

15638 MAC WOOD RD

01942108

12/27/2007

duponbj

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

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 2265B WASPS App #: 2431

Primary ES assigned to project: _____

Secondary ES assigned to project: _____

Project Type: New System ☑ Alteration ☐ Repair ☐ Modified Plot Plan ☐

I. File Review:

Rule or Law				
	Permit Application			
.1937(d)	Is the Application complete	Yes ☑	No ☐	N/A ☐
1937(d)	Is there a Site plan/Plat with application	Yes ☑	No ☐	N/A ☐
.1937(d)	Is the Facility shown?	Yes ☑	No ☐	N/A ☐
1937(d)	Are appurtenances shown	Yes ☑	No ☐	N/A ☐
	Site Evaluation Information			
.1939 (a)(1)	Topography and Landscape Position Recorded?	Yes ☑	No ☐	N/A ☐
.1940 (a-g)	Slope % Recorded?	Yes ☑	No ☐	N/A ☐
1939 (a)(2)	Texture Class Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Structure type Recorded?	Yes ☑	No ☐	N/A ☐
1939 (a)(2)	Consistence Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Mineralogy Recorded?	Yes ☑	No ☐	N/A ☐
1939 (a)(3)	Soil Wetness Condition Recorded?	Yes ☐	No ☐	N/A ☑
1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered	Yes ☐	No ☐	N/A ☑
1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Yes ☐	No ☐	N/A ☑
.1939 (a)(6)	Sufficient Available Space Recorded?	Yes ☑	No ☐	N/A ☐
.1937(m)	Are the Profile Locations Shown?			
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes ☑	No ☐	N/A ☐
& .1945(b)	Number of auger borings made: 7 Were sufficient auger borings made?	Yes ☐	No ☐	N/A ☐
.1939(d), 1955, 1956, .1957	LTAR .25	Yes ☑	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☑	No ☐	N/A ☐
.1945(b)	Proposed System Type stated-Repair	Yes ☑	No ☐	N/A ☐
130A-336 (a)(3)	System location identifiable by setbacks - Initial	Yes ☑	No ☐	N/A ☐
1937(g) 1945(b)	System components shown – Initial	Yes ☑	No ☐	N/A ☐
1945(b)	Repair area shown	Yes ☑	No ☐	N/A ☐
1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☑	No ☐	N/A ☐
1937 (f)(g)	Is System design consistent with soil/site conditions?	Yes ☑	No ☐	N/A ☐
1937 (f)(g)	Is the System located in the approved area?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☑	No ☐	N/A ☐

130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?			
.1937(g)	Trench depth indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench width indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench length indicated?	Yes ☑	No ☐	N/A ☐
130A-336(a)(1)	Proposed/existing well shown?	Yes ☑	No ☐	N/A ☐
130A-336(a)(1)	Property line lengths shown?	Yes ☐	No ☐	N/A ☐
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☑	No ☐	N/A ☑
		Yes ☑	No ☐	N/A ☐
	Operation Permit			
.1937(i)	System type as described in table V(a) of rule .1961	Yes ☐	No ☐	N/A ☐
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☐	No ☐	N/A ☐

II. WASPS Review:

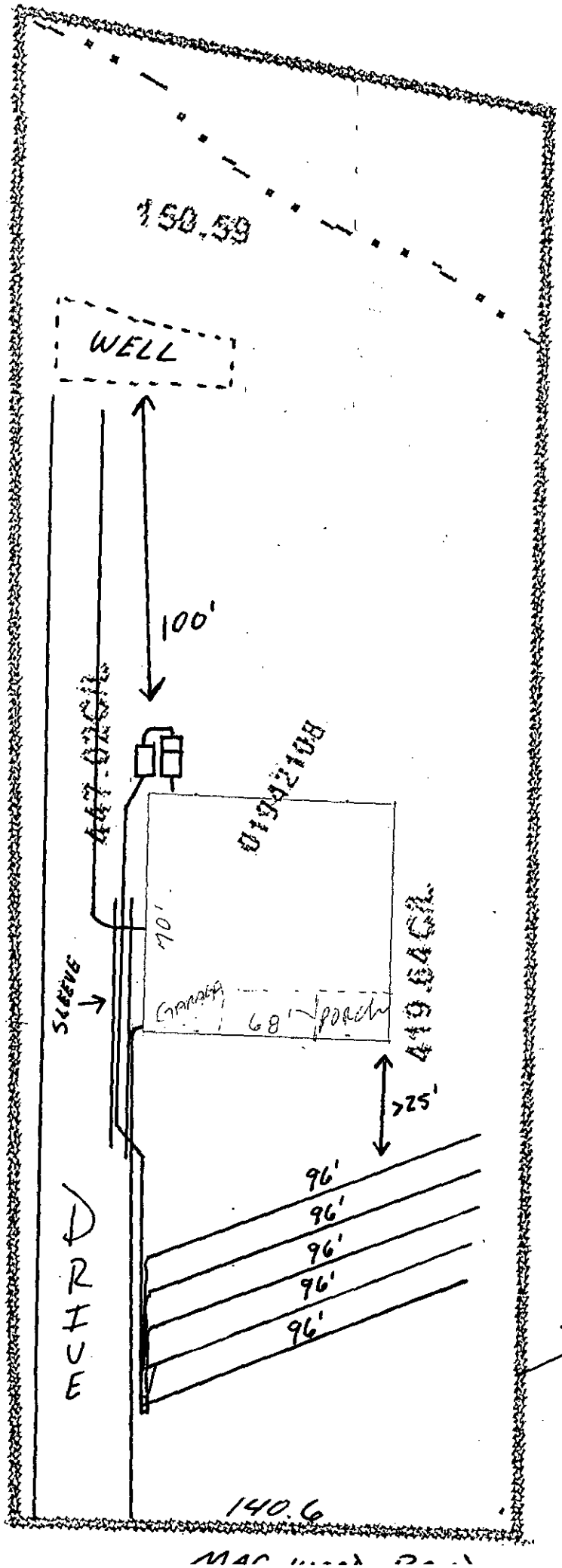
Construction authorization issued	Yes ☐	No ☐	N/A ☐
Installation approval issued	Yes ☐	No ☐	N/A ☐
Operation permit issued	Yes ☐	No ☐	N/A ☐
Other related documentation	Yes ☐	No ☐	N/A ☐

Comments: # Items requiring correction/modification: _____

IA issued date: _____

OP issued date: _____

Review performed by: ICR Date performed: 7-13-07



15638 MAC WOOD ROAD

FILE # 2365B

PERMIT # 2431

PARCEL # 019-421-08

COMMENTS:

- → FOUR BEDROOM HOUSE
- → 1500 SEPTIC
- → 1000 PUMP
- → 0.25 LTAR
- WELL ⊗ → 480 TCF
- → TYPE IIIB PUMP TO 25% RED. SYSTEM
- → 5 LINES x 96' x 3'
- → 100% REPAIR NOT REQUIRED
- → PRESSURE MANIFOLD
- → SLEEVE UNDER DRIVEWAY

Jenny Mahlen, R.S.

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30002431** GWS File #: **2365B** Tax Parcel #: **019-421-08**

- This 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.

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 7/12/2012

Type of Installation: Residential - New System Lot Number: 0

Structure Type: HOUSE Size (ft^2): 3629 # Bedrooms: 4 # Occupants: 2

Building Foundation: Basement With Plumbing Water Supply: Private Well

II. Initial System Type: Pump to Approved **System Classification:** IIIb

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.25	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1440	Total Trench Length (ft):	480
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

III. Repair System Type: N/A **System Classification:**

Repair System Specifications:

Design Flow (gpd):	0	LTAR (gpd/ft^2):	0	Septic Tank Size (gal):	0	Pump Tank Size (gal):	0
Trench Width (ft):	0	Trench Spacing (ft):	0	Absorption Area (ft^2):	0	Total Trench Length (ft):	0
Maximum Trench Depth (in):	0	Depth of Media (in):	0	Distribution Device:	N/A		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michelone Owner/Legal Agent: _____
Print Name

Signature: Jeremy Michelone, R.S. Signature: _____

Date Issued: 7/12/2007

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30002431** GWS File #: **2365B**

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- 100% repair area is not required for this property. However, the maximum feasible area shall be allocated for a repair area.

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the *Department.*
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michelone

Signature: Jeremy Michelone

Date Issued: 7/12/2007

Owner/Legal Agent: _____
Print Name

Signature: _____

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

Sheet: 1 of 2
Property ID: 019-421-08
Lot #:
File #: 23656
AppID: 2431

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Humberto Sossa/Elva Whitley
Applicant:
Address: PO Box 3207, Huntersville, N. C. 28070
Date Evaluated: 7/6/07
Proposed Facility: Residence
Design Flow (.1949): 480gpd
Property Size: 1.34a
Location of Site: 15638 Mac Wood Road
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [x] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 Structure/ Texture	SOIL MORPHOLOGY .1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 5	0-3	GR/SCL	FR/SEXP/SS/SP	>54" TO SOIL WETNESS	21	US	NONE	US
		3-21	ABK/PR/C	VFI/EXP/S/VP					
		21-54	M/SCL	FR/SEXP/SS/SP					
2	"	0-2	GR/SCL	"	>58" TO SOIL WETNESS	31	PS	"	PS, SAP II .3GPD/FT^2
		2-31	ABK/PR/C	VFI/EXP/S/VP					
		31-54	M/SL	FR/SEXP/NS/NP					
3	LS, 8	0-3	GR/SCL	FR/SEXP/SS/SP	"	21	"	"	"
		3-21	SBK/ABK/SC	FI/SEXP/S/P					
		21-58	M/SL	FR/SEXP/NS/NP					
4	"	0-3	GR/SCL	FR/SEXP/SS/SP	>36" TO SOIL WETNESS	36	N/A	NONE	PS, IV .25GPD/FT^2
		3-36	SBK/C	FI/SEXP/S/P					
		36-57	M/CL	FR/SEXP/SS/SP					
5	"	0-5	GR/SCL	"	>42" TO SOIL WETNESS	42	"	"	PS, IV .225GPD/FT^2
		5-42	SBK/C	FI/SEXP/S/P					
6	"	0-4	GR/SCL	FR/SEXP/SS/SP	>44" TO SOIL WETNESS	44	"	"	"
		4-44	SBK/SC	FI/SEXP/S/P					
7	"	0-4	GR/SCL	FR/SEXP/SS/SP	"	"	"	"	PS, IV .25GPD/FT^2
		4-44	SBK/ABK/C	FI/SEXP/S/P					
					SITE LTAR .25GPD/FT^2				

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	IIIb	IIIb
Site LTAR	0.25	0.25

Other Factors (.1946):
Soil Evaluation By: W. R. Marlin, LSS, 7/6/2007,
Others Present: L. Foxworth, L. Whitley
Site Classification (.1948): PS
Site Evaluation By:
Others Present:

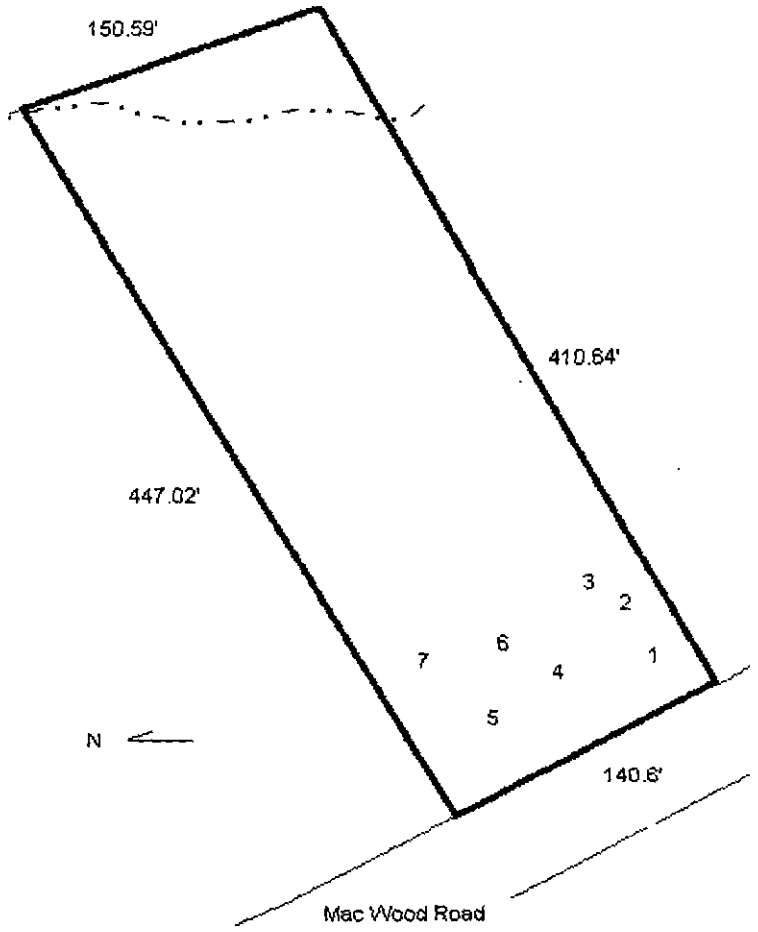
COMMENTS:

Does not appear to require 100% repair

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace				
FP-Flood Plain		CL-Clay Loam		
		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

Sketch of Soil Evaluation Locations



JPM 019-242-19

FILE NUMBER: 23655 Revised On: January 3, 2007 APPLICATION NUMBER: 2431

SEPTIC FEE: 200 DATE: 6/25/07 CK # 5946 JKA

MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES
APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

WELL FEE: 400 DATE: 6/25/07 CK # 5946 JKA

1. **SEPTIC / TYPE APPLICATION:** ☐ NONE ☒ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ☐ NONE ☒ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: 019-421-08
STREET ADDRESS: 15638 MAC Wood Rd
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION NAME:
LOT #: X LOT SIZE (acres): 1.442
TOWNSHIP:
☐ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. **BUILDING INFORMATION:**

BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: 3629
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 2
FOUNDATION TYPE:
☐ CONCRETE SLAB ☒ BASEMENT WITH PLUMBING
☐ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☐ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. **WATER SUPPLY:** ☐ MUNICIPAL ☐ PUBLIC WELL ☒ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

7. **PROPOSED USE OF WELL:** ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED)*:

☒ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. **RANK:** ____ ____ ____ ____ ____

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES ☒ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES ☒ NO
EXISTING WASTEWATER SYSTEMS	☐ YES ☒ NO	JURISDICTIONAL WETLANDS	☐ YES ☒ NO
WELLS, SPRINGS, OR WATER LINES	☒ YES ☐ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES ☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES ☒ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES ☒ NO

10. **PROPERTY OWNER:**

NAME: Humberto Sossa/Elva H. Whitley
ADDRESS: P O Box 3207
CITY: Huntersville
STATE: NC ZIP: 28070
HOME PHONE: 7048951119 WORK PHONE:
MOBILE PHONE: 7043097219 FAX: 7048962714

11. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

12. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** 3-6-07
13. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** 3-6-07

14. **SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:**
If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either 60 months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

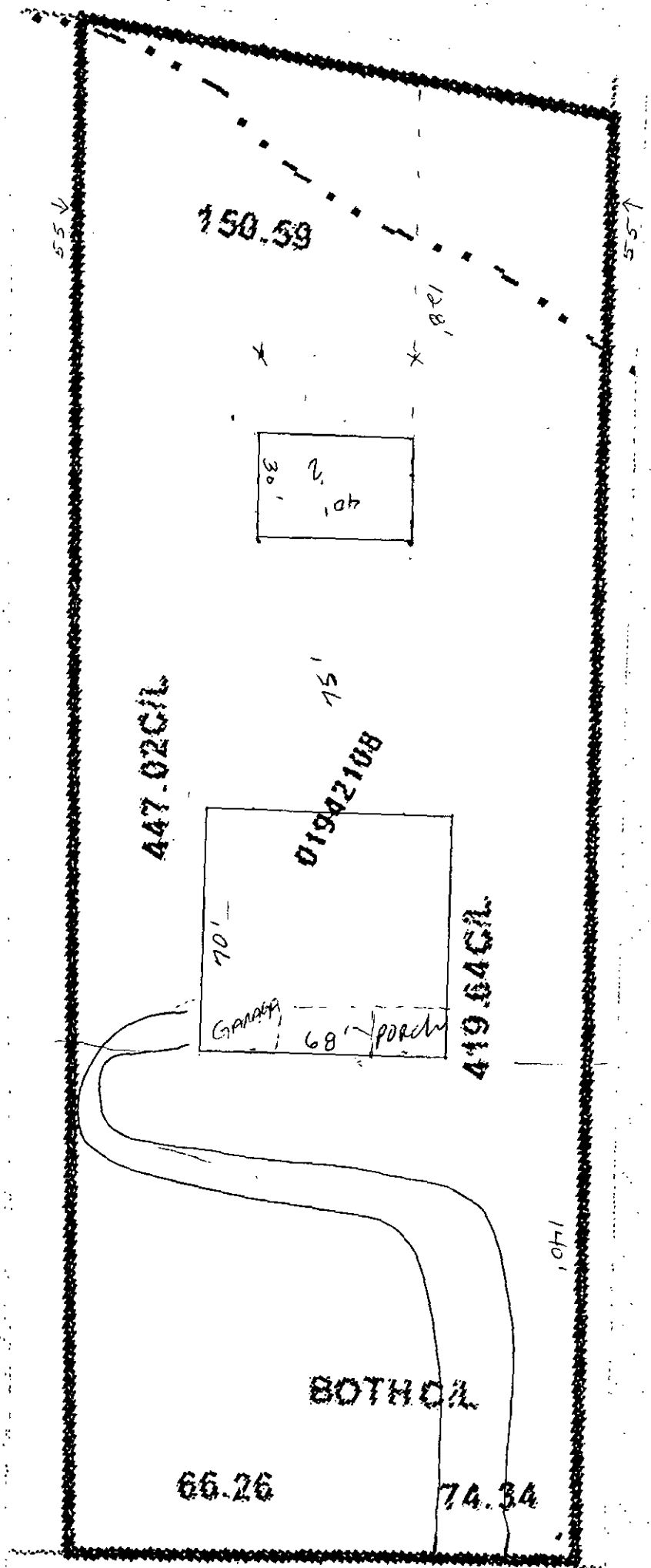
Elva H. Whitley 6-25-07
Property Owner's or Owner's Legal Representative Signature Date

15. **WELL PERMIT APPLICATION SIGNATURE SECTION:**
If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of 12 months from the date of issuance.

Elva H. Whitley 6-25-07
Property Owner's or Owner's Legal Representative Signature Date

☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

MECKLENBURG COUNTY-GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211, CHARLOTTE, NC 28202 PHONE: (704) 336-5103 FAX: (704) 336-6894



3/32" = 1'-0"

file # 2365B

House
W-68
D-70

GARAGE
W-40
D-30

#15638 - MAC WOOD RD - Huntersville 28078

DATE: 04/24/2007 **PERMIT NUMBER:**

TO: CHARLOTTE-MECKLENBURG CODE ENFORCEMENT

FROM: MECKLENBURG COUNTY GIS *JURISDICTION:* HUNT

019-421-08

PARCEL NUMBER

15638 MAC WOOD RD

ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

N/A

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A

PROJECT NAME (IF APPLICABLE)

Remarks: ADDRESS VERIFIED- NEW CONST (PRIVATE RESIDENCE)

Signed:

Addressing Verification Form Disclaimer Statement

The party indicated on this application shall be responsible for maintaining this address throughout the life of the project from plan submittal through final C/O. The contents of this form reflect information provided by the party listed on this form.

Incorrect information may result in delays in getting final approval of permits and the final C/O.

Special Circumstances: If a temporary address is being verified for the purposes of Plan Review, the responsible party will be required to obtain and submit a new form verifying the permanent address prior to issuance of the permit.

Name (please print) _____

Company _____

Company Address _____

_____

Telephone # _____

Signature _____

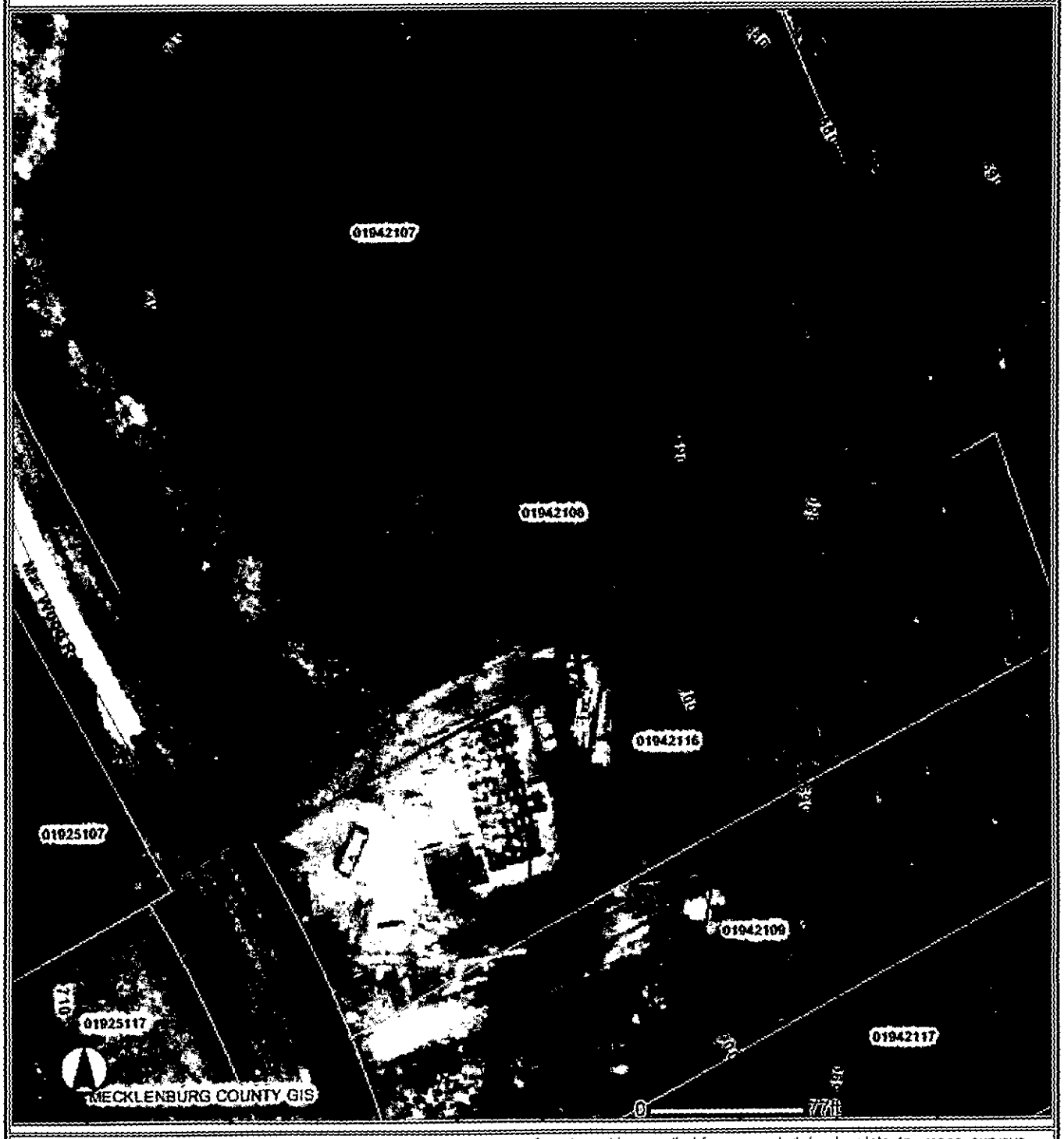
Date _____

Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Thu Jul 12 11:03:11 EDT 2007



This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

Mecklenburg County
Health Department

April 1, 1998

Mr. Clarence Reitzel
4740 David Cox Road
Charlotte, NC 28269

Re: Macwood Road
File: 2365B
Parcel: 01924219

Dear Mr. Reitzel:

Receipt of your Application for Improvement Permit for the above referenced property is acknowledged. A soil evaluation and a site visit have been conducted. The results of the evaluation indicated that the site is **UNSUITABLE** under Rules .1941 **SOIL CHARACTERISTICS (MORPHOLOGY)**, .1942 **SOIL WETNESS CONDITIONS**, .1943 **SOIL DEPTH** and .1945 **AVAILABLE SPACE**. For these reasons your Application for Improvement Permit is denied. A possible way to develop the site exists under Rule .1948(d) which reads as follows:

> A site classified as **UNSUITABLE** may be used for a ground absorption sewage treatment and disposal system specifically identified in Rules .1955, .1956, or .1957 of this Section or a system approved under Rule .1969 if written documentation, including engineering, hydrogeologic, geologic or soil studies, indicates to the local health department that the proposed system can be expected to function satisfactorily. Such sites shall be reclassified as **PROVISIONALLY SUITABLE** if the local health department determines that the substantiating data indicate that:
> (1) a ground absorption system can be installed so that the effluent will be non-pathogenic, non-infectious, non-toxic, and non-hazardous;
> (2) the effluent will not contaminate ground or surface water; and
> (3) the effluent will not be exposed on the ground surface or be discharged to surface waters where it could come in contact with people, animals, or vectors.

The State shall review the substantiating data if requested by the local health department.

Please be advised that you have the right to an informal review by this department. You also have the right to appeal under G.S. 130A-24, and to have the appeal held in Mecklenburg County.

If you have any questions regarding this matter, please call me at 336-5575.

Sincerely,

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

(400)

#7- 23653
019-242-19

APPLICANT: _____
OWNER: Clarence Reitzel
ADDRESS: 4740 Davidson Rd Thom
APPLICATION DATE: _____
DATE EVALUATED: _____
PROPOSED FACILITY: residence
PROPOSED DESIGN FLOW (.1949): 120gpd
PROPERTY SIZE: 1.3
LOCATION OF SITE: Maclwood Dr
PROPERTY RECORDED: _____
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☑ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

saprolite IWU/LU/ pits

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE % (5-15% slopes)	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Auger LS	0-4"	gr/scl	Fr/SEA/SS/Sap	732" TO soil wetness	32"	N/A	None	US .25/Fr IV
		4-32"	SBM/SC	Fi/SEA/SS/Q					
2	pit LS		scl saprolite @ 21-24" pit depth 60"		760" TO soil wetness	21-24"	US scl	None	US
3	Auger LS	0-3"	gr/scl	Fr/SEA/SS/Sap	739" TO soil wetness	39"	N/A	None	PS .25/Fr IV
		3-39"	SBM/SC	Fi/SEA/SS/Q					
4	pit LS		scl saprolite @ 24"		2.5Y 6/2 @ 24"	24"	US scl	None	US
5	pit FS				2.5Y 7/1 @ 24"				US

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: Mr. R. Marlin 3-24
OTHER(S) PRESENT: LSS

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
(Drainage Way)					EXP (Expansive)	CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
S (Foot Slope)						ABK (Angular Blocky)
(Head Slope)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SICL (Silty Clay Loam)				PR (Prismatic)
(Nose Slope)		CL (Clay Loam)			MOIST	WET
(Ridge)		SCL (Sandy Clay Loam)				
(Shoulder Slope)		SUC (Silt Loam Clay)			VFR (Very Friable)	NS (Non-sticky)
(Terrace)					FR (Friable)	SS (Slightly Sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FI (Firm)	S (Sticky)
		SIC (Silty Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
					EFI (Extremely Firm)	NP (Non-plastic)
		O (Organic)	None			SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

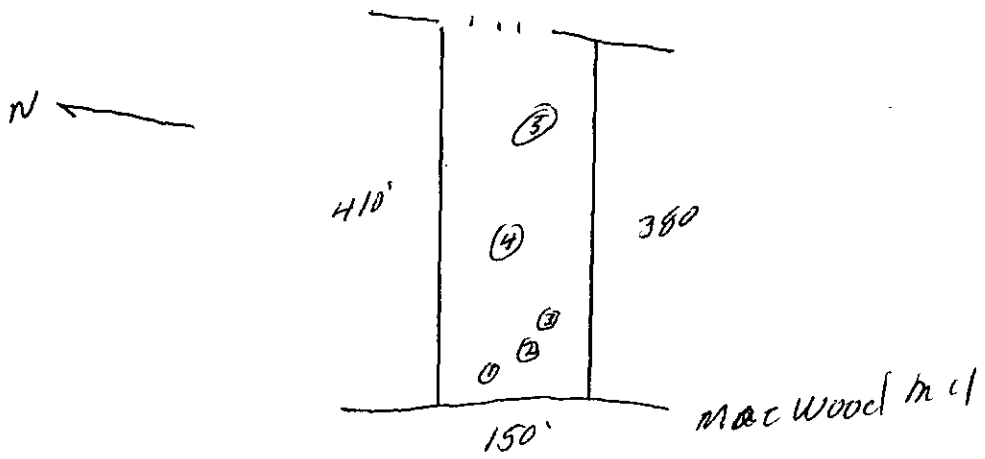
OTES

ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.

ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



FEE: 200.00 Cash
DATE: 1/22/98 JC

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

PD 27500 spc 2nd Site Chk 2/24/98 [ ] 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 #: 23658

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 019-242-19

STREET ADDRESS: Macwood Rd

SUBDIVISION OR MOBILE HOME PARK NAME: N/A

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

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: 600

NUMBER OF BEDROOMS: 1 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE: MASONRY

X 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 __ YES X NO
WELL, SPRINGS OR WATERLINES __ YES X NO
DESIGNATED WETLANDS __ YES X NO

PROPERTY OWNER: Clarence Reitzel

NAME: (LAST) Reitzel (FIRST) Clarence (MI) L

ADDRESS: 4740 David Cox Rd

CITY: Charlotte STATE: NC ZIP: 28269

DAYTIME PHONE: ( ) 599-1703

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) Killian (FIRST) Arthur (MI) G

DAYTIME PHONE: (875-9374

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: Arthur Killian DATE: 1-22-98

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

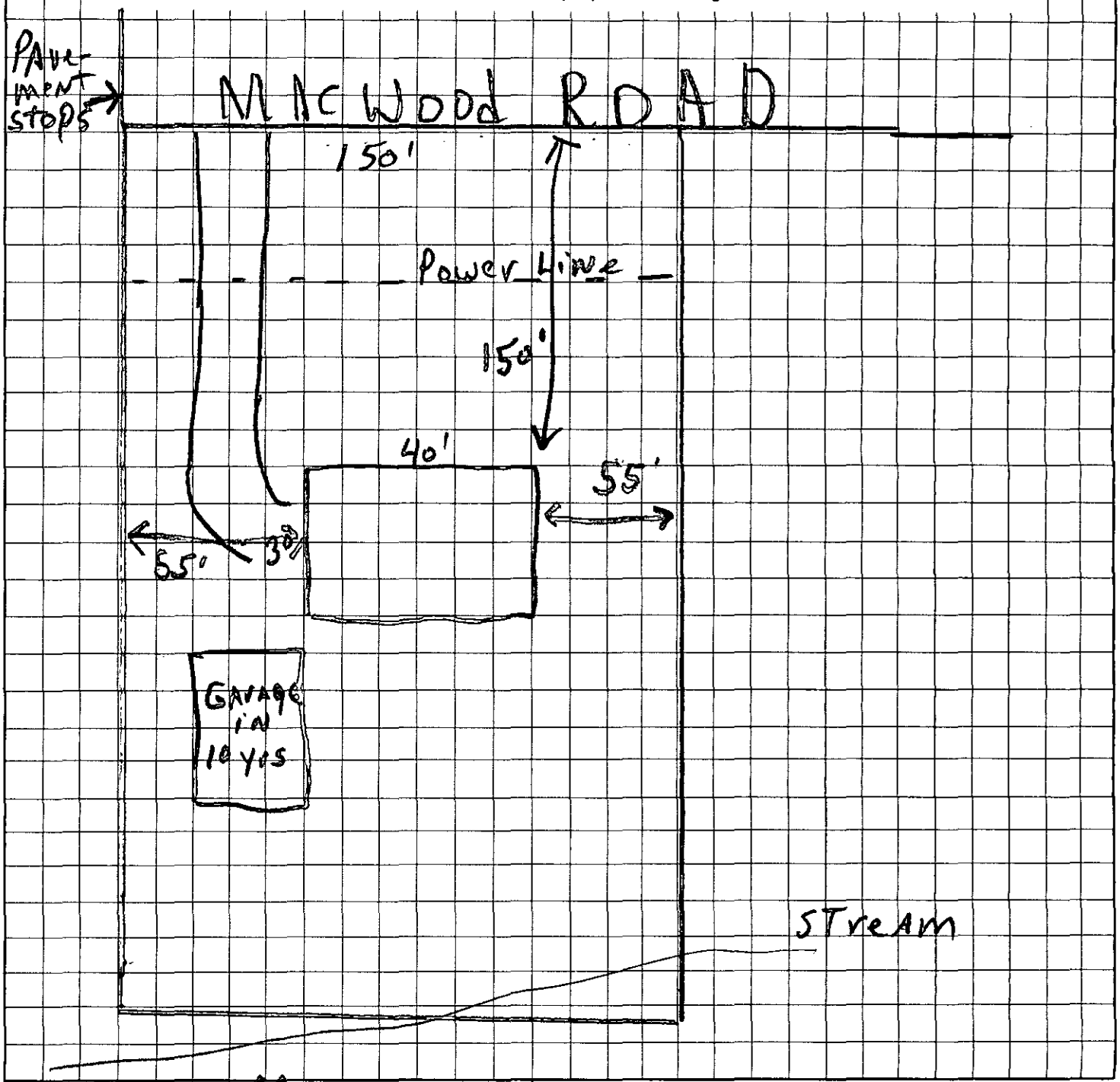
PROPOSED PLOT PLAN

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

FILE: 2365B

TC: 019-2~~5~~-89

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.



Arthur D Killian
OWNER/AGENT SIGNATURE

DATE 1-22-98

APPROVAL DATE _____

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

Mecklenburg County
Health Department

February 24, 1998

Mr. Clarence Reitzel
4740 David Cox Road
Charlotte, NC 28269

Re: Macwood Road
File: 2365B
Parcel: 019-242-19

Dear Mr. Reitzel:

Receipt of your Application for Improvement Permit for the above referenced property is acknowledged. A soil evaluation and a site visit have been conducted. The results of the evaluation indicated that the site is **UNSUITABLE** under Rules .1941 **SOIL CHARACTERISTICS (MORPHOLOGY)**, .1942 **SOIL WETNESS CONDITIONS**, .1943 **SOIL DEPTH** and .1945 **AVAILABLE SPACE**. For these reasons your Application for Improvement Permit is denied. A possible way to develop the site exists under Rule .1948(d) which reads as follows:

> A site classified as **UNSUITABLE** may be used for a ground absorption sewage treatment and disposal system specifically identified in Rules .1955, .1956, or .1957 of this Section or a system approved under Rule .1969 if written documentation, including engineering, hydrogeologic, geologic or soil studies, indicates to the local health department that the proposed system can be expected to function satisfactorily. Such sites shall be reclassified as **PROVISIONALLY SUITABLE** if the local health department determines that the substantiating data indicate that:
> (1) a ground absorption system can be installed so that the effluent will be non-pathogenic, non-infectious, non-toxic, and non-hazardous;
> (2) the effluent will not contaminate ground or surface water; and
> (3) the effluent will not be exposed on the ground surface or be discharged to surface waters where it could come in contact with people, animals, or vectors.

The State shall review the substantiating data if requested by the local health department.

Please be advised that you have the right to an informal review by this department. You also have the right to appeal under G.S. 130A-24, and to have the appeal held in Mecklenburg County.

If you have any questions regarding this matter, please call me at 336-5575.

Sincerely,

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems

Mecklenburg County
Health Department

Clarence Reitzel
4740 David Cox Rd
Charlotte NC 28269

Re: Norwood Rd
File: 2365-B
Parcel: 019-242-19

Receipt of your Application for Improvement Permit for the above referenced property is acknowledged. A soil evaluation and a site visit have been conducted. The results of the evaluation indicated that the site is **UNSUITABLE** under Rules .

. For these reasons your Application for Improvement Permit is denied. A possible way to develop the site exists under Rule .1948(d) which reads as follows:

> A site classified as **UNSUITABLE** may be used for a ground absorption sewage treatment and disposal system specifically identified in Rules .1955, .1956, or .1957 of this Section or a system approved under Rule .1969 if written documentation, including engineering, hydrogeologic, geologic or soil studies, indicates to the local health department that the proposed system can be expected to function satisfactorily. Such sites shall be reclassified as **PROVISIONALLY SUITABLE** if the local health department determines that the substantiating data indicate that:
> (1) a ground absorption system can be installed so that the effluent will be non-pathogenic, non-infectious, non-toxic, and non-hazardous;
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> (3) the effluent will not be exposed on the ground surface or be discharged to surface waters where it could come in contact with people, animals, or vectors.
>
> The State shall review the substantiating data if requested by the local health department.

Please be advised that you have the right to an informal review by this department. You also have the right to appeal under G.S. 130A-24, and to have the appeal held in Mecklenburg County.

If you have any questions regarding this matter, please call me at 336-5575.

Sincerely,

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems

700' Good

DATE: 1/2/98 JC

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

COPY

FILE #: 23658

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: 019-242-19

TAX/PARCEL NUMBER: ~~019-251-07~~

STREET ADDRESS: Macwood Rd

SUBDIVISION OR MOBILE HOME PARK NAME: N/A

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

CLOSING DATE: _____

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 600

NUMBER OF BEDROOMS: 1 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE: MASonry

[X] 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	WELL, SPRINGS OR WATERLINES	[ ] YES [X] NO
EXISTING WASTEWATER SYSTEMS	[ ] YES [X] NO	DESIGNATED WETLANDS	[ ] YES [X] NO
EASTMENTS OR RIGHT-OF-WAYS	[ ] YES [X] NO		

PROPERTY OWNER: Clarence Reitzel

NAME: (LAST) Reitzel (FIRST) Clarence (MI) L

ADDRESS: 4740 David Cox Rd

CITY: Charlotte STATE: NC ZIP: 28269

DAYTIME PHONE: ( ) 599-1703

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) Killian (FIRST) Arthur (MI) C.

DAYTIME PHONE: (675-9374

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: Arthur Killian DATE: 1-22-98

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

COPY

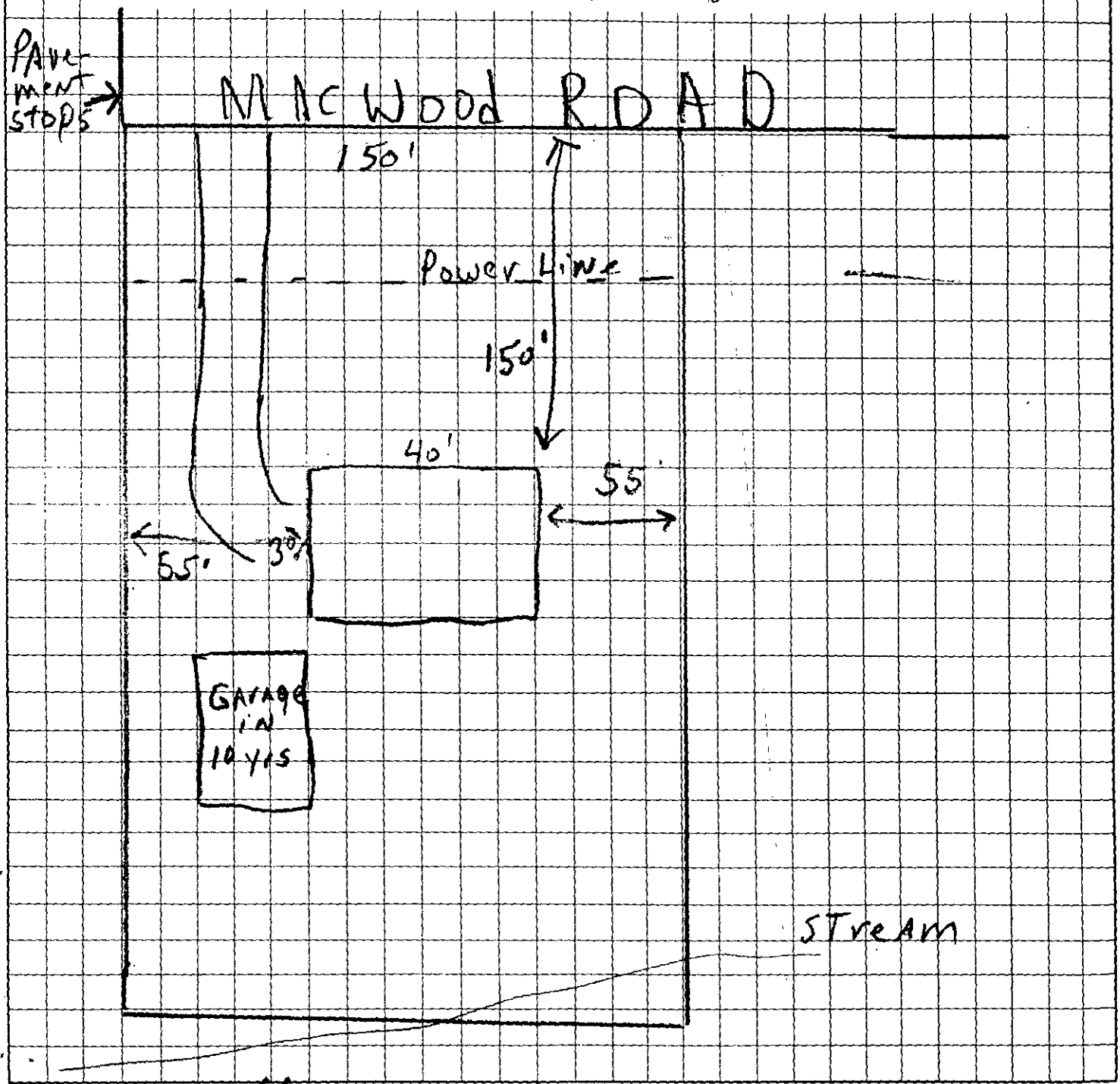
PROPOSED PLOT PLAN

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

FILE: 2365B

TC: ~~019-25-07~~ 019-242-19

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.



Arthur D Killian
OWNER/AGENT SIGNATURE

DATE 1-22-98

APPROVAL DATE _____

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

ON-SITE WASTEWATER SECTION

COUNTY: _____

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

406 #2 2365 B

019-242-19

OWNER: Clarence Reitzel APPLICANT: _____

ADDRESS: 4240 Dasail Loop Rd Mon APPLICATION DATE: _____ DATE EVALUATED: _____

PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 2 Hoppe / PROPERTY SIZE: 1.3

LOCATION OF SITE: Maywood Dr PROPERTY RECORDED: _____

WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other _____

EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut

TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
	Slopes 6-15%								
1	LS	0-3"	gr/sl	Fr/SE xPl NS/NP	>41"	41"	N/A	None	PS 1.3 gal/ft
		3-36"	SBK/scl	Fr/SE xPl SS/SP	TO soil wetness				III
		36-41"	SBK/sc	vFi/ EXPl VS/VP					
2	LS	0-24"	gr/sl	Fr/SE xPl NS/NP	2.5Y 7/1 @ 32"	38"	N/A	None	US
		24-36"	m/sc	Fi/SE xPl SS					
		36-38"	m/sc	vFi/ Expl VS/VP					
3	LS	0-10"	gr/scl	Fr/SE xPl SS/SP	>24"	24"	N/A	None	US
		10-24"	SBK/sc	vFi/ EXPl VS/VP	TO soil wetness				
4	LS	0-6"	gr/scl	Fr/SE xPl SS/SP	>29"	29"	N/A	None	US III
		6-20"	SBK/c	Fi/SE xPl SS	TO soil wetness				
		20-29"	m/c	Fi/SE xPl SP					

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

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): Unsuitable

EVALUATED BY: William R. Mauli 2-12-96

OTHER(S) PRESENT: LHD

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
I (Drainage Way)					EXP (Expansive)	CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
S (Foot Slope)						ABK (Angular Blocky)
I (Head Slope)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SICL (Silty Clay Loam)				PR (Prismatic)
(Nose Slope)		CL (Clay Loam)				
(Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
(Shoulder Slope)		SLC (Silt Loam Clay)				
(Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SIC (Silty Clay)			FI (Firm)	S (Sticky)
					VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None		EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

NOTES

HORIZON DEPTH — In inches below natural soil surface

DEPTH OF FILL — In inches from land surface

RESTRICTIVE HORIZON — Thickness and depth from land surface

SAPROLITE — S(suitable) or U(unsuitable)

SOIL WETNESS — Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

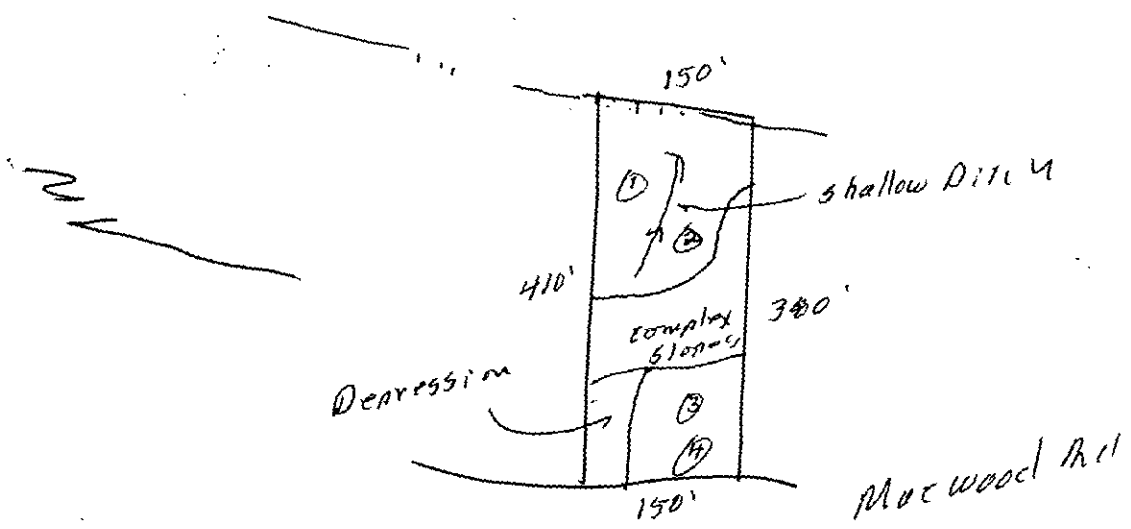
CLASSIFICATION — S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).

2365B



Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 2365B WASPS App #: 2431

Primary ES assigned to project: Jeremy Nicholson

Secondary ES assigned to project: Kim Garrett

Project Type: New Well ☑ Well Abandonment ☐ Major Repair ☐

Septic System Status: Permit in progress ☑ System installation completed ☐ N/A-Sewer ☐

I. File Review:

Completed application	Yes ☑	No ☐	
ARGU review report	Yes ☐	No ☐	N/A ☑
Signed permit	Yes ☐	No ☐	
Notification of disinfection	Yes ☐	No ☐	N/A ☐
Sample Results	TC ☐	Nitrate/Nitrite ☐	Other ☐ N/A ☐
GW-1 Form / GW-30 Form	Yes ☐	No ☐	
Other related documentation	Yes ☐	No ☐	N/A ☐

Items requiring correction/modification: _____

Comments: 7/16/07 - permit/plat plan faxed. JLS

II. WASPS Review:

Completed application w/ valid address	Yes ☑	No ☐	
ARGU review completed	Yes ☐	No ☐	N/A ☑
Permit issued	Yes ☑	No ☐	
Activity checklist completed	Yes ☐	No ☐	
Appropriate comments included	Yes ☐	No ☐	
Site information record completed	Yes ☐	No ☐	
Well detail record completed	Yes ☐	No ☐	

Items requiring correction/modification: _____

Comments:

Application received date: 6/25/07 ES assigned date: _____ Permit issued date: 7/12/07

Well approval date: _____ Number of days to complete project: _____

Review performed by: _____ Date performed: _____

********** -COMM. JOURNAL- ********** DATE JUL-16-2007 ***** TIME 10:33 *********

MODE = MEMORY TRANSMISSION START=JUL-16 10:32 END=JUL-16 10:33

FILE NO.=422

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/TEL NO.	PAGES	DURATION
001	OK	☎	97048962714	003/003	00:01:02

-MECKLENBURG CO GWS -

********** - ***** - 704 336 6894- **********

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

Fax Coversheet

NOTICE

The information contained in this fax may be privileged and/or confidential and is intended only for the use of the person to who it is addressed. If the reader of this message is not the intended recipient (or such recipient's employee or agent), you are hereby notified not to read, distribute, or copy the materials attached hereto without the prior written consent of the sender. If you have received this fax in error, please notify the sender by telephone call and return the original to us by mail and you will be reimbursed for the required postage. Thank you.

To: Humberto Sossa & Elua Whitley
Fax #: 704-896-2714
Phone #: 704-895-1119

From: Mecklenburg County
Groundwater & Wastewater Services
Date: 07/16/2007

Number of pages transmitted: 3 (including coversheet)

Comments:
Well installation permit for 15638 Mac Wood Road.

Please sign both pages and fax back to 704-336-6894.

If you do not receive all pages of this fax please call (704) 336-5103.

☒ Original will not follow

☐ Original will follow via: ☐ U.S. Mail ☐ Hand Delivery ☐

700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236
Office #: (704) 336-5103 • Fax #: (704) 336-6894

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St, Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10002431 **File #:** 2365B **Tax Parcel #:** 019-421-08
Property Owner: HUMBERTO SOSSA/ELUA H. WHITLEY
Job Location Address: 15638 MAC WOOD RD
City/ETJ: HUNTERSVILLE **State:** NC **Zip Code:** 28078
Permit Issuance Date: 7/12/2007
Use of Well: Potable
Type of Facility Served by Well: House
Sewage System Type: New System

Area of Regulated Groundwater Usage Restrictions Apply: NO

Replacement for Existing Well: If Yes, see requirements in Other Conditions of This Permit.

General Conditions of This Permit:

- Water Supply Well construction must meet all requirements set forth in the *Mecklenburg County Groundwater Well Regulations* and any other applicable rules and laws.
- A North Carolina Certified Well Contractor must perform the well construction activities.
- The permitted Water Supply Well shall be located in accordance with the attached SITE PLAN.
- Any alteration of the site (including location of structures and appurtenances) or modification in use of the well, may subject this Permit to revocation.
- The Department will collect an initial sample of water from the Water Supply Well and analyze the sample for total coliform bacteria, nitrate, and nitrite. A review of the analysis by the Department must find the sample to meet the groundwater quality standards specified in Chapter 5 of the Mecklenburg County Groundwater Well Regulations before the Water Supply Well can be placed in service.
- This Permit shall be VALID for a period not to exceed 12 months from the date of issuance.

Specific Conditions of This Permit (Check all that apply):

☐ Grout must be placed the full extent of the casing. ☐ Casing to bedrock

☐ Initial water sample to be taken and analyzed for (check all that apply):

☐ Volatile Organic Compounds (VOC's) ☐ Semi-volatile Compounds ☐ Metals (Specify in Other Conditions)

☐ Pesticides ☐ Herbicides ☐ Other (See Below)

The analysis must be submitted to the Department for review and approval prior to the Water Supply well being placed in service.

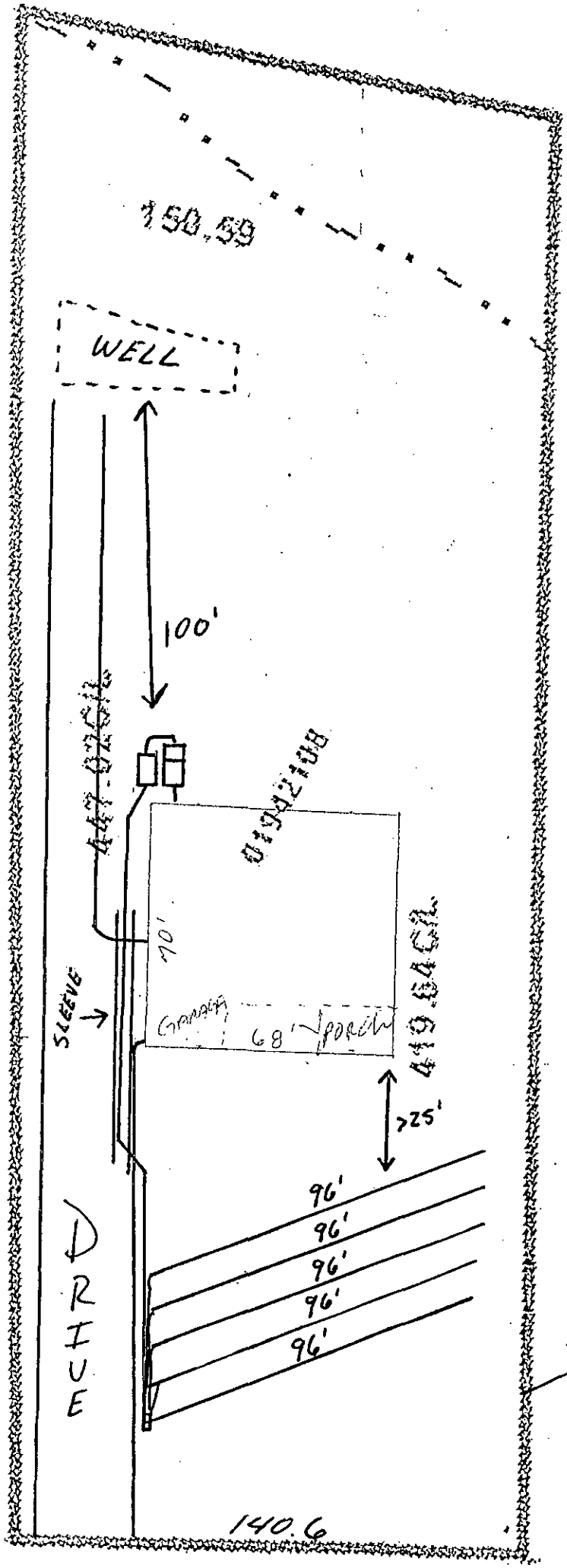
Other Conditions of This Permit:

Jeremy Nicholson, R.S.
Authorized Agent: Print Name

Jeremy Nicholson, R.S.
Signature:

Owner/Legal Agent: Print Name

Signature:



15638 MAC WOOD ROAD

FILE # 2365B

PERMIT # 2431

PARCEL # 019-421-08

COMMENTS:

- → FOUR BEDROOM HOUSE
- → 1500 SEPTIC
- → 1000 PUMP
- → 0.25 LTAR
- WELL ⊗ → 480 TCF
- → TYPE IIIB PUMP TO 25% RED. SYSTEM
- → 5 LINES x 96' x 3'
- → 100% REPAIR NOT REQUIRED
- → PRESSURE MANIFOLD
- → SLEEVE UNDER DRIVEWAY

Jerry Mackin, R.S.

JPM 019-242-19

FILE NUMBER: 23655 APPLICATION NUMBER: 2431

Revised On: January 3, 2007

SEPTIC FEE: 200 DATE: 6/25/07 CK # 5946 JKA

MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES
APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

WELL FEE: 400 DATE: 6/25/07 CK# 5946 JKA

1. **SEPTIC / TYPE APPLICATION:** ☐ NONE ☒ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ☐ NONE ☒ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: 019-421-08
STREET ADDRESS: 15638 MAC Wood Rd
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION NAME:
LOT #: X LOT SIZE (acres): 1.442
TOWNSHIP:

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

4. **BUILDING INFORMATION:**

BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: 3639
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 2
FOUNDATION TYPE:
☐ CONCRETE SLAB ☒ BASEMENT WITH PLUMBING
☐ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☐ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. **WATER SUPPLY:** ☐ MUNICIPAL ☐ PUBLIC WELL ☒ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

7. **PROPOSED USE OF WELL:** ☐ N/A ☐ IRRIGATION ☒ POTABLE ☐ GEOTHERMAL ☐ OTHER

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED):*

☒ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. **RANK:** ____ ____ ____ ____ ____

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES ☒ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES ☒ NO
EXISTING WASTEWATER SYSTEMS	☐ YES ☒ NO	JURISDICTIONAL WETLANDS	☐ YES ☒ NO
WELLS, SPRINGS, OR WATER LINES	☒ YES ☐ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES ☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES ☒ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES ☒ NO

10. **PROPERTY OWNER:**

NAME: Humberto Sossa/Elva H. Whitley
ADDRESS: P O Box 3207
CITY: Huntersville
STATE: NC ZIP: 28070
HOME PHONE: 7048951119 WORK PHONE:
MOBILE PHONE: 7043097219 FAX: 7048962714

11. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

12. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** 3-6-07
13. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** 3-6-07

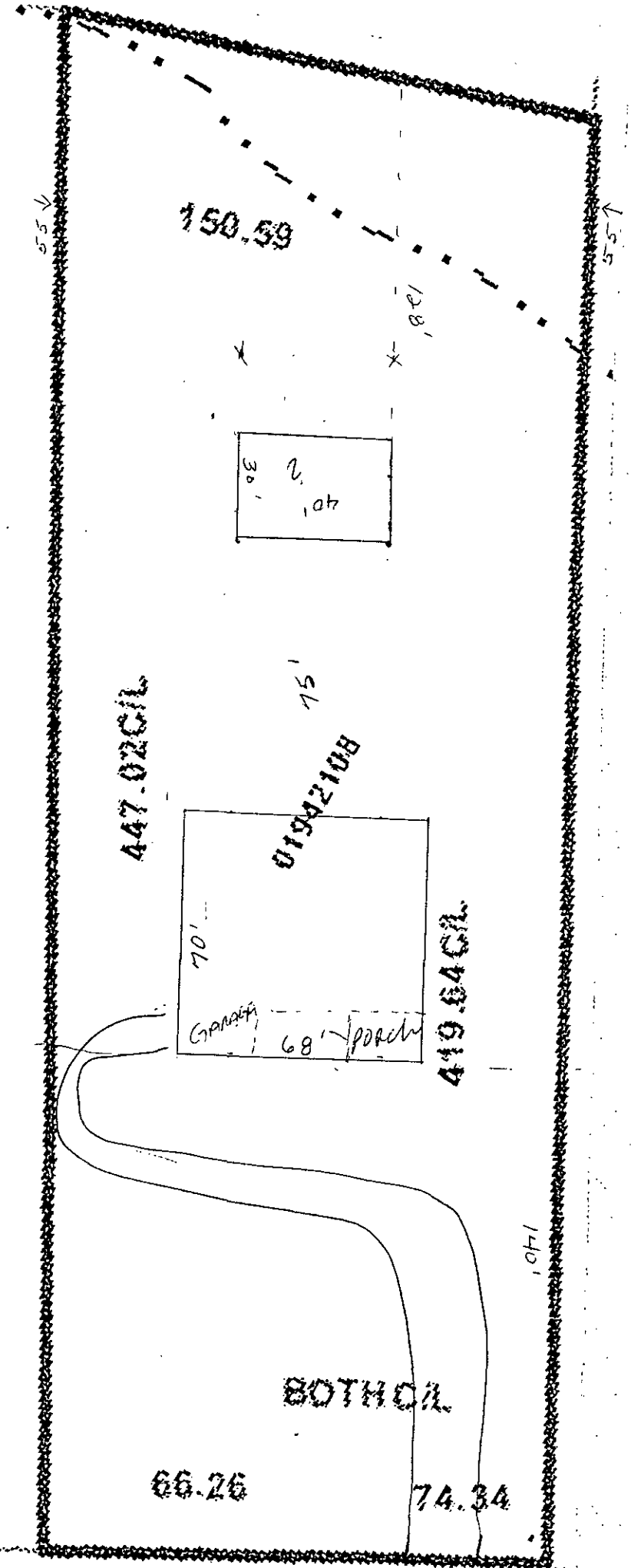
14. **SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:**
If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either 60 months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

Elva H. Whitley 6-25-07
Property Owner's or Owner's Legal Representative Signature Date

15. **WELL PERMIT APPLICATION SIGNATURE SECTION:**
If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of 12 months from the date of issuance.

Elva H. Whitley 6-25-07
Property Owner's or Owner's Legal Representative Signature Date

☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED



3/32" = 1'-0"

file # 2365B

House
W-68
D-70

GARAGE
W-40
D-30

#15638 MAC WOOD Rd, Huntersville