


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

Sheet: _____
Property ID: PO 139-28101
Lot #: 3
File #: 40513

# SOIL/SITE EVALUATION
## *for* ON-SITE WASTEWATER SYSTEM

OWNER: Capt Carr Group, Inc. APPLICANT: _____
ADDRESS: Box 5967, High Point, N.C. DATE EVALUATED: 12-9-99
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 480gpd PROPERTY SIZE: .98
LOCATION OF SITE: Greenbank Drive PROPERTY RECORDED: _____
WATER SUPPLY: ☐Private ☐Public ☐Well ☐Spring ☑Other Community
EVALUATION METHOD: ☑Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☑Sewage ☐Industrial Process ☐Mixed

| PROFILE # | 2-10% .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 | 0-2" | gr/c/ | Fr/SE XPl SS/SP | >48" TO soil wetness | 48"+ | N/A | None | PS .391 F2 IV |
| | | 2-37" | SBK/c | F:/SE XPl S/P | | | | | |
| | | 37-48" | SBK/c/ | Fr/SE XPl SS/SP | | | | | |
| 2 | LS | 0-3" | gr/c/ | Fr/SE XPl SS/SP | >42" TO soil wetness | 42" | N/A | None | PS .391 F2 IV |
| | | 3-21" | SBK/c | F:/SE XPl S/P | | | | | |
| | | 21-42" | SBK/c/ | Fr/SE XPl SS/SP | | | | | |
| 3 | LS | 0-3" | gr/c/ | Fr/SE XPl SS/SP | >48" TO soil wetness | 48"+ | N/A | None | PS .391 F2 IV |
| | | 3-37" | SBK/c | F:/SE XPl S/P | | | | | |
| | | 37-48" | SBK/c/ | Fr/SE XPl SS/SP | | | | | |
| 4 | LS | 0-7" | gr/c/ | Fr/SE XPl SS/SP | >48" TO soil wetness | 48"+ | N/A | None | PS .391 F2 IV |
| | | 7-35" | SBK/c | F:/SE XPl S/P | | | | | |
| | | 35-48" | SBK/c/ | Fr/SE XPl SS/SP | | | | | |

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: W.R. Marlin LSS 12-10-99
OTHER(S) PRESENT: _____

FILE # 405-9B

COMMENTS 1076 Repair - Would probably need pump.

| 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 | CONSISTENCE 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 |

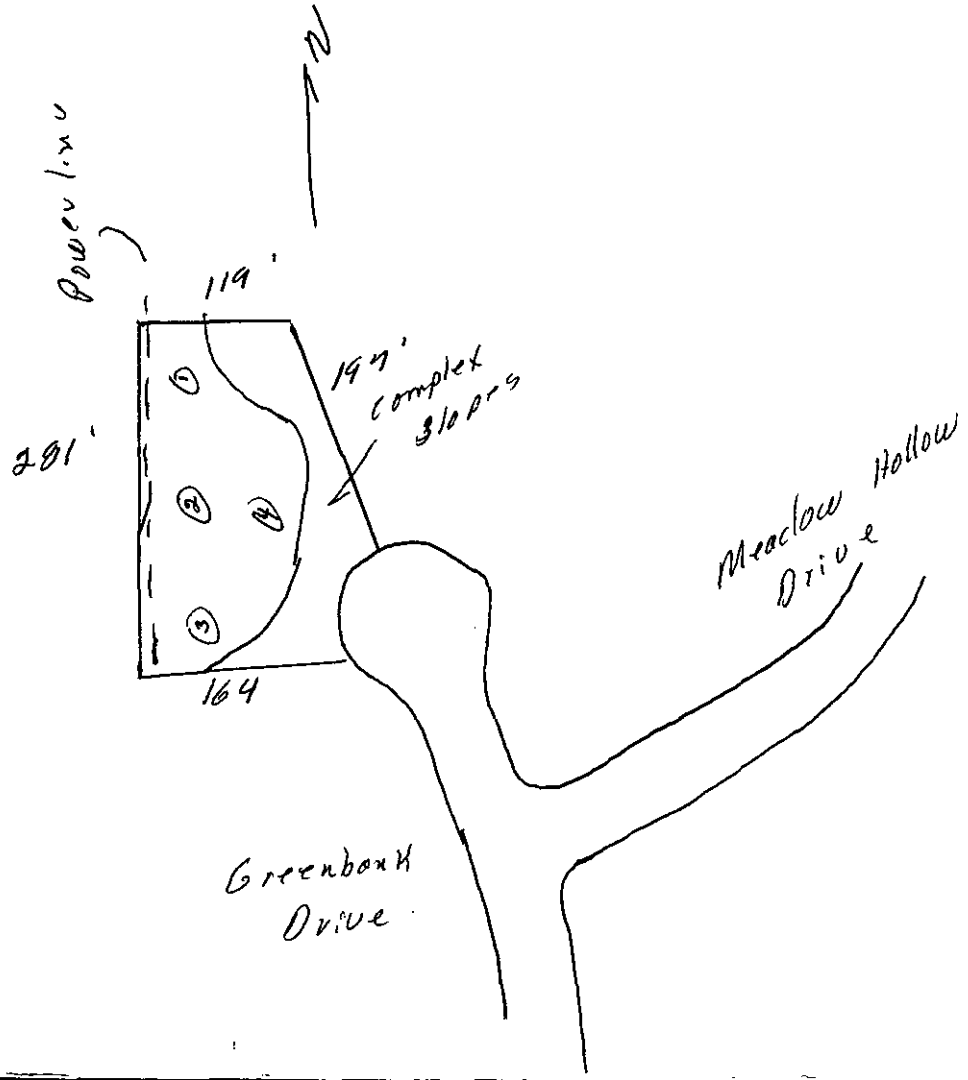
STRUCTURE

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 Plus tax ect
DATE: 8-18-99 WD

**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 #: 4057B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: # 13928101

STREET ADDRESS: GREENBRIAR

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 3

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: CAP CARE GROUP INC (LAST) (FIRST) (MI) | NAME: (LAST) (FIRST) (MI) |
| ADDRESS: P.O. Box 5967 | DAYTIME PHONE: (  ) 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: [signature] DATE: 8/18/99

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

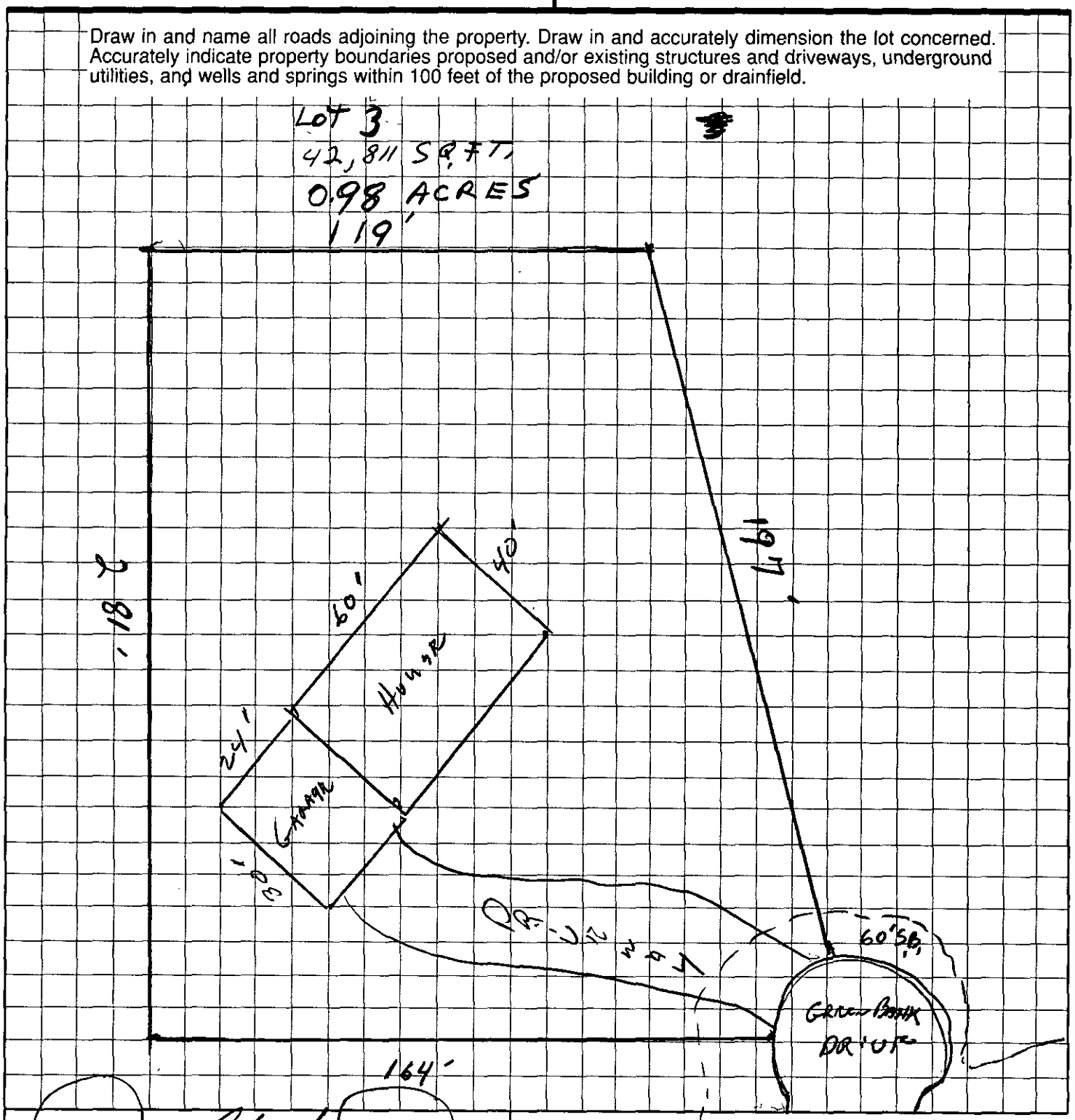
# PROPOSED PLOT PLAN

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

FILE: 4057B

TC: 139-281-01P03

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 9/18/95

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 #: 289-4385 | Date Requested: 8-18-99 | Date Filled: 8-18-99 |
|---|---|---|---|
| Account Name: Upchurch Group, Inc | ☐ Cash ☑ Charge | Account No.: K30753 | |

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<br>☐ Residential Variance Request ☐ Commercial Variance Request<br>☐ 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<br>☐ 128: Mechanical ☐ 129: Plumbing ☐ 132: Electrical | | |
| | | Development Activities Plan Review<br>☐ 002: Commercial Drainage ☐ 005: Erosion Control<br>☐ 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: [illegible] Date: 8-18-99 By: VLW | | | Total: 1800.00 | |

* 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