


10930 ARTHUR AUTEN RD

02301206

12/18/2007

duponbj

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

7/18/05 V.W.
# 20000
Check #2287

GWS – RES. APP 12/04

[redacted]

**PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES**

[redacted]

FILE # 5668

SEPTIC / TYPE APPLICATION: ☐ NONE ☒ NEW SYSTEM EXISTING SYSTEM: ☐ EXPANSION/ALTERATION ☐ REPAIR

WELL / TYPE APPLICATION: ☐ NONE ☒ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

**JOB LOCATION INFORMATION:**

TAX/PARCEL #: 023-012-06
STREET ADDRESS: 10930 Arthur Auten Rd.
CITY: Huntersville, NC
STATE: NC ZIP: 28078
SUBDIVISION OR MOBILE HOME PARK NAME: N/A
LOT #:
TOWNSHIP:

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

**BUILDING INFORMATION:**

TYPE OF BUILDING:

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

HEATED SQUARE FOOTAGE: 2116
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES: N/A
NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☐ NO TYPE:

**WATER SUPPLY:**

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

PROPOSED USE OF WELL: ☐ N/A ☒ IRRIGATION ☒ POTABLE ☐ GEOTHERMAL ☐ OTHER

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

| | | | |
|---|---|---|---|
| BURIED CABLES, LANDFILLS, STUMPHOLES | ☐ YES ☒ NO | WELLS, SPRINGS, OR WATER LINES | ☐ YES ☒ NO |
| EXISTING WASTEWATER SYSTEMS | ☒ YES ☐ NO | DESIGNATED WETLANDS | ☐ YES ☒ NO |
| EASEMENTS OR RIGHT-OF-WAYS | ☐ YES ☒ NO | GRADING/SOIL REMOVAL PERFORMED | ☐ YES ☒ NO |

**PROPERTY OWNER:**

NAME: Korben Homes, Inc.
ADDRESS: 9920 Hanging Moss Trail
CITY: Charlotte
STATE: NC ZIP: 28227
HOME PHONE: WORK PHONE: 704-545-8188
MOBILE PHONE: 704-264-9866 FAX: 704-545-8679

**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 7/5/05
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 12/1/05

*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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature 7/18/05 Date

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE
WASTEWATER SECTION

*A Well 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

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

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 566B DATE: 2/8/06

TC: 023-012-06 ☐ L ☒ CRT

SERIAL Nº 20052

Name of Owner LORBEW HOMES Juris.: _____

Address of Property 10930 ARTHUR AUTEN ROAD

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield 260'

Number of Lines 2 @ 130'

Cover Depth 12"

Water Supply Source > 50' WELL

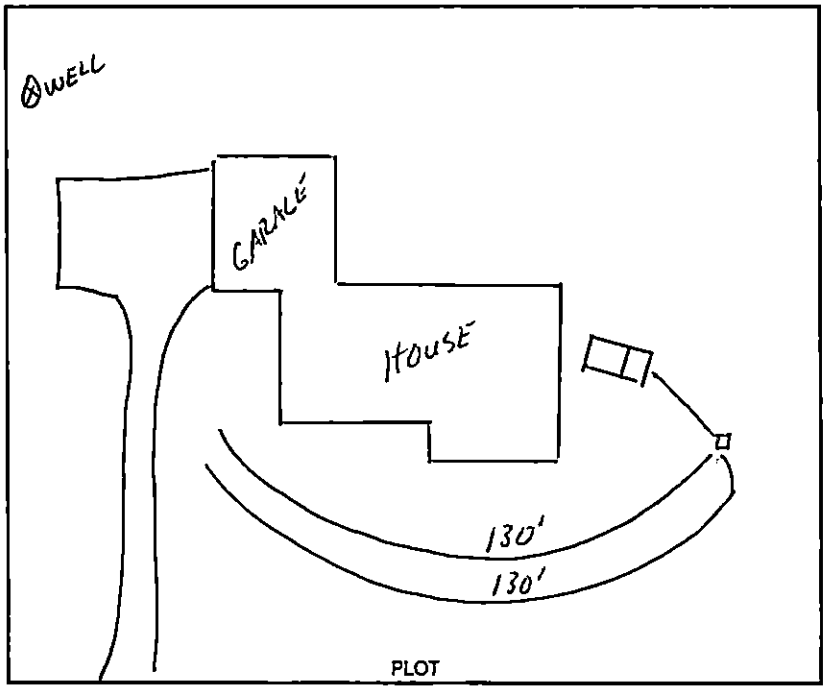
Distance to Water Source > 50'

Excavation Inspected 2/8/06

Tank(s) Inspected 2/8/06

Wash Line Inspected —

High Water Alarm Inspected —




Design 1500 ST, 780 SFT, INN, E-2 FLOW CTR# NORWOOD

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

☒ installed or constructed ☐ altered or repaired

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

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

☐ Certificate of Completion ☒ Operation Permit

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/revocation of this permit.

COMMENTS: THREE BEDROOM HOUSE
2 LINES X 130' X 3' (0.35 LTAR)
TYPE IIIg INNOVATIVE SYSTEM

Tommy Mullis, R.S
Environmental Health Specialist

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

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

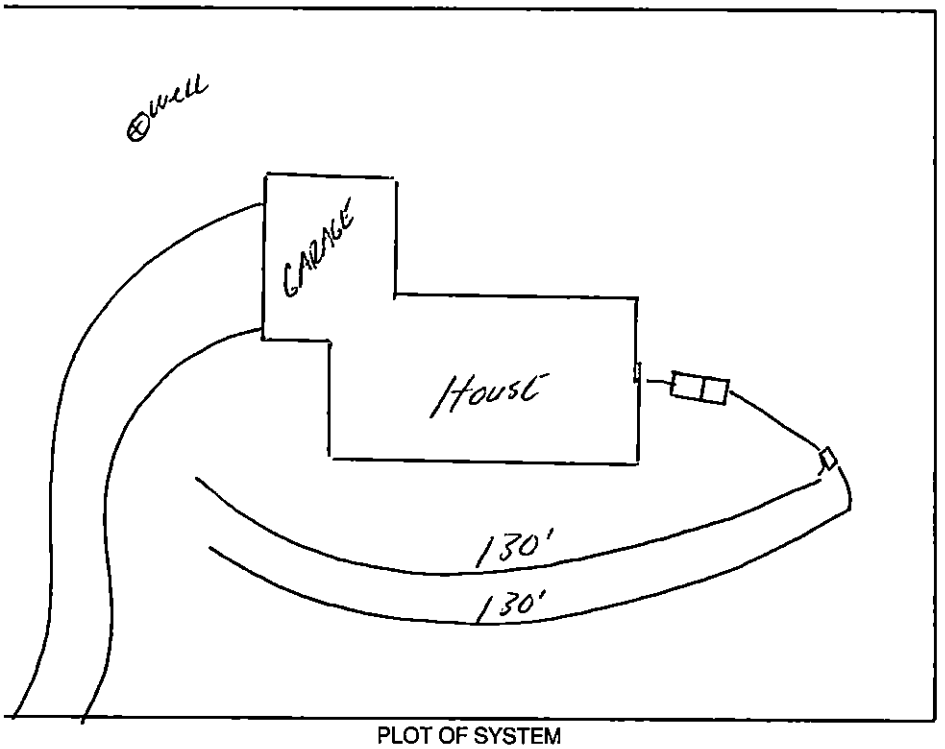
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5668 DATE: 2/1/06

TC: 023-012-06 ☐ L

SERIAL 19859

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 7/18/05. All work shall be completed on or before 3/1/06, 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 30"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 260' feet

Number of Lines 2 x 130'

Depth of Stone — inches

Distance from House >5' feet

Distance from Property Line >10' feet

Distance from Well >50' feet

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

NAME OF OWNER KORBEN HOMES

LOCATION OF PROPERTY 10930 ARTHER ALTON ROAD

Comments: THREE BEDROOM HOUSE

2 LINES x 130' X 3'

TYPE III g INNOVATIVE SYSTEM

Tommy Mullis, R.S.
Environmental Health Specialist

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

00 Ck# 2341

FEE: 300 / DATE: 8/30/05 C

# AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

LD

ACS

PERMIT NUMBER: 566B
PARCEL NUMBER: 02301206

JOB LOCATION ADDRESS: 10930 Arthur Auten Road
PROPERTY OWNER: Korben Homes, Inc.
BUILDING CONTRACTOR: Korben Homes, Inc.
SUBDIVISION NAME: NA
AUTHORIZATION ISSUED BY: Jeremy Michelone, R.S. DATE: 08/26/05

Jeremy Michelone, R.S.
DENR/DEH AUTHORIZED AGENT

## AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 566B, 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 THE 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 CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.

5. OTHER CONDITIONS:

## CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Permit Number: 566B

Tax Number: 02301206

- 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

**Primary Wastewater System**

Type: ☐ 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:

| | | | |
|---|---|---|---|
| 0.35 Long-term acceptance rate (GPD/ft^2) | 360 Max gallons/day wastewater flow | 780 Absorption Area (ft^2) | 9 Trench spacing (min. on centers) (ft) |
| Serviced by private well: ☒ Yes ☐ No | 1500 Gallon septic tank | 260 Total trench length (ft) | 24 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.) |
| 3 Bedrooms in residence | NA Gallon pump tank | NA Depth of stone (in) | |

Any surface water present: NO Type: Minimum separation distance (ft):

Additional conditions:

**Repair Area System**

Type: ☐ 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:

| | | | |
|---|---|---|---|
| 515 Absorption Area (ft^2) 171 Total trench length (ft) | NA Depth of stone (in) | 9 Trench spacing (min. on centers) (ft) | 24 Maximum trench depth (in) |

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. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems 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.

Tommy Martin, R.S. 8/26/05
DENR Authorized Agent Date

Owner/Agent Signature 9/30/05
Date

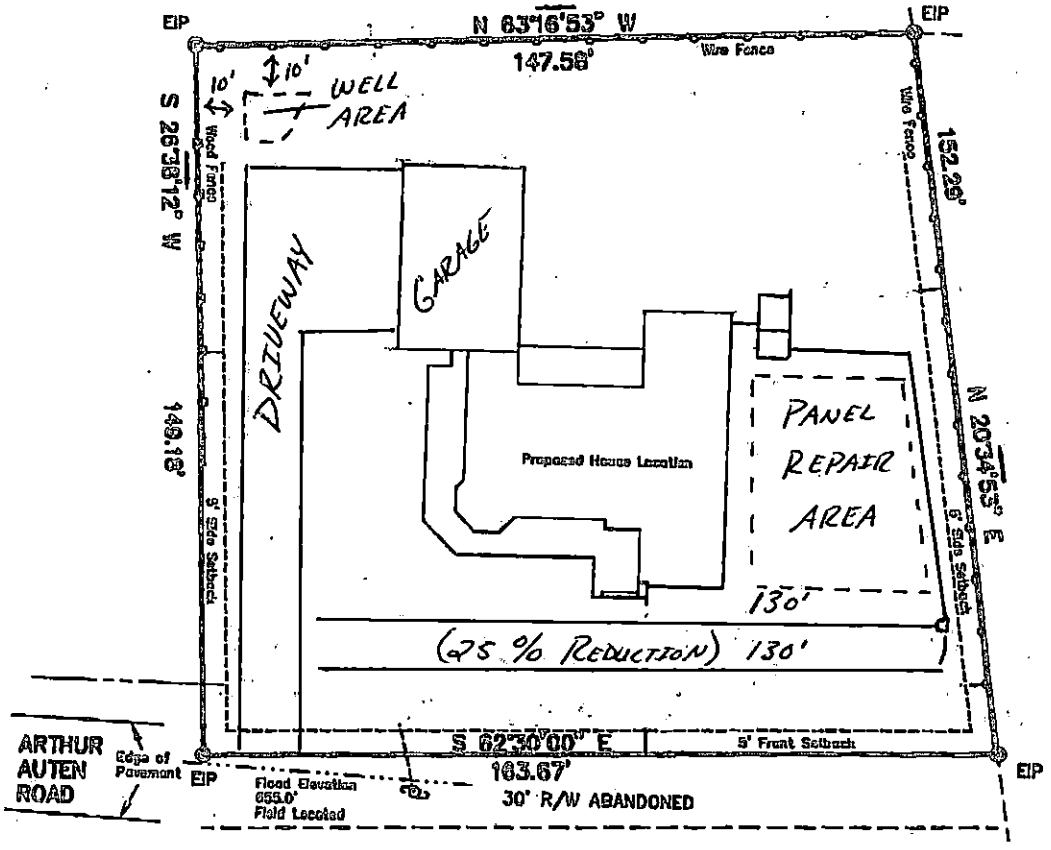
MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE: (704) 336-5103
FAX: (704) 336-6894

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE # 566B

PARCEL # 023-012-06

10930 ARTHUR AUTEN ROAD




COMMENTS:

→ SYSTEM DESIGNED FOR A 3 BEDROOM HOUSE

→ 0.35 LTAR

→ 1500 GALLON SEPTIC TANK

→ INSTALL 2 LINES x 130' x 3' (260')

→ TYPE III g INNOVATIVE SYSTEM (25% Reduction)

→ TYPE III c PANEL BLOCK SYSTEM REPAIR

Jimmy Mullis, R.S.
8/26/05

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

Sheet: 1 of 2
Property ID # 023-012-06A CS
Lot #:
File #: 566B
Code: 1

# SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Korben Homes, Inc.
Applicant:
Address: 9920 Hanging Moss Trail, Charlotte, N. C. 28227
Date Evaluated: 8/4/2005
Proposed Facility: Residence
Design Flow (.1949): 360gpd
Property Size: .52a
Location of Site: 10930 Arthur Auten Road
Property Recorded:
Water Supply: [ ] Public [x] Individual x [ ] 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 | | OTHER PROFILE FACTORS | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | 1941 Structure/ Texture | 1941 Consistence Mineralogy | 1942 Soil Wetness/ Color | 1943 Soil Depth (IN.) | 1956 Sapro Class | 1944 Restr Horiz | Profile Class & LTAR |
| 1 | LS, 6 | 0-6 | GR/SCL | FR/SCL/SS/SP | >42" TO SOIL WETNESS | 42 | N/A | NONE | PS, III .35GPD/FT$^2$ |
| | | 6-38 | SBK/SCL | " | | | | | |
| | | 38-42 | M/SCL | " | | | | | |
| 2 | " | 0-8 | GR/SCL | " | >48" TO SOIL WETNESS | 48 | " | " | PS, IV .325GPD/FT$^2$ |
| | | 8-34 | SBK/SCL | " | | | | | |
| | | 34-48 | SBK/C | FI/SEXP/S/P | | | | | |
| 3 | " | 0-4 | GR/SL | FR/SEXP/NS/NP | >37" TO SOIL WETNESS | 37 | " | " | PS, III .35GPD/FT$^2$ |
| | | 4-37 | SBK/SCL | FR/SEXP/SS/SP | | | | | |
| | | 37+ | M/SCL | " | | | | | |

| Description | Initial System | Repair System |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | | |
| Site LTAR | .35GPD/FT$^2$ | .35GPD/FT$^2$ |

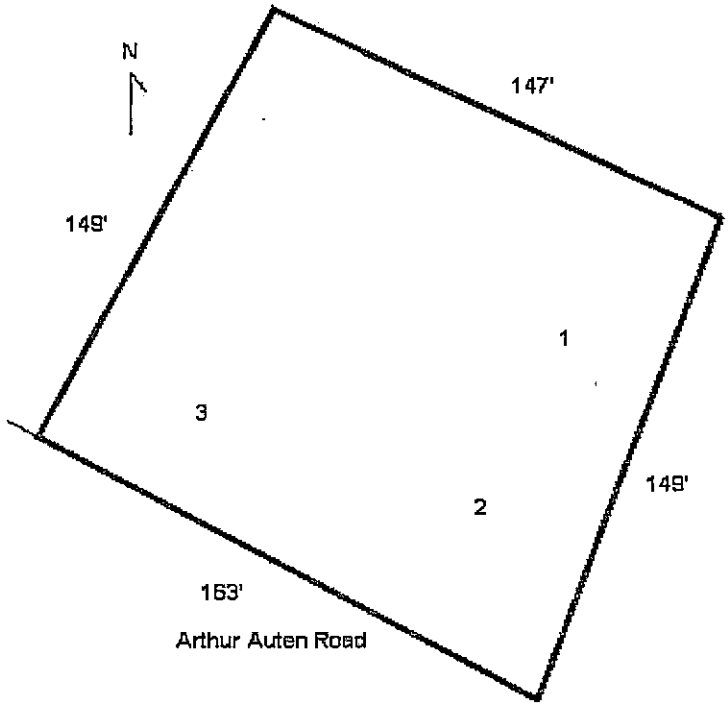
Other Factors (.1946):
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 8/8/2005, W. R. Marlin
Others Present:

**COMMENTS:**
Apparently 100% repair, drainfield already installed

| Landscape Position | Group | Texture | .1955 LTAR | Structure |
|---|---|---|---|---|
| R-Ridge | I | S-Sand | 1.2 - 0.8 | SG-Single Grain |
| SS-Shoulder Slope | | LS-Loamy Sand | | M-Massive |
| LS-Linear Slope | | | | CR-Crumb |
| FS-Food Slope | II | SL-Sandy Loam | 0.8 - 0.6 | GR-Granular |
| NS-Nose Slope | | L-Loam | | SBK-Subangular Blocky |
| HS-Head Slope | | | | ABK-Angular Blocky |
| CC-Concave Slope | III | SI-Silt | 0.6 - 0.3 | PL-Platy |
| CV-Convex Slope | | SICL-Silty Clay Loam | | PR-Prismatic |
| T-Terrace | | CL-Clay Loam | | |
| FP-Flood Plain | | SCL-Sandy Clay Loam | | |
| | IV | SC-Sandy Clay | 0.4 - 0.1 | |
| | | SIC-Silty Clay | | |
| | | C-Clay | | |

| Consistence Moist | Consistence Wet | Mineralogy |
|---|---|---|
| VFR-Very Friable | NS-Non-Sticky | SEXP-Slightly Expansive |
| FR-Friable | SS-Slightly Sticky | EXP-Expansive |
| FI-Firm | S-Sticky | |
| VFI-Very Firm | VS-Very Sticky | |
| EFI-Extremely Firm | NP-Non-Plastic | |
| | SP-Slightly Plastic | |
| | P-Plastic | |
| | VP-Very Plastic | |

**Sketch of Soil Evaluation Locations**



PINNACLE LAND SURVEYING, PA

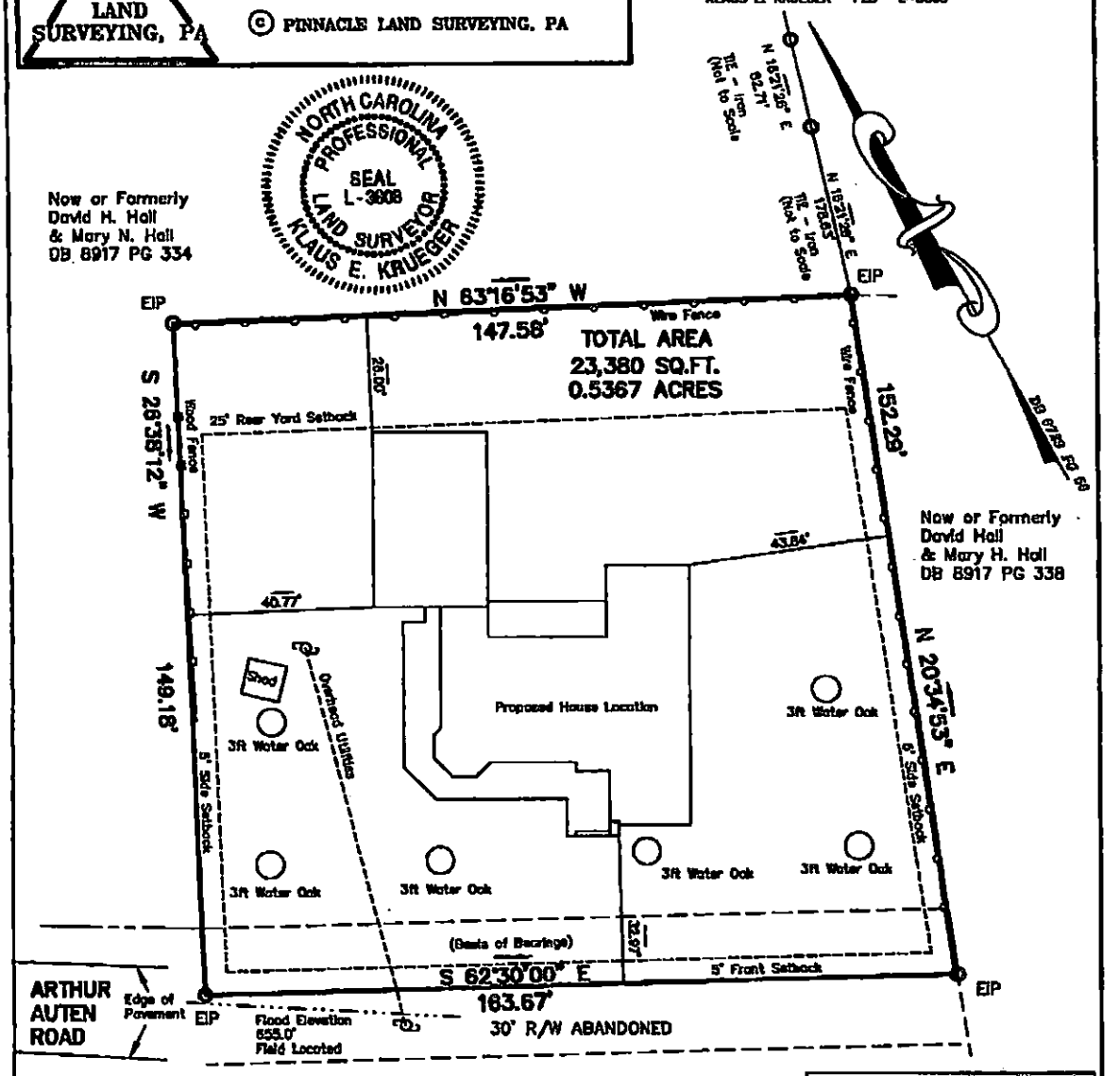
SURVEYING – PLANNING – MAPPING
P.O. BOX 2727 (704) 399-9120
HUNTERSVILLE, NC 28070 FAX (704) 399-1226

© PINNACLE LAND SURVEYING, PA

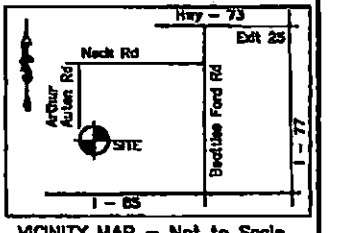
Klaus E. Krueger

KLAUS E. KRUEGER PLS L-3808

NORTH CAROLINA PROFESSIONAL SEAL L-3808 LAND SURVEYOR KLAUS E. KRUEGER




Now or Formerly
Robert F. Wood
& wf Lini P.
DB 3144 PG 181




VICINITY MAP – Not to Scale

NOTE:
SETBACKS ARE AS PER INFORMATION OBTAINED BY BUYER KURT MAGEE

I certify that this survey was performed by me (Klaus E. Krueger), under my supervision.
This survey is of an existing parcel of land.
The Raw Error of Closure was better than 1:10,000.
I did not do a full title search on this property.

This property is located in Zone X – (Areas determined to be outside 0.2% chance annual floodplain) as shown on FIRM map Panel 3719C 0064 E dated February 4, 2004.

This property is located in the Mountain Island Watershed Area Class– (CA4) – Critical Area There are several restrictions associated with this class which may apply to this property.

0 15 30 60
1 inch = 30 ft.

| LEGEND | |
|---|---|
| SETBACK | |
| EASEMENT | |
| PROPERTY LINE | |
| LINES NOT SURVEYED | |
| FEATURE | |
| RIGHT OF WAY | |
| SET IRON PIN | ○ SIP |
| EXISTING IRON PIN | ○ EIP |
| CONCRETE MONUMENT | ▭ CCM |
| NO PIN SET | ○ NPS |
| WATER METER | WM |
| POWER POLE | PP |
| CATCH BASIN | CB |
| SEWER MANHOLE | S |
| LAMP POST | LP |
| UTILITY BOX | UB |
| ELECTRIC BOX | EB |

DATE of:
Survey 11/09/04
Drawing 06/30/05
Job No: 3852
File: 10930ARTHURAUTEN
Drawn by: KEK

For Owners:
KURT A. MAGEE &
MARY PAGE MAGEE

Plat Plan for:
10930 ARTHUR AUTEN ROAD
HUNTERSVILLE, NORTH CAROLINA 28078
LONG CREEK TOWNSHIP, MECKLENBURG COUNTY

Deed Recorded in Deed Book 18494 Page 871
Tax Parcel # 023-012-08

5466

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 566B/8437A DATE: 11/17/92

TC: 023 025 03 ☐ L ☒ CRT

SERIAL № 12340

Name of Owner Charles C. Page Juris.:

Address of Property 10930 Arthur Allen Rd

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth 6"

Water Supply Source well

Distance to Water Source >50

Excavation Inspected 11/17/92

Tank(s) Inspected 11/17/92

Wash Line Inspected –

High Water Alarm Inspected –

PLOT

Design: 1992, 1500ST, CON, 1200SFT, 12"stone ceil CTR# Mike Williams 195

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 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The 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 10 NCAC 10A .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.

COMMENTS: System designed for 3 bedroom house

Type II system

Philo S. Walker R.S.
Environmentalist

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

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

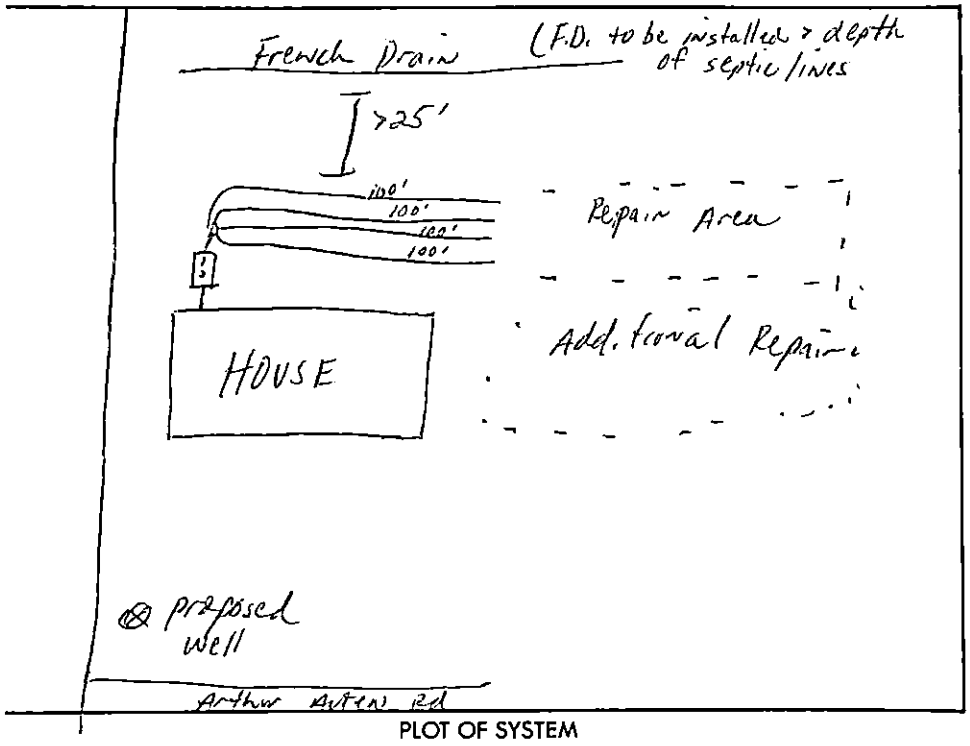
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: S66/8437A DATE: 10/18/92

TC: 023 025 03 ☒ L

SERIAL Nº 15281

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 9/16/92. All work shall be completed on or before 11/18/92, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400' feet

Number of Lines 4 (100') 

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 710 feet

Distance from Well >50 feet

NAME OF OWNER Charles C. Page

LOCATION OF PROPERTY 10930 Arthur Auten Rd

Comments: 4 lines x 100' long x 3' wd x 12" stone | Keep French Drain deeper than septic lines.

Kelly Ramsey
Division or Section Head

Philo S. Walker R.S.
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

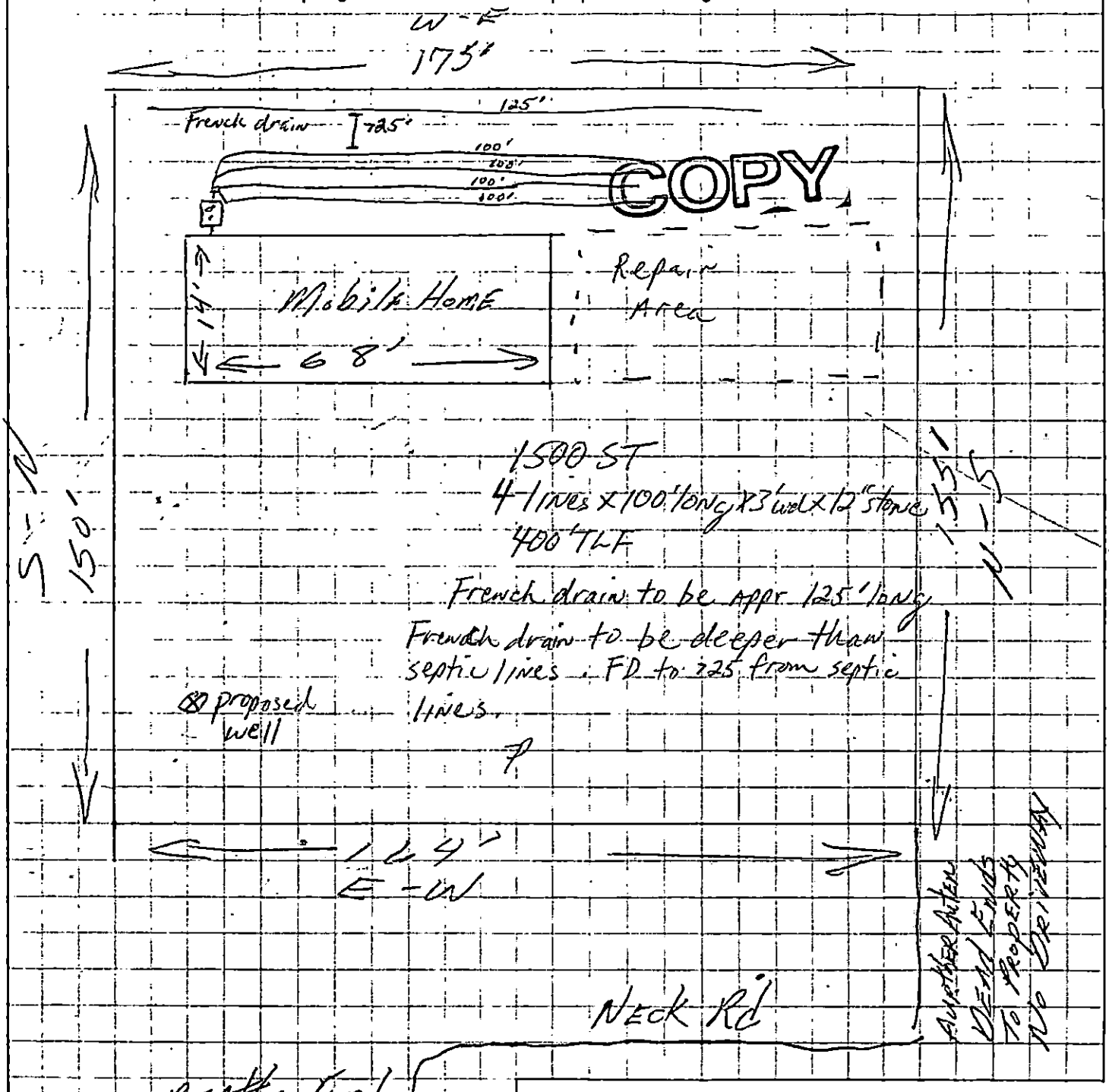
WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 566B/843A

TC: PD 023-025-03

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.




Signed: [signature]

Date: 9-23-92

appr PSW 9/23/92

$200 CASH 9-16-92

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
## APPLICATION FOR SERVICES

5666B/8437A.

[ ] CRT

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

(704)336-5102

PERSON FILING APPLICATION:

NAME: PAGE (last) CHARLES (first) C (mi)

ADDRESS: 1631 MASONIC DR PHONE: (704) 332-2908

CITY: Charlotte STATE: N.C. ZIPCODE: 28205

Date:

PROPERTY OWNER:

NAME: PAGE (last) CHARLES (first) C (mi)

ADDRESS: 1631 MASONIC DR PHONE: (704) 332-2908

CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28205

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 023-025-03

STREET ADDRESS: 10930 Arthur Auten Huntersville, NC.

ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

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

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

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 1

SYSTEM CLASSIFICATION:

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

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

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

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Charles C. Page Jr. Date: 9-16-92

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

...

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

Philip S. Walker R.S. 9/23/92
Environmentalist Date

Director or Authorized Section Head 9-25-92 Date

WWATER : 122791

September 10, 1992

# Mecklenburg County
## Health Department

Betty S. Snow, R.N., M.A.
Health Director

Mr. Charles C. Page
1631 Masonic Drive
Charlotte, NC 28205

RE: Property located at 10930 Arthur Auten
FILE: 566B/8437A
PARCEL: 023-025-03

Dear Mr. Page:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 12749) is enclosed for your information.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Our review process begins upon receipt of an Application for an Improvement Permit accompanied by a plot plan drawn to scale with accurate dimensions indicated detailing the location of existing well or type sewage disposal systems (if applicable), setbacks, and utility easements. Proposed buildings, etc. must be drawn on the plot plan to allow sufficient remaining space for the sewage disposal system and well. The well should be located 100 feet from any part of any sewage disposal system (including those located on adjacent properties).

Please note that this classification may be changed if any filling, grading or construction (including the drilling of a well) is performed on the lot which without prior approval from this Department. Current regulations in effect are "Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal: 15A NCAC 18A .1900, August, 1991". Changes in regulations may impact future approvals on this lot.

If there are any questions concerning this matter, please contact Bill Marlin at 336-5574.

Sincerely,

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems
KR/wpg

**MECKLENBURG COUNTY ENVIRONMENTAL HEALTH**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 12749

File: 566B/6437A Action 1

Parcel: 023-025-03 ☐ PC

Location: 10930 Arthur Auten

Subdivision:

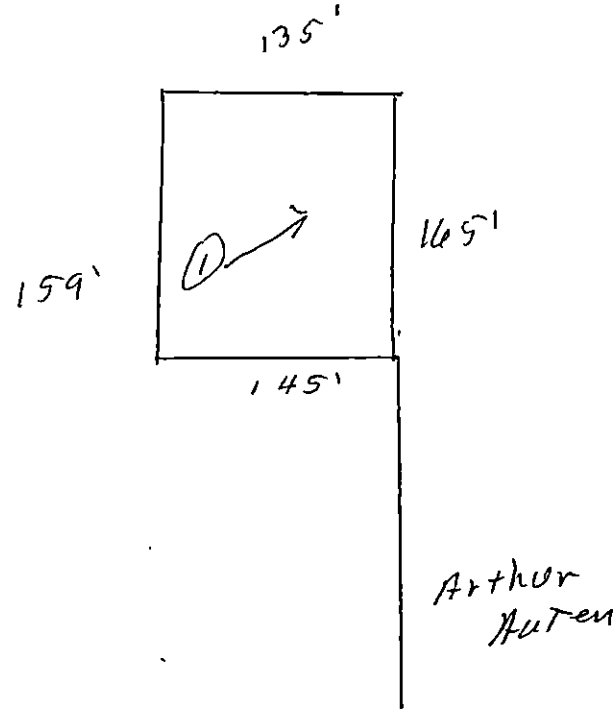
Lot: Block: Acres: .52

Owner: Charles C. Page
Address: 1631 Masonic ~~Rock~~ Dr,
Charlotte, N.C. 28205

Comments: .39gal/FT2/day LTAR
recommend subsurface
interception drain

Described by: William R. Meeks

Date: 9-8-92




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

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

| FACTORS | AREA 1 | AREA 2 | AREA 3 | AREA 4 | AREA 5 | AREA 6 |
|---|---|---|---|---|---|---|
| Topography | (S) PS U 2-6% | S PS U | S PS U | S PS U | S PS U | S PS U |
| Texture Slightly Expansive clay | S (PS) U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Structure | S (PS) U Sub-Blocky | S PS U | S PS U | S PS U | S PS U | S PS U |
| Drainage | S (PS) U 30" to 36" water | S PS U | S PS U | S PS U | S PS U | S PS U |
| Depth | S (PS) U 36"+ | S PS U | S PS U | S PS U | S PS U | S PS U |
| Restrictive Horizons | S (PS) U 36" | S PS U | S PS U | S PS U | S PS U | S PS U |
| Available Space | S (PS) U Limited | S PS U | S PS U | S PS U | S PS U | S PS U |
| Other (specify) | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Soil Group/Series | Cecil-Lilac IIe | | | | | |
| Area Classification | S (PS) U | S PS U | S PS U | S PS U | S PS U | S PS U |

File 5606/8437A

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
## APPLICATION FOR SERVICES

$150 8-10-92 BOC/SW CRT

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

(704)336-5102

PERSON FILING APPLICATION:

NAME: [redacted] PAGE (last) CHARLES (first) C (mi)

ADDRESS: 1631 MASONIC DR PHONE: (704) 3322908

CITY: CHARLOTTE STATE: NC ZIPCODE: 28205

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 023-025-03

STREET ADDRESS: 10930 ARTHUR AUTEN HUNTERSVILLE NC

ZONING:

PROPERTY OWNER:

NAME: PAGE (last) CHARLES (first) C (mi)

ADDRESS: 1631 MASONIC DR PHONE: (704) 3322908

CITY: CHARLOTTE STATE: NC ZIPCODE: 28205

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

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

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

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

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

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

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: [signature] Date: 8-10-92

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules for Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

...

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

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WATER : 122791

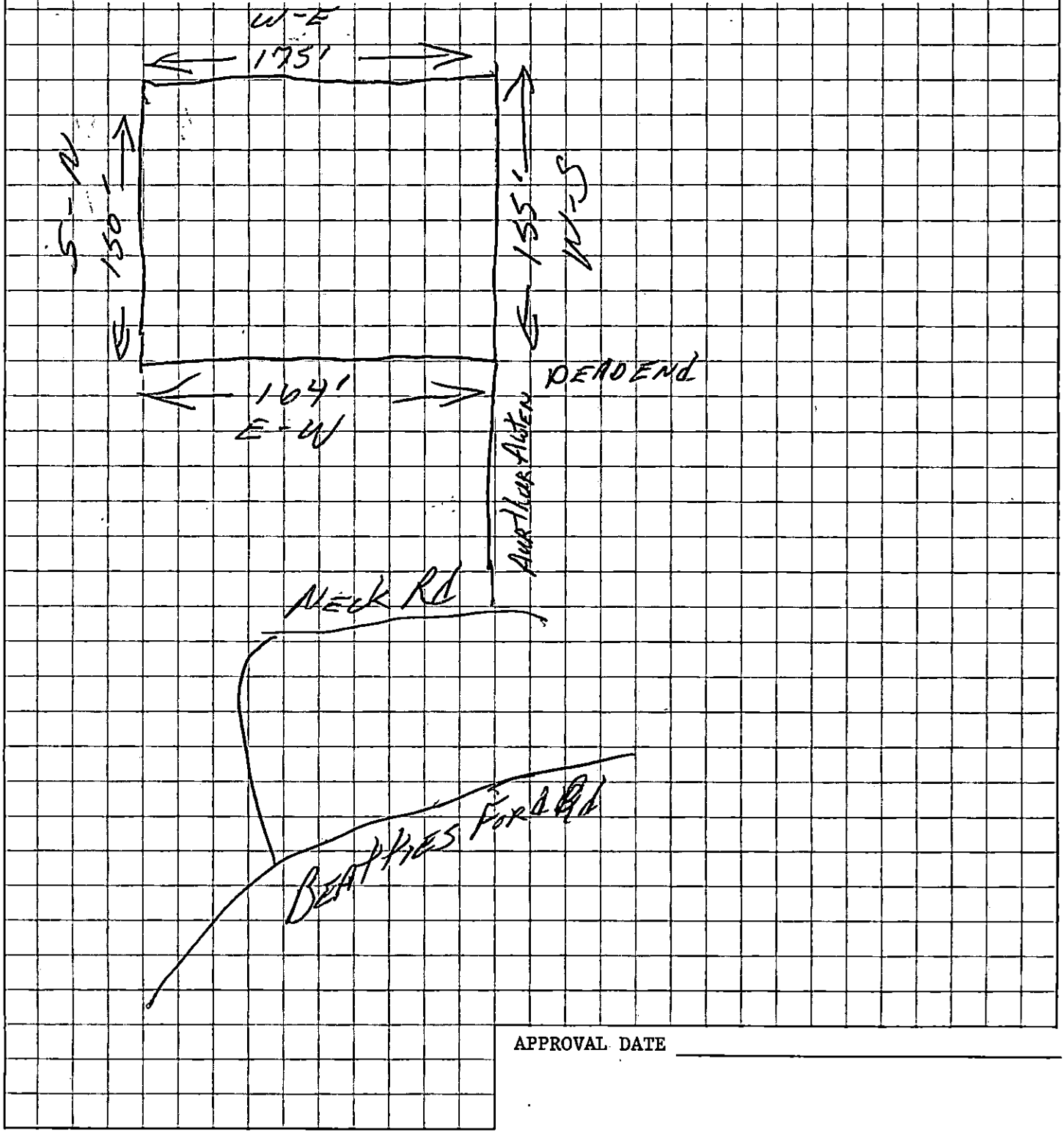
# PROPOSED PLOT PLAN

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

FILE: 566B/8437A

TC: 023025-03

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




APPROVAL DATE _____

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

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

DATE 8-10-92

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meek

PARCEL NUMBER 023-025-03

ASSIGNED ADDRESS 10930 ~~10975~~ Arthur Auten Rd

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

| | APPROVED | DISAPPROVED |
|---|---|---|
| 1. SUBDIVISION REGULATIONS | / / | / /* |
| 2. FLOODWAY REGULATIONS | / / | / /* |
| 3. EROSION CONTROL REGULATIONS | / / | / /* |
| 4. PUBLIC UTILITY EASEMENT | / / | / /* |

| | PRESENT | NOT PRESENT |
|---|---|---|
| 5. PUBLIC UTILITY EASEMENT | / /* | / / |
| 6. PROPERTY FRONTS ON THOROUGHFARE | / /* | / / |
| 7. DRIVEWAY PERMIT REQUIRED | / /* | / / |

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Well & Septic

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.
A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: _____

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100