

15035 SHINGLE OAK RD

19521210

1/9/2008

duponbj

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



15035 SHINGLE OAK RD

19521210

1/9/2008

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Groundwater and Wastewater Services File Imaging Project
May 2007
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CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5925B DATE: 9/13/05

TC: 195 20210 ☒ L ☐ CRT

SERIAL 19414

Name of Owner Farrington Oaks LLC Juris.:

Address of Property 15035 Shingle Oak Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 450'

Number of Lines 8 @ various lengths

Cover Depth 30"

Water Supply Source Municipal

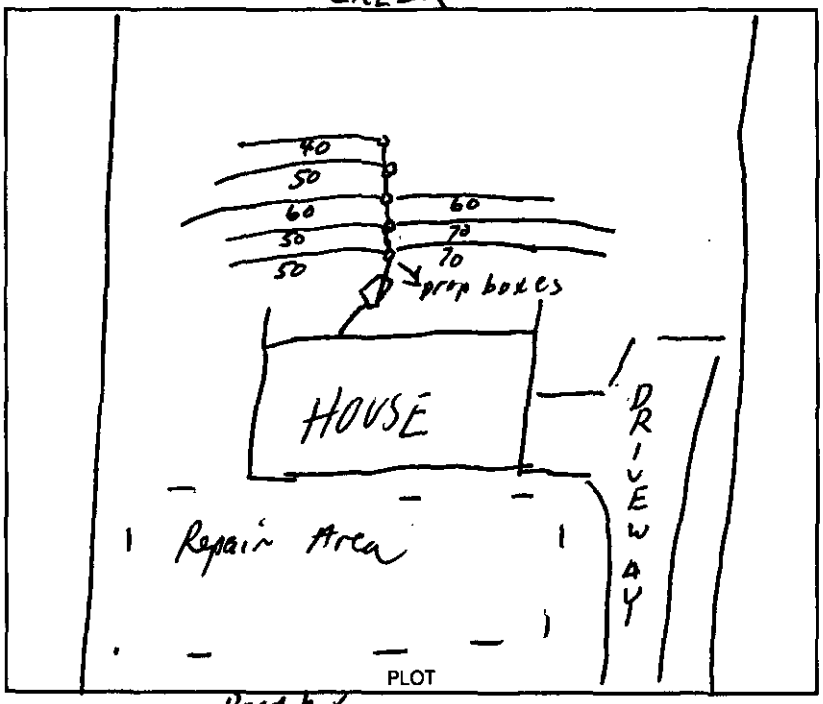
Distance to Water Source >10'

Excavation Inspected 9/12/05

Tank(s) Inspected 9/12/05

Wash Line Inspected plumb to tank

High Water Alarm Inspected NA



Design 2005, 1500 ST, INO, 450' EZ Flow, Drop box distribution, Cecil CTR# RLS

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

☒ installed or constructed ☐ altered or repaired

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

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

☐ Certificate of Completion ☒ Operation Permit

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

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

COMMENTS: Septic system designed for a 4 bedroom residence Type IIIg Septic System / Type IVa Repair

Philo A. Walker RS
Environmental Health Specialist

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

Hold for:

1) ~~Fees~~
2) ~~Agreement Forms~~
3) change application to 4 bedrooms
4) Need Signature 5/4 CO Release

GWS – RES. APP 12/04

SEPTIC FEE: 200.00 Rec X3234
DATE: 1/6/05
CRT [ ]

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

WELL FEE:
DATE:
CRT [ ]

FILE # 59258

SEPTIC / TYPE APPLICATION: ☐ NONE ☒ NEW SYSTEM EXISTING SYSTEM: ☐ EXPANSION/ALTERATION ☐ REPAIR

WELL / TYPE APPLICATION: ☒ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION:

TAX/PARCEL #: 195-202-10
STREET ADDRESS: 15035 SHINGLE OAK R.D.
CITY: MINT HILL
STATE: NC ZIP: 28227
SUBDIVISION OR MOBILE HOME PARK NAME: FAIRINGTON OAKS
LOT #: 77
TOWNSHIP:

☐ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☒ 7-MINT HILL

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☒ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE: 3200
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

☐ [redacted]SLAB ☒ BASEMENT WITH PLUMBING
☐ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

NOTE

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESI[illegible]

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☒ NO TYPE:

WATER SUPPLY:

☒ MUNICIPAL (M) ☐ PUBLIC (C) ☐ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☒ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☒ YES	NO	WELLS, SPRINGS, OR WATER LINES	☐ YES	☒ NO
EXISTING WASTEWATER SYSTEMS	☐ YES	☒ NO	DESIGNATED WETLANDS	☒ YES	NO
EASEMENTS OR RIGHT-OF-WAYS	☒ YES	NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☒ NO

PROPERTY OWNER: FAIRINGTON OAKS LLC
NAME:
ADDRESS: 1518 EAST 3RD ST
CITY: CHARLOTTE
STATE: N.C. ZIP: 28204
HOME PHONE: WORK PHONE: 704(370-0303
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 6/1/05

*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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

2.16.05
Owner's/Agent's Signature Date

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

*A Well 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

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

Change # of
bedrooms on
original application
to 4 and initial
before release
of CO or Posse

INSTALLATION/CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

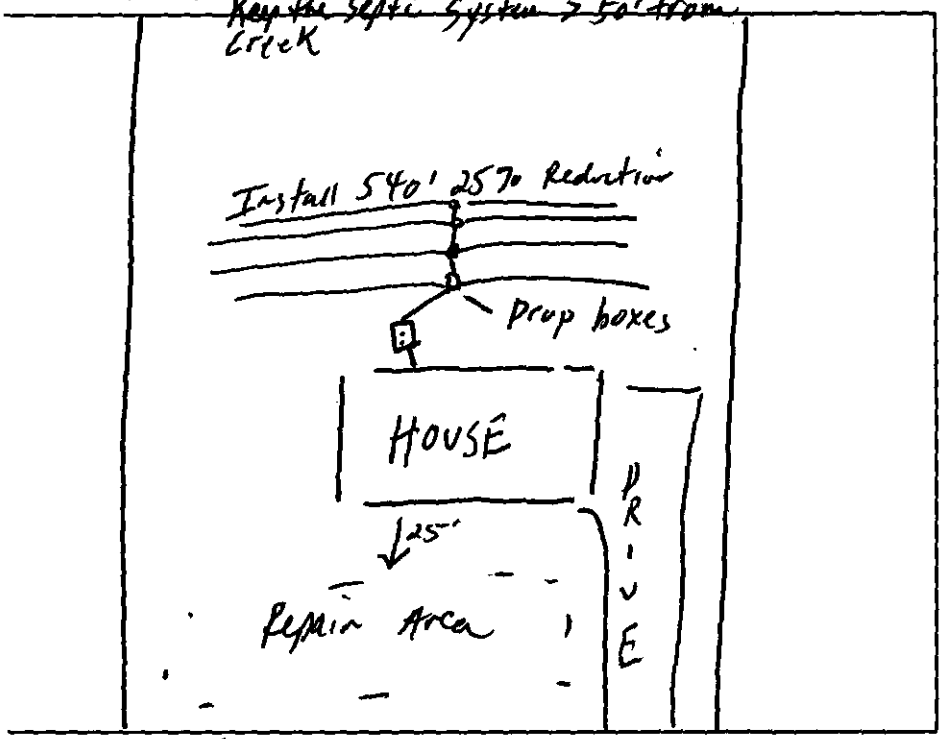
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 5925B DATE: 8/31/05

TC: 195 202 10 ☐/L Lot 77

SERIAL Nº 20070

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 6/1/05. All work shall be completed on or before 9/3/05, 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 NA gallons

Tank Construction PCC

Trench Depth 30 - 36"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 540' feet

Number of Lines line lengths to vary

Depth of Stone NA inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well > 100' feet
Municipal water

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

NAME OF OWNER Farrington Oaks LLC

LOCATION OF PROPERTY 15035 Shingle Oak Rd

Comments: Innovative Septic System, Install 1500ST, Drop boxes, Line lengths to vary 540' Total

Philo A. Walker RS
Environmental Health Specialist

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

Acct# 33342

NOT IN LD

FEE: $300.00
DATE: 5/27/05

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

ACS

PERMIT NUMBER: 5925B
PARCEL NUMBER: 195-202-10

JOB LOCATION ADDRESS: 15035 SHINGLE OAKS ROAD LOT 77
PROPERTY OWNER: FARRINGTON OAKS LLC
BUILDING CONTRACTOR: TONY WHITEHEAD
SUBDIVISION NAME: FARRINGTON OAKS
AUTHORIZATION ISSUED BY: PHILO WALKER DATE: 05/23/05

Philo L. Walker RS 5/23/05
DENR/DEH AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 5925B, 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 THE 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 CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.

5. OTHER CONDITIONS:
   AGREEMENT FORMS REQUORED

CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Permit Number: **5925B** Tax Number: **195-202-10**

- 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

Primary Wastewater System

Type: ☐ 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:*

.275 Long-term acceptance rate (GPD/ft^2)	**480** Max gallons/day wastewater flow	**1602** Absorption Area (ft^2)	**9** Trench spacing (min. on centers) (ft)
Serviced by private well: ☐ Yes ☒ No	**1500** Gallon septic tank	**534** Total trench length (ft)	**18** Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
4 Bedrooms in residence	**NA** Gallon pump tank	**NA** Depth of stone (in)	

Any surface water present: **YES** Type: **STREAM** Minimum separation distance (ft): **50**

Additional conditions: **AGREEMENT FORMS SHALL BE RECORDED AND ON FILE PRIOR TO CONSTRUCTION AUTHORIZATION RELEASE,KEEP THE SEPTIC SYSTEM >50' FROM STREAM, DROP BOX DISTRIBUTION**

Repair Area System

Type: ☐ 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:

870 Absorption Area (ft^2) **290** Total trench length (ft)	**NA** Depth of stone (in)	**8** Trench spacing (min. on centers) (ft)	**30** Maximum trench depth (in)

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. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems 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.

Philo S. Walker RS 5/23/05
DENR Authorized Agent Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE: (704) 336-5103
FAX: (704) 336-6894

9/6/05
Owner/Agent Signature Date

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2005 MAY 27 09:09 AM
BK:18793 PG:568-571 FEE:$20.00

INSTRUMENT # 2005096262



2005096262

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

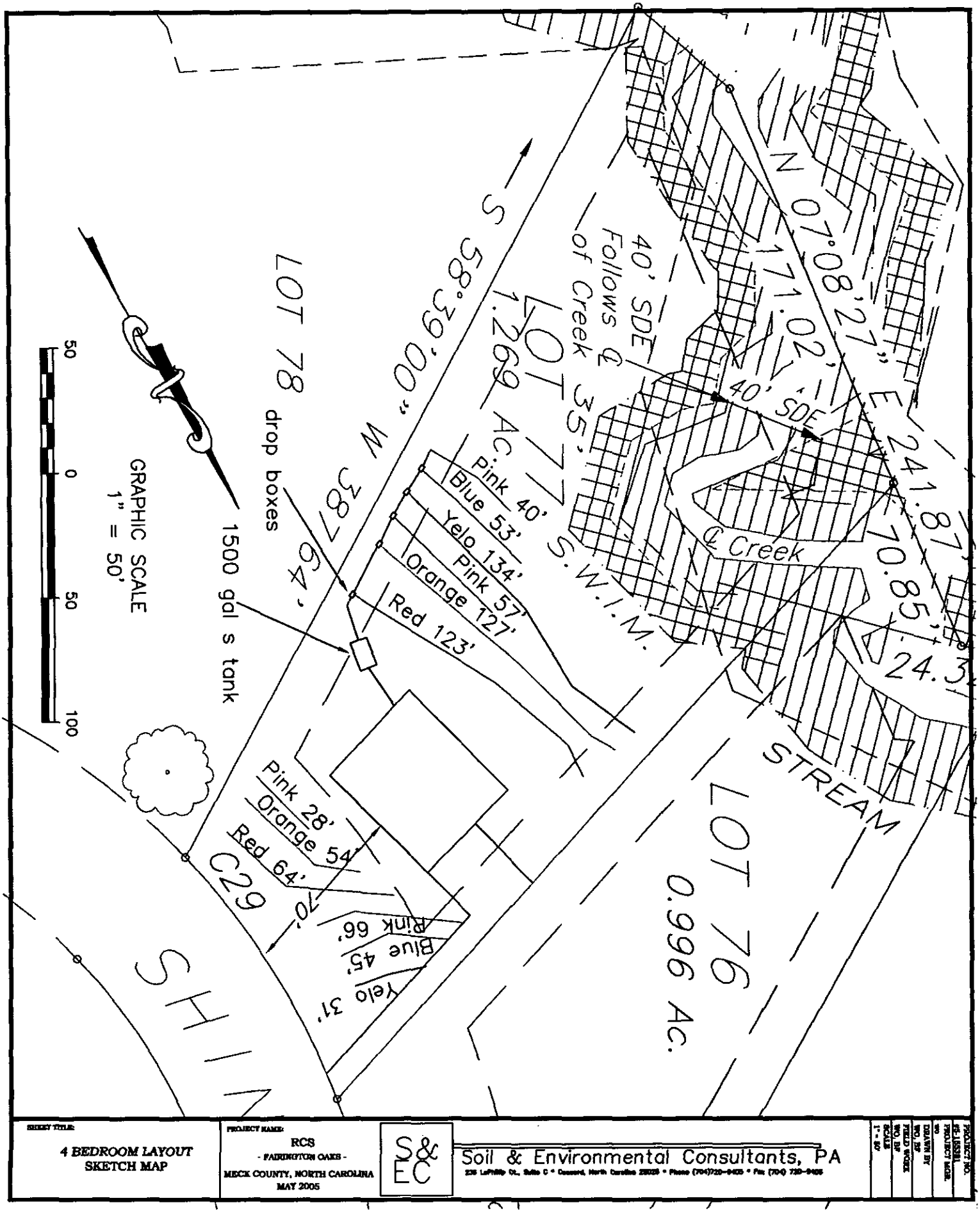
FILE # 59253
PARCEL #_____

The undersigned, _____, owner of property located at 15035 SHINGLE OAK RD, (the "site") and described in an instrument recorded in Book _____ at Page _____, 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: TONY WHITEHEAD
Mail after recording to: 10150 MALLARD CK RD SUITE 106
CHARLOTTE N.C. 28262



SHEET TITLE:

4 BEDROOM LAYOUT
SKETCH MAP

PROJECT NAME:

RCS
- FAIRINGTON OAKS -
MECK COUNTY, NORTH CAROLINA
MAY 2005

S&EC

Soil & Environmental Consultants, PA
235 Loffville Dr., Suite C • Concord, North Carolina 28025 • Phone (704)720-9405 • Fax (704) 720-9406

PROJECT NO.
05-155SIL
PROJECT MGR.
DRAWN BY
WO. BY
FIELD WORK
WO. BY
SCALE
1" = 50'

Fairington Oaks Lot 77

Project No. 5-1553s1

Layout for 4 Bedroom Home

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH
TBM		2.7			100.0	
INSTR. 1			102.7	(pad)		
			Repair			
1	Yellow			1.40	101.3	31
2	Blue			2.00	100.7	45
3	Pink			2.70	100.0	66
4	Red			3.60	99.1	65
5	Orange	3.6		4.30	98.4	55
6	Pink			5.00	97.7	28
						290
TBM		2.6		(h crnr)	102.6	
			System			
7	Red			5.20	97.4	123
8	Orange			6.00	96.6	127
9	Pink			6.70	95.9	57
10	Yellow			7.30	95.3	134
11	Blue			8.00	94.6	53
12	Pink			9.10	93.5	40
						534

	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	INNOVATIVE TYPE	DISTRIBUTN	TRENCH DEPTH
System	534	0.275	Innov	EZ Flo	Drop Boxes	18
Repair	290	0.275	Panel	NA	LPP	30

Notes:

** TBM of system located at back house stake
** TBM of repair located at top of utility box
**TBM is assumed to be 100'
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS and FS indicate rod readings

COMMENTS

Keep the septic system > 50' from stream

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

Sheet: 1 of 2
Property ID: 195-202-10
Lot #: 77
File #: 5925B
Code: 2

ACG

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Farrington Oaks LLC
Applicant:
Address: 1518 East 3rd St., Charlotte, N. C. 28204
Date Evaluated: 4/26/2005
Proposed Facility: Residence
Design Flow (.1949): 600gpd
Property Size: 1.0a
Location of Site: 15035 Shingle Oak Road
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] 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	0-3	GR/CL	FR/SEXP/SS/SP	>49" TO SOIL WETNESS	49	N/A	NONE	PS, IV .25GPD/FT^2
		3-10	SBK/CL	"					
		10-37	SBK/C	FI/SEXP/S/P					
		37-49	SBK/SC	"					
2	"	0-7	GR/CL	FR/SEXP/SS/SP	>37" TO SOIL WETNESS	37	"	"	PS, IV .275GPD/FT^2
		7-37	SBK/C	FI/SEXP/S/P					
3	"	0-5	GR/CL	FR/SEXP/SS/SP	>38" TO SOIL WETNESS	38	"	"	"
		5-38	SBK/C	FI/SEXP/S/P					
4	"	0-6	GR/CL	FR/SEXP/SS/SP	>22" TO SOIL WETNESS	22	"	"	US
		6-22	SBK/C	VFI/EXP/VS/VP					
5	LS, 6	0-6	GR/CL	FR/SEXP/SS/SP	>49" TO SOIL WETNESS	49	"	"	PS, IV .3GPD/FT^2
		6-49	SBK/C	FI/SEXP/S/P					
6	"	0-7	GR/CL	FR/SEXP/SS/SP	>44" TO SOIL WETNESS	44	"	"	PS, IV .275GPD/FT^2
		7-44	SBK/C	FI/SEXP/S/P					
7	"	0-7	GR/SCL	FR/SEXP/SS/SP	>41" TO SOIL WETNESS	41	"	"	PS, IV .3GPD/FT2
		7-11	SBK/SCL	"					
		11-41	SBK/C	FI/SEXP/S/P					

Description	Initial System	Repair System
Available Space (.1945)	US	US
System Type(s)		
Site LTAR	.275GPD/FT^2	.3GPD/FT^2

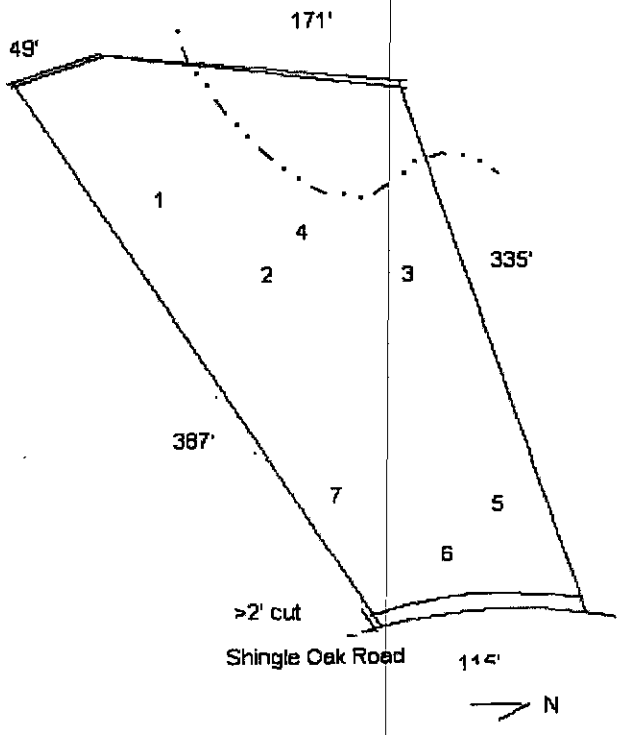
Other Factors (.1946):
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 4/28/2005, W R Marlin
Others Present:

COMMENTS:
100% repair

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Foot Slope	II	*SL-Sandy Loam*	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace		CL-Clay Loam		
FP-Flood Plain		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

Sketch of Soil Evaluation Locations



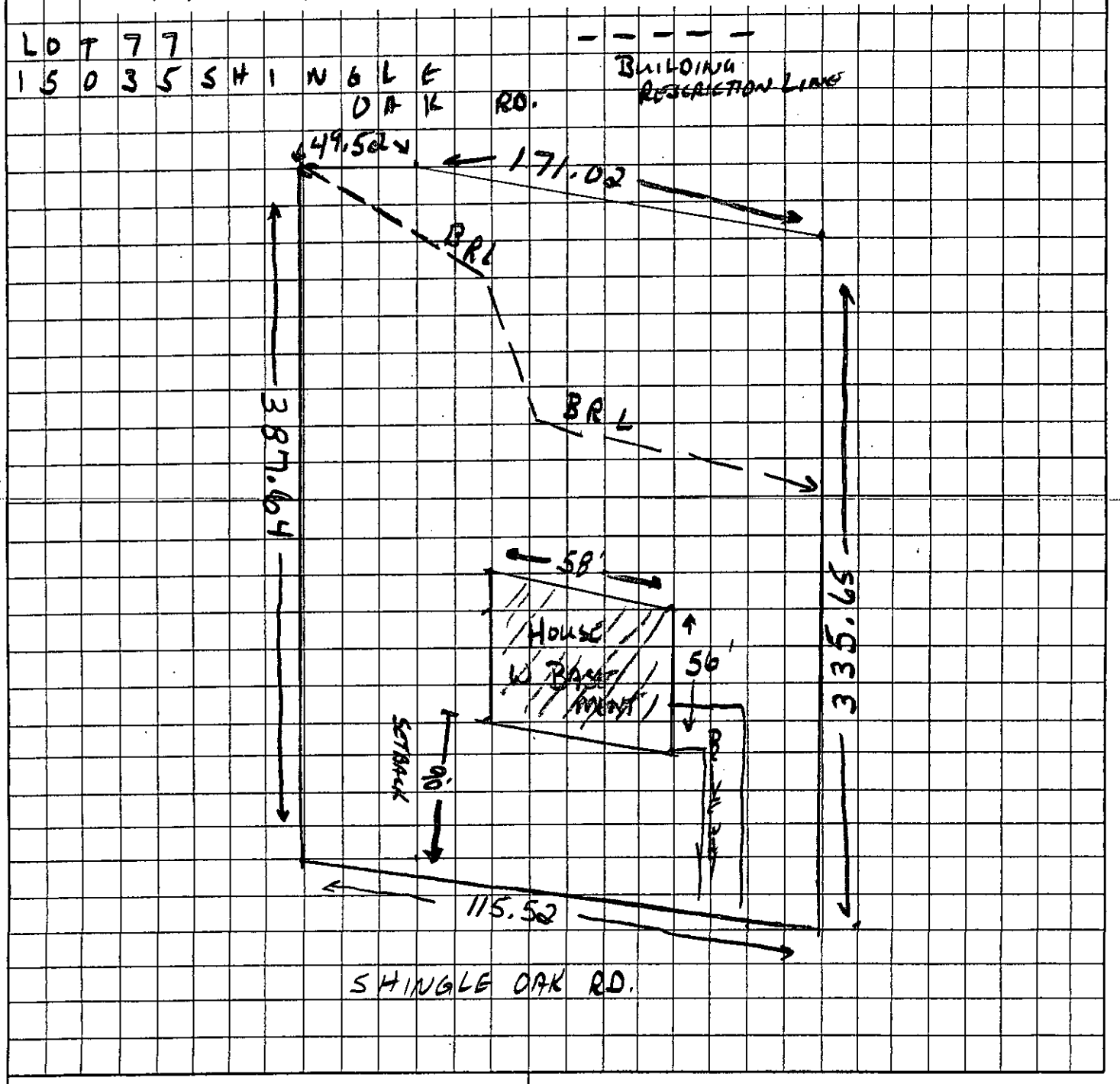
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: _____

TC: 195-202-10

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.



APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

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