

9039 MIRIAM DR

01526454

12/31/2007

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: 2610-B DATE: 1-23-99

TC: 015-264-54 ☐ L ☒ CRT

SERIAL Nº 17937

Name of Owner Harry Smith Juris.: _____

Address of Property 9039 Miriam Drive

Inspection Data:

Tank Material PLL

Total Length of Drainfield 300

Number of Lines 3 @ 100

Cover Depth 18"

Water Supply Source CMUD

Distance to Water Source ✓

Excavation Inspected 1-23-99

Tank(s) Inspected 1-23-99

Wash Line Inspected ✓

High Water Alarm Inspected ✓

PLOT

Design 1999 1500 ST 1NV 900 SFT CECIL CTR# BOBBY MATHEW

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: Typical

Kelly Rile

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

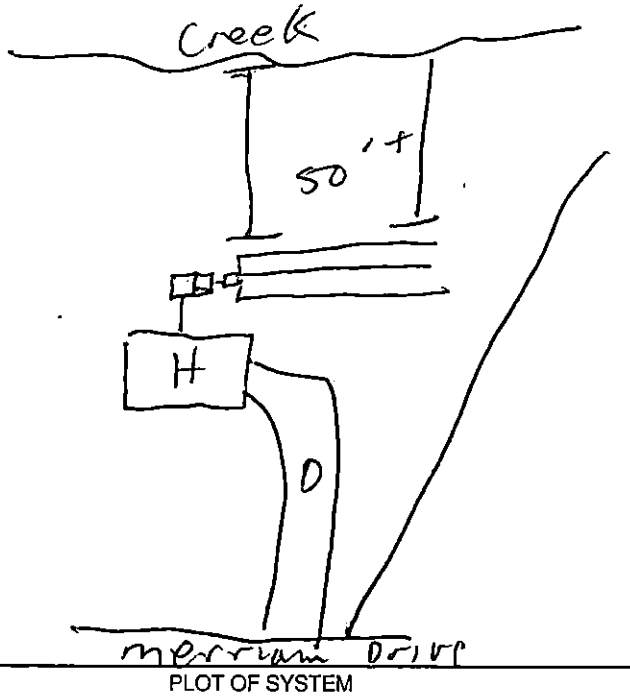
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2610-3 DATE: 1-21-99

TC: 015-264-59 ☐L

SERIAL Nº 18005

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 6-22-98. All work shall be completed on or before _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A 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 ✓ 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 300 feet

Number of Lines 3

Depth of Stone ✓ inches

Distance from House 5' + feet

Distance from Property Line 10' + feet

Distance from Well Keep 200' feet

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

NAME OF OWNER Harry Smith

LOCATION OF PROPERTY 9039 Mirriam Drive

Comments: Use Innovative system Keep 50' off creek system used to overcome space limitations due to Rock

Wally Randolph

Environmental Health Specialist

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

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 7-30-98 PERMIT NO: 2610-B

PARCEL NO: 015-264-54

JOB LOCATION ADDRESS: 9039 Mircam Drive

PROPERTY OWNER: Harry melvin smith

BUILDING CONTRACTOR: Roger Cathey

SUBDIVISION NAME: _____

AUTHORIZATION ISSUED BY: Kelly Randall DATE: 7-30-98

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2610 B, 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: _____

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.

Roger L Cathey 12-2-98

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 2610 - B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number 01E-469-34

- 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	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9 Trench spacing (min. on centers)
NO 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)
3 Bedrooms in residence	___ Gallon pump tank	12 Depth of stone	

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

Site modifications required: No

Additional Conditions:

Repair Area System Type Type (circle one): I II III IV V VI N/A	___ 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

___ Absorption Area (Sq ft) ___ Total Trench Length (Ft)	___ Depth of Stone Trench	___ Trench spacing (min. on centers)	___ 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.

[signature] 7-30-98
DEHNR Authorized Agent Date

[signature] 12-2-98
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

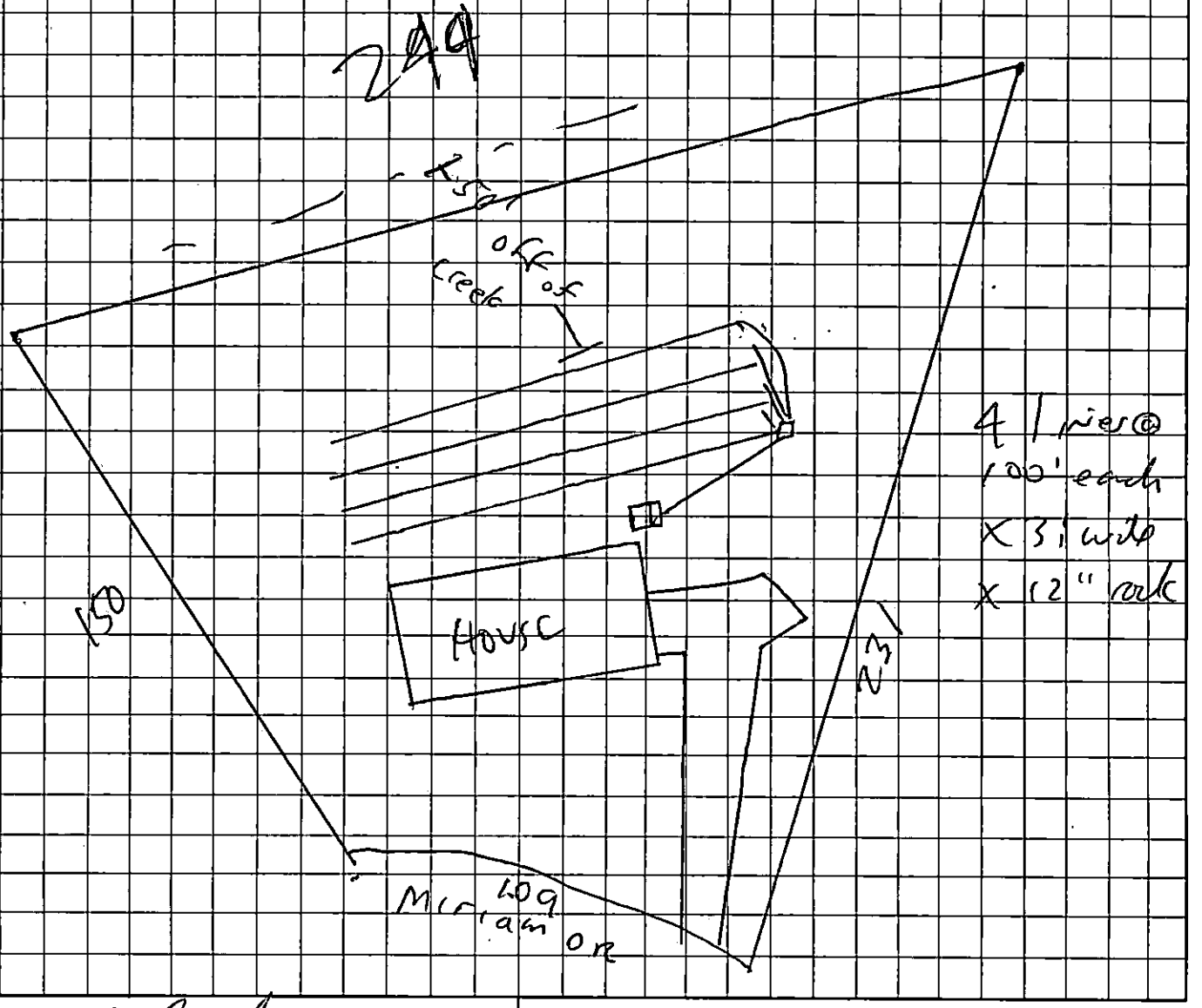
PROPOSED PLOT PLAN

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

FILE: 2610 B

TC: 015-264.54

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.



OWNER/AGENT SIGNATURE Roger J Cooksey

DATE 12-2-99

APPROVAL DATE _____

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

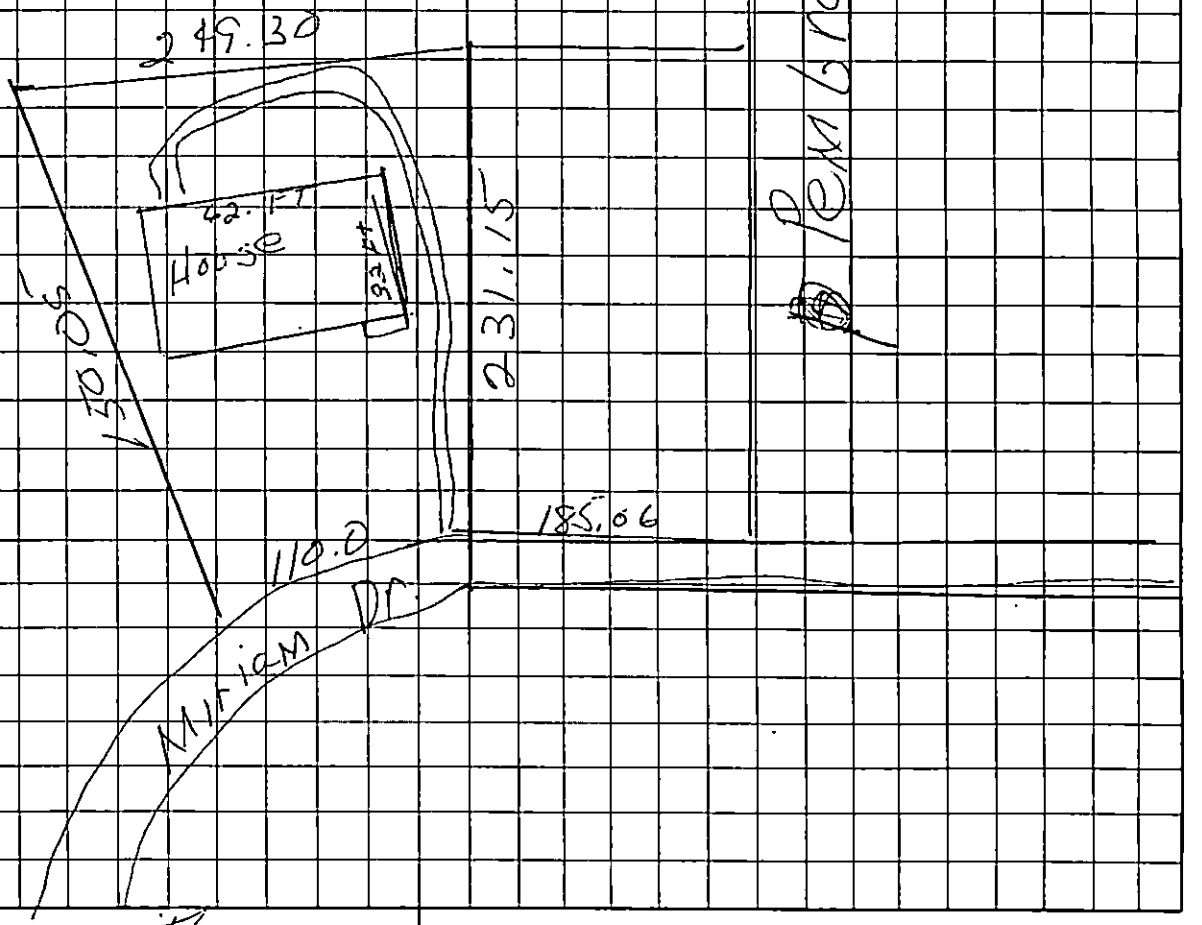
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PHONE (704) 336-5102

FILE: 2610B

TC: 015-264-54

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.



Harry M. Smith
OWNER/AGENT SIGNATURE

DATE 6-22-98

APPROVAL DATE _____

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

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

#2

Sheet
PROPERTY ID #: 015-264-5-4
Lot # : 11
File # : 26108

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Harry M. Smith
ADDRESS: 703 Miriam Dr. Hendersville
PROPOSED FACILITY: residence
LOCATION OF SITE: Miriam Dr.
APPLICANT:
DATE EVALUATED: 7-23-96
PROPOSED DESIGN FLOW (.1949): 360gpd / PROPERTY SIZE: .78
PROPERTY RECORDED:
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	Slopes 10-20% .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	NS	0-3"	gr/cl	Fr/SExPl SS/SP	>25" To soil wetness	25"	N/A	None	US IV
		3-25"	SBK/c	F:/SExPl/SP					
2	NS	0-4"	gr/cl	Fr/SExPl SS/SP	>48" To soil wetness	48"	N/A	None	PS .35/F2 IIE
		4-48"	SBK/C	F:/SExPl/SP					
3	NS	0-3"	gr/cl	Fr/SExPl SS/SP	>48" To soil wetness	46"	N/A	None	PS .35/F2 IIE
		3-48"	SBK/C	F:/SExPl/SP					
4	NS	0-4"	gr/cl	Fr/SExPl SS/SP	>48" To soil wetness	48"	N/A	None	PS .35/F2 IIE
		4-48"	SBK/c	F:/SExPl/SP					
5	NS	0-5"	gr/cl	Fr/SExPl SS/SP	>37" To soil wetness	37"	N/A	None	PS IV .35/F2
		5-33"	SBK/c	F:/SExPl/SP					
		33-37"	SBK/cl	Fr/SExPl SS/SP					
6	LS	0-6"	gr/cl	Fr/SExPl SS/SP	>35" To soil wetness	35"	N/A	None	US IV .36/F2
		6-31"	SBK/c	Fr/SExPl SS/SP					
		31-35"	SBK/cl	Fr/SExPl SS/SP					

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W.A. Marlin 7-24-96
OTHER(S) PRESENT: LSS

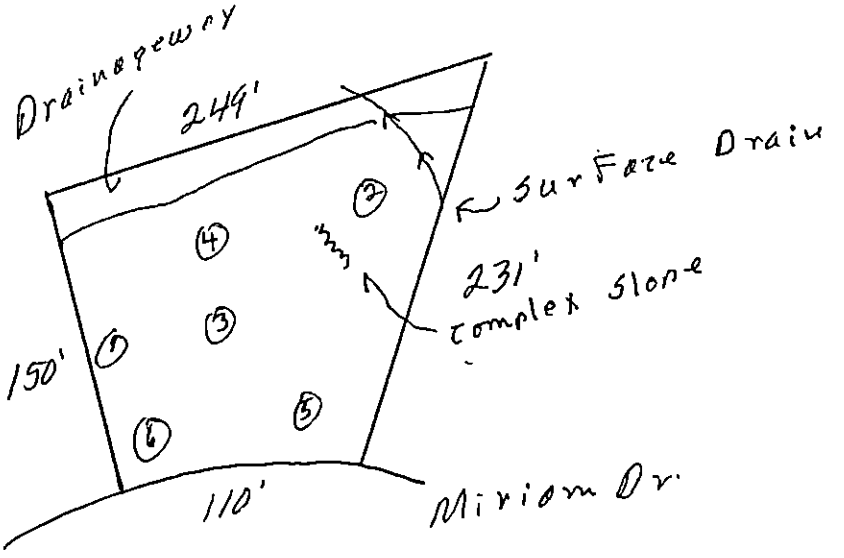
FILE # 2616B

COMMENTS Test is not 1115 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	MINERALOGY
SG-SINGLE GRAIN	SLIGHTLY EXPANSIVE
M-MASSIVE	
CR-CRUMB	EXPANSIVE
GR-GRANULAR	
SBK-SUBANGULAR BLOCKY	
ABK-ANGULAR BLOCKY	
PL-PLATY	
PR-PRISMATIC	



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

(409) #2

Sheet 1
PROPERTY ID #: 015-264-54
Lot # : 11
File # : 2610B

SOIL/SITE EVALUATION *for* ON-SITE WASTEWATER SYSTEM

OWNER: Harry M. Smith
APPLICANT:
DATE EVALUATED: 7-23-96
ADDRESS: 903 Miriam Dr. Hendersville
PROPOSED FACILITY: residence
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: .78
PROPERTY RECORDED:
LOCATION OF SITE: Miriam Dr.
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	Slopes 10-20% .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	NS	0-3"	gr/cl	Fr/SEXP/SS/SP	>25" TO Soil wetness	25"	N/A	None	US IV
		3-25"	SBK/c	Fi/SEXP/SIP					
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		4-48"	SBK/c	Fi/SEXP/SIP					
5	NS	0-5"	gr/cl	Fr/SEXP/SS/SP	>37" TO Soil wetness	37"	N/A	None	PS III .35/Fz
		5-33"	SBK/c	Fi/SEXP/SIP					
		33-37"	SBK/cl	Fr/SEXP/SS/SP					
6	LS	0-6"	gr/cl	Fr/SEXP/SS/SP	>35" TO Soil wetness	35"	N/A	None	US IV .26/Fz
		6-31"	SBK/c	Fr/SEXP/SIP					
		31-35"	SBK/cl	Fr/SEXP/SS/SP					

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W.A. Marlin 7-24-96
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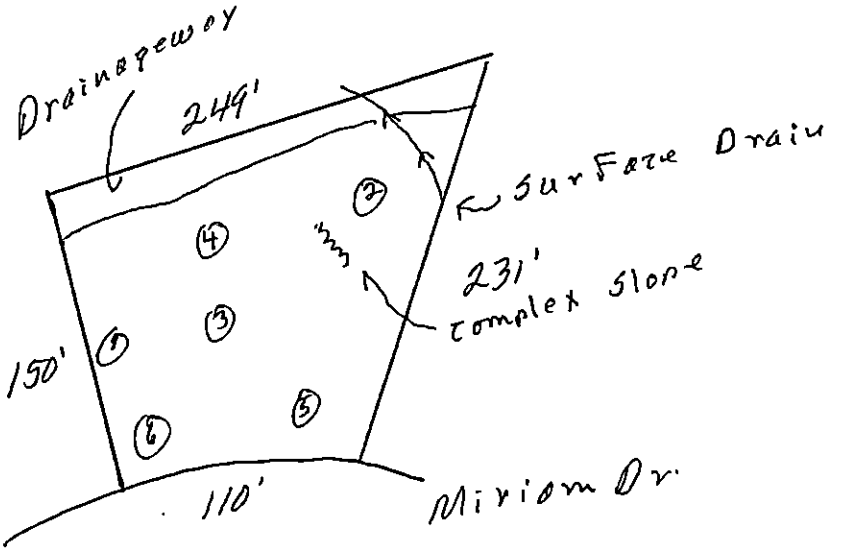
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		O-ORGANIC	

CONSISTENCE	
MOIST	WET
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FR-FRIABLE	SS-SLIGHTLYSTICKY
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STRUCTURE	MINERALOGY
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M-MASSIVE	
CR-CRUMB	EXPANSIVE
GR-GRANULAR	
SBK-SUBANGULAR BLOCKY	
ABK-ANGULAR BLOCKY	
PL-PLATY	
PR-PRISMATIC	



FEE: 100.00 CK # 1411
DATE: 7-22-98 VMD

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

200 CK # 143 7/24/98 JCRT

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 #: 2610B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 015-264-54

STREET ADDRESS: 9036 Merriam Drive

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: Lot 11

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

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

CLOSING DATE _____

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

Moving House on to Lot 11th

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES X NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ SHARED WELL (S)
X MUNICIPAL (M)
__ OTHER 'SPRINGS' (O)
__ PRIVATE WELL (P)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES __ NO
EXISTING WASTEWATER SYSTEMS __ YES __ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES __ NO
WELL, SPRINGS OR WATERLINES __ YES __ NO
DESIGNATED WETLANDS __ YES __ NO

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Smith (LAST) Harry (FIRST) Melvin (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 9036 Miriam Dr.	DAYTIME PHONE: ( ) —
CITY: Huntersville STATE: N.C. ZIP: 28078	
DAYTIME PHONE: ( ) 704 - 399-7784	

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: Harry M. Smith DATE: 6-22-98

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

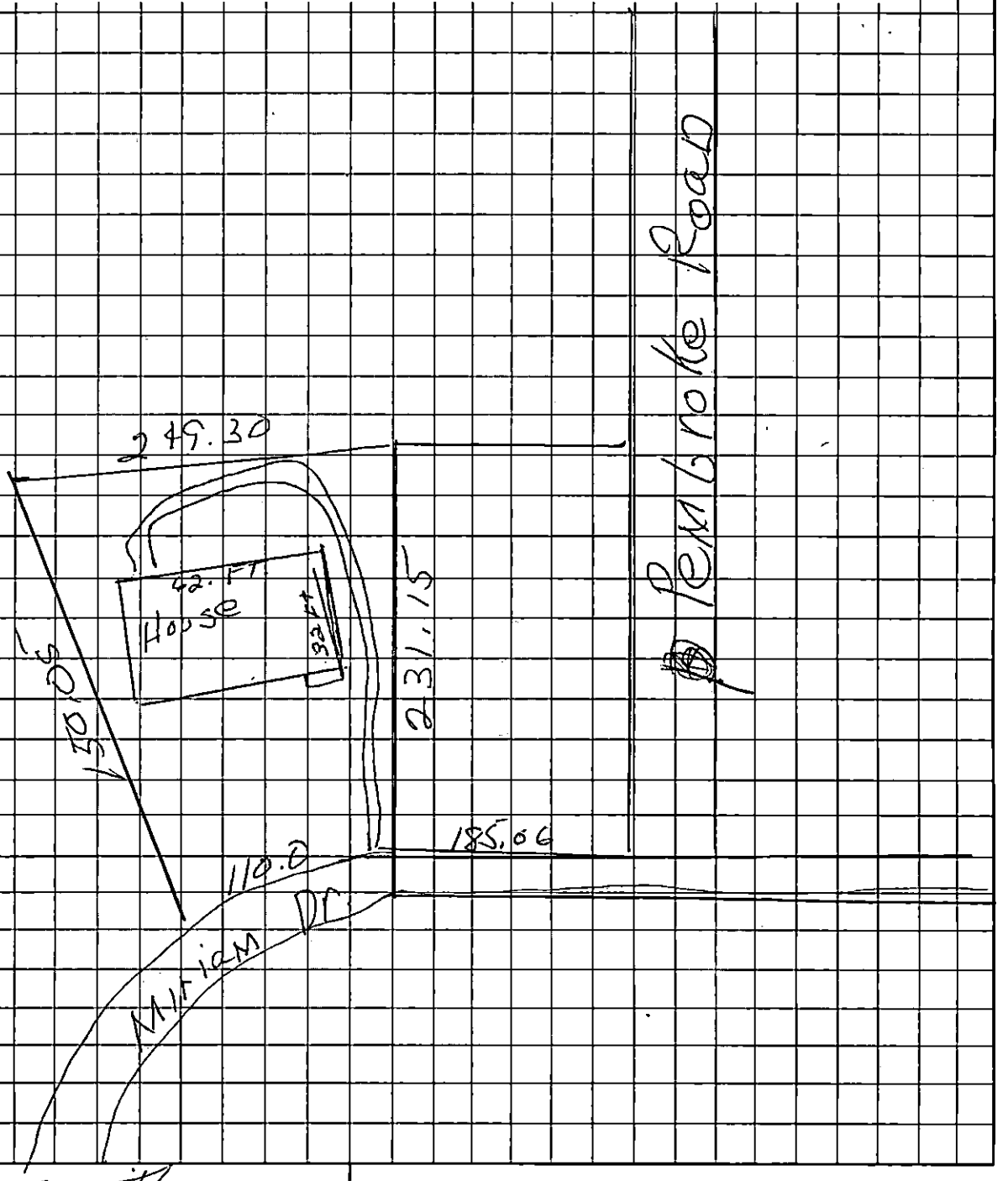
PROPOSED PLOT PLAN

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

FILE: 2610B

TC: 015-264-54

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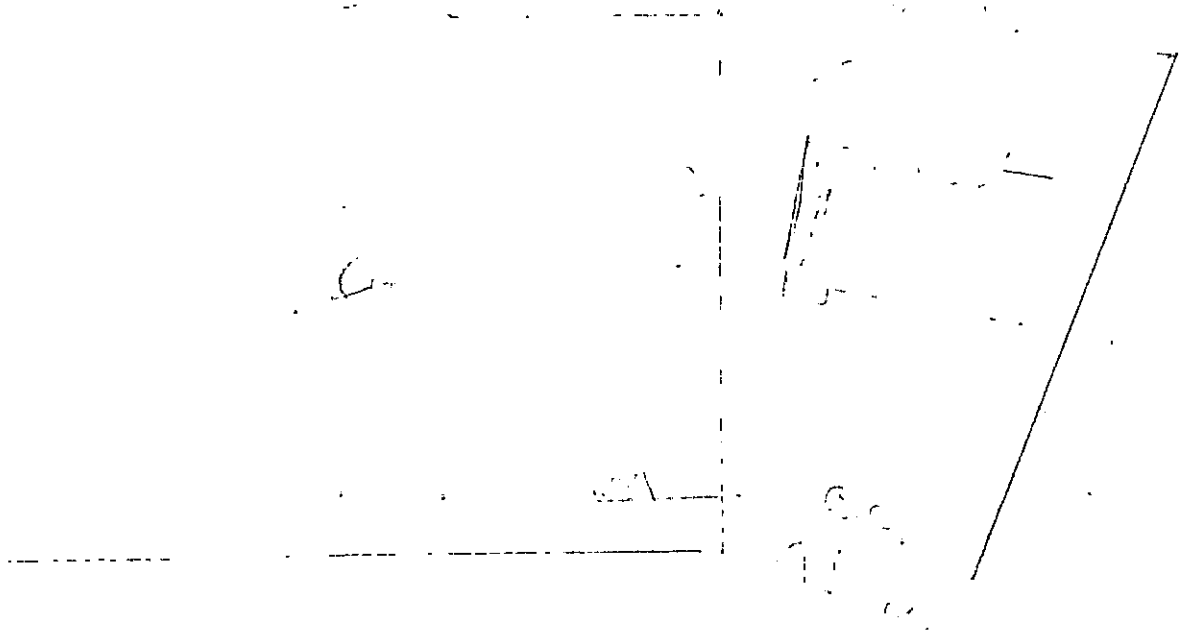


Harry M. Smith
OWNER/AGENT SIGNATURE

DATE 6-22-98

APPROVAL DATE _____

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



Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 2610B WASPS App #: 5229

Primary ES assigned to project: Jeremy Michelone

Secondary ES assigned to project: —

Project Type: New System ☐ Alteration ☐ Repair ☑ Modified Plot Plan ☐

I. File Review:

Rule or Law	Permit Application			
.1937(d)	Is the Application complete	Yes ☑	No ☐	N/A ☐
.1937(d)	Is there a Site plan/Plat with application	Yes ☑	No ☐	N/A ☐
.1937(d)	Is the Facility shown?	Yes ☑	No ☐	N/A ☐
.1937(d)	Are appurtenances shown	Yes ☑	No ☐	N/A ☐
	Site Evaluation Information			
.1939 (a)(1)	Topography and Landscape Position Recorded?	Yes ☑	No ☐	N/A ☐
.1940 (a-g)	Slope % Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Texture Class Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Structure type Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Consistence Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Mineralogy Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(3)	Soil Wetness Condition Recorded?	Yes ☐	No ☐	N/A ☑
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered	Yes ☐	No ☐	N/A ☑
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Yes ☐	No ☐	N/A ☑
.1939 (a)(6)	Sufficient Available Space Recorded?	Yes ☑	No ☐	N/A ☐
.1937(m)	Are the Profile Locations Shown?			
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes ☑	No ☐	N/A ☐
& .1945(b)	Number of auger borings made: 2			
	Were sufficient auger borings made?	Yes ☑	No ☐	N/A ☐
.1939(d); .1955, .1956, .1957	LTAR	Yes ☑	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☑	No ☐	N/A ☐
.1945(b)	Proposed System Type stated-Repair	Yes ☐	No ☐	N/A ☐
130A-336 (a)(3)	System location identifiable by setbacks - Initial	Yes ☑	No ☐	N/A ☐
.1937(g) .1945(b)	System components shown – Initial	Yes ☑	No ☐	N/A ☐
.1945(b)	Repair area shown	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is System design consistent with soil/site conditions?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is the System located in the approved area?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☑	No ☐	N/A ☐

130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench depth indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench width indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench length indicated?	Yes ☑	No ☐	N/A ☐
130A-336(a)(1)	Proposed/existing well shown?	Yes ☐	No ☐	N/A ☑
130A-336(a)(1)	Property line lengths shown?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☑	No ☐	N/A ☐
	Operation Permit			
.1937(i)	System type as described in table V(a) of rule .1961	Yes ☑	No ☐	N/A ☐
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☑	No ☐	N/A ☐

II. WASPS Review:

Construction authorization issued	Yes ☐	No ☐	N/A ☐
Installation approval issued	Yes ☑	No ☐	N/A ☐
Operation permit issued	Yes ☐	No ☐	N/A ☐
Other related documentation	Yes ☐	No ☐	N/A ☐

Items requiring correction/modification: _____

Comments:

IA issued date: 10-15-11

OP issued date: 9-29-11

Review performed by: S Wilkey RS Date performed: 9/20/11

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 26108 Permit #: 5229 Tax Parcel #: 015-264-54

Property Owner: Mark Barney

Job Location Address: 9039 Miriam Drive

City: Huntersville State: NC Zip Code: 28078

Operation Permit Issuance Date: 9/29/11 Contractor Name: Russell Williams

Permitted Design Flow: 360 GPD

Liquid Capacity of Septic Tank: Existing gallons

Liquid Capacity of Dosing Tank: — gallons

Effluent Pump Model: —

Drainfield Installation ☒ N/A

Trench Depth: — inches

Trench Width: — feet

Line Spacing: — feet (O.C.)

Total line length: — feet

# of Lines: — @ — feet

Depth of Media: — inches (Type) —

Depth of Cover: — inches

Distribution Device: —

Inspection Dates

Tank(s) Inspected: —

Excavation Inspected: 9/29/11

Pump & Controls Inspected: —

Bed Installation *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: 36 inches

Bed Width: 12 feet

Total line length: 200 feet

# of Lines: 4 @ 50' feet

Depth of Media: 24 inches (Type) TCHP

Depth of Cover: 12 inches

Distribution Device: D-Box

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other —

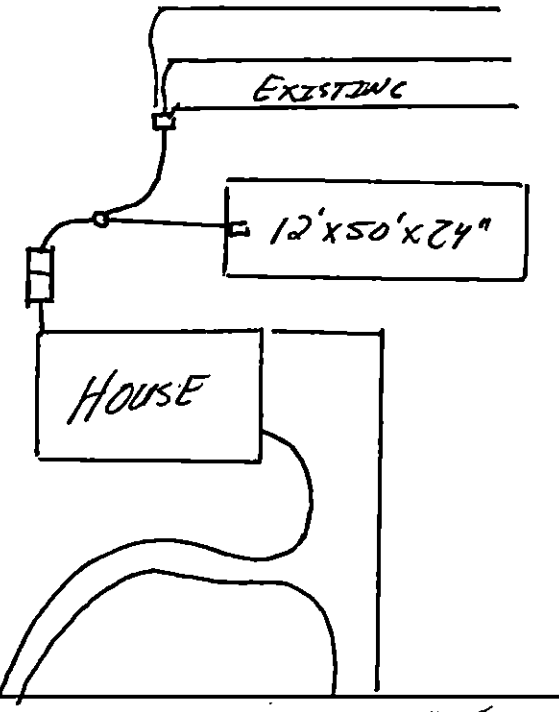
System Installation Setbacks

Distance from Building Foundation: >5' feet

Distance from Property Line: >10' feet

Distance from Water Supply Source: >100' feet

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



The undersigned has inspected the Septic Tank System described above, and certifies it has been ☐ installed ☐ altered ☒ repaired ☒ as detailed in the plot above ☐ in accordance with the permit issued 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. The issuance of this 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. 1900 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 or Revocation of this permit.

Comments: System Classification & Type: IIa, TCHP, Gravity, NA, NA

DENR Authorized Agent: Jeremy Michalowski Signature: Jeremy Mich, P.E.

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 2610B Permit #: 5229 Tax Parcel #: 015-264-54

Property Owner: Mark Barney

Job Location Address: 9039 Miriam Drive

City: Huntersville State: NC Zip Code: 28078

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: IIa

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☒

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☒ System does not require inspection by GWS on a routine frequency.

☐ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other:

DENR Authorized Agent: Jeremy Michelow, R.S. Date: 9/29/11

Signature: Jeremy Mich. R.S.

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

INSTALLATION APPROVAL for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 26108 Permit #: 5229 Tax Parcel #: 015-264-54

Property Owner: Mark Barney

Job Location Address: 9039 Miriam DRIVE

City: HUNTERSVILLE State: NC Zip Code: 28078

Installation Approval Issuance Date: 10/15/11

Permission is hereby given to ☐ install ☐ alter ☒ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 10/15/11, after which date this approval 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 granting this approval. 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 of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 360 GPD

Site LTAR: 0.3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: Existing gallons

Liquid Capacity of Dosing Tank: — gallons

Drainfield Design ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Bed Design *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: 36 inches

Bed Width: 12 feet

Total line length: 200 feet

# of Lines: 4 @ 50 feet

Depth of Media: 24 inches (Type) TCHP

Distribution Device: D-Box

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: >5' feet

Distance from Property Line: 710' feet

Distance from Water Supply Source: _____ feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

INSTALL EXACTLY AS DESIGNED BY RUSSELL WILLIAMS.

Comments: System Classification & Type: IIa Conventional System

DENR Authorized Agent: Jeremy Michelone, RS Signature: Jeremy Michelone, RS

Wastewater Solutions & Design
Russell B Williams ***" Wastewater Consultant "***
4711 Rocking Horse Dr
Maiden, NC 28650 e-mail rwilliams9534@bellsouth.net
Ph. 980-429-1580 Fax 828-428-3028

Estimate

To:

Mark Barney
9039 Miriam Dr
Huntersville, NC 28078

Number	E.0105
Purchase Order Number	
Invoice Date	8/26/11
Tax ID	26-1626444

Date	Description	Rate	1x	1.5x	2x	Cost
	Install 12' x 50' bed system for repair @ 9039 Miriam Dr , Huntersville, NC System has 24" of polystyrene aggregate and a " Bull Run" diverter valve	$1,200.00	1			$1,200.00
					Total Labor Costs	$1,200.00

Quantity	Units	Description	Unit Cost	Cost
400	1	400' of EZ Flow Polystyrene 25% reduced pipe	$4.75	$1,900.00
40	1	Ez Flow couplings	$1.50	$60.00
1	1	Bull Run Valve	$98.00	$98.00
1	1	3" pvc pipe and fittings	$75.00	$75.00

A tax rate of 7% has been applied to:
All Items

Total Item Costs	$2,133.00
Total Pre-Tax	$3,333.00
Total Taxes	$149.31
Grand Total	**$3,482.31**

Thank You for Your Business!

Wastewater Solutions is not responsible for the damage or repair of any subsurface utilities, waterlines or irrigation systems !

Quotes do not include any landscaping or reseeding of grass

Septic System Specifications

(Repair Only) 9039 Miriam Dr Huntersville, NC

Lot # 11 Type of Water Supply Public Number of Bedrooms 3

Designed Gallons per Day Flow 360 LTAR 0.3 Absorption Area _____ sq/ft.

Total Linear Feet of drain line required. _____ ft.

Existing

Type of Initial System _____ Gravity ✓ Pump ____ Type of Distribution System Dist Box _____ Number of Trenches 3 Trench Width and Length 3'x100' If Variable Length Lines List Separately _____ Minimum Trench Spacing 9 o/c

Trench Depth 736 in. Septic Tank Size 1000 gal. Pump Tank Size — gal.

* **Type of Repair System** _____ Gravity ✓ Pump ____ Type of Distribution System "D Box" or PVC Number of Trenches — Trench Width and Length Bed - 12'x50' If Variable Length List Separably _____ Minimum Trench Spacing — o/c

Trench Depth 36 in. Septic Tank Size Existing gal. Pump Tank Size — gal.

24" of Aggregate - Poly Styrene (EZ Flow)

* Install "Bull Run" Valve to alternate flow from old field to new bed system. Old system was installed in poor soil conditions and fails during seasonal wet periods. Install new bed system of 12'x50' with 24" of aggregate. There is no other area available to install any more repair without getting into poor soil conditions.

6-26-11 Russell Williams

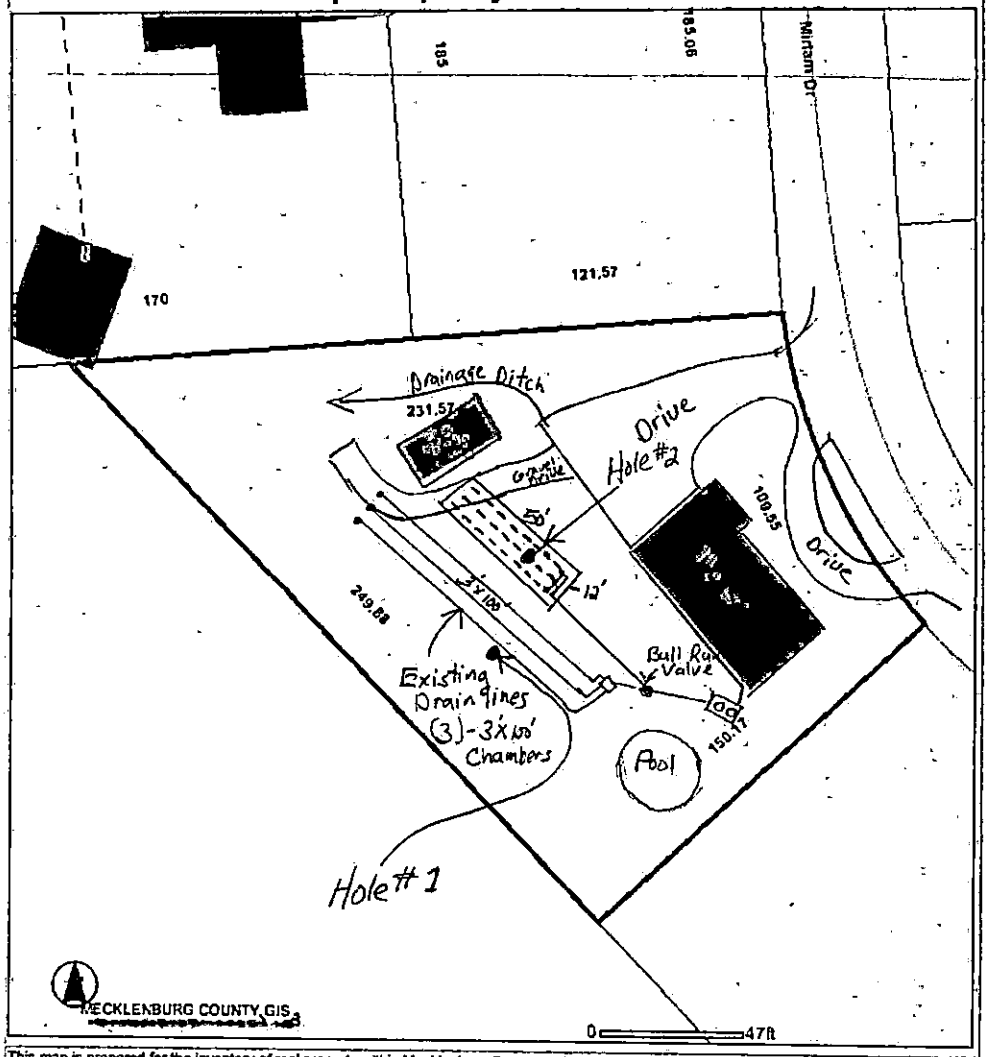
Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

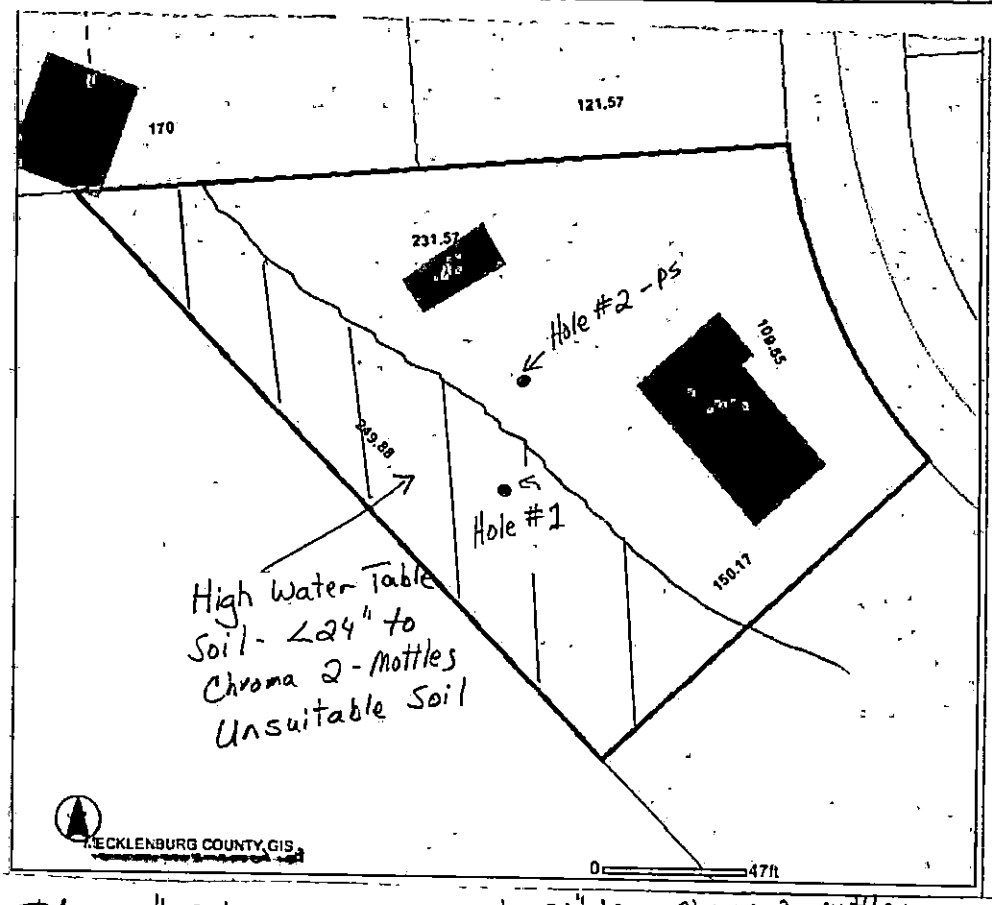
Date Printed: Fri Aug 26 12:54:47 EDT 2011

Repair Septic System Site Plan



This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

*Soil Evaluation Auger Holes 9039 Miriam Dr



*Hole #1 - 17" Fill - 17-31 - C - greater 31" deep Chroma 2 - mottles
*Hole #2 - 0-42" - C - Red - No mottles -

Hole No.	% Slope	Landscape Pos.	Soil Group I-II-III-IV	Texture	Structure	Mineralogy	LTAR	Soil Depth	Soil Wetness	Sapro Class	Overall Site Class.
1	8-10	Foot Slope Toe	IV	C	SBK	1:1	US	16"	16"	—	US
2	12-15	Foot Slope	IV	C	SBK	1:1	0.3	42"	>42	—	PS
3											

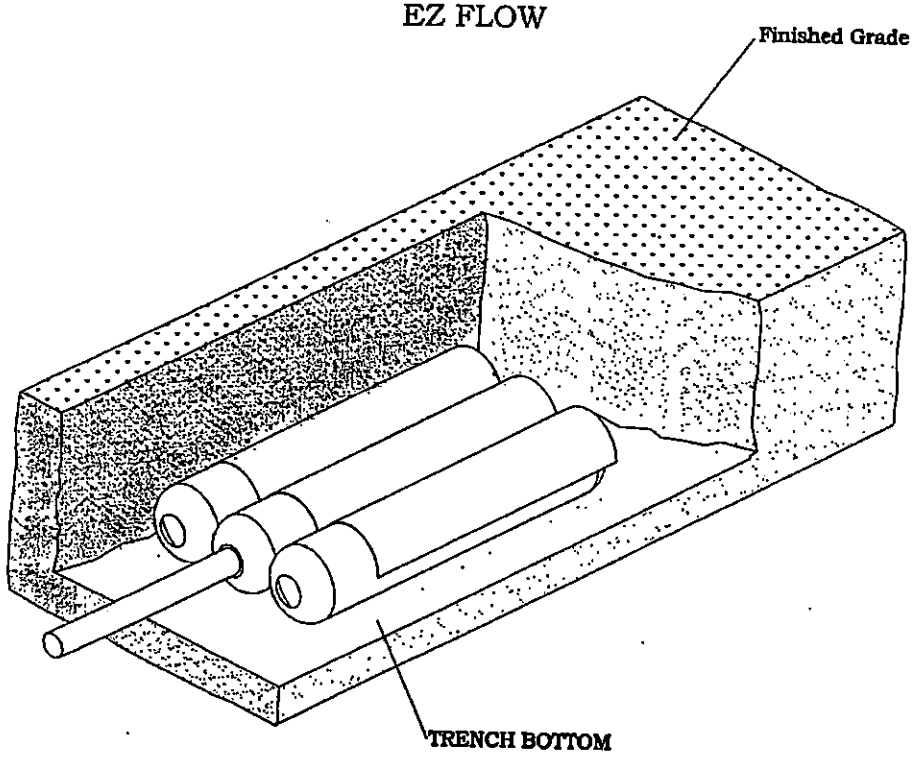
Structure	Mineralogy
G - Single Grain	SE - Slightly Expansive
M - Massive	E - Expansive
Cr - Crumb	**Classified**
GR - Granular	S - Suitable
SBK - Subangular Blocky	PS - Provisionally Suitable
ABK - Angular Blocky	U - Unsuitable
PL - Platy	

System Type:
Conventional ✓ Other ____
Specify: Bed - 12X50' - 24" Aggregate

Texture	S - Sand LS - Loamy Sand	SL - Sandy Loam L - Loam	SCL - Sandy Clay Loam SIL - Silt Loam CL - Clay Loam SiCL - Silty Clay Loam	SI - Silt	SC - Sandy Clay SiC - Silty Clay C - Clay	O - Organic
Group	I 1.2-0.8	II 0.8-0.6	III 0.6-0.3		IV 0.4-0.1	

Signature: Russell Williams
Date Issued: 8, 26, 11

EZ FLOW



2610B

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. SEPTIC / TYPE APPLICATION: ○ N/A ○ NEW SYSTEM ○ ALTERATION ◉ REPAIR ○ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ◉ N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 015-264-54
STREET ADDRESS: 9039 Miriam Drive
CITY: Huntersville
STATE: NC **ZIP:** 28078
SUBDIVISION NAME:
LOT #: 11 **LOT SIZE (acres):** 0.68
TOWNSHIP:

○ MECKLENBURG ○ CORNELIUS ◉ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. BUILDING INFORMATION:

BUILDING TYPE:

○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
◉ HOUSE ○ OTHER

HEATED SQUARE FOOTAGE: 2,244
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 5

FOUNDATION TYPE:

○ CONCRETE SLAB ◉ BASEMENT WITH PLUMBING
○ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☑ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. WATER SUPPLY: ◉ MUNICIPAL ○ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. PROPOSED USE OF WELL: ◉ N/A ○ IRRIGATION ○ POTABLE (DRINKING WATER) ○ OTHER _____

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST DESIRED 5-LEAST DESIRED):*

☑ N/A ☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. RANK: ____ ____ ____ ____ ____

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.

BURIED CABLES, LANDFILLS, STUMPHOLES	○ YES ◉ NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ◉ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	◉ YES ○ NO	JURISDICTIONAL WETLANDS	○ YES ◉ NO
WELLS, SPRINGS, OR WATER LINES	○ YES ◉ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ◉ NO
EASEMENTS OR RIGHT-OF-WAYS	○ YES ◉ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ◉ NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ○ NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ◉ NO
WASTE STORAGE	○ YES ◉ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ◉ NO

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____ ☐ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____ ☑ N/A

12. PROPERTY OWNER:

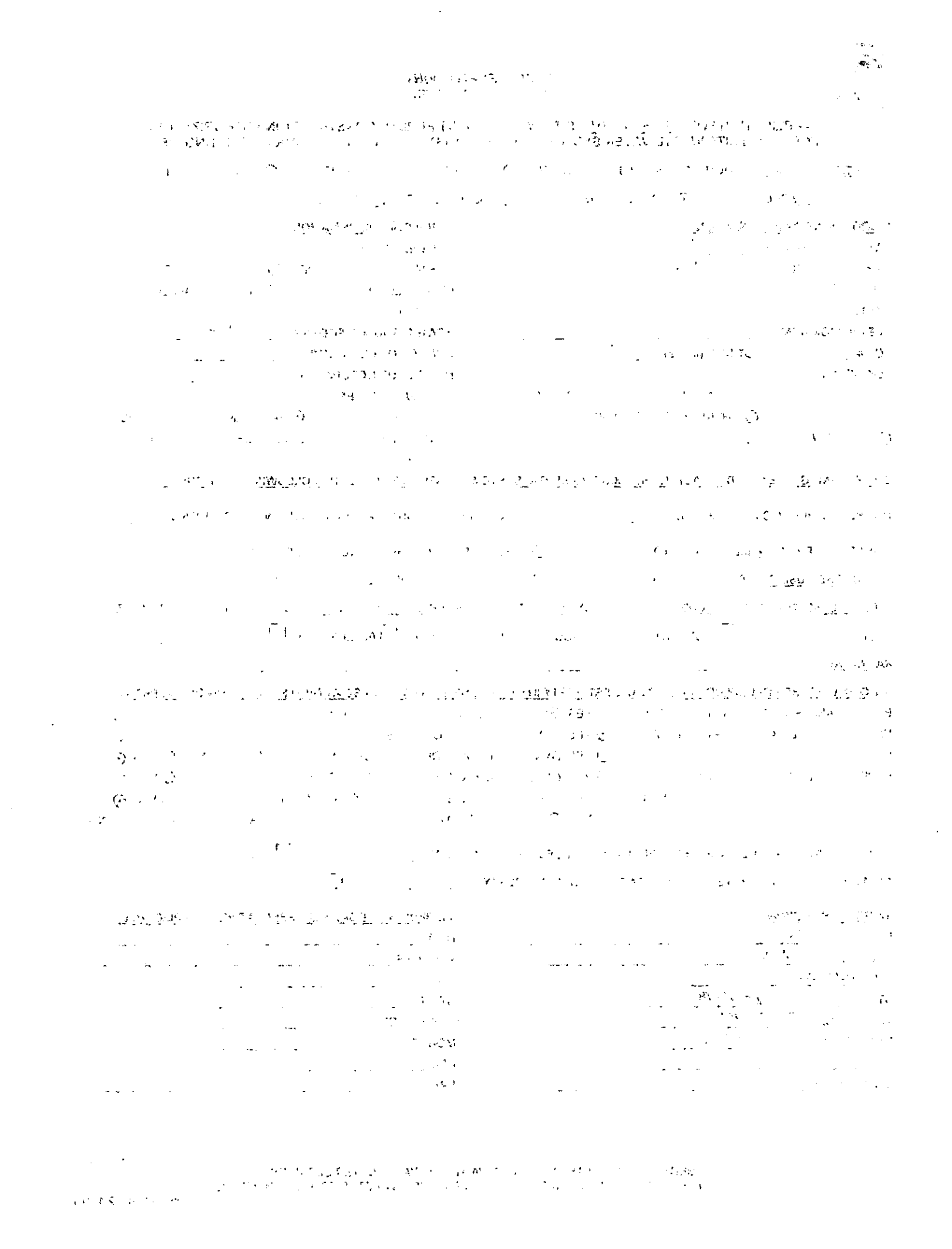
NAME: Mark E. Barney
ADDRESS: 9039 Miriam Drive
CITY: Huntersville
STATE: NC ZIP: 28078
WORK PHONE: (704) 996-7544
MOBILE PHONE: (704) 996-7544
FAX:
E-MAIL: m.barney@hotmail.com

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME:
ADDRESS:
CITY:
STATE: ZIP:
WORK PHONE:
MOBILE PHONE:
FAX:
E-MAIL:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10



14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

MB (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

_____ 9/2/2011

Property Owner's or Owner's Legal Representative Signature — Date

---

OFFICE USE ONLY

O SURVEY PLAT TO SCALE SUBMITTED O SCALED SITE PLAN SUBMITTED O UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: lws

GWS FILE NUMBER ASSIGNED: 2610B

APPLICATION ID NUMBER ASSIGNED: 5229

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

File #: _____

PROPOSED PLOT PLAN

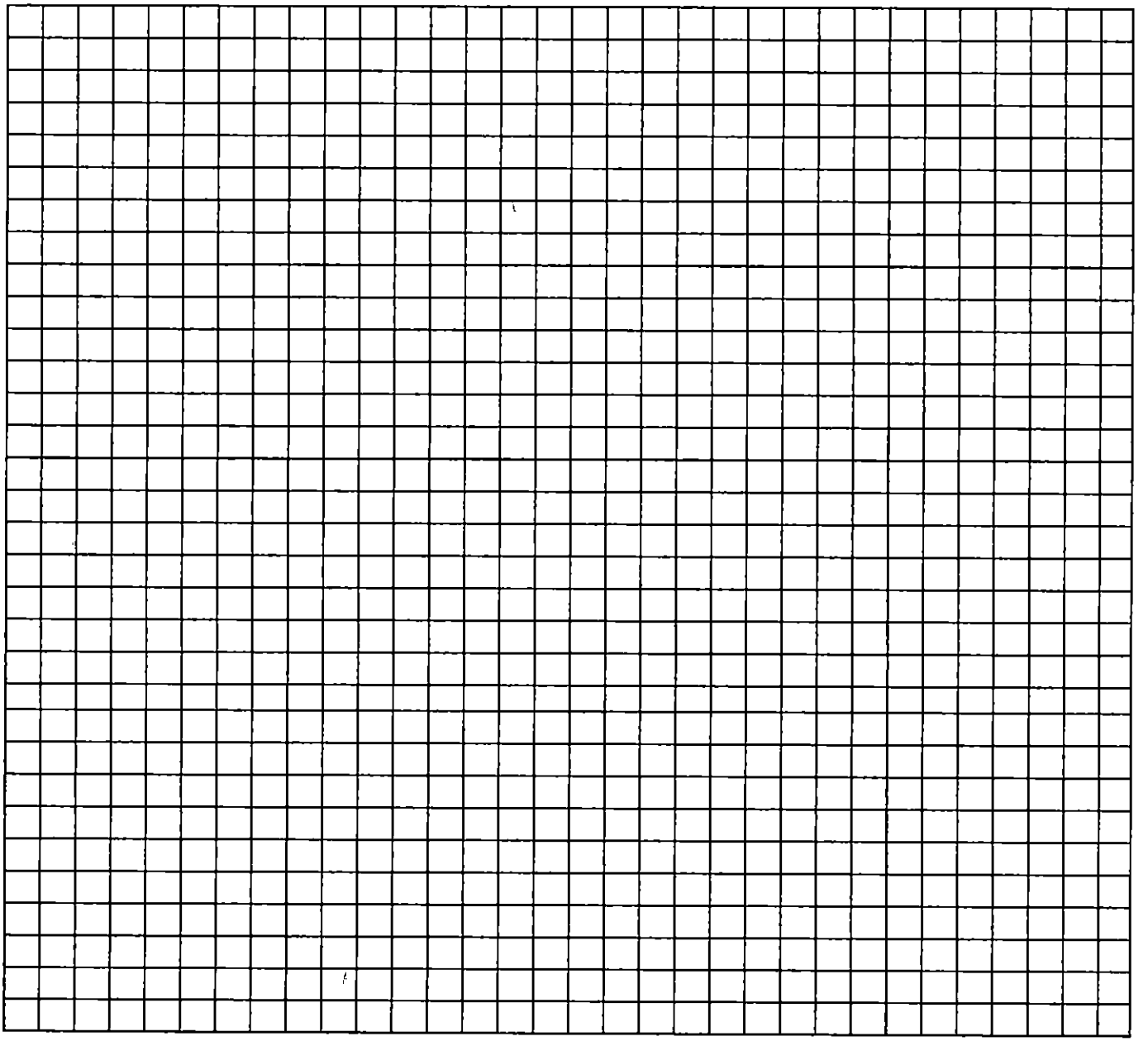
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 9039 Miriam Drive

Tax Parcel #: 015-264-54

Subdivision Name: _____

Lot #: 11

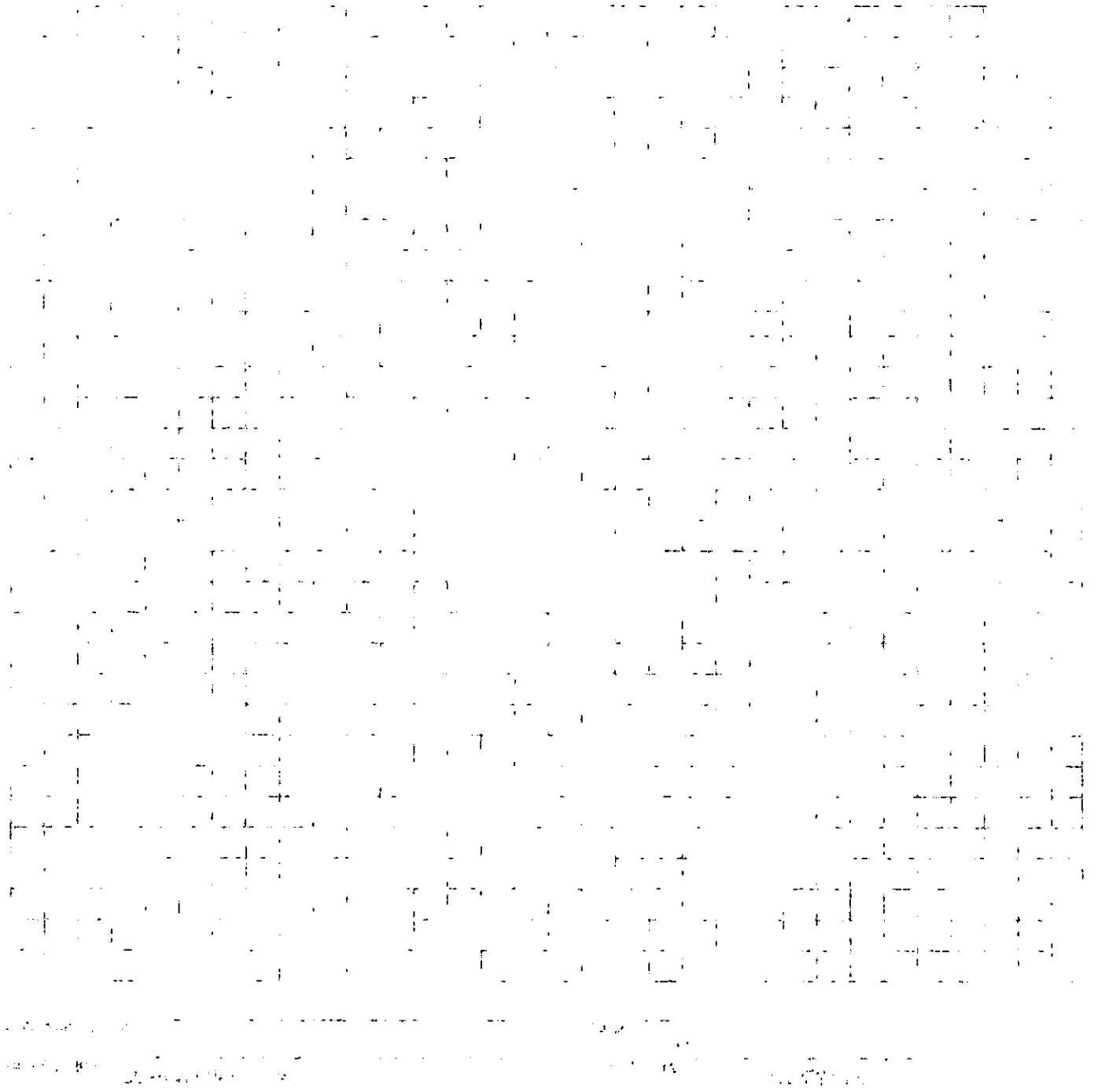


_____ 9/2/11

Property Owner's or Owner's Legal Representative Signature — Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10



App. #: 5229

Septic Fee: 0.00

Date: 9/2/2011

CRT[ ]

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT FOR ONSITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

MECKLENBURG COUNTY HEALTH DEPARTMENT GROUNDWATER & WASTEWATER SERVICES

FILE # 2610B

Well Fee:

Date:

CRT[ ]

SEPTIC / TYPE APPLICATION: ○ N/A ○ NEW SYSTEM ○ ALTERATION ◉ REPAIR ○ MODIFIED PLOT PLAN

WELL / TYPE APPLICATION: ◉ N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

JOB LOCATION INFORMATION:

TAX / PARCEL #: 01526454 ☐ PO

STREET ADDRESS: 9039 MIRIAM DR

CITY: Huntersville

STATE: NC ZIP: 28078

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 11

TOWNSHIP: 06

General Comments:

BUILDING INFORMATION:

TYPE OF BUILDING:

○ SINGLE MOBILE HOME (S) ○ MODULAR HOME (M)

○ DOUBLE WIDE (D) ○ MULTIPLE FAMILY (U)

◉ HOUSE (H) ○ OTHER

HEATED SQUARE FOOTAGE: 2244

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 5

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☑ BASEMENT WITH PLUMBING

☐ CRAWL SPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES: ☑ N/A

NUMBER OF BEDROOMS TO BE ADDED: 0

NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE?: ○ Yes ◉ No

TYPE:

WATER SUPPLY:

☑ MUNICIPAL ☐ PRIVATE WELL ☐ PUBLIC WELL ☐ SHARED WELL ☐ OTHER

PROPOSED USE OF WELL:

◉ N/A ○ IRRIGATION ○ POTABLE (Drinking Water) ○ OTHER

PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST 5-LEAST DESIRED)*:

☐ N/A ☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER

RANK: 0 0 0 0 0

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	○ Yes ◉ No	GRADING/SOIL REMOVAL PERFORMED	○ Yes ◉ No
EXISTING WASTEWATER SYSTEMS	◉ Yes ○ No	JURISDICTIONAL WETLANDS	○ Yes ◉ No
WELLS, SPRINGS, OR WATER LINES	○ Yes ◉ No	APPROVAL REQ'RD BY OTHER AGENCY	○ Yes ◉ No
EASEMENTS OR RIGHT-OF-WAYS	○ Yes ◉ No	WASTEWATER OTHER THAN DOM. SEWAGE	○ Yes ◉ No
CHEMICAL/PETROLEUM STORAGE TANKS	○ Yes ◉ No	KNOWN UNDERGROUND CONTAMINATION	○ Yes ◉ No
WASTE	○ Yes ◉ No	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ Yes ◉ No

~~STORAGE~~

PROPERTY OWNER:		LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:	
NAME:	Mark E. Barney	NAME:	
ADDRESS:	9039 Miriam Drive	ADDRESS:	
CITY:	Huntersville	CITY:	
STATE:	NORTH CAROLINA ZIP: 28078	STATE:	ZIP:
HOME PHONE:	WORK: 704-996-7544	HOME PHONE:	WORK:
MOBILE:	704-996-7544 FAX:	MOBILE:	FAX:
EMAIL:	m.barney@hotmail.com	EMAIL:	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? ☐ UNKNOWN

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? ☑ N/A

PRINT Update Go to Front Counter Duplicate

Septic System Specifications

(Repair Only) 9039 Mirium Dr Huntersville, NC

Lot # 11 Type of Water Supply Public Number of Bedrooms 3

Designed Gallons per Day Flow 360 LTAR 0.3 Absorption Area _____ sq/ft.

Total Linear Feet of drain line required. _____ ft.

Type of Initial System _____ Gravity ✓ Pump _____ Type of Distribution System Dist Box

Existing

_____ Number of Trenches 3 Trench Width and Length 3'x100' If

Variable Length Lines List Separately _____ Minimum Trench Spacing 9 o/c

Trench Depth 736 in. Septic Tank Size 1000 gal. Pump Tank Size — gal.

* **Type of Repair System** _____ Gravity ✓ Pump _____ Type of Distribution

System "D Box" or PVC Number of Trenches — Trench Width and Length Bed - 12'x50'

If Variable Length List Separably _____ Minimum Trench Spacing — o/c

Trench Depth 36 in. Septic Tank Size Existing gal. Pump Tank Size — gal.

24" of Aggregate - Poly styrene (EZ Flow)

* Install "Bull Run" Valve to alternate flow from old field to new bed system. Old system was installed in poor soil condition and fails during seasonal wet periods. Install new bed system of 12'x50' with 24" of aggregate. There is no other area available to install any more repair without getting into poor soil conditions.

6-26-11 Russell Wilbur

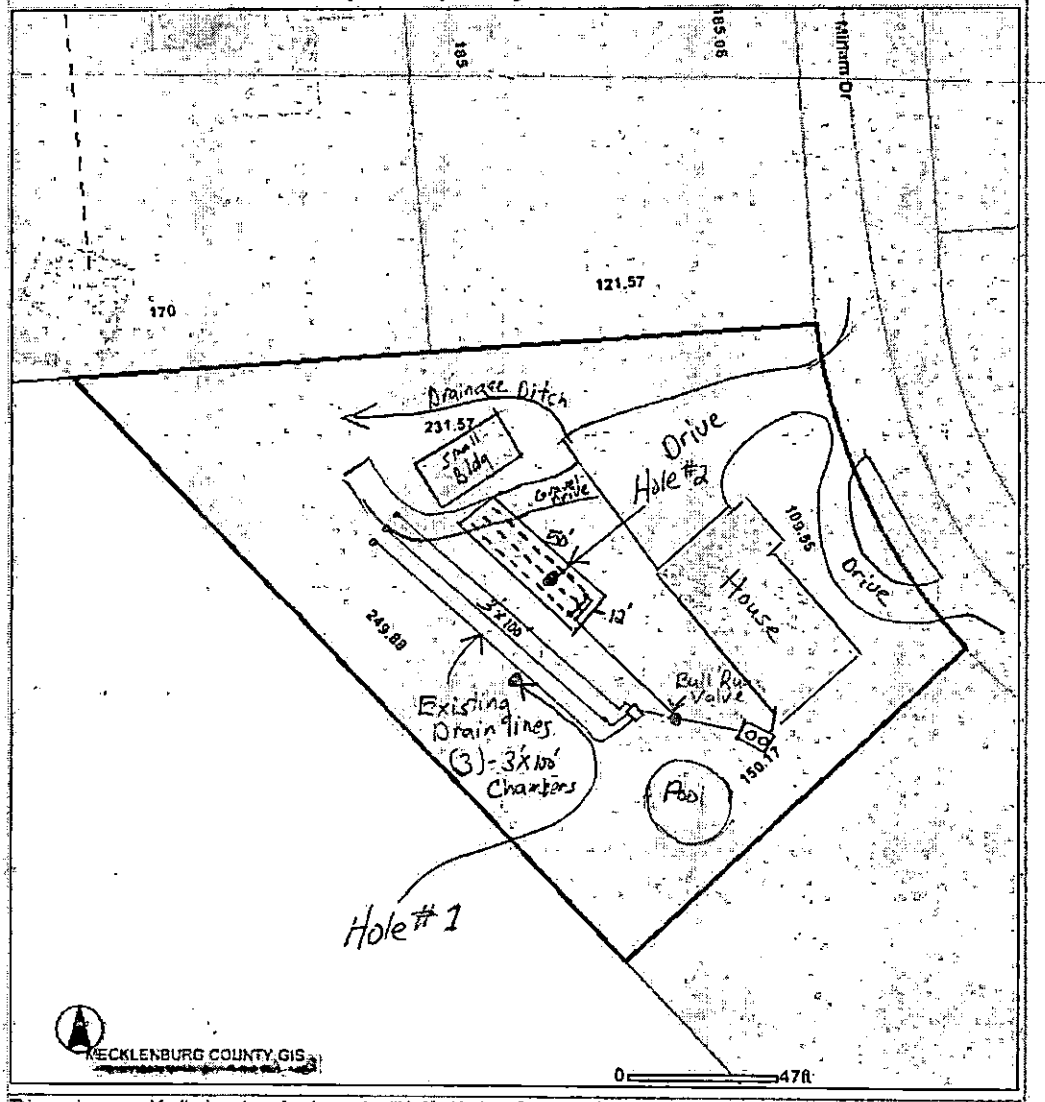
Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

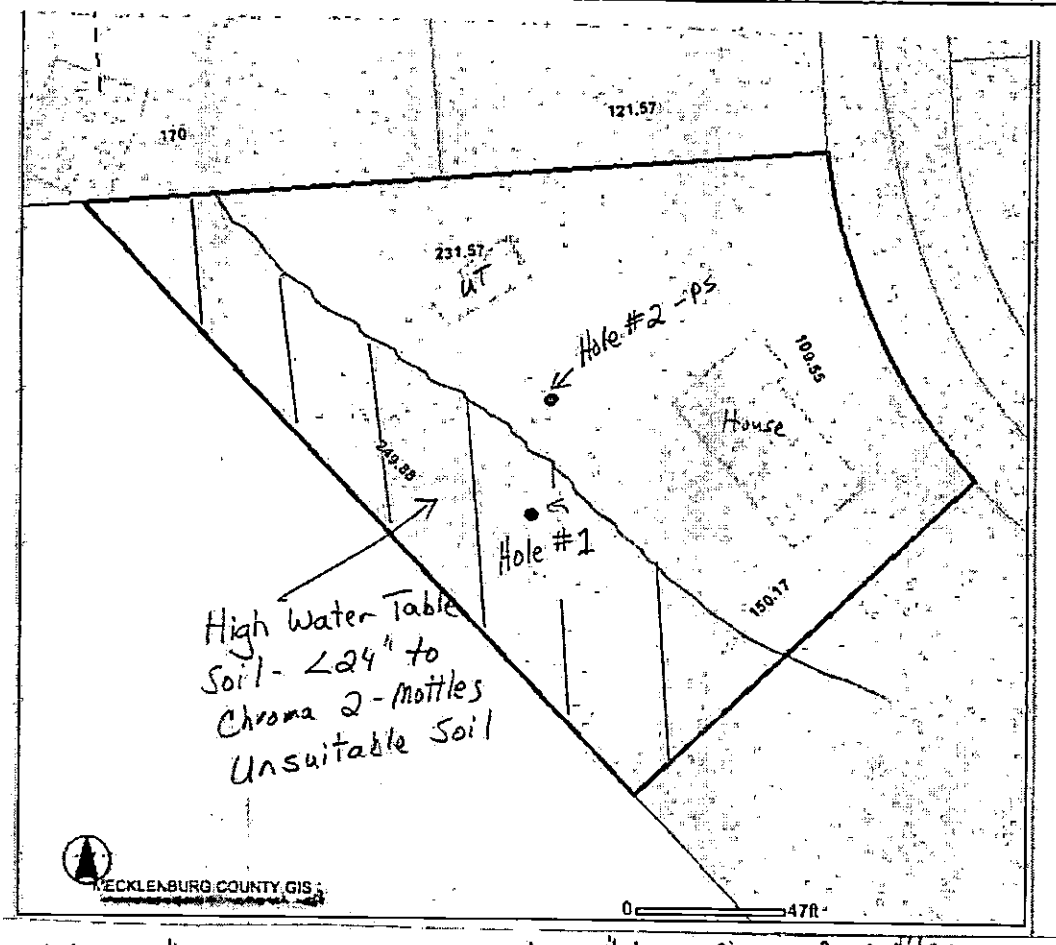
Date Printed: Fri Aug 26 12:54:47 EDT 2011

Repair Septic System Site Plan



This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

*Soil Evaluation Auger Holes 9039 Mirium Dr



*Hole #1 - 17" Fill - 17-31 - C - greater 31" deep Chroma 2 - mottles
*Hole #2 - 0-42" - C - Red - No mottles -

Hole No.	% Slope	Landscape Pos.	Soil Group HI-III-IV	Texture	Structure	Mineralogy	LTAR	Soil Depth	Soil Wetness	Sapro Class	Overall Site Class.
1	8-10	Foot Slope Toe	IV	C	SBK	1:1	US	16"	16"	—	US
2	12-15	Foot Slope	IV	C	SBK	1:1	0.3	42"	>42	—	PS
3											

Structure
G - Single Grain
M - Massive
Cr - Crumb
GR - Granular
SBK - Subangular Blocky
ABK - Angular Blocky
PL - Platy

Mineralogy
SE - Slightly Expansive
E - Expansive

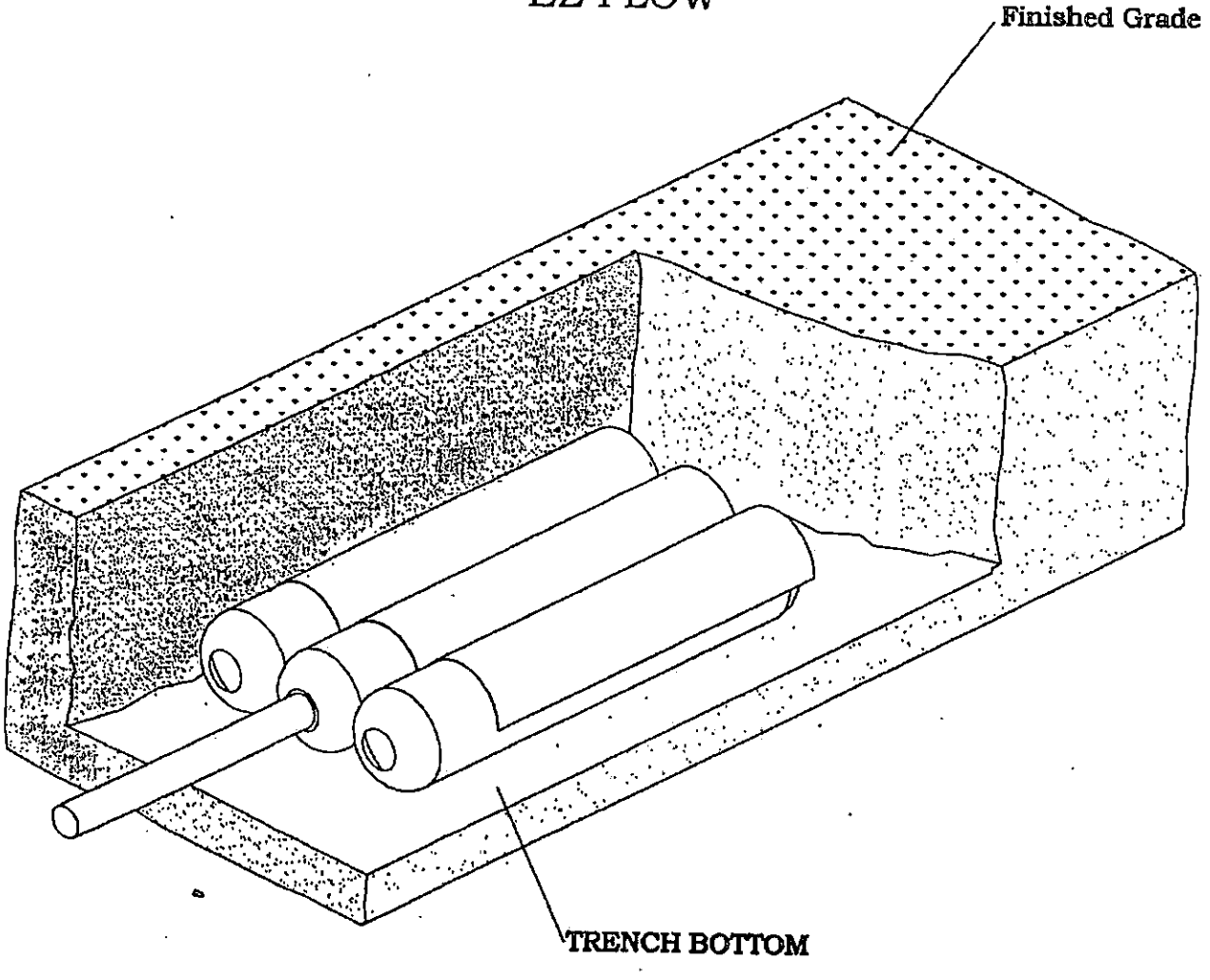
Classified
S - Suitable
PS - Provisionally Suitable
U - Unsuitable

System Type:
Conventional ✓ Other ____
Specify: Bed - 12X80' - 24" Aggregate

Texture	S - Sand LS - Loamy Sand	SL - Sandy Loam L - Loam	SCL - Sandy Clay Loam SIL - Silt Loam CL - Clay Loam SiCL - Silty Clay Loam	Si - Silt	SC - Sandy Clay SiC - Silty Clay C - Clay	O - Organic
Group	I 1.2-0.8	II 0.8-0.6	III 0.6-0.3		IV 0.4-0.1	

Signature: Russell Williams
Date Issued: 5.20.11

EZ FLOW



Wastewater Solutions & Design
Russell B Williams *" Wastewater Consultant "*
4711 Rocking Horse Dr
Maiden, NC 28650 e-mail rwilliams9534@bellsouth.net
Ph. 980-429-1580 Fax 828-428-3028

Estimate

To:
Mark Barney
9039 Mirium Dr
Huntersville, NC 28078

Number E.0105
Purchase Order Number
Invoice Date 8/26/11
Tax ID 26-1626444

Date	Description	Rate	1x	1.5x	2x	Cost
	Install 12' x 50' bed system for repair @ 9039 Mirium Dr , Huntersville, NC System has 24" of polystyrene aggregate and a " Bull Run" diverter valve	$1,200.00	1			$1,200.00
					Total Labor Costs	$1,200.00

Quantity	Units	Description	Unit Cost	Cost
400	1	400' of EZ Flow Polystyrene 25% reduced pipe	$4.75	$1,900.00
40	1	Ez Flow couplings	$1.50	$60.00
1	1	Bull Run Valve	$98.00	$98.00
1	1	3" pvc pipe and fittings	$75.00	$75.00

A tax rate of 7% has been applied to:
All Items

Total Item Costs	$2,133.00
Total Pre-Tax	$3,333.00
Total Taxes	$149.31
Grand Total	**$3,482.31**

Thank You for Your Business!

Wastewater Solutions is not responsible for the damage or repair of any subsurface utilities, waterlines or irrigation systems !

Quotes do not include any landscaping or reseeding of grass

Wastewater Solutions & Design
Russell B Williams *" Wastewater Consultant "*
4711 Rocking Horse Dr
Maiden, NC 28650 e-mail rwilliams9534@bellsouth.net
Ph. 980-429-1580 Fax 828-428-3028

Invoice

To:

Mark Barney
9039 Mirium Dr
Huntersville, NC 28078

Number	I 0104
Purchase Order Number	
Invoice Date	8/26/11
Tax ID	26-1626444

Date	Description	Rate	1x	1.5x	2x	Cost
Fri 8/26/11	Soil & Site Evaluation @ 9036 Mirium Dr Huntersville, NC 28078 Draw Site plan for repair	$325.00	1			$325.00

A tax rate of 7% has been applied to:
Nothing

Total Pre-Tax	$325.00
Total Taxes	$0.00
Grand Total	**$325.00**

Thank You for Your Business!

Wastewater Solutions is not responsible for the damage or repair of any subsurface utilities, waterlines or irrigation systems !

Quotes do not include any landscaping or reseeding of grass

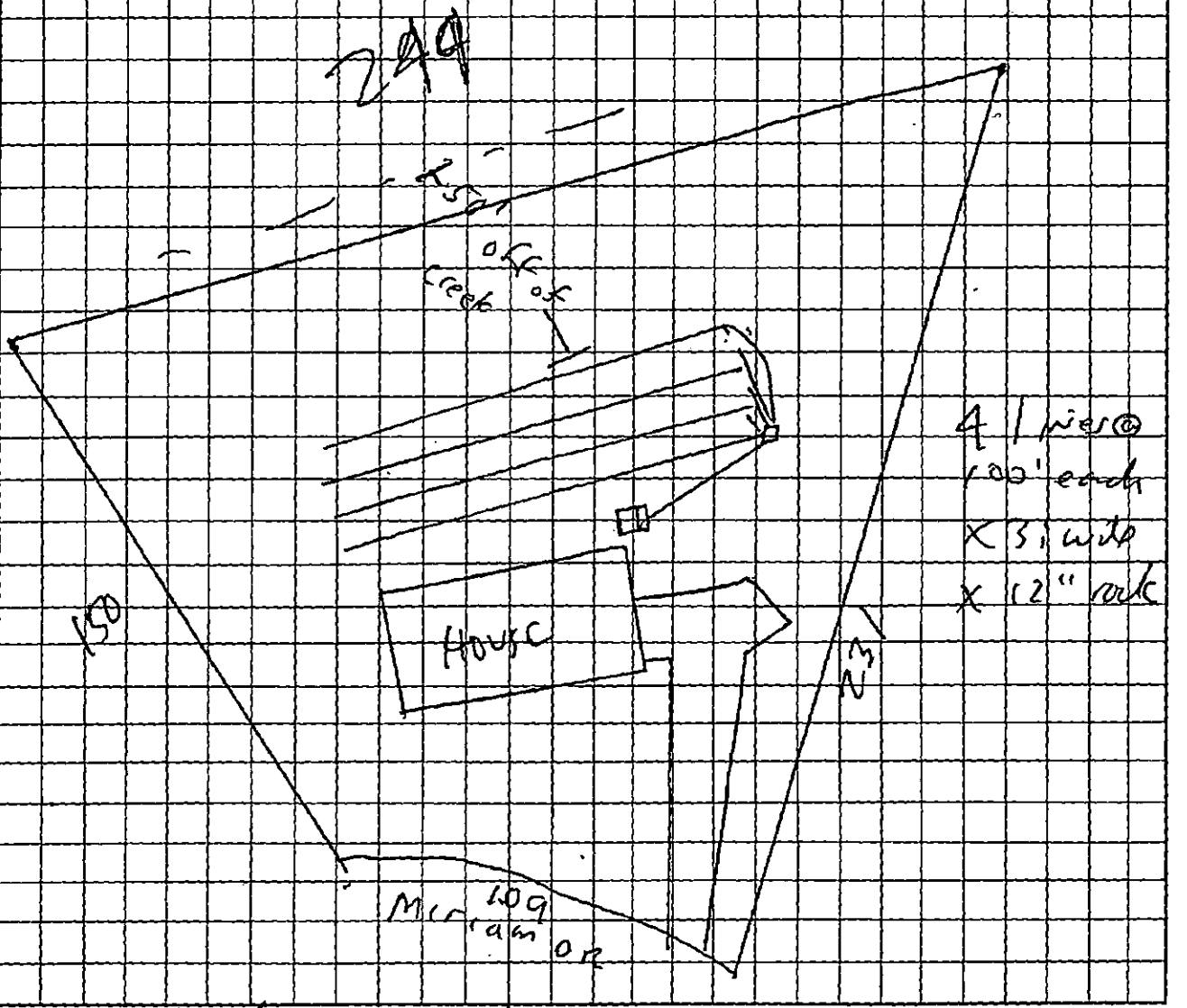
PROPOSED PLOT PLAN

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

FILE: 7610 B

TC: 015-264.54

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.



OWNER/AGENT SIGNATURE Doyle J Carthey

DATE 12-2-99

APPROVAL DATE _____

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

Permit Number: 2610 - B

Tax Number 015-264-54

- 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	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9 Trench spacing (min. on centers)
NO 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)
3 Bedrooms in residence	___ Gallon pump tank	12 Depth of stone	

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

Site modifications required: No

Additional Conditions:

Repair Area System Type Type (circle one): I II III IV V VI N/A	___ 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

___ Absorption Area (Sq ft) ___ Total Trench Length (Ft)	___ Depth of Stone Trench	___ Trench spacing (min. on centers)	___ 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 7-30-98

Owner/Agent Signature — Date 12-2-98

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

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 2610-B DATE: 1-23-99

TC: 015-264-54 ☐ L ☒ CRT

SERIAL Nº 17937

Name of Owner Harry Smith Juris.: _____

Address of Property 9039 Miriam Drive

Inspection Data:

Tank Material PVC

Total Length of Drainfield 300

Number of Lines 3 @ 100

Cover Depth 18"

Water Supply Source CMUD

Distance to Water Source ✓

Excavation Inspected 1-23-99

Tank(s) Inspected 1-23-99

Wash Line Inspected ✓

High Water Alarm Inspected ✓

PLOT

Design 1999 1500 ST INV 900 SFT CECIL CTR# BOBBY MATHEW

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: 1 1/4 SCH 40

Kelly Rule
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

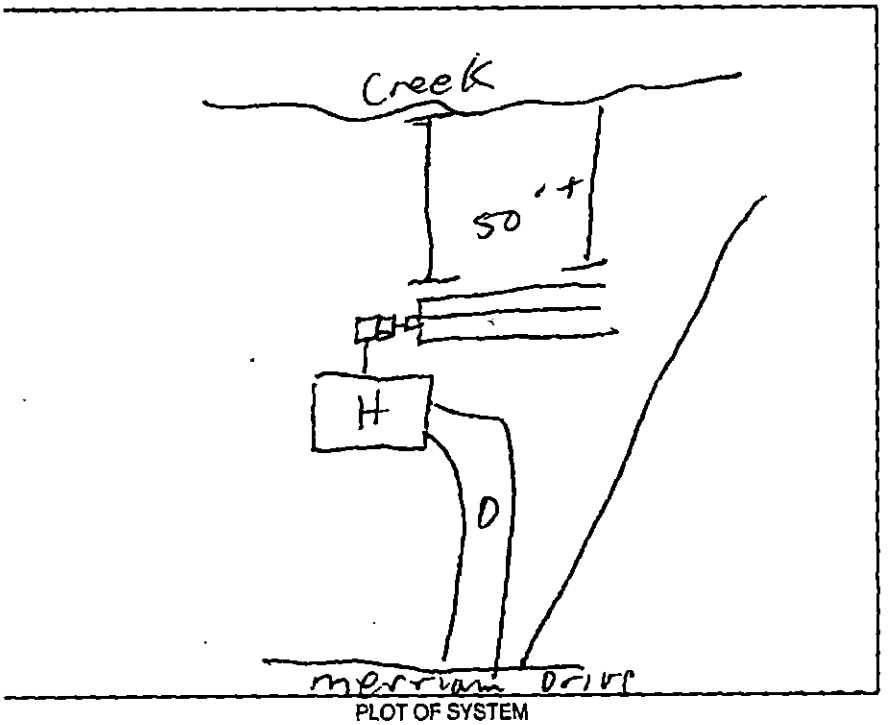
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2610-B DATE: 1-21-99

TC: 015-264-54 L

SERIAL Nº 18005

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 6-22-98. All work shall be completed on or before _____, 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 ✓ 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 300 feet

Number of Lines 3

Depth of Stone ✓ Inches

Distance from House 5 17 feet

Distance from Property Line 10 17 feet

Distance from Well Keep 100' feet

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

NAME OF OWNER Harry Smith

LOCATION OF PROPERTY 9039 Mirriam Drive

Comments: USE Innovative System Keep 50' off creek System used to overcome space limitations due to Retaining wall

Environmental Health Specialist

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

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

#2

Sheet ___
PROPERTY ID #: 015-264-54
Lot # : 11
File # : 26108

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Henry M. Smith
APPLICANT: ___
DATE EVALUATED: 7-23-98
ADDRESS: 1021 Miriam Dr. Hendersonville
PROPOSED FACILITY: residence
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: .78
PROPERTY RECORDED: ___
LOCATION OF SITE: Miriam Dr.
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	Slopes 10-20% .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	NS	0-3"	gr/cl	Fr/SEXPl 5Y/5m	>25" To Soil Wetness	25"	N/A	None	US IV
		3-25"	SBK/c	F/SEXPl/SiP					
2	NS	0-4"	gr/cl	Fr/SEXPl 5Y/5m	>48" To Soil Wetness	48"	N/A	None	PS .35/F2 IE
		4-48"	SBK/c	F/SEXPl/SiP					
3	NS	0-3"	gr/cl	Fr/SEXPl 5Y/5m	>48" To Soil Wetness	46"	N/A	None	PS .35/F2 IE
		3-46"	SBK/c	F/SEXPl/SiP					
4	NS	0-4"	gr/cl	Fr/SEXPl 5Y/5m	>48" To Soil Wetness	48"	N/A	None	PS .35/F2 IE
		4-48"	SBK/c	F/SEXPl/SiP					
5	NS	0-5"	gr/cl	Fr/SEXPl 5Y/5m	>37" To Soil Wetness	37"	N/A	None	PS IE .35/F2
		5-33"	SBK/c	F/SEXPl/SiP					
		33-37"	SBK/cl	Fr/SEXPl 5Y/5m					
6	LS	0-6"	gr/cl	Fr/SEXPl 5Y/5m	>35" To Soil Wetness	35"	N/A	None	US IV .35/F2
		6-31"	SBK/c	Fr/SEXPl 5YR					
		31-35"	SBK/cl	Fr/SEXPl 5Y/5m					

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

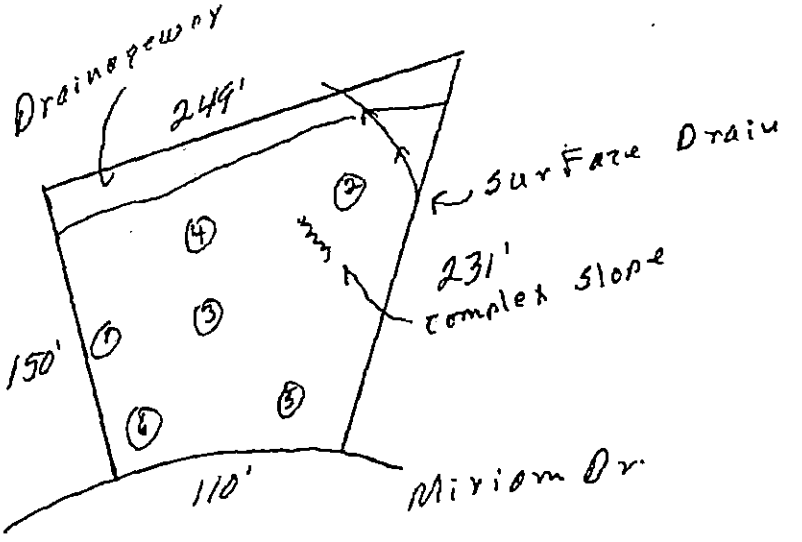
OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W.A. Wells 7-24-98
OTHER(S) PRESENT: LSS

FILE # 2616B

COMMENTS: Test is not with Repair

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	



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

(40) #2

Sheet
PROPERTY ID #: 015-26454
Lot # : 11
File # : 26108

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Harry M. Smith
APPLICANT:
DATE EVALUATED: 7-23-98
ADDRESS: 902 Miriam Dr. Hendersonville
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: .78
PROPOSED FACILITY: residence
PROPERTY RECORDED:
LOCATION OF SITE: Miriam Dr.
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	Slopes 10-20% .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
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		3-25"	SBK/c	Fi/SExPl/SP					
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		4-48"	SBK/c	Fi/SExPl/SP					
3	NS	0-3"	gr/cl	Fr/SExPl SS/SPo	48" To Soil wetness	46"	N/A	None	PS .35/F2 III
		3-48"	SBK/c	Fi/SExPl/SP					
4	NS	0-4"	gr/cl	Fr/SExPl SS/SPo	48" To Soil wetness	48"	N/A	None	PS .35/F2 III
		4-48"	SBK/c	Fi/SExPl/SP					
5	NS	0-5"	gr/cl	Fr/SExPl SS/SPo	37" To Soil wetness	37"	N/A	None	PS III .35/F2
		5-33"	SBK/c	Fi/SExPl/SP					
		33-37"	SBK/cl	Fr/SExPl SS/SPo					
6	LS	0-6"	gr/cl	Fr/SExPl SS/SP	35" To Soil wetness	35"	N/A	None	US III .26/F2
		6-31"	SBK/c	Fr/SExPl/SP					
		31-35"	SBK/cl	Fr/SExPl SS/SPo					

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

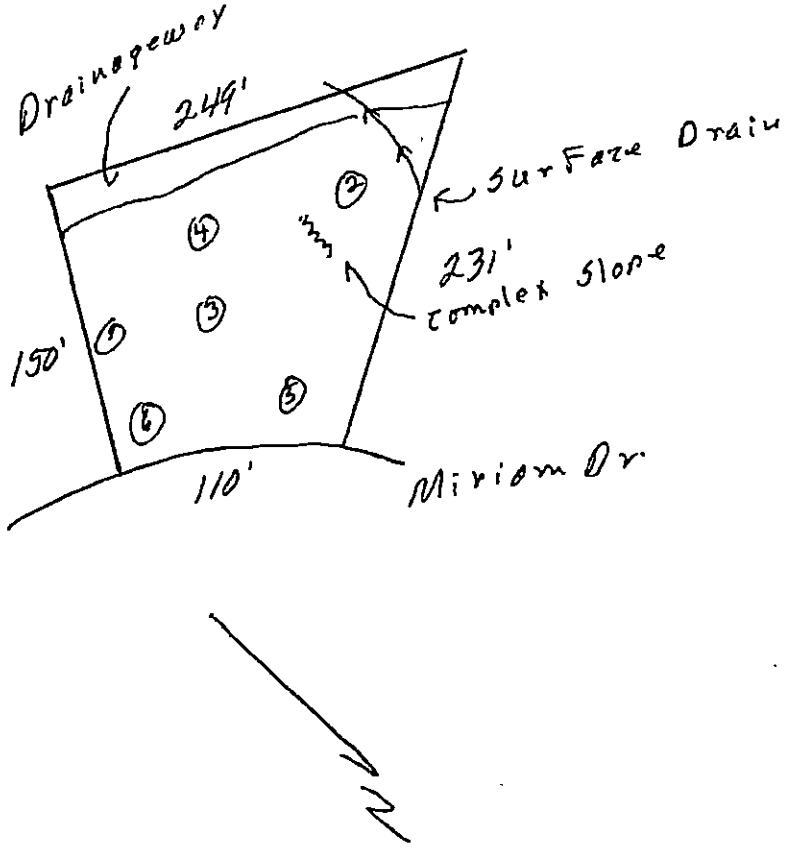
OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W.R. Martin 7-24-98
OTHER(S) PRESENT: LSS

FILE # 2616B

COMMENTS Test is not NRCS Report

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 OK # 1411
DATE: 1-22-98 VLD

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

PD 200 OK 1-23-98 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 #: 2610B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 015-264-54

STREET ADDRESS: 9036 Merriam Drive

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: Lot 11

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:

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS:

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:

Moving House on to lot 11

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES X NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ SHARED WELL (S)
X MUNICIPAL (M)
__ OTHER 'SPRINGS' (O)
__ PRIVATE WELL (P)

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: Smith (LAST) Harry (FIRST) Melvin (MI)

ADDRESS: 9036 Miriam Dr.

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

DAYTIME PHONE: ( ) 704 - 399. 7184

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: Harry M. Smith DATE: 6-22-98

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

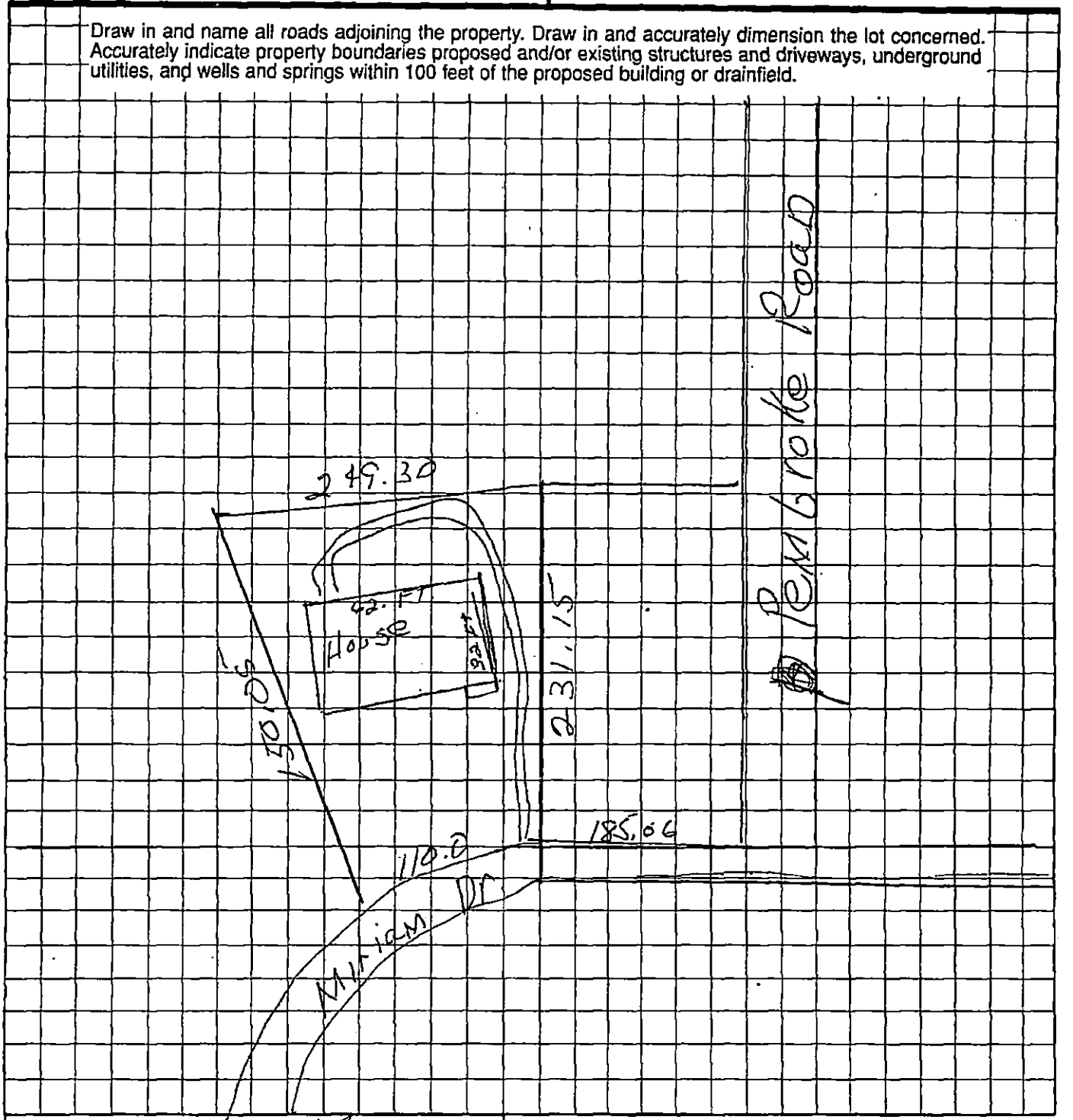
PROPOSED PLOT PLAN

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

FILE: 2610B

TC: 015-264-54

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.



Harry M. Smith
OWNER/AGENT SIGNATURE

DATE 6-22-98

APPROVAL DATE _____

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