

10029 ARLINGTON CHURCH RD

03722618

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: 47 83 B DATE: 3-12-04

TC: 139-101-42 ☐ L ☐ CRT

SERIAL 19474

Name of Owner JAMES ROBERT MILLER Juris.:

Address of Property 10029 ARLINGTON CHURCH ROAD.

Inspection Data:

Tank Material 1500 PCL

Total Length of Drainfield 400

Number of Lines @

Cover Depth 12" ADDITIONAL SOIL

Water Supply Source WELL

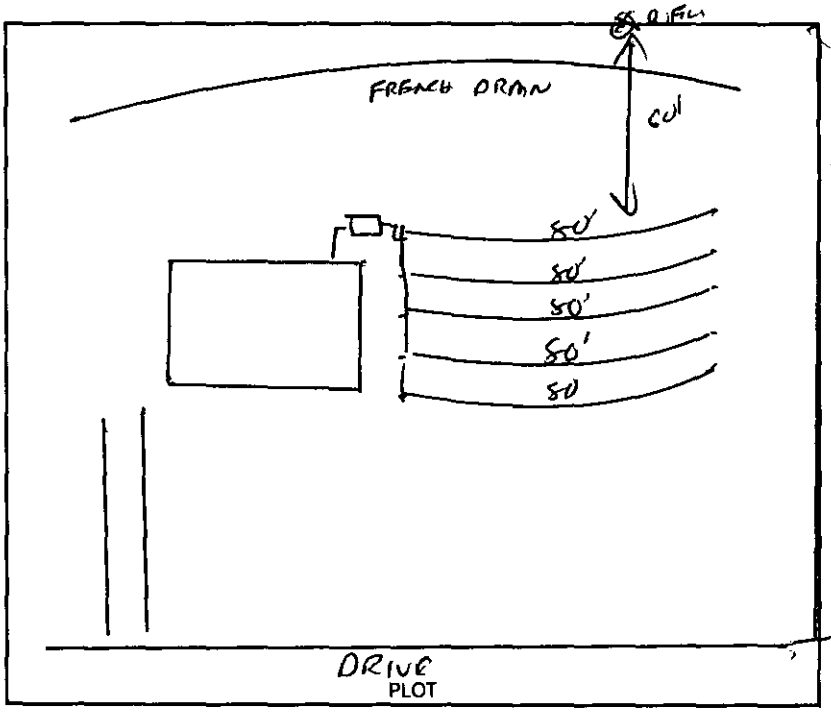
Distance to Water Source >50

Excavation Inspected 3-12-04

Tank(s) Inspected 3-12-04

Wash Line Inspected

High Water Alarm Inspected



Design 1500 ST 1200 SFT 12" TIRE CHIPS CTR# BOB McCARVER

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

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

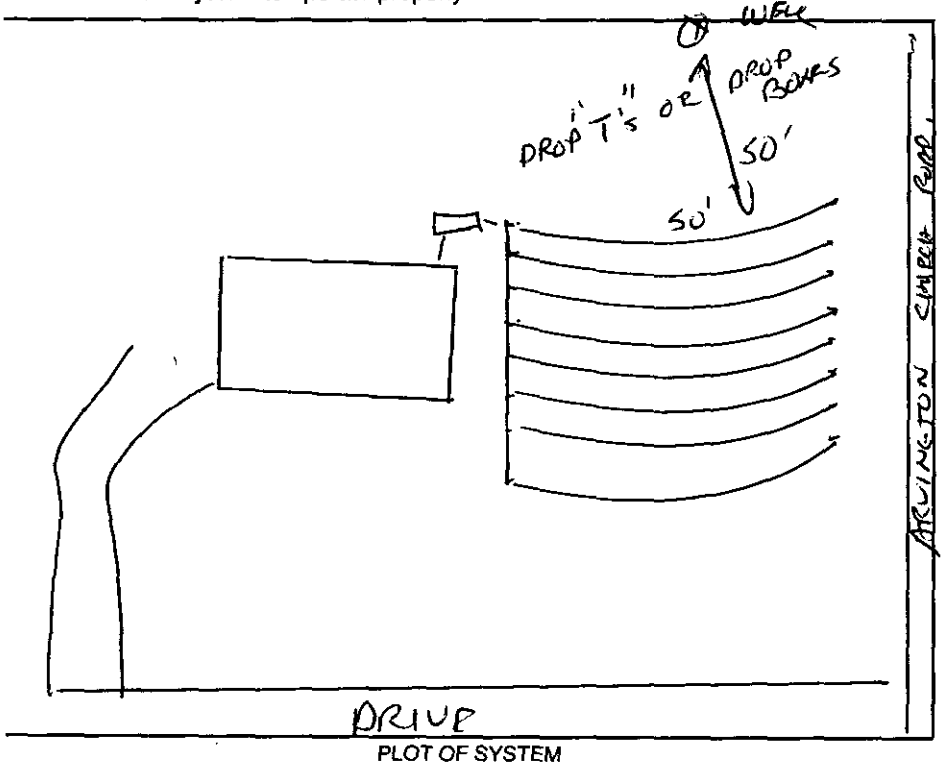
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: # 4783B DATE: 3-11-04

TC: 139-101-42 X L

SERIAL 19658

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 10-25-01. All work shall be completed on or before ____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank ____ gallons

Tank Construction PCC

Trench Depth 14"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous GRS

Total Line Length 400 feet

Number of Lines 8

Depth of Stone 12" TIRE CHIPS inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well >50' feet

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

NAME OF OWNER JAMES ROBERT MILLER

LOCATION OF PROPERTY 10029 ARLINGTON CHURCH ROAD.

Comments: (1) CONTRACTOR WILL INSTALL TIRE CHIPS AS AN AGGREGATE AND PLACE 12" OF SOIL OVER DRAINFIELD EXTENDING 5' BEYOND DRAINFIELD AREA.

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's 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 # 4783 B
PARCEL # 139.101.42

The undersigned, James R. Miller, Jr. & Eva Denise Hinson Miller, owner of property located at 10029 Arlington Church Road, (the "site") and described in an instrument recorded in Book RE 11381 at Page 971-974, 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.

FILE COPY	
FILED FOR REGISTRATION	DOC. # 2064191
	TIME 11:42
BOOK 17702	PAGE 196
STAMPS 0	REC FEE 23.00
JUDITH A. GIBSON, REGISTER OF DEEDS MECKLENBURG COUNTY, NC	

This instrument was prepared by: James R Miller JR 9/1/04
Mail after recording to: 10025 Arlington Ch. Rd. Charlotte NC 28227

- 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 23 day of January, 1997 2003.

_____ (SEAL)
(Corporate Name) _____ (SEAL)

By: _____ _____ (SEAL)

_____ President _____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF Iredell

I, Dolores P. Shew a Notary Public for said County and State, do hereby certify that James R. Miller Jr. & Eva Dixson Miller personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 23 day of January, 2003.

Dolores P. Shew
Notary Public

My Commission Expires:
2/18/04



STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day and acknowledged that he is _____ Secretary of _____ _____, 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 _____ as its _____ Secretary.

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

_____
Notary Public

My Commission Expires:

_____

LD 44542

FEE: 300 - **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** ACS
DATE: 1/18/02 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 11-26-01 **PERMIT NO:** 4783B
PARCEL NO: 139-101-42

JOB LOCATION ADDRESS: 10029 ARLINGTON CHURCH RD.
PROPERTY OWNER: JAMES ROBERT MILLER
BUILDING CONTRACTOR:
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: _____ **DATE:** 11-26-01
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: REQUIRES AGREEMENT FORMS.

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.

James R Miller Jr. 01/18/02
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 4183B

Tax Number: 139-101-42

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	
12 Long-term acceptance rate	240 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
GPS Serviced by private well	1500 Gallon septic tank	400 Total trench length (ft)	12" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
2 Bedrooms in residence	1000 Gallon pump tank	___ Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: (1) REQUIRES AGREEMENT FORMS.				

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) 460 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	12' 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.

DEHNR Authorized Agent — Date 11-26-01

Owner/Agent Signature: James R Miller Jr. — Date 01/18/02

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

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

MCCARVER CONSTRUCTION COMPANY

FACSIMILE TRANSMITTAL SHEET

TO: Drew Walker
FROM: Bobby McCarver
COMPANY: McCarver Const
DATE: 11-22-01
FAX NUMBER: 336-6894
TOTAL NO. OF PAGES INCLUDING COVER: 3
PHONE NUMBER:
SENDER'S REFERENCE NUMBER: 704-573-2805
RE:
YOUR REFERENCE NUMBER:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

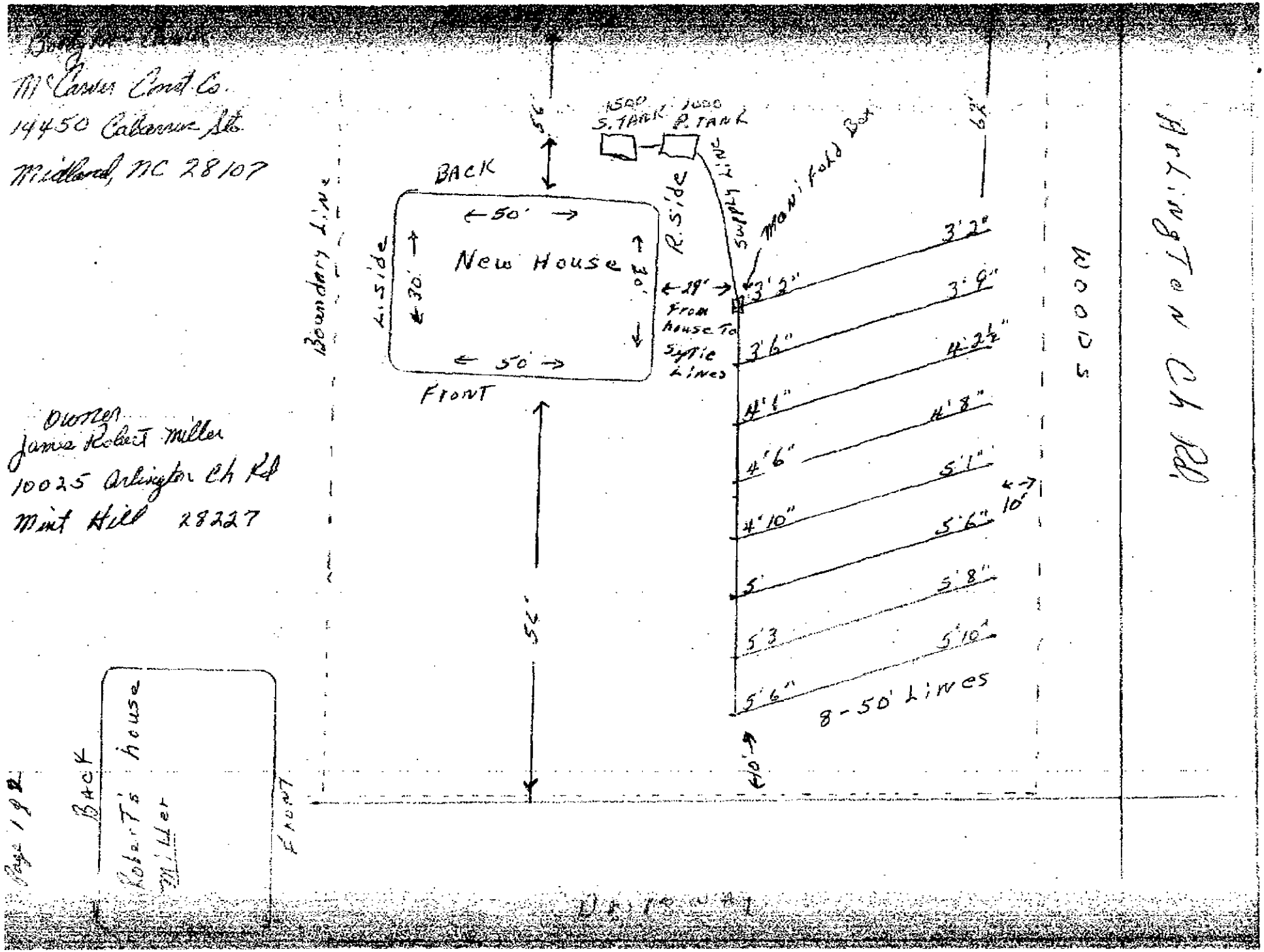
NOTES/COMMENTS:

James Robert Miller
10025 Arlington Ch Rd
Mint Hill, NC 28227

400' Modified ot ground system w pump system

14450 CABARRUS STATION RD.
MIDLAND, N.C. 28107
PHONE:(704) 573-2805
FAX: (704) 573-2805

11-26-01
PLAN APPROVED
James R. Miller Jr.



James R Miller 4/18/02

Page 282

James Robert Miller owner
10025 Arlington ch Rd
Mint Hill 28227

for new 2 bedroom house

Modified at ground septic tank system fill bed

3' wide ditches 12" deep - 400 linear feet
8 - 50' length fed by a manifold box

12" soil to cover fill bed w/12" soil
extending 5' past system on all four sides

1500 gal septic tanks
1000 gal pump Tank

1 - 5115 1W5004 Simplex panel w/light (Outside alarm system)

1 - Gould pump EPO 411A 4/10 HP 110V
8' head needed supplier 10' head @ 46 gal per minute

Bobby McCann
McCann Const. Co.
14450 Cabarrus Sta Rd
Midland, NC 28107

#47836

MCCARVER CONSTRUCTION COMPANY

FACSIMILE TRANSMITTAL SHEET

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NOTES/COMMENTS:

James Robert Miller
10025 Arlington Ch Rd
Mint Hill, NC 28227

400' Modified at ground system w pump system

14450 CABARRUS STATION RD.
MIDLAND, N.C. 28107
PHONE:(704) 573-2805
FAX: (704) 573-2805

11-26-01
PLAN APPROVED
Dale

James R. Miller Jr.

139701
40

Page 282

James Robert Miller owner
10025 Arlington ch Rd
Mint Hill 28227

For new 2 bedroom house

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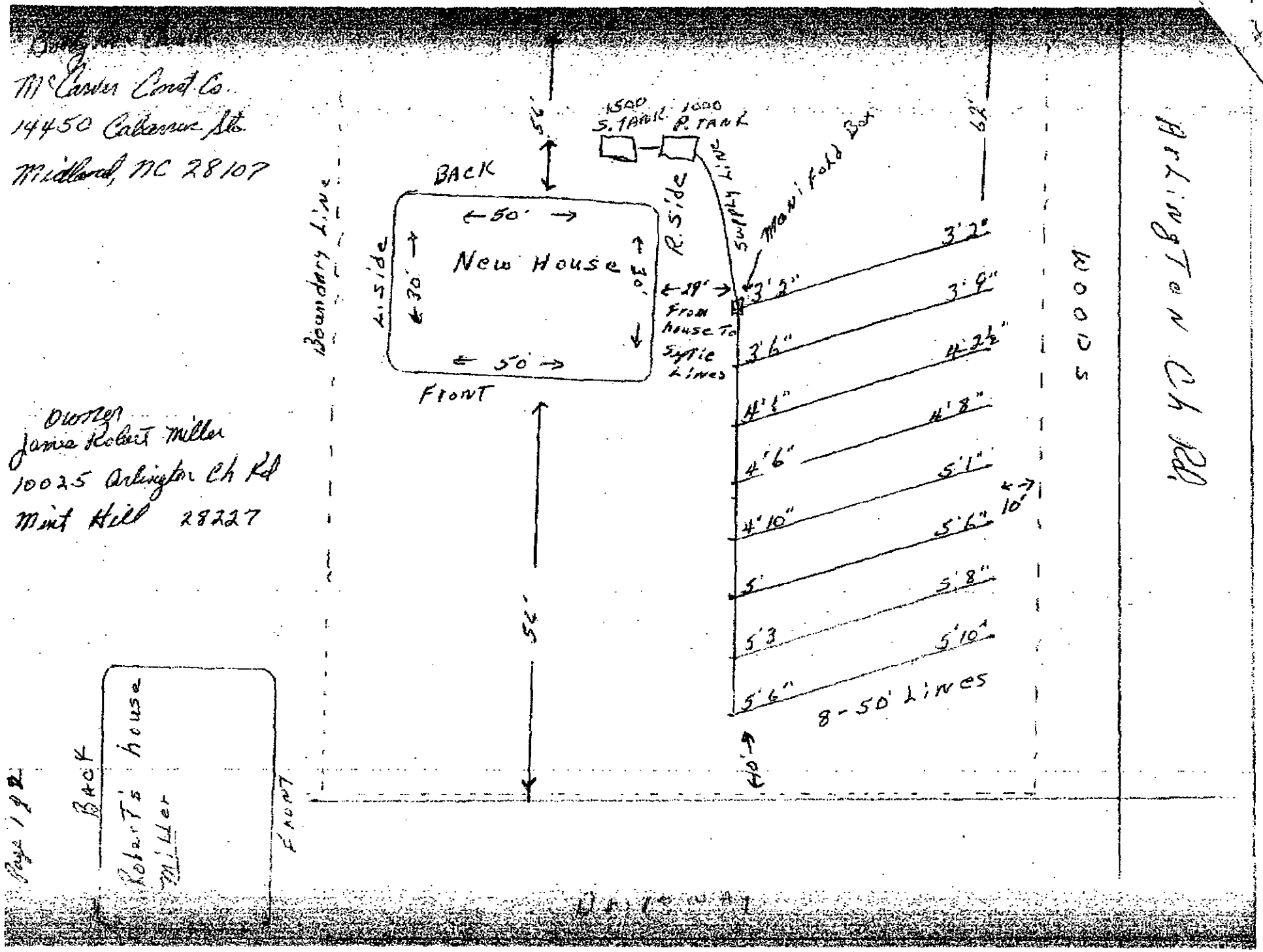
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Bobby McCarver
McCarver Const. Co.
14450 Cabarrus Sta Rd
Midland, NC 28107


McCraw Const Co.
14450 Cabarrus St.
Midland, NC 28107
Owner
James Robert Miller
10025 Arlington Ch Rd
Mint Hill 28227
1500 S. TANK
1000 R. TANK
BACK
New House
L. SIDE
R. SIDE
FRONT
Boundary Line
Supply Line
Manifold Box
From House To Septic Lines
50'
30'
52'
40'
10'
3'2"
3'9"
3'6"
4'2½"
4'1"
4'8"
4'6"
5'1"
4'10"
5'6"
5'
5'8"
5'3
5'10"
5'6"
8-50' Lines
WOODS
Arlington Ch Rd
BACK
Robert's House
MILLER
FRONT
Page 192
James R Miller 4/18/02

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

Sheet: 1
Property ID: PO 139-101-42
Lot #:
File #: 4783B
Code: 2

ACS

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: James R. Miller, Jr.
Applicant:
Address: 10025 Arlington Church Road, Charlotte, N. C. 28227
Date Evaluated: 11/5/01
Proposed Facility: residence
Design Flow (.1949): 240gpd
Property Size: 1
Location of Site: Arlington Church Road
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [x] 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
	5-15								
1A	LS	0-4	GR/SL	FR/SEXP/NS/NP	2.5Y7/2@30"	50	N/A	NONE	US, .1G/DAY/FT^2 LPP
		4-29	SBK/SCL	FR/SEXP/SS/SP					
		29-50	SBK/C	VFI/MIXED/VS/P					
2A	"	0-13	GR/SL	FR/SEXP/NS/NP	2.5Y7/2@26"	49	"	"	US, IV .1G/DAY/FT^2 LPP
		13-27	WK/SBK/SCL	Fr/SEXP/SS/SP					
		27-49	ABK/C	FI/SEXP/S/P					
3A	"	0-2	GR/SL	FR/SEXP/NS/NP	>52" TO SOIL WETNESS	14	US	"	US
		2-14	ABK/C	VFI/MIXED/VS/VP					
		14-52	M/CL	VFI/SEXP/SS/SP					
4A	"	0-18	GR/SCL	FR/SEXP/SS/SP	2.5Y7/1@33"	41	N/A	"	US. IV .1G/DAY/FT^2 LPP
		18-41	SBK/C	FI/SEXP/S/P					
5A	"	0-7	GR/SCL	FR/SEXP/SS/SP	>29" TO SOIL WETNESS	>29	N/A	"	US .1G/DAY/FT^2 LPP
		7-29	SBK/SC	FI/SEXP/S/P					
		29"+	ABK/C	VFI/MIXED/S/VP					

Description	Initial System	Repair System
Available Space (.1945)	PS	US
System Type(s)		
Site LTAR	.1G/DAY/FT^2	.1G/DAY/FT^2

Other Factors (.1946):
Site Classification (.1948): UNSUITABLE
Evaluated By: W.R. Marlin, LSS, 11/5/01. W. R. Marlin
Others Present:

FILE # 470330

COMMENTS 100 % 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

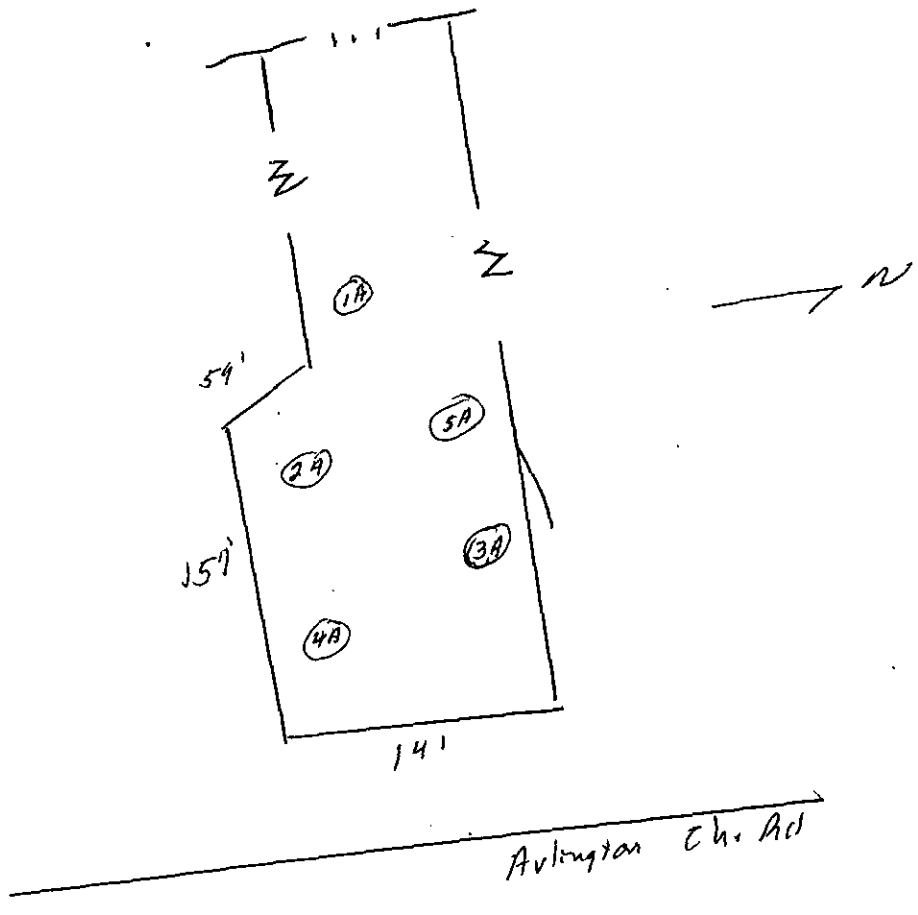
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



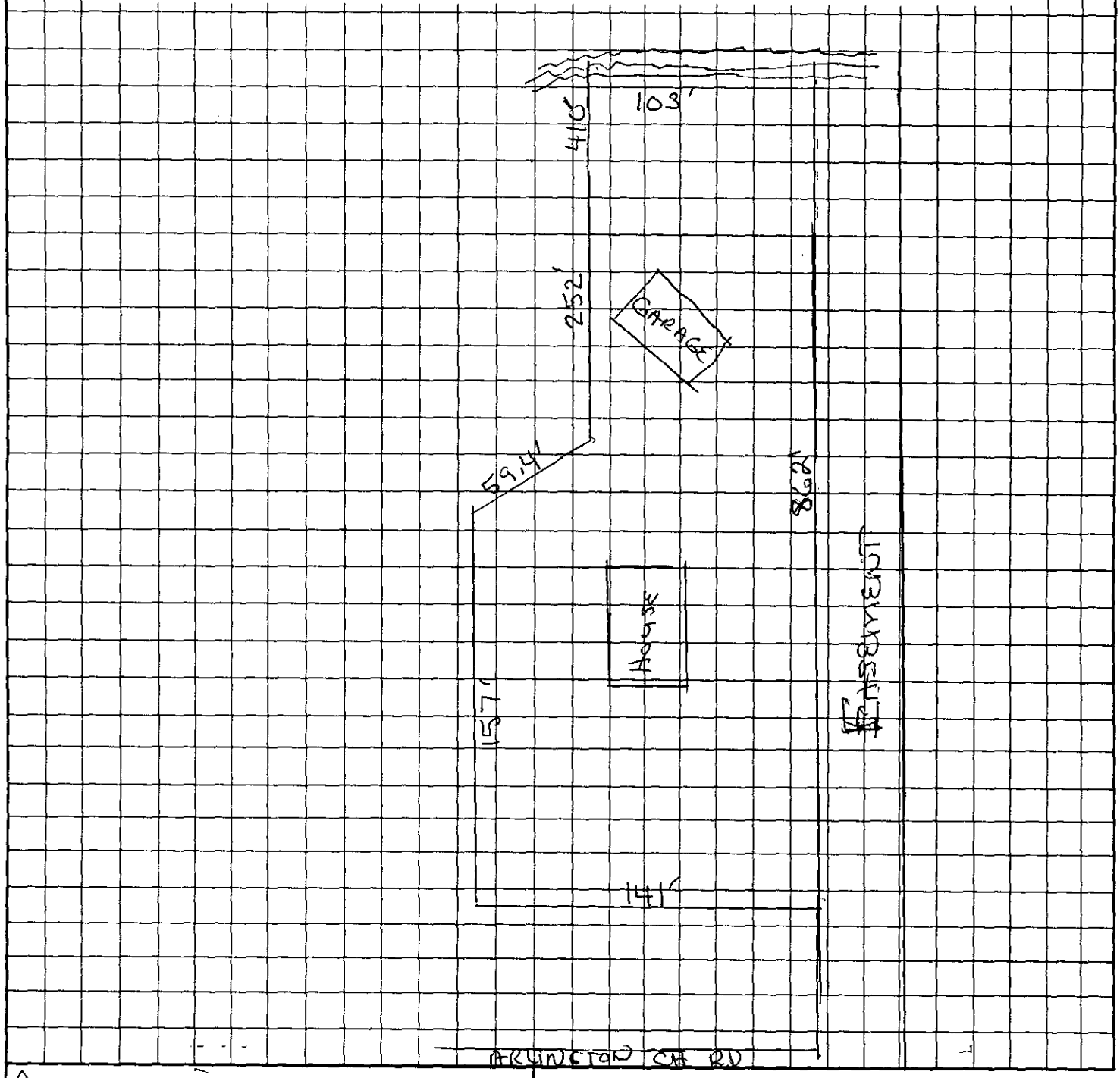
PROPOSED PLOT PLAN

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

FILE: 4783B

TC: 139-101-42

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.



James R Miller Jr.
OWNER/AGENT SIGNATURE

DATE 10/25/01

APPROVAL DATE _____

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

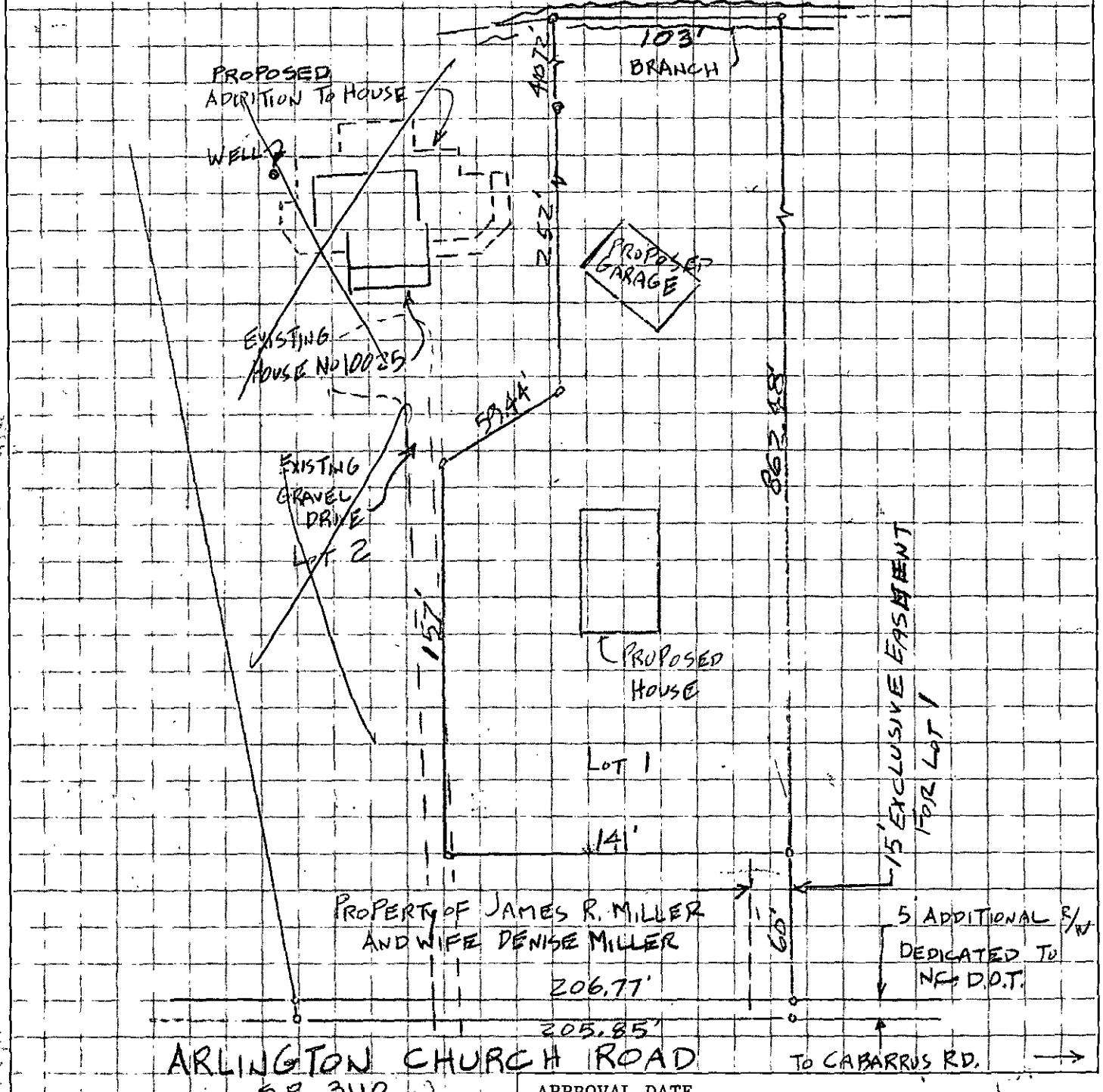
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APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

FEE: 100 — DATE: 10/31/01 2nd Site Visit

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

Paid 10/25/01 $200 Ck. # 420 RP

[ ] 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 #: 4783B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139-101-42

STREET ADDRESS: Arlington Church Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: #1

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1500

NUMBER OF BEDROOMS: 2 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: J

NAME: (LAST) Miller (FIRST) James (MI) R. , Jr.

ADDRESS: 10025 Arlington Ch. Rd.

CITY: Charlotte STATE: NC ZIP: 28227

DAYTIME PHONE: 800 355-6758

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? Sept. 2001

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: James R Miller Jr DATE: 10/25/01

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

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

Sheet: 1
Property ID: PO 139-101-42
Lot #: N/A
File #: 4783B
Code: 2

ACS

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: James R. Miller, Jr.
Applicant:
Address: 10025 Arlington Church Road, Charlotte, N. C. 28227
Date Evaluated: 10/26/01
Proposed Facility: residence
Design Flow (.1949): 360gpd
Property Size: .51a inv.
Location of Site: Arlington Church Road
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well b [ ] 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
	5-15								
1	LS	0-12	GR/SL	FR/SEXP/NS/NP	>39" TO SOIL WETNESS	39	N/A	NONE	US
		12-33	SBK/C	FI/SEXP/S/P					
		33-39	SBK/C	VFI/MIXED/VS/VP					
2	"	0-15	GR/SL	FR/SEXP/NS/NP	2.5YR6/2@24"	36+	"	"	US, IV
		15-36+	SBK/SC	FI/SEXP/S/P					
3	"	0-2	GR/SL	FR/SEXP/NS/NP	>24" TO SOIL WETNESS	24"+	"	"	US
		2-16	WK/SBK/SCL	FR/SEXP/SS/SP					
		16-24"+	SBK/C	VFI/EXP/VS/VP					
4	"	0-2"	GR/SL	FR/SEXP/NS/NP	7.5Y/R5/2@12"	20"+	"	"	US, IV
		2-12"	SBK/C	FI/SEXP/S/P					
		12-20+	M/C	FI/SEXP/S/P					

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. R. Marlin, LSS, 10/30/01, W. R. Marlin
Others Present: D. Cornelius

FILE # 4793B

COMMENTS 1007 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

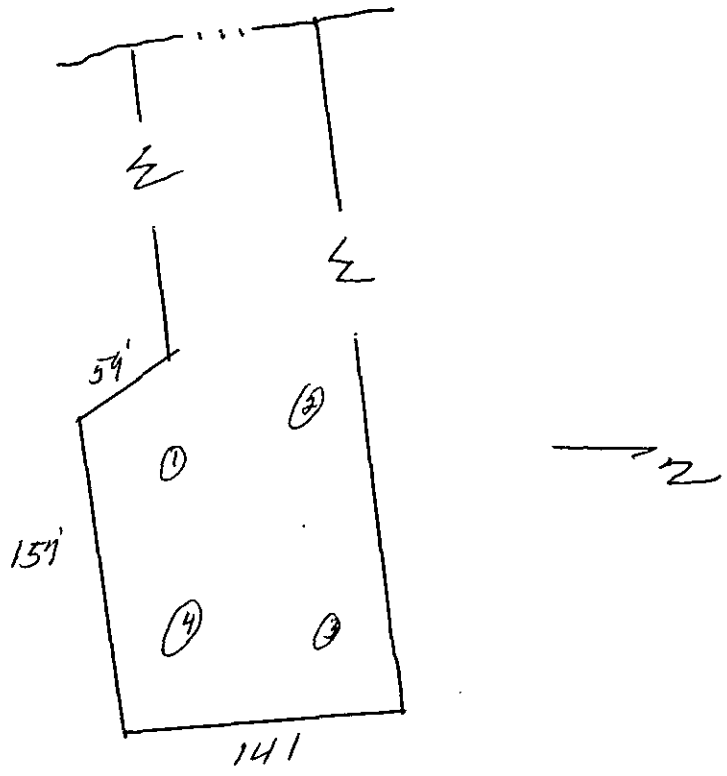
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



Arlington Ch.

Acl