

19209 CALLAWAY HILLS LN

00308143

7/6/2007

duponbj

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: 7577-A DATE: 9/10/02

TC: 003-081-43 ☒ C ☐ CRT

SERIAL 19058

Name of Owner Chris Hayden Juris.: _____

Address of Property 19209 Callaway Hills Cove

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 6 @ varying

Cover Depth 14"

Water Supply Source Well

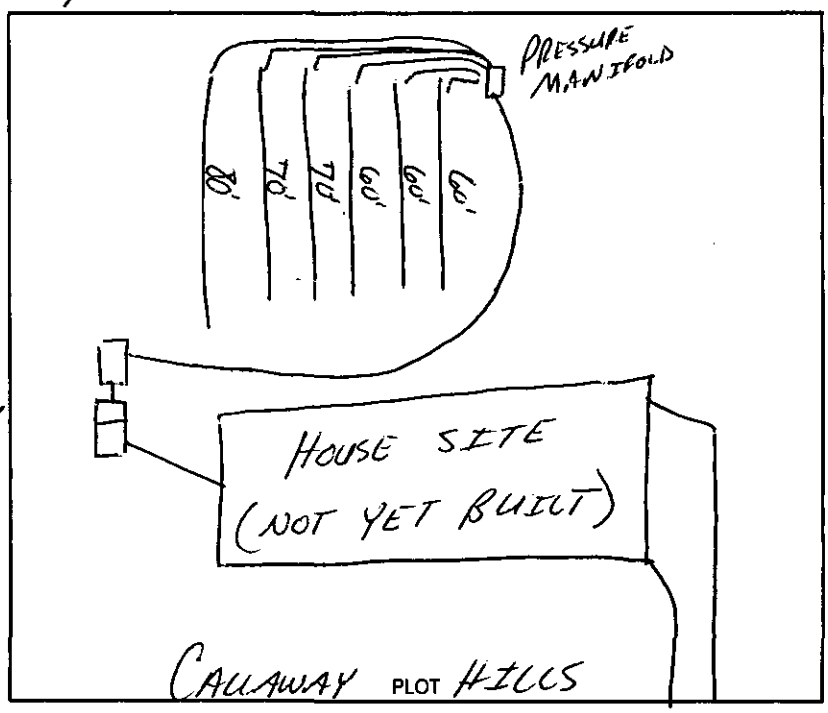
Distance to Water Source Not Yet Drilled

Excavation Inspected 9/10/02

Tank(s) Inspected 9/10/02

Wash Line Inspected N/A

High Water Alarm Inspected 9/10/02



Design 1500ST, 1000DT, INV, 1200 SFT, P1, Pressure Manifold CTR# Willy Christenbury

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 I5A 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 I5A 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: Four Bedroom House

6 lines x (3x60', 2x70', 80') x 3'

Type IIIb Pump to Innovatio System

Terry Mecklone R.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: 7577-A DATE: 9/9/02

TC: 003-081-43 ☐L

SERIAL 19136

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 11-3-00. All work shall be completed on or before 10/9/02, 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.

Install
according to
Consultant's Plan

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous Yes

Total Line Length 400' feet

Number of Lines 6

Depth of Stone N/A inches

Distance from House >5' 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 Chris Hayden

LOCATION OF PROPERTY 19209 Calloway Hills Lane

Comments: Four Bedroom House
Install 6 Lines x 67' x 3'
Install Pressure Manifold
Type III b Pump to Dosing Tank

Tony Mack R.S.
Environmental Health Specialist

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

RL

FEE: 300 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** AC Stand X
DATE: 8/5/02 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 5/25/01 PERMIT NO: 7577 A
PARCEL NO: 003 081 43

JOB LOCATION ADDRESS: 19209 Calloway Hills Ln
PROPERTY OWNER: Till Holdings (prs buyer Robert J. Wilson) Lot 21
BUILDING CONTRACTOR: —
SUBDIVISION NAME: Runneymede
AUTHORIZATION ISSUED BY: Phillip S. Walker R.S. 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. 7577 A, 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.

× _____ 8-5-02
SIGNATURE OF OWNER/~~OWNER~~'S REPRESENTATIVE DATE

Permit Number: 7577A

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 003 081 43

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.

Lot 21

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	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
Yes 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)
4 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: Lift pump required, septic system to be installed in accord w/ proposed plot plan. Keep the septic system >100' (50' min) from any wells. Innovative Septic System Approval

Repair Area System Type Type (circle one): I II III IV V VI	X 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

1200 Absorption Area (Sq ft) 400 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.

Phila A. Walker RS. 5/25/01
DEHNR Authorized Agent — Date

x Lee Ann Blue 4-26-02
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.
(704) 336-5102

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

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2002 AUG 16 03:15 PM
BOOK 13934 PAGE 315-318 FEE:$20.00
INSTRUMENT # 2002157653

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

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

FILE # 7577A
PARCEL # 003-081-43

The undersigned, CHRIS HAYDEN, owner of property located at 19209 CALLAWAY HILLS LN., (the "site") and described in an instrument recorded in Book 13891 at Page 342, 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 undersigned 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 conditions will apply to the site:

This instrument was prepared by: CHRIS HAYDEN
Mail after recording to: CHRIS HAYDEN 19209 CALLAWAY HILLS LN.
DAVIDSON, NC ~~28078~~ 28036

- 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 otherwise 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 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 that he shall indemnify and hold harmless theDepartment, 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 records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the 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 _____ day of _____, 20___.

_____ (Corporate Name)

By: _____

_____ President

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, DEBRA S. SMITH, a Notary Public for said County and State, do hereby certify that CHRISTOPHER J. HAYDEN personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 16TH day of AUG., 20 02

Debra S. Smith
Notary Public

My Commission Expires:

12.16.02

DEBRA S. SMITH NOTARY PUBLIC MECKLENBURG COUNTY, NC

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day and acknowledged that he is _____ Secretary of _____, 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 _____ as its _____ Secretary.

WITNESS my hand and notarial seal, this _____ day of _____, 20____.

_____
Notary Public

My Commission Expires:

_____

DATE: 8-2-02

FOR RESIDENTIAL SITE
INDIVIDUAL WATER AND WASTEWATER
SYSTEMS PROGRAM

1 1 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:

STREET ADDRESS: 19209 CALLAWAY HILLS LN.

SUBDIVISION OR MOBILE HOME PARK NAME: RUNNEYMEDE

LOT NUMBER: 21

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):

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

HEATED SQUARE FOOTAGE: 3177

NUMBER OF BEDROOMS: 3 1/2 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
__ CRAWL SPACE
X WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

CLOSING DATE _____

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: HAYDEN CHRIS J.
(LAST) (FIRST) (MI)

ADDRESS: 8939 STEINBECK CT.

CITY: CHARLOTTE STATE: NC ZIP: 28216

DAYTIME PHONE: (704) 361 - 0982

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: [signature] DATE: 8-5-02

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

project 9262

FEE: 200.00 cfw
DATE: 11/3/00 dll

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

1 1 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 #: 7592A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 003-081-43

STREET ADDRESS: 19209 Calloway Hills LN

SUBDIVISION OR MOBILE HOME PARK NAME: Runnymeda

LOT NUMBER: 21 A

TOWNSHIP (CHECK ONE):

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

CLOSING DATE _____

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: 3000

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS:

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: J.H Holdings

NAME: (LAST) (FIRST) (MI)

ADDRESS: 18801 Sunset Cove

CITY: Cornelius STATE: NC ZIP:

DAYTIME PHONE: ( ) 895 - 8159

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Robert J Wilson
(LAST) (FIRST) (MI)

DAYTIME PHONE: (704) 442 - 1001

363 - 4640

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: 11/3/00

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Fees

Requestor (please print):	Phone #: 542-1001	Date Requested: 11/3/00	Date Filled:
Account Name: Connor-Wilson Contracting	Cash	Charge	Account No.: X 39649
I certify that I am authorized to charge this account for this service:			
Signature: [signature]	Printed Name: Robert J Wilson		Date: 11/3/00

T.C.	Qty	Description	Unit Cost	Total Cost
0701	1	Improvement Permit Application - Residential	$ 200.00	200.
0735		Improvement Permit Application - Commercial	$ 400.00	
0702		Optional Site Evaluations	$ 100.00	
0703		Installation and Final Approval	$ 150.00	
0704		Change in Plot Plan	$ 100.00	
0705		MH Exc/Add/Repl without System Modification	$ 100.00	
0706		MH Exc/Add/Repl with System Modification	$ 300.00	
0707		Site Consultation Visit	$ 100.00	
0734		Authorization for Wastewater System Construction	$ 150.00	
0708		Realty Closing - Conventional	$ 85.00	
0709		Realty Closing - FHA with water	$ 135.00	
0710		Additional Trips	$ 65.00	
0711		Well Water Analysis-Bacteriological with regular parameters	$ 50.00	
0712		Well Water Analysis -Nitrates and Nitrites	$ 15.00	
0714		Well Water Analysis - Organic Analysis	$ 200.00	
0715		Admin. Fee - Field Activity Letter	$ 25.00	
0718		Residential Pool Permit	$ 50.00	
0719		Public Pool Permit - operating	$ 240.00	
0720		Seasonal Pool Permit - operating	$ 120.00	
0736		Pool Late Fee	$ 120.00	
0733		Permit to Construct a Public Pool	$ 200.00	
0721		Home Day Care Evaluation and Permit	$ 70.00	
0722		Home Day Care Evaluation and Annual Fee	$ 40.00	
0723		Eval and Report Non-Permit Facility	$ 50.00	
0724		Private Pool Testing	$ 15.00	
0731		Garbage Hauler Permit - (1-9 vehicles)	$ 30.00	
0736		Garbage Hauler Permit - (each over 9)	$ 20.00	
0725		Document Copies	$ 0.05	
Payment received by:		Date:	Total:	200.00

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION

RUNNEYMEDE SUBDIVISION LOT# 21A

JOB # 5-1009

LAYOUT FOR 4 BEDROOM HOME-480GPD

May-01

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM		6.8			100.0		
INSTR. 1			106.8				
1	RED			2.80	104.0	83	80
2	PINK			5.10	101.7	110	80
3	YELLOW	1.2		7.50	99.3	85	80
4	BLUE			3.50	97.0	83	80
5	ORANGE	1.5		6.00	94.5	58	40
6	YELLOW			3.80	92.2	55	40
		1.8			100.0		
			101.8				
7	*BLUE*			*0.80*	*101.00*	*70*	*67*
8	*YELLOW*			*3.80*	*98.00*	*70*	*67*
9	*PINK*	*1.3*		*6.60*	*95.20*	*67*	*67*
10	*ORANGE*			*3.90*	*92.6*	*65*	*EXTRA*
11	*BLUE*	*1.3*		*7.00*	*89.5*	*70*	*67*
12	*PINK*			*4.00*	*86.8*	*71*	*67*
13	*YELLOW*			*6.50*	*84.3*	*70*	*67*
					Total		

PROPOSED

	LINE LENGTH	LTAR GPD/FT	SYSTEM TYPE	LTAR GPD/FT^2	INNOVATIVE SYSTEM	DISTRIBUTION
** System*	*402*	*0.30*	*INNOV.*	*0.300*	*CHAMBER*	P.MANIFOLD
REPAIR	400 (5 x 80')	0.30	INNOV.	0.300	CHAMBER	P.MANIFOLD

Notes:

** TBM located on top of nail in flagged tree for system area

**TBM is assumed to be 100'

**All measures in feet

**Nitrification lines are demonstrated on contour via colored pin flags

**BS and FS indicate rod readings

S&EC

Soil & Environmental Consultants, Inc.

PMB 291, 3020-I Prosperity Church Road • Charlotte, NC 28269
Phone: (704) 720-9405 • Fax: (704) 720-9406
www.SandEC.com

April 24, 2001
S&EC #5-1009

Philo Walker
Mecklenburg County Environemntal Health
Hal Marshal Services Center
700 North Tryon St
Suite 208
Charlotte, NC 28202-2236

Re: Lot 21A Runneymede Subdivision – Davidson (File #7577A)

Philo:

Attached please find specifications and a sketch map for a septic system layout performed by S&EC. The layout was performed for a proposed 4-bedroom house on Lot 21A of Runneymede Subdivision near Davidson. S&EC identified soil areas with 36"+ of usable material for supporting conventional septic systems. A layout of system and repair was done by S&EC to determine available space.

In all 957 linear feet of drainline was demonstrated by the layout. However, the effective amount of drainline will involve 802 linear feet of drainline in the proposed design. The middle line in the system area (orange) is an extra line not currently proposed for use. The proposed initial system will be a chamber conventional system that uses 6-67' lines with gravity distribution. A proposed rate of 0.3 gpd/sf^2 is proposed and agrees with the field notes of Bill Marlin as provided by the client. S&EC propose using a 1200 gallon septic tank, 2 D-boxes, and use of a flow splitter for the primary system (see attached).

For the repair, 5-80' lines are proposed. Forty feet of the bottom two lines (5 and 6) will be used together via a stepdown to total the 5th 80-foot line. Therefore, the repair will be a chamber conventional system involving 400 linear feet of line at 0.3gpd/ft^2. Because gravity distribution is proposed for the system, S&EC assumes further design criteria is not necessary. If that is incorrect please contact S&EC.

Please call if you would like to meet S&EC on-site to review this proposal.

Sincerely,

Wendell Overby
NC Licensed Soil Scientist

S&EC Soil & Environmental Consultants, Inc.
PMB 291, 3020-I Prosperity Church Rd.
Charlotte, North Carolina 28269-7197
Phone (704) 720-9405 Fax (704) 720-9406

FACSIMILE SHEET

FAX NO. (704) 720-9406

DATE: 5/3/01 Project Number: 5-1009

TO: NAME: PHILO W. CC: BOB WILSON

COMPANY: MECK CO. WILSON CONTRACTING

FAX NUMBER: 704 336-6894 704 442-8086

FROM: WENDELL SUBJECT: LOT 21 RUNNEY MOOR

The following items are being faxed. Number of pages including transmittal sheet: 3

___ For Your Comments/Approval
X Per Our Conversation
___ Please Advise
___ Would Like To Discuss
___ For Your Information
___ Per Your Request
___ Please Call
___ Please Handle

HARD COPY SENT:
___ US Regular Mail
___ Overnight
___ Hand Delivery
X No Hard Copy Sent

REMARKS: ATTACHED FIND REVISED DESIGN/SITE PLAN. CALL W/ COMMENTS

WENDELL

IF YOU HAVE ANY QUESTIONS OR PROBLEMS WITH THIS TRANSMISSION, PLEASE CONTACT _____ AT (704) 720-9405.

CONFIDENTIALITY NOTICE

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PROPOSED PLOT PLAN

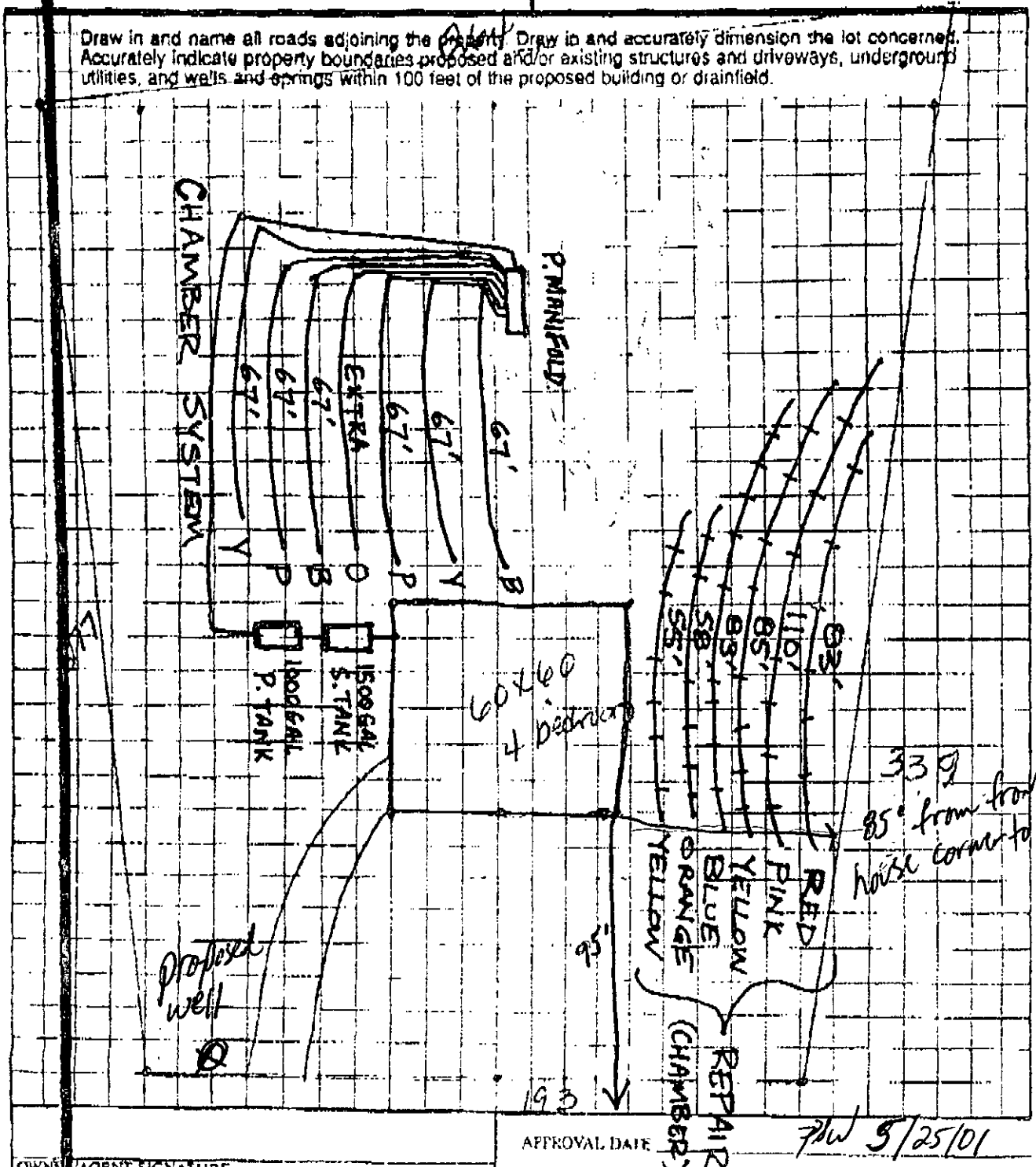
Lot 21A

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

FILE: 7577A

TC: 003-081-43

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 PW 5/25/01

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

RUNNEYMEDE SUBDIVISION LOT# 21A

JOB # 5-1009

LAYOUT FOR 4 BEDROOM HOME-480GPD

May-01

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM		6.8			100.0		
INSTR. 1			106.8				
1	RED			2.80	104.0	83	80
2	PINK			5.10	101.7	110	80
3	YELLOW	1.2		7.50	99.3	85	80
4	BLUE			3.50	97.0	83	80
5	ORANGE	1.5		6.00	94.5	58	40
6	YELLOW			3.80	92.2	55	40
		1.8			100.0		
			101.8				
7	***BLUE***			***0.80***	***101.00***	*70*	*67*
8	***YELLOW***			***3.80***	***98.00***	*70*	*67*
9	***PINK***	*1.3*		***6.60***	***95.20***	*67*	*67*
10	***ORANGE***			***3.90***	***92.6***	*65*	***EXTRA***
11	***BLUE***	*1.3*		***7.00***	***89.5***	*70*	*67*
12	***PINK***			***4.00***	***86.8***	*71*	*67*
13	***YELLOW***			***6.50***	***84.3***	*70*	*67*
					Total		

PROPOSED

	LINE LENGTH	LTAR GPD/FT	SYSTEM TYPE	LTAR GPD/FT^2	INNOVATIVE SYSTEM	DISTRIBUTION
** System*	*402*	*0.30*	*INNOV.*	*0.300*	*CHAMBER*	P.MANIFOLD
REPAIR	400 (5 x 80')	0.30	INNOV.	0.300	CHAMBER	P.MANIFOLD

Notes:

** TBM located on top of nail in flagged tree for system area

**TBM is assumed to be 100'

**All measures in feet

**Nitrification lines are demonstrated on contour via colored pin flags

**BS and FS indicate rod readings

S&EC

Soil & Environmental Consultants, Inc.

PMB 291, 3020-I Prosperity Church Road • Charlotte, NC 28269
Phone: (704) 720-9405 • Fax: (704) 720-9406
www.SandEC.com

April 24, 2001
S&EC #5-1009

Philo Walker
Mecklenburg County Environemntal Health
Hal Marshal Services Center
700 North Tryon St
Suite 208
Charlotte, NC 28202-2236

Re: Lot 21A Runneymede Subdivision – Davidson (File #7577A)

Philo:

Attached please find specifications and a sketch map for a septic system layout performed by S&EC. The layout was performed for a proposed 4-bedroom house on Lot 21A of Runneymede Subdivision near Davidson. S&EC identified soil areas with 36"+ of usable material for supporting conventional septic systems. A layout of system and repair was done by S&EC to determine available space.

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Please call if you would like to meet S&EC on-site to review this proposal.

Sincerely,

Wendell Overby
NC Licensed Soil Scientist

Greensboro Office:
3817-E Lawndale Drive
Greensboro, NC 27455
Phone: (336) 540-8234
Fax: (336) 540-8235

Hickory Area Office:
710 Boston Road
Taylorsville, NC 28681
Phone: (828) 635-5820
Fax: (828) 635-5820

Raleigh Office:
11010 Raven Ridge Road
Raleigh, NC 27614
Phone: (919) 846-5900
Fax: (919) 846-9467

05-12-89 01:16AM P01

S& EC
Soil & Environmental Consultants, Inc.
PMB 291, 3020-I Prosperity Church Rd,
Charlotte, North Carolina 28269-7197
Phone (704) 720-9405 Fax (704) 720-9406

FACSIMILE SHEET
FAX NO. (704) 720-9406

DATE: 4/24/01 Project Number: S-1009

TO: NAME: PHILO WALKER CC: BOB WILSON

COMPANY: MOCK. CO. ENV. SERVICES WILSON CONTRACTING

FAX NUMBER: (704) 336-6894 (704) 442-8086

FROM: WENDELL DUBERRY SUBJECT: RUNNEYMEDE LOT 21A

The following items are being faxed. Number of pages including transmittal sheet: 4

___ For Your Comments/Approval
___ Per Our Conversation
___ Please Advise
___ Would Like To Discuss
___ For Your Information
___ Per Your Request
___ Please Call
___ Please Handle

HARD COPY SENT:
___ US Regular Mail
___ Overnight
___ Hand Delivery
X No Hard Copy Sent

REMARKS: ATTACHED FIND LAYOUT SPECS & SITE PLAN FOR LOT 21A RUNNEYMEDE, PHILO, CALL TO DISCUSS IF YOU SEE A PROBLEM.

WENDELL DUBERRY

IF YOU HAVE ANY QUESTIONS OR PROBLEMS WITH THIS TRANSMISSION, PLEASE CONTACT _____ AT (704) 720-9405.

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RUNNEYMEDE SUBDIVISION LOT# 21A

JOB # 5-1009

LAYOUT FOR 4 BEDROOM HOME-480GPD

April-01

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM		6.8			100.0		
INSTR. 1			106.8				
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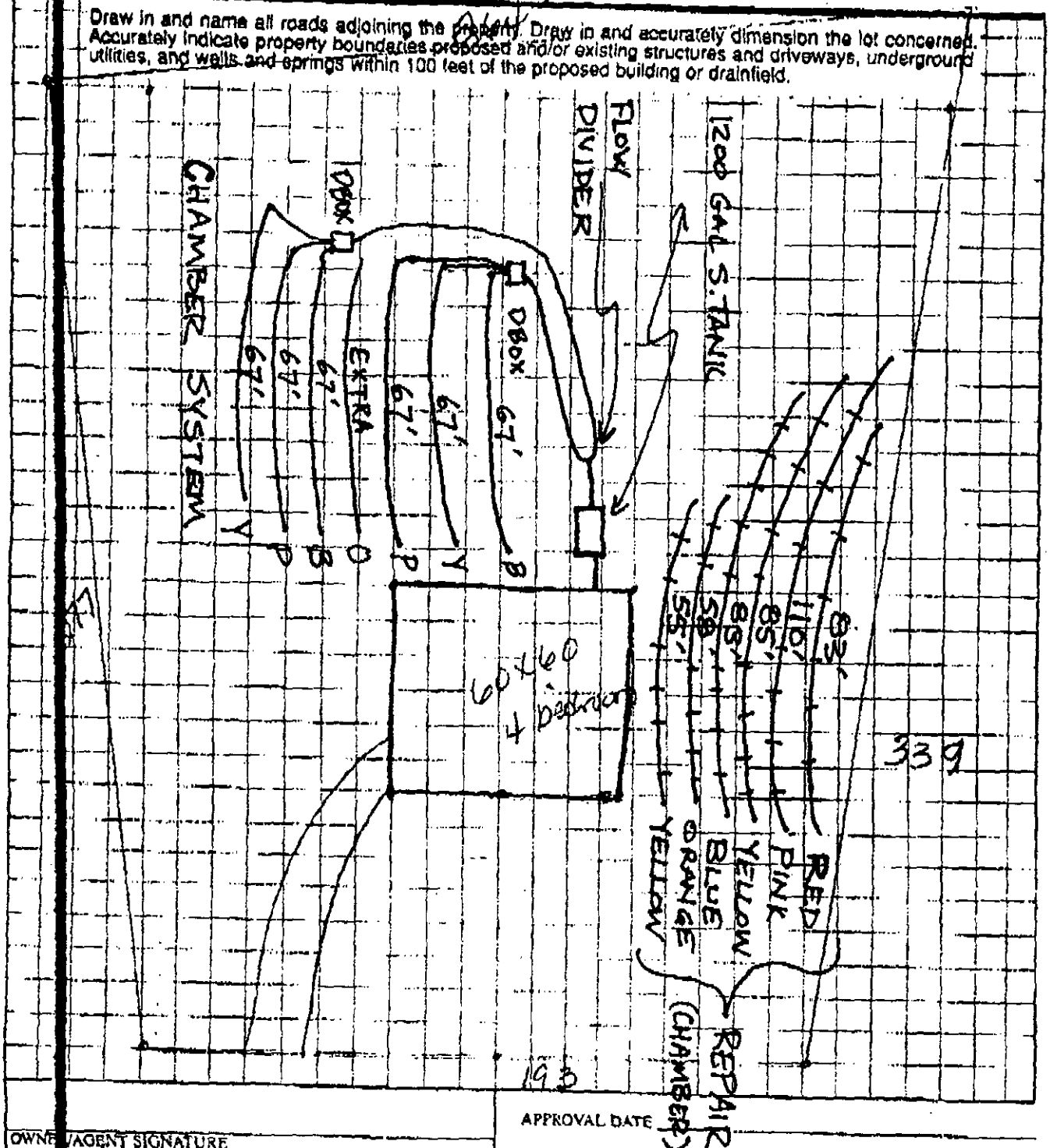
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

Lot 21A

FILE: 7511A

TC: 003-081-43

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OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

Soil & Environmental Consultants, Inc.
PMB 291, 3020-I Prosperity Church Rd.
Charlotte, North Carolina 28269-7197
Phone (704) 720-9405 Fax (704) 720-9406

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FAX NO. (704) 720-9406

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FAX NUMBER: (704) 336-6894 (704) 442-8056

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RUNNEYMEDE SUBDIVISION LOT# 21A

JOB # 5-1009

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April-01

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VOID

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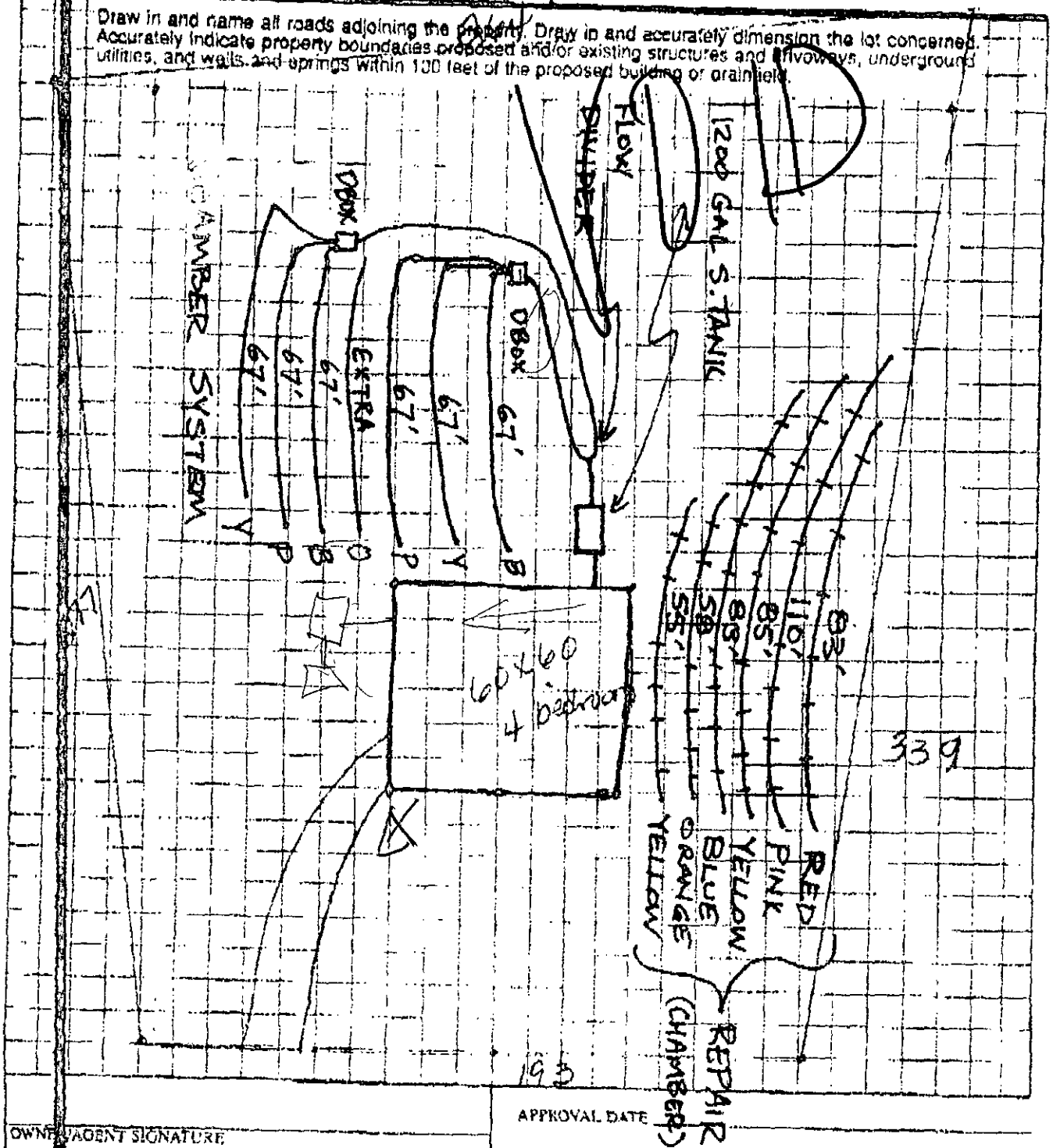
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

Lot 21A

FILE: 7577A

TC: 003-081-43

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OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE

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

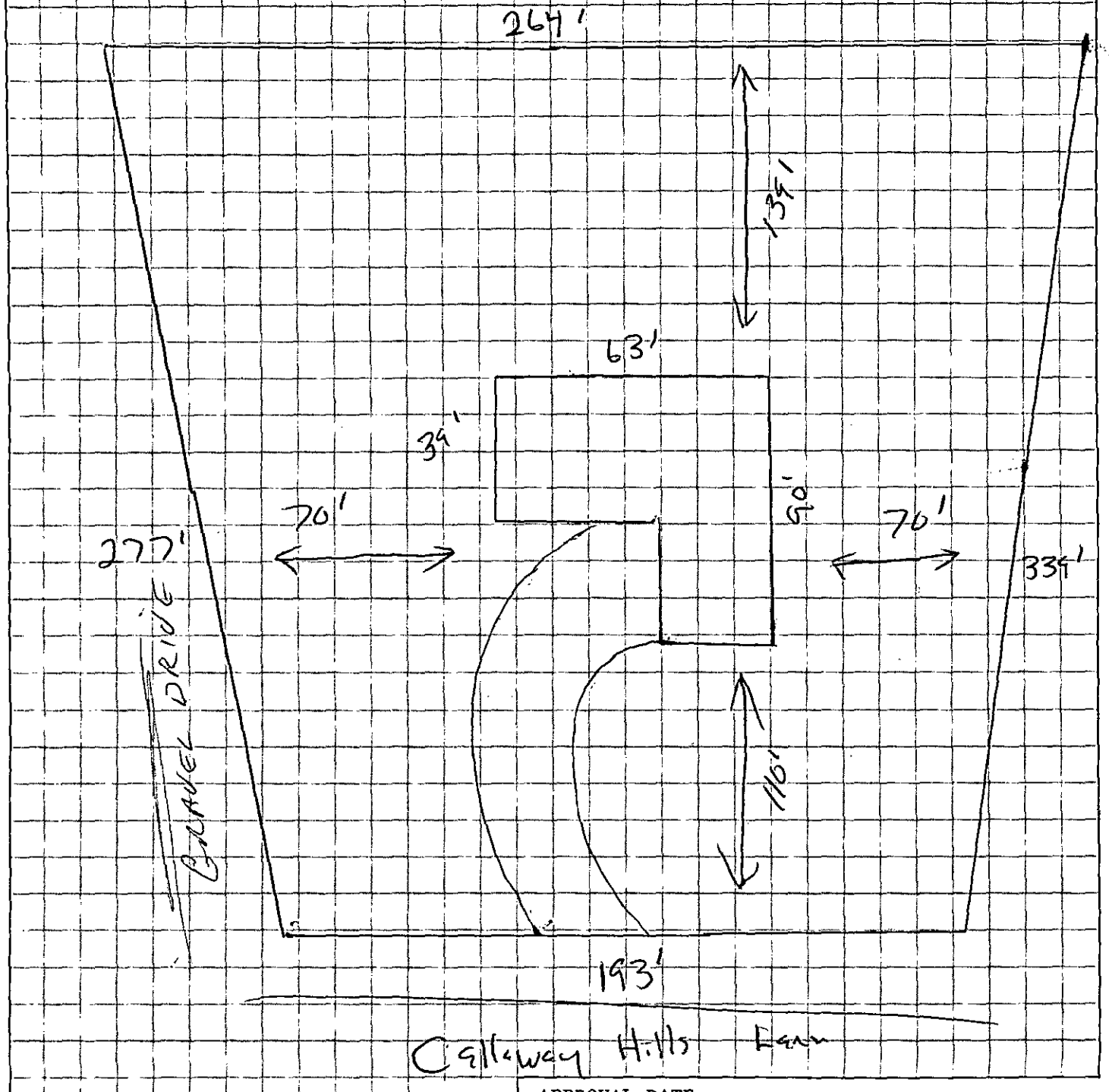
PROPOSED PLOT PLAN

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

FILE: 7577A

TC: 003-081-43

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APPROVAL DATE _____

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

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

AS/ #2

Sheet: _____
Property ID: 003-061-43
Lot #: 21A
File #: 25777

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Monica Investment Co. APPLICANT: Jackson Blankenship
ADDRESS: 7523 Little Ave, Suite 210, Charlotte DATE EVALUATED: 4-10-00
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 480gpd PROPERTY SIZE: 1.44
LOCATION OF SITE: 19209 Calloway Wells 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 15-30% .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	0-20"	gr/sl	Fr/SE×P/SS/NP	720" TO soil wetness	20"	US	None	US II
		20"+	Very firm granitic saprolite						
2	LS	0-16"	gr/scl	Fr/SE×P/SS/SP	716" TO soil wetness	16"	US	None	US III
		16"+	Very Firm	saprolite					
3	LS	0-9"	gr/scl	Fr/SE×P/SS/SP	754" TO soil wetness	54"	N/A	None	PS .391 Ac IV
		9-43"	SBK/sc	Fi/SE×P/S/P					
		43-54"	SBK/scl	Fr/SE×P/SS/SP					
4	LS	0-5"	gr/scl	Fr/SE×P/SS/SP	741" TO soil wetness	41"	N/A	None	PS .391 Ac IV
		5-36"	SBK/sc	Fi/SE×P/S/P					
		36-41"	SBK/scl	Fr/SE×P/SS/SP					
5	LS	0-20"	gr/scl	Fr/SE×P/SS/SP	754" TO soil wetness	54"	N/A	None	PS .391 Ac
		20-48"	SBK/sc	Fi/SE×P/S/P					
		48-54"	SBK/scl	Fr/SE×P/SS/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. Mullis 4-12-00
OTHER(S) PRESENT: LSS L. Blankenship

FILE # 1577A

COMMENTS 1/2 Repair soils very mixed recommend test trenches be marked as spot dozed

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

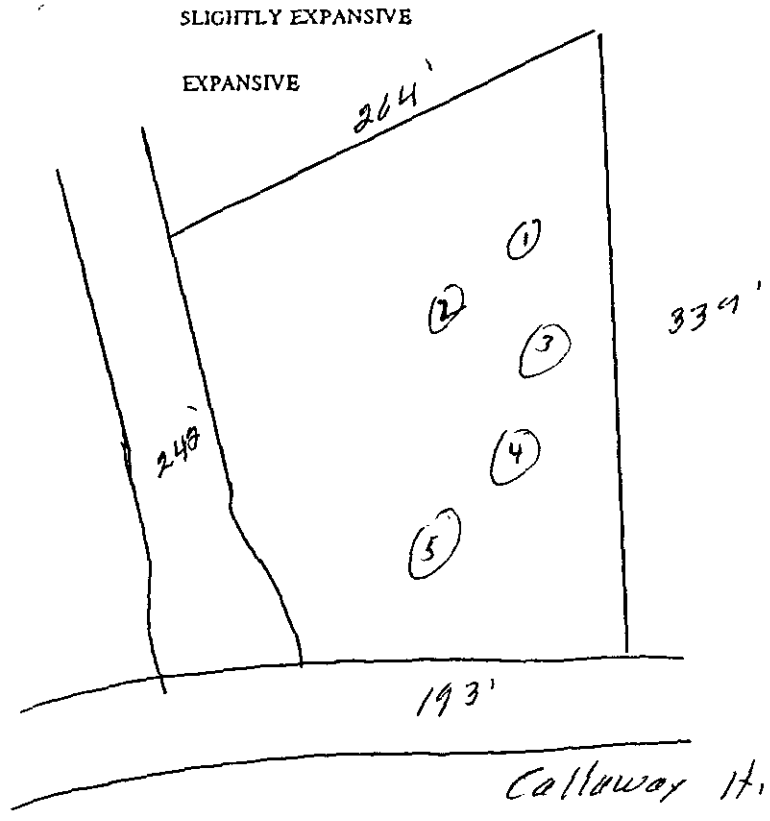
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Fees

Lou Ann Blankenship 995-1962 4-10-00
Requestor (please print): Phone #: Date Requested: Date Filled:

Account Name: Cash ✓ ck # 2411 Charge Account No.:

I certify that I am authorized to charge this account for this service:

Signature: Printed Name: Date:

T.C.	Qty	Description	Unit Cost	Total Cost
0701		Improvement Permit Application - Residential	$ 200.00	
0735		Improvement Permit Application - Commercial	$ 400.00	
0702	2	Optional Site Evaluations	$ 100.00	200.00
0703		Installation and Final Approval	$ 150.00	
0704		Change in Plot Plan	$ 100.00	
0705		MH Exc/Add/Repl without System Modification	$ 100.00	
0706		MH Exc/Add/Repl with System Modification	$ 300.00	
0707		Site Consultation Visit	$ 100.00	
0734		Authorization for Wastewater System Construction	$ 150.00	
0708		Realty Closing - Conventional	$ 85.00	
0709		Realty Closing - FHA with water	$ 135.00	
0710		Additional Trips	$ 65.00	
0711		Well Water Analysis-Bacteriological with regular parameters	$ 50.00	
0712		Well Water Analysis -Nitrates and Nitrites	$ 15.00	
0714		Well Water Analysis - Organic Analysis	$ 200.00	
0715		Admin. Fee - Field Activity Letter	$ 25.00	
0718		Residential Pool Permit	$ 50.00	
0719		Public Pool Permit - operating	$ 240.00	
0720		Seasonal Pool Permit - operating	$ 120.00	
0736		Pool Late Fee	$ 120.00	
0733		Permit to Construct a Public Pool	$ 200.00	
0721		Home Day Care Evaluation and Permit	$ 70.00	
0722		Home Day Care Evaluation and Annual Fee	$ 40.00	
0723		Eval and Report Non-Permit Facility	$ 50.00	
0724		Private Pool Testing	$ 15.00	
0731		Garbage Hauler Permit - (1-9 vehicles)	$ 30.00	
0736		Garbage Hauler Permit - (each over 9)	$ 20.00	
0725		Document Copies	$ 0.05	

Payment received by: Date: 4/10/00 Total: 200.00

003-083-029 20029 Callaway Hills Lane - ~~7577-A~~ 2969-B

14209 Callaway Hills Lane - 7577-A

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION

FEE: 100.00 Chk # 1504
DATE: 5/10/99 JC

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

#2
[ ] 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 #: 75NA

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 003-081-43

STREET ADDRESS: 19209 Callaway Hills Ln.

SUBDIVISION OR MOBILE HOME PARK NAME: Runneymede

LOT NUMBER: 21A

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

Lot checked 2-16-00 per soil report. No change in report status. WAM 2-16-00

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:	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: ( ) 892-3321
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

Mecklenburg County

Health Department

Betty S. Snow, R.N., M.A.
Health Director

May 5, 1993

Monica Investment
801 Pressly Road #102
Charlotte, NC 28217

Re: Property located at Callaway Hills Lane
File: File 7577A
Parcel: 003-081-43

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified **UNSUITABLE** for the installation of such a system. A copy of the site evaluation report (Serial No. 19314) is enclosed for your information.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 15A NCAC 18A .1957 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application for an Improvement Permit with an accurately dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If you need any assistance, please feel free to call Mr. Bill Marlin at 336-5574.

Sincerely,

Kelly Randall

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

KR:lw
Enclosure (2)

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19314 (LOT 60)

File: 75-77A Action 2

Parcel: 003-081-43 ☐ PC

Location: Callaway Hills Lane

Subdivision: Runneymede

Lot: 21 Block: 1 Acres: 1.47

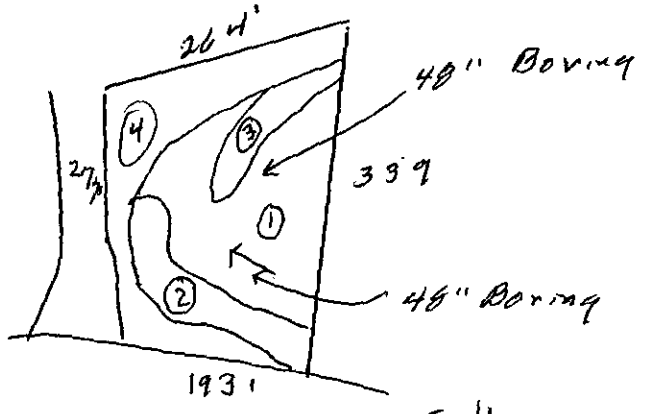
Owner: Monica Druesdow
Address: 801 Pressley Road #102
Charlotte, N.C. 28217

Comments: 100% Repair, 3 gal/ft²/day LTAR

Described by: William A. Marks

Date: 4-26-93

Recommend drainfields be staked and area spot bored due to possibility of shallow spots in soils in other area. WAM 2-16-00



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S (PS) U 15-30%	S PS (U) Complex Slopes	S PS U —	S PS (U) Drainageway	S PS U	S PS U
Texture	S (PS) U Slightly Expansive clay	S PS U —	S PS U —	S PS U —	S PS U	S PS U
Structure	S (PS) U Sub-Blocky	S PS U —	S PS U —	S PS U —	S PS U	S PS U
Drainage	S (PS) U 7 40" To water	S PS U —	S PS U —	S PS U —	S PS U	S PS U
Depth	S (PS) U 40 in+	S PS U —	S PS U —	S PS U —	S PS U	S PS U
Restrictive Horizons	S (PS) U 40 in+	S PS U —	S PS U —	S PS U —	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS U —	S PS U —	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS (U) Rock Out Crops	S PS U	S PS U	S PS U
Soil Group/Series	III Cecil/Hille	Complex Slopes	Rock Out Crops	Drainageway		
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19314 (LOT 6)

File:

Action

Parcel:

☐ PC

Location:

Subdivision:

Lot: Block: Acres:

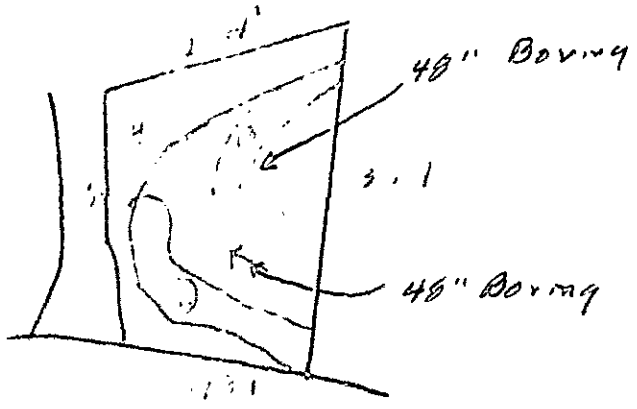
Owner:
Address:

Comments:

Described by:

Date:

Recommend drainfields be staked and area spot bored due to possibility of shallow spots in rock in other area. WAM 2-16-00



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series						
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

SOH 0079.
T INC ck.

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

(OFFICE USE ONLY)

FILE: 75MA 9/26/91 e.j.

TC: 00 003-081-02

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: SHEARER ROAD

② SUBDIVISION: DAVIDSON HUNT CLUB ③ LOT: 21 ④ BLOCK: _____

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

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

OWNER

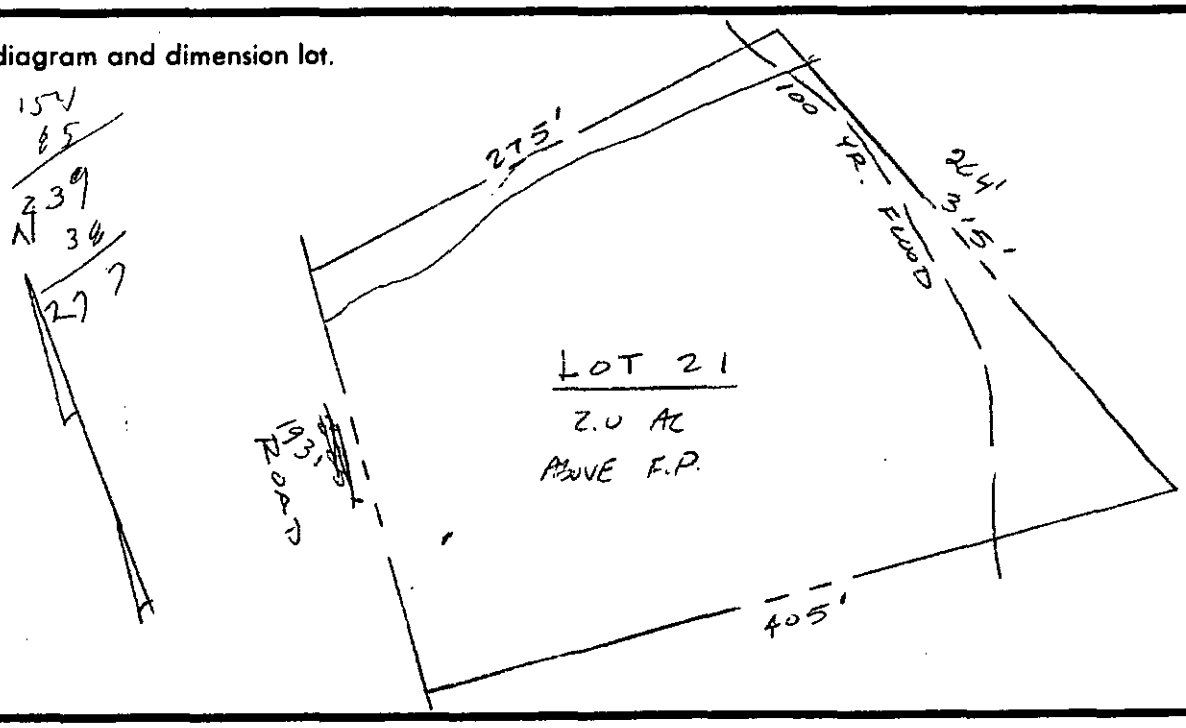
⑦ NAME: MICHELLE TEXTILE CORP.
(FIRST) (MIDDLE) (LAST)

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

CK#0092
$100.00

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

(OFFICE USE ONLY)

FILE: 95AA 7/26/91

TC: 00 003-081-02

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: SHEARER ROAD

② SUBDIVISION: DAVIDSON HUNT CLUB ③ LOT: 21 ④ BLOCK: _____

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

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

OWNER

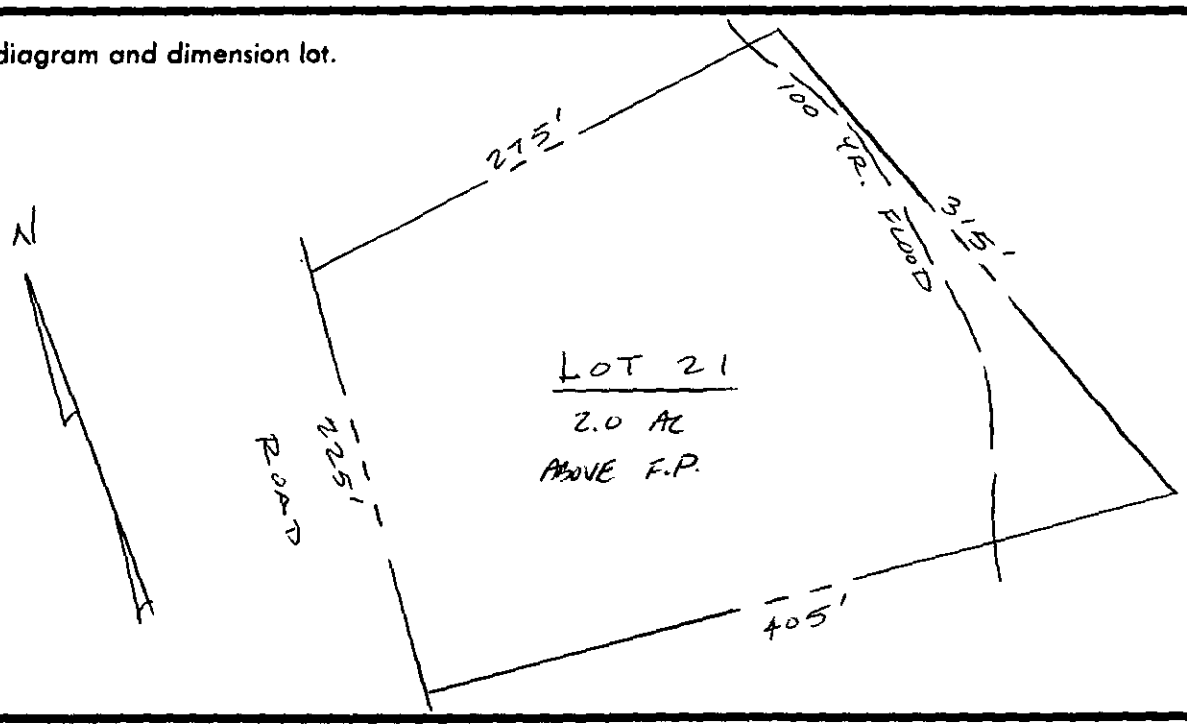
⑦ NAME: MICHELLE TEXTILE CORP.
(FIRST) (MIDDLE) (LAST)

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: 76774

TC: PO 003-061-02

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: SHEARER ROAD

② SUBDIVISION: DAVIDSON HUNT CLUB ③ LOT: 21 ④ BLOCK: _____

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

⑥ DEED REFERENCE: BOOK NO.: 5475-457 PAGE NO.: _____

OWNER

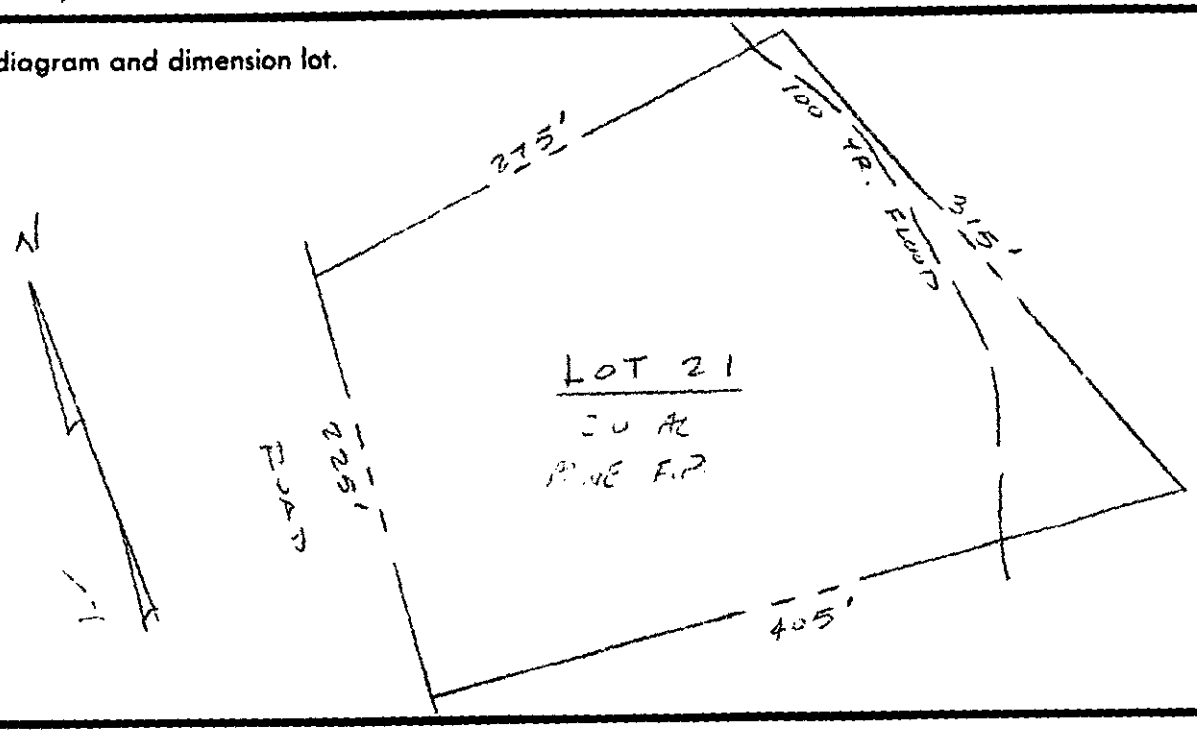
⑦ NAME: MICHELLE TEXTILE CORP. (FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 301 S. MCDOWELL ST.

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

⑫ PHONE: (WORK) 842-6683 (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

PROPOSED PLOT PLAN

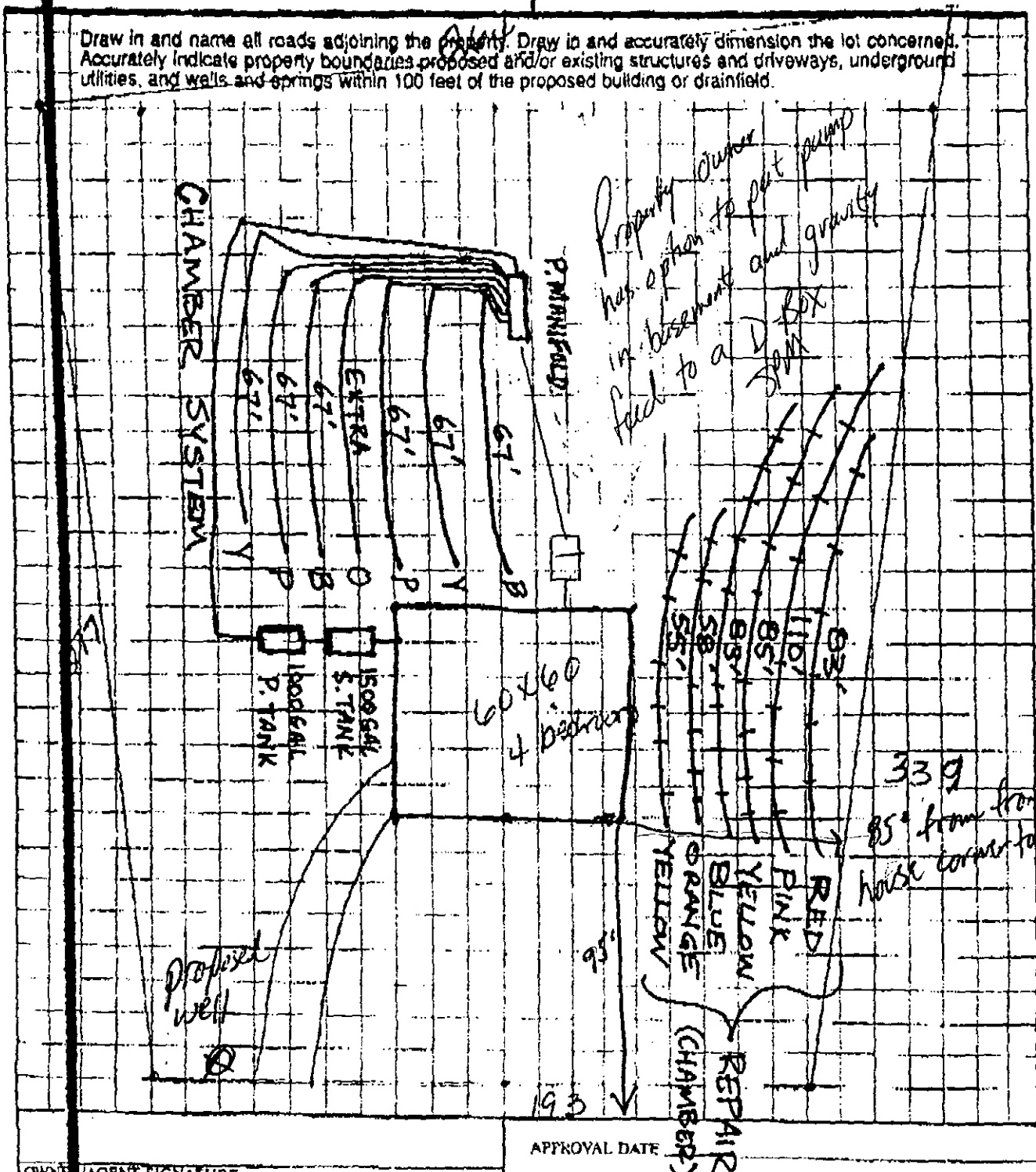
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

Lot 21A

FILE: 7577A

TC: 003-081-43

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

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