

11327 LEMMOND ACRES DR

13915403

1/2/2008

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 2856 B DATE: 06-02-2000
TC: 139-152-01 ☐ L ☒ CRT
SERIAL Nº 18199

Name of Owner Dan Henderson Juris.:
Address of Property 11327 Kenmond Acres Dr.

Inspection Data:

Tank Material PCC
Total Length of Drainfield 480'
Number of Lines 6 @ 80'
Cover Depth 12-24"
Water Supply Source Comm.
Distance to Water Source >50'
Excavation Inspected 06-02-00
Tank(s) Inspected 06-02-00
Wash Line Inspected N/A
High Water Alarm Inspected N/A

See Installation Approval

PLOT

Design 2000 1500ST 1440 SFT 126 CON PC CTR# B. Howell

The undersigned has inspected the Septic Tank System described above, and certifies it has been
☐ installed or constructed ☐ altered or repaired
☐ in accordance with the permit issued ☐ as detailed in the plot above
and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this
☐ Certificate of Completion ☐ Operation Permit
does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Type II system designed for a (3) bedroom design limit

Joshua R. Sellers R.S.
Environmental Health Specialist

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

MECKLENBURG COUNTY
ENGINEERING & BUILDING STANDARDS DEPARTMENT

Miscellaneous Fees

Requestor (Please print):	Phone #:	Date Requested:	Date Filled:
Account Name:	☐ Cash ☑ Charge	Account No.:	
I certify that I am authorized to charge this account for this service.			
Signature:	Printed Name:	Date:	

Fee or Charge

T.C.	Qty.	Type	Unit Cost	Total Cost
021		Single Lot Grading Permit (Please list address below)		
112		Zoning Board of Adjustment ☐ Residential Variance Request ☐ Commercial Variance Request ☐ Residential Interpretation ☐ Commercial Interpretation		
113		Zoning Citation(s) # _____		
		☐ 117: Certificate of Compliance* ☐ 118: Certificate of Occupancy* (original is free)	$10.00 ea.	
119		Change of Contractor*	$10.00 ea.	
121		Letters of Certification/Verification	$10.00 ea.	
122		Monthly Statistical Reports	$10.00 ea.	
124		Research & Retrieval of Documents		
125		Temporary Utilities/Occupancy*	$30.00/insp.	
		Local License Card/Exam ☐ 128: Mechanical ☐ 129: Plumbing ☐ 132: Electrical		
		Development Activities Plan Review ☐ 002: Commercial Drainage ☐ 005: Erosion Control ☐ 016: Subdivision ☐ 006: Final Plat Review		
425		City of Charlotte Fire - Plan Review		
		Map Sales		
		Other:		
		Other:		
Payment received by:		Date:	By:	Total:

* Please list all permit numbers/addresses that relate to your request. A request for temporary utilities (gas and electric) would require two permit numbers.

B-216NS 8/95

WHITE – AUDIT CANARY – CUSTOMER PINK – DIVISION

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

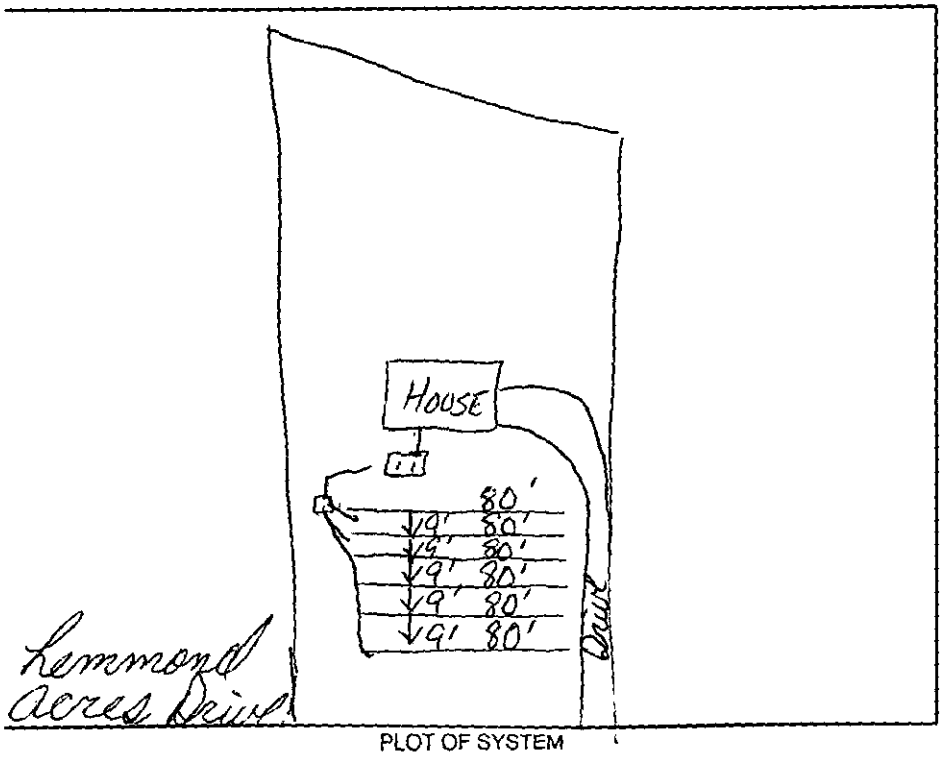
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2856 B DATE: 05-31-2000

TC: 139-152-01 ☐ L

SERIAL Nº 18406

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 06-04-99. All work shall be completed on or before 06-30-2000, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank N/A 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 480' feet

Number of Lines 6 @ 80'

Depth of Stone 12" inches

Distance from House ≥ 5' feet

Distance from Property Line ≥ 10' feet

Distance from Well Comm. >50' feet

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

NAME OF OWNER Dan Henderson

LOCATION OF PROPERTY 11327 Lemmond Acres Dr.

Comments: Type II system designed for a (3) Bedroom design unit Type II or III repair to rear of property

Joshua R. Sellers R.S.
Environmental Health Specialist

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

FEE: 100.00 VHD
DATE: 2/3/99
Charged To Account

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 #: 98516B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139-152-01P034

STREET ADDRESS: 11327 Lenmond Acres Drive

TYPE OF BUILDING (CHECK ONE):

[ ] SINGLE MOBILE HOME(S) [ ] MODULAR HOME (M)
[ ] DOUBLE WIDE (D) [ ] MULTIPLE FAMILY (U)
[x] HOUSE (H) [ ] OTHER (O)

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 34

TOWNSHIP (CHECK ONE):

[x] 0 MECKLENBURG [ ] 4 PINEVILLE
[ ] 1 CHARLOTTE [ ] 5 MATTHEWS
[ ] 2 DAVIDSON [ ] 6 HUNTERSVILLE
[ ] 3 CORNELIUS [ ] 7 MINT HILL

HEATED SQUARE FOOTAGE: 2400

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 5

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

[x] WITHOUT BASEMENT
[ ] ON SLAB
[x] CRAWL SPACE
[ ] WITH BASEMENT /PLUMBING
[ ] WITH BASEMENT /NO PLUMBING

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

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: [ ] YES [x] NO TYPE: _____

WATER SUPPLY (CHECK ONE):

[x] 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 [x] NO
EXISTING WASTEWATER SYSTEMS [ ] YES [x] NO
EASTMENTS OR RIGHT-OF-WAYS [x] YES [ ] NO
WELL, SPRINGS OR WATERLINES [ ] YES [x] NO
DESIGNATED WETLANDS [ ] YES [x] NO

PROPERTY OWNER:

NAME: (LAST) PIZO REALTY & DEVELOPMENT (FIRST) (MI)
ADDRESS: 6918 Lakeside Court 1901 Alpenrose Road
CITY: Charlotte STATE: NC ZIP: 28227
DAYTIME PHONE: ( ) -

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) Henderson (FIRST) Dan (MI) L
DAYTIME PHONE: 704 634-6709
3040 Wickersham Rd
Charlotte, NC

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: Dan L Henderson DATE: 2/3/99

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

PROPOSED PLOT PLAN

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

FILE: 2856B

TC: 139-152-01 PP

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.

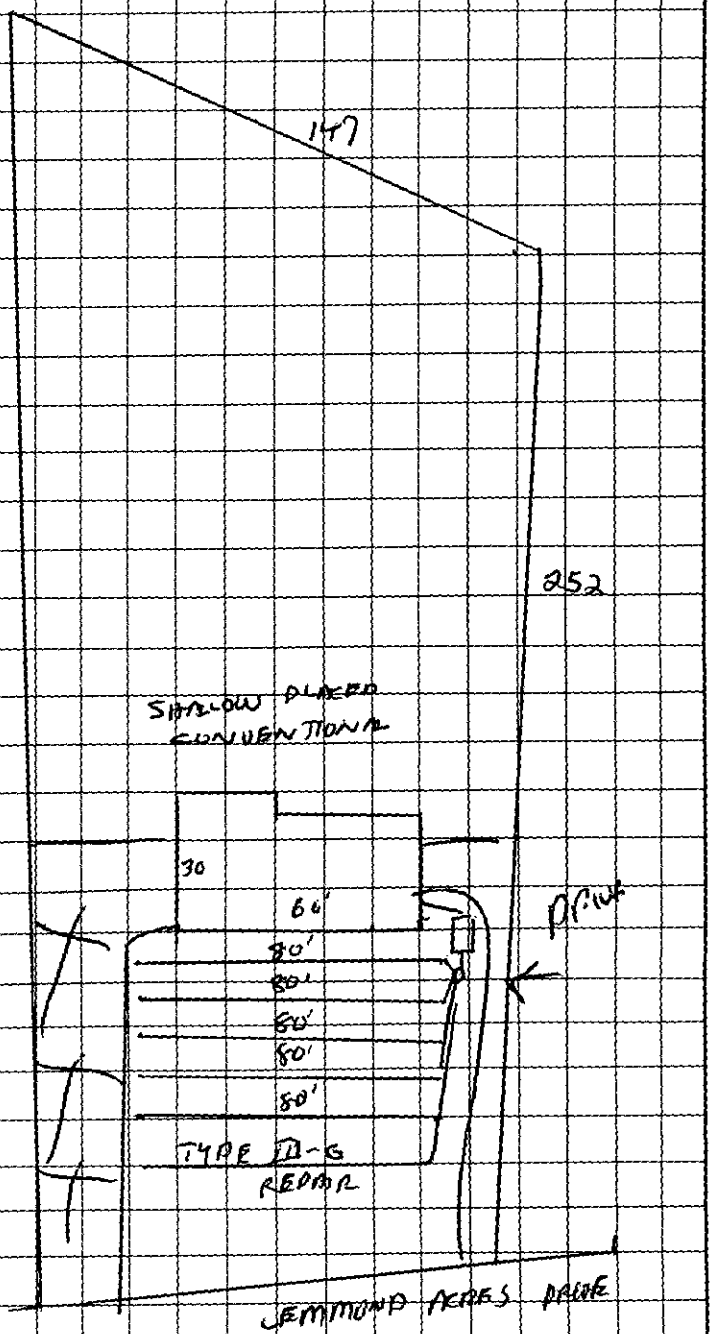
SCALE 1" = 50'

(1) PERMIT DESIGN IS FOR A 3 BEDROOM RESIDENCE @ THE REQUEST OF OWNER/BUILDER

(2) REPAIR AREA IS FOR A TYPE III-G INNOVATIVE DESIGN THAT ALLOWS FOR 25% REDUCTION IN DRAINLINES AGREEMENT FORMS MUST BE RECORDED ~~AND~~ EXECUTED W/ REGISTER OF DEEDS OFFICE PRIOR TO ISSUING OPERATION PERMIT

(3) ADDITIONAL REPAIR AREA IS LOCATED BEHIND HOUSE THAT COULD ACCOMMODATE SHALLOW PLACED CONVENTIONAL

1-13-2000 DRIVE MOVED TO OTHER SIDE OF LOT ON PROPERTY LINE AND IS 30' FURTHER BACK ON LOT. AK



Capomacci Const / HK Plan
OWNER/AGENT SIGNATURE

DATE 6/4/99

APPROVAL DATE 6/4/99 dlwell

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

ACS

FEE: $60.00 AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 6-4-99 PERMIT NO: 2856B
11327 PARCEL NO: 139-152-11 PP

JOB LOCATION ADDRESS: LEMMOND ACRES DRIVE
PROPERTY OWNER: DAN HENDERSON
BUILDING CONTRACTOR:
SUBDIVISION NAME: LEMMOND ACRES DRIVE
AUTHORIZATION ISSUED BY: [signature] DATE: 6-4-99
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2856B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS:

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

Carmeca Const Co / [signature] 6/14/99
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

MECKLENBURG COUNTY
ENGINEERING & BUILDING STANDARDS DEPARTMENT

Miscellaneous Fees

Requestor (Please print):	Phone #:	Date Requested:	Date Filled:
Account Name: ☐ Cash ☐ Charge		Account No.:	
I certify that I am authorized to charge this account for this service.			
Signature:	Printed Name:	Date:	

Fee or Charge

T.C.	Qty.	Type	Unit Cost	Total Cost
021		Single Lot Grading Permit (Please list address below)		
112		Zoning Board of Adjustment ☐ Residential Variance Request ☐ Commercial Variance Request ☐ Residential Interpretation ☐ Commercial Interpretation		
113		Zoning Citation(s) # _____		
		☐ 117: Certificate of Compliance* ☐ 118: Certificate of Occupancy* (original is free)	$10.00 ea.	
119		Change of Contractor*	$10.00 ea.	
121		Letters of Certification/Verification	$10.00 ea.	
122		Monthly Statistical Reports	$10.00 ea.	
124		Research & Retrieval of Documents		
125		Temporary Utilities/Occupancy*	$30.00/insp.	
		Local License Card/Exam ☐ 128: Mechanical ☐ 129: Plumbing ☐ 132: Electrical		
		Development Activities Plan Review ☐ 002: Commercial Drainage ☐ 005: Erosion Control ☐ 016: Subdivision ☐ 006: Final Plat Review		
425		City of Charlotte Fire - Plan Review		
		Map Sales		
		Other:		
		Other:		
Payment received by:		Date: 6-9-99 By: KW	Total: 160.00	

* Please list all permit numbers/addresses that relate to your request. A request for temporary utilities (gas and electric) would require two permit numbers.

B-216NS 8/95

DIVISION

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 28566 Tax Number: 139-152-01

- 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	X No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I (II) III IV V VI	X Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

.35 Long-term acceptance rate	360 Max gallons/day wastewater flow	1440 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
NA Serviced by private well	1500 Gallon septic tank	480 Total trench length (ft)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	___ Gallon pump tank	24" Depth of stone	

Any surface waters present: Type: Minimum separation distance:

Site modifications required:

Additional Conditions: (1) DESIGN IS FOR 3 BRM HOUSE

Repair Area System Type Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system X Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	X Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

1440 Absorption Area (Sq ft) ___ Total Trench Length (Ft)	24" Depth of Stone Trench	9 Trench spacing (min. on centers)	12" Maximum Trench Depth

For existing system, enter the year originally installed:

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

- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department
- This Improvement permit is transferable.

DEHNR Authorized Agent — Date 6/4/99

Canonsburg Const Co. — Owner/Agent Signature — Date 6/4/99

HK Yarn

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

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

400 #2

Sheet: _____
Property ID: PO 139-152-01
Lot #: 34
File #: 2856B

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Pro Realty & Developement APPLICANT: Dan Henderson
ADDRESS: 1901 Albemarle Road, Charlotte DATE EVALUATED: 2-8-99
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 480gpd PROPERTY SIZE: 1.0
LOCATION OF SITE: Lemmond Acres Dr. PROPERTY RECORDED: _____
WATER SUPPLY: ☐Private ☐Public ☐Well ☐Spring ☒Other Community
EVALUATION METHOD: ☒Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☒Sewage ☐Industrial Process ☐Mixed

PROFILE #	Slope 2-8% / .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	0-11"	Mixed	Fr	740" FO soil wetness	46"	N/A	None	PS .3gl Fr LL
		11-15"	gr/scl	Fr/SE ex pl ss/sp					
		15-36	SAM/SC	Fr/SE ex pl s/p					
		36-40"	SAM/scl	Fr/SE ex pl ss/sp					
2	LS	0-2"	gr/scl	Fr/SE ex pl ss/sp	725" FO soil wetness	25"	N/A	None	US .12gl Fr LPP LL
		2-22"	SAM/C	Fi/SE ex pl s/p					
		22-25"	SAM/scl	Fr/SE ex pl ss/sp					
3	R	0-3"	gr/scl	Fr/SE ex pl ss/sp	731" FO soil wetness	31"	N/A	None	US .3gl Fr LL
		3-24"	SAM C	Fi/SE ex pl s/p					
		24-31"	SAM cl	Fr/SE ex pl ss/sp					
4	R	0-2"	gr/scl	Fr/SE ex pl ss/sp	727" FO soil wetness	27"	N/A	None	US .12gl Fr LL
		2-23"	SAM C	Fi/SE ex pl s/p					
		23-27"	SAM scl	Fr/SE ex pl ss/sp					
5	LS	0-7"	gr/scl	Fi/SE ex pl ss/sp	748" FO soil wetness	48"	N/A	None	PS .25gl Fr LL
		7-46"	SAM C	Fi/SE ex pl s/p					
6	LS	0-8"	gr/scl	Fr/SE ex pl ss/sp	746" FO soil wetness	46"	N/A	None	PS .25gl Fr LL
		8-46"	SAM/C	Fi/SE ex pl s/p					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	US	49
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W. A. Mullis 2-9-99
OTHER(S) PRESENT: LSS

FILE # 2656A

COMMENTS 100% Repairs

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

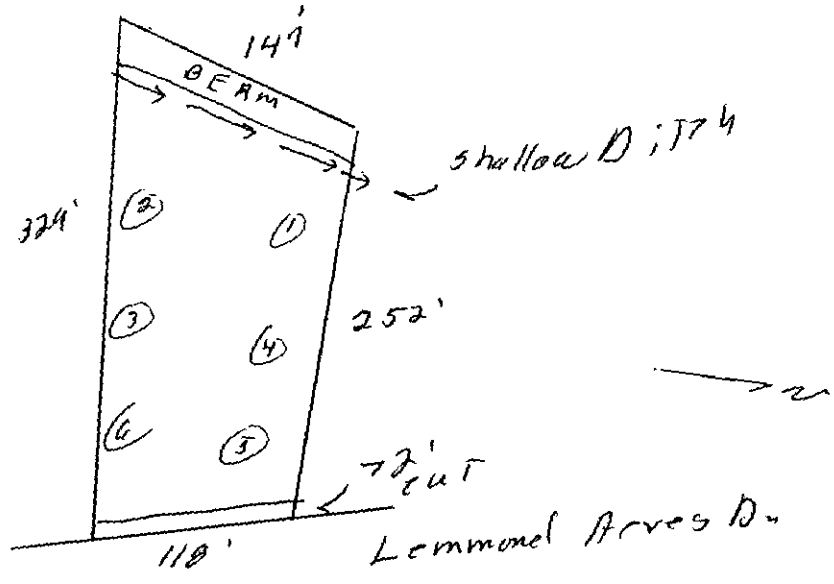
STRUCTURE

SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



PROPOSED PLOT PLAN

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

FILE: 2856B

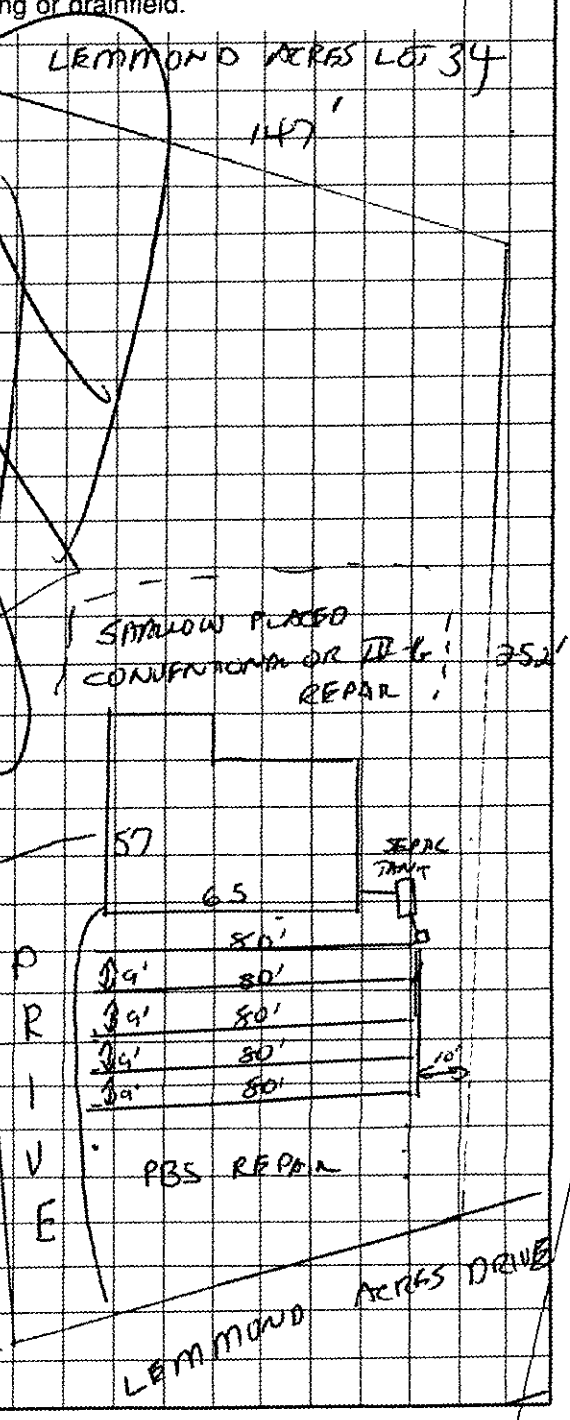
TC: 139-152-011

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.

SCALE 1" = 50'

LEMMOND ACRES LOT 34

1. INSTALL DRAINLINES SHALLOW 30" AND ON CONTOUR.
2. PERMIT DESIGN IS FOR A TYPE III-C INNOVATIVE DESIGN THAT ALLOWS 25% REDUCTION IN DRAINLINES
3. REPAIR AREA IS FOR A TYPE III-C PANEL BLOCK SYSTEM TO FRONT OR A PLAN COULD BE SUBMITTED FOR A TYPE III-C SHALLOW PLACED CONVENTIONAL TO THE BACK
4. AGREEMENT FORMS MUST BE FILED BEFORE IMPROVEMENT PERMIT CAN BE ISSUED.
5. EFFLUENT FILTER AND RISER TO BE INSTALLED OVER OUTLET END OF SEPTIC TANK



CANOMECK CONS CO / HK Pas
OWNER/AGENT SIGNATURE

DATE 2/22/99

APPROVAL DATE 2-19-99

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

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 2856B

Tax Number: 139-152-011

- 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.

(10)

Basement	___ Yes	X No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	X Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

3 Long-term acceptance rate	480 Max gallons/day wastewater flow	1600 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
MUNI PA Serviced by private well	1500 Gallon septic tank	400 Total trench length (ft)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
4 Bedrooms in residence	NA Gallon pump tank	NA Depth of stone	

Any surface waters present: Type: Minimum separation distance:

Site modifications required:

Additional Conditions: (1) INSTALL EFFLUENT FILTER AND RISER OVER OUTLET END OF SEPTIC TANK

(2) AGREEMENT FORMS TO BE FILED BEFORE INSTALLATION APPROVAL.

Repair Area System Type Type (circle one): (II) III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system X Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

1600 Absorption Area (Sq ft) 933 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	35" 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.

2-19-99

DEHNR Authorized Agent Date

CAROMECK CONST. CO. /HK for 2/22/99

Owner/Agent Signature Date

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

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

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

DATE: 2-19-99 PERMIT NO: 2856B
PARCEL NO: 139-152-01034

JOB LOCATION ADDRESS: LEMMOND ACRES DRIVE LOT 34
PROPERTY OWNER: DAN HENDERSON
BUILDING CONTRACTOR: DAN HENDERSON
SUBDIVISION NAME: LEMMOND ACRES, LOT 34
AUTHORIZATION ISSUED BY: [signature] DATE: 2-19-99
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2856B, 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: (1) INSTALL RISER + EFFLUENT FILTER OVER OUTLET END OF SEPTIC TANK

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.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

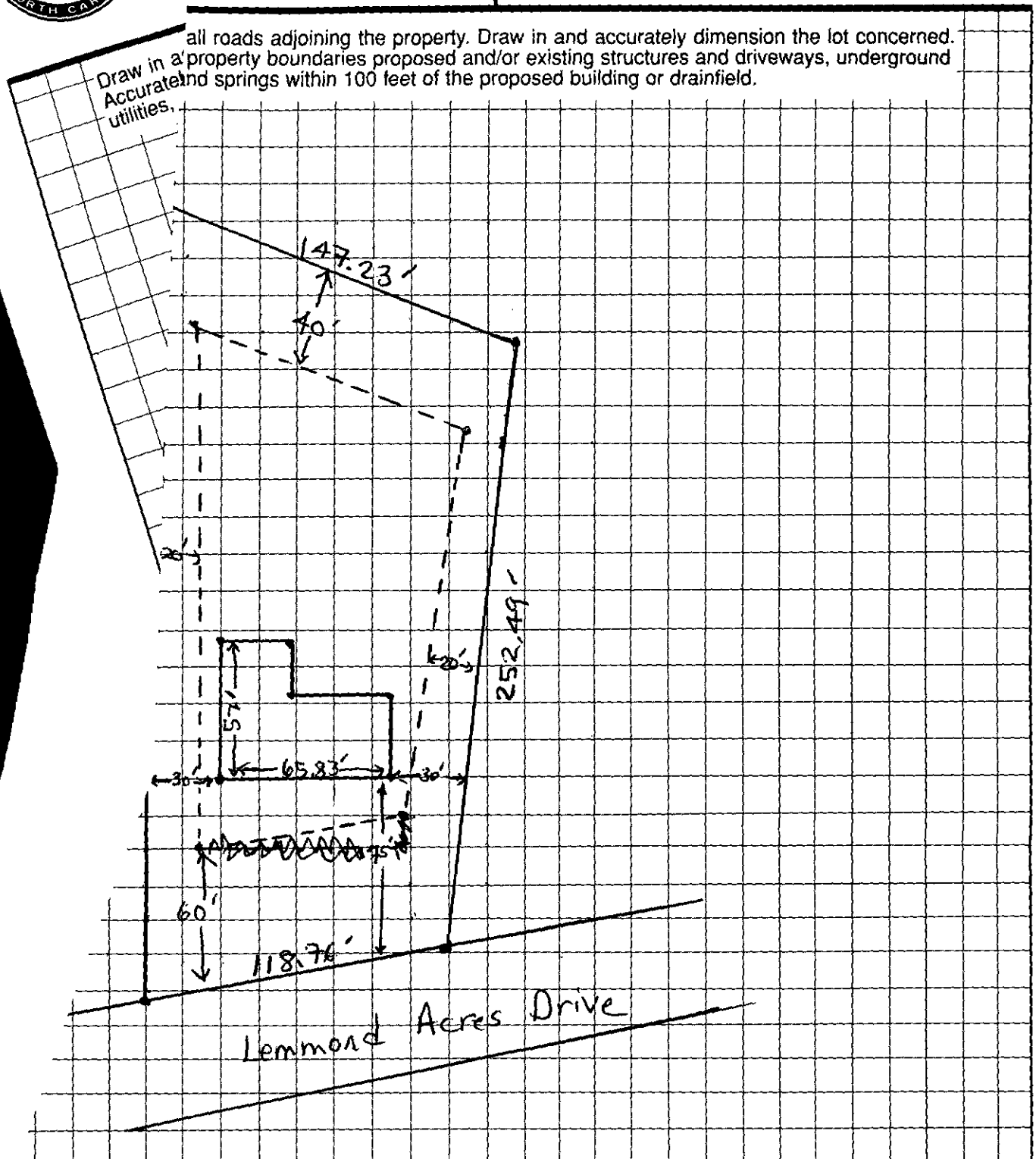
PROPOSED PLOT PLAN

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

FILE: 2856B

TC: 139-152-0160 34

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



Meck Construction Company
L Henderson
/AGENT SIGNATURE
2/2/99

APPROVAL DATE _____

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

PROPOSED PLOT PLAN

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

FILE: 2856B

TC: 139-152-011

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.

SCALE 1" = 50'

LEMMOND ACRES LOT 34

147'

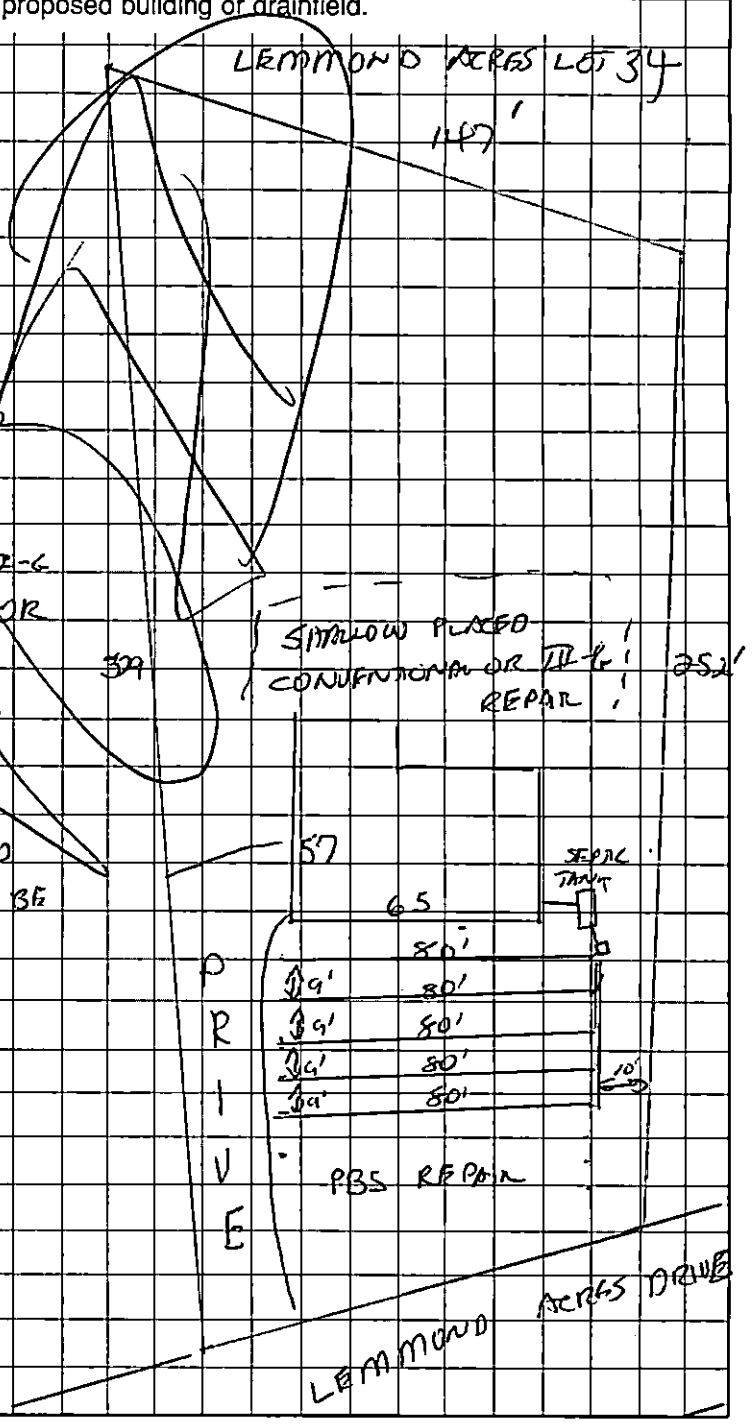
(1) INSTALL DRAINLINES SHALLOW 30" AND ON CONTOUR.

(2) PERMIT DESIGN IS FOR A TYPE III-G INNOVATIVE DESIGN THAT ALLOWS 25% REDUCTION IN DRAINLINES

(3) REPAIR AREA IS FOR A TYPE III-G PANEL BLOCK SYSTEM TO FRONT OR A PLAN COULD BE SUBMITTED FOR A TYPE II-C SHALLOW PLACED CONVENTIONAL TO THE BACK.

(4) AGREEMENT FORMS MUST BE FILED BEFORE IMPROVEMENT PERMIT CAN BE ISSUED.

(5) EFFLUENT FILTER AND RISER TO BE INSTALLED OVER OUTLET END OF SEPTIC TANK



CAROMECK CONS CO / HK [signature]
OWNER/AGENT SIGNATURE

DATE 2/22/99

APPROVAL DATE 2-19-99

[signature]

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

MECKLENBURG COUNTY
ENGINEERING & BUILDING STANDARDS DEPARTMENT

Miscellaneous Fees

Requestor (Please print): H K DAVIS	Phone #: 523 6384	Date Requested: 6/4/99	Date Filled: 6/4/99
Account Name: CAROMECK CONSTRUCTION ☐ Cash ☐ Charge		Account No.:	

I certify that I am authorized to charge this account for this service.

Signature: X H K Davis Printed Name: H. K. DAVIS Date: 6/4/99

Fee or Charge

T.C.	Qty.	Type	Unit Cost	Total Cost
021		Single Lot Grading Permit (Please list address below)		
112		Zoning Board of Adjustment ☐ Residential Variance Request ☐ Commercial Variance Request ☐ Residential Interpretation ☐ Commercial Interpretation		
113		Zoning Citation(s) # _____		
		☐ 117: Certificate of Compliance* ☐ 118: Certificate of Occupancy* (original is free)	$10.00 ea.	
119		Change of Contractor*	$10.00 ea.	
121		Letters of Certification/Verification	$10.00 ea.	
122		Monthly Statistical Reports	$10.00 ea.	
124		Research & Retrieval of Documents		
125		Temporary Utilities/Occupancy*	$30.00/insp.	
		Local License Card/Exam ☐ 128: Mechanical ☐ 129: Plumbing ☐ 132: Electrical		
		Development Activities Plan Review ☐ 002: Commercial Drainage ☐ 005: Erosion Control ☐ 016: Subdivision ☐ 006: Final Plat Review		
425		City of Charlotte Fire - Plan Review		
		Map Sales		
070	1	Other: Installation	100.00	100.00
		Other:		
Payment received by: T. Watkins Date: 6-4-99 By: RLW			Total:	100.00

* Please list all permit numbers/addresses that relate to your request. A request for temporary utilities (gas and electric) would require two permit numbers.

2857 B/ Lemmond Acres	Lot	24

B-216NS 8/95

DIVISION

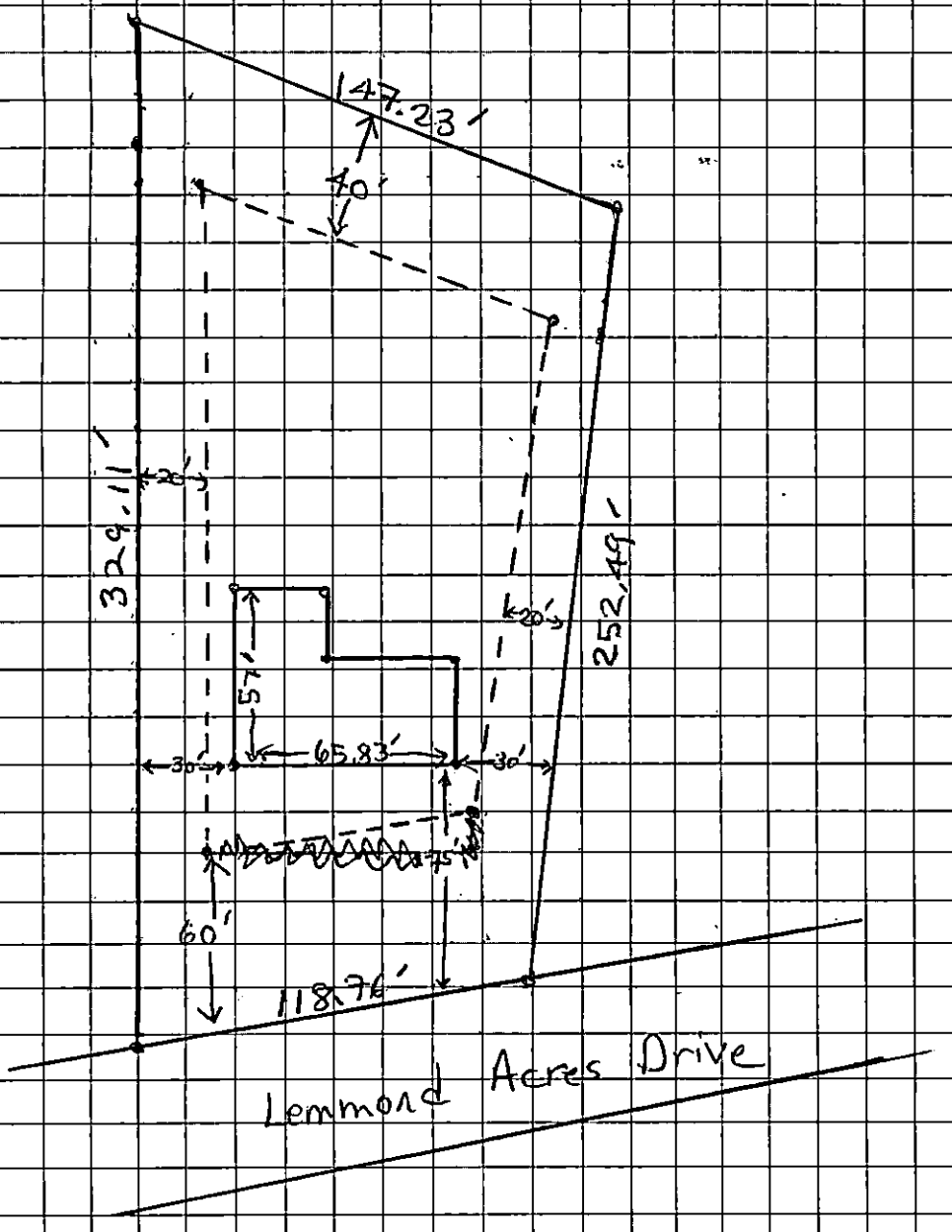
PROPOSED PLOT PLAN

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

FILE: 2856B

TC: 139-152-0110 34

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.



X CaroMeck Construction Company
X Dan L Hardison
OWNER/AGENT SIGNATURE

DATE 2/4/99

APPROVAL DATE _____

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