

6825 MCILWAINE RD

01542106

12/31/2007

duponbj

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

ACS

Jeremy

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

X34437 9/29/03 CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102 24088

PERSON FILING APPLICATION:
NAME: (Site Tec) Tim Broome
(last) (first) (mi)
ADDRESS: 6132 Brookshire Blvd PHONE: (704) 394-6989
CITY: Charlotte STATE: NC ZIPCODE: 28216

Date: 09-29-03

PROPERTY OWNER:
NAME: Carlyle Thomas
(last) (first) (mi)
ADDRESS: 6825 McLIWAINE Rd PHONE: (704) 948-9250
CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 015-421-06
STREET ADDRESS: 6825 McLIWAINE
Huntersville NC 28078
ZONING:

Township (check one):
[ ] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [X] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: #2 LOT SIZE (in acres): 1.088

TYPE APPLICATION (check one):

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Family Room

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[ ] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[X] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [X] Other Family Room

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: John Sparks Date: 09-29-03

NOTICE:

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 Sanitary Sewage Collection, 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 permit is not transferable.

... O.K. to use existing system for the addition of a garage and family Room.

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Tommy Mickle R.S. 10/2/03
Environmentalist Date

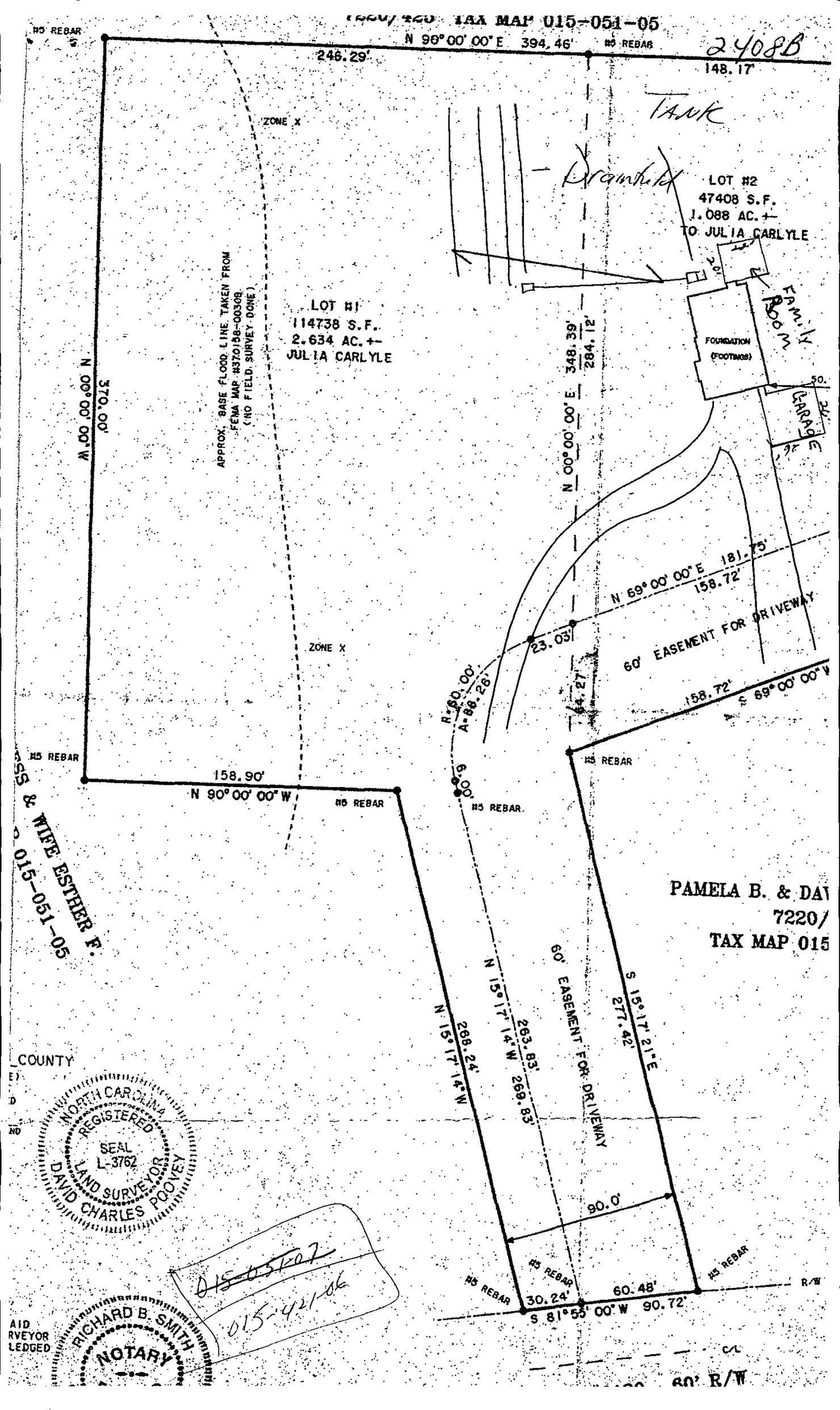
WWATER : 122791

P# 53484

parent 015-051-05

prev 015-051-10

w legal 015-051-07


TAX MAP 015-051-05
N 90° 00' 00" E 394.46'
#5 REBAR
246.29'
148.17'
2408B
TANK
Drainfield
LOT #2
47408 S.F.
1.088 AC.+-
TO JULIA CARLYLE
ZONE X
LOT #1
114738 S.F.
2.634 AC.+-
JULIA CARLYLE
APPROX. BASE FLOOD LINE TAKEN FROM FEMA MAP #3701580030B (NO FIELD SURVEY DONE)
FOUNDATION (FOOTINGS)
FAMILY ROOM
GARAGE
N 00° 00' 00" E 348.39'
284.12'
370.00'
N 00° 00' 00" W
N 69° 00' 00" E 181.75'
158.72'
60' EASEMENT FOR DRIVEWAY
23.03'
R=60.00'
A=86.26'
64.27'
S 69° 00' 00" W
158.72'
158.90'
N 90° 00' 00" W
N 15° 17' 14" W 269.83'
288.24'
S 15° 17' 21" E
277.42'
90.0'
S 81° 55' 00" W 90.72'
60.48'
30.24'
R/W
60' R/W
PAMELA B. & DAV
7220/
TAX MAP 015
SS & WIFE ESTHER F.
015-051-05
COUNTY
NORTH CAROLINA REGISTERED SEAL L-3762 LAND SURVEYOR DAVID CHARLES POOVEY
015-051-07
015-421-06
RICHARD B. SMITH NOTARY

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 2408-B ~~10-23-98~~ DATE: 10-23-98

TC: PO 015 051-07L ☒ CRT

SERIAL Nº 17794

Name of Owner Julia Carlyle Juris.: _____

Address of Property 6825 McKenzie Rd

Inspection Data:

Tank Material PLC

Total Length of Drainfield 573

Number of Lines 4 @ 133

Cover Depth 12"

Water Supply Source well

Distance to Water Source 100'+

Excavation Inspected 10-23-98

Tank(s) Inspected 10-23-98

Wash Line Inspected ✓

High Water Alarm Inspected ✓

PLOT

Design 1998 1500ST 1605 SFT 12" CECICLICL CTR# Kim Leonard

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☑ installed or constructed ☐ altered or repaired

☑ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☑ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: TYPE II

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

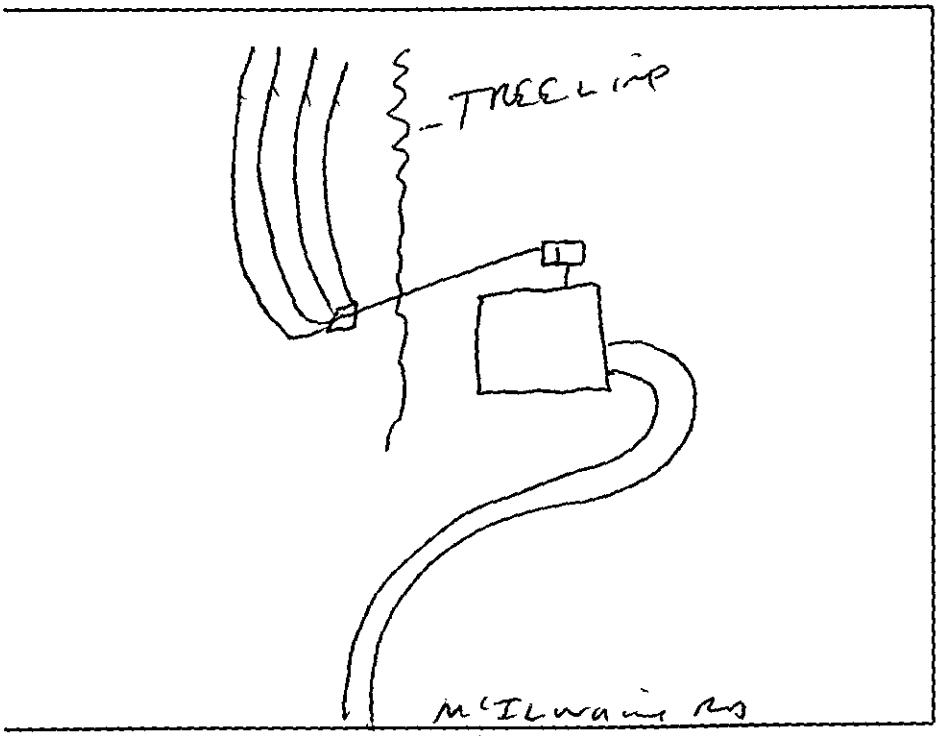
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2408-B DATE: 9-9-98

TC: PO 005 - 051071

SERIAL Nº 17862

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 2-23-98. All work shall be completed on or before 10-9-98, 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 — 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 533 feet

Number of Lines 4x133

Depth of Stone 12" 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 JULIA CARLYLE

LOCATION OF PROPERTY 6025 McILwaine

Comments: 4 lines @ 133' x 3' wide x 12" rock

Kelly Randall
Environmental Health Specialist

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

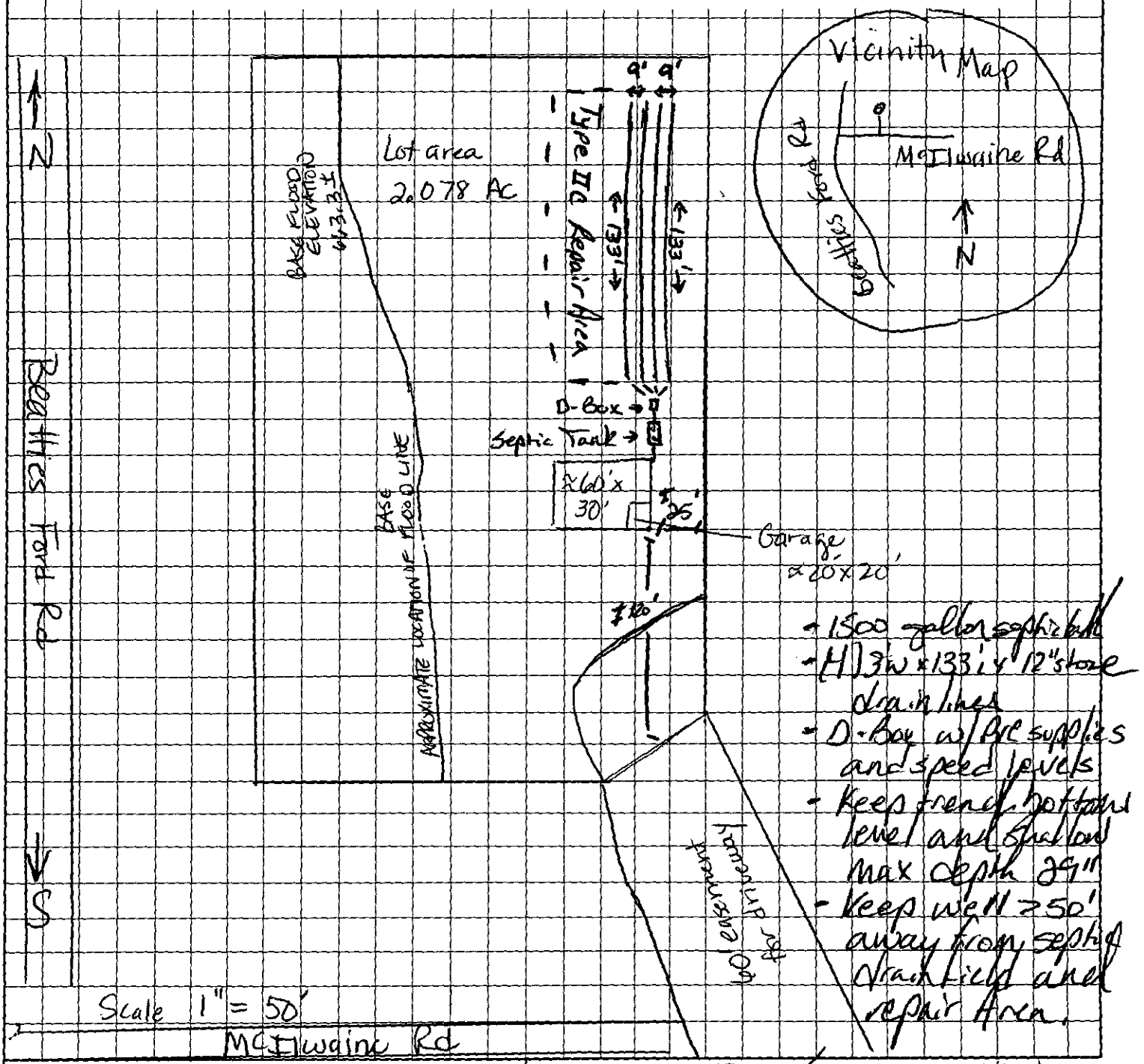
PROPOSED PLOT PLAN

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

FILE: 24088

TC: 015-051-07 PA

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.



Julia F Carlyle
OWNER/AGENT SIGNATURE

DATE 2/23/98

APPROVAL DATE 3-17-98

McIlwaine Rd

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

chk # 2570

8-21-98
ck # 2330
pd. 75.00 charge in plat

FEE: 200 AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION (400)
DATE: 3/25/98 VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 3-17-98

PERMIT NO: 2408 B
PARCEL NO: 015-051-07 PO

JOB LOCATION ADDRESS: 6025 McIlwaine Road
PROPERTY OWNER: Julia F. Carlyle
BUILDING CONTRACTOR:
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: Larry B. Thompson Jr. R.S. DATE: 3-17-98
DEHNR/AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2408 B, 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:
- See conditions of improvement permit
- Shallow placed conventional repair will require additional soil cores to be be brought in
- Keep well >50' away from system and repair area.

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 Julia Carlyle 3/25/98
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

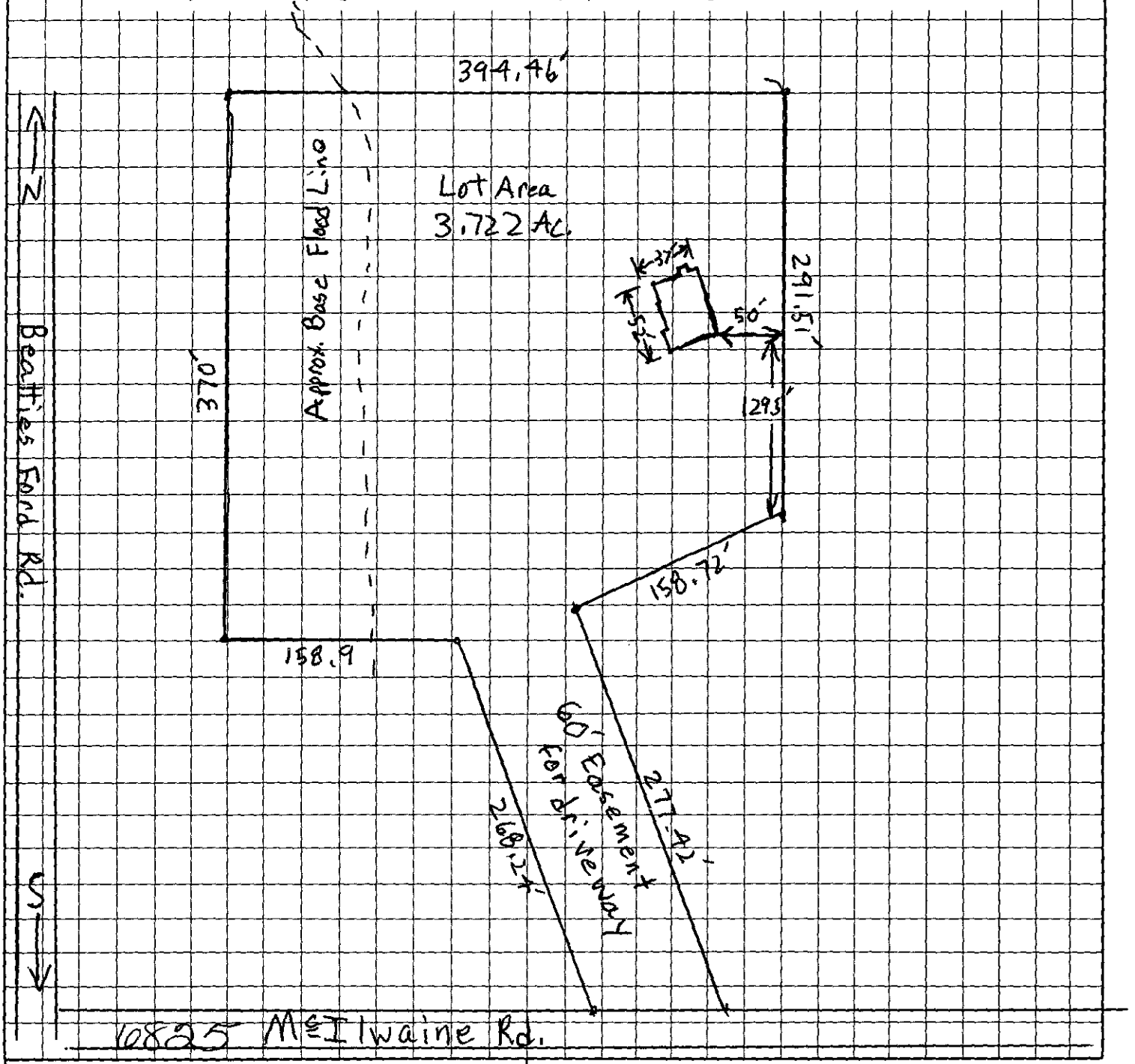
PROPOSED PLOT PLAN

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

FILE: 2408 B

TC: 05 -051 -07

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.



Bret Linker
OWNER/AGENT SIGNATURE

DATE 8/21/98

APPROVAL DATE _____

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

Permit Number 2408 B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 015-051-07 Lo

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	1596 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
Yes Serviced by private well	1500 Gallon septic tank	532 Total trench length (ft)	29" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
4 Bedrooms in residence	___ Gallon pump tank	12" Depth of stone	

Any surface waters present: Type: Minimum separation distance:

Site modifications required:

Additional Conditions: - Shallow placed conventional repair will require additional soil cover to be brought in
- Keep well > 50' off of drainfield and repair area.

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

1596 Absorption Area (Sq ft) 532 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	18" Maximum Trench Depth

For existing system, enter the year originally installed:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for th Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effe at the time of issuance of the permit and is subject to the following provisions:

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

Larry B. Thompson, R.S. 3-17-98 DEHNR Authorized Agent Date

X Julia Carlyle 3/25/98 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

FEE: 100.00 CK# 2540
DATE: 2/23/98 GC

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

1 of 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 #: 2408

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: PO 015-051-07

TAX/PARCEL NUMBER: ~~015-051-07~~ (PO)

STREET ADDRESS: [redacted] McIlwaine Rd Hville NC 28078

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

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: ≈2500

NUMBER OF BEDROOMS: 4 | NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

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

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

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

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

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES ✓ NO
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: Carlyle Julia F (LAST) (FIRST) (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 2036 Stonyford Pl	DAYTIME PHONE: ( ) --
CITY: Charlotte STATE: NC ZIP: 28216	
DAYTIME PHONE: (704) 398-3359	

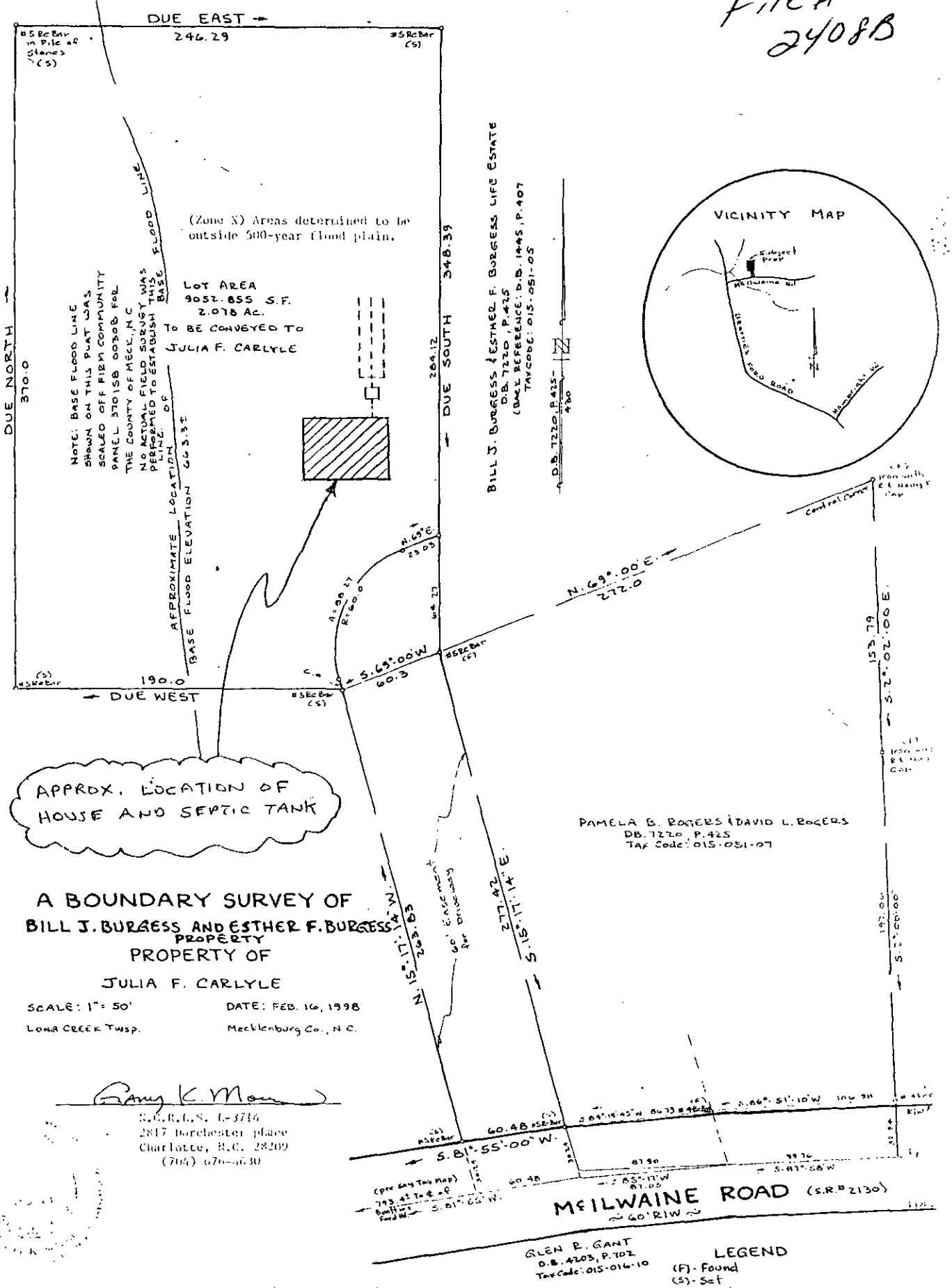
WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? in process of being recorded week of 2/23/98

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: Julia F Carlyle DATE: 2/23/98

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

File # 2408B



A BOUNDARY SURVEY OF
BILL J. BURGESS AND ESTHER F. BURGESS PROPERTY
PROPERTY OF
JULIA F. CARLYLE

SCALE: 1" = 50' DATE: FEB. 16, 1998

LONG CREEK Twsp. Mecklenburg Co., N.C.

Gary K. Moore
S.C.R.L.S. L-3714
2817 Dorchester place
Charlotte, N.C. 28209
(704) 376-6630

This is to certify that on the 17th day of FEBRUARY, 1998 I surveyed the property shown on this plat, and that the property lines, walls and building are as shown hereon; that the buildings located on said lot property do not encroach or project on adjacent streets or property; and that no adjacent buildings or wall encroach on said premises. This plat meets the minimum standards of practice for Land Surveying in North Carolina Board Rule .1600(21 NCAC 56) and the error of closure for this parcel does not exceed 1 foot per 10,000 feet of perimeter surveyed nor 20 seconds times the square root of the number of angles turned.

LEGEND
(F) - Found
(S) - Set
D.B. - Deed Book
P. - Page
S.R. - State Road
R/W - Right-of-Way
S.F. - Square Feet
Ac. - Acres

From David Rogers

What's Up On Main Street?



Date: 03/23/98 Pages to follow: 1

To: LARRY B. THOMPSON, JR.
HEALTH DEPARTMENT

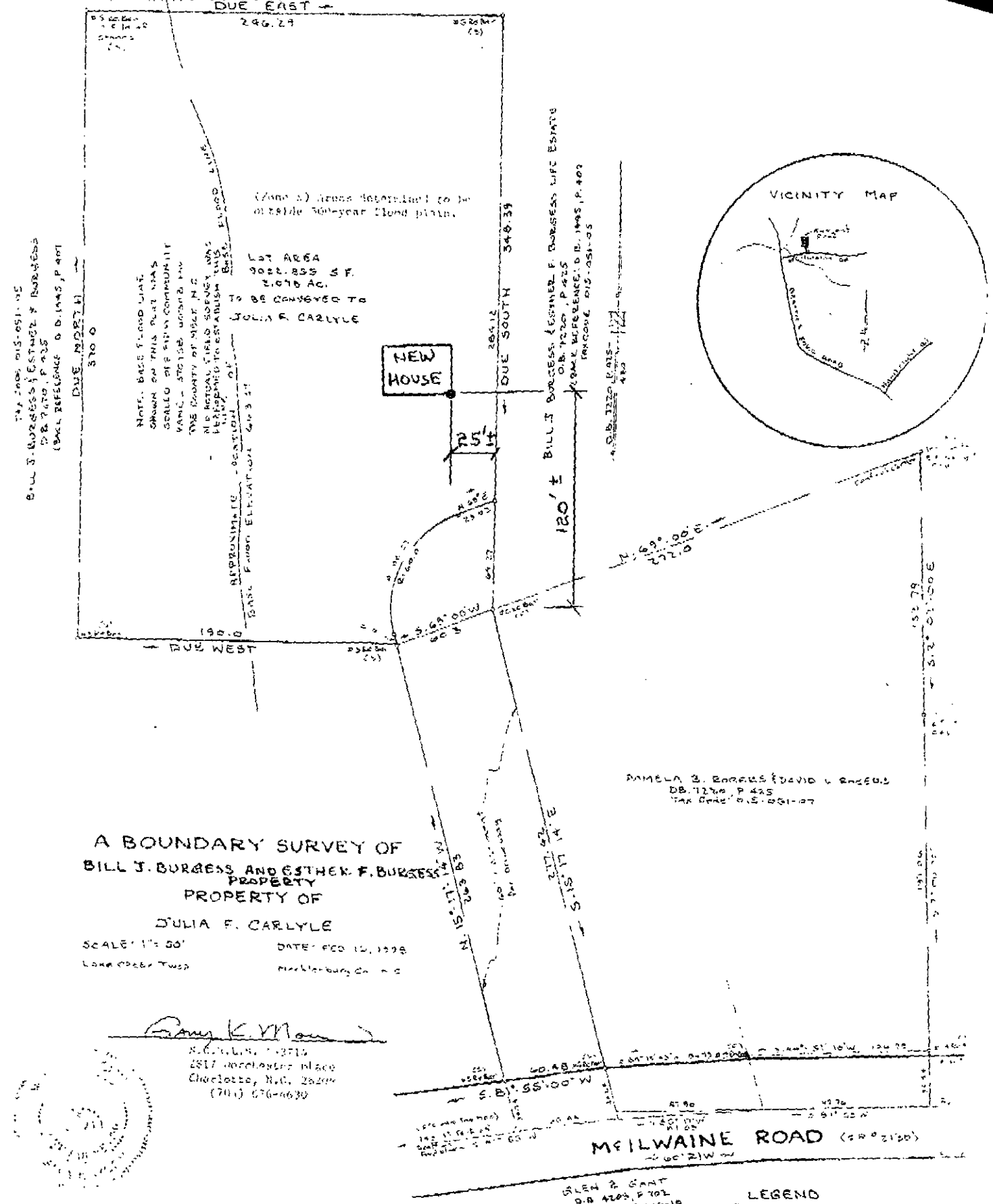
From: DAVID ROGERS

Comments:

LOCATION OF HOUSE ON PROPERTY OF JULIA CARLYLE ON McILWAINE ROAD FOR SEPTIC TANK PERMIT. IF OK PLEASE CALL ME @ 803/325-1868

DAVID

Pam Rogers, FAX 803/325-1422
If you do not receive all of these pages, please call 803/325-1868.



This is to certify that on the 17th day of FEBRUARY, 1998 I surveyed the property shown on this plat, and that the property lines, walls and buildings are as shown hereon; that the buildings located on said lot property do not encroach or project on adjacent streets or property and that no adjacent buildings or all encroach on said premises. This plat meets the minimum standards of practice for Land Surveying in North Carolina Board Rule .1600/21 NCAC 56) and the error of closure for this parcel does not exceed 1 foot per 10,000 feet or fractional thereof by 20 seconds times the square root of the number of angles turned.

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

#2 (402)

Sheet 1
PROPERTY ID #: PD 015-29-07
Lot # :
File # : 24068

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

for alternate trl

APPLICANT:
OWNER: Julie F. Carlyle
ADDRESS: 2036 Stonyford Pl. Charlotte, N.C.
DATE EVALUATED: 8-25-96
PROPOSED FACILITY: residence
PROPOSED DESIGN FLOW (.1949): 400gpd
PROPERTY SIZE: 1.5
LOCATION OF SITE: 6825 McAlways Road
PROPERTY RECORDED:
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	Slopes 6-15% .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	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS	0-6"	gr/cl	Fr/SE/P/SS/SP	28"	25"	N/A	None	US IV
		6-25"	SBK/C	F./SE/P/SS/P	TO soil wetness				
		25-29"	M/cl	F./SE/P/SS/SP					
2	LS	0-4"	gr/cl	Fr/SE/P/SS/SP	25"	23"	N/A	None	US IV
		4-23"	SBK/C	F./SE/P/SP	TO soil wetness				
		23-25"	M/cl	F./SE/P/SS/SP					
3	LS	0-7"	gr/cl	Fr/SE/P/SS/SP	42"	42"	N/A	None	PS IV .39 Fz
		7-42"	SBK/C	F./SE/P/SP	TO soil wetness				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	US	
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: William A. Wadlington 9-4-96
OTHER(S) PRESENT: LSS

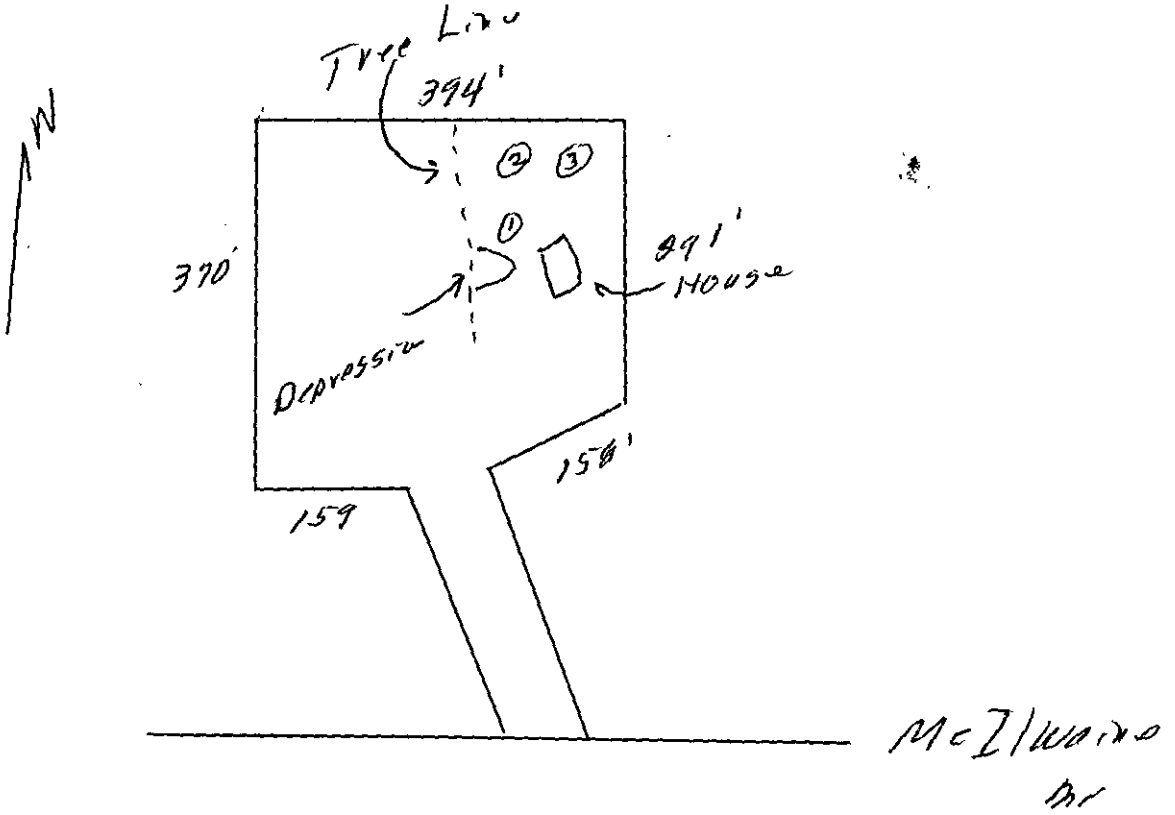
FILE # 24088

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



DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

COUNTY: _____

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM (400) #2

2408B
PO 015-05107

OWNER: Julia F. Carlyle APPLICANT: _____
ADDRESS: 2036 Stonyford Pl, Char. APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: res. PROPOSED DESIGN FLOW (.1949): 480 gpd PROPERTY SIZE: 2.0 A
LOCATION OF SITE: McAlways Rd PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ 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	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	NS Slopes 8-20%	0-3"	gr/cl	Fr/SEXP/SS/SP	>26" To soil wetness	26"	N/A	None	US IV .121 A_r PS Shallow placed
		3-18"	SBK/c	F/SEXP/SP					
		18-26"	SBK/cl	F/SEXP/SS/SP					
2	LS	0-4"	gr/cl	Fr/SEXP/SS/SP	>46" To soil wetness	46"	N/A	None	PS IV .351 A_r
		4-46"	SBK/c	F/SEXP/SP					
3	LS	0-5"	gr/cl	Fr/SEXP/SS/SP	>41" To soil wetness	41"	N/A	None	PS .391 A_r IV
		5-26"	SBK/c	F/SEXP/SP					
		26-41"	SBK/cl	F/SEXP/SS/SP					
4	NS	0-3"	gr/scl	Fr/SEXP/SS/SP	>30" To soil wetness	30"	N/A	None	US IV .121 A_r PS Shallow placed
		3-10"	SBK/c	F/SEXP/SP					
		10-30"	SBK/scl	Fr/SEXP/SS/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	US
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): unsuitable
EVALUATED BY: W. B. Mailin 3-9-98
OTHER(S) PRESENT: LSS

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

2048B

APPLICANT: _____
OWNER _____ APPLICATION DATE: _____ DATE EVALUATED: _____
ADDRESS: _____ PROPERTY SIZE: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY RECORDED: _____
LOCATION OF SITE: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ 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	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	LS	0-6"	gr/cl	Fr/SEXPSSP	>48" FO SOIL WETNESS	48"	N/A	None	PS .25/Fa IV
		6-48"	SBKlc	Fr/SEXPSSP					
6	Knoll	0-2"	gr/cl	Fr/SEXPSSP	>30" FO SOIL WETNESS	30"	N/A	None	US .12/Fa IV
		2-15"	SBKlc	Fr/SEXPSSP					
		15-30"	SBKlc	Fr/SEXPSSP					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: 100% Replace

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
(Drainage Way)					EXP (Expansive)	CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
S (Foot Slope)						ABK (Angular Blocky)
(Head Slope)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SICL (Silty Clay Loam)				PR (Prismatic)
(Nose Slope)		CL (Clay Loam)			MOIST	WET
(Ridge)		SCL (Sandy Clay Loam)				
(Shoulder Slope)		SLC (Silt Loam Clay)			VFR (Very Friable)	NS (Non-sticky)
(Terrace)					FR (Friable)	SS (Slightly Sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FI (Firm)	S (Sticky)
		SIC (Silty Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
					EFI (Extremely Firm)	NP (Non-plastic)
		O (Organic)	None			SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

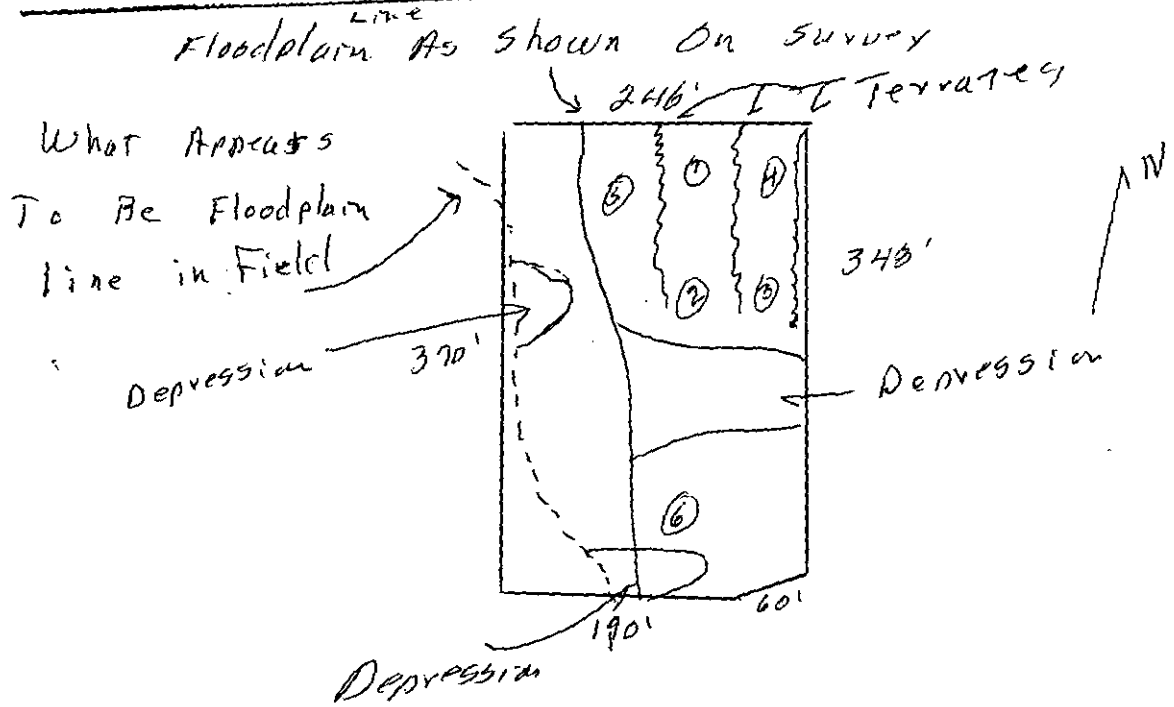
OTES

ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.
ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).

2406B



McIlwain Rd.