App. #: 1604

Septic Fee: 200.00

Date: 11/2/2006

CRT[ ]

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

MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

FILE # 4314B

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 #: 108-022-19 ☐ PO

STREET ADDRESS: 7913 HICKORY DR

CITY: Charlotte

STATE: NC ZIP: 28215

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 0

TOWNSHIP: 00

General Comments:

NEW PROPERTY OWNER INFO RECEIVED 11/07/08; GWS NOT PUT ON LD AS UNIT, NO HOLD TO RELEASE. REMAINING FEES PAID BY NEW OWNER 11/07/08.

BUILDING INFORMATION:

TYPE OF BUILDING:

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

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

(•) HOUSE (H) ( ) OTHER

HEATED SQUARE FOOTAGE: 2685

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 4

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 STORAGE	( ) Yes (•) No	GROUNDWATER USE RESTRICTIONS/VARIANCES	( ) Yes (•) No

PROPERTY OWNER:

NAME: ADOLFO BONILLA

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: CHUCK ROSS - REPRESENTATIVE FOR OW

ADDRESS:	641 ANN ELIZABETH DRIVE	ADDRESS:	UNKNOWN
CITY:	CHARLOTTE	CITY:	CHARLOTTE
STATE:	NORTH CAROLINA ZIP: 28213	STATE:	NORTH CAROLINA ZIP: 28215
HOME PHONE:	WORK:	HOME PHONE:	WORK:
MOBILE:	704-649-5293 FAX:	MOBILE:	704-201-9923 FAX:

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

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.

_____ (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.

X A.D.B (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.

X Adolfo D Bonilla — Property Owner's or Owner's Legal Representative Signature

X 11.07.08 — Date

OFFICE USE ONLY

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

SEPTIC APPLICATION FEES RECEIVED: $ 400 cash DATE FEE RECEIVED: 11/7/08

WELL APPLICATION FEES RECEIVED: $ 550.00 cash DATE FEE RECEIVED: 11/7/08

APPLICATION PROCESSED BY: JC

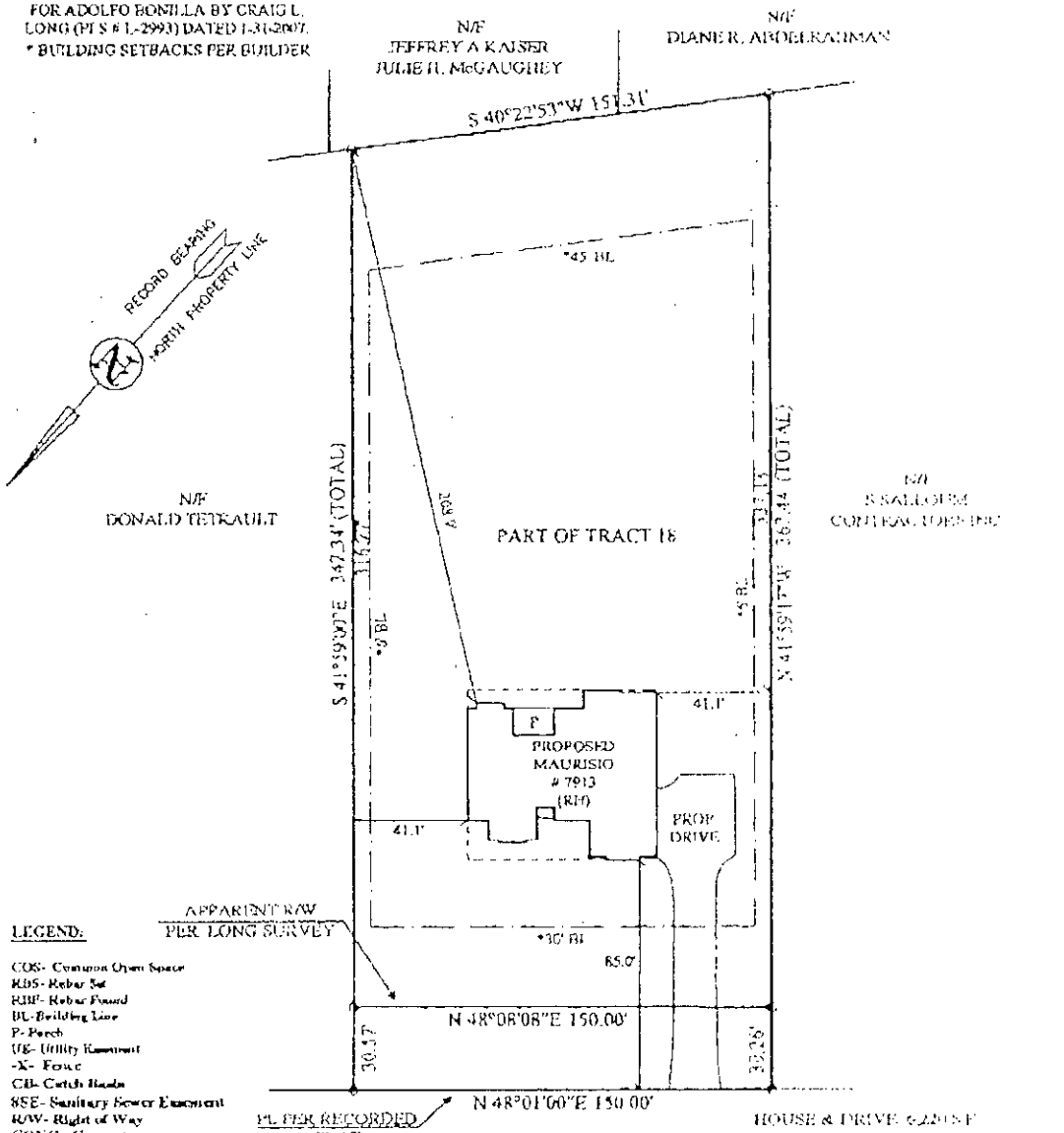
GWS FILE NUMBER ASSIGNED: 4314B

APPLICATION ID NUMBER ASSIGNED: 3965

COMMENTS:

GENERAL NOTES
1. NO FIELD WORK HAS BEEN PERFORMED.
2. THIS PROPERTY IS SUBJECT TO ADDITIONAL EASEMENTS OR RESTRICTIONS OF RECORD.
3. CARTER LAND SURVEYORS IS UNABLE TO WARRANT THE ACCURACY OF BOUNDARY INFORMATION, STRUCTURES EASEMENTS, AND BUFFERS THAT ARE ILLUSTRATED ON THE SUBDIVISION PLAT.
4. UTILITY EASEMENT HAS NOT BEEN FIELD VERIFIED BY SURVEYOR. CONTACT UTILITY CONTRACTOR FOR LOCATION PRIOR TO CONSTRUCTION. (IF APPLICABLE)
5. THIS PLAT IS FOR EXCLUSIVE USE BY CLIENT. USE BY THIRD PARTIES IS AT THEIR OWN RISK.
6. DIMENSIONS FROM HOUSE TO PROPERTY LINES SHOULD NOT BE USED TO ESTABLISH FENCES.
7. THIS PLAT HAS BEEN CALCULATED FOR CLOSURE AND IS FOUND TO BE ACCURATE WITHIN ONE FOOT IN [illegible] FEET.

LOT DIMENSIONS AND APPARENT R/W BASED ON PHYSICAL SURVEY FOR ADOLFO BONILLA BY CRAIG L. LONG (PTS # L-2993) DATED 1-31-2007.
* BUILDING SETBACKS PER BUILDER



LEGEND:

COS- Common Open Space
RBS- Rebar Set
RBF- Rebar Found
BL- Building Line
P- Porch
UE- Utility Easement
-X- Fence
CB- Catch Basin
SSE- Sanitary Sewer Easement
R/W- Right of Way
CONC- Concrete
DK- Deck
Pat- Patio
S- Stoop
PSDE- Permanent Storm Drainage Easement
FFE-Flood Protection Elevation
-D- Drainage Easement
-S- Sewer Easement

HICKORY DRIVE
60' APPARENT R/W
(14' GRAVEL ROAD)

BOX DIMENSION TO BE STAKED:
67.8' WIDTH X 62.8' DEPTH

HOUSE & DRIVE: 6,220 S.F.

AREA: 53,935 S.F. 1.238 ACRES
MAP BOOK 6, PAGE 63 [illegible]

SCALE: 1" = 50'

50' 0' 50'
GRAPHIC SCALE FEET

HELP FOR:
CHUCK ROSS

SUBDIVISION: HICKORY ACRES
LOT : PART OF TRACT 18
CRAB ORCHARD TOWNSHIP,
MECKLENBURG COUNTY, NORTH CAROLINA
ORDER DATE: 07/21/2008

20080701299 CHUCK

CARTER LAND SURVEYORS
AND PLANNERS
8325-E ARROWRIDGE BOULEVARD
CHARLOTTE, NC 28273
PH. 704.529.3351

www.carterland.com
ATLANTA • CHARLOTTE

B

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 #: 4314B Permit #: 1604 Tax Parcel #: 108-022-09

Property Owner: ADOLFO BONILLA

Job Location Address: 7913 HICKORY DR.

City: CHARLOTTE State: NC Zip Code: 28215

Installation Approval Issuance Date: 6/23/09

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 7/23/09, 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: 0.4 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: N/A gallons

Drainfield Design ☐ N/A INNOVATIVE 25%

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 226 feet

# of Lines: 2 @ 110' & 115' feet

Depth of Media: 12 inches (Type) 111g

Distribution Device: _____

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☑ Private Well ☐ Community Well

☐ Other _____

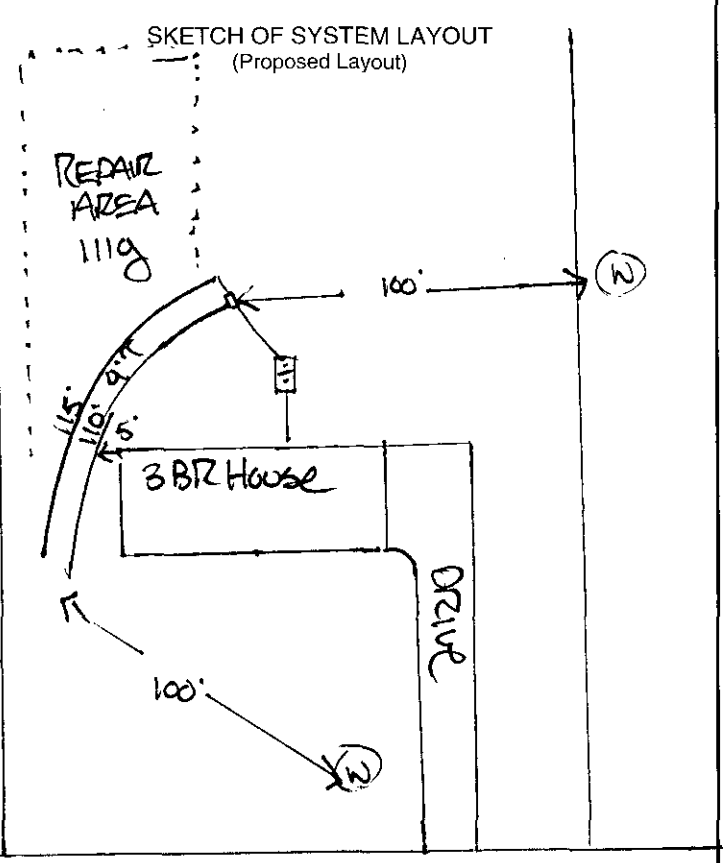
Minimum System Setbacks

Distance from Building Foundation: 10 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 100 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



7913 HICKORY DRIVE

Comments: System Classification & Type: 111g, 25% REDUCTION. INSTALL 2 LINES @ 115' & 110'. STAY 100' FROM WELLS.

DENR Authorized Agent: DAVID CORNELIUS, RS Signature: [signature]

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 #: 4314B Permit #: 1604 Tax Parcel #: 108022-09

Property Owner: Adolfo Bonilla

Job Location Address: 7913 Hickory Dr.

City: Charlotte State: NC Zip Code: 28215

Operation Permit Issuance Date: 06-24-2009 Contractor Name: Larry Norwood

Permitted Design Flow: 360 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: N/A gallons

Effluent Pump Model: N/A

Drainfield Installation ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 226 feet

# of Lines: 2 @ 110-116 feet

Depth of Media: 12 inches (Type) Quick 4 Chamber

Depth of Cover: 24 inches

Distribution Device: Chamber end cap

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 10-15 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 100 feet

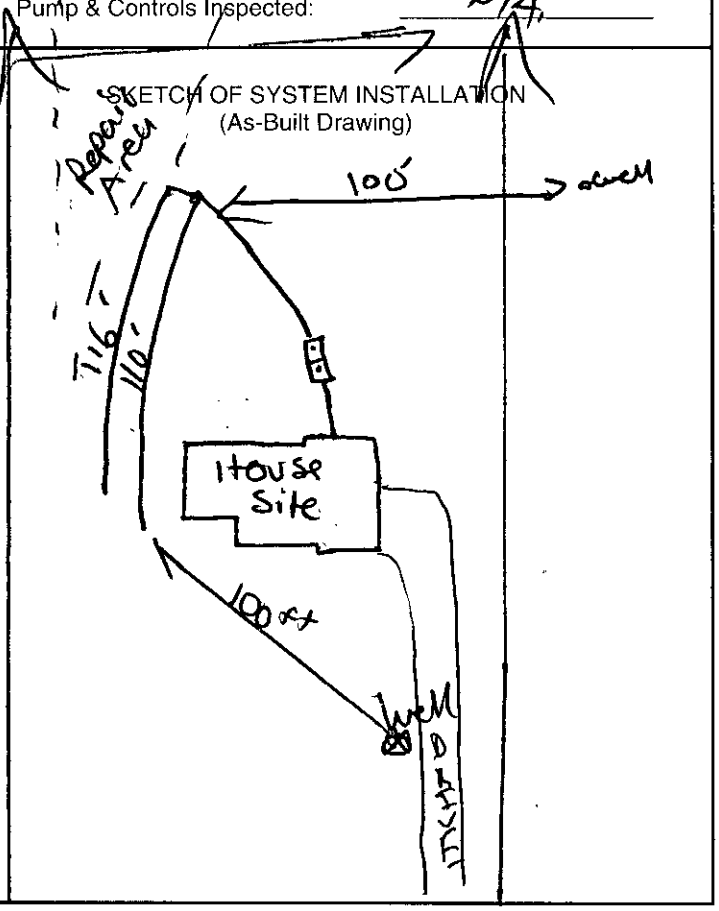
Inspection Dates

Tank(s) Inspected: 06-24-09

Excavation Inspected: 06-24-09

Pump & Controls Inspected: N/A

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: III g System IQ4, G, NA, NA

DENR Authorized Agent: Jeremy Mulvaney Signature: Jeremy Mulvaney

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 #: 4314 B Permit #: _____ Tax Parcel #: 108-022-09

Property Owner: Adolfo Bonilla

Job Location Address: 7913 Hickory Dr

City: Charlotte State: NC Zip Code: 28215

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: III 9

*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 Michael Date: 06-24-2009

Signature: Jeremy Michael

1604

GWS – RES. APP 07/05

SEPTIC FEE: 200.00
DATE: 11/2/06
CRT [ ] CK # 369
JRA

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

FILE # 43143

WELL FEE: _____
DATE: _____
CRT [ ]

SEPTIC / TYPE APPLICATION: ☐ NONE ☑ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 108-022-09
STREET ADDRESS: 7913 Hickory Drive
CITY: Charlotte
STATE: NC ZIP: 28212
SUBDIVISION OR MOBILE HOME PARK NAME:
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: 2300 Sq. Ft.
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 1

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:

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: Dou Tetrault
ADDRESS: 7921 Hickory Drive
CITY: Charlotte
STATE: NC ZIP: 28215
HOME PHONE: 704 414-2111 WORK PHONE:
MOBILE PHONE: 704 507 9570 FAX: 414-2119

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?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

*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 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

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

Sheet: 1 of 2
Property ID: 108-022-09
Lot #:
File #: 4314B
AppID: 1604
Code: 1

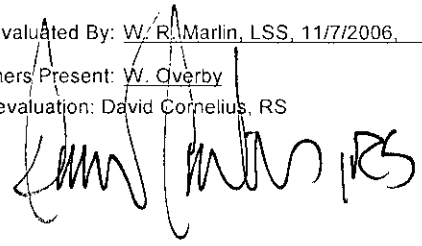
SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Dow Tetrault
Applicant:
Address: 7921 Hickory Drive, Charlotte, N. C., N. C. 28215
Date Evaluated: 11/6/2006
Proposed Facility: Residence
Design Flow (.1949): 360gpd
Property Size: 1.22a
Location of Site: 7913 Hickory Drive
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [x] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY 1941		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, 8	0-8	GR/CL	FR/SEXP/SS/SP	>72" TO SOIL WETNESS	37	US	NONE	US
		8-37	ABK/SBK/C	VFI/EXP/VS/VP					
		37-60	M/SCL	VFI/SEXP/SS/SP					
		60-72	"	FR/SEXP/SS/SP					
2	"	0-13	SBK/SC	VFI/EXP/VS/VP	>61" TO SOIL WETNESS	13	PS	"	PS, SAP II
		13-61	M/SL	FR/SEXP/NS/NP					.4GPD/FT^2
3	"	0-14	SBK/SC	VFI/EXP/VS/VP	>60" TO SOIL WETNESS	14	"	"	"
		14-60	M/SL	FR/SEXP/NS/NP					
4	"	0-24	GR/SCL	FR/SEXP/SS/SP	>62" TO SOIL WETNESS	62	"	"	"
		24-62	M/SL	FR/SEXP/NS/NP					
5	"	0-12	SBK/SCL	FR/SEXP/SS/SP	>72" TO SOIL WETNESS	36	"	"	"
		12-36	M/SC	VFI/EXP/VS/VP					
		36-72	M/SL	FR/SEXP/NS/NP					
6	"	0-18	ABK/SBK/C	VFI/EXP/VS/VP	>70" TO SOIL WETNESS	18	"	"	"
		18-40	M/SCL	FR/SEXP/ASS/SP					
		40-72	M/SL	FR/SEXP/NS/NP					
7	"	0-3	GR/SL	"	>60" TO SOIL WETNESS	21	"	"	"
		3-21	SBK/SC	VFI/EXP/VS/VP					
		21-60	M/SL	FR/SEXP/NS/NP					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	IIIg	IIIg
Site LTAR	.4GPD/FT^2	.4GPD/FT^2

Other Factors (.1946):
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 11/7/2006
Others Present: W. Overby
System Design/evaluation: David Cornelius, RS



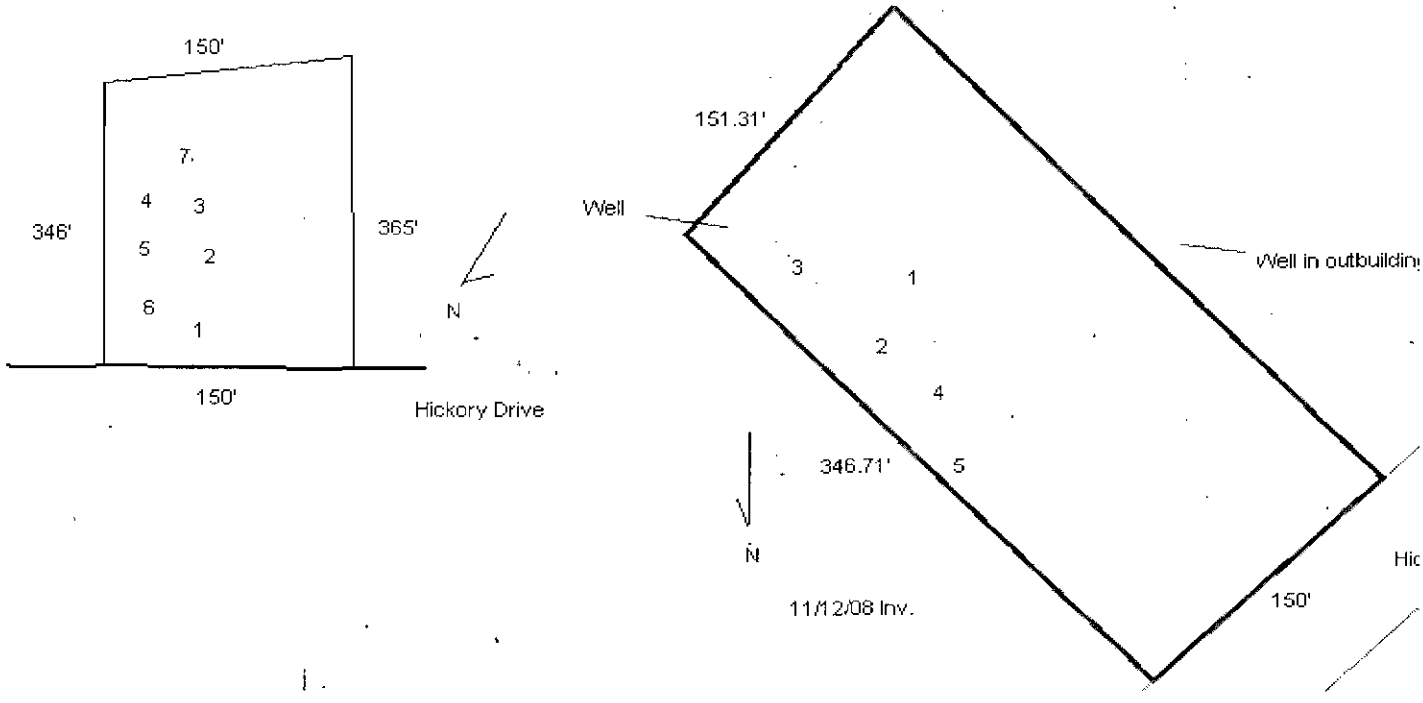
COMMENTS:

100% repair, additional investigation made using pits 11/12/08,
W. Marlin and D.Cornelius present

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-Foot 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				
FP-Flood Plain		CL-Clay Loam		
		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



SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
CONTINUED

PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY 1941		OTHER PROFILE FACTORS				Profile Class & LTAR
			1941 Structure/ Texture	1941 Consistence Mineralogy	1942 Soil Wetness/ Color	1943 Soil Depth (IN.)	1956 Sapro Class	1944 Restr. Horiz.	
			PITS	EVALUATED 11/12/08					
1	LS, 8	0-22	SBK/C	VFI/MIXED/S/VP	>51" TO SOIL WETNESS	22	PS	NONE	PS, SAP II
		22-51	M/SL	FR/SEXP/NS/NP					.4GPD/FT^2
2	"	0-3	GR/SCL	FR/SEXP/SS/SP	>60" TO SOIL WETNESS	28	"	"	"
		3-16	SBK/C	VFI/MIXED/S/VP					
		16-28	M/SCL	FR/SEXP/SS/SP					
		28-60	M/SL	FR/SEXP/NS/NP					
3	"	0-10	GR/SL	"	>69" TO SOIL WETNESS	44	"	"	"
		10-21	SBK/SCL	FR/SEXP/SS/SP					
		21-44	SBK/C	VFI/MIXED/S/VP					
		44-69	M/SL	FR/SEXCP/NS/NP					
4	"	0-11	GR/SL	VFR/SEXP/NS/NP	>60" TO SOIL WETNESS	11	"	"	PS, SAP II
		11-60	M/SL	FR/SEXP/NS/NP					.45GPD/FT^2
5	"	0-13	M/SC	FI-VF-/MIXED/S/VP	"	13	"	"	"
		13-60	M/SL	FR/SEXP/NS/NP					
					SITE LTAR .4GPD/FT^2	WRM	11/13/08		

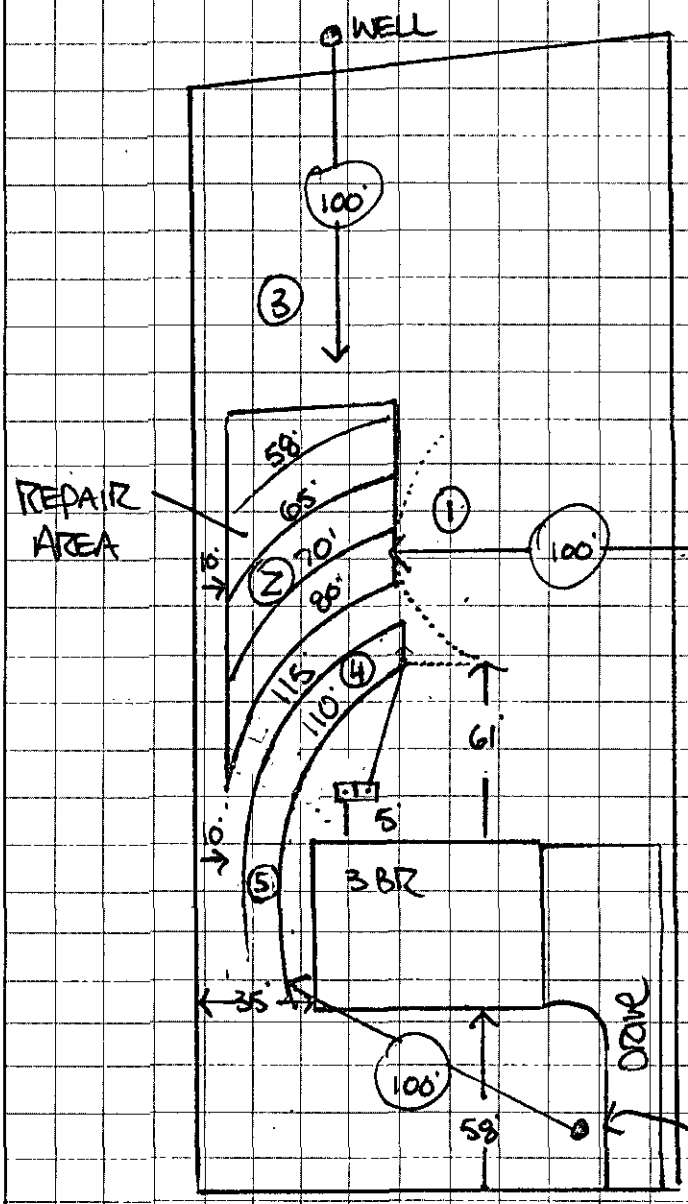
PROPOSED PLOT PLAN 1"=60'

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

FILE: 4314B

TC: 108-022-09

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.



SEPTIC SYSTEM DESIGN FOR A 3BR HOUSE
360 GAL/DAY MAX
LTAR = 0.4 GPD/FT²

INNOVATIVE, 25% REDUCTION
TYPE IIIg.

INSTALL 2 LINES @ 110' & 115'.
PLACE LINES LEVEL, ON CONTOUR
& ON 9' CENTERS.

1500 GAL SEPTIC TANK
DROP T DISTRIBUTION

KEEP ALL PARTS OF SYSTEM >100'
FROM ALL EXISTING AND PROPOSED WELLS

>10' FROM PROPERTY LINES
>5' FROM HOUSE FOUNDATION

REPAIR AREA TYPE IIIg

TRENCH DEPTH = 36"
2FT OF PS SAPROLITE BELOW
TRENCH BOTTOM.

7913 HICKORY DRIVE

Chuck Kerr
OWNER/AGENT SIGNATURE
DATE 11/24/08

APPROVAL DATE 11/14/08

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

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

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30001604** GWS File #: **4314B** Tax Parcel #: **108-022-19**

- This 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.

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 11/14/2013

Type of Installation: Residential - New System Lot Number: 0

Structure Type: HOUSE Size (ft^2): 2685 # Bedrooms: 3 # Occupants: 4

Building Foundation: Crawl Space Water Supply: Private Well

II. Initial System Type: Innovative **System Classification:** IIIg

Initial System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.4	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	675	Total Trench Length (ft):	225
Maximum Trench Depth (in):	36	Depth of Media (in):	N/A	Distribution Device:	Drop Tees		

III. Repair System Type: Innovative **System Classification:** IIIg

Repair System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.4	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	900	Total Trench Length (ft):	300
Maximum Trench Depth (in):	36	Depth of Media (in):	N/A	Distribution Device:	Drop Tees		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: David Cornelius Owner/Legal Agent: Chuck Ross
Print Name

Signature: Signature: Chuck Ross

Date Issued: 11/14/2008

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

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30001604** GWS File #: **4314B**

IV. Permit Conditions/Comments:

- This Improvement Permit is being issued based on a supplemental soil investigation performed by staff from our office.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All components of the septic system must be located at least 100 ft. from all private wells (saprolite system).
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: David Cornelius

Signature: [signature]

Date Issued: 11/14/2008

Owner/Legal Agent: Chuck Ross
Print Name

Signature: [signature]

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] 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 4/3/18

Date: 5-17-00

PERSON FILING APPLICATION:
NAME: Causey (last) Randy (first) J (mi)
ADDRESS: 519 Breezewood PHONE: (704) 595-9917
CITY: Charlotte STATE: NC ZIPCODE: 28262

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 108-022-09
STREET ADDRESS: 7913 Hickory Dr.
ZONING:

PROPERTY OWNER:
NAME: Please call — Payer # 521-0315 (last) (first) (mi)
ADDRESS: 7913 Hickory Dr PHONE: (704) 595-9917
CITY: Charlotte STATE: NC ZIPCODE: 28262

SUBDIVISION OR MOBILE HOME PARK NAME: Hickory Acres

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

TYPE APPLICATION (check one):

LOT NUMBER: 18 LOT SIZE (in acres): 1.6 acres

[redacted]
[redacted]
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)

[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[redacted]

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

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: Randy Causey Date: 5-17-00

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

WATER : 122791

Mecklenburg County
Health Department

June 12, 2000

Randy Causey
519 Breezewood Drive
Charlotte, NC 28262

Re: 7913 Hickory Drive
File: 4314B
Parcel: 108-022-09

Dear Property Owner:

Receipt of your Application for Improvement Permit for the above referenced property is acknowledged. A soil evaluation and a site visit have been concluded. The results of the evaluation indicated that the site is **UNSUITABLE** under Rules .1941 **SOIL CHARACTERISTICS (MORPHOLOGY)**, .1942 **SOIL WETNESS CONDITIONS**, .1943 **SOIL DEPTH**, and .1945 **AVAILABLE SPACE**. For these reasons, your application for Improvement Permit is denied. A possible way to develop the site exists under Rules .1948(d), which reads as follows:

> A site classified as **UNSUITABLE** may be used for a ground absorption sewage treatment and disposal system specifically identified in Rules .1955, .1956, or .1957 of this Section or a system approved under *Rule .1969 if written documentation including engineering, hydrogeologic, geologic or soil studies,* indicates to the local health department that the proposed system can be expected to function satisfactorily. Such sites shall be reclassified as **PROVISIONALLY SUITABLE** if the local health department determines that the substantiating data indicate that:
>
> (1) a ground absorption system can be installed so that the effluent will be non-pathogenic, non-infectious, non-toxic, and non-hazardous;
> (2) the effluent will not contaminate ground or surface water; and
> (3) the effluent will be exposed on the ground surface or be discharged to surface waters where it could come in contact with people, animals, or vectors.

The State shall review the substantiating date if requested by the local health department.

Please be advised that you have the right to an informal review by this department. You also have the right to appeal under G.S. 130A-24, and to have the appeal held in Mecklenburg County.

If you have any questions regarding this matter, please call me at 336-5575.

Sincerely,

Kelly Randall, R.S.
Individual Water and Wastewater Systems

/kdt

FEE: =200.00 + Rev + Col

DATE: 5-5-00

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

I ICRT

TYPE APPLICATION: ✓ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

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

FILE #: 431-B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 108-022-09

STREET ADDRESS: 7913 Hickory Drive

SUBDIVISION OR MOBILE HOME PARK NAME: Hickory Acres

LOT NUMBER: 18

TOWNSHIP (CHECK ONE):

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

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: 1800

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

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

CLOSING DATE: As soon as possible
Please call so I can meet you at Job location for inspection.
Pager 521-0315 or 309-5447

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

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

WATER SUPPLY (CHECK ONE):
__ COMMUNITY (C)
__ MUNICIPAL (M)
✓ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

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

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

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Causey (LAST) Randy (FIRST) J (MI)	NAME: Causey (LAST) Randy (FIRST) J (MI)
ADDRESS: 519 Breezewood Drive	DAYTIME PHONE: ( ) —
CITY: Charlotte STATE: NC, ZIP: 28262	Pager 521-0315 309-5447
DAYTIME PHONE: (Pager) 309 - 5447 or 595-9987	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? To be researched

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: Randy J Causey DATE: 5-5-00

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

DRW

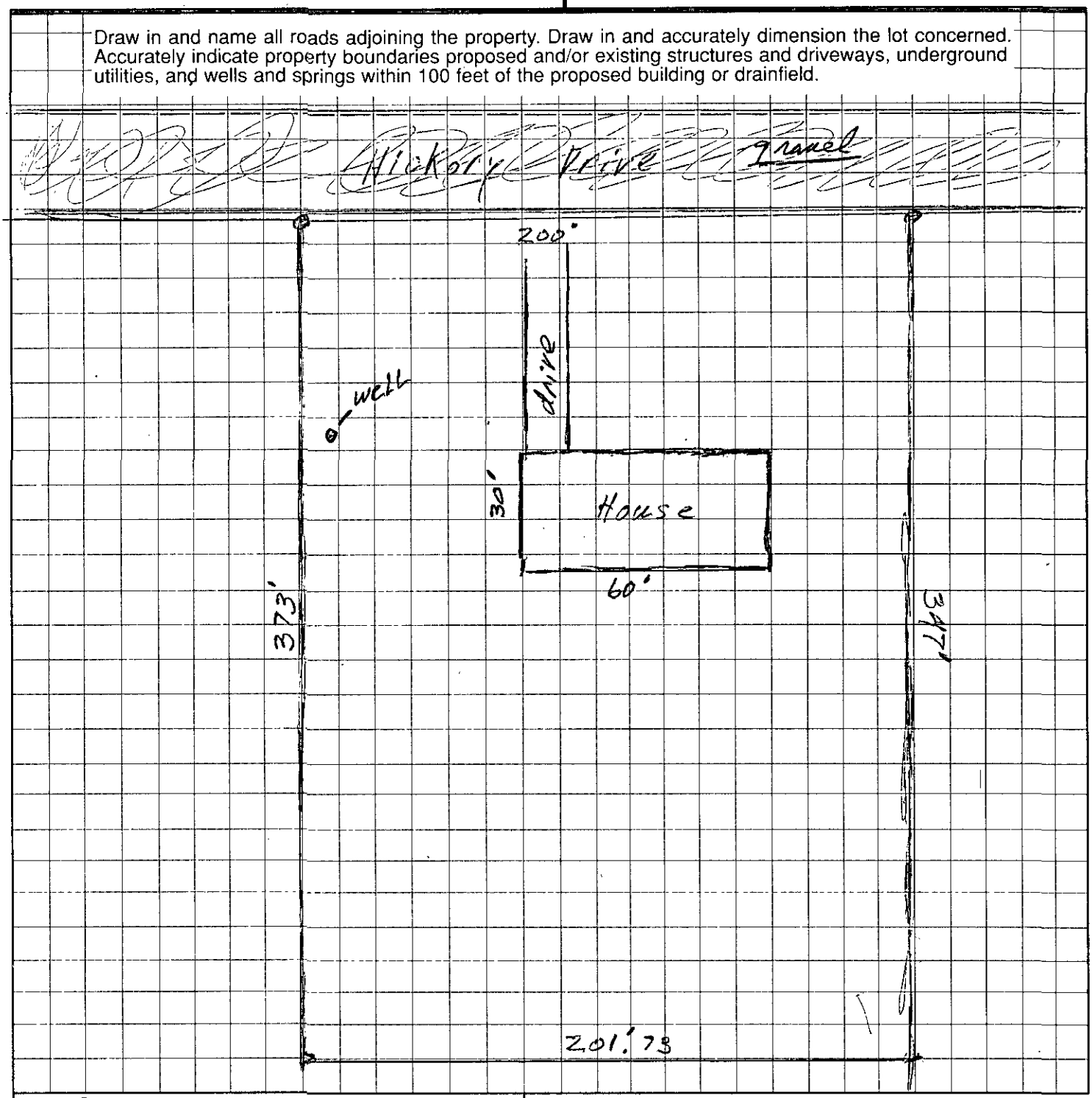
PROPOSED PLOT PLAN

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

FILE: 4314B

TC: 108-022-09

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

DATE 5-5-00

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

Block: _____

Property ID: 106-022-09

Lot #: 18

File #: 43148

ACS #3

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Randy J. Causey APPLICANT: _____

ADDRESS: 519 Breezewood Dr, Mailbelle DATE EVALUATED: 5-25-00

PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 360gpd PROPERTY SIZE: 1.5

LOCATION OF SITE: 7913 Hickory Dr. PROPERTY RECORDED: _____

WATER SUPPLY: ☑Private ☐Public ☑Well ☐Spring ☐Other _____

EVALUATION METHOD: ☐Augur Boring ☑Pit ☐Cut

TYPE OF WASTEWATER: ☑Sewage ☐Industrial Process ☐Mixed

PROFILE #	Slopes 6-15% .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	LS	0-10"	gr/sl	Fr/SEXP/SS/SP	2.5Y 7/2 @ 24"	37"	US	None	US
		10-37"	M/SC	VF:/Mixed//US/UP					
2	LS	0-4"	gr/sl	Fr/SEXP/SS/SP	>25" TO soil wetness	16"	US	None	US
		4-16"	M/SC	VF:/Mixed//US/UP					
3	LS	0-3"	gr/sl	Fr/SEXP/NS/NP	730" TO soil wetness	14"	US	None	US
		3-14"	SBM/SL	VF:/Mixed//US/UP					
		14-30"	M/SL	F:/SEXP/NS/NP					
		30"+	M/SL	VF:/SEXP/NS/NP					
4	LS	0-4"	gr/sl	Fr/SEXP/NS/NP	>32" TO soil wetness	18"	US	None	US
		4-18"	ABM/SC	VF:/Mixed//US/UP					
		18-32"	M/SCL	VF:/Mixed/S/P					
5	LS	0-2"	gr/sl	Fr/SEXP/NS/NP	>24" TO soil wetness	12"	US	None	US
		2-12"	ABM/SC	VF:/Mixed//US/UP					
		12-24"	M/SL	F:/SEXP/NS/NP					
		24"+	M/SL	VF:/SEXP/NS/NP					
6	LS	0-2"	gr/sl	Fr/SEXP/SS/SP	2.5Y 7/1 @ 20"	27"	US	None	US
		2-27"	ABM/C	VF:/Mixed//US/UP					
		27-36"	M/SCL	F:/SEXP/SS/SP					
		36"+	M/SCL	VF:/SEXP/SS/SP					

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

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): Recommended

EVALUATED BY Lee A. Medlin LSS- 6-1-00

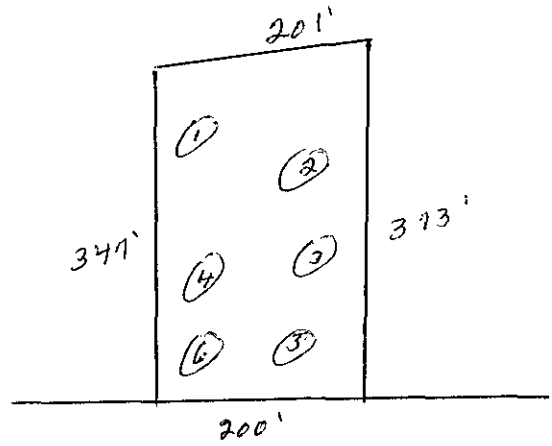
OTHER(S) PRESENT: _____

FILE # 4314B

COMMENTS Probably not 100% 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	



N



7913 HICKORY DR

10802209

1/4/2008

duponbj

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

No Holds To Release 11/30/05 SC

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 4314B WASPS App #: 3965

Primary ES assigned to project: DC

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: 13			
	Were sufficient auger borings made?	Yes ☑	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR .4	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 ☐

GW's not put on
Unit to start
All Fees Paid
with permit application
284785

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:

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IA issued date: 6 23 08

OP issued date: 6 24 08

Review performed by: _____ Date performed: 11-10-08