

4826 BRIGHT RD

11307334

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Groundwater and Wastewater Services File Imaging Project
May 2007
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Mud Ck #1581

AC

FEE: 300 AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: 4/7/2000 VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: _____ PERMIT NO: 2905B

PARCEL NO: 113-073-34

JOB LOCATION ADDRESS: 4826 BRITE ROAD

PROPERTY OWNER: Kevin & Electa FARR

BUILDING CONTRACTOR: _____

SUBDIVISION NAME: HARBOR WOODS ESTATES

AUTHORIZATION ISSUED BY: Jerry T. Mickelson DATE: 3/30/00

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2905-B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

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

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

4. OTHER CONDITIONS: 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.

Electa Farr 4/7/00

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number 2905 B

Tax Number: 113-073-34

- 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	X Yes	___ 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	
.25 Long-term acceptance rate	360 Max gallons/day wastewater flow	1440 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
YES Serviced by private well	1500 Gallon septic tank	480' 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	NA Gallon pump tank	12" Depth of stone		
Any surface waters present: Yes Type: Lake Wylie		Minimum separation distance: 100'		
Site modifications required:				
Additional Conditions: ① 100 Foot Buffer Zone ② Effluent filter for risers				
Repair Area System Type Type (circle one): I (II) III IV V VI .3 App. Rate	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	
1200 Absorption Area (Sq ft) 400 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	24" Maximum Trench Depth	
For existing system, enter the year originally installed:				

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

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

Jenny L. Mickish 3/30/00
DEHNR Authorized Agent Date

Electa Eller 4/7/00
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

PROPOSED PLOT PLAN

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

FILE: 2905 B

TC: 113-073-34

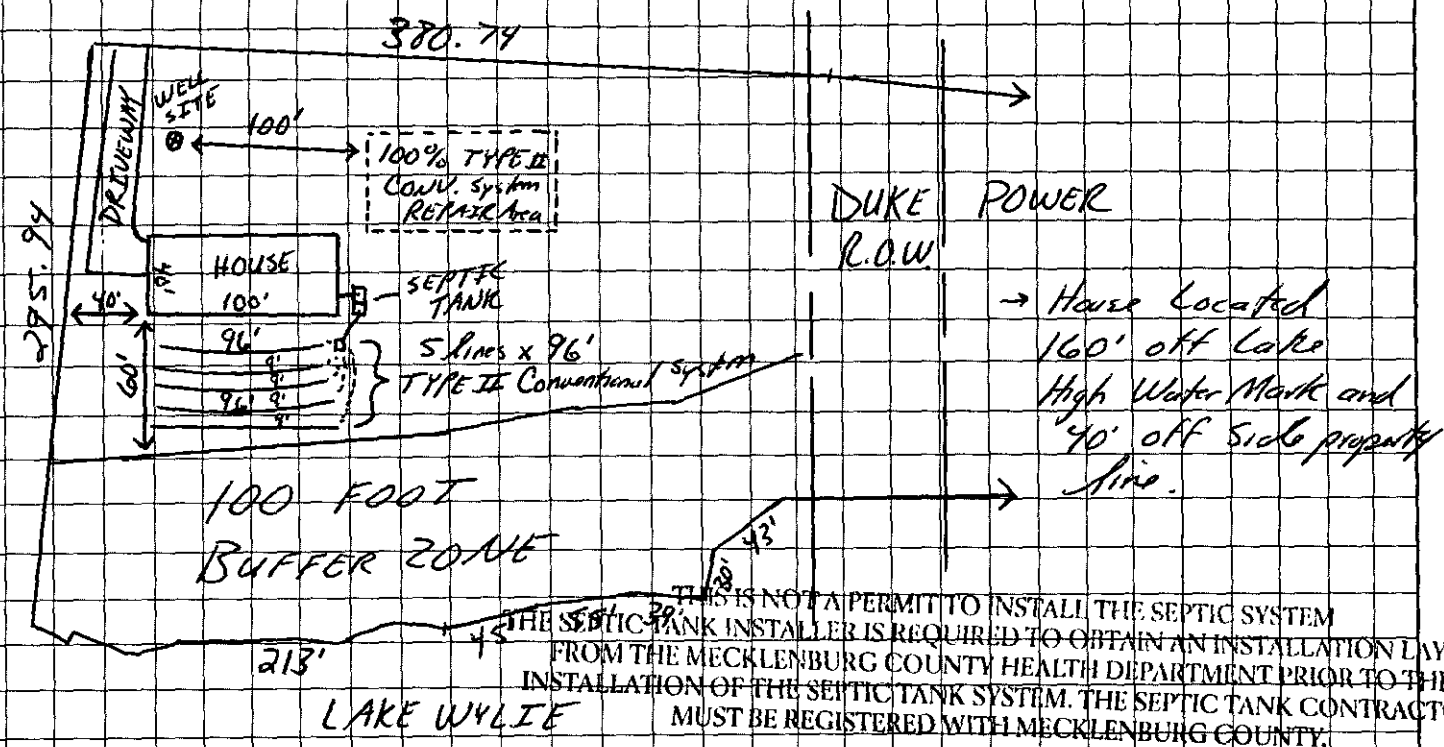
Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.

COMMENTS

→ SCALE = 1" = 100'
→ Keep lines level and on contour of the land
→ Keep trenches shallow (24" Max.)
→ Keep all parts of septic system the minimum distance from the following:
- 10 feet off property lines, 15 feet off basement
- 100 feet from all wells

→ System designed for Three (3) bedroom residence
Install 5 lines x 96 (480 TLF) Type II Conventional System

→ Type II Conventional System Repair Area
→ Lift station will be required for Repair Area.



THIS IS NOT A PERMIT TO INSTALL THE SEPTIC SYSTEM
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.

Elesha Eller
OWNER/AGENT SIGNATURE

DATE 4/7/00

APPROVAL DATE Jeremy L. Michela 3/30/00

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

FEE: 100.00 CK # 1287
DATE: 3/29/99

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 #: 2905B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 113 073 34.

STREET ADDRESS: 4926 Brite Rd

SUBDIVISION OR MOBILE HOME PARK NAME: Harbour Woods Estates

LOT NUMBER: 5 ACRE 6

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 3/1/99

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 Power
EXISTING WASTEWATER SYSTEMS __ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS power ✓ YES __ NO
WELL, SPRINGS OR WATERLINES __ YES ✓ NO
DESIGNATED WETLANDS __ YES ✓ NO

PROPERTY OWNER: KEVIN + ELECTA Eller FARR

NAME: FARR, KEVIN or Electa Eller
(LAST) (FIRST) (MI)

ADDRESS: 4645 Tillman Rd

CITY: GASTONIA STATE: NC ZIP: 28056

DAYTIME PHONE: (704 824 - 4256(w)

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 3/15/99 ?

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: Electa Eller (Farr) DATE: 3-29-99

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

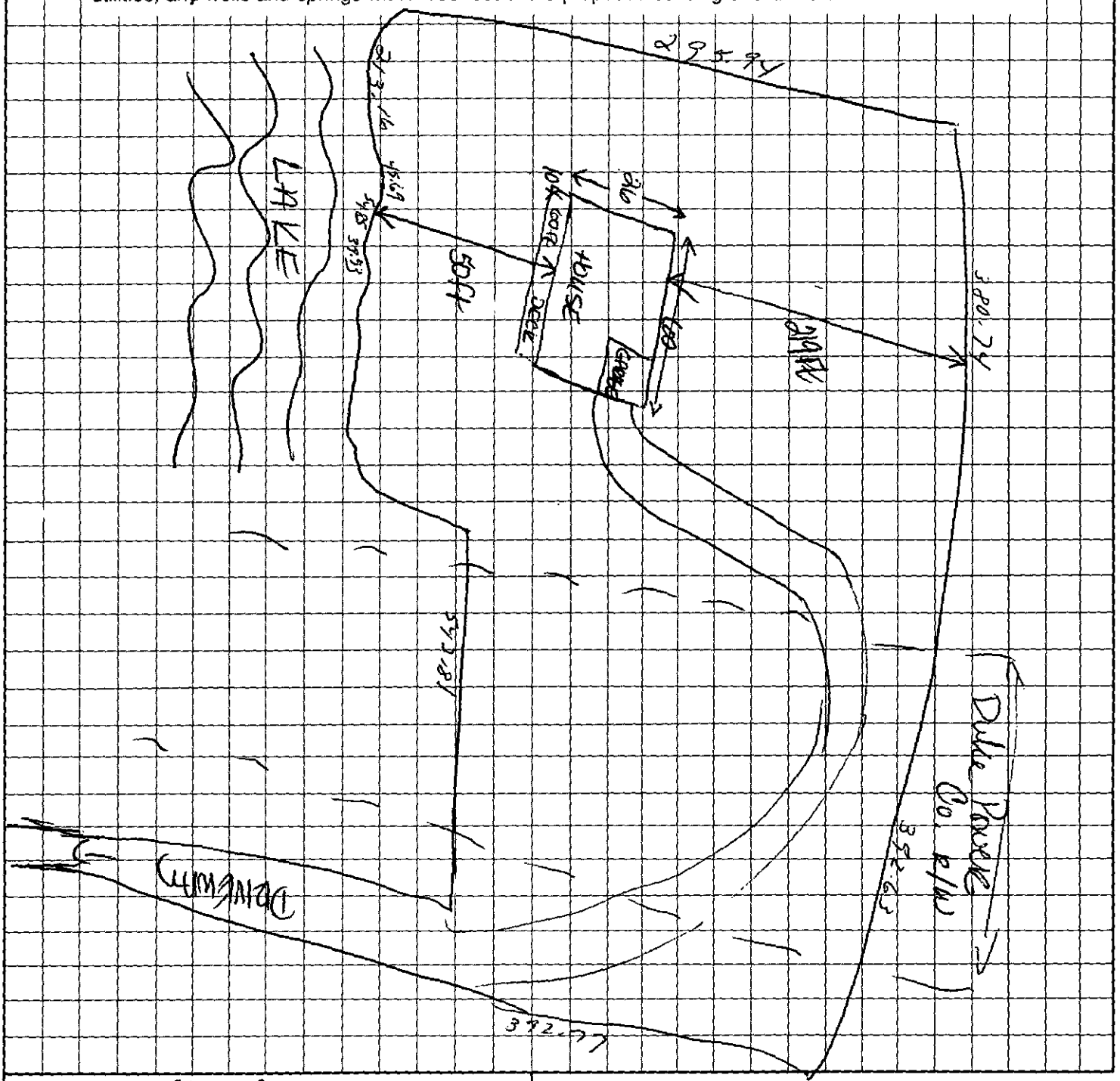
PROPOSED PLOT PLAN

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

FILE: 2965B

TC: 113-073-34

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.



BRITE RD.

Herb Ellis Farm
OWNER/AGENT SIGNATURE

DATE 3/29/99

APPROVAL DATE _____

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

NORFOLK SOUTHERN RAILROAD

CATAWBA RIVER

CHANNEL

CO.

CO.

OLD GASTON MECKLENBURG

32 5 AC.

33 5 AC.

34 5 AC.

26 32 AC. UNDERWATER DUKE POWER CO.

38 5 AC.

37 5 AC.

36 5 AC.

35 1.47 AC.

25 5 AC.

73

72

71

445' DUKE POWER CO. R/W

R/W

1349 BRIGHT RD.

BRITE AND EARLEY RD.

FOR TAX PURPOSES ONLY

DC 22

PG. 22

TAX LINE MAP	BOOK 113	PAGE 07
MECKLENBURG COUNTY, NORTH CAROLINA		
REVISED 7-15-97	FZ	SCALE 1" = 200'

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

AS/#1

Sheet: _____

Property ID: 113-073-34

Lot #: 6

File #: 2905

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Kevin & Ellen Fearn APPLICANT: _____

ADDRESS: 4645 Tillman Road, Harrisburg DATE EVALUATED: 3-8-00

PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 360gpd PROPERTY SIZE: Approx .5 ac

LOCATION OF SITE: 4626 Bute Downs PROPERTY RECORDED: _____

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

EVALUATION METHOD: ~~Augur Boring~~ Pit Cut

TYPE OF WASTEWATER: ~~Sewage~~ Industrial Process Mixed

PROFILE #	2-1020 .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	0-8"	compacted fill		7.5Y" TO 10YR 5/1 wetness	39"	N/A	None	PS .25gpf2 IV
		8-39"	SBM/C	F/SEXP/SP					
2	LS	0-13"	Mixed Fill		38" TO 10YR 5/1 wetness	38"	N/A	None	PS .25gpf2 IV
		13-34"	SBM/C	F/SEXP/SP					
		34-38"	SBM/SCL	FR/SEXP/SS/SP					
3	LS	0-8"	gr/SCL	FR/SEXP/SS/SP	7.5Y" TO 10YR 5/1 wetness	47"	N/A	None	PS .25gpf2 IV
		8-39"	SBM/C	F/SEXP/SP					
		39-47"	SBM/SCL	FR/SEXP/SS/SP					
4	LS	0-12"	gr/SCL	FR/SEXP/SS/SP	7.5Y" TO 10YR 5/1 wetness	46"	N/A	None	PS .25gpf2 IV
		12-41"	SBM/C	F/SEXP/SP					
		41-48"	SBM/SCL	FR/SEXP/SS/SP					
5	LS	0-12"	Mixed Fill		7.5Y" TO 10YR 5/1 wetness	46"	N/A	None	PS .25gpf2 IV
		12-48"	SBM/C	F/SEXP/SP					
6	LS	0-12"	Mixed Fill		7.5Y" TO 10YR 5/1 wetness	48"	N/A	None	PS .25gpf2 IV
		12-48"	SBM/C	F/SEXP/SP					
7	LS	0-12"	gr/SL	FR/SEXP/NS/NP	7.5Y" TO 10YR 5/1 wetness	48"+	N/A	None	PS .39gpf2 III
		12-48"	SBM/C	F/SEXP/SP					
8	LS	0-10"	gr/SCL	FR/SEXP/SS/SP	7.5Y" TO 10YR 5/1 wetness	48"+	N/A	None	PS .39gpf2 IV
		10-48"	SBM/C	F/SEXP/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS .25gpf2	PS
System Type(s)		
Site LTAR	.25gpf2	.39gpf2

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): Provisionally Suitable

EVALUATED BY: A. R. Medlin LSS 3-10-00

OTHER(S) PRESENT: T. Michelove, D. Joyce

FILE # 29053

COMMENTS Well 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	

