


10425 MT HOLLY-HUNTERSVILLE RD

01702111

12/21/2007

duponbj

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

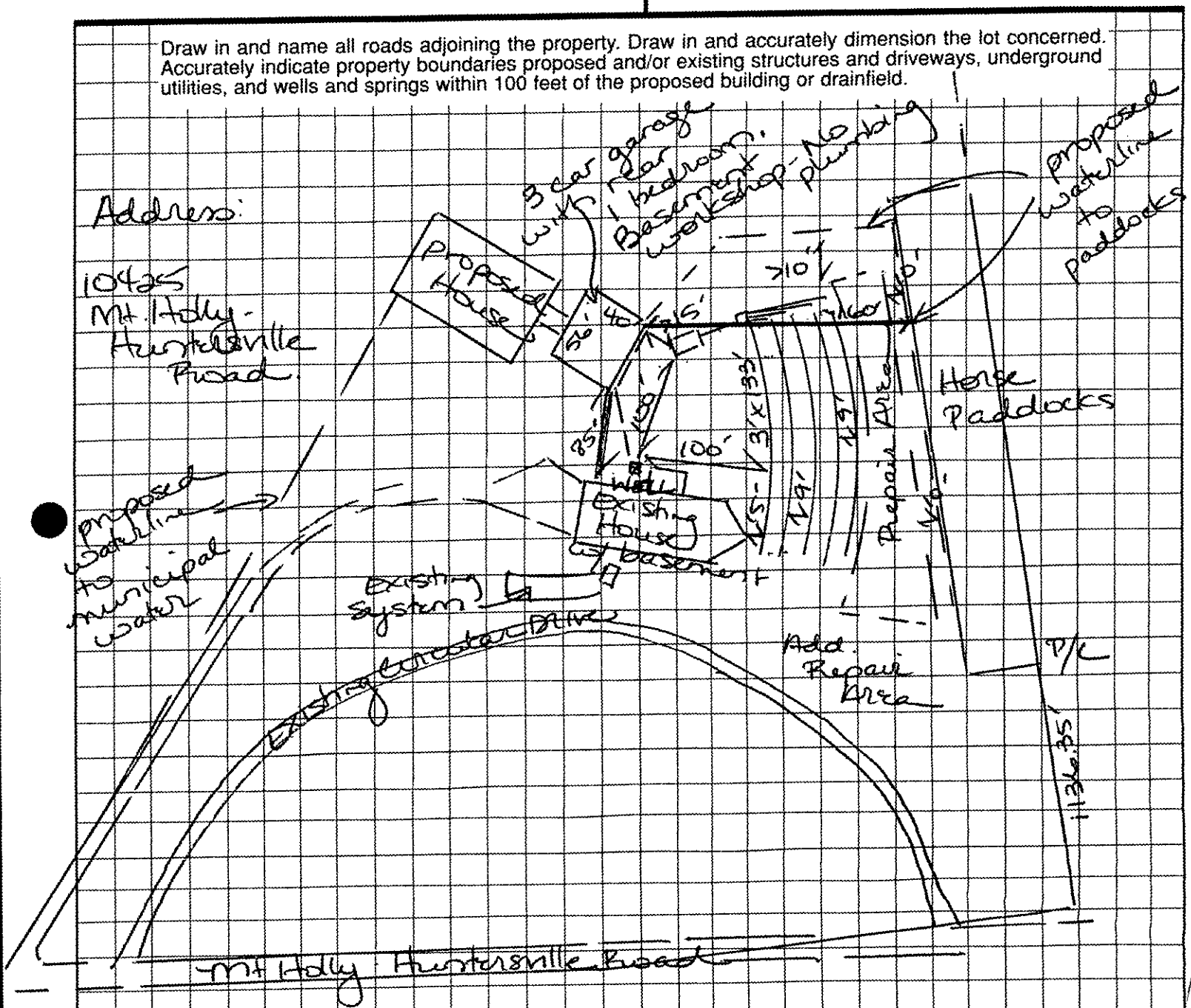
# PROPOSED PLOT PLAN

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

FILE: 017-031-06

TC: 1491B

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.




Installation for 4 Bedroom house with study/office (No closet in study/office) & attached garage with one (1) bedroom = 5 bedrooms Total

OWNER/AGENT SIGNATURE

DATE 8-9-96

APPROVAL DATE 8/7/96 Jiva B. Malik

pg 2 of 2

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

Permit Number: 14918

Fax Number 97-031-06

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 workshop below garage - No plumbing | ___ No | ___ Partial Basement | |
| Type Primary Wastewater System<br>Type (circle one):<br>I (II) III IV V VI | ✓ Conventional<br>___ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | ___ Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 | |
| 3 Long-term acceptance rate | 600 Max gallons/day wastewater flow | 2000 Absorption Area (sq ft) | 9' Trench spacing (min. on centers) | |
| YES municipal Serviced by private well | 1500 Gallon septic tank | 665 Total trench length (ft) 5@133' each | 24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions) | |
| 5 Bedrooms in residence (4 in house 1 behind garage) | NA Gallon pump tank | 12" Depth of stone | | |
| Any surface waters present: NO | Type: | Minimum separation distance: | | |
| Site modifications required: install nitrification lines on contour. | | | | |
| Additional Conditions: Keep installation 15' minimum from any cut greater than 2 feet → basements (2) 10' from any water line (3) 100' from any well or the maximum feasible distance, however, no less than 50'. PER Donnie Reid existing house will be demolished. Recommend that old septic tank be pumped and filled with clean dirt or sand. | | | | |
| Repair Area System Type<br>Type (circle one):<br>I (II) III IV V VI | ___ Conventional<br>___ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | ___ Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 | |
| 2000 Absorption Area (Sq ft)<br>665 Total Trench Length (Ft) | 12" Depth of Stone Trench | 9' Trench spacing (min. on centers) | 24" 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.

Note: Residence will have municipal water. Existing well to supply water for horses.

Lisa B. Mialik, RS 8/7/96
DEHNR Authorized Agent Date

Owner/Agent Signature Date 8-9-96

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

w Check

FEE: 200 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 8/9/96 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 8/7/96 PERMIT NO: 1491B
PARCEL NO: 017-031-06

JOB LOCATION ADDRESS: 10425 Mt Holly-Huntersville Rd
PROPERTY OWNER: Don R. Reid
BUILDING CONTRACTOR:
SUBDIVISION NAME: NA
AUTHORIZATION ISSUED BY: Joe B. Mialik, RS DATE: 8/7/96
DEHNR AUTHORIZED AGENT

## AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1491B, 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: See conditions of improvement permit + associated plot plan. installation for 5 Bedrooms total; study/office in house will not have closet.

## 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.

Don Reid 8-9-96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

FEE: 100.00 cash

DATE: 7/15/96

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

[ ] CRT

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

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

FILE #: 14913

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 017-031-06

STREET ADDRESS: 10425 Mt. Holly Huntersville Rd.

SUBDIVISION OR MOBILE HOME PARK NAME: —

LOT NUMBER: —

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: 4796

NUMBER OF BEDROOMS: 5 (0)

NUMBER OF OCCUPANTS: 3

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

Note – 4 main House
1 – att. Garage Guest House

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)
__ SHARED WELL (S)
✓ MUNICIPAL (M) Later
__ OTHER 'SPRINGS' (O)
✓ PRIVATE WELL (P) Now

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: Reid (LAST) Don (FIRST) R (MI)

ADDRESS: 1029 Arosa Ave

CITY: Charlotte STATE: N.C. ZIP: 28203

DAYTIME PHONE: (704) 521 – 8255

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: — (LAST) — (FIRST) — (MI)

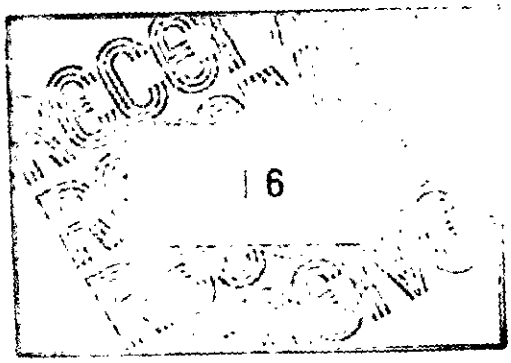
DAYTIME PHONE: ( ) — —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? —

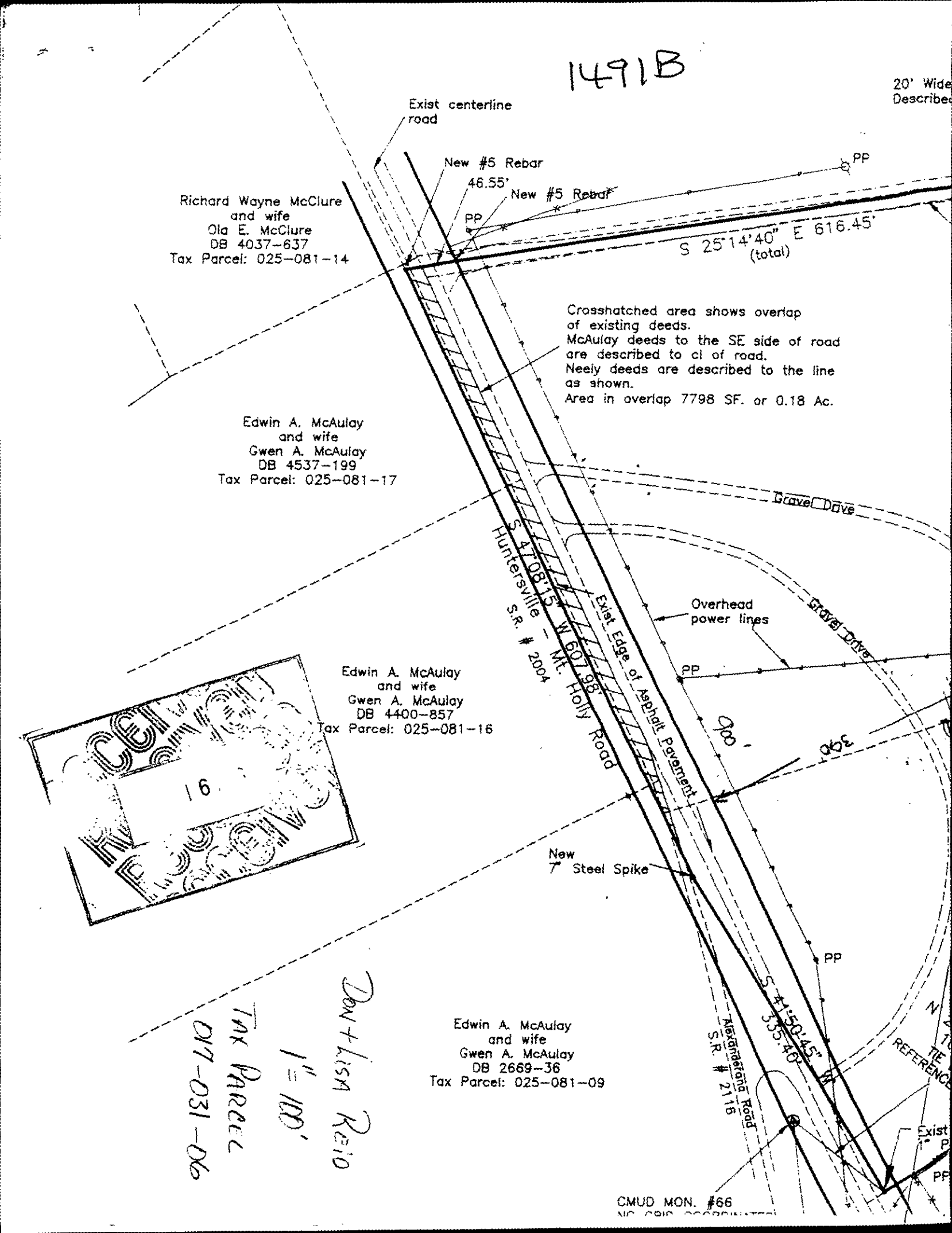
An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing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

SIGNED: [signature] DATE: 7-15-96

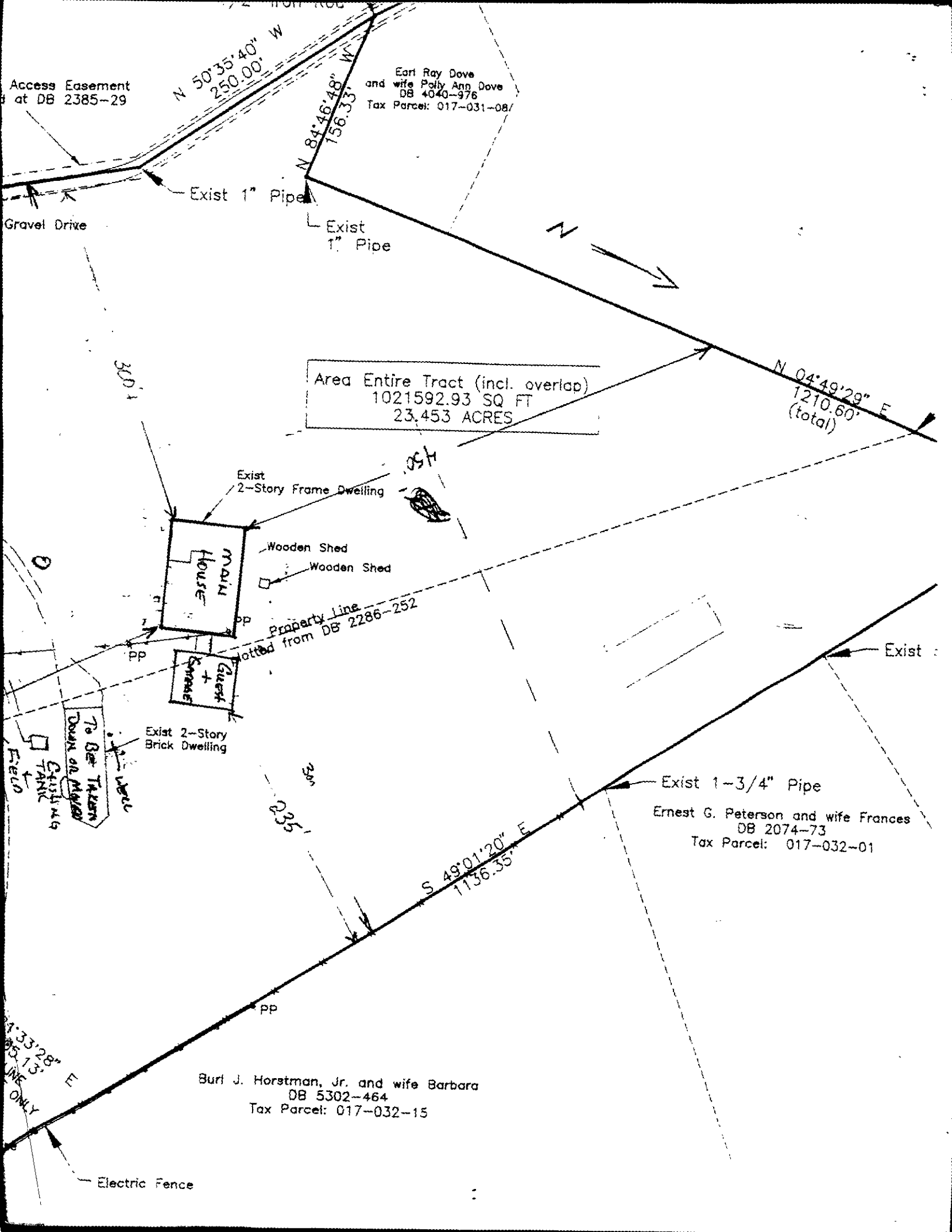
MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102


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1491B




Dan Lisa Rd
1" = 100'
Tax Parcel
017-031-06


Access Easement
at DB 2385-29
N 50°35'40" W
250.00'
N 84°46'48" W
156.33'
Earl Ray Dove
and wife Polly Ann Dove
DB 4040-976
Tax Parcel: 017-031-08/
Exist 1" Pipe
Gravel Drive
Exist
1" Pipe
N
Area Entire Tract (incl. overlap)
1021592.93 SQ FT
23.453 ACRES
N 04°49'29" E
1210.60'
(total)
30.0'
Exist
2-Story Frame Dwelling
Main House
Wooden Shed
Wooden Shed
Property Line
plotted from DB 2286-252
PP
PP
Guest + Storage
To Be Taken Down or Moved
Exist 2-Story
Brick Dwelling
Well
Existing TANK
Field
30'
235'
Exist
Exist 1-3/4" Pipe
Ernest G. Peterson and wife Frances
DB 2074-73
Tax Parcel: 017-032-01
S 49°01'20" E
1136.35'
PP
Burl J. Horstman, Jr. and wife Barbara
DB 5302-464
Tax Parcel: 017-032-15
Electric Fence

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FILE: 1491B

TC: _____

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

See ATTACHED

OWNER/AGENT SIGNATURE

DATE 7-15-96

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

0400

Sheet
PROPERTY ID #:
COUNTY:

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

#1 1491B
PO 017-031-06

OWNER: Don R. Reed
ADDRESS: 1029 Arota Ave, Shelby
APPLICANT:
APPLICATION DATE:
DATE EVALUATED:
PROPOSED FACILITY: residence
PROPOSED DESIGN FLOW (.1949): 600gpd
PROPERTY SIZE: Approx. 5
LOCATION OF SITE: 10425 Mt. Holly Huntersville Rd
PROPERTY RECORDED:
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

| PROFILE # | 1940 LANDSCAPE POSITION/ SLOPE % | HORIZON DEPTH (IN.) | SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE | SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | LS | 0-4" | gr/sl | Fr/SEXP/NS/NP | >36" To Chroma 2 Colors | 36" | N/A | None | PS .39/Fr IV |
| | | 4-30" | sBK/sc | Fr-Fi/SEXP/SS/SP | | | | | |
| | | 30-36" | sBK/scl | Fr/SEXP/SS/SP | | | | | |
| 2 | LS | 0-5" | gr/scl | Fr/SEXP/SS/SP | >46" To Chroma 2 Colors | 46" | N/A | None | PS .39/Fr IV |
| | | 5-46" | sBK/c | Fr-Fi/SEXP/SS/P | | | | | |
| 3 | LS | 0-6" | gr/scl | Fr/SEXP/SS/SP | >45" To Chroma 2 Colors | 45" | N/A | None | PS .39/Fr IV |
| | | 6-36" | sBK/c | Fr-Fi/SEXP/SS/P | | | | | |
| | | 36-45" | sBK/scl | Fr/SEXP/SS/SP | | | | | |
| 4 | LS | 0-5" | gr/scl | Fr/SEXP/SS/SP | >37" To Chroma 2 Colors | 37" | N/A | None | PS .39/Fr IV |
| | | 5-30" | sBK/c | Fr-Fi/SEXP/SP | | | | | |
| | | 30-37" | sBK/scl | Fr/SEXP/SS/SP | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | | |

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: William R. Marks 8-1-96
OTHER(S) PRESENT:

OMMENTS: Do not disturb 100% Repair in reserve
Extra area available if needed

# LEGEND

***use the following standard abbreviations***

| ANDSCAPE POSITION | GROUP | SOIL TEXTURE | CONVENTIONAL .1955 LTAR | LPP .1957 LTAR | MINERALOGY/ CONSISTENCE | STRUCTURE |
|---|---|---|---|---|---|---|
| C (Concave Slope)<br>V (Convex Slope)<br>(Drainage Way)<br>S (Debris Slump)<br>P (Flood Plain)<br>S (Foot Slope)<br>(Head Slope)<br>(Linear Slope)<br>(Nose Slope)<br>(Ridge)<br>(Shoulder Slope)<br>(Terrace) | I | S (Sand)<br>LS (Loamy Sand) | 1.2 - 0.8 | 0.6 - 0.4 | NEXP (Non-expansive)<br>SEXP (Slightly Expansive)<br>EXP (Expansive) | G (Single Grain)<br>M (Massive)<br>CR (Crumb)<br>GR (Granular)<br>SBK (Subangular Blocky)<br>ABK (Angular Blocky)<br>PL (Platy)<br>PR (Prismatic) |
| | II | SL (Sandy Loam)<br>L (Loam) | 0.8 - 0.6 | 0.4 - 0.3 | | |
| | III | SI (Silt)<br>SICL (Silty Clay Loam)<br>CL (Clay Loam)<br>SCL (Sandy Clay Loam)<br>SUC (Silt Loam Clay) | 0.6 - 0.3 | 0.3 - 0.15 | | |
| | | | | | MOIST | WET |
| | IV | SC (Sandy Clay)<br>SIC (Silty Clay) | 0.4 - 0.1 | 0.2 - 0.05 | VFR (Very Friable)<br>FR (Friable)<br>FI (Firm)<br>VFI (Very Firm v. Very Sticky)<br>EFI (Extremely Firm) | NS (Non-sticky)<br>SS (Slightly Sticky)<br>S (Sticky)<br>VS (Very Sticky)<br>NP (Non-plastic)<br>SP (Slightly Plastic)<br>P (Plastic)<br>VP (Very Plastic) |
| | | O (Organic) | None | | | |

*OTES*

| | |
|---|---|
| *ORIZON DEPTH* | In inches below natural soil surface |
| *EPTH OF FILL* | In inches from land surface |
| *STRUCTIVE HORIZON* | Thickness and depth from land surface |
| *APROLITE* | S(suitable) or U(unsuitable) |
| *IL WETNESS* | Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation |
| *LASSIFICATION* | S (Suitable), PS (Provisionally Suitable), or U (Unsuitable) |

valuation of saprolite shall be by pits.
ong-term Acceptance Rate (LTAR): gal/day/ft²

**Show profile locations and other site features (dimensions, reference or benchmark, and North).**

