

1415 LEE ST

05308405

1/7/2008

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: 5051B DATE: 11/08/02

TC: 053-08-405 ☐ L ☐ CRT

SERIAL Nº 18792

Name of Owner Bill McCurry Juris.: _____

Address of Property 1415 Lee Street

Inspection Data:

Tank Material Pcc

Total Length of Drainfield 300'

Number of Lines 3 @ 100'

Cover Depth 18"

Water Supply Source Well

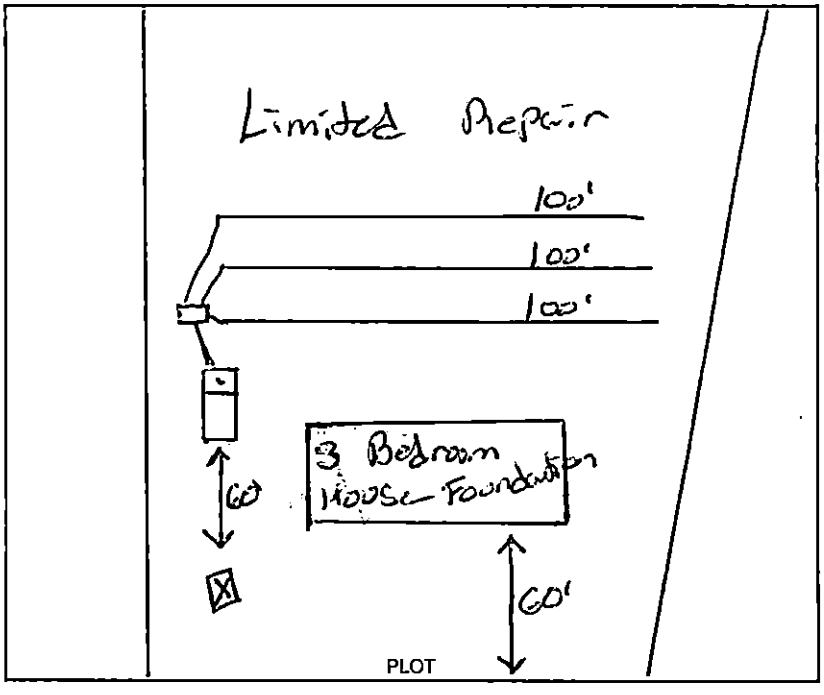
Distance to Water Source 65'

Excavation Inspected 11/08/02

Tank(s) Inspected 11/08/02

Wash Line Inspected N/A

High Water Alarm Inspected N/A



Design 2002, Type III-G, Chamber, 150SS, Cecil CTR# Steve Lee

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: Builder moved house back from road 60', that is 20' more than agreed on during permit process. Due to this system has limited repair area. House foundation only.

Bernita Sanyer RS

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

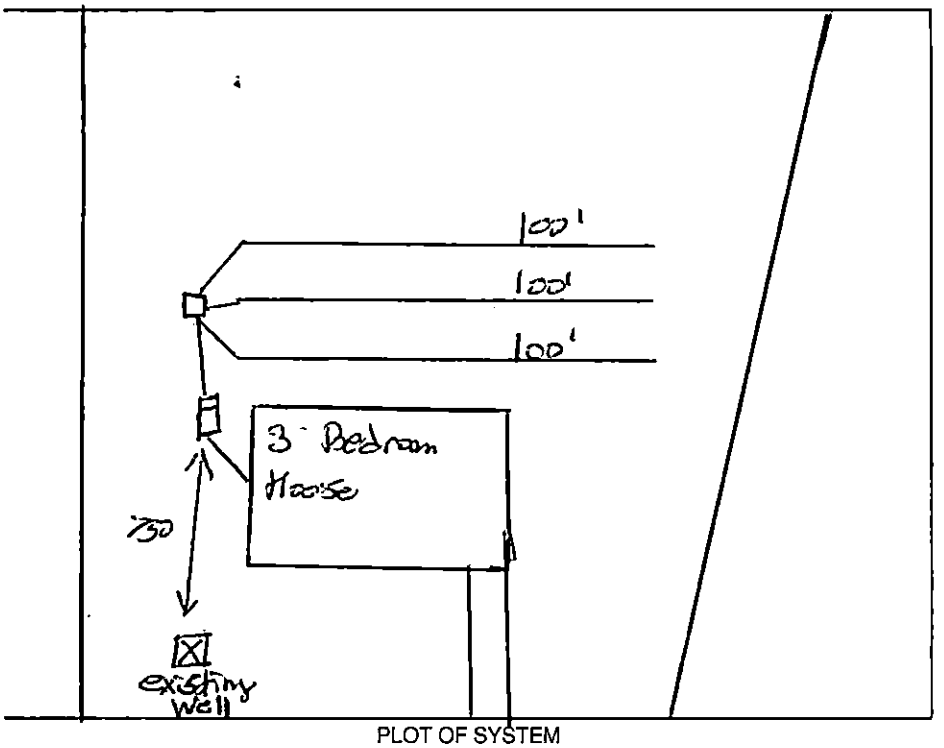
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5051 B DATE: 10/30/02

TC: 053-05-4155 ☐ L

SERIAL Nº 18993

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 8/21/2002. All work shall be completed on or before 11/30/02, 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

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 370' feet

Number of Lines 3

Depth of Stone 11/11 inches

Distance from House >5' feet

Distance from Property Line >5' feet

Distance from Well >50' feet

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

NAME OF OWNER Bill McCurry

LOCATION OF PROPERTY ~~2115~~ 1415 Lee Street

Comments: Lot is not 100% repair. Home owner set house back 60' instead of 40' shown on plot plan. Type III-G, system

Brenda Sorey RS
Environmental Health Specialist

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

oo Chk # 1034

FEE: 309 AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: 10/10/02 VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 9/3/02

PERMIT NO: 5051 B
PARCEL NO: 053-084-05

JOB LOCATION ADDRESS: 1415 Lee St
PROPERTY OWNER: Bill McCarry
BUILDING CONTRACTOR:
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: [signature] DATE: 9/3/02
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 5051B, 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: Keep septic system >50' from any well.

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 William H McCarry 10-10-02
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 5051B

Tax Number: 085-051-05

- 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	✓ 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)	36" 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: NO

Additional Conditions: Stay >50' from any well.

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	
1200 Absorption Area (Sq ft) 400' Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	36" 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 I 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 effe 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 Departme
- This Improvement permit is transferable.

DEHNR Authorized Agent — Date 9/3/02

X William H. McCune — 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

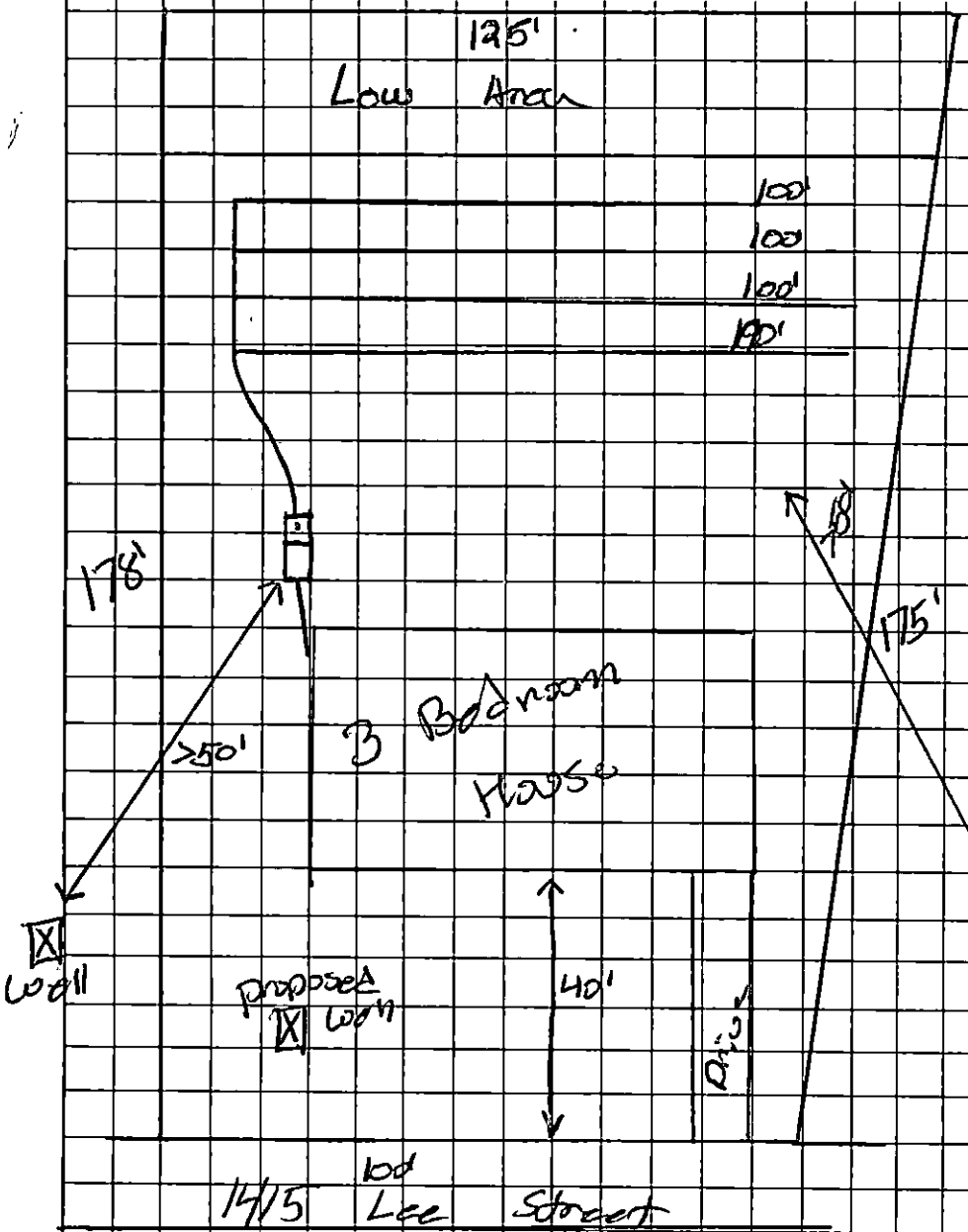
PROPOSED PLOT PLAN

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

FILE: 5051 B

TC: 083-084-05

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

1500 gallon Septic Tank
400 LF
4 lines @ 100' x 3' x 12" Stone
Install on grade and on Contour
Use PVC on Prop Lines
Keep system >5' from any property line
>50' from any well
Proposed well to be located in front yard
House is 3 Bdrooms
located 40' from front property line to front face of house

OWNER/AGENT SIGNATURE X J. Williams H. McCurry

DATE 10-10-2002

APPROVAL DATE _____

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

File # 5051-B

DATE: 8/21/2002

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION: MECK

083-084-05

PARCEL NUMBER

1415 LEE ST

ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

LOT 2

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A

PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	____ APPROVED	____NOT APPROVED
2. FLOODWAY REGULATIONS	____ APPROVED	____NOT APPROVED
3. WATERSHED PROTECTION	____ APPROVED	____NOT APPROVED
4. COMERCIAL DRAINAGE PLAN	____ APPROVED	____NOT APPROVED
5. PUBLIC UTILITY EASEMENT	____ PRESENT	____NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	____ YES	____NO
7. DRIVEWAY PERMIT REQUIRED	____ YES	____NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	____ YES	____NO

Remarks:

ADDRESS VERIFICATION - SEPTIC TANK AND WELL

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMAS OBSOLETE
__ NEW ADDRESS
REVISED 1/91

SIGNED: _____

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1
Property ID: 053-084-05
Lot #: 2
File #: 5051B
Code: 1

AeS

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Bill McCurry Homes, Inc.
Applicant:
Address: 2119 Wildlife Road, Charlotte, N. C.
Date Evaluated: 08/26/2002
Proposed Facility: Residence
Design Flow (.1949): 360gpd
Property Size: .43a
Location of Site: 1415 Lee St.
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] 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 (IN	1956 Sapro Class	1944 Restr Horiz	Profile Class & LTAR
1	LS, 8	0-14	MIXED FILL		>48" TO SOIL WETNESS	48+	N/A	NONE	PS, IV .3GPD/FT^2
		14-20	GR/SCL	FR/SEXP/SS/SP					
		20-31	SBK/SCL	"					
		31-48+	SBK/SC	FI/SEXP/S/P					
2	"	0-9	GR/SCL	FR/SEXP/SS/SP	"	"	"	"	"
		9-48+	SBK/SC	FI/SEXP/S/P					
3	LS, 15	0-4	GR/SCL	FR/SEXP/SS/SP	"	"	"	"	"
		4-48+	SBK/C	FI/SEXP/S/P					
4	"	0-6	GR/SCL	FR/SEXP/SS/SP	"	"	"	"	"
		6-48+	SBK/C	FI/SEXP/S/P					

Description	Initial System	Repair System
Available Space (.1945)	PS	
System Type(s)		
Site LTAR	.3GPD/FT^2	

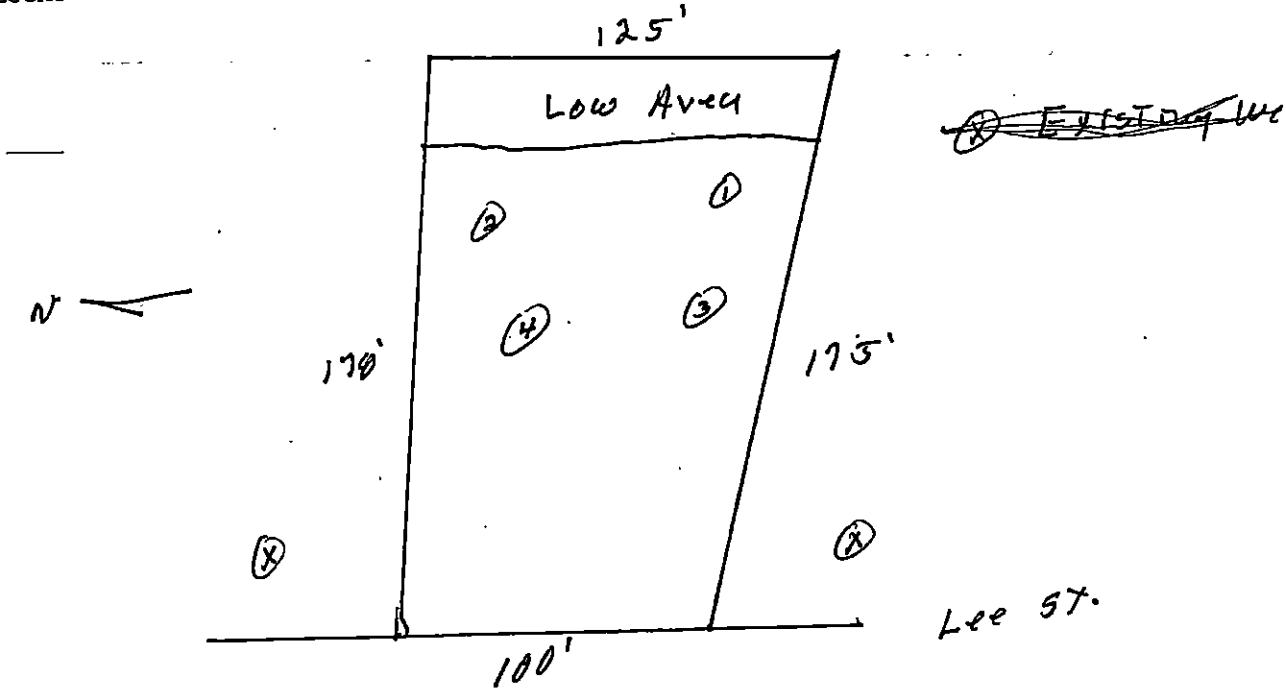
Other Factors (.1946): _____
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 8/26/02. W. R. Marlin
Others Present:

FILE # 06978

COMMENTS Does not appear to be 100% Report

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

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



DATE: 8-21-2002 Revised 7/00 8/12 V.2 RP

FOR RESIDENTIAL SITE
INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

[ ] 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 #: 30516

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 053-084-05

STREET ADDRESS: 1415 Lee ST.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: #2

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: 1400

NUMBER OF BEDROOMS: 3 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
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: McCurry Homes INC
(LAST) (FIRST) (MI)

ADDRESS: 2119 Wildlife Rd.

CITY: Charlotte STATE: NC ZIP:

DAYTIME PHONE: 704 201-1921

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: Bill McCurry Pres. DATE: 8-21-2002

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

8/21 Placed info Bill's Inf at 12:15 RP

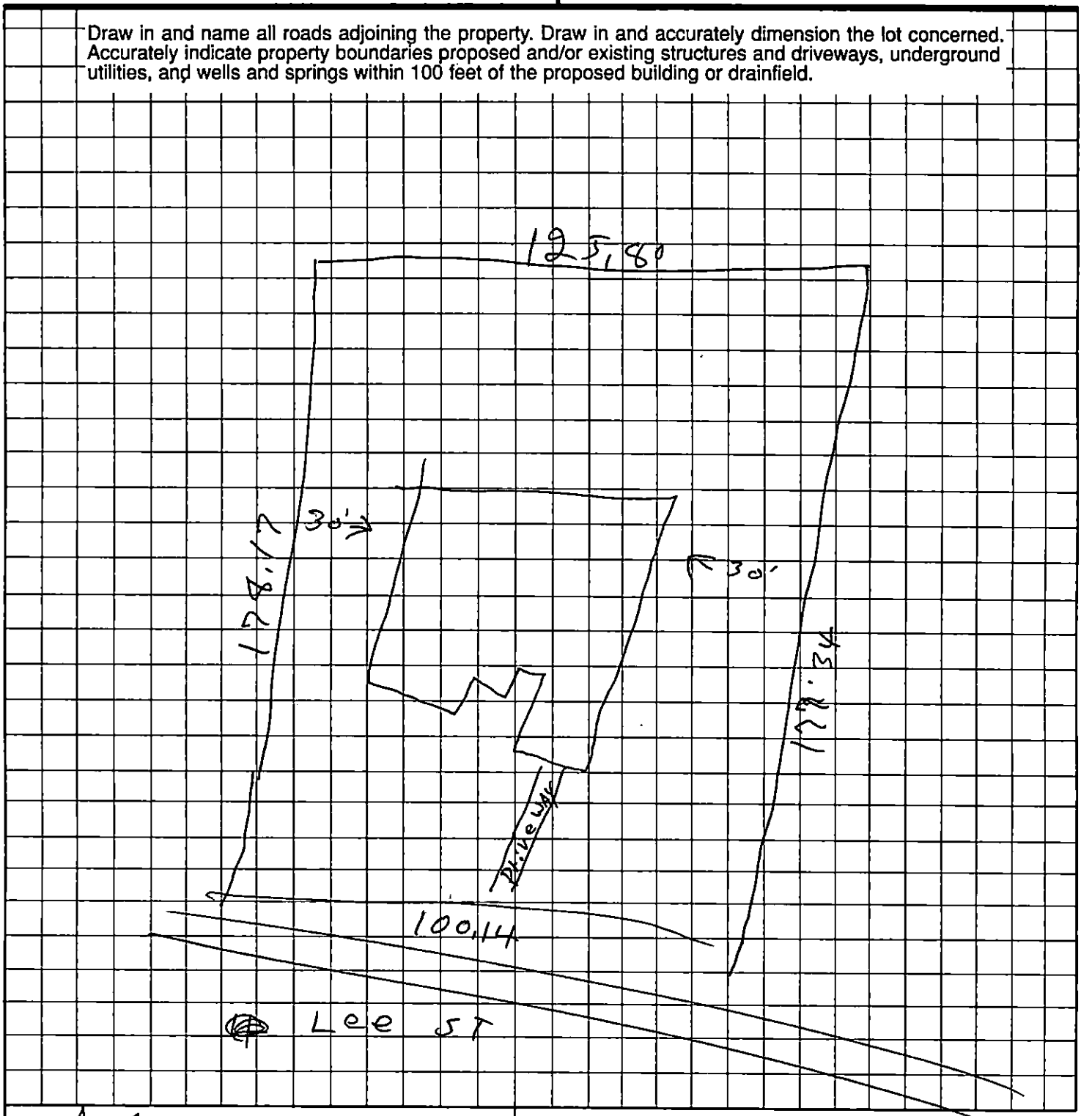
PROPOSED PLOT PLAN

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700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5051B

TC: 083.084.05

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.



Bill McCurry
OWNER/AGENT SIGNATURE

DATE 8-21-02

APPROVAL DATE _____

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

DATE: 8/21/2002

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION: MECK

083-084-05

PARCEL NUMBER

1415 LEE ST

ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

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EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A

PROJECT NAME (IF APPLICABLE)

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3. WATERSHED PROTECTION	____ APPROVED	____NOT APPROVED
4. COMERCIAL DRAINAGE PLAN	____ APPROVED	____NOT APPROVED
5. PUBLIC UTILITY EASEMENT	____ PRESENT	____NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	____ YES	____NO
7. DRIVEWAY PERMIT REQUIRED	____ YES	____NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	____ YES	____NO

Remarks:

ADDRESS VERIFICATION - SEPTIC TANK AND WELL

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SIGNED: _____

ALL OTHER FORMAS OBSOLETE
NEW ADDRESS
REVISED 1/91

Cow Health
Not on Land Ow
project
15589