


1937 DOVE DR

05520404

7/8/08

marliwr

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: 13906 DATE: 10/08/02

TC: 055-20-4047 ☐ L ☒ CRT

SERIAL Nº 18793

Name of Owner Jeff Hopkins Juris.:

Address of Property 1937 Pace Drive

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield 300'

Number of Lines 5 @ 60'

Cover Depth 15"

Water Supply Source community

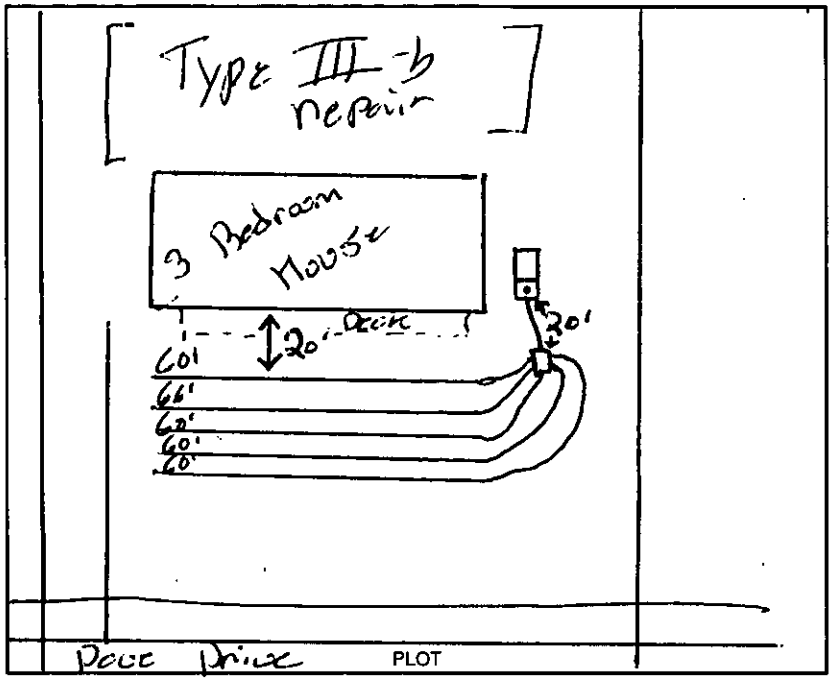
Distance to Water Source

Excavation Inspected 10/08/02

Tank(s) Inspected 10/08/02

Wash Line Inspected N/A

High Water Alarm Inspected N/A




Design 2002, Type III-G, EEE-ZEE, 1500 ST, Cecil CTR# Steve

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: System changed from type II conventional to Type III-G 25% reduction. Owner added 20' to front of house, that was not on permit.

B.E. Sanders B.S.
Environmental Health Specialist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

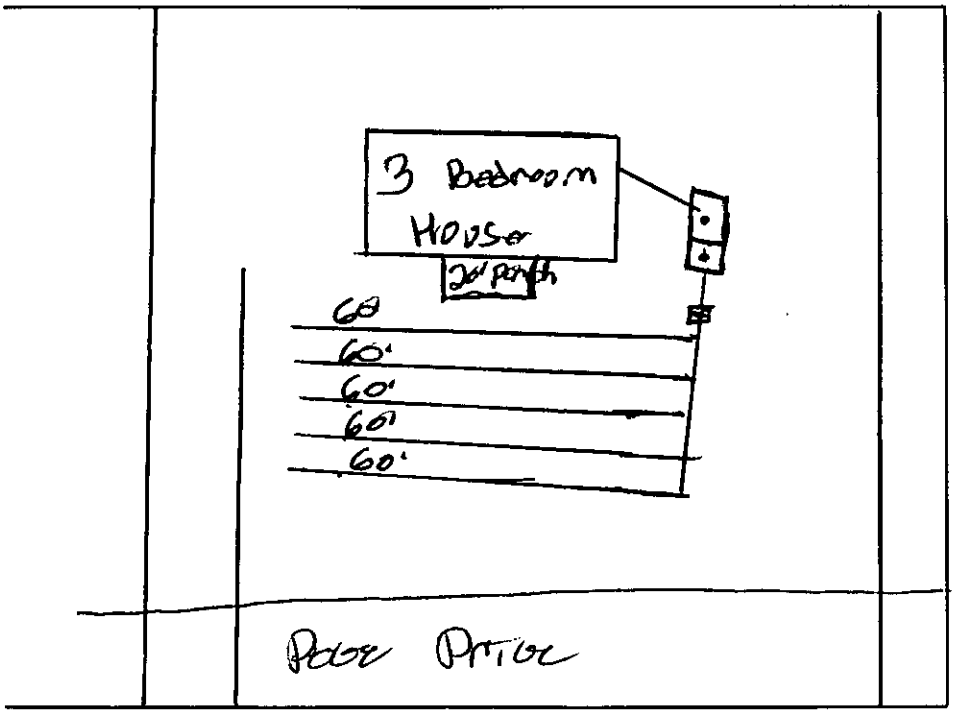
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 13906 DATE: 10/07/02

TC: 055-20-4104 ☐ L

SERIAL Nº 18995

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 _____. 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.




PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous Yes

Total Line Length 300 feet

Number of Lines 5 @ 60'

Depth of Stone N/A inches

Distance from House >5' feet

Distance from Property Line >10' feet

Distance from Well No well feet

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

NAME OF OWNER Jeff Hopkins

LOCATION OF PROPERTY 1937 Dove Drive

Comments: System is innovative changed from conventional due to 20' front porch addition not on original permited plan. Type III-G

Environmental Health Specialist

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

#100 optional site evaluation

ck # 4336 pd 8/1/02

**FEE:** 300.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
**DATE:** 5/10/02 qc **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

**DATE:** 5-7-02 **PERMIT NO:** 13906
**PARCEL NO:** 055-204-04

**JOB LOCATION ADDRESS:** 1937 Dove Drive
**PROPERTY OWNER:** Jeff Hopkins
**BUILDING CONTRACTOR:**
**SUBDIVISION NAME:** Wildwood
**AUTHORIZATION ISSUED BY:** Brenda Sing **DATE:** 5-7-02
DEHNR AUTHORIZED AGENT

## AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 13906, 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: _____

## 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 Jeff C. Hopkins 5/10/02
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

8/1/02 please info Brenda hf

0734
0703

Permit Number: 13906

# CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 055-204-04

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 | X No | | ___ Partial Basement |
| Type Primary Wastewater System<br>Type (circle one):<br>I (II) III IV V VI | ✓ Conventional<br>___ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | | ___ Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 |
| 0.3 Long-term acceptance rate | 360 Max gallons/day wastewater flow | 1200 Absorption Area (sq ft) | | 9' Trench spacing (min. on centers) |
| NO Serviced by private well | 1500 Gallon septic tank | 400 Total trench length (ft) | | 24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions) |
| 3 Bedrooms in residence | IV/A Gallon pump tank | 12" Depth of stone | | |
| Any surface waters present: NO | Type: | Minimum separation distance: | | |
| Site modifications required: NO | | | | |
| Additional Conditions: | | | | |
| Repair Area System Type<br>Type (circle one):<br>I II (III) IV V VI | ✓ Conventional<br>___ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | | ___ Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 |
| 1200 Absorption Area (Sq ft)<br>400' Total Trench Length (Ft) | 12'' Depth of Stone Trench | 4' Trench spacing (min. on centers) | | 24" 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 Departmer

... This Improvement permit is transferable.

Brenda Sorg 7/30/02
DEHNR Authorized Agent Date

Owner/Agent Signature 8/1/02
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

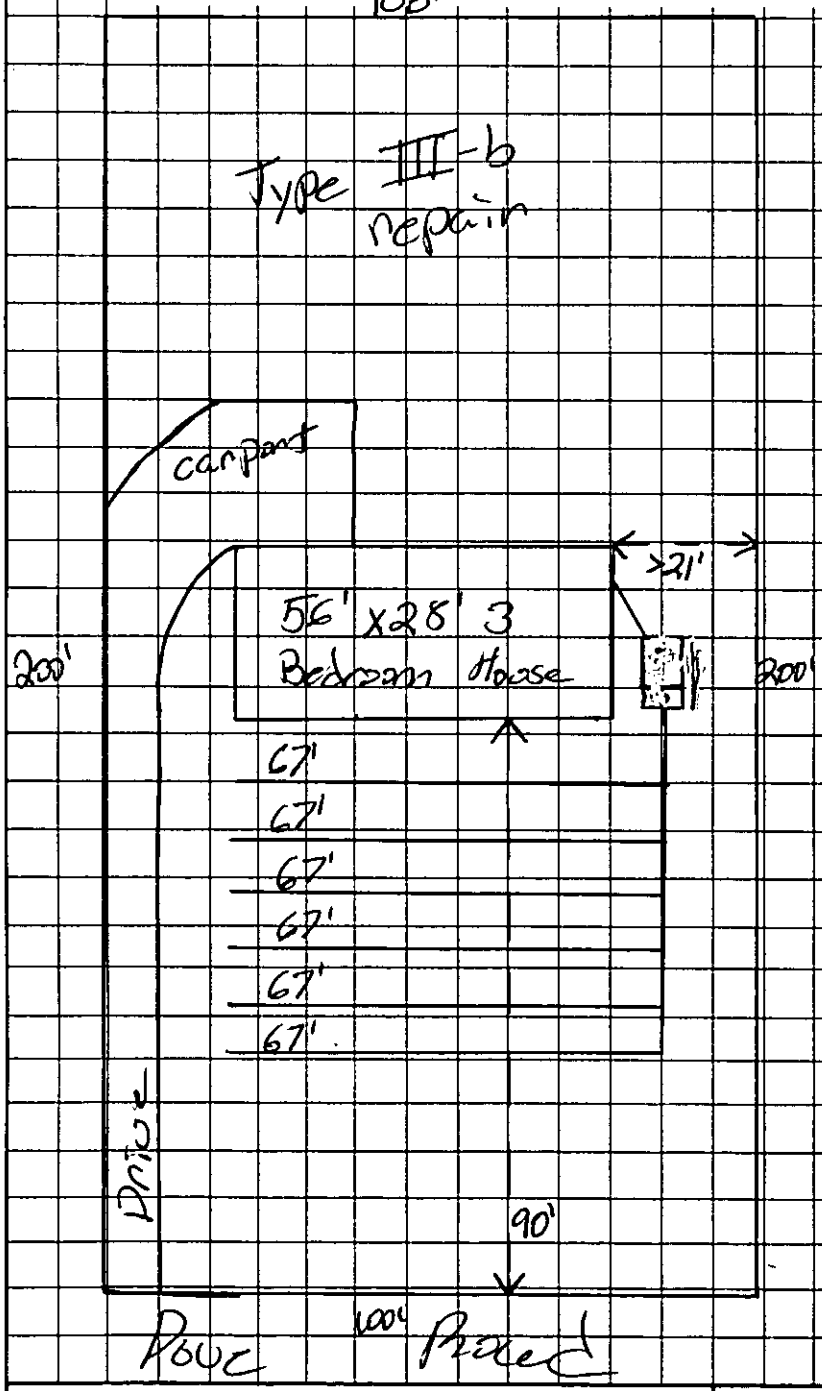
# PROPOSED PLOT PLAN

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

FILE: 13906

TC: 055-204-04

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.




Comments &

3 Bedroom House
1500 gallon Septic Tank
TLF = 400'
Install 6 lines @ 67'
12" Stone
Use D-Box or Drop Boxes
Type II Conventional Sys'
Keep System >10' from property line
>75' from House
>75' from any well

Type III-B Repair

House is to be
>90' from front property line
>21' from Right property line

OWNER/AGENT SIGNATURE

DATE 8/1/02

APPROVAL DATE _____

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

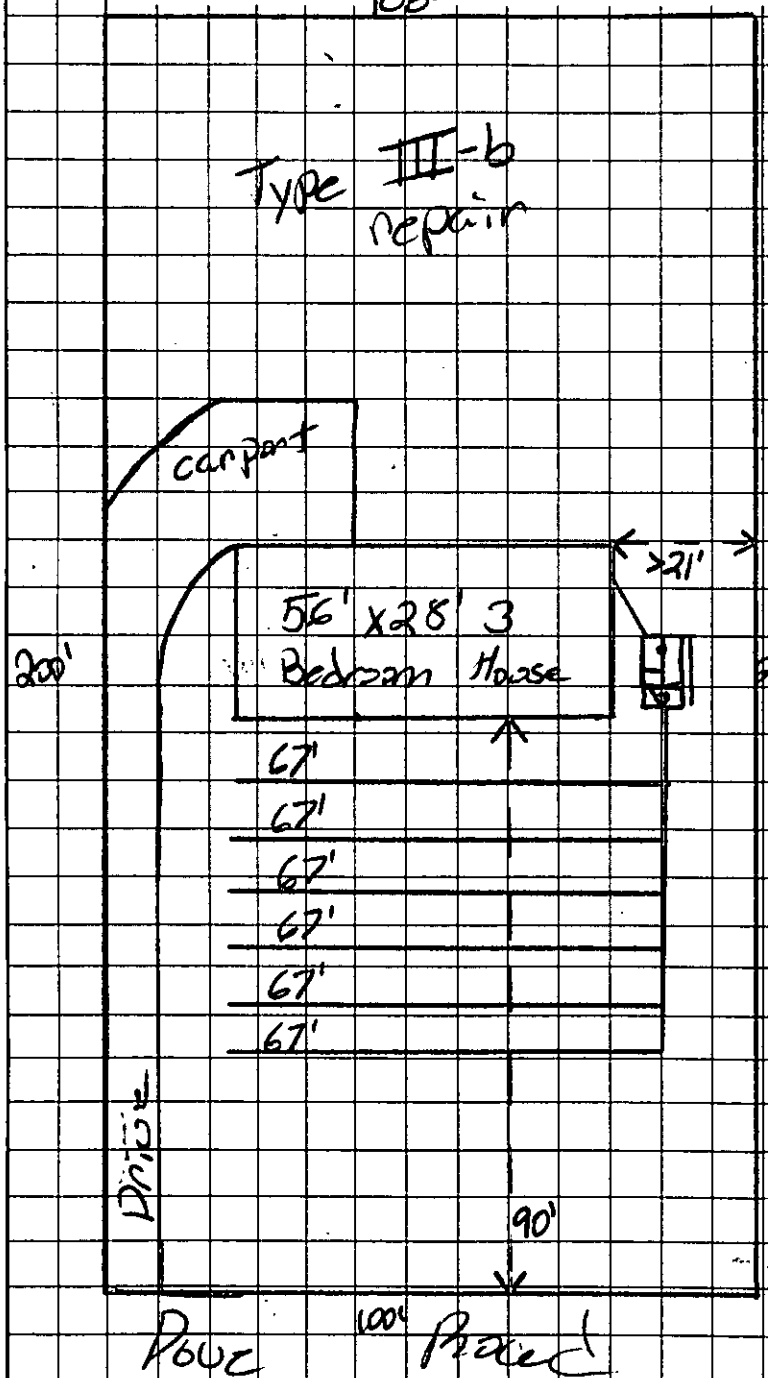
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ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 13906

TC: 055-204-04

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.




Comments

3 Bedroom House
1500 gallon Septic Tank
TLF = 400'
Install 6 lines @ 67'
12" Stone
Use D-Box or Drop Boxes
Type II Conventional Sys'
Keep System: >10' from property line
75' from House
>50' from any well

Type III-B Repair

House is to be
>90' from Front property line
>21' from Right property line

OWNER/AGENT SIGNATURE

DATE 8/1/02

APPROVAL DATE _____

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

This is a change in plot Plan as of 7/30/02

$100

Must sign paperwork

Permit Number: 13906 Tax Number: 085-204-04

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 | X No | ___ Partial Basement |
| Type Primary Wastewater System<br>Type (circle one):<br>I (II) III IV V VI | ___ Conventional<br>___ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | ___ Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 |
| 3 Long term acceptance rate | 480 Max. Gallon/Day wastewater | 1600 Absorption Area (sq ft) | 9' Trench spacing (min. on |
| NO Serviced by private well | 1500 Gallon septic tank | 533 Total trench length (ft) | 24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions) |
| 4 Bedrooms in residence | N/A Gallon pump tank | 12" Depth of stone | |
| Any surface waters present: NO Type: | | Minimum separation distance: | |
| Site modifications required: No | | | |
| Additional Conditions: See attached plot plan, | | | |
| Repair Area System Type<br>Type (circle one):<br>I (II) III IV V VI | ___ Conventional<br>___ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | ___ Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 |
| 1600 Absorption Area (Sq ft)<br>533 Total Trench Length (Ft) | 12" Depth of Stone Trench | 9 Trench spacing (min. on centers) | 24" 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 the 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 effect at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department
- This Improvement permit is transferable.

5-7-02
DEHNR Authorized Agent Date

X [signature] 5/10/02
Owner/Agent Signature Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
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NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

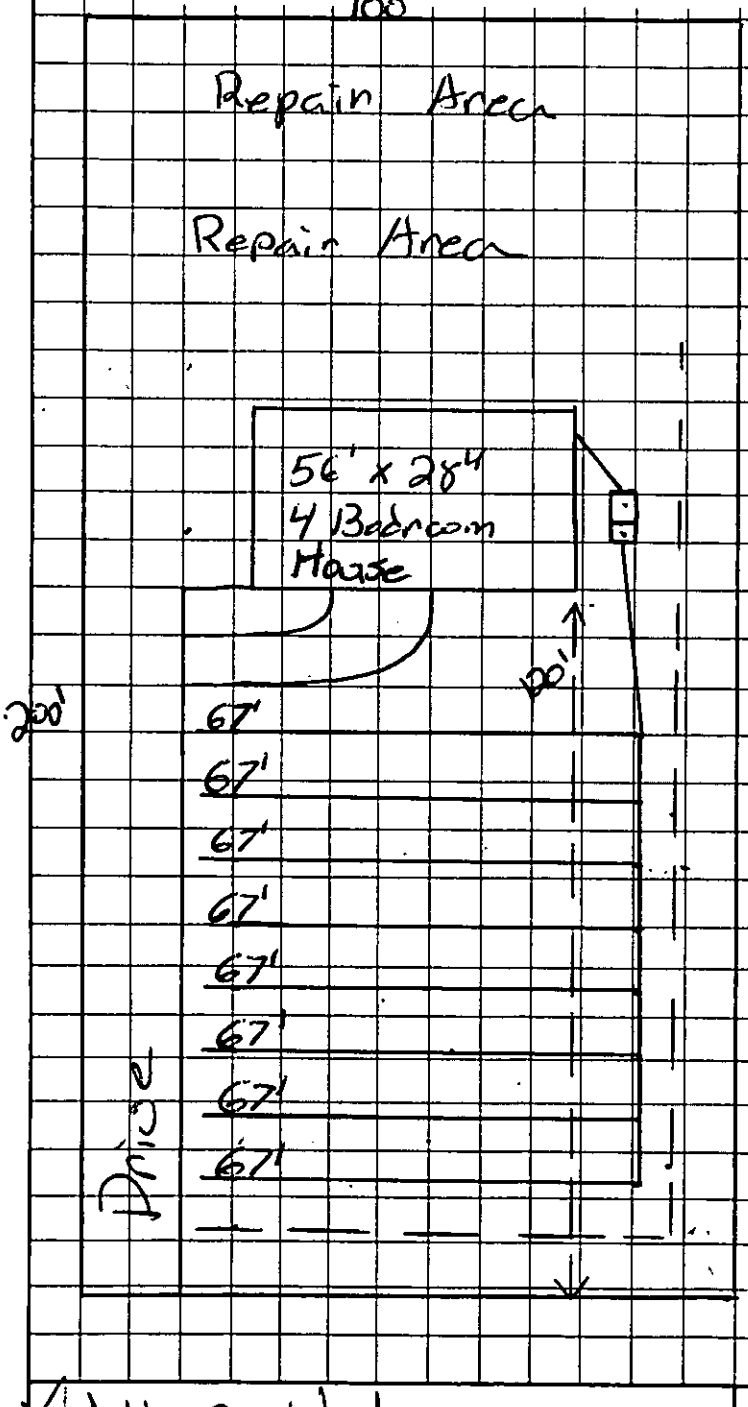
# PROPOSED PLOT PLAN

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

FILE: 13906

TC: 055-204-04

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.




Comments:

4 Bedroom House
1500 gallon septic Tank
TLF = 533'
Install 5 lines @ 67'
12" stone
Use D-Box or Drop Boxes
Type II Conventional System
Keep system >10' from property Line
>5' from House
>50 from any Well

Type III-B Repair

House location:

House is to be located 120' from front property line.

X [signature]
OWNER/AGENT SIGNATURE

DATE 5/10/02

APPROVAL DATE _____

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

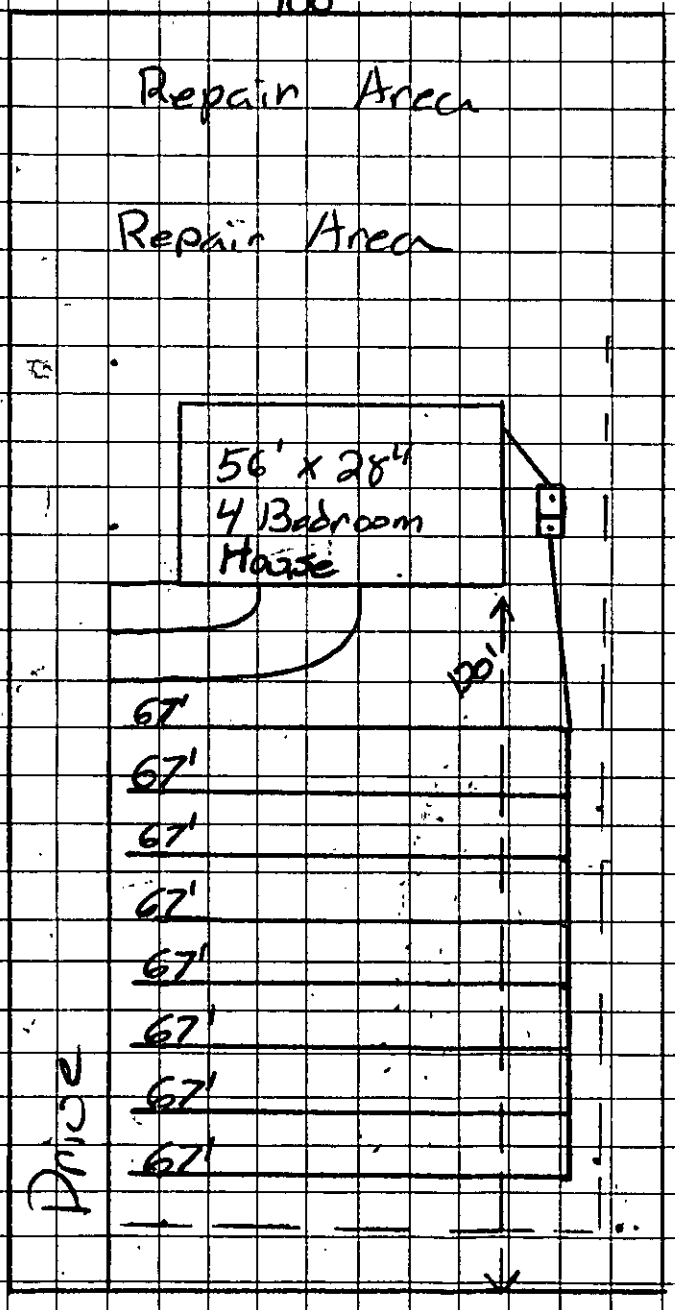
# PROPOSED PLOT PLAN

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ENVIRONMENTAL HEALTH DIVISION
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CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 13906

TC: 055-204-04

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.




Comments:

4 Bedroom House
1500 gallon septic Tank
TLF = 533'
Install 6 lines @ 67'
12" stone
Use D-Box or Prop Boxes
Type II Conventional System
Keep system >10' from property Line
>5' from House
>50 from any Well

Type III-B Repair

House Location

House is to be located 120' from front property line.

OWNER/AGENT SIGNATURE

DATE 5/10/02

APPROVAL DATE

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

FEE: $200.00 CK# 4328
DATE: 5/2/02 SC

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

[ ] 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 #: 13906

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 055-204-04

STREET ADDRESS: 1937 Dove Dr

SUBDIVISION OR MOBILE HOME PARK NAME: Wild Wood

LOT NUMBER: 4 BG

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1540

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

- [ ] WITHOUT BASEMENT
- [ ] ON SLAB
- [✓] CRAWL SPACE
- [ ] WITH BASEMENT /PLUMBING
- [ ] WITH BASEMENT /NO PLUMBING

TOWNSHIP (CHECK ONE):

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

CLOSING DATE _____

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

PROPERTY OWNER:

NAME: Hopkins (LAST) Jeff + DAWN (FIRST) (MI)

ADDRESS: 3830 N. Graham St

CITY: Charlotte STATE: NC ZIP: 28206

DAYTIME PHONE: (704) 596 - 4374

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

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: Jeff A. Hopkins DATE: 5/2/02

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

Brandon

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

Sheet: 1
Property ID: 055-204-04
Lot #: 4, BG
File #: 13906
Code: 1

AES

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

Owner: Jeff Hopkins
Applicant:
Address: 3830 N. Graham St., Charlotte, N. C. 28206
Date Evaluated: 05/03/2002
Proposed Facility: Residence
Design Flow (.1949): 360gpd
Property Size: .47a.
Location of Site: 1937 Dove Drive
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

| PROFILE # | .1940 Landscape Position/ Slope% | Horizon Depth (IN.) | SOIL MORPHOLOGY .1941 .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 | LS, 15 | 0-3 | GR/CL | FR/SEXP/SS/SP | >48" TO SOIL WETNESS | 48+ | N/A | NONE | PS, IV .3GPD/FT$^2$ |
| | | 3-37 | SBK/C | FI/SEXP/S/P | | | | | |
| | | 37-48+ | SBK/CL | FR/SEXP/SS/SP | | | | | |
| 2 | " | 0-3 | GR/CL | FR/SEXP/SS/SP | " | " | " | " | " |
| | | 3-41 | SBK/C | FI/SEXP/S/P | | | | | |
| | | 41-48+ | SBK/CL | FR/SEXP/SS/SP | | | | | |
| 3 | " | 0-2 | GR/CL | FR/SEXP/SS/SP | " | " | " | " | " |
| | | 2-48+ | SBK/C | FI/SEXP/S/P | | | | | |
| 4 | R, 8 | 0-2 | GR/CL | FR/SEXP/SS/SP | >32" TO SOIL WETNESS | 32 | " | " | US, IV .3GPD/FT$^2$ |
| | | 2-20 | SBK/C | FI/SEXP/S/P | | | | | |
| | | 20-32 | SBK/CL | FR/SEXP/SS/SP | | | | | |
| 5 | LS, 7 | 0-3 | GR/CL | FR/SEXP/SS/SP | >37" TO SOIL WETNESS | 37 | " | " | PS, IV .3GPD/FT$^2$ |
| | | 3-7 | GR/SCL | FR/SEXP/SS/SP | | | | | |
| | | 7-25 | SBK/C | FI/SEXP/S/P | | | | | |
| | | 25-37 | SBK/CL | FR/SEXP/SS/SP | | | | | |
| 6 | " | 0-3 | GR/L | FR/SEXP/NS/NP | >39" TO SOIL WETNESS | 39 | " | " | " |
| | | 3-28 | SBK/C | FI/SEXP/S/P | | | | | |
| | | 28-39 | SBK/CL | FR/SEXP/SS/SP | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| Description | Initial System | Repair System |
|---|---|---|
| Available Space (.1945) | PS | |
| System Type(s) | | |
| Site LTAR | .3GPD/FT$^2$ | |

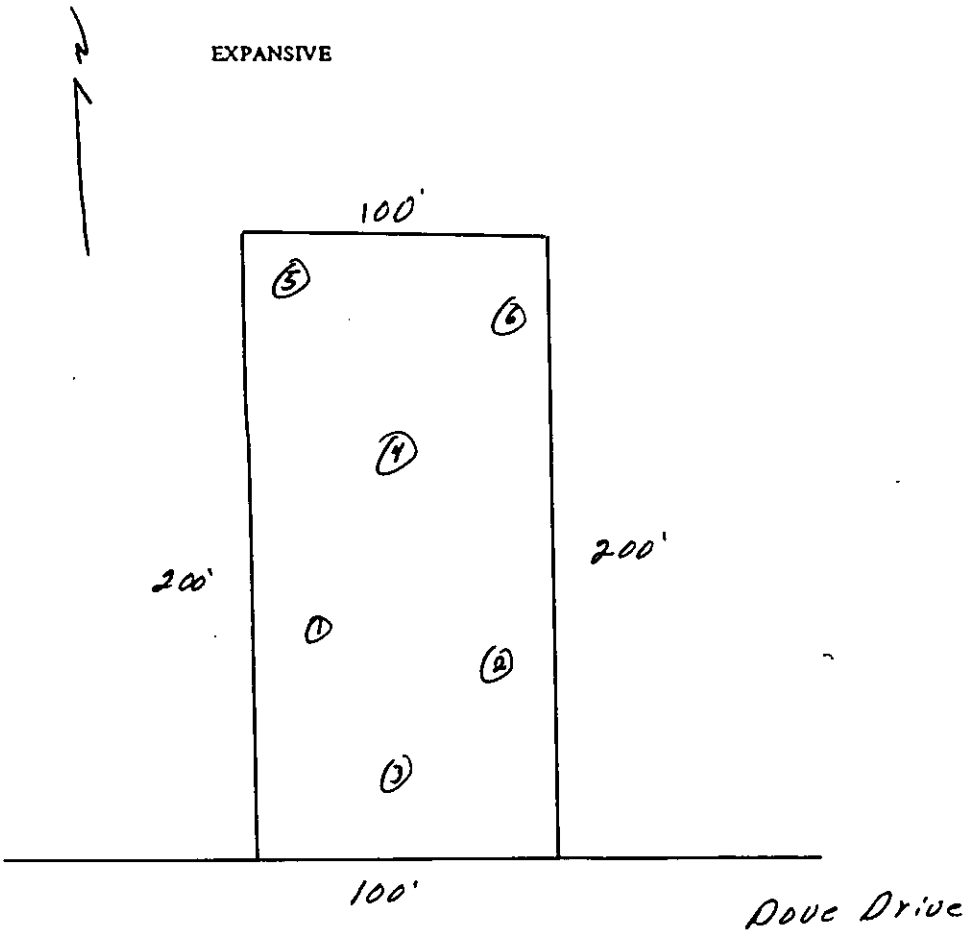
Other Factors (.1946): _____
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 5/3/02 W. R. Marlin
Others Present:

FILE # 13906

## COMMENTS

| LANDSCAPE POSITION | GROUP | TEXTURE | .1955 LTAR | CONSISTENCE MOIST | CONSISTENCE WET |
|---|---|---|---|---|---|
| R-RIDGE | I | S-SAND | 1.2-0.8 | | |
| S-SHOULDER SLOPE | | LS-LOAMY SAND | | VFR-VERY FRIABLE | NS-NON-STICKY |
| L-LINEAR SLOPE | | | | FR-FRIABLE | SS-SLIGHTLYSTICKY |
| FS-FOOT SLOPE | II | SL-SANDY LOAM | 0.8-0.6 | FI-FIRM | S-STICKY |
| N-NOSE SLOPE | | L-LOAM | | VFI-VERY FIRM | VS-VERY STICKY |
| H-HEAD SLOPE | | | | EFI-EXTREMELY FIRM | NP-NON-PLASTIC |
| CC-CONCLAVE SLOPE | III | SI-SILT | 0.6-0.3 | | SP-SLIGHTLYSTICKY |
| CV-CONVEX SLOPE | | SICL-SILTY CLAY LOAM | | | P-PLASTIC |
| T-TERRACE | | CL-CLAY LOAM | | | VP-VERY PLASTIC |
| FP-FLOOD PLAIN | | SCL-SANDY CLAY LOAM | | | |
| | IV | SC-SANDY CLAY | 0.4-0.1 | | |
| | | SIC-SILTY CLAY | | | |
| | | O-ORGANIC | | | |

| STRUCTURE | MINERALOGY |
|---|---|
| SG-SINGLE GRAIN | SLIGHTLY EXPANSIVE |
| M-MASSIVE | |
| CR-CRUMB | EXPANSIVE |
| GR-GRANULAR | |
| SBK-SUBANGULAR BLOCKY | |
| ABK-ANGULAR BLOCKY | |
| PL-PLATY | |
| PR-PRISMATIC | |



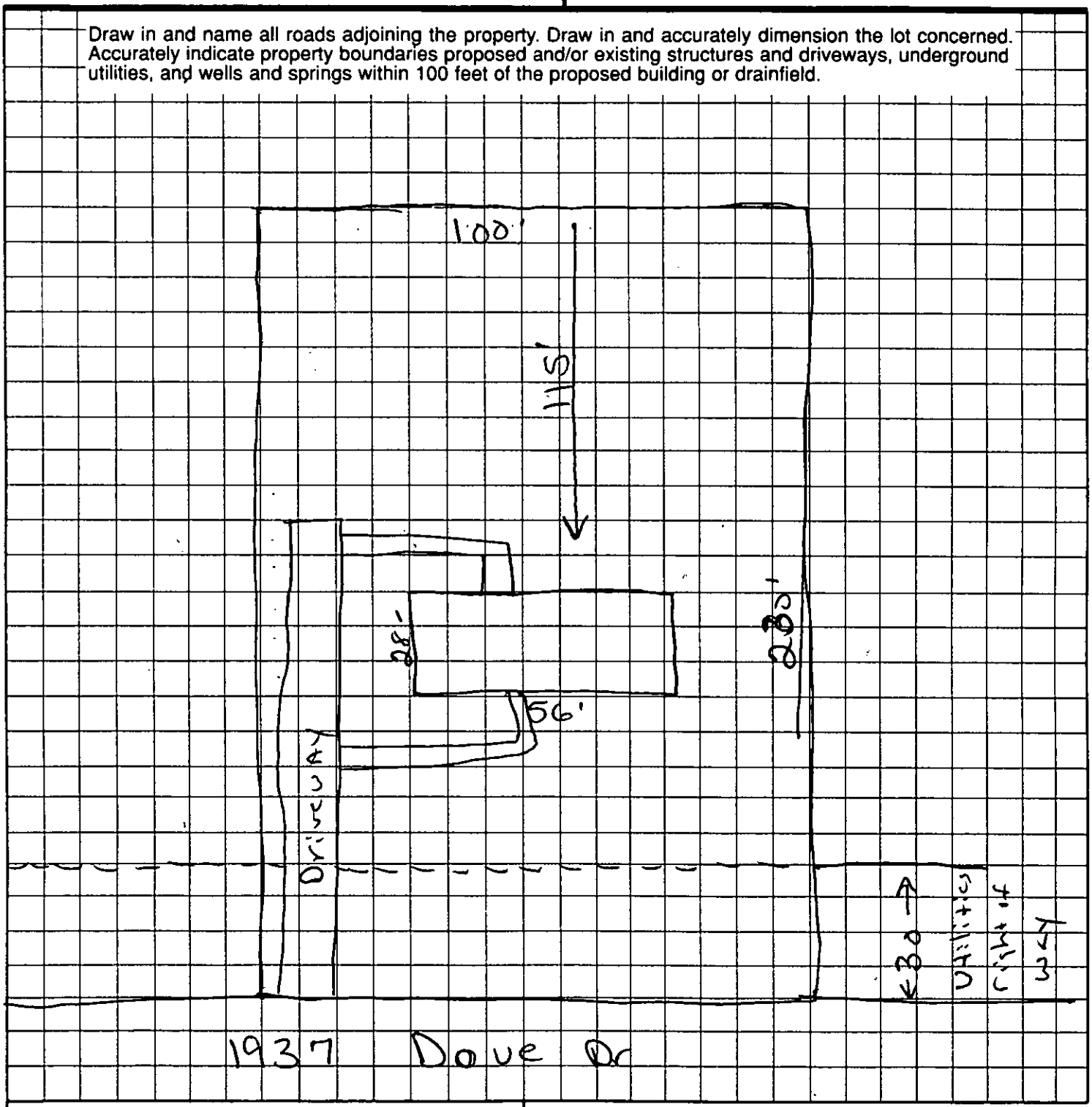
# PROPOSED PLOT PLAN

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

FILE: 13906

TC: 055-204-04

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 5/2/02

APPROVAL DATE _____

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

# PROPOSED PLOT PLAN

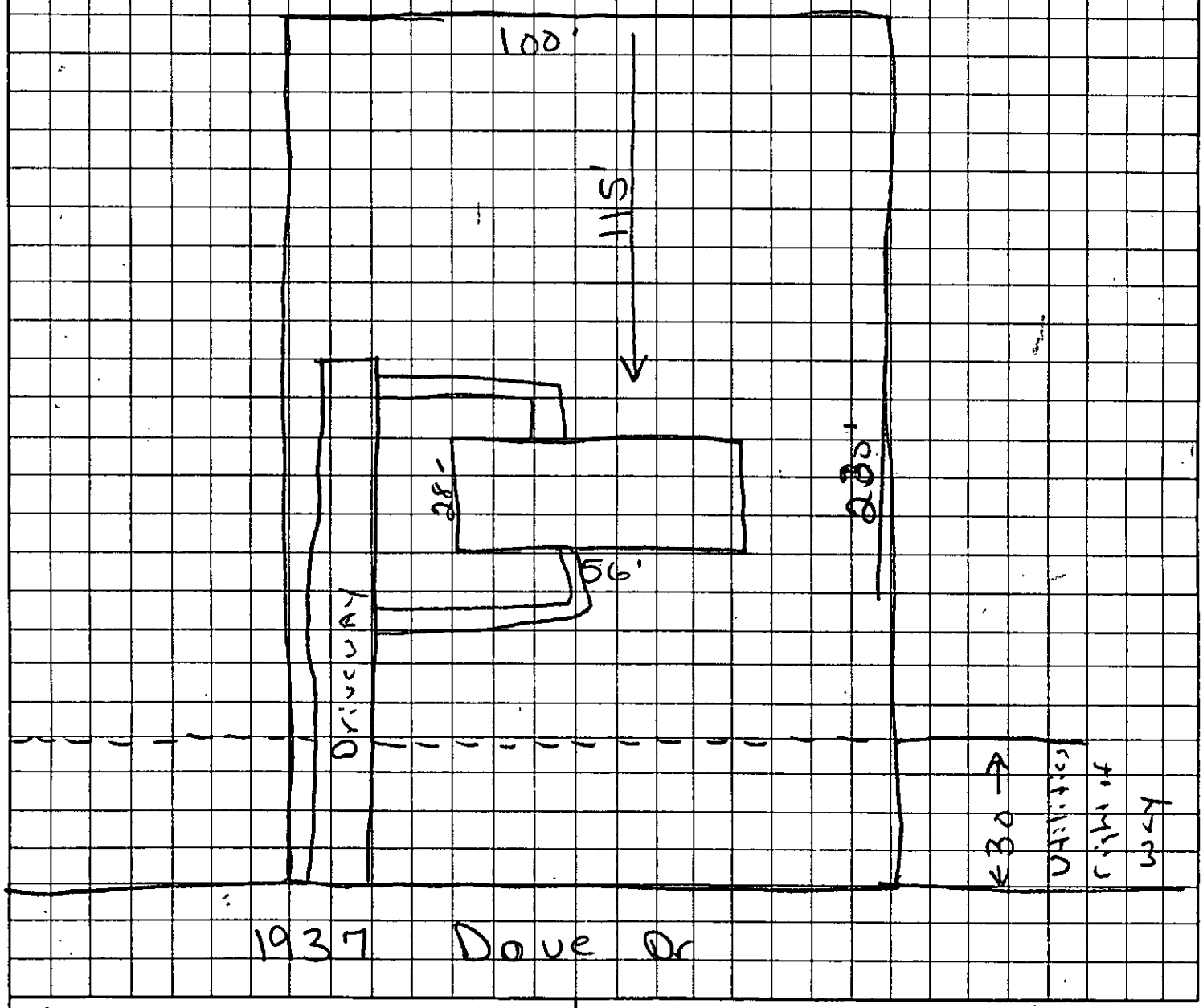
13906

HEALTH DEPARTMENT
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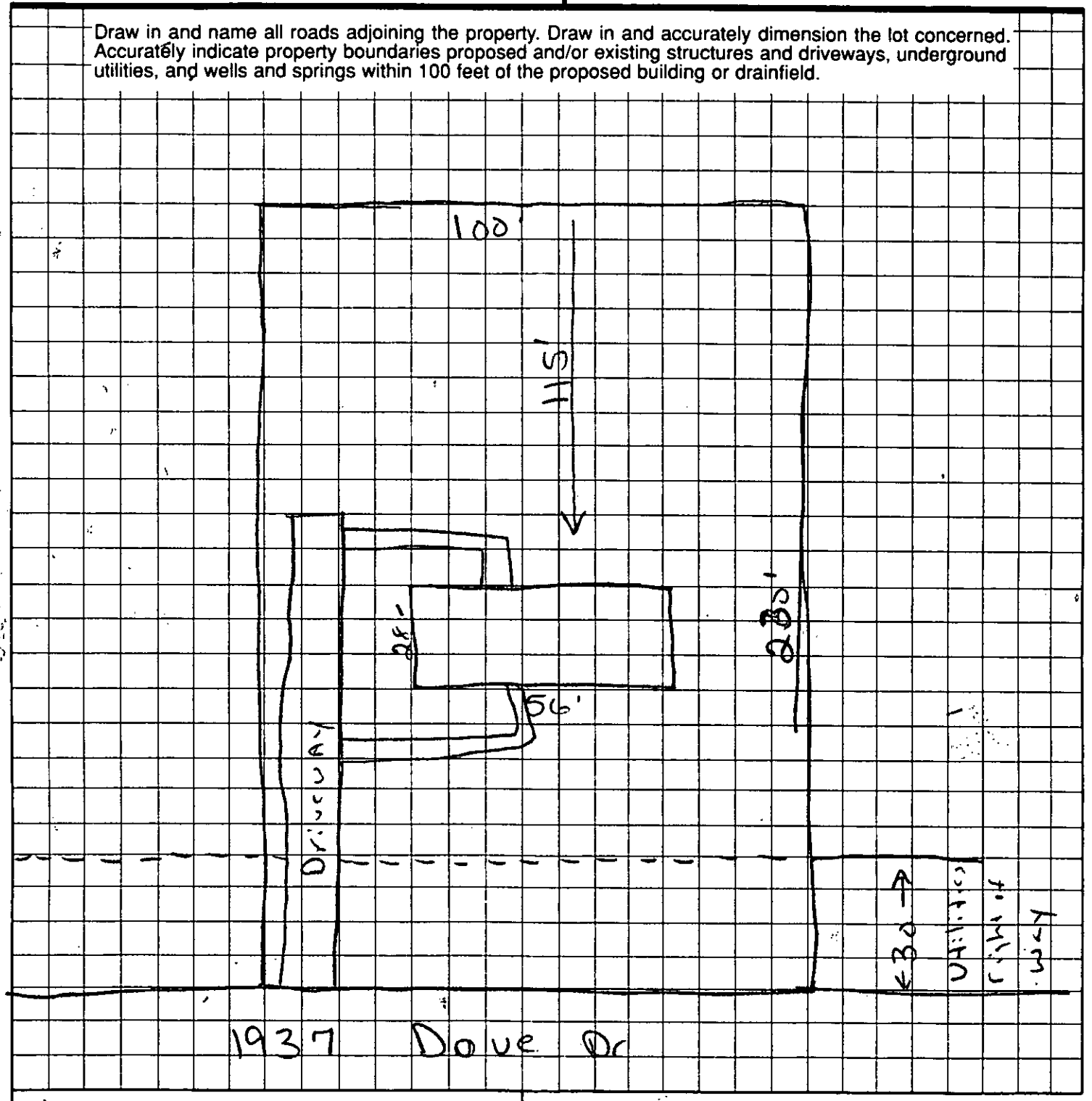
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1937 Dove Dr

APPLIC. Hal

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