

7215 HIGH POINT CT

19940168

1/7/2008

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: 4599B DATE: 9/11/03

TC: 199-401-68 ☑ L ☐ CRT

SERIAL 19345

Name of Owner KEVIN HOYLE Juris.:

Address of Property 7215 HIGH POINT CT.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 300'

Number of Lines 6 @ 50'

Cover Depth 18"

Water Supply Source WELL

Distance to Water Source 750'

Excavation Inspected 9/11/03

Tank(s) Inspected 9/11/03

Wash Line Inspected N/A

High Water Alarm Inspected

SEE PLAN ON FILE

PLOT

Design 2003, 1500ST, 1000DT, P2, INV, 900SF, T CTR# WILLIE CHRISTIANBURY

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: INSTALLED ACCORDING TO PLAN SUBMITTED BY TIM WHITTAKER.

TYPE III g, PRESSURE MANIFOLD INSTALLED, 900SF E-Z FLOW, 25% REDUCTION REPAIR

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: 45991B DATE: 9/11/03

TC: 199-401-68 ☑ L

SERIAL 19512

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 3/25/03. All work shall be completed on or before 9/11/03, 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.

SEE PLAN ON FILE

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 Y

Total Line Length 300' feet

Number of Lines 6

Depth of Stone N/A inches

Distance from House 75 feet

Distance from Property Line 710 feet

Distance from Well 750 feet

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

NAME OF OWNER KEVIN HOYLE

LOCATION OF PROPERTY 7215 HIGH POINT CT.

Comments: INSTALLED ACCORDING TO PLAN SUBMITTED BY T. WHITTAKER. TYPE III g, PRESSURE MANIFOLD, 300' E-Z FLOW, REPAIR 9625 PRODUCTION SYSTEM

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** LD # 34726
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE** ACS

DATE: 4/23/03 **PERMIT NO:** 45993

PARCEL NO: 199-40-168

JOB LOCATION ADDRESS: 7215 High Point Ct

PROPERTY OWNER: Kevin + Tina Hoyle

BUILDING CONTRACTOR: ↑

SUBDIVISION NAME: _____

AUTHORIZATION ISSUED BY: _____ **DATE:** 4/23/03

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 45993, 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: >50' from any well ; install according to submitted plans by Tim Whittaker.

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.

_____ 4/23/3

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

9/9/03

ATTN: David Cornelius

From: Whittaker
704 866-9540

RE: File - 4599-B

REVISION - move garage to
LEft side AS proposed.

Thanks,

T. Whittaker

MCHD.
File: 4599-B
Lot 5

Revised: 9/9/03

* (3) Bedrm. EASY Flow Chamber, Pressure manifold distribution PPBPS - TYPE IV Repair Area.

LAKE WYLIE

363-0155
41282

414' 47' 44' 296'

50'

1,500 gal. SEPTIC TANK
1,000 gal. PUMP TANK (Riser/filter)

* TANKS may have to be installed prior to CONSTRUCTION.

15' DECK 5'

111' 60' Basement 50'

16' 40'

F

10'-15' 8'

11'

2" PVC SERVICE LINE (160'+) REVISED

GARAGE 25' 26'

House Setback 19[illegible]'
GARAGE (move GARAGE to LEFT SIDE)

T. Whittaker 9/9/03

(5) Chamber units per line
30 units Total.

Repair
* PANEL Block Repair AREA (4) 50' LINES

* PRESSURE manifold

* Primary SEPTIC AREA
6 (50') EASY Flow Chamber LINES = 300'
3" PVC to serve chambers

50' B
50' B
50' B
50' B
50' G
50' Y
50' R
50' B
50' P
50' G

50'+

Existing SEPTIC SYS. ADJACENT LOT

50'

WELL FEASIBLE

20'

7215 High Point Ct

Revised 9/9/03
T. Whittaker
866-9640
5/30

LD # 45998 34726

CASIN plot PLAN

FEE: 100.00 + CK#

DATE: 3/26/03

29

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

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

Nina Hunter

FILE #: 45998

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 199-401-68

STREET ADDRESS: 7215 HIGH POINT ST.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: #5

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: 2

CLOSING DATE: _____

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
___ CRAWL SPACE
X 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):

___ COMMUNITY (C)
___ MUNICIPAL (M)
X 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: HOYLE KEVIN J + TINA M.
(LAST) (FIRST) (MI)

ADDRESS: 11310 WAGONFORD LN

CITY: CHARLOTTE STATE: NC ZIP: 28273

DAYTIME PHONE: (704) 588-5090

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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

SIGNED: Tina M Hoyle DATE: 3/25/03

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

3/19/02

To: Brandon Summey

From: Whittaker (704) 866-9540

File: 4599-B

Redraw Septic Plan

From (4) Bedrm. Panel

To

(3) Bedrm. Chamber

T Whittaker

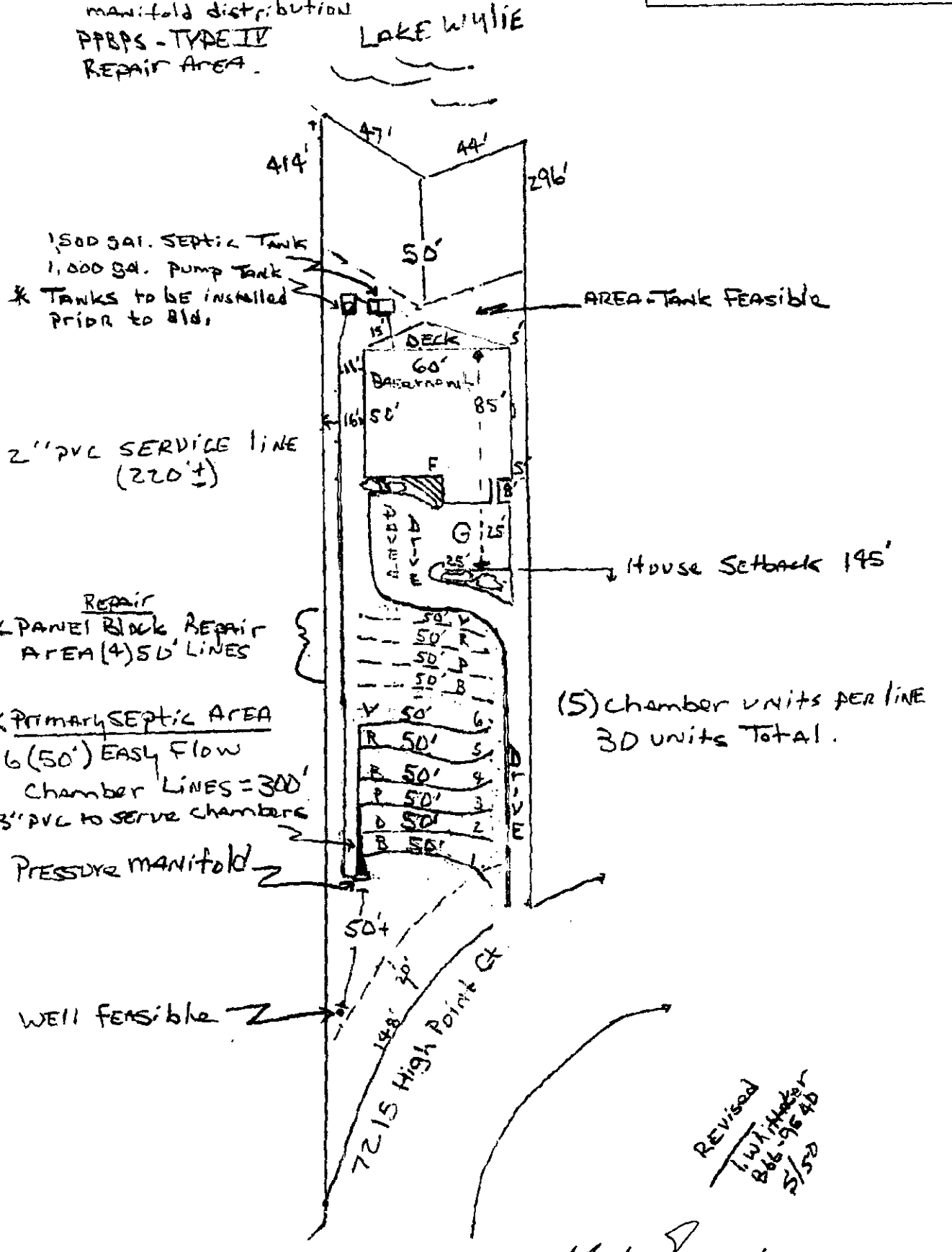
Cover + 2 pgs.

4/23/03

Revised: 3/3/03

MCHD.
File: 4599-B
Lot 5

* (3) Bedrm. Easy Flow Chamber, Pressure manifold distribution PPBPS - TYPE IV Repair Area.



Revised
L.W. Whittaker
846-9640
5/5/03

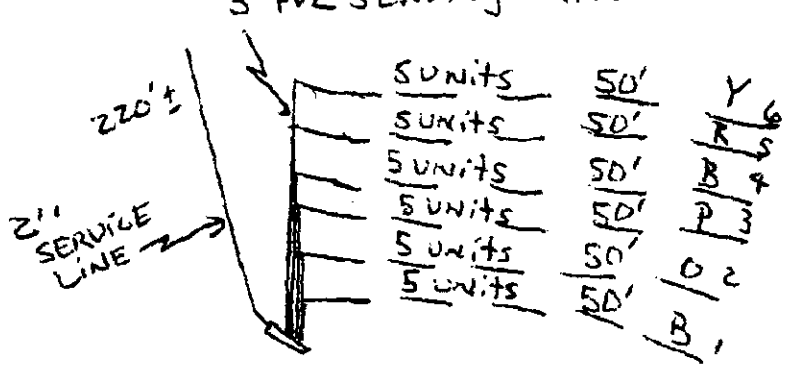
4/23/03

(3) Bedrm. (Easy Flow) Chamber
Pressure manifold distribution!
Repair area Type III panel block.

M.C.H.D.
file: 4599-B
Lot 5

SPECS: Primary Sys.

* 1,500 gal. Septic Tank, 1000 gal. pump Tank Riser/Filter
* Pressure manifold & valve Box (Contractor's choice)
(6) 50' Easy Flow Chamber Lines = 300'
(5) Chamber units per Line = 30 units Total



Pump Specs:

* TDH = 23 at 40.26 gpm
* Dosing vol. = 200 gals. per dose cycle
* .5 Hp Pump (choice)
* 10" drawdown
* 5 minute pump cycle

* Install Chambers on grade/contour & by manufacturers specs.

not scaled

4/23/03

Permit Number: 45993

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 199-40-168

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	X 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	
3 Long-term acceptance rate	360 Max gallons/day wastewater flow	900 Absorption Area (sq ft)	91 Trench spacing (min. on centers)	
Yes Serviced by private well	1500 Gallon septic tank	30' Total trench length (ft)	36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3 Bedrooms in residence	1000 Gallon pump tank	N/A Depth of stone		

Any surface waters present: Yes Type: Lake Wylie Minimum separation distance: 50'

Site modifications required:

Additional Conditions: Install according to Plans submitted by Jim Whittaker on 3/4/03. Stay >50' from any well or septic system or lake.

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	
600' Absorption Area (Sq ft) 300' Total Trench Length (Ft)	N/A Depth of Stone Trench	9' Trench spacing (min. on centers)	36" 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.

Brandon Sorg 4/23/03
DEHNR Authorized Agent Date

Owner/Agent Signature 4/23/3
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

Permit Number 45993 Tax Number 199-401-66 P.O.

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	
0.3 Long-term acceptance rate	480 Max gallons/day wastewater flow	560' Absorption Area (sq ft)	8' Trench spacing (min. on centers)	
YES Serviced by private well	1500 Gallon septic tank	280' 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	1000 Gallon pump tank	NA Depth of stone		

Any surface waters present: yes Type: Lake Wylie Minimum separation distance: 50'

Site modifications required:

Additional Conditions: Tanks to be installed before Construction
⇒ Certified Operator on file before O.P. Release

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
560 Absorption Area (Sq ft) 280' Total Trench Length (Ft)	NA Depth of Stone Trench	8' Trench spacing (min. on centers)	30" 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 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 effe 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.

Tommy Mackie 8/6/01
DEHNR Authorized Agent Date

T. Whittaker 8/8/01
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: 150 PF AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: 8/8/01 VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE XCS

DATE: _____ PERMIT NO: 45998
7215 PARCEL NO: 199-401-68 BO.
JOB LOCATION ADDRESS: High Point Court (Lot #5)
PROPERTY OWNER: Malcolm Heyworth
BUILDING CONTRACTOR: Malcolm Heyworth
SUBDIVISION NAME: NA
AUTHORIZATION ISSUED BY: Tommy Mitchell R.S. DATE: 8/6/01
~~DEHNR~~ AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 45998, 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: Tanks to be installed before construction
Certified Operator on file before O.P. 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.

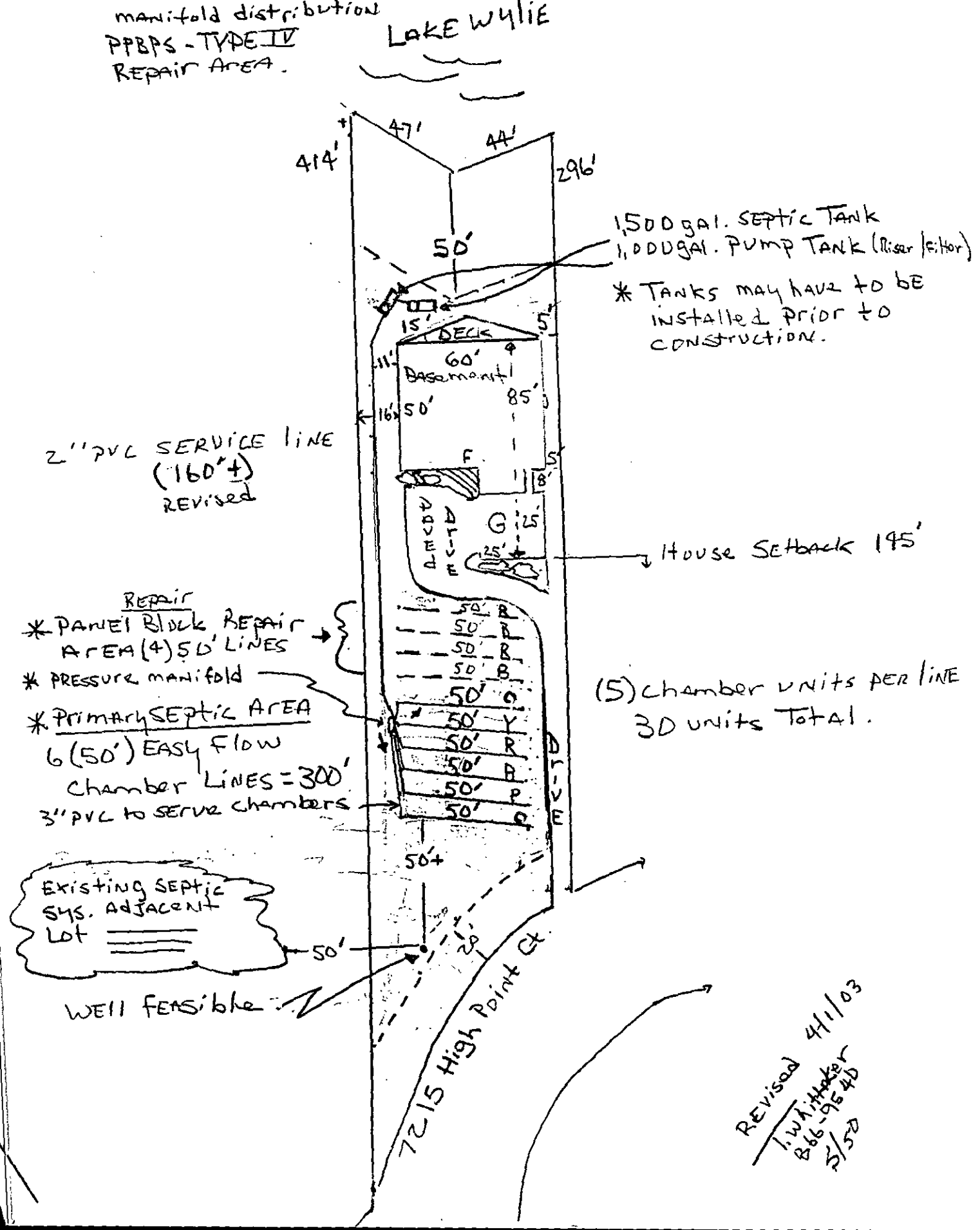
T. Whitaker 8/8/01

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Revised: 3/3/03

MCHD.
File: 4599-B
Lot 5

* (3) Bedrm. Easy Flow Chamber, Pressure manifold distribution PPBPS - TYPE IV Repair Area.



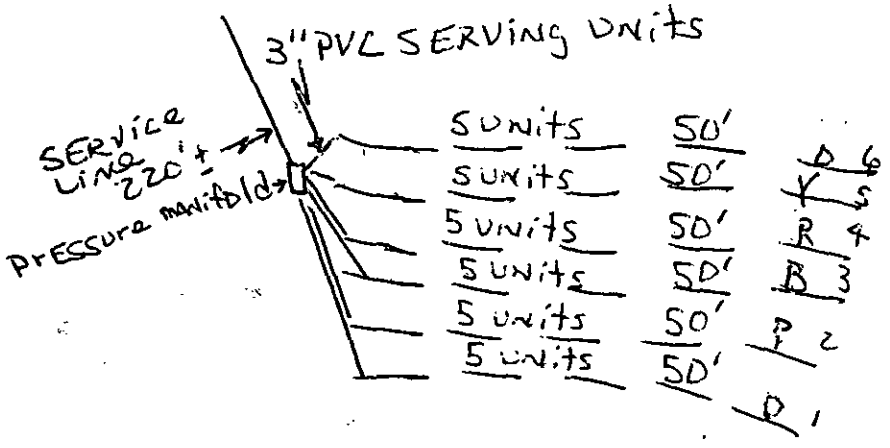
Revised 4/1/03
J. Whittaker
866-9648
5/50

(3) Bedrm. (Easy Flow) Chamber, Pressure manifold distribution. Repair Area Type IV Panel Block.

M.C.H.D.
File: 4599-B
Lot 5

SPECS: Primary Sys.

* 1,500 gal. Septic Tank, 1000 gal. pump Tank Riser/Filter
* Pressure manifold & valve box (Contractor's choice)
  (6) 50' Easy Flow Chamber Lines = 300'
  (5) Chamber units per Line = 30 units Total



Pump Specs:

* TDH = 23' At 40.26 GPM
* Dosing Vol. = 200 gals. per dose cycle
* 3/4 to 1 Hp pump (choice)
* 10" drawdown
* 5 minute pump cycle

* Install Chambers on grade/contour & by manufacturers specs.

not scaled

REVISED: 3/6/03

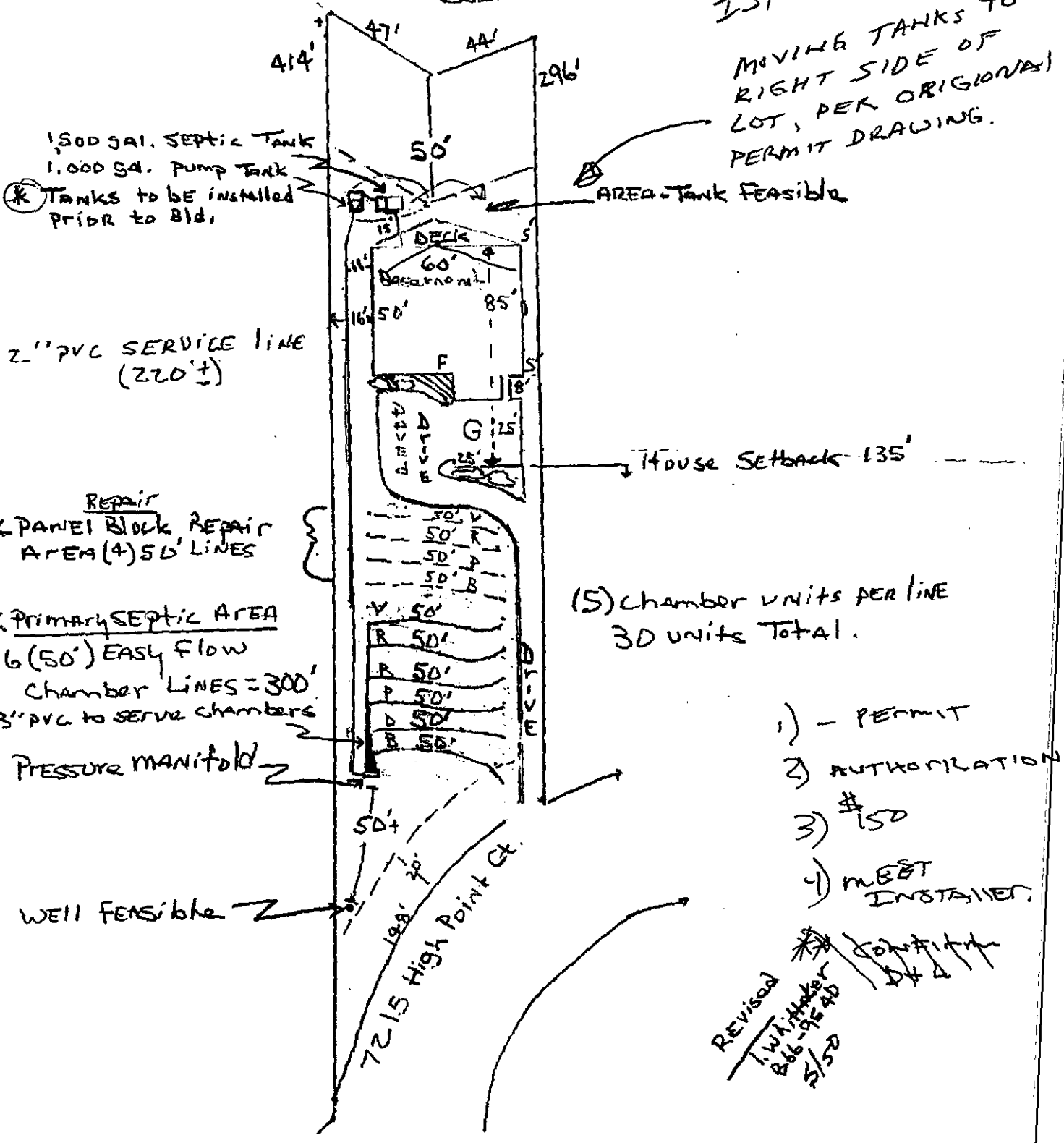
MCHD.
File: 4599-B
Lot 5

* (3) Bedrm. Easy Flow Chamber, Pressure manifold distribution PPBPS - TYPE IV Repair Area.

LAKE WYLIE

NO INSPECTIONS

MOVING TANKS TO RIGHT SIDE OF LOT, PER ORIGIONAL PERMIT DRAWING.



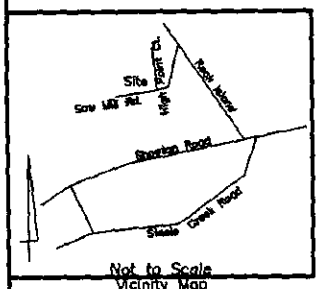
1) - PERMIT
2) AUTHORIZATION
3) #150
4) MEET INSTALLER.

REVISED 3/5/03 J. WHITTAKER 866-9540

THIS IS TO CERTIFY THAT ON THE 25 DAY OF March 20 03 AN ACTUAL SURVEY WAS DONE UNDER MY SUPERVISION OF THE PROPERTY SHOW HEREON. THIS MAP IS NOT INTENDED TO MEET GS 47-30 RECORDING REQUIREMENTS.

SIGNED _____

BALCOM-DAVIS & ASSOCIATES, REGISTERED SURVEYORS
5100-12 NORTH I-85 SERVICE ROAD
CHARLOTTE, N.C. 28206
PHONE (704) 596-6086



Not to Scale
Vicinity Map

LEGEND
PROPERTY LINE
S.I.P. SET IRON PIN
E.I.P. EXISTING IRON PIN
CLOSURE EXCEEDS 1 in 10,000'
P.U.E. PUBLIC DRAINAGE EASEMENT
E.C.M. EXISTING CONCRETE MONUMENT
ADJOINER PROPERTY LINE BY DEED OR PLAT

ROUGH STAKE	/ /	
FOOTER STAKE	/ /	
PIN-FOOTER	/ /	
FOUNDATION	/ /	

Lake Wylie

N 72° 36' 20" E 47.28'
N 16° 41' 8" E 44.11'
E.I.P. @ 25' Offset
581
582 50' Setback
583
5' SETBACK
5' SETBACK
M.B. 35-343
Deck
Plan Foundation Proposed
F.F.E. Porch
Paved Drive
Setback
Setback
S 52° 3' 21" E 296.29'
N 52° 3' 21" W 425.03'
6
5
7213
26349 SF
20' Setback
N 59° 19' 15" E 117.16'
See Plan
To High Point Court
60' Public R/W

BACK OF GARAGE AT 135'
DETACHED GARAGE IS 24 x 24
8' OF HOUSE

SET BACK
FRONT OF DEVL
CORNERS OF HOUSE
GARAGE
SEPTIC
WELL
DRIVE

Curve	Radius	Arclength	Chord Bearing	Chord
C1	R=142.82	L=120.72	S 22° 21' 56" E	117.16'

Plot Plan OF SURVEY

Lot 5, Saw Mill Road, Map 2
Steele Creek Township, Mecklenburg County, NC

SCALE 1"=50'

THE PROPERTY OF KEVIN J. & TINA M. HOYLE
~~Carolina Health Benifits, Inc.~~

MAP RECORDED IN BOOK 35 AT PAGE 343 DEED RECORDED IN BOOK _____ PAGE _____

Drawn By: ROBERT Job Number: 51095

TRANSFER OF OWNERSHIP

Permit #: 4599B
Job Location Information:
Tax Parcel #:
Street Address: 7215 HIGH POINT CT
CHARLOTTE, NC 28273

An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change or if information submitted in this application is falsified or changed.

Property Owner Improvement Permit Originally Issued to:

Name: HEYWORTH MALCOLM I (last) (first) (mi) Date Issued:

Address: 7235 HIGH POINT CT
City: CHARLOTTE State: NC Zip: 28273
Daytime Phone: (704) 523-2696

IMPROVEMENT PERMIT TRANSFERRED TO:

Name: Hoyle TINA M. (last) (first) (mi)

Address: 11310 WAGONFORD LN.
City: CHARLOTTE State: NC Zip: 28273
Daytime Phone: (704) 588-5090

The undersigned, owner or legal agent for the owner, of the property described as the "job location" in the original application dated _____ has read the foregoing application and Improvement Permit, 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: Tina M Hoyle Date: 3/23/03

IMPROVEMENT PERMIT TRANSFERRED TO:

Name: _____ (last) (first) (mi)

Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: ( ) ___-____

The undersigned, owner or legal agent for the owner, of the property described as the "job location" in the original application dated _____ has read the foregoing application and Improvement Permit, 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: Tina M Hoyle Date: 3/23/03

(4) Bedrm. Pumped (PPBPS) Panel Block

mcHD
File: 4599-B
Lot 5

SYSTEM TYPE:
- CONVENTIONAL
- CONVENTIONAL (SHALLOW PLACEMENT)
- 8-INCH PPBPS-GRAVITY DISTRIBUTION
- 8-INCH PPBPS-PRESSURE DISTRIBUTION
- 16-INCH PPBPS-GRAVITY DISTRIBUTION
- * 16-INCH PPBPS-PRESSURE DISTRIBUTION *
- LPPS
- OTHER

SPECIALIZED EQUIPMENT OR REQUIREMENTS:

- DROP BOX
- DISTRIBUTION BOX
- DIPPER BOX
- FLOW DIVIDER
- WASH BOX
- SPECIAL FITTINGS
- PRESSURE MANIFOLD
- SIPHON
- MULTIPLE PUMPS
- OTHER
  1- Valve Box & Gate Valves (5)
- WELL ABANDONEMENT
- EASEMENT
- LOT COMBINATION/SURVEY
- EARTHEN SURFACE SWELL
- FRENCH/CURTAIN DRAINS
- GREASE INTERCEPTOR
- PUMP TANK - 1000 gal.
- SAPROLITE TEST
- 1,500 gal. Septic Tank
- Turn-ups & Caps

Primary System

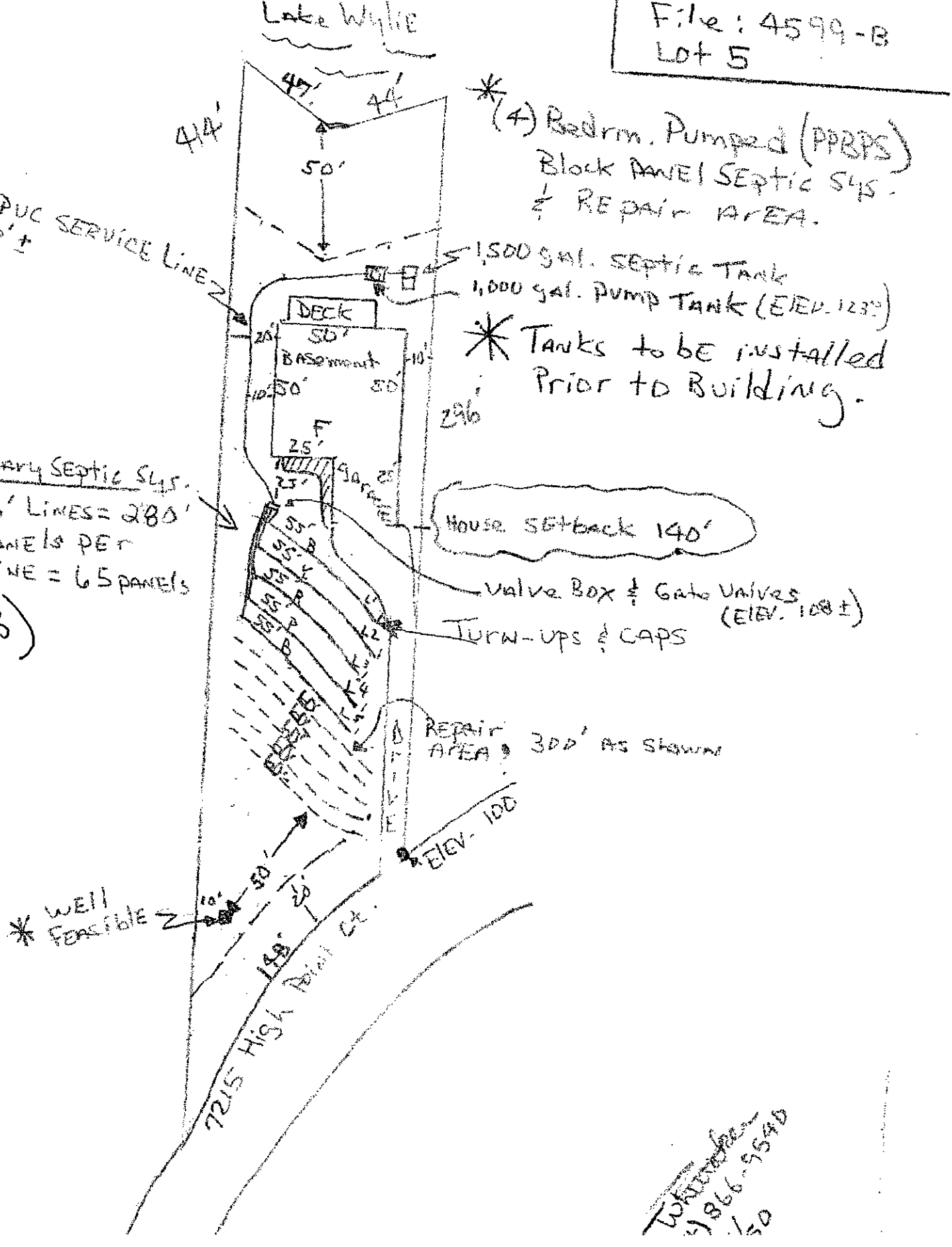
LINE	#PANELS PER LINE	#HOLES PER PANEL	HOLE SIZE	HOLE SPACING	LINE HEAD	LINE LENGTH	HOLE FLOW	PER MINUTE LINE FLOW	ELEV.
L^1	13	1	5/32	4.3	3	56	.50	6.5	107
L^2	13	1	5/32	4.3	3	56	.50	6.5	106.5
L^3	13	1	5/32	4.3	3	56	.50	6.5	105.8
L^4	13	1	5/32	4.3	3	56	.50	6.5	105
L^5	13	1	5/32	4.3	3	56	.50	6.5	104.1
	65 panels					280'			

Repair AREA

(5) 60' LINES AS SHOWN ON PLAN.

(4) Bedrm. Septic Plan

MCHD
File: 4599-B
Lot 5



Watterson
1866-5540

File: 4599-B
Lot 5

(4) Bedrm. Pumped (PPBDS) Panel Block
& REPAIR AREA

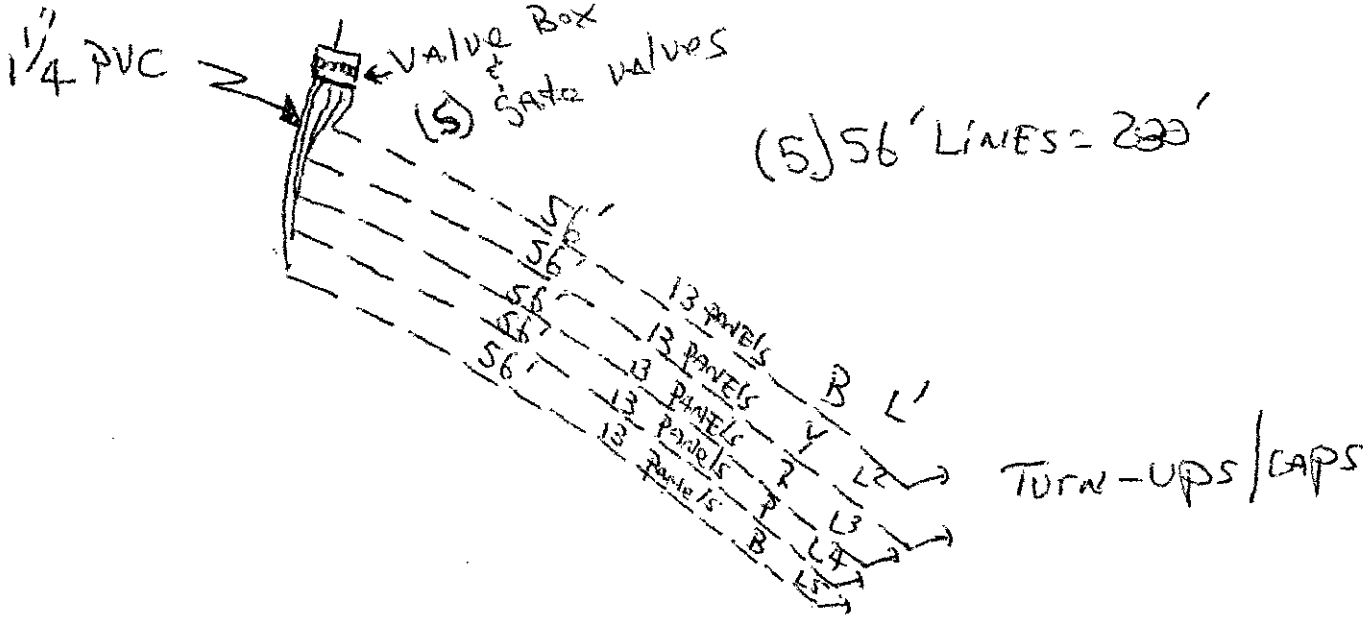
SPECS:

Install per manufacturers SPECS.

* 1,500 gal. Septic Tank (Riser/filter)
* 1,000 gal. Pump Tank
* Valve Box & 5 Gate valves

Pump Tank Elevation = 123.°
Valve Box Elevation = 108.° ±

* TDH = 21.9 At 46.8 GPM
* Dosing Volume = 200 gals. per dose cycle
* .5 HP pump
* 10" drawdown
* 4.2 minute pump cycle



.04 SCALED

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 # 4599-B Lot 5
PARCEL # 199-401-68

The undersigned, Malcolm Irving Heyworth + Linda K. Heyworth, owner of property located at 7215 High Point Court, (the "site") and described in an instrument recorded in Book 35 at Page 343, 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.

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.

FILE COPY
FILED FOR REGISTRATION
DOC. #
TIME
PAGE
REC FEE
JUDITH A. GIBSON, REGISTER OF DEEDS MECKLENBURG COUNTY, NC

This instrument was prepared by: MR. Malcolm Heyworth
Mail after recording to: 7235 High Point Court
Charlotte, NC 28278-6526

- 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 8th day of June, ~~199~~ 2001

_____ (SEAL)
(Corporate Name)

Linda K Heyworth (SEAL)

By: _____

Malcolm I Heyworth (SEAL)

_____ President

_____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Michelle L. Edmonds, a Notary Public for said County and State, do hereby certify that Linda K. Heyworth & Malcolm I Heyworth personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 8th day of June, 2001.

Michelle L. Edmonds
Notary Public

My Commission Expires:
10-22-05

_____ (SEAL)
(Corporate Name)

Linda K Heywood (SEAL)

By: _____ Malcolm I Heywood (SEAL)

_____ President _____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Michelle L. Edwards, a Notary Public for said County and State, do hereby certify that Linda K. Heywood & Malcolm I Heywood personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 8th day of June, 2001.

Michelle L. Edwards
Notary Public

My Commission Expires:
10-22-05

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

RCJ #2

Sheet: _____

Property ID: 00 199-401-00 68

Lot #: 5 Wm

File #: 45998

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Butch Heyward APPLICANT: Tim Whitaker

ADDRESS: 7235 High Point Ct., Chesterfield DATE EVALUATED: 5-4-01

PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 480gpd PROPERTY SIZE: .60

LOCATION OF SITE: High Point Court PROPERTY RECORDED: _____

WATER SUPPLY: ☑Private ☐Public ☐Well ☐Spring ☐Other _____

EVALUATION METHOD: ☑Augur Boring ☐Pit ☐Cut

TYPE OF WASTEWATER: ☑Sewage ☐Industrial Process ☐Mixed

PROFILE #	Slopes 5-25% .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/cl	Fr/SExPl ss/sp	7.5YR 7/8 to 10YR 6/1 wetness	48"	N/A	None	PS .39/F2 IV
		5-48"	SBM/C	Fi/SExPl s/p					
2	LS	0-6"	gr/cl	Fr/SExPl ss/sp	7.5YR 7/8 to 10YR 6/1 wetness	48"	N/A	None	PS .39/F2 IV
		6-48"	SBM/C	Fi/SExPl s/p					
3	LS	0-3"	gr/cl	Fr/SExPl ss/sp	7.5YR 7/8 to 10YR 6/1 wetness	48"	N/A	None	PS .39/F2 IV
		3-43"	SBK/C	Fi/SExPl s/p					
		43-48"	SBM/Cl	Fr/SExPl ss/sp					
4	LS	0-2"	gr/cl	Fr/SExPl ss/sp	7.5YR 7/8 to 10YR 6/1 wetness	31"	N/A	None	US .39/F2 IV
		2-15"	SBK/C	Fi/SExPl s/p					
		15-31"	SBM/Cl	Fr/SExPl ss/sp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	US
System Type(s)		
Site LTAR	.39/F2	.39/F2

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): Unsuitable

EVALUATED BY: W.A. Martin LSS 5-7-01

OTHER(S) PRESENT: _____

FILE # 4599B

COMMENTS 100% Repair system would need pump

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

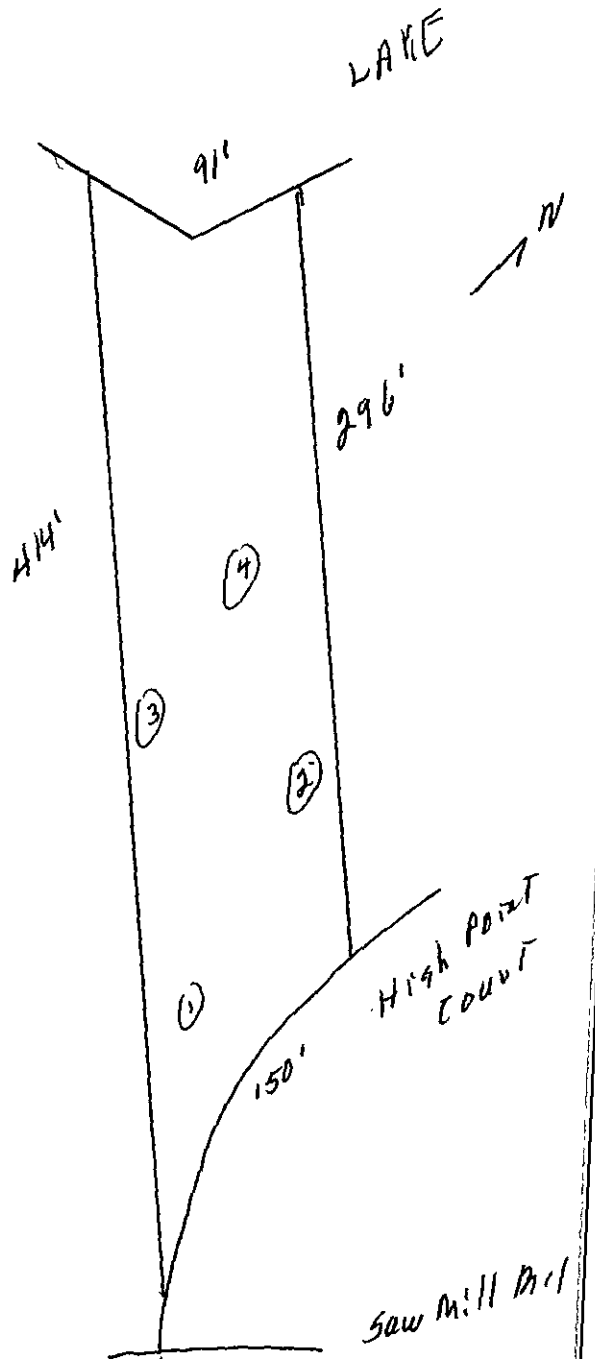
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



FEE: _____

DATE: _____

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

Pd-2 4/19 cp
CK # 1419 200

[ ] 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 #: 4599B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: 19740 1-6800

TAX/PARCEL NUMBER: ~~199-401-11 DD~~

STREET ADDRESS: High Pt. Ct.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: Lot 5 Proposed

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 3600+

NUMBER OF BEDROOMS: 4 | NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

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

~~This is an Ext System on site, looking for Record~~ (W)

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: mob. 576-8124

NAME: Haworth, Butch
(LAST) (FIRST) (MI)

ADDRESS: 7235 High Pt. Ct.

CITY: Charlotte STATE: NC ZIP:

DAYTIME PHONE: ( ) 588-1663 28278-6526

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? _____

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: T Whittaker DATE: 4/20/01

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

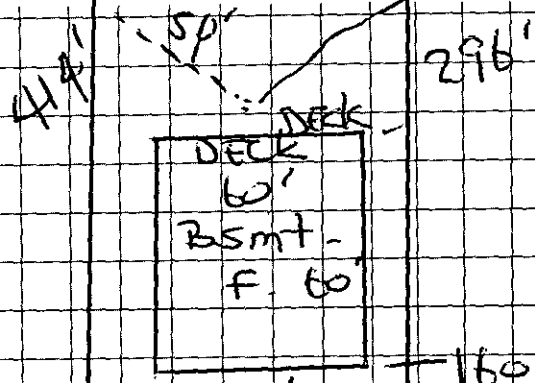
FILE: 45996

TC: 199-401-11 PO

Lot 5

Lake Wylie

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.

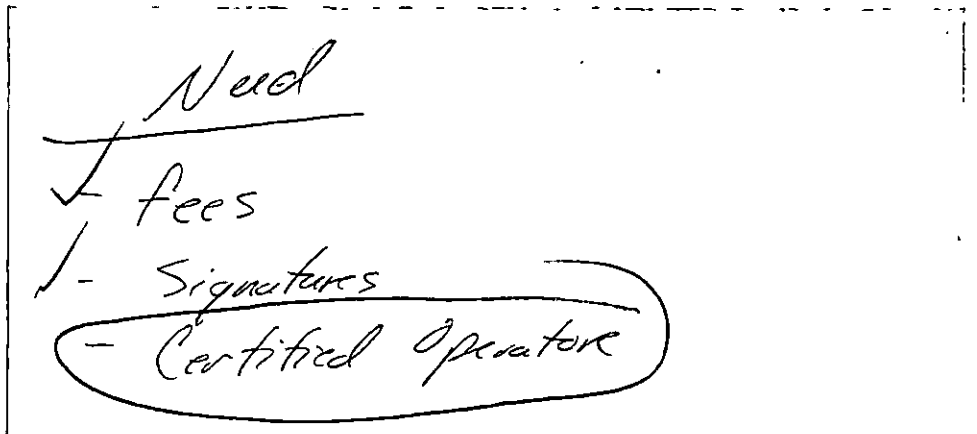


OWNER/AGENT SIGNATURE

DATE 4/20/01

APPROVAL DATE _____

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


Need
fees
Signatures
Certified Operator