

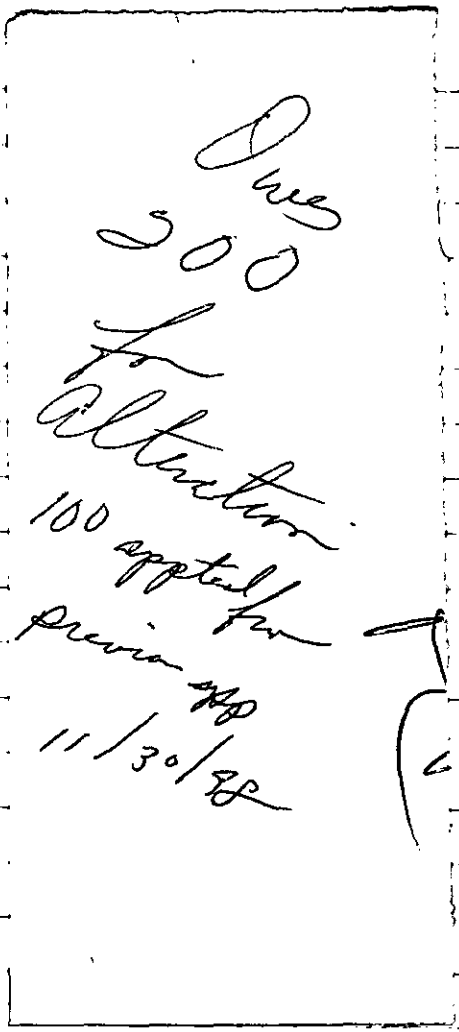
16114 TINNAHINCH RD

21720150

12/31/2007

duponbj

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


Due
300
for
Alteration
100 applied to
previous
11/30/98

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 2767B DATE: 2/28/00

TC: 217-201-50 ☐ L ☐ CRT

SERIAL Nº 18227

Name of Owner Mark Mathiason Juris.:

Address of Property 16114 Tinnahinch Road

Inspection Data:

Tank Material P.C.C.

Total Length of Drainfield 200'

Number of Lines 4 @ 2x40' 2x60'

Cover Depth 12"

Water Supply Source Well

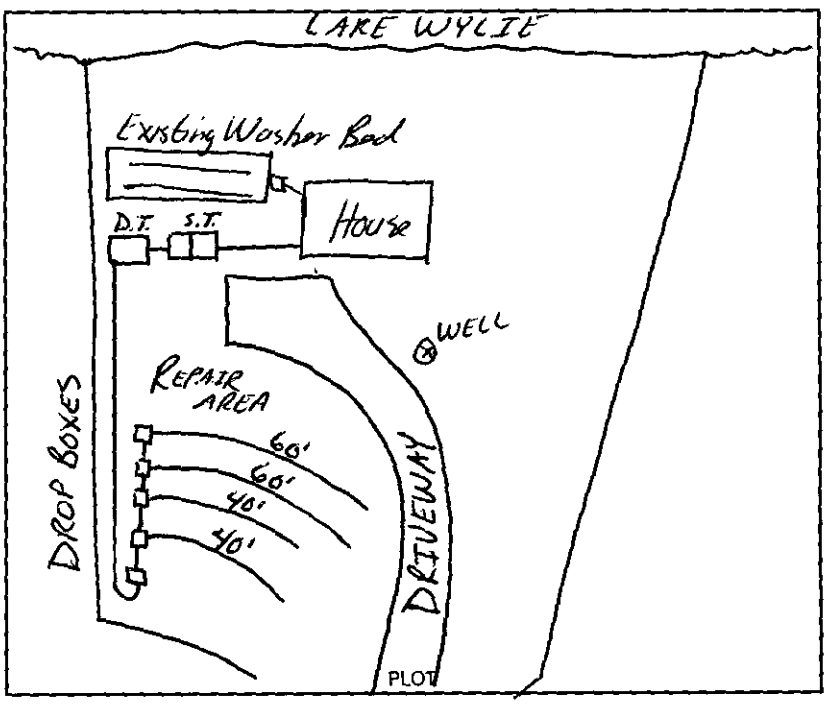
Distance to Water Source >50'

Excavation Inspected 2/28/00

Tank(s) Inspected 2/28/00

Wash Line Inspected NA/Existing

High Water Alarm Inspected 3/25/00



Design 2000, 1500ST, 1000DT, P1, INV, 600 SFT, EEE-222 LAY CTR# Homeowner

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: System installed for 3 bedroom residence.
Type III b (Pump to innovative) System. 200 (TLF) EEE-222 Lay
Use existing system for washing machine. NEMA-4X Alarm Box

Jeremy P. Michelone
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

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

FILE: 27678 DATE: 12/15/99

TC: 217 20150 ☐ L

SERIAL Nº 18193

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 2/3/99. All work shall be completed on or before 1/15/00, 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.

Septic system to be installed in accordance w/ approved plot plan

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length _____ feet

Number of Lines _____

Depth of Stone _____ inches

Distance from House _____ feet

Distance from Property Line _____ feet

Distance from Well _____ feet

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

NAME OF OWNER Mark Mayhiason

LOCATION OF PROPERTY 6114 Tinnahinch Rd

Comments: See comments above and condition of Improvement Permit

Philo S. Valk RS

Environmental Health Specialist

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

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

DATE: 12/14/99 PERMIT NO: 2767B
PARCEL NO: 217 201 50

JOB LOCATION ADDRESS: 6114 Tinnahinch Rd
PROPERTY OWNER: Mark Mathiason
BUILDING CONTRACTOR: —
SUBDIVISION NAME: NA
AUTHORIZATION ISSUED BY: Phil S Walker RS. DATE: 12/15/99
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2767B, 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: Alteration to the existing system. House plan altered from the original permit issued. Agreement forms ~~must be~~ shall be on file before operation permit release.

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.

x Tim Whittaker 12/15/99
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Hold For:

1) ~~New 3 bedroom Application~~
2) ~~Agreement forms~~
3) ~~signatures & dates~~
4) Fees $200

Mecklenburg County
Health Department

Conditions of Improvement Permit

File Number: 2767 B
Site Address: 16114 Tinnahinch Road

1. The wastewater treatment and disposal system permitted is a pump-to-innovative system designed by Tim Whittaker. The septic system must be installed as designed and approved.
2. The system will require a single phase, simplex control panel with alarm. The control panel must have a Nema 4x weather proof rating.
3. Drop boxes shall be used to distribute effluent to the innovative drain field trenches due to the unequal length drain lines.
4. Septic and pump tanks must be installed in an area not subject to vehicular traffic. System installer must ensure that finished soil cover over the tanks will not be greater than 36 inches in depth. Soil cover greater than 36 inches will require reinforced tanks.
5. Nitrification trenches shall be constructed as level as possible but in no case shall the fall in a single trench bottom exceed one-fourth inch in 10 feet as determined by an engineer's level or equivalent.
6. Any changes in the site must be pre-approved by the Mecklenburg County Environmental Health Department.
7. The wastewater treatment and disposal drain field area, including the designated repair areas, shall not be used for any of the following:

    - Grading or filling
    - Parking or driving heavy equipment in the area or subjecting the site to possible soil compaction
    - Construction staging area
    - Installation of lawn irrigation components
    - Installation of underground utilities or cables of any type
    - Burial of any debris or material
    - Utilizing the area for gravesites
    - Diversion of storm water runoff into this area

8. Septic system installer must be registered with Mecklenburg County prior to meeting for the required pre-construction conference.
9. System installer will be required to operate the system at the time of the final inspection. Arrangements must be made to have the pump tank filled with water prior to the requested final inspection.
10. The system owner shall have the contents of the septic tank checked, and the contents of the tank removed, periodically from all compartments, to ensure proper operation of the system. The contents of the septic tank shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.
11. All septic tank riser and effluent filter rules will apply to this system. It is strongly recommended that access risers be added to both ends of the septic tank, extending to at least finish grade. This will allow periodic inspection of the solids level in the tank as well as help facilitate the periodic cleaning of the effluent bio-filter.
12. The local Health Department is required, by the State, to perform system reviews of Type IIIb systems at a minimum of every 5 years. The owner of the system is responsible for paying any inspection fees, as determined by the Board of County Commissioners, at the time of the required inspection.

Signature Owner/Agent Tim Whittaker **Date** 12/15-/99

PEOPLE • PRIDE • PROGRESS

Environmental Health Division

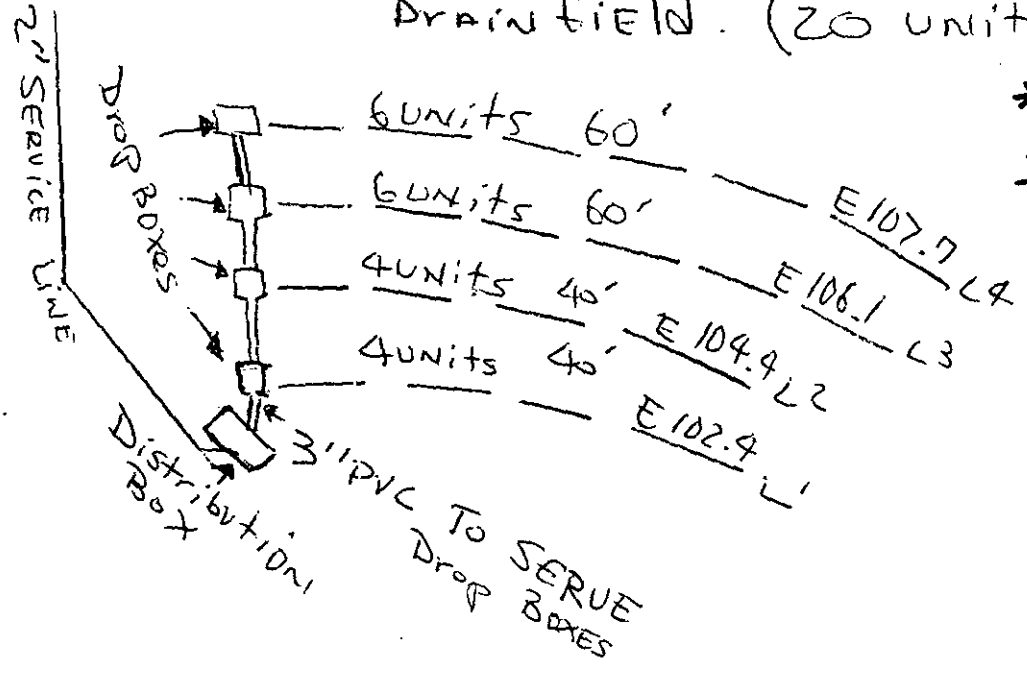
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

M.C.H.D.

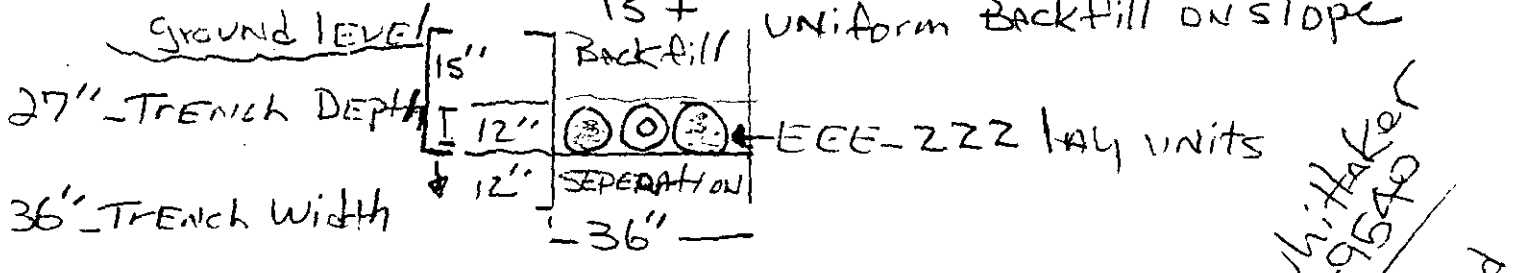
File; 2767-B

* ALTERATION PERMIT (2) Bedrm. to (3) Bedrm.
* ~~Property Abandonde EXISTING Septic TANK if REQUIRED by M.C.H.D. PUMP CONTENTS, REMOVE or fill with approved material.~~ I.W. 12/15/99
* ~~Add REGAL WASHER LINE BOX to SERVE EXISTING~~ (2) Bedrm. Bed. Convert to WASHER LINE. Use existing septic tank
** Add NEW—1,500 gal SEPTIC TANK,
  — 1,000 gal. PUMP TANK
  1 — Distribution BOX
  4 — Drop BOX SERIES to serve 200' EEE-222 LAY Drainfield. (20 UNITS Total) (2012)

* see conditions of Improvement permit



TRENCH Profile



T. Whitaker 366-9540

not scaled

CERTIFICATION STATEMENT

I, ANTHONY E. MANES, Certify that this plat was drawn under my supervision FROM an actual survey under my supervision (deed description recorded in Book 9834 , page 528 , ect.) (other): that the boundaries not surveyed are clearly indicated as drawn from information found in Book 17 , page: 523 that the ratio of precision as calculated is 1 : 10,000: that this plat was prepared in accordance with G.S. 47-30 as amended.

Witness my original signature, registration number and seal this day of July A.D., 1998

*Existing BED to be USED AS washer line

Anthony E. Manes

NORTH CAROLINA REGISTERED SEAL L-3290 LAND SURVEYOR ANTHONY E. MANES

ANTHONY E, MANES
NCRLS # L3290
231 RIVER OAKS ROAD
LAKE WYLIE, S.C. 29710
(803) 831-6800
Fax (803) 831-9838

FLOOD STATEMENT

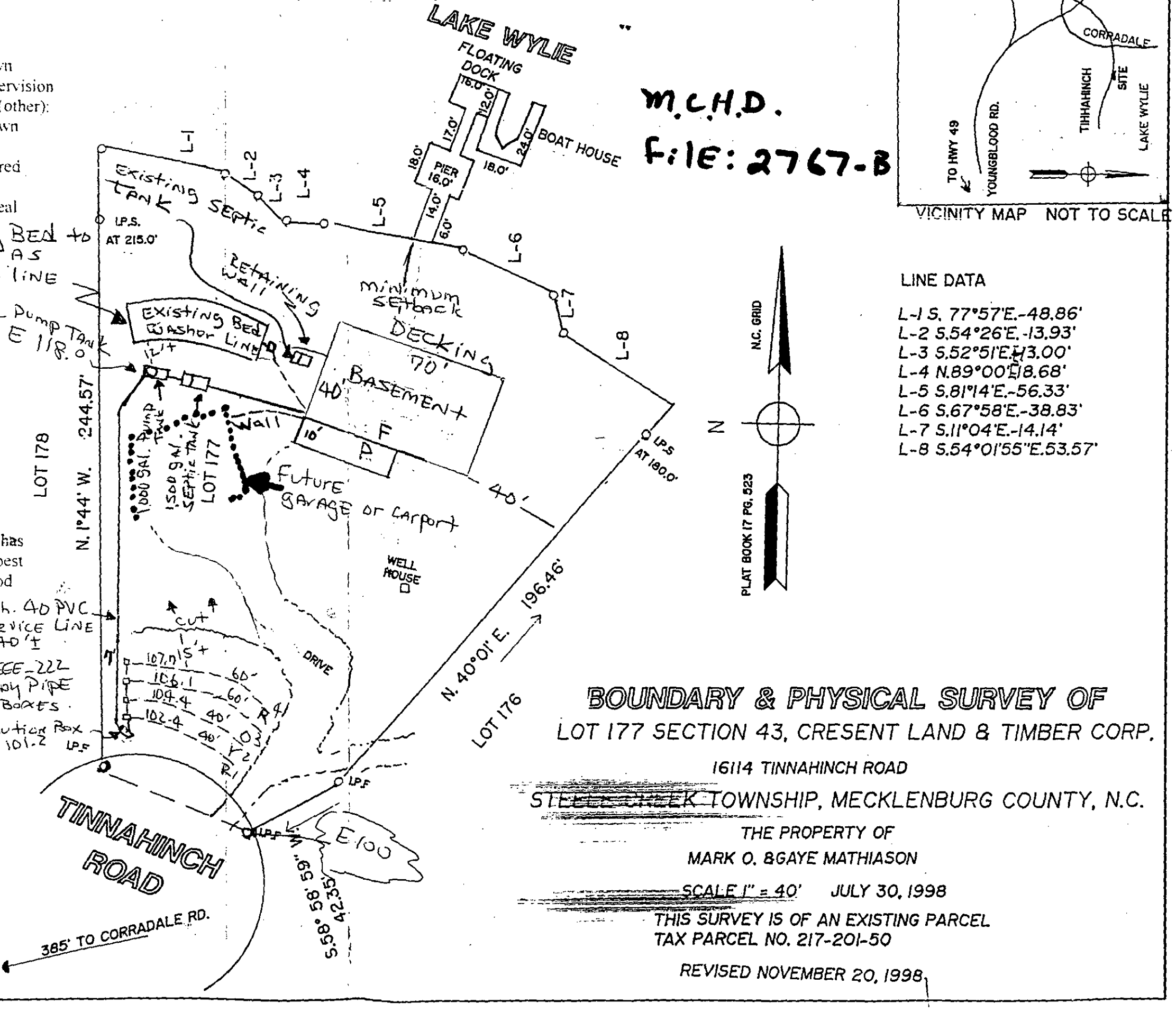
This is to certify that the location of the subject property has been checked against area Hud / Firm Maps and that to the best of my knowledge and belief it is not located in a special flood Area A or B.

LEGEND

I.P.F. = IRON PIN FOUND
I.P.S. = IRON PIN SET
R/W = RIGHT OF WAY
PROPERTY LINE
BORDERING PROPERTY

GRAPHIC SCALE 1" = 40'

40' 20' 0' 40' 80' 120'



VICINITY MAP NOT TO SCALE

M.C.H.D.
FILE: 2767-B

LINE DATA

L-1 S. 77°57'E.-48.86'
L-2 S.54°26'E.-13.93'
L-3 S.52°51'E.-13.00'
L-4 N.89°00'E.18.68'
L-5 S.81°14'E.-56.33'
L-6 S.67°58'E.-38.83'
L-7 S.11°04'E.-14.14'
L-8 S.54°01'55"E.53.57'

BOUNDARY & PHYSICAL SURVEY OF

LOT 177 SECTION 43, CRESENT LAND & TIMBER CORP.

16114 TINNAHINCH ROAD

STEELE CREEK TOWNSHIP, MECKLENBURG COUNTY, N.C.

THE PROPERTY OF

MARK O. &GAYE MATHIASON

SCALE 1" = 40' JULY 30, 1998

THIS SURVEY IS OF AN EXISTING PARCEL
TAX PARCEL NO. 217-201-50

REVISED NOVEMBER 20, 1998

M.C.H.D.
2767-B

T. Wetherbee
866-9540

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

FILE # 2767-B
PARCEL # 217-201-50

The undersigned, MARK & GAYE MATHIASON, owner of property located at 16114 TINNAHINCH RD., (the "site") and described in an instrument recorded in Book 9834 at Page 528, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

FILE COPY
FILED FOR REGISTRATION
DATE 12/29/99
BOOK
ST'MPS
DOC. # 140
TIME
PAGE
REC. FEE
JUDITH CUDD REGISTER OF DEEDS MECKLENBURG CO.

The undersigned further acknowledges that the following conditions will apply to the site:

- Any changes on the property may make the Improvement Permit Null and void and may make the Improvement Permit subject to revocation.

This instrument was prepared by: MARK MATHIASON
Mail after recording to: 15729 EAGLEVIEW DR.
CHARLOTTE NC 28278

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 28 day of December, 1999.

_____ (Corporate Name)

By: _____

_____ President

ATTEST:

_____

_____ Secretary

(Corporate Seal)

Mark Mathiason (SEAL)

Faye Mathiason (SEAL)

_____ (SEAL)

_____ (SEAL)

STATE OF ~~NORTH CAROLINA~~ SC
COUNTY OF York

I, Melinda York, a Notary Public for said County and State, do hereby certify that Mark Mathiason & Faye Mathiason personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 28 day of December, 1999.

Melinda York
Notary Public

My Commission Expires:
2-28-2007

FEE: _____

DATE: _____

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

[ ] CRT

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 #: 2767-B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 217-201-50

STREET ADDRESS: 16114 Tinnahinch Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: Lot 177 SEC. 43

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
X HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 3000+

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS:

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

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

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:
USE EXIST. SYS. WASHER LINE, ADD 1 MORE BEDRM. TOTAL (3)

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
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: Mathison, Mark
(LAST) (FIRST) (MI)

ADDRESS: 16114 Tinnahinch Rd.

CITY: Charlotte STATE: NC ZIP: 28278

DAYTIME PHONE: ( ) –

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Whittaker, Tim
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) 866-9540

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? UNK.

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: Tim Whittaker for M.M. DATE: 12/15/99

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

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

#2

Sheet: _____
Property ID: 219-201-50
Lot #: 177 SEC "43"
File #: 2767B

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Mark Matthieson APPLICANT: _____
ADDRESS: 16114 Tennakeneth Rd, Charlotte DATE EVALUATED: 8-2-99
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 240gpd PROPERTY SIZE: .1 Ac.
LOCATION OF SITE: 16114 Tennakeneth Rd PROPERTY RECORDED: _____
WATER SUPPLY: ☒Private ☐Public ☐Well ☐Spring ☐Other _____
EVALUATION METHOD: ☒Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☒Sewage ☐Industrial Process ☐Mixed

PROFILE #	Slopes 2076 .1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-5"	gr/ SL	Fr/SE XP/ NS/NP	>30" TO soil WETNESS	30"	N/A	None	PS .39/ P2 IV
		5-30"	SBK/C	F/SE XP/ S/P					
2	LS	0-9"	gr/ SL	Fr/SE X.P/ NS/NP	>36" TO soil WETNESS	36"	N/A	None	PS .39/ P2 IV
		9-36"	SBK/MABK/C	F/SE X.P/ S/P					

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W. R. Marlin LSS 8-3-99
OTHER(S) PRESENT: _____

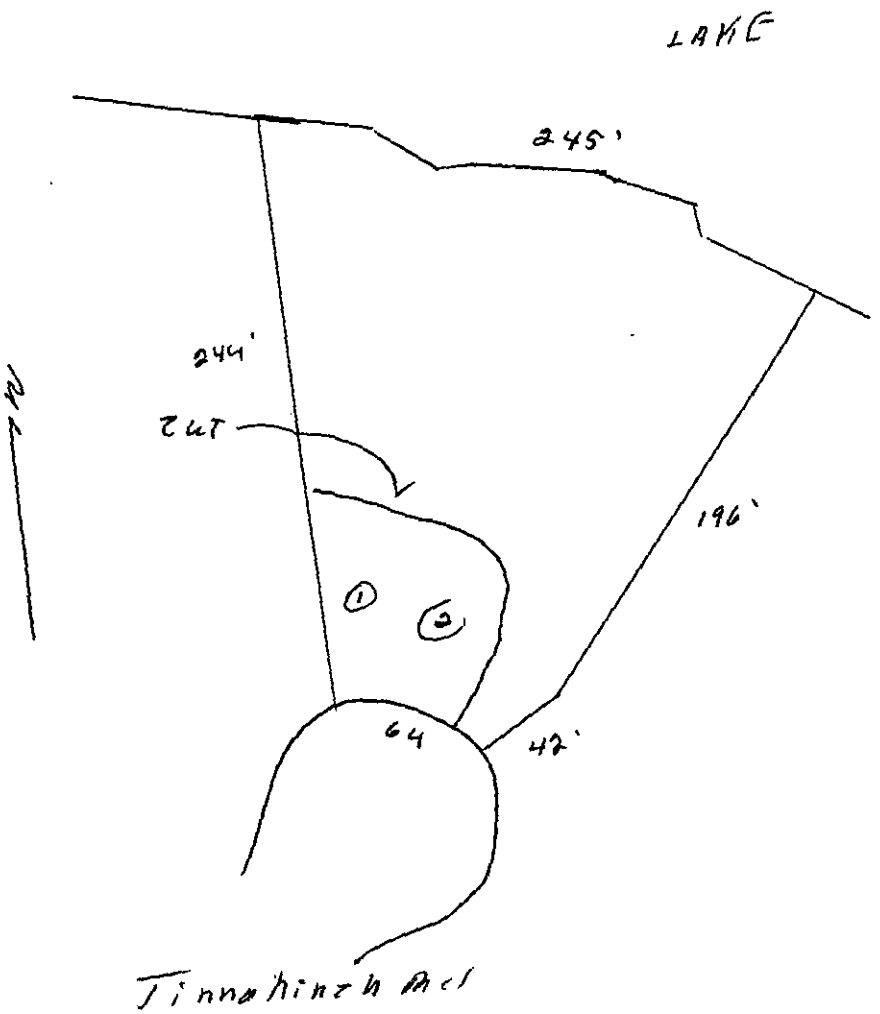
FILE # 27613

COMMENTS

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



SEND CORRESPONDENCE TO: MARK MATHIASON 54 MARINA RD. LAKE WYLIE, SC 29710

pd. 150.00 for Alteration

OK #2101 1/W 1-30-98

pd. 75.00 CK# 5462 1/W 6-14-98

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

27673 400 CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 214
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date: 10/19/98

PERSON FILING APPLICATION:
NAME: MATHIASON (last) MARK (first) O (mi)
ADDRESS: 6114 TINNINICH PHONE: 803 831-0198
CITY: CHARLOTTE STATE: NC ZIPCODE: 28278

PROPERTY OWNER:
NAME: MATHIASON (last) MARK (first) O (mi)
ADDRESS: 6114 TINNINICH PHONE: (__) _____
CITY: CHARLOTTE STATE: NC ZIPCODE: 28278

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 217-201-50
STREET ADDRESS: 6114 TINNINICH Rd.
ZONING:
SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
EXPANDING FOOTPRINT OF EXISTING

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: 2 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 [X] 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: Mark C. Mathiason Date: 11/19/98

NOTICE:

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 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.

...House site altered/Req new foundation > 5' from the existing septic tank.

Approval granted for a 2 bedroom house expansion.

Use existing system

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

Phillip S. Walker RS. 2/3/99
Environmentalist Date

WATER : 122791

PROPOSED PLOT PLAN

COPY

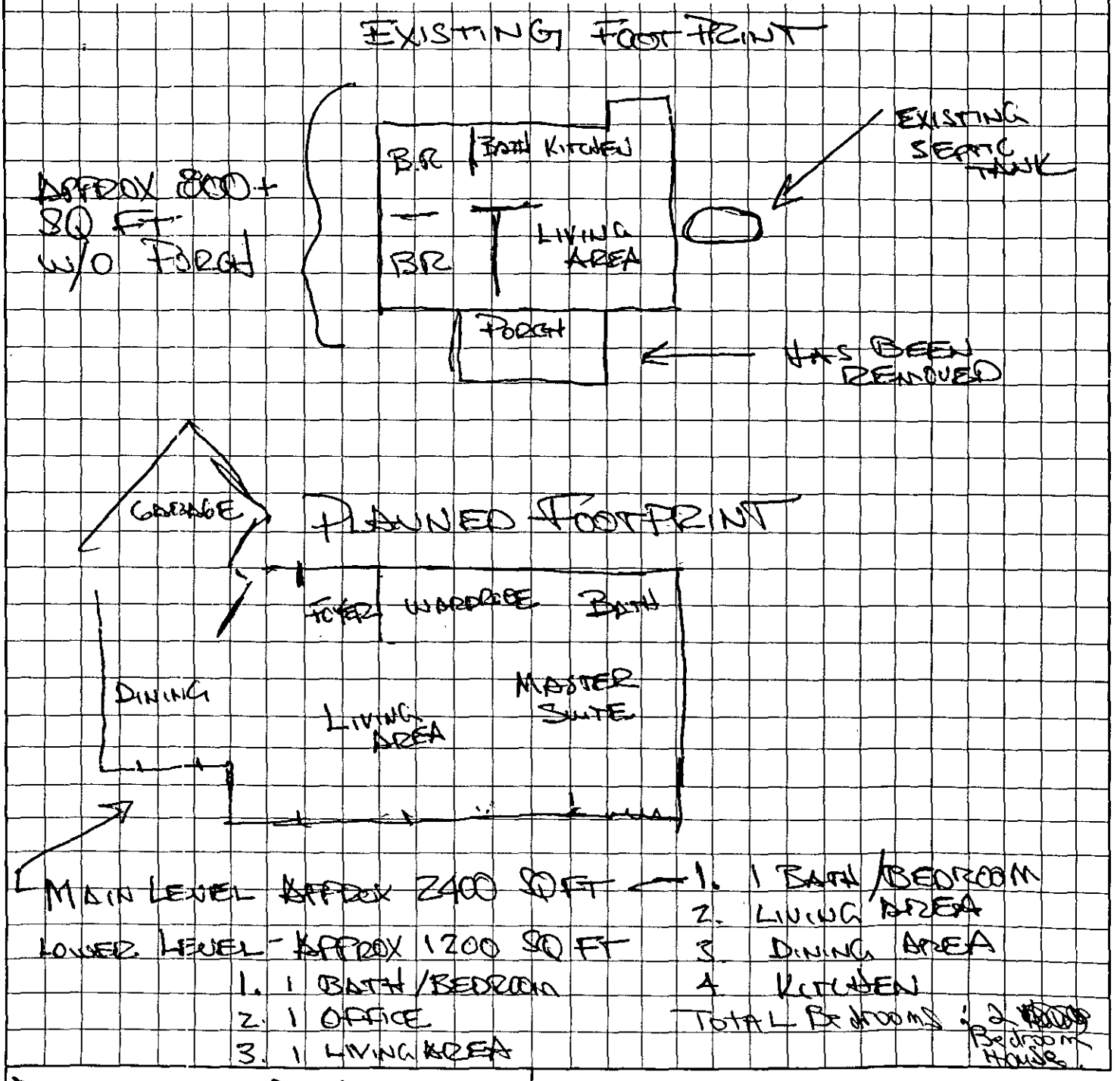
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

WELL

FILE: 27678

TC: 217-284-50

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.



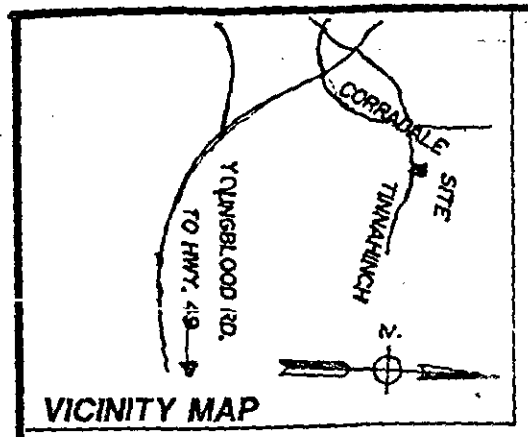
Mark O. Rafferty
OWNER/AGENT SIGNATURE

DATE 11/19/98

APPROVAL DATE _____

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

T.C. 217-201-50

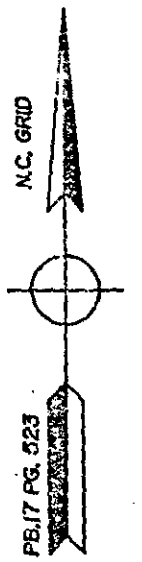


VICINITY MAP

RECEIVED & REVIEWED

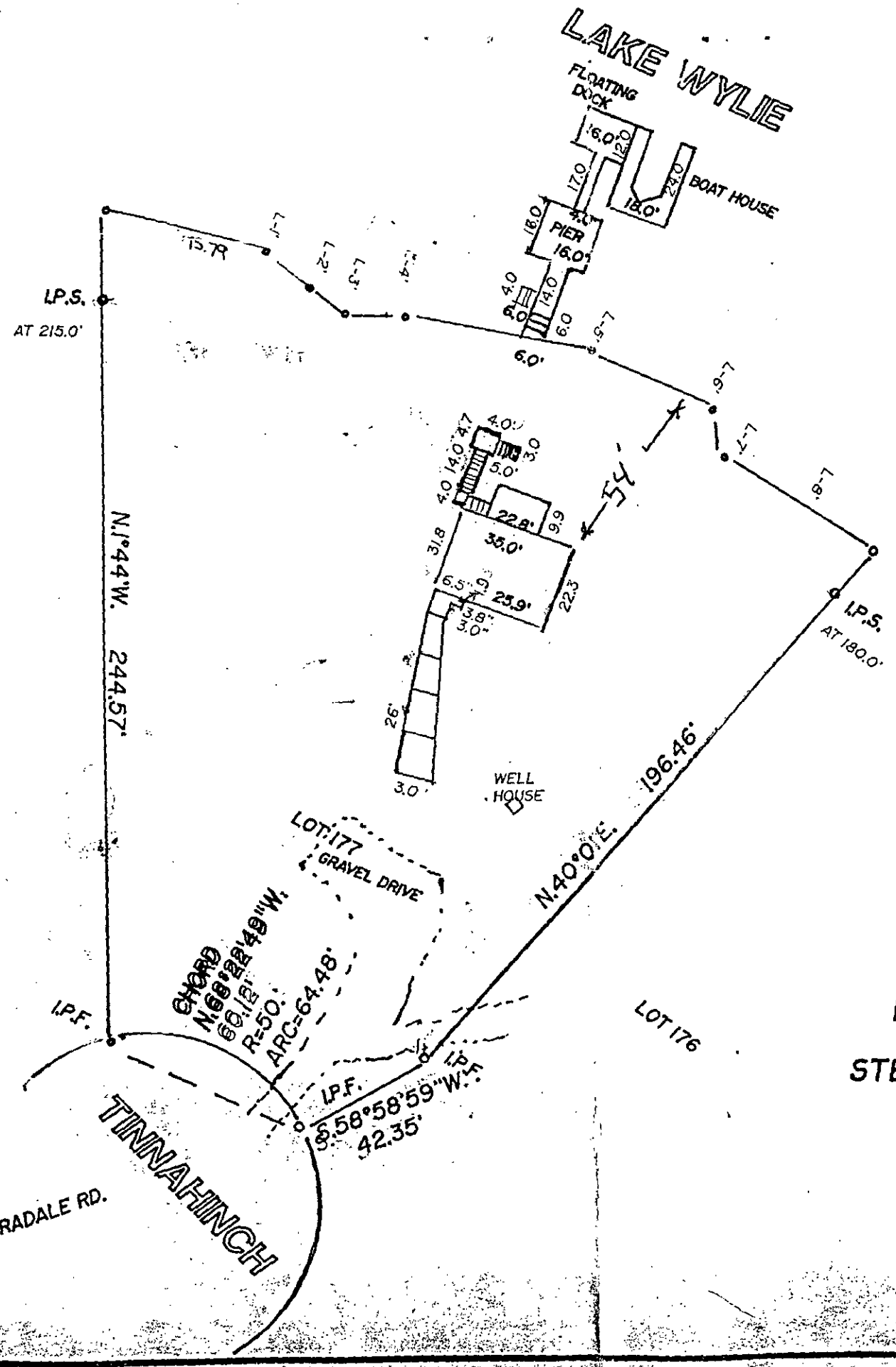
THIS _____ DAY OF _____ 19____

BY _____



LINE DATA

L-1 S.77°57'E.-48.86'
L-2 S.54°26'E. -13.93'
L-3 S.52°51'E. -13.00'
L-4 N.89°00'E. -18.68'
L-5 S.81°14'E. -56.33'
L-6 S.67°58'E. -38.83'
L-7 S.11°04'E' -14.14'
L-8 -S.54°01'55"E. 53.57'



CERTIFICATION STATEMENT

I, Anthony E. Manes, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 314, page 145 etc.) (other); that the boundaries not surveyed are clearly indicated as drawn from information found in Book 17, page 523 that the ratio of percision as calculated is 1 : 10,000; that this plat was prepared in accordance with G.S. 47-30 as amended. Witness my original signature, registration number and seal this 30th day of July, A.D., 1998.

Anthony E. Manes
NCRLS # L3290
4231 River Oaks Road
Lake Wylie, S.C. 29710
(803)-831-6800
1-888-831-6800

NORTH CAROLINA REGISTERED SEAL L-3290 LAND SURVEYOR ANTHONY E. MANES

FLOOD STATEMENT

This is to certify that the location of the subject property has been checked against area Hud/Firm Maps and that to the best of my knowledge and belief it is located in a Special Flood Area A or B.

LEGEND

I.P.F. = Iron Pin Found
I.P.S. = Iron Pin Set
R/W = Right Of Way
Property Line
Bordering Property

40' 20' 0' 40' 80' 120'

GRAPHIC SCALE 1" = 40'

BOUNDARY & PHYSICAL SURVEY OF

LOT 177 SECTION 43 CRESENT LAND & TIMBER CORP.
16114 TINNAHINCH ROAD
STEELE CREEK TOWNSHIP, MECKLENBURG COUNTY, N.C.

THE PROPERTY OF

MARK O. & GAYE MATHIASON

GRAPHIC SCALE 1" = 40' JULY 30,1998
THIS SURVEY IS OF AN EXISTING PARCLE.
TAX PARCEL NO. 217-201-50

2317 DANA

CHARGE

pd 50.00 11/20/98
Check # 5201
Rec'p 11511

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Charge Slip

Date: 11/20/98

Name/Company: _____

Sanitation _____

Vector Control _____

IWWS ✓

Service: 16114 Tunnathinch
File # 2767B
Addition

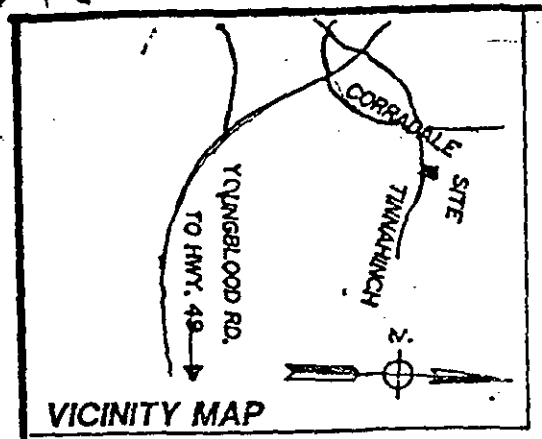
Fee: $ 50.00

NOTICE:

A processing fee of $20.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by 11/20/98

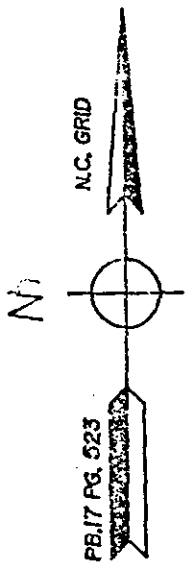


VICINITY MAP

RECEIVED & REVIEWED

THIS ____ DAY OF ____ 19____

BY ____



LOT 178

LOT 176

LAKE WYLIE

FLOATING DOCK

BOAT HOUSE

PIER

L.P.S. AT 215.0'

L.P.S. AT 180.0'

N.1°44'W. 244.57'

N.40°01'E. 196.46'

175.79'

Existing drainfield

New 22.5 Addition

WELL HOUSE

LOT 177

GRAVEL DRIVE

CHORD N.68°22'48"W. 60.12'

R=50'

ARC=64.48'

L.P.F.

S.58°58'59"W. 42.35'

TINNAHINCH

385' TO CORRADALE RD.

COMMENTS

LINE DATA

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L-2 S.84°26'E. -13.93'
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L-4 N.89°00'E. -18.68'
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Anthony E. Manes
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4231 River Oaks Road
Lake Wylie, S.C. 29710
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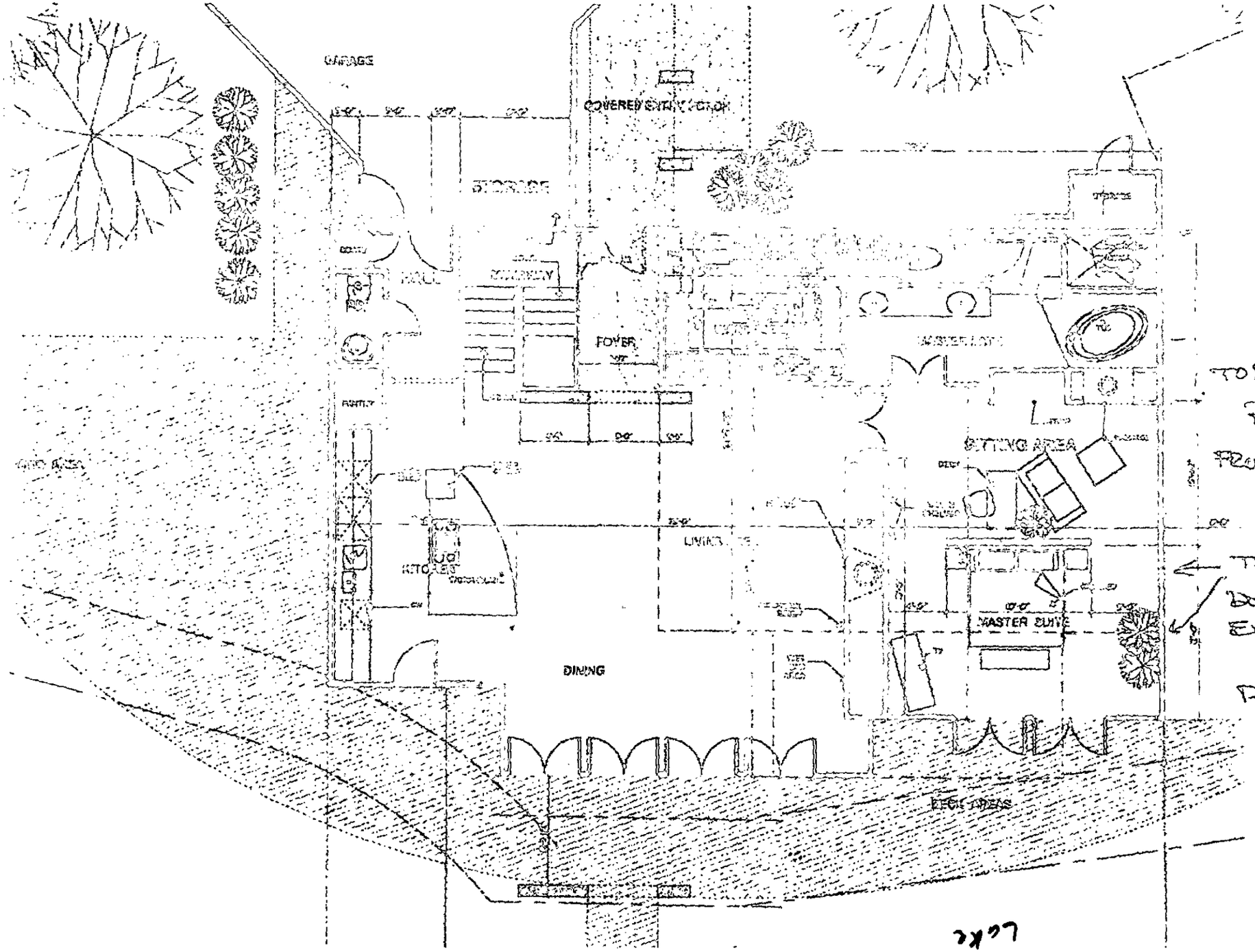
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MARK O. & GAYE MATHIASON

GRAPHIC SCALE 1" = 40' JULY 30,1998
THIS SURVEY IS OF AN EXISTING PARCLE.
TAX PARCEL NO. 217-201-50

2317 DANA



CL MEASUREMENT
24'-4" EXISTING

New House Plan
Received
2/2/99

TO: PHILO

FROM: MARK MATHIASON

THIS IS EXISTING WALL
DOTTED LINE DENOTES
EXISTING WALLS

REGARDS,
MARK MATHIASON

Lake

2-01-1999 12:27PM FROM P.1

VOID