

12/31/2007

duponbj

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

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 1-22-99 PERMIT NO: 2794-B

PARCEL NO: 011-141-01

JOB LOCATION ADDRESS: Hunnsee Rd

PROPERTY OWNER: _____

BUILDING CONTRACTOR: _____

SUBDIVISION NAME: _____

AUTHORIZATION ISSUED BY: Kelly Russell DATE: 1-29-99

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2794-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: _____

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.

Danny Edwards 1-22-99

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 2794-S

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 011-141-01

- 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	600 Max gallons/day wastewater flow	1990 Absorption Area (sq ft)	9 Trench spacing (min. on centers)
YS Serviced by private well	1500 Gallon septic tank	667 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
5 Bedrooms in residence	1000 Gallon pump tank	12" Depth of stone	

Any surface waters present: Type: Minimum separation distance:

Site modifications required:

Additional Conditions: riser must be placed over outlet of septic tank to facilitate filter maintenance

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

1990 Absorption Area (Sq ft) 667 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.

Holly Rudd 1-22-99
DEHNR Authorized Agent Date

X Hannah Edwards 1-22-99
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
DATE: 12/21/98

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

COPY

FILE #: 27948

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 011-141-01 001

STREET ADDRESS: Hiwasse Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

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: 8000

NUMBER OF BEDROOMS: 5 NUMBER OF OCCUPANTS: 4

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: MAyes (LAST) Betty (FIRST) W. (MI)

ADDRESS: 12239 MAyes Rd.

CITY: Huntersville STATE: N.C. ZIP: 28031

DAYTIME PHONE: ( ) –

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Edwards (LAST) Danny (FIRST) J (MI)

DAYTIME PHONE: ( ) 892 – 6556

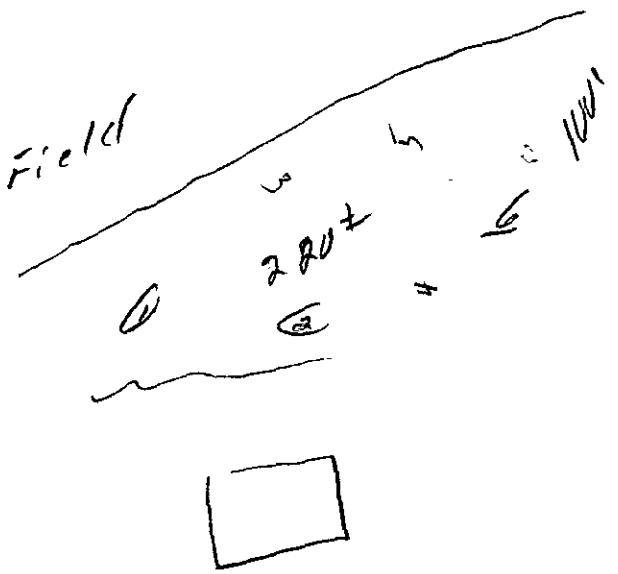
996 - 0117

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? JAN. 1975

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: Danny Edwards DATE: 12-21-98

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



1-0-4"S7[,29S-
4-40°SC

2-0-6"S2[

6'46°SE ,2-S

3-0- 4"S2[

4 4/8"E ,3

4-0-3"S7[

3-43"SE

3 - 0-4"S7[

4-4/8 E

6-0-4-S2[

4-36"E

36'43"S2[

PROPOSED PLOT PLAN

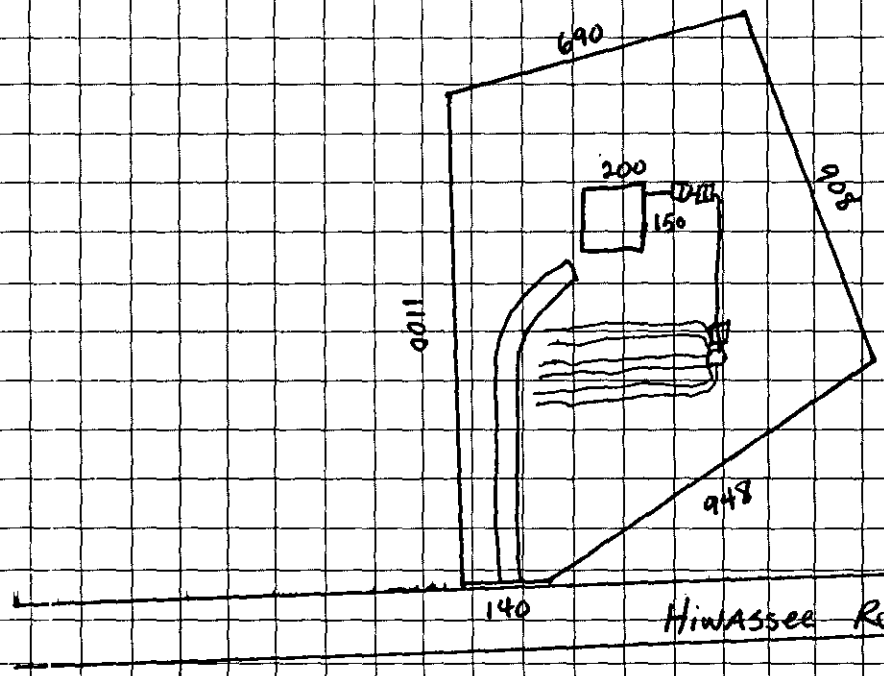
COPY

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

FILE: 2794B

TC: 011-141-01

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.



Conventional System
1500 ST
1000 DT
6 lines @ 111 each

risers must be placed over outlet of septic tank to provide filter maintenance

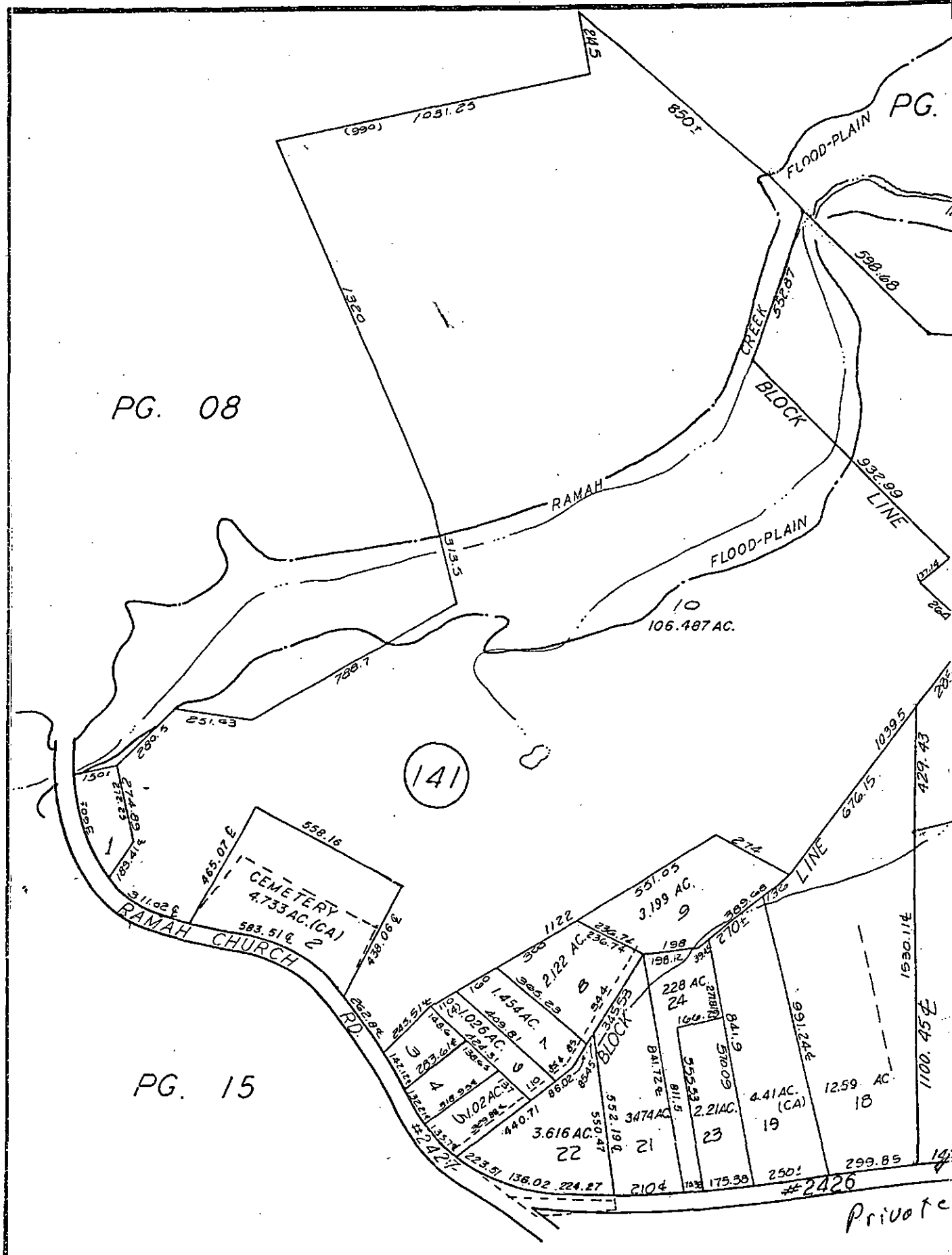
1" = 400 feet

Danny Edwards
OWNER/AGENT SIGNATURE

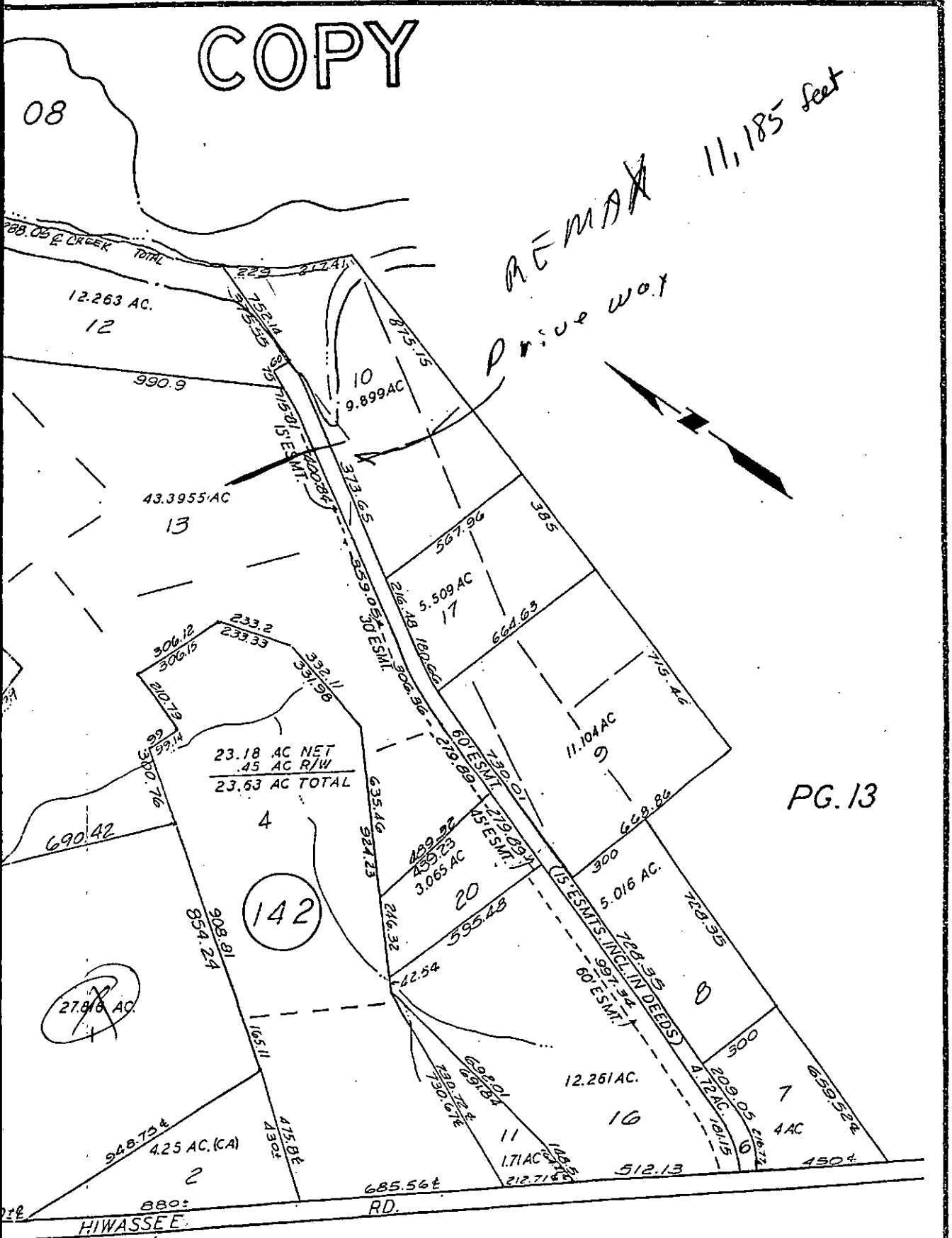
DATE 12-21-98

APPROVAL DATE _____

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


PG. 08
PG. 15
PG.
FLOOD-PLAIN
CREEK
BLOCK
LINE
RAMAH
RAMAH CHURCH RD.
CEMETERY
4.733 AC. (CA)
2
106.487 AC.
10
141
3.199 AC.
9
2.122 AC.
8
1.454 AC.
7
(4).026 AC.
6
UN.02 AC.
5
3
4
3.616 AC.
22
3.474 AC.
21
2.21 AC.
23
4.41 AC.
(CA)
19
12.59 AC.
18
228 AC.
24
#2426
#2427
Private
FOR TAX PURPOSES C
2

COPY



Property Pins
BK. 19-24

TAX LINE MAP BOOK 11 PAGE 14	
MECKLENBURG COUNTY, NORTH CAROLINA	
REVISED 6-4-97 AWN	SCALE 1" = 400'

2795

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

#2

Sheet: _____
Property ID: 001-14101
Lot #: _____
File #: 2794B

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Betty W. Mayes
APPLICANT: Denny Edwards
ADDRESS: 12239 Mayes Rd, Hendersonville
DATE EVALUATED: 1-11-99
PROPOSED FACILITY: residence
PROPOSED DESIGN FLOW (.1949) 600
PROPERTY SIZE: .5 ± ac
LOCATION OF SITE: Hwy 225 Rd
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-4"	gr/scl	Fr/SEAPI 5YR 5/8	748" TO soil wetness	40"	N/A	None	PS .275 gl/Fz IV
		4-40"	SBK/sc	Fi/SEPI 5YR 5/8					
2	LS	0-6"	gr/scl	Fr/SEXCPI 5YR 5/8	748" TO soil wetness	46"	N/A	None	PS .275gl Fz IV
		6-48"	SBK/sc	Fi/SEXPI 5YR 5/8					
3	LS	0-4"	gr/scl	Fr/SEAPI 5YR 5/8	748" TO soil wetness	46"	N/A	None	PS .391 Fz IV
		4-48"	SBK/c	Fi/SEAPI 5YR 5/8					
4	LS	0-3"	gr/scl	Fr/SEAPI 5YR 5/8	743" TO soil wetness	43"	N/A	None	PS .391 Fz IV
		3-43"	SBK/sc	Fi/SEXPI 5YR 5/8					
5	LS	0-4"	gr/scl	Fr/SEAPI 5YR 5/8	748" TO soil wetness	48"	N/A	None	PS .391 Fz IV
		4-36"	SBK/c	Fi/SEXPI 5YR 5/8					
		36-48	SBK/scl	Fr/SEAPI 5YR 5/8					
5	LS	0-4"	gr/scl	Fr/SEAPI 5YR 5/8	748" TO soil wetness	48"	N/A	None	PS .391 Fz IV
		4-48"	SBK/c	Fi/SEAPI 5YR 5/8					

DESCRIPTION	INTIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	LS
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W. R. Mullis 1-13-99
OTHER(S) PRESENT: LSS

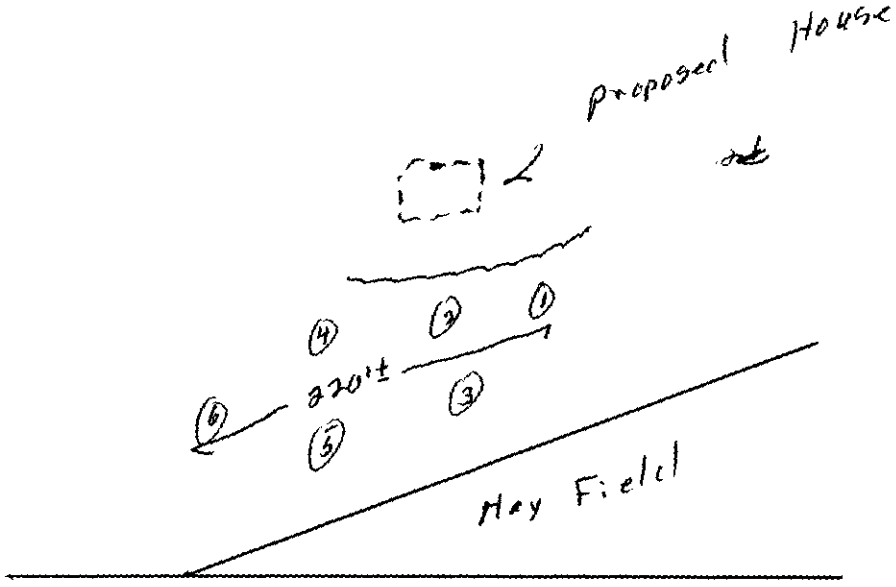
FILE # 27943

COMMENTS System would need pump. not sure of M.U.A. depth

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	



CN# 119

FEE: 100.00 + 50
DATE: 12/21/98

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 #: 2794B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 011 - 141 - 01 001

STREET ADDRESS: Hiwassee Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

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: 8000

NUMBER OF BEDROOMS: 5 NUMBER OF OCCUPANTS: 4

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:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Mayes (LAST) Betty (FIRST) W. (MI)	NAME: Edwards (LAST) Danny (FIRST) J (MI)
ADDRESS: 12239 Mayes Rd.	DAYTIME PHONE: ( ) 892 - 6556
CITY: Huntersville STATE: N.C. ZIP: 28051	996 - 0117
DAYTIME PHONE: ( ) —	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? JAN. 1975

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: Danny Edwards DATE: 12-21-98

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

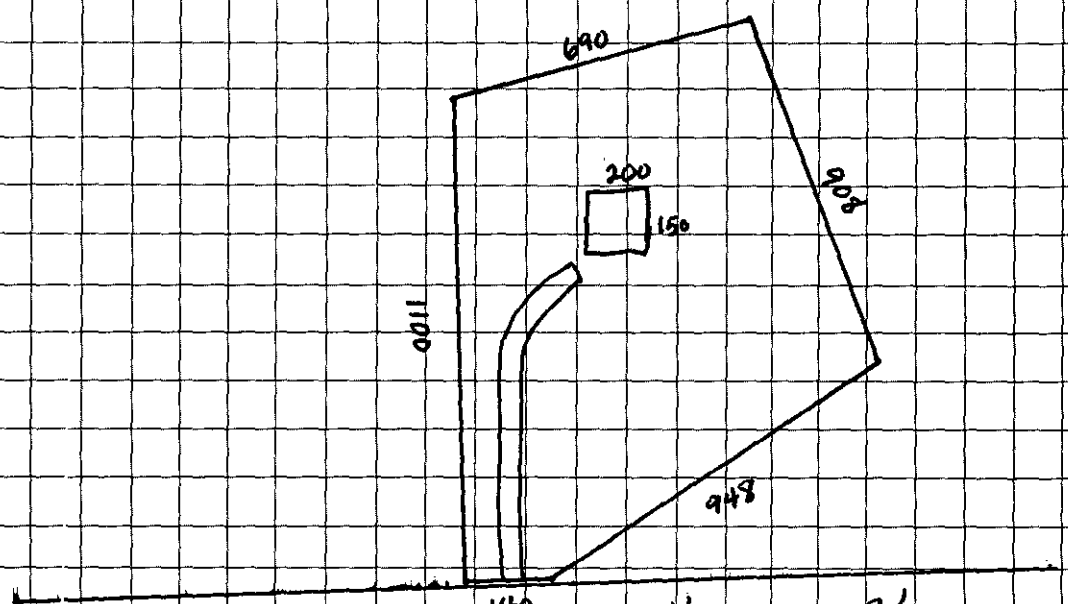
PROPOSED PLOT PLAN

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

FILE: 2794B

TC: 011-141-01

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.



1" = 400 Feet

Danny Edwards
OWNER/AGENT SIGNATURE

DATE 12-21-98

APPROVAL DATE _____

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

11,185 feet

PG. 08

PG. 08

FLOOD-PLAIN

1238.08 & CREEK TOTAL

12.263 AC.
12

599.68

990.9

10
9.899AC

875.75

43.3955 AC
13

373.65

567.96

5.509 AC
17

664.63

385

CREEK

BLOCK

932.99 LINE

RAMAH

313.5

FLOOD-PLAIN

10
106.487 AC.

788.7

141

1389

650±

1031.25 (990)

245

280.5

251.63

750±

274.89

189.41±

1

558.18

465.07±

CEMETERY
4.733 AC. (CA)
2

583.51±

438.06±

311.02±

RAMAH CHURCH RD.

PG. 15

551.05

3.199 AC.
9

1039.5

676.15

429.43

690.42

23.18 AC NET
.45 AC R/W
23.63 AC TOTAL
4

635.46

324.23

142

908.91
854.24

27.816 AC.
1

1530.11±

1100.45±

459.32
455.23
3.065 AC
20

246.32

595.45

42.54

730.01
60' ESMT.

779.69
45' ESMT.

15' ESMTS (INCL. IN DEEDS)
997.34
60' ESMT.

11.104 AC
9

668.86

PG. 13

300

5.016 AC.

728.39

8

300

209.05

4.12 AC.

141.15

6

216.74

7

659.52±

4 AC

480±

12.261 AC.
16

730.67±

730.72±

11

1.71 AC

212.71±

512.13

685.56±

880±

HIWASSEE RD.

#2426

BK. 19-24

TAX LINE MAP	BOOK 11 PAGE 14
MECKLENBURG COUNTY, NORTH CAROLINA	
REVISED 6-4-97 AWN	SCALE 1" = 400'

FOR TAX PURPOSES C...

239

2795