

18326 CHALET LN

21714308

12/31/2007

duponbj

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

Mecklenburg County
Health Department

July 29, 1998

Ms. Robin A. Butler
5472 Kingsbridge Road
Winston-Salem, NC 27103

Re: 18326 Chalet Lane
File: 2580B
Parcel: 217-143-08

Dear Ms. Butler:

Receipt of the plans and specifications for a conventional system of sewage disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of
15 NCAC 18A, .1900, "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal". Our comments are listed below:

.1943 SOIL DEPTH
(a) Soil depths to saprolite, rock, or parent material greater than 48 inches shall be considered SUITABLE as to soil depth. Soil depths to saprolite, rock, or parent material between 36 inches and 48 inches shall be considered PROVISIONALLY SUITABLE as to soil depth. Soil depths to saprolite, rock, or parent material less than 36 inches shall be classified UNSUITABLE as to soil depth.
(b) Where the site is UNSUITABLE with respect to depth, it may be reclassified PROVISIONALLY SUITABLE after a special investigation indicates that a modified or alternative system can be installed in accordance with Rule .1956 or Rule .1957 of this Section.

.1945 AVAILABLE SPACE
(a) Sites shall have sufficient available space to permit the installation and proper functioning of ground absorption sewage treatment and disposal systems, based upon the square footage of nitrification field required for the application rate determined in accordance with these Rules.
(b) Sites shall have sufficient available space for a repair area equal to the area determined in Rule .1945 (a) of this Section.

For these reasons, the plans as submitted are disapproved: However, state regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 15 NCAC 18A .1948 (c) are met.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

You may also wish to obtain the services of a private consultant to collect the site-specific data and submit such a system design to the Health Department for technical review. A site may be reclassified to Provisionally Suitable provided written documentation, including engineering, hydrogeologic, geological, or soil studies indicates to the local Health Department that a proposed septic tank system or a proposed alternative system can reasonably be expected to function satisfactorily.

If I may be of any assistance, please feel free to contact me at 336-5570.

Sincerely,

Philo S. Walker R.S.

Philo S. Walker, R.S.
Individual Water and Wastewater Systems

PW:vw

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

#2 (400)

Sheet ___
PROPERTY ID #: 217-143-08
Lot # : 5-4
File # : 25808

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

OWNER: Robin A. Beeler
APPLICANT: ___
DATE EVALUATED: 7-13-19
ADDRESS: 5472 Kingsbridge Road Winston-Salem
PROPERTY SIZE: .63
PROPOSED FACILITY: residence
PROPOSED DESIGN FLOW (.1949): 360gpd / PROPERTY RECORDED: ___
LOCATION OF SITE: 8326 Shaker Lane
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	Slopes 2-10% .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	R	0-2"	gr/sl	vFr/sExP/NS/NP	>29" To soil wetness	29"	N/A	None	IV US .125 LPP
		2-29"	sBK/sC	Fi/sExP/siP					
2	R	0-6"	gr/sl	vFr/sExP/NS/NP	>48" To soil wetness	46"	N/A	None	IV PS .35/F2
		6-48"	sBK/C	Fi/sExP/siP					
3	LS	0-5"	gr/sl	vFr/sExP/NS/NP	>26" To soil wetness	26"	N/A	N/A	IV PS .125/F2 LPP
		5-26"	sBK/C	Fi/sExP/siP					

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. Merlin 7-13-19
OTHER(S) PRESENT: LSS

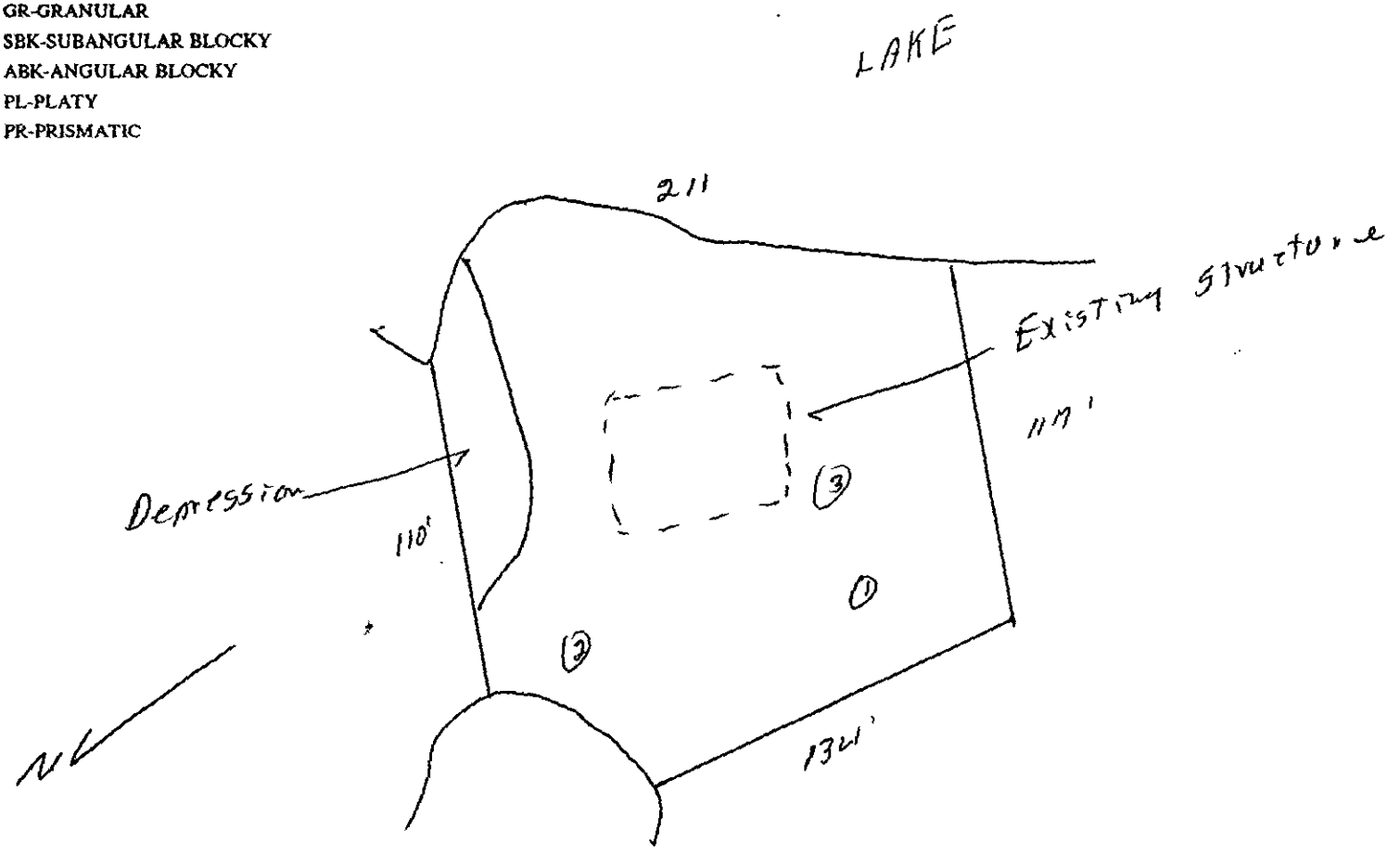
FILE [redacted]
25903

COMMENTS Probably does not need WC'd
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	MINERALOGY
SG-SINGLE GRAIN	SLIGHTLY EXPANSIVE
M-MASSIVE	
CR-CRUMB	EXPANSIVE
GR-GRANULAR	
SBK-SUBANGULAR BLOCKY	
ABK-ANGULAR BLOCKY	
PL-PLATY	
PR-PRISMATIC	



PROPOSED PLOT PLAN

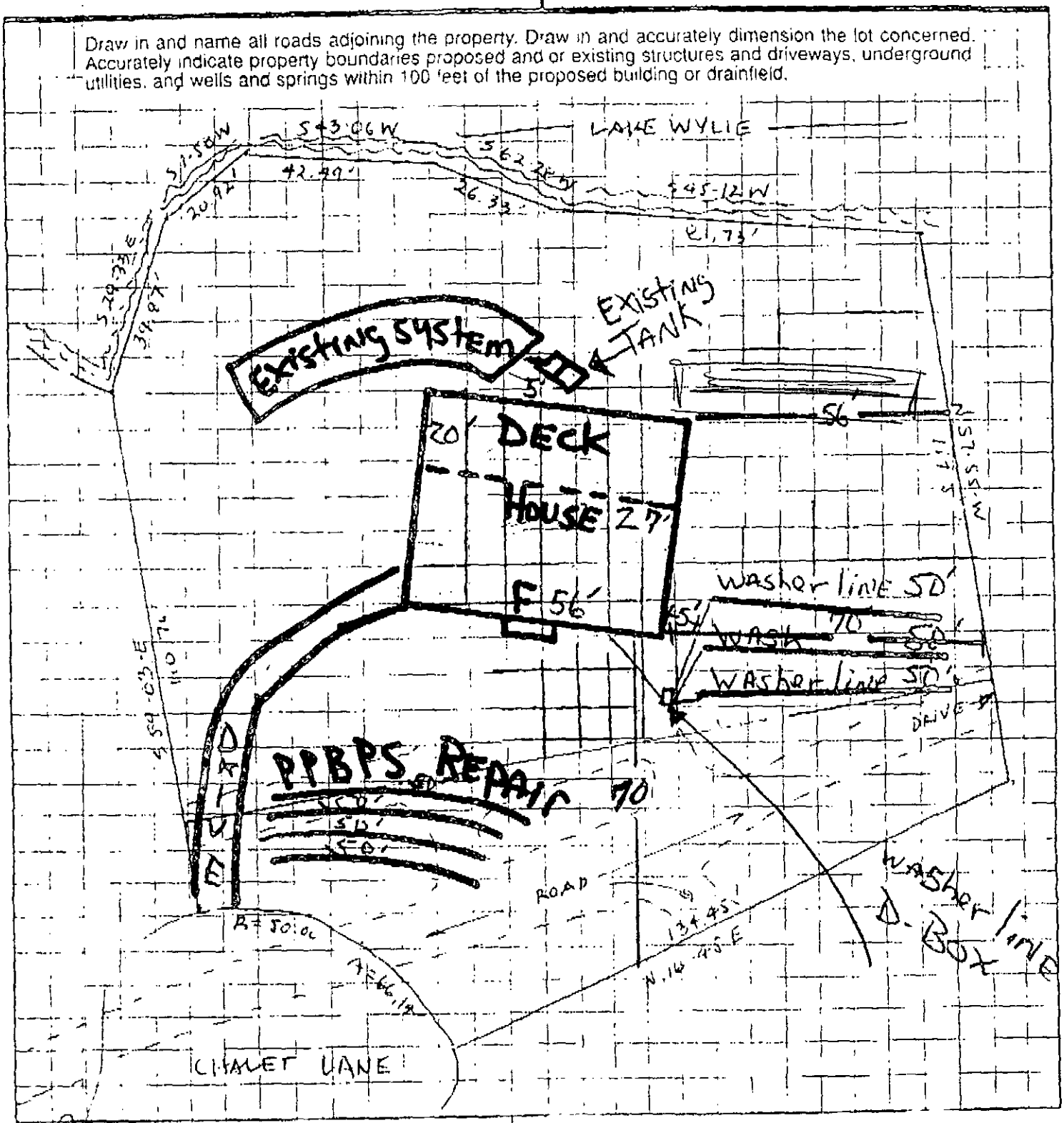
Attn: Larry Thompson

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

FILE: 258D-B

TC: 217-413-05

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



OWNER/AGENT SIGNATURE

DATE 6/24/98

APPROVAL DATE

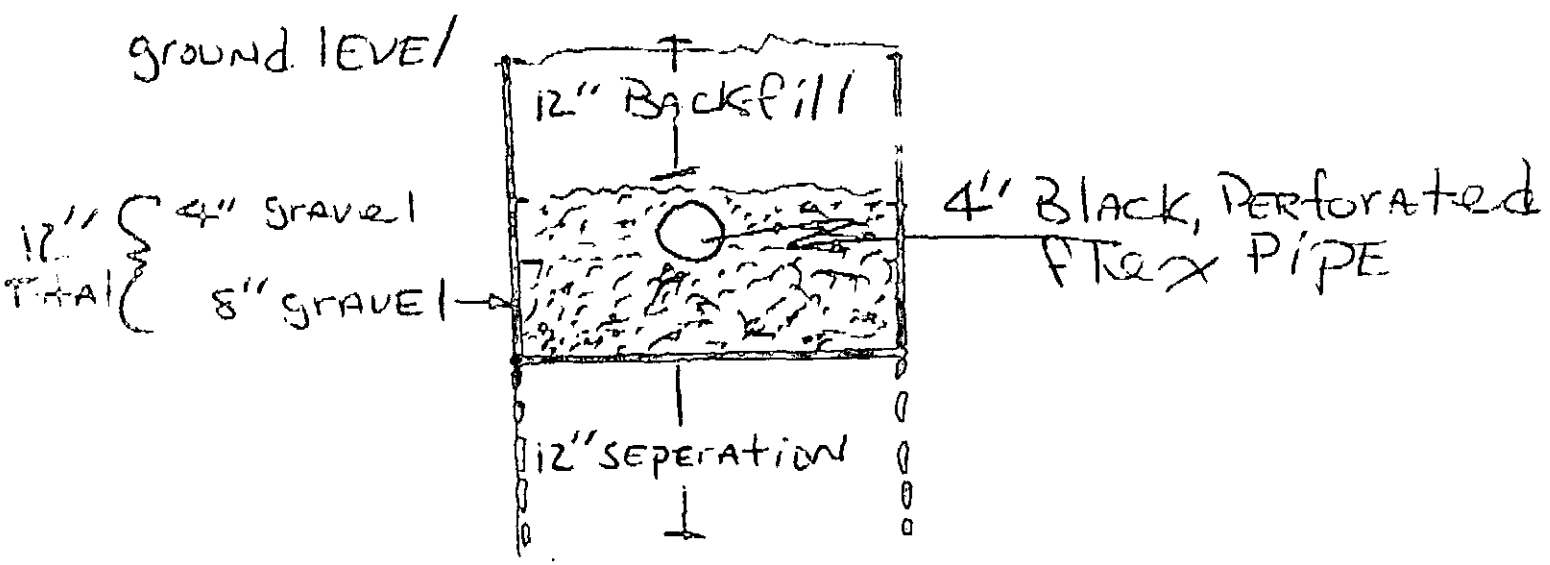
White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

(3) Bedrm. Proposal

MCHD
File: 2580-B

* USE EXISTING SEPTIC SYSTEM:
  USE EXISTING TANK & BED DRAINFIELD
* Alter by Adding (3) 3'x50'x12" gravel, Shallow PLACED WASHER LINES = 150'
* PPBPS - 200' for REPAIR AREA (not required) however, AVAILABLE for FUTURE USE.

* TRENCH PROFILE - WASHER LINES



T. Whittaker 866-9540

P.O. CK#2410

FEE: 100 AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: 12-2-98 VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 12-9-98

PERMIT NO: 2580B
PARCEL NO: 217-143-08

JOB LOCATION ADDRESS: 18326 Chalet Lane
PROPERTY OWNER: Robin A. Butler
BUILDING CONTRACTOR:
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: Tommy B. Thompson Jr., R.S. DATE: 12-4-98
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2580B, 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: * Keep foundation / footers (including deck(s)) greater than 5 feet off of existing septic tank and drainfield.
* Follow Conditions of IMPROVEMENT PERMIT

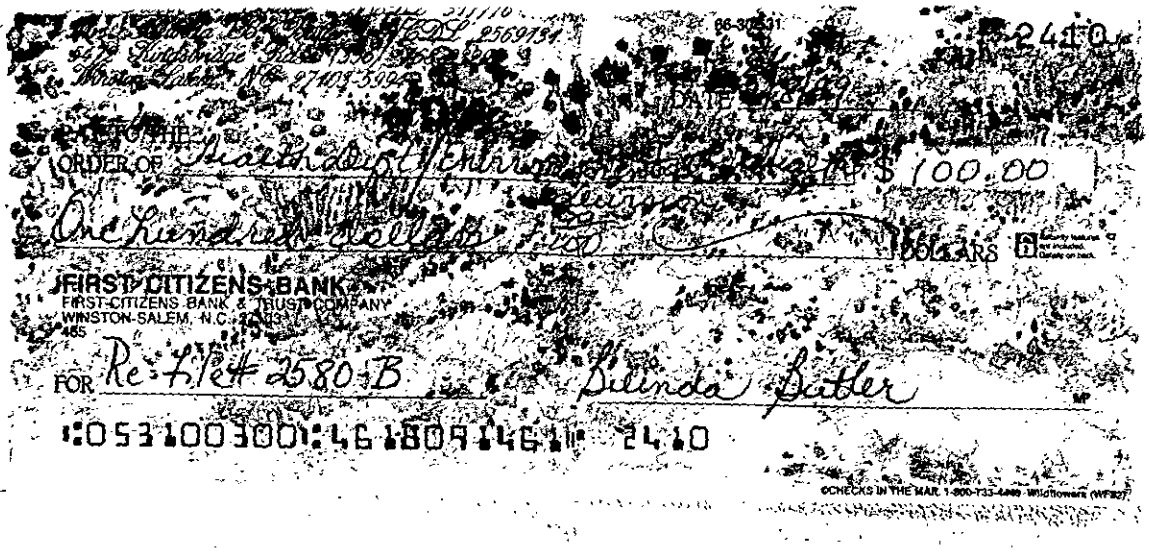
OWNER CERTIFICATION

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.

Tim W. Whittaker 3/3-/99

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Pd 100.00
VLW
2-9-99
CK# 2410


2410
DATE 2-8-99
PAY TO THE ORDER OF Rathbone Enterprises, Inc. & Belinda Potter $ 100.00
One Hundred Dollars and 00/100 DOLLARS
FIRST-CITIZENS BANK
FIRST-CITIZENS BANK & TRUST COMPANY
WINSTON-SALEM, N.C.
FOR Re: File # 2580-B Belinda Potter
:053100300: 46 809 146 : 2410

Larry,

This file is checked out to you. Can you please it and this form in my box so that I can make note of this payment? Thx

VLW

Permit Number: 2580 B

Tax Number: 217-143-08

- 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	✓ 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	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

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

Any surface waters present: Type: Minimum separation distance:

Site modifications required:

Additional Conditions: Alteration to Existing Septic System - Washer Drainfield Alteration. Add Washer Box to D-Box w/(3) 3'w x 50'L x 12" stone & keep all parts of system greater than 5 feet off house foundation.

Repair Area System Type 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	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

450 Absorption Area (Sq ft) 150 Total Trench Length (Ft)	12 Depth of Stone Trench	9' Trench spacing (min. on centers)	15 Maximum Trench Depth (SHALLOW)

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 th 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 effec 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 Departmen
- This Improvement permit is transferable.

Larry B. Thompson, J. L.S. 12-4-98
DEHNR Authorized Agent / Date

Tim W. Whittaker 3/30/99
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

PROPOSED PLOT PLAN

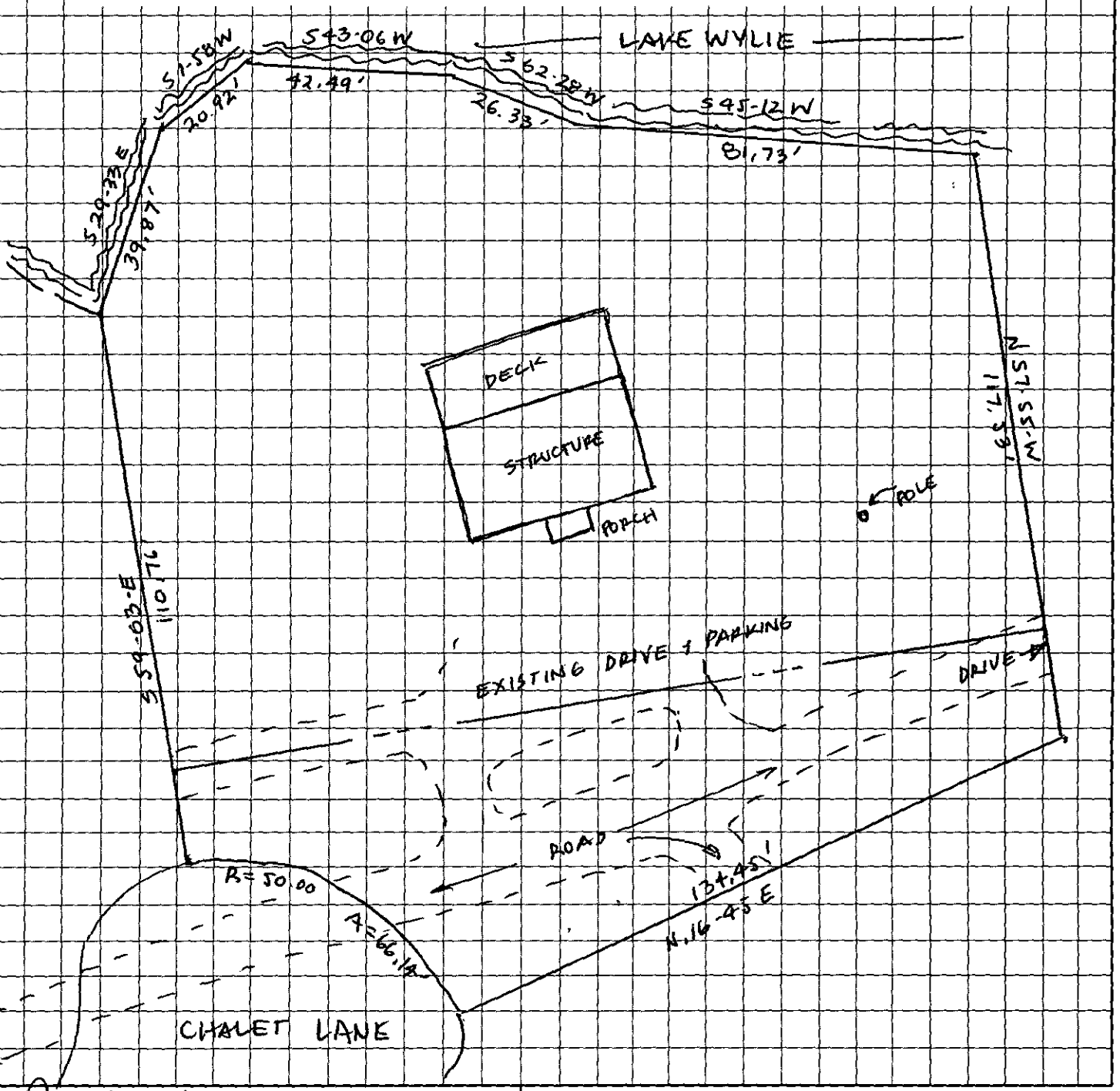
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

COPY

FILE: 2580B

TC: 217-K13-08

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.



Robin B Barth
OWNER/AGENT SIGNATURE

DATE 6/24/98

APPROVAL DATE _____

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

SYSTEM ALTERATION

FEE: $ 100.00
DATE: 6-24-98 V/D
CK # 8050

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

2580B 1 1 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 #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 217-143-08

STREET ADDRESS: 18326 CHALET LANE

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: L 54 SEC 44 M17-465

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S)
✓ DOUBLE WIDE (D)
___ 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

CLOSING DATE_____

HEATED SQUARE FOOTAGE: ~ 1530

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

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

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

WILL REMOVE EXISTING SYSTEM AND INSTALL NEW SYSTEM FOR NEW STRUCTURE.

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: BUTLER ROBIN A
(LAST) (FIRST) (MI)

ADDRESS: 5472 KINGSBRIDGE ROAD

CITY: WINSTON-SALEM STATE: NC ZIP: 27103

DAYTIME PHONE: ( ) 336-659-1505

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) - 1-800-528-9139

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: Robin O Butler DATE: 6/24/98

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

2580

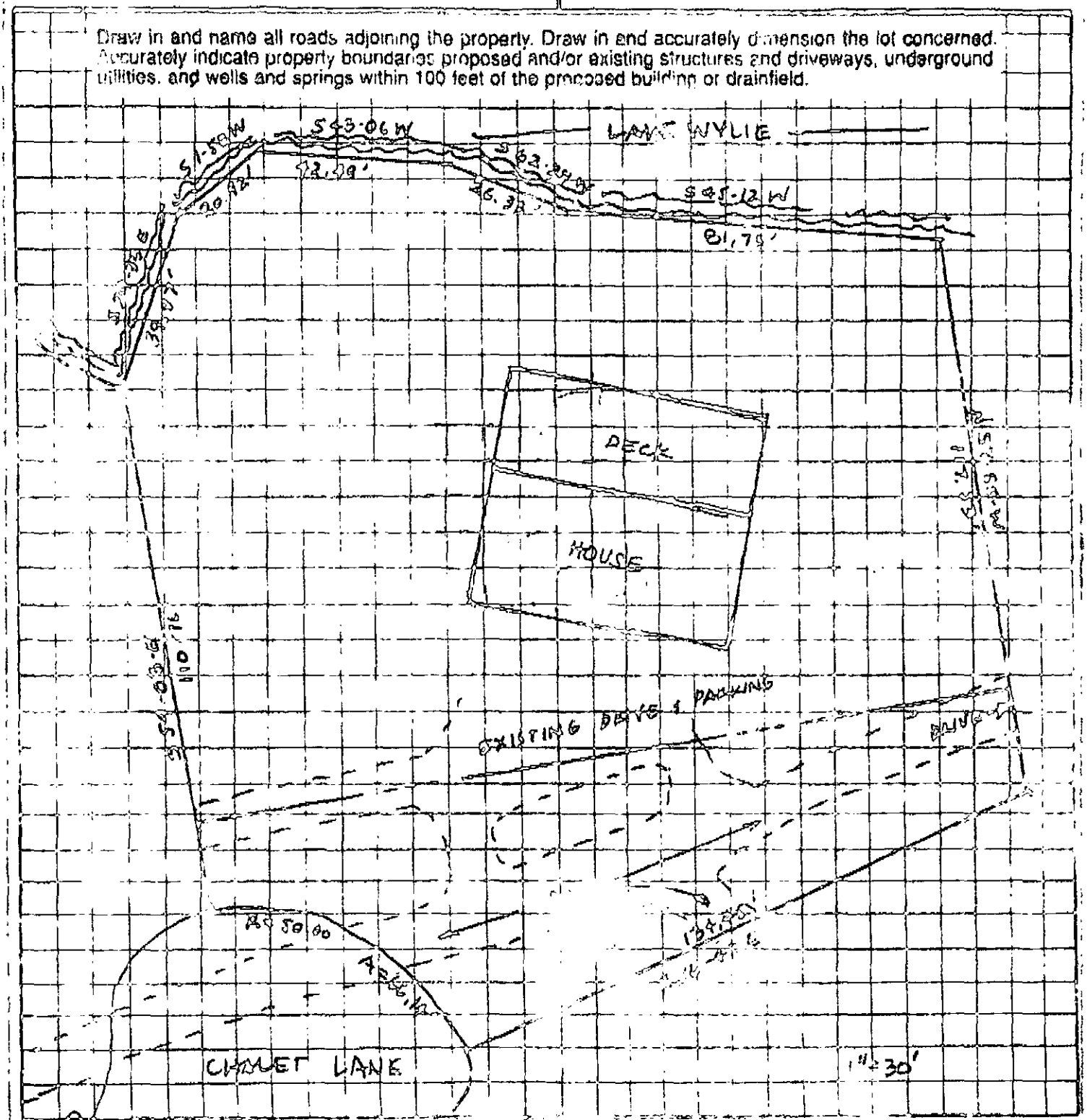
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: _____

TC: _____

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APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE 6/24/98 REVISED 6/25/98

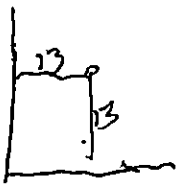
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18326 CHALET LN

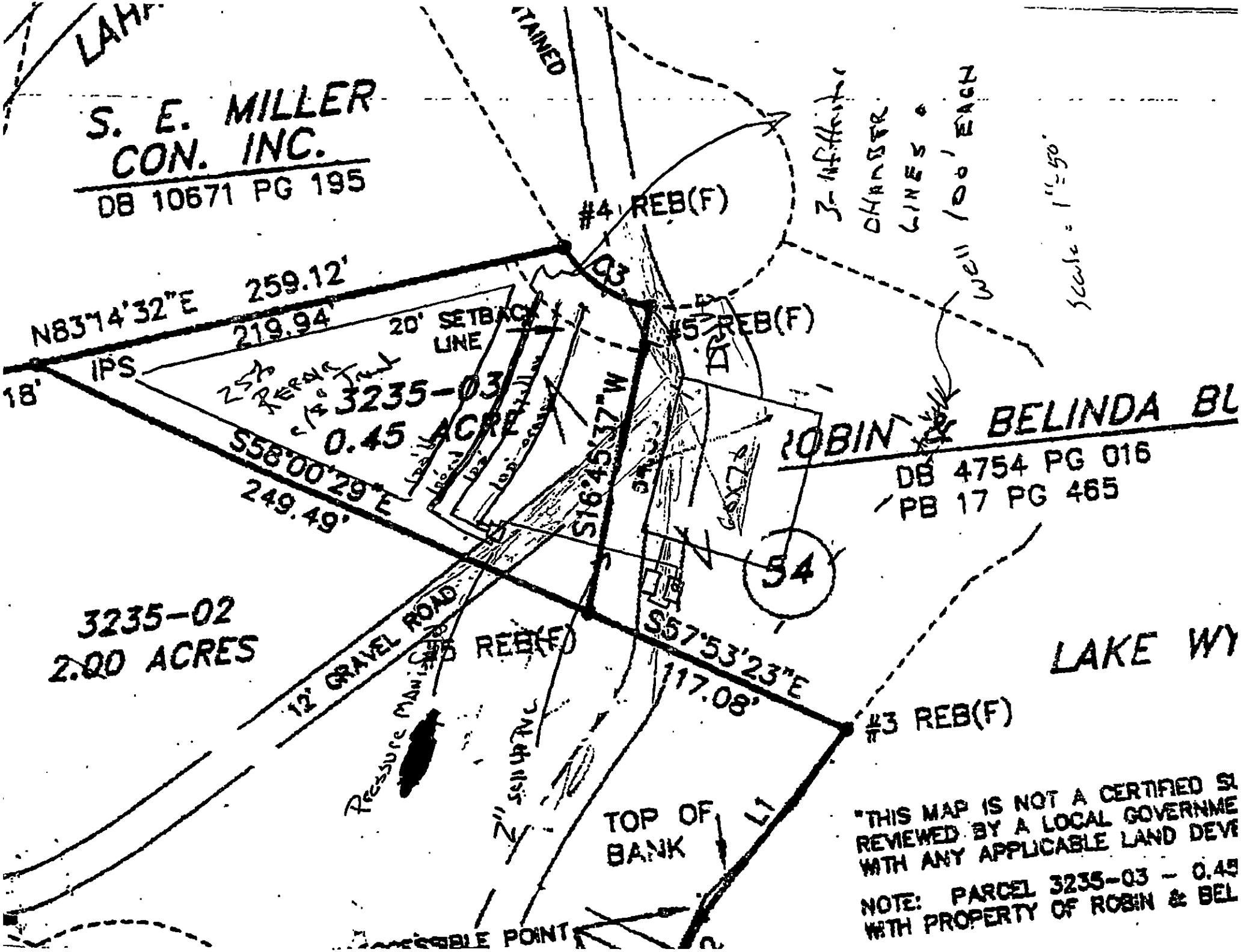
1/7/2008

duponbj



17837 New Mark Ave
Chal.
704 363-6676
17410 Gr

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


S. E. MILLER
CON. INC.
DB 10671 PG 195
#4 REB(F)
#5 REB(F)
#3 REB(F)
#6 REB(F)
N83°14'32"E 259.12'
219.94'
20' SETBACK LINE
IPS
18'
3235-03
0.45 ACRES
S58°00'29"E
249.49'
S16°45'37"W
S57°53'23"E
117.08'
ROBIN & BELINDA BL
DB 4754 PG 016
PB 17 PG 465
54
3235-02
2.00 ACRES
12' GRAVEL ROAD
Pressure Manhole
TOP OF BANK
L1
LAKE WY
"THIS MAP IS NOT A CERTIFIED SU
REVIEWED BY A LOCAL GOVERNME
WITH ANY APPLICABLE LAND DEVE
NOTE: PARCEL 3235-03 - 0.45
WITH PROPERTY OF ROBIN & BEL

Mecklenburg County
Health Department

July 29, 1998

Ms. Robin A. Butler
5472 Kingsbridge Road
Winston-Salem, NC 27103

Re: 18326 Chalet Lane
File: 2580B
Parcel: 217-143-08

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If I may be of any assistance, please feel free to contact me at 336-5570.

Sincerely,

Philo S. Walker R.S.

Philo S. Walker, R.S.
Individual Water and Wastewater Systems

PW:vw

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

#2 (400)

Sheet 1

PROPERTY ID #: 217-143-08
Lot # : 54
File # : 25808

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Robin A. Butler
APPLICANT:
DATE EVALUATED: 7-13-96
ADDRESS: 5472 Kingsbridge Road Winston-Salem
PROPERTY SIZE: .63
PROPOSED FACILITY: residence
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY RECORDED:
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WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

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		2-24"	sBk/sC	Fr/sExP/sP					
2	R	0-6"	gr/sl	vFr/sExP/NS/NP	>48" To 50:1 Wetness	46"	N/A	None	IV PS .35/F2
		6-48"	sBk/C	Fi/sExP/sP					
3	LS	0-5"	gr/sl	vFr/sExP/NS/NP	>26" To 50:1 Wetness	26"	N/A	N/A	IV PS .125/F2 LPP
		5-26"	sBk/C	Fi/sExP/sP					

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

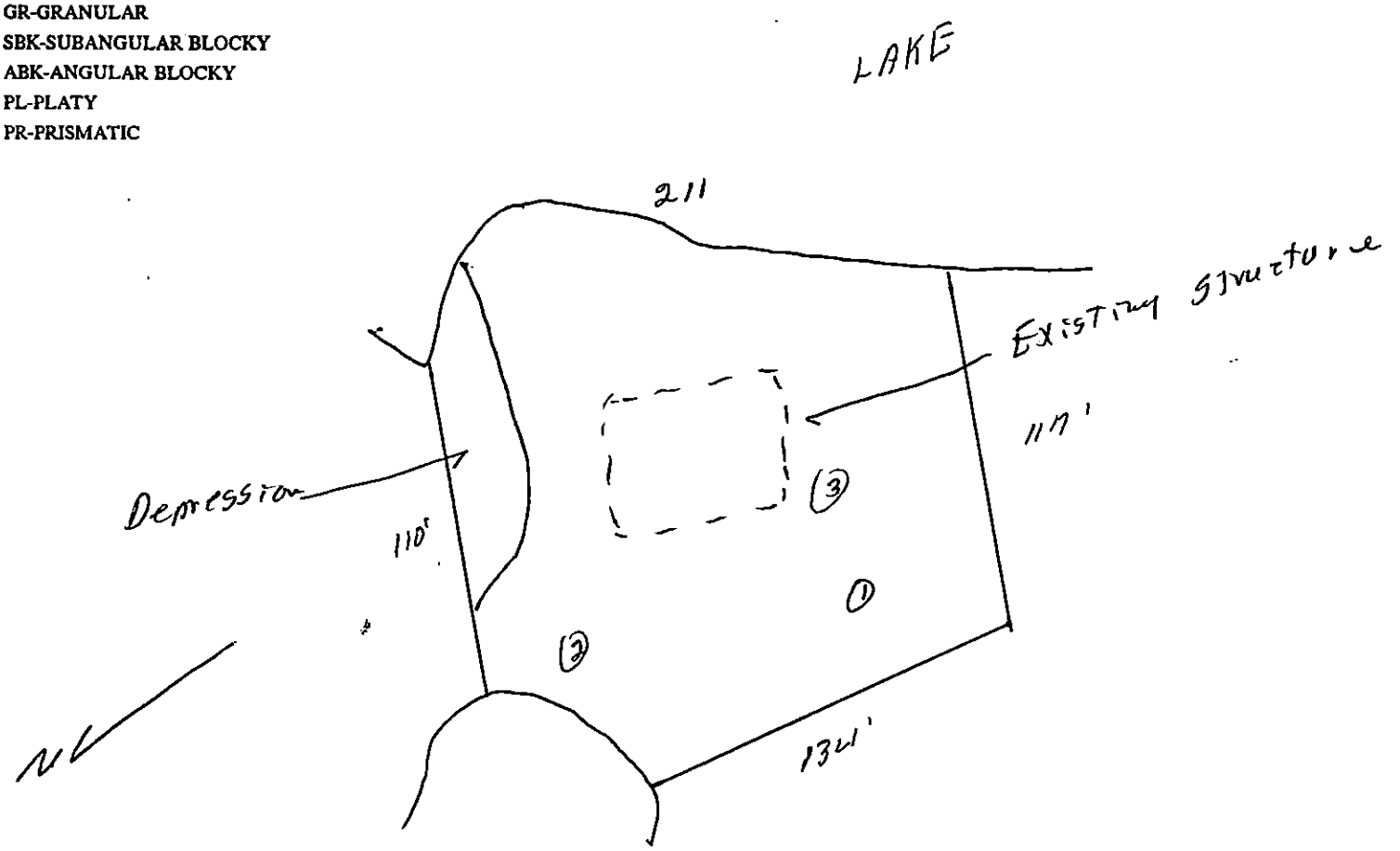
OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W. R. Marlin 7-13-96
OTHER(S) PRESENT: LSS

FILE 25803

COMMENTS Probably does not need 100 % Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR	CONSISTENCE MOIST	CONSISTENCE WET
R-RIDGE	I	S-SAND	1.2-0.8		
S-SHOULDER SLOPE		LS-LOAMY SAND		VFR-VERY FRIABLE	NS-NON-STICKY
L-LINEAR SLOPE				FR-FRIABLE	SS-SLIGHTLYSTICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6	FI-FIRM	S-STICKY
N-NOSE SLOPE		L-LOAM		VFI-VERY FIRM	VS-VERY STICKY
H-HEAD SLOPE				EFI-EXTREMELY FIRM	NP-NON-PLASTIC
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3		SP-SLIGHTLYSTICKY
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM			
	IV	SC-SANDY CLAY	0.4-0.1		
		SIC-SILTY CLAY			
		O-ORGANIC			

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



PROPOSED PLOT PLAN

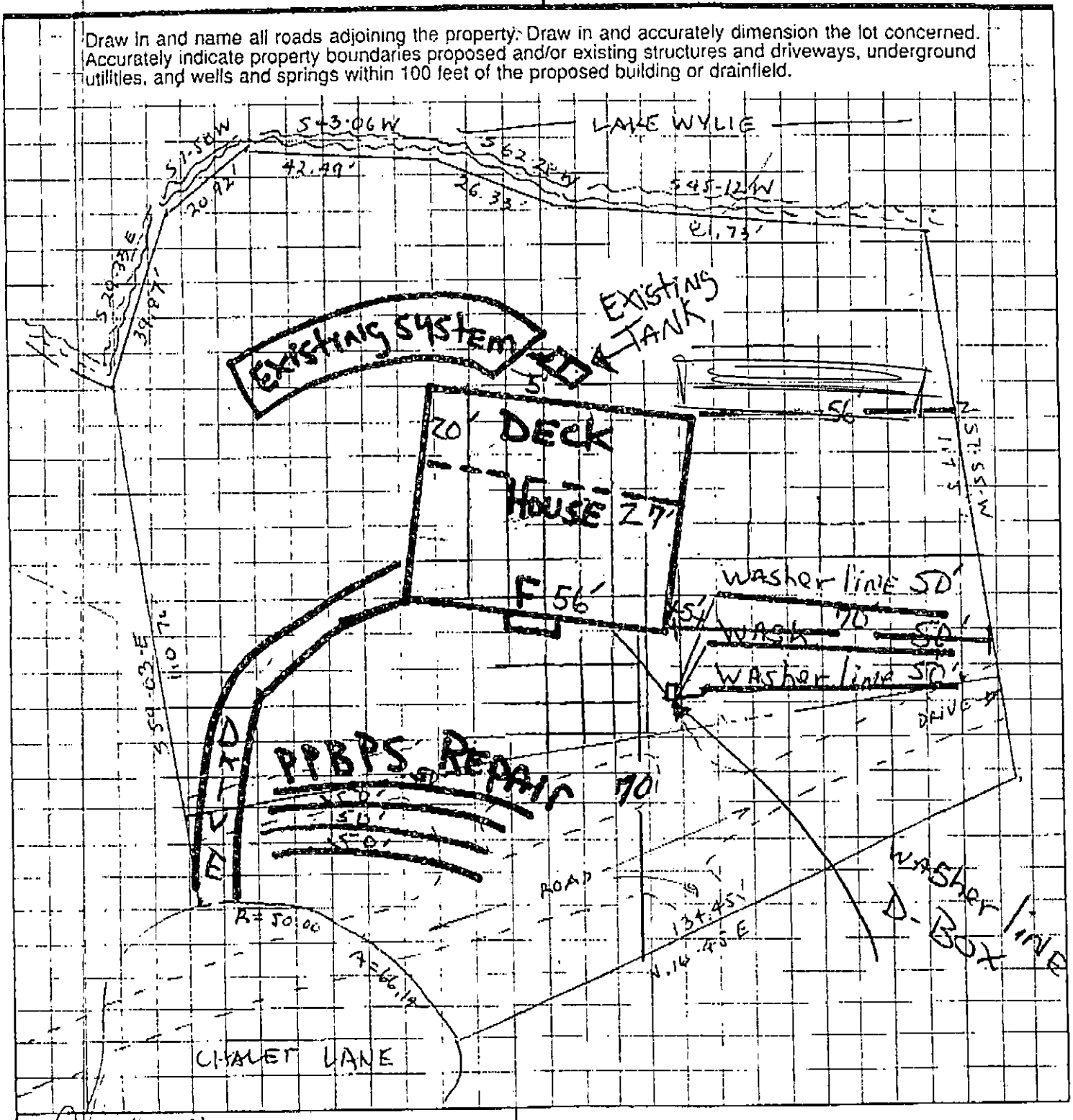
Attn: Larry Thompson

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

FILE: 2580-B

TC: 507-43.08

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



OWNER/AGENT SIGNATURE

DATE 6/24/98

APPROVAL DATE _____

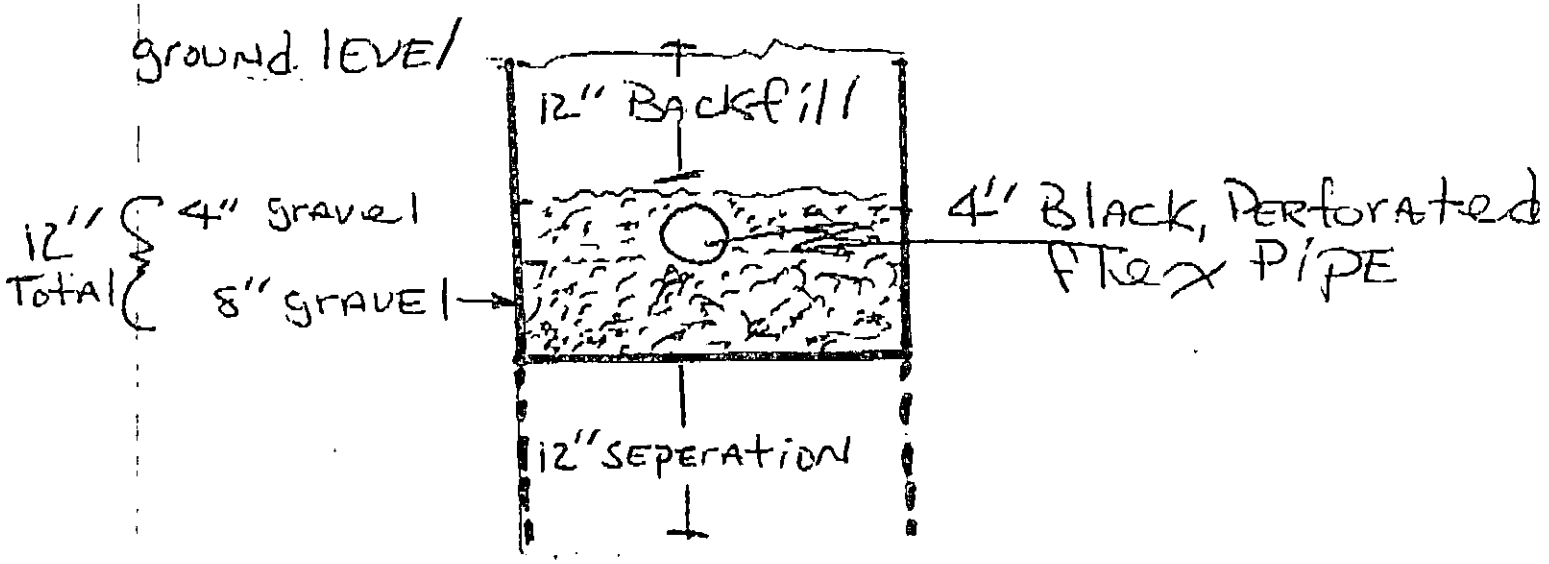
White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

(3) Bedrm. Proposal

MCHD
File: 2580-B

* USE Existing Septic System:
  USE Existing Tank & Bed Drainfield
* Alter by Adding (3) 3'x 50'x 12" gravel, Shallow PLACED Washer lines = 150'
* PPBPS - 200' for REPAIR AREA (not required however, AVAilable for future USE.

* Trench Profile - washer lines



T. Whittaker 866-9550

PD. CK#2470

FEE: 100 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 12-2-98 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 2-9-99 **PERMIT NO:** 2580B
PARCEL NO: 217-143-08

JOB LOCATION ADDRESS: 18326 Chalet Lane
PROPERTY OWNER: Robin A. Butler
BUILDING CONTRACTOR:
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: Larry B. Thompson Jr., R.S. **DATE:** 12-4-98
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2580B, 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: * Keep foundation / footers (including deck(s)) greater than 5 feet off of existing septic tank and drainfield.
* Follow Conditions of IMPROVEMENT PERMIT

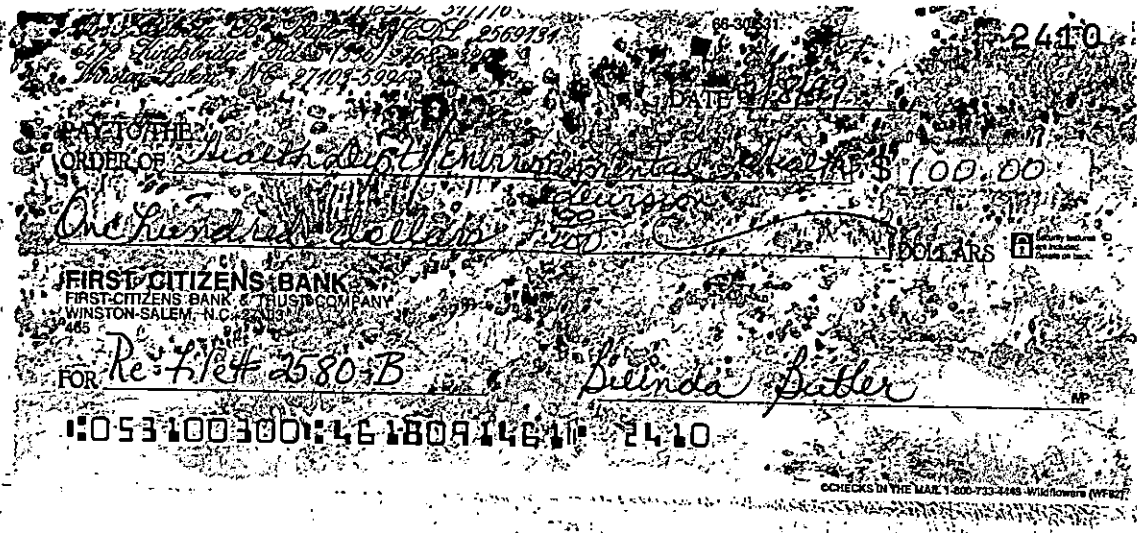
OWNER CERTIFICATION

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.

Tim W. Butler 3/3-/99

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Pd 100.00
VLW
2-9-99
CK # 2410



Larry,

This file is checked out to you. Can you please it and this form in my box so that I can make note of this payment? Thx

VLW

Permit Number: 2580 B

Tax Number: 217-143-08

- 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	✓ 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	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
___ Long-term acceptance rate	___ Max gallons/day wastewater flow	___ Absorption Area (sq ft)	___ Trench spacing (min. on centers)	
___ Serviced by private well	___ Gallon septic tank	___ Total trench length (ft)	___ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
___ Bedrooms in residence	___ Gallon pump tank	___ Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: Alteration to Existing Septic System – Washer Drainfield Alteration. Add Washer Box to D-Box w/(3) 3'w x 50'L x 12" stone & keep all parts of system greater than 5 feet off house foundation.				
Repair Area System Type 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	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
450 Absorption Area (Sq ft) 150 Total Trench Length (Ft)	12 Depth of Stone Trench	9' Trench spacing (min. on centers)	15 Maximum Trench Depth (SHALLOW)	
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 th 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 effec 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 Departmen
- This Improvement permit is transferable.

Larry B. Thompson R.S. 12-4-98
DEHNR Authorized Agent Date

Tim W. Whittaker 3/30/99
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

IWWS-100195

PROPOSED PLOT PLAN

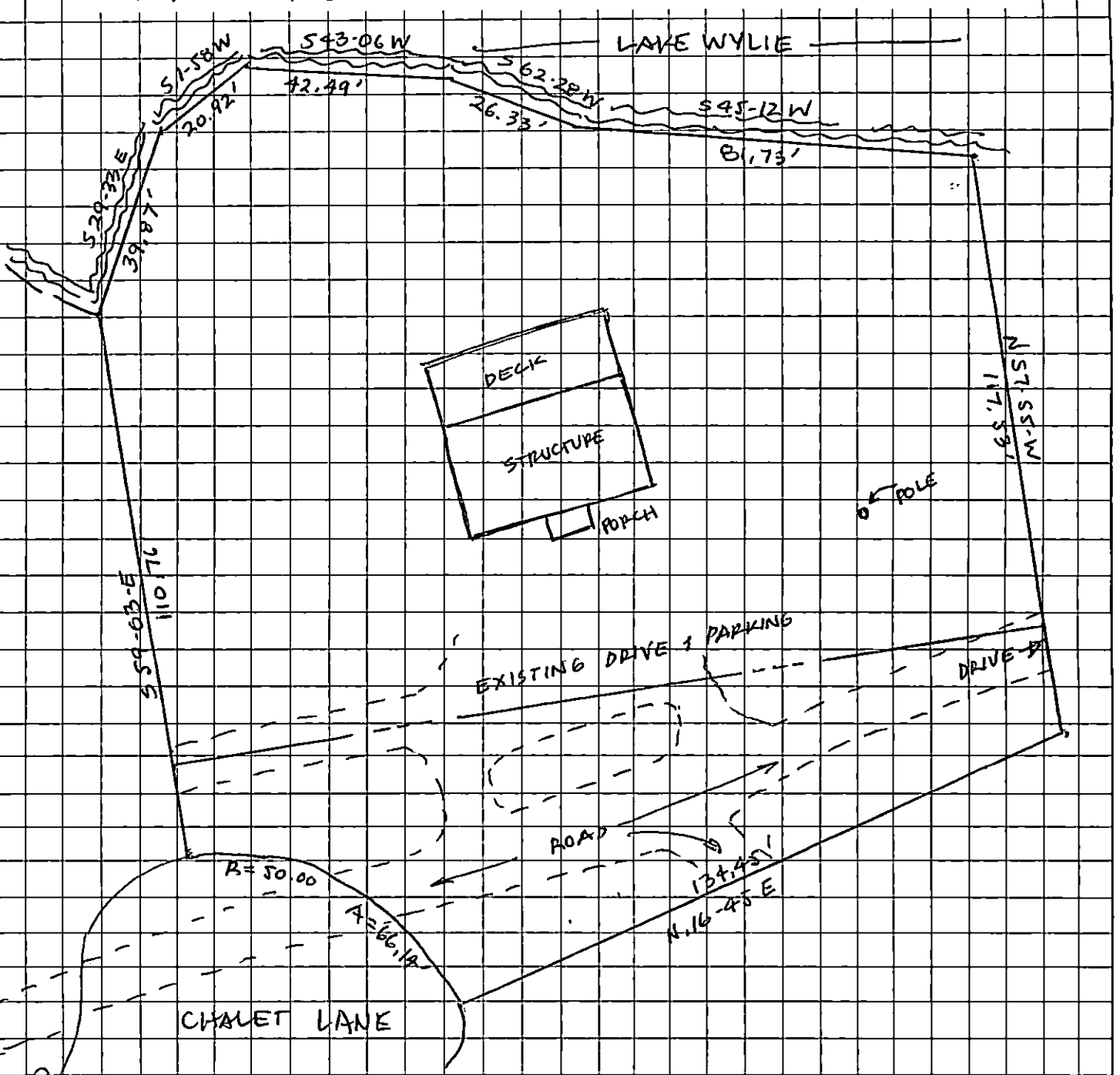
COPY

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

FILE: 2580B

TC: 217-K13-08

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.



Robin Barth
OWNER/AGENT SIGNATURE

DATE 6/24/98

APPROVAL DATE _____

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

SYSTEM ALTERATION

FEE: pd 100.00
DATE: 6-24-98 v/m
CK #8588

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

25803 1 1CRT

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 #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 217-143-08

STREET ADDRESS: 18326 CHALET LANE

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: L 54 SEC 44 M17-465

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S)
✓ DOUBLE WIDE (D)
___ 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: ~ 1530

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 3

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

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

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

WILL REMOVE EXISTING SYSTEM AND INSTALL NEW SYSTEM FOR NEW STRUCTURE.

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: BUTLER (LAST) ROBIN (FIRST) A (MI)

ADDRESS: 5472 KINGSBRIDGE ROAD

CITY: WINSTON-SALEM STATE: NC ZIP: 27103

DAYTIME PHONE: ( ) 336 - 659-1505

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) - 1-800-528-8139

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: Robin A Butler DATE: 6/24/98

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

2580

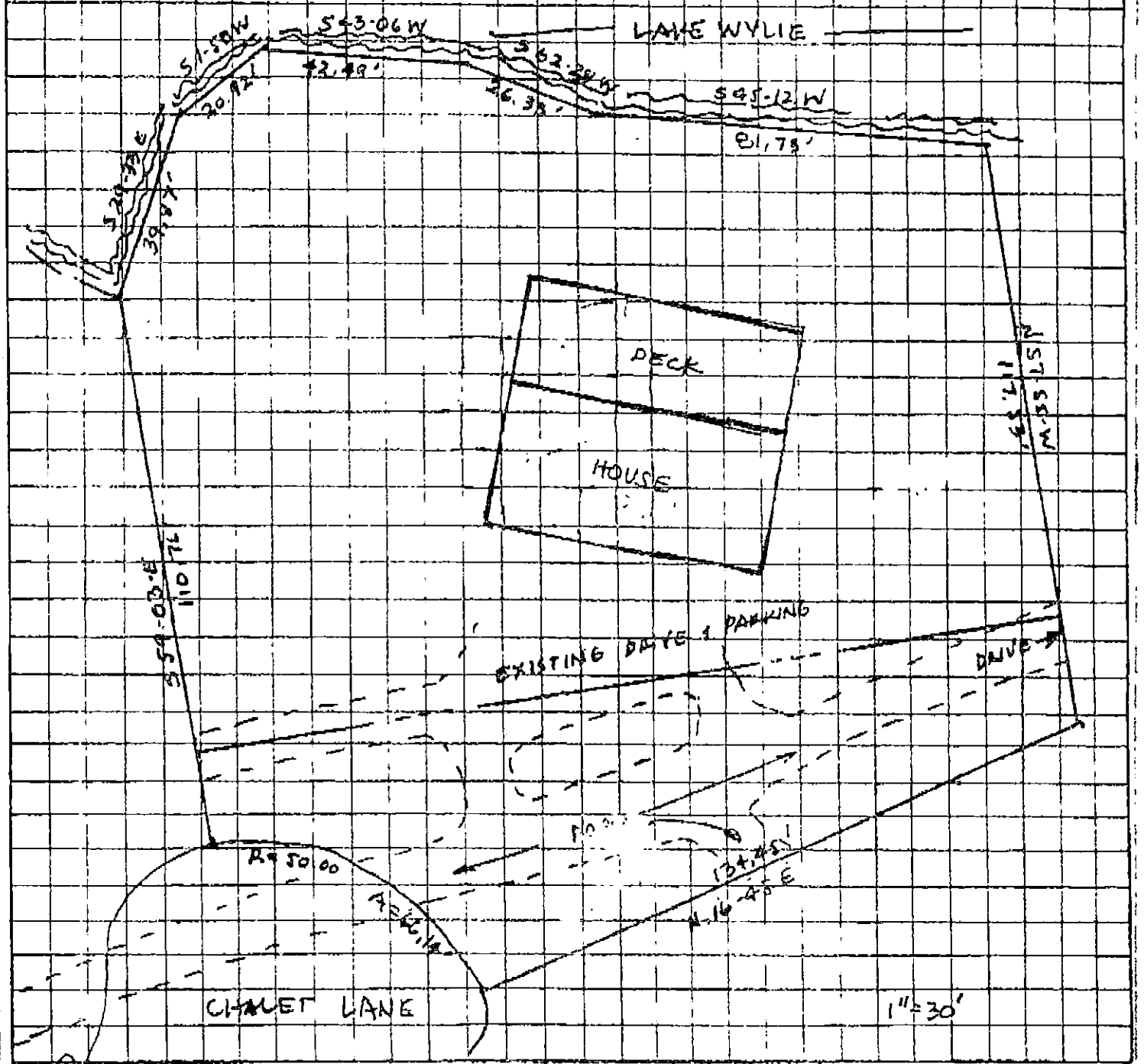
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: _____

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.



Robin Barth
OWNER/AGENT SIGNATURE

APPROVAL DATE _____

DATE 6/24/98 REVISED 6/25/98

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

Sheet: 1 of 2
Property ID: 217-143-08
Lot #: NA
File #: 2580B
AppID: 8234

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Robin Butler
Address: 1889 Young Road, Lexington, NC 27292
Proposed Facility: 3BR House
Design Flow (.1949): 360 GPD
Location of Site: 18326 Chalet Ln, Charlotte, NC 28278
Water Supply: [ ] Public [X] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

Applicant: Drew Choate
Date Evaluated: 5/26/2016
Property Size: 1.08 ac
Property Recorded: Unknown

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consiste Mineralo	b PROFILE FACTO					Profile Class & LTAR	Maximum Trench Bottom Depth for 3' Wide Conventional Trench
Boring #1	LS 12%	0 - 8	Fill/Disturbed							PS IV 0.3	27"
		8 - 30	sbk C	S P FI SE					s		
		30 - 43	sbk SCL	SS SP FR SE							
		43+	Saprolite								
Boring #2	LS 15%	0 - 5	gr SL	SS SP FR SE						PS IV 0.3	22"
		5 - 30	sbk C	S P FI SEXP							
		30 - 39	sbk SCL	SS SP FR SEXF							
		39+	Saprolite								
Boring #3	R 3%	0 - 5	gr SL	SS SP FR SEXP						PS IV 0.3	24"
		5 - 36	sbk C	S P FI SEXP					nclusions		
		36 - 42	Saprolite w/ Clay inclusions						12 - 35"		
Boring #4	HS 6%	0 - 5	gr SL	SS SP FR SEXP	>48"	48	NA	NA	Boring in Power ROW	PS IV 0.275	34"
		5 - 32	sbk C	S P FI SEXP							
		32 - 48	sbk CL	SS P FR SEXP							
Boring #5	HS 6%	0 - 7	gr SL	SS SP FR SEXP	>48"	48	NA	NA	Boring in Power ROW	PS IV 0.275	34"
		7 - 14	sbk SCL	SS SP FR SEXP							
		14 - 48	sbk C	S P FI SEXP							
Boring #6	LS 8%	0 - 15	gr SL/SCL	SS SP FR SEXP	>48"	48	NA	NA		PS IV 0.3	33"
		15 - 48	sbk C	S P FI SEXP							
Boring #7	LS 8%	0 - 15	gr SL/SCL	SS SP FR SEXP	>44"	44	NA	NA	Boring in Power ROW yellow drainage mottles 24 - 44"	PS IV 0.275	29"
		15 - 44	sbk C	S P FI SEXP							
		44	Saprolite								

Updated WASP. Owner is charging P/L Waiting until survey is received before IP is issued

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)		
Site LTAR (gpd/sq ft)	0.275	0.275

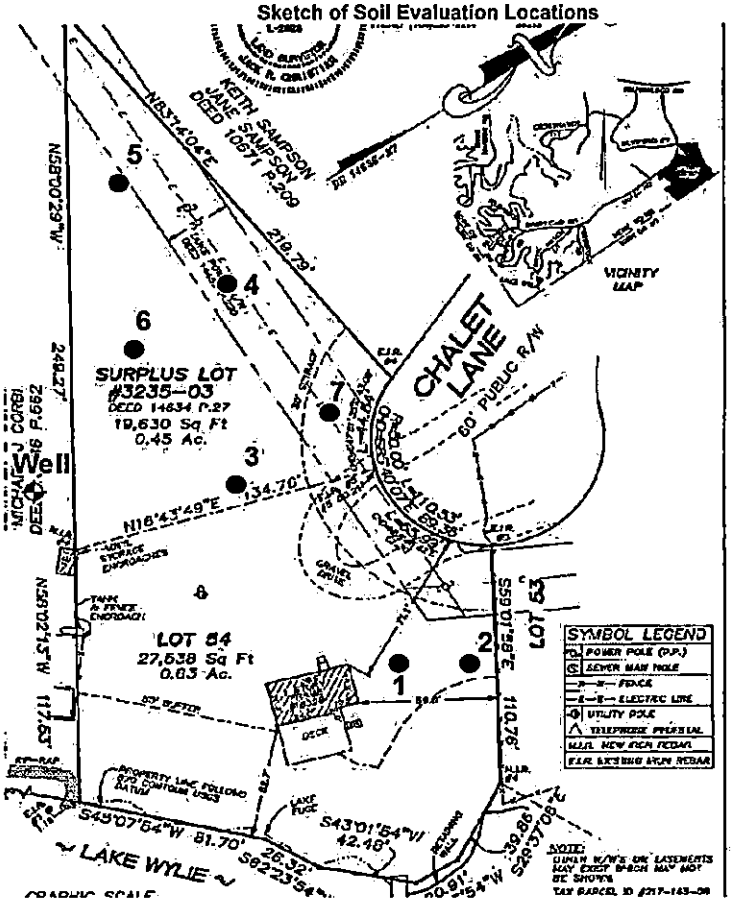
Other Factors (.1946):
Soil Evaluation By: Jacob Presley, LSS, REHS
Others Present:
Site Classification (.1948):
Site Evaluation By:
Others Present:

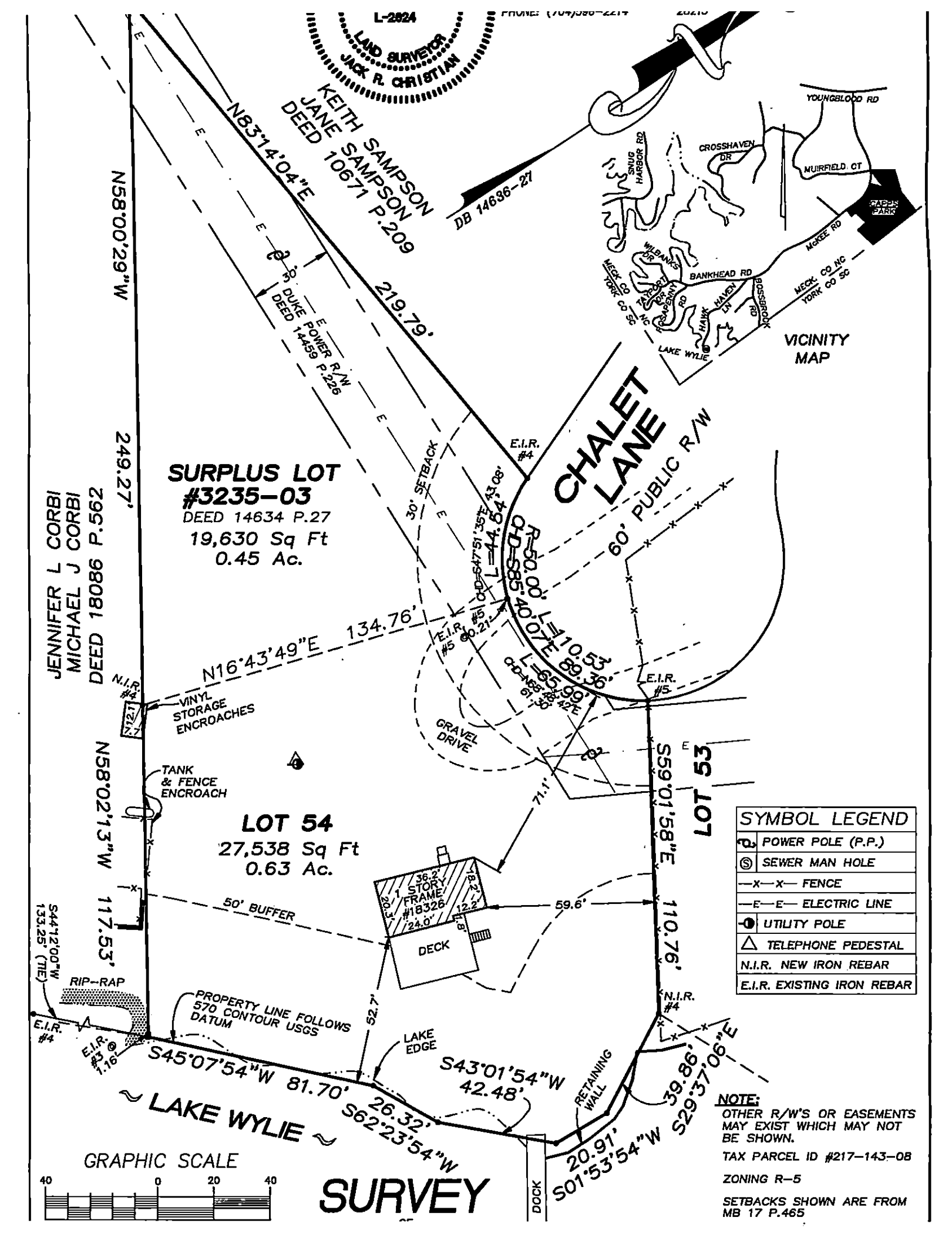
COMMENTS:

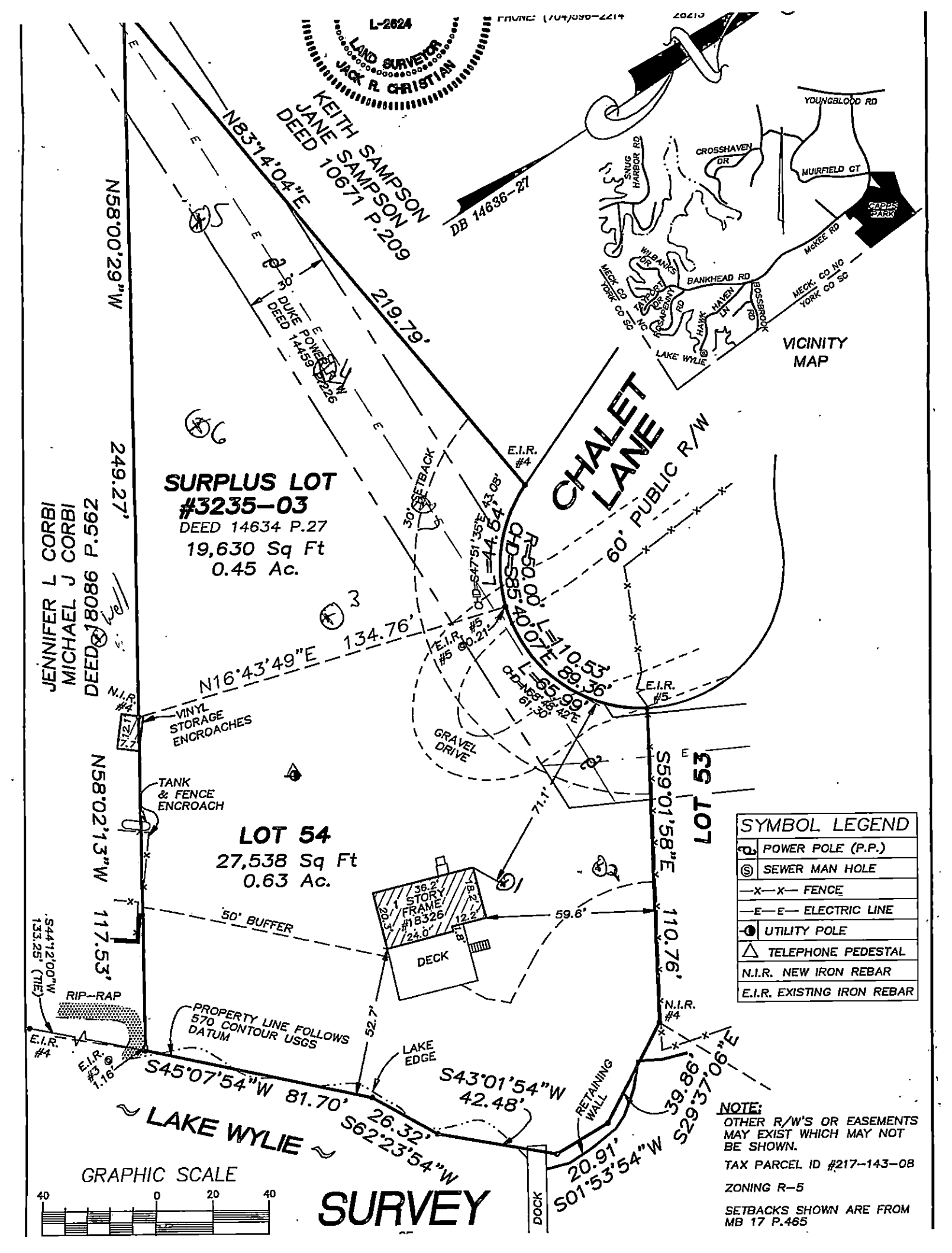
Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	sg-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		mass-Massive
LS-Linear Slope				cr-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	gr-Granular
NS-Nose Slope		L-Loam		sbk-Subangular Blocky
HS-Head Slope				abk-Angular Blocky
CC-Concave Slope	III	Si-Silt	0.6 - 0.3	pl-Platy
CV-Convex Slope		SiCL-Silty Clay Loam		pr-Prismatic
T-Terrace				Sap-Saprolite
FP-Flood Plain		CL-Clay Loam		**Structure Prefixes**
D-Drainage Way		SCL-Sandy Clay Loam		w-weak
		SiL-Silt Loam		m-moderate
				s-strong
				f-fine
	IV	SC-Sandy Clay	0.4 - 0.1	m-medium
		SiC-Silty Clay		c-coarse
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	SS-Slightly Sticky	SEXP-Slightly Expansive
FR-Friable	S-Sticky	EXP-Expansive
FI-Firm	VS-Very Sticky	
VFI-Very Firm	NP-Non-Plastic	**Classification**
EFI-Extremely Firm	SP-Slightly Plastic	US-Unsuitable
	P-Plastic	PS-Provisionally Suitable
	VP-Very Plastic	S-Suitable
		NA-Not Applicable

Sketch of Soil Evaluation Locations




L-2624
LAND SURVEYOR
JACK R. CHRISTIAN
PHONE: (704)588-2214
KEITH SAMPSON
JANE SAMPSON
DEED 10671 P.209
N83°14'04"E
219.79'
DB 14636-27
N58°00'29"W
249.27'
JENNIFER L CORBI
MICHAEL J CORBI
DEED 18086 P.562
30' DUKE POWER R/W
DEED 14459 P.226
30' SETBACK
E.I.R. #4
CHALET LANE
60' PUBLIC R/W
SURPLUS LOT
#3235-03
DEED 14634 P.27
19,630 Sq Ft
0.45 Ac.
R=50.00'
L=44.54'
CH=S85°40'07"E
89.36'
CH=S47°51'35"E 43.08'
L=10.53'
CH=N65°36'42"E 10.21'
E.I.R. #5
N16°43'49"E 134.76'
N.I.R. #4
VINYL STORAGE ENCROACHES
N72.1°W
N58°02'13"W
117.53'
TANK & FENCE ENCROACH
LOT 54
27,538 Sq Ft
0.63 Ac.
GRAVEL DRIVE
LOT 53
S59°01'58"E
110.76'
71.1'
59.6'
50' BUFFER
1 STORY FRAME #18326
36.2'
24.0'
20.3'
18.2'
12.2'
4.8'
DECK
52.7'
S44°12'00"W
133.25' (TIE)
RIP-RAP
E.I.R. #4
E.I.R. @ 1.16'
PROPERTY LINE FOLLOWS 570 CONTOUR USGS DATUM
LAKE EDGE
S45°07'54"W 81.70'
S62°23'54"W 26.32'
S43°01'54"W 42.48'
RETAINING WALL
N.I.R. #4
39.86'
S29°37'06"E
20.91'
S01°53'54"W
DOCK
~ LAKE WYLIE ~
GRAPHIC SCALE
40 0 20 40
SURVEY
VICINITY MAP
YOUNGBLOOD RD
SNUG HARBOR RD
CROSSHAVEN DR
MUIRFIELD CT
CAPPS PARK
McKEE RD
WILBANKS DR
BANKHEAD RD
MECK CO NC
YORK CO SC
TAXPAYER RD
HAWK LN
BOSSBROOK RD
LAKE WYLIE
SYMBOL LEGEND
POWER POLE (P.P.)
SEWER MAN HOLE
FENCE
ELECTRIC LINE
UTILITY POLE
TELEPHONE PEDESTAL
N.I.R. NEW IRON REBAR
E.I.R. EXISTING IRON REBAR
NOTE:
OTHER R/W'S OR EASEMENTS MAY EXIST WHICH MAY NOT BE SHOWN.
TAX PARCEL ID #217-143-08
ZONING R-5
SETBACKS SHOWN ARE FROM MB 17 P.465


L-2624
LAND SURVEYOR
JACK R. CHRISTIAN
KEITH SAMPSON
JANE SAMPSON
DEED 10671 P.209
N83°14'04"E
219.79'
DB 14636-27
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19,630 Sq Ft
0.45 Ac.
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E.I.R. #4
CHALET LANE
60' PUBLIC R/W
R=50.00'
L=44.84'
CH=S47°51'35"E 43.08'
L=110.53'
CH=S85°40'07"E 89.36'
L=55.99'
CH=S68°46'42"E
E.I.R. #5
N16°43'49"E 134.76'
N.I.R. #4
VINYL STORAGE ENCROACHES
TANK & FENCE ENCROACH
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50' BUFFER
59.6'
36.2' 1 STORY FRAME #18326
DECK
S44°12'00"W
133.25' (TIE)
RIP-RAP
PROPERTY LINE FOLLOWS 570 CONTOUR USGS DATUM
52.7'
LAKE EDGE
S45°07'54"W 81.70'
S43°01'54"W 42.48'
26.32'
S62°23'54"W
RETAINING WALL
39.86'
S29°37'06"E
20.91'
S01°53'54"W
DOCK
LAKE WYLIE
GRAPHIC SCALE
40 0 20 40
SURVEY
VICINITY MAP
YOUNGBLOOD RD
CROSSHAVEN DR
MUIRFIELD CT
SNUG HARBOR RD
CAPPS PARK
McKEE RD
WILBANKS DR
BANKHEAD RD
MECK CO NC
YORK CO SC
TAXPORT DR
ROSEPENNY RD
HAWK LN
HAVEN LN
BOSSBROOK RD
LAKE WYLIE
SYMBOL LEGEND
POWER POLE (P.P.)
SEWER MAN HOLE
FENCE
ELECTRIC LINE
UTILITY POLE
TELEPHONE PEDESTAL
N.I.R. NEW IRON REBAR
E.I.R. EXISTING IRON REBAR
NOTE:
OTHER R/W'S OR EASEMENTS MAY EXIST WHICH MAY NOT BE SHOWN.
TAX PARCEL ID #217-143-08
ZONING R-5
SETBACKS SHOWN ARE FROM MB 17 P.465

LS 0-8 Fill/Disturbed
12.5° 8-30 sbk C SPFi
30-48 sbk SCL SS SPFr
48+ Saprolite

2) LS 0-5 gr SL
15.1° 5-30 sbk C SPFi
30-39 sbk SCL
39+ Saprolite

3) R 0-5 gr SL
31.5° 5-35 sbk C SPFi Saprolite 12-35
35-42 Saprolite with Clay inclusions

4) 0-5 gr SL
5-32 sbk C
HS 32-40 sbk SCL
6.1° 48+ Saprolite

5) 0-7 gr-SL
7-14 sbk SCL
HS 14-48 sbk C
6.1°

COPY

MECKLENBURG COUNTY
HEALTH DEPARTMENT

2580B # 8234

18 MAY '16 AM11:45

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

1. SERTIC / TYPE APPLICATION: ○ N/A ☒ NEW SYSTEM ○ ALTERATION ○ REPAIR ○ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ○ N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 217-143-08

STREET ADDRESS: 18326 Chalet Ln.

CITY: Charlotte

STATE: NC ZIP: 28278

SUBDIVISION NAME: NONE

LOT #: _____ LOT SIZE (acres): 1.08

TOWNSHIP:

☒ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. BUILDING INFORMATION:

BUILDING TYPE:

○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
☒ HOUSE ○ OTHER _____

HEATED SQUARE FOOTAGE: _____

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 2

FOUNDATION TYPE:

○ CONCRETE SLAB ○ BASEMENT/WALKOUT
☒ CRAWL SPACE

5/18/16
Joyce Pressley
704-649-7653
Wants to be here. LC

5. IF PLANI... M PLEASE COMPLETE THE...

NUMBER O... MBER OF ADDITIONAL OCCUP...

6. WATER S... ○ WELL ○ SHARED WELL

7. PROPOS... E (DRINKING WATER)

8. PLEASE ... N ORDER OF PREFERENCE (1-MOST DESIRED 5-LEAST DESIRED):

☐ N/A [... INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. RANK: ... 3

Waiting on property to be marked.
SBP
5-19-16

9. DO ANY C... ION? IF "YES" P... ENTATION.

BURIED CAI... DING/SOIL REMO... YES ☒ NO
EXISTING W... SDICTIONAL WET... YES ☒ NO
WELLS, SPR... ROVAL REQUIRED... YES ☒ NO
EASEMENTS... TEWATER OTHER... YES ☒ NO
CHEMICAL/F... WN UNDERGROU... YES ☒ NO
WASTE STORAGE ○ YES ☒ NO GROUNDWATER USE ...TRICTIONS/VARIANCES ○ YES ☒ NO

Jack

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____ ☒ UNKNOWN DB 4754 p. 16 DB 14631 p. 27

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____ ☐ N/A

12. PROPERTY OWNER:

NAME: Robin A Butler
ADDRESS: 1889 YOUNG ROAD
CITY: LEXINGTON
STATE: NC ZIP: 27292
WORK PHONE: 336-794-3030
MOBILE PHONE: 336-345-1149
FAX: 336-794-3034
E-MAIL: robin@spectra-ip.com

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: Drew Choate
ADDRESS: 293 Chapel Ave
CITY: Ft Mill
STATE: SC ZIP: 29708
WORK PHONE: _____
MOBILE PHONE: 803-242-4900
FAX: _____
E-MAIL: archomes@msn.com

Gate code 5530
704-649-7653 - Joyce Pressley (Buyer)

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

RAB (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

RAB (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

Robin A Ruth
Property Owner's or Owner's Legal Representative Signature

05/11/2016
Date

OFFICE USE ONLY

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

SEPTIC APPLICATION FEE RECEIVED: $_____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $_____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

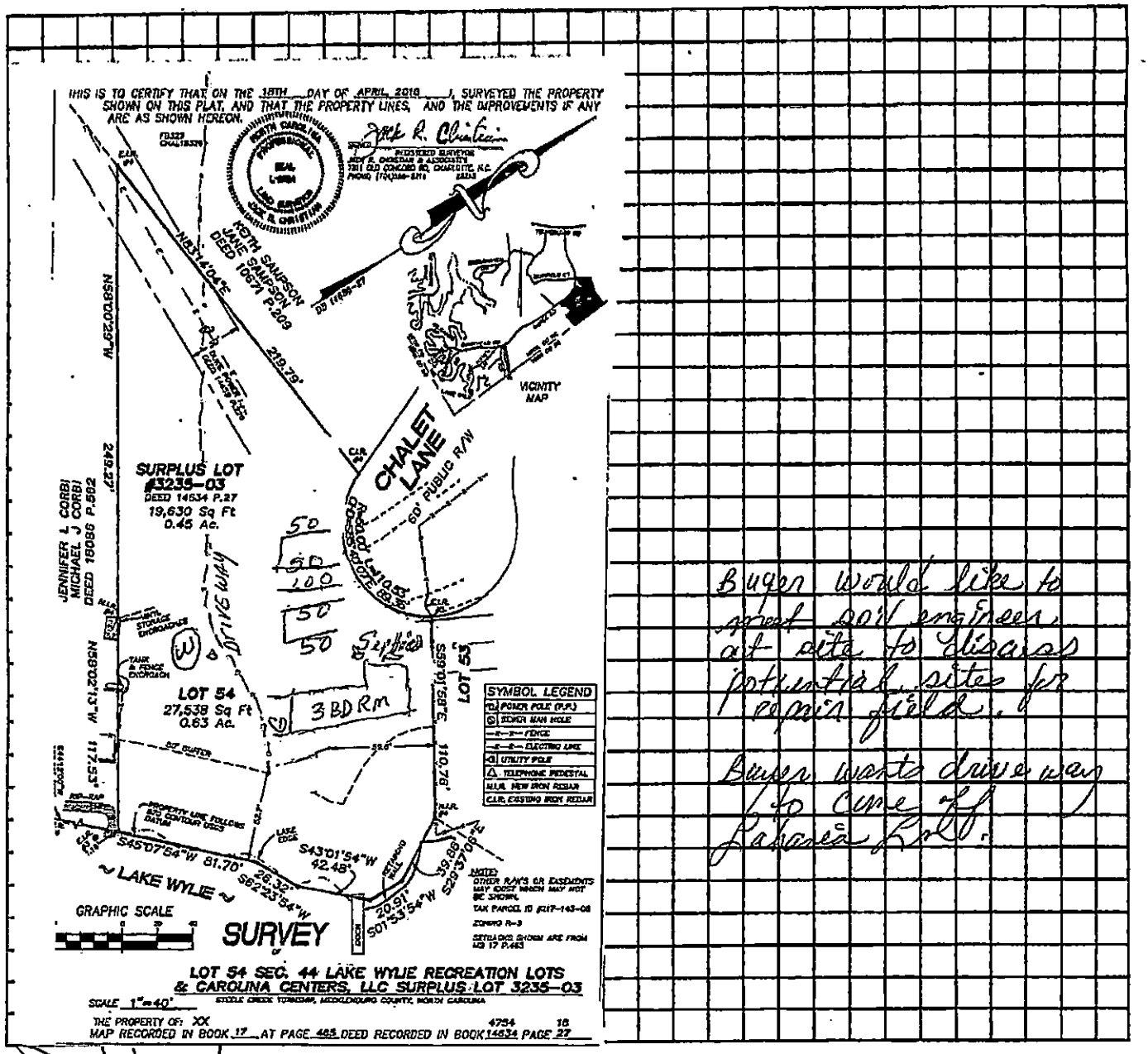
File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 18326 Chalet Lane Tax Parcel #: 217-143-08

Subdivision Name: NONE Lot #: 54



Buyer would like to get soil engineer out asap to discuss potential sites for repair field.

Buyer wants driveway to come off Lakeview Rd.

Property Owner's or Owner's Legal Representative Signature

05/11/2016
Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

MECKLENBURG COUNTY
Health Department

E. Winters Mabry, MD
Director

(704) 432-3199

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.
2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.
3. I acknowledge that Andrew Choate is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

Lot 54, Steele Creek Township, (18326 Chalet Lane, Mecklenburg County, NC
Number Street Town
(Or Parcel Number)

Robin A. Butler
Property Owner (print name)

Property Owner (signature)

May 16, 2016
Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT

2580B # 8234

18 MAY '16 AM 11:45

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

1. SEPTIC / TYPE APPLICATION: ○ N/A ☒ NEW SYSTEM ○ ALTERATION ○ REPAIR ○ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ○ N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 217-443-08
STREET ADDRESS: 18326 Chalet La.
CITY: Charlotte
STATE: NC ZIP: 28278
SUBDIVISION NAME: NONE
LOT #: _____ LOT SIZE (acres): 1.08
TOWNSHIP:
☒ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. BUILDING INFORMATION:
BUILDING TYPE:
○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
☒ HOUSE ○ OTHER _____
HEATED SQUARE FOOTAGE: _____
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2
FOUNDATION TYPE:
○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
☒ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC 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 ☒ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. PROPOSED USE OF WELL: ○ N/A ○ IRRIGATION ☒ POTABLE (DRINKING WATER) ○ OTHER _____

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

☐ N/A ☐ ANY TYPE ☒ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. RANK: 1 2 3 4 5

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	○ YES ☒ NO
EXISTING WASTEWATER (SEPTIC) 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 Duke Power	☒ YES ○ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ☒ NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ☒ NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ☒ NO
WASTE STORAGE	○ YES ☒ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ☒ NO

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____ ☒ UNKNOWN DB 4754 p. 16 DB 14634 p. 27

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NAME: Drew Choate
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WORK PHONE: _____
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FAX: _____
E-MAIL: archomes@msn.com

704-649-7653 - Joyce Pressley (Buyer)

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Robin K Ruth
Property Owner's or Owner's Legal Representative Signature

05/11/2016
Date

OFFICE USE ONLY

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

SEPTIC APPLICATION FEE RECEIVED: $_____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $_____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

File #: _____

PROPOSED PLOT PLAN

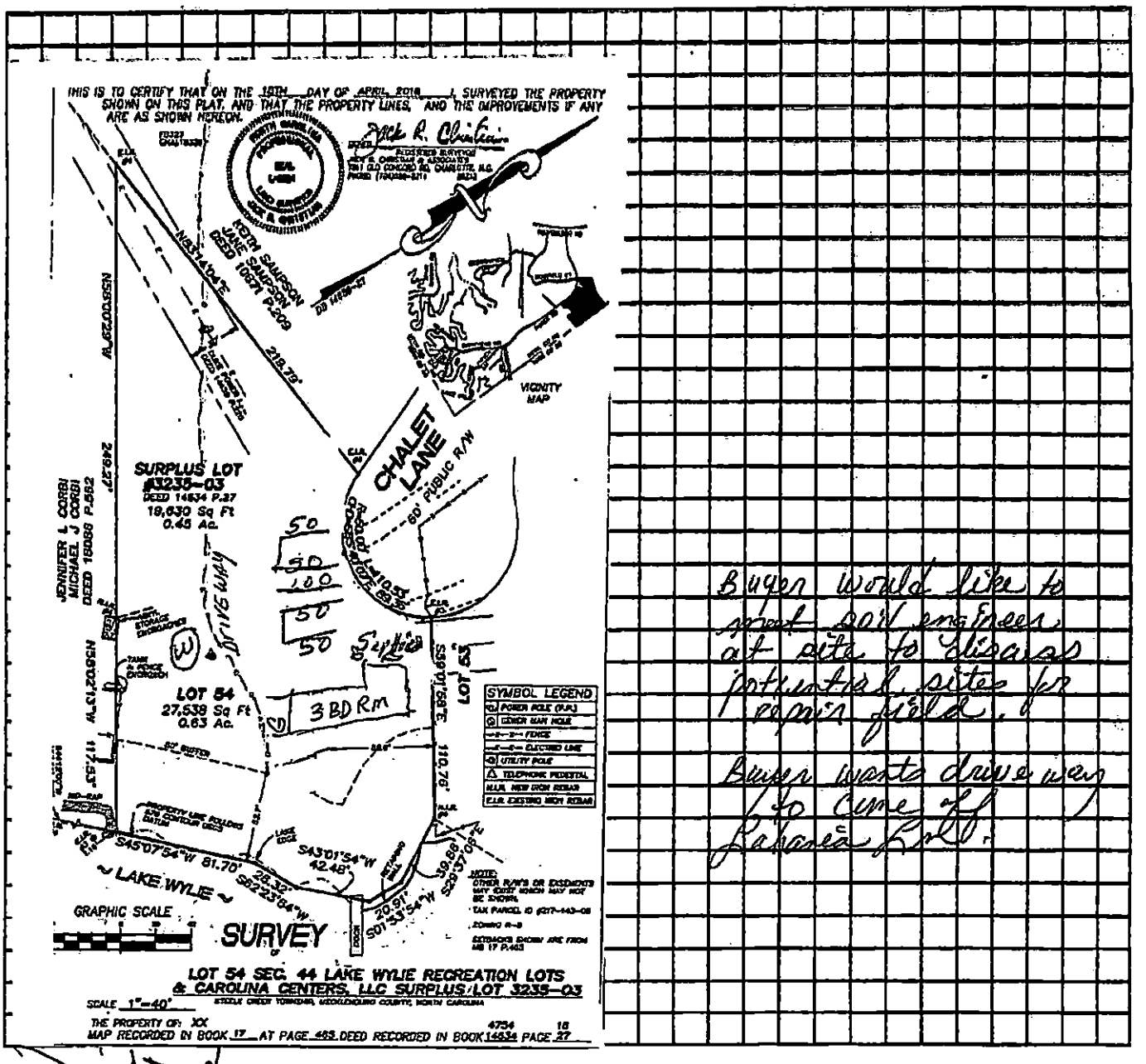
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Tax Parcel #: 217-143-08

Subdivision Name: NONE

Lot #: 54



Buyer would like to meet soil engineer at site to discuss potential site for septic field.

Buyer wants driveway to come off Lakeview Rd.

Property Owner's or Owner's Legal Representative Signature

05/11/2016
Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

MECKLENBURG COUNTY
Health Department

E. Winters Mabry, MD
Director

(704) 432-3199

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

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Number Street Town
(Or Parcel Number)

Robin A. Butler
Property Owner (print name)

Property Owner (signature)

May 16, 2016
Date

Payment Receipt

Mecklenburg County POS

Environmental Health
700 N. Tryon Street
Charlotte, NC 28202
Phone: 704-336-5100

Enter Account # or Customer Name Here: JOYCE PRESSLEY

Bill To:

JOYCE PRESSLEY
1481 GOLD HILL RD

Fort Mill, SC 29708

Single Payment

Transaction Date: 05/18/2016 8:21 AM Pacific Time
Pay Method: VISA **********7024
Approval #: 916108
Trace Number: 41bc1dc2-005c-41ba-bf5a-5dd67895fe30
Amount: $250.00

Payment Amount: $250.00

Total: $250.00

Thank you for your payment.

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

Sheet: 1 of 2
Property ID: 217-143-08
Lot #: NA
File #: 2580B
AppID: 8234

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Robin Butler
Address: 1889 Young Road, Lexington, NC 27292
Proposed Facility: 3BR House
Design Flow (.1949): 360 GPD
Location of Site: 18326 Chalet Ln, Charlotte, NC 28278
Water Supply: [ ] Public [X] Individual [X] Well
Evaluation Method: [X] Auger Boring [ ] Pit
Type of Wastewater: [X] Sewage [ ] Industrial Process

Applicant: Drew Choate
Date Evaluated: 5/26/2016
Property Size: 1.08 ac
Property Recorded: Unknown
[ ] Spring [ ] Other
[ ] Cut
[ ] 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	General Comments	Profile Class & LTAR	Maximum Trench Bottom Depth for 3' Wide Conventional Trench
Boring #1	LS 12%	0 - 8	Fill/Disturbed		>43"	43	NA	NA	saprolite inclusions	PS IV 0.3	27"
		8 - 30	sbk C	S P FI SEXP							
		30 - 43	sbk SCL	SS SP FR SEXP							
		43+	Saprolite								
Boring #2	LS 15%	0 - 5	gr SL	SS SP FR SEXP	>39"	39	NA	NA	saprolite inclusions	PS IV 0.3	22"
		5 - 30	sbk C	S P FI SEXP							
		30 - 39	sbk SCL	SS SP FR SEXP							
		39+	Saprolite								
Boring #3	R 3%	0 - 5	gr SL	SS SP FR SEXP	>42"	35	NA	NA	saproliteinclusions 12 - 35"	PS IV 0.3	24"
		5 - 36	sbk C	S P FI SEXP							
		36 - 42	Saprolite w/ Clay inclusions								
Boring #4	HS 6%	0 - 5	gr SL	SS SP FR SEXP	>48"	48	NA	NA	Boring in Power ROW	PS IV 0.275	34"
		5 - 32	sbk C	S P FI SEXP							
		32 - 48	sbk CL	SS P FR SEXP							
Boring #5	HS 6%	0 - 7	gr SL	SS SP FR SEXP	>48"	48	NA	NA	Boring in Power ROW	PS IV 0.275	34"
		7 - 14	sbk SCL	SS SP FR SEXP							
		14 - 48	sbk C	S P FI SEXP							
Boring #6	LS 8%	0 - 15	gr SL/SCL	SS SP FR SEXP	>48"	48	NA	NA		PS IV 0.3	33"
		15 - 48	sbk C	S P FI SEXP							
Boring #7	LS 8%	0 - 15	gr SL/SCL	SS SP FR SEXP	>44"	44	NA	NA	Boring in Power ROW yellow drainage mottles 24 - 44"	PS IV 0.275	29"
		15 - 44	sbk C	S P FI SEXP							
		44	Saprolite								

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)		
Site LTAR (gpd/sq ft)	0.275	0.275

Other Factors (.1946):
Soil Evaluation By: Jacob Presley, LSS, REHS
Others Present:
Site Classification (.1948):
Site Evaluation By:
Others Present:

COMMENTS:

Landscape Position	Group	Texture	,1955 LTAR
R-Ridge	I	S-Sand	1.2 - 0.8
SS-Shoulder Slope		LS-Loamy Sand	
LS-Linear Slope			
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6
NS-Nose Slope		L-Loam	
HS-Head Slope			
CC-Concave 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	
D-Drainage Way		SiL-Silt Loam	
	IV	SC-Sandy Clay	0.4 - 0.1
		SiC-Silty Clay	
		C-Clay	

Structure
sg-Single Grain
mass-Massive
cr-Crumb
gr-Granular
sbk-Subangular Blocky
abk-Angular Blocky
pl-Platy
pr-Prismatic
Sap-Saprolite

Structure Prefixes
w-weak
m-moderate
s-strong
f-fine
m-medium
c-coarse

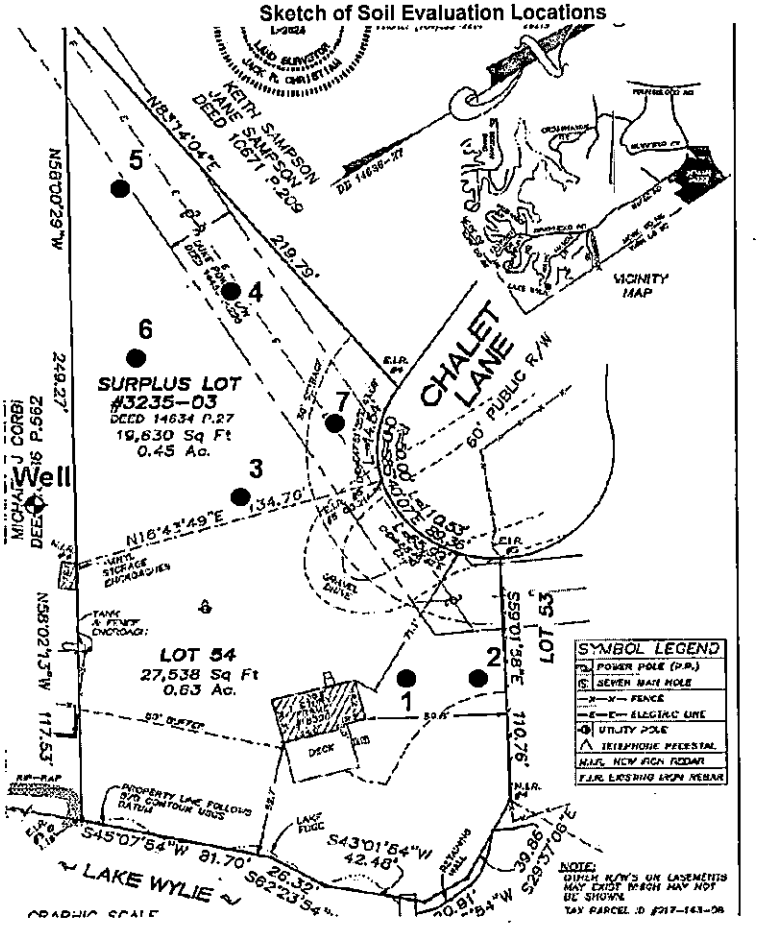
Consistence
Moist
VFR-Very Friable
FR-Friable
FI-Firm
VFI-Very Firm
EFI-Extremely Firm

Consistence
Wet
SS-Slightly Sticky
S-Sticky
VS-Very Sticky
NP-Non-Plastic
SP-Slightly Plastic
P-Plastic
VP-Very Plastic

Mineralogy
SEXP-Slightly Expansive
EXP-Expansive

Classification
US-Unsuitable
PS-Provisionally Suitable
S-Suitable
NA-Not Applicable

Sketch of Soil Evaluation Locations



MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	05/18/16	**Amount:**	250.00
Receipt #:	100470	**Tendered:**	250.00
Check / Auth #:	VISA 916108	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: PRESSLEY,JOYCE
Attn:
Address: 1481 GOLD HILL RD
Address:
City/State/Zip: FT MILL, SC 29708

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 18236 CHALET LANE		1	250.00	250.00

----------Outstanding Balances----------

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

Supervisor/Administrative Professional Checklist

New Septic ☑ New Well ☐ ~~Use Existing ☐ Alteration ☐ Modified Plot Plan ☐~~

New Septic Fees Paid:

IP ($250.00) 5/18/16 LE Initials/Date

CA ($200.00) _____ Initials/Date

OP ($200.00) _____ Initials/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 _____ Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid)_____ Initials/Date

Modified Plot Plan Fee Paid: $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☐ Reviewed ☐ ____

This site is served by septic and well. Verify each is complete before final hold is released. ☐

Septic file completed. ☐ _____ Well file completed. ☐ _____

Send permit for signature. ☐ Signature received. ☐ _____

This septic system requires a certified operator contract before final hold is released. ☐

Certified operator contract is on file. ☐ _____