

14825 HICKORY VIEW LN

21701221

5/22/2007

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: 4676A DATE: 08/30/2000

TC: 217-012-21 ☒ L ☒ CRT

SERIAL Nº 18357

Name of Owner MATTHEW J. SWYT Juris.: Mecklenburg

Address of Property 14825 HICKORY VIEW LAKE

Inspection Data:

Tank Material PCC

Total Length of Drainfield 300ft

Number of Lines 3 @ 100ft

Cover Depth 12"

Water Supply Source Well

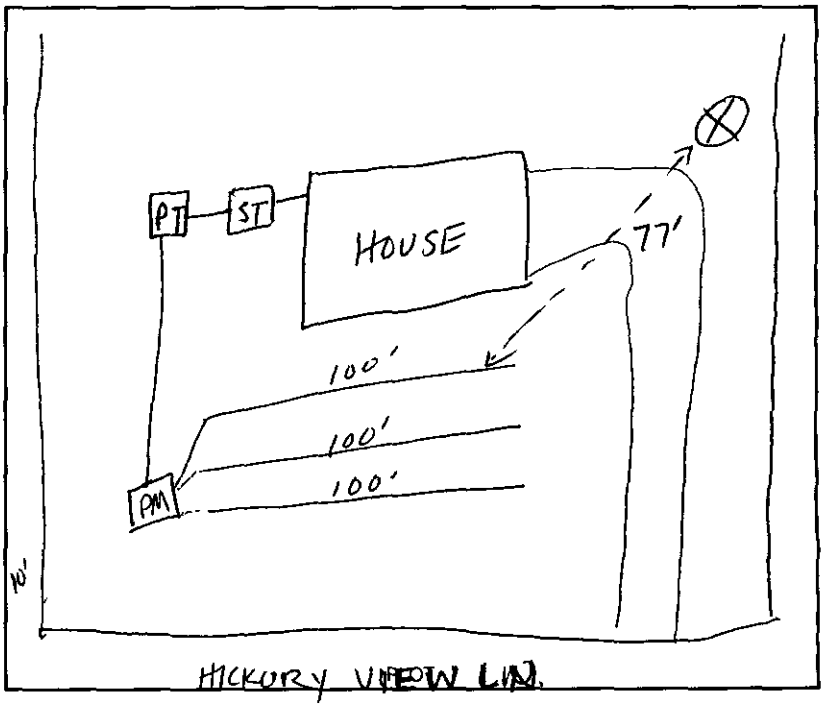
Distance to Water Source 77ft

Excavation Inspected 08/30/00

Tank(s) Inspected 08/30/00

Wash Line Inspected N/A

High Water Alarm Inspected 08/30/00



Design 2000, 1500ST, 1000DT, PL, 900SET, PRESSURE MANIFOLD, INV CTR# WT NORWOOD

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: 3 Bedroom House

3 Lines x 100 ft x 3ft trench (300TCF)

~~Type 3B~~ IIIB Innovative System Pressure Manifold

Jerry P. Mecklenburg

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

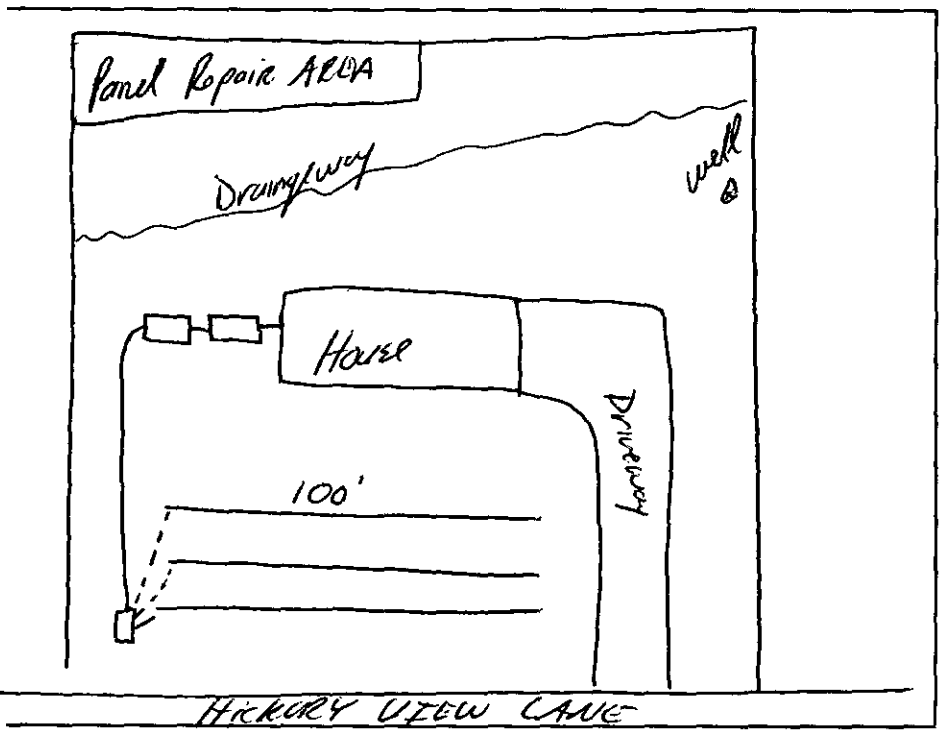
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4676A DATE: 8/29/00

TC: 217-012-21 ☒ L

SERIAL Nº 18543

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 12/10/99. All work shall be completed on or before 8/29/00, 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 1000 gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous Yes

Total Line Length 300' feet

Number of Lines 3 x 100'

Depth of Stone N/A 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 Matthew J. Swyt

LOCATION OF PROPERTY 14825 Hickory View Lane

Comments: Install 3 lines x 100' x 3' trench
Install Pressure Manifold
NEMA 4X Simplex Control Panel Alarm Box

Tommy P. Nichols
Environmental Health Specialist

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

PROPOSED PLOT PLAN

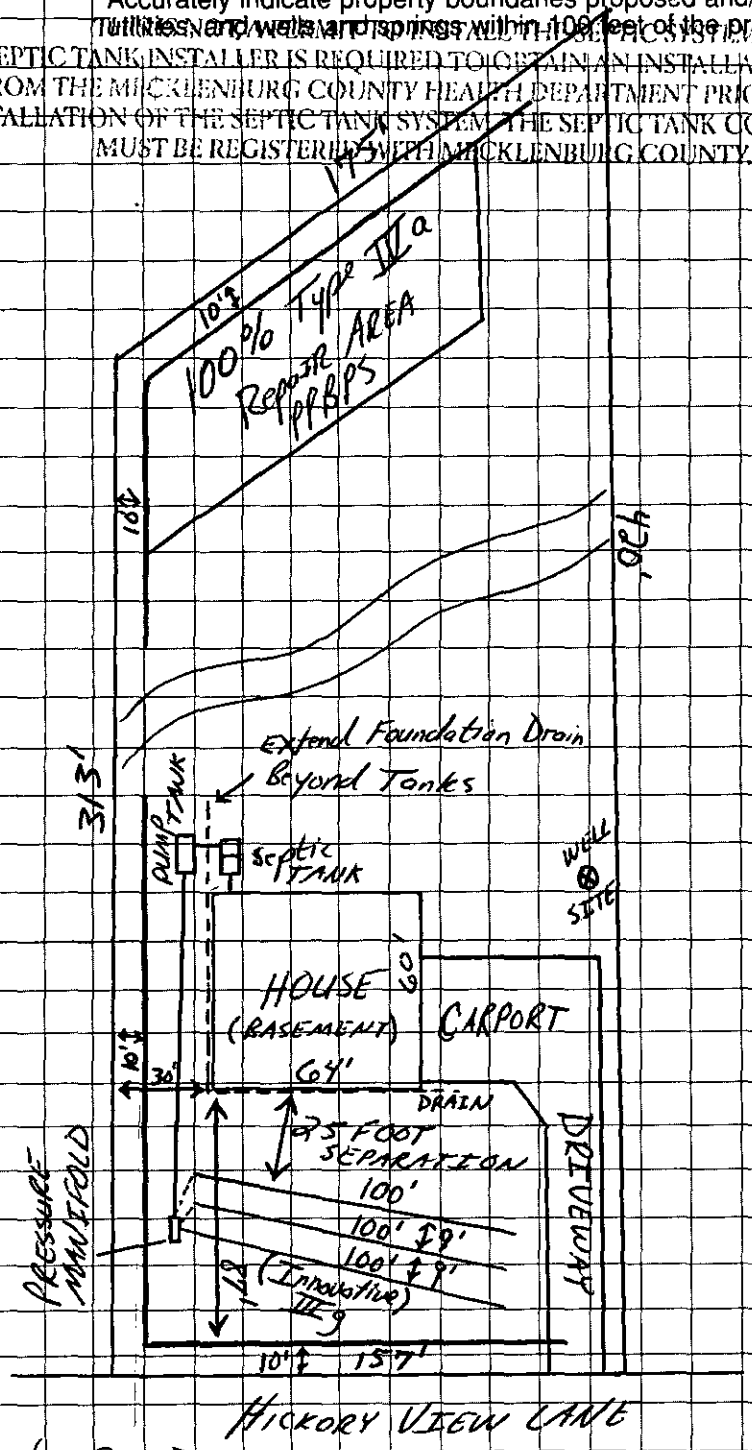
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4676A

TC: 217-012-21

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.

THE SEPTIC TANK INSTALLER IS REQUIRED TO OBTAIN AN INSTALLATION LAYOUT FROM THE MECKLENBURG COUNTY HEALTH DEPARTMENT PRIOR TO THE INSTALLATION OF THE SEPTIC TANK SYSTEM. THE SEPTIC TANK CONTRACTOR MUST BE REGISTERED WITH MECKLENBURG COUNTY.



COMMENTS:

→ SCALE = 1" = 60'

→ Keep lines level and on contour of land.

→ Keep trenches shallow (36" Max.)

→ Keep the minimum distances from the following:
- 5 feet from foundation
- 10 feet from property lines
- 100 feet from all wells
- 25 feet from foundation drain

→ House located 87' from front left House corner and 30' from side property line.

→ System designed for 3 Bedroom Residence:
Type III b Innovative System
3 Lines X 100' = 300 TLF

→ Type III a PPBPS Repair System

X [signature]
OWNER/AGENT SIGNATURE

DATE 03/20/2000

APPROVAL DATE _____

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

PROPOSED PLOT PLAN

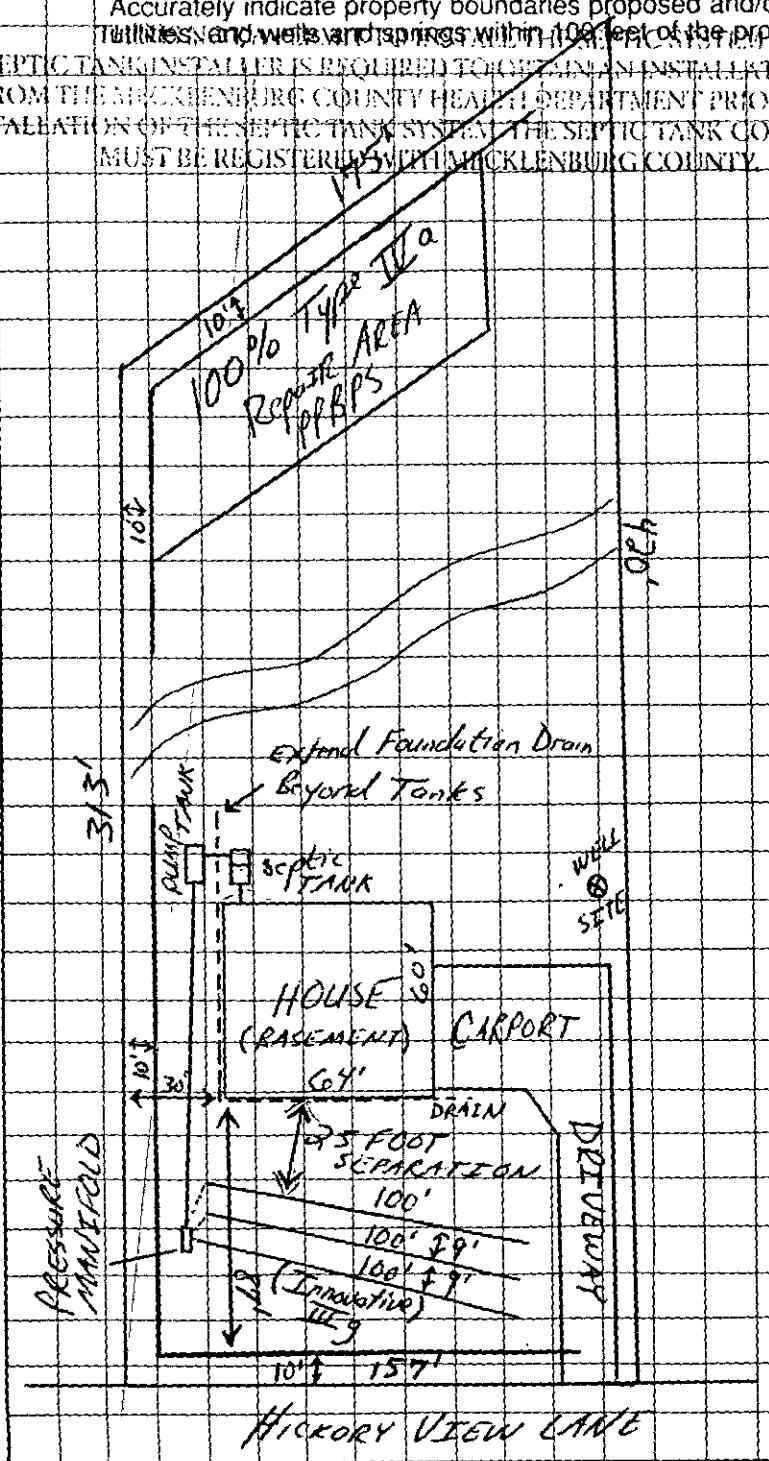
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4676A

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3 lines X 100' = 300 TLF

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OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE

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

Permit Number 4676-A Tax Number 217-012-21

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. (12)

Basement	X 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	X Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

0.3 Long-term acceptance rate	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
Yes Serviced by private well	1500 Gallon septic tank	300 Total trench length (ft)	36" 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: ① Aggreement forms to be on file before installation approval
② Effluent filter shall be installed
③ Keep 25' from foundation drain

Repair Area System Type Type (circle one): I II III (IV) V VI	___ Conventional X 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

600 Absorption Area (Sq ft) 200 Total Trench Length (Ft)	NA Depth of Stone Trench	8' Trench spacing (min. on centers)	32" 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.

Jenny P. Mickel 12/22/99
DEHNR Authorized Agent Date

X [signature] 03/20/2000
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

FEE: [illegible] DATE: 12/10/99 SC

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 #: 4676A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 21701221

STREET ADDRESS: 14825 HICKORY VIEW LANE

SUBDIVISION OR MOBILE HOME PARK NAME: ROYAL OAKS

LOT NUMBER: 37

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2500

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

CLOSING DATE ASAP

FOUNDATION FOR RESIDENCE:

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

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

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

WATER SUPPLY (CHECK ONE):

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

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

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

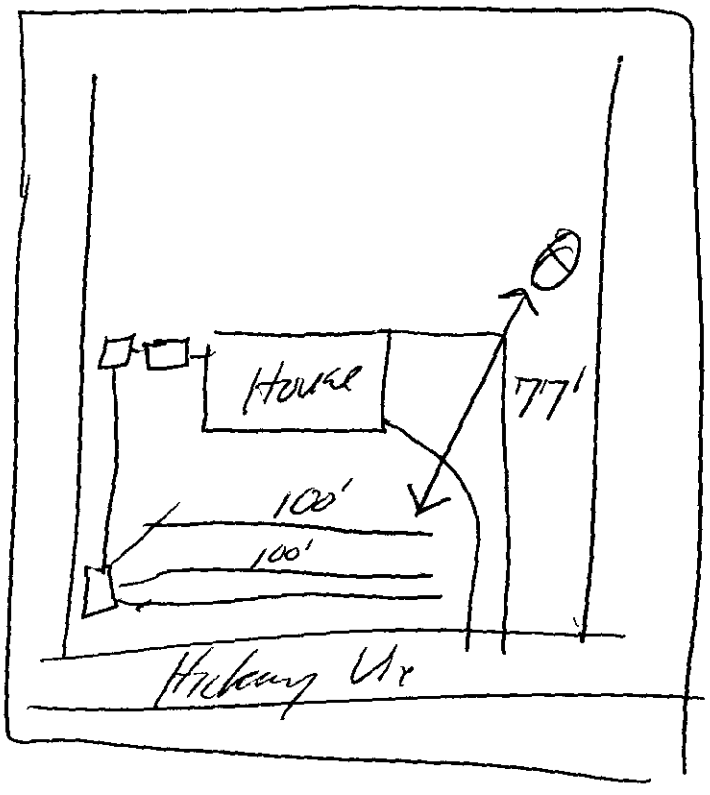
PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: CLAPHAM (LAST) LOUIS (FIRST) B. (MI)	NAME: SWYT (LAST) MATTHEW (FIRST) J. (MI)
ADDRESS: 14600 MAJESTIC OAK DR.	DAYTIME PHONE: (704) 354-2494
CITY: CHARLOTTE STATE: NC ZIP:	
DAYTIME PHONE: (704) 588-2394	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 2-27-98

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: Bradley L. Clapham DATE: 12-10-99

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


House
777'
100'
100'
Hickory Ln

w ck# 3805

FEE: 300 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 3/20/2006 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: _____ PERMIT NO: 4676-A
PARCEL NO: 217-012-21

JOB LOCATION ADDRESS: 14825 Hickory View Lane
PROPERTY OWNER: Matthew J. Swyt
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: Royal Oaks
AUTHORIZATION ISSUED BY: Jeremy P. Mickelson DATE: 12/22/99
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4676-A, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: Agreement forms to be on file before installation approval is granted. See conditions of improvement permit.

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

X _____ 03/20/2006
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT PURSUANT TO 15A NCAC 18A .1948 AND/OR THE FOLLOWING RULES: .1950, .1957(a); .1957(b); or .1957(c) or .1969

FILE COPY
REGISTRATION DOC # 2000004610
DATE 1-12-2000 TIME 16:21
BOOK 11026 PAGE 665
STAMPS REC FEE
JUDITH A. GIBSON WHITNEY
REGISTER OF DEEDS
COPY

FILE # 4676A
PARCEL # 2170122

The undersigned, MATTHEW J. SWYT, owner of property located at 14925 HICKORY VIEW LANE, (the "site") and described in an instrument recorded in Book _____ at Page _____, 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: Lancaster & Trotter
Mail after recording to: Lancaster & Trotter (Box 6)

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this _____ day of _____, 199__.

_____ (SEAL)
(Corporate Name)

_____ (SEAL)

By: _____ _____ (SEAL)

_____ President _____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, William H. Trotter, Jr., a Notary Public for said County and State, do hereby certify that Matthew J. Swyt personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 31st day of Dec., 1999.

William H Trotter
Notary Public

My Commission Expires:
5/4/2000

RBCWM:24751_1/8-30-95

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

Sheet: _____
Property ID: 217-061-04
Lot #: 37
File #: 4676A

2 (48)

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Louis B. Clapham APPLICANT: Matthew J. Lucyk
ADDRESS: 14600 Majestic Oak Dr., Charlotte DATE EVALUATED: 12-15-99
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 360gpd PROPERTY SIZE: 1.2
LOCATION OF SITE: 14825 Hickory View Lane PROPERTY RECORDED: _____
WATER SUPPLY: ☒Private ☐Public ☒Well ☐Spring ☐Other _____
EVALUATION METHOD: ☒Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☒Sewage ☐Industrial Process ☐Mixed

PROFILE #	.1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	8% LS	0-5"	gr/sl	Fr/SE/SP/NS/NP	>48" TO SOIL WETNESS	48"+	N/A	None	PS .39/Fz IV
		5-39"	sBK/sc	Fi/SE/SP/SS/SP					
		39-48"	sBK/scl	Fr/SE/SP/SS/SP					
2	8% LS	0-3"	gr/sl	Fr/SE/SP/NS/NP	>48" TO SOIL WETNESS	48"+	N/A	None	PS .39/Fz IV
		3-7"	sBK/scl	Fr/SE/SP/SS/SP					
		7-35"	sBK/sc	Fi/SE/SP/SS/SP					
		35-48"	sBK/scl	Fr/SE/SP/SS/SP					
3	LS 15%	0-3"	gr/sl	Fr/SE/SP/NS/NP	>48" TO SOIL WETNESS	48"+	N/A	None	PS .39/Fz IV
		3-7"	sBK/scl	Fr/SE/SP/SS/SP					
		7-27"	sBK/sc	Fi/SE/SP/SS/SP					
		27-48"	sBK/scl	Fr/SE/SP/SS/SP					
4	LS 15%	0-3"	gr/sl	Fr/SE/SP/NS/NP	>48" TO SOIL WETNESS	48"+	N/A	None	PS .39/Fz IV
		3-31"	sBK/c	Fi/SE/SP/SS/SP					
		31-48"	sBK/scl	Fr/SE/SP/SS/SP					
5	LS 25%	0-6"	gr/sl	Fr/SE/SP/NS/NP	>48" TO SOIL WETNESS	48"	N/A	None	PS .39/Fz IV
		6-28"	sBK/sc	Fi/SE/SP/SS/SP					
		28-48"	sBK/scl	Fr/SE/SP/SS/SP					
6	25% NS	0-3"	gr/scl	Fr/SE/SP/NS/NP	>48" TO SOIL WETNESS	48"	N/A	None	PS .39/Fz IV
		3-41"	sBK/sc	Fi/SE/SP/SS/SP					
		41-48"	sBK/scl	Fr/SE/SP/SS/SP					

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W.R. Marlin LSS 12-20-99
OTHER(S) PRESENT: _____

Signed Out to
Jeremy

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

Sheet: 2

Property ID: 019-261-04

Lot #:

File #: 4116 B

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICANT: _____

ADDRESS: _____ DATE EVALUATED: _____

PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949) _____ PROPERTY SIZE: _____

LOCATION OF SITE: _____ PROPERTY RECORDED: _____

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

EVALUATION METHOD: ☐Augur Boring ☐Pit ☐Cut

TYPE OF WASTEWATER: ☐Sewage ☐Industrial Process ☐Mixed

PROFILE #	.1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	15% LS	0-3"	gr/sc l	Fr/SE/P/SS/SP	>48" TO 50.1 WETNESS	48"+	N/A	none	PS .39/F2 IV
		3-40"	SBK/ sc	Fi/SE/P/ S/P					
		40-48"	SBK/ sc l	Fr/SE/P/ SS/SP					

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

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____

OTHER(S) PRESENT: _____

FILE # 46764A

COMMENTS 100% Repair

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

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

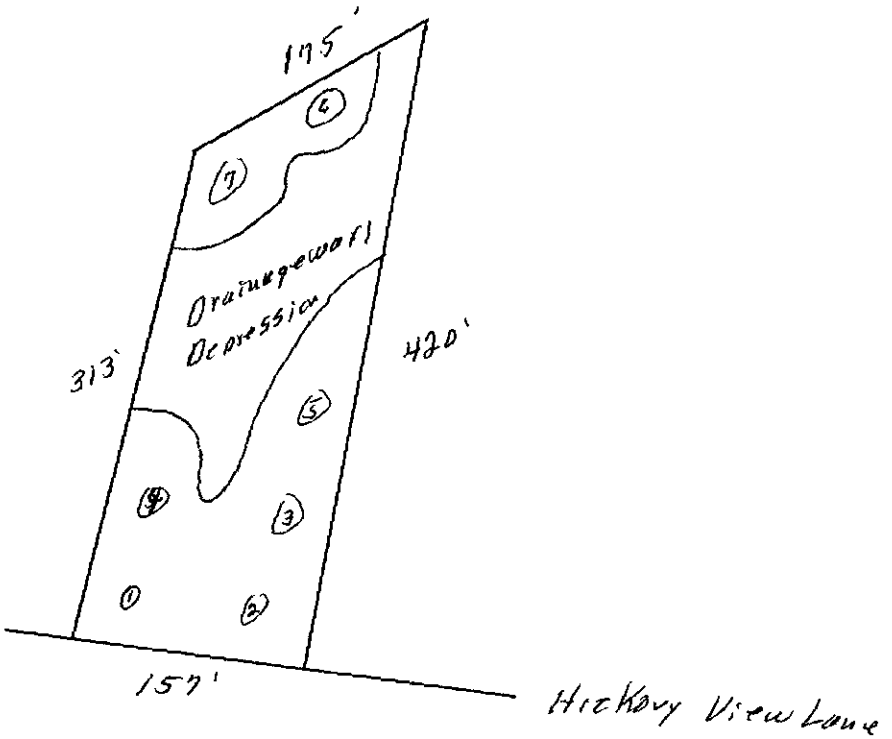
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



FEE: 210.00 CK # 2201

DATE: 12/10/99 JC

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 #: 4676-A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 21701221

STREET ADDRESS: 14825 Hickory View Lane

SUBDIVISION OR MOBILE HOME PARK NAME: Royal Oaks

LOT NUMBER: 37

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2500

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

CLOSING DATE ASAP

FOUNDATION FOR RESIDENCE:

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

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

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

WATER SUPPLY (CHECK ONE):

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

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

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

PROPERTY OWNER:

NAME: Clapham Louis B.
(LAST) (FIRST) (MI)

ADDRESS: 14600 Majestic Oak Dr.

CITY: Charlotte STATE: NC ZIP:

DAYTIME PHONE: (704) 588-2394

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Swyt Matthew J.
(LAST) (FIRST) (MI)

DAYTIME PHONE: (704) 354-2494

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 2-27-98

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: Bradley L. Clapham DATE: 12-10-99

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

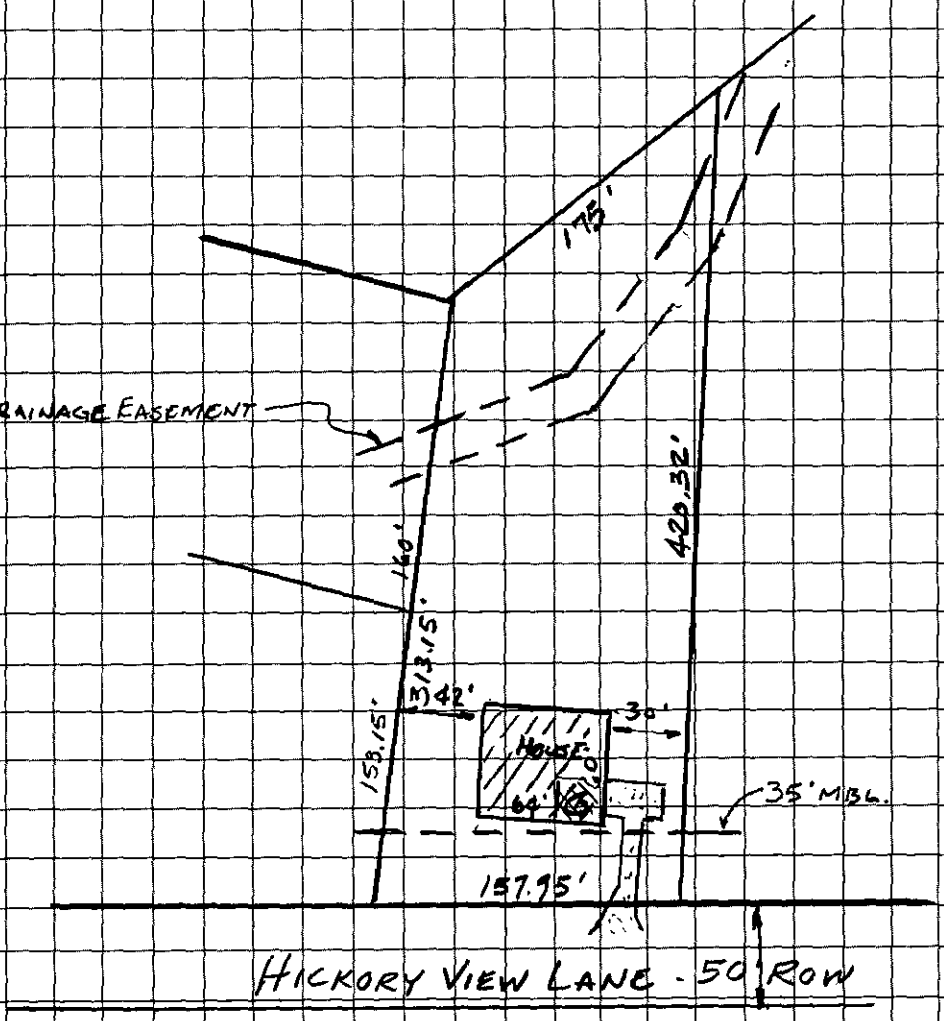
PROPOSED PLOT PLAN

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

FILE: 46164

TC: 2/7-01-21

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.



Matt Fay
OWNER/AGENT SIGNATURE

DATE 12/10/99

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

August 2nd, 1988

Performance Investments, Inc.
1740 E. Independence Boulevard
Charlotte, NC 28205

RE: Property located at Hickory View Lane 37
FILE: 4676A
PARCEL: ~~21701202-P0~~ 217-012-21

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 15450) 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 15450

File: 4676A Action 1

Parcel: ~~21701202 PO~~ 217-012-21 ☐ PC

Location: Hickory View Lane

Subdivision:

Lot: 37 Block: Acres: .72

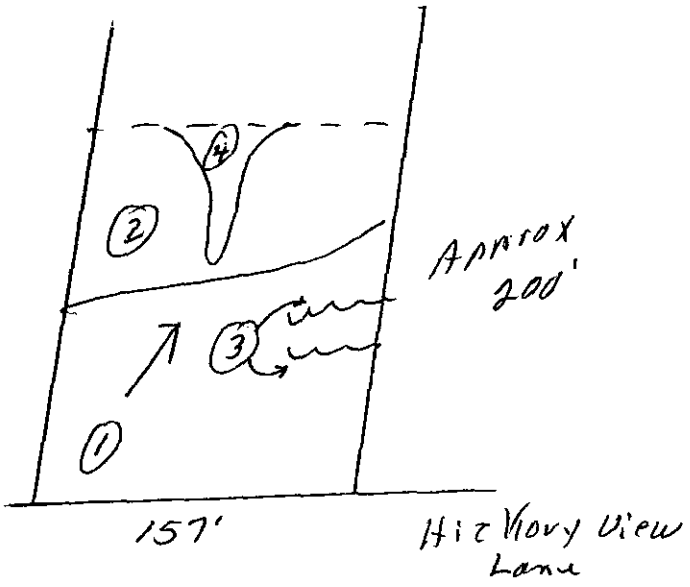
Owner: Performance Investments, Inc.
Address: 1740 E. Independence Boulevard
Charlotte, NC 28205

Comments: System may need lift pump

Described by: William A. Marlin

Date: 8-2-88

*** 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 8-15%	S (PS) U 15-30%	S PS (U) complex slopes	S PS (U) Drainageway Depression	S PS U	S PS U
Texture	S (PS) U clay	S (PS) U 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 TO 36" water	S (PS) U TO 36" water	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36"	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	S (PS) U limited	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	IuA Cecil-like	IuA Cecil-like	Complex slopes	Drainageway 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

PD 1/19/88
ck # 541
$30.

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 4676A

TC: 217-012-21

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Yock Road at Pleasant Hill Road/Hickory View Lane

② SUBDIVISION: Royal Oaks ③ LOT: 37 ④ BLOCK: I

⑤ PARCEL REFERENCE: BOOK NO.: PD 217 PAGE NO.: 012 PARCEL NO.: 02

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

OWNER

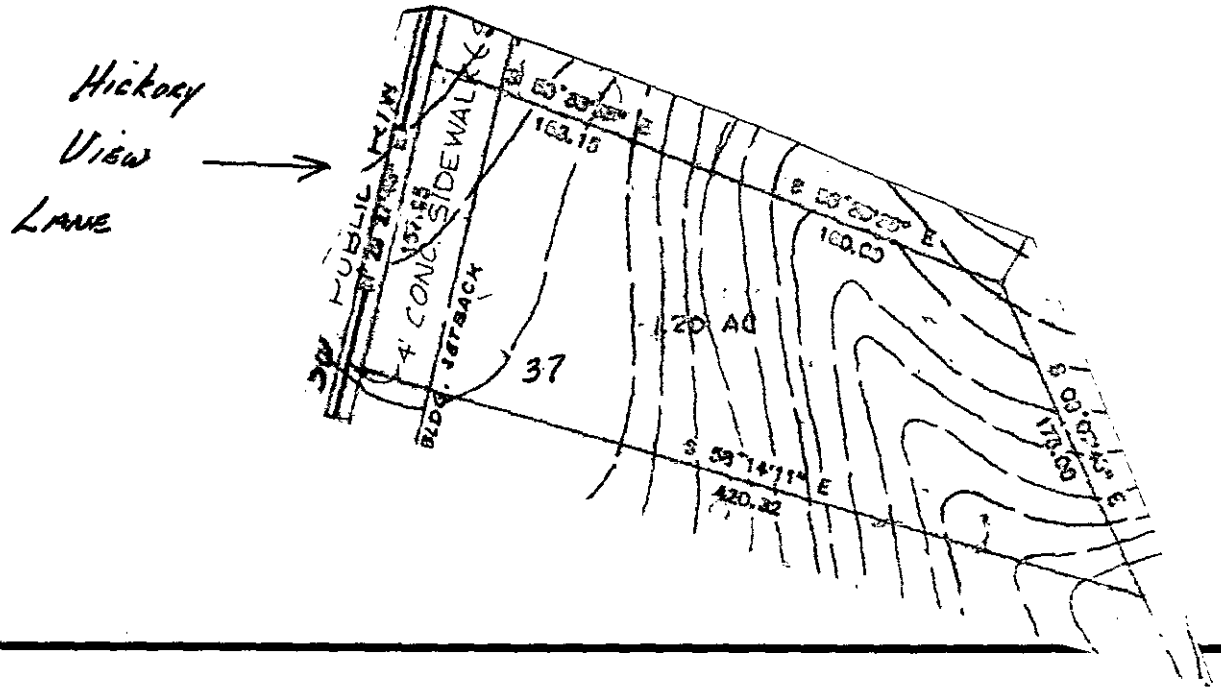
⑦ NAME: Performance Investments Inc.; Mr. Gary Allen, President
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 1740 E. Independence Blvd.

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28205

⑫ PHONE: (WORK) (704) 372-2565 (HOME) _____

⑬ Accurately diagram and dimension lot.



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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: _____

Date: 1/19/88

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

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY