

10105 WASHAM POTTS RD

00514307

12/26/2007

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: 1937B DATE: 3-16-98

TC: 005-143-07 ☐ L ☐ CRT

SERIAL Nº 17518

Name of Owner Ted Harveil Juris.:

Address of Property 10105 Washam Potts Road

Inspection Data:

Tank Material PCC

Total Length of Drainfield 532'

Number of Lines 4 @ 133'

Cover Depth Avg 18"

Water Supply Source Municipal

Distance to Water Source >10' any line

Excavation Inspected 3-16

Tank(s) Inspected 3-16

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design 1997, 1500ST, CDW, 1596SF, T, 12G, cecil-like CTR# 03

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 I5A 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 I5A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

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

COMMENTS: Type IIa 4 bedrooms

493'w x 133'l x 12" stone

Larry B. Thompson, Jr., R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

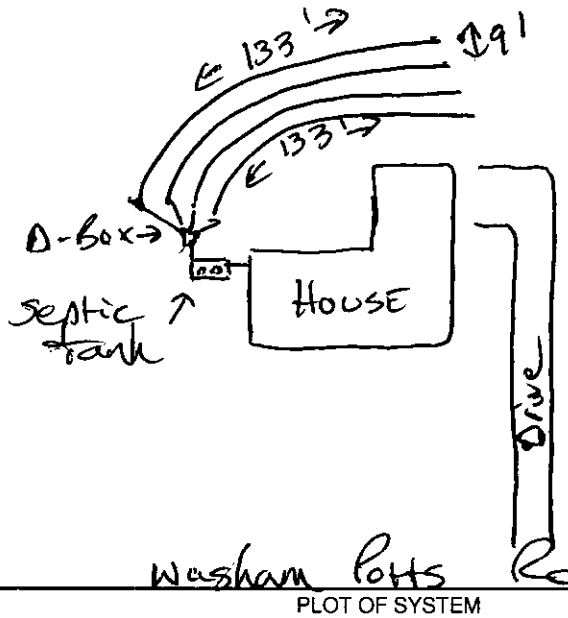
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1937B DATE: 3-12-98

TC: 005-143-07 ☐ L

SERIAL Nº 17642

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 5-27-97. All work shall be completed on or before 4-12-98, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Trench Depth ≤ 36"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Yes

Total Line Length 532 feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

N/A municipal

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

NAME OF OWNER Ted Harweil

LOCATION OF PROPERTY 10105 Washam Potts Road

Comments: Type II a 4 bedrooms
(4) 3'w x 133'L x 12" stone

Ramy B. Thompson, J., R.S.
Environmental Health Specialist

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

$100.00 cash H00 2W

2407 left

FEE: ~~$100~~ AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: 11-14-97 VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 7/3/97 PERMIT NO: 1937B
PARCEL NO: 005-143-07

JOB LOCATION ADDRESS: 10105 Washam Potts Road
PROPERTY OWNER: Ted Harriel
BUILDING CONTRACTOR: Olin M. Christenbury
SUBDIVISION NAME: NA
AUTHORIZATION ISSUED BY: Iba B. Malik, RS DATE: 7/3/97
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1937B, 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: See conditions of improvement permit & associated plot plan.

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.

Olin C Christenbury 7-7-97
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 1937B 10105 Washam Potts Road Tax Number: 005-143-07

- 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	
3 Long-term acceptance rate	480 Max gallons/day wastewater flow	1596 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
No municipal Serviced by private well	1500 Gallon septic tank	532' Total trench length (ft)	36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
4 Bedrooms in residence	NA Gallon pump tank	12" Depth of stone		
Any surface waters present: NO Type:		Minimum separation distance:		
Site modifications required:				
Additional Conditions: - Keep installation 10' from any water line - water line shall be installed adjacent to right property line. - Install nitrification lines ~~on~~ on contour.				
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	
1605 Absorption Area (Sq ft) 535 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	36" Maximum Trench Depth	
For existing system, enter the year originally installed: NA				

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.
- Improvement permit valid 5 years from date of issuance.
- This Improvement permit is transferable.

Joe B. Mialik, RS 7/3/97
DEHNR Authorized Agent Date

O M Christenbury 7-7-97
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

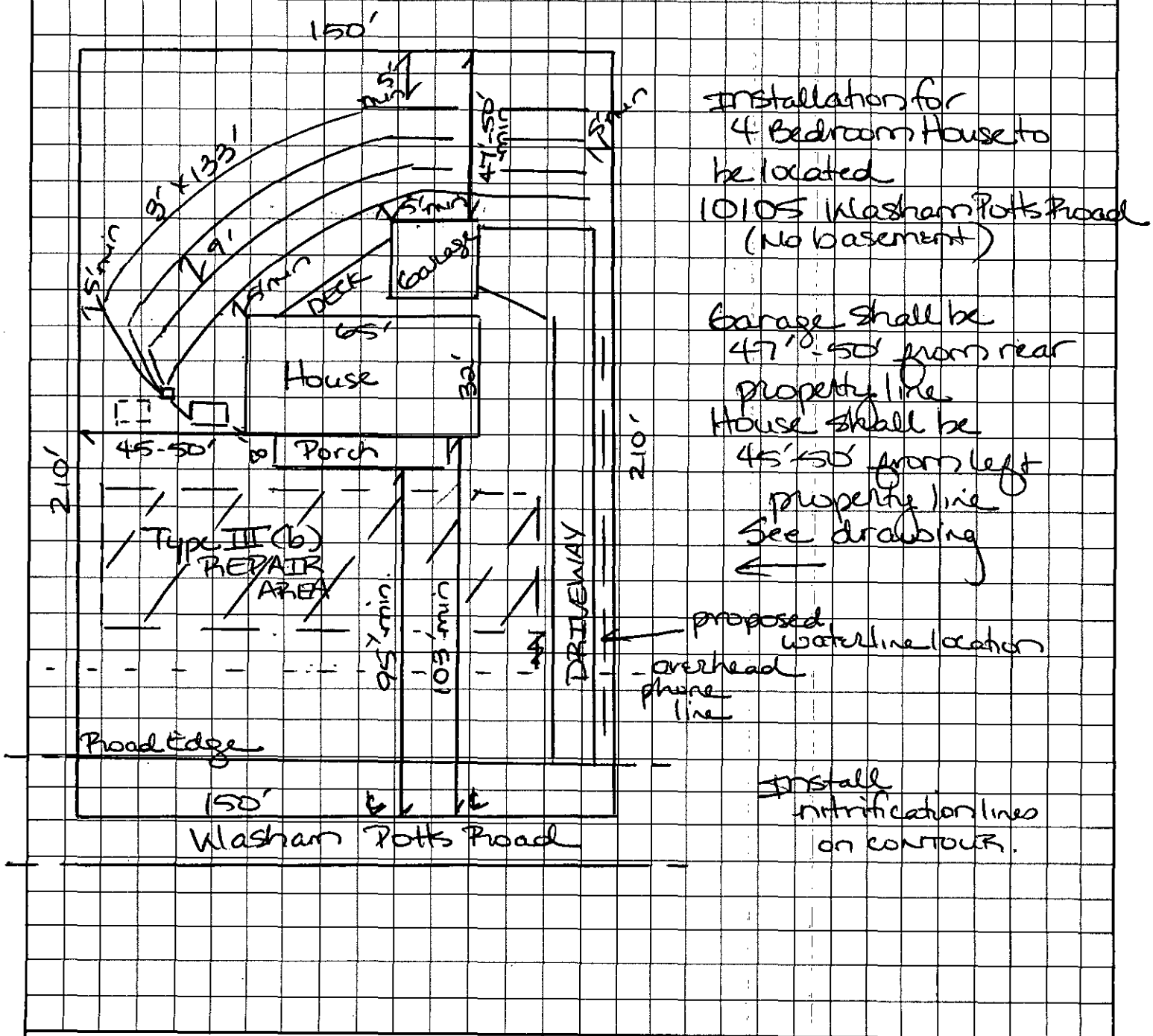
PROPOSED PLOT PLAN

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

FILE: 1937B

TC: 005-143-07

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.



Oma Chesteen
OWNER/AGENT SIGNATURE

DATE 7-7-97

APPROVAL DATE 7/3/97 Ziba B. Malik, RS

pg 1 of 2

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

FEE: 100.00
DATE: 5/27/97
CK# 1873

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

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 #: 1931B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 005-143-07

STREET ADDRESS: 10105 ~~POTTS~~ WASHAM POTTS Rd

SUBDIVISION OR MOBILE HOME PARK NAME: ~~CORNELIUS HILLS~~

LOT NUMBER:

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: MC 3000

NUMBER OF BEDROOMS: 4 | NUMBER OF OCCUPANTS:

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	WELL, SPRINGS OR WATERLINES	__ YES ✓ NO
EXISTING WASTEWATER SYSTEMS	__ YES ✓ NO	DESIGNATED WETLANDS	__ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS	__ YES ✓ NO		

PROPERTY OWNER: ~~TED HARUIEL~~

NAME: HARUIEL (LAST) TED (FIRST) (MI)

ADDRESS: 9122 GREY

CITY: STATE: TENN ZIP:

DAYTIME PHONE: ( ) —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: CHRISTENBURY (LAST) OLIN (FIRST) M (MI)

DAYTIME PHONE: ( ) 1664-7011

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: Olin M Christenbury DATE: 5-27-97

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

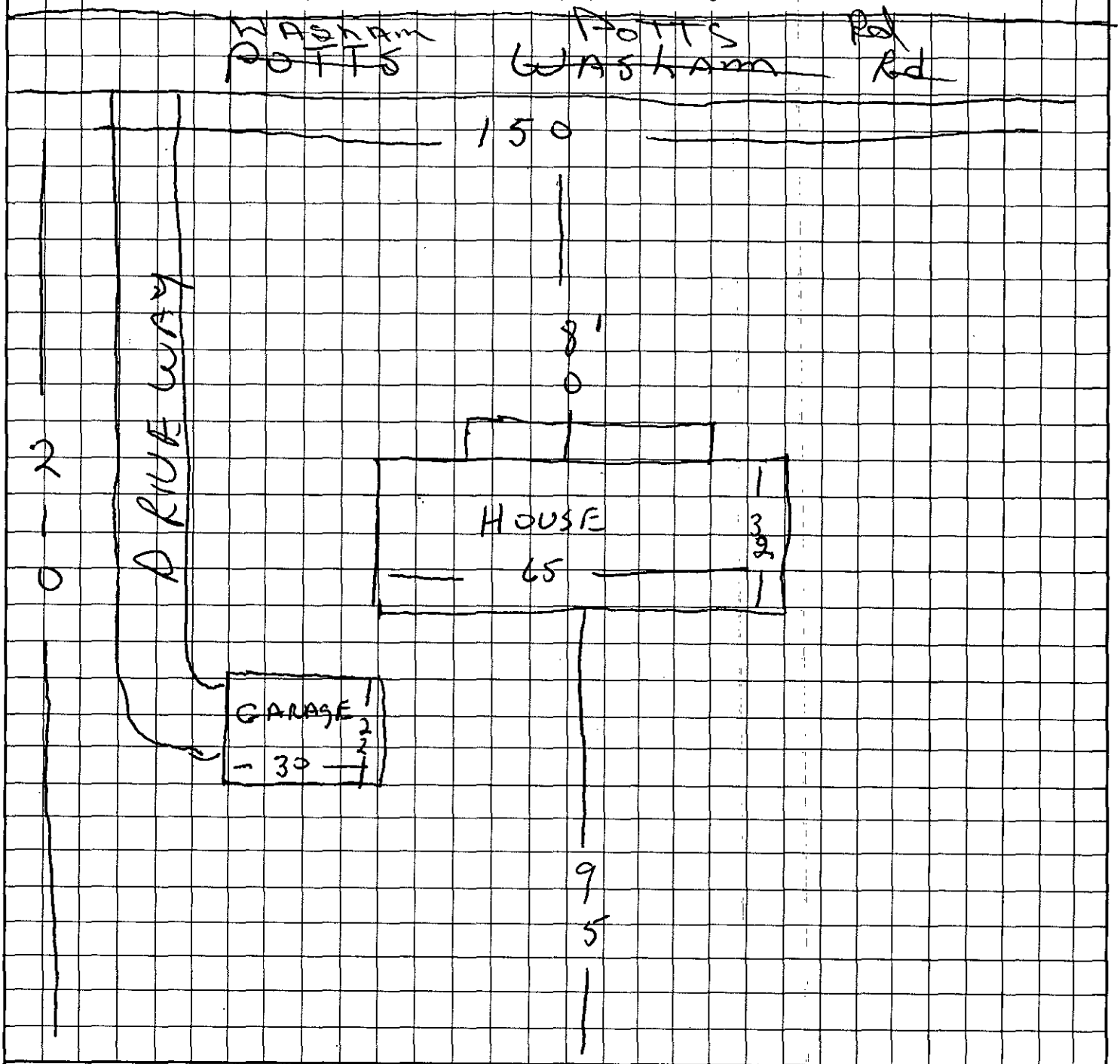
PROPOSED PLOT PLAN

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

FILE: 1931B

TC: 005-143-07

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

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

WARRANTY DEED—Printed and for sale by Brady Printing Company, Statesville, N. C.

File 1937 B

NORTH CAROLINA, COUNTY OF MECKLENBURG

THIS DEED, Made this 9th day of August, 1972, by Annie Potts Washam and husband, Harry J. Washam of Mecklenburg County, North Carolina, and Robert L. Cookson and wife, Josephine Cookson

of Fulton County and State of Georgia parties of the first part, to Ted Robert Harviel and wife, Lou Jacobs Harviel

of Mecklenburg County and State of North Carolina parties of the second part:

WITNESSETH, That said parties of the first part, in consideration of the sum of ONE HUNDRED DOLLARS AND OTHER VALUABLE CONSIDERATIONS to them paid by the said parties of the second part, the receipt of which is hereby acknowledged, have bargained and sold, and by these presents do hereby grant, bargain, sell and convey to said parties of the second part their heirs and assigns, a certain tract or parcel of land in Deweese Township Mecklenburg County, State of North Carolina, adjoining the lands of

and others and bounded as follows, viz:

BEGINNING at a point in the center of Washam-Potts Road, the Southeast corner of a lot that Annie Potts Washam, et al, deeded to John Mayhew; thence with John Mayhew's (now or formerly) line North 51 degrees 56 minutes West 210 feet to an old iron, John Mayhew's corner; thence with Annie Potts Washam's new lines North 38 degrees 54 minutes East 150 feet to an iron; thence South 51 degrees 56 minutes East 210 feet to a point in the centerline of Washam-Potts Road; thence with the centerline of said road South 38 degrees 54 minutes West 150 feet to the point and place of BEGINNING.

This property is conveyed subject to the following restrictions:

1. This property should be used for residential purposes only.

2. Not more than one finished single family dwelling and a private garage shall be altered, erected, placed or permitted to remain on this property.

3. The heated ground floor area of the finished dwelling shall not be less than 1,300 square feet for a one story dwelling nor less than 800 square feet for a dwelling of more than one story.

4. No dwelling shall be constructed of asbestos siding, exposed concrete, cinder or other similar type block or similar material.

5. There shall be no outside toilets on this property. All inside toilets shall be approved by the Mecklenburg County Health Department.

6. Any residence building shall be constructed and built on location. No mobile home, trailer, or any other residence shall be moved onto this property. This provision, however, shall not prohibit modular type houses from being erected on the premises.

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

D400

COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

#1 1937B
005-143-67

OWNER: Ted Harrell
APPLICANT: _____
ADDRESS: 9122 Hwy Jenn
APPLICATION DATE: _____
DATE EVALUATED: _____
PROPOSED FACILITY: resident
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: .72
LOCATION OF SITE: 10105 Washam Potts Rd
PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	Slopes 6-12% .1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS	0-6"	gr/sc1	Fr/SEXPl/SS/SP	>48" to soil wetness	48"	N/A	None	PS .39/Pz IV
		6-48"	SBK/C	F:/SEXPl/S/P					
2	LS	0-4"	gr/sc1	Fr/SEXPl/SS/SP	>48" to soil wetness	48"	N/A	None	PS .39/Pz IV
		4-48"	SBK/c	F:/SEXPl/S/P					
3	LS	0-2"	gr/sc1	Fr/SEXPl/SS/SP	>48" to soil wetness	48"	N/A	None	PS .39/Pz IV
		2-40"	SBK/c	F:/SEXPl/S/P					
		40-48"	SBK/sc1	Fr/SEXPl/SS/SP					
4	LS	0-3"	gr/sc1	Fr/SEXPl/SS/SP	>48" to soil wetness	48"	N/A	None	PS .39/Pz IV
		3-36"	SBK/c	F:/SEXPl/S/P					
		36-48"	SBK/sc1	Fr/SEXPl/SS/SP					

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: W.A. Marlin 6-25-97
OTHER(S) PRESENT: LSS

COMMENTS: Not sure if WW Repair is required

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR	LPP .1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
(Drainage Way)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3	EXP (Expansive)	CR (Crumb)
S (Debris Slump)		L (Loam)				GR (Granular)
P (Flood Plain)						SBK (Subangular Blocky)
S (Foot Slope)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15		ABK (Angular Blocky)
(Head Slope)		SICL (Silty Clay Loam)				PL (Platy)
(Linear Slope)		CL (Clay Loam)				PR (Prismatic)
(Nose Slope)		SCL (Sandy Clay Loam)			MOIST	WET
(Ridge)		SLC (Silt Loam Clay)				
(Shoulder Slope)					VFR (Very Friable)	NS (Non-sticky)
(Terrace)	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SIC (Silty Clay)			FI (Firm)	S (Sticky)
					VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None		EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

OTES

ORIZON DEPTH In inches below natural soil surface

EPTH OF FILL In inches from land surface

ESTRICTIVE HORIZON Thickness and depth from land surface

IPROLITE S(suitable) or U(unsuitable)

OIL WETNESS Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

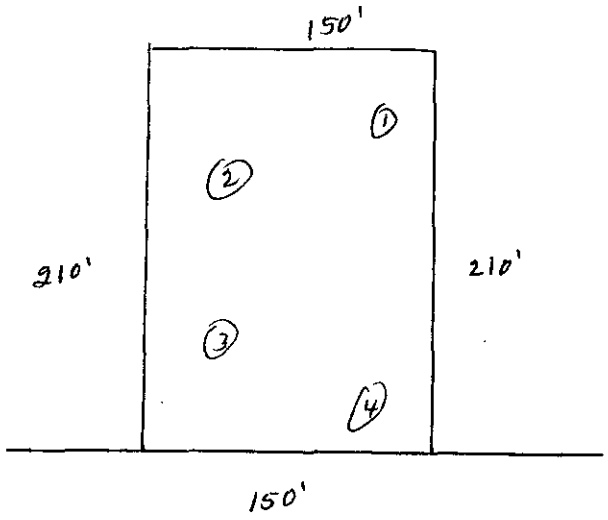
LASSIFICATION S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.

ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).

19378



N

Washam - Pond Rd