

13324 ROCKY RIVER RD

00727269

1/9/2008

duponbj

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

Mecklenburg County Groundwater & Wastewater Services
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

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 6138 B Permit #: _____ Tax Parcel #: 007-272-02

Property Owner: Margret Armstrong

Job Location Address: ~~13400~~ 13324 E. Rocky River Rd

City: Davidson State: NC Zip Code: 28036

Operation Permit Issuance Date: ~~6/~~ 7/11/06 Contractor Name: Joe Thompson

Permitted Design Flow: 360 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Effluent Pump Model: _____

Drainfield Installation ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 480 feet

# of Lines: 5 @ 96 feet

Depth of Media: 12 inches (Type) Stone

Depth of Cover: 12 inches

Distribution Device: Pressure Manifold

Bed Installation *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☐ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: _____ feet

Distance from Property Line: _____ feet

Distance from Water Supply Source: _____ feet

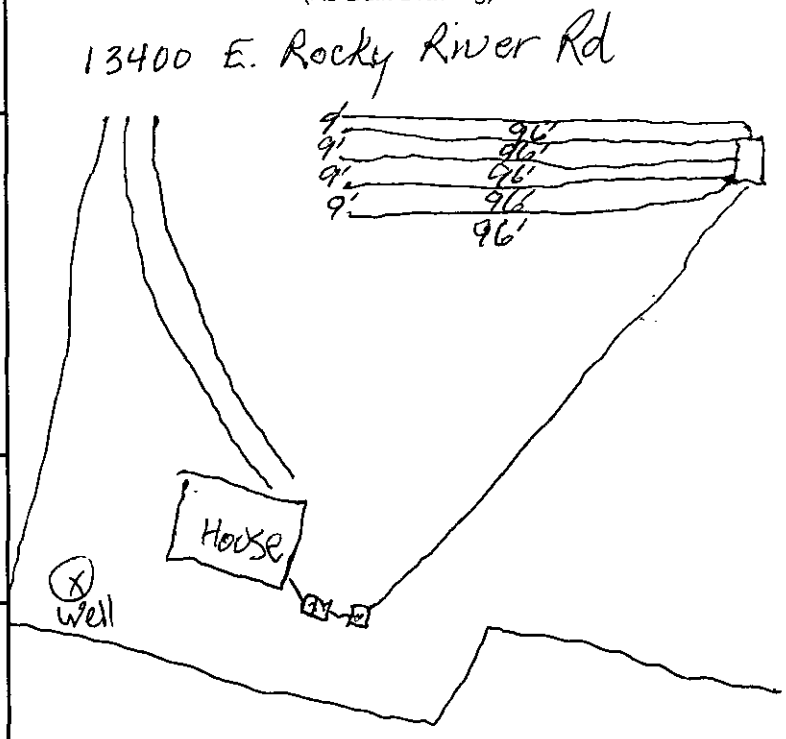
Inspection Dates

Tank(s) Inspected: 6/23/06

Excavation Inspected: 7/11/06

Pump & Controls Inspected: _____

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



The undersigned has inspected the Septic Tank System described above, and certifies it has been ☐ installed ☐ altered ☐ repaired ☐ as detailed in the plot above ☐ in accordance with the permit issued 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. The issuance of this 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 or Revocation of this permit.

Comments: System Classification & Type: Type III b pump to conventional Septic System designed for a 3 bedroom residence.

DENR Authorized Agent: Lisa Buchanan, RS Signature: Lisa Buchanan, RS

Mecklenburg County Groundwater & Wastewater Services
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

INSTALLATION APPROVAL for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 6138B Permit #: _____ Tax Parcel #: 007-272-02

Property Owner: Margret Armstrong (Kevin Childress)

Job Location Address: 13400 E. Rocky River Rd. 324

City: Davidson State: NC Zip Code: 28036

Installation Approval Issuance Date: 6/23/06

Permission is hereby given to ☑ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before _____, after which date this approval 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 granting this approval. 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 of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 360 GPD

Site LTAR: .25 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Drainfield Design ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 480 feet

# of Lines: 5 @ 96 feet

Depth of Media: 12 inches (Type) 5

Distribution Device: Pressure Manifold

Bed Design (For Repair Installations ONLY.) ☐ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

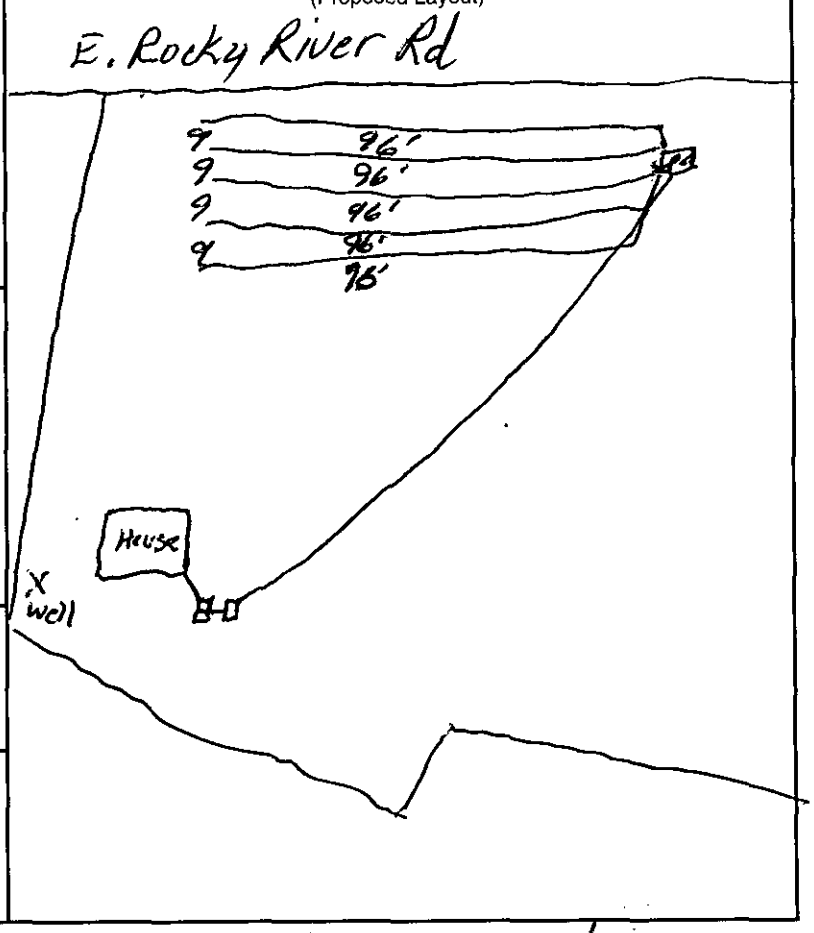
Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 750 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: Type III b pump to conventional system and repair. System design for 3 bdrm residence.

DENR Authorized Agent: Cina Buchanan, RS Signature: Cina Buchanan, RS

FEE: 300.00

DATE: 2/21/2006

CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

MECKLENBURG COUNTY

GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 6138B

PERMIT NUMBER: 30000385

PARCEL NUMBER: 00727202

JOB LOCATION INFORMATION

ADDRESS: 13324 E ROCKY RIVER RD

CITY: **STATE: NC** **ZIP:**

ISSUED TO: KEVIN CHILDRESS

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 10/5/2005

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30000385, 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 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.
   *CONSTRUCTION AUTHORIZATION EXPIRATION DATE: 10/5/2010

FEE: 300.00
DATE: 2/20/06
VISA JKA

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

LD 166419

PERMIT NUMBER: 6138B
PARCEL NUMBER: 00727202 po

JOB LOCATION ADDRESS: 13324 East Rocky River Road
PROPERTY OWNER: Kevin Childress
BUILDING CONTRACTOR: ____
SUBDIVISION NAME: NA
AUTHORIZATION ISSUED BY: Jeremy Michelone, R.S. DATE: 10/05/05

Jeremy Michelone, R.S.
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 6138B, 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:

CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Permit Number: 6138B

Tax Number: 00727202 PO

- 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:

0.25 Long-term acceptance rate (GPD/ft^2)	360 Max gallons/day wastewater flow	1440 Absorption Area (ft^2)	9 Trench spacing (min. on centers) (ft)
Serviced by private well: ☒ Yes ☐ No	1500 Gallon septic tank	480 Total trench length (ft)	20 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
3 Bedrooms in residence	1000 Gallon pump tank	12 Depth of stone (in)	

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

Additional conditions:

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:

1440 Absorption Area (ft^2) 480 Total trench length (ft)	12 Depth of stone (in)	9 Trench spacing (min. on centers) (ft)	20 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.

Tommy Martin, R.S. 10/5/05
DENR Authorized Agent Date

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

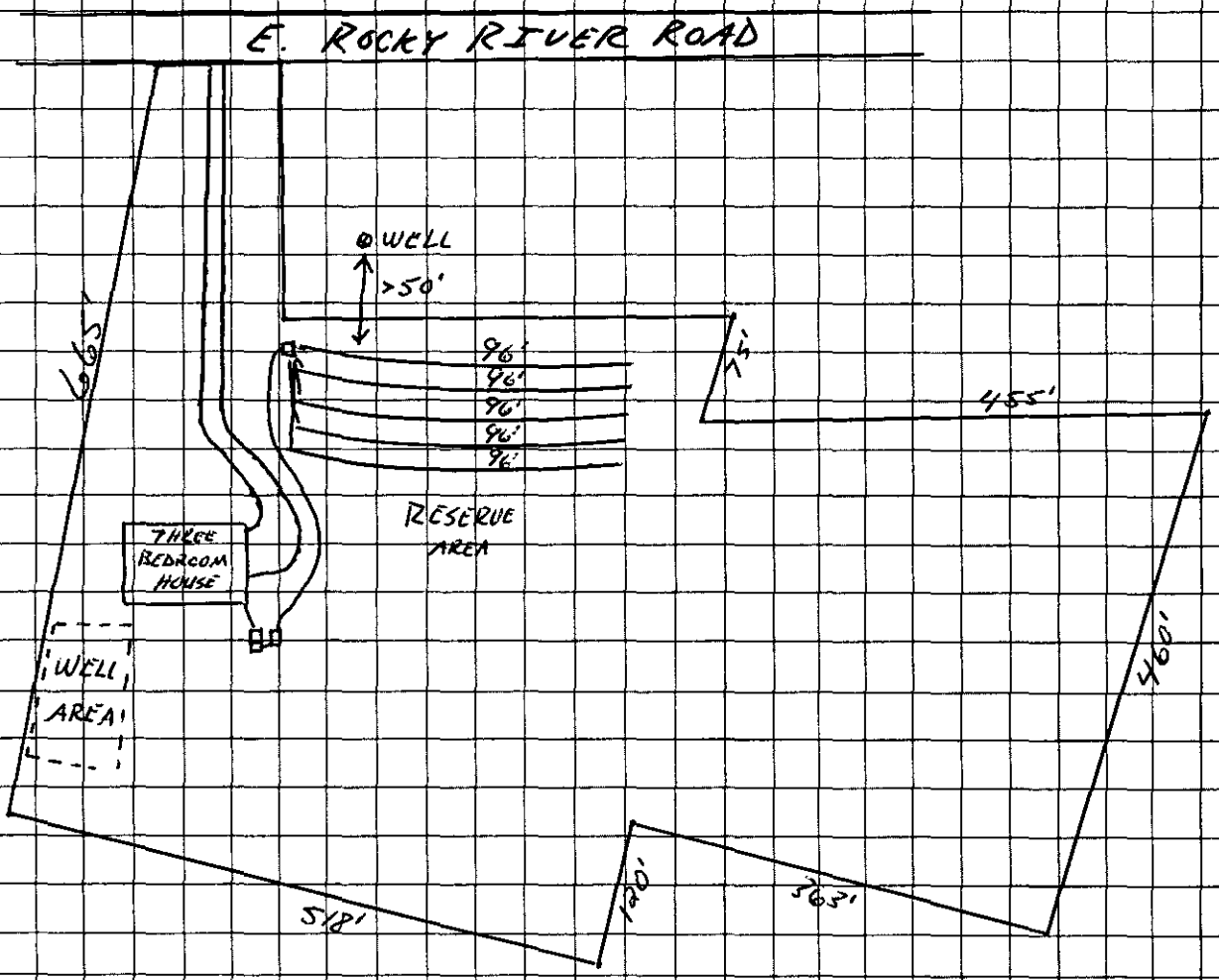
PROPOSED PLOT PLAN

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

FILE: 61388

TC: 007-272-0200

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.



COMMENTS:

- DRAWING NOT TO SCALE
- 1500 GALLON SEPTIC TANK, 1000 GALLON PUMP TANK
- 0.25 CTAR
- INSTALL 5 lines X 96' X 3' X 12" STONE (480 TLF)
- TYPE III b PUMP TO CONVENTIONAL SYSTEM & REPAIR
- PRESSURE MANIFOLD

Owin Childress
OWNER/AGENT SIGNATURE

DATE 10-5-05

APPROVAL DATE Tommy Medlin, R.S. 10/5/05

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

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

Sheet: 1 of 2
Property ID: PO 007-272-02
Lot #:
File #: 6138B
Code: 1

ACS

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Margaret Armstrong
Applicant: Kevin Childress
Address: 13400 E. Rocky River Road, Davidson, N. C. 28036
Date Evaluated: 9/27/05
Proposed Facility: Residence
Design Flow (.1949): 360gpd
Property Size: 1.0a inv.
Location of Site: E. Rocky River Road
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [x] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 8	0-8	GR/SCL	FR/SEXP/SS/SP	2.5Y7/1 at 33"	36	N/A	NONE	US, IV
		8-36	SBK/SC	FI/SEXP/S/P					
2	"	0-8	GR/SCL	FR/SEXP/SS/SP	2.5Y7/1 at 20"	23	"	"	"
		8-23	SBK/C	FI/SEXP/S/P					
3	"	0-6	GR/SL	FR/SEXP/NS/NP	>35" TO SOIL WETNESS	35	"	"	US, IV .25GPD/FT^2
		6-25	SBK/ABK/C	FI/SEXP/S/P					
		25-35	SBK/CL	FR/SEXP/SS/SP					
4	"	0-6	GR/SL	FR/SEXP/NS/NP	>37" TO SOIL WETNESS	37	"	"	PS, IV .25GPD/FT^2
		6-18	SBK/SCL	FR/SEXP/SS/SP					
		18-37	SBK/SC	FI/SEXP/S/P					
5	"	0-17	GR/SL	FR/SEXP/NS/NP	>36" TO SOIL WETNESS	36	"	"	"
		17-25	SBK/SCL	FR/SEXP/SS/SP					
		25-36	SBK/SC	FI/SEXP/S/P					
6	"	0-6	GR/SL	VFR/SEXP/NS/NP	>46" TO SOIL WETNESS	46	"	"	"
		6-25	SBK/C	FI/SEXP/S/P					
		25-46	SBK/CL	FR/SEXP/SS/SP					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.25GPD/FT^2	.25GPD/FT^2

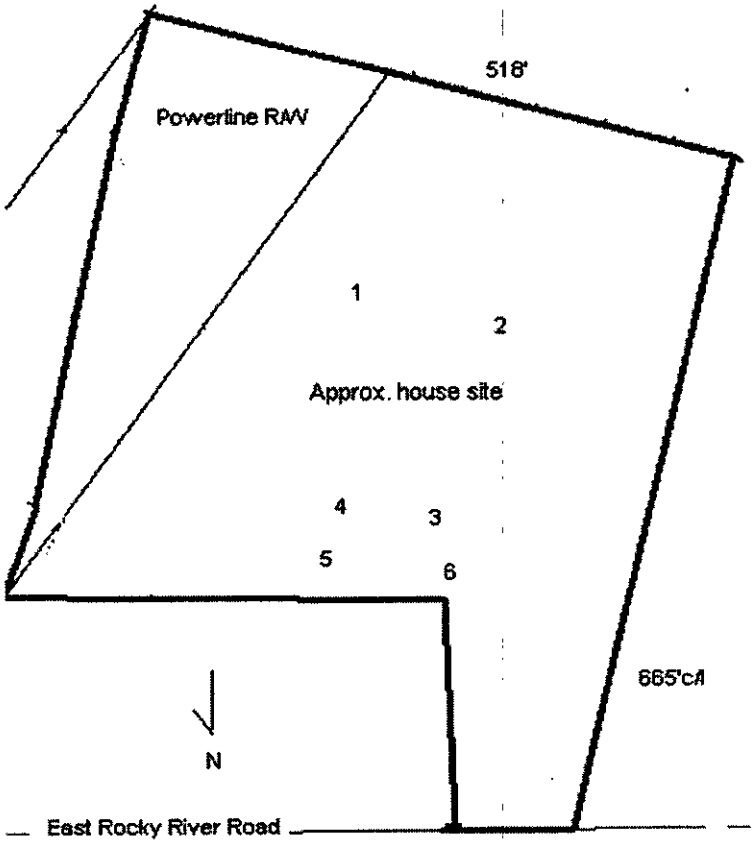
Other Factors (.1946):
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 9/27/2005. W. R. Marlin
Others Present:

COMMENTS:
100% repair, will need pump

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



#385

GWS – RES. APP 12/04

SEPTIC FEE $200.00 VBD
DATE 9.9.05
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
CRT

FILE # 6138B

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 #: 00727202PO
STREET ADDRESS: 13400 E. Rocky River Rd
CITY: Davidson
STATE: NC ZIP: 28036
SUBDIVISION OR MOBILE HOME PARK NAME: NA
LOT #: NA
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: 7525
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

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: 0 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0
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: Margaret Armstrong
ADDRESS: 13400 E. Rocky River Rd.
CITY: Davidson
STATE: NC ZIP: 28036
HOME PHONE: 704-607-6208 WORK PHONE: Same
MOBILE PHONE: Same 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?

*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.

Kevin Childress 9-9-05
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

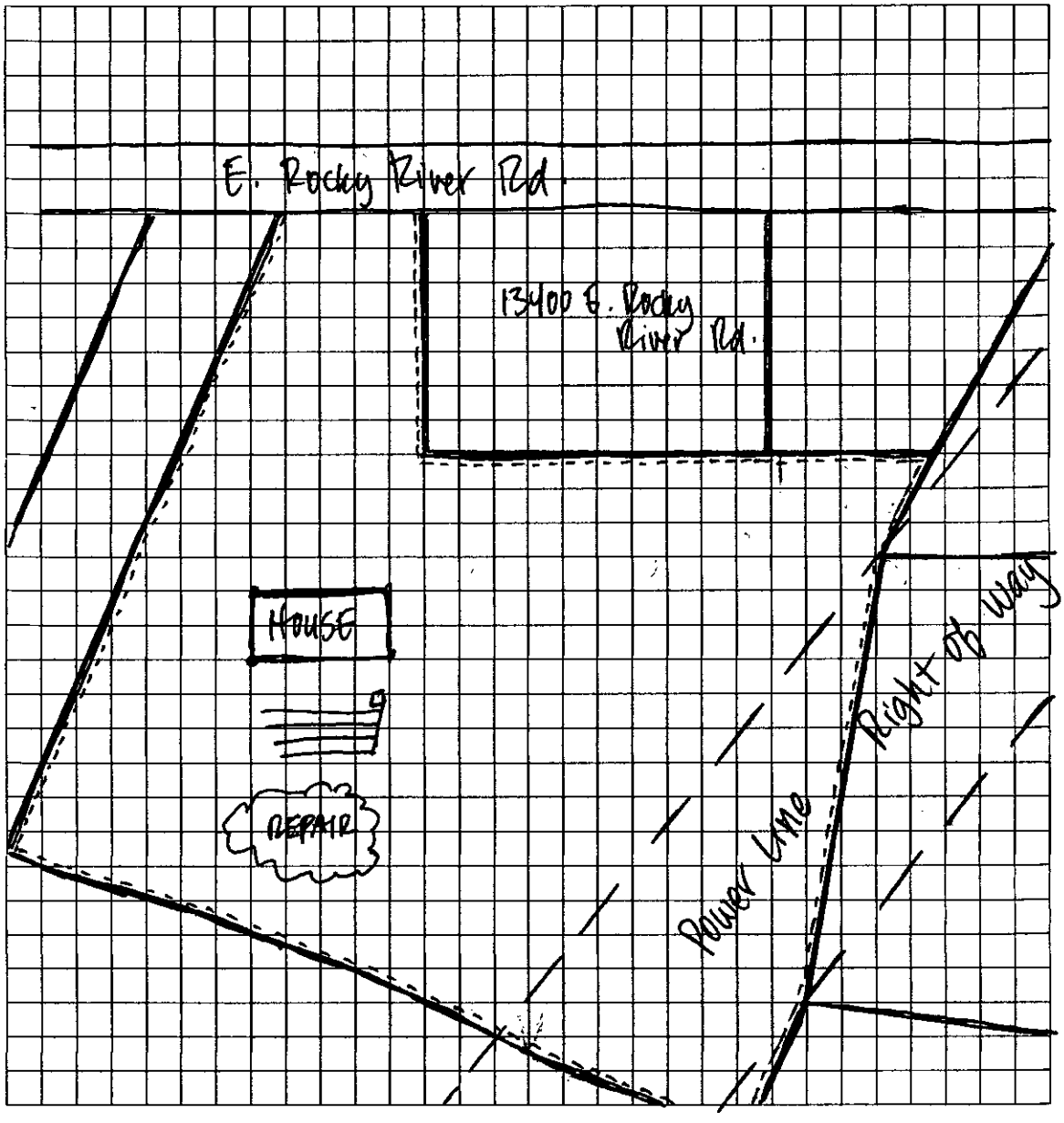
Sep 09 2005 10:14AM LUESR NORTH 704 432 2523 p.1

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

File # 6138B
Date_____

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	Kevin Childress 704-607-6208
Date	9-9-05

LBC 12/15/04

- Proposed House site is marked on property, should be very easy to find.

- Property in question will be deeded as shown by perforated lines in maps.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

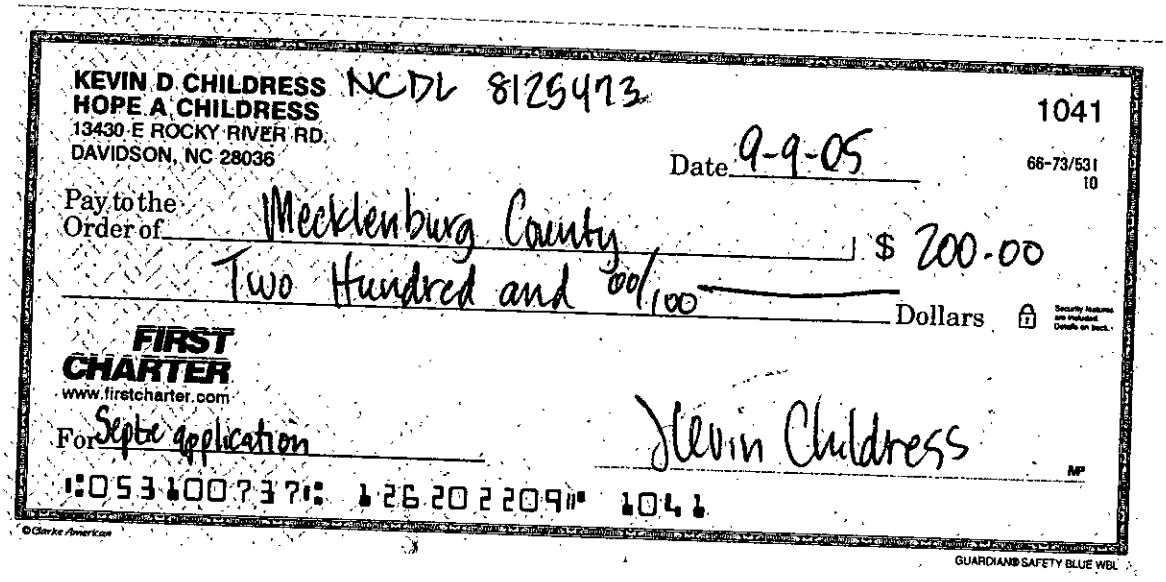
Receipt Information

Date:	09/09/05	**Amount:**	200.00
Receipt #:	36844	**Tendered:**	200.00
Check / Auth #:	CHECK 1041	**Returned:**	0.00
Received By:	DAUGHVB		

Account Information

Account #: 200000
Contractor: CHILDRESS, KEVIN
Attn:
Address: 13430 E ROCKY RIVER RD
Address:
City/State/Zip: DAVIDSON, NC 28036

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 13400 E ROCKY RIVER RD		1	200.00	200.00


KEVIN D CHILDRESS NCDL 8125473
HOPE A CHILDRESS
13430 E ROCKY RIVER RD.
DAVIDSON, NC 28036

1041

Date 9-9-05

66-73/531
10

Pay to the Order of Mecklenburg County $ 200.00

Two Hundred and 00/100 Dollars

FIRST CHARTER
www.firstcharter.com

For Septic application

Kevin Childress

⑆053100737⑆ 126202209⑈ 1041

©Clarke American

GUARDIAN® SAFETY BLUE WBL

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

GWS ☐RES. APP 07/05

SEPTIC FEE: _____
DATE: _____
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 # _____

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 00727202
STREET ADDRESS: 13400 E. Rocky River Rd.
CITY: Davidson,
STATE: NC NC ZIP: 28036
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
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: 2025
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

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: NA NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: NA

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: MARGARET ARMSTRONG
ADDRESS: 13400 E. Rocky River Rd. →
CITY: Davidson
STATE: NC ZIP: 28036
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: KEVIN CHILDRESS
ADDRESS: 13430 E. Rocky River Rd.
CITY: Davidson
STATE: NC ZIP: 28036
HOME PHONE: WORK PHONE:
MOBILE PHONE: 704-607-6208 FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 11-1-05

*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.

Kevin Childress 10-3-05
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.

Kevin Childress 10-3-05
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

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St, Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10000175 **Tax Parcel #:** 007-272-02
Property Owner: Margaret Armstrong
Job Location Address: 13324 E ROCKY RIVER RD
City/ETJ: DAVIDSON **State:** NC **Zip Code:** 28036
Permit Issuance Date: 10/5/2005
Use of Well: *Potable*
Type of Facility Served by Well: Modular home
Sewage System Type: None

Area of Regulated Groundwater Usage Restrictions Apply: NO
Replacement for Existing Well: If Yes, see requirements in Other Conditions of This Permit.

General Conditions of This Permit:

- Water Supply Well construction must meet all requirements set forth in the *Mecklenburg County Groundwater Well Regulations* and any other applicable rules and laws.
- A Certified Well Contractor that is currently registered with the Department must perform the well construction activities.
- The permitted Water Supply Well shall be located in accordance with the attached SITE PLAN.
- Any alteration of the site (including location of structures and appurtenances) or modification in use of the well, may subject this Permit to revocation.
- The Department will collect an initial sample of water from the Water Supply Well and analyze the sample for total coliform bacteria, nitrate, and nitrite. A review of the analysis by the Department must find the sample to meet the groundwater quality standards specified in Chapter 5 of the Mecklenburg County Groundwater Well Regulations before the Water Supply Well can be placed in service.
- This Permit shall be VALID for a period not to exceed 12 months from the date of issuance.

Specific Conditions of This Permit (Check all that apply):

Grout must be placed the full extent of the casing.

Initial water sample to taken and analyzed for (check all that apply):

☐ Volatile Organic Compounds (VOC's)	☐ Semi-volatile Compounds	☐ Metals (Specify in Other Conditions)
☐ Pesticides	☐ Herbicides	☐ Other (See Below)

The analysis must be submitted to the Department for review and approval prior to the Water Supply well being placed in service.

Other Conditions of This Permit:

Jeremy Michelone, R.S.
Authorized Agent: Print Name
Jeremy Michelone, R.S.
Signature:

Kevin Childress Kevin Childress
Owner/Legal Agent: Print Name
Kevin Childress
Signature:

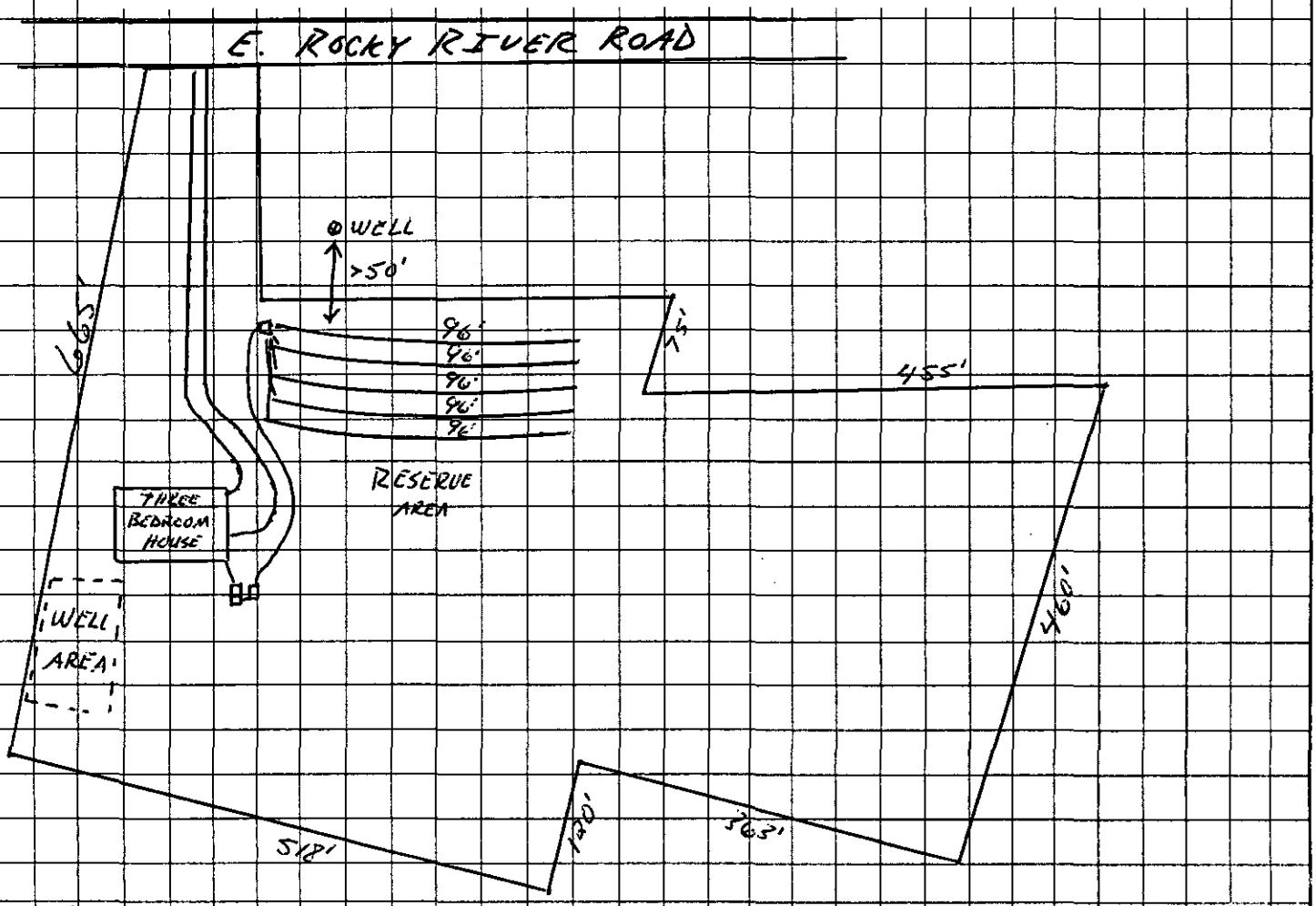
PROPOSED PLOT PLAN

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

FILE: 61388

TC: 007-272-02

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.



COMMENTS:

→ DRAWING NOT TO SCALE
→ 1500 GALLON SEPTIC TANK, 1000 GALLON PUMP TANK
→ 0.25 LTAR
→ INSTALL 5 lines X 96' X 3' X 12" STONE (480 TLF)
→ TYPE III.6 PUMP TO CONVENTIONAL SYSTEM & REPAIR
→ PRESSURE MANIFOLD

Justin Childress
OWNER/AGENT SIGNATURE

DATE 10-5-05

APPROVAL DATE Tammy Medlin, R.S. 10/5/05

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

KEVIN CHILDRESS 704-607-6208



USGS
science for a changing world

35.483696
-80.816986 Map Extent -80.81282
35.481224

The National Map
http://nationalmap.gov/

Geographic Coordinate System (WGS84)

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

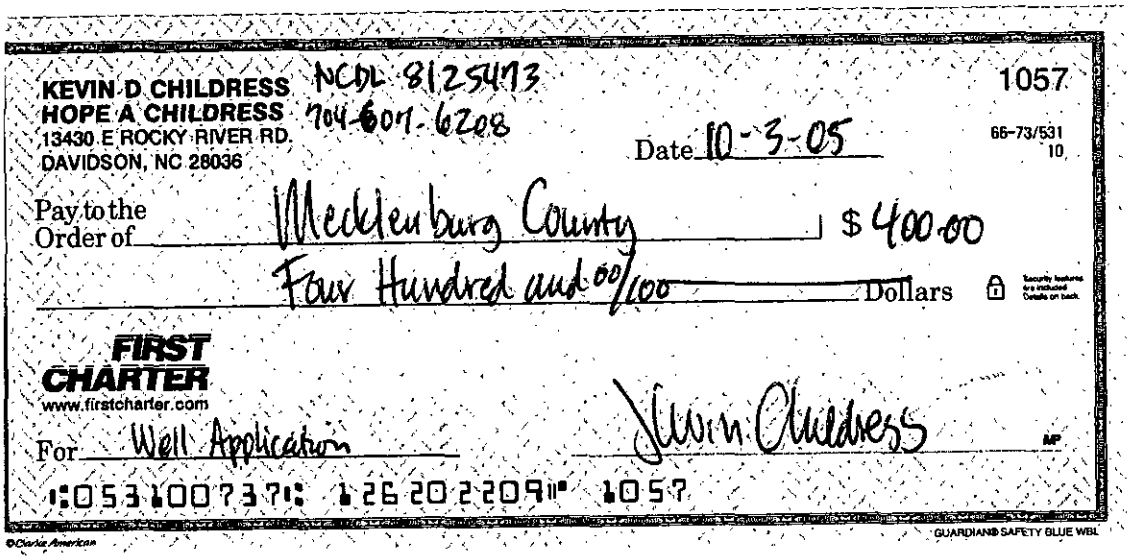
Receipt Information

Date:	10/03/05	**Amount:**	400.00
Receipt #:	37323	**Tendered:**	400.00
Check / Auth #:	CHECK 1057	**Returned:**	400.00
Received By:	POWELPT		

Account Information

Account #: 200000
Contractor: CHILDRESS, KEVIN
Attn:
Address: 13430 E. ROCKY RIVER RD
Address:
City/State/Zip: DAVIDSON, NC 28036

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New 13400 ROCKY RIVER RD - TP# 007-272-02		1	400.00	400.00


KEVIN D CHILDRESS NCDL 8125413 1057
HOPE A CHILDRESS 704-607-6208
13430 E ROCKY RIVER RD.
DAVIDSON, NC 28036
Date 10-3-05
66-73/531
10
Pay to the Order of Mecklenburg County $ 400.00
Four Hundred and 00/100 Dollars
FIRST CHARTER
www.firstcharter.com
For Well Application
Kevin Childress
⑆053100737⑆ 126202209⑈ 1057
©Clarke American
GUARDIAN® SAFETY BLUE WBL

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

Distinctive

RESIDENTIAL WELL CONSTRUCTION RECORD

North Carolina Department of Environment and Natural Resources- Division of Water Quality

WELL CONTRACTOR CERTIFICATION # 2715

1. WELL CONTRACTOR:

JAMES BEGGS
Well Contractor (Individual) Name

JAMES DARBY WELL DRILLING, LLC
Well Contractor Company Name

STREET ADDRESS 859 SLOANS MILL ROAD

OLIN (City or Town) NC (State) 28660 (Zip Code)

(704) 539-5515
Area code- Phone number

2. WELL INFORMATION:

SITE WELL ID #(if applicable)

STATE WELL PERMIT#(if applicable)

DWQ or OTHER PERMIT #(if applicable)

WELL USE (Check Applicable Box): Residential Water Supply ☑

DATE DRILLED 5-6-06

TIME COMPLETED 3:30 AM ☐ PM ☑

3. WELL LOCATION:

CITY: Davidson COUNTY Mecklenburg

13324 E. Rocky River Rd
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:
☑ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other
(check appropriate box)

LATITUDE 3 ___ ___

LONGITUDE ___ ___ ___

May be in degrees, minutes, seconds or in a decimal format

Latitude/longitude source: ☐ GPS ☐ Topographic map

(location of well must be shown on a USGS topo map and attached to this form if not using GPS)

4. WELL OWNER

OWNER'S NAME Kevin Childress

STREET ADDRESS 13324 E Rocky River Rd

Davidson NC
City or Town State Zip Code

( ) -
Area code - Phone number

5. WELL DETAILS:

a. **TOTAL DEPTH:** 285

b. **DOES WELL REPLACE EXISTING WELL?** YES ☐ NO ☑

c. **WATER LEVEL** Below Top of Casing: 40 FT.
(Use "+" if Above Top of Casing)

d. **TOP OF CASING IS** 1 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.

e. **YIELD (gpm):** 6 **METHOD OF TEST** B & W

f. **DISINFECTION: Type** GRAN. BLEACH **Amount** 1 CUP

g. **WATER ZONES** (depth):

From ___ To ___ From ___ To ___
From ___ To ___ From ___ To ___
From ___ To ___ From ___ To ___

6. CASING:

	Depth		Diameter	Thickness/ Weight	Material
From 0	To 75	Ft.	6 1/8"	THICK	PVC
From ___	To ___	Ft.			
From ___	To ___	Ft.			

7. GROUT:

	Depth		Material	Method
From 0	To 20	Ft.	CEMENT	POURED
From ___	To ___	Ft.		
From ___	To ___	Ft.		

8. SCREEN:

	Depth		Diameter	Slot Size	Material
From ___	To ___	Ft.	___ in.	___ in.	
From ___	To ___	Ft.	___ in.	___ in.	
From ___	To ___	Ft.	___ in.	___ in.	

9. SAND/GRAVEL PACK:

Depth			Size	Material
From ___	To ___	Ft.		
From ___	To ___	Ft.		
From ___	To ___	Ft.		

10. DRILLING LOG

From	To	Formation Description
0	69	Dirt
69	75	Rock

11. REMARKS:

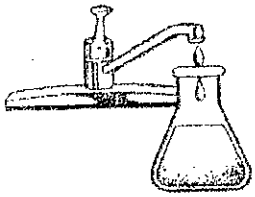
I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

James Beggs 5-6-06
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

James Beggs
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit the original to the Division of Water Quality within 30 days. Attn: Information Mgt.
1617 Mail Service Center – Raleigh, NC 27699-1617 Phone No. (919) 733-7015 ext 568.

FORM GW-1B
Rev. 7/05



K & W Laboratories
9331-B Albemarle Road
Charlotte, North Carolina 28227
Tel (704) 569-1800 Fax (704) 569-0055

007-272-02
61380

Please release per instruction from Jack Vinyard w/ Civil

Date 08/23/06

Client: Joshua R Sellers
Mecklenburg Cty Health Dept
700 N Tryon St.
Ste 211
Charlotte, NC 28202

Project: 13324 E. Rocky River Rd.

Sample Description: Drinking Water
Sample Number: E2382
Sample Date: 08/21/06
Sample Time: 09:45

Date Analysis Begun:	08/21/06	Time Analysis Begun	14:50
Date Analysis Completed:	08/22/06	Time Analysis Completed	14:50

Parameter	Results	Method
Total Coliform	**Absent**	Colilert
Fecal Coliform	**Absent**	Colilert

Parameter	Results	Units	Reporting Limit	Method	Date Analyzed
Nitrate	**<1.0**	mg/l		SM4500-NO3-D	08/22/06
Nitrite	**<0.05**	mg/l		SM4500-NO2 B	08/22/06

EPA Maximum Contaminant Level
Nitrate 10 mg/l
Nitrite 1.0 mg/l

Certified By: *G. Kraska*

NC Certification: 37767
SC Certification: 99051

K & W Laboratories

9331-B Albemarle Rd. Charlotte, NC 28227

Tel. (704) 569-1800
Fax (704) 569-0055

CHAIN OF CUSTODY RECORD

Client / Inspector: MECK CTY. HEALTH DEPT.
Address:
Phone:
Fax:

Project Name:
Location Site:

Report To: Cina Buchanan
704 201-7950 cell
Copy To:
Fax To:

Sampled By: Cina Buchanan

Item No.	Sample Description/ Location	Collected Date	Collected Time	Number of Containers	Preservatives: Unpreserved	Na2S2O3	H2SO4	HNO3	Analysis Requested: Total Coliform	Nitrate	Nitrite	Lead	Lab Log #
1	13324 E. Rocky River Rd.	08/21/06	09:45	1		X			X				E2382
				1	X					X	X		14:50/14:50
													ANS.
2	15410 Holly Trail Ln.	08/21/06	12:30	1		X			X				E2383
				1	X					X	X		P/ANS.
													3-4 NO3

8/22 4 I DW
<0.05 8/22
8/22 #
<0.0 8/22

Relinquished By:	Date:	Time:	Received By:	Date:	Time:
Cina R. Buchanan, RS	08/21/06	14:35		08/21/06	14:35
Relinquished By:	Date:	Time:	Received By:	Date:	Time:

Temp:
On Ice: Y / N

08/23/2006 16:33 7045690055 K&W LABORATORIES PAGE 03

MECKLENBURG COUNTY
Land Use & Environmental Services Agency
Groundwater & Wastewater Services

September 27, 2006

Kevin Childress
13430 E. Rocky River Road
Davidson, NC 28036

Re: Well Water Sampling Results
13400 E. Rocky River Road
Tax Parcel # 007-272-02

Dear Kevin:

On August 21, 2006 water from the well located on the above referenced parcel was sampled and analyzed for the following parameters: Total Coliform, Nitrate, and Nitrite.

Laboratory results for the analysis are attached and indicate that at the time of sampling, Total Coliform bacteria were absent, the Nitrate level was <1.0 mg/l (Nitrate-N levels are acceptable if ≤ 10 mg/l) and the Nitrite level was <0.05 mg/l (Nitrite levels are acceptable if <1.0 mg/l).

If you have any questions concerning these results, please contact me at (704) 432-4259. Thank you!

Sincerely,

Kim Garrett

Kim Garrett
Environmental Health Specialist
Mecklenburg County Groundwater & Wastewater Services
kimberly.garrett@mecklenburgcountync.gov
704-432-4259

Enclosure:
Laboratory Analysis