

17208 ISLAND VIEW DR

00103503

1/3/2008

duponbj

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

Rec'd 12/24/96 159 CK 0 12/24/96 JC

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 35898 DATE: 12-16-96

TC: 001-035 03 r ☐ L ☒ CRT

SERIAL Nº 16702

Name of Owner LISA DULA Juris.: _____

Address of Property 17208 ISLAND VIEW DR

Inspection Data:

Tank Material PLC

Total Length of Drainfield A06

Number of Lines 3 on WASH LINE @ 50 2 on SIDE @ 130

Cover Depth 12"

Water Supply Source CMUD

Distance to Water Source —

Excavation Inspected 12-16-96

Tank(s) Inspected 12-20-96

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design _____ CTR# _____

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: _____

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: 3584 B DATE: 12-15-96

TC: 001-075-03 ☐ L

SERIAL Nº 16570

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 3-11-52. All work shall be completed on or before 1-15-97, 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.

INSTALL W/ PLAN ON FILE

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank ___/___ gallons

Tank Construction PVC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 400 feet

Number of Lines 3 on wash 2 on septic

Depth of Stone ___/___ inches

Distance from House 5' ok feet

Distance from Property Line 0' ?? feet

Distance from Well NONE feet

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

NAME OF OWNER LISA DULA

LOCATION OF PROPERTY 17208 ISLAND VIEW DR

Comments: _____

Environmental Health Specialist

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

FEE: $ _____

DATE: _____

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

T/A 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 #: 3589-B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 001-035-03

STREET ADDRESS: 17208 Island View Dr.

SUBDIVISION OR MOBILE HOME PARK NAME:

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:

NUMBER OF BEDROOMS: 4 | NUMBER OF OCCUPANTS: 8

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)
__ SHARED WELL (S)
\ MUNICIPAL (M)
__ OTHER 'SPRINGS' (O)
__ PRIVATE WELL (P)

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:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: (LAST) Dula (FIRST) Lisa (MI)	NAME: (LAST) Whitaker, (FIRST) Tim (MI)
ADDRESS: 5150 Sharon Rd.	DAYTIME PHONE: (704 866) 9540
CITY: Charlotte STATE: NC ZIP: 28210	
DAYTIME PHONE: (704 552-) 5312	892-5595

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? Unk

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: Tim Whitaker, for L.D DATE: 3/11/96

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

Need results ASAP

3589B

Pd #150 5/23/95 ck #5646

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

☐ CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: Dilla (last) Lisa (first) (mi)
ADDRESS: 1007 Southwest Dr. PHONE: (704) 892-4619
CITY: Davidson STATE: NC ZIPCODE: 28036

Date: 5-23-95

PROPERTY OWNER:
NAME: Dellinger (last) Flay (first) G (mi)
ADDRESS: 5150 Sharon Rd PHONE: (704) 552-5312
CITY: Charlotte STATE: NC ZIPCODE: 28210

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-055-03
STREET ADDRESS: 17208 Island View Dr. Huntersville 28078
ZONING: R-3

Township (check one):
☐ 0 Mecklenburg County ☐ 2 Davidson ☐ 4 Pineville ☐ 6 Huntersville
☐ 1 Charlotte ☐ 3 Cornelius ☐ 5 Matthews ☐ 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT #18 LOT SIZE (in acres):

TYPE APPLICATION (check one):
☐ SOIL TEST - INDIVIDUAL LOT (D)
☒ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or N)
☐ COMMERCIAL OR INDUSTRIAL (N)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
☐ SINGLE MOBILE HOME (S) ☒ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 1
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
☐ Community (C) ☐ Shared Well (S)
☒ Municipal (M) ☐ Other 'spring' (O)
☐ Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
☐ Swimming Pool ☐ Jacuzzi ☐ Stable/Barn ☐ Workshop ☐ None
☐ Garage ☐ Storage Building ☐ Deck/Patio ☐ Bedrooms ☒ Other DEN

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: [signature] Date: 5-23-95

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, 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 permit is not transferable.

...

☐ IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
☐ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

WATER 12/94

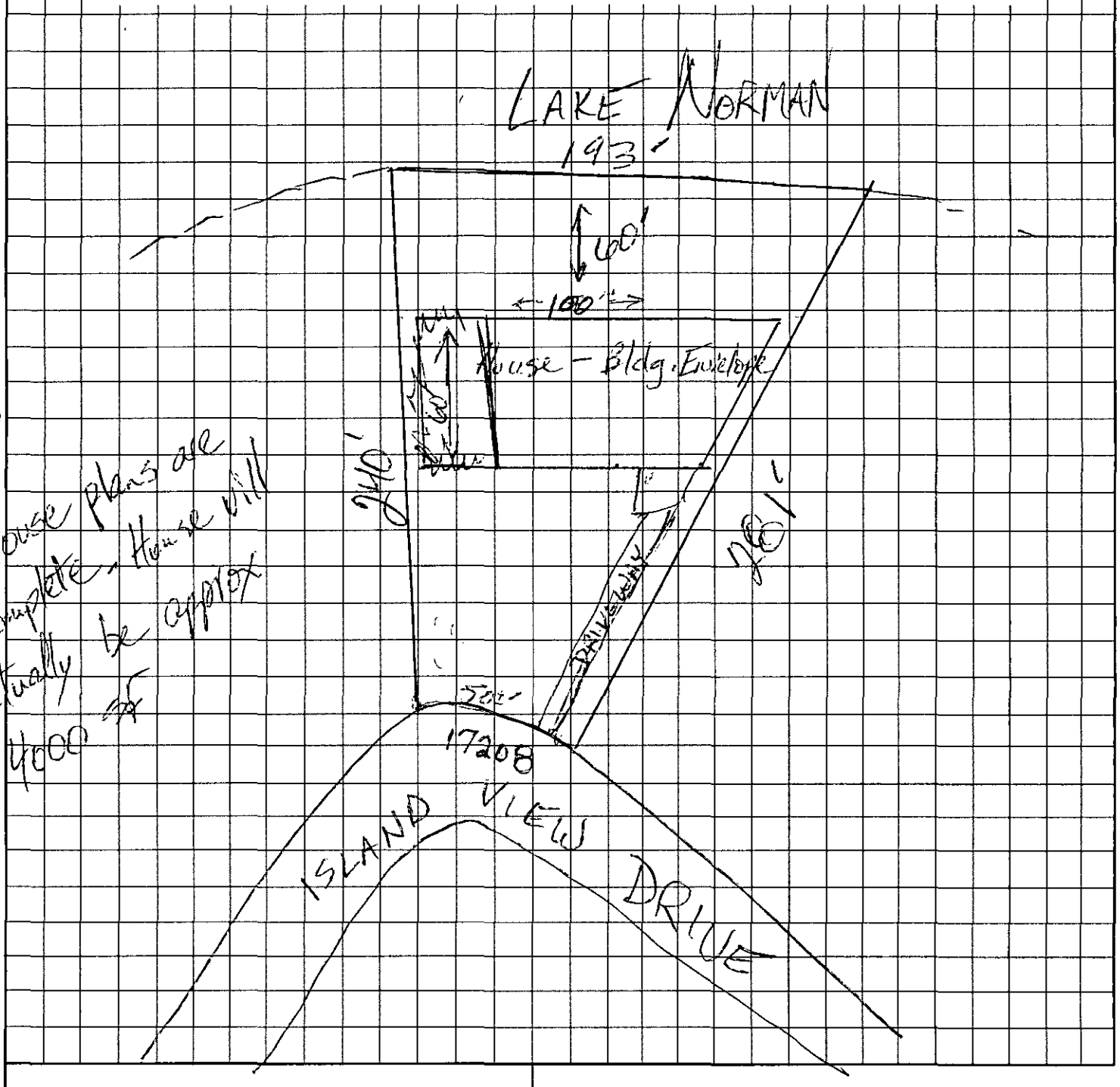
PROPOSED PLOT PLAN

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

FILE: 3589 B

TC: 001-035-03

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.



House plans are incomplete - House will actually be approx 4000 sf

APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

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

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 3-11-96 PERMIT NO: 3589-B
PARCEL NO: 001-035-03

JOB LOCATION ADDRESS: 17208 Island View Dr
PROPERTY OWNER: Lisa Dula
BUILDING CONTRACTOR: Gary Dunne
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: Kelly Rowell DATE: 3-11-96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3589-B, 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: Chamber system By Consultant

OWNER CERTIFICATION

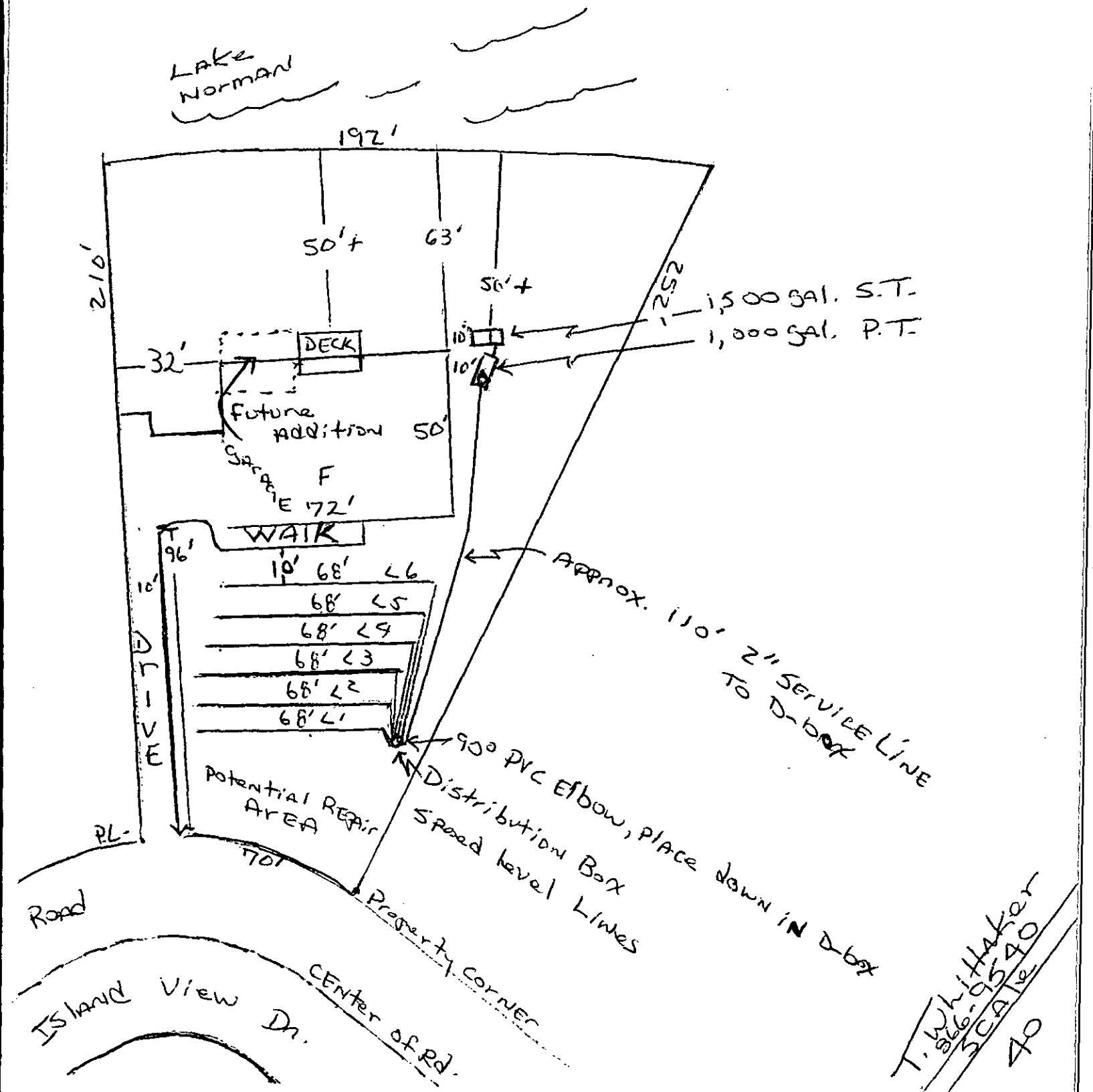
I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT.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

X Tim Whitaker 3/11/96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

*(4) Bedrm. Pumped Infiltrator Plan.

MCHD
3589-B
Lot 18, Blk. A
Lake Norman Is.

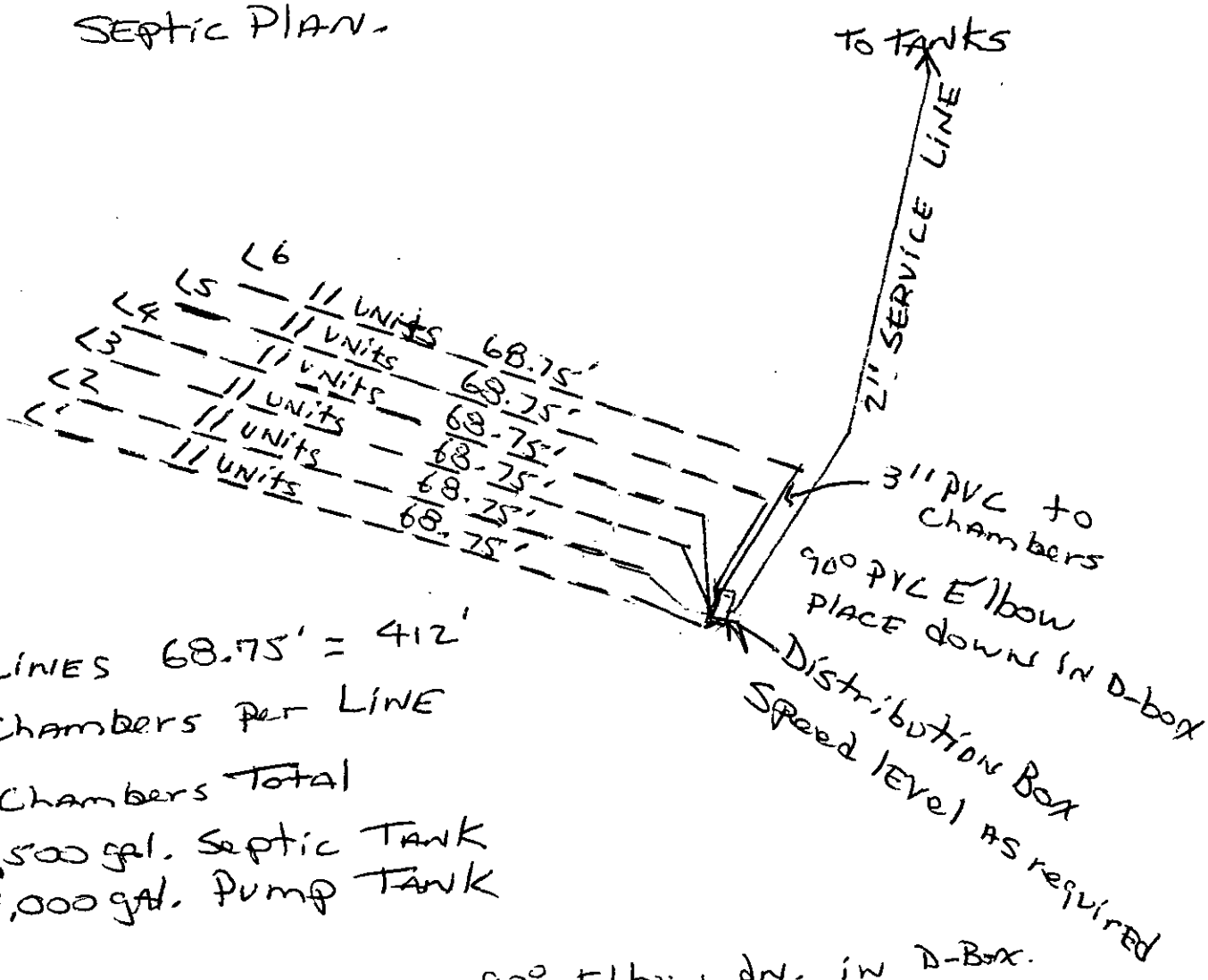
1,500 gal. Septic Tank
1,000 gal. Pump Tank
(6) 68.75' Lines = 412' Total
(11) Chambers per line, 66 chambers total



MCHD

File: 3589-B

* SPECS: (4) Bedrm. Pumped Infiltrator Septic Plan.



(6) LINES 68.75' = 412'

(11) Chambers per LINE

(66) Chambers Total

(1) 1,500 gal. Septic Tank

(1) 1,000 gal. Pump Tank

* Pump to D-Box, place 90° Elbow dn. in D-Box. Speed level Each portal serving chambers Use 3" PVC Sch. 40 to serve chambers from D-box.

Install lines on grade and contour at 36" with 9' on centers minimum.

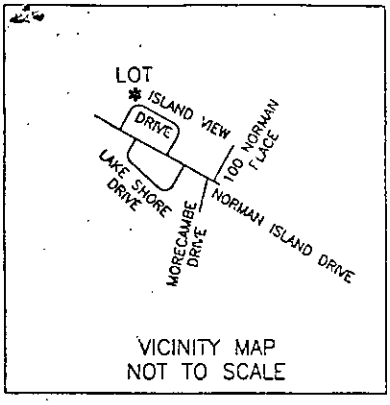
T. Whittaker

NO SCALE

PARCEL DOES NOT EXCEED ONE (1) FOOT PER 10,000 FEET OF PERIMETER SURVEYED NOR 20 SECONDS TIMES THE SQUARE ROOT OF THE NUMBER OF ANGLES TURNED.

SIGNED C. Clark Neilson

R. B. PHARR & ASSOCIATES, REGISTERED SURVEYORS
1900 EAST SEVENTH STREET
CHARLOTTE, N.C. 28204
TEL. (704) 376-2186



VICINITY MAP
NOT TO SCALE

NORTH CAROLINA REGISTERED SEAL L-3212 LAND SURVEYOR C. CLARK NEILSON

LAKE NORMAN
ELEV=758.6
(JUNE 2, 1995)

N 51° 2' 00" E 127.40' N 52° 11' 21" E N 55° 15' 14" E
762.17 TOP WALL 26.52' 38.74'

CONCRETE BLOCK RETAINING WALL

PUNCH HOLE ON CONC. WALL

PUNCH HOLE ON CONC. WALL

N 42° 28' 0" W 43.71'

GRAPE VINES

GRAPE VINE

14"∘ CEDAR

10"∘ DOGWOOD

S 10° 43' 0" E 53.86'

30"∘ SWEETGUM

N.I.P.

E.I.P.

763.2

HOLLIS L. HANCE, JR.
3787-509 & 5271-398

18"∘ MAGNOLIA

LOT 18
BLOCK A

10"∘ MAGNOLIA

4"∘ MAGNOLIA

19

21.2' TOTAL

1 1/2 STORY FRAME RESIDENCE #17212

764.7

N 42° 7' 40" W 196.78' 166.74'

30,363.40 SQ.FT.
OR 0.697 ACRE

S 12° 22' 29" E 227.90' 197.46' TOTAL

17

CALDWELL B. HOVIS
2353-435 & 5338-757

1.7'

1 STORY BRICK RESIDENCE #17204

12" MAGNOLIA

766.1

8"∘ MAGNOLIA

30"∘ MAPLE

#17208
VACANT

CH= S 66° 33' 25" W 69.10'
L=70.55
R=100.00
9°-8"-6"

100.39

E.I.P.

30.04'

CEDAR TREES 768.38

0.45' 29.99' 0.44'

N.I.P.

E.I.P. ON LINE

TIE N 24° 36' 33" E 70.05'

E.I.P.

NAIL

CH= S 66° 46' 50" W 53.62'
L=55.02
R=70.00

NAIL

N 71° 49' 7" E 100.38'

E.I.P.

R/W

VIEW
60' DEDICATED PUBLIC R/W

DRIVE

ISLAND

C/L

E.I.P.

R/W

E.I.P.

REFERENCE MAP BOOK 10-77

R.B. PHARR & ASSOCIATES, P.A. SURVEYING & MAPPING

SURVEY OF:

Permit Number: 3589-B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 001-035-03

- 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	1200 Absorption Area (sq ft)	9 Trench spacing (min. on centers)
NO Serviced by private well	1500 Gallon septic tank	400 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 Norman Minimum separation distance: 50'+

Site modifications required:

Additional Conditions: CHAMBER SYSTEM DESIGN BY CONSULTANT

Repair Area System Type Type (circle one): I II III IV V VI N.A.	___ 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.

3-1-96
DEHNR Authorized Agent Date

X Tim Whitaker 3/11/96
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

MCHD
File: 3589-B

THE INFILTRATOR™

SEPTIC SYSTEM INSTALLATION INSTRUCTIONS

1 Excavate and level 3' wide trenches.

2 Prepare trench bottom and sides in accordance with state and local regulations. (Infiltrator Systems recommends raking sidewall and bottom infiltrative surfaces to eliminate smearing.)

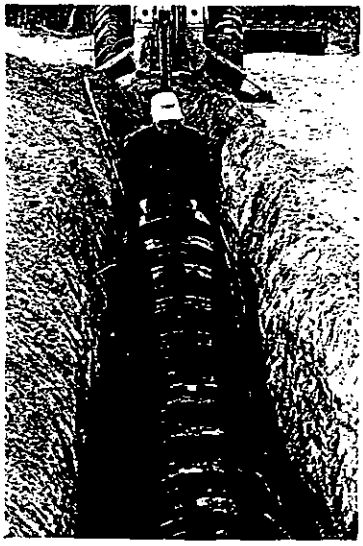
3 Screw splash plate on bottom of open end plate.

4 Screw open end plate into inlet end (without interlocks) of first INFILTRATOR™ chamber with splash plate extending into unit.



5 Place first unit in the inlet end of trench with interlocks downstream.

6 Run distribution pipe through inlet opening in end plate but not beyond splash plate. Single screw may be used to hold in place. **Pipe does not normally run the length of system.**



7 Connect INFILTRATOR™ units together, fully engaging interlocks to form desired trench length.

a. The joints may be screwed together for ease in construction.

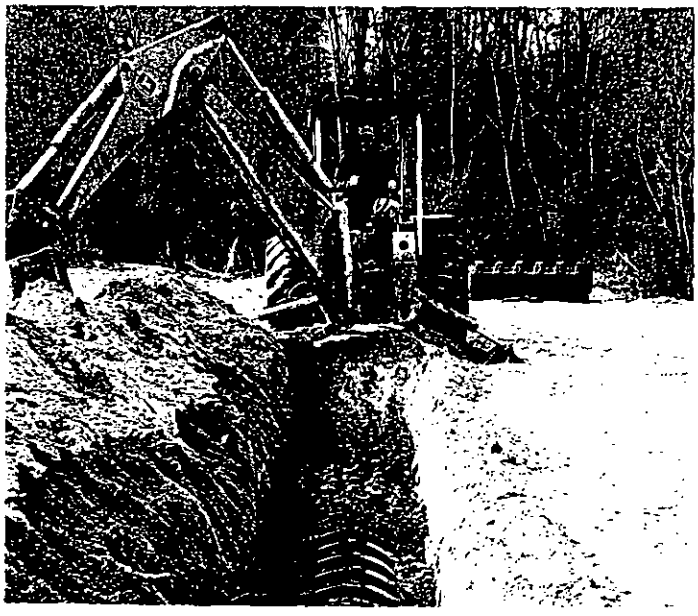
b. Trench grade should be checked with a level or surveying equipment.

8 Screw closed end plate in downstream end of last unit to hold in place. **NOTE:** For serial distribution, or to loop the trenches together, use an open end plate at the downstream end of the trench, and run a pipe from the opening to the next trench.

9 Fill side wall area to top of slots with native soil. "Walk" fill into place to give proper support of sides. **THIS IS VERY IMPORTANT TO ACHIEVE FULL STRENGTH.**



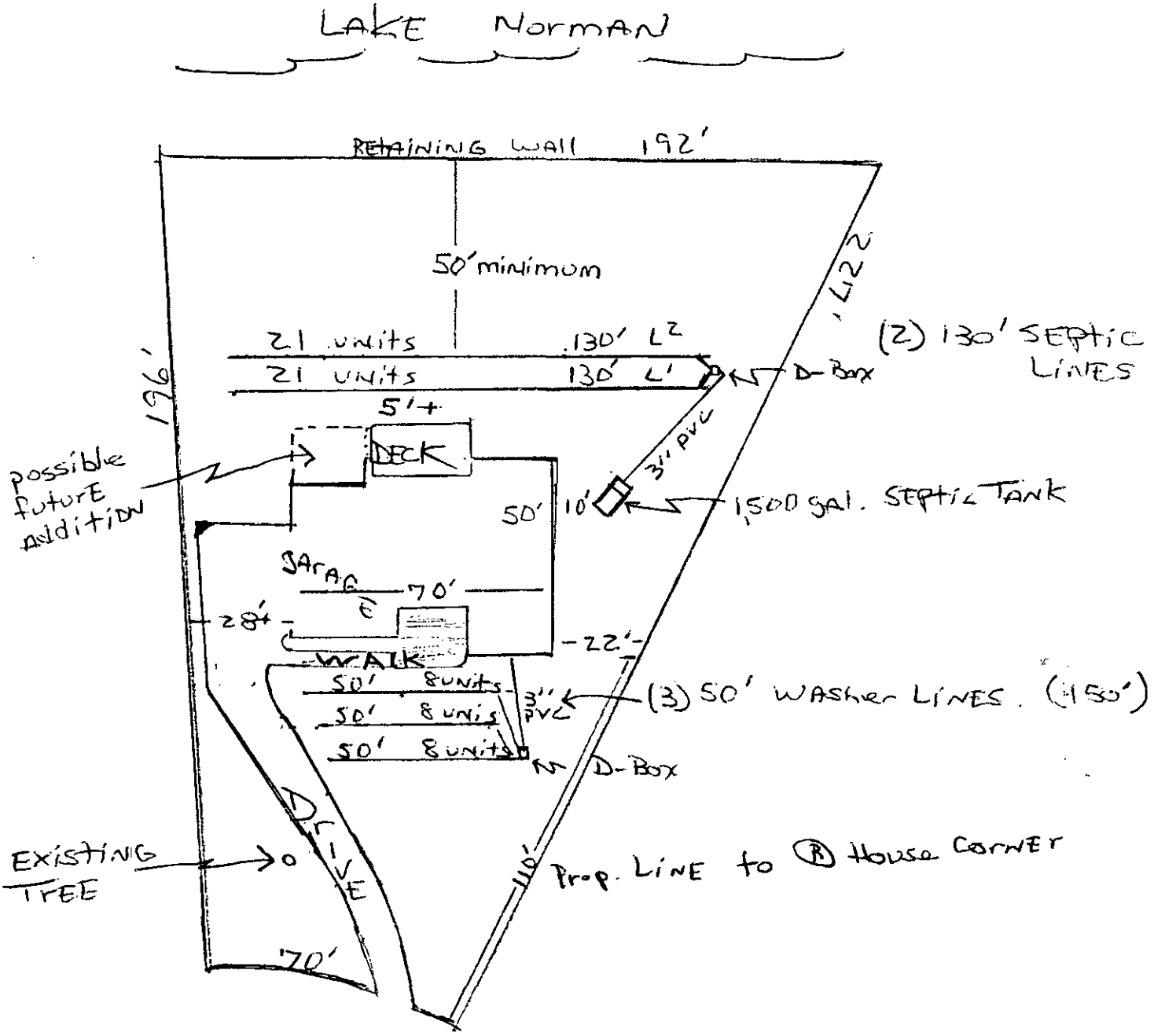
10 Backfill to a minimum of 12" of cover after compaction and settling for H-10 units and 18" for H-20 units. Avoid large rocks in the backfill material. **CAUTION:** Avoid vehicle traffic on system during construction since soil has not settled. This is particularly important in sand, since loose sand offers very little structural support. Most states advise avoiding vehicle traffic to prevent compaction of the infiltrative surface. (After proper depth of cover is compacted and settled, INFILTRATOR™ leaching chambers will then support vehicle weight not to exceed 16,000 lbs. per axle for H-10 units and 32,000 lbs. per axle for H-20 units.)



INFILTRATOR™ is a trademark of Infiltrator Systems, Inc.

(7) ~~3~~ bedrm. Gravity/Split WASHER LINE
SEPTIC PLAN. Infiltrator

MCHD
File: 3589-B
Lot 18, Blk. A



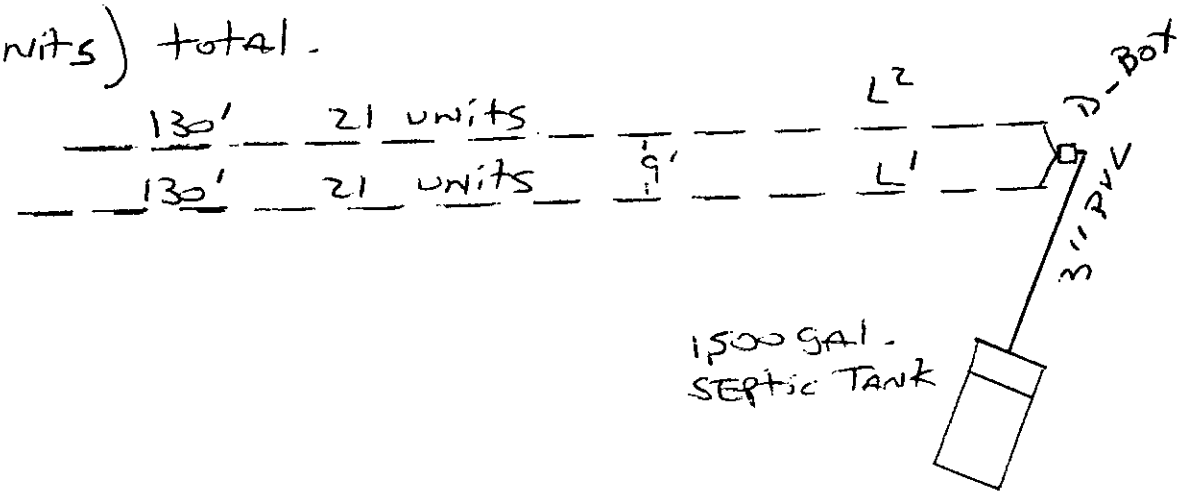
Post-it® Fax Note 7671	Date 10-31-96	# of pages ▶ 2
To Lisa Dula	From Kelly Randall	
Co./Dept.	Co. Meck'G Health Dept	
Phone #	Phone # 336 5575	
Fax # 892-7201	Fax #	

T. Whittaker 96-0540
Scale
AD

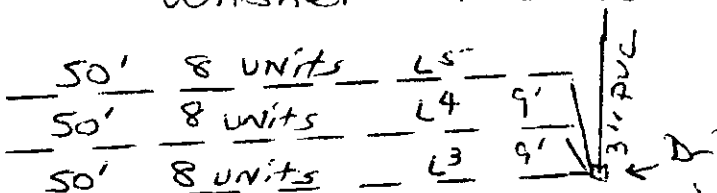
MCHD
File: 3589-B

*SPECS: (4) Bedrm. Split Washer line
Septic Plan. Infiltrator.

1,500 gal. Septic Tank to D-Box serving:
(2) 130' chamber lines, 21 units per line
(42 units) total.



Washer line House



150', 8 units per line (24 units) total.

Totals: 400'+ for project
(66) Chamber units
(1) 1,500 gal. S.T.
(2) D-Boxes
Speed level as required
Backfill with approved material.

T. Wichaker

Files: 3589-B
1433-A
3757-B

Mecklenburg County
Health Department

Application for
Inspection of Public Records

By completing the following form, the undersigned does hereby make application to inspect the specified public records under the supervision of authorized personnel. This inspection is in accordance with North Carolina General Statute 132-6.

Name of person making request: T. Whitfield

Address: 1728 Armstrong Park Dr.

Description of public record requested: _____

Street Name (or County Road): _____

Lot: _____ Block: _____

Parcel Number: _____

Owner's Name: _____

Reason for Request:

Review

Signature of Person Making Request: Tim Whitfield

2/12/96

Supervisory Person: ~~Environmental Health Division~~

03400

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028603

File: 3589B Action 1

Parcel: 001-035-03 ☐ PC

Location: Island View Dr.

Subdivision:

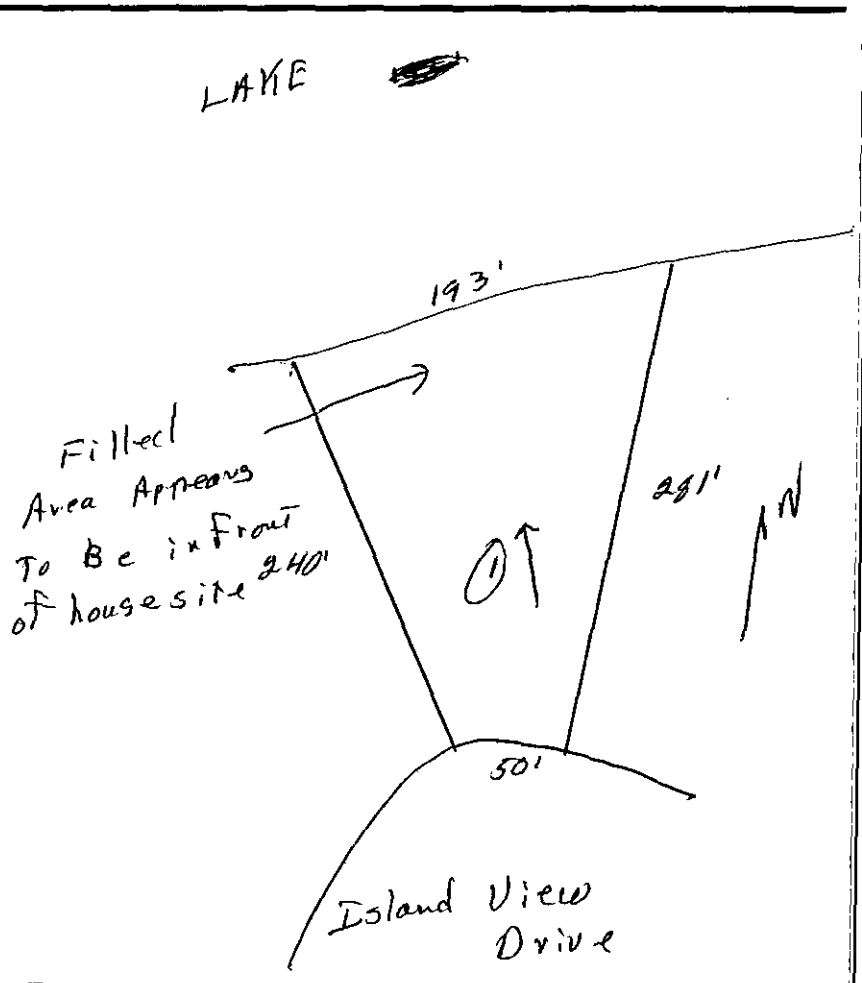
Lot: 18 Block: Acres: .7

Owner: Flay D. Dellinger
Address: 5150 Sharon Road
Charlotte, N.C. 28210

Comments: .3gal/ft²/day LTAR
may need pump

Described by: William R. Marks

Date: 5-26-95



*** EVALUATION KEY ***
S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-8%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Slightly Ex. clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U >48" To soil wetness	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U >48"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U >48"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil-Like					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028603

File: 35 87 B Action 1

Parcel: 001-035-03 ☐ PC

Location: Island View Dr.

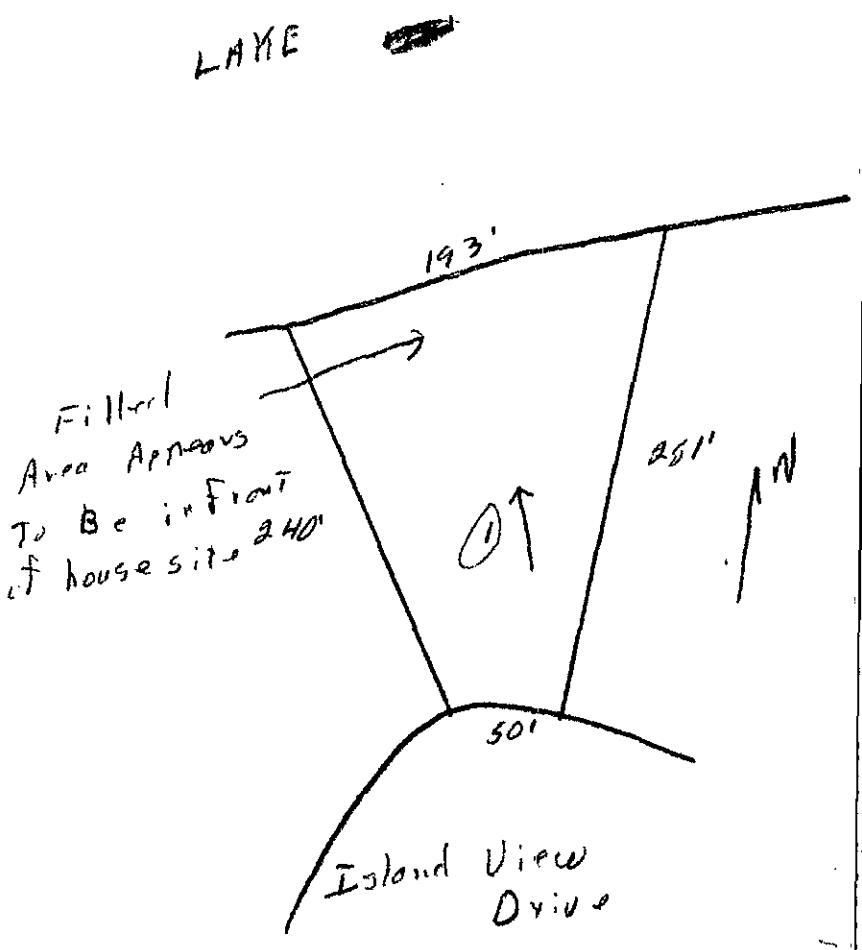
Subdivision:

Lot: 16 Block: Acres: .7

Owner: Fay J. Wellinger
Address: 5150 Sharon Road
Charlotte, N.C. 28210

Comments: Signal Hill / Log LTAR
very, very steep

Described by: William R. Marks
Date: 5-26-95



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The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-8%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Slight Ex. clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U >45" To soil wetness	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U >48"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U >48"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IIe Cecil-Lloyd					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028603

File: 3589B Action 1

Parcel: 001-035-03 ☐ PC

Location: Island View Dr.

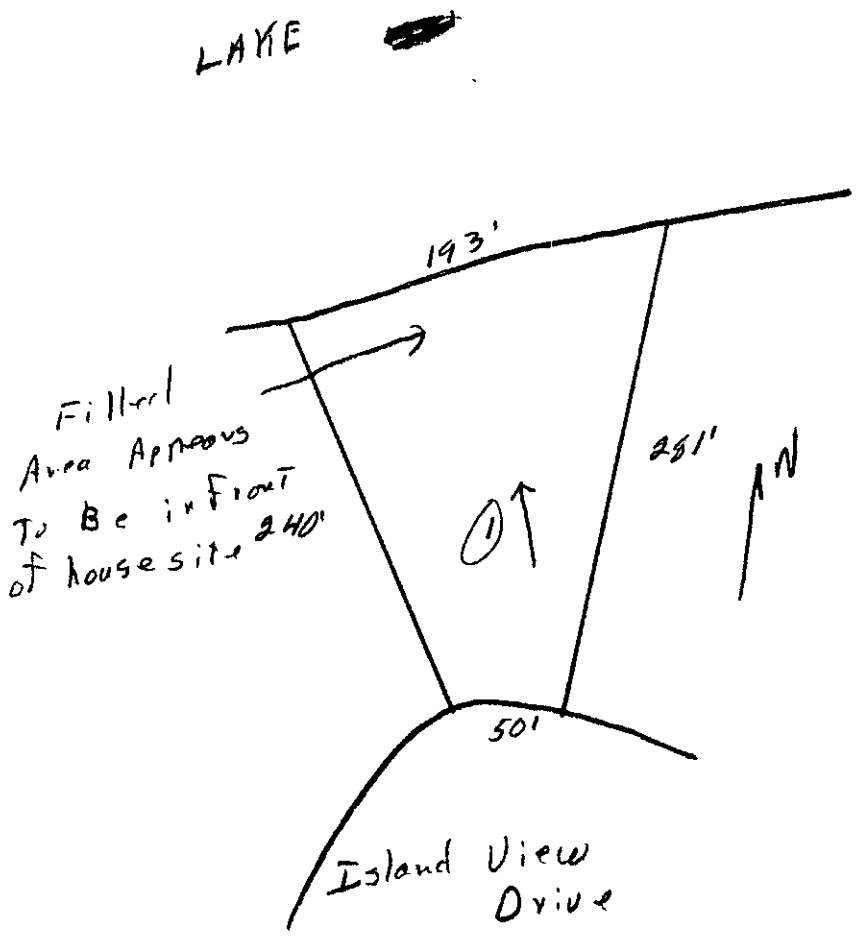
Subdivision:

Lot: 18 Block: Acres: .7

Owner: Flay D. Dellenger
Address: 5150 Sharon Road
Charlotte, N.C. 28210

Comments: 3 gal 1/42/day LTAR
may need pump

Described by: William R. Marks
Date: 5-26-95



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Drainage > 48"	(S) PS U To soil wetness	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U >48"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U >48"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	II Cecil-like					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U