

16300 CLEAR CREEK DR

13916217

1/9/2008

duponbj

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

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Water & Land Resources
Groundwater & Wastewater Services

Fax Coversheet

****NOTICE****

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To: BEN WIRTZ

Fax #: 704-882-6723

Phone #: 704-344-5051

From: Drew Walker

Date: 11/9/05

Number of pages transmitted: 4 (including coversheet)

Comments:

ORIGINAL COPIES MUST BE SIGNED BEFORE ISSUING ANY BUILDING PERMITS OR CONSTRUCTION AUTHORIZATIONS.

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

PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 6176B

TC: 139-162-17

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.

PERMIT FOR
16300 CLEAR CREEK DRIVE

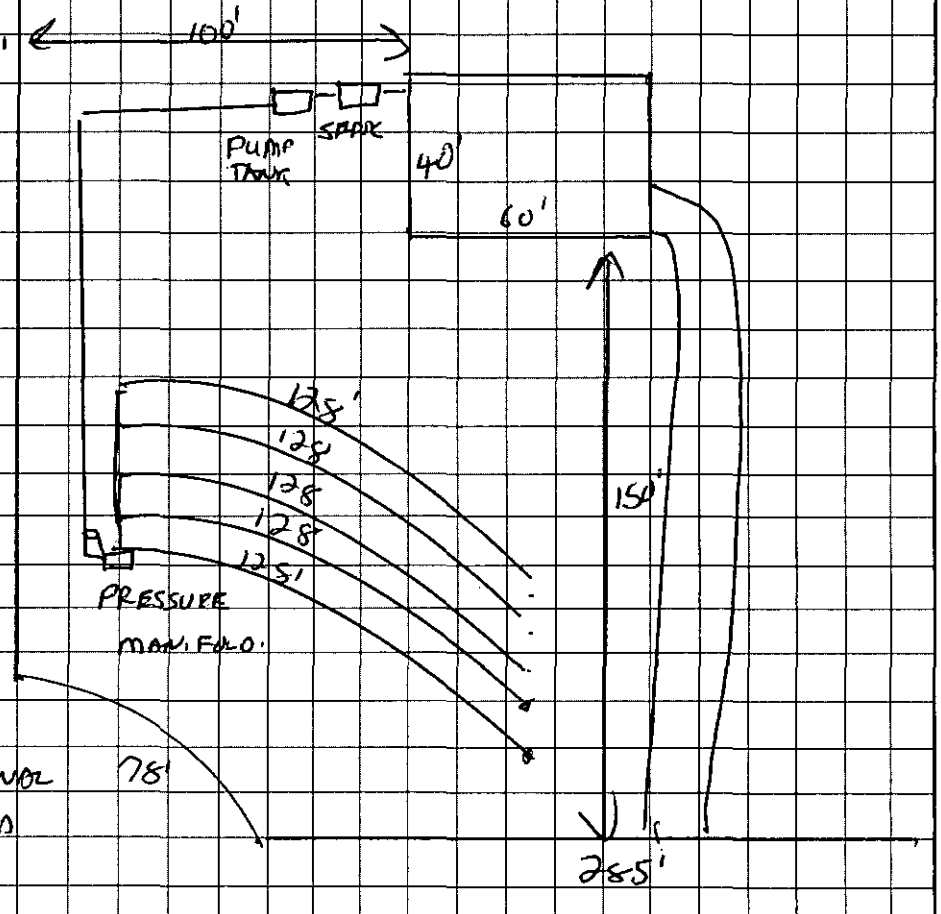
SCALE 1" = 50'

(1) THIS IS A TYPE III-B SYSTEM REQUIRING AN EFFLUENT PUMP THAT IS REQUIRED BY STATE LAW TO BE INSPECTED AT LEAST ONCE EVERY 5 YEARS BY THE LOCAL HEALTH DEPT, WITH THE OWNER RESPONSIBLE FOR ANY FEES AS SET BY THE MECK COUNTY BOARD OF COMMISSIONERS.

(2) USE A PRESSURE MANIFOLD FOR A DISTRIBUTION DEVICE.

(3) INSTALL LINES SHALLOW (8") AND ON CONTOUR.

(4) INSTALL 12" OF APPROVED SOIL COVER TO DRAINFIELD AFTER INSTALLATION.



APPROVAL DATE 10/25/2025

OWNER/AGENT SIGNATURE

DATE

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

CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Permit Number: **6176B** Tax Number: **13916217**

- 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

Primary Wastewater System

Type: ☐ 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:

.25 Long-term acceptance rate (GPD/ft^2)	480 Max gallons/day wastewater flow	1920 Absorption Area (ft^2)	9 Trench spacing (min. on centers) (ft)
Serviced by private well: ☒ Yes ☐ No	1500 Gallon septic tank	640 Total trench length (ft)	24 Maximum trench depth (in) (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 (in)	

Any surface water present: Type: Minimum separation distance (ft):

Additional conditions: **(1)Install a pressure as a distribution device.**
(2) Install 12 inches of soil cover to drainfield after installation.
(3) Agreement forms are required before issuing a construction authorization.

Repair Area System

Type: ☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI

☐ Conventional
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☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☐ Innovative or Experimental:

_____ Absorption Area (ft^2) ____ Total trench length (ft)	__ Depth of stone (in)	__ Trench spacing (min. on centers) (ft)	__ Maximum trench depth (in)

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. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems 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.

10/25/2015

DENR Authorized Agent Date

Owner/Agent Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE: (704) 336-5103
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NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
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To: BEN WIRTZ

Fax #: 704 882-6723

Phone #: 704 344-5051

From: D. Udo

Date: 10/27/05

Number of pages transmitted: 5 (including coversheet)

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Jack G. Clark 10/25/2005

DENR Authorized Agent Date

Owner/Agent Signature Date

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NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FAX 704-882-6728

344-5051

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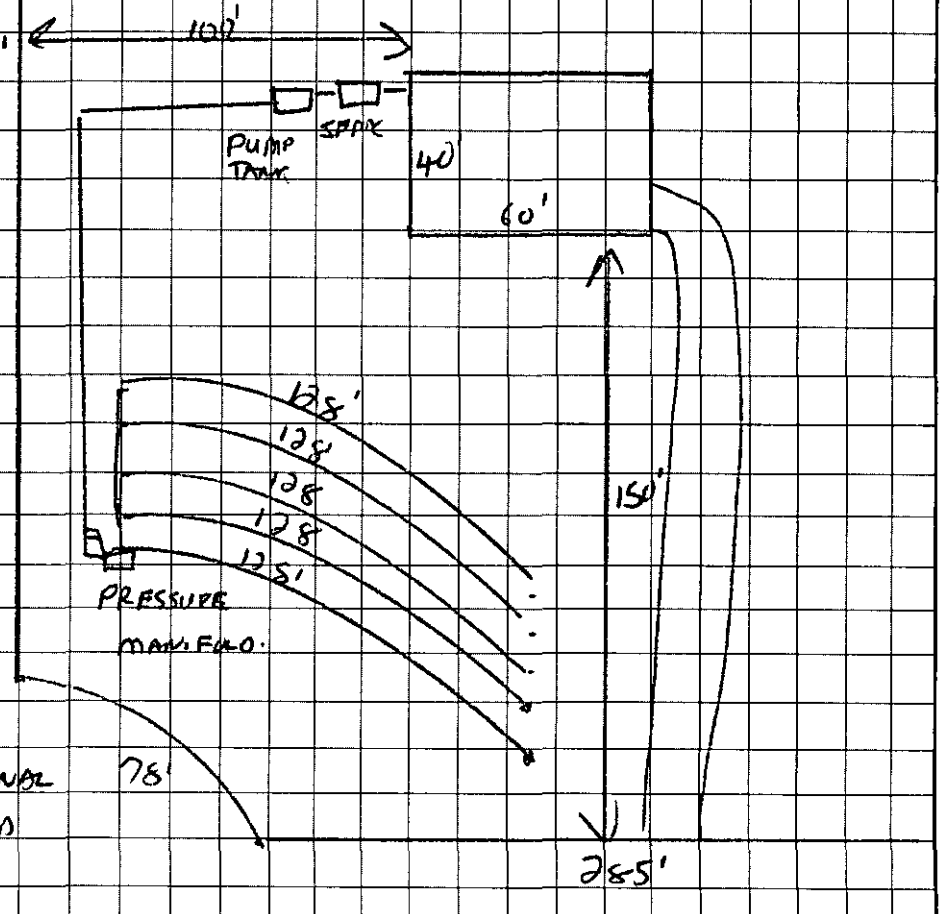
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OWNER/AGENT SIGNATURE

DATE

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

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

Sheet: 1 of 2
Property ID: 139-162-17
Lot #: 42
File #: 6176B
Code: 2

ACG

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Donald Baxter
Applicant: Peg Blair
Address: Box 29152, Charlotte, N. C. 28299
Date Evaluated: 10/5/05
Proposed Facility: Residence
Design Flow (.1949): 480gpd
Property Size: .75a inv.
Location of Site: 16300 Clear Creek Drive
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] 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, 10	0-7	GR/SICL	FR/SEXP/SS/SP	2.5Y6/1at 37"	37	N/A	NONE	PS, IV .225GPD/FT^2
		7-26	SBK/SICL	"					
		26-37	SBK/SIC	FI/SEXP/S/P					
2	"	0-7	GR/SICL	FR/SEXP/SS/SP	>43" TO SOIL WETNESS	43	"	"	PS, IV .25GPD/FT^2
		7-30	SBK/SIC	FI/SEXP/S/P					
		30-43	SBK/SICL	FR/SEXP/SS/SP					
3	LS, 8	0-6	GR/SICL	"	>30" TO SOIL WETNESS	30	"	"	US, IV .25GPD/FT^2
		6-30	SBK/SIC	FI/SEXP/S/P					
4	"	0-7	GR/SICL	FR/SEXP/SS/SP	>43" TO SOIL WETNESS	43	"	"	PS, IV .25GPD/FT^2
		7-25	SBK/SIC	FI/SEXP/S/P					
		25-43	SBK/SICL	FR/SEXP/SS/SP					
5	LS, 6	0-7	GR/SICL	"	>30" TO SOIL WETNESS	30	"	"	US, IV .25GPD/FT^2
		7-30	SBK/SIC	FI/SEXP/S/P					

Description	Initial System	Repair System
Available Space (.1945)	*US*	
System Type(s)		
Site LTAR	.25GPD/FT^2	

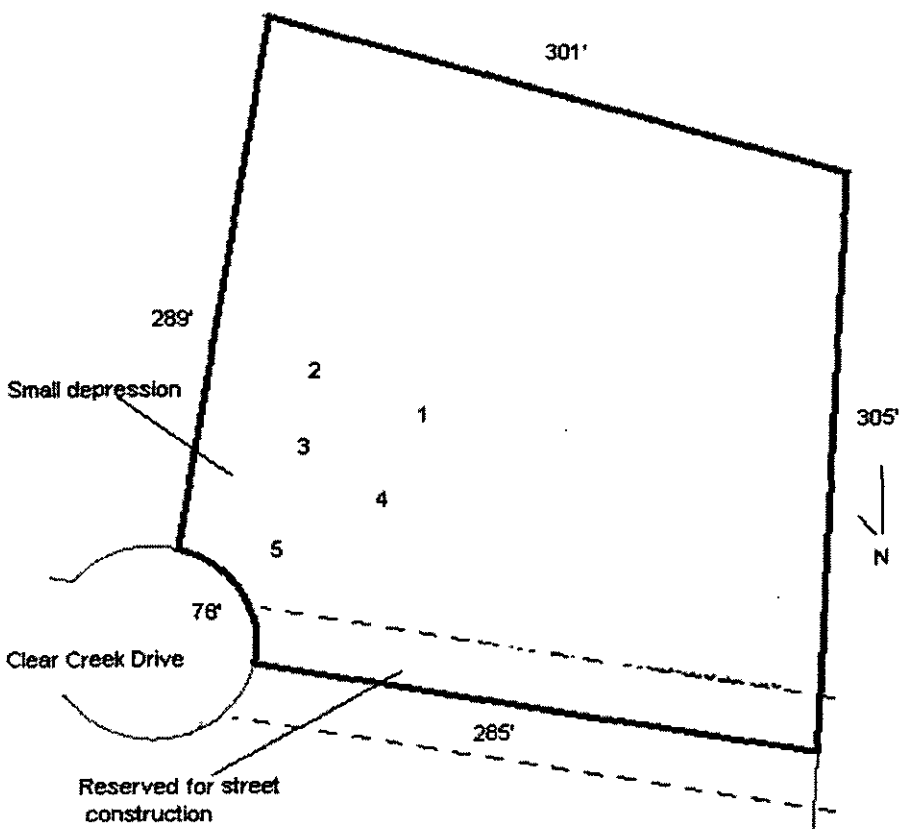
Other Factors (.1946):
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 10/6/2005, W. R. Marlin
Others Present:

COMMENTS:
Not 100% repair, would suggest shallow conventional w/ pump

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-Food 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		CL-Clay Loam		
FP-Flood Plain		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



2

GWS – RES. APP 07/05

[redacted]

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

[redacted]

FILE # 61768

SEPTIC / TYPE APPLICATION: ☐ NONE ☒ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 139-162-17

STREET ADDRESS: 16300 Clear Crk Dr

CITY: Midland NC

STATE: NC ZIP: 28107

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: N/a

TOWNSHIP: ~~Mid~~

☒ 0-MECKLENBURG ☐ 4-PINEVILLE

☐ 1-CHARLOTTE ☐ 5-MATTHEWS

☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE

☐ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)

☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)

☒ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS:

NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING

☐ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

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

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☐ NO TYPE:

WATER SUPPLY:

☐ MUNICIPAL (M) ☐ PUBLIC (C) ☒ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

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

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☒ NO	WELLS, SPRINGS, OR WATER LINES	☒ YES	☐ NO
EXISTING WASTEWATER SYSTEMS	☐ YES	☒ NO	DESIGNATED WETLANDS	☐ YES	☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☒ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☒ NO

PROPERTY OWNER:

NAME: Donald Baxter

ADDRESS:

CITY: Midland NC

STATE: NC ZIP:

HOME PHONE: 545-3884 WORK PHONE:

MOBILE PHONE: 604-9061 FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Peg Blair - CB United

ADDRESS: 7907 Providence

CITY: Charlotte

STATE: ZIP: 28277

HOME PHONE: 545-373 WORK PHONE:

MOBILE PHONE: 724-0579 FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 10/71

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 11-1-05

*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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

(Buyer) Serge Sheichuk 9-28-05

Owner's/Agent's Signature Date

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES DIVISION OF ENVIRONMENTAL HEALTH ON-SITE WASTEWATER SECTION

Ben Wiltz Allen Tate Co. 704 344 5051

*A Well 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature 9-16-05 Date

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

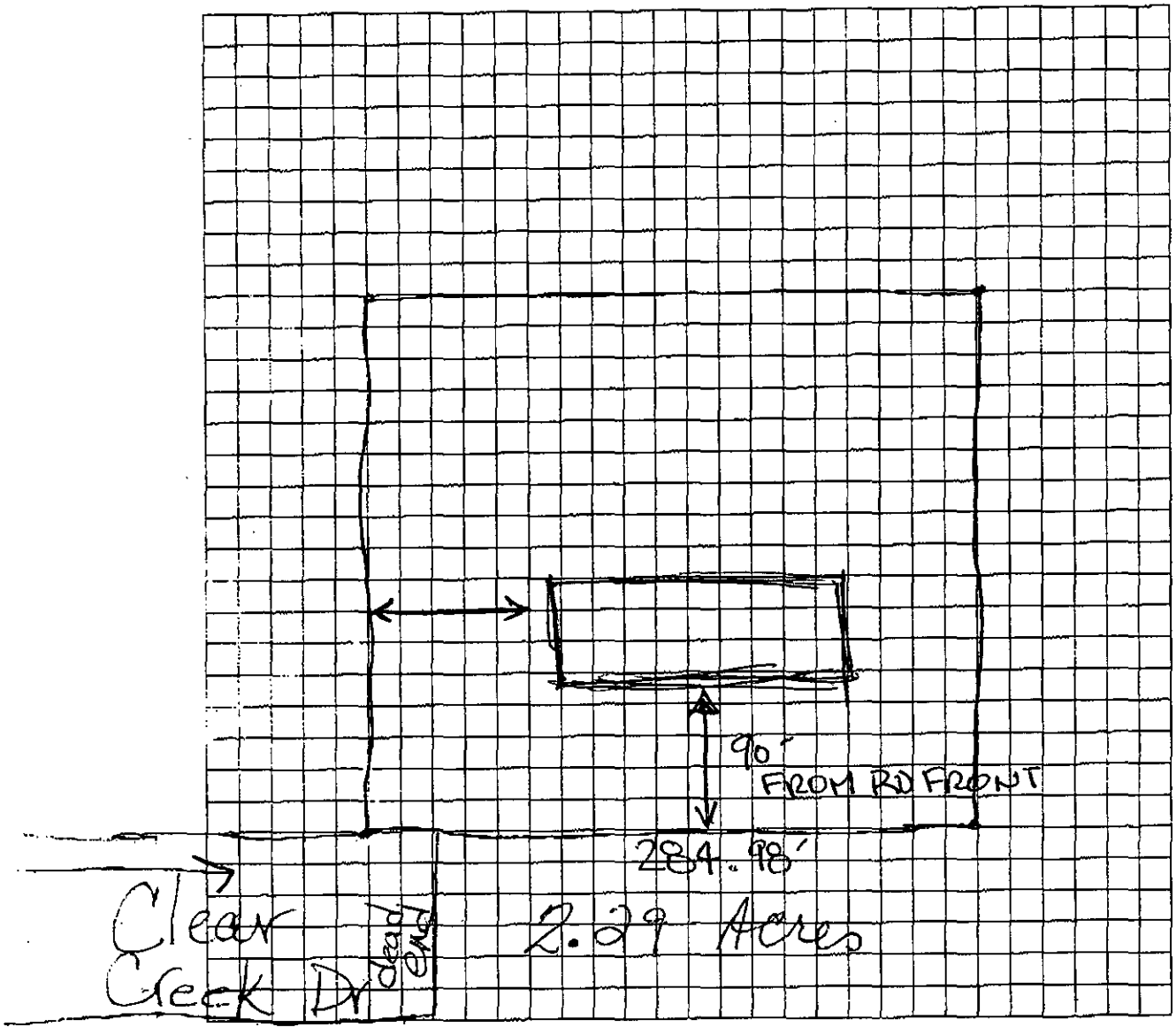
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Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

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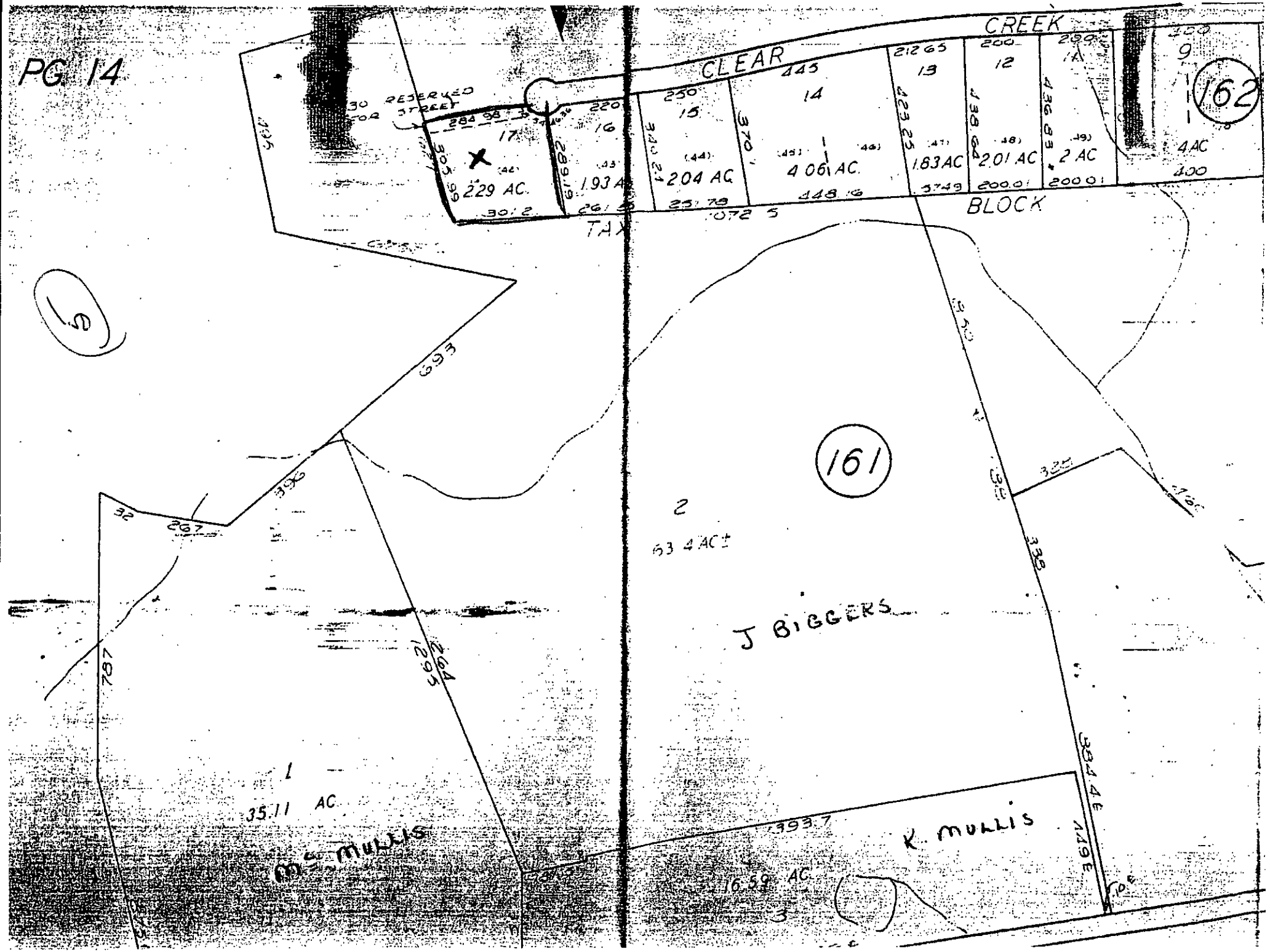
PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature	(Req W Blair)
Date	9-16-05

LBC 12/15/04


PG. 14
CREEK
CLEAR
BLOCK
TAX
RESERVED FOR STREET
30
17
16
15
14
13
12
9
162
161
4 AC
2.229 AC.
1.93 AC
2.04 AC
4.061 AC.
1.83 AC
2.01 AC
2 AC
693
264
1295
J BIGGERS
K. MULLIS
M. MULLIS
35.11 AC
16.59 AC
63.4 AC±
61768

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 09/30/05
Receipt #: 37274
Check / Auth #: CHECK 2353
Received By: WALKEVA

Amount: 200.00
Tendered: 200.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: WIRTZ BEN C.
Attn:
Address: 15111 CASTLEBRIDGE LANE
Address:
City/State/Zip: MATTHEWS, NC 28105

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 16300 CLEAR CREEK DRIVE		1	200.00	200.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance