

629 SARDIS RD N

21341146

1/3/2008

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

CK#7459 $150.00 2-18-97

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

FILE: 3913-B DATE: 1-23-97

TC: 213-911-2 ~~TL~~ ~~CRT~~

SERIAL Nº 17015

Name of Owner STEVEN PRICE Juris.: _____

Address of Property 629 SARDIS ROAD N.

Inspection Data:

Tank Material RCC

Total Length of Drainfield 502

Number of Lines 9 @ _____

Cover Depth 12"

Water Supply Source CMUD

Distance to Water Source ✓

Excavation Inspected _____

Tank(s) Inspected 1-23-97

Wash Line Inspected '

High Water Alarm Inspected 1-23-97

PLOT

Design 1997 1500 ST 1000 GT PI INV 1506 SFT CTR# R.C.S.

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: _____

Environmental Health Specialist

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

2260

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

01/12/95

3413B

Cash $150.00 CK

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:

NAME: Price (last) Steven (first) T (mi)

ADDRESS: 1104 Hulston Ct PHONE: (704) 365-2216 - Hm 334-8605 - Bus

CITY: Charlotte STATE: N.C. ZIPCODE: 28211

Date: 1-12-95

PROPERTY OWNER:

NAME: Renfrow (last) Franklin (first) M (mi)

ADDRESS: P.O. Box 67 PHONE: (704) 847-4126

CITY: Matthews STATE: N.C. ZIPCODE: 28106

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 213-411-21 001

STREET ADDRESS: 629 South Rd North Charlotte, NC

ZONING: R-3

Township (check one):
☐ 0 Mecklenburg County ☐ 2 Davidson ☐ 4 Pineville ☐ 6 Huntersville
☑ 1 Charlotte ☐ 3 Cornelius ☐ 5 Matthews ☐ 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME: Price Estates

LOT NUMBER: 1 LOT SIZE (in acres): 4.32

TYPE APPLICATION (check one):

☐ SOIL TEST - INDIVIDUAL LOT (D)
☑ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (N)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R) per S.T.P.

RESIDENTIAL PROPERTY (Type Building, check one):

☐ SINGLE MOBILE HOME (S) ☑ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: ~~3~~ 5 NUMBER OCCUPANTS: 5

SYSTEM CLASSIFICATION: TW - 3/4/96

COMMERCIAL/INDUSTRIAL PROPERTY:

Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):

☐ Community (C) ☐ Shared Well (S)
☑ Municipal (M) ☐ Other 'spring' (O)
☐ Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):

☐ Swimming Pool ☐ Jacuzzi ☐ Stable/Barn ☐ Workshop ☐ None
☐ Garage ☐ Storage Building ☐ Deck/Patio ☐ Bedrooms ☐ 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 agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Steven T Price Date: 1-12-95

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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 by this Department.

...This permit is not transferable.

...Conventional system for a 3bedroom house only

☑ IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
☐ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Larry B. Thompson Jr. R.S. 2-20-95
Environmentalist Date

W. Bunn for S. Davis 2-21-95
Director or Authorized Section Head Date

WATER : 122791

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20570

File: 34138 Action 2

Parcel: PO 213-411-21 ☐ PC

Location: Sandis Road North

Subdivision:

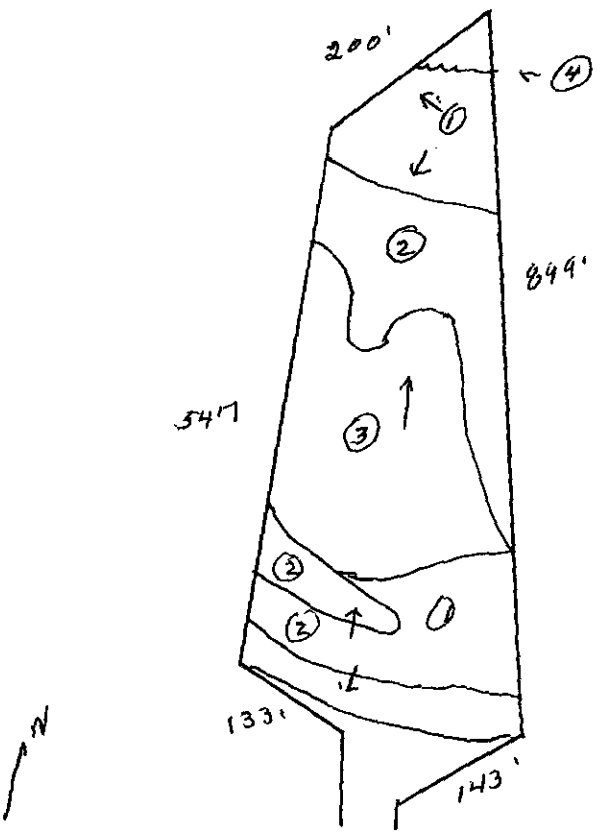
Lot: 1 Block: Acres: 4.3

Owner: Franklin M. Renfrow
Address: PO Box 67
Matthews, N.C. 28106

Comments: Well Repair, 3gal/@12/day
LTAR- system malfunctioned
pump

Described by: William R. Marlin

Date: 2-6-95



*** 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) Drainageway/ Depression	(S) PS U 6-15%	S PS (U) old terrace	S PS U	S PS U
Texture	S (PS) U slightly Expansive clay	S PS U —	S PS (U) Expansive clay	S PS U —	S PS U	S PS U
Structure	S (PS) U sub Blocky	S PS U —	S (PS) U sub Blocky	S PS U —	S PS U	S PS U
Drainage	S (PS) U >36" To soil wetness	S PS U —	S PS (U) some soil wetness 13"	S PS U	S PS U	S PS U
Depth	S PS (U) 12-33"	S PS U —	S PS (U) 16-21"	S PS U —	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S PS U —	S (PS) U >36"	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	Iredell/ Parolet	Drainageway/ Depression	Series Not Determined	Old Terrace		
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

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: 3413 B DATE: 12 [illegible]

TC: 213-911-2[illegible] L

SERIAL NO 1701

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 _____. 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.

[illegible]

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1-2-2 gallons

Tank Construction [illegible]

Trench Depth [illegible]

Absorption and/or Nitrification Lines:

Trench Width 2 feet

Trench Walls Scored and Porous [illegible]

Total Line Length 302 feet

Number of Lines [illegible]

Depth of Stone [illegible] inches

Distance from House [illegible] feet

Distance from Property Line [illegible] feet

Distance from Well [illegible] feet

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

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

Comments: _____

[illegible]

Environmental Health Specialist

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

Mecklenburg County
Health Department

Application for
Inspection of Public Records

By completing the following form, the undersigned does hereby make application to inspect the specified public records under the supervision of authorized personnel. This inspection is in accordance with North Carolina General Statute 132-6.

Name of person making request: T. Whitaker

Address: 1728 Armstrong Park Dr.

Description of public record requested: MCHD files

Street Name (or County Road):

Lot: _____ **Block:** _____

Parcel Number: Unk. Files: 6081-A, 3413-B, 3873-B

Owner's Name: Unk.

Reason for Request:
Review files

Signature of Person Making Request: Tim Whitaker
2/7/96

Supervisory Person: ~~Environmental Health Division~~

FILE COPY

BK: 08467 PG: 0796/0798 $:0107 12.00
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 02/22/96 11:10

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 # 3413-B
PARCEL # 213-411-21 PO

The undersigned, Steven T. Price, Debra B Price, owner of property located at 629 Sardis Road North, (the "site") and described in an instrument recorded in Book 26 at Page 812, 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: Steven T. Price
Mail after recording to: 1104 Hulston Ct
Charlotte, NC 28211

_____ (Corporate Name)

By: _____

_____ President

ATTEST:

_____

_____ Secretary

(Corporate Seal)

Steven T Price (SEAL)

Debra B Price (SEAL)

N/A (SEAL)

N/A (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, _____, a Notary Public for said County and State, do hereby certify that Steven T. + Debra B. Price personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 22 day of February, 1996.

Mariam K. Collins
Notary Public

My Commission Expires:
My Commission Expires
March 16, 1998

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 8-7-95

3413B

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE CHAR

PARCEL NUMBER # 213-411-21 PO

ASSIGNED ADDRESS 629 N. SAREDS RD

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

		APPROVED	DISAPPROVED
1.	SUBDIVISION REGULATIONS	_____	_____*
2.	FLOODWAY REGULATIONS	_____	_____*
3.	EROSION CONTROL REGULATIONS	_____	_____*
4.	PUBLIC UTILITY EASEMENT	_____	_____*

		PRESENT	NOT PRESENT
5.	PUBLIC UTILITY EASEMENT	_____*	_____
6.	PROPERTY FRONTS ON THOROUGHFARE	_____*	_____
7.	DRIVEWAY PERMIT REQUIRED	_____*	_____

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: SEPTIC TANK

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: BVM

OPWEAR 06-88

NEW ADDRESS X *

FORM 100

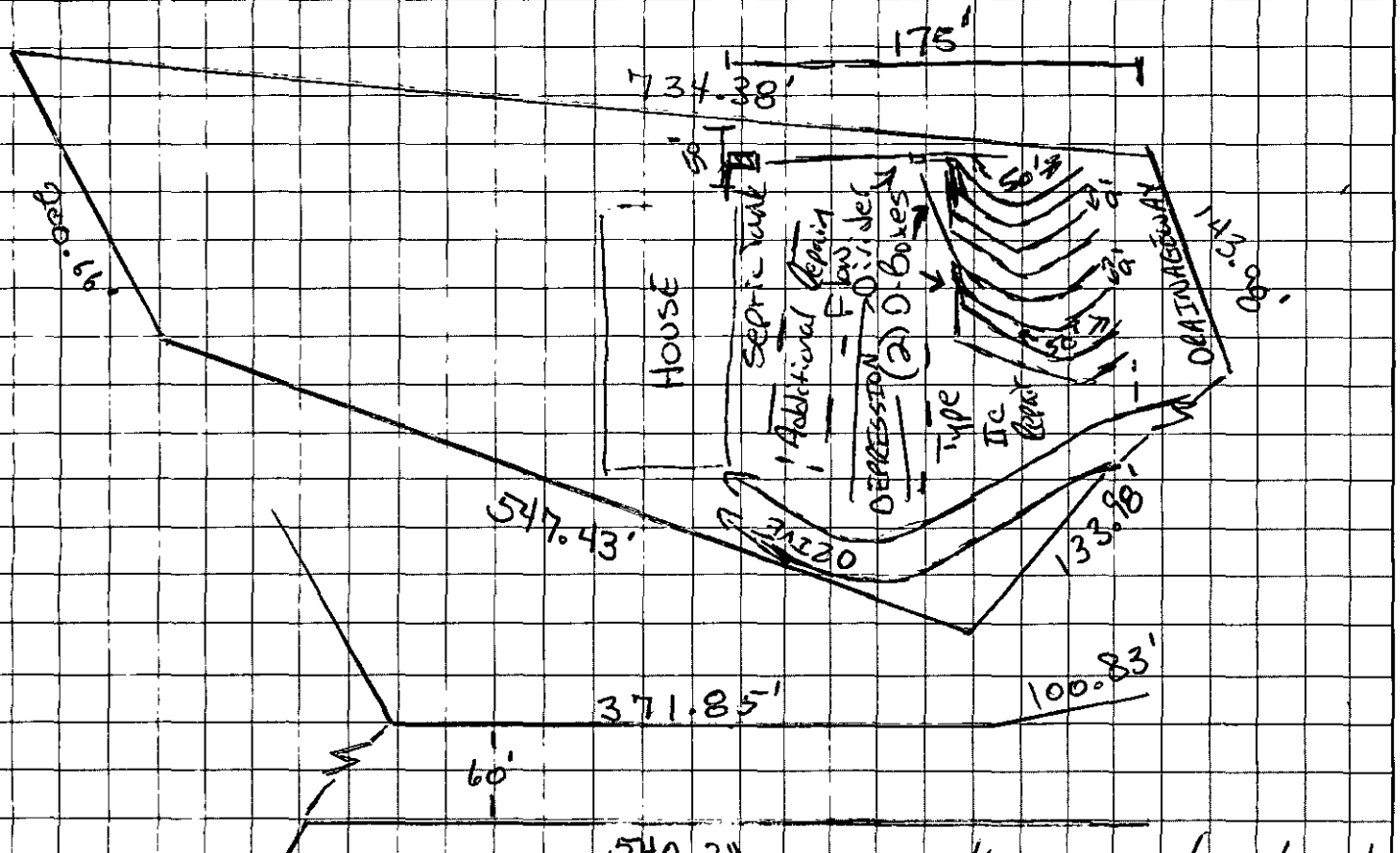
PROPOSED PLOT PLAN

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

FILE: 3413B

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.



* 1500 gal. septic tank
* (1) Flow divider
* (2) O-Boxes
* Each O-Box to feed (4) 3'x50' drainlines
* Total of (8) 3'x50' lines
* 12" stone per trench
* Driveway must be on lower side of property
* 3 bedroom max.

* Keep trenches level and on contour with the land
* Max. trench depth 24"
* Driveway may be ran along ℄ property line - if it is ran on the line

N

OWNER/AGENT SIGNATURE

DATE 1-12-95

APPROVAL DATE 2-2095 R. Thompson

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

FEE: _____

DATE: _____

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 #: 3413-B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 213 - 411 - 21

STREET ADDRESS: 629 Sardis Rd. North

SUBDIVISION OR MOBILE HOME PARK NAME: Price Estates

LOT NUMBER: 1 4.32 Ac

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:

NUMBER OF BEDROOMS: 5 NUMBER OF OCCUPANTS: 5

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)
___ SHARED WELL (S)
✓ MUNICIPAL (M)
___ OTHER 'SPRINGS' (O)
___ PRIVATE WELL (P)

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: Steven Price

NAME: Price Steven
(LAST) (FIRST) (MI)

ADDRESS: 1104 Hulston Court

CITY: Charlotte STATE: NC ZIP: 28211

DAYTIME PHONE: ( ) 365-2216

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Whittaker, Tim
(LAST) (FIRST) (MI)

DAYTIME PHONE: 704 866-9540

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: Tim Whittaker for S.P. DATE: 3/4/96

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

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: 3413 B DATE: 12-5-96

TC: 213-411-21 ☐ L

SERIAL Nº 17105

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 _____. 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.

INSTALL w/ PLAN ON FILE

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PLC

Trench Depth 21"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 502 feet

Number of Lines 9 total

Depth of ~~Stone~~ NA inches

Distance from House 51' feet

Distance from Property Line 10' feet

Distance from Well 501' feet

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

NAME OF OWNER STEPHEN PRICE

LOCATION OF PROPERTY 629 SARDIS RD N.

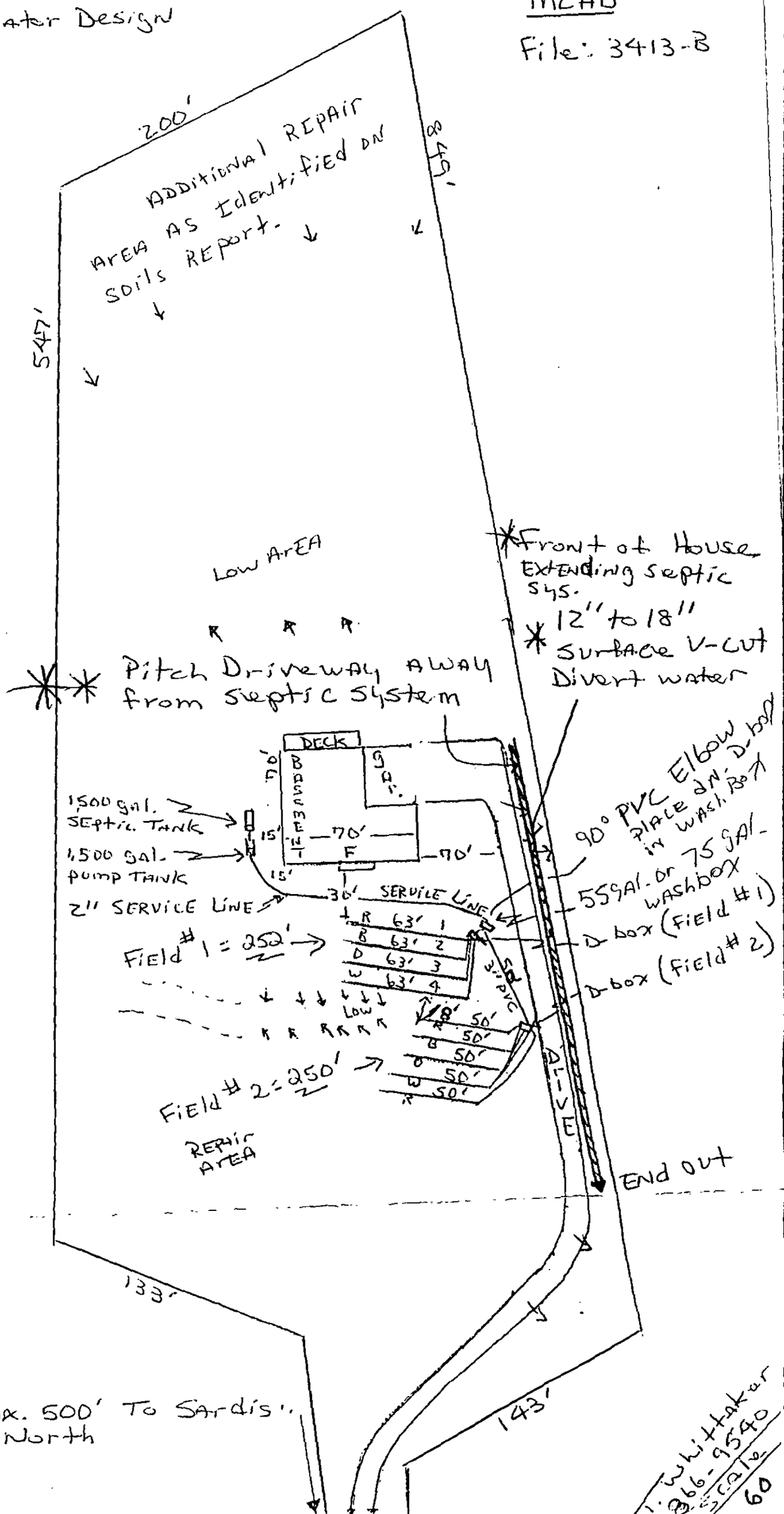
Comments: _____

Environmental Health Specialist

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

* (5) Bedrm. Pumped Chamber Septic Plan.
Infiltrator Design

McHD
File: 3413-B



Whittaker
966-9540
Scale
60

File: 3413-B

*SPECS: (5) Bedrm. Pumped Chamber Septic Sys. & Repair Area, (Infiltrator)

Field # 1 - (4) 63' Lines, 10 units per Line = 40 units

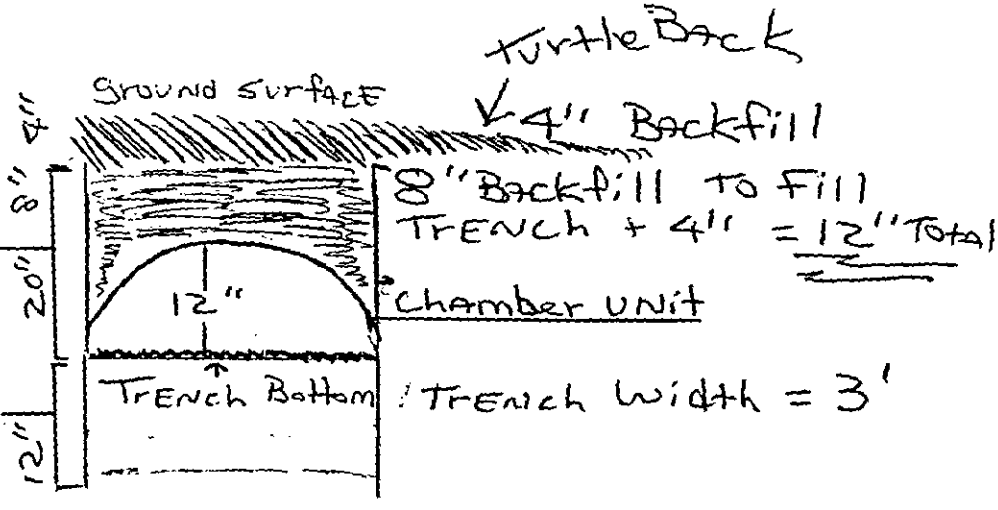
Field # 2 - (5) 50' Lines, 8 units per Line = 40 units

*Total 80 units

*Total ft. 502'

*Distribution - 2" service line approx. 140' Long (pending tank placement) pumped to a Washer Box. Split Effluent with distribution boxes that will serve field 1 & field 2 each with 50% of the Effluent. Speed level distribution as required by M.C.H.D.

Trench Profile:



* 20" Trench Depth Top to Bottom

* Fill requirement to Backfill & Turtle back Trenches as required by M.C.H.D. Backfill material may come from basement EXCAVATION. provided material meets minimum Type II or III material.

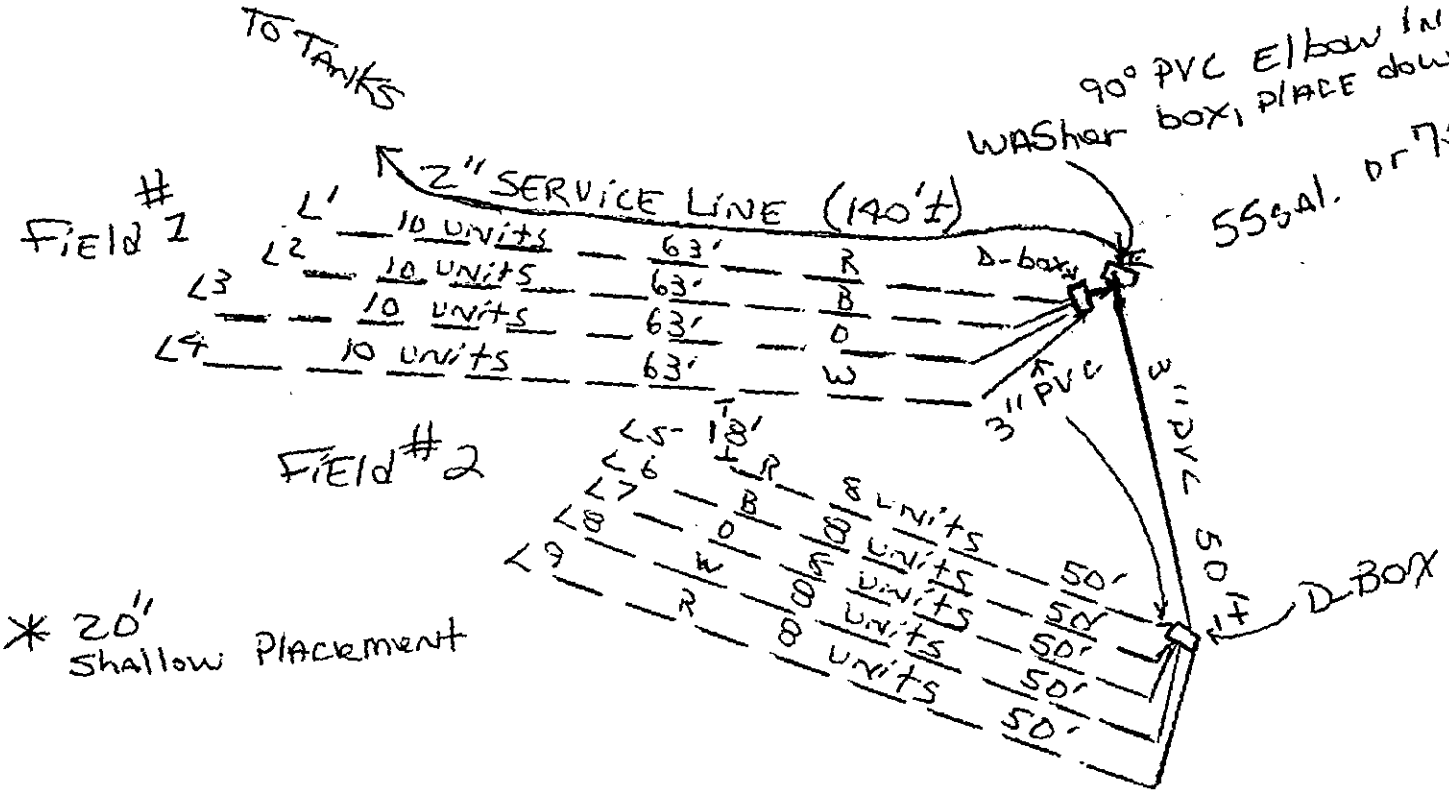
* Lines to be installed at 20" on grade & Contour; Shallow placement.

JD scale

MCHD

SPECS: Infiltrator Septic Plan
(5) Bedroom

File: 3413-B



* 20" Shallow Placement

Field 1			
L1	63'	10	units
L2	63'	10	units
L3	63'	10	units
L4	63'	10	units
	252'	40	units

Field 2		
L5	50'	8 units
L6	50'	8 units
L7	50'	8 units
L8	50'	8 units
L9	50'	8 units
	250'	40 units

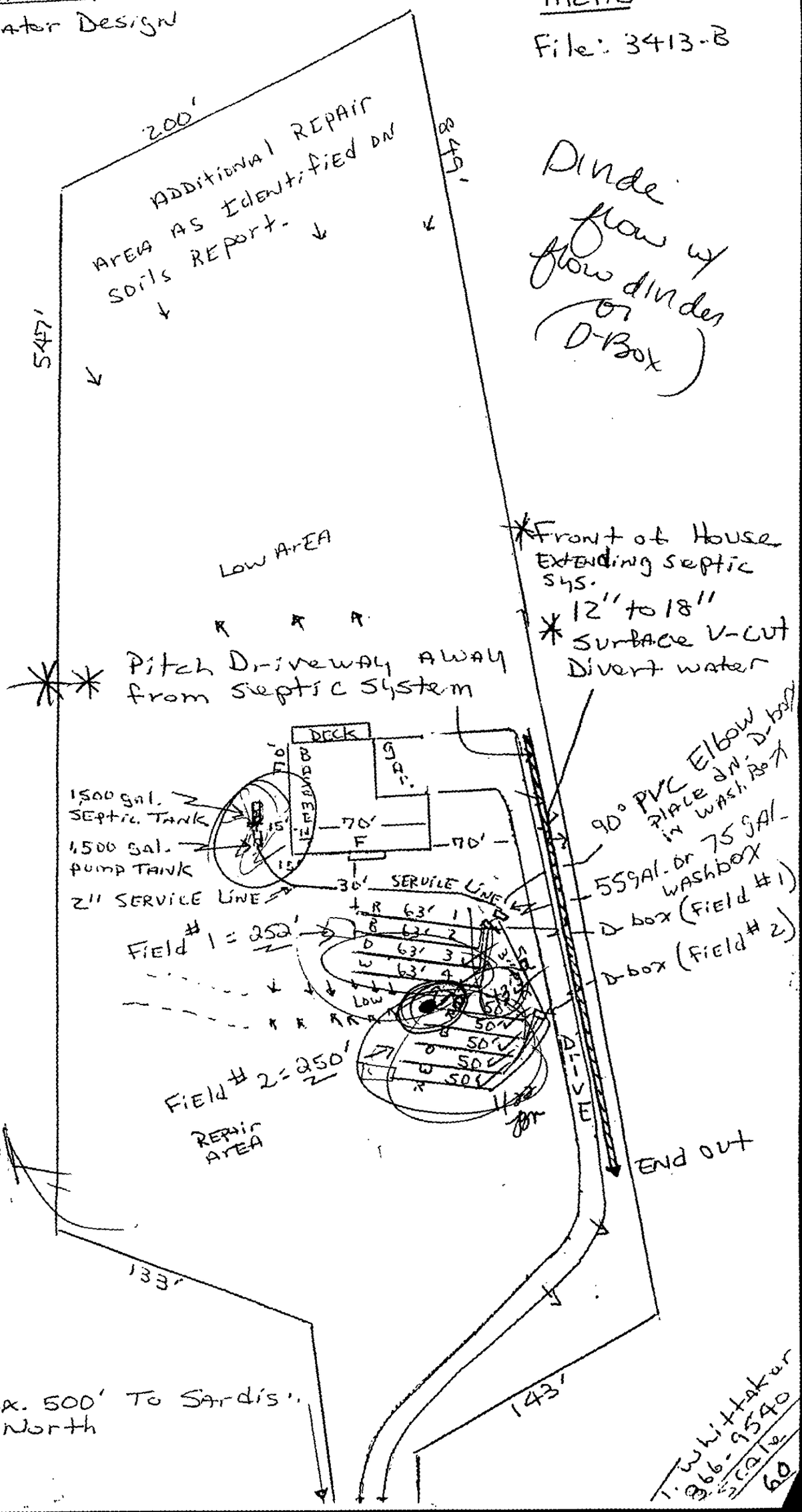
* Totals:
502' of Infiltrator Septic System.
80' individual units.
(1) 1,500 gal. Septic Tank
(1) 1,500 gal. Pump Tank (1,250 minimum)
(2) Distribution Boxes
* (1) WASher Box 55 or 75 gal.
(9) Speed Levels (if required)

NO Scale

2230

* (5) Bedrm. Pumped Chamber Septic Plan.
Infiltrator Design

McHD
File: 3413-B



Divide flow w/ flow divider (or D-Box)

1/22

* Approx. 500' To Sardis Rd. North

J. Whittaker
1-96-9540
Scale 60

File: 3413-B

*SPECS: (5) Bedrm. Pumped Chamber Septic Sys. & Repair Area, (Infiltrator)

Field # 1 - (4) 63' Lines, 10 units per Line = 40 units

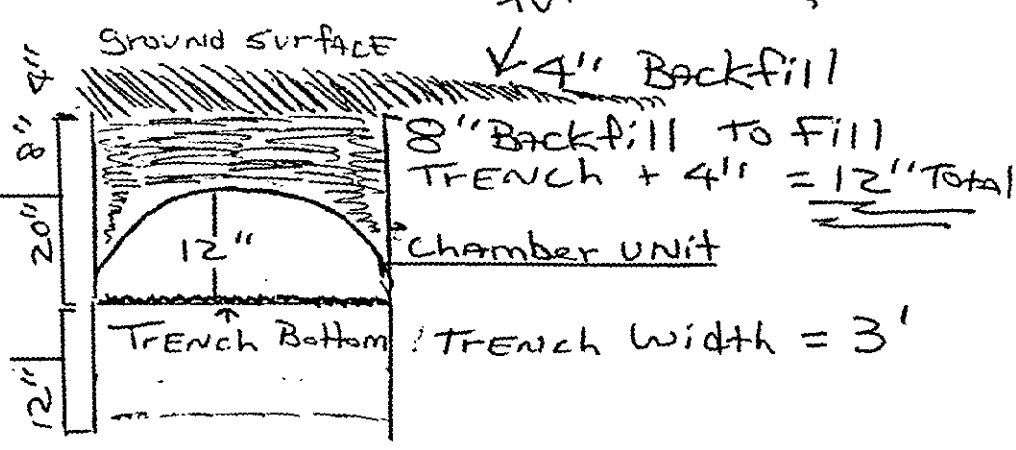
Field # 2 - (5) 50' Lines, 8 units per Line = 40 units

*Total 80 units

*Total ft. 502'

*Distribution - 2" service line approx. 140' Long (pending tank placement) pumped to a Washier Box. Split effluent with distribution boxes that will serve field 1 & field 2 each with 50% of the Effluent. Speed level distribution as required by M.C.H.D.

Trench Profile:



* Fill requirement to Backfill & Turtle back Trenches as required by M.C.H.D. Backfill material may come from basement excavation. provided material meets minimum Type II or III material.

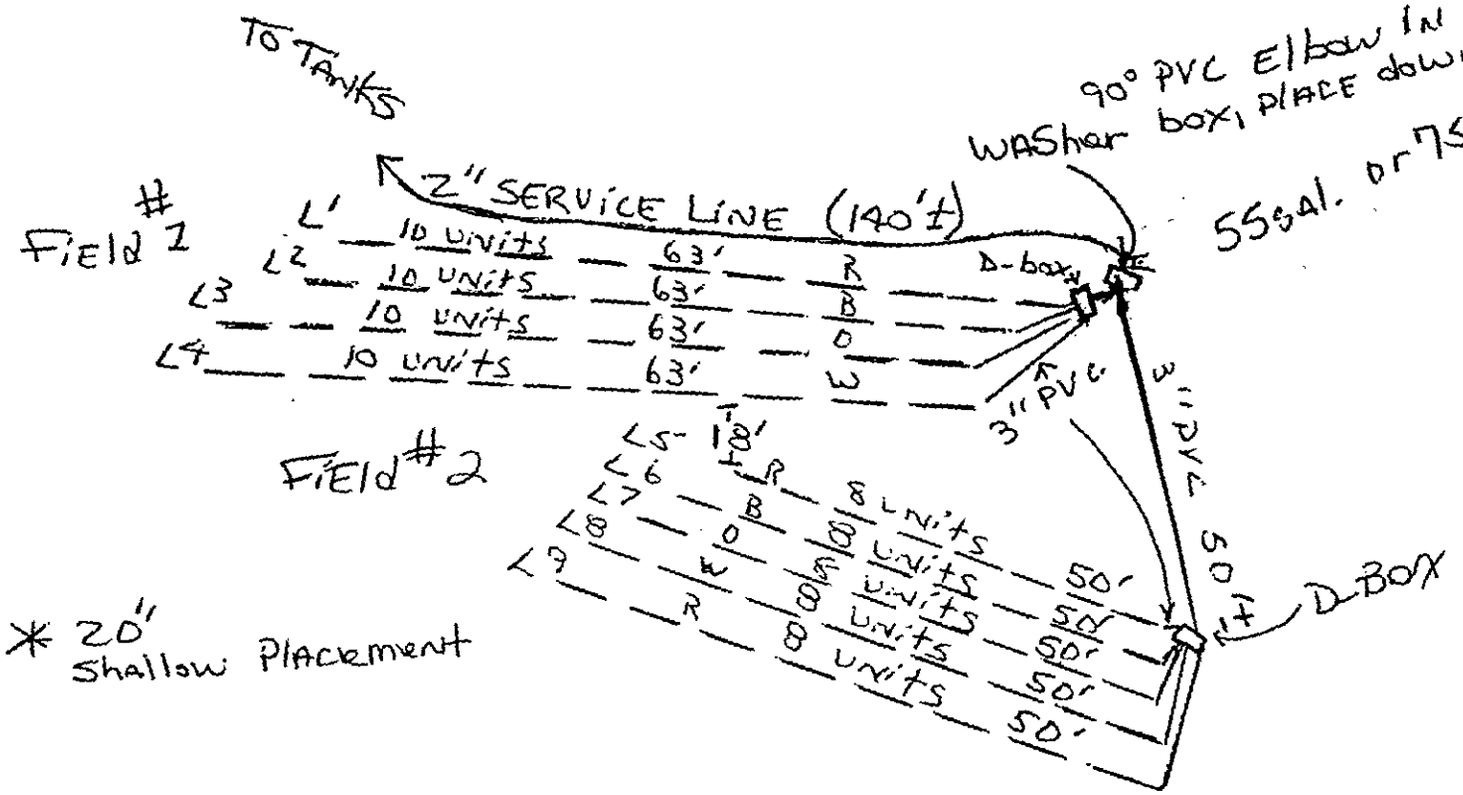
* Lines to be installed at 20" on grade & Contour; Shallow placement.

JD scale

MCHD

SPECS: Infiltrator Septic Plan
(5) Bedroom

File: 3413-B



Field 1			
L1	63'	10	units
L2	63'	10	units
L3	63'	10	units
L4	63'	10	units
	252'	40	units

Field 2		
L5	50'	8 units
L6	50'	8 units
L7	50'	8 units
L8	50'	8 units
L9	50'	8 units
	250'	40 units

* Totals:
502' of Infiltrator Septic System.
80' individual units.
(1) 1,500 gal. Septic Tank
(1) 1,500 gal. Pump Tank (1,250 minimum)
(2) Distribution Boxes
* (1) WASher Box 55 or 75 gal.
(9) Spread Levels (if required)

Not to Scale

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

FEE: _____

DATE: _____

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

1 | 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 #: 3413-B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 213 - 411 - 21

STREET ADDRESS: 629 Sandis Rd. North

SUBDIVISION OR MOBILE HOME PARK NAME: Price Estates

LOT NUMBER: 1 4.32 AC

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:

NUMBER OF BEDROOMS: 5 NUMBER OF OCCUPANTS: 5

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
WELL, SPRINGS OR WATERLINES __ YES ✓ NO
DESIGNATED WETLANDS __ YES ✓ NO

PROPERTY OWNER: Steven Price

NAME: Price Steven
(LAST) (FIRST) (MI)

ADDRESS: 1104 Hulston Court

CITY: Charlotte STATE: NC ZIP: 28211

DAYTIME PHONE: (1365- 2216

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Whittaker, Tim
(LAST) (FIRST) (MI)

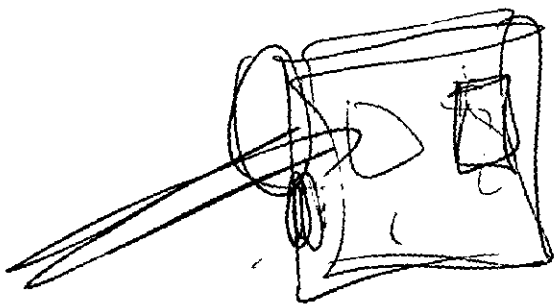
DAYTIME PHONE: 704 366 - 9540

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: Tim Whittaker for S.P. DATE: 3/4/96

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





Waterline 10 from drainfield 1/22

cross supply?

50' (8ch)

50' (8ch)

(8ch)

(8ch)

(7ch)

needs to go to SE drainfield

Driveway

lowest 2 in

63'

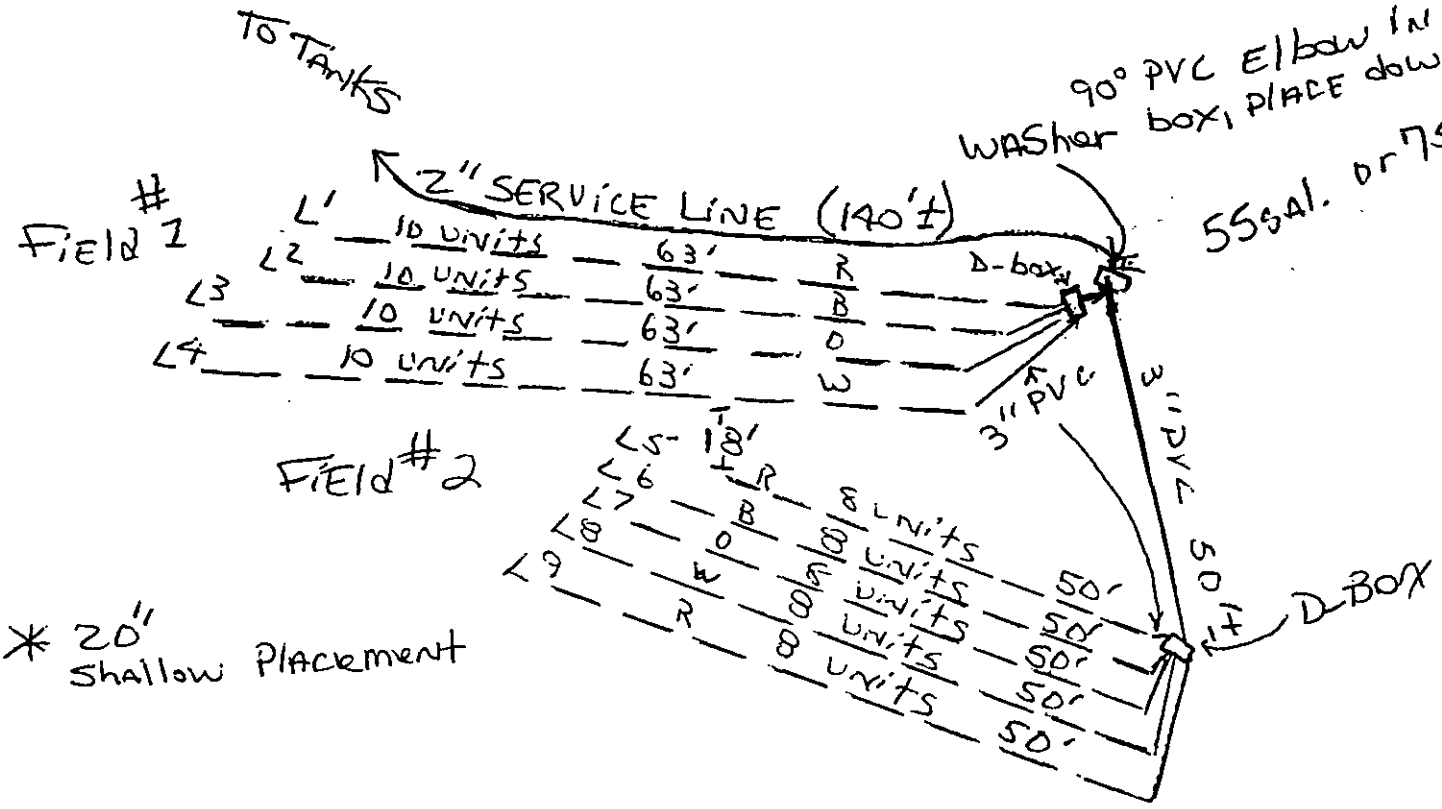
63'

Lake 2 neighbors

MCHD

File: 3413-B

SPECS: Infiltrator Septic Plan
(5) Bedroom



* 20" Shallow Placement

Field 1			
L1	63'	10	units
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* Totals:
  - 502' of Infiltrator Septic System.
  - 80' individual units.
  - (1) 1,500 gal. Septic Tank
  - (1) 1,500 gal. Pump Tank (1,250 minimum)
  - (2) Distribution Boxes
* (1) WASher Box 55 or 75 gal.
  - (9) Speed Levels (if required)

Not to Scale

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: 3413 B DATE: 12-5-96

TC: 213-411-21 ☐ L

SERIAL Nº 17105

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 _____. 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.

INSTALL w/ PLAN ON FILE

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 21"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 502 feet

Number of Lines 9 total

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 STEPHEN PRICE

LOCATION OF PROPERTY 629 SARDIS RD N.

Comments: _____

Environmental Health Specialist

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

BURG COUNTY HEALTH DEPARTMENT
LUATION REPORT
NUMBER 20570

File: 34130 Action 2

Parcel: PO 213-411-21 ☐ PC

n: Sardis Road North

ivision:

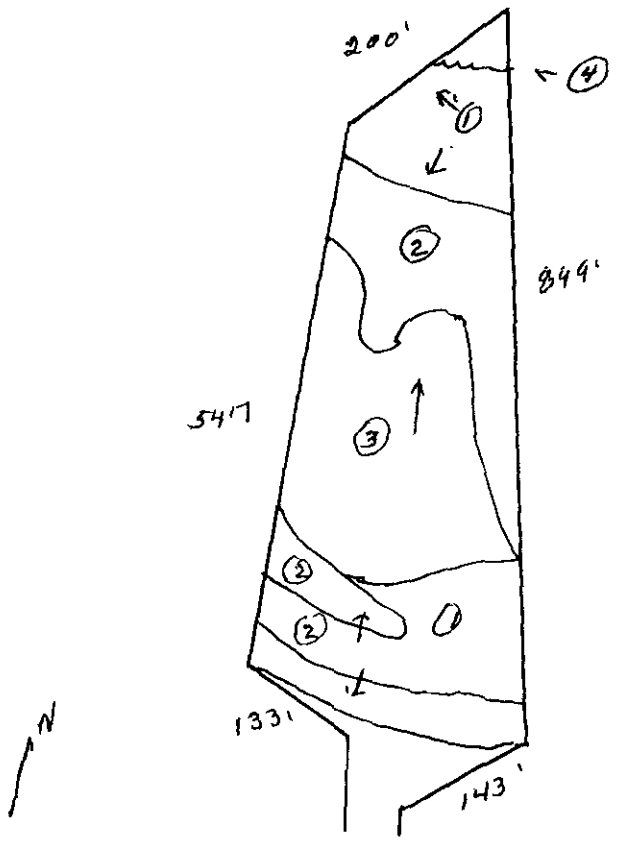
/ Block: Acres: 4.3

Owner: Franklin M. Renfroe
Address: PO Box 67
Matthews, M.T. 29106

Comments: WW Repair, 3gal/Bd/2/day
LTAR- system might need
pump

Described by: William R. Marlin
Date: 2-6-95

*** 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) Drainageway Depression	(S) PS U 6-15%	S PS (U) old Terrace	S PS U	S PS U
Texture	S (PS) U Slightly Expansive clay	S PS U —	S PS (U) Expansive Clay	S PS U —	S PS U	S PS U
Structure	S (PS) U Sub + Blocky	S PS U —	S (PS) U Sub + Blocky	S PS U —	S PS U	S PS U
Drainage	S (PS) U >36" To soil Wetness	S PS U —	S PS (U) Some soil Wetness 13"	S PS U —	S PS U	S PS U
Depth	S PS (U) 12-33"	S PS U —	S PS (U) 16-21"	S PS U —	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S PS U —	S (PS) U >36"	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	III Cecil/ Parolet	Drainageway/ Depression	Series Not Determined	Old Terrace		
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

FEE: _____

DATE: _____

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

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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 #: 343-B

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HEATED SQUARE FOOTAGE:

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NUMBER OF OCCUPANTS: 5

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EASTMENTS OR RIGHT-OF-WAYS __ YES ✓ NO
WELL, SPRINGS OR WATERLINES __ YES ✓ NO
DESIGNATED WETLANDS __ YES ✓ NO

PROPERTY OWNER: STEVEN PRICE

NAME: PRICE, STEVEN
(LAST) (FIRST) (MI)

ADDRESS: 1104 Hulston Court

CITY: Charlotte STATE: NC ZIP: 28211

DAYTIME PHONE: (1365- 2216

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Whittaker, Tim
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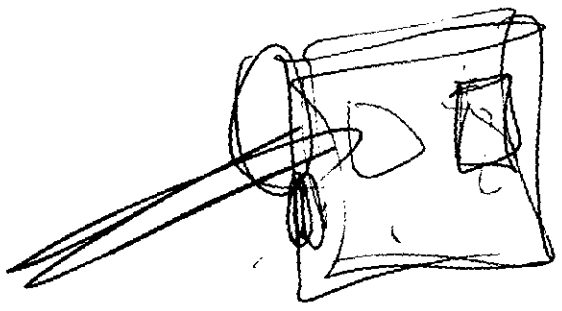
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Waterline 10 from drainfield 1/22

50' (8ch)

50' (8ch)

(8ch)

(8ch)

(7ch)

Cross supply?

needs to go off SDI drainfield

Driveway

lowest 2 in

63'

63'

Lake 2 new lines