

19007 CALLAWAY HILLS LN

00308137

7/5/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

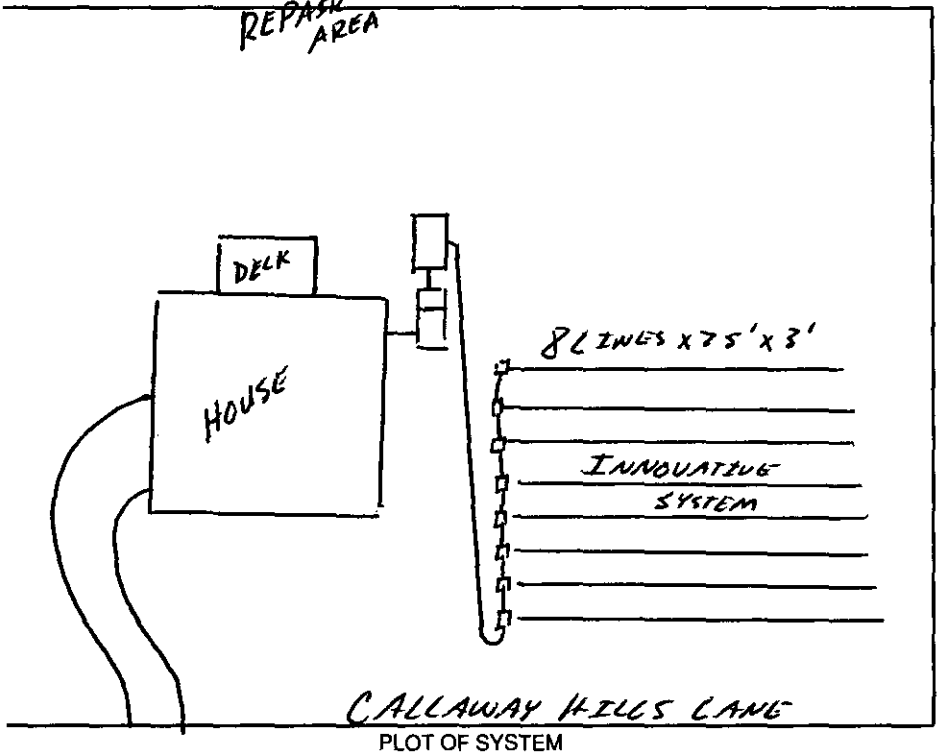
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7554A/7555A DATE: 6/4/04

TC: 003-081-37 ☐ L

SERIAL 19491

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 10/27/03. All work shall be completed on or before 7/4/04, 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 1000 gallons

Tank Construction PCC

Trench Depth 24-36"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length X 600' feet

Number of Lines 8 x 75'

Depth of Stone — inches

Distance from House >15' 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 Donna Wardrick, Inc.

LOCATION OF PROPERTY 19007 Callaway Hills Lane

Comments: 6 Bedroom House

Install 8 lines x 75' x 3 w/ Drop Boxes

Type IIIB Pump to Innovative System

Tommy Mack R.S.
Environmental Health Specialist

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

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

LS #2

Sheet: _____
Property ID: 003-081-39
Lot #: 26A
File #: 7555A

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Monica Investment Co. APPLICANT: Jon Ann Blankenship
ADDRESS: 2523 Little Ave, Suite 210, Charlotte DATE EVALUATED: 2-23-00
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 480gpd PROPERTY SIZE: 1.03
LOCATION OF SITE: 19501 Callaway Miller Jones PROPERTY RECORDED: _____
WATER SUPPLY: ☑Private ☐Public ☑Well ☐Spring ☐Other _____
EVALUATION METHOD: ☑Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☑Sewage ☐Industrial Process ☐Mixed

PROFILE #	Slopes 5-15% .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/sl	Fr/SE XP/NS/NP	2.5Y6/1 @ 34"	37"	N/A	None	US III
		2-37"	SBM/sc/	Fr/SE XP/SS/SP					
2	LS	0-21"	gr/sc/	Fr/SE XP/SS/SP	2.5Y5/2 @ 15"	21"	N/A	None	US III
3	LS	0-17"	gr/sl/	Fr/SE XP/SS/SP	7.5YR 7/0 soil wetness	48"	N/A	None	US .391 Fz IV
		17-48"	SBM/sc	Fi/SE XP/SP					
4	LS	0-15"	gr/sl/	Fr/SE XP/SS/SP	7.5YR 7/0 soil wetness	48"	N/A	None	PS .391 Fz IV
		15-48"	SBM/sc	Fi/SE XP/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: W.R. Marlin LSS 2-24-00
OTHER(S) PRESENT: _____

FILE # 7555A

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	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

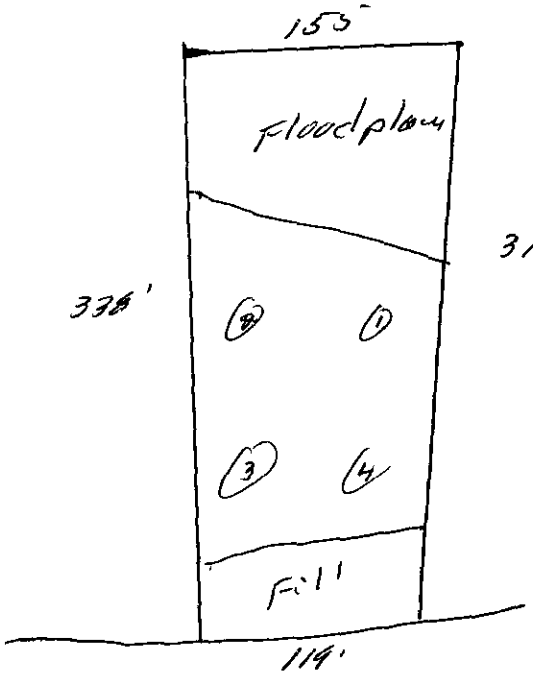
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



Calloway Hills Land

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

AS #2

Sheet: _____

Property ID: 003-061-37

Lot #: 27A

File #: 7554A

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Monica Investments Co. APPLICANT: Tee Ann Blankenship

ADDRESS: 7523 Little Ave, Suite 214 Charlotte DATE EVALUATED: 2-23-00

PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 480gpd PROPERTY SIZE: 1.09

LOCATION OF SITE: 19007 Calloway Hills Lane PROPERTY RECORDED: _____

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

EVALUATION METHOD: ☒~~Augur Boring~~ ☐Pit ☐Cut

TYPE OF WASTEWATER: ☐~~Sewage~~ ☐Industrial Process ☐Mixed

PROFILE #	Slopes 5-20% .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	0-18"	gr l sc l	Fr l SE xP l SS l SP	>48" TO soil wetness	46+	N/A	None	PS .391 Pz IV
		18-48"	SB M l c	Fi l SE xP SS l P					
2	LS	0-12"	gr l sc l	Fr l SE xP l SS l SP	>37" TO soil wetness	37"	N/A	None	PS .391 Pz IV
		12-37"	SB M l sc	Fi l SE xP l SS l P					
3	LS	0-3"	gr l sc l	Fr l SE xP l SS l SP	>20" TO soil wetness	20"	N/A	None	US IV
		3-15"	SB K l sc	Fi l SE xP SS l P					
		15-20"	M l sc l	Fr l SE xP SS l 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: W. A. Martin LSS 2-24-00

OTHER(S) PRESENT: _____

FILE # 7554A

COMMENTS 1002 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

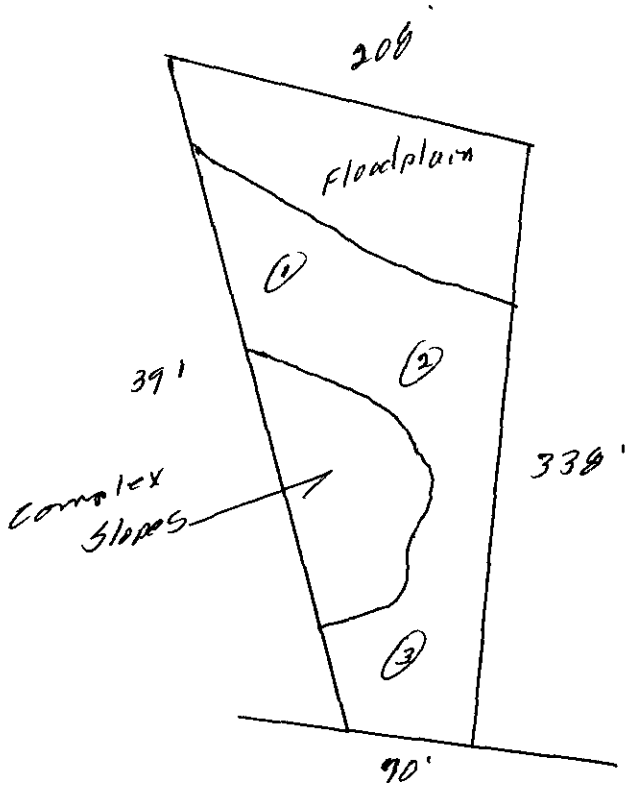
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



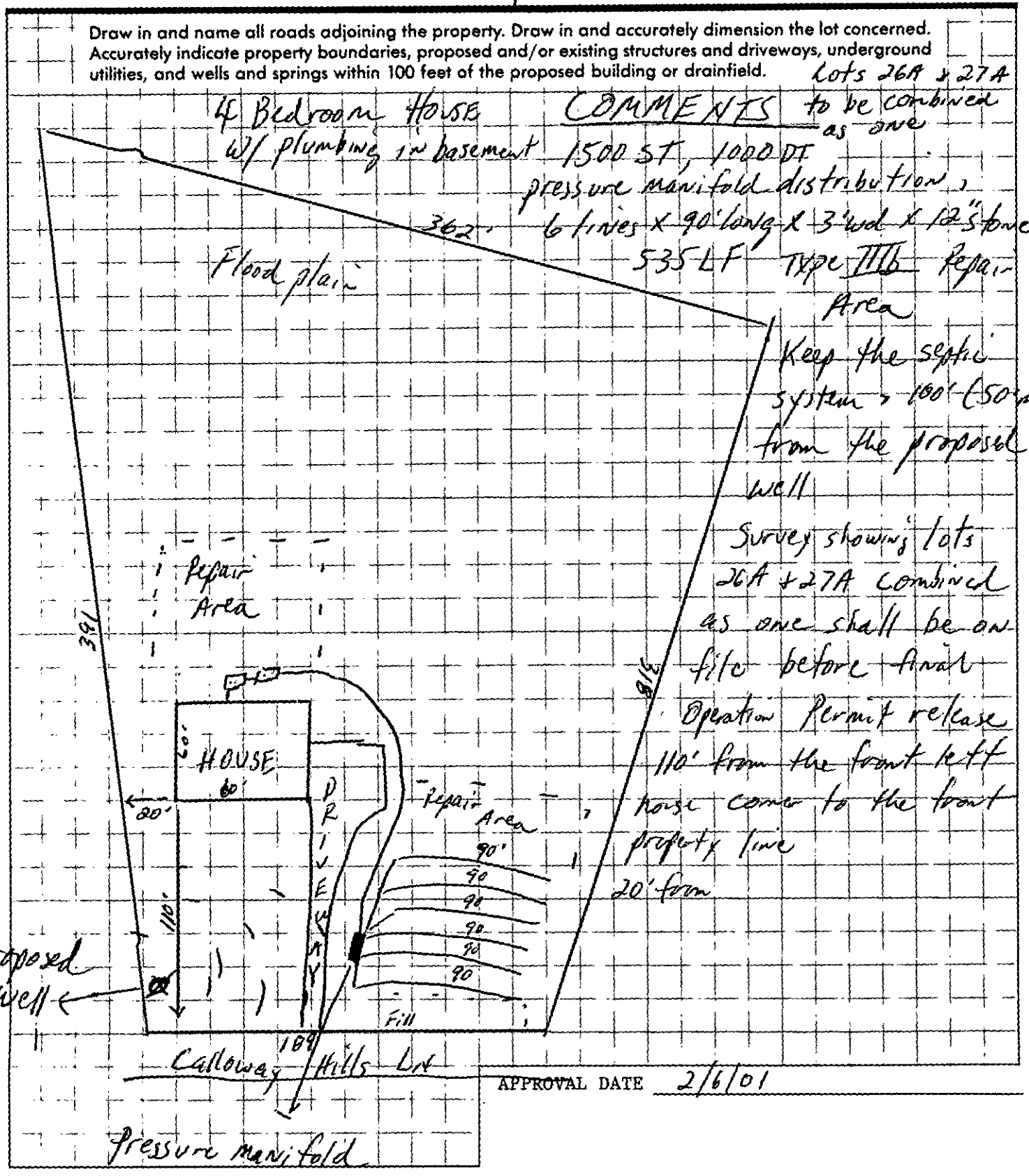
PROPOSED PLOT PLAN

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

FILE: 7554A & 7555A

TC: 003 081 37 & 38

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.



APPROVAL DATE 2/6/01

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

A PLAT SHOWING

RUNNEYMEDE, PHASE II, MAP I, LOTS 26 & 27 RE

MONICA INVESTMENT COMPANY (OWNER)
#8508 PARK ROAD #187
CHARLOTTE, NORTH CAROLINA 28210

DEWEESE TOWNSHIP, MECKLENBURG COUNTY, NORTH CAROLINA

.E: 1" = 40'
: APRIL 30TH, 2002
) FILE: 56137

R
1
P
C
T
E

7554A & 7555A

003-081-37

0' 40' 80' 120'

BAR SCALE: 1" = 40'

AREA
92,691 SQ.FT.
OR 2.1279 ACRES

COMMON AREA
MAP BOOK 25, PAGE 226

20' PUBLIC STORM DRAINAGE EASEMENT

FLOODWAY ENCROACHMENT LINE
MAP BOOK 25, PAGE 226

E.I.R.

S 15°04'08" W
208.31'

E.I.R.

S 11°05'50" W
155.16'

E.I.R.

35' REAR SETBACK

35' REAR SETBACK

8' SIDE SETBACK

FORMERLY
LOT 27

LOT 26
BLOCK 1

FORMERLY
LOT 26

AREA
92,691 SQ.FT.
OR 2.1279 ACRES

MECKLENBURG COUNTY
FLOODWAY FRINGE DISTRICT BOUNDARY
(AS PER MAP 25-226)

S 77°28'23" E
320.02'

LOT 25

N 75°57'29" E
391.71'

8' SIDE SETBACK

Innovative Repair

1500

1000

Innovative Repair

100' 600 TLF
100' 25% Reduction
100' Innovative
100' System
100' w/ Drop Boxes
100'

6 Bedroom House

55'

55'

20'

60'

35' FRONT SETBACK

E.I.R.

WELL

DRIVEWAY

CH=N 04°57'52" E
189.68'
R=1004.28' L=189.96'

OFF SITE TIE
S 10°26'01" W
110.59'

R/W E.I.R.

SET 5/8" REBAR
S 10°42'48" W
89.12'

PK NAIL
C/L ROAD

ASPHALT PAVEMENT

CALLAWAY HILLS LANE
(50' PUBLIC RIGHT-OF-WAY)
MAP BOOK 25, PAGE 226

R/W

COMMENTS:

→ System designed for a 6 Bedroom House
→ House located 60' off front property and 20' off left property line
→ Install:
  → 6 lines x 100' x 3'
  → 1500 gallon septic tank
  → 1000 gallon pump tank
  → Drop Box distribution
→ Type III by Pump to Innovative System
→ Innovative Repair

X

Jimmy Mecklenburg 10/27/03

I _____ REVIEW OFFICER OF MECKLENBURG COUNTY, CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.

_____ _____
REVIEW OFFICER DATE

I HEREBY CERTIFY THAT THE S
HAS BEEN FOUND TO COMPLY
FOR DAVIDSON, NORTH CAROLI
APPROVED BY THE BOARD OF
OFFICE OF THE REGISTER OF D

_____ _____
DATE TOWN CL

[redacted] credit $50 credit for soil test never done

FEE: 50 CK 154
DATE: 5/10/99 JC

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 #: 7554A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 003-081-37

STREET ADDRESS: 19007 Calloway Hills Ln.

SUBDIVISION OR MOBILE HOME PARK NAME: Runneymede

LOT NUMBER: 27A

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: 3000

NUMBER OF BEDROOMS: 4 | 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	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: Monica Investment Co.
(LAST) (FIRST) (MI)

ADDRESS: 7523 Little Ave Suite 210

CITY: Charlotte STATE: NC ZIP: 28226

DAYTIME PHONE: ( ) 544-5520

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Blankenship, Lou Ann
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) 892-3324

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: Lou Ann Blankenship DATE: 4-23-99

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

2 x 50 100 2000

2 x 50 = 100 # 2700

RUNNYMEDE

Lot #	File #	Tax Parcel #	Address	Information	Status
1A	7629A	003-081-63	19729 Callaway Hills Ln.	• Original application '91, $50 paid for soil test only. Test conducted. • 2nd application '93 $200 paid, no action.	Soil & Site evaluation should be completed after updated application and proposed plot plan have been submitted.
2A	1716B	003-081-62	19721 Callaway Hills Ln.	• Original application 1/22/97, $100 paid for soil & site evaluation. Soil test conducted. Note in file waiting on accurate plot plan to be submitted for site evaluation.	Plot plan should be submitted for site evaluation in order to pursue an Improvement Permit.
3A	3045A	003-081-61	19711 Callaway Hills Ln.	• Original application submitted 7/17/87 for soil test only. No fee amount indicated. Soil test conducted, letter sent.	Submit Application for Improvement Permit with proposed plot plan, and $100 application fee.
4A	3046A	003-081-60	19701 Callaway Hills Ln.	• Original application submitted 7/17/87 for soil test only. No fee amount indicated. Soil test conducted, letter sent.	Submit Application for Improvement Permit with proposed plot plan, and $100 application fee.
5A	3047A	003-081-59	19625 Callaway Hills Ln	• Original application submitted 7/17/87 for soil test only. No fee amount indicated. Soil test conducted, letter sent.	Submit Application for Improvement Permit with proposed plot plan, and $100 application fee.
7A	850B	003-081-47	19609 Callaway Hills Ln	• Original application '93, $50 paid for soil test only. Test conducted.	Submit Application for Improvement Permit with proposed plot plan, and $100 application fee.
12A	**7560A**	**003-081-52**	**15601 Deerhaven Ct.**	• Original application '91, $50 paid for soil test only. Test conducted. • 2nd application 8/24/98, $100 paid, soil test conducted.	Site evaluation should be conducted in order to pursue an Improvement Permit.
15A	7561A	003-081-49	19423 Callaway Hills Ln.	• Original application '93, $50 paid for soil test only. Test conducted.	Submit Application for Improvement Permit with proposed plot plan, and $100 application fee.
16A	***7562A***	***003-081-48***	***19415 Callaway Hills Ln***	• Original application '91, $50 paid for soil test only. Test conducted. • 2nd application 7/21/98, $100 paid, soil test conducted.	Site evaluation should be conducted in order to pursue an Improvement Permit.
17A	7563A	003-081-47	19405 Callaway Hills Ln.	• Original application '91, $50 paid for soil test only. Test conducted.	Submit Application for Improvement Permit with proposed plot plan, and $100 application fee.
19A	7575A	003-081-45	19305 Callaway Hills Ln.	• Original application '91, $100 paid for soil test only on 2.19 ac. Test conducted.	Submit Application for Improvement Permit with proposed plot plan, and $100 application fee.
21A	7577A	003-081-43	19209 Callaway Hills Ln.	• Original application '93, $100 paid for soil test only on 1.47ac. Test conducted.	Submit Application for Improvement Permit with proposed plot plan, and $100 application fee.
22A	7570A	003-081-42	19125 Callaway Hills Ln.	• Original application '92, $75 paid for soil test only on 1.18ac. Test conducted.	Submit Application for Improvement Permit with proposed plot plan, and $100 application fee.
23A	7558A	003-081-41	19117 Callaway Hills Ln.	• Original application '92, $50 paid for soil test only. Test conducted.	Submit Application for Improvement Permit with proposed plot plan, and $100 application fee.
24A	7557A	003-081-40	19109 Callaway Hills Ln.	• Original application '92, $50 paid for soil test only. Test conducted.	Submit Application for Improvement Permit with proposed plot plan, and $100 application fee.
25A	7556A	003-081-39	19101 Callaway Hills Ln.	• Original application '92, $50 paid for soil test only. Test conducted.	Submit Application for Improvement Permit with proposed plot plan, and $100 application fee.
26A	7555A	003-081-38	19015 Callaway Hills Ln.	• Original application '91, $50 paid for soil test only. No action.	$50 credit. An additional $50 should be paid with an updated application and plot plan in order to proceed with testing to pursue an Improvement Permit.
27A	7554A	003-081-37	19007 Callaway Hills Ln.	• Original application '91, $50 paid for soil test only. No action.	$50 credit. An additional $50 should be paid with an updated application and plot plan in order to proceed with testing to pursue an Improvement Permit.

PROPOSED PLOT PLAN

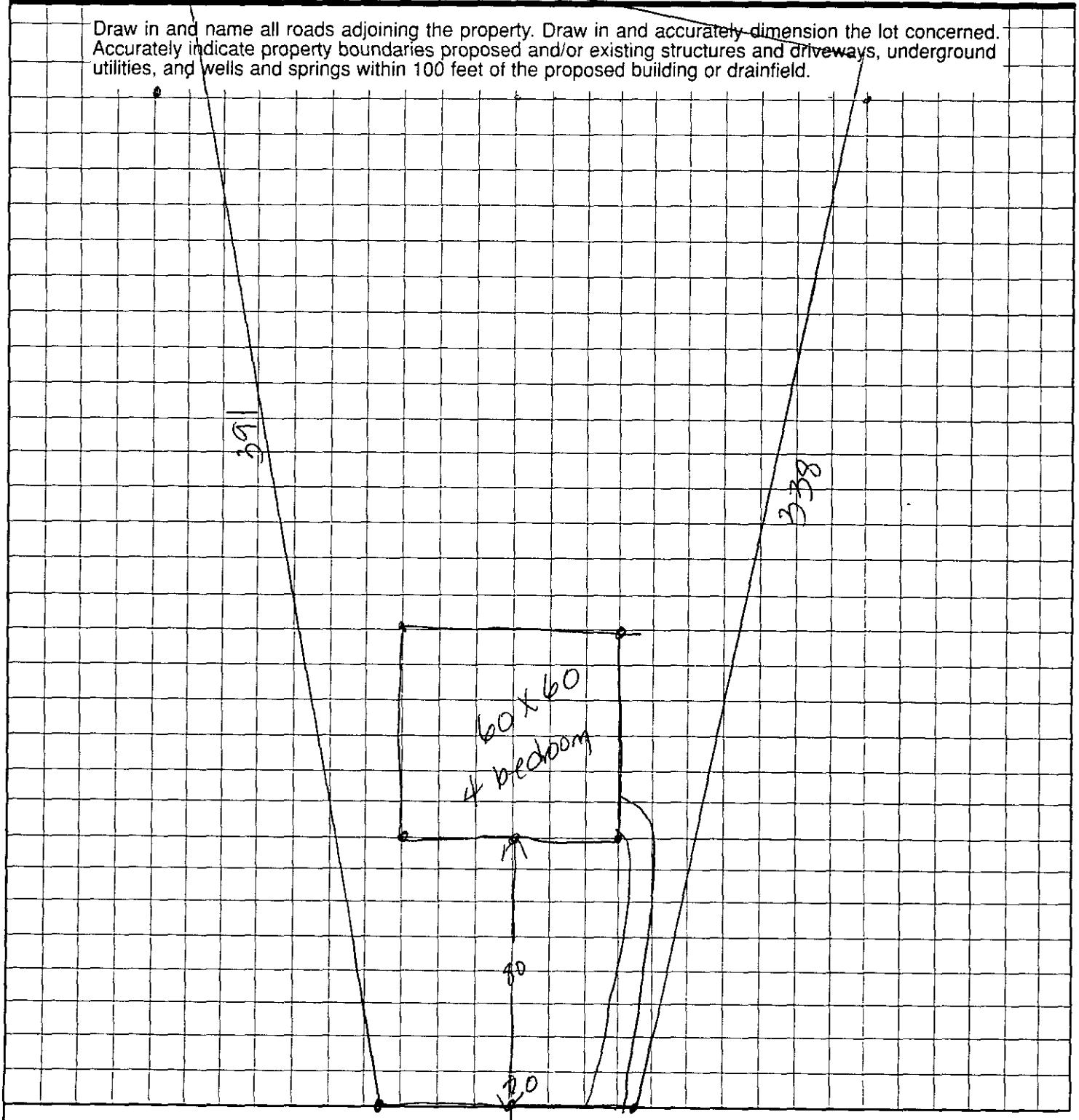
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

200

FILE: 7557A

TC: 003-081-37

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

APPROVAL DATE

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

FILE #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 00-308-137

STREET ADDRESS: 19007 Galloway Hills Ln

SUBDIVISION OR MOBILE HOME PARK NAME: Rumgrade

LOT NUMBER: 26

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 3737

NUMBER OF BEDROOMS: 6

NUMBER OF OCCUPANTS:

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
__ CRAWL SPACE
X 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:

NAME: Wilbrak Scott K
(LAST) (FIRST) (MI)

ADDRESS: 3788 Panther Dr Ct

CITY: Concord STATE: NC ZIP: 28027

DAYTIME PHONE: (704) 786 - 1589

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: _____ DATE: 11/7/03

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

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2003 NOV 13 10:37 AM
BK:16429 PG:102-105 FEE:$20.00

INSTRUMENT # 2003270547

2003270547

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15ANCAC 18A.1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

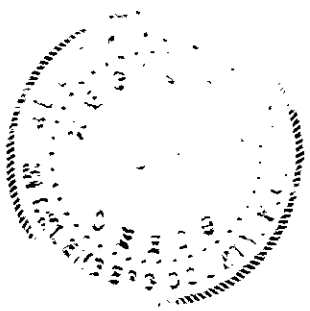
FILE# 7554A & 7555A
PARCEL# 00-308-137

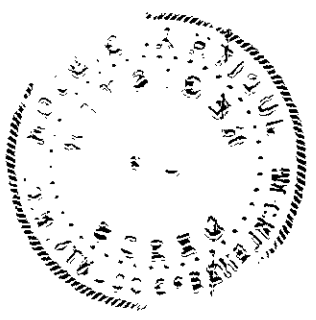
The undersigned, Wildrick Homes, Inc., owner of property located at 19007 Callaway Hills Lane, (the "site") and described in an instrument recorded in Book 37 at Page 577, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the" Department") 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 under signed 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 condition will apply to the Site:

This instrument was prepared by: Donna Wildrick
Mail after recording to: Donna Wildrick, 3788 Panthers Den Ct., Concord, NC 28072





Any changes on the property may make the Improvement Permit null and void and may make the Improvement Permit subject to revocation.

Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or other wise 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 the installation of a replacement system.

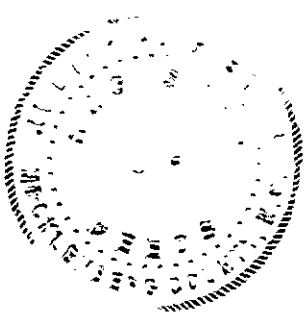
At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

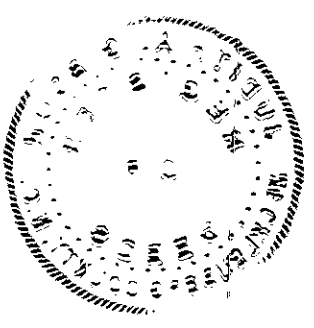
The undersigned further agrees for himself, his heirs and assigns the he shall indemnify and hold harmless the Department, its employees and officials, as well as Mecklenburg County and its employees and officials for any damages or other claims of any person or persons whatsoever arising out of the 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 record of the Register of Deed of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and 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 10th day of November, 2003.





Wildrick Homes Inc.
(Corporate Name)

By: _____ (SEAL)
Scott Wildrick, President

ATTEST:

_____
Donna Wildrick, Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

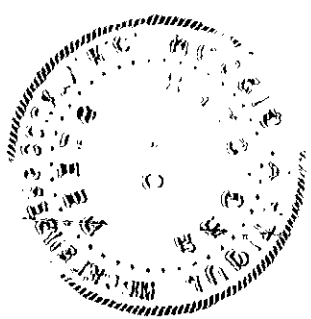
I, Elizabeth A. Winchester, a Notary for said County and State, do hereby certify that Donna Wildrick personally came before me this day and acknowledged the she is the Secretary of Wildrick Homes Inc., a North Carolina corporation, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its president, sealed with its corporate seal and attested by Donna Wildrick as its Secretary.

WITNESS my hand and notarial seal, this 13th day of November, 2003

_____
Notary Public

My Commission Expires:

03/01/2006



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

****

Filed For Registration: 11/13/2003 10:37 AM

Book: RE 16429 Page: 102-105

Document No.: 2003270547

PRMIT 4 PGS $20.00

Recorder: TERESITA BYRUM

****

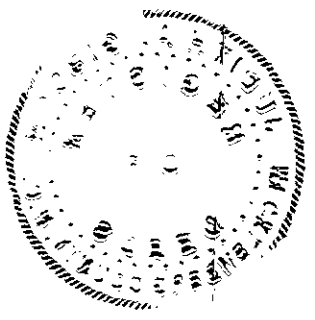
State of North Carolina, County of Mecklenburg

The foregoing certificate of ELIZABETH A WINCHESTER Notary is certified to be correct. This 13TH of November 2003

JUDITH A. GIBSON, REGISTER OF DEEDS By Teresita Byrum
Deputy/Assistant Register of Deeds

****

2003270547



Judith A. Gibson, Register of Deeds
720 E. Fourth Street, Room 103
Charlotte, North Carolina 28202
704-336-2443

State of North Carolina
County of Mecklenburg

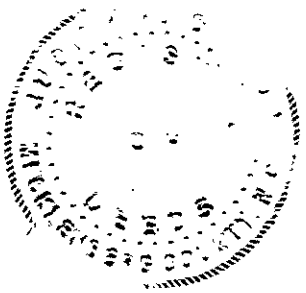
I do hereby certify this to be a true copy of the attached document filed and recorded in the aforesaid county as evidenced in Instrument/Book No. 16429 Page No. 102 and ends with Page No. 105

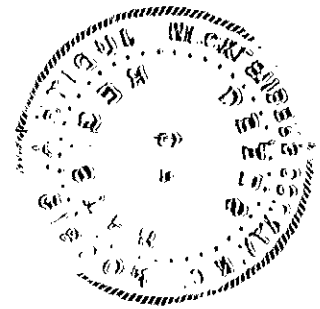
Witness my hand and seal this 13th day of November, 2003.

Judith A. Gibson

Deputy Register of Deeds

Register of Deeds, Assistant or Deputy Register of Deeds





Lou Ann Blankenship
Carolina Realty of Cornelius
19119 Southport Dr.
Cornelius, NC 28031
Louann.Blankenship@adelphia.net
704-634-9981 (Mobile & Pager)
704-895-1862 (Office)
704-895-2484 (Fax)

Fax Cover Sheet
No. of Pages 2 including cover sheet

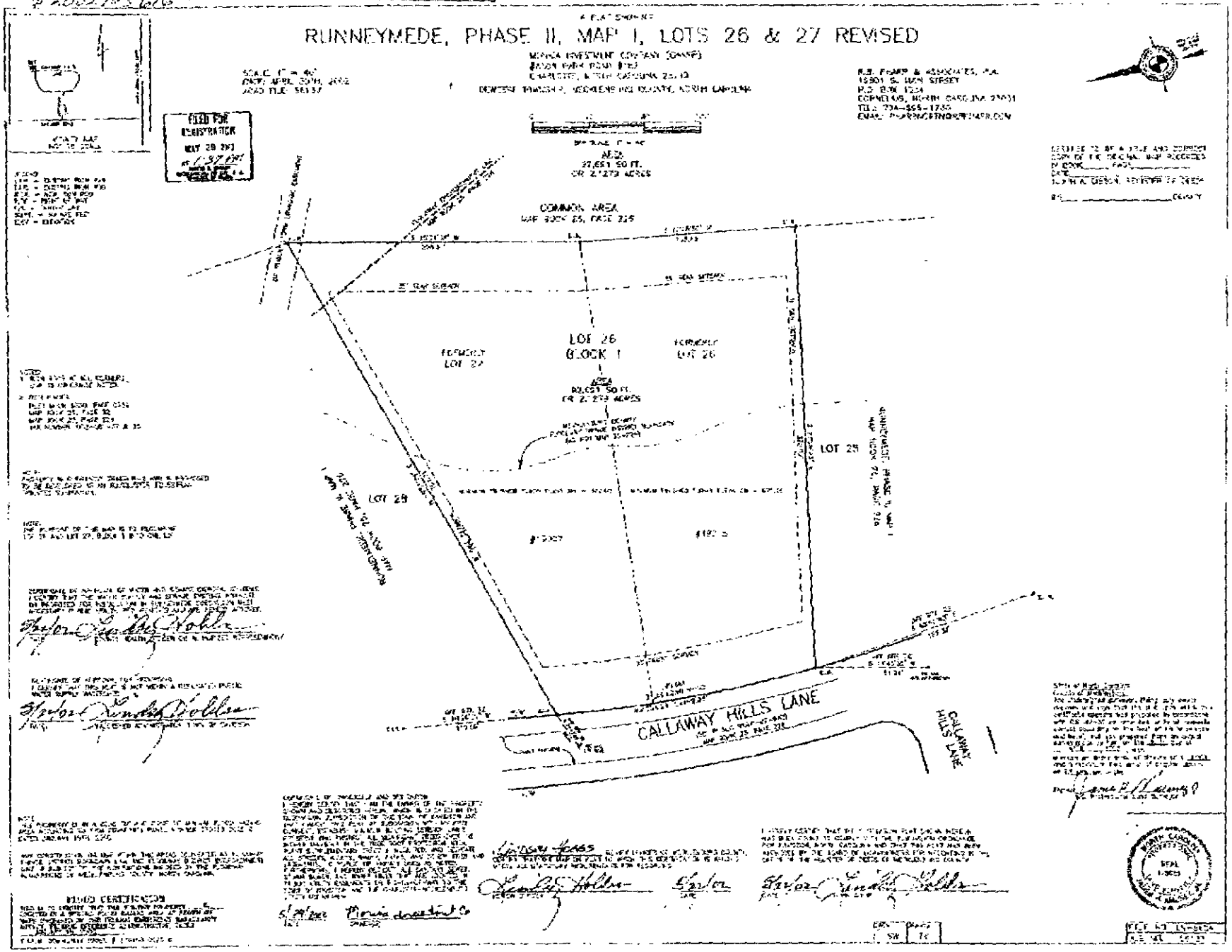
To: Jeremy Michelone

I am faxing you the map for File 7554A & 7555A, lot 26, 19015 Callaway Hills Lane. This is a copy of the recorded plat of the lot combination. The agreement forms should be delivered to you next week.

Nov 10 03 09:04a Lou Ann Blankenship 704-895-2484 p.2

P 2002163616 MAP BOOK 32 PAGE 572

RUNNEYMEDE, PHASE II, MAP I, LOTS 26 & 27 REVISED



$150 Auth to Construct
$100 Change in Syst Plans
art
o/a X30534

FEE: 250 AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: 11/12/03 VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: [illegible]

PERMIT NO: 7554A/7555A
PARCEL NO: 003-081-37

JOB LOCATION ADDRESS: 19007 Calloway Hills Lane
PROPERTY OWNER: Donna Wildrick
BUILDING CONTRACTOR: Donna Wildrick
SUBDIVISION NAME: Runnymeade
AUTHORIZATION ISSUED BY: [signature] DATE: 10/30/03
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 7554A/7555A 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: Approval granted for a 6 bedroom house

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.

[signature] 11-17-03
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

PH 59184

CONDITIONS OF IMPROVEMENT PERMIT

mit Number: 7554A / 7555A

Tax Number: 003-081-37

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	X 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	
0.3 Long-term acceptance rate	720 Max gallons/day wastewater flow	1800 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
yes Serviced by private well	1500 Gallon septic tank	600' Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
6 Bedrooms in residence	1000 Gallon pump tank	NA Depth of stone		
Any surface waters present: NO Type:		Minimum separation distance:		
Site modifications required:				
Additional Conditions:				
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	
1800 Absorption Area (Sq ft) 600' Total Trench Length (Ft)	NA 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.

DEHNR Authorized Agent — Date: R.S. 10/30/03

X Owner/Agent Signature — Date: 11-7-03

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: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: _____ PERMIT NO: 7554A & 7555A

PARCEL NO: _____

JOB LOCATION ADDRESS: _____

PROPERTY OWNER: Monica Investment Co.

BUILDING CONTRACTOR: _____

SUBDIVISION NAME: Runnymede

AUTHORIZATION ISSUED BY: Thilo A. Walker Jr. DATE: _____

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 7554A, 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: Survey showing Lots 26A & 27A as one lot shall be of file prior to operation permit release

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 Jean Ann Blank 2-7-01

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

rmit Number: 7554A

CONDITIONS OF IMPROVEMENT PERMIT

File #'s 7554A + 7555A to be combined

Tax Number: 003 08137838

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

.3 Long-term acceptance rate	480 Max gallons/day wastewater flow	1605 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
Yes Serviced by private well	1500 Gallon septic tank	535' 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	1000 Gallon pump tank	12" Depth of stone	

Any surface waters present: NO Type: Minimum separation distance:

Site modifications required:

Additional Conditions: Survey showing lots 26A + 27A combined as one shall be on file prior to Operations Permit release. Pressure Manifold Distribution

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

1605' Absorption Area (Sq ft) 535' 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.

Phila A. Walker RS. 2/6/01
DEHNR Authorized Agent Date

x Jan Ann Blanton 2-7-01
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
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON SITE WASTEWATER SECTION

APPLICATION FOR SOIL INVESTIGATION

09/24/91
CO# 0092
$50.00

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 7554A

TC: PO 003-08102

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: SHEARER ROAD

② SUBDIVISION: DAVIDSON HUNT CLUB ③ LOT: 27 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: 5975-957 PAGE NO.: _____

OWNER

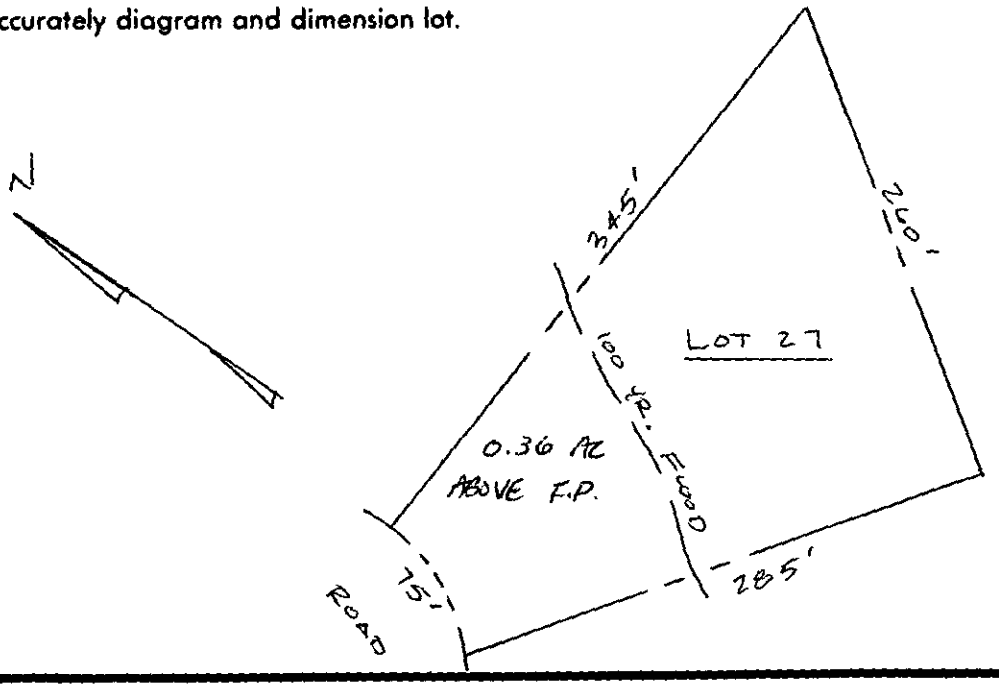
⑦ NAME: MICHELLE TEXTILE CORP.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 301 S. McDOWELL ST.

⑨ CITY: CHARLOTTE ⑩ STATE: N.C. ⑪ ZIP: 28202

⑫ PHONE: (WORK) 892-6683 (HOME) _____

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, 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: _____

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

Date: _____

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

APPLICATION FOR SOIL INVESTIGATION

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: _____

TC: PA 003-051-02

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: _____

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

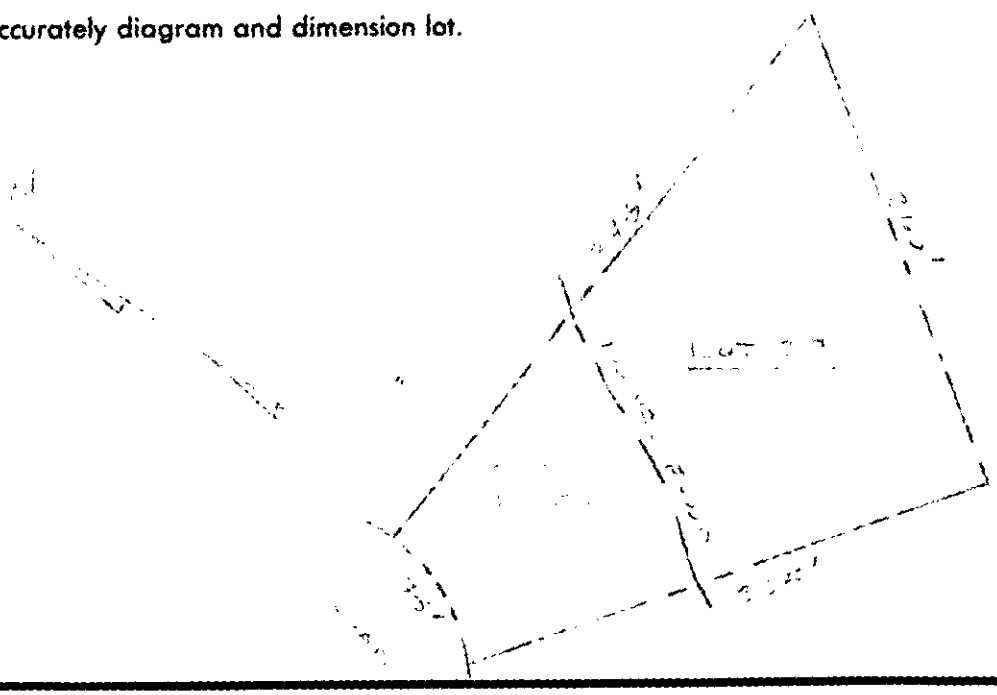
⑦ NAME: _____
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: _____

⑨ CITY: _____ ⑩ STATE: _____ ⑪ ZIP: _____

⑫ PHONE: (WORK) _____ (HOME) _____

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, 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: _____

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

Date: _____

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

? 50 credit #50 Credit for Soil test / Review done

FEE: 50 Ck # 1507
DATE: 5/10/55 gc

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 #: 7555A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 003-081-38

STREET ADDRESS: 19501 Calkway Hills Ln.

SUBDIVISION OR MOBILE HOME PARK NAME: Runneymede

LOT NUMBER: 26A

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: 3000

NUMBER OF BEDROOMS: 4 | 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:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Monica Investment Co (LAST) (FIRST) (MI)	NAME: Blankenship, Lou Ann (LAST) (FIRST) (MI)
ADDRESS: 7523 Little Ave Suite 210	DAYTIME PHONE: ( ) 892-3324
CITY: Charlotte STATE: NC ZIP: 28226	
DAYTIME PHONE: ( ) 544-5520	

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: Lou Ann Blankenship DATE: 4-23-99

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

lot 26A

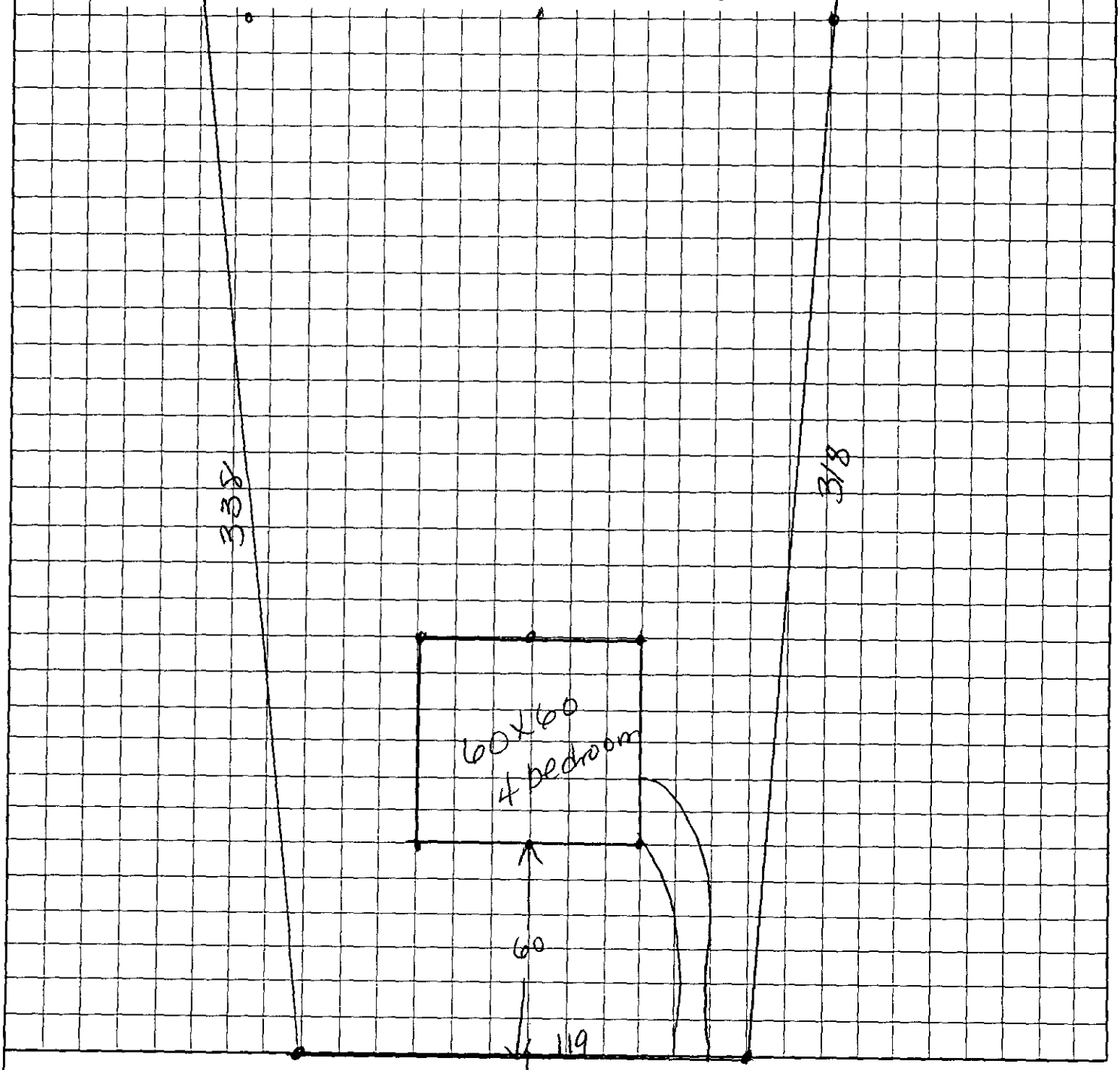
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7555A

TC: 003-081-38

155

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.



APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

2 x 50 100 2700

2 x 50 = 100 # 2700

RUNNYMEDE

Lot #	File #	Tax Parcel #	Address	Information	Status
1A	7629A	003-081-63	19729 Callaway Hills Ln.	• Original application '91, $50 paid for soil test only. Test conducted. • 2nd application '93 $200 paid, no action.	Soil & Site evaluation should be completed after updated application and proposed plot plan have been submitted.
2A	1716B	003-081-62	19721 Callaway Hills Ln.	• Original application 1/22/97, $100 paid for soil & site evaluation. Soil test conducted. Note in file waiting on accurate plot plan to be submitted for site evaluation.	Plot plan should be submitted for site evaluation in order to pursue an Improvement Permit.
3A	3045A	003-081-61	19711 Callaway Hills Ln.	• Original application submitted 7/17/87 for soil test only. No fee amount indicated. Soil test conducted, letter sent.	Submit Application for Improvement Permit with proposed plot plan, and $100 application fee.
4A	3046A	003-081-60	19701 Callaway Hills Ln.	• Original application submitted 7/17/87 for soil test only. No fee amount indicated. Soil test conducted, letter sent.	Submit Application for Improvement Permit with proposed plot plan, and $100 application fee.
5A	3047A	003-081-59	19625 Callaway Hills Ln	• Original application submitted 7/17/87 for soil test only. No fee amount indicated. Soil test conducted, letter sent.	Submit Application for Improvement Permit with proposed plot plan, and $100 application fee.
7A	850B	003-081-47	19609 Callaway Hills Ln	• Original application '93, $50 paid for soil test only. Test conducted.	Submit Application for Improvement Permit with proposed plot plan, and $100 application fee.
12A	**7560A**	**003-081-52**	**15601 Deerhaven Ct.**	• Original application '91, $50 paid for soil test only. Test conducted. • 2nd application 8/24/98, $100 paid, soil test conducted.	Site evaluation should be conducted in order to pursue an Improvement Permit.
15A	7561A	003-081-49	19423 Callaway Hills Ln.	• Original application '93, $50 paid for soil test only. Test conducted.	Submit Application for Improvement Permit with proposed plot plan, and $100 application fee.
16A	**7562A**	**003-081-48**	**19415 Callaway Hills Ln**	• Original application '91, $50 paid for soil test only. Test conducted. • 2nd application 7/21/98, $100 paid, soil test conducted.	Site evaluation should be conducted in order to pursue an Improvement Permit.
17A	7563A	003-081-47	19405 Callaway Hills Ln.	• Original application '91, $50 paid for soil test only. Test conducted.	Submit Application for Improvement Permit with proposed plot plan, and $100 application fee.
19A	7575A	003-081-45	19305 Callaway Hills Ln.	• Original application '91, $100 paid for soil test only on 2.19 ac. Test conducted.	Submit Application for Improvement Permit with proposed plot plan, and $100 application fee.
21A	7577A	003-081-43	19209 Callaway Hills Ln.	• Original application '93, $100 paid for soil test only on 1.47ac. Test conducted.	Submit Application for Improvement Permit with proposed plot plan, and $100 application fee.
22A	7570A	003-081-42	19125 Callaway Hills Ln.	• Original application '92, $75 paid for soil test only on 1.18ac. Test conducted.	Submit Application for Improvement Permit with proposed plot plan, and $100 application fee.
23A	7558A	003-081-41	19117 Callaway Hills Ln.	• Original application '92, $50 paid for soil test only. Test conducted.	Submit Application for Improvement Permit with proposed plot plan, and $100 application fee.
24A	7557A	003-081-40	19109 Callaway Hills Ln.	• Original application '92, $50 paid for soil test only. Test conducted.	Submit Application for Improvement Permit with proposed plot plan, and $100 application fee.
25A	7556A	003-081-39	19101 Callaway Hills Ln.	• Original application '92, $50 paid for soil test only. Test conducted.	Submit Application for Improvement Permit with proposed plot plan, and $100 application fee.
26A	7555A	003-081-38	19015 Callaway Hills Ln.	• Original application '91, $50 paid for soil test only. No action.	$50 credit. An additional $50 should be paid with an updated application and plot plan in order to proceed with testing to pursue an Improvement Permit.
27A	7554A	003-081-37	19007 Callaway Hills Ln.	• Original application '91, $50 paid for soil test only. No action.	$50 credit. An additional $50 should be paid with an updated application and plot plan in order to proceed with testing to pursue an Improvement Permit.

APPLICATION FOR SOIL INVESTIGATION

07/26/91
CK# 0092
$50.00

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 7555A

TC: PO 003-091-02

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: SHEARER ROAD

② SUBDIVISION: DAVIDSON HUNT CLUB ③ LOT: 26 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: 5975-957 PAGE NO.: _____

OWNER

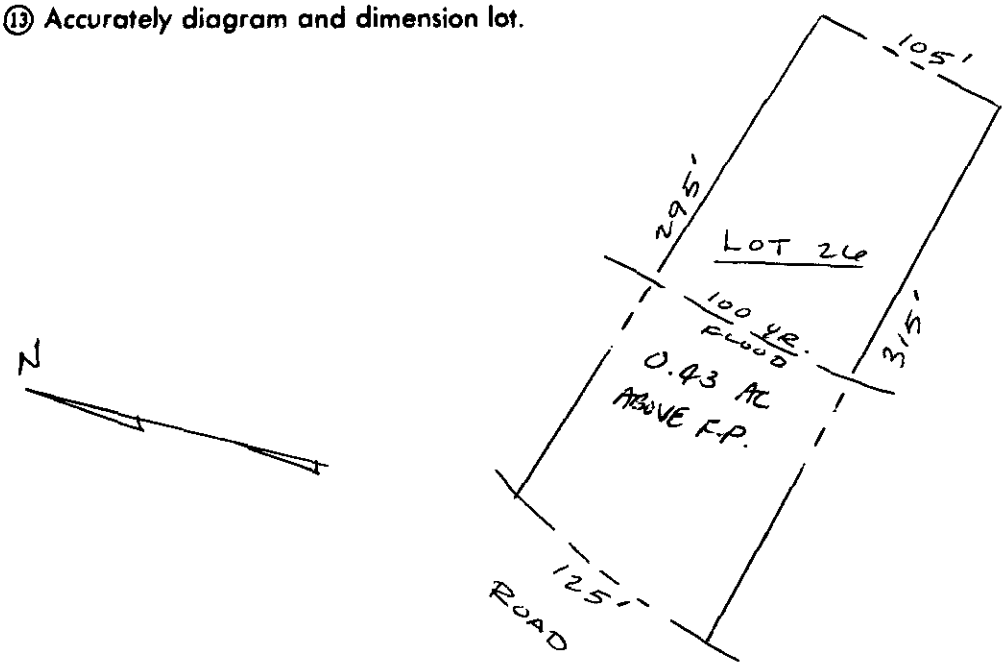
⑦ NAME: MICHELLE TEXTILE CORP.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 301 S. McDOWELL ST.

⑨ CITY: CHARLOTTE ⑩ STATE: N.C. ⑪ ZIP: 28202

⑫ PHONE: (WORK) 892-6683 (HOME) _____

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, 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: _____

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

Date: _____

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

APPLICATION FOR SOIL INVESTIGATION

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: _____

TC: PC 023-091-02

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: _____

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

⑦ NAME: _____
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: _____

⑨ CITY: _____ ⑩ STATE: _____ ⑪ ZIP: _____

⑫ PHONE: (WORK) _____ (HOME) _____

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, 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.

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