

14901 HENRY HARRISON STILLWELL DR

01322134

1/8/2008

duponbj

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

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: _____

PERMIT NO: 5330B
PARCEL NO: 013-221-34

JOB LOCATION ADDRESS: _____
PROPERTY OWNER: _____
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: Neighborhoods at Stillwell
AUTHORIZATION ISSUED BY: Terry Martin R.S. DATE: 1/20/04
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 5330B, 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

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.

A. Blount 7/7/04
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 5330B — IMPROVEMENT PERMIT — Tax Number: 015-221-54

- 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

.25 Long-term acceptance rate	720 Max gallons/day wastewater flow	2160 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
Yes Serviced by private well	1500 Gallon septic tank	720 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
6 Bedrooms in residence	1000 Gallon pump tank	— Depth of stone	

Any surface waters present: NO Type: Minimum separation distance:

Site modifications required:

Additional Conditions: Agreement forms

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

2160 Absorption Area (Sq ft) 720 Total Trench Length (Ft)	— Depth of Stone Trench	9' Trench spacing (min. on centers)	24" 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.

Tammy Mitchell 1/20/04
DEHNR Authorized Agent — Date

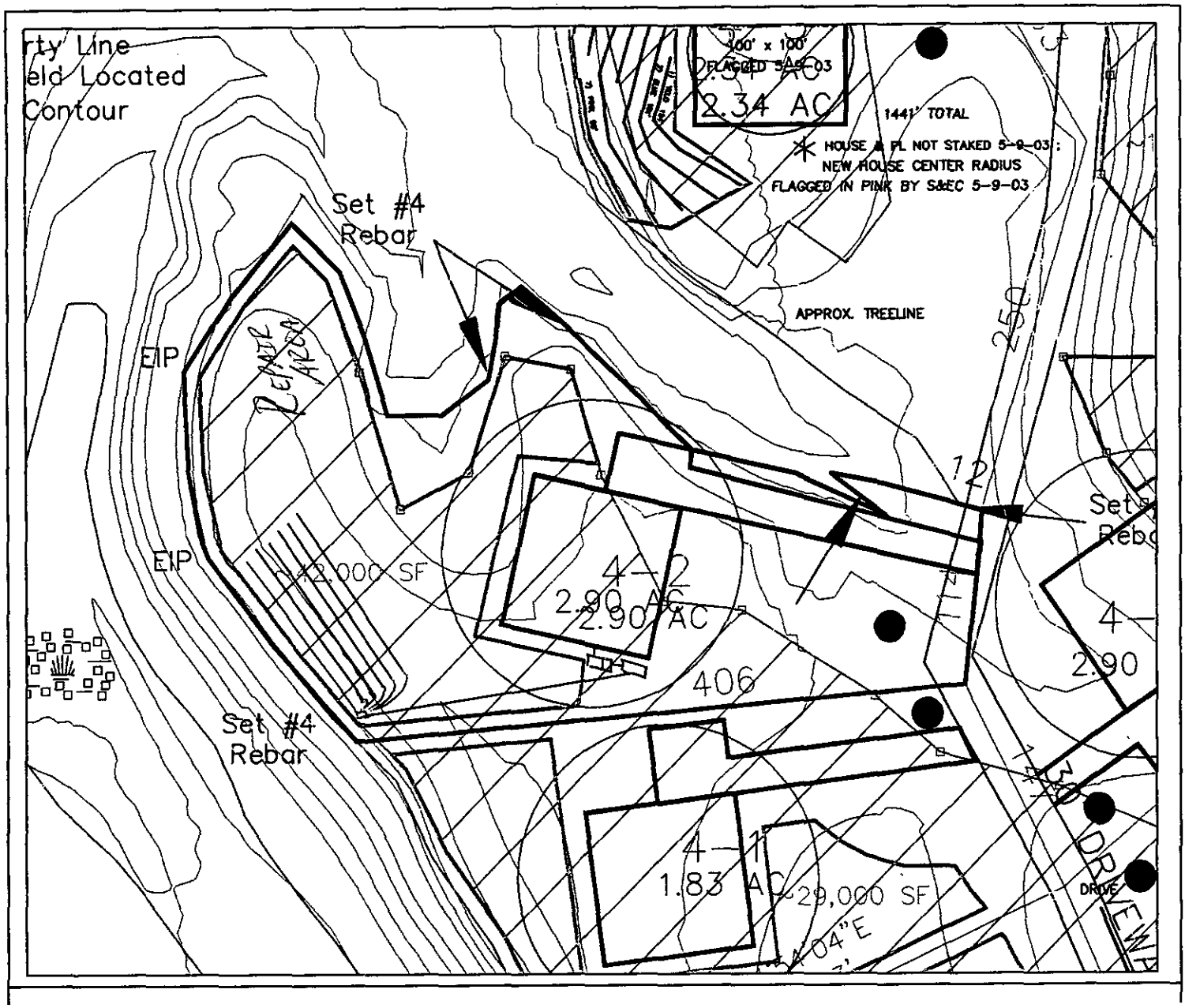
A. Blount 7/7/04
Owner/Agent Signature — Date

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

5330B

013-021-54



→ 6 Bedroom House

→ .25 CTAR

→ 6 lines x 120' x 3

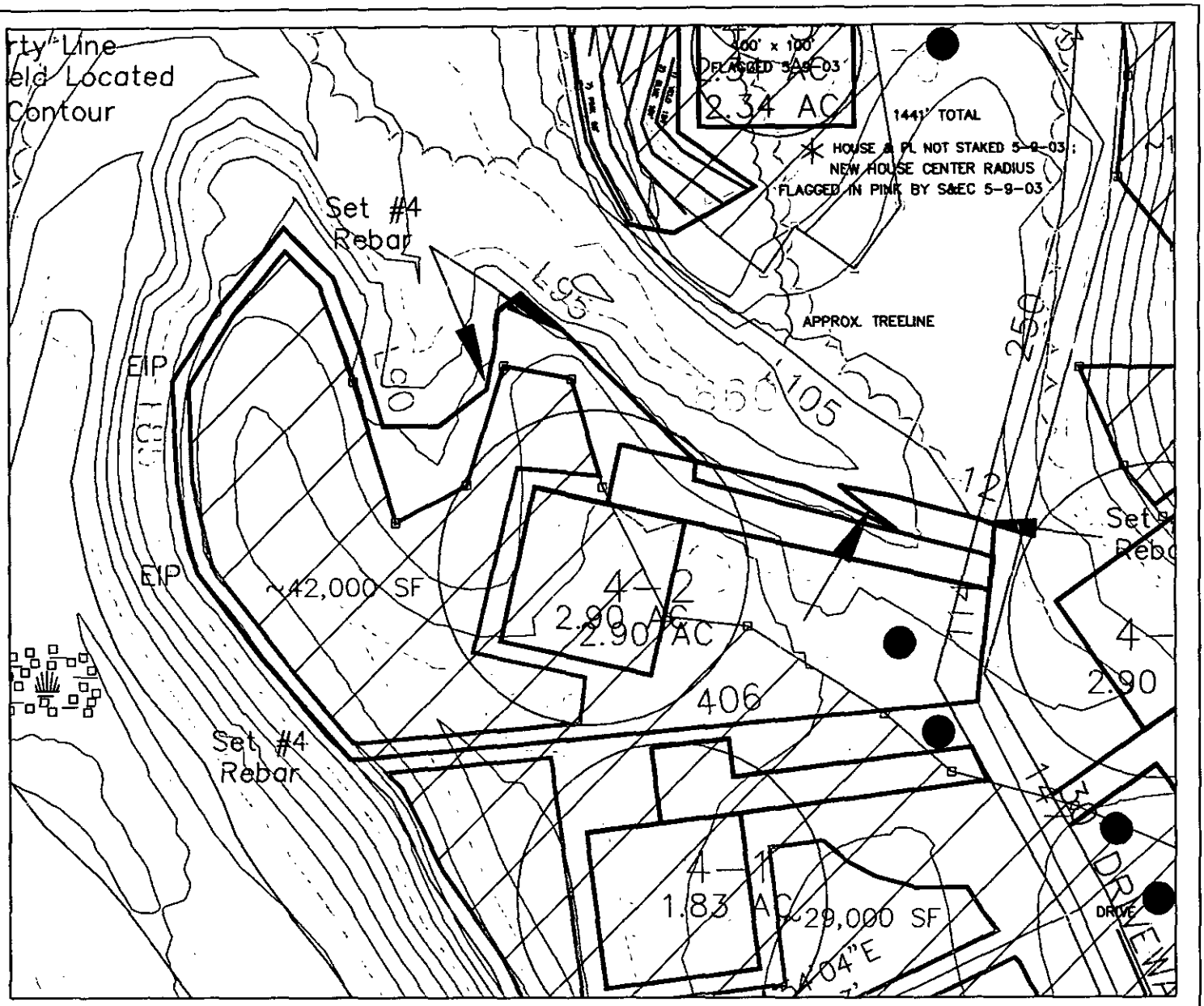
→ 720 TCF

→ Type III 6 Pump to innovative System + Repair

→ Pressure Manifold

A. Blount 7/7/04

Tommy Mathis R.S. 1/20/04



LEGEND

- Areas contain soils with 24 inches or more of useable material and have potential for conventional and modified conventional septic systems.
- UN — Unsuitable areas.
- System lines.
- Repair lines.
- Temporary Bench Mark (TBM)
- Well Location.

GRAPHIC SCALE

1" = 100'

100 0 100 200

**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.

SHEET 1 of 1

SHEET TITLE: SITE PLANS & DRAINFIELD LAYOUTS

PROJECT NAME: WILLIAM BREWSTER COMPANY, INC. – CASHION ROAD LOT 4-2 – MECK. COUNTY, NORTH CAROLINA MAY 2003

S&EC Soil & Environmental Consultants, PA

226 Lathrop Court, Suite C ▪ Concord, North Carolina 28027 ▪ Phone (704)792-0405 ▪ Fax (704) 792-0406

FILE C:\SEC\JOBS\1243

SCALE 1" = 100'

FIELD WORK S.A.R., W.C. & B.K.

DRAWN BY S.A.R.

PROJECT MGR. S.A.R.

PROJECT NO. 03-1243

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

Sheet: 1
Property ID: 013-221-34
Lot #: Lot 2, Pod 4
File #: 5330B
Code: 2

ACS

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Neighborhoods of Stillwell
Applicant: Ashley Rollans
Address: PO Box 99, Davidson, N. C. 28036
Date Evaluated: 09/26/2003
Proposed Facility: Residence
Design Flow (.1949): 720gpd
Property Size: 2.9a
Location of Site: Off Cashion Road
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [x] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 8	0-8	GR/CL	FR/SEXP/SS/SP	>50" TO SOIL WETNESS	50	N/A	NONE	PS, IV .3GPD/FT^2
		8-33	SBK/C	FI/SEXP/S/P					
		33-50	SBK/SCL	FR/SEXP/SS/SP					
2	"	0-12	GR/CL	FR/SEXP/SS/SP	2.5Y7/1@37"	49	"	"	PS, IV .2GPD/FT^2
		12-37	SBK/C	FI/SEXP/S/P					
		37-49	SBK/PL	VFI/EXP/VS/VP					
3	"	0-10	GR/SCL	FR/SEXP/SS/SP	"	49	"	"	"
		10-37	SBK/C	FI/SEXP/S/P					
		37-49	WKSBK/C	"					
4	"	0-8	GR/SCL	FR/SEXP/SS/SP	2.5Y7/1@40"	45	"	"	.275GPD/FT^2
		8-33	SBK/C	FI/SEXP/S/P					
		33-45	WKSBK/C	"					

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

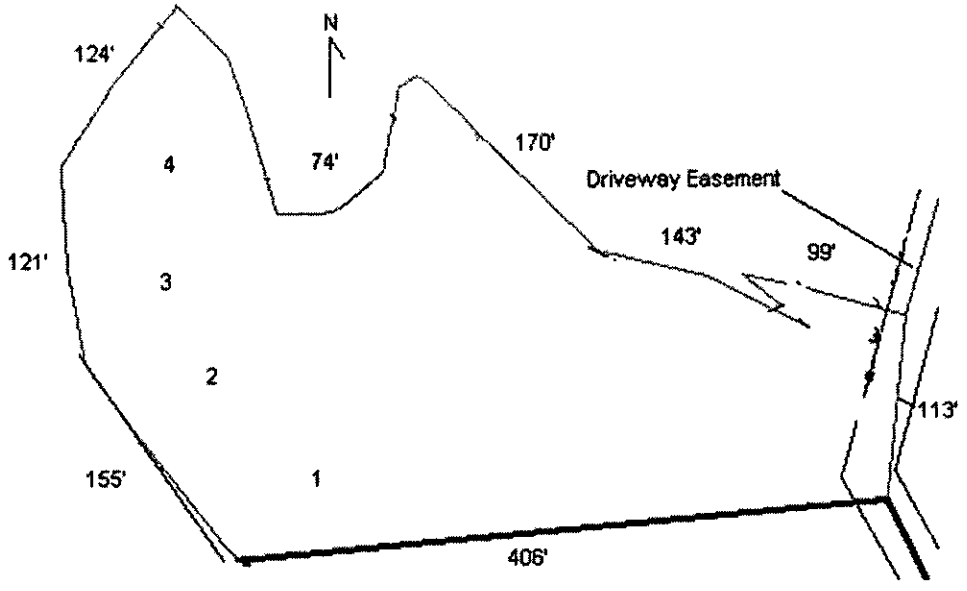
Other Factors (.1946): _____
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 9/29/2003, W. R. Marlin
Others Present: A. Rollans

FILE # 5330B

COMMENTS: 100% repair required

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	



FEE: 200 RECEIPT #:
DATE: 5/15/03 BY:

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

1 LOT

TYPE APPLICATION: X 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

Jeremy

FILE #: 5330B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 01322134

STREET ADDRESS:

SUBDIVISION OR MOBILE HOME PARK NAME: Stillwell

LOT NUMBER: 4-2

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
X 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
X 6 HUNTERSVILLE
___ 7 MINT HILL

HEATED SQUARE FOOTAGE: 4000 - 6000 SF

NUMBER OF BEDROOMS: 6 NUMBER OF OCCUPANTS:

CLOSING DATE: Closed

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
X 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 X NO TYPE:

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
___ MUNICIPAL (M)
X 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 X YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS X YES ___ NO
WELL, SPRINGS OR WATERLINES X YES ___ NO
DESIGNATED WETLANDS ___ YES ___ NO

PROPERTY OWNER:

NAME: (LAST) Jacobus (FIRST) Frank (MI) Neighborhoods at Stillwell, LLC

ADDRESS: PO Box 99

CITY: Davidson STATE: NC ZIP: 28036

DAYTIME PHONE: (704) 895-0556

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) Rollans (FIRST) Samuel (MI) Ashley

DAYTIME PHONE: (704) 202-7877 (m)
720-9405 (o)

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? May 2003

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: Samuel A Rollans DATE: 8/4/03

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: 5330B

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.

OWNER/AGENT SIGNATURE

DATE 8/4/03

APPROVAL DATE _____

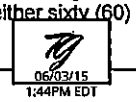
See Attached "Site Plans"

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

dotloop signature verification: www.dotloop.com/my/verification/DL-10582612-3-2L1C

14. SEPTIC SYSTEM PERMIT APPLICATION:

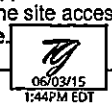
If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.



_____ (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

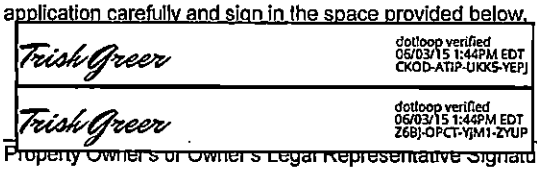
If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.



_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.



_____ _____

Property Owner's or Owner's Legal Representative Signature Date

---

OFFICE USE ONLY

○ SURVEY PLAT TO SCALE SUBMITTED ○ SCALED SITE PLAN SUBMITTED ○ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $_____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $_____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

_____

_____

_____

_____

_____

_____

_____

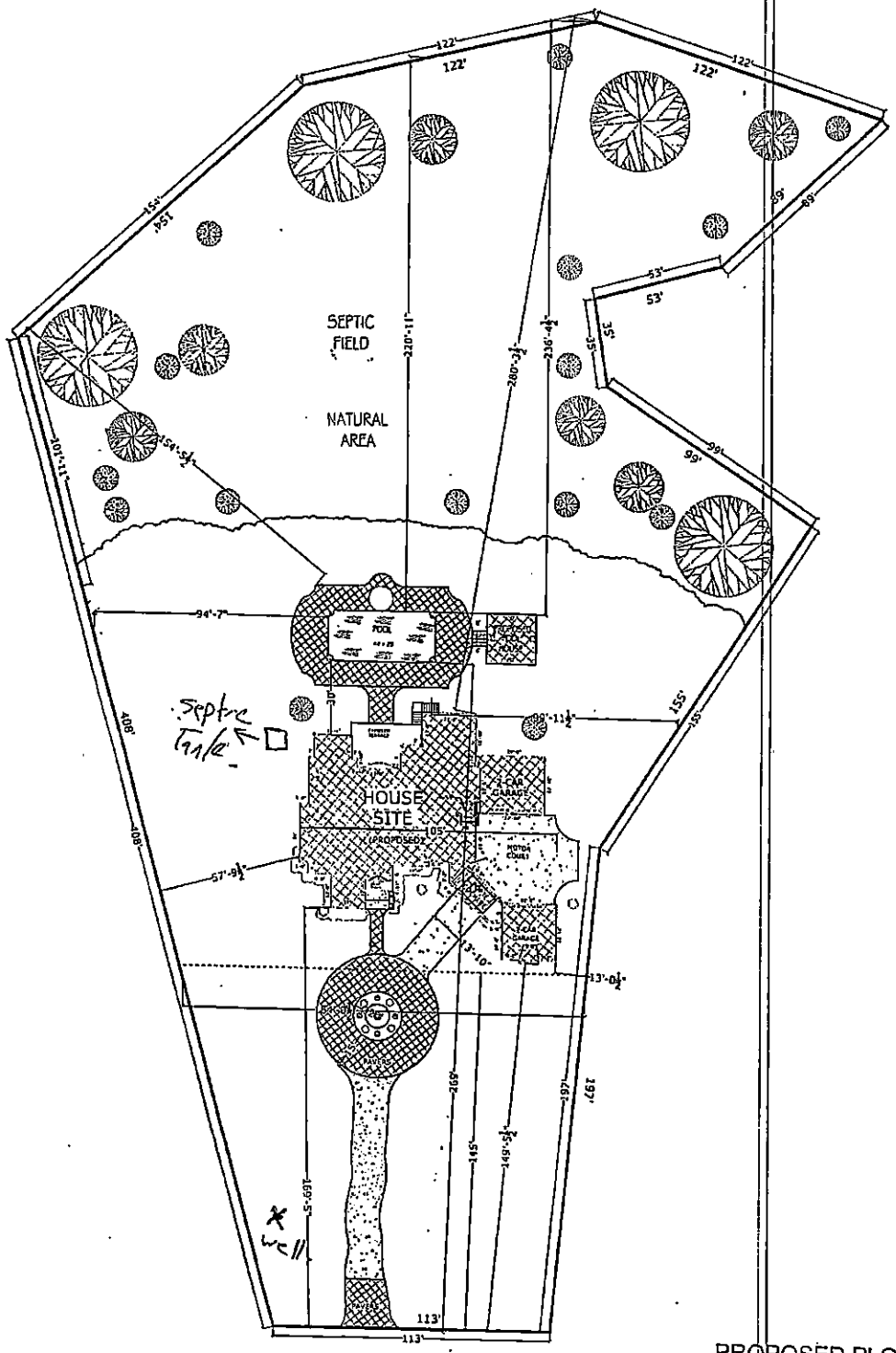
_____

_____

_____

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

Revised on: 12/15/10



14901 HENRY HARRISON STILLWELL DR.

PROPOSED PLOT PLAN

SCALE: 1/16" = 1'-0"

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REPRODUCTION OF THESE PLANS, EITHER IN WHOLE OR IN PART
INCLUDING ANY FORM OF COPYING, DISTRIBUTION, OR
DISSEMINATION FOR ANY REASON WITHOUT PRIOR WRITTEN
PERMISSION IS STRICTLY PROHIBITED

14901 HENRY HARRISON STILLWELL DR.	
SCALE: 1/16" = 1'-0"	1111
DATE: 08/30/2019	
PROPOSED PLOT PLAN	
PERSIS NOVA CONSTRUCTION CO.	PP - 1 OF 1

dodocp signature verification: [illegible]

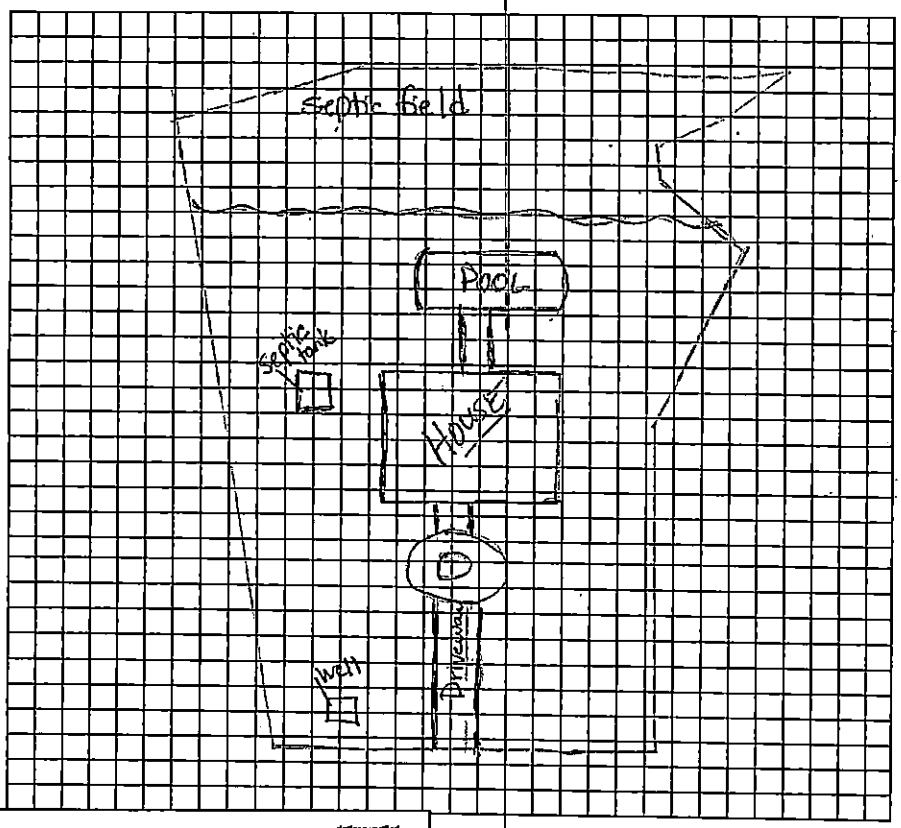
File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 14901 Henry Harrison Stillwell Dr. Tax Parcel #: 013-221-34

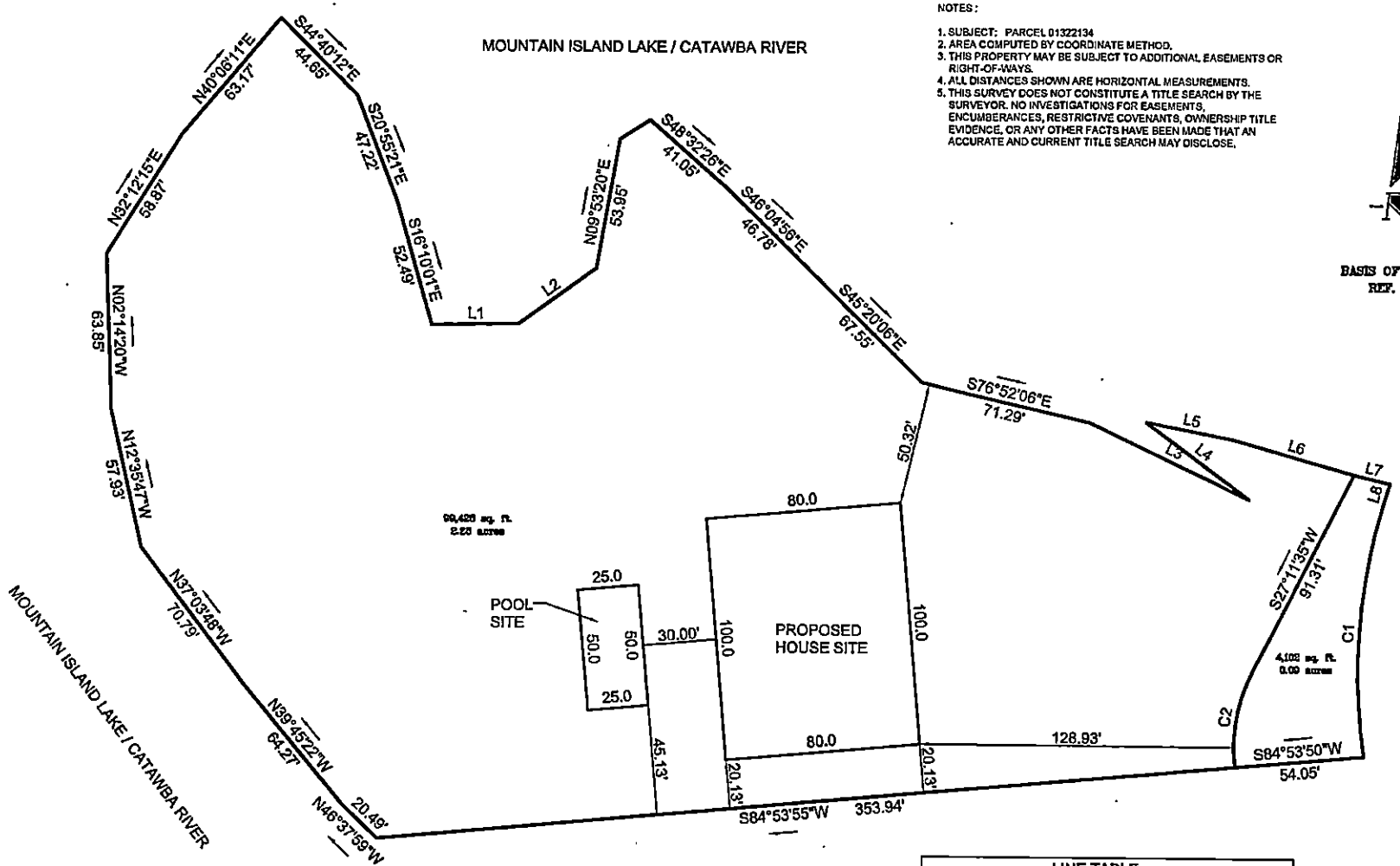
Subdivision Name: Stillwell Lot #: 2



Trish Greer
dodocp verified 06/03/15 1:43PM EDT 5ZSS-SAAV-WGDZ-GZAJ

Property Owner's or Owner's Legal Representative Signature

Date



NOTES:

1. SUBJECT: PARCEL 01322134
2. AREA COMPUTED BY COORDINATE METHOD.
3. THIS PROPERTY MAY BE SUBJECT TO ADDITIONAL EASEMENTS OR RIGHT-OF-WAYS.
4. ALL DISTANCES SHOWN ARE HORIZONTAL MEASUREMENTS.
5. THIS SURVEY DOES NOT CONSTITUTE A TITLE SEARCH BY THE SURVEYOR. NO INVESTIGATIONS FOR EASEMENTS, ENCUMBERANCES, RESTRICTIVE COVENANTS, OWNERSHIP TITLE EVIDENCE, OR ANY OTHER FACTS HAVE BEEN MADE THAT AN ACCURATE AND CURRENT TITLE SEARCH MAY DISCLOSE.

BASIS OF BEARING:
REF. PLAT

CURVE TABLE				
CURVE	LENGTH	RADIUS	DIRECTION	CHORD
C1	103.20	235.00	S03°46'11"W	102.37
C2	41.06	70.00	S10°12'49"W	40.47

LINE TABLE		
LINE	LENGTH	BEARING
L1	35.94	N89°14'32"E
L2	38.65	N54°05'07"E
L3	72.28	S64°39'08"E
L4	52.69	N53°27'43"W
L5	38.22	S79°02'46"E
L6	52.56	S74°18'23"E
L7	15.18	S76°49'07"E
L8	11.08	S16°21'02"W

GRAPHIC SCALE
0 15 30 60
SCALE IN FEET

SITE PLAN
14901 Henry Harrison Stillwell Drive
lot 2
HUNTERSVILLE,
MECKLENBURG COUNTY, NORTH CAROLINA

PREPARED FOR:
XXXXXXXXXXXXXXX

CSC of NC PC
P.O. BOX 601150
CHARLOTTE, N.C. 28227
(704) 573-0112
FIRM LICENSE No. C-2855

DATE: JUNE 4, 2015
JOB NO.: CN1560-06-15
DRAWN BY: MB

5E6DC48E-C174-426B-A21E-B30415830C10-24620154620167

MECKLENBURG COUNTY
Health Department

E. Winters Mabry, MD
Director

(704) 432-3199

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.
2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.
3. I acknowledge that Trish Greer is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at 14901 Henry Harrison Stillwell Rd, Huntersville
   Number Street Town
   (Or Parcel Number)

William Hulett

William & Linda Hulett
Property Owner (print name)

Linda Hulett
Property Owner (signature)

06-24-2015 | 08:55 AM EST
Date

Ellis, Loretta

From: Tara Boucher-Assistant to Matt Sarver with Keller Williams Realty <Tara@CharlotteHomeUpdate.com>
Sent: Tuesday, June 23, 2015 4:49 PM
To: Ellis, Loretta
Subject: RE: Message from "RNP002673293916"

Also, just to make sure, the buyers name for this transaction is Mercedes and Jerricho Cotchery. They will be making the payment for the process, their phone number is 919-332-3094. Mercedes.cotchery@gmail.com. Please let me know if you need anything else, besides the addendum. Thanks again!

Please confirm that you have received this email.

Thank you,

Tara Boucher-Closing Coordinator/Referral Agent The Sarver Group tara@charlottehomeupdate.com
www.charlottehomeupdate.com

-----Original Message-----
From: Tara Boucher-Assistant to Matt Sarver with Keller Williams Realty [mailto:Tara@CharlotteHomeUpdate.com]
Sent: Tuesday, June 23, 2015 4:33 PM
To: 'Ellis, Loretta'
Subject: RE: Message from "RNP002673293916"

Thanks!

Please confirm that you have received this email.

Thank you,

Tara Boucher-Closing Coordinator/Referral Agent The Sarver Group tara@charlottehomeupdate.com
www.charlottehomeupdate.com

-----Original Message-----
From: Ellis, Loretta [mailto:Loretta.Ellis@mecklenburgcountync.gov]
Sent: Tuesday, June 23, 2015 4:24 PM
To: Tara Boucher-Assistant to Matt Sarver with Keller Williams Realty
Subject: FW: Message from "RNP002673293916"

Per your request here is the Addendum. Thank you

Loretta W. Ellis
Administrative Assistant III
Environmental Health Services
Mecklenburg County Health Department
704-336-7291
Email Loretta.Ellis@MecklenburgCountyNC.gov
http://Groundwater.charmeck.org
http://Meckpools.charmeck.org

CONFIDENTIALITY NOTICE: This message and any attachments included are from the Mecklenburg County Health Department and are for sole use by the intended recipient(s). The information contained herein may include confidential or privileged information. Unauthorized review, forwarding, printing, copying, distributing, or using such information is strictly prohibited and may be unlawful. If you received this message in error, or have reason to believe you are not authorized to receive it, please contact the sender by reply email and destroy all copies of the original message.
Thank you!

-----Original Message-----
From: Ellis, Loretta
Sent: Tuesday, June 23, 2015 4:03 PM
To: Ellis, Loretta
Subject: Message from "RNP002673293916"

This E-mail was sent from "RNP002673293916" (Aficio MP C3501).

Scan Date: 06.23.2015 16:02:30 (-0400)
Queries to: donotreply@mecklenburg.nc.us



From: Tara Boucher-Assistant to Matt Sarver with Keller Williams Realty [mailto:Tara@CharlotteHomeUpdate.com]
Sent: Friday, June 05, 2015 4:51 PM
To: 'loretta.ellis@mecklenburgcountync.gov'
Subject: 14901 Henry Harrison Stillwell Permit app
Importance: High

Hi Loretta,

Attached are the documents needed to have perk test done. Our client is Jerricho and Mercedes Cotchery and Matt Sarver is their real estate agent. The current owners are Hulett's and their real estate agent representing them is Trish Greer. For payment of application fee(s), contact Mercedes Cotchery at 919-332-3094. Please let me know if you need anything else from us or if these documents are difficult to read. Thanks so much!

Please confirm that you have received this email.

Thank you,

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	06/24/15	**Amount:**	250.00
Receipt #:	95176	**Tendered:**	250.00
Check / Auth #:	VISA 121053	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: MERCEDES COTCHERY
Attn:
Address: 15 BLUE WOLF TRAIL
Address:
City/State/Zip: WATCHUNG, NJ 07069

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 14901 HENRY HARRISION STILLWELL DR		1	250.00	250.00

Outstanding Balances

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

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 #: **30007574** GWS File #: **5330B** Tax Parcel #: **013-221-34**

- 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):** 7/8/2020

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

Structure Type: HOUSE Size (ft^2): 7500 # Bedrooms: 6 # Occupants: 6

Building Foundation: Crawl Space Water Supply: Private Well

II. Initial System Type: Pump to Accepted **System Classification:** IIIb

Initial System Specifications:

Design Flow (gpd):	720	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1800	Total Trench Length (ft):	600
Maximum Trench Depth (in):	18	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

III. Repair System Type: Pump to Accepted **System Classification:** IIIb

Repair System Specifications:

Design Flow (gpd):	720	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1800	Total Trench Length (ft):	600
Maximum Trench Depth (in):	18	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, 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 a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Jacob Presley Owner/Legal Agent: _____
Print Name

Signature: _____ Signature: _____

Date Issued: 7/8/2015

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 #: **30007574** GWS File #: **5330B**

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- 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.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- Foundation drains shall be constructed not to discharge water onto or across any part of the septic system.
- The septic system shall be located at least 15 feet from any foundation drain.
- All components of septic system need to be a minumum of 15' away from the pool and not under any concrete surrounding the pool.

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, 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 permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Jacob Presley

Signature: _____

Date Issued: 7/8/2015

Owner/Legal Agent: _____
Print Name

Signature: _____

Improvement Permit Sketch for 14901 Henry Harrison Stillwell Dr.

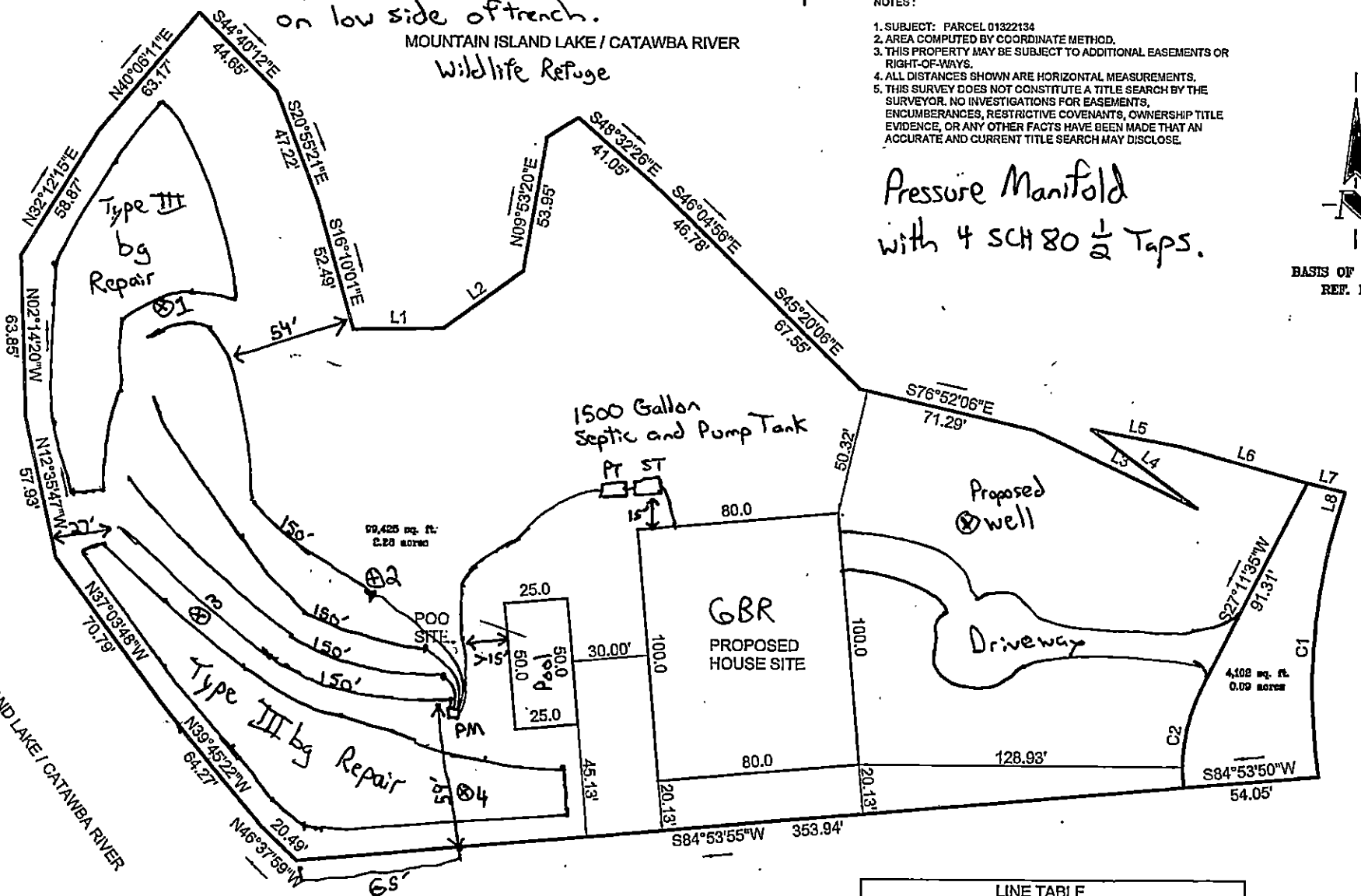
1" = 60'

Type III bg system using Accepted 25% reduction Chambers or E2 Flow. Install Four 150'x3' trenches at 18" deep on low side of trench.

Parcel ID: 013-221-34

NOTES:

1. SUBJECT: PARCEL 01322134
2. AREA COMPUTED BY COORDINATE METHOD.
3. THIS PROPERTY MAY BE SUBJECT TO ADDITIONAL EASEMENTS OR RIGHT-OF-WAYS.
4. ALL DISTANCES SHOWN ARE HORIZONTAL MEASUREMENTS.
5. THIS SURVEY DOES NOT CONSTITUTE A TITLE SEARCH BY THE SURVEYOR. NO INVESTIGATIONS FOR EASEMENTS, ENCUMBERANCES, RESTRICTIVE COVENANTS, OWNERSHIP TITLE EVIDENCE, OR ANY OTHER FACTS HAVE BEEN MADE THAT AN ACCURATE AND CURRENT TITLE SEARCH MAY DISCLOSE.



Drawing by Jacob Presley, REHS
7-8-15

CURVE TABLE				
CURVE	LENGTH	RADIUS	DIRECTION	CHORD
C1	103.20	235.00	S03°46'11"W	102.37

LINE TABLE		
LINE	LENGTH	BEARING
L1	35.94	N89°14'32"E
L2	38.65	N54°05'07"E
L3	72.28	S64°39'08"E
L4	52.69	N53°27'43"W
L5	36.22	S79°02'46"E
L6	52.56	S74°18'23"E
L7	15.18	S76°49'07"E

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

Sheet: 1 of 2
Property ID: 013-221-34
Lot #: 2
File #: 5330B
AppID: 7574

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Property Owner: William & Linda Hulett
Applicant: Trish Greer
Address: 20428 Island Forest Dr, Cornelius, NC 28031
Date Evaluated: 7/7/15
Proposed Facility: 6 Bedroom House
Design Flow (.1949): 720 GPD
Property Size: 2.37 ac
Location: 14901 Henry Harrison Stillwell Dr, Huntersville, NC 28078
Property Recorded: Unknown
Water Supply: [ ] Public [X] Individual [X] Well [ ] Spring [ ] Municipal
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	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	General Comments	Profile Class & LTAR	Maximum Trench Bottom Depth for 3' Wide Conventional Trench
Boring #1	R 2%	0 - 7	gr L	SS SP FR SEXP	2 chroma @ 38"	41	NA	NA	saprolite inclusions 26 - 41"	PS IV 0.3	26"
		6 - 26	mfsbk CL	SS SP FR SEXP							
		26 - 41	wmsbk CL	S P FR SEXP							
Boring #2	R 3%	0 - 9	gr L	SS SP FR SEXP	2 chroma @ 30"	36	NA	NA		PS IV 0.3	18"
		9 - 26	mfsbk CL	SS SP FR SEXP							
		26 - 36	wmsbk CL	S P FR SEXP							
Boring #3	R 2%	0 - 13	gr SCL	SS SP FR SEXP	>48"	48	NA	NA		PS IV 0.325	36"
		13 - 48	mfsbk CL	SS SP FR SEXP							
Boring #4	R 2%	0 - 3	gr SCL	SS SP FR SEXP	>48"	48	NA	NA		PS IV 0.325	36"
		3 - 12	mfsbk C	S P FR SEXP							
		12 - 38	mfsbk CL	SS SP FR SEXP							
		38 - 48	wfsbk SCL	SS SP FR SEXP							

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	IIIbg	IIIbg
Site LTAR (gpd/sq ft)	0.3	0.3

Other Factors (.1946):
Soil Evaluation By: Jacob Presley, REHS, LSS
Others Present:
Site Classification (.1948): Provisionally Suitable
Site Evaluation By: Jacob Presley, REHS, LSS
Others Present:

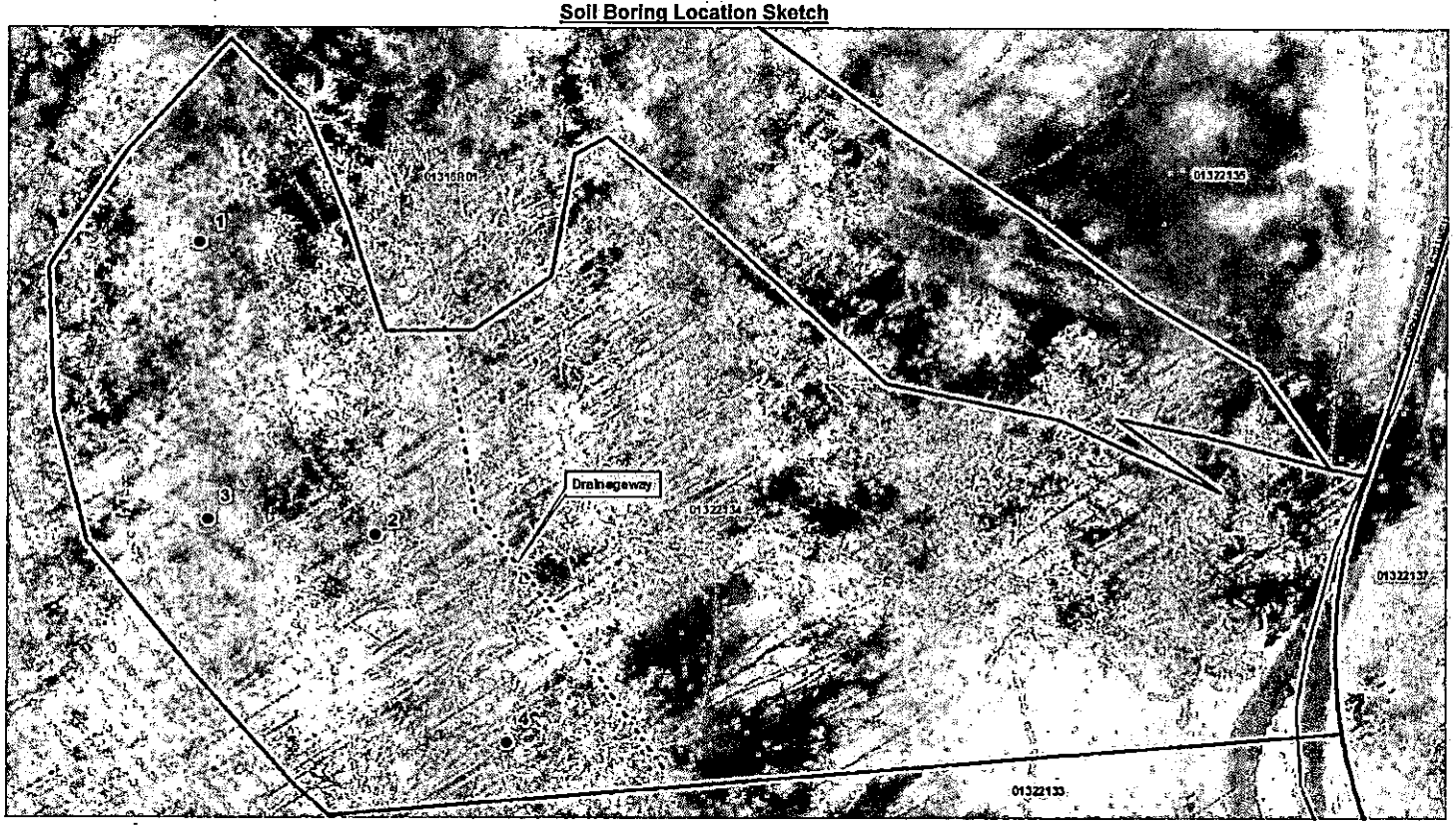
COMMENTS:

Sheet: 2 of 2
File #: 5330B
AppID: 7574

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		mass-Massive
LS-Linear Slope				cr-Crumb
FS-Foot 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				Sap-Saprolite
FP-Flood Plain		CL-Clay Loam		**Structure Prefixes**
D-Drainage Way		SCL-Sandy Clay Loam		w-weak
				m-moderate
		SiL-Silt Loam		s-strong
				f-fine
	IV	SC-Sandy Clay	0.4 - 0.1	m-medium
		SiC-Silty Clay		c-coarse
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	SS-Slightly Sticky	SEXP-Slightly Expansive
FR-Friable	S-Sticky	EXP-Expansive
FI-Firm	VS-Very Sticky	
VFI-Very Firm	NP-Non-Plastic	**Classification**
EFI-Extremely Firm	SP-Slightly Plastic	US-Unsuitable
	P-Plastic	PS-Provisionally Suitable
	VP-Very Plastic	S-Suitable
		NA-Not Applicable

Soil Boring Location Sketch



dotloop signature verification: www.dotloop.com/my/Verification/105636112-3-2LIO

#53308

Application # 7574

MECKLENBURG COUNTY
HEALTH DEPARTMENT

24 JUN '15 AM 7:31

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. SEPTIC / TYPE APPLICATION: ○ N/A ☑ NEW SYSTEM ○ ALTERATION ○ REPAIR ○ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ○ N/A ☑ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 013-221-34
STREET ADDRESS: 14901 Henry Harrison Stillwell Drive
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION NAME: Stillwell
LOT #: 2 LOT SIZE (acres): 2.37

TOWNSHIP:
○ MECKLENBURG ○ CORNELIUS ☑ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. BUILDING INFORMATION:

BUILDING TYPE:
○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
☑ HOUSE ○ OTHER

HEATED SQUARE FOOTAGE: 7500
NUMBER OF BEDROOMS: 6
NUMBER OF OCCUPANTS: 6

FOUNDATION TYPE:
○ CONCRETE SLAB ☑ BASEMENT WITH PLUMBING
○ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☑ N/A

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

6. WATER SUPPLY: ○ MUNICIPAL ◉ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. PROPOSED USE OF WELL: ○ N/A ◉ IRRIGATION ○ POTABLE (DRINKING WATER) ○ OTHER _____

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST DESIRED 5-LEAST DESIRED):*

☐ N/A ☑ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. RANK: ____ ____ ____ ____ ____

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.

BURIED CABLES, LANDFILLS, STUMPHOLES	○ YES ☑ NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ☑ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	○ YES ☑ NO	JURISDICTIONAL WETLANDS	○ YES ☑ NO
WELLS, SPRINGS, OR WATER LINES	○ YES ☑ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ☑ NO
EASEMENTS OR RIGHT-OF-WAYS	☑ YES ○ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ☑ NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ☑ NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ☑ NO
WASTE STORAGE	○ YES ☑ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ☑ NO

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____ ☑ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 6/30/2015 ☐ N/A

12. PROPERTY OWNER:

NAME: William and Linda Hulett
ADDRESS: 20428 Island Forest Drive
CITY: Cornelius
STATE: NC ZIP: 28031
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: T
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: TrishGreer@gmail.Com
cc: Tara

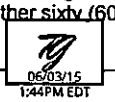
MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

dotloop signature verification: www.dotloop.com/my/verification/DL-105836112-3-2L10

14. SEPTIC SYSTEM PERMIT APPLICATION:

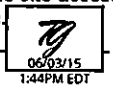
If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.



_____ (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

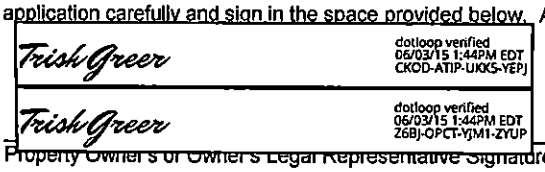
If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.



_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.



_____ _____

Property Owner's or Owner's Legal Representative Signature Date

---

OFFICE USE ONLY

○ SURVEY PLAT TO SCALE SUBMITTED ○ SCALED SITE PLAN SUBMITTED ○ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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

Supervisor/Administrative Professional Checklist

New Septic ☒ **New Well** ☐ **Use Existing** ☐ **Alteration** ☐ **Modified Plot Plan** ☐

New Septic Fees Paid:

IP ($250.00) LE 6/24/16 Initials/Date

CA ($200.00) _____ Initials/Date

OP ($200.00) _____ Initials/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 _____ Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid)_____ Initials/Date

Modified Plot Plan Fee Paid: $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☐ Reviewed ☐ ____

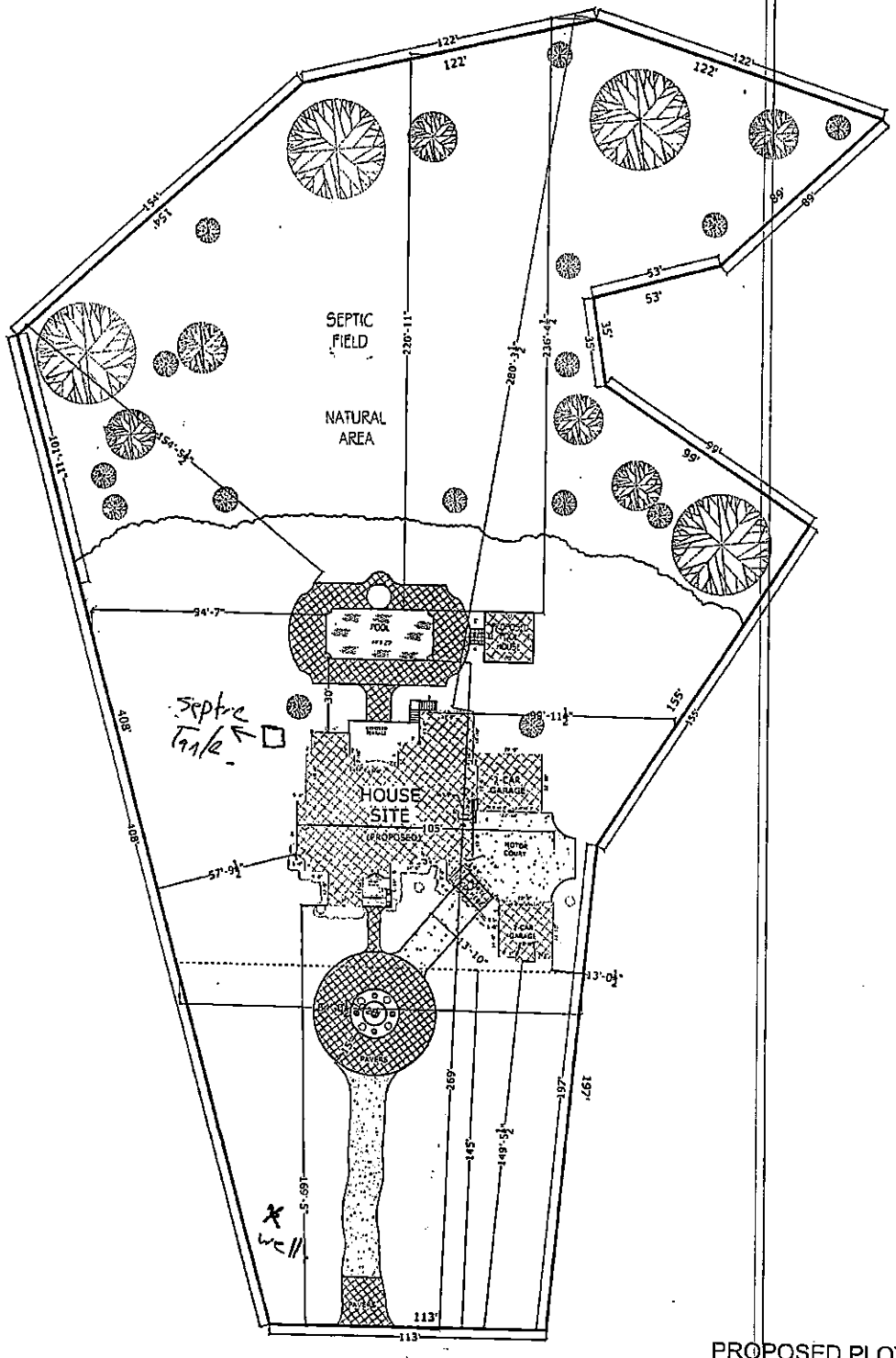
This site is served by septic and well. Verify each is complete before final hold is released. ☐

Septic file completed. ☐ _____ Well file completed. ☐ _____

Send permit for signature. ☐ Signature received. ☐ _____

This septic system requires a certified operator contract before final hold is released. ☐

Certified operator contract is on file. ☐ _____



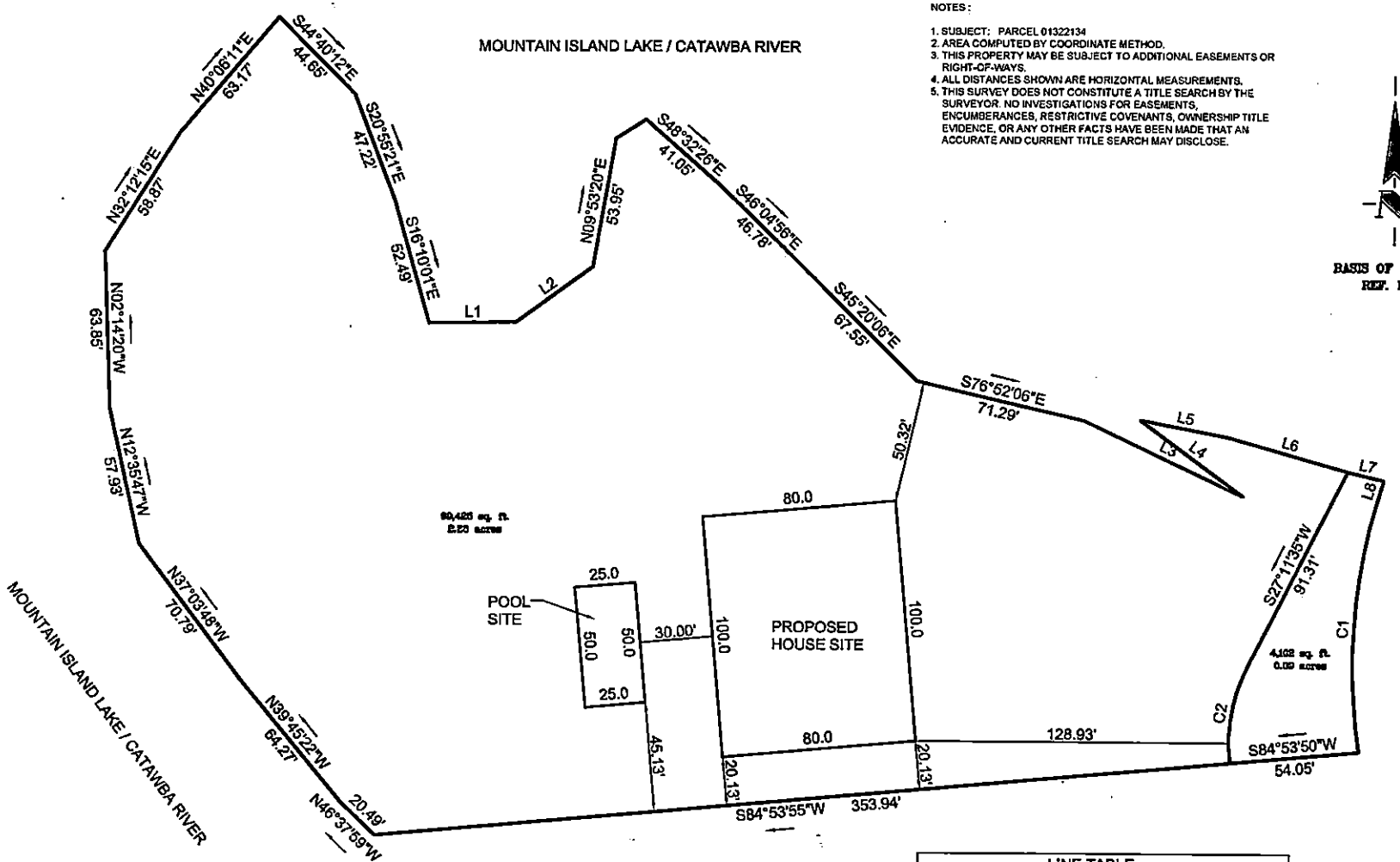
14901 HENRY HARRISON STILLWELL DR.

PROPOSED PLOT PLAN

SCALE: 1/16" = 1'-0"

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REPRODUCTION OF THESE PLANS, EITHER IN WHOLE OR IN PART INCLUDING ANY FORM OF COPYING, DISTRIBUTION, OR DISSEMINATION FOR ANY REASON WITHOUT PRIOR WRITTEN PERMISSION IS STRICTLY PROHIBITED

14901 HENRY HARRISON STILLWELL DR.	
SCALE: 1/16" = 1'-0"	DRAWN BY: MARY C. AKERS
DATE: 08/3/2018	1111
PROPOSED PLOT PLAN	CHECKED BY: MARY C. AKERS
PERSIS NOVA CONSTRUCTION CO.	PP - 1 OF 1



NOTES:

1. SUBJECT: PARCEL 01322134
2. AREA COMPUTED BY COORDINATE METHOD.
3. THIS PROPERTY MAY BE SUBJECT TO ADDITIONAL EASEMENTS OR RIGHT-OF-WAYS.
4. ALL DISTANCES SHOWN ARE HORIZONTAL MEASUREMENTS.
5. THIS SURVEY DOES NOT CONSTITUTE A TITLE SEARCH BY THE SURVEYOR. NO INVESTIGATIONS FOR EASEMENTS, ENCUMBERANCES, RESTRICTIVE COVENANTS, OWNERSHIP TITLE EVIDENCE, OR ANY OTHER FACTS HAVE BEEN MADE THAT AN ACCURATE AND CURRENT TITLE SEARCH MAY DISCLOSE.

CURVE TABLE				
CURVE	LENGTH	RADIUS	DIRECTION	CHORD
C1	103.20	235.00	S03°46'11"W	102.37
C2	41.06	70.00	S10°12'49"W	40.47

LINE TABLE		
LINE	LENGTH	BEARING
L1	35.94	N89°14'32"E
L2	38.65	N54°05'07"E
L3	72.28	S64°39'08"E
L4	52.69	N53°27'43"W
L5	36.22	S79°02'46"E
L6	52.56	S74°18'23"E
L7	15.18	S76°49'07"E
L8	11.08	S16°21'02"W

GRAPHIC SCALE
0 15 30 60
SCALE IN FEET

SITE PLAN
14901 Henry Harrison Stillwell Drive
lot 2
HUNTERSVILLE,
MECKLENBURG COUNTY, NORTH CAROLINA

PREPARED FOR:
XXXXXXXXXXXXXXX

CSC of NC PC
P.O. BOX 821150
CHARLOTTE, N.C. 28227
(704) 078-0118
FIRM LICENSE No. C-2960

DATE:	JOB No.:	DRAWN BY:
JUNE 4, 2015	CH1560-06-15	MS

dotloop signature verification

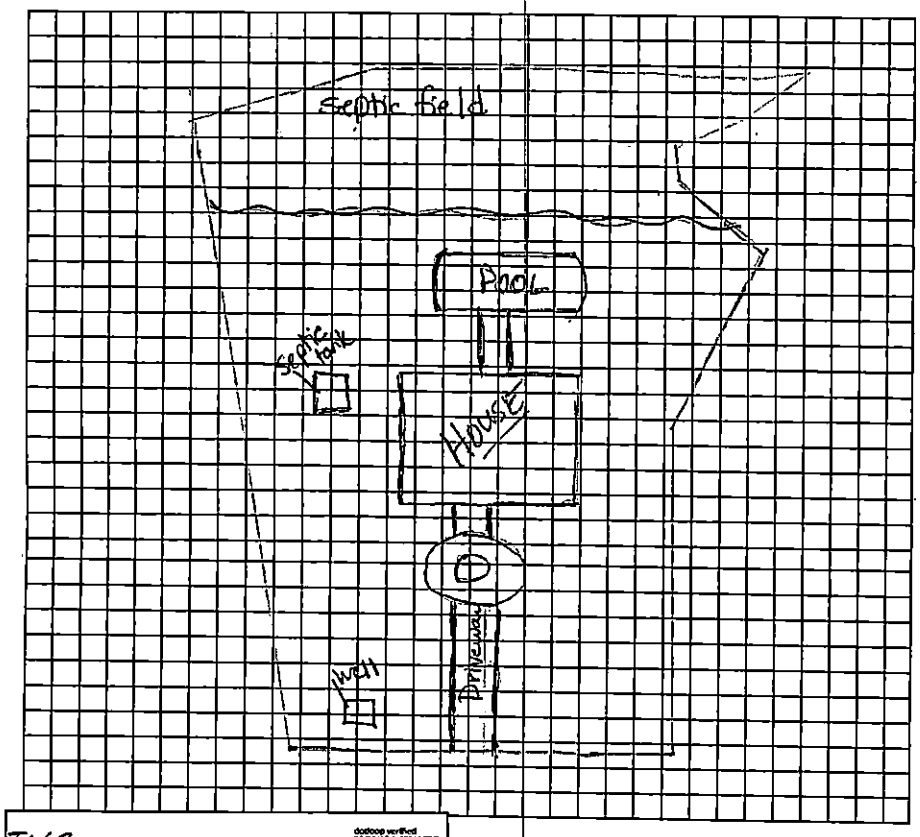
File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 14901 Henry Harrison Stillwell Dr. Tax Parcel #: 013-221-34

Subdivision Name: Stillwell Lot #: 2



Frish Greer dotloop verified 06/03/15 1:43PM EDT 5ZSS-5AAV-WGDJ-GZAJ

Property Owner's or Owner's Legal Representative Signature

Date

Ellis, Loretta

From: Tara Boucher-Assistant to Matt Sarver with Keller Williams Realty <Tara@CharlotteHomeUpdate.com>
Sent: Tuesday, June 23, 2015 4:49 PM
To: Ellis, Loretta
Subject: RE: Message from "RNP002673293916"

Also, just to make sure, the buyers name for this transaction is Mercedes and Jerricho Cotchery. They will be making the payment for the process, their phone number is 919-332-3094. Mercedes.cotchery@gmail.com. Please let me know if you need anything else, besides the addendum. Thanks again!

Please confirm that you have received this email.

Thank you,

Tara Boucher-Closing Coordinator/Referral Agent The Sarver Group tara@charlottehomeupdate.com
www.charlottehomeupdate.com

-----Original Message-----
From: Tara Boucher-Assistant to Matt Sarver with Keller Williams Realty [mailto:Tara@CharlotteHomeUpdate.com]
Sent: Tuesday, June 23, 2015 4:33 PM
To: 'Ellis, Loretta'
Subject: RE: Message from "RNP002673293916"

Thanks!

Please confirm that you have received this email.

Thank you,

Tara Boucher-Closing Coordinator/Referral Agent The Sarver Group tara@charlottehomeupdate.com
www.charlottehomeupdate.com

-----Original Message-----
From: Ellis, Loretta [mailto:Loretta.Ellis@mecklenburgcountync.gov]
Sent: Tuesday, June 23, 2015 4:24 PM
To: Tara Boucher-Assistant to Matt Sarver with Keller Williams Realty
Subject: FW: Message from "RNP002673293916"

Per your request here is the Addendum. Thank you

Loretta W. Ellis
Administrative Assistant III
Environmental Health Services
Mecklenburg County Health Department
704-336-7291
Email Loretta.Ellis@MecklenburgCountyNC.gov
http://Groundwater.charmeck.org
http://Meckpools.charmeck.org

CONFIDENTIALITY NOTICE: This message and any attachments included are from the Mecklenburg County Health Department and are for sole use by the intended recipient(s). The information contained herein may include confidential or privileged information. Unauthorized review, forwarding, printing, copying, distributing, or using such information is strictly prohibited and may be unlawful. If you received this message in error, or have reason to believe you are not authorized to receive it, please contact the sender by reply email and destroy all copies of the original message.
Thank you!

-----Original Message-----
From: Ellis, Loretta
Sent: Tuesday, June 23, 2015 4:03 PM
To: Ellis, Loretta
Subject: Message from "RNP002673293916"

This E-mail was sent from "RNP002673293916" (Aficio MP C3501).

Scan Date: 06.23.2015 16:02:30 (-0400)
Queries to: donotreply@mecklenburg.nc.us



From: Tara Boucher-Assistant to Matt Sarver with Keller Williams Realty [mailto:Tara@CharlotteHomeUpdate.com]
Sent: Friday, June 05, 2015 4:51 PM
To: 'loretta.ellis@mecklenburgcountync.gov'
Subject: 14901 Henry Harrison Stillwell Permit app
Importance: High

Hi Loretta,

Attached are the documents needed to have perk test done. Our client is Jerricho and Mercedes Cotchery and Matt Sarver is their real estate agent. The current owners are Hulett's and their real estate agent representing them is Trish Greer. For payment of application fee(s), contact Mercedes Cotchery at 919-332-3094. Please let me know if you need anything else from us or if these documents are difficult to read. Thanks so much!

Please confirm that you have received this email.

Thank you,

5E6DC48E-C174-426B-A21E-B30415830C10-24620154620167

MECKLENBURG COUNTY
Health Department

E. Winters Mabry, MD
Director

(704) 432-3199

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.
2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.
3. I acknowledge that Trish Greer is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at 14901 Henry Harrison Stillwell Rd, Huntersville
   Number Street Town
   (Or Parcel Number)

William Hulett

William & Linda Hulett
Property Owner (print name)

Linda Hulett
Property Owner (signature)

06-24-2015 | 08:55 AM EST
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	06/24/15	**Amount:**	250.00
Receipt #:	95176	**Tendered:**	250.00
Check / Auth #:	VISA 121053	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: MERCEDES COTCHERY
Attn:
Address: 15 BLUE WOLF TRAIL
Address:
City/State/Zip: WATCHUNG, NJ 07069

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 14901 HENRY HARRISION STILLWELL DR		1	250.00	250.00

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

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

Supervisor/Administrative Professional Checklist

New Septic ☒ **New Well** ☐ **Use Existing** ☐ **Alteration** ☐ **Modified Plot Plan** ☐

New Septic Fees Paid:

IP ($250.00) LE 6/24/15 Initials/Date

CA ($200.00) _____ Initials/Date

OP ($200.00) _____ Initials/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 _____ Initials/Date

Alteration Fee Paid: $300.00 (_____ Initials/Date

Modified Plot Plan Fee Paid: $1_____ Initials/Date

Floor plans need to be submitted an_____ viewed ☐ ____

This site is served by septic and well._____ released. ☑

Septic file completed. ☐ _____ ☐ _____

Send permit for signature. ☑ Signature received. ☐ _____

This septic system requires a certified operator contract before final hold is released. ☐

Certified operator contract is on file. ☐ _____

7/21/15 Signature LE

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: S330B WASPS App #: 7574

Primary ES assigned to project: Jacob Presley

Secondary ES assigned to project: _____

Project Type: New System ☑ Alteration ☐ Repair ☐ Modified Plot Plan ☐

I. File Review:

Rule or Law	Permit Application			
.1937(d)	Is the Application complete	Yes ☑	No ☐	N/A ☐
.1937(d)	Is there a Site plan/Plat with application	Yes ☑	No ☐	N/A ☐
.1937(d)	Is the Facility shown?	Yes ☑	No ☐	N/A ☐
.1937(d)	Are appurtenances shown	Yes ☑	No ☐	N/A ☐
	Site Evaluation Information			
.1939 (a)(1)	Topography and Landscape Position Recorded?	Yes ☑	No ☐	N/A ☐
.1940 (a-g)	Slope % Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Texture Class Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Structure type Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Consistence Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Mineralogy Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(3)	Soil Wetness Condition Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered	Yes ☑	No ☐	N/A ☐
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Yes ☑	No ☐	N/A ☐
.1939 (a)(6)	Sufficient Available Space Recorded?	Yes ☑	No ☐	N/A ☐
.1937(m)	Are the Profile Locations Shown?			
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes ☑	No ☐	N/A ☐
& .1945(b)	Number of auger borings made: 4			
	Were sufficient auger borings made?	Yes ☑	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR 0.3	Yes ☑	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☑	No ☐	N/A ☐
.1945(b)	Proposed System Type stated-Repair	Yes ☑	No ☐	N/A ☐
130A-336 (a)(3)	System location identifiable by setbacks - Initial	Yes ☑	No ☐	N/A ☐
.1937(g) .1945(b)	System components shown – Initial	Yes ☑	No ☐	N/A ☐
.1945(b)	Repair area shown	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is System design consistent with soil/site conditions?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is the System located in the approved area?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☑	No ☐	N/A ☐

130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench depth indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench width indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench length indicated?	Yes ☑	No ☐	N/A ☐
130A-336(a)(1)	Proposed/existing well shown?	Yes ☑	No ☐	N/A ☐
130A-336(a)(1)	Property line lengths shown?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☑	No ☐	N/A ☐
	Operation Permit			
.1937(i)	System type as described in table V(a) of rule .1961	Yes ☐	No ☐	N/A ☐
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☐	No ☐	N/A ☐

II. WASPS Review:

Construction authorization issued	Yes ☐	No ☐	N/A ☐
Installation approval issued	Yes ☐	No ☐	N/A ☐
Operation permit issued	Yes ☐	No ☐	N/A ☐
Other related documentation	Yes ☐	No ☐	N/A ☐

Items requiring correction/modification: _____

Comments:

_____

_____

_____

_____

_____

IA issued date: _____

OP issued date: _____

Review performed by: JAM _____ Date performed: _____

dotloop signature verification: www.dotloop.com/my/Verification

#53308 ADOC

Application # 7574

MECKLENBURG COUNTY
HEALTH DEPARTMENT

24 JUN '15 AM 7:31

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. SEPTIC / TYPE APPLICATION: ○ N/A ☑ NEW SYSTEM ○ ALTERATION ○ REPAIR ○ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ○ N/A ☑ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 013-221-34
STREET ADDRESS: 14901 Henry Harrison Stillwell Drive
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION NAME: Stillwell
LOT #: 2 LOT SIZE (acres): 2.37
TOWNSHIP:

○ MECKLENBURG ○ CORNELIUS ☑ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. BUILDING INFORMATION:

BUILDING TYPE:

○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
☑ HOUSE ○ OTHER

HEATED SQUARE FOOTAGE: 7500
NUMBER OF BEDROOMS: 6
NUMBER OF OCCUPANTS: 6
FOUNDATION TYPE:

○ CONCRETE SLAB ☑ BASEMENT WITH PLUMBING
○ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☑ N/A

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

6. WATER SUPPLY: ○ MUNICIPAL ◉ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. PROPOSED USE OF WELL: ○ N/A ◉ IRRIGATION ○ POTABLE (DRINKING WATER) ○ OTHER _____

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST DESIRED 5-LEAST DESIRED):*

☐ N/A ☑ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. RANK: ____ ____ ____ ____ ____

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.

BURIED CABLES, LANDFILLS, STUMPHOLES	○ YES ☑ NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ☑ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	○ YES ☑ NO	JURISDICTIONAL WETLANDS	○ YES ☑ NO
WELLS, SPRINGS, OR WATER LINES	○ YES ☑ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ☑ NO
EASEMENTS OR RIGHT-OF-WAYS	☑ YES ○ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ☑ NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ☑ NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ☑ NO
WASTE STORAGE	○ YES ☑ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ☑ NO

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____ ☑ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 6/30/2015 ☐ N/A

12. PROPERTY OWNER:

NAME: William and Linda Hulett
ADDRESS: 20428 Island Forest Drive
CITY: Cornelius
STATE: NC ZIP: 28031
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: T
ADDRESS: _____ Gate Code 4524
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: 704-363-1486 Tara
FAX: _____
E-MAIL: TrishGreer@gmail.Com
cc: Tara

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

Revised on: 12/15/10