

19515 CALLAWAY HILLS LN

00308154

1/2/2008

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: 2877B DATE: 9-15-99

TC: 003-081-54 ☒ L ☒ CRT

SERIAL Nº 17841

Name of Owner Kenneth Studdard Jr. Juris.:

Address of Property 19515 Calloway Hills Lane

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 5 @ 80'

Cover Depth 12"

Water Supply Source Well

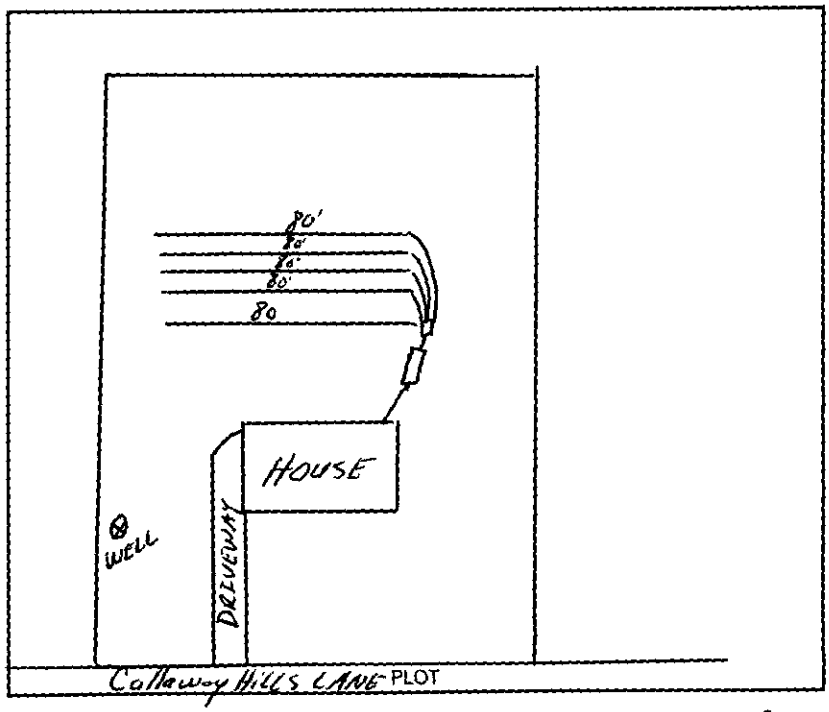
Distance to Water Source 85'

Excavation Inspected 9-15-99

Tank(s) Inspected 9-15-99

Wash Line Inspected NA

High Water Alarm Inspected NA



Design 1999, 1500ST, Con., 1200SFT, 12G, CTR# A-1 Backhoe

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: System was installed without installation permit

The system is designed for 3 Bedroom Residence

TYPE II System.

Jeremy Mickelson
Environmental Health Specialist

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

CTR#

it has been

above

ment and Disposal Systems

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mental Health

able without regard to ethnic

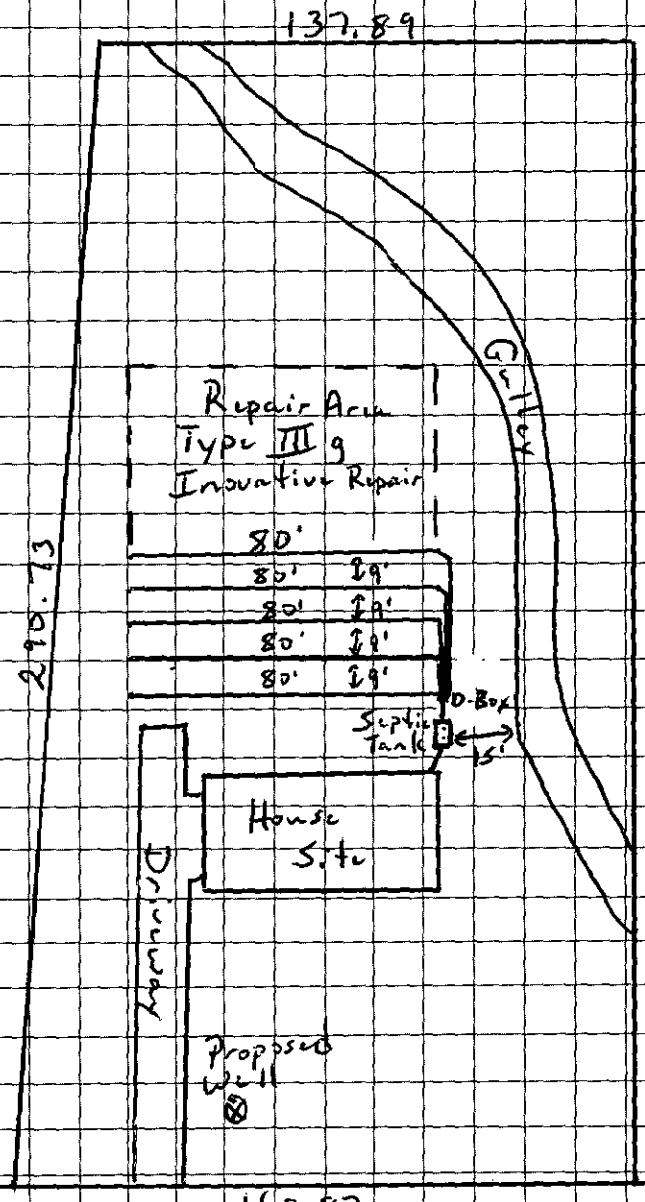
PROPOSED PLOT PLAN

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

FILE: 2877 B

TC: 003-081-54

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

1) Scale 1" = 50'
2) Keep lines level and on contour of land.
3) Keep trenches shallow - 30" maximum.
4) Keep all parts of septic system at least 100 ft from any well.
5) Keep all parts of septic system at least 5 ft from any building foundation.
6) Keep all parts of septic system at least 10 ft from any property line.
7) Keep all parts of septic system at least 15 ft from gully.

APPROVAL DATE _____

OWNER/AGENT SIGNATURE _____

DATE 3/12/99

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

19515 Calloway Hills Lane

2877-B

003-081-54

9-15-99

OPERATION PERMIT INSPECTION CHECK LIST

1. SEPTIC TANK
   a. Visually inspect the exterior walls, lids, and top of the tank for structural soundness, fit ✓ and sealant ✓
   b. Visually inspect the interior walls, bottom, baffle, tee, for structural soundness, fit ✓ sealant ✓ air vent, ✓ and outlet for water tightness ✓
   c. Tank ID number _____
   e. Liquid capacity of tank 1500 gallons

2. SUPPLY LINE TO TRENCHES
   a. Grade ✓ "
   b. Diameter 3" ✓
   c. Length ✓
   d. Distance tank to drainfield or distribution device >5'

3. DISTRUBITION DEVICE(S)
   a. Type D-Box
   b. Is device water tight ✓
   c. Distance from distribution device(s) to trenches ✓
   d. Is the device on a level foundation ✓
   e. Does the device perform as designed ✓ (spot levelers)

4. NITRIFICATION FIELD
   a. Trench depth 24" inches
   b. Trench width 36" inches
   c. Distance between trenches 9' OC
   d. Number of trenches 5
   e. Length(s) of trenches 80'
   f. Storage media Gravel (type)
      1. Aggregrate depth 12"
      2. Aggregrate size #5 ✓
   g. Trench bottom grade ✓
   h. Stepdowns
      1. Minimum of 2' of undisturbed soil ✓
      2. Proper rise over step down ✓
      3. Solid pipe used ✓

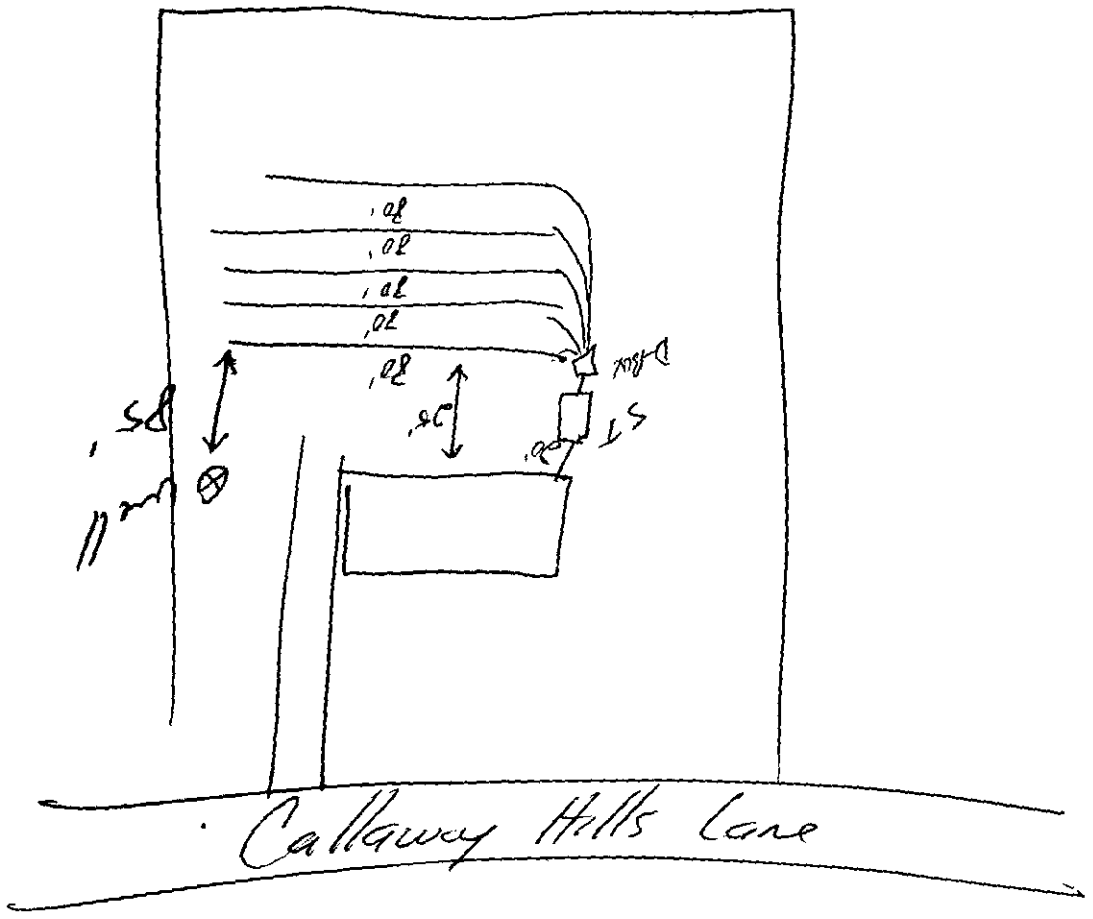
5. LOCATION AND SETBACK DISTANCES
   a. Distance from system to any wells 85'
   b. Distance from septic tank to foundation >5' trenches to foundation >5'
   c. Distance from system to all property lines ✓
   d. System meets other .1950 setback requirements ✓

6. PUMP TANK

a. Visually inspect the exterior walls, lids, risers, covers, and top of the tank for structural soundness, fit_____ and sealant_____
b. visually inspect the interior walls,bottom, for structural soundness, fit_____ and outlet for water tightness_____
c. Tank ID number_____
d. liquid capacity of tank_____gallons

7. PUMP, FLOATS, CONTROLS, ETC.

a. Pump size_____
b. Drawdown_____
c. Float tree and floats_____
d. Control panel_____(NEMA4X)
e. Pressure head_____
f. Accessable without entering the tank_____
g. Wires sealed_____



chk #1004

FEE: 200 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** 400
DATE: 4/29/99 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 3/12/99 PERMIT NO: 2877 B
PARCEL NO: 003-081-54

JOB LOCATION ADDRESS: 19515 Callaway Hills Lane
PROPERTY OWNER: Kenneth R. Studdard Jr.
BUILDING CONTRACTOR:
SUBDIVISION NAME: Runnymeade Lot #10
AUTHORIZATION ISSUED BY: Jeff A. Knight DATE: 3/12/99
OWNER AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2877 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 plot plan and Improvement Permit.
Agreement form must be completed and signed

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 _____ 4/28/99
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

DATE 4-28-99

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

003-081-54
PARCEL NUMBER

19515 Callaway Hills LN
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

Lot # 10
EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	____APPROVED	____NOT APPROVED
2. FLOODWAY REGULATIONS	____APPROVED	____NOT APPROVED
3. WATERSHED PROTECTION	____APPROVED	____NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	____APPROVED	____NOT APPROVED
5. PUBLIC UTILITY EASEMENT	____PRESENT	____NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	____YES	____NO
7. DRIVEWAY PERMIT REQUIRED	____YES	____NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	____YES	____NO

REMARKS: New S/F Residence

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: Dwell

REVISED 1/91

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 2877B

Tax Number: 003-081-54

- 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	X No	___ Partial Basement	
Type Primary Wastewater System 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	
.3 Long-term acceptance rate	360 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)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3 Bedrooms in residence	N/A Gallon pump tank	12" Depth of stone		
Any surface waters present: No Type:		Minimum separation distance:		
Site modifications required:				
Additional Conditions: 1) Agreement form must be signed. 2) Riser must be placed over outlet end of septic tank to facilitate filter maintenance. * See plot plan				
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	X Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
900 Absorption Area (Sq ft) 300 Total Trench Length (Ft)	N/A Depth of Stone Trench	9' Trench spacing (min. on centers)	30" 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.

Jeff A. Knight 3/12/99
DEHNR Authorized Agent — Date

Owner/Agent Signature — 3/12/99 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
DATE: 2-12-99
VC

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

for 10 B2

COPY

LCRT

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 #: Wilcox 28775

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: 28775

TAX/PARCEL NUMBER: 003-081-54

STREET ADDRESS: 19515 Callaway Wills Lane

SUBDIVISION OR MOBILE HOME PARK NAME: Runneymeade

LOT NUMBER: Lot 10 Block 1

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2550

NUMBER OF BEDROOMS: 3 | NUMBER OF OCCUPANTS: 2

CLOSING DATE March 15, 1999

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:

NAME: Stoddard, Jr. Kenneth R.
(LAST) (FIRST) (MI)

ADDRESS: 931 Law Lane

CITY: Mt. Pleasant STATE: SC ZIP: 29464

DAYTIME PHONE: (704) 634-3106

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: _____ DATE: 2/10/98

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

PROPOSED PLOT PLAN

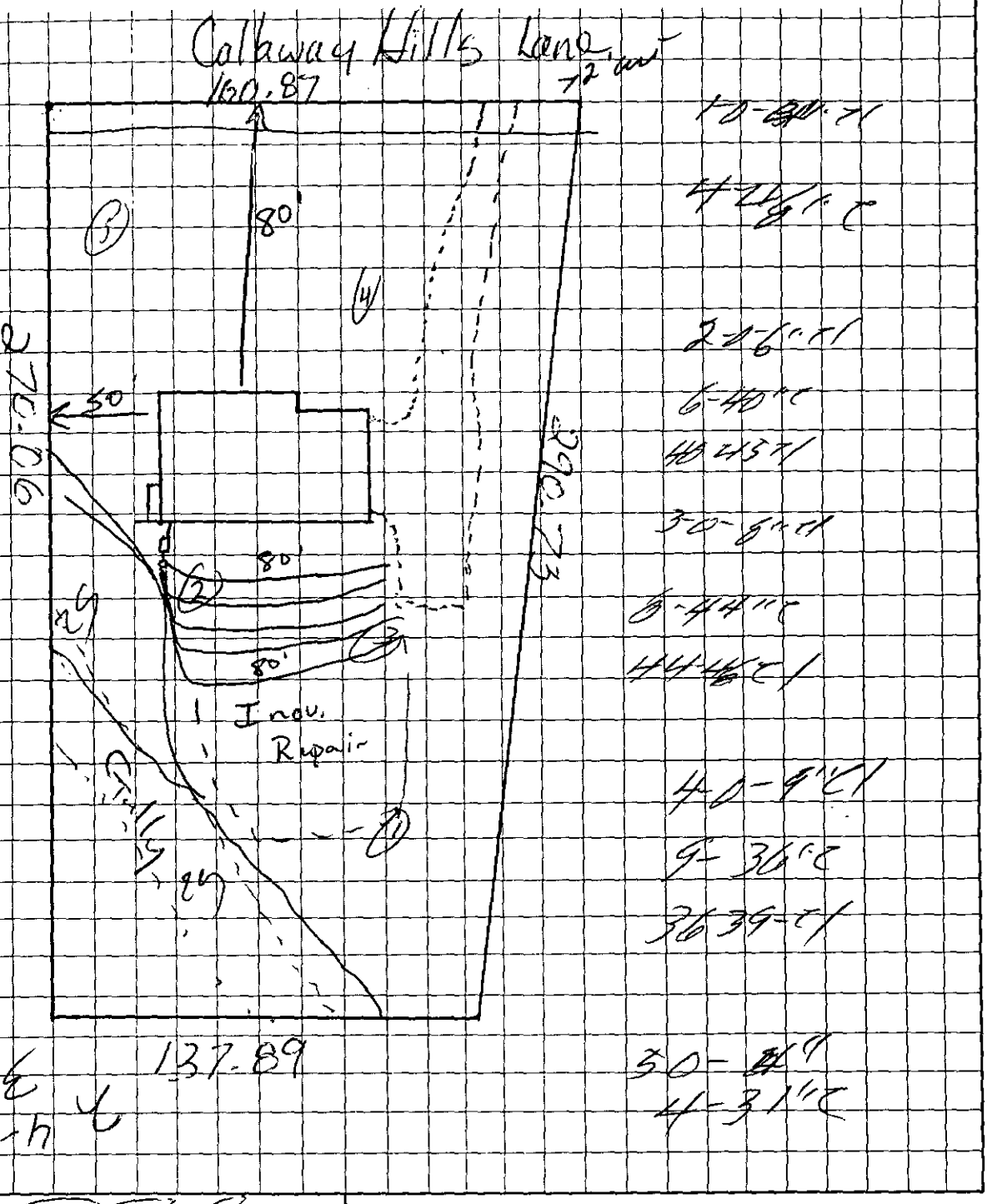
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

COPY

FILE: ~~95-000-A~~ 9877B

TC: 003-081-54

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 2/10/99

APPROVAL 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

#2

Sheet: _____
Property ID: 003-061-54
Lot #: L10 B2
File #: 28773

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Kenneth R. Hubbard, Jr. APPLICANT: _____
ADDRESS: 931 Town Lane, Mt. Pleasant, SC DATE EVALUATED: _____
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 360gal PROPERTY SIZE: .95
LOCATION OF SITE: 19515 Calloway Hills Lane PROPERTY RECORDED: _____
WATER SUPPLY: ☑Private ☐Public ☑Well ☐Spring ☐Other _____
EVALUATION METHOD: ☑Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☑Sewage ☐Industrial Process ☐Mixed

PROFILE #	.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 Slopes 6-12%	0-4"	gr/cl	Fr/SE×P/SS/SP	746" To Soil Wetness	46"	N/A	None	PS .3 21 F2 LC
		4-46"	SBK/C	F/SE×P/SP					
2	LS	0-6"	gr/cl	Fr/SE×P/SS/SP	745" To Soil Wetness	45"	N/A	None	PS .391 F2 LC
		6-46"	SBK/C	F/SE×P/SP					
3	LS	0-8"	gr/cl	Fr/SE×P/SS/SP	746" To Soil Wetness	48"	N/A	None	PS .391 F2 LC
		8-44"	SBK/C	F/SE×P/SP					
		44-46"	SBK/cl	Fr/SE×P/SS/SP					
4	LS	0-9"	gr/cl	Fr/SE×P/SS/SP	739" To Soil Wetness	39"	N/A	None	PS .391 F2 LC
		9-36"	SBK/C	F/SE×P/SP					
		36-39"	SBK/cl	Fr/SE×P/SS/SP					
5	LS	0-4"	gr/cl	Fr/SE×P/SS/SP	731" To Soil Wetness	31"	N/A	None	MS .391 F2 LC
		4-31"	SBK/C	F/SE×P/SP					

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W. R. Marlin 3-3-99
OTHER(S) PRESENT: LS ?

FILE # 26770

COMMENTS 100% Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	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

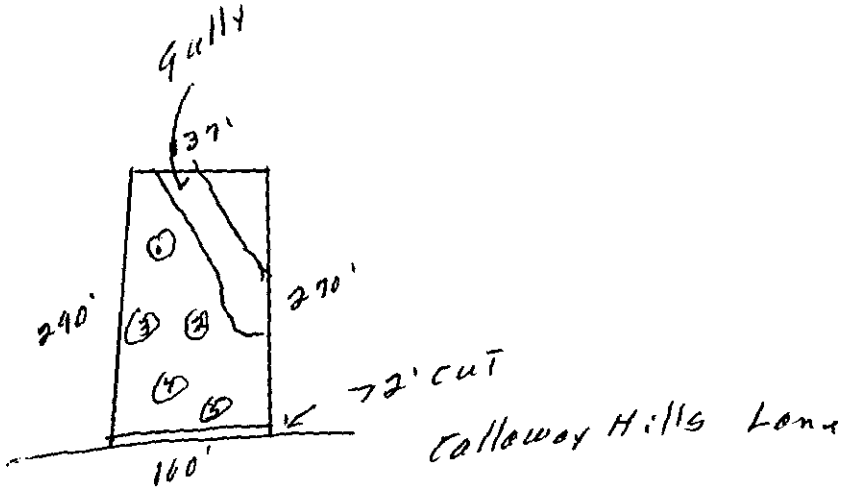
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



N

FEE: 100 ~~00~~ 00 ~~00~~

DATE: 2-12-99

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

[ ] CRT

TYPE APPLICATION: ✓ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

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

FILE #: RBCoded 2872B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 003-081-54

STREET ADDRESS: 19515 Callaway Hills Lane

SUBDIVISION OR MOBILE HOME PARK NAME: Runneymeade

LOT NUMBER: Lot 10 Block I

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

HEATED SQUARE FOOTAGE: 2550

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 7

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 March 15, 1999

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)

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EASTMENTS OR RIGHT-OF-WAYS __ YES ✓ NO
WELL, SPRINGS OR WATERLINES __ YES ✓ NO
DESIGNATED WETLANDS __ YES ✓ NO

PROPERTY OWNER:

NAME: Studdard, Jr. Kenneth R.
(LAST) (FIRST) (MI)

ADDRESS: 931 Law Lane

CITY: Mt. Pleasant STATE: SC ZIP: 29464

DAYTIME PHONE: (704) 634-3106

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) –

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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SIGNED: [signature] DATE: 2/10/98

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

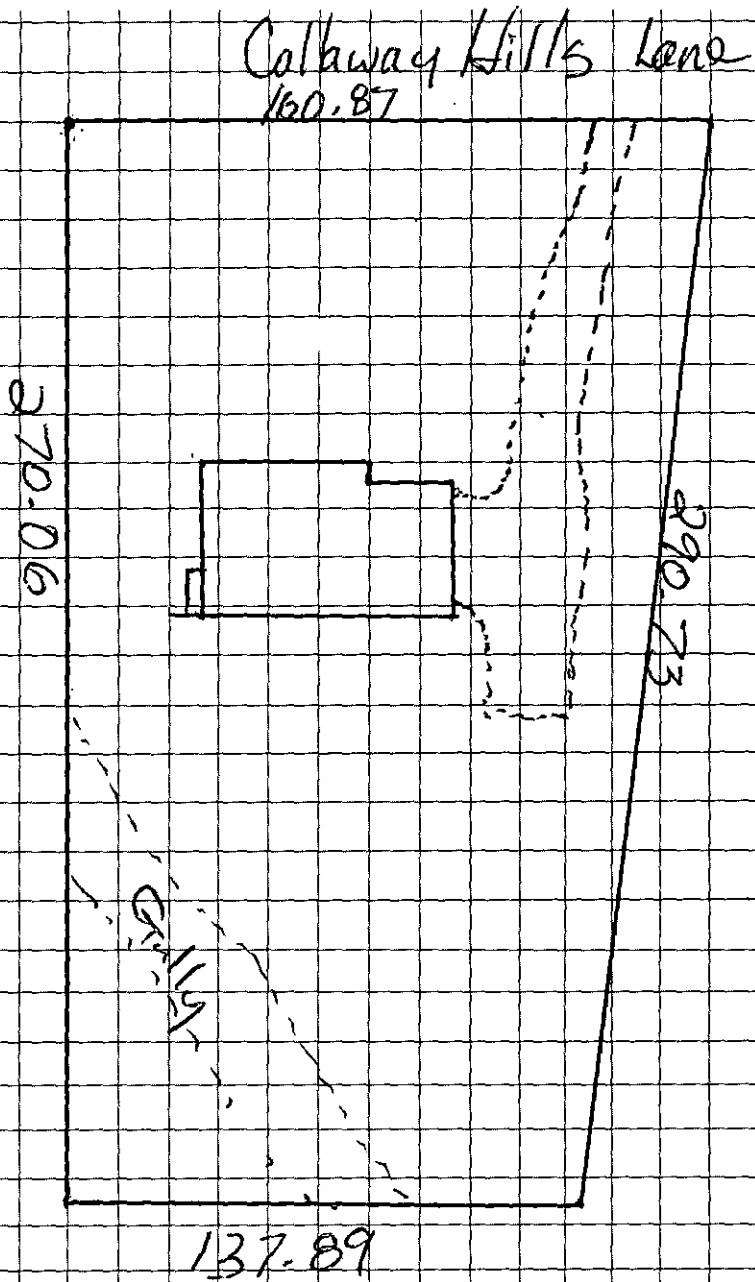
PROPOSED PLOT PLAN

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

FILE: ~~95-000-11~~ 2877B

TC: 003-081-54

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 2/10/99

APPROVAL DATE _____

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

[illegible] PURCHASE AND CONTRACT

[illegible] STUDDARD & MARIANNE L. STUDDARD, as Buyer,
and MONICA INVESTMENTS, as Seller,

agree to sell and convey certain [illegible] piece or parcel of land described [illegible] together with all improvements located thereon, the property as are listed below (collectively referred to as the Property) [illegible] from the following [illegible] conditions.

Property Address: [illegible] in the City of N/A (INDIDSON ADDRESS), County of [illegible], State of North Carolina, being [illegible] as a [illegible] described as:

Lot 15 CALLAWAY FIELDS [illegible] RUNNYMEDE SUBDIVISION [illegible] Zip 28036

Tax Code - #001 081-54 Lot 15 Block 1 MKO

Subject to Restrictive Covenants, if any, which may be [illegible] and to the Declaration of Restrictive Covenants, if any, which may be [illegible] of the Association, Bylaws and Regulations, and other governing documents of the Association and the [illegible]

Buyer agrees to pay for the Property [illegible] free of liens [illegible] and assessments [illegible] and agrees to pay all costs [illegible] of the Property. Buyer [illegible]

The following are all [illegible] included in the purchase price:

[illegible] $ 42,000 MKO $ 15,000 MKO [illegible] shall be paid by Buyer as follows:

EARNEST MONEY: Buyer has paid to [illegible] as earnest money deposit and part payment of the purchase price the receipt of which is hereby acknowledged by Seller. If this offer is not accepted, then all earnest monies shall be returned to Buyer. If this offer is accepted but fails to close, all earnest monies shall be returned to Buyer [illegible] such return shall not relieve Buyer [illegible] Buyer's default. Upon closing, earnest monies shall be applied to the purchase price. Any dispute between Seller and Buyer over the earnest money deposit or any other matter relating to this Contract shall be governed by the following procedure: [illegible]

[illegible] Buyer [illegible] Seller [illegible]

[illegible] Buyer [illegible] Seller [illegible]

[illegible] Buyer [illegible] Seller

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

#2400

Sheet: _____
Property ID: 003-061-54
Lot #: L10 B2
File #: 2811B

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Kenneth R. Muddard, Jr. APPLICANT: _____
ADDRESS: 931 Jaw Jane, Mt. Pleasant, SC DATE EVALUATED: _____
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 360gpd PROPERTY SIZE: .95
LOCATION OF SITE: 19515 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 #	.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
	Slopes 6-12%								
1	LS	0-4"	gr/c/	Fr/SExP/ss/sp	748" To soil wetness	48"	N/A	None	PS .39/Fz IV
		4-46"	SBK/c	Fi/SExP/s/p					
2	LS	0-6"	gr/c/	Fr/SExP/ss/sp	745" To soil wetness	45"	N/A	None	PS .39/Fz IV
		6-40"	SBK/c	Fi/SExP/s/p					
3	LS	0-8"	gr/c/	Fr/SExP/ss/sp	748" To soil wetness	48"	N/A	None	PS .39/Fz IV
		8-44"	SBK/c	Fi/SExP/s/p					
		44-46"	SBK/c/	Fr/SExP/ss/sp					
4	LS	0-9"	gr/c/	Fr/SExP/ss/sp	739" To soil wetness	39"	N/A	None	PS .39/Fz IV
		9-36"	SBK/c	Fi/SExP/s/p					
		36-39"	SBK/c/	Fr/SExP/ss/sp					
5	LS	0-4"	gr/c/	Fr/SExP/ss/sp	731" To soil wetness	31"	N/A	None	US .39/Fz IV
		4-31"	SBK/c	Fi/SExP/s/p					

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. R. Marlin 3-3-99
OTHER(S) PRESENT: LS

2775

Lot 10

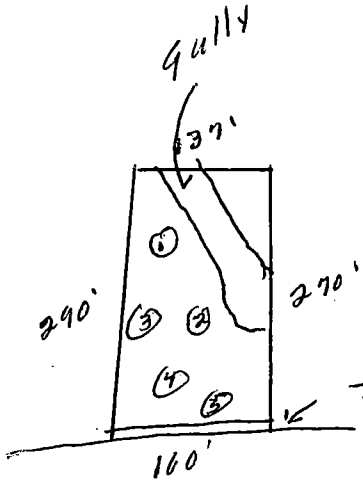
8723A

FILE # 25779

COMMENTS 100% Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR	CONSISTENCE MOIST	CONSISTENCE 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-SLIGHTLYSTICKY
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-SLIGHTLYSTICKY
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM			
	IV	SC-SANDY CLAY	0.4-0.1		
		SIC-SILTY CLAY			
		O-ORGANIC			

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



Calloway Hills Lane