

4904 ACORN FOREST LN

1/9/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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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 #: 57276 Permit #: 30000842 Tax Parcel #: 043-052-32

Property Owner: Charles E. Brumit

Job Location Address: 4904 Acorn Forest Ln.

City: Charlotte State: NC Zip Code: 28269

Installation Approval Issuance Date: 8/30/06

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 9/30/06, 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: 240 GPD

Site LTAR: .32 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: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 188 feet

# of Lines: 2 @ 96 feet

Depth of Media: _____ inches (Type) Innovative

Distribution Device: D-Box

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 _____

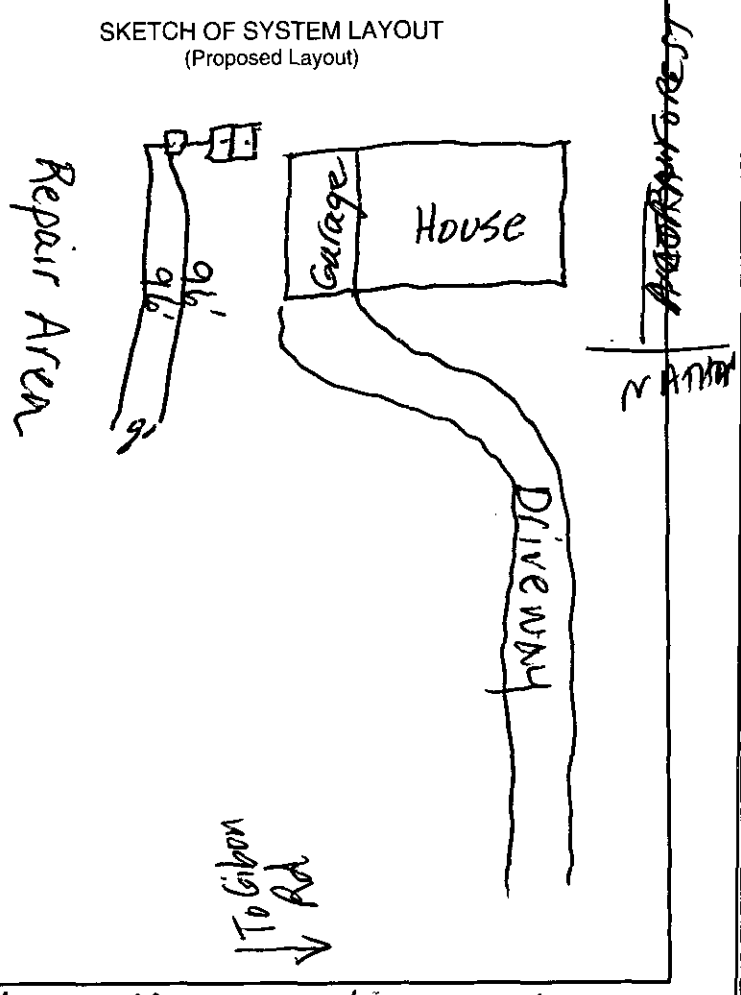
Minimum System Setbacks

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: Type IIIg innovative septic system designed for a 3 bedroom residence. 1500 gallon septic tank with D-box and 2 lines 96' each.

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

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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

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30000842** GWS File #: **5727B** Tax Parcel #: **043-052-32**

- This 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.

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 5/24/2011

Type of Installation: Residential - New System Lot Number: 0

Structure Type: MODULAR HOME Size (ft^2): 1330 # Bedrooms: 2 # Occupants: 1

Building Foundation: Crawl Space Water Supply:

II. Initial System Type: Conventional **System Classification:** IIa

Initial System Specifications:

Design Flow (gpd):	240	LTAR (gpd/ft^2):	0.32	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	750	Total Trench Length (ft):	250
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Distribution Box		

III. Repair System Type: Conventional **System Classification:** IIa

Repair System Specifications:

Design Flow (gpd):	240	LTAR (gpd/ft^2):	0.32	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	750	Total Trench Length (ft):	250
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Distribution Box		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Cina Buchanan Owner/Legal Agent: CHARLES E. BRUMIT JR
Print Name

Signature: Cina Buchanan, RS Signature: For Mr. Brumit S. Neal Broome

Date Issued: 5/24/2006

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

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30000842** GWS File #: **5727B**

IV. Permit Conditions/Comments:

- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

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- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Cina Buchanan

Signature: Cina Buchanan, RS

Date Issued: 5/24/2006

Owner/Legal Agent: X CHARLES E. BRUMIT JR.
Print Name

Signature: For Mr. Brumit X S. Neal Broome

FEE: 300.00

DATE: 6/2/2006

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

MECKLENBURG COUNTY

GROUNDWATER & WASTEWATER SERVICES

LD 187179

FILE NUMBER: 5727B

PERMIT NUMBER: 30000842

PARCEL NUMBER: 04305232

JOB LOCATION INFORMATION

ADDRESS: 4904 ACORN FOREST LN

CITY: CHARLOTTE **STATE: NC** **ZIP:** 28269

ISSUED TO: CHARLES E BRUMIT JR

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 6/2/2006

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30000842, 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: 5/24/2011

PROPOSED PLOT PLAN

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

FILE: 5727B

TC: 043-052-32

Draw in and name all roads adjoining the property. Draw in and accurately dimensio[n] [...]ned. Accurately indicate property boundaries proposed and/or existing structures and [...]d utilities, and wells and springs within 100 feet of the proposed building or drainfie[l]d.

4904 Acorn Forest Lane

- System design flow = 240 GPD
- Site LTAR .32 GPD/Ft²
- Type II a conventional system and repair area
- 1500 gallon septic tank
- 3 lines @ 85' each
- Lines level and on contour
- Distribution box (drop boxes if unequal length lines used)
- Type II a conventional repair

Setbacks

- 5' from house foundation
- 10' from all property lines
- 100' (50' min) from all private wells

APPROVAL DATE Gina Buchanan, RS. 5/24/06

[...]TH SERVICE AGENT SIGNATURE

DATE

White - Health Department's Copy Canary - E.H.S. Copy [...]'s Copy

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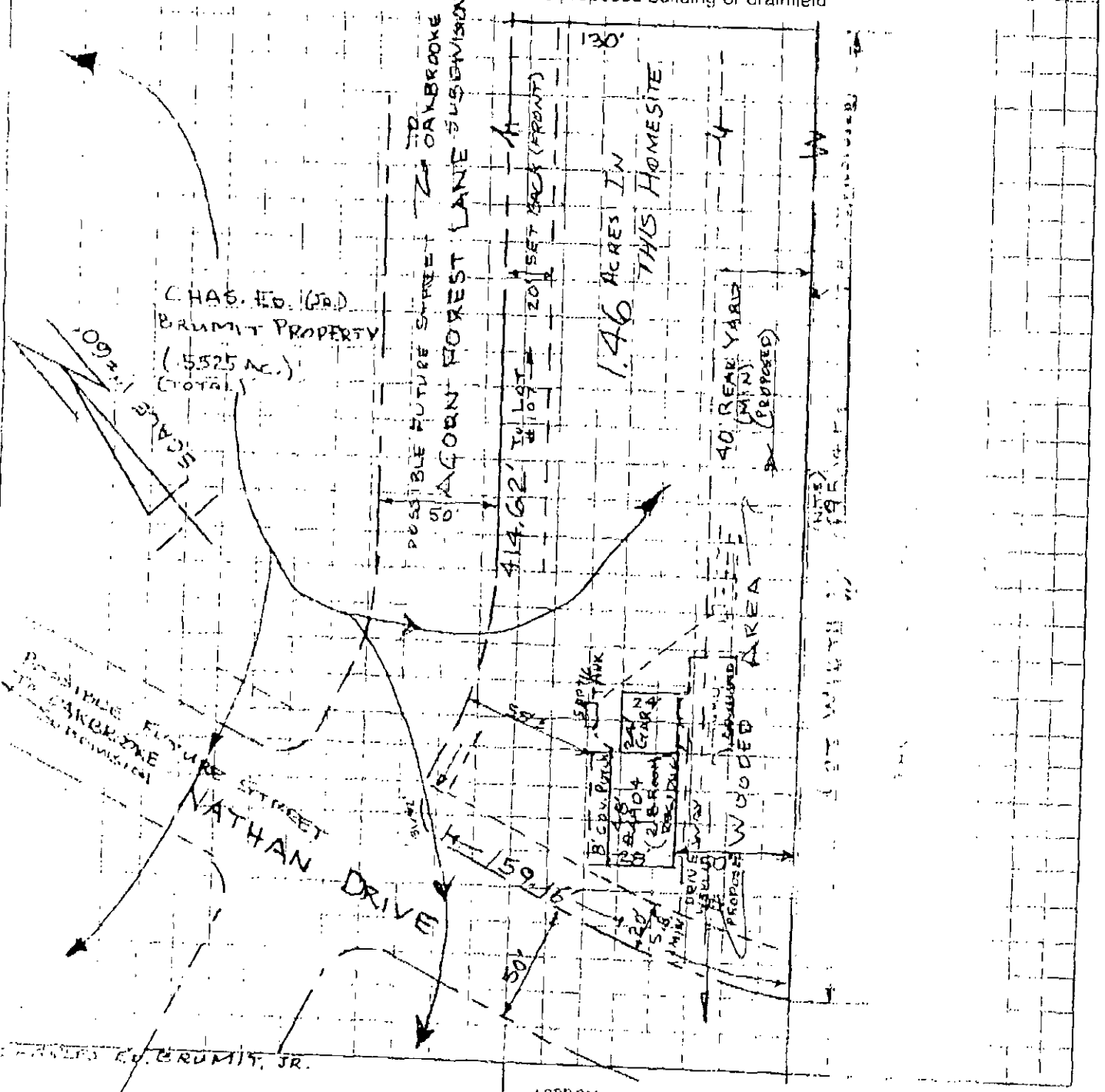
PROPOSED PLOT PLAN

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

FILE: 5727B

TC: 043-052-02

Draw in and name all roads adjoining the property. Draw in and accurately dimens... Accurately indicate property boundaries proposed and/or existing structures and ... utilities, and wells and springs within 100 feet of the proposed building or drainfield



OWNER/AGENT SIGNATURE

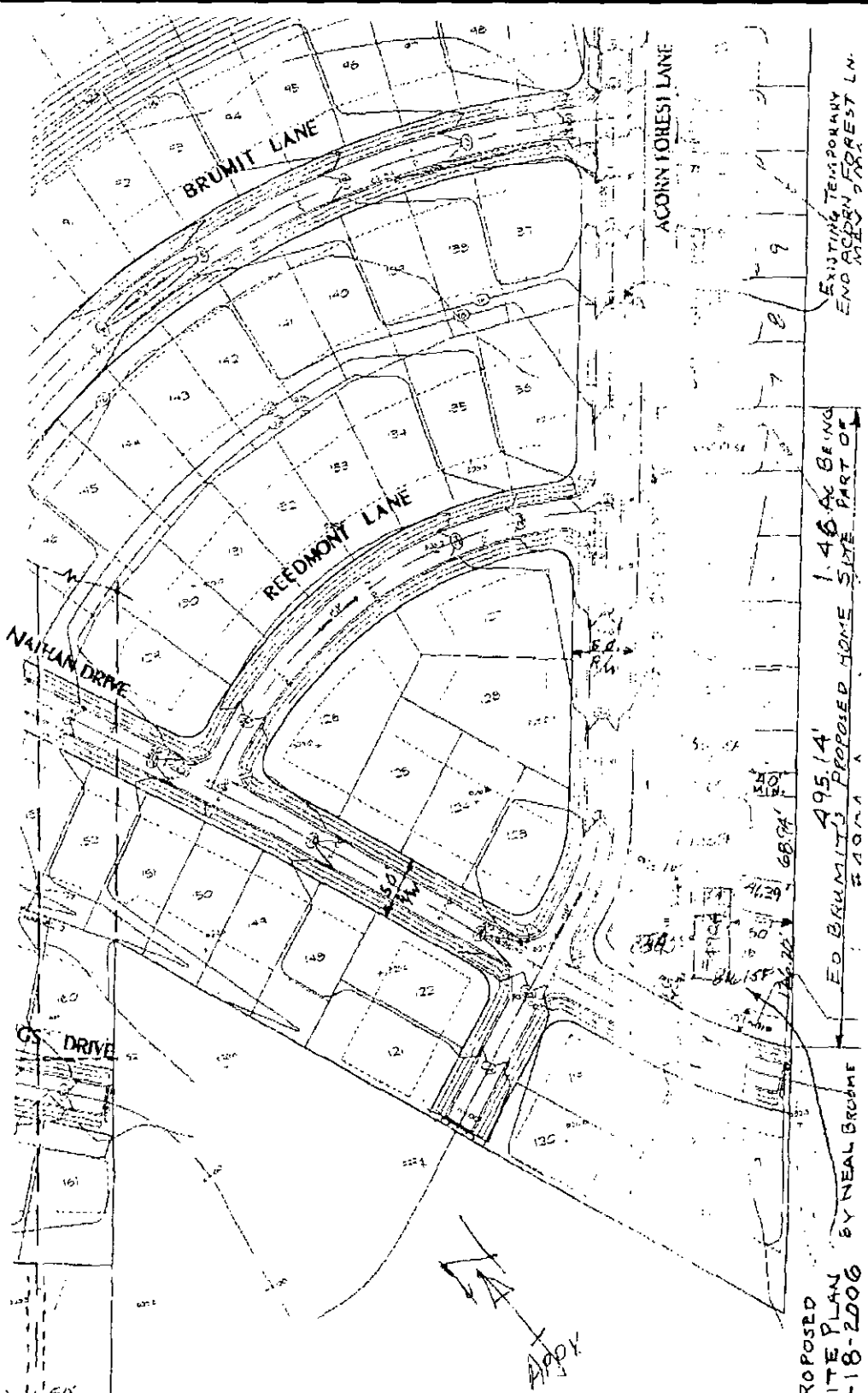
DATE MAY 18, 2005

APPROVAL DATE

White - Health Department's Copy

Canary - E.H.S. Copy

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1" = 100' SCALE

EXERPT OF SHEET 5

OAKBROOKE PHASE #2

GIBBON ROAD STORM DRAINAGE & GRADING PLAN

PRELIMINARY SUBDIVISION APPROVAL

BY KENNEY DESIGN GROUP

5/02

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

Sheet: 1 of 2
Property ID: PO 043-052-32
Lot #:
File #: 5727B
Code: 1

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Charles E. Brummit, Jr.
Applicant: Neal Broome
Address: 4416 Gibbon Road, Charlotte. , N. C. 28269
Date Evaluated: 5/22/06
Proposed Facility: Residence
Design Flow (.1949): 240gpd
Property Size: 1.46a
Location of Site: 4904 Acorn Forest Lane
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 5	0-6	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48+	N/A	NONE	PS, IV
		6-33	SBK/C	FI/SEXP/S/P					.32GPD/FT^2
		33-48	SBK/CL	FR/SEXP/SS/SP					
2	"	0-5	GR/CL	"	>45" TO SOIL WETNESS	45	"	"	"
		5-30	SBK/C	FI/SEXP/S/P					
		30-45	SBK/CL	FR/SEXP/SS/SP					
3	"	0-6	GR/CL	"	>46" TO SOIL WETNESS	46	"	"	"
		6-32	SBK/C	FI/SEXP/S/P					
		32-46	SBK/CL	FR/SEXP/SS/SP					
4	"	0-7	M/CL	FI/SEXP/SS/S/P	>48" TO SOIL WETNESS	48+	"	"	"
		7-31	SBK/C	FI/SEXP/S/P					
		31-48	SBK/SCL	FR/SEXP/SS/SP					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.32GPD/FT^2	.32GPD/FT^2

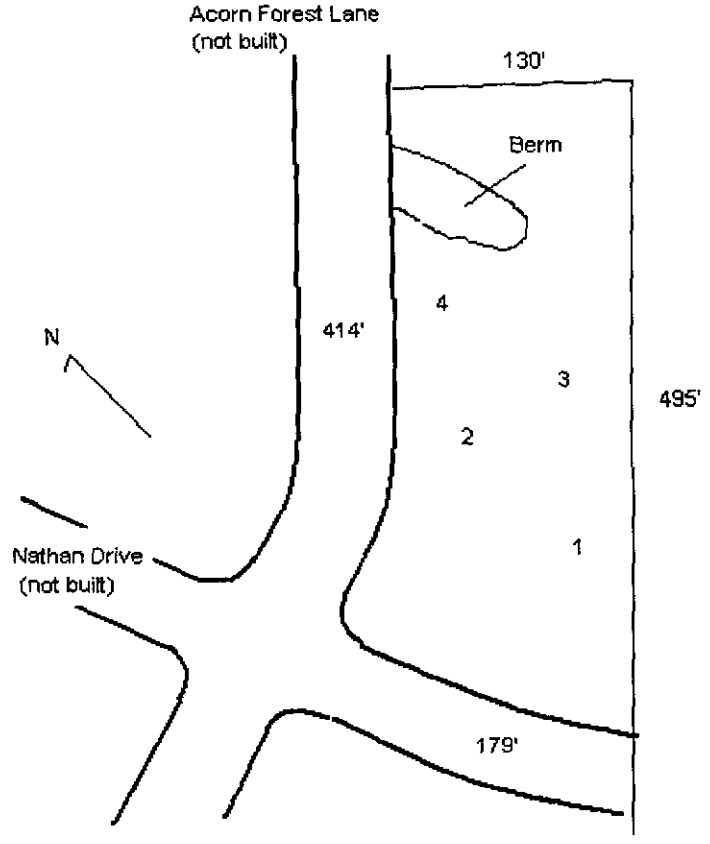
Other Factors (.1946):
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 5/22/2006, W. R. Marlin
Others Present: N. Broome

COMMENTS:
100% repair

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Food Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace				
FP-Flood Plain		CL-Clay Loam		
		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



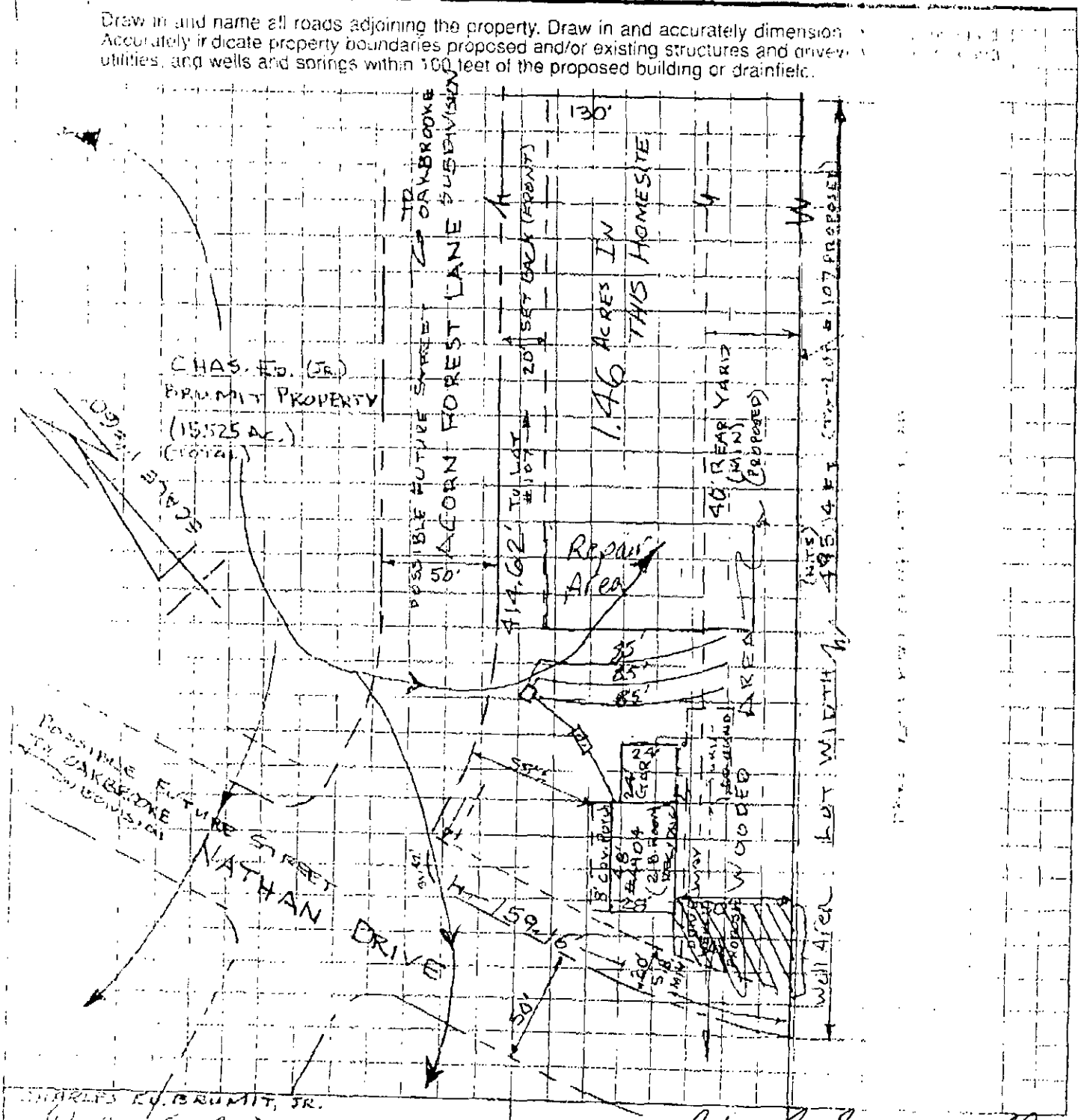
PROPOSED PLOT PLAN

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

FILE: 57276

TC: 043-052-32

Draw in and name all roads adjoining the property. Draw in and accurately dimension. Accurately indicate property boundaries proposed and/or existing structures and driveways, utilities, and wells and springs within 100 feet of the proposed building or drainfield.



CHARLES ED. BRUMIT, JR.

PROPERTY OWNER'S SIGNATURE

DATE MAY 18, 2005

APPROVAL DATE Gina Buchanan, RS
5/24/06

White - Health Department's Copy

Canary - E.H.S. Copy

06/01/2006 12:13 7043756148BB BROOME ASSOCIATES EN PAGE 02

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	05/25/06	**Amount:**	150.00
Receipt #:	44139	**Tendered:**	150.00
Check / Auth #:	CHECK 1075	**Returned:**	0.00
Received By:	AIDOOJK		

Account Information

Account #:	200000
Contractor:	DIRECT BUILDERS
Attn:	
Address:	3535 N HWY 16
Address:	
City/State/Zip:	DENVER, NC 28037

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Auth for Waste Wtr Sys Constr 4416 GIBBON ROAD		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:	05/25/06	**Amount:**	150.00
Receipt #:	44140	**Tendered:**	150.00
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Account Information

Account #:	200000
Contractor:	DIRECT BUILDERS
Attn:	
Address:	3535 N HWY 16
Address:	
City/State/Zip:	DENVER, NC 28037

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval 4416 GIBBON ROAD		1	150.00	150.00

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

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

PROPOSED PLOT PLAN

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

FILE: 5727 B

TC: 043-052-32

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.

4904 Acorn Forest Lane

- System design flow = 240 GPD
- Site LTAR .32 GPD/Ft²
- Type IIa conventional system and repair
- 1500 gallon septic tank
- 3 lines @ 85' each
- Lines level and on contour
- Distribution box (drop boxes if unequal length lines)
- Type IIa conventional repair

Setbacks

- 5' from house foundation
- 10' from all property lines
- 100' (50' min) from all private wells

APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

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

DATE: 5/15/2006 PERMIT NUMBER: _____

TO: CHARLOTTE-MECKLENBURG CODE ENFORECEMENT

FROM: MECKLENBURG COUNTY GIS JURISDICTION: CHAR

052-32

043-~~053-80~~

PARCEL NUMBER

4904 ACORN FOREST LN

ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

N/A

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

OAKBROOK

PROJECT NAME (IF APPLICABLE)

Remarks: ADDRESS VERIFIED- MODULAR HOME

Signed: Pace

Addressing Verification Form Disclaimer Statement

The party indicated on this application shall be responsible for maintaining this address throughout the life of the project from plan submittal through final C/O. The contents of this form reflect information provided by the party listed on this form.

Incorrect information may result in delays in getting final approval of permits and the final C/O.

Special Circumstances: If a temporary address is being verified for the purposes of Plan Review, the responsible party will be required to obtain and submit a new form verifying the permanent address prior to issuance of the permit.

Name (please print) _____

Company _____

Company Address _____

_____

Telephone # _____

Signature _____

Date _____

Revised Oct-2005

Neal Broome
704-375-6148
Re: 4904 ACORN FOREST LN
for CHARLES E BRUMIT, JR

County Website
www.charmeck.org

Health Department Website
www.meckhealth.org

#842

GWS – RES. APP 07/05

APPLICATION FOR A RESIDENTIAL SITE PERMIT / CONSTRUCTION AUTHORIZATION ON-SITE WASTEWATER SYSTEM INSTALLATION OR REPAIR OF EXISTING WELL UNTY GROUNDWATER & WASTEWATER SERVICES

WELL FEE: _____
DATE: _____
CRT [ ]

FILE # 5727B

YSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN
WELL / TYPE APPLIC...
WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION:

TAX/PARCEL #: 043-052-32 PD
STREET ADDRESS: 4904 ACorn Forest Lane
CITY: CHARLOTTE N.C.
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: 1330 SF.
NUMBER OF BEDROOMS: 2
NUMBER OF OCCUPANTS: 1

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: CHARLES E. BRUMIT, JR
ADDRESS: 4416 GIBBON RD
CITY: CHARLOTTE
STATE: NC ZIP: 28269
HOME PHONE: 704547-1622 WORK PHONE: N/A
MOBILE PHONE: FAX: N/A

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: S. NEAL BROOME
ADDRESS: 811 CENTRAL AVE #B
CITY: CHARLOTTE
STATE: N.C. ZIP: 28204
HOME PHONE: 704-366-1653 WORK PHONE: 704-375-6148
MOBILE PHONE: FAX: 704-375-6148

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

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

Owner's/Agent's Signature Date

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

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

Owner's/Agent's Signature Date

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

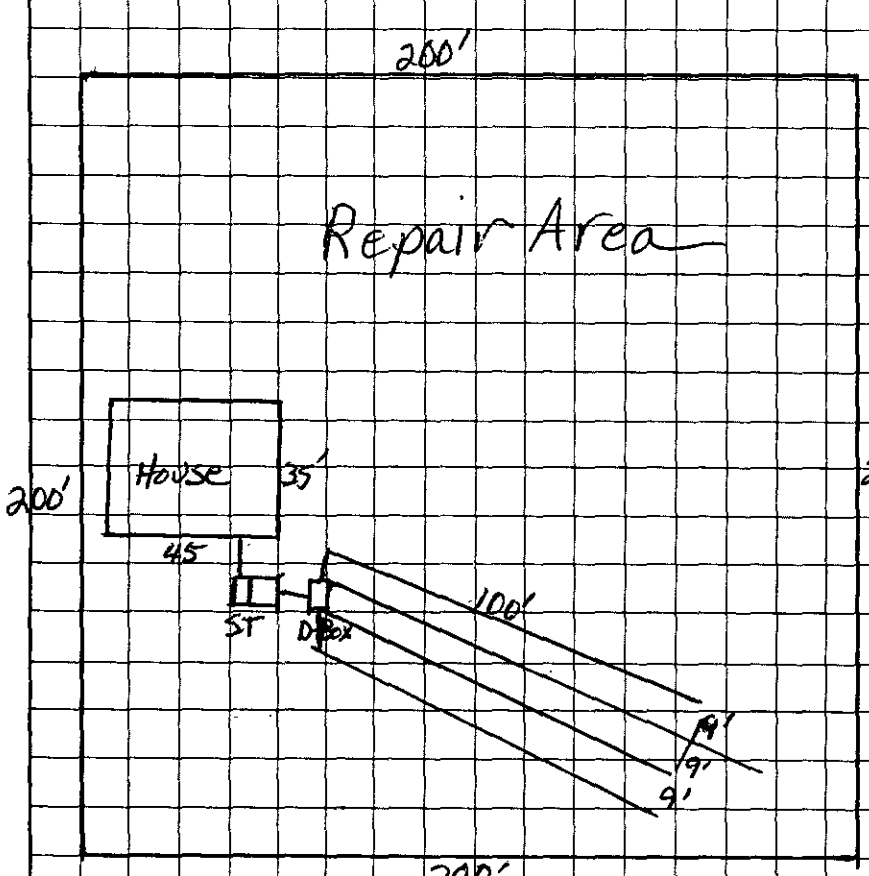
PROPOSED PLOT PLAN

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

FILE: 5727 B

TC: 04305232

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.



4416 Gibbon Road

- System design flow = 360 GPD
- Site LTAR = .3 GPD/Ft²
- Type II conventional system
- 1500 gallon septic tank

Setbacks

- 10' from all property lines
- 5' from house foundation
- 100' (50' minimum) from all private wells

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE

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

FEE: 200.00
DATE: 10/4/04
Check 1649 JWA

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 #: 5727B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 04305232

STREET ADDRESS: 4416 Gibbon Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

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: 1700

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

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

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

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES ✓ NO
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: Brumit Charles E
(LAST) (FIRST) (MI)

ADDRESS: PO Box 36123 Charlotte 28236 RD 4416 Gibbon

CITY: Charlotte STATE: N-C ZIP: 28269

DAYTIME PHONE: 704 597-1622

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: X Charles E Brumit Jr DATE: 9-30-04

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

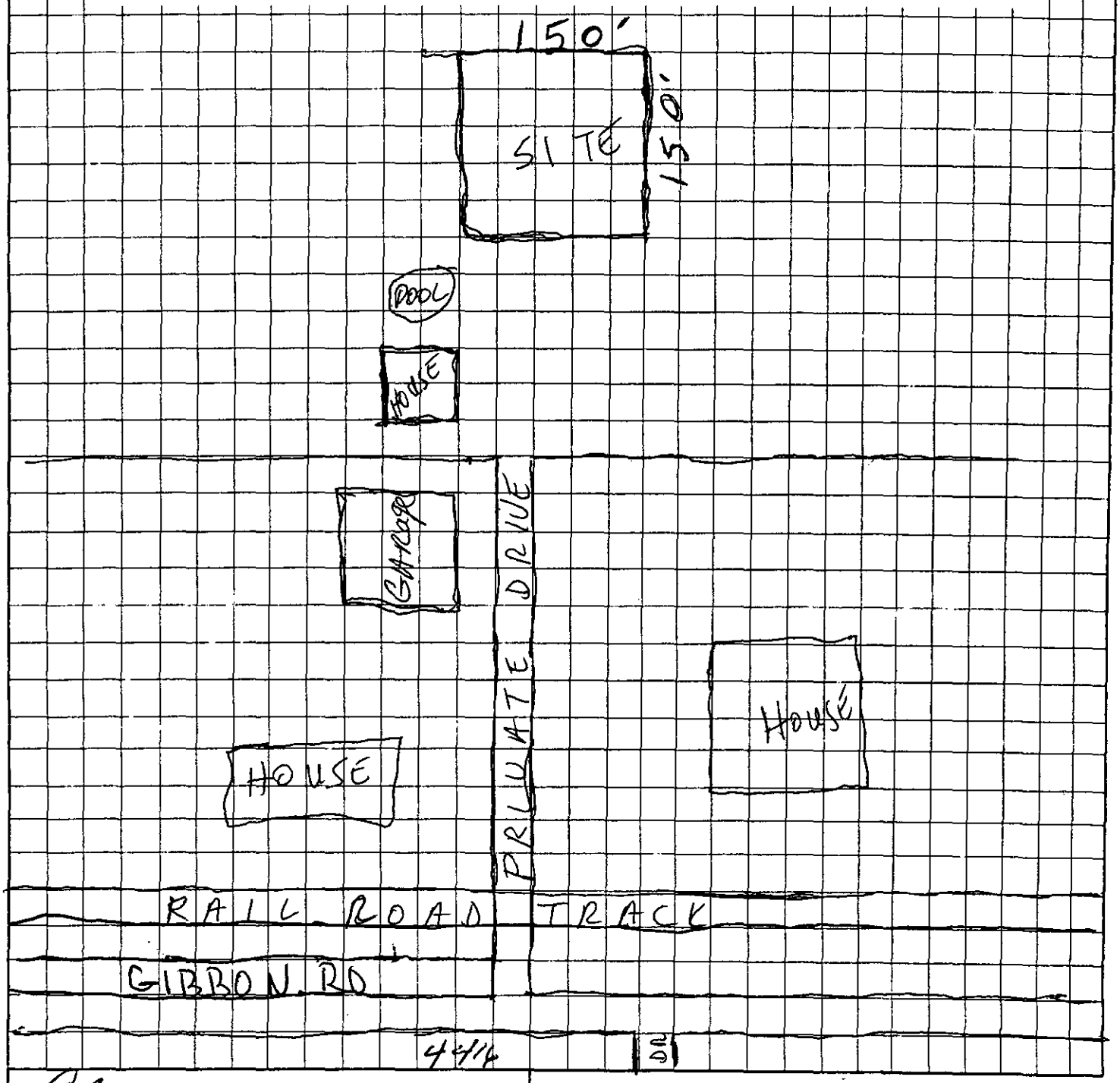
PROPOSED PLOT PLAN

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

FILE: _____

TC: _____

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.



Charles Bowman
OWNER/AGENT SIGNATURE

DATE 9-30-04

APPROVAL DATE _____

GARUIN

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

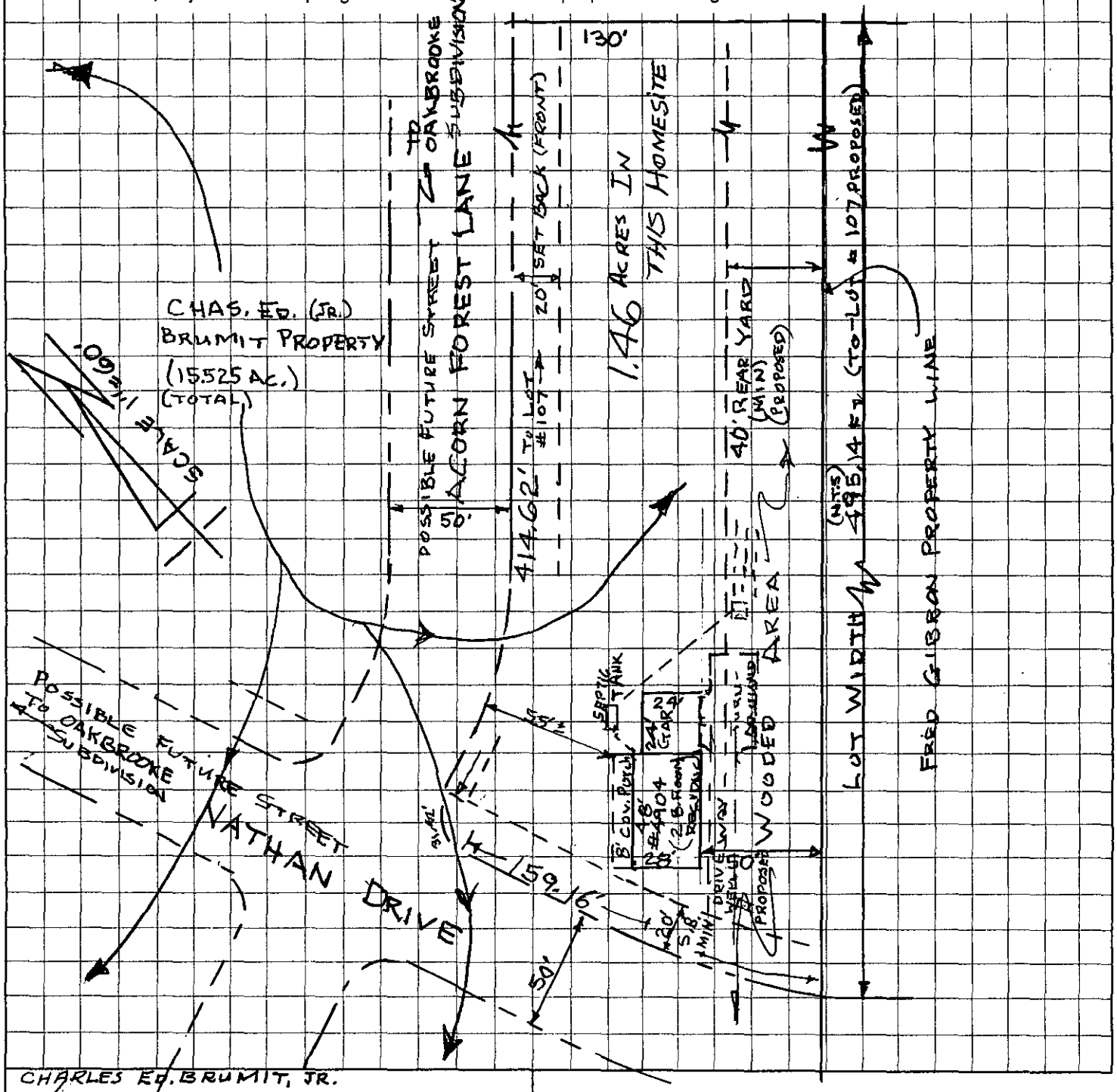
PROPOSED PLOT PLAN

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

FILE: 57270

TC: 043-052-32

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.



CHARLES ED. BRUMIT, JR.

OWNER/AGENT SIGNATURE

DATE MAY 18, 2005

APPROVAL DATE _____

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

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: **5727B** Tax Number: **04305232**

- The IMPROVEMNET PERMIT is subject to revocation if site plans or the intended use change. There is to be **NO** grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. *The Construction Authorization is **NOT** transferable.* Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement: ☐ Yes ☒ No ☐ Partial Basement

Primary Wastewater System

Type: ☐ I ☒ II ☐ III ☐ IV ☐ V ☐ VI

☒ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☐ Innovative or Experimental:

.3 Long-term acceptance rate (GPD/ft^2)	360 Max gallons/day wastewater flow	1200 Absorption Area (ft^2)	9 Trench spacing (min. on centers) (ft)
Serviced by private well: ☒ Yes ☐ No	1500 Gallon septic tank	400 Total trench length (ft)	36 Maximum trench depth (in) (At least 12" of provisionally *suitable soil must remain* between trench bottom and unsuitable soil conditions.)
3 Bedrooms in residence	____ Gallon pump tank	12 Depth of stone (in)	

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

Additional conditions: **Type II, conventional system and repair. Drain lines shall be level and on contour. No paving or structures over any part of the system or repair area. See Plot Plan for details.**

Repair Area System

Type: ☐ I ☒ II ☐ III ☐ IV ☐ V ☐ VI

☒ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☐ Innovative or Experimental:

1200 Absorption Area (ft^2) 400 Total trench length (ft)	12 Depth of stone (in)	9 *Trench spacing (min. on centers) (ft)*	36 *Maximum trench depth (in)*

The undersigned, an authorized agent of the MECKLENBURG COUNTY HELTH 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 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.

Gina Buchanan, 10/25/04

DENR Authorized Agent *Date*

Owner/Agent Signature *Date*

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, NC 28202
(704) 336-5103

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

FEE: _____
DATE: _____

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

ACS

PERMIT NUMBER: 5727B
PARCEL NUMBER: 04305232

JOB LOCATION ADDRESS: 4416 Gibbon Road
PROPERTY OWNER: Charles Brumit
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: Cina Buchanan DATE: 10/25/04

Cina Buchanan
DENR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 5727B, 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: See detailed conditons of Improvement Permit
   _____
   _____
   _____
   _____

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.

_____ _____
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

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

Sheet: 1 of 2
Property ID: PO 043-052-32
Lot #:
File #: 5727B
Code: 1

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Charles E. Brumit
Applicant:
Address: Box 26123, Charlotte, N. C. 28269
Date Evaluated: 10/7/2004
Proposed Facility: Residence
Design Flow (.1949): 360gpd
Property Size: .9a
Location of Site: 4416 Gibbon Road
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [ ] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941		OTHER PROFILE FACTORS				Profile Class & LTAR
			.1941 Structure/ Texture	.1941 Consistence Mineralogy	.1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	
1	LS, 6	0-6	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48+	N/A	NONE	PS, IV
		6-35	SBK/C	FI/SEXP/S/P					.3GPD/FT^2
		35-48	SBK/CL	FR/SEXP/SS/SP					
2	"	0-5	GR/SCL	"	>50" TO SOIL WETNESS	50+	"	"	"
		5-50	SBK/C	FI/SEXP/S/P					
3	"	0-5	GR/SCL	FR/SEXP/SS/SP	"	"	"	"	"
		5-33	SBK/C	FI/SEXP/S/P					
		33-50	SBK/CL	FR/SEXP/SS/SP					
4	"	0-4	GR/SCL	"	>48' TO SOIL WETNESS	48+	"	"	"
		4-37	SBK/C	FI/SEXP/S/P					
		37-48	SBK/CL	FR/SEXP/SS/SP					
5	"	0-8	GR/SCL	"	>49" TO SOIL WETNESS	49	"	"	"
		8-39	SBK/C	FI/SEXP/S/P					
		39-49	SBK/CL	FR/SEXP/SS/SP					

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

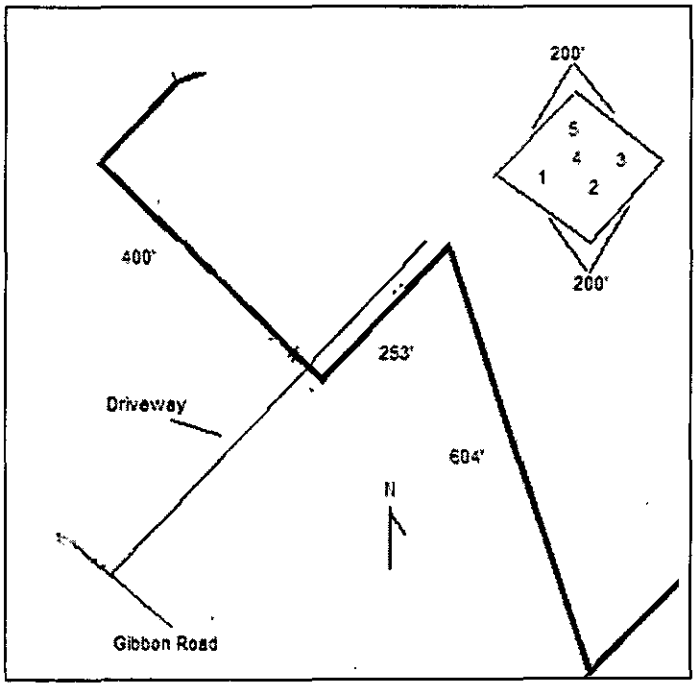
Other Factors (.1946):
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 10/8/2004, W. R. Marlin
Others Present:

COMMENTS:
100% repair required

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



Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 57278 WASPS App #: 857

Primary ES assigned to project: Cina Buchanan

Secondary ES assigned to project: Kim Garrett

Project Type: New Well ☑ Well Abandonment ☐ Major Repair ☐

Septic System Status: Permit in progress ☐ System installation completed ☑ N/A-Sewer ☐

I. File Review:

Completed application	Yes ☑	No ☐				
ARGU review report	Yes ☑	No ☐	N/A ☐			
Signed permit	Yes ☑	No ☐				
Notification of disinfection	Yes ☑	No ☐	N/A ☐			
Sample Results	TC ☑	Nitrate/Nitrite ☑	Other ☐	N/A ☐		
GW-1 Form / GW-30 Form	Yes ☑	No ☐				
Other related documentation	Yes ☐	No ☑	N/A ☐			

Items requiring correction/modification: 0

Comments:

II. WASPS Review:

Completed application w/ valid address	Yes ☑	No ☐	
ARGU review completed	Yes ☑	No ☐	N/A ☐
Permit issued	Yes ☑	No ☐	
Activity checklist completed	Yes ☑	No ☐	
Appropriate comments included	Yes ☑	No ☐	
Site information record completed	Yes ☑	No ☐	
Well detail record completed	Yes ☑	No ☐	

Items requiring correction/modification: 0

Comments:

Application received date: 5/23/06 ES assigned date: 5/24/06 Permit issued date: 5/24/06

Well approval date: 11/20/06 Number of days to complete project: 107

Review performed by: [signature] Date performed: 11/22/06

11/21 lm for Marty

5727B

WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR (INDIVIDUAL) NAME (print) MARTY EKLUND CERTIFICATION # 3123

WELL CONTRACTOR COMPANY NAME EKLUND PUMP & WELL PHONE # (704) 876-8686

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: County
4904 Acorn Forest Ln
(Street Name, Numbers, 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:
Address
(Street or Route No.)
City or Town State Zip Code
( ) Area code- Phone number

4. DATE DRILLED
5. TOTAL DEPTH: 200
6. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
7. STATIC WATER LEVEL Below Top of Casing: FT.
(Use "+" if Above Top of Casing)
8. TOP OF CASING IS FT. Above Land Surface*
*Top of casing terminated at/or below land surface requires a variance in accordance with 15A NCAC 2C .0118.
9. YIELD (gpm): METHOD OF TEST
10. WATER ZONES (depth): 200

DEPTH From	DEPTH To	DRILLING LOG Formation Description
0	135	
135	200	

11. DISINFECTION: Type Amount
12. CASING:

	Depth		Diameter	Wall Thickness or Weight/Ft.	Material
From	0 To	135 Ft.	6	21	PVC
From	To	Ft.			
From	To	Ft.			

13. GROUT:

	Depth		Material	Method
From	0 To	20 Ft.	mixed	mixer
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.		

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.

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

SIGNATURE OF PERSON CONSTRUCTING THE WELL DATE

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

CHARLOTTE.

Laboratory Analysis Report
Report Date: 11/3/2006 04:15 PM

LABORATORY SERVICES DIVISION

LOCATION: GWS-4416
LOC ID: G-NEW
SAMPLE DATE-TIME: 11/2/2006 10:30 CHAIN OF CUSTODY #: 061102135732
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB91833	**NITRATE**	**0.47**	**mg/L**	0.05	EPA 353.2	11/3/2006 10:44	EWN
AB91833	**NITRITE**	**<0.05**	**mg/L**	0.05	EPA 353.2	11/3/2006 10:04	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

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: 4410 Gibbon Road (4904 Acorn Forest)

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#: 061102135732

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	Analyses Requested: Nitrite
GWS-4416	ksg	11/2/06 10:30 AM		N	17.6	2.1				X	500 ml		1			X						(X)	
AB41833	ksg	11/2/06 10:30 AM		N	17.6					X	125 ml		1	X									(X)

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

Itemize requested Metals here:

COMMENTS: ****3-DAY TAT REQUESTED****

Or sooner, thank you

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Kim Garrett		11/2/06	1350
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 03/15/2005

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

CHARLOTTE.

Laboratory Analysis Report
Report Date: 11/3/2006 10:15 AM

LABORATORY SERVICES DIVISION

LOCATION: GW-4410
LOC ID: G-NEW
SAMPLE DATE-TIME: 11/1/2006 15:30 CHAIN OF CUSTODY #: 061101155255
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB91661	**E. COLI-PA**	**Absent**	**P/A**		SM 9223B	11/2/2006 9:00	MKV
AB91661	**Total Coliform- P/A**	**Absent**	**P/A**		SM 9223B	11/2/2006 9:00	MKV

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 & Wastewater Services**
FACILITY: Groundwater **(Potable Water)**
ADDRESS: 4410 Gibbon Rd
LAB CODE: REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

Send Report To: Kim Garrett
LUESA
700 N. Tryon St., Suite 211
Charlotte, NC 28202

COC#: 061101155255
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: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic 100 ml	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform
GW-4410 4891661	KG	11-1-06 1530	N/A N/A	N	N/A	21.3				X			1						X		X

Instructions:
Complete all yellow shaded sections
For each parameter requested circle the X to verify your request.
Nutrients include: Ammonia, TKN, Total Phosphorus, Nitrate/Nitrite
Metals: Itemize the individual metals requested here -
For Composite samples record the autosampler Begin date/time and End date/time, for Grab samples record the collect time as the Begin date/time only.
Blue is for lab use only
Comments: **3-DAY TAT REQUESTED**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
[signature]	Shaunna Caldwell	11-1-06	1545
Shaunna Caldwell	Tammie Muller	11-1-06	1546
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 07; effective 02/16/2006

Lab Codes: REAL=Real Estate, PRIV=Private Well, NEW=New Permitted Well, TNC=Transient Non-Community, AMB=Ambient, LM=Landfill

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

November 21, 2006

S. Neal Broome
811 Central Avenue, #8
Charlotte, NC 28204

Re: Well Water Sampling Results
4904 Acorn Forest Lane
Tax Parcel # 043-052-32

Dear Neal:

On November 1-2, 2006 staff with Mecklenburg County Groundwater & Wastewater Services sampled drinking water from the well located on the above referenced parcel. The sample was analyzed for the following parameters: Total Coliform, Nitrate and Nitrite.

Laboratory results for the analysis are attached and indicate that at the time of sampling, Total Coliform bacteria were absent, the Nitrate level was 0.47 mg/l (Nitrate-N levels are acceptable if $\leq$ 10 mg/l), and the Nitrite level was <0.05 mg/l (Nitrite levels are acceptable if <1.0 mg/l).

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

Sincerely,

Kim Garrett

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

Enclosure:
Laboratory Analysis

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 #: 10000857 **File #:** 5727B **Tax Parcel #:** 043-052-32
Property Owner: CHARLES E. BRUMIT, JR.
Job Location Address:
City/ETJ: **State:** NC **Zip Code:**
Permit Issuance Date: 5/24/2006
Use of Well: Potable
Type of Facility Served by Well: *Modular home*
Sewage System Type: None

Area of Regulated Groundwater Usage Restrictions Apply: YES

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 be 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:

Following review of proposed well location that location was found to be outside of the 2000 foot radius of the contaminated property (NCDENR Incident # 17442. Based on this, no ARGU restriction apply. 05/24/06 JLS.

Cina Buchanan, RS
Authorized Agent: Print Name

Cina Buchanan, RS
Signature:

5/24/06

CHARLES E BRUMIT JR.
Owner/Legal Agent: Print Name

for Mr. Brumit
Signature: K. Neal Broome, Surveyor

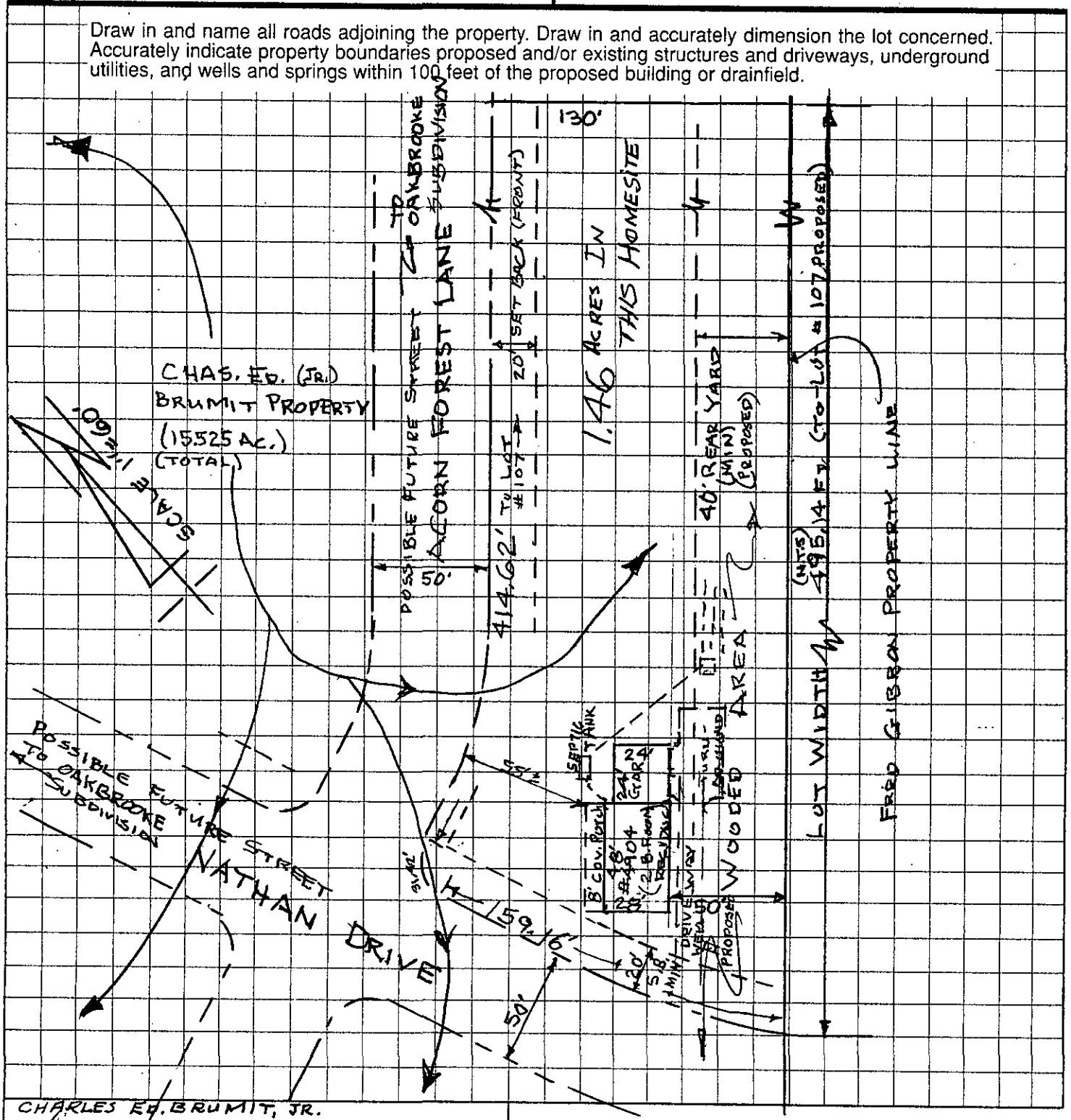
PROPOSED PLOT PLAN

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

FILE: 57270

TC: 043-052-32

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.



CHARLES ED. BRUMIT, JR.

OWNER/AGENT SIGNATURE

DATE MAY 18, 2005

APPROVAL DATE _____

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

Date:_____
Reviewed By:_____

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

ARGU Review Worksheet

Job Location Information

Tax Parcel ID #: 043-052-32 File # 5727B

Street Address: 4904 Acorn Forest

Contamination Site Information

(If more than one contamination site is within 2000 feet of the job location, fill out a separate review worksheet for each contamination site)

Tax Parcel ID #: 043-052-12 MPL # 837

Street Address: 6826 Old Statesville Road

DENR Incident #: 17442

Current Status: Closed Why? Re-ranked to low priority due to on-site-well abandonment. Land use restriction filed.

Responsible Party: Southland Oil

Responsible Party Contact Info: 220 N. Brevard Street
Charlotte, NC 28202

File Review

Attach the most recent extent of contamination map for each constituent above either 2L groundwater standard or Maximum Soil Contaminant Concentration (MSCC).

Attach copies of groundwater flow maps. (Watch of seasonal change)

ARGU Review Worksheet
Job Location: _____
Page 2

Attach a copy of the most recent summary table for soil/groundwater laboratory analysis
Is the source area identified in either the report text or on a site map? Attach map or if text only, indicated the location on an extent of contamination map.
Based on this information, answer the following questions:

Has the extent of contamination been defined or partially defined for all constituents-of-concern?

If Yes	ARGU is a 1500-foot buffer around the maximum extent of contamination	No

If No, is the source area defined?

If Yes	ARGU is a 1500-foot buffer around the source area	
If No	ARGU is a 1500-foot buffer around the contamination site property boundary.	No

Is a public water supply (other than transient or non-transient supply wells) available to the proposed job location?

If No	Well allowed, but construction requirements apply. Sampling requirements may apply pending hydrogeologic review.	
If Yes	Is the well within the first 1000 feet of the ARGU?	No
If No	Well allowed, but construction requirements apply. Sampling requirements may apply pending hydrogeologic review.	
If Yes	Permit denied.	

Reviewer Comments: Well is outside the 1500 foot radius of the contaminated property. Np ARGU restrictions apply.

MECKLENBURG COUNTY
Well Information System



LEGEND

Parcels - Well View

- Both Site and Well
- Landfill
- Public Well
- Contamination Site
- Private Well

Jurisdictions

- Charlotte
- Cornelius
- Davidson
- Huntersville
- Matthews
- Mecklenburg
- Mint Hill
- Pineville
- Stallings

The information provided by this program is compiled from recorded deeds, plats, tax maps, surveys, elections information, and other public records and data. Users of this map data are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

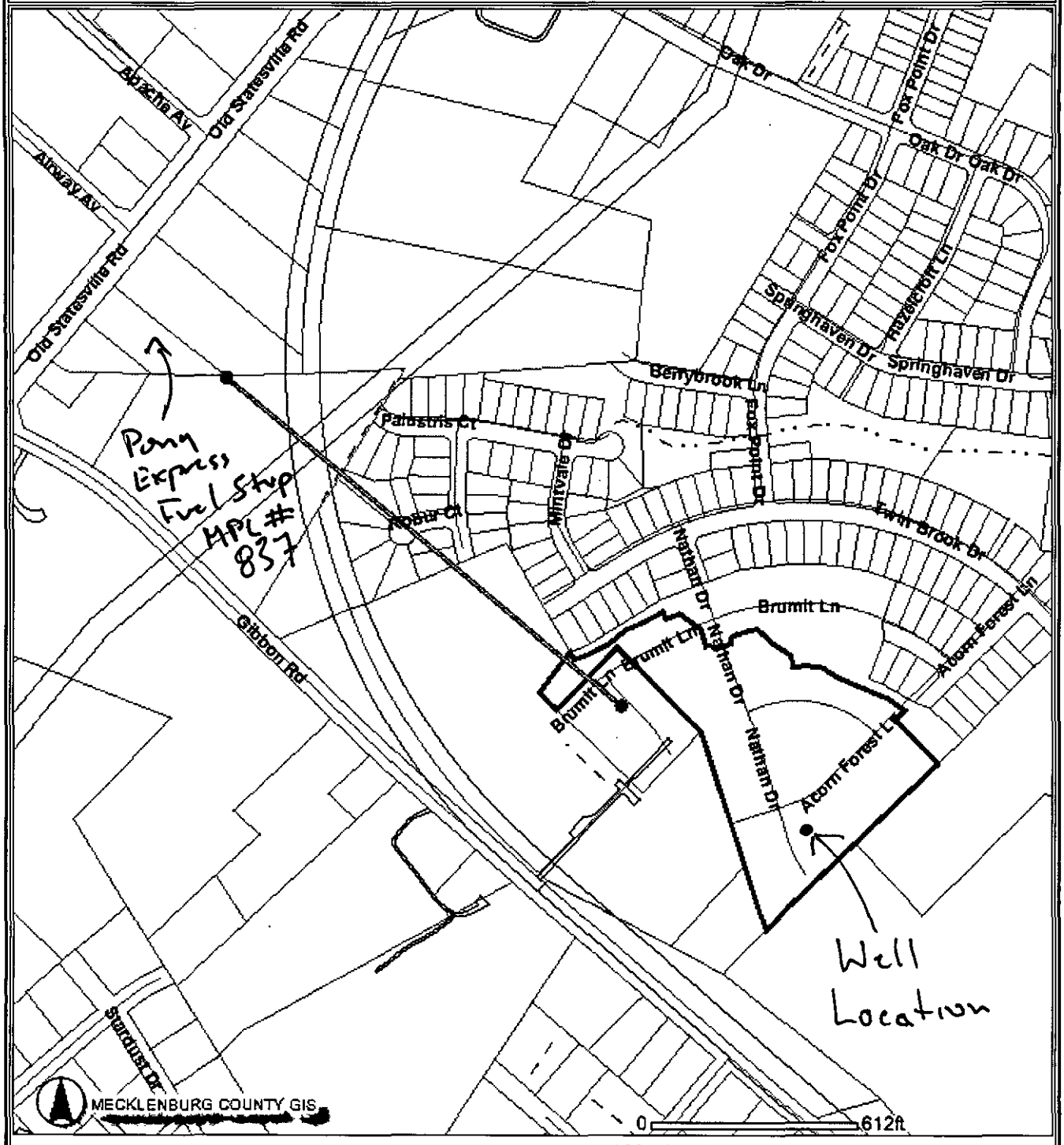
Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Wed Nov 22 12:29:11 EST 2006

4904 Acorn Forest



Total Measure Line Length: 1501.91 Feet

This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

#857

GWS – RES. APP 07/05

SEPTIC FEE: _____
DATE: _____
CRT [ ]

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

CHK 1925 100
WELL FEE: 200
DATE: 5/23/06
CRT [ ] gc

FILE # 57278

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 #: 043-052-32(PO)
STREET ADDRESS: 4904 ACORN FOREST LN
CITY: CLT
STATE: NC ZIP: 28269
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: FUTURE Possibly Lots 108-116
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: 1330SF
NUMBER OF BEDROOMS: 2
NUMBER OF OCCUPANTS: 1

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: N/A.

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: CHARLES E. BRUMIT JR
ADDRESS: 4416 GIBBON RD
CITY: CHARLOTTE
STATE: N.C ZIP: 28269-1622
HOME PHONE: 704-597- WORK PHONE: NA
MOBILE PHONE: — FAX: —

~~LEGAL AGENT~~ SURVEYOR FOR PROPERTY OWNER, IF APPLICABLE:

NAME: S. NEAL BROOME
ADDRESS: 811 CENTRAL AVE, #8
CITY: CHARLOTTE
STATE: NC ZIP: 28204
HOME PHONE: 704 366-1653 WORK PHONE: 704-375-6148
MOBILE PHONE: NA FAX: 704-375-6148

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? DEC. 1977
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? N.A. (OWNED 30YR+)

*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.

Charles E Brumit Jr 5-23-06
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

0753