

14541 RAMAH CHURCH RD

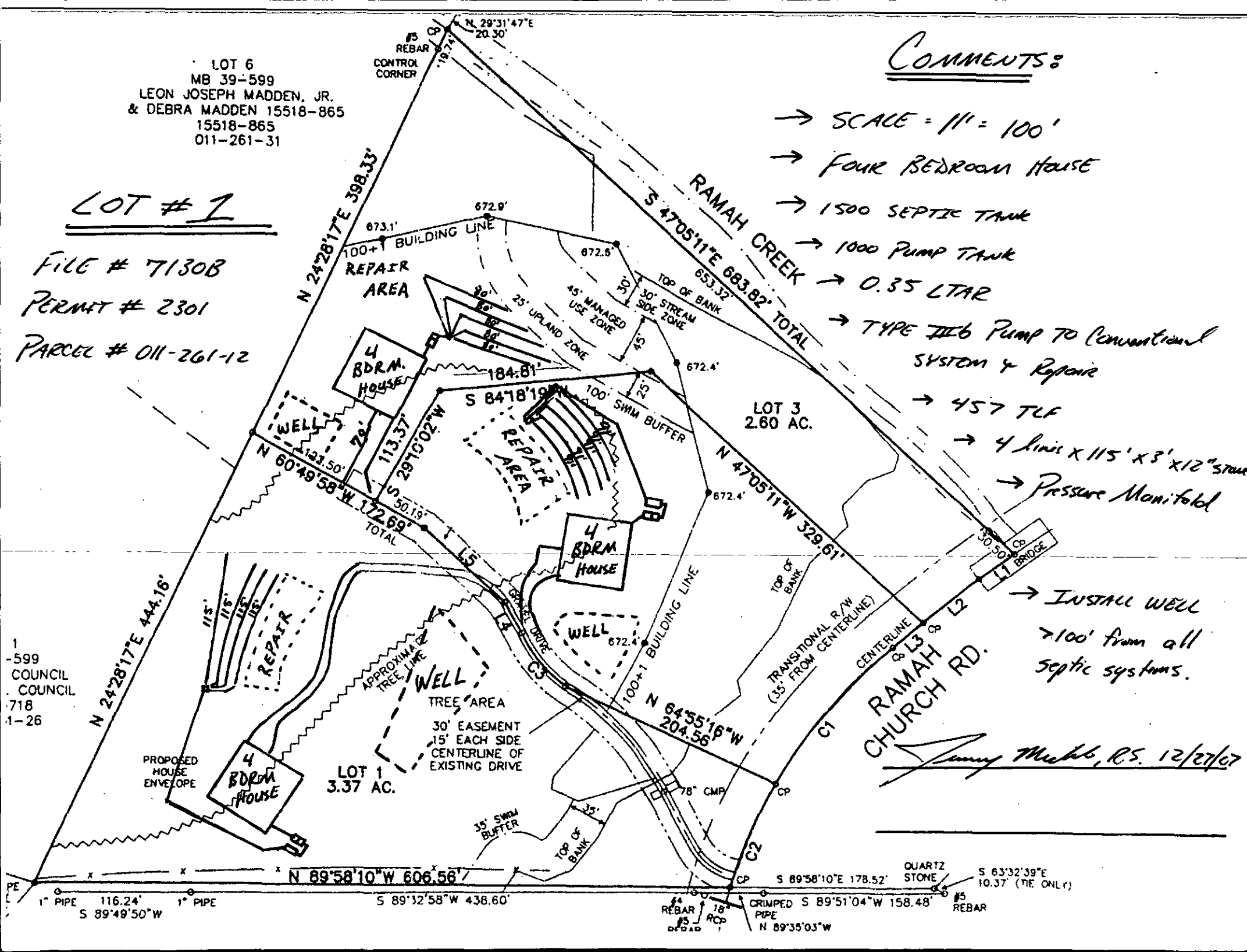
1/11/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M


LOT 6
MB 39-599
LEON JOSEPH MADDEN, JR.
& DEBRA MADDEN 15518-865
15518-865
011-261-31
LOT #1
FILE # 7130B
PERMIT # 2301
PARCEL # 011-261-12
COMMENTS:
→ SCALE = 1" = 100'
→ FOUR BEDROOM HOUSE
→ 1500 SEPTIC TANK
→ 1000 PUMP TANK
→ 0.35 LTAR
→ TYPE IIIb PUMP TO CONVENTIONAL SYSTEM & REPAIR
→ 457 TLF
→ 4 lines x 115' x 3' x 12" stone
→ PRESSURE MANIFOLD
→ INSTALL WELL >100' from all septic systems.
Jenny Mudd, RS. 12/27/07
#5 REBAR CONTROL CORNER
N. 29°31'47"E 20.30'
N 24°28'17"E 398.33'
S 47°05'11"E 683.82' TOTAL
RAMAH CREEK
673.1'
672.9'
672.6'
653.32'
100+1 BUILDING LINE
REPAIR AREA
45' MANAGED USE ZONE
25' UPLAND ZONE
30' STREAM SIDE ZONE
TOP OF BANK
4 BDRM. HOUSE
WELL
184.81'
S 84°18'19"W
100' SWIM BUFFER
LOT 3
2.60 AC.
672.4'
N 60°49'58"W 172.69' TOTAL
123.50'
113.37'
S 29°10'02"W
50.19'
N 47°05'11"W 329.61'
4 BDRM HOUSE
WELL
672.4'
30.50'
BRIDGE
N 24°28'17"E 444.16'
REPAIR
APPROXIMATE TREE LINE
WELL
TREE AREA
30' EASEMENT 15' EACH SIDE CENTERLINE OF EXISTING DRIVE
GRAVEL DRIVE
TOP OF BANK
100+1 BUILDING LINE
TRANSITIONAL R/W (35' FROM CENTERLINE)
CENTERLINE
RAMAH CHURCH RD.
N 64°55'16"W 204.56
PROPOSED HOUSE ENVELOPE
4 BDRM HOUSE
LOT 1
3.37 AC.
35' SWIM BUFFER
78" CMP
N 89°58'10"W 606.56'
S 89°58'10"E 178.52'
QUARTZ STONE
S 63°32'39"E 10.37' (TIE ONLY)
1" PIPE
116.24'
S 89°49'50"W
1" PIPE
S 89°32'58"W 438.60'
#4 REBAR
#5 REBAR
18" RCP
CRIMPED PIPE
S 89°51'04"W 158.48'
#5 REBAR
N 89°35'03"W

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 #: 30002301 GWS File #: 7130B Tax Parcel #: 011-261-12

- *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):** 12/26/2012

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

Structure Type: HOUSE Size (ft^2): 3500 # Bedrooms: 4 # Occupants: 4

Building Foundation: Basement With Plumbing Water Supply: Private Well

II. Initial System Type: Pump to Conventional **System Classification:** IIIb

Initial System Specifications:

Design Flow (gpd): 480 LTAR (gpd/ft^2): 0.36 Septic Tank Size (gal): 1500 Pump Tank Size (gal): 1000

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 1371 Total Trench Length (ft): 457

Maximum Trench Depth (in): 30 Depth of Media (in): 12 Distribution Device: Pressure Manifold

III. Repair System Type: Pump to Conventional **System Classification:** IIIb

Repair System Specifications:

Design Flow (gpd): 480 LTAR (gpd/ft^2): 0.35 Septic Tank Size (gal): 1500 Pump Tank Size (gal): 1000

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 1371 Total Trench Length (ft): 457

Maximum Trench Depth (in): 30 Depth of Media (in): 12 Distribution Device: Pressure Manifold

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: Jeremy Michalone Owner/Legal Agent: Steve Phillips

Signature: Signature:

Date Issued: 12/26/2007

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-5894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: 30002301 GWS File #: 7130B

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- This type of repair system requires periodic inspections by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- 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).
- The system must be water tested during the final inspection to verify proper operation and set system pressure.

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: Jeremy Michalone

Signature: _____

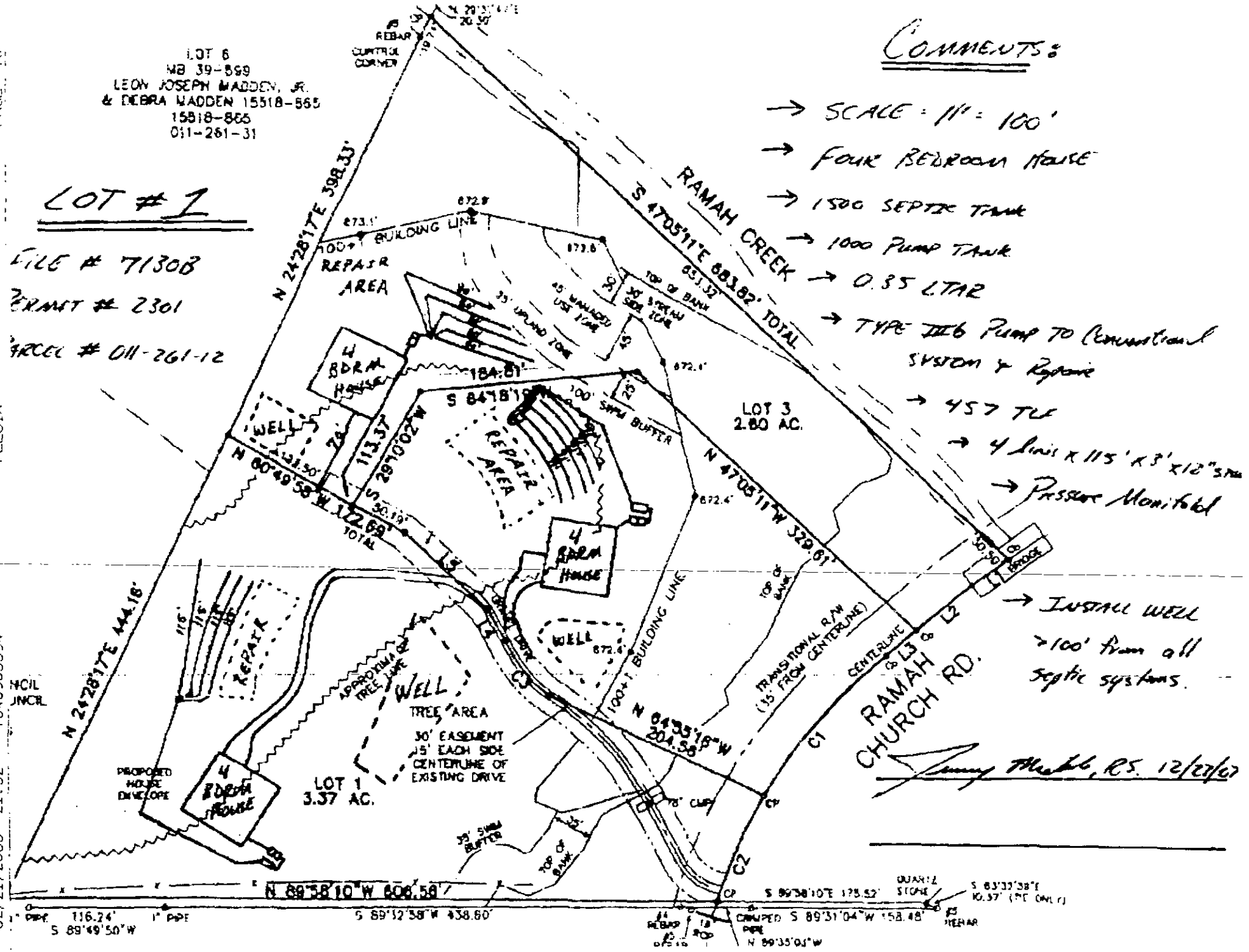
Date Issued: 12/28/2007

Owner/Legal Agent:: Stan Phillips
Print Name

Signature _____

FLECIA

02/21/2008 21:52 7048963394



Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 7130 B WASPS App #: 2301

Primary ES assigned to project: DJ

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: 4			
	Were sufficient auger borings made?	Yes ☑	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR .35	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 ☐

① Signature on Septic Permit + PP

② Fax

③ Apply for + obtain New Well Permit

.130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?			
.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 ☐
		Yes ☑	No ☐	N/A ☐
	Operation Permit			
.1937(i)	System type as described in table V(a) of rule .1961	Yes ☐	No ☐	N/A ☐
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☐	No ☐	N/A ☐

II. WASPS Review:

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

Items requiring correction/modification: _____

Comments:

_____

_____

_____

_____

_____

IA issued date: _____

OP issued date: _____

Review performed by: _____ Date performed: 10/3

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 #: **30002301** GWS File #: **7130B** Tax Parcel #: **011-261-12**

- 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):** 12/26/2012

Type of Installation: Residential - New System Lot Number: 1

Structure Type: HOUSE Size (ft^2): 3500 # Bedrooms: 4 # Occupants: 4

Building Foundation: Basement With Plumbing Water Supply: Private Well

II. Initial System Type: Pump to Conventional **System Classification:** IIIb

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.35	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1371	Total Trench Length (ft):	457
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

III. Repair System Type: Pump to Conventional **System Classification:** IIIb

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.35	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1371	Total Trench Length (ft):	457
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

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: Jeremy Michelone Owner/Legal Agent: _____
Print Name

Signature: _____ Signature: _____

Date Issued: 12/26/2007

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 #: **30002301** GWS File #: **7130B**

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- This type of repair system requires periodic inspections by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- 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).
- The system must be water tested during the final inspection to verify proper operation and set system pressure.

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: Jeremy Michelone

Signature: _____

Date Issued: 12/26/2007

Owner/Legal Agent: _____
Print Name

Signature: _____

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

Sheet: 1 of 2
Property ID: PO 011-261-12
Lot #: 1
File #: 7130B
AppID: 2301

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Stan Phillips
Applicant:
Address: 14830 June Washam Road, Davidson, N. C. 28036
Date Evaluated: 6/4/07
Proposed Facility: Residence
Design Flow (.1949): 480gpd
Property Size: .5a inv.
Location of Site: Ramah Church Road
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 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 8	0-5	GR/SCL	FR/SEXP/SS/SP	>60" TO SOIL WETNESS	17	PS	NONE	PS, SAP II
		5-17	SBK/ABK/SC	VFI/EXP/VS/VP					.35GPD/FT^2
		17-60	M/SL	FR/SEXP/NS/NP					
2	"	0-6	GR/SCL	FR/SEXP/SS/SP	>60" TO SOIL WETNESS	32	"	"	"
		6-32	M/SCL	FR-FI/SEXP/SS/SP					
		32-60	M/SL	FRSEXP/NS/NP					
3	"	0-6	GR/SCL	FR/SEXP/SS/SP	>64" TO SOIL WETNESS	32	"	"	"
		6-20	SBK/ABK/C	VFI/EXP/VS/VP					
		20-36	M/SCL	FR/SEXP/SS/SP					
		36-64	M/SL	FR/SEXP/NS/NP					
4	"	0-8	GR/CL	FR/SEXP/SS/SP	>63" TO SOIL WETNESS	18	"	"	"
		8-18	SBK/SCL	FR-FI/SEXP/SS/SP					
		18-63	M/SL	FR/SEXP/NS/NP					
					SITE LTAR .35GPD/FT^2				

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)		
Site LTAR		

Other Factors (.1946):
Soil Evaluation By: W. R. Marlin, LSS, 6/7/2007. W. R. Marlin
Others Present: Site Revised 1-4-08
Site Classification (.1948):
Site Evaluation By:
Others Present:

Sheet: 2 of 2

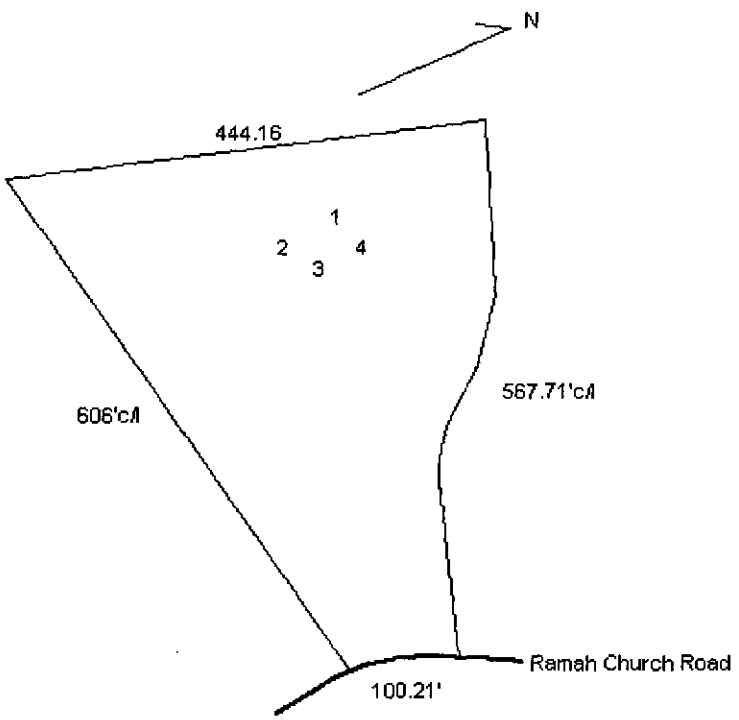
COMMENTS: FILE #: 7130B

100% repair

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



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

Sheet: 1 of 2
Property ID: PO 011-261-12
Lot #: 1
File #: 7130B
AppID: 2301

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Stan Phillips
Applicant:
Address: 14830 June Washam Road, Davidson, N. C. 28036
Date Evaluated: 6/4/07
Proposed Facility: Residence
Design Flow (.1949): 480gpd
Property Size: .5a inv.
Location of Site: Ramah Church Road
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 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 8	0-5	GR/SCL	FR/SEXP/SS/SP	>60" TO SOIL WETNESS	17	PS	NONE	PS, SAP II .35GPD/FT^2
		5-17	SBK/ABK/SC	VFI/EXP/VS/VP					
		17-60	M/SL	FR/SEXP/NS/NP					
2	"	0-6	GR/SCL	FR/SEXP/SS/SP	>60" TO SOIL WETNESS	32	"	"	"
		6-32	M/SCL	FR-FI/SEXP/SS/SP					
		32-60	M/SL	FRSEXP/NS/NP					
3	"	0-6	GR/SCL	FR/SEXP/SS/SP	>64" TO SOIL WETNESS	32	"	"	"
		6-20	SBK/ABK/C	VFI/EXP/VS/VP					
		20-36	M/SCL	FR/SEXP/SS/SP					
		36-64	M/SL	FR/SEXP/NS/NP					
4	"	0-8	GR/CL	FR/SEXP/SS/SP	>63" TO SOIL WETNESS	18	"	"	"
		8-18	SBK/SCL	FR-FI/SEXP/SS/SP					
		18-63	M/SL	FR/SEXP/NS/NP					
					SITE LTAR .35GPD/FT^2				

Description	Initial System	Repair System
Available Space (.1945)	P.S.	P.S.
System Type(s)	III-6	III-6
Site LTAR	0.35	0.35

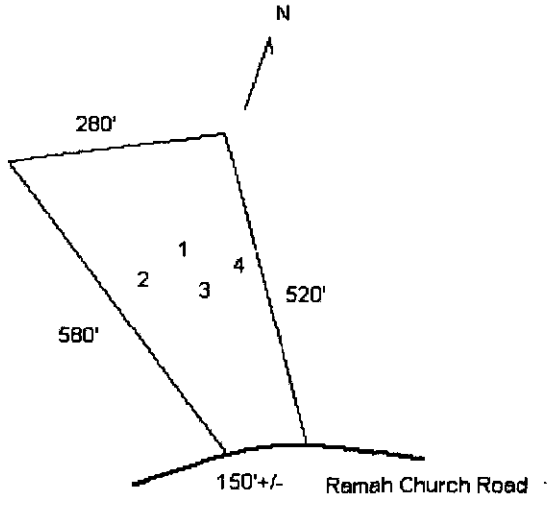
Other Factors (.1946):
Soil Evaluation By: W. R. Marlin, LSS, 6/7/2007,
Others Present:
Site Classification (.1948): P.S.
Site Evaluation By:
Others Present:

COMMENTS:
100% repair

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



FILE NUMBER: 7130B

Revised On: January 3, 2007

APPLICATION NUMBER: 2301

SEPTIC FEE: 200
DATE: 5/15/07
ck 3678

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

WELL FEE: _____
DATE: _____

1. SEPTIC / TYPE APPLICATION: ☐ NONE ☒ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☑ MODIFIED PLOT PLAN

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

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 011 26112
STREET ADDRESS: Ramah Church Rd
CITY: Huntersville
STATE: NC ZIP: NC 28078
SUBDIVISION NAME:
LOT #: 1 LOT SIZE (acres): 2.75
TOWNSHIP:

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

4. BUILDING INFORMATION:

BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: 3500+
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 4
FOUNDATION TYPE:
☐ CONCRETE SLAB ☒ BASEMENT WITH PLUMBING
☐ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

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

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

6. WATER SUPPLY: ☐ MUNICIPAL ☐ PUBLIC WELL ☒ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

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

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

8A. RANK: ☒ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____
1 2 3 4 —

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

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☒ NO	GRADING/SOIL REMOVAL PERFORMED Trees Cleared	☒ YES	☐ NO
EXISTING WASTEWATER SYSTEMS	☐ YES	☒ NO	JURISDICTIONAL WETLANDS	☐ YES	☒ NO
WELLS, SPRINGS, OR WATER LINES	☐ YES	☒ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES	☒ NO
EASEMENTS OR RIGHT-OF-WAYS (Gas)	☒ YES	☐ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES	☒ NO

10. PROPERTY OWNER:

NAME: Stan Phillips
ADDRESS: 14830 Jamestown Rd
CITY: Davidson
STATE: NC ZIP: 28036
HOME PHONE: 7048967475 WORK PHONE: 704 896 1909
MOBILE PHONE: 608 4253 FAX:

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME:
ADDRESS: 896-7475
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? Unsure
13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? Done

14. SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:

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 60 months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

4/30/7

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

15. WELL PERMIT APPLICATION SIGNATURE SECTION:

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 certif 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 12 months from the date of issuance.

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

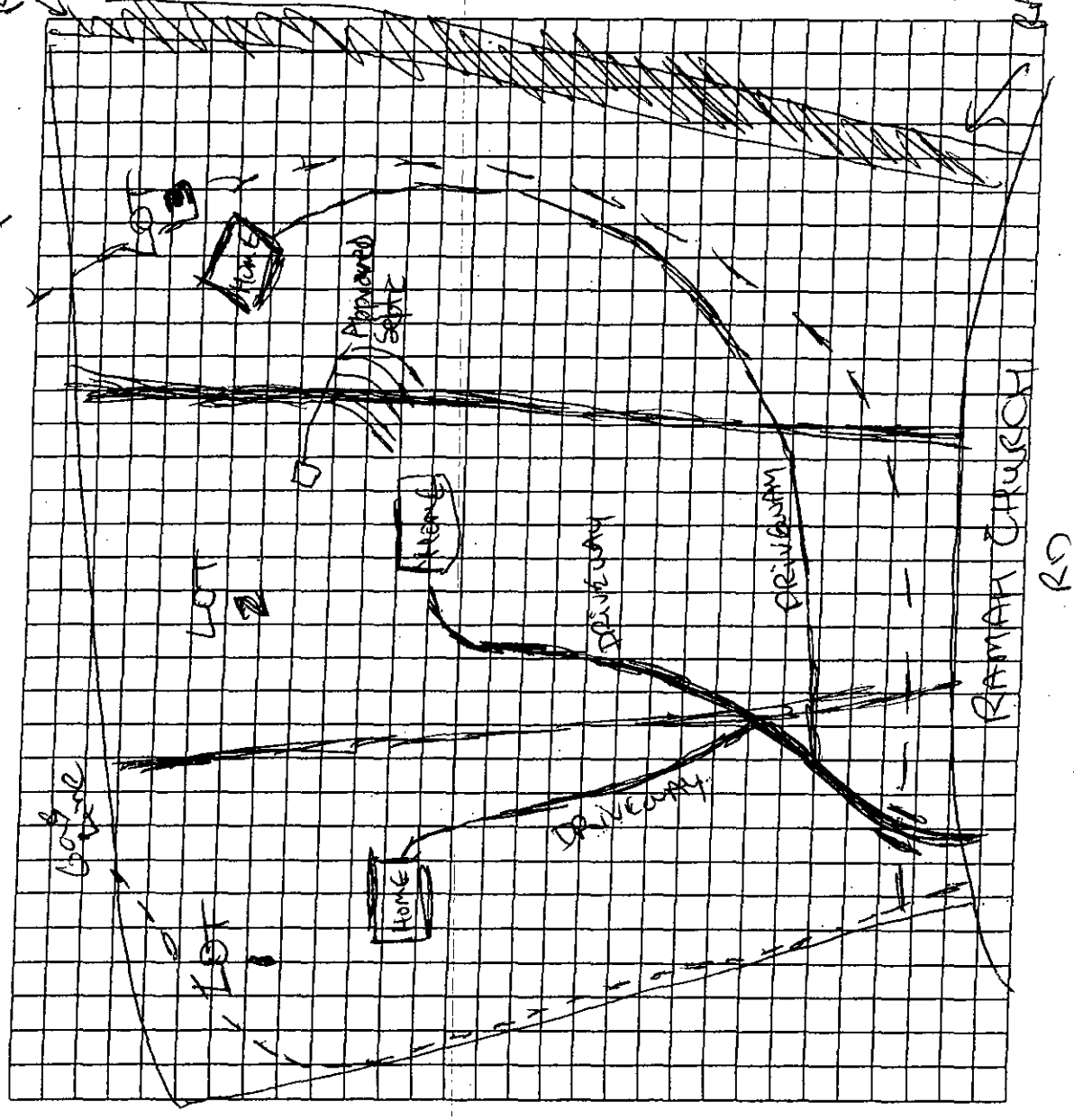
☐ SURVEY PLAT TO SCALE SUBMITTED ☒ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

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

File #_____
Date_____

PROPOSED PLOT PLAN

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



Owner/Agent Signature	Parcel 01126112
Date 4/30/07	8.17 acres total

LBC 12/15/04

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 05/15/07
Receipt #: 50698
Check / Auth #: CHECK 3678
Received By: CRAIGGY

Amount: 200.00
Tendered: 200.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: PHILLIPS STAN D
Attn:
Address: 14830 JUNE WASHAM RD
Address:
City/State/Zip: DAVIDSON, NC 28036

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen LOT 1 RAMAH CHURCH RD		1	200.00	200.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
20.00	30.00				