

14904 WAYMART LN

19933150

1/4/2008

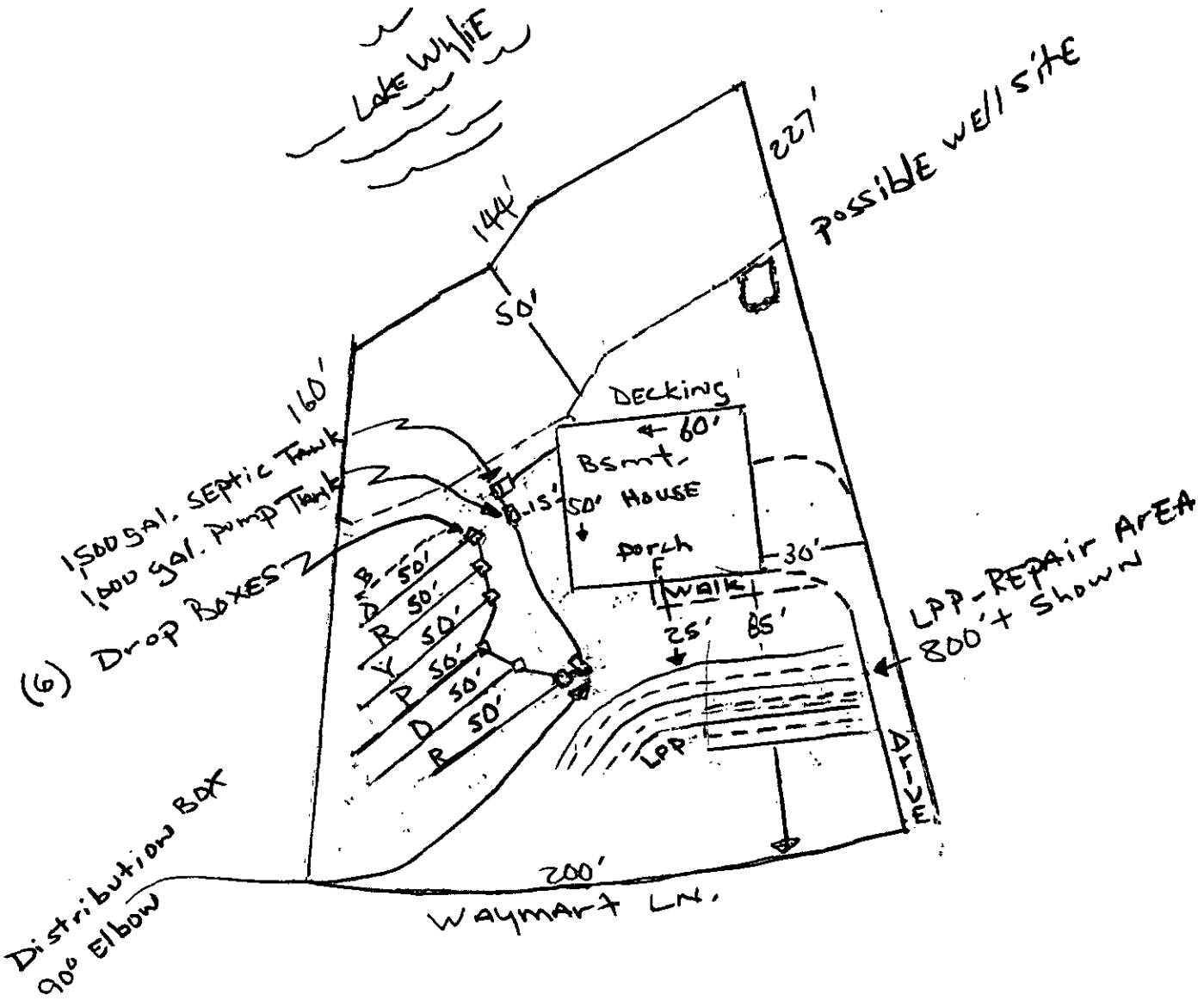
duponbj

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

MCHD.
File: 4224-B
Lot 7

(3) Bedrm. Pumped E-Z Lay Chamber Septic System. Drop Box Distribution, LPP REPAIR.

300' Total
30' E-Z LAY UNITS



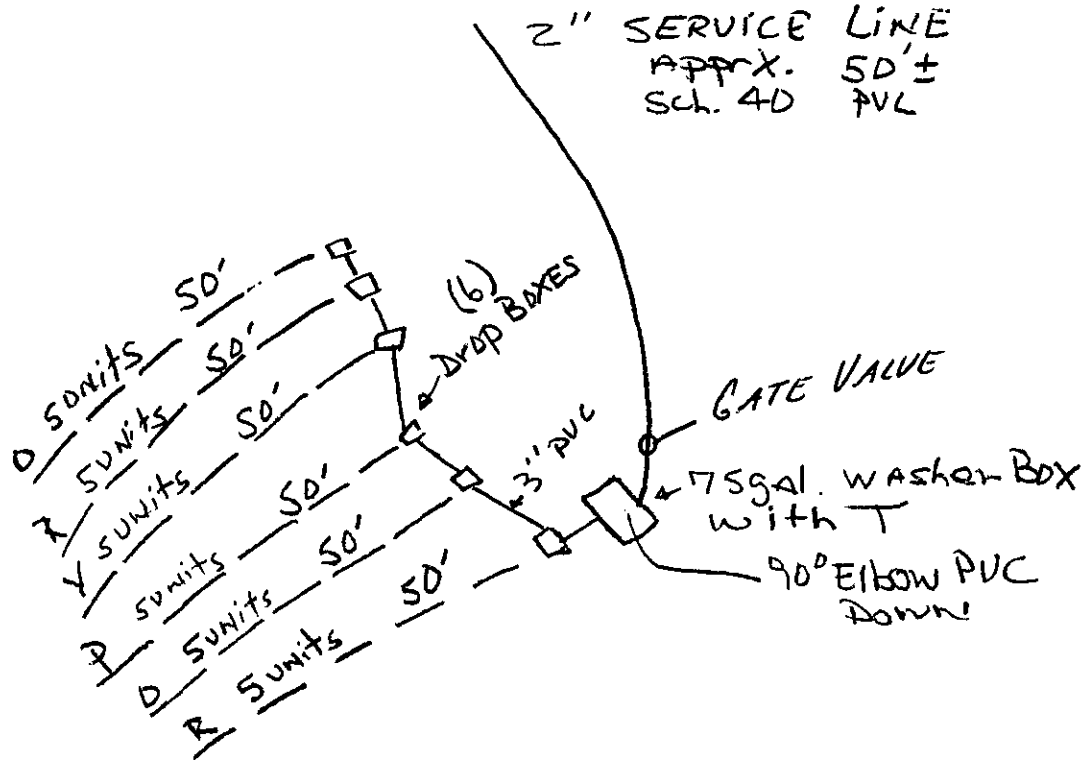
Approved 7/5/00 JPM

I. Whitaker
846-9540
Scale
SD

M.C.H.D.
File: 4224-B
Lot 7

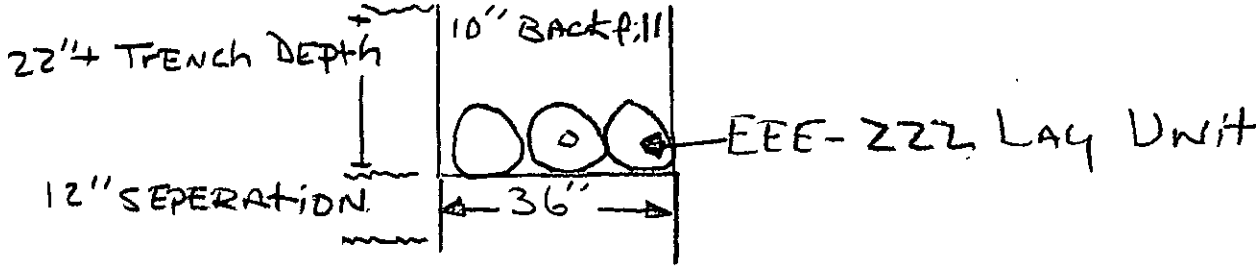
(3) Bedrm. Pumped E-Z Lay Chamber SEPTIC PLAN, SPECS:

— 1,500 gal. SEPTIC TANK Riser/filter Rules Applq. M.C.H.D. pump Tank sheet.
— 1,000 gal. pump TANK
— 1- Distribution Box, M.C.H.D. may require a 75gal. washer BX. with a T, to Distribute to Drop BXES.
— (6) Drop BOXES
— (6) 50' E-Z LAY LINES = 300' Total
— (5) E-Z UNITS PER LINE = 30' UNITS Total



TRENCH Profile

12" Backfill + 2"+ uniform CAP OVER ENTIRE SYS.



T. Whitaker
886-9540
no scale

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

DATE: _____ PERMIT NO: 9224B

PARCEL NO: 199-331-30 PO

JOB LOCATION ADDRESS: 15009 Weymut Lane

PROPERTY OWNER: Mike Ryan

BUILDING CONTRACTOR: Ryder Construction

SUBDIVISION NAME: —

AUTHORIZATION ISSUED BY: Terry T. Mathis DATE: 7/5/00

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 9224B, 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: Agreement forms to be on file before C.O. Release
→ See proposed plot plan design
→ See conditions of Improvement permit.

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

Need:

- Agreement forms
- fees
- signatures

Permit Number: 4224-B

Tax Number: _____

- 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	360 Max gallons/day wastewater flow	900 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
YES Serviced by private well	1500 Gallon septic tank	300' Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	1000 Gallon pump tank	NA Depth of stone	

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

Site modifications required:

Additional Conditions: - Agreement forms to be on file before C.A. Release
- See proposed plot plan design

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

800' Absorption Area (Sq ft) 200' Total Trench Length (Ft)	12" Depth of Stone Trench	5' 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 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.

Jerry L. Mickle 7/5/00

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

IWWS-100195

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

Sheet: _____

Property ID: PO 149-331-30

Lot #: 7

File #: 42248

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Darryl D. Bowles APPLICANT: Mike Ryon

ADDRESS: 15029 Waymart Lane, Charlotte DATE EVALUATED: 5-9-00

PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 360gpd / PROPERTY SIZE: .7

LOCATION OF SITE: Waymart Lane PROPERTY RECORDED: _____

WATER SUPPLY: ☑Private ☐Public ☑Well ☐Spring ☐Other _____

EVALUATION METHOD: ☐Augur Boring ☑Pit ☐Cut

TYPE OF WASTEWATER: ☑Sewage ☐Industrial Process ☐Mixed

PROFILE #	5-15-00 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/sl	Fr/SE/PL/NS/NP	>36" soil wetness	36"	N/A	None	PS .39/ft² LE
		6-30"	sbk/l c	Fr/SE/PL/SS/SP					
		30-36"	sbk/scl	Fr/SE/PL/SS/SP					
2	LS	0-8"	gr/sl	Fr/SE/PL/NS/NP	>46" to soil wetness	34"	US	None	US .39/ft² IV
		8-23"	sbk/sc	Fr/SE/PL/SS/SP					
		23-34"	sbk/scl	Fr/SE/PL/SS/SP					
		34-48"	m/scl	Fr/SE/PL/SS/SP					
3	LS	0-2"	gr/scl	Fr/SE/PL/SS/SP	>50" to soil wetness	35"	US	None	US III .29/ft² (LPP)
		2-23"	sbk/scl	Fr/SE/PL/SS/SP					
		23-35"	m/scl	Fr/SE/PL/SS/SP					
		35-50"	m/sl	Fr/SE/PL/NS/NP					
		50"+	m/sl	VFr/SE/PL/NS/NP					
4	LS	0-5"	gr/scl	Fr/SE/PL/SS/SP	>44" to soil wetness	24"	US	None	US III .29/ft² (LPP)
		5-24"	sbk/scl	Fr/SE/PL/SS/SP					
		24-44"	m/scl	Fr/SE/PL/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.R. Marks LSS 5-15-00

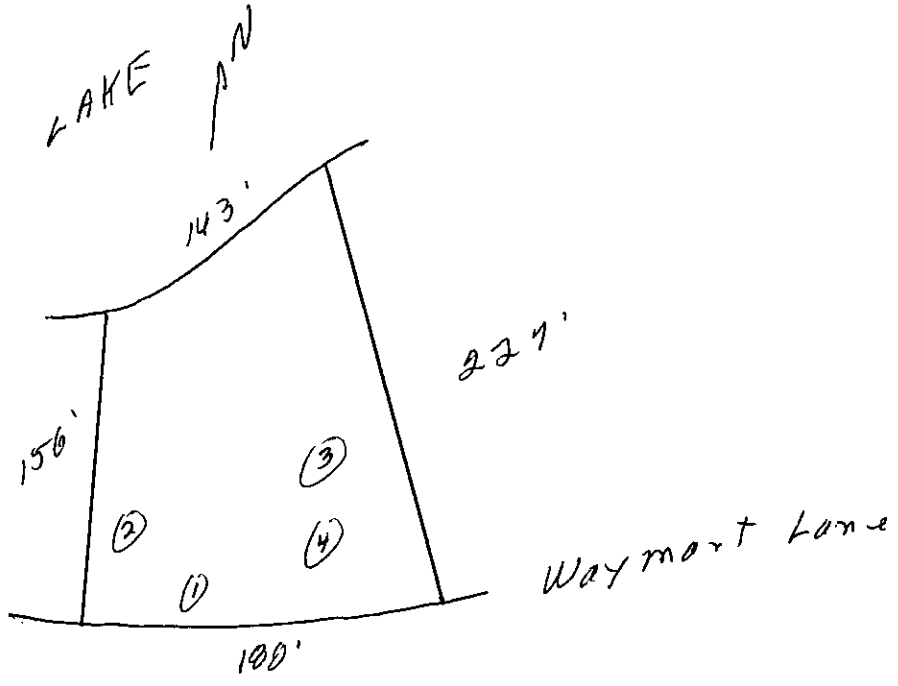
OTHER(S) PRESENT: T. Whitaker

FILE # 42243

COMMENTS 1006 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	



FEE: 200.00 CK # 10934

DATE: 5/10/04

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

Prod. Update 100.00 CK # 10716 [ ] 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 #: 42348 4/10/04

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 199-331-30PP

STREET ADDRESS: Waymart Ln

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 7

TOWNSHIP (CHECK ONE):

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

CLOSING DATE 3/30/2004

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: 3 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	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: Bowles (LAST) Darryl (FIRST) (MI)	NAME: Ryan (LAST) Mike (FIRST) (MI)
ADDRESS:	DAYTIME PHONE: ( ) 361 - 1084
CITY: STATE: ZIP:	
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: 3/6/2004

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

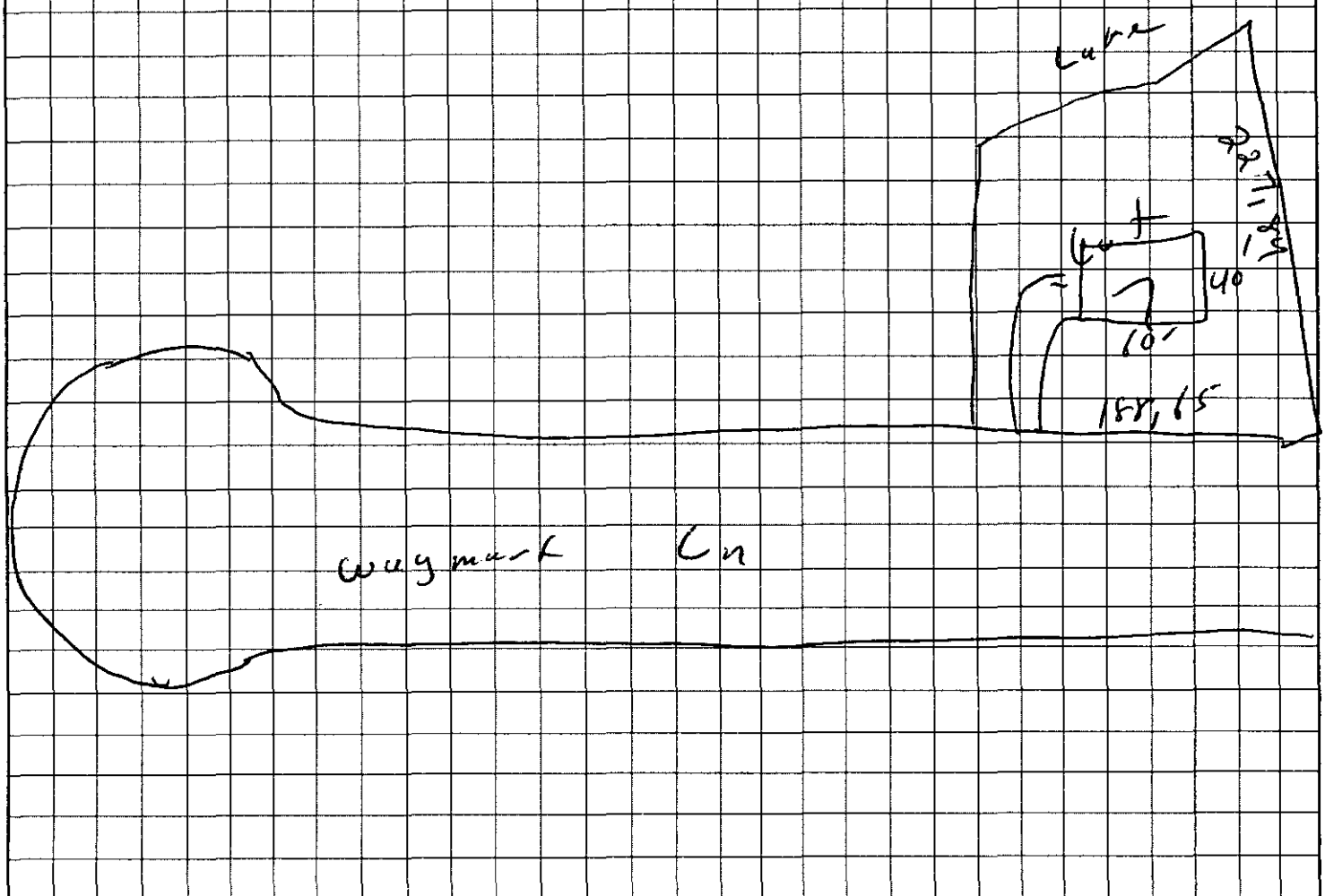
PROPOSED PLOT PLAN

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

FILE: 4/224B

TC: 199-331-3012

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 3/6/12

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

Sheet: _____

Property ID: 00199-331-36

Lot #: 7

File #: 42243

AS #2

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Darryl Bowles APPLICANT: Mike Ryon

ADDRESS: 15029 Waymont Lane, Charlotte DATE EVALUATED: 3-14-00

PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 360gpd PROPERTY SIZE: .7±

LOCATION OF SITE: Waymont Farm 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 0%	0-3"	gr/scl	Fr/SEXPl SS/SP	2.5Y6/1 @ 7"	26"	N/A	None	US
		3-9"	SBK/scl	Fi/SEXASP					
		9-26"	SBK/AAM/sc	VFi/Mixed/SS/SP					
2	LS 10%	0-4"	gr/scl	Fr/SEXPl SS/SP	7.23" TO soil wetness	23"	N/A	None	US IV
		4-23"	SBK/c	Fi/SEXASP					
3	LS 15%	0-2"	gr/scl	Fr/SEXPl SS/SP	7.5" TO soil wetness	15"	N/A	None	US IV
		2-15"	SBK/sc	Fi/SEXPl 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. Marks LSS 3-16-00

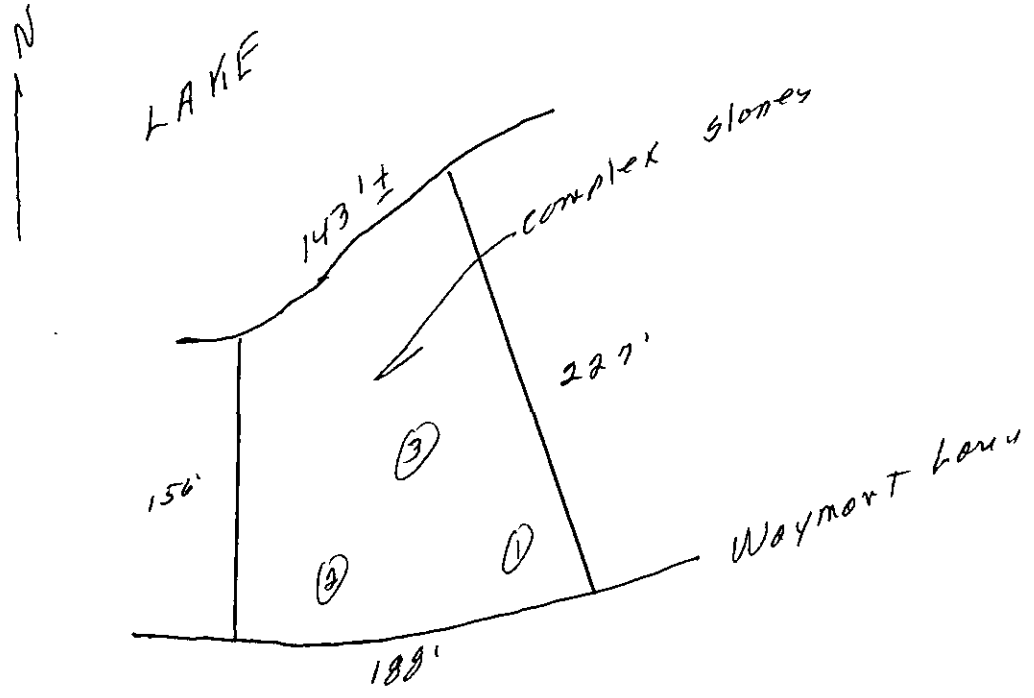
OTHER(S) PRESENT: _____

FILE # 42249

COMMENTS 100% Replant

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	



4224B #2488 Application # 7555

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. **SEPTIC / TYPE APPLICATION:** ○ N/A ◉ NEW SYSTEM ○ ALTERATION ○ REPAIR ○ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ◉ N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: 19933150
STREET ADDRESS: 14904 Waymart Lane
CITY: Charlotte
STATE: NC ZIP: 28278
SUBDIVISION NAME: Copper Cove
LOT #: 7 LOT SIZE (acres): 0.71
TOWNSHIP:

○ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ◉ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. **BUILDING INFORMATION:**

BUILDING TYPE:

○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
◉ HOUSE ○ OTHER _____

HEATED SQUARE FOOTAGE: 2,500
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 8

FOUNDATION TYPE:

○ CONCRETE SLAB ◉ BASEMENT WITH PLUMBING
○ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☑ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. **WATER SUPPLY:** ○ MUNICIPAL ◉ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. **PROPOSED USE OF WELL:** ○ N/A ○ IRRIGATION ◉ POTABLE (DRINKING WATER) ○ OTHER _____

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED):*

☐ N/A ☑ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. **RANK:** ____ ____ ____ ____ ____

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	○ YES ◉ NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ◉ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	○ YES ◉ NO	JURISDICTIONAL WETLANDS	○ YES ◉ NO
WELLS, SPRINGS, OR WATER LINES	○ YES ◉ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ◉ NO
EASEMENTS OR RIGHT-OF-WAYS	◉ YES ○ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ◉ NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ◉ NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ◉ NO
WASTE STORAGE	○ YES ◉ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ◉ NO

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** 6/30/00 ☐ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____ ☑ N/A

12. **PROPERTY OWNER:**

NAME: Charles Myers
ADDRESS: 200 Providence Road #200
CITY: Charlotte
STATE: NC ZIP: 28207
WORK PHONE: (704) 991-1279
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

NAME: Michael Athanas and Associates
ADDRESS: 561 Ennis Road
CITY: Weddington
STATE: NC ZIP: 28173
WORK PHONE: _____
MOBILE PHONE: (704) 576-3887
FAX: _____
E-MAIL: scott@michaelathanas.com

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

SK (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

Matt Kennedy — 6/15/15

Property Owner's or Owner's Legal Representative Signature — Date

---

OFFICE USE ONLY

○ SURVEY PLAT TO SCALE SUBMITTED ○ SCALED SITE PLAN SUBMITTED ○ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $_____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $_____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 15014Waymart Lane Tax Parcel #: 19933146

Subdivision Name: Copper Cove Lot #: 1

See Attached

Property Owner's or Owner's Legal Representative Signature

6/15/15
Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

MECKLENBURG COUNTY
Health Department

E. Winters Mabry, MD
Director

(704) 432-3199

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.
2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.
3. I acknowledge that Michael Williams and Associates is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

Waymart Lane Charlotte
Number Street Town
(Or Parcel Number)

Charles N. Myers
Property Owner (print name)

Charles N. Myers
Property Owner (signature)

4-20-15
Date

DAS DON ALLEN & ASSOCIATES, P. A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

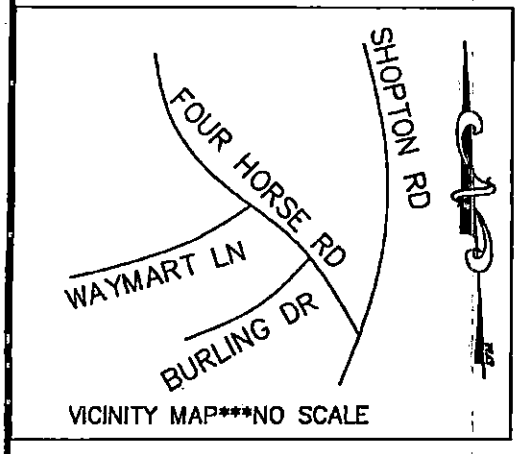
I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 11393, page 818, and/or plat book 34, page 102, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 2, day of FEB, A.D. 20 15.

WILLIAM M. ALLEN

NORTH CAROLINA PROFESSIONAL SEAL L3499 LAND SURVEYOR WILLIAM M. ALLEN

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C2	565.50'	188.65'	N 84°42'21" E	187.78'

LINE TABLE		
LINE	BEARING	LENGTH
L28	N 57°19'00" E	28.39'
L29	N 69°08'00" E	19.42'
L30	N 36°41'00" E	25.63'
L31	N 56°50'45" E	70.08'



MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	06/16/15	**Amount:**	250.00
Receipt #:	95082	**Tendered:**	250.00
Check / Auth #:	CHECK 1135	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: MICHAEL ATHANAS & ASSOCIATES, I
Attn:
Address: 561 ENNIS RD
Address:
City/State/Zip: WAXHAW, NC 28173

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 14904 WAYMART LANE		1	250.00	250.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

Supervisor/Administrative Professional Checklist

New Septic ☒ **New Well** ☐ **Use Existing** ☐ **Alteration** ☐ **Modified Plot Plan** ☐

New Septic Fees Paid:

IP ($250.00) LE 6/16/15 Initials/Date

CA ($200.00) _____ Initials/Date

OP ($200.00) _____ Initials/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 _____ Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid)_____ Initials/Date

Modified Plot Plan Fee Paid: $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☐ Reviewed ☐ ____

This site is served by septic and well. Verify each is complete before final hold is released. ☐

Septic file completed. ☐ _____ Well file completed. ☐ _____

Send permit for signature. ☐ Signature received. ☐ _____

This septic system requires a certified operator contract before final hold is released. ☐

Certified operator contract is on file. ☐ _____

FEE: 200 CK# 10434
DATE: 3/6/00 SC

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

2nd Lot Waymart Lane 3/16/00 I J 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 #: 42188

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 199-331-90PA

STREET ADDRESS: Waymart Lane

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 1

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2500 sq ft

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS:

CLOSING DATE 3/30/2000

FOUNDATION FOR RESIDENCE:

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

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: Bowles Daryl (LAST) (FIRST) (MI)	NAME: (LAST) Ryon (FIRST) Mike (MI)
ADDRESS: Waymart Ln	DAYTIME PHONE: ( ) 361 - 1084
CITY: STATE: NC ZIP:	
DAYTIME PHONE: (704) 361 - 1084	

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: 3/6/2000

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

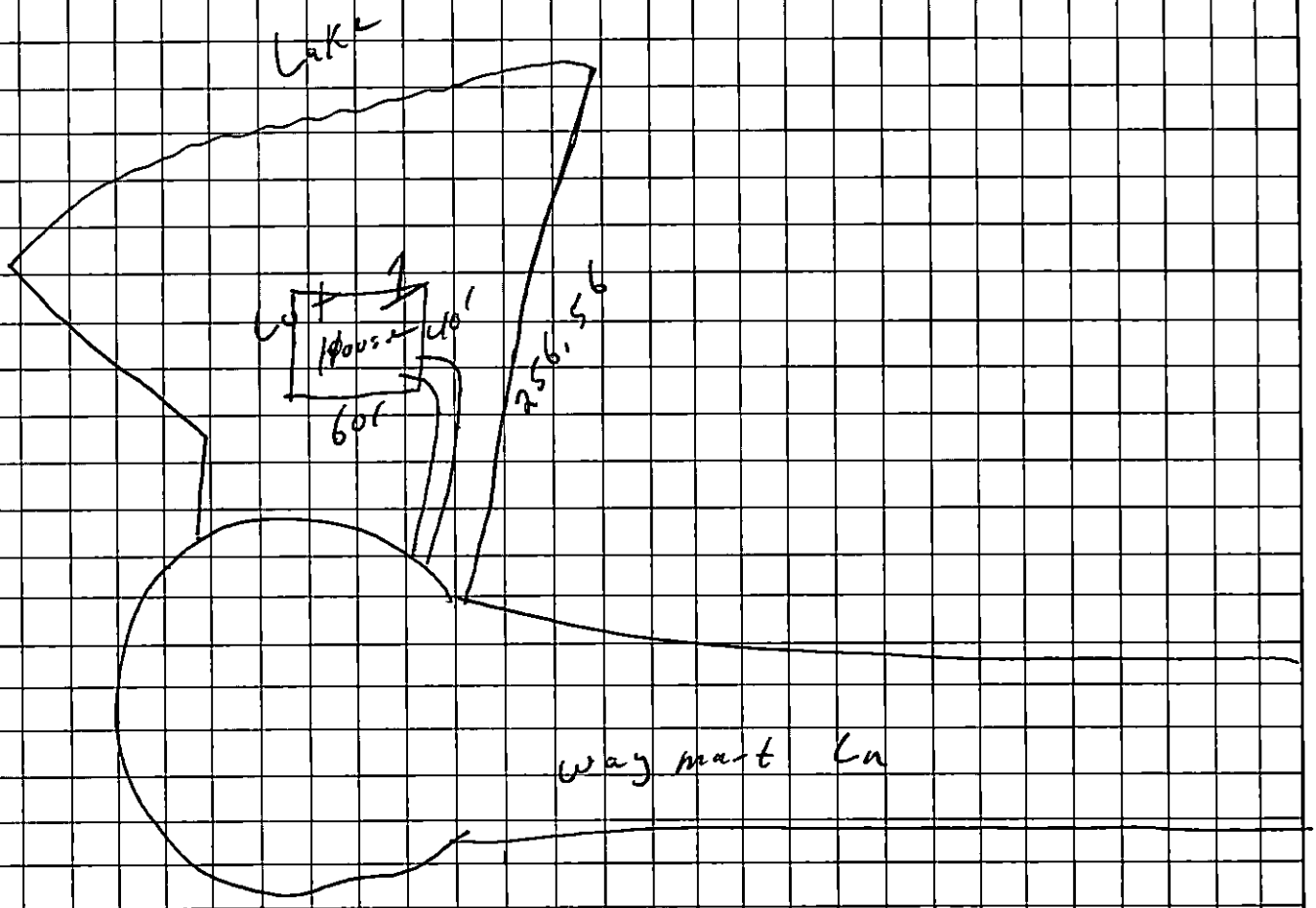
PROPOSED PLOT PLAN

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

FILE: 42/8B

TC: 199-331-5092

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.

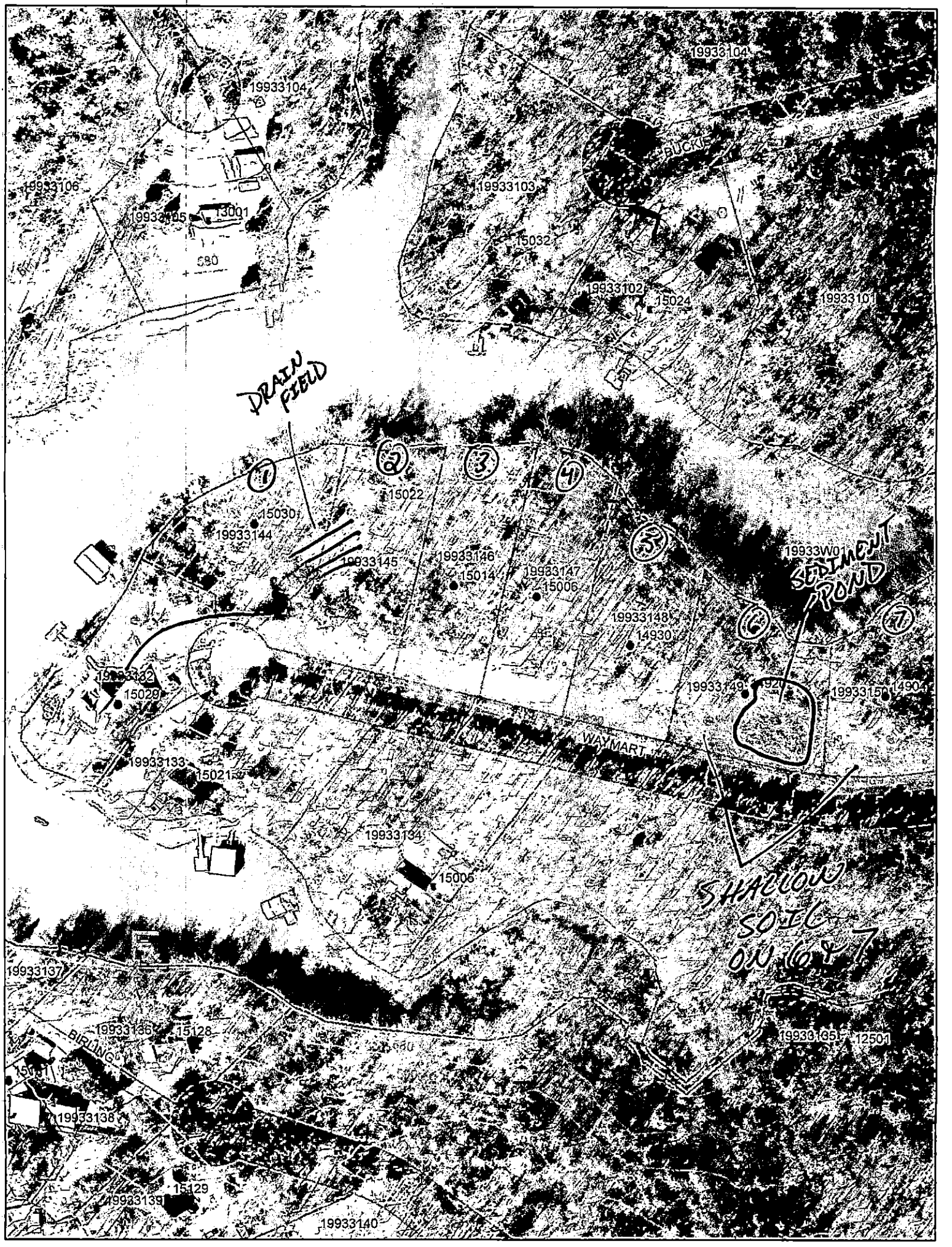


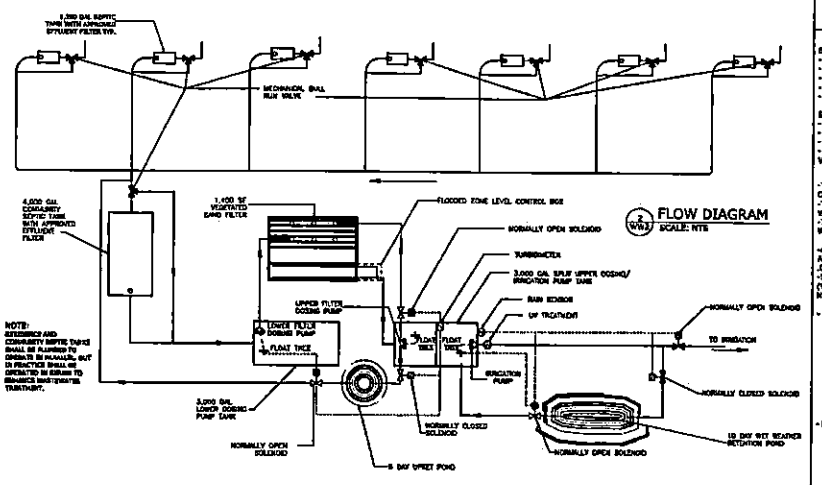
OWNER/AGENT SIGNATURE

DATE 3/6/2020

APPROVAL DATE _____

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


19933104
19933104
19933106
19933105
13001
580
19933103
15032
19933102
15024
19933101
BUCKI
DRAIN FIELD
1
2
3
4
5
6
7
15022
15030
19933144
19933145
19933146
15014
19933147
15006
19933148
14930
19933W01
SEDIMENT POND
19933149
19933150
19933132
15029
19933133
15021
WAYMART
19933134
15006
SHALLOW SOIL OU 6 & 7
19933137
19933136
15128
19933135
12501
19933138
15129
19933139
19933140



2 WW2 FLOW DIAGRAM
SCALE: NTS

SETBACKS AND REGULATORY INFORMATION

SETBACK FOR TREATMENT AND STORAGE UNITS SHALL BE AS FOLLOWS:
- 100' FROM ANY OFF-SITE RESIDENCE,
- 50' FROM PROPERTY LINE,
- 100' FROM ANY WELL OR PUBLIC WATER SUPPLY,
- 50' FROM ANY SURFACE WATER (PER 15A NCAC 18A .1950)
- 5' FROM ANY BUILDING FOUNDATION (PER 15A NCAC 18A .1950)

SETBACK FOR IRRIGATION AND UTILIZATION AREAS SHALL BE AS FOLLOWS:
- 25' FROM SURFACE WATERS NOT CLASSIFIED SA,
- 100' FROM SURFACE WATERS CLASSIFIED AS SA,
- 100' FROM ANY WELL,
- 10' FROM ANY PROPERTY LINE (PER 15A NCAC 18A .1950)

VERIFICATION OF THESE SETBACKS TO BE PERFORMED BY CONTRACTOR.

-THERE ARE NO WELLS, STREAMS, SPRINGS, LAKES, OR PONDS WITHIN 100 FT OF WASTEWATER TREATMENT, STORAGE AND UTILIZATION
-THERE ARE NO SITE PROPERTY BOUNDARIES WITHING 100 FEET OF WASTEWATER TREATMENT, STORAGE AND UTILIZATION
-THERE ARE NO MAINTABLE RESIDENCES OR PLACES OF PUBLIC ASSEMBLY WITHIN 100 FEET OF WASTEWATER TREATMENT, STORAGE AND UTILIZATION

-ALL PIPING SHALL MEET PIPING AND INTEGRITY TESTING PROCEDURE IN ACCORDANCE WITH 15A NCAC 18C, FULFILLING REQUIREMENTS IN 15A NCAC 02T .0909 (H)(I)
-SEWER AND RECLAIMED WATER LINES WILL BE LOCATED AT LEAST (VERTICAL-RECLAIMED OVER SEWER) 2 FEET AND (HORIZONTAL) 10 INCHES 15A NCAC 02T .0303 (F), FULFILLING REQUIREMENTS IN 15A NCAC 02T .0809 (J)

- COMPLIANCE BOUNDARY
PER 15A NCAC 02L .0107(c) - FOR DISPOSAL SYSTEMS INDIVIDUALLY PERMITTED ON OR AFTER DECEMBER 30, 1983, A COMPLIANCE BOUNDARY SHALL BE ESTABLISHED 250 FEET FROM THE WASTE BOUNDARY, OR 50 FEET WITHIN THE PROPERTY BOUNDARY, WHICHEVER POINT IS CLOSER TO THE SOURCE.

PER 15A NCAC 02L .0107(j) - FOR GROUND ABSORPTION SEWAGE TREATMENT AND DISPOSAL SYSTEMS WHICH ARE PERMITTED UNDER 15A NCAC 18A .1900, THE COMPLIANCE BOUNDARY SHALL BE ESTABLISHED AT THE PROPERTY BOUNDARY.

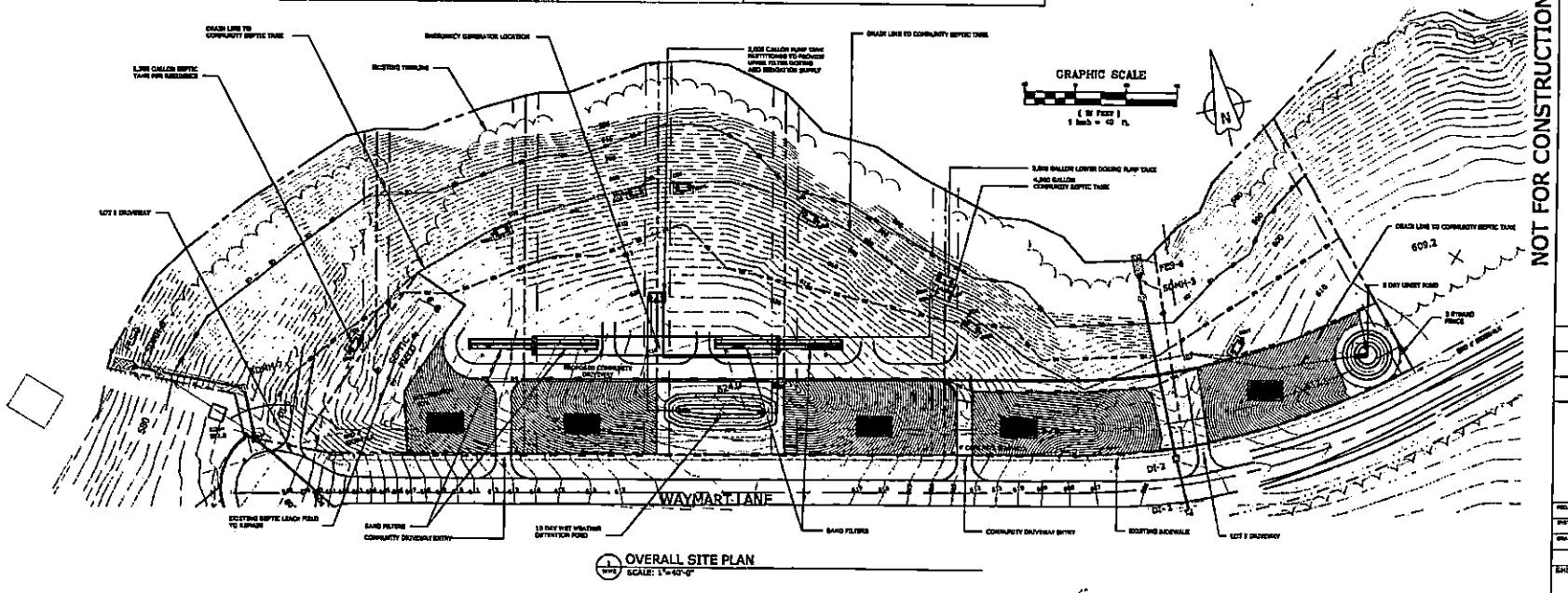
- REVIEW BOUNDARY
PER 15A NCAC 02L .0108 - A REVIEW BOUNDARY IS ESTABLISHED AROUND ANY DISPOSAL SYSTEM HALFWAY BETWEEN THE COMPLIANCE BOUNDARY AND THE WASTE BOUNDARY.

PLAN NOTES

1. SEPTIC TANK TO HAVE APPROVED EFFLUENT FILTER.
2. LOCATION OF EXISTING BUILDINGS SHOULD BE LOCATED PER LOCAL ORDINANCE BY THE CONTRACTOR.
3. WETTED AREA TO PROPERTY LINE BASED ON NONCONJUNCTIVE REUSE.
4. CONTRACTOR SHALL BACKFILL AROUND ALL ACCESS AREA SUCH THAT STORM WATER IS DIRECTED AWAY FROM POTENTIAL ENTRY POINTS.
5. LEAKAGE TESTING SHALL BE PERFORMED ON ALL CONCRETE TANKS USING EITHER THE STATIC WATER OR VACUUM TEST METHODS. EXFILTRATION SHALL NOT EXCEED 20 GAL/1000 GAL OF TANK CAPACITY IN ANY TWENTY FOUR (24) HOUR PERIOD.
6. INVERT ELEVATION OF BUILDING SEWER AND SEPTIC TANKS TO BE DETERMINED IN FIELD BY CONTRACTOR TO ENSURE PROPER OPERATION.
7. AREA OVER TANK TO BE FILLED AS NECESSARY TO PROVIDE ADEQUATE COVER AND SHED WATER FROM OPENINGS.
8. PUMPS SHOULD BE AUTOMATICALLY OPERATED WITH ONLY "EMERGENCY" MANUAL ON/OFF CONTROLS.
9. REDUNDANT AUDIBLE/VISUAL ALARMS SHALL BE LOCATED IN THE BUILDING OR ON THE EXTERIOR WHERE THEY CAN BE EASILY SEEN OR HEARD.
10. SEPTIC TANK INSTALLED SHALL BE APPROVED BY THE N.C. DIVISION OF WATER QUALITY (DWQ) FOR THE INTENDED USE.
11. MANUFACTURERS' COMPONENT SPECIFICATIONS AND RECOMMENDED INSTALLATION PROCEDURES SHALL BE FOLLOWED.
12. ALL CONDUITS ENTERING INTO CONTROL PANELS SHALL BE SEALED TO PREVENT CONDENSATION INTO THE CONTROL PANEL.
13. ACTUAL INVERT ELEVATION TO BE VERIFIED/SET BY CONTRACTOR TO ENSURE PROPER FLOW.
14. SEWER LINES MAY CROSS WATER LINE IF 18 INCHES OF CLEAR SEPARATION DISTANCE IS MAINTAINED, WITH THE SEWER LINE PASSING UNDER THE WATER LINE. WHEN CONDITIONS PREVENT AN 18 INCH CLEAR SEPARATION FROM BEING MAINTAINED OR WHENEVER IT IS NECESSARY FOR THE WATER LINE TO CROSS UNDER THE SEWER, THE SEWER LINE SHALL BE CONSTRUCTED OF FERROUS MATERIALS EQUIVALENT TO WATER MAIN STANDARDS FOR A DISTANCE OF AT LEAST TEN FEET ON EACH SIDE OF THE POINT OF CROSSING, WITH FULL JOINTS OF PIPE CENTERED AT THE POINT OF CROSSING. (SOURCE: DPH, 15A NCAC 18A/1350, 10 (F).
15. SHOP DRAWINGS SHALL BE SUBMITTED FOR REVIEW, APPROVAL AND INCLUSION IN THE PROJECT PACKAGE.

LEGEND

- PROPERTY BOUNDARY
- SETBACK
- RIGHT OF WAY
- EXISTING TOPO - MINOR
- EXISTING TOPO - MAJOR
- COMPLIANCE BOUNDARY
- REVIEW BOUNDARY
- WASTE BOUNDARY
- SEPTIC LINES
- FENCE
- IRRIGATION AREAS



1 WW2 OVERALL SITE PLAN
SCALE: 1"=40'-0"

NOT FOR CONSTRUCTION

IWS Integrated water stewardship

BIG WOODS ENERGY ENGINEERING
A. CRAIG GAMMARINO, PE,LEED AP
271 COX STORE ROAD
FLOYD, VA 24091
Engineer
276.734.5180

WAYMART LANE COMMUNITY

LAKE WYLIE, WAYMART LANE
CHARLOTTE, NORTH CAROLINA
MECKLENBURG COUNTY

REVISION HISTORY

SITE PLAN

PROJECT NUMBER
SYSTEM DESIGNER: CMS
DRAWN BY | DRAWING DATE

SHEET NUMBER
WW2
OF
8