

13922 IDLEWILD RD

21526120

1/4/2008

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: 44183 DATE: 01-07-03

TC: 215-261-20 ☐ L ☒ CRT

SERIAL 19139

Name of Owner Alonzo Baeza Juris.: _____

Address of Property 13922 Idlewild Rd.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 582'

Number of Lines 6 @ 97'

Cover Depth 12"-24"

Water Supply Source Mun

Distance to Water Source >100'

Excavation Inspected 01-07-03

Tank(s) Inspected 01-07-03

Wash Line Inspected N/A.

High Water Alarm Inspected N/A.

* See Installation approval *

PLOT

Design 2002 1500ST 1746 SFT CON 126 PS. CTR# P. Haney

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: Type II system designed for a (4) bedroom design unit. Type II (9) repairs area.

Joshua R. Sellers 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

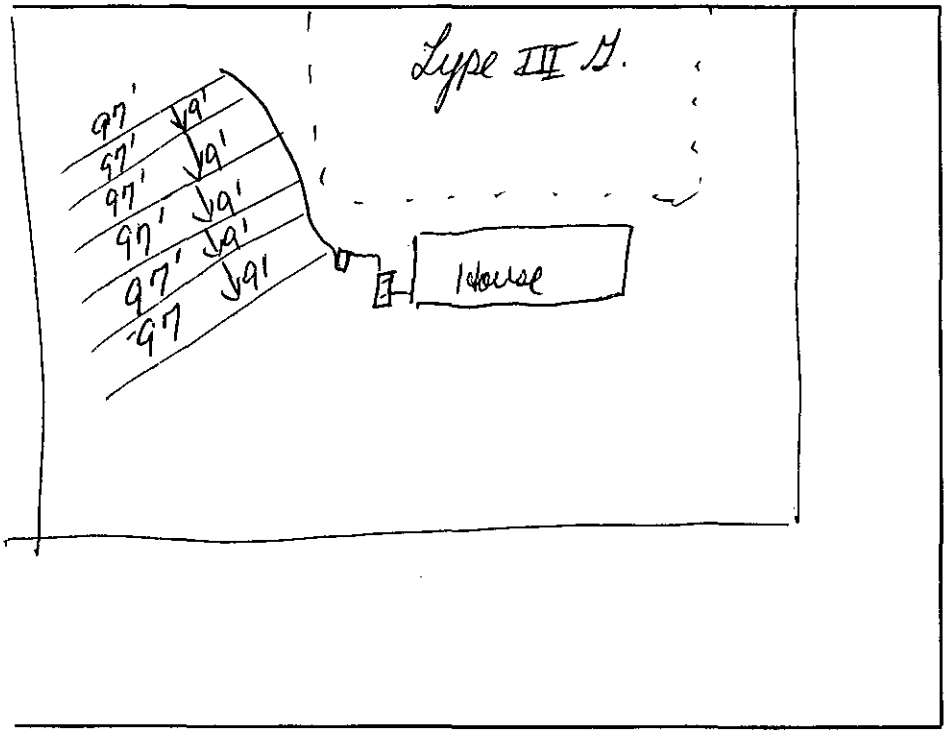
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 44183 DATE: 01-02-03

TC: 215-261-20XL

SERIAL 19279

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 08-29-02. All work shall be completed on or before 02-02-03, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction PCC

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous Yes

Total Line Length 582' feet

Number of Lines 6 @ 97'

Depth of Stone 12" inches

Distance from House > 5' feet

Distance from Property Line > 10' feet

Distance from Well Mun. feet

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

NAME OF OWNER Alonzo Baeza.

LOCATION OF PROPERTY 13922 Idlewild Rd.

Comments: Type II System designed for a (4) Bedroom design unit Type III-g repair area.

Joshua R. Sillers R.S.
Environmental Health Specialist

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

chk# 347

FEE: 300.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 9/4/02 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 8/30/02

PERMIT NO: [redacted]4414
PARCEL NO: 215-261-20

JOB LOCATION ADDRESS: 13922 Idlewild Road
PROPERTY OWNER: BAEZA FAMILY TRUST, A.R. BAEZA & S.G. BAEZA, TRUSTEES
BUILDING CONTRACTOR: ~~ANDERSON~~ OWNER
SUBDIVISION NAME: 13900 IDLEWILD ROAD
AUTHORIZATION ISSUED BY: _____ DATE: _____
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. _____, 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: _____

OWNER CERTIFICATION

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

X _____ 8/29/02
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE



ERIC ANDERSON

E. ANDERSON CONTRACTING

(704) 845-5997 • Mobile (704) 564-4358

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 4414B

Tax Number: 215-261-20

- 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	
.275 Long-term acceptance rate	480 Max gallons/day wastewater flow	1745 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
YES Serviced by private well	1500 Gallon septic tank	582 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
4 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: AGREEMENT FORMS ON FILE BEFORE C.A. RELEASE.				

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
1309 Absorption Area (Sq ft) 437 Total Trench Length (Ft)	N/A Depth of Stone Trench	9' Trench spacing (min. on centers)	24" Maximum Trench Depth
For existing system, enter the year originally installed:			

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

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

RSI 8/30/02
DENR Authorized Agent Date

X Alfonso N Baez 8/29/02
Owner/Agent Signature Date

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

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

IWWS-100195

PROPOSED PLOT PLAN

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

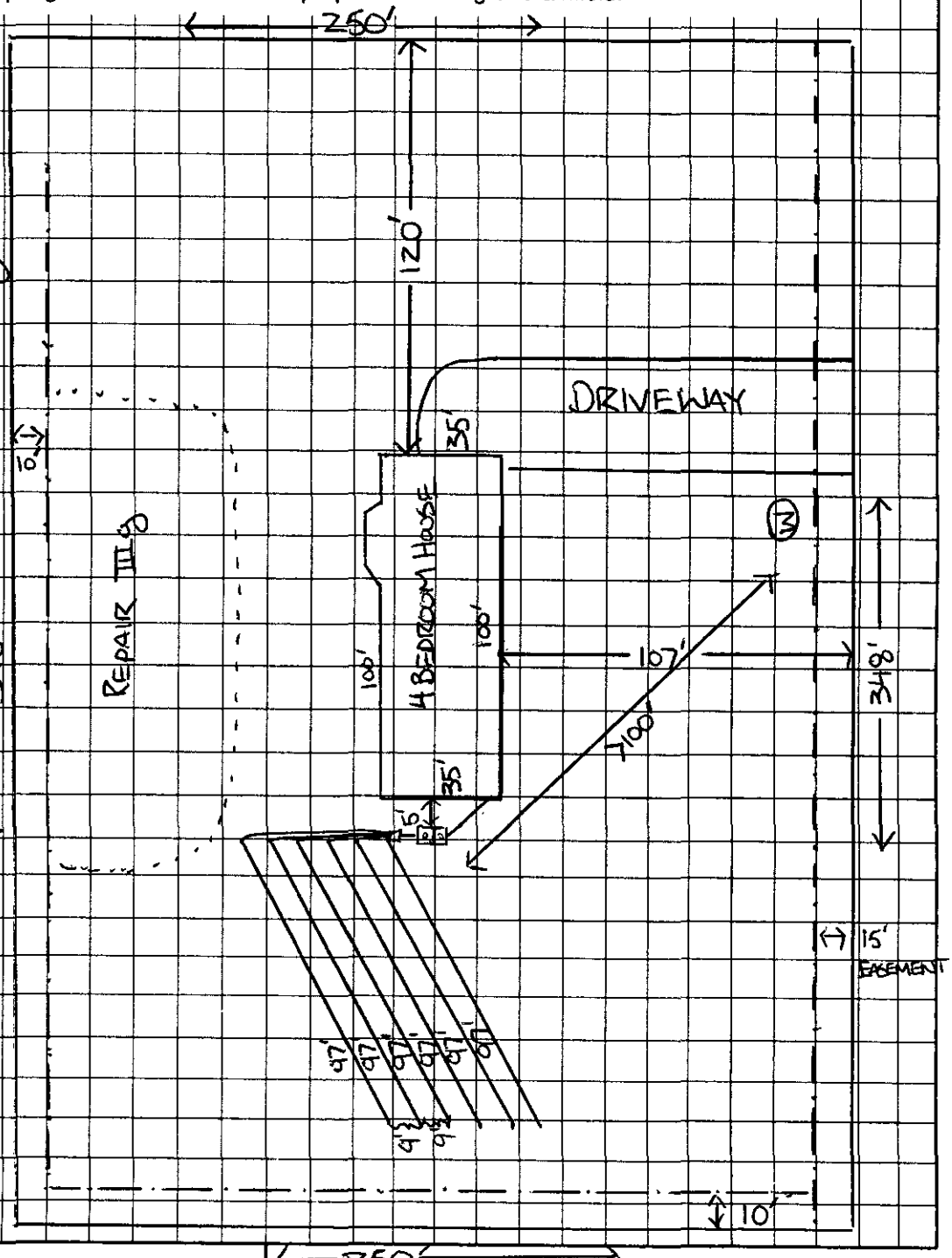
FILE: 44148

TC: 215-261-20

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.

N SCALE 1" = 50'

- 4 BEDROOM HOUSE
- HOUSE LOCATED 107' OFF FRONT PROPERTY LINE & 120' OFF LEFT(N) PROPERTY LINE.
- 1500 GAL SEPTIC LINE.
- 582 LINEAR FEET OF DRAINLINE.
- 6 LINES X 97' X 3' PLACED LEVEL & ON CONTOUR
- INSTALL ON 9' CTR.
- KEEP ALL PARTS OF SEPTIC SYSTEM 25' OFF FOUNDATION >10' OFF PROPERTY LINE
- PRIMARY SYSTEM TYPE II CONVENTIONAL
- TYPE III g INNOVATIVE REPAIR | 25% REDUCTION.
- PROPOSED WELL SITE MUST BE >100' FROM SEPTIC INSTALLATION & REPAIR AREA.



APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

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

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2002 SEP 04 11:19 AM
BOOK:14020 PAGE:889-892 FEE:$20.00
INSTRUMENT # 2002170582

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 # 4414B
PARCEL # 215-261-20

The undersigned, BAEZA FAMILY TRUST, DATED OCT 26, 1990, owner of property located at TRACT III OF 13900 IDLEWILD RD SUBDIVISION, (the "site") and described in an instrument recorded in Book 26 at Page 84, 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:

This instrument was prepared by: Undersigned
Mail after recording to: _____

Any changes on the property may make the Improvement Permit null and void and may make the Improvement Permit subject to revocation.

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 theDepartment, 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 4th day of Sept 2002 20___

BAEZA FAMILY TRUST DTD OCT 26, 1990 Alfonso R Baeza, Trustee (SEAL)
(Corporate Name)

By: _____ Sandra G Baeza, Trustee (SEAL)
President

Alfonso R Baeza, Trustee (SEAL)

Sandra G. Baeza, Trustee (SEAL)

Signed in my presense on 9-4-02

STATE OF NORTH CAROLINA

COUNTY MECKLENBURG

I, Mary M. James, a notary public for said county and state, do hereby certify that * personally appeared before me this day and acknowledged the execution of the foregoing instrument.

* Sandra G. Baeza and Alfonso R. Baeza

Witness my hand and official seal, this 4 day of Sept 19 2002

Mary M James
Notary Public

Official Seal

MARY M. JAMES NOTARY PUBLIC MECKLENBURG COUNTY, N.C.

My commission expires; 8-11-07

MAIL TO:

ALFONSO & Sandra Baeza

3908 MINTWOOD DR

CHARLOTTE, NC 28227

JUDITH A. GIBSON
REGISTER OF DEEDS , MECKLENBURG COUNTY
COUNTY & COURTS OFFICE BUILDING
720 EAST FOURTH STREET
CHARLOTTE NC 28202

****

Filed For Registration: 09/04/2002 11:19 AM

Book: RE 14020 Page: 889-892

Document No.: 2002170582

PRMIT 4 PGS $20.00

Recorder: GRACE W TUCKER

****

State of North Carolina, County of Mecklenburg

The foregoing certificate of MARY M JAMES Notary is certified to be correct. This 4TH of September 2002

JUDITH A. GIBSON, REGISTER OF DEEDS By: Grace W Tucker
Deputy/Assistant Register of Deeds

****

2002170582

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, DO HEREBY CERTIFY THIS TO BE A T
COPY OF DOCUMENT FILED AND RECORI

IN BOOK 14020 PAGE(S) 889-892
THIS 4th DAY OF September 20 02

JUDITH A. GIBSON, REGISTER OF DEE.

BY: Grace W Tuda
DEPUTY REGISTER OF DEEDS

DATE: _____

FOR RESIDENTIAL USE
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 #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 215-261-20

STREET ADDRESS: 13922 IDLEWILD RD

SUBDIVISION OR MOBILE HOME PARK NAME: 13900 IDLEWILD ROAD

LOT NUMBER: 3

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: 3,078

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 2

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

PROPERTY OWNER:

NAME: BAEZA (LAST) FAMILY TRUST (FIRST) DATED (MI) OCT 26, 1990

ADDRESS: 3908 MINTWOOD DR

CITY: CHARLOTTE STATE: NC ZIP: 28227

DAYTIME PHONE: 704 576-6007

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: BAEZA (LAST) ALFONSO (FIRST) R (MI) , TRUSTEE

DAYTIME PHONE: 704 576-6007

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: Alfonso R Baeza, Trustee DATE: 8/29/02

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

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

Sheet: _____
Property ID: 215-261-20
Lot #: _____
File #: 44143

ACS #2

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Ken & Sheila Cleaninger APPLICANT: David Blackmon
ADDRESS: 13920 Dellenwild Road, Matthews DATE EVALUATED: 10-2-00
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 480gpd PROPERTY SIZE: 2.0
LOCATION OF SITE: off Dellenwild Road PROPERTY RECORDED: _____
WATER SUPPLY: ~~Private~~ ☐Public ~~Well~~ ☐Spring ☐Other _____
EVALUATION METHOD: ~~Augur~~ Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ~~Sewage~~ ☐Industrial Process ☐Mixed

PROFILE #	Slope % 2-8% 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	0-7"	gr/scl	Fr/SEXP/SS/SP	7.5YR 7/1 @ 37"	37"	N/A	None	PS .275gpf2 IV
		7-37"	SBK/SC	F:/SEXP/SP					
2	LS	0-6"	gr/scl	Fr/SEXP/SS/SP	2.5YR 7/1 @ 30"	31"	N/A	None	US
		6-25"	SBK/SC	F:/SEXP/SP					
		25-31"	SBK/C	vF:/Mixed//US/UP					
3	LS	0-8"	gr/scl	Fr/SEXP/SS/SP	2.5YR 7/1 @ 39"	39"	N/A	None	PS .275gpf2 IV
		8-39"	SBK/C	F:/SEXP/SP					
4	LS	0-9"	gr/scl	Fr/SEXP/SS/SP	7.5YR 7/1 @ 42" TO SOIL WETNESS	42"	N/A	None	PS .275gpf2 IV
		9-42"	SBK/C	F:/SEXP/SP					
5	LS	0-7"	gr/scl	Fr/SEXP/SS/SP	7.5YR 7/1 @ 39" TO SOIL WETNESS	39"	N/A	None	PS .275gpf2 IV
		7-39"	SBK/C	F:/SEXP/SP					
6	LS	0-5"	gr/scl	Fr/SEXP/SS/SP	7.5YR 7/1 @ 33" TO SOIL WETNESS	33"	N/A	None	US
		5-24"	SBK/C	F:/SEXP/SP					
		24-33"	SBK/C	vF:/Mixed//US/UP					
7	LS	0-7"	gr/scl	Fr/SEXP/SS/SP	7.5YR 7/1 @ 46" TO SOIL WETNESS	46"	N/A	None	PS .39gpf2 IV
		7-39"	SBK/C	F:/SEXP/SP					
		39-46"	SBK/SCL	Fr/SEXP/SS/SP					
8	LS	0-9"	gr/scl	Fr/SEXP/SS/SP NS/NP	7.5YR 7/1 @ 42" TO SOIL WETNESS	42"	N/A	None	PS .275gpf2 IV
		9-12"	SBK/SCL	Fr/SEXP/SS/SP					
		12-42"	SBK/C	F:/SEXP/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	US
System Type(s)		
Site LTAR	.275gpf2	.275gpf2

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W.A. Marlin LSS- 10-3-00
OTHER(S) PRESENT: _____

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

Sheet: #2

Property ID:

Lot #:

File #: 4414B

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: APPLICANT:

ADDRESS: DATE EVALUATED:

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

LOCATION OF SITE: PROPERTY RECORDED:

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

EVALUATION METHOD: ☐Augur Boring ☐Pit ☐Cut

TYPE OF WASTEWATER: ☐Sewage ☐Industrial Process ☐Mixed

PROFILE #	.1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE, MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS &LTAR
9	LS	0-14"	gr/sl	Fr/SE/PL SS/SP	44" TO 50:1 wetness	44"	N/A	None	PS .375 Pa IE
		14-44"	SBK/C	Fi/SE/PL S/P					
10	LS	0-9"	gr/l	Fr/SE/PL SS/SP	48" TO 50:1 wetness	48"	N/A	None	PS .375 Pa IE .2133 Pa IE
		9-48"	SBK/ABK/C	Fi/SE/PL S/P					
11	LS	0-5"	gr/sl	Fr/SE/PL NS/NP	30" TO 50:1 wetness	30"	N/A	None	US .291 Pa IE
		5-30"	SBK/C	Fi/SE/PL S/P					
12	LS	0-9"	gr/sl	Fr/SE/PL SS/SP	30" TO 50:1 wetness	30"	N/A	None	US .291 Pa IE
		9-30"	SBK/C	Fi/SE/PL S/P					
13	LS	0-5"	gr/scl	Fr/SE/PL SS/SP	24" TO 50:1 wetness	24"	N/A	None	US .291 Pa IE
		5-24"	SBK/C	Fi/SE/PL S/P					

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

OTHER FACTORS (.1946):

SITE CLASSIFICATION (.1948):

EVALUATED BY:

OTHER(S) PRESENT:

FILE # 4414B

COMMENTS Not surveyed WCA Repair

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

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

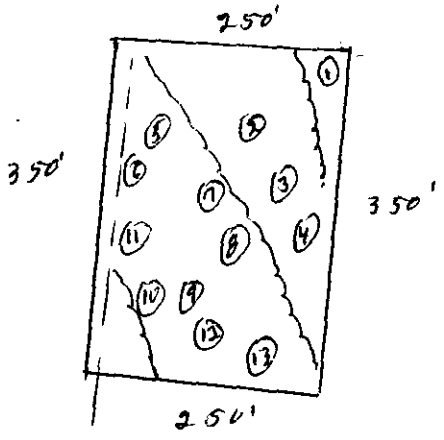
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



Idlewild Rd

N

FEE: 200 Ck+Cash

DATE: Aug 25-00

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

1 1 CRT

TYPE APPLICATION: X 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 #: 4/4/4B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: 261-20

TAX/PARCEL NUMBER: 215-152-70

STREET ADDRESS: Idlewild Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: Tract 3

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 3500

NUMBER OF BEDROOMS: 4 | NUMBER OF OCCUPANTS: 4

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

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

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

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: X YES __ NO TYPE: Carpentry (Framing)

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
X 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 X NO
EXISTING WASTEWATER SYSTEMS X YES __ NO
EASTMENTS OR RIGHT-OF-WAYS X YES __ NO
WELL, SPRINGS OR WATERLINES __ YES X NO
DESIGNATED WETLANDS __ YES X NO

PROPERTY OWNER:

NAME: Cloan Inger Ken + Sheila
(LAST) (FIRST) (MI)

ADDRESS: 13920 Idelwild Rd

CITY: Matthews STATE: NC. ZIP: 28105

DAYTIME PHONE: (704) 847 - 6020

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Platko David M.
(LAST) (FIRST) (MI)

DAYTIME PHONE: (704) 201 - 9946

6119 Waters Edge Dr
Stanfield NC. 28163

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: David M. Platt - 201-9946 DATE: Aug. 25-00

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 HEALTH DEPARTMENT
Environmental Health Fees

DAVID FLATO
Requestor (please print): Phone #: Date Requested: 8-25-00 Date Filled:

Account Name: Cash Charge Account No.:

I certify that I am authorized to charge this account for this service:

Signature: Printed Name: Date:

T.C.	Qty	Description	Unit Cost	Total Cost
0701	1	Improvement Permit Application - Residential	$ 200.00	200-
0735		Improvement Permit Application - Commercial	$ 400.00	
0702		Optional Site Evaluations	$ 100.00	
0703		Installation and Final Approval	$ 150.00	
0704		Change in Plot Plan	$ 100.00	
0705		MH Exc/Add/Repl without System Modification	$ 100.00	
0706		MH Exc/Add/Repl with System Modification	$ 300.00	
0707		Site Consultation Visit	$ 100.00	
0734		Authorization for Wastewater System Construction	$ 150.00	
0708		Realty Closing - Conventional	$ 85.00	
0709		Realty Closing - FHA with water	$ 135.00	
0710		Additional Trips	$ 65.00	
0711		Well Water Analysis-Bacteriological with regular parameters	$ 50.00	
0712		Well Water Analysis -Nitrates and Nitrites	$ 15.00	
0714		Well Water Analysis - Organic Analysis	$ 200.00	
0715		Admin. Fee - Field Activity Letter	$ 25.00	
0718		Residential Pool Permit	$ 50.00	
0719		Public Pool Permit - operating	$ 240.00	
0720		Seasonal Pool Permit - operating	$ 120.00	
0736		Pool Late Fee	$ 120.00	
0733		Permit to Construct a Public Pool	$ 200.00	
0721		Home Day Care Evaluation and Permit	$ 70.00	
0722		Home Day Care Evaluation and Annual Fee	$ 40.00	
0723		Eval and Report Non-Permit Facility	$ 50.00	
0724		Private Pool Testing	$ 15.00	
0731		Garbage Hauler Permit - (1-9 vehicles)	$ 30.00	
0736		Garbage Hauler Permit - (each over 9)	$ 20.00	
0725		Document Copies	$ 0.05	
Payment received by: JMW		Date: 8/25/00	Total:	200-

~~LOT H~~
TRACT #3

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION

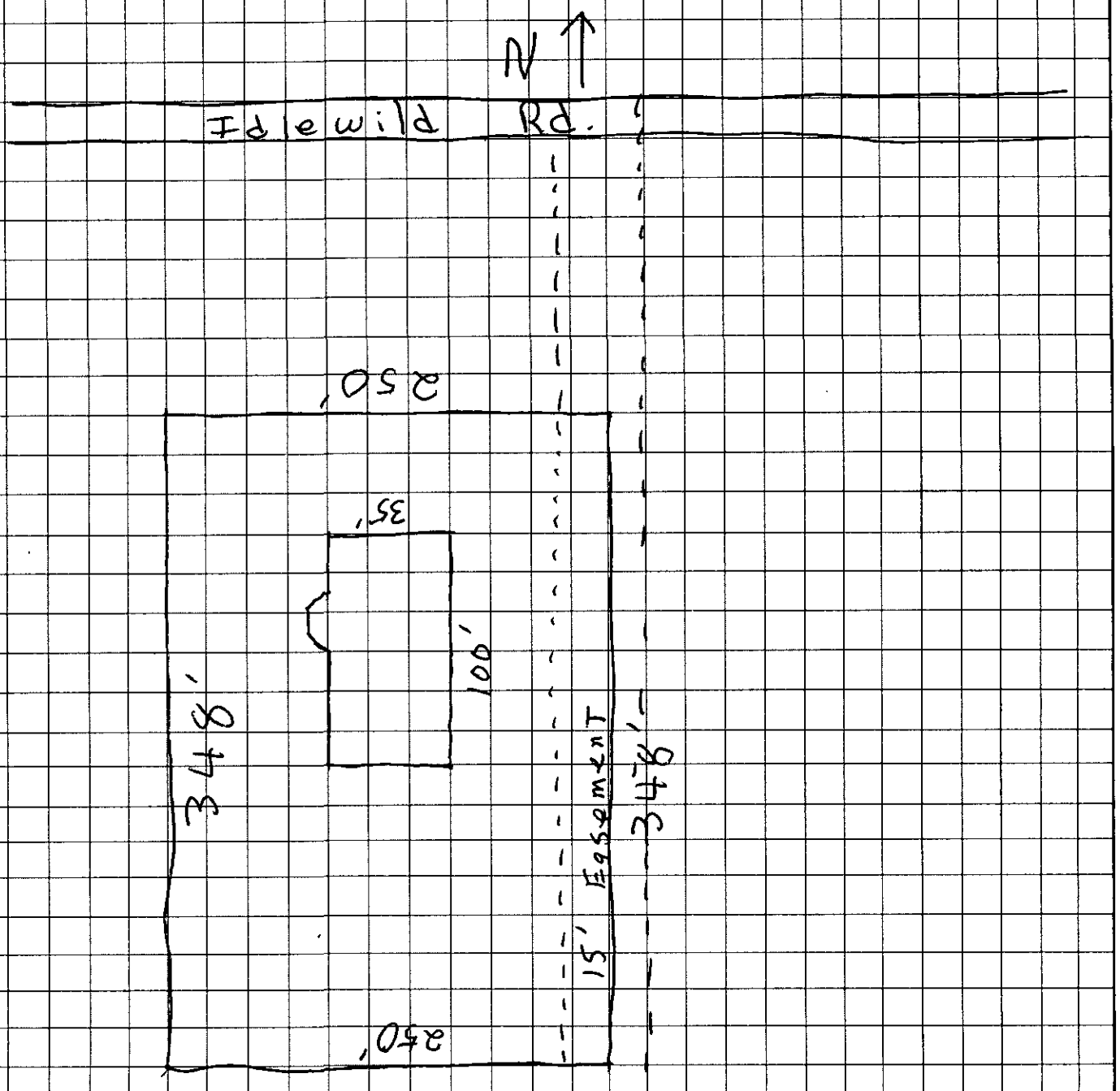
PROPOSED PLOT PLAN

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

FILE: 4/14B

TC: 215261-20

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.

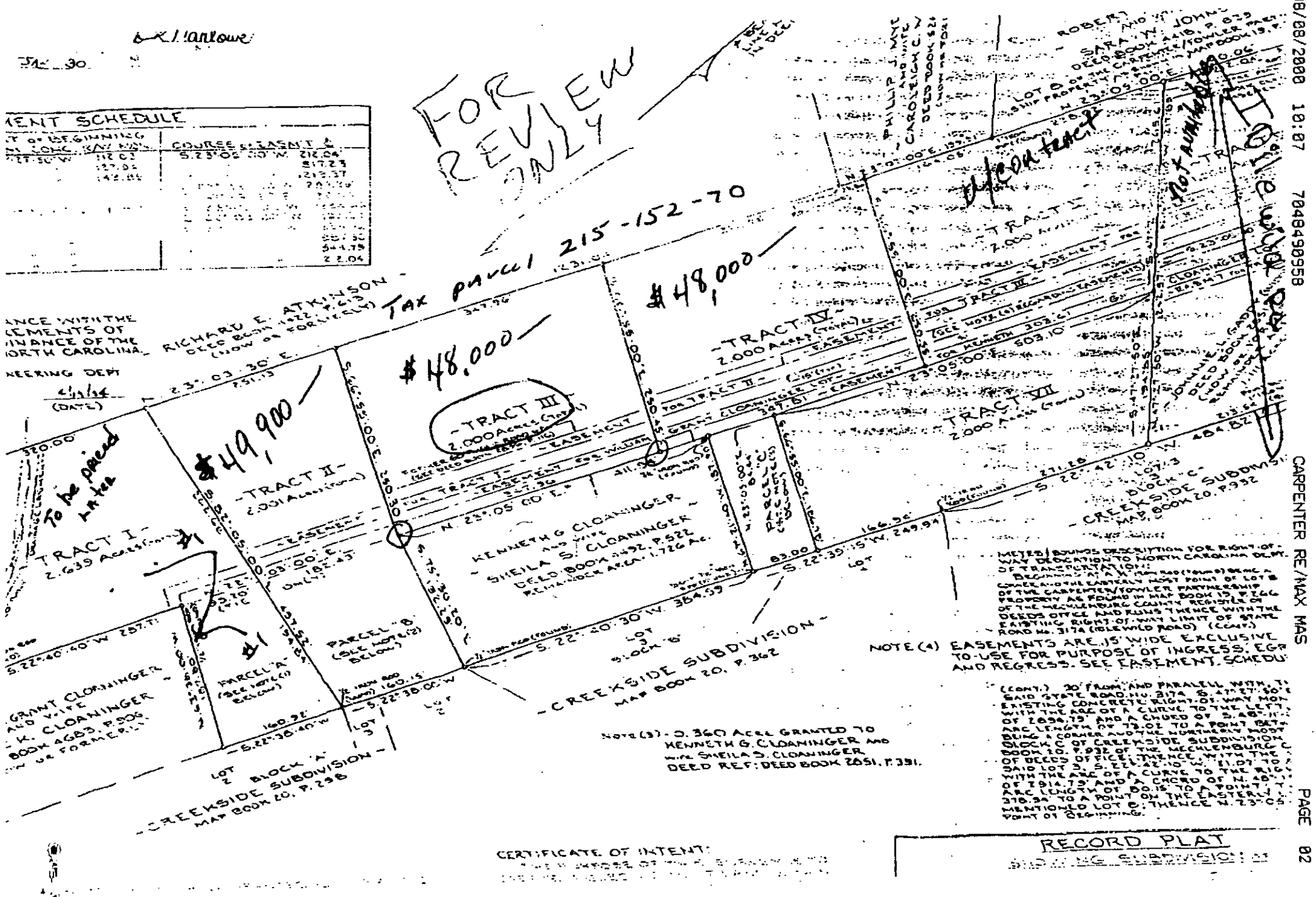


David M. Platt
OWNER/AGENT SIGNATURE

DATE August 25-00

APPROVAL DATE _____

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


FOR REVIEW ONLY
Tax Parcel 215-152-70
$48,000
$48,000
$49,900
TRACT I
2.639 Acres
TRACT II
2.001 Acres
TRACT III
2.000 Acres
TRACT IV
2.000 Acres
TRACT VII
2.000 Acres
RICHARD E. ATKINSON
KENNETH G CLOANINGER
SHEILA S. CLOANINGER
DEED BOOK 2432, P. 522
GRANT CLOANINGER
DEED BOOK 4683, P. 506
PARCEL A
PARCEL B
CREEKSIDE SUBDIVISION
MAP BOOK 20, P. 362
CREEKSIDE SUBDIVISION
MAP BOOK 20, P. 238
CARPENTER/TOWLER PARTNERSHIP
DEED BOOK 1442, P. 673
MAP BOOK 19, P. 62
JOHNNIE L. GADDY
DEED BOOK 1210, P. 213
MAP BOOK 19, P. 62
CLOANINGER LOT
Not a part of this survey
To be placed later
NOTE (3) - 0.360 Acre Granted To KENNETH G. CLOANINGER AND WIFE SHEILA S. CLOANINGER DEED REF: DEED BOOK 2051, P. 391.
NOTE (4) EASEMENTS ARE 15' WIDE EXCLUSIVE TO USE FOR PURPOSE OF INGRESS, EGRESS AND REGRESS. SEE EASEMENT SCHEDULE
RECORD PLAT