

7506 RIVER CR

02308520

1/2/2008

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) 336-5102

FILE: 28608 DATE: 4/21/05

TC: 023-085-19 ☒ L ☒ CRT

SERIAL 19727

Name of Owner CYNTHIA C. MILLS Juris.: _____

Address of Property 7506 RIVER CIRCLE

Inspection Data:

Tank Material PCC

Total Length of Drainfield 420'

Number of Lines 7 @ VARYING

Cover Depth 12"

Water Supply Source WELL

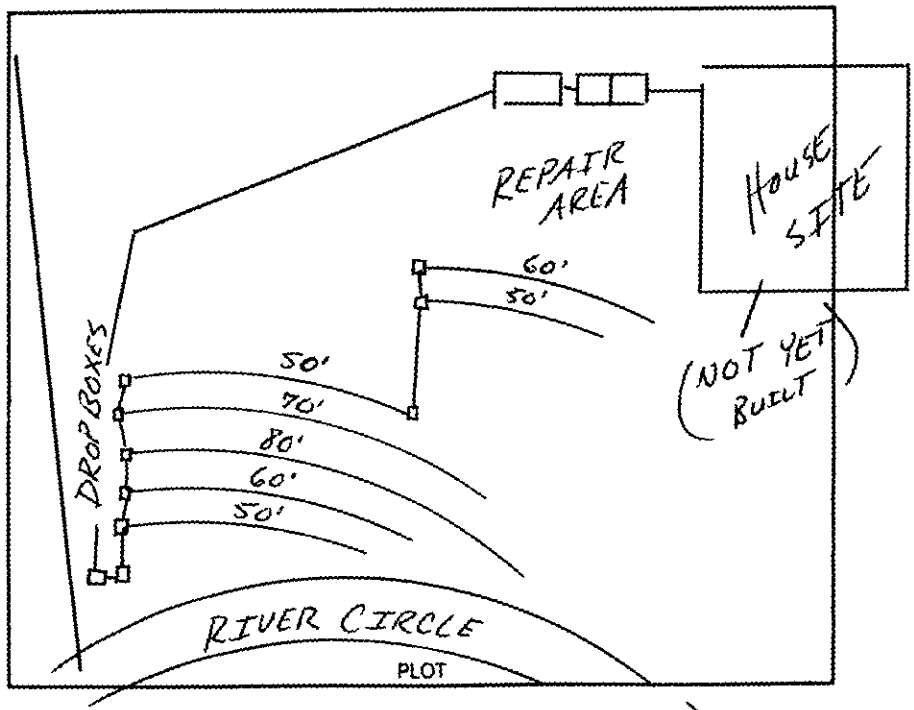
Distance to Water Source NOT YET DRILLED

Excavation Inspected 11/1/04

Tank(s) Inspected 4/21/05

Wash Line Inspected _____

High Water Alarm Inspected 4/21/05



Design 1500ST, 1500PT, P2, 1260 SFT, INV, E-2 FLOW CTR# DENNIS JOYE

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: THREE BEDROOM HOUSE
7 lines @ varying lengths x 3' (420 TLF)
Type III b Pump to innovative system & repair

Tommy Mitchell, R.S.
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) 336-5102

FILE: 2860B DATE: 7/26/04

TC: 023-085-19 ☑ L

SERIAL 19760

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 2/28/03. All work shall be completed on or before 8/26/04, 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.

REFER TO SCALE DRAWING
IN REPORT : 5-1230
BY S & EC DATED
6/12/2003.

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1500 gallons

Tank Construction PCC

Trench Depth 12"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous YES

Total Line Length 420 feet

Number of Lines 7 @ VARYING LENGTHS

Depth of Stone NA inches

Distance from House ≥ 5 feet

Distance from Property Line ≥ 10 feet

Distance from Well ≥ 100 feet (50' MINIMUM)

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

NAME OF OWNER CYNTHIA C. MILLS

LOCATION OF PROPERTY 7506 RIVER CIRCLE

Comments: 3 BEDROOM HOUSE - 360 GPD FLOW
INSTALL 7 LINES AT 3' x VARYING LENGTHS OF SPECIFIED EZ-FLOW.
* DROP BOX INSTALLATION APPROVED. 8" TO 10" OF SOIL COVER REQUIRED TO CAP SYSTEM (SHALLOW PLACEMENT)
TYPE III b.g. SYSTEM
PUMP: 48 FT. HEAD AT 47.87 GPM.

Environmental Health Specialist TREVOR THOMASON RSI 7/28/04

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

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2004 JUN 29 10:59 AM
BK:17412 PG:605-608 FEE:$20.00

INSTRUMENT # 2004141923

2004141923

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 # 28608
PARCEL # 023-085-19

The undersigned, Cynthia C Mills, owner of property located at 7506 River Circle, (the "site") and described in an instrument recorded in Book 10344 at Page 656, 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: Jeremy P. Michelone RS.
Mail after recording to: 700 N. Tryon St. Suite 211
Charlotte, NC 28202

-- 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 19 day of September, 2003.

_____ (Corporate Name)

By: _____

_____ President

Cynthia Meeks (SEAL)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Rita C. Deaver, a Notary Public for said County and State, do hereby certify that Cynthia C. Mills personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 19 day of September, 2003.

Rita C. Deaver
Notary Public

My Commission Expires:

July 4, 2005



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.

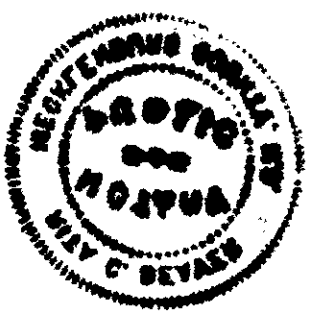
WITNESS my hand and notarial seal, this _____ day of _____, 20____.

_____
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

****

Filed For Registration:	**06/29/2004 10:59 AM**
Book:	**RE 17412 Page: 605-608**
Document No.:	**2004141923**
	PRMIT 4 PGS $20.00
Recorder:	**DONYETTA HARGROVE**

****

State of North Carolina, County of Mecklenburg

The foregoing certificate of RITA C DEAVER Notary is certified to be correct. This 29TH of June 2004

JUDITH A. GIBSON, REGISTER OF DEEDS By: _____
Deputy/Assistant Register of Deeds

****

2004141923

Rd EWJ.

FEE: 300.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** ACS
DATE: 9-19-03 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE** LD 11614S

DATE: 9-19-03 **PERMIT NO:** 2860 B

PARCEL NO: ~~7506~~ 023-085-19

JOB LOCATION ADDRESS: 7506 River Circle

PROPERTY OWNER: Cynthia Mills

BUILDING CONTRACTOR:

SUBDIVISION NAME: NA

AUTHORIZATION ISSUED BY: Penny Medlin R.S. **DATE:** 7/15/03

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2860B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: Agreement forms on file before CA Release

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

Cynthia Mills 9/19/03

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

rmit Number: 28608

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 023-085-19

The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.

CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.

Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement: ✓ Yes ___ No ___ Partial Basement

Type Primary Wastewater System Type (circle one): I II (III) IV V VI

___ Conventional
___ Prefabricated, permeable block panel system
___ Shallow Placed Conventional
___ Low Pressure Pipe
___ Large Diameter Pipe
___ Fill
___ Other
✓ Innovative or Experimental:
___ IWWS-93-1
___ IWWS-93-2
___ IWWS-94-1

.225 Long-term acceptance rate	360 Max gallons/day wastewater flow	1260 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
Yes Serviced by private well	1500 Gallon septic tank	420 Total trench length (ft)	20" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	1500 Gallon pump tank	NA Depth of stone	

Any surface waters present: Yes Type: Mt. Island Minimum separation distance: 100'

Site modifications required:

Additional Conditions: Install according to engineered plans

Repair Area System Type Type (circle one): I II (III) IV V VI

___ Conventional
___ Prefabricated, permeable block panel system
___ Shallow Placed Conventional
___ Low Pressure Pipe
___ Large Diameter Pipe
___ Fill
___ Other
✓ Innovative or Experimental:
___ IWWS-93-1
___ IWWS-93-2
___ IWWS-94-1

1260 Absorption Area (Sq ft) 420 Total Trench Length (Ft)	NA Depth of Stone Trench	9' Trench spacing (min. on centers)	20" Maximum Trench Depth

For existing system, enter the year originally installed:

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

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

[signature] Mecklenburg R.S. 7/15/03
MEHNR Authorized Agent Date

[signature] 9/19/03
Owner/Agent Signature Date

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

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 09/19/03
Receipt #: 18492
Check / Auth #: CHECK 2878
Received By: JOHNSK

Amount: 150.00
Tendered: 150.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: MILLS CYNTHIA CAMPBELL
Attn:
Address: 1759 STANLEY LUCIA RD
Address:
City/State/Zip: MT. HOLLY, NC 28120

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Auth for Waste Wtr Sys Constr	2860B	1	150.00	150.00

Outstanding Balances

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/19/03	**Amount:**	150.00
Receipt #:	18494	**Tendered:**	0.00
Check / Auth #:	CHECK 2878	**Returned:**	0.00
Received By:	JOHNSK		

Account Information

Account #: 200000
Contractor: MILLS CYNTHIA CAMPBELL
Attn:
Address: 1759 STANLEY LUCIA RD
Address:
City/State/Zip: MT. HOLLY, NC 28120

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval 7506 RIVER CIRCLE	2860B	1	150.00	150.00

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

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

Mecklenburg County
Health Department

March 4, 1999

Ms. Laraine H. Baker
202 E. Washington Avenue
Bessemer City, NC 28016

Re: 7506 River Circle
File: 2860B
Parcel: 023-085-19

Dear Ms. Baker:

Receipt of your Application for Improvement Permit for the above referenced property is acknowledged. A soil evaluation and a site visit have been conducted. The results of the evaluation indicated that the site is **UNSUITABLE** under Rules .1943 **SOIL DEPTH** and .1945 **AVAILABLE SPACE.** For these reasons your Application for Improvement Permit is denied. A possible way to develop the site exists under Rule .1948(d), which reads as follows:

> A site classified as **UNSUITABLE** may be used for a ground absorption sewage treatment and disposal system specifically identified in Rules .1955, .1956, or .1957 of this Section or a system approved under Rule .1969 if written documentation including engineering, hydrogeologic, geologic or soil studies, indicates to the local health department that the proposed system can be expected to function satisfactorily. Such sites shall be reclassified as **PROVISIONALLY SUITABLE** if the local health department determines that the substantiating data indicate that:
>
> (1) a ground absorption system can be installed so that the effluent will be non-pathogenic, non-infectious, non-toxic, and non-hazardous;
> (2) the effluent will not contaminate ground or surface water; and
> (3) the effluent will be exposed on the ground surface or be discharged to surface waters where it could come in contact with people, animals, or vectors.

The State shall review the substantiating date if requested by the local health department.

Please be advised that you have the right to an informal review by this department. You also have the right to appeal under G.S. 130A-24, and to have the appeal held in Mecklenburg County

If you have any questions regarding this matter, please call me at 336-5575.

Sincerely,

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems

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

Sheet: 1
Property ID: 023-085-19
Lot #:
File #: 2860B
Code: 2

ACS (JKA)

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Cynthia C. Mills
Applicant:
Address: 1759 Stanley Lucia Road, Mt. Holly, N. C. 28120
Date Evaluated: 03/07/2003
Proposed Facility: Residence
Design Flow (.1949): 360gpd
Property Size: 2.5a
Location of Site: 7506 River Circle
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring x [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 Structure/ Texture	SOIL MORPHOLOGY .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, 10	0-4	GR/SCL	FR/SEXP/SS/SP	>42" TO SOIL WETNESS	32	US	NONE	US, IV .225GPD/FT^2
		4-14	SBK/SCL	"					
		14-32	SBK/SC	FI/SEXP/S/P					
		32-42	M/SCL	FR/SEXP/SS/SP					
2	LS, 15	0-4	GR/SCL	"	>36" TO SOIL WETNESS	9	"	"	US
		4-9	SBK/C	FI/SEXP/S/P					
		9-36	M/SCL	FR/SEXP/SS/SP					
		VERY	ROCKY						
3	"	0-10	GR/SCL	FR/SEXP/SS/PP	>28" TO SOIL WETNESS	28	"	"	US, IV .11GPD/FT^2 LPP
		10-28	ABK/C	FI/SEXP/S/P					
4	"	0-4	GR/SCL	FR/SEXP/SS/SP	2 CHROMAS@ 29"	34	N/A	"	US, IV .2GPD/FT^2
		4-12	SBK/SCL	"					
		12-34	SBK/SC	FI/SEXP/S/P					
5	"	0-10	GR/SCL	FR/SEXP/SS/SP	2.5Y@24"	36	"	"	US, IV .11GPD/FT^2
		10-36	SBK/SC	FI/SEXP/S/P					

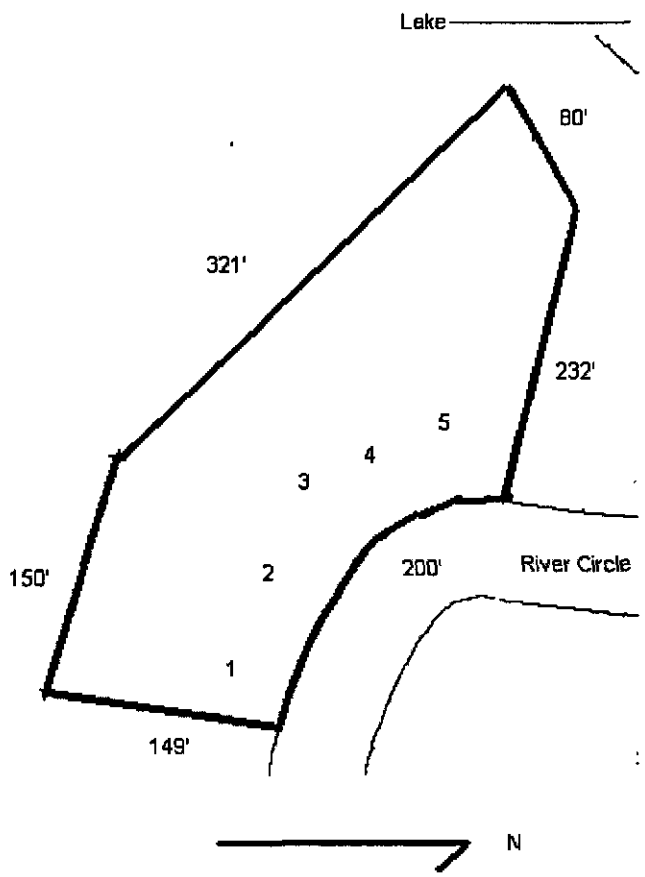
Description	Initial System	Repair System
Available Space (.1945)	US	US
System Type(s)		
Site LTAR	.225GPD/FT^2	.225GPD/FT^2

Other Factors (.1946): _____
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 3/10/2003, W. R. Marlin
Others Present: D. Joye, J. Michelone, C. Mills

COMMENTS: 100% Repair required, would need pump

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

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



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

Sheet: _____
Property ID: 023-085-14
Lot #: _____
File #: 2860B

#3 (2/3)

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Jarvis N. Baker APPLICANT: Cynthia C. Mills
ADDRESS: 202 E. Washington Ave Bessemer City, NC DATE EVALUATED: 3-1-99
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 360gpd PROPERTY SIZE: .52
LOCATION OF SITE: 7506 River Creek PROPERTY RECORDED: _____
WATER SUPPLY: ☐Private ☑Public ☐Well ☐Spring ☐Other _____
EVALUATION METHOD: ☑Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☐Sewage ☐Industrial Process ☐Mixed

PROFILE #	Slopes 15-30% .1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-2"	gr/ sl	FrVSEXP/ NS/NP	7/10 TO 6 or 1 WETNESS	17"	N/A	None	US IV
		2-5"	SBK/ sc	Fi/SEXP/ S/P					
		5-17"	M/SL	Fi/SEXP/ NS/NP					
2	LS	0-3"	gr/sl	Fr/SEXP/ NS/NP	20" TO 5 or 1 WETNESS	20"	N/A	None	US III
		3-20"	SBK/sc/	Fr-Fi/SEXP/SS/SP					
3	LS	0-18"	gr/sl	Fr/SEXP NS/NP	7 18" TO 5 or 1 WETNESS	16"	N/A	None	US II
		Saprolite 7 18"							

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): unsuitable
EVALUATED BY: W. R. Marlin 3-2-99
OTHER(S) PRESENT: LSS

FILE # 2660A

COMMENTS Lot would be used as drainfield area for house on 023-0065-20

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	CONSISTENCE WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

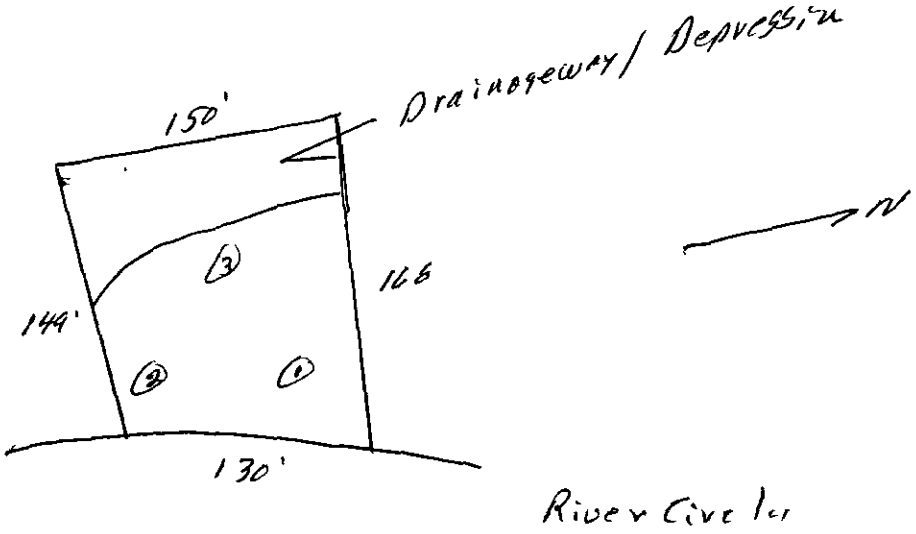
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



FEE: 100.00 CK#5013

DATE: 2-11-99 VIC

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

1 1 CRT

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

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

FILE #: 9860B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 023-085-19

STREET ADDRESS: 7506 RIVER CIRCLE.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2000±

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

- __ WITHOUT BASEMENT
- __ ON SLAB
- __ CRAWL SPACE
- ✓ WITH BASEMENT /PLUMBING
- __ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

- __ COMMUNITY (C)
- __ SHARED WELL (S)
- ✓ MUNICIPAL (M)
- __ OTHER 'SPRINGS' (O)
- __ PRIVATE WELL (P)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

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

PROPERTY OWNER:

NAME: BAKER (LAST) LARAINE (FIRST) H (MI)

ADDRESS: 202 E. WASHINGTON AVE

CITY: BESSEMER CITY STATE: NC ZIP 28016

DAYTIME PHONE: (704) 629-0251

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: MILLS (LAST) CYNTHIA (FIRST) C. (MI)

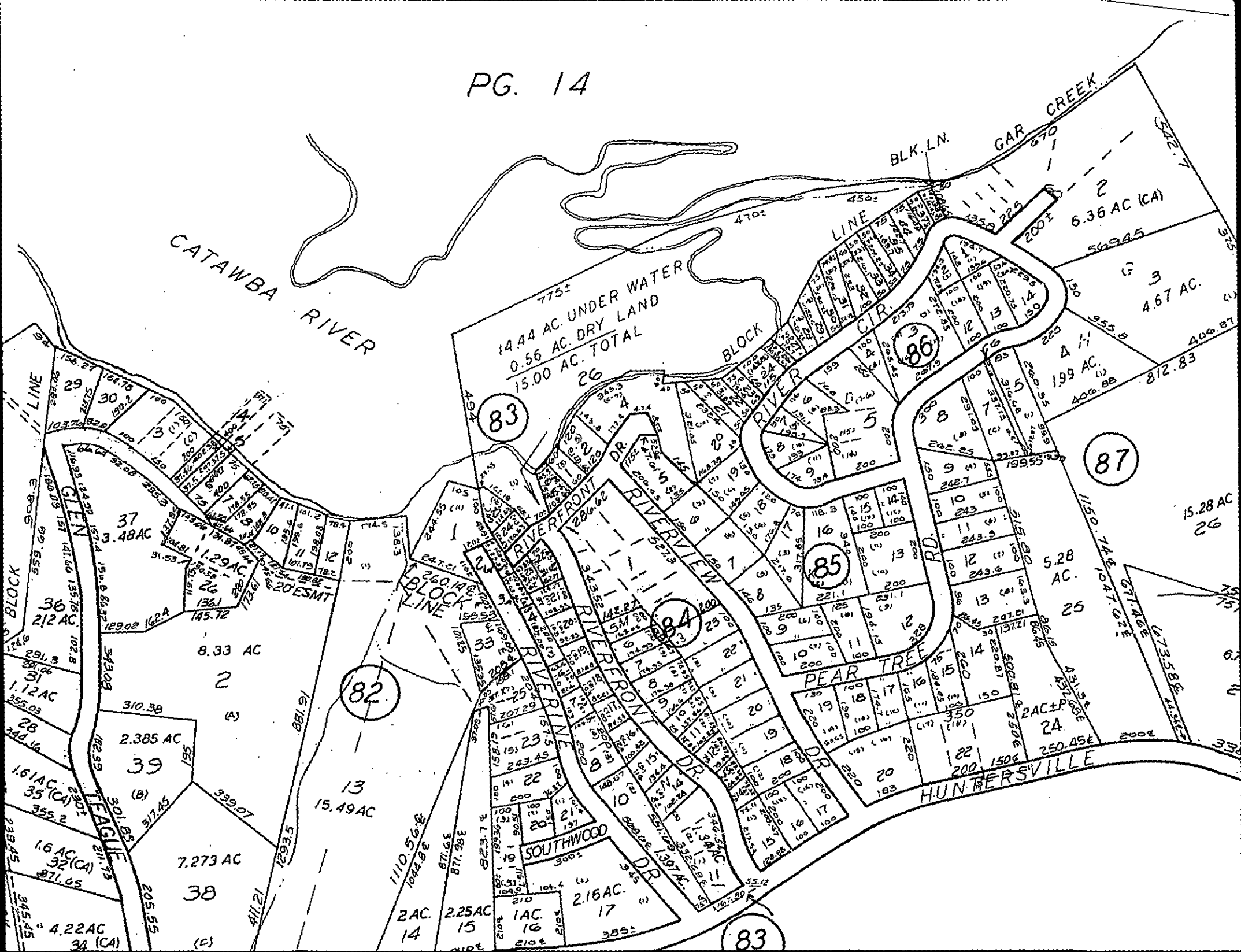
DAYTIME PHONE: (704) 263-9556

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? MAY 7 1993

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: Laraine Baker DATE: 2-6-99

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


CATAWBA RIVER
14.44 AC. UNDER WATER
0.56 AC. DRY LAND
15.00 AC. TOTAL
BLK. LN.
GAR CREEK
BLOCK LINE
RIVER CIR.
RIVERFRONT DR.
RIVERVIEW DR.
SOUTHWOOD DR.
PEAR TREE RD.
HUNTERSVILLE
TEAGUE
GLEN
83
86
87
85
84
82
6.36 AC (CA)
4.67 AC.
4 1/4
1.99 AC.
5.28 AC.
15.28 AC
26
8.33 AC
2
15.49 AC
13
7.273 AC
38
2.385 AC
39
3.48AC
37
2.12 AC.
36
1.12AC
31
1.61AC
35 (CA)
1.6 AC
32 (CA)
4.22AC
34 (CA)
1.29AC.
1.397AC.
2.16AC.
17
2AC.
14
2.25AC
15
1AC.
16
2AC±P
24

PROPOSED PLOT PLAN

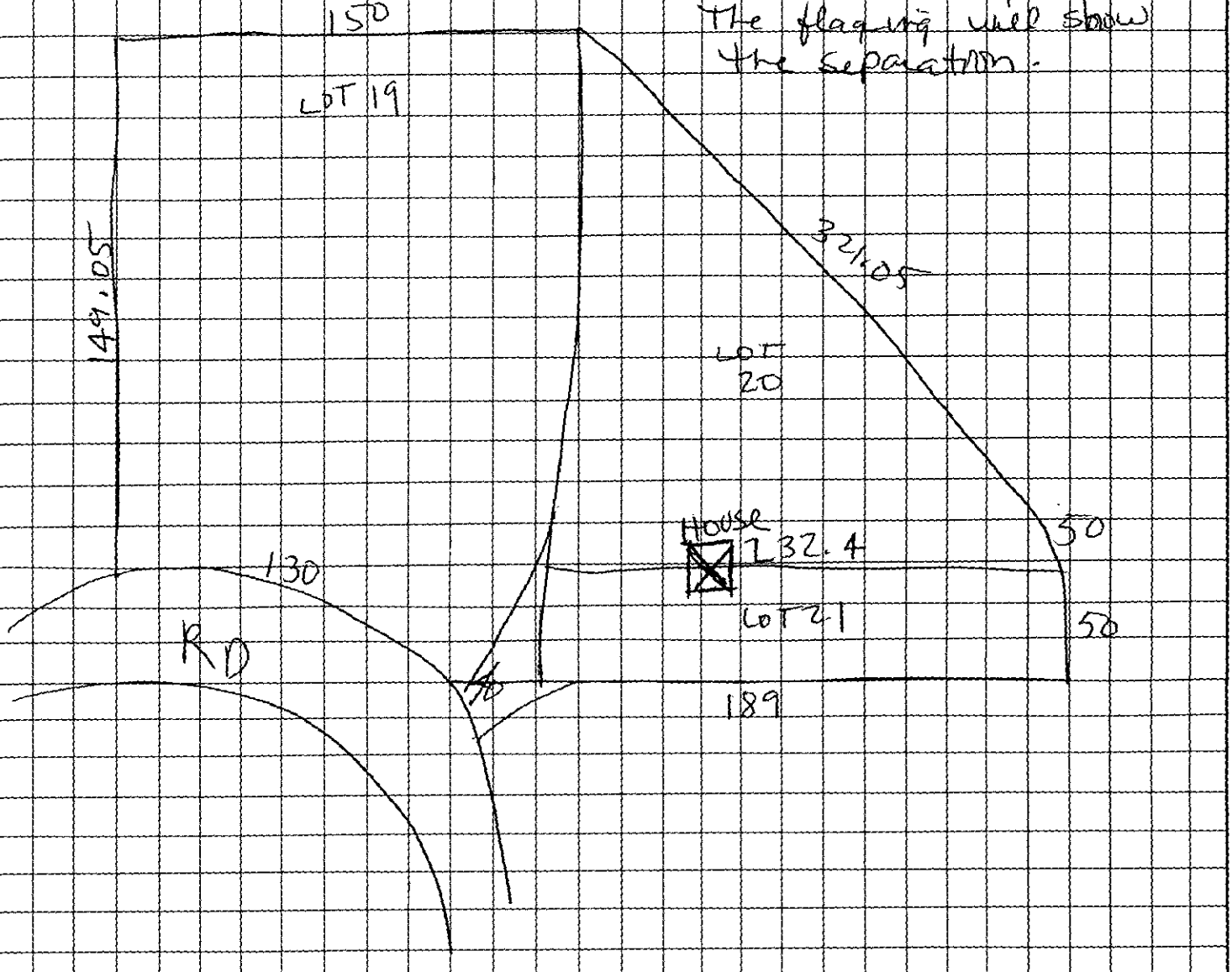
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 28608

TC: 023-085-19

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.

023-085-20 HAS Been Perk Tested & does not Perk, The intention is to have LOT 023-085-19 Perk tested Any where on it that may hold a drain field. The flagging will show the separation.



OWNER/AGENT SIGNATURE Cynthia C. Mills

DATE 2-11-99

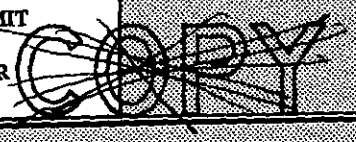
APPROVAL DATE _____

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

FEE: ~~200.00~~ 200.00 CK 2644 MB

DATE: 2/28/03

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



1 1 CRT

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

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

FILE #: 2860B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 023-085-~~21~~19

STREET ADDRESS: 7506 River Circle

SUBDIVISION OR MOBILE HOME PARK NAME: River Acres

LOT NUMBER: ~~69~~ 1

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS:

NUMBER OF OCCUPANTS:

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
__ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES __ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
✓ SHARED WELL (S)
__ MUNICIPAL (M)
__ OTHER 'SPRINGS' (O)
__ PRIVATE WELL (P)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

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

PROPERTY OWNER:

NAME: (LAST) Mills (FIRST) Cynthia (MI) C.

ADDRESS: 1759 Stanley Lucia Rd.

CITY: Mt. Holly STATE: NC ZIP: 28120

DAYTIME PHONE: (704) 263-9556

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1957

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: Cynthia C Mills DATE: 2/28/03

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

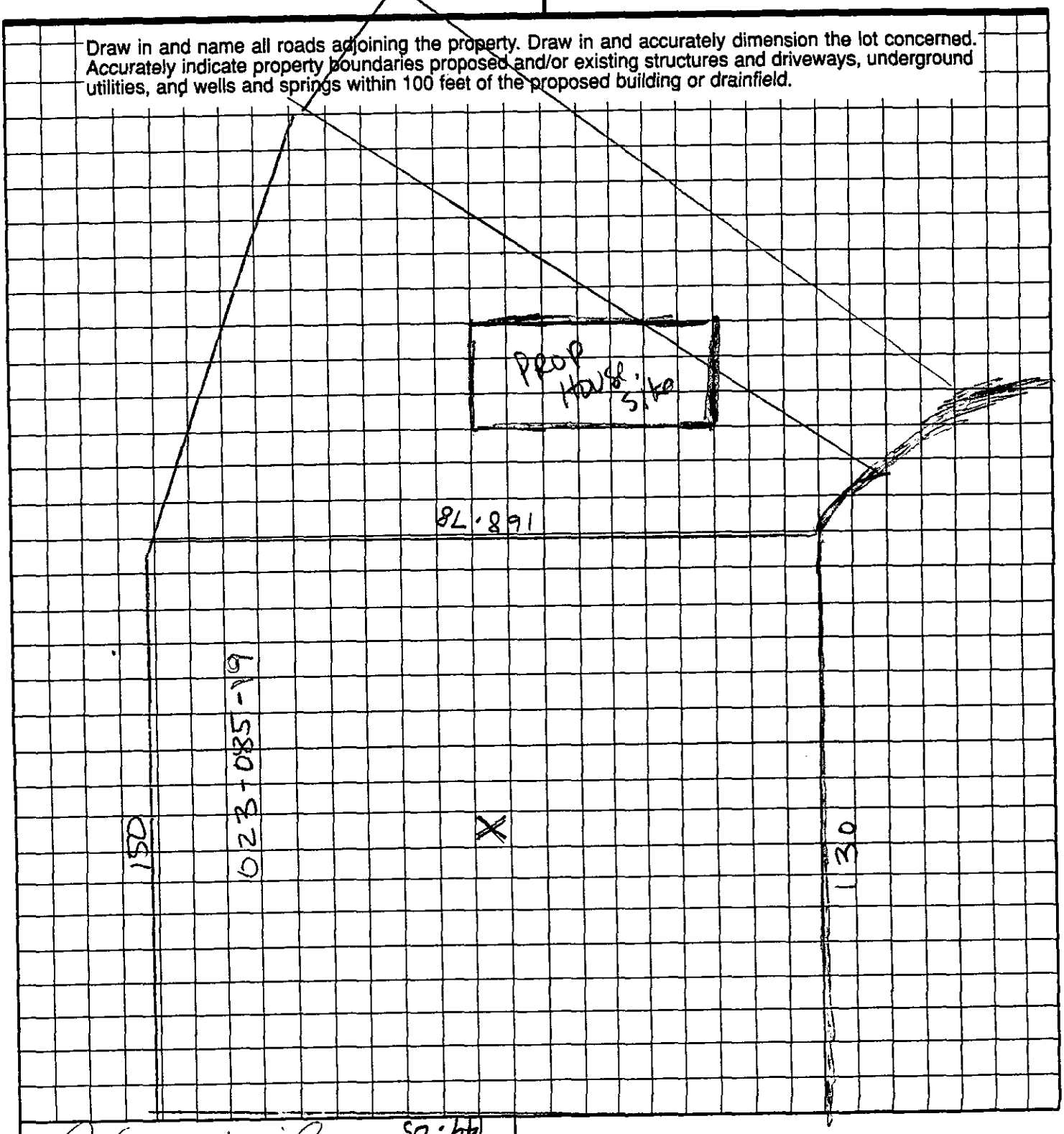
PROPOSED PLOT PLAN

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

FILE: 28603

TC: 023-085-19

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.



Cynthia Mills
OWNER/AGENT SIGNATURE

DATE 2/28/03

APPROVAL DATE _____

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	02/28/03	**Amount:**	200.00
Receipt #:	14978	**Tendered:**	200.00
Check / Auth #:	CHECK 2644	**Returned:**	0.00
Received By:	BEACHMS		

Account Information

Account #: 200000
Contractor: MILLS CYNTHIA
Attn:
Address: 1759 STANLEY LUCIA ROAD
Address:
City/State/Zip: MOUNT HOLLY, NC 28120

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 7506 RIVER CIRCLE		1	200.00	200.00

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

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

S&EC

Soil & Environmental Consultants, PA

236 LePhillip Court, Suite C • Concord, North Carolina 28025 • Phone: (704) 720-9405 • Fax: (704) 720-9406
www.SandEC.com

Attached is a proposed design for a Pressure Manifold Septic System for a 3 bedroom single family residence on River Circle Road in Mecklenburg County, North Carolina.

Contents: **Page**

Information for the Installer---------- 1

Design Information
- Design Specifications---------- 2-3
- Layout Specifications---------- 4
- System Tapsheet---------- 5

Site Plan/System Plan---------- 6

Septic Tank Diagram---------- 7

Pump Tank Diagram---------- 8

Pressure Manifold Diagram---------- 9

Control Panel Specifications---------- 10-14

Pump Specifications---------- 15-16

Calculations---------- 17

June 12 2003
S & EC Project No. 5-1230
Design By: Wendell Overby

Greensboro Office:
3817-E Lawndale Drive
Greensboro, NC 27455
Phone: (336) 540-8234
Fax: (336) 540-8235

Hickory Area Office:
710 Boston Road
Taylorsville, NC 28681
Phone: (828) 635-5820
Fax: (828) 635-5820

Raleigh Office:
11010 Raven Ridge Road
Raleigh, NC 27614
Phone (919) 846-5900
Fax: (919) 846-9467

INFORMATION FOR THE INSTALLER:

- The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.
- Tanks shall be approved by DEHNR, and certification supplied by the manufacturer.
- Tanks shall be water tested prior to installation.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to . the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Pumptank riser should be 6" above grade, control panel should be 12" above grade.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as an EZ Flow graveless trench
- Repair is specified as at-grade EZ Flow
- System requires 8"-10" County approved soil cover

PRESSURE MANIFOLD SYSTEM
FOR WASTEWATER TREATMENT

Owner:	Cindi Mills
Address:	1759 Stanley Lucia Road Mt Holly, NC 28120
Phone:	704.263.9556
County:	Mecklenburg
Location:	River Circle-Mtn Island Lake
Source of Wastewater Flow:	3 Bedroom Single Family Residence
Daily Wastewater Production (gpd):	360
System Flow (gpm):	47.87

Design Specifications

Drainfield Size (linear ft):	420
Loading Rate (gpd/ft2):	0.225
Depth of Gravel in Trench:	NA (EZ-Lay)
Gravel Size:	NA (EZ-Lay)
Trench Depth:	12 in.
Trench Width:	36 in.
Septic Tank Size:	1500 gal.
Pump Tank Size:	1500
Estimated Supply Line Length (ft):	350
Supply Line Diameter:	3 in. SCH 40 PVC
Supply Line Volume (gal):	60.90
Dosing Volume (gal):	191.98
Supply Manifold:	4 in. SCH 80 PVC
Supply Manifold Length:	4 ft. (minimum)
Supply Manifold Volume:	N/A
Recommended Float Controls:	SJE Sensor Float Control Switches as Required for Control Panel or County Approved Equivalents
Recommended Control Panel:	SJE-Rhombus Model 112 (NEMA 4x) Control Panel or County Approved Control Panel.
Pressure Head (ft):	2
Friction Head (ft):	2.17
Elevation Head (ft):	37
Total Dynamic Head (ft) + 15%:	47.35
Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 at Pressure Manifold
Check Valves:	In Tank
Anti-Siphon Hole:	NA
Recommended Pump:	Myers Model ME100 or County Approved Effluent Rated Pump Capable of Delivering 48 ft.of Head at 47.87 gpm Total Flow
Additional Comments:	Soil suitability was performed by S&EC and Mecklenburg County

CINDI MILLS / RIVER CIRCLE
PRESSURE MANIFOLD DESIGN

DESIGN FLOW:	360
SOIL APPLICATION RATE (gpd/ft2):	0.225
TOTAL AREA TRENCH BOTTOM:	1260
TOTAL LATERAL LENGTH:	420
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	400 (EZ FLOW)
SUPPLY LINE LENGTH (ft):	350
TOTAL DYNAMIC HEAD (ft):	47.35
MANIFOLD SIZE:	4 in.SCH 80 PVC
DOSING VOLUME:	191.98
PUMP TANK DRAW DOWN*:	9.1
SEPTIC TANK SIZE:	1500
PUMP TANK SIZE:	1500
RECOMMENDED PUMP:	Myers Model ME100 or County Approved Effluent Rated Pump Capable of Delivering 48 ft.of Head at 47.87 gpm Total Flow

**Pump tank draw down based on a volume basis of 21 gallons per inch. Draw down may vary among pump tank manufacturers.*

Cindi Mills/River Circle

Project No. 5-1230

LAYOUT FOR 3 BEDROOM HOME

June 6, 2003

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH
TBM		6.1			100.00	
INSTR. 1			106.10			
			SYSTEM			
***1**	**ORANGE**			**3.20**	**102.90**	**45**
***2**	**YELLOW**			**4.90**	**101.20**	**60**
***3**	**BLUE**			**7.80**	**98.30**	**80**
***4**	**PINK**	**3.6**		**9.40**	**96.70**	**70**
***5**	**RED**			**5.20**	**95.10**	**50**
***6**	**BLUE**			**2.10**	**88.10**	**45**
***7**	**ORANGE**			**3.90**	**86.30**	**70**
			REPAIR			
8	YELLOW			5.70	84.50	85
9	BLUE			8.00	82.20	85
10	PINK			3.70	80.10	115
11	RED			5.80	78.00	115

	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	SOIL LTAR GPD/FT^2	INNOVATIVE SYSTEM	DISTRIBUTION
*** System**	**420**	**0.216**	**INNOV.**	**0.225**	**EZ-FLOW**	**PRESSURE MANIFOLD**
Repair	400	0.225	INNOV.	**0.225**	**EZ-FLOW**	**PRESSURE MANIFOLD**

Notes:

** TBM located
**TBM is assumed to be 100'
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS, HI, and FS indicate rod readings

Cindi Mills/River Circle

PRESSURE MANIFOLD TAPSHEET

SYSTEM

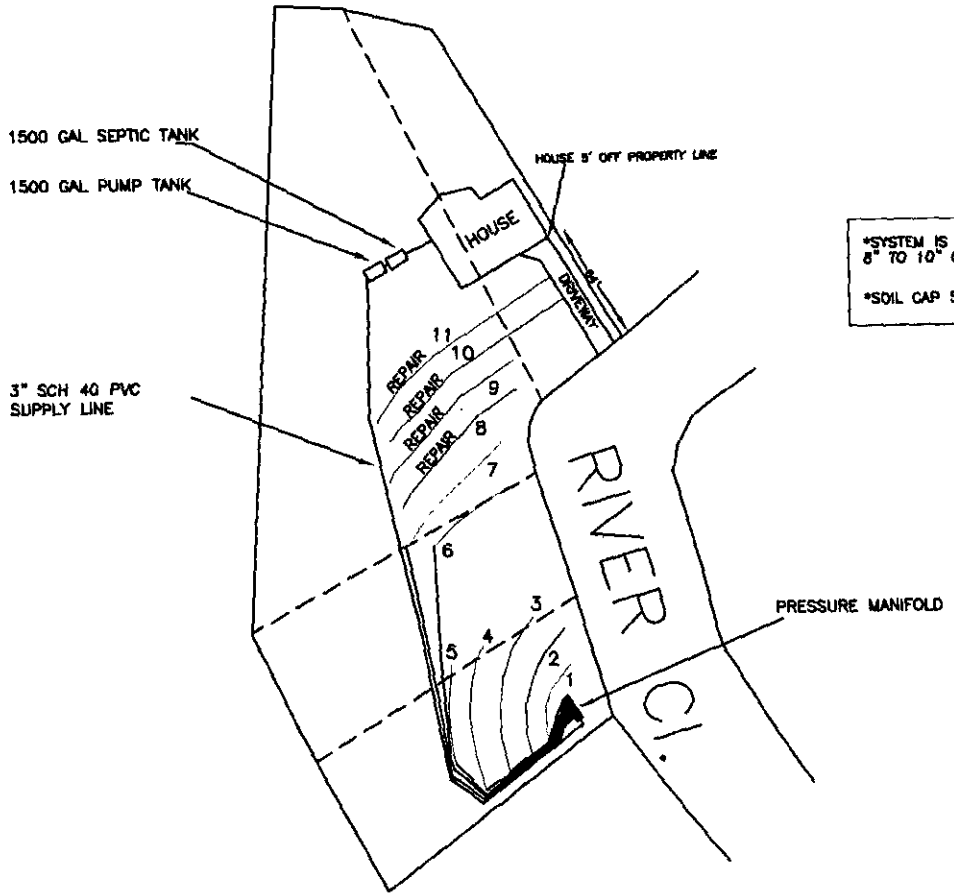
Line #	Color	Elevation	Length	Hole Size	Flow/Tap	gpd	Trench Area	Line LTAR
1	ORANGE	102.9	45	SCH 80 1/2	5.48	41.21	135	0.305
2	YELLOW	101.2	60	SCH 40 1/2	7.11	53.47	180	0.297
3	BLUE	98.3	80	SCH 80 1/2	10.1	75.96	240	0.316
4	PINK	96.7	70	SCH 40 1/2	7.11	53.47	210	0.255
5	RED	95.1	50	SCH 80 1/2	5.48	41.21	150	0.275
6	BLUE	88.1	45	SCH 80 1/2	5.48	41.21	135	0.305
7	ORANGE	86.3	70	SCH 40 1/2	7.11	53.47	210	0.255
	total	feet =	420	gal/min =	47.87			
			Des. Flow	360				
			Pump Run=	7.52				
			soil LTAR	0.225				
			(EZLAY ltar +5%)	0.23625				
			LTAR with INNOV. + 5%	0.30				
			MAX. LTAR with INNOV.	0.315				

5% variability due to limited number of tap sizes available.
Design tries to target within 5% of soil ltar per line.

**SUITABLE FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE, SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND TOPOGRAPHIC IRREGULARITIES. THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS. SOME OTHER CONSIDERATIONS THAT AFFECT SITE SUITABILITY THAT SHOULD BE CONSIDERED IN DEVELOPMENT DESIGN ARE:

1) 10' SETBACK FROM PROPERTY LINE
2) 100' SETBACK FROM ANY WELL
3) 50' SETBACK FROM STREAMS, PONDS OR LAKES.

See accompanying S&EC report.



*SYSTEM IS AT-GRADE INNOVATIVE AND REQUIRES 8" TO 10" OF SOIL CAP OVER DRAINFIELD.

*SOIL CAP SHOULD BE COUNTY-APPROVED

GRAPHIC SCALE
1" = 100'

100 0 100 200

DRAFT
FOR REVIEW ONLY

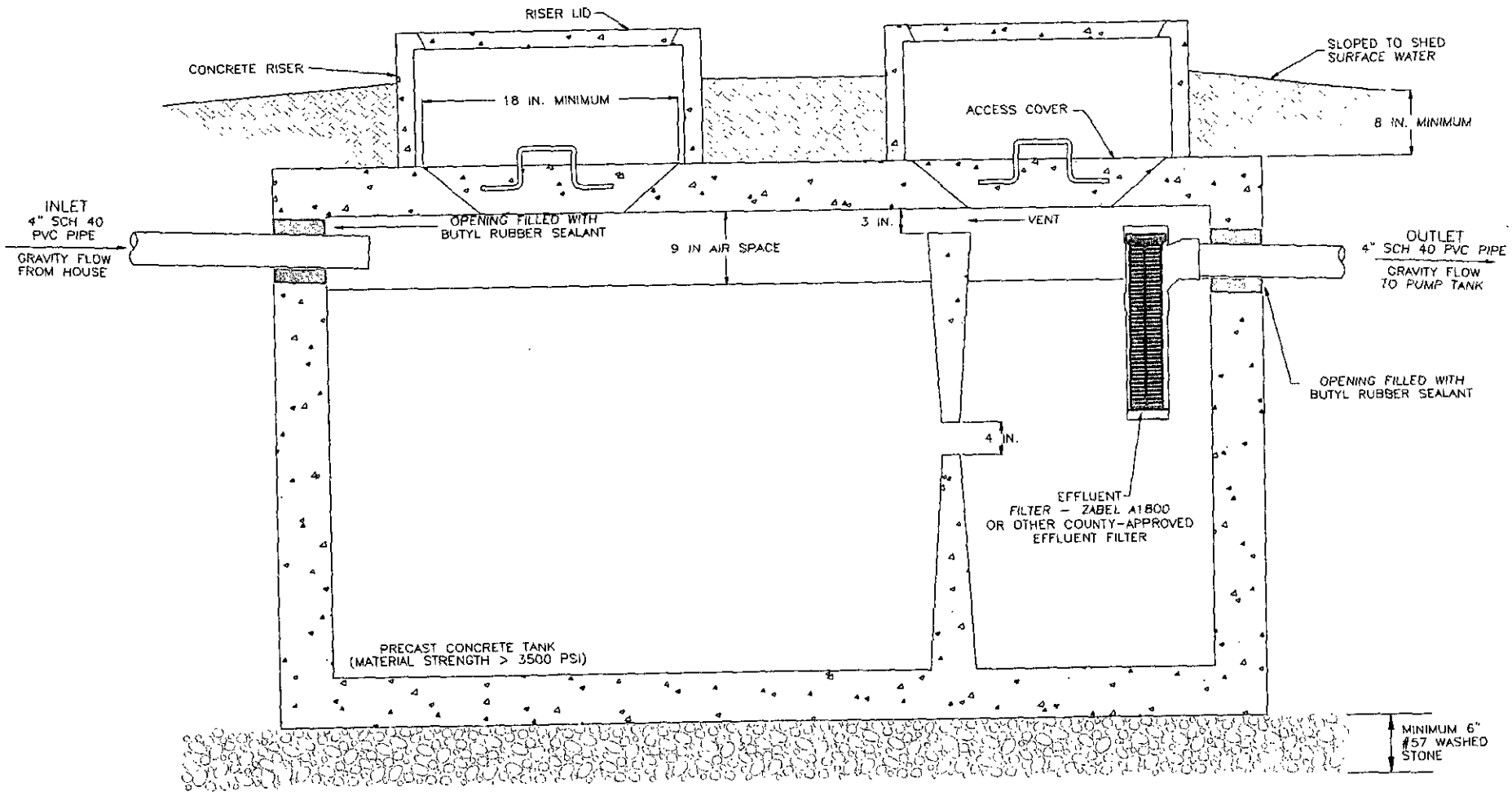
PROJECT NO
#5-1230
PROJECT MGR.
W.O.
DRAWN BY
W.O.
FIELD WORK
W.O.
SCALE
1" = 100'
FILE
C:\5-1230

Soil & Environmental Consultants, PA
238 LaFayette Ct. Suite C • Concord, North Carolina 28025 • Phone (704)720-9455 • Fax (704) 720-9459

S&EC

PROJECT NAME:
CINDI MILLS
- RIVER CIRCLE -
MECKLENBURG COUNTY, NORTH CAROLINA
MARCH 2003

SHEET TITLE:
SEPTIC SYSTEM LAYOUT-3 BEDROOM
SKETCH MAP

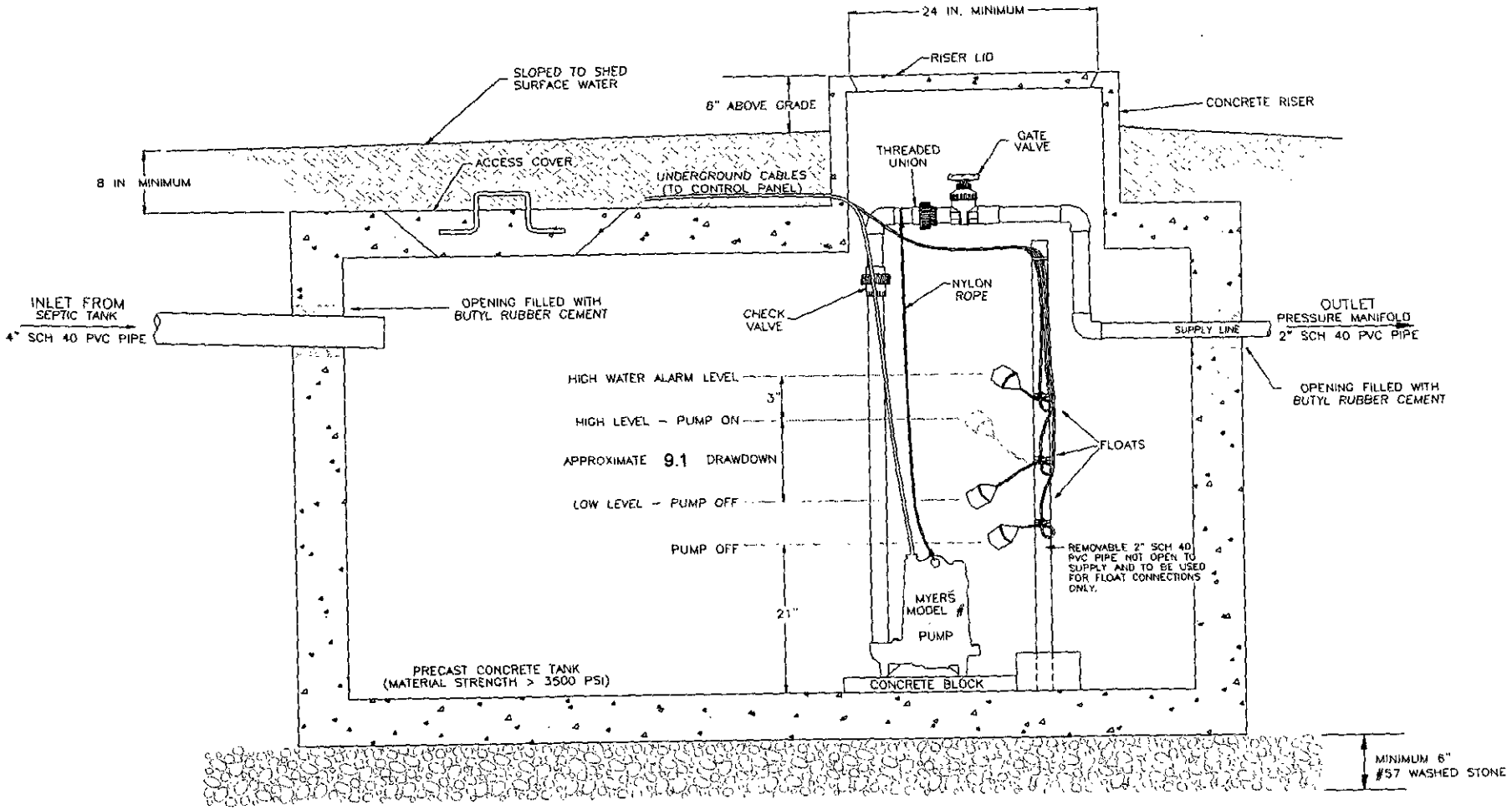


NOTES

1. TANK DIMENSIONS VARY BY MANUFACTURER.

1500 GALLON SEPTIC TANK

PROJECT NO	PROJECT NAME: **Cindi Mills/River Circle**	S&EC Soil & Environmental Consultants, Inc.
PROJECT MGR.		
SCALE: NTS	SHEET TITLE: SEPTIC TANK DIAGRAM	



NOTES

1. TANK DIMENSIONS VARY BY MANUFACTURER.
2. DRAWDOWN WILL VARY WITH TANK DIMENSIONS. DRAWDOWN SHOWN BASED ON 21 GALLONS PER INCH.

1500 GALLON PUMP TANK

PROJECT NO.	PROJECT NAME.	Cindi Mills/River Circle
PROJECT MGR.		
SCALE NTS	SHEET TITLE.	PUMP TANK DIAGRAM

S&EC

Soil & Environmental Consultants, Inc.

Web Page: www.SandEC.com

CALCULATIONS

Location Cindi Mills

Project Number 5-1230

Lot No: n/a

No. of Bedrooms	3	
Design Flow	360	$^{gal}/_{day}$
LTAR	0.225	$^{gal}/_{ft^2\,day}$
EZ-Lay? (YES OR NO)	YES	
Supply Line Length	350	ft.
Supply Line Volume	60.9	gal.
Required Feet of Line	400	ft.
Amount of Line from Layout	420	ft.
Gallons per Minute	47.87	$^{gal}/_{min}$
Required Septic Tank Capacity	1500	gal.
Minimum Standard Tank Size	1500	
Lateral Line Volume	274.26	gal.
Dosing Volume	191.98	gal.

Note: Dosing Volume based on 70% of the lateral line volume.

Tank Draw Down	9.1	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	4.01	minutes
Elevation Head	37	ft.
Pressure Head	2	ft.
Friction Factor	0.62	ft./100 ft. *(From the interpolater.)*
Friction Head	2.17	ft.
Total Dynamic Head (+15%)	47.35	ft.

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

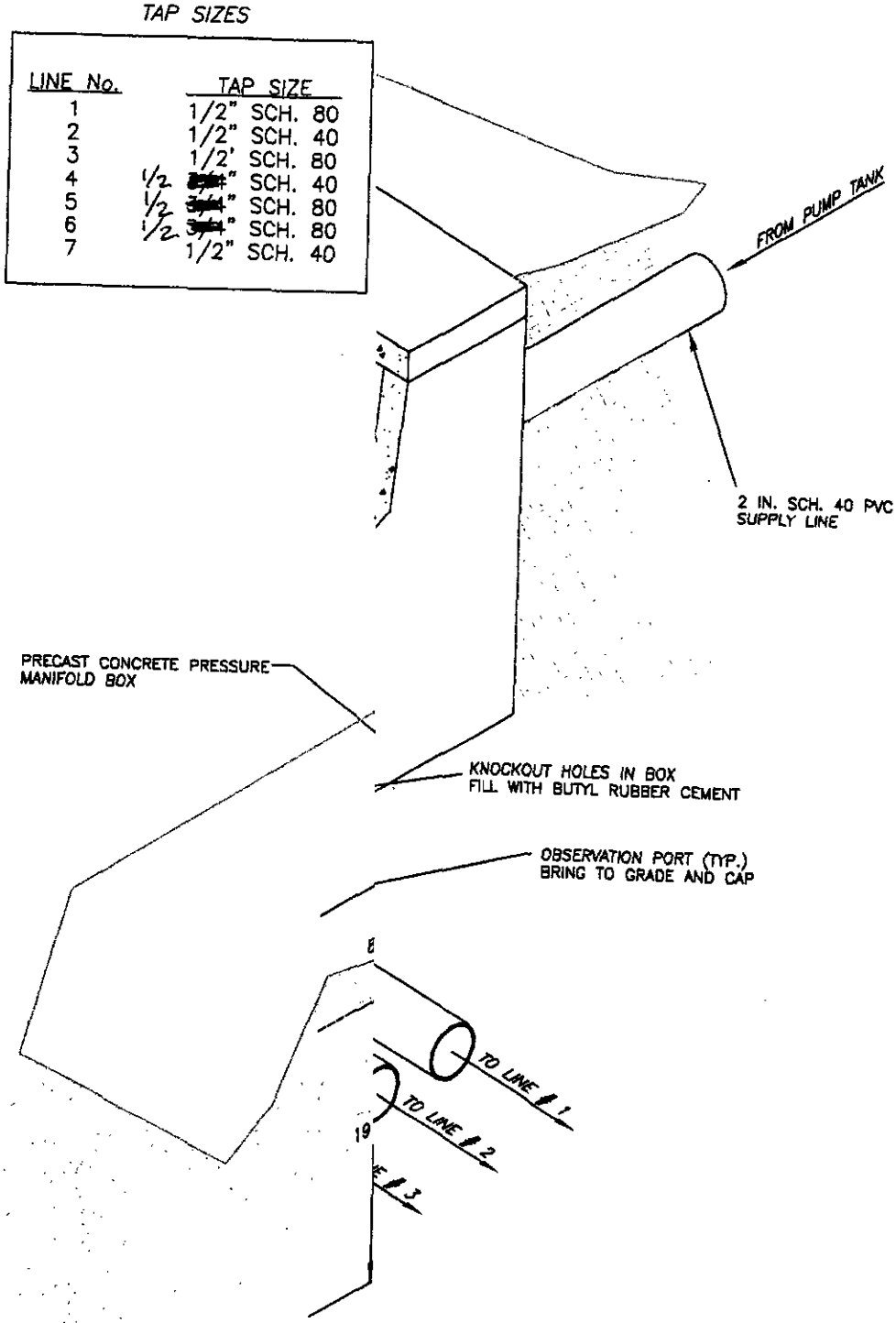
GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
47.87	4.23
50	4.58
57.11	5.89
60	6.42

FRICTION
INTERP
3" SCH

GPM
20
25
30
35
40
43.07
45
47.87
50
57.11
60

TAP SIZES

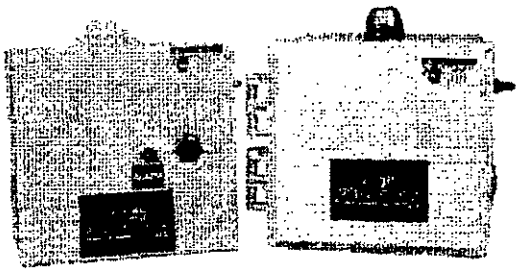
LINE No.	TAP SIZE
1	1/2" SCH. 80
2	1/2" SCH. 40
3	1/2' SCH. 80
4	1/2 [illegible]" SCH. 40
5	1/2 [illegible]" SCH. 80
6	1/2 [illegible]" SCH. 80
7	1/2" SCH. 40



MODEL 112 Control Panel

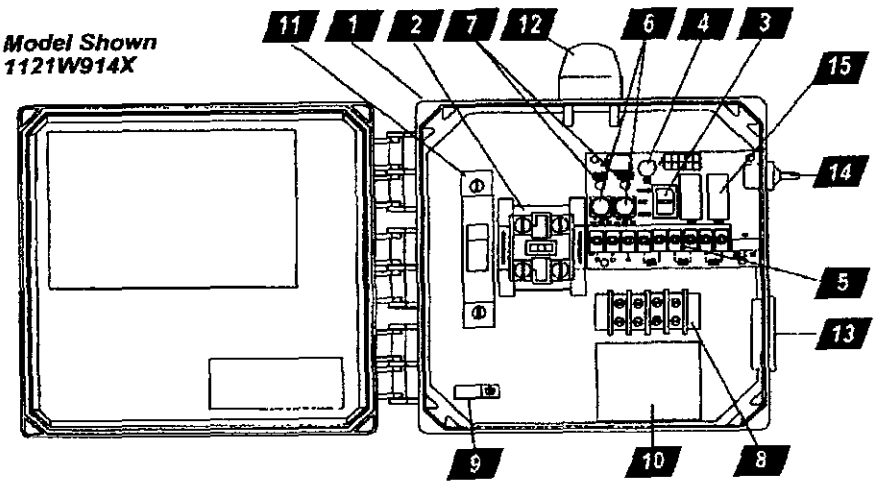
Single phase, simplex motor contactor control.

The Model 112 control panel provides a reliable means of controlling one 120, 208, or 240 VAC single-phase pump in pump chambers, sump pump basins, irrigation systems and lift stations. Two control switches activate a magnetic motor contactor to turn the pump on and off. If an alarm condition occurs, an additional alarm switch activates the audio/visual alarm system.



indoor *indoor/outdoor*

Model Shown
1121W914X



1. **Enclosure** measures 8 x 8 x 4 inches (20.32 X 20.32 X 10.16 cm). Choice of NEMA 1 (steel for indoor use), or NEMA 4X (ultraviolet stabilized thermoplastic with removable flanges for outdoor or indoor use).

   * Options selected may increase enclosure size and change component layout.

2. **Magnetic Motor Contactor** controls pump by switching hot electrical lines.
3. **HOA Switch** for manual pump control (mounted on circuit board).
4. **Green Pump Run Indicator Light** (mounted on circuit board).
5. **Float Switch Terminal Block** (mounted on circuit board).
6. **Alarm and Control Fuses** (mounted on circuit board).
7. **Alarm and Control Power Indicators** (mounted on circuit board).
8. **Pump Input Power and Pump Connection Terminal Block**
9. **Ground Lug**
10. **Terminal Block Installation Label**
11. **Circuit Breaker** (optional) provides pump disconnect and branch circuit protection.

STANDARD ALARM PACKAGE (other options available)

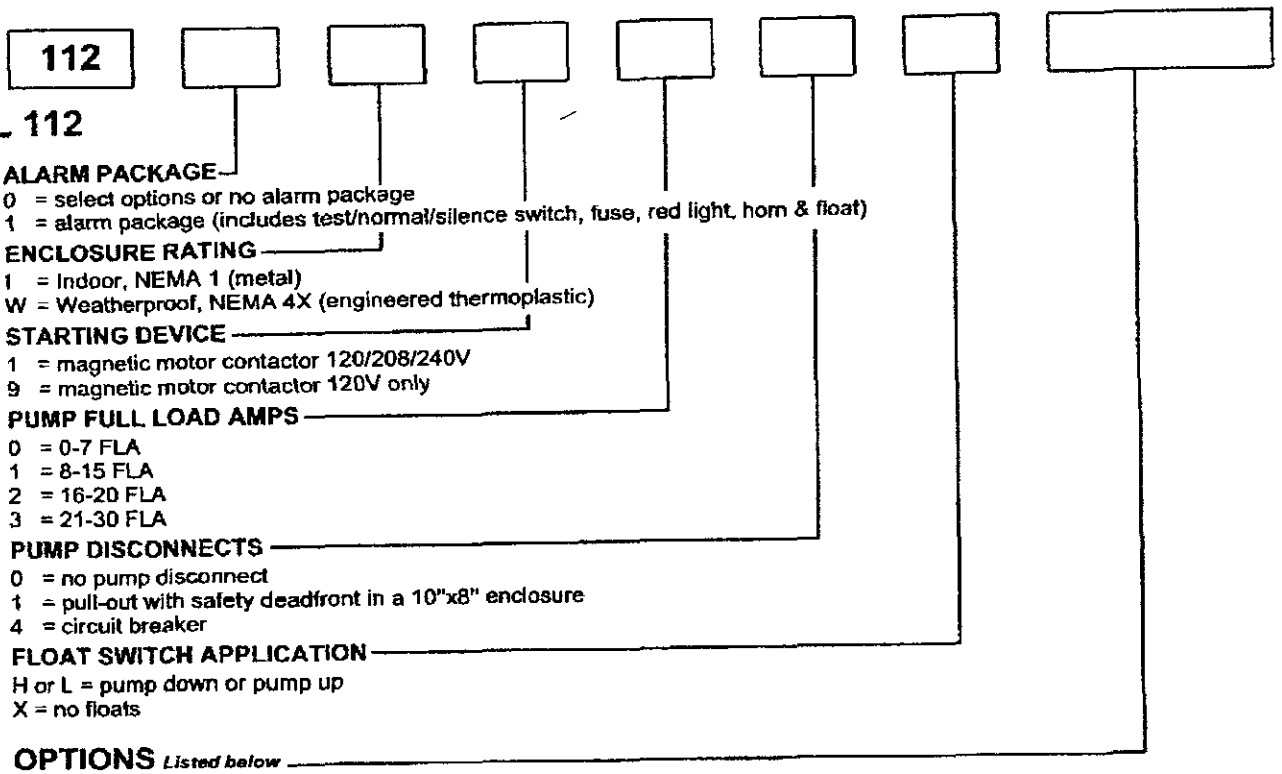
12. **Red Alarm Beacon** provides 360° visual check of alarm condition. **Note:** NEMA 1 style utilizes a door mounted indicator in lieu of a beacon.
13. **Alarm Horn** provides audio warning of alarm condition (83 to 85 decibel rating). **Note:** NEMA 1 style utilizes an internally mounted buzzer (83 to 85 decibel) in lieu of horn.
14. **Exterior Horn Test/Normal/Silence Switch** allows alarm horn to be silenced and testing of horn and light to ensure proper operation of alarm system.
15. **Horn Silence Relay** automatically resets alarm after alarm condition has been resolved (mounted on circuit board).

FEATURES

- Entire control system (panel and switches) is UL Listed to meet and/or exceed industry safety standards
- Dual safety certification for the United States and Canada
- Standard package includes three 20' Sensor Float® control switches
- Complete with step-by-step installation instructions
- Three-year limited warranty

c UL us
LISTED

SJE Rhombus CONTROLS
SJ ELECTRO SYSTEMS, INC.
PO Box 1708, Detroit Lakes, MN 56502
1-888-DIAL-SJE 1-218-847-1317
1-218-847-4617 Fax
email: sje@sjerhombus.com
www.sjerhombus.com



MODEL 112

ALARM PACKAGE
0 = select options or no alarm package
1 = alarm package (includes test/normal/silence switch, fuse, red light, horn & float)

ENCLOSURE RATING
I = Indoor, NEMA 1 (metal)
W = Weatherproof, NEMA 4X (engineered thermoplastic)

STARTING DEVICE
1 = magnetic motor contactor 120/208/240V
9 = magnetic motor contactor 120V only

PUMP FULL LOAD AMPS
0 = 0-7 FLA
1 = 8-15 FLA
2 = 16-20 FLA
3 = 21-30 FLA

PUMP DISCONNECTS
0 = no pump disconnect
1 = pull-out with safety deadfront in a 10"x8" enclosure
4 = circuit breaker

FLOAT SWITCH APPLICATION
H or L = pump down or pump up
X = no floats

OPTIONS *Listed below*

★ Options selected may increase enclosure size and change component layout.

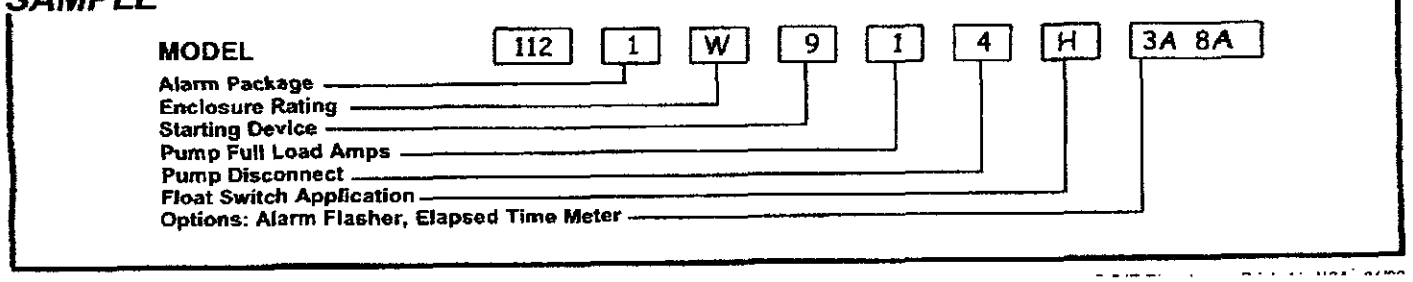
If additional features are required, call the factory for a quote on either a Pro-Line or Engineered Custom control panel system.

CODE	DESCRIPTION
1A	Red beacon only / no audio *must select 1E if floats included*
1C	Horn only / no visual *must select 1E if floats included*
1E	Alarm float
3A	Alarm flasher
★ 4A	Low level cutout *select option 4D if floats included*
★ 4B	Red low-level indicator & alarm *must select 4A also*
4D	Low-level float
6A	Auxiliary alarm contact, form C type
★ 8A	Elapsed time meter
★ 8C	Event (cycle) counter
10E	Lockable latch - NEMA 4X
10E	Lockable latch - NEMA 1
★10F	Lightning arrester
★10K	Anti-condensation heater

CODE	DESCRIPTION
11C	NEMA 1 alarm panel *must select option 6A*
11D	NEMA 4X alarm panel *must select option 6A*
15A	Control / alarm circuit breaker *Does not include the circuit board as in standard.*
16A	10' cord in lieu of 20'
16B	15' cord in lieu of 20'
16C	30' cord in lieu of 20'
16D	40' cord in lieu of 20'
17A	SJE SignalMaster® / mounting strap ●
17B	SJE SignalMaster® / externally weighted ●
17C	Sensor Float® / internally weighted ▲
17D	Sensor Float® / externally weighted ▲
17E	Sensor Float® Mini / pipe clamp ▲
17F	Sensor Float® Mini / externally weighted ▲
19X	Door mounted pump run indicator
21A	Pumpmaster® in lieu of on/off switches ●
21B	PumpMaster® Plus in lieu of on/off switches ●
21C	Super Single® in lieu of on/off switches ▲
21D	Double Float™ in lieu of on/off switches ▲

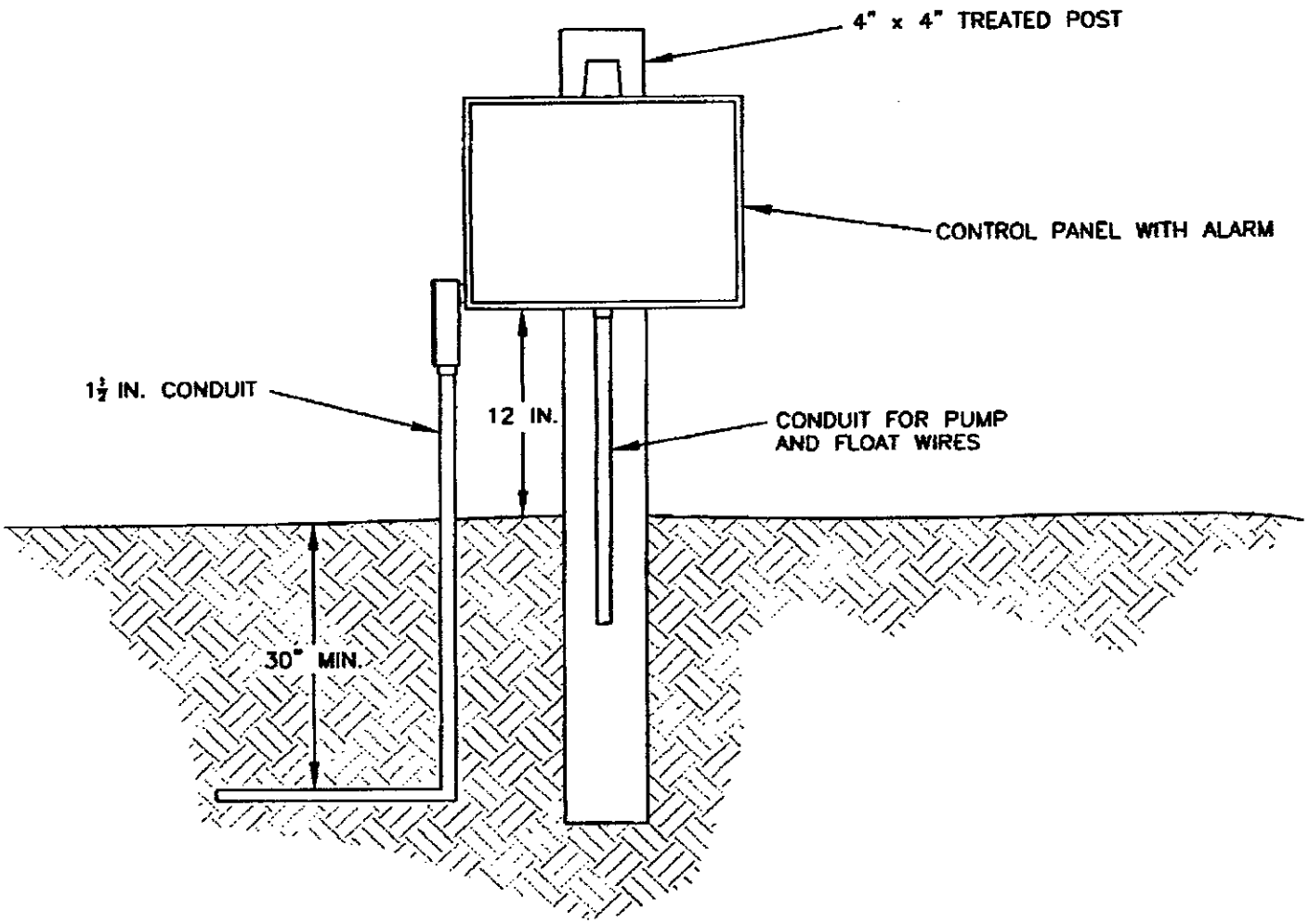
● Mechanically-activated ▲ Mercury-activated

SAMPLE



© SJE-Rhombus Printed in USA 01/00

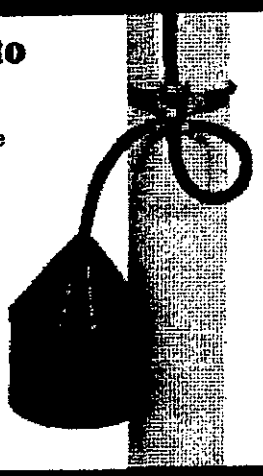
ELECTRIC BOX



NOTES: ELECTRICAL SYSTEM COMPONENTS SHALL BE INSTALLED TO MEET OR EXCEED MINIMUM REQUIREMENTS SPECIFIED IN THE ELECTRICAL COME. ALL WIRING SHALL BE #12 MINIMUM, AND RATED FOR DIRECT BURY. PROVIDE GROUNDING AS REQUIRED, AND PROVIDE 30" MINIMUM BURY ON CABLES. PROVIDE ONE 20 AMP, DOUBLE POLE, 230 VOLT CIRCUIT BREAKER (FOR PUMP), AND ONE 20 AMP, SINGLE POLE, 115 VOLT CIRCUIT BREAKER (FOR ALARM) IN MAIN PANEL.

SENSOR FLOAT® control switch

Mercury-activated, narrow-angle float switch designed to activate pump control panels and alarms.



This narrow-angle sensing device is used to accurately monitor liquid levels in sewage and non-potable water applications. The Sensor Float® control switch is not sensitive to rotation and is suitable for use with intrinsically safe circuits. Contact SJE-Rhombus regarding specific intrinsically safe applications.

Normally Open Model (high level)
The control switch turns on (closes) when the float tips slightly **above** horizontal signaling a high level, and turns off (opens) when the float drops slightly below horizontal.

Normally Closed Model (low level)
The control switch turns on (closes) when the float drops slightly **below** horizontal signaling a low level, and turns off (opens) when the float tips slightly above horizontal.

FEATURES

- Suitable for use with intrinsically safe circuits.
- Not sensitive to rotation.
- Control differential of .5 inches (1 cm) above or below horizontal.
- UL Listed for use in non-potable water and sewage.
- CSA Certified.
- Three-year limited warranty.

LR54245 LISTED 83NZ

Hydraulic

OPTIONS

This switch is available:

- for normally open (high level) applications or normally closed (low level) applications.
- in standard cable lengths of 10, 15, 20, or 30 feet and 3, 5, 6, or 10 meters.
- with three mounting options that allow for flexibility in installation:

  Mounting Clamp: for applications where the switch can be attached to a discharge pipe or similar mounting device.

  Internally Weighted: for applications where the switch can be suspended from above.

  Externally Weighted: for applications where the switch can be suspended from above.

SPECIFICATIONS

CABLE: flexible 18 gauge, 2 conductor (UL,CSA) SJOW, water-resistant (CPE) jacket

FLOAT: 3.38 inch diameter x 4.55 inch long (8.58 cm x 11.56 cm), high-impact, corrosion resistant, PVC housing for use in sewage and non-potable water up to 140°F (60°C)

MAXIMUM WATER DEPTH: 30 feet (9 meters), 13 psi

MERCURY TILT SWITCH: single pole, single throw, mercury-to-mercury contacts, hermetically sealed in a steel capsule and epoxy sealed in the float housing

ELECTRICAL: 5 amp, 120/230 VAC, 50/60 Hz

CONTROLS SJERhombus SJ ELECTRO SYSTEMS, INC.
PO Box 1708, Detroit Lakes, MN 56502
1-888-DIAL-SJE 1-218-847-1317
1-218-847-4617 Fax
email: sje@sjerhombus.com
www.sjerhombus.com

Sensor Float® control switch installation instructions

⚠WARNING **ELECTRICAL SHOCK HAZARD**
Disconnect power before installing or servicing this product. A qualified service person must install and service this product according to applicable electrical and plumbing codes.

⚠WARNING **EXPLOSION OR FIRE HAZARD**
Do not use this product with flammable liquids. Do not install in hazardous locations as defined by National Electrical Code, ANSI/NFPA 70.

Failure to follow these precautions could result in serious injury or death. Replace product immediately if switch cable becomes damaged or severed. Keep these instructions with warranty after installation. This product must be installed in accordance with National Electric Code, ANSI/NFPA 70 so as to prevent moisture from entering or accumulating within boxes, conduit bodies, fittings, float housing, or cable.

MOUNTING THE SWITCH

1. Place the cord into the clamp as shown in Figure B.
2. Locate clamp at desired activation level and secure the clamp to the discharge pipe as shown in Figures A and B. **Note:** Do not install cord under hose clamp.
3. Tighten the hose clamp using a screwdriver. Over tightening may result in damage to the plastic clamp. Make sure the float cable is not allowed to touch the excess hose clamp band during operation.
4. Bring cable leads back to control device and wire according to Figure C.
5. Check installation. Allow system to cycle to insure proper operation.

Note: All hose clamp components are made of 18-8 stainless steel material. See your SJE-Rhombus supplier for replacements.

Figure A

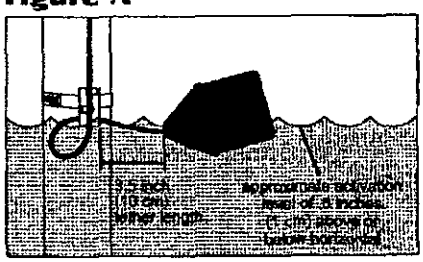
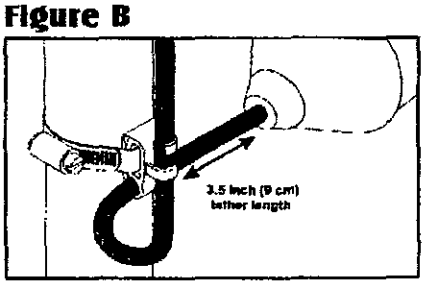


Figure B



INTERNAL WEIGHT

1. Determine desired activation level.
2. Suspend switch 7 inches (18 cm) below desired activation level as shown in Figure D. Switch remains partially submerged during the "on" tipping action. Switch can be totally submerged and still continue to operate properly.
3. Wire cable leads directly into control device as shown in Figure C.
4. Check installation. Allow system to cycle to insure proper operation.

Figure C - Wiring Diagram

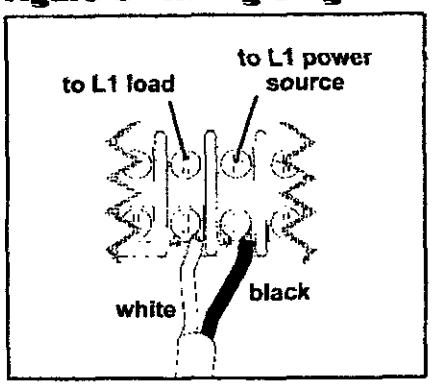
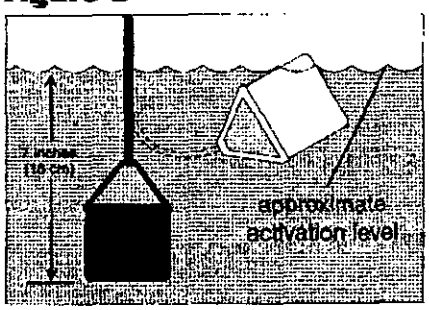


Figure D



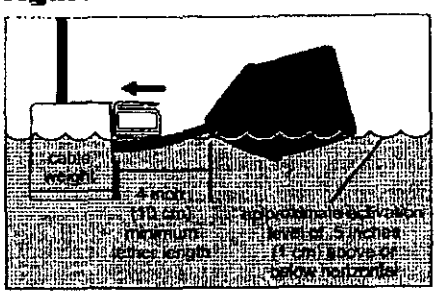
CABLE WEIGHT

1. Determine desired activation level.
2. Suspend switch and cable weight at desired activation level as shown in Figure E.
3. Wire cable leads directly into control device as shown in Figure C.
4. Check installation. Allow system to cycle to insure proper operation.

Cable weight is attached to switch cable at the factory. To adjust:

1. Release clip.
2. Adjust cable weight to desired position.
3. Lay switch cable in weight channel.
4. Align clip with weight channel and slide towards switch cable as shown in Figure E.
5. Snap clip snugly up to cable, moving clip to tightest possible position.

Figure E



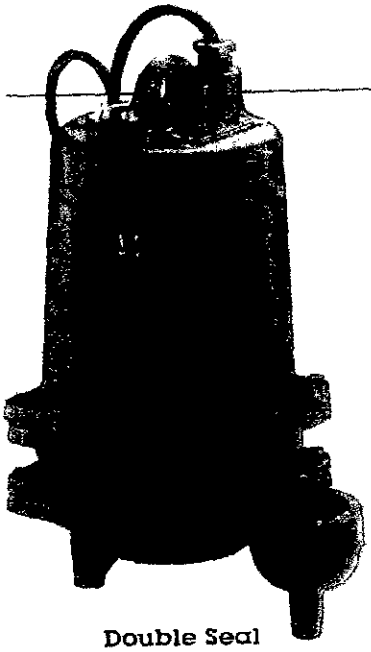
CONTROLS
SJE Rhombus®
SJ ELECTRO SYSTEMS, INC.
22650 County Highway 6 ■ P.O. Box 1708 ■ Detroit Lakes, Minnesota 56502 USA
1-888-DIAL-SJE (1-888-342-5753) ■ Phone: 218-847-1317 ■ Fax: 218-847-4617
E-mail: sje@sjerhombus.com

Instl. Instr. PN 1009646A
Cat. Page PN 1009509A

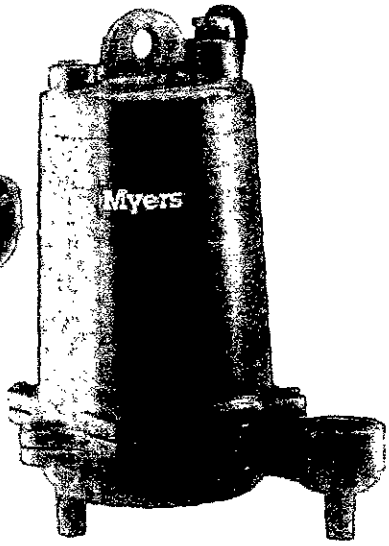
©SJE-Rhombus
Printed in USA 03/00

ME SERIES

1/2 through 1-1/2 HP
Effluent Pumps



Double Seal



Single Seal

THE MYERS ME SERIES EFFLUENT PUMPS ARE DESIGNED SPECIFICALLY FOR TODAY'S EFFLUENT PRESSURE DISTRIBUTION MOUNDS, TRENCHES AND HIGH FLOW DRAINAGE APPLICATIONS. The ME Series effluent pumps with their efficient two vane, enclosed impellers, provide the ideal performance for optimum dosing. ME Series pumps are constructed of only corrosion resistant materials like cast iron, stainless steel and thermoplastics to assure that they will perform for years to come in the harsh effluent environment and drainage applications. For more information, call your Myers distributor today or the Myers Ashland, Ohio sales office at 419/289-1144.

ADVANTAGES BY DESIGN

IDEAL FOR USE IN MOUND AND TRENCH PRESSURE DISTRIBUTION SYSTEMS

- High efficiency, two vane, enclosed impeller provides ideal performance for most efficient dosing.
- Impeller passes full ¾ inch solids.
- Enclosed impeller design eliminates possibility of jamming or corrosion between impeller and volute.

DURABLE MOTOR WILL DELIVER MANY YEARS OF RELIABLE SERVICE

- Oil-filled motor for maximum heat dissipation and constant bearing lubrication.
- High torque, permanent split capacitor (PSC), single phase motors. No starting switches or relays to wear out.
- Optional seal leak probe warns of seal leak condition. (Dual seal motors only.) Helps prevent costly motor damage.
- Motors have on winding current and temperature sensitive overload. (Single phase only.)

THE ME SERIES EFFLUENT PUMPS ARE DESIGNED FOR YEARS OF MAINTENANCE FREE OPERATION

- Volute seal ring is replaceable. Restores pump to original performance if wear should occur.
- Motor is held in place by 4 screws. Easily removed if service is ever needed.

PRODUCT CAPAILITIES

Capacities To	120 GPM	454 LPM
Heads To	95 ft.	28.9 m
Max. Spherical Solids	¾ in.	19 mm
Liquids Handling	domestic effluent & drain water	
Intermittent Liquid Temp.	up to 140° F	up to 60° C
Motor Electrical Data	1/2 HP 115 volts, 1 ph 1/2 to 1-1/2 HP 230 volts, 1 ph 208, 230, 460, 575 volts, 3 ph oil-filled, permanent split capacitor type, 1 ph, 3450 rpm, 60 Hz	
Motor Insulation	Class B (130° C)	
Third Party Approvals	UL, CSA	
Acceptable pH Range	6-9	
Specific Gravity	.9-1.1	
Viscosity	28-35 SSU	
Discharge, NPT	2 in.	50.8 mm
Min. Sump Dia. Simplex	24 in.	61 cm
Duplex	36 in.	91.4 cm

Construction Materials	
Motor Housing, Volute	cast iron, Class 30, ASTM A48-76
Enclosed Two Vane Impeller Standard	engineered thermoplastic
Optional	bronze
Impeller Wear Ring	304 SST
Volute Sealing Ring	Buna-N
Shaft	416 SST
Power Cord	
1/2 HP 1 Ph	20 ft. 16/3 SJOW/SJOW-A
3/4 - 1-1/2 HP 1 Ph	20 ft. 14/3 SJOW/SJOW-A
All 3 Ph	20 ft. 14/4 SOW/SOW-A
Shaft Seals Standard	single carbon & ceramic
Optional	tandem carbon & ceramic
Opt. Lower	tungsten carbide
Fasteners	300 Series SST

WHERE INNOVATION MEETS TRADITION

ME SERIES

1/2 through 1-1/2 HP
Effluent Pumps

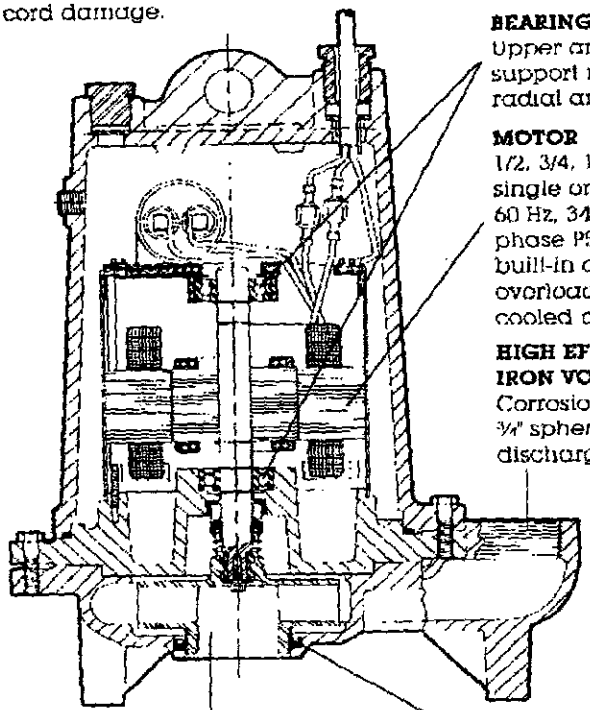
POWER CORD
Jacket sealed with compression fittings. Individual wires potted with epoxy to prevent wicking in case of cord damage.

MOTOR HOUSING
Cast iron for efficient heat transfer and corrosion resistance.

BEARINGS
Upper and lower ball support rotor. Take radial and thrust loads.

MOTOR
1/2, 3/4, 1 and 1-1/2 HP single or three phase. 60 Hz, 3450 RPM. Single phase PSC motors have built-in on winding overload protection, oil-cooled and lubricated.

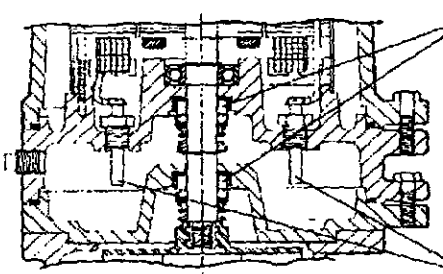
HIGH EFFICIENCY CAST IRON VOLUTE
Corrosion resistant. Passes ⅜" spherical solids. 2" NPT discharge.



ENCLOSED TWO VANE IMPELLER
High efficiency. Passes ⅜" spherical solids with stainless steel wear ring. Optional bronze construction available.

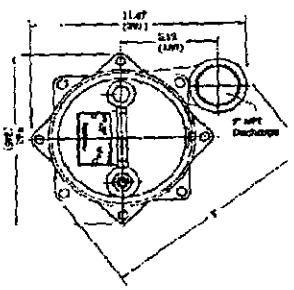
VOLUTE/IMPELLER SEAL RING
Maintains high efficiency and reduces recirculation. Replaceable.

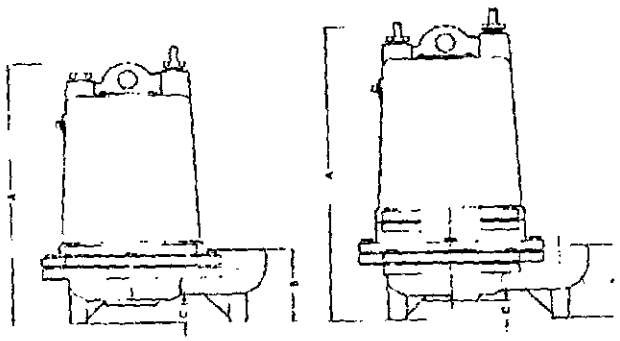
SHAFT SEAL(S)
Carbon and ceramic faces. Optional dual tandem seals. Extends motor life.



SEAL LEAK PROBES
Optional probes (dual seal only) detect water leakage in seal housing. Activates warning light.

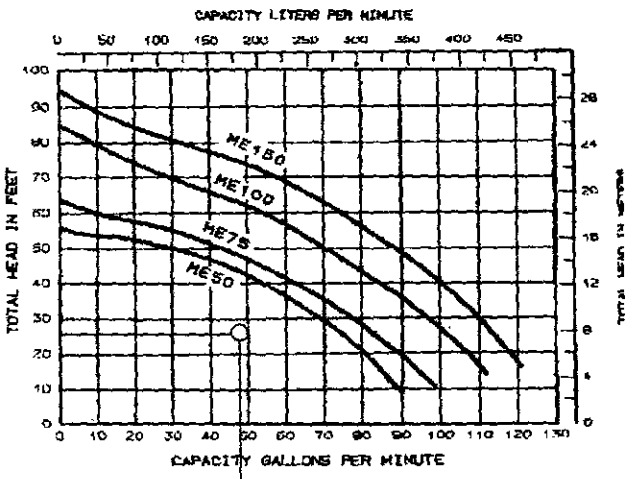
DIMENSIONS





Model Series	Inches (millimeters)			
	A	B	C	F
ME50S	16.8 (427)	4.09 (104)	1.03 (26)	12.13 (308)
ME50D	18.6 (472)	4.09 (104)	1.03 (26)	12.13 (308)
ME75S, ME100S, ME150S	16.8 (427)	4.0 (102)	1.06 (27)	12.5 (318)
ME75D, ME100D, ME150D	18.6 (472)	4.0 (102)	1.06 (27)	12.5 (318)

PERFORMANCE CURVE



K3320 9/98
Printed in U.S.A.

Myers
PENTAIR PUMP GROUP

F. E. Myers, 1101 Myers Parkway, Ashland, Ohio 44805-1969
419/289-1144, FAX: 419/289-6658, www.femyers.com
Myers (Canada), 269 Trillium Drive, Kitchener, Ontario N2G 4W5
519/748-5470, FAX: 519/748-2553

2860B

7

WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR (INDIVIDUAL) NAME (print): Joseph A. Bailey CERTIFICATION #: 3171

WELL CONTRACTOR COMPANY NAME: B&K Well Drilling Inc PHONE #: 704 892-4690

STATE WELL CONSTRUCTION PERMIT#: (If applicable) ASSOCIATED WQ PERMIT#: (If applicable)

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

2. WELL LOCATION: Nearest Town: Charlotte County: Mck.
7506 River Circle
(Street Name, Number, Community, Subdivision, Lot No., Zip Code)

Topographic/Land setting: ☐Ridge ☐Slope ☐Valley ☐Flat (check appropriate box)

Latitude/longitude of well location: ° ' " (degrees/minutes/seconds)

Latitude/longitude source: ☐GPS ☐Topographic map (check box)

3. OWNER: Cynthia Mills
Address: 7506 River Circle (Street or Route No.)
Charlotte NC
City or Town State Zip Code
( ) Area code - Phone number

4. DATE DRILLED: 5/4/05

5. TOTAL DEPTH: 405

6. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☒

7. STATIC WATER LEVEL Below Top of Casing: 50 FT. (Use "+" if Above Top of Casing)

8. TOP OF CASING IS: 12inches FT. Above Land Surface* *Top of casing terminated at or below land surface must be in accordance with 15A NCAC 2C .0118.

9. YIELD (gpm): 3 METHOD OF TEST: open flow

10. WATER ZONES (depth): 150/275/300

11. DISINFECTION: Type: Chlorine Amount: 1 bag

12. CASING:

	Depth	Diameter	Wall Thickness or Weight/Ft.	Material
From 0 To 702 Ft.		6"	18	PVC
From ____ To ____ Ft.				
From ____ To ____ Ft.				

13. GROUT:

	Depth	Material	Method
From 0 To 20 Ft.		Sand-mix	Hand-mix
From ____ To ____ Ft.			

14. SCREEN:

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

15. SAND/GRAVEL PACK:

	Depth	Size	Material
From ____ To ____ Ft.			
From ____ To ____ Ft.			

16. 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.

Joseph Bailey 5/5/05

SIGNATURE OF PERSON CONSTRUCTING THE WELL DATE

LOCATION SKETCH

Show direction and distance in miles from at least two State Roads or County Roads. Include the road numbers and common road names.

Submit the original to the Division of Water Quality, Groundwater Section, 1636 Mail Service Center - Raleigh, NC 27699-1636 Phone No. (919) 733-3221, within 30 days.

GW-1 REV. 07/2001

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

January 19, 2006

Cynthia Mills
1759 Stanley Lucia Road
Mt. Holly, NC 28120

Re: Well Water Sampling Results
7506 River Circle
Tax Parcel # 023-085-20

Dear Ms. Mills:

On November 22, 2005 the Mecklenburg County Groundwater & Wastewater Service sampled the drinking water from the well located on the above referenced parcel. The sample was analyzed for the following parameters: Total Coliform and Nitrate.

Laboratory results for the analysis are attached and indicate that at the time of sampling, no Total Coliform bacteria were present and the Nitrate level was 0.75 mg/L. (Nitrate-N levels are acceptable if $\leq$ 10 mg/L).

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

Sincerely,

Kim Garrett
Environmental Health Specialist
Mecklenburg County Groundwater & Wastewater Services
garreks@co.mecklenburg.nc.us
704-432-4259

Enclosure:
Laboratory Analysis

CHARLOTTE

Laboratory Analysis Report
Report Date: 11/25/2005 10:38 AM

LABORATORY SERVICES DIVISION

LOCATION: GWS-7506
LOC ID: G-SPEC
SAMPLE DATE-TIME: 11/22/2005 11:10
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB55430
CHAIN OF CUSTODY #: 05110402

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB55430	**E. COLI-PA**	**absent**	**P/A**		SM 9223B	11/22/2005 15:25	KEK
AB55430	**Total Coliform**	**absent**	**P/A**		SM 9223B	11/22/2005 15:25	KEK

Comment:

Laboratory Supervisor: _____

Laboratory Certifications: McAlpine NC DENR No.148; Brookshire NC DENR No.162; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

CHAIN OF CUSTODY RECORD

Hal Marshall Laboratory, 700 North Tryon St., Charlotte, NC 28202, 704/336-5460

PAGE 1 OF 1

CLIENT: MECKLENBURG COUNTY, LUESA - GROUNDWATER AND WASTEWATER SERVICES

FACILITY: GROUNDWATER (Potable Water)

LOCATION / ADDRESS: 7506 River Circle

LAB CODE (circle one): REAL PRIV (NEW) TNC MPL PME OTHER

Send Report To: Kim Garrett, 700N Tryon St. Ste. 205, Charlotte, NC 28202

COC#: a5110402

Sampled By (Print Name): Kim Garrett

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System	Sample Temperature: Collection Temp	Sample Temperature: Receipt Temp	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform	Nitrate **See Note**	Nitrite	Nitrate + Nitrite	Fluoride	Hardness	Metals	Fecal Coliform	Fecal Strep	Pest/PCB, EPA 608	Herb, EPA 8151	VOA, EPA 8260	Semi, EPA 8270
ABSS 430																																
GWS-7506	kg	11/22/05 11:10 AM		N		1.5				X	100 ml		1						X		X												

NOTES: Complete yellow shaded sections; each "X" needs to be circled.

Itemize requested Metals here:

COMMENTS:

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Kim Garrett	Kevin Lee Cox	11-22-05	1[illegible]
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

Form Revision 05; effective 11/04/2005

NITRATE NOTE: IF ONLY REQUESTING NITRATE 2 BOTTLES (1-250 W/H2SO4 & 1-125 ML W/NO PRES) ARE REQUIRED

CODES: **REAL**=REAL ESTATE TRANSACTION **PRIV**=PRIVATE WELL SAMPLING BY REQUEST OR FOR REPAIR **NEW**=NEW WELL (PERMIT)

CHARLOTTE

Laboratory Analysis Report
Report Date: 12/13/2005 11:16 AM

LABORATORY SERVICES DIVISION

LOCATION: GWS-7506
LOC ID: G-SPEC
SAMPLE DATE-TIME: 11/22/2005 11:10
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB55431
CHAIN OF CUSTODY #: 05110403

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB55431	**NITRATE**	**0.75**	**mg/L**	0.05	EPA 353.2	11/23/2005 16:00	EWN

Comment:

Laboratory Supervisor: _____

Laboratory Certifications: McAlpine NC DENR No.148; Brookshire NC DENR No.162; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

Hal Marshall Laboratory, 700 North Tryon St., Charlotte, NC 28202, 704/336-5460

CHAIN OF CUSTODY RECORD

PAGE 1 OF 1

CLIENT: MECKLENBURG COUNTY, LUESA - GROUNDWATER AND WASTEWATER SERVICES

FACILITY: GROUNDWATER (Potable Water)

LOCATION / ADDRESS: 7506 River Circle

LAB CODE (circle one): REAL PRIV (NEW) TNC MPL PME OTHER

Send Report To: Kim Garrett, 700N Tryon St. Ste. 205, Charlotte, NC 28202

COC#: 05110403

Sampled By (Print Name): Kim Garrett

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System	Sample Temperature: Collection Temp	Sample Temperature: Receipt Temp	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	Chemical Preservative: HNO3	Chemical Preservative: H2SO4	Chemical Preservative: NaOH	Chemical Preservative: HCl	Chemical Preservative: Na2S2O3	Chemical Preservative: pH Correct	Analyses Requested: Total Coliform	Analyses Requested: Nitrate **See Note**	Analyses Requested: Nitrite	Analyses Requested: Nitrate + Nitrite	Analyses Requested: Fluoride	Analyses Requested: Hardness	Analyses Requested: Metals	Analyses Requested: Fecal Coliform	Analyses Requested: Fecal Strep	Analyses Requested: Pest/PCB, EPA 608	Analyses Requested: Herb, EPA 8151	Analyses Requested: VOA, EPA 8260	Analyses Requested: Semi, EPA 8270	Analyses Requested: Sulfate
GWS-7506	kg	11/22/05 1110 AM		N		15				X	500 ML		1			X					X													
				N						X	125 ML		1	X								X													

NOTES: Complete yellow shaded sections; each "X" needs to be circled.

Itemize requested Metals here:

COMMENTS:

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
[signature]	[signature]	11-22-05	1515
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

Form Revision 05; effective 11/04/2005

NITRATE NOTE: IF ONLY REQUESTING NITRATE 2 BOTTLES (1-250 W/H2SO4 & 1-125 ML W/NO PRES) ARE REQUIRED

CODES: **REAL**=REAL ESTATE TRANSACTION **PRIV**=PRIVATE WELL SAMPLING BY REQUEST OR FOR REPAIR **NEW**=NEW WELL (PERMIT)

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 #: 10000029 **Tax Parcel #:** 023-085-20
Property Owner: Cynthia Mills
Job Location Address:7506 RIVER CIR
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28216
Permit Issuance Date: 4/19/2005
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 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 Michelove, R.S.
Authorized Agent: Print Name

Jeremy Michel R.S.
Signature:

Owner/Legal Agent: Print Name

Signature:

PERMIT # 10000029

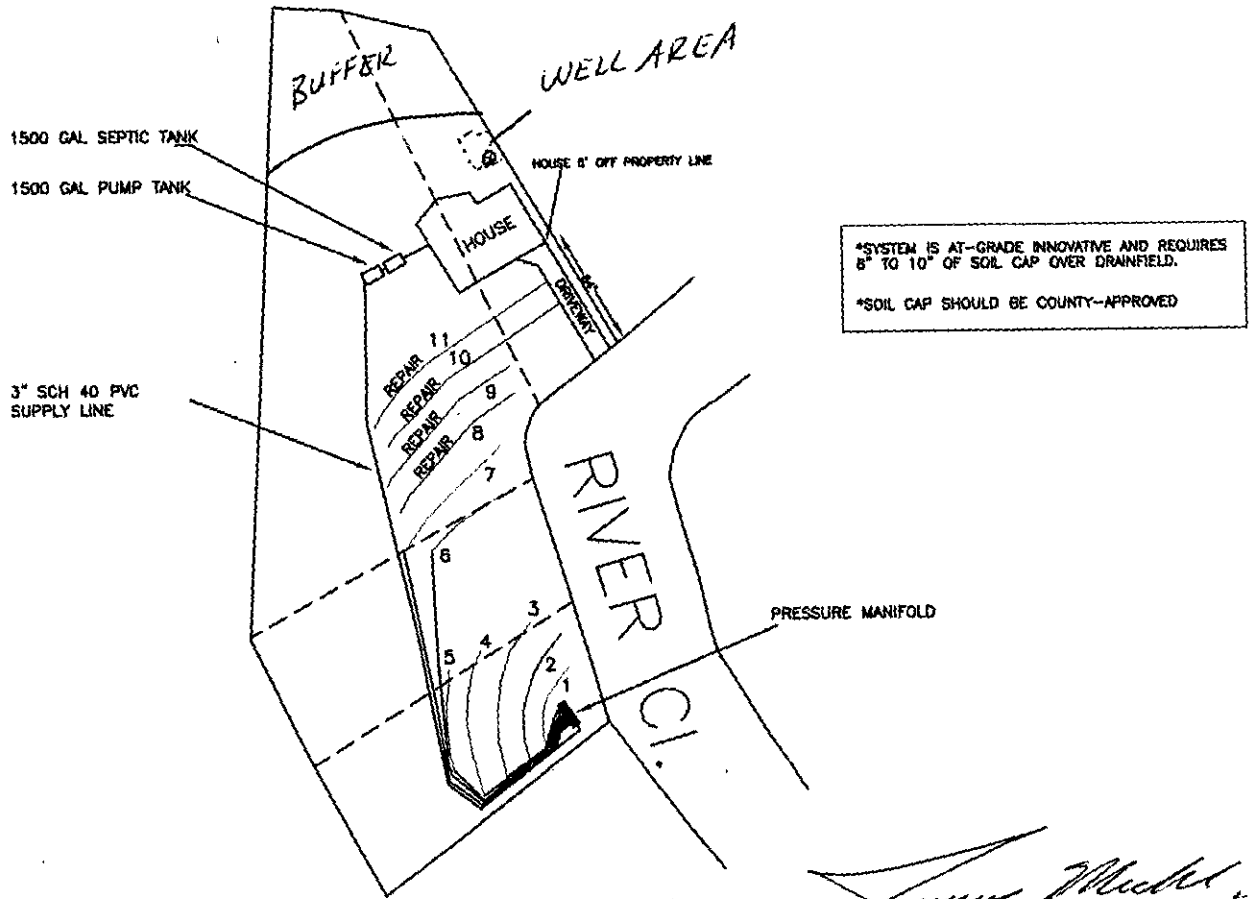
FILE # 28608

**SUITABLE FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE. SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND TOPOGRAPHIC IRREGULARITIES. THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS. SOME OTHER CONSIDERATIONS THAT AFFECT SITE SUITABILITY THAT SHOULD BE CONSIDERED IN DEVELOPMENT DESIGN ARE:

1) 10' SETBACK FROM PROPERTY LINE
2) 100' SETBACK FROM ANY WELL
3) 50' SETBACK FROM STREAMS, PONDS OR LAKES.

See accompanying S&EC report.

Keep Well > 25' from House
> 100' from Lake
> 50' from septic system



*SYSTEM IS AT-GRADE INNOVATIVE AND REQUIRES 8" TO 10" OF SOIL CAP OVER DRAINFIELD.

*SOIL CAP SHOULD BE COUNTY-APPROVED

GRAPHIC SCALE
1" = 100'

100 0 100 200

Larry Mucket, P.E.
4/21/05

DRAFT
FOR REVIEW ONLY

PROJECT NO.	15-1230
PROJECT MGR.	W.O.
DRAWN BY	W.O.
FIELD WORK	W.O.
SCALE	1" = 100'
FILE	C:\15-1230

Soil & Environmental Consultants, PA
238 Lafayette Cir., Suite C • Concord, North Carolina 28025 • Phone (704)720-9455 • Fax (704) 720-9404

S&EC

PROJECT NAME
CINDI MILLS
- RIVER CIRCLE -
MECKLENBURG COUNTY, NORTH CAROLINA
MARCH 2005

SHEET TITLE
SEPTIC SYSTEM LAYOUT-3 BEDROOM
SKETCH MAP

400.00 CK # 3640 JC

GWS – RES. APP 12/04

5/19/05

[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 # 28608

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 #: 023-085-20
STREET ADDRESS: 7506 River Circle
CITY: Charlotte
STATE: NC ZIP: 28216
SUBDIVISION OR MOBILE HOME PARK NAME: RIVERVIEW ACRES
LOT #: 11 MBK 9, P9 57
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: 2800
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: 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: Cynthia Mills
ADDRESS: 1759 Stanley Lucia Rd.
CITY: Mt. Holly
STATE: NC ZIP: 28120
HOME PHONE: 704-263-9556 WORK PHONE: 704-263-9556
MOBILE PHONE: 704-575-0397 FAX: 704-263-4641

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? 3/25/99
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.

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.

Cynthia Mills 5/19/05
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

0753

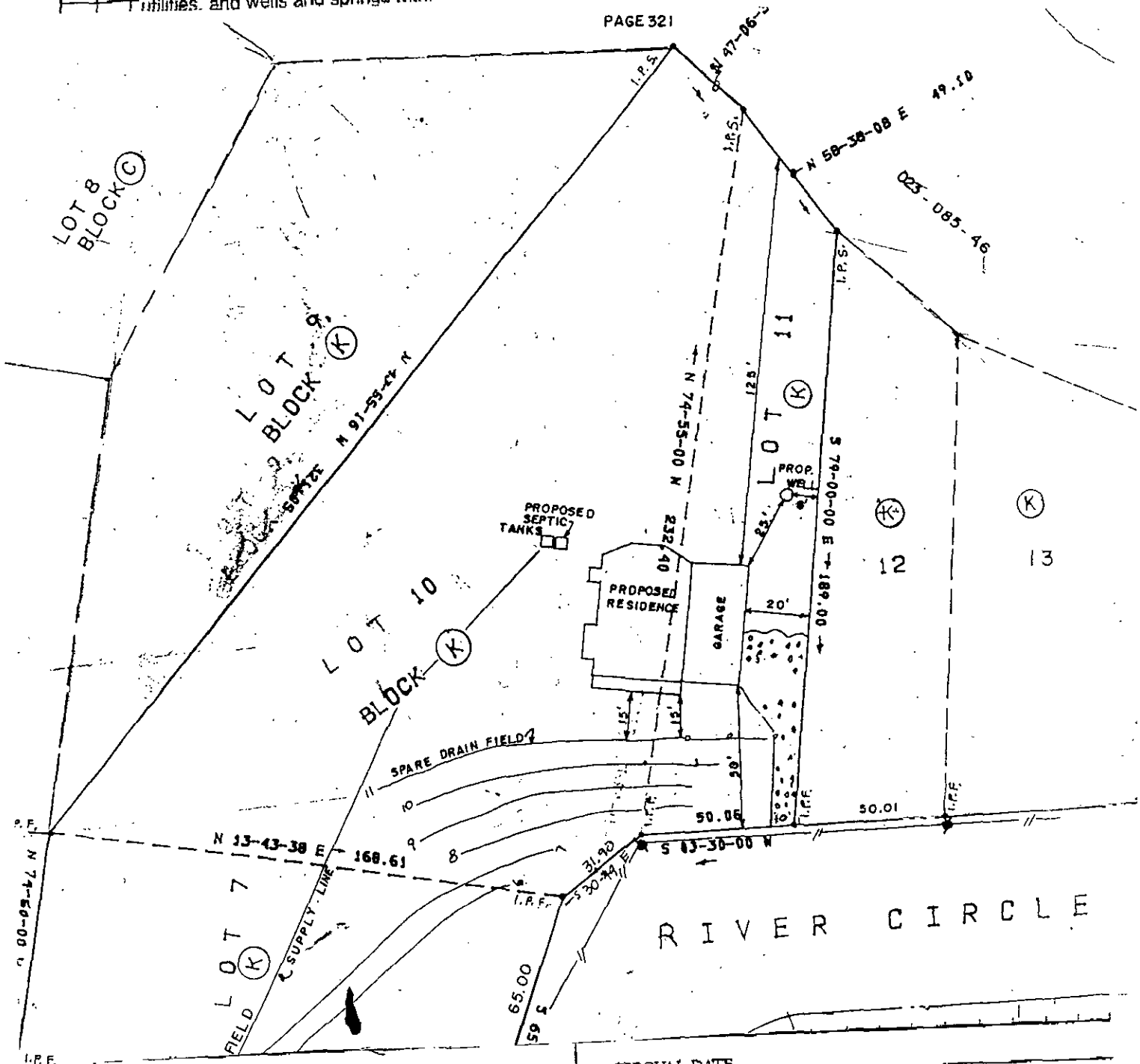
PROPOSED PLOT PLAN

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

FILE: 2860B

TC: 023-085-20, 21

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.



APPROVAL DATE

OWNER/AGENT SIGNATURE

DATE

Pink - Owner's Copy

400.00 CK # 3640 JC

GWS – RES. APP 12/04

4/19/05

[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 # 2860

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 #: 023-085-20
STREET ADDRESS: 7506 River Circle
CITY: Charlotte
STATE: NC ZIP: 28216
SUBDIVISION OR MOBILE HOME PARK NAME: Riverview Acres
LOT #: 11 MBK 9, P9 57
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: 2800
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: 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: Cynthia Mills
ADDRESS: 1759 Stanley Lucia Rd.
CITY: Mt. Holly
STATE: NC ZIP: 28120
HOME PHONE: 704-263-9556 WORK PHONE: 704-263-9556
MOBILE PHONE: 704-575-0397 FAX: 704-263-4641

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? 3/25/99
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.

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.

Cynthia Mills 5/19/05
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

0753

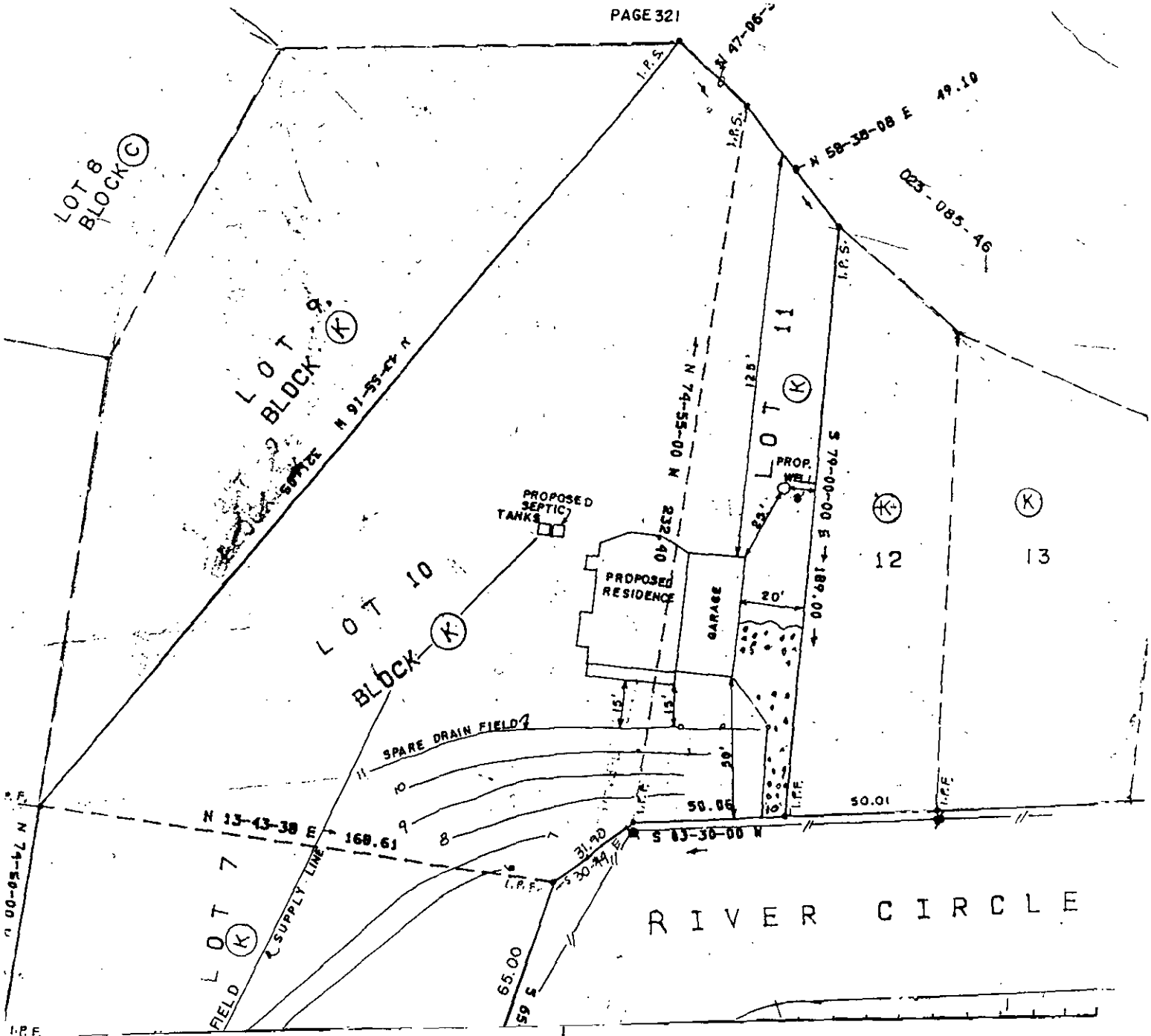
PROPOSED PLOT PLAN

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

FILE: 2860B 19

TC: 023-085-20, 21

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.



APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

Pink - Owner's Copy

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	04/19/05	**Amount:**	400.00
Receipt #:	34060	**Tendered:**	400.00
Check / Auth #:	CHECK 2860	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: 200000
Contractor: MILLS CYNTHIA
Attn:
Address: 1759 STANLEY LUCIA ROAD
Address:
City/State/Zip: MOUNT HOLLY, NC 28120

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New 7506 RIVER CIRCLE/FILE 2860B		1	400.00	400.00

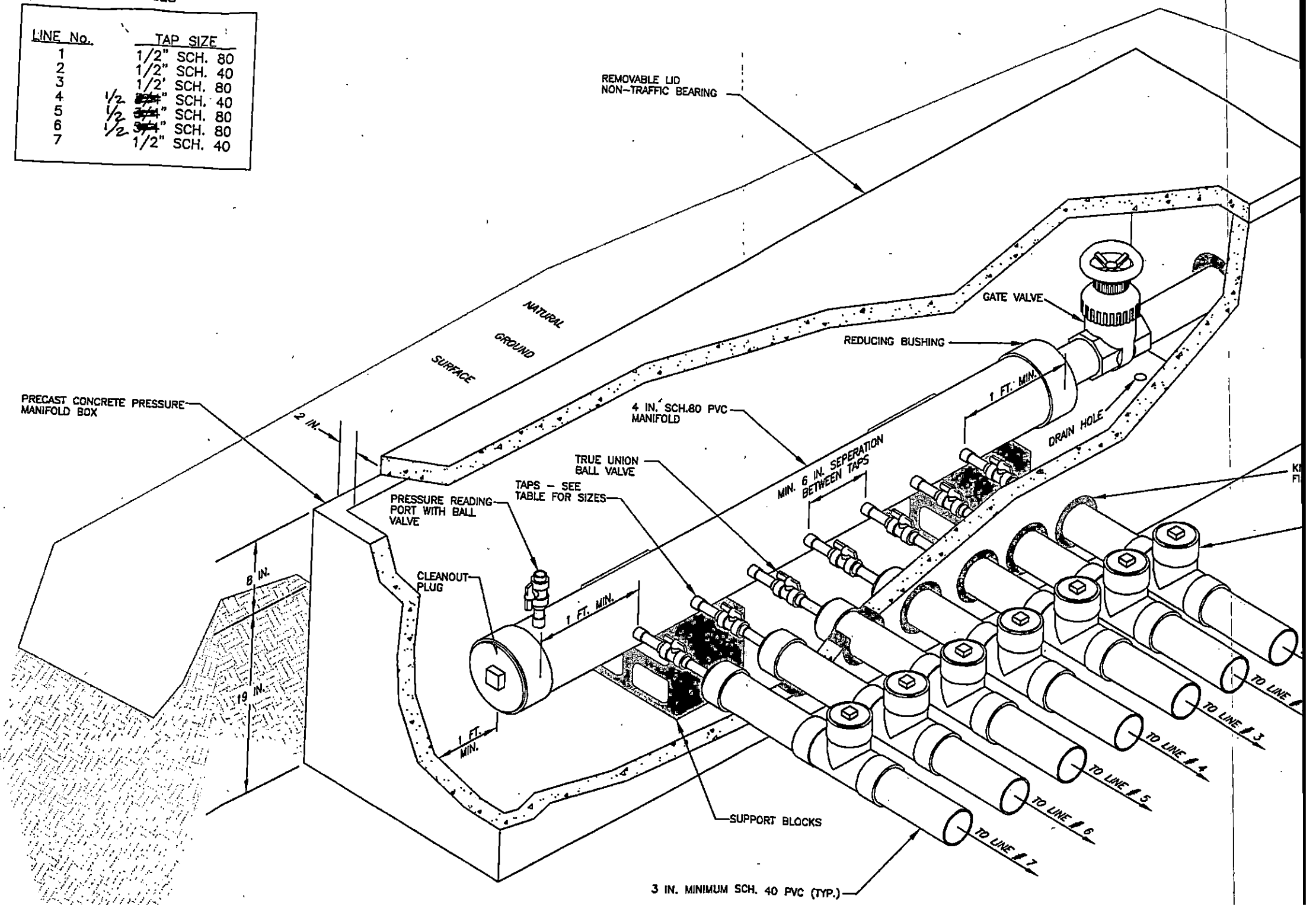
----------Outstanding Balances----------

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

FOR
CINDI MILLS/RIVER CIRCLE SEPTIC SYSTEM

TAP SIZES

LINE No.	TAP SIZE
1	1/2" SCH. 80
2	1/2" SCH. 40
3	1/2" SCH. 80
4	1/2" SCH. 40
5	1/2" SCH. 80
6	1/2" SCH. 80
7	1/2" SCH. 40



CINDI MILLS/RIVER FOR CIRCLE SEPTIC SYSTEM

