Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 7625A WASPS App #: _____

Primary ES assigned to project: Kim Garrett

Secondary ES assigned to project: _____

Project Type: New System ☐ Alteration ☐ Repair ☑ Modified Plot Plan ☐

I. File Review:

Rule or Law	Permit Application			
.1937(d)	Is the Application complete	Yes ☑	No ☐	N/A ☐
.1937(d)	Is there a Site plan/Plat with application	Yes ☑	No ☐	N/A ☐
.1937(d)	Is the Facility shown?	Yes ☐	No ☐	N/A ☑
.1937(d)	Are appurtenances shown	Yes ☐	No ☐	N/A ☑
	Site Evaluation Information			
.1939 (a)(1)	Topography and Landscape Position Recorded?	Yes ☑	No ☐	N/A ☐
.1940 (a-g)	Slope % Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Texture Class Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Structure type Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Consistence Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Mineralogy Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(3)	Soil Wetness Condition Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered	Yes ☑	No ☐	N/A ☐
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Yes ☐	No ☐	N/A ☑
.1939 (a)(6)	Sufficient Available Space Recorded?	Yes ☑	No ☐	N/A ☐
.1937(m)	Are the Profile Locations Shown?			
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes ☑	No ☐	N/A ☐
& .1945(b)	Number of auger borings made: 3			
	Were sufficient auger borings made?	Yes ☑	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR 1.3	Yes ☑	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☑	No ☐	N/A ☐
.1945(b)	Proposed System Type stated-Repair	Yes ☑	No ☐	N/A ☐
130A-336 (a)(3)	System location identifiable by setbacks - Initial	Yes ☑	No ☐	N/A ☐
.1937(g) .1945(b)	System components shown – Initial	Yes ☑	No ☐	N/A ☐
.1945(b)	Repair area shown	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is System design consistent with soil/site conditions?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is the System located in the approved area?	Yes ☑	No ☐	N/A ☐
130A-336(a).	Is the Design flow (gpd) indicated?	Yes ☑	No ☐	N/A ☐

130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench depth indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench width indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench length indicated?	Yes ☑	No ☐	N/A ☐
130A-336(a)(1)	Proposed/existing well shown?	Yes ☑	No ☐	N/A ☐
130A-336(a)(1)	Property line lengths shown?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☑	No ☐	N/A ☐
	Operation Permit			
.1937(i)	System type as described in table V(a) of rule .1961	Yes ☑	No ☐	N/A ☐
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☑	No ☐	N/A ☐

II. WASPS Review:

Construction authorization issued	Yes ☐	No ☐	N/A ☐
Installation approval issued	Yes ☐	No ☐	N/A ☐
Operation permit issued	Yes ☐	No ☐	N/A ☐
Other related documentation	Yes ☐	No ☐	N/A ☐

Items requiring correction/modification: _____

Comments:

IA issued date: 3-16-15

OP issued date: 3-17-15

Review performed by: JAM Date performed: _____

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

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 7625A Permit #: 30007267 Tax Parcel #: 003-083-04

Property Owner: Brandon Thomas

Job Location Address: 19825 Callaway Hills Lane

City: Davidson State: NC Zip Code: 28036

Operation Permit Issuance Date: 3/17/2015 Contractor Name: Jamie O'Daniel #1139

Permitted Design Flow: 480 GPD Liquid Capacity of Dosing Tank: n/a gallons

Liquid Capacity of Septic Tank: 1500 gallons Manufacture existing Effluent Pump Model: n/a

Drainfield Installation ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Inspection Dates

Tank(s) Inspected: n/a

Excavation Inspected: 3/17/15

Pump & Controls Inspected: n/a

Bed Installation *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: 24 inches

Bed Width: 60 feet

Total line length: 400 feet

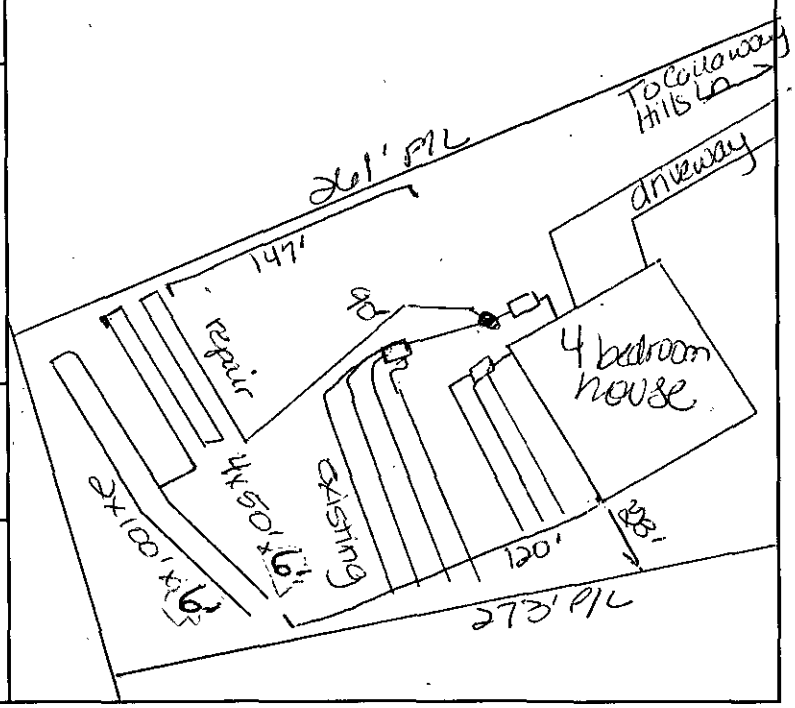
# of Lines: 4 @ 100 feet

Depth of Media: 12 inches (Type) chambers

Depth of Cover: 12 inches

Distribution Device: end cap

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: >5 feet

Distance from Property Line: >10 feet

Distance from Water Supply Source: >50 feet

The undersigned has inspected the Septic Tank System described above, and certifies it has been ☐ installed ☐ altered ☐ repaired ☐ as detailed in the plot above ☐ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" *in effect on the date of issuance of the permit.* The issuance of this 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 15A NCAC 18A. 1900 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 or Revocation of this permit.

Comments: System Classification & Type: III g for ☒ gravity, n/a, n/a, Ball run valve used to connect systems, Washer line disconnected & tied into repair system (water softener disconnected)

DENR Authorized Agent: Kim Garrett, REHS Signature: Kim Garrett, REHS

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
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NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 7625 A Permit #: 30007207 Tax Parcel #: 003-083-04

Property Owner: Brandon Thomas

Job Location Address: 19825 Callaway Hills Lane

City: Davidson State: NC Zip Code: 28036

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: IIIg

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☒

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☒ System does not require inspection by GWS on a routine frequency.

☐ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other:

DENR Authorized Agent: Kim Garrett, REHS Date: 3/17/2015

Signature: Kim Garrett, REHS

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

Septic System Pre-Construction Meeting Checklist

File # 7625A App # 3000 7267 Tax Parcel # 003-083-04

Property Owner: Brandon Thomas

Job Location Address: 19825 Callaway Hills Lane

City: Davidson State: NC Zip Code: 28036

1. **Does System design match facility, flow & wastewater characteristics?**

   ☒ YES ☐ NO

   Comments: _____

2. **Is there sufficient available space for the septic systems initial and repair areas?**

   ☒ YES ☐ NO

   Comments: This is for a repair. A bull run valve will connect both drainfields

3. **Can the septic system be installed per the permit conditions and drawing on file?**

   ☒ YES ☐ NO

   Comments: _____

*** If "NO" is checked for any of the above the existing permit may need to be revoked.**

Permission is hereby given to ☐ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge meeting all of the construction requirements of 15A NCAC 18A .1900 which are in effect on the date of granting this approval. System shall not be installed while soils are in wet condition.

Kim Hamett, REHS — **Authorized Agent**

3/16/2015 — **Date**

Jamie O'Daniel — **Others Present**

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

INSTALLATION APPROVAL for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 7625A Permit #: 30004267 Tax Parcel #: 003-083-04

Property Owner: Brandon Thomas

Job Location Address: 19825 Callaway Hills Lane

City: Davidson State: NC Zip Code: 28036

Installation Approval Issuance Date: 2/4/2015

Permission is hereby given to ☐ install ☐ alter ☒ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before n/a, after which date this approval 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 granting this approval. 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 of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 480 GPD
Site LTAR: .3 GPD/ft² (For new installations only.)
Liquid Capacity of Septic Tank: 1500 gallons
Liquid Capacity of Dosing Tank: n/a gallons

Drainfield Design ☒ N/A
Trench Depth: _____ inches
Trench Width: _____ feet
Line Spacing: _____ feet (O.C.)
Total line length: _____ feet
# of Lines: _____ @ _____ feet
Depth of Media: _____ inches (Type) _____
Distribution Device: _____

Bed Design *(For Repair Installations ONLY.)* ☐ N/A
Bed Depth: 24 inches
Bed Width: 6 feet
Total line length: 400 feet
# of Lines: 4 @ 100 feet
Depth of Media: 12 inches (Type) Chambers
Distribution Device: Drop boxes

Water Supply Source
☐ Municipal ☒ Private Well ☐ Community Well
☐ Other _____

Minimum System Setbacks
Distance from Building Foundation: >10 feet
Distance from Property Line: >10 feet
Distance from Water Supply Source: >50 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

- See attach plot plan for system layout
- contact Kim Garrett, REHS 980 721-2054 prior to system installation for site meeting.

Comments: System Classification & Type: III-g, gravity. Install 2 beds 12'x50'x6' and 1 bed 12'x105'x6', connect to existing system with bull run valve or 2 bad valve, distribute flow to beds with drop boxes, install riser on septic tank and insure sanitary T and filter are present.

DENR Authorized Agent: Kim Garrett, REHS Signature: Kim Garrett, REHS

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 2
PROPERTY ID #:
COUNTY: Mecklenburg

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Brandon Thomas
ADDRESS: 19825 Caelaway Hills Ln
PROPOSED FACILITY: house
PROPOSED DESIGN FLOW (.1949): 400gpd
LOCATION OF SITE: same as above
WATER SUPPLY: • Private • Public • (Well) • Spring • Other
EVALUATION METHOD: • (Auger Boring) • Pit • Cut
APPLICATION DATE: 1/20/2015
DATE EVALUATED: 1/29/2015
PROPERTY SIZE:
PROPERTY RECORDED:
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	LS 1%	0-48	SBK/clay	Fr/SS/SCap	>48" to soil wetness	48"	N/A	N/A	.3 IV RS
2	LS 2%	0-48	SBK/clay	Fr/SS/SCap	>48" to soil wetness	48"	N/A	N/A	.3 IV RS
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		RS
System Type(s)		IIIg
Site LTAR		.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): RS
EVALUATED BY: Kim Garrett, REHS
OTHER(S) PRESENT:

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
D (Drainage Way)					EXP (Expansive)	CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		*SCL (Sandy Clay Loam)*			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

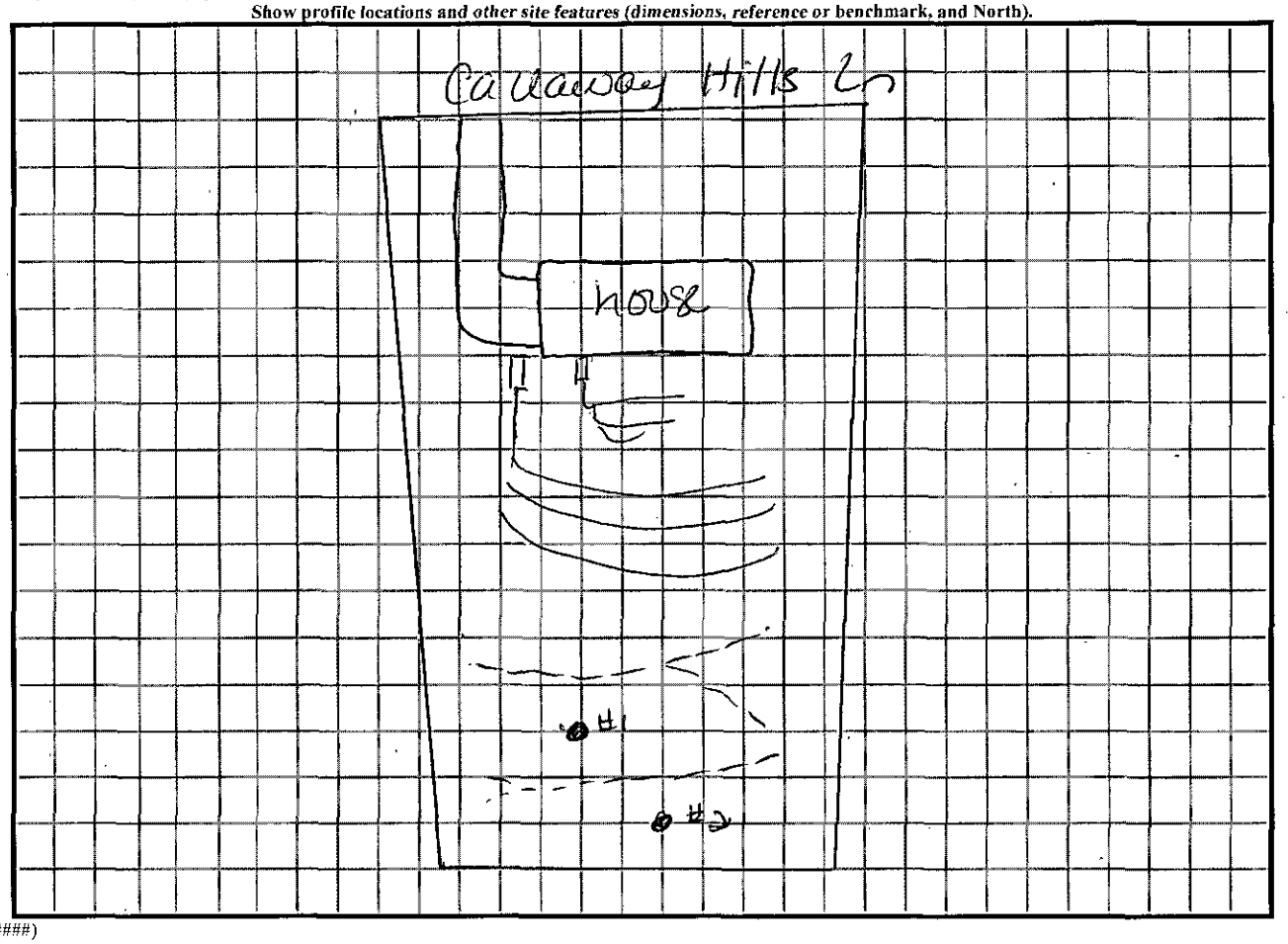
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

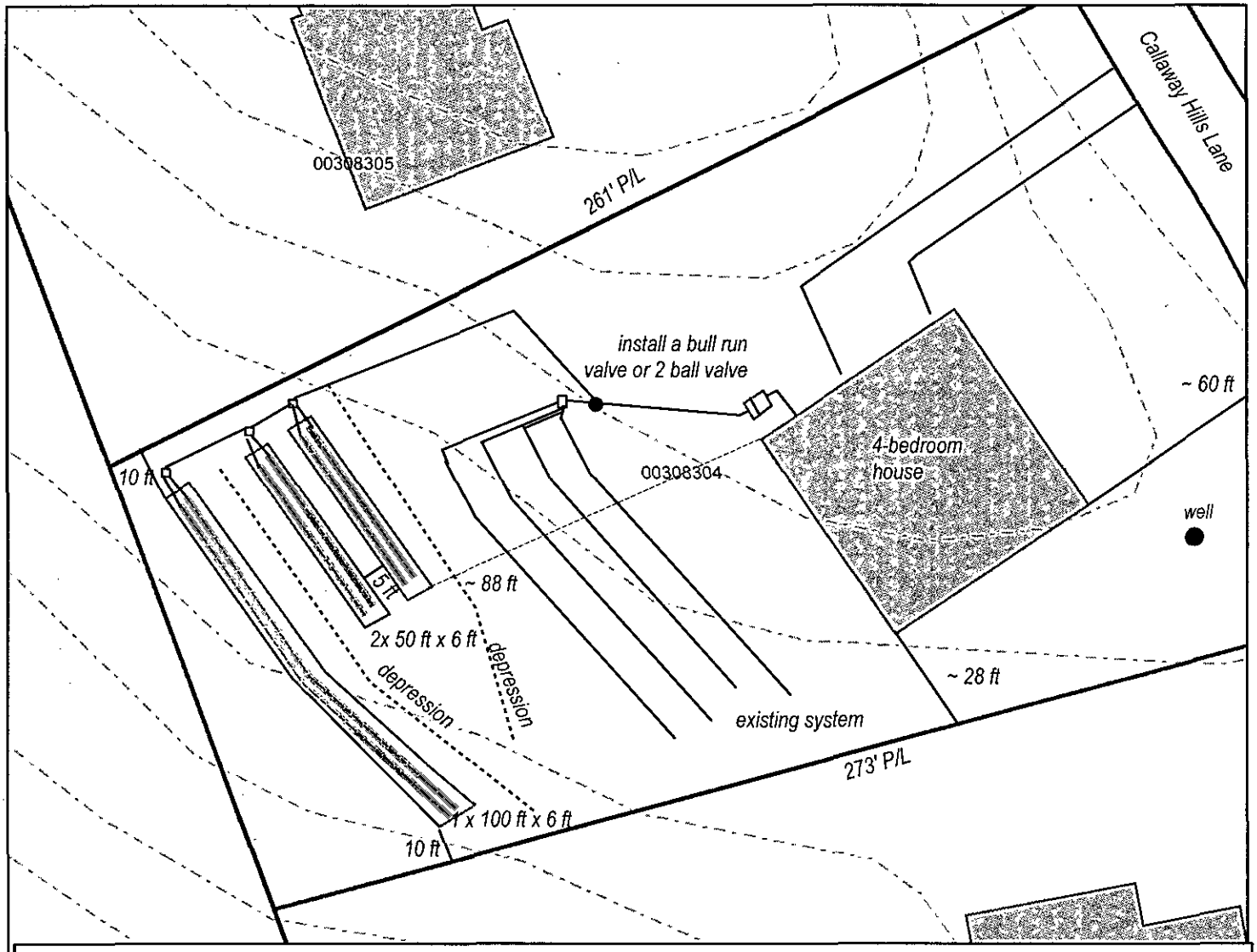
Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



DENR (######)

Review (#####)



Mecklenburg County Health Department
Environmental Health Division
REPAIR Permit for Residential
ONSITE-WASTEWATER TREATMENT & DISPOSAL

PID # 003-083-04
19825 Callaway Hills Lane
Davidson, NC 28036

Permit # 30007267
File # 7625 A

Authorized Agent: Kim Yarnell, REHS 2/4/15

Owner/Legal Agent: _____

1 inch = 40 feet

40 20 0 40 Feet

N
W E
S

INSTALLATION NOTES:
480 gpd
0.3 LTAR
400 TLF
2 x 50' x 6' bed to be installed on contour
1 x 100' x 6' bed to be installed on contour

max trench bottom 24 inches
1500 gallon ST existing
TYPE IIIg
Drop boxes

Install according to all NC Rules & Regulations
and maintain the following setbacks:

>100 ft from well (min. 50 ft)
>10 ft from property lines and water lines
>5 ft from building foundation

7625A

MECKLENBURG COUNTY HEALTH DEPARTMENT

App # 7267

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. **SEPTIC / TYPE APPLICATION:** ○ N/A ○ NEW SYSTEM ○ ALTERATION ⊘ REPAIR ○ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ○ N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: 003-083-04
STREET ADDRESS: 19825 Calloway Hills Ln
CITY: Davidson
STATE: NC ZIP: 28036
SUBDIVISION NAME: Runneymede
LOT #: _____ LOT SIZE (acres): _____

TOWNSHIP:
⊘ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. **BUILDING INFORMATION:**

BUILDING TYPE:
○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
⊘ HOUSE ○ OTHER _____

HEATED SQUARE FOOTAGE: 3200
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 2

FOUNDATION TYPE:
○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
⊘ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☐ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. **WATER SUPPLY:** ○ MUNICIPAL ⊘ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. **PROPOSED USE OF WELL:** ⊘ N/A ○ IRRIGATION ○ POTABLE (DRINKING WATER) ○ OTHER _____

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED):*

☐ N/A ☑ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. **RANK:** ____ ____ ____ ____ ____

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	○ YES ● NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ● NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	○ YES ● NO	JURISDICTIONAL WETLANDS	○ YES ● NO
WELLS, SPRINGS, OR WATER LINES	○ YES ● NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ● NO
EASEMENTS OR RIGHT-OF-WAYS	○ YES ● NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ● NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ● NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ● NO
WASTE STORAGE	○ YES ● NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ● NO

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** _____ ☐ UNKNOWN

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

12. **PROPERTY OWNER:**

NAME: Brandon Thomas
ADDRESS: 19825 Calloway Hills Ln
CITY: Davidson
STATE: NC ZIP: 28036
WORK PHONE: 704 995 9136
MOBILE PHONE: 704 995 9136
FAX: _____
E-MAIL: stolenmojo@gmail.com

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

Waffles & Lilah

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

Revised on: 12/15/10

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

BCT (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

_____ 1/20/2015

Property Owner's or Owner's Legal Representative Signature — Date

---

OFFICE USE ONLY

O SURVEY PLAT TO SCALE SUBMITTED O SCALED SITE PLAN SUBMITTED O UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: lwa

GWS FILE NUMBER ASSIGNED: 7625A

APPLICATION ID NUMBER ASSIGNED: 7267

COMMENTS:

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

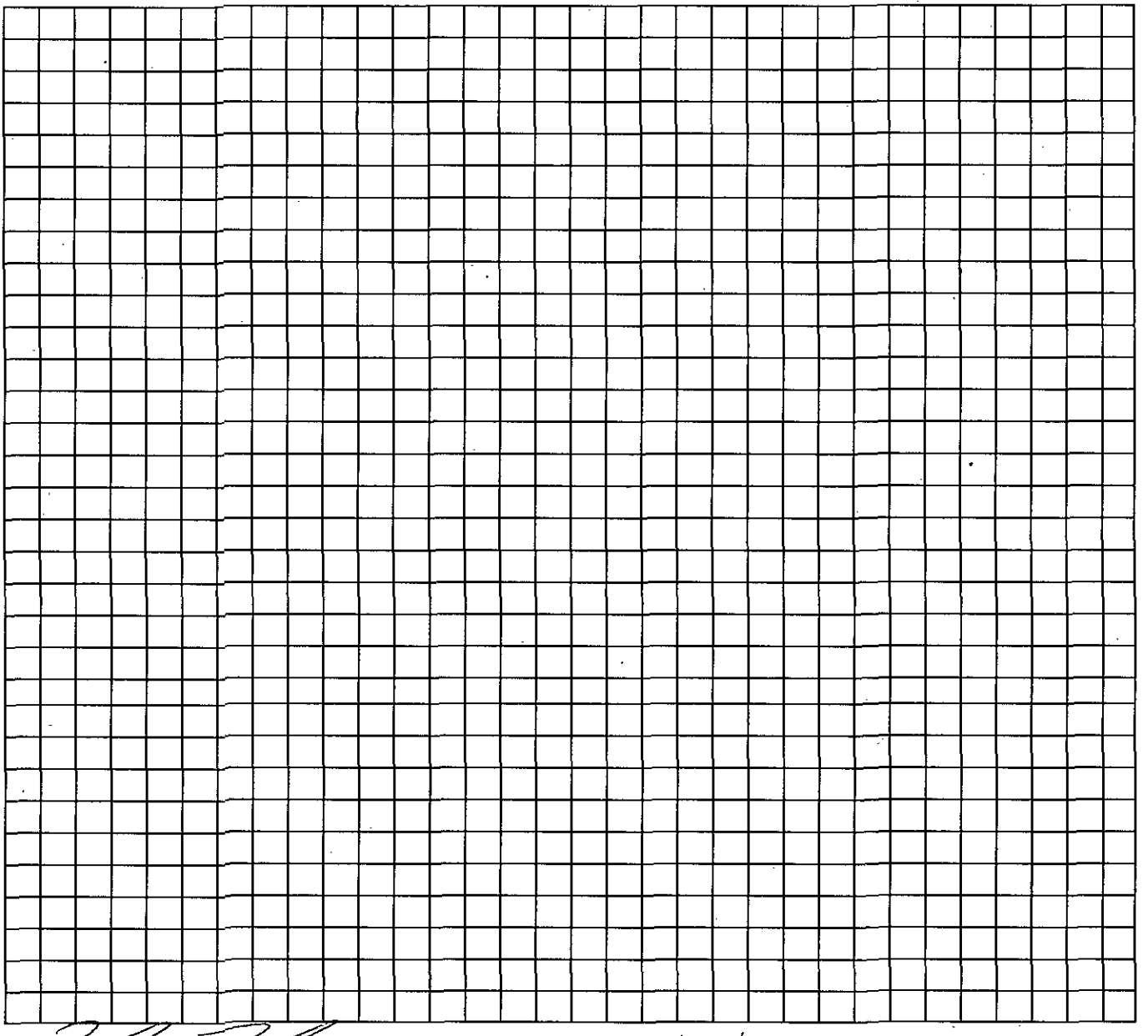
File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: _____ Tax Parcel #: _____

Subdivision Name: _____ Lot #: _____



_____ 1/20/2015

Property Owner's or Owner's Legal Representative Signature — Date

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

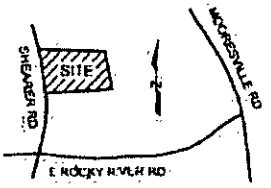
Revised on: 12/15/10

PHYSICAL SURVEY

RUNNEYMEDE (PHASE 1) MAP 1
MAP BOOK 24, PAGE 963
BLOCK 1, LOT 38

LEGEND

- FOUND OR SET REBAR
- LINES NOT SURVEYED
- TELEPHONE PEDESTAL
- EDGE OF PAVEMENT/CONCRETE
- ELECTRIC TRANSFORMER
- CATV PEDESTAL
- LANDMARK TIE (AS NOTED)



VICINITY MAP
(NOT TO SCALE)

COMMON AREA

N/F
RUNNEYMEDE HOMEOWNERS ASSOCIATION, INC
DB 10854, PG 737
PID 003-083-01

MB 24, PG 963

S20°22'28"E
137.19'

FOUND REBAR, COMMON CORNER OF LOTS 39 & 40

FOUND

N20°22'26"W 117.11'

FOUND

N20°22'28"W
108.52'

FOUND REBAR, COMMON CORNER OF LOTS 37 & 38

35' REARYARD

LOT 38

N/F
HOWARD H. & NANCE C. BOWER
DB 11505, PG 620
PID 003-083-04

39,920 SQ FT
0.89 ACRES

LOT 39

N/F
CLIFTON R. & NANCY L. HUCKS
DB 12148, PG 416
PID 003-083-03

LOT 37

N/F
JAMES C. & LYNDA T. WILDER
DB 11581, PG 515
PID 003-083-05

273.49'

8' SIDEYARD

S74°42'15"W

261.06'

8' SIDEYARD

N63°41'41"E

FRAME DECK

SCREEN PORCH

34.54'

57.61'

2 STORY BRICK & FRAME HOUSE
No. 19825

48.30'

52.15'

CONC. WALK

CONCRETE DRIVE

WELL

35' SETBACK

58.09'

FOUND
0.26'SW
ON LINE

FOUND
0.36'SW
ON LINE

0.6'NE
0.3'SE

1.5'NE
0.2'NW

R=375.00' L=132.52'
CH BRG=S22°28'27"E
CH=131.84'

L6

L6
S32°35'54"E
37.40'

CALLAWAY HILLS LANE
50' PUBLIC R/W

GENERAL NOTES:

1. APPARENT SOURCE OF TITLE: DEED BOOK 11505, PAGE 620
2. PROPERTY SHOWN IS AN EXISTING PARCEL OF LAND
3. LINEAR ERROR OF CLOSURE EXCEEDS 1:20,000
4. AREA CALCULATED BY COORDINATE GEOMETRY METHOD
5. N.C.G.S. MONUMENT NOT LOCATED WITHIN 2000 FEET OF THIS SITE
6. THIS SURVEY WAS PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT AND IS SUBJECT TO FACTS THAT SUCH MAY REVEAL
7. UNLESS SIGNED AND SEALED THIS MAP IS PRELIMINARY.

NORTH CAROLINA PROFESSIONAL SEAL L-3688 LAND SURVEYOR JOHN W. BALZER

I, JOHN W. BALZER, CERTIFY THAT THIS PLAT WAS DRAWN FROM AN ACTUAL FIELD SURVEY PERFORMED UNDER MY DIRECT SUPERVISION, IS CORRECT TO THE BEST OF MY KNOWLEDGE

JOHN W. BALZER
NCPLS L-3688

SUMMIT
LAND SURVEYING COMPANY
18716 W. CATAWBA AVENUE
CORNELIUS, NC 28031
(704) 895-0955

PREPARED FOR

STEWART L. & wife ELIZABETH P. BLEDSOE

19825 CALLAWAY HILLS LANE
DEWEESE TOWNSHIP MECKLENBURG COUNTY
NORTH CAROLINA
NOVEMBER 9, 2004

GRAPHIC SCALE
0' 25' 50'
1" = 50'

JOB NO. 04-1122
DWG NO. 24-963-1-38

Garrett, Kimberly

From: Brandon Thomas <stolenmojo@gmail.com>
Sent: Tuesday, February 03, 2015 12:37 PM
To: Garrett, Kimberly
Subject: Re: 19825 Callaway Hills Lane - Brandon Thomas

I don't think so - the roof drains are on the south side of the house (opposite of the garage side) and run out into the side yard there. There are a couple of corrugated pipes that extend out past the grass. The corrugated pipe in the flower bed on that side of the patio is the drain from the sump pump in the crawlspace.

I know there is a drain cover out back there near that ridge running diagonal across the yard. I think it just drains anything pooled up by the ridge though.

On Tue, Feb 3, 2015 at 12:32 PM, Garrett, Kimberly <Kimberly.Garrett@mecklenburgcountync.gov> wrote:
Quick question - is it possible one of your roof drains is piped to that back area. We found a pipe in the back. If do. It looks like the cut through the drainfield when that was installed?

Kim Garrett, REHS
Environmental Specialist
Environmental Health Program
Mecklenburg County Health Department

On Feb 2, 2015, at 10:42 AM, Brandon Thomas <stolenmojo@gmail.com> wrote:

> Kim,
> Any updates on my septic repair since your visit last week? I did go back out and drive several stakes on both sides and the back line over the weekend. I was conservative on the positioning so we don't get any where near the 10' setbacks on any side for some repair work.
>
> Let me know what else you need, and what our next steps are, thanks,
> Brandon Thomas
>
> On Wed, Jan 28, 2015 at 10:40 AM, Garrett, Kimberly
> <Kimberly.Garrett@mecklenburgcountync.gov> wrote:
>
> Brandon,
>
> Thanks for the survey. We are running a bit late (we are 3 staff short right now!) but will be on site probably around 11:30-12:00.
>
> We will do our best to locate back property corners, but because space is going to be tight for the repair, prior to installation, we will have to have the back property line flagged as well as the side property lines flagged to ensure we are meeting the 10ft setback off the property lines.

I will let you know if Jeremy has any other ideas as to why you are seeing the wet spots in your yard.

Thank you,

Kim

Kim Garrett, REHS

Environmental Specialist

Environmental Health Program

Mecklenburg County Health Department

980-721-2054 (cell)

kimberly.garrett@mecklenburgcountync.gov

CONFIDENTIALITY NOTICE: *This message and any attachments included are from the Mecklenburg County Health Department and are for sole use by the intended recipient(s). The information contained herein may include confidential or privileged information. Unauthorized review, forwarding, printing, copying, distributing, or using such information is strictly prohibited and may be unlawful. If you received this message in error, or have reason to believe you are not authorized to receive it, please contact the sender by reply email and destroy all copies of the original message. Thank you!*

From: Brandon Thomas [mailto:stolenmojo@gmail.com]
Sent: Tuesday, January 27, 2015 2:02 PM
To: Garrett, Kimberly
Subject: Re: 19825 Callaway Hills Lane - Brandon Thomas

Kim,

The corner flags are still in place - this was the original survey of the plot.

I will not be there tomorrow, the dogs will also be away so they will not come out and bother you guys.

Thanks,

Brandon

On Tue, Jan 27, 2015 at 9:28 AM, Garrett, Kimberly <Kimberly.Garrett@mecklenburgcountync.gov> wrote:

Brandon,

We will try to be out there around 11:00 tomorrow. Did the surveyor flag the back property line and the sides?

Thank you,

Kim

Kim Garrett, REHS

Environmental Specialist

Environmental Health Program

Mecklenburg County Health Department

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From: Brandon Thomas [mailto:stolenmojo@gmail.com]
Sent: Monday, January 26, 2015 8:02 PM
To: Garrett, Kimberly
Subject: 19825 Callaway Hills Lane - Brandon Thomas

Kim,

I have a copy of the survey of the lot and have attached it to this email. When would we be able to schedule a return trip for you and your "west of 77" counterpart to have another look? Even though the septic tank was pumped dry last week I still have very wet spots where we looked in the backyard close to the back porch as well as out further from the house. I'm worried we haven't figured out the true issue, I just want to make sure we get it fixed properly the first time.

Thanks,
Brandon Thomas

--

Thanks,
Brandon Thomas

--
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Brandon Thomas

--
Thanks,
Brandon Thomas

Garrett, Kimberly

From: Brandon Thomas <stolenmojo@gmail.com>
Sent: Monday, February 02, 2015 10:42 AM
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Subject: Re: 19825 Callaway Hills Lane - Brandon Thomas

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Thanks,
Brandon Thomas

--

Thanks,
Brandon Thomas

--
Thanks,
Brandon Thomas



19825 CALLAWAY HILLS LN

00308304

7/9/2007

duponbj

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

100.00 CK 2631
7/9/03 X ~~30534~~

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

AD 44191 ☐ CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202
(704)336-5102 7625A

Date: 7-8-03

PERSON FILING APPLICATION:
NAME: WILDRICK (last) DONNA (first) M (mi)
ADDRESS: 3788 Panthers Den CT PHONE: 704 791-4129
CITY: CONCORD NC STATE: NC ZIPCODE: 28027

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 003-083-04
STREET ADDRESS: 19825 Callaway Hills
ZONING:

PROPERTY OWNER:
NAME: BOWER (last) HOWARD (first) (mi)
ADDRESS: 19825 CALLAWAY HILLS PHONE: 704 895-2201
CITY: DAVIDSON STATE: NC ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME: Runnymede

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

TYPE APPLICATION (check one):

LOT NUMBER: 38 LOT SIZE (in acres): /

[redacted]
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or H)
☐ COMMERCIAL OR INDUSTRIAL (N)
[redacted] Deck/
☒ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[redacted]

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 NUMBER OCCUPANTS: 2
SYSTEM CLASSIFICATION:

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: Donna Wildrick Date: 7/8/03

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.

... O.K. to use existing system for a screened in porch and a deck addition

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

Tommy Mashburn R.S. 7/9/03
Environmentalist Date

WATER : 122791

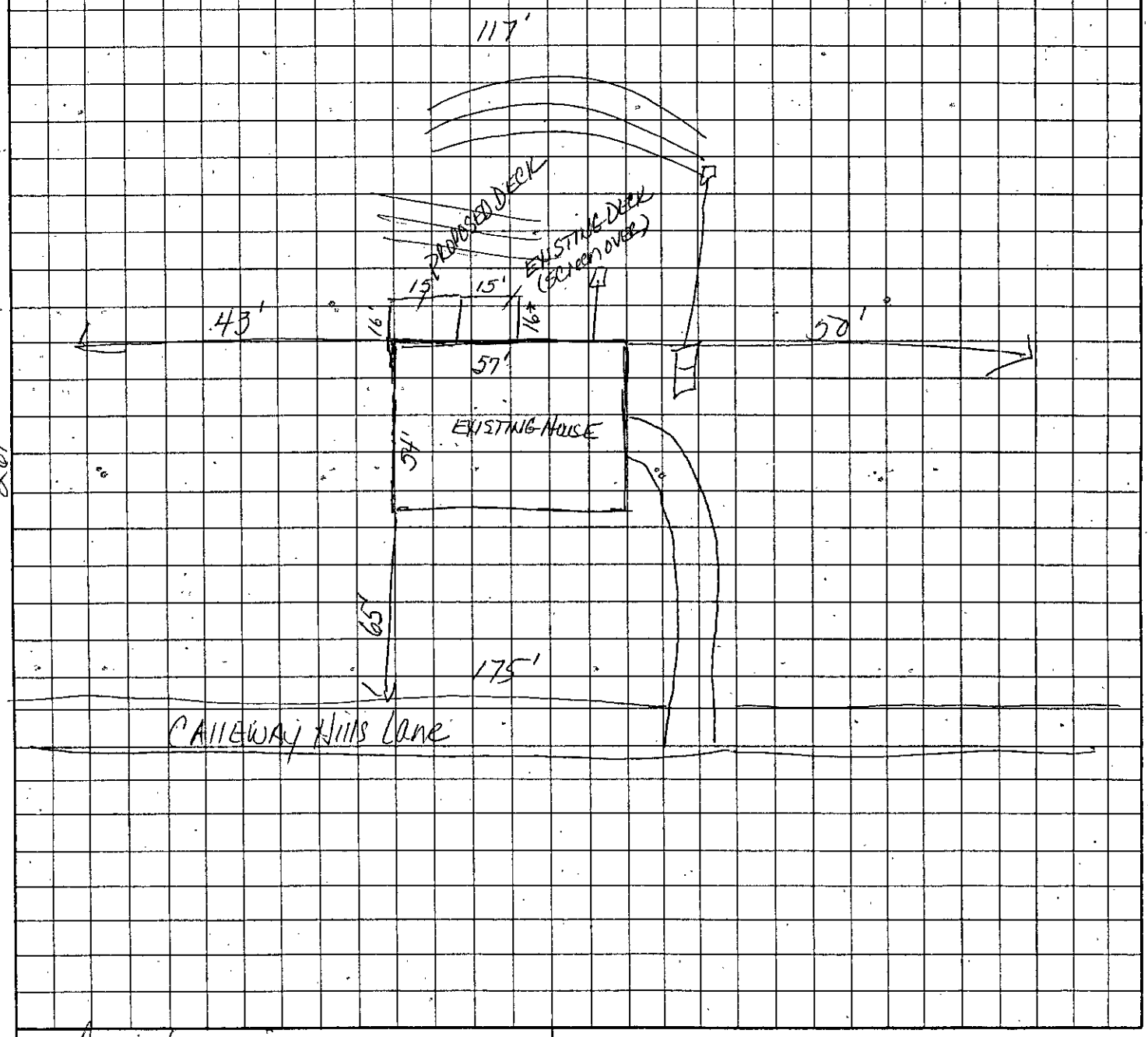
PROPOSED PLOT PLAN

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

FILE: 97625A

TC: 023-083-04

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.



Dana Liddick
OWNER/AGENT SIGNATURE

DATE 7-8-03

APPROVAL DATE _____

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

FEE: 100.00 Chk # 2318
DATE: 3/18/99 SC

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

#2

[ ] 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 #: 7625A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 003-081-25

STREET ADDRESS: 19825 Callaway Hills Lane

SUBDIVISION OR MOBILE HOME PARK NAME: Runnymeade

LOT NUMBER: 38 B1

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: 2950

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

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

CLOSING DATE_____

Lot checked 3-11-99
Use entire corner
Cemelli Lucas. AWM 3-15-99

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:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: (LAST) Monica Investments (FIRST) (MI)	NAME: (LAST) Wildrick Homes Inc. (FIRST) (MI)
ADDRESS: 7253 Little Ave	DAYTIME PHONE: (704) 786-6584
CITY: Charlotte STATE: NC ZIP: 28226	Northstar Realtors
DAYTIME PHONE: (704) 544-5520	Lu Ann Blankenship 892-3321

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____ Agent for owner

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: Scott Karl Wildrick DATE: 3-8-99

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

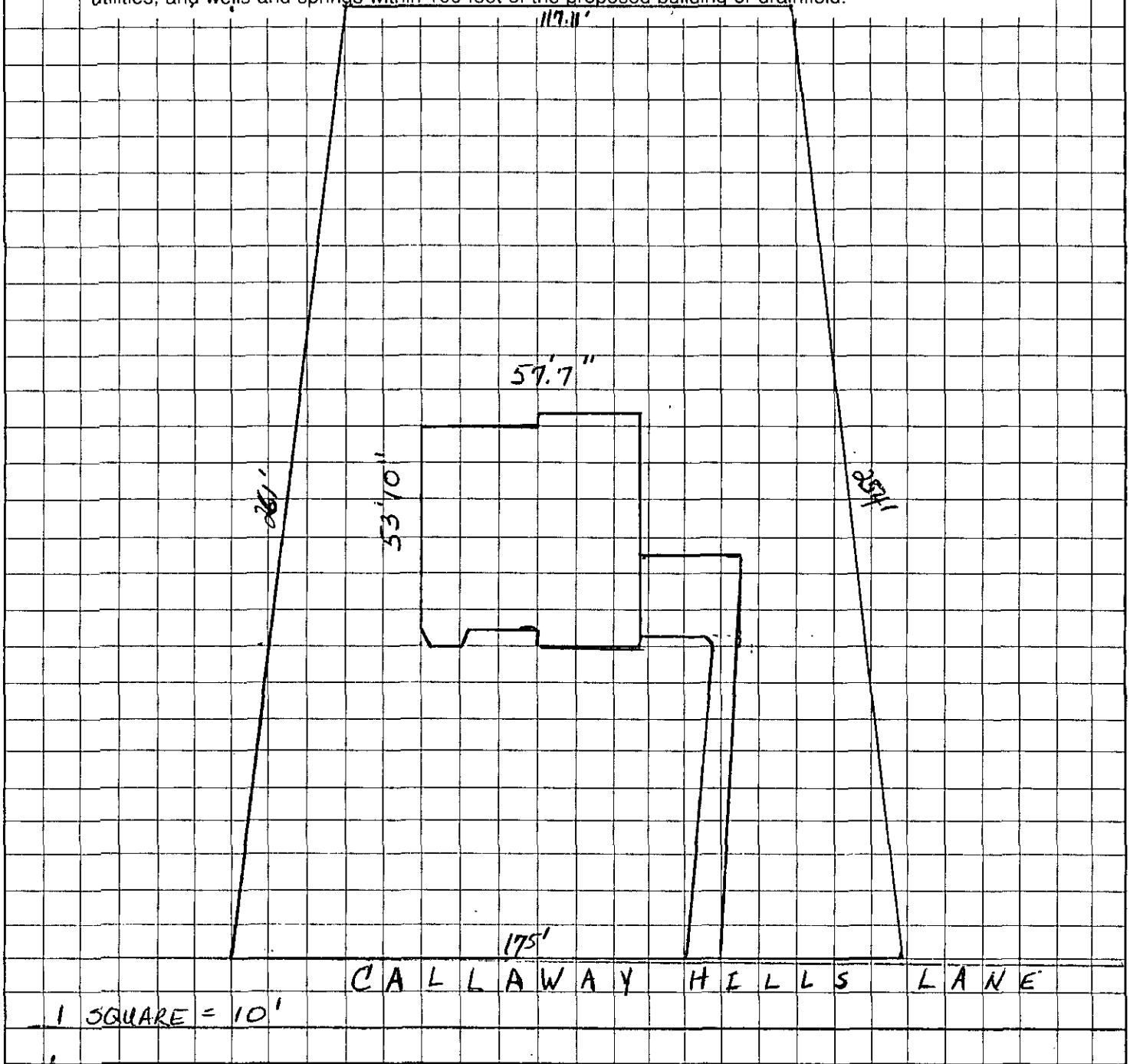
PROPOSED PLOT PLAN

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

FILE: 7625A

TC: 003-08-25

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.



Scott K. Wildrick for Ann Blanton
OWNER/AGENT SIGNATURE

DATE 3-6-99

APPROVAL DATE _____

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

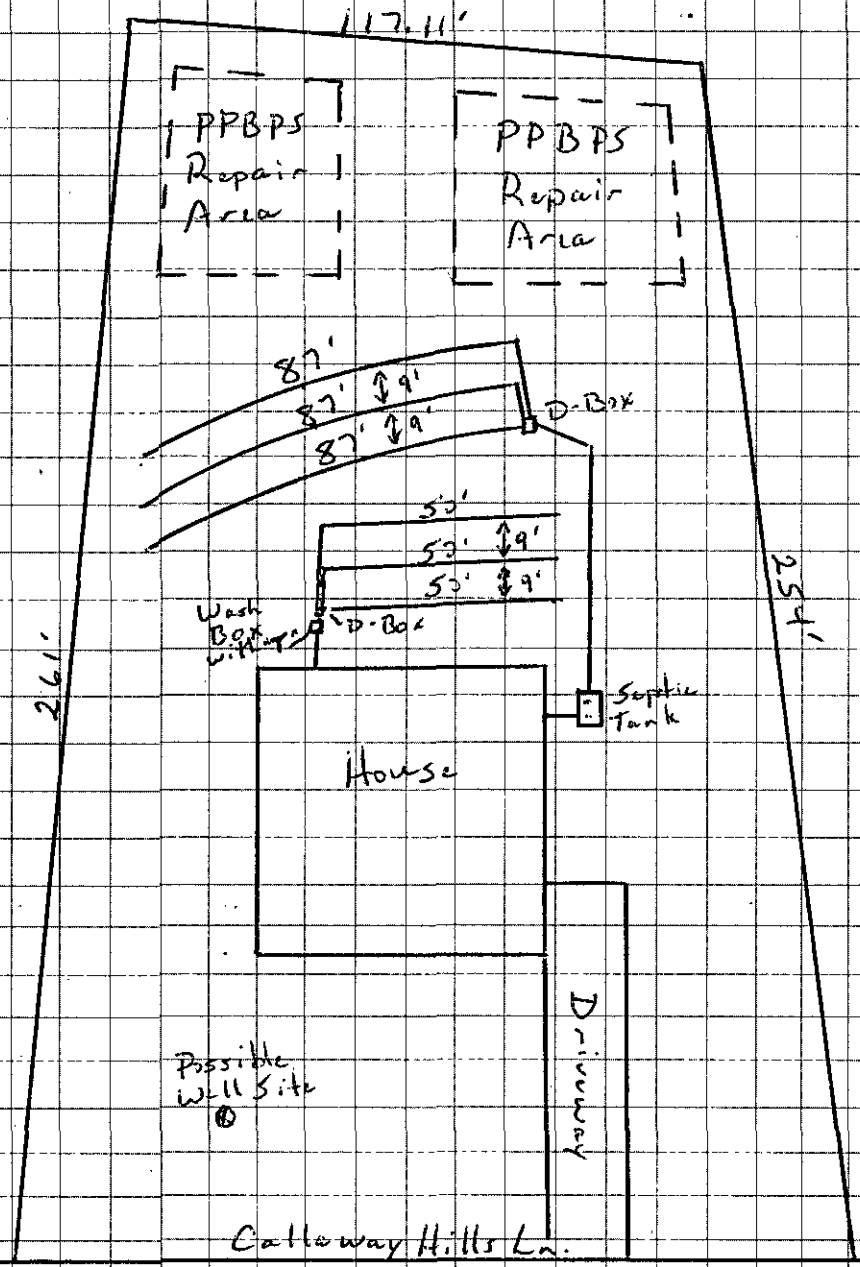
PROPOSED PLOT PLAN

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

FILE: 7625 A

TC: 003-081-25

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

1) Scale 1" = 40'
2) Keep lines level and on contour of land
3) Keep trenches shallow - 24" maximum
4) Keep all parts of septic system the minimum distance from the following:
   A) Well - 100 ft
   B) Property Line - 10 ft
   C) Foundation - 5 ft
*5) Berms shall be removed to facilitate surface water run off.

TW 4/27/98

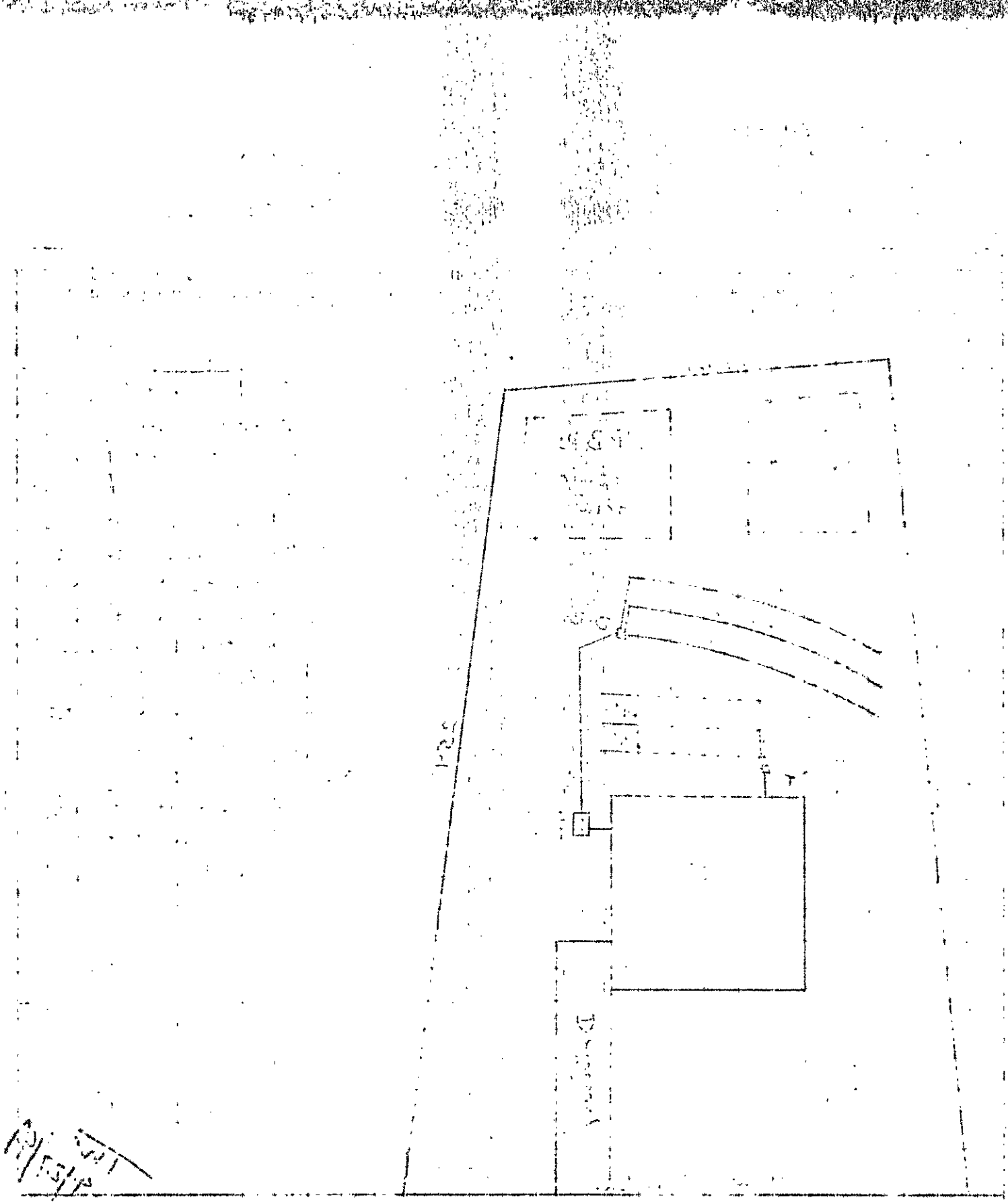
Tim Whitenton

OWNER/AGENT SIGNATURE

DATE 4/27/98

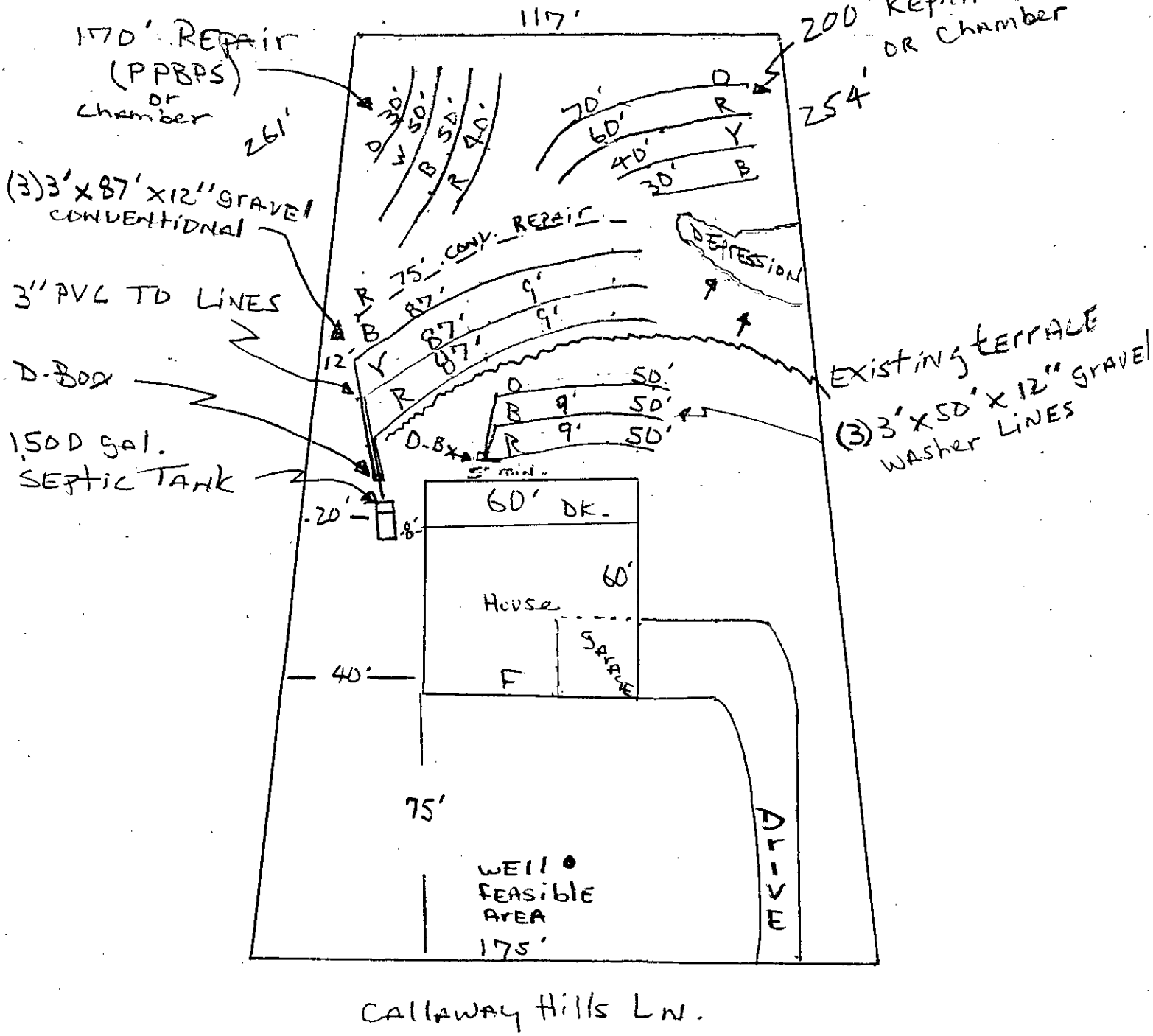
APPROVAL DATE _____

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



MCHD.
File: 7625-A
Lot 3BA
RUNNEYMEADE

* (3) Bedrm. Gravity Fed, Conventional Septic System, Split Washer Line Plan.



L. Whittaker
866-9540
Scale 40

MCHD

File: 7625-A

SPEC SHEET:

Primary Sys.

(3) Bedrm. Conventional Septic Sys. Split Washer Line Plan:

1,500 gal. Septic Tank, (1) D-Box

(3) 3'x 87' x12" gravel = 261' off Tank

(3) 3'x 50' x12" Gravel = 150' washer line off D-box

Total 411'

*Riser Rule applies. (Contractors choice)

Repair Area

370' Chamber

OR

370' (PPBPS)

Additions

* Specific site preparation like trimming terraces to natural grade & contour must be approved by M.C.H.D.

* Well Placement to meet All minimum setback requirements.

T. Whitaker

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 7625A

Tax Number: 003-081-2

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

Basement	___ Yes	X No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I (II) III IV V VI	X Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

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	400 Total trench length (ft)	28" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	N/A Gallon pump tank	12" Depth of stone	

Any surface waters present: No Type: Minimum separation distance:

Site modifications required:

Additional Conditions: 1) See plot plan. 2) Agreement forms must be completed and recorded. 3) A riser should be placed over the outlet end of the septic tank to facilitate filter maintenance.

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)	N/A Depth of Stone Trench	8' Trench spacing (min. on centers)	28" 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.

Tim Whitaker 4/27/99

Jeff A. Knight 4/27/99

DEHNR Authorized Agent Date

X

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

COPY

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 # 7625A
PARCEL # 003-081-25

The undersigned, Wildrick Homes Inc. [redacted], owner of property located at 19825 Calkaway Hills Lane, (the "site") and described in an instrument recorded in Book 10430 at Page 615, 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.

FILE COPY
FILED FOR REGISTRATION
DATE 4/21/99
BOOK 10430
DOC. # 75246
TIME 3:14
PAGE 628
RECFEE 14
STAMPS
CYNTHIA A. GIBBONS
REGISTER OF DEEDS
MECKLENBURG COUNTY, N.C.

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: Mecklenburg County Health Department
Mail after recording to: W. Idrick Homes, Inc., 3288 Panthers Dr., Court, Concord, NC 28027

- 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 28 day of April, 1999.

W. Idrick Homes Inc (SEAL)
(Corporate Name)

By: _____ (SEAL)

_____ President (SEAL)

(SEAL)

ATTEST:

_____
_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF _____

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

WITNESS my hand and notarial seal, this _____ day of _____, 199__.

_____
Notary Public

My Commission Expires:

_____

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Theresa Ann Irvin, a Notary Public for said County and State, do hereby certify that Donna M. Wildrick personally came before me this day and acknowledged that she is _____ Secretary of Wildrick Homes, Inc. _____, a North Carolina corporation, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal and attested by her as its _____ Secretary.

WITNESS my hand and notarial seal, this 28th day of April, 1999.

Theresa Ann Irvin
Notary Public

My Commission Expires: 3/17/2003

THERESA ANN IRVIN NOTARY PUBLIC MECKLENBURG COUNTY N.C.

ck # 1139/1110

400

FEE: 100.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 5-4-99 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 4/27/99 **PERMIT NO:** 7625 A
PARCEL NO: 003-081-25

JOB LOCATION ADDRESS: 19825 Callaway Hills Ln.
PROPERTY OWNER: Monica Investments
BUILDING CONTRACTOR:
SUBDIVISION NAME: Runnymede
AUTHORIZATION ISSUED BY: Jeff A. Knight **DATE:** 4/27/99
DENR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 7625A, 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: * 1) See plot plan. 2) Agreement forms must be completed and recorded. 3) A riser should be placed over the outlet end of the septic tank to facilitate filter maintenance

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.

Tim Whittaker 4/27/99

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CERTIFICATE OF COMPLETION/OPERATION PERMIT

(10)

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

FILE: 7625A DATE: 2/8/00

TC: 003 081 25 ☐ L ☒ CRT

SERIAL Nº 17721

Name of Owner Wildrick Homes Inc Juris.:

Address of Property 19825 Calloway Hills Ln

Inspection Data:

Tank Material PCC

Total Length of Drainfield 411

Number of Lines SL 3 + WL 3 @ SL 261 + WL 150

Cover Depth 12" - 24"

Water Supply Source well

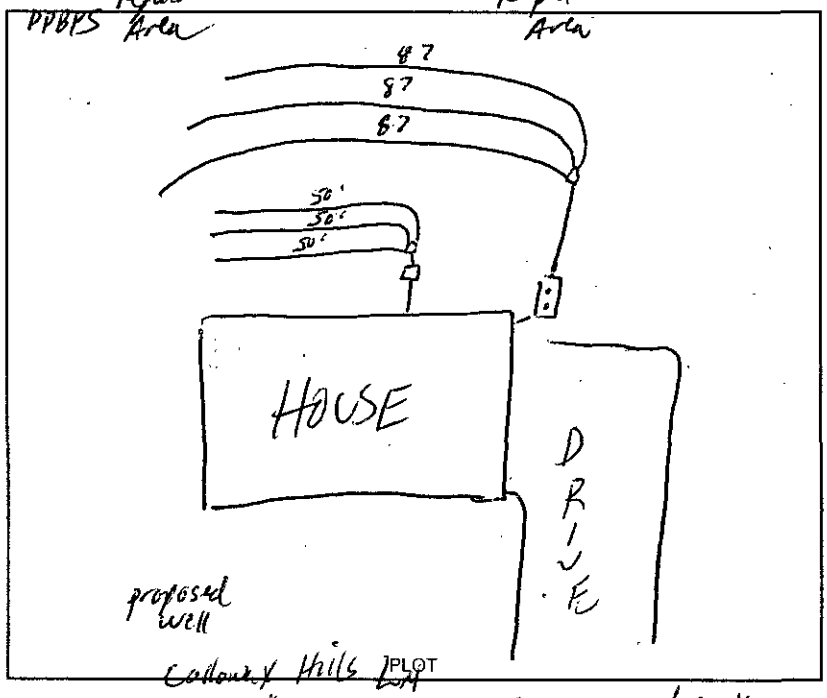
Distance to Water Source > 50'

Excavation Inspected 2/9/00

Tank(s) Inspected 2/9/00

Wash Line Inspected 2/8/00

High Water Alarm Inspected NA



Design 1900, 1500ST, CON, 783SFS, 450SFW, 12" Stone Cecil CTR# Larry Tucker

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☐ altered or repaired

☐ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of I5A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Septic system installed without installation approval Issued. Type IIa / Type IIIe PPBPS Repair (The contractor claimed he forgot about obtaining a installation approval)

Phila A. Walker RS
Environmental Health Specialist

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

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH PROGRAM
[illegible] CITATION CT., SUITE 211
[illegible], CO [illegible]
PHONE (719) 539-6702

FILE: [illegible] DATE: [illegible]

TO: [illegible] CRT

SERIAL NO [illegible]

Name of Owner [illegible] Juris: [illegible]

Address of Property [illegible]

Inspection Date: [illegible]

Tank Material [illegible]

Total Length of Drainfield [illegible]

Number of Lines [illegible]

Cover Depth [illegible]

Water Supply Source [illegible]

Distance to Water Source [illegible]

Excavation Inspected [illegible]

Tank(s) Inspected [illegible]

Wash Line Inspected [illegible]

High Water Alarm Inspected [illegible]

Design [illegible] CTR# [illegible]

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 installed in the plot above

and meets the provisions of 5A 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 5A NCAC 18A .1950 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: [illegible]

[illegible]

[illegible]

[illegible]

Environmental Health Specialist

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

APPLICATION FOR SOIL INVESTIGATION

Paid 07/26/91 CK#0092 PO $50.00

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

(OFFICE USE ONLY)

FILE: 7625A

TC: 203-081-02

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: SHEARER ROAD

② SUBDIVISION: DAVIDSON HUNT CLUB ③ LOT: 38 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: 5975-957 PAGE NO.: _____

OWNER

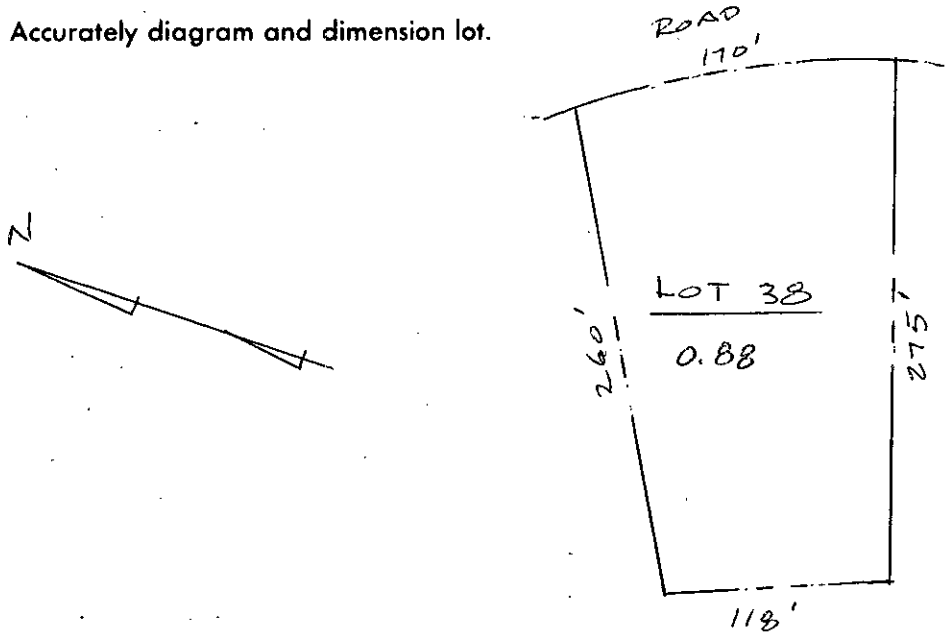
⑦ NAME: MICHELLE TEXTILE CORP.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 301 S. McDOWELL ST.

⑨ CITY: CHARLOTTE ⑩ STATE: N.C. ⑪ ZIP: 28202

⑫ PHONE: (WORK) 892-6683 (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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Ricky D Dugan

Date: 7/24/91

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

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1270 DAYTIME POINT BOULEVARD
CLEARWATER, FLORIDA 33755
PHONE (727) 464-8200

(OFFICE USE ONLY)

FILE: _____

TO: _____

DATE: _____

① ADDRESS: _____

② SUBDIV./JON: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

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

⑦ NAMES: _____
(1st) (Middle) (Last)

⑧ MAILING ADDRESS: _____

⑨ CITY: _____ ⑩ STATE: _____ ⑪ ZIP: _____

⑫ PHONE: (WORK) _____ (HOME) _____

⑬ Accurately dig given 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 PINELLAS COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: _____

Date: _____

In Hillsborough County services are available without regard to family origin, sex, or disability.

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12297

File: 76 25A

Parcel: PO 003-081-02

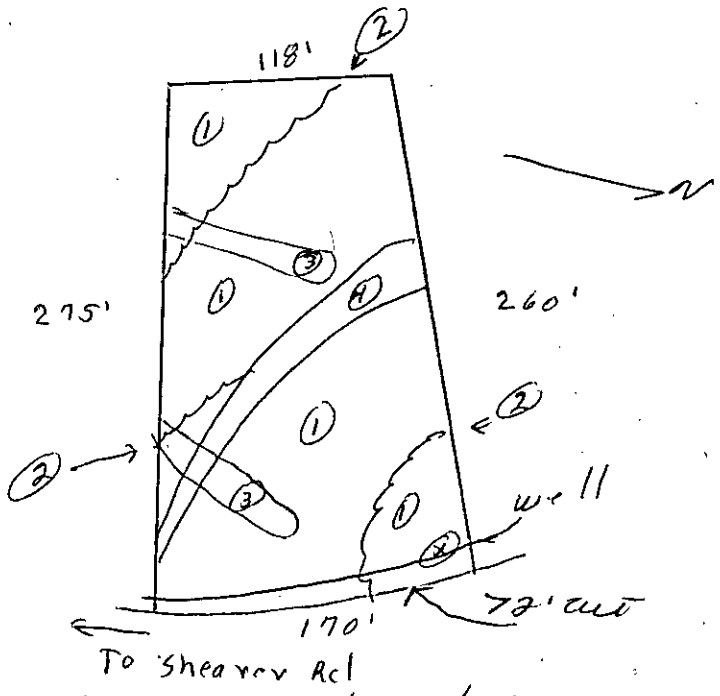
Action 1 ☑ PC

Location: off Shearer Road
Subdivision: Davidson Saddle Club
Lot: 38 Block: Acres: .88

Owner: Monica Investments
Address: PO Box 471494
Charlotte, N.C. 282

Comments: 100% Repair

Described by: William A. Marlin
Date: 10-15-91



old well appears to have been abandoned - Lot checked 3-1149 - telephone.

***** 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 2-8%	S PS (U) Terraces	S PS (U) Depression	S PS (U) old Road	S PS U	S PS U
Texture	S (PS) U clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 740" To Water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 40"+	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 740"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U Lim. Trd	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	IV Cecil-like	Terraces	Depression	old Road		
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

Mecklenburg County
Health Department

October 16th, 1991

Monica Investments
P. O. Box 471484
Charlotte, NC 28247

RE: Property located at Shearer Road #38
FILE: 7625A
PARCEL: 003-081-02PO

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 12297) 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 there are any questions concerning this matter, do not hesitate to contact me.

Sincerely,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603