

10005 ARLINGTON OAKS DR

13928124

1/7/2008

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

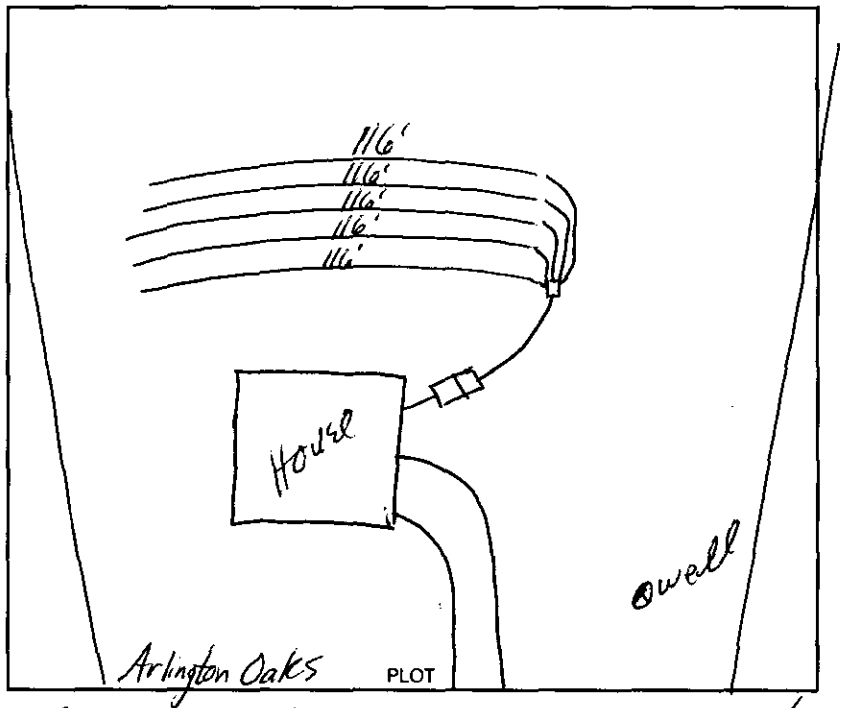
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4617B/4618B DATE: 11/25/02
TC: 139-281 ☐ L ☐ CRT
SERIAL Nº 18951

Name of Owner Mark Nichols Juris.:
Address of Property 10005 Arlington Oaks Drive

Inspection Data:

Tank Material PCC
Total Length of Drainfield 580
Number of Lines 5 @ 116'
Cover Depth 16-18"
Water Supply Source Well
Distance to Water Source >75'
Excavation Inspected 11/25/02
Tank(s) Inspected 11/25/02
Wash Line Inspected NA
High Water Alarm Inspected NA



Design 1500 ST, 1740 SFT, CON, 12" Stone CTR# Jamie/Tucker

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: Four Bedroom House
5 lines x 116' x 3' x 12" Stone
Type II Conventional System

Tracy Nichols R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

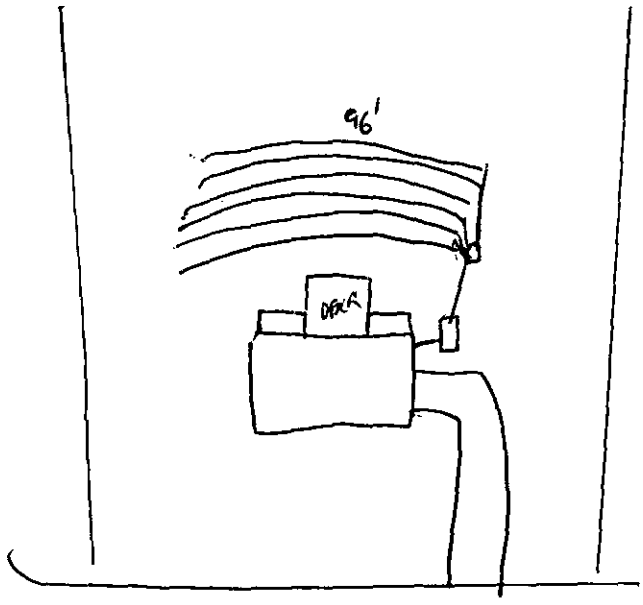
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4617B/4618B DATE: 11-18-02

TC: 439-251-94 L

SERIAL 19235

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 9-20-02. All work shall be completed on or before _____, 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 30"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 550 feet

Number of Lines 6

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 50' feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER MARK NICHOLS

LOCATION OF PROPERTY ARLINGTON OAKS DRIVE LOTS 24, 25 COMBINED

Comments: (1) CONTRACTOR HAS OPTION OF INSTALLING 5 110' LINES

Environmental Health Specialist

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

FEE: 300 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** 105 X
DATE: 5/10/02 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 5-10-02 PERMIT NO: _____
PARCEL NO: 139-261-24

JOB LOCATION ADDRESS: 10005 ARLINGTON OAKS DRIVE
PROPERTY OWNER: RAYMOND P. BEIL
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: ARLINGTON OAKS, LOTS 24, 25
AUTHORIZATION ISSUED BY: _____ DATE: 5-10-02
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

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

_____ 5.10.02
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

DATE: 5/10/02

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION: MECK

139-281-24

PARCEL NUMBER

10005 ARLINGTON OAKS DR

ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

LOTS 24&25

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A

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. COMERCIAL 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 SINGLE FAMILY HOME

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 FORMAS OBSOLETE
— NEW ADDRESS
REVISED 1/91

SIGNED: _____

FEE: 100 change in plot plan
DATE:

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

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

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

FILE #: 4618 / 42189

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 134-281-24

STREET ADDRESS: Arlington Oaks Dr.

SUBDIVISION OR MOBILE HOME PARK NAME: ARLINGTON OAKS

LOT NUMBER: 24 AND 25

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):

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

HEATED SQUARE FOOTAGE: APPROX. 3000

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 4

CLOSING DATE: 2.28.02

FOUNDATION FOR RESIDENCE:

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

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

N/A

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

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
X PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

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

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

PROPERTY OWNER:

NAME: Nichols Mark W. & Lara D.
(LAST) (FIRST) (MI)

ADDRESS: 5234 Shoreview Drive

CITY: Concord STATE: NC ZIP: 28025

DAYTIME PHONE: (704) 785-9678

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: N/A
(LAST) (FIRST) (MI)

DAYTIME PHONE: ~~(704) 785-9678~~

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: Mark W Nichols DATE: 2-20-02

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: 4617 B / 4618 B

TC: 139-281-09

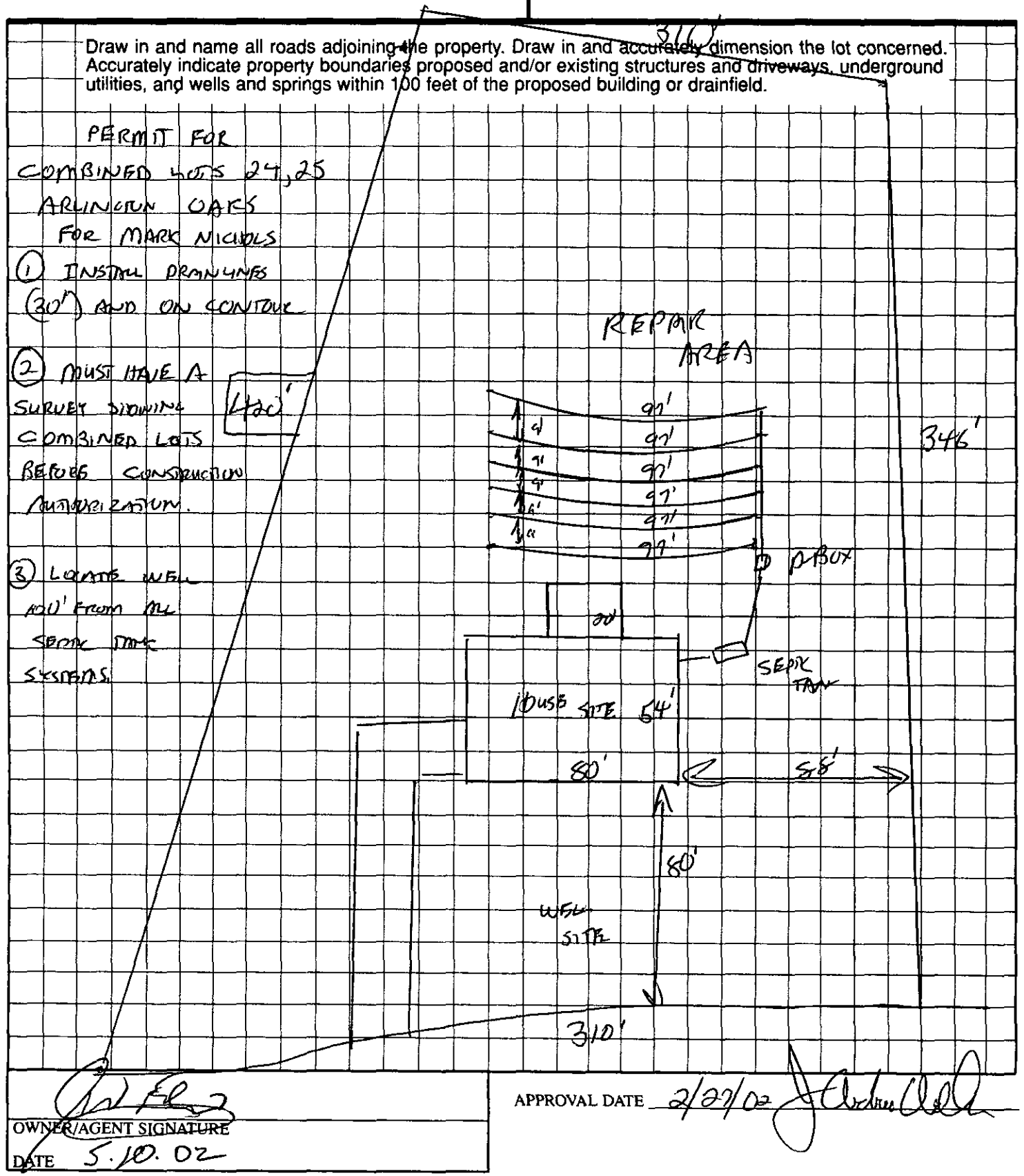
Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.

PERMIT FOR
COMBINED LOTS 24, 25
ARLINGTON OAKS
FOR MARK NICHOLS

(1) INSTALL DRAINLINES (30') AND ON CONTOUR

(2) MUST HAVE A SURVEY SHOWING COMBINED LOTS BEFORE CONSTRUCTION AUTHORIZATION.

(3) LOCATE WELL 100' FROM ALL SEPTIC TANK SYSTEMS.



OWNER/AGENT SIGNATURE

DATE 5.10.02

APPROVAL DATE 2/27/02

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

PROPOSED PLOT PLAN

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

FILE: 4617 B
4618 B

TC: 139-285-09

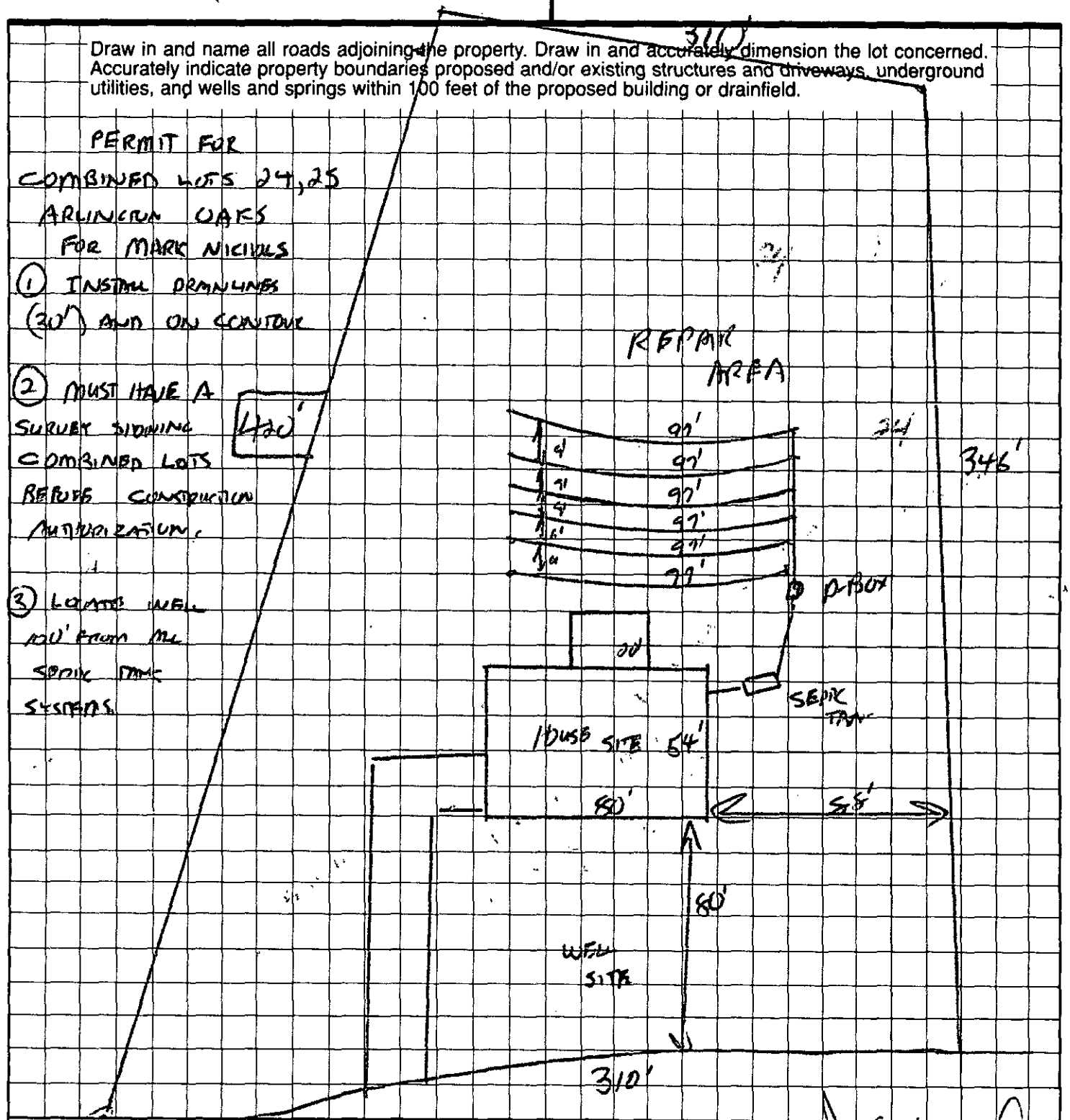
Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.

PERMIT FOR
COMBINED LOTS 24, 25
ARLINGTON OAKS
FOR MARK NICHOLS

(1) INSTALL ORANGE DRIPLINES (30") RUN ON CONTOUR

(2) MUST HAVE A SURVEY SHOWING COMBINED LOTS BEFORE CONSTRUCTION AUTHORIZATION.

(3) LOCATE WELL 100' FROM ANY SEPTIC TANK SYSTEMS



OWNER/AGENT SIGNATURE

DATE 5.10.02

APPROVAL DATE 2/27/02

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

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 4617 & 4618B

Permit 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	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	
225 Long-term acceptance rate	480 Max gallons/day wastewater flow	1945 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
GPS Serviced by private well	1500 Gallon septic tank	581 Total trench length (ft)	30" 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: (1) MUST HAVE SURVEY SHOWING COMBINED LOTS PRIOR TO ISSUING CONSTRUCTION AUTHORIZATIONS

Repair Area System Type 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	
1945 Absorption Area (Sq ft) 581 Total Trench Length (Ft)	12" 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 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 effec 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 Departmen

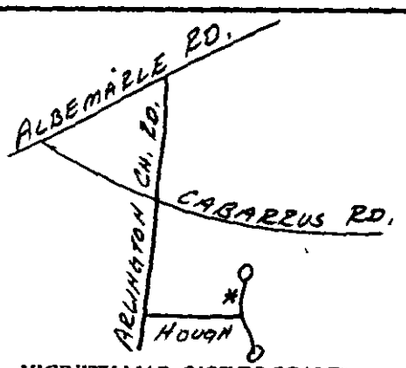
--- This Improvement permit is transferable.

DEHNR Authorized Agent Date

Owner/Agent Signature 5.10.02 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



VICINITY MAP (NOT TO SCALE)

PROPERTY OF

J. W. FLAIR

CLEAR CREEK TWP., CITY OF _____, MECKLENBURG CO., NC

REF: MAP BOOK 36 PAGE 612 LOT NUMBERS 24 & 25

ARLINGTON OAKS

DEED BOOK 12031 PAGE 945 DEED BOOK _____ PAGE _____

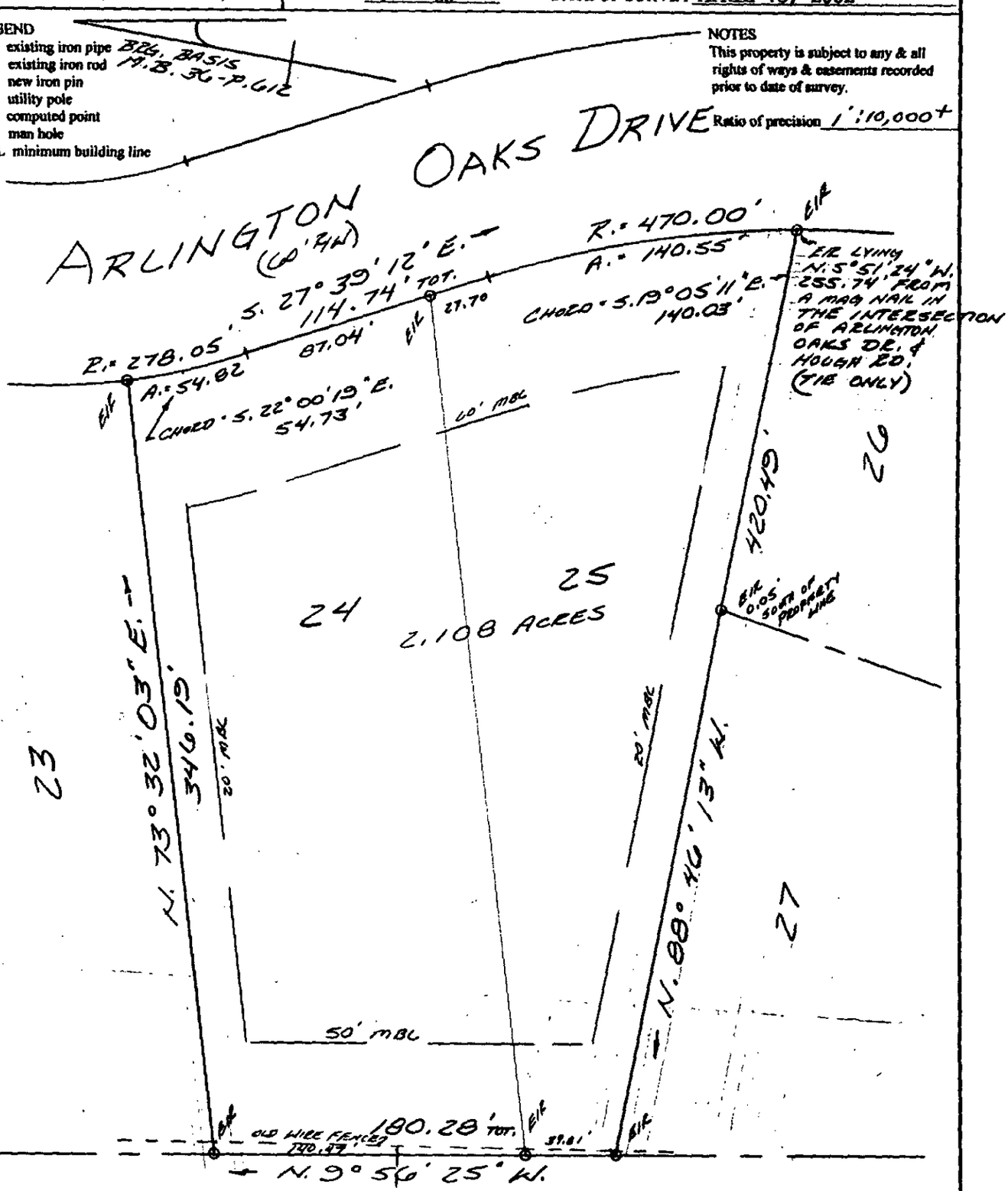
SCALE: 1" = 60' DATE OF SURVEY APRIL 15, 2002

LEGEND
EIP existing iron pipe
EIR existing iron rod
NIP new iron pin
UP utility pole
CP computed point
MH man hole
MBL minimum building line

BRG. BASIS M.B. 36-P. 612

NOTES
This property is subject to any & all rights of ways & easements recorded prior to date of survey.

Ratio of precision 1':10,000+



ROLAND P. BECK & MARGIE H. BECK
2095-31

THIS IS TO CERTIFY THAT THE ABOVE PROPERTY WAS SURVEYED ON THE 15th DAY OF APRIL, 2002,
THAT THERE IS LOCATED ON THE PROPERTY A RESIDENCE, AND THAT SAID RESIDENCE LIES AS SHOWN.

THE ABOVE PROPERTY is not LOCATED IN A FLOOD HAZARD AREA.

NORTH CAROLINA PROFESSIONAL LAND SURVEYOR ROBERT D. FAGGART

SEAL L-3117

ROBERT D. FAGGART PLS L-3117

ROBERT D. FAGGART PLS
5449 COLD SPRINGS RD. SOUTH
CONCORD, NC 28025
PHONE: 704-786-0641

ORIGINAL SEAL & SIGNATURE WILL APPEAR IN RED

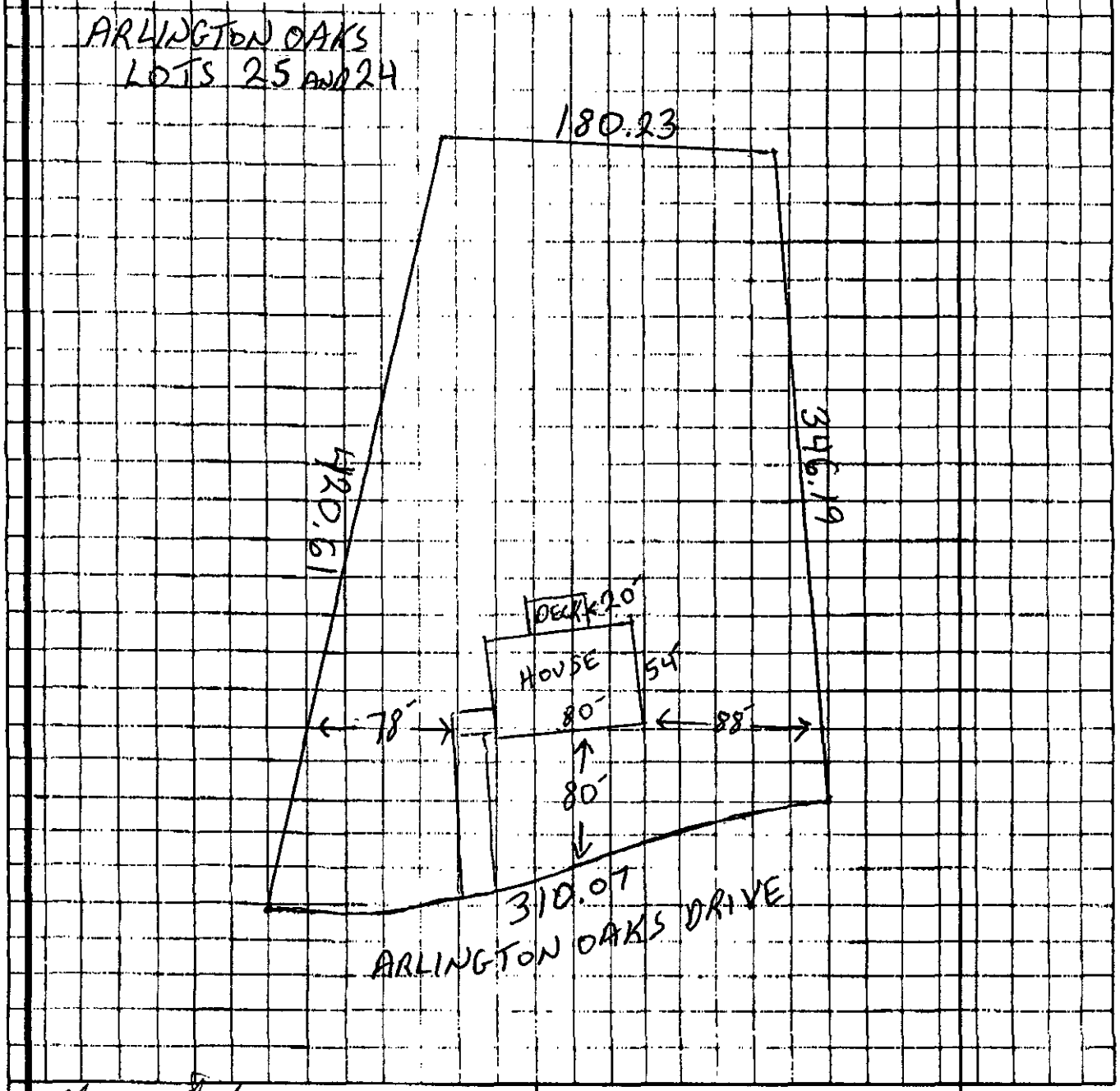
PROPOSED PLOT PLAN

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

FILE: _____

TC: _____

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.

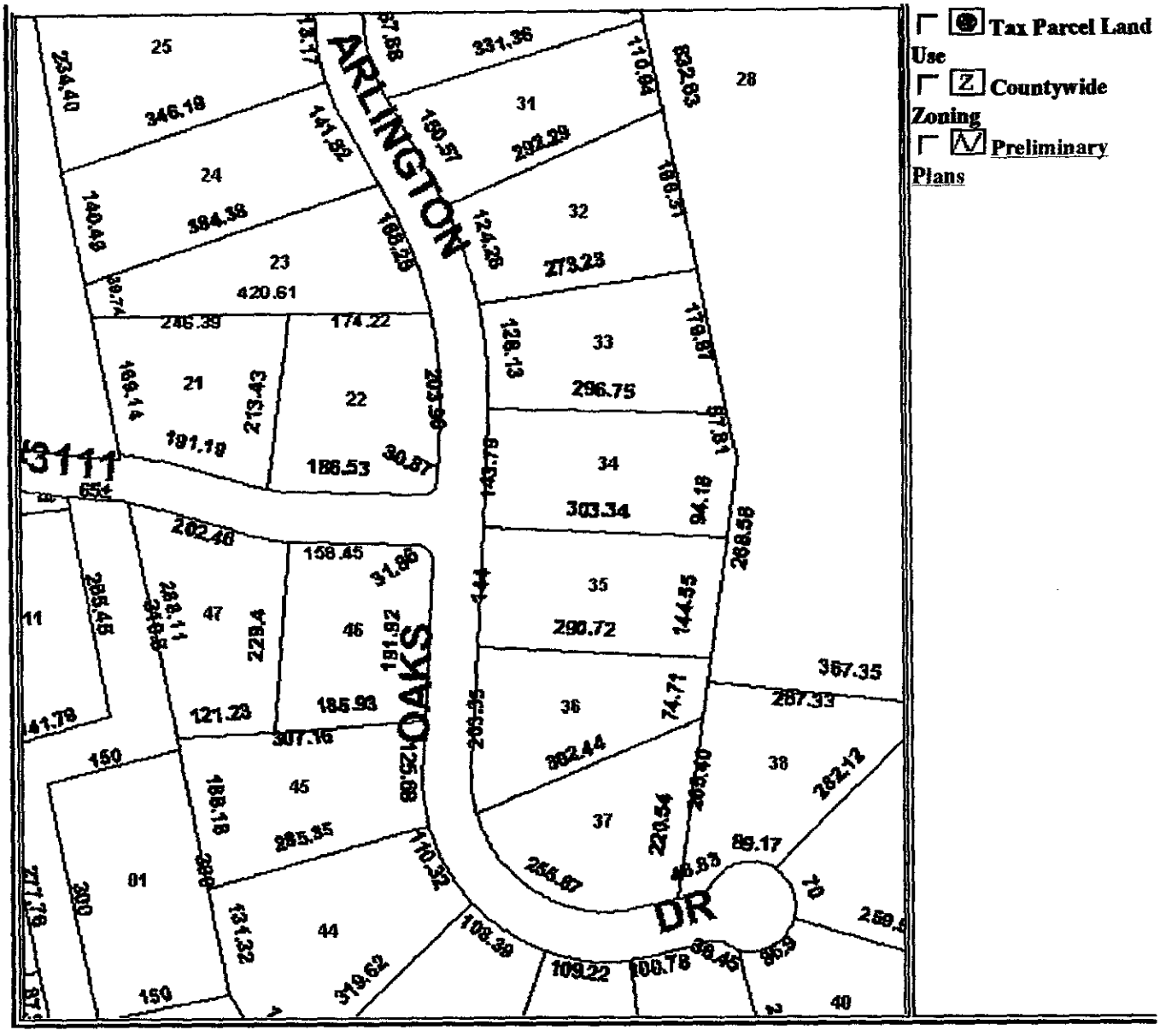


OWNER/AGENT SIGNATURE

DATE 2-20-02

APPROVAL DATE _____

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



Click here to submit questions or comments about the information shown on this page.

Additional Tax Information (Tax Bills, Real and Personal Property, etc.) is available through the:

Tax Information System

Map Scale: 1 Inch = 199 Feet Date and Time Stamp 2/20/2002 6:06:23 PM EST	This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

WATERSHED LEGEND	
Critical Area	Protective Area
Critical Area I	Protective Area I
Critical Area II	Protective Area II
Critical Area III	Protective Area III
Critical Area IV	

Permit Number: 46178

Tax Number: 134-281-09

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.

VOID

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	480 Max gallons/day wastewater flow	1600 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
GPS Serviced by private well	1500 Gallon septic tank	533 Total trench length (ft)	30'' 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: SEE PLOT PLAN

Repair Area System Type 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

1745 Absorption Area (Sq ft) 581 Total Trench Length (Ft)	12'' Depth of Stone Trench	7' 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.

DEHNR Authorized Agent — Date 10/24/01

Owner/Agent Signature — Date 12-14-01

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

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

PROPOSED PLOT PLAN

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

FILE: 4617B

TC: 139-281-09

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.

ARLINGTON OAKS
LOT #25

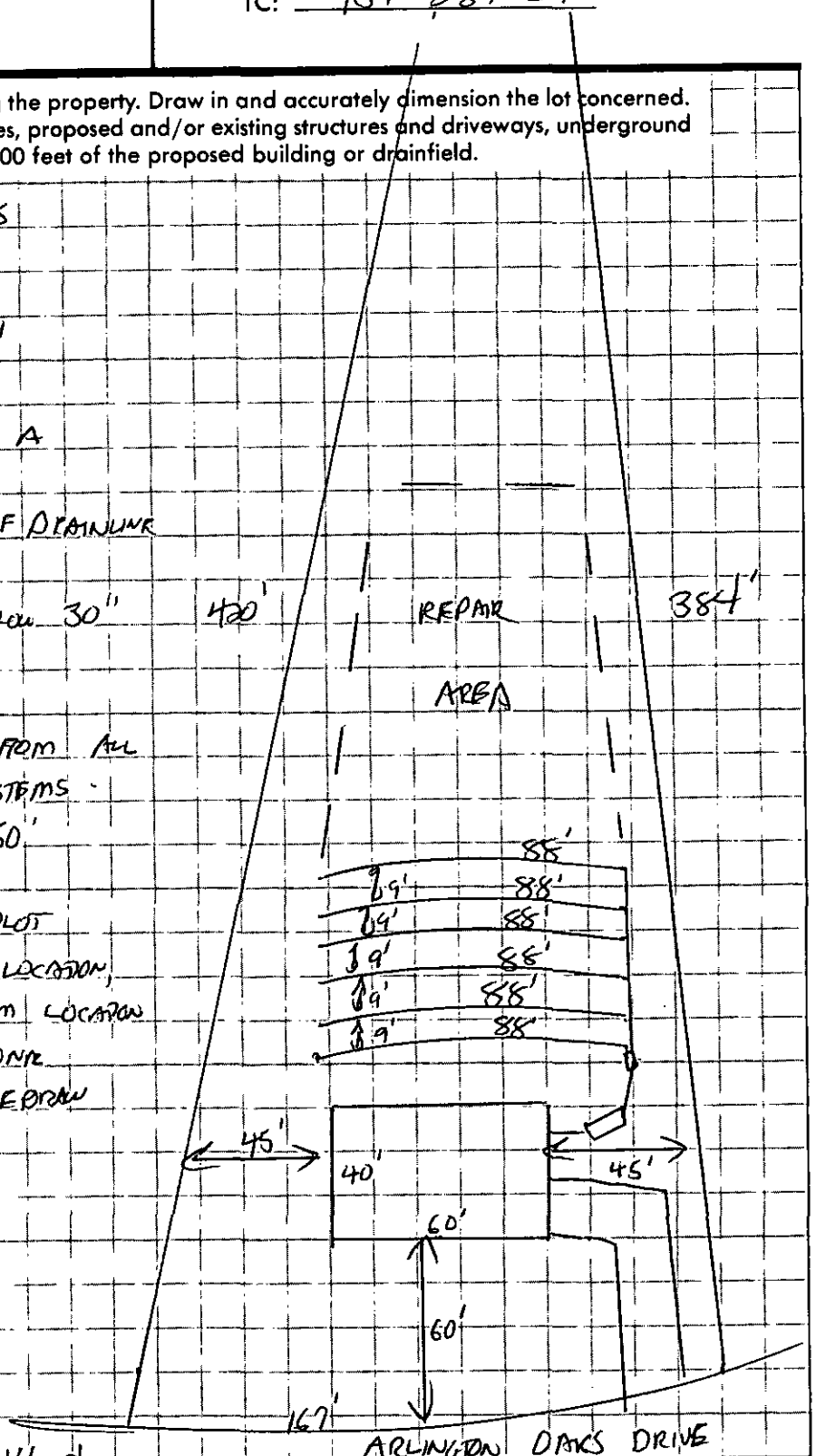
SCALE 1" = 50'

(1) PERMIT DESIGN IS FOR A FOUR BEDROOM RESIDENCE, 1500 gal SEPTIC TANK, 533 TLF DRAINLINE

(2) INSTALL DRAINLINES SIMILAR 30" AND ON CONTOUR.

(3) LOCATE ALL WELLS 100' FROM ALL PARTS OF SEPTIC TANK SYSTEMS AT NO TIME LESS THAN 60'

(4) ANY CHANGES TO THIS PLOT PLAN, INCLUDING HOUSE SIZE, LOCATION, AND/OR SEPTIC TANK SYSTEM LOCATION MAY REQUIRE AN ADDITIONAL SITE VISIT / PLOT PLAN REVIEW WHICH ~~MAY~~ WILL REQUIRE ADDITIONAL FEES.



Jeff Cabe Agent 12-14-01

APPROVAL DATE 10-24-01

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

PROPOSED PLOT PLAN

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

FILE: 4611B

TC: 139-281-09

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.

ARLINGTON OAKS
LOT #25

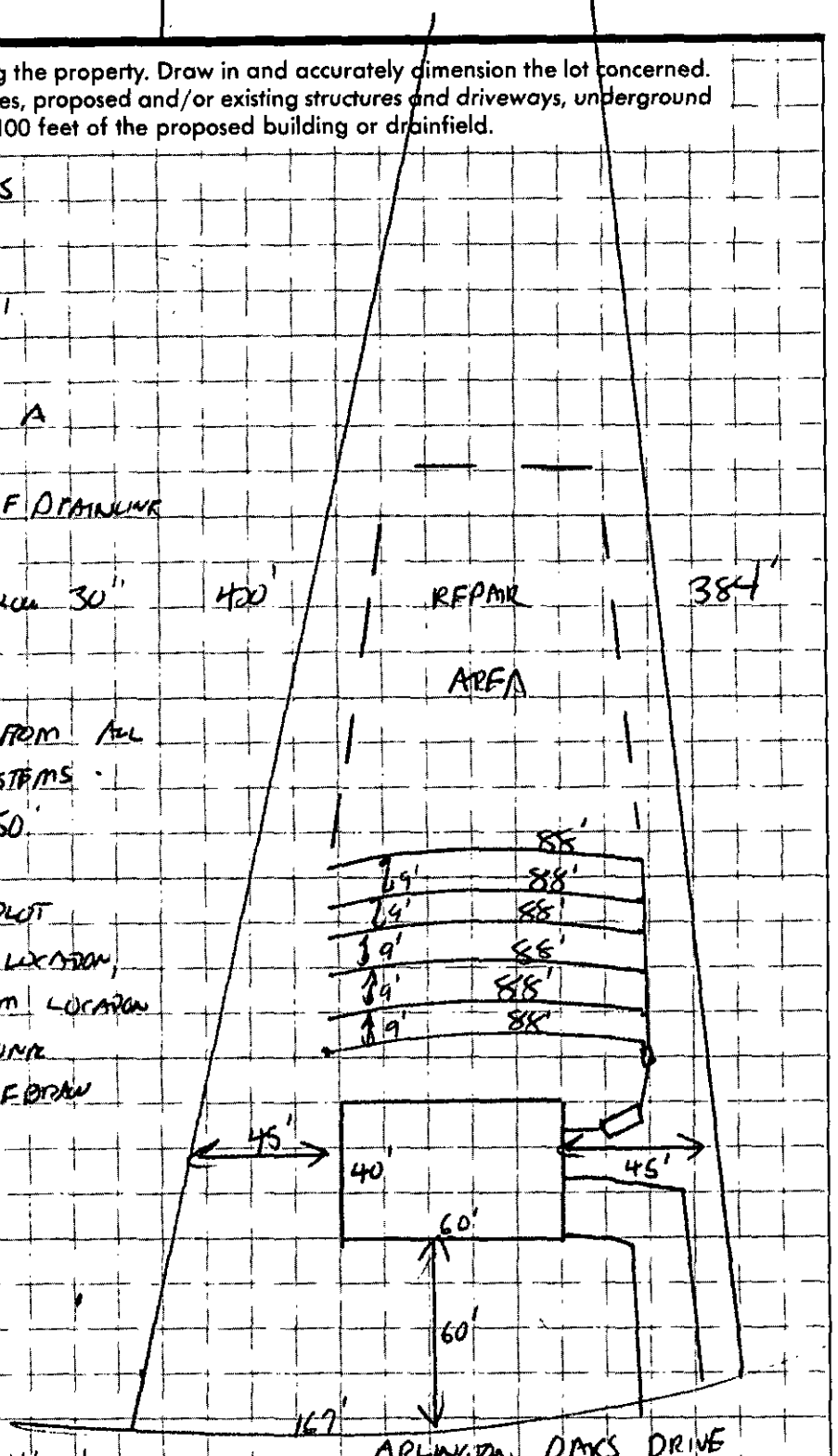
SCALE 1" = 50'

(1) PERMIT DESIGN IS FOR A FOUR BEDROOM RESIDENCE, 1500gal SEPTIC TANK, 533 TLF DRAINLINE

(2) INSTALL DRAINLINES SINGLE 30" AND ON CONTOUR.

(3) LOCATE ALL WELLS 100' FROM ALL PARTS OF SEPTIC TANK SYSTEMS AT NO TIME LESS THAN 50'

(4) ANY CHANGES TO THIS PLOT PLAN, INCLUDING HOUSE SIZE, LOCATION, AND/OR SEPTIC TANK SYSTEM LOCATION MAY REQUIRE AN ADDITIONAL SITE VISIT / PLOT PLAN REVIEW WHICH ~~DEAR~~ WILL REQUIRE ADDITIONAL FEES.



Jeff Cates Agent 12-14-01

APPROVAL DATE Jodell 10-24-01

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1
Property ID: PO 139-281-09
Lot #: 25
File #: 4617B
Code: 1

RCJ

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Medlin Farms, Inc.
Applicant:
Address: 5201 Monroe Rd., Charlotte, N. C. 28205
Date Evaluated: 7/19/01
Proposed Facility: residence
Design Flow (.1949): 360gal/day
Property Size: .93A
Location of Site: Off Hough Road
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Augur Boring [x] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (In.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (In.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 8	0-6	GR/SCL	FR/SEXP/SS/SP	>56" TO SOIL WETNESS	56 SAP	PS	NONE	PS, IV .3GAL/FT^{2}DAY
		6-16	SBK/C	FI/SEXP/S/P					
		16-23	SBK/SCL	FR/SEXP/SS/SP					
		23-56	M/SL	FR/SEXP/NS/NP					
2	LS, 8	0-9	Gr/SL	FR/SEXP/NS/NP	>48" TO SOIL WETNESS	48	N/A	NONE	PS, IV .3GAL/FT^{2}DAY
		9-15	SBK/SCL	FR/SEXP/SS/SP					
		15-33	SBK/C	FI/SEXP/S/P					
		33-48	SBK/CL	FR/SEXP/SS/SP					
3	LS, 8	0-11	GR/SL	FR/SEXP/NS/NP	>46" TO SOIL WETNESS	46	N/A	NONE	PS, .3GAL/FT^2/DA IV
		11-20	SBK/SCL	FR/SEXP/SS/SP					
		20-46	SBK/C	FI/SEXP/S/P					
4	LS, 8	0-4	GR/SL	FR/SEXP/NS/NP	>48" TOSOIL WETNESS	48	N/A	NONE	PS, IV .275GAL/FT^2/DAY
		4-8	SBK/SCL	FR/SEXP/SS/SP					
		8-32	SBK/ABK/SC	FI/SEXP/S/P					
		32-48	SBK/CL	FR/SEXP/SS/SP					
5	LS, 8	0-8	GR/SL	VFR/SEXP/NS/NP	>47" TO SOIL WETNESS	47	N/A	NONE	US, IV
		8-29	SBK/ABK/C	FI/SEXP/S/P					
		29-38	PL/ABK	FI/SEXP/S/P					
		38-47	SBK/ABK/C	FI/SEXP/S/P					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.275G/FT^{2}DAY	.275G/FT^2/Day

Other Factors (.1946): _____
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. MARLIN,LSS, 7/23/01 W. R. Marlin
Others Present: J. CASEY

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 2
Property ID: PO 139-281-09
Lot #: 25
File #: 4617B
Code: 1

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Applicant:

Address: Date Evaluated:

Proposed Facility: residence Design Flow (.1949): 360gal/day Property Size:

Location of Site: Property Recorded:

Water Supply: [ ] Public [ ] Individual [x] Well [ ] Spring [ ] Other

Evaluation Method: [ ] Augur Boring [ ] Pit [ ] Cut

Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (In.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	SOIL MORPHOLOGY .1941 .1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (In.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
6	LS, 8	0-3	GR/SCL	FR/SEXP/SS/SP	>49" TO SOIL WETNESS	49	N/A	NONE	PS, IV
		3-36	ABK/C	FI/SEXP/S/P					.275G/FT^2/DAY
		36-49	SBKCL	FR/SEXP/SS/SP					

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)		
Site LTAR		

Other Factors (.1946): _____

Site Classification (.1948):

Evaluated By:

Others Present:

FILE # 46172

COMMENTS 1007 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

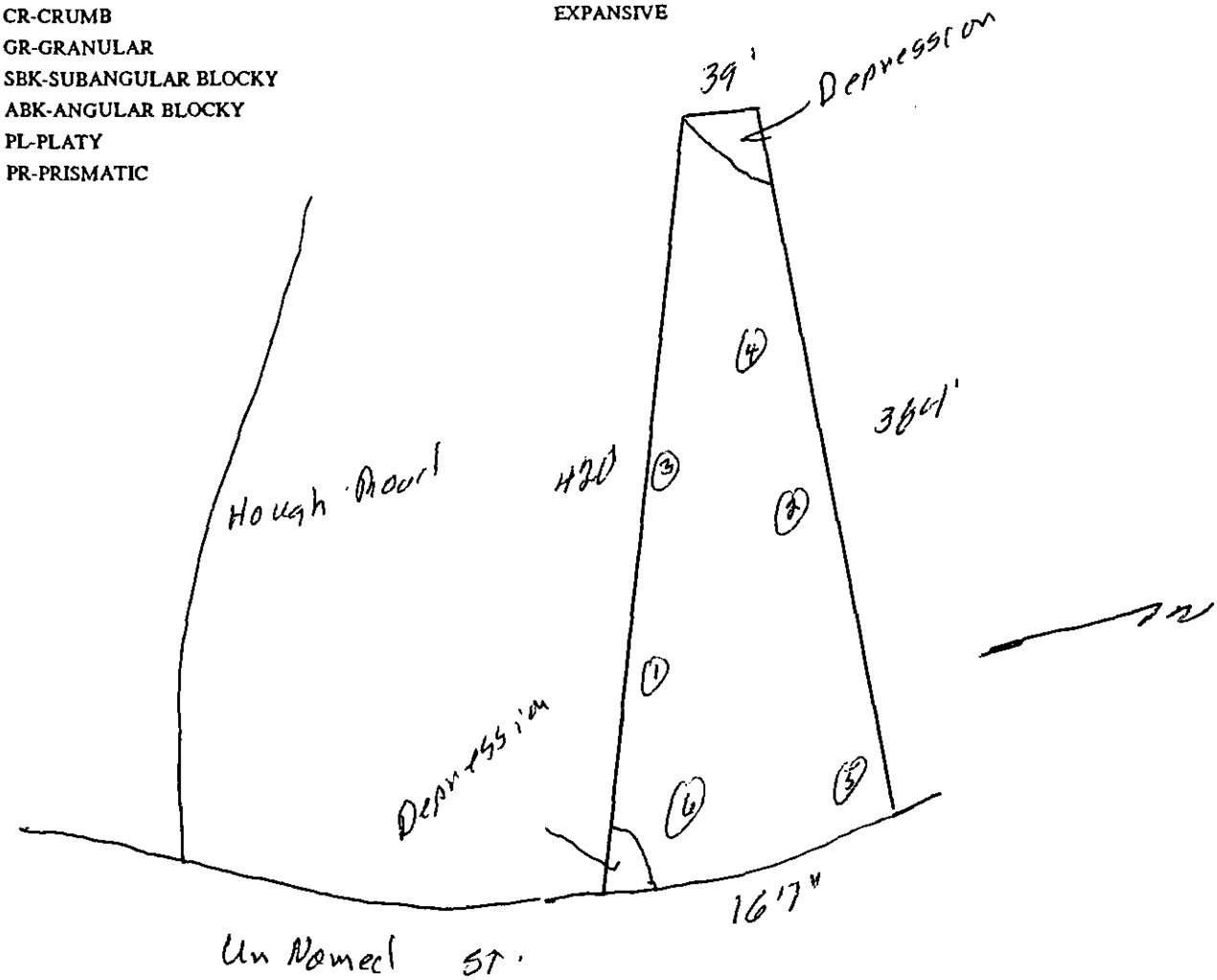
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



FEE: _____

DATE: _____

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

paid 5/01/01 ck #862
200 - RF
[ ] 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 #: 4617B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: out of 139-281-09

STREET ADDRESS: not assigned yet

SUBDIVISION OR MOBILE HOME PARK NAME: Arlington Oaks

LOT NUMBER: 25

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
X 7 MINT HILL

HEATED SQUARE FOOTAGE: Approx. 2400

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS:

CLOSING DATE After evaluation

FOUNDATION FOR RESIDENCE:

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

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

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

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
X PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

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

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

PROPERTY OWNER:

NAME: Medlin Farms, Inc.
(LAST) (FIRST) (MI)

ADDRESS: 5201 Monroe Road

CITY: Charlotte STATE: NC ZIP: 28205

DAYTIME PHONE: (704) 567 — 9820

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? To be deeded after evaluation

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: Jeff Cook agent DATE: 5-7-01

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

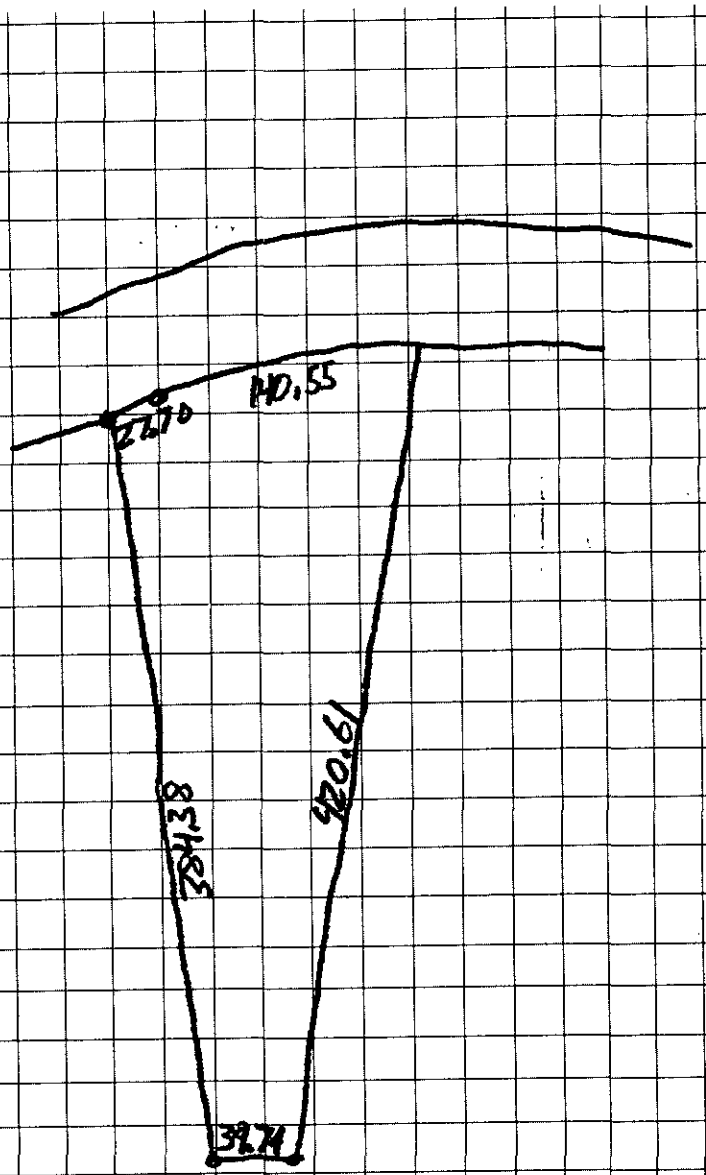
PROPOSED PLOT PLAN

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

FILE: _____

TC: _____

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.



Jeff Casey agent
OWNER/AGENT SIGNATURE

DATE 5-7-01

APPROVAL DATE _____

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

Permit Number: 4618 B

Tax Number: 139-281-09

VOID

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

275 Long-term acceptance rate	480 Max gallons/day wastewater flow	1745 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
YES Serviced by private well	1500 Gallon septic tank	581 Total trench length (ft)	30" 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: SEE PLOT PLAN

Repair Area System Type 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

1745 Absorption Area (Sq ft) 581 Total Trench Length (Ft)	12" 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.

DEHNR Authorized Agent — Date 10/22/01

Jeff Casey agent — Owner/Agent Signature — Date 12-14-09

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

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

PROPOSED PLOT PLAN

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

FILE: 4618B

TC: 139-251-09

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.

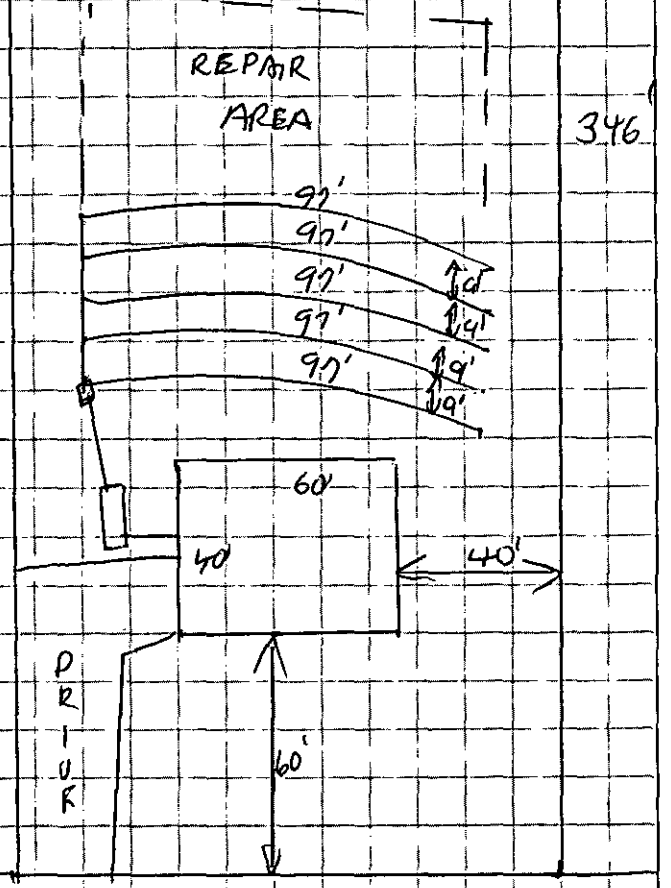
ARLINGTON OAKS SUBDIVISION
LOT #24

SCALE 1" = 50'

① LOCATE ALL WELLS 100' FROM ALL PARTS OF SEPTIC TANK SYSTEM, AT NO TIME LESS THAN 50'.

② INSTALL DRAINLINES SHALLOW, 30" AND ON CONTOUR.

③ ANY CHANGES TO THIS PLOT PLAN WILL REQUIRE ADDITIONAL SITE VISITS AND PLOT PLAN REDRAWS WHICH MAY REQUIRE ADDITIONAL FEES.



Jeff Cates Agent 12-14-01

APPROVAL DATE 12/22/01

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

PROPOSED PLOT PLAN

VOID

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

FILE: 4618B

TC: 139-281-09

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.

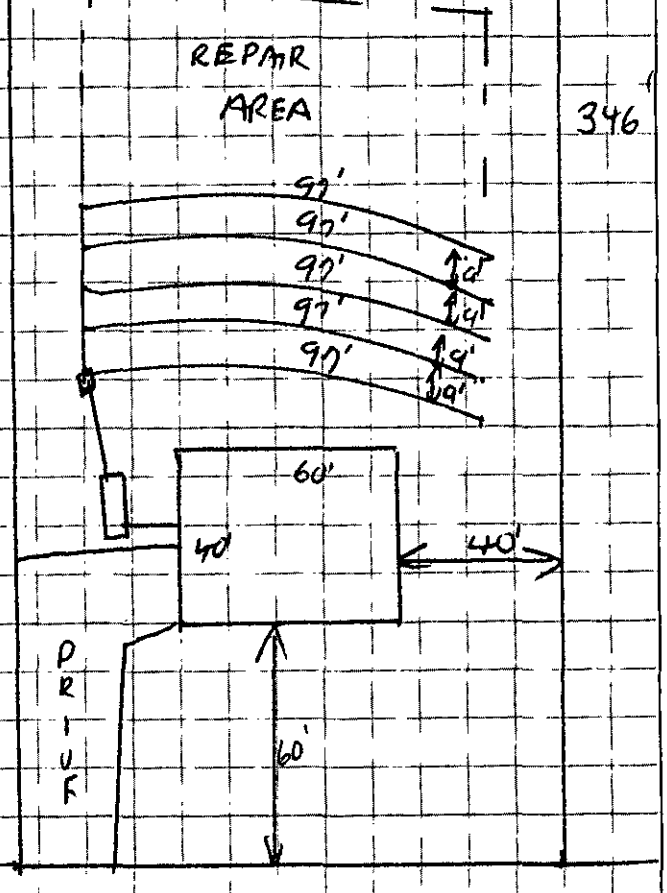
ARLINGTON OAKS SUBDIVISION
LOT #24

SCALE 1" = 50'

① LOCATE ALL WELLS 100' FROM ALL PARTS OF SEPTIC TANK SYSTEM, AT NO TIME LESS THAN 50'.

② INSTALL DRAINLINES SHALLOW, 30" DEEP ON CONTOUR.

③ ANY CHANGES TO THIS PLOT PLAN WILL REQUIRE ADDITIONAL SITE VISITS AND PLOT PLAN REDRAW, WHICH MAY REQUIRE ADDITIONAL FEES.



Jeff Casey Agent 12-14-01

APPROVAL DATE 10/22/01

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1
Property ID: PO 139-281-09
Lot #: 24
File #: 4618B
Code: 1

ACJ

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Medlin Farms, Inc.
Applicant:
Address: 5201 Monroe Road, Charlotte, N. C. 28205
Date Evaluated: 7/19/01
Proposed Facility: residence
Design Flow (.1949): 360gal/day
Property Size: 1
Location of Site: off Hough Road
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [x] Augur Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (In.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (in.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 8	0-4	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	N/A	NONE	PS , IV .275G/FT^{2}DAY
		4-35	SBK/ABK/C	FI/SEXP/S/P					
		35-48	SBK/C	FI/SEXP/S/P					
2	LS, 8	0-8	GR/SL	VFR/SEXP/NS/NP	>37" TO SOIL WETNESS	37	N/A	NONE	PS, IV .275G/FT^{2}DAY
		8-25	SBK/ABK/C	FI/SEXP/S/P					
		25-37	SBK/SC	FI/SEXP/S/P					
3	LS, 8	0-7	GR/SL	VFR/SEXP/NS/NP	>48" TO SOIL WETNESS	48	N/A	NONE	PS, IV .275G/FT^2/DAY
		7-10	SBK/SCL	FR/SEXP/SS/SP					
		10-38	ABK/C	FI/SEXP/S/P					
		38-48	SBK/ABK/CL	FR/SEXP/SS/SP					
4	LS, 8	0-2	GR/SCL	FR/WEXP/SS/SP	>46" TO SOIL WETNESS	46	N/A	NONE	PS, IV .275G/FT^2/DAY
		2-26	ABK/C	FI/SEXP/S/P					
		26-46	SBK/CL	FT/SEXP/SS/SP					
5	LS, 8	0-12	GR/SL	VFR/SEXP/NS/NP	>49" TO SOIL WETNESS	49	N/A	NONE	PS/ , IV .275G/FT^2/DAY
		12-38	ABK/C	FI/SEXP/S/P					
		38-49	M/SCL	FR/SEXP/SS/SP					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.275G/FT^{2}DAY	.275G/FT^2

Other Factors (.1946): _____
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. MARLIN, LSS, 7/24/01 W. R. Marlin
Others Present: J. CASEY

FILE # 46168

COMMENTS 100' 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

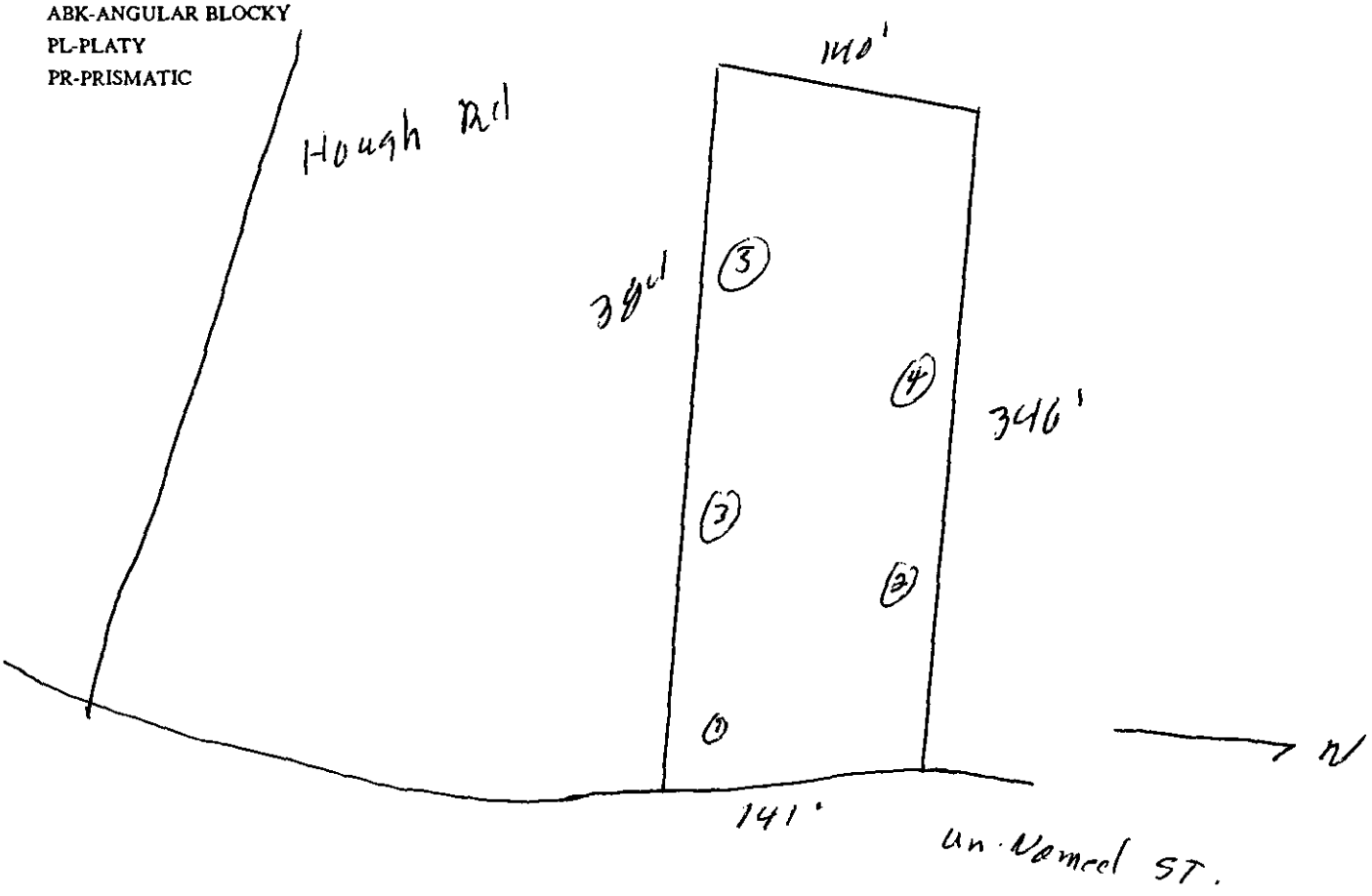
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



FEE: _____

DATE: _____

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

paid 5/07/01 ck#862
200 - RF.

[ ] 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 #: 4618B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: out of 139-281-09

STREET ADDRESS: not assigned yet

SUBDIVISION OR MOBILE HOME PARK NAME: Arlington Oaks

LOT NUMBER: 24

TOWNSHIP (CHECK ONE):

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

CLOSING DATE After evaluation

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: Approx. 2400

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

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

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

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

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
___ MUNICIPAL (M)
X PRIVATE WELL (P)
___ SHARED WELL (S)
___ OTHER 'SPRINGS' (O)

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

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

PROPERTY OWNER:

NAME: Medlin Farms, Inc.
(LAST) (FIRST) (MI)

ADDRESS: 5201 Monroe Road

CITY: Charlotte STATE: NC ZIP: 28205

DAYTIME PHONE: (704 567 — 9820

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? To be deeded after evaluation

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: Jeff Cox agent DATE: 5-7-01

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

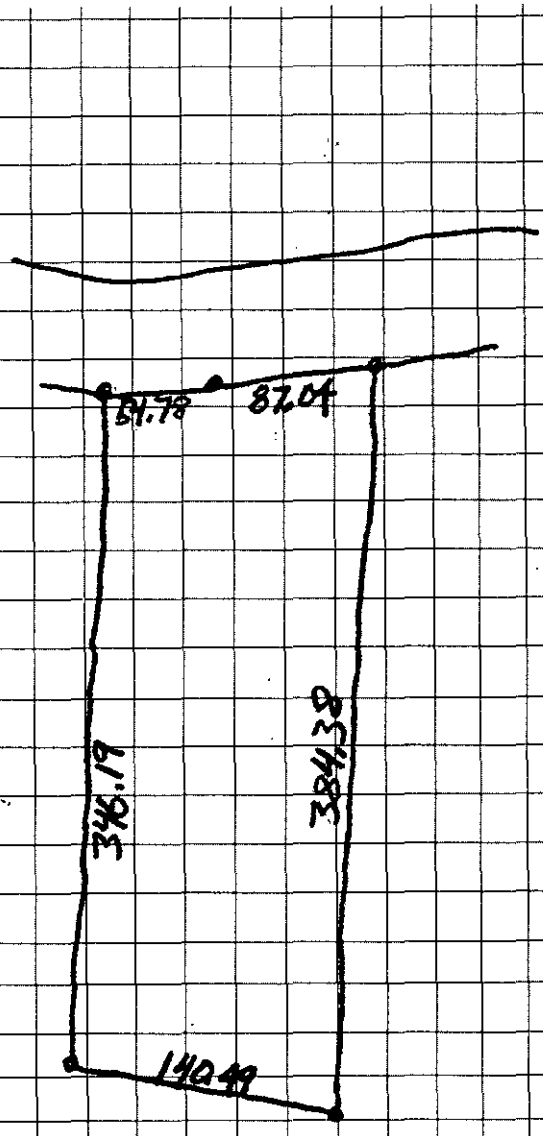
PROPOSED PLOT PLAN

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

FILE: _____

TC: _____

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.



Jeff Cape agent
OWNER/AGENT SIGNATURE

DATE 5-7-01

APPROVAL DATE _____

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

PROPOSED PLOT PLAN

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

FILE: 4618B

TC: 139-281-09

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.

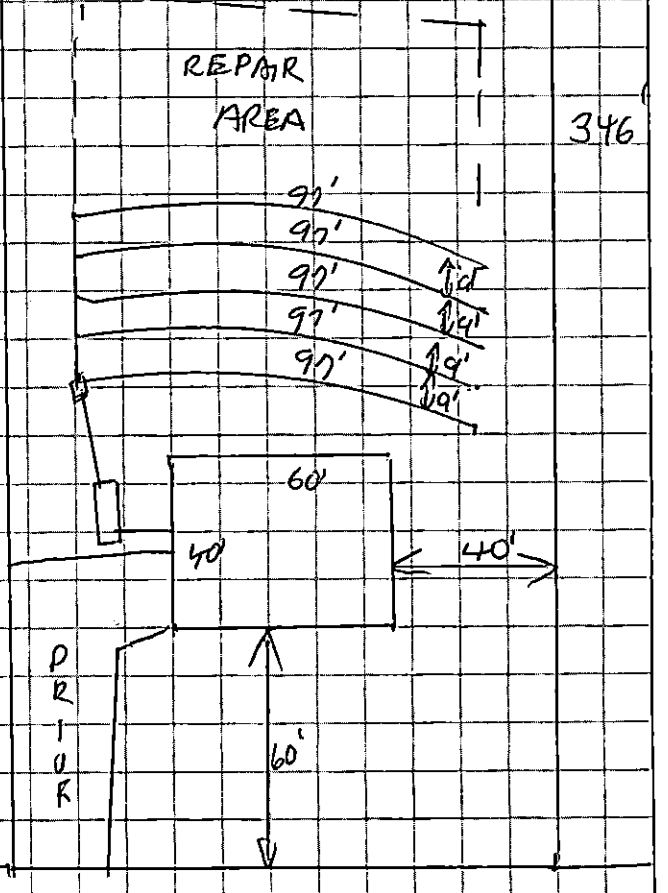
ARLINGTON OAKS SUBDIVISION
LOT #24

SCALE 1" = 50'

(1) LOCATE ALL WELLS 100' FROM ALL PARTS OF SEPT. TANK SYSTEM, AT NO TIME LESS THAN 50'.

(2) INSTALL DRAINLINES SHALLOW, 30" AND ON CONTOUR.

(3) ANY CHANGES TO THIS PLOT PLAN WILL REQUIRE ADDITIONAL SITE VISITS AND PLOT PLAN REDRAW, WHICH MAY REQUIRE ADDITIONAL FEES.



Jeff Cabe / Agent 12-14-01

APPROVAL DATE 12/22/01

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

4617B #1959

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: (●) SEPTIC ONLY ( ) WELL ONLY ( ) SEPTIC & WELL
( ) ADDITION OR RENOVATION WITH OCCUPANCY INCREASE ( ) EXCHANGE MOBILE HOME (SAME # BEDROOMS)
(●) ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE ( ) COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Doz Ward
ADDRESS: 231 Village Lake Drive
CITY: Charlotte
STATE: NC ZIP: 28212
PHONE: 704-944-1350
ALTERNATE PHONE: 704-900-1182
E-MAIL: dward7@archadeofcharlotte

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Michael & Natalie Ross
ADDRESS: 10005 Arlington Oaks
CITY: Charlotte
STATE: NC ZIP: 28227
PHONE: 704-619-6967
ALTERNATE PHONE: 704-619-6005
E-MAIL: MICNAT.ROSS@YAHOO.COM

JOB LOCATION INFORMATION
TAX PARCEL #: 13928124
STREET ADDRESS: 10005 Arlington Oaks
CITY: Charlotte
STATE: NC ZIP: 28227

SUBDIVISION OR MOBILE HOME PARK NAME: Arlington Oaks
LOT #: 24

WATER SUPPLY:
( ) MUNICIPAL ( ) PRIVATE WELL ( ) PUBLIC WELL (●) SHARED WELL ( ) OTHER _____

RESIDENTIAL PROPERTY TYPE: ( ) N/A
(●) HOUSE ( ) MODULAR HOME ( ) MULTIPLE FAMILY
( ) SINGLE MOBILE HOME ( ) DOUBLE WIDE
( ) OTHER _____

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 5

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: ☐ N/A
TYPE OF BUSINESS: _____
EMPLOYEES PER SHIFT: _____
OF SHIFTS: _____
INDUSTRIAL WASTES? ( ) YES ( ) NO
UNDERGROUND STORAGE TANKS? ( ) YES ( ) NO

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☑ DECK ☐ OTHER _____

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ OTHER _____

*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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Doz Ward — Owner's/Agent's Signature
12/29/15 — Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

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

Revised on: 01/03/11

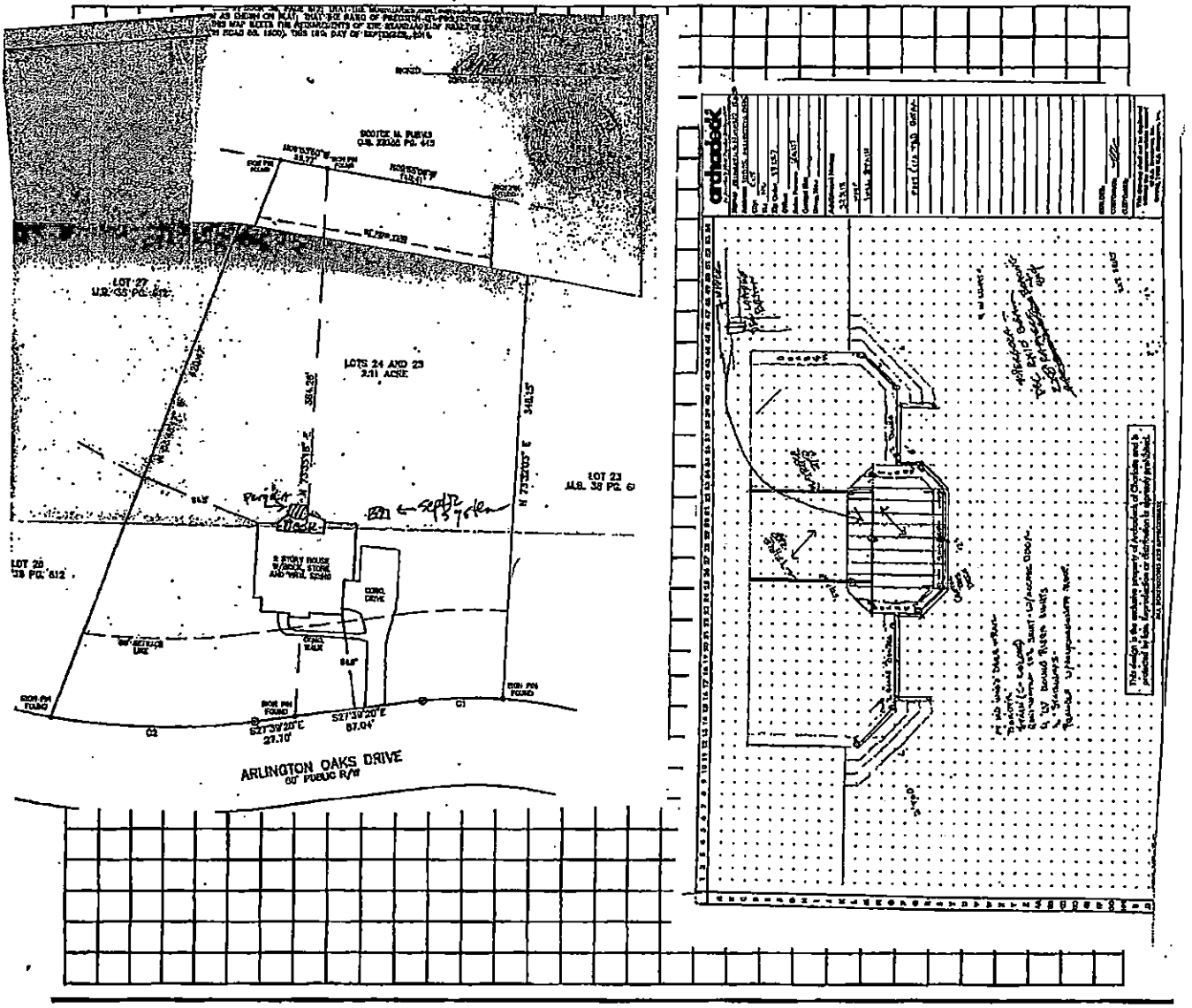
12/28/2015 11:09

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: 10005 Arlington OAKS Tax Parcel #: 139 28124



"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 and Water Supply Wells 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.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

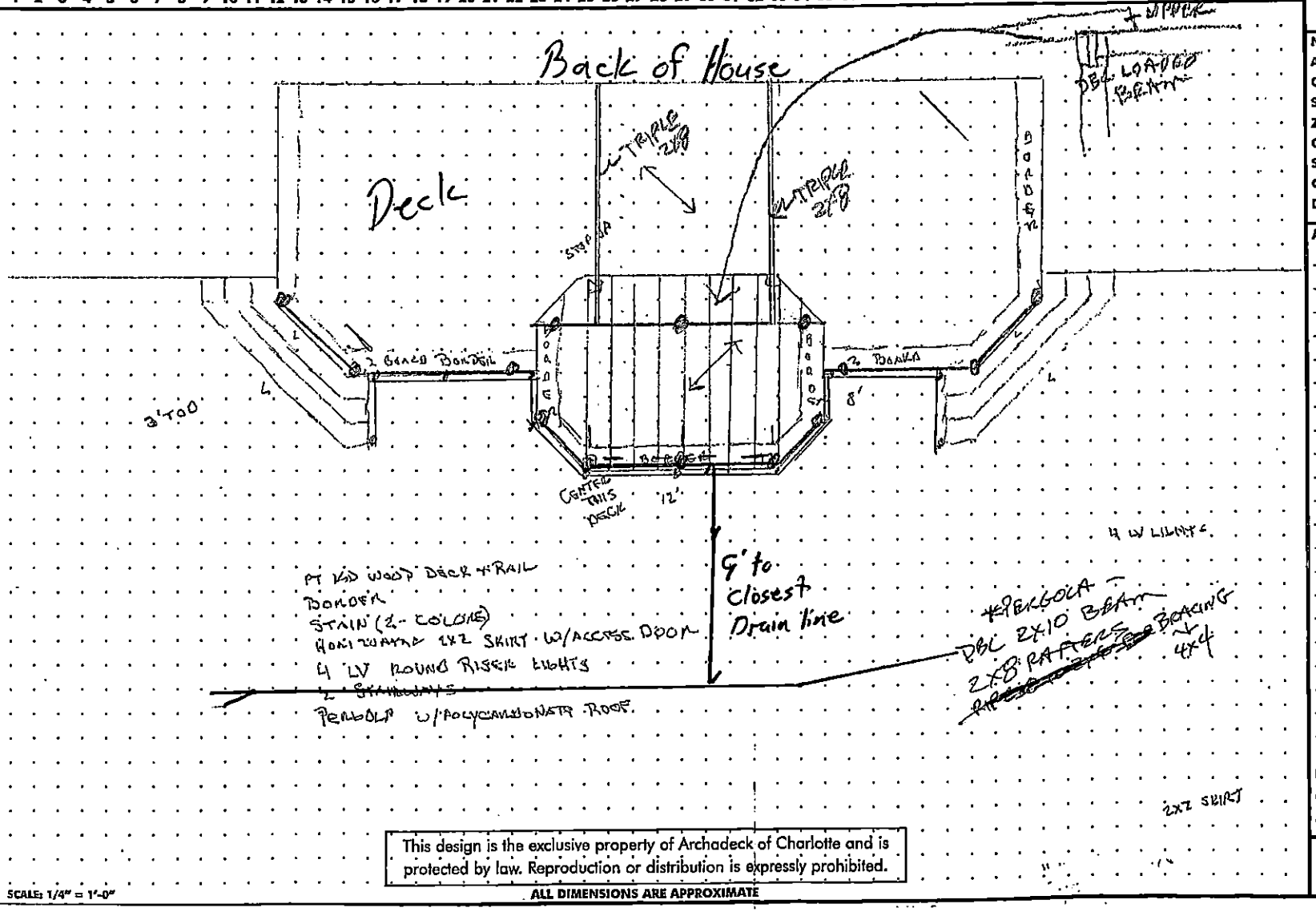
Permit Approved. New Const
Meet all required setbacks

REHS Signature 12/28/15 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: 01/03/11

12/28/2015 11:09



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SCALE: 1/4" = 1'-0"

ALL DIMENSIONS ARE APPROXIMATE

archadeck®
In America's Most Popular Backyards℠

Name: MICHAEL & NATALIE VLOSP
Address: 10005 ARLINGTON OAKS
City: CLT
St.: NC
Zip Code: 28227
Office:
Sales Person: KENT
Contact No:
Drwg. No.:

Additional Notes:
32 X 12
WOOD
INCL STAIN
POST CAPS TBD EXTRA

BUILDER:
CUSTOMER:
CUSTOMER:

This drawing shall not be duplicated without the express written consent of U.S. Structures, Inc.
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MECKLENBURG COUNTY
HEALTH DEPARTMENT

4617B Appt # 7932

30 NOV '15 PM 3:(

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: 13928124
STREET ADDRESS: 10005 Arlington Oaks
CITY: Charlotte
STATE: NC ZIP: 28227
SUBDIVISION NAME: _____
LOT #: 24 LOT SIZE (acres): 1.165ac

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: 3700
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 5

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?** 2007 ☐ UNKNOWN

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

12. PROPERTY OWNER:

NAME: Michael + Natalie Rosa
ADDRESS: 10005 Arlington Oaks Drive
CITY: Charlotte
STATE: NC ZIP: 28227
WORK PHONE: 704-619-6005
MOBILE PHONE: _____
FAX: _____
E-MAIL: MICNAT_ROSA@yahoo.com

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: Doz Ward
ADDRESS: 2311 Village Lake Drive
CITY: Charlotte
STATE: NC ZIP: 28212
WORK PHONE: 704-900-1182
MOBILE PHONE: _____
FAX: 704-944-1354
E-MAIL: dward@archadeckofcharlotte.com

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

09/28/2015 11:14
Revised on: 12/15/10

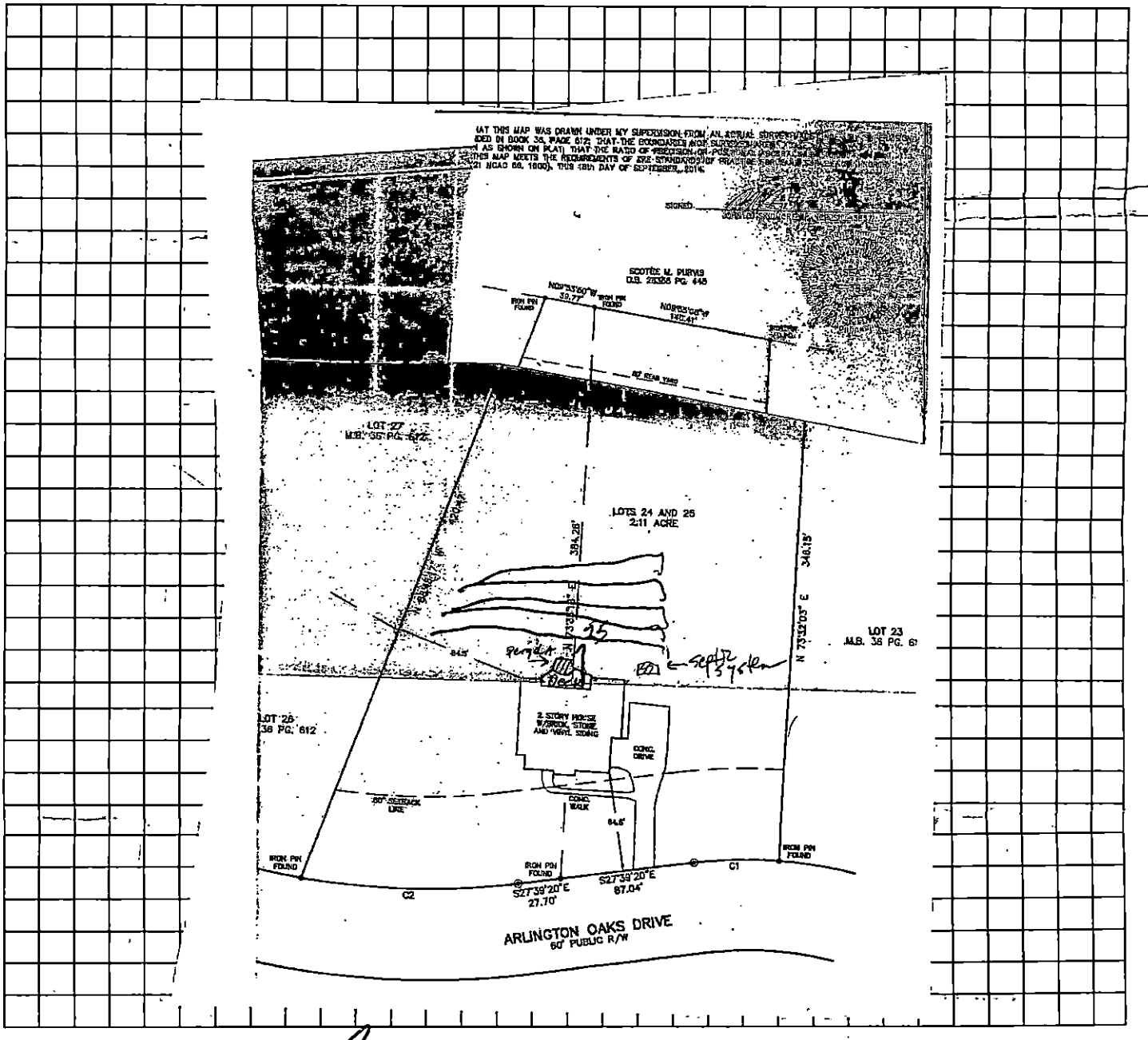
File #: _____

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: 10005 Arlington OAKS Tax Parcel #: 13928124

Subdivision Name: ARLington OAKS Lot #: 24



Property Owner's or Owner's Legal Representative Signature

11/23/15
Date

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

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.

_____ (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.

Doc Wood
Property Owner's or Owner's Legal Representative Signature

11/23/15
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

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 Doc Ward is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

10005 Arlington Oaks, Charlotte
Number Street Town
(Or Parcel Number)

Natalie/Michael Rosa
Property Owner (print name)

Property Owner (signature)

12-7-15
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	11/30/15	**Amount:**	100.00
Receipt #:	96922	**Tendered:**	100.00
Check / Auth #:	CHECK 2733	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: KENT'S BACKYARD VISION INC
Attn:
Address: 2311 VILLAGE LAKE DR
Address:
City/State/Zip: CHARLOTTE, NC 28212

Item	Description	Permit#	Quantity	Unit Price	Total Price
0704	Change in Plot Plan 10005 ARLINGTON OAKS		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
145.00	75.00				

Supervisor/Administrative Professional Checklist

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

New Septic Fees Paid:

IP ($250.00) _____ 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 11/30/15 LE 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. ☐ _____