

19220 CALLAWAY HILLS LN

00308219

7/6/2007

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: 7572A DATE: 9/24/02
TC: 003-082-19 ☒ L ☒ CRT
SERIAL Nº 18937

Name of Owner Tim Keene Juris.:

Address of Property 19220 Callaway Hills Lane

Inspection Data:

Tank Material PCC

Total Length of Drainfield 380'

Number of Lines 4 @ 3x100, 1x80

Cover Depth 28"

Water Supply Source well

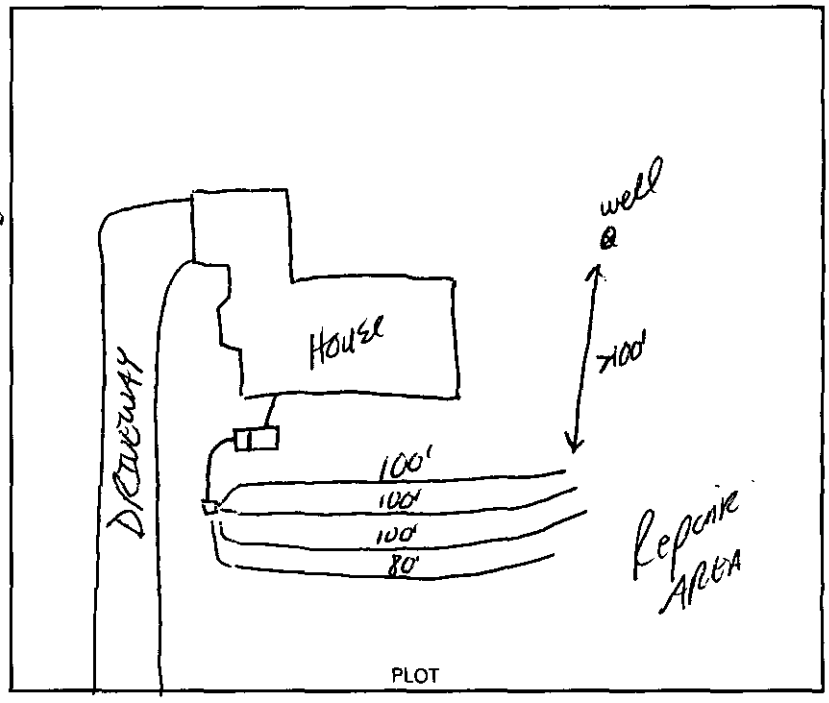
Distance to Water Source >100'

Excavation Inspected 9/24/02

Tank(s) Inspected 9/24/02

Wash Line Inspected N/A

High Water Alarm Inspected N/A



Design 1500 ST, 1140 SFT, INV, E-2 Flow CTR# BCS

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: Five Bedroom House
4 Lines x (3x100', 1x80') x 3'
Type III g Innovative System

Tommy Mechlin 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

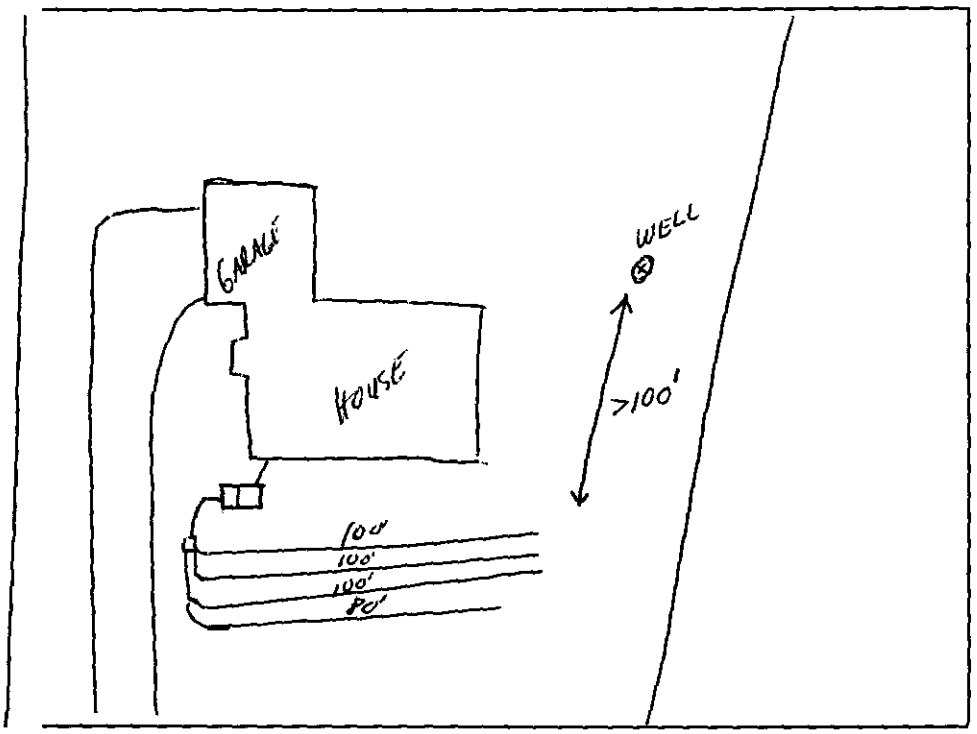
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7572A DATE: 9/24/02

TC: 003-082-19 ☒ L

SERIAL Nº 18866

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 12/12/01. All work shall be completed on or before 10/24/02, 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 N/A gallons

Tank Construction PCC

Trench Depth 40"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 380' feet

Number of Lines 3 x 100', 1 x 80'

Depth of Stone N/A inches

Distance from House 75' feet

Distance from Property Line 710' feet

Distance from Well >100' feet

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

NAME OF OWNER Tim Keene

LOCATION OF PROPERTY 19220 Calloway Hills Lane

Comments: ~~Four~~ Five Bedroom House (0.4 LTAR)
Install 3 lines x 100' x 3, 1 line x 80' x 3 (380 TLF)
Type IIIg Innovative System 25% Reduction System

Tammy Meeks R.S.
Environmental Health Specialist

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

PD 150.00 finalfee chk 2134 9/13/02 pc

FEE: 150 AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION ACS
DATE: 12/12/01 VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 8/22/00 PERMIT NO: 7572A
PARCEL NO: 003 082 19

JOB LOCATION ADDRESS: 19220 Calloway Hills Ln
PROPERTY OWNER: Monica Investment Co.
BUILDING CONTRACTOR: —
SUBDIVISION NAME: Runneymede
AUTHORIZATION ISSUED BY: Phillip L. Walker RS DATE: _____
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 7572A, 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: Agreement forms shall be recorded and of file prior to Const. Authe. release.

OWNER CERTIFICATION

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

Lou Ann Blackburn 8-25-00
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 7572A

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 003 082 19

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.

Lot 15B

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	
.4 Long-term acceptance rate	~~480~~ 600 Max gallons/day wastewater flow	~~1200~~ 1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
yes Serviced by private well	1500 Gallon septic tank	~~400~~ 400' Total trench length (ft)	44" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
~~4~~ 3 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: Install trenches appr 44" deep into SAP., .4 LTAR, Keep the septic system >100' (50' min) from the proposed well. Innovative Septic System Approval, Agreement forms shall be recorded and on file before Cons. Authe. release

Repair Area System Type Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
1200' Absorption Area (Sq ft) 400' Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	30" Maximum Trench Depth	

For existing system, enter the year originally installed:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for 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.

Phila A. Walker RS. 8/22/00
DEHNR Authorized Agent — Date

Lee Ann Blanz 8-25-00
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

15, 410 Bunker

PROPOSED PLOT PLAN

Lot 15B

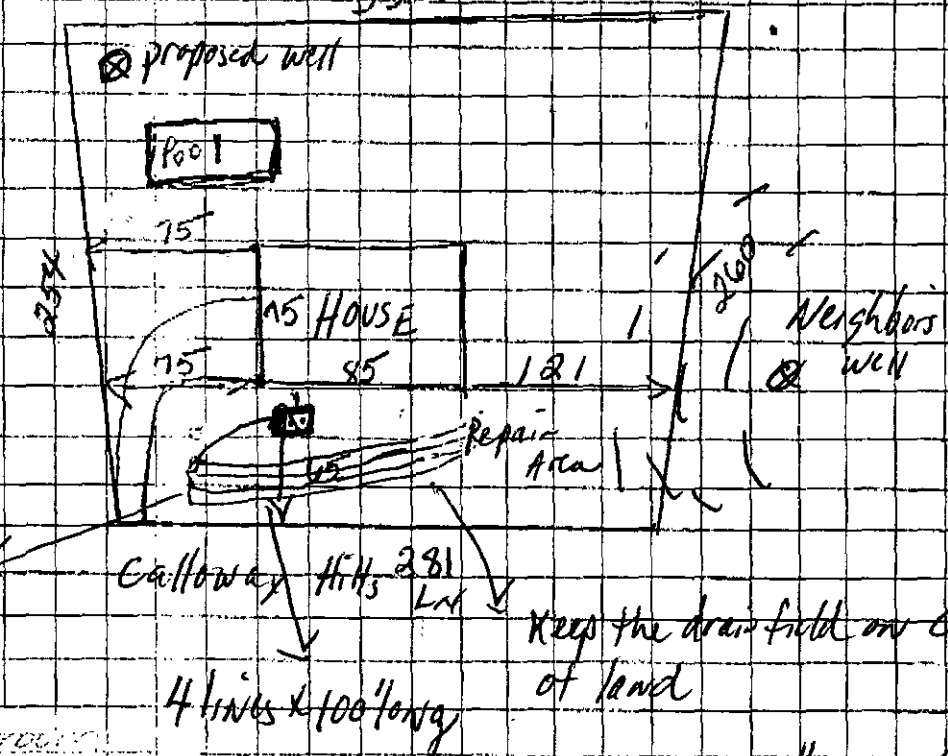
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7572 A

TC: 003-082-19

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.

COMMENTS 5 BR Residence, 1500 ST, 4 lines x 100' long x 3' wd x 12" stone, 400 LF (4 LTAR), Type ~~III~~ Repair Area
Keep the septic system > 100' (50' min) from the proposed well,
65' from the front left house corner to the front property line
75' from the front left house corner to the left property line
Install trenches appr. 44" deep into saprolite.



Lou Ann Blankenship
OWNER/AGENT SIGNATURE

DATE 8-16-00

APPROVAL DATE _____

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

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2002 JAN 04 01:24 PM
BOOK:13111 PAGE:508-511 FEE:$20.00
INSTRUMENT # 2002001186

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

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

FILE # 7572A
PARCEL # 003-082-19

The undersigned, Timothy Michael Keene, owner of property located at 19220 Callaway Hills Drive, (the "site") and described in an instrument recorded in Book 11602 at Page 126, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following conditions will apply to the site:

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

This instrument was prepared by: Timothy Michael Keene
Mail after recording to: 8076 St. Andrews Lane
Stanley, NC 28164

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 4th day of January, ~~199~~ 2002.

_____ (SEAL)
(Corporate Name)

Timothy Michael Keene (SEAL)

By: _____ _____ (SEAL)

_____ President _____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Chris Bryant, a Notary Public for said County and State, do hereby certify that TIMOTHY MICHAEL KEENE (AKA) personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 4th day of Jan, 2002

Chris Bryant
Notary Public

My Commission Expires:
1-10-05

CHRIS BRYANT NOTARY PUBLIC MECKLENBURG COUNTY, N. C.

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

****

Filed For Registration: 01/04/2002 01:24 PM

Book: RE 13111 Page: 508-511

Document No.: 2002001186

PRMIT 4 PGS $20.00

Recorder: MAXINE HAITH

****

State of North Carolina, County of Mecklenburg

The foregoing certificate of CHRIS BRYANT Notary is certified to be correct. This 4TH of January 2002

JUDITH A. GIBSON, REGISTER OF DEEDS By: Maxine L Haith
Deputy/Assistant Register of Deeds

****

2002001186

FEE: _____

DATE: _____

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

FILE #: 7572A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 003 082 19

STREET ADDRESS: 19220 Calloway Hills Ln

SUBDIVISION OR MOBILE HOME PARK NAME: Runnymede

LOT NUMBER: 15 3

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 3600

NUMBER OF BEDROOMS: 5

NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

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

CLOSING DATE: [redacted] N/A

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

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES X NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
✓ P 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: Keene Tim M
(LAST) (FIRST) (MI)

ADDRESS: 8076 St. Andrews Lane

CITY: Stanley STATE: NC ZIP 28164

DAYTIME PHONE: (704) 361 - 3715

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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

SIGNED: [signature] DATE: 12/12/01

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

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

#1

Sheet: _____
Property ID: 003 -
Lot #: 15B
File #: 75 72 A

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Monica Investment Co. APPLICANT: _____
ADDRESS: 7523 Little Ave, Suite 214, Charlotte DATE EVALUATED: _____
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 460gpd PROPERTY SIZE: 1.79
LOCATION OF SITE: 19220 Caldwell Hills Lane 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) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-4"	M/cl	Fi/SEXP/SS/SP	760" TO soil wetness	saprolite TO 60"	PS	None	PS .49/F2 Sap. II
		4-60"	M/SL	Fr/SEXP/NS/NP					
2	LS	0-8"	M/ Compacted	Fi/SEXP/SS/SP	759" TO soil wetness	sap. TO 59"	PS	None	PS .49/F2 Sap. II
		8-59"	M/SL	Fr/SEXP/NS/NP					
3	LS	0-3"	M/ Compacted	Fi/SEXP/SS/SP	757" TO soil wetness	sap TO 57"	PS	None	PS .49/F2 Sap. II
		3-57"	M/SL	Fr/SE XP/NS/NP					
4	LS	0-58"	M/ Mixed	Fill					US
5	LS	0-49"	SBM/L	Fr/SEXP/SP	757" TO soil wetness	49"	N/A	None	PS .25/F2 IV
6	LS	0-10"	M/cl	Fi/SEXP/SS/SP	760" TO soil wetness	sap TO 60"	~~PS~~ PS	None	PS-H .49/F2 Sap II
		10-60"	M/SL	Fr/SEXP					
7	LS	0-6"	M/C/compacted	Fi/SEXP/SS/SP	762" TO soil wetness	sap TO 62"	PS	None	PS .49/F2 II Sap
		6-62"	M/SL	Fr/SEXP/NS/NP					
8	LS	0-3"	gr/cl	Fr/SEXP/SS/SP	737" TO soil wetness	37"	N/A	None	PS .39/F2 IV
		3-37"	SBM/	Fi/SEXP/SP					
9	LS	0-4"	gr/cl	Fr/SEXP/SS/SP	748" TO soil wetness	48"	N/A	None	PS .39/F2 IV
		4-43"	SBM/C	Fi/SEXP/SP					
		43-48"	SBM/cl	Fr/SEXP/SS/SP					

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

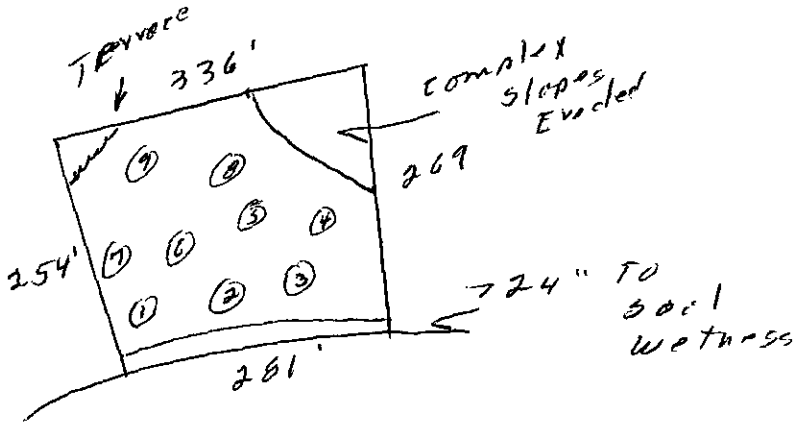
OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: W.A. Marlin LSS 11-5-99
OTHER(S) PRESENT: L. Blankenship

FILE # 75-12A

COMMENTS 1002 Report

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



TRANSFER OF OWNERSHIP

Permit #: 7572A
Job Location Information:
Tax Parcel #: 003-082-19
Street Address: 19220 Callaway Hills Lane

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

Property Owner Improvement Permit Originally Issued to:

Name: Monica Investment Co (last) (first) (mi) Date Issued: 8/22/00

Address: 7523 Little Ave #210
City: Charlotte State: NC Zip: 28226
Daytime Phone: (704) 544-5520

IMPROVEMENT PERMIT TRANSFERRED TO:

Name: Keene (last) Tim (first) M (mi)

Address: 8076 St. Andrews Lane
City: Stanley State: NC Zip: 28164
Daytime Phone: (704) 361-3715

The undersigned, owner or legal agent for the owner, of the property described as the "job location" in the original application dated 12/12/01 has read the foregoing application and Improvement Permit, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Signed: [signature] Date: 12/12/01

IMPROVEMENT PERMIT TRANSFERRED TO:

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

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

The undersigned, owner or legal agent for the owner, of the property described as the "job location" in the original application dated _____ has read the foregoing application and Improvement Permit, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Signed: _____ Date: _____

1000 chk # 1504

FEE: 100
DATE: 5/10/99 gc

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

FILE #: 7572 A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 003-082-19

STREET ADDRESS: 19220 Callaway Hills Lane

SUBDIVISION OR MOBILE HOME PARK NAME: Runneymede

LOT NUMBER: 15B

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: 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:

NAME: Monica Investment Co.
(LAST) (FIRST) (MI)

ADDRESS: 7523 Little Ave Suite 210

CITY: Charlotte STATE: NC ZIP: 28226

DAYTIME PHONE: ( ) 544-5520

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Blankenship, Lou Ann
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) 892-3321

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: Lou Ann Blankenship DATE: 4-23-99

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

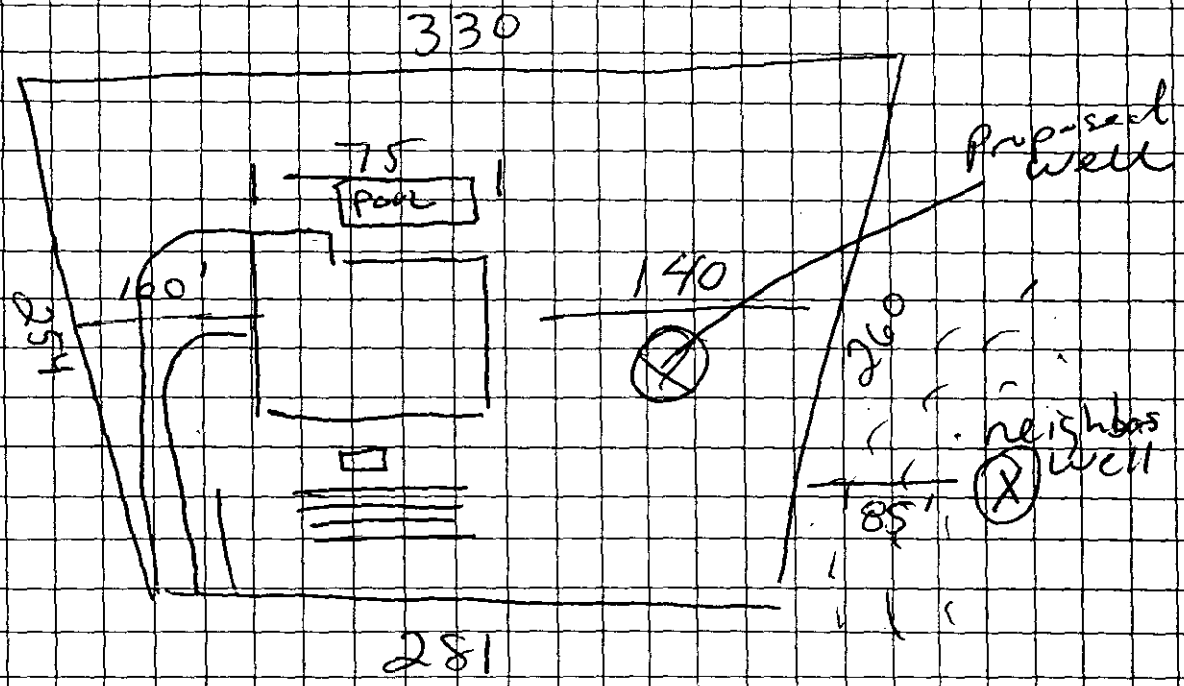
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

COPY

FILE: 7572 A

TC: 003-082-19

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 12/12/01

APPROVAL DATE _____

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

Mecklenburg County

Health Department

Betty S. Snow, R.N., M.A.
Health Director

June 22, 1993

Monica Investment
801 Pressly Road #102
Charlotte, NC 28217

Re: Property located at Callaway Hills Lane (Lot #15)
File: 7572A
Parcel: 003-082-19

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified **UNSUITABLE** for the installation of such a system. A copy of the site evaluation report (Serial No. 19375) is enclosed for your information.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 15A NCAC 18A .1957 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application for an Improvement Permit with an accurately dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If you need any assistance, please feel free to call Mr. Bill Marlin at 336-5574.

Sincerely,

Kelly Randall

Kelly Randall, R.S.,Soil Scientist
Individual Water & Wastewater Systems

KR:lw
Enclosure (2)

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19375

File: 7512 A Action 2

Parcel: 003-082-19 ☒PC

Location: Calloway Hills Lane

Subdivision: Pennypreede's

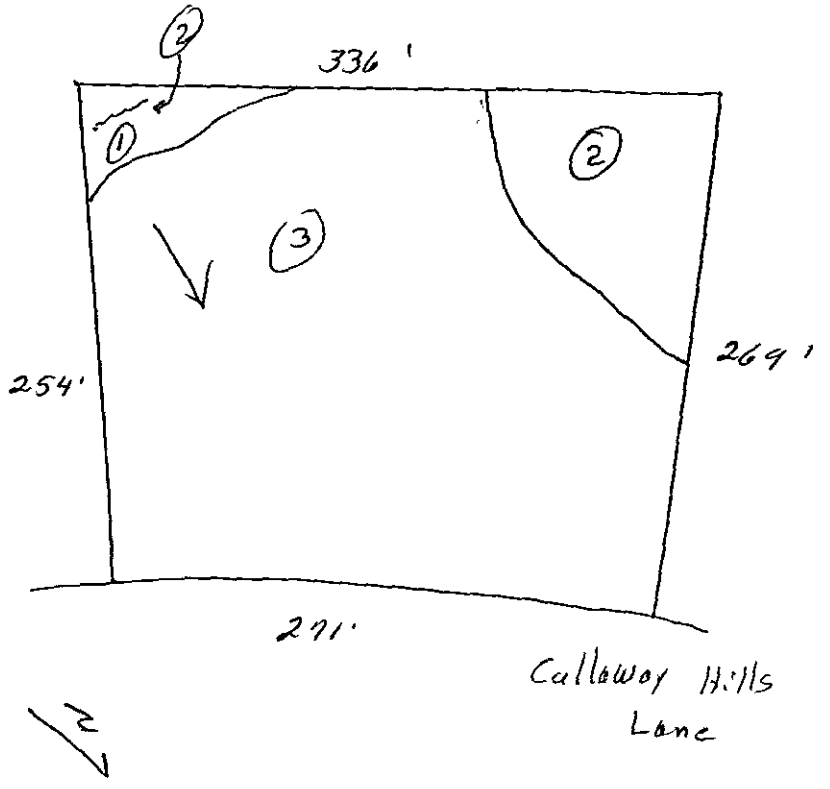
Lot: 15 Block: 2 Acres: 1.79

Owner: Monica Investments
Address: 801 Beverly Road #102
Charlotte, N.C. 28211

Comments: 100% repair, 3 gal/ff/24 hrs LTAR

Described by: William R. Marlin

Date: 6-14-93



***** 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 8-12%	S PS (U) Complex slopes	S PS (U)	S PS U	S PS U	S PS U
Texture Slightly Expansive	(S) PS U clay	S PS U —	S PS U —	S PS U	S PS U	S PS U
Structure	S (PS) U sub ∠ BLKY	S PS U —	S PS U —	S PS U	S PS U	S PS U
Drainage	S (PS) U >40" to water	S PS U —	S PS U —	S PS U	S PS U	S PS U
Depth	S (PS) U >40"	S PS U —	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >40"	S PS U —	S PS U —	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	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) cut/Fill	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil-Lide	Complex Slopes	cut/Fill			
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 19375

File: Action _____

Parcel: ☐ PC

Location:

Subdivision:

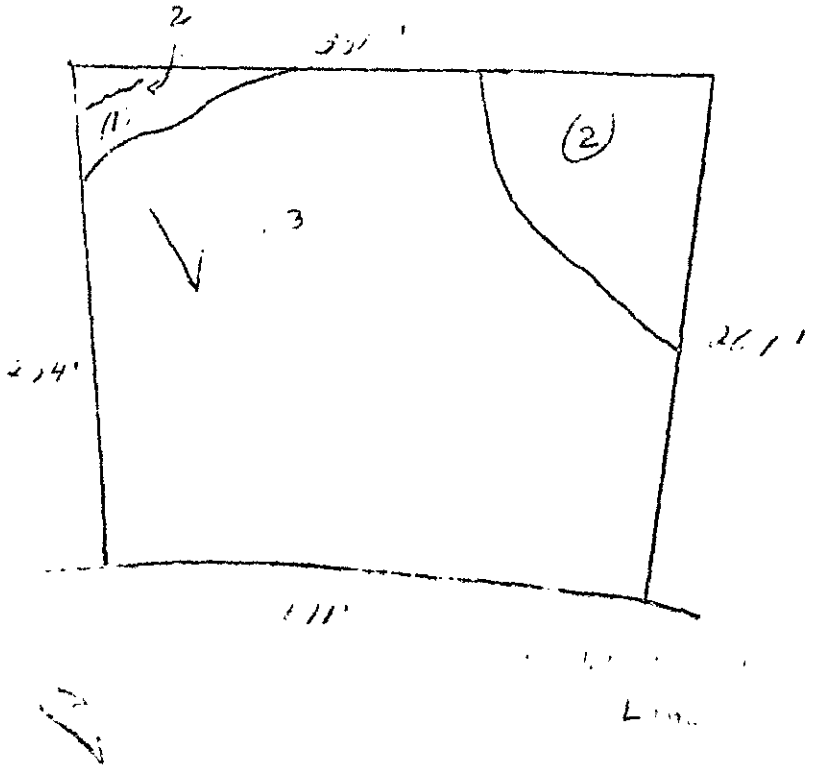
Lot: Block: Acres:

Owner:
Address:

Comments: _____

Described by: _____

Date: 7-14-13



***** 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	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS U	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						
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

To: Filo Walker

PROPOSED PLOT PLAN

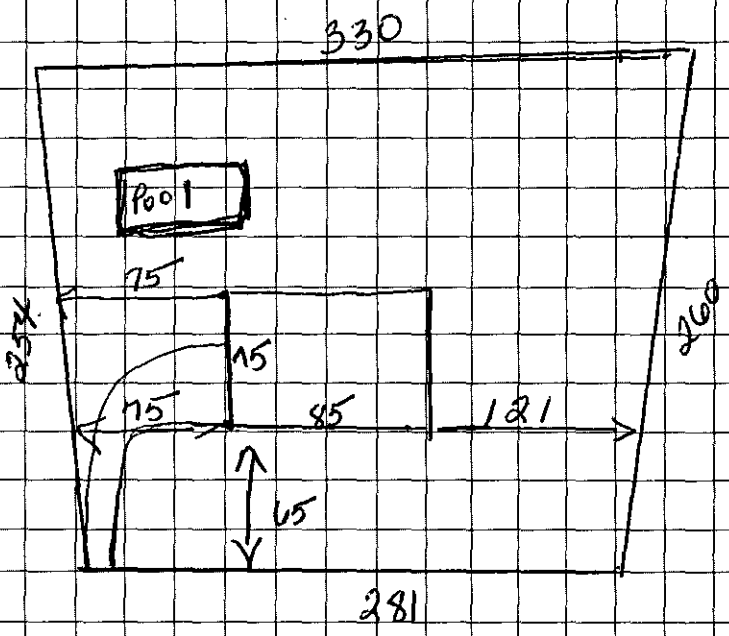
Lot 15B

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

FILE: 7572 A

TC: 003-082-19

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.



5 Bedroom
Crawl Space

1" = 100 ft

Lou Ann Blankenship
OWNER/AGENT SIGNATURE

DATE 8-16-00

APPROVAL DATE _____

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

APPLICATION FOR SOIL INVESTIGATION

09/26/11

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 75172A

TC: 80 013-1851-02

☐ PC ☐ REPT

SLH 0672

$100.00 CK

JOB LOCATION

① ADDRESS: SHEARER ROAD

② SUBDIVISION: DAVIDSON HUNT CLUB ③ LOT: 55 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: 5975-957 PAGE NO.: _____

OWNER

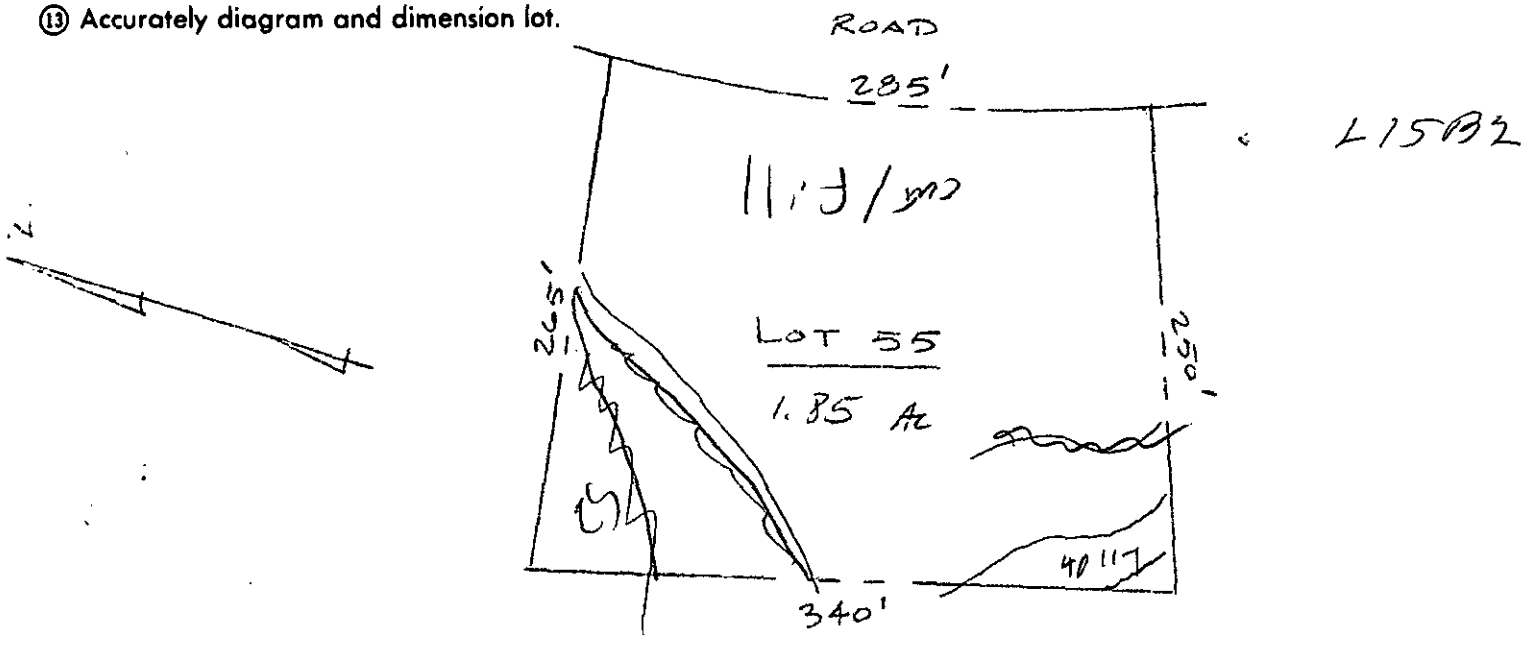
⑦ NAME: MICHELLE TEXTILE CORP.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 301 S. McDOWELL ST.

⑨ CITY: CHARLOTTE ⑩ STATE: N.C. ⑪ ZIP: 28202

⑫ PHONE: (WORK) 892-6683 (HOME) _____

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, 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: _____

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

Date: _____

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

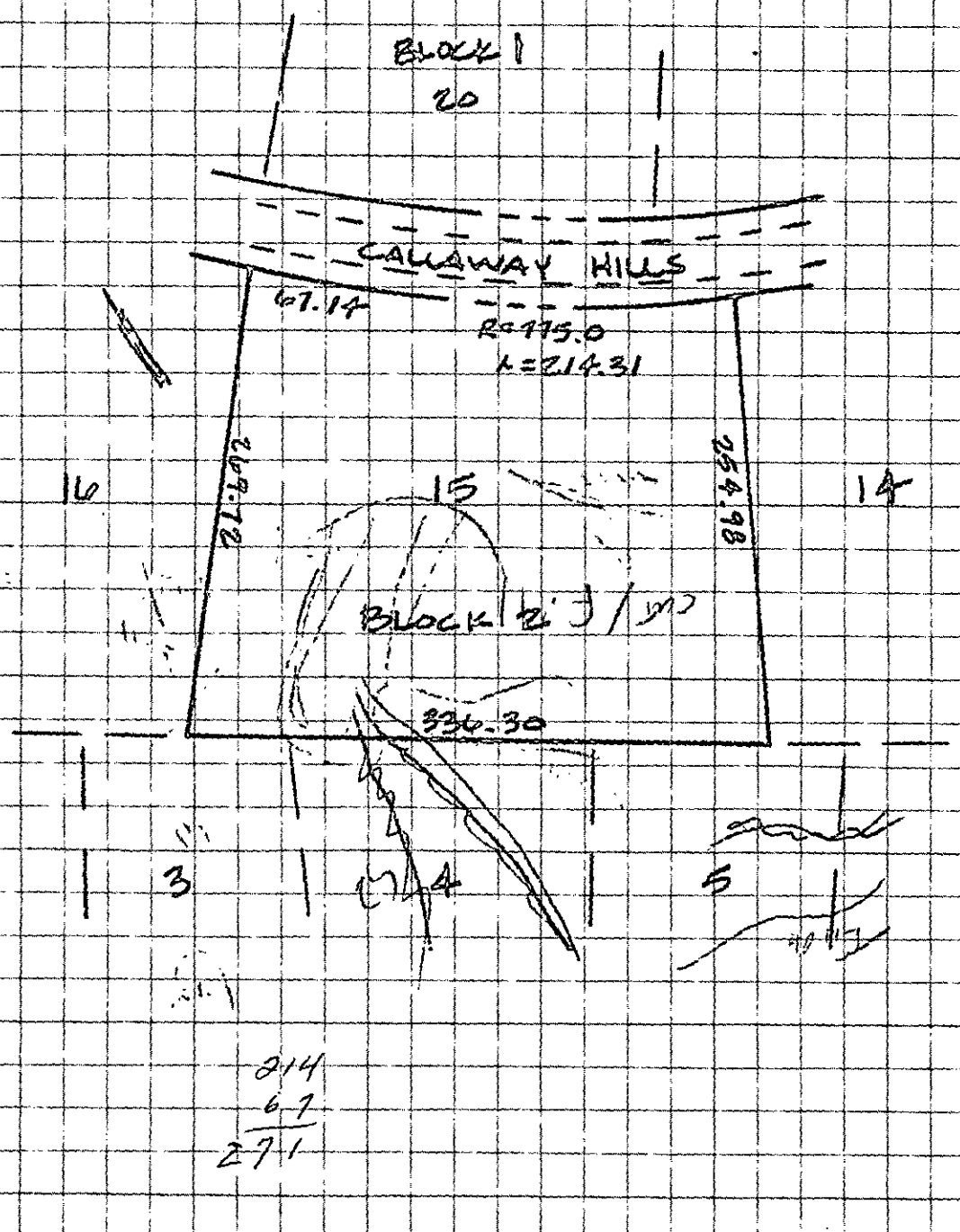
PROPOSED PLOT PLAN

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

FILE: 75724

TC: _____

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.



214
67
281

APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

PROPOSED PLOT PLAN

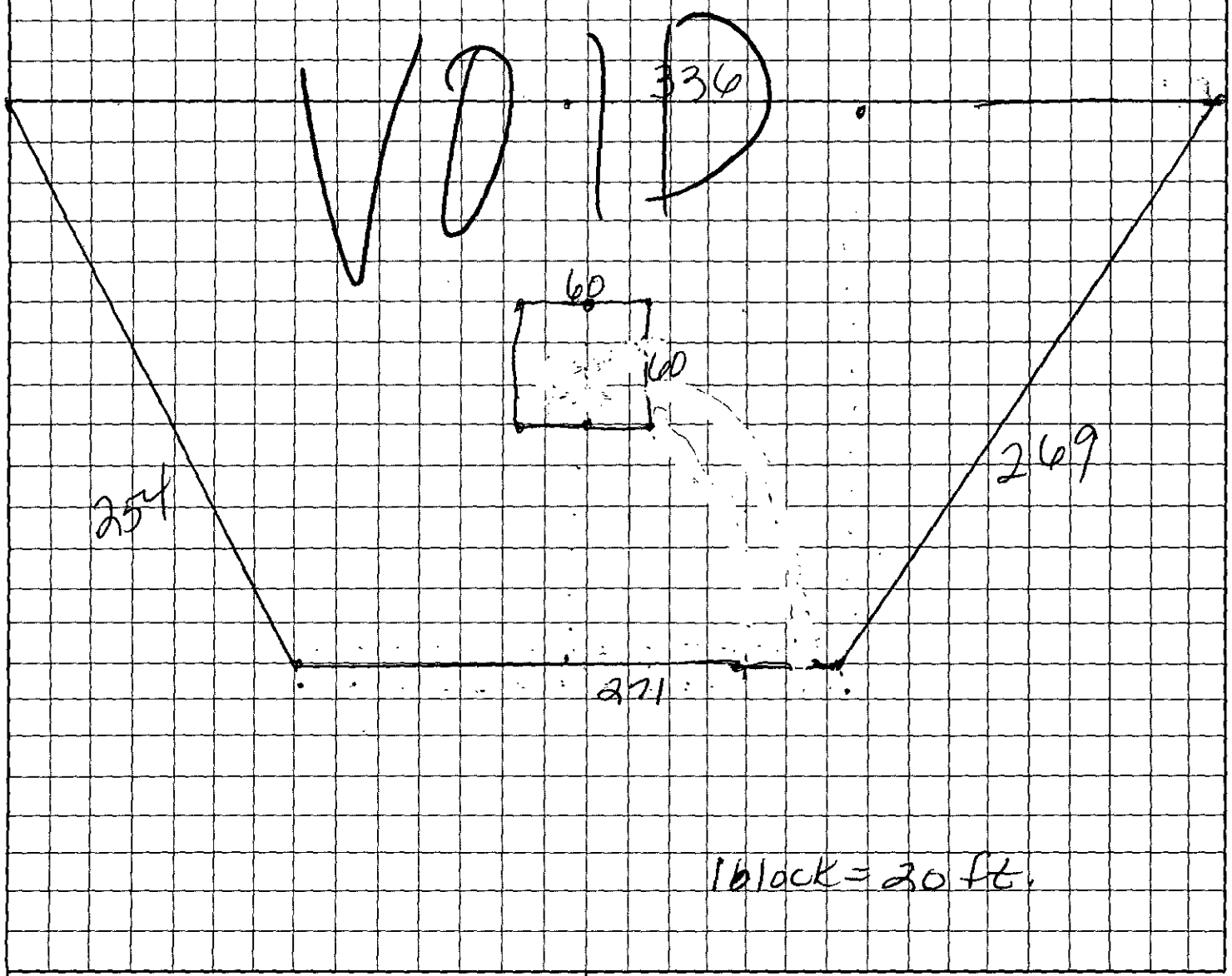
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

Lot #15B

FILE: 7572A

TC: 003-082-19

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.



Lou Ann Blankenship
OWNER/AGENT SIGNATURE

DATE 4-30-99

APPROVAL DATE _____

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19375

File: 7512 A Action 2

Parcel: 003-092-19 ☐ PC

Location: Calloway Hills Lane

Subdivision: Pennymeade #

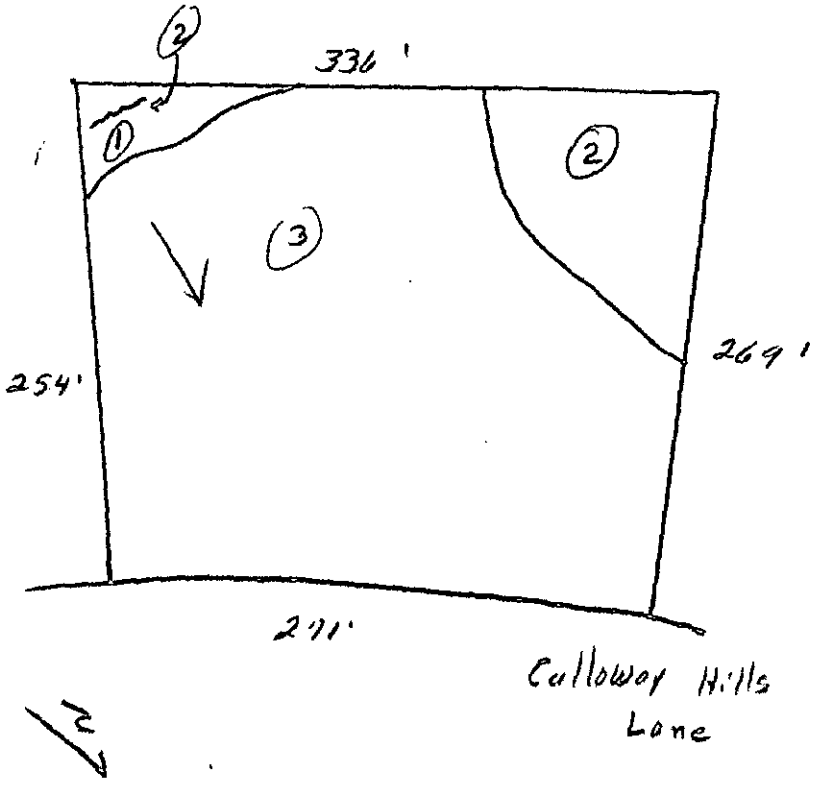
Lot: 15 Block: 2 Acres: 1.79

Owner: Monica Investments
Address: 801 Russly Road #102
Charlotte, N.C. 28217

Comments: 100% Repair, 3 bdrm/1½ ba LTAR

Described by: William R. Marlin

Date: 6-14-93



***** EVALUATION KEY *****

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

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Texture slightly Expansive	(S) PS U clay	S PS U —	S PS U —	S PS U	S PS U	S PS U
Structure	S (PS) U sub ∠ BLKY	S PS U —	S PS U —	S PS U	S PS U	S PS U
Drainage	S (PS) U ~40" to water	S PS U —	S PS U —	S PS U	S PS U	S PS U
Depth	S (PS) U ~40"	S PS U —	S PS U —	S PS U	S PS U	S PS U
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Available Space	S PS (U) Restricted	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) cut/Fill	S PS U	S PS U	S PS U
Soil Group/Series	IB Cecil-Like	complex slopes	cut/Fill			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 7152A

TC: PD 03-151-02

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: SHEARER ROAD

② SUBDIVISION: DAVIDSON HUNT CLUB ③ LOT: ~~15~~ 55 ④ BLOCK: 2

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: 5913-957 PAGE NO.: _____

OWNER

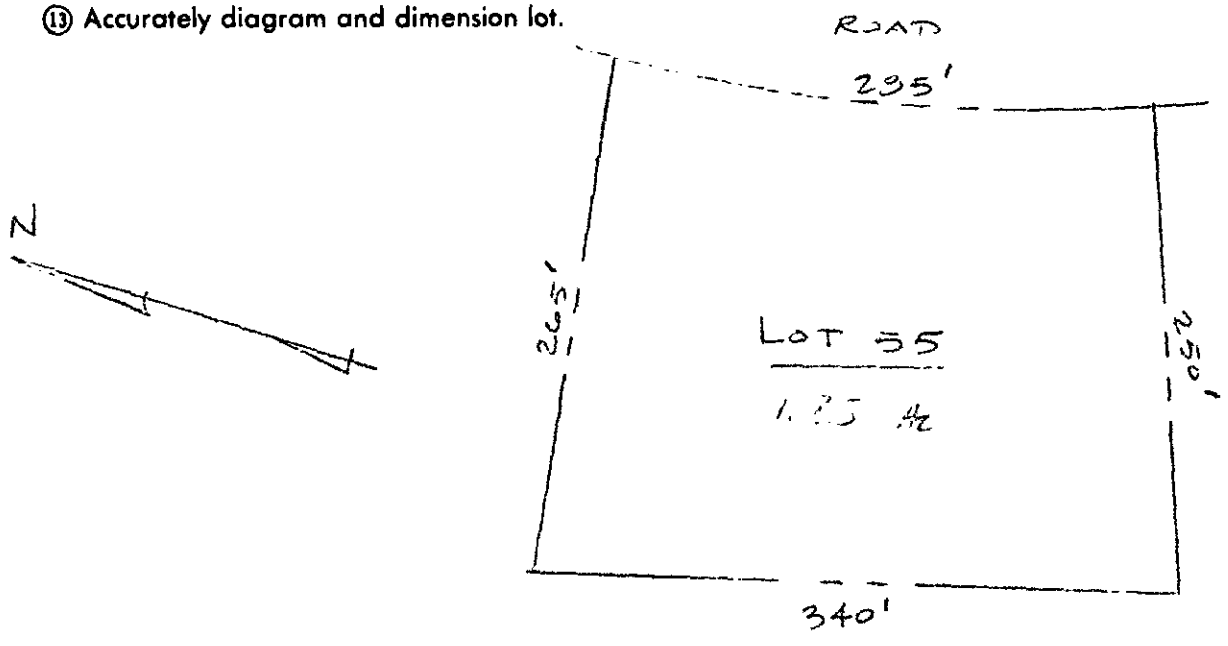
⑦ NAME: MICHELLE TEMPLE CURD.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 301 S. McDOWELL ST.

⑨ CITY: CHARLOTTE ⑩ STATE: N.C. ⑪ ZIP: 28202

⑫ PHONE: (WORK) 842-6683 (HOME) _____

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, *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: _____

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

Date: _____

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

APPLICATION FOR SOIL INVESTIGATION

07/26/91
CK#6092
$100.00

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 75-72A

TC: PO 003-081-02

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: SHEARER ROAD

② SUBDIVISION: DAVIDSON HUNT CLUB ③ LOT: 15 ④ BLOCK: 5

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: 5975-957 PAGE NO.: _____

OWNER

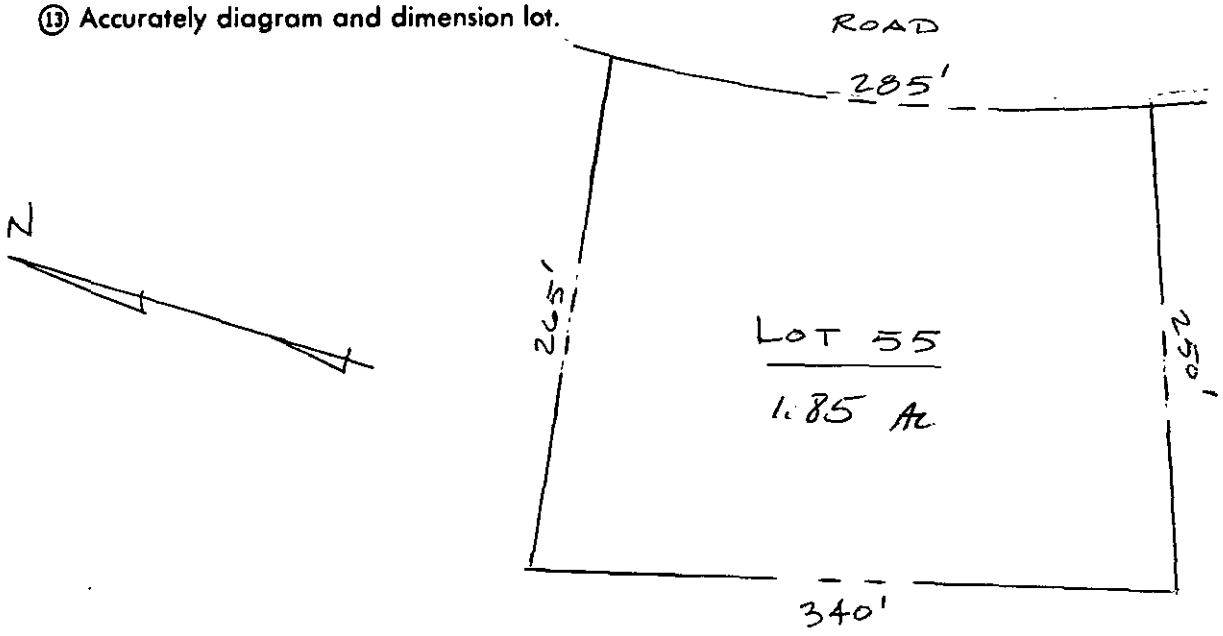
⑦ NAME: MICHELLE TEXTILE CORP.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 301 S. McDOWELL ST.

⑨ CITY: CHARLOTTE ⑩ STATE: N.C. ⑪ ZIP: 28202

⑫ PHONE: (WORK) 892-6683 (HOME) _____

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