

8301 MCILWAINE RD

01528215

8/21/08

marliwr

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT $400

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

FILE: 19237 DATE: 9/7/95

TC: 015-282-15 ☐ L ~~☐ CRT~~

SERIAL No. 16356

Name of Owner Sharon L. Worthington Juris.: _____

Address of Property 8301 McIlwaine Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 4 @ 100'

Cover Depth 6-17"

Water Supply Source Well

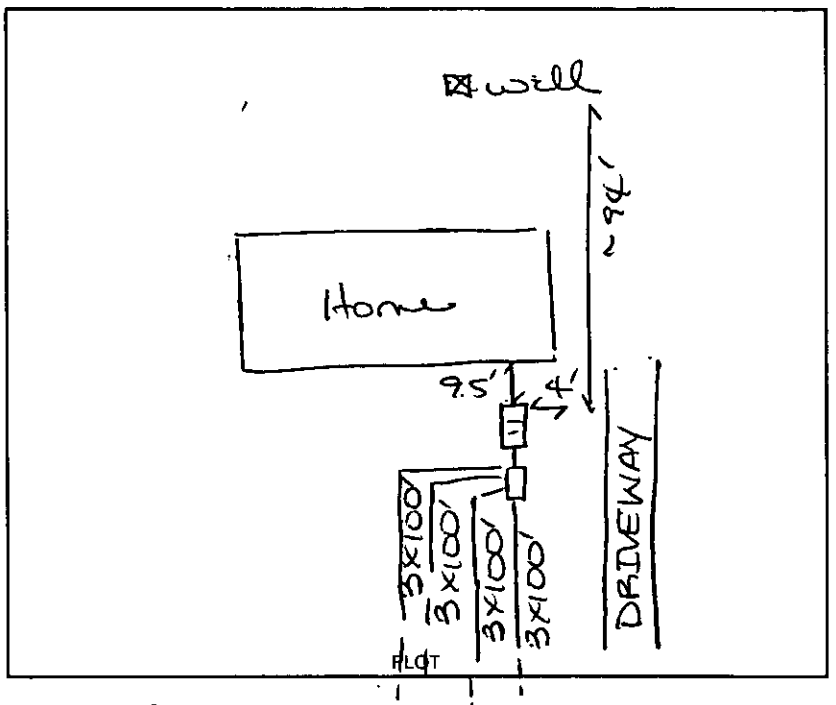
Distance to Water Source ~94'

Excavation Inspected 9/7/95

Tank(s) Inspected 9/7/95

Wash Line Inspected NA

High Water Alarm Inspected NA



Design 1995 CON, 1500gST, D-Box, 1200ft2, 12"G, Cecil-like CTR# 80

Claudius Morrison

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. 9-7-95

COMMENTS: 3 Pedroom residence, Type II C.o. Morrison

Septic tank contractor certifies that his tank installed at this site was manufactured >28 days before installation.

Joan B. Mialik, RS
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: 19237 DATE: 9/1/95

TC: 015-282-15 ☐ L

SERIAL Nº 16370

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 12/28/94. All work shall be completed on or before 10/1/95, 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 per improvement permit on file. (Approval date 1/13/95)

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank ✓ gallons

Tank Construction PCC

Trench Depth ~~24-36~~ 24-33" max

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous ✓

Total Line Length 400 feet

Number of Lines 4 @ 100' each

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 90+ feet

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

NAME OF OWNER Sharon L. Worthington

LOCATION OF PROPERTY 8301 McIlwaine Rd.

Comments: Set septic tank high in order to maintain maximum trench depth of ~~36~~ 33", otherwise pump & pump tank shall be required.

Prefer 24" trench depth

for A. Daniel, Program Chief 9-6-95

Lisa B. Malik, RS
Environmental Health Specialist

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

19237

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd $150 12/29/94 Ck #1171 CERT

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: Worthington (last) Sharon (first) L (mi)
ADDRESS: 3541 Durham Ln PHONE: (704) 596-8140
CITY: Charlotte STATE: NC ZIPCODE: 28269

Date: Dec. 28, 1994

PROPERTY OWNER:
NAME: Lookabill (last) Glynn (first) R. (mi)
ADDRESS: _____ PHONE: (___) _____
CITY: _____ STATE: _____ ZIPCODE: _____

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 015-292-15
STREET ADDRESS: 8301 ~~(Applewood)~~ McIlwaine Rd
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME: Applewood
LOT NUMBER: H LOT SIZE (in acres): .75 acre (125'x257')

TYPE APPLICATION (check one):
[ ] SOIL TEST - INDIVIDUAL LOT (D)
[X] 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 M)
[ ] 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) [X] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3

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)
[X] 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: X Sharon L. Worthington Date: Dec. 28, 1994

NOTICE:

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 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.

... May need lift station

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

Susan Patterson 1-3-95
Environmentalist Date

Director or Authorized Section Head Date

WATER : 1227

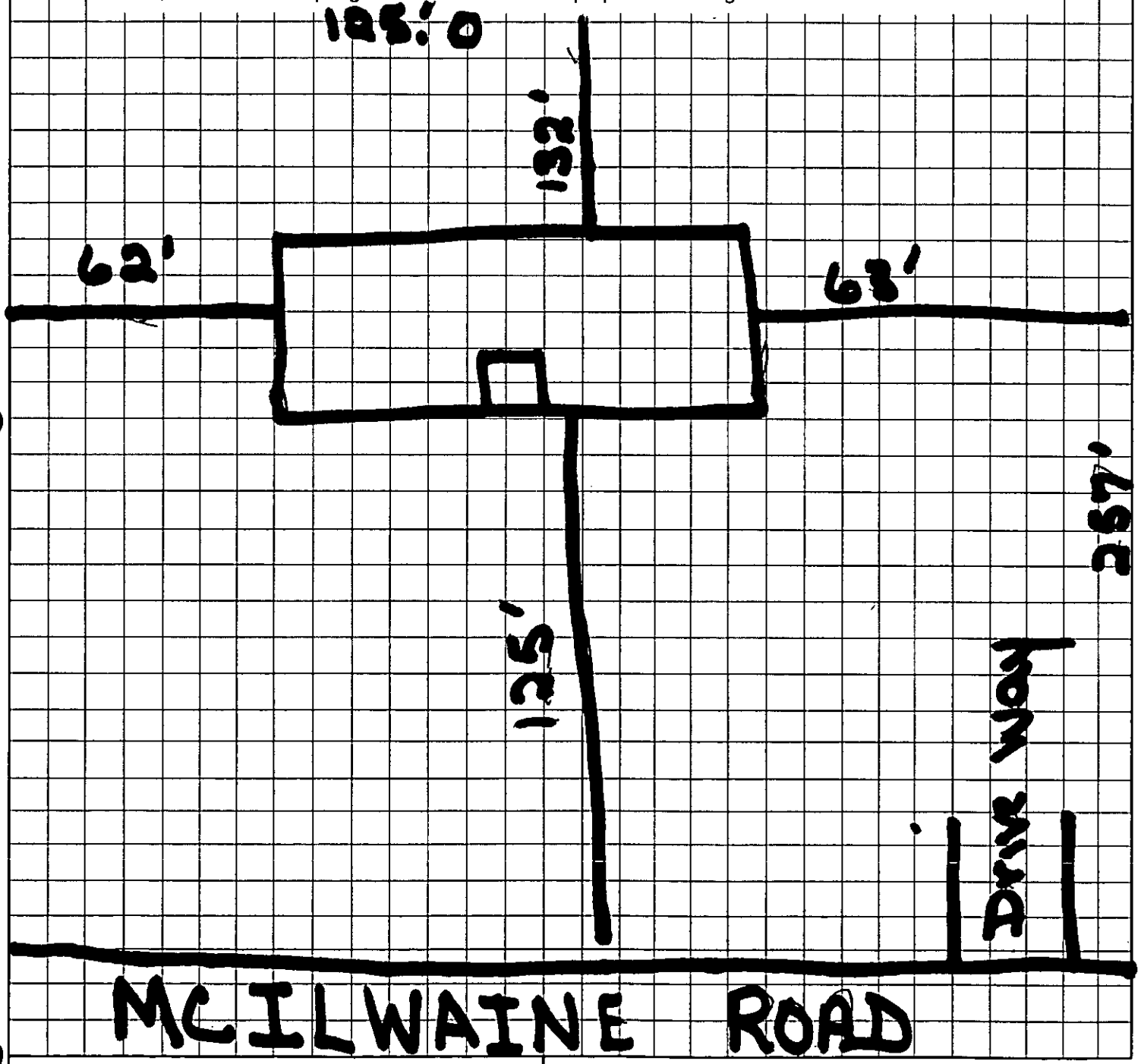
PROPOSED PLOT PLAN

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

FILE: 19237 ~~34048~~

TC: 015-282-15

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

APPROVAL DATE

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

PROPOSED PLOT PLAN

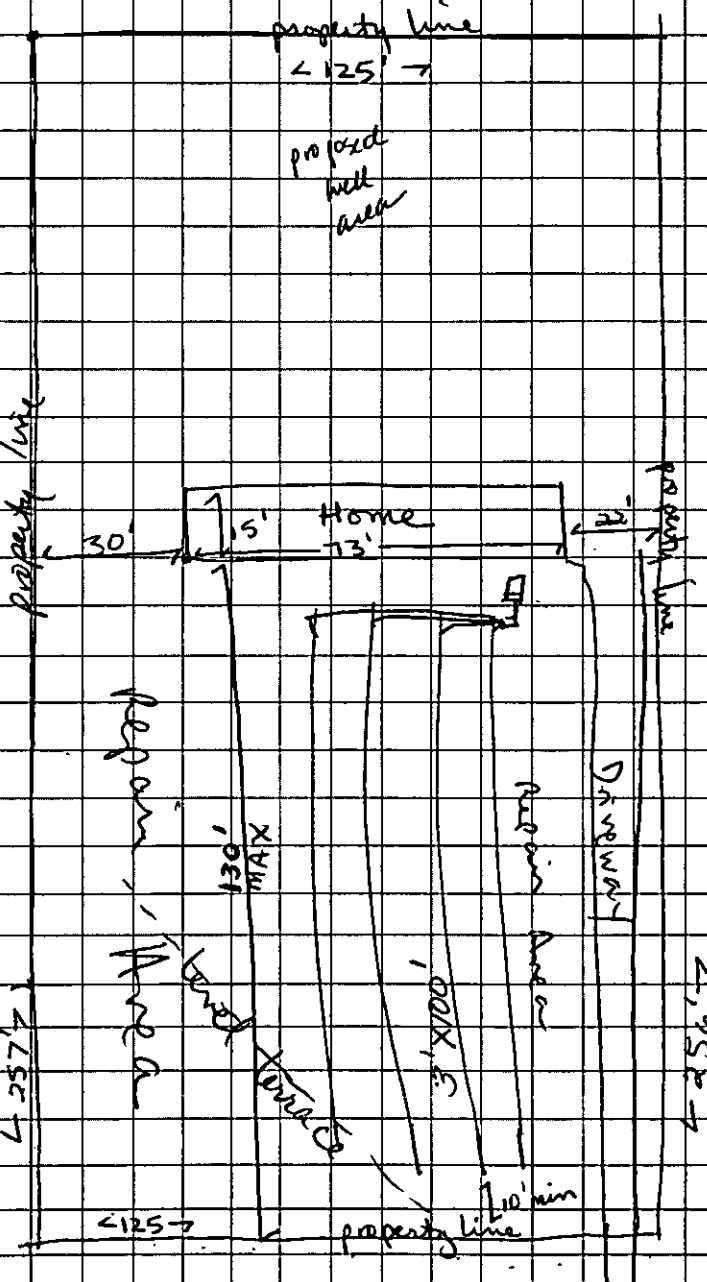
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

19237

FILE: ~~3404 B~~

TC: 015-282-15

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.



3 bedroom design

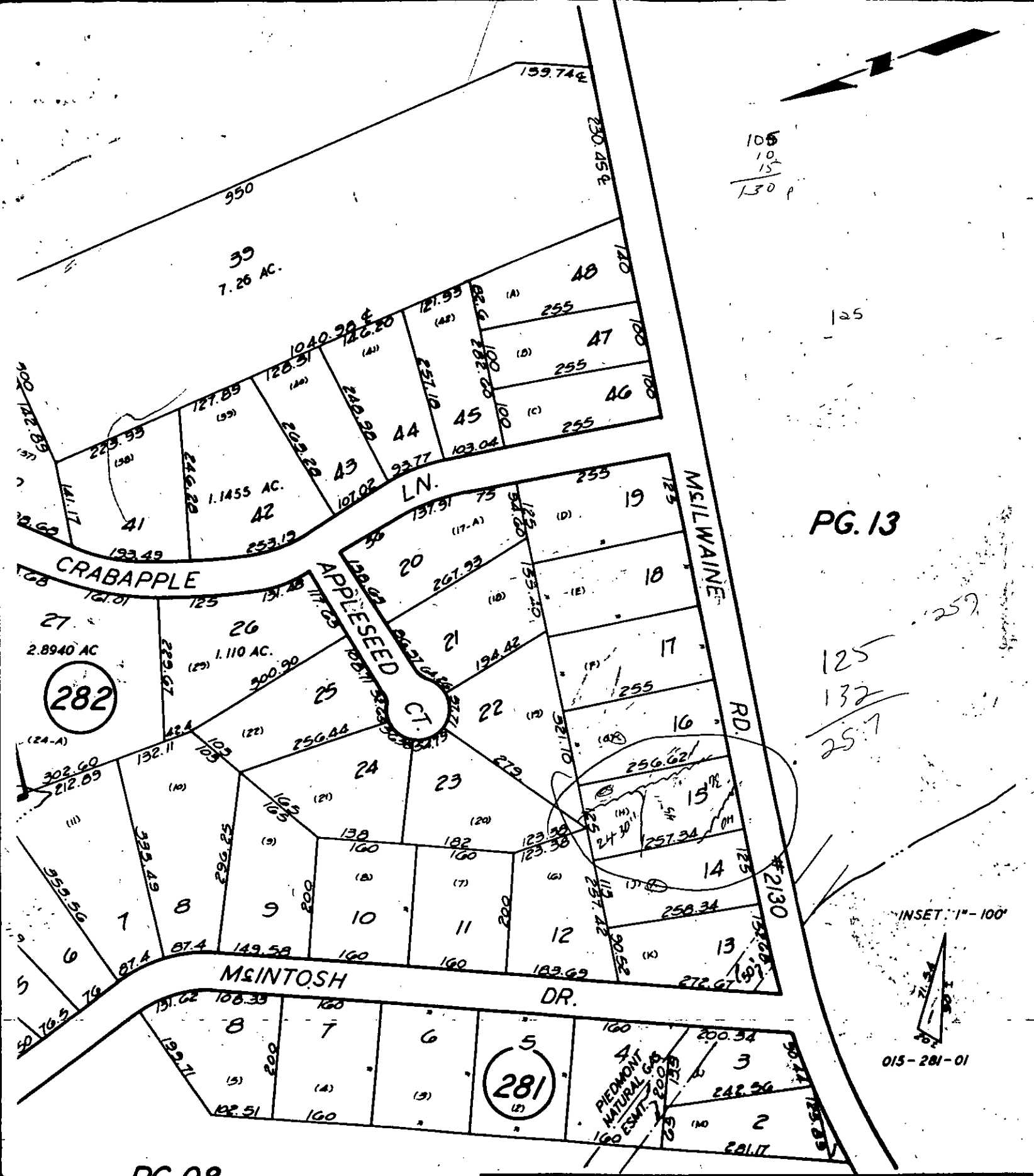
1500 g septic tank
1200 sq ft drainfield
at 4 lines at 3'x100'x 6" stone
level terraces in septic system area.
Repair area for conventional system.
Do not grade in area of septic system or repair area, except to level terraces.
Any changes may void permit.
Set home to accomodate gravity feed system otherwise lift station may be required.
Keep well ~~over~~ 100' (min 50') from any part of septic system or its repair area.
Trench bottoms to be 24"-36" deep.
No basement.

Sharon L. Worthington
OWNER/AGENT SIGNATURE

DATE May 1-95

APPROVAL DATE 1-13-95 SBoatwright

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



TAX LINE MAP	BOOK 015 PAGE 28
MECKLENBURG COUNTY, NORTH CAROLINA	
REVISED 3-28-94	SCALE 1" = 200'

ES ONLY

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20564

File: ~~3404B~~ 19237 (Q1150)

Action 1

Parcel: 015-292-15

☐ PC

Location: 8301 McIlwaine Road

Subdivision: applewood

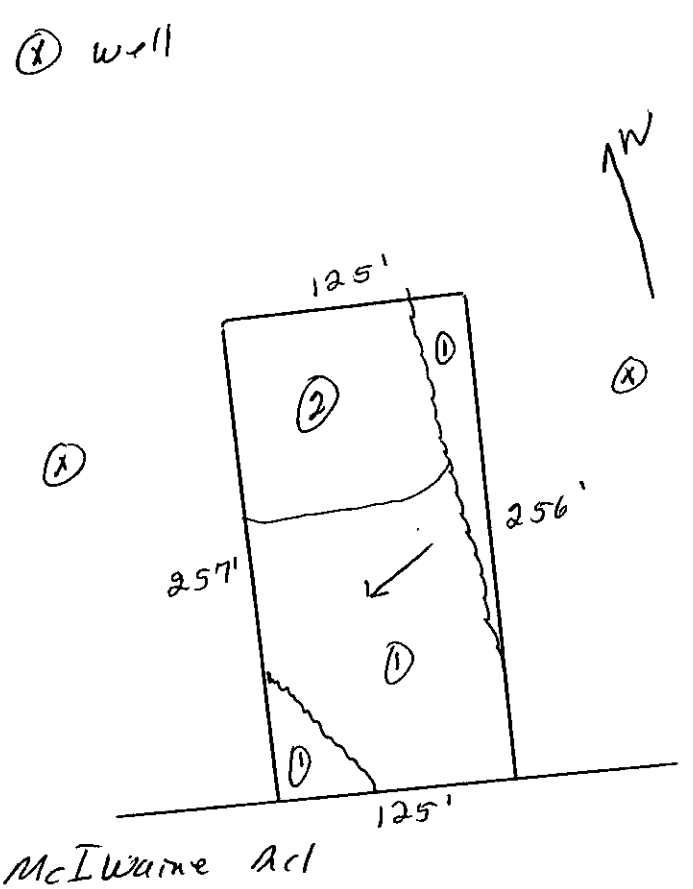
Lot: H Block: Acres: .73

Owner: Glynn A. Foothill
Address: 114 Castlerock Dr.
28606

Comments: 100% Repair, .3 gal/ft²/day LTAR

Described by: William A. Marlin

Date: 1-5-95



***** 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 2-6%	S PS (U) Terraces	S PS U	S PS U	S PS U
Texture	S (PS) U Slightly Expansive clay	S (PS) U Slightly Ex. Clay	S PS U —	S PS U	S PS U	S PS U
Structure	S (PS) U Sub Blocky	S (PS) U Sub Blocky	S PS U —	S PS U	S PS U	S PS U
Drainage	S (PS) U 45" TO Soil Wetness	S (PS) U 736" TO Soil Wetness	S PS U —	S PS U	S PS U	S PS U
Depth	S (PS) U 36-45"	S PS (U) 24-30"	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 736"	S (PS) U >736"	S PS U —	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	S (PS) U limited	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-Lilla	IV Pacolet Lilla	Terraces			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT File: ~~19237~~ 19240 Action 1

SITE EVALUATION REPORT

SERIAL NUMBER 20564 Parcel: 015-292-15 ☐ PC

Location: 8301 McAlpine Road

Subdivision: Applewood

Lot: H Block: Acres: .73

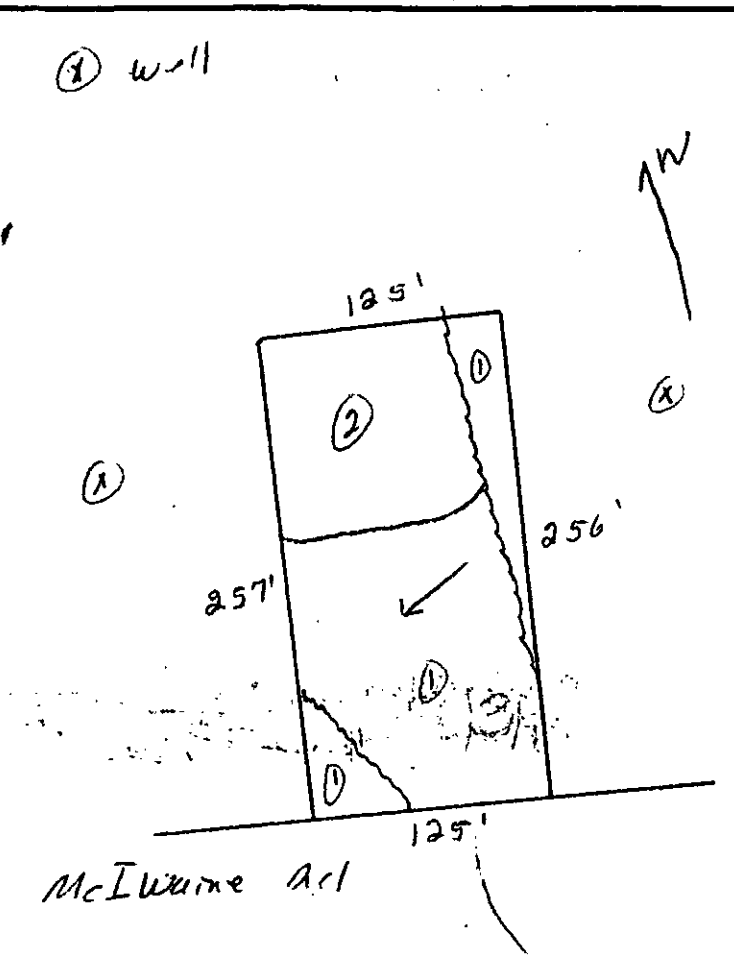
Owner: Bryan A. Foothill
Address: 114 Castlerock Dr.

2EOC

Comments: ~~100% Repair, 300 gal/ft²/day LTAR~~

Described by: William A. Marks

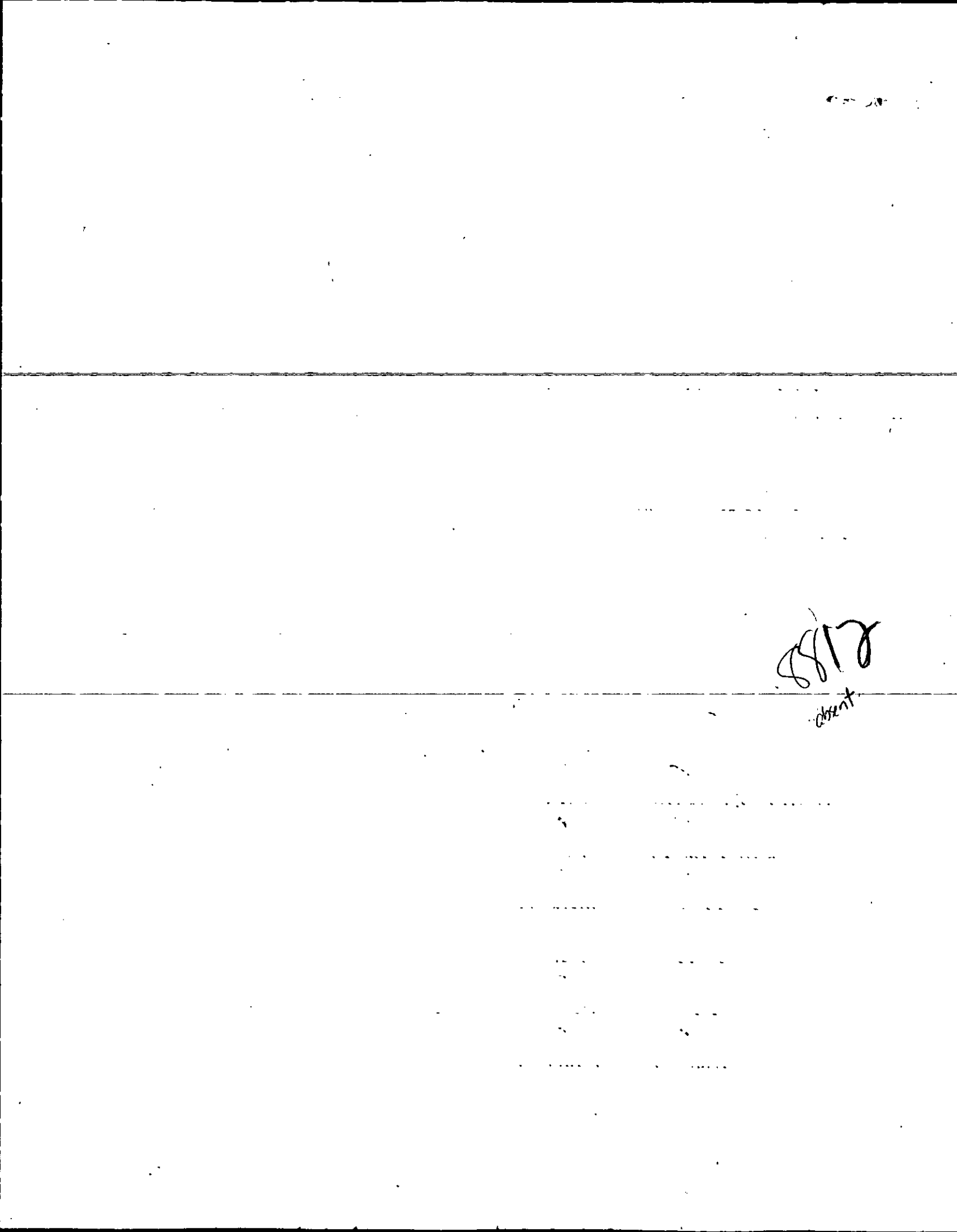
Date: 1-5-95



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Topography	(S) PS U 2-8%	(S) PS U 2-6%	S PS (U) Terraces	S PS U	S PS U	S PS U
Texture	S (PS) U Slightly Expansive clay	S (PS) U slightly Ex. clay	S PS U —	S PS U	S PS U	S PS U
Structure	S (PS) U Sub Blocky	S (PS) U Sub Blocky	S PS U —	S PS U	S PS U	S PS U
Drainage	S (PS) U 45" to Water 7	S (PS) U 36" to soil wetness	S PS U —	S PS U	S PS U	S PS U
Depth	S (PS) U 36-45"	S PS (U) 24-30"	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S (PS) U >36"	S PS U —	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	S (PS) U limited	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	III Cecil-Lilo	III Pacolet Lilo	Terraces			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U


818
absent