/SEXP/SS/SP					
5	LS, 15	0-5	GR/SCL	"	"	"	"	"	"
		5-22	SBK/C	FI/SEXP/S/P					
		22-49	SBK/SCL	FR/SEXP/SS/SP					

Description	Initial System	Repair System
Available Space (.1945)	PS	US
System Type(s)		
Site LTAR	.3GPD/FT^2	.3GPD/FT^2

Other Factors (.1946): _____
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 1/21/2003. W. R. Marlin
Others Present:

FILE # 4657A

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

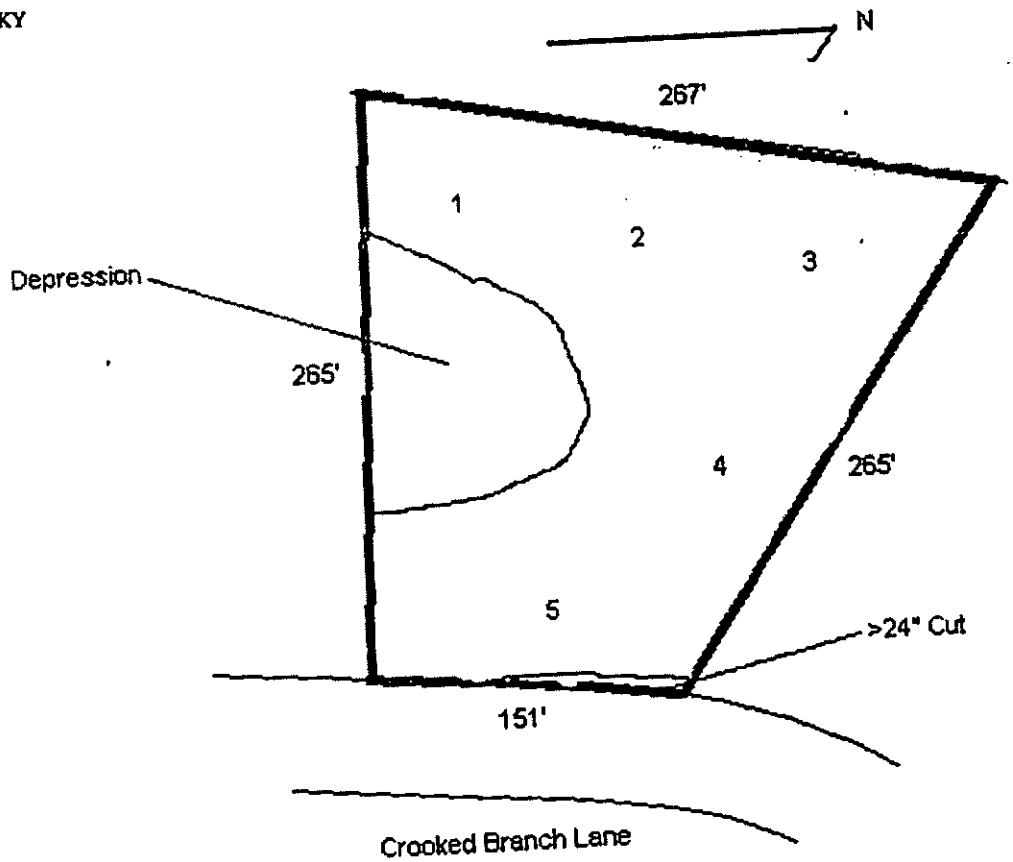
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



FEE: 500
DATE: 12/31/02

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 #: 46574

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 21701318

STREET ADDRESS: 15012 Crooked Branch

SUBDIVISION OR MOBILE HOME PARK NAME: Royal Oaks

LOT NUMBER: 18

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 3000

NUMBER OF BEDROOMS: 5 & 6 NUMBER OF OCCUPANTS: 4

CLOSING DATE 12/31/02

FOUNDATION FOR RESIDENCE:

___ 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: (LAST) TAYLOR (FIRST) JOHNNY (MI) C

ADDRESS: 15600 Woodland Ridge Lane

CITY: Charlotte STATE: NC ZIP: 28278

DAYTIME PHONE: (704) 604-6250

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? ___

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: [signature] DATE: 12/31/02

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	01/03/03	**Amount:**	500.00
Receipt #:	12700	**Tendered:**	500.00
Check / Auth #:	CHECK 1229	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: 200000
Contractor: TAYLOR, JR JOHNNY C
Attn:
Address: 15600 WOODLAND RIDGE LANE
Address:
City/State/Zip: CHARLOTTE, NC 28278

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 15012 CROOKED BRANCH LANE/FILE 4657A		1	200.00	200.00
0734	Auth for Waste Wtr Sys Constr FILE 4657A		1	150.00	150.00
0703	Installation/Final Approval FILE 4657A		1	150.00	150.00

----------**Outstanding Balances**----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
