

10002 MEADOW HOLLOW DR

13928101

1/4/2008

duponbj

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

#2

Sheet: _____
Property ID: PO 139-261-01
Lot #: 5
File #: 4056 B

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Cap Care Group, Inc. APPLICANT: _____
ADDRESS: Box 5967 DATE EVALUATED: 11-9-99
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 480gpd / PROPERTY SIZE: .7
LOCATION OF SITE: Aspen Hall Ct. (Cul de sac) PROPERTY RECORDED: _____
WATER SUPPLY: ☐Private ☐Public ☐Well ☐Spring ☑Other Community
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS Slopes 2-6%	0-4"	gr/scl	Fr/SEXP/SS/SP	7.46" TO soil wetness	48"+	N/A	None	PS .391 P2 IV
		4-48"	SBK/c	Fi/SEXP/SS/P					
2	LS	0-4"	gr/cl	Fr/SEXP/SS/SP	7.48" TO soil wetness	41"	N/A	None	PS .391 P2 IV
		4-31"	SBK/C	Fi/SEXP/SS/P					
		31-41"	SBK/cl	Fr/SEXP/SS/SP					
3	LS	0-2"	gr/cl	Fr/SEXP/SS/SP	7.41" TO soil wetness	41"	N/A	None	PS .391 P2 IV
		2-32"	SBK/c	Fi/SEXP/SS/P					
		32-41"	SBK/cl	Fr/SEXP/SS/SP					
4	LS	0-2"	gr/cl	Fr/SEXP/SS/SP	7.39" TO soil wetness	39"	N/A	None	PS .391 P2 IV
		2-23"	SBK/c	Fi/SEXP/SS/P					
		23-39"	SBK/cl	Fr/SEXP/SS/SP					

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W. A. Marlin 11-10-99
OTHER(S) PRESENT: LSS

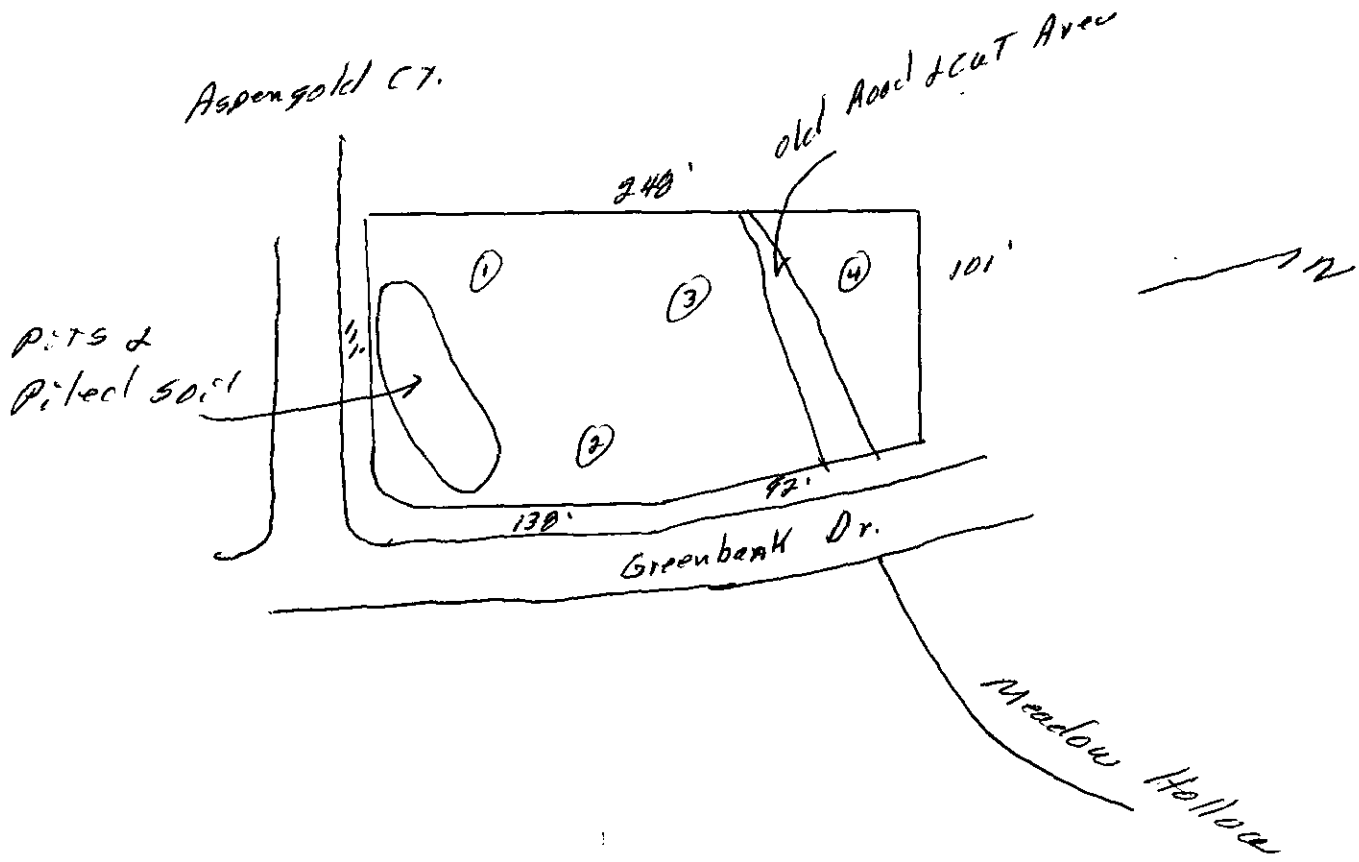
FILE # 40569

COMMENTS 100% Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

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	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 Chgd to acct

DATE: 8-18-99 ihe

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

[ ] CRT

TYPE APPLICATION: X 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 #: 40568

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: # 13928101

STREET ADDRESS:

SUBDIVISION OR MOBILE HOME PARK NAME: ASSPenGOLP Court.

LOT NUMBER: 5

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

0 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: 5

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
X 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 X NO TYPE: _____

WATER SUPPLY (CHECK ONE): X 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 X NO
EXISTING WASTEWATER SYSTEMS __ YES X NO
EASTMENTS OR RIGHT-OF-WAYS X YES __ NO
WELL, SPRINGS OR WATERLINES __ YES X NO
DESIGNATED WETLANDS __ YES __ NO

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: (LAST) CAP CARE GROUP INC (FIRST) (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: P.O. Box 5967	DAYTIME PHONE: (919) 289-4343
CITY: High Point STATE: N.C. ZIP: 27262	
DAYTIME PHONE: ( ) —	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? April 26, 1999

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: _____ DATE: 9/15/99

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

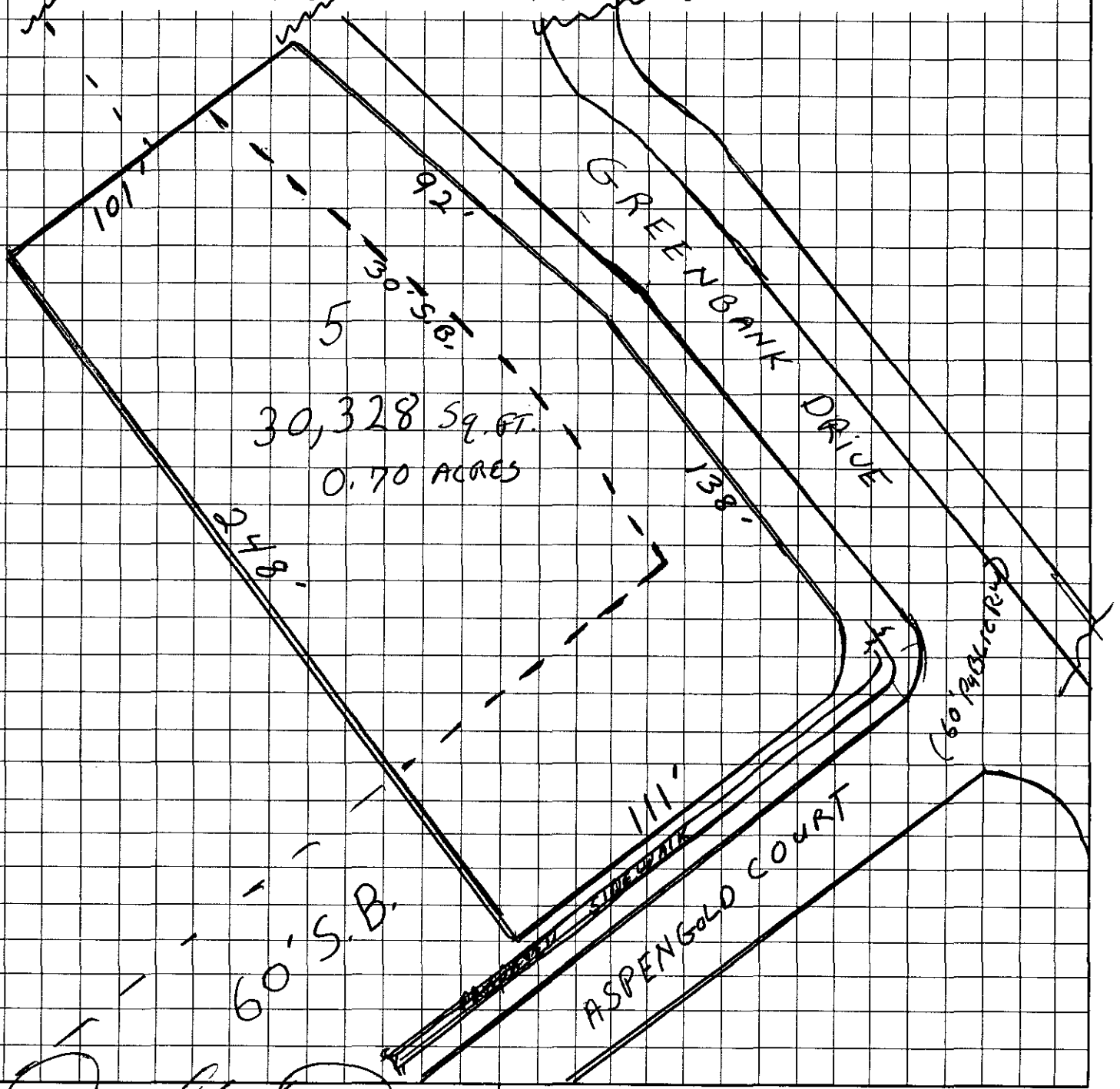
PROPOSED PLOT PLAN

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

FILE: 40516B

TC: #13928101

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 8/18/99

APPROVAL DATE _____

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

MECKLENBURG COUNTY
ENGINEERING & BUILDING STANDARDS DEPARTMENT

Miscellaneous Fees

Requestor (Please print): Donald Jones	Phone #: 289-4885	Date Requested: 8-18-99	Date Filled: 8-18-99
Account Name: Capital Group, Inc	☐ Cash ☑ Charge	Account No.: X30753	

I certify that I am authorized to charge this account for this service.

Signature: [signature] Printed Name: Donald E. Jones Date: 8/18/99

Fee or Charge

T.C.	Qty.	Type	Unit Cost	Total Cost
021		Single Lot Grading Permit (Please list address below)		
112		Zoning Board of Adjustment ☐ Residential Variance Request ☐ Commercial Variance Request ☐ Residential Interpretation ☐ Commercial Interpretation		
113		Zoning Citation(s) # _____		
		☐ 117: Certificate of Compliance* ☐ 118: Certificate of Occupancy* (original is free)	$10.00 ea.	
119		Change of Contractor*	$10.00 ea.	
121		Letters of Certification/Verification	$10.00 ea.	
122		Monthly Statistical Reports	$10.00 ea.	
124		Research & Retrieval of Documents		
125		Temporary Utilities/Occupancy*	$30.00/insp.	
		Local License Card/Exam ☐ 128: Mechanical ☐ 129: Plumbing ☐ 132: Electrical		
		Development Activities Plan Review ☐ 002: Commercial Drainage ☐ 005: Erosion Control ☐ 016: Subdivision ☐ 006: Final Plat Review		
425		City of Charlotte Fire - Plan Review		
		Map Sales		
[illegible]	1	Other: [illegible]	[illegible]	[illegible]
		Other:		
Payment received by: [signature] Date: 8-18-99 By: VLW			Total: 150.00	

* Please list all permit numbers/addresses that relate to your request. A request for temporary utilities (gas and electric) would require two permit numbers.

[illegible]	[illegible]	

B-216NS 8/95

DIVISION