

18319 JOHN CONNOR RD

00184135

12/31/2007

duponbj

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

ck # 158 paid in full in City Sewer dist to release per

FEE: 200.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 7-13-98 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 7-2-98 **PERMIT NO:** 2543-B
PARCEL NO: 001-074-08

JOB LOCATION ADDRESS: 10319 JOHN CONNER RD.
PROPERTY OWNER: Elizabeth C. Burns
BUILDING CONTRACTOR: Chris Knight
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: Kelly Randall **DATE:** 7-2-98
DEHNR AUTHORIZED AGENT

11/24/98

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2543-B, 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: - agreement forms must be executed and recorded prior to installation approval
- well must be properly abandoned before installation.
- Ditch in back must be shaped w/ controlled fill.

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 Kelly A. Knight 7-13-98

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 2543-B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 001-074-05

- 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	✓ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
.3 Long-term acceptance rate	480 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9 Trench spacing (min. on centers)	
CMUD Serviced by private well	1500 Gallon septic tank	400 Total trench length (ft)	30' Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
4 Bedrooms in residence	___ Gallon pump tank	___ Depth of stone		
Any surface waters present: No Type:		Minimum separation distance:		
Site modifications required: Ditch in back must be shaped w/ controlled fill.				
Additional Conditions: - agreement forms must be executed and recorded prior to installation approval - well must be abandoned properly before installation approval				
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)	N/A Depth of Stone Trench	9 Trench spacing (min. on centers)	30 Maximum Trench Depth	
For existing system, enter the year originally installed:				

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

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

Kelly Rwell 6-23-98
DEHNR Authorized Agent Date

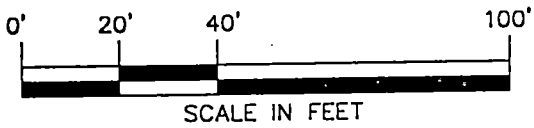
X Kelly A. Knight 7-13-98
Owner/Agent Signature Date

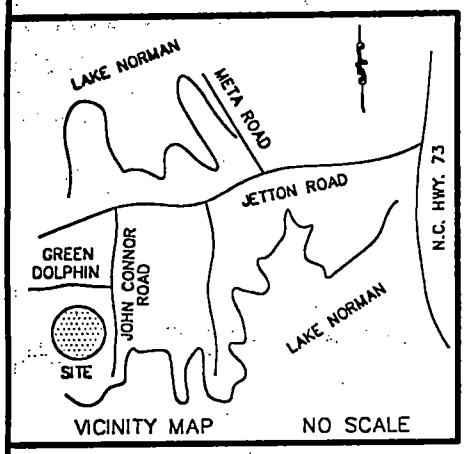
MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

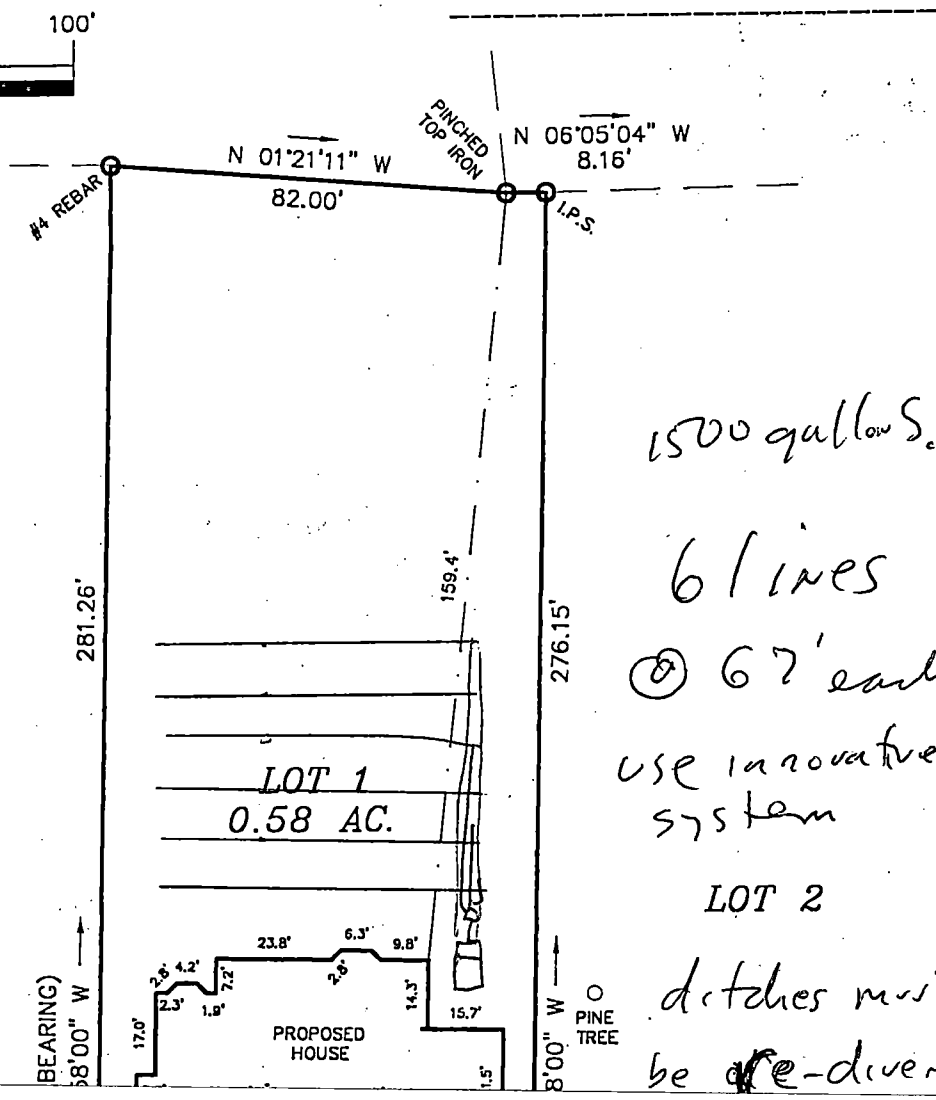
NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

DAS DON ALLEN & ASSOCIATES, P.A.
ENGINEERING * SURVEYING * PLANNING
111 Raceway Drive * Mooresville, N.C. 28115
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book_____, page_____, and/or plat book 28, page 352, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 23, day of JUNE, A.D. 19 98.







2070/46

1500 gallon S.T.

6 lines @ 67' each

use innovative system

LOT 2

ditches must be re-diverted

CK # 1511

FEE: PD 100.00
DATE: 6-3-98

APPLICATION FOR IMPROVEMENT PERMIT 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 #: 2543B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 001-074-05

STREET ADDRESS: 18319 John Conner Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

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
[X] 3 CORNELIUS [ ] 7 MINT HILL

HEATED SQUARE FOOTAGE: 2700'

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:
TEAR DOWN OLD STRUCTURE & SEPTIC - HOOKUP CITY WATER & ADD NEW SEPTIC (WILL HOOK UP CITY SEWER IF AVAILABLE)

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: BURNS, ELIZABETH C.
(LAST) (FIRST) (MI)

ADDRESS: 9 MIDDLE RIDGE

CITY: NEW CANAAN STATE: CT. ZIP: 06840

DAYTIME PHONE: ( ) –

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: KNIGHT, CHRISTOPHER M.
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) 892-9983 m 363-4819

21003 Lakeview Circle
Cornelius, NC 28031

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: _____ DATE: 6-2-98

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

State of North Carolina
Department of Environment,
Health and Natural Resources
Mooresville Regional Office

James B. Hunt, Jr., Governor
Jonathan B. Howes, Secretary

DEHNR

DIVISION OF ENVIRONMENTAL MANAGEMENT

Well Abandonment Procedures

The State of North Carolina has rules which dictate the manner in which wells are to be permanently sealed or abandoned. This document is intended to provide you with information regarding proper abandonment procedures.

FOR DRILLED WELLS:

15A NCAC 2C .0113(a)(2) requires that drilled wells (such as 2 or 6-inch diameter casing) be abandoned in accordance with the following procedures:

(1) The entire depth of the well should be sounded before it is sealed to insure freedom from obstructions that may interfere with the sealing operation.

(2) The well shall be thoroughly disinfected with chlorine prior to sealing.

(3) The well may be filled with cement, sand or gravel opposite the zones of consolidated rock. The top of the sand or gravel fill shall be at least five feet below the top of the consolidated rock, which is usually the casing depth. The remainder of the well shall be filled with cement grout only.

(4) The outer well casing must be grouted to a minimum depth of 20 feet or removed prior to abandonment.

FOR BORED OR DUG WELLS:

15A NCAC 2C .0113(a)(2)(E) requires that a bored well be permanently abandoned by completely filling the well to land surface with cement grout or clean, dry clay compacted in place. The well must be thoroughly disinfected with chlorine prior to being filled.

FOR ALL ABANDONED WELLS:

15A NCAC 2C .0114(b)(1) requires that any person abandoning any well shall submit a record of abandonment to this Department within a period of thirty (30) days after completion of the abandonment.

Attached you will find a well abandonment record and a chlorination table for your use in the abandonment of wells. Should you have any further questions regarding well abandonment, please call the Mooresville Regional Office, Groundwater Section at (704) 663-1699.

Division of Environmental Management
Groundwater Section
P.O. Box 27687 - Raleigh, N.C. 27611

WELL ABANDONMENT RECORD

CONTRACTOR _____ REG. NO. _____

1. WELL LOCATION: (Show a sketch of the location on back of form.)
Nearest Town: _____ County _____

_____ _____
(Road, Community, Subdivision, Lot No.) Quadrangle No.

2. OWNER: _____

3. ADDRESS: _____

4. TOPOGRAPHY : draw, slope, hilltop, valley, flat

5. USE OF WELL: _____ DATE: _____

6. TOTAL DEPTH: _____ DIAMETER: _____

7. CASING REMOVED:

feet	diameter
_____	_____
_____	_____

8. SEALING MATERIAL:

Neat cement	Sand cement
bags of cement _____	bags of cement _____
gals. of water _____	yds. of sand _____
	gals. of water _____

Other
Type material _____

Amount _____

9. EXPLAIN METHOD EMPLACEMENT OF MATERIAL.

_____

_____

_____

WELL DIAGRAM: Draw a detailed sketch of the well showing total depth, depth and diameter of screens remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.

I do hereby certify that this well abandonment record is true and exact.

Signature of Contractor or Agent _____ Date _____

WELL LOCATION: Draw a location sketch on the reverse of this sheet, showing the direction and distance of the well to at least two (2) nearby reference points such as roads, intersections and streams. Identify roads with State Highway road identification numbers.

Submit original to the Division of Environmental Management, one copy to the Driller, and one copy to the owner.

GW-30 Revised 3/8/90

2543B/18319 JOHN CONNOR ROAD

(d) National Science Foundation (NSF) approved PVC pipe rated at 160 PSI may be used for casing. The annular space around the liner casing shall be at least five-eighths inches and shall be completely filled with neat-cement grout.

History Note: Statutory Authority G.S. 87-87; 87-88;
Eff. February 1, 1976;
Amended Eff. September 1, 1984.

.0113 ABANDONMENT OF WELLS

(a) Any well which has been abandoned, either temporarily or permanently, shall be abandoned in accordance with one of the following procedures:

(1) Procedures for temporary abandonment of wells:

(A) Upon temporary removal from service or prior to being put into service, the well shall be sealed with a water-tight cap or seal compatible with casing and installed so that it cannot be removed easily by hand.

(B) The well shall be maintained whereby it is not a source or channel or contamination during temporary abandonment.

(C) Every temporarily abandoned well shall be protected with a casing.

(2) Procedures for permanent abandonment of wells:

(A) All casing and screen materials may be removed prior to initiation of abandonment procedures if such removal will not cause or contribute to contamination of the groundwaters. Any casing not grouted in accordance with Rule .0107 Paragraph (d) of this Section shall be removed or properly grouted.

(B) The entire depth of the well shall be sounded before it is sealed to ensure freedom from obstructions that may interfere with sealing operations.

(C) The well shall be thoroughly disinfected prior to sealing.

(D) In the case of gravel-packed wells in which the casing and screens have not been removed, neat-cement shall be injected into the well completely filling it from the bottom of the casing to the top.

(E) "Bored" wells shall be completely filled with cement grout, dry clay or material excavated during drilling of the well and then compacted in place.

(F) Wells constructed in unconsolidated formations other than "bored" wells shall be completely dilled with cement grout by introducing it through a pipe extending to the bottom of the well which can be raised as the well is filled.

(G) Wells constructed in consolidated rock formations or that penetrate zones of consolidated rock may be filled with cement, sand, gravel or drill cuttings opposite the zones of consolidated rock. The top of the sand, gravel or cutting fill shall be at least five feet below the top of the consolidated rock. The remainder of the well shall be filled with cement grout only.

(H) Test wells less than 20 feet in depth which do not penetrate the water table shall be abandoned in such manner as to prevent the well from being a channel allowing the vertical movement of water or a source of contamination to the groundwater supply. Test wells or borings that penetrate the water table shall be abandoned by completely filling with cement grout.

(b) Any well which acts as a source or channel of contamination shall be repaired or permanently abandoned within 30 days or receipt of notice from the department.

(c) The drilling contractor shall permanently abandon any well in which the casing has not been installed or from which the casing has been removed, prior to removing his equipment from the site.

(d) The owner shall be responsible for permanent abandonment of a well except:

(1) As otherwise specified in these Regulations; or

(2) If well abandonment is required because the driller improperly locates, constructs, or completes the well.

History Note: Statutory Authority G.S. 87-87; 87-88;
Eff. February 1, 1976;
Amended Eff. September 1, 1984; April 20, 1978.

.0114 DATA AND RECORDS REQUIRED

(a) Well Cuttings

CK # 1511

FEE: pd. 100.00
DATE: 6-3-98

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

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

COPY

FILE #: 2543B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

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STREET ADDRESS: 18319 John Conner Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

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__ 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
X 3 CORNELIUS __ 7 MINT HILL

HEATED SQUARE FOOTAGE: 2700'

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:
TEAR DOWN OLD STRUCTURE & SEPTIC - HOOKUP CITY WATER & ADD NEW SEPTIC (WILL HOOK UP CITY SEWER IF AVAILABLE)

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:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: BURNS, ELIZABETH C. (LAST) (FIRST) (MI)	NAME: KNIGHT, CHRISTOPHER M. (LAST) (FIRST) (MI)
ADDRESS: 9 MIDDLE RIDGE	DAYTIME PHONE: ( ) 892-9983 m 363-4819
CITY: NEW CANAAN STATE: CT. ZIP: 06840	21003 Lakeview Circle
DAYTIME PHONE: ( ) —	Cornelius, NC 28031

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: [signature] DATE: 6-2-98

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

PROPOSED PLOT PLAN

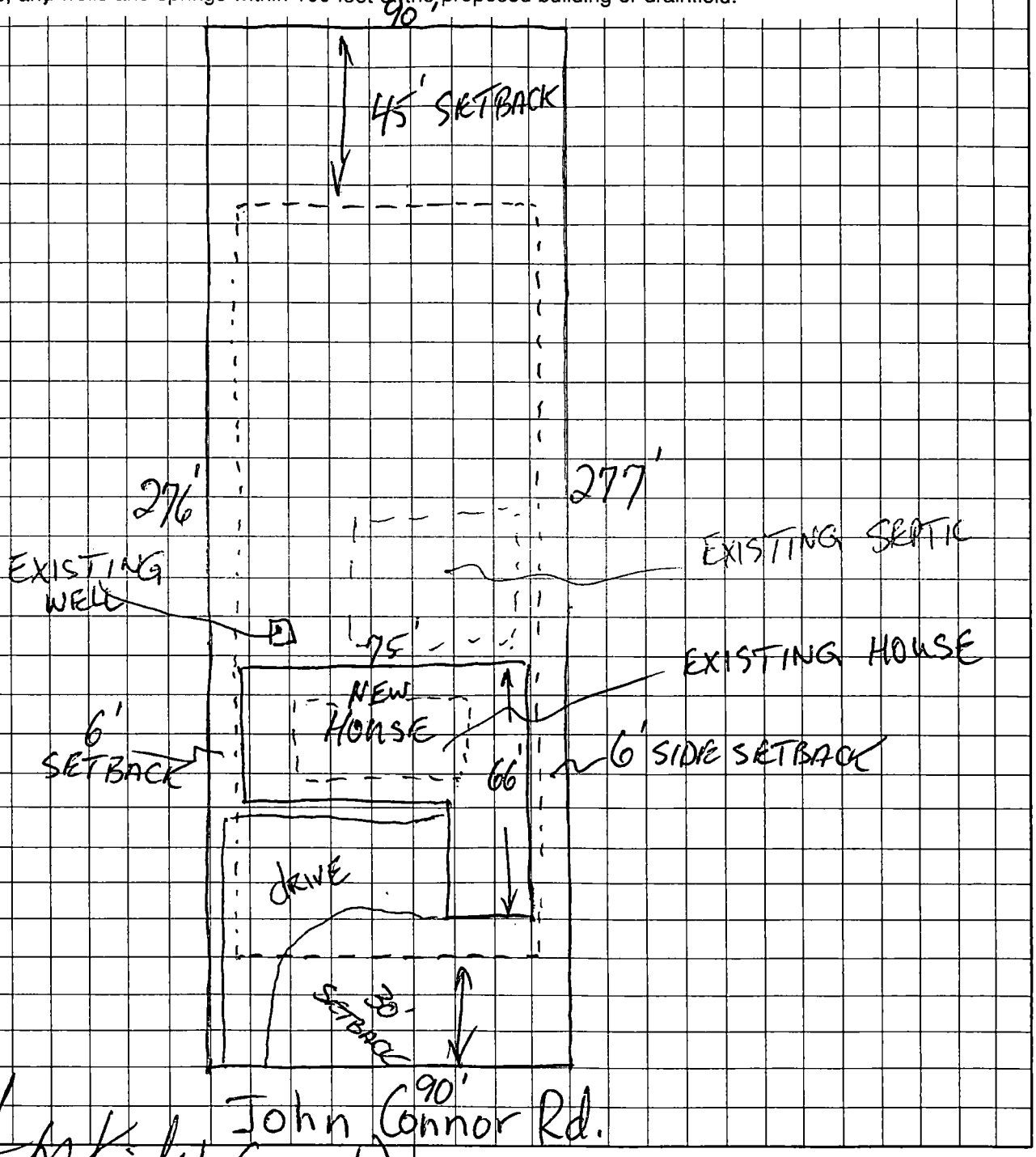
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

COPY

FILE: 2543B

TC: 001-071-05

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.



Matthew M Knight (agent)
OWNER/AGENT SIGNATURE

DATE 6-2-98

APPROVAL DATE _____

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

COPY

ELIZABETH CONNOR BURNS
9 Middle Ridge
New Canaan, CT 06840

Via Facsimile

June 3, 1998

Re: Permit for Septic System

To Whom it May Concern:

I hereby authorize Chris Knight to be my agent for the purpose of obtaining a permit for a septic system at 18319 John Connor Road, Cornelius, NC 28031.

Sincerely,

Elizabeth Connor Burns

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

Sheet 1 of 1
PROPERTY ID #: 001-074-05
Lot # :
File # : 2543B

SOIL/SITE EVALUATION #2
for ON-SITE WASTEWATER SYSTEM

OWNER: Elizabeth C. Brown
APPLICANT: Christopher Knight
ADDRESS: 9 Middle Ridge, New Canaan, CT.
DATE EVALUATED: 6-17-96
PROPOSED FACILITY: residence
PROPOSED DESIGN FLOW (.1949): 480gpd
PROPERTY SIZE: .57
LOCATION OF SITE: 18319 John Connor Road
PROPERTY RECORDED:
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE % (slope 5-15%)	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS	0-6"	gr/scl	Fr/SEXP/SS/SP	746" TO 50:1 Wetness	46"	N/A	None	.39/A2 PS IV
		6-48"	SBK/C	Fr/SEXP/SS/P					
2	LS	0-4"	sc/gr	Fr/SEXP/SS/SP	737" TO 50:1 Wetness	37"	N/A	None	.39/A2 PS IV
		4-33"	SBK/C	Fr/SEXP/SS/P					
		33-37"	SBK/scl	Fr/SEXP/SS/SP					
3	LS	0-10"	gr/scl	Fr/SEXP/SS/SP	746" TO 50:1 Wetness	46"	N/A	None	PS .39/A2 IV
		10-46"	SBK/C	Fr/SEXP/SS/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	45	45
System Type(s)		

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W.A. Wadsi 6-18-96
OTHER(S) PRESENT: LSS

FILE #25438

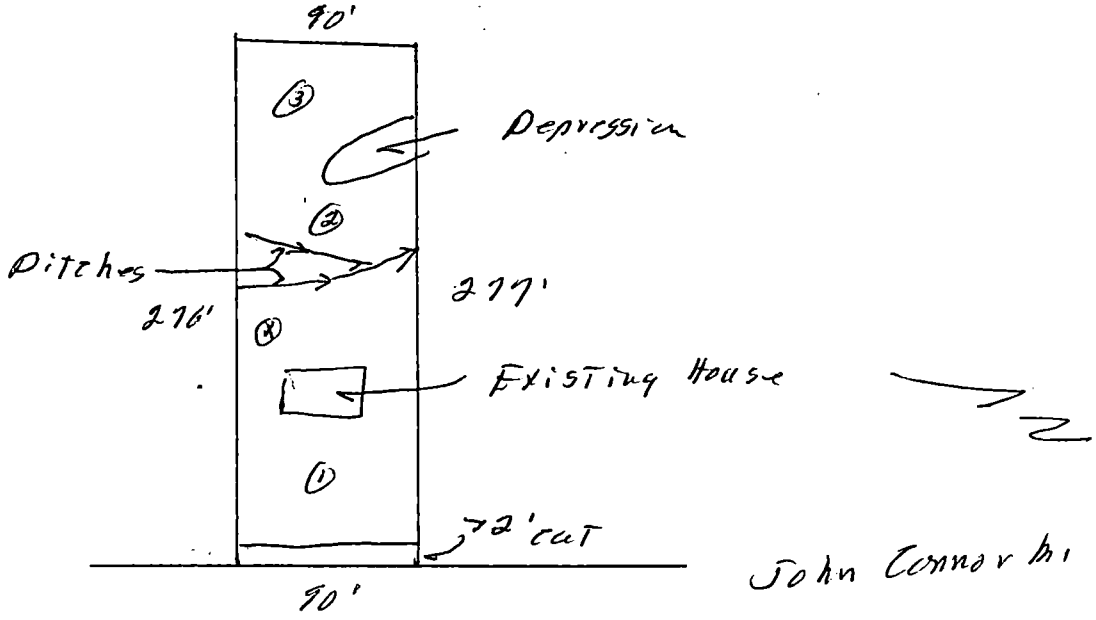
COMMENTS Well to Repair

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

(X) - well



John Connor hi

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

460 #2

Sheet ___
PROPERTY ID #: 001-074-05
Lot # : ___
File # : 25438

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Elizabeth C. Burns — APPLICANT: Christopher Knight
ADDRESS: 9 Middle Ridge, New Canaan, CT. — DATE EVALUATED: 6-17-96
PROPOSED FACILITY: residence — PROPOSED DESIGN FLOW (.1949): 480gpd / PROPERTY SIZE: .57
LOCATION OF SITE: 18319 John Connor Road — PROPERTY RECORDED: ___
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	slope 5-15% .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
1	LS	0-6"	gr/sc/	Fr/SEXP/SS/SP	7.5YR 6/8 TO 5GY/ wetness	46"	N/A	None	.3g/A-2 PS IV
		6-48"	SBK/C	F.T/SEXP/SP					
2	LS	0-4"	sc/gr	Fr/SEXP/SS/SP	7.5YR 6/8 TO 5GY/ wetness	37"	N/A	None	.3g/A-2 PS IV
		4-33"	SBK/C	F.T/SEXP/SP					
		33-37"	SBK/SC/	Fr/SEXP/SS/SP					
3	LS	0-10"	gr/sc/	Fr/SEXP/SS/SP	7.5YR 6/8 TO 5GY/ wetness	46"	N/A	None	PS .3g/A-2 IV
		10-46"	SBK/C	F.T/SEXP/SP					

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

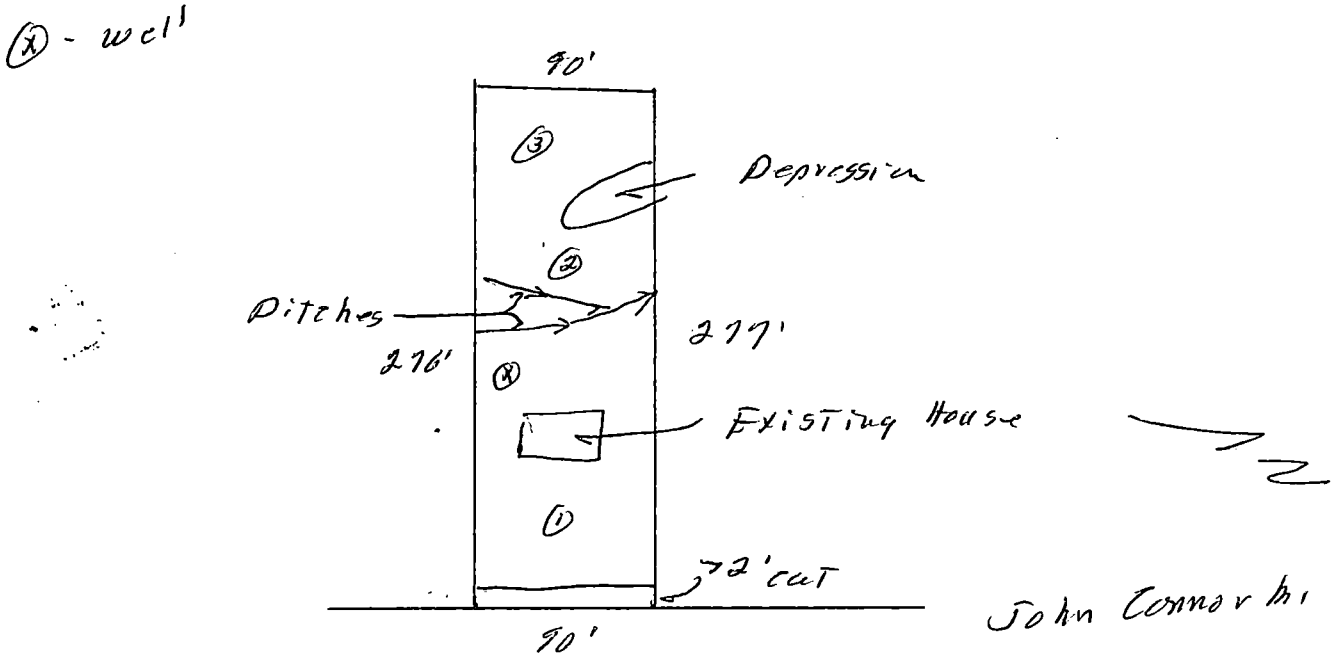
OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W.A. Marlin 6-18-96
OTHER(S) PRESENT: LSS

FILE #2543B

COMMENTS 100% Repair

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

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



ELIZABETH CONNOR BURNS
9 Middle Ridge
New Canaan, CT 06840

Via Facsimile

June 3, 1998

Re: Permit for Septic System

To Whom it May Concern:

I hereby authorize Chris Knight to be my agent for the purpose of obtaining a permit for a septic system at 18319 John Connor Road, Cornelius, NC 28031.

Sincerely,

Elizabeth Connor Burns