

9751 ARLINGTON OAKS DR

13928144

1/7/2008

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: 4638B DATE: 12-17-02

TC: 139-281-44 ☒ L ☐ CRT

SERIAL N° 18994

Name of Owner LEWIS RAKER Juris.:

Address of Property 9751 ARLINGTON OAKS DRIVE

Inspection Data:

Tank Material 1500

Total Length of Drainfield 370

Number of Lines 5 @ 3x90 & 2x50

Cover Depth 12"

Water Supply Source WELL

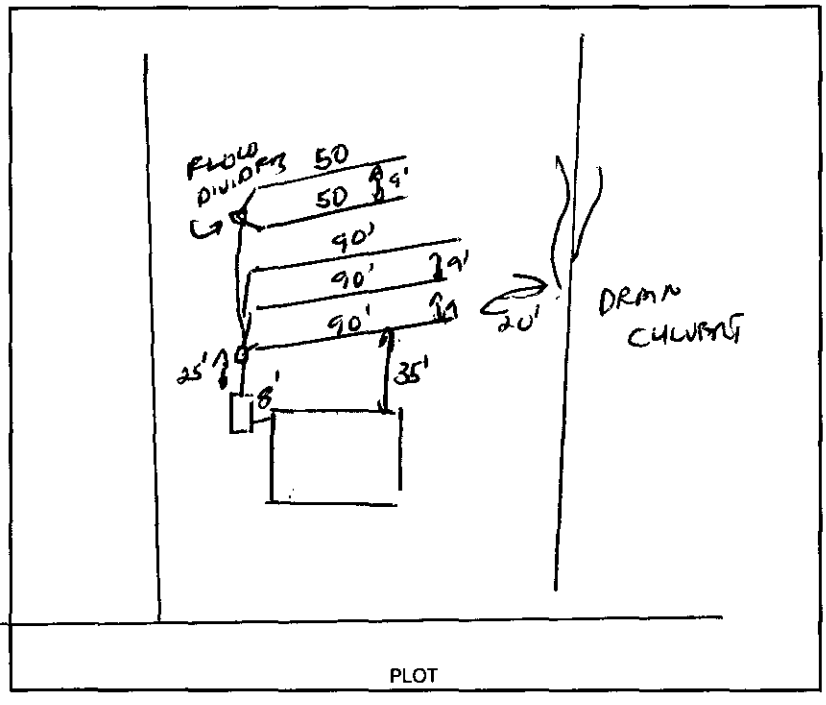
Distance to Water Source >50'

Excavation Inspected 12/10/02

Tank(s) Inspected 12/17/02

Wash Line Inspected —

High Water Alarm Inspected —



PLOT

Design 1500 ST 1441 SFT INNOVATIVE CTR# RCS

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.

COMMENTS: TYPE TP-6 INNOVATIVE

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: 4638B DATE: 11-5-02

TC: 139-281-09 44 ☐ L

SERIAL 19151

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 6-20-02. All work shall be completed on or before _____, 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.

SEE PLAN.

FINAL 12/17/02

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction Dcc

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 36" feet

Trench Walls Scored and Porous yes

Total Line Length 360 feet

Number of Lines 5

Depth of Stone NA inches

Distance from House >5' feet

Distance from Property Line 10' feet

Distance from Well 100' feet

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

NAME OF OWNER LEWIS RAKER

LOCATION OF PROPERTY 9751 ARLINGTON OAKS DRIVE

Comments: (1) FOLLOW PLAN AS DESIGNED BY TONY JACOBS & ASSOCIATES

Environmental Health Specialist

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

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

****

Filed For Registration: *06/20/2002 09:14 AM*

Book: RE 13714 Page: 583-587

Document No.: 2002118318

PRMIT 5 PGS $23.00

Recorder: MARILYN SMITH

****

State of North Carolina, County of Mecklenburg

The foregoing certificate of JULIAN G WOOD Notary is certified to be correct. This 20TH of June 2002

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

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG
I DO HEREBY CERTIFY THIS TO BE A TRUE
COPY OF DOCUMENT FILED AND RECORDED
IN BOOK _____ PAGE(S) _____
THIS _____ DAY OF _____ 20__
JUDITH A. GIBSON, REGISTER OF DEEDS
BY: _____
DEPUTY REGISTER OF DEEDS

****

2002118318

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

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2002 JUN 20 09:14 AM
BOOK:13714 PAGE:583-587 FEE:$23.00
INSTRUMENT # 2002118318

FILE # 4638B
PARCEL # 13928144-0001

The undersigned, Lewis T. Raker, owner of property located at 9751 Arlington Oaks Dr., (the "site") and described in an instrument recorded in Book 13234 at Page 479-481, 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: Lewis T. Raker
Mail after recording to: Lewis T. Raker
15224 August Ln. Charlotte, N.C. 28227

- 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 20 day of June, 2002.

_____ (Corporate Name)

By: _____

_____ President

ATTEST:

_____

_____ Secretary

(Corporate Seal)

Lewis T. Baker (SEAL)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Julian G. Wood, a Notary Public for said County and State, do hereby certify that Lewis T. Baker personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 2nd day of June, 1992 2002

Julian G. Wood
Notary Public

My Commission Expires:
12-26-2005

JULIAN G. WOOD NOTARY PUBLIC MECKLENBURG COUNTY, N.C.

RBCWM:24751_1/8-30-95

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day and acknowledged that _he is _____ Secretary of _____, a North Carolina corporation, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal and attested by _____ as its _____ Secretary.

WITNESS my hand and notarial seal, this _____ day of _____, 199__.

_____
Notary Public

My Commission Expires:

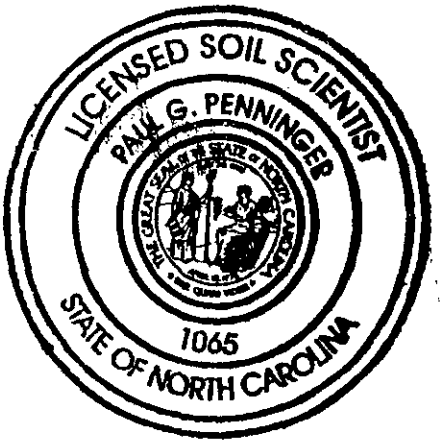
_____

RESIDENTIAL 25% REDUCTION INNOVATIVE SEPTIC SYSTEM FOR SUBSURFACE WASTEWATER DISPOSAL LOT 4 ARLINGTON WOODS

MCHD FILE # 4638B

Prepared for:
Mr. Jeff Casey
Bryant Realty, Inc.
5201 Monroe Road
Charlotte, North Carolina 28205

Prepared by:
Toney C. Jacobs & Associates, Inc.
168 Broadbill Drive
Mooresville, North Carolina 28117
office (704) 663-6905
fax (704) 662-9845
E-mail jacobs@i-america.net



October 25, 2001

Drew Walker

Copy: Mr. Bill Marlin
MCHD-IWWS
700 N. Tyron Street
Charlotte, NC 28202

Paul G. Penninger, LSS

10-26-01
APPROVED.

BACKGROUND

Lot 4 Arlington Woods was originally evaluated by Mr. Bill Marlin on August 13, 2001. Mr. Marlin described several pits as only provisionally suitable (PS) for low pressure pipe septic system due to shallow depths to clay loam saprolite. Toney C. Jacobs evaluated the pits on September 12, 2001 and dug other pits. Our descriptions and soil depth calls were very similar to Mr. Marlins. Upon field texture analysis of the saprolite, we too thought the saprolite was very close to the break between a loam, which is PS, and a clay loam which is unsuitable.

We offered the options of pumping the septic from lot 4 across the street to an off-lot septic area or running Particle Size Analysis on the saprolite samples to determine if they did or did not meet the textural requirements as defined in the septic rules. You stated you would like to keep the system on lot 4 if possible, even if only a 3-bedroom home could be permitted.

We collected three saprolite samples and performed particle size analysis using the hydrometer method. The texture of the samples were loam, silt loam and silt loam from Bill's pit 2 and 3, and my pit P2, respectively. Samples were collected from 30-36 inches deep. All soil notes and particle size sheets are attached.

We met Bill on the lot October 9, 2001 to discuss the particle size results and re-evaluate the saprolite. We agreed the saprolite at Bills pits 2 and 3 and my pits P1 and P2 was useable with a 25% reduction type system. We also agreed the front of the lot was only PS for an LPP system. An LTAR of 0.25 gpd/ft^2 was assigned to the soil/saprolite at the right rear of the lot and the LPP area at the front of the lot was assigned an LTAR of .125 gpd/ft^2.

We flagged the system and determined that only a 3-beroom system could fit in the useable soil area. We flagged a 25% innovative primary system in the rear yard and an LPP repair in the front. These systems are sketched on the attached site plan. All flagging in the field supercedes the sketch plan.

SYSTEM SPECIFICATIONS

Number of Bedrooms:	3
Design Flow:	360 gpd
Loading Rate	Primary: 0.25 gpd/ft^2 Repair (LPP): 0.125 gpd/ft^2
Water Supply:	Private Well
Septic Tank :	1000 gal. min.

Primary System:

360 ft. of 25% innovative trenches (Chamber or Easyflow) installed 36 inches deep and minimum 9 ft. on center. Layout is 3 lines at 90 ft. and 2 at 45 ft. Distribution will be gravity flow via a D-box and one flow divider to dose the two 45 ft. lines. The well must be 100 ft. from any part of the septic system.

Repair system.

576 ft. of LPP lines installed 12 inches deep in a 12-18 inch wide trench.

ARLINGTON WOODS Lot # 4

1" = 30'

* Field staking supercedes site plan sketch

NO MON)
O QUOTA~

36' ZSL REDUCTION
INNOVATIVE LINES

UOII PIO

N

128.25'

Potential Well Site (100')

131.32'

FLOW DIVIDER

45' White
45' Yellow
90' Red
90' BLUE
90' White

D-Box

ST.

40 x 60 House

House Address 12c' off Street

IMPROVE DITCH TO CORNER

N 75°50'19" E 285.35'

Storm Drain

576' LPP REPAIR

N 15°10'02" E 215.01'

DRIVE

Yellow 55'
RED 85'
W 55' 60'
53'
BLUE 53'
Yellow 50'

C2 110.00'

C1 C3 C4 C5 C6

1" ~ 30'

ARLINGTON WOODS Lot # 4

* Field staking supercedes site plan sketch

360' 25% REDUCTION INNOVATIVE LINES

128.25'

Potential Well

100'

FLOW DIVIDER

45' white
45' yellow
90' red
90' BLUE
90' white

D-Tank

ST.

40 x 60 Lawn

House Address 12' off Street

576' LPP Repair

DRIVE

Storm Drain

IMPROVE DITCH TO CORNER

55' YELLOW
55' RED
55' WHITE
53' BLUE
50' YELLOW

C1 C2 C3

Receipt # X28590

FEE: 305 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** CS
DATE: 6/20/02 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 6-20-02 **PERMIT NO:** 4638B
PARCEL NO: 139-281-01 44
JOB LOCATION ADDRESS: 9751 ARLINGTON OAKS DRIVE
PROPERTY OWNER: LEWIS RAKER
BUILDING CONTRACTOR: LEWIS RAKER
SUBDIVISION NAME: ARLINGTON OAKS LOT #4
AUTHORIZATION ISSUED BY: [signature] **DATE:** 6-2002
DENR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4638B, 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 TO BE COMPLETED BEFOR CO IS ISSUED

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.

X Lewis T. Raker 6-20-02
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 139-281-09

Permit Number: 4638R

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.

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

25 Long-term acceptance rate	360 Max gallons/day wastewater flow	1440 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
yes Serviced by private well	1520 Gallon septic tank	480 Total trench length (ft)	36 Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	___ Gallon pump tank	NA Depth of stone	

Any surface waters present: Type: Minimum separation distance:

Site modifications required:

Additional Conditions: REQUIRES AGREEMENT FORMS. BEFORE CO IS ISSUED

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

288 Absorption Area (Sq ft) 526 Total Trench Length (Ft)	12" Depth of Stone Trench	5' Trench spacing (min. on centers)	18" 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 th 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 effe 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 Departmen
- This Improvement permit is transferable.

DEHNR Authorized Agent 6-20-02 Date

Owner/Agent Signature Lewis J. Yokley 6-20-02 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

FEE: _____

DATE: _____

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

New Owner

FILE #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 13928144-001

STREET ADDRESS: 9751 Arlington Oaks Dr

SUBDIVISION OR MOBILE HOME PARK NAME: Arlington Oaks

LOT NUMBER: 4

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: 2404

NUMBER OF BEDROOMS: 3 | 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
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: Ricker (LAST) Lewis (FIRST) T (MI)

ADDRESS: 15224 August Ln.

CITY: Charlotte STATE: NC ZIP: 28277

DAYTIME PHONE: (704 545-7101

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) –

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 2-7-02

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: Lewis T. Ricker DATE: 6-20-02

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

5-15-02 HOUSE LOCATION MOVED - WILL NOT IMPACT EITHER DRAINFIELD OR REPAIR AREA.

D. Wells

File # 4638B

RESIDENTIAL PLOT PLAN
FOR INTERNET PERMIT APPLICATION

For Department Use
PERMIT #

LOCATION/SITE DATA

9751 ____ Arlington Oaks Dr.
Street # (N,S,E,W) Street Name (Av,Rd,St)
Project/Subdivision Name Arlington Oaks Phase ____ Section ____
Lot # 4 Block # ____ Land Area (sq. ft.) 1.279 Acres

OWNER INFORMATION

Owner: Lewis T. Raker Address: 15224 August Ln.
City: Charlotte State NC Zip 28227 Phone # 704-545-7101

FOR DEPARTMENT USE Tax Parcel # 13928144-001 Tax Jurisdiction ____
Zoning ____ Juris ____ Map # ____ R/W ____
Special (Circle) C D N P S Flood Plain ☐ Yes Flood Elev ____ Fire Dist. ☐ Yes
Lot: ☐ Corner ☐ Through ☐ Front Street (if different) ____
Minimum Setbacks: Front ____ Left Side ____ Right Side ____ Rear ____
Remarks: ____

PROJECT DATA

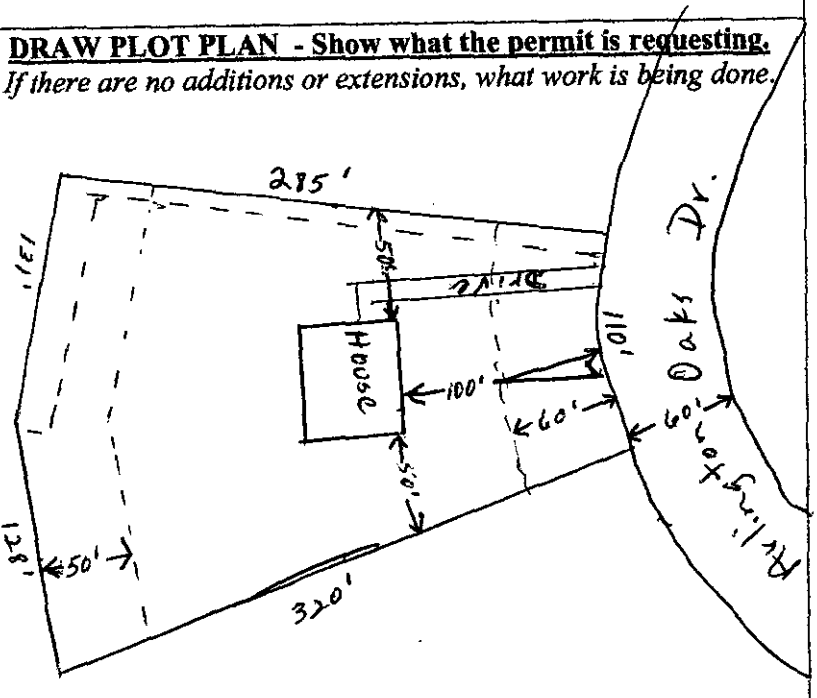
Type Work:
✓ New __ Addition __ Accessory

Project Description:
✓ Single Family (detached)
__ Duplex __ Modular
__ Garage __ Other ____

Area (sq. ft.):
Heated 2404 Unheated 508
Deck(s) ____

Note: This plot plan must be faxed to 336-3823 before your Internet permit will be processed.

DRAW PLOT PLAN - Show what the permit is requesting.
If there are no additions or extensions, what work is being done.



ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED.

Lewis T. Raker 6-19-02 Lewis T. Raker Fax # 704-545-7101
Applicant's Signature Date Print Applicant's Name
Contractor Name Lewis T. Raker Contractor Acct. # X28590

MECKLENBURG COUNTY ENGINEERING & BUILDING STANDARDS DEPARTMENT
P. O. Box 31097, Charlotte, NC 28231-1097 • (704) 336-3803 • Fax # (704) 336-3823
Abbreviations: C = Conditional Use N = Non-Conforming S = Special Use Permit
D = Historic District P = Historic Property

For Department Use Zoning Approved By	
Initial	Date

Environment, Health, and Natural Resources
Environmental Health
Wastewater Section

Sheet 1 139-281-09 / MM
Property ID: PO 130-591-99
Lot #: 4
File #: 4638B
Code: 2

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Medlin Farms, Inc.
Address: 5201 Monroe Road, Charlotte, N. C. 28205
Applicant:
Date Evaluated: 6/8/01
Property Size: 1.27a
Proposed Facility: residence Design Flow (.1949): 360gpd
Location of Site: Arlington Oaks Drive
Property Recorded: [ ] Spring [ ] Other
Water Supply: [ ] Public [x] [x] Well [ ] Cut
Evaluation Method: [ ] Augur Boring [x] Pit [ ] Mixed
Type of Wastewater: [x] Sewage [ ] Industrial Process

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 SHWT Depth (IN.)	.1956 Saprolite Class	.1944 Restr. Horiz	Profile Class & LTAR
	5-10								
1	LS	0-9	GR/SCL	FR/SEXP/SS/SP	> 48" TO SOIL WETNESS	48	N/A	NONE	US
		9-20	ABK/C	VFI/MIXED/VS/VP					
		20-49	M/SCL	FI/MIXED/s/P					
2	LS	0-2	GR/CL	FR/SEXP/SS/SP	>49" TO SOIL WETNESS	49	"	"	US, IV
		2-25	ABK/C	FI/SEXP/S/P	PSA PR				.125G/FT²/DAY
		25-49	M/CL	FR/SEXP/SS/SP					LPP
3	LS	0-3	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	"	"	US, IV
		3-23	ABK/C	FI/SEXP/S/P	PSA PR				.125G/FT²/DAY
		23-48	M/CL	FR/SEXP/SS/SP					LLP
4	LS	0-3	GR/CL	FR/SEXP/SS/SP	>39" TO SOIL WETNESS	39	"	"	US
		3-14	ABK/C	VFI/MIXED/VS/VP					
		14-39	M/CL	FI/SEXP/SS/SP					
5	LS	0-6	GR/CL	FR/SEXP/SS/SP	>51" TO SOIL WETNESS	51	"	"	PS, IV
		6-41	ABK/C	FI/SEXP/S/P					.275G/FT²/DAY
		41-51	SBK/CL	FR/SEXP/SS/SP					
6	LS	0-6	GR/CL	FR/SEXP/SS/SP	>45" TO SOIL WETNESS	45	"	"	PS, IV
		6-24	ABK/C	FI/SEXP/S/P					.125G/FT²/DAY
		24-45	M/CL	FR/SEXP/SS/SP					LPP

Description	Initial System	Repair System
Available Space (.1945)	US	US
System Type(s)		
Site LTAR	.125G/FT²/DAY	.125G/FT²/DAY

Other Factors (.1946):
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Martin, LSS 6/13/01
Others Present: J. Casey

/ Environment, Health, and Natural Resources
, Environmental Health
, Wastewater Section

Sheet: 2
Property ID: PO 139-261-09
Lot #: 4
File #: 4636B
Code: 2

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner:
Address:
Applicant:
Proposed Facility:
Design Flow (.1949):
Date Evaluated:
Location of Site:
Property Size:
Water Supply: [ ] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Property Recorded:
Evaluation Method: [ ] Augur Boring [ ] Pit [ ] Cut
Type of Wastewater: [ ] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	SOIL MORPHOLOGY (.1941) 1940 Landscape Position/ Slope%	Horizon Depth (IN.)	1941 Structure/ Texture	1941 Consistence/ Mineralogy	OTHER PROFILE FACTORS 1942 Soil Wetness/ Color	1943 SHWT Depth (IN.)	1943 Saprolite Class	1944 Restr. Horiz.	Profile Class & LTAR
7	LS	0-2	GR/CL	FR/SEXP/SS/SP	>46" TO SOIL WETNESS	46	N/A	NONE	PS, IV
		2-29	ABK/C	FI/SEXP/S/P					.125G/FT²/DAY
		29-46	M/CL	FR/SEXP/SSSP					LPP

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

Other Factors (.1940):
Site Classification (.1948):
Evaluated By:

.IENTS 100% Repair

LANDSCAPE POSITION

R-RIDGE
S-SHOULDER SLOPE
L-LINEAR SLOPE
FS-FOOT SLOPE
N-NOSE SLOPE
H-HEAD SLOPE
CC-CONCLAVE SLOPE
CV-CONVEX SLOPE
T-TERRACE
FP-FLOOD PLAIN

GROUP	TEXTURE	.1955 LTAR
I	S-SAND LS-LOAMY SAND	1.2-0.8
II	SL-SANDY LOAM L-LOAM	0.8-0.6
III	SI-SILT SICL-SILTY CLAY LOAM CL-CLAY LOAM SCL-SANDY CLAY LOAM	0.6-0.3
IV	SC-SANDY CLAY SIC-SILTY CLAY O-ORGANIC	0.4-0.1

CONSISTENCE

MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLY STICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLY STICKY
	P-PLASTIC
	VP-VERY PLASTIC

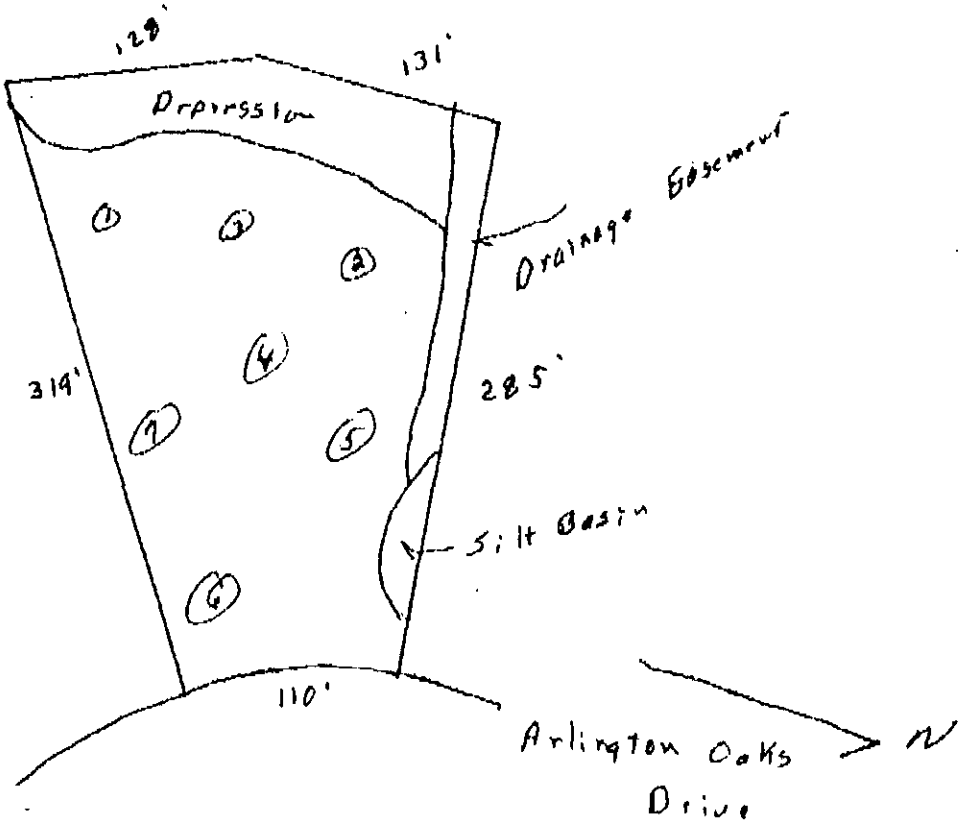
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



TCJ CONSULTING

SITE / SOIL EVALUATION

JOB: Arlington Woods Lot 4 PHONE: _____ DATE: Sept 12

LOCATION: _____ PIN: _____ COUNTY: _____ PROPERTY SIZE: _____

PROPOSED FACILITY: _____ WATER SUPPLY: On-Site Well__ Community__ Public__ EVALUATION: Auger Boring__ Pit__ Cut_____

WEATHER: _____ ANTECEDENT MOISTURE: _____ SURFACE WATER: _____

FACTORS	PROFILE P1	PROFILE P2	PROFILE P3	PROFILE P4
LANDSCAPE POSITION-S				
HORIZON I DEPTH	0-12	0-15	0-10	0-14
Color - Munsell	bc	red bl	bc	bc
Texture	sl	c SBK	scl - cl	scl
Structure	gr	weak	gr	
Consistence	fr		fr	
Boundary				
HORIZON II DEPTH	12-31	15-55	10-32	14-30
Color - Munsell	red	yell	red b	red
Texture	C	f-l - sl SBK	C gr bc	C
Mottles	f-c SBK md	mass w/s	m abk	
Structure	m sbk	fc ss/sp	f: s/p	m abks
Consistence	f: s/p			f: fp
		red: c SBC		
Boundary		other VFI		
HORIZON III DEPTH	31-46	with INF	32-50	30+
Color - Munsell	D SAP	cl	red	
Texture	ind cl		c-cl	C gr cb
Mottles		f ind WR	m abks	
Structure			f-s/c	
Consistence				
Boundary				
HORIZON IV DEPTH		PSA		
Color - Munsell		pl		
Texture				
Mottles				
Structure				
Consistence				
Boundary				
SOIL WETNESS				
RESTRICTIVE HORIZON				
SAPROLITE				
LTAR	.25	.25	.2-.25	0.125
CLASSIFICATION	PS	PS	PS	LOS

LEGEND

LANDSCAPE POSITION
R - Ridge Interfluve
S - Shoulder
L - Linear slope
S - Foot slope
N - Nose slope
H - Head slope
Ce - Concave slope
Cv - Convex slope
T - Terrace
P - Flood Plain

TEXTURE
s - sand
ls - loamy sand
sl - sandy loam
l - loam
si - silt
sil - silt loam
sicl - silty clay loam
cl - clay loam
scl - sandy clay loam
sc - sandy clay
sic - silty clay
c - clay

CONSISTENCE
MOIST / WET
WET
Ns - non-sticky
Ss - slightly sticky
S - sticky
Vs - very sticky

Np - non-plastic
Sp - slightly plastic
P - plastic
Vp - very plastic

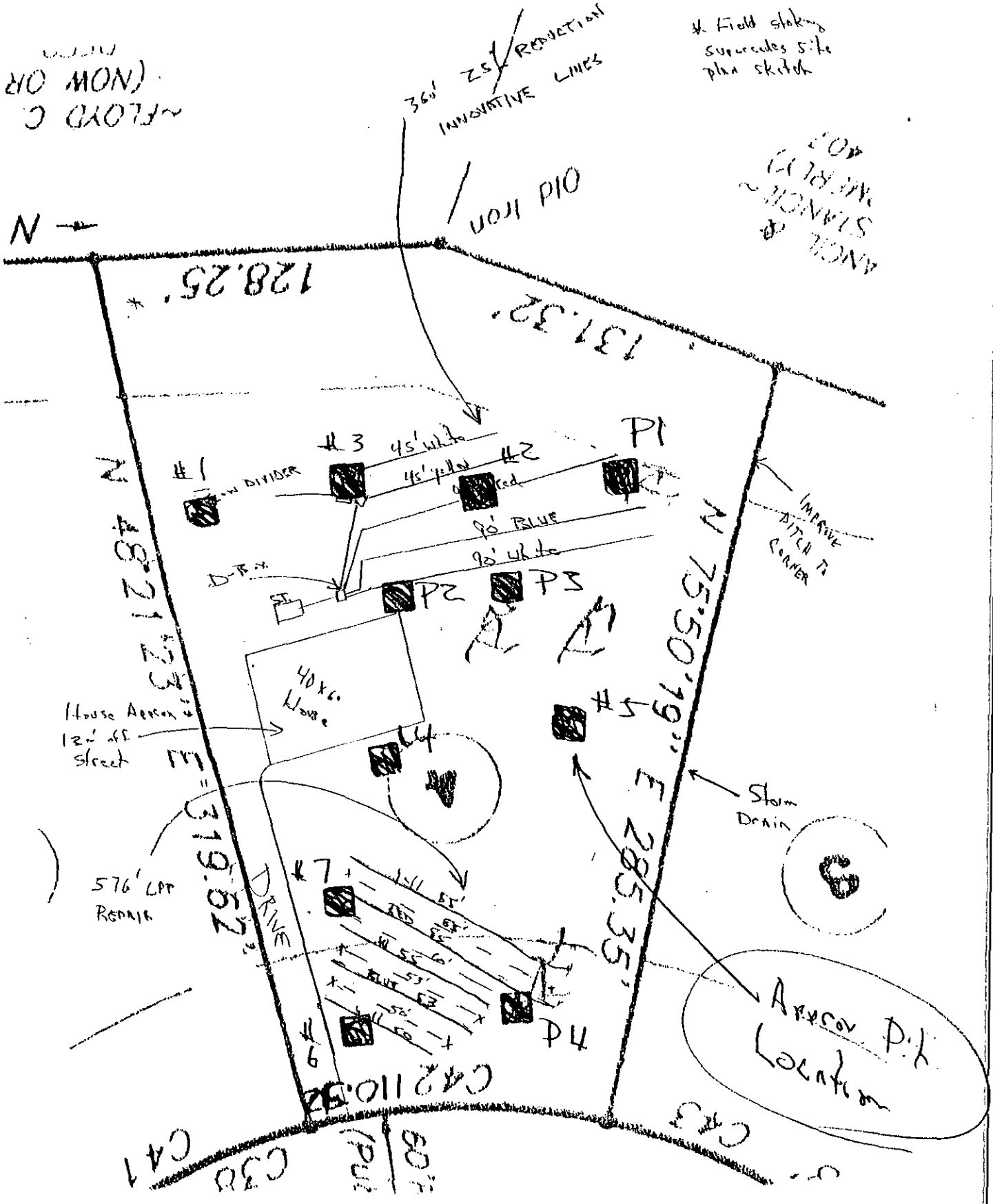
MOIST
vfr - very friable
fr - friable
fi - firm
vfi - very firm
efi - extremely firm

STRUCTURE
sg - single grain
m - massive
cr - crumb
gr - granular
sab - subangular blocky
ab - angular blocky
pl - platy
pr - prismatic

(1"~30')

ARLINGTON WOODS Lot #4

Approx. P.L Locations



Arlington Woods
Meckenlenburg County

Bills Pit #2

Series	Pacolet
Lab #	P1
Horizon	C
Sample size	40.00
Photo	Arlington Woods

	Reading	Blank	Time		Temp C
1st	33.0	7.0	30	sec	21.0
2nd	31.0	7.0	90	sec	21.0
3rd	17.0	7.0	4.0	Hours	21.0
4th	15.0	7.0	11.0	Hours	21.0

Concentration	P	d		
26	65	61.81386		
24	60	36.22224	Psand	36.98
10	25	3.152092	Psilt	42.61
8	20	1.921997	Pclay	20.40
		USDA Texture		Loam

Arlington Woods
Meckenlenburg County

Bills Pit #3

Series	Pacolet
Lab #	P2
Horizon	C
Sample size	40.00
Photo	Arlington Woods

	Reading	Blank	Time		Temp C
1st	38.0	7.0	30	sec	21.0
2nd	35.0	7.0	90	sec	21.0
3rd	17.0	7.0	4.0	Hours	21.0
4th	15.0	7.0	11.0	Hours	21.0

Concentration	P	d		
31	77.5	59.50162		
28	70	35.15426	Psand	24.98
10	25	3.152092	Psilt	54.62
8	20	1.921997	Pclay	20.40
		USDA Texture		Silt Loam

Arlington Woods
Meckenlenburg County

TC3 P:6 P2

Series	Pacolet
Lab #	P3
Horizon	C
Sample size	40.00
Photo	Arlington Woods

	Reading	Blank	Time		Temp C
1st	44.0	7.0	30	sec	21.0
2nd	41.0	7.0	90	sec	21.0
3rd	19.5	7.0	4.0	Hours	21.0
4th	17.0	7.0	11.0	Hours	21.0

Concentration	P	d		
37	92.5	56.26449		
34	85	33.55229	Psand	9.21
12.5	31.25	3.088769	Psilt	65.13
10	25	1.900783	Pclay	25.66
		USDA Texture		Silt Loam

DATE: _____

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

200-RF

[ ] 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 #: 4638B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: out of 139-281-09

STREET ADDRESS: not assigned yet

SUBDIVISION OR MOBILE HOME PARK NAME: Arlington Oaks

LOT NUMBER: 4

TOWNSHIP (CHECK ONE):

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

CLOSING DATE After evaluation

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: Approx. 2400

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS:

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 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 X NO

PROPERTY OWNER:

NAME: Medlin Farms, Inc.
(LAST) (FIRST) (MI)

ADDRESS: 5201 Monroe Road

CITY: Charlotte STATE: NC ZIP: 28205

DAYTIME PHONE: (704) 567 – 9820

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) –

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? To be deeded after evaluation

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: Jeff Cason Agent DATE: 5-7-01

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

PROPOSED PLOT PLAN

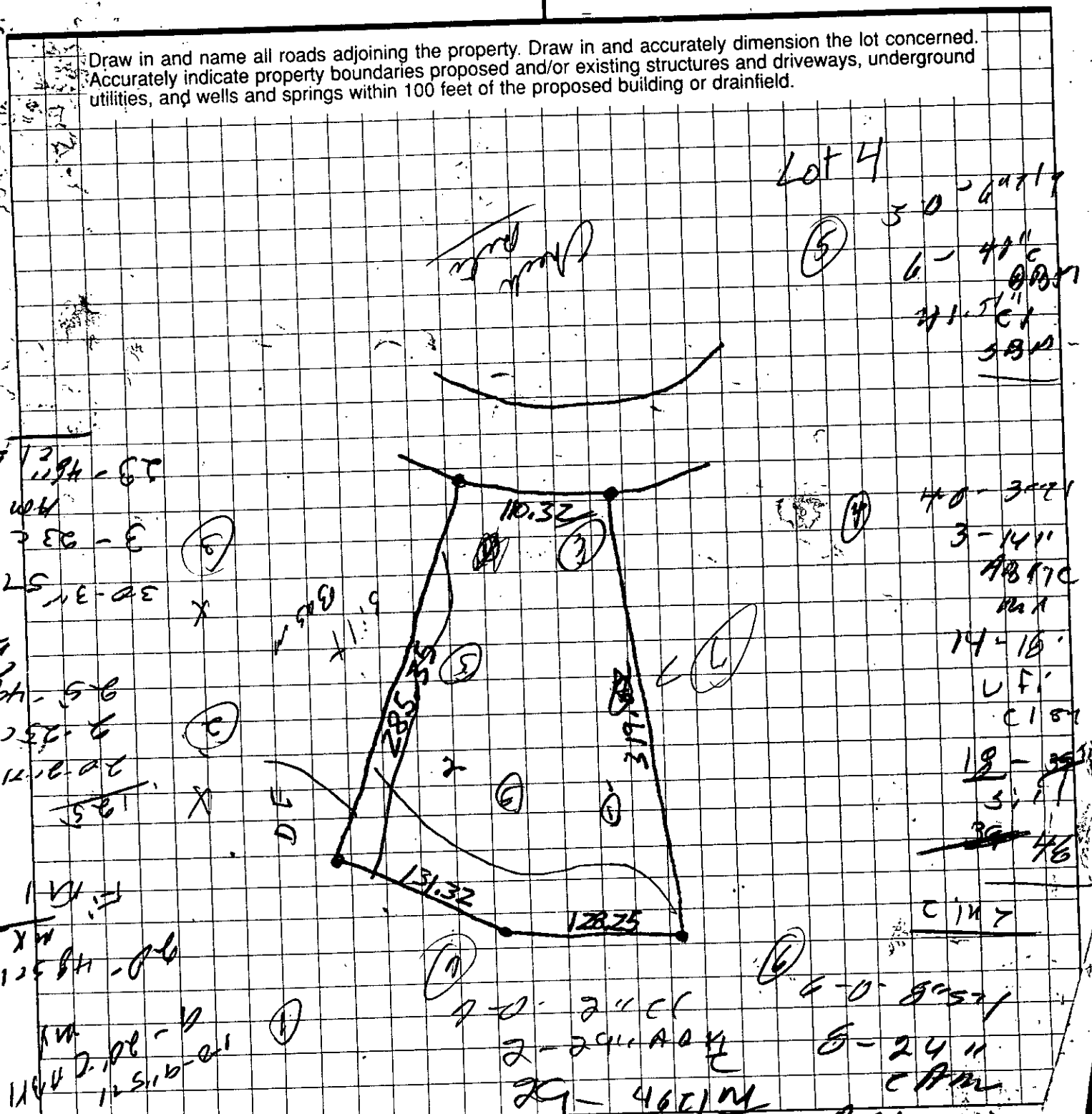
COPY

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 property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



Jeff Casey agent
OWNER/AGENT SIGNATURE

DATE 5-7-01

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Ow

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

Sheet: 1 139-281-09 / WAM
Property ID: PO ~~130-281-09~~
Lot #: 4
File #: 4638B
Code: 2

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Medlin Farms, Inc.
Applicant:
Address: 5201 Monroe Road, Charlotte, N. C. 28205
Date Evaluated: 8/9/01
Proposed Facility: residence
Design Flow (.1949): 360gpd
Property Size: 1.27a
Location of Site: Arlington Oaks Drive
Property Recorded:
Water Supply: [ ] Public [x] [x] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Augur Boring [x] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	5-10 LS	0-9	GR/SCL	FR/SEXP/SS/SP	> 48" TO SOIL WETNESS	48	N/A	NONE	US
		9-20	ABK/C	VFI/MIXED/VS/VP					
		20-48	M/SCL	FI/MIXED/s/P					
2	LS	0-2	GR/CL	FR/SEXP/SS/SP	>49" TO SOIL WETNESS	49	"	"	US, IV .125G/FT^2/DAY LPP
		2-25	ABK/C	FI/SEXP/S/P					
		25-49	M/CL	FR/SEXP/SS/SP					
3	LS	0-3	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	"	"	US, IV .125G/FT^2/DAY LLP
		3-23	ABK/C	FI/SEXP/S/P					
		23-48	M/CL	FR/SEXP/SS/SP					
4	LS	0-3	GR/CL	FR/SEXP/SS/SP	>39" TO SOIL WETNESS	39	"	"	US
		3-14	ABK/C	VFI/MIXED/VS/VP					
		14-39	M/CL	FI/SEXP/SS/SP					
5	LS	0-6	GR/CL	FR/SEXP/SS/SP	>51" TO SOIL WETNESS	51	"	"	PS, IV .275G/FT^2/DAY
		6-41	ABK/C	FI/SEXP/S/P					
		41-51	SBK/CL	FR/SEXP/SS/SP					
6	LS	0-8	GR/CL	FR/SEXP/SS/SP	>45" TO SOIL WETNESS	45	"	"	PS, IV .125G/FT^2/DAY LPP
		8-24	ABK/C	FI/SEXP/S/P					
		24-45	M/CL	FR/SEXP/SS/SP					

Description	Initial System	Repair System
Available Space (.1945)	US	US
System Type(s)		
Site LTAR	.125G/FT^2/DAY	.125G/FT^2/DAY

Other Factors (.1946): _____
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 8/13/01, W. R. Marlin
Others Present: J. Casey

FILE # 46388

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

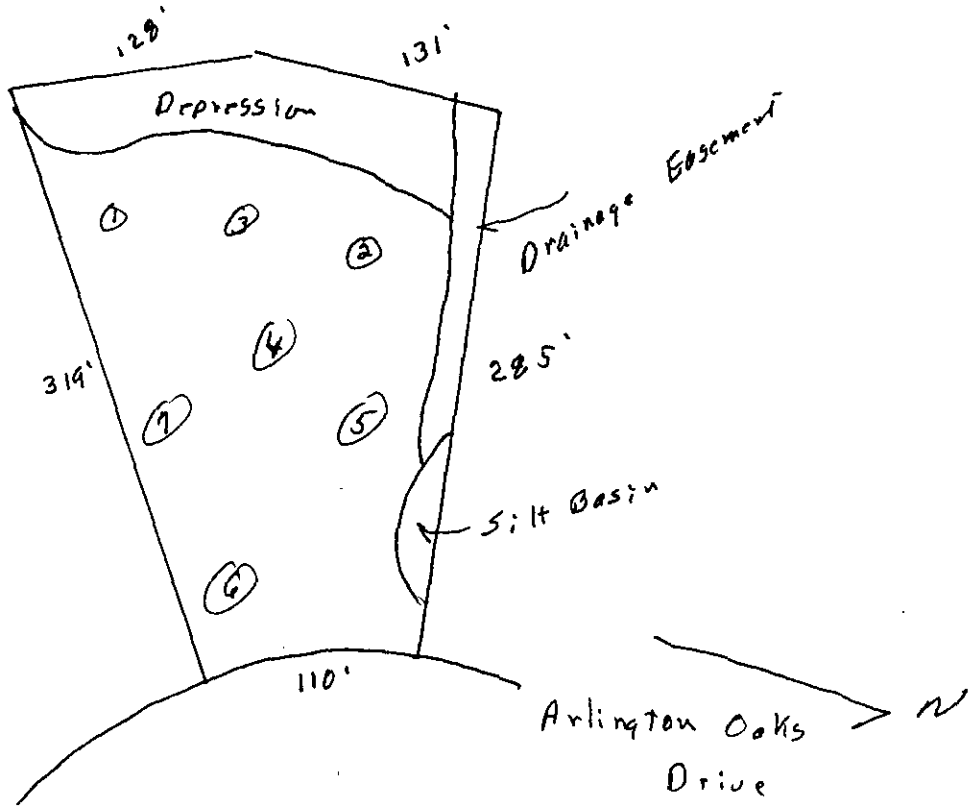
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



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

Sheet: 1 139-281-09 (was 4638B)
Property ID: PO ~~130-281-09~~
Lot #: 4
File #: 4638B
Code: 2

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Medlin Farms, Inc.
Applicant:
Address: 5201 Monroe Road, Charlotte, N. C. 28205
Date Evaluated: 8/9/01
Proposed Facility: residence
Design Flow (.1949): 360gpd
Property Size: 1.27a
Location of Site: Arlington Oaks Drive
Property Recorded:
Water Supply: [ ] Public [x] [x] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Augur Boring [x] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	5-10 LS	0-9	GR/SCL	FR/SEXP/SS/SP	> 48" TO SOIL WETNESS	48	N/A	NONE	US
		9-20	ABK/C	VFI/MIXED/VS/VP					
		20-48	M/SCL	FI/MIXED/s/P					
2	LS	0-2	GR/CL	FR/SEXP/SS/SP	>49" TO SOIL WETNESS	49	"	"	US, IV .125G/FT²/DAY LPP
		2-25	ABK/C	FI/SEXP/S/P					
		25-49	M/CL	FR/SEXP/SS/SP					
3	LS	0-3	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	"	"	US, IV .125G/FT²/DAY LLP
		3-23	ABK/C	FI/SEXP/S/P					
		23-48	M/CL	FR/SEXP/SS/SP					
4	LS	0-3	GR/CL	FR/SEXP/SS/SP	>39" TO SOIL WETNESS	39	"	"	US
		3-14	ABK/C	VFI/MIXED/VS/VP					
		14-39	M/CL	FI/SEXP/SS/SP					
5	LS	0-6	GR/CL	FR/SEXP/SS/SP	>51" TO SOIL WETNESS	51	"	"	PS, IV .275G/FT²/DAY
		6-41	ABK/C	FI/SEXP/S/P					
		41-51	SBK/CL	FR/SEXP/SS/SP					
6	LS	0-8	GR/CL	FR/SEXP/SS/SP	>45" TO SOIL WETNESS	45	"	"	PS, IV .125G/FT²/DAY LPP
		8-24	ABK/C	FI/SEXP/S/P					
		24-45	M/CL	FR/SEXP/SS/SP					

Description	Initial System	Repair System
Available Space (.1945)	US	US
System Type(s)		
Site LTAR	.125G/FT²/DAY	.125G/FT²/DAY

Other Factors (.1946): _____
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 8/13/01. W. R. Marlin
Others Present: J. Casey

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

Sheet: 2
Property ID: PO 139-281-09
Lot #: 4
File #: 4638B
Code: 2

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Applicant:

Address: Date Evaluated:

Proposed Facility: Design Flow (.1949): Property Size:

Location of Site: Property Recorded:

Water Supply: [ ] Public [ ] Individual [ ] 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	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
7	LS	0-2	GR/CL	FR/SEXP/SS/SP	>46" TO SOIL WETNESS	46	N/A	NONE	PS, IV
		2-29	ABK/C	FI/SEXP/S/P					.125G/FT^2/DAY
		29-46	M/CL	FR/SEXP/SSSP					LPP

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

Other Factors (.1946): _____

Site Classification (.1948):

Evaluated By:

Others Present:

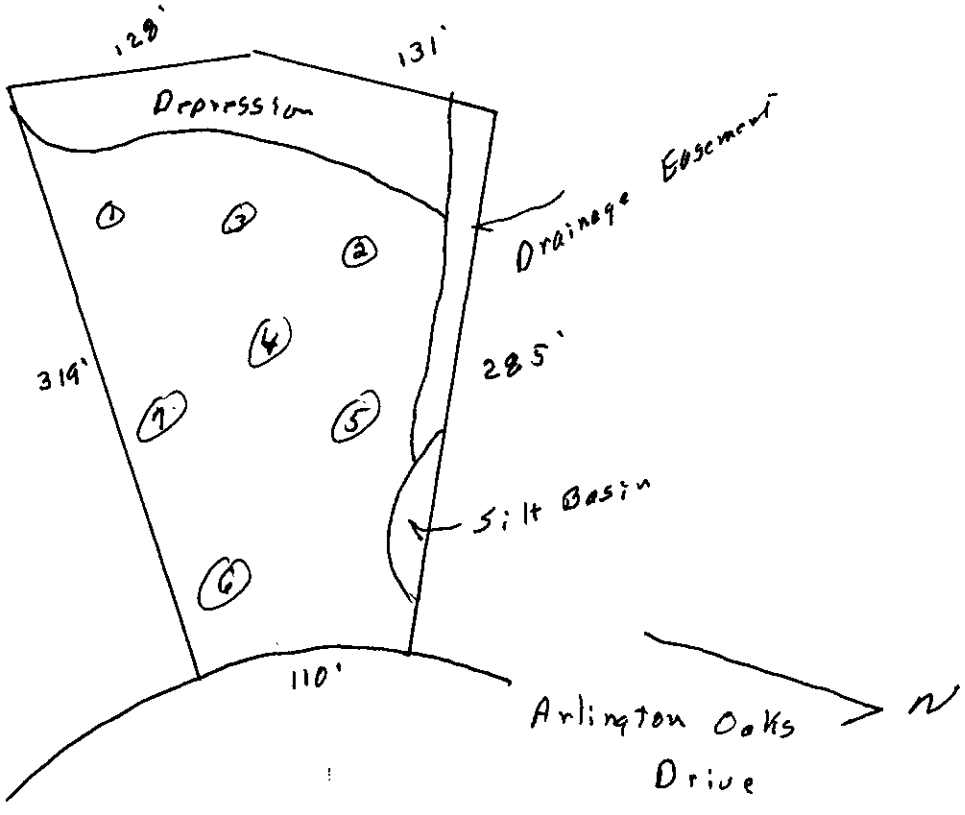
FILE # 46388

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: _____

DATE: _____

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

Paid 5/7/01 ck # 862
200-RF

[ ] 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 #: 4638B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: out of 139-281-09

STREET ADDRESS: not assigned yet

SUBDIVISION OR MOBILE HOME PARK NAME: Arlington Oaks

LOT NUMBER: 4

TOWNSHIP (CHECK ONE):

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

CLOSING DATE: After evaluation

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: Approx. 2400

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS:

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 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 X NO

PROPERTY OWNER:

NAME: Medlin Farms, Inc.
(LAST) (FIRST) (MI)

ADDRESS: 5201 Monroe Road

CITY: Charlotte STATE: NC ZIP: 28205

DAYTIME PHONE: (704) 567 – 9820

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) –

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? To be deeded after evaluation

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: 5-7-01

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

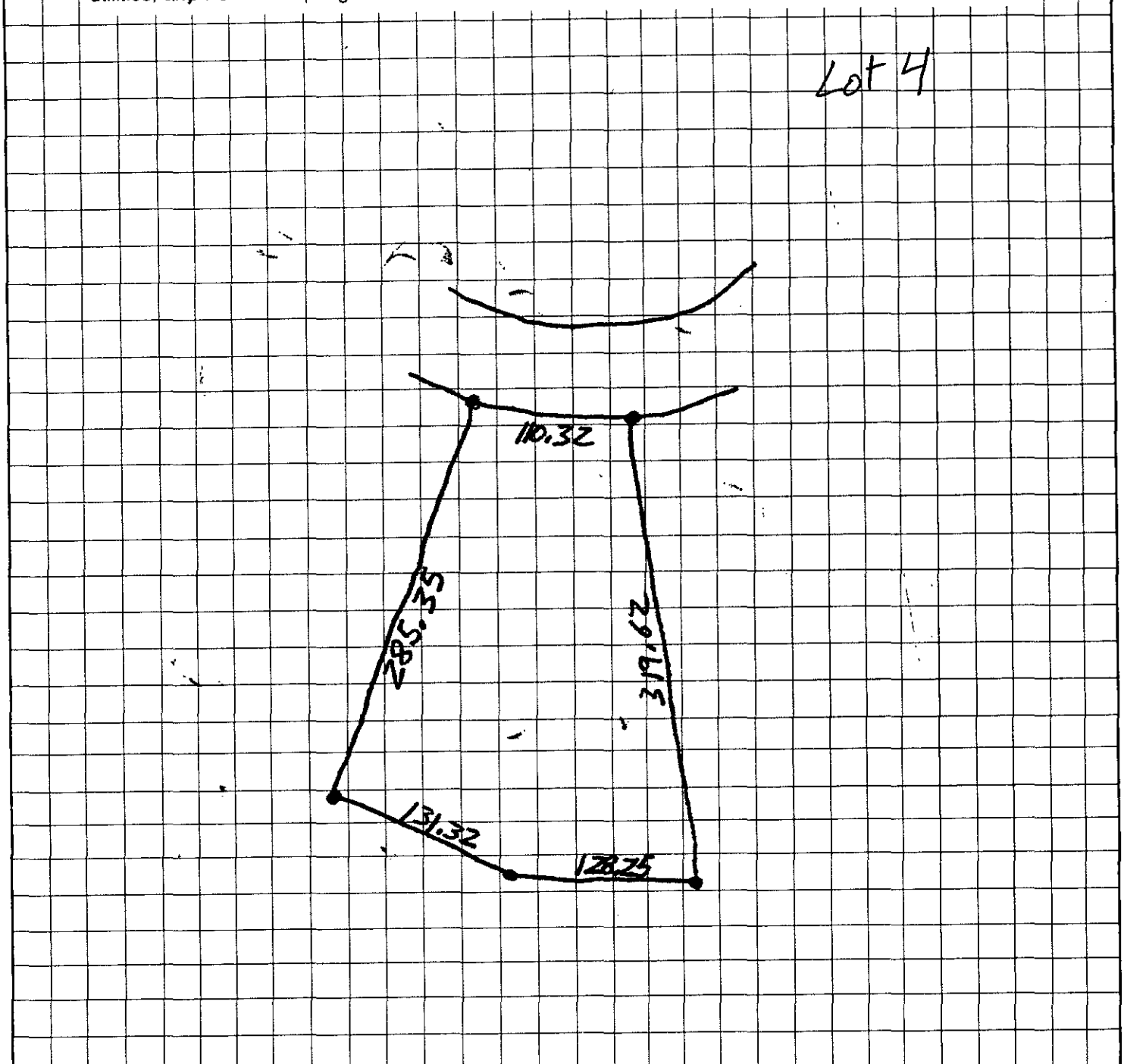
PROPOSED PLOT PLAN

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 property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



Jeff Casey agent
OWNER/AGENT SIGNATURE

DATE 5-7-01

APPROVAL DATE _____

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