

7811 BABE STILLWELL FARM RD

00915376

1/2/2008

duponbj

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

150

Due

for

CO

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 2921-B DATE: 11/12/99

TC: 009-351-11 P.O. ☐ L ☐ CRT

SERIAL Nº 18179

Name of Owner John W. Holley Juris.: Mecklenburg

Address of Property 7811 Babe Stillwell Farm Rd

Inspection Data:

Tank Material P.C.C.

Total Length of Drainfield 300 ft.

Number of Lines 3 @ 100 ft

Cover Depth 6"

Water Supply Source Well

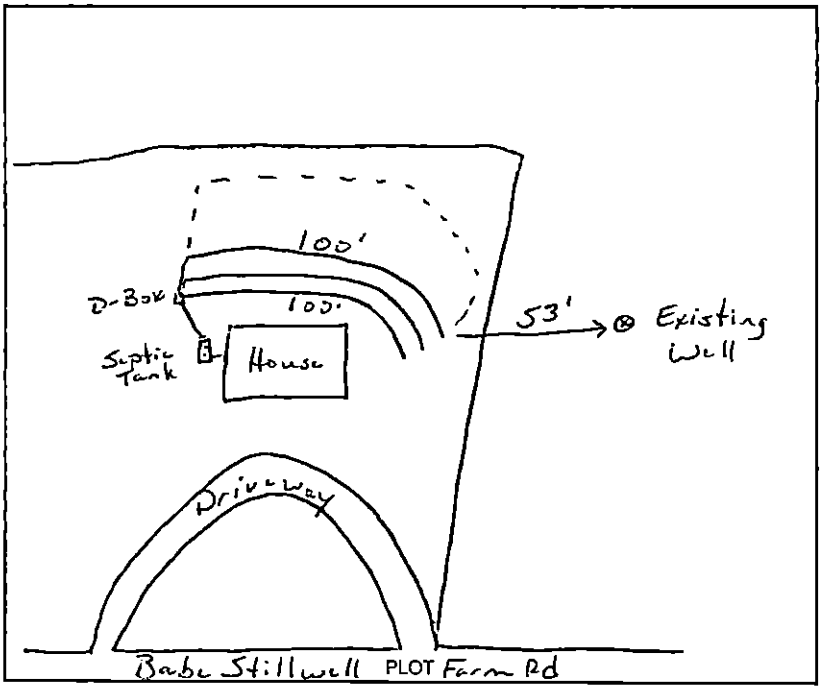
Distance to Water Source Not Installed

Excavation Inspected 11/12/99

Tank(s) Inspected 11/12/99

Wash Line Inspected N/A

High Water Alarm Inspected N/A



Design 1500 S.T., Conv., 900 S.F., T., 12 G CTR# Lavon Benton

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: System designed for a 2 bedroom residence.

Type II System

Jeff A. Knight
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

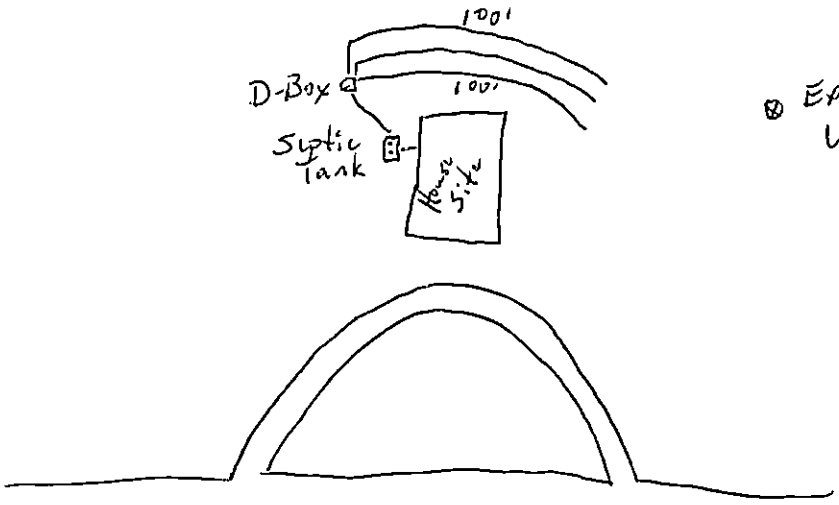
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PHONE (704) 336-5102

FILE: 2921-B DATE: 11/11/99

TC: 009-351-11 P.O. ☐ L

SERIAL Nº 18279

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 4/7/99. All work shall be completed on or before 12/11/99, 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 P.C.C.

Trench Depth 18"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Yes

Total Line Length 300 feet

Number of Lines 3

Depth of Stone 12 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 John Holley

LOCATION OF PROPERTY 7811 Babe Stillwell Farm Rd

Comments: 1) Keep lines level and on contour 2) Keep trenches 9 ft on center

Jeff Knight
Environmental Health Specialist

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

Ck # 1013

6/60

FEE: 100.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 4-14-99 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 4/14/99 **PERMIT NO:** 2921 B
PARCEL NO: 009-351-11 PO

JOB LOCATION ADDRESS: 7818 Babe Stillwell Farm Rd
PROPERTY OWNER: John Holley
BUILDING CONTRACTOR:
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: Lee A. Knight **DATE:** 4/14/99
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2921 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: 1) See plot plan 2) An agreement form must be completed and registered before final approval can be granted. 3) A riser should be placed over the outlet end of the septic tank to facilitate filter maintenance.

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.

John W Holley 4/14/99

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE **DATE**

PROPOSED PLOT PLAN

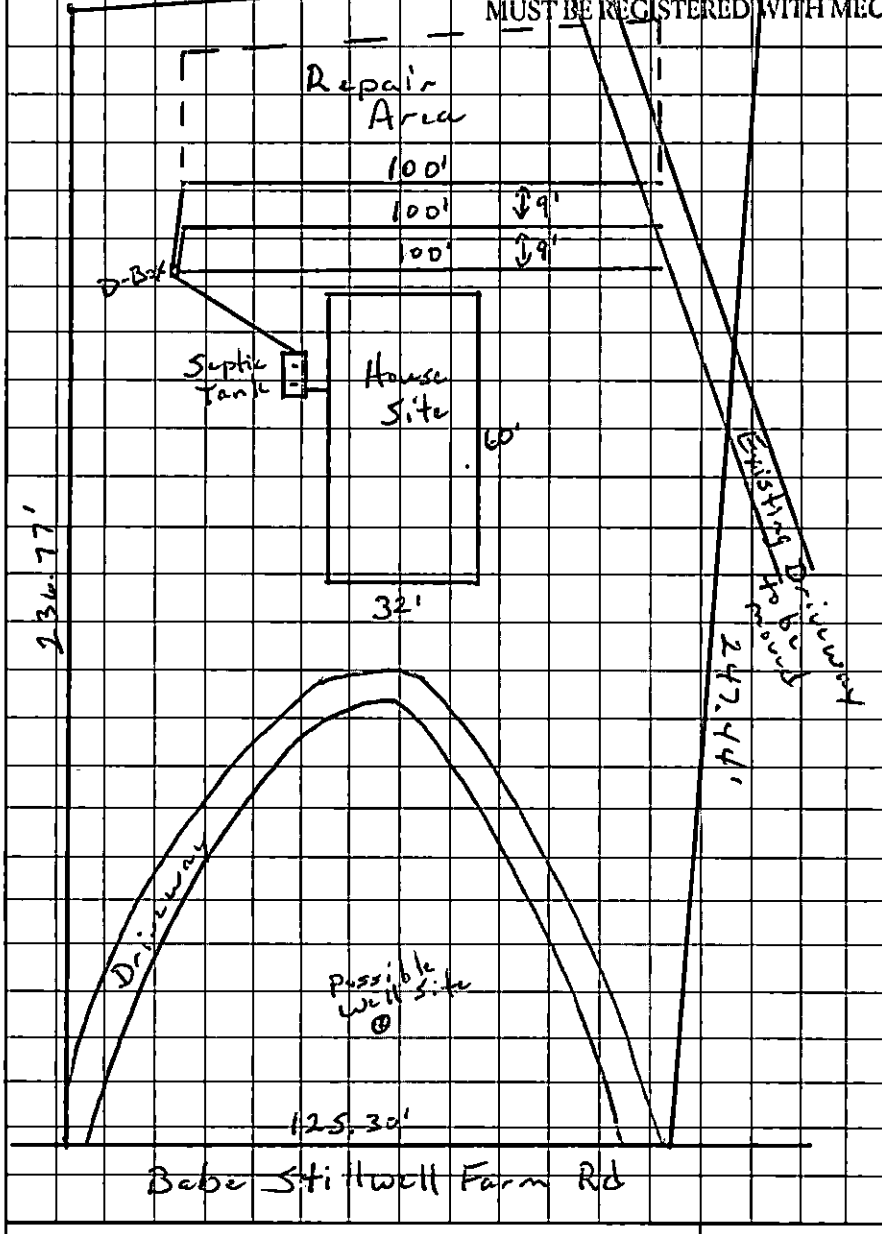
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2921 B

TC: 009-351-11 PO

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.

THIS IS NOT A PERMIT TO INSTALL THE SEPTIC SYSTEM
THE SEPTIC TANK INSTALLER IS REQUIRED TO OBTAIN AN INSTALLATION LAYOUT FROM THE MECKLENBURG COUNTY HEALTH DEPARTMENT PRIOR TO THE INSTALLATION OF THE SEPTIC TANK SYSTEM. THE SEPTIC TANK CONTRACTOR MUST BE REGISTERED WITH MECKLENBURG COUNTY.



Comments

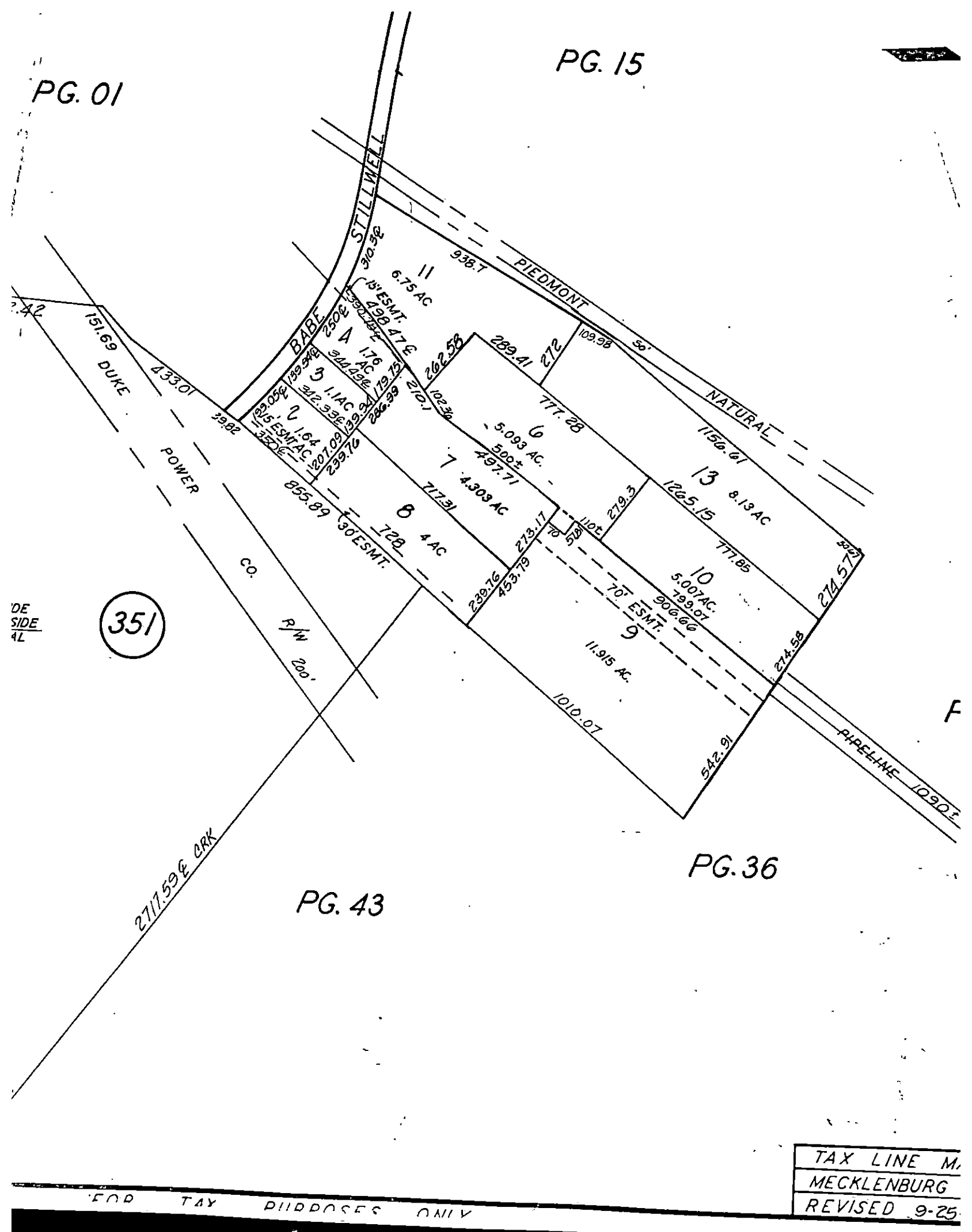
1) Scale 1" = 40'
2) Keep lines level and on contour of land.
3) Keep trenches shallow - 18" maximum
4) All parts of the septic system shall be the minimum distance from the following:
   A) Well - 50 ft
   B) Property Line - 10 ft
   C) Foundation - 5 ft.
5) Existing driveway must be moved before septic system can be installed

APPROVAL DATE Jeffa. Knight 6/8/99

OWNER/AGENT SIGNATURE

DATE

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


PG. 01
PG. 15
PG. 36
PG. 43
STILLWELL
PIEDMONT
NATURAL
BABE
DUKE POWER CO. R/W 200'
PIPELINE
351
11
6.75 AC
A
1.76 AC
2
1.64 AC
3
1.1 AC
6
5.093 AC.
7
4.303 AC
8
4 AC
9
11.915 AC.
10
5.007 AC.
13
8.13 AC
15' ESMT.
498.47'
938.7
310.32
250.2'
289.41
272
109.98
50'
1156.67
777.28
497.71
717.31
855.89
30' ESMT.
728
273.17
279.3
1265.15
777.85
274.57
453.79
239.76
70' ESMT.
906.66
799.07
274.58
1010.07
542.91
2717.59' ERK
151.69
433.01
39.82
135.34'
344.45'
79.75'
286.39'
210.1'
102.39'
262.58'
239.76
1207.09
339.21'
342.33'
135.05'
115' ESMT.
AC.
350'
DE
SIDE
AL
TAX LINE M
MECKLENBURG
REVISED 9-25
FOR TAX PURPOSES ONLY

Permit Number: 2721 D

Tax Number: 00[illegible]

- 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 X Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

.165 Long-term acceptance rate	240 Max gallons/day wastewater flow	900 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
Yes Serviced by private well	1500 Gallon septic tank	300 Total trench length (ft)	18" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
2 Bedrooms in residence	N/A Gallon pump tank	12" Depth of stone	

Any surface waters present: No Type: Minimum separation distance:

Site modifications required:

Additional Conditions: 1) See plot plan 2) Agreement form must be completed and recorded before final approval can be granted. 3) A riser should be placed over the outlet end of the septic tank to facilitate filter maintenance

Repair Area System Type Type (circle one): I (II) III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system X Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

900 Absorption Area (Sq ft) 300 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	18" 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.

Jill A. Knight 5/21/99

DEHNR Authorized Agent Date

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

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

#2 460

Sheet:
Property ID: PO 019-351-11
Lot #:
File #: 2921B

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: John W. Holley
APPLICANT: [redacted]
ADDRESS: 337 Shutts Road, Mooresville
DATE EVALUATED: 4-12-99
PROPOSED FACILITY: residence
PROPOSED DESIGN FLOW (.1949) 240gpd
PROPERTY SIZE: .75
LOCATION OF SITE: 1815 Babe Stillwell Farm Rd
PROPERTY RECORDED:

WATER SUPPLY: ☒Private ☐Public ☒Well ☐Spring ☐Other
EVALUATION METHOD: ☒Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☒Sewage ☐Industrial Process ☐Mixed

PROFILE #	Slopes 2-6% .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	0-2"	gr l cl	Fr/SEXPl SS/SP	7.5YR 34" TO Soil wetness	34"	N/A	None	US .391 F2 LL
		2-30"	SBK/t	Fi/SEXPl S/P					
		30-34"	SBK/cl	Fr/SEXPl SS/SP					
2	LS	0-3"	gr/cl	Fr/SEXPl SS/SP	7.5YR 39" TO Soil wetness	39"	N/A	None	PS .391 F2 LL
		3-24"	SBK/t	Fi/SEXPl S/P					
		24-39"	SBK/cl	Fr/SEXPl SS/SP					
3	LS	0-2"	gr/cl	Fr/SEXPl SS/SP	7.5YR 27" TO Soil wetness	27"	N/A	None	US III .125/F2 LPP
		2-18"	SBK/t	Fi/SEXPl S/P					
		18-27"	SBK/cl	Fr/SEXPl SS/SP					
4	LS	0-6"	gr/t	Fr/SEXPl SS/SP	7.5YR 15" TO Soil wetness	15"	N/A	None	US III
		6-15"	M/cl	Fr/SEXPl SS/SP					
5	LS	0-5"	gr/t	Fr/SEXPl SS/SP	7.5YR 12" TO Soil wetness	12"	N/A	None	US III
		5-12"	M/cl	Fr/SEXPl SS/SP					
6	LS	0-2"	gr/cl	Fr/SEXPl SS/SP	7.5YR 30" TO Soil wetness	30"	N/A	None	US IV .391 F2
		2-20"	SBK/c	Fr/SEXPl S/P					
		20-30"	SBK/cl	Fr/SEXPl SS/SP					

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

OTHER FACTORS (.1946): Unsuitable
SITE CLASSIFICATION (.1948): ~~W.R. Marlin LSS 4-12-99~~
EVALUATED BY: W.R. Marlin LSS 4-12-99
OTHER(S) PRESENT: J. Holley, T. Mayshall

FILE # 29218

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

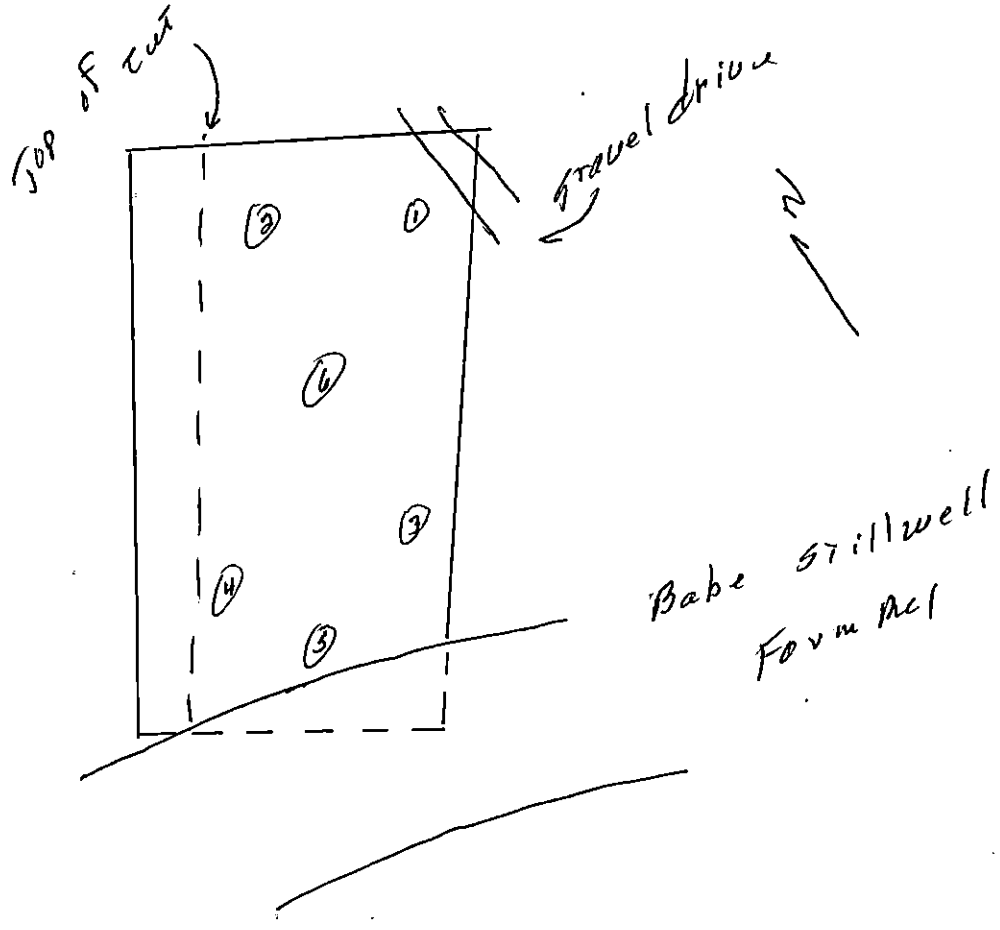
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



FEE: 100.00 CK # 3354
DATE: 4/8/99 gc

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

[ ] CRT

TYPE APPLICATION: ✓ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

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

FILE #: 2918

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 009-351-11 PO

STREET ADDRESS: 7815 Babe Stillwell Farm Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2,121

NUMBER OF BEDROOMS: 2 | NUMBER OF OCCUPANTS: 1

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

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: (LAST) Holley (FIRST) John (MI) W	NAME: (LAST) (FIRST) (MI)
ADDRESS: 537 Stutts Rd	DAYTIME PHONE: ( ) —
CITY: Mooresville STATE: NC ZIP: 28115	
DAYTIME PHONE: 704 663 -4376	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 5-23-1997

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: John W Holley DATE: 4-7-99

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

FILE: 2921B

TC: 009-351-11 80

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.

SEE ATTACHED PRELIMINARY LAND SURVEY FOR TAX PARCEL # 009-351-11 80

OWNER/AGENT SIGNATURE

DATE

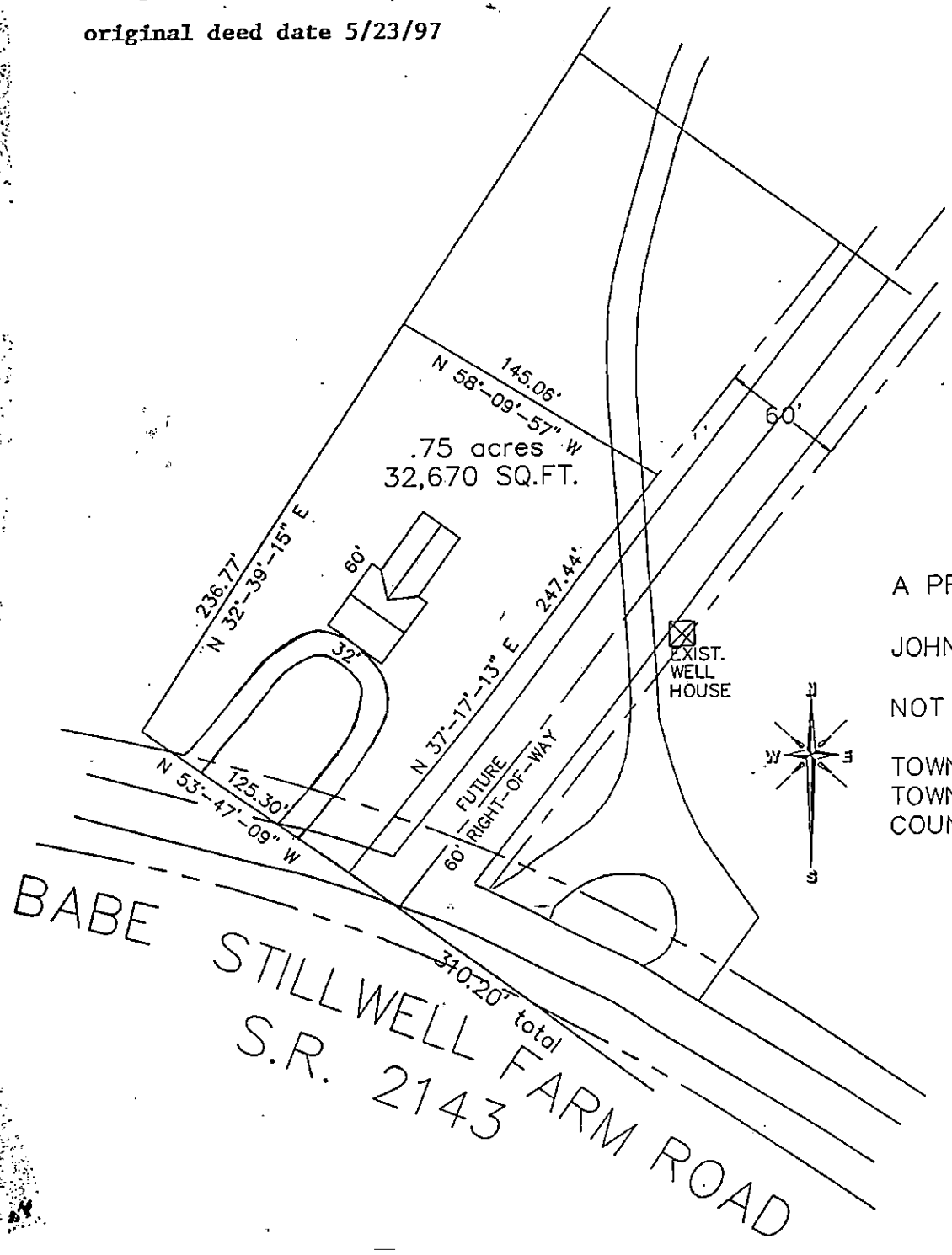
APPROVAL DATE

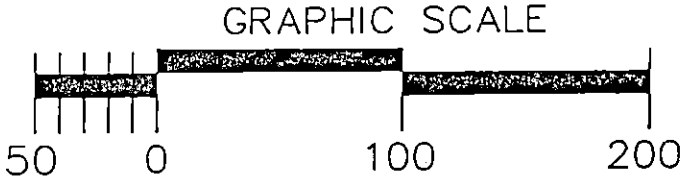
White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

File #2921B

tax parcel #009-351-11P0

original deed date 5/23/97





A PRELIMINARY LAND SURVEY FOR:

JOHN HOLLY

NOT YET RECORDED

TOWN OF HUNTERSVILLE
TOWNSHIP OF LEMELY
COUNTY OF MECKLENBURG

John W Holley 4-7-99