

15251 HUS MCGINNIS RD

02120108

1/9/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 5802B Permit #: _____ Tax Parcel #: 021-201-02 PO

Property Owner: Donnie Beasley

Job Location Address: 15251 Hus McGinnis

City: Huntersville State: NC Zip Code: 28078

Operation Permit Issuance Date: 9/18/06 Contractor Name: R&H, Inc.

POSS WASPC

Permitted Design Flow: 600 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1.4 gallons

Effluent Pump Model: 1500

Drainfield Installation ☐ N/A

Trench Depth: 42 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 600 feet

# of Lines: 4 @ 150 feet

Depth of Media: 12-18 inches (Type) Stone

Depth of Cover: 30 inches

Distribution Device: Pressure Manifold

Inspection Dates

Tank(s) Inspected: 9/18/06

Excavation Inspected: 9/6/06

Pump & Controls Inspected: 9/18/06 10/31/06

Bed Installation *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

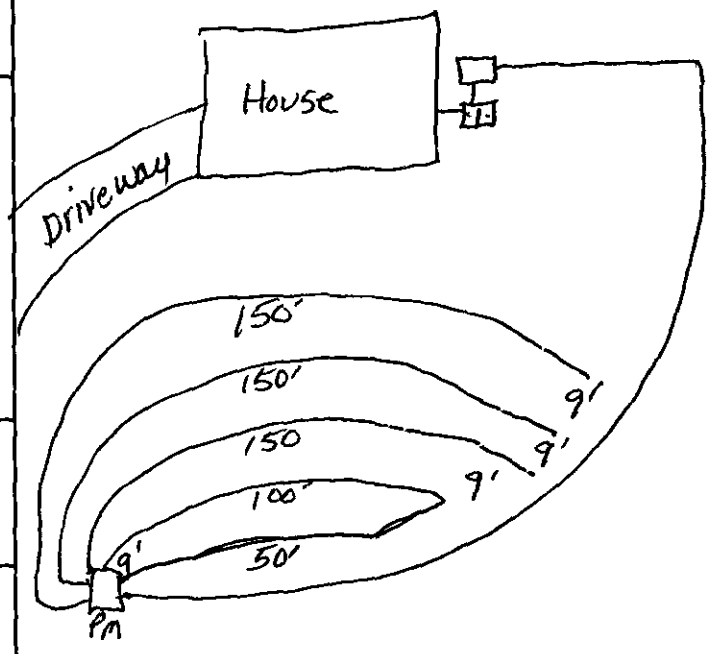
# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



Hus McGinnis

Water Supply Source

☑ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 15 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: >100 feet

The undersigned has inspected the Septic Tank System described above, and certifies it has been ☑ installed ☐ altered ☐ repaired ☑ as detailed in the plot above ☑ in accordance with the permit issued 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. The issuance of this 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. 1900 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 or Revocation of this permit.

Comments: System Classification & Type: Type III-b conventional septic system designed for a 5 bedroom residence installed according to plan.

DENR Authorized Agent: Cina Buchanan, RS Signature: Cina Buchanan, RS

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

INSTALLATION APPROVAL for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 5802B Permit #: _____ Tax Parcel #: ~~021 201 02 P8~~ 021-201-08

Property Owner: Donnie Beasley

Job Location Address: 15251 Hwy McGinnis Rd

City: Huntersville State: NC Zip Code: 28078

Installation Approval Issuance Date: 8/22/06

Permission is hereby given to ☑ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 9/22/06, after which date this approval 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 granting this approval. 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 of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 600 GPD

Site LTAR: .4 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1500 gallons

Drainfield Design ☐ N/A

Trench Depth: 42 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 600 feet

# of Lines: ~~8~~ 4 @ ~~175~~ feet 150' CaB

Depth of Media: 18-24 inches (Type) Stone

Distribution Device: Pressure manifold

Bed Design *(For Repair Installations ONLY.)* ☑ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☑ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: 15 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 2100 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

Install according to design consultants plans.

Comments: System Classification & Type: Type III b conventional system. designed for a 5 bedroom residence. Install according to design consultant's plans.

DENR Authorized Agent: Gina Buchanan, RS. Signature: Gina Buchanan, RS

X34348

FEE: 300
DATE: 11/21/05
JKA

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

ACS

WD 15415

PERMIT NUMBER: 5802B
PARCEL NUMBER: 021-201-02 PO

15251

JOB LOCATION ADDRESS: Lot #3 Hus McGinnis Road
PROPERTY OWNER: James F. Cuttino
BUILDING CONTRACTOR:
SUBDIVISION NAME: Lot #3
AUTHORIZATION ISSUED BY: Jeremy Michelone, R.S. DATE: 02/03/05

Jeremy Michelone, R.S.
ØENR/DEH AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 5802B, 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 THE 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 CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.

5. OTHER CONDITIONS:
   See Conditions of IP.

CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Permit Number: **5802B** Tax Number: **02120102PO**

- 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

Primary Wastewater System

Type: ☐ 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:

0.4 Long-term acceptance rate (GPD/ft^2)	600 Max gallons/day wastewater flow	1800 Absorption Area (ft^2)	9 Trench spacing (min. on centers) (ft)
Serviced by private well: ☐ Yes ☒ No	1500 Gallon septic tank	600 Total trench length (ft)	42 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
5 Bedrooms in residence	1500 Gallon pump tank	12 Depth of stone (in)	

Any surface water present: **Yes** Type: **Pond** Minimum separation distance (ft): **50**

Additional conditions: **Install sysem according to designed plans.**
Agreement forms on file before CA release.
Install 4 lines x 150' x 3' x 12" stone with pressure manifold distribution.

Repair Area System

Type: ☐ 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:

1800 Absorption Area (ft^2) 600 Total trench length (ft)	12 Depth of stone (in)	9 Trench spacing (min. on centers) (ft)	42 Maximum trench depth (in)

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. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems 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.

Tommy Mitchell, R.S. 2/3/05
DENR Authorized Agent Date

21 Nov 05
Owner/Agent Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE: (704) 336-5103
FAX: (704) 336-6894

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2005 NOV 22 10:41 AM
BK:19660 PG:468-471 FEE:$20.00

INSTRUMENT # 2005234136

2005234136

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

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

FILE #: 5802B

PARCEL #: 201-201-02

15251 Hus McGinnis Rd

The undersigned, James Cutting and Lynne Cutting, owner of property located at 15251 Hus McGinnis Rd, (the "site") and described in an instrument recorded in Book 11793 at Page 125, 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 will apply to the site:

This instrument was prepared by: James and Lynne Cutting

Mail after recording to: 9730 Norris Glen Drive
Charlotte, NC 28269

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

- 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 regulation in effect at the 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 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 22ND day of NOVEMBER, 2005.

_____ (Corporate Name)

By: _____

_____ President

James T. Cathey (SEAL)

Lynne B Cathey (SEAL)

_____ (SEAL)

_____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA

COUNTY OF Mecklenburg

I, Jennifer C. Reid, a Notary Public for said County and State, do hereby certify that James F. Cuttino and Lynne B. Cuttino personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal this 22nd day of November, 20 05.

Jennifer C. Reid
Notary Public

My Commission Expires:

November 2, 2009

STATE OF NORTH CAROLINA

COUNTY OF _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this date and acknowledged that he is _____ Secretary of _____, a North Carolina corporation, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal, and attested by _____ as its _____ Secretary.

WITNESS my hand and notarial seal this _____ day of _____, 20 _____.

_____
Notary Public

My Commission Expires:

_____

REVISED 8-13-02

JUDITH A. GIBSON
REGISTER OF DEEDS, MECKLENBURG
COUNTY & COURTS OFFICE BUILDING
720 EAST FOURTH STREET
CHARLOTTE, NC 28202

PLEASE RETAIN YELLOW TRAILER PAGE

It is part of the recorded document, and must be submitted with original for re-recording and/or cancellation.

****

Filed For Registration: 11/22/2005 10:41 AM

Book: RE 19660 Page: 468-471

Document No.: 2005234136

PRMIT 4 PGS $20.00

Recorder: SERENA ROSS

2005234136

S&EC

Soil & Environmental Consultants, PA

236 LePhillip Court, Suite C • Concord, North Carolina 28025 • Phone: (704) 720-9405 • Fax: (704) 720-9406

www.SandEC.com

FACSIMILE SHEET

FAX NO. (704) 720-9406

DATE: 1/31/05 Project Number: 5-1482s2

TO: Name: Jeremy Mikelone CC: _____

Company: Mecklenburg County Health Dpt _____

Fax Number: (704) 336-6894 _____

FROM: Wendell Overby SUBJECT: Hus McGinnis Road-Jim Cuttino

The following items are being faxed. Number of pages including transmittal sheet: 6

____ For Your Comments/Approval	_x_ For Your Information
____ Per Our Conversation	____ Per Your Request
____ Please Advise	____ Please Call
____ Would Like To Discuss	____ Please Handle

4 lines x 150' x 3' (600 TLF)

HARD COPY SENT:

____ US Regular Mail	____ Hand Delivery
____ Overnight	_x_ No Hard Copy Sent

REMARKS: Jeremy: Here's info for a 5 bedroom layout I did Friday. Bill and I met that morning and reviewed pits. Let me know if you have questions about this. Tell Bill the lowest LTAR for sandy loam saprolite is .4gpd/ft2. We need 500lf for system, 500lf repair.

Wendell

IF YOU HAVE ANY QUESTIONS OR PROBLEMS WITH THIS TRANSMISSION,

PLEASE CONTACT Wendell AT (704) 720-9405.

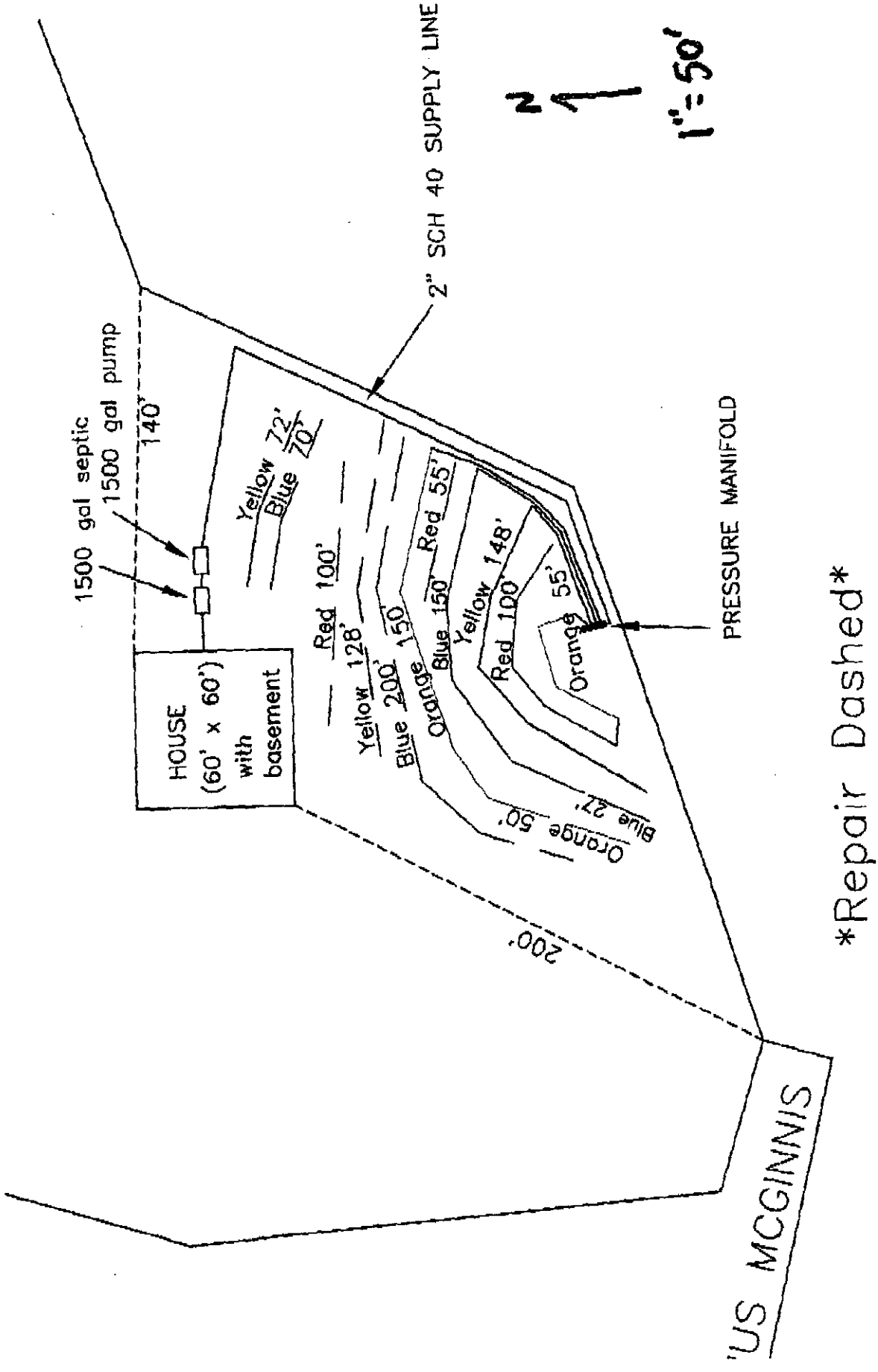
CONFIDENTIALITY NOTICE

This transmission is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged and confidential. If the reader of this message is not the intended recipient, you are hereby notified that any disclosure, distribution or copying of this information is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone and return the faxed documents to us at the above address via the United States Postal Service.

Greensboro Office:
3817-E Lawndale Drive
Greensboro, NC 27455
Phone: (336) 540-8234
Fax: (336) 540-8235

Hickory Area Office:
622 Coon Mountain Lane
Taylorsville, NC 28681
Phone: (828) 635-5820
Fax: (828) 635-5820

Raleigh Office:
11010 Raven Ridge Road
Raleigh, NC 27614
Phone (919) 846-5900
Fax: (919) 846-9467


2" SCH 40 SUPPLY LINE
N
1" = 50'
1500 gal septic
1500 gal pump
140'
HOUSE
(60' x 60')
with
basement
Yellow 72'
Blue 70'
Red 100'
Yellow 128'
Blue 200'
Orange 150'
Blue 150'
Red 55'
Yellow 148'
Red 100'
Orange 55'
PRESSURE MANIFOLD
Orange 50'
Blue 27'
200'
US MCGINNIS
Repair Dashed

Jim Cuttino

Project No. 5-1482s2

Jan-05

5 Bedroom Layout

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LENGTH
TBM		1.7			100.0		
INSTR. 1			101.7				
			SYSTEM				
1	Orange			3.00	98.7	55	**55**
2	Red			3.90	97.8	100	**100**
3	Yellow			4.90	96.8	148	**148**
4	Blue	27' REPAIR		6.10	95.6	177	**150**
5	Red	REPAIR		7.20	94.5	55	55
6	Orange	50' REPAIR		7.70	94.0	200	**150**
7	Blue			8.60	93.1	200	200
8	Yellow			9.20	92.5	128	128
9	Red		2.0	9.50	92.2	100	100
10	Blue			3.00	91.2	70	70
11	Yellow			3.90	90.3	72	72
					Total	**1305**	

BOLD= SYSTEM LINES

	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	DISTRIBUTION	TRENCH BOTTOM
* System	603	0.40	CONV	P. Manifold	42"
Repair	647	0.40	CONV	P. Manifold	42"

Notes:

** TBM located top of stake

**TBM is assumed to be 100'

**All measures in feet

**Nitrification lines are demonstrated on contour via colored pin flags

**BS and FS indicate rod readings

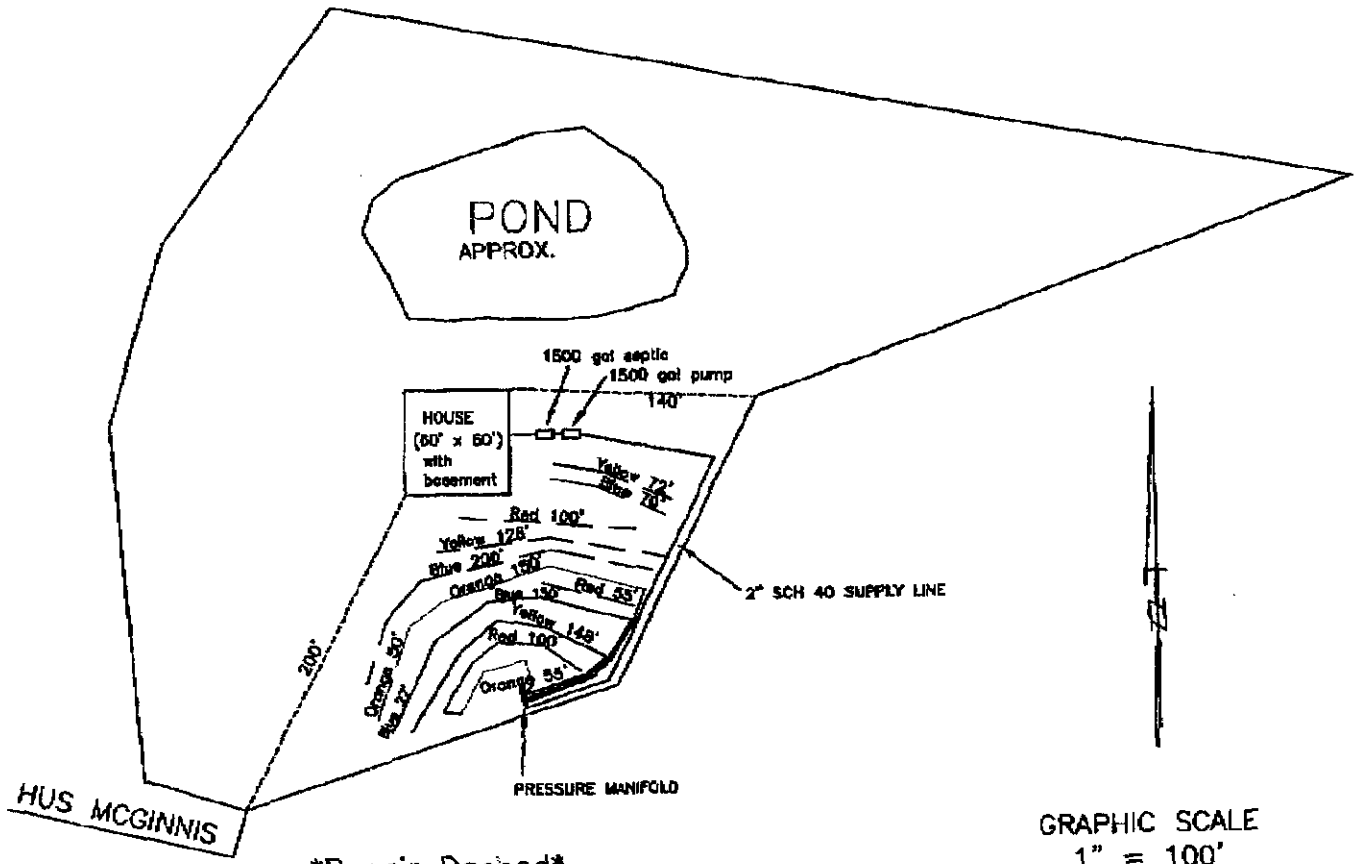
**SUITABLE FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE, SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND TOPOGRAPHIC IRREGULARITIES.
THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS. SOME OTHER CONSIDERATIONS THAT AFFECT SITE SUITABILITY THAT SHOULD BE CONSIDERED IN DEVELOPMENT DESIGN ARE:

1) 10' SETBACK FROM PROPERTY LINE
2) 100' SETBACK FROM ANY WELL
3) 50' SETBACK FROM STREAMS, PONDS OR LAKES.

See accompanying S&EC report.

DRAFT
FOR REVIEW ONLY

NOT A SURVEY



Repair Dashed

GRAPHIC SCALE
1" = 100'

100 0 100 200

Soil & Environmental Consultants, PA
S&EC
PROJECT NAME: HUS MCGINNIS ROAD
SUBDIVISION
SEPTIC SYSTEM LAYOUT
SHEET TITLE
SHEET 1 of 1

01/31/2005 17:28 7047209406 S AND EC PAGE 02

Profile Descriptions
Mecklenburg County
Jim Cuttino – Hus McGinnis Road

Pit 1

Horizon	Depth	Color	Mottles	Texture	Structure
Ap	0-7"	10YR 4/4		Sandy Loam	Granular
E	7-13"	10YR 6/6		Sandy clay loam	Subangular blocky
Bt	13-27"	7.5YR 5/6	2.5YR 4/8	Sandy clay	Massive
BC	27-42"	2.5YR 5/8	10YR 8/6	Sandy clay loam	Saprolite Structurels
C	48-60"	7.5YR 6/6	7.5YR 4/6	Sandy loam	Saprolite Structurels

Pit 2

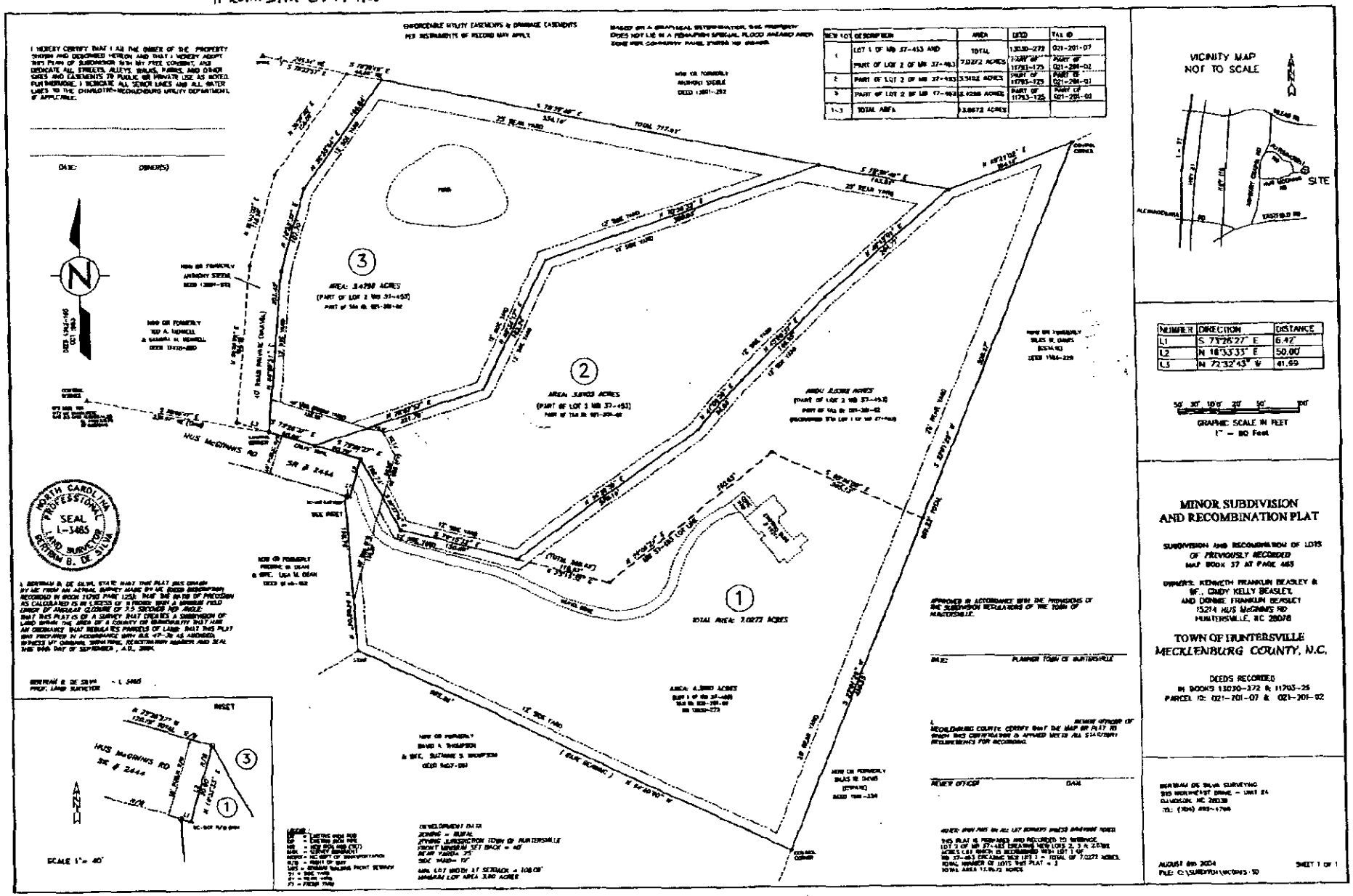
Horizon	Depth	Color	Mottles	Texture	Structure
Ap	0-5"	7.5YR 4/3		Sandy Loam	Granular
B	5-20"	5YR 5/8		Clay loam	Subangular blocky
BC	20-36"	5YR 5/8	7.5YR 5/6	Sandy clay loam	Saprolite Structurels
C	36-54"+	5YR 6/8	10YR 8/6	Sandy loam	Saprolite Structurels

Pit 3

Horizon	Depth	Color	Mottles	Texture	Structure
Ap	0-4"	10YR 4/3		Sandy Loam	Granular
Bt	4-12"	7.5YR 4/3		Clay	Massive
BC	12-26"	5YR 5/8	7.5YR 5/6	Clay loam	Saprolite Structurels
C1	26-55"+	7.5YR 6/8	7.5YR 4/6	Sandy loam	Saprolite Structurels

01/04/2005 16:25 FAX 704 687 3246 UNCC Precision Metrology 001

To: Bill Marlin
Fax: 704-336-6894
From: Jim Cutting



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

Sheet: 1 of 2
Property ID: PO 021-201-02
Lot #: 3
File #: 5802B
Code: 2

ACS

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Donnie F. Beasley
Applicant: James F. Cuttino
Address: 15218 Hus McGinnis Road, Huntersville, N. C. 28078
Date Evaluated: 1/4/2005
Proposed Facility: Residence
Design Flow (.1949): 600gpd
Property Size: .75a. Inv.
Location of Site: Hus McGinnis Road
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.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	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 8	0-5	GR/SCL	FR/SEXP/SS/SP	30" TO SOIL WETNESS	30	N/A	NONE	US, III .4GPD/FT^2
		5-30	SBK/SCL	"					
		30+	M/SL	FR/SEXP/NS/NP					
2	LS, 10	0-6	GR/SL	"	>32" TO SOIL WETNESS	32	- "	"	"
		6-32	SBK/SCL	FR/SEXP/SS/SP					
		32+	M/SL	FR/SEXP/NS/NP					
3	LS, 15	0-6	GR/SCL	FR/SEXP/SS/SP	>37" TO SOIL WETNESS	37	"	"	PS, IV .25GPD/FT^2
		6-37	SBK/SC	FI/SEXP/S/P					
4	"	0-6	GR/SL	FR/SEXP/NS/NP	>24" TO SOIL WETNESS	24	"	"	US, III .2GPD/FT^2
		6-24	SBK/SCL	FR/SEXP/SS/SP					

Description	Initial System	Repair System
Available Space (.1945)	US	US
System Type(s)		
Site LTAR	.4GPD/FT^2	.4GPD/FT^2

Other Factors (.1946):
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 1/4/2005. W. R. Marlin
Others Present:

COMMENTS:
100% repair

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	
	IV	SC-Sandy Clay	0.4 - 0.1
		SIC-Silty Clay	
		C-Clay	

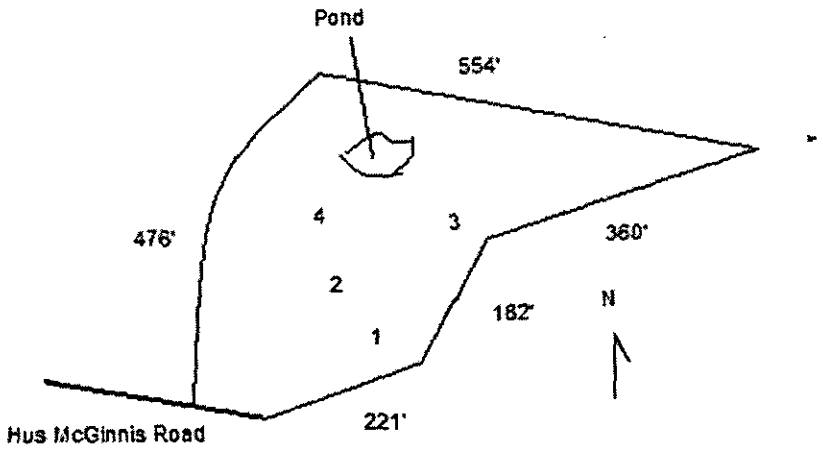
Structure
SG-Single Grain
M-Massive
CR-Crumb
GR-Granular
SBK-Subangular Blocky
ABK-Angular Blocky
PL-Platy
PR-Prismatic

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

Consistence
Wet
NS-Non-Sticky
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

Sketch of Soil Evaluation Locations



FEE: 200.00

DATE: 12/22/04 Ck. JFA VISA Payment

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

#1245

[ ] 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 #: 58028

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: PART 3 OF TAX ID 021-201-02 PO AS ATTACHED

STREET ADDRESS: ~~15218~~ ACROSS FROM ~ Hus M.S GINN's

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: ~~AREAS~~ 3 OF PART OF LOT 2 MB 37-453

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: ~ 2100

NUMBER OF BEDROOMS: ~~4~~ 5 NUMBER OF OCCUPANTS: 5

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 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: BEASLEY (LAST) DONNIE (FIRST) FRANKLIN (MI)

ADDRESS: 15218 Hus M S GINN's RD.

CITY: HUNTERSVILLE STATE: NC ZIP: 28078

DAYTIME PHONE: ( ) —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: CUTTINO (LAST) JAMES (FIRST) F. (MI)

DAYTIME PHONE: (704) 575-1688

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 12/15/2000

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: James F. Cuttino DATE: 1 Nov 04

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

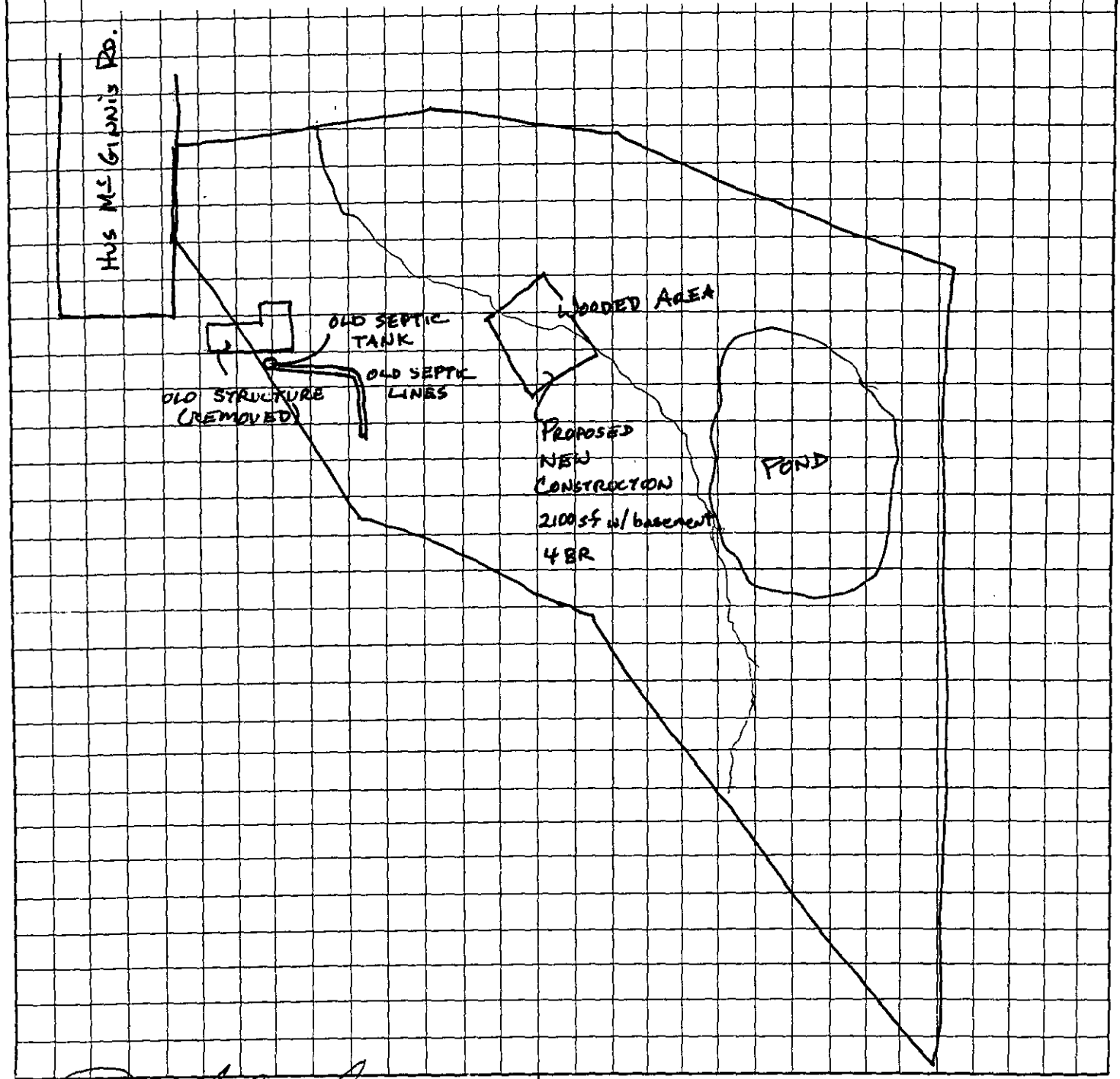
PROPOSED PLOT PLAN

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

FILE: 58028

TC: 021-201-02P0

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 01 Nov 04

APPROVAL DATE _____

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