

13240 HIWASSEE RD

1/8/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** ACS
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: _____ PERMIT NO: 5305B

PARCEL NO: 011-131-26

JOB LOCATION ADDRESS: Hiwassee Road

PROPERTY OWNER: Phillips Bragg

BUILDING CONTRACTOR: _____

SUBDIVISION NAME: _____

AUTHORIZATION ISSUED BY: Danny Mathis RS. DATE: 10/2/03

~~DEHNR~~ AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 5305B, 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: 5 Lines x 107'x3'x10" Stone

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 OF OWNER/OWNER'S REPRESENTATIVE DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 53058 Tax Number: 011-131-26

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

0.3 Long-term acceptance rate	480 Max gallons/day wastewater flow	1600 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	NA Gallon pump tank	12" Depth of stone	

Any surface waters present: Yes Type: POND Minimum separation distance: 50'

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

1600 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.

Jimmy Mecklin R.S. 10/2/03

DEHNR Authorized Agent Date

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

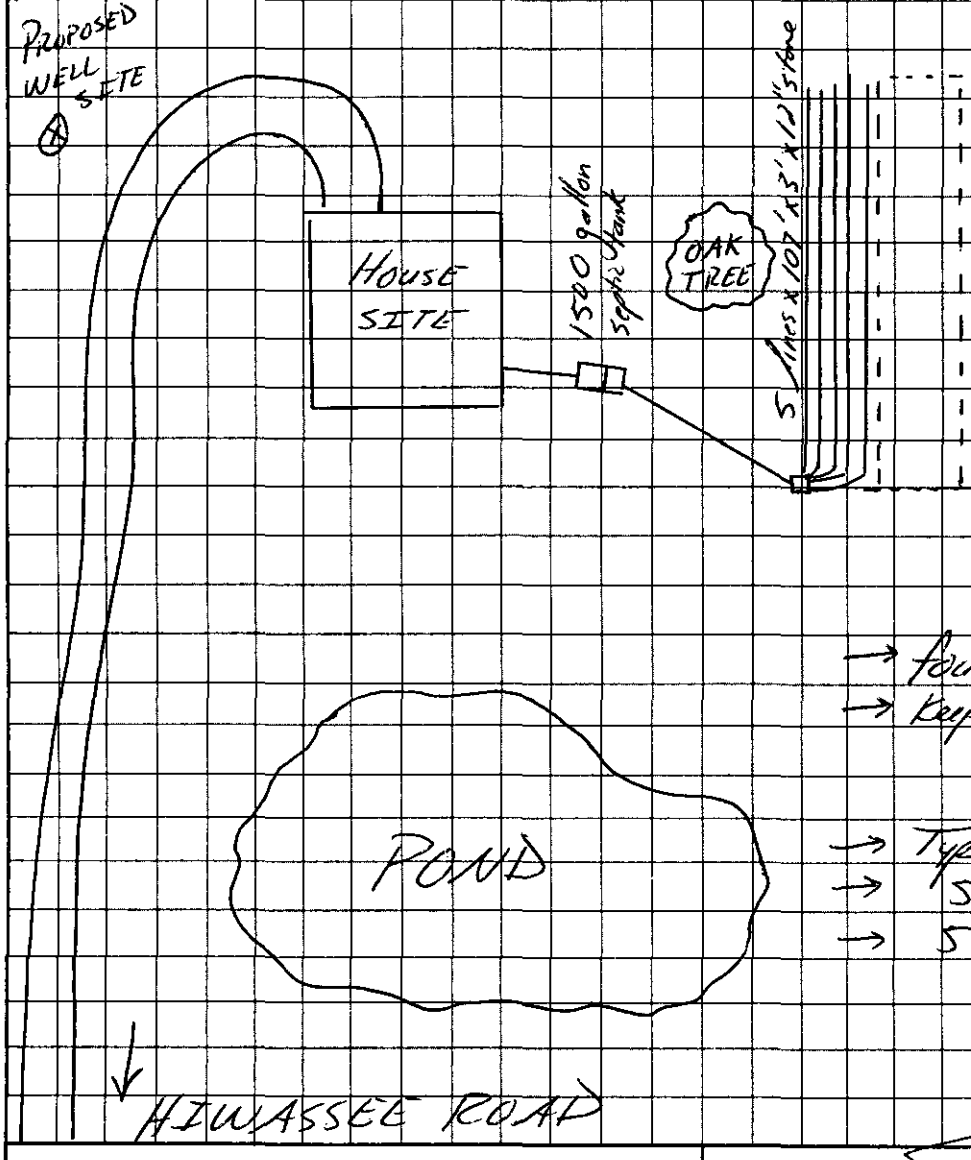
PROPOSED PLOT PLAN

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

FILE: 5305B

TC: 011-131-26

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



COMMENTS

→ Four Bedroom House
→ Keep septic system
>100' from well
> 50' from pond
→ Type II Conventional System
→ 5 lines x 107' x 3' x 12" Stone
→ 535 TLF

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE Larry Mathis R.S. 10/2/03

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

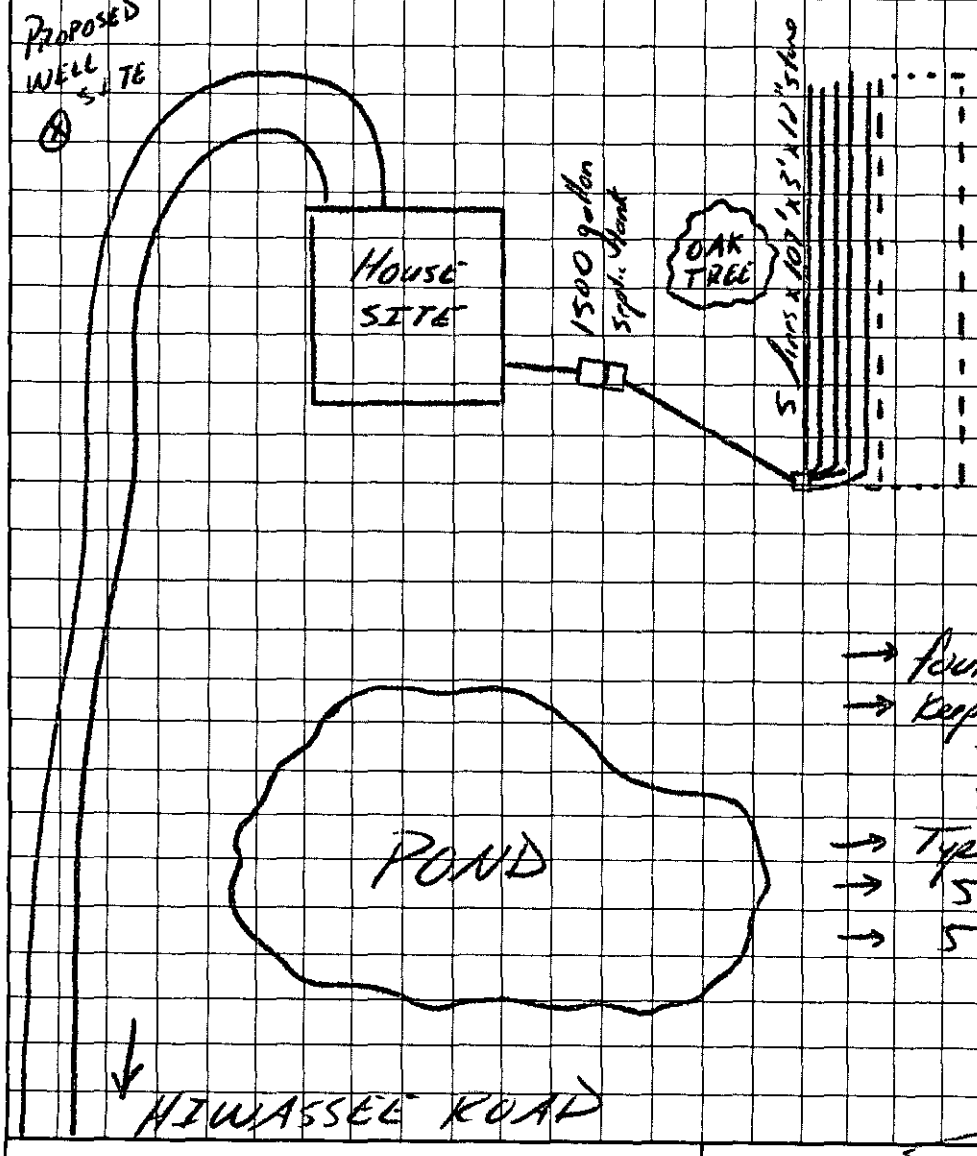
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Comments

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- Deep septic system
  - >100' from well
  - > 50' from pond
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APPROVAL DATE Jerry Thacker R.S. 10/2/03

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
Property ID: 011-131-26
Lot #:
File #: 5305B
Code: 2

ACS

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Benton S. Bragg
Applicant: Phillips Bragg
Address: 100 Queens Road, Charlotte, N. C. 28204
Date Evaluated: 07/25/2003
Proposed Facility: Residence
Design Flow (.1949): 480gpd
Property Size: .3a inv.
Location of Site: Off Hiwassee Road
Property Recorded:
Water Supply: [ ] Public [x] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 5	0-6	GR/SL	FR/SEXP/NS/NP	>19" TO SOIL WETNESS	19	N/A	NONE	US
		6-13	WKSBK/SCL	FR/SEXP/SS/SP					
		13-19	SBK/SC	VFI/EXP/VS/VP					
2	"	0-8	GR/SCL	FR/SEXP/SS/SP	>46" TO SOIL WETNESS	46	"	"	US, III .3GPD/FT^2
		8-35	SBK/SCL	FR/SEXP/SS/SP					
		36-46	M/SCL	FR/SEXP/SS/SP					
3	LS, 8	0-7	GR/SCL	"	>48" TO SOIL WETNESS	48	"	"	PS, IV .3GPD/FT^2
		7-30	SBK/C	FI/SEXP/S/P					
		30-48	SBK/SCL	FR/SEXP/SS/SP					
4	"	0-4	GR/SCL	"	>30" TO SOIL WETNESS	30	"	"	US, IV .3GPD/FT^2
		4-30	SBK/C	FI/SEXP/S/P					
		30+	M/SCL	FR/SEXP/SS/SP					
5	"	0-4	GR/SCL	"	>24" TO SOIL WETNESS	24	"	"	US, IV .15GPD/FT^2 LPP
		4-24	SBK/C	FI/SEXP/S/P					
		24+	M/SCL	FR/SEXP/SS/SP					
6	LS, 5	0-4	GR/SCL	"	>27" TO SOIL WETNESS	27	"	"	"
		4-27	SBK/C	FI/SEXP/S/P					
		27+	M/SCL	FR/SEXP/SS/SP					
7	"	0-6	GR/SCL	"	>48" TO SOIL WETNESS	48	"	"	PS, IV .3GPD/FT^2
		6-33	SBK/C	FI/SEXP/S/P					
		33-48	SBK/CL	FR/SEXP/SS/SP					

Description	Initial System	Repair System
Available Space (.1945)	US	US
System Type(s)	Pot. LPP	Pot. LPP
Site LTAR	.15GPD/FT^2	.15GPD/FT^2

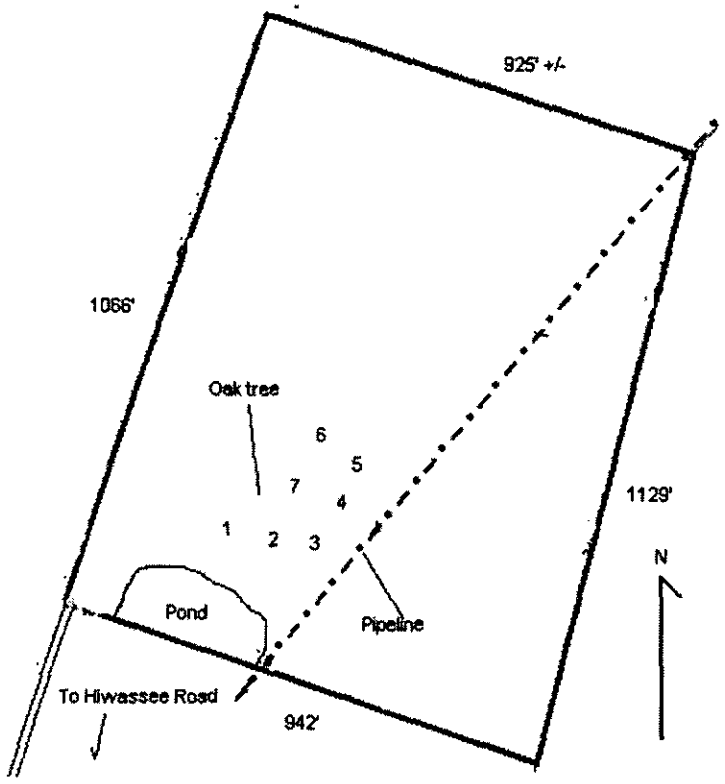
Other Factors (.1946): _____
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 7/28/2003. W. R. Marlin
Others Present: Phillips Bragg

FILE # 5305B

COMMENTS: 100% repair, may need pump_____

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

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



FEE: 200.00 chk# 1104 DATE: 7/23/03 gc

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 #: 5305B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 011 131 26

STREET ADDRESS: off Hiwassee Road

SUBDIVISION OR MOBILE HOME PARK NAME: NA Rural

LOT NUMBER: ~~011 131 26~~

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 3,700 SF

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

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

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES X NO TYPE: _____

WATER SUPPLY (CHECK ONE):
__ COMMUNITY (C)
__ MUNICIPAL (M)
X PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES X NO
EXISTING WASTEWATER SYSTEMS __ YES X NO
EASTMENTS OR RIGHT-OF-WAYS __ YES X NO
WELL, SPRINGS OR WATERLINES __ YES X NO
DESIGNATED WETLANDS __ YES X NO

PROPERTY OWNER: Benton S. Bragg

NAME: (LAST) Bragg (FIRST) Benton (MI) S

ADDRESS: 100 Queens Rd

CITY: Charlotte STATE: NC ZIP: 28204

DAYTIME PHONE: (704) 377-0261

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI) Contact Phillips Bragg who is acquiring property

DAYTIME PHONE: ( ) - same phone 377-0261

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 2000

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: 7/23/03

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

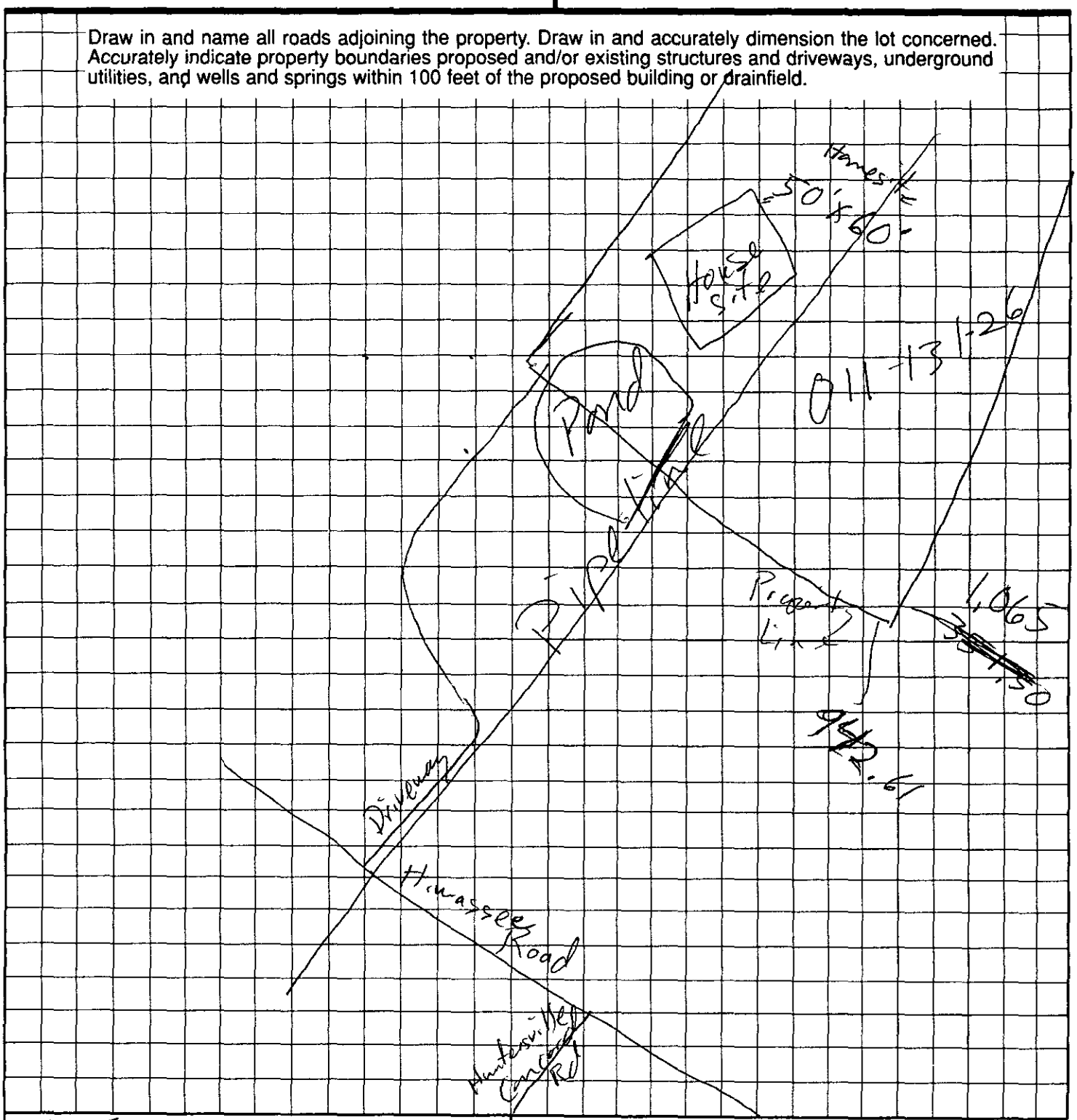
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OWNER/AGENT SIGNATURE

DATE 1/23/03

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy