

7035 QUAIL PARK DR

19704105

1/9/2008

duponbj

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

FEE: 300.00
DATE: 3/6/2006

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

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 6107B

PERMIT NUMBER: 30000457

PARCEL NUMBER: 19704105

JOB LOCATION INFORMATION

ADDRESS: 7025 QUAIL PARK DR

CITY: CHARLOTTE **STATE: NC** **ZIP:** 28227

ISSUED TO: William McWhirter, Jr.

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 10/3/2005

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30000457, 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: 9/30/2010

168211 [redacted] POSSE HLD

7035 Quail Park

Shane 383 4959

610763

LK# 3509

FEE: 300.00 CK#
DATE: 10/3/05 JC

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

ACJ

PERMIT NUMBER: 6107B
PARCEL NUMBER: 197-041-05

JOB LOCATION ADDRESS: 7025 Quail Park Drive
PROPERTY OWNER: ____
BUILDING CONTRACTOR: ____
SUBDIVISION NAME: ____
AUTHORIZATION ISSUED BY: J. Andrew Walker DATE: 09/30/05

DENR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 6107B, 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 AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: Agreement forms required prior to issuing construction authorization
   ____
   ____
   ____
   ____

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 PERMITSAND AUTHORIZATION TO CONSTRUCT.

X William a Mauhuts J
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE

X 10-3-05
DATE

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 #: 61078 Permit #: _____ Tax Parcel #: 197-041-05

Property Owner: WILLIAM W. WHITTER

Job Location Address: 7025 QUAIL PARK DRIVE

City: CHARLOTTE State: NC Zip Code: 28227

Installation Approval Issuance Date: 4/5/06

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 5/1/06, 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: 480 GPD

Site LTAR: 0.25 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: N/A gallons

Drainfield Design ☐ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

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: _____ feet

Distance from Property Line: _____ feet

Distance from Water Supply Source: _____ feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

Comments: System Classification & Type: _____

DENR Authorized Agent: _____ Signature: _____

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 #:_____ Permit #:_____ *Tax Parcel #:*_____

Property Owner: _____

Job Location Address: _____

City: _____ State: _____ Zip Code: _____

Operation Permit Issuance Date: _____ Contractor Name: _____

Permitted Design Flow: _____ GPD

Liquid Capacity of Septic Tank: _____ *gallons*

Liquid Capacity of Dosing Tank: _____ gallons

Effluent Pump Model: _____

Drainfield Installation ☐ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

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: _____

Excavation Inspected: _____

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: _____

_____

DENR Authorized Agent: _____ Signature: _____

CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Permit Number: **6107B** Tax Number: **19704105**

- 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:

.25 Long-term acceptance rate (GPD/ft^2)	480 Max gallons/day wastewater flow	1920 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)	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	na Gallon pump tank	na Depth of stone (in)	

Any surface water present: Type: Minimum separation distance (ft):

Additional conditions: **(1)Agreement forms are required.**
(2) Use drpo boxes for serial distribution
(3) Install 8 inches of soil cover over drainfield

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:

1920 Absorption Area (ft^2) 480 Total trench length (ft)	na Depth of stone (in)	9 Trench spacing (min. on centers) (ft)	12 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.

2/30/5
DENR Authorized Agent Date

10-3-05
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

PROPOSED PLOT PLAN

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

FILE: 6107 B

TC: 197-641-05

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.

PERMIT FOR
7025 QUAIL PARK DRIVE

SCALE 1" = 40'

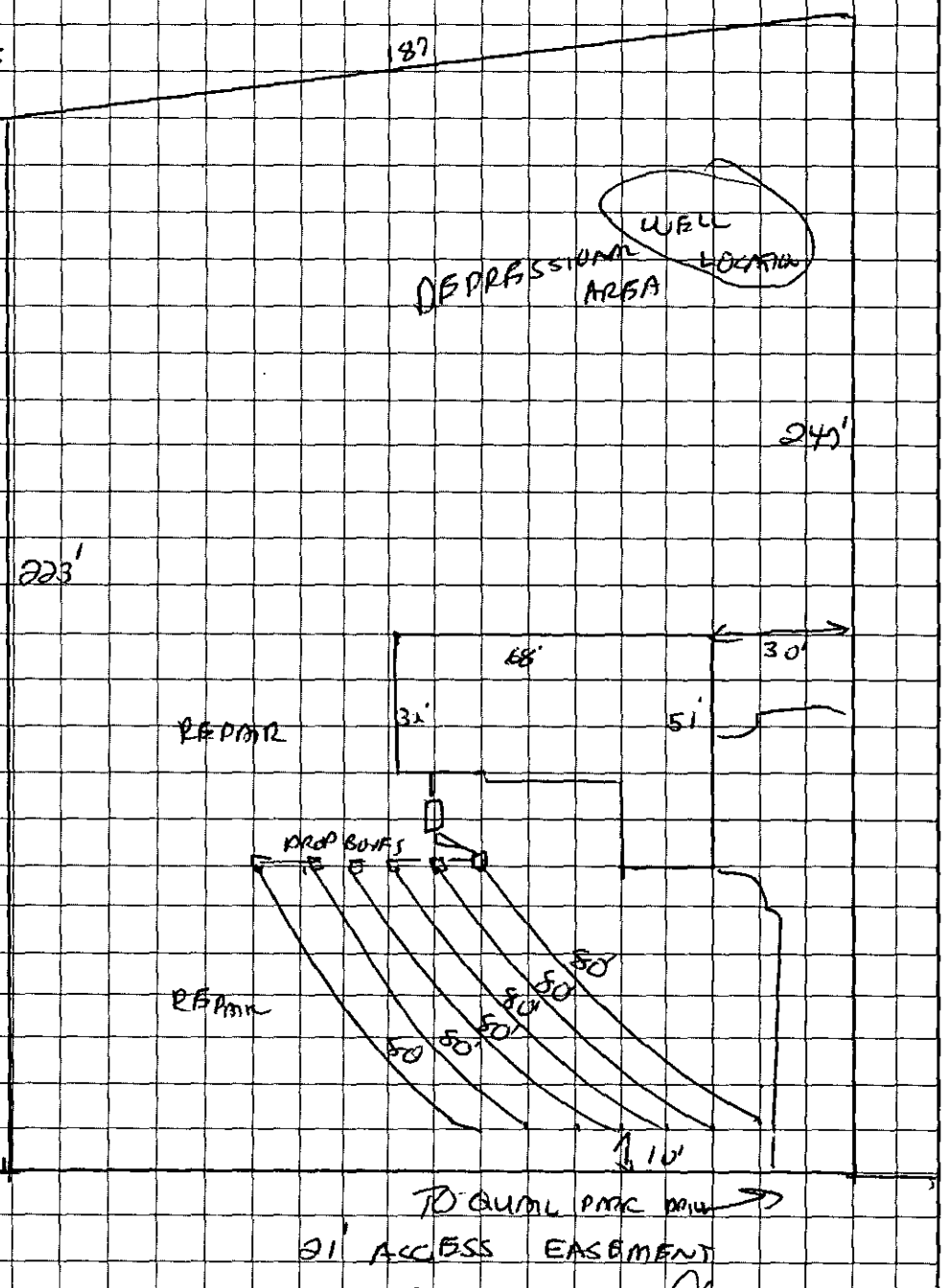
(1) THIS IS A TYPE III-G INNOVATIVE INSTALLATION THAT ALLOWS FOR 25% REDUCTION IN TOTAL LINEAR DRAINLINE

(2) INSTALL 480' OF DRAINLINE W/ 1500 gal SEPTIC TANK.

(3) INSTALL 8" OF ADDITIONAL COVER OVER DRAINFIELD AFTER INSTALLATION.

(4) USE PROP BOXES FOR SEPTIC DISTRIBUTION.

(5) INSTALL ALL WELLS 100' FROM SEPTIC AND REPAIR AREA.



William A Mcauley J
OWNER/AGENT SIGNATURE

DATE 10-3-05

APPROVAL DATE 9/30/05

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

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2005 OCT 03 09:49 AM
BK:19427 PG:43-46 FEE:$20.00

INSTRUMENT # 2005194814

2005194814

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

FILE # 6107B
PARCEL # 197-041-05

The undersigned, William A. McWhirter Jr, Viola W. McWhirter, owner of property located at 7025 Quail Park Dr, (the "site") and described in an instrument recorded in Book 17126 at Page 916, 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: William A McWhirter Jr
Mail after recording to: 7005 Quail Park Dr.
Mint Hill NC 28227

waste managment

-- Any changes on the property may make the Improvement Permit null and void and may make the Improvement Permit subject to revocation.

-- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

-- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

-- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

-- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless theDepartment, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this _____ day of _____, 20___.

NA (SEAL)
(Corporate Name)

William a Mauldin Jr (SEAL)

Violawm McWhirter (SEAL)

By: _____ _____ (SEAL)

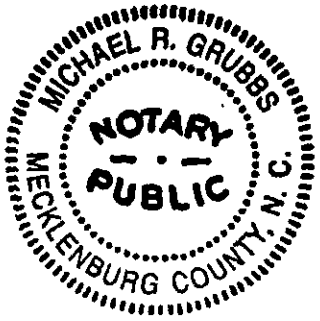
NA President _____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)



STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Michael R. Grubbs, a Notary Public for said County and State, do hereby certify that William A. McWhirter and Viola W. McWhirter personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 3 day of 10, 2005.

_____
Notary Public

My Commission Expires:

6-8-08

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day and acknowledged that he is _____ Secretary of _____, a North Carolina corporation, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal, and attested by _____ as its _____ Secretary.

WITNESS my hand and notarial seal, this _____ day of _____, 20____.

_____
Notary Public

My Commission Expires:

_____

REVISED 8-13-02

JUDITH A. GIBSON
REGISTER OF DEEDS, MECKLENBURG
COUNTY & COURTS OFFICE BUILDING
720 EAST FOURTH STREET
CHARLOTTE, NC 28202

PLEASE RETAIN YELLOW TRAILER PAGE

It is part of the recorded document, and must be submitted with original for re-recording and/or cancellation.

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Filed For Registration:	**10/03/2005 09:49 AM**
Book:	**RE 19427 Page: 43-46**
Document No.:	**2005194814**
	PRMIT 4 PGS $20.00
Recorder:	**SERENA ROSS**

2005194814

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

Sheet: 1OF2
Property ID: 19704105
Lot #:
File #: 6107B
Code: 2

AG

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: WILLIAM A MCWHORTER, JR
Applicant: SAME
Address: 7005 QUAIL PARK DR, MINT HILL, NC 28227
Date Evaluated: 8/29/05
Proposed Facility: 4BR Design Flow (.1949): 480GPD
Property Size: 1.0a INV.
Location of Site: 7025 QUAIL PARK DRIVE, MINT HILL, NC 28227
Property Recorded: YES
Water Supply: [ ] Public [ ] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [ ] 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
	LS	0-8	SBK SCL	VFR SS SP SEXP	8" TO SOIL WETNESS	39+	N/A	NONE	UN
	8%	8-39	ABK C	VFI VS VP EXP	2.5Y7/1				N/A
	LS	0-9	SBK SCL	VFR SS SP SEXP	24" TO SOIL WETNESS	40+	N/A	NONE	PS ,IV
	8%	9-40	SBK/ABK C	FI S P SEXP	2.5Y7/1				.05GPD/FT2
	LS	0-5	SBK CL	FR SS SP SEXP	>48" TO SOIL WETNESS	>48"	N/A	NONE	PS,IV
	4%	5-48	SBK/ABK C	FI S P SEXP					.25GPD/FT2
	LS	0-10	SBK CL	FR SS SP SEXP	>26" TO SOIL WETNESS	46+	N/A	NONE	PS,IV
	5%	10-46	ABK/SBK C	FI S P SEXP	2.5Y7/1				.05GPD/FT2
	LS	0-8	SBK CL	FR SS SP SEXP	>42" TO SOIL WETNESS	42+	N/A	NONE	PS,IV
	5%	8-42	SBK/ABK C	FI S P SEXP					.25GPD/FT^2
	LS	0-3	SBK CL	FR SS SP SEXP	>21" TO SOIL WETNESS	21+	N/A	NONE	UN
	7%	3-21	ABK C	VFI VS VP EXP					N/A

Description	Initial System	Repair System
Available Space (.1945)	PS	UN
System Type(s)		
Site LTAR	.05GPD/FT^2	.05 GPD/FT^2

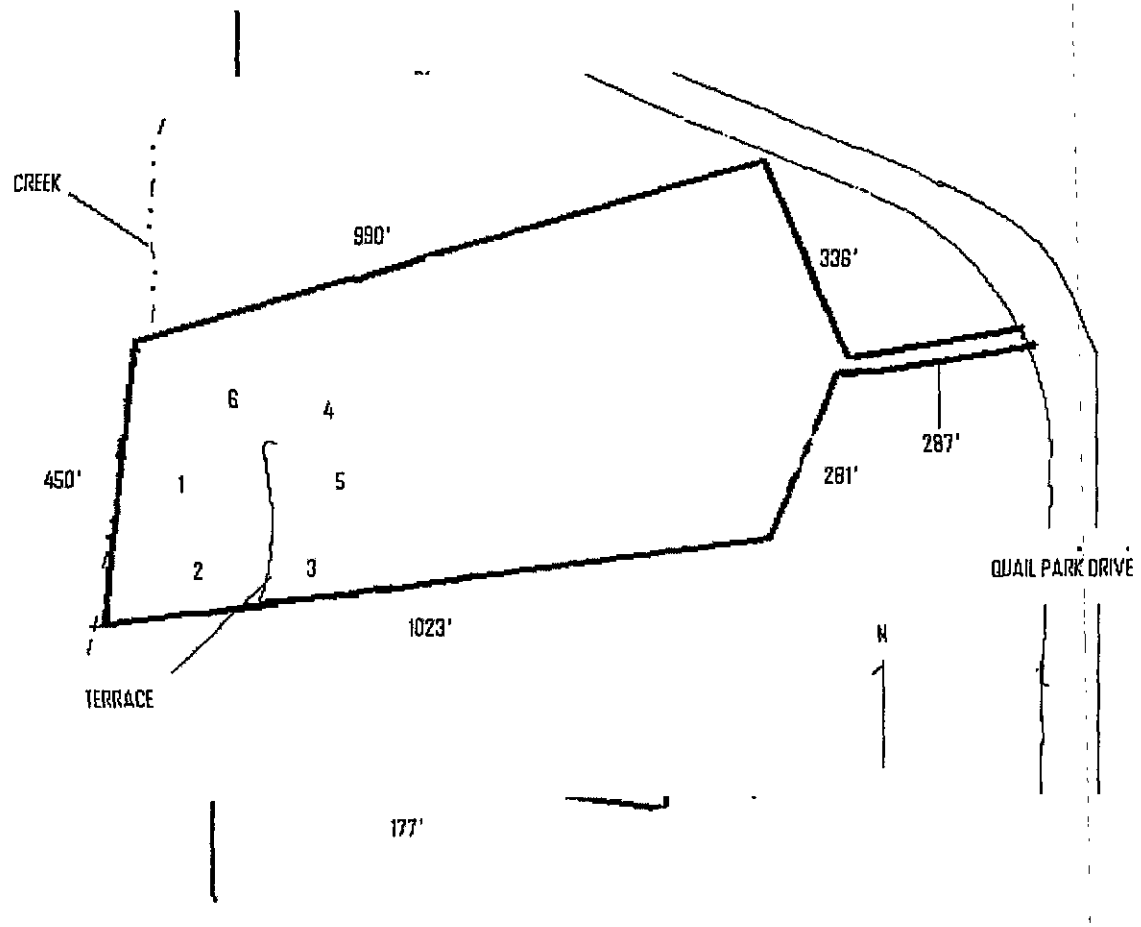
Other Factors (.1946):
Site Classification (.1948): UNSUITABLE
Evaluated By: CHRIS SHERRILL, RS,LSS
Others Present: W MARLIN, LSS, WILLIAM MCWHORTER, JR

COMMENTS:

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	

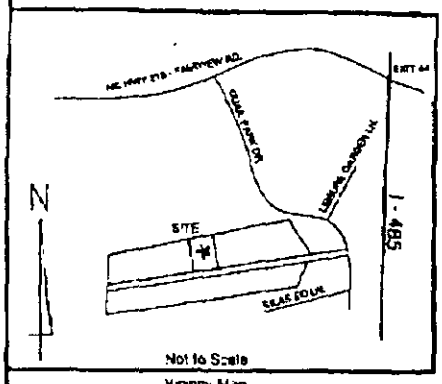
Sketch of Soil Evaluation Locations



THIS IS TO CERTIFY THAT ON THE 15 DAY OF September 20 05 AN ACTUAL SURVEY WAS DONE UNDER MY SUPERVISION OF THE PROPERTY SHOWN HEREON. THIS MAP IS NOT INTENDED TO MEET GS 47-30 RECORDING REQUIREMENTS.

SIGNED Robert Bishop

Bishop Land Surveying, Inc.
15806 Brookway Drive, Suite 200-F
Huntersville N.C. 28078
Phone (704) 987-3080
Fax (704) 987-3008



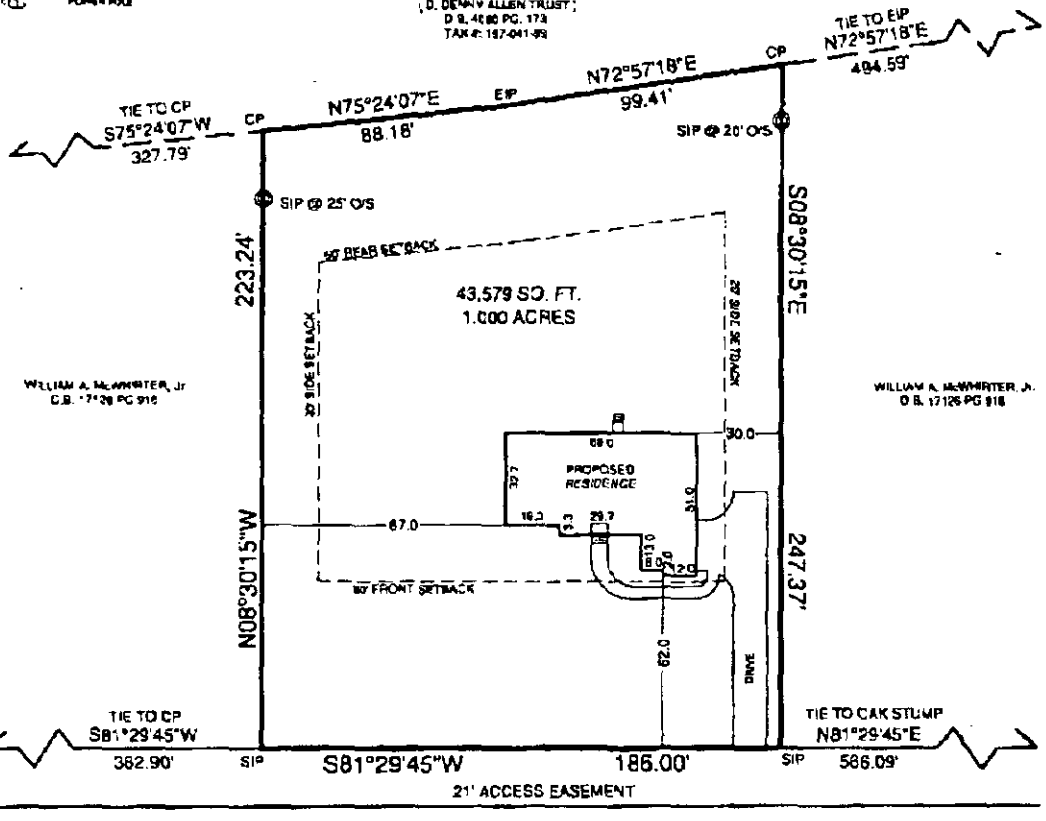
Not to Scale
Vicinity Map

NORTH CAROLINA PROFESSIONAL SEAL L-3957 LAND SURVEYOR ROBERT G. BISHOP

LEGEND

E.I.P.	EXISTING IRON PIN
E.C.M.	EXISTING CONCRETE MONUMENT
S.I.P.	SET IRON PIN
C.P.	COMPUTED POINT
	PROPERTY LINE
	ADJOINING PROPERTY LINE BY DEED OR PLAT
P.S.D.E.	PUBLIC STORM DRAINAGE EASEMENT
C.O.S./S	CENTER LINE OF STREAM
F.P.E.	FLOOD PROTECTED ELEVATION
	POWER POLE

NOW OR FORMERLY
L TRUST A CADC AND
D. DENNY ALLEN TRUST"
D.B. 4686 PG. 173
TAX #: 197-041-93



Plot Plan SURVEY
OF
1.0 Acre Parcel from Tract 1, The William A. McWhirter, Jr. Property
Mint Hill, Clear Creek Twsp., Mecklenburg County, N.C.

SCALE 1"= 50'

THE PROPERTY OF Eric & Shane Hartis

MAP RECORDED IN BOOK _____ AT PAGE _____ DEED RECORDED IN BOOK 17126 PAGE 916

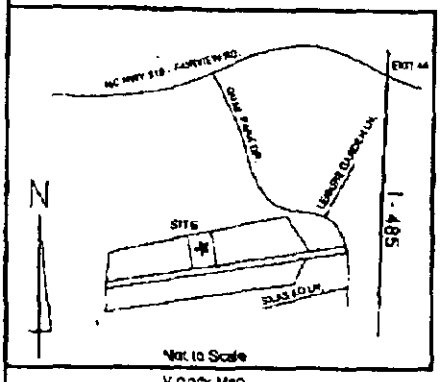
Drawn By:BDH

FILE:C:\LAND PROJECTS 3\Meck County\DWG\7025 Quail Park Dr.DWG

THIS IS TO CERTIFY THAT ON THE 15 DAY OF September 20 05 AN ACTUAL SURVEY WAS DONE UNDER MY SUPERVISION OF THE PROPERTY SHOWN HEREON. THIS MAP IS NOT INTENDED TO MEET GS 47-30 RECORDING REQUIREMENTS.

SIGNED Robert G. Bishop

Bishop Land Surveying, Inc.
15806 Brookway Drive, Suite 200-F
Huntersville N.C. 28078
Phone (704) 987-3080
Fax (704) 987-3008



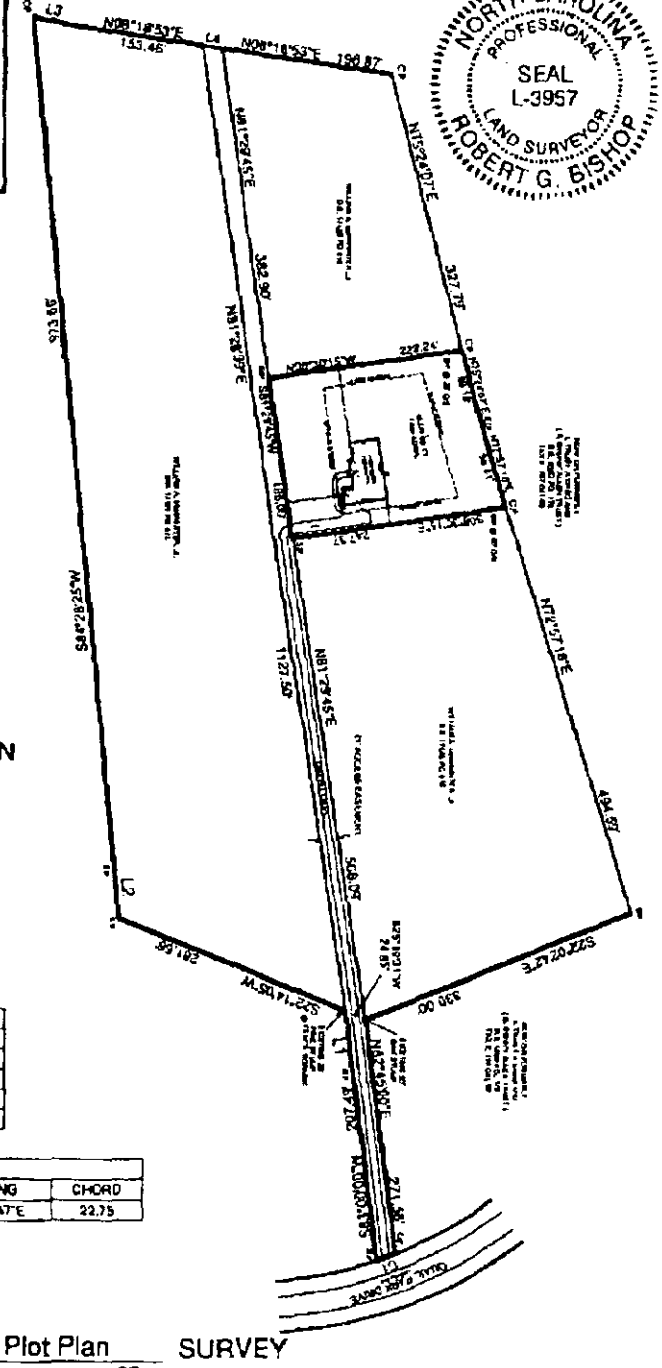
Vicinity Map

NORTH CAROLINA PROFESSIONAL SEAL L-3957 LAND SURVEYOR ROBERT G. BISHOP

LEGEND

E.I.P.	EXISTING IRON PIN
E.C.M.	EXISTING CONCRETE MONUMENT
S.I.P.	SET IRON PIN
C.P.	COMPUTED POINT
	PROPERTY LINE
	ADJOINER PROPERTY LINE BY DEED OR PLAT
P.S.D.E.	PUBLIC STORM DRAINAGE EASEMENT
D.O.R.M.E.	EXCEEDS 4% GRADE
F.P.E.	FLOOD PROTECTION ELEVATION
	POWER POLE

PRELIMINARY PLAT
NOT FOR RECORDATION
OR CONVEYANCE



LINE TABLE		
LINE	LENGTH	BEARING
L1	82.70	S83°00'00"W
L2	71.60	S84°33'01"W
L3	43.52	N13°24'53"E
L4	21.94	N08°18'53"E

CURVE TABLE				
CURVE	LENGTH	RADIUS	BEARING	CHORD
C1	22.75	459.32	S18°49'47"E	22.75

Plot Plan SURVEY
OF
1.0 Acre Parcel from Tract 1, The William A. McWhirter, Jr. Property
Mint Hill, Clear Creek Twsp., Mecklenburg County, N.C.

SCALE 1" = 160'

THE PROPERTY OF Eric & Shane Hartis

MAP RECORDED IN BOOK _____ AT PAGE _____ DEED RECORDED IN BOOK 17126 PAGE 916

Drawn By:BDH

FILE:C:\LAND PROJECTS 3\Mock County\DWG\7025 Quail Park Dr.DWG

457

GWS – RES. APP 07/05

SEPTIC FEE: $200.00
DATE: 8/26/05
CRT [CK#3480 V.W.

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

FILE # 61078

WELL FEE: _____
DATE: _____
CRT [ ]

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 #: 197-041-05 11078
STREET ADDRESS: 7025 Quail Park dr
CITY: Mint Hill
STATE: NC ZIP: 28227
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: 2252
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 5

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: William A Mewhirter JR
ADDRESS: 7005 Quail Park dr
CITY: Mint Hill
STATE: NC ZIP: 28227
HOME PHONE: 545-2328 WORK PHONE: 957-8695
MOBILE PHONE: 957-8695 FAX: 545 6113

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? April 29 2004

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.

William A Mewhirter JR 8-25-05
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

Timothy A. Weathers, P.E. 8-25-05

April 29, 2005

William A Weathers, PE
7005 Pond Park Dr.
Mint Hill
NC 28227

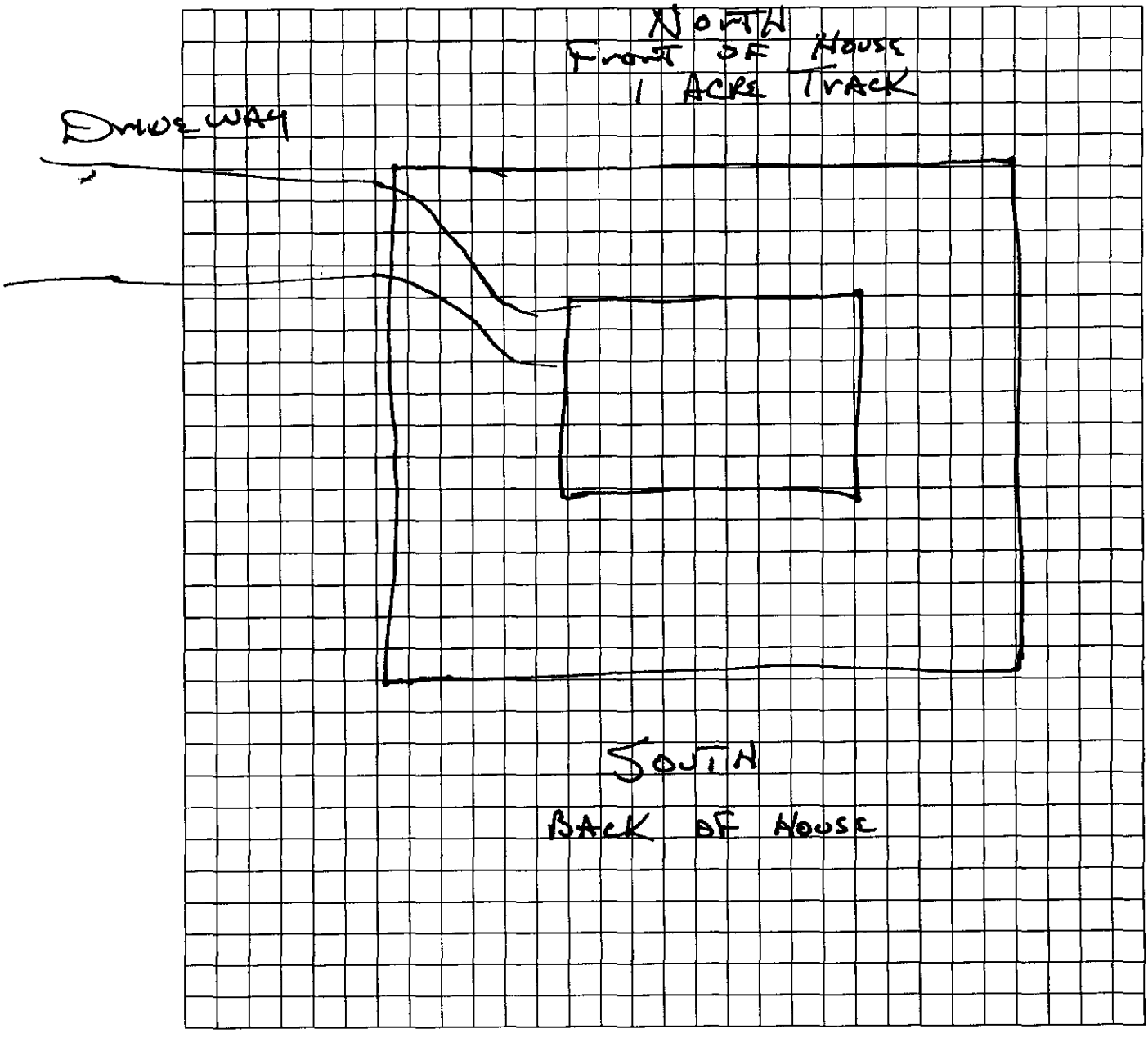
242-7328 827-8697
242-6113 827-7697

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 # 61078
Date _____

PROPOSED PLOT PLAN

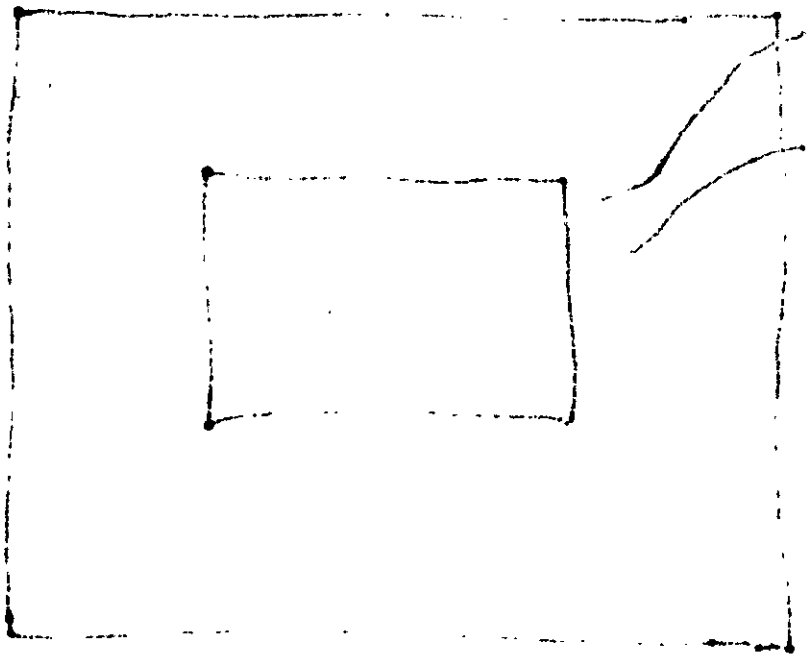
A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal 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 _____

Date _____

LBC 12/15/04



MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 08/26/05
Receipt #: 36606
Check / Auth #: CHECK 3480
Received By: WALKEVA

Amount: 200.00
Tendered: 200.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: MCWHIRTER WILLIAM A.
Attn:
Address: 7005 QUAIL PARK DRIVE
Address:
City/State/Zip: MINT HILL, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 7025 QUAIL PARK DRIVE		1	200.00	200.00

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

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

File 6107B

North Caroline - Department of Environment and Natural Resources - Division of Water Quality - Groundwater Section
1636 Mail Service Center - Raleigh,N.C. 27699-1636-Phone (919) 733-3221

WELL CONSTRUCTION RECORD

DRILLING CONTRACTOR:
DRILLER REGISTRATION #: 2236
STATE WELL CONSTRUCTION PERMIT#: 10000420

1. WELL USE (Check Applicable Box): Residential ☑ Municipal ☐ Industrial ☐ Agricultural ☐ Monitoring ☐
Recovery ☐ Heat Pump Water Injection ☐ Other ☐ If Other, List Use:

2. WELL LOCATION: (Show sketch of the location below)
Nearest Town: Mint Hill County: Mecklenburg

(Road, Community, or Subdivision and Lot No.)

3. OWNER Eric + Shara Harris
ADDRESS 7025 Quail Park Dr
(Street or Route No.)

City or Town State Zip Code

4. DATE DRILLED 4/11/06
5. TOTAL DEPTH 405'
6. CUTTINGS COLLECTED YES ☐ NO ☐
7. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
8. STATIC WATER LEVEL Below Top of Casing: ____ FT.
(Use "+" if Above Top of Casing)
9. TOP OF CASING IS 1 FT. Above Land Surface*
* Casing Terminated at/or below land surface is illegal unless a variance is issued in accordance with 15A NCAC 2C .0118
10. YIELD (gpm): 20 METHOD OF TEST air
11. WATER ZONES (depth): 60's 395-20

12. CHLORINATION: Type ____ Amount ____
13. CASING:

	Depth From	Depth To	Diameter	Wall Thickness or Weight/Ft.	Material
	0	42 Ft.	6"	well cap	PVC
		Ft.			
		Ft.			

14. GROUT:

	Depth From	Depth To	Material	Method
	0	20 Ft.	portland	pumped
		Ft.		

15. SCREEN:

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

16. SAND/GRAVEL PACK:

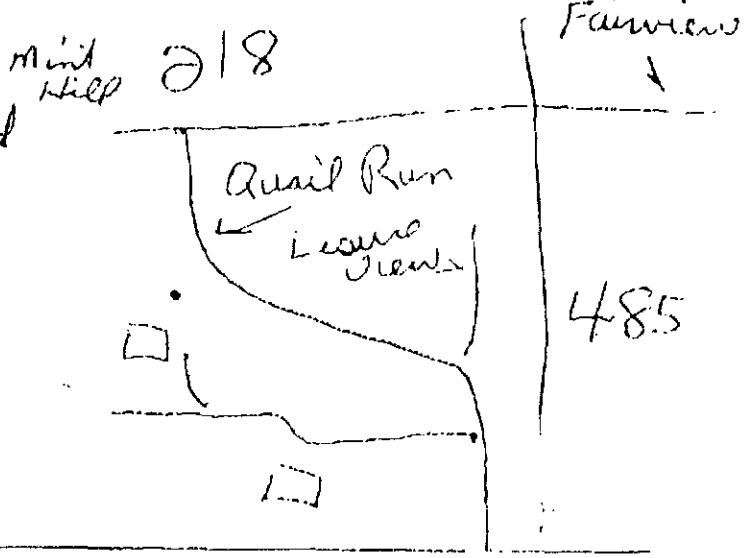
	Depth From	Depth To	Size	Material
		Ft.		
		Ft.		

17. REMARKS: ____

DEPTH From	DEPTH To	DRILLING LOG Formation Description
0	1.5	clay
1.5	3.5	unconsolidated rock
3.5	405	rock

If additional space is needed use back of form

LOCATION SKETCH
(Show direction and distance from at least two State Roads, or other map reference points) N



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.

Thomas W. Roddan 6-14-06
SIGNATURE OF CONTRACTOR OR AGENT DATE

Submit original to Division of Water Quality and copy to well owner.

GW-1 REV. 8/99

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 #: 10000420 **File #:** 6107B **Tax Parcel #:** 197-041-05
Property Owner: Shane Hardis
Job Location Address: 7025 QUAIL PARK DR
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28227
Permit Issuance Date: 2/28/2006
Use of Well: Potable
Type of Facility Served by Well: House
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 North Carolina Certified Well Contractor 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. ☐ Casing to bedrock

☐ 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:

Authorized Agent: Print Name

Signature:

Owner/Legal Agent: Print Name

Signature:

America's Home Place Bond # B85850

FEB-22-2006 11:59 MECKLENBURG CO GWS Application #420 704 336 6894 P.01/02

GWS - Reg. Apps 07/03

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

SEPTIC FEE: _____
DATE: _____
CRT [ ]

FILE # 61073

WELL FEE: $400.00
DATE: 2/24/06
CRT [ ] X B85850 V.N.

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 #: 197-041-05
STREET ADDRESS: 7025 Quail Park Dr.
CITY: Mint Hill
STATE: NC ZIP:
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: 2322
NUMBER OF BEDROOMS: 4
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: 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: Shane Hardis
ADDRESS: 7025 Quail Park Dr
CITY: Mint Hill
STATE: NC ZIP: 28227
HOME PHONE: WORK PHONE: 704-383-4959
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: America's Home Place
ADDRESS: 168-D Norman Station Blvd
CITY: Mooresville
STATE: NC ZIP: 28117
HOME PHONE: WORK PHONE: 704-664-5800
MOBILE PHONE: FAX: 704-664-5804

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 2-23-06

*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.

Owner's/Agent's Signature Date

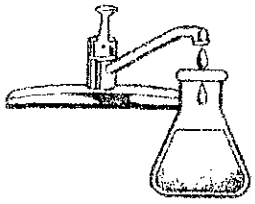
NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE
WASTEWATER SECTION

*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.

2-22-06
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

From: AMERICAS HOME PLACE 7046645804 02/22/2006 12:52 #117 P.002/003



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

Date: 06/13/06

Client: America's Home Place
168 Norman Station Blvd.
Mooresville, NC 28117

Project 7035 Quail Park Dr.

Sample Description: Drinking Water
Sample Number: E1358
Sample Date: 06/12/06
Sample Time: 16:15

Date Analysis Begun:	06/12/06	Time Analysis Begun	16:30
Date Analysis Completed:	06/13/06	Time Analysis Completed	16:30

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

Parameter	Results	Units	Method	Date Analyzed
Nitrate	**<1.0**	mg/l	SM4500-NO3-D	06/13/06

EPA Maximum Contaminant Level
Nitrate 10 mg/l

Certified By: *B. Crasko*

NC Certification: 37767
SC Certification: 99051

PROPOSED PLOT PLAN

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

FILE: 6107 G

TC: 197-441-05

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.

PERMIT FOR
7025 QUAIL PARK DRIVE

SCALE 1" = 40'

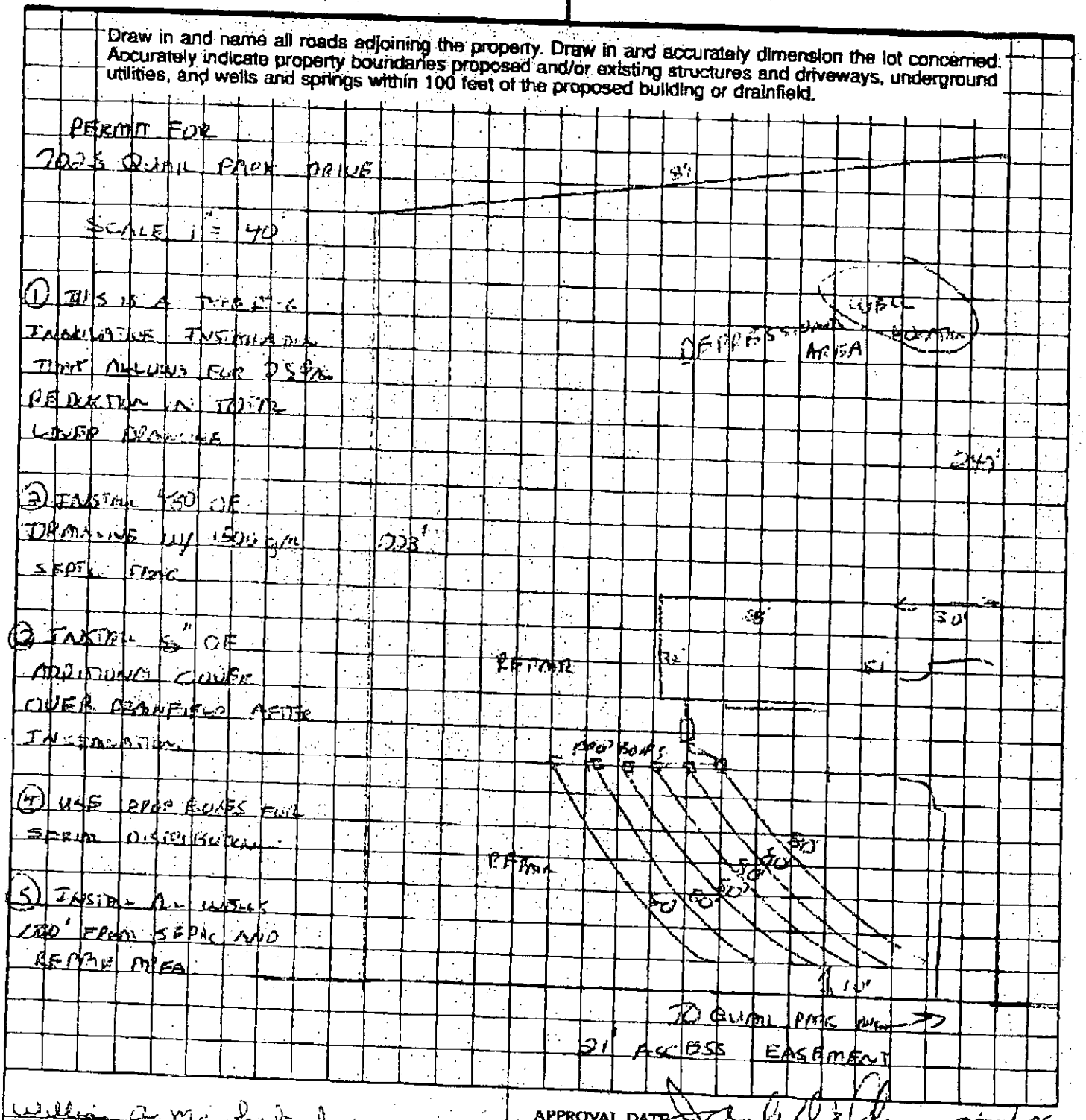
(1) THIS IS A TYPE I-G INNOVATIVE SYSTEM THAT ALLOWS FOR 25% REDUCTION IN TOTAL LENGTH

(2) INSTALL 450 LF OF TRENCHING W/ 150 g/m SEPTIC FILL

(3) INSTALL 6" OF ADDITIONAL COVER OVER DRAINFIELD AREA IN SPECIFICATION

(4) USE 2 LOG BOXES FOR SERIAL DISTRIBUTION

(5) INSTALL ALL WELLS 100' FROM SEPTIC AND REPAIR AREA


PROPOSED HOUSE
REPAIR
REPAIR
100' BOARS
SEPTIC
50'
50'
50'

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	02/24/06	**Amount:**	400.00
Receipt #:	41710	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	WALKEVA		

Account Information

Account #: B85850
Contractor: HOME PLACE THE
Attn:
Address: 168 NORMAN STATION BLVD
Address: SUITE D
City/State/Zip: MOORESVILLE, NC 28117

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New 7025 QUAIL PARK DRIVE		1	400.00	400.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
400.00					