Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 7848 B WASPS App #: 3698

Primary ES assigned to project: CS

Secondary ES assigned to project:

Project Type: New System [x] Alteration [ ] Repair [ ] Modified Plot Plan [ ]

I. File Review:

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

B. 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: IP- 7848 B

IA issued date: _____

OP issued date: _____

Review performed by: IR Date performed: 7-31-08

LOT #2

7848B

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

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: 113-28201 PO
STREET ADDRESS: LOCHFOOT DR,
CITY: CHARLOTTE
STATE: NC ZIP: 28278
SUBDIVISION NAME:
LOT #: 2 LOT SIZE (acres): 2.47
TOWNSHIP:
☒ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION:
BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: 2500-3000
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS:
FOUNDATION TYPE:
☐ CONCRETE SLAB ☒ BASEMENT WITH PLUMBING
☐ CRAWL SPACE ☐ BASMENT 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? 9-7-05 ☐ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 9-30-08 ☐ N/A

12. PROPERTY OWNER:
NAME: SANDRA BAREFOOT
ADDRESS: 4003 TYFFY LN
CITY: CHAR
STATE: NC ZIP: 28278
HOME PHONE: 704-393-7421
WORK PHONE:
MOBILE PHONE: 704-608-3603
FAX:

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: JEFF BAREFOOT
ADDRESS: 4003 TYFFY LN
CITY: CHAR
STATE: NC ZIP: 28278
HOME PHONE: 704-393-7421
WORK PHONE:
MOBILE PHONE: 704-608-3603
FAX:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6984

Revised on: 7/1/08

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.

JB (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.

_____ 7-10-08
Property Owner's or Owner's Legal Representative Signature — Date

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OFFICE USE ONLY

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

SEPTIC APPLICATION FEES RECEIVED: $ 250.00 cr cert DATE FEE RECEIVED: 7/10/08

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

APPLICATION PROCESSED BY: JC

GWS FILE NUMBER ASSIGNED: 78488

APPLICATION ID NUMBER ASSIGNED: 3698

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6984

Revised on: 7/1/08

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JB (Initial here for septic system applications)

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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)

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_____ 7-10-08
Property Owner's or Owner's Legal Representative Signature — Date

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OFFICE USE ONLY

☒ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEES RECEIVED: $ 250.00 on acct DATE FEE RECEIVED: 7/10/08

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

APPLICATION PROCESSED BY: JC

GWS FILE NUMBER ASSIGNED: 7848B

APPLICATION ID NUMBER ASSIGNED: 3698

COMMENTS:

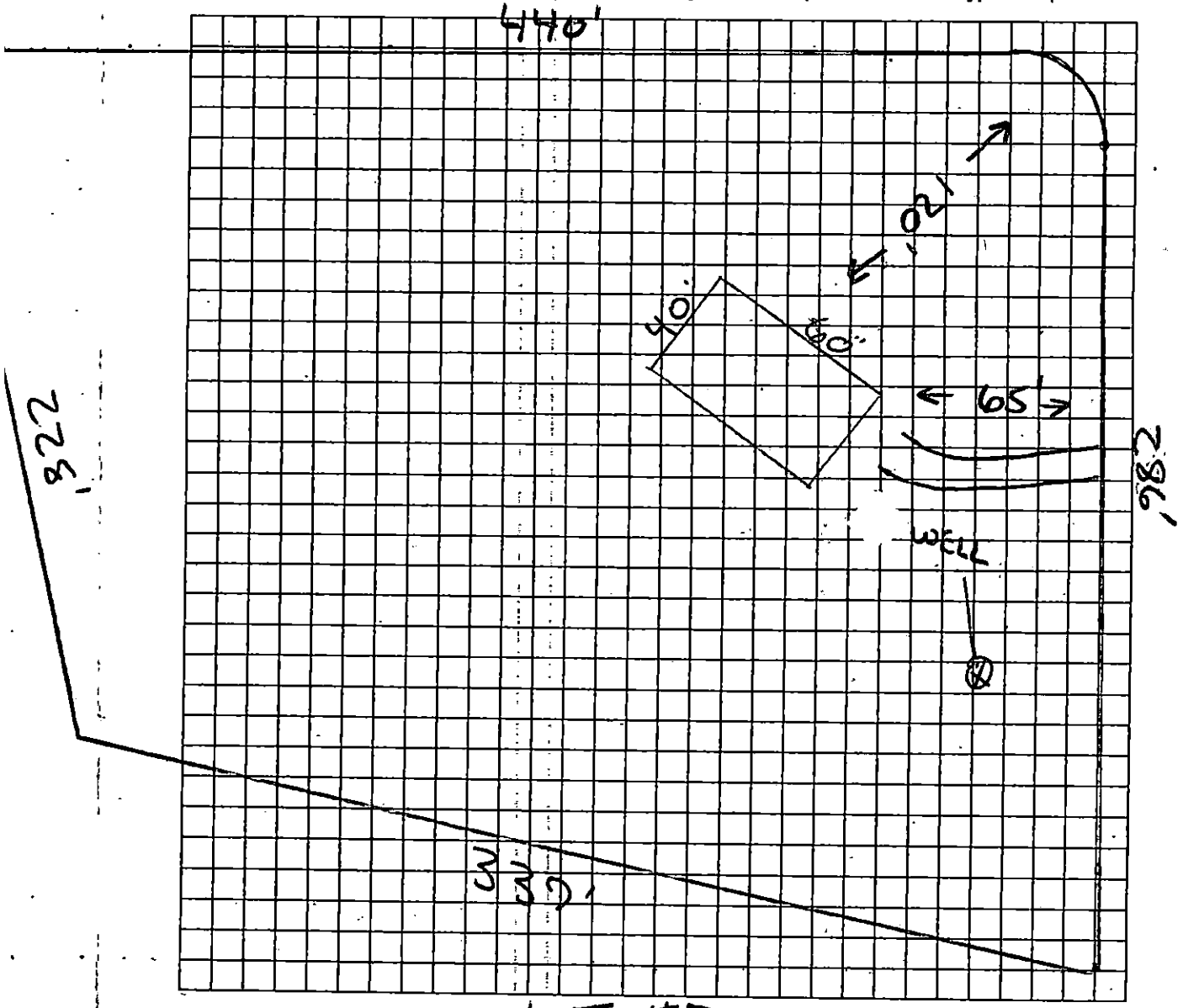
MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6984

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

Date 7-25-04

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature	Jeff Barnes
Date	

LBC 12/15/04

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

Sheet: 1 of 2
Property ID: PO 113-282-01
Lot #: 2
File #: 7848B
AppID: 3698

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Sandra Barefoot — Applicant:
Address: 4003 Tuffy Lane, Charlotte, N. C. 28278 — Date Evaluated: 7/21/2008
Proposed Facility: Residence — Design Flow (.1949) 360gpd — Property Size: 2.47a
Location of Site: Lochfoot Drive — 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	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 10	0-48	SBK/ABK/C	FI/SEXP/S/P	>48" TO SOIL WETNESS	48	N/A	NONE	PS, IV .3GPD/FT^2
2	"	0-20	"	"	"	"	"	"	"
		20-48	SBK/CL	FR/SEXP/SS/SP					
3	LS, 8	0-3	GR/SCL	"	"	"	"	"	"
		3-15	SBK/SCL	"					
		15-48	SBK/C	FI/SEXP/S/P					
4	"	0-3	GR/SCL	FR/SEXP/SS/SP	"	"	"	"	"
		3-48	SBK/ABK/C	FI/SEXP/S/P					
					SITE LTAR .3GPD/FT^2				
5	"	0-2	GR/SCL	FR/SS/SP/SEXP	"	"	"	"	"
		2-33	SBK/ABK/C	FI/SEXP/S/P					
		33-48	SBK/CL	FR/S/P/SEXP					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	IIIb	IV a
Site LTAR	.3 GPD/FT2	.3 GPD/FT2

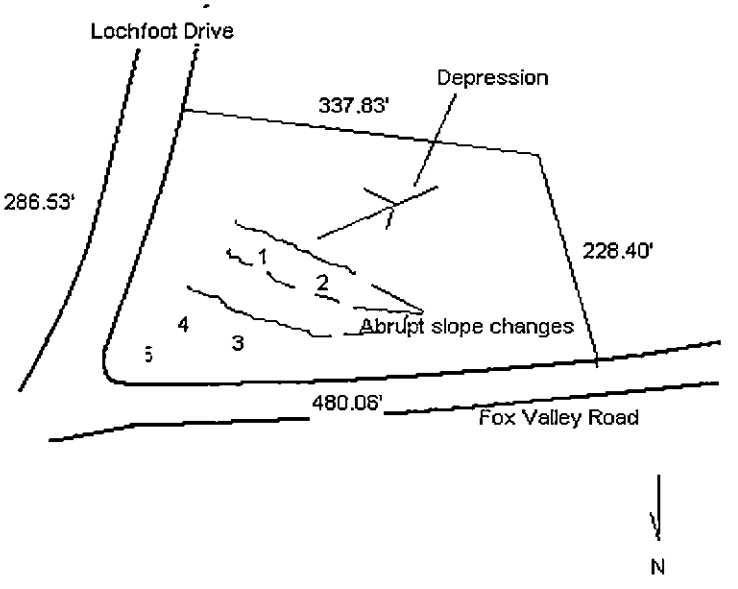
Other Factors (.1946):
Soil Evaluation By: W. R. Marlin, LSS, 7/21/2008,
Others Present:
Site Classification (.1948): PS
Site Evaluation By: C.Sherrill, RS, LSS
Others Present: Jeff Barefoot

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-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				
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

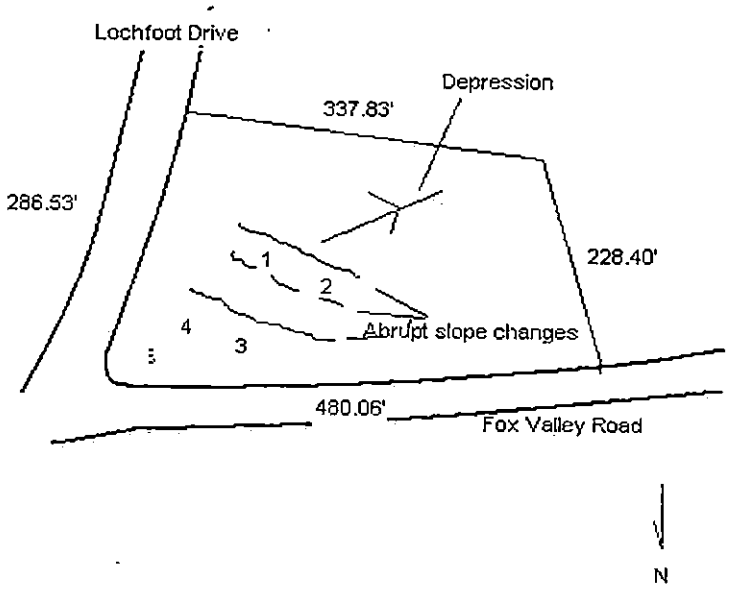


COMMENTS:
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	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

Sketch of Soil Evaluation Locations



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 #: **30003698** GWS File #: **7848B**

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.
- This type of repair system requires the installation of a pump tank and all associated components. This type of system will require routine inspections by our office. The system owner is responsible for all fees associated with these inspections.
- This type of repair system requires the property owner to obtain a contract with a Certified Operator to perform routine inspections and maintenance on the system.
- This type of repair system requires periodic inspections 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.
- The system must be water tested during the final inspection to verify proper operation and set system pressure.

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: Chris Sherrill Owner/Legal Agent: Jeff Barefoot
Print Name

Signature: Signature:

Date Issued: 7/30/2008

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 #: **30003698** GWS File #: **7848B** Tax Parcel #: **113-282-01**

- 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):** 7/30/2013

Type of Installation: Residential - New System Lot Number: 2

Structure Type: HOUSE Size (ft^2): 3000 # Bedrooms: 3 # Occupants: 3

Building Foundation: Water Supply: Community

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

Initial System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	900	Total Trench Length (ft):	300
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

III. Repair System Type: PPBPS (pressurized) **System Classification:** IVa

Repair System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	600	Total Trench Length (ft):	200
Maximum Trench Depth (in):	30	Depth of Media (in):	24	Distribution Device:	Manifold (LPP Distri		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

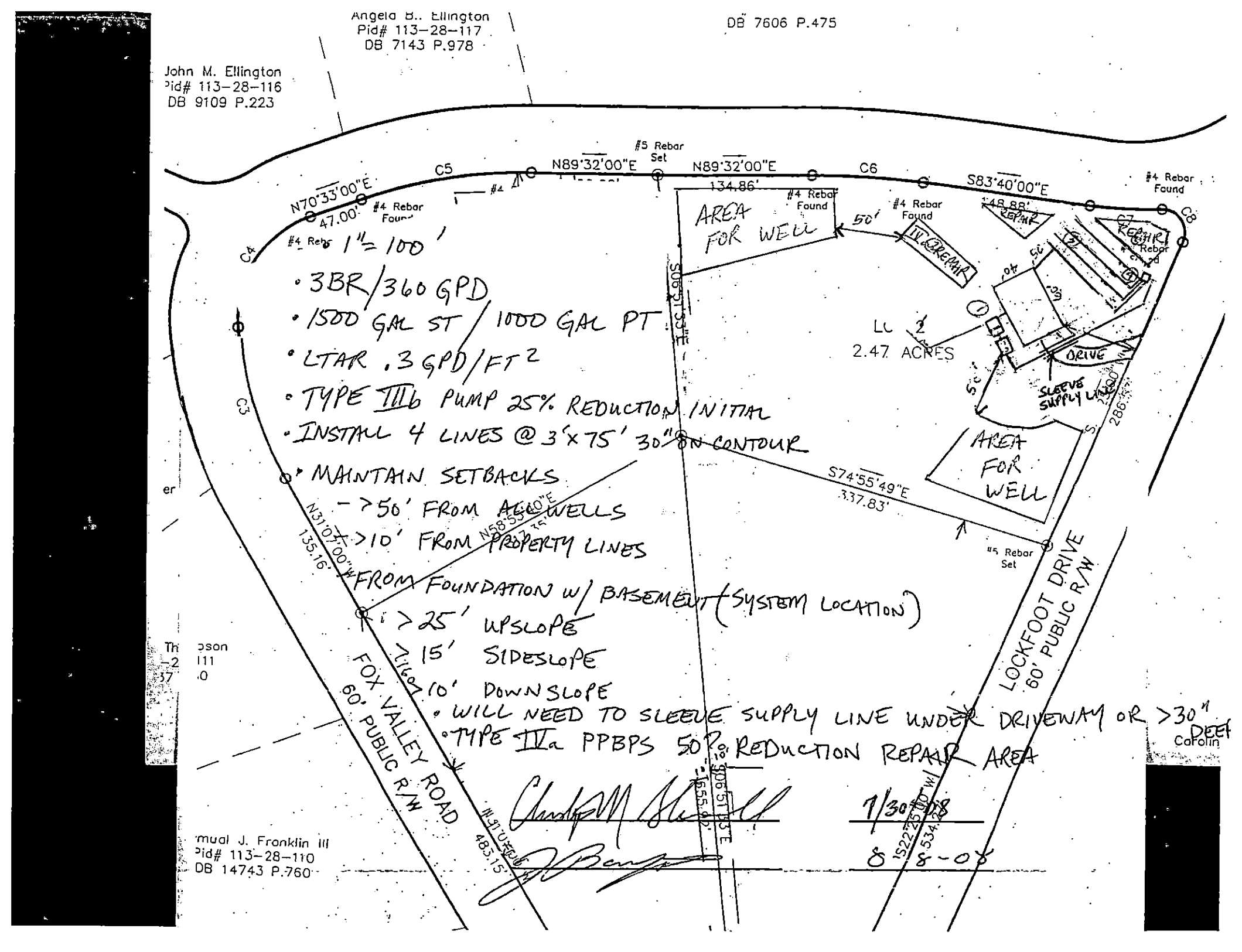
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- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Chris Sherrill Owner/Legal Agent: Jeff Barefoot
Print Name

Signature: Signature:

Date Issued: 7/30/2008


Angela B.. Ellington
Pid# 113-28-117
DB 7143 P.978
DB 7606 P.475
John M. Ellington
Pid# 113-28-116
DB 9109 P.223
#5 Rebar Set
N89°32'00"E
N89°32'00"E
134.86'
C5
C6
S83°40'00"E
#4 Rebar Found
N70°33'00"E
47.00'
#4 Rebar Found
#4 Rebar Found
#4 Rebar Found
#4 Rebar Found
C4
C7
C8
C3
1" = 100'
• 3BR/360 GPD
• 1500 GAL ST / 1000 GAL PT
• LTAR .3 GPD/FT²
• TYPE IIIb PUMP 25% REDUCTION INITIAL
• INSTALL 4 LINES @ 3'x75' 30" ON CONTOUR
• MAINTAIN SETBACKS
- >50' FROM WELLS
- >10' FROM PROPERTY LINES
FROM FOUNDATION W/ BASEMENT (SYSTEM LOCATION)
>25' UPSLOPE
>15' SIDESLOPE
>10' DOWNSLOPE
• WILL NEED TO SLEEVE SUPPLY LINE UNDER DRIVEWAY OR >30" DEEP
• TYPE IIIa PPBPS 50% REDUCTION REPAIR AREA
AREA FOR WELL
50'
IIIa REPAIR
REPAIR
REPAIR
Lt 2
2.47 ACRES
DRIVE
SLEEVE SUPPLY LINE
286.40'
S06°51'53"E
S74°55'49"E
337.83'
AREA FOR WELL
#5 Rebar Set
N31°07'00"W
135.16'
N58°53'00"E
N06°51'53"E
1655.92'
S22°25'00"W
534.28'
N31°07'00"W
485.15'
FOX VALLEY ROAD
60' PUBLIC R/W
LOCKFOOT DRIVE
60' PUBLIC R/W
Manual J. Franklin III
Pid# 113-28-110
DB 14743 P.760
1/30/08
8-8-08