

11013 MIDDLE ACRES RD

05116103

1/7/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

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

Sheet: 1
Property ID: 051-161-07
Lot #:
File #: 5117B
Code: 3

ACS

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Ann Lynaugh
Address: 7300 Budding Ct., Charlotte, N. C. 28227
Applicant: Scott Haynes
Date Evaluated: 12/17/2002
Property Size: 1.5a. Inv.
Proposed Facility: Residence
Design Flow (.1949): 600gpd
Location of Site: 11013 Middle Acres Road
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY 1941		OTHER PROFILE FACTORS				Profile Class & LTAR
			1941 Structure/ Texture	1941 Consistence Mineralogy	1942 Soil Wetness/ Color	1943 Soil Depth (IN.)	1956 Sapro Class	1944 Restr Horiz	
1	LS, 12	0-3	GR/SCL	FR/SEXP/SS/SP	5Y4/2@12"	16+	N/A	NONE	US
		3-16	SBK/C	VFI/EXP/VS/VP					
2	LS, 10	0-6	GR/SCL	FR/SEXP/SS/SP	>37" TO SOIL WETNESS	37+	"	"	"
		6-37+	SBK/C	VFI/EXP/VS/VP					
3	"	0-4	GR/SCL	FR/SEXP/SS/SP	>13" TO SOIL WETNESS	13+	"	"	"
		4-13+	SBK/C	VFI/EXP/VS/VP					
4	"	0-5	GR/SCL	FR/SEXP/SS/SP	>16" TO SOIL WETNESS	16	"	"	"
		5-16	SBK/SCL	"					
5	"	0-4	GR/SCL	"	>13" TO SOIL WETNESS	13+	"	"	"
		4-13+	SBK/C	VFI/EXP/VS/VP					
6	"	0-4	GR/SCL	FR/SEXP/SS/SP	>17" TO SOIL WETNESS	17	"	"	"
		4-17	SBK/SCL	"					

Description	Initial System	Repair System
Available Space (.1945)	US	
System Type(s)		
Site LTAR		

Other Factors (.1946): _____
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 12/17/02. W. R. Marlin
Others Present:

FILE # 51178

COMMENTS Does not appear to be 1067 Report

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

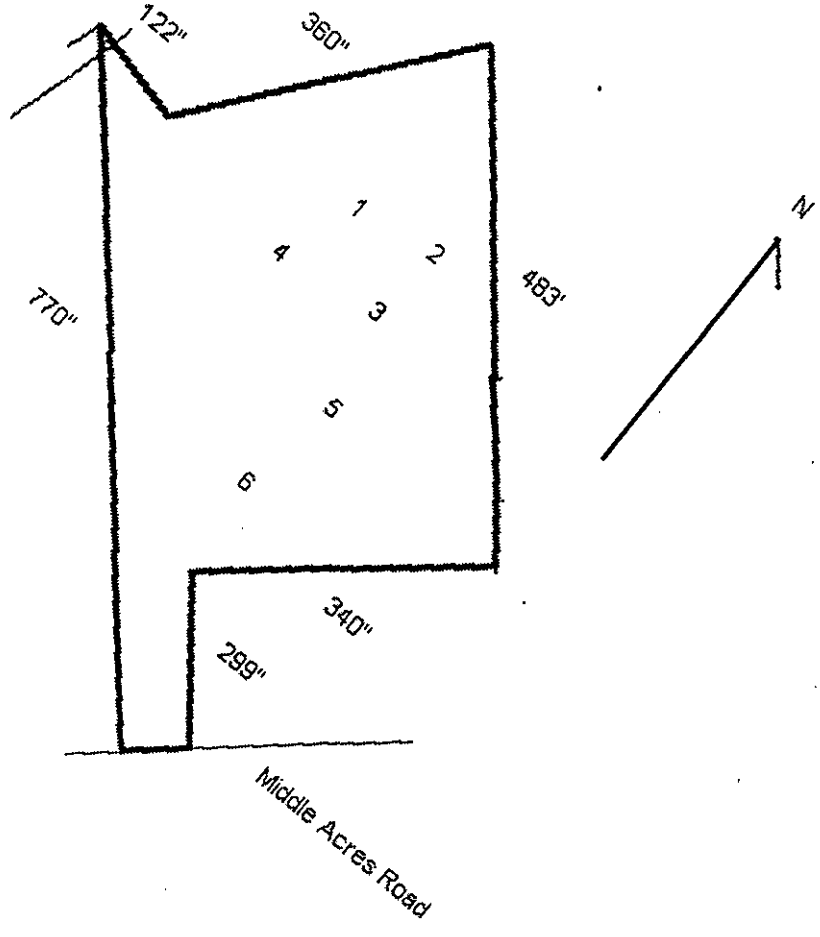
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



FEE: 200.00 CK #1383 EX

DATE: 11-29-02

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 #: 51178

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 051-161-07

STREET ADDRESS: 11013 MIDDLE ACRES RD.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 3500+-

NUMBER OF BEDROOMS: 5 or 6 NUMBER OF OCCUPANTS: 6

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):

[ ] COMMUNITY (C) [ ] MUNICIPAL (M) [X] 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: HAYNES SCOTT
(LAST) ~~SCOTT~~ (FIRST) (MI)

ADDRESS: P.O. Box 669524

CITY: CHARLOTTE STATE: NC ZIP: 28266

DAYTIME PHONE: (704) 394-3546

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) WARE (FIRST) MILES (MI) E

DAYTIME PHONE: (704) 458-4848

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] — AGENT DATE: 11-27-02

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

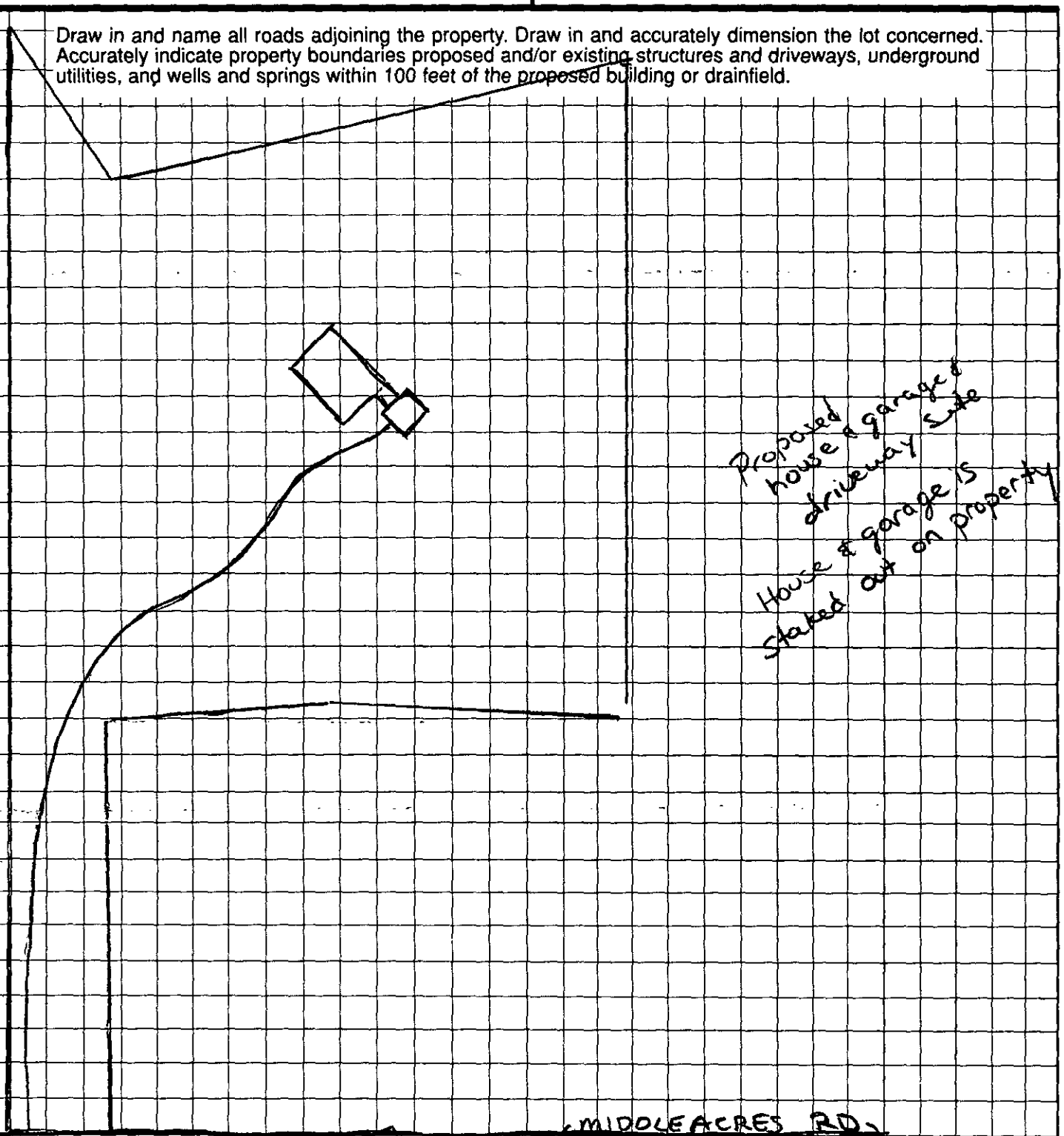
PROPOSED PLOT PLAN

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

FILE: 5117B

TC: 051-161-07

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 11-25-02

APPROVAL DATE _____

1 □ = 25'

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	11/27/02	**Amount:**	200.00
Receipt #:	11796	**Tendered:**	200.00
Check / Auth #:	CHECK 1383	**Returned:**	0.00
Received By:	JONESNY		

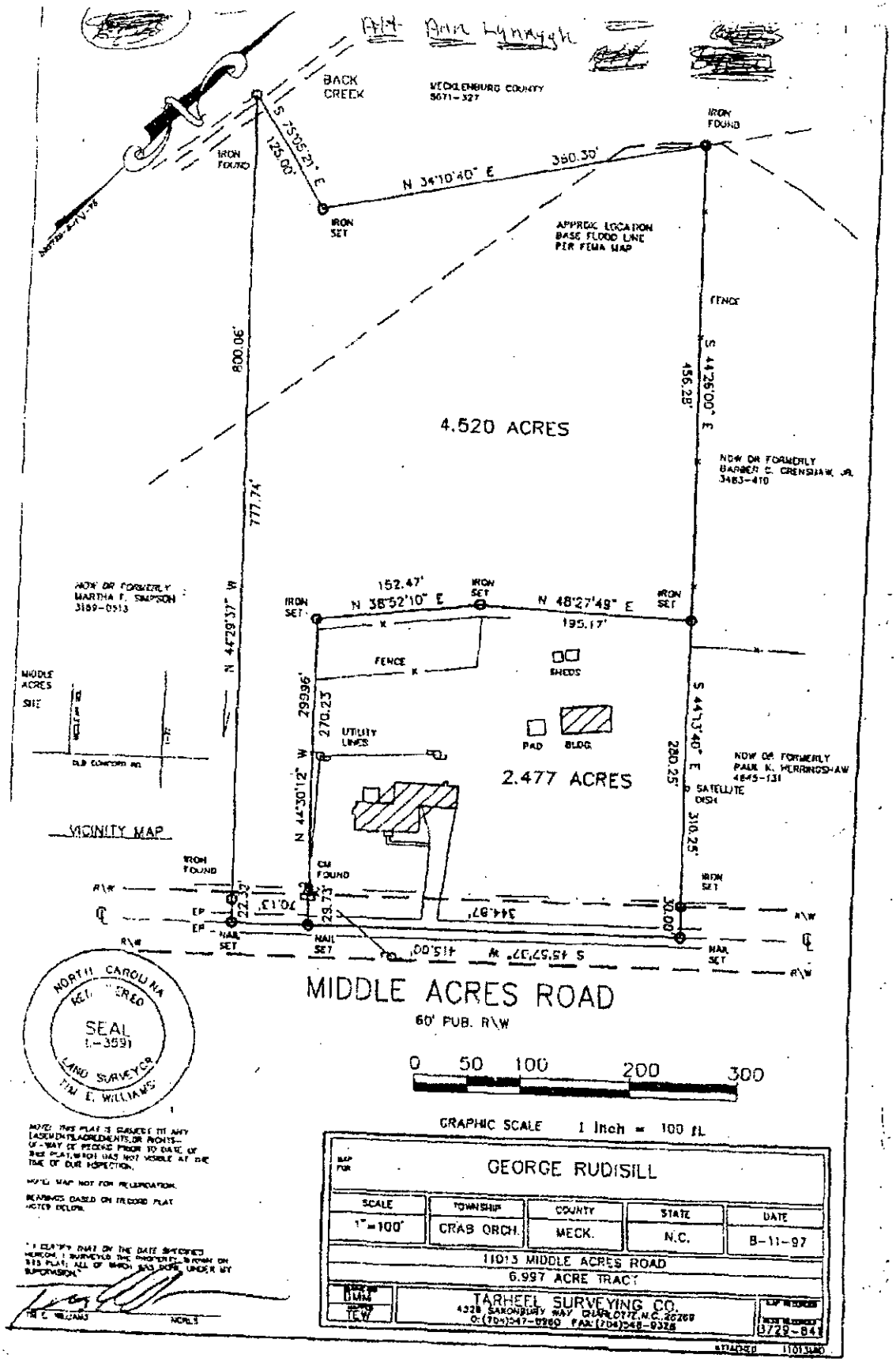
Account Information

Account #: 200000
Contractor: HAYNES, SCOTT
Attn:
Address: PO BOX 669524
Address:
City/State/Zip: CHARLOTTE, NC 28266

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 11013 MIDDLE ACRES ROAD		1	200.00	200.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance



MAP FOR: GEORGE RUDISILL

SCALE	TOWNSHIP	COUNTY	STATE	DATE
1"=100'	CRAB ORCH.	MECK.	N.C.	8-11-97

11013 MIDDLE ACRES ROAD
6.997 ACRE TRACT

DRAWN BY: DJMM
CHECKED BY: TEW

TARHEEL SURVEYING CO.
4328 SARONBURY WAY CHARLOTTE, N.C. 28269
PH:(704)547-0260 FAX:(704)548-0328

EXP RECORDED
REVISIONS RECORDED 8/28-84

11013MID