

13420 HIWASSEE RD

01131111

12/31/2007

duponbj

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

Next part of fee due

...ATER SYSTEM CONSTRUCTION
...FROM DATE OF ISSUANCE

PERMIT NO: 2295 B
PARCEL NO: 011-192-13

Rd

DATE: 1-22-99

...RIZED AGENT

...N CONDITIONS

...AND INSTALLATION MUST MEET ALL
...T FORTH IN IMPROVEMENT PERMIT NO.
...AN WITH SYSTEM DETAILS.
...ST ALSO MEET ALL REQUIREMENTS SET
...ARY 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: _____

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

X Danny Edwards — 1-22-99

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE — DATE

Permit Number: 2795 -3

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 011-192-3

- 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	600 Max gallons/day wastewater flow	1990 Absorption Area (sq ft)	9 Trench spacing (min. on centers)	
Y/N Serviced by private well	1500 Gallon septic tank	667 Total trench length (ft)	24 Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
5 Bedrooms in residence	/ Gallon pump tank	12" Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: riser must be placed over outlet end of septic tank to facilitate filter maintenance				
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	
___ Absorption Area (Sq ft) ___ Total Trench Length (Ft)	___ Depth of Stone Trench	___ Trench spacing (min. on centers)	___ 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.

1-22-99
DEHNR Authorized Agent — Date

X [signature] 1-22-99
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

CK# 120

FEE: 200.00
DATE: 12/21/98 JC

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

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 #: 21558

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 011-142-13 001

STREET ADDRESS: 13420 HiwAssee Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 8000

NUMBER OF BEDROOMS: 5 NUMBER OF OCCUPANTS: 4

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: Cranfill William T.
(LAST) (FIRST) (MI)

ADDRESS: One NCNB Plaza Rm 3700

CITY: Charlotte STATE: NC ZIP: 28202

DAYTIME PHONE: ( ) —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Edwards Danny J.
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) 892 - 6556

996 - 0117

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? Aug, 1985

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: Danny Edwards DATE: 12-21-98

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

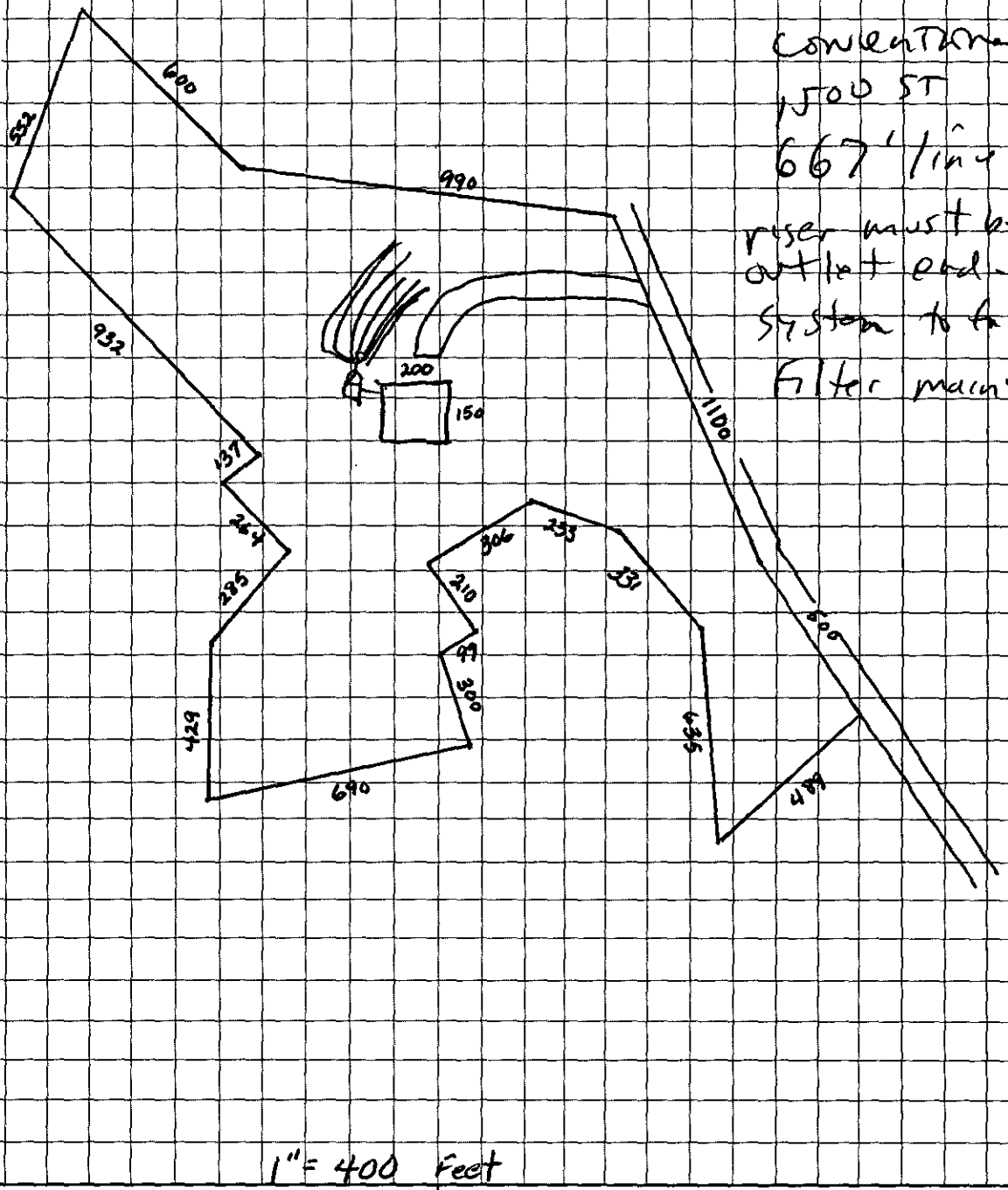
PROPOSED PLOT PLAN

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

FILE: 2795B

TC: 011-142-13

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.*



conventional
1500 ST
667'/lin ft
riser must be over outlet end of septic system to facilitate filter maintenance

1" = 400 Feet

Danny Edwards
OWNER/AGENT SIGNATURE

DATE 12-21-98

APPROVAL DATE _____

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

2795B

PG. 08

PG. 08

FLOOD-PLAIN

1208.08 & CREEK TOTAL

12.263 AC.
12

990.9

10
9.899AC

43.3955 AC
13

BLOCK

932.99 LINE

FLOOD-PLAIN

10
106.487 AC.

RAMAH

CREEK

141

CEMETERY
4.733 AC.(CA)
2

RAMAH CHURCH RD.

PG. 15

3.199 AC.
9

2.122 AC.
8

1.454 AC.
7

1.026 AC.
6

UNLOAC.
5

3.474 AC.
21

2.21 AC.
23

4.41 AC. (CA)
19

12.59 AC
18

3.616 AC.
22

228 AC.
24

27.816 AC.
1

4.25 AC.(CA)
2

1730 LINE

1930.11

1770.45

23.18 AC NET
.45 AC R/W
23.63 AC TOTAL
4

142

20
3.065 AC

5.016 AC.

8

7
4AC

12.261AC.
16

11
1.71AC

9
11.104 AC

5.509 AC
17

60' ESMT.

15' ESMT.

30' ESMT.

HIWASSEE RD.

#2426

#2427

PG. 13

BK. 19-24

TAX LINE MAP BOOK 11 PAGE 14
MECKLENBURG COUNTY, NORTH CAROLINA
REVISED 6-4-97 FWW | SCALE 1"= 400'

FOR TAX PURPOSES C.....

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

#2

Sheet: 1
Property ID: 011-142-13
Lot #:
File #: 2795B

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: William T. Crawford
APPLICANT: Danny Edwards
ADDRESS: One NCNB Plaza, Room 3900, Charlotte
DATE EVALUATED: 1-11-99
PROPOSED FACILITY: residence
PROPOSED DESIGN FLOW (.1949) 600gpd
PROPERTY SIZE: Approx 2A. ±
LOCATION OF SITE: 13420 Heameasee Rd
PROPERTY RECORDED:

WATER SUPPLY: ☒Private ☐Public ☒Well ☐Spring ☐Other
EVALUATION METHOD: ☒Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☐Sewage ☐Industrial Process ☐Mixed

PROFILE #	Slope 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	LS	0-5"	gr/scl	Fr/SEXA SS/SD	729" TO soil wetness	29"	N/A	None	US
		5-29"	SBK/C	VF/Mixed/VS/SP					
2	LS	0-8"	gr/scl	Fr/SEXA SS/SD	2.5Y6/2 @24"	32"	N/A	None	US
		8-22"	SBK/SC	VF/Mixed/VS/SP					
		22-32"	SBK/C	VF/Mixed/VS/SP					
3	LS	0-8"	gr/scl	Fr/SEXA SS/SD	726" TO soil wetness	26"	N/A	None	US
		8-26"	SBK/SC	VF/Mixed/VS/SP					
4	LS	0-4"	gr/scl	Fr/SEXA SS/SD	736" TO soil wetness	36"	N/A	None	IV PS, .39 Fz
		4-24"	SBK/C	F/SEXA/SS/P					
		24-36"	SBK/SCL	Fr/SEXA SS/SD					
5	R	0-5"	gr/scl	Fr/SEXA SS/SD	736" TO soil wetness	36"	N/A	None	IV PS, .39 Fz
		5-27"	SBK/C	F/SEXA/SS/P					
		27-36"	SBK/SCL	Fr/SEXA SS/SD					
6	LS	0-5"	gr/scl	Fr/SEXA SS/SD	737" TO soil wetness	37"	N/A	None	IV PS, .39 Fz
		5-29"	SBK/SC	F/SEXA SS/SD					
		29-37"	SBK/SCL	Fr/SEXA SS/SP					
7	LS	0-4"	gr/scl	Fr/SEXA SS/SD	743" TO soil wetness	43"	N/A	None	IV PS .39 Fz
		4-30"	SBK/C	F/SEXA/SS/P					
		30-43"	SBK/SCL	Fr/SEXA SS/SP					

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W. A. Medlin 1-13-99
OTHER(S) PRESENT: LSS

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

Sheet: 2
Property ID:
Lot #:
File #: 2794B

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: APPLICANT:
ADDRESS: DATE EVALUATED:
PROPOSED FACILITY: PROPOSED DESIGN FLOW (.1949) PROPERTY SIZE:
LOCATION OF SITE: PROPERTY RECORDED:
WATER SUPPLY: ☐Private ☐Public ☐Well ☐Spring ☐Other
EVALUATION METHOD: ☐Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☐Sewage ☐Industrial Process ☐Mixed

PROFILE #	.1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.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
6	LS	0-6"	gr/sl	Fr/SEAPL 6%/10	733" TO soil wetness	35"	N/A	None	US
		6-35"	SBK/ ~~MASS~~ SC	VFi/Mica/10%/10					
9	LS	0-4"	gr/scl	Fr/SEAPL 5%/10	742" TO soil wetness	42"	N/A	None	PS .139/ Fz LE
		4-21"	SBK/c	Fi/SEAP 5/P					
		21-42"	SBK/cl	Fr/SEAP 5%/10					
10	LS	0-4"	gr/scl	Fr/SEAPL 5%/10	743" TO soil wetness	43"	N/A	None	PS .139/ Fz .259/ Fz
		4-35"	SBK/c	Fi/SEAP 5/P					
		35-43"	SBK/scl	Fr/SEAP 5%/10					

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY:
OTHER(S) PRESENT:

FILE # 27950

COMMENTS System would need pump, probably 1000 gallon

LANDSCAPE POSITION

R-RIDGE
S-SHOULDER SLOPE
L-LINEAR SLOPE
FS-FOOT SLOPE
N-NOSE SLOPE
H-HEAD SLOPE
CC-CONCLAVE SLOPE
CV-CONVEX SLOPE
T-TERRACE
FP-FLOOD PLAIN

GROUP	TEXTURE	.1955 LTAR
I	S-SAND LS-LOAMY SAND	1.2-0.8
II	SL-SANDY LOAM L-LOAM	0.8-0.6
III	SI-SILT SICL-SILTY CLAY LOAM CL-CLAY LOAM SCL-SANDY CLAY LOAM	0.6-0.3
IV	SC-SANDY CLAY SIC-SILTY CLAY O-ORGANIC	0.4-0.1

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

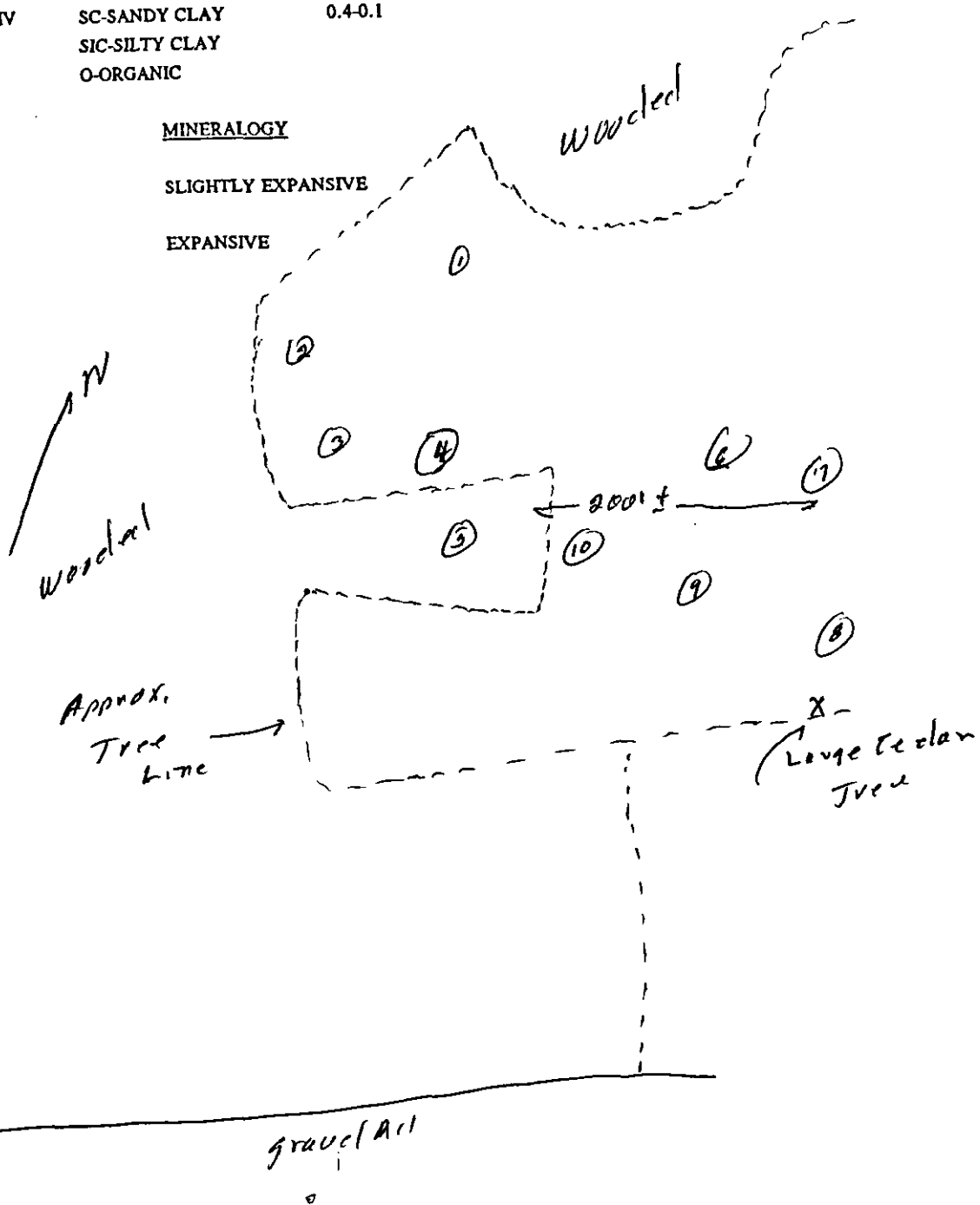
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



FEE: 100
DATE: 12/21/98 JC

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

( ) CRT

TYPE APPLICATION: ✓ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

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

COPY

FILE #: 27556

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 011 - 142 - 13 001

STREET ADDRESS: 13420 HiwAssee Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 8000

NUMBER OF BEDROOMS: 5 NUMBER OF OCCUPANTS: 4

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:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Cranfill William T. (LAST) (FIRST) (MI)	NAME: Edwards Danny J. (LAST) (FIRST) (MI)
ADDRESS: One NCNB Plaza Rm 3700	DAYTIME PHONE: ( ) 892 - 6556
CITY: Charlotte STATE: NC ZIP: 28202	996 - 0117
DAYTIME PHONE: ( ) -	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? Aug. 1985

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: Danny Edwards DATE: 12-21-98

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

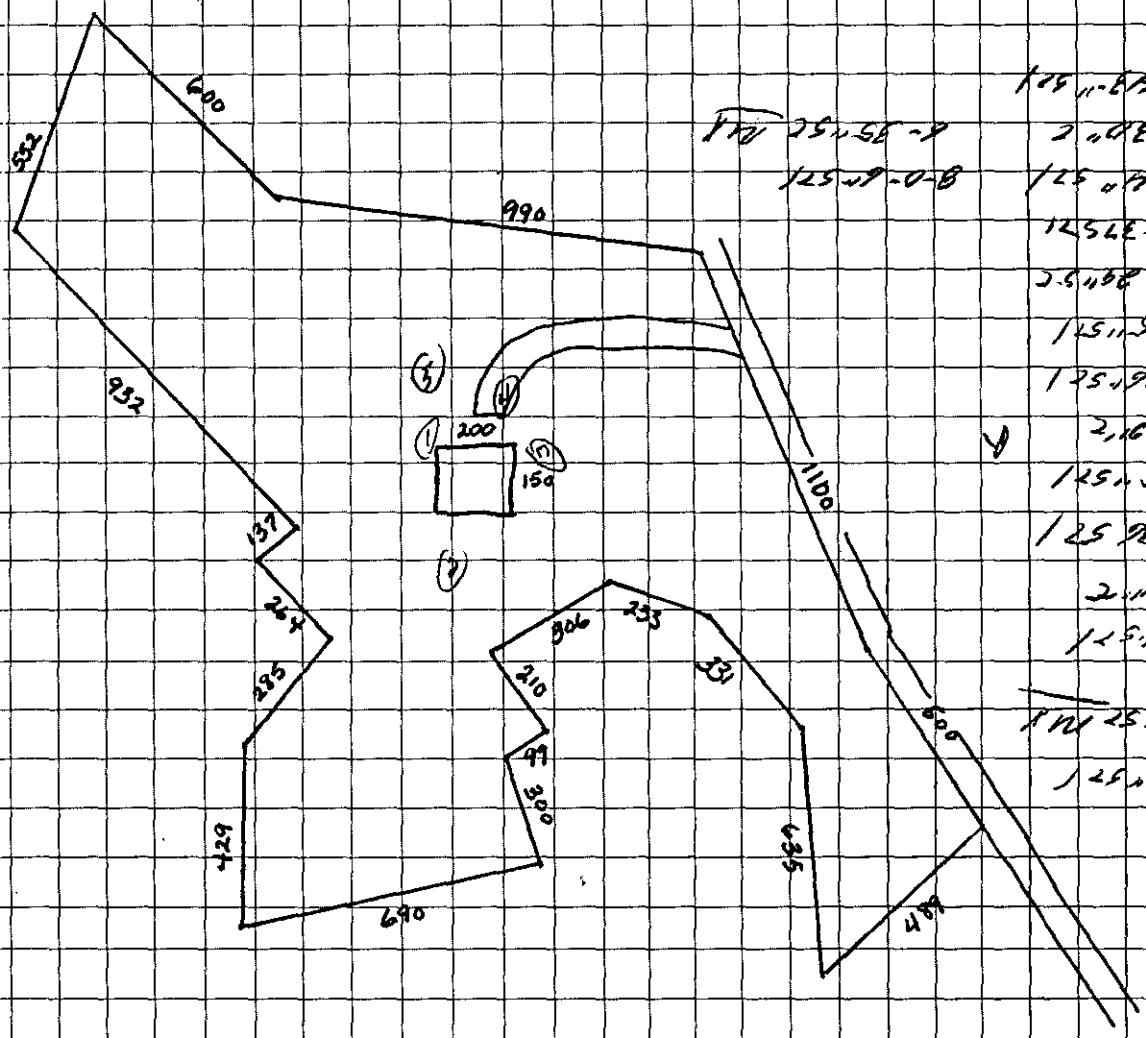
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2795B

TC: 011-142-13

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 12-21-98

APPROVAL DATE _____

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

COPY 2795B

PG. 08

PG. 08

PG. 13

PG. 15

FLOOD-PLAIN

CREEK

BLOCK LINE

RAMAH

RAMAH CHURCH RD.

HIWASSEE RD.

60' ESMT.

15' ESMTS. INCL. IN DEEDS

(990) 1031.25

850±

1329

313.5

708.7

251.63

280.3

150±

214.99

272.25

189.41±

102.5

311.02±

465.07±

583.51±

438.06±

558.16

CEMETERY 4.733 AC. (CA)

2

1

141

1298.08 & CREEK TOTAL

598.68

332.81

12.263 AC.

12

990.3

1139.13

400.384

43.3955 AC

13

932.99

106.487 AC.

10

1039.5

285.39

676.15

429.43

690.42

1100.45±

1930.11

27.816 AC.

1

142

908.81

857.24

165.11

946.73±

425 AC. (CA)

2

475.8±

430±

685.54±

880±

#2426

#2421

#2422

1.454 AC.

7

1.026 AC.

6

UV. 02 AC.

5

3.616 AC.

22

3.474 AC.

21

2.122 AC.

8

3.199 AC.

9

2.21 AC.

23

4.41 AC. (CA)

19

12.59 AC.

18

228 AC.

24

5.509 AC

17

9.899 AC

10

23.18 AC NET
.45 AC R/W
23.63 AC TOTAL

4

3.063 AC.

20

11.104 AC

9

5.016 AC.

8

12.261 AC.

16

1.71 AC

11

4 AC

7

4.72 AC.

6

BK. 19-24

TAX LINE MAP	BOOK 11 PAGE 14
MECKLENBURG COUNTY, NORTH CAROLINA	
REVISED 6-4-97 FWN	SCALE 1" = 400'

FOR TAX PURPOSES C.....

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

Sheet: 1
Property ID: 011-142-13
Lot #:
File #: 2795 B

#2

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: William T. Crawford
APPLICANT: Danny Edwards
ADDRESS: One NCNB Plaza, Room 3910, Charlotte
DATE EVALUATED: 1-11-99
PROPOSED FACILITY: residence, PROPOSED DESIGN FLOW (.1949) 6 bdrm PROPERTY SIZE: Approx 2 A. ±
LOCATION OF SITE: 13420 Weaverwood Rd PROPERTY RECORDED:
WATER SUPPLY: ☒Private ☐Public ☒Well ☐Spring ☐Other
EVALUATION METHOD: ☒Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☐Sewage ☐Industrial Process ☐Mixed

PROFILE #	Slopes 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	LS	0-5"	gr/sl	Fr/SEXP SS/SP	729" TO soil wetness	29"	N/A	None	US
		5-29"	sbk/l c	VF/mixed/ US/ap					
2	LS	0-8"	gr/sl	Fr/SEXP SS/SP	2.5Y 6/2 @ 24"	32"	N/A	None	US
		8-22"	sbk/sc	VF/mixed/ US/ap					
		22-32"	sbk/c	VF/mixed/ US/ap					
3	LS	0-8"	gr/sl	Fr/SEXP SS/SP	726" TO soil wetness	26"	N/A	None	US
		8-26"	sbk/sc	VF/mixed/ US/ap					
4	LS	0-4"	gr/sl	Fr/SEXP SS/SP	736" TO soil wetness	36"	N/A	None	IV PS, .39 Fr
		4-24"	sbk/c	F/SEXP/SP					
		24-36"	sbk/sl	Fr/SEXP SS/SP					
5	R	0-5"	gr/sl	Fr/SEXP SS/SP	736" TO soil wetness	36"	N/A	None	IV PS, .39 Fr
		5-27"	sbk/c	F/SEXP/SP					
		27-36"	sbk/scl	Fr/SEXP SS/SP					
6	LS	0-5"	gr/sl	Fr/SEXP SS/SP	737" TO soil wetness	37"	N/A	None	IV PS, .39 Fr
		5-29"	sbk/sc	F/SEXP/SP					
		29-37"	sbk/scl	Fr/SEXP SS/SP					
7	LS	0-4"	gr/sl	Fr/SEXP SS/SP	743" TO soil wetness	43"	N/A	None	IV PS .39 Fr
		4-30"	sbk/c	F/SEXP/SP					
		30-43"	sbk/scl	Fr/SEXP SS/SP					

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W. A. Mauldin 1-13-99
OTHER(S) PRESENT: LSS

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

Sheet: 2
Property ID:
Lot #:
File #: 2794B

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: APPLICANT:

ADDRESS: DATE EVALUATED:

PROPOSED FACILITY: PROPOSED DESIGN FLOW (.1949) PROPERTY SIZE:

LOCATION OF SITE: PROPERTY RECORDED:

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

EVALUATION METHOD: ☐Augur Boring ☐Pit ☐Cut

TYPE OF WASTEWATER: ☐Sewage ☐Industrial Process ☐Mixed

PROFILE #	.1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS &LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
6	LS	0-6"	gr/sl	Fr/SE/SP 5%/10%	735"	35"	N/A	None	US
		6-35"	sbk/	VF/Mix/10%	TO soil wetness				
9	LS	0-4"	gr/sl	Fr/SE/SP 5%/10%	742" TO soil wetness	42"	N/A	None	PS .139 Fz LV
		4-21"	sbk/c	F/SE/SP 5/10					
		21-42"	sbk/cl	Fr/SE/SP 5%/10%					
10	LS	0-4"	gr/sl	Fr/SE/SP 5%/10%	743" TO soil wetness	43"	N/A	None	PS .139 Fz .125 Gl Fz
		4-35"	sbk/c	F/SE/SP 5/10					
		35-43"	sbk/scl	Fr/SE/SP 5%/10%					

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

OTHER FACTORS (.1946):

SITE CLASSIFICATION (.1948):

EVALUATED BY:

OTHER(S) PRESENT:

FILE # 27950

COMMENTS System would need pump, probably 1HP sewer

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			

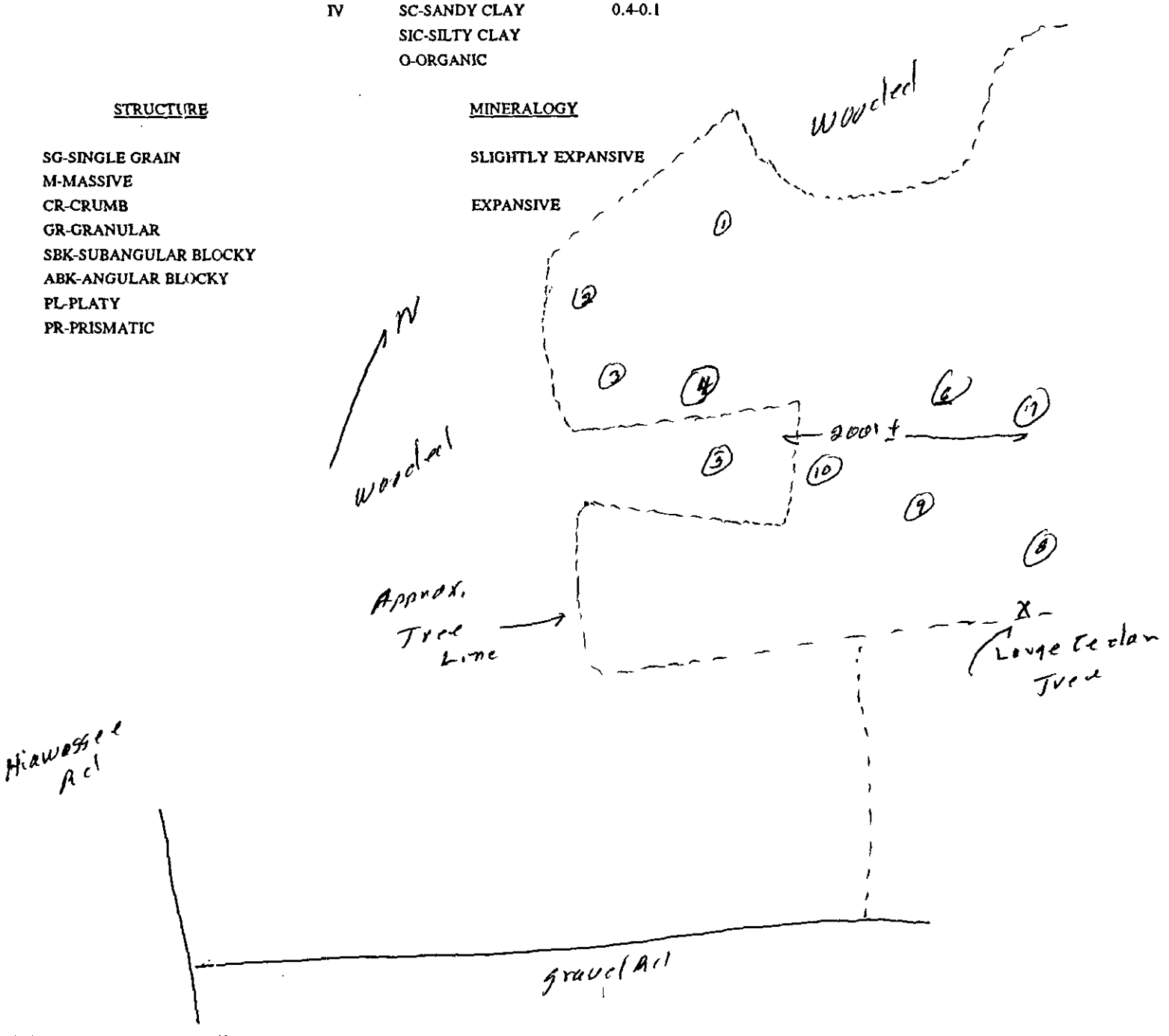
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



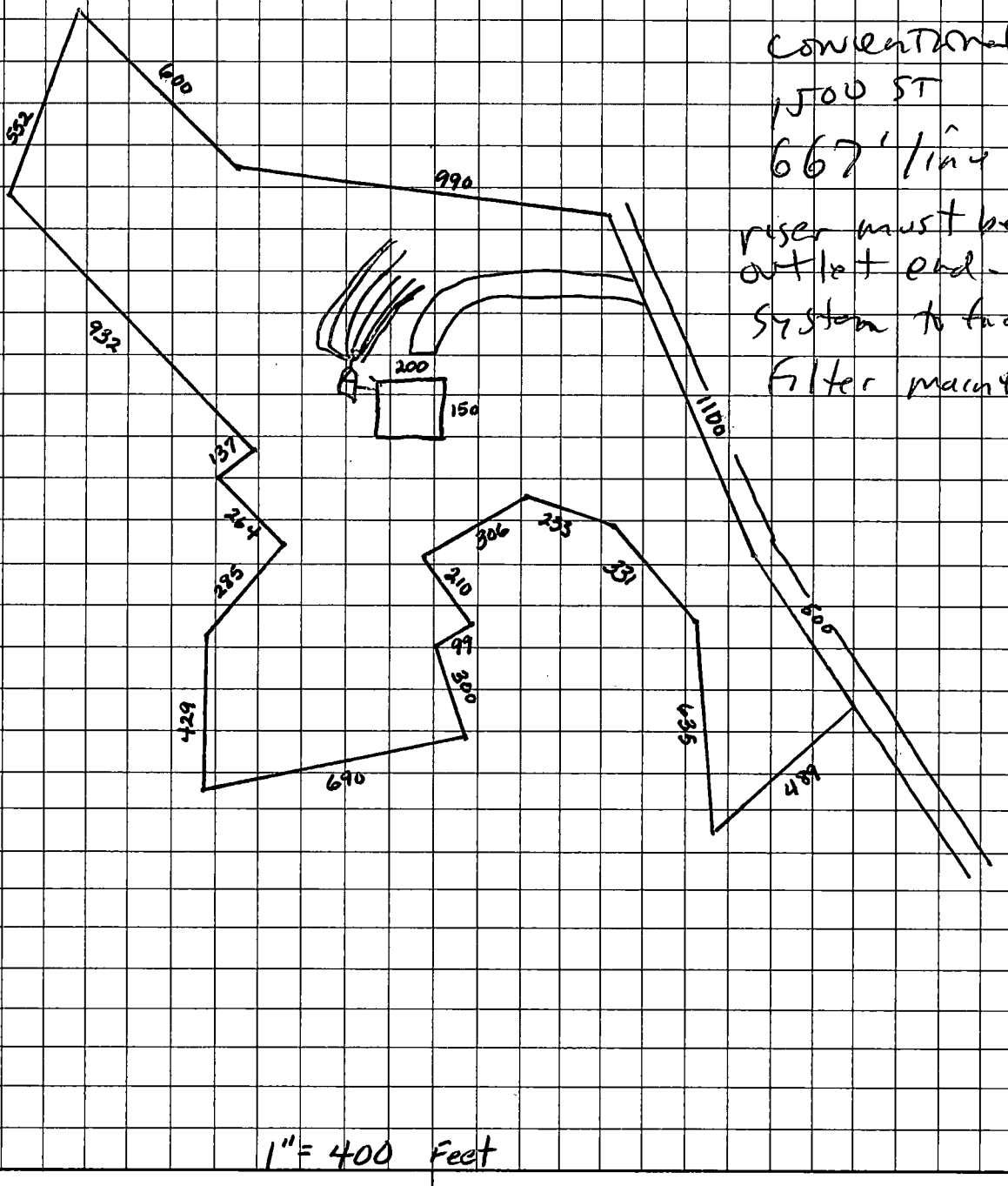
PROPOSED PLOT PLAN

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

FILE: 2795B

TC: 011-142-13

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.



1" = 400 Feet

Danny Edwards
OWNER/AGENT SIGNATURE

DATE 12-21-98

APPROVAL DATE _____

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