

7209 GILEAD RD

00903224

6/5/2007

duponbj

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

File #3639A

FEE
DATE
CRT

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE
WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 01/05

FILE #

TYPE APPLCATION:
- ☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
- ☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- ☑ ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
- ☐ COMMERCIAL OR INDUSTRIAL (N)

PERSON FILING APPLICATION:
NAME: Anthony E. Parrott
ADDRESS: 7209 Gilead Rd.
CITY: Huntersville,
STATE: NC ZIP: 28078
PHONE: 704-947-9095
ALTERNATE PHONE: 704-506-3758 (cell)

PROPERTY OWNER:
NAME: (Same)
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:

JOB LOCATION INFORMATION
TAX/PARCEL #: 009-032-24
STREET ADDRESS: 7209 Gilead Rd.
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION OR MOBILE HOME PARK NAME: N/A
LOT #:

TOWNSHIP:
- ☐ 0-MECKLENBURG
- ☐ 1-CHARLOTTE
- ☐ 2-DAVIDSON
- ☐ 3-CORNELIUS
- ☐ 4-PINEVILLE
- ☐ 5-MATTHEWS
- ☑ 6-HUNTERSVILLE
- ☐ 7-MINT HILL

WATER SUPPLY:
- ☑ MUNICIPAL (M)
- ☐ COMMUNITY (C)
- ☐ PRIVATE WELL (P)
- ☐ SHARED WELL (S)
- ☐ OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:
- ☑ HOUSE (H)
- ☐ MODULAR HOME (M)
- ☐ MULTIPLE FAMILY (U)
- ☐ SINGLE MOBILE HOME (S)
- ☐ DOUBLE WIDE (D)
- ☐ OTHER (O)

NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:
TYPE OF BUSINESS: N/A
EMPLOYEES PER SHIFT:
OF SHIFTS:

INDUSTRIAL WASTES? ☐ YES ☐ NO
UNDERGROUND STORAGE TANKS? ☐ YES ☐ NO

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

ADDITION 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.

Owner's/Agent's Signature

8-12-05
Date

*The undersigned, an authorized agent of the Mecklenburg County Health Department, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an installation, construction, alteration and/or repair approval is granted y this Department.
- This permit is not transferable.

☐ ADDITION / RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE

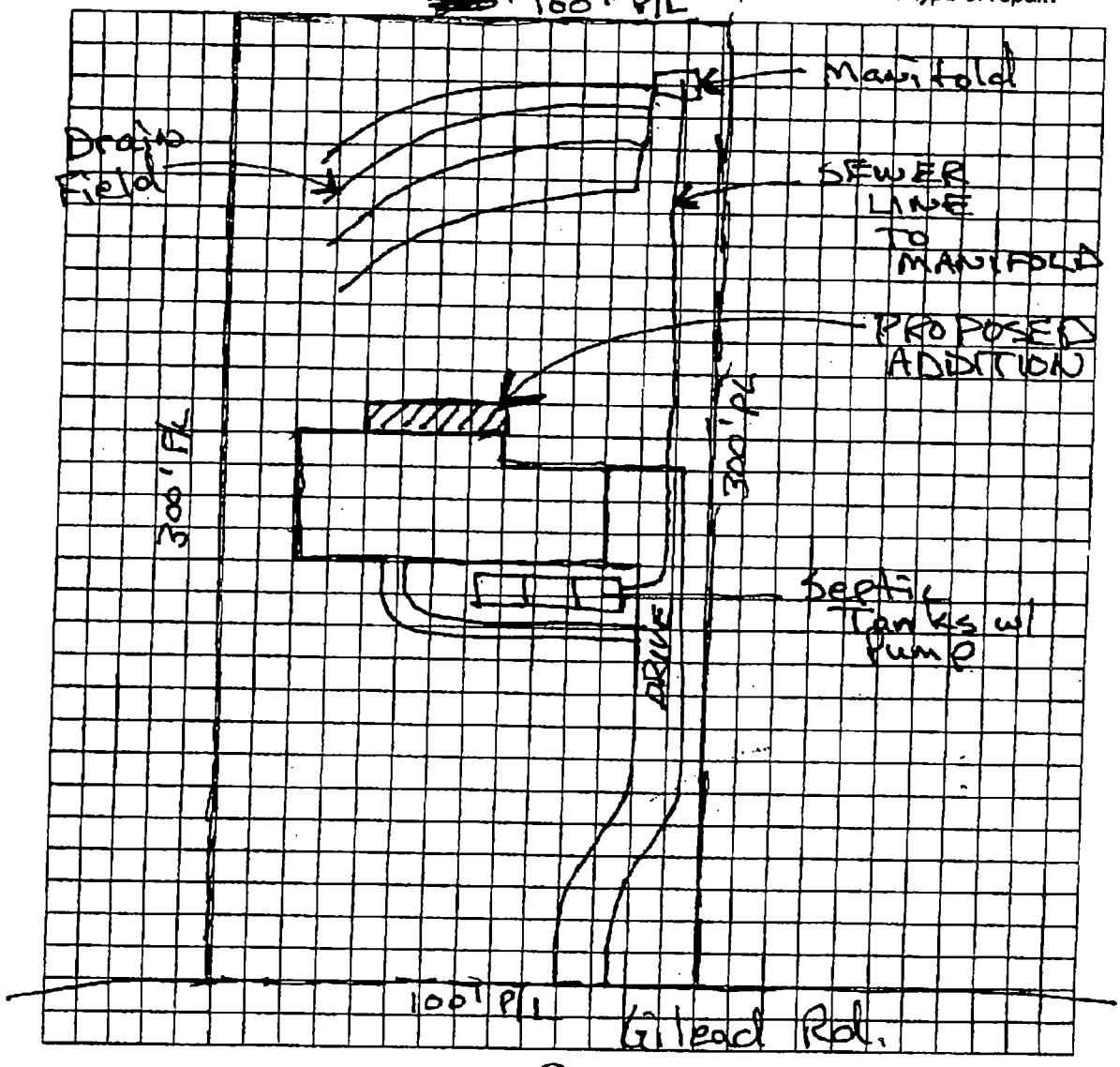
EHS Signature Date

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File # 5659A
Date 8/15/05

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature Cathy Ellis
Date 8-12-05

LBC 12/15/04

MECKLENBURG COUNTY LAND USE AND ENVIRONMENTAL SERVICES

MISCELLANEOUS FEES

Requestor: Anthony Parrott - Homeowner	Phone # 704-947-9095	Date 8-12-05
Account Name:		Account # 200000

I certify that I am authorized to charge this account for this service.

Signature: Printed Name: Date:

TC	Qty	Type	Unit Cost	Total Cost
		DEVELOPMENT ACTIVITIES ☐ 0002: Comm Drainage PR ☐ 0003: Driveway Pmt ☐ 0005: Erosion Control PR ☐ 0006: Final Plan Rev ☐ 0013: LD Stds Manual ☐ 0016: Subdivision PR ☐ 0025: LD Plans & Specs ☐ 0027: LD Plan Rev ☐ 0040: Erosion Control Cert		
		MAP SALES ☐ 0001: Aerial ☐ 0018: Topo ☐ 0019: Wetlands ☐ 0028: Zoning ☐ 0031: Digital Topo ☐ 0036: Digital Planimetric ☐ 0037: Plotting ☐ 0038: Hrly GIS ☐ 0039: Misc Map/Copy ☐ 0041: Deld CD ☐ 0043: Deld CD Dix ☐ 0044: Ortho Photo CD		
		STORM WATER ACTIVITIES ☐ 0007: Floodway Map ☐ 0008: Floodway Reg ☐ 0014: Storm Water Manual ☐ 0024: Storm Water Plans & Specs		
		LAND DEVELOPMENT CASH BONDS ☐ 0029: Commercial ☐ 0030: Residential Project _____		
		ZONING ACTIVITIES ☐ 0112: Residential Variance Request ☐ 0112: Commercial Variance Request ☐ 0140: Campaign Bond ☐ 0112: Residential Interpretation ☐ 0112: Commercial Interpretation		
0113		Zoning Citation(s) # _____		
		☐ 0117: Cert of Compliance ☐ 0118: Cert of Occupancy* (orig is free)		
0121		Letters of Certification/Verification		
0124		Research & Retrieval of Documents		
0125		Temp Utilities/Occupancy*		
		LOCAL LICENSE CARD/EXAM ☐ 0128: Mechanical ☐ 0129: Residential ☐ 0132: Electrical		
0141		3rd Party Inspection Services		
		PLAN REVIEW SERVICES ☐ 0134: Express PR ☐ 0135: Plan Submittal ☐ 0136: 3rd PR ☐ 0142: 4th PR ☐ 0143: 5th PR ☐ 0145: 25% Deposit ☐ 0151: Express Appl Fee ☐ 0152: Express Rev-Upfit ☐ 0153: Express Rev-New ☐ 0154: Day Care Rev		
		COUNTY FIRE ACTIVITIES ☐ 0203: Hydrant Flow Test ☐ 0204: Fire Code Violation ☐ 0206: Misc Charges		
0425		City of Charlotte Fire Plan Review FF#_____ Project #_____		
		CITY ENGINEERING DEVELOPMENT ACTIVITIES ☐ 0601: Comm Site Insp $ _____ ☐ 0602: Comm Driveway $ _____ ☐ 0605: Tree Landscape Rev $ _____ ☐ 0606: Tree Preserv Pln $ _____ ☐ 0608: Comm Drain PR $ _____ ☐ 0609: Erosion Ctl PR $ _____		
0105	1	Other: Living Room Addition @ 7209 Gilead Rd - Huntersville		100-
		Other:		
		Other:		

Cash?		Check?	Charge?			TOTAL COMPILED BY:		
Yes	No	#	Visa	MC	Acct	TOTAL RECEIVED: G. Snell		100-

*Please list all permit numbers/addresses/project names, etc., that relate to your request. A request for temporary utilities (gas and electric) would require two permit numbers.

AUDIT

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 08/12/05
Receipt #: 36392
Check / Auth #: VISA 016287
Received By: POWELPT

Amount: 100.00
Tendered: 10.00
Returned: 10.00

Account Information

Account #: 200000
Contractor: PARROTT, ANTHONY
Attn:
Address: 7209 GILEAD RD
Address:
City/State/Zip: HUNTERSVILLE, NC 28078

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod PARROTT - 7209 GILEAD RD		1	100.00	100.00

MECK CTY LOUISA N SATELI
18335 OLD STATESVILLE RD
CORNELIUS, NC 28078

AUG 12, 2005 04:06PM

TERM : 1
MERCH: 000158007170

REF #: 001
ACT #: 4185645000046285
EXP : 07/07
CARD : VISA
INVOICE #: SEPTIC

SALE: $ 100.00

RETR REF#: 522419750558
APPROVAL CODE: 016287

I AGREE TO PAY ABOVE
TOTAL AMOUNT ACCORDING
TO CARD ISSUER AGREEMENT

SIGNATURE

PARROTT/ANTHONY

MERCHANT COPY

Outstanding Balances

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

$150.00 10/15/01 YRSG
CASH

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

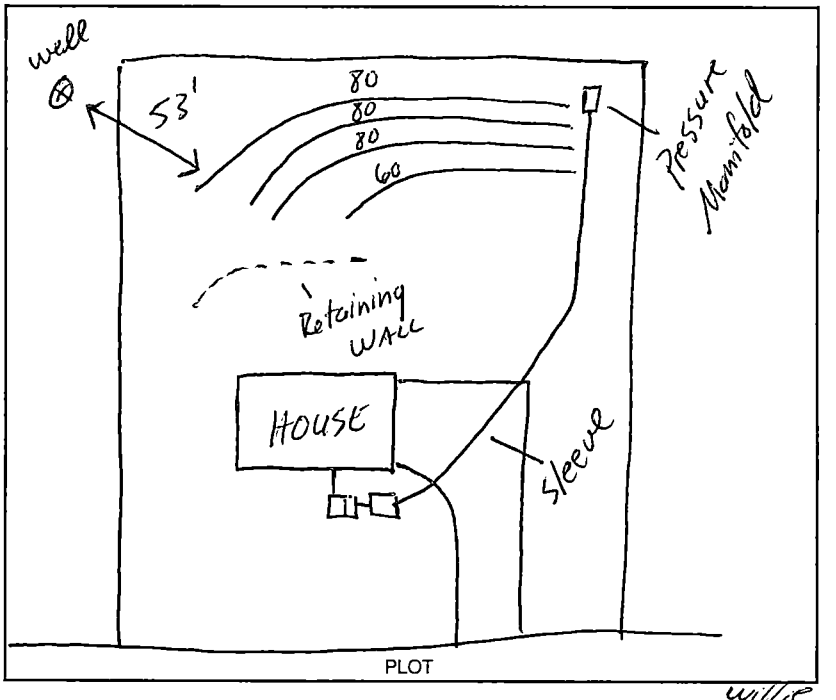
FILE: 5659A DATE: 9/11/01
TC: 009-052-24 ☐ L ☒ CRT
SERIAL Nº 18730

Name of Owner Anthony Parrott Juris.: _____

Address of Property 7209 Gilead Road

Inspection Data:

Tank Material PCC
Total Length of Drainfield 300'
Number of Lines 4 @ 80,80,80,60
Cover Depth 12-16"
Water Supply Source Municipal
Distance to Water Source > 50'
Excavation Inspected 9/11/01
Tank(s) Inspected 9/11/01
Wash Line Inspected NA
High Water Alarm Inspected 9/11/01



PLOT

Design 1500 ST, 1000 DT, PI, INV, 900 SFT, E-Z Flow CTR# willie Christenbury

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: Three Bedroom Residence
4 Lines @ (80,80,80,60) x 5' (Pressure Manifold)
Type III 6 Pump to Innovative System

Tommy L. Mecklin 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

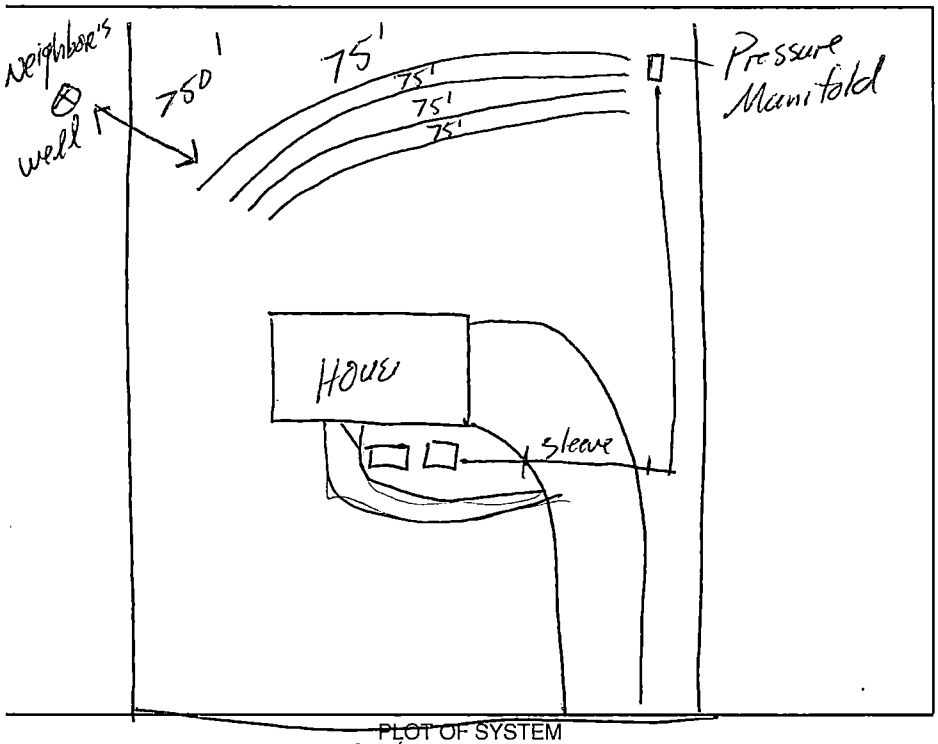
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5659A DATE: 8/31/01

TC: 009-032-24 ☒ L

SERIAL Nº 18843

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 3/1/2000. All work shall be completed on or before 9/31/01, 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

Gilead Road

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 300' feet

Number of Lines 4 x 75' x 3'

Depth of Stone NA 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 Anthony Parrott

LOCATION OF PROPERTY 7309 Gilead Road

Comments: Three Bedroom Residence

Install 4 lines x 75' x 3' / Pressure Manifold

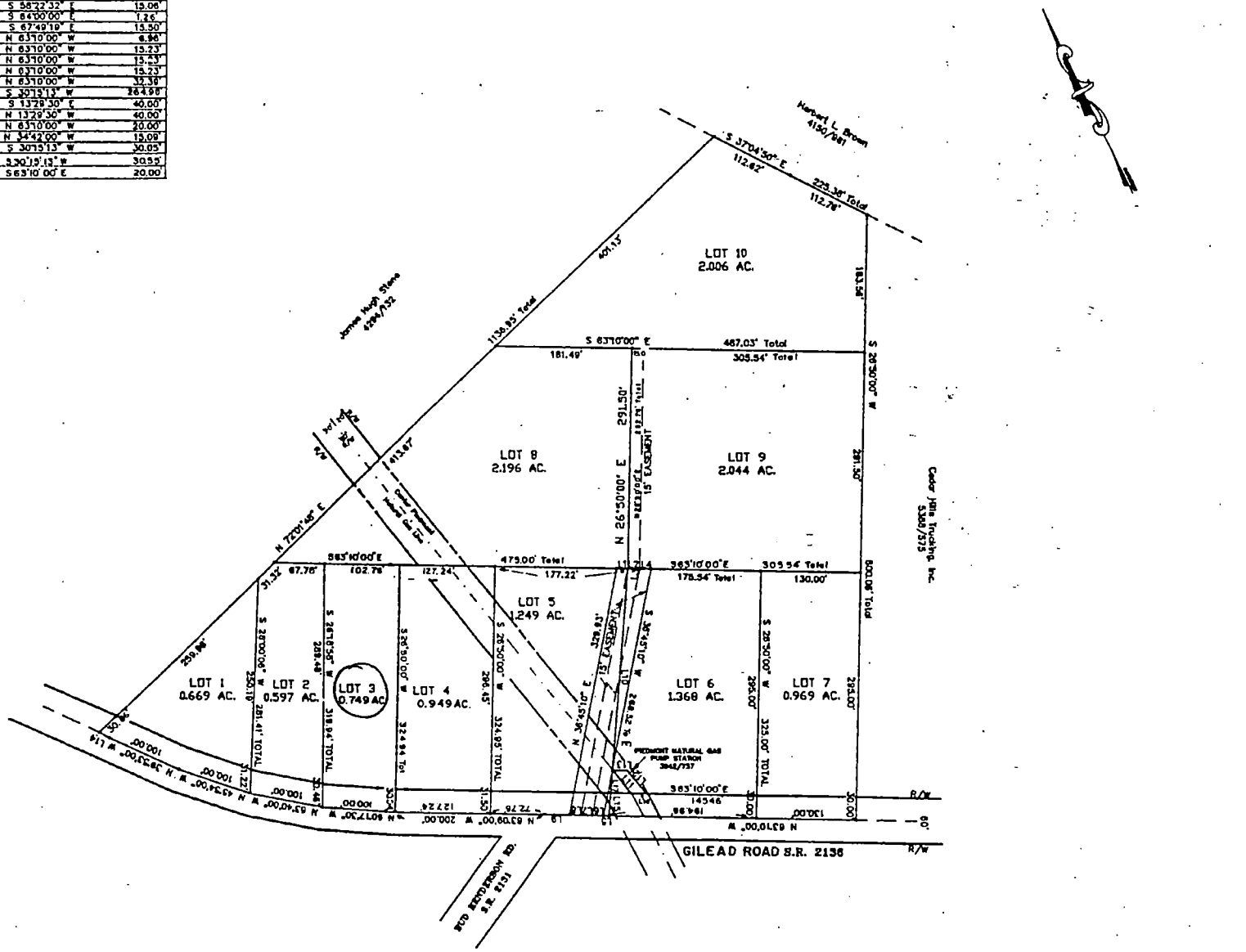
Type III b Pump to Innovative System

L. Terry P. Mullen R.S.

Environmental Health Specialist

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

LINE	DIRECTION	DISTANCE
L1	S 63°10'00" E	15.23'
L2	S 58°22'32" E	15.06'
L3	S 84°00'00" E	1.26'
L4	S 67°49'19" E	15.50'
L5	N 63°10'00" W	6.96'
L6	N 63°10'00" W	15.23'
L7	N 63°10'00" W	15.23'
L8	N 63°10'00" W	15.23'
L9	N 63°10'00" W	32.38'
L10	S 30°15'13" W	284.98'
L11	S 13°29'30" E	40.00'
L12	N 13°29'30" W	40.00'
L13	N 63°10'00" W	20.00'
L14	N 34°42'00" W	15.09'
L15	S 30°15'13" W	30.05'
L17	S 30°15'13" W	30.55'
L18	S 63°10'00" E	20.00'



UNRECORDED PLAT
OF
PHILLIP E. JANSEN PROPERTY
HUNTERSVILLE TWSP., MECKLENBURG CO., N.C.
SCALE: 1"=100' DATE: APRIL 19, 1989

GRAPHIC SCALE

(IN FEET)
1 inch = 100 ft.

SURVEYORS NOTES

DAS
DON ALLEN SURVEYORS, INC.
RT. 7 Box 263 • Monroeville, N.C. 28115 • (704) 664-7025

TAX MAP NO:

FILE NAME: DRAW\JANSEN

cc CK# 2062 NCS

FEE: 150 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 11/16/00 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 3/1/2000 **PERMIT NO:** 5659A
PARCEL NO: 009 032 24

JOB LOCATION ADDRESS: 7209 Gilead Rd
PROPERTY OWNER: Cynthia Wilson (Tony Parrott pros buyer)
BUILDING CONTRACTOR: Tony Parrott
SUBDIVISION NAME: NA
AUTHORIZATION ISSUED BY: Phillip S. Walker RS **DATE:** _____
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 5659A, 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: Type III Innovative Septic System Approval
Lift pump required Agreement forms shall be on file before the conv. Authorization release.

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 3/1/2000

Permit Number: 5659A

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 009 032 24

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be **NO** grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is **NOT** transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	✓ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
.3 Long-term acceptance rate	360 Max gallons/day wastewater flow	900' Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
NO 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: NO Type:		Minimum separation distance:		
Site modifications required:				
Additional Conditions: Type III Innovative Septic System Approval Municipal water, Lift pump required, Pressure manifold distribution. Agreement forms shall be of file before the const. Autho. release.				
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	
900' Absorption Area (Sq ft) 300' Total Trench Length (Ft)	NA Depth of Stone Trench	9' Trench spacing (min. on centers)	24" Maximum Trench Depth	
For existing system, enter the year originally installed:				

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for t 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 eff at the time of issuance of the permit and is subject to the following provisions:

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

Phillip S Walker RS. 3/1/2000
DEHNR Authorized Agent Date

x [signature] 3/1/2000
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

REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2000 NOV 16 01:29 PM
BOOK:11721 PAGE:982-985 FEE:$12.00
INSTRUMENT # 2000167440

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

FILE # 5659A
PARCEL # 009-032-24

The undersigned, Anthony E. Parrott & Carol A. Adam, owner of property located at 7209 Gilead Road, (the "site") and described in an instrument recorded in Book RE11292 at Page 280-284 Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following conditions will apply to the site:

- Any changes on the property may make the Improvement Permit Null and void and may make the Improvement Permit subject to revocation.

This instrument was prepared by: Anthony E. Parrott
Mail after recording to: 10605-F Huntersville Commons Dr.
Huntersville, NC 28078

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

AC #2

Sheet: _____
Property ID: 009-0327-24
Lot #: 3
File #: 56591

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Cynthia T. Wilson APPLICANT: Jay Zeiss
ADDRESS: 1006 Early Ave, Winter Park, Fla. DATE EVALUATED: 2-23-00
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 360gpd PROPERTY SIZE: .74
LOCATION OF SITE: 7209 PROPERTY RECORDED: _____
WATER SUPPLY: ☐Private ☑Public ☐Well ☐Spring ☐Other _____
EVALUATION METHOD: ☑Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☑Sewage ☐Industrial Process ☐Mixed

PROFILE #	Slopes 5-15% .1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-3"	gr/cl	Fr/SE×Pl SS/SP	soil wetness 2.5Y6/1 @25"	29"	N/A	None	US
		3-21"	SBK/c	Fi/SE×Pl S/P					
		21-29"	SBK/c	DF.I Mixed/US/DP					
2	LS	0-3"	gr/cl	Fr/SE×Pl SS/SP	7.5YR 6/1 To soil wetness	48"+	N/A	None	PS / IV .225 SI Fr
		3-48"	SBK/c	Fi/SE×Pl S/P					
3	LS	0-4"	gr/cl	Fr/SE×Pl SS/SP	7.5YR 6/1 To soil wetness	46"+	N/A	None	PS / IV .391 Fr SD
		4-33"	SBK/c	Fi/SE×Pl S/P					
		33-48"	SBK/cl	Fr/SE×Pl SS/SP					
4	LS	0-4"	gr/cl	Fr/SE×Pl SS/SP	7.5YR 6/1 To soil wetness	46"	N/A	None	PS .391 Fr / IV
		4-27"	SBK/c	Fi/SE×Pl S/P					
		27-46"	SBK/cl	Fr/SE×Pl SS/SP					
5	LS	0-2"	gr/cl	Fr/SE×Pl SS/SP	7.5YR 6/1 To soil wetness	46"+	N/A	None	PS .391 Fr / IV
		2-48"	SBK/c	Fi/SE×Pl S/P					

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W.A. Mallis LSS 2-24-00
OTHER(S) PRESENT: _____

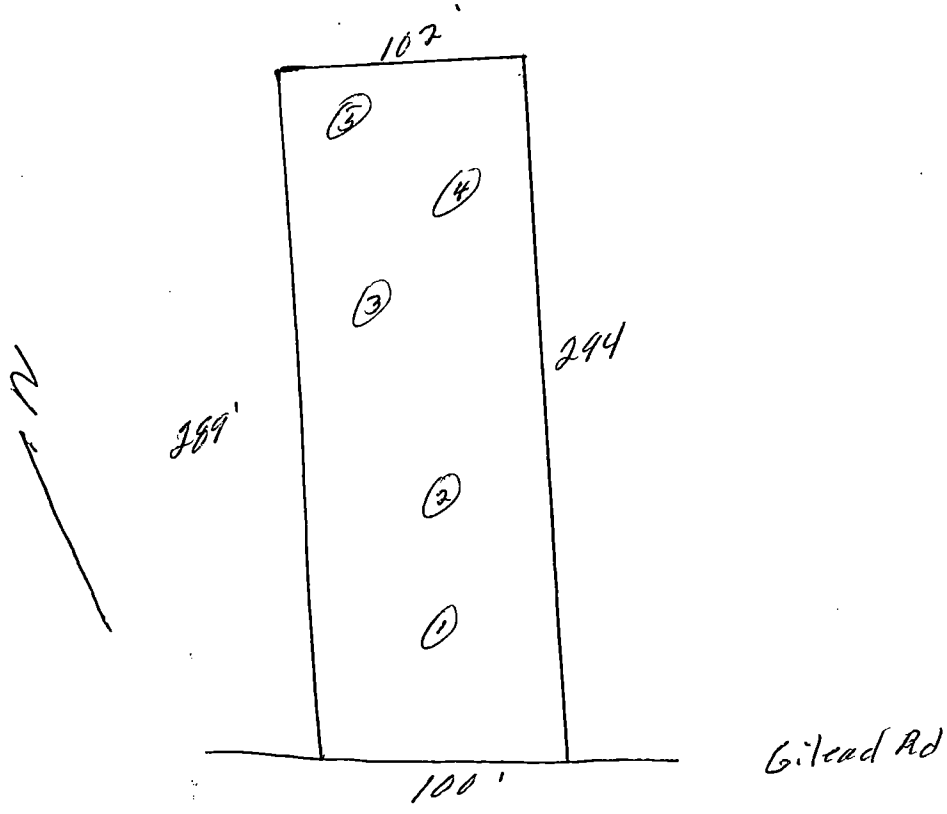
FILE # 56 59A

COMMENTS 100% Repair

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

CONSISTENCE MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

STRUCTURE	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 # 1111

DATE: 2-18-00 AB

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

[ ] CRT

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

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

FILE #: 5659 A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 00903234001

STREET ADDRESS: 7209 Gilead Road

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

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: 2200

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

CLOSING DATE _____

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:

NAME: Wilson Cynthia T
(LAST) Ritter (FIRST) (MI)

ADDRESS: 1006 Early Ave

CITY: Winter Park STATE: FL ZIP: 32789

DAYTIME PHONE: ( ) —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Zinn Jay Realtor Associate
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) 895-5196

19625 Shevington Drive
Cornelius NC 28031

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:

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

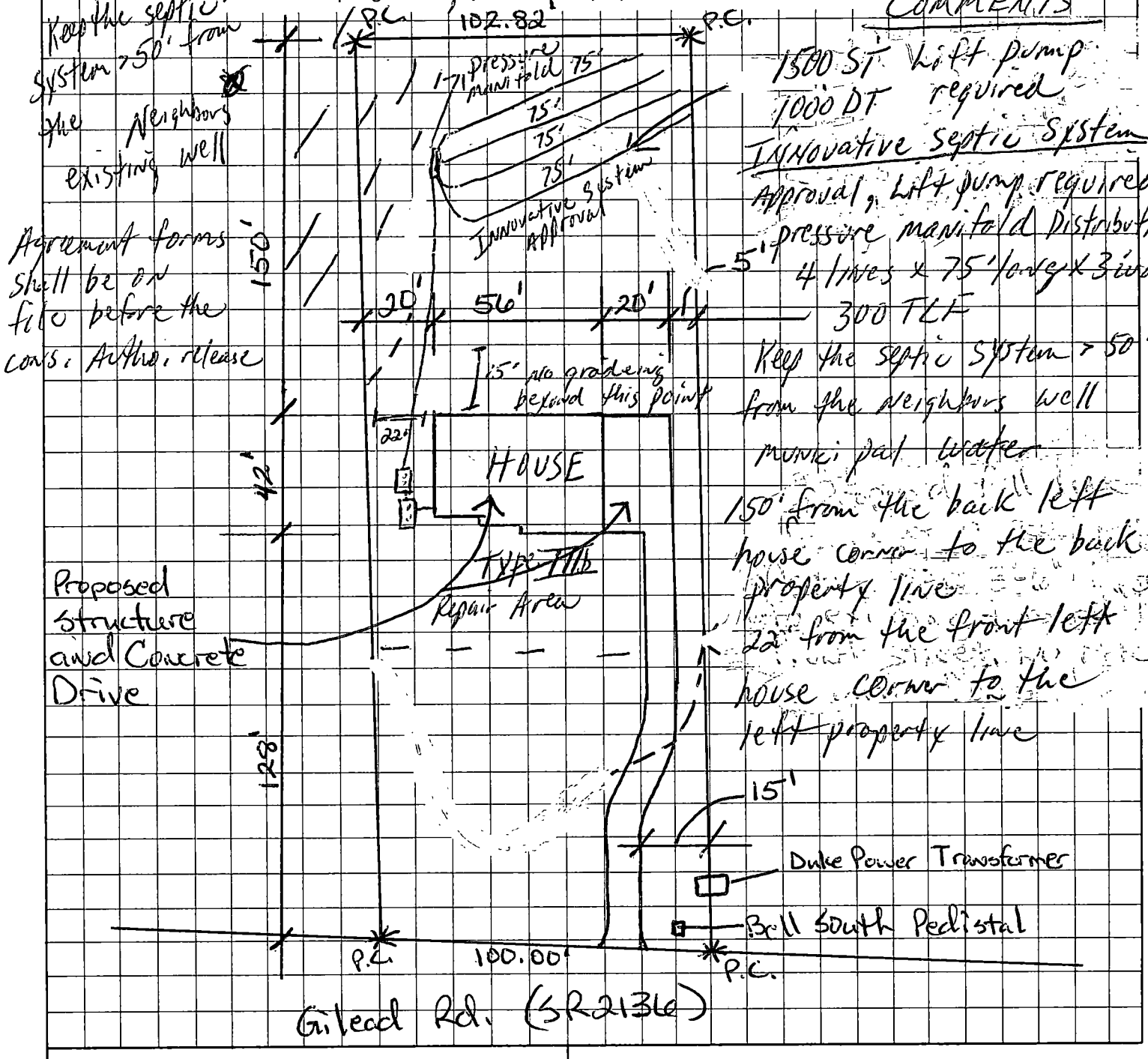
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 56598

TC: 009-032-24

3 Bedroom Residence

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



COMMENTS

1500 SF Lift pump
1000 DT required
Innovative Septic System
Approval, Lift pump required
pressure manifold Distribution
4 lines x 75' long x 3 feet
300 TLF
Keep the septic system > 50' from the neighbors well
municipal water
150' from the back left house corner to the back property line
22' from the front left house corner to the left property line

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE

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

Mecklenburg County
Health Department

Basil G. Delta, M.D., M.P.H.
Health Director

April 27th, 1989

Ronald J. Stephens, Sr.
Rt. 1, Box 410
Iron Station, NC 28080

RE: Property located at Gilead Road 3
FILE: 5659A
PARCEL: 00903206

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the Site Evaluation Report (Serial Number 12066) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12066

File: 5659A Action 1

Parcel: 00 009-032-06 ☐ PC

Location: Gilead Road

Subdivision:

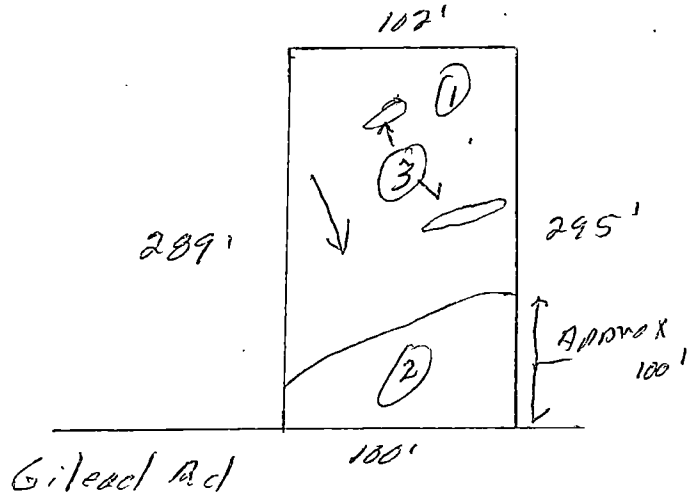
Lot: 3 Block: Acres: .75

Owner: Ronald J. Stephens, Sr.
Address: Rt. 1, Box 410
Iron Station, N. C. 28080

Comments: System may need
light pump

Described by: William A. Mauli

Date: 4-27-09



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 6-15%	(S) PS U 6-12%	S PS (U) Slight Depression	S PS U	S PS U	S PS U
Texture	S (PS) U clay	S PS (U) 2-1 clay	S PS U —	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S (PS) U Blocky	S PS U —	S PS U	S PS U	S PS U
Drainage	(S) PS U 7-48" to water	S PS (U) Perched water 24-36"	S PS U —	S PS U	S PS U	S PS U
Depth	S (PS) U 40-48"	S (PS) U 36"+	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S (PS) U 36"	S PS U —	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	S PS (U)	S PS U —	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	10A Cecil-Lilo	10B Helena-Herndon	Slight Depression			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 5659A

TC: _____

☐ PC ☐ REPT

See fee #5657A for change dup

JOB LOCATION

① ADDRESS: Gilead Road at Bud Henderson Road

② SUBDIVISION: Phillip E. Jansen ③ LOT: 3 ④ BLOCK: N/A

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 009-032-06

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

⑦ NAME: Ronald (FIRST) J. (MIDDLE) Stephens (LAST) Sr.

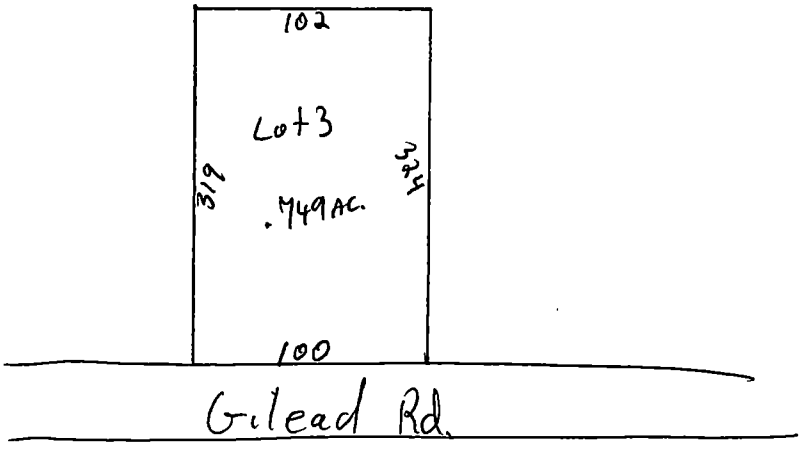
⑧ MAILING ADDRESS: Rt. 1 Box 410

⑨ CITY: Iron Station ⑩ STATE: NC ⑪ ZIP: 28080

⑫ PHONE: (WORK) 598-7890 (HOME) 732-6181

⑬ Accurately diagram and dimension lot.

See Attached Plat



⑭ The undersigned, 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: Ronald J. Stephens, Sr.

Date: 4-20-89

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

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY