

19423 CALLAWAY HILLS LN

00308149

7/5/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7561A DATE: 3/15/02

TC: 003-081-49 ☒ L ☐ CRT

SERIAL Nº 18840

Name of Owner Mike Newell Juris.: _____

Address of Property 19423 Callaway Hills Lane

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth 16"

Water Supply Source well

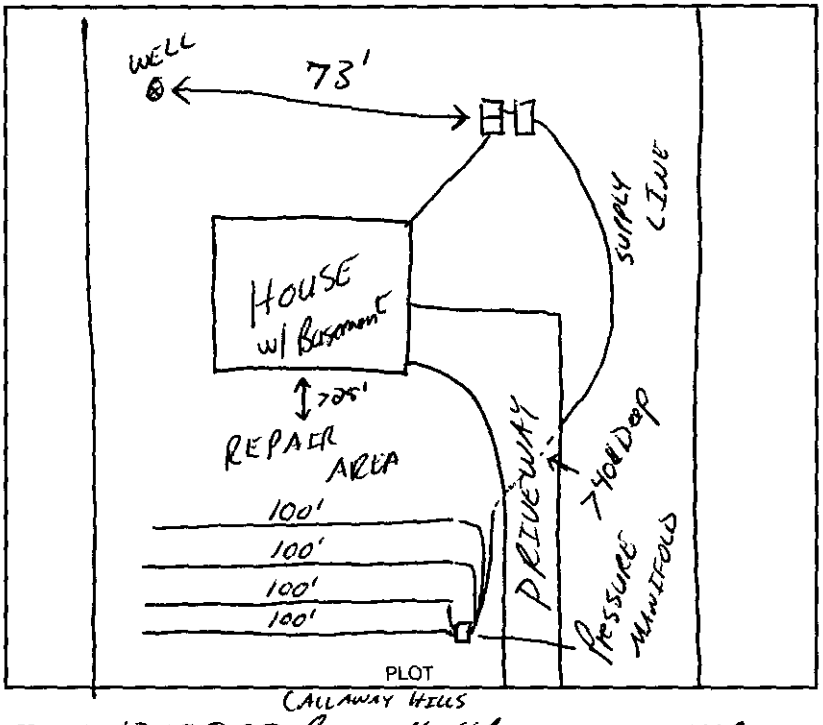
Distance to Water Source 73'

Excavation Inspected 3/15/02

Tank(s) Inspected 3/15/02

Wash Line Inspected —

High Water Alarm Inspected 3/15/02



Design 1500 ST, 1000 DT, PT, INV, 1200 SFT, Pressure Manifold CTR# NORWOOD

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

☒ installed or constructed ☐ altered or repaired

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

and meets the provisions of 15A 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 15A 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: Four Bedroom Residence

4 lines x 100' x 3 PRESSURE MANIFOLD

Type IIb Pump to Innovative System (E-2 Flow)

Jimmy T. Mickle R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

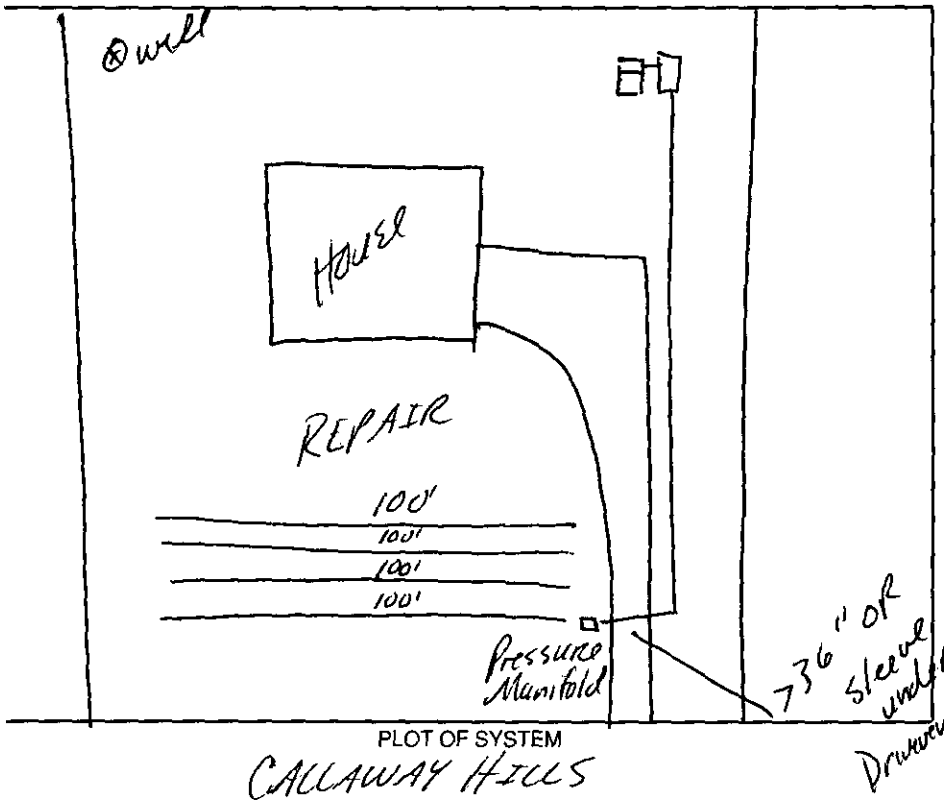
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7561A DATE: 3/14/02

TC: 003-081-49 ☒L

SERIAL No 18860

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 6/13/00. All work shall be completed on or before 9/14/02, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

CALLAWAY HILLS

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 400' feet

Number of Lines 4 x 100' x 3'

Depth of Stone NA inches

Distance from House >25' (Basement) feet

Distance from Property Line 710' feet

Distance from Well >100' feet

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

NAME OF OWNER Mike Newell

LOCATION OF PROPERTY 19423 Callaway Hills Curve

Comments: Four Bedroom Residence

Install 4 lines x 100' x 3' (25% Reduction System)

Type III 6 pump to innovative System

Pressure Manifold

Tony P. Mullen R.E.S.

Environmental Health Specialist

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

FOR REGISTRATION JUDITH A GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2001 OCT 09 03:11 PM
BOOK 12749 PAGE 575-578 FEE $12.00
INSTRUMENT # 2001172741

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 # 7561A
PARCEL # 003-081-49

The undersigned, MIKE NEVELL, owner of property located at 19423 CALLAWAY LANE, (the "site") and described in an instrument recorded in Book 1810 at Page 481, 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: MIKE NEVELL
Mail after recording to: 7203 CAROSAN LANE
CHARLOTTE NC 28270

NCS

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 6-13-00 PERMIT NO: 7561A

PARCEL NO: 003-081-49

JOB LOCATION ADDRESS: 19423 Callaway Hills Lane

PROPERTY OWNER: Monica Investments (pros. buyer Mike Newell)

BUILDING CONTRACTOR: _____

SUBDIVISION NAME: Runnymede Lot #15A

AUTHORIZATION ISSUED BY: L.S. DATE: 6-13-00

DEHNR AUTHORIZED AGENT Thelma S. Walker 6/14/01

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 7561A, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

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

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

4. OTHER CONDITIONS: See conditions of improvement permit

OWNER CERTIFICATION

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

Sue Ann Blank 6-14-00

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number 7561A

Tax Number 003-081-49

The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.

CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.

Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	✓ Yes	___ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
3 Long-term acceptance rate	480 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)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
4 Bedrooms in residence	1000 Gallon pump tank	N/A Depth of stone innovative		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: - Nomenclature simplex control panel required - Pressure manifold required - Agreement forms required				
Repair Area System Type Type (circle one): I II III (IV) V VI	___ Conventional ✓ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
600 Absorption Area (Sq ft) 300 Total Trench Length (Ft)	N/A Depth of Stone/Trench sand backfill	8' Trench spacing (min. on centers)	30" 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.

LB Thompson Jr. R.S. 6-13-00
DEHNR Authorized Agent / Date

Lou Ann Blankenship 6-14-00
Owner/Agent Signature / Date

SFR W 6/14/01
main system
& Repair Area
reversed

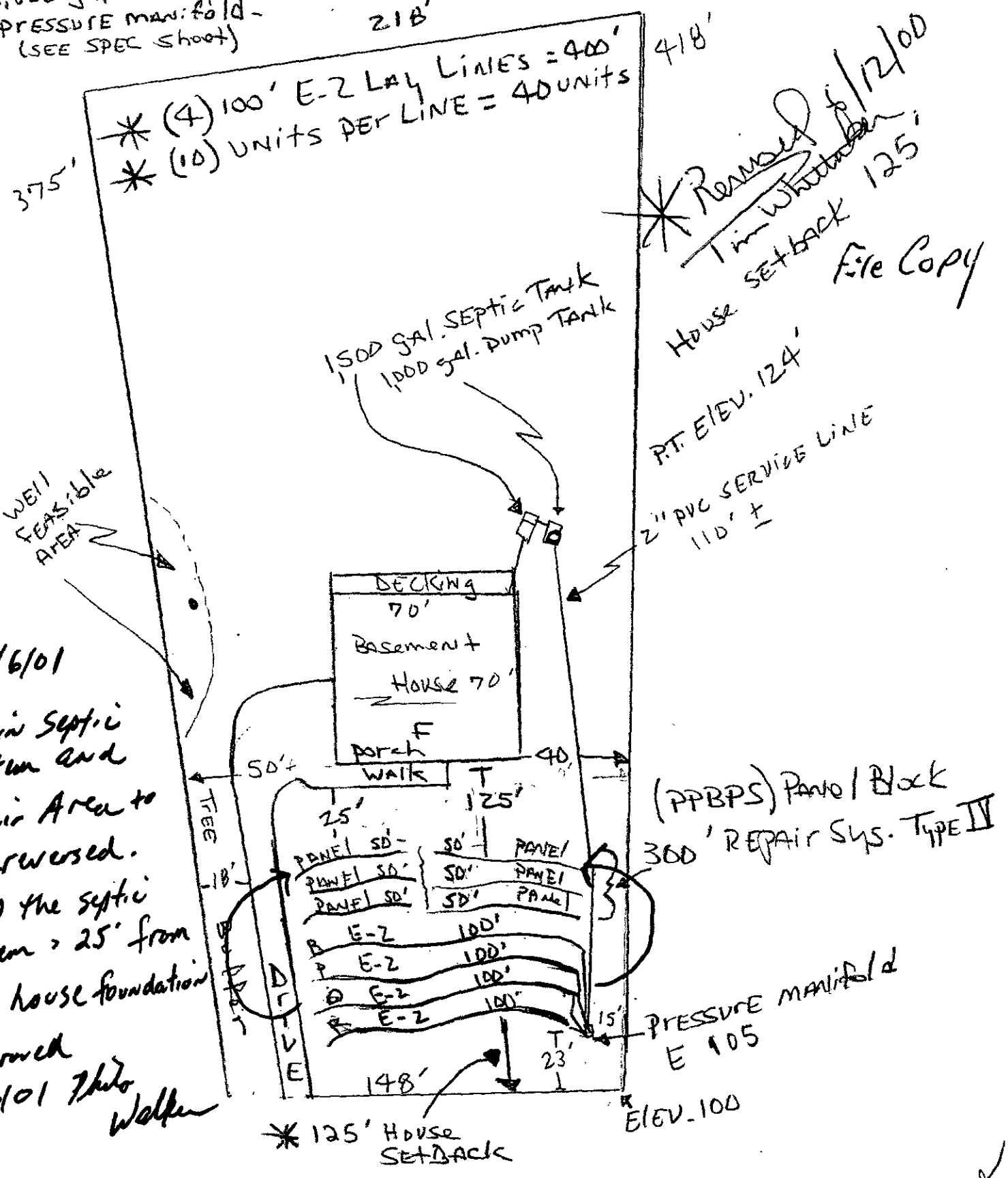
MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR
SUITE 211
700 N. TRYON ST
CHARLOTTE, N.C. 28202
(704) 336-5102

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

(4) Bedrm. Pumped E-2 LAY chamber
Primary SEPTIC Plan.
Type IV (PPBPS) REPAIR AREA

1,500 GAL. SEPTIC TANK
1,000 GAL. PUMP TANK
1 - PRESSURE manifold -
(SEE SPEC sheet)

M.C.H.D.
File: 7561-A
Lot 15 A
Runnymede Sub.



9/6/01

Main Septic system and Repair Area to be reversed. Keep the septic system 25' from the house foundation

Approved 9/6/01 Thos Walker

(PPBPS) Panel Block 300' REPAIR SYS. TYPE IV

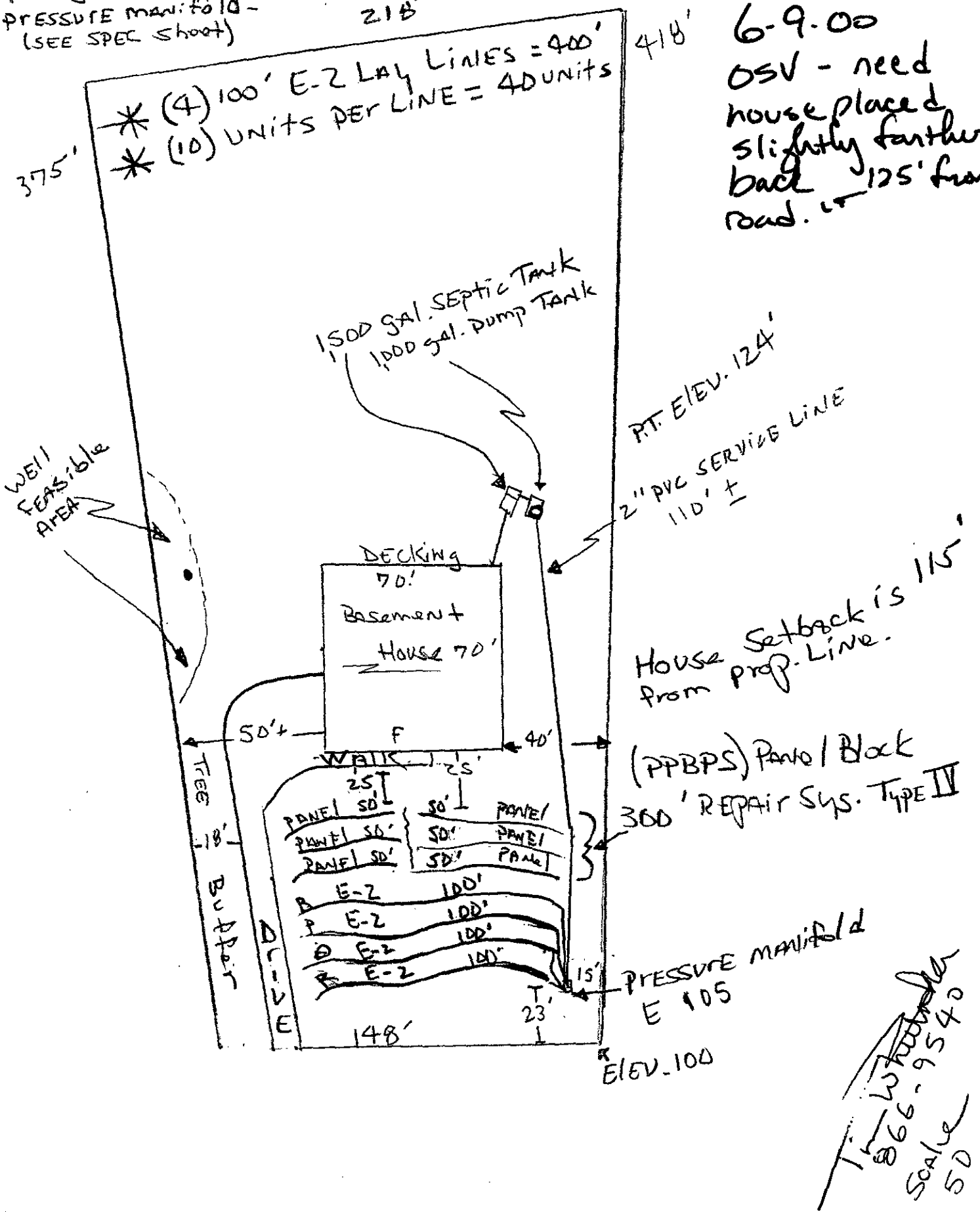
Scale 50

(4) Bedrm. Pumped E-2 LAY chamber
Primary SEPTIC PLAN.
TYPE IV (PPBPS) REPAIR AREA

- 1,500 GAL. SEPTIC TANK
- 1,000 GAL. PUMP TANK
- 1 - PRESSURE MANIFOLD - (SEE SPEC SHEET)

M.C.H.D.
File: 7561-A
Lot 15 A
RUNNYMEDE SUB.

6-9.00
OSV - need house placed slightly farther back 125' from road.

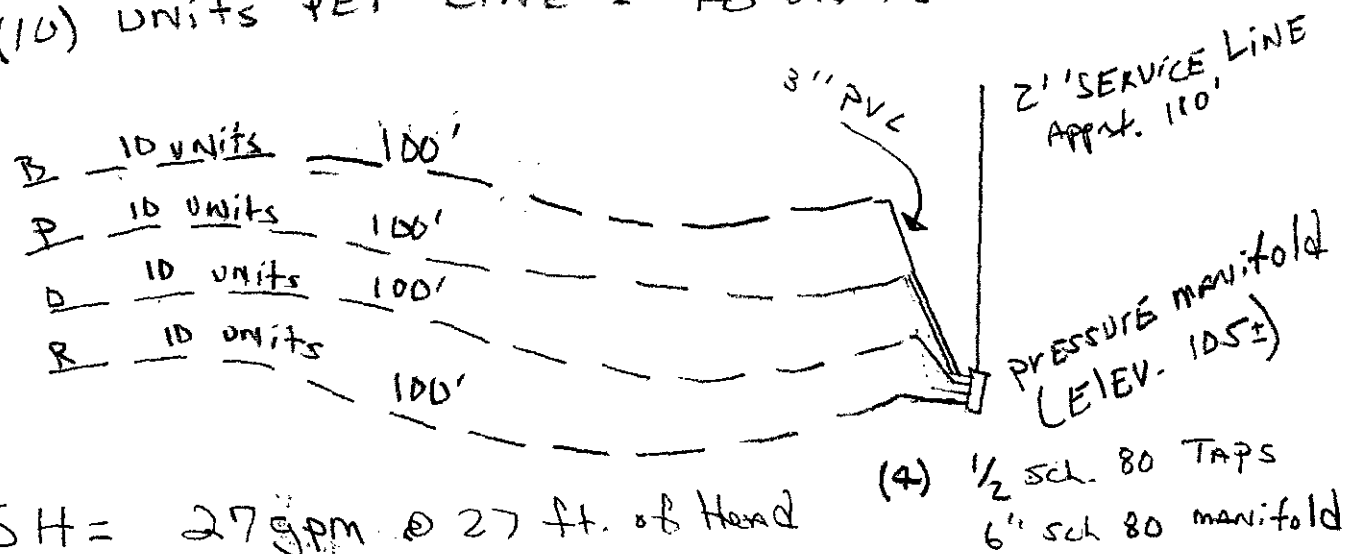


Tim Lukowski
866-9540
SCALE
SD

File: 7561-A

(4) Bedrm. Pumped E-Z Lay Chamber, Pressure manifold Distribution:

SPECS:
1,500 gal SEPTIC TANK
1,000 gal PUMP TANK - E 124.00±
PRESSURE MANIFOLD - E 105.00±
(SEE P.M. SPEC sheet)
(4) 100' E-Z LAY LINES = 400'
(10) UNITS PER LINE = 40 UNITS total.

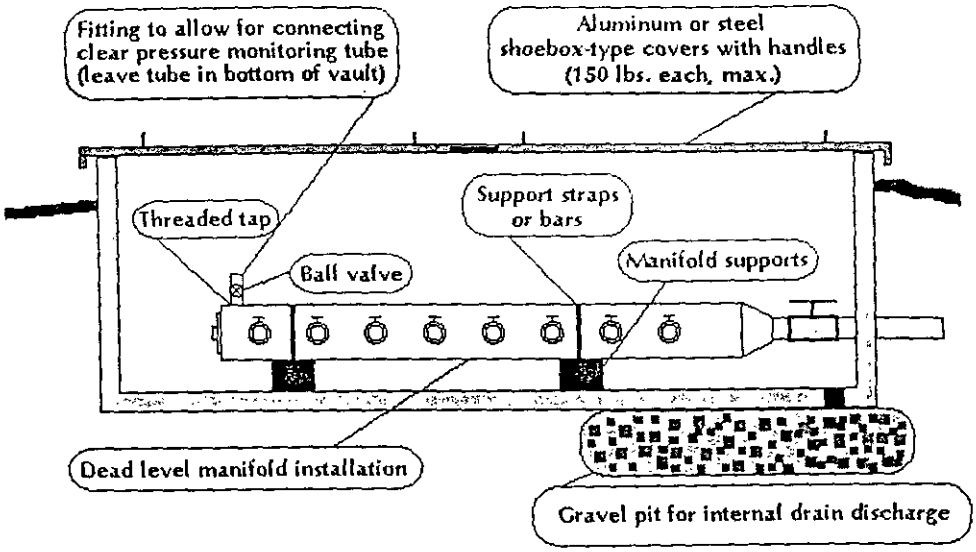


TDH = 27 gpm @ 27 ft. of Head
1/2 hp pump - Contractors choice.
Riser / Filter Rules apply, Contractors choice.

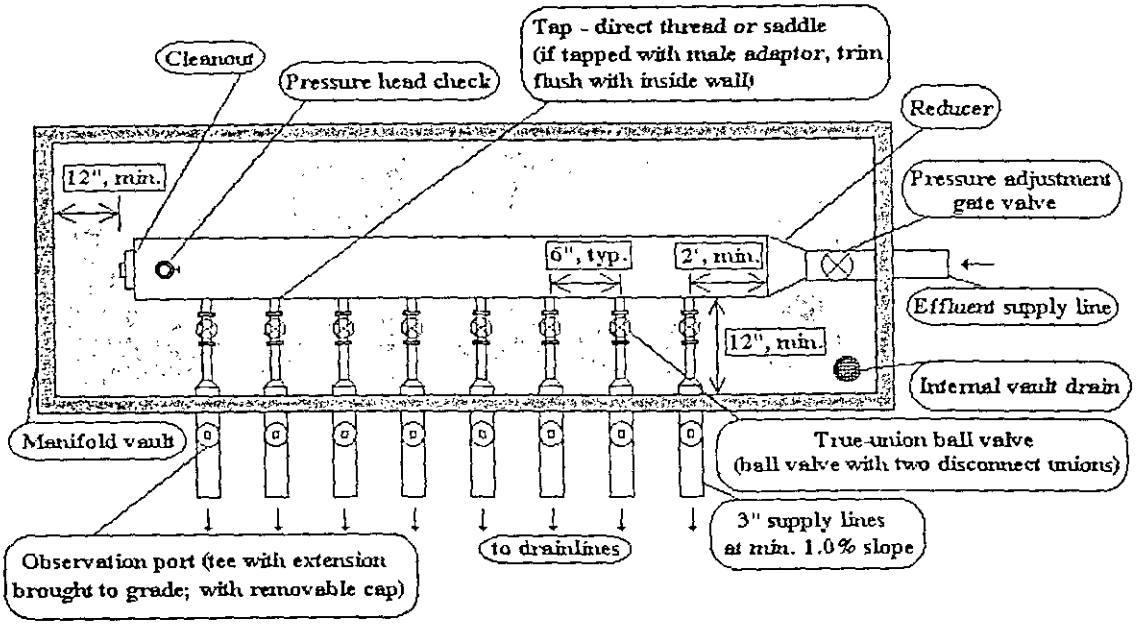
9" drawdown - float control switch.

7.4 minute pump cycle

Not scaled



Profile View of Pressure Manifold for Sloping Site Installation (not to scale)



Plan View of Pressure Manifold for Sloping Site Installation (not to scale)

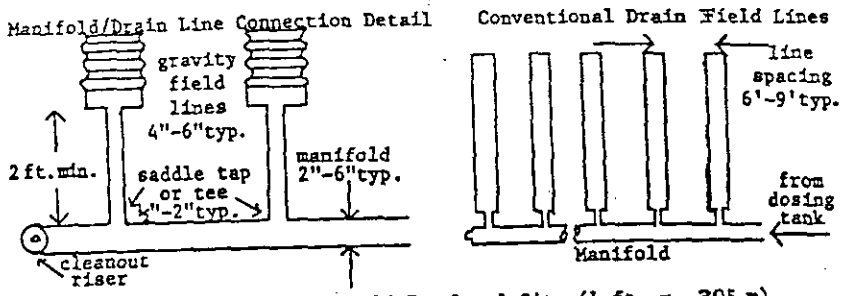


Fig. 1 Pressure Manifold For Level Site (1 ft. = .305 m)

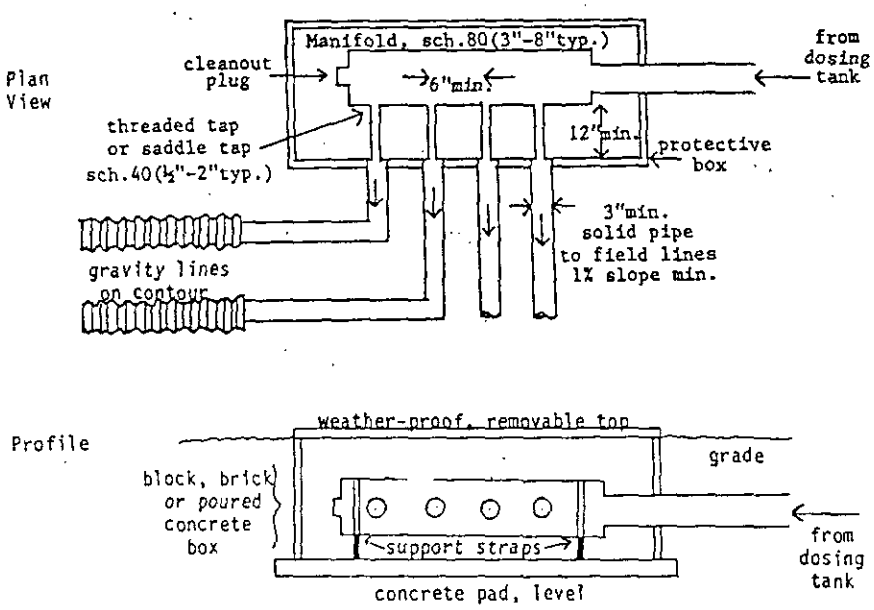


Fig. 2 Pressure Manifold For Sloping Sites

FEE: 400
DATE: 8/31/01

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

PDur full

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

opt 5: PC 150
Anth Co 150

FILE #: 7561-A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 003-081-49

STREET ADDRESS: 19423 CALLAWAYS HILL LN.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 15A.

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 4200

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 5

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

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: MIKE & BONNIE NEWELL

NAME: NEWELL (LAST) MIKE (FIRST) A. (MI)

ADDRESS: 7203 CAROSAN LN

CITY: CHARLOTTE STATE: NC ZIP: 28270

DAYTIME PHONE: ( ) —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

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: Mike Newell DATE: 8/31/01

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 08/31/01
Receipt #: 1138
Check / Auth #: CHECK 1470
Received By: JOHNSK

Amount: 400.00
Tendered: 0.00
Returned: 0.00

Account Information

Account #: 100000
Contractor: Michael Newell
Attn:
Address: 7203 Carosar Ln.
Address:
City/State/Zip: Charlotte, NC 28270

Item	Description	Permit#	Quantity	Unit Price	Total Price
0702	Optional Site Evaluations 19423 Callaway Hills Ln.	7561-A	1	100.00	100.00
0734	Auth for Waste Wtr Sys Constr 19423 Callaway Hills Ln.	7561-A	1	150.00	150.00
0703	Installation/Final Approval 19423 Callaway Hills Ln.	7561-A	1	150.00	150.00

Outstanding Balances

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

FEE: 180.00 ck # 1504

DATE: 5/10/99 GC

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 #: 7561 A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 003-081-49

STREET ADDRESS: ~~159~~ 19423 Calloway Hills Ln.

SUBDIVISION OR MOBILE HOME PARK NAME: Runneymede

LOT NUMBER: 15A

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: 3000

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS:

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

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

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

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

WATER SUPPLY (CHECK ONE):

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

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

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

PROPERTY OWNER:

NAME: Monica Investment Co.
(LAST) (FIRST) (MI)

ADDRESS: 7523 Little Ave Suite 210

CITY: Charlotte STATE: NC ZIP: 28226

DAYTIME PHONE: ( ) 544-5520

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Blankenship, Lou Ann
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) 892-3324

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: Lou Ann Blankenship DATE: 4-23-99

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

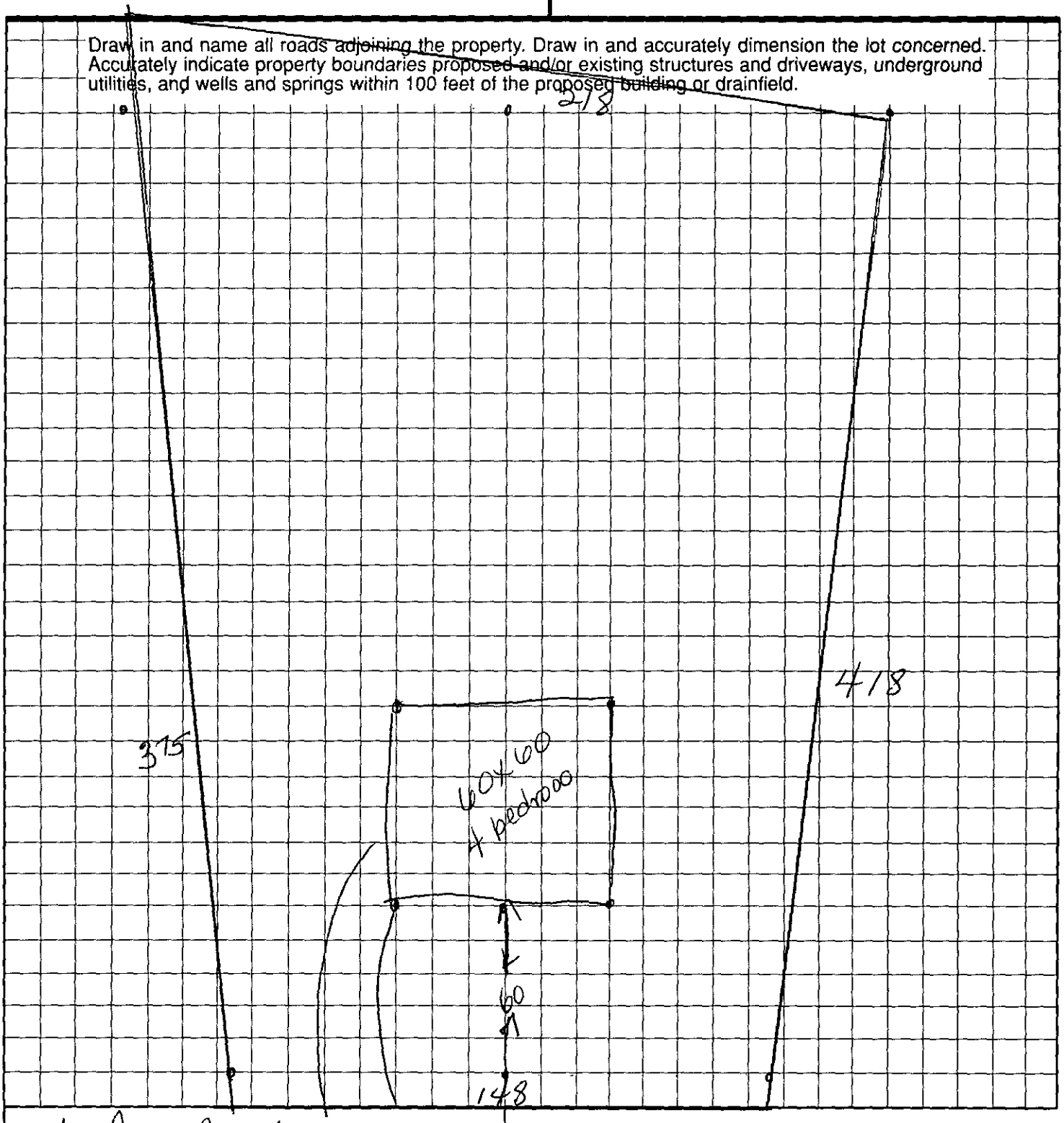
PROPOSED PLOT PLAN

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

FILE: 7561A

TC: 003-081-49

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.



Lee Ann Blankenship
OWNER/AGENT SIGNATURE

DATE 4-30-99

APPROVAL DATE _____

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

Mecklenburg County
Health Department

Conditions of Improvement Permit

File Number: 7561A
Site Address: 19423 Calloway Hills Lane

1. The wastewater treatment and disposal system permitted is a pump-to-innovative system.
2. The system will require a single phase, simplex control panel with alarm. The control panel must have a Nema 4x weather proof rating.
3. A pressure manifold shall be used to distribute effluent to the innovative drain field trenches
4. Septic and pump tanks must be installed in an area not subject to vehicular traffic. System installer must ensure that finished soil cover over the tanks will not be greater than 36 inches in depth. Soil cover greater than 36 inches will require reinforced tanks.
5. Nitrification trenches shall be constructed as level as possible but in no case shall the fall in a single trench bottom exceed one-fourth inch in 10 feet as determined by an engineer's level or equivalent.
6. Any changes in the site must be pre-approved by the Mecklenburg County Environmental Health Department.
7. The wastewater treatment and disposal drain field area, including the designated repair areas, shall not be used for any of the following:

    - Grading or filling
    - Parking or driving heavy equipment in the area or subjecting the site to possible soil compaction
    - Construction staging area
    - Installation of lawn irrigation components
    - Installation of underground utilities or cables of any type
    - Burial of any debris or material
    - Utilizing the area for gravesites
    - Diversion of storm water runoff into this area

8. Septic system installer must be registered with Mecklenburg County prior to meeting for the required pre-construction conference.
9. System installer will be required to operate the system at the time of the final inspection. Arrangements must be made to have the pump tank filled with water prior to the requested final inspection.
10. The system owner shall have the contents of the septic tank checked, and the contents of the tank removed, periodically from all compartments, to ensure proper operation of the system. The contents of the septic tank shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.
11. All septic tank riser and effluent filter rules will apply to this system. It is strongly recommended that access risers be added to both ends of the septic tank, extending to at least finish grade. This will allow periodic inspection of the solids level in the tank as well as help facilitate the periodic cleaning of the effluent bio-filter.
12. The local Health Department is required, by the State, to perform system reviews of Type IIIb systems at a minimum of every 5 years. The owner of the system is responsible for paying any inspection fees, as determined by the Board of County Commissioners, at the time of the required inspection.

Signature Owner/Agent Jean Ann Blanz **Date** 6-14-00

PEOPLE • PRIDE • PROGRESS

Environmental Health Division

700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

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

#2 PS

Sheet: _____
Property ID: 003-081-44
Lot #: 15A
File #: 7561A

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Morris Investments APPLICANT: Lou Ann Blankenship
ADDRESS: 7523 Little Ave, Suite 214, Charlotte DATE EVALUATED: 12-23-99
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 480 gpd/PROPERTY SIZE: 1.59
LOCATION OF SITE: 19423 Calloway Hills Lane PROPERTY RECORDED: _____
WATER SUPPLY: ☒Private ☐Public ☐Well ☐Spring ☐Other _____
EVALUATION METHOD: ☒Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☒Sewage ☐Industrial Process ☐Mixed

PROFILE #	.1940 Landscape Position/ Slope % (Slopes 6-15%)	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	0-4"	gr/cl	Fr/SEXP/SS/SP	748" TO 50:1 WETNESS	48"+	N/A	None	PS .391 F2 IV
		4-48"	SBK/C	Fi/SEXP/SP					
2	LS	0-5"	gr/cl	Fr/SEXP/SS/SP	748" TO 50:1 WETNESS	48"+	N/A	None	PS .391 F2 IV
		5-48"	SBK/C	Fi/SEXP/SP					

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

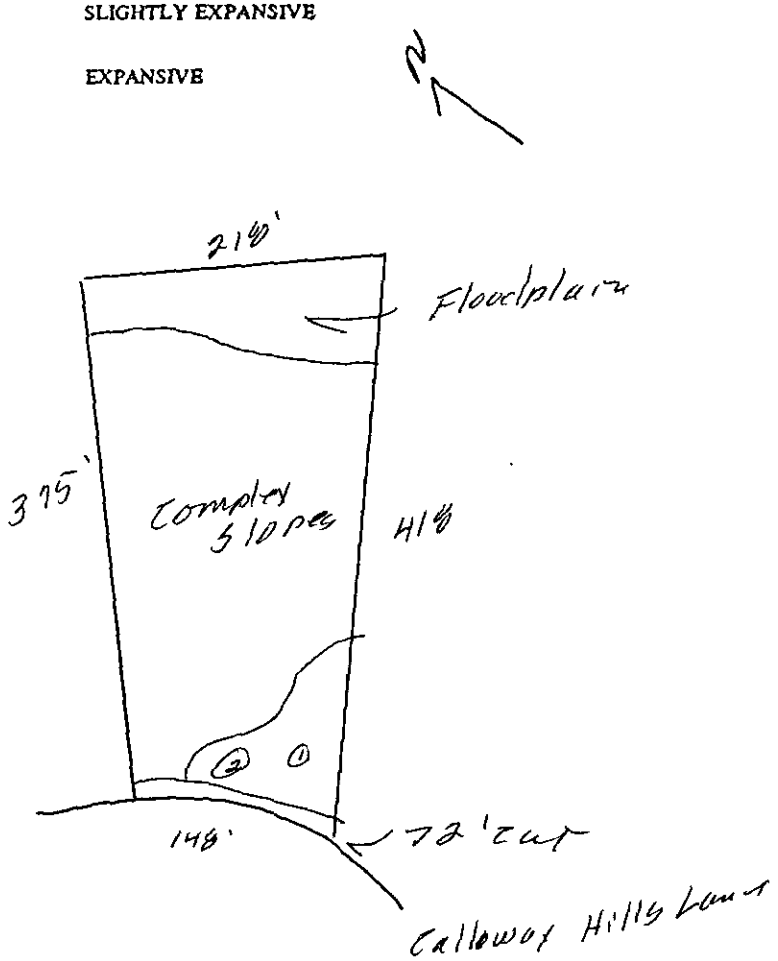
OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W. A. Mullis - LSS 12-28-99
OTHER(S) PRESENT: _____

FILE # 756 IA

COMMENTS 100% Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR	CONSISTENCE MOIST	CONSISTENCE WET
R-RIDGE	I	S-SAND	1.2-0.8		
S-SHOULDER SLOPE		LS-LOAMY SAND		VFR-VERY FRIABLE	NS-NON-STICKY
L-LINEAR SLOPE				FR-FRIABLE	SS-SLIGHTLYSTICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6	FI-FIRM	S-STICKY
N-NOSE SLOPE		L-LOAM		VFI-VERY FIRM	VS-VERY STICKY
H-HEAD SLOPE				EFI-EXTREMELY FIRM	NP-NON-PLASTIC
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3		SP-SLIGHTLYSTICKY
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM			
	IV	SC-SANDY CLAY	0.4-0.1		
		SIC-SILTY CLAY			
		O-ORGANIC			

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



MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19334

File: 7561 A Action 2

Parcel: 003 - 081 - 49 ☐ PC

Location: Callaway Hills Lane

Subdivision: Kennaymede

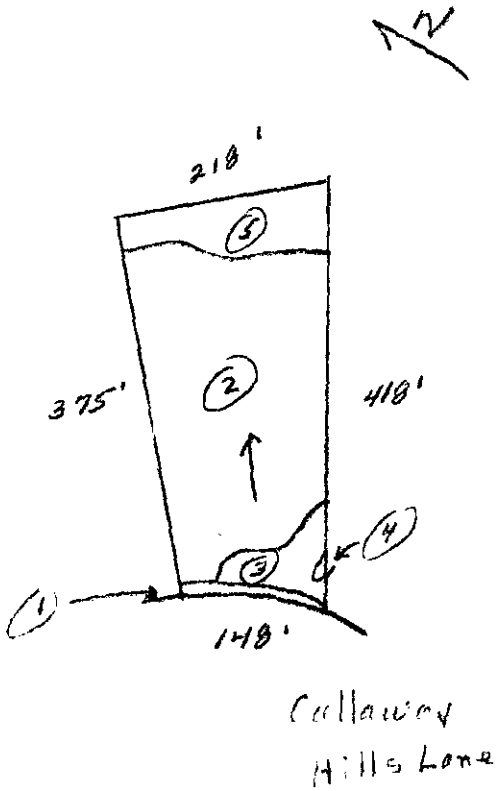
Lot: 15 Block: 1 Acres: 1.54

Owner: Monco Investment
Address: 501 Pressley Road #102
Charlotte, N.C. 28217

Comments: Well Repair, 3ga/1 f72/clay LTAR

Described by: William A. Marlin

Date: 4-26-93



***** 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) 72' cut	S PS (U) complex slopes	(S) PS U 8-15%	S PS (U) Depression	S PS (U) Floodplain	S PS U
Texture	S PS U —	S PS U —	S (PS) U slightly clay Exposure	S PS U —	S PS U —	S PS U
Structure	S PS U —	S PS U —	S (PS) U Soil + Bldr Wtr	S PS U —	S PS U —	S PS U
Drainage	S PS U —	S PS U —	S (PS) U To > 40" water	S PS U —	S PS U —	S PS U
Depth	S PS U —	S PS U —	S (PS) U 40"+	S PS U —	S PS U —	S PS U
Restrictive Horizons	S PS U —	S PS U —	S (PS) U 40"+	S PS U —	S PS U —	S PS U
Available Space	S PS U —	S PS U —	S PS (U) Restrictive	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	72' cut	Complex Slopes	IV Cecil-L. Ho	Depression	Floodplain	
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS U

Mecklenburg County

Health Department

Betty S. Snow, R.N., M.A.
Health Director

May 5, 1993

Monica Investment
801 Pressly Road #102
Charlotte, NC 28217

Re: Property located at Callaway Hills Lane
File: File 7561A
Parcel: 003-081-49

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 results of this investigation showed the property to be classified **UNSUITABLE** for the installation of such a system. A copy of the site evaluation report (Serial No. 19334) is enclosed for your information.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 15A NCAC 18A .1957 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, 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. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If you need any assistance, please feel free to call Mr. Bill Marlin at 336-5574.

Sincerely,

Kelly Randall, R.S., Soil Scientist
Individual Water & Wastewater Systems

KR:lw
Enclosure (2)

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19334 W 400

File: 7561 A Action 2

Parcel: 003 - 081 - 49 ☐ PC

Location: Calloway Hills Lane

Subdivision: Runneymede

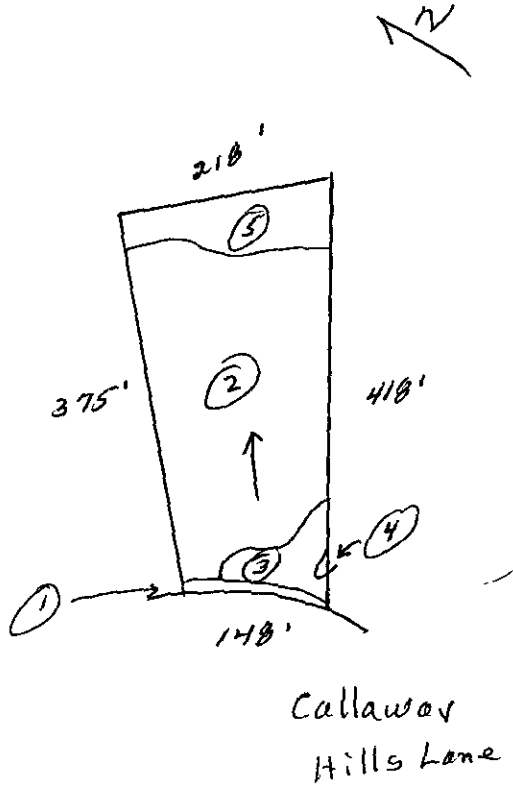
Lot: 15 Block: 1 Acres: 1.59

Owner: Monica Investment
Address: 801 Pressley Road #102
Charlotte, N.C. 28217

Comments: 100% Repair, .3gal/ft2/day LTAR

Described by: William R. Marlin

Date: 4-26-93



***** 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) 72" cut	S PS (U) complex slopes	(S) PS U 8-15%	S PS (U) Depression	S PS (U) Floodplain	S PS U
Texture	S PS U	S PS U	S (PS) U slightly clay Expansive	S PS U	S PS U	S PS U
Structure	S PS U	S PS U	S (PS) U sub-block W	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U	S (PS) U 7 40" to water	S PS U	S PS U	S PS U
Depth	S PS U	S PS U	S (PS) U 40"+	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	S PS U	S (PS) U 40"+	S PS U	S PS U	S PS U
Available Space	S PS U	S PS U	S PS (U) Restricted	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	72" cut	complex slopes	IV Cecil-Like	Depression	Floodplain	
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19334 (R 400

File: Action _____

Parcel: ☐ PC

Location:

Subdivision:

Lot: Block: Acres:

Owner:
Address:

Comments: _____

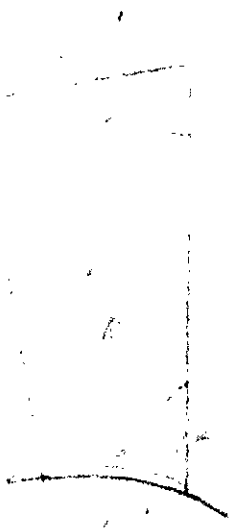
_____

_____

_____

Described by: _____

Date: _____



***** 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	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS U	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						
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: _____

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: _____

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

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

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

OWNER

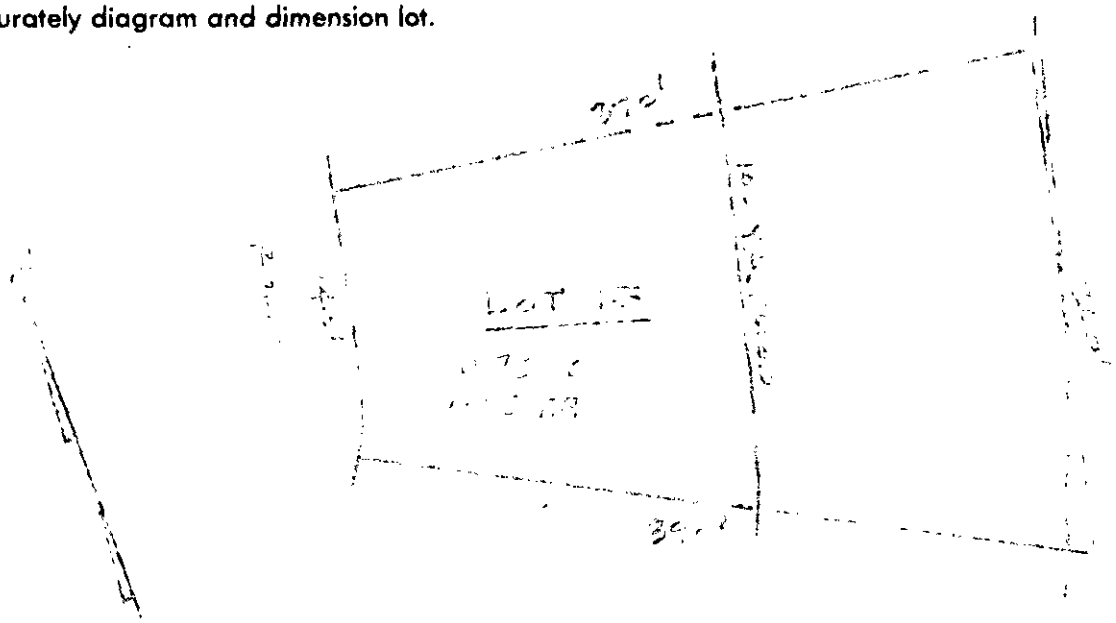
⑦ NAME: _____
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: _____

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

⑫ PHONE: (WORK) _____ (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: _____

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

Date: _____

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

APPLICATION FOR SOIL INVESTIGATION

Pad

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

(OFFICE USE ONLY)

FILE: 7561A 09/26/91 EU
~~02-0092~~

TC: PO 003-081-02 $50.00

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: SHEARER ROAD

② SUBDIVISION: DAVIDSON HUNT CLUB ③ LOT: 15 ④ BLOCK: _____

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

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

OWNER

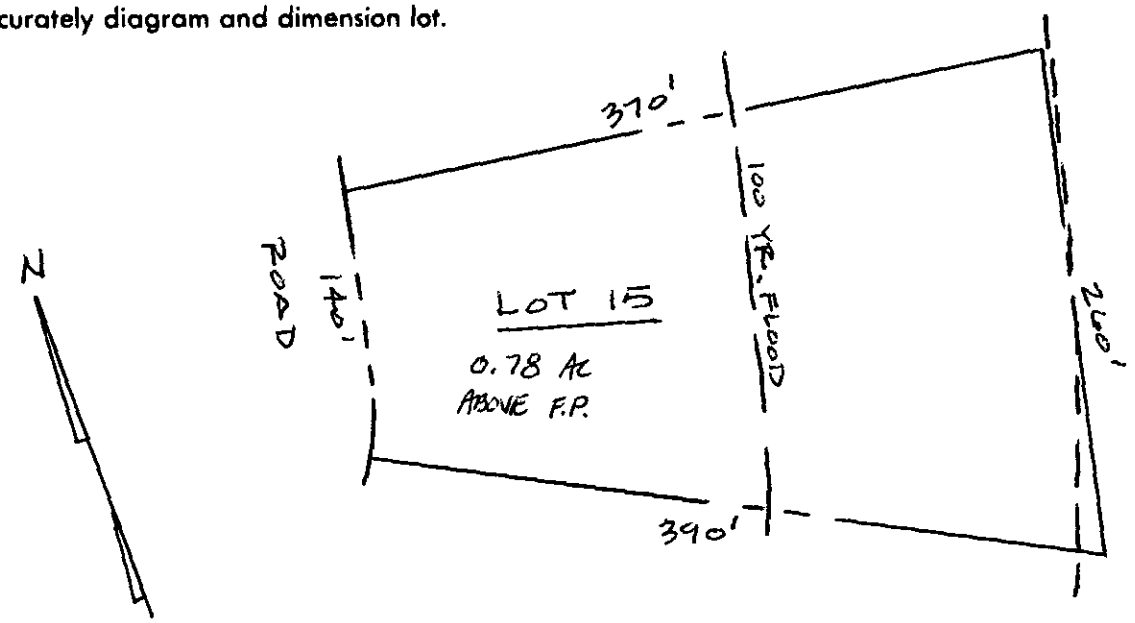
⑦ NAME: MICHELLE TEXTILE CORP.
(FIRST) (MIDDLE) (LAST)

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: _____

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

Date: _____

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: _____

TC: 90 103-091-02

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: [illegible]

② SUBDIVISION: [illegible] ③ LOT: 15 ④ BLOCK: _____

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

⑥ DEED REFERENCE: BOOK NO.: 3975-167 PAGE NO.: _____

OWNER

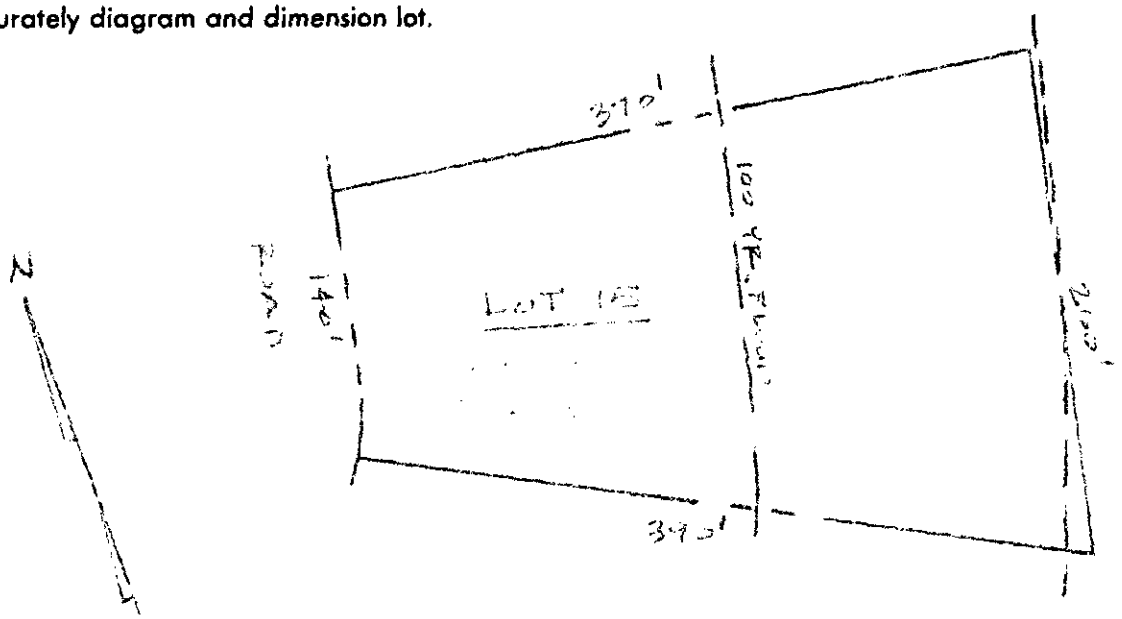
⑦ NAME: [illegible] (FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: [illegible]

⑨ CITY: [illegible] ⑩ STATE: [illegible] ⑪ ZIP: [illegible]

⑫ PHONE: (WORK) 542-[illegible] (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: _____

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

Date: _____

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