

11918 CANTER LN

19724158

1/9/2008

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) 336-5103

FILE: 5995B DATE: 2/13/06

TC: 197-241-58 ☐ L ☒ CRT

SERIAL Nº 20085

Name of Owner NVR, INC. Juris.: _____

Address of Property 11918 CANTER LN.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 12"

Water Supply Source MUNICIPAL

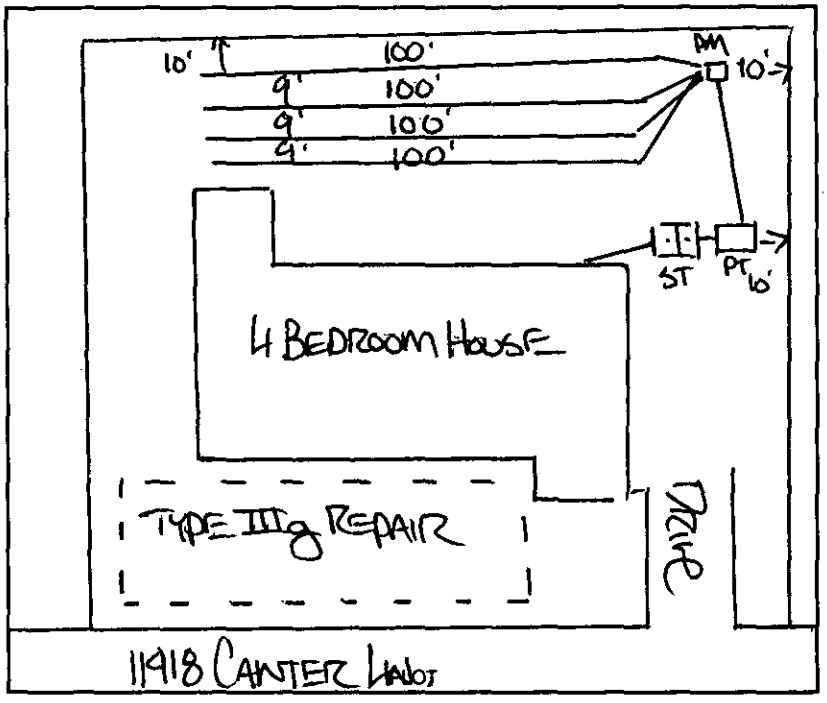
Distance to Water Source > 100'

Excavation Inspected 1/10/06

Tank(s) Inspected 1/25/06

Wash Line Inspected N/A

High Water Alarm Inspected _____



Design 2006, INN. 25% RED., E-Z FLOW, 1500ST, 1000PT, 1200SF, T CTR# RCS

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. 1900 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: 25% REDUCTION, INN., E-Z FLOW, 4 LINES @ 100', 1500ST 1000PT, PRESSURE MANIFOLD, INSTALLED LEVEL & ON CONTOUR. 710' FROM PROPERTY LINE, 75' FROM HOUSE. TYPE IIIg REPAIR.

TYPE IIIbg

RS 2/13/06
Environmental Health Specialist

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 59958 DATE: ~~12/23/05~~ 1/10/06

TC: 197-241-58 ☑ L ☒ CRT

SERIAL 19908

Name of Owner NVR, INC. Juris.: _____

Address of Property 11918 CANTER LN., LOT #5

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 12"

Water Supply Source MUNICIPAL

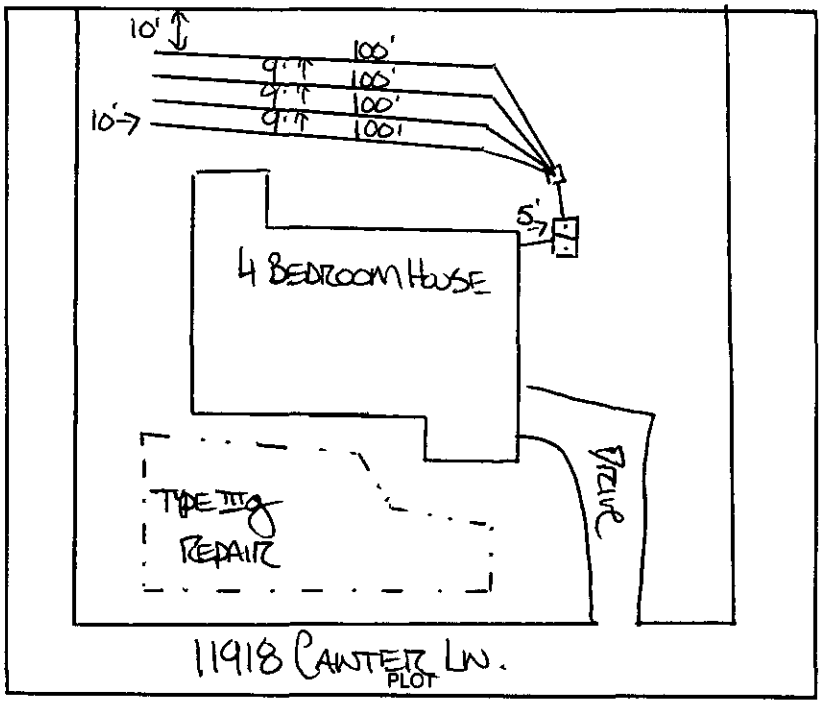
Distance to Water Source 7100'

Excavation Inspected 12/23/05

Tank(s) Inspected 12/23/05

Wash Line Inspected N/A

High Water Alarm Inspected N/A



Design 2005, INN., E-ZFlow, 1500ST, 1200SF, T 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: 25% REDUCTION SYSTEM, INN., E-ZFLOW, 4 LINES @ 100', INSTALLED @ LEVEL & ON CONTOUR, 710' FROM PROPERTY LINE, 75' FROM HOUSE. TYPE IIIg REPAIR. AGREEMENT FORMS ON FILE.

TYPE IIIg

RLS

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

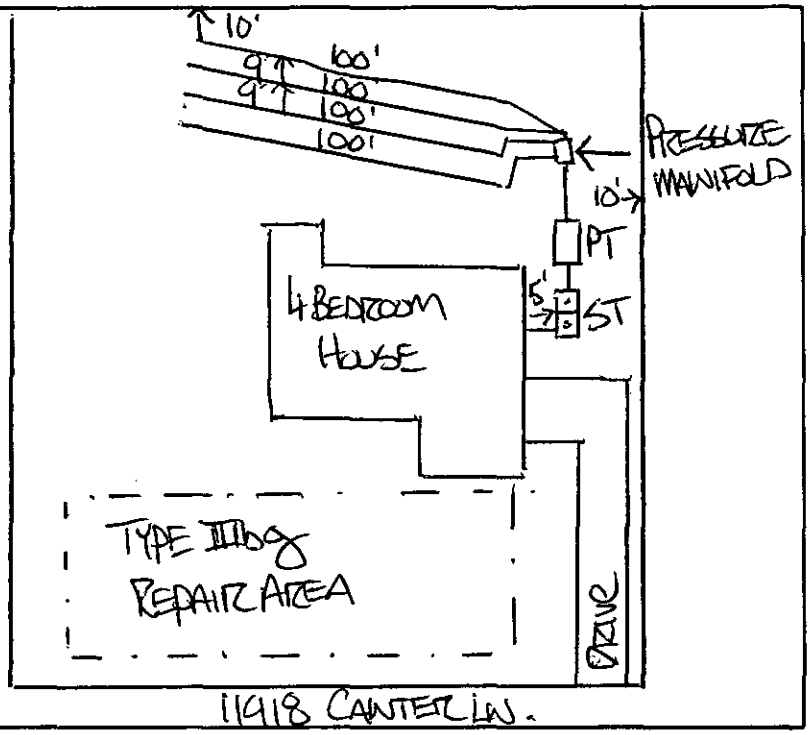
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 5995B DATE: 12/22/05

TC: 197-241-58 ☐ L LOT #5

SERIAL Nº 20409

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 5/4/05. All work shall be completed on or before 11/10/06, 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.



11918 CANTERT LN.

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous YES

Total Line Length 400 feet

Number of Lines 4@100'

Depth of Stone N/A inches

Distance from House 75 feet

Distance from Property Line 710 feet

Distance from Well 7100 feet

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

NAME OF OWNER NVR, INC

LOCATION OF PROPERTY 11918 CANTERT LN., LOT #5

Comments: 25% REDUCTION SYSTEM. INSTALL 4 LINES@100', 1500ST, 1000DT, PRESSURE MANIFOLD. SETBACKS: 75' FROM HOUSE FOUNDATION, 710' FROM PROPERTY LINES.

_____ _____ EHS, RS 12/22/05

Environmental Health Specialist

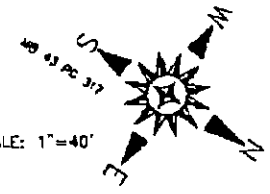
WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

PROPOSED MODEL FIT

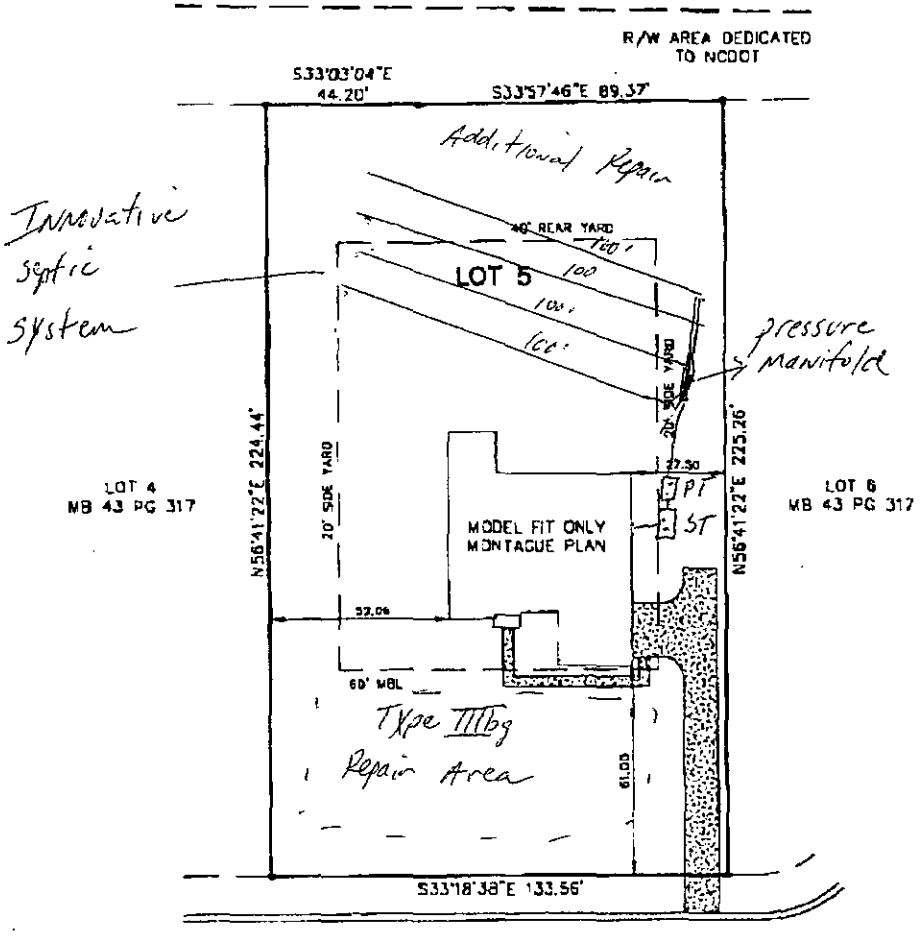
PREPARED BY:

DELTA LAND SERVICES, INC.
6033 FLORENCE AVENUE, SUITE 100
CHARLOTTE, NORTH CAROLINA 28212
(704) 536-6190

MODEL FIT ONLY
NOT TO BE USED
FOR CONSTRUCTION
OR STAKING



BAIN SCHOOL ROAD
60' PUBLIC R/W



CANTER LANE
60' PUBLIC R/W

NOT FOR RECORDATION, CONVEYANCES OR SALES

Subdivision THE MEADOWS OF MINT HILL, MAP 1 County Mecklenburg
Address #11918 Canter Lane Owner Ryan Homes
Lot 5 Block ___ Plan Montague Elevation 9 Drive (Left) ___ (Right) Side (Courtyard) ___ Deck ___
Patio ___ Fireplace ___ Garage (1 Car) ___ (2 Car) X (3 Car) ___ Brick Front Basement ___ Curtain Wall X
Crawl ___ Slab ___ Other Morning Room

REVISED: DWN: TLM CKD: [illegible] DATE: 5 / 5 / 05

G:\MEADOWS\MM-005.DWG - TLM

COMMENTS

4 Bedroom Residence
Innovative Septic System
Approval. Agreement
forms shall be recorded
and on file prior to
Cons. Authorization
1500 ST Lift pump
1000 DT required
pressure manifold
distribution
4 lines x 100'long
x 3'wd 400 LF
Municipal water
Type IIIbg Repair
Area

Patricia Gainer
7/1/05

FEE: 300.00
DATE: 10-21-05
CK# X33575

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

LD 151490

PERMIT NUMBER: 5995B
PARCEL NUMBER: 197-241-58

JOB LOCATION ADDRESS: 11918 CANTER LANE LOT 5
PROPERTY OWNER: NVR,INC.
BUILDING CONTRACTOR: RYAN HOMES
SUBDIVISION NAME: MEADOWS OF MINT HILL
AUTHORIZATION ISSUED BY: PHILO WALKER DATE: 06/28/05

Philo S. Walker RS
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 5995B, 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 REQUIRED

CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Permit Number: **5995B**

Tax Number: **197-241-58**

- 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:

.3 Long-term acceptance rate (GPD/ft^2)	480 Max gallons/day wastewater flow	1200 Absorption Area (ft^2)	9 Trench spacing (min. on centers) (ft)
Serviced by private well: ☐ Yes ☒ No	1500 Gallon septic tank	400 Total trench length (ft)	30 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
4 Bedrooms in residence	*1000 Gallon pump tank*	*na Depth of stone (in)*	

Any surface water present: **no** Type: Minimum separation distance (ft):

Additional conditions: **AGREEMENT FORMS SHALL BE RECORDED AND ON FILE PRIOR TO CONSTRUCTION AUTHORIZATION RELEASE INNOVATIVE SEPTIC SYSTEM APPROVAL , 4 BEDROOM RESIDENCE**

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:

1200 Absorption Area (ft^2) 400 Total trench length (ft)	NA Depth of stone (in)	9 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 6/28/05
DENR Authorized Agent Date

Patricia Garner 7/1/05
Owner/Agent Signature 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

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Project No. 151490

FILE COPY	
FILED FOR REGISTRATION	DOC. # 2005122656
DATE 7/1/05	TIME 9:36 am
BOOK 18969	PAGE 159
STAMPS	REC FEE 20.00
JUDITH A. GIBSON REGISTER OF DEEDS MECKLENBURG COUNTY, NC	

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

MA 1005

FILE # 5995B

PARCEL # 197-241-63

The undersigned, NUR, INC DBA Ryan Homes, owner of property located at 11918 Canter Lane, (the "site") and described in an instrument recorded in Book 43 at Page 317, 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: NUR, INC DBA Ryan Homes

Mail after recording to: 10815 David Taylor Dr

Charlotte, NC 28262

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

Sheet: 1 of 2
Property ID # 197-241-88
Lot #: 5
File #: 5995B
Code: 2

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: NVR, Inc.
Applicant: Kim Stanley
Address: 10815 David Taylor Dr., Ste. 100, Charlotte, N. C. 28262
Date Evaluated: 6/8/2005
Proposed Facility: Residence
Design Flow (.1949): 600gpd
Property Size: .9a
Location of Site: 11918 Canter Lane
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] 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
1	LS, 8	0-14	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	N/A	NONE	PS, IV
		14-48	SBK/C	FI/SEXP/S/P					.3GPD/FT^2
2	"	0-8	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		8-48	SBK/C	FI/SEXP/S/P					
3	"	0-4	FILL		"	"	"	"	"
		4-14	GR/CL	FR/SEXP/SS/SP					
		14-48	SBK/C	FI/SEXP/S/P					
4	"	0-6	MIXED		"	"	"	"	"
		6-13	GR/CL	FR/SEXP/SS/SP					
		13-48	SBK/C	FI/SEXP/S/P					

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

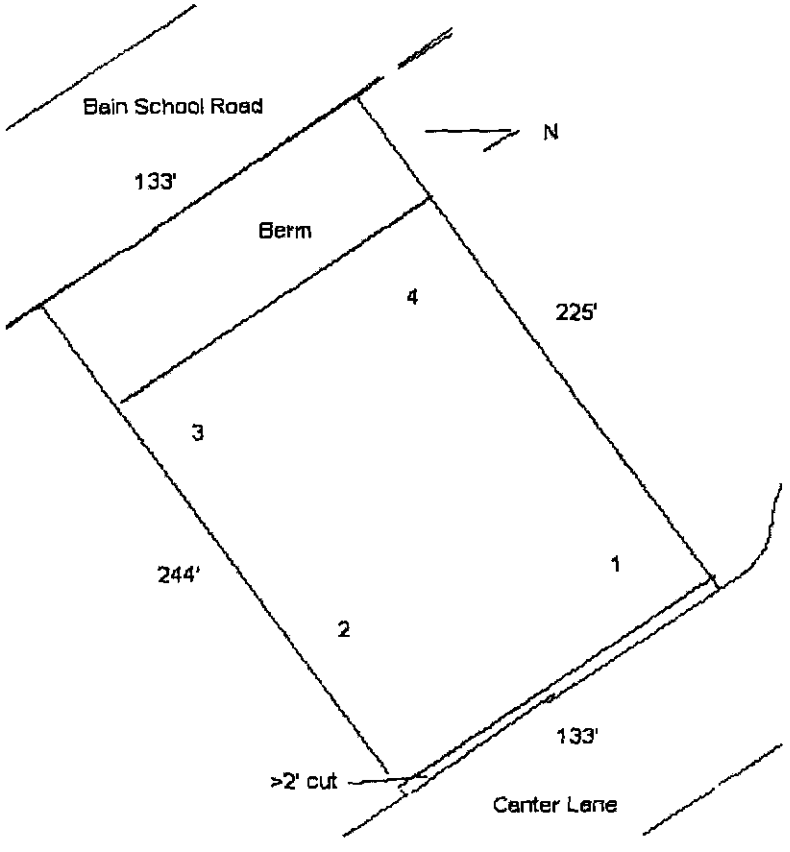
Other Factors (.1946):
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 6/9/2005
Others Present:

COMMENTS:
1005 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-Food 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



WELCOMING FAMILIES HOME FOR OVER 50 YEARS

Ryan Homes

THE DORCHESTER

ELEVATION B



THE RYAN PROMISE

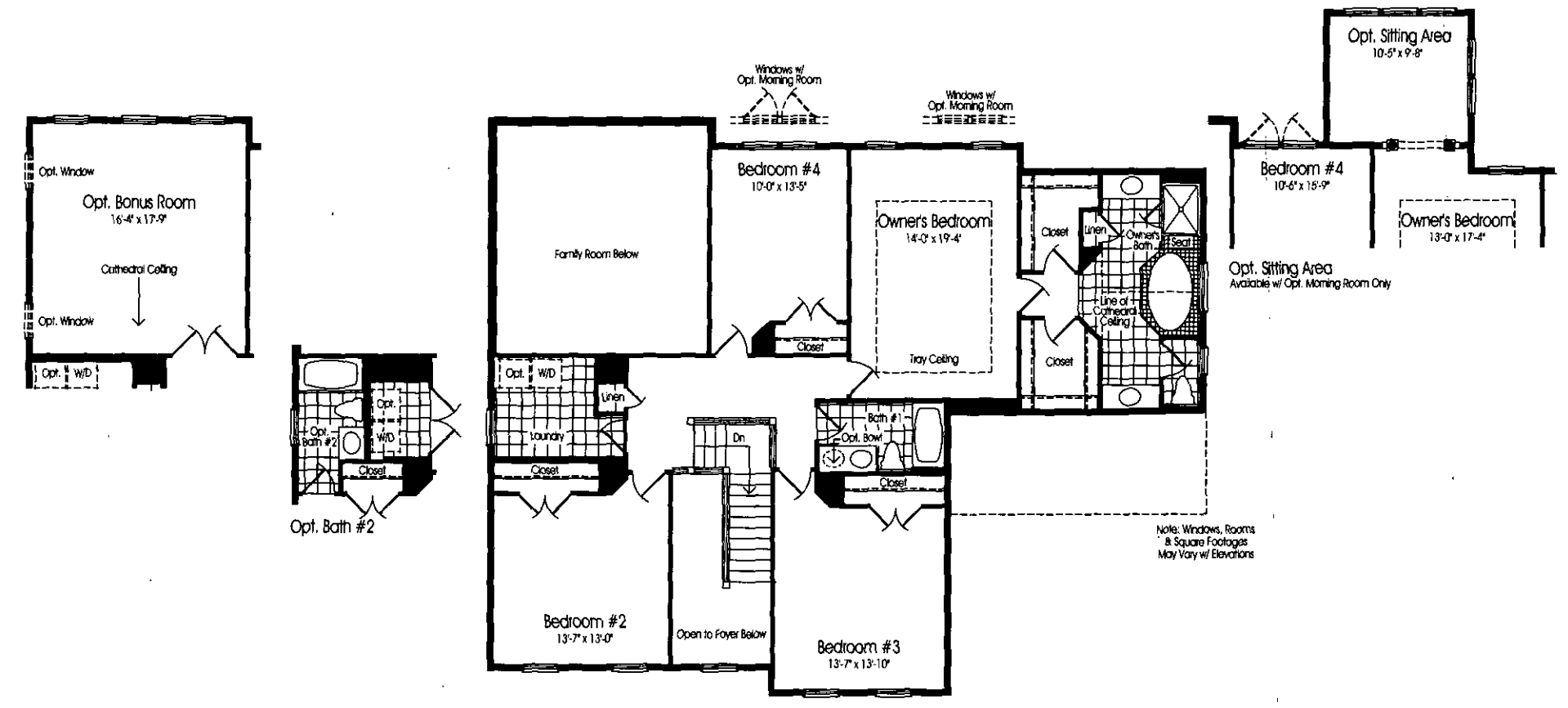
Our concern with quality construction doesn't stop at the point of sale. We carefully select the people who build your home. To give you peace of mind, we make at least two service inspections with our homeowners, one prior to settlement and another ten months after settlement. We back up everything we do with Ryan's exceptional 10 Year Limited Warranty. There is no additional cost to the homeowner for this level of service. We promise to be there for our customers, both before and after they purchase. Our service program is proactive, sincere and convenient. It's part of our overall concern for our customers and helps to explain why more than half our business is generated through referrals.

Ryan Homes

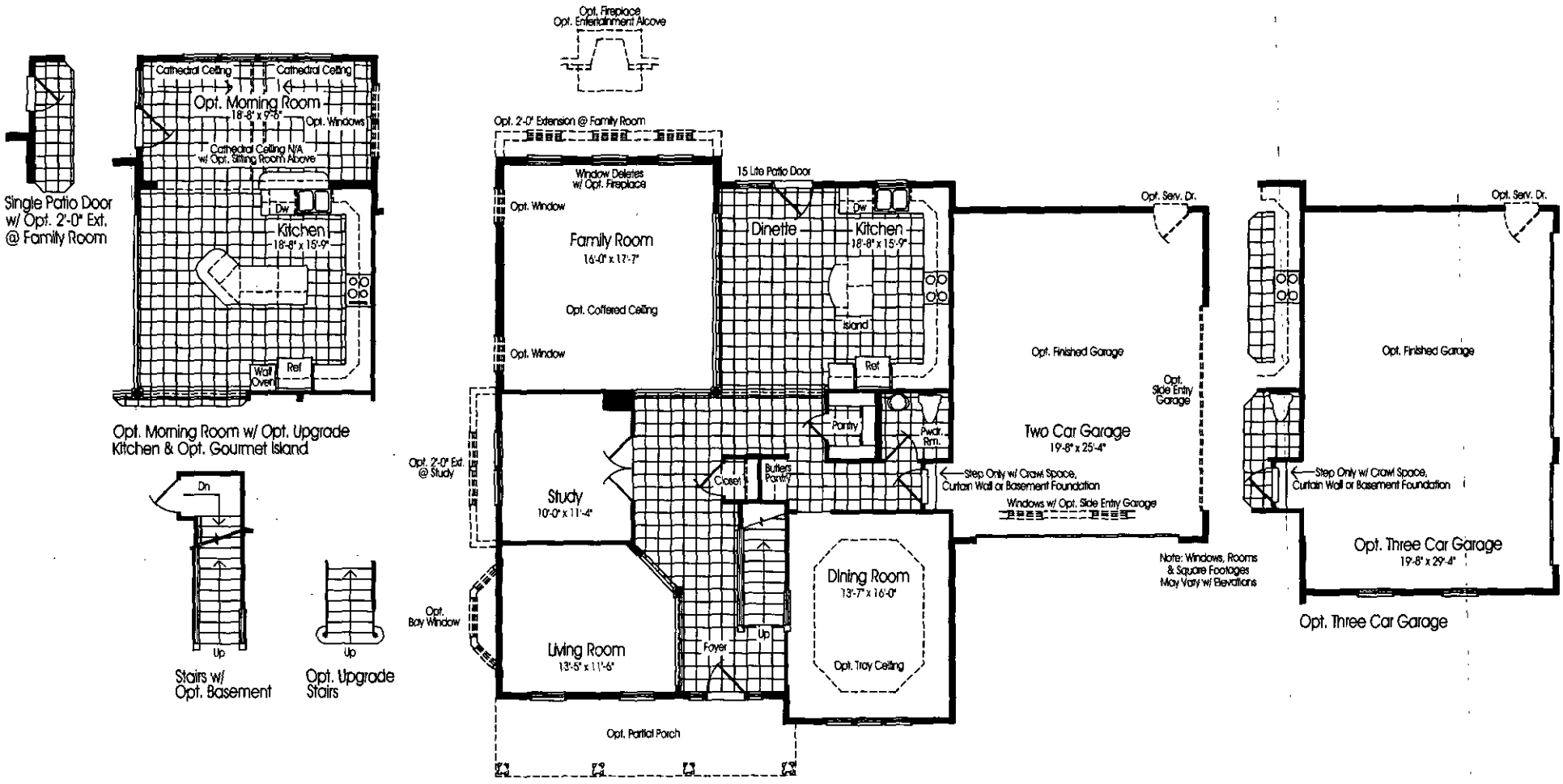
ryanhomes.com

EQUAL HOUSING OPPORTUNITY

THE DORCHESTER



UPPER LEVEL
ELEVATION B



MAIN LEVEL
ELEVATION B

Although all illustrations and specifications are believed correct at the time of publication, the right is reserved to make changes, without notice or obligation. Windows, doors, ceilings, and room sizes may vary depending on the options and elevations selected. Optional items indicated are available at additional cost. This brochure is for illustrative purposes only and not part of a legal contract. It is recommended that the architectural blueprints be reviewed for further clarification of features. Not all features are shown. Please ask our Sales and Marketing Representative for complete information.

CLT 04/05 DORC VER.01



THE DORCHESTER

ELEVATION A

W/ OPT. PARTIAL BRICK

←



THE DORCHESTER

ELEVATION C

W/ OPT. PARTIAL BRICK

→

200.00 Ck #33575 5/4/05

MA 1005

GWS – RES. APP 12/04

[redacted]

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

[redacted]

FILE # 53958

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 #: 197241,58

STREET ADDRESS: 11918 Carter Lane

CITY: Mint Hill

STATE: NC ZIP: 28227

SUBDIVISION OR MOBILE HOME PARK NAME: Meadows of Mint Hill

LOT #: 5

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: 3,500

NUMBER OF BEDROOMS: 4 PS 7/1/05

NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

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

NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:

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:

NAME: NVR, INC.
ADDRESS: 10815 David Taylor Dr., Ste 100
CITY: Charlotte
STATE: NC ZIP: 28262
HOME PHONE: WORK PHONE: 548-3534
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Kim Stanley
ADDRESS: Po Box 176
CITY: Stanfield
STATE: NC ZIP: 28163
HOME PHONE: 792-9639 WORK PHONE:
MOBILE PHONE: 791-6852 FAX: 792-9639

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? April 2005

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? August 2005

*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.

Kim Stanley 5/4/05

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.

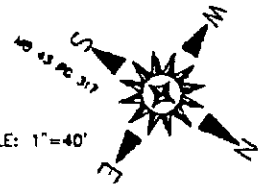
Owner's/Agent's Signature Date

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

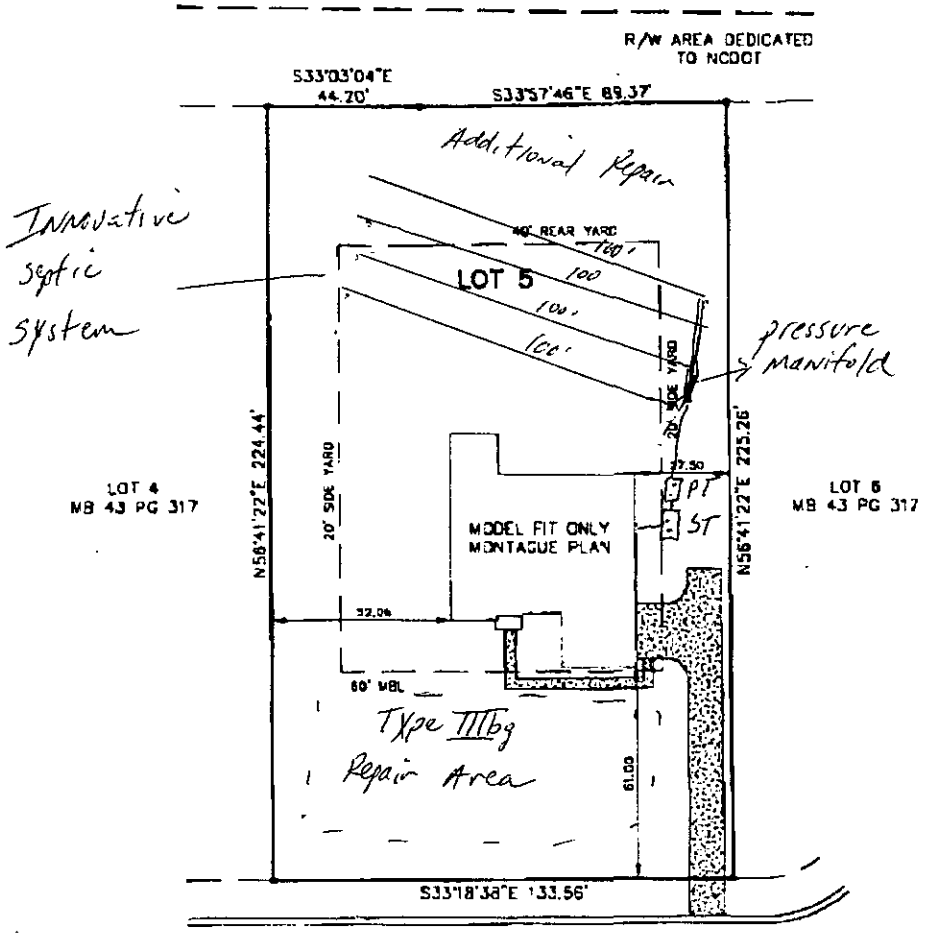
PROPOSED MODEL FIT

PREPARED BY:
DELTA LAND SERVICES, INC.
6033 FLORENCE AVENUE, SUITE 100
CHARLOTTE, NORTH CAROLINA 28212
(704) 536-6190

MODEL FIT ONLY
NOT TO BE USED
FOR CONSTRUCTION
OR STAKING



BAIN SCHOOL ROAD
60' PUBLIC R/W



CANTER LANE
60' PUBLIC R/W

NOT FOR RECORDATION, CONVEYANCES OR SALES

Subdivision THE MEADOWS OF MINT HILL, MAP 1 County Mecklenburg
Address #11918 Canter Lane Owner Ryan Homes
Lot 5 Block ___ Plan Montague ..... Elevation B Drive (Left) ___ (Right) Side (Courtyard) ___ Deck ___
Patio ___ Fireplace ___ Garage (1 Car) ___ (2 Car) X (3 Car) ___ Brick Front Basement ___ Curtain Wall X
Crawl ___ Slab ___ Other Morning Room

REVISED: DWN: TLM CKD: MES DATE: 5 / 5 / 05

G:\MEADOWS\MM-0005.DWG - TLM

COMMENTS

4 Bedroom Residence
Innovative Septic System
Approval. Agreement
forms shall be recorded
and on file prior to
Cons. Authorization
1500 ST Lift pump
1000 DT required
pressure manifold
distribution
4 lines x 100'long
x 3'wd 400 LF
municipal water
Type IIIbg Repair
Area

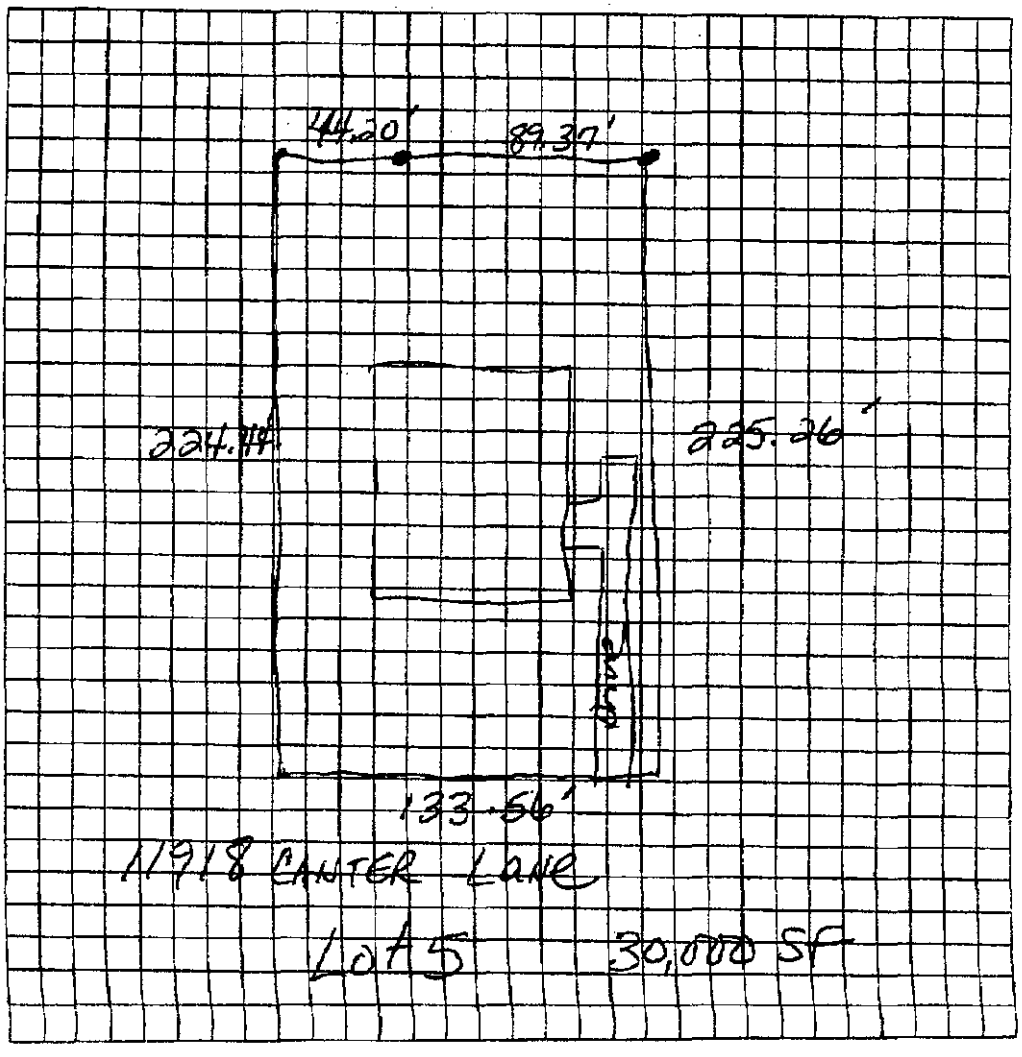
MA1005 Drive Right

File # 59956
Date_____

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature	Kim Stanley
Date	5/4/05

LBC 12/15/04