

SAW MILL ROAD LOT 4

7/12/2007

duponbj

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

Mecklenburg County
Health Department

October 30th, 1991

Crescent Resources, Inc.
P. O. Box 30617
Charlotte, NC 28230

RE: Property located at Saw Mill Road 4
FILE: 7816A
PARCEL: 199-401-12PO

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 12323) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If there are any questions concerning this matter, do not hesitate to contact me.

Sincerely,

Gene Vaughan by (RE)

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12323

File: 7816 A

Action 1/

Parcel: PO 199-401-12

☑ PC

Location: Saw Mill Road

Subdivision:

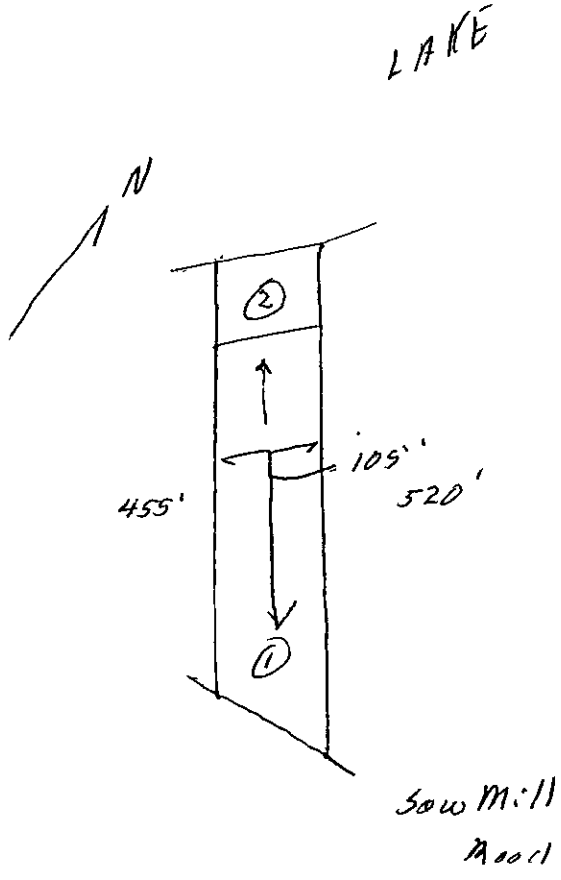
Lot: 4 Block: Acres: 1.0

Owner: Crescent Resources, Elvr.
Address: PO Box 30817
Charlotte, N.C. 28230

Comments: 100% Repair - system may need lift pump

Described by: William R. Marlin

Date: 10-29-91



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 4-15%	S PS (U) >30%	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Slightly Expansive clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U sub ∠ Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U 7+6"	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U 7+6"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 7+6"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	LV Davidson L110	>30%				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

Pd 50.00
CK # 1350
10-17-91
NB

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 7816A

TC: PO 199-401-12

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: Saw Mill Rd.

② SUBDIVISION: _____ ③ LOT: 4 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

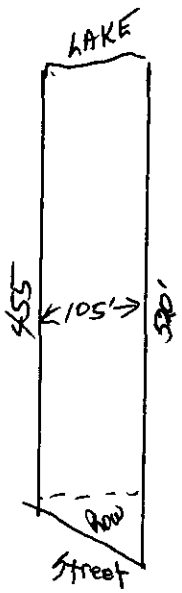
⑦ NAME: Crescent (FIRST) Resources (MIDDLE) Inc (LAST)

⑧ MAILING ADDRESS: PO Box 30817

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28230

⑫ PHONE: (WORK) 382-2410 (HOME) _____

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, 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: Tony C Jarvis, CPSS

Date: 10/14/91

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

CHARLOTTE.

Laboratory Analysis Report
Report Date: 1/13/2006 03:32 PM

LABORATORY SERVICES DIVISION

LOCATION: GWS-7815A
LOC ID: G-NEW
SAMPLE DATE-TIME: 1/10/2006 11:00
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB59649
CHAIN OF CUSTODY #: 06010122

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB59649	E. COLI-PA	absent	P/A		SM 9223B	1/11/2006 9:44	KEK
AB59649	Total Coliform	absent	P/A		SM 9223B	1/11/2006 9:44	KEK

Comment:

Laboratory Supervisor: Keith O'Neal (KOS)

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

CLIENT: MECKLENBURG COUNTY, LUESA - GROUNDWATER AND WASTEWATER SERVICES

FACILITY: GROUNDWATER (Potable Water)Melissa Bosiger

LOCATION / ADDRESS: 10026 Saw Mill Rd Charlotte NC

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

Send Report To: Zach Petersen, 700N Tryon St. Ste. 205, Charlotte, NC 28202

COC#: 06010122

Sampled By (Print Name): Zach Petersen

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System	Sample Temperature: Collection Temp	Sample Temperature: Receipt Temp	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform	Nitrate	Nitrite	Nitrate + Nitrite	Fluoride	Hardness	Metals	Fecal Coliform	Fecal Strep	Pest/PCB, EPA 608	Herb, EPA 8151	VOA, EPA 8260	Semis, EPA 8270
GWS-7815A	ZP	1/10/2005 1100	1/10/2005	N	24				X		100 ml		1						X		X												
				N																													
				N																													
				N																													
				N																													

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

Itemize requested Metals here:

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

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
		01-10-06	1313
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: 12/28/2005 09:35 AM

LABORATORY SERVICES DIVISION

LOCATION: 7815A
LOC ID: G-NEW
SAMPLE DATE-TIME: 12/20/2005 9:30
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB57950
CHAIN OF CUSTODY #: 05120385

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB57950	E. COLI-PA	absent	P/A		SM 9223B	12/21/2005 9:25	KGB
AB57950	Total Coliform	present	P/A		SM 9223B	12/21/2005 9:25	KGB

Comment: CALL OWNER TO CHLORINATE

12/29/05

Laboratory Supervisor: _____

Laboratory Certifications: McAlpine NC DENR No.148; Brookshire N[illegible] atory 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) Charles Contes

LOCATION / ADDRESS: 10026 Saw Mill Rd. Charlotte, NC 28278

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

Send Report To: David Cornelius, 700N Tryon St. Ste. 205, Charlotte, NC 28202

COC#: 05120385

Sampled By (Print Name): David Cornelius

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System	Sample Temperature: Collection Temp	Sample Temperature: Receipt Temp	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform	Nitrate	Nitrite	Nitrate + Nitrite	Fluoride	Hardness	Metals	Fecal Coliform	Fecal Strep	Pest/PCB, EPA 608	Herb, EPA 8151	VOA, EPA 8260	Semis, EPA 8270
GWS-7815A	DC	@9:30am 12/20/05	12/20/05	(N)	19	14.7°				(X)	100 ml		(1)						(X)		(X)												
				N																													
				N																													
				N																													
				N																													

5A50

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

Itemize requested Metals here:

COMMENTS:

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
		12/20/05	1255
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)

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 #: 10000122 **Tax Parcel #:** 199-401-65
Property Owner: BOSIGER MELISSA
Job Location Address:10026 SAW MILL RD
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28278
Permit Issuance Date: 8/2/2005
Use of Well: Potable
Type of Facility Served by Well: Double-mobile home
Sewage System Type: None

Area of Regulated Groundwater Usage Restrictions Apply:NO

Replacement for Existing Well: If Yes, see requirements in Other Conditions of This Permit.

General Conditions of This Permit:

- Water Supply Well construction must meet all requirements set forth in the *Mecklenburg County Groundwater Well Regulations* and any other applicable rules and laws.
- A Certified Well Contractor that is currently registered with the Department must perform the well construction activities.
- The permitted Water Supply Well shall be located in accordance with the attached SITE PLAN.
- Any alteration of the site (including location of structures and appurtenances) or modification in use of the well, may subject this Permit to revocation.
- The Department will collect an initial sample of water from the Water Supply Well and analyze the sample for total coliform bacteria, nitrate, and nitrite. A review of the analysis by the Department must find the sample to meet the groundwater quality standards specified in Chapter 5 of the Mecklenburg County Groundwater Well Regulations before the Water Supply Well can be placed in service.
- This Permit shall be VALID for a period not to exceed 12 months from the date of issuance.

Specific Conditions of This Permit (Check all that apply):

Grout must be placed the full extent of the casing.

Initial water sample to taken and analyzed for (check all that apply):

Volatile Organic Compounds (VOC's)	Semi-volatile Compounds	Metals (Specify in Other Conditions)
Pesticides	Herbicides	Other (See Below)

The analysis must be submitted to the Department for review and approval prior to the Water Supply well being placed in service.

Other Conditions of This Permit:

Authorized Agent: Print Name — Scott Cornelius, RS 8/2/05
Signature: — Scott Cornelius, RS 8/2/05

Owner/Legal Agent: Print Name
Signature:

PROPOSED PLOT PLAN

1"=60'

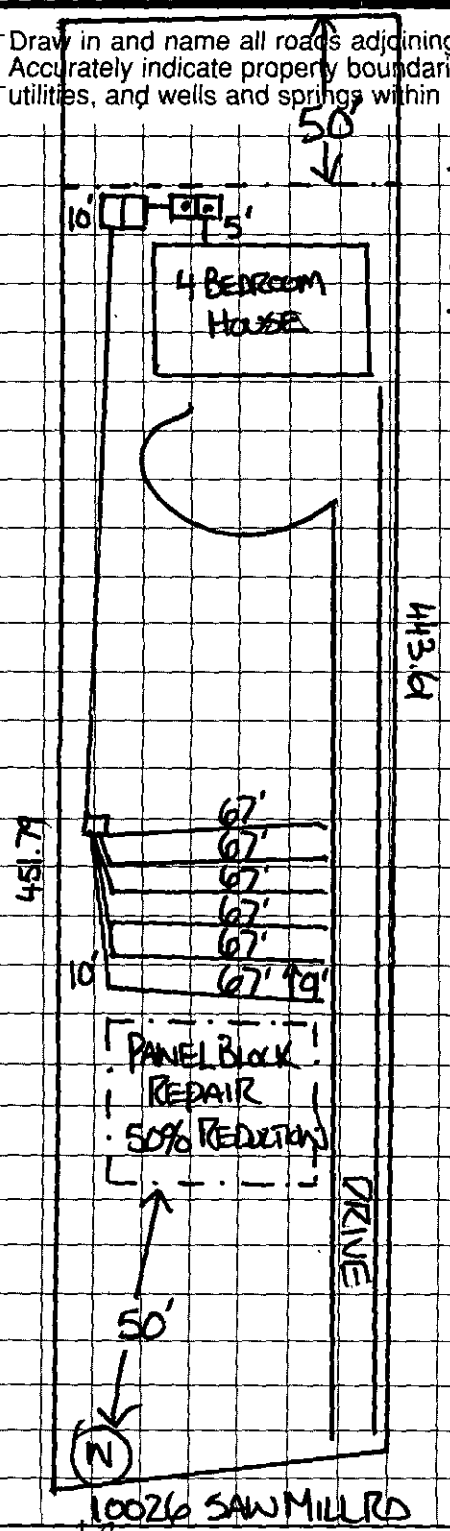
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 7815A

TC: 199-40-165

LAKE WYLIE

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.



- SEPTIC SYSTEM DESIGN FOR A 4 BEDROOM HOUSE W/ BASEMENT PLUMBING.
- LTAR = 0.3 GPD/FT²
- 480 MAX GAL/DAY WASTEWATER FLOW
- 1200 FT² ABSORPTION AREA
- 400' TOTAL TRENCH LENGTH

INSTALL 6 LINES @ 67', ON 9' CENTERS, LEVEL & ON CONTOUR.

- 1500 GAL SEPTIC TANK
- 1000 GAL PUMP TANK
- VALVE BOX

REPAIR AREA, PPBP SYSTEM, 50% REDUCTION

SETBACKS:
KEEP ALL PARTS OF SYSTEM
>5' FROM HOUSE FOUNDATION.
>10' FROM PROPERTY LINES.
>50' FROM PROPOSED WELL
>50' FROM LAKE.

OWNER/AGENT SIGNATURE

DATE 4/1/05

APPROVAL DATE Joshua R. Sellers 03-29-05

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

#122

GWS – RES. APP 07/05

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

FILE # 7815A

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 #: 19940165

STREET ADDRESS: 10026 Saw Mill Road

CITY: Charlotte

STATE: NC ZIP: 28278

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: 2500

NUMBER OF BEDROOMS: 3

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: Melissa Bosiger

ADDRESS: 7332 Lakefront Drive

CITY: Charlotte

STATE: NC ZIP: 28278

HOME PHONE: 704-582-1533 WORK PHONE: 704-363-7043

MOBILE PHONE: 704-582-1533 FAX: 704-554-5081

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE

NAME: Melissa Bosiger

ADDRESS: 7332 Lakefront Drive Apt #5

CITY: Charlotte

STATE: NC ZIP: 28278

HOME PHONE: 704-582-1533 WORK PHONE: 704-363-7043

MOBILE PHONE: 704-582-1533 FAX: 704-554-5081

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 3/9/05

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 3/9/05

*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.

Melissa Bosiger 7/28/05

Owner's/Agent's Signature Date

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

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

Melissa Bosiger 7/28/05

Owner's/Agent's Signature Date

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