

18623 BLUFF POINT RD

00104115

8/22/08

marliwr

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

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

Sheet: 1
Property ID: 001-041-15
Lot #:
File #: 19699
Code: 2

ACS

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Brookshire Construction
Applicant: James Waller
Address: 19900 W. Catawba Ave. #D, Cornelius, N. C. 28031
Date Evaluated: 07/30/2003
Proposed Facility: Reidence
Design Flow (.1949): 480gpd
Property Size: .67a
Location of Site: 18623 Bluff Point
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [x] Pit [ ] Cut
Type of Wastewater: [x] 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	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 6	0-5	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	N/A	NONE	PS, IV
		5-24	SBK/C	FI/SEXP/S/P					.3-.4GPD/FT^2
		24-48	WKSBK/CL	FR/SEXP/SS/SP					
2	"	0-27+	MIXED FILL						US

Description	Initial System	Repair System
Available Space (.1945)	US	
System Type(s)		
Site LTAR	.3-.4GPD/FT^2	

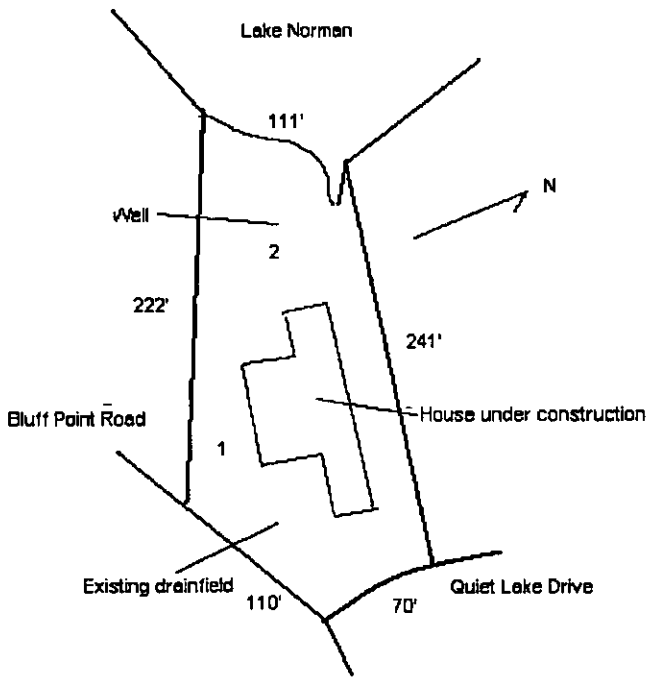
Other Factors (.1946): _____
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 7/31/2003, W. R. Marlin
Others Present:

FILE # 19699

COMMENTS: Not 100% repair

LANDSCAPE POSITIONS	GROUP	TEXTURES	.1955 LTAR	CONSISTENCE MOIST	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-SLIGHTLY STICKY
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-SLIGHTLY STICKY
CV-CONVEX SLOPE		SIL-SILT LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAN		SCL-SANDY CLAY LOAM			
		SICL-SILTY CLAY LOAM			
	IV	SIC-SILTY CLAY	0.4 – 0.1		
		C-CLAY			
		SC-SANDY CLAY			

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



FEE: 200.00 Check 2690
DATE: 7/25/03 JRA

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

Jeremy

FILE #: 19699

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 001-041-15

STREET ADDRESS: 18623 Bluff Point

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: 3700

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 2

CLOSING DATE 9/02
9/23/02

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:

NAME: Brookshire Construction (LAST) (FIRST) (MI)

ADDRESS: 19900 W Catawba Ave #D

CITY: Cornelius STATE: NC ZIP: 28031

DAYTIME PHONE: (704) 363-7902

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Walker (LAST) James (FIRST) D. (MI)

DAYTIME PHONE: ( ) 704-400-2506

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: Janis Walker DATE: 7/25/03

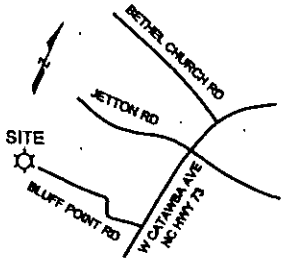
MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

18623 Bluff Pt
Mg# 1956

EXHIBIT MAP

DEED BOOK 9039, PAGE 727
PARCEL ID: 001-041-15

LEGEND
- RIGHT OF WAY
- PROPOSED HOUSE FOUNDATION
- PROPOSED DRIVE/PORCH
- CONCRETE CURB & GUTTER



VICINITY MAP
(NO SCALE)

LAKE NORMAN

DB 9039, PG 727

LINE TABLE		
LINE	BEARING	DIST.
L1	N13°09'41"E	15.72'
L2	N83°38'53"E	12.78'
L3	N36°43'24"E	22.79'
L4	N15°45'05"E	16.72'
L5	N81°24'16"E	7.88'
L6	S81°52'03"E	36.98'
L7	N60°16'04"W	19.13'

N/F
NORVELLA B. BURNS
DB. 5985, PG. 488

29,214 SQ.FT.
0.67 ACRES

50' REARYARD

N60°04'42"W 222.29'

8' SIDEYARD

S76°54'07"E 241.68'

8' SIDEYARD

20' PUBLIC DRAINAGE EASEMENT

20.00'

30' SETBACK

S65°51'15"W 110.18'

R=371.11'
L=70.34'
CH BRG=S02°53'49"W
CH=70.23'

N/F
SCOTT T. & KATHRYN R. MIKEAL
DB. 4089, PG. 530

N/F
REED ALLAN LAW & CHARLENE WELCH LAW
DB. 9039, PG. 727

BLUFF POINT ROAD
60' PUBLIC R/W

QUIET LAKE DRIVE
60' PUBLIC R/W

File # 19699

SUMMIT
LAND SURVEYING COMPANY
18716 W. CATAWBA AVENUE
CORNELIUS, NC 28031
(704) 895-0955

PREPARED FOR
BROOKSHIRE CONSTRUCTION CO.
18623 BLUFF POINT ROAD
LEMLEY TOWNSHIP MECKLENBURG COUNTY
NORTH CAROLINA
AUGUST 13, 2002

GRAPHIC SCALE
0' 30' 60'
1" = 60'

JOB NO. 02-0932
DWG NO. 02-0932

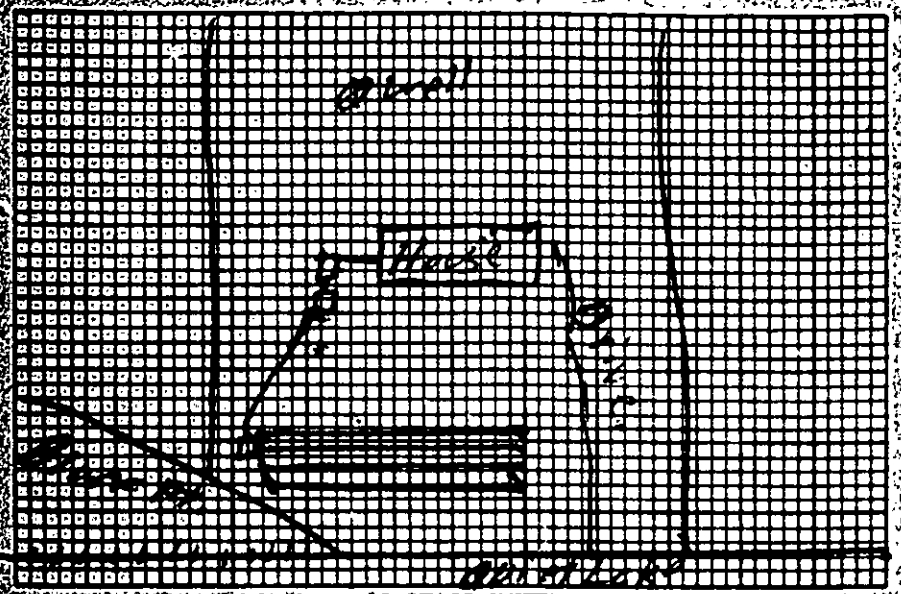
Date Issued 11-14-84 Serial No. 07720 ICAR(S) Permit No. 19699

T.C. No. 001-041-1

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ✓ Install or Construct, ____ Alter or Repair the individual septic tank waste water 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 application 19699 dated 7-11-84 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 12-14-84 after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate 1WG

Liquid Capacity of Tank 1500 gal

Tank Construction PCC

Absorption and/or Nitrification Lines:

Total Line Length 300'

Number of Lines Four

Distance from House 5'

Distance from Property Line 10'

Distance from Well >50'

NAME OF OWNER Mady Construction Co

LOCATION OF PROPERTY 17601 Quiet Lake Dr

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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.

Low Trench as 75' X 3' X 12" Stone, lift station required

Comments:

R. Henderson
Division or Section Head

Jim Swan
Environmentalist

*If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

(EHD-6-79)

Environmental Health Department's Copy

POD 100.00
CK # 12866
VW

ACS

12-7-99

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 19699

Date: 11/17/99

PERSON FILING APPLICATION:
NAME: Wolfe (last) Jessica (first) S (mi)
ADDRESS: 1043 E. Morehead St. Suite 200 PHONE: (704) 370-7207
CITY: Charlotte STATE: NC ZIPCODE: 28204

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 00104115001
STREET ADDRESS: 18623 Bluff Point Rd.
Cornelius, NC 28031
ZONING: RS

PROPERTY OWNER:
NAME: Zaring Homes, Inc. (last) (first) Suite 200 (mi)
ADDRESS: 1043 E. Morehead St PHONE: (704) 370-7207
CITY: Charlotte, STATE: NC ZIPCODE: 28204

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: N/A LOT SIZE (in acres): 1.670

TYPE APPLICATION (check one): Existing 3 Bedhouse to move Building new 3 Bed. house on existing system

☐ EXCHANGE - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (N)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

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: 3 NUMBER OCCUPANTS:
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

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: Jessica S Wolfe Date: 12/6/99

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.

...O.K. to use existing system.

* Note: Hold for upgrade of pump control panel. A nema-4X control panel will be required

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

Jeff Knight 12/9/99
Environmentalist Date

WATER : 122791

11-11-99 12:55PM FROM MECK CO HLTH HAL MAR TO1

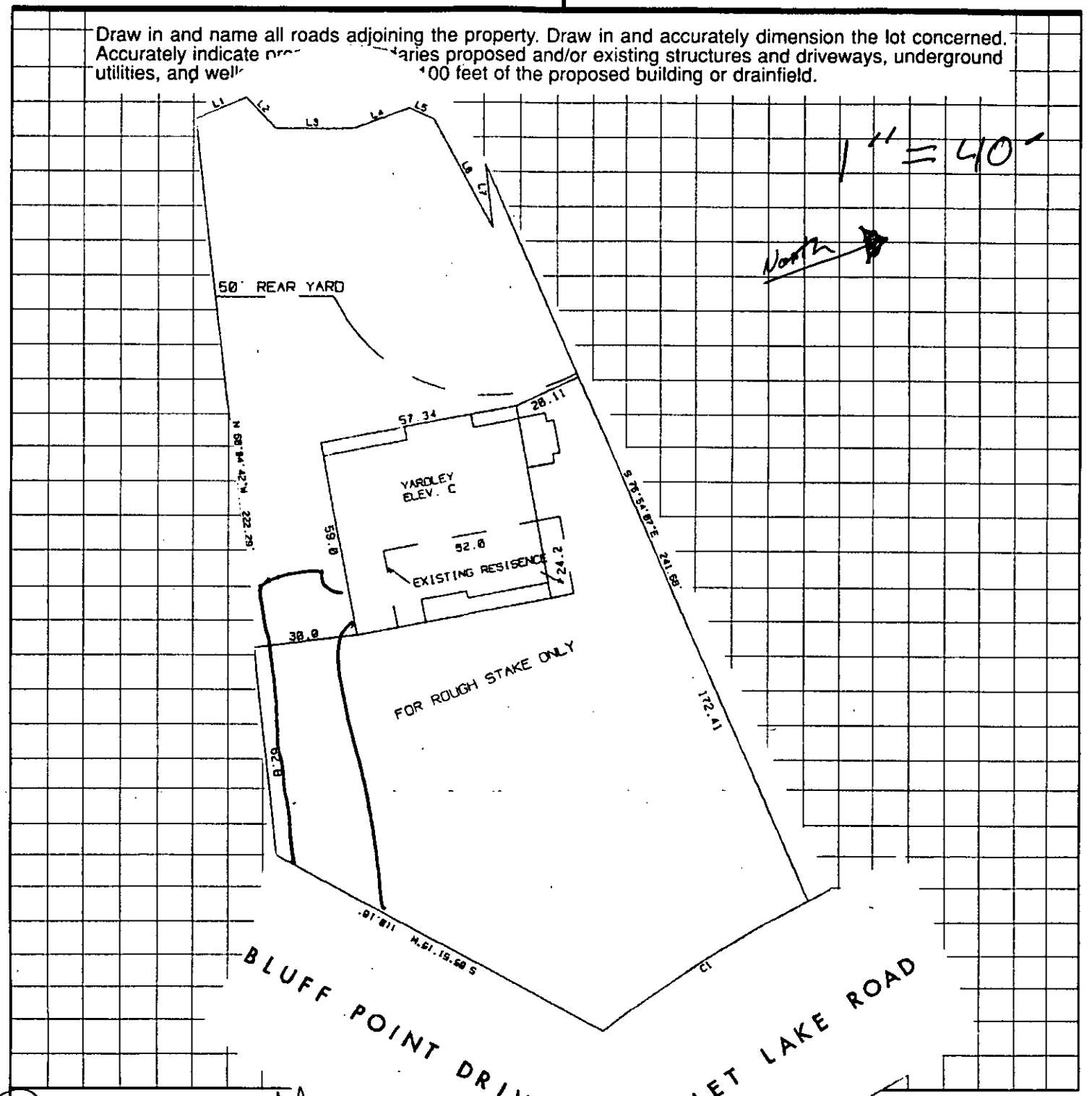
PROPOSED PLOT PLAN

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

FILE: _____

TC: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate pro... ...daries proposed and/or existing structures and driveways, underground utilities, and well... ...100 feet of the proposed building or drainfield.



Jessica S. Wolfe
OWNER/AGENT SIGNATURE

DATE 12/9/99

White - Health Department's Copy

Canary

Pink - Owner's Copy

NRC

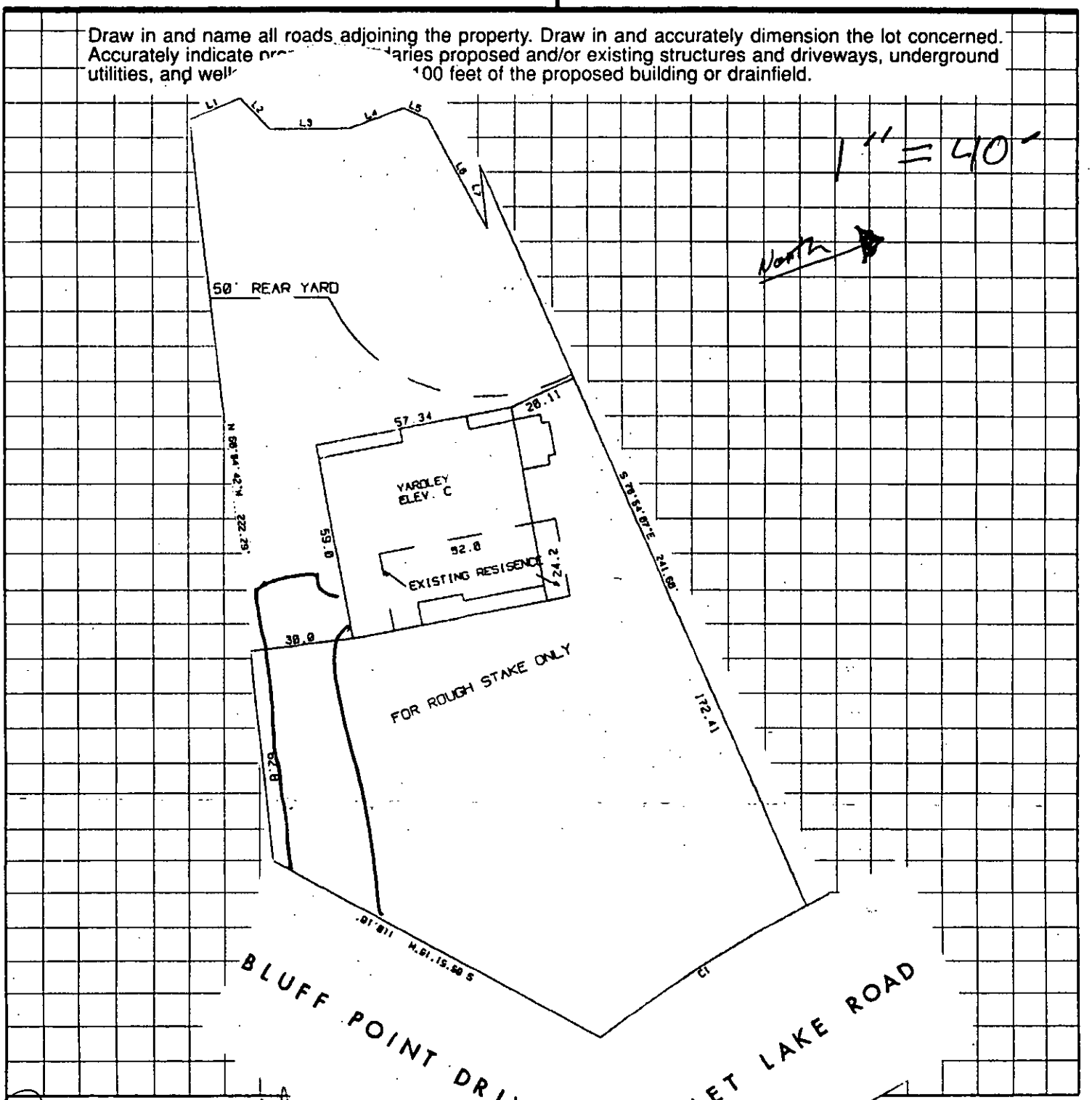
PROPOSED PLOT PLAN

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

FILE: _____

TC: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate pr... ...daries proposed and/or existing structures and driveways, underground utilities, and well... ...100 feet of the proposed building or drainfield.



Jessica S. Wolfe
OWNER/AGENT SIGNATURE

DATE 12/7/99

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

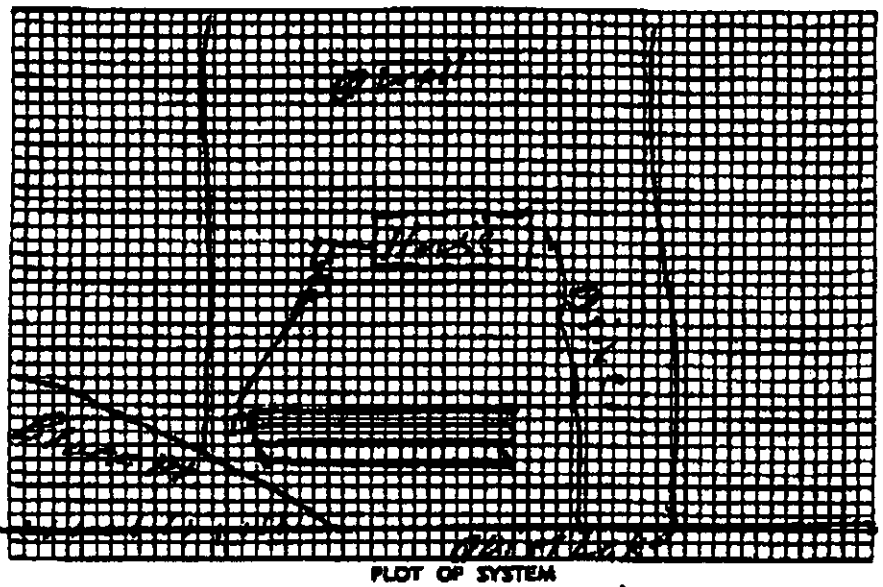
Date Issued 11-14-84

Serial No. 07720

ICAR(S) Permit No. 19699
T. C. No. 001-041-1
Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ✓ Install or Construct, ____ Alter or Repair the individual septic tank waste water 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 application 19699 dated 7-11-84 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 12-14-84, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate IIIG

Liquid Capacity of Tank 1500 gal

Tank Construction PCC

Absorption and/or Nitrification Lines:

Total Line Length 300'

Number of Lines Four

Distance from House 5'

Distance from Property Line 10'

Distance from Well 250'

NAME OF OWNER Mady Construction Co

LOCATION OF PROPERTY 17601 Quiet Lake Dr

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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.

Four Trenches 75' x 3' x 12" Stone, Inlet Stations required

Comments:

R Hendricks
Division or Section Head

Jim Tiesen
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

END-5-76

Environmental Health Department's Copy

C of A (s) No. 19699

Date Issued 11-27-84 Serial 7144 Const. Permit No. 02-041-15 L CCT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION
CERTIFICATE OF APPROVAL
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Medlin Construction Co. (LAST, FIRST, MIDDLE)

Location of Property 17601 Quiet Lake Dr.

Application Number 19699 Permit Number 19699

Inspection Data:

Liquid Capacity of Tank 1500 gal 1000 gal Tank Material PCC

Total Length of Drain Tile 300' Number of Lines Four

Depth of Filter Material [illegible] Cover Depth 12"

Water Supply Source Well Distance from Water Source 750'

Excavation Inspected 11-27-84 (DATE) Tank Inspected 11-27-84 (DATE)

Nitrification Field Inspected 11-27-84 (DATE)

Washing Machine Line Inspected, If Applicable _____ (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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.

Comments: _____

Jim Ennis
Environmentalist

EHD 5-78

Environmental Health Department's Copy